PROVINCIAL ANNUAL HEALTH REPORT

Fiscal Year 2078/79

Karnali Province Government
Ministry of Social Development
HEALTH SERVICE DIRECTORATE
Birendranagar, Surkhet, Nepal

Karnali Province Government
Ministry of Social Development
Health Service Directorate
Birendranagar, Surkhet, Nepal

PROVINCIAL ANNUAL HEALTH REPORT

F/Y 2078-79

FOR FURTHER INFORMATION

Health Service Directorate
Karnali Province Government
Birendranagar, Surkhet
Phone: +977-83-524153, 83-520156, 83-520296, 83-520304
Fax: +977-83-524153
Email: hdsurkhet@gmail.com
web: hsd.karnali.gov.np

Karnali Province Government

Ministry of Social Development

Karnali Province

Birendranagar, Surkhet

MESSAGE

Health is the fundamental right of every citizen ensured by constitution of Nepal. We have recognized provincial Health Policy which clearly states our commitment towards increasing access and utilisation of health service through strengthened health system with dream of Healthy and Prosperous Karnali Citizen. We are making strong institutional arrangement of Health system aiming to integrate of health services to cater quality health service through service delivery points. Karnali Province Government, Ministry of Social Development is committed to reach the univeral health coverage ensuring access and quality health services to all people of the province depsite their social and economic situation.

This is our pleasure that Annual Performance Report of Karnali Province has come out for the fiscal year 2078/79. Particularly, the report encompasses the service coverage performance against set targets, problems/ constraints, issues, and actions taken for specific health programs run by Health Service Directorate, Hospitals, Public / Health Service Offices, Local Levels as well as & Local Health Facilities within the province. I appreciate all health workers who continued primary and emergency health service fighting against pandemic, endemic and epidemic diseases over this period.

I am hopeful that the annual report will be helpful for policy makers, managers, decision makers, evaluators, researchers, academia and students for their further study and know the situation. It will contribute to attempt for further improvement of health services in Karnali Province than preceding years.

Finally, I would like to extend my sincere thanks to Director Dr. Rabin Khadka & entire team for significant contribution for preparation of this report. Once again, I express my thanks government of Nepal, development partners and concerned stakeholders for their continuous support.

.....

Yagya Bahadur Budha Chettri

Minister

(Ministry of Social Development)

Karnali Province Government

Ministry of Social Development

Karnali Province

Birendranagar, Surkhet

PREFACE

This is our attempts Annual Health Report of Karnali Province has come out for fiscal year 2078/79. This annual report reflects the annual progress of health services provided from all public and private health facilities within the province. I express my thanks to all dedicated health workers who were continuously engaged to provide the essential and emergency health services for those people living in Karnali province.

Ministry of Social Development is committed to deliver better health services to all citizen through preventive, promotive, curative, rehabilitative and palliative care utilizing the available resources at maximum level. We are aligned to implement our health policy, strategy and program in the journey of prosperous and healthy Karnali people. Still, we have some gaps and needs to additional efforts to obtain the SDG 2030 target and MoHP is committed to fill the gaps increasing the specific indicators. I hope this report would help to evaluate the target, achievements, access quality and gaps of health service over the last year.

I believe this report would be a valuable document for policy makers, program managers, program implementors, academia and concerned stakeholders to evaluate the current issues, problems/ constraints observed over the period. The identified issues and recommendations would be supportive for program design, implementation, monitoring, evaluation and evidence-based planning.

I express my sincere thanks to all health service units Hospitals, Public/ Health Service Offices, Medical Superintendents, Officials of Hospital Management Committee, Ayurveda Health Center and concerned Officers for their continuous efforts to deliver the health services.

Finally, my appreciation goes to Health Service Directorate for publishing this Annual Report in this shape. I appreciate Director of HSD, focal persons, and development partners for their lasting contribution to produce this report in this valuable outcome.

.....

Mr. Santa Bahadur Sunar

(Secretary)

Karnali Province Government
Ministry of Social Development
Health Service Directorate
Karnali Province
Birendranagar, Surkhet

FOREWORD

Health Service Directorate, Karnali Province produces annual health performance report of the preceding years in the province. The report is one of the major outputs of the laborious work carried out in the fiscal year 2078/79. We have accumulated different health information received from multiple sources of routine health information system, performance review, findings during field visits, etc. We have verified, analyzed, interpreted and herby presented the annual performance that has been expressed in this report. It documents and reflects the annual progress of all Public/Health Service Offices, Public Hospitals & other public health facilities of Karnali province.

The report encompasses the provincial and district level disaggregation of different service delivery statistics, performance against the set targets, major issues of specific health programs run by all Public/ Health Service Offices of Karnali. We have presented important vital indicators applied to all local levels of Karnali which would help to identify the areas for improvement in upcoming days. I trust the critical analysis of the report would guide to work effective and efficiently in running fiscal year while we monitor the performance.

I believe this report would facilitate Health Service Directorate, Public/Health Service Offices & other public and private stakeholders for monitoring and evaluation of health programs at district and provincial level is equally important for evidence-based planning. Our entire attempts were paid to analyze the situation, generate issues, problems/constraints, prioritization from prevailing information in Karnali.

I express my gratitude to Ministry of Health & Population, Department of Health Services for their technical and administrative support to implement, monitor and evaluate health programs throughout the years. I would like to extend my sincere thanks to Honorable Minister, Secretary and Health Service Division of Ministry of Social Development, Karnali Province for their stewardship to Health Service Directorate. Moreover, I would also like to thank all local level elected representatives, Health Section chiefs, health facility in-charges working at periphery level to ensure basic health services at their catchment area.

I would like to appreciate to all Managers of Public/ Health Service Offices, Hospital Directors/ Medical Superintendents and other district/primary level hospital staff for their continued efforts to deliver the health services in Karnali province. Continued and an exemplary contribution of Female Community Health Volunteers (FCHVs), PHCC/ HP/CHU/UHCs/ BHCC level staff members is important to deliver primary and emergency health care services at health facility & community level.

I express my sincere thanks towards all the UN agencies, Bilateral, International and Non-Governmental Organizations and all Public and Private Stakeholders working together with us for improving health of people as well as their support in health programs within the province.

I would like to thank all involved team members of Health Service Directorate, Strengthening Systems for Better Health, UNICEF, WHO and concerned members from development partners for their involvement and adding inputs producing in this shape.

.....
Dr. Rabin Khadka
(Director)

CONTENTS

ABBREVIATIONS AND ACRONYMS

ABER	Annual Blood Examination Rate
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
API	Annual Parasite Incidence
ARI	Acute Respiratory Infection
ART	Anti-Retroviral Therapy
ASRH	Adolescent Sexual and Reproductive Health
BCG	Bacillus Calmette and Guerin
BEONC	Basic Emergency Obstetric & Newborn Care
CABA	Children Affected By AIDS
CAC	Comprehensive Abortion Care
CBIMNCI	Community Based Integrated Management of Neonatal & Childhood Illness
CCC	Community Care Center
CEONC	Comprehensive Emergency Obstetric Newborn Care
CFR	Case Fatality Rate
CHBC	Community Home Based Care
CNSI	Comprehensive Nutrition Specific Intervention
CoFP	Comprehensive Family Planning
CPR	Contraceptive Prevalence Rate
C/S	Cesarean Section
DoHS	Department of Health Services
DOTS	Directly Observed Treatment Short Course
DPT	Diphtheria, Pertussis and Tetanus
DQSA	Data Quality Self-Assessment
DTLA	District Tuberculosis and Leprosy Assistant
EDCD	Epidemiology and Disease Control Division
EDP	External Development Partners
EDPT	Early Diagnosis and Prompt Treatment
EOC	Emergency Obstetric Care
EPI	Expanded Program on Immunization
ENT	Ear Nose Throat
FCHV	Female Community Health Volunteer
FP	Family Planning
FPAN	Family Planning Association of Nepal
FY	Fiscal year
GM	Growth Monitoring
GoN	Government of Nepal
HSD	Health Service Directorate
HFs	Health Facilities
HI	Health Institution
HIV	Human Immunodeficiency Virus
HP	Health Post
IDD	Iodine Deficiency Disorder
IEC	Information Education and Communication
IMR	Infant Mortality rate
IP	Infection Prevention
IPD	Immunization Preventable Diseases
IUCD	Intra Uterine Contraceptive Device
Lab. Asst.	Laboratory Assistant
LEC	Leprosy Elimination Campaign
LMIS	Logistic Management Information System

M&E	Monitoring and Evaluation
MB	Multi-Bacilli
MCs	Microscopy Centers
MDT	Multi Drug Therapy
MDR	Multi Drug Resistant
MIYCN	Maternal and infant young child nutrition
MMR	Maternal Mortality Ratio
MoHP	Ministry of Health & Population
MoSD	Ministry of Social Development
MWRA	Married Women of Reproductive Age
NCASC	National Center of AIDs and STD Control
NGO	Non-Governmental Organization
NHEICC	National Health Education Information and Communication Center
NHTC	National Health Training Center
NIP	National Immunization Program
NMR	Neonatal Mortality Ratio
NPHL	National Public Health Laboratory
NRCS	National Red Cross Society
NTC	National Tuberculosis Center
OPD	Out Patient Department
OPV	Oral Polio Vaccine
ORC	Outreach Clinic
ORS	Oral Rehydration Solution, Oral Rehydration Salts
ORT	Oral Rehydration Treatment
PAC	Post Abortion Care
PB	Pauci-Bacilli
PEM	Protein-Energy Malnutrition
PF	Plasmodium falciparum
PHC	Primary Health Care
PHCT	Provincial Health Coordination Team
PHO/PHA	Public Health Officer/Public Health Administrator
PLHIV	People Living with HIV
PME	Planning, Monitoring and Evaluation
PMTCT	Prevention of Mother to Child Transmission
PNC	Post Natal Care
PR	Prevalence Rate
PSI	Population Service International
PWID	People Who Inject Drugs
RDT	Rapid Diagnostic Test
SAM	Severe Acute Malnutrition
SBA	Skilled Birth Attendant
STI	Sexually Transmitted Infections
TB	Tuberculosis
TNA	Training Need Assessment
TOT	Training of Trainers
TIMS	Training Information Management System
Td	Tetanus diphtheria
TSU	Technical Support Unit
UN	United Nations
UNICEF	United Nations Children's Fund
VBD	Vector Borne Diseases
VPD	Vaccine Preventable Diseases
VSC	Voluntary Surgical Contraceptive
WFP	World Food Program
WHO	World Health Organization

FACT SHEET

KARNALI PROVINCE

(Fiscal Year 2076/77 to 2078/79)

Program Indicator	Province			Fiscal year 2078/79 by district									
	2076/ 77	2077/78	2078/79	DOLPA	MUGU	HUMLA	JUMLA	KALIKOT	DAILEKH	JAJARKOT	RUKUM WEST	SALYAN	SURKHET
PUBLIC HOSPITAL	16	22	25	1	3	2	1	4	3	1	5	2	3
PRIMARY HEALTH CENTRE	14	14	14	-	1	-	1	1	2	3	1	2	3
HEALTH POST	333	333	333	23	24	26	29	28	56	31	24	45	47
BASIC HEALTH SERVICE CENTER	103	239	268	6	22	8	9	47	25	39	43	32	37
COMMUNITY HEALTH UNIT	58	101	108	10	16	1	8	16	12	2	8	29	108
URBAN HEALTH CENTRE	28	17	26	-	-	-	-	-	4	-	9	4	9
REPORTING STATUS													
PUBLIC HOSPITAL	100	100	100	100	100	100	100	100	100	100	100	100	100
PRIMARY HEALTH CENTRE	100	100	100	-	100	-	100	100	100	100	100	100	100
HEALTH POST	100	100	100	100	100	100	100	100	100	100	100	100	100
BASIC HEALTH SERVICE CENTER	100	100	100	100	100	100	100	100	100	100	100	100	100
URBAN HEALTH CENTRE	100	100	100	-	-	-	-	-	100	-	100	100	100
COMMUNITY HEALTH UNIT	100	100	100	100	100	100	100	100	100	100	100	100	100
Percentage of Reporting Status (PHCORC)	73	77	78.6	58.2	29.4	42.1	67	79.1	90.7	87.6	60.6	91.9	91
Percentage of Reporting Status (EPIC)	86.1	93.4	94.2	78.2	88.5	80.4	95.1	97.8	96.7	96.3	98.4	94	99.5
Percentage of Reporting Status (FCHV)	85.6	87.9	89.8	62	62.8	64.6	87.1	93.4	97.8	93.4	86.3	99.1	97.5
IMMUNIZATION STATUS %													
BCG Coverage	92.8	106.9	91.8	78.2	73.5	70.2	84.8	72.6	82.7	90.4	101	91.3	121.1
DPT-HepB-Hib3 Coverage	88.5	101.1	94.1	78.8	74.5	71.4	86.5	74.1	98.3	88.8	104.4	100	112.2
measles/rubella 1 Coverage	90	94.9	95	78.7	75.8	70	91.2	79.7	97.4	90	103.9	103.8	109.6
measles/rubella 2 Coverage	77.6	91.9	89.1	75.8	73.4	61.4	81.2	71.8	83.9	88.4	100.8	102.7	104.7
JE Coverage	86.1	95.5	95.5	81.7	78.2	69.6	87.5	78.3	94.3	92.2	107.3	106.9	110.9
% of rota 2nd	0.02	78.5	87.2	76.5	54.3	51.6	74.7	74.1	87.7	82.3	101	95.5	108.3
TD2 & TD2+ Coverage	65	72.8	66.3	54.3	47.7	39.3	62.8	60.1	60.6	65.8	83.8	66.5	79.6
NUTRITION STATUS %													
Percentage of children aged 0-23 months registered for growth monitoring	91.7	100.1	102.3	145.7	131	152	76.5	120.2	90.3	93.4	77.3	114.6	96.8
% of children aged 0-23 months registered for Growth Monitoring (New) who were Underweight	5.1	3.6	4.1	1.9	7	7.5	4.7	4.7	4.9	5.2	1.8	1.6	3.5
Percentage of women who received a 180 day supply of Iron Folic Acid during pregnancy	58.4	73.7	72.4	50.7	42.6	52.1	85.2	64.8	69.1	42.7	93.3	87.9	89.5
Percentage of postpartum women who received Vitamin A supplementation	85.7	92.6	90	55.6	66.4	60.5	94.9	78.6	77	74.7	99.2	92.9	126.1
Integrated Management of Neonatal and Childhood Illness (IMNCI) STATUS													
% of PSBI cases among expected live births	2.2	1.9	1.9	1.2	0.43	2.8	0.32	2	1.4	1.2	4.5	1.2	2.7
% of PSBI cases received complete dose of Gentamicin	67	65.2	75.2	38.4	37.4	76	74.8	73.8	70.9	83.7	78.8	74.8	76
Incidence of ARI among children under five years (per 1000)	993	889	906.4	671	526	715	1124	845	1174	646	939	1005	907
Percentage of severe Pneumonia among new cases	0.37	0.24	0.41	0.94	0.93	1.3	0.14	0.89	0.27	0.26	0.44	0.05	0.45

Program Indicator	Province			Fiscal year 2078/79 by district									
	2076/ 77	2077/78	2078/79	DOLPA	MUGU	HUMLA	JUMLA	KALIKOT	DAILEKH	JAJARKOT	RUKUM WEST	SALYAN	SURKHET
Diarrhea incidence rate among children under five	656	653	595	502	411	56	67	623	779	519	490.6	633.	538
Percentage of children under five years with diarrhea treated with zinc and ORS	95.8	96.3	94.8	72	83.4	80.1	91	98.7	93.3	99	95.6	99	97.5
SAFE MOTHERHOOD (%)													
Percentage of pregnant women who had at least one ANC checkup	130.1	124.7	121.5	93.1	115	112	113	145.4	101	95.8	154	134	130
Percentage of pregnant women who had four ANC checkups as per protocol	65.6	76	72.3	31.6	55.7	52.4	85.3	69.6	71.2	42.5	80.7	88.1	89.6
Percentage of institutional deliveries	77.5	87.1	82.6	50.6	65.1	68.7	83.2	72.9	78.1	52.2	100.7	69.8	122.8
Percentage of births attended by a Skilled Birth Attendant (SBA)	62.6	69.6	70.1	45.1	60.1	57.2	59.3	64.1	63.2	43.1	85.6	50.7	114.1
Percentage of women who had 3 PNC check-ups as per protocol	29.4	40	52.8	32.8	38.6	52.5	61.8	53.5	58.3	36.4	55.4	41.8	67.9
Percentage of C/S deliveries	5.9	6	6.6	2.6	2.4	1.7	7.9	1.5	2.2	0.91	5.9	2	15.2
FAMILY PLANNING													
Contraceptive prevalence rate (unadjusted WRA)	40.5	41.9	39.4	33	57.2	17	20.5	30.2	19.3	31.1	28.3	48.9	60.1
New acceptor among as % of MWRA	19	19.4	18.7	21.3	23.4	28	18.3	19.3	16.9	21.5	21.9	15.7	17.2
FEMALE COMMUNITY HEALTH VOLUNTEERS													
Number of FCHV	4244	4261	4273	207	214	251	551	298	821	272	246	424	989
% of Mother groups meeting held	86.2	93.9	97.4	69.5	67.5	58.3	96.8	97	109.2	91.7	94.5	94.2	105.7
MALARIA AND KALA-AZAR													
Annual Blood Examination Rate per 100	0.61	0.40	1.4	0	4.8	21.1	0	0.96	0.13	0.19	1.5	0.04	2.8
Annual Parasite incidence (API) /1000 popn	0.03	0.02	0.04	0	0.38	0.54	0	0.07	0.01	0	0.01	0.01	0.05
Incidence of Kala-azar in high risk districts/10000 popn	0.02	0.39	0.66	0	0	0	0	1.9	0.08	0.05	0	0.04	1.9
TUBERCULOSIS													
Case notification rate (All form of TB case)	68.8	65.3	97.2	104.3	62.7	44.8	84.4	64	66.9	60.6	105.6	109.2	149
TB Treatment Success Rate (Percentage)	85.9	93.5	91	95.8	100	100	94	93	92.4	90.4	92	88	89.7
LEPROSY													
New case detection rate	3.1	3.7	4	4.63	7.47	0.00	3.34	4.13	2.36	4.74	3.00	3.77	5.25
Prevalence rate (PR) per 10000	0.43	0.47	0.49	0.46	0.30	0.36	0.84	0.55	0.43	0.63	0.66	0.46	0.36
HIV/AIDS													
% of pregnant women who tested for HIV at an ANC checkup	36.9	50.1	52.9	34.1	2.9	28.5	12.9	40	74.3	19.3	95.5	41	78.2
HIV Tested	2243	1497	12090	0	0	762	0	422	1227	4	155	56	9464
Number of new positive cases among HIV tested	32	30	70	0	0	0	0	6	5	0	4	0	55
Number of HIV positive cases on ART	602	651	690	0	0	0	0	40	203	0	59	26	362
CURATIVE SERVICE													
% of OPD New Visits among total population	101	103	105	98	96.8	155	92	94.1	87	81	162	88	115
Average Length of stay in hospital	2.9	3	3	3.6	2.7	3.9	4.2	2.1	2.3	3.1	2.8	2.7	2.9

EXECUTIVE SUMMARY

This Provincial Annual Health Report of Health Service Directorate of fiscal year 2078/79 (2021/22) reflects the performance of various programs of preceding three fiscal years and presents problems/constraints; actions taken and suggested actions for further improvement.

Health service information on its progress and achievement of health institutions of local levels, district, province aligning with national service coverage have been presented and analyzed comparatively in this report.

This report is mainly based on the information collected by the Health Management Information System (HMIS) from the health institutions across the province as well as the progress report of different service centers. There are 1 Academic Teaching Hospital (KASH), 1 Secondary Hospital B(Provincial Hospital), 2 Secondary Hospitals A (Jajarkot Hospital and Mehelkuna Hospital), 20 Primary Hospitals (District and Local level Hospital), 3 Community Hospitals (Chaurjahari Hospital, Eye Hospital and Shining Hospital), 6 Private Hospitals, 14 Primary Health Care Centers (PHCCs) and 333 Health Posts (HPs), 239 Basic Health Service Centers, 17 Urban Health Centers, 101 Community Health Units, within Karnali Province reporting to HMIS, including service coverage of 864 Primary Health Care/Outreach Clinics (PHC/ORC), 1370 EPI Clinics and 4,273 Female Community Health Volunteers (FCHVs), and 16 poly-clinics. In Karnali Province there are 10 Ayurveda Health Centers (1 province level 9 district level), 18 Ayurveda dispensaries and 27 Nagarik Arogya Kendra.

In this fiscal year, reporting status of all Health facilities (Hospitals, PHCC, HP, BHSC, CHU and UHC) is 100% whereas the reporting status of PHC-ORC, EPI clinics and FCHV is 78.4%, 94.1% and 89.7% respectively that have reported to HMIS in fiscal year 2078/79.

FAMILY WELFARE DIVISION

Immunization

As per the National Immunization Program Schedule 13 Antigens are inoculated to targeted age group. In fiscal year 2078/79, BCG coverage is 91.8%, DPT-Hep B-Hib-III is 94.8%, OPV-III is 94.3 %, Measles-Rubella-I is 95.1%, Measles-Rubella-2 is 89.4%, Td2 & Td2+ for pregnant women is 66.3% and JE is 95.6%. In fiscal year 2078/79, coverage of Rota 2nd dose, JE, MR I, PCV III, Polio II-III Antigens has increased compared to previous fiscal year. In fiscal year 2078/79, DPT-HepB-Hib 1 vs measles 2 dropout rate has been significantly decreased by approximately 7% as compared to last fiscal year (6.6%). Similarly, BCG Vs Measles drop out has been significantly decreased from 11.2% to -3.4, measles 1 vs 2 has been decreased from 5.1% to 6.9. The vaccine wastage rate for DPT-HepB-Hib slightly increased is to 35.9 in this fiscal year 2078/79 from 35.1% in last fiscal year 2077/78 which is higher than the acceptable wastage rate (15 %) and for BCG, it is 85.7% which is above the recommended wastage rate (50%). The data shows that vaccine wastage rate for almost all the antigens is increased in this fiscal year 2078/79 compared to that in last fiscal year 2077/78 above the acceptable range which suggests for the strict and proper implementation of Multi Dose Vaccine Vial Policy (MDVP) to reduce the wastage rate.

Nutrition

The growth monitoring services are targeted to children below 2 years of age. Two rounds of Mass Distribution Campaign of Vitamin A capsules to 6 to 59 months children and Albendazole distribution to 12-59 months children were conducted. All of under 2 years children were registered for growth monitoring, among them 4.1 % are reported underweight which is an increment of 0.5 % compared to the last fiscal year (3.6 percent). Similarly, 72.5 % women received a 180 days iron folic acid during pregnancy which is a significant decreased form last fiscal year (73.7%). Furthermore, a total of 88.4% postpartum mother received vitamin A supplementation.

Integrated Management of Neonatal and Childhood Illness (IMNCI)

IMNCI program has been rolled out aiming to reduce neonatal, infant and child mortality. IMNCI program has been implemented up to community level and it has achieved positive results in management of neonatal & childhood illnesses. The Chlorhexidine application immediately for new born baby has increased by 95.5 % in this year 2078/79 than previous year. ARI cases per 1,000 under-five population have increased from 888.9 in fiscal year 2077/78 to 906.4 in this fiscal year. Incidence of Pneumonia (has slightly increased from 94.9/1000 in fiscal year 2077/78 to 112.5/1000 in fiscal year 2078/79. Similarly, the percentage of severe pneumonia has been slightly increased from 0.24 percent to 0.41 percent. Incidence of diarrhea per 1,000 under-five years' children has decreased from 653.3 in fiscal year 2077/78 to 695.2 in fiscal year 2078/79. Above 94.8% of diarrheal cases were treated with Zinc and ORS. Proportion of 'Severe Dehydration' among diarrhea cases decreased from 0.4% in fiscal year 2077/78 to 0.25% in fiscal year 2078/79.

Family Planning

The Provincial unadjusted Contraceptive Prevalence Rate (CPR) for modern methods was 39.7% in the year 2078/79 whereas it was 41.6% in previous fiscal year 2077/78.

Safe Motherhood

Access and availability of safe motherhood services has increased in the community over the last three fiscal years along with increasing number of birthing centers and increasing access to health services during delivery. There are 12 Comprehensive Emergency Obstetric and Neonatal Care (CEONC) sites & 15 Basic Emergency Obstetric and Neonatal Care (BEONC) sites within the province. There is a gradual increase in safe motherhood service indicators in Karnali Province compared to previous fiscal years. Service statistics of the fiscal year 2078/79 shows that most of the mothers (121.5%) received at least one antenatal care services. Pregnant women who had four ANC visits as per protocol decreased to 72.3% in this fiscal year 2078/79 from 76% in the last fiscal year 2077/78. SBA assisted delivery increased from 69.6 % to 70.1% of expected live births in fiscal year 2078/79. Institutional delivery decreased by 4.5% in this fiscal year 2078/79 (82.6%) compared to last fiscal year 2077/78 (87.1%). There was nearly stagnant achievement in percentage of mothers who received first postnatal care from 83.0% to 82.8% in fiscal year 2078/79. Similarly, women had their all three PNC as per protocol significantly increased to 52.8% this fiscal year 2078/79 compared to that in last fiscal year (40%). A total 17 maternal deaths, 199 neonatal deaths & 411 still births were reported in

fiscal year 2078/79. Neonatal mortality and still birth decreased this year compared to last year, while the maternal mortality has not significantly decreased than previous fiscal year. On an average, percentage of caesarean section is 6.6 % in the province in fiscal year 2078/79.

Primary Health Care Outreach Clinic (PHC/ORC)

Primary Health Care Outreach Clinic are conducted monthly to provide the basic health service to reach the unreached population. In each clinic, service related to nutrition, family planning, safe motherhood, general medicine, HIV/AIDS counseling and health educations are provided. A total of 1,55,486 clients received service through 8,004 sessions of clinic in fiscal year 2078/79. Around 78% of clinic session were conducted and provided service to 19 clients per clinic on an average in fiscal year 2078/79.

Adolescent Sexual and Reproductive Health (ASRH)

Nepal has developed Adolescent Sexual and Reproductive Health strategy and endorsed the first National Adolescent Health and Development (NAHD) strategy in 2000. Adolescent Sexual and Reproductive Health is one of the priority programs of Family Welfare Division. NAHD was revised in 2018 to address emerging issues of the adolescents in the changing context. The objective of the ASRH is to enable all adolescents to be healthy, happy, competent, and responsible and also to provide safe supportive and protective environment increasing the accessibility of adolescents to sound and age specific information to improve their health status. In the context of Karnali, a total of 148 listed health facilities have been providing adolescent friendly health facilities. Some of the local levels have taken initiation for the expansion of adolescent friendly health services at the facilities level.

NURSING AND SOCIAL SECURITY

Female Community Health Volunteers (FCHV)

A total of 4,273 Female Community Health Volunteers (FCHVs) have been working in Karnali province. They are involved in the promotion of safe motherhood, child health, family planning, and community-based health services. In this fiscal year almost 96.7% mothers group meetings have been held which is an increment of 2.8 % compare to last year 2077/78 (93.9%). FCHVs played a crucial role in distribution of family planning devices such as condoms and pills as well as distribution of ORS and vitamin A to postpartum mothers. Looking at the data, FCHVs had distributed a total of 4,40,991 pieces of condoms in this fiscal year 2078/79 which is less than last fiscal year 2077/78 (4,72,662). Similarly, a total of 38,685 cycle of Pills were distributed in fiscal year 2078/79 which was 44,818 cycles in fiscal year 2077/78. Likewise, 97,540 packets of ORS were distributed in this fiscal year 2078/79 which was 1,00,395 packets in fiscal 2077/78. Beside this, they were also actively involved in national events such as Vitamin A distribution as well as counseling and referring mothers to health facilities for service utilization. A total of 3,080 postpartum mothers has received vitamin A from Female community health volunteers.

EPIDEMIOLOGY AND DISEASE CONTROL

Malaria

A total of 48 new malaria cases were identified in fiscal year 2078/79 which increased from 34 cases in last year 2077/78. Among the total cases, *Plasmodium vivax* cases were 47 (18 indigenous and 29 imported) and 1 *Plasmodium falciparum* cases (imported). The Annual Blood Slide Examination Rate (ABER) increased from 0.39 in fiscal year 2077/78 to 1.15 in this fiscal year 2078/79. During the same period, the annual parasite incidence rate (API) has increased from 0.02 per 1000 in fiscal 2077/78 to 0.03 in this fiscal year 2078/79.

Lymphatic Filariasis

Mass Drug Administration (MDA) against *Lymphatic Filariasis* has been stopped in Karnali Province after effective implementation of MDA campaign. Morbidity management and disability prevention program being continued in Karnali Province Hospital, Surkhet, Karnali Academy for Health Science (KAHS), Jumla and other province level hospital.

Health Emergency Epidemic & Outbreak

Provincial Health Emergency Operation Center (PHEOC) is a focal point for emergency health management at provincial level. The unit is responsible for outbreak management, disaster response, epidemic, endemic and pandemic, and technical support to province government for situation assessment, monitoring and surveillance. Furthermore, PHEOC is responsible for COVID 19 response and its investigation and management. Case Investigation and Contact Tracing (CICT) is one of the prime responsibilities of PHEOC and has been carried out. PHEOC is actively involved in information and management related to natural disasters, casualties and outbreak responses in Karnali from different stakeholders involved.

Tuberculosis

In Karnali, Directly Observed Treatment Short course (DOTs) for Tuberculosis (TB) is being provided through 400 DOTS centers. In fiscal year 2078/79 total 1,652 (PBC: 796, PCD: 296 and EP: 560) TB cases has been notified. The Case Notification Rate (CNR) per 100,000 has significantly increased to 97.2 in fiscal year 2078/79 which was 65.3 per 100,000 in fiscal year 2077/78. However, Treatment Success Rate has decreased to 90.9% in fiscal year 2078/79 from 93.4% in fiscal year 2077/78. Multi Drug Resistant (MDR) TB management service has been implemented in Karnali province since 2005. A total of 18 MDR-TB cases have been registered in 2078/79 in Karnali.

Leprosy

Total 68 new and 2 relapse leprosy cases were detected in fiscal year 2078/79. The new case detection rate has slightly increased to 4/100,000 in fiscal year 2078/79 as it was 3.7/100,000 population in fiscal year 2077/78. There were 84 leprosy cases at the beginning of year. Among them, 65 cases were released from treatment (RFT) in fiscal year 2078/89. Total 84 cases were under treatment till the end of fiscal 2078/79. The prevalence of leprosy is 0.49 per 10,000 population in Karnali has been sustained the leprosy elimination level (<1 per 10,000 population).

HIV/AIDS and STIs

Total 12,090 persons were counseled & tested for HIV & 70 new HIV positive cases were reported in fiscal year 2078/79. Similarly, a total of 39 female and 41 male started new ART treatment. Meanwhile 5 children have started ART services. Likewise, additional of 690 clients have been receiving service from ART. A total of 23,405 tests were done during antenatal, 8,320 during labor and delivery, and 1,315 tests during postnatal period. Among the total test performed, one woman in ANC and one in during labor and delivery were diagnosed positive.

NCD and Mental Health

Provincial ToT and District level training of health service providers were carried out for Package for Essential Non-Communicable Diseases (PEN) program. PEN Program was implemented in Hospitals, PHCCS and Health Post of respective districts.

Mental health training was provided to medical officers, paramedics and nursing staff of Dailekh, Jajarkot, Salyan and Surkhet districts. The counseling services on mental health has been further strengthened with the leadership from HSD in close collaboration with other supporting agencies and development partners.

CURATIVE SERVICE

Curative Services

Curative services have been provided through government health facilities academic hospitals, private health institutions and non-governmental hospitals within the province. Majority of curative services were provided by provincial hospital. Percentage of new OPD visits among the total population was found 104.5% in fiscal year 2078/79. The bed occupancy rate of hospitals in the province decreased to 39.8 % in this fiscal year 2078/79 from 35.9% in fiscal year 2077/78. All the essential listed drugs by government of Nepal have been procured by health service directorate, logistic management and procurement section and supplied to the respective health facilities.

Minimum Service Standard (MSS)

Minimum Service Standards (MSS) for hospitals and health facilities is the service readiness and availability of tool for optimal requirement of the hospitals to provide minimum services that are expected from them. MSS has been implemented in provincial, local level hospitals and health posts in Karnali province emphasizing on Governance and Management, Clinical Service Management and Hospital Support Services respectively.

Health Laboratory Services

Quality control unit of Health Service Directorate is responsible for providing laboratory support (especially TB) within the province by conducting laboratory training (basic and refresher), logistic supply and supervision. During fiscal year 2078/79, a total of 17,551 slides were screened for the TB diagnosis and 5,402 slides were rechecked for quality assessment. Overall agreement rate was 99.5 percent.

SUPPORTING PROGRAMS

Personnel Administration

Health Service Directorate takes the responsibility of organizing day-to-day internal administrative and personnel management. Out of 909 sanctioned positions, only 327 are filled and 582 posts are still vacant. Total 808 posts are fulfilled in contract basis and still majority posts as medical officers and specialists are vacant in the hospitals. Despite of the challenges, Ministry of Social Development (MoSD) and Health Service Directorate, Karnali province has been filling the vacant post in contract basis.

Financial Administration

A total of Rs. 3605 lakh budget was allocated for Health Service Directorate, out of which Rs. 2375 lakh was spent. Of the total allocated budget only 65.88 % of the budget is absorbed.

Planning, Monitoring and Information Management

Management Information System (MIS) Section, HSD coordinates with Public/ Health Service Offices & hospitals for timely reporting and feedback. It also provides technical support to districts & local levels in HMIS/DHIS-2, LMIS/e-LMIS and IMU. It prepares and implements integrated supervision & monitoring plan. It provides technical inputs in conducting Annual Performance Review workshop at districts & local levels and conducts half yearly & annual provincial performance review workshops. Orientation program on revised HMIS tools was conducted for local level health facilities. DHIS-2 training (for PHCC, Health service office staff, hospital staff, local HF staff) was carried out in province as well as in district level. Planning, monitoring, supervision and information management is continued in fiscal year 2078/79. Onsite coaching, routine data quality assessments, orientation & supervision/monitoring of private & non-government institutions, microplanning for family planning & immunization programs were carried out in different districts. Several virtual orientations up to local level were carried out for routine monitoring and COVID-19 vaccination reporting.

Logistic Management

Provincial Health Logistic Management Center (PHLMC) office has been established in Karnali province since beginning of current fiscal year 2078/79. The Medical Store unit located in Nepalgunj has been shifted to Birendranagar, Surkhet with an objective to allocate logistic (from central and provincial level), manage and distribute the health commodities to esteemed health institution. Moreover, HSD provides logistic services for repair and maintenance of biomedical equipment's & instruments.

Health Training

Human Resource Development Center (HRDC) has conducted several in-service, refresher, up-grading training along with clinical, non-clinical and other management trainings in the fiscal year 2078/79. HRDC is responsible for gap analysis, research on training needs, prioritization and recommendation of HRH in Karnali province. SBA training 19 batches (183 participants), Mid-Level Practicum (MLP) 3 batches (29 participants), Implant 16 batches (69

participants), GBV (24 participants), ASRH 3 batches (59 participants), IUCD 4 batches (16 participants), medico legal training (16 participants), CB-IMNCI (42 participants), SBC training (43 participants), Climate change and health impact training (171 participants), ToT on ENT (22 participants), Mental health and psychosocial orientation (216 participants), TNA orientation (128 participants), TIMS (15 participants), mentor development (12 participants), FCHVs ToT (16 participants) were carried out. Provincial level ToT on CNSI training was conducted for 107 participants.

Health Education, Information and Communication

Provincial Health Service Directorate, Public/Health Service Offices implements IEC/BCC activities utilizing various media and methods according to the local needs of the people. Local media were mobilized in the district & local level for dissemination of health messages. The main activities include health education programs in the schools and community; print materials production and distribution; production and dissemination of regular, weekly and periodic radio, television and FM radio programs; publication and dissemination of health messages through newspapers, social mobilization, advocacy, workshop-seminar, folk events, observation on special days and exhibitions. Health Education and Health promotion unit of HSD is responsible for the task.

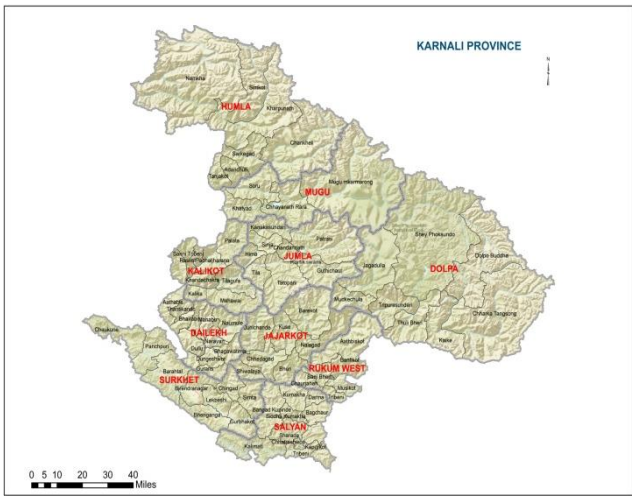
Supportive Supervision, Monitoring and Evaluation

Health Service Directorate of Karnali province has carried out integrated as well as program specific supervision and monitoring in different districts, local levels and different service delivery sites within the province. Different methodologies, tools, techniques & priorities were developed and deployed for supervision and monitoring.

1. INTRODUCTION

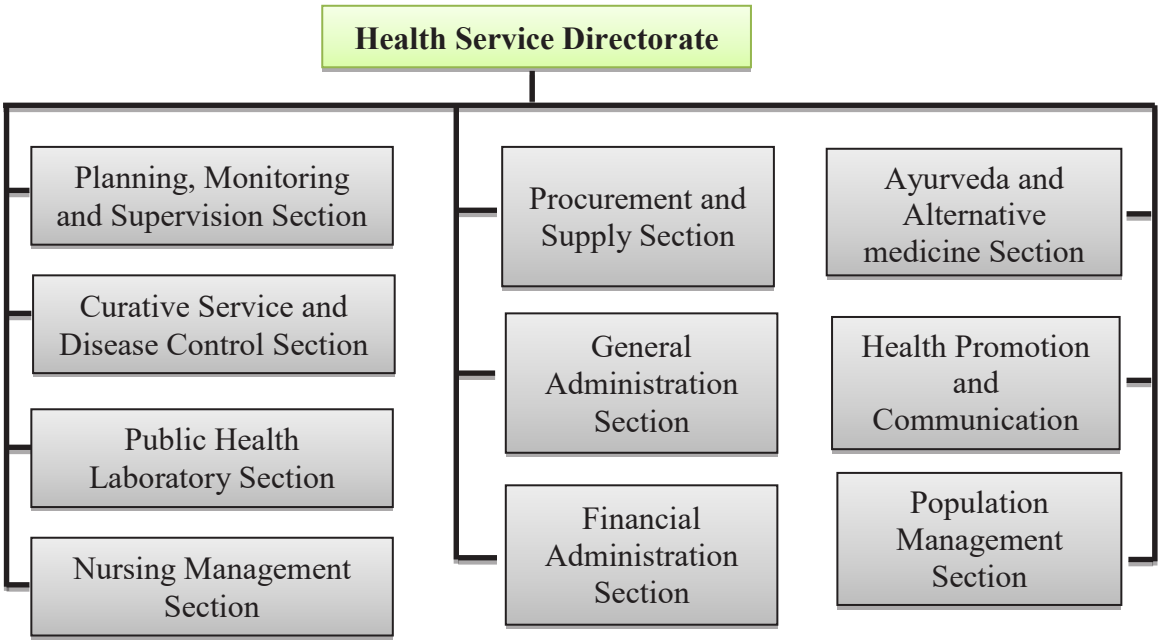
1.1 General Introduction

Karnali Province extends over 27,984 square kilometers and is in mid-west of Nepal. Karnali province includes both mountains and hilly terrain and shares boarders to China in the north, Gandaki province to the East, Sudurpaschim province to the West, and Lumbini province to the South. By the reference of preliminary census report 2078, the total population comprises 1,694,885 in Karnali province Total 5.8% of national population resides within 10 districts, 79 local government (54 rural and 25 urban) and 718 wards of Karnali Province.



1.2 Health Service Directorate

The constitution of Nepal ensures access to basic health services as a fundamental right of every citizen. Aligned with constitution, Health policy, 2076 of Karnali province has visioned for the access to quality health care services for every Karnali dwellers and ensure peoples fundamental right to live healthy life. Health Service Directorate (HSD) is the health activities implementing body established under the Ministry of Social Development (MoSD) of Karnali Province. There are 10 sections under Health Service Directorate. Th function of the Health Service Directorate is to provide technical backstopping as well as program supervision to the Public/Health Service Offices and Hospitals.



Role and responsibility of Health Service Directorate

Health Service Directorate (HSD) is an implementing body of health service under the Ministry of Social Development (MoSD) of Karnali Province. Health Service Directorate facilitates for providing primary health care services to reach out all people. The Health Service Directorate oversees the strengthening health system, technical support, program monitoring, supervision, feedback and evaluation of health services implemented by Public/Health Service Offices and Hospitals.

Objectives

- To reach the preventive, curative and promotional health services up to the doorsteps of people.
- Monitoring and supervision of health services

Major activities of Health Service Directorate

- Develop annual work plan as per the policy and directions of MOHP& Ministry of Social Development
- Develop the provincial and district level program and report to federal government through Ministry of Social Development
- Support to implement the National and provincial health policy, analyzing the available health services in the province
- Coordinate with concerned stakeholders in the province for joining hands to work collectively in the health sector
- Develop budget estimates in coordination with the health offices, Ayurveda centers regarding the construction and repair of physical facilities
- Monitor and regulate the financial transaction in the district level as per need
- Administer the implementation of audit report and take action to those who do not clear their advances and financial irregularities as per the existing financial rules or recommend to the center for necessary action, Print and distribute the forms and formats provided by Policies to district Health Offices, Hospitals and Ayurveda Centers

Number of Service Delivery Sites by District

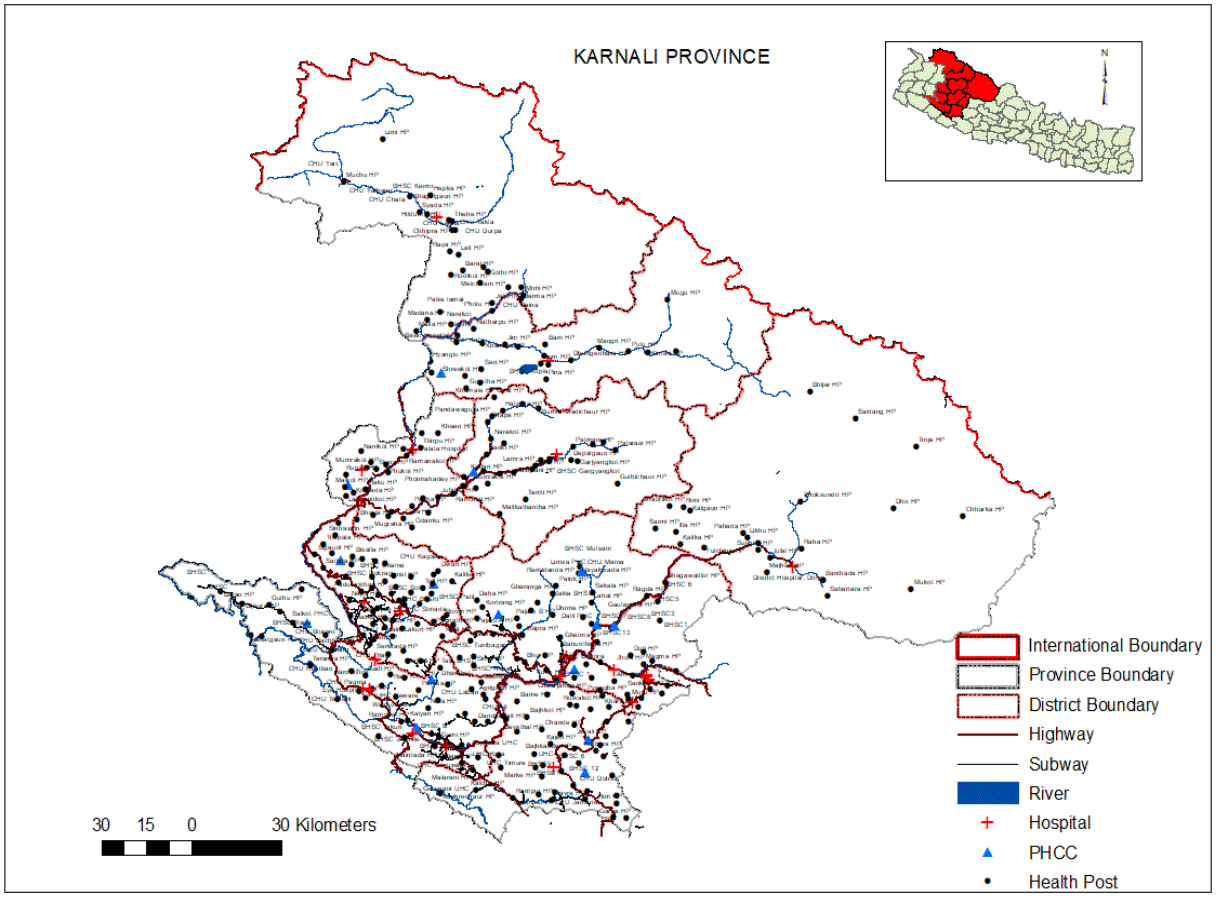
To deliver the primary and emergency health service in Karnali there are 11 Primary level Hospital 14, Primary Health Care Centers (PHCCs), 333 Health Posts (HPs), 233 Basic Health Service Center, 101 Community Health Units, 864 PHC-ORCs and 4273 FCHVs. Public/ Health service Offices under the Directorate are established in Surkhet, Jumla, Salyan, Humla, Mugu, Kalikot, Rukum West, Dailekh, Jajarkot and Dolpa for managerial purpose as an implementation unit of Province Government of Karnali. Likewise, to cater clinical services, along with Karnali Academy of Health Sciences and Province Hospital, there are 3 secondary level hospitals. Other private health facilities and development partners including INGOs, bilateral and multilateral organizations have been working in the province.

Table 1.1 Service Delivery Points, Service Providers in Karnali

Service Providers	No	Service Providers	No
Karnali Academy of Health Sciences (KAHS)	1	Birthing Center (Excluding BEONC/CEONC)	359
Secondary Hospital A (Mehalkuna)	1	CEONC	11
Secondary Hospital B (Province Hospital)	1	PHC/ORC	1014
Public Health Service Office	2	Immunization Clinics	1370
Health Service Office	8	FCHV	4273
District Hospital (Province)	8	Safe Abortion Site	54
Primary Hospital (Local Level)	11	Microscopic Center	47
Community Hospital	3	DOTS Center	400
Private Hospital	7	DR Treatment Center	2
PHCC	14	DR Treatment Sub center	16
Health Post	333	GeneXpert Lab	8
Community Health Unit	101	ART Center	6
Urban Health Clinic	25	Ayurveda Health Center	9
BHCC	233	Nagarik Arogya Kendra	40
BEONC	14	Private Health Facilities	29

Source: *District Presentation at Provincial Review Meeting Birendranagar, Surkhet 2079*

Health System Building Blocks in context to Karnali Province



The World Health Organization has formulated health system framework that describes health systems in six building blocks. A good service delivery comprises quality, access, safety and coverage. A well-performing workforce consists of human resource management, skills and policies. Likewise, a well performing system ensures the production, analysis, dissemination and use of timely and reliable information. Procurement and supply ensure equitable access, assure quality and cost-effective use. A good health financial system raises adequate funds for health, protects people from catastrophic financial burden. Effective leadership and governance ensure the existence of strategic policy framework, effective oversite and coalition building, and attention to system design and accountability.

Table 1.2 Status of Health System as per Building Blocks

Building Blocks and Indicators	Status of Karnali Province
Health Services Delivery	
Population per government hospital	77,326
Population per hospital (both sector)	53,100
Population per health facility (included hospital, PHCC and HP)	2,302
Population per FCHV	391
Health Workforce	
Availability of Medical Doctors	32 (Vacant percentage 83%)
Availability of Nursing Staff	66 (Vacant percentage 70%)
Availability of Paramedics	28 (Vacant percentage 67%)
Availability of Lab technicians/assistance	13 (Vacant percentage 75%)
FCHVs	4,273
Doctor per 1000 population	0.05
Nurse per 1000 population	0.44
Health Information	
Reporting Status of Government Hospital (N=18)	100 %
Reporting Status of PHCC (N=14)	100 %
Reporting Status of Health Posts (N=335)	100 %
Reporting Status of PHC-ORC (N=1014)	78.4 %
Reporting Status of EPI clinics (N=1370)	94.1 %
Reporting Status of FCHVs (N=4273)	89.7 %
Health Financing	
Provincial Total Budget for FY 2078/79	36,546,636,000
Total Budget MoSD	6,430,684,000
Provincial total Health Budget including COVID	4,550,355,000
% of health budget among total MoSD budget	70.76%
Expenditure (%)	80.56% (Physical), 72.71% (Financial)
Insurance covered districts	10
Total population insured	336090 (21.4 % among total population)
Leadership and Governance	
Provincial Health Policy	Implementation stage
Provincial Health Act	Endorsed

Source: *Annual Review of PHSD, MoSD, Karnali Province.*

Service Readiness

Service readiness refers to overall capacity of health facilities to provide general health services. Availability of basic amenities, infrastructure and enabling environment required to provide general service are listed in table 1.3. Numbers under each district indicates availability of given service readiness criteria in health facilities of given district. Health Facilities includes Primary Health Care Centers, Health posts, BHSCs, UHCs and CHUs.

Table 1.3 District wise details of Infrastructure for Service Delivery

S. N	Details	Karnali	Dolpa	Mugu	Humla	Jumla	Kalikot	Dailekh	Jajarkot	Rukum	Salyan	Surkhet
1	# of health facilities with computer and internet facility	402	8	11	20	26	36	81	30	35	62	93
2	# of health facilities with 24 hours electricity supply	310	6	10	25	20	25	46	13	54	50	61
3	# of health facilities having their own building	639	21	40	50	35	71	88	77	67	77	113
4	# of health facilities having their own 3 Ropanies of land	381	17	36	27	23	26	71	45	33	40	63
5	# of building of birthing center as per standard	377	16	31	38	23	53	30	52	37	31	66
6	# of Health facilities conducted MSS	282	20	16	22	25	28	43	25	21	35	47
7	# of health facilities with staff quarter	182	15	13	19	23	24	13	10	12	16	37
8	# of health facilities with access to motor road	632	11	26	20	45	44	107	72	80	95	132
9	# of stretchers (Ward)	704	59	41	44	60	77	90	77	73	84	99
10	# of ambulance	90	3	6	3	6	5	12	6	12	11	26

Source: *District Presentation at Provincial Review Meeting Birendranagar, Surkhet 2079*

1.3 Sustainable Development Goals

On 25 September 2015 at United Nations Sustainable Development Summit, world leaders adopted the 2030 Agenda for Sustainable Development, which includes a set of 17 Sustainable Development Goals (SDGs) to end poverty, fight inequality and injustice, and tackle climate change by 2030.

The Sustainable Development Goals, otherwise known as the Global Goals, build on the Millennium Development Goals, eight anti-poverty targets that the world committed to achieving by 2015. The MDGs, adopted in 2000, aimed at an array of issues that included slashing poverty, hunger, disease, gender inequality, and access to water and sanitation. Enormous progress has been made on the MDGs, showing the value of a uni-agenda underpinned by goals and targets. Despite this success, the indignity of poverty has not been ended for all.

SDG 3: Ensure healthy lives and promote well-being for all at all ages

TARGETS

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 By 2030, end preventable deaths of newborns 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

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents
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 programs
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 and vaccines for all
3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
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 for all
3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
3.d Strengthen the capacity of all countries, developing countries, for early warning, risk reduction and management of national and global health risks

Note: *The details of SDG target and indicators is presented in ANNEX.*

Table 1.4 Major Health Indicators of Karnali Province Vs Nepal as Targets

Indicator	Karnali	National	Target (National)
Maternal mortality ratio[1]	NA	239	70 by 2030
Teen childbearing rate[5]	81	63	NA
Under five mortality rate[5]	30	28	20 by 2030
Infant mortality rate[5]	27	25	10 by 2030
Neonatal mortality rate[5]	11	16	12 by 2030
Total fertility rate[5]	2.7	2.0	2.1 by 2030
Contraceptive Prevalence, modern methods[2]	35.5	35.6	60 by 2030
Institutional delivery[2]	77.5	65.5	90 by 2030
Delivery by skilled birth attendant[2]	69.6	60.8	90 by 2030
Children fully immunized[5]	70	70.2	100 by 2030
Children stunted[5]	46.8	31.5	15 by 2030
Children wasted[5]	17.6	12	4 by 2030
Life expectancy at birth[3]	66.8	68.8 yrs	NA
HIV prevalence, adults		0.15%	Reduce new infections to zero

Source*: [1]2016 NDHS [2]HMIS 2076/77, [3]Karnali in statistics, [4]NCASC 2019,[5]Nepal MICS 2019*

2. FAMILY WELFARE

2.1 Child Health and Immunization

National Immunization Program

2.1.1 Background

Immunization is the most cost-effective child survival initiatives for preventing a quarter of mortality of under-five year children. Effective implementation of the program is considered to contribute directly to the reduction in child morbidity and mortality and thereby ultimately contributes to achieve the Sustainable Development Goal-3 and target 3.2 on Child Mortality reduction. The National Immunization Program (NIP) is a priority 1 (P1) program. The history of immunization backs to 2034 B.S.as an Expanded program of Immunization in Nepal. After the smallpox elimination, Nepal started BCG and DPT antigen. Now, there are 13 types of antigens being provided through more than fourteen hundred immunization clinics through outreach, institutional and mobile clinics in Karnali province. Nepal has already achieved legislative landmarks through the endorsement of the Immunization Act 2072.

Vision, Mission, Goal and Strategic direction of NIP

According to recent Comprehensive Multiyear Plan (cYMP) of Nepal 2017-2021 of NIP,

Vision - "Nepal- a country free of Vaccine Preventable Diseases"

Mission-

"To provide every child and mother high-quality, safe and affordable vaccines and immunization services from the National Immunization Program in an equitable manner"

Goal-

"Reduction of morbidity, mortality and disability associated with vaccine preventable diseases"

Strategies

- Reach every child for full immunization.
- Accelerate, achieve and sustain vaccine preventable disease control, elimination and eradication;
  - Sustain polio-free status for the global eradication of the disease
  - Achieve measles elimination and rubella and CRS control by 2019
  - Accelerate JE Control
  - Sustain MNT elimination status
  - Accelerate hepatitis B vaccination
  - Expand surveillance of other vaccine preventable diseases
- Strengthen immunization supply chain and vaccine management system for quality immunization services;
- Ensure financial sustainability for immunization program;
- Promote innovation, research and social mobilization activities to enhance best practices

Target and Schedule

The target population of the National Immunization Programme are

- Under 1-year aged children for BCG, DPT-HepB-Hib, OPV, FIPV, PCV, Rota and measles-rubella1 (MR1) vaccine
- 12 months old children for Japanese encephalitis
- 15-month-old children for measles-rubella second dose (MRII) and Typhoid
- Pregnant women for tetanus toxoid and low dose diphtheria toxoid (Td) containing vaccine

Table 2. 1.1 Target Population for Routine Immunization

Particulars	Target Population
Under 1- year children	36848
12–23-month population	36520
0–59-month population	183858
Expected pregnancy	46169

Table 2. 1.2 Immunization Schedule

S.N.	Type of vaccine	Doses	Schedule
1	BCG	1	At birth or on first contact with HFs
2	Oral polio vaccine (OPV)	3	6, 10 and 14 weeks of age
3	Rota	2	6, 10 weeks of age
4	DPT-Hep B-Hib	3	6, 10 and 14 weeks of age
5	f-IPV	2	6 and 14 weeks of age
6	PCV	3	6 weeks,10 weeks and 9 months of age
7	Measles-rubella	2	9 months and 15 months of age
8	Typhoid	1	15 months of age
9	Japanese encephalitis	1	12 months of age
10	Tetanus and diphtheria toxoid (Td)	2	Pregnant women: 2 doses of Td one month apart in first pregnancy, and 1 dose in each subsequent pregnancy

Source: *National Immunization Schedule of Nepal*

Major Activities Carried Out in fiscal year 2078/79 (2021/22)

- Six additional districts of Karnali were declared as fully Immunized districts (Total 8/10 been FID declared)
- Celebration of immunization month in Baishakh every year.
- Annual Provincial Review of Immunization and Supply Chain (ISC).
- Conduction of immunization training to newly recruited health workers.
- Microplanning of immunization
- Interventions for full immunization declaration wards, palika and district
- Typhoid Conjugate Vaccine (TCV) introduction through mass campaign
- Mass campaign for vaccination against COVID 19

Provincial Vaccination Coverage 2078/79

Provincial coverage and achievement of vaccine is presented in table 2.1.3. As per the national level standards each antigen should have at least 95% coverage, however in Karnali province two antigen (OPV II and MRI) is above 95 percent and other antigen are progressing slowly to reach the standard.

Table 2.1.3 Provincial vaccination coverage 2078/79

SN	Antigen	Target Population	Target	Achievement	Coverage %
1	BCG Doses	Under 1 year	36848	33902	92.0
2	DPT-HepB-Hib-1st	Under 1 year	36848	34915	94.8
3	DPT-HepB-Hib-2nd	Under 1 year	36848	34888	94.7
4	DPT-HepB-Hib-3rd	Under 1 year	36848	34680	94.1
5	OPV-1st	Under 1 year	36848	34828	94.5
6	OPV-2nd	Under 1 year	36848	35188	95.5
7	OPV-3rd	Under 1 year	36848	34750	94.3
8	FIPV-1st	Under 1 year	36848	33770	91.6
9	FIPV-2nd	Under 1 year	36848	33612	91.2
10	PCV-1st	Under 1 year	36848	34671	94.1
11	PCV-2nd	Under 1 year	36848	34724	94.2
12	PCV-3rd	Under 1 year	36848	34494	93.6
13	Rota-1st	Under 1 year	36848	32795	89.0
14	Rota-2nd	Under 1 year	36848	32221	87.4
15	Measles/Rubella-9-11 Months	Under 1 year	36848	35013	95.0
16	Measles/Rubella-12-23 Months	15 months	36530	32557	89.1
17	JE	12 months	36848	34890	94.7
18	TD (Pregnant Women)-2&2+	Pregnant women	46169	30614	66.3

Analysis of Service Statistics

Figure 2.1.1 Routine Immunization Coverage

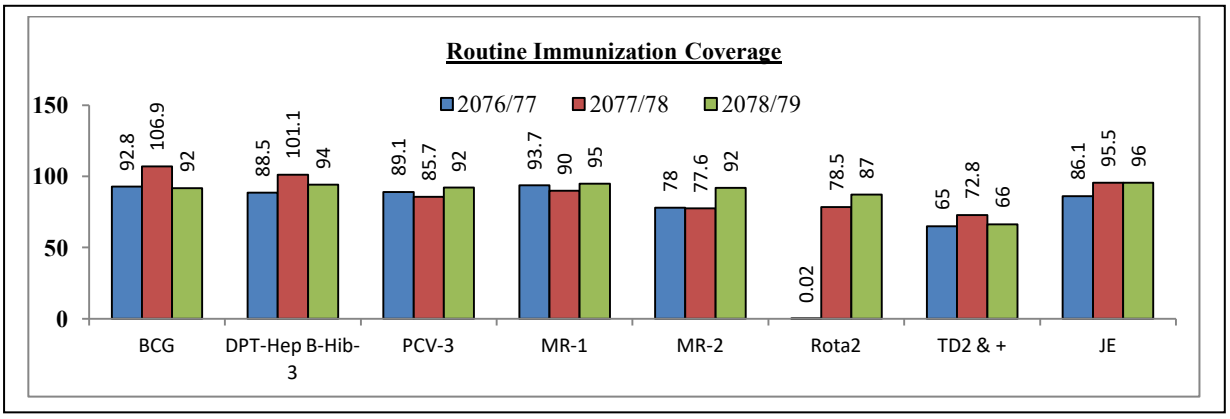


Figure 2.1.1 presents the comparative annual immunization coverage trend of BCG, DPT-HepB-Hib3, PCV 3, measles-rubella 1, measles-rubella 2, Td2 & 2+ and JE vaccine as per National Immunization Schedule. The figure shows that the coverage except both antigen as DPT-HepB-Hib and Td2 rest of antigens are increased in fiscal year 2078/79 compared to the preceding fiscal year 2076/77 and 2077/78 respectively.

Figure 2.1.2 BCG Coverage

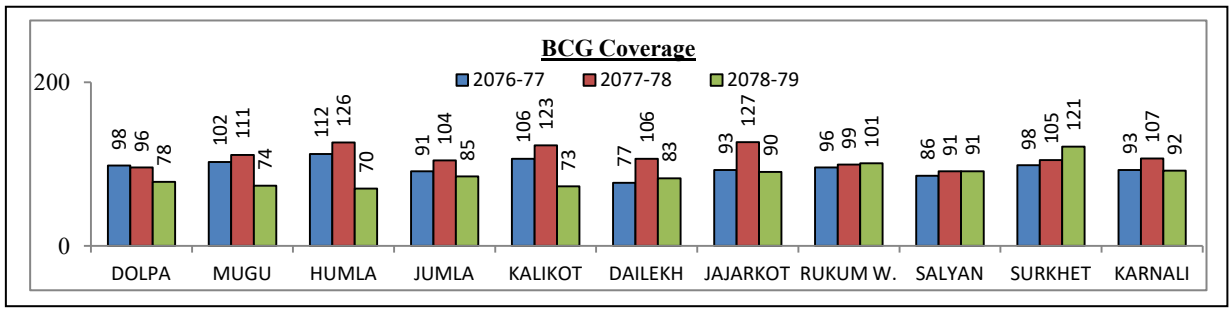


Figure 2.1.2 shows the district wise trend for BCG vaccination for the last three fiscal years. The coverage for BCG has decreased in all the districts of Karnali Province except Rukum west and Surkhet in this fiscal year 2078/79 in compared to last fiscal year 2077/78.

Figure 2.1.3 DPT-HepB-Hib3 Coverage

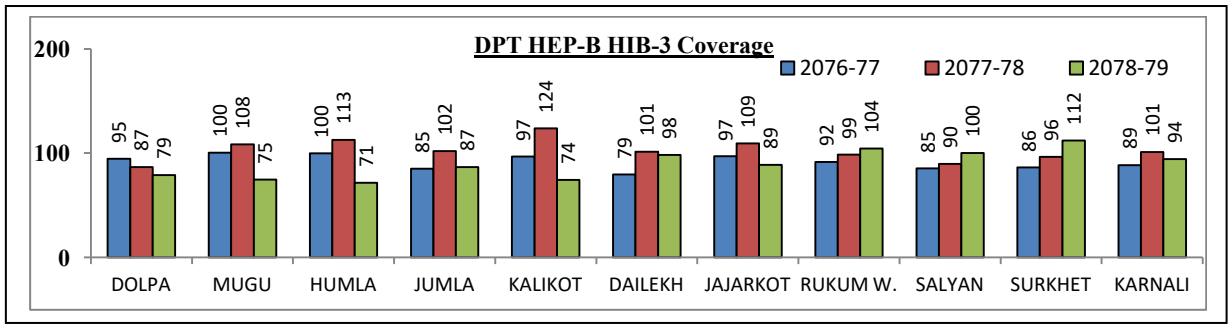
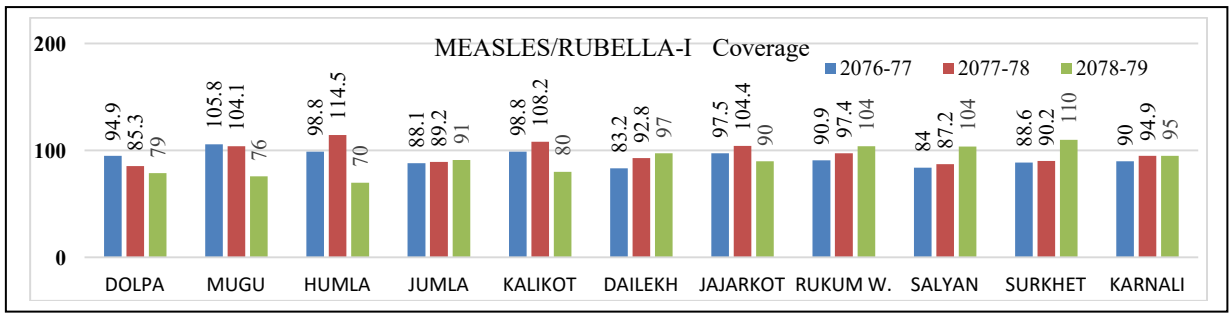


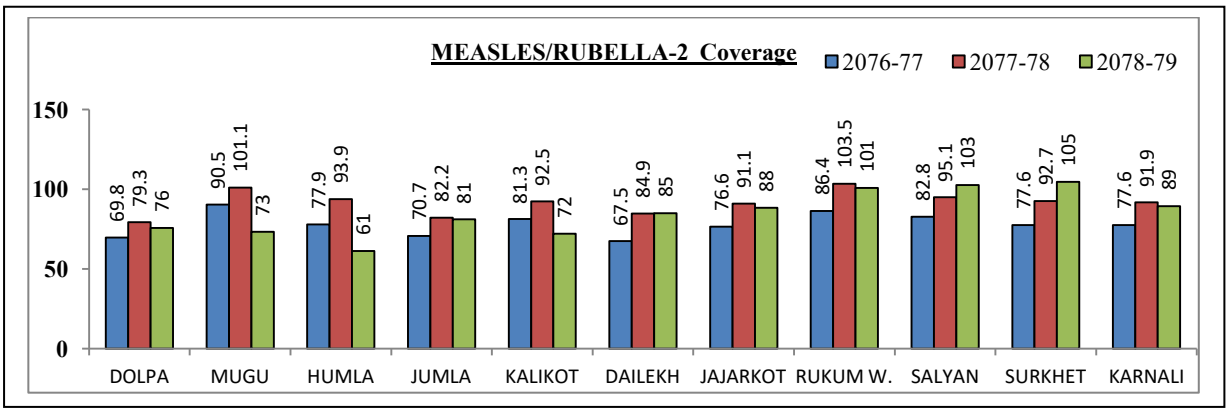
Figure 2.1.3 shows that DPT-HepB-Hib-3 coverage of Karnali Province has declined in this fiscal year 2078/79 (94%) compared to the last fiscal year 2077/78 (101%) with a variation in districts. Except the districts Dailekh, Rukum West, Salyan and Surkhet all the other districts (Dolpa, Mugu, Humla, Jumla, Kalikot, Jajarkot and Karnali) is less than 95 percent coverage. The coverage of Rukum West, Salyan and Surkhet has increased in the fiscal year 2078/79 compared to the fiscal year of 2077/78.

Figure 2.1.4 Measles/Rubella1 Coverage



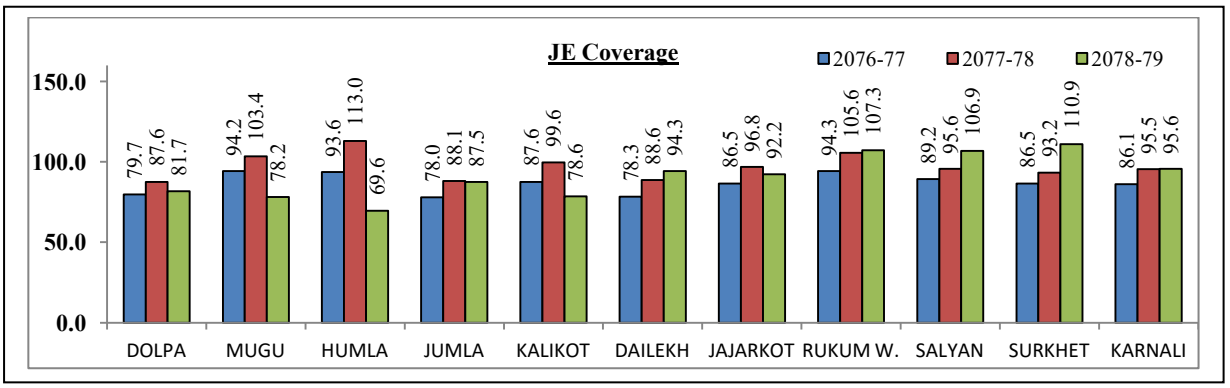
As illustrated in Figure 2.1.4, provincial coverage of measles/rubealla 1st dose is 95 %. The provincial coverage has slightly increased in this fiscal year 2078/79 (95%) compared to last fiscal year 2077/78 (94.9%). The coverage of 1st dose of Measles/Rubella is highest in Surkhet (110%) followed by Salyan and Rukum West 104% respectively. Among them, Humla has the lowest coverage (70%). The coverage of 1st dose of Measles/Rubella is increased in Jumla, Dailekh, Rukum West, Salyan, and Surkhet compared to last fiscal year.

Figure 2. 1.5 Measles- Rubella 2 Coverage



The figure 2.1.5 depicts the coverage of MR 2nd dose slightly decreased to 89 % in this fiscal year 2078/79 compared to 91.9% last fiscal year 2077/78. The coverage is increased in Surkhet and Salyan than previous year by 105% and 103% respectively.

Figure 2.1.6 JE Coverage



The JE vaccination coverage shown in figure 2.1.6 is 95.6% in 2078/79 which is slightly increased than previous fiscal year 2077/78 (95.5%).

Figure 2.1.7 Td2 & Td2+ Coverage

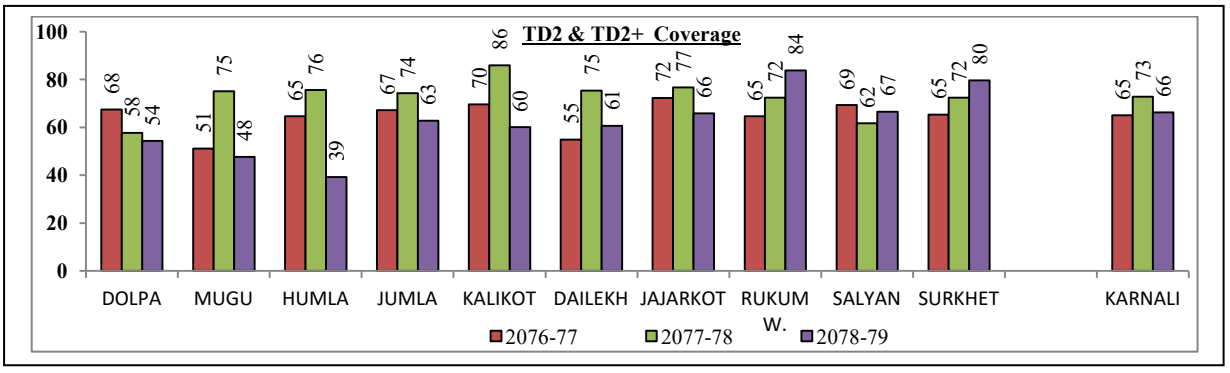


Figure 2.1.7 presents the trend of Provincial & district level coverage for Td (Td2 and Td2+) vaccination administered among pregnant women during last three years. The provincial coverage has been decreased to 66% in 2078/79 from 73% in last fiscal year 2077/78.

Figure 2.1.8 Dropout Rate

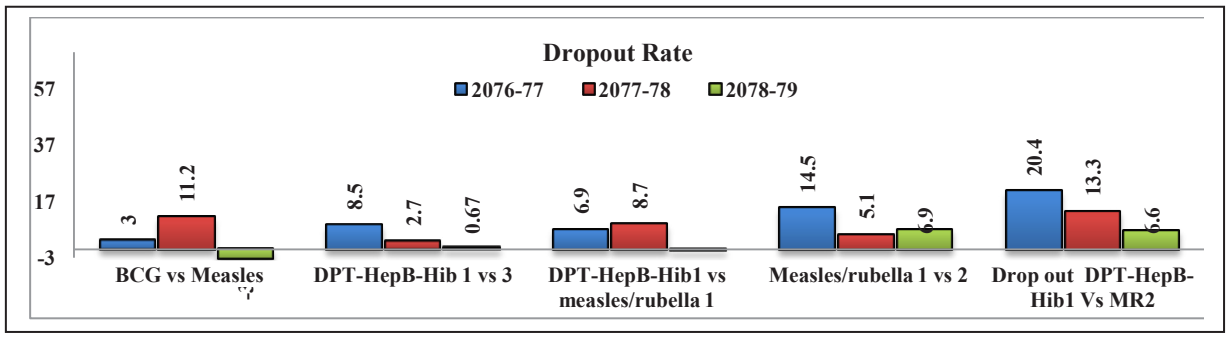


Figure 2.1.8 shows dropout rate of immunization program for overall Karnali province in three fiscal years. Normally, the acceptable dropout rate is less than 10% for all antigen. The dropout rate in 2078/79 has been decreased compared to fiscal year 2077/78 except measles/rubella 1 vs 2 vaccine

Figure 2.1.9 Dropout Rate: DPT HepB-Hib1 Vs 3

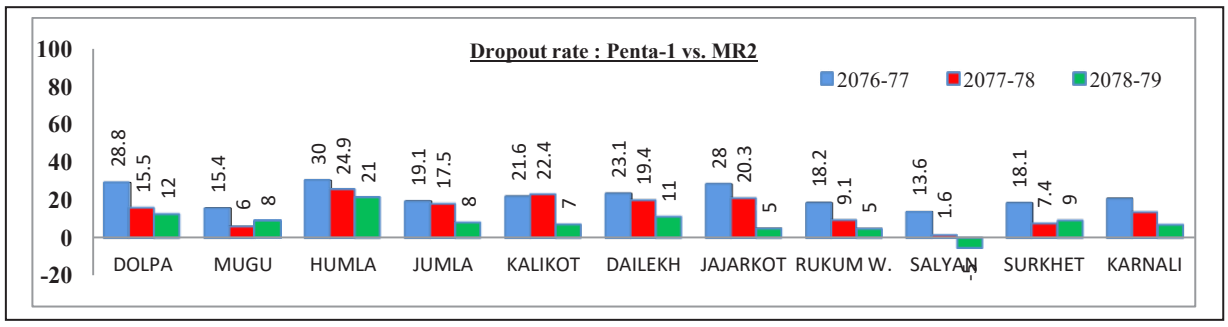
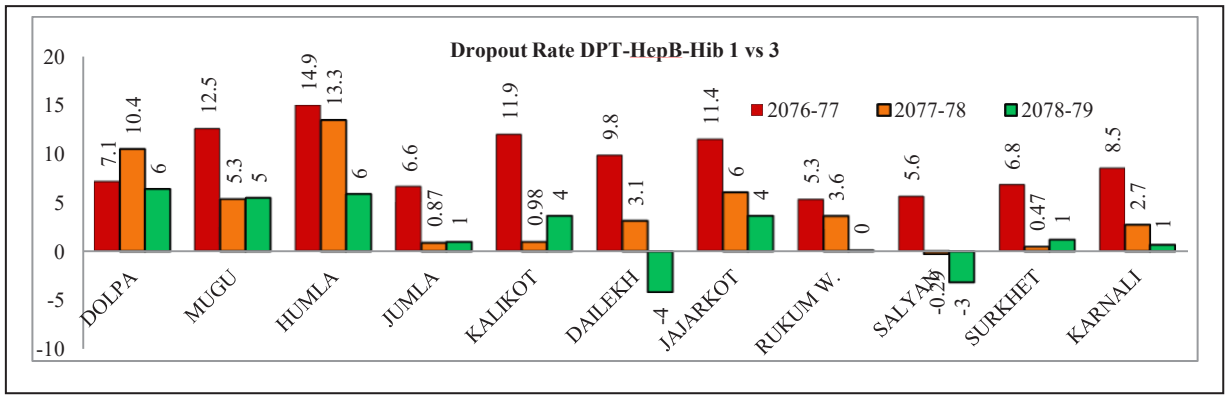


Figure 2.1.9 shows the dropout rate of DPT HepB-Hib1 Vs 3 is decreased to 1% in year 2078/79 compared to fiscal year 2077/78 (2.7%). The dropout rate is decreased in all districts except Kalikot in the fiscal year 2078/79 in comparison to the fiscal year 2077/78.

Figure 2.1.10 Dropout Rate: Penta 1 Vs MR2



The figure 2.1.10 shows the dropout rate between Penta 1 vs MR2 vaccine. The total provincial dropout is 7% in fiscal year 2078/79 which decreased from 13.3 % in fiscal year 2077/78. The dropout rate is slightly increased in Surkhet and Mugu districts in FY 2078/79 however the highest dropout observed in Humla, Dolpa and Dailekh districts than the acceptable range (<10%).

2.1.2 Access and Utilization of Immunization Services

The figure 2.1.11 shows the immunization information for category of access and utilization. The access represents the Penta 1 coverage and utilization is drop-out rate between Penta 1 vs Measles Rubella 2nd.

The categorization based on access (DPT-Hep B-Hib1 coverage) and utilization (DPT-HebB-Hib1 vs MR2) for fiscal year 2078/79. The figure 2.1.11 shows the categorization of 79 local levels of Karnali province. Among them, 29 (36.7%) are in category I (Good access, good utilization), 13(16.5%) are in category II (Good utilization, poor utilization), 21(26.6%) are in category III (Poor access, good utilization), and 16 (20.3%) are in category IV (Poor access and poor utilization).

Figure 2.1.11 Immunization Category

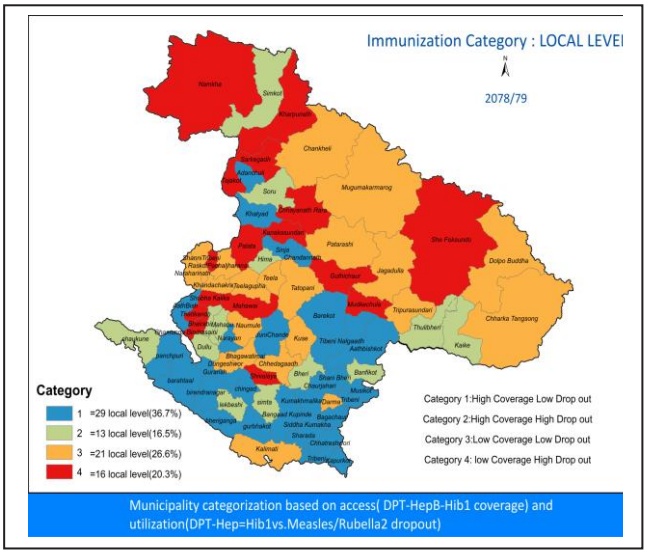


Table 2.1.4 Local Level Categorized based on Access and Utilization

(DPT-HepB-Hib1 coverage and drop out DPT1 vs MR2) 2076-77- 2077/78

	Category 1: High Coverage (≥90%) Low Drop-Out (<10%)	***Category 2***: High Coverage (≥90%) High Drop-out (≥10%)	***Category 3:*** Low Coverage (<90%) Low Drop-out (<10%)	***Category 4***: Low Coverage (<90%) High Drop-out (≥10%)
Province		***Karnali***		
2077/78	**Mugu, Rukum West, Surkhet (3 District)**	**Dopa, Humla, Jumla, Kalikot, Dailekh, Jajarkot (6 District)**	**Salyan (1 District)**	-
	Tripurasundari Mun, Soru RM, Khatyad RM, Patarasi RM, Kalika RM, Narayan Mun, Bhagawatimai RM, Sanibheri RM, Banphikot RM, Chaurjahari Mun, Darma RM, Siddha Kumakh RM, Tribeni RM, Chingad RM, Gurbhakot Mun, Bheriganga Mun, Birendranagar Mun, Chaukune RM **(18 local levels)**	Thulibheri Mun, Kaike RM, Mugumkarmarog RM, Chhayanath Rara Mun, Chankheli RM, Kharpunath RM, Simkot RM, Sarkegad RM, Adanchuli RM, Tanjakot RM, Sinja RM, Guthichaur RM, Tatopani RM, Tila RM, Hima RM, Palata RM, Pachal Jharana RM, Raskot Mun, Sanni Tribeni RM, Naraharinath RM, Khandachakra Mun, Tilagupha Mun, Naumule RM, Mahabu RM, Bhairabi RM, Thantikandh RM, Aathbis Mun, Chamunda Bindrasaini Mun, Dullu Mun, Barekot RM, Kuse RM, Junichande RM, Chhedagad Mun, Shivalaya RM, Bheri Mun, Nalagad Mun, Aathabisakot Mun, Tribeni RM, Banagad Kupinde Mun, Simta RM, Panchapuri Mun, **(41 local levels)**	Jagadulla RM, Mudkechula RM, Chharka Tangsong RM, Dungeshwor RM, Gurans RM, Musikot Mun, Kumakh Malika RM, Bagachour Mun, Bagachour Mun, Chhatreshwori RM, Sharada Mun, Kalimati RM, Kapurkot RM, Barahatal RM **(13 local levels)**	Dolpo Buddha RM, Shey Phoksundo RM, Namkha RM, Kanaka Sundari RM, Chandannath Mun, Mahawai RM, Lekabeshi Mun **(7 local levels)**
2078/79	**Jajarkot, Rukum West, Salyan, Surkhet (4 District)**	**Dailekh (1 District)**	**Mugu, Jumla, Kalikot (3 District)**	**Dopa, Humla (2 District)**
	Khatyad RM, Adanchuli RM, Sinja RM, Chandannath Mun, Aathbis Mun, Narayan Mun, Gurans RM, Barekot RM, Junichande RM, Chhedaged Mun, Nalgaad Mun, Aathbiskot Mun, Sanibheri RM, Musikot Mun, Tribeni RM, Chaurjahari Mun, Kumakh RM, Bangad Kupinde Mun, Siddha Kumakh RM, Baghaur Mun, Chhatreshwori RM, Sharada Mun, Tribeni RM, Kapurkot RM, Chingad RM, Gurbhakot Mun, Bheriganga Mun, Birendranagar Mun, Barahatal RM, Panchpuri Mun, Chaukune RM **(31 local levels)**	Thulibheri Mun, Kaike RM, SimkotRM, Hima RM, Mahabu RM, Bhairabi RM, Dullu RM, Bhagawatimai RM, Dungeshwor RM, Bheri Mun, Banphikot RM, Darma RM, Kalimati RM, Simta RM, Lekbeshi Mun **(15 local levels)**	Dolpo Buddha RM, Jagadulla RM, Tripurasundrai Mun, Chharka Tangsong RM, Mugum Karmarog RM, Chankheli RM, Patarasi RM, Tatopani RM, Tila RM, Pachaljharana RM, Sanni triveni RM, Naraharinath RM, Khandachakra RM, Tilagupha RM, Naumule RM, Kuse RM **(16 local levels)**	Shey Phoksundo RM, Mudkechula RM, Chhayanath Rara RM, Soru RM, Kharpunath RM, Namkha RM, Sarkegad RM, Tanjakot RM, Kanaka Sundari RM, Guthichaur RM, Palata RM, Raskot RM, Mahawai RM, Kalika RM, Thantikandh RM, Chamunda Bindrasaini Mun, Shivalaya RM **(17 local levels)**

Figure 2. 1.12 Vaccine Wastage Rate

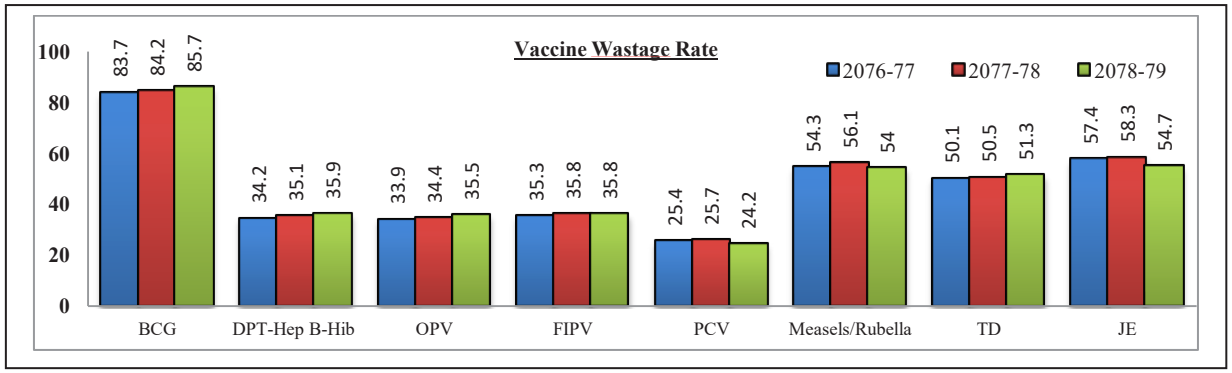


Figure 2.1.12 illustrates the trend of vaccine wastage rate of all antigens in three fiscal years. The vaccine wastage rate of all the antigen for the fiscal year 2078/79 is higher than the cut-off of wastage rate. Wastage rate of all the antigen slightly increased in compared to last fiscal year 2077/78. The wastage rate for last consecutive 3 years is above than the acceptable wastage rate.

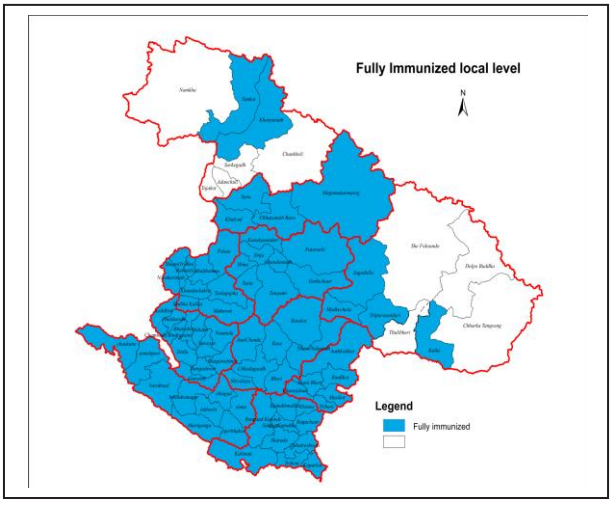
Fully Immunized Local levels

The figure 2.1.13 shows the fully immunization declared local level. Out of 79 local level, 70 (88.6%) local levels have declared their all wards as fully immunized. Some of the local levels as well as districts are yet to declare full immunization. There are some local levels which are waiting for approval from respective authorities for declaring their local level as fully immunized.

Table 2.1.5 Full Immunization Declared Local Levels

Districts	Declared Local Level
Dolpa	3 among 8
Mugu	All 4
Humla	3 among 7
Jumla	All 8
Kalikot	All 9
Dailekh	All 11
Jajarkot	All 7
Rukum West	All 6
Salyan	All 10
Surkhet	All 9
Karnali	**70 among 79 (88.6%)**

Figure 2.1.13 Fully Immunized Local Level



Immunization Preventable Diseases Surveillance

Accelerate, achieve, and sustain vaccine preventable diseases control, elimination and eradication is one of the strategic objectives of the cMYP 2017-21. The strategic approaches within this objective are to sustain polio free status for global eradication of the disease and eradicate and eliminate vaccine preventable diseases (VPDs) Measles & Rubella, Neonatal

Tetanus and JE. The surveillance of VPDs is important to know the present status of these VPDs. World Health Organization-Immunization Preventable Diseases (WHO-IPD) has been supporting in conducting the surveillance of VPDs. The table shows the distribution of measles and Rubella cases in 2021 in Karnali province (Table 2.1.6).

Table 2.1.6 Reported AFP, Measles/Rubella cases

District	Population		AFP Cases		Measles/Rubella cases		Lab + Epi.+Clinical Confirmed Measles	Lab confirmed Rubella	Total AES cases	Lab Confirmed JE	Suspected NNT case
	Total Population	< 15 Years population	Expected	Reported	Suspected	Reported					
DOLPA	43163	13537		1	1	1	0	0	0	0	0
HUMLA	55762	19681			2	7	0	0	0	0	0
JAJARKOT	189875	71652		3	4	26	1	0	1	0	0
RUKUM WEST	166628	49596		3	4	9	0	0	0	0	0
SALYAN	239030	69462	2	2	5	22	0	0	0	0	0
DAILEKH	254011	85985	2	0	6	7	0	0	0	0	0
JUMLA	119691	36260	1	1	3	1	0	0	0	0	0
KALIKOT	145375	46254	2	1	3	4	0	0	0	0	0
MUGU	66972	18577	1	0	2	3	0	0	0	0	0
SURKHET	418705	121018	3	1	9	9	0	0	0	0	0
KARNALI	**1699212**	**532022**	**11**	**12**	**39**	**89**	**1**	**0**	**1**	**0**	**0**

Mass Campaign of Typhoid vaccination

Among the communicable diseases, Typhoid is one of them in Nepal. Huge cost is associated with its diagnosis and treatment. As a strategy of new vaccine introduction, in every country vaccination campaign is conducted as first phase. In this regard, government conduced TCV vaccination campaign in Nepal targeting 15 months to 15 years children. The typhoid vaccination campaign in Karnali Province was conducted from Chaitra 25, 2078 to Baishakh 18, 2079. In National schedule, it should be given at the fifteen months of age. After the completion of vaccination campaign, the vaccine is incorporated in routine schedule to reach all the children age at 15 months.

Figure 2.1.14 Typhoid Vaccination Campaign Achievement of Karnali Province

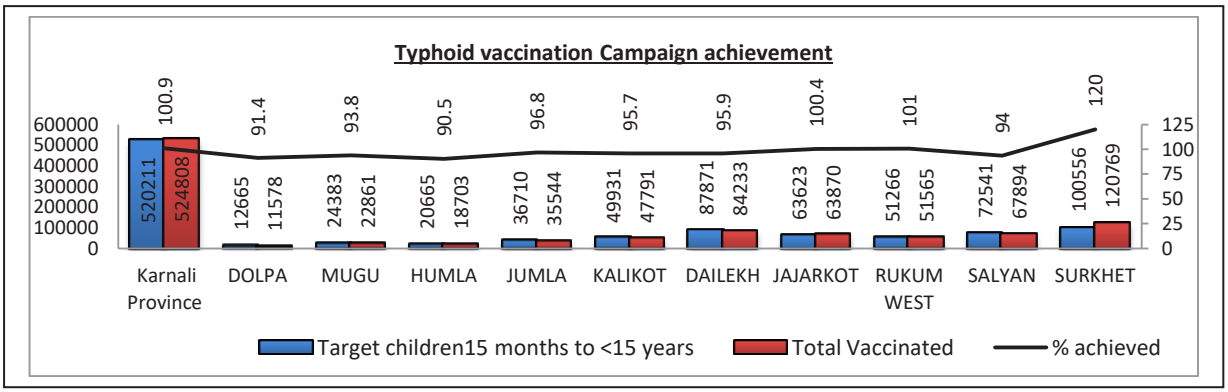


Figure 2.1.14 shows the achievement of TCV vaccination campaign in Karnali province conducted in fiscal year 2078/79. In Karnali province, total of 520211 children were targeted

for TCV vaccination and total of 524808 children were reached yielding total cent percent achievement. The district wise achievement was also compared against the target population. In Surkhet highest coverage (120%) was achieved whereas in Humla least coverage (91.4%).

Integration of Hygiene Promotion in Routine immunization

Hygiene Promotion through Routine Immunization has been implementing since 2076/77 in Karnali province. The program is designed based on hygiene behavior changes approach i.e., Behavior Centered Design (BCD). As a part of the hygiene intervention into routine immunization program. The hygiene promotion session is conducted in EPI clinics regularly. Hygiene promotion sessions are incorporated in four days immunization basic training and micro planning workshop.

COVID-19 Vaccine Coverage

Covid vaccination in Nepal started from Magh 4-14, 2077. The vaccination started on campaign approach based on priority groups based on the age, co-morbidity, immune compromised groups. In the year 2078/79, covishield, verocell, J&J, AstraZeneca and Pfizer vaccines were vaccinated according to the priority age groups.

Table 2.1.7 Achievement of covid vaccination in year 2078/79 in total population

District	COVISHIELD			Vero Cell			Janssen (SD)		AstraZeneca			Pfizer Total		
	1st dose	2nd Dose	Additional dose	1st Dose	2nd Dose	Additional dose	Single dose	Additional dose	1st Dose	2nd Dose	Additional dose	1st Dose	2nd Dose	Additional dose
DOLPA	5,264	3,976	2,291	16,988	12,392	877	221	2	256	656	2,997	-	-	-
HUMLA	6,827	5,931	1,105	26,385	23,085	824	3,151	2,916	2,272	3,576	5,317	-	-	-
JAJARKOT	8,501	6,035	4,202	18,343	14,368	766	1,945	-	1,205	1,316	1,281	-	-	-
RUKUM WEST	16,523	12,247	7,580	49,919	33,893	2,074	7,877	297	2,572	3,223	12,060	-	-	-
SALYAN	10,523	12,756	10,927	47,648	38,573	3,780	6,364	-	4,358	2,948	7,746	-	-	-
DAILEKH	21,374	22,880	16,929	65,894	59,818	10,232	38,028	3,090	3,312	9,174	20,869	-	-	-
JUMLA	16,211	12,704	13,230	52,271	42,510	1,659	29,599	1,103	5,761	3,441	12,557	-	-	-
KALIKOT	11,330	11,819	17,691	55,018	48,320	2,888	22,272	2,047	2,272	2,047	22,967	2	-	-
MUGU	13,151	12,194	15,445	88,509	77,441	2,641	22,315	327	6,692	7,520	33,236	-	-	-
SURKHET	39,615	28,758	42,582	146,686	129,496	4,109	32,679	129	33,319	3,533	40,257	51,135	3,845	22,454
KARNALI	149,319	129,300	131,982	567,661	479,896	29,850	164,451	9,911	62,019	67,434	159,287	51,137	3,845	22,454

Source: *FWD, NIP, COVID -19 vaccination coverage 2079*

The table shows the total COVID-19 vaccination coverage in Karnali province. Sixty three percent of the total population were vaccinated in 1st dose of vaccination campaign, 61.4% of total population were vaccinated with 2nd dose and 24.0% of total population were also vaccinated as an additional dose.

Table .2.1.8 Coverage of Achievement of covid vaccination in year 2078/79

District	Achievement against total population			Achievement against target 12-17 yrs) population		Achievement against target (≥18 yrs) population			Achievement against target ≥12 yrs population		
	1st dose (%)	Full dose (%)	Additional dose (%)	1st dose (%)	Full dose (%)	1st dose (%)	Full dose (%)	Additional dose (%)	1st dose (%)	Full dose (%)	Additional dose (%)
DOLPA	59.9%	46.0%	14.6%	69.1%	53.4%	79.8%	61.1%	22.4%	78.2%	60.0%	19.1%
HUMLA	66.4%	62.8%	16.3%	122.9%	86.3%	83.2%	83.8%	25.7%	89.0%	84.2%	21.9%
JAJARKOT	62.0%	51.7%	12.1%	96.9%	77.0%	71.6%	60.4%	17.2%	75.3%	62.8%	14.7%
RUKUM WEST	75.8%	56.7%	19.2%	151.1%	74.5%	82.8%	68.7%	27.5%	92.8%	69.5%	23.5%
SALYAN	58.0%	54.3%	17.1%	117.7%	97.1%	59.0%	57.6%	23.4%	67.6%	63.4%	19.9%
DAILEKH	51.7%	64.2%	24.1%	119.4%	97.0%	45.7%	65.6%	30.9%	56.5%	70.2%	26.4%
JUMLA	54.6%	60.6%	18.4%	129.2%	118.1%	56.1%	66.7%	26.5%	66.9%	74.3%	22.6%
KALIKOT	56.6%	63.1%	34.4%	132.2%	106.8%	60.7%	74.7%	50.7%	71.2%	79.4%	43.3%
MUGU	58.3%	61.4%	26.7%	99.2%	87.8%	59.8%	66.0%	35.2%	65.6%	69.2%	30.1%
SURKHET	78.4%	66.0%	28.4%	124.6%	104.1%	96.2%	81.0%	42.7%	100.4%	84.4%	36.4%
KARNALI	**63.4%**	**61.4%**	**24.0%**	**120.2%**	**97.2%**	**68.8%**	**70.0%**	**33.9%**	**76.3%**	**74.%**	**29.0%**

2.2 Nutrition

National Nutrition Program is a priority program of the government and is being implemented by nutrition section of Family Welfare Division (FWD) for improving nutritional status of children, pregnant women, lactating and adolescents. It aims to achieve nutritional well-being of all people to maintain healthy life to contribute to the socio-economic development of the country. Nutritional well-being is crucial for attaining many of the Sustainable Development Goal 2- *End hunger, achieve food security and improved nutrition and promote sustainable agriculture*. The Multi Sectoral Nutrition Plan-II provides a broader policy framework within and beyond the health sector under a Food and Nutrition Security Secretariat of National Planning Commission that coordinates its implementation. Steering committee is also in place at Provincial level.

Ministry of health and population has been implementing various nutrition specific as well as nutrition sensitive interventions across the country to address maternal, adolescents and child malnutrition. However, malnutrition remains a public health threat in Karnali Province. A huge prevalence of stunting among children under five (55 percent) calls for comprehensive and specific nutrition interventions. According to Nepal Multiple Indicator Cluster Survey (NMICS) 2019, the underweight children under 5 years of age in Karnali Province is 37.4 %, Stunting stands at 47.8%, Wasting 17.6%, Overweight 3.7%, while Nepal's Underweight stands at 24%, Stunting 31.5%, Wasting 12% and Overweight 2.6%.

Nationwide programs

- Growth monitoring and counselling
- Prevention and control of iron deficiency anemia (IDA)
- Prevention, control and treatment of vitamin A deficiency (VAD)
- Prevention of iodine deficiency disorders (IDD)
- Control of parasitic infestation by deworming
- Mandatory flour fortification in large roller
- Comprehensive Nutrition Specific Interventions (CNSI)

Scale-up programs

- Maternal, Infant, and Young Children Nutrition (MIYCN) program
- Integrated Management of Acute Malnutrition (IMAM)
- Micronutrient Powder (MNP) distribution linked with infant and young child feeding (IYCF) in Surkhet, Salyan, Dailekh, Jajarkot and RukumWest
- School Health and Nutrition program
- Vitamin A supplementation to address the low coverage among children aged 6–11-months
- Multi-sector Nutrition Plan (MSNP)
- Maternal and Child Health Nutrition program in Dolpa, Mugu, Humla, Jumla, Kalikot

Goal

National Nutrition program aims to achieve nutritional well-being of all people to maintain healthy life to contribute to the socioeconomic development of the country by implementing improved nutrition program in collaboration with other sectors. The overall objective of the national nutrition program is to enhance nutritional well-being, reduce child and maternal mortality and contribute to equitable human development.

The specific objectives of the program are as follows:

- To reduce protein-energy malnutrition among children under 5 years of age and women of reproductive age
- To improve maternal nutrition
- To reduce the prevalence of anemia among adolescent girls, women and children
- To eliminate iodine deficiency disorders and vitamin A deficiency and sustain elimination
- To reduce the infestation of intestinal worms among children and pregnant women
- To reduce the prevalence of low birth weight
- To improve household food security to ensure that all people can have adequate access, availability and use of food needed for a healthy life
- To promote the practice of good dietary habits to improve the nutritional status of all people
- To prevent and control infectious diseases to improve nutritional status and reduce child mortality
- To control lifestyle related diseases including coronary disease, hypertension, tobacco related diseases, cancer and diabetes
- To improve the health and nutritional status of schoolchildren
- To reduce the critical risk of malnutrition and life during very difficult circumstances
- To strengthen the system for analyzing, monitoring and evaluating the nutrition situation Behavior change communication and nutrition education at community levels
- To align health sector programs on nutrition with the Multi-Sectorial Nutrition Initiative

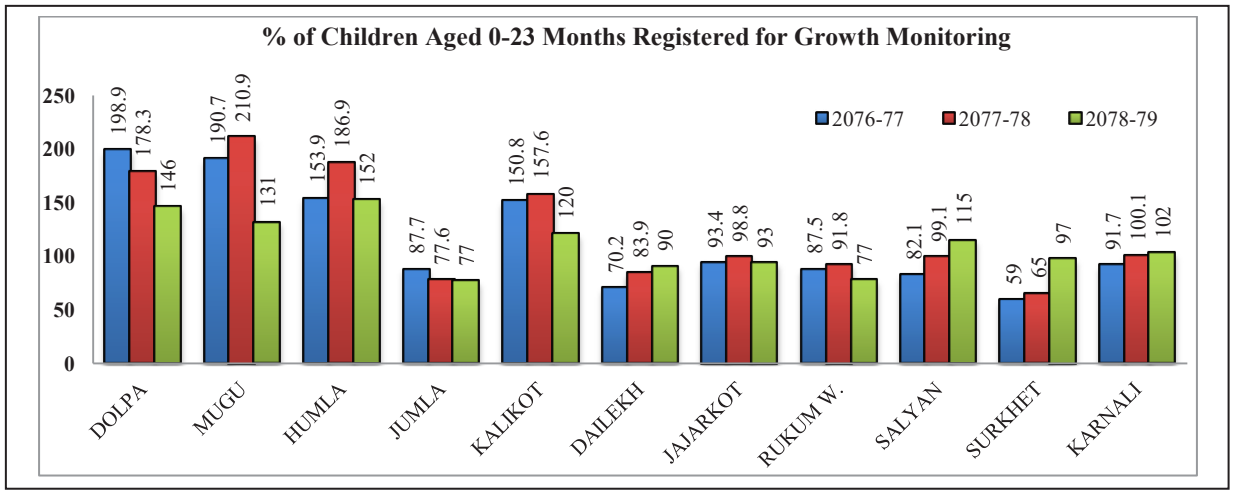
Major Activities Carried Out in fiscal year 2078/79 (2021/22)

- Ensured the delivery of Growth monitoring and counselling services through Health Facilities (HF)
- Conducted two rounds of National Vitamin A distribution to all 6-59 months children
- Celebrated Breastfeeding Week (August 1-7)
- Nutrition related day, Egg Day, Nutrition week, Breast Feeding week world food day were observed
- Continuation of Integrated Management of Acute Malnutrition at districts
- CNSI training to all level has been completed
- Celebrated IDD month in all the districts at the month of February for intensification of promotional activities.
- Continued Weekly IFA supplementation to Adolescent girls
- Continued Distribution of fortified flour to improve Maternal and Child health Nutrition (MCHN) in higher hills (5 districts) of Karnali province
- Continued distribution of iron and folate tablets to pregnant and lactating women through Hospital, PHCC, HPs, ORCs, and FCHVs
- Promotional activities for local foods
- Establishment of breastfeeding corner in different places

Analysis of Service Statistics

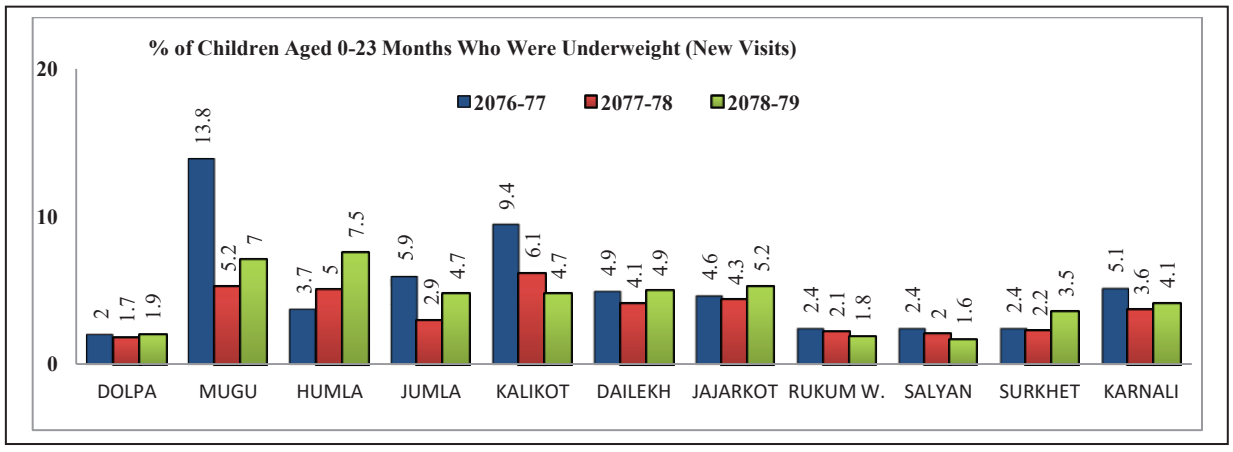
New Growth monitoring

Figure 2.2.1 Percentage of Children Age 0-23 Months Registered for Growth monitoring



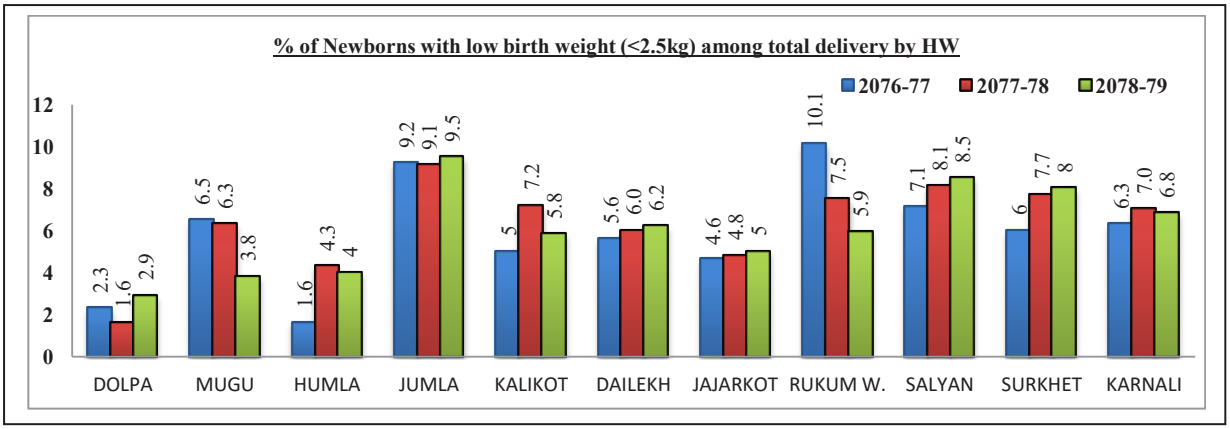
Weight for age is one of the important parameters to assess the nutritional status of <2 years age of children. Health facilities along with PHC/ORC deliver growth monitoring and counselling services. The above figure 2.2.1 shows the percentage of children aged 0-23 months registered for growth monitoring in fiscal year 2078/79 (102%). It has been observed that more than 100% of the children aged 0-23 month of age are enrolled in Dolpa, Mugu, Humla, Kalikot and Salyan districts and rest of the districts as Jumla, Dailekh, Jajarkot, Rukum West is below 100%. Among the Jumla and Rukum West are lowest growth monitoring in the province.

Figure 2.2.2 Percentage of children Aged 0-23 months who were Under Underweight



The Figure 2.2.2 illustrates the proportion of underweight among new growth monitored (0-23) months children. The proportion of underweight children among new growth monitoring has increased from 3.6% in fiscal year 2077/78 to 4.1 in the fiscal year 2078/79. The graph shows that underweight proportion is increasing trend across all the districts except for Kalikot.

Figure 2.2.3 Percentage of New born with Low birth weight



Both figure 2.2.3 and 2.2.4 shows the newborn with low birth weight (LBW) among total delivery reported by health workers. The figure shows the percentage of LBW slightly decreased than previous year. But Dolpa, Jumla, Daikeh, Jajarkot Salyan and Surkhet the percentage of LBW is nominal increased compared to previous years.

Prevention and control of Iron deficiency Anemia

National representative survey NDHS-2016 shows around half of pregnant women are anemic. Iron Folic Acid supplementation program is being implemented in all districts of the country to prevent iron deficiency anemia among pregnant and postpartum mothers. The protocol for IFA supplementation for pregnant women is to provide 180-Tab effective from their second trimester and that for postpartum mother is till 45 days from first day of delivery totaling the number of days of IFA consumption to 225 days.

Figure 2.2.4 Percentage of newborn with low birth weight among total delivery by HW by local level

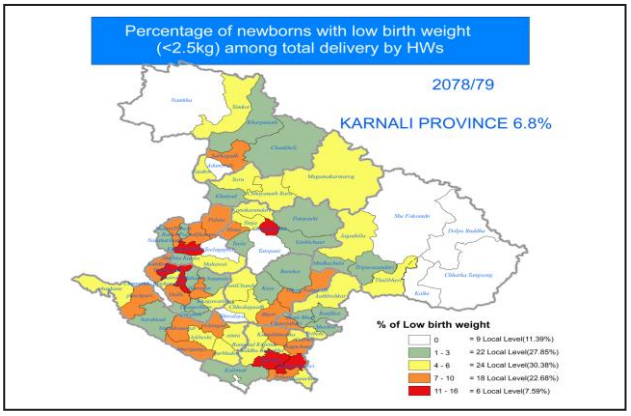


Figure 2.2.5 Percentage of Women who receive 180-day supply of Iron Folic Acid during Pregnancy

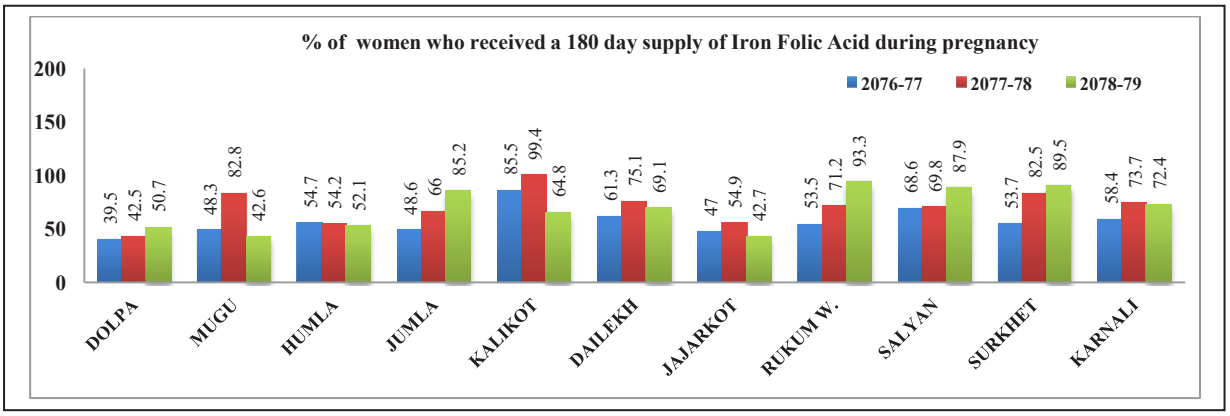
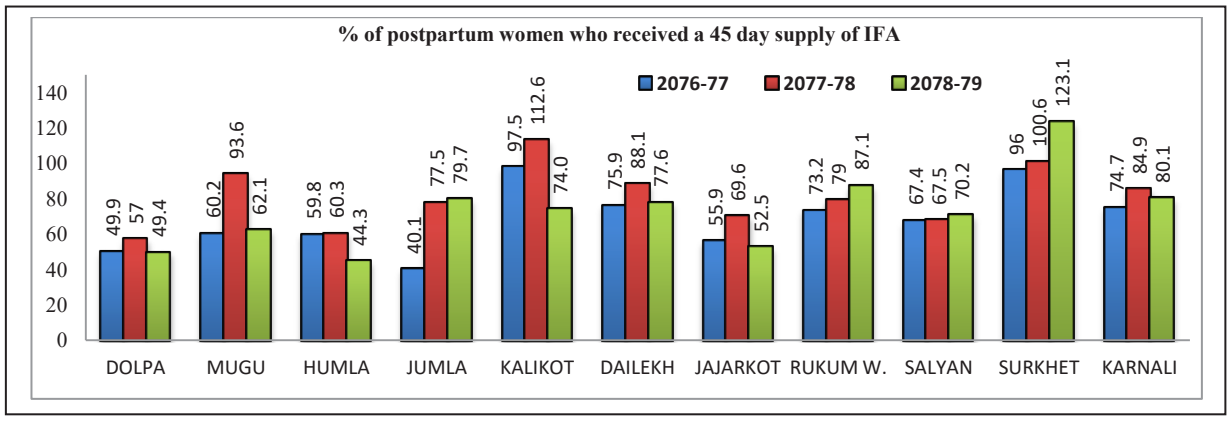


Figure 2.2.5 illustrates that in fiscal year 2078/79 total 72.4% of women were provided with IFA in Karnali. The lowest coverage of IFA is in Mugu and Jajarkot where about 4 out of every 10 women had received IFA supplementation in their last pregnancy.

Figure 2.2.6 Postpartum Iron Distribution Coverage



Postpartum mothers are given IFA tablets till 45 days after delivery. In Karnali province almost of the postpartum mothers received IFA supplementation in the fiscal year 2078/79 (Figure 2.2.6). IFA supplementation of postpartum mothers is decreased in province level by more than 4%. But except Jumla, Rukum West, Salyan and Surkhet districts the percentage of IFA is increased compared to that in fiscal year 2077/78.

Postpartum Vitamin A supplementation

According to national protocol, mothers are given 1 dose of Vitamin A supplementation after delivery.

Figure 2.2.7 Postpartum Vitamin A Distribution Coverage

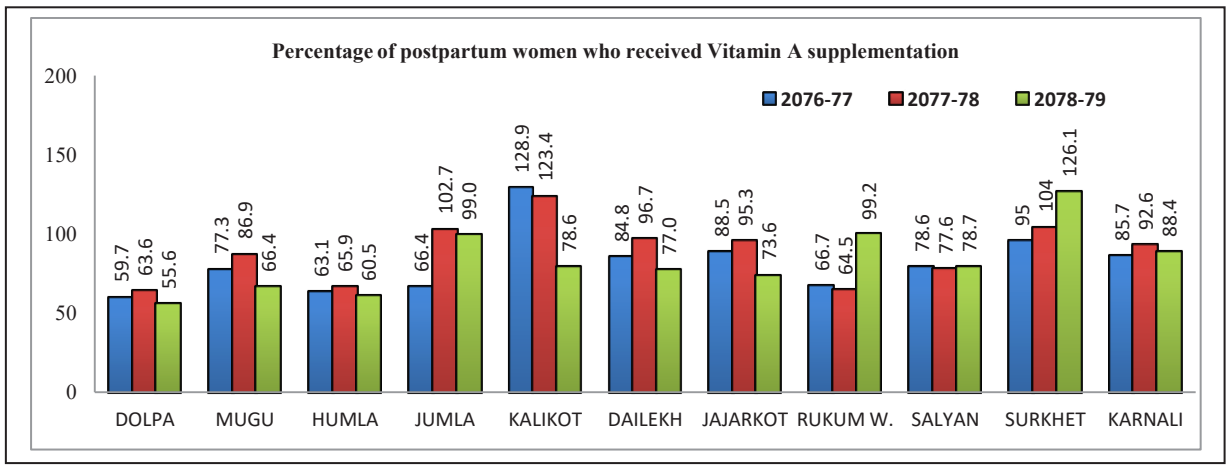


Figure 2.2.7 shows that a total of 88.4 % postpartum mothers received vitamin A supplementation in Karnali province in fiscal year 2078/79 compared to 92.6% in last fiscal year 2077/78 is decreased. The coverage is highest in Surkhet (126.1%) followed by Rukum West (99.2%) and Jumla 99% respectively. The lowest Vitamin A supplementation for postpartum mothers is observed in Dolpa (55.6%) and Humla (60.5%).

Integrated Infant and Young Child Feeding and Micronutrient Powder (Baal Vita) Community Promotion Program

According to the findings of NDHS 2006 total 78% of the children aged 6-23 were anemic mostly due to poor IYCF practices which forced in the endorsement of multiple micronutrient powder sprinkles as a key intervention to address iron deficiency anemia among this age group. The national Nutrition Priority workshop endorsed micronutrient powder in 2007 as a preventive measure. In 2009, MOHP piloted the home fortification of MNP with complementary feeding in 6 districts and was expanded to additional 9 districts. In Karnali province, MNP program is being implemented in Surkhet, Salyan, Jajarkot, Dailekh and Rukum West.

The table 2.2.1 shows all the children of Karnali province (18.2%) of age 6-23 received Baal Vita the first cycle of MNP supplementation in this fiscal year 2078/79. The compliance of MNP supplementation seems substantial gap in last 3 fiscal year.

Table 2.2.1. MNP (Baal Vita) coverage

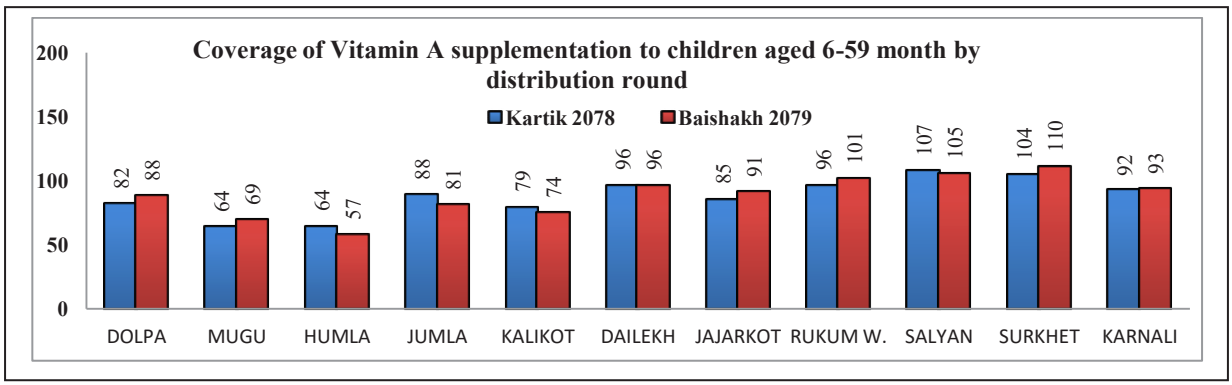
District	% Of children aged 6-23 months who received at least one cycle (60 Sachets) Baal Vita (MNP)			% Of children aged 6-23 months who received 3 cycle (180 Sachets) Baal Vita (MNP)		
	2076/77	2077 /78	2078/79	2076/77	2077 /78	2078/79
*DOLPA	11	0	0	0	0	0
*MUGU	0	27.3	0	0	0.16	0
* HUMLA	0	6.6	0	0	0	0
*JUMLA	1.1	0	0	0.53	0	0
*KALIKOT	0	0	0	0	0	0
DAILEKH	24.2	104.9	35.1	0.61	2.6	6.9
JAJARKOT	42	27.2	34.6	2.3	0.95	2.4
RUKUM WEST	52.5	45.3	21.6	8.7	5.3	2.4
SALYAN	0	0.07	11.5	0	0	0.03
SURKHET	0.05	0.02	25	0	0.02	0.19
KARNALI	**14**	**25.8**	**18.2**	**1.2**	**1.1**	**1.6**

Note: * districts which are not MNP supplementation program implemented districts

Control of Vitamin A Deficiency Disorder

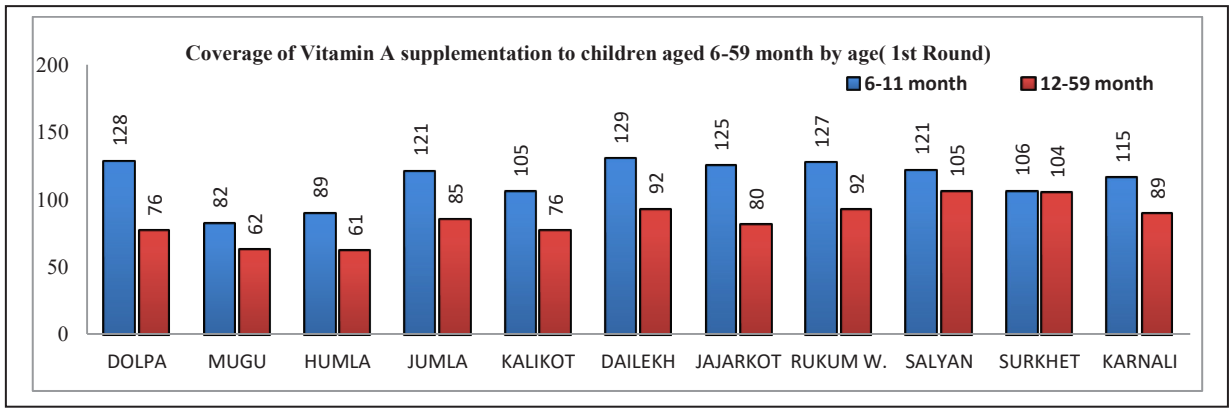
National Vitamin A program was initiated by government since 1993 to prevent the vitamin A deficiency among the children of 6-59 months of age and reduce the child mortality associated with vitamin deficiency disorders. Vitamin A supplementation program is continuing as biannual supplementation to all the targeted children of age 6-59 months. This program is recognized as one of successful programs of global public health. The program is done in campaign model in which FCHVs distribute Vitamin A capsule to the targeted age group of children twice in a year i.e., Kartik (October) and Baishakh (April) every year.

Figure 2.2.8 Coverage of Vitamin A supplementation to children aged 6-59 months by distribution Round



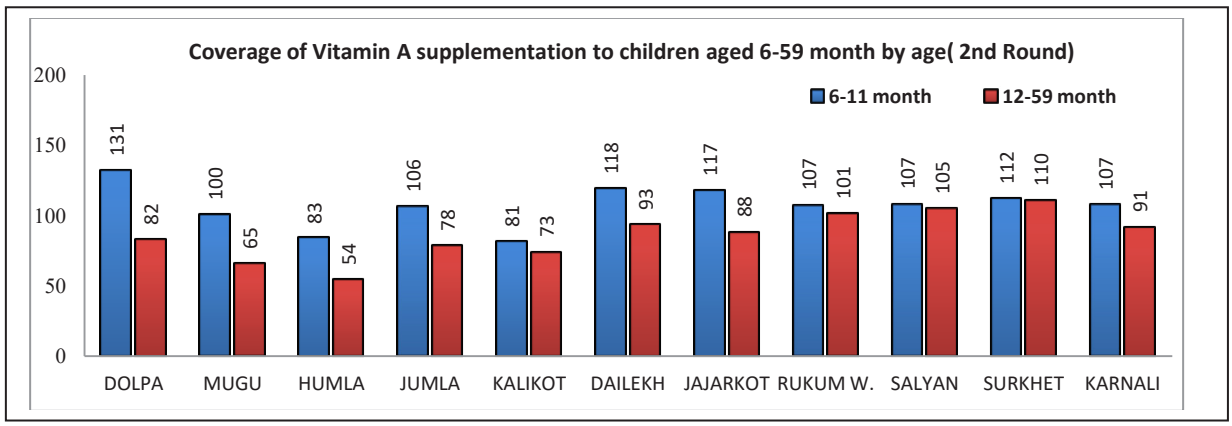
The figure 2.2.8 shows that the coverage of vitamin A of Karnali conducted in Kartik and Baishakh. The coverage of Vitamin supplementation in Dolpa, Mugu, Humla, Jumla and Kalikot is less than 90% still needs of additional efforts to cover the target children.

Figure 2.2.9 Coverage of Vitamin A supplementation to children aged 6-59 month by age groups Kartik 2078



The figure 2.2.9 shows that all the children of aged 6-11 months received vitamin A in Kartik 2078. The coverage for the age group 12-59 months children is 89% in the fiscal year 2078/79 which is less than among 6–11-months aged children. Mainly, in Mugu, Dolpa, Humla and Kalikot the coverage is less than 80% which calls for additional efforts to reach the services.

Figure 2.2.10 Coverage of Vitamin A supplementation by age groups for Baishakh 2079

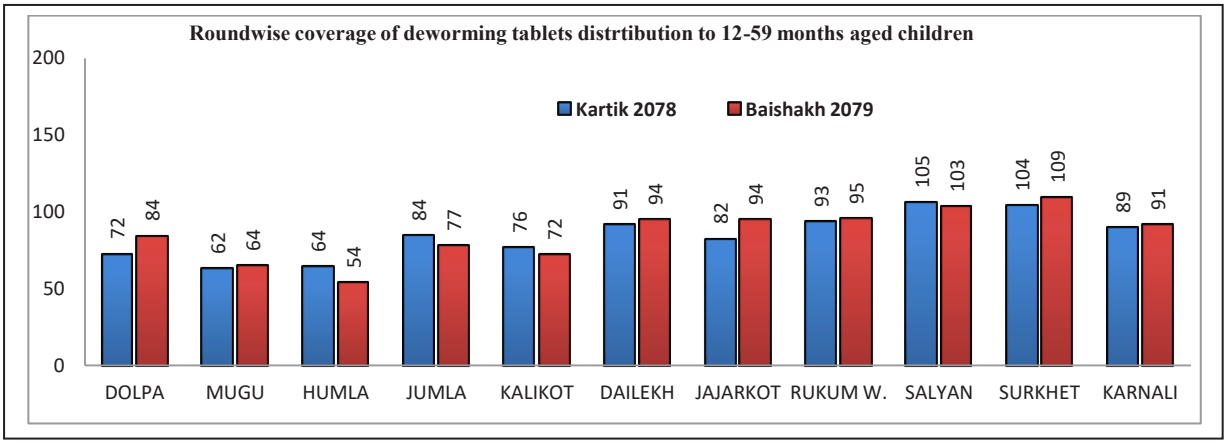


The figure 2.2.10 shows the 2nd round of vitamin A supplementation conducted in Baishakh 2079. The children of 6-11 months receiving vitamin A is in better position compared to 12-59 months children. Additional efforts are needed to cover the 12-59 months children in coming days.

Biannual Deworming Tablet Distribution to the children aged 12-59 months

Government of Nepal has been implementing biannual distribution of deworming tablets to children of age 12-59 months to reduce childhood anemia controlling parasitic infestation through supplementation of deworming tablets to the targeted children. Distribution of deworming tablets is integrated with biannual distribution of vitamin A in Kartik and Baishakh every year.

Figure 2.2.11 Round wise coverage of deworming tablets distribution of 12-59 months aged children



The figure 2.2.11 illustrates that the province has the higher coverage of deworming tablet distribution in Kartik 2078 than that in Baishakh 2079.

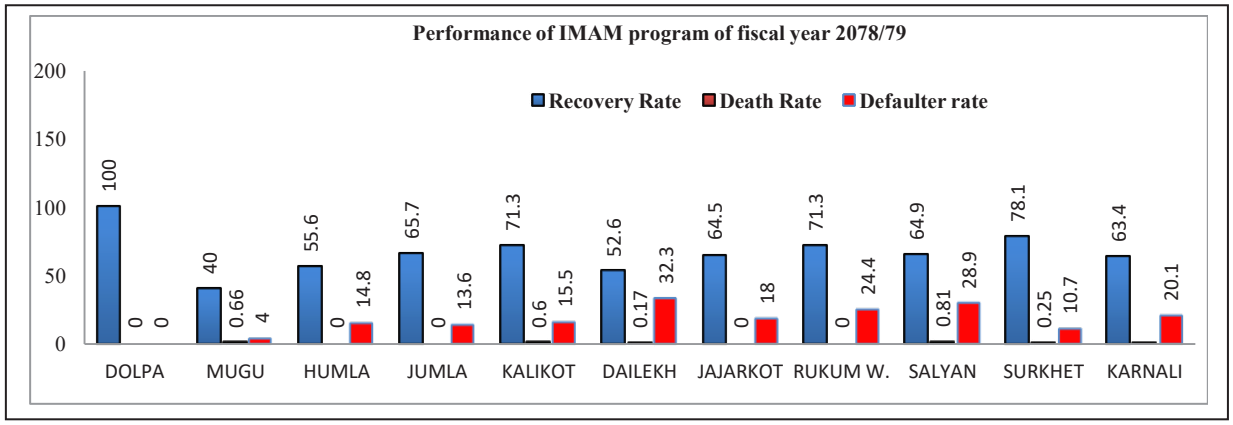
Integrated Management of Acute Malnutrition (IMAM) Service statistics

Integrated Management of Acute Malnutrition (IMAM) program previously known as community-based management of acute malnutrition is being implemented in all 10 districts of Karnali province to provide the treatment to the children aged 0-59 month suffering from severe acute malnutrition (SAM) through outpatient treatment services at health facility and community level. The program contributes to address the wasting as well as the emergency nutrition situations. IMAM is a scale up program where the selected health facilities are serving as the OTC (Outpatient Therapeutic Center). At the OTC, anthropometric measurement of the children is taken and children having <-3 z-score or having oedema + or ++ i.e., MUAC <115 are admitted for the treatment. These admitted children are treated with Ready to Use therapeutic food (RUTF) for minimum of 42 days and maximum of 90 days whereas the malnourished children with medical complications are referred to higher centers-Inpatient Therapeutic Center (ITC). Previously only SAM cases used to treat by RUTF and after the COVID-19 pandemic MAM cases also are included for RUTF supplementation as per the interim guideline. The table below illustrates the service statistics of IMAM in each district. The service statistics of the province is presented in Table 2.2.2

Table 2.2.2 IMAM Service Statistics fiscal year 2078/79

District	New Admission		Re Admission		Recovered		Defaulter		Death		Total Admission		Total Discharge	
	<6 Month	6-59 Month	<6 Month	6-59 Month	<6 Month	6-59 Month	<6 Month	6-59 Month	<6 Month	6-59 Month	<6 Month	6-59 Month	<6 Month	6-59 Month
DOLPA	0	35	0	3	0	28	0	0	0	0	0	38	0	28
MUGU	0	174	0	15	0	60	0	6	0	1	0	189	0	67
HUMLA	0	36	0	3	0	15	0	4	0	0	0	39	0	19
JUMLA	7	350	0	14	5	183	0	39	0	0	7	364	5	222
KALIKOT	1	205	0	2	1	118	0	26	0	1	1	207	1	145
DAILEKH	1	643	0	49	1	306	0	189	0	1	1	692	1	496
JAJARKOT	11	152	0	14	1	99	0	28	0	0	11	166	1	127
RUKUM WEST	1	129	0	1	1	66	0	23	0	0	1	130	1	89
SALYAN	1	309	0	9	0	159	0	71	0	2	1	318	0	232
SURKHET	15	451	0	6	10	296	1	41	0	1	15	457	11	338
Karnali Province	37	2484	0	116	19	1330	1	427	0	6	37	2600	20	1763

Figure 2.2.12 Performance of IMAM Program of fiscal year 2078/79



In fiscal year 2078/79, the recovery rate among admitted cases was 63.4%, total 0.28% children died and 20.1% defaulted from the program. The program did not meet the SPHERE standard for recovery and defaulter rate.

Mother and Child Health Nutrition (MCHN) Program

Mother and Child Health Nutrition (MCHN) program is being implemented by Ministry of Health and Population (MoHP) Nepal to improve the health and nutritional status of pregnant and lactating women (PLW) and their young children. The mothers and children receive take-home rations of fortified food at the health facilities, where they also access basic services such as Ante-Natal Care (ANC), Post-Natal Care (PNC), growth monitoring and MIYCN counseling services linked with Social Behavior Change Communication (SBCC) messaging and health education prior to food distribution each month. Upon mandatory receipt of the above-mentioned basic health and nutrition related services, a monthly take-home ration of 3 KG Fortified Blended Food (FBF), known as "Paushtik Ahaar", is provided to each pregnant and lactating woman and a child aged 6 to 23 months (Golden-1000 beneficiaries).

The current MCHN program is effective for the five-year Country Strategic Plan (CSP) from 2019 to 2023 as per the Operational Agreement signed between the Government and WFP. The program has been implemented in Mugu, Jumla, Humla, Dolpa and Kalikot districts. In the fiscal year 2078/79, total 816.85 MT of fortified flour "Super Cereal" was distributed to the targeted population.

Table 2.2.3 Trend of fortified blended food

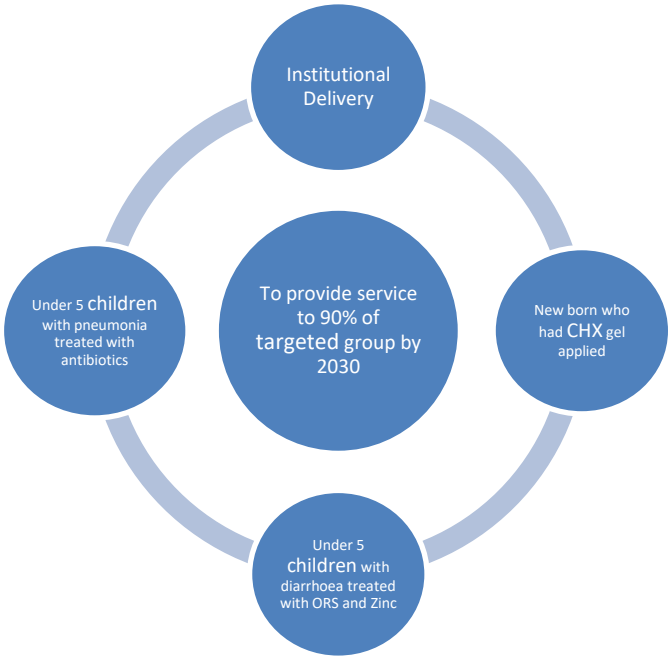
Key Indicator	Achievement								
	Plan	2071/72	2072/73	2073/74	2074/75	2075/67	2076/77	2077/78	2078/79
PLW received fortified blended food	9931	5507	11186	11201	11970	10647	11180	11361	10890
Children 6 to 23 months received fortified blended food	19195	9624	22386	19973	20285	18872	18757	17943	17042
Distribution of Fortified Blended Food (MT)	1048.536	312.079	512.448	255.135	681.088	405.736	616.006	496.978	816.851

Issues of the Nutrition Program

- Coordination between the Nutrition Rehabilitation Home (NRH) and nutrition related program
- Functionality of Inpatient Therapeutic Centers (ITCs)
- Recording, Reporting, and Data quality
- Practice of growth monitoring in health facilities
- Low growth monitoring and consistent information for growth monitoring
- Functionality of OTC sites

2.3 Integrated Management of Neonatal and Childhood Illness (IMNCI)

2.3.1 Background



Integrated Management of Neonatal and Childhood Illness (IMNCI) program is an integrated package of newborn/child- survival interventions and addresses major newborn & childhood diseases like Pneumonia, Diarrhea, Malaria and Measles. Since fiscal year 2071/72, CB-IMCI & CB-NCP programs have been merged as CB-IMNCI program and has been scaled up to all districts of Karnali. It is a cost-effective evidence and community-based child survival intervention contributing SDG-3.2. By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births. IMNCI also includes management of infection, Jaundice, Hyperthermia, and counseling on breastfeeding for newborn & young infants less than 2 months of age.

Karnali province has higher mortality rate of Newborn (29), Infants (47) and children (58) per thousand live birth which is grossly higher than national level mortality data for Newborn (21), Infant (32) and children (39) respectively (NDHS, 2016). Therefore, a vigorous effort is deemed essential for reducing mortality and morbidity in Karnali province.

IMNCI program has a vision to provide targeted services to 90 percent of the estimated population by 2030 as shown in the diagram.

Goal - Improve newborn and child survival and healthy growth and development.

Targets - Nepal's Every New Born Action Plan-NENAP

- To reduce neonatal mortality from the current rate of 11 per thousand live births by 2035.
- To reduce still birth rates to 13 per thousand live births by 2035

Objectives

- To reduce neonatal morbidity and mortality by promoting essential newborn care services.
- To reduce neonatal morbidity and mortality by managing major causes of illness
- To reduce morbidity and mortality by managing major causes of illness among under 5 years children

Strategies

The following strategies have been adopted by IMNCI program

- Quality of care through system strengthening and referral services for specialized care
- Ensure universal access to health care services for newborn and young infant
- Capacity building of frontline health workers and volunteers
- Increase service utilization through demand generation activities
- Promote decentralized and evidence-based planning and programming

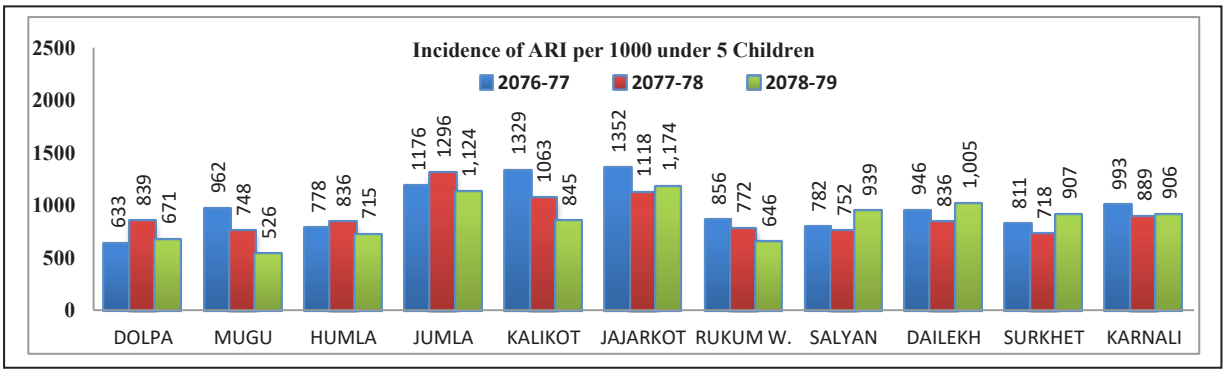
Major Activities Carried Out in fiscal year 2078/79 (2021/2022)

- Ensuring effective implementation of free newborn care program and IMNCI program
- IMNCI training to health workers through a province level

Analysis of Service Statistics

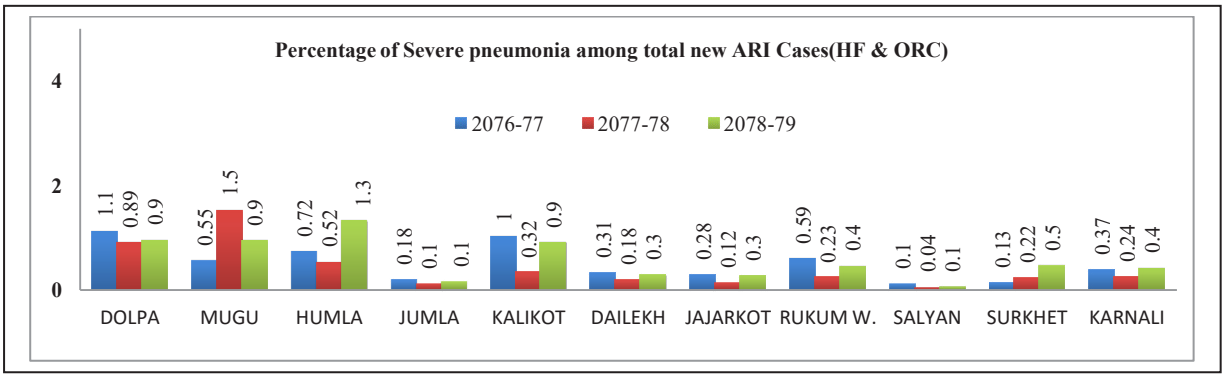
Control of Acute Respiratory Infection (ARI)

Figure 2.3.1 Incidence of ARI per 1000 under 5 Children



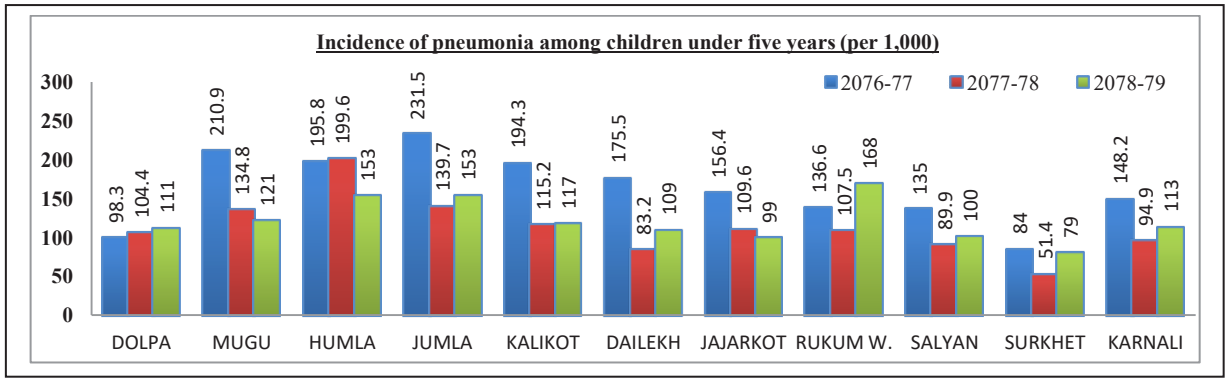
Reported ARI cases per thousand under-five population in Karnali province increased to 906 in fiscal year 2078/79 from 889 cases in the fiscal year 2077/78 (Figure 2.3.1). Highest number of Incidence of ARI has been reported from Jajarkot (1174), followed by Jumla (1124).

Figure 2.3.2 Percentage of Pneumonia among New ARI Cases



The incidence of Pneumonia among New ARI cases is given in figure 2.3.2. The incidence of pneumonia among under-five children of Karnali Province in fiscal year 2078/79 is 113 which increased from 94.9 in fiscal year 2077/78.

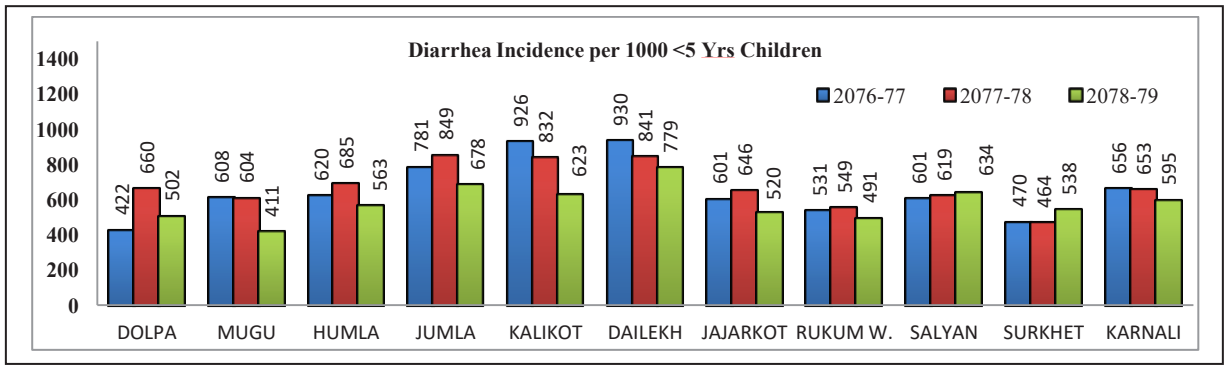
Figure 2.3.3 Percentage of Severe pneumonia among total new ARI Cases



Percentage of severe pneumonia among total ARI cases for under-five children in Karnali is 0.4 % in FY 2078/79 compared to severe pneumonia among total new ARI cases 0.24 % in fiscal year 2077/78. Humla reported highest percentage (1.3%) of severe pneumonia cases among the total new ARI cases.

Diarrhea

Figure 2.3.4 Diarrhea Incidence per 1000<5 years children



The figure 2.3.4 illustrates that the incidence of diarrhea per thousand under five children decreased to 595 in this fiscal year 2078/79 compared to 653 in previous year 2077/78. Highest incidence of diarrheal cases was reported from Dailekh (779) per 1000 under five children. Except Salyan and Surkhet, rest of districts reported decreased incidence.

Figure 2.3.5 Percentage of Severe Dehydration among Total Diarrheal Case

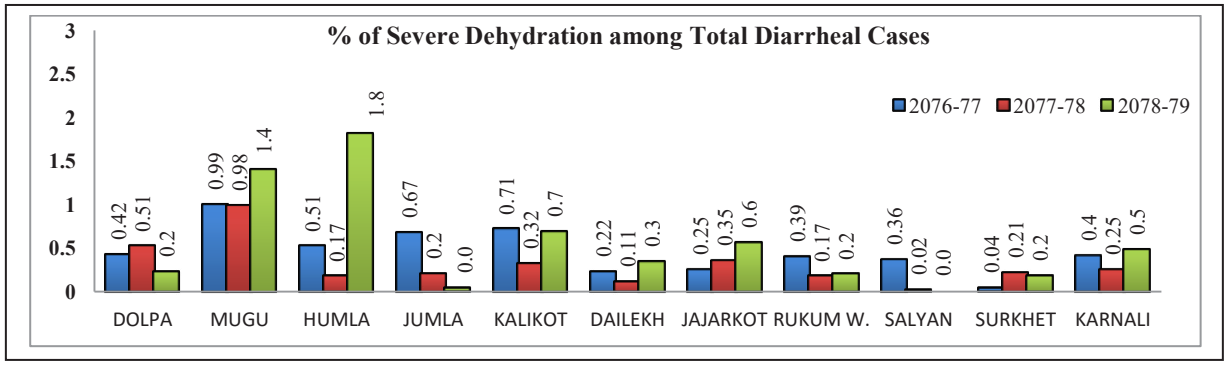


Figure 2.3.5 depicts the increasing trend of severe dehydration (0.5%) among total diarrheal cases in the Karnali province compared to previous fiscal years (0.25%). Percentage of Severe Dehydration among total Diarrheal cases is highest in Humla (1.8%) followed by Mugu (1.4%) in fiscal year 2078/79.

Figure 2.3.6 Percentage of Children Under Five Years with Diarrhea Treated with Zinc and ORS

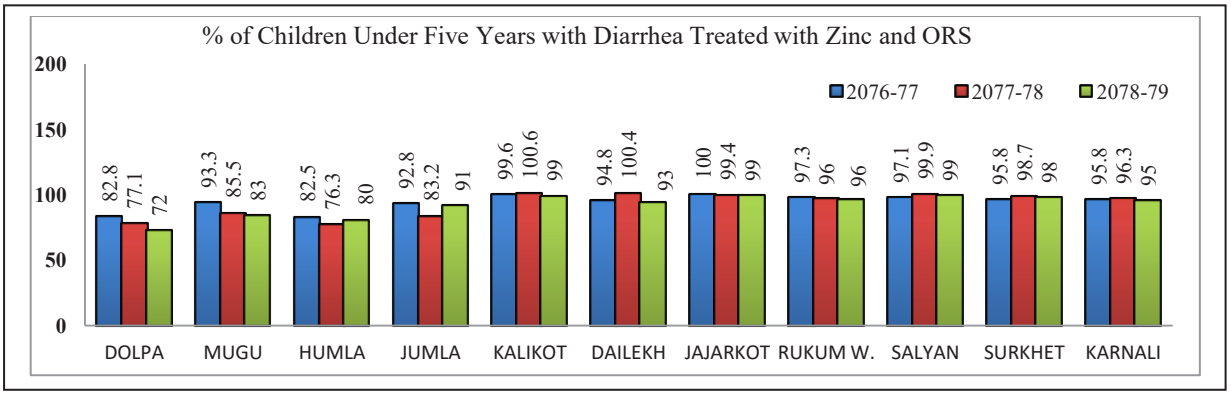
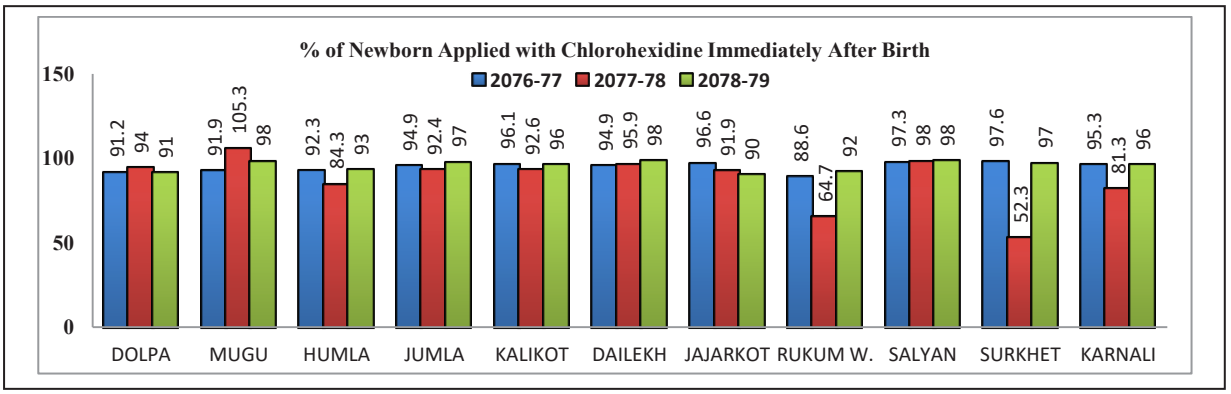


Figure 2.3.6 illustrates almost constant status for treatment with Zn and ORS for diarrhea cases ini Karnali for last three fiscal years. In fiscal year 2078/79, percent of diarrheal cases treated with both Zinc and ORS in Karnali Province was 95 %. Still, Dolpa, Mugu and Humla have not maintained 90% of all diarrheal cases treated with Zinc and ORS.

Figure 2.3.7 Percentage of Newborn Applied with Chlorohexidine Immediately After Birth



The provincial coverage of CHX has increased (96%) in 2078/79 than that in 2077/78 (81.3%). All districts have achieved above 90% of application of CHX among newborn in fiscal year 2078/79.

PSBI Case treated with gentamycin

As per the treatment protocol, all the PSBI cases should be treated with gentamycin in health facility level. The percentage of PSBI treated with the first dose of gentamycin and the percentage of PSBI cases received a complete dose of gentamycin is compared. In fiscal year 2078/79, PSBI cases (86.1 %) of Karnali Province were treated with first dose of gentamycin. An improved trend of using the first dose gentamycin for the treatment of PSBI in Surkhet, Salyan, Rukum, Dailekh, Kalikot and Jumla in fiscal year 2078/79 were reported.

Similarly, in fiscal year 2078/79, 75.2 % of PSBI cases received complete dose of Gentamicin. Except Dolpa, all districts have increasing trend of receiving complete dose of Gentamicin. PSBI treated with gentamycin in CB-IMNCI program are presented in Table 2.3.1 for the recent three fiscal years.

Table 2.3.1 % of PSBI Case treated with gentamycin (first and complete dose) from fiscal year 2076/77 to 2078/79

District	% of PSBI Cases treated with first dose of gentamycin			% of PSBI cases received complete dose of Gentamicin		
	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79
DOLPA	43.6	37.9	30.7	61.5	62.1	38.4
MUGU	66.7	13.3	12.5	33.3	20	37.4
HUMLA	131.3	60	21.4	25	60	76
JUMLA	90.5	69.2	99.7	52.4	38.5	74.8
KALIKOT	85.7	60.2	75.1	100	63.9	73.8
DAILEKH	76	80.2	88.9	66	70.8	70.9
JAJARKOT	73.3	95.7	89	43.6	71.7	83.7
RUKUM -WEST	85.8	88.6	93	72.3	77.7	78.8
SALYAN	92.7	96	101.5	64.5	51.5	74.8
SURKHET	79.4	84.7	98.7	66.9	67.1	76.3
KARNALI	81.3	79	86.1	67	65.2	75.2

Issues

- Recording, reporting and data quality
- Proper use of CB-IMNCI register
- Adherence to CB-IMNCI treatment protocol for treatment and use of antibiotics
- Implementation of facility based IMNCI
- Establishment of SNCU, NICU at remote districts

2.4 Safe-Motherhood and Newborn Health

Background

The goal of the National Safe Motherhood Program is to reduce maternal and neonatal mortalities by addressing factors associated with morbidities, death and disabilities caused by complications of pregnancy and childbirth. The following major strategies have been adopted to reduce risks during pregnancy and childbirth and address factors associated with mortality and morbidity:

- Promoting birth preparedness and complication readiness including awareness raising and improving preparedness for funds, transport, and blood transfusion
- Expansion of 24-hour birthing facilities alongside Aama Suraksha Program promotes antenatal checkup and institutional delivery
- The expansion of 24-hour emergency obstetric care services (basic and comprehensive) at selected health facilities in all districts

Goal:

Improved maternal and neonatal health and survival, especially of the poor and excluded. The key indicators for the goal are:

- A reduction in the maternal mortality ratio from the current 239 per 100,000 live births to 70 per 100000 livebirths by 2030 as per SDG
- A reduction in the neonatal mortality ratio from the current 21 per 1,000 to 12 per 1000 live birth and end preventable neonatal death by 2030 as per SDG

Strategies

1. Promoting inter-sectoral coordination and collaboration at Federal, Provincial, Districts and Local levels to ensure commitment and action for promoting safe motherhood with a focus on poor and excluded group
2. Strengthening and expanding delivery by skilled birth attendants and providing basic and comprehensive Obstetric care services (including family planning) at all levels. Interventions include the following:
    - Developing the infrastructure for delivery and emergency obstetric care
    - Standardizing basic maternity care and emergency obstetric care at appropriate levels of the healthcare system
    - Strengthening human resource management- training and deployment of advanced skilled birth attendant (ASBA), SBA, anesthesia assistant and contracting short term human resources for expansion of service sites
    - Establishing a functional referral system with airlifting for emergency referrals from remote areas, the provision of stretchers in Local level wards and emergency referral funds in all remote districts
3. Strengthening community-based awareness on birth preparedness and complication readiness through FCHVs and increasing access to maternal health information and services

4. Supporting activities that raise the status of women in society
5. Promoting research on safe motherhood to contribute to improved planning, higher quality services, and more cost-effective interventions

Major Activities carried out in fiscal year 2078/79

- Ensured regular ANC, PNC services, Institutional delivery from service delivery points
- Free referral services for complicated pregnancy and delivery of remote district to appropriate site
- Implementation of Free Newborn Care program in all the hospitals of Karnali Province
- Maternal and Perinatal Death Surveillance and Response (MPDSR) monitoring and on-site coaching
- Provincial MPDSR and Adolescent Sexual and Reproductive Health (ASRH) Review
- SBA, MNH update training conducted by provincial hospital, districts and local levels

Analysis of Service Statistics

Availability of safe motherhood services

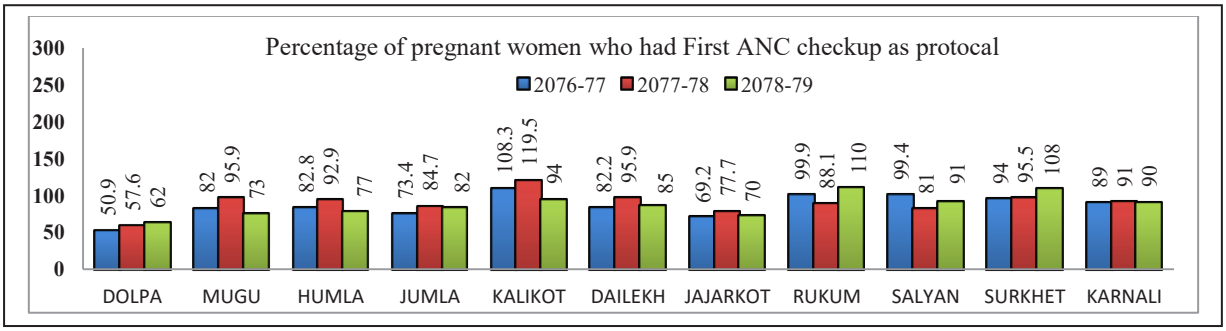
The Basic Emergency Obstetric Newborn Care (BEONC) site offers functions that are administration of parental drugs (post-partum hemorrhage, infection and pre-eclampsia, eclampsia), Manual Removal of Placenta, Removal of retained product by MVA, Assisted Vaginal Delivery (Vacuum), Resuscitation of Newborn Care and referrals. Whereas the Comprehensive Emergency Obstetric Newborn Care (CEONC) offers additional functions i. e. C/S operation, Laparotomy, Anesthesia and Blood transfusion services. The below table shows the district-wise availability of designated services over the last three year. Twelve hospitals provide CEONC services and fifteen health facilities provide BEONC services. In Karnali province there were 355 health facilities with birthing centers services which includes CHU, UHC, BHSC, and some primary hospitals.

Table 2. 4.1 Status of CEONC/BEONC and Birthing Sites (fiscal year 2076/77 to 2078/79)

Districts	CEONC			BEONC			Birthing Centers		
	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79
DOLPA	0	1	1	0	0	0	14	13	15
MUGU	1	1	1	1	1	1	18	16	27
HUMLA	1	1	1	0	0	0	23	28	31
JUMLA	1	1	1	1	1	1	22	25	26
KALIKOT	1	1	1	1	0	1	28	31	33
DAILEKH	1	1	1	3	3	3	57	68	77
JAJARKOT	1	1	1	3	3	3	27	27	28
RUKUM _WEST	2	2	2	1	0	1	18	19	22
SALYAN	1	1	1	2	2	2	38	45	46
SURKHET	1	1	2	4	4	3	47	46	50
KARNALI	**10**	**11**	**12**	**15**	**14**	**15**	**292**	**318**	**355**

Antenatal Care

Figure 2. 4. 1 Percentage of pregnant women who had First ANC checkup as protocol



The figure 2.4.1 illustrates that first ANC visit (as per protocol) was 90% in fiscal year 2078/79 in the province. The percentage of pregnant women who had First ANC checkup as protocol is almost stagnant at province in fiscal year 2078/79 and fiscal year 2077/78. Similarly, district wise status ranged from lowest 62% in Dolpa to highest 110% in Rukum West followed by 108% in Surkhet.

Figure 2. 4.2 Four ANC Visit as per protocol as % of Expected Live birth

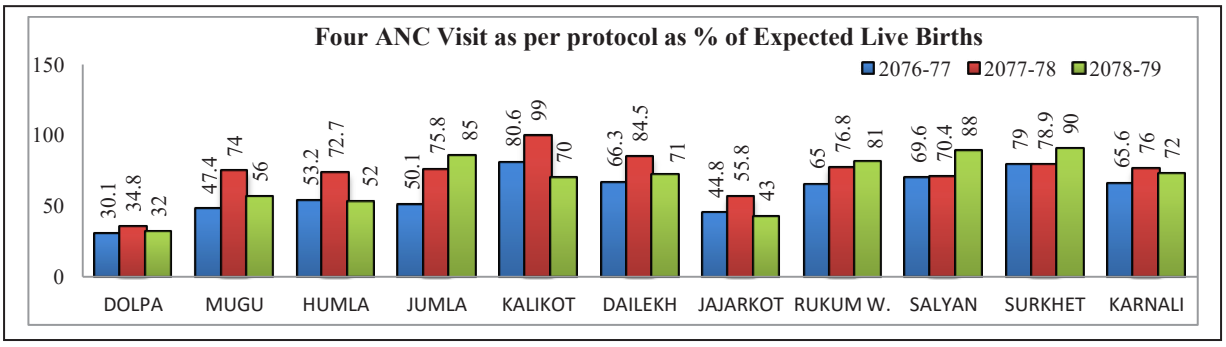
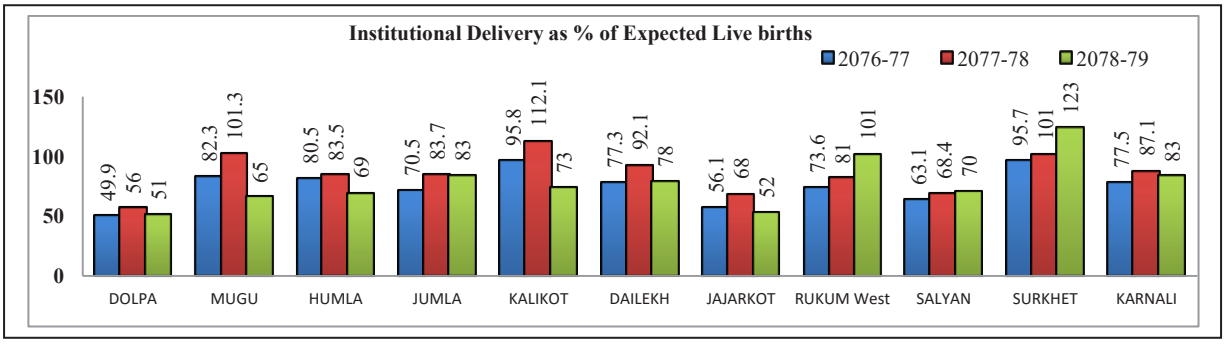


Figure 2.4.2 shows the Four ANC visit as per protocol in Karnali province is 72.3% in fiscal year 2078/79. The coverage of Four ANC visit as per protocol is reduced than previous fiscal year by 4 percent. While observing the district coverage, out of 10 districts only Surkhet has secured 90% coverage and Dolpa has lowest coverage (32%) followed by Jajarkot (43%) and Humla (52%).

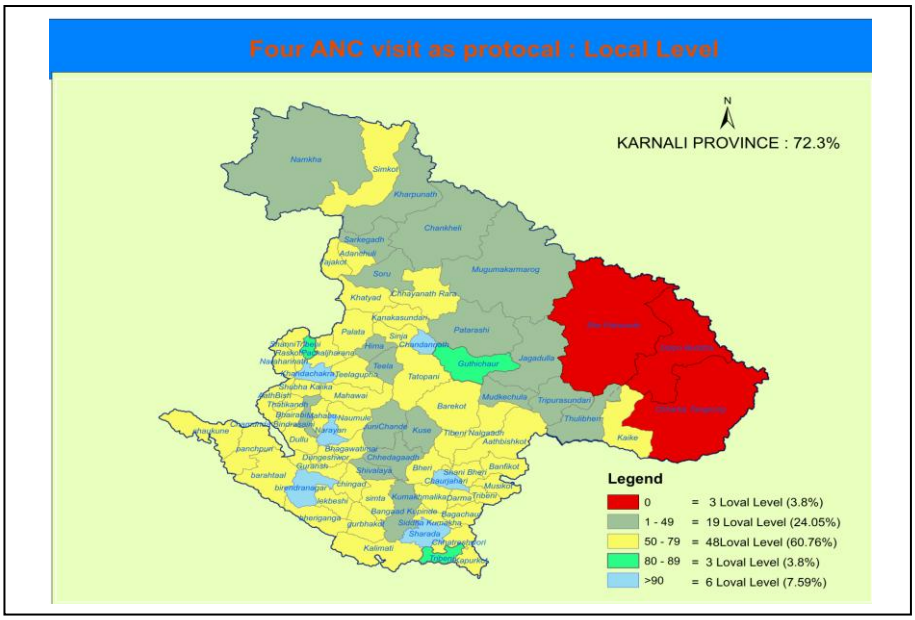
Institutional Delivery

Figure 2.4.3 Intuitional delivery



The figure 2.4.3 illustrates the institutional delivery by district. In fiscal year 2078/79, the institutional delivery is 83% which is declined by four percent as compared to fiscal year 2077/78. Dolpa has the lowest institutional delivery standing at 51 percent followed by Jajarkot (52%) and Surkhet has highest institutional delivery (123%).

Figure 2.4.4 Percentage of Pregnant women with four ANC visit (as per protocol) 2078/79



The figure 2.4.4 illustrates the Four ANC visits as per protocol by local level. Out of 79 local levels in Karnali Province, 6 local levels have achieved more than 90% and rest of the local levels have achieved below the target of SDG 2030. The range of coverage below 50% are 22 local level. Among them SheyPhoksundo RM, Dolpo Buddha RM and Chharka Tangsong RM have no Four ANC visits as per protocol.

The table 2.4.2 illustrates number of institutional delivery and PNC visit for last 5 fiscal years.

Table: 2. 4.2 Five years trend of Institutional delivery and PNC visit

Districts	Institutional Deliveries Total					PNC Visits within 24 hours				
	2074/75	2075/76	2076 /77	2077/78	2078/79	2074/75	2075/76	2076/77	2077/78	2078/79
DOLPA	258	405	430	481	530	266	402	436	474	508
MUGU	775	820	1045	1282	1216	647	781	1025	1211	1171
HUMLA	724	1045	952	987	1033	613	861	918	948	1009
JUMLA	1442	1548	1791	2123	2100	1296	1552	1772	2119	2129
KALIKOT	2623	2905	3065	3580	2804	2488	2824	3009	3535	2888
DAILEKH	4660	4641	4813	5711	4494	4470	4637	4813	5723	4494
JAJARKOT	1535	1908	2281	2765	2422	1576	1937	2269	2768	2449
RUKUM WEST	2627	2883	2863	3146	3309	2599	2878	2860	3156	3321
SALYAN	3450	3604	3769	4078	3256	3252	3636	3750	4040	3260
SURKHET	7645	8175	8511	9007	8843	7708	8222	8501	7615	8844
KARNALI PROVINCE	**25739**	**27934**	**29520**	**33160**	**30007**	**24915**	**27730**	**29353**	**31589**	**30073**

Institutional Delivery by Local Levels

The figure 2.4.5 illustrates the percentage of institutional delivery at local level. Out of 79 local levels in Karnali Province, eleven local levels have achieved more than 90% and rest of the local levels have achieved below the target of SDG 2030. The range of coverage below 50% are 24 local levels. Among them, Dolpo Buddha RM and Chharka Tangsong RM has no institutional delivery.

Figure 2.4.5 Percentage of Institutional delivery by local level

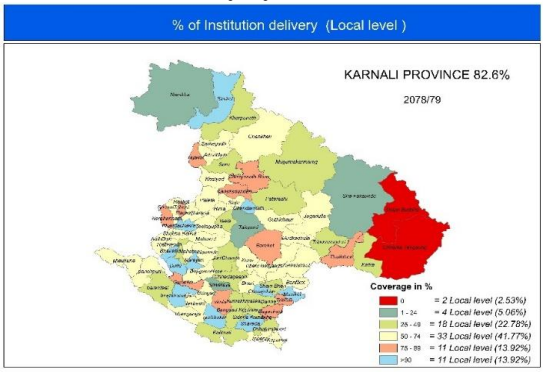
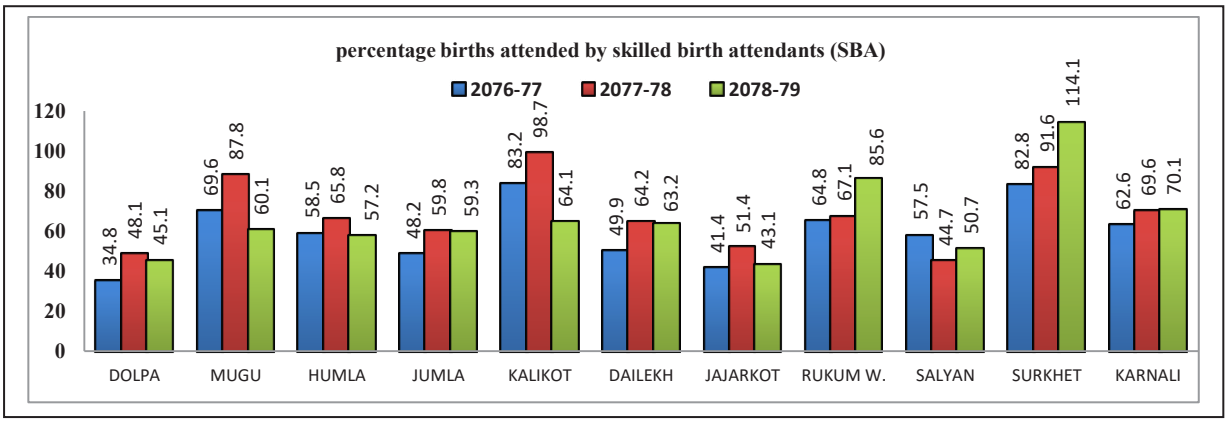
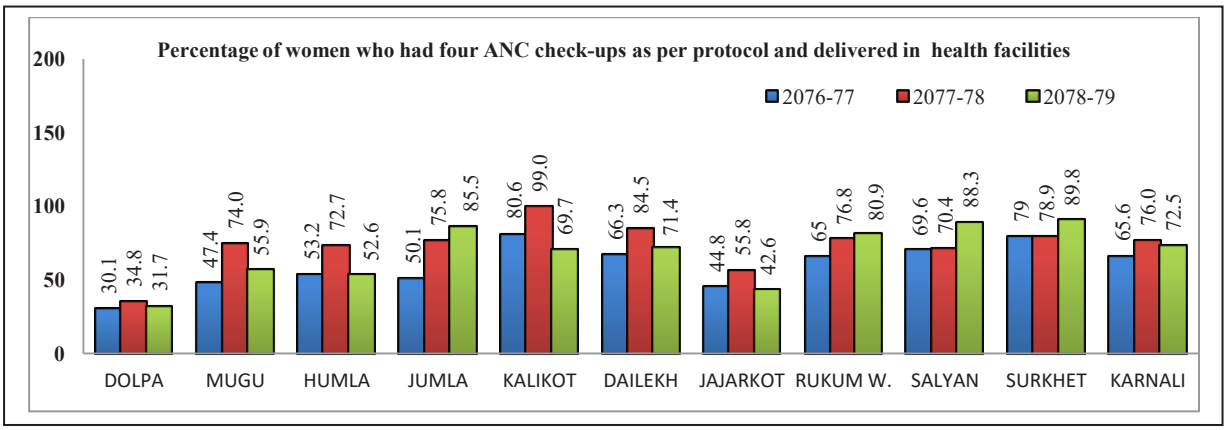


Figure 2.4.6 Percentage of birth attended by skilled birth attendant (SBA)



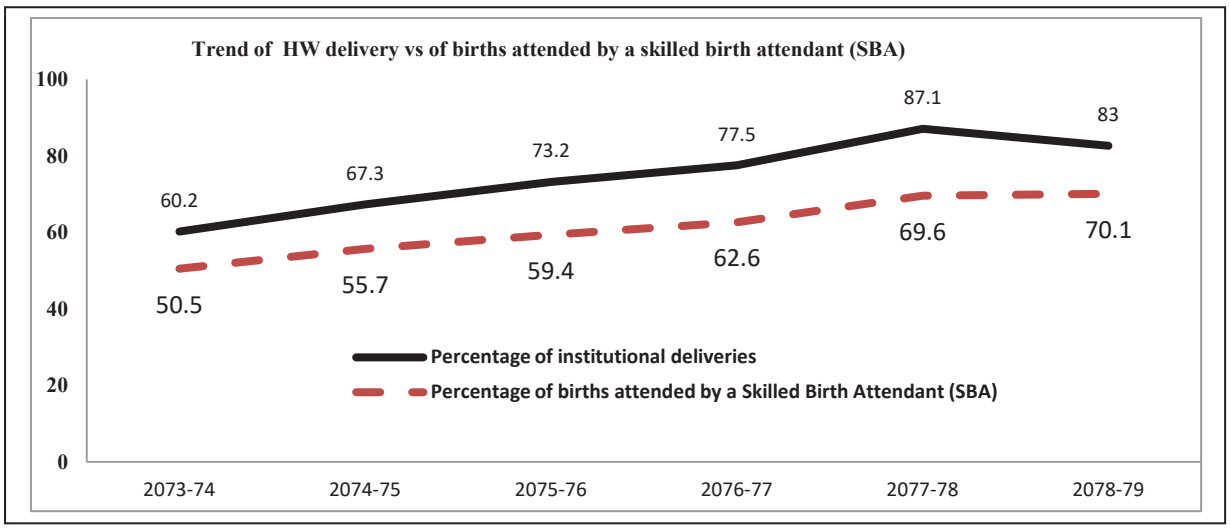
The figure 2.4.6 presents the district-wise SBA delivery of Karnali Province. A total of 70% of deliveries were assisted by SBA among expected live birth. Lowest births were assisted by SBA in Jajarkot (43.1%) district and highest births were assisted in Surkhet (114.1%), Rukum West (85.6%) and Kalikot (64.1%) districts. SBA deliveries has reduced highly in Dolpa, Mugu and Kalikot district.

Figure 2.4.7 Percentage of women who had four ANC check-ups as per protocol and delivered in health facilities



The figure 2.4.7 illustrates the three years progress in ANC checkup as per protocol and delivered in health facilities. In the fiscal years 2078/79, the women delivered in health facilities who had ANC checkup as per protocol was 72.5% and which was reduced as compared to fiscal year 2077/78. The lowest ANC checkup and delivered in health facilities was reported in Dolpa (31.7%) and highest in Kalikot (99.0%).

Figure 2.4.8 Trend of institutional delivery vs SBA delivery (Fiscal Year 2073/74- Fiscal Year 2078/79)



The figure 2.4.8 illustrates the last six years trend of institutional delivery and SBA delivery. It shows that percentage of both the institutional and SBA delivery is increased significantly for the last 6 fiscal years. However, the institutional delivery decreased slightly compared to the previous year 2077/78.

Figure 2.4.9. PNC first visit within 24 hours of delivery as percentage of expected live birth

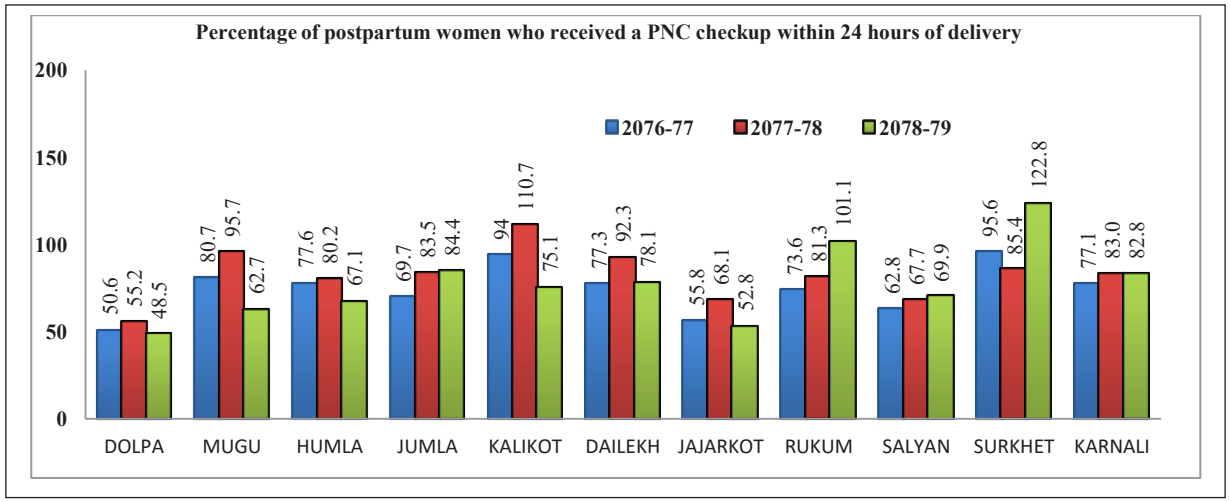
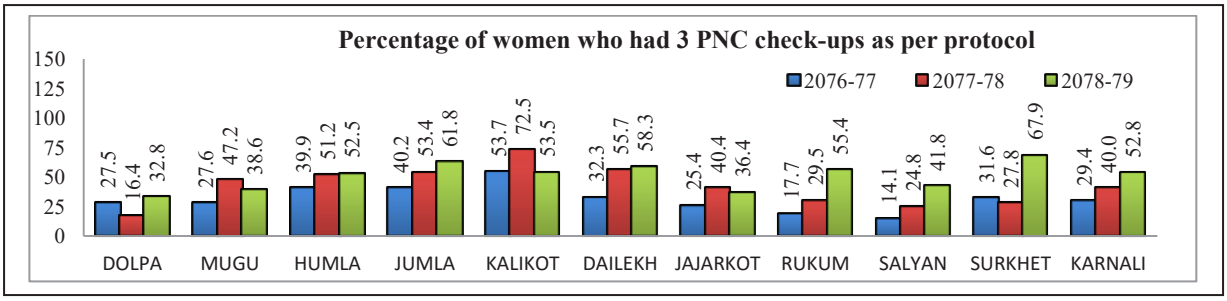


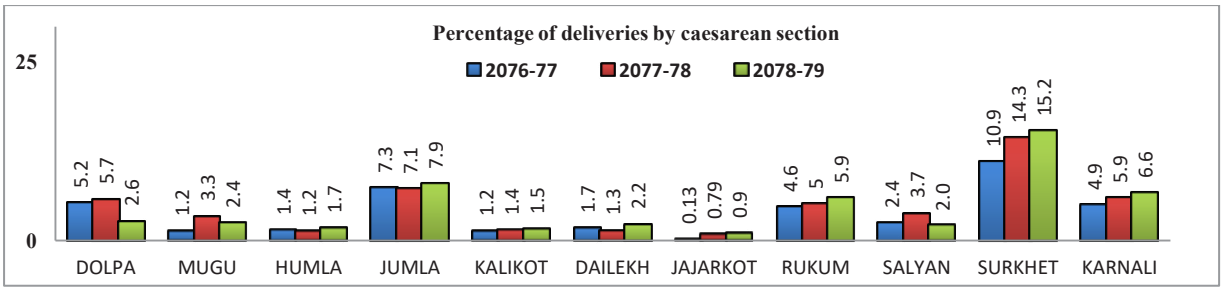
Figure 2.4.9 presents the comparison of PNC first visit among the expected live births in the last three fiscal year 2076/77 to fiscal year 2078/79. PNC visit within 24 hours of delivered in Karnali province is almost stagnant position compared to last fiscal year. Provincial PNC visit within 24 hours after delivery was 83%, highest in Surkhet (123%) and lowest in Dolpa (49%).

Figure 2. 4. 10 Percentage of 3rd PNC visits as per protocol as percentage of expected live births



The figure 2.4.10 shows the proportion of women having 3 PNC checkup as per protocol in Karnali Province. A total of 53 % of women had received 3 postnatal cares as per protocol in fiscal year 2078/79. Highest PNC 3rd visit as per protocol is reported from Surkhet (67.9%) and lowest from Dolpa (32.8%). In Karnali province, the trend of PNC visits as per the protocol is increasing. PNC coverage might be increased because of PNC home visit program in Karnali province.

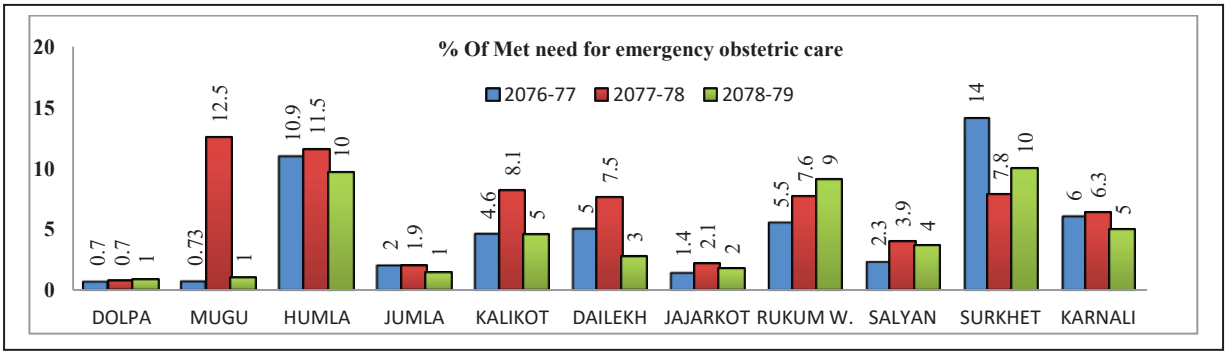
Figure 2.4.11Hospital-wise Caesarean section situation of Karnali Province for Fiscal year 2076/77-2078/79



The figure 2.4.11 represents the district wise and total percentage of caesarean deliveries of Karnali Province for the last three fiscal year. Among total deliveries, six percent of delivery is conducted by caesarean section process in fiscal year 2078/79. The highest proportion CS is in Surkhet (15.0%) followed by Jumla (8.0%). As compared to the fiscal year 2077/78, the CS delivery slightly increased in Karnali for recent fiscal year 2078/79. However, there has been reported increasing trend in Jumla and Surkhet.

EOC Met Need in Karnali

Figure 2.4.12 Percentage of Met Need for Emergency Obstetric Care in Karnali from fiscal year 2076/77 to 2078/79



Out of total expected live birth, 15% of women are expected to have obstetric complications and need emergency obstetric services (EOC). The figure 2.4.12 presents district-wise met need of emergency obstetric care. The obstetric met need of Karnali Province is 5%, which is below estimated service provision. The data stood stagnant for last two fiscal year 2076/77 and 2077/78. Only two districts: Humla and Surkhet have only 10% Obstetric met need for EOC. Round the year non-functionality of CEONC and BEONC services due to lack of trained human resources is one of the reasons of high unmet need for obstetric complications in Karnali.

Safe Abortion Services (SAS)

Activities

- Orientation of Safe Abortion Service Guideline 2078 and new certification of SAS sites and service providers.
- First trimester SAS were provided from all districts of Karnali province.
- Second trimester SAS service were provided from two sites.
- Safe Abortion Day, 2078 was celebrated.

Figure 2.4.13 Number of Clients who received abortion services (2078/79)

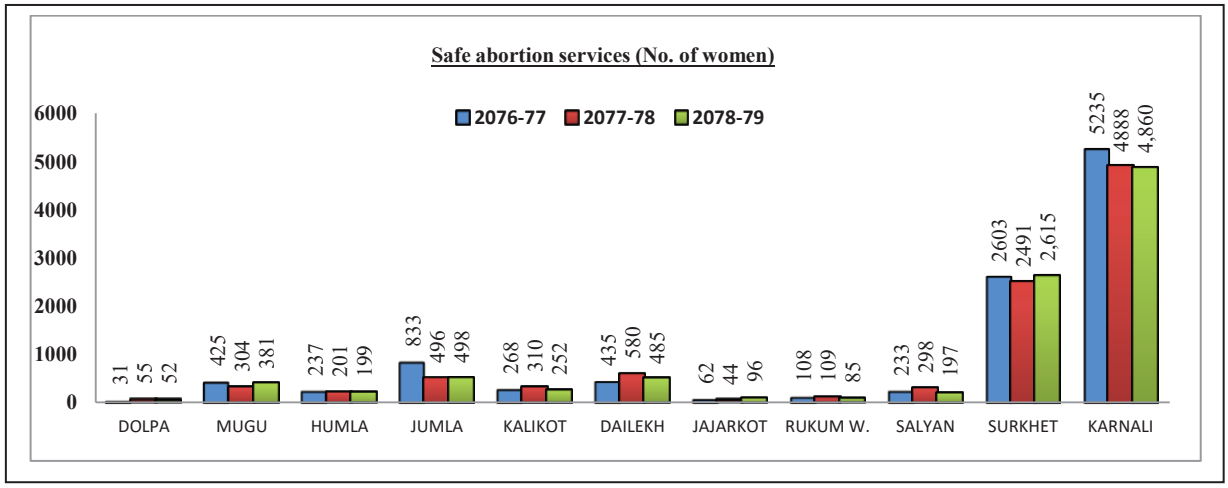


Figure 2.4.13 reflects total number of clients for Safe Abortion Services (SAS) in Karnali. A total of 4,860 abortion was conducted in fiscal year 2078/79 in health facilities of Province and the service was done from Safe abortion service delivery sites. Among total cases, majority services were provided by health facilities of Surkhet and Jumla. In an average, medical procedures outnumber the surgical procedure.

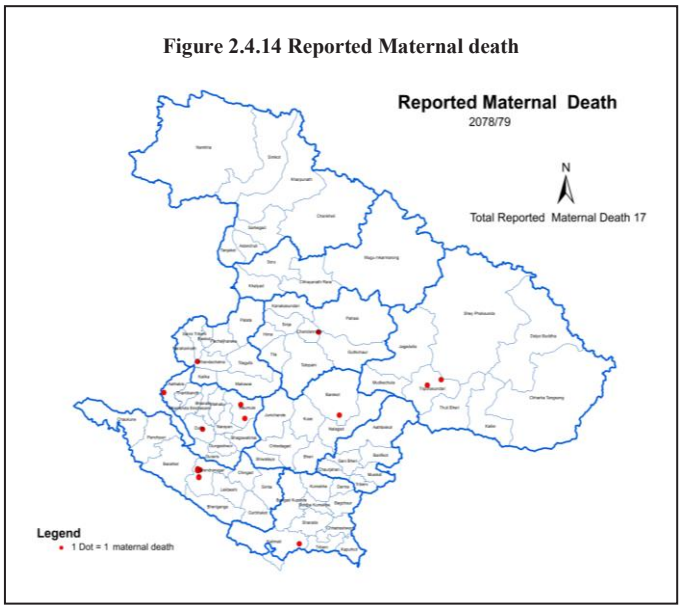
Maternal, Neonatal Death and Still Births

Maternal deaths (17), neonatal deaths (199) and still births (411) are reported in Karnali for fiscal year 2078/79. District wise maternal, neonatal deaths and still birth is presented in table 2.4.3. Out of the 17 deaths 47% of maternal deaths were reported by FCHVs. Highest number of maternal deaths, neonatal deaths and still births were reported from Surkhet district since the Province Hospital is located within the district.

Table 2.4.3 District Wise Maternal, Neonatal Death and Still Births from fiscal year 2076/77 to 2078/79

Districts	Maternal deaths			Neonatal deaths			Still births		
	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79
DOLPA	0	1	2	5	3	6	6	12	6
MUGU	2	0	0	15	10	12	12	24	18
HUMLA	1	1	0	0	4	2	7	6	14
JUMLA	0	1	1	22	39	34	31	37	25
KALIKOT	6	4	1	22	16	12	40	60	38
DAILEKH	0	1	5	19	22	19	51	87	61
JAJARKOT	3	5	1	27	32	18	28	36	34
RUKUM WEST	3	0	0	8	10	16	47	50	32
SALYAN	2	0	1	22	22	20	37	59	32
SURKHET	4	7	6	68	60	60	106	148	151
KARNALI	**21**	**20**	**17**	**208**	**218**	**199**	**365**	**519**	**411**

Figure 2.4.14 Reported Maternal death



Maternal and Perinatal Death Surveillance and Response (MPDSR) activities would be useful in preventing the preventable maternal and newborn deaths. These activities are also important in preventing three delays for maternal death. Interventions for Preventing illnesses, obstetric complication, and maternal nutrition along with improving access to health information, maternity emergency services, health services, positive care practices are in place for improving maternal health. However, to address the basic causes of maternal death at community level, there should be given priority for improving women's status in society, control over the resources and decision making multi-sectorial response. Hospital based MPDSR has been implemented in 7 hospitals (Humla, Dolpa, Mugu, Jumla, Kalikot, province hospital and Mehelkuna hospital) and community based MPDSR has been implemented in three districts (i.e. Surkhet, Jumla and Dailekh) in Karnali province.

Findings of MPDSR

The findings from provincial MPDSR review in Karnali province:

- The major cause of perinatal deaths is birth asphyxia, prematurity, congenital anomalies, meconium aspiration, trauma, LBW and neonatal sepsis.
- The major cause of maternal deaths is septic shock, pulmonary embolism among delivered women.
- Major response taken to prevent maternal and perinatal deaths in future are orientation of staff's members, onsite coaching, and procurement of equipment.

Free Newborn Care (FNC) Services

Despite of tremendous progress in reduction in child mortality, there are still unfinished agenda in child health. Still, the reduction of neonatal mortality rate is not satisfactory to achieve the SDG target of Nepal. The constitution of Nepal has clearly stated the basic right of people to have access to health services. In this regard, neonatal mortality due to poverty and inequality is another aspect to address. In order to address the access everyone in reach of free newborn care services this program has been rolled out. The program has been implemented in all the public hospital of Nepal. In this aspect, all the public hospitals in province have been providing free newborn care services based on its package.

The goal of the FNC package is to increase access to newborn care services and hence reduce newborn deaths. The FNC program makes the provision of disbursing cost of care to respective health institutions required for providing free care to inpatient sick newborns. As per the FNC Guideline, the cost per care will be disbursed in line with the packages of care provided by the institutions.

The package 0 referred to the newborn care activities on government's free health services and package A are offered through the newborn corners in the birthing centers. The last two packages are meant for special newborn care unit (SNCU) and the neonatal intensive care unit (NICU). To keeping the up-to date record of service data, the hospitals offering free newborn care package were provided 'In-patient Sick Newborn Registers'.

Table 2.4.4 Packages, services and costs under free newborn care program in Nepal

Packages	Services	Cost
Package 0	• Resuscitation • KMC • Antibiotics as per IMNCI protocol	No cost
Package A	• Medicines- Antibiotic and other drugs as per national neonatal clinical protocol, NS, RL, 5% Dextrose, 10% Dextrose, Potassium chloride, adrenaline, Buro set, IV canula • Laboratory services- Blood TC, DC, Hb, Micro ESR, CRP, Blood Sugar, Blood Grouping, Serum Bilirubin (total and direct) • Oxygen supply by box/ nasal prong • X- ray/ USG	Rs 1000
Package B	• Photo therapy • Laboratory services- Blood Culture, RFT (Sodium, Potassium, Urea, Creatinine), Serum calcium • Lumber Puncture and CSF analysis • Medicine- Dopamine, Dobutamine, Phenobarbitone, Phenytoin, Midazolam, Calcium Gluconate, Aminophylline • Bubble CPAP (Continuous positive airway pressure)	Rs 2000
Package C	• NICU Admission (Must) • NICU beside ultrasonography (USG) • NICU bedside portable X- ray • Lab: ABG, Magnesium, chloride, Serum Osmolality, Urine Specific Gravity, Urine Electrolyte • Double Volume exchange transfusion, blood transfusion • Medicine: caffeine • Mechanical ventilation	Rs 5000

Outcome of delivery by sex

The table shows the outcome of delivery by sex. There was single child, twin's child and triplet child delivered throughout the fiscal years from 2076/77 to 2078/79.

Table 2.4.5 Outcome of delivery by sex from fiscal years 2076/77 to 2078/79

Outcome of Delivery	2076/77			2077/78			2078/79		
	Single	Twins	Triplet	Single	Twins	Triplet	Single	Twins	Triplet
Mothers	29355	151	0	33033	157	2	29892	143	2
Live birth									
Female	14053	147	0	15574	115	4	13964	149	1
Male	15043	150	0	17107	162	0	15616	126	2

Issues

- Availability of Trained human resources (SBA, IUCD, Implant, FB IMNCI, Level II, COFP, ASRH) in health facilities
- Physical facilities as per minimum service standards
- Provision for PNC/ Newborn corner unit in birthing center
- Coverage of ANC visits as per protocol
- Round the year availability of HR at CEONC, BEONC and its Continuation

2.5 Family Planning and Reproductive Health

Background

Family Planning Program helps to improve the quality of life of people and thereby develop a healthy nation. Family planning is one of priority program (P_1) of Government. It is also considered as a component of reproductive health package and 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 programs.

Objectives, Policies and Strategies

The overall objective of Nepal's family planning program is to improve the health status of all people through informed choice on accessing and using voluntary family planning. The specific objectives are as follows:

- To increase access to and the use of quality family planning services that are safe, effective and acceptable to individuals and couples. A special focus is on increasing access in rural and remote places and to poor, dalit and other marginalized people with high unmet needs and to postpartum and post-abortion women, the wives of labor migrants and adolescents.
- To increase and sustain contraceptive use, and reduce unmet need for family planning, unintended pregnancies and contraception discontinuation.
- To create an enabling environment for increasing access to quality family planning services to men and women including adolescents.
- To increase the demand for family planning services by implementing strategic behavior change communication activities.

Policies

1. Enabling environment: Strengthen the enabling environment for family planning
2. Demand generation: Increase health care seeking behavior among populations with high unmet need for modern contraception
3. Service delivery: Enhance family planning service delivery including commodities to respond to the needs of marginalized people, rural people, migrants, adolescents and other special groups
4. Capacity building: Strengthen the capacity of service providers to expand family planning service delivery
5. Research and innovation: Strengthen the evidence base for program implementation through research and innovation

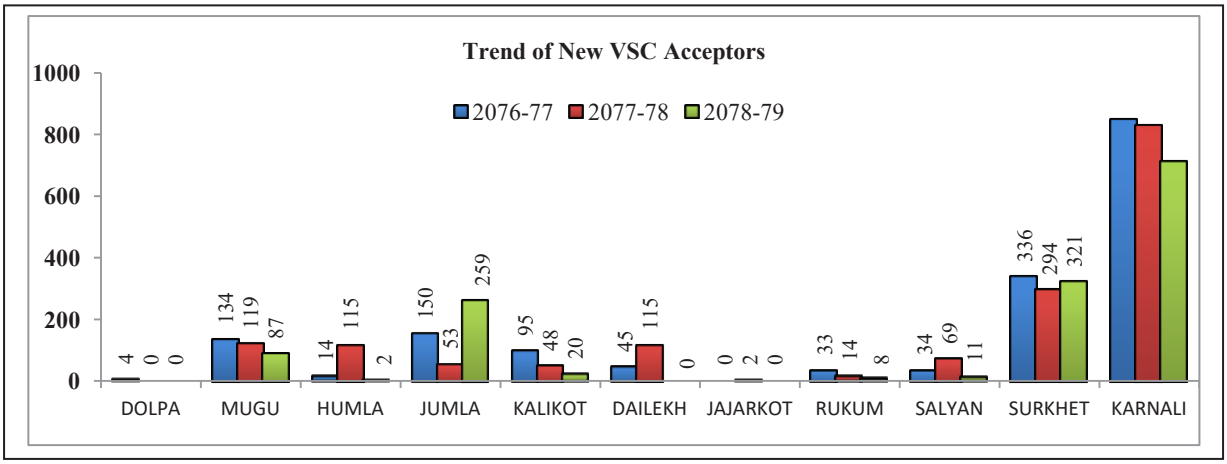
Major Activities carried out in fiscal year 2078/79 (2021/2022)

- Ensured Voluntary Surgical Contraception (VSC)- Institutional and camp
- Family Planning Counseling and referral services continued by districts
- FP strengthening, Implant, IUCD, sterilization training
- LARC services extended in public health facilities
- Celebration of national family planning day

Analysis of Service Coverage

New Acceptors – Voluntary Surgical Contraception (VSC)

Figure 2. 5. 1. New Acceptors of Voluntary Surgical Contraception (VSC)



The Figure 2.5.1 shows the trend of new VSC acceptor for the last three fiscal years. In fiscal year 2078/79, a total of 708 new acceptor of VSC. The trend of new VSC acceptors have been decreasing consecutively since last three fiscal year. New acceptors of VSC have increased in Dailekh and Jumla in fiscal year 2078/79 compared to fiscal year 2077/78. The VSC services are available in hospitals of Karnali Province.

Disaggregation of VSC New Acceptors

Table 2.5.1 shows the district wise disaggregated new acceptors of VSC of consecutive three fiscal years from 2076/77 to 2078/79 in the province. Majority of services were provided from the institutional static settings rather than camp.

Table 2. 5.1 Disaggregation of VSC New Acceptors of fiscal year from fiscal year 2076/77 to 2078/79

District	Total Sterilization			Disaggregation by 2078/79			
				Facility type		Service through	
	2076/77	2077/78	2078/79	Public	Non-Public	Institutions	Camp
DOLPA	4	0	0	0	0	0	0
MUGU	134	119	87	87	0	79	8
HUMLA	14	115	2	2	0	2	0
JUMLA	150	53	259	259	0	45	214
KALIKOT	95	48	20	20	0	20	0
DAILEKH	45	115	0	0	0	0	0
JAJARKOT	0	2	0	0	0	0	0
RUKUM WEST	33	14	8	0	8	8	0
SALYAN	34	69	11	11	0	11	0
SURKHET	336	294	321	321	0	249	72
KARNALI	**845**	**829**	**708**	**700**	**8**	**414**	**294**

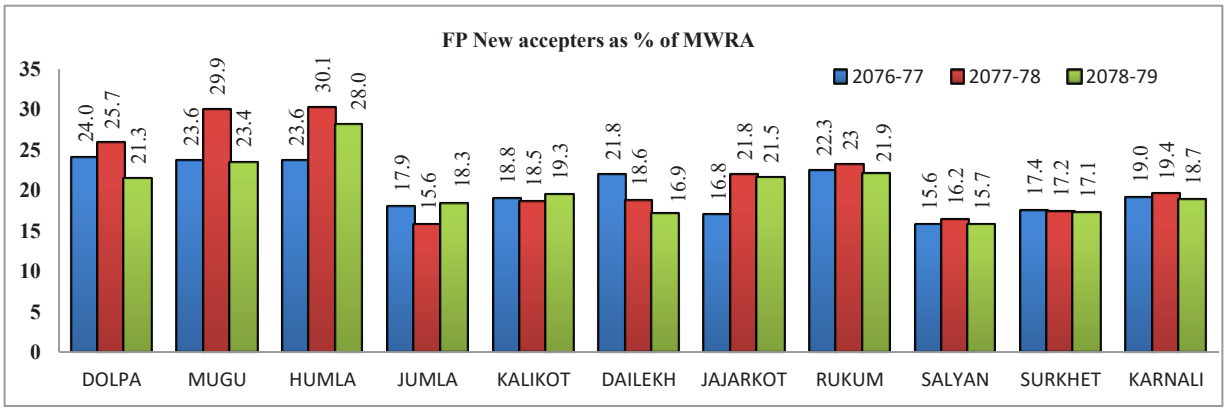
New Acceptors – Spacing methods

Table 2.5.2 shows new acceptors of all spacing methods have decreased in 2078/79 compared to the previous fiscal year. Highest number of new acceptors for spacing method in 2078/79 are reported in Dailekh and lowest in Dolpa district.

Table 2. 5.2 New Acceptors – Spacing methods from fiscal year 2076/77 to 2078/79

Indicator	Fiscal Year	Dolpa	Mugu	Humla	Jumla	Kalikot	Dailekh	Jajarkot	Rukum West	Salyan	Surkhet	Karnali Province
Condom users (qty/150)	2076/77	239	259	239	794	1403	2963	768	1305	2716	3357	14043
	2077/78	261	262	323	734	1340	2191	790	1542	2890	2801	13132
	2078/79	238	341	402	807	1214	2148	930	1217	3095	3210	13601
Pills	2076/77	418	587	812	860	874	3884	1413	2317	1447	3863	16475
	2077/78	614	708	947	741	808	2403	2124	2249	1485	3997	16076
	2078/79	491	592	1084	711	718	1850	1845	1887	1085	4261	14524
Depo	2076/77	1224	1555	1752	2467	3140	5931	4084	4157	4292	6212	34814
	2077/78	1126	2077	2155	2281	3091	6224	5568	4596	4390	6826	38334
	2078/79	1015	1586	1639	2305	3018	4905	5288	4924	3856	7401	35937
IUCD	2076/77	1	8	0	2	56	90	64	40	33	331	625
	2077/78	2	7	0	3	62	126	19	41	39	177	476
	2078/79	4	9	3	15	11	80	13	17	41	253	446
Implant	2076/77	232	522	43	370	587	971	650	936	1022	1743	7076
	2077/78	298	773	166	325	808	961	743	762	1198	1942	7976
	2078/79	302	611	112	525	551	667	455	558	1049	2448	7278
Total New acceptors Temporary method)	2076/77	2114	2931	2846	4493	6060	13839	6979	8755	9510	15506	73033
	2077/78	2301	3827	3591	4084	6109	11905	9244	9190	10002	15743	75994
	2078/79	2050	3139	3240	4363	5512	9650	8531	8603	9126	17573	71786

Figure 2. 5.2 Family Planning Acceptors as percentage of MWRA



The figure 2.5.2 shows the service statistics of family planning new acceptance among married women of reproductive age group. In Karnali, the new acceptor for new family planning method has increased to 19.4% in fiscal year 2077/78 from fiscal year 2076/77 however it decreased to 18.7% in the fiscal year 2078/79. In fiscal year 2078/79, the FP new acceptor rate among MWRA is lower than provincial average in Jumla (18.3%), Salyan (15.7%) and Surkhet (17.1%) district.

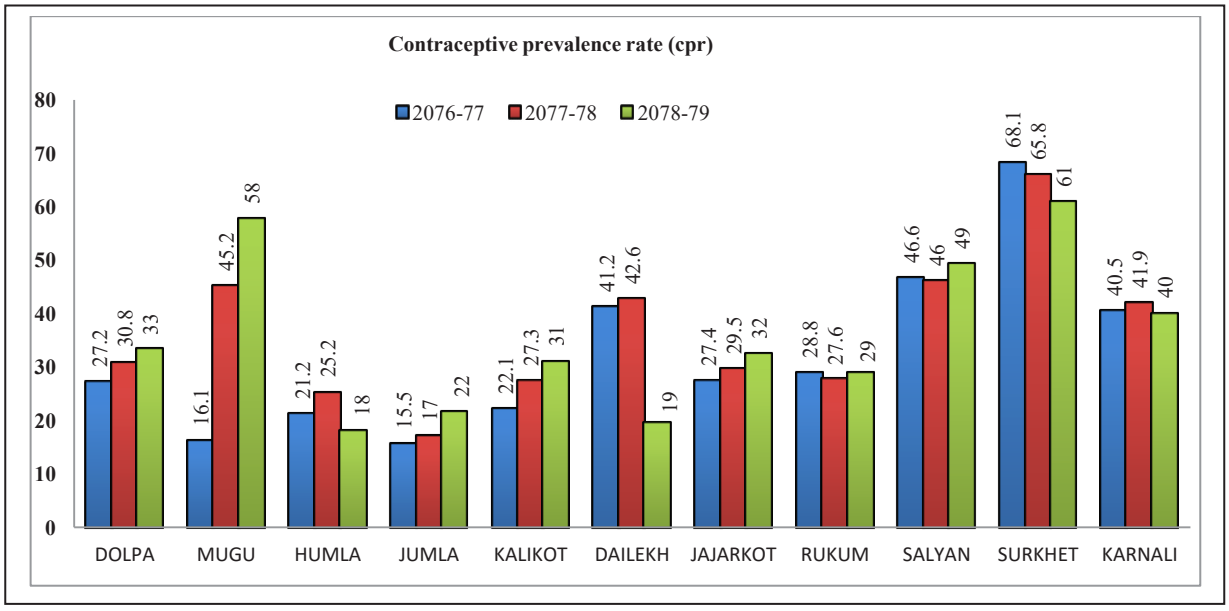
The current user of family planning by methods is presented for last three fiscal years (Table 2.5.3). Both permanent and temporary methods were used by women of reproductive age group. A total of 48,966 person had used permanent methods of family planning. Similarly, the temporary methods had used by 96,585 beneficiaries. The most preferred methods among MWRA were highest for Depo (33,752) followed by implant (33,625) by users.

Table 2. 5.3 Current user of family planning by methods from fiscal year 2076/77 to 2078/79

District	MWRA 2078/79	WRA 2078/79	Temporary Method (Current User)						Permanent			All Total
			Condom	Pills	Depo	IUCD	Implant	Total	Female	Male	Total	
DOLPA	9621	11751	238	417	994	118	1046	2813	15	860	875	3688
MUGU	13795	16929	341	645	2035	46	1564	4631	24	1822	1846	6477
HUMLA	11587	14165	402	459	857	3	78	1799	44	1686	1730	3529
JUMLA	25302	31114	807	481	1826	70	1301	4485	275	5673	5948	10433
KALIKOT	28706	35828	1214	534	3851	218	3012	8829	38	2834	2872	11701
DAILEKH	57089	70079	2148	1578	4396	864	3433	12419	104	5377	5481	17900
JAJARKOT	39730	49477	930	1081	4388	278	3265	9942	277	3348	3625	13567
RUKUM WEST	39298	48097	1217	1180	3690	233	4166	10486	163	1792	1955	12441
SALYAN	58355	70684	3095	1232	5349	1841	6519	18036	644	4310	4954	22990
SURKHET	104394	125304	3210	2794	6366	1534	9241	23145	9687	9993	19680	42825
KARNALI	387877	473428	13601	10401	33752	5205	33625	96585	11271	37695	48966	145551

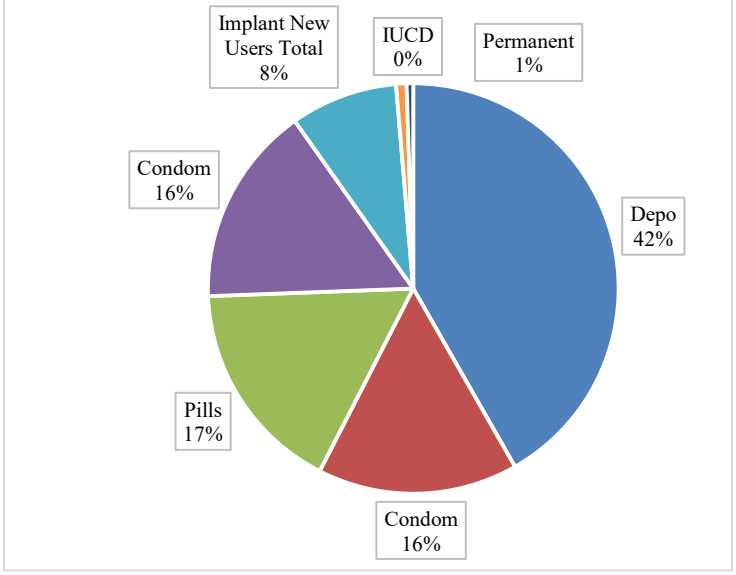
Contraceptive Prevalence Rate (Unadjusted) as percentage of WRA

Figure 2. 5. 3 Contraceptive Prevalence Rate (Unadjusted) among women of reproductive age (WRA)



The figure 2.5.3 illustrates the contraceptive prevalence rate (CPR), the percentage of currently married women who are currently using a method of contraception in Karnali slightly decreased (40.0% - unadjusted CPR) in fiscal year 2078/79. Districts with lower CPR is Dailekh (19.4%), and Surkhet have higher CPR (60.8 %).

Figure 2.5.4 New Acceptors Mix Method



The figure 2.5.4 illustrated the Mix Method of FP modern methods among the new acceptors in the fiscal year 2078/79 in Karnali province.

Among total new users, majority new users were Depo (42%) followed by Pills (17%) and Condom (16%), Implant (8%) and permanent methods is one percent.

2.6 Adolescent Sexual and Reproductive Health (ASRH)

Background

Nepal is 3rd highest country in child marriage though the legal age for marriage is 20 years. According to Nepal Demographic and Health Survey 2016 report, median age of first marriage in Karnali province is 17 years. It indicates that the girls are in risk of adolescent sexual and reproductive health in their adolescent age. Occupying around 25 percent of the population, adolescent (age 10-19) has diverse health needs and should be catered with friendly health services. The rapid physical, mental, and psychosocial changes might push risk at their health state. Recognizing their special health needs, National Adolescent Health and Development (NAHD) Strategy has been revised in 2018. An implementation guideline on Adolescent Sexual and Reproductive Health (ASRH) was developed in 2007 to support district health managers to operationalize the strategy. Piloted in 2009 in 26 public health facilities, National ASRH Program was designed in 2011.

Goal

To promote the sexual and reproductive health status of adolescents**.**

Objectives

General Objectives

- By the year 2025, all adolescents will have positive lifestyles to enable them to lead healthy and productive lives

Specific Objectives

- To create safe, supportive and protective environment for all adolescents.
- To increase adolescents' access to scientifically sound and age-appropriate information about their health and development
- To enhance life skills and improve the health status of adolescents
- To increase accessibility and utilization of adolescent friendly quality health and counseling services**.**

Target

- To make all health facilities as adolescent friendly as per the envision of National Health policy (2014) and NHSS (2016-2021)
- To ensure universal access to ASRH services, the Nepal Health Sector Strategy Implementation Plan (2016-2021) aims to:
  - Scale up Adolescent Friendly Service (AFS) to all health facilities
  - Behavioral skill focused ASRH training to 5,000 Health Service Providers
- The program aims to reduce the adolescent fertility rate (AFR) by improving access to family planning services and information.
- Prioritizing the integration and effective program management, FWD established Family planning and reproductive health Section in four thematic areas: Adolescent Sexual and Reproductive Health (ASRH); Family Planning (FP); Reproductive health morbidity and PHC-Out reach Clinic.

Major Activities Carried Out in fiscal year 2078/79 (2021/2022)

- ASRH Training to health care providers in districts and local levels
- Promotional activities for ASRH through school health program
- ASRH orientation in Province and district levels
- IFA distribution program to adolescent

Major Service Statistics fiscal year 2078/79 (2021/2022)

Service utilized by Adolescent populations

Table 2.6.1 provides the information on service utilization by new clients of age 10 to 19 years old. A total of 3,64,407 new clients have received service in Karnali province in year 2078/79. The service utilization by 10 to 19 years old clients is continuously decreasing from previous two fiscal years. It is also observed from the table that female clients are more compared to male clients in all three fiscal years. A total clients of aged 10-19 years female (2,04,899) and same age group of males (159508) reached for health service utilization. Thus, a total of 36,4407 person aged 10-19 years had access to health service in the fiscal year 2078/79.

Table 2.6.1 Service Utilization by new clients of age 10 to 19 years old

District	New Clients Served 10 to 19 Years, Female			New Clients Served 10 to 19 Years, Male			New Clients Served 10 to 19 Years, Total		
	2076 /77	2077 / 78	2078/79	2076 /77	2077 / 78	2078/79	2076 /77	2077 / 78	2078/79
DOLPA	5939	5743	4608	5108	4911	3965	11047	10654	8573
MUGU	6898	7545	6680	6349	6586	5918	13247	14131	12598
HUMLA	8076	12299	9545	7486	8994	8659	15562	21293	18204
JUMLA	15130	12574	13612	13738	11484	13051	28868	24058	26663
KALIKOT	21774	18499	15917	20087	17612	14839	41861	36111	30756
DAILEKH	31865	29118	26098	24951	22643	19508	56816	51761	45606
JAJARKOT	20710	23688	20192	14261	17462	14422	34971	41150	34614
RUKUM WEST	29406	33246	30921	22946	24368	23005	52352	57614	53926
SALYAN	30828	28901	24220	21709	20230	16958	52537	49131	41178
SURKHET	55226	47598	53106	43324	33977	39183	98550	81575	92289
KARNALI	225852	219211	204899	179959	168267	159508	405811	387478	364407

Table 2.6.2 illustrates the family planning new users of adolescent for last three fiscal years in Karnali province. In fiscal year 2078/79, Depo service was highest in number among <20 year's new users followed by Pills and Implant. The comparison of two recent fiscal years shows increasing trend of Pills new users throughout the fiscal years. Depo new users is in decreasing trends in recent three fiscal years. There is decreasing trends of Depo, Pills, IUCD, Implant in comparison to last three fiscal years. The least preferred family planning service is IUCD for all the fiscal years.

Table 2.6.2 Major FP Services to adolescents (FP New users < 20 yrs) from fiscal year 2076/77

Districts	AFS Sites	Female Adolescents' population (10-19)	Depo			Pills			IUCD			IMPLANT		
			2076/77	2077/78	2078/79	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79
DOLPA	17	4472	188	164	134	64	71	71	0	0	0	7	2	11
MUGU	12	7194	117	370	223	64	71	89	0	0	0	21	10	16
HUMLA	4	5723	291	179	163	156	146	150	0	0	0	13	14	7
JUMLA	22	13590	292	246	204	111	84	74	0	0	0	8	5	23
KALIKOT	28	17220	217	151	143	74	36	85	1	0	0	3	19	6
DAILEKH	17	28745	623	452	324	908	263	114	8	18	5	79	45	8
JAJARKOT	19	22557	610	684	608	236	249	210	8	1	0	43	42	8
RUKUM WEST	8	18251	487	535	509	273	295	202	1	1	0	27	32	16
SALYAN	5	24808	665	601	472	154	138	79	0	1	1	52	73	44
SURKHET	16	42144	921	979	1168	432	555	695	25	9	8	175	134	166
TOTAL	**148**	**184703**	**4411**	**4361**	**3948**	**2472**	**1908**	**1769**	**43**	**30**	**14**	**428**	**376**	**305**

Table 2.6.3 shows major safe motherhood and safe abortion statistics of less than 20 years aged women. Among the <20 years age group, the number of ANC visits as per protocol and PNC visits as per protocol is increased in fiscal year 2077/78 compared to consecutive fiscal year. However, the safe abortion service usage among these age group have decreased. Similarly, there is decreased trend of safe abortion service through surgical methods in recent fiscal year 2077/78 to fiscal year 2078/79.

Table 2.6.3 Major Safe motherhood and safe abortion Service statistics (< 20 yrs) from fiscal year 2076/77 to 2078/79

District	First ANC Visit as per Protocol			Four ANC Visits as per Protocol			Safe Abortion Service Women			Safe Abortion Service Surgical		
	2076 /77	2077 /78	2078 /79	2076 /77	2077 /78	2078 /79	2076 /77	2077 /78	2078 /79	2076 /77	2077 /78	2078 /79
DOLPA	107	109	109	39	34	49	1	2	3	0	0	0
MUGU	306	280	419	145	154	275	56	52	51	0	1	11
HUMLA	271	207	243	152	149	117	53	50	32	35	20	0
JUMLA	477	574	470	253	353	454	85	30	43	20	13	11
KALIKOT	558	626	566	299	390	386	5	4	5	0	1	0
DAILEKH	1007	1225	955	700	851	696	53	29	40	19	23	9
JAJARKOT	912	954	869	532	618	513	4	5	10	0	0	0
RUKUM WEST	1218	1087	1012	702	981	661	0	0	5	10	12	2
SALYAN	1403	1327	1107	974	957	904	10	9	17	4	3	4
SURKHET	1933	2102	1673	1532	1533	1298	190	169	202	85	73	124
KARNALI	8192	8491	7423	5328	6020	5353	457	350	408	173	146	161

The table 2.6.4 shows the proportion of adolescent ANC visits among total service recipient of first ANC visit (anytime), first ANC as per protocol, and Four ANC visit as per protocol. The proportion of adolescent visit for ante-natal care is almost stagnant in fiscal year 2078/79 compared to previous fiscal years.

Table 2. 6. 4 Proportion of adolescent ANC among total ANC visit by district from fiscal year 2076/77

District	Depo New Acceptors			Pills New Acceptors			1st ANC visit as per protocol			Four ANC visit as protocol		
	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79
DOLPA	15.36	14.56	13.20	15.31	11.56	14.46	24.43	22.02	16.82	15.06	11.37	14.76
MUGU	7.52	17.81	14.06	10.90	10.03	15.03	29.37	23.06	30.58	24.09	16.44	26.37
HUMLA	16.61	8.31	9.95	19.21	15.42	13.84	27.68	18.85	20.95	24.17	17.35	14.79
JUMLA	11.84	10.78	8.85	12.91	11.34	10.41	25.58	26.72	22.61	19.89	18.37	21.04
KALIKOT	6.91	4.89	4.74	8.47	4.46	11.84	16.09	16.40	15.68	11.59	12.33	14.39
DAILEKH	10.50	7.26	6.61	23.38	10.94	6.16	19.68	20.61	19.55	16.97	16.23	16.93
JAJARKOT	14.94	12.28	11.50	16.70	11.72	11.38	32.40	30.20	26.62	29.21	27.26	25.94
RUKUM WEST	11.72	11.64	10.34	11.78	13.12	10.70	31.35	31.79	28.06	27.76	32.89	24.87
SALYAN	15.49	13.69	12.24	10.64	9.29	7.28	23.65	27.47	26.18	23.44	22.77	21.95
SURKHET	14.83	14.34	15.78	11.18	13.89	16.31	23.13	24.67	21.42	21.80	21.77	20.07
KARNALI	**12.67**	**11.38**	**10.99**	**15.00**	**11.87**	**12.18**	**24.17**	**24.51**	**22.73**	**21.31**	**20.82**	**20.32**

Issues

- Certification for ASRH service sites
- Expansion, Strengthening and functionality of ASRH service sites
- Implementation of school based ASRH program
- Maintenance and quality of AFS facilities
- Monitoring and supportive supervision of program
- Inadequate infrastructure and trained human resource
- IEC/BCC materials
- Involvement of partner organization for program
- High prevalence of pregnancy among adolescents

2.7 Reproductive Health Morbidity

Background

Reproductive Health morbidity is a broad concept that encompasses a wide range of health issues and problems related to reproductive organs and functions. This includes, but is not limited to, childbearing. RH morbidities include obstetric morbidities sustained during pregnancy, delivery and the postpartum period as well as gynecological morbidities related to conditions of ill health not associated with pregnancy such as reproductive tract infections, cervical cell changes, malignancies and subfertility. RH morbidity covers pelvic organ prolapse, breast cancer, obstetric fistula, cervical cancer, Human papillomavirus. Different activities like screening, counseling and primary management under RH morbidity are conducted by local level while management of obstetric fistula service is available in Karnali Province Hospital.

Activities conducted under RH morbidity in fiscal year 2078/79 were:

- Conducted uterine prolapse screening camps
- Conducted VIA screening camp

Issues

- VIA screening trained human resource
- Case management of VIA +ve clients
- Poor referral system
- Irregular VH service in district level

2.8 Primary Health Care Outreach Program (PHC/ORC)

Background

Primary Health Care Outreach (PHC/ORC) Program was initiated aiming to increase the access of basic health service including family planning, child health and safe motherhood in rural households. PHC outreach clinics are the extension of service outlets beyond PHCC, HP and other health facilities at the community level. On an average, three to five clinics are established in each catchment area of HFs in which AHWs and ANMs are assigned to run the clinic monthly at a pre-determined time. AHWs or ANMs provide basic PHC services (FP/ANC services/Health Education/ Minor Treatment) to a pre-arranged place close to communities on a predetermined day once in a month. FCHVs and local level organization also supports to conduct the clinics.

Objectives

- To improve the accessibility and coverage of primary health care through the development of a network of 3-5 outreach clinics per peripheral health facilities per month

Major Activities Carried Out in fiscal year 2078/79 (2021/2022)

Through the 864 functional PHC ORC centers in Karnali, a total of 8004 sessions were conducted in fiscal year 2078/79. Mainly pregnant women and < 5-year children are the target beneficiaries for PHC/ORC. The sessions are closely monitored by local health facilities.

Analysis of Service Statistics

Figure 2. 8. 1 Percentage of PHC/ORC conducted from fiscal year 2076/77 to 2078/79

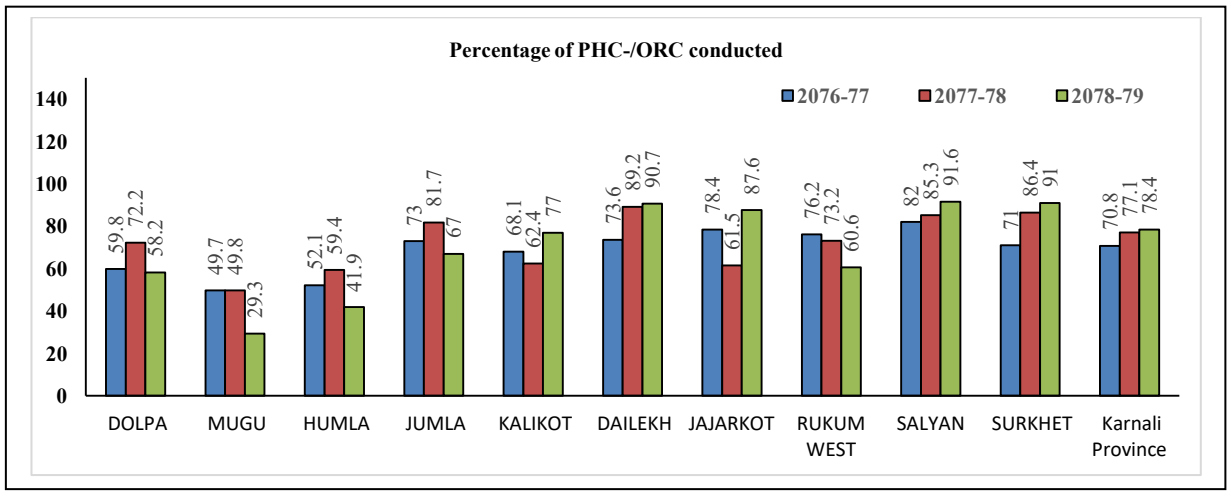
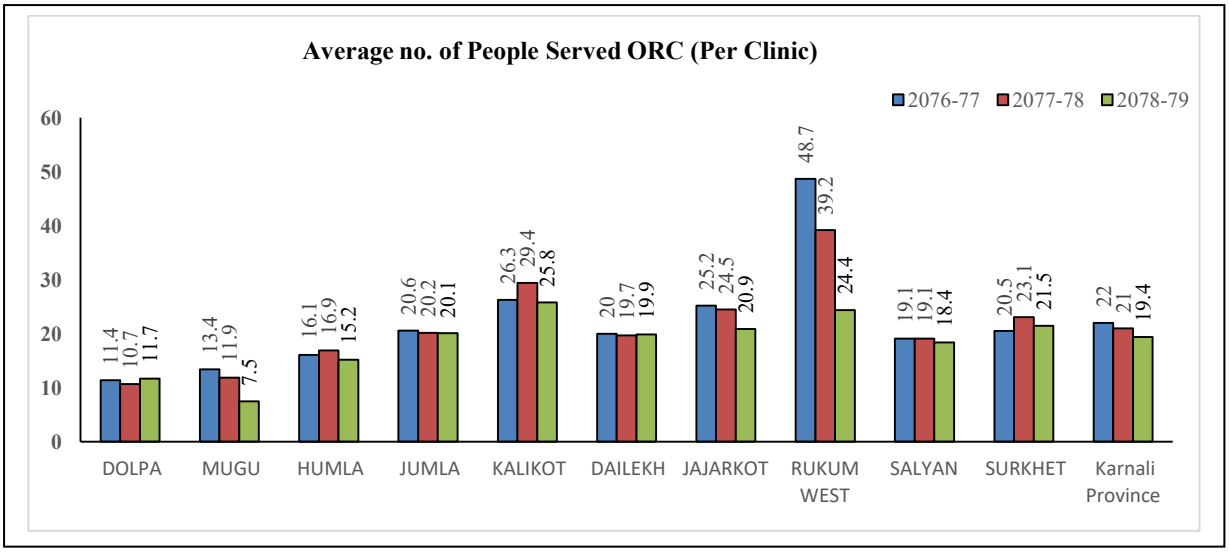


Figure 2.8.1 shows the percentage of PHC outreach clinic (PHC-ORC) at provincial and by districts for the last three fiscal years. In Karnali among the total targeted PHC-ORCs, 78.4 % of clinics were conducted in fiscal year 2078/79 which is an increment of 1.3% compared to previous fiscal year. Less than 50% of outreach clinics were not conducted in Mugu and Humla districts. Most of the PHC ORC service centers have been upgraded to BHC/CHU and due to which the reporting is low in some of the districts.

Figure 2.8.2 Average Number of people served per clinic from fiscal year 2076/77 to 2078/79



The figure 2.8.2 shows the district-wise trend of number of people served from each outreach clinics in the last three years (fiscal year 2076/77 to 2078/79). In an average, one outreach clinics has served 19.4 people in the Karnali Province. Kalikot has served 25.8 people served per outreach clinic in fiscal year 2078/79 which is the highest in Karnali Province and lowest in Mugu (7.5 person/clinic).

Issues

- Supplies for PHC/ORCs
- Functionality of PHC/ORC clinic
- Reporting from PHC ORC clinic

3. NURSING AND SOCIAL SECURITY

3.1 Female Community Health Volunteer (FCHV) Program

Background

Government initiated a Female Community Health Volunteer program since fiscal year 2045/46 in 27 districts and expanded to all districts. The major role of FCHV is to advocate healthy behavior focusing on counseling and education of local mothers and community members for the promotion of safe motherhood, mother and child health, family planning and community health are mobilized by local health facilities. Additionally, FCHV distribute pills, condom, ORS packet and vitamin A capsule, along with they are directly involved in immunization campaigns, iron distribution and deworming. The FCHVs are selected through the health mothers' group members. In Karnali 4273 FCHVs are dedicated to promoting the health of mother and children in FY 2078/79. FCHVs are recognized for having played a major role in reducing maternal and child mortality and general fertility through community-based health interventions.

Goal

- Improve the health of local communities by promoting public health. This includes imparting knowledge and skills for empowering women, increasing awareness on health-related issues and involving local institutions in promoting health care.

Objectives

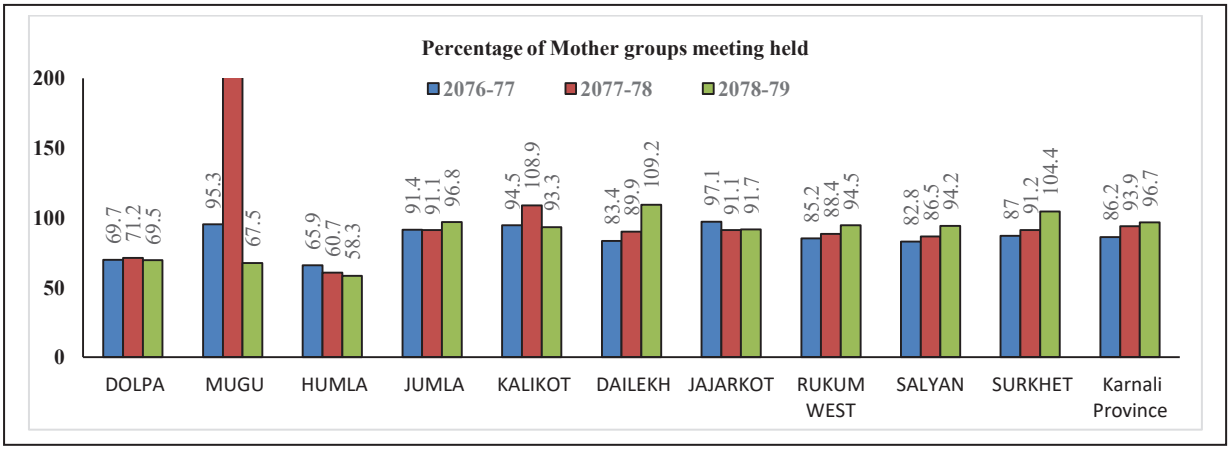
- Mobilize a pool of motivated volunteers to connect health programs with communities and to provide community-based health services,
- Activate women to tackle common health problems by imparting relevant knowledge and skills,
- Increase community participation in improving health,
- Develop FCHVs as health motivators and
- Increase the use of health care services

Major Activities Carried Out in fiscal year 2078/79 (2021/2022)

- Continued Behavioral Change Communication (BCC) activities through FCHVs.
- FCHVs Day Celebration
- Strengthening and revitalization of Health Mother's Group
- Reward for voluntary retirement
- Dress allowance to FCHV
- FCHV Fund
- Training orientation and mobilization for health activities
- FCHVs mobilization for COVID 19 response, Vaccination against COVID 19, routine immunization and vitamin A distribution

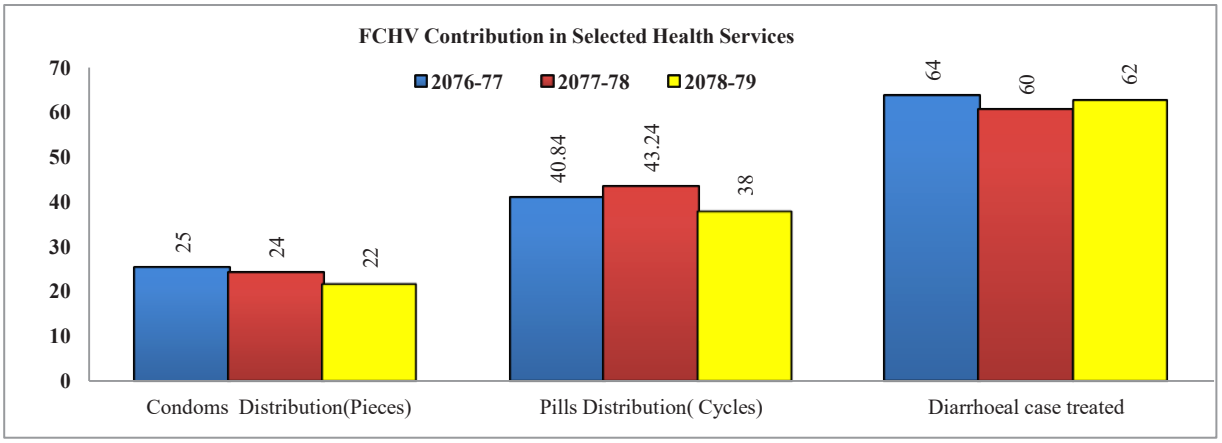
Analysis of Service Statistics

Figure 3.1.1 Percentage of Mothers Group Meeting Held



Health Mothers' Group is the strong community network of health system of Nepal. There is profound opportunity of community mobilization, advocacy, communication, heading towards increasing equitable access and utilization of available health services especially basic health services by active and meaningful participation in mothers' group meeting. Each FCHV is expected to conduct mothers' group meeting to discuss on health issues monthly. As shown in figure 3.1.1 above, FCHVs conducted 96.7 % mothers' group meeting in the fiscal year 2078/79, which is increased than that of the previous fiscal years. Cent percent of mothers group meeting was conducted by Dailekh (109.2%) and Surkhet (104.4%) in this fiscal year whereas lowest by Humla (58.3%) followed by Mugu (67.5%).

Figure 3.1.2 FCHV's contribution in selected health services for fiscal years 2076/77 to 2078/79



The figure 3.1.2 shows the contribution of FCHV in selected health services. There has been slight decrease in the distribution of condom and Pills while increase in ORS supply for diarrheal case by female community health volunteers in fiscal year 2078/79. FCHVs distributed 44,0991 pieces of condom, 38685 cycles of pills and 66,471 diarrheal cases treated in fiscal year 2078/79. Total contribution on condom distribution by FCHVs accounts for 22 percent and pills distributions accounts for 38 percent. Similarly, in diarraheal cases treatment contribution is 62 percent from their side.

Average Number of People served by FCHVs per month

Table 3.1.1. Average Number of People served by FCHVs per month from fiscal year 2076/77 to 2078/79

Districts	2076/77	2077/78	2078/79
DOLPA	3.7	6.1	6.3
MUGU	8.9	8	5.7
HUMLA	7	7	6.1
JUMLA	15.2	16.3	14.7
KALIKOT	34.6	31.2	29.7
DAILEKH	18.4	18.8	17.3
JAJARKOT	28.5	30.9	32.1
RUKUM WEST	16.8	17.6	17.6
SALYAN	25.4	24	24.6
SURKHET	16.8	17.3	19
KARNALI	18.9	19.1	18.8

Table 3.1.1 shows that the number of people served by per FCHV per month in three consecutive fiscal years. Total 869224 of people served by FCHV in Karnali province in fiscal year 2078/79. On an average people served by each FCHV per month has been stagnant around 19 people per month in fiscal year 2078/79 in Karnali province. Districts such as Dolpa, Mugu and Humla reported lower number of people served by a FCHV per month whereas hilly district such as Jajarkot, Kalikot and Salyan district reported higher number of people served by FCHV per month.

Issues

- Basic training to newly selected FCHV
- Utilization of FCHV fund
- Effectiveness of mothers group meeting and meaningful participation
- Regular and effective FCHV meeting
- Involvement of FCHVs in COVID 19 response

3.2 Gender- Based Violence

Gender based violence (GBV) is human right violation and public health concern which impacts the physical and mental health of the individual survivor and her children, carries a social and economic cost to society. The government of Nepal has taken significant steps in reforming laws and policies to combat GBV in the country.

One Stop Crisis Management Center (OCMC)

Government initiated OCMC since 2011. OCMC provide free hospital-based health services including identification of survivors, treatment, psychosocial counselling and medico-legal service and coordinate with security and rehabilitation. Total 11 OCMCs have been established in Karnali province level hospital and providing indicated services to the target beneficiaries. OCMCs are mandated to provide seven services (Health Services, Medical-legal examination and reporting, Psycho-social counselling, Legal service, Safe homes, Security and Rehabilitation) to GBV survivors.

Table 3.2.1 below showed that trend of reported cases of sexual assault is in increasing trend and increased by 28 cases in fiscal 2078/79 compared to fiscal year 2077/78. Similarly, reported cases of physical offence have also increased in each fiscal year. Reported case of physical offence was 717 in fiscal year 2077/78 while it increased to 854 in fiscal year 2078/79. In contrary to Sexual assault and physical offence, reported cases of domestic violence increased in fiscal year 2077/78 compared to fiscal year 2076/77 while decreased in fiscal year 2078/79 compared to fiscal year 2077/78. Reported case of domestic violence was 859 in fiscal year 2077/78 which decreased to 680 reported cases in fiscal year 207879. In fiscal year 2078/79, institution wise highest number of sexual assaults was reported in province hospital (110), physical offence was reported in Kalikot hospital (234) and domestic violence was also reported in Province Hospital (272).

Table 3.2.1 Number of reported cases of Gender Based Violence by district for different fiscal years

Organization	Sexual Assault			Physical offence			Domestic violence		
	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79
DAILEKH HOSPITAL	47	55	46	47	55	46	50	45	221
MUGU HOSPITAL	0	0	8	0	0	2	0	0	1
KASH	9	8	24	14	10	183	20	21	36
SALYAN HOSPITAL	0	10	5	0	11	4	0	12	3
PROVINCE HOSPITAL	97	94	110	0	0	0	0	192	272
DOLPA HOSPITAL	3	5	1	70	37	54	0	0	5
KALIKOT HOSPITAL	11	24	26	178	218	234	131	128	157
JAJARKOT HOSPITAL	31	60	35	50	80	33	70	96	12
HUMLA HOSPITAL	0	4	7	0	158	145	0	289	123
RUKUM WEST HOSPITAL	0	0	22	0	0	10	0	0	0
HUMLA HOSPITAL	0	4	7	0	158	145	0	289	123
TOTAL	189	233	261	261	717	854	261	859	680

***Sources**: - DHIS-2*

3.3. Social Security Service

Table below showed the trend of total patients served by social service unit in Karnali province from fiscal year 2076/77 to 2078/79. Patients who are ultra-poor, helpless, person with disability, senior citizen, victim of gender-based violence and FCHVs have received services user social service unit. District wise, Salyan, Dolpa and Humla have not serve patient under social service unit. Compared to fiscal year 2077/78, number of patients served who are ultra-poor, person with disability, victims of gender-based violence and FCHVs have increased in fiscal year 20789 while in case of helpless patients and senior citizen, number of patients served by social service unit have decreased in fiscal year 2078/79.

Table 3.3.1 Total patient served by social service unit from fiscal year 2076/777 to 2078/79

Organization	SSU Status	Ultra-poor			Helpless			Person with disability			Senior Citizen			Victim of Gender Base violence			FCHV		
		2076/77	2077/78	2078/79	2076/077	2077/078	2078-079	2076/077	2077/078	2078/079	2076/077	2077/078	2078/079	2076/077	2077/078	2078/079	2076/077	2077/078	2078/079
DAILEKH HOSPITAL	Yes	0	1294	102	-	744	100	-	9	12	-	745	129	-	29	6		59	14
MUGU HOSPITAL	Yes	0	-	12	-	-	8	-	-	0	-	-	18	-	-	1			1
KAHS JUMLA	Yes	0	146	233		10	14		9	7	-	26	212	-	-			2	10
SALYAN HOSPITAL	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
PROVINCE HOSPITAL	Yes	207	55	3434	78	265	4	41	40	49	1191	783	291	251	21	272	23	0	2
DOLPA HOSPITAL	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
KALIKOT HOSPITAL	Yes	2	36	8	0	4	7	3	9	1	11	95	122	0	8	13	0	3	6
JAJARKOT HOSPITAL	Yes	0	14	69	0	9	26	0	3	36	267	206	965	0	2	0	0	2	114
HUMLA HOSPITAL	No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RUKUM WEST HOSPITAL		209	1545	3846	78	1032	151	44	70	105	1469	1855	1737	251	60	292	23	66	147

Issues

- No Separate unit established for social security service in the hospital
- No proper e-recording system for social security service provided

4. EPIDEMIOLOGY AND DISEASE CONTROL

4.1 Malaria

Background

Malaria control program begun in 1954 through a program “Insect Borne Disease Project”. In 1958, the malaria eradication program was launched as a vertical program, which was the first national public health program in the country. It was originated with the objective of eradication malaria from the country in a limited period. Experiences eventually showed that eradicating malaria required more time and therefore the malaria control strategy was adopted in 1978.

Nepal is committed to down size the indigenous zero cases of malaria by 2022 and sustain the malaria related death with zero cases. ABER cases will be reached by 5 percent in malaria risk population. Required drugs and RDT kits in all health facilities will be available. According to the micro stratification of high and moderate risk population government is distributing LLIN. Government has managed community-based volunteers who are supporting to receive sample and malaria tests in high-risk areas. Nepal’s current **National Malaria Strategic Plan** (NMSP-2014-2025) has been divided into two phases: "achieve malaria Pre- elimination by 2018" and "attain Malaria Elimination by 2025" has identified following vision, mission, goals and objectives:

Vision: Malaria Elimination in Nepal by 2025

Mission

Ensure universal access to quality assured malaria services for prevention, diagnosis, treatment and prompt response in outbreak.

Goals

- Reduce the indigenous malaria cases to zero by 2022 and sustain thereafter.
- Sustain zero malaria mortality

Objectives

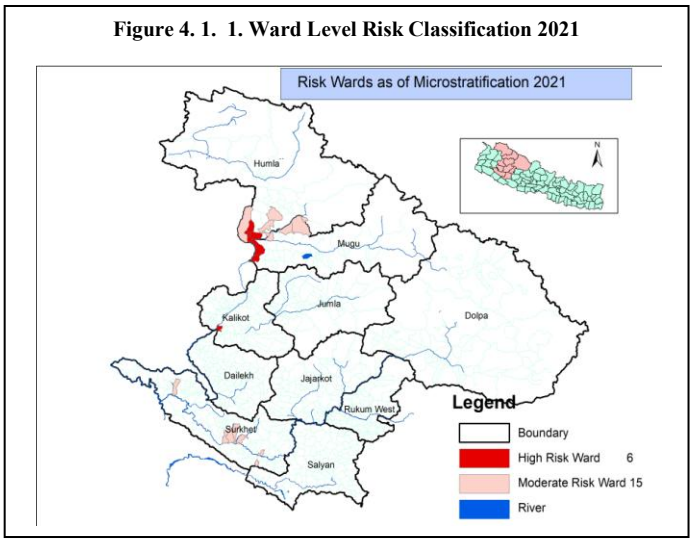
To ensure proportional and equitable access to quality assured diagnosis and treatment in health facilities as per federal structure and implement effective preventive measures to achieve malaria elimination.

Strategies:

- Strengthen surveillance and information system on malaria for effective decision making.
- Ensure effective coverage of vector control interventions in malaria risk areas to reduce transmission.
- Ensure universal access to quality assured diagnosis and effective treatment for malaria.
- Ensure government committed leadership and engage community for malaria elimination.
- Strengthen technical and managerial capacities towards malaria elimination.

The malaria micro- stratification carried out by EDCD in 2021. In Karnali Province 6 wards as high-risk wards and 15 wards are identified as moderate risk wards. The high-risk wards are from Humla 3 (Tanjakot 2,3,4), Kalikot 1 (Khadachakra-2), Mugu 2 (Khatyad 8 and 10), and Moderate risk ward is Humla 4 (Adanchuli 2,5, Chankheli 2, Sarkegad 2, and Tanjakot 1), Mugu-2 (Soru 3, 4 and 5), and Surkhet (Bheriganga-7, Birendranagar 10, 11, Gurbhakot 13, Lekbenshi 7, 10 and Panchpuri 9).

Figure 4. 1. 1. Ward Level Risk Classification 2021



Major Activities Carried Out in fiscal year 2078/79 (2021/2022)

In lining with the country strategic target to sustain zero malaria death and to achieve zero indigenous case by 2022, Karnali province government has been conducting the following activities with the support from Global Fund malaria program

1. **Malaria disease surveillance**
   To eliminate any disease, a robust surveillance system should be in place. Same thing applies in malaria disease too. The preformed surveillance in malaria has adopted surveillance in 1, 3, 7 modalities for every case of malaria detected. All 52 cases of malaria cases (48 cases detected in the HFs of Karnali province and 4 cases in the HFs out sides of Karnali province) in Karnali Province in F/Y 2078/79 have been reported in the real time Malaria Disease Information System (MDIS), thoroughly investigated during Case Based Investigation (CBI) with in stipulated timeframe and Foci Investigation (FI) and other intervention applied for every indigenous case reported.
2. **Foci Investigation**
   All 6 foci identified (one each in BNNP-3 and BNNP-12 Surkhet; Soru GP-4 Mugu, Adanchuli GP-2, Tanjakot GP-3 and Tanjakot GP-4 Humla) in this fiscal year have been investigated and responsed with appropriate intervention. Besides, all residual active foci (13) have been updated.
3. **Entomological Surveillance/ Vector bionomics study**
   Entomological/ vector surveillance by the entomologists through the HSD and districts in Karnali province through the support from global fund. VBDRTC technical team was mobilized for entomological study in ward # 7 of Lekhbesi municipality.
4. **Malaria outbreak response**
   Support has been provided to transport and conduct IRS in Adanchuli, Tajakot and Chankheli rural municilities of Humla and Khatyad GP of Mugu and in other districts too. Community based testing (CBT) volunteers has been mobilized into nine points of Mugu, Humla and Surkhet districts in support of EDCD and Save the Children/Global Fund jointly.

5. **LLIN distribution for mass protection and for ANC women**
   Coordinating with EDCD, HSD, districts and municipalities, a total of 10100 LLINs were distributed to the people residing in high and moderate risk wards of Bheri Ganga, Gurvakot, Lekhbesi and Panchapuri municipalities of Surkhet district. Also, an additional total 2150 LLIN has been provided to the pregnant women of these areas during ANC visit from the HFs.
6. **Community-Based Testing (CBT) in vulnerable hard-to-reach areas**
   Malaria is considered as a local and focal disease. It's prominent that malaria remains a threat in areas with marginalized, vulnerable, migrant and mobile population. The risk is added if these communities have limited health facilities. We have been conducting community test, treat, and track activities for early detection and prompt treatment in the community thereby minimizing onward transmission in the community. To address this gap, dedicated Village Malaria Workers (VMWs) are being appointed in Kahatyad GP Mugu, Tanjakot GP Humla and Birendranagar NP, Panchapuri GP, Chaukune GP, Lekbesi GP and Gurbhakot NP of Surkeht to conduct ACD and other activities in the community. A total of 7480 tests has been done in the communities through this intervention.
7. **System Strengthening for malaria elimination**
   Not prominent yet having long term impact in health system, system strengthening activities have been conducted for better outputs with close coordination with HSD. Support has been provided to transport logistics like antimalaria drugs, RDTs, insecticides, LLINs to the districts and Palikas; especially that of Humla and Mugu districts. Trainings/ orientations/onsite coaching to the HWs has been provided in Jumla, Dailekh, Jajarkot West Rokum and Surkhet districts and their Palika. World malaria day was celebrated by T-shirt distribution and media interaction program. Monitoring and on-site coaching was also carried out in Surkhet and Jumla distrcts. Annual review meeting of NTD/VBD was also carried out in provincial level. Continuous technical support has been provided to the HSD/ districts programs whenever needed.

Analysis of Service Statistics

The three years trend shows the malaria cases in Karnali Province. Confirmed malaria cases identify 51, 34 and 48 in 2076/77, 2077/78 and 2078/79 respectively. The highest number of total confirmed cases were reported from Surkhet district (22) followed by Humla district (8) and Mugu (7).

Table 4.1.1. Malaria Positive cases from fiscal year 2076/77 to 2078/79

SN	District	PF			PV			Pmix			Total		
		2076/77	2077/78	2078/79	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79
1	Dolpa	0	0	0	0	0	0	0	0	0	0	0	0
2	Mugu	0	0	0	2	3	7	0	0	0	2	3	7
3	Humla	0	1	0	10	6	8	0	0	0	10	7	8
4	Jumla	0	0	0	1	0	0	0	0	0	1	0	0
5	Kalikot	1	1	0	11	5	4	0	0	0	12	6	4
6	Dailekh	1	0	0	7	0	3	0	0	0	8	0	3
7	Jajarkot	0	0	0	0	0	0	0	0	0	0	0	0
8	Rukum	0	0	0	1	2	2	0	0	0	1	2	2
9	Salyan	0	0	1	0	0	1	0	0	0	0	0	2
10	Surkhet	1	0	0	16	16	22	0	0	0	17	16	22
	Karnali	3	2	1	48	32	47	0	0	0	51	34	48

Table 4.1.2 shows the annual blood examinate rate 1.09% and malaria parasite incidence 0.03/1000 population in fiscal year 2078/79 in Karnali province. On an average, the positivity rate of Karnali decreased from 0.47% to 0.25% in this fiscal year compared to FY 2077/78.

Table 4.1.2 District wise Malariometric Indicators from fiscal year 2076/77 to 2078/79

S. N.	District	Annual Blood Examination Rate			Malaria Parasite incidence Rate/1000			% of Plasmodium falciparum case			% of Imported Case			Malaria Slide Positivity rate		
		2076/77	2077/78	2078/79	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79
1	Dolpa	0.01	0.00	0.10	0.00	0.00	0.00	0						0	0	0
2	Mugu	1.15	1.03	1.04	0.03	0.05	0.10	0	0	0	0	33.3	0	0.26	0.4	0.79
3	Humla	0.73	2.94	5.48	0.17	0.12	0.14	0	14.3	0	0	0	0	2.4	0.4	0.25
4	Jumla	0.08	0.01	0.08	0.01	0.00	0.00	0			0			0.95	0	0
5	Kalikot	0.16	0.15	0.38	0.08	0.04	0.03	8.3	16.7	0	8.3	33.3	100	2.5	1.9	0.69
6	Dailekh	0.16	0.11	0.14	0.03	0.00	0.01	12.5		0	12.5	0	66.7	1.7	0	0.81
7	Jajarkot	0.00	0.00	0.13	0.00	0.00	0.00							0	0	0
8	Rukum West	0.00	0.69	1.32	0.01	0.01	0.01	0	0	0	0	100	100	0.08	0.15	0.09
9	Salyan	0.01	0.01	0.04	0.00	0.00	0.01			50			100	0	0	2
10	Surkhet	1.72	0.57	2.66	0.04	0.04	0.05	5.9	0	0	5.9	75	90.9	0.23	0.64	0.18
	Karnali	0.51	0.36	1.09	0.03	0.02	0.03	5.9	5.9	2.1	5.9	50	62.5	0.46	0.47	0.25

Figure 4.1.2 showed local level wise total malaria cases in Karnali province of fiscal year 2077/78 and fiscal year 2078/79. Red dots represent the malaria cases in fiscal year 2077/78 and black dots represents the malaria cases in fiscal year 2078/79.

Figure 4.1.2 local level wise total malaria cases in Karnali province

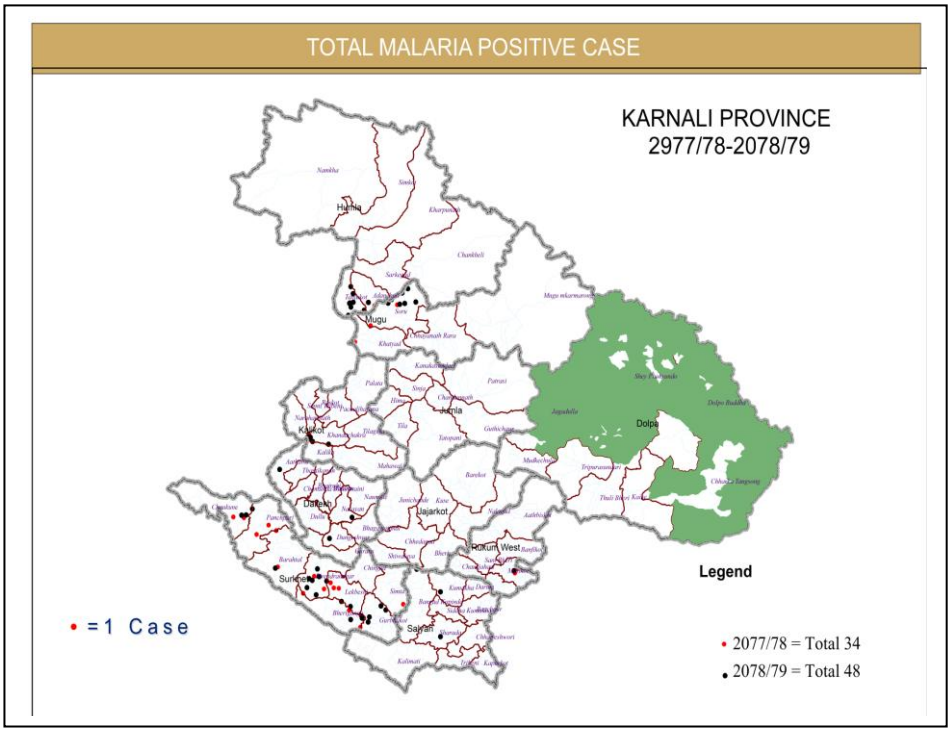


Figure 4. 1.3 Malaria Annual Blood Examination Rate from fiscal year 2076/77 to 2078/79

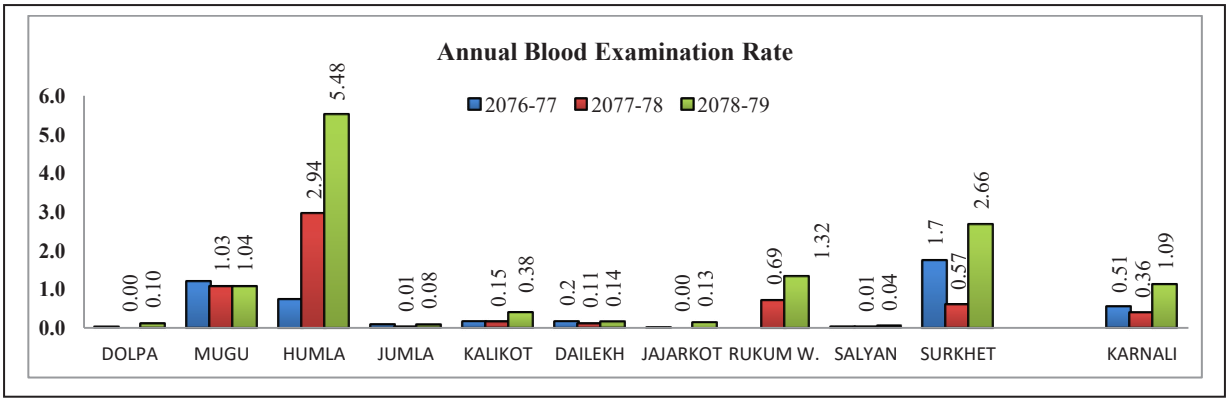


Figure 4.1.3 shows three years trend of Annual Blood Examination Rate of malaria which indicates slight increase from 0.36 (fiscal year 2077/78) to 1.09 (fiscal year 2078/79). Previously in fiscal year 2077/78 except Dolpa, all the districts reported about testing been done for malaria. However, in fiscal year 2078/79 all the districts reported about testing of Malaria. Moreover, Humla (5.48) and Surkhet (2.66) reported increase on ABER.

Figure 4. 1. 4 Malaria Slide Positivity Rate from fiscal year 2076/77 to 2078/79

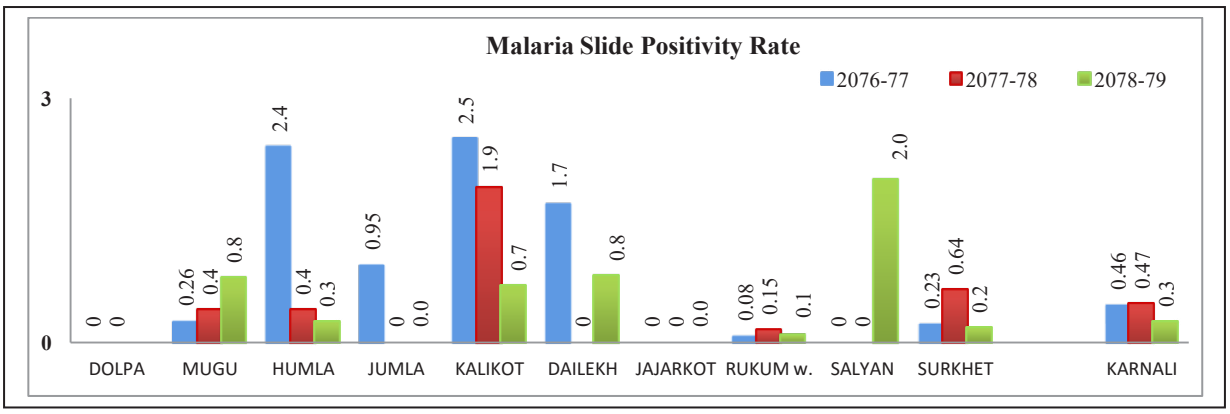


Figure 4.1.4 shows the three years trend of slide positivity rate of Karnali disaggregated by districts. SPR of province was at 0.46 (FY2076/77), 0.47 (FY 2077/78) and 0.3 (FY 2077/79). It indicates that there is decreasing trend of malaria slide positivity rate in the province but there is no malaria positivity rate in Jajarkot and Dolpa since last three years. SPR rate is decreasing in Humla, Jumla, Kalikot, Rukum west and Surkhet districts.

Issues

- Very low test compared to elimination target
- Increasing indigenous malaria cases; especially in mountainous districts with difficult geography
- Delay in early diagnosis and prompt treatment mainly in remote areas
- Insufficient range of Interventions for malaria elimination especially in upper hills
- Extending malaria microscopic sites and QA/QC in malaria
- Multisector involvement for malaria control
- Decreased Annual Blood Examination Rate but increased slide positivity rate

4.2 Kala-azar

Background

Often known as the disease of poorest of the poor, the Kala-azar is a vector-borne disease caused by the parasite *Leishmania donovani,* which is transmitted by the sand fly *Phlebotomus argentipes.* The government committed to the regional strategy to eliminate kala-azar and signed the memorandum of understanding that was formalized at the World Health Assembly in 2005, with the target of achieving elimination by 2015 however due to increasing risk and identification of cases government has planned to eliminate Kala-azar by 2030. In 2005, the EDCD formulated a National Plan for Eliminating kala-azar across preparatory (2005-2008), attack (2008–2015) and consolidation (2015 onwards) phases.

Goal

To contribute to mitigation of poverty in Kala-azar endemic district Nepal by reducing the morbidity and mortality of the disease and assisting in the development of equitable health system.

Target

- Reduce the incidence of kala-azar to less than 1 case per 10,000 populations at district level.

Objectives

- Reduce the incidence of kala-azar in endemic communities including poor, vulnerable, and unreached populations.
- Reduce case fatality rates from kala-azar.
- Treat post-kala-azar dermal leishmaniasis (PKDL) to reduce the parasite reservoir.
- Prevent and treat kala-azar and HIV–TB co-infections.

Strategies

Based on the regional strategy proposed by the South East Asia kala-azar technical advisory group and the adjustments proposed by the Nepal expert group discussions, MoHP has adopted the following strategies for the elimination of kala-azar.

- Early diagnosis and complete treatment
- Integrated vector management
- Effective disease and vector surveillance
- Social mobilization and partnerships
- Improve program management
- Clinical, implementation research

Major Activities

- IEC/ BCC materials printing and distribution
- Suspected VL case detection
- Active case detection (ACD) in Kalikot and Dailekh district
- Sparying training in Kalikot
- Public Service Announcement (PSA) from radio station of Karnali

Achievement

- IEC/BCC materials have been printed and distributed to all the all the districts of Karnali.
- Five hundred flex printed and distributed to all the districts of Karnali.
- Kala-azar kit supplied in Jumla, Kalikot, Dailekh, Jajarkot, Rukum, Salyan, Surkhet
- Increased the number of Kala-azar treatment center from 3 to 7. Now, total of 7 treatment center has been functioning in Kalikot, Dailekh, KAHS, Province Hospital-Surkhet, Mehelkuna, Chaurjahari Hospital, Dullu Hospital
- Total of 112 new cases of Kalazar/Leshmaniasis been reported through outpatient department in fiscal year 2078/79 in Karnali.

Table 4. 2. 1 Trend of kala-azar(KA) case fiscal year 2076/77- 2078/79

District	Endemicity status	Total population			Number of kala-azar cases			Incidence of kala-azar (KA) per 10,000 population in at risk districts		
		2076 /77	2077 /78	2078 /79	2076 /77	2077 /78	2078 /79	2076 /77	2077 /78	2078 /79
DOLPA	Endemic doubtful	42111	42767	43163	0	0	0	0.00	0.00	0
MUGU	Endemic doubtful	63636	64651	66972	0	0	0	0.00	0.00	0
HUMLA	Endemic doubtful	58468	59390	55762	0	0	0	0.00	0.00	0
JUMLA	Endemic doubtful	124503	126380	119691	0	1	0	0.00	0.01	0
KALIKOT	Endemic	158482	161109	145375	25	43	28	0.16	0.27	1.9
DAILEKH	Endemic	296147	300261	254011	0	0	2	0.00	0.00	0.08
JAJARKOT	Endemic doubtful	197353	200510	189875	0	0	1	0.00	0.00	0.05
RUKUM WEST	Endemic doubtful	169732	171361	166628	0	0	0	0.00	0.00	0
SALYAN	Endemic doubtful	271187	274565	239030	0	0	1	0.00	0.00	0.04
SURKHET	Endemic	415203	423137	418705	11	28	80	0.03	0.07	1.9
KARNALI		**1796822**	**1824131**	**1699212**	**36**	**72**	**112**	**0.02**	**0.04**	**0.66**

4.3 Lymphatic Filariasis

Background

Well recognized as one of the Neglected Tropical Diseases, Lymphatic filariasis is a public health problem in Nepal. The disease is more prevalent in rural areas, predominantly affecting poorer people. *Wuchereria bancrofti* is the only recorded parasite in Nepal, the mosquito *Culex quinquefasciatus*, an efficient vector of the disease, has been recorded in all endemic areas. In Nepal 61 districts were identified as endemic for the disease and recent TAS survey suggests LF is eliminated from Karnali since Karnali completed 6 rounds of campaigns and prevalence rate is under the elimination level.

Goal

- The people of Nepal no longer suffer from lymphatic filariasis

Objectives

- To eliminate lymphatic filariasis as a public health problem by 2020
- To interrupt the transmission of lymphatic filariasis
- To reduce and prevent morbidity
- To provide deworming through albendazole to endemic communities especially to children
- To reduce mosquito vectors by the application of suitable available vector control measures (Integrated vector management).

Strategies

- Interrupt transmission by yearly mass drug administration using two drug regimens (diethyl carbamazine citrate and albendazole) for six years.
- Morbidity management by self-care and support using intensive simple, effective and local Hygienic techniques.

Targets

- To scale up MDA to all endemic districts by 2014.
- Achieve <1% prevalence (Micro-filaraemia rate) in endemic districts after six years of MDA by 2018.

Achievement

- Screening for hydrocele cases for surgery been done in 2 districts (Dailekh and Surkhet) of Karnali
- Patients have been operated for hydrocele in hospitals of Karnali
- Transmission assessment survey (TAS-II) been conducted in Surkhet and Dailekh, following the MDA intervention has been stopped.

4.4 Dengue

Background

Dengue is a mosquito-borne disease that occurs in Nepal as dengue fever, dengue hemorrhagic fever (DHF) and dengue shock syndrome (DSS). The earliest cases were detected in 2005. Sporadic cases and outbreaks occurred in 2006 and 2010. Initially most cases had travelled to the neighboring country (India), although lately indigenous cases are also being reported. *Aedes aegipti* (the mosquito-vector) was identified in five peri-urban areas of the Terai suggesting the local transmission of dengue.

Goal

- To reduce the morbidity and mortality due to dengue fever, dengue hemorrhagic fever (DHF) and dengue shock syndrome (DSS).

Objectives

- To develop an integrated vector management (IVM) approach for prevention and control.
- To develop capacity on diagnosis and case management of dengue fever, DHF and DSS.
- To intensify health education and IEC activities.
- To strengthen the surveillance system for prediction, early detection, preparedness and early response to dengue outbreaks.

Strategies

- Early case detection, diagnosis, management and reporting of dengue fever, DHF and DSS.
- Regular monitoring of dengue fever, DHF and DSS cases and surveillance via EWARS.
- Mosquito vector surveillance in municipalities.
- The integrated vector control approach where a combination of several approaches is directed towards containment and source reduction.

Activities

- Search and destroy operation have been conducted in Surkhet
- Activities on outbreak investigation and response was conducted in Surkhet

Issues

- Access to diagnosis of Dengue
- Timely orientation to health service providers
- Multi-sectoral involvement for dengue prevention and control
- Functionality of district level RRT team
- No separate budget for Dengue control program

4.5 Leprosy

Background

Leprosy is a least infectious and potentially disabling disease caused by *Mycobacterium leprae*. It is also known as 'Hansen disease'. The disease burden may decrease chances of physical disability if treated promptly and completely. For ages, Leprosy was considered as one of the main public health problems in Nepal and existed here since time immemorial. Elimination and treatment of leprosy has always been a priority of the government's plan and policy. Activities to control leprosy effectively started from 1960 onwards. The Multidrug Therapy (MDT) was introduced in 1982/83 in few selected areas and hospital of the country which successfully reduced the leprosy cases to 21,537 with registered prevalence rate of 21 case per 10,000 population. Considering the seriousness of the disease, the vertical leprosy program was integrated in the general health services in 1987. MDT service was gradually expanded and by 1996 MDT coverage had extended to all 77 districts.

Following the continuous efforts from the government, Ministry of Health and Population, Leprosy Control Division, WHO, district health/ public health service office and concerned agencies, leprosy was eliminated at national level in 2009 and declared so in Jan 19, 2010 with national registered prevalence rate of 0.79 case per 10,000 population. This rate is well below the cut-off point of below 1 per 10,000 population set by World Health Organization to measuring the elimination of leprosy as public health problems.

Vision

To make leprosy free society where there is no new leprosy case and all the needs of existing leprosy affected persons having been fully met.

Mission

To provide accessible and acceptable cost-effective quality leprosy services including rehabilitation and continue to provide such services as long as and wherever needed.

Goal

Reduce further burden of leprosy and to break channel of transmission of leprosy from person to person by providing quality service to all affected community.

Objectives

- To eliminate leprosy as a public health problem (Prevalence Rate below 1 per 10,000 population) and further reduce disease burden at national level.
- To reduce disability due to leprosy.
- To reduce stigma in the community against leprosy.
- Provide high quality service for all persons affected by leprosy.

Strategies

- Early case detection and prompt treatment of cases.
- Enable all general health facilities to diagnose and treat leprosy.
- Ensure high MDT treatment completion rate.
- Prevent and limit disability by early diagnosis and correct treatment.

- Reducing stigma through information, education, and advocacy by achieving community empowerment through partnership with media and community.
- Sustain quality of leprosy service in the integrated set up.

Major Activities

- IEC /BCC activities were undertaken for community awareness which increase passive case detection and reduced stigma.
- Celebration of World Leprosy Day
- Supervision, monitoring, and onsite coaching.
- Half yearly review meeting
- Stakeholder coordination committee meeting conducted in Province level
- Continuous logistics supply from province level to all Districts
- Transportation cost provided for complication management.
- Purchase of materials for disability management

Analysis of Service Statistics

District wise new leprosy cases are shown in table 4.5.1. The provincial New Case Detection Rate (NCDR) of Leprosy is 4.0 in fiscal year 2078/79. The case detection rate is increasing in each successive fiscal year. Except Mugu and Surkhet, all the districts reported <5 NCDR. While Humla reported zero NCDR

Table 4.5.1 District wise NCDR per 100,000 population from fiscal year 2076/77 to 2078/79

DISTRICT	Total Leprosy New cases			New case detection rate of leprosy		
	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79
DOLPA	0	0	2	0.00	0.00	4.63
MUGU	0	0	5	0.00	0.00	7.47
HUMLA	1	1	0	1.71	1.68	0.00
JUMLA	1	4	4	0.80	3.17	3.34
KALIKOT	8	6	6	5.05	3.72	4.13
DAILEKH	8	12	6	2.70	4.00	2.36
JAJARKOT	8	10	9	4.05	4.99	4.74
RUKUM WEST	4	9	5	2.36	5.25	3.00
SALYAN	7	13	9	2.58	4.73	3.77
SURKHET	18	12	22	4.34	2.84	5.25
KARNALI	**55**	**67**	**68**	**3.06**	**3.67**	**4.00**

Figure 4.5.1 Trend of Prevalence rate and NCDR per 100,000 population

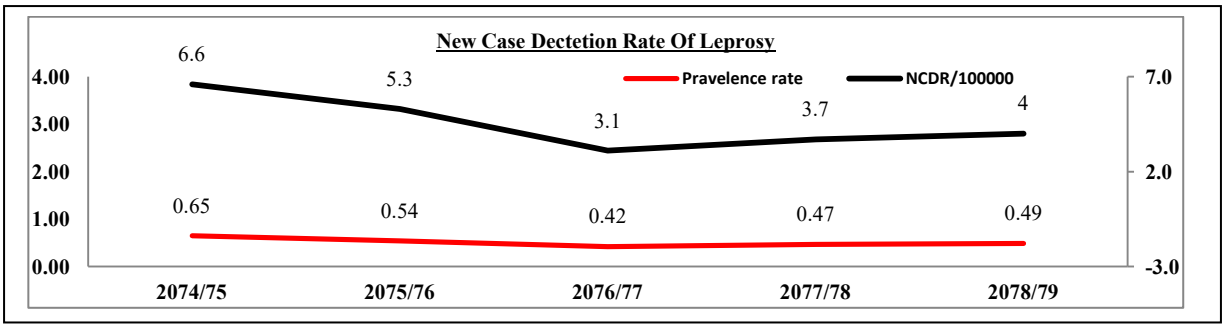


Figure 4.5.1 shows the trend of new case detection rate and prevalence rate of leprosy. The provincial New Case Detection Rate and prevalence rate of Leprosy is slightly increased to

0.49 in fiscal year 2078/79. Total prevalence of Leprosy also increased to 4/100000 in fiscal year 2078/79 compared to previous fiscal year.

Table 4.5.2 presents the district-wise prevalence of leprosy that been reported till the end of fiscal year 2078/79. The overall prevalence of leprosy in this province was 0.47/ 10,000 (fiscal year 2077/78) which increased to 0.49/10000 in fiscal year 2078/79. Jumla reported highest prevalence (0.84/10000) while Mugu reported lowest prevalence (0.30/10000) in fiscal year 2078/79.

Table 4.5. 2 District wise Prevalence rate per 10,000 Population from fiscal year 2076/77 to 2078/79

District	Patient at the End of this Month			Prevalence rate		
	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79
DOLPA	0	0	2	0.47	0	0.46
MUGU	0	0	2	0.00	0	0.30
HUMLA	2	3	2	0.34	0.51	0.36
JUMLA	4	8	10	0.32	0.63	0.84
KALIKOT	13	13	8	0.82	0.81	0.55
DAILEKH	12	11	11	0.41	0.37	0.43
JAJARKOT	11	14	12	0.56	0.70	0.63
RUKUM WEST	8	9	11	0.47	0.53	0.66
SALYAN	10	15	11	0.37	0.55	0.46
SURKHET	15	13	15	0.36	0.31	0.36
KARNALI	**68**	**86**	**84**	**0.43**	**0.47**	**0.49**

The table 4.5.3 below showed the main indicators of leprosy elimination program for the past five years. It shows that NCDR is increased to 4 (fiscal year 2078/79) from 3.7 (fiscal year 2077/86). Decreasing trend in prevalence rate was observed till fiscal year 2076/77 however the rate increased then after to 0.49/100000 in fiscal year 2078/79. The proportion of child cases among new was 2.9 in fiscal year 2078/79 which was 1.49 in fiscal year 2077/78. New grade 2 disability was diagnosed to be 1 in fiscal year 2078/79.

Table 4.5.3 Indicators of Leprosy Elimination program from fiscal year 2074/75 to 2078/79

Indicator	074/75	075/76	2076/77	2077/78	2078/79
No of New patients	110	93	55	67	68
New case detection rate/100000	6.6	5.03	3.06	3.7	4
No of Under tt cases at the end	114	95	67	86	84
Preavelence rate/10000	0.65	0.54	0.43	0.47	0.49
No of new child cases	4	4	6	1	2
Proportion of child case among new	3.5	4.49	11	1.49	2.9
New Grade 2 disability cases	0	2	5	3	1

Issues

- Stigma and discrimination
- Onsite coaching to health workers and Sustainability of quality services
- Problem in reducing Zero Stigma
- Reducing burden of disease and making the leprosy free society
- Medical and community-based rehabilitation to leprosy affected people
- Limited and trained HR capacity on leprosy in local level

4.6 Tuberculosis

Background

Tuberculosis (TB) is a public health problem in Nepal, as it is responsible for ill health among thousands of people each year. TB is the seventh leading cause of death in the country. TB mortality is unacceptably high given that most deaths are preventable if people can access tuberculosis care for diagnosis and the correct treatment is provided. Short-course regimens of first-line drugs that can cure around 90% of all cases (Treatment success rate reported in 2015/16) have been recorded for a decade.

According to the latest WHO Global TB Report 2020, there was estimated 10 million TB cases in 2019 and there was estimated 1.2 million TB deaths among HIV-negative people in 2019. It is estimated there are 69000 TB incidence and 17000 TB deaths in Nepal. However, notified TB cases in 2076/77 was only 28677 and 13% of death rate among registered TB patients.

The Directly Observed Treatment Short Course (DOTS) has been implemented throughout the country since April 2001. The NTP has coordinated with the public sector, private sector, local government, I/NGOs, social workers, educational institutions and other sectors to expand DOTS and sustain the good progress achieved by the NTP. There are 5,503 DOTS treatment centers in Nepal and the NTP has adopted the global End TB Strategy and the achievement of the SDGs as the country's TB control strategy. In Karnali province there are 400 and 2 centers and 16 sub-centers for DR TB management. Likewise, there are 47 microscopic centers in Karnali Province. Similarly, in Karnali Province, there are total eight Gene Xpert centers (Province hospital Surkhet, KAHS Jumla, Dailekh Hospital, Salyan Hospital, Kalikot Hospital, Mugu Hospital, Rukum West Hospital and Jajarkot Hospital). Among them, four Gene X pert sites were expanded in this fiscal year 2078/79 (Kalikot Hospital, Mugu Hospital, Jajarkot Hospital and Rukum West Hospital).

National Strategic Plan to End Tuberculosis (2021/22-2025/26)

Vision: TB Free Nepal

Goal

Nepal has set a goal to decrease incidence rate from 238 in 2020/21 to 181 per 100,000 population by 2025/26; decrease mortality rate from 58 in 2020/21 to 23 per 100,000 by 2025/26; end TB epidemic by 2035; eliminate TB by 2050; and reduce the catastrophic cost to zero.

Objectives

1. To build and strengthen political commitment, sustainability and patient-friendly health system to end TB.
2. To ensure the identification of TB, diagnosis, quality treatment and prevention.

Major Activities Carried out in fiscal year 2078/79 (2021/2022)

- Training to new health workers MDR related 3 days training
- Basic ZN microscopy training

- Transportation and nutrition allowance to MR TB patients
- Promoted early diagnosis of people with infectious pulmonary TB by sputum smear examination.
- Provided effective chemotherapy to all patients in accordance with national treatment policies.
- Provided continuous drug supply to all treatment centers.
- Capacity building of Health Workers.
- Gene-Xpert service expansion and Installation.
- Special TB programs were conducted for marginalized population & hard to reach area (eg. microscopy camp)
- Planning, monitoring & evaluation workshop conducted.
- Sputum sample courier system in place
- Semi Annual planning workshop on DS and DR TB program conducted
- Supervision, monitoring, and onsite coaching
- LQAS Training
- eTB Register/ DHIS-2 Orientation
- Ancillary drug procurement and distribution
- TB- HMIS Tools printed and distributed
- Active case detection (13 New cases detected)
- Implementation of TB free palika at 3 local levels (Gurvakot Municipality, Dullu Municipality and Kapurkot Rural Municipality)

Analysis of Service Statistics

Table 4.6.1 showed the status of DOTS centers, microscopic centers and DR TB management Center and Subcenters in Karnali province. With increase in DOTS services at some BHSC, DOTS center has increased from 388 in fiscal year 2077/78 to 400 in fiscal year 2078/79. There are 2 centers and 16 sub-centers for DR TB management. Likewise, there are 47 microscopic centers in Karnali Province. The community-based DOTS has been implemented only in Surkhet & Rukum west.

Table 4. 6.1 District wise service delivery points from fiscal year 2076/77 to 2078/79

District	DOTS Center			Microscopic Center			DR Center			DR Sub Center		
	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79	2076/77	2077/78	2078/79
DOLPA	24	24	24	0	1	1	0	0	0	0	1	1
MUGU	26	27	27	7	2	2	0	0	0	0	1	1
HUMLA	27	28	28	0	1	1	0	0	0	0	0	0
JUMLA	31	31	31	0	3	2	1	1	1	0	0	0
KALIKOT	30	30	34	1	3	3	0	0	0	0	1	1
DAILEKH	41	60	60	5	5	7	0	0	0	3	4	4
JAJARKOT	35	35	35	0	7	7	0	0	0	2	2	2
RUKUM WEST	43	43	39	1	6	6	0	0	0	2	1	1
SALYAN	48	48	50	0	5	5	0	0	0	1	2	2
SURKHET	55	62	74	29	14	13	1	1	1	1	4	4
TOTAL	360	388	400	43	47	47	2	2	2	9	16	16

The table 4.6.2. illustrated that altogether 1,652 cases were notified in fiscal year 2078/79. Among them 1528 were new cases and 98 were relapses.

Table 4. 6.2 TB Case Notification from fiscal year 2076/77 to 2078/79

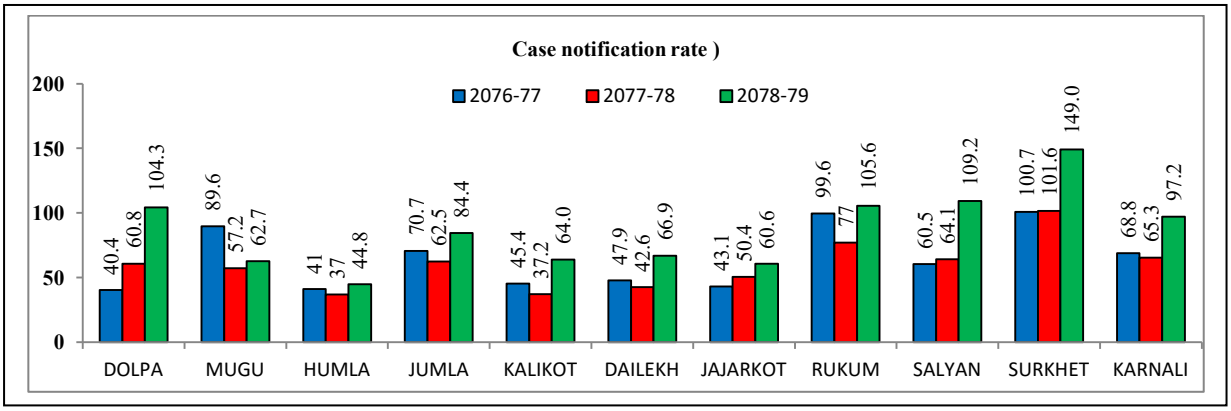
Indicator	2076/77	2077/78	2078/79
TB case notification			
Total new and relapse	1202	1164	1626
% With known HIV status	0	59.6	68.8
% Pulmonary	65.29	67.51	66.10
% Bacteriologically confirmed	47.73	52.64	48.18
% Children aged 0-14 years	15.89	12.87	21.66
% Women	37.92	36.7	38.76
% Men	62.08	63.29	61.32
Total cases notified	**1236**	**1191**	**1652**

Table 4.6.3 shows that 4 cases were treatment after failure, 24 was treatment after loss to follow up, 20 were other previously treated cases. Proportion of TB cases in Male is 61% while Female is 39%. Total 69% of TB cases notified have their HIV status known during TB case registration.

Table 4. 6.3 New TB registered cases 2078/79

Case Registration												
Type of TB	**New**		**Relapse**		**TAF***		**TALF****		**OPT*****		**UPTH******	
	F	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**
Pulmonary (BC)	247	451	24	57	1	3	3	7	0	3	0	0
Pulmonary (CD)	116	164	2	7	0	0	0	1	2	4	0	0
Extra Pulmonary (EP)	228	322	3	5	0	0	1	0	0	1	0	0
Total	591	937	29	69	1	3	4	8	2	8	0	0

Figure 4. 6.1 District wise case notification rate (all forms) from fiscal year 2076/77 to 2078/79



According to the figure 4.6.1 case notification rate was 97 per 100,000 population in Karnali Province in fiscal year 2078/79. Case Notification Rate (CNR) (per 100,000 population) was

lowest in Humla (45) & highest in Surkhet (149). All districts of Karnali Province showed increasing CNR in fiscal year 2078/79 as compared to fiscal year 2077/78.

Figure 4.6.2 Case Notification rate /10000 Local Level

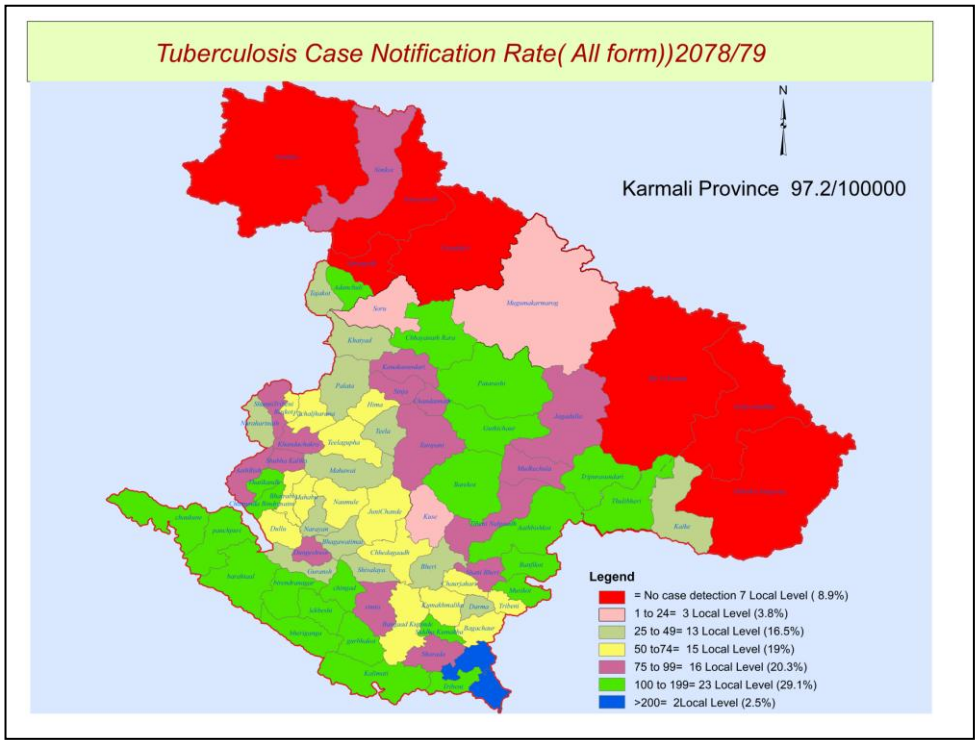


Figure 4.6.2 showed the local level wise case registration and case notification rate for fiscal year 2078/79. Based on Case Notification rate, 7 local level has not reported TB cases, among the local levels that reported TB cases, 16 local levels have 1-50 case notification rate, 15 local levels have 51-74 CNR, 16 local levels have 75-99 CNR, 23 local levels have 100-199 CNR and 2 local levels have >200 CNR (per 100000 population).

Figure 4.6.3 District wise Notified TB cases all form for the fiscal year 2076/77 to 2078/79

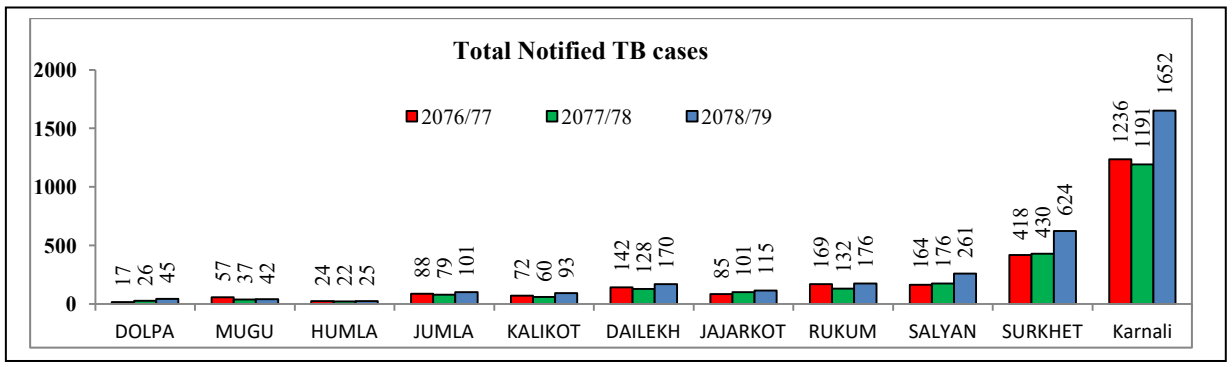
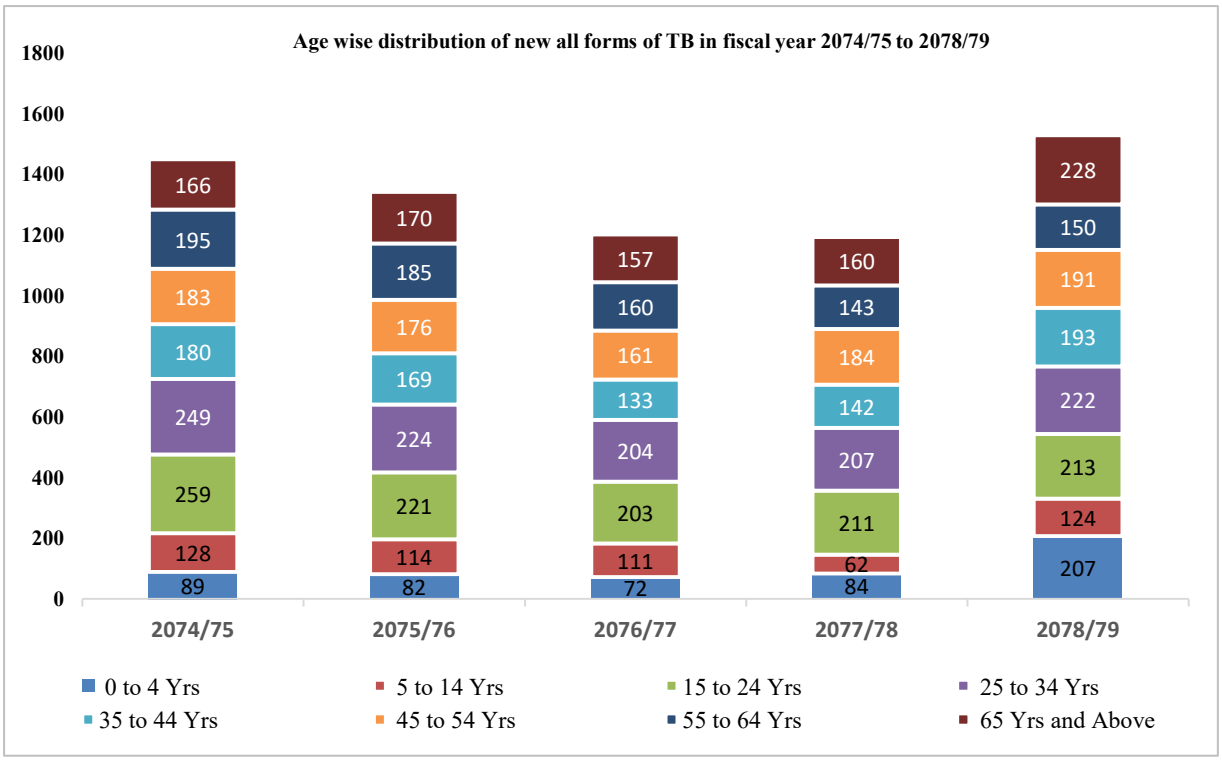


Figure 4.6.3 showed district wise number of total tuberculosis case registration in Karnali Province. All district in Karnali Province have reported increased number of TB cases in fiscal year 2078/79 compared to previous fiscal year 2077/78. Highest cases were reported by Surkhet district (624) and the lowest by Humla District (25).

Figure 4. 6.4 Age wise distribution of new all forms of TB from fiscal year 2074/75 to 2078/79



The figure 4.6.4 showed the age wise distribution of new all form of TB cases in the last five fiscal year 2074/75 to 2078/79. TB cases were found to be proportionality high among productive age group in five years trend analysis. In fiscal year 2078/79, proportion of under 15 years child TB cases was 22% while proportion of 65 and above years TB case was 15%. The age wise distribution shows new cases among children aged (0-4 years) was 207 whereas it was 124 among 5-14 years child. TB cases in other age groups have shown slight increase where as in 0-4 years, 5-14 years and 65+ years, TB case notification have increased greatly.

Treatment Outcome

Figure 4. 6.5 Treatment Success Rate for fiscal year 2076-77 – 2078-79

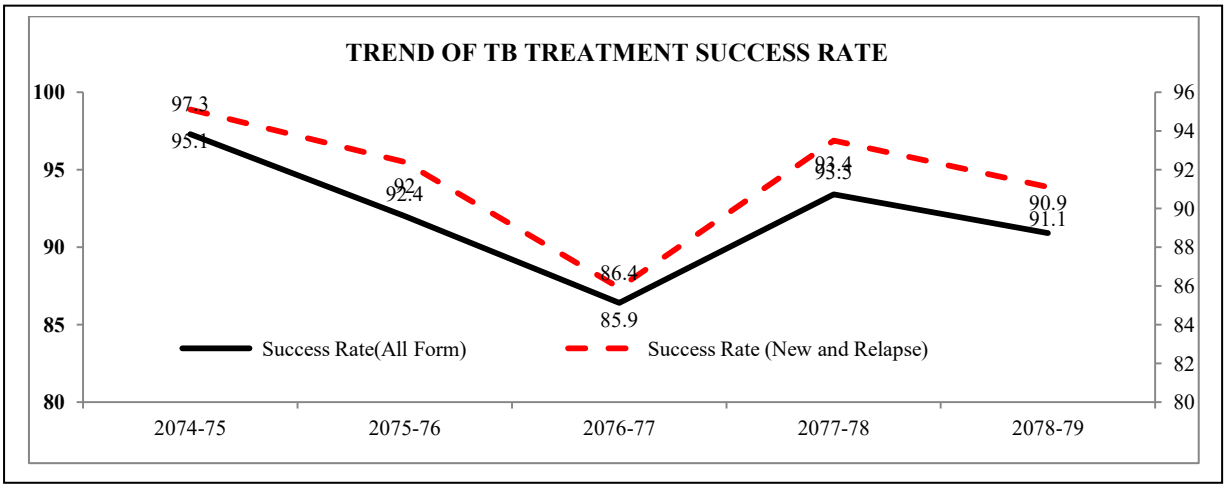
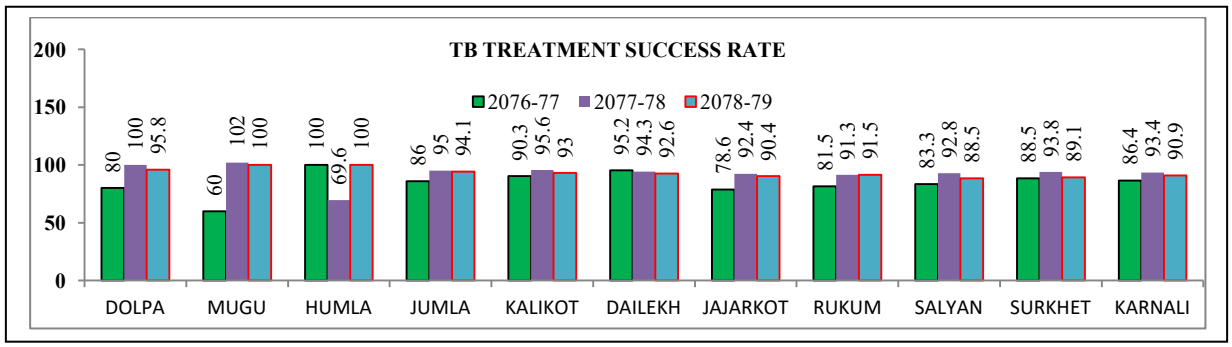


Figure 4.6.6 District wise treatment success rate in fiscal year 2076-77 – 2078-79



The figure 4.6.5 and 4.6.6 showed the treatment outcome of the TB patient in all 10 districts of Karnali province (aggregated 91.2 %). Except Salyan (88.5%) and Surkhet (89.1%) all the districts of Karnali have greater than ninety percent success rate.

Table 4. 6.4 Treatment outcome TB registered cases fiscal year 2078/79

District	Treatment Success Rate	Failed Rate	Death Rate	Rate of LFU	% of Not Evaluated
DOLPA	95.8	0	4.17	0.00	0.00
MUGU	100	0	0.00	0.00	0.00
HUMLA	100	0	0.00	0.00	0.00
JUMLA	94.1	1.5	0.00	2.94	1.47
KALIKOT	93	1.8	5.26	0.00	0.00
DAILEKH	92.6	0.82	3.28	3.28	0.00
JAJARKOT	90.4	2.1	2.13	3.19	2.13
RUKUM WEST	91.5	0	2.31	5.38	0.77
SALYAN	88.5	2.4	4.85	1.82	3.03
SURKHET	89.1	0.93	4.65	2.09	3.26
KARNALI	90.9	1.1	3.61	2.46	2.02

Drug Resistant TB Management

Karnali Province Hospital, Surkhet and Karnali Academy of Health sciences (KAHS), Jumla are the DR- TB Treatment centers in Kanali province. Further, to increase access of DR TB treatment, DR TB sub centers has been expanded to total 16 sites. MDR TB service was introduced in fiscal year 2062/063 & XDR TB service was started from fiscal year 2067/68 in this part of the country.

Figure 4.6.7 Trend of DR TB Cases registration for recent fiscal years

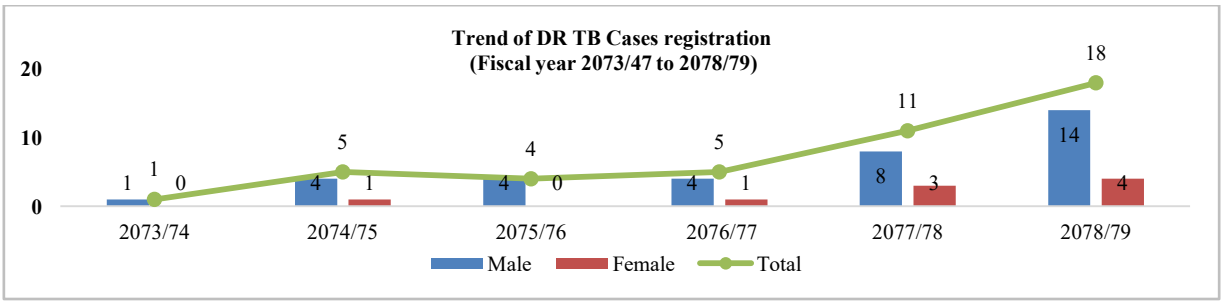


Figure 4.6.7 showed the trend of Drug resistant TB cases in the Karnali Province enrolled in DR centers which illustrates continuous increase to 18 DR patients in fiscal year 2078/79.

Figure 4.6.8 Regimen wise DR patient enrollment status

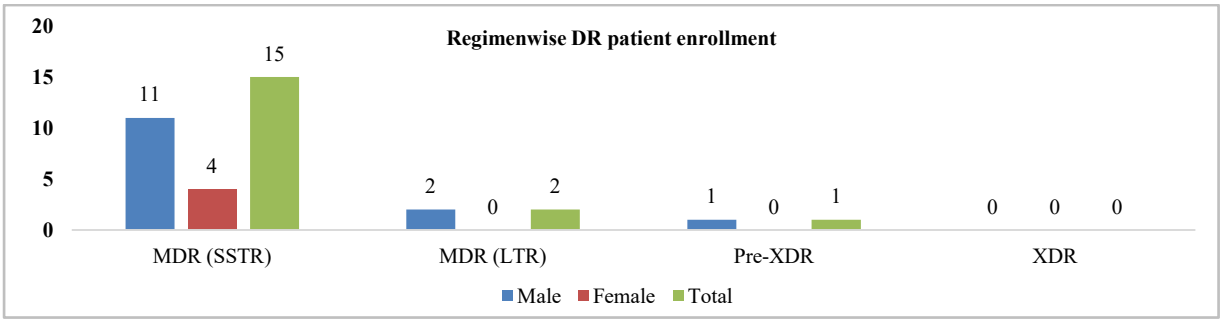


Figure 4.6.8 showed among 18 DR patients enrolled in Karnali province, 15 DR patients were enrolled in MDR(SSTR) regimen while 2 patients on MDR(LTR) and 1 patient on Pre-XDR.

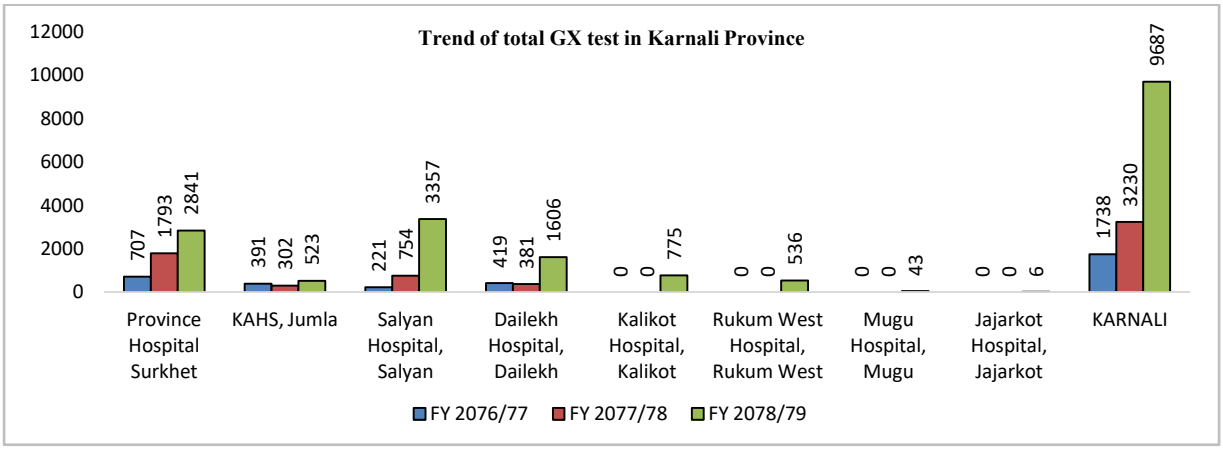
Table 4.6.5 shows the trend of MDR treatment outcome which shows treatment success was 100%. All registered MDR cases completed their treatment.

Table 4.6.5 MDR Treatment Outcome from fiscal year 2075/76 to 2078/79

MDR case Treatment Outcome	2075/76	2076/77	2077/78	2078/79
Case registration period	2073/ 74	2074/ 75	2075/76	2076/77
No. of MDR Case Registered	1	5	4	5
Cured	0	0	0	0
Completed	5	5	4	5
Failure	0	0	0	0
Died	0	0	0	0
Lost to Follow up	0	0	0	0
Transfer out	0	0	0	0
No Result	0	0	0	0
Treatment success Rate %	100%	100%	100%	100%

TB laboratory system

Figure 4.6.9 Trend of GX test in Karnali Province



In fiscal year 2078/79 total GX test increased to 9,687 tests from 3,230 test in FY 2077/78 in Karnali Province. Among eight gene xpert centers, Salyan Hospital have the highest number of tests in FY 2078/79 (3357 test) followed by Province Hospital Surkhet (2841 test) and Dailekh Hospital (1606 test) in fiscal year 2078/79.

4.7 HIV, AIDS & STI

Background

The first case of HIV identification was in 1988, Nepal started its policy response to the epidemic of HIV through its first National Policy on Acquired Immune Deficiency Syndrome (AIDS) and Sexually Transmitted Diseases (STDs) Control, 1995 (2052 BS). Taking the dynamic nature of the epidemic of HIV into consideration, Nepal revisited its first national policy on 1995 and endorsed the latest version "National Policy on HIV and Sexually Transmitted Infections (STIs), 2011". A new National HIV Strategic Plan 2021-2026 has been launched to achieve global goals of 95-95-95, 95% of all people living with HIV (PLHIV) will know their HIV status by 2026, 95% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and by 2036, 95% of all people receiving antiretroviral therapy will have viral suppression. Starting from a 'low level epidemic' over the period of time HIV infection in Nepal evolved itself to become a 'concentrated epidemic' among key populations (KPs), notably with People Who Inject Drugs (PWID), female sex workers (FSW), Men who have Sex with Men (MSM), migrants' workers (MW) and Transgender (TG) People in Nepal. Nepal started its Prevention of Mother to Child Transmission (PMTCT) program in 2005. Pursuant to national strategy to eliminate new HIV infection community based PMTCT services has been expanded in all district of Nepal Where HIV screening and counselling is done among every ANC Visitors.

Karnali Province is categorized as low HIV prevalence zones in Nepal. There are 25 HTC sites in this province. Migrants who migrate to high-risk areas including Indian cities where HIV prevalence is high can be key population in this province. There are only 6 ART sites in this province. Likewise, CB-PMTCT service are available in all districts of Karnali province and prevention treatment program is being implemented in one district. Community and Home-Based Care (CHBC) service is available in Surkhet, Kalikot, Dailekh, Salyan and Rukum West and Community Care Center (CCC) service in Dailekh and Surkhet districts as well as Harm reduction program in Surkhet district of Karnali province.

Major Activities Carried Out in fiscal year 2078/79 (2021/2022)

- Conducted HIV Counseling and Testing through HTC centers.
- Provided intact care to PLHIV through Community care centers
- Provided Anti-Retroviral Therapy (ART) Services through ART centers.
- Community Based Prevention of Mother to Child Transmission (PMTCT) of HIV
- Various day celebration programs like as world AIDS Day, National Condom Day and awareness activities through different program were done.
- Opportunistic Infection (OI) management
- Sexually transmitted infection (STI) management
- Condom supply to all health facilities including HTC sites, ART sites
- Medicine supply to manage opportunistic infection (OI)
- Medicine supply to manage sexually transmitted infection (STI)
- Transport HIV Viral Load sample to NPHL for Viral Load testing of ART Clients.
- Migrant and PWID program in Surkhet
- Care and support program in Surkhet, Salyan, Dailekh, Kalikot and Rukum West
- Migrant program by Kapilvastu Integrated Development Services (KIDS) – HIV Reach, BCC, Condom distribution, HIV self-testing etc.

- PWID Program by Nepal National Social Welfare Association (NNSWA)- HIV Reach, BCC, Condom distribution, safe needle syringe services etc.
- Care and Support program by NAP+N (National Association of People living with HIV in Nepal)
- Printing and distribution of BBC materials
- Counseling at health facility
- HTC center and ART sites
- Three days Training to health workers
- Nutrition support to TB/HIV- CABA
- Coordination meeting with stakeholder
- Supervision and monitoring

HIV testing and Counselling Services

HIV Testing and Counseling service was first started in Nepal in 1,995. HIV Testing and Counseling is the entry point for overall HIV care services. It is provided free of cost to the key populations at higher risk and general population all over the country. Karnali province have 25 HTC sites from where 12,090 population get tested for HIV in fiscal year 2078/79 from which 70 new cases were reported as HIV positive.

The table 4.7.1 shows in fiscal year 2078/79 total 12,090 test were performed among different key population out of which 70 were reported positive. The key population tested for the HIV in the recent fiscal years were sex workers, people who inject drugs, blood or organ recipients, migrant population, clients of sex workers, spouse/ partners of migrants and others.

Table 4.7. 1. HIV testing and counselling Services

Indicators	2074/75	2075/76	2076/77	2077/78	2078/79
Total tested for HIV	1331	3512	2245	1497	12090
Total HIV Positive reported	57	42	30	30	70
HIV Positivity Rate	4.28	1.20	1.34	2.00	0.58

Table 4.7.2. Testing and Counseling with result

Age Group	Indicator	Sex Workers			People who inject drugs (PWIDs)			MSM & TG			Blood or Organ Recipients			Clients of Sex Workers			Migrants			Spouse/Partners of Migrants			Others		
		F	M	TG	F	M	TG	F	M	TG	F	M	TG	F	M	TG	F	M	TG	F	M	TG	F	M	TG
≤ 14 yrs	Tested	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	21	26	0	0	0	0	59	76	0
	Positive	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	3	3	0
≥ 15 yrs	Tested	2	0	0	0	697	0	0	0	0	32	33	0	38	7	0	170	3442	0	5613	319	14	1059	475	6
	Positive	0	0	0	0	1	0	0	0	0	0	0	0	0	2	0	2	24	0	18	9	0	5	2	0

The table 4.7.3 shows the district wise trend of HIV test done and positive results reported in Karnali for last four fiscal years. In recent fiscal year 2078/79, Surkhet reported 55 cases from 9464 testing, Kalikot diagnosed 6 HIV positive cases from 422 testing, Dailekh diagnosed 5 positive cases from 1227 testing and Rukum West reported 4 cases from 155 testing. Thus, overall, 70 cases been reported in recent fiscal year through 12090 testing.

Table 4.7.3. District wise HIV test from fiscal years 2076/77 to 2078/79 in Karnali

District	2076/77			2077/78			2078/79		
	Test	Positive reported	Positivity Rate%	Test	Positive reported	Positivity Rate%	Teste	Positive reported	Positivity Rate%
DOLPA	0	0	-	0	0	-	0	0	-
MUGU	0	0	-	0	0	-	0	0	-
HUMLA	0	0	-	0	0	-	762	0	0
JUMLA	11	0	0	15	0	0	0	0	-
KALIKOT	741	3	0.40	149	0	0.00	422	6	1.42
DAILEKH	507	9	1.78	606	3	0.50	1227	5	0.41
JAJARKOT	0	0	-	0	0	-	4		0
RUKUM WEST	21	0	0	20	1	5	155	4	2.58
SALYAN	19	0	0			-	56		0
SURKHET	946	18	1.90	707	26	3.68	9464	55	0.58
KARNALI	**2245**	**30**	**1.34**	**1497**	**30**	**2.00**	**12090**	**70**	**0.58**

ART Services

With a primary aim to reduce mortality among PLHIV, the government, in 2004, started giving free ARV drugs in public hospitals and that was followed by the development of first ever national guidelines on ARV treatment. Since then, a wide array of activities has been carried out with the aim of providing Treatment, Care and Support services to People Living with HIV (PLHIV). Based on the National HIV Testing and Treatment Guidelines 2017, Karnali Province has also implemented 'IRRTTR- *Identify, Reach, Recommend, Test, Treat and Retain*' strategy for the treatment PLHIV. ART is provided in free of cost to all PLHIV. There are 6 ART sites (Province Hospital, Dailekh Hospital, Kalikot Hospital, Salyan Hospital, Rukum West Hospital and Rakam HP, Dailekh) in Karnali province.

Table 4.7.4 shows district wise clients in ART centers for last six fiscal years. The data shows the increasing trends of clients per year in ART sites. The increasing trend of clients can be due to the increasing number of testings for HIV/AIDS.

Table 4.7.4 Total clients on ART fiscal year 2074/75-2078/79

Fiscal Year	Kalikot	Dailekh	Rukum-WEST	Salyan	Surkhet	Total number of Client on ART in Karnali
2074/75	29	154	0	18	295	496
2075/76	33	178	43	19	317	590
2076/77	37	192	48	19	305	601
2077/78	43	193	56	26	333	651
2078/79	40	203	59	26	362	690

Table 4.7.5 shows the number of clients those ever enrolled in ART sites at the beginning and end of fiscal year. At the end of fiscal year of 2078/79, there were 690 cases in ART sites. Total of 80 new cases were added in ART sites. Among the total cases, 26 new cases were transfer in and 70 cases were transfer out. Total cumulative death till the date in Karnali is 147. Furthermore, there were 35 cases missing and 23 cases were lost to follow up.

Table 4.7. 5 Outcome of ART Program

Fiscal Year	Clients ever enrolled in ART at the end of Asadh	New client started ART	Transfer in	Transfer out	Death (Cumulative)	Lost to follow up	Missing	Total number of clients currently on ART
2075/76	807	60	104	76	96	20	24	590
2076/77	590	35	25	26	109	18	15	601
2077/78	601	41	19	19	129	20	24	651
2078/79	651	80	26	70	147	23	35	690

PMTCT Services

Community based PMTCT services has been expanded to all district in Karnali province. In PMTCT program, all the pregnant women attending ANC were tested for HIV. Similarly, mothers in labor and delivery considering their risk behavior were also tested as per the program guideline.

Figure 4.7.1 Number of pregnant women tested for HIV and coverage

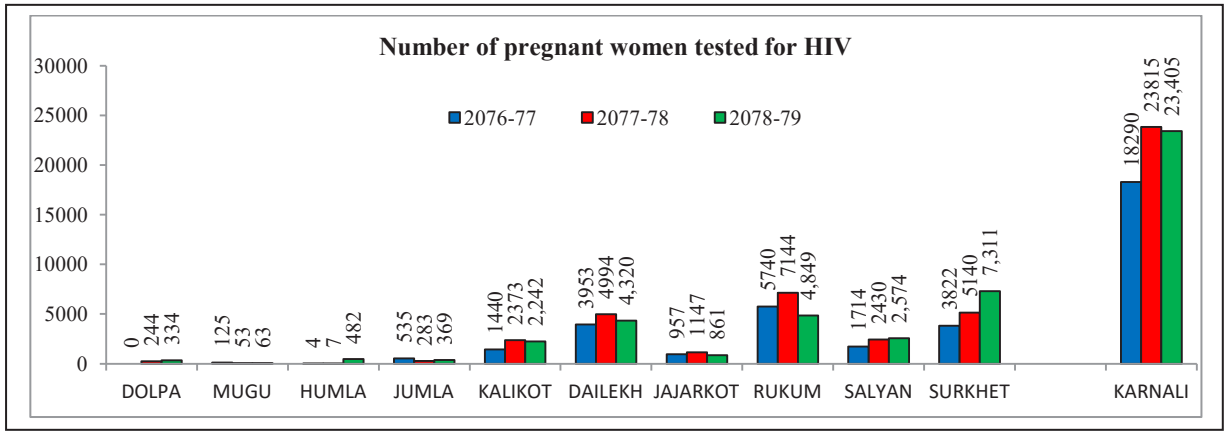


Figure 4.7. 2 Percentage of pregnant women who tested for HIV at an ANC checkup

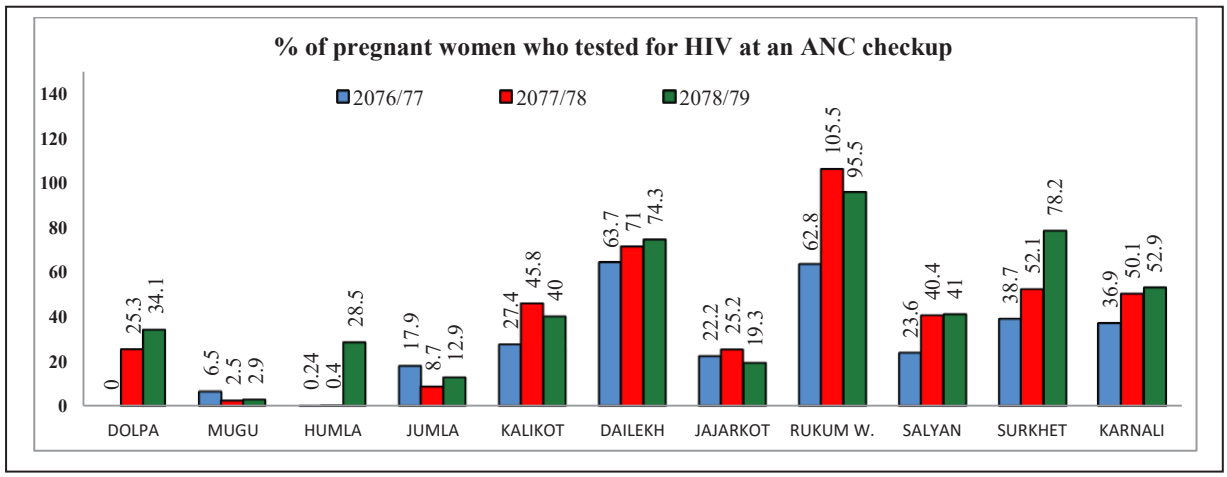


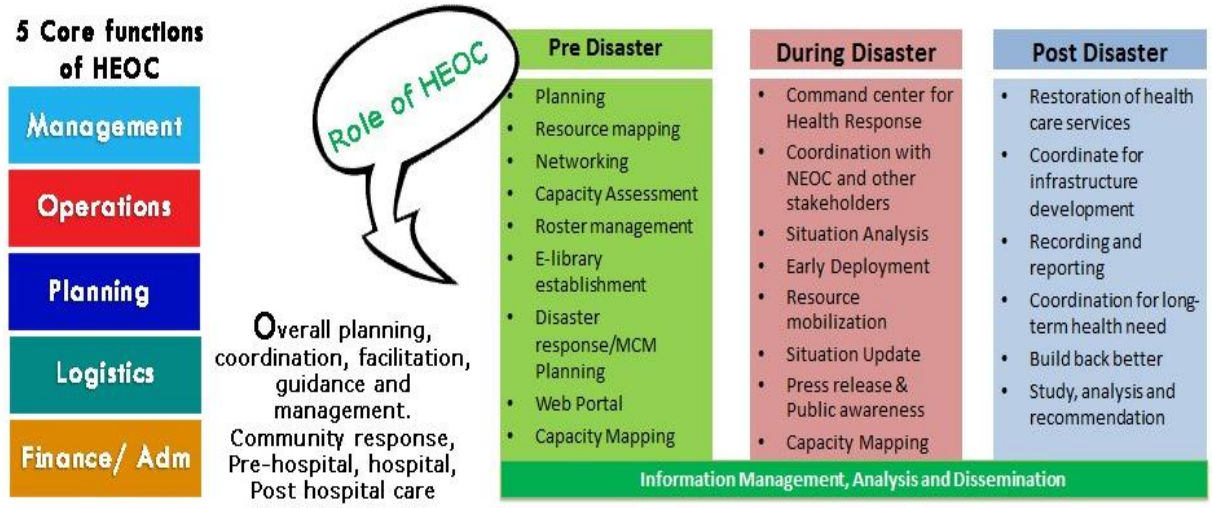
Figure 4.7.2 illustrated Rukum west (95.5%) and Surkhet (78.2%) reported higher number of women coming in ANC visit who have been tested under PMTCT program. Only 2.9 percent of ANC visitors were tested under PMTCT program in Mugu in fiscal years 2078/79.

Issues

- Low Coverage of HIV testing Services
- Data gap and inconsistency in reporting
- Low access for Viral load testing
- Timely supply of HIV testing kits/ medicine
- Coverage areas of targeted intervention
- Capacity enhancement of health workers on national guidelines
- Insufficient activities on HIV Prevention, Testing and Treatment
- Inadequate Monitoring and Supervision to the ART Program
- Low Financial support to client i.e. transportation support
- Stigma and discrimination in HIV care and treatment

4.8 Provincial Health Emergency Operation Center and Epidemic, Outbreak Management Response

Provincial Health Emergency Operation Center PHEOC Surkhet was established in the premises of Health Service Directorate Office Kalagaun Surkhet in fiscal year 2074/75 in order to manage an Incident Command System. The Provincial Health Emergency Operation Centers PHEOC has major core functions viz, coordination, planning, facilitation, and community response prior to disaster, during disaster, and post disaster. Besides, preparedness, response and readiness with hub and satellite hospitals network, prepositioning and replenishment of emergency medical logistics, risk assessment, human resources management are the additional role and functions of provincial health emergency operation center.



The regular activities of PHEOC for outbreak preparedness and management in the fiscal year 2078/79 were as follows:

Preparedness planning for outbreaks, epidemics, and unwanted health events

- Incidence Command System established with the leadership of the health directorate.
- Monitoring and supervision of disease epidemics, outbreak preparedness, prevention, and control activities.
- Daily update and reporting of epidemic-prone diseases
- Hub and Satellite hospitals were identified, and a connection has been established between these two types of hospitals
- Emergency medical deployment team formulated at the provincial hospital
- Virtual meetings and training conducted with the health coordination or, district COVID focal person for Case Investigation, Contact tracing and data management

Rapid Response Teams for Investigating and Responding to Outbreaks and Epidemics

- Ensure the formation of rapid response teams at provincial, district, and community levels and their mobilization during outbreaks and epidemics.
- Respond to outbreaks through awareness activities and IEC activities, risk communication, media monitoring, and case management
- One FMO, one IMA, and one CSA from WHO on duty station for technical support
- Province Dispatched Center- 6 staffs been hired to facilitate GPS installation in Ambulance services

The table 4.8.1 shows the suicide cases reported in Karnali province in consecutive three years. The total cases are decreased in fiscal year 2078/79 than previous year however suicide is a major problem in province. Highest cases were reported in Surkhet (102 persons) followed by Dailekh, Salyan and Rukum West. One person is reported to have committed suicide in Humla district.

Table 4.8.1 Status of Suicide in Karnali province of the fiscal year 2076/77 to 2078/79

District	2076/77			2077/78			2078/79		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
DOLPA	1	0	1	0	0	0	0	2	2
MUGU	0	0	0	2	3	5	6	2	8
HUMLA	2	0	2	1	2	3	1	0	1
JUMLA	4	7	11	6	12	18	3	4	7
KALIKOT	3	1	4	4	11	15	10	7	17
DAILEKH	15	29	44	35	22	57	30	26	56
JAJARKOT	2	4	6	13	17	30	9	8	17
RUKUM WEST	14	12	26	21	14	35	18	8	26
SALYAN	47	19	65	42	29	71	34	19	53
SURKHET	74	54	128	84	44	128	60	42	102
Total	**162**	**126**	**288**	**208**	**154**	**362**	**171**	**118**	**289**

Table 4.8.2 below illustrated information about road traffic accidents occurred in Karnali Province in fiscal year 2077/78 and 2078/79. In Karnali Province, total 359 RTA incidents were reported in fiscal year 2078/79 resulting 169 deaths and 874 injuries. Number of RTA is reported highest in Surkhet (170) followed by Salyan (54) in fiscal year 2078/79.

Table 4.8.2 Number of road traffic accidents in the fiscal year 2077/78 to 2078/79

District Name	2077/78			2078/79		
	Number of accidents	Total Death	Total Injured	Number of accidents	Total Death	Total Injured
DOLPA	8	4	9	3	3	6
MUGU	39	16	48	8	35	24
HUMLA	3	5	19	3	0	4
JUMLA	21	6	48	20	10	49
KALIKOT	19	6	15	19	8	33
DAILEKH	25	11	34	40	18	122
JAJARKOT	18	12	20	19	24	69
RUKUM WEST	23	6	23	23	9	86
SALYAN	31	10	82	54	34	139
SURKHET	104	22	145	170	28	342
TOTAL	**291**	**98**	**443**	**359**	**169**	**874**

The table shows 4.8.3 the incidence due to natural calamities in different districts. Similarly, twelve hundred and fifteen disastrous events have been reported in fiscal year 2078/79 whereas it was only 377 in fiscal year 2077/78. Higher number of deaths is reported than the last fiscal year among female than male. Similarly, higher cases of injuries increased fiscal year 2078/79 among female than last year 2077/78.

Table 4.8.3 Status of flood and landslide related accidents including number of death and injured fiscal year 2077/78 and 2078/79

Name of district	2077/78					2078/79				
	Number of events	Death		Injured		Number of Events	Death		Injured	
		Male	Female	Male	Female		Male	Female	Male	Female
DOLPA	10	1	0	0	1	10	2	2	0	0
MUGU	42	2	0	2	1	46	2	0	2	0
HUMLA	57	0	0	1	0	365	5	1	1	2
JUMLA	23	0	0	4	0	75	9	7	4	2
KALIKOT	30	25	26	15	13	203	5	5	5	4
DAILEKH	40	3	1	7	8	112	3	1	4	9
JAJARKOT	33	5	1	10	1	112	7	1	6	11
RUKUM WEST	12	2	2	0	0	61	3	2	3	6
SALYAN	54	2	1	2	5	136	5	3	7	3
SURKHET	76	2	3	5	8	95	1	4	0	3
	377	**42**	**34**	**46**	**37**	**1215**	**42**	**26**	**33**	**40**

Issues

- Formation, Activation and Mobilization of RRTs at different levels
- Resilience/Capacity enhancement of Hub and Satellite hospitals to better prepared for Disaster and Mass Casualty Events
- Increase number of RTA and Suicide Cases in Province
- Underreporting by districts for RTA and Suicide
- No regular reporting of VBD/NTD by districts.
- Risk Communication/ Media Management is low

4.9 Non-Communicable Disease (NCD)

Background

Non-communicable disease (NCD) is emerging as the leading cause the morbidity and mortality due to changes of unhealthy lifestyles, urbanization, demographic and economic transition. These conditions are often associated with older age groups, but evidence shows that people of all age groups are affected by NCDs. In Nepal, deaths due to NCD (cardiovascular disease diabetes cancer and respiratory disease) has increased from 60 % of all death in 2014 to 66% in 2018 (WHO Nepal country profile 2018). Thus, Nepal has adopted PEN package for primary care in resource setting developed by WHO.

Nepal PEN package has been introduced to screen, diagnosis, treat and refer of cardiovascular disease, COPD, cancer and diabetes at health post and primary health care center for early detection and management within community. This package has 4 protocols as follows:

1. Prevention of heart attack, stroke, and kidney disease through integrated management of diabetes and hypertension
2. Health Education and counseling of healthy behavior
3. Management of chronic obstructive pulmonary diseases
4. Assessment and referral of women with suspected cancer (breast, cervical)

Key Activities Carried out in FY 2078/79

- 5 Days provincial ToT was organized for Package of Essential Non-Communicable Diseases (PEN)
- One batch ToT for 10 districts to medical officers was organized,
- Four days PEN package training (one batch) in Dailekh, Salyan and Surkhet was organized for health workers,
- Procurement and supply of drugs and equipment's in program districts

Analysis of service status

Figure 4.9.1 illustrated the trend of major non-communicable diseases (Hypertension, Diabetes Mellitus, Ischemic Heart Disease and COPD) in Karnali Province from fiscal year 2074/75 to 2078/79.

Figure 4.9.1. District-wise distribution of major non-communicable diseases

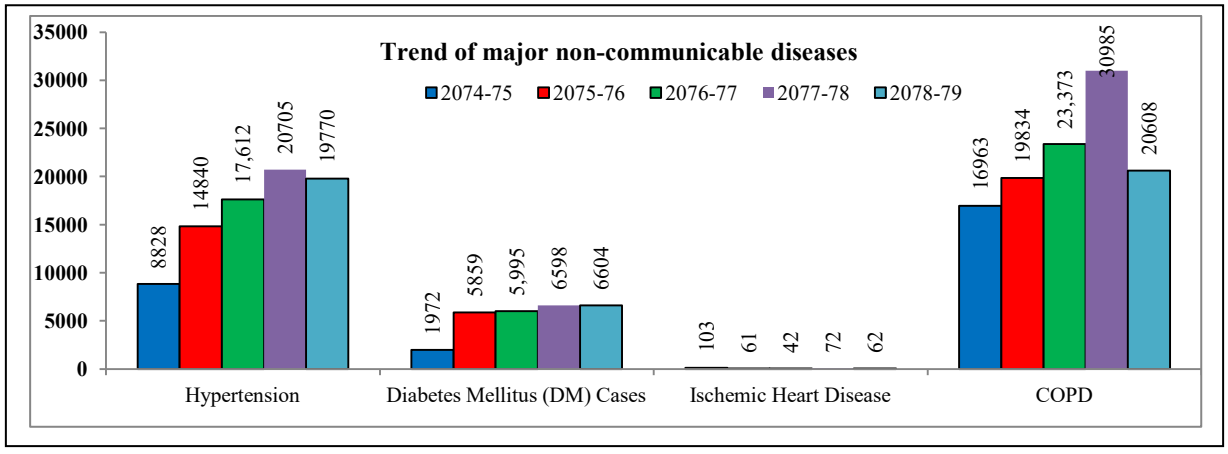


Table 4.9.1 shows the district wise distribution of major non-communicable disease for four different fiscal years reported to DHIS-2. Five non-communicable diseases were compared for last three successive fiscal years. Comparison of the disease's status from fiscal year 2077/78 to 2078/79 shows that decreased number of hypertensions, cancer and COPD. For the same period, Diabetes Mellitus and Ischemic Heard Diseases were found to be increased. However, there is increasing trend of non-communicable diseases worldwide. The observed decreased number of the Hypertension, Cancer and COPD might be due to under reporting through major hospital of Karnali.

Table 4.9.1 Distribution of major non-communicable diseases from fiscal year 2076/77 to 2078/79

Data	Period	DOLPA	MUGU	HUMLA	JUMLA	KALIKOT	DAILEKH	JAJARKOT	RUKUM WEST	SALYAN	SURKHET	Karnali Province
Hypertension	2076/77	621	176	489	631	580	1298	658	1834	3563	7762	17612
	2077/78	748	174	1116	345	575	1575	667	2892	5029	7584	20705
	2078/79	706	90	1031	117	560	1817	792	2802	3460	8395	19770
Diabetes Mellitus (DM) Cases	2076/77	7	9	39	455	17	105	59	599	230	4475	5995
	2077/78	0	6	29	179	31	247	74	1434	366	4232	6598
	2078/79	0	19	46	123	59	320	138	742	431	4726	6604
Ischemic Heart Disease	2076/77	0	0	6	19	0	0	0	1	1	15	42
	2077/78	0	0	7	10	0	10	0	18	15	12	72
	2078/79	0	0	6	3	0	13	3	17	0	20	62
Cancer	2076/77	4	0	1	1	2	12	4	6	3	38	71
	2077/78	0	5	0	0	26	65	16	16	0	15	143
	2078/79	0	2	3	0	8	0	0	0	6	0	19
COPD	2076/77	524	934	1250	2316	2341	2355	1575	5091	2002	4985	23373
	2077/78	464	1398	2124	1872	2674	2002	10111	4357	2291	3692	30985
	2078/79	438	1062	2133	1152	2405	2007	2156	4304	2063	2888	20608

.

4.10 Mental Health

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community.

World Health Organization (WHO) has estimated that in Nepal, 3.2% of total population are living with depression and 3.6% are with anxiety disorders resulting in 5.4% and 3.4% of total years lived with disability respectively. The recent pilot study (2018) carried out by the Nepal Health Research Council has revealed that the mental health problems is found 11.2% at the age from 13 to 17 years, whereas this problem is increased to 13.2% after the age of 18 years. Suicide, the proxy for mental disorders, is the largest killer among the women of reproductive age group.

In Karnali province, Ministry of Social Development provided mental health training to medical officers and paramedics covering all districts of the province. Joint effort with mental health partner in mental health program are implementing in Surkhet, Jajarkot and Dailekh districts.

Major Activities

- Training on mental health/ mhGap
- Drug supply
- Counseling and follow up
- Onsite coaching and follow up

Table 4.10.1 District-wise distribution of mental diseases from fiscal year 2076/77 to 2078/79

Data	Period	Dolpa	Mugu	Humla	Jumla	Kalikot	Dailekh	Jajarkot	Rukum West	Salyan	Surkhet	Karnali Province
Depression	2076/77	34	33	32	262	23	31	178	298	114	746	1751
	2077/78	1	46	84	67	13	76	270	694	113	705	2069
	2078/79	8	25	39	15	15	138	175	368	83	100	1875
Phobic anxiety	2076/77	8	12	9	92	0	6	70	100	50	116	463
	2077/78	0	6	7	52	0	12	45	282	7	216	627
	2078/79	0	5	0	3	6	54	59	249	22	308	706
Other Anxiety	2076/77	17	63	21	199	38	100	146	169	509	598	3381
	2077/78	6	21	20	66	76	181	204	940	576	529	2619
	2078/79	10	10	49	10	45	277	228	241	362	600	4005
Psychosis	2076/77	0	0	0	84	0	5	0	25	20	49	183
	2077/78	0	0	5	41	0	22	16	38	24	52	198
	2078/79	0	0	0	7	9	57	20	17	21	125	256
Schizophrenia	2076/77	0	0	0	26	0	3	1	25	22	14	91
	2077/78	0	1	9	16	4	2	5	51	41	19	148
	2078/79	0	0	1	11	6	1	11	63	11	30	134

Data	Period	Dolpa	Mugu	Humla	Jumla	Kalikot	Dailekh	Jajarkot	Rukum West	Salyan	Surkhet	Karnali Province
Epilepsy	2076/77	4	5	25	7	2	5	28	119	91	194	480
	2077/78	0	37	14	6	12	71	28	124	131	227	650
	2078/79	1	0	7	3	5	133	9	131	76	284	649
Conversive disorder (Hysteria)	2076/77	3	10	10	69	3	72	15	142	58	48	430
	2077/78	0	0	1	42	8	25	61	121	13	20	291
	2078/79	1	0	3	3	4	18	2	88	13	20	152
Dementia	2076/77	0	9	33	0	2	188	1	19	7	21	280
	2077/78	0	14	3	0	5	3	8	7	2	14	56
	2078/79	0	2	6	2	20	7	11	5	21	42	116
Neurosis	2076/77	0	5	0	44	4	211	10	35	33	10	352
	2077/78	0	10	9	16	12	1	11	11	19	29	118
	2078/79	0	0	6	0	6	1	0	53	31	35	132

Mental health problems have been recognized to be significantly prevalent in Karnali province. The major mental health problems recognized in Karnali are Depression, Phobic anxiety, Psychosis, Schizophrenia, Epilepsy, Chronic Alcoholic Addiction, Hysteria, Dementia, Neurosis, Bipolar Disorder, Mental Retardation, Migraine, Obsessive compulsive disorder.

4.11 COVID-19 PREVENTION, CONTROL AND RESPONSE

Background

Coronaviruses are a large family of viruses that can cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and severe acute respiratory syndrome (SARS). The first case with the pneumonia-like syndrome was detected on 30 December 2019 in Wuhan, China. On 9 January 2020, the "Novel Coronavirus 2019-nCoV" name was given to the newly discovered virus by WHO and declared a Public Health Emergency of International concern on 30 January 2020. The virus was named SARS-CoV-2 and the disease was named "COVID-19" on 11 February 2020. COVID-19 had been declared as pandemic on March 11, 2020. Till the July 2022, the world has 118,000 cases of coronavirus were detected in over 228 countries.

Reference of WHO source, the COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. COVID-19 affects different people differently. Most of the infected person experiences mild to moderate respiratory illness and recovered without hospitalization. Old age people and those with an underlying medical problem like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

Table 4.11.1 Symptoms of COVID-19

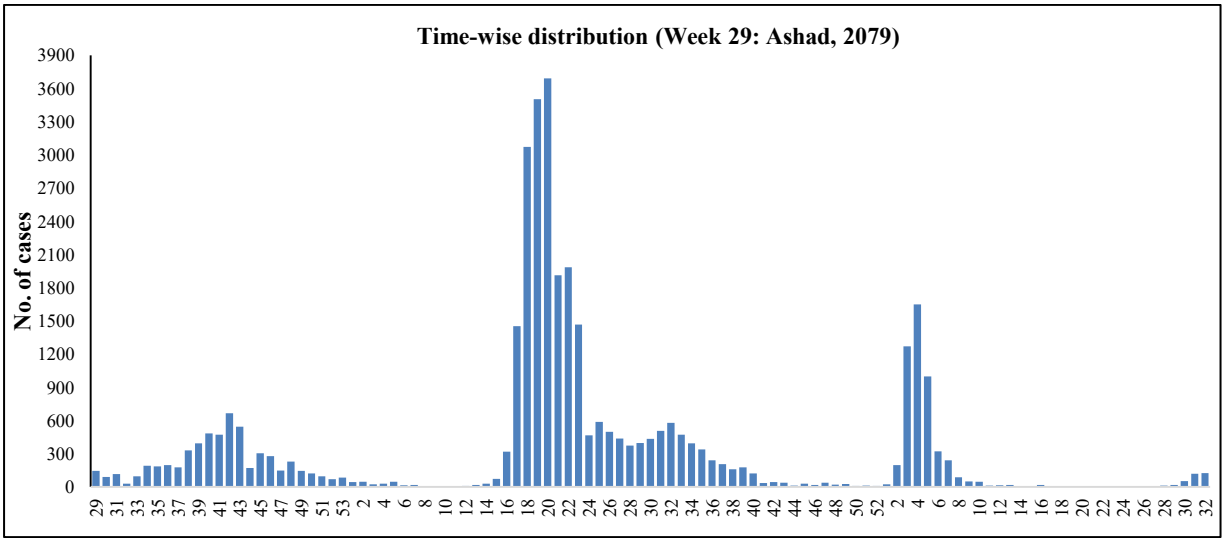
Most Common Symptoms	Fever, Dry cough and Tiredness
Less Common Symptoms	Aches and pains, Sore throat, Diarrhea, Conjunctivitis, Headache, Loss of taste or smell and rash on skin, or discoloration of fingers or toes
Serious Symptoms	Difficulty breathing or shortness of breath, Chest pain or pressure and Loss of speech or movement

Situation of COVID-19

The first case of COVID-19 was identified in Wuhan, China. The virus then spread around the world infecting many people. WHO declared COVID-19 as a pandemic on March 11, 2020, as the cases rise to over 118,000 in over 110 countries. Globally, there have been 566,598,455 confirmed cases of COVID-19, including 6,386,163 deaths, reported to WHO to July 16, 2022.

In Nepal, the first case of COVID-19 was reported on 15 January 2020. According to the Ministry of Health and Population (MoHP), in the fiscal year 2078/79, the total number of cases reported is 11,22,201 including 1385 active cases, 96,7957 recovered, and 11,952 deaths. Likewise, Karnali province has 38815 confirmed cases in this fiscal year 2078/79.

Figure 4.11.1 Distribution of COVID-19 Cases



The figure 4.11.1 shows the trend of COVID-19 active cases on varies epidemiological weeks. The data extracted on 13 February 2022 shows that the number of cases rises to 3691 in the 21st week and the lowest with 3 cases in the 9th epidemiological week of 2021. It can be clearly observed that in Karnali province, there was sudden rise of cases during second wave and third wave.

Place Distribution

Figure 4.11.2 illustrates district wise distribution of confirmed COVID-19 cases in Karnali province dated 13 October 2022. The highest case load can be observed at Surkhet district with a total of 16555 cases. This was followed by Dailekh and Salyan with 4480 and 4102 confirmed cases respectively. Dolpa has the lowest number of confirmed COVID-19 cases (400) till date.

Figure 4.11.2 Place wise Distribution of COVID-19 Cases in fiscal year 2078/79

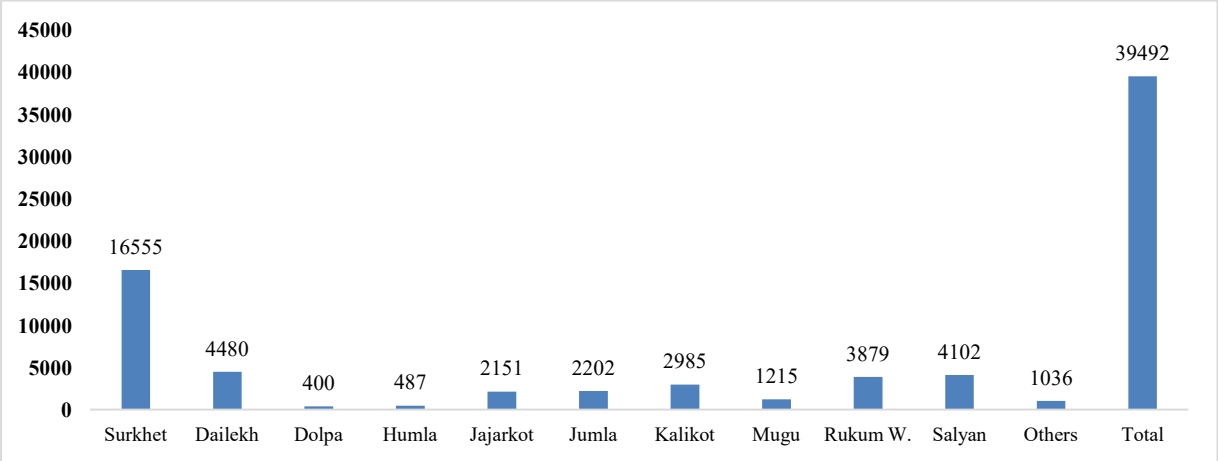


Figure 4.11.3 Place wise Distribution of COVID-19 Death Cases

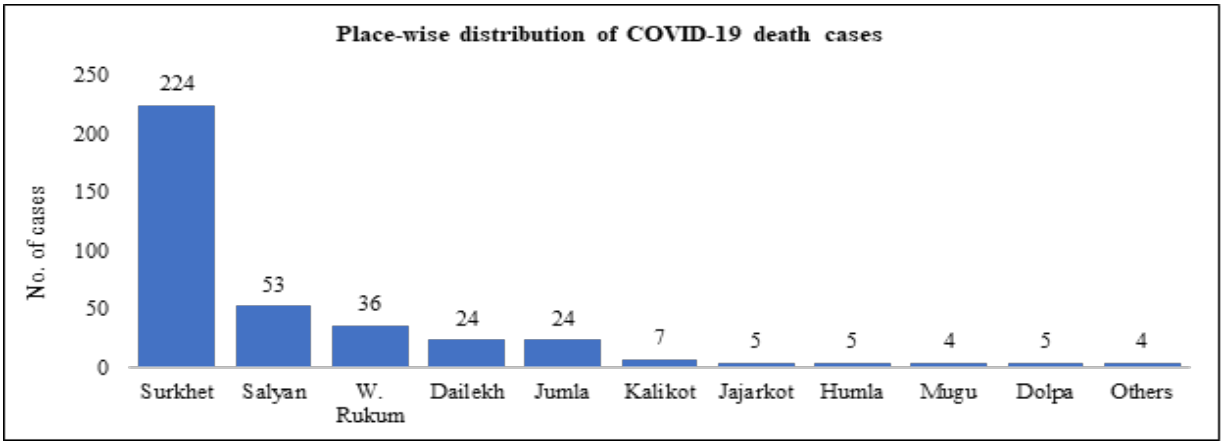


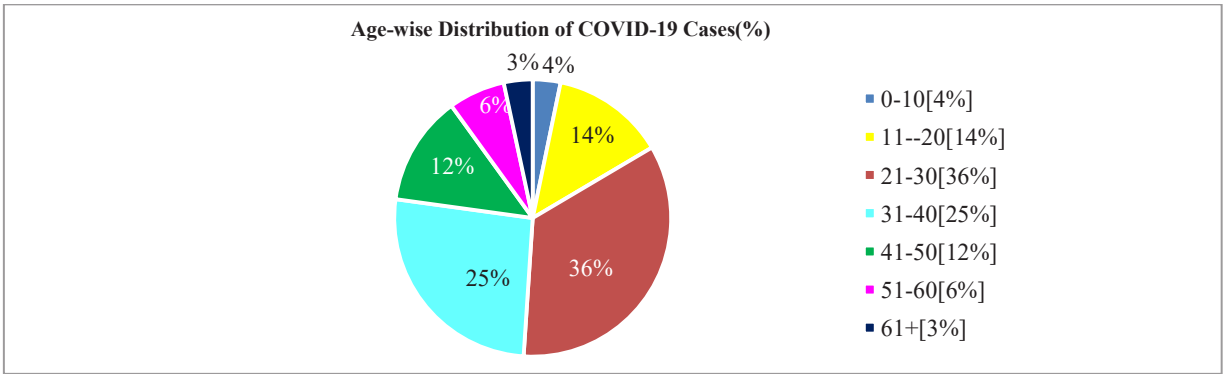
Figure 4.11.3 shows that among a total of 391 deaths at Karnali province, 224 deaths can be observed at Surkhet. This could be obvious if we look at the case burden. However, despite having second highest case load, Salyan has comparatively lower number of deaths (53 deaths) due to COVID-19. The lowest number of deaths were observed at Mugu district with 4 deaths. The figure below shows district wise distribution of COVID-19 death cases.

Person Distribution

Age-wise Distribution

The age-wise distribution of COVID-19 cases at Karnali Province has been illustrated in figure 4.11.4. It shows that more than one-third of COVID-19 infection (36%) was among 21-30 age group. As this is the most active population in terms of travel and occupation. However, contrary to the Global and National data, COVID-19 infection among the age group more than 60 years was found lowest (3%) in comparison with other age groups. This may be due to low mobility of older age group left behind by their younger family members to work as migrant workers.

Figure 4.11.4 Age-wise Distribution of COVID-19 Cases

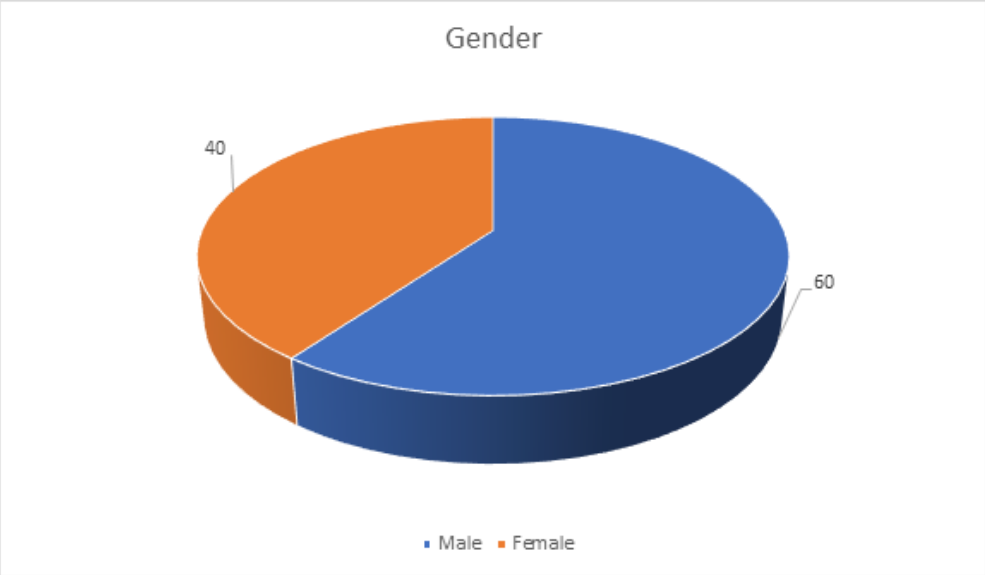


Sex-wise Distribution

The pie-chart below demonstrates the sex wise distribution of the confirmed COVID-19 cases at Karnali Province, till 13 October 2022. Adhering Global as well as National figures, at Karnali Province, males were found to be more infected with COVID-19 compared to females.

Data shows that about two third (60%) of the confirmed COVID-19 cases were male. Among the total of 39494 confirmed cases, 23707 were males and 8626 were females.

Figure 4.11.5 Sex-wise Distribution of COVID-19 Cases



Current situation of COVID-19

Karnali province has hit hard during the second wave of COVID-19 with the highest spike of 3691 active cases. High transmissibility as well as high severity led to sudden rise in morbidity as well as mortality. However, the third wave was not found so brutal. The confirmed cases during the third wave rise to 1649 and a gradual fall in active cases is being observed. There was also certain rise of COVID-19 cases at week 32 of 2022 with 124 cases.

Table 4.11. 2 shows the situation of COVID-19 cases in Karnali province. There are 39492 confirmed cases and a total of 391 deaths in Karnali province. Surkhet district with 16,555 cases has the highest number of confirmed cases. The death of COVID-19 cases was also the highest (224) in Surkhet and lowest in the Mugu district.

Table 4.11.2 Situation of COVID-19

District	Male	Female	Total Confirmed Cases	Deaths
DAILEKH	2808	1672	4480	24
DOLPA	176	224	400	5
HUMLA	221	266	487	5
JAJARKOT	1063	1088	2151	5
JUMLA	1282	920	2202	24
KALIKOT	1441	1544	2985	7
MUGU	517	698	1215	4
RUKUM WEST	1959	1920	3879	36
SALYAN	2231	1871	4102	53
SURKHET	9187	7368	16555	224
OTHERS	861	175	1036	4
TOTAL	**20885**	**17571**	**39492**	**391**

Variants of Concern

A SARS-CoV-2 variant that meets the definition of a Variant if Interest (VOI) and, through a comparative assessment, has been demonstrated to be associated with one or more of the following changes at a degree of global public health significance:

- Increase in transmissibility or detrimental changes in COVID-19 epidemiology; or
- Increase in virulence or change in clinical disease presentation, or
- Decrease in the effectiveness of public health and social measures or available diagnosis, vaccines, and therapeutics.

Till date, there are five variants of concern given a nomenclature as Alpha, Beta, Gamma, Delta and Omicron. These variants were responsible for second wave and third wave of COVID-19 all over the world. The phenotypic impacts of variant of concern were illustrated in the table below:

Table 4.11.3 Summary of phenotypic impacts of variant of concern*

WHO label	Alpha	Beta	Gamma	Delta	Omicron
Transmissibility	Increased transmissibility[6]	Increased transmissibility[7,8]	Increased transmissibility[8,9]	Increased transmissibility [8,10,11]	Increased transmissibility.[12–15]
Disease severity	Possible increased risk of hospitalization[16,17], possible increased risk of severe disease and death[18,19]	Possible increased risk of hospitalization[17], possible increased in-hospital mortality[20]	Possible increased risk of hospitalization[17], possible increased risk of severe disease[21]	Possible increased risk of hospitalization[22,23]	Reduced risk of hospitalization and severe disease [24–27]
Risk of reinfection	Neutralizing activity retained[28], risk of reinfection remains similar[29]	Reduction in neutralizing activity reported; T cell response elicited by D614G virus remains effective[30]	Moderate reduction in neutralizing activity reported[31]	Reduction in neutralizing activity reported[32–34]	Increased risk of reinfection [35,36]
Impacts on diagnostics	Limited impact – S gene target failure (SGTF), no impact on overall result from multiple target RT-PCR; No impact on Ag RDTs observed[37]	No impact on RT-PCR or Ag RDTs observed[34]	None reported to date	No impact on RT-PCR or Ag RDTs observed[38]	PCR continues to detect Omicron. Impact on Ag-RDTs is under investigation: Results are mixed as to whether or not there may be decreased sensitivity to detect Omicron. [12,27,39–41]

**Generalized findings as compared to previously/co-circulating variants. Based on emerging evidence, including non-peer-reviewed preprint articles and reports, all subject to ongoing investigation and revision.*

Source: *COVID-19 Weekly Epidemiological Update Edition 76, published 25 January 2022*

Response activities against COVID-19

Karnali Province has been working for the prevention and control of COVID-19 and has developed 4 main strategies.

Table 4.11.4. Strategies for Prevention, Control, and Response to COVID-19

Preparedness	• Policy arrangements, preparedness, coordination and cooperation with stakeholders for risk reduction • Human Resources, Self-Study, Medicine and equipment, Safety equipment Reserves, Distribution, Information and Communication and Rapid Response Team Operations at Local Level
Prevention and Control	• At provincial level, operation of health desk, fever clinic, management of laboratory testing, quarantine site management, distribution and at district level, mobilization of rapid response team for prevention and control of COVID-19 • Demand for additional medicines, equipment and essential materials, accumulated distribution and proper use
Treatment and service expansion	• Expansion and monitoring of laboratory testing, • Treatment of patients, extension of services, isolation, ventilator and laboratory examination strengthening • Case Investigation and Contact Tracing and Patient Management
Restoration of health care	• Rehabilitation of health services, health and nutrition for the vulnerable population • Alternative medicine, psychosocial counseling and medical treatment

Key Activities in Response of COVID-19 Prevention and Control

Preparedness activities

- Continuation of Health and Nutrition cluster to in response of disaster and other outbreak of diseases
- Continuing medical education to hospital health workers on risk communication, prevention, control, and management of COVID-19
- Instructed to all staff to coordinate and facilitate with the districts as the focal person of each district and Standard Checklist was prepared in order to collect hospital information while the emergency situation was raising every day
- The Provincial Health Coordination Team (PHCT) held at different time interval made important decisions on COVID-19 prevention, control, and response, as well as on areas of cooperation from multiple partners
- Strengthening of provincial, district and basic hospitals

Prevention, Control, and Response Phase

- Training of Risk Communication and Community Engagement (RCCE) to representatives at various levels and community mobilization.
- In close coordination with PPHL and NPHL for gene sequencing of samples collection form outbreak sites.
- Pediatric Essential Critical Care Training (PECCT) and ECCT (Emergency Critical Care Training) provided to more than 100 health care workers.
- Preparation of Community Based management of Pediatric COVID 19 Management guideline

Information and Communication

- PAN (Parliament Association of Nepal) organized an integration program with Honorable Parliament Members of Karnali Province on COVID-19 risk communication.
- Banners, flex related to COVID-19 are placed in various public places, markets, bus parks, and checkpoints,
- Broadcast through various media such as radio, TV, newspaper, and FM on the symptoms of COVID-19 and ways to prevent them,
- Daily update from PHEOC

Monitoring, Supervision, and Coordination

- Regular supervision and monitoring of health desks at various checkpoints,
- Continuous facilitation for preparations of prevention, control, and response to all districts
- Policy and implementation related to COVID-19 as well as coordination with stakeholders,

Achievements

- Significant works has been done in infrastructure development in the province, district, and local level.
- Mass antigen test campaign has been conducted at several phases.
- Capacity building in critical care areas (ECCT, Paediatric ECCT trainings)
- Continued laboratory testing to local level including restoration of Provincial Public Health laboratory (PPHL).
- Significant achievement has been made at various local levels through various activities of continuous vaccination campaigns against COVID-19.
- Cold room for storage of COVID-19 vaccines has been constructed and is in operation at the provincial level
- The response activity of local levels during the first wave of COVID-19 was commendable.
- Improvement in reporting and recording system due to COVID-19 and information is disseminated to the public

5. CURATIVE SERVICES

5.1 Curative Services

Background

Karnali Province Government is committed to raise the health status of rural and urban people by delivering high quality health services at the province, district and local level throughout the province. Curative services (emergency, outpatient and in-patient) are a highly public demanded component of health services. The policy regarding curative health is aimed at providing appropriate diagnosis, treatment, and referral through the health network from PHC outreach to the specialized hospitals. There are public hospitals (Provincial, District and local level, PHCC, HPs, and private health facilities have been providing health services. Similarly, academic hospital, non-governmental hospitals, nursing homes, and private hospitals within the province are also providing curative services.

Objectives

- Reduce morbidity
- Reduce mortality
- Provide quality of health service (Early diagnosis, adequate and as well as prompt treatment)
- Strengthen referral system

Major Activities Carried Out in fiscal year 2078/79 (2021/2022)

- Curative health services were provided through the existing health facilities through inpatient including emergency services and outpatient services
- Emergency, in-patient and out-patient services were provided by government hospitals, INGOs/NGOs, academy hospitals, nursing homes, poly-clinics and private hospitals as per the report available.
- Essential drugs and other logistic materials were provided to all public health institutions.
- Strengthened capacity of hospitals by providing training, onsite coaching, follow-ups, equipment supply and logistic support.
- Medical camps were organized in different places of different districts.
- Supportive supervision & monitoring of public & non-public hospitals.

Analysis of Service Statistics

Out Patient Department

Outpatients' services of a district include services delivered through all service delivery outlets from health posts, PHCs, province, district, general and private hospitals within the province. As shown from the figure 5.1.1, overall, the percentage of new OPD visits is in increasing trend. The highest percentage of OPD visits was reported in Rukum West (161%) followed by Surkhet (114%) and Dailekh (87%) district but rest of the district the OPD visits are decreased in FY 2078/79.

Figure 5.1.1 OPD Visit as percentage of Total Population for fiscal year 2076/77 to 2078/79

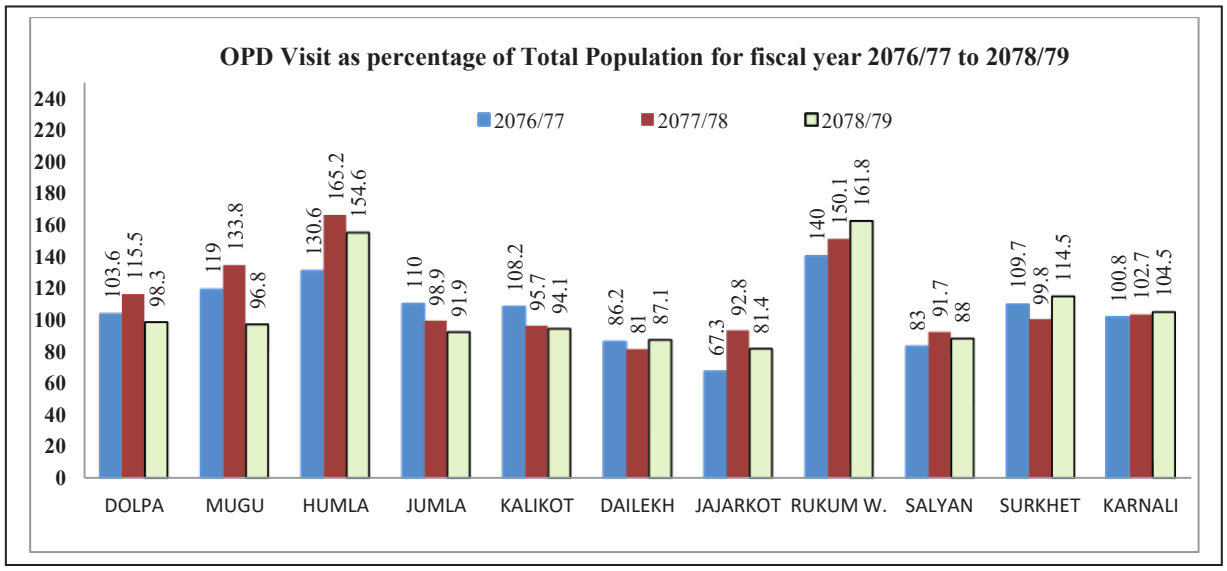
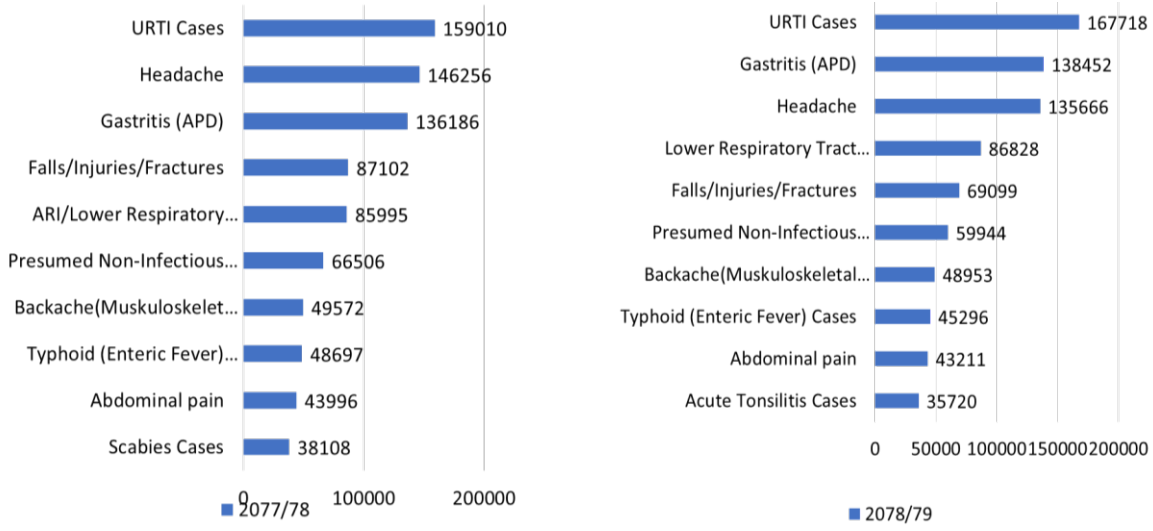


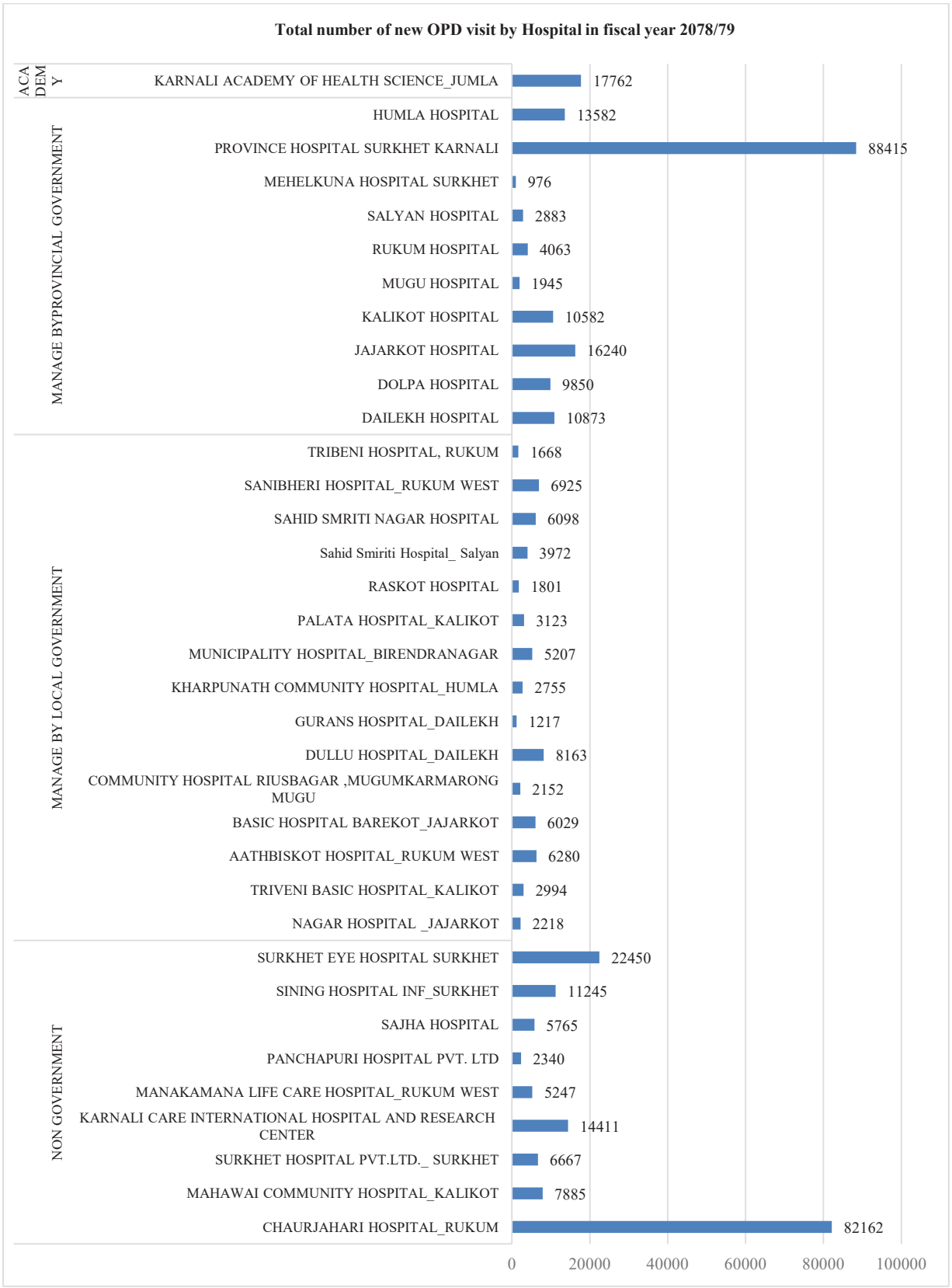
Figure 5.1.2 Top 10 morbidity



Total Out-Patient Department Admission

As shown from the figure 5.1.2, the total number of new OPD visits of Major public and non-public Hospitals. In fiscal year 2078/79, a total of 35 hospitals have reported that they have provided OPD services to a total of 395,945 clients which is higher than previous fiscal year 2077/78 (269,506) clients. Among hospitals under Provincial Government, the highest number of OPD visits was reported by Provincial Hospital (88415). Among hospitals managed by Local Government, Dullu hospital provided the highest number of OPD clients (8,163) and among non-public hospitals, Chaurjhari hospitals reported the highest number of OPD clients (82165) in fiscal year 2078/79.

Figure 5.1.3 Total Number of New OPD visit by hospital for fiscal year 2078/79



Total inpatients admission

The Table 5.1.1 illustrates total number of hospitals admissions of major public and non-public Hospitals. Among hospitals managed by the province, the highest No of admission was reported by Surkhet (29533) followed by Jumla (6262). Lowest hospital admission was reported by Jajarkot (699).

Table 5.1.1 Total inpatients admission from fiscal year 2076/77 to 2078/79

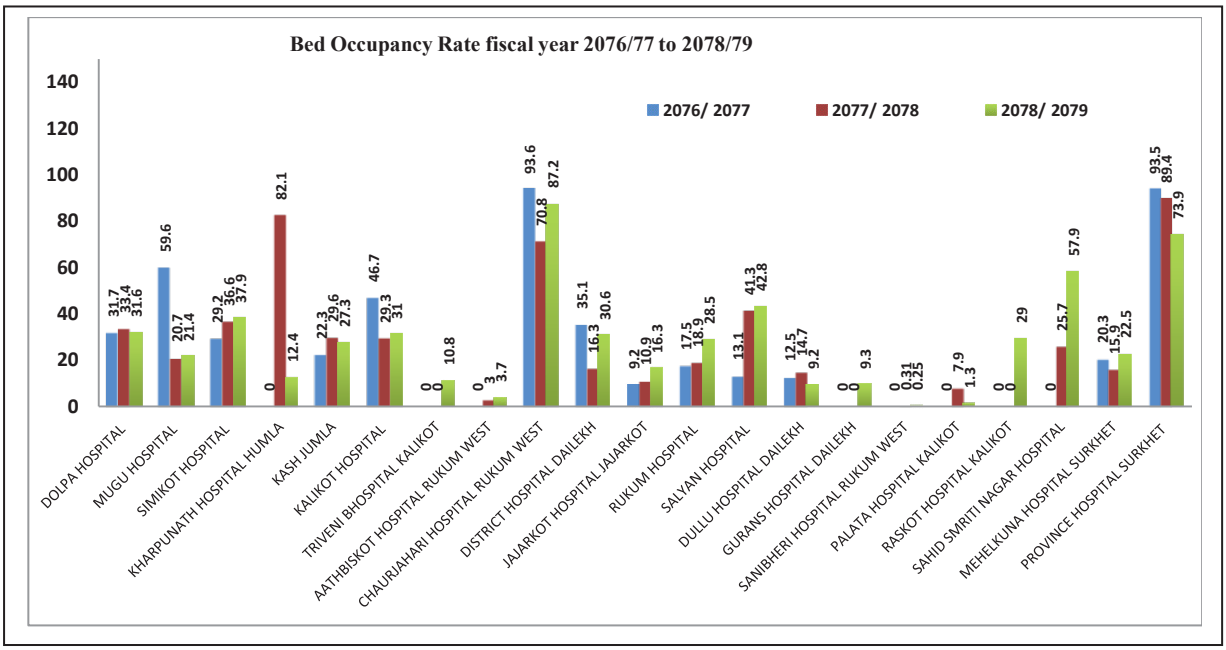
District	2076/77	2077/78	2078/79
DOLPA	628	507	1734
MUGU	1034	1244	1432
HUMLA	786	925	984
JUMLA	4156	4464	6262
KALIKOT	1112	1283	1530
DAILEKH	3222	3257	3023
JAJARKOT	395	337	699
RUKUM WEST	8391	7820	9737
SALYAN	3078	3186	2413
SURKHET	19541	20113	29533
KARNALI	42343	43136	56072

Out of total admitted cases in hospital, 54890 patients discharged. The data shows 50537 (92.06%) of them recovered and 418 (0.76%) died in fiscal year 2078/79. Among them 50537 recovered, 376 did not improved, 1906 were referred and 140 were absconded. Additionally, 334 people died within 48 hours of admission and 84 persons died after 48 hours of admission.

Table 5.1.2 Summary of Inpatient Outcome

Inpatient Outcome														
Age Group	Recovered/ Cured		Not Improved		Referred Out		DOR/LAMA/ DAMA		Absconded		Death < 48 Hours		Death ≥ 48 Hours	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
≤ 28 Days	3517	3408	0	4	49	64	41	44	4	2	29	51	11	11
29 Days - 1 Year	1120	1644	10	10	60	79	56	54	3	5	5	8	3	1
01 - 04 Years	1244	1712	12	9	40	55	65	61	4	6	3	5	1	0
05 - 14 years	1384	1971	13	13	126	84	39	53	6	8	4	5	0	1
15 - 19 Years	3109	1060	30	9	100	30	64	39	10	7	5	2	2	3
20 - 29 Years	10155	1671	20	16	229	74	136	104	20	14	13	7	0	1
30 - 39 Years	3552	1670	26	17	134	71	84	69	12	9	10	15	1	1
40 - 49 Years	1969	1631	17	17	97	84	73	80	4	6	5	25	5	3
50 - 59 Years	1773	1485	26	19	112	74	85	86	6	2	16	27	10	12
≥ 60 Years	3543	2919	40	34	190	154	174	140	7	5	53	46	9	9
Total	**31366**	**19171**	**194**	**148**	**1137**	**769**	**817**	**730**	**76**	**64**	**143**	**191**	**42**	**42**

Figure 5.1.4 Bed Occupancy Rate of government owned hospitals in fiscal year 2078/79



As observed from figure 5.1.4, the average bed occupancy rate of government owned hospitals in the province. The highest bed occupancy rate is reported by Chaurjahari Hospital Rukum West (87.2%), followed by Province hospital Surkhet (73.9%). The lowest bed occupancy rate is noted in Palata Hospital Kalikot (1.3%).

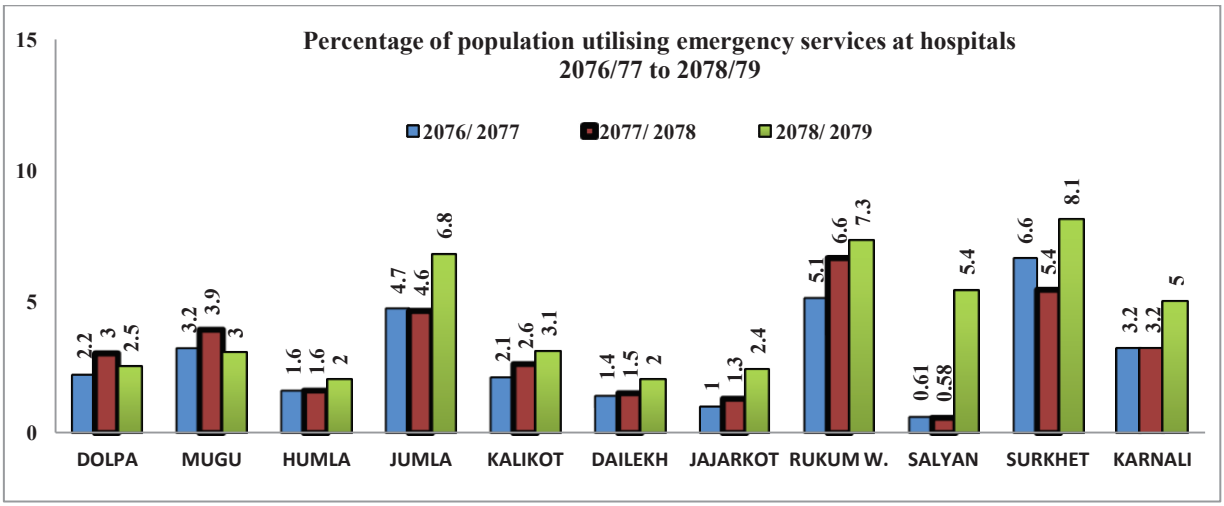
Table 5.1.3 depicts the average bed occupancy rate of non-government owned hospitals in the province. The highest bed occupancy was observed in Rukum West.

Table: 5.1.3Trend of Bed Occupancy Rate in Karnali province for fiscal year 2076/77 to 2078/79

District	2076/77		2077/78		2078/79	
	Government (PUBLIC)	Non-Government (NON-PUBLIC)	Government (PUBLIC)	Non-Government (NON-PUBLIC)	Government (PUBLIC)	Non-Government (NON-PUBLIC)
DOLPA	31.7	-	33.4	-	31.6	-
MUGU	59.6	-	20.9	-	21.5	-
HUMLA	29.2	-	36.9	-	36	-
JUMLA	22.3	-	29.6	-	27.3	-
KALIKOT	46.7	-	29.9	-	22.7	-
DAILEKH	28.9	-	15.8	-	24.4	-
JAJARKOT	9.2	-	10.9	-	16.8	-
RUKUM WEST	64.1	60	36.9	57.6	48.7	89.4
SALYAN	13.1	-	41.3	-	42.8	-
SURKHET	75.8	24	75.4	20.5	69.6	18.6
KARNALI	40.5	28.4	37.7	23.5	42.8	21.2

Emergency Department

Figure 5.1.5 Percentage of Population Utilizing Emergency Services for fiscal year 2076/77 to 2078/79



As depicted from Figure 5.1.5, the percent of population utilizing emergency services is the last three fiscal year. In fiscal year 2078/79, percentage of population utilizing emergency services was slightly decrease compared to the previous year. Furthermore, Surkhet has the highest percent (8.1%) of emergency visits, followed by Rukum-west (7.3%) & Jumla (6.8%) while Salyan & Dailekh reports lower utilization of hospital emergency services.

5.2. Minimum Service Standards (MSS)

Background

Minimum Service Standards for Hospitals and Health Facilities is the service readiness and availability of tool for optimal requirement to provide minimum services that are expected from them. This tool entails for preparation of service provision and elements of service utilization that are deterministic towards functionality of hospital and health facilities to enable working environment for providers and provide resources for quality health service provision. MSS for hospitals reflect the optimally needed minimum criteria for services to be provide but in itself is not an “ideal” list of the maximum standards. This checklist of MSS is different than a program specific quality improvement tool as it will outline the equipment, supplies, furniture, human resource required for carrying out service but not detail out the standards operating procedures of any service. Initially Ministry of Health and population (MoHP) in collaboration with, Nick Simons Institute (NSI), started Hospital Management Strengthening Program (HMSP) in district and district level hospitals (DH) of Nepal since FY 2071/72 (2014). MSS tools for all level of hospital and health facility has developed. Which include 4 categories of hospitals namely Primary, Secondary A, Secondary B and Tertiary level Hospitals and Health Post as well. MSS cover the three areas Management and governance 20%, Clinical Service 60% and Support Service 20% of the hospitals and health facilities.

Minimum Service Standards (MSS) for hospitals is the service readiness and availability of tool for optimal requirement of the hospitals to provide minimum services that are expected from them. MSS has been implemented in 11 hospitals including provincial and local level hospitals in Karnali province. It’s obvious that reflects the most important minimum criteria for providing services, but it is not an "ideal" list of maximum standards at hospital. MSS checklists are different than program-specific quality improvement tool which outlines the equipment, supplies, furniture, and human resources need to provide service reflecting the service's standard operating guideline. Basically, MSS emphasizes Three sections as Governance and Management, Clinical Service and Hospital Service respectively. Following separate three elementary achievement illustrates the key progress as mentioned in FY 2078/79.

GOVERNANCE AND MANAGEMENT

The Provincial and Local governments place a high importance on hospital service quality while providing funds for MSS shortages. Hospital Development Committee (HDC) is taking charge of overall service improvement and hospital service expansion. MSS was viewed as a guiding guideline for quality health services by the majority of Hospital Development Committee (HDC) chairpersons and Medical Superintendent. HDC has been formed as per guidelines designed by Ministry of Social Development, Karnali province. Meetings were conducted and discussed as per agreed agenda. Best practices like display of organogram of hospital, hospital service utilization chart, citizen charter, Information officer details and other important information are done by hospitals.

CLINICAL SERVICE MANAGEMENT

Province government has focused on physical infrastructure, equipment, human resources, and instruments. After federal system in Nepal, 2 hospitals were upgraded to Secondary A level

hospital to enhance the specialist services in Karnali province. Prioritized on Operations services from all services as CEONC services has been provided by all province hospitals.

HOSPITAL SUPPORT SERVICES

Establishment and upgrading of separate laundry, CSSD, housekeeping services, autoclaving of contaminated waste, are the novel achievements of primary, secondary A and Secondary B level hospitals of Karnali province. Besides the routine services advocated by MSS, hospitals are motivated to establish additional services as reported by the managers of hospitals during assessments. Province government has provided mortuary freeze and autoclave to all hospital to strengthen the Postmortem service and waste management respectively.

Table 5.2.1 shows the MSS Score for different hospital of the province. The MSS Score range in between 47% to 79% for this fiscal year 2078/79. The six hospitals (Province hospital Surkhet, Mehelkuna Hospital, Jajarkot Hospital, Dailekh hospital, Salyan Hospital and Dullu Hospital) of province could have 2nd follow up for MSS score. However, remaining five hospitals had only 1st follow up for the same.

Table 5.2.1 MMS Score of Hospital from Fiscal Year 2076/77 to 2078/79

SN	Name of Hospitals	Level of Hospital	Total Score Point of MSS	MSS Score			
				Fiscal Year 2076/77	Fiscal Year 2077/78	Fiscal Year 2078/79	
						I	II
1	Province Hospital Surkhet	Secondary B	1356	-	45%	61%	79%
2	Mehelkuna Hospital	Secondary A	939	43%	55%	62%	67%
3	Jajarkot Hospital	Secondary A	939	37%	58%	59%	58%
4	Dailekh Hospital	Primary	761	78%	82%	71%	79%
5	Kalikot Hospital	Primary	761	57%	-	65%	-
6	Mugu Hospital	Primary	761	38%	-	56%	-
7	Humla Hospital	Primary	761	55%	-	57%	-
8	Dolpa Hospital	Primary	761	43%	-	47%	-
9	Rukum West Hospital	Primary	761	60%	65%	47%	-
10	Salyan Hospital	Primary	761	66%	61%	65%	68%
11	Dullu Hospital	Primary	761	57%	52%	57%	48%

The table 5.2.2 shows the performance of MSS conducted health post in Karnali province. Out of total 333 health posts, 273 (82.0%) have implemented HP MSS to evaluate the primary health service delivery from their facilities. The evaluation program continues for every year.

Table 5.2.2 MSS conducted Health Post of Karnali Province

District	No of HP	MSS Conduct HP	% Reached
SURKHET	47	47	100.0
DAILEKH	55	29	52.7
SALYAN	45	38	84.4
JAJARKOT	31	24	77.4
RUKUM WEST	25	25	100.0
KALIKOT	27	24	88.9
JUMLA	29	29	100.0
HUMLA	26	21	80.8
MUGU	22	15	68.2
DOLPA	23	21	91.3
TOTAL	333	273	82.0

5.3 Ayurveda and Alternative Medicine

Background

Ayurveda and alternative medicine branch (AAMB) primarily manage the delivery of Ayurveda services and promotes healthy lifestyles through its network facilities across the Karnali province. The Ayurveda and alternative medicine branch on of the ministry of social development (MOSD) Karnali province is responsible for programming, management of information, and supervision, monitoring and evaluation of the Ayurveda service program.

Ayurveda is an ancient medical system and indigenous to Nepal with deep roots. The sources of ayurvedic medicine are medicinal herbs, minerals, and animals' products. The system works through simple and therapeutic measures along with promotive, preventive, curative and rehabilitative health of people. Karnali province Ayurveda health services are being delivered through one Provincial Ayurveda Ausdhalaya, 9 Ayurveda Health Service Centers at districts, 18 Ayurveda Ausdhalaya, 40 Naragik Arogya Center across the Karnali province. The Ayurveda and alternative medicine unit in the ministry of social development is responsible for formulating policies and guidelines for Ayurveda and other traditional medical system.

Objectives:

- To expand and develop functionality of Ayurveda health facilities
- To improve quality control mechanism for Ayurveda health services throughout the province
- To develop and manage the required human resources
- To mobilize the adequate resources for medicinal plants
- To promote community participation in the management of the health facility and utilization of local herbs
- To procure, store and distribute the Ayurveda medicine and other allied materials
- To promote health status and sustainable development of Ayurveda system using locally available medicinal plant
- To promote positive attitudes towards health care and awareness of health issues

Strategies:

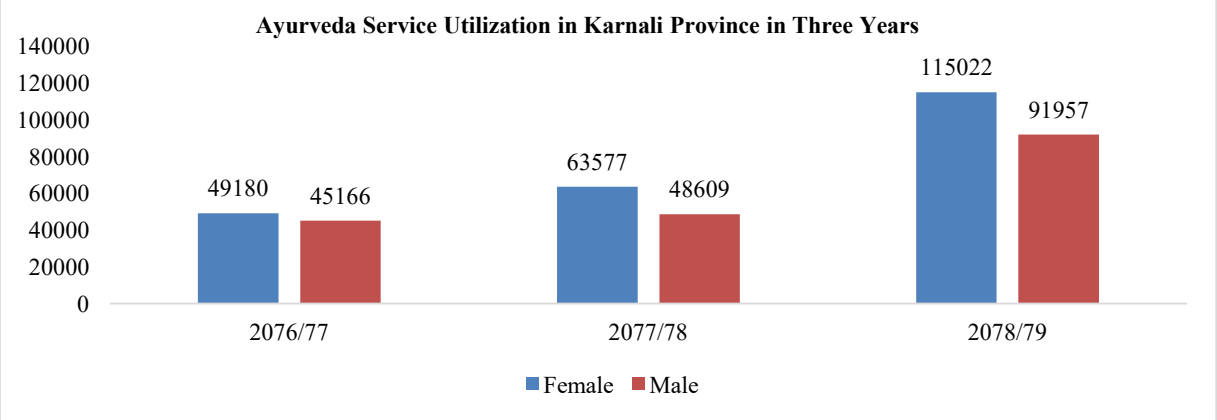
- Provide preventive, promotive & curative health services in the rural areas
- Establishment & development of Ayurveda institutions
- Strengthen & expand the Ayurveda health services
- Develop skilled manpower required for various health facilities
- Strengthening of monitoring & supervision activities
- Development of information, education & communication center in the province
- Establishment of District Ayurveda Center & Ayurveda Dispensaries
- Province level training for the capacity buildup of its human resources

Major activities carried out in fiscal year 2078/79

- Distributed AHIMIS tool to all district
- TOT training to all doctors on Kshara sutra in Karnali Province
- Inclusion of 28 institution in AHIMIS

Analysis of Achievement

Figure 5.3.1. Service Statistics for Fiscal Year 2078/079



The figure illustrated information about clients served by various district Ayurveda Health Centers and service delivery points at districts. There were 2078/79 clients served under Ayurveda program for fiscal year 2078/79. Both male and female the number have increased in fiscal year 2078/79 compared to previous fiscal year 2077/78.

Table 5.3.1. Distribution of total clients visiting the OPD services in Province

Fiscal years	Annual OPD	Other Services	Total
2076/77	71137	23209	94346
2077/78	103046	27013	130059
2078/79	145917	63483	209400

Table 5.3.2. Services statistics for last three fiscal years from 2076/77 to 2078/79

Services	FY 2076/77	FY 2077/78	2078/89
OPD	71137	103046	145917
Panchakarma	10483	9376	21059
Istanpayi	1120	1597	4956
Senior Citizen	3506	8217	29539
Free Health Services	1752	2625	0
PHC ORC	3510	0	0
Syala	48	0	1411
yoga,0ther	2790	5198	6518
Total	94346	130059	209400

Table 5.3.3. Services statistics from 2078/79 to fiscal year 2078/79 by district

District	FY 2077/78	FY 2078/89
DOLPA	6046	4351
MUGU	10643	11320
HUMLA	9035	18374
JUMLA	16841	9990
KALIKOT	6416	26634
DAILEKH	18783	28579
JAJARKOT	2084	6794
RUKUM WEST	6774	22073
SALYAN	23001	29628
SUKHET	30436	51657
KARNALI	130059	109400

Table 5.3.4. Top ten morbidity among the OPD cases in Ayurveda 2078/79

Rank	Causes of Morbidity	% Among total OPD Visits
1	Amlapitta (APD)	29250
2	Udarroga	7085
3	Rheumatic arthritis Vatbabydhi (Arthritis,	5861
4	Sandhivata	5715
5	Hemorrhoids Rheumatic arthritis	5661
6	Swas / kansa	5332
7	Swash ashtm	4544
8	Jarajanya vikar	4391
9	Angamarda	4034
10	Balroga	3559

Issues

- Limited infrastructure
- Inadequate human resources and no ayurvedic doctors as per sanctioned position
- Appropriate recording & reporting system
- No alignment of Ayurveda into health insurance program
- Inter sector coordination
- Poor storage & dispensing practices of medicines in curative aspects of Ayurveda institutions
- Financial support for district & local level Ayurveda institutions to conduct monitoring supervision & publicity program
- No upgrading Ayurveda Ausdhalaya into Province Ayurveda Hospital

5.4 Health Laboratory Service (Quality Control)

Background

Quality control unit of Health Service Directorate Surkhet is responsible for providing laboratory support (especially TB) within the province by conducting laboratory training (basic and refresher), logistics supply and supervision.

Major Activities Carried Out in fiscal year 2078/79 (2021/2022)

- Re-checked the sputum slide for AFB according to the LQAS system.
- Chemical (AFB) preparation and distribution throughout the province.
- TB microscopy basic trainings for BHS lab staff
- Malaria microscopy (Basic refresher) trainings for BHS lab staff
- LQAS (Lot Quality Assurance Sampling) trainings
- Basic laboratory trainings
- Supervision and onsite coaching
- Basic Leprosy slit skin smear trainings

Analysis of Service Statistics

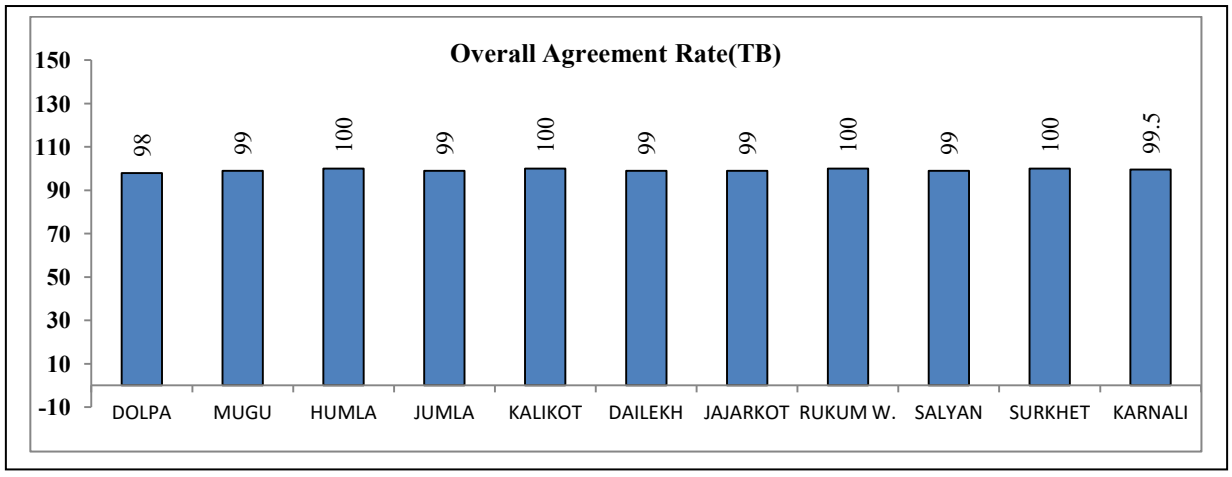
During fiscal year 2078/79, a total of 17,551 slides were screened for the TB diagnosis. Among those around 708 cases positive and 16843 were negative. Total 5407 slides were rechecked for quality assurance purpose. The provincial overall agreement rate was 99.5% that is almost stagnant compared to the previous year.

Table 5. 4. 1 Screening & Quality Control Summary of Fiscal year 2078/79

Microscopy Centers	Total Screened Slides for AFB (Sputum)	MC report			Cross checked						
		Negative Slides	Positive Slides	Positivity Rate	QC Total	MC (-)	MC (+)	False (-)	False (+)	Number of Agreement	Rate of Agreement (%)
47	17551	16843	708	4.0	5407	5233	174	16	7	5382	99.5

Source: *QC Lab report of fiscal year 2078/79*

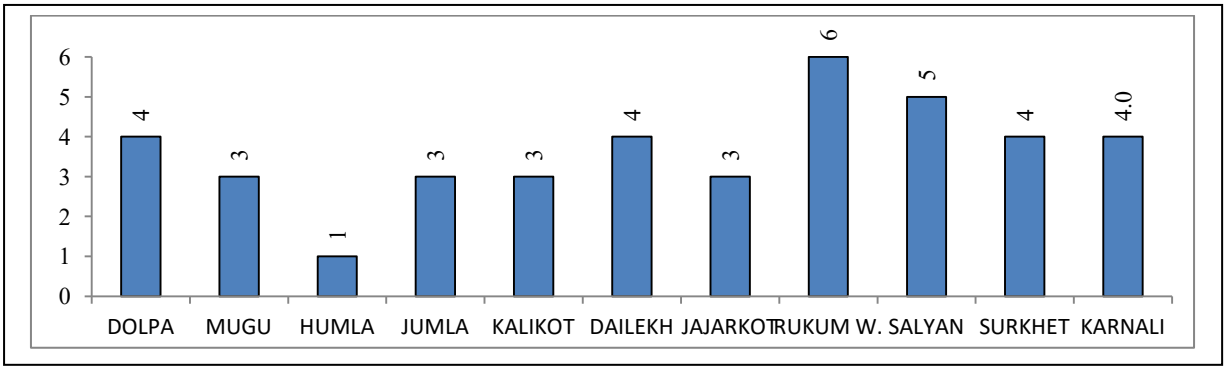
Figure 5.4.1 Agreement Rate of microscopic center



Source: *QC Lab report of fiscal year 2078/79*

The above figure 5.4.1 shows the overall Provincial agreement rate is 99.5 % in fiscal year 2078/79. Only Humla, Kalikot, Rukum West and Surkhet have secured 100 percent overall agreement rate for TB.

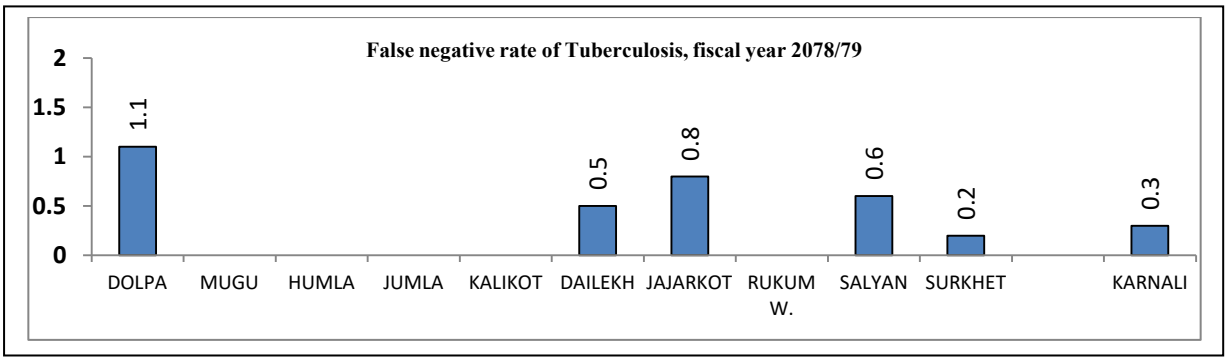
Figure 5. 4.2 Positivity Rate (TB) for fiscal year 2078/79



Source: *QC Lab report of fiscal year 2078/79*

Figure 5.4.2 illustrated the provincial sputum slide positivity rate is 4.0 % but now a days due to contact tracing, Microscopic camp and Gene-xpert facility the positivity rate is significantly decreased than previous years.

Figure 5. 4. 3 False Negative Rate of Tuberculosis 2078/79



Source: *QC Lab report of fiscal year 2078/79*

As shown in the figure 5.4.3 Dolpa has the highest percent of false negative report (1.1%), followed by Jajarkot (0.8%). Mugu, Humla, Jumla, Kalikot and Rukum West have reported zero false negative for fiscal year 2078/79. Overall false negative rate of the province is 0.3%.

Issues

- Lack of skilled HR in local level for laboratory management
- No proper standards in recruitment of Human Resource in local level
- Collection/ transportation of QC slides is difficult from the periphery
- TB Basic microscopy training Manual and Module need to be revised
- Poor quality of microscope at local level

6. SUPPORTING PROGRAMS

6.1 Personnel Administration

Background

The administration section of the Provincial Health Service Directorate takes the responsibility to organize day-to-day internal administrative and personnel management. This section is the focused for the general administration and human resource management. Major tasks carried out by the section are attendance management, correspondence, contract recruitment and performance appraisal management etc.

Major activities carried out in fiscal year 2078/79

The following were the major activities carried out in province during fiscal year 2078/79.

- Collected human resource information from health facilities & districts as per need
- Managed annual performance appraisal for different post personnel & health workers
- Regular technical support to the districts of Karnali for implementation of program
- Supervision and monitoring to districts to solve the issues of human resources management

According to table 6.1.1, sanctioned post is 909 and filled post is 327 (35.97%). The vacant position is 582 which is fulfilled by 818 staffs under contract recruitment.

Table 6.1. 1 Human Resource Situation

Institutions	Sanctioned Post	Filled Posts	Vacant Posts	Contract	Filled (permanent)%
Health Service Directorate	30	18	12	5	60
PHLMC	19	8	11	8	42.1
Province Hospital	325	83	242	314	25.5
PPHL	11	7	4	1	63.63
Communicable Hospital Kalikot	21	0	21	17	0
Mehelkuna Hospital	53	19	34	43	35.84
Province Ayurveda Aushadhayala (9)	8	2	2	12	75
Public/Health Service Offices (10)	380	191	216	354	58.42
Ayurveda Health Center	62	22	40	64	35.48
Total	**909**	**327**	**582**	818	35.97

Table 6.1.2 HR situation of Public/Health Service Offices (Province level)

S.N	OFFICE	Sanctioned	Filled	Vacant	Contract (Darbandi)	Contract (Other)
1	Health Service Directorate Surkhet	30	18	12	2	3
2	Provincial Hospital Surkhet	325	83	242	124	190
3	Provincial Health Logistic Management Centre	19	8	11	5	3
4	Infecious Disease Hospital Kalikot	21	0	21	17	0
5	Mehelkuna Hospital Surkhet	53	19	34	21	22
6	Health Service Office Rukum West	44	21	23	8	37

S.N	OFFICE	Sanctioned	Filled	Vacant	Contract (Darbandi)	Contract (Other)
7	Health Service Office, Salyan	44	17	27	5	21
8	Health Service Office, Dolpa	44	9	35	7	19
9	Public Health Service Office, Jumla	13	10	3	2	0
10	Health Service Office Mugu	44	23	21	14	48
11	Health Service Office, Humla	44	9	35	3	17
12	Health Service Office Kalikot	44	19	31	16	57
13	Health Service Office, Jajarkot	44	20	24	16	39
14	Health Service Office, Dailekh	44	21	23	10	22
15	Public Health Service Office Surkhet	15	15	0	0	3
16	Provincial Ayurveda Surkhet	8	6	2	0	12
17	Provincial Public Health laboratory	11	7	4	1	0
18	Ayurved Health Center, Dolpa	7	1	5	3	2
19	Ayurved Health Center, Humla	7	2	5	3	2
20	Ayurved Health Center, Jumla	6	2	4	3	3
21	Ayurved Health Center, Mugu	7	3	4	4	0
22	Ayurved Health Center, Kalikot	7	2	5	4	12
23	Ayurved Health Center, Salyan	7	3	4	3	0
24	Ayurved Health Center, Rukum West	7	3	4	1	3
25	Ayurved Health Center, Jajarkot	7	3	4	3	11
26	Ayurved Health Center, Dailekh	7	3	4	4	3
Total		909	327	587	279	529

Table 6.1.3 Human Resource Situation of Local level

District	Doctor		Paramedics		Nursing	
	Permanent	Contract	Permanent	Contract	Permanent	Contract
DOLPA	0	0	55	24	19	36
MUGU	0	0	45	39	20	52
HUMLA	0	0	53	59	33	54
JUMLA	0	1	123	30	75	55
KALIKOT	0	4	95	70	46	82
DAILEKH	0	0	0	0	0	0
JAJARKOT	1	2	113	65	44	78
RUKUM WEST	0	3	116	66	69	74
SALYAN	1	1	140	34	71	76
SURKHET	0	4	170	57	132	89
TOTAL	2	15	910	444	509	596

Table 6.1.4 Cadre wise Human Resource situation

District	Doctors					Paramedics					Nursing				
	Federal Level	Province Level	Local Level	Other	Total	Federal Level	Province Level	Local Level	NGO/INGO	Total	Federal Level	Province Level	Local Level	Other	Total
DOLPA		6			6			79		79		6	55		61
MUGU		7			7		9	84		93		11	72		83
HUMLA		7			7		5	112		117		6	87		93
JUMLA	60	7	1		68	12	2	153		167	124		130		254
KALIKOT		6	4		10		12	165		177		22	128		150
DAILEKH		8	10		18		9	236		245		6	248		254
JAJARKOT		13	2		15		8	178		186		11	122		133
RUKUM WEST		7	3	10	20		14	182	9	205		8	143	38	189
SALYAN		4	1		5		5	174		179		7	147		154
SURKHET		81	4	3	87		42	227	2	271		167	221	1	388
TOTAL	60	146	25	13	244		106	1590	11	1707	124	244	1353	38	1635

Table 6.1.5 Human Resource Situation of Local level

District	Doctors	Paramedics	Nurse
DOLPA	1	77	53
MUGU	2	99	73
HUMLA	0	95	96
JUMLA	0	126	108
KALIKOT	1	152	130
DAILEKH	11	236	255
JAJARKOT	3	151	132
RUKUM	2	138	112
SALYAN	2	185	147
SURKHET	4	250	213
TOTAL	26	1509	1319

Source: *Public/ health office provided on Provincial Annual Review 2078/79*

6.2 Financial Administration

Background

Financial Section of the Health Service Directorate takes the responsibility of obtaining timely disbursement of funds; keeping books of account, preparing & submitting financial report, and facilitating internal & external auditing that are necessary to support the effective implementation of health programs.

Major Activities carried out in fiscal year 2078/79

The following were the major activities carried out in province during fiscal year 2078/79

- Prepared monthly & trimester reports and submitted to treasury offices & province.
- Prepared yearly report and submitted to Province Financial Comptroller office
- Facilitation for Internal and external audit
- Assisted for carrying out different programs and activities e. g. trainings, seminars, reviews, monitoring-supervisions, assessments, procurements etc. in financial perspective.
- Facilitated for clearing irregularities in significant amount.
- Supervision and monitoring of financial activities carried out by different health related public offices within the province
- e-Bidding for procurement of logistic

Target Vs Achievement for fiscal year 2078/79

A total of Rs. 3605 lakh budget was allocated for Health Service Directorate, out of which Rs. 2375 lakh was spent. Of the total allocated budget only 65.88 % of the budget is absorbed during fiscal year 2078/79. Table below summarizes the budget allocation and expenditure by line items of Health Directorate.

Table 6.2.1 Releases and Expenditure by Program Activities- HSD (2078/79)

Program budget heading/ Budget code	Recurrent						Capital						Total					
	Physical Achievement			Financial Achievement (Lakh)			Physical Achievement			Financial Achievement (Lakh)			Physical Achievement			Financial Achievement (Lakh)		
	Target	Achievement	%	Allocated	Expenditure	%	Target	Achievement	%	Allocated	Expenditure	%	Target	Achievement	%	Allocated	Expenditure	%
National Tuberculosis Program (35091127)	31	26	83.87	53.82	35.14	65.29							31	26	84	53.82	35.14	65.29
HIV/AIDS and STI control program (35091128)	29	21	72.41	81.56	26.64	32.66							29	21	72	81.56	26.64	32.66
Integrated women's health and reproductive health program (35091129)	80	51	63.75	1536.98	1228.64	79.94							80	51	64	1536.98	1228.64	79.94

Program budget heading/ Budget code	Recurrent						Capital						Total					
	Physical Achievement			Financial Achievement (Lakh)			Physical Achievement			Financial Achievement (Lakh)			Physical Achievement			Financial Achievement (Lakh)		
	Target	Achievement	%	Allocated	Expenditure	%	Target	Achievement	%	Allocated	Expenditure	%	Target	Achievement	%	Allocated	Expenditure	%
Epidemic and disease control program (35091130)	37	22	59.46	394.25	186.98	47.43							37	22	59	394.25	186.98	47.43
Health management (35091131)	36	24	66.67	268.00	132.17	49.32							36	24	67	268.00	132.17	49.32
National Health Education, information and communication center (35091132)	12	6	50	8.00	1.06	13.25							12	6	50	8.00	1.06	13.25
Curative service program (35091134)	7	5	71.43	179.38	108.42	60.44							7	5	71	179.38	108.42	60.44
Nursing and Social Security services program (35091135)	2	2	100	8.00	6.86	85.75							2	2	100	8.00	6.86	85.75
Aayurveda (35091136)	3	3	100	5.50	5.06	92.00							3	3	100	5.50	5.06	92.00
Covid 19 control (35002101)	32	26	81.25	219.5	99.87	45.50	2	2	100.00	10	8.74	87.4	34	28	82	229.50	108.61	47.32
Non conditional provincial budget (35002011)	566	432	76.33	740.41	481.58	65.04	9	8	88.89	99.75	53.86	53.99	575	440	77	840.16	535.44	63.73
Total	**835**	**618**	**74.01**	**3495**	**2312**	**66.16**	**11**	**10**	**90.91**	**110**	**63**	**57.04**	**846**	**628**	**74**	**3605**	**2375**	**65.88**

6.3 Planning, Monitoring, and Information Management System

Background

Health Management Information System (HMIS) is important for planning, programming, budgeting, implementation & monitoring evaluation of programs to ensure access availability & quality of the services delivered through different outlets.

Major Activities carried out in fiscal year 2078/79

- Collect information to support planning, monitoring, and evaluation (PME) of all health programs
- Strengthen bottom-up planning process from local to the district level
- Expand regular periodic performance review down to community level
- Strengthen existing monitoring / supervision system at each level
- Conduct performance review meetings and operationalize the outcomes
- Information dissemination improvement using advance and contemporary technology
- Expand computerized information system at all levels
- Human resource development for health information management, use of information technology, monitoring, and evaluation
- Develop and implement integrated supervision and monitoring plan
- Annual performance reports preparation & publication in district and provincial level
- Training on HMIS tools
- Provincial level training on HMIS software i.e. DHIS-2
- Provincial/District review and planning meetings
- Annual & monthly work plan preparation
- HMIS tools supply and distribution
- Routine data quality assessments
- Supervision & monitoring of private health facilities
- Integrated supervision & onsite coaching
- Data verification and review meetings
- Orientation and capacity building of local level health care manager on program planning

Analysis of Service Statistics

Table. 6.3.1 Health Facilities reporting on DHIS2 in fiscal year 2078/79

Organization	Academy	Secondary Hospital B	Secondary Hospital A	District/ Hospital	Basic Health Service Center	Community Health Unit	Dental Clinic	Eye Centre	General Hospital	Health Post	Nursing Home	Poly Clinic	Primary Health Centre	Primary Hospital	Primary Hospital	Private Hospital	Urban Health Centre
DOLPA	0	0	0	1	6	6	0	0	0	23	0	0	0	1	0	0	0
MUGU	0	0	0	1	22	10	0	0	0	24	0	0	1	2	1	0	0
HUMLA	0	0	0	1	8	16	0	0	0	26	0	0	0	2	1	0	0
JUMLA	1	0	0	0	9	1	0	0	0	29	0	0	1	0	0	0	0
KALIKOT	0	0	0	1	47	8	0	0	0	28	0	0	1	3	3	0	0
DAILEKH	0	0	0	1	25	16	0	0	0	56	0	0	2	2	2	0	4
JAJARKOT	0	0	0	1	39	12	0	0	0	30	0	0	3	1	1	0	0
RUKUM WEST	0	0	0	1	43	2	0	0	1	24	0	2	1	5	4	2	9
SALYAN	0	0	0	1	32	8	0	0	0	45	0	0	2	1	1	0	4
SURKHET	0	1	1	0	37	29	10	1	2	47	4	12	3	0	1	6	9
KARNALI	1	1	2	8	268	108	10	1	3	332	4	14	14	17	14	8	26

Table 6. 3.2 Reporting Status by Health Institutions (fiscal year 2078/79)

District	Reporting %								
	Hospital	PHC	HP	BHSC	C H U	UHC	PHCORC	EPIC	FCHV
DOLPA	100	-	100	100	100	-	58.2	78.2	62
MUGU	100	100	100	100	100	-	29.3	88.4	62.5
HUMLA	95.8	-	100	100	100	-	41.9	80.3	64.5
JUMLA	100	100	100	100	100	-	67	95.1	87.1
KALIKOT	96.7	100	99.7	100	100	-	77	97.2	93.2
DAILEKH	100	100	100	100	100	100	90.7	96.7	97.8
JAJARKOT	100	100	100	100	100	-	87.6	96.3	93.4
RUKUM WEST	100	100	100	100	100	100	60.6	98.4	86.3
SALYAN	100	100	99.8	100	100	100	91.6	93.8	99.1
SURKHET	100	100	100	100	100	100	91	99.5	97.4
KARNALI	99.1	100	99.9	100	100	100	78.4	94.1	89.7

All Public Hospitals, & PHCCs, reported to HMIS in fiscal year 2078/79. In average HP, ORC, EPIC & FCHV in the province were 99.9 %, 78.4%, 94.1% & 89.7%, respectively during fiscal year 2078/79.

Reporting status of hospitals

Analysis of hospital services are based on reports mainly from public hospitals. Not all non-public hospitals are regularly reporting to HMIS. Overall, at the provincial level the reporting status of hospitals was 100 % in 2076/77, 94.2% in 2077/78 and 93.4% in 2078/79.

Table 6.3.3 Hospital reporting rate of government hospitals of Karnali by districts

Organization	Hospital Reporting rate		
	2076/77	2077/78	2078/79
DOLPA	100	100	100
MUGU	100	100	100
HUMLA	100	100	95.8
JUMLA	100	100	100
KALIKOT	66.7	77.8	96.7
DAILEKH	65	91.7	100
JAJARKOT	50	50	100
RUKUM WEST	100	100	100
SALYAN	100	100	100
SURKHET	100	100	100
KARNALI	100	100	99.1

Issues

- Insufficient supply of HMIS tools
- Timeliness, completeness & accuracy in HMIS reporting
- Online reporting by health facilities

6.4 Logistic Management

Background

An efficient management of logistics is crucial for effective and efficient delivery of health services as well as ensuring rights of citizens having quality health care services. Overall objective of logistic management is to plan and carry out the logistics activities for the uninterrupted supply of essential medicines, vaccines, contraceptives, equipment's, HMIS/LMIS forms and allied commodities (including repair and maintenance of bio-medical equipment's) for the efficient delivery of healthcare services from the Government health institutions.

Logistics Management Information System (LMIS) unit was established in LMD in 1994 to systematize the management of logistic. LMIS Unit collects and analyses quarterly (three monthly) LMIS reports from all the health facilities across the country; prepares report and disseminates it to

- Forecast annual requirements of commodities for public health programs
- Help to ensure demand and supply of drugs, vaccines, contraceptives, essential medical supplies at all levels;
- Periodically monitor the national pipeline and stock level of key health commodities.

Major activities carried out during fiscal year 2078/79 are:

- Establishment of Province Health Logistic Management Center (PHLMC)
- Dispatch of vaccine and medicine been done from newly established PHLMC, Surkhet
- Establishment of Province Cold Chain Center in Surkhet
- Receiving and Storage of drug, vaccines & other commodities supplied from center (MD, EDCD, FWD, NTC, NPHL) and HSD
- Repacking and supply of drugs, vaccines & key commodities including essential drugs and other items of regular program
- Monitoring and supervision on logistics activities
- Provide feedback to the concern district after receiving the quarterly LMIS reports

The table 6.4.1. depicts district wise quartery LMIS reporitng status of 2076/77 to 2078/79 of Karnali Province. LMIS reporting status of all districts is cent percent for all quarters.

Table 6. 4. 1 Quarterly LMIS Reporting Status Fiscal year 2076/77 to 2078/79

District	F/Y 076/077				F/Y 077/078				F/Y 078/079			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
SURKHET	68	71	65	65	67	74	75	73	100	100	100	100
DAILEKH	62	62	62	62	66	79	77	79	100	100	100	100
JAJARKOT	59	64	62	67	71	73	74	85	100	100	100	100
SALYAN	49	49	49	49	49	78	78	79	100	100	100	100
RUKUM WEST	39	39	38	39	48	49	49	49	100	100	100	100
KALIKOT	42	41	42	42	41	51	50	50	100	100	100	100
JUMLA	56	56	55	58	55	60	62	55	100	100	100	100
MUGU	67	66	66	66	69	86	88	90	100	100	100	100
HUMLA	30	33	25	29	71	65	62	46	100	100	100	100
DOLPA	59	65	62	65	68	70	62	65	100	100	100	100
PROVINCE	53	54	53	54	61	69	68	67	100	100	100	100

Note: *This report is only of HP, PHC and Hospital*

Issues

- Timely eLMIS reporting
- Inadequate space for storage of essential drugs.
- Insufficient human resources for logistic management
- Delay in medicine and equipment procurement and transport contract
- Online eLMIS data were not updated timely due to slow software/internet.
- Training and Monitoring (onsite couching) of Online LMIS to Computer Operator.
- Inadequate technically sound staff

6.5 Health Education Information and Communication

Background

The Health Education, Information and Communication program is one of the most important supporting health programs which is as old as the modern health services in Nepal. The general objective of the program is to raise the health awareness of the people to promote health status and to prevent disease through full utilization of available resources. With the behavior change communication efforts, people will adopt and sustain healthy lifestyles, use judiciously and wisely the health services available to them and make decisions both individually and collectively to improve their health status.

The specific objectives of the program are

- To increase awareness and knowledge of the people on health issues
- To increase positive attitudes towards health care
- To promote healthy behavior
- To increase participation of the people in health intervention programs at all levels of health services through the mobilization of local leaders, FCHVs, religious people and community people itself
- To increase access to new information and technology on health and health programs for the people

Strategies

- Promotion of SBCC through IEC activities at all levels.
- Use of individual, group and mass media in health education, information, and communication along with social mobilization for disseminating health messages through health institutions involving its volunteers as well.

Major Activities Carried Out in fiscal year 2078/79(2021/2022)

- Celebration of mask campaign in Karnali to control the spread of COVID 19 transmission
- Pandemic through development of IEC materials targeting community people, parents, shopkeeper, customer and organized campaign in various places of Karnali.
- Awareness program for disease control on Malaria, Kalazar, Tuberculosis, Lymphatic Filariasis, Dengue, Leprosy and VPDs producing and distributing health education materials
- FM radio program production on COVID-19, Immunization, and its broadcasting.
- School health education program
- Communication and Social Mobilization to strengthen Routine Immunization through:
  -Advocacy to implement HBR card in school enrollment
  -Development of jingle in Local Language and its broadcasting
  -Development and printing of IEC materials and its distribution to the districts
- IEC program on tobacco control and non -communicable diseases like heart attack, stroke, kidney disease and mental health

Issues

- Underutilization of IEC materials
- Unavailability of IEC corner at hospitals
- Continuous support and follow up of implemented activities

6.6 Health Training

Background

For the capacity development of health service provider continuous training and skill development is required. With the focus on capacity development, there is a national health training center in Kathmandu. However, in Karnali province under HRDC, there is a health training unit for development of skilled human resource for health. Human Resource Development Center (HRDC) has conducted several in-service, refresher, up-grading training along with clinical, non-clinical and other management trainings in the fiscal year 2078/79. HRDC is responsible for gap analysis, research on training needs, prioritization and recommendation of HRH in Karnali province.

The following trainings have conducted in fiscal year 2078/79

Training	Batches	Participants
SBA	19	183
Mid-Level Practicum	3	29
Implant	4	16
GBV	1	24
ASRH	3	59
ICUD	4	16
Medico Legal Training	1	16
CB IMNCI	3	42
SBCC	1	43
Climate Change and Health Impact	7	171
ENT	1	22
Mental Health Psychosocial	8	216
TNA	5	128
TIMS	1	15
Mentor Development	1	12
FCHVs ToT	1	16
NSI ToT	4	107

Source: *HRDC*

6.7 Supportive Supervision, Monitoring and Evaluation

Background

Supervision, Monitoring and Evaluation is one of the core management functions of Health Service Directorate and is regarded as vital task with profound importance for technical backstopping the districts as well as health units of local level. Continuously ensuring the activities implementation as per plan is the major task of HSD and public/health offices as well. Supportive supervision helps to enhance the skill, knowledge and help develop positive result to achieve given target. Health Service Directorate strives for focused, integrated, team based, holistic monitoring and supervision visit rather than fault finding visits.

At the same time, visit is carried out from districts up to local level to make them enable to their own strength, weakness, opportunity and challenges as well as other supports as per need. During on site coaching discussions, for further commitment improvements, written feedback, meeting minutes are the task performed during supervision. After supervision, the findings are shared and presented in monthly meeting at Health Service Directorate and feedback was provided to respective districts/ health institutions. The issues that should be addressed by center are communicated formally.

Tools and Techniques for Monitoring, Supervision and Program Implementation

- Staff meeting, Meeting minutes
- Interview- Questionnaire
- Observation- Checklist
- Programmatic presentation- slide
- Experience sharing and discussion
- Record Review- registers
- Onsite coaching- checklist
- Result based planning
- Supportive supervision
- Commitment gathering and periodic review on achievements

Priority Areas for technical support during monitoring and supervision

- Citizen Charter, Help desk, complaint box
- Social audit, Public Hearing
- Irregularities settlements
- Financial reporting and improved budget absorption and utilization
- Cost effective program implementation
- PLMBIS Implementation

Ensuring Delivery of Quality Health Service

- Availability of Essential Medicines
- Equity and Access on Health services
- Health care waste management
- Clients' satisfaction
- Regulation of private health facilities

- Planned versus implemented Redbook reflected activities
- Monitoring and Supervision

Hospital Management strengthening

- Hospital Pharmacy operation and availability of medicine throughout the year
- Implementation of MSS
- Emergency preparedness at hospital

Information management and use

- Data quality Assessment and Improvement
- Accuracy, Completeness and Timeliness of HMIS through DHIS-2

Outbreak preparedness and management

- Updating contingency plan and Implementation plan
- Buffer stock at strategic location
- Media management
- Facilitating the response

Full Immunization Declaration

- Cooperation, coordination with local levels
- Facilitating health coordinators
- Advocacy for sustainable immunization coverage at local level

Major Issues and Way Forward

Annual provincial health review was held from 7-9 Ashwin, 2079. Each district shared issues and challenges which compilation of municipal level challenges were together with challenges faced at district level. The findings of the discussion are presented in Table 6.7.1. Based on the problems and issues identified, an appropriate recommendation has been suggested.

Table 6.7.1 Major issues, recommendations and efforts to solve the problems in health systems of Karnali

Program	Issues	Action to be Taken
Immunization	Decrease vaccination coverage compared to last fiscal year	Microplanning of immunization program and implement campaign especially in cat 4 municipalities
	Number of municipalities in category 4 still high High vaccine wastage rate of MDVP	Frequent monitoring visits to health facilities/EPI clinics
Safe- Motherhood	There are still cases of home delivery	Identify the Home delivery wards and initiate interventions
	Variation between institutional delivery and SBA delivery	Identify training need for SBA and initiative interventions HRDC to conduct SBA training/Circulate Palike to mobilize SBA trained HR in Birthing Center
	Variation between institutional delivery and SBA delivery	Strengthen community and hospital MPDSR
		Standardization of Birthing Center

Program	Issues	Action to be Taken
Family Planning	Decrease in CPR	Continuation supply of 5 FP services
		Strengthening of Service Sites
		Counseling during service delivery to clients
Child Health and New born	Temporary Stock out of essential **medicine such as ORS , Zinc, Vit A**	Strengthen mechanism of no stock out
	Treatment by antibiotics seems high	Timely procurement and supply of essential medicines
	Less service utilization < 2 months infants in hospital records	Interaction/on site orientation program at hospital
Nutrition	Increase in LBW	Improvement in Growth monitoring as well as its recording and reporting
	Average growth monitoring is low	
	EBF is low	Counseling during growth monitoring, postpartum visit.
	IFA compliance is low	Advocacy and integrate IFA in school health program
	Mothers waiting room	Community screening for SAM and MAM cases
	Poor screening of < 5 Yrs. Children	
NTD	Kalazar infection is in increasing trend especially high-risk districts	Community mobilization in search and destroy
Communicable Disease/ Non-Communicable Disease	Malaria test is still low than expected	Test need to be increased as per protocol
	TB case notification is increasing but not as per given target	Availability of test kits
	HIV/AIDS testing among ANC mothers is poor	Identification of high-risk area
	Implementation of PEN Package	Identification of high-risk area
		Awareness about the risk behaviors
		Expansion of Lab services for screening
		Expansion of PEN package training
Procurement of medicines and equipment	Poor and untimely supply of medicines especially in higher districts	Improve procurement and supply
	No regular supply of essential drugs and less budget for procurement	Improve procurement and supply
	Frequent break down of CCE	Strengthen LMIS, not just for reporting
	Not fully utilization of equipment	Manage technician for repair and maintenance
		Availability of specialist
		Capacity enhancement
Health information management	Improved in reporting status but still need to improve on time reporting	Regular follow-up to Health facilities
	Issue in timely availability of HMIS tools	Onsite coaching
	Question in Data quality	Data verification and RDQA
		Formation Data management team and its functionality
Health Financing	Operational Expenditure is low	Technical backstopping to local level from health service office for the execution of programs
	Issue of budget irregularities	Prepare annual operational calendar to monitor AWPB

Program	Issues	Action to be Taken
Procurement of medicines and equipment	Poor and untimely supply of medicines especially in higher districts	Improve procurement and supply
	No regular supply of essential drugs and less budget for procurement	Strengthen LMIS, not just for reporting
	Frequent break down of CCE	Manage technician for repair and maintenance
	Not fully utilization of equipment	Availability of specialist
		Capacity enhancement
Human Resource	Unavailability HR as per sanction position	Conduct training need assessment
	Trained Human resource	HRDC to plan trainings according training needs
	Staff absenteeism at their work station	Strengthening training sites at provincial level
		Coordinate with local government from province
Infrastructure	Birthing Centers and HFs are not as per national standard in some districts/municipalities	Advocate with Local Government, provincial government and Federal government
	There is issue of Power Back up (internet, laptop)	Monitoring visit from higher level to speed up construction work
	Issue in maintenance of equipment	Mobilization of provincial bio medical engineer as per need
Health Governance	Political influence in HR mobilization (SBA in non-BC) at local level	Advocate local elected bodies about the importance of public health program/resource leverage
	Linkage between federal, provincial and local government	Establish strong linkage for information management
	Issue of continuation of contract staff	Fulfill sanctioned position
	Low programmatic budget out of total municipal health budget	
Others	Health insurance coverage is not as expected	Improve the role of community mobilizer
	Disposal of expired medicine and non-functional equipment	Make community aware about the benefit about Health insurance
		Timely reimbursement of expenditure

7. HEALTH INSURANCE PROGRAM

Background

Nepal is committed to access to quality health care for all its citizens. Although good progress has been made on improving access, much remains to be done. Out-of-pocket expenditure still puts vulnerable households at risk of catastrophic spending and prevents them from using services. Existing social health protection schemes are fragmented and often fail to provide financial protection against catastrophic spending and are not always based on medical needs. Thus, there was a need to develop a health care financing pre-payment system and to pool risks to minimize financial hardships. The health insurance program was funded in the government's budget for 2011/12 (2068/69). The government then adopted the National Health insurance policy in 2014. Under the policy the government established the semi-autonomous Social Health (Health Insurance) Security Development committee (SHSDC) in 2015 to implement the program to promote pre-payment and risk pooling to mobilize financial resources for health. The SHSDC is chaired by the Ministry of Health Secretary with membership form Ministry of Finance, MoHP, DoHS and experts.

Vision, Objectives and Strategies

Vision: To improve the overall health situation of the people of Nepal.

Objectives:

- Ensure access to quality health service (equity and equality)
- Protect from financial hardship and reduce out of pocket payments
- Extent to universal health coverage

Strategy:

To implement health insurance program gradually throughout the country by increasing enrolment through awareness activities at the community level and special protection for poor and marginalized people by coordinating with government and private health service providers

The main features of the Social Health (Health Insurance) Security Program are as follows:

- It is a voluntary program based on family contributions. Families of up to five members must contribute NPR 3,500 per year and NPR 425 per additional member.
- It provides subsidized rates for families whose members have a poverty identity card.
- Enrolment continues throughout the year in implemented districts.
- Insurance enrolled people have to renew their membership through annual contributions.
- Benefits of up to NPR 50,000 per year are available for families of up to five members with an additional NPR 10,000 covered for each additional member. The maximum amount available per year is NPR 100,000.

- Insurance enrolled people have to choose their first service point but can also access services from government PHCCs and hospitals and listed private hospitals.
- Insurance enrolled people can access specialized services elsewhere that are not available at the first service point on production of a referral slip from their first contact point.
- It is cash-less system for members seeking health services. Upon presenting their SHSP membership ID card at a health facility, members are able to receive the health services and drugs covered by the benefit package without having to pay at any stage.
- Can access services from any service point and any referral specifies hospitals without a referral slip.
- SHSDC acts as the service purchaser while government and listed private hospitals provide the services.

Program Implementation

Health insurance program is being implemented in all 10 districts of Karnali province. The list of health facilities implementing Health insurance program across the districts are listed in the table below.

Table 7.1 health insurance program implemented Health facility

District	Health Facility	District	Health Facility
Jumla	KAHS	Jajarkot	Jajarkot Hospital
	Kalikakhetu PHCC		Dalli PHCC
Humla	Humla Hospital		Limsa PHCC
			Jajarkot PHC
Dailekh	Dailekh Hospital	Salyan	Salyan Hospital
	Dullu Hospital		Tharmare PHC
	Lakandra PHC		Lekpokhara PHC
	Naumule PHC	Rukum West	Aathbiskot Hospital
Surkhet	Awalching PHCC		Chaurjhari Hospital
	Dasharatpur PHCC		Rukum Hospital
	Salkot PHCC		Eye Hospital, Sallay
	Surkhet Eye Hospital		Kotjhari PHCC
	Melkuna Hospital	Kalikot	Kamalgaun PHCC
	Province Hospital		Kalokot Hospital
Dolpa	Dolpa Hospital	Mugu	Mugu Hospital
			Kotdanda PHCC

Table below shows 336090 population insured across 10 social health insurance implementing districts. Till the end of fiscal year 2077/78, total of 269903 people been insured in Karnali province. According to the report, 1567664 targeted people in Karnali a total of 1567664 (21.4%) been insured in province in the fiscal year 2078/79.

Table 7.2 health insurance program implementation status in Karnali province

District	Total population *(CBS 2068)*	Insured Population (Cumulative)			% of population	% of reniewed
		FY 2076/77	FY 2077/78	FY 2078/79		
Dolpa	36700	-	2269	2578	7	58
Mugu	55256	2701	5957	5811	10.5	60
Humla	50858	6049	10424	14101	27.7	60
Jumla	108921	43111	36845	62280	57.2	73
Kalikot	136948	33357	53764	44069	32.2	64
Dailekh	261770	1670	4490	18795	7.2	68
Jajarkot	171304	36721	52899	44001	26	65
Rukum-West	154272	44832	40471	65723	42.6	71
Salyan	36700	1970	7333	8803	3.6	63
Surkhet	350804	43763	55451	69929	21	70
Total	1567664	214074	269903	336090	21.4	65.2

Source: *Annual review, 2078/79*

8. MULTISECTORAL COORDINATION

8.1 Provincial Health Co-Ordination Team (PHCT)

Background

PHCT exists as one of the vital structures for multisector coordination in Karnali province as the decision of ministerial level of MoSD. Various public, private and non-governmental organizations (including NGOs, INGOs, Donors as well as bilateral organizations) are working to improve health status of Karnali Province through improving access and strengthening of health care delivery systems. All projects and organizations are supporting Ministry of Social Development (MoSD) to achieve its health goal through the activities and as per their scope and mandate, priorities and geographical coverage. A coordination mechanism and platform were needed to ensure that activities of different organizations are coordinated resulting synergy and avoid duplication of efforts and resources. The mechanism will also help the MoSD and its divisions and directorate to set priorities and to best utilize the expertise and resources of these organizations and projects. The mechanism fosters systematic ways of collaboration to ensure that the external supporting partners, private organizations and government institutions with MoSD and Provincial Health Service Directorate. To support collaboration and foster partnership, a coordination team comprising government representatives and representatives of private and external support partners working in Karnali Province is necessary. A Provincial Health Coordination Team (PHCT) is formed to facilitate coordination between MoSD and its Health Service Directorate with development partners and other stakeholders.

Rationale for Provincial Health Coordination Team

The PHCT is useful for MoSD, Health Service Directorate and development partners for following reasons:

- Strategic support at provincial level to effectively implement global, national and provincial health policies and strategies (including local priorities) in coordination with federal Ministries and other stakeholders to achieve health sector goals set by Nepal Health Sector Strategy and other policy documents
- Strengthen harmonization and coordination of actors at the provincial level focusing on the health sector to develop synergy
- Facilitate efficient use of health resources and minimize duplication of resources by minimizing ad-hoc, scattered and unaligned implementation of activities
- Promote mutual accountability and promoting health sector governance and stewardship
- Promote joint monitoring and sharing of learning that can be replicate in the province

The key objective of PHCT is to create a forum for developing common understanding of the priority's areas, make plan to implement those priority areas, rational use of resources and avoid duplication of time, effort and financial resources.

This coordination team can be a forum to:

- Share information, knowledge and lessons learned,
- Make collective decisions based on the issues and challenges, and
- Support MoSD to strengthen its health system, to improve access to, utilization of and quality of health services.

A similar platform (Provincial Health Coordination Team) was in place before restructuring of Nepal and lessons learned from that will be utilized. The proposed team is expected to be more comprehensive, participatory and will serve as link and facilitate communication between federal, provincial, and local level.

Objective of setting up of PHCT:

The main objective of the PHCT is to bring all actors together working in the health sector at Karnali Province (public, private, non-government, donor and external development partners) to coordinate program, project and resources to achieve health sector results through strategic direction, policy and program development, support in implementation and progress monitoring and evaluation.

Core areas of coordination and collaboration:

1. Health sector leadership and governance - sector planning, multi-sectoral coordination/collaboration and networking, accountability and synergy
2. Essential Health Care Services – equitable access and utilization of health services, universal coverage, and systematic quality improvement of health care,
3. Human resource management and capacity building
4. Health Management Information System – recording, reporting and strengthening management information system and capacity of municipalities
5. Supply chain management to ensure year-round availability of essential drugs and supplies to deliver quality health services
6. Health service promotion and behavior change communication
7. Emergency health, epidemic and disaster preparedness and management functionalization of provincial health emergency operation center and Rapid Response Team
8. Promoting gender equity and social inclusion in health sector,
9. Joint monitoring and periodic review of health services,

Composition of PHCT

The agencies (public, private, non-government, donor and external development partners) working in health sector at Karnali province are the members of PHCT. There is a committee under the chairpersonship of the Health Service Director as below:

Team:

1. Director, Health Service Directorate - Chairperson
2. Chief, Health Division – MoSD, Co-Chair
3. Medical Superintendent, Surkhet Hospital

4. Chief, District Public Health Service Office, Surkhet
5. Member Secretary: Program Officer from Health Service Directorate

Members:

1. Representative, UNICEF
2. Representative, WHO
3. Representative, WFP
4. Representative, USAID/SSBH
5. Representative, USAID/Breakthrough Action
6. Representative, Save the Children
7. Representative, AIDS Healthcare Foundation Nepal
8. Representative, Humanity and Inclusion
9. Representative, NSI
10. Representative, Centre for Mental Health Counseling
11. Representative, SUAAHARA II
12. Representative, Swachchhata
13. Representative, Pharmacy Association
14. Representative, INF
15. Representative, Nepal Red Cross Society
16. Representative, FPAN
17. Representative, Handicapped International (HI)
18. Representative, CRS Nepal
19. Representative, Marie Stopes

Note: Representatives from other health related organization, groups or networks will be called upon as invitees as and when required. Periodic review of the composition will be done and changes in the membership will be updated on annual basis.

PHCT Membership Process

All the organization (public, private, non-government, donor and external development partners) working in health sector at Karnali province could be the member of PHCT in principle. However, to obtain formal membership of the team, interested organization must fill the form with required information including the scope and operation modality, contact persons as requested by the Health Directorate.

Roles and Responsibilities of PHCT

The primary role of the team is to play the coordination and facilitation role to strategically move the health sector in the province forward. Specific roles and responsibilities of the team will be the following:

- Work as key steering body in coordinating program/activities and resources of all actors of the sector - including control and regulation
- Make strategic alignment of program and resources to achieve the results pursued by Federal MoHP and provincial MoSD

- Jointly working for effective implementation of Provincial health sector policy/strategy and periodic Plan
- Map out working areas (e.g., districts, municipalities) supported/focused by different actors in the health sector and update the provincial health profile and resource map on periodic basis
- Facilitate public sector's health programs' implementation process for its effectiveness in wider coverage and equity.
- Strengthen joint planning, monitoring, supervision and review of the programs and projects (e.g., participate and facilitate the local and provincial level joint Annual Health Performance Review Meeting).
- Develop an Emergency Health and Epidemic Preparedness and Disaster Management Plan and mobilize Rapid Response Team (RRT) as needed
- Take initiatives for learning and innovation in health sector by promoting studies and operational research, introducing new approach/tool or technology and/or technical update
- Formation of different sub-groups/task group for effective implementation of technical themes (e.g., quality improvement group, MNCH/RH group, Governance and accountability group) for further support.
- Facilitate interaction and communication between the provincial government with development partners primarily at provincial level but also with federal and local level as needed Any other action demand as needed and as jointly agreed by PHCT

8.2 Development Partners in Karnali

The outcome discussed in the previous chapter are the results of collective efforts of the Ministry of Social Development, Karnali province, Health Service Directorate, and its development partners. This chapter lists the program focuses of these organizations and their achievements obtained in FY 2078/79.

Table 8.2.1 List of partners and their scope of work

S. N.	Organization	Project	Scope of Work	Coverage	Working Approach	Duration
1	AIDS Health Care Foundation (AHF) Nepal	Increasing access to treatment, care & prevention services by PLHIV in Nepal	HIV	Karnali Province Hospital	Partnership with government for ART service delivery	2017-2022
2	Centre for Mental Health and Counselling Nepal (CMC-Nepal)	ICMHP PRABARDHAN, PCCICV, GBVPRP, School Mental Health	Mental Health and Psychosocial Support	Seven Districts and 22 rural / municipalities	Multi sector approach and Community engagement.	2020- 2025
3	Family Planning Association Nepal (FPAN)	IPPF	Promoting SRH integrating CSE Support and Oversight	Surkhet & Dailekh	Health System Strengthening, Multi sector approach	2022
4	Nepal Red Cross Society	Enabling Action for Community Health (EACH) and COVID-19 Response	Service to vulnerable and disadvantaged people	5 Districts & 10 rural municipalities	Multi sector approach, Health System Strengthening	2022-2025
5	Nick Simons Institute	Rural Hospital Strengthening Project	Curative Health System & Strengthening	6 Districts	MoHP and MoSD and Governement Hospitals	2021-2026
6	Plan International Nepal	Early Childhood and SRHR	Promotion and Capacity Building	Jumla Kalikot	Partnership with Local Partners	2019-2023
7	Save the Children	Early Start, POWER4AY, SAHAYATRA-II, Global fund TB, Malaria and HIV	Nutrition, Maternal, Neonatal and Child Health, SRHR, WASH, TB, Malaria and HIV/AIDS	Karnali Province	• Life cycle approach (0-18 years children) • Partnership, • Reaching to most marginalized Population	2021-24 2021-2026, 2022-2024 2019-2023

S. N.	Organization	Project	Scope of Work	Coverage	Working Approach	Duration
8	Abt Associates, Save the Children, KAHS and MASS	USAID/Strengthening Systems for Better Health Activity (SSBH)	Health System and Governance MCH, FP, IM, Equity PSE, HER	Karnali Province	HSS, Collaboration, TA, Capacity Building in Kind Support	2018-2023
9	HKI, (CARE, FHI360, NTAG, ENPHO, Equal Access & VDRC)	USAID/SUAAHARA II	Nutrition & Health, WASH, Homestead Food Production, MSNP, etc.	Surkhet, Jajarkot, Salyan, Dailekh and Rukum west: 43 municipalities	Multi sectoral health and nutrition program, 1000 days women, < 2 yrs children and adolescence	2016 – 2023 March
10	Dev Works International (SNV USA)	USAID'S Health and Hygiene Activity – स्वच्छता	WASH, IP, BCC and GESI	6 Districts, 50 municipalities, 248 HF	Coordinate, leadership for program planning & intervention	2016-2024
11	UNICEF	Health (Maternal and child health, Immunization, Adolescent and mental health, Emergency preparedness and response, health system strengthening) and Nutrition (MIYCN, IMAM, Micronutrient, MSNP and nutrition in emergency)	Karnali Province	Coordination Collaboration Technical Support	Strengthening the government system Partnership with local NGOs	NA
12	Water Aid Nepal	Hygiene Promotion Through Routine Immunization	Hygiene Promotion	Karnali Province	Hygiene and preventive measures integration in routine immunization program	March 2023
13	World Food Programme (WFP)	Mother and Child Health and Nutrition Programme (MCHN)	Supplementary food distribution Policy & Program guidance Capacity Development	Kalikot, Jumla, Mugu, Humla and Dolpa	Technical and logistic support - Government system strengthening	2019 to 2023
14	WHO	Health System Strengthening Health Emergency Immunization Preventable Disease and SRHR	Health System Strengthening, RMNCH, Emergency Immunization Preventable Diseases	Karnali Province	Coordination Collaboration Technical Support Joint Assessment Preparedness, Response and Recovery	NA

Intervention areas and achievements of Partner Organizations

1. AIDS Healthcare Foundation (AHF), Nepal

Scope of Work	Coverage	Interventions/Efforts	Achievement/Outcome
HIV Prevention and Testing	Province Hospital Surkhet	42804 condom distribution, 222 IEC, 177 CLT test conducted with 4 positive identifications. 3652 TB screening, 5 case diagnosis	2.25% HIV positivity identification from CLT and 75% linked to ART Clinic. Identify 0.13% positivity of TB among HIV who screened for TB and 100% enroll in TB treatment
Support to increase access to treatment and care services		449-Transportation , 76 medicine, 14 Lab, 17 food support received by PLHIV, 3787 appointment reminder call, 14 Client education sessions 12 home visit were done.	79% HIV Viral load test coverage with 96.9% HIV viral load suppression. 64 New clients enrolled in ART and 13 clients who were LFU tracked and reenrolled in ART. 95% client initiated treatment within 14 days of enrollment.
Capacity building		CME-3 , TWG QI-2	Able to address technical issues of client at hospital
Networking coordination and advocacy.		Stakeholder meeting-2, national international day celebration-4 , facilitation to enroll client in gov health insurance program	Enroll 237 (66%) clients in gov health insurance
HR Support		Counsellor-1 and Peer educator-1	DHIS tracker recording 100% client entry, HMIS100% reporting of HIV reports, bimonthly logistic reporting

2. CMC Nepal

Scope of Work/Theme	Coverage	Interventions/Efforts	Achievement/Outcome
Integrating mental health in primary health care	All project area	mhGAP/MHPSS/PFA ToT and 6 months counselling training and Clinical Supervision	• 35 health worker received mhGAP training • 22 health workers trained on MHPSS • 16 health workers capacitated on Psychosocial Counselling through refresher training • (2 batches of 6 months) • Supported NHTC to conduct 4 batches of 6 months Psychosocial Counselling Training • 95 health persons strengthened their capacity through Psychological First Aid ToT • Technical support to MoSD to conduct PFA ToT and MH trainings • Supported establishment of 5 counselling centers • 2000+ mental health treatment support • 1000+ persons received counselling support
Psychosocial counselling and follow up during COVID 19		Psychosocial Counselling and follow up services in COVID 19 pandemic	• Facilitation of MHPSS Toll free number for COVID 19 • (85 persons received counselling services) Counselling center established at 5 health facilities • 2000+ PFA and follow up support
Awareness		Sensitization/orientation	• 7,000 + persons including students engaged MHPS awareness and suicide prevention
School Mental Health Program		PFA ToT/School mental health promotion training/Facilitate to establish MH friendly classes/orientation/Peer support	• 27 teachers received PFA ToT • 530 30 teachers received School Mental Health Promotion training/orientation • 500 teachers oriented on psychosocial promotional activities at school • 120 classrooms of 60 schools practiced classroom based psychosocial promotional activities • 4082 adolescent, parents, SMC/PTA members, teachers received awareness onon MH, Suicide prevention and adolescent health awareness
GBVPRP	3 district, 5 municipalities	Awareness and sensitization/Assessments, psycho-education, and referral/Training/Supervision	• 11672 received awareness and psycho-education on GBV and MHPS problems • 2398 survivors of GBV were provided with required support and care in the project locations. • 521 persons received multi-sectorial support and care from 3 separate OCMCs. • 19 medical persons received blended learning training on NHTC approved course. • 53 FCHVs received a one-day orientation
SHG and Disability Inclusion		Rights training/livelihood training and support/self-advocacy	• 8 MH SHG established • 102 persons trained livelihood skills • 50 persons received livelihood initiative support • 21 persons received accessibility audit training • 62 duty bearers oriented on accessibility promotion

3. FPAN

Scope of Work/Theme	Coverage)	Interventions/Efforts	Achievement/Outcome
Advocacy (Regional and National)	Karnali Province; 2 District	Submission of memorandums to the provincial Social Development Ministry	Reporting in DHIS-2 is increased
	10 Municipalities of 2 districts	Organize interaction program with RHCC / Health Cluster Member	Total 300 sites were functional in Karnali Province

4. Handicapped International

Scope of Work/Theme	Coverage (Geography)	Interventions/Efforts	Achievement/Outcome
Physical Rehabilitation	All district of Karnali province	• Physiotherapy equipment support to health service offices of all districts to establish new physiotherapy units. • Technical support to MOSD, HSD, and HSOS to strengthen the rehabilitation service across the province. • Physiotherapy equipment support to the Karnali province hospital Surkhet and Karnali Academic of Health Science Jumla • Support Ministry of Social Development to develop rehabilitation annual working plan. • Support the Ministry of Social Development to develop implementation guidelines of disability and rehabilitation-related activity • Conduct orientation to the health workers of all districts on early detection and referral of children with impairment • Support the Ministry of Social Development to conduct continues professional development (CPD) orientation for the government physiotherapist • Develop and integrate Rehabilitation module into DHIS2 software and delivery of training to government medical recorders and physiotherapists of Karnali province. • Joint monitoring and supervision visit to the newly established physiotherapist unit. • Support health service directorate to conduct annual health review meeting • Support health service directorate to conduct rehabilitation review meeting • Support Ministry of Social Development to develop rehabilitation strategic plan. • Supported MOSD/HSOs in 8 districts with 60 FWM wheelchairs	• 6 new physiotherapy units established in the Jajarkot, Dailekh, Mugu, Kalikot, Dolpa, Humla districts of Karnali province. • 2 PTU in KAHS and province hospital Surkhet strengthened. • Rehabilitation annual working plan of MOSD is developed yearly. • A total of 345 (M:156 F:189) HWs from Jajarkot, Jumla, Kalikot, and Surkhet were trained on early detection and referral of children with impairment. As result 24 cases were identified. • Rehabilitation module developed and integrated into DHIS 2 software • Eight government physiotherapists were oriented • one joint monitoring and supervision visits conducted to the newly established physiotherapy unit of Dolpa hospital by MOSD and HI • Initiation of wheelchair service in district hospital • 17 government medical recorders and physiotherapists were trained on the rehabilitation module. • All hospitals started to report rehabilitation related service data in DHIS2 software.

5. Nepal Red Cross society

Scope of Work/Theme	Coverage (Geography)	Interventions/Efforts	Achievement/Outcome
Reproductive Health	Karnali Province; 2 District - 2 rural municipalities	Community group (health mothers' group, youth clubs, W-WASH CC) functionality Capacity building of health staffs	EACH project intervention started initially
Quality of service	Karnali Province; 2 District - 2 rural municipalities	Assessment of HF and WASH status Support for infrastructure and essential equipment Establish Multi sectoral Support and referral mechanism	EACH project intervention started initially
DRR CCA	Karnali Province; 2 District - 2 rural municipalities	Capacity building Training (FA, CADRE) to local people for health emergency response	EACH project intervention started initially
COVID-19	Karnali Province; 10 District - 20 rural municipalities	PSS support to C19 affected people - 70 Volunteer mobilization at vaccination center - 108 Transport support to most vulnerable people - 55 Livelihood support to C19 affected people	More than thousands vulnerable and disadvantaged people were reached to vaccine Direct beneficiaries- 50,000+ people

6. NSI

Scope of Work	Coverage (Geography)	Interventions/Efforts	Achievement/Outcome
Curative Support Service Program	Kalikot, Salyan, Dailekh, Jajarkot, Humla, Mehalkuna and Dullu Hospital	Skilled HR Support: MDGP, MO. AA , BMET , SN and Need base (HA, Physiotherapist) Equipment Support Living Support (Quarter Management)	Uninterrupted Surgical and Medical Service at the Hospitals throughout the year
Hospital Strengthening Program	Karnali Province: 10 Hospitals	MSS Assessment twice a year	Identified Gaps Improved readiness of the hospitals Short term and long-term planning for further improvement
Health Trainings	Karnali Province: Hospitals and health facilities.	Provided Health Trainings	Health Professionals knowledge and skill enhanced Health Client visiting hospital and health facilities received quality health service ASBA: MO (6) OTTM: Staff Nurse (5) ECCT: MO, SN (4) SBA : Nursing Cadre (10) PEC: MO, Staff Nurse, Paramedics (12) MLP: Paramedics (38) User Maintenance: Professional (6)

7. PLAN INTERNATIONAL

Scope of Work	Coverage (Geography)	Interventions/Efforts	Achievement/Outcome
Early Childhood Development		Parenting Education, Collective Dialogues with community, promoting male parents engagement in child care, Dialogues with Adolescents, Community Led Campaigns to promote nurturing care, Supporting regular meeting of HMGs	More than 210 HMGs are Continue supported for regular meeting and conducting sessions & discussion on positive parenting, nurturing care and more than 4000 parents trained on homemade playing material. Parents are found to be spending quality time with their children & preparing homemade play material for their children and increased in MNCHN services Supported for the formation of 4 palika level and 24 ward level ECD committee as guided by National ECD Strategy The total number of 1860 children were screened for nutritional assessment, 8 cases identified with SAM & 123 with MAM (Referred to nearest OTC center).

Scope of Work	Coverage (Geography)	Interventions/Efforts	Achievement/Outcome
ASRHR		ASRH training to health service providers, ASRH orientation to parents and community, Intergeneration dialogue, peer education, comprehensive sexuality education to teachers,	32 health personal trained on ASRH which supported to adolescent friendly services. 90 teachers are trained on CSE so that interaction on SRHR issues at classes found to be improved. Through community awareness activities reached to 4858 adolescent and parents on ASRH services at health and child early and forced marriage. More than 8600 IEC materials distributed on awareness raising booklet, pamphlets and hoarding boards. (NHEICC resources reprinted)

8. SAVE THE CHILDREN

Scope of Work	Coverage (Geography)	Interventions/Efforts	Achievement/Outcome
Sexual and Reproductive Health Right (SRHR)	9 Municipalities of 4 districts	Support to establish Adolescent Friendly Health Service (AFHS) Centers. • Curriculum based sessions on SRHR among Adolescents groups. • ASRH training to Health workers. • Support to establish Adolescents friendly information corner (AFIC) at School. • Comprehensive Sexuality education (CSE) sessions at School and community level.	• Established 8 Adolescents friendly health facility • Curriculum based ASRH/life skills sessions are ongoing among 28 adolescents' groups. • AFIC established in 10 Schools. • Total 16 HWs were trained on ASRH training.
Maternal Child Health and Nutrition	2 Municipalities of one district	• Essential equipment's and renovation support to Birthing Centers/ Health Facilities. • Nutrition sessions among care givers groups and food demonstration sessions. • In-kind support (salt, soap and a small towel) for promoting ANC checkups. • Technical support to HFs for growth monitoring. • Home visits and counseling support to care givers.	• Total 5 HFs were provided with essential equipment's and renovation support. • About 1350 care givers were reached through nutrition sessions. • The ANC checkups as per protocol has increased, so far total 1201 pregnant women reached through in-kind Support (salt, soap and a small towel).
TB, Malaria and HIV/AIDS	Karnali Province	• Conduct Palika orientation for all palikas of Surkhet • Conduct sensitization meeting with provincial focal persons • Establishment of Data management Committee • Establishment of RR tracking team • Regular support in Redbook activities • Ensure zero data deviation of all Three program TB, HIV and Malaria **Malaria:** • Conducted Case Based Investigation • Conducted Foci investigation and foci F/U • LLIN distribution: Mass and through ANC • Launched Community Based program (CBT) in 9 palikas of 3 districts • Indoor Residual Spray (IRS) in Mugu and Humla • Onsite coaching and support in implementation of Red-book activities • Supported in logistic supplies of malaria program related commodities	• Sensitization and commitment from palika level in TB, HIV and Malaria program at Surkhet district • Regular data cleaning and minimization of data discrepancy • Decrease in initial defaulters • Roll out of ONHIS **Malaria:** • Conducted CBI of all 52 cases in Karnali province following 1-3-7 modality of disease surveillance. • Conducted Foci investigation of all 6 Active focus and foci F/U of all 13 foci in KP • Protected malaria risk population by distributing 12250 LLINs (Mass: 10100 & Through ANC: 2150) • Increased community awareness & 7480 suspected case screening of malaria at community level through CBT. • Protected risk population & cut off transmission chain through IRS in Mugu and Humla.

9. USAID's Strengthening Systems for Better Health Activity (SSBH)

Capacity Building	Technical Support for Provincial Level
• 857 Health Workers trained on Maternal, Neonatal, Child Health and Family Planning Service-related Trainings (SBA-112, IUCD-16, implant-59, MNH update- 382, management of childhood illness- 257) • 1036 Health Workers were trained on Information System and Logistic (e/LMIS-54, DHIS-193, HMIS-698, RDQA-91) • 89 Health Facilities to reinstate HFOMCs through committee formation and orientation • 1050 locally elected member trained on Gender Equity and Social Inclusion • Health Worker and support staff were trained on IPC, HCWM, Adult and pediatric Essential critical care training, onside coaching on case management • Health workers were trained on Covid-19 and vaccination related Information management (IMU/DHIS2, QR code verification CICT) • Health workers were trained on COVID 19 vaccination (Pfizer Provincial TOT, vaccinators training) **In-kind / Logistrict Support** • Power Back up for waste management unit (Provincial Hospital) • CLIA Machine(KASH) • Vaccine cards register, safety box, vaccine trandportation	• Support in the process of formulation of Health Service Act 2078, Province Health Sector Strategy Implementation Plan, Health Service Regulation, Health Facility Establishment, Upgrading, Operation and Renewal Guideline, among others. • Conducting Provincial annual health reviews, finalization of annual health report and developing e-provincial health profile, Strengthening Clinical Training Sites. • Support in strengthening and installing Electronic Health Recording System (EHR) 7 Hospitals of Karnali Province **Technical Support to Municipalities and HFs** • Supported in the process of formulation of Municipal Health Policies in 63 municipalities and Health Act in 59 Municipalities • All 10 Districts and 78 municipalities supported during Annual health Review meetings (FY 2077/78) • Provided Basic Health Logistic Training and Procurement and Forecasting Training to all 79 municipalities. • Supported in roll-out of HPMSS in 158 Health facilities and 30 municipalities. • Supported to conduct Social Audit in one municipality and 3 health facilities in each district (10 municipalities and 30 HFs) • Develped Municipal Health Emergency and Disaster Preparedness and Response Plans (**21 endorsed and 50 drafted)** • Support DCCMC/DICC period performance review meeting **(All 10 District)** • Conducted assesment of availability, utilization and functionality of medical equipment, and repairment of medical equipment. (All hospital And PCR Laboratory) • Conducted Community based COBID -19 Pediatric Case Management Guideline **(All 10 District)** • Conducted Community based engagement (review meeting and FCHV mobilization) to increased vaccination coverage) • Humal resource support by field medical officers, nursing officer's laboratory technologist at hospital and Lab

10. SUAAHRA

Scope of Work/Theme	Coverage (Geography)	Interventions/Efforts	Achievement/Outcome
Improved household's nutrition and health behaviors	Karnali Province; District 5(Rukum West, Salyan, Jajarkot, Dailekh and Surkhet)	Trained and mobilization 227 Female Peer Facilitators (PF) in hard to reach areas	Counseling to 1000 days women and adolescence on health/nutrition by PFs
		Conduct Local Food Recipe Demonstration in 1925 HMGs and counseled	31,140 members of HMGs enhanced knowledge/practiced to make recipe of local nutrient reach foods & BCC
		Celebrate 9500 Key Life events and counseling to 1000 days women and their decision maker	55402 Family Members benefited directly in BCC of health & nutrition
		Households visit & counseled/Tele counseled to 45,840 G1000 days women HH's by Nutrition Facilitators	Enhanced knowledge and practice on health and nutrition behavior change
		Applied SATH and Equity Access Program in 221 HMGs	Identified 1000 days women & tracking health and nutrition behavior

Scope of Work/Theme	Coverage (Geography)	Interventions/Efforts	Achievement/Outcome
Improved Capacity of Health Service Providers to do Nutrition Assessment and Counselling Services (NACS)	Karnali Province; District 5(Rukum West,	Conducted 6 events of review and planning meetings with OTC and NRH staff to strengthen NACS/IMAM services	Capacitate to 187 health staff on IMAM and OTC establishment from HFs & Municipality
		Conducted two days orientation to enhance capacity of exiting CB-IMNCI Coaches on MIYCN/IMAM.	Enhanced knowledge on nutrition specific intervention program IMAM/MIYCN to 53 CBIMNCI Coaches
		Onsite coaching to 764 health staff in 86 HFs to strengthen MIYCN/FP, IMAM, CB-IMNCI, recording and reporting	Improving: recording/reporting, counseling technic, identification malnutrition cases
		Routine Data Quality Assessment (RDQA) in 39 HFs & technical support in red book activity	Supported to strengthen nutrition indicators and capacitate to 322 health staff
		Integrated Nutrition Program Review and Planning meeting/ workshop with Nutrition Food Security Steering Committee in 34 Municipalities	772 Participants were participated in NFSS Committee meeting and familiar with nutrition indicators
		Identified 999 moderate malnutrition children with the help of FCHVs and support, counseled and referral at OTCs	Counseled to 999 HHs by providing nutritious local foods
Risk Communication and Community Engagement COVID19	Salyan, Jajarkot, Dailekh and Surkhet)	Mask and Sanitizer distribution to HF/FCHVs during NVAC Telephone counseling, mobile push messaging IEC/BCC materials distribution	Mask and sanitizer distribution two times during NVAC Telephone counseling to 81758 G1000 days women Total 5,13,547 covid/health/ nutrition push messaging for the prevention
		Human resource mobilization at health office and community	38 for certain period
		Covid19 prevention related PSA broadcasting thru 12 local FM radio Broadcasting Bachhin Ama Radio Program	
		Covid-19 Vaccination Coverage Activity: District, municipality, ward/HFs and settlement level consultation/interaction meeting Orientation to health staff on booster session, DHIS2 and QR code at district level Vaccine/logistic transportation FCHVs mobilization	• 2696 FCHV mobilization for data collection and counseling • 502 consultation/interaction meetings w**ere held**

11. SWACHHATA

Scope of Work	Coverage (Geography)	Interventions/Efforts	Achievement/Outcome
Water, Sanitation and Hygiene (WASH) Infrastructure	Karnali Province; 6 District,50 Municipalities, 130 HFs	• Drinking water supply and hand washing stations in Health Facilities • Toilets construction with disability-friendly in HFs • Trained VMWs, Standard Operation Procedure, technical support and strengthening of HFOMC. • Functionality assessment and provision of technical support in identified gaps in WASH.	• 130 HFs supported with safe drinking water supply, gender and disability-friendly toilets and handwashing station in HFs • 246 (50 F, 196 M) site supervisor trained on WASH construction monitoring and supervision • 184 (63 F, 121 M) VMW trained for operation and maintenance of WASH schemes • 186 (46 F, 140 M) HFOMC & WUSC trained on standard operation procedure. • Functionality assessment of WASH infrastructure and provision of technical support
Behavior Change Communication	6 District, 50 Municipalities, 130 HFs	• Provided 5 days TOT training to health workers ANMs • Provided 2 days WASH BCC training to FCHVs at HF level and Mobilized local FMs	• 259 (202 F, 57 M) HWs & ANM trained on WASH BCC • 1306 FCHV trained on BCC in 130 HFs • Aired BCC message through local FMs
Infection Prevention (IP) and Providers Behavior Change Communication (PBCC)	6 Districts, 50 Municipalities, 190 HFs	• Refresher training on Infection Prevention to District Supervisor • 5 days of district-level IP and PBCC training for HWs • 2 days whole site orientation on IP and PBCC in HFs • Strengthen HFOMC meetings • Conduct annual health facility survey and provide technical support in gaps identified on IP/PBCC	• 20 District Supervisor trained on Infection Prevention training • 423 (228 F, 195 M) Health Worker trained on Infection Prevention (IP) and PBCC • 1734 (910 F, 824 M) HWs and HFOMC Whole site orientation on IP & BCC in 190 HF • Regularized HFOMC meetings in 190 HFs • Regularized annual health facility level assessment and provide technical support in gaps identified on IP/PBCC
Coordination and Support	6 Districts, 50 Municipalities, 130 HFs	• Support provincial and district health sector, WASH sector and partners • Review and planning meeting with Municipalities • Joint monitoring visit	• Participation and contribution in health and WASH sector at province and district • Organize and participate in review and planning meetings with municipalities • Joint monitoring visits with province, district and municipalities in sites

12. UNICEF

Scope of Work/Theme	Coverage (Geography)	Interventions/Efforts	Achievement/Outcome
Maternal and child health /Immunization	Karnali Province; (10 districts and 79 local government)	Community MPDSR (Jumla, Mugu) Cold chain management and vaccination Logistic supply and management (10 DVs provided with 1/1 ILR Supported one 40 m3 WIC to strengthen the COLD CHAIN Warehouse of PHLMC Surkhet	Total 70 health workers were capacitated on the MPDSR process. Out of 10 district 8 district declared as full immunization. Effective management of Vaccine in PHLMC, DVs TCV coverage: 99%
Child and Adolescent Mental Health(CAMH)	Jumla , Surkhet and Dailekh	Capacity enhancement of medical doctors, health workers, school health nurses on child and adolescent mental health.	Screening of children and adolescent mental health issues and its management 84 of health workers capacitated

Scope of Work/Theme	Coverage (Geography)	Interventions/Efforts	Achievement/Outcome
Emergency response/COVID-19	Karnali Province	Supported for finalizing and endorsement of various plans Supported COVID-19 response materials (health kit, LLIN, newborn incentive kit) Supported for the timely delivery of the COVID-19 vaccine	Monsson Preparedness plan, COVID-19 response plan 1st dose : 77% 2nd dose: 75% Additional dose: 31% pfizer 1st dose (5 to 11 years): 58.56 % pfiizer 2nd dose (5 to 11 years): 10%
MSNP	Karnali Province	Multisectoral approach (WASH, Education, Agriculture, Child protection and Governance)	Scaling up of MSNP in all 10 districts, (9 districts/70 LLs full package and 1 district (Surkhet) 9 LLs partial package), Nutrition friendly Health facilities (Charikot HF Jagdulla, Dolpa, Bafukhola and Kotbara HF Bachaur Salyan, Naumule HF Dailekh chainabagar HF, sanibheri, Rukum west etc Allocation of additional budget by LGs Rs.54362000
Maternal and child nutrition	Karnali Province	Technical support (Maternal Infant and Young child feeding, Micronutrients, IMAM, Nutrition in Emergencies)	Full Phase implementation of Comprehensive Nutrition Specific Interventions: All health workers Scaling up and stregthing OTCs: 207 Vitamin A coverage : 90.41% Initiation of Family MUAC approach at Jumla

13. WATER AID

Scope of Work/Theme	Coverage (Geography)	Interventions/Efforts	Achievement/Outcome
Hygiene Promotion	This initiative has been scaled up across the nation hence covers all district of the Karnali Province.	Capacity building of health workers in hygiene promotion Technical support at province level to integrate hygiene & COVID preventive measures Technical support in government AWPB activities	Health worker trained on hygiene promotion program and hygiene promotion session conducted in EPI Clinics. Support in implementation of AWPB activities of Immunization program.

14. World Food Program

Scope of Work/Theme	Coverage (Geography)	Interventions/Efforts	Achievement/Outcome
Technical support for system strengthening	Kalikot, Jumla, Mugu, Humla and Dolpa HFs 128 Palikas: 34	- Logistics handling at district level warehouses food storage, transportation and distribution at health facilities - Technical assistance through Cooperating Partner NGOs (MDI and SAPPROS) - Technical assistance for health and nutrition services available at the health facilities - Regular monitoring, supervision and reporting - Key SBCC intervention on nutrition	- Financial target: NPR 72,882,175, Expenditure: NPR 68,345,746 (94%) - Pregnant women received ANC: 84% - Pregnant women making first time visits as per protocol: 94% - Pregnant women making four-time visits as per protocol: 74% - Pregnant women received De-worming tablets: 96% - Pregnant women received 180 iron tablets: 74% - Women having institutional deliveries in birthing centers: 61% - Lactating women received Vitamin-A tablets: 61%

Scope of Work/Theme	Coverage (Geography)	Interventions/Efforts	Achievement/Outcome
		- Coordination between LGs, HFs and Health Services Offices on regular activities - Capacity development of LGs, health workers and key stakeholders on ownership development, resource mobilization and delivery of qualitative services	- Lactating women received 45 iron tablets: 62% - <6 months old girls growth monitored: 94% - <6 months old boys growth monitored: 92% - Girls 6 to 23 months growth monitored: 88% - Boys 6 to 23 months growth monitored: 92% - 6 to 23 months underweight girls: 47% - 6 to 23 months underweight boys: 43% - PLW received fortified blended food: 110% (Target: 9931) - Girls 6 to 23 months received fortified food: 93% (Target: 9214) - Boys 6 to 23 months received fortified food: 85% (Target: 9981) - Planned beneficiaries: 29,126, Achieved: 27,932 (96%) - Fortified blended food distributed: 78% (Planned: 1048.536 mt and Distributed: 816.851 mt) - Participants received nutrition training in 5 districts: 1102 (Male: 827 and Female: 275)
Covid Health Logistics and transportation	Karnali Province	Specific transportation arrangements from DOHS to HSD and PHLMC, and further to districts within Karnali Province as per need and demand from MOHP, DOHS and HSD	WFP has transported approximately 205.906 metric tons medical supplies and health commodities till date to Jajarkot, Rukum West, Salyan, Jumla, Kalikot, Mugu, Dailekh, Dolpa and Surkhet districts. WFP continued to deliver these essential health items starting the first lockdown until very recently in support of the HSD and PHLMC in Karnali Province, during most critical and difficult times. The logistics support of this kind has been halted for the time being because of the normality of overall situations. WFP will resume the logistics support during onset of any emergency situation declared by the Government in the future under the logistics cluster.
Covid Health Logistics and transportation	Karnali Province	Specific transportation arrangements from DOHS to HSD and PHLMC, and further to districts within Karnali Province as per need and demand from MOHP, DOHS and HSD	WFP has transported approximately 205.906 metric tons medical supplies and health commodities till date to Jajarkot, Rukum West, Salyan, Jumla, Kalikot, Mugu, Dailekh, Dolpa and Surkhet districts. WFP continued to deliver these essential health items starting the first lockdown until very recently in support of the HSD and PHLMC in Karnali Province, during most critical and difficult times. The logistics support of this kind has been halted for the time being because of the normality of overall situations. WFP will resume the logistics support during onset of any emergency situation declared by the Government in the future under the logistics cluster.

15. World Health Organization

Scope of Work/Theme	Coverage (Geography)	Interventions/Efforts	Achievement/Outcome
Health Emergencies	Karnali Province	• Provided technical support to the health service directorate and the ministry of social development. • Coordination with the health and nutrition cluster partners for regularized meeting as co-lead agency, along with UNICEF. • Coordination with the local government for implementation of recommended protocols. • Analysis of trend of diseases/findings to support the health service directorate. • Technical support for trainings conducted from the federal level at the provincial level. • Rapid assessment of the hospitals, isolation centers and vaccination sites. • Monitoring of the returnees from land PoE to Karnali, in coordination with PHEOCs. • Rumor verification done continually (reported via different news portals or word of mouth) • Technical support to the RRT at the grassroot level	• Regular situation report on COVID-19 published. • Support at the provincial level for coordination and communication with the hospitals, health service offices. • Finalization of Disaster Preparedness and Response Plan for the Health and Nutrition cluster in coordination with the cluster members and the Health service directorate. • Response to the bird flu outbreaks seen in the province, in coordination with the animal health directorate and the health service directorate. Close monitoring of the sealed off area with the relevant stakeholders. • Coordination to collect and transport the sample • Support provided to the HSD with disease surveillance and response.
12	All 10 districts	- TCV roll out and introduction in RI - Deployment of Independent monitors in hard-to-reach areas/ targeted areas to identify un-/under immunized, missed children for RI - Monthly feedback on reporting rate, HMIS RI and VPD data discrepancies - Strengthening Routine Immunization (RI) to achieve high coverage with equity - Technical assistance in COVID-19 vaccination drive - Coordination with government and non-government counterparts	- Full Immunization Declaration of Kalikot, Jumla, Mugu, Rukum W, Jajarkot and Salyan - Timeliness and completeness in HMIS RI reporting rate - Capacity building of HWs through training/workshop, RI monitoring visits-District/HF/Session/Community-QIA (Quick Immunization Assessment)
VPD surveillance	All 10 districts	- Active case surveillance of VPD cases - Provincial, district and sub-district level VPD surveillance workshops across the 10 districts - Dissemination of Measles Rubella Risk Assessment	- Timely case notification of suspected VPD cases and proper sample shipment - Developed provincial action-plan based on measles rubella risk assessment
Health System Strengthening (Policy and Governance Sexual and Reproductive Health Right)	Karnali Province	TA Support for SRHR Technical Working Committee formation Support in listing and certification of new and old Safe Abortion Sites in both provincial and Municipal level. Safe Abortion Service Guideline 2078 dissemination in province and Municipal level.	Regularization of SRHR TWC meetings. 1 Nagar Hospital in Aathbiskot Municipality in Rukum West certified as MA site. 1 service provider from Rukum West district hospital certified as MA/MVA service provider. Province Hospital Surkhet is certified as

Scope of Work/Theme	Coverage (Geography)	Interventions/Efforts	Achievement/Outcome
		SAS training site assessment for SAS trainings and certification of training site. Technical support to PHSD in RH activities. Distribution of SAS guidelines and MEC Wheel to PHSD and HRDC. Facilitation of Maternal Mortality Study at Dailekh district and SMNH Roadmap in Jajarkot, Dailekh and Kalikot districts. Situation assessment of Procurement and Supply Chain Management of MA Drugs, ECPs and MVA Sets in Karnali Province.	SAS training site for first trimester. Safe Abortion Guidelines 2078 disseminated in Province and Municipal level.
Health System Strengthening (Policy/Service Delivery, Health Information and Governance Sexual and Reproductive Health Right)	Karnali Province	• Technical support for provincial annual program implementation guideline • Provincial partner's profile and Health profile, • Technical support for M&E/TWG formation and dissemination • Out of pocket expenditure/ Health Financing Assessment • Local level planning support • Played co-lead of H/N cluster during pandemic situation • Technical support for developing provincial health regulation and strategic plan which is on process, • Technical support visit to district and local level during program review meeting • Technical support for Health Facility Registration • Technical support for MSS report writing and finalization • Coordination with health development partners for synergetic effort • Technical support for implementation of telemedicine	Program implementation guideline finalized and published, Uploaded the provincial health profile Field assessment visit for health financing Mental health assessment of Dailekh Hospital, two PHCs and Kalikot Hospital and one PHCC. Local level planning workshop conducted, Continuation of telemedicine during COVID -19 pandemic

Annex 1: NATIONAL HEALTH POLICY 2076

राष्ट्रिय स्वास्थ्य नीति २०७६

निर्देशक सिद्धान्त

१. गुणस्तरीय स्वास्थ्य सेवाको सर्वव्यापी पहुच अविच्छिन्न पर्याप्तता, पारदर्शिता र व्यापकता।
२. संघीय संरचना अनुरुप स्वास्थ्य प्रणालीमा बहुक्षेत्रीय सहभागिता, सहकार्य र साझेदारी।
३. अति सिमान्तकृत दलित र आदिवासी समुदायलाई लक्षित विशेष स्वास्थ्य सेवा।
४. स्वास्थ्य सुशासन र पर्याप्त आर्थिक लगानीको सुनिश्चितता।
५. समतामूलक स्वास्थ्य बिमाको विविधीकरण।
६. स्वास्थ्य सेवामा पुनर्संरचना।
७. सबै नीतिमा स्वास्थ्य तथा बहुक्षेत्रीय समन्वय र सहकार्य।
८. स्वास्थ्य सेवा प्रवाहमा व्यवसायिकता, इमान्दारी, पेशागत नैतिकता।

भावी सोंच

स्वस्थ तथा सुखी जीवनलक्षित सजग र सचेत नागरिक।

ध्येय

साधन स्रोतको अधिकतम प्रयोग गरी सहकार्य र साझेदारी मार्फत नागरिकहरूको स्वस्थ्य सम्वन्धी मौलिक अधिकारको सुनिश्चित गर्ने

लक्ष्य

संघीय संरचनामा सवै वर्गका नागरिकहरुका लागि सामाजिक न्याय र सुशासनमा आधारित स्वास्थ्य प्रणालीको विकास र विस्तार गर्दै गुणस्तरीय स्वास्थ्य सेवाको पहु“च र उपभोग सुनिश्चित गर्ने।

उद्देश्यहरू

१. संविधान प्रदत्त स्वास्थ्य सम्वन्धी हक सबै नागरिकले उपभोग गर्न पाउने अवसर सिर्जना गर्नु ।
२. संघीय संरचना अनुरुप सबै किसिमका स्वास्थ्य प्रणालीलाई विकास, विस्तार र सुधार गर्नु।
३. सबै तहका स्वास्थ्य संस्थाहरुबाट प्रदान गरिने सेवाको गुणस्तरमा सुधार गर्दै सहज पहुच सुनिश्चित गर्नु।
४. अति सीमान्तकृत वर्गलाई समेटदै सामाजिक स्वास्थ्य सुरक्षा पद्धतिलाई सुदृढ गर्नु।
५. सरकारी, गैर सरकारी तथा निजी क्षेत्रसंग बहुक्षेत्रीय साझेदारी सहकार्य तथा सामुदायिक सहभागितालाई प्रबर्द्धन गर्नु।
६. नाफामूलक स्वास्थ्य क्षेत्रलाई सेवामूलक स्वास्थ्य सेवामा रुपान्तरण गर्दै जानु।

नीतिहरू

१. सबै तहका स्वास्थ्य संस्थाहरुबाट तोकिए बमोजिम निःशुल्क आधारभूत स्वास्थ्य सेवा सुनिश्चित गरिनेछ।
२ स्वास्थ्य बिमा मार्फत विशेषज्ञ सेवाको सुलभ पहुच सुनिश्चित गरिने छ।
३. सबै नागरिकलाई आधारभूत आकस्मिक स्वास्थ्य सेवाको पहुच सुनिश्चित गरिने छ।
४. स्वास्थ्य प्रणालीलाई संघीय संरचना अनुरूप संघ, प्रदेश र स्थानीय तहमा पुनर्संरचना, सुधार एवं विकास तथा विस्तार गरिनेछ।
५. स्वास्थ्यमा सर्वव्यापी पहुँच (**universal health coverage**) को अवधारणा अनुरूप प्रवर्द्धनात्मक, प्रतिकारात्मक, उपचारात्मक, पुनस्थापनात्मक तथा प्रशामक सेवालाई एकीकृत रूपमा विकास तथा विस्तार गरिनेछ।

६. स्वास्थ्य क्षेत्रमा सरकारी, नीजि तथा गैरसरकारी क्षेत्रबीचको सहकार्य तथा साझेदारीलाई प्रबद्र्धन, व्यवस्थापन तथा नियमन गर्नुका साथै स्वास्थ्य शिक्षा, सेवा र अनसुन्धानका क्षेत्रमा निजी, आन्तरिक तथा बाह्य लगानीलाई प्रोत्साहन एवं संरक्षण गरिनेछ।

७. आयुर्वेद, प्राकृतिक चिकित्सा, योग तथा होमियोप्याथिक लगायतका चिकित्सा प्रणालीलाई एकीकृत रूपमा विकास र विस्तार गरिनेछ।

८. स्वास्थ्य सेवालाई सर्व सुलभ, प्रभावकारी तथा गुणस्तरिय बनाउन जनसंख्या, भूगोल र संघीय संरचना अनुरूप सीप मिश्रित दक्ष स्वास्थ्य जनशक्तिको विकास तथा विस्तार गर्दै स्वास्थ्य सेवालाई व्यवस्थित गरिने छ।

९. सेवाप्रदायक व्यक्ति तथा संस्थाबाट प्रदान गरिने स्वास्थ्यसेवालाई प्रभावकारी, जवाफदेही र गणुस्तरीय बनाउन स्वास्थ्य व्यवसायी परिषद्हरूको संरचनाको विकास, विस्तार तथा सुधार गरिने छ।

१०. गुणस्तरीय औषधी तथा प्रविधिजन्य स्वास्थ्यसमाग्रीको आन्तरिक उत्पादनलाई प्रोत्साहन गर्दै, कुशल उत्पादन, आपूर्ति, भण्डारण, वितरणलाई नियमन तथा प्रभावकारी व्यवस्थापन मार्फत पहुच एवं समुचित प्रयोग सुनिश्चित गरिने छ।

११. सरुवा रोग, किटजन्य रोग, पशुपन्छी जन्य रोग, जलवायु परिवर्तन र अन्य रोग तथा महामारी नियन्त्रण लगायत विपद् व्यवस्थापन पूर्वतयारी तथा प्रतिकार्यको एकीकृत उपायहरू अवलम्बन गरिनेछ।

१२. नसर्ने रोगहरूको रोकथाम तथा नियन्त्रण का लागि व्यक्ति, परिवार, समाज तथा सम्बन्धित निकायलाई जिम्मेवार बनाउदै एकीकृत स्वास्थ्य प्रणालीको विकास तथा विस्तार गरिनेछ।

१३. पोषणको अवस्थालाई सुधार गर्न, मिसावटयुक्त तथा हानिकारक खानालाई निरुत्साहित गर्दै गुण स्तरीय एवं स्वास्थ्यवद्र्धक खाद्य पदार्र्थको प्रबर्द्धन, उत्पादन, प्रयोग र पहुँच लाई विस्तार गरिनेछ।

१४. स्वास्थ्य अनसुन्धानलाई अन्तर्राष्ट्रिय मापदण्ड अनरूप गुणस्तरिय बनाउदै अनसुन्धानबाट प्राप्त प्रमाण र तथ्यहरूलाई नीति निर्माण, योजना तर्जुमा तथा स्वास्थ्य पद्दतिको विकासमा प्रभावकारी उपयोग गरिनेछ।

१५. स्वास्थ्य व्यवस्थापन सूचना प्रणालीलाई आधुनिकीकरण, गुणस्तरीय तथा प्रविधि मैत्री बनाई एकीकृत स्वास्थ्य सूचना प्रणालीको विकास गरिनेछ।

१६. स्वास्थ्य सम्बन्धी सूचनाको हक तथा सेवाग्राहीले उपचार सम्बन्धी जानकारी पाउने हकको प्रत्याभूति गरिनेछ।

१७. मानसिक स्वास्थ्य, मुख, आखँ, नाक कान घाँटी स्वास्थ्य सेवा लगायतका उपचार सेवालाई विकास र विस्तार गरिनेछ।

१८. अस्पताल लगायत सबै प्रकारका स्वास्थ्यसंस्थाबाट प्रदान गरिने सेवाको गुणस्तर सुनिश्चित गरिनेछ।

१९. स्वास्थ्य क्षेत्रमा नीतिगत, संगठनात्मक तथा व्यवस्थापकीय संरचनामा समयानकुल परिमार्जन तथा सुधार गर्दै सुशासन कायम गरिनेछ।

२०. जीवनपथको अवधारणा अनरूप सुरक्षित मातृत्व, बाल स्वास्थ्य, किशोर–किशोरी तथा प्रजनन स्वास्थ्य, प्रौढ तथा जेष्ठ नागरिक लगायतका सेवाको विकास तथा विस्तार गरिनेछ।

२१. स्वास्थ्यक्षेत्रको दिगो विकासका लागि आवश्यक वित्तीय स्रोत तथा विशेष कोषको व्यवस्था गरिनेछ।

२२. बढ्दो सहरीकरण, आँन्तरिक तथा बाह्य बसाइ सराइजस्ता विषयहरूको समयानुकूल व्यवस्थापन गर्र्दै यसबाट हुने जनस्वास्थ्य सम्बन्धी समस्याहरूलाई समाधान गरिनेछ।

२३. जनसांख्यिक तथ्यांक व्यवस्थापन, अनसुन्धान तथा विश्लेषण गरी निर्णय प्रक्रिया तथा कार्यक्रम तर्जुमा संग आबद्ध गरिनेछ।

२४. प्रतिजैविक प्रतिरोधलाई न्यूनीकरण गर्दै संक्रामक रोग नियन्त्रण तथा व्यवस्थापनका लागि एकद्वार स्वास्थ्य पद्धतिको विकास तथा विस्तार गरिनुका साथै वायु प्रदूषण, ध्वनि प्रदूषण, जल प्रदूषण लगायतका वातावरणीय प्रदूषणका साथै खाद्यान्न प्रदूषणलाई वैज्ञानिक ढंगले निमयन तथा नियन्त्रण गरिनेछ।

२५. आप्रवासन प्रक्रियाबाट जनस्वास्थ्यमा उत्पन्न हुन सक्ने जोखिमलाई न्यूनीकरण गर्न तथा विदेशमा रहेका नेपाली नागरिकहरूको स्वास्थ्य सुरक्षाका लागि समुचित व्यवस्थापन गरिनेछ।

Annex 2: PROVINCIAL HEALTH POLICY 2076

प्रदेश सरकार स्वास्थ्य नीति २०७६ कर्णाली प्रदेश

१. दूरदृष्टि

सबै प्रदेशबासीको पहुचमा सबल स्वास्थ्य प्रणाली – सचेत, स्वस्थ र सुखारी कर्णाली।

२. ध्येय

उपलब्ध साधन–स्रोतको प्रभावकारी प्रयोग गरी सम्बन्धित सरकार, सेवाप्रदायक एवं सरोकारवालाबीच समन्वय र सहकार्य मार्फत प्रदेशबासीको स्वस्थ रहन पाउने मौलिक हक सुनिश्चित गर्ने।

३. लक्ष्य

प्रदेशबासीको गुणस्तरीय स्वास्थ्य सेवामा पहुँच तथा यसको उपभोगलाई सुनिश्चित गर्न समतामूलक एवं जवाफदेही स्वास्थ्य प्रणालीको माध्यमबाट अविच्छिन्न सेवा उपलब्ध गराउने।

४. उद्देश्यहरू

क. संविधान प्रदत्त स्वास्थ्य सम्बन्धी हकको उपभोग गर्ने परिवेश सुनिश्चित गर्नु।
ख. प्रभावकारी एवं मैत्रीपूर्ण स्वास्थ्य सेवाको विकास र विस्तार गर्नु ।
ग. स्वास्थ्यमा पर्याप्त लगानीलाई दिगो बनाई कुशल व्यवस्थापन गर्नु।
घ. स्वास्थ्यमा सरकारी, गैरसरकारी तथा निजी क्षेत्रसँग साझेदारी, सहकार्य र जनसंलग्नता प्रवद्र्धन गर्नु।
ङ. आयुर्वेद तथा वैकल्पिक लगायतका स्वास्थ्य प्रणालीहरूको सन्तुलित विकास एवं विस्तार गर्नु।
च. स्वास्थ्य संस्थाहरूबाट प्रदान गरिने सेवाको गुणस्तर सुनिश्चित गर्नु।
छ. स्वास्थ्य सम्बन्धी सामाजिक सुरक्षा कार्यक्रमहरूमा सामन्जस्यता स्थापित गर्दै थप सुदृढ गर्नु ।

५. नीतिहरू

५.१ प्रदेशबासीलाई निःशुल्क आधारभूत स्वास्थ्य सेवा प्रवाहित भएको सुनिश्चित गरिनेछ।
५.२ आकस्मिक स्वास्थ्य सेवाको पहुँच वृद्धि गरी सेवाको व्यवस्थापनलाई सुदृढ गरिनेछ।
५.३ प्रदेशभित्रका स्वास्थ्य संस्थामा विशेषज्ञ स्वास्थ्य सेवाको पहुँच सुलभ गराइनेछ।
५.४ स्वास्थ्य सेवाको प्रभावकारिता वृद्धि गर्न पूर्वाधार विकास, स्वास्थ्य उपकरणको व्यवस्था तथा स्वास्थ्य संस्थालाई प्रविधिमैत्री बनाइनेछ।
५.५ प्रचलित स्वास्थ्य सम्बन्धी सूचना प्रणालीलाई एकिकृत गरी सुदृढ बनाइनुका साष्कअब ि◌थभबचै प्रदेशभित्र स्वास्थ्य अनुसन्धानलाई प्रवद्र्धन गरिनेछ।
५.६ स्वास्थ्य सेवालाई प्रभावकारी र गुणस्तरीय बनाउन सीप मिश्रित स्वास्थ्य जनशक्ति विकास र विस्तार गरिनेछ।
५.७ गुणस्तरीय औषधि तथा प्रविधिजन्य सामग्रीमा पहुच वृद्धि गर्न उत्पादन, आपूर्ति, भण्डारण तथा वितरण र प्रयोगलाई व्यवस्थित गरिनेछ।
५.८ प्रदेश भित्र सञ्चालित स्वास्थ्य संस्था मार्फत प्रवाह हुने सेवाको गुणस्तरियता सुनिश्चित गर्न प्रभावकारी समन्वय, सहकार्य, अनुगमन तथा नियमन गर्ने व्यवस्था मिलाइनेछ।
५.९ जनस्वास्थ्यको क्षेत्रमा प्रदेशको लगानीलाई वृद्धि र व्यवस्थित गरी व्यक्तिगत खर्च गर्नुपर्ने अवस्थाको न्यूनीकरण गरिनेछ।

५.१० आपत्कालीन स्वास्थ्य अवस्था तथा अन्य सरुवा रोग एवं महामारी नियन्त्रणका लागि बहुपक्षीय सहकार्य गरी यसका असरको न्यूनीकरण र सेवामा निरन्तरता प्रदान गरिनेछ।

५.११ स्वास्थ्य क्षेत्रमा समुदायको संलग्नता सहितको सुशासन तथा स्वास्थ्यकर्मीको सूरक्षाको प्रत्याभूति गरिनेछ।

५.१२ सूरक्षित मातृत्व, बाल स्वास्थ्य, किशोरावस्थाको स्वास्थ्य, परिवार नियोजन तथा प्रजनन स्वास्थ्य सेवाको विकास र विस्तार गरी पहुँचमा थप सहजता ल्याइनेछ।

५.१३ व्यक्ति, परिवार र समाजलाई परिचालन गरी स्वस्थ जीवनशैली अपनाउन अभिप्रेरित गर्दै नसर्ने रोगको उपचारलाई आधारभूत स्वास्थ्य सेवास्तर देखिनै व्यवस्थापन गरिनेछ।

५.१४ जनस्वास्थ्यको संरक्षण र प्रवद्र्धन गर्नका लागि प्रवद्र्धनात्मक तथा प्रतिकारात्मक सेवाको विकास र विस्तार गरिनेछ।

५.१५ प्रदेशबासीको पोषण अवस्थामा दीगो सुधार गर्न स्थानीयस्तरमा उत्पादन हुने स्वास्थ्यवर्धक रैथाने खाद्यवस्तुको प्रयोग र पहुचलाई विस्तार गरिनेछ।

५.१६ सीमान्तकृत लक्षित वर्गलाई समेट्दै स्वास्थ्य सेवामा उनीहरूको पहुच सुनिश्चित गरी सामाजिक सुरक्षा कार्यक्रमलाई सुदृढ गरिनेछ।

५.१७ प्रदेशबासीलाई स्वास्थ्य सेवा सुविधा उपलब्ध गराउनका लागि आयुर्वेद तथा वैकल्पिक चिकित्सा पद्धतिलाई सन्तुलित रूपमा विकास, विस्तार र सुदृढ गरिनेछ।

५.१८ प्रदेशको स्वास्थ्य तथा जनसांख्यिक तथ्यांक तथा सूचनाको संकलन, विश्लेषण तथा प्रयोगलाई विकास कार्यक्रम तर्जुमाको मूल आधार बनाइनेछ ।प्रदेशबासीको गुणस्तरीय स्वास्थ्य सेवामा पहुँच तथा यसको उपभोगलाई सुनिश्चित गर्न समतामूलक एवं जवाफदेही स्वास्थ्य प्रणालीको माध्यमबाट अविच्छिन्न सेवा उपलब्ध गराउने।

Annex 3: SDG TARGET AND INDICATOR FOR NEPAL (2014-2030)

Target with proposed indicators, current status and future projection

Target and Indicators	2014	2017	2020	2022	2025	2030
Target 2.1 by 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants to save, nutritious and sufficient food all for all year round						
2.1 a Households with in educate food consumption (%)	36.1[a]	29.52	22.94	18.55	11.97	1
2.1 b Population spending more than two thirds of total consumption on food (%)	20[b]	16.44	12.88	10.50	6.94	1
2.1c per capita food grain production(kg)	341[c]	373	404	426	457	510
Target 2.2 by 2030, end all forms of malnutrition, including acheiving by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age and addressing the nutritional needs of adolescent girls, pregnant and lactating women and older persons						
2.2a Prevalence of underweight children < 5 years (- 2 SD)(%)	30.1[d]	24.64	19.19	15.55	10.09	1
2.2b Stunted children under 5 years(- 2 SD)(%)	37.4[d]	30.58	23.75	19.20	12.38	1
2.2c Prevalence of wasted children < 5 years -2 SD	11.3[d]	9.37	7.44	6.15	4.22	1
2.2d Proportion of population below minimum level of dietary energy consumption	22.8[d]	18.71	14.63	11.90	7.81	1
2.2 e Prevalence of anaemia among women of literary age adults and girl percent	38.5[e]	31.47	24.44	19.75	12.72	1
2.2 f prevalence of anaemia among children under 5 years of age(%)	46 [e]	37.56	29.13	23.5	15.06	1
Target 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births						
3.1.Maternal mortality ratio(per 1000, Live births)	258[a]	151 [b]	127 [b]	116	99	70
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age,						
3.2.a Neonatal mortality rate	23[c]	17[b]	14[b]	11.3	8.5	1
3.2.b Under-five mortality rate	38[C]	28[b]	23[b]	18.4	13.8	1
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						
Target 3.3a by 2030 end the epidemic of AIDS						
3.3a.1 HIV prevalence for the overall population,15-49 years(%)	0.2[d]	0.163	0.125	0.1	0.063	0
3.3.a2 HIV prevalence among men and women population,15-49 years(%)	0.03[e]	0.015	0.009	0.006	0	0
3.3a3 proportion of population with advanced HIV infection receiving antiretroviral combination therapy(%)	38.8 [e]	50.28	61.75	69.4	80.88	100
Target 3.3b by 2030, end the epidemics of Tuberculosis						
3.3.b Tuberculosis incidence per 1,000 population	211	171	132	106	66	0
Target 3.3c by 2030 in the epidemic of malaria						
3.3c Confirm malaria cases(Number)	1674[g]	1360	1046	837	523	0
Target 3.3d by 2030, end the epidemics of neglected tropical disease						
3.3d1 register prevalence rate(per 10000 population) for leprosy	0.83[h]	0.67	0.52	0.42	0.26	0
3.3d2 Kala-azar cases(Number)	325 [g]	264	203	163	102	0
3.3d3 Average prevalence of lypphatic filariasis(%)	13[i]	10.56	8.13	6.5	4.06	0

Target and Indicators	2014	2017	2020	2022	2025	2030
3.3d4 Cases of Dengue	728[j]	592	455	364	228	0
3.3d5 People die annually due to rabies(Number)	100[j]	81	63	50	31	0
3.3d6 Active trachoma cases(Number)	136[j]	111	85	68	43	0
3.3d7 Average prevalence of soil transmitted helminthes among school going children(%)	15[j]	12.19	9.38	7.5	4.69	0
Target 3.3e by 2030 combat hepatitis						
3.3e1 Confirm case of hepatitis A(Number)	174[j]	141	109	87	54	0
3.3e2 Confirm case of hepatitis B(Number)	101[j]	82	63	51	32	0
3.3e3 Causes of unspecified viral hepatitis(Number)	173[j]	141	108	86.5	54	0
Target 3.3f by 2030 combat water borne diseases						
3.3f1 Annual incidence of diarrhoea(per 1000 under 5 years children)	578[j]	470	361	289	181	0
3.3f2 Children under age 5 years with diarrhoeal in the last 2 weeks(%)	12[j]	10	8	6	4	0
3.3f3 causes of typhoid (number)	9549[j]	7759	5968	4775	2984	0
3.3f4 causes of Cholera (number)	33[j]	27	21`	16.5	10	0
Target 3.3g by 2030, combat number other communicable diseases						
3.3g1 confirm cases of Japanese encephalitis (JE) number	118[g]	96	74	59	37	0
3.3g2 to confirm cases of Influenza H191 (number)	204[g]	166	128	102	64	0
Target 3.4 by 2030 reduced by one third premature mortality from non communicable disease in cities through prevention and treatment and promote mental health and wellbeing						
Target 3.4a by 2030 reduced by one third premature mortality from non communicable disease						
3.4.a1 Death (aged 30-70) from cardiovascular disease(CVDs), cancer, chronic respiratory disease and diabetes(%)	22.0[k]	19.2	16.5	14.7	11.9	7.3
3.4.a2 Death from NCDs out of all deaths (%)	43.7[l]	38.2	32.8	29.1	23.6	14.5
3.4.a3 Death from CVDs out of all deaths (%)	22.3[l]	19.5	16.7	14.9	12.1	7.4
3.4.a4 Death from cancers out of all deaths (%)	7.0[l]	6.1	5.2	4.7	3.8	2.3
3.4.a5 Death from chronic obstructive pulmonary disease out of all deaths (%)	4.9[l]	4.3	3.7	3.3	2.6	1.6
3.4.a6 Death from diabetes out of all deaths (%)	1.7[l]	1.5	1.3	1.1	0.9	0.5
Tiger 3.4b 2030 reduced by one third premature mortality from non communicable disease through prevention and treatment						
3.4b1People (aged 15-69years) with rised total cholesterol	22.7[m]	19.9	17.0	15.1	12.3	7.5
3.4b2 People (aged 15-69 years) with rise blood pressure level (%)	88.3[m]	77.3	66.2	58.9	47.8	29.4
3.4b3 People (age 15-69 years) not engaging in vigorous activities %	53.6[m]	46.9	40.2	35.7	29.0	17.8
3.4b4 People(aged 15-69 years) who are overweight(%)	21.6[m]	18.9	16.2	14.4	11.7	7.2
3.4b5 People (age 15-69 years) who currently drink or drank alcohol in the past 30 days(%)	17.4[m]	15.2	13.1	11.6	9.4	5.8
3.4b6 People(aged 15-69 years) who smoke tobacco daily (%)	15.8 m	13.8	11.8	10.5	8.5	5.2
Target 3.4c by 2030, promote mental health and wellbeing						
3.4c1 mental health problem percent	14.ol	12.26	10.51	9.35	7.6	4.7
3.4c2 suicide rate per (100,000 population)	25 n	20	16	13	8	1
3.4c3 Women (aged15- 24 years who are very or some what satisfied with their life (%)	80.8 c	83.5	86.1	87.9	90.6	95

Target and Indicators	2014	2017	2020	2022	2025	2030
Target 3.5 strengthen the prevention and treatment of substance abuse including drug abuse and harmful use of alcohol						
3.4 hard drug users estimated number	91534o	78662	65790	57209	44337	22884
Target 3.6 by 2020, halve the number of gold Global death and injuries from road traffic accidents						
Target 3.6a by 2020 halve the number of Global deaths from road traffic accidents						
3.6a1 Road Traffic accident mortality(per 100,00 population)	33.7[p]	25.25	16.8	-	-	-
Target 3.6b by 2020, halve the number of injuries from road traffic accidents						
3.6b1 Serious Injuries (per 100,000 population)	71.7[p]	53.8	35.9[b]			
3.6a2 Slight Injuries (per 100,000 population)	163.7[p]	122.8	81.9[b]			
3.7 by 2030 Ensure Universal access to sexual and reproduction reproductive health care service including for family planning information and education and integration of reproductive health International strategy and programs						
3.7a Contraceptive prevalence rate modern method percent	49.6[c]	54.4	59.1	62.3	67.1	75
3.7.b proportion of birth attended by SBA(%)	55.6[c]	62.1	68.5	72.8	79.3	90
3.7c Adolescent fertility rate (birth per 1,000 women age 15 to 19 years)	71[c]	63.3	55.6	50.5	42.81	30
3.7d antenatal care(ANC) coverage at least 4 vigit (%)	59.5[c]	65.2	70.9	74.75	80.5	90
3.7e Institutional delivery(%)	55.2[c]	61.73	70	74.35	80.88	90
3.7f Postnatal care (PNC) for mothers(%)	57.9[c]	63.92	70	74.01	80.03	90
3.7g Unmet need for family planning(%)	25.2[c]	22.4	19.5	17.6	14.75	10
3.7h Proportion of demand satisfied for family planning(%)	-	-	-	-	-	-
3.7 I Total Fertility rate(TFR) (births per women)	2.3[c]	2.3	2.20	2.16	2.106	2
3.7j Household within 30 minute travel time to a health facility(%)	61.8[q]	67.09	85	86	87.5	90
3.7 k prevalence of uterine prolapse among women of reproductive age (15 - 49)(%)	7[r]	5.7	4.4	3.6	2.25	0.1
Target 3.8 Achieve Universal health coverage, including financial risk protection, access to quality essential Health-care service and access to safe, effective, quality and affordable essential medicine and action for all						
3.8a Government health expenditure as % of GDP	5.3[s]	5.81	6.31	6.65	7.16	8
3.8a Health facilities meeting minimum standard of quality of care(%)	-	-	-	-	-	-
3.8 Children is 12 - 20 months who received all vaccinations(%)	84.5[c]	87.41	90.31	92.25	95.16	100
3.9 2030, substantially reduce the number of death and illness from hazardous Chemicals and air, water and soil pollution and contamination						
3.9a Daeths from hazardous chemicals(toxic substances, etc.) number)	22[j]	18	14	11	7	0
3.9b Illness from hazardous Chemicals toxic substance, etc (number)	1205[j]	998	791	653	445	100

Sources: a WHO et al 2015,[b] MOHP,2015,[c]CBS,2014a, [d] MOHP2014a, [e] MOHP2014a, [f] MOHP2014c, [g]MOHP2014d, [h] MOHP2014a, [i] MOHP2012a, [j]MOHP2013a, [k] WHO2012, [l] MOHP/WHO2014, [m] NHRC,2013, [n] WHO,2014, [o] MOHP,2012a, [p]Thapa2013, [q]CBS,2011, [r]MoHP,2006a, [o] MOHP,2009c.

Source: *SDG 2016-2030 National (Preliminary) Report*

Annex 4: TARGET POPULATION OF KARNALI PROVINCE FISCAL YEAR 2078/79

DISTRICT	DOLPA	MUGU	HUMLA	JUMLA	KALIKOT	DAILEKH	JAJARKOT	RUKUM WEST	SALYAN	SURKHET	KARNALI PROVINCE
Total population	43163	66972	55762	119691	145375	254011	189875	166628	239030	418705	1699212
Total expected live birth	1048	1867	1504	2523	3847	5756	4640	3285	4663	7203	36336
Total expected pregnancies	1326	2350	1902	3195	4847	7313	5855	4196	5943	9242	46169
Population under 1 year	988	1913	1499	2681	4119	5831	4762	3319	4609	7127	36848
Nutrition (0-23 Month)	1949	3797	2965	5335	8228	11612	9498	6603	9188	14182	73357
Population 12 - 23 months	964	1882	1465	2660	4113	5784	4729	3285	4581	7057	36520
Nutrition (6-23 months)	1450	2843	2219	3996	6175	8692	7114	4945	6887	10613	54934
Population aged 6-59 months	4273	8420	6509	12212	18664	26249	21523	14749	20729	32095	165423
Nutrition (12-59 Month)	3789	7460	5764	10874	16608	23328	19141	13086	18426	28532	147008
Population under 5 years ARI/ CDD/ Nutrition	4777	9373	7263	13555	20727	29159	23903	16405	23037	35659	183858
Population of 0-14 yrs	13533	25876	19681	43216	60399	88448	71652	49596	69462	115031	556894
Adolescent population aged 10-19 years	8835	13765	10879	25295	31596	54837	42843	34757	48758	84482	356047
Female population aged 15-49 years	11751	16929	14165	31114	35828	70079	49477	48097	70684	125304	473428
Married Female population aged 15-49 years	9621	13795	11587	25302	28706	57089	39730	39298	58355	104394	387877

Annex 5 : TARGET POPULATION OF KARNALI PROVINCE FISCAL YEAR 2079/80

DISTRICT	DOLPA	MUGU	HUMLA	JIMLA	KALIKOT	DAILEKH	JAJARKOT	RUKUM WEST	SALYAN	SURKHET	KARNALI PROVINCE
Total Population	44430	68942	57443	121408	148252	258482	193154	168149	241373	423707	1725340
Total Exp Live Births	1013	1802	1460	2455	3755	5651	4553	3230	4568	6960	35449
Population under 1 year	988	1907	1495	2684	4115	5847	4774	3326	4612	7043	36792
Nutrition (0-23 Months)	1961	3802	2976	5353	8224	11669	9525	6625	9209	14087	73432
Population 12-23 Months	974	1901	1481	2673	4116	5821	4748	3302	4598	7047	36661
Nutrition 6-23 Months	1470	2853	2227	4011	6169	8745	7140	4966	6907	10564	55050
Population 6-59 Months	4321	8471	6584	12040	18477	26043	21338	14709	20590	31830	164403
Nutrition (12- 59 Months)	3827	7514	5837	10699	16419	23115	18946	13040	18284	28310	145991
Population under 5 years ARI/CDD/Nutrition	4812	9422	7331	13379	20526	28967	23724	16366	22890	35357	182775
Population under 0-14 Years	13687	26254	20051	42557	60224	87673	71306	48876	68616	112826	552069
Adolescent population 10-19 Years	8832	14051	11075	25204	31907	54324	42691	33428	47160	81943	350614
Female Population aged 15-49 Years	12090	17535	14670	31789	36708	71471	50533	48678	71339	127071	481885
Married Female Population aged 15-49 Years	9977	14359	12059	25948	29548	58616	40831	40088	59358	106431	397215

Annex 6: TARGET VS ACHIEVEMENT FISCAL YEAR 2078/79

कार्यक्रम नम्वर	कार्यक्रम/क्रियाकलाप	एकाई	बार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
१. चालु खर्च अन्तरगतका कार्यक्रमहरू										
२.७.२२.२६१	अटोमेटिक पि सि आर एसी व्याकअप विस्तार गर्न (जिन एक्सपर्ट) लगायतका सामग्री खरीद एवं फिटिंग खर्च	पटक	१	५.६	३.००	१	५.५७	१००	३.००	१००.०
२.७.२२.२६७	डि आर उपचार केन्द्र स्तर चौमासिक मूल्यांकन समीक्षा गोष्ठी	पटक	३	२.६	१.४०	३	२.६०	१००	१.४०	१००.०
२.७.२२.२६९	प्रदेश आपूर्ति केन्द्रबाट जिल्ला सम्म औषधि ढुवानी तथा कार्यक्रम सम्बन्धि सुपरिवेक्षण	पटक	३	५.६	३.००	३	५.५७	१००	०	०.०
२.७.२२.५५२	स्थलगत अनुशिक्षण तथा अनुगमन र विश्व क्षयरोग दिवस मनाउने	पटक	३	३.७	२.००	३	३.७२	१००	१३४.	६७.०
२.७.२२.५५४	औषधि प्रतिरोधी क्षयरोग को व्यवस्थापन सम्बन्धि आधारभूत (डि आर) तालिम	पटक	२	६.५	३.५०	२	६.५०	१००	२.७१	७७.४
२.७.२२.५८७	क्षयरोग जोखिम समूहमा क्षयरोग स्क्रिनिंग तथा सक्रिय खोजपडताल कार्यक्रम	पटक	२	८.०	४.३२	२	८.०३	१००	४.३२	१००.०
२.७.२२.५८८	निजी मेडिकल कलेज,संघीय,प्रदेशिक तथा अन्य अस्पतालमा औषधि प्रतिरोधी क्षयरोग सम्बन्धि सि एम ई	पटक	१	१.१	०.६०	०	०.००	०	०	०.०
२.७.२२.५८९	आधारभूत माईक्रोस्कोपी तथा एल क्यु एस सम्बन्धी तालिम	पटक	२	७.०	३.७६	२	६.९९	१००	२.९२	७७.७
२.७.२२.६०२	एम डि आर सेन्टर सब सेन्टर नयाँ विस्तार एवं संचालनमा भएकालाइ आवश्यक सुदृढिकरण	पटक	१	४.६	२.५०	१	४.६५	१००	२.५०	१००.०
२.७.२२.६०३	औषधि प्रतिरोधी क्षयरोगका विरामीहरुकालागि पोषण,यातायात तथा आधारभूत परिक्षण तथा जटिलता व्यवस्थापन खर्च	पटक	३	३.७	२	३	३.७२	१००	१.९४	९७.०
२.७.२२.६१७	क्षयरोग मुक्त स्थानीय तह अभियानका साथै सुक्ष्म योजना तर्जुमाका विभिन्न क्रियाकलापहरु	पटक	३	५.६	३	०	०.००	०	०	०.०
२.७.२२.६१८-	एकिकृत स्वास्थ्य व्यवस्थापन, ईटिवि रजिष्टर र डि एच आई एस सम्बन्धि तालिम तथा चौमासिक कोहर्ट समीक्षा गोष्ठी	पटक	३	२८.३	१५.२	३	२८.३२	१००	८.६१	५६.५
१.१.१.६४९	आकस्मिक व्यवस्थापन खर्च	पटक	३	१२.१	६.५	३	१२.०८	१००	६.४	९८.५
१.१.१.६५०	आवश्यकता अनुसार टि वि एच आईभी टुल्स छपाई	पटक	१	५.६	३	०	०.००	०	०	०.०
(क)	चालु कार्यक्रमको जम्मा		३१	१००	५३.८२	२६	८८	८४	३५.१४	६५.२९

बजेट उप शिर्षक : ३५०९११२८ एड्स तथा यौन रोग नियन्त्रण (शसर्त अनुदान)

कार्यक्रम नम्वर	कार्यक्रम/क्रियाकलाप	एकाई	बार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
२.६.३.१५	एचआईभी संग सम्बन्धित लान्छना र भेदभाव सम्बन्धि प्रदेशका जन प्रतिनिधिहरुलाई अभिमुखिकरण पुनर्ताजगी अभिमुखीकरण जस्ता कार्यक्रम	पटक	२	१८	१५.०	०	०.०	०.०	०	०.०
२.६.६.२०	एचआईभिको लागि चौमासिक समन्वय बैठक	पटक	३	३	२.६	१	१.१	३३.३	०.५९	२२.७
२.६.६.२१	प्रदेश स्तरीय एचआईभी डाटा रिभ्यु र भेरीफिकेशन वर्कसप	पटक	१	५	३.८	१	४.७	१००.०	२.९	७५.५
२.६.६.२२	प्रदेशमा कार्यरत स्वास्थ्य निर्देशनालय सामाजिक मन्त्रालय जिल्लाहरु र केही काउन्सेलर हरुलाई एचआईभि ईरजिष्टरमा अभिलेख सम्बन्धित गोष्टी	पटक	१	२	१.६५	०	०.०	०.०	०	०.०
२.७.४.३	प्रदेशबाट औषधि तथा स्वास्थ्य सामग्रीको प्याकेजिंग वितरणा र ढुवानी खर्च	पटक	१	१	१.०	१	१.२	१००.०	०	०.०
२.७.५.१६८	एचआईभी सम्बन्धि भेदभाव घटाउन निमित्त विभिन्न संचार माध्यमबाट प्रशारण गर्न कार्यक्रम संचालन गर्ने	पटक	३	५	४.०	३	४.९	१००.०	३.९७	९९.३
२.७.५.१६९	दिवस संचालन	पटक	१	१	१.०	१	१.२	१००.०	०	०.०
२.७.५.१७०	एचआई भी सम्बन्धि नियम र कानूनहरुको बारेमा जनचेतनामूलक सामग्री प्रकाशन गर्ने	पटक	१	१	१.०	१	१.२	१००.०	१	१००.०
२.७.२२.५३१	रोजगारका लागि विदेश जाने व्यक्तिहरु संग उनीहरुको परिवारको लागि टी वी तथा एचआईभीको सेवामा पहुच बढाउने र त्यस सम्बन्धमा हुने लांछना तथा भेदभाव न्युनिकरण गराउने कार्यक्रम संचालन गर्ने	पटक	३	३७	३०.१	०	०.०	०.०	०	०.०
२.७.२२.५५५	पौष्टिक आहार खरीद		१	१२	१०.०	१	१२.३	१००.०	९.६६	९६.६
२.७.२२.५७६	औषधि तथा अन्य सामाग्री खरीद		१	२	२.०	१	२.५	१००.०	०	०.०
२.८.१.२२	प्रदेश स्तरबाट एचआईभी कार्यक्रम अनुगमन तथा मूल्यांकन	जना	३	१.०७	०.९	३	१.१	१००.०	०	०.०
२.७.९.१७	यौनरोग औषधि खरीद	जना	६	१.२३	१.०	६	१.२	१००.०	१	१००.०
२.७.९.१८	कण्डम खरीद	जना	१	७.३६	६.०	१	७.४	१००.०	५.९८	९९.७
२.६.३.२९	संक्रमितहरुकालागि हुने अवसरवादी संक्रमणको उपचारकालागि अपर्झट औषधिहरु खरीद	जना	१	१.८८	१.५	१	१.९	१००.०	१.५४	१००.७
(क)	**चालु कार्यक्रमको जम्मा**		२९	१००.००	८१.५६	२१	७२.४	७२.४	२६.६४	३२.६६
(ख)	**पंजिगत कार्यक्रमको जम्मा**									
(ग)	**कार्यक्रमको कुल जम्मा**		२९	१००.००	८१.५६	२१	७२.४१४	७२.४	२६.६४	३२.६६
(घ)	**प्रशासनिक खर्चको जम्मा**									
	प्रशासनिक/कार्यक्रमको कुल जम्मा खर्चको जम्मा		२९	१००.००	८१.५६	२१	७२.४	७२.४	२६.६४	३२.६६

बजेट उप शिर्षक : ३५०९११२९ एकिकृत महिला स्वास्थ्य तथा प्रजनन स्वास्थ्य कार्यक्रम शर्त अनुदान

कार्यक्रम नम्वर	कार्यक्रम	एकाई	बार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
२.७.२२.२६४	आईएमएनसिआई तथा नवजात शिशु कार्यक्रमको अनुगमन	पटक	३.००	०.०७	१.००		०.००	०.००	०.००	०.००
२.७.२२.५२२	परिवार नियोजन किशोर किशोरी तथा प्रजनन् स्वास्थ्य कार्यक्रम	पटक	३.००	५.३०	८१.५०	३.००	५.३०	१००.००	२४.९८	३०.६५
२.७.२२.५२४	निशुल्क नवजात शिशु सुदृढिकरण तथा सोधभर्ना कार्यक्रम	पटक	३.००	०.९८	१५.००	०.००	०.००	०.००	०.००	०.००
२.७.२२.५२५	गुणस्तरीय खोप सेवा संचालन तथा सरसफाई प्रवद्धनमा संलग्न स्वास्थ्यकर्मीको दक्षता वृद्धि गर्न नयाँ तथा खोप तालिम नलिएका स्वास्थ्यकर्मीहरुलाई खोप, कोल्डचेन व्यवस्थापन, एईएफआई, सर्भिलेन्स र सरसफाई प्रवद्धन सम्वन्धि आधारभुत ४ दिने तालिम-१२० ब्याच, ३००० जना	पटककिसिम/	२.००	०.४९	७.५०	२.००	०.४९	१००.००	७.३३	९७.७३
२.७.२२.५२९	MNH Roadmap,MNH update (गर्भावस्था देखि सुत्केरी अवस्था सम्म सेवा निरन्तरता (Continnum of care -ANC to PNC) को लागि अभिमुखिकरण तथा PNC कार्यक्रम सन्चालन	पटक	२.००	०.७८	१२.००	२.००	०.७८	१००.००	२.१०	१७.५०
२.७.२२.५३३	कोभिड १९ खोप अभियान संचालन तथा व्यवस्थापन खर्च -ए.ई.एफ.आई व्यवस्थापन र टिम परिचालन, बैठक, अभिमुखिकरण, जनशक्ति परिचालन, प्रचार प्रसार तथा सामाजिक परिचालन, सुपरिवेक्षण अनुगमन, खोप तथा कोल्डचेन सामाग्री वितरण तथा ढुवानी आदी	पटकसंख्या/	२.००	१.९७	३०.२६	२.००	१.९७	१००.००	१६.३९	५४.१६
२.७.२२.५३४	प्रदेश स्तरमा टाईफाइड खोप अभियान संचालन तथा व्यवस्थापन खर्च (प्रदेश स्तरिय योजना गोष्ठि, खोप तथा खोप सामाग्री ढुवानी, अनुगमन सुपरिवेक्षण, समन्वय समिति र संचारकर्मिहरुको अभिमुखिकरण र अभियान शुभारम्भ कार्यक्रम -प्रदेश स्वास्थ्य निर्देशनालय र प्रदेश आपूर्ती व्यवस्थापन केन्द्रको लागि	पटक	२.००	१.०२	१५.६६	२.००	१.०२	१००.००	१२.३५	७८.८६
२.७.२२.५३५	प्रदेश स्तरः नियमित खोप कार्यक्रममा टाईफाइड खोप शुरुवातको लागि ढुवानी तथा अनुगमन, सुपरिवेक्षण -प्रदेश स्वास्थ्य निर्देशनालय र प्रदेश आपूर्ती व्यवस्थापन केन्द्रको लागि	पटक	३.००	०.२४	३.६५	३.००	०.२४	१००.००	२.४३	६६.५८
२.७.२२.५३६	खोप कोल्डचेन व्यवस्थापनको लागि ईन्धन तथा विधुत महशुल भुक्तानि - प्रदेश आपूर्ती व्यवस्थापन केन्द्र र स्वास्थ्य कार्यालयहरुको लागि	जना	३.००	०.२६	४.००	३.००	०.२६	१००.००	२.५४	६३.५०
२.७.२२.५४४	खोप तथा कोल्डचेन व्यवस्थापनमा जिल्ला स्तरमा अनसाईड कोचिङ्, कोल्डचेन सामाग्रि मर्मतको लागि टेक्निसियन परिचालन ए.ई.एफ.आईको अनुगमन, अनुसन्धानमा टिम परिचालन, खोपबाट बचाउन सकिने रोगहरुको महामारी नियन्त्रण र कार्यक्रमको सुपरिवेक्षण अनुगमन समेत, प्रादेशिक आपूर्ति व्यवस्थापन केन्द्र र प्रादेशिक स्वास्थ्य निर्देशनालयबाट	जना	३.००	०.४५	६.८५	३.००	०.४५	१००.००	३.४३	५०.०७

कार्यक्रम नम्बर	कार्यक्रम	एकाई	बार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
२.७.२२.५४६	एफ.एम.रेडियो मार्फत पोषण सम्बन्धि सचेतना कार्यक्रम विकास तथा प्रशारण	पटक	३.००	०.३३	५.००	३.००	०.३३	१००.००	०.२५	५.००
२.७.२२.५४८	बिरामी नवजात शिशु निशुल्क उपचार सोधभर्ना कार्यक्रम assessment तथा बाल स्वास्थ्य सम्बन्धि अनुसन्धान कार्यक्रमहरु	जना	३.००	०.६५	१०.००	३.००	०.६५	१००.००	०.००	०.००
२.७.२२.५४९	खोपकोल्डचेन सामाग्रिको मर्मत र आकष्मिक व्यवस्थापन, रेफ्रिजिरेटर भ्यान समेत, प्रादेशिक भ्याक्सिन स्टोर, जिल्ला भ्याक्सिन स्टोर -\प्रदेश आपूर्ती व्यवस्थापन केन्द्र र स्वास्थ्य कार्यालयहरुको लागि	जना	३.००	०.३०	४.६३	३.००	०.३०	१००.००	२.३६	५०.९७
२.७.२२.५५०	प्रदेशबाट अस्पताल तथा समुदायमा एम.पि.डि.एस.आर.तथा birth difect कार्यक्रम को अनसाइट कोचिङ	जना	२.००	०.२०	३.००	०.००	०.००	०.००	०.००	०.००
२.७.२२.५६७	दुर्गम क्षेत्रमा कार्यरत BC/CEONC सेवा प्रदायकहरुको skill retention को लागि अस्पतालमा placement कार्यक्रम	जना	२.००	०.१३	२.००	०.००	०.००	०.००	०.००	०.००
२.७.२२.५६८	पोषण सम्बन्धि रजिस्टर, फारमहरू छपाई तथा वितरण	जना	२.००	१.३०	२०.००	२.००	१.३०	१००.००	११.२६	५६.३०
२.७.२२.५६९	प्रदेश तथा जिल्लास्तरमा अभियानहरुको समिक्षा, पूणखोप घोषणा र दिगोपना एवं सरसफाई प्रवद्धन कार्यक्रमको निरन्तरताको लागि समिक्षा र सुक्ष्म योजना तयारी गोष्ठि २ दिन ७ वटै प्रदेश र ७७ वटै जिल्लामा प्रदेश स्वास्थ्य निर्देशनालय र स्वास्थ्य कार्यलय मार्फत	जना	१.००	०.६१	९.३१		०.००	०.००	०.००	०.००
२.७.२२.५७१	नियमित खोप सेवा र आकस्मिक अवस्थामा प्रदेश तथा जिल्लाबाट भ्याक्सिन तथा खोप सामग्रीको व्यवस्थापन, वितरण तथा ढुवानी खर्च -प्रदेश आपूर्ती व्यवस्थापन केन्द्र र स्वास्थ्य कार्यालयहरुको लागि	पटक	३.००	०.२६	४.०६	३.००	०.२६	१००.००	०.००	०.००
२.७.२२.५७२	SRHR/PRHCC/ TWC कार्यक्रम सन्चालन	पटक	१.००	०.१०	१.६०	१.००	०.१०	१००.००	०.००	०.००
२.७.२२.५७३	C- section monitoring गर्न CS rate उच्च रहेका अस्पतालहरुमा Robson classification system अभिमुखीकरण तथा लागु गर्ने	पटक	१.००	०.१३	२.००	०.००	०.००	०.००	०.००	०.००
२.७.२२.५८२	पोषण कार्यक्रमको अनुगमन तथा सुपरिवेक्षण	पटक	३.००	०.५२	८.००	३.००	०.५२	१००.००	१.९३	२४.१३
२.७.२२.५८३	CB-IMNCI Coach तयारी ToT	पटक	१.००	०.४६	७.००		०.००	०.००	०.००	०.००
२.७.२२.५८४	IMNCI कार्यक्रमको लागि औषधी खरिद (निर्देशिका बमोजिम)	पटक	२.००	३.२५	५०.००		०.००	०.००	३१.४०	६२.८०
२.७.२२.५९१	मातृ तथा नवशिशु स्वास्थ्य कार्ड (Maternal and Newborn Health Card - HMIS ३.५) छपाई	पटक	२.००	०.६५	१०.००		०.००	०.००	०.००	०.००
२.७.२२.५९५	प्रदेश स्तरिय पोषण कार्यक्रम समिक्षा गोष्ठी	पटक	१.००	०.३९	६.००	१.००	०.३९	१००.००	४.०१	६६.८३
२.७.२२.५९८	स्तनपान कक्ष (प्रत्येक प्रदेशमा ३ ओटा)	पटक	३.००	०.१०	१.५०		०.००	०.००	०.००	०.००
२.७.२२.५९९	Specialized Newborn Care Unit (SNCU)/Neonatal Intensive Care Unit (NICU)/FBIMNCI मेंटोरीङ्ग कार्यक्रम	पटक	१.००	०.१३	२.००		०.००	०.००	०.००	०.००

कार्यक्रम नम्वर	कार्यक्रम	एकाई	बार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
२.७.२२.६१२	पोषण सम्बन्धि Mount Board छपाई तथा वितरण	पटक	१.००	०.३३	५.००		०.००	०.००	४.९२	९८.४०
२.७.२२.६१४	निशुल्क नवजात शिशु कार्यक्रमको समिक्षा, योजना तर्जुमा तथा FBIMNCI रेकर्डिङ रिपोर्टिङ्ग अभिमुखीकरण	पटक	१.००	०.३९	६.००		०.००	०.००	०.००	०.००
२.७.२२.६१६	अस्पतालमा MPDSR तथा Birth defect कार्यक्रमको समिक्षा तथा अभिमुखीकरण	पटक	१.००	०.३३	५.००		०.००	०.००	३.१२	६२.४०
२.७.२२.६३१	कर्णाली प्रदेशको ५ जिल्ला (कालिकोट, जुम्ला, मुगु, हुम्ला र डोल्पा) लक्षित समुहमा MCHN कार्यक्रम निरन्तरता तथा आपतकालीन पोषणको लागि समेत फोर्टीफाइड पिठो (Supercereal) खरिद	पटक	३.००	५२.०३	७९९.७१	३.००	५२.०३	१००.००	७८०.०८	९७.५५
२.७.२२.६३२	स्वास्थ्यलाई हानी गर्ने अस्वस्थकर खानेकुरालाई निरुत्साहित गर्न गराउन समन्धित सरोकारवालासंगको समन्वय÷पैरवी बैठक	पटक	२.००	०.०७	१.००		०.००	०.००	०.५६	५६.००
२.७.२२.633	MNH programm अनुगमन तथा सुपरिवेक्षण (SAS, PNC, clinical mentoring and QI	पटक	३.००	०.७८	१२.००		०.००	०.००	१०.७५	८९.५८
२.७.२२.६३७	Oxytocin, Ma.sul, Cal.gluconate, Vitamin k१, Mesoprostol, Tranexamin acid खरीद	पटक	२.००	२.३३	३५.७५	२.००	२.३३	१००.००	१४.९५	४१.८२
२.७.२२.६४५	पोषण सामाग्री ढुवानी (जिल्ला/ पालिका संचालीत पोषण विषेश कार्यक्रमका लागि आर.यु.टि.एफ., बालभिटा, पौष्टिक आहार आदि ढुवानीका लागि)	पटक	३.००	१.५६	२४.००	३.००	१.५६	१००.००	१९.०८	७९.५०
२.७.२२.६४६	सुत्केरी तथा गर्भवती आमा र विद्यालय स्वास्थ्य तथा पोषण कार्यक्रमको लागि किशोरीहरुलाइ साप्ताहिक आइरन फोलिक एसिड र Albendazole (जुकाको औषधि) खरिद सम्बन्धमा	पटक	३.००	२०.८२	३२०.००	३.००	२०.८२	१००.००	२७०.२३	८४.४५
२.७.२२.६४७	मायाको अंगालो (Kangaroo Mother Care) निर्देशिका अभिमुखीकरण	पटक	१.००	०.३३	५.००	१.००			२.१९	४३.८०
(क)	**चालु कार्यक्रमको जम्मा**		८०.००	१००	१५३६.९८	५१.००	९१.१०	६३.७५	१२२८.६४	७९.९४
(ख)	**पंजिगत कार्यक्रमको जम्मा**			०.००						
(ग)	**कार्यक्रमको कुल जम्मा**		८०.००	१००	१५३६.९८	५१.००	९१.१०	६३.७५	१२२८.६४	७९.९४
(घ)	**प्रशासनिक खर्चको जम्मा**			०						
	प्रशासनिक/कार्यक्रमको कुल जम्मा खर्चको जम्मा		८०.००	१००	१५३६.९८	51.0	९१.१०	११३.८७	१२२८.६४	७९.९४

बजेट उप शिर्षक : ३५०९११३० महामारी तथा रोग नियन्त्रण कार्यक्रम (शसर्त अनुदान)

कार्यक्रम नम्वर	कार्यक्रम/क्रियाकलाप	एकाई	बार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
१. पूंजीगत खर्च अन्तरगतका कार्यक्रमहरू										
२.७.५.१४९	विभिन्न महामारीजन्य रोगहरुको रोकथाम, नियन्त्रण तथा निगरानीका लागि सरोकारवाला सँगको अन्तरक्रिया तथा स्वास्थ्यकर्मी परिचालन	पटक	२	५.०७	२०	०	०.००	०	०	०
२.७.५.१५१	खाद्य सुरक्षा, पानी, हवाई सुरक्षा, सडक सुरक्षा, जुनोसिस, सरुवा रोग, महामारी, रोग निगरानी, रसायनिक सुरक्षा, विकिरण सुरक्षा सम्बन्धि तालिम संचालन ।	पटक	२	१.२७	५	०	०.००	०	०	०
२.७.५.१५३	महामारी प्रतिकार्य र व्यवस्थापन कार्यमा सुचना सन्देश प्रवाहलाइ चुस्त दुरूस्त बनाउनका लागि स्वास्थ्यकर्मीहरुलाइ Risk Communication सम्बन्धि तालिम कार्यक्रम	पटक/ किसिम	२	१.२७	५	१	०.६३	५०	३.३२	६६.४
२.७.५.१५४	विभिन्न संक्रामक रोगहरु मलेरिया, डेंगु, कालाजार, हैजा, झाडापखाला, मौसमी रूघाखोकी आदिको द्रुत सूचना प्रवाहका लागि सेन्टिनल साइटहरुसँग Early Warning and Reporting System (EWARS) समिक्षा कार्यक्रम	पटक	१	१.२७	५	१	१.२७	१००	२.४६	४९.२
२.७.५.१५५	कोभिड १९ लगाएत विभिन्न संक्रामक रोगहरुको सर्भिलेन्स कार्यक्रम (सेन्टिनल साइट विस्तार, नयाँ तथा संघीय अस्पतालहरूमा इवार्स अभिमुखीकरण, EWARS बाट प्राप्त तथ्यांक भेरिफिकसन, खाद्य गुणस्तर निगरानी, खानेपानी गुणस्तर निगरानी, WSP म्यापिंग, खानेपानी नमूना परिक्षणका लागि रिएजेन्ट र मेसिन मर्मत, ल्यापटप १ खरिद,	पटक	२	७.६१	३०	२	७.६१	१००	९.७५	३२.५
२.७.६.२	एक स्वास्थ्य अवधारणा अनुसार आवश्यक संरचना तयारी तथा बैठक सरोकारवालाको बैठक	पटक/ संख्या	२	०.१३	०.५	०	०.००	०	०	०
२.७.६.३	प्रादेशिक र जिल्ला अस्पतालहरूमा हाइड्रोसिल बिरामीहरुको अप्रेशन गर्ने, हात्ती पाइले रोग निवारण कार्यक्रमको औषधि सेवनबाट असर देखिएका तथा हाइड्रोसिल अप्रेशनको जटिलता देखिएकाहरूको उपचार गर्ने	पटक	२	१.२७	५	०	०.००	०	०	०
२.७.६.७	सर्पदंश एवम रेविज रोग उपचारका लागि आवश्यक भ्याक्सिन एवंम औषधी प्रक्षेपण सम्बन्धी समिक्षा	पटक	१	०.५१	२	१	०.५१	१००	०	०
२.७.६.८	नसर्नेरोग सम्बन्धि कार्यक्रम (PEN तालिम, Hypertension, Diabetes, COPD, Cancer Days मनाउने, कार्यक्रम अनुगमन तथा सुपरिवेक्षण, Mass Screening and awareness campaign, अकुपेशनल हेल्थ अभिमुखिकरण कार्यक्रम आदि)	**पटक**	**२**	२४.१६	९५	२	२४.१६	१००	१६.९८	१७.८२६७७
२.७.६.९	NTD/VBD (औलो, कालाजार, डेंगु, हात्तीपाईले, जे.इ, जीका, स्क्रब टाईफस) कार्यक्रमको बार्षिक प्रदेश स्तरिय समिक्षा बैठक सञ्चालन गर्ने	जना	१	१.१४	४.५	१	१.१४	१००	२.६९	५९.७७७७८
२.७.७.११	रेबिज, सर्पदंश आदि जूनोटिक तथा अन्य सरुवा रोग कार्यक्रम (अभिमुखिकरण, जनचेतना, प्रचार प्रसार दिवस मनाउने, रेबिज रोग (सरोकारवालाहरू, विद्यालयका विद्यार्थी तथा स्वास्थ्यकमीहरूलाइ) तथा रेबिज भ्याक्सिन प्रयोग (स्वास्थ्यकमीहरूलाइ) सम्बन्धि अभिमुखिकरण कार्यक्रम, व्यवसायीक रूपमा कृषि कार्य तथा पशुपालनमा संलग्नहरुको जनस्वास्थ्य सम्बन्धि कार्यक्रम)	जना	२	३.३०	१३.०	०	०.००	०	०	०

कार्यक्रम नम्वर	कार्यक्रम/क्रियाकलाप	एकाई	बार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
२.७.८.१२	सर्पदंश उपचार पद्धति अनुसारको उपचारमा खटिएका स्वास्थ्यकर्मीलाई तालिम	जना	१	१.०१	४.०	१	१.०१	१००	३.४६	८६.५
२.७.२२.२९८	सिकल सेल एनिमिया र थालासेमिया रोग सम्बन्धि कार्यक्रम	जना	२	१.७८	७.०	०	०.००	०	०	०
२.७.२२.५५१	मानसिक रोग सम्बन्धि औषधी खरिद	जना	१	१.२७	५.०	१	१.२७	१००	४.८८	९७.६
२.७.२२.६००	नसर्ने रोग सम्बन्धि औषधी खरिद	जना	२	२५.३६	१००.०	२	२५.३६	१००	८०.८६	८०.८६
२.७.२५.२४८	अभिमूखिकरण/अन्तरक्रिया, कालाजारका रोगीको उपचार तथा केस बेस सर्भिलेन्स, कालाजार बिरामीको उपचारका लागि प्रादेशिक तथा जिल्ला अस्पतालहरूमा आउने बिरामीहरूको यातायात र निदान खर्च बापत सोधभर्ना (बिरामीको यातायात खर्च रू.२००० र निदानका लागि सोधभर्ना रू. ५०००)	जना	२	१.७८	७.०	२	१.७८	१००	१.४	२०
२.७.२५.२४९	विश्व औलो दिवस मनाउने, किटजन्य रोगहरूको परिमार्जित निर्देशिका बमोजिम प्राबिधिकहरूबाट अनुगमन तथा अनसाईट कोचिङ	जना	२	२.७९	११.०	२	२.७९	१००	१.७६	१६
२.७.२५.२९३	हात्तीपाइले रोग बिरुद्धको औषधि खुवाउने अभियानको योजना तथा समिक्षा गोष्ठी, हात्तीपाइले रोग बिरुद्धको औषधि खुवाउने अभियान, मर्बिडिटी म्यापीङ तथा निशुल्क हाईड्रोशिल सर्जरीको अनुगमन तथा सुपरभिजन	जना	१	०.१३	०.५	०	०.००	०	०	०
२.७.२५.२९७	कीटजन्य रोगहरू औलो, कालाजार, डेंगु, हात्तीपाईले, जे.इ, जीका, स्क्रब टाईफस सार्ने भेक्टरहरूको एकिकृत सर्भिलेन्स	जना	२	१.७८	७.०	२	१.७८	१००	१.६५	२३.५७
२.७.२५.२९९	औलो तथा कालाजार रोग प्रभावित क्षेत्रहरूमा रोग नियन्त्रण गर्न बिषादी छिड्काउका लागि स्वास्थ्यकर्मीहरूलाई तालिम	जना	१	०.३८	१.५	०	०.००	०	०	०
२.७.२५.३५८	राष्ट्रिय औलो उपचार निर्देशिका को बारेमा सरकारी तथा गैर सरकारी अस्पताल तथा स्वास्थ्य प्रदायक संस्थाहरुलाई जानकारी दिने, औलो नियन्त्रण कार्यको लागी आवश्यक विभिन्न सामानहरु (प्रयोगशालालाई तथा औलो फाँटको लागी आवश्यक अन्य सामानहरु) खरीद गर्ने, समुदायमा आधारित परीक्षणको लागि Selectced FCHVs / AHW / ANM लाई तालिम, मोबाइल टोली द्वारा Intensified Case Dete	जना	२	२.७९	११.०	२	२.७९	१००	८.९१	८१
७.२.९.७	महामारी र विपद व्यवस्थापनका लागि आवश्यक पर्ने औषधि तथा उपकरण र औजार लगायतका सामग्री खरिद गरि सम्बन्धित ठाउँमा पठाउने	जना	१	१०.१५	४०.०	१	१०.१५	१००	३९.२६	९८.१५
७.२.११.१	नसर्ने रोग सम्बन्धि कार्यक्रमको औजार उपकरण खरिद	जना	१	३.८०	१५.०	१	३.८०	१००	९.६	६४
(क)	**चालु कार्यक्रमको जम्मा**		३७	१००	३९४।२५	२२	८६.०५	५९.४६	१८७.०	४७.४३
(ख)	**पंजिगत कार्यक्रमको जम्मा**			०.००						
(ग)	**कार्यक्रमको कुल जम्मा**		३७	१००	३९४।२५	२२		५९.४६	१८७.०	४७.४३
(घ)	**प्रशासनिक खर्चको जम्मा**			०						
	प्रशासनिक/कार्यक्रमको कुल जम्मा खर्चको जम्मा		३७	१००	३९४।२५	२२		५९.४६	१८७.०	४७.४३

बजेट उप शिर्षक : ३५०९११३१ स्वास्थ्य व्यवस्थापन कार्यक्रम(शसर्त अनुदान)

कार्यक्रम नम्वर	कार्यक्रम/क्रियाकलाप	एकाई	वार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
२.७.२२.५०६	तथ्यांक गुणस्तर सुधारकालागि स्वास्थ्य निर्देशनालयबाट स्वास्थ्य संस्थाहरुमा एल एम आइ एस,एच एम आई एस र डि एच आई एस सम्बन्धी अनसाइट कोचिङ	पटक	३	१.९	५.००	३	१.८७	१००.०	१.४५	२९.००
२.७.२२.५३८	प्रदेश स्वास्थ्य निर्देशनालयबाट स्थानीय तहहरूका स्वास्थ्य प्रमुखहरु लाई स्वास्थ्य कार्यक्रमहरूको योजना तर्जुमा सम्बन्धी क्रियाकलाप	पटक	२	५.२	१४.००	२	५.२२	१००.०	१३.०८	९३.४३
२.७.२२.५४०	हरेक प्रदेशमा स्वास्थ्य जन्यफोहर व्यवस्थापन तथा खानेपानी, सरसफाई र स्वाच्छताको लागी नमुना कार्यविधि तयार गरी छनौट गरी एक एक वटा नमुना स्वास्थ्य संस्थाको बिकास	पटक	३	१.१	३.००	०	०.००	०.०	०	०.००
२.७.२२.५५६	ई एल एम आई एस/ डि एच आइ एस २ सम्बन्धी एकिकृत समिक्षा	पटक	१	४.९	१३.००	१	४.८५	१००.०	०	०.००
२.७.२२.५५७	प्रदेश स्वास्थ्य निर्देशनालय मार्फत स्वास्थ्य कार्यालय एवं अस्पतालहरको एकिकृत अर्द्धबार्षक एवं वार्षिक समीक्षा	पटक	२	९.०	२४.००	१	४.४८	५०.०	१०.७१	४४.६३
२.७.२२.५५८	स्वास्थ्य संस्थाजन्य फोहर व्यवस्थापन तथा खानेपानी सरसफाई र स्वच्छताको अभ्यास तथा व्यवस्थापनको लागि अस्पतालहरुमा भईरहेका अभ्यासहरको लेखाजोखा गरी सुधारका कार्यक्रमहरुको स्वीकृत मापदण्ड अनुसारको कार्य योजना तयारी	पटक	३	१.१	३.००	०	०.००	०.०	०	०.००
२.७.२२.५७७	स्वास्थ्य संस्थाजन्य फोहर व्यवस्थापन सम्बन्धि हरेक प्रदेश अस्पतालका कर्मचारीहरुलाई अभिमुखिकरण कार्यक्रम	पटक/ संख्या	३	१.६	४.२५	१	०.५३	३३.३	१.२३	२८.९४
२.७.२२.५७८	खानेपानि सरसफाई र स्वच्छता वासफिट टुल सहित कार्यक्रम सुदृढिकरण	पटक	१	१.९	५.००	१	१.८७	१००.०	३.२	६४.००
२.७.२२.५९२	एच एम आइ एस/एल एम आइ एस सम्बन्धी अभिलेख तथा प्रतिवेदन फाराम एव अनुगमन पुस्तिका समेत स्थानीय तह सम्मको लागी छपाई एव वितरण	पटक	१	२०.५	५५.००	१	२०.५२	१००.०	४४.५२	८०.९५
२.७.२२.६०४	स्थानीय तह सम्मको एल एम आइ एस,एच एम आई एस र डि एच आई एस सम्बन्धी कार्यका लागि विज्ञ कर्मचारी सेवा करार	पटक	२	५.६	१५	१	२.८०	५०.०	४.७८	३१.८७
२.७.२२.६०५	प्रदेश स्तरमा आर्थिक प्रशासन तथा आन्तरिक नियन्त्रण,विभिन्न प्रकारका क्लिनिकल तालिम लगायतका अन्य क्रियाकलापहरु	जना	३	१२.४	३३.१	१	४.१२	३३.३	७.८०	२३.५६
२.७.२२.६२२	स्थानीय तहका स्वास्थ्य प्रमुख, संयोजक, सह संयोजक एवं स्वास्थ्य संस्थाका स्वास्थ्यकर्मिहरुलाई प्रदेश स्वास्थ्य निर्देशनालय मार्फत डि एच आई एस २ र एल एम आइ एस सम्बन्धी अभिमुखिकरण कार्यक्रम	जना	६	१५.७	४२	६	१५.६७	१००.०	२५.१७	५९.९३
२.७.२२.६२३	प्रदेश स्वास्थ्य निर्देशनालय मार्फत जिल्ला अन्तर्गतका स्थानिय तहहरु साथै अस्पतालहरुको त्रैमासिक डाटा भेरिफिकेशन	जना	३	९.०	२४	३	८.९६	१००.०	७.२२	३०.०८
२.७.२२.६२४	२.७.२२.६२४-औषधि, भ्याक्सिन तथा भ्याक्सिन जन्य सामग्री, साधन, सामाग्री रिप्याकिङ तथा ढुवानी र पूनः वितरण समेत	जना	३	१०.३	२७.६५	३	१०.३२	१००.०	१३.०१	४७.०५
(क)	चालु कार्यक्रमको जम्मा		३६	१००	२६८.००	२४	६६.६७	६६.६७	१३२.१७	४९.३२
(ख)	पंजिगत कार्यक्रमको जम्मा									
(ग)	कार्यक्रमको कुल जम्मा		३६	१००	२६८.००	२४	६६.६७	६६.७	१३२.१७	४९.३२
(घ)	प्रशासनिक खर्चको जम्मा									
	प्रशासनिक/कार्यक्रमको कुल जम्मा खर्चको जम्मा		३६	१००	२६८.००	२४	६६.६७	६६.७	१३२.१७	४९.३२

बजेट उप शिर्षक : ३५०९११३२ राष्ट्रय स्वास्थ्य शिक्षा सूचना तथा संचार केन्द्र (शसर्त अनुदान)

कार्यक्रम नम्वर	कार्यक्रम/क्रियाकलाप	एकाई	वार्षिक लक्ष			तेश्रो चौमासिक अवधि सम्मको लक्ष्य			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
१. चालु खर्च अन्तरगतका कार्यक्रमहरू													
२.७.२२.१५३	स्वास्थ्य दिवसहरु मनाउने	पटक	३	१२.५	१०.	३	१२.५	१.०	३	१३	१००	०	०.०
२.७.२२.१५५	पत्रकार अन्तरक्रिया र समीक्षा	पटक	३	१२.५	१०.	३	१२.५	१.०		०	०	०	०.०
२.७.२२.६०६	अनुगमन तथा सुपरिवेक्षण	पटक	३	१८.७५	१५.	३	१८.७५	१.५	३	१९	१००	१	७०.७
२.७.२२.६२५	स्थानिय आम संचार माध्यमबाट सन्देश प्रशारण (केबुल टेलिभिजन अनलाईन एफ एम पत्र पत्रिका)	पटक	३	५६.२५	४५.	३	५६.२५	४.५		०	०	०	०.०
(क)	**चालु कार्यक्रमको जम्मा**		१२	१००.००	८.००	१२	१००.००	८.००	६.००	५०	५०	१.०६	१३.२५
(ख)	**पंजिगत कार्यक्रमको जम्मा**												
(ग)	**कार्यक्रमको कुल जम्मा**		१२	१००.००	८.००	१२	१००.००	८.००	६	५०	५०	१.०६	१३.२५
(घ)	**प्रशासनिक खर्चको जम्मा**												
	प्रशासनिक/कार्यक्रमको कुल जम्मा खर्चको जम्मा		१२	१००.००	८.००	१२	१००.००	८.००	६.००	५०.००	५०.००	१	१३.२५

बजेट उप शिर्षक : ३५०९११३४ उपचारात्मक सेवा कार्यक्रम (शसर्त)

कार्यक्रम नम्वर	कार्यक्रम/क्रियाकलाप	एकाई	वार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
१. चालु खर्च अन्तरगतका कार्यक्रमहरू										
२५१६.२२.७.	आधारभूत तथा आकस्मिक सेवाकोलागि औषधि खरीद	पटक	१	८३.८	१५०.३८	१	८४.८३	१००	९५.७१	६३.६५
२५७९.२२.७.	आधारभूत अस्पताल(प्राथमिक अस्पताल) र आधारभूत स्वास्थ्य सेवा केन्द्र (स्वास्थ्य चौकी) को न्युनतम सेवा मापदण्ड अभिमुखिकरण । अनुगमन तथा समीक्षा	पटक	१	२.८	५.००	१	३.७९	१००	०	०.००
२६०९.२२.७.	आधारभूत स्वास्थ्य सेवा सम्बन्धि SOP को प्रदेश तथा जिल्ला स्तरीय अभिमुखिकरण	पटक	१	२.८	५.००	०	२.७९	०	०	०.००
२६१०.२२.७.	प्रदेश अस्पतालहरुमा MSS कार्यक्रम संचालन	पटक	१	२.२	४.००	१	३.२	१००	३.६६	९१.५०
२६४१.२२.७.	आधारभुत स्वास्थ्य सेवाको STP को अभिमुखिकरण	पटक	१	२.८	५.००	१	३.८	१००	४.७५	९५.००
२६४२.२२.७.	आकस्मिक स्वास्थ्य सेवाको STP को अभिमुखिकरण	पटक	२	५.६	१०.००	१	६.१	५०	४.३	४३.००
(क)	**चालु कार्यक्रमको जम्मा**		७	१००.०	१७९.३८	५	७१.४	७१.४२९	१०८.४२	६०.४४
(ख)	**पंजिगत कार्यक्रमको जम्मा**									
(ग)	**कार्यक्रमको कुल जम्मा**		७	१००.००	१७९.३८	५	७१.४	७१.४३	१०८.४२	६०.४४
(घ)	**प्रशासनिक खर्चको जम्मा**									
	प्रशासनिक/कार्यक्रमको कुल जम्मा खर्चको जम्मा		७	१००.००	१७९.३८	५.००	७१.४३	७१.४३	१०८.४२	६०.४४

बजेट उप शिर्षक : ३५०९११३५ नर्सिंग तथा सामाजिक सुरक्षा सेवा कार्यक्रम (शसर्त कार्यक्रम)

कार्यक्रम नम्बर	कार्यक्रम/क्रियाकलाप	एकाई	बार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
१. चालु खर्च अन्तरगतका कार्यक्रमहरू										
२.७.२२.२७४	सम्बन्धित प्रदेशिक अस्पतालहरमा कार्यरत नर्सिंग कर्मचारीहरुलाई कन्टिन्यु प्रोफेशनल डेभलपमेन्ट एजुकेशन मोडयुलको कार्यक्रम गर्ने	पटक	१	६२.५	५.००	१	६२.५	१००	४.६२	९२.४
२.७.२२.५८०	विद्यालय स्वास्थ्य तथा नर्सिंग सेवा कार्यक्रम सम्बन्धि अन्तरक्रिया र समिक्षा	पटक	१	३७.५	३.००	१	३७.५	१००	२.२४	७४.६७
(क)	चालु कार्यक्रमको जम्मा		२	१००.००	८.००	२	१००	१००	६.८६	८५.७५
(ख)	पंजिगत कार्यक्रमको जम्मा									
(ग)	कार्यक्रमको कुल जम्मा		२	१००.००	८.००	२	१००.००	१००	६.८६	८५.७५
(घ)	प्रशासनिक खर्चको जम्मा									
	प्रशासनिक/कार्यक्रमको कुल जम्मा खर्चको जम्मा		२	१००.००	८.००	२	१००.००	१००	६.८६	८५.७५

बजेट उप शिर्षक : ३५०९११३६ आयुर्वेद सेवा कार्यक्रम (शसर्त)

कार्यक्रम नम्बर	कार्यक्रम/क्रियाकलाप	इकाई	बार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
१. चालु खर्च अन्तरगतका कार्यक्रमहरू										
२.७.२२.५५९	नागरिक आरोग्य कार्यक्रम संचालन अनुगमन समन्वय तथा आयुर्वेद सेवा	पटक	३	१००	५.५०	३	१००	१००	५०६.	९२
(क)	चालु कार्यक्रमको जम्मा		३	१००	५.५०	३	१००.००	१००	५.०६	९२
(ख)	पंजिगत कार्यक्रमको जम्मा									
(ग)	कार्यक्रमको कुल जम्मा		३	१००.००	५.५०	३	१००.००	१००	५.०६	९२००.
(घ)	प्रशासनिक खर्चको जम्मा									
	प्रशासनिककार्यक्रमको कुल जम्मा खर्चको जम्मा/		३	१००.००	५.५०	३	१००.००	१००	५.०६	९२००.

बजेट उप शिर्षक : ३५००२१०१ कोभिड १९ महामारी नियन्त्रण कार्यक्रम

कार्यक्रम नम्वर	कार्यक्रम/क्रियाकलाप	एकाई	बार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
१. पूजिगत अन्तरगतका कार्यक्रमहरू										
११.३.९.२१	स्वास्थ्य सम्वन्धि उपकरण तथा मेशिन औजार खरीद	पटक	१.००	२.१८	५.००	१.००	२.१८	१००.००	४.९१	९८.२०
११.३.१९.१	ईन्टरनेट तथा विद्युत व्यवस्थापन	पटक	१.००	२.१८	५.००	१.००	२.१८	१००.००	३.८३	७६.६०
	१. पूजिगत खर्च कार्यक्रमको जम्मा		**२.००**	**४.३६**	**१०.००**	**२.००**	**४.३६**	**१००.००**	**८.७४**	**८७.४०**
१. चालु अन्तरगतका कार्यक्रमहरू										
२.६.१.१७	स्वास्थ्य कर्मी तथा सहयोगी कर्मचारीहरुलाई संक्रमण रोकथाम सम्बन्धि क्षमता अभिबृद्धि तालिम	पटक	१.००	३.०५	७.००	१.००	३.०५	१००.००	५.६०	८०.००
२.३.१.७	एम्बुलेन्स तथा गाडी मर्मत	पटक	१.००		२.००				१.६३	८१.५०
२.५.८.१२	कोभिड १९ को लागि थप जनशक्ति व्यवस्थापन	पटक	१.००		५.००				०.००	०.००
७.१.१.३	कोभिड १९ महामारी अवस्थामा दुर्गम स्थानबाट अत्यावश्यक हवाई उद्दार	पटक	१.००		३०.००				०.००	०.००
२.६.१.१८	अस्पताल तथा स्वास्थ्य संस्थामा कार्यरत चिकित्सक । नर्स स्वास्थ्य कर्मीहरुलाई मनो सामाजिक परामर्श सम्बन्ध तालीम	पटक	१.००	०.८७	२.००	०.००	०.००	०.००	०.००	०.००
२.७.१.२	COVIS १९ को लागि PPE Mask Sanitizer खरीद	पटक	१.००	१३.०७	३०.००	१.००	१३.०७	१००.००	०.००	०.००
२.७.२२.३६	प्रकोप महामारी नियन्त्रणकालागि प्रदेश र जिल्लामा आर आर टी परिचालन	पटक	१.००	२.१८	५.००	१.००	२.१८	१००.००	०.९९	१९.८०
२.७.२२.३३०	यातायातको व्यवस्थापन	पटक	१.००	४.५८	१०.५०	१.००	४.५८	१००.००	७.८३	७४.५७
२.७.२२.३४३	निर्देशिका,प्रोफाइल,मापदण्ड,तथा विभिन्न कार्यविधिहरु निर्माण,स्वास्थ्य शिक्षा सामाग्रीहरु, फर्म फररमेट उत्पादन, प्रकाशन वितरण तथा प्रकाशन	पटक	१.००	२.१८	५.००	१.००	२.१८	१००.००	१.६३	३२.६०
२.७.२२.३३४	कोभिड १९ व्यवस्थापन सम्बन्धमा अवधिक समीक्षा तथा योजना तर्जुमा	पटक	१.००	४.३६	१०.००	१.००	४.३६	१००.००	७.५२	७५.२०

कार्यक्रम नम्वर	कार्यक्रम/क्रियाकलाप	एकाई	बार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
२.७.२२.३४६	संघ,प्रदेश तथा स्थानीय तह साथै अन्य सरोकारवाला निकायहरुसंग नियमित रुपमा अन्तरक्रिया	पटक	१.००	२.६१	६.००	१.००	२.६१	१००.००	०.००	०.००
२.७.२२.३४९	रोग प्रतिरोधात्मक क्षमता बृद्धि गर्नको लागि आइसोलेशन तथा क्वारेन्टाईनमा आयुर्वेद औषधि खरीद तथा वितरण	पटक	१.००	२.१८	५.००	१.००	२.१८	१००.००	५.००	१००.००
२.७.२२.४५१	कोभिड १९ लगायतको महामारी नियन्त्रणको लागि अत्यावश्यकीय सामग्री व्यवस्थापन	पटक	१.००	२.१८	५.००	१.००	२.१८	१००.००	४.९०	९८.००
२.७.२२.४५४	कोभिड १९ तथा अन्य महामारी नियन्त्रण कार्यक्रमको अनुगमन सुपरिवेक्षण	पटक	१.००	२.४०	५.५०	१.००	२.४०	१००.००	३.८४	६९.८२
२.७.२२.४६४	कोभिड १९ सम्बन्धि जनचेतनामूलक सामग्री प्रकाशन	पटक	१.००	२.१८	५.००	१.००	२.१८	१००.००	४.८८	९७.६०
२.७.२२.४७६	कोभिड अस्पताल तथा अन्य अस्पतालमा कार्यरत चिकित्सक नर्सिंग । स्वास्थ्य कर्मीहरुलाइ ECCT को क्षमता अभिबृद्धि तालिम	पटक	३.००	४.५८	१०.५०	१.००	१.५३	३३.३३	०.००	०.००
२.७.२२.४७७	कोभिड १९ सम्बन्धि जनचेतनामूलक सूचना प्रकाशन	पटक	१.००	२.१८	५.००	१.००	२.१८	१००.००	४.८९	९७.८०
२.७.२२.४७८	कोभिड १९ सम्बन्धि समुदायस्तरमा जनचेतनामूलक अभियान । अभिमुखिकरण	पटक	१.००	२.१८	५.००	१.००	२.१८	१००.००	२.९५	५९.००
२.८.१.२१	कोभिड १९ लगायतका महामारी कार्यक्रमको अनुगमन	पटक	१०.००	२.६१	६.००	१०.००	२.६१	१००.००	२.४४	४०.६७
७.२.९.८	कोभिड १९ लगायतका महामारी नियन्त्रण तथा प्रतिकार्यकालागि औषधि खरीद	पटक	१.००	१७.४३	४०.००	१.००	१७.४३	१००.००	२५.७८	६४.४५
७.२.९.१६	कोभिड १९ को लागि अत्यावश्यक आयुर्वेद औषधि	पटक	१.००	८.७१	२०.००	१.००	८.७१	१००.००	१९.९९	९९.९५
(क)	**चालु कार्यक्रमको जम्मा**		३२.००	९५.६४	२१९.५०	२६.००	७७.७१	८१.२५	९९.८७	४५.५०
(ख)	**पंजिगत कार्यक्रमको जम्मा**		२.००	४.३६	१०.००	२.००	४.३६	१००.००	८.७४	८७.४०
(ग)	**कार्यक्रमको कुल जम्मा**		३४.००	१००.००	२२९.५०	२८.००	८२.३५	८२.३५	१०८.६१	४७.३२
(घ)	**प्रशासनिक खर्चको जम्मा**									
	प्रशासनिक/कार्यक्रमको कुल जम्मा खर्चको जम्मा		३४.००	१००.००	२२९.५०	२८.००	८२.३५	८२.३५	१०८.६१	४७.३२

बजेट उप शिर्षक : ३५००२०११ निशर्त कार्यक्रम

कार्यक्रम नम्वर	कार्यक्रम/क्रियाकलाप	एकाई	बार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
११.३.२.१५	मोटरसाईकल/स्कुटर खरीद (सवारी साधन)	पटक	१	०.३३	२.७५	१	०.३३	१००	२.७५	१००.००
११.३.७.२९	बिधुत ट्रान्सफर्मर,सोलार व्यापक तथा अन्य सामाग्री खरीद तथा व्यवस्थापन (कार्यालय संचालनसंग सम्बन्धी यन्त्र,उपकरण तथा मेशीन औजार)	पटक	१	२.३८	२०.००	१	२.३८	१००	१६.९०	
११.३.२२.२	कार्यालय प्रयोजनका लागि मेसिनरी तथा औजार- कार्यालय सन्चालन सँग सम्बन्धी यन्त्र उपकरण तथा मेसिनरी औजार खरिद (अन्य उपकरण तथा मेशीन औजार)	पटक/ किसिम	१	०.८३	७.००	१	०.८३	१००	५.२२	७४.५७
११.४.२२.३६	निर्देशनालयको भवन माथि प्रिफायव/टिनको छाना राख्ने कार्य (अन्य सार्वजनिक निर्माण)	पटक	१	४.७६	४०.००	१	४.७६	१००	०.००	
११.४.२२.३९	निर्देशनालयको भवन रंगरोगन तथा मर्मत सम्भार (अन्य सार्वजनिक निर्माण)	पटक	१	०.६	५.००	१	०.६०	१००	४.९०	
११.६.१३.३	निर्देशनालयको लागी फर्निचर लगायत सामाग्री खरिद (कार्यालयको लागि फर्निचर फिक्चर्स)	पटक/ संख्या	१	०.३६	३.००	१	०.३६	१००	३.००	१००.००
११.१.२.६६८	स्वास्थ्य सेवा निर्देशनालयको पालेघर निर्माण		१	०.६	५.००	१	०.६०	१००	४.६८	
११.१.३.२६	स्वास्थ्य सेवा निर्देशनालयको पूजिगत सुधार तथा रंग रोगन		१	०.६	५.००				४.७३	
११.६.१३.२७	खरीद तथा आपुर्ति शाखा र बायोमेडिकलय यन्त्रशाला भवनको लागी आवश्यक पर्ने फर्निचर खरीद (कार्यालयको लागि फर्निचर फिक्चर्स)	पटक	१	१.४३	१२.००	१	१.४३	१००	११.६८	९७.३३
	(क) पुंजिगत खर्च कार्यक्रम अन्गर्गतका कार्यक्रम		**९**	**१२**	**९९.७५**	**८**	**१०.५५**	**८९**	**५३.८६**	**५३.९९**
२.चालु खर्च अन्तरगतका कार्यक्रमहरू										
१.१.१.२	अधिकृतस्तर एघारौं (स्थायी कर्मचारी)	जना	१	०.९२	७.७१	०	०.००	०	७.४६	९६.७६
१.१.१.२५	ह.स.चा. पाँचौं स्तर(स्थायी कर्मचारी)	जना	३	१.८१	१५.२	१	०.६०	३३	८.६०	५६.५८
१.१.१.३०	का. स. पाँचौं स्तर(स्थायी कर्मचारी)	जना	५	२.९९	२५.११	४	२.३९	८०	१९.८१	७८.८९
१.१.१.६४	अधिकृत स्तर नवौ दशौ(स्थायी कर्मचारी)	जना	६	४.४१	३७.०२	१	०.७३	१७	०.००	०.००
१.१.१.६५	अधिकृत स्तर सातौ/ आठौ(स्थायी कर्मचारी)	जना	१०	६.६२	५५.६	५	३.३१	५०	५५.४२	९९.६८
१.१.१.६६	अधिकृत स्तर पाचौ/ छैटौ/ सातौ(स्थायी कर्मचारी)	जना	५	३.०६	२५.७	५	३.०६	१००	२५.४९	९९.१८
१.१.१.६८	सहायक/ अधिकृत चौथौ/पांचौ/छैटौ(स्थायी कर्मचारी)	जना	३	१.९१	१६.०२	३	१.९१	१००	१५.९७	९९.६९
१.१.१.६९	सहायक/अधिकृत पांचौ/छैटौ/सातौ(स्थायी कर्मचारी)	जना	४	२.५४	२१.३६	४	२.५४	१००	२१.०६	९८.६०
१.२.२.१	स्थायी कर्मचारीको महंगी भत्ता(महंगी भत्ता)	जना	३७	१.०६	८.८८	२१	०.६०	५७	५.७६	६४.८६
१.२.५.३	कर्मचारीहरूको लागि कर्णाली प्रोत्साहन भत्त(प्रोत्साहन भत्ता)	जना	३५	२.०६	१७.३	२१	१.२४	६०	१२.५०	७२.२५
१.२.५.४	चिकित्सक लाई प्रदान गरिने भत्ता(प्रोत्साहन भत्ता)	जना	२	०.०१	०.०९	१	०.०१	५०	०.००	०.००
१.२.८.१	प्रसुती स्याहार भत्ता(शिशु स्याहार भत्ता)	जना	२	०.०२	०.२	२	०.०२	१००	०.०५	२५.००

कार्यक्रम नम्वर	कार्यक्रम/क्रियाकलाप	एकाई	बार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
१.२.१०.१	पाले पहरा भत्ता(पाले पहरा भत्ता)	जना	४	०.१०	०.८	४	०.१०	१००	०.५३	६६.२५
१.३.१.१	निजामती कर्मचारीहरुको पोशाक खर्च(कर्मचारी पोशाक)	जना	३७	०.४४	३.७	२१	०.२५	५७	२.५०	६७.५७
१.६.४.१	योगदानमा आधारित वीमा कोष खर्च(कर्मचारीको योगदानमा आधारित वीमा कोष खर्च)	जना	३७	०.२१	१.७८	२१	०.१२	५७	१.१५	६४.६१
२.१.१.१	धाराको महसुल(धाराको महसुल)	पटक	५	०.१४	१.२	५	०.१४	१००	०.९०	७५.००
२.१.२.१	बिद्युत महशुल(बिजुली महसुल)	पटक	२०	०.७१	६	२०	०.७१	१००	३.१०	५१.६७
२.१.६.१	टेलिफोन महसुल(टेलिफोन महसुल)	पटक	५	०.१४	१.२	५	०.१४	१००	०.६०	५०.००
२.१.७.१	ईमेल/ इन्टरनेट/वेवसाइट महसुल(ईमेल/ इन्टरनेट/वेवसाइट)	पटक	५	०.२९	२.४	५	०.२९	१००	१.५७	६५.४२
२.२.२.२	पेट्रोल- दुई पाङ्ग्रे(इन्धन कार्यालय प्रयोजन)	लीटर	१	०.४३	३.६	१	०.४३	१००	३.०८	८५.५६
२.२.२.५	डीजेल - चारपांग्रे सवारी साधन र जेनेरेटर(इन्धन कार्यालय प्रयोजन)	लीटर	१	०.६४	५.४	१	०.६४	१००	५.३६	९९.२६
२.२.३.९	मट्टीतेल,ग्यांस,व्याट्री लगायतका अन्य सामाग्रीहरु(इन्धन- अन्य प्रयोजन)	पटक	१	०.१२	१	१	०.१२	१००	०.७८	७८.००
२.३.१.३	दुई पाङ्ग्रे सवारी साधन मर्मत खर्च(सवारी साधन मर्मत)	वटा	२०	०.२४	२	२०	०.२४	१००	१.९४	९७.००
२.३.१.५	चारपाङग्रे सवारी साधन मर्मत(सवारी साधन मर्मत)	वटा	४	०.७१	६	४	०.७१	१००	५.४६	९१.००
२.३.२.३	जेनेरेटर मर्मत खर्च(मेशिनरी तथा औजार मर्मत सम्भार तथा सञ्चालन खर्च)	वटा	४	०.२४	२	४	०.२४	१००	१.९४	९७.००
२.३.२.५	कम्प्युटर/प्रिन्टर/फोटोकपि मेशिन लगायतका सामाग्रीहरु मर्मत(मेशिनरी तथा औजार मर्मत सम्भार तथा सञ्चालन खर्च)	वटा	१५	०.३६	३	१५	०.३६	१००	२.९१	९७.००
२.३.१४.१	फर्निचर तथा अन्य सामाग्री मर्मत(फर्निचर तथा फिक्चर्सको मर्मत तथा सम्भार खर्च)	पटक	१२	०.२१	१.८	१०	०.१८	८३	१.८०	१००.००
२.४.१.९	कार्यालय सचा लन सामाग्रि खरिद(कार्यालय मसलन्द सामान खर्च)	पटक	१००	१.०९	९.१७	१००	१.०९	१००	९.१७	१००.००
२.४.१३.१	पत्रपत्रिका तथा पुस्तिका (कार्यालय सामान तथा सेवा)(पत्रपत्रिका तथा पुस्तिका)	पटक/ संख्या	१	०.१२	१	१	०.१२	१००	०.०६	६.००
२.४.१४.२	सुचना तथा सन्देशमुलक सामाग्री प्रकाशन(विज्ञापन तथा सुचना प्रकाशन)	पटक/ संख्या	२	०.३६	३	२	०.३६	१००	१.८३	६१.००
२.४.१४.३	विज्ञापन तथा सूचना प्रकाशन(कार्यालय मसलन्द सामान खर्च)(विज्ञापन तथा सुचना प्रकाशन)	पटक	२	०.३६	३	२	०.३६	१००	०.४७	१५.६७
२.४.१५.१	सरसफाइ सम्बन्धी प्रयोग हुने सामान(अन्य कार्यालय संचालन खर्च)	वटा	१	०.४८	४	१	०.४८	१००	४.००	१००.००
२.५.७.४	विभिन्न पदमा करार सम्झौता भइ कार्य गर्ने कर्मचारिको लागि(व्यक्ति करार)	जना	४	०.८६	७.२	४	०.८६	१००	६.६५	९२.३६
२.६.१.१६	आयुर्वेद चिकित्सक तथा स्वास्थ्यकर्मिहरु लाई क्षार सुत्र सम्वन्धि तालिम(कर्मचारी दक्षता बृद्धि तालिम (प्रमाण पत्र दिने))	पटक	१	०.५४	४.५५		०.००	०	४.२३	
२.६.४.४	आयुर्वेद सम्वन्धि दिवश(उद्यमशीलता, रोजगारीमुलक/सशक्तिकरण/सीप विकास तथा क्षमता अभिवृद्धि तालिम)	पटक	३	०.०७	०.६	३	०.०७	१००	०.६०	१००.००

कार्यक्रम नम्वर	कार्यक्रम/क्रियाकलाप	एकाई	बार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
२.७.१.८	मलेरिया, कालाजार, डेंगु बिरूद्ध कीटनाशक औषधी स्प्रको लागि स्प्रे ट्यांकी खरिद(तयारी सामान खरिद खर्च)	पटक	१	०.२४	२	१	०.२४	१००	१.९५	९७.५०
२.७.५.३२	स्वास्थ्य सम्बन्धी कृयाकलापहरूको एकिकृत कार्यस्थल अनुशिक्षण, सुपरिवेक्षण, अनुगमन, मुल्यांकन(प्रचार प्रसार तथा सामाग्री उत्पादन तथा प्रकाशन र वितरण)	पटक	३	१.४३	१२	३	१.४३	१००	११.६५	९७.०८
२.७.५.४३	स्वास्थ्य शिक्षा सामग्री उत्पादन, वितरण र प्रसारण(प्रचार प्रसार तथा सामाग्री उत्पादन तथा प्रकाशन र वितरण)	पटक	३	०.७१	६	३	०.७१	१००	४.८५	८०.८३
२.७.५.५१	पाठेघरको मुखको क्यान्सर जाँचको लागि VIA set, Silicon ring pessary खरिद(प्रचार प्रसार तथा सामाग्री उत्पादन तथा प्रकाशन र वितरण)	पटक	१	०.६१	५.१	०	०.००	०	४.५०	८८.२४
२.७.५.१०३	प्रदेशभित्र योग तथा निशुल्क स्वास्थ्य शिविर(प्रचार प्रसार तथा सामाग्री उत्पादन तथा प्रकाशन र वितरण)	संख्या	१	०.७१	६	१	०.७१	१००	५.९४	९९.००
२.७.२१.११	स्वास्थ संस्थाहरुमा सुरक्षित खानेपानी सरसफाई तथा स्वच्छता सम्बन्धी क्षमता अभिवृद्धि(वातावरण संरक्षण /सरसफाइ कार्यक्रम)	वटा	१	०.५२	४.३७	०	०.००	०	०	०.००
२.७.२२.१४	जटील प्रसुति, आकस्मिक सेवा र आपतकालीन अवस्थाका लागि दुर्गम स्थानबाट सुविधा सम्पन्न अस्पतालसम्म एयर लिफ्टिङ तथा प्रेषण, सहजीकरण, सञ्चार एवम् व्यवस्थापन समेत(स्वास्थ्य सेवा)	पटक	६	१.३१	११		०.००	०	०	०.००
२.७.२२.४४	प्रयोगशालाको लागि केमिकल औजार उपकरण सामाग्री खरिद(स्वास्थ्य सेवा)	पटक	१	०.५४	४.५	१	०.५४	१००	४.४५	९८.८९
२.७.२२.७३	तनाव व्यवस्थाप तथा मेडिटेशन कक्ष संचालन तथा व्यस्थापन(स्वास्थ्य सेवा)	पटक	१	०.३०	२.५	१	०.३०	१००	२.१९	८७.६०
२.७.२२.८४	प्रदेश स्तरका कार्यालयहरूको बार्षिक प्रतिवेदन तयारी र छपाइ(स्वास्थ्य सेवा)	पटक	१	०.१८	१.५	१	०.१८	१००	१.५०	१००.००
२.७.२२.८८	प्रदेश आकस्मिक स्वासथ्य केन्द्र (PHEOC) सञ्चालन खर्च(स्वास्थ्य सेवा)	पटक	१	०.६०	५	१	०.६०	१००	४.०९	८१.८०
२.७.२२.९२	महामारी व्यवस्थापनको लागी बफर स्टक सामाग्री खरीद(स्वास्थ्य सेवा)	पटक	१	०.६०	५	१	०.६०	१००	४.९९	९९.८०
२.७.२२.१०१	औषधी ढुवानी तथा अन्य भाडा(स्वास्थ्य सेवा)	पटक	१	४.५२	३८	१	४.५२	१००	३५.५५	९३.५५
२.७.२२.११२	HMIS तथ्यांक भेरिफिकेशन तथा फलोअप मिटिंग(स्वास्थ्य सेवा)	पटक	१	०.४८	४	१	०.४८	१००	०.००	०.००
२.७.२२.११८	भ्याक्सिन स्टोर तथा सब स्टोर तथा कोल्ड चेन व्यवस्थापन(स्वास्थ्य सेवा)	पटक	१	०.६०	५	१	०.६०	१००	४.४०	८८.००
२.७.२२.१३९	औषधी तथा औषधी जन्य समाग्रीको प्याकिंग तथा रिप्याकिंग समेत(स्वास्थ्य सेवा)	पटक	१	०.५४	४.५	१	०.५४	१००	४.५०	१००.००
२.७.२२.१४०	कोल्डरुम तथा भ्याक्सिन सुरक्षाको लागि ईन्धन(स्वास्थ्य सेवा)	पटक	१	०.५४	४.५	१	०.५४	१००	४.२०	९३.३३
२.७.२२.१४१	मेडिकल स्टोरमा आपुर्ति व्यबस्थपान शाखामा औषधि तथा औषधिजन्यसामाग्री लोड अन्लोड प्याकिङ्ग रिप्याकिङ्ग गर्नको लागी जनशक्ति व्यवस्थापन(स्वास्थ्य सेवा)	पटक	४	१.३१	११	४	१.३१	१००	१०.४७	९५.१८
२.७.२२.१४२	भ्यक्सिन सुरक्षाको लागी संचालीत रेफ्रिजेरेटर भ्यान संचालनका लागी सवारी चालक व्यवस्थापन(स्वास्थ्य सेवा)	पटक	१	०.४८	४	१	०.४८	१००	३.०७	७६.७५
२.७.२२.१६१	स्वास्थ्य सेवा निर्देशनालयको वेवसाईट निर्माण/मर्मत(स्वास्थ्य सेवा)	पटक	१	०.१८	१.५	१	०.१८	१००	१.४९	९९.३३

कार्यक्रम नम्वर	कार्यक्रम/क्रियाकलाप	एकाई	बार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
२.७.२२.१९२	महामारी तथा संक्रामक रोगहरुको रोकथाम नियन्त्रण व्यवस्थापन तथा सचेतना कार्यक्रम(स्वास्थ्य सेवा)	पटक	१	०.४८	४	१	०.४८	१००	०.००	०.००
२.७.२२.३०७	HMIS,LMIS तथा आयुर्वेद सम्बन्धी अभिलेख प्रतिवेदन छपाई(स्वास्थ्य सेवा)	पटक/संख्या	१	०.६०	५	१	०.६०	१००	५.०	९९.८०
२.७.२२.३१९	मातृ तथा नवशिशु स्वास्थ्य(स्वास्थ्य सेवा)	पटक	१	१.५५	१३	०	०.००	०	०.०	०.००
२.७.२२.३२१	किशोर किशोरी स्वास्थ्य कार्यक्रम(स्वास्थ्य सेवा)	पटक	१	०.६०	५	०	०.००	०	०.०	०.००
२.७.२२.४४८	नर्सर्ने रोग कार्यक्रमको लागि तालिम सामाग्रि छपाई(स्वास्थ्य सेवा)	पटक	१	०.५७	४.७५	१	०.५७	१००	४.७	९९.१६
२.७.२२.४४९	आयुर्वेद औषधि खरीद तथा व्यवस्थापन(स्वास्थ्य सेवा)	पटक	१	०.६०	५	१	०.६०	१००	५.०	९९.४०
२.७.२२.४५०	प्रकोप महामारी नियन्त्रणका लागी प्रदेश र जिल्लामा RRT परिचालन तथा सामाग्री व्यवस्थापन(स्वास्थ्य सेवा)	पटक	१	१.०७	९	१	१.०७	१००	३.५६	३९.५६
२.७.२२.४५२	महामारी तथा संक्रमक रोगको जनचेतनाको लागी आवश्यक सामाग्री छपाई प्रकाशन तथा प्रशारण(स्वास्थ्य सेवा)	पटक	१	०.५६	४.७	१	०.५६	१००	४.६८	९९.५७
२.७.२२.४५३	निर्देशनालयको सुचनामुलक डायरी छपाई(स्वास्थ्य सेवा)	पटक	१	०.४२	३.५	१	०.४२	१००	३.०६	८७.४३
२.७.२२.४५५	क्षयरोग मुक्त पालिका धोषणा कार्यक्रम(स्वास्थ्य सेवा)	पटक	१	०.३६	३	१	०.३६	१००	२.२३	७४.३३
२.७.२२.४५६	सार्वजनिक निजि साझेदारी कार्यक्रम बाट बहुऔषधि क्षयरोग विरामिहरुको व्यवस्थापन (स्वास्थ्य सेवा)	पटक	१	०.६०	५	१	०.६०	१००	३.३८	६७.६०
२.७.२२.४५९	अस्पतालहरुमा रहेका मेशिनहरुको रेकर्ड तथा व्यवस्थापन खर्च (स्वास्थ्य सेवा)	पटक	१	०.३६	३	१	०.३६	१००	०.०७	२.३३
२.७.२२.४६०	क्षयरोग तथा HIV सम्वन्धि चेतनामुल सामाग्री छपाई तथा वितरण(स्वास्थ्य सेवा)	पटक	१	०.३६	३	१	०.३६	१००	३.००	१००.००
२.७.२२.४६५	mpdsr लागु भएका अस्पतालका चिकित्सक/नर्स/स्वास्थ्यकर्मिहरुलाई क्षमता अभिवृद्दि तालिम(स्वास्थ्य सेवा)	पटक	१	०.६०	५	१	०.६०	१००	३.८०	७६.००
२.७.२२.४६६	अस्पताल तथा स्वास्थ्य संस्थामा कार्यरत नर्सिङ्ग कर्मचारीहरु लाई क्षमता अभिवृद्दि कार्यक्रम(संक्रमण रोकथाम/mnh) अपडेट(स्वास्थ्य सेवा)	पटक	१	०.६०	५	१	०.६०	१००	०.००	०.००
२.७.२२.४६८	सिकलसेल सम्वन्धि सर्भिलेन्स तथा अभिमुखीकरण(स्वास्थ्य सेवा)	पटक	१	०.२४	२	१	०.२४	१००	०.७६	३८.००
२.७.२२.४६९	प्रदेश स्तरीय आकस्मिक प्रसुति सेवा (EOC) समिक्षा तथा योजना तर्जुमा गोष्ठि (स्वास्थ्य सेवा)	पटक	१	०.६०	५	१	०.६०	१००	१.७१	३४.२०
२.७.२२.४७१	पाठेघर खस्ने रोग,पाठेधरको मुखको क्यान्सर स्क्रिनिङ्ग सम्वन्धि अभिमुखीकरण कार्यक्रम (स्वास्थ्य सेवा)	पटक	१	०.३६	३	०	०.००	०	०	०.००
२.७.२२.४७२	महिला स्वास्थय स्वंयमसेविका तालिम पुस्तिका छपाई तथा प्रकाशन (स्वास्थ्य सेवा)	पटक	१	०.४८	४	१	०.४८	१००	३.९९	९९.७५
२.७.२२.४७३	आयुर्वेद सम्वन्धि TOOLS छपाई (स्वास्थ्य सेवा)	पटक	१	०.६०	५	१	०.६०	१००	४.९६	९९.२०
२.७.२२.४७४	चिकित्सक तथा स्वास्थ्यकर्मि लाई Stabilization center सम्वन्धि तालिम (स्वास्थ्य सेवा)	पटक	१	०.३६	३	०	०.००	०	०.००	०.००

कार्यक्रम नम्वर	कार्यक्रम/क्रियाकलाप	एकाई	बार्षिक लक्ष			वार्षिक प्रगति (भौतिक)			यस अवधि सम्मको खर्च	
			परिमाण	भार	बजेट	परिमाण	भार	प्रतिशत	रकम	प्रतिशत
२.७.२२.४७५	स्तनपान कक्ष निर्माण (आवश्यक सामाग्री व्यवस्थापन) (स्वास्थ्य सेवा)	पटक	१	०.३६	३	१	०.३६	१००	१.८१	६०.३३
२.७.२२.४९४	खोप तथा बाल स्वास्थ्य(स्वास्थ्य सेवा)	पटक	१	१०.१२	८५.०४	१	१०.१२	१००	१०.११	११.८९
२.७.२२.४९६	बार्षिक स्वास्थ्य कार्यक्रम समीक्षाको लागि सहयोग(स्वास्थ्य सेवा)	पटक	१	०.१२	१	१	०.१२	१००	०.००	०.००
२.७.२२.४९९	मृगौला क्यान्सर मुटु कलेजो लगायतका जटिल रोगहरुको उपचारमा सहयोग कार्यक्रम(स्वास्थ्य सेवा)	पटक/संख्या	२५	२.९८	२५	२५	२.९८	१००	५.०	२०.००
२.७.२५.६४	सञ्चार/पत्रपत्रिका/मिडिया सहकार्य/सूचना विज्ञापन/सन्देश प्रशारण तथा सञ्चारकर्मीहरूसंगको अन्तर्क्रिया (अन्य)	पटक	१	०.४५	३.७५	१	०.४५	१००	२.९	७६.००
२.७.२५.३०६	स्वास्थ सम्बन्धि विभिन्न दिवसहरु(अन्य)	पटक	१	०.१२	१	१	०.१२	१००	०.७	६५.००
२.७.२५.३०७	MDR विरामिहरुको परीक्षण गर्न आउदा जादाको यातायात खर्च(अन्य)	पटक/संख्या	१	०.३६	३	१	०.३६	१००	१.५३	५१.००
२.८.१.५	अनुगमन तथा मुल्यांकन (अनुगमन मुल्याङ्कन तथा कार्यक्रम कार्यान्वयन भ्रमण खर्च)	पटक/संख्या	१८	०.९०	७.५६	१८	०.९०	१००	७.१६	९४.७१
२.८.२.८	सरुवा भ्रमण खर्च (आन्तरिक भ्रमण)	पटक	५	०.३०	२.५		०.००	०	०.९९	३९.६०
२.८.२.१०	कर्मचारीहरूक लागि आन्तरिक भ्रमण खर्च (सरकारबाट घोषित पर्यटन भ्रमण काजको लागि मात्र) (आन्तरिक भ्रमण)	पटक	३७	०.६६	५.५५	०	०.००	०	०	०.००
२.९.२.१	सवारी साधन बीमा(बीमा सवारी साधन)	थान	२०	०.२४	२	२०	०.२४	१००	१.९	९४.००
२.९.६.१	चिया खाजा(चियापान खर्च)	सेट	१	०.२४	२	१	०.२४	१००	१.८	८७.५०
२.९.८.१	पाहुनालाई चिया खाजा (स्वागत तथा अतिथि सत्कार)	जना	१	०.२४	२	१	०.२४	१००	१.९	९३.००
७.२.९.२	अत्यावश्यक आयुर्वेद औषधि खरिद (औषधीहरु खरिद)	पटक	१	०.६०	५	१	०.६०	१००	४.९	९७.६०
७.२.९.३	निशुल्क स्वास्थ्य सेवाका लागि औषधि खरिद(औषधीहरु खरिद)	पटक	१	५.९५	५०	१	५.९५	१००	४८.७	९७.४०
(क)	**चालु कार्यक्रमको जम्मा**		५६६	####	७४०.४१	४३२	६७.२६	७६	४८१.५८	६५.०४
(ख)	**पंजिगत कार्यक्रमको जम्मा**		९	११.८७	९९.७५	८	१०.५५	८९	५३.८६	५३.९९
(ग)	**कार्यक्रमको कुल जम्मा**		५७५	१००.००	८४०.१६	४४०	७६.५२	७७	५३५.४४	६३.७३
(घ)	**प्रशासनिक खर्चको जम्मा**									
(ङ)	**प्रशासनिक/कार्यक्रमको कुल जम्मा खर्चको जम्मा**		५७५	१००.००	८४०.१६	४४०.००	७६.५२	१३.३१	५३५.४४	६३.७३

Annex 7: SOME LOCAL LEVEL'S INDICATORS FISCAL YEAR 2078/79

Organisation unit / Data	Major Indicator of Immunization Service 2078/79																
	EPI Coverage (% of children under one year Immunization)															% of children 12-23 month	
		DPT-HepB-Hib1			POLIO			PCV			FIPV		MR	Rota		MR	JE
	BCG	1st dose	2ndt dose	3rd dose	1st dose	2ndt dose	3rd dose	1st dose	2ndt dose	3rd dose	1st dose	2ndt dose	1st dose	1st dose	2ndt dose	2ndt dose	
Karnali Province	91.8	94.8	94.7	94.2	94.6	95.5	94.3	94.1	94.3	93.6	91.7	91.3	95.1	88.8	87.2	89.4	95.6
DOLPA	78.2	84.1	82.5	78.8	84	82.3	78.4	82.9	80.8	77.2	79.9	76.2	78.7	80.3	76.5	75.8	81.7
Dolpo Buddha RM	69.2	85.7	57.1	61.2	85.7	57.1	61.2	85.7	61.2	89.8	85.7	59.2	100	71.2	46.8	122.9	100
Shey Phoksundo RM	49.9	60.9	59.4	54.7	60.9	59.4	54.7	59.4	57.8	51.6	53.1	54.7	43.8	57.7	63.9	26.2	32.8
Jagadulla RM	55.1	82.1	82.1	89.6	82.1	79.1	89.6	80.6	76.1	76.1	74.6	76.1	79.1	77.4	78.9	80	86.2
Mudkechula RM	65	70.9	74.7	69	70.9	74.7	69	70.3	74.1	56.3	70.3	65.8	57	70.1	70.1	56.4	61.5
Tripurasundari Mun	74	77.7	86.8	84.8	77.7	86.8	84.5	77.7	85.5	87.7	76.1	85.2	87.4	71.7	80.4	78	85.2
Thulibheri Mun	111.9	105	89.6	86.5	105	89.6	86.9	101.4	84.7	75.2	97.3	85.6	80.6	106.5	84.9	83.9	98.6
Kaike RM	77.9	108	104.6	85.1	108	104.6	83.9	108	104.6	104.6	98.8	79.3	105.7	99.7	86	100	97.6
Chharka Tangsong RM	70.8	48.4	54.8	51.6	45.2	54.8	41.9	45.2	61.3	51.6	45.2	35.5	51.6	45	51.5	46.7	46.7
MUGU	73.5	78.8	72.9	74.5	76.2	70.4	71.4	76.5	74.2	72.8	72.1	65.4	75.8	59.8	54.3	73.4	78.2
Mugumkarmarog RM	39.9	50.8	54.1	52.4	48.1	48.6	48.1	50.3	53.5	55.7	41.1	42.7	56.2	34.5	34.5	51.7	50.6
Chhayanath Rara Mun	79.9	85.3	74.8	74	81.1	71.1	69.7	82.9	72.4	71.4	81	68.4	73.6	70.3	63.3	70.3	76.3
Soru RM	66	65.6	61.1	67.3	61.6	59.4	60.7	60.3	64.7	72	47.9	41.1	74.4	23.6	16.7	67.6	77.1
Khatyad RM	82.3	90.3	86	88.2	90.8	85.5	89.6	90.1	90.8	80.7	90.5	88.7	86.2	84	79.6	89	90.3
HUMLA	70.2	75.9	69.6	71.4	74.2	67	69.2	74.3	68.7	70.5	64.1	61.4	70	56	51.6	61.4	69.6
Chankheli RM	72.3	64.5	64	61	59.5	60	57.5	61	57.5	65	45.5	47.5	62.5	47.9	43.9	61.7	87.8
Kharpunath RM	76.9	83.8	84.3	91.4	85.3	83.8	91.9	84.3	85.3	85.8	85.3	91.9	88.8	71.4	66.8	63.9	75.4
Simkot RM	94.1	97.8	70.1	73.5	97.8	70.1	73.5	100.7	68.7	74.3	90.7	65.3	70.9	69.2	54.7	72.9	69.4
Namkha RM	39.1	64.9	58.1	68.9	64.9	58.1	68.9	55.4	55.4	60.8	44.6	68.9	60.8	48.5	48.5	42.9	52.9
Sarkegad RM	52.1	59.1	61.3	60.1	53.8	50.9	51.3	55.3	56.9	56	29.9	34.9	56.9	45.2	45.2	46.5	48.4
Adanchuli RM	83.3	94.5	87.8	92.9	94.9	87.8	92.9	95.3	91.8	93.3	92.5	92.5	91.4	69.2	70.4	90.8	99.6
Tanjakot RM	51.7	55.6	53.5	49.7	54.5	54.5	49.7	51.3	57.2	52.4	50.8	38.5	54	32.5	26.1	35.1	45.9
JUMLA	84.8	87.4	83.3	86.5	87.7	83.4	87.7	85.8	81.9	88	84.9	83.8	91.2	82.2	74.7	81.2	87.5
Patarasi RM	76.7	76.9	74.3	82.8	77.1	75.1	84.1	74.8	72.2	81.5	74.8	82.3	82.8	70.2	66.7	74.1	72
Kanaka Sundari RM	79.6	86.6	82.4	88.9	86.6	82.4	89.3	86	81.8	77.2	85	89.3	78.2	85.4	75	68.4	86.2
Sinja RM	84.5	92.9	92.2	93.2	94.2	92.2	93.2	94.2	92.2	93.9	94.2	93.2	93.9	94	92	94.6	90.8
Chandannath Mun	125.1	102.3	90.4	91.7	101.6	89.4	94.5	98.7	87.8	104.9	99.2	89.4	110.4	97.4	83.7	96	103.7
Guthichaur RM	82	88.6	80.9	88.1	88.6	81.8	88.1	77.5	71.2	80.9	76.7	72.9	91.5	73.9	62.1	73.2	89.4

Organisation unit / Data	Major Indicator of Immunization Service 2078/79																
	EPI Coverage (% of children under one year Immunization)															% of children 12-23 month	
		DPT-HepB-Hib1			POLIO			PCV			FIPV		MR	Rota		MR	JE
	BCG	1st dose	2ndt dose	3rd dose	1st dose	2ndt dose	3rd dose	1st dose	2ndt dose	3rd dose	1st dose	2ndt dose	1st dose	1st dose	2ndt dose	2ndt dose	
Tatopani RM	68.3	72.7	71	76.1	73.8	71.8	76.1	74.4	70.1	83.4	71	69.3	83.9	70.5	66.9	80	86.3
Tila RM	75.1	85.2	89.1	83.6	85.2	89.1	86.2	84.4	90.1	82.3	82.1	82.3	88.6	72.3	65.5	78.2	76.1
Hima RM	84	95.4	86.6	90	96	86.6	91.2	96	87.8	97	96	91.2	99.1	95.5	86.1	83	98.8
KALIKOT	72.6	77.2	76.9	74.4	77.6	78.8	75.8	78.2	77.5	78.7	76.1	74.2	80	76.2	74.3	72.1	78.6
Palata RM	71.3	78	75.3	74.2	78.2	75.5	74.1	78.9	74.4	73.2	75	67.2	75.9	68.8	64.5	68.5	81
Pachal Jharana RM	78.5	81.1	75.5	76.8	84	80.3	80.3	82.9	78.4	87.5	81.6	75.7	86.1	83	76.6	78.7	86.1
Raskot Mun	77.5	88.2	93.8	88.2	88	95.8	90.4	90	96	89.5	90	95.5	90.4	87.7	92.8	72.3	89.3
Sanni Tribeni RM	76	77.1	72.2	76.2	80.2	73.9	77.7	78.2	73.4	86.5	78.2	73.4	86.2	77.4	74	77.8	74.4
Naraharinath RM	65.6	68.7	70	63.2	68.4	71.8	61.9	71.6	71.6	64.4	68.6	66.7	66.1	69.5	64.7	67.6	67.3
Khandachakra Mun	78.7	74	76.6	76.3	80.3	82.3	81.9	76.4	77.8	80.8	72.9	78.1	84	77.5	78.7	76	79.4
Tilagupha Mun	63.1	74.3	73.7	68.7	70	73.4	69.1	74.1	71.9	81.9	71.3	64.1	77.3	72.6	66.3	74.5	80.6
Mahawai RM	65.1	66.5	72.5	72.1	59.2	64.8	67	64.8	69.1	67.4	64.4	66.1	70	63.3	68.5	49.6	65.4
Kalika RM	77.6	88.8	83.8	78.3	87	87	82	85.8	84.5	81.8	85	81.8	88	87	86	76.8	82
DAILEKH	82.7	94.4	98.4	98.3	95.5	99.8	98.6	94.3	98.8	96.2	90.8	93.4	97.4	87.9	87.7	85	94.3
Naumule RM	73.3	82.3	84.2	83.8	82.9	85.8	84.8	83.1	84.4	97.7	81	85.4	97.7	75.8	68.6	83.8	90.5
Mahabu RM	83.4	100.2	101.2	102.7	100.2	101.2	102.7	100.2	101.2	92.5	98.5	101	93	97.1	98	81.8	94.9
Bhairabi RM	92.5	118.7	134	135.4	113.6	123.3	122.3	118.7	134.5	120.1	120.9	133.3	121.8	102.4	111.1	104.2	119.6
Thantikandh RM	86	89.5	92.8	96.3	94.4	104.9	110.1	88.2	94	101.2	81.4	88	101.9	94.4	91.5	75.3	90.5
Aathbis Mun	91.6	93.1	92.6	92.3	91.6	94.2	94.1	91.9	93.7	92.3	83.3	86	90	82	78.2	90.2	91.4
Chamunda Bindrasaini Mun	78	86.8	92	87.8	91.9	93.2	83.6	87.8	92.9	83.2	78.1	66.4	86.9	83.1	80.3	69	78.7
Dullu Mun	90.2	101.4	108.1	100.9	105.4	111.7	102.6	101.8	107.6	98.1	100.9	98.8	101.8	91.5	93.2	85.1	98.3
Narayan Mun	94.4	109.5	114.9	119.7	109.5	114.9	119.7	109.5	114.9	120.9	109.5	119.7	120.9	102.1	109.4	106.8	120.2
Bhagawatimai RM	68.7	74.5	76.6	81.4	74.1	76.8	82	74.8	76.6	79.5	73.6	81.1	79.8	67.1	74.6	75.8	77.2
Dungeshwor RM	63.6	87.6	82.6	86.6	87.6	82.6	86.2	87.6	82.6	84.9	88.6	85.9	85.2	83.3	75.3	81.8	92.9
Gurans RM	69.3	91.6	98.5	99.1	91.8	99.1	98.9	90.5	99.1	89.4	85.4	94.5	92.5	89.8	86.7	82.9	88.2
JAJARKOT	90.4	92.2	90.7	88.8	91.2	94.2	89.8	90.3	88.8	86.5	83.8	80.6	90	87	82.2	88.4	92.2
Barekot RM	94	91.6	95.8	98.1	90.9	112.7	103.2	93	95.2	107.2	83.7	92	96.8	96.7	107.3	93.1	101.7
Kuse RM	74.3	76.8	79.7	77.1	69.8	74.7	71.8	76.1	79.4	82.1	76.1	78.9	83.3	63.5	67.5	76.9	86.2
Junichande RM	100.3	98.7	92.3	79.3	99	91.7	81.7	97.6	85.1	67.9	97	71.3	89.4	91.9	64.3	97.3	99.1
Chhedagad Mun	89.3	88.9	89.4	86.1	85.1	86.8	84.4	87.6	90.3	79.7	72.3	68.1	78.8	78.1	75.3	89.6	82.5
Shivalaya RM	69.6	76.6	82.8	79.8	74.9	83.4	77.7	71.7	76	74.4	60.8	60.5	82.3	61.4	61.4	67.6	82.1

Organisation unit / Data	Major Indicator of Immunization Service 2078/79																
	EPI Coverage (% of children under one year Immunization)															% of children 12-23 month	
		DPT-HepB-Hib1			POLIO			PCV			FIPV		MR	Rota		MR	JE
	BCG	1st dose	2ndt dose	3rd dose	1st dose	2ndt dose	3rd dose	1st dose	2ndt dose	3rd dose	1st dose	2ndt dose	1st dose	1st dose	2ndt dose	2ndt dose	
Bheri Mun	97.6	106.8	103.1	102.6	110.1	115.7	110.4	104.8	103	100.6	99.4	98.2	104.1	106	100.6	89.5	102.1
Nalagad Mun	95.8	95.7	86.4	94.4	97.6	91.9	94.3	90.6	84.5	93.1	88.7	90.9	95.5	99.6	93.9	94.1	91.5
RUKUM WEST	101	104.5	105.6	104.4	103.4	105.6	103.3	103.5	104.6	100.9	103.9	104.5	103.9	101.1	101	100.8	107.3
Aathabisakot Mun	92.2	101.9	102.5	98.2	99.1	101.4	94.7	101.9	99.7	99.2	103.1	102.2	106	98.7	91.7	98.2	105.7
Sanibheri RM	92.8	98.7	101.9	103.6	98.3	101.9	103.6	99.1	102.1	94.6	99.3	104.9	95.7	89.6	92.8	93.4	100.6
Banphikot RM	111.9	114.1	110.5	110.8	113.6	112.2	111.7	113.6	110.1	107	115.7	111.5	111.5	111.9	107.2	100.9	116.3
Musikot Mun	86.8	93.8	98.1	97.6	93.8	97.6	98.9	93.4	98.1	95.1	92.4	96.4	94	93.4	99.4	98.6	99
Tribeni RM	108.9	113.2	106.1	106.6	109.9	106.4	101.3	105.9	105.6	108.4	101.5	102	113	105.8	100.5	114.9	118.5
Chaurjahari Mun	123.4	112.1	118	114.8	112.5	118.6	114.8	112	116.1	105.9	114.8	113	107.9	112.5	119.1	103.8	110.3
SALYAN	91.3	97	99.6	100	97.3	100.4	100.5	96.6	99	103.8	97.3	100.2	103.8	93.1	95.5	102.7	106.9
Darma RM	82.5	89.8	92.6	92.1	89.6	93.3	93.8	91	93.3	106.5	89.6	92.6	102.1	88.2	89.1	91.9	99.1
Kumakh RM	83.5	96.9	101.7	99.6	101.6	106.6	98.6	97.3	96.7	95.9	99.6	100	98.4	87.4	91.8	94.7	98.6
Banagad Kupinde Mun	83.3	93.9	102.7	101.7	96.2	105.3	103.8	96.1	104.9	100.9	95.8	103	99.9	90.1	98	99.7	103.9
Siddha Kumakh RM	93.5	96.9	96.1	103.9	96.5	94.9	104.7	96.9	96.1	113.2	97.7	103.9	112.8	94.7	92.7	119.5	120.3
Bagachour Mun	94.1	104.6	107.8	108.2	100.9	106.7	107.6	100.9	106.7	106.9	104.6	108.2	108.4	104.3	106.6	100.2	108.6
Chhatreshwori RM	97.7	103.3	103.3	103.8	103.3	103.3	102.6	100.8	101.3	103.6	102	103.3	104.9	94.9	98.2	109.6	113.2
Sharada Mun	96	95	97.5	96.1	95.1	97.5	97.8	94.1	96.6	104.9	94.5	96.1	104.9	89.9	93	114.8	108.8
Kalimati RM	83.2	83.7	82.5	86.4	83.7	82.5	86.4	83.7	82.5	86.4	83.7	86.9	86.4	80.2	78.9	89.8	99.1
Tribeni RM	116.8	116	117.1	110.5	116	117.4	111.8	116	117.1	135.5	113.9	107.7	135.5	111.9	114.3	122.8	124.2
Kapurkot RM	96.3	95.4	92.2	99.7	95.4	92.2	99.7	95.4	92.2	99.1	95.4	99.7	99.1	95.1	91.9	97.1	106.7
SURKHET	121.1	113.6	113.5	112.2	113.2	113.8	112.6	113.3	113.5	109.9	112.6	112.6	109.9	108	108.3	104.7	110.9
Simta RM	106.3	133.7	139.7	139	133.7	140.1	139.4	133.7	139.9	131.6	130.1	140.9	131.3	118.7	126.1	108.2	126.6
Chingad RM	79.3	102.8	104	106.7	102.1	107.3	106.4	102.1	107.6	108.6	103.7	108.6	110.7	100.6	105.5	102.8	110.7
Lekabeshi Mun	69.4	102	100.7	100.5	101.5	100.7	100.5	99.3	98.9	95.1	98.9	99.6	93.6	94.1	92.1	88.6	91.1
Gurbhakot Mun	85.9	101.6	100	97.4	100.7	99.8	97.6	100.8	100.1	94.6	100.5	98	94.1	95.9	94.8	99	102.5
Bheriganga Mun	71.8	96.5	97.9	99.9	96.5	97.9	99.9	96.4	97.8	98.3	96	100.1	98.8	89.6	91.8	91.8	101.5
Birendranagar Mun	211.9	138.4	135.5	131.3	138.2	135.9	132.5	138.4	135.2	129.9	138.9	131.5	129.3	134.7	131.7	129.7	131.1
Barahatal RM	63.6	100.2	102.1	106.4	100.2	102.1	106.4	99.4	101.3	110.7	100	107.5	110.3	95.7	98	95	103.5
Panchapuri Mun	83.6	94.8	95	96.6	94.8	95	96.6	94.8	94.9	94.8	94.6	99	94.6	92.3	92.2	89.4	95.9
Chaukune RM	86.1	100.2	104.5	99	98.8	104.5	98.3	100.9	105.5	91.8	93.7	95.7	94.7	93.1	98	79.1	93.2

Organisation unit / Data	Drop out Rate					Wastage Rate							
	BCG vs Measles	DPT-HepB-Hib 1 vs 3	HepB-Hib1 vs measles /rubella 1 dropout rate	Measles /rubella 1 vs 2	Penta 1st Vs MR2	Wastage Rate BCG	DPT-Hep B-Hib	JE	Measles /Rubella	PCV	Polio (OPV)	Polio (FIPV)	TD
Karnali Province	-3.4	0.67	-0.35	6.9	6.6	85.7	35.9	54.7	54	24.2	35.5	35.8	51.3
DOLPA	-0.39	6.3	6.4	6	12	90.5	59.4	71.7	69.4	46.3	58.9	58.6	67.3
Dolpo Buddha RM	-44.1	28.6	-16.7	-20.4	-40.5	95.6	74.4	74.1	72.3	54	74.4	64.5	73.6
Shey Phoksundo RM	12.5	10.3	28.2	42.9	59	92.7	68.9	86.7	82.4	40	66.1	64.6	78.6
Jagadulla RM	-43.2	-9.1	3.6	1.9	5.5	87.7	55.3	41.1	61.3	32.5	53.3	35.7	72
Mudkechula RM	12.6	2.7	19.6	2.2	21.4	90.3	58.1	76.1	74.2	52.6	55.4	57.7	75.2
Tripurasundari Mun	-17.8	-9.1	-12.4	12.5	1.7	92.5	56.6	70.6	67.1	47.6	56.6	59	73.8
Thulibheri Mun	28.1	17.6	23.2	-1.7	21.9	84.2	53.4	67.3	65.3	44.2	53.4	56.2	45.1
Kaike RM	-35.3	21.3	2.1	9.8	11.7	90	60.2	75.5	68.2	37.1	59.7	58.7	74.3
Chharka Tangsong RM	27.3	-6.7	-6.7	12.5	6.7	91.5	82.2	83.5	84.2	63.4	84.8	82.8	84.3
MUGU	-3	5.4	3.7	4.8	8.3	90.1	51.8	66.4	64.6	34.4	50	47.9	66.7
Mugumkarmarog RM	-40.5	-3.2	-10.6	10.6	1.1	97.5	82.3	90.6	87.4	67	81	81.7	87.5
Chhayanath Rara Mun	8.1	13.2	13.7	5.7	18.7	85.4	43	54	54.2	27.3	42.4	33.8	57.7
Soru RM	-12.3	-2.7	-13.5	10.7	-1.4	90.2	48	65	61.6	33.7	45.9	45.2	70.2
Khatyad RM	-4.5	2.3	4.5	-1.6	2.9	89.1	45.4	60.3	61.6	28.4	43.6	45.7	59.3
HUMLA	0.47	5.8	7.7	14.3	20.8	84.8	52.8	63.5	62.2	36.7	52.1	47.9	67.6
Chankheli RM	13.8	5.4	3.1	3.2	6.2	86.3	60.9	60	67.2	34.2	62.3	54.1	67.2
Kharpunath RM	-15.1	-9.1	-6.1	30.3	26.1	86.9	47.9	61.6	63.6	35.2	48.6	39.6	69.3
Simkot RM	24.9	24.8	27.5	1.1	28.2	78	42.2	56.7	52.2	27.3	42.7	39.3	53.9
Namkha RM	-55.2	-6.3	6.3	33.3	37.5	93.3	81.1	82.8	84.4	68.8	81.1	67.4	85.6
Sarkegad RM	-9	-1.6	3.7	19.3	22.3	87.6	66.4	79.3	74.5	55.4	65.4	72.5	81.4
Adanchuli RM	-9.4	1.7	3.3	2.1	5.4	84.8	25.7	38.4	37.7	11.6	23.3	28.8	48.2
Tanjakot RM	-4.1	10.6	2.9	35.6	37.5	76.3	29.3	61.4	44.7	27.1	27.6	38.8	51.9
JUMLA	-7.2	0.98	-4.4	11.7	7.8	85.1	36.8	56.3	52.8	23.1	36.4	35	52.7
Patarasi RM	-7.7	-7.7	-7.7	11.2	4.3	85.6	43.5	68.2	58.2	28	42	38.3	67
Kanaka Sundari RM	2	-2.6	9.8	13.3	21.8	88.1	43	60.3	63.6	28.1	41.7	39.2	53.8
Sinja RM	-10.8	-0.36	-1.1	-0.36	-1.5	78.8	21.1	40	35.5	17.5	20.7	16.8	34.2
Chandannath Mun	12	10.4	-7.9	14.8	8.1	78.2	37.8	47	47.5	20.4	37.9	32.5	31.7
Guthichaur RM	-11.3	0.48	-3.3	20.4	17.7	84.7	41.5	59.8	51.5	28.3	41.9	35.9	57.3
Tatopani RM	-22.6	-4.7	-15.5	6	-8.5	85.4	36.6	46.8	51	14.7	36.5	34.7	48.9

Organisation unit / Data	Drop out Rate					Wastage Rate							
	BCG vs Measles	DPT-HepB-Hib 1 vs 3	HepB-Hib1 vs measles /rubella 1 dropout rate	Measles /rubella 1 vs 2	Penta 1st Vs MR2	Wastage Rate BCG	DPT-Hep B-Hib	JE	Measles /Rubella	PCV	Polio (OPV)	Polio (FIPV)	TD
Tila RM	-17.6	1.8	-4	11.7	8.2	88.7	35.9	65.9	56.3	24	35.7	39.4	66
Hima RM	-17.7	5.7	-3.8	16.3	13.1	87.6	30.6	50.7	52.5	23.9	30.7	37.8	57.1
KALIKOT	-9.9	3.6	-3.6	10.1	6.8	86.2	38.2	52.9	51.2	27	39.2	38.6	56.2
Palata RM	-6	4.8	2.8	10	12.5	83	28.2	38.6	39.4	16.9	28.2	29.2	51.5
Pachal Jharana RM	-9.5	5.3	-6.3	8.7	3	88.5	42.1	49.8	52.3	31.9	43.7	42.4	61.5
Raskot Mun	-16.3	0	-2.5	20.4	18.4	82.8	28.2	47.8	41.2	22.9	29.3	32.5	50.5
Sanni Tribeni RM	-13.2	1.1	-11.9	10.3	-0.37	83.2	35.5	45.7	45.7	14.4	35.3	32.2	47.9
Naraharinath RM	-0.47	8.1	3.8	-2.3	1.6	86.9	48.2	62	56.6	40	49.5	50.8	55.2
Khandachakra Mun	-6.5	-3.1	-13.6	9.6	-2.7	82.7	32.3	40.8	41	16.9	33.2	26.3	48.2
Tilagupha Mun	-22.2	7.6	-4.1	3.6	-0.29	89.4	48.1	63.6	62	37.3	48	49.4	65.7
Mahawai RM	-7.2	-8.4	-5.2	28.8	25.2	91.1	40	72.2	67.9	36.4	47	52.1	61.6
Kalika RM	-13.1	11.8	0.84	13	13.8	87.8	37.5	49.5	54.2	20.6	37.8	29.9	64.1
DAILEKH	-17.5	-4.1	-3.2	13.4	10.7	91.4	47.4	66.9	64.9	37.8	46.9	45.3	66.4
Naumule RM	-32.9	-1.8	-18.7	15.4	-0.51	93.8	62.1	72.1	73	48.6	62.3	57.3	81.3
Mahabu RM	-11.2	-2.4	7.2	13	19.2	91.6	60.6	71.7	69.3	40.7	60.3	48.7	74.2
Bhairabi RM	-31.4	-14.1	-2.7	15.3	13.1	91.1	29.9	59.3	57	25.7	28.5	32.3	59.2
Thantikandh RM	-18.2	-7.6	-13.8	26.5	16.4	87.2	41.8	67	59	43.1	41.6	53.3	68.8
Aathbis Mun	1.9	0.81	3.3	0.28	3.5	86.6	36.7	52.6	50.8	26.9	35.7	31.7	48.1
Chamunda Bindrasaini Mun	-11.1	-1.2	-0.17	21.2	21.1	81.6	35.7	57.6	39.5	34	32.6	21.1	56.3
Dullu Mun	-12.6	0.44	-0.44	17.2	16.8	92.4	48	69.8	68.5	37.6	47.1	43.5	70.5
Narayan Mun	-27.7	-9.3	-10.3	12.3	3.3	92.2	41.1	65.5	66.6	29.4	41	44.2	50.9
Bhagawatimai RM	-15.8	-9.1	-7	6.3	-0.3	94	56.1	73.6	73	48.7	55.9	54.4	69.2
Dungeshwor RM	-33.7	1.1	2.7	4.3	6.9	94.5	56.5	72.1	73.8	41.7	56.1	56.6	65
Gurans RM	-33.1	-8.2	-0.97	10.8	9.9	93.9	52.3	71.9	70.9	44.9	52	53.9	72.6
JAJARKOT	0.7	3.6	2.4	2.4	4.8	85.5	34.4	55.6	49.3	24.1	31.3	37.1	53
Barekot RM	-2.6	-7.1	-5.6	4.5	-0.83	85.5	35.3	50.8	48.2	16.1	31.3	36.9	56
Kuse RM	-11.8	-0.42	-8.5	8	0.21	85.5	37.2	56.8	43.4	28.8	33.4	35	47.5
Junichande RM	11.1	19.7	9.4	-8.1	2	83.6	27.5	54.6	46.2	15.9	28	31.9	49.8
Chhedagad Mun	12.1	3.2	11.4	-13.3	-0.44	84.7	33.3	57.9	50.4	21.2	30.2	36.7	52.6
Shivalaya RM	-18	-4.3	-7.5	18.5	12.5	88.9	38.2	59	56.2	30.9	36.6	35	65.7

Organisation unit / Data	Drop out Rate					Wastage Rate							
	BCG vs Measles	DPT-HepB-Hib 1 vs 3	HepB-Hib1 vs measles /rubella 1 dropout rate	Measles /rubella 1 vs 2	Penta 1st Vs MR2	Wastage Rate BCG	DPT-Hep B-Hib	JE	Measles /Rubella	PCV	Polio (OPV)	Polio (FIPV)	TD
Bheri Mun	-6.3	3.9	2.5	14.8	17	87.1	32.5	53.9	52.2	27	28.2	38.2	48.9
Nalagad Mun	0.58	1.3	0.15	2.8	2.9	84.5	39.2	56.2	48.8	29.3	35.3	42.3	56
RUKUM WEST	-2.5	0.12	0.58	4	4.6	82.2	22.4	37.6	45.1	13.2	22.8	20.6	30.6
Aathabisakot Mun	-14.6	3.7	-3.9	7.8	4.2	83.7	26.8	39.9	45	17.6	26.7	17.4	45.6
Sanibheri RM	-2.8	-4.9	3	2.7	5.7	86.2	21.2	40.2	47.2	13.1	22	20.1	34.6
Banphikot RM	0.63	2.9	2.3	10.3	12.3	78.6	14.3	31.7	37.3	7.3	15.7	15.7	18.3
Musikot Mun	-8	-4	-0.17	-2.9	-3	81.6	23.9	41.7	50.1	11.3	23.4	27.1	24.7
Tribeni RM	-3.5	5.8	0.22	-0.9	-0.67	83.1	25.1	39.6	45.3	12.7	26.6	20.8	31.2
Chaurjahari Mun	12.8	-2.4	3.8	5.3	8.9	77.8	19.8	29.7	42.4	13.7	20.3	21.5	21.6
SALYAN	-13.4	-3.1	-7	1.7	-5.2	87.4	29.2	53.9	56.4	16.3	30.6	35.1	38.1
Darma RM	-23.5	-2.6	-13.6	10	-2.3	85.6	22.3	48.6	44.7	14.4	23.7	23.4	38.4
Kumakh RM	-17.6	-2.8	-1.6	4.1	2.6	88.4	29.2	56.9	55.6	16.9	27.5	35.4	43.1
Banagad Kupinde Mun	-19.5	-8.3	-6.3	0.58	-5.7	89	34.6	54	58.3	20.3	38.7	38.6	48.3
Siddha Kumakh RM	-20.3	-7.2	-16.5	-5.5	-22.9	88.4	14.3	47.4	54.5	8.8	15.4	37.6	29.8
Bagachour Mun	-14.9	-3.5	-3.6	8.2	4.8	84.7	17.3	51.1	49.5	10.1	19	25.3	37.1
Chhatreshwori RM	-7	-0.5	-1.5	-3.2	-4.7	86	23.6	50.3	56.6	12.1	24.9	35.5	39.4
Sharada Mun	-8.9	-1.2	-10.4	-8.2	-19.4	85.1	31.7	50.9	55	13.5	33.2	36.5	-12.9
Kalimati RM	-3.6	-3.3	-3.3	-3.2	-6.6	88.6	43.4	57.4	61.6	23.8	44.8	37.9	53.1
Tribeni RM	-15.8	4.8	-16.8	10	-5.1	90.6	41.7	64.2	66.7	28.4	41.4	44	58.6
Kapurkot RM	-2.7	-4.5	-3.9	2.3	-1.5	87.4	22.3	55.9	59.9	11.1	22.3	38.6	38.5
SURKHET	9.5	1.2	3.3	5.7	8.8	73.2	20.5	37	39.9	10.7	20.9	22.3	32.9
Simta RM	-23.2	-4	1.8	18.7	20.1	87.2	27.3	51	56.4	17.1	27.4	29.6	46.4
Chingad RM	-39.2	-3.9	-7.7	7.5	0.3	86.7	30.7	54.9	57.2	17.6	31.1	36.9	44
Lekabeshi Mun	-34.6	1.4	8.2	6.6	14.3	87.7	30.9	53.2	56.5	20.7	32.2	32.8	46.8
Gurbhakot Mun	-9.3	4.2	7.4	-4.4	3.3	75.6	19.9	33	38.7	10	19.6	21.5	32.2
Bheriganga Mun	-37.1	-3.5	-2.3	8.4	6.3	72	10.1	25.9	26.9	6.4	10.1	15.6	21.5
Birendranagar Mun	39.1	5.1	6.6	0.7	7.2	55.3	14.6	23.8	24.1	7.9	14.4	17.7	20.3
Barahatal RM	-72.8	-6.2	-10	14.8	6.2	86	31.6	54	59.9	13.7	31.3	34.2	52.5
Panchapuri Mun	-12.8	-1.9	0.15	6.9	7	74.8	18.5	32.1	28.9	1.9	21.9	8.2	31.6
Chaukune RM	-9.7	1.2	5.5	16.5	21	81.7	27.7	44.7	48.3	15.4	28.4	27.3	52.8

NUTRITION

Organisation unit / Data	Percentage of newborns with low birth weight (<2.5kg) among total delivery by HWs	Percentage of children registered for growth monitoring			Average number of visits			% of children registered for Growth Monitoring (New) who were Underweight			Percentage of children aged 0- 6 months registered for growth monitoring who were exclusively breastfed for the first six months	Percentage of children aged 6–8 months registered for growth monitoring who received solid, semi-solid or soft foods
		0-11 months	12-23 months	0-23	0-11 months	0-23 months	12-23 months	0-11 months	12-23 months	0-23 months		
Karnali Province	6.8	119.7	85.3	102.6	4.3	4.7	5.2	3.3	5.3	4.1	74.5	87.7
DOLPA	2.9	129.6	161.7	145.7	4.3	4.9	5.4	1.4	2.4	1.9	105.7	137.3
Dolpo Buddha RM		40.8	50	45.4	1	1	1	19.9	0	9.1	0	0
Shey Phoksundo RM	0	45.3	63.9	54.8	1.7	1.6	1.6	3.4	0	1.5	3.1	1.6
Jagadulla RM	5.4	79.1	109.2	94.7	8.6	8.8	9	1.9	0	0.8	311.9	701.5
Mudkechula RM	3.1	103.8	32.1	68.8	5.8	11.5	30.2	0.6	0	0.5	170.3	147.5
Tripurasundari Mun	1.3	166.1	236.5	200.7	4.7	5.3	5.7	0.2	2.6	1.6	82.3	113.2
Thulibheri Mun	3.9	199.1	277	238.7	2.6	2.6	2.7	2.3	2.8	2.6	61.7	66.7
Kaike RM	0	43.7	47	44.5	10.4	12.2	13.9	0	2.6	1.3	189.7	139.1
Chharka Tangsong RM		61.3	53.3	57.4	2.7	3	3.4	0	0	0	22.6	106.5
MUGU	3.8	121.6	141.3	131.3	4	4.4	4.7	5.5	8.3	7	86.7	154.9
Mugumkarmarog RM	4.9	123.2	130.6	126.5	3.3	3.6	3.9	5.2	6.8	6	83.2	150.8
Chhayanath Rara Mun	5	114.2	118.4	116.2	5.1	5.5	6	6.6	9.5	8.1	58.4	107.9
Soru RM	4.6	115.2	134.2	124.3	3.7	4.4	5	4	9.7	7	164.9	272.6
Khatyad RM	1.3	135.5	179.2	157.4	3.2	3.5	3.7	5.3	6.9	6.2	60.8	121
HUMLA	4	126.7	177.8	151.9	4.2	4.2	4.2	6.8	8	7.5	87.3	145.4
Chankheli RM	0.99	107	130.6	119	1.8	1.8	1.8	0.9	24.2	13.6	239	556.5
Kharpunath RM	3.2	171.1	252.4	210	6.4	5.8	5.5	7.1	15.1	11.8	51.8	197.5
Simkot RM	5.2	106	100	103	4.4	5.5	6.6	11.2	7	9.2	33.6	35.1
Namkha RM	0	113.5	300	201.4	3.2	2.8	2.6	1.2	0.9	1	147.3	124.3
Sarkegad RM	7.6	77.7	83.1	80.3	5.6	7.1	8.4	3.6	3.4	3.5	67	48.1
Adanchuli RM	0	172.2	259	216.1	5	4.6	4.4	0	0	0	85.9	99.2
Tanjakot RM	4.5	157.2	263.8	210.8	1	1	1	20.7	9.2	13.5	51.9	46
JUMLA	9.5	96.4	56.2	76.5	7.5	10.3	15	3.8	6.4	4.7	138.4	214.5
Patarasi RM	0.94	59.1	12.4	36.1	10.9	18	51.5	0.9	0	0.7	29.3	25.2
Kanaka Sundari RM	4.8	130.3	134.5	131.8	4.6	4.9	5.1	6.2	4.6	5.4	139.7	102.9
Sinja RM	5.4	118.3	36.1	77.6	7.6	13.5	33.1	3.4	7.5	4.4	184.7	444.1
Chandannath Mun	15.6	150.1	19.1	85.2	5.4	8.4	32.8	1.4	1.4	1.4	260.8	397.7
Guthichaur RM	0.71	115.7	101.3	108	7.8	9.9	12.5	2.6	5	3.7	281.8	555.1
Tatopani RM	0	70.4	34.9	53	9.4	14.1	23.6	12.8	11.4	12.3	96.1	103.7

Organisation unit / Data	Percentage of newborns with low birth weight (<2.5kg) among total delivery by HWs	Percentage of children registered for growth monitoring			Average number of visits			% of children registered for Growth Monitoring (New) who were Underweight			Percentage of children aged 0- 6 months registered for growth monitoring who were exclusively breastfed for the first six months	Percentage of children aged 6–8 months registered for growth monitoring who received solid, semi-solid or soft foods
		0-11 months	12-23 months	0-23	0-11 months	0-23 months	12-23 months	0-11 months	12-23 months	0-23 months		
Tila RM	1.9	67.8	65.2	66.5	10.8	12	13.3	1.9	8.3	5.1	112.5	177.9
Hima RM	6.8	73.9	76	75	8.1	9.7	11.3	2.9	8.4	5.7	54.4	40.7
KALIKOT	5.8	121	119.3	120.2	5.2	5.9	6.6	4.6	4.7	4.7	85.1	102.4
Palata RM	6.8	128.8	156.4	142.5	3.5	3.5	3.5	5	7.7	6.5	51.2	64.9
Pachal Jharana RM	7	113.9	123.2	119.5	6.9	8	9	1.4	3.7	2.6	101.9	102.7
Raskot Mun	3.1	156.8	132.7	144.6	3.9	4.3	4.8	4.7	4.9	4.8	154.3	152.8
Sanni Tribeni RM	7.3	156.4	184.4	170.2	5.9	6.2	6.3	14.4	1.6	7.5	60.7	65.3
Naraharinath RM	3.3	103.2	87.1	95.1	4.6	5.7	7.2	3.4	6.5	4.8	48.5	36.1
Khandachakra Mun	11.5	94.6	80.8	87.9	8	9.1	10.5	2.5	3.3	2.8	93.3	150.9
Tilagupha Mun	0.38	95.9	80.6	88	7.7	8.8	10.2	1.8	3.7	2.7	152.5	207.3
Mahawai RM	4.7	127.9	153.4	140.7	3.8	4.8	5.5	2.3	3.9	3.2	52.8	57.9
Kalika RM	1.7	141.6	131.8	136.5	3.9	5	6.1	4	5.1	4.6	46.6	63.6
DAILEKH	6.2	114.7	65.7	90.3	4.2	4.3	4.4	4.1	6.2	4.9	81.5	73.2
Naumule RM	1.4	156.7	74.7	116.3	3.2	3.3	3.5	3.1	3.4	3.2	146	105.2
Mahabu RM	0.76	104.6	56.4	80.5	3.6	3.7	3.8	1.8	3	2.2	22.7	21.9
Bhairabi RM	11.7	67.5	42.2	54.7	6.2	5.7	5	6.1	8.7	7.1	34	34
Thantikandh RM	14.2	131.3	58.3	95.2	3.8	4.2	5.1	5.2	6.7	5.6	52.8	63.7
Aathbis Mun	6.6	99.7	75.5	87.8	4	3.9	3.7	6.6	7.2	6.8	76.4	77.8
Chamunda Bindrasaini Mun	6.3	116.1	48.3	82.5	2.5	2.6	2.8	4.9	10.3	6.5	66.4	58.1
Dullu Mun	6.8	133.6	55.5	94.5	3.9	4	4.2	1.7	3.1	2.1	152.9	121.3
Narayan Mun	6.7	160.8	135.1	147.9	5	5	5	5.7	9.5	7.4	111.3	110.5
Bhagawatimai RM	5	67.7	30.9	49.5	4.9	5	5.2	1.7	0	1.2	46.6	49.3
Dungeshwor RM	3.4	97.7	57.6	78	5.6	5.5	5.3	9.6	1.7	6.7	54.4	57
Gurans RM	2.1	97.3	84.2	90.5	7.6	7	6.3	1.4	6.6	3.8	51.1	43.8
JAJARKOT	5	113.8	78.4	96.1	3.5	3.5	3.5	4	6.6	5.1	61.3	58.2
Barekot RM	2.2	96.8	67.4	82.4	6.9	6.7	6.3	2.5	2.5	2.5	78.7	81.7
Kuse RM	0.98	126.1	63.4	94.6	3.3	4.1	5.8	5.6	8.7	6.7	67.7	70.1
Junichande RM	4.5	80.7	76	78.3	1.7	1.8	1.9	10.1	12.6	11.3	5.3	5.9
Chhedagad Mun	4.3	112.5	115.7	114.2	3	2.8	2.5	4.7	7.2	6	67.7	67.3
Shivalaya RM	0	97.8	82.1	89.5	3.4	3.2	3	0	0.7	0.3	65.1	36.8

Organisation unit / Data	Percentage of newborns with low birth weight (<2.5kg) among total delivery by HWs	Percentage of children registered for growth monitoring			Average number of visits			% of children registered for Growth Monitoring (New) who were Underweight			Percentage of children aged 0- 6 months registered for growth monitoring who were exclusively breastfed for the first six months	Percentage of children aged 6–8 months registered for growth monitoring who received solid, semi-solid or soft foods
		0-11 months	12-23 months	0-23	0-11 months	0-23 months	12-23 months	0-11 months	12-23 months	0-23 months		
Bheri Mun	8	121.3	47.8	84.5	3.5	3.6	3.8	1.1	7	2.8	60.8	63.3
Nalagad Mun	8.7	149.4	80.7	115.4	3.3	3.4	3.5	3.5	3.7	3.5	87.6	74.3
RUKUM WEST	5.9	114.8	39.5	77.3	4.5	5.1	6.7	1.3	3.4	1.8	64.1	64.6
Aathabisakot Mun	6	111.5	60.3	86.1	4.7	4.6	4.5	1.5	4.3	2.5	44.2	43.7
Sanibheri RM	3.4	118.9	45.5	82.4	4.3	4.5	5.2	1.4	2.1	1.6	32.2	39.9
Banphikot RM	3.2	111.5	36.9	74.4	4.5	5.1	6.9	0.4	2.6	0.9	60.4	57.4
Musikot Mun	2.8	101.9	24.2	63.3	4.5	5.8	11.7	3.1	6.6	3.8	89.3	88.2
Tribeni RM	4.3	136.1	54.4	94.8	4.6	4.8	5.5	0.6	0	0.4	99.2	110.4
Chaurjahari Mun	9.4	117.3	13.4	65.9	4.6	5.9	18.3	0.5	6.7	1.1	71.8	63.8
SALYAN	8.5	134.1	95	114.6	4.4	4.4	4.5	1.5	1.8	1.6	65.3	72.4
Darma RM	5.5	129.6	108.1	118.5	3.9	3.6	3.2	1.6	1.7	1.6	61	62.6
Kumakh RM	8.4	121.1	85.2	103.4	4.5	4.5	4.4	0.8	0.2	0.6	40.5	44.4
Banagad Kupinde Mun	3.5	153.2	107.4	129.9	2.9	2.9	2.8	2.1	0.8	1.5	61.3	56.9
Siddha Kumakh RM	4.9	110.1	110.2	110.6	4.2	3.9	3.7	0.7	3.9	2.3	37	37
Bagachour Mun	7.1	153.4	98.3	126.6	4.4	4.4	4.4	1.8	1.7	1.8	89.8	103.7
Chhatreshwori RM	11.8	118.2	55.7	87.4	3.9	4.1	4.5	1.1	4.2	2.1	46.8	43.5
Sharada Mun	12.1	152.9	89.5	121	4.5	5.3	6.5	1.8	3.4	2.4	59.1	58.1
Kalimati RM	2.1	121.8	115.7	119.1	4.3	4.3	4.2	1.1	0.8	1	70.3	130.6
Tribeni RM	9.6	121.3	80.4	100.3	6.6	6.9	7.4	1.7	3	2.2	108.7	108.7
Kapurkot RM	4.3	113.9	90.1	102	6.9	6.6	6.2	1.3	1.3	1.3	79.2	79.2
SURKHET	8	125.6	67.6	96.8	3.5	3.6	3.8	2.6	5.1	3.5	47.9	46.8
Simta RM	5.9	125.8	64.1	95	4.8	5	5.4	2.9	8.7	4.8	42.9	42
Chingad RM	7.1	133	101.5	117.3	4.8	4.9	5	4.6	5.7	5.1	46.8	57.2
Lekabeshi Mun	4.1	99.1	63.5	81.7	5.1	5.2	5.2	4.4	8.7	6.1	39.7	39.3
Gurbhakot Mun	6.3	135.7	60.9	98.6	3.2	3.3	3.6	1	1.3	1.1	36.3	34.6
Bheriganga Mun	7	98	59.3	78.8	2.9	2.9	2.9	5.4	14.1	8.6	38	37.9
Birendranagar Mun	9.3	131.8	56.2	94.1	2.6	3	4	1.8	4.2	2.5	56.6	54
Barahatal RM	2.4	120.1	51.3	85.4	5.2	5.6	6.4	1.8	5.5	2.9	58.9	58.5
Panchapuri Mun	7.2	157.2	135	146.3	3.3	2.8	2.2	2	0.9	1.5	72.8	66.9
Chaukune RM	5.2	115.2	50.9	83.3	4	4.1	4.3	3.7	5.4	4.2	21.4	22.4

IMNCI

Organisation unit / Data	Diarrhoea incidence rate among children under five years	% of dehydration among U5 yrs registered diarrhoeal cases (facility & outreach)	% of children under five years with diarrhea suffering from Severe dehydration	% of children under five years with diarrhea suffering from dysentery (blood in stool)	% of children under five years with diarrhea treated with zinc and ORS	% of children under five years with diarrhoea treated with IV fluid	Incidence of ARI among children under five years (per 1000)	Incidence of Pneumonia among children under five years (per 1000) (HF & Outreach)	Incidence of pneumonia among children under five years (per 1000)	% of children U5 years with Pneumonia treated with antibiotics (Amoxicillin)
Karnali Province	595.2	17.1	0.47	6.5	94.8	0.41	906.4	86	112.5	95.2
DOLPA	502.2	14.4	0.22	4.4	72	0.75	671.3	68.9	111.2	83.3
Dolpo Buddha RM	296.1	0	0	0	36.2		618	0	0	
Shey Phoksundo RM	402	3.1	0	0	58.3	0	598	19.9	159.5	83.3
Jagadulla RM	457.1	0.85	0	1.7	87.9	3.2	769.9	95.1	150.3	103.2
Mudkechula RM	618.7	15.8	0	11	87.2	0	792.5	57.1	136.2	79.5
Tripurasundari Mun	472.9	2.9	0	0.97	82.3	0	564.1	10.6	12.5	100
Thulibheri Mun	515.4	34.6	0.63	5.4	52.9	3.1	813.3	202.6	260.5	74.7
Kaike RM	696.9	15.9	0.59	2.3	58.1	0	611	35.8	74	160
Chharka Tangsong RM	162	0	0	0	100		281.7	0	0	
MUGU	411	23.8	1.4	16.2	83.4	4.3	526.1	98.9	120.9	92.8
Mugumkarmarog RM	579.8	40.5	0.48	5.7	72.9	4.7	440.1	20	28.8	133.3
Chhayanath Rara Mun	341.9	27.6	4.1	8.9	98.7	8.8	386.7	82.1	79.2	83.9
Soru RM	651.8	11.8	0.09	22.1	68.2	4.1	848.4	193	220.9	97
Khatyad RM	249.2	35.4	0	24.3	95.7	0	470.5	70.2	123	92.8
HUMLA	563.4	29.4	1.8	8	80.1	5.9	715.4	112.6	152.8	82.6
Chankheli RM	317.2	33.1	2	14.2	96.4	27.8	419.9	88.3	82.1	57
Kharpunath RM	1032.5	23.8	1.3	5.3	96.3	5	1060.7	123.6	161.3	91.5
Simkot RM	595.1	36.5	2.7	2.7	89.2	31.6	809	149.4	159.6	65.3
Namkha RM	820.7	11.1	3.9	1.4	63.6	14.6	717.1	30.8	72.8	45.5
Sarkegad RM	483.2	22.3	1.8	2.6	71.3	0.74	688.8	36.1	74.1	85.7
Adanchuli RM	340.3	32.3	0	7.5	43.5	0	396.8	93.5	96.8	91.4
Tanjakot RM	629.8	38.4	1.7	27.3	76.8	0	1016.4	264	451.3	97.9
JUMLA	678.1	24.7	0.04	6.7	91	0.13	1123.6	91.6	153.4	96.9
Patarasi RM	748.9	23.1	0.2	12	91.1	0.74	1148.4	147.4	218.6	99
Kanaka Sundari RM	587.1	56.7	0	17.7	85.3	0.17	1528.2	167.1	195.9	98.1
Sinja RM	595.8	31.6	0	2.2	97.9	0	863.3	89.1	187	100
Chandannath Mun	604.4	12.8	0	1.7	100	0	898	28.6	51.5	100
Guthichaur RM	952.3	23.7	0	4.2	86.8	0	1068.6	52.7	102.9	96.8

Organisation unit / Data	Diarrhoea incidence rate among children under five years	% of dehydration among U5 yrs registered diarrhoeal cases (facility & outreach)	% of children under five years with diarrhea suffering from Severe dehydration	% of children under five years with diarrhea suffering from dysentery (blood in stool)	% of children under five years with diarrhea treated with zinc and ORS	% of children under five years with diarrhoea treated with IV fluid	Incidence of ARI among children under five years (per 1000)	Incidence of Pneumonia among children under five years (per 1000) (HF & Outreach)	Incidence of pneumonia among children under five years (per 1000)	% of children U5 years with Pneumonia treated with antibiotics (Amoxicillin)
Tatopani RM	611	19	0	5.2	93	0	1206.8	60	101.5	77.6
Tila RM	726.8	15.1	0	5.4	75.8	0	1106.5	51.5	197.8	100
Hima RM	656.1	27.4	0	1.9	99.6	0	1178.2	138.8	163.3	98.3
KALIKOT	623.1	24.1	0.68	6.6	98.7	0.46	844.8	99.2	116.5	96.5
Palata RM	393.9	30.6	0	6.9	97.3	0	550.6	77.1	121.4	99.5
Pachal Jharana RM	739.1	34	0	8.9	99.9	0.23	1147.9	132	138.9	99.2
Raskot Mun	657.7	36.7	5.2	5.3	96.6	2.9	721	93.4	98.3	99.1
Sanni Tribeni RM	750.3	22.2	0	0.58	94.2	0	1018.4	85.5	109.1	98.7
Naraharinath RM	661.8	18.5	0	7.9	100	0	1015.1	151.7	163.1	97
Khandachakra Mun	652.5	15.5	0	7.6	100	0.3	755.4	70.4	68	90
Tilagupha Mun	646	27.6	1.2	7.4	100	0	830.9	75.5	91.6	100
Mahawai RM	540.6	8.8	0	9.9	101.8	0.57	1132	158.2	175.1	91.4
Kalika RM	593.1	20.1	0	3	98.5	0	673.4	72.5	113.6	93.2
DAILEKH	779.3	15.2	0.34	2.9	93.3	0.14	1174.4	57.8	108.5	91.3
Naumule RM	965.8	12.8	0	2.5	101	0	865.6	27.6	73.1	100
Mahabu RM	704.3	31	0.35	0	94.7	0	1025.7	69.7	130.2	84.7
Bhairabi RM	793	17.9	0	0	81.4	0	872.7	11.2	64.6	95.7
Thantikandh RM	677.1	30.3	0.94	4.4	88.1	1	792.5	68.6	149.5	96.4
Aathbis Mun	864.1	4.4	0	2.3	98.9	0	1147.9	38.5	99.7	85.1
Chamunda Bindrasaini Mun	568.6	35.4	0	4	98.5	0.08	986.9	44.2	110.1	98.6
Dullu Mun	625.6	11	0	7.4	74.9	0	1333.2	100.3	130.5	93
Narayan Mun	1229.8	5.5	1.1	0.29	99.6	0.63	1733.4	111.5	89.8	80.6
Bhagawatimai RM	1189.8	12.7	0	2.6	97.7	0	1700.6	41	132.2	104.5
Dungeshwor RM	599.3	0.54	0	0.54	88.1	0	1460.8	61.5	145.9	95.6
Gurans RM	439.6	9.2	0	2.7	96.5	0	1028.2	35.2	65.6	90
JAJARKOT	519.7	20.7	0.56	5.2	99	0.32	645.6	71.8	98.6	99.5
Barekot RM	557.9	46.1	1.5	8.3	100	0.56	764.9	142.1	181.8	99.5
Kuse RM	769.9	27.3	0	5.5	100	0	866.4	62.8	103.6	100
Junichande RM	422.5	29.1	0.47	6.5	92.9	0.59	439.1	37.9	40.8	96.2
Chhedagad Mun	543.2	13.6	0.07	4.6	99.4	0.66	717.6	95.4	118.2	100
Shivalaya RM	272.2	8.9	0	2	100	0	306.2	18.3	65.2	100

Organisation unit / Data	Diarrhoea incidence rate among children under five years	% of dehydration among U5 yrs registered diarrhoeal cases (facility & outreach)	% of children under five years with diarrhea suffering from Severe dehydration	% of children under five years with diarrhea suffering from dysentery (blood in stool)	% of children under five years with diarrhea treated with zinc and ORS	% of children under five years with diarrhoea treated with IV fluid	Incidence of ARI among children under five years (per 1000)	Incidence of Pneumonia among children under five years (per 1000) (HF & Outreach)	Incidence of pneumonia among children under five years (per 1000)	% of children U5 years with Pneumonia treated with antibiotics (Amoxicillin)
Bheri Mun	368.4	2.9	0	5.7	99.9	0.44	581.6	27.8	33.3	99.1
Nalagad Mun	635.7	15.4	1.4	3.2	99.9	0	712.9	104.8	153.2	100
RUKUM WEST	490.6	9	0.19	7.1	95.6	0.45	938.7	166.7	167.5	97.5
Aathabisakot Mun	583.1	13.4	0.29	11.6	99.9	1.1	821.7	40.1	38.8	100
Sanibheri RM	405.2	0.97	0	1.7	99	0	554.6	52.9	63.8	99.3
Banphikot RM	521.1	8.9	0	7.8	100	0	903.7	83	83	100
Musikot Mun	462.7	3.2	0	3.5	99.9	0	793.2	63.3	76.3	94.4
Tribeni RM	358.4	4.4	0	6.5	100	0	894.7	191.9	195.5	97.8
Chaurjahari Mun	544.1	13.5	0.48	5.9	76.8	1.2	1697.4	618	597.2	97.2
SALYAN	633.6	11.1	0	5.6	99	0.21	1004.9	77.7	100.1	99.8
Darma RM	622.7	4.7	0	8.5	99.1	0.14	1193.9	138.5	160.9	100
Kumakh RM	651.6	20	0	3.1	98.5	0	875	32.8	47.1	100
Banagad Kupinde Mun	726.1	17.5	0	3	99.1	0	965.9	54.7	71.6	96.3
Siddha Kumakh RM	565.5	42.2	0	0.96	100	0	649.8	104.5	113.1	108.2
Bagachour Mun	632.6	7.9	0	7.7	99.7	0	1307.1	133.2	134.7	99.8
Chhatreshwori RM	671	10	0	3.9	99	1.5	1362.2	59.1	88.6	100
Sharada Mun	479.1	6.1	0	9.6	94.8	0.65	756.2	67.5	103.3	96.5
Kalimati RM	710.1	4	0	2.6	101.1	0	1078.7	44.6	51.5	101
Tribeni RM	737	6.8	0	0.34	100	0	1013.4	49.2	130.1	100
Kapurkot RM	529	0.77	0	13.9	100	0	662.4	92.6	129.4	100
SURKHET	538	9.4	0.17	6.2	97.5	0.12	907.1	70.3	79.4	93.5
Simta RM	761.6	2.2	0	4.6	100	0	1645.5	6	40.6	92.9
Chingad RM	1169.9	4.1	0	3.2	99.9	0	2155.4	283.7	334.9	99.8
Lekabeshi Mun	498.9	16.8	0	9.1	96.8	0	744.7	64	60.4	102.3
Gurbhakot Mun	452.2	3.4	0	9.3	95.6	0.34	813.3	46.4	96.6	93.4
Bheriganga Mun	407	8.1	0	9.9	86.2	0.3	853.5	14.6	16.9	98.5
Birendranagar Mun	445.5	10.5	0	3.2	99.8	0	638.7	59.1	63.1	93.7
Barahatal RM	573.1	15	0	9.2	97.4	0	944.6	68.6	85.6	96.3
Panchapuri Mun	585.6	12.9	1.8	6.6	99.9	0.51	856	120.4	108	75.8
Chaukune RM	627.9	18.1	0	6.1	98	0	1023.6	109.2	71.8	100.6

Major Indicator of Safe motherhood Program 2078/79

Organization unit / Data	% of p at least one ANC checkup	% of p First ANC checkup as protocal	% of four ANC checkups as per protocol	% of women who received a 180 day supply of Iron Folic Acid	% of institutional deliveries	% of births attended by SBA	% of births attended by a health worker other than SBA	% of normal deliveries	% of assisted (Vacuum or Forceps) deliveries	% of deliveries by caesarean section	% of PNC check-up within 24 hours of delivery	% of women who had 3 PNC check-ups as per protocol
Karnali Province	121.5	89.9	72.3	72.5	82.6	70.1	12.6	92.1	1.3	6.6	82.8	52.8
DOLPA	93.1	61.8	31.6	50.7	50.6	45.1	5.4	97.4	0	2.6	48.5	32.8
Dolpo Buddha RM	23.5	0	0	0	0	0	0				0	0
Shey Phoksundo RM	25.4	7	0	1.4	1.4	1.4	0	100	0	0	1.4	1.4
Jagadulla RM	70.6	57.4	38.1	32.4	55.9	52.9	2.9	100	0	0	55.9	50
Mudkechula RM	91	55.4	46.9	49.4	57.8	48.2	9.6	100	0	0	54.8	43.4
Tripurasundari Mun	81.5	55.4	24.2	28.3	45.8	39.4	6.5	100	0	0	45.8	42.2
Thulibheri Mun	152.3	106.2	41.8	56.4	86.7	84.6	2.1	93.3	0	6.7	81.3	35.7
Kaike RM	103.2	58.5	50.9	80.9	39.4	25.5	13.8	100	0	0	35.1	14.9
Chharka Tangsong RM	56.3	65.6	0	381.3	0	0	0				0	0
MUGU	114.5	73.4	55.7	42.6	65.1	60.1	5.4	97.4	0.25	2.4	62.7	38.6
Mugumkarmarog RM	66.7	51.9	43.1	30.6	31.7	29	3.8	100	0	0	28.4	31.7
Chhayanath Rara Mun	145.7	88	57.9	18.9	84.1	70.6	13.5	94.5	0.51	5	82.7	26.8
Soru RM	94.7	52.4	39.2	50.7	43.3	44	0	100	0	0	42.4	35.3
Khatyad RM	107.2	79.3	70.9	70.6	70.2	70.6	0	100	0	0	65.6	58.9
HUMLA	112	77.1	52.4	52.1	68.7	57.2	11.8	95.9	2.4	1.7	67.1	52.5
Chankheli RM	95	65.5	41.9	37.5	50.5	45.5	5	100	0	0	48	40.5
Kharpunath RM	122.3	64	40.5	45.7	47.7	26.9	20.8	100	0	0	46.7	42.6
Simkot RM	160.5	110.9	69.4	79	108	101.8	8.3	85.9	8.2	5.9	107.2	84.8
Namkha RM	84.9	41.1	31.4	45.2	20.5	15.1	5.5	100	0	0	23.3	23.3
Sarkegad RM	75.2	56.7	35.6	54.5	62.4	53.8	8.6	100	0	0	62.1	40.8
Adanchuli RM	136.8	98.8	78.1	39.1	67.1	59.7	7.4	100	0	0	61.6	50.8
Tanjakot RM	85.5	72	52.5	51.1	83.9	54.8	29	100	0	0	82.8	61.8
JUMLA	113.3	82.4	85.3	85.2	83.2	59.3	23.9	91.4	0.71	7.9	84.4	61.8
Patarasi RM	87.3	67.8	40.8	38.8	29	28.2	0.81	100	0	0	29	29.8
Kanaka Sundari RM	87.9	64.5	57.1	56.6	79.7	53.8	25.9	100	0	0	79.7	76.9
Sinja RM	127.9	71	70.4	66.2	69.1	63.9	5.2	100	0	0	69.5	69.1
Chandannath Mun	238.2	172.6	280.1	280.9	291.7	170.4	121.4	82.4	1.5	16.1	292	117.1
Guthichaur RM	104.9	80.9	83.3	84.9	63.1	61.3	1.8	100	0	0	63.1	61.3

Organization unit / Data	% of p at least one ANC checkup	% of p First ANC checkup as protocal	% of four ANC checkups as per protocol	% of women who received a 180 day supply of Iron Folic Acid	% of institutional deliveries	% of births attended by SBA	% of births attended by a health worker other than SBA	% of normal deliveries	% of assisted (Vacuum or Forceps) deliveries	% of deliveries by caesarean section	% of PNC check-up within 24 hours of delivery	% of women who had 3 PNC check-ups as per protocol
Tatopani RM	73.8	64.7	49.9	49.4	21.8	21.8	0	100	0	0	30.3	56.5
Tila RM	95.1	64.1	48	51.4	43	40.3	2.7	100	0	0	42.4	34.6
Hima RM	84.8	66.7	41.6	41.7	57.3	34.3	23	100	0	0	57.3	55.7
KALIKOT	145.4	93.8	69.6	64.8	72.9	64.1	9.4	98.5	0	1.5	75.1	53.5
Palata RM	140.9	80.1	49.8	50.1	51.7	24.2	27.5	100	0	0	51.7	26.5
Pachal Jharana RM	113.1	80.3	50.7	55.1	65.4	55.4	10	100	0	0	66.9	56
Raskot Mun	156.2	113.9	81.4	68.7	83.5	83.5	0	100	0	0	83.1	69.4
Sanni Tribeni RM	86.5	73.2	69.3	64.3	68	60	8	100	0	0	62.5	47.1
Naraharinath RM	92.1	82.5	58.7	59.5	75	70.2	4.8	100	0	0	75	69.9
Khandachakra Mun	311.6	146.1	111.1	93.5	112.1	105.1	7	93.5	0	6.5	122.6	52.4
Tilagupha Mun	103.5	72.4	61.8	57.4	61.3	54.6	6.7	100	0	0	61.1	41.5
Mahawai RM	108.6	78.3	49.6	52	57.9	50.7	7.2	100	0	0	57.9	52
Kalika RM	117.2	90.6	74	69	58.9	53.1	11.2	100	0	0	68.8	65.9
DAILEKH	100.7	84.9	71.2	69.1	78.1	63.2	14.9	97.2	0.65	2.2	78.1	58.3
Naumule RM	81.5	69.2	51.2	53.2	59.7	41.2	18.5	100	0	0	59.7	56.3
Mahabu RM	86.5	69.2	52.9	51.1	63.6	39.3	24.3	100	0	0	63.6	57.3
Bhairabi RM	76.2	60.7	42.7	40.5	47.1	37.9	9.2	100	0	0	47.1	41.6
Thantikandh RM	87.7	68.8	50.4	49.9	70.3	50.3	20	100	0	0	70.3	62.4
Aathbis Mun	104.6	80.1	65.9	60.6	67.9	55.7	12.2	100	0	0	67.9	66.5
Chamunda Bindrasaini Mun	95.2	81.4	68.3	68.2	89.5	89.5	0	100	0	0	89.5	72.4
Dullu Mun	109	97	78.1	75.4	91.2	72.8	18.4	100	0	0	91.2	58.7
Narayan Mun	192	159.4	159	159.4	143.6	140.6	3.1	81.7	4.1	14.1	143.6	75.4
Bhagawatimai RM	79.5	72.5	64.2	60.2	68.7	48	20.7	100	0	0	68.7	21.7
Dungeshwor RM	79.9	76.5	67.1	66.2	50.9	49.5	1.4	100	0	0	50.9	22.5
Gurans RM	89.2	80.4	72.2	65	78.1	39.6	38.5	100	0	0	78.1	76.3
JAJARKOT	95.8	70.4	42.5	43.6	52.2	43.1	9.1	98.8	0.33	0.91	52.8	36.4
Barekot RM	105.6	88.2	61.8	61.9	82.5	56.1	26.4	99.8	0.24	0	82.5	53.2
Kuse RM	82.1	58.2	37.2	44.7	50.5	36.7	13.8	100	0	0	50.5	33.9
Junichande RM	78.8	39	20.4	22.8	29.2	26.1	3.1	100	0	0	29.2	17.1
Chhedagad Mun	101.9	81	37.3	36.5	49.4	39.8	9.6	100	0	0	49.4	44.4
Shivalaya RM	62.1	39.3	31.4	29.5	17.3	14.5	2.8	100	0	0	25.1	8.4

Organization unit / Data	% of p at least one ANC checkup	% of p First ANC checkup as protocal	% of four ANC checkups as per protocol	% of women who received a 180 day supply of Iron Folic Acid	% of institutional deliveries	% of births attended by SBA	% of births attended by a health worker other than SBA	% of normal deliveries	% of assisted (Vacuum or Forceps) deliveries	% of deliveries by caesarean section	% of PNC check-up within 24 hours of delivery	% of women who had 3 PNC check-ups as per protocol
Bheri Mun	102.9	81.8	53.2	53.2	68.8	68.6	0.13	95.4	0.55	4	68.5	33.1
Nalagad Mun	117.9	86	55.3	55.3	56.6	46	10.5	99	1	0	56.7	51.7
RUKUM WEST	154.2	109.8	80.7	93.3	100.7	85.6	15.3	90.6	3.5	5.9	101.1	55.4
Aathabisakot Mun	118.8	88	57	56.6	58.7	48.3	10.4	100	0	0	59.5	57.8
Sanibheri RM	134	81.2	67.2	68.1	43.8	43.8	0	100	0	0	43.8	42.1
Banphikot RM	116	105.3	78.5	78.7	66.3	67.2	0.24	100	0	0	67.7	70.6
Musikot Mun	85.5	114.1	63.7	128.9	131.3	131.3	0	91.5	1.6	6.9	131.3	36.4
Tribeni RM	121.2	98.2	64.8	65	78.5	74.9	3.6	100	0	0	78.5	58.3
Chaurjahari Mun	353.7	174.4	159.1	159.5	221.4	147.9	73.5	80.2	8.4	11.4	221.4	73
SALYAN	134.3	90.7	88.1	87.9	69.8	50.7	19.1	97.2	0.77	2	69.9	41.8
Darma RM	86.6	77.4	54	51.9	48.5	34.7	13.9	100	0	0	48.8	29.1
Kumakh RM	93.4	80.4	67.1	63	34.3	28.5	5.8	100	0	0	35.7	41.1
Banagad Kupinde Mun	89	71.6	40.4	40.5	40.5	30.2	10.3	100	0	0	40.2	24.5
Siddha Kumakh RM	106.5	90.8	53.7	53.8	38.9	30.2	8.8	100	0	0	40.1	42.4
Bagachour Mun	106.3	94.4	72.7	75.3	74.6	67.4	7.2	99.8	0.2	0	73.5	60.9
Chhatreshwori RM	97.4	90.4	61.8	61.5	41.6	27.6	14	100	0	0	41.6	17.3
Sharada Mun	387.2	131.4	270.1	268.2	208.2	126.5	81.7	92.8	1.9	5.3	208.7	29
Kalimati RM	90.6	78.3	55.8	59.2	43.5	37.1	6.5	100	0	0	43.3	37.1
Tribeni RM	113.5	103.5	80.7	80.9	57.6	46.2	11.5	100	0	0	57.6	94.8
Kapurkot RM	99.7	89.2	76.8	77	59.4	45.7	13.6	100	0	0	59.4	68.8
SURKHET	129.5	108.4	89.6	89.5	122.8	114.1	8.6	83	1.9	15.2	122.8	67.9
Simta RM	112.9	89.5	72.3	72.5	76	69.1	6.9	100	0	0	76	53.3
Chingad RM	90.9	84.2	63.8	63.6	63.3	46.3	17	100	0	0	63.3	36.4
Lekabeshi Mun	101.8	85.9	71.5	70.5	53	37.1	15.9	100	0	0	53	43.6
Gurbhakot Mun	110.7	105.7	79.3	78.5	93.5	63.9	29.6	95.2	0.12	4.7	93.5	32.3
Bheriganga Mun	114.5	86.5	62.6	63.2	49.7	49.3	0.44	100	0	0	49.7	41
Birendranagar Mun	191.3	157.4	139.3	139.6	251.5	249.5	1.9	73.7	2.9	23.4	251.5	134.4
Barahatal RM	94.8	81.1	60.4	60.6	42.9	39.8	3.1	100	0	0	42.9	20.7
Panchapuri Mun	94.9	82.4	66.6	66.8	69.3	63.5	5.8	99.8	0.2	0	69.3	41.9
Chaukune RM	82.6	67.2	58.1	56.9	66.3	54.5	11.8	100	0	0	66.5	37.3

Major Indicator of Family Planning 2078/79

Organisation unit / Data	FAMILY PLANNING (TEMPORARY METHOD)											
	New Acceptors as % of MWRA						Current user as % of MWRA					
	Condom	Pills	Depo	IUCD	Implant	Total	Condom	Pills	Depo	IUCD	Implant	Total
Karnali Province	3.51	3.74	9.27	0.11	1.88	18.51	3.51	2.68	8.70	1.34	8.67	24.90
DOLPA	2.47	5.10	10.55	0.04	3.14	21.30	2.47	4.33	10.33	1.23	10.87	29.24
Dolpo Buddha RM	2.08	4.26	4.77	0.00	0.00	11.11	2.08	19.93	20.95	0.00	3.07	46.03
Shey Phoksundo RM	1.12	2.99	3.77	0.00	0.22	8.10	1.12	2.00	3.10	0.00	1.88	8.10
Jagadulla RM	1.52	2.20	15.02	0.00	2.75	21.48	1.52	1.28	25.82	15.57	15.57	59.76
Mudkechula RM	3.80	2.94	8.14	0.00	0.76	15.63	3.80	2.35	10.49	0.92	6.38	23.93
Tripurasundari Mun	2.43	4.03	7.11	0.00	6.27	19.84	2.43	2.39	5.82	0.00	15.62	26.26
Thulibheri Mun	3.13	7.08	11.67	0.17	4.76	26.81	3.13	4.76	12.01	0.94	18.83	39.68
Kaike RM	1.37	11.41	29.90	0.00	0.00	42.69	1.37	5.56	11.82	0.00	0.00	18.75
Chharka Tangsong RM	2.60	1.81	4.30	0.00	0.00	8.71	2.60	4.07	6.11	0.00	0.00	12.78
MUGU	2.47	4.29	11.50	0.07	4.43	22.75	2.47	4.68	14.75	0.33	11.34	33.57
Mugumkarmarog RM	1.16	0.92	7.38	0.00	2.58	12.03	1.16	0.31	10.26	0.00	4.36	16.09
Chhayanath Rara Mun	2.68	2.77	11.97	0.17	8.03	25.61	2.68	4.02	16.53	0.18	19.78	43.19
Soru RM	1.32	7.74	14.92	0.00	2.94	26.92	1.32	5.25	11.49	0.00	6.30	24.37
Khatyad RM	3.58	5.29	10.04	0.00	1.28	20.20	3.58	6.99	16.54	0.92	6.19	34.23
HUMLA	3.47	9.36	14.15	0.03	0.97	27.96	3.47	3.96	7.40	0.03	0.67	15.52
Chankheli RM	2.45	13.78	14.40	0.00	0.23	30.85	2.45	6.27	7.66	0.00	0.31	16.69
Kharpunath RM	5.58	5.53	11.26	0.00	0.07	22.44	5.58	3.21	11.13	0.00	3.82	23.74
Simkot RM	2.96	9.89	23.61	0.11	3.37	39.94	2.96	1.93	9.79	0.11	0.14	14.93
Namkha RM	2.02	8.93	10.28	0.00	0.00	21.24	2.02	13.91	10.49	0.00	0.00	26.43
Sarkegad RM	3.04	9.37	8.95	0.00	0.00	21.36	3.04	2.35	3.78	0.00	0.00	9.18
Adanchuli RM	5.19	6.83	8.57	0.00	0.12	20.71	5.19	3.85	4.35	0.00	0.12	13.51
Tanjakot RM	2.82	11.62	14.85	0.00	0.81	30.10	2.82	2.34	5.08	0.00	0.97	11.21
JUMLA	3.19	2.81	9.11	0.06	2.07	17.24	3.19	1.90	7.22	0.28	5.14	17.72
Patarasi RM	2.53	2.97	9.05	0.00	0.67	15.22	2.53	1.30	4.47	0.81	0.78	9.89
Kanaka Sundari RM	5.46	2.31	7.64	0.00	2.24	17.65	5.46	2.03	5.13	0.00	4.78	17.40
Sinja RM	2.97	3.37	9.37	0.15	3.14	19.00	2.97	1.98	7.47	0.15	3.49	16.06
Chandannath Mun	3.38	3.55	12.20	0.02	2.70	21.85	3.38	2.28	8.40	0.26	7.59	21.91
Guthichaur RM	2.64	1.39	6.78	0.00	3.19	14.00	2.64	1.19	12.51	0.00	9.36	25.68

Organisation unit / Data	FAMILY PLANNING (TEMPORARY METHOD)											
	New Acceptors as % of MWRA						Current user as % of MWRA					
	Condom	Pills	Depo	IUCD	Implant	Total	Condom	Pills	Depo	IUCD	Implant	Total
Tatopani RM	1.54	1.42	7.53	0.00	0.78	11.27	1.54	1.99	5.18	0.21	4.19	13.11
Tila RM	3.95	3.17	7.24	0.00	3.00	17.36	3.95	2.10	5.31	0.00	6.04	17.40
Hima RM	3.18	3.90	10.95	0.39	1.14	19.57	3.18	2.13	10.64	0.67	4.77	21.38
KALIKOT	4.23	2.50	10.51	0.04	1.92	19.20	4.23	1.86	13.42	0.76	10.49	30.76
Palata RM	4.11	3.10	11.42	0.00	0.98	19.62	4.11	1.69	13.02	0.25	8.47	27.54
Pachal Jharana RM	5.71	1.50	8.41	0.00	3.23	18.84	5.71	3.00	12.83	0.19	15.50	37.23
Raskot Mun	3.21	1.64	10.47	0.12	2.78	18.22	3.21	1.07	14.06	1.25	9.94	29.53
Sanni Tribeni RM	3.96	2.19	8.74	0.00	2.19	17.08	3.96	1.30	10.66	0.04	9.97	25.94
Naraharinath RM	3.96	2.51	11.16	0.13	2.86	20.61	3.96	2.15	12.13	1.00	13.68	32.92
Khandachakra Mun	3.68	2.28	10.92	0.02	1.62	18.53	3.68	0.85	12.74	0.77	6.70	24.74
Tilagupha Mun	5.53	3.43	11.40	0.00	1.12	21.48	5.53	4.14	17.19	1.71	13.80	42.37
Mahawai RM	3.37	4.35	12.35	0.00	1.35	21.42	3.37	1.53	16.58	1.41	8.47	31.35
Kalika RM	4.78	2.26	9.34	0.00	0.74	17.12	4.78	1.20	13.15	0.11	7.76	27.00
DAILEKH	3.76	3.24	8.59	0.14	1.17	16.90	3.76	2.76	7.70	1.51	6.01	21.75
Naumule RM	2.74	3.78	8.66	0.00	1.73	16.92	2.74	2.12	8.36	0.57	10.98	24.77
Mahabu RM	4.54	4.18	9.47	0.05	0.89	19.14	4.54	1.48	6.68	0.26	6.56	19.52
Bhairabi RM	2.52	1.72	8.20	0.00	0.15	12.58	2.52	1.60	5.22	0.12	3.38	12.85
Thantikandh RM	3.65	2.57	8.27	0.26	0.85	15.59	3.65	1.52	12.00	1.18	6.27	24.61
Aathbis Mun	2.88	2.12	6.87	0.00	0.61	12.48	2.88	2.33	6.84	0.04	3.87	15.96
Chamunda Bindrasaini Mun	1.72	4.51	9.94	0.04	1.15	17.36	1.72	3.46	8.93	0.22	2.96	17.29
Dullu Mun	2.40	4.08	10.93	0.02	0.69	18.12	2.40	1.83	5.62	1.05	5.91	16.81
Narayan Mun	9.08	4.65	10.15	0.96	2.67	27.51	9.08	7.17	9.00	8.22	9.46	42.94
Bhagawatimai RM	3.38	2.24	6.54	0.00	0.52	12.68	3.38	2.36	7.70	0.00	5.19	18.63
Dungeshwor RM	6.92	2.86	6.15	0.03	0.68	16.64	6.92	3.49	9.78	0.28	6.72	27.18
Gurans RM	2.26	1.49	6.22	0.02	2.60	12.59	2.26	2.00	7.11	2.58	5.13	19.08
JAJARKOT	2.34	4.64	13.31	0.03	1.15	21.47	2.34	2.72	11.04	0.70	8.22	25.02
Barekot RM	3.50	2.14	11.81	0.02	1.90	19.37	3.50	1.77	12.44	0.93	17.25	35.89
Kuse RM	2.16	4.78	13.99	0.00	0.40	21.34	2.16	3.92	12.25	0.21	8.37	26.92
Junichande RM	1.80	3.96	10.95	0.04	0.13	16.89	1.80	4.59	9.97	0.22	1.20	17.78
Chhedagad Mun	2.02	4.81	10.84	0.03	0.90	18.60	2.02	2.24	8.80	0.85	8.63	22.54
Shivalaya RM	2.08	4.27	9.75	0.00	0.42	16.53	2.08	1.53	8.71	1.63	1.89	15.84

Organisation unit / Data	FAMILY PLANNING (TEMPORARY METHOD)											
	New Acceptors as % of MWRA						Current user as % of MWRA					
	Condom	Pills	Depo	IUCD	Implant	Total	Condom	Pills	Depo	IUCD	Implant	Total
Bheri Mun	1.92	3.59	13.39	0.02	1.27	20.19	1.92	1.50	10.47	0.35	5.55	19.79
Nalagad Mun	3.19	8.58	20.62	0.10	2.42	34.91	3.19	4.20	14.80	1.13	13.15	36.46
RUKUM WEST	3.10	4.80	12.53	0.04	1.42	21.89	3.10	3.00	9.39	0.59	10.60	26.68
Aathabisakot Mun	2.85	3.89	12.27	0.10	1.65	20.76	2.85	1.56	8.59	0.53	17.46	30.99
Sanibheri RM	2.09	4.27	11.24	0.00	0.93	18.53	2.09	2.91	9.42	0.09	8.01	22.52
Banphikot RM	3.74	5.68	10.92	0.00	0.85	21.19	3.74	3.19	7.91	0.14	9.34	24.32
Musikot Mun	3.48	4.00	9.80	0.05	1.82	19.15	3.48	3.81	8.65	1.77	10.68	28.39
Tribeni RM	4.14	6.27	16.71	0.06	1.20	28.38	4.14	2.85	10.49	0.37	11.58	29.43
Chaurjahari Mun	2.51	5.51	15.14	0.03	1.63	24.82	2.51	3.71	11.35	0.15	5.13	22.85
SALYAN	5.30	1.86	6.61	0.07	1.80	15.64	5.30	2.11	9.17	3.15	11.17	30.91
Darma RM	6.21	2.58	7.22	0.00	1.08	17.10	6.21	2.71	9.61	2.60	10.85	31.98
Kumakh RM	4.82	1.41	4.93	0.00	0.14	11.29	4.82	2.02	8.46	3.03	2.71	21.04
Banagad Kupinde Mun	2.53	2.31	8.05	0.06	0.69	13.64	2.53	1.72	11.74	3.25	6.11	25.34
Siddha Kumakh RM	3.10	1.06	3.92	0.00	0.56	8.64	3.10	1.18	8.99	0.87	4.98	19.12
Bagachour Mun	6.29	3.49	10.26	0.22	1.62	21.87	6.29	2.44	7.79	1.38	3.38	21.29
Chhatreshwori RM	2.86	1.50	3.68	0.00	0.55	8.59	2.86	1.70	5.20	2.75	4.25	16.76
Sharada Mun	8.02	1.45	6.47	0.19	5.80	21.94	8.02	2.28	8.32	7.79	34.46	60.86
Kalimati RM	3.60	1.42	6.27	0.00	1.85	13.14	3.60	2.19	9.97	0.49	7.91	24.15
Tribeni RM	8.02	1.28	6.43	0.00	2.40	18.13	8.02	2.27	10.30	2.56	12.43	35.57
Kapurkot RM	6.76	0.73	5.09	0.02	0.80	13.42	6.76	2.31	12.41	3.77	15.90	41.15
SURKHET	3.07	4.08	7.09	0.24	2.34	16.83	3.07	2.68	6.10	1.47	8.85	22.17
Simta RM	1.90	3.73	9.33	0.02	1.34	16.32	1.90	2.97	9.85	0.14	5.97	20.82
Chingad RM	4.28	2.46	7.42	0.05	3.57	17.79	4.28	2.90	5.87	1.33	13.26	27.64
Lekabeshi Mun	1.98	2.57	6.78	0.00	1.95	13.29	1.98	2.15	6.65	1.81	6.37	18.97
Gurbhakot Mun	2.30	1.93	5.63	0.02	1.69	11.57	2.30	2.11	6.75	0.99	5.49	17.64
Bheriganga Mun	1.32	2.49	7.92	0.00	1.70	13.43	1.32	1.44	5.90	0.92	8.27	17.85
Birendranagar Mun	3.76	6.55	6.52	0.58	2.91	20.33	3.76	3.78	4.52	2.34	10.35	24.75
Barahatal RM	4.00	3.07	6.90	0.07	1.40	15.43	4.00	2.76	10.21	0.51	7.68	25.15
Panchapuri Mun	3.91	1.67	8.30	0.00	3.21	17.09	3.91	0.91	5.89	0.80	10.46	21.97
Chaukune RM	3.43	2.51	8.68	0.07	1.67	16.35	3.43	1.38	7.64	0.51	9.21	22.17

Major Indicator of malaria and Kala-azar Fiscal Year 2078/79

Organisation unit / Data	MALARIA						KALA-AZAR	HIV
	Annual Blood Examination rate	Slide Positivity rate	Annual Parasite Incidence rate	% of Falciparum Case	% of indegenious Case	% of Imported Case	Incidence of kala-azar (KA) per 10,000 population in at risk districts	% of pregnant women who tested for HIV at an ANC checkup
Karnali Province	1.15	0.25	0.03	2.08	37.5	62.5	0.66	52.9
DOLPA	0.11	0	0.00	-	-	0	0	34.1
Dolpo Buddha RM	0.00	0	0.00	-	-	0	0	0
Shey Phoksundo RM	0.00	0	0.00	-	-	0	0	0
Jagadulla RM	0.00	0	0.00	-	-	0	0	0
Mudkechula RM	0.00	0	0.00	-	-	0	0	0
Tripurasundari Mun	0.03	0	0.00	-	-	0	0	0
Thulibheri Mun	0.41	0	0.00	-	-	0	0	90.8
Kaike RM	0.00	0	0.00	-	-	0	0	0
Chharka Tangsong RM	0.00	0	0.00	-	-	0	0	0
MUGU	1.32	0.79	0.10	0.00	100	0	0	2.9
Mugumkarmarog RM	0.00	0	0.00	-	-	0	0	0
Chhayanath Rara Mun	0.21	0	0.00	-	-	0	0	1.1
Soru RM	1.81	2.7	0.48	0.00	100	0	0	12.2
Khatyad RM	2.92	0	0.00	-	-	0	0	0
HUMLA	5.64	0.25	0.14	0.00	100	0	0	28.5
Chankheli RM	0.00	0	0.00	-	-	0	0	0
Kharpunath RM	0.00	0	0.00	-	-	0	0	2.5
Simkot RM	0.48	0	0.00	-	-	0	0	106.5
Namkha RM	0.00	0	0.00	-	-	0	0	0
Sarkegad RM	0.00	0	0.00	-	-	0	0	1.3
Adanchuli RM	1.13	1.1	0.12	0.00	100	0	0	0
Tanjakot RM	48.79	0.23	1.14	0.00	100	0	0	0
JUMLA	0.08	0	0.00	-	-	0	0	12.9
Patarasi RM	0.00	0	0.00	-	-	0	0	8.7
Kanaka Sundari RM	0.18	0	0.00	-	-	0	0	52
Sinja RM	0.00	0	0.00	-	-	0	0	0
Chandannath Mun	0.30	0	0.00	-	-	0	0	2.3
Guthichaur RM	0.00	0	0.00	-	-	0	0	9.3

Organisation unit / Data	MALARIA						KALA-AZAR	HIV
	Annual Blood Examination rate	Slide Positivity rate	Annual Parasite Incidence rate	% of Falciparum Case	% of indegenious Case	% of Imported Case	Incidence of kala-azar (KA) per 10,000 population in at risk districts	% of pregnant women who tested for HIV at an ANC checkup
Tatopani RM	0.00	0	0.00	-	-	0	0	52.8
Tila RM	0.00	0	0.00	-	-	0	0	9.6
Hima RM	0.00	0	0.00	-	-	0	0	0
KALIKOT	0.40	0.69	0.03	0.00	0	100	1.9	40
Palata RM	0.00	0	0.00	-	-	0	0	26.2
Pachal Jharana RM	0.18	0	0.00	-	-	0	0	44.3
Raskot Mun	0.00	0	0.00	-	-	0	0	5
Sanni Tribeni RM	0.00	0	0.00	-	-	0	0	3.5
Naraharinath RM	0.16	0	0.00	-	-	0	0	22.7
Khandachakra Mun	2.02	0.85	0.17	0.00	0	100	0	87.2
Tilagupha Mun	0.00	0	0.00	-	-	0	0	12
Mahawai RM	0.55	0	0.00	-	-	0	0	1.7
Kalika RM	0.00	0	0.00	-	-	0	0	10.2
DAILEKH	0.15	0.81	0.01	0.00	33.33	66.7	0.08	74.3
Naumule RM	0.03	0	0.00	-	-	0	0	56.2
Mahabu RM	0.00	0	0.00	-	-	0	0	73.6
Bhairabi RM	0.00	0	0.00	-	-	0	0	37.2
Thantikandh RM	0.00	0	0.00	-	-	0	0	54.1
Aathbis Mun	0.09	0	0.00	-	-	0	0	47.5
Chamunda Bindrasaini Mun	0.03	0	0.00	-	-	0	0	71.3
Dullu Mun	0.14	0	0.00	-	-	0	0	54.9
Narayan Mun	0.98	0.79	0.08	0.00	50	50	0	163.2
Bhagawatimai RM	0.00	0	0.00	-	-	0	0	45
Dungeshwor RM	0.07	10	0.07	0.00	0	100	0	92.9
Gurans RM	0.03	0	0.00	-	-	0	0	55.1
JAJARKOT	0.14	0	0.00	-	-	0	0.05	19.3
Barekot RM	0.00	0	0.00	-	-	0	0	16.1
Kuse RM	0.00	0	0.00	-	-	0	0	5.2
Junichande RM	0.03	0	0.00	-	-	0	0	0
Chhedagad Mun	0.00	0	0.00	-	-	0	0	34.2
Shivalaya RM	0.00	0	0.00	-	-	0	0	1.8

Organisation unit / Data	MALARIA						KALA-AZAR	HIV
	Annual Blood Examination rate	Slide Positivity rate	Annual Parasite Incidence rate	% of Falciparum Case	% of indegenious Case	% of Imported Case	Incidence of kala-azar (KA) per 10,000 population in at risk districts	% of pregnant women who tested for HIV at an ANC checkup
Bheri Mun	0.43	0	0.00	-	-	0	0	24.1
Nalagad Mun	0.30	0	0.00	-	-	0	0	24.2
RUKUM WEST	1.32	0.09	0.01	0.00	0	100	0	95.5
Aathabisakot Mun	0.78	0	0.00	-	-	0	0	41.8
Sanibheri RM	0.00	0	0.00	-	-	0	0	38.6
Banphikot RM	0.00	0	0.00	-	-	0	0	38.7
Musikot Mun	0.45	0.63	0.03	0.00	0	100	0	153.4
Tribeni RM	0.04	0	0.00	-	-	0	0	44.8
Chaurjahari Mun	5.99	0.06	0.03	0.00	0	100	0	151.9
SALYAN	0.04	2	0.01	50.00	0	100	0.04	41
Darma RM	0.00	0	0.00	-	-	0	0	18.6
Kumakh RM	0.00	0	0.00	-	-	0	0	14.5
Banagad Kupinde Mun	0.00	0	0.00	-	-	0	0	57.4
Siddha Kumakh RM	0.00	0	0.00	-	-	0	0	0
Bagachour Mun	0.00	0	0.00	-	-	0	0	25.9
Chhatreshwori RM	0.04	0	0.00	-	-	0	0	18.8
Sharada Mun	0.01	100	0.06	50.00	0	100	0	71
Kalimati RM	0.40	0	0.00	-	-	0	0	34
Tribeni RM	0.00	0	0.00	-	-	0	0	0
Kapurkot RM	0.00	0	0.00	-	-	0	0	6.5
SURKHET	2.85	0.18	0.05	0.00	9.09	90.9	1.9	78.2
Simta RM	0.30	0	0.00	-	-	0	0	63.1
Chingad RM	0.47	0	0.00	-	-	0	0	74.6
Lekabeshi Mun	4.06	0.15	0.06	0.00	0	100	0	41.3
Gurbhakot Mun	6.35	0.13	0.08	0.00	0	100	0	110.7
Bheriganga Mun	0.93	0.66	0.06	0.00	0	100	0	60.5
Birendranagar Mun	2.29	0.27	0.06	0.00	20	80	0	90.4
Barahatal RM	3.11	0	0.00	-	-	0	0	74.4
Panchapuri Mun	3.69	0	0.00	-	-	0	0	46.2
Chaukune RM	4.03	0.27	0.11	0.00	0	100	0	52.2

Major Indicator of Tuberculosis and OPD Services FY 2078/79

Organisation unit / Data	Tuberculosis									OPD			
	TB - Case notification rate	TB - Case notification rate (New and Relapse cases)	TB - % notified cases by contact investigation	TB - % notified cases community referred	TB - % notified cases private sector referred	TB - % notified cases self referred	TB - % of female among notified cases	TB - % of male among notified cases	TB - Treatment Success Rate	% of OPD New Visits	Total New OPD Visits Female	Total New OPD Visits Male	Total New OPD Visits
Karnali Province	97.2	95.7	2.8	10.2	32.4	54.6	38	62	90.9	104.5	1045866	734141	1780007
DOLPA	104.3	104.3	0	2.2	31.1	66.7	26.7	73.3	95.8	98.3	22264	20260	42524
Dolpo Buddha RM	0	0								82.4	1049	994	2043
Shey Phoksundo RM	0	0								60.2	1147	1106	2253
Jagadulla RM	77.1	77.1	0	0	0	100	100	0		130.5	1844	1551	3395
Mudkechula RM	84.7	84.7	0	0	0	100	20	80	100	127.9	4214	3358	7572
Tripurasundari Mun	137.5	137.5	0	5.9	52.9	41.2	17.6	82.4	100	64.8	4791	3245	8036
Thulibheri Mun	185.6	185.6	0	0	26.3	73.7	31.6	68.4	87.5	156.7	7540	8545	16085
Kaike RM	48.3	48.3	0	0	0	100	0	100	100	45.9	1086	822	1908
Chharka Tangsong RM	0	0								71.5	593	639	1232
MUGU	62.7	62.7	0	0	16.7	83.3	38.1	61.9	100	96.8	35384	29620	65004
Mugumkarmarog RM	13.6	13.6	0	0	0	100	0	100		123.2	4969	4091	9060
Chhayanath Rara Mun	112.4	112.4	0	0	13.8	86.2	41.4	58.6	100	59.1	8263	7039	15302
Soru RM	20.8	20.8	0	0	100	0	0	100	100	175.8	13964	11485	25449
Khatyad RM	46.4	46.4	0	0	0	100	44.4	55.6	100	78.1	8188	7005	15193
HUMLA	44.8	44.8	0	16	36	48	28	72	100	154.6	46909	39530	86439
Chankheli RM	0	0								77.1	2837	2314	5151
Kharpunath RM	0	0								203.2	7441	6837	14278
Simkot RM	98.5	98.5	0	0	50	50	0	100	100	203.5	14137	10727	24864
Namkha RM	0	0								222.8	5252	4852	10104
Sarkegad RM	0	0								85.7	4862	4670	9532
Adanchuli RM	122.7	122.7	0	40	20	40	60	40	100	187.8	8529	6822	15351
Tanjakot RM	48.9	48.9	0	0	33.3	66.7	33.3	66.7		116.3	3851	3308	7159
JUMLA	84.4	83.5	4	9.9	23.8	62.4	44.6	55.4	94.1	91.9	60323	49961	110284
Patarasi RM	135.9	135.9	0	0	0	100	52.2	47.8	100	87.1	8341	6442	14783
Kanaka Sundari RM	94.7	87.4	7.7	7.7	15.4	69.2	38.5	61.5	100	92.3	6988	5712	12700
Sinja RM	86.1	86.1	0	36.4	45.5	18.2	27.3	72.7	100	49.7	3555	2817	6372
Chandannath Mun	86.4	86.4	10.5	0	10.5	78.9	63.2	36.8	95.2	168.1	19927	17167	37094
Guthichaur RM	100.7	100.7	0	0	27.3	72.7	27.3	72.7	75	93.1	5499	4689	10188

Organisation unit / Data	Tuberculosis									OPD			
	TB - Case notification rate	TB - Case notification rate (New and Relapse cases)	TB - % notified cases by contact investigation	TB - % notified cases community referred	TB - % notified cases private sector referred	TB - % notified cases self referred	TB - % of female among notified cases	TB - % of male among notified cases	TB - Treatment Success Rate	% of OPD New Visits	Total New OPD Visits Female	Total New OPD Visits Male	Total New OPD Visits
Tatopani RM	82.5	82.5	0	23.1	46.2	30.8	30.8	69.2	90	31.6	2671	2329	5000
Tila RM	27.1	27.1	0	0	50	50	75	25	100	84.2	6687	5749	12436
Hima RM	54.5	54.5	14.3	28.6	57.1	0	42.9	57.1	88.9	91	6655	5056	11711
KALIKOT	64	63.3	1.1	6.5	12.9	79.6	34.4	65.6	93	94.1	75880	61285	137165
Palata RM	39.5	39.5	0	0	28.6	71.4	14.3	85.7	100	97	9105	8127	17232
Pachal Jharana RM	72.9	65.6	0	0	10	90	30	70	77.8	78.2	5521	5241	10762
Raskot Mun	60.5	60.5	0	0	10	90	50	50	100	96.1	8620	7292	15912
Sanni Tribeni RM	77.5	77.5	0	0	40	60	40	60	100	86.1	5975	5158	11133
Naraharinath RM	48.9	48.9	0	0	9.1	90.9	18.2	81.8	100	89.1	10986	9110	20096
Khandachakra Mun	76.9	76.9	0	0	5.6	94.4	38.9	61.1	90.9	92	12472	9121	21593
Tilagupha Mun	67.4	67.4	9.1	9.1	9.1	72.7	27.3	72.7	66.7	86.3	7706	6404	14110
Mahawai RM	47.8	47.8	0	0	0	100	25	75	100	153.2	7680	5159	12839
Kalika RM	86.1	86.1	0	41.7	8.3	50	50	50	100	96.5	7815	5673	13488
DAILEKH	66.9	65	2.9	0.59	47.1	49.4	29.4	70.6	92.6	87.1	133951	87867	221818
Naumule RM	72.7	67.8	0	0	6.7	93.3	26.7	73.3	100	99.2	12280	8256	20536
Mahabu RM	66.4	66.4	0	0	58.3	41.7	83.3	16.7	100	75.9	8138	5618	13756
Bhairabi RM	49.9	49.9	0	0	66.7	33.3	33.3	66.7	80	48.3	5357	3385	8742
Thantikandh RM	101.5	101.5	0	0	100	0	36.8	63.2	94.1	67.4	7633	5023	12656
Aathbis Mun	75.2	75.2	0	0	58.3	41.7	16.7	83.3	90.5	85.9	15041	12472	27513
Chamunda Bindrasaini Mun	101.3	93.8	7.4	0	63	29.6	14.8	85.2	100	53.6	8927	5389	14316
Dullu Mun	73.1	73.1	10.3	0	20.7	69	31	69	96.6	78.3	18434	12722	31156
Narayan Mun	30.9	30.9	0	12.5	50	37.5	25	75	100	162.3	26736	15343	42079
Bhagawatimai RM	27.2	27.2	0	0	60	40	60	40	50	89.2	9286	7179	16465
Dungeshwor RM	95.7	82	0	0	7.1	92.9	14.3	85.7	77.8	116.8	10821	6317	17138
Gurans RM	37.5	37.5	0	0	25	75	25	75	85.7	81.6	11298	6163	17461
JAJARKOT	60.6	60	0	15.7	61.7	22.6	36.5	63.5	90.4	81.4	88249	66750	154999
Barekot RM	113.2	113.2	0	28	40	32	44	56	95.5	79.6	10238	7386	17624
Kuse RM	17	17	0	0	50	50	0	100	50	38.7	5559	3597	9156
Junichande RM	71.1	71.1	0	23.5	41.2	35.3	41.2	58.8	92.9	82.6	11062	8744	19806
Chhedagad Mun	57.7	57.7	0	22.7	68.2	9.1	22.7	77.3	100	87.5	19816	13647	33463

Organisation unit / Data	Tuberculosis									OPD			
	TB - Case notification rate	TB - Case notification rate (New and Relapse cases)	TB - % notified cases by contact investigation	TB - % notified cases community referred	TB - % notified cases private sector referred	TB - % notified cases self referred	TB - % of female among notified cases	TB - % of male among notified cases	TB - Treatment Success Rate	% of OPD New Visits	Total New OPD Visits Female	Total New OPD Visits Male	Total New OPD Visits
Shivalaya RM	27.1	27.1	0	0	75	25	25	75		57.1	4710	3746	8456
Bheri Mun	46.8	46.8	0	0	83.3	16.7	27.8	72.2	85.7	95.5	20408	16433	36841
Nalagad Mun	86.4	83	0	8	76	16	52	48	86.4	102.2	16456	13197	29653
RUKUM WEST	105.6	102.6	6.8	10.2	20.5	62.5	46	54	91.5	161.8	163812	106489	270301
Aathabisakot Mun	166.6	158.3	0	15	16.7	68.3	41.7	58.3	85.7	113.3	23549	17354	40903
Sanibheri RM	92.7	92.7	0	17.4	17.4	65.2	43.5	56.5	100	93.2	13980	9227	23207
Banphikot RM	109.7	104.9	34.8	4.3	43.5	17.4	60.9	39.1	90.5	105.2	13081	9039	22120
Musikot Mun	120.1	117.3	4.8	4.8	14.3	76.2	45.2	54.8	95.5	125.3	26858	17071	43929
Tribeni RM	58.4	58.4	16.7	0	8.3	75	50	50	87.5	111.9	14049	9029	23078
Chaurjahari Mun	54.6	54.6	0	12.5	31.3	56.3	43.8	56.3	100	398.4	72295	44769	117064
SALYAN	109.2	108.8	6.1	29.1	15.7	49	37.9	62.1	88.5	88	131324	79556	210880
Darma RM	44.9	44.9	11.1	55.6	0	33.3	11.1	88.9	77.8	119.7	15047	9000	24047
Kumakh RM	68.3	68.3	0	70.6	5.9	23.5	29.4	70.6	50	81.6	12973	7402	20375
Banagad Kupinde Mun	59.1	59.1	0	10	20	70	10	90	70	106.9	22360	13903	36263
Siddha Kumakh RM	129.2	129.2	5.9	41.2	5.9	47.1	52.9	47.1	88.9	71.8	6558	2917	9475
Bagachour Mun	55.7	55.7	26.3	21.1	26.3	26.3	42.1	57.9	100	78.3	16526	10245	26771
Chhatreshwori RM	238.4	238.4	0	15.7	9.8	74.5	47.1	52.9	100	83.9	11619	6391	18010
Sharada Mun	77.8	77.8	0	33.3	14.8	51.9	18.5	81.5	82.4	99.9	21240	13557	34797
Kalimati RM	173.1	168.6	12.8	53.8	23.1	10.3	53.8	46.2	94.1	69.9	9460	6339	15799
Tribeni RM	131.1	131.1	0	4.5	31.8	63.6	31.8	68.2	100	66.9	6799	4461	11260
Kapurkot RM	227.6	227.6	10	17.5	12.5	60	42.5	57.5	89.7	79.9	8742	5341	14083
SURKHET	149	146.2	1.3	5.6	38.6	54.5	38.9	61.1	89.1	114.5	287770	192823	480593
Simta RM	82.1	82.1	5	5	45	45	35	65	100	116.4	17661	10751	28412
Chingad RM	145.6	145.6	0	0	52.2	47.8	34.8	65.2	81.3	168.7	16060	10662	26722
Lekabeshi Mun	112.7	109.6	2.8	8.3	38.9	50	30.6	69.4	94.4	85.6	16467	10934	27401
Gurbhakot Mun	155.3	153.3	2.6	1.3	39	57.1	36.4	63.6	93	84.6	26268	15760	42028
Bheriganga Mun	160.2	158.1	0	6.4	46.2	47.4	42.3	57.7	88.7	74	24211	11922	36133
Birendranagar Mun	156.1	153.6	1.2	6.8	32.9	59	43	57	88.8	156.5	146405	103884	250289
Barahatal RM	163.9	163.9	0	0	50	50	33.3	66.7	96	88.9	13600	9253	22853
Panchapuri Mun	171.5	166	0	6.5	35.5	58.1	32.3	67.7	87.1	61	12596	9520	22116
Chaukune RM	136.5	125.4	2.7	10.8	40.5	45.9	40.5	59.5	75.8	90.6	14502	10137	24639

Annex-8. : GLIMPSE OF PROGRAM ACTIVITIES CONDUCTED BY HSD


KARNALI PROVINCE
N
CHINA(TIBET)
SUDURPASCHIM PROVINCE
PROVINCE 5
GANDAKI PROVINCE
HUMLA
MUGU
JUMLA
DOLPA
KALIKOT
DAILEKH
JAJARKOT
RUKUM
SURKHET
SALYAN
Namkha
Simkot
Kharpunath
Chankheli
Sarkegadh
Adanchuli
Tajakot
Soru
Mugumakarmarog
Khatyad
Chhayanath Rara
Kanakasundari
Patarashi
She Foksundo
Dolpo Buddha
Palata
Sinja
Rashkot
Shanni Tribeni
Hima
Chandannath
Pachaljharana
Narahariinath
Jagadulla
Guthichaur
Khandachakra
Teela
Tatopani
Teelagupha
Shubha Kalika
Mudkechula
Tripurasundari
Aathbish
Mahawai
Thatikandh
Barekot
Chharka Tangsong
Bhairabi
Mahabu
Naumule
Thulibheri
Chamunda Bindrasaini
Narayan
JuniChande
Kuse
Tribeni Nalgaadh
Aathbishkot
Kaike
chaukune
Dullu
panchpuri
Bhagawatimai
Dungeshwor
Chhedagaadh
Guranshi
Shivalaya
Bheri
Shani Bheri
Banfikot
barahtaal
Chaurjahari
chingad
birendranagar
Musikot
Tribeni
lekbeshi
simta
Kumakhmalika
Darna
Bangaad Kupinde
Bagachaur
bheriganga
gurbhakot
Siddha Kumakha
Sharada
Chhatreshwori
Kalimati
Tribeni
Kapurkot
Legend
Secondary Hospital B
Teaching Hospital
Secondary Hospital A
Primary Hospital
Hospital
Primary Health Care Centre
Health Post