

Annual Report

Department of Health Services

2066/67 (2009/2010)



**GOVERNMENT OF NEPAL
MINISTRY OF HEALTH AND POPULATION
DEPARTMENT OF HEALTH SERVICES
KATHMANDU**

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Government of Nepal

Ministry of Health & Population



Ramshahpath, Kathmandu
Nepal



Message

It gives me a great pleasure to know that the Department of Health Services has been publishing compressive Annual Report regularly after conducting series of performance review workshops at various levels.

Regular progress reviewing is important not only for being satisfied in achieving the set targets to accomplish overall goal but also identifying the gaps and actions to be taken for future improvement. In this regards Department of Health Services has institutionalized the annual performance review process of the completed activities against the set targets at all levels of health care delivery system.

Government of Nepal, Ministry of Health and Population would like to ensure that all the Nepalese people especially of women, children, adolescents, senior citizens, vulnerable groups, under privileged, indigenous and marginalized population residing both in rural and urban areas of the country will have greater access to quality health care through ever improving and expanding services. The Ministry is committed to materialize "Health for All" by formulating pro-people plan and policies and strengthening implementation, monitoring and evaluation through collaboration of public and private sectors and external development partners.

I am sure that the present Annual Report of the Department of Health Services will be helpful for planners, researchers, managers, decision-makers and health service providers in analyzing the health situation and gauge the development made in health sector.

To conclude, I would like to extend my sincere thanks to DoHS and all who are involved in the preparation and publication of this annual report.

Krishna Bahadur Mahara
2067-12-4

Krishna Bahadur Mahara

Deputy Prime Minister

March 2011



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Preface

It is matter of great pleasure for me to have Annual Report of the F.Y. 2066/67 (2009/10) of the Department of Health Services at anticipated time. This kind of report not only presents the past performance but also support for robust and evidence based planning exercise. I believe that The information provided in this report will be of immense help to planners, researchers, managers, service providers and relevant students.

This report is being very comprehensive covering all the major activities of Department of the Health Services including the activities of other departments within the Ministry of Health and Population. It also includes the contributions from external development partners, non-governmental organizations & private sector as well. I am confident that a competent and efficient health care delivery system is in place and all the relevant data from community to national level are included in this report.

This report has indicated progress in many areas during the last fiscal year. I feel that additional efforts are needed to maintain the quality in health service delivery and to ensure equity. I deeply appreciate the hard work done by Department of Health Services, Regional Health Directorates, DHO/DPHOs, Hospital directors and their teams and all health personnel including FCHVs working at the various levels of health institutions in a difficult situation.

I feel proud to inform that Nepal has been awarded with MDG award for exceptional progress towards MDG-5.

All the volunteers, health workers, personnel engaged in health sector and the stakeholders and partners deserve heartfelt thanks and congratulations too. While celebrating the success we should be aware that sustained efforts are needed to accelerate the effort we have made.

To conclude, I extend my sincere thank and congratulation to the Director General of the Department of Health Services, Director of Management Division with his team especially HMIS team and Divisional/ Centre Directors and all concerned personnel for finalization of this report in time.

Lastly, I take this opportunity to extend my thanks to our partners, international and national non-governmental organization, multilateral and bilateral development partners for their technical and financial support during the year.

(Dr. Sudha Sharma)

Secretary

February, 2011



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Preface

It is very pleasant moment for me to have the Annual Report 2066/67 of the Department of Health Services being published with restless efforts of the personnel involved. As I know, such reports are being published regularly for the last sixteen years and they have been very much helpful in bringing out improvement in the planning, monitoring and evaluation system of health services in the country.

I found this report very comprehensive and exhaustive. It covers all the major activities of Department of Health Services. It also includes the services rendered through others department of Ministry of Health and Population, external development partners and some of the non-governmental organizations & private sector as well. This report presents and analyzes in a systematic manner the data on the performance of different divisions, centers of the department of health services and related sections of the last fiscal year, along with comparative figures from the previous three fiscal years. This report therefore serves as an excellent tool to decide on replicating the good aspects of the programme and also learning lessons from less successful one.

UN has awarded Nepal with MDG-5 award for significant achievement in Reproductive Health and Letter of Appreciation for achievement in child health in 2010. I would like to offer my sincere appreciation for the effort made by all Divisions and Centers of Department of Health Services, Regional Health Directorates, District Health/ Public Health Offices and unit down to community level to improve the health of the people of Nepal. I take this opportunity to extend my sincere thanks to all external development partners, INGOs, NGOs and other health sector institutes for their assistance to improvement of health services in Nepal.

Finally, I would like to extend my appreciation and thanks to the Director General of DoHS, Director of Management Division and his team along with personnel involved in information management to bring out this Annual Report.

Dr. Praveen Mishra

Secretary

February, 2011



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Foreword

It is my great pleasure to present Annual Report 2066/67 of the Department of Health Services which is sixteenth in consecutive series. The annual report is one of the outcomes of the annual performance review workshops conducted at national, regional and district levels. It is a compilation of performances of all the major programs and activities carried out by various health institutions at all levels from community to center.

The facts presented in the report are based on the information managed by Health Management Information Section, Management Division of Department of Health Services along with other stakeholders. The report provides comprehensive information about health care activities, including program, policies, strategies, achievements, three years service coverage as well as problems and constraints found during the fiscal year 2066/67. The report also covers the progress of activities carried out by other departments under Ministry of Health and Population and external development partners, INGOs and NGOs during the reference year.

I am pleased to note that most of the planned activities by different Divisions/Centers have been carried out with success and trend of service coverage for most of health indicators are satisfactory. During the national review period, many health services coverage indicators shown improved trend. Remarkable achievement of CB-IMCI program, Expansion of DOTS treatment centres, declining prevalence rate of Leprosy and increasing OPD new visits gives satisfaction. Strengthening and expansion of safe motherhood services: comprehensive abortion care, maternity incentive scheme, basic and comprehensive EOC services have been carried out successfully. However, more collaborative efforts are required for improvement as aspiration of the people and to cater quality health care services as envisaged by the MDG's health sector goal and national plan documents.

I would like to extend my appreciation to Female Community Health Volunteers (FCHVs), grassroots level health workers, PHCC/HP/SHP and district level staff members for their untiring efforts in providing health services at the community level. I should thank to Regional Health Directors, Divisions / Centers Directors and Section Chiefs for their support to the district teams to execute their activities in time. I also wish to offer my appreciation for NGOs, INGOs, external development partners and private health sector for contributing significantly to improve health status of people at all corners of the country.

Finally, I would like to extend my appreciation and thanks to the Director and his team of Management Division especially, Management Information Section team for their meticulous and hard work in bringing out this Annual Report.

Dr. Yashovardhan Pradhan
Director General

February, 2011



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Acknowledgement

Along with Management Division, I express pleasure to offer this Annual Report of Department of Health Services of the fiscal year 2066/67 (2009/2010). This sixteenth annual report in series is the outcome of services rendered by mass of contributors in health sector that was verified in Annual Performance Review meetings conducted at District, Regional and National levels. The annual report contains relevant information about health care activities including brief background, policies, strategies, coverage, achievements and pertaining issues. The raw and analyzed data sheets are presented at the annexure of the report provide details and make further analysis. The information provided in this report will be of immense help to planners, managers, service providers, decision-makers, researchers and as well as the teachers, students of relevant faculties.

It seems remarkable that the service coverage in many thematic areas is improving despite effects of political and social transition. Performance in family health, child health and community supported services seems quite satisfactory. Information provided in the report can be optimized with enhanced utilization in planning, programming, monitoring and evaluation.

With the change context of the country focusing on Health Sector Information System (HSIS), piloting has been continued in three districts: Lalitpur, Parsa and Rupandehi to generate comprehensive, integrated and disaggregated health service statistics. This information system will not only include service statistics but also the information related to human resources, finance and other aspects of health management. We would appreciate very much and request to our readers to provide us with their valuable comments and feedback for making the report more useful in the coming year.

I express my sincere heartfelt gratitude to respected Secretary of Health and Population Dr. Sudha Sharma and Dr. Praveen Mishra for providing preface to the report. Sincere thanks to Dr. Y.B. Pradhan, Director General of the Department of Health Services for his contemplative message and regular directives and guidance. I also extend my thanks to the Directors of Divisions, Centers and Section Chiefs for supporting us by providing their analytical reports. My colleagues in the Management Division especially, Mr. Paban Kumar Ghimire (Deputy Director), Mrs. Rita Joshi (SPHO), Mr. Ghanashyam Pokharel (SPHO), Dr. Lok Raj Paneru (SMO), Mr. Dhruva Raj Ghimire (SO), Mr. Pushpa Lal Shrestha (Data Analyst), Mr. Deepak Dahal (SO), Mr. Surya Bahadur Khadka (SO), Mr. Gopal Adhikari (CO), Mr. Navaraj Bhatta (CO), Mr. Deepak Bhandari (CO), Mr. Ambika P. Neupane (HMIS Support Officer) and assistants in Management Information Section deserve special appreciation for their hard work and untiring job to bring out this Annual Report in time. I feel indebted to all those who worked restlessly for recording, reporting, compiling, processing and analyzing service delivery and progress reports timely without which this report publication was not possible.

I take this opportunity to offer my sincere appreciation to multilateral, bilateral development partners, INGOs and NGOs who have joined us in service delivery programmes and submitting their brief annual activity progress report.

To conclude, I hope that this report will be of great help in strengthening the health services in Nepal. I also hope that this report will provide valid information to all those who work for uplifting the welfare for all citizens particularly to the poor and vulnerable group of the Nepalese people.

Dr. Shambu Sharan Tiwari
Director
Management Division

February 2011

EXECUTIVE SUMMARY

INTRODUCTION

The annual performance of the major programmes carried out through the network of health facilities of the Department of Health Services during the Fiscal Year 2066/67 (2009/2010) has been reviewed and presented in this annual report. This report mainly focuses on the implementation status of activities carried out by divisions, sections and centres of DoHS against the set targets. Major programme activities are analysed and highlighted the trends in service coverage over the preceding three fiscal years. This report also identifies issues, problems and constraints, and suggests actions for improvement, to be taken by the related institutions. The information and statistics used in this report are mainly based on the information collected by the Health Management Information System (HMIS) of Management Division, Department of Health Services from health institutions across the country.

The institutions involved in the delivery of basic health services during FY 2066/67 include 117 government, non- government and few private teaching hospitals, 208 Primary Health Care Centres/Health Centre(PHCCs), 675 Health Posts (HPs) and 3,127 Sub Health Posts (SHPs). Primary health care services were also provided by 13,180 Primary Health Care Outreach Clinic (PHC/ORC) sites. These services were further supported by 48,489 Female Community Health Volunteers (FCHVs).

Despite the political instability the health service coverage under child health, family health was noticed in increasing trend. During this fiscal year also some of the indicators particularly in immunization, ANC 1st visit, contraceptive prevalence rate, the VSC performance, and iron supplementation to pregnant women showed increased in the review period compared to last fiscal year. However the service coverage indicators like 4 ANC visits, delivery conducted by the skill birth attendant, blood slide collections, TB case detection rate and leprosy prevalence rate have improved during this fiscal year compared to last year. Total OPD visits as a percentage of the total population, has significantly increased to 75.98 percent from 45.30 in the last fiscal year. In the coming year the service coverage which has shown declining trend need to be improved and issues such as preventing outbreaks of some communicable diseases, quality surveillance and quality of care to service receivers require more attention to have a tangible effect to achieve the goal.

CHILD HEALTH PROGRAMME

NATIONAL IMMUNISATION PROGRAMME (NIP)

The national Immunization coverage of all antigens in the regular EPI programme was improved compared to last fiscal year 2065/66 (2008/2009). BCG, DPT-Hep B-Hib-3, Polio3 and Measles coverage has increased by 9, 1, 2 and 11 percent respectively during last fiscal year. TT-2 to pregnant women has also increased by 8.0 percent. School Immunization programme has been continued. Although the previous measles campaign had a significant positive impact in terms of a reduction in measles outbreaks and measles cases compared to earlier periods but during the current year measles case have been reported little more than last year. Intensified National Immunisation Days (NIDs) were conducted to meet the goal of maintaining Nepal polio free.

JAPANESE ENCEPHALITIS (JE)

All Terai and inner Terai districts had been classified as endemic for acute encephalitis syndrome where as Hilly and Mountainous regions were described as rare for Japanese Encephalitis. Total 1,617 Acute Encephalitis Syndrome (AES) cases reported from 59 districts and 146 lab confirmed JE cases have been reported from 34 districts of all eco regions, including Kathmandu valley in 2066/67. The Japanese Encephalitis cases are clustered around Kathmandu valley in past and current fiscal year. Bhaktapur, Lalitpur districts had observed JE campaign in previous fiscal year, Kathmandu was targeted for the JE campaign for this fiscal year. In this campaign all aged above 1 year, total of

978,254 people were vaccinated by a single dose of vaccine. As in previous mass campaigns in Nepal live attenuated SA-14-14-2 vaccine was used.

NUTRITION

The growth monitoring services have been extended to less than 5 year from the last fiscal year 2065/66 as recommended by the programme. The proportion of malnourished children decreased to 3.77 percent from 4.67 percent in last fiscal year. Two rounds of Vitamin A capsules were distributed to targeted 6 to 59 months children. 71.91 percent of the pregnant women received the antihelminthic treatment. Percentage of pregnant women receiving iron tablets during this FY decreased to 58.83 percent from 73.02 in last FY 2065/66.

COMMUNITY BASED INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (CB-IMCI)

CB-IMCI has been implemented up to community level at all districts. The CB-IMCI programme has shown positive results in the managements of childhood illnesses. Although the incidence of ARI and pneumonia detection have increased after extending the services up to community level during this fiscal year but the severity of pneumonia has lowered to 0.48% from 0.78 % in last fiscal year 2064/65. The reported case fatality rate has marginally decreased by 0, 07 percent during the reporting year.

CONTROL OF DIARRHOEAL DISEASE (CDD)

A substantial progress has also been achieved in the control of Diarrhoeal diseases among the Nepalese children once the CB-IMCI programme was expanded up to community level. Although the incidence of diarrhoea has increased significantly in this fiscal year but the proportion of severe dehydration cases was decreased at the last year's level of 0.52 percent and the case fatality rate as also decreased by 0.08 in this fiscal year 2066/67. More than 52% of the diarrhoeal cases were treated by the Female Community Health Volunteers (FCHVs).

ACUTE RESPIRATORY INFECTION (ARI)

The incidence of ARI per 1,000 under five children has increased from 614 in fiscal year 2064/65 to 882 in fiscal year 2066/67. However, the percentage of new cases treated with antibiotics slightly decreased by 2.28% during this fiscal year with compared to last fiscal year 2065/66. Proportions of severe pneumonia among new cases have decreased by 0.11 percent compared to the last fiscal year. The case fatality rate due to pneumonia has also dropped by 0.06 percent in fiscal year 2066/67 compared to 0.07 percent in FY 2064/65.

REPRODUCTIVE HEALTH

Family Planning is one of the major components of the Reproductive Health Programme. Over the past several years, contraceptive use has shown improvements. Contraceptive methods like Depo-Provera, Pills and Condoms are available nation-wide up to sub health post level. Intra-uterine contraceptive device (IUCD) services are made available all 75 districts and Implant services in 74 (except Dolpa) districts. Voluntary Surgical Contraceptive (VSC) services are made available through static clinics as well as mobile outreach program.

FAMILY PLANNING

The Contraceptive Prevalence Rate (unadjusted CPR) for modern methods has slightly increased from 40.53 percent in fiscal year 2065/66 to 43.56 percent in fiscal year 2066/67 although the total number of new acceptors of spacing methods has increased to 594,774 in fiscal year 2066/67 compared to 555,457 in fiscal year 2065/66.

The total number of new acceptors of spacing methods like Pills, Depo, Implant and IUCD has increased but Condom has marginally decreased during the review period, in fiscal year 2066/67 compared to 2065/66. The new acceptors for VSC have decreased by more than 6,888 cases from 77,675 in FY 2065/66 to 70,787 in 2066/67 achieving only 83.28 percent against the expected cases of

85,000. The male participation in surgical contraception has marginally increased compared to the last year 2065/66. In terms of family planning current users it has achieved 93.03 percent of the set target during the FY 2066/67. The involvement of I/NGOs especially the MSI/SPN (Sunaulo Pariwar Nepal) in performing the VSC is noteworthy in the national programme.

SAFE MOTHERHOOD

Under the safe motherhood programme although antenatal and post natal services have satisfactorily improved. Delivery conducted by SBA have been successful in maintaining improvement trend in its service coverage. Similarly expansion and strengthening of different safe motherhood services such as Safe Abortion services, Basic and Comprehensive Emergency Obstetric Care (B/CEOC) services, Safe Delivery Incentive Programme (SDIP), Birth Preparedness Package and Maternal and Neonatal Health Activities at Community Level, Emergency Obstetric Care and birthing centres, Newborn Care etc are being carried out in a planned manner. BEOC/ CEOC sites have been expanded in various districts. Met need for EOC services have also in increasing trend based on the EOC Monitoring districts.

FEMALE COMMUNITY HEALTH VOLUNTEER (FCHV) PROGRAMME

Recognizing the importance of women's participation in promoting health of the people, GoN initiated the Female Community Health Volunteer (FCHV) Program in fiscal year 2045/46 in 27 districts and expanded to all 75 districts of the country in a phased manner. At present there are 48,489 FCHVs actively working all over the country. The primary role of the FCHVs is mainly to motivate and educate to local mothers and community members for the promotion of safe motherhood, child health, family planning, and other community health services. FCHVs contributed significantly in the distribution of oral contraceptive Pills, Condoms and Oral Rehydration Solution (ORS) packets and counselling and referring to mothers in the health facilities for the service utilization.

In addition to the above activities, FCHVs support in providing Vitamin A capsules, Iron supplementation and de-worming to pregnant women in intensified districts and polio immunization to children below 5 years during NID, community based management and treatment of ARI /CDD and other public health activities in all CB-IMCI districts is noteworthy.

PRIMARY HEALTH CARE OUTREACH CLINIC (PHC/ORC)

Primary Health Care Outreach clinic (PHC/ORC) program was established in 1994 (2051 BS) with an aim to improve access to some basic health services including family planning and safe motherhood services for rural households. PHC/ORC clinics are the extension of services provided by basic health facilities such as at SHP, HP and PHCC in order to make these services more accessible to the community level. At present there are 13,180 sites where providing services in community level of household all over the country. During this fiscal year 2066/67 more than 82 percent of the PHC/ORC clinics were able to function and showing an increase of 1.0 percent over the last fiscal year functionality and improving its service in terms of the number of people served.

DISEASE CONTROL

MALARIA

During this fiscal year the ABER has decreased 0.68 percent in fiscal year 2066/67 compared to 0.75 percent in fiscal year 2065/66 where as API has slightly decreased to 0.15 from 0.18 per 1,000 and PF % have also decreased by 1.7 percent in this fiscal year. The Global Fund is supporting malaria control program in the high endemic 13 districts.

KALA-AZAR

Kala-azar is a major problem in the 12 districts of Eastern and Central Terai. Although the incidence of Kala-azar has decreased to 0.95 in fiscal year 2066/67 compared to 1.71 per 10,000 areas at risk population in last fiscal year 2064/65. A total number of 791 cases have been reported in this fiscal year 2066/67. Case Fatality Rate (CFR) slightly increased from 0.59 in fiscal year 2065/66 to 0.70 in this fiscal year 2066/67. A total number of 220 foreigner patients of Kala-azar were also treated in the

review period. This signifies the effectiveness of interventions focused to interrupt the disease transmission particularly IRS and introduction of active surveillance.

LYMPHATIC FILARIASIS

Lymphatic Filariasis (LF) is a public health problem in Nepal. The disease is a major cause of morbidity, primarily, lymphoedema of legs and hydrocele and impedes socio-economic development in many endemic areas of the country. The disease is prevalent in the rural and slum areas of the country, predominantly affecting the poorer sector of the community. LF is an endemic in 60 districts and Terai is more endemic than the hill areas. The government initiated implementation of Mass Drug Administration (MDA) in Parsa district in 2003 and expanded gradually. During the current fiscal year 2066/67 only supporting activities were carried out in 31 districts.

DENGUE

Dengue, a mosquito-borne disease emerged in Nepal showing its head as Dengue Fever (DF), Dengue Hemorrhagic Fever (DHF) and Dengue Shock Syndrome (DSS). The sporadic cases continued and outbreaks occurred in 2066/67. Initially most of the reported cases had travel history to neighbouring country (India), however lately indigenous cases were also reported. Dengue outbreak in 2006 had shown its face with 32 confirmed dengue cases (among the total cases identified, 94% were adults; male to female ratio was 4:1), followed by 27 cases in 2007, 10 cases in 2008 and 11 cases in 2009. The outbreak continued in 2010.

TUBERCULOSIS CONTROL

The National Tuberculosis Programme continued its expansion of DOTS treatment centre to 1,122 with 3,098 sub centres in this fiscal year 2066/67. Case finding have slightly improved by 1.0 percent during this fiscal year against the target defined by WHO. Treatment success rate was increased by 1 percent compared to fiscal year 2065/66 and sputum conversion rate was remained static at 89 percent in FY 2065/66 as well. NTP's partnership with private sector, NGOs, medical colleges, media, pharmacies, traditional healers and communities has continued.

LEPROSY

Leprosy is in declining phase however this decline is not enough to reach the goal of elimination. By end of the fiscal year there are 2,104 (MB 1,409 and PB 695) cases receiving treatment for leprosy in the country. The highest number of leprosy cases receiving treatment (757) is in the CDR followed by EDR (577). PR is highest in the EDR 0.92 per 10,000 population followed by FWDR (0.88/10,000 population).

HIV/AIDS

Since the detection of the first AIDS case in 1988, the HIV epidemic in Nepal has evolved from a low prevalence to concentrated epidemic. As of 2009, national estimates indicate that approximately 63,528 adults and children are infected with the HIV virus in Nepal, with an estimated prevalence of about 0.39% in the adult population. There are altogether 196 VCT sites all over the country providing counselling and testing services to the Most at Risk Populations and general population. The services are provided through government health facilities, NGO and private centers. ART service for those in need are provided through 25 ART centers and 10 ART sub centres from 30 districts while prevention of mother to child transmission (PMTCT) services are available in 21 sites of which 20 sites also offer Pediatric ART services. These services are provided free of cost.

SUPPORTING PROGRAMMES

NATIONAL HEALTH TRAINING:

National Health Training Centre, as an apex body for human resource development under MoHP has been providing various health trainings through National, Regional / Sub Regional Training Centres, 30 District training facilities, 14 training health posts, 18 Skill Birth Attendant (SBA) training sites, 3 Institution based FP training and service sited and eight Safe Abortion Service (SAS) training sites. It

also collaborated with FPAN, MSI, and Medical colleges to develop / Human Resources for Health, RH services.

NHTC has been operating training systems following national health training strategy 2004 and as directed by periodic plans. Major areas are Initial, In-service, Upgrading, Specialized, and other short term trainings at central, regional, districts and community level. NHTC has implemented basic training for ANM, upgrading training for AHW, ANM, and reproductive health training on family planning, SBA, Safe Abortion Service, Minimum Initial Service Package (MISP), Adolescent Sexual and Reproductive Health (ASRH), FCHV orientation/training, PHC/ORC orientation etc. Likewise, it has been operating other clinical trainings including Operation Theatre and Technical Management (OTTM) Training, Gender Based Violence training and so on.

NHTC has also conducted non-clinical training like logistic management training, Training methodology, capacity building, Behaviour Change Communication (BCC), and Bio-Medical Equipment Training (BME/AT) during the FY 2066/2067. It has achieved 100% vs its targets among majority of training programmes. Other training achievement ranged from 94% to 25%. One international training programme made 50% achievement during the FY 2066/2067. It has also initiated public private partnership by orienting health service providers working at private sectors for assisting community in achieving quality health training needs.

HEALTH EDUCATION, INFORMATION AND COMMUNICATION

National Health Information and Communication Centre has been established as centre for planning, implementation, monitoring and evaluation of health education, promotion, and communication related activities of health issues and programmes at the central, regional, district, and community level. Different types of IEC/BCC activities were implemented at all levels to support health programme and services for generating demand for health service and promoting healthy behaviour of the people.

The main activities were; health education programmes in the schools and community, and print materials production and distribution, the production and dissemination of regular, weekly and periodic radio, television and FM radio programs, the publication and dissemination of health messages through the newspapers, social mobilisation, advocacy, workshop/seminar, folk events, observation on special days and exhibitions, etc. Similarly promotion of Environmental Health and Hygiene (EHH), Tobacco Control and Non Communicable Diseases (NCDs) activities are conducted.

LOGISTICS MANAGEMENT

An efficient management of logistic is crucial for effective and efficient delivery of health services as well as to ensure of quality health services. Emphasis is placed on efficient and effective management of medicine distribution, vaccines, medical equipments, contraceptives, hospital furniture's and medical equipments at all level's of health facilities in spite of the difficult geographical terrain of the country. In order to manage the above process effectively LMIS information is being used. Processing of LMIS information at districts as per decentralization was strengthened and expanded. LMD in collaboration with its supporting partners has expanded the pull system of essential drugs in all 75 districts in this fiscal year 2066/67.

NATIONAL HEALTH LABORATORY SERVICES

National Public Health Laboratory (NPHL) is a national focal point for health laboratories in the country. NPHL is the only in the country which is WHO accredited Laboratory for Measles / Rubella/ Japanese Encephalitis/HIV and Influenza. By April 2010 NPHL is also nominated as a National Influenza Centre, one of the labs responsible for laboratory based surveillance of influenza virus under Global Influenza Surveillance Network (GISN) of WHO with 134 labs spread throughout the world. NPHL has a direct networking with 291 Labs in Central, Regional, Sub-regional, Zonal and District to PHC Level in Government facilities and have networking with more than 1,000 labs in private sectors including Private hospitals, Polyclinics, Diagnostic centre.

NPHL is also a national focal point nominated by National Blood Policy for policy level activities under which NPRCS operates Blood Transfusion Services throughout the country through its Regional, District as well as Hospital based Blood Centres. Laboratory services were strengthened at central as well as peripheral health institutions during this fiscal year. Various levels of hands on trainings at national and international level involving laboratory personnel's were provided and various policy level documents (Guidelines/Protocols) were developed during this fiscal year.

PRIMARY HEALTH CARE REVITALIZATION

Consequently, in 2009 (Jestha 2065), Ministry of Health and Population (MoHP) embedded in principles of essential care and equity constituted a new division Primary Health Care Revitalization (PRD) under the Department of Health Services. The new division is envisaged to revitalize PHC in Nepal by addressing emerging health challenges in close collaboration with other DoHS divisions and relevant actors. The division has 3 thematic focuses: (a) National Free Health Programme (b) Social Health Protection, and (c) Urban and Environmental Health. And through it is expected to make inroads into translating the constitutionally stipulated fundamental right of basic free health care into practice by addressing the disparities in health service delivery and health outcomes and promoting equitable health services. The major activities carried out during fiscal year 2066/67.

National Free Health Care (NFHC)

- Monitoring committee developed at all levels of the health system.
- Information & communication about the EHCSs improved by displaying citizen charter in most of the health facilities.
- Initiation of central bidding and local purchasing, and procuring WHO GMP Products.
- Initiation of Social Audit in district and below health facilities.
- Training conducted on rational drug prescription in 75 districts.

Social Health Protection

- Policy draft on social health insurance is in progress to introduce social health insurance in phased manner.
- Social inclusion programme specifically providing transportation costs incurred during referral, targeted interventions for marginalized communities and senior citizen implemented.
- Community health insurance pilot interventions are in progress in 6 PHCCs.

PERSONNEL ADMINISTRATIVE MANAGEMENT

The administrative section under the Department of Health Services manages to distribute the health work force to deliver the health services in the country. Altogether 27,300 employees are recorded under MoHP of which 21,000 are technical and 6,300 persons are administrative, Ayurvedic and non-specific employees. DoHS do the transfer and posting of the staff as per its transfer policy. Under the transfer policy DoHS will be transfer of assistant level up to 7th level staffs. Improvement in personnel records keeping and employee's roles and responsibilities need to be revised and assigned the job through functional analysis.

FINANCIAL MANAGEMENT

Out of total National Budget of Rs. 285,930,000,000 a sum of Rs. 17,840,466,000 (6.24%) was allocated for the health sector during the fiscal year 2066/67 (2009/2010). Of the total health sector budget, Rs. 13,416,800,000 (75.20 %) was allocated for the execution of programmes under the Department of Health Services. The budget allocated to health programmes under the Department of Health Services was Rs. 13,416,800,000 of which Rs. 12,949,900,000 (96.52%) was allocated to recurrent and Rs. 466,900,000 (3.48%) was allocated to capital budget. The External Development Partners' contributions comprised 50.53% of the total budget under DoHS.

PLANNING, PROGRAMMING, MONITORING, SUPERVISION, CO-ORDINATION AND INFORMATION MANAGEMENT

As in the previous year Health Management Information System (HMIS) Section continued to provide trimester feedback of information on the activities undertaken by the districts to all Divisions/Centres of the DoHS, Regional Directorates, and the 75 District Health/Public Health Offices. Annual Performance Review workshops were conducted in all districts, regions and national level. DoHS Annual Report & Glimpse of Annual Report were published. Several trainings activities such as oral health, Nursing leadership and management, quality assurance were conducted in programme management to improve the skills of health workers from other sections under Management division. Besides the above training upgrading of health facilities activities were also carried out. Piloted Health Sector Information System (HSIS) in three districts: Llitpur, Parsa and Rupandehi. The annual targeted activities under this division were almost achieved.

HEALTH SERVICE COVERAGE

During the fiscal year 2066/67 based on the health service coverage fact sheet, the immunization service: BCG-94% DPT3-82%, Polio 3-83% and Measles -86 percentage coverage able to maintained at national level, pregnant women receiving the iron tablets, ANC first visits and CPR have improved as compared to last fiscal year. However the ANC four visits, Delivery conducted by the health workers and ABER on malaria program have increased in this fiscal year. In particular, expansion and strengthening of different safe motherhood services such as comprehensive abortion care, maternity incentive scheme, basic and comprehensive EOC services are being carried out. DOTS programme has extended the treatment centres across the country and Prevalence Rate in leprosy programme are declining every year. As the government have extended the free essential health care services to its citizen in all HP and SHP level, the OPD new visits have dramatically increased covering 75.98 percent of the total population against 45.30 percent in the last fiscal year 2064/65 improving more than 31 percent.

SUMMARY OF PROBLEMS / ISSUES AND CONSTRAINTS

As in the previous year each technical division / centre and supporting programme of the Department of Health Services submitted an analysis of problems and constraints along with proposed solutions in their respective sections chapters. The Ministry of Health and Population and Department of Health Services need to address these concerns. The problems and constraints identified cannot be dealt with in isolation. Analysis, planning, monitoring and co-ordination are required at the macro and micro level. MoHP and the DoHS need to take necessary actions to resolve those issues for improving the healthcare system.

Health Service Coverage Fact Sheet

FY 2064/65 (2007/2008) to 2066/67 (2009/2010)

REPORTING STATUS		2064/65	2065/66	2066/67
1	Hospital	90%	79%	83%
2	PHCC/HC	99%	97%	93%
3	HP	99%	97%	95%
4	Sub Health Post	97%	96%	93%
5	PHC-ORC clinics	81%	80%	81%
6	FCHVs	82%	86%	85%
7	NGO & Private Sector	68%	67%	65%
EXPANDED PROGRAMME ON IMMUNIZATION				
1	BCG Coverage	87%	85%	94%
2	DPT-Hep B-Hib 3 Coverage	82%	81%	82%
3	Polio-3 Coverage	82%	81%	83%
4	Measles Coverage	79%	75%	86%
5	% of Pregnant women receiving TT-2	42%	35%	43%
NUTRITION PROGRAMME				
1	% of Pregnant women receiving Iron tablets	74%	73%	92%
2	% of Postpartum Mother receiving Vitamin A	45%	46%	59%
ACUTE RESPIRATORY INFECTION (ARI)				
1	Reported Incidence of ARI/1,000 <5 Children New Visits	614	765	882
2	Annual Reported Incidence of Pneumonia (Mild+Severe)/1,000 among <5 Children New Visits	190	237	255
3	Proportion of Severe Pneumonia among New Cases	0.78	0.59	0.48
4	Case Fatality Rate/1,000 <5 Children	0.07	0.08	0.01
CONTROL OF DIARRHOEAL DISEASES (CDD)				
1	Incidence of Diarrhoea/1,000 <5 Children New Cases	378	488	598
2	% of Severe Dehydration among Total New Cases	0.90%	0.58%	0.38%
3	Case Fatality Rate/1,000 <5 Children	0.15	0.08	0.00
SAFE MOTHERHOOD PROGRAMME				
1	Antenatal First Visits as % of Expected Pregnancies	68%	67%	87%
2	Delivery Conducted by SBA at Health Facility as % of expected pregnancy	14.30%	15.86%	26.17%
3	Delivery Conducted by SBA at Home as % of expected pregnancy	4.40%	3.08%	3.22%
4	Delivery Conducted by Other than SBA at Health Facility as % of expected pregnancy	1.50%	1.37%	2.28%
5	Delivery Conducted by Other than SBA at Home as % of expected pregnancy	12.20%	11.27%	9.61%
6	Total Deliveries conducted by SBA & other than SBA at Health Facilities & Home as % of Expected Pregnancies	31.60%	31.58%	41.28%
7	PNC First visit as % of Expected Pregnancies	37.70%	37.42%	49.72%

FAMILY PLANNING PROGRAMME		2064/65	2065/66	2066/67
1	Contraceptive Prevalence Rate (Modern Method)*	40.90%	40.53%	43.47%
2	Condoms (CPR Method Mix)	2.50%	3.00%	2.94%
3	Pills ,,	2.70%	2.61%	3.23%
4	Depo ,,	8.80%	8.41%	8.57%
5	IUCD ,,	1.10%	1.02%	1.44%
6	Implant ,,	1.30%	1.16%	1.51%
7	Sterilization ,,	24.50%	25.39%	25.77%
MALARIA / KALA-AZAR CONTROL PROGRAMME				
1	Annual Blood Slide Examination Rate (ABER) per 100	0.80%	0.75%	0.68%
2	Annual Parasite Incidence (API) per 1,000	0.23	0.18	0.15
3	Proportion P.falciparum (PF%)	17.00%	22.18%	20.48%
4	Clinical Malaria Incidence (CMI)/1000	4.20	5.72	5.41
5	Incidence of Kala-azar /10,000 Risk Population	1.71	1.33	0.95
TUBERCULOSIS CONTROL PROGRAMME				
1	Treatment Success Rate on DOTS	89%	89%	90%
2	Sputum Conversion Rate	90%	89%	89%
LEPROSY CONTROL PROGRAMME				
1	New Case Detection Rate (NCDR) /10,000	1.67	1.66	1.15
2	Prevalence Rate (PR) /10,000	1.42	1.09	0.77
3	Disability Rate Grade 2 Among New Cases	4.15	3.90	2.72
HIV/AIDS PROGRAMME				
1	Cumulative HIV/AIDS reported cases	12,004	14,787	16,138
2	Estimated HIV/AIDS cases	70,000	70,000	70,000
CURATIVE SERVICES				
1	Total OPD New Visits	12,137,059	18,947,923	20,894,118
2	Total OPD New Visits as % of Total Population	45.30%	69.19%	75.98%

Note = * Unadjusted

Source: HMIS,MD/DoHS

Introduction

This is the Annual Report of Department of Health Services for the fiscal year 2066/67 (2009/2010), and it is the 16th consecutive report of its kind. This is also the third report of the Three Year Interim Plan (TYIP) period of Government of Nepal (GoN). This report not only focuses on the performance of the fiscal year 2066/67 but also covers the following areas, which will be the basis for the analysis of performance in the coming years.

- Programme-specific policy statements, including goals, objectives, strategies, targets with its achievement and major activities;
- Programme-specific indicators for monitoring of programme performance on a regular basis; and
- Problems/ issues/constraints and actions to be taken in order to improve performance in the coming years.

Preparation of this report followed the Regional Annual Performance Review Meetings conducted in all five development regions which culminated in the National Annual Performance Review Meeting. These review meetings were attended by the Regional Directorates, all technical/support divisions, centres, central hospitals directors and representatives from External Development Partners and NGOs/INGOs at each level.

During the workshop, policy statements of each programme were reviewed and refined in the light of the present context. The data generated from the HMIS in the form of raw numbers, were carefully and critically analysed utilising the selected indicators along with data available from other sources. These data were interpreted during the presentations and discussions.

The National Annual Performance Review Meeting achieved the following objectives:

1. Review the status of achievement against target set for the FY 2066/67 (2009/2010) by Divisions/ Centers / Sections of DoHS with respect to released budget and expenditure.
2. Compare trend of service coverage of the FY 2066/67 with previous two successive fiscal years and analyze the fact.
3. Review the status of implementation of recommendation made by the previous National Annual Performance Review Meeting.
4. Identify management issues / problems / constraints in implementing the programme and suggest recommendations and specific strategy and actions plans to address those issues.
5. Facilitate to generate specific strategies for low coverage Region and Districts to boost up its coverage and moderating on specific action plan to scale up the level of achievement and highlight the best performing Region & districts to be replicated to achieve most advantageous results.
6. Interaction among Region / Department of Health Services / Ministry of Health and Population and External Development Partners (EDPs).

The outcome of this workshop can be seen in the programme specific chapters of this Annual Report. Detailed district-specific raw data and analysed data are available in each of the five Regional Reports as well as in the annexes of this document.

National Policies and Plans

1 NATIONAL HEALTH POLICY, 1991

The National Health Policy was adopted in 1991 (2048 BS) to bring about improvements in the health conditions of the people of Nepal through extending the access and availability of primary health care system. The primary objective of the National Health Policy is to extend the primary health care system to the rural population so that they benefit from modern medical facilities and the services from trained health care providers. The National Health Policy addresses the following areas:

1.1 PREVENTIVE HEALTH SERVICES

Priority is given to programmes that directly help reduce infant and child mortality. Services are to be provided in an integrated manner throughout the country through national health systems network.

1.2 PROMOTIVE HEALTH SERVICES

The programmes that enable people to live healthy lives will be given priority.

1.3 CURATIVE HEALTH SERVICES

Curative health services will be made available at all health institutions—central, regional, zonal and district hospitals; primary health care centres (PHCCs), health posts (HPs), and sub health posts (SHPs). Hospital expansion will be based on population density and patient loads. Mobile teams will be organised to provide specialist services to remote areas. A referral system will be developed to direct the rural population to well-equipped institutions.

1.4 BASIC PRIMARY HEALTH SERVICES

Sub Health Posts will be established in phased manner in all Village Development Committees (VDCs). One Health Post in 205 electoral constituencies will be upgraded in a gradual manner and converted to a Primary Health Care Centre.

1.5 AYURVEDIC AND OTHER TRADITIONAL HEALTH SERVICES

The ayurvedic system will be developed and other traditional health systems (such as Unani, Homeopathy and Naturopathy) will be encouraged.

1.6 ORGANISATION AND MANAGEMENT

Improvements will be made in the organisation and management of health facilities at the central, regional and district levels. This will include the integration of the district hospitals and the public health offices into District Health Offices.

1.7 COMMUNITY PARTICIPATION IN HEALTH SERVICES

Community participation will be sought at all levels of healthcare through the participation of female community health volunteers (FCHVs) and leaders of various local social organisations. VDCs will provide sites for the location of SHPs.

1.8 HUMAN RESOURCES FOR HEALTH DEVELOPMENT (HRH)

Technically competent human resources will be developed for all health facilities. Training centres and academic institutions will be strengthened to produce competent human resources.

1.9 RESOURCE MOBILISATION IN HEALTH SERVICES

National and international resources will be mobilised and alternative concepts (such as health insurance, user charges, and revolving drug schemes) will be explored and effected wherever possible.

1.10 PRIVATE, NON-GOVERNMENTAL HEALTH SERVICES AND INTER-SECTORAL CO-ORDINATION

The Ministry of Health & Population will co-ordinate activities with the private sector, non-governmental organisations (NGOs), and non-health sectors of GoN. The private sector and NGOs will be encouraged to provide health services to expand services and access.

1.11 DECENTRALISATION AND REGIONALISATION

Decentralisation and regionalisation will be strengthened; peripheral units will be made more autonomous. DHOs and DPHOs will have a prominent role in the planning and management of preventive, curative and promotive health services from district to village levels.

1.12 BLOOD TRANSFUSION SERVICES

The Nepal Red Cross Society will be authorised to conduct all programmes related to blood transfusion. The practice of buying, selling, and depositing blood will be prohibited.

1.13 DRUG SUPPLY

Improvements will be made in the supplies of drugs by increasing domestic production and upgrading the quality of essential drugs through effective implementation of the National Drug Policy.

1.14 HEALTH RESEARCH

Health research will be encouraged for helping evidence based policy formulation and better management of health services.

2 OPERATIONAL GUIDELINES ON POLICIES AND PROGRAMMES OF THE MINISTRY OF HEALTH AND POPULATION

The policies and programmes of the Ministry of Health and Population and the actions and activities of its officials will be as directed by the spirit and feelings of the last *Jana Andolan* (Peoples' movement, 2006/2007) 2062/63.

With the prime objective of bringing about a meaningful change in the overall health of a Nepal and towards creating a new healthy Nepali society, the Ministry of Health and Population will perform the following tasks:

- 2.1 We express our strong commitment to the world wide recognition of "health being the basic rights of people". Our special focus will be on people of economically and socially deprived groups, sex, tribes, communities and regions to guarantee the health of the overall Nepali people.
- 2.2 Our strong commitment lies on the fact that the state having a major role to deliver all kinds of health services to the people be it preventive, promotive or curative. Towards primary health care, the services will be provided according to the proclamation of the Alma Ata Declaration. Ayurvedic and other alternative medical practices will be conserved and promoted.
- 2.3 The present health budget will be increased. Steps will be taken to provide more funds available to the health sector as in other social welfare sectors. In order to ensure additional funding in the health services, budgetary cuts will be enforced in the budget for Royal Palace and Nepal Army. Budget allocated to the health sector will be used in an effective and efficient way and there will be no let up in administration for financial corruptions and other irregularities in the health sector. System of reward and punishment will be practiced with full commitment. International donor organizations will also be encouraged to extend their cooperation according to the spirit and feelings of this Guideline.
- 2.4 Special initiative will be taken to create a provider friendly atmosphere for doctors and health workers to work in villages and rural areas. Their career development and opportunity for higher education will be ensured. A two way feedback system will be made operational.
- 2.5 Medical education will be made responsive to the requirement of the health sector of Nepal and a coordination mechanism will be strengthened with the Ministry of Education, the Universities and other teaching organizations. Necessary steps will be taken to involve such teaching institutions for the quality health care provision for the people.
- 2.6 Support will be provided through necessary policy directives and supervisions of the private sector in order for them to function responsibly to the society. Cooperative approach in health will be taken in a way that ensures the participation and ownership of the community.
- 2.7 District health system will be organized according to the concept of integrated approach and decentralization principle. To empower the people through the mechanism of health related activities, the community based health workers will be empowered. Special initiatives will be taken to tap the inherent capabilities of these health workers and health volunteers and ensure effective use of it in their role as a bridge between the people and the health institutions.

- 2.8 Realizing the fact that health and development have an interdependent relation, the Ministry will make a concerted effort for an effective intersectoral coordination.
- 2.9 The population policy of Nepal will be strongly steered towards the aim of reducing poverty and hunger.
- 2.10 The Ministry of Health and Population will take immediate steps to provide health security to the families of those seriously injured and those who obtained martyrdom during the last *Jana Andolan of 2062/63*.

3 SECOND LONG TERM HEALTH PLAN, 1997-2017

The Ministry of Health and Population has developed a 20-year Second Long-Term Health Plan (SLTHP) for FY 2054-2074 (1997-2017). The aim of the SLTHP is to guide health sector development for the overall improvement of the health of the population; particularly those whose health needs are often not met.

The SLTHP addresses disparities in healthcare, taking into account gender sensitivity and equitable community access to quality health care services. The aims of the SLTHP are to provide a guiding framework to develop successive periodic and annual health plans that improve the health status of the population; to develop appropriate strategies, programmes, and action plans that reflect national health priorities that are affordable and consistent with available resources; and to ensure co-ordination among public, private and NGO sectors and development partners.

The SLTHP envisions a healthcare system with consideration of equity and access and quality services in both rural and urban areas. The system would encompass the principles of sustainability, community participation, decentralisation, gender sensitivity, effective and efficient management and public-private partnerships.

3.1 OBJECTIVES

The objectives of the SLTHP are as follows:

- To improve the health status of the population of the most vulnerable groups, particularly those whose health needs often are not met - women and children, the rural population, the poor, the underprivileged and the marginalized population;
- To extend to all districts cost-effective public health measures and essential curative services for the appropriate treatment of common diseases and injuries;
- To provide technically competent and socially responsible health personnel in appropriate numbers for quality healthcare throughout the country, particularly in under-served areas;
- To improve the management and organisation of the public health sector and to increase the efficiency and effectiveness of the healthcare system;
- To develop appropriate roles for NGOs, and the public and private sectors in providing health services; and
- To improve inter-and intra-sectoral co-ordination and to provide the necessary support for effective decentralisation of health care services with full community participation.

3.2 TARGETS

The targets of the SLTHP are as follows:

- To reduce the infant mortality rate to 34.4 per thousand live births;
- To reduce the under-five mortality rate to 62.5 per thousand live births;
- To reduce the total fertility rate to 3.05;
- To increase life expectancy to 68.7 years;
- To reduce the crude birth rate to 26.6 per thousand population;
- To reduce the crude death rate to 6 per thousand population;
- To reduce the maternal mortality ratio to 250 per hundred thousand live births;
- To increase the contraceptive prevalence rate to 58.2 percent;
- To increase the percentage of deliveries attended by trained personnel to 95 %;
- To increase the percentage of pregnant women attending a minimum of four antenatal visits to 80 %;
- To reduce the percentage of iron-deficiency anaemia among pregnant women to 15 %;
- To increase the percentage of women of child-bearing age (15-44) who receive tetanus toxoid (TT2) to 90 %;
- To decrease the percentage of newborns weighing less than 2500 grams to 12 %;
- To have essential healthcare services (EHCS) available to 90 % of the population living within 30 minutes' travel time to health facility;
- To have essential drugs available round the year at 100 % of facilities;
- To equip 100 % of facilities with full staff to deliver essential health care services; and
- To increase total health expenditures to 10 % of total government expenditures.

3.3 DELIVERY OF ESSENTIAL HEALTH CARE SERVICES

3.3.1 Essential Health Care Services for the Modern System of Medicine:

The Second Long Term Health Plan indicated that priority will be given to health promotion and prevention activities based on Primary Health Care principles. It identified Essential Health Care Services (EHCS) that address the most essential health needs of the population and that are highly cost-effective. EHCS are priority public health measures and are essential clinical and curative services for the appropriate treatment of common diseases. The EHCS for Ayurveda and other traditional systems of medicines are defined separately.

Main Interventions*	Health Problems Addressed
1. Appropriate treatment of common diseases and injuries	Common Diseases and injuries
2. Reproductive health	Maternal and Peri-natal health problems including other RH issues
3. The expanded programme on immunisation (EPI) and Hepatitis B Vaccine	Diphtheria, Pertusis, TB, Measles, Polio, Neonatal Tetanus, Hepatitis B

Main Interventions*	Health Problems Addressed
4. Condom promotion and distribution	STD/HIV, Hepatitis B, Cervical Cancer
5. Leprosy control	Leprosy
6. Tuberculosis control	Tuberculosis
7. Integrated Management of Childhood Illness (IMCI)	Diarrhoeal Disease, Acute Respiratory Infection (ARI), Protein Energy Malnutrition (PEM), Measles and Malaria
8. Nutritional supplementation, enrichment, nutrition education and rehabilitation	PEM, Iodine Deficiency Disorders, Vitamin A Deficiency, Anaemia, Cardiovascular Disease Prevention, Diabetes, Rickets, Perinatal Mortality, Maternal Morbidity, Diarrhoeal Disease, ARI
9. Prevention and control of blindness	Cataracts, Glaucoma, Pterygium, Refractive Error, and other Preventable Eye Infections
10. Environmental sanitation	Diarrhoeal Disease, Acute Respiratory Infection, Intestinal Helminthes, Vector Borne Diseases, Malnutrition
11. School health services	Diarrhoeal Disease, Helminthes, Oral Health, HIV, STDs, Malaria, Eye and Hearing Problems, Substance Abuse, Basic Trauma Care
12. Vector borne disease control	Malaria, Leishmaniasis, Japanese Encephalitis
13. Oral health services	Oral Health
14. Prevention of deafness	Hearing Problems
15. Substance abuse, including tobacco and alcohol control	Cancers, Chronic Respiratory Disease, Traffic Accidents
16. Mental health services	Mental Health Problems
17. Accident prevention and rehabilitation	Post Trauma Disabilities
18. Community-based rehabilitation	Leprosy, Congenital Disabilities, Post Trauma Disabilities, Blindness
19. Occupational health	Chronic Respiratory Disease, Accident, Cancers, Eye and Skin Diseases, Hearing Loss
20. Emergency preparedness and management	Natural and Man-made disasters.

* *Main Interventions are listed in priority order*

4 THREE YEAR INTERIM PLAN (2007/2008 – 2009/2010)

The plan seeks to establish the right of the citizen to free basic health care services. Public health issues-preventive, promotional and curative health services-will be implemented as per the principles of primary health services. The following policies will be implemented:

- Special programs will be launched in an integrated manner (by involving the government, private sector and NGOs) to increase the citizens' access to basic health services.
- Special health programs will be launched targeting those deprived of health care-indigenous nationalities (Adibasi Janajati), Dalits, people with disability and Madhesi people.
- Human, financial and physical resources provided by the government, private sector and NGOs would be managed effectively for improving the quality of health care services.
- Considering their success, Community Drug Program and Community Cooperative Clinic services will be encouraged.
- Mutual relationship between health science and medical and public health studies will be strengthened to make health services effective, efficient and pro-people.
- Research in health sector will be encouraged, promoted and expanded.

5 NATIONAL HEALTH SECTOR PROGRAMME (NHSP-IP)

5.1 BACKGROUND

Nepal Health Sector Programme (NHSP) is a sector wide programme focused on performance results and health policy reforms implemented under a Sector Wide Approach (SWAP) with an agreed set of programme performance indicators and policy reform milestones for the programme duration. The policy reform milestones are outlined in the Nepal Health Sector Programme Implementation Plan (NHSP-IP). Of the eight NHSP outputs, three are defined for strengthening the health service delivery: a) delivery of essential health care services, b) decentralised management of service and c) public private partnership. The remaining five outputs are designed for improvement in institutional capacity and management in the areas of: a) sector management, b) health financing and financial management including alternative financing, c) physical asset management and procurement, d) human resource management, e) health management information system and quality assurance.

5.2 PURPOSE

This programme seeks to address disparities in the system and improve the health of the Nepali population, especially the poor and vulnerable. NHSP marks a new approach in Nepal which aims at the delivery of basic services to poor and rural populations and the aid resources will increasingly support a sector programme, rather than isolated projects. The programme design was led by the efforts of Nepali themselves and is built under a sound sector strategy. Hence, the Health Sector Strategy with its Nepal Health Sector Programme Implementation Plan is a building block of sector wide rationalization aimed towards aid harmonization, strong performance and reform focus.

5.3 OBJECTIVES

The objective of NHSP is to improve health outcomes by expanding access to and increasing the use of Essential Health Care Services (EHCS), especially for the poor with a nationwide coverage.

5.4 STRATEGIC PROGRAMME ACTIVITIES

NHSP strategic programme activities are broadly organized in two components that consolidate the eight areas of work in the NHSP-IP: a) **Strengthened Service Delivery** through the expansion of essential health care services, greater local authority and responsibility for service provision, and public-private partnerships; b) **Institutional Capacity and Management Development** through improved health sector management; sustainable health financing and financial management; human resource development; physical asset management and procurement; and health management information system and quality assurance.

5.5 SUMMARY OF ACHIEVEMENTS DURING FY 2066/67 (2009/2010): PROGRAMME PERFORMANCE MEASUREMENT STATUS

As defined in the NHSP-IP four key programmatic indicators were agreed to assess annual achievement in programme performance: (a) contraceptive prevalence rate (CPR) (b) skilled attendance at birth (c)

immunization coverage and (d) population's knowledge about at least one method of preventing HIV/AIDS. As of the Nepal Demographic and Health Survey (NDHS), 2006 all the above indicators have shown a remarkable improvement over the period 2001.

According to Health Management Information Section (HMIS) of DoHS the CPR has slightly increased from 40.90 % to 43.56% and delivery by trained health workers increased from 31.60% to 41.28% in 2064/65 to 2066/67. Although the routine immunization coverage has slightly increased from 81% to 82% for DPT/Hep-B 3in compared to the last fiscal year 2065/66. Measles coverage also increased 79% to 86% in 2064/65 to 2066/67.

6 FREE ESSENTIAL HEALTH SERVICES PROGRAMME

6.1 BACKGROUND

The policies and programmes of the MoHP and the action and activities of its officials is being directed by the spirit and mandate of the last Jan Andolan (People's Movement) 2006. Ten points position paper has been introduced by MoHP for operational guidelines on policies and programmes of MoHP.

The Interim Constitution of Nepal 2063 has emphasized that every citizen shall have the rights to basic health services free of costs as provided by the law. Ultimately, government of Nepal decided to provide essential health care services (emergency and inpatient services) free of charge to poor, destitute, disabled, senior citizens and FCHVs up to 25 bedded district hospitals and PHCCs (December 15, 2006) and all citizens at SHP/HP level (8 October, 2007). But MoHP decided to implement from 15th Jan 2008 for its preparations to manage.

After the evolution of 1st republic budget of Nepal in 19th Sep 2008, Nepal Government has been emphasized to make free health services up to 25 bedded district hospital especially to targeted people with listed essential drugs to all citizens. Therefore MoHP have decided to provide free health service to all citizens in all PHCC since 16th Nov 2008 on the basis of equity. In the same way MoHP decided to provide free health care services to all targeted people at district hospitals having less than 25 bedded and making free essential drugs to all citizens since 14th Jan 2009. In order to implement effectively, the MoHP has introduced the operational guide line of national free health service programme based on new budget policy.

Free Health Care Policy:

Free Health Care policy is directed by the Interim Constitution of Nepal 2007, which is the spirit of People's Movement II 2062/63 (2006). This policy is based on the citizen's rights. Policy of free health care is to provide primary health care services free of cost to every citizen and special attention, that is, safety net to poor, vulnerable and marginalized people. This is an extended form of current free service and strong commitment of the Interim government.

6.2 OBJECTIVES

- To secure the right of the citizens to the health services;
- To increase access of health services especially for the poor, ultra-poor, destitute, disabled, senior citizens and FCHVs;
- To reduce the morbidity and mortality especially of the poor, marginalized and vulnerable people;
- To secure the responsibility of state towards the people's health services;
- To provide quality essential health care services effectively;
- To provide equity of health services.

7 MILLENNIUM DEVELOPMENT GOALS (MDGs)

At the millennium summit of September 2000, the member states of the United Nations adopted the Millennium Declaration, which aims to bring peace, security and development to all people. The Millennium Development Goals (MDGs), drawn from the Millennium Declaration, are a ground breaking international development agenda for the 21st century to which all nations are committed. The MDGs outline major development priorities to be achieved by 2015. Numerical targets are set for each goal and are to be monitored through 48 indicators. The MDGs are:

- Goal 1. Eradicate extreme poverty and hunger
- Goal 2. Achieve universal primary education
- Goal 3. Promote gender equality and empower women
- Goal 4. Reduce child mortality
- Goal 5. Improve maternal health
- Goal 6. Combat HIV/AIDS, Malaria and other diseases
- Goal 7. Ensure environmental sustainability
- Goal 8. Develop a global partnership for development

Note: Goals no. 4, 5 & 6 are directly related to MoHP/GoN.

Since GoN endorsed the Millennium Declaration, Nepal has been committed to achieving the MDGs goal.

Targets: The targets based on the above goals of MDGs are as follows:

- Target 1. Halve between 1990 and 2015, the proportion of people whose income is less than one dollar a day;
- Target 2. Halve between 1990 and 2015, the proportion of people who suffer from hunger;
- Target 3. Ensure that, by 2015, children everywhere, boys and girls alive, will be able to complete primary schooling;
- Target 4. Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education no later than 2015;
- Target 5. Reduce by two-thirds between 1990 and 2015 the under 5 mortality rate;
- Target 6. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio;
- Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS;
- Target 8. To have halted by 2015 and begun to reverse the incidence of malaria and other diseases;
- Target 9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources;

- Target 10. Halve by 2015, the population without sustainable access to safe drinking water and basic sanitations;
- Target 11. This target is related to “Develop a global partnership for development”;
- Target 12. Develop further an open, rule based, predictable, non-discriminatory trading and financial system, includes a commitment to good governance, development and poverty reduction- both nationally and internationally;
- Target 13. Address the special needs of the LDCs, includes: tariff and quota-free access for LDC exports; enhanced programme of debt relief for HIPC; and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction;
- Target 14. Address the special needs of landlocked developing countries and small island developing states;
- Target 15. Deal in comprehensive manner with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term;
- Target 16. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth;
- Target 17. In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries;
- Target 18. In cooperation with the private sector, make available the benefits of new techniques, especially information and communications.

Among the above targets, the targets and their respective indicators which are directly related to MoHP are as follows:

Relates with	Indicators	In 1990	In 2005	In 2015
Target 5	Infant Mortality Rate	108	-	34
	Under five years mortality rate	162	-	54
	Proportion of one year olds immunized against Measles	42	-	90
Target 6	Maternal Mortality Ratio	515	-	134
	Percentage of deliveries attended by health care providers (Doctors/Nurses/Auxiliary Nurse Midwives)	7	-	60
Target 7	HIV Prevalence among (15-49) years of age (in %)	NA	0.5	-
	Contraceptive Prevalence rate including condom (in %)	24	NA	-
Target 8	Prevalence rate associated with malaria (no. of cases per 10,000 people at risk)	115	-	-
	Proportion of population in malaria risk areas using effective malaria prevention measures	NA	-	-
	Slide Positivity Rate (SPR)	5.1	-	-
	Prevalence associated with Tuberculosis	460	-	-
	Death rates associated with Tuberculosis	43	-	-
	Proportion of Tuberculosis cases detected	NA	-	-
	Proportion of Tuberculosis cases cured under DOTS	NA	-	-

Source: Millennium Development Goals

8 INSTITUTIONAL FRAMEWORK OF THE DEPARTMENT OF HEALTH SERVICES

The overall purpose of the Department of Health Services is to deliver preventive, promotive and curative health services throughout the country. The Department of Health Services is one of the three departments under the Ministry of Health and Population. As seen in Figure 1b.1 the organisational structure of the MoHP outlines how different levels of the health system relate to form a network under the DoHS.

According to the institutional framework of the MoHP/DoHS, the Sub Health Post (SHP) from an institutional perspective is the first contact point for basic health services. However, in reality, the SHP is the referral centre of the volunteer cadres like FCHVs as well as a venue for community-based activities such as PHC Outreach clinics and EPI clinics. Each level above the SHP is a referral point in a network from SHP to HP to PHCC, and to district, zonal and regional hospitals, and finally to speciality tertiary care centres in Kathmandu. This referral hierarchy has been designed to ensure that the majority of population receive public health and minor treatment in places accessible to them. Inversely, the system works as a supporting mechanism for lower levels by providing logistical, financial, supervisory, and technical support from the centre to the periphery.

Organizational Structure of the Department of Health Services

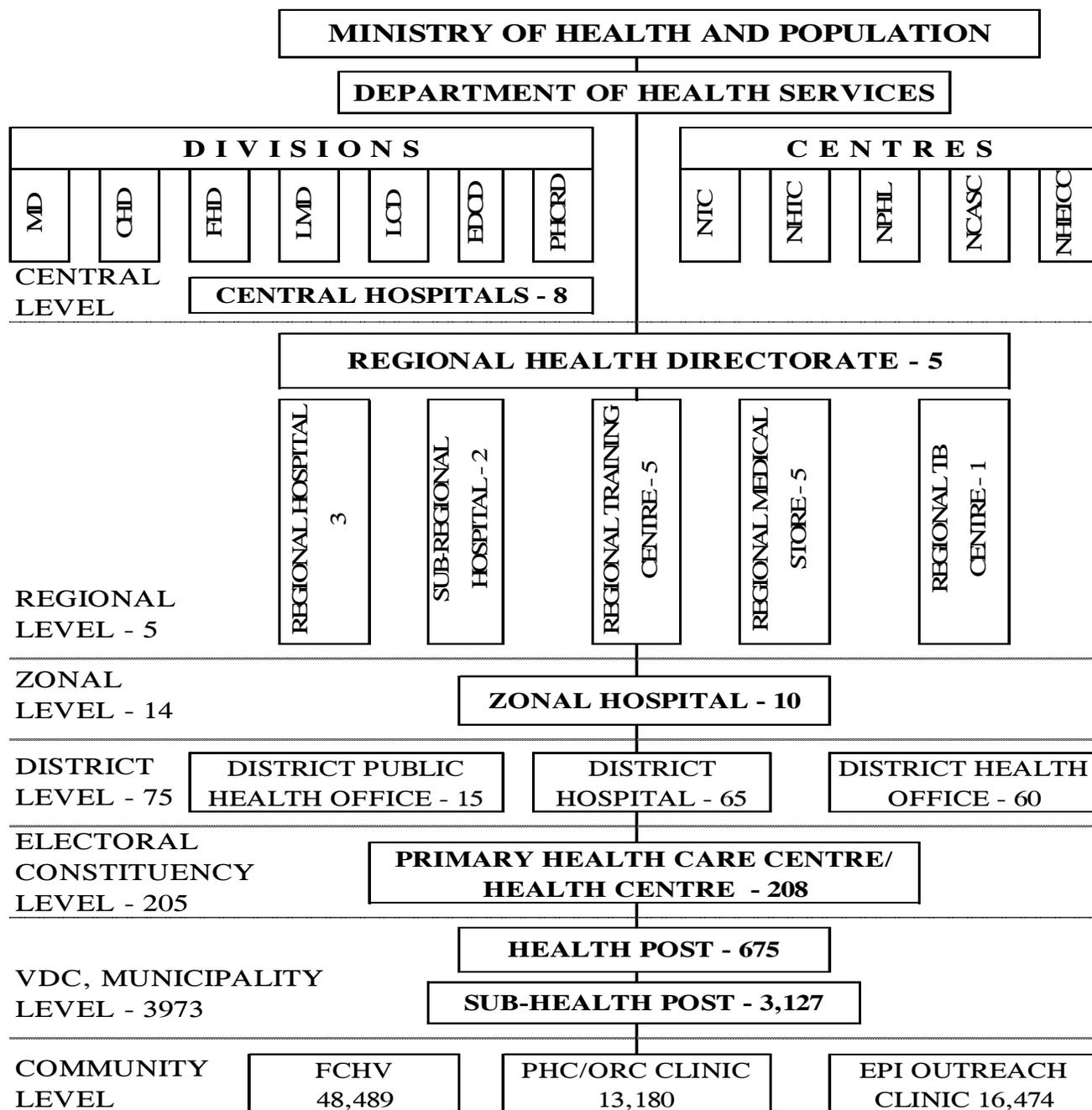


Figure 1b.1

Source: Administration Section, HMIS/MD, DoHS

Acronyms

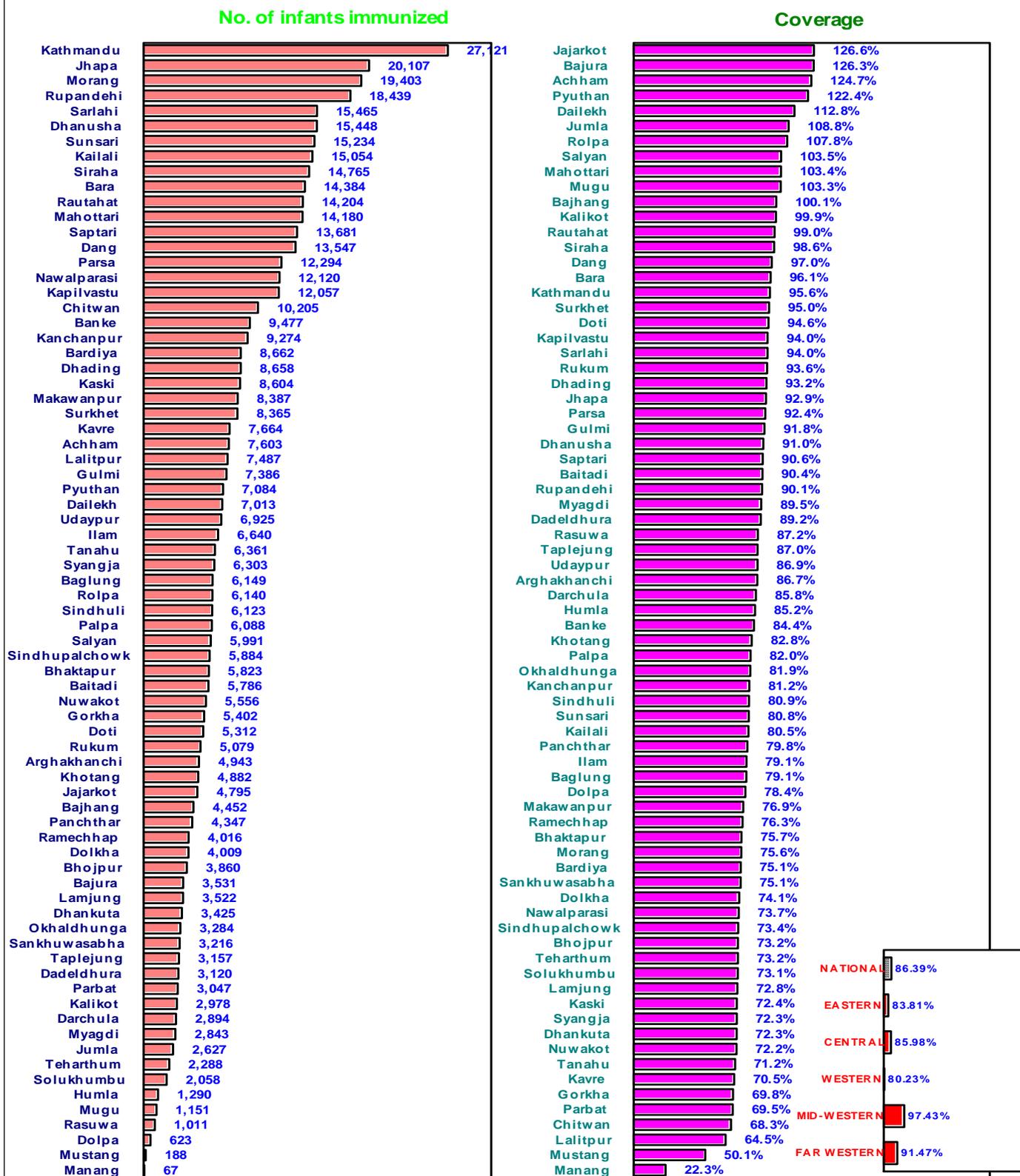
MD	Management Division	NHIC	National Health Training Centre
FHD	Family Health Division	NTC	National Tuberculosis Centre
CHD	Child Health Division	NCASC	National Centre for AIDS and STD Control
EDCD	Epidemiology and Disease Control Division	NPHL	National Public Health Laboratory
LMD	Logistics Management Division	FCHV	Female Community Health Volunteer
LCD	Leprosy Control Division	PHC/ORC	Primary Health Care Outreach Clinic
PHCRD	Primary Health Care Revitalization Division	EPI	Expanded Programme on Immunisation
NHEICC	National Health Education, Information and Communication Centre		

Child Health Programme

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Measles Vaccination and Coverage

Fiscal Year 2066/67 (2009/2010)



Source: HMIS/MD, DoHS

National Immunization Programme

1 BACKGROUND

The National Immunization Programme (NIP) is a high priority programme (P1) of Government of Nepal. Immunization is considered as one of the most cost-effective health interventions. It has significantly contributed to reduce the burden of vaccine preventable diseases and child mortality. Nepal is one of the countries on track to achieve the Millennium Development Goal on Child Mortality reduction.

National immunization Services cover all the districts, municipalities and Village Development Committees (VDCs) of the country and is provided free of cost. NIP under Child Health Division has a lead role in all immunization related activities at the National level. The Regional Health Directorate (RHD) acts as a facilitator between the Central and the District levels. It is the responsibility of the D(P)HO to ensure that a successful immunization programme is implemented at the district and below level. Primary Health Care Centres (PHCs), Health Posts (HPs), and Sub-Health Posts (SHPs) implement immunization programmes in their respective municipalities and Village Development Committees (VDCs) by extending the EPI clinics.

Data generated at the service level are reported to the district, region and the central level on monthly basis. On the basis of HMIS data, NIP monitors the coverage, drop out against DPT3 and measles and vaccine wastage at all levels and sends quarterly feedback to the area of concern. Thus the information received are analyzed at different levels and used for corrective action. In addition to HMIS, surveillance information on vaccine preventable diseases (AFP, Measles like illnesses, MNT and AES) is reported through integrated Acute Flaccid Paralysis (AFP) surveillance system supported by WHO/IPD as well. In AFP surveillance, data are collected through the sentinel sites. Similarly any outbreak of vaccine preventable diseases is reported through both the HMIS and integrated AFP network.

Achieving and sustaining high coverage of all vaccines in all the districts and VDCs is the motto of NIP. Fluctuating immunization coverage is a concern. There are still some districts (and VDCs within districts) with low coverage. Appropriate intervention activities have been planned jointly with the community and local NGOs for achieving high coverage during integrated review of NIP with other program of CHD, performance review at Ilaka level for routine immunization and NID, celebrating NIP month, , performing DQSA, mobilizing EPI supervisors in low performing districts, , Tracking of stock management to avoid over and under stocks.

To reduce the morbidity and mortality related with measles and JE, a Measles Follow up Campaign in 75 districts and JE Campaign in selected endemic districts was initiated based on the NIP mile stones. As usual National Immunization Day was also observed to stop transmission and importation of wild polio virus.

To ensure equity and high vaccine coverage, NIP is focussing in municipalities to strengthen immunization network by initiating coordination with D(P)HO and municipalities of the respective district. Establishment of adequate service outlet will be ensured through micro planning workshops based on RED strategy involving municipalities, district health office and all local NGOs and INGOs including private sectors.

1.1 GOAL

The overall goal of National immunization Programme is to reduce child morbidity, mortality and disability associated with vaccine-preventable diseases.

1.2 OBJECTIVES

The objectives of the National Immunization Programme are as follows.

- Achieve and sustain 90% coverage for DPT3 by 2008 and of all antigens by 2010.
- Maintain Polio free status.
- Sustain MNT elimination status.
- Initiate Measles elimination.
- Expand Vaccine Preventable Diseases (VPDs) surveillance.
- Accelerate control of other vaccine preventable diseases through introduction of new vaccines.
- Improve and sustain immunization quality.
- Expand immunization services beyond infancy

1.3 MILESTONES OF NIP

The milestones of National Immunization Programme are shown in Table 2a.1.

Table 2a1: Milestones of National Immunization Programme

Objectives	2008	2009	2010	2011
Objective 1: Achieve and sustain 90% coverage: DPT3 by 2008. All antigens by 2010	<p><i>For DPT3</i></p> <ul style="list-style-type: none"> • 90% in 75 Districts <p><i>For all antigens:</i></p> <ul style="list-style-type: none"> • 90% in 40 districts • 85% in all VDCs and municipalities in these 40 districts 	<p><i>For DPT3</i></p> <ul style="list-style-type: none"> • >90% in 75 Districts <p><i>For all antigens:</i></p> <ul style="list-style-type: none"> • 90% in 15 more districts (total 55 districts) • 85% in all VDCs and municipalities in these 15 districts 	<p><i>For DPT3</i></p> <ul style="list-style-type: none"> • >90% in 75 Districts <p><i>For all antigens:</i></p> <ul style="list-style-type: none"> • 90% in 10 more districts (total 65 districts) • 85% in all VDCs and municipalities in these 10 districts 	<p><i>For DPT3</i></p> <ul style="list-style-type: none"> • > 90% in 75 Districts <p><i>For all antigens:</i></p> <ul style="list-style-type: none"> • 90% in 10 more districts (total 75 districts) • At least 85% in all VDCs and municipalities in the all districts
Objective 2: Maintain Polio free status	Maintain Polio free status.			

Objectives	2008	2009	2010	2011
Objective 3: Sustain MNT elimination status	Sustain elimination status			
Objective 4: Initiate Measles elimination	90% in 90 percent of districts		> 90% mortality reduction compare to 2003	Initiative Measles Elimination
Objective 5: Expand VPDs surveillance	Continue with the Integrated VPD surveillance of AFP, Measles, NT, JE. Diseases burden study of Rubella, CRS and Haemophilus influenza B			
Objective 6: Accelerate control of other vaccine preventable diseases	MR	Continue with diseases burden study	75 districts	
	JE	24 Districts		
	Hib (DPT-HepB-Hib)	Continue with diseases burden study	75 districts	
Objective 7: Improve and sustain immunization quality	<ul style="list-style-type: none"> - Continue with AD syringes in routine immunization - Safe disposal of immunization waste - Using safety boxes - Promote low cost incinerator in each health facilities and bigger incinerator in big municipality 			
Objective 8: Expand immunization services beyond infancy	<ul style="list-style-type: none"> - JE Campaign 22 districts - School Immunization in 12 districts 		<ul style="list-style-type: none"> - JE Campaign 3 endemic - School Immunization in 12 districts 	

1.4 TARGET POPULATION

1.4.1 All infants (under one year/under 12 months) for BCG, DPT-HepB-Hib, OPV, and Measles vaccines

1.4.2 All pregnant women for TT vaccine

1.4.3 All grade 1 student for School Immunization Programme.

Table 2a.2 below provides a schedule for immunizations at different ages.

Table 2a.2: Immunization Schedule of National Immunization Programme

Immunization Schedule		
Type of Vaccine	Number of Doses	Recommended Age
BCG	1	At birth or on first contact with health institution
OPV	3	6, 10, and 14 weeks of age
DPT - Hep B-Hib	3	6, 10, and 14 weeks of age
Measles	1	9 months of age

Immunization Schedule

Type of Vaccine	Number of Doses	Recommended Age
TT	2	Pregnant women
TT (School immunization)	1	Grade 1 students
JE	1	12-23 months of age

1.5 INDICATORS

The indicators used for National Immunization programme monitoring is shown as follows:

Main Indicators	Numerator and Denominator
Immunization coverage	Number of children under one year of age immunized with specific dose of antigen x 100
	Total estimated number of children under one year of age
JE coverage	Number of children 12-23 months of age immunized with JE X100
	Total estimated number of children 12-23 months of age
Immunization coverage for TT2+ vaccine	Number of pregnant women immunized with TT2+(Tallying previous doses of TT as per schedule. x 100
	Total estimated number of pregnant women
DPT-Hep-B drop-out rates (DPT-HepB1 vs. DPT-HepB3)	Number of children receiving DPT-HepB1 - Number of children receiving DPT-HepB3 x 100
	Number of children receiving DPT-HepB1
Measles drop-out rates (BCG vs. Measles vaccine)	Number of children receiving BCG - Number of children receiving Measles vaccine x 100
	Number of children receiving BCG
Unvaccinated children against DPT3	Total target population – Total number of children vaccinated against DPT3
Vaccine Wastage Rate	Number of vaccine doses received - Number of vaccine doses used x 100
	Number of vaccine doses received
Immunization Session conducted as per planned	Number of Immunization Session conducted in a year x 100
	Number of total immunization session planned in a year
AFP Surveillance	Number of AFP cases in a district x 100,000
	Number of under 15 children
NT Surveillance	Number of NT cases x 1,000 per district
	Number of live births
JE Cases	Number of Laboratory confirmed JE
Measles outbreaks and cases	Number of laboratory confirmed measles outbreaks and cases

1.6 STRATEGIES

The strategies to achieve the above objectives are:

1.6.1 Delivery of services: National Immunization Programme delivers the services through Routine and Supplemental Immunization Programmes.

Routine Immunization

Routine Immunization is delivered through Health facilities (fixed session), Outreach service (session) (immunization clinic at community), and Mobile teams (Geographically inaccessible areas).

- **Health facilities (Fixed session):** Immunization services are provided at hospitals, primary healthcare centres, health posts and sub health posts. Some health facilities equipped with refrigerators provide immunizations daily while other health facilities may provide immunization service weekly, every fifteen days or monthly.
 - **Outreach services (Session):** Immunization services are provided through outreach session to the people who have difficulty in reaching health facilities due to long distance to travel. At least three to five immunization sessions in a month are conducted at several locations in each VDC. The frequency of outreach services is based on village setting, population density, and seasonal variations. These sessions account for more than 90 percent of immunization coverage.
 - **Mobile teams:** Geographical conditions such as lack of roads and bridges hamper immunization in remote areas. Retention of health worker is identified hurdle in remote areas for routine immunization services. To address these issues, a common strategy together with community is developed mostly as four visits in a year to complete all antigens within the 1st birth day of a child.
 - **Private and NGOs INGO clinic:** Though immunization services are provided mainly through government facilities, the private sectors and NGOs clinics are also providing the service. Private sector provides immunization services mainly in urban areas: through clinics of hospitals, nursing homes and through NGOs. Government supplies vaccines and related logistics and provides technical assistance including monitoring and supervision to ensure uniformity and quality service.
 - *(Immunization services are delivered by VHW, MCHW, ANM, Staff nurse, AHW and Health assistant)*
- 1.6.2 Strengthen municipality immunization services.
- 1.6.3 Conduct supplemental immunisation activities to support:
- Polio eradication initiative
 - Measles and Japanese Encephalitis control
- 1.6.4 Expansion of School Immunization Programme to sustain Maternal and Neonatal Tetanus elimination
- 1.6.5 Strengthen monitoring system:
- VDCs wise data collection, analysis, categorization, and prioritisation for action at districts level and below
 - Use of immunization monitoring chart and monthly monitoring profile of HMIS
 - Review of Immunization Programme at different level and feedback
 - Conduct districts level Micro-planning
 - Data quality self assessment (DQSA)
 - Vaccine usage rate
 - Estimation of vaccine as per health facility's need.
 - Use of stock control register
 - Use of immunization supervision check list
 - Mobilization of EPI supervisors to the low performing districts
- 1.6.6 Strengthen and expand integrated surveillance of VPDs built on AFP Surveillance (AFP, Measles, Neonatal Tetanus and Japanese encephalitis) and initiation of study of disease burden of other vaccine preventable diseases like Hib and Rubella.

- 1.6.7 Control outbreak of VPDs through appropriate interventions;
- 1.6.8 Increase and promote public awareness and demand through social mobilisation for immunisation services and IEC/BCC interventions.
- 1.6.9 strengthening of cold chain capacity in all 75 districts and ensure their functioning
- 1.6.10 Training to Health Workers on Vaccine management and Cold Chain
- 1.6.11 Strengthening and expansion of AEFI surveillance
- 1.6.12 Strengthen supportive supervision
- 1.6.13 Adaptation of multi dose vial policy to minimize missed opportunity and wastage rate of vaccines
- 1.6.14 Adaptation of safe injection practice to improve quality of immunization services
- 1.6.15 In- country observation tour of 20 cold chain assistant to share and learn from better performing districts.

2 ANALYSIS OF ACHIEVEMENTS BY MAJOR ACTIVITIES

2.1 MAJOR ACTIVITIES CARRIED OUT IN FY 2066/67(2009/2010)

The following were the major activities carried out during FY 2066/67.

- 2.1.1 Routine Immunization services were regularly provided through Health Facilities (HF) based and three to five outreach immunization sessions per Village Development Committee (VDC) per month based on district micro planning.
- 2.1.2 National Immunization Day (NID) for Polio eradication was successfully conducted in 75 districts.
- 2.1.3 Mop Up activity conducted in 27 high risk districts
- 2.1.4 School Immunization programme against tetanus was implemented in 12 districts.
- 2.1.5 JE Vaccination Campaign was completed in Kathmandu district.
- 2.1.6 Review of Routine immunization and VPD surveillance by international team.
- 2.1.7 Completed Immunization coverage survey
- 2.1.8 Conducted assessment on cold chain status and developed replacement plan
- 2.1.9 Expanded cold chain capacity at Teku, Pathlaiya, Biratnagar, Nepalganj, Butawal and Pokhara
- 2.1.10 Continued Integrated Vaccine Preventable Diseases Surveillance against AFP, Measles, NT, AES and Hib.
- 2.1.11 Expanded Case based surveillance of measles.
- 2.1.12 Conducted Cross border meeting with Indian counterpart to improve coordination and strengthen efforts to cross notification of AFP cases.
- 2.1.13 Conducted meeting of National Committee for Immunization Practices (NCIP) for discussion on recall of DPT-HepB-Hib vaccines produced from Shantha Biotech.
- 2.1.14 Conducted orientation to NCIP members on National Immunization Program
- 2.1.15 Hold meeting of AEFI central committee members to establish the cause of reported AEFIs.
- 2.1.16 Provided Vaccine management training to EPI Supervisors and Cold chain assistant
- 2.1.17 Conducted performance review on Immunization programme at different level.
- 2.1.18 Printed Immunization in Practice Manual (in Nepali) and distributed to all districts.
- 2.1.19 Immunization Monitoring Chart was revised, printed and distributed to all health facilities.

- 2.1.20 Training of district cold room and sub centres staff on repair and maintenance of Cold Chain Equipment.
- 2.1.21 Conducted orientation to AEFI Central Committee Members.
- 2.1.22 Conducted review meeting of EPI to Focal Persons of RHDS and RHD
- 2.1.23 Celebrated immunization month in Baisakh
- 2.1.24 Completed exchange visit of EPI supervisors and CCA for experience sharing and monitoring of EPI program at the district assigned
- 2.1.25 Advocacy and orientation to all medical professional association (medical, paediatricians, paramedics and nursing about new vaccines (DPT-HepB-Hib) introduction.
- 2.1.26 Finalized Policy Document for establishing MCH services including Immunization in the municipalities
- 2.1.27 Conducted meeting on dissemination of recommendations of Municipality Association of Nepal (MUAN) to the MoLD and MoHP high level officials.
- 2.1.28 Developed and finalized municipality micro-planning guidelines and templates.
- 2.1.29 Conducted TOT on strengthening municipality immunization program
- 2.1.30 Conducted Coordination meeting with Municipalities and Stake holders, RHDs, DH(P)O, Executive officers, and health focal persons of municipalities.
- 2.1.31 Conducted Micro-planning in 16 municipalities on strengthening Immunization and MCH services.
- 2.1.32 Supported logistics for MCH and Immunization clinics establishment in the municipalities.
- 2.1.33 Training of Refrigerator technicians for Photo Voltamic (vaccine management)
- 2.1.34 Installed transformers in Nepalgunj and Dhangadhi RMS.
- 2.1.35 Conducted joint supervision to enhance immunization program in poor performing districts.
- 2.1.36 Meeting with NGOs and INGOs supporting EPI to accelerate routine immunization at regional level.
- 2.1.37 Conducted Training of Trainers to EPI Sups., CCAs, Health Assistants, Medical Recorders and Statistical Assistants on DQSA
- 2.1.38 Conducted DQSAs in eight districts
- 2.1.39 Finalization of guidelines for Cold Chain Repair and Maintenance.
- 2.1.40 Conducted Training on Advance Causality Assessment on AEFI to most of the paediatricians.
- 2.1.41 Conducted Training of Mid Level Managers on strengthening immunization program
- 2.1.42 Observation tour of EPI sups. CCAs, VHWs/MCHWs on sharing experiences in immunization program.
- 2.1.43 Mobilization of Immunization consultant and cold-chain consultant to strengthening immunization programme

2.2 TARGET vs. ACHIEVEMENT, FY 2066/67(2009/2010)

The NIP has targeted under 1 year (infants) children with eight antigens, two doses of TT immunization for pregnant women and three doses to all school children of grade 1 through School Immunization.

The achievement made during the FY 2066/67 against the target is shown below.

S N	Activities	Unit	Targets	Achievement	% Achieved
1	BCG vaccination	Infants	648,855	613,,032	94.48
2	DPT-Hep B Hib 1 vaccination	Infants	648,855	550,719	84.88
3	DPT-Hep B Hib 2 vaccination	Infants	648,855	521,958	80.44
4	DPT-Hep B Hib 3 vaccination	Infants	648,855	529,310	81.58
5	Polio1 vaccination	Infants	648,855	563,153	86.79
6	Polio2 vaccination	Infants	648,855	535,541	82.54
7	Polio3 vaccination	Infants	648,855	540,276	83.27
8	Measles vaccination	Infants	648,855	560,558	86.39
9	TT2 & TT 2 +vaccination	Pregnant women	757,686	593,646	78.35
10	Polio 12th NID in 75 Districts – I Round	Under 5 yrs Children	4,466,960	3,924,582	87.9
11	Polio 12th NID in 75 Districts– II Round	Under 5 yrs Children	4,466,960	3,994,584	89.4
12	Polio Mop-up in 27 Districts – I Round	Under 5 yrs Children	2,873,388	2,645,192	92.1
13	JE Campaign in 1 District (Kathmandu)	above 1 year	1,311,596	978,254	75.0
14	School Immunization in 12 districts	Grade 1 students	257,959	254,132	99.0

Source: HMIS/MD and EPI/CHD, DoHS

Table 2a.3: Immunization Coverage (Percent), by Region, FY 2064/65 to 2066/67

Indicators	Year		Region					National Total
			EDR	CDR	WDR	MWDR	FWDR	
BCG Coverage	2064/65	2007/08	88.8	92.5	81.1	88.4	81.0	87.5
	2065/66	2008/09	87.4	89.8	78.5	85.7	77.2	84.9
	2066/67	2009/10	90.4	96.9	86.1	104.7	99.1	94.5
DPT3 Coverage	2064/65	2007/08	84.7	83.8	76.8	83.5	76.7	81.9
	2065/66	2008/09	83.3	83.2	76.6	83.5	76.1	81.2
	2066/67	2009/10	80.1	82.0	75.8	88.1	86.5	81.6
Polio3 Coverage	2064/65	2007/08	85.0	83.8	77.1	83.4	76.8	81.8
	2065/66	2008/09	82.9	83.2	75.7	83.7	76.1	80.9
	2066/67	2009/10	82.0	82.7	76.7	92.2	89.4	83.3
Measles Coverage	2064/65	2007/08	79.4	81.5	74.4	81.7	75.8	79.0
	2065/66	2008/09	78.0	75.9	69.5	80.8	71.7	75.4
	2066/67	2009/10	83.8	86.0	80.2	97.4	91.5	86.4
TT2 & TT 2+ Coverage (Pregnant women)	2064/65	2007/08	65.8	55.4	56.3	63.6	54.2	59.0
	2065/66	2008/09	65.6	57.2	57.0	66.7	51.8	59.8
	2066/67	2009/10	86.0	76.0	77.7	80.2	66.9	78.4

Source: HMIS/MD, DoHS

2.3 ANALYSIS OF SERVICE STATISTICS

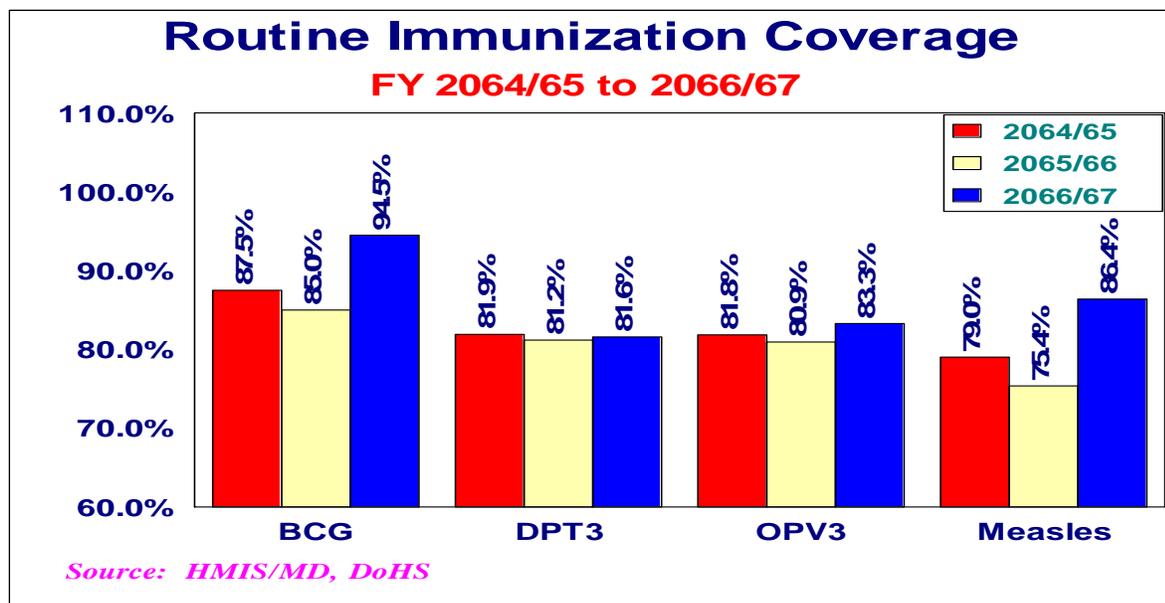


Figure: 2a.1

Based on 12 months reports received at HMIS from all 75 districts, the overall immunization coverage for BCG is 94.5%, DPT3 - 81.6%, OPV3 is 83.3% and measles is 86.39% during the FY 2066/67 (2009/2010) and JE coverage of 23 districts is 23.89% in this fiscal year.

Figure 2a.1 presents the comparative annual immunisation coverage trend of BCG, DPT-HepB3, OPV3, and measles vaccine for the last three fiscal years from FY 2064/65 to FY 2066/67 showing the routine immunization coverage for all antigens is increasing trend compare to fiscal years 2064/65 and 2065/66, but still does not meet the mile stones of 2009 i.e. 90% coverage of all antigens in 55 districts (cMYPoA 2007-2011).

Access and Utilization of Immunization Services: (See Table 2a2)

Evaluation of access of immunization services are based on DPT-HepBHib1 coverage (more than 80%) while utilization of immunization services are evaluated against drop out rate (less than 10% of DPT/HepBHib1 vs DPT/HepBHib3) and are the main indicators of immunization performance. Drop out rate and the numbers of unvaccinated children against DPT-HepBHib 3 are two other indicators used to monitor the immunization program. Districts and VDCs are categorized and prioritized in 4 groups based on the “Accessibility and Utilization” of DPT-HepBHib. Districts under category 4 (Low coverage-less than 80% and high drop out- more than 10%), CAT 3 (Low coverage and low dropout) and CAT 2 (high coverage high drop out) respectively need improvement and are of concern for NIP. In this fiscal year 7 districts fall in CAT 4(No district in previous fiscal year), 35 districts in CAT 3(39 districts in previous year), 9 districts in CAT2 (4 districts in previous year) and 24 districts in CAT1 (32 districts in previous years) showing the performance of the districts is not appreciable. Thus counts of total districts with access problems i.e. don't reach 80% target population are 42 districts and total count of districts with utilization problems i.e. drop out more than 10% are 16 districts.

Table 2a.4: Shows the Categorization of districts based on the accessibility and utilization of immunization services against DPT-HepB-Hib.

Table 2a.4: Districts Categorized with Problems and Priority 2009/2010
Shrawan to Asar 2066/67(July 2009 – June2010)

Category 1 (less Problem) High Coverage ($\geq 80\%$) Low Drop-Out ($< 10\%$)	Category 2 (Problem) High Coverage ($\geq 80\%$) High Drop-out ($\geq 10\%$)	Category 3 (Problem) Low Coverage ($< 80\%$) Low Drop-out ($< 10\%$)	Category 4 (Problem) Low Coverage ($< 80\%$) High Drop-out ($\geq 10\%$)
Bajura, Achham, Rautahat, Jajarkot, Pyuthan, Dailekh, Bara, Mahottari, Rolpa, Siraha, Jhapa, Saptari, Dang, Baitadi, Kathmandu, Surkhet, Parsa, Myagdi, Kapilvastu, Rupandehi, Dhading, Dhanusha, Taplejung, Arghakhanchi, 24 Districts	Jumla, Kalikot, Doti, Mugu, Sarlahi, Bajhang, Banke, Rukum, Dadeldhura, 9 Districts	Lalitpur, Bhaktapur, Sindhupalchowk, Parbat, Kaski, Lamjung, Chitwan, Nawalparasi, Ramechhap, Ilam, Dolkha, Gulmi, Nuwakot, Gorkha, Morang, Syangja, Palpa, Darchula, Sunsari, Rasuwa, Kavre, Kanchanpur, Bardiya, Tanahu, Sankhuwasabha, Panchthar, Teharthur, Sindhuli, Dhankuta, Kailali, Baglung, Okhaldhunga, Khotang, Udaypur Makawanpur 35 Districts	Solukhumbu, Bhojpur, Salyan, Mustang, Dolpa, Humla, Manang 7 District

Note: Despite the criteria used for categorization of the districts, please see the number of kids un-immunized and give priority)

Number of un-immunized children

The total un-immunized children against DPTHepBHib3 in this fiscal year is 131,011 vs 142,360 in the previous fiscal year which also shows that there is increase by 1% (when compared against the Target population of current and previous years) of un immunized children which can be correlated with shortfall of DPTHepBHib vaccine in last quarter of fiscal year.

.Measles coverage:

The Measles coverage in fiscal year 2066/67 has increased compared to the FY 2065/66 and 2066/67. National coverage of Measles has been recorded 86.39% in current fiscal year FY 2066/67 and the highest coverage (97.43%) observed in MWDR followed by FWDR (91.47%) and lowest (80.23%) in WDR. The trend of Measles coverage, for three fiscal years, region-wise, is shown in Figure 2a.2.

Measles elimination is a high priority activity of CHD, MoHP. As mentioned in Multi Year Plan of action (MYPA, 2007-2011), The case-based measles surveillance has been expanded in all 75 districts as Measles follow up campaign has decreased measles like illness outbreak. The laboratory confirmed measles cases have also decreased compare to previous fiscal years.

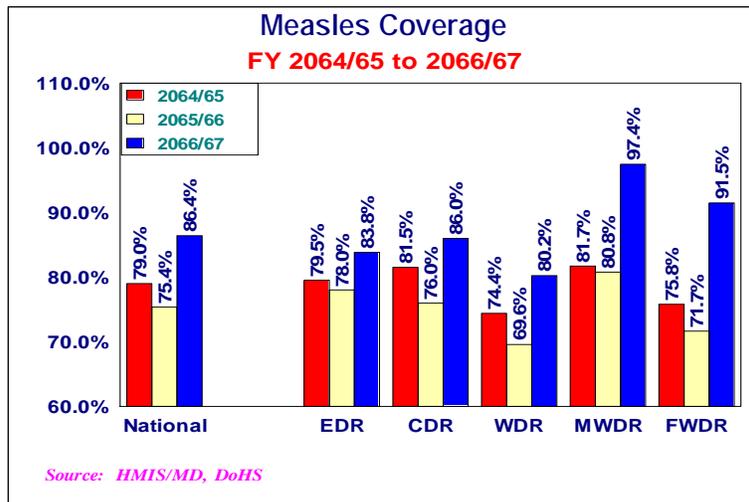


Figure 2a.2

Figure 2a.3, shows the trend of national coverage for TT2+ (TT2 and TT2+) vaccination in pregnant women during last three years. The coverage at national level has increased to 19% in the current FY (2066/67) compared to FY2065/66. Increase in TT2+ has been observed in all development regions. The coverage of TT2+ is highest in EDR (85.9 percent) and lowest in FWDR (66.9 percent). This trend of increase is due to proper tallying of previous doses of TT.

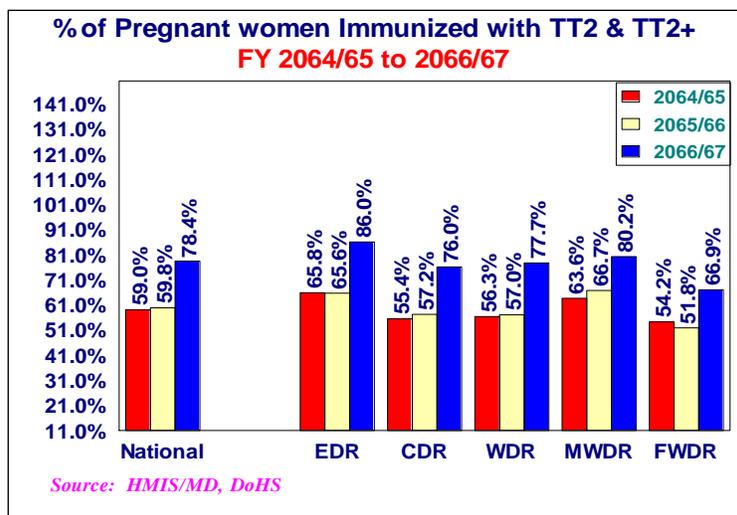


Figure 2a.3

Figure 2a.4 shows the DPT-HepB1 vs. DPT-HepB3 dropout rate by region for three years. The dropout rate has increased by 1.94% nationally. The dropout rate has increased in all 4 regions except in CDR (minus dropout) in the current fiscal year 2066/67. The MWDR has observed highest 9.45% drop out rate followed by FWDR 7.56%. WDR had observed minus dropout in previous fiscal year, has observed 4.12% dropout rate in this fiscal year.

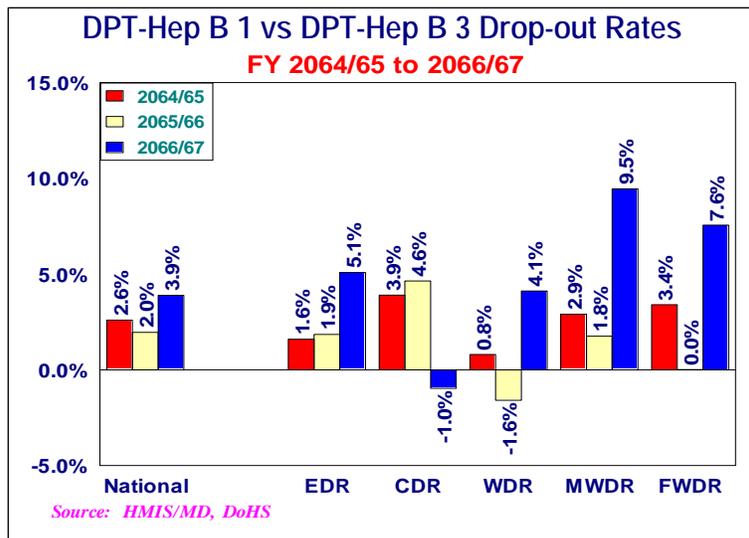


Figure 2a.4

Figure 2a.5 shows the BCG vs. Measles dropout rate. It has decreased nationally from 11.3 % to 8.56% in FY 2066/67. The highest dropout rate was observed in the CDR with 11.28 percent in current fiscal year which was 15.43% in previous FY 2065/66. The lowest drop out rate has been observed in WDR with 6.77 %.

The Vaccine Wastage Rate (figure 2a.6) of all antigens has been observed as follows in FY 2066/67: Vaccine wastage rate of BCG is 78.0%, and Measles is 62.9% which is not uncommon since these vaccines are supplied per session per vial and its mandatory to open the vial even one child attends the immunization session. The vaccine wastage rate for DPT HepB Hib is 11.5% which is above the recommended rate (5% maximum). Since the formulation of DPT HepB Hib is single dose the wastage rate must be maintained below 5%. The wastage rate of OPV is 22.3 % which also is increased than recommended wastage rate (15%). Since these vaccines (DPT HepB Hib, OPV and TT) falls under multi dose vial policy (MDVP), and Nepal endorses this policy in 2002 AD, need to be implemented wherever is possible and minimize the wastage rate in recommended level.

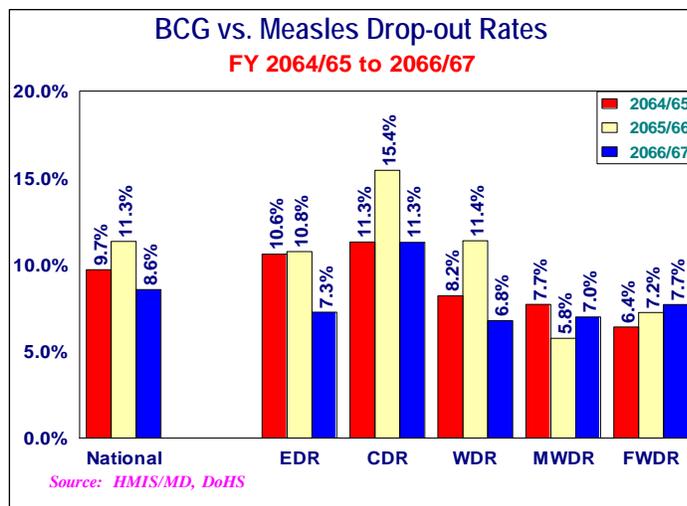


Figure 2a.5

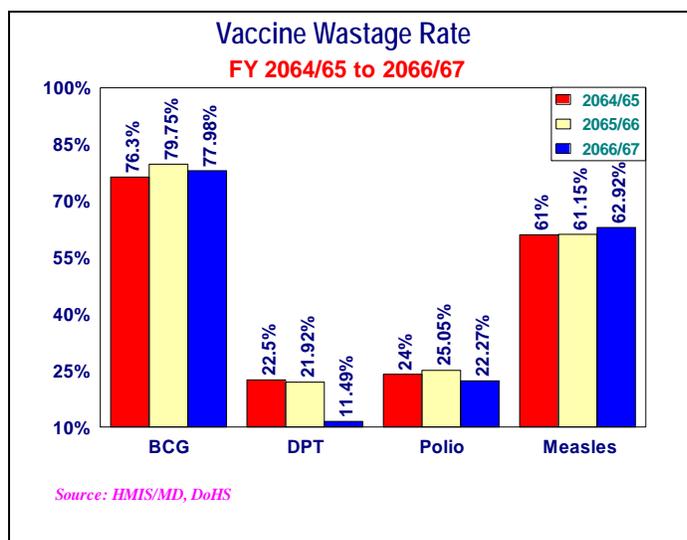


Figure 2a.6

2.4 SUPPLEMENTARY IMMUNIZATION ACTIVITIES

2.4.1 National Immunization Days (NIDs) for Polio Eradication

Nepal had been polio free from 2001 to 2004 and re infected each year until 2008. again in 2009 Nepal remained polio free, however Nepal borders with the endemic states of India has always on threat of importation of polio virus. Nepal is continuously observing national immunization days every year in two rounds to stop indigenous or importation of WPV. However in third quarter of current fiscal year 2066/67 one WPV1 reported from Mahottari district followed by four WPV1 in Rautahat district (figure 2a.9). The detail investigation revealed that first case of Mahottari was importation from Bihar however last 3 cases of Rautahat were internal circulation within the district. To respond these cases besides two rounds of NID, Mop up was conducted in 27 districts (24 Terai and 3 Kathmandu valley) in the current fiscal year will be continued in coming fiscal years.

Figure 2a.7 shows the NID coverage from 1996/1997 to 2009/2010 in # of children immunized in each round of NID.

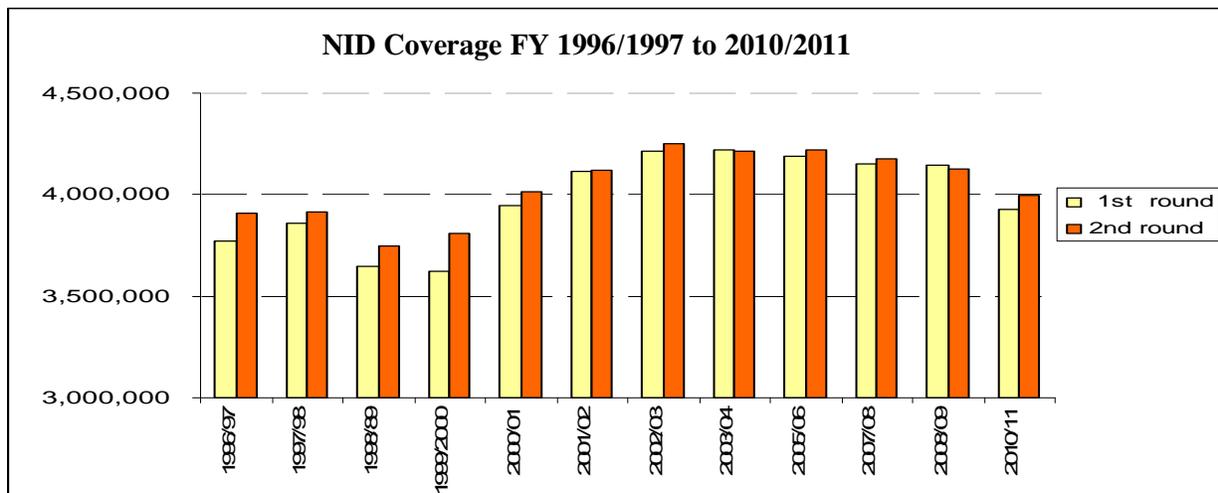


Figure 2a.7

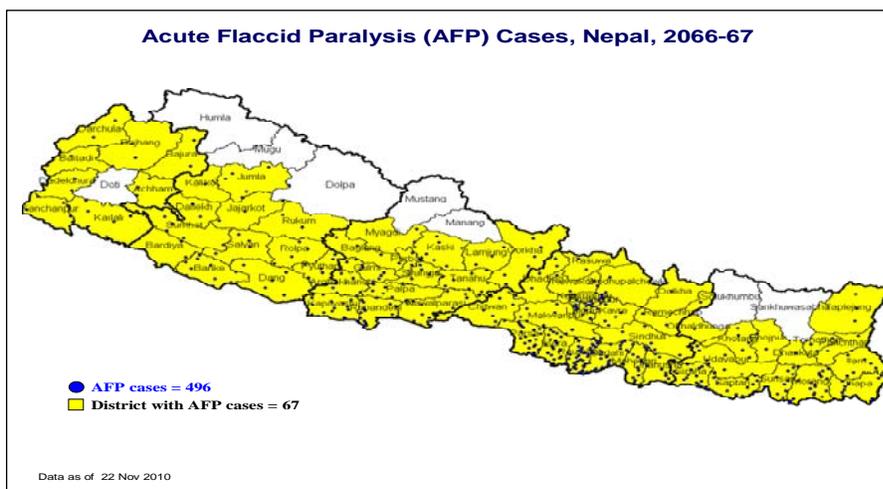


Figure 2a.8



Figure 2a.9

Acute Flaccid Paralysis (AFP) Surveillance is sensitive enough to detect polio cases and is sustaining WHO certification standard at the national level but there is still some gap in some districts. With the success of AFP surveillance, Nepal has continued an integrated surveillance activities for neonatal tetanus, measles, acute encephalitis

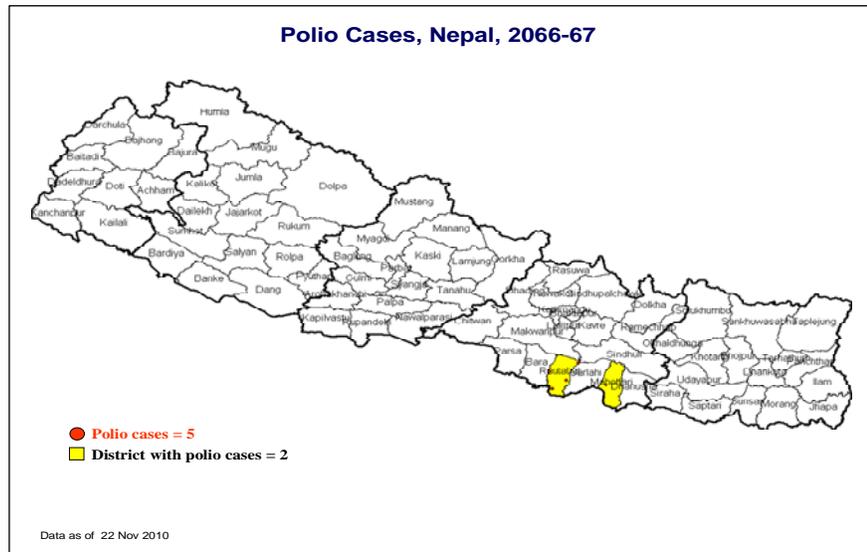


Figure 2a.10

syndrome/Japanese encephalitis and Hemophilus influenza type B. Currently, there are 460 weekly zero reporting units and 91 Active surveillance sites in the surveillance network. (See figure 2a.10) After Measles follow up campaign in 2008, the number of out breaks of Measles like illnesses has been significantly reduced. Following measles campaign case based measles surveillance has been expanded to all 75 districts and net working expands to 112 sentinel sites. A significant number of Measles like outbreaks have been investigated and majority of them turned out to be Rubella instead (see figure 2a.11). Presence of acute rubella virus infection is significant. Since, rubella infection itself is a harmless disease amongst pregnant women; it's consequences as a congenital rubella syndrome is an important public health problem. Congenital rubella syndrome (CRS) studies to assess its burden were completed and presented to NCIP.

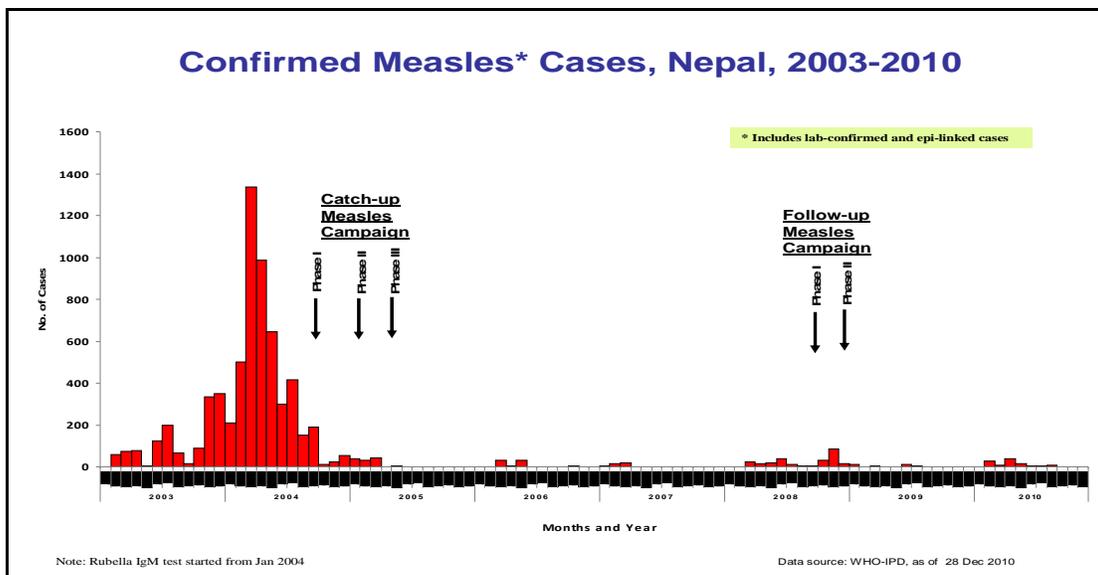


Figure 2a.11

2.4.2 Japanese Encephalitis

All Terai and inner Terai districts had been classified as endemic for acute encephalitis syndrome where as Hilly and Mountainous regions were described as rare for Japanese Encephalitis. Total 1,617 Acute Encephalitis Syndrome (AES) cases reported from 59 districts and 146 lab confirmed JE cases have been reported from 34 districts of all eco regions, including Kathmandu valley in 2009/2010.

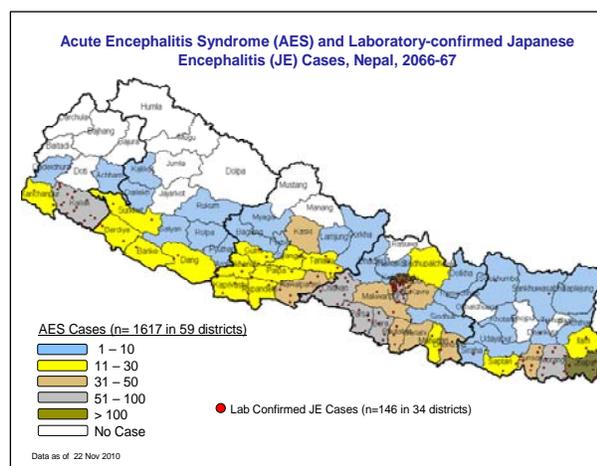


Figure 2a.12

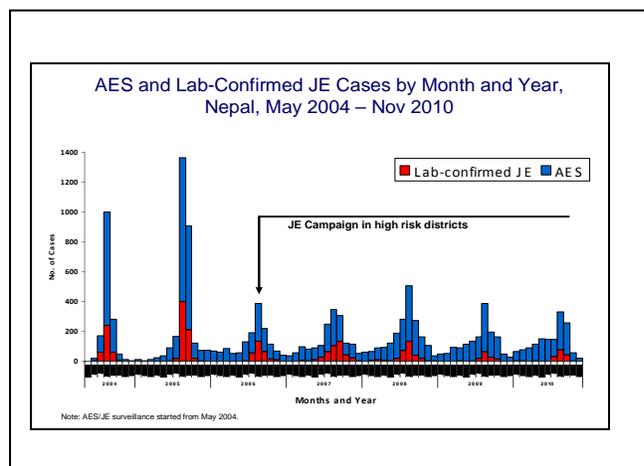


Figure 2a.13

The Japanese Encephalitis cases are clustered around Kathmandu valley in past and current fiscal year also and Bhaktapur, Lalitpur districts had observed JE campaign in previous fiscal year, Kathmandu was targeted for the JE campaign for this fiscal year. In this campaign all aged above 1 year, total of 978,254 people were vaccinated by a single dose of vaccine. As in previous mass campaigns in Nepal live attenuated SA-14-14-2 vaccine was used. Detail of target and achievement in districts where JE campaign was conducted can be seen in table 2.1.44.2.2

2.4.3 Sustaining NT elimination and School Immunization

Nepal has been able to sustain MNT elimination since 2005. In current fiscal year 2066/67, a total of 212 NT cases have been reported through HMIS and 22 cases through WHO/IPD surveillance network. Sustaining MNT elimination has remained a challenge and to sustain every eligible woman should get five TT doses in her life tallying each dose of TT received previously and in a recommended schedule or should receive 2 doses of TT during each pregnancy. School immunization is a strategy recognized in sustaining MNT elimination however the current schedule of school immunization given to Grade, 1 student does not meet the recommended schedule of WHO, hence it is under revision.

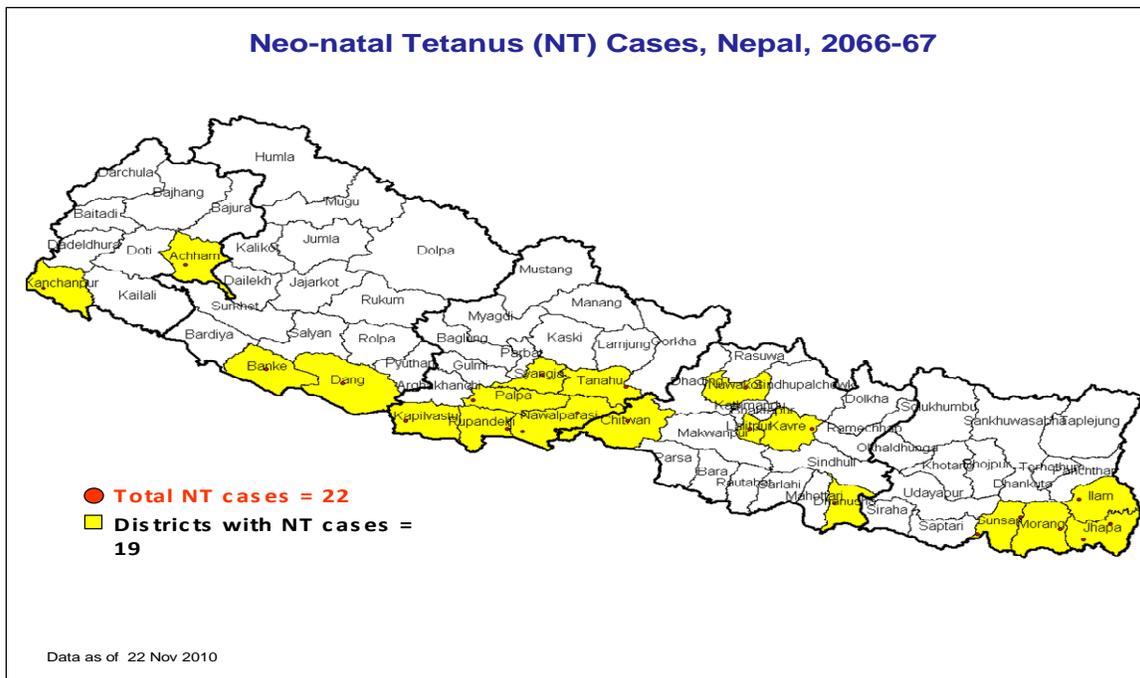


Figure 2a.14

3. INJECTION SAFETY

Since years Nepal has been taking care of immunization recipient, health workers and environment by using AD syringe for each dose of vaccine, using single syringe to reconstitute each vial of vaccine, and recapping of syringes is totally abandoned. At each immunization session safety boxes have been widely used for the disposal of sharp. Each safety box is brought back to health facilities and disposed as per recommendation.

4. MULTI DOSE VIAL POLICY

Nepal endorsed multi dose vial policy in 2003 and thus this policy has been followed up by many districts especially in sessions based in health facilities.

5. ADVERSE EVENTS FOLLOWING IMMUNIZATION

Adverse Events Following Immunization surveillance initiated in 2004 through sentinel sites (major Hospitals) was slowly expanded in most of the districts. The Training on Advance Causality Assessment on AEFI' was done to most of the paediatricians". Total 3 serious AEFI cases were reported from 3 districts and AEFI central committee reviewed all cases.

6. PROBLEMS/CONSTRAINTS AND ACTIONS TO BE TAKEN

National Immunization Programme maintains quality by regular monitoring of its programme. Quarterly review of the programme at the central level has been fruitful to detect programme errors at early stage and take necessary action. The problem encountered and the solution sought is demonstrated

Problems/Constraints	Action to be taken	Responsibility
Vacant post of vaccinators	<ul style="list-style-type: none"> Alternative provision of vacant post of vaccinators(Fill vacant post or contract out locally) Reallocate existing immunization staffs at different level 	MoHP/ DoHS
Health workers and volunteers not trained on VPD surveillance	<ul style="list-style-type: none"> Train health workers and volunteers on VPDs surveillance 	
Low coverage and access in hard to reach population	<ul style="list-style-type: none"> Identify and develop appropriate strategy (micro planning) to increase coverage and access in HTR population at local levels. 	DHO/CHD
Resource gap and sustainability issue for routine immunization	<ul style="list-style-type: none"> Need of national immunization act Need of national immunization trust fund 	CHD/ DoHS/ MoHP
Inadequate cold chain space	Expansion of cold chain space by construction of new cold room in need basis	CHD/LMD
Poor maintenance of cold chain equipment	Endorse and implement replacement plan	CHD/ RHD/ districts
Weak supervision and monitoring at all levels	Integrated supportive supervision and monitoring with feedback and follow-up	CHD/MD/RH D/ Districts
Low coverage in Urban for routine immunization	Introduce urban health program	CHD/ PHC Revitalization
Pentavalent and TT vaccine wastage rate is high	<ul style="list-style-type: none"> Supply of vaccine must be maintained as per micro planning; Vaccinator, HF incharge, EPI supervisor & cold chain assist ant should be responsible & accountable; Monthly monitoring need to be done. 	RHD/ DPHOs/ HFs
No incentives to AHW/ANM for conducting EPI session (all districts)	Specific allowance should be given or other scheme need to be developed	MoHP/ DoHS

7 TARGETS FOR FY 2067/68 (2010/2011)

S. N.	Activities	Unit	Annual Targets
1	Routine Immunisation activities aiming for higher coverage	Children < 1 year	656,339
2	TT2 ⁺ Immunisation for all pregnant women	Pregnant women	766,156

Source: EPI/CHD, DoHS

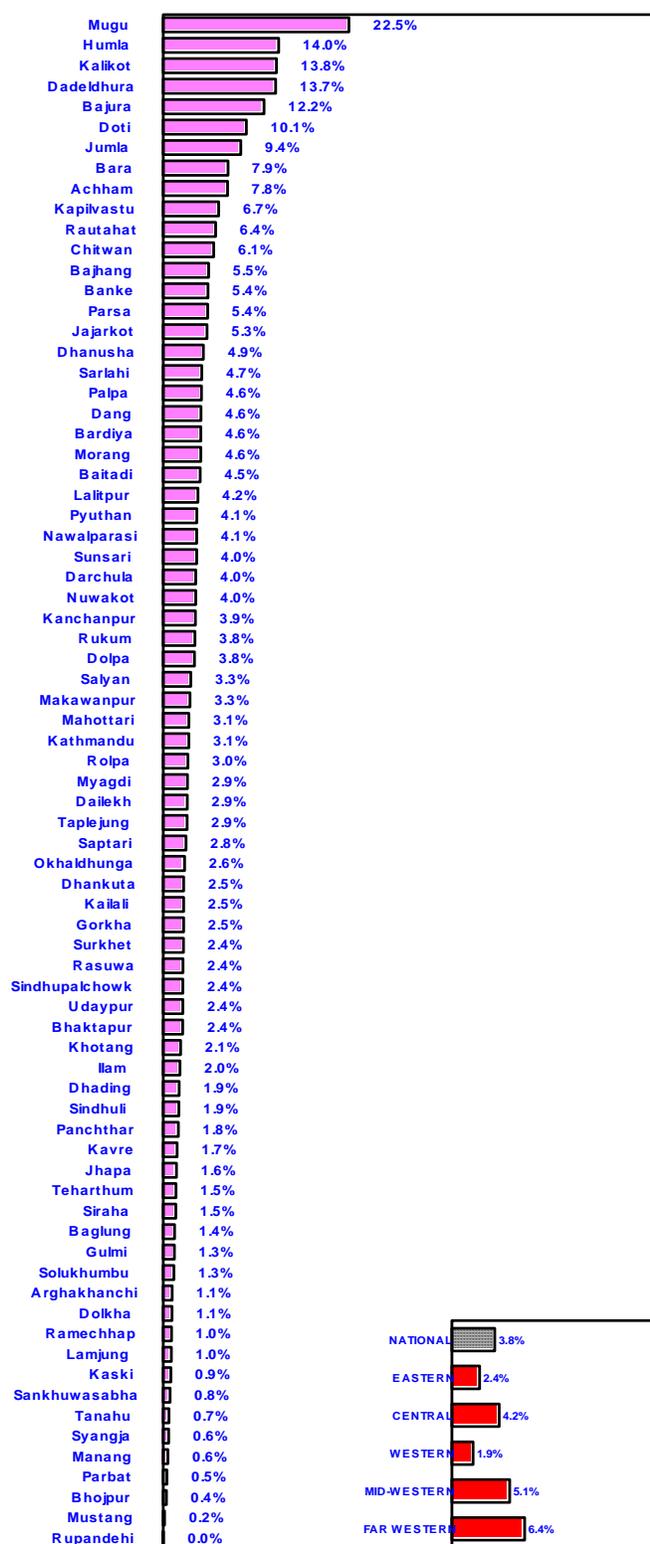
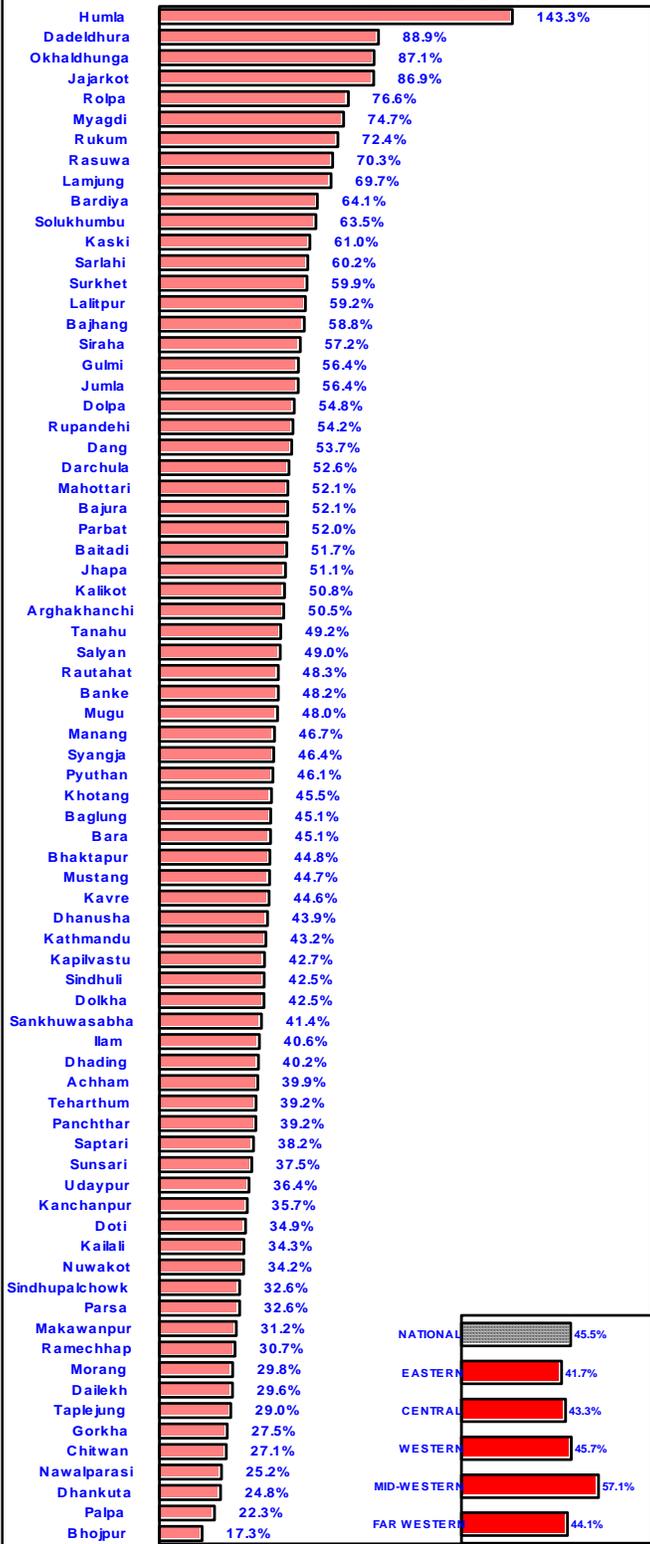
Note: For detail district-specific data and analysis on this programme/project, please refer to the relevant annexes in this document.

Nutrition

Fiscal Year 2066/67 (2009/2010)

Growth Monitoring New Visits as % of <5 Children

Proportion of malnourished children (weight/age new visit) <5 Children



Source: HMIS/MD, DoHS

Nutrition

1 BACKGROUND

The National Nutrition Program under Department of Health Services has laid the vision as “all Nepali people living with adequate nutrition, food safety and food security for adequate physical, mental and social growth and development and survival” with the mission to improve the overall nutritional status of children, women of child bearing age, pregnant women, and all ages through the control of general malnutrition and the prevention and control of micronutrient deficiency disorders having a broader inter and intra-sectoral collaboration and coordination, partnership among different stakeholders and high level of awareness and cooperation of population in general.

Malnutrition remains a serious obstacle to child survival, growth and development in Nepal. The most common forms of malnutrition is protein-energy malnutrition (PEM) The other form of malnutrition are iodine, iron and vitamin A deficiency. Each type of malnutrition wrecks its own particular havoc on the human body, and to make matters worse, they often appear in combination. Even moderately acute and severely acute malnourished children are more likely to die from common childhood illness than those adequately nourished. In addition, malnutrition constitutes a serious threat especially to young child survival and is associated with one third of child mortality. One of the important causes of PEM in Nepal is low birth weight of below 2.5 kg, a sign of poor maternal nutrition leading to an intergenerational cycle of malnutrition.

As of the Nepal Demographic and Health Survey (NDHS) 2006, 49% of children below 5 years of age are stunted. The survey also showed that 39% of the children are underweight and 13 % of the children below 5 years are wasted. Malnutrition is not evenly distributed throughout Nepal; it varies both ecologically and regionally. Stunting, underweight and wasting are more common in mid and far west hills and mountain areas than other part of the country. All three indicators are poor in the central Terai

Iodine deficiency disorder was another endemic problem in Nepal, especially in the western mountains and mid hills for which Ministry of Health and Population adopted a policy to fortify all edible common salt with iodine and decided to celebrate February as ‘the month to create general awareness about the use of iodized salt’ through mass campaign to contribute in the prevention of Iodine Deficiency Disorders (IDD). Well-equipped modern warehouses have been constructed in various parts of the country for safeguarding buffer stock.

Another problem among school-aged children and women is the Vitamin A deficiency leading to night blindness both in children and women. No cases of night blindness are reported due to a regular semi-annual supplementation of high dose (200,000 I.U.) Vitamin A supplementation to preschool children. The National Vitamin A Supplementation Program with community support is considered as the one of the internationally recognized successful program. As cases of night blindness is seen in the eastern and central Terai regions among school going children and pregnant women low dose vitamin A program is being piloted in Sunsari, Parsa and Chitwan. Necessary decision for scaling-up will be taken after evaluation.

The prevalence of worm infestation in Nepal is very high leading to decreased resistance to infection, induces malnutrition, and also, leads to anaemia and also impairs cognitive function in children. Therefore, deworming of one to five years of age into the national biannual Vitamin A supplementation is implemented in the entire country. Similarly, de-worming of all pregnant women with single dose of albendazole tablet after first trimester of pregnancy is being routinely practiced through all health facilities in Nepal

Anaemia caused by iron deficiency is a major public health problem in Nepal affecting all segments of the population. Due to various effective interventions, a drastic reduction of anaemia both in <5 children (48%) and pregnant women (42%) was reported. But the survey has also shown a remarkable amount of anaemia, i.e., 81 percent among children aged 6-11 months and 71% among 12-23 months of age. This calls for launching of most appropriate interventions to address anaemia in this age group.

As of the government policy all pregnant women and postpartum mothers are supplied with iron tablet (225 days in total) free of cost. In order to increase coverage and compliance of iron tablets among pregnant and postnatal mothers 'Intensification of Maternal and Neonatal Micronutrient Program (IMNMP)' is being implemented through the existing health facilities and community-based outlets like FCHVs. Awareness raising activities mainly include advocacy, information through public media and training of health workers/volunteers at all levels. IEC materials such as flip chart and posters are also being distributed for this purpose. By the end of fiscal years, the program has been introduced in 68 districts. And within next year all the 75 districts will be covered by IMNMP.

Food fortification with iron is a low cost intervention for providing iron rich nutrients to a larger population without changing their food consumption patterns. In view of this, wheat flour fortification program has been launched with support from MI. Similarly, a pilot project has also been launched in a VDC of Lalitpur with MI support where cereal flours (mainly maize) are being fortified with iron, folic acid and vitamin A at small water mills. Likewise, Government of Nepal has launched social marketing of low cost fortified blended complementary food under brand name 'Champion' targeting the children aged 6-23 months in partnership with Population Services International, World Food Program and MI.

In order to reduce the prevalence of low weight among young children, Anaemia among the pregnant women, nursing mothers and young children MOHP along with other EDPs has implemented the Mother and Child Health Care (MCHC) activity in remote food deficit districts of Nepal in Dadeldhura, Doti, Darchula, Baitadi, Bajhang, Bajura, Achham and Salyan districts through the existing health facilities such as HP, SHP and PHC- ORC clinics.

Realizing a need for a comprehensive document on nutrition policy and strategy for generating support and effective implementation of the program, a National Nutrition Policy and Strategy was formulated and approved in a single document form in FY 2061/62 by the help of JICA.

The Nepal Nutrition Assessment and Gap Analysis (NAGA) was undertaken to provide the synthesis of information necessary to develop a detailed multisector Nutrition Action Plan for the next five years. After the endorsement of NAGA by MoHP, implementation of NAGA recommendation is a high priority of GoN.

School Health and Nutrition Program

School aged children, especially in the government - run schools are also one of the vulnerable groups to suffer from PEM problems. To address this issue, a 'National School Health and Nutrition Strategy' has also been jointly approved by MoHP and MoE and piloted in 2 districts namely Sindhupalchowk and Syangja from June 2008 and will continue up to May 2012.

The main goal of the SHNP is to develop physical, mental, emotional and educational status of the school children with following objectives, which are as following:

1. Improve use of SHN services by school children
2. Improve healthy school environment
3. Improve health and nutrition behaviours and habits
4. Improve and strengthen community support system and policy environment

In the FY 2066/67, GoN has implemented the following activities with the support of various EDPs. They are given below;

- Piloting New born Vitamin 'A' dosing in 4 districts (Nawalparasi, Tanahu, Banke, and Sindhuli)
- Piloting Micronutrient Sprinkles: (i) Pre piloting feasibility study for acceptance, compliance and distribution modality in 2 districts (Makwanpur and Parsa), and (ii) Program in 6 districts – Syangja, Tanahu, Banke, Surkhet, Makwanpur and Dhading
- Piloting Community based management of acute Malnutrition in 5 districts (Bardiya, Achham, Mugu, Kanchanpur and Jajarkot)
- Iodized salt Social Marketing Expansion

2 GOAL

2.1 Overall Goal National Nutrition Program

Achieving nutritional well being of all people in Nepal to maintain a healthy life to contribute in the socio-economic development of the country, through improved nutrition program implementation in collaboration with relevant sectors to achieve the following national goals:

- To reduce IMR to 34.4/1,000 LB and <5 mortality rate to 62.5/1,000 LB by the end of 2017 as of second long term health plan; and IMR 36/1,000 ; <5 mortality rate 54/1,000 and Maternal Mortality Ratio (MMR) 250/100,000 live births by 2015 (MDGs)

2.2 Nutrition Specific MDGs Goal

The following Nutrition Specific Goals are to be achieved by the end of 2015 (MDGs):

- Reduce sub-clinical VAD to 7%
- Reduce anaemia in pregnant women to 43%
- Reduce anaemia in all age women to 42%
- Reduce anaemia in children to 43%
- Increase consumption of adequately iodized salt (≥ 15 PPM) at HHs level to 88%
- Reduce prevalence of night blindness in pregnant women to 1%

- Reduce prevalence of underweight in <5 years children to 27%
- Reduce prevalence of stunting in <5 years children to 28%
- Reduce prevalence of wasting in <5 years children to 5%
- Increase exclusive breast-feeding in <6 months children to 88%
- Reduce prevalence of thinness (BMI 18.5 – below 25) in women to 15%
- Reduce worm infestation rate in children (Pre-school) to

2.3 Nutrition Objectives

- To reduce PEM in children under 5 years of age and reproductive aged women to half of the 2000 level by the year 2017
- To reduce the prevalence of anaemia among women and children less than 40% by 2017.
- To virtually eliminate IDD and sustain the elimination by 2017
- To virtually eliminate vitamin A deficiency and sustain the elimination by 2017
- To reduce the infestation of intestinal worms among children and pregnant women to less than 10% by 2017
- To reduce the prevalence of low birth weight to 12% by the year 2017
- To improve household food security to ensure that all people can have adequate access, availability and utilization of food needed for healthy life in order to reduce the percentage of people with inadequate energy intake to 25% by 2017
- To improve health and overall nutritional status of school children through the implementation of School Health and Nutrition Program
- To reduce the critical risk of malnutrition and life during exceptionally difficult circumstances
- To strengthen the system for analyzing, monitoring and evaluating the nutrition situation

3 NUTRITION PROGRAM COMPONENTS

3.1 Program Specific Objectives

In order to improve the overall nutritional status of children and pregnant women, the national nutrition program has set the following objectives:

3.1.1 Control of Protein Energy Malnutrition

To reduce protein-energy malnutrition (PEM) in children less than five years of age and Reproductive aged Women to half of the 2000 level by the year 2017 through a multi-sectoral approach;

3.1.2 Control of Iodine Deficiency Disorders

To virtually eliminate iodine deficiencies disorders and sustain the elimination by the year 2017;

3.1.3 Control of Vitamin a Deficiency Disorders

To virtually eliminate vitamin A deficiency and sustain the elimination by the year 2017;

3.1.4 Control of Anaemia

To reduce the prevalence of Anaemia among Women and Children less than 40% by the year 2017;

3.1.5 Low Birth Weight

To reduce the prevalence of low birth-weight to 12 percent of all births by the year 2017;

3.1.6 Protection and Promotion of Breastfeeding

To promote exclusive breastfeeding till the age of six completed months. Thereafter, introduce complementary foods along with breast milk till the child completes 2 years or more.

3.1.7. To reduce the Infestation of intestinal worm among Children and Pregnant Women to less than 10% by 2017;

3.2 TARGETS

3.2.1 Reduce severe and moderate malnutrition among children under Five years of age at 40 percent by the year 2017;

3.2.2 Reduce iron deficiency in pregnant women to 43 percent by the year 2015;

3.2.3 Reduce sub clinical vitamin A deficiency among children under five years of age to 7 percent by preventive measures by the year 2015;

3.2.4 Reduce nutritional blindness caused by vitamin A deficiency among pregnant women to 1 percent by the year 2015.

3.3 INDICATORS

Main Indicators	Numerator and Denominator
1 Growth-monitoring coverage	Number of visits x 100
	Number of targeted visits ¹
2 Proportion of malnourished children (weight for age)	Number of children (0-59 months) under low growth curve for 1 st visit x 100
	Number of children (0-59 months) new cases
3 Vitamin A mass distribution coverage	Number of children (6-59 months) who received vitamin A capsules x 100
	Target Population (6-59 months)
4 Postpartum Vitamin A coverage	Number of Postpartum women supplemented with vitamin A capsule x 100
	Total number of Expected pregnancies
5 Iron distribution coverage (women)	Number of pregnant women who receive all 225 iron tablets x 100
	Target population (expected pregnancies)
6 Deworming coverage	Number of children (1-5 years) receiving deworming tablets twice a year x 100
	Number of children of 1-5 years
7 Iodised salt coverage	Number of Households using adequately iodized salt (≥ 15 ppm) x 100
	Number of Households Surveyed
8 Urinary iodine excretion (UIE)	≥ 100 microgram iodine per litre of urine (Median)

3.4 STRATEGIES

The following general strategies have been pursued to address the nutritional situation in Nepal:

- Promote, facilitate and utilize community participation and involvement for all nutrition activities;
- Develop understanding and effective co-ordination between various concerned Sections, Divisions and Centers within the Department of Health Services;

¹ Calculated as follows: $\frac{1}{3} \times \text{target population} \times 6 \text{ visits} + \frac{2}{3} \times \text{target pop.} \times 4 \text{ visits}$, where target population is all children 0-36 months of age. This target cannot be monitored with HMIS data at the central level, but a sample survey of Nutrition Registers will provide this information.

- Maintain and strengthen co-ordination among other agencies involved in nutrition activities, i.e., the Ministries of Agriculture, Education, Local Development and the National Planning Commission, as well as with EDPs, NGOs, INGOs and private sector;
- Decentralise authority to the region, district, Health Post, Sub Health Post and community for needs assessment, planning, implementation, and monitoring;
- Conduct national advocacy and social mobilization campaigns;
- Integrate/incorporate activities (such as Expanded Programme on Immunization, Integrated Management of Childhood Illness, Maternal and Family Health and other concern program etc.) into nutrition plans;
- Develop a systematic approach for Monitoring and Evaluation of all nutrition program activities;
- Celebrate School Health and Nutrition Week (Poush 10-16) to raise awareness about the importance of Nutrition;
- Implement School Health and Nutrition Program as per National Strategy; and
- Growth monitoring will be used as a screening tool to assess the general malnutrition status of children under less than five years.

Specific strategies are as follows:

3.4.1 Control of Protein Energy Malnutrition (PEM)

- Create awareness regarding the importance of growth monitoring and exclusive Breast Feeding up to 6 month of age and timely introduction of complementary foods.
- Provide growth-monitoring services, ANC checkups, de-worming during Pregnancy and Nutritious food supply to 6 to 36 months age of children and to expectant & nursing mothers through outreach clinics, Sub Health Posts, Health Posts/PHC .
- Protect, Promote & Support Optimal Feeding Practice for Infant & Young Children.
- Increase awareness among medical professionals through advocacy efforts, such as by including sessions on breastfeeding on seminars/workshops held by various associations;
- BCC for Changing the Dietary Practices
- Celebrate Breastfeeding Week (August 1-7) as an advocacy for the protection and promotion of breastfeeding.
- Strengthen Nutrition Rehabilitation Home.
- Improve Maternal Nutrition & Low Birth Weight Baby Through improved Maternal Nutrition Practices.

3.4.2 Control of IDD

- Strengthen the implementation of Iodized Salt Act, 2055 for regulation and monitoring of iodized salt trade to ensure that all edible salt is iodized;
- Increase the accessibility and market share of iodized packet salt with ‘two-child’ logo;
- Create awareness about the importance of use of iodized salt for the control of IDD; through Social Marketing Campaign;
- Explore the possibility of progress evaluation system in IDD control program on a rotational basis in all 5 development regions;

3.4.3 Control of Vitamin A Deficiency (VAD)

- Distribute high-dose vitamin A capsules to children between 6 and 59 months biannually through FCHVs;
- Advocate for increased home production, consumption and preservation of Vitamin A rich foods at the community level;
- Explore the fortification of suitable foods (such as sugar and cooking oil) with Vitamin A;
- Strengthen the usage of Vitamin A Treatment protocol;
- Supplementation of Vitamin A capsule (200,000 IU) to postpartum mothers through healthcare facilities and community volunteers;

3.4.4 Control of Anaemia

- Increase coverage and compliance of iron/folate supplementation for pregnant women;
- Reduce the burden of parasitic infestations (helminths, malaria and Kalazar);
- Identify and implement food fortification to increase the dietary iron intake focusing on commercial as well as small-scale community based fortification initiatives;
- Promote dietary diversification to improve the quality of food consumed with an emphasis on bio-available iron;
- Promote maternal care practices and services to improve health and nutritional status of mother and babies;
- Identify and implement the effective modalities to address iron deficiency in young children, adolescents and non-pregnant women of reproductive age;

3.4.5 De-worming

- De-worming of pregnant women through health facilities with single dose tablet (Albendazole 400 mg) starting from 2nd trimester (4 months) of the pregnancy;
- Distribute Bi-annual de-worming tablet to Primary School Children in 43 districts (Government schools);
- Follow up the comprehensive de-worming work plan.

4 ANALYSIS OF ACHIEVEMENTS BY MAJOR ACTIVITIES

4.1 ACTIVITIES CARRIED OUT IN FY 2066/67 (2009/2010)

4.1.1 Prevention of Malnutrition

4.1.2 Protection and Promotion of Infant and Young Child Feeding (IYCF) Counselling

- Celebrated Breastfeeding Week (August 1-7) in all districts with rallies, talk program, adolescent orientation and School health program etc;
- Promotional messages broadcasted for exclusive breastfeeding through mass media and distributed booklets on breastfeeding for health workers;
- IYCF promotion linked with micronutrient supplementation program;

4.1.3 Growth monitoring for screening and prevention of PEM

- Continued regular growth Monitoring at Hospital, PHC, Health Posts, Sub Health Posts and Outreach clinics;
- Supplied growth monitoring and counselling card;
- Capacity Building and Orientation on Growth Monitoring to HWs;
- Nutrition rehabilitation Centers extended to all Regional & Zonal Hospitals;
- Initiated Community Based Management of Acute Malnutrition in five districts.

4.1.4 Control of IDD

- Regular supervision and monitoring of iodized salt conducted at STC's warehouses;
- Continued Iodized Salt Social Marketing Campaign in Dhanusa, Mahottari, Sarlahi and Siraha districts;
- IDD month celebrated throughout the country in the month of February for intensification of promotional activities;
- Surveillance on consumption of iodized salt along with Vitamin A was continued as earlier and FCHV registers used for Intensification of Maternal and Neo-natal Micronutrient Program (IMNMP) was also used for this purpose;
- National scale survey for tracking the process towards prevention of iodine deficiency disorders in Nepal is continued;
- Distributed subsidized salt in Remote & inaccessible Districts.

4.1.5 Control of Vitamin A deficiency disorder

- Continued biannual mass distribution of high-dose vitamin A capsules to children between 6 to 59 months throughout the country;
- Continued nutrition education activities through media, community-level health workers and agriculture extension workers;
- Conducted mini-surveys to assess the outreach supplementation programme;
- Continued postpartum vitamin A supplementation through health institutions and FCHVs;
- Initiate New born vitamin A Dosing Program in Four districts;
- Continued case treatment with vitamin A through health facilities;
- Initiated community-based nutrition reactivation training to HWs with emphasis on Vitamin A in selected districts;
- Conducted a workshop to revise IEC materials on nutrition, especially on Vitamin A;

4.1.6 Control of iron deficiency (IDA)

- Continued distribution of iron and folate tablets to pregnant and lactating women through Hospital, PHCC, HPs, SHPs, ORCs, and FCHVs;
- Intensification of Maternal and Neonatal Micronutrient Program" (IMNMP) expanded in 16 districts;
- Initiate Micronutrient Sprinkles as Immediate means in 6 districts.
- Production of wheat flour fortified with iron, folic acid and vitamin A started at about 10 (50%) roller mills on voluntary basis;

- Continued distribution of Flip Chart and poster on maternal micronutrient and anemia;
- The FCHVs register in IMNMP districts has further been revised;
- Initiated advocacy on use of low cost iron tablets to pregnant and postnatal women attending Maternity Hospital in Kathmandu; and other Regional as well as Zonal Hospitals.
- Conducted surveillance on consumption of iron along with Vitamin A mini survey continued during October and April rounds;

4.1.7 De-worming

- Continued regular biannual de-worming of children aged 1-5 years along with vitamin A capsule distribution;
- Continued de-worming of pregnant women as per the Policy and protocol;
- Scale up on strengthening the school de-worming Program to other Development regions

4.1.8 Miscellaneous

- Developed Nepal Nutrition Assessment and Gap Analysis (NAGA)

4.2 TREND ANALYSIS OF SERVICE STATISTICS

Table 2b.1 Nutrition Program, by Region, FY 2064/65 to 2066/67

Indicators	Year	Region					National Total	
		EDR	CDR	WDR	MWDR	FWDR		
Total no. of <3 year Children growth monitored	2064/65	275,517	360,320	271,115	212,926	153,658	1,273,536	
	2065/66	294,115	386,491	292,364	238,535	144,879	1,356,384	
	2066/67	255,221	412,467	257,906	224,436	133,347	1,283,377	
Total No. of < 5 years Children growth monitored	2064/65	339,995	438,513	324,732	260,638	187,814	1,551,692	
	2065/66	360,405	480,740	355,993	297,825	175,018	1,669,981	
	2066/67	305,275	501,891	298,989	279,668	161,839	1,547,662	
Growth Monitoring coverage as a percent of children <3 years	2064/65	56.6%	49.1%	60.4%	64.3%	63.6%	56.8%	
	2065/66	60.1%	52.3%	64.7%	71.5%	69.5%	60.1%	
	2066/67	56.2%	58.1%	64.7%	74.9%	59.3%	61.5%	
Growth Monitoring coverage as a percent of children < 5 years	2065/66	44.04%	38.99%	48.10%	55.33%	44.27%	44.81%	
	2066/67	41.73%	43.33%	45.71%	57.11%	44.13%	45.51%	
Average no. of growth Monitoring visits by	< 3 per case	2064/65	2.31	2.11	2.17	2.07	2.89	2.56
		2065/66	2.35	1.94	2.08	1.93	3.45	2.21
		2066/67	3.04	2.14	2.39	2.03	4.0	2.53
	<5 per case	2065/66	2.44	1.96	1.95	1.85	2.73	2.11
		2066/67	3.07	1.88	2.35	1.97	2.89	2.31
Vitamin A distribution to Children 6-59 months	2064/65	802,637	1,222,320	651,002	492,020	358,215	3,526,194	
	2065/66	794,034	1,232,221	607,662	468,639	329,865	3,432,421	
	2066/67	664,405	909,237	503,409	310,079	259,537	2,646,667	
Vitamin A distribution as	2064/65	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	

Indicators	Year	Region					National Total
		EDR	CDR	WDR	MWDR	FWDR	
percent of children 6-59 months	2065/66	97%	100%	82%	87%	83.44%	92.11%
	2066/67	94%	90%	82%	111%	73%	90.0%
No. of pregnant women receiving Iron tabs	2064/65	167,662	206,234	101,967	83,028	63,820	622,711
	2065/66	166,512	249,511	132,830	104,530	82,019	735,402
	2066/67	143,345	237,034	124,741	104,366	87,616	697,102
Percentage of expected pregnant women receiving Iron tabs	2064/65	69.58%	72.03%	74.05%	81.63%	84.26%	74.39%
	2065/66	70.49%	74.87%	66.70%	76.77%	80.14%	73.03%
	2066/67	80.88%	92.89%	82.83%	102.4%	120.41%	92%

Source: HMIS/MD and Nutrition Section/CHD, DoHS

Trend in growth monitoring coverage over the last 3 fiscal years can be seen in Figure 2b.1 Nationally there has been improvement in growth monitoring coverage by 1.4 percentage and at regional level also it has increased or remain constant in 4 region in F.Y.2066/67 compared to 2065/66 where as in EDR it has decreased during the review period compared to earlier period.

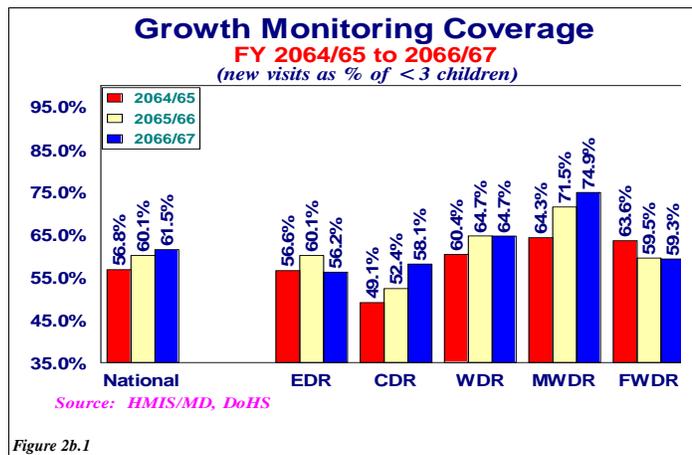


Figure 2b.1

Table 2b.2 Nutrition Status, by Region, FY 2064/65 to 2066/67

Indicators	Year		Region					National Total
			EDR	CDR	WDR	MWDR	FWDR	
Malnourished as a percent of new growth-monitored cases <3-year children	2064/65	2007/08	4.0	6.1	3.6	8.1	9.3	5.8
	2065/66	2008/09	2.9	4.5	3.1	6.7	7.3	4.6
	2066/67	2009/10	2.3	4.1	1.9	5.0	6.4	3.7
<5-year children	2065/66	2008/09	3.2	4.7	3.1	6.7	7.4	4.7
	2066/67	2009/10	2.4	4.1	1.9	5.0	6.4	3.8

Source: HMIS/MD, DoHS

Table 2b.2 shows the national and regional trend in nutritional status of children < 3 yrs for last three and < 5 children for the last two Fiscal Years. At the national level, the percentage of under three years and under five years children among new growth monitored having 'Malnourished' status has decreased by almost 1 percent in FY 2066/67 compared to last year.

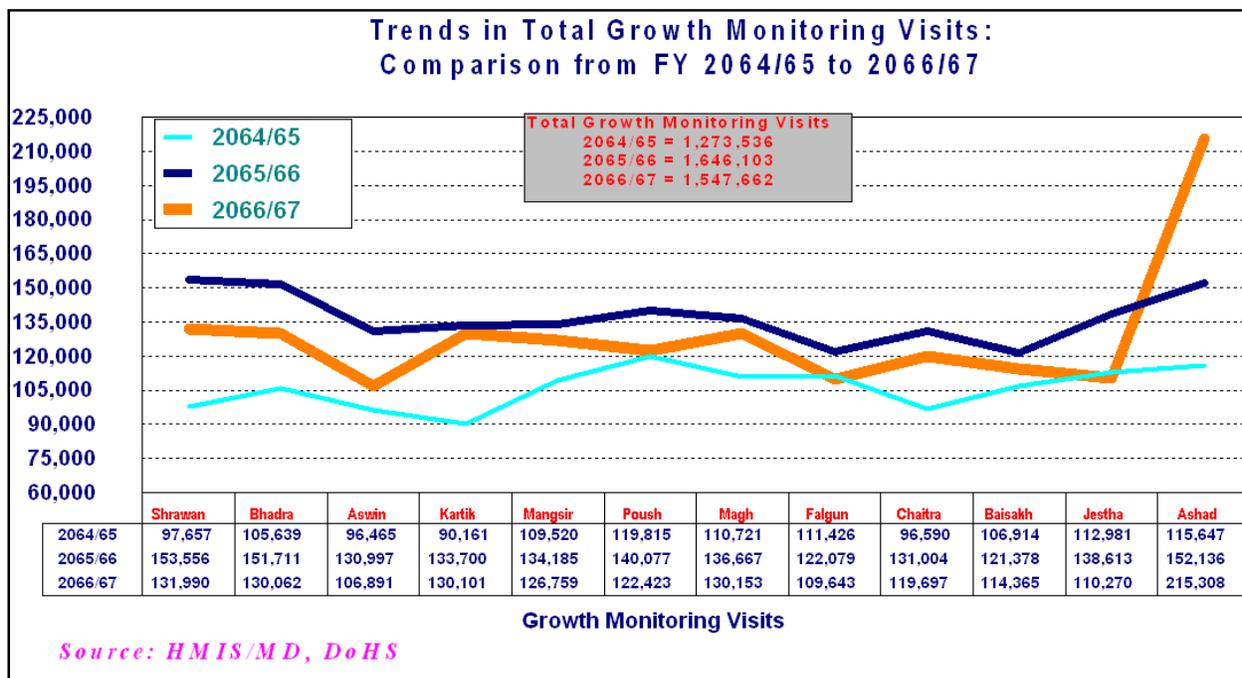


Figure 2b.2

Proportion of malnourished children based on the new growth monitored cases decreased successively in all the regions over the last two fiscal years. Figure 2b.2 also presents trends in growth-monitoring visits for the past three fiscal years by month. The number of growth monitoring visits by month shows significant increase in monthly trend in this fiscal year over the last three years period.

Figure 2b.3 presents the nutritional status of children under three years who were brought to the health institutions for growth monitoring. In FY 2066/67, at the national level, 3.7 percent of those who were growth monitored for the first time were found malnourished. The percentage of malnourished cases decreased by almost by 1 percent compared to F.Y.2065/66.

FWDR has reported the highest percentage of malnourished children (6.4 percent) followed by MWDR (5 percent). The lowest percentage of malnutrition was observed in the WDR (1.9 percent).

In all regions, the proportion of malnourished children declined during the FY 2066/67 compared to previous fiscal years.

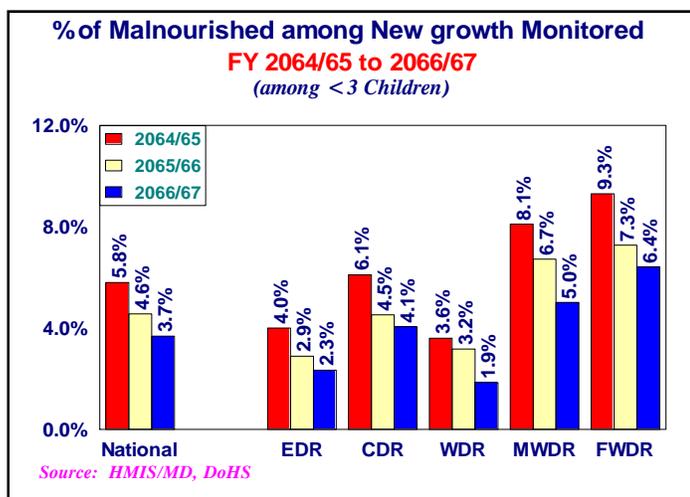


Figure 2b.3

As seen in Figure 2b.4, the coverage of iron distribution to expected pregnant women at national level highly increased during FY 2066/67. At the regional level the iron distribution coverage has highly increased in FWDR, MWDR followed by CDR and slightly increased in EDR and WDR.

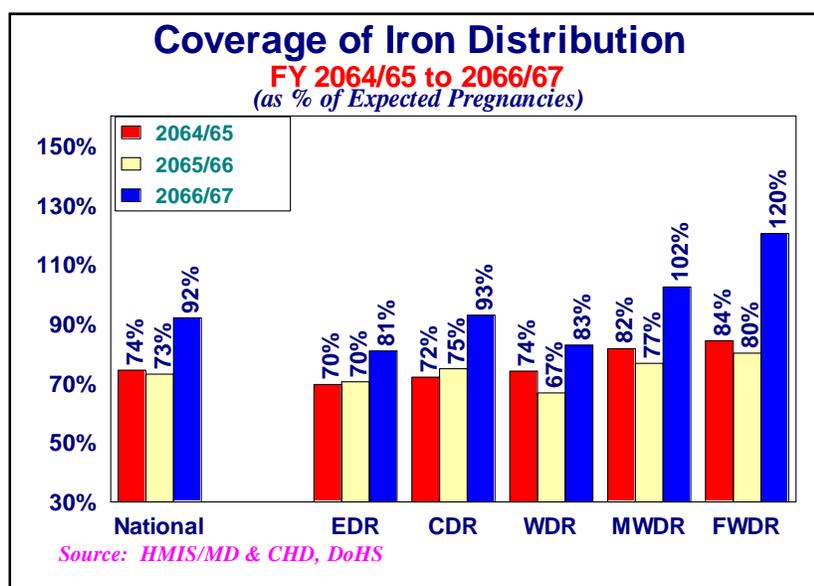


Figure 2b.4

5. PROBLEMS/CONSTRAINTS AND RECOMMENDED ACTIONS

Problems / Constraints	Recommended Action	Responsibility
General Malnutrition		
A) High rate of malnutrition among under 5 years age children	A.1 Expand CB- Infant and Young Child Feeding Program (early initiation, exclusive breastfeeding, timely introduction of complementary feeding, ECD) linked with multiple micronutrient distribution with Nutrition Education.	CHD/LMD/RHD/ Districts
B) Inadequate service facilities for management of severe and moderate malnutrition	A.2 Capacity building of Health Workers on infant and young child feeding counseling.	
	A.3 Community level awareness raising on cause consequences, behavior & Care practices of Malnutrition	
	A.4 Quality nutrition education and counseling for behavior change.	
	B.1 Expand nutrition rehabilitation centers upto district level.	
	B.2 Expand community management of acute malnutrition (CMAM) upto community level.	
Logistics & supply		
A) Irregular delivery of Iron Tablet, Abendazole, Vitamin A, Weighing Scale and Register.	A.1 Maintain adequate and timely supply of commodities.	LMD/RMS
	A.2 Provide budget to the districts for register printing	
B) Inadequate skill and knowledge among health	B.1 Capacity building of Health Workers	

Problems / Constraints	Recommended Action	Responsibility
workers on nutritional problem management C) Only weight is used as the parameter (Emphasis to be given for quality growth monitoring using weight for age)	C. 1 Include other parameters like height as well	
Non-iodized salt still in use	<ul style="list-style-type: none"> • Endorse laws and guideline to enact salt legislation. • Discourage the use of non - iodized salts • Strengthen internal monitoring and external verification system. • Advocacy & IEC through multiple channels including social mobilization. 	DoHS//Salt Trading
No any activities/programme after growth monitoring	<ul style="list-style-type: none"> • Linked with CB- IYCF / MNP/ Fortified flour distribution and other community nutrition program. • Develop growth monitoring and promotion guideline. • Develop linkage with community growth monitoring program. 	MoHP/DoHS
Poor supervision and monitoring	<ul style="list-style-type: none"> • Develop technical support visit tools and strengthen supportive supervision and monitoring at all levels. 	DoHS/ D/PHO

6 . TARGETS FOR FY 2067/68(2010/2011)

SN	Activities	Unit	Annual Targets
1	Vitamin A deficiency (Prevention + treatment of vitamin A deficiency diseases among children between 6 to 59 months)	Persons	4,291,461
2	Prevention and treatment of Iron deficiency Anaemia (Increase coverage and compliance of iron tablets among pregnant and postnatal women through all health facilities including outreach clinics and FCHVs)	Persons	766,156
3	Deworming Distribution of Albendazole tablet to all children aged 1-5 years	Persons	3,586,000
4.	Distribution of Albendazole tablet to Government School children Class 1-5 of 75 districts	Persons	4,900,663

Source: HMIS/MD, Nutrition Section/CHD, DoHS

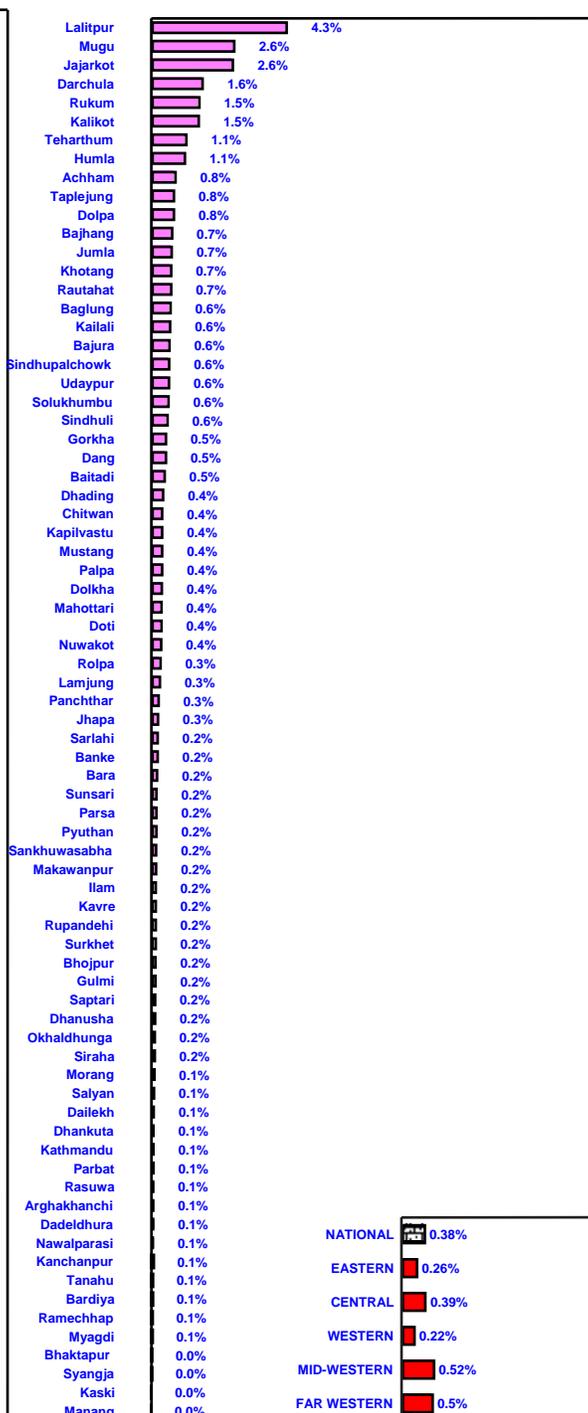
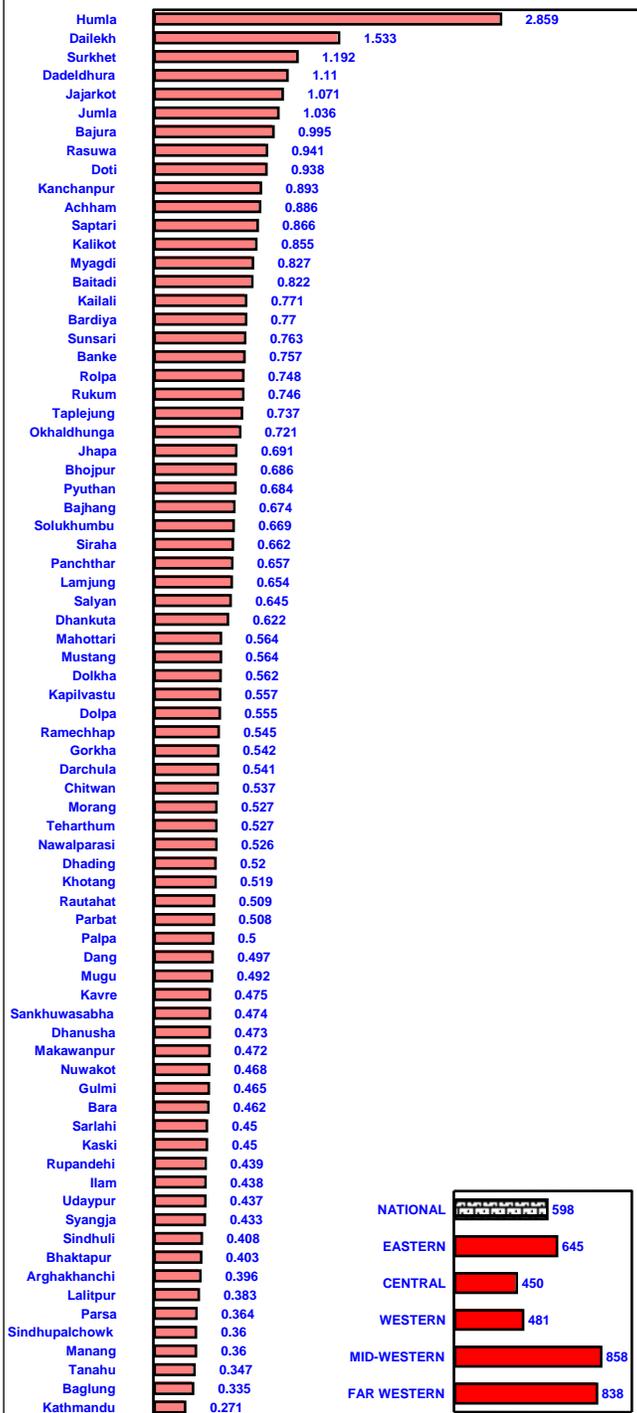
Note: For detailed, district-specific data and analysis on this program/project; please refer to the annexes in this document.

Control of Diarrhoeal Diseases (CDD)

Fiscal Year 2066/67 (2009/2010)

Incidence of Diarrhoea/1,000 <5 Children

Proportion of Severe Dehydration Among Total New Cases



Source: HMIS/MD, DoHS

Community Based Integrated Management of Childhood Illness (CB-IMCI) Program

1. BACKGROUND

Community Based Integrated Management of Childhood Illness (CB-IMCI) Programme is an integrated package of child-survival programmes and addresses major killer diseases like Pneumonia, Diarrhoea, Malaria, Measles, Malnutrition in 2 months 5 year children and basic newborn care in holistic way.

In 1997, the program was initiated in Mahottari as a piloting district. Based on the recommendations it was decided to include a community component, enabling mobilisation of community health workers (VHWs and MCHWs) and FCHVs to provide CDD, ARI, Nutrition and Immunisation services to the community. As a result the Community based ARI and CDD (CBAC) programme was merged into IMCI in 1999 and is now called the Community Based IMCI (CB-IMCI). At the end of fiscal year 2066/67 (2009/2010) the scaling up of CB-IMCI Program was completed. At present CB-IMCI is functional in 75 districts.

1.1 VISION STATEMENT

- ◆ Contribute to survival, healthy growth and development of under five children of Nepal.
- ◆ Achieve MDG Goal 4 by 2015

1.2 GOALS

To reduce the morbidity and mortality among children under-five due to pneumonia, diarrhea, malnutrition, measles and malaria and to promote healthy growth and development of children.

1.3 OBJECTIVES:

- ◆ To maintain the quality of CB-IMCI and Zinc Supplementation Program in the treatment of Diarrhoea in all the 75 districts of the country with universal coverage for under five population of Nepal.
- ◆ Implement community based programs for newborn care and scale up newborn care program linking with CB-IMCI and safe-motherhood programs
- ◆ Improve program quality by providing technical support visit and conducting refresher training/review monitoring meetings at different levels for both the CB-IMCI and CB-NCP programs.
- ◆ Revision and refinement of CB-IMCI and CB-NCP training materials as per recommendation and lesson learned from the program as an ongoing process.

1.4 Strategies

The following strategies have been adopted by CB-IMCI program:

1.4.1 Improving knowledge and case management skills of health-care staff

It is expected to improve Health facility and community management of pneumonia, diarrhea, malnutrition, malaria, measles, neonatal care and prescribing practices of health workers. CB-IMCI service has been expanded up to the household level throughout the country. As a result, children are getting diagnosed early and are being treated appropriately for pneumonia, diarrheal diseases and this has also increased rates of referral of sick neonates. IMCI aims to improve the skills of healthcare staff through

- ◆ Training of all health workers on the CB-IMCI updated curriculum including zinc treatment for diarrhea.
- ◆ Regular integrated review and refresher trainings to health service providers.
- ◆ Inclusion of CB-IMCI in the curriculum of Pre-service medical and paramedical schools.
- ◆ Onsite coaching during monitoring and supervision.
- ◆ Technical support visits should include visits from the central and regional level to the program district, DHO to all HFs; HFs to FCHVs.
- ◆ Capacity building up of the CB-IMCI focal persons of the districts.

1.4.2 Improving overall health systems

- ◆ CB-IMCI Program Maintenance activities as per the recommendations from IMCI working group.
- ◆ National Support and Advocacy.
- ◆ Commodity and IEC support.
- ◆ Regularize mother's group meeting.
- ◆ Support regular reporting from community level.
- ◆ Ensure appropriate reporting at all levels.
- ◆ Strengthening program monitoring.
- ◆ Integrated micro-planning for MCH program at VDC level.

1.4.3 Improving family and community practices

- ◆ Disseminating key behavioural message through FCHVs to families and communities using IPC.
- ◆ Reaching the disadvantaged and hard-to-reach communities through reactivated mother's groups.
- ◆ Dissemination of key family practice messages through interpersonal communication and mass media.

1.4.3 Implementation Modality

IMCI programme has been expanded to CB-IMCI after merger of the Community Based CDD/ARI program into IMCI. It is one of the successful examples of partnership with professional bodies and non-governmental organization (NGOs) to implement program at scale.

Trainings of CB-IMCI program to health workers are conducted by professional/non-governmental organizations and the program is maintained by the public health system for further monitoring and logistics supply.

1.5 MANAGEMENT OF BELOW 2 MONTHS CASES IN IMCI DISTRICTS

Community based newborn care CB-NCP program has been envisioned which will be finally merged with CB-IMCI. Before the merger, the following is the status of the under-two month's infants in program districts.

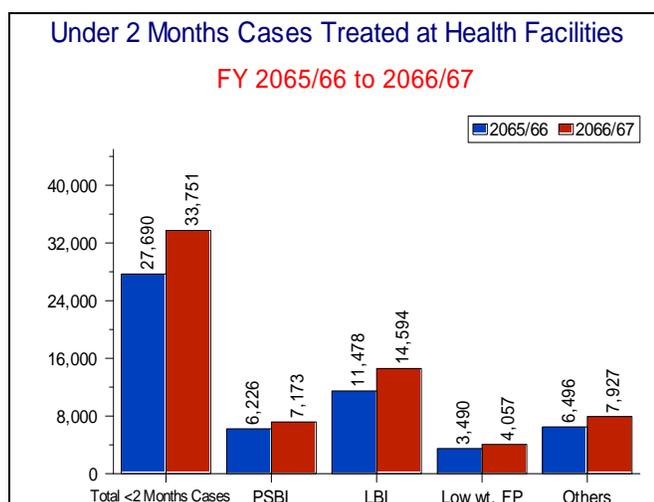
Table 2c.1 Classification of < 2 Month Cases, by Region from 2065/66 (2008/2009) to 2066/67 (2009/2010)

Indicators	Year		EDR	CDR	WDR	MWDR	FWDR	National
	2065/66	2008/2009						
Total Cases <2 Months	2065/66	2008/2009	8,831	5,681	3,559	5,547	4,072	27,690
	2066/67	2009/2010	9,222	5,967	4,520	10,128	3,914	33,751
Treated	2065/66	2008/2009	8,143	4,980	2,979	4,959	2,850	23,911
	2066/67	2009/2010	8,573	4,823	3,987	8,913	3,502	29,798
Refer	2065/66	2008/2009	520	559	301	448	346	2,174
	2066/67	2009/2010	515	521	358	537	307	2,238
Follow up	2065/66	2008/2009	4,880	2,950	1,798	2,084	1,817	13,529
	2066/67	2009/2010	5,434	2,674	2,360	4,803	2,135	17,406
Possible Severe Bacterial Infection (PSBI)	2065/66	2008/2009	2,134	1,563	637	1,150	742	6,226
	2066/67	2009/2010	1,952	1,168	653	2,458	942	7,173
Local Bacterial Infection (LBI)	2065/66	2008/2009	4,125	2,018	1,371	2,531	1,433	11,478
	2066/67	2009/2010	4,308	2,749	1,833	3,976	1,728	14,594
Low Weight or Feeding Problem	2065/66	2008/2009	921	726	527	798	518	3,490
	2066/67	2009/2010	823	787	603	1,135	709	4,057
Others	2065/66	2008/2009	1,651	1,374	1,024	1,068	1,379	6,496
	2066/67	2009/2010	2,139	1,263	1,431	2,559	535	7,927

Source: HMIS/MD, DoHS

Table.2c.1 and figure 2c.1 shows the national and regional status number of <2 months sick young infants registered and treated at the health facilities in the IMCI districts.

Figure 2c.1 shows the two fiscal years trend of reported under 2 months treated cases of infants. In FY 2066/67 the under 2 months cases were slightly increased in comparison to FY 2065/66. During the fiscal year total number 33,751 cases were registered at health facilities, which were 27,690 in FY 2065/66. In the same way the increment is seen in all the cases (PSBI, LBI, Low weight and Feeding Problem and Others). The possible reasons for this may be FCHVs counselled more mothers to visit HF in FY 2066/67(2009/2010)



Source: HMIS/MD, DoHS
figure 2c.1

1.6 DIARRHOEAL DISEASES

Diarrhoea is still a leading killer disease in Nepal. CB-IMCI programme intensely focuses on management of Diarrhoeal diseases among the under five year's children. Standard diarrhoea case management with Oral Rehydration therapy continued feeding and zinc tablet will be provided in the health institutions by establishing Oral Rehydration Therapy (ORT) corners in all Hospitals, Primary Health Care Centres, Health Posts and Sub Health Posts throughout the country. All health facilities and community health volunteers will serve as the primary health providers in the treatment of Diarrhoea with Low Osmolar Oral Rehydration Solutions (ORS) with Zinc supplementation.

INDICATORS

Main Indicators	Numerator and Denominator
1. Morbidity rate due to diarrhoea	Total diarrhoeal new cases in specified time x 1,000 Target population (under-fives)
2. Mortality rate due to diarrhoea	Total number of diarrhoea-related deaths x 1,000 Target population (under-fives)
3. Case fatality rate from diarrhoea	Total diarrhoeal deaths per year x 1,000 Total diarrhoeal new cases in same period

1.6.1 ANALYSIS OF ACHIEVEMENTS BY MAJOR ACTIVITIES

TARGETS vs. ACHIEVEMENT, FY 2066/67 (2009/2010)

S. No.	Activities	Unit	Targets	Achievement	Targets vs. Achievement (percent)
1.	Purchase of Low Osmolar ORS	Pkts.	1,000,000	1,000,000	100
2.	Purchase of Zinc tablets	Tabs.	11,000,000	11,000,000	100
3.	CB-IMCI Drugs	times	1	1	100

Source: IMCI Section/CHD, DoHS

The above table shows the target vs achievement of most important component of the CB-IMCI Program. During this fiscal year all the targets were achieved by 100 percent.

Table 2c.2 ORS Supply, Three-Year Comparison, FY 2064/65 to 2066/67

Fiscal Year		Targets	Achievement	% Achieved
2064/65	2007/2008	3,500,000	3,500,000	100
2065/66	2008/2009	3,500,000	3,500,000	100
2066/67	2009/2010	1,000,000	1,000,000	100

Source: IMCI Section/CHD, DoHS

Table 2c.2 shows the target versus achievement of Oral Rehydration Solution supply to the districts for three consecutive years from FY 2064/65 to 2066/67. As per the national policy ten packets of ORS is supplied to each FCHV for the treatment of diarrhoea cases in their respective wards. Those ten packets are replenished to FCHVs. Since FY 2064/65 to 2066/67 the target vs. achievement was 100 percent.

1.6.2 ANALYSIS OF SERVICE STATISTICS

Since FY 2064/65, CB-IMCI Program data (as received from Health Facility, VHW/MCHW and FCHV) has been incorporated into HMIS System. Therefore, onwards from FY 2064/65, the national level data is a total of HF level + VHW/MCHW + FCHV level data (see table 2c.3)

Table 2c.3 Total Diarrhoeal Cases Reported at different level, FY 2066/67 (2009/2010)

S.N.	Total Diarrhoeal New Cases	Percentage
1.	National	2,034,892
2.	HF Level	566,015
3.	VHW/MCHW	396,205
4.	FCHV	1,072,672
5.	Total Community	1,468,877

Source: HMIS/MD, DoHS

Table 2c.3 shows that a total of 2,034,892 diarrhoeal cases were reported in FY 2066/67 by health facilities, VHW/MCHWs and FCHVs. Out of the total cases, 27.82 percent were treated by HFs, 19.47 percent were treated by VHW/MCHWs and 52.71 percent were treated by FCHVs (See figure 2c.2). The table also shows that 72.18% of diarrhoeal cases were treated at community level.

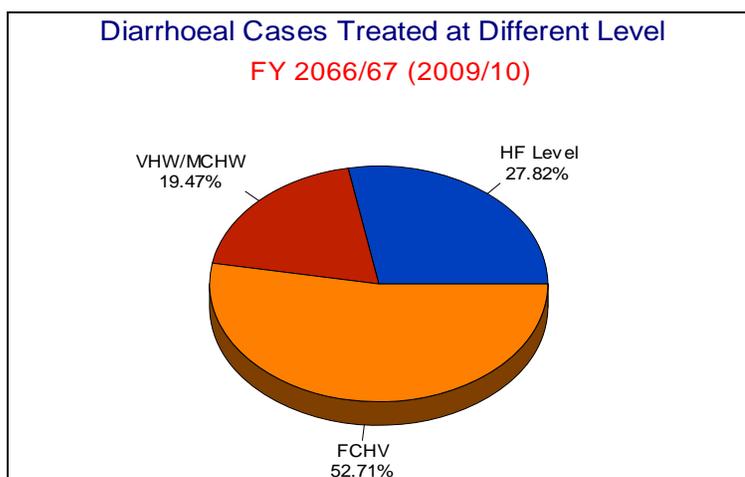


figure 2c.2

Table 2c.4 Incidence of Diarrhoea, by Region, FY 2064/65 -2066/67 (2007/2008 -2009/2010)

Indicators	Year		Region					National
			EDR	CDR	WDR	MWDR	FWDR	
Total <5 Population for CDD/ARI	2066/67		731,488	11,58,425	654,071	489,732	366,692	3,400,408
Total diarrhoeal new cases	2064/65	07/08	362,732	419,607	203,847	214,714	197,206	1,398,106
	2065/66	08/09	449,903	497,724	296,223	319,435	254,213	1,817,498
	2066/67	09/10	471,649	521,056	314,752	420,309	307,126	2,034,892
Diarrhoeal Deaths	2064/65	07/08	27	68	4	29	78	206
	2065/66	08/09	48	10	43	13	33	147
	2066/67	09/10	0	6	2	21	62	91
Incidence of diarrhoea /1,000 <5 yrs. Popn.	2064/65	07/08	446	343	277	402	503	378
	2065/66	08/09	550	404	395	593	643	488
	2066/67	09/10	645	450	481	858	838	598
Case Fatality Rate/ 1,000 <5 yrs. Popn.	2064/65	07/08	0.07	0.16	0.02	0.14	0.40	0.15
	2065/66	08/09	0.11	0.02	0.15	0.04	0.13	0.08
	2066/67	09/10	-	0.01	0.01	0.05	0.20	0.04

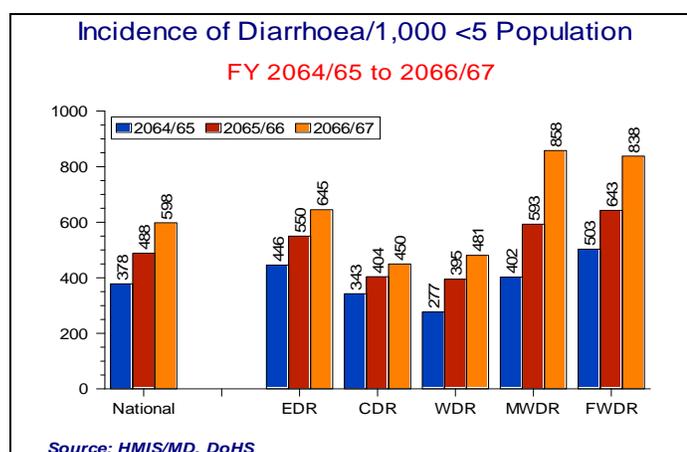
Source: HMIS/MD, DoHS

The Table 2c.4 shows that there is a huge increase in the reported number of diarrhoeal cases in FY 2066/67 compared to previous fiscal years. This is because of reporting of cases after CB-IMCI data is incorporated into HMIS system, which resulted in systematic recording and reporting.

The national reported incidence of diarrhoea per 1,000 under- five children years has also increased significantly in FY 2066/67 in comparison to FY 2064/65 and 2065/66. In the same manner the reported incidence of diarrhoea at the regional level has also increased tremendously in all 5 regions. The highest increment was observed at MWDR and FWDR compared to other regions. Although the reported incidence of diarrhoea at all level have increased but in case of case fatality rate it has decreased significantly (0.04/1,000) in FY 2066/67 compared to FY 2064/65 and 2065/66 at all levels except EDR. The above table also shows that no diarrhoeal death recorded in EDR.

Therefore, the case fatality calculation for EDR is '0' (Zero). The reason behind the decrease in case fatality may be decreasing trend of severe dehydration cases due to immediate response and proper treatment by the community health workers and female community health volunteers having rapid expansion of CB-IMCI Program in the districts.

Figure 2c.3 shows the three-year trend of reported diarrhoeal incidence per 1,000 under-five children. At the national level during FY 2066/67, incidence of diarrhoea increased significantly (598 per 1,000) compared to FY 2064/65 and 2065/66.



Source: HMIS/MD, DoHS
figure 2c.3

At regional level also diarrhoeal incidence has increased significantly in all regions. The highest incidence rate is seen in MWDR (858 and FWDR (838) then followed by EDR (645), WDR (481) and CDR (450).

Figure 2c.4 shows the three-year trend of reported diarrhoeal deaths. In FY 2066/67 the total numbers of diarrhoeal deaths decreased by 38%. In FY 2065/66, it was decreased by 29%. It shows that the decreasing trend is continuing. At the regional level in FY 2066/67 the highest diarrhoeal deaths occurred in FWDR (62) than in MWDR (21) followed by CDR(6), WDR(2), but not even single death has been reported in EDR(0). Amongst the region the diarrhoeal death increased in MWDR and FWDR significantly in FY 2066/67 to comparison to fiscal year 2065/66. Similarly the diarrhoeal death has been decreased in ER, CDR and WDR in the same period.

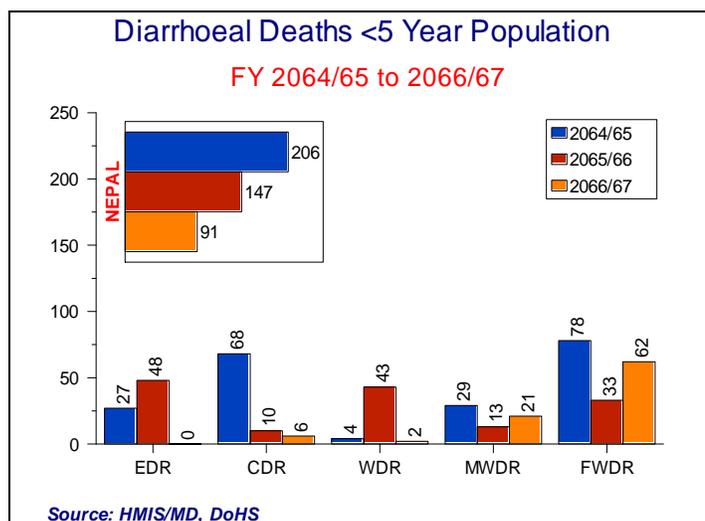


figure 2c.4

Table 2c.5 Classification of Dehydration, by Region, FY 2064/65 to 2066/67

Indicators	Year		Region					National
			EDR	CDR	WDR	MWDR	FWDR	
Total Cases (HF + Community Level)	2064/65	07/08	362,732	419,607	203,847	214,714	197,206	1,398,106
	2065/66	08/09	449,903	497,724	296,223	319,435	254,213	1,817,498
	2066/67	09/10	471,649	521,056	314,752	420,309	307,126	2,034,892
No Dehydration Cases (HF + Community Level)	2064/65	07/08	286,477	343,784	177,003	176,758	169,258	1,153,280
			79.0%	81.9%	86.8%	82.3%	85.8%	82%
	2065/66	08/09	367,592	419,703	261,260	275,923	224,847	1,549,325
			81.7%	84.3%	88.2%	86.4%	88.4%	85%
	2066/67	09/10	395268	447408	285545	375670	279637	1,783,528
			83.81%	85.87%	90.72%	89.38%	91.05%	88%
Some Dehydration Cases (HF + Community Level)	2064/65	07/08	73,005	71,523	26,105	35,205	26,389	232,227
			20.1%	17.0%	12.8%	16.4%	13.4%	16.6%
	2065/66	08/09	79,806	75,280	33,581	41,199	27,737	257,603
			17.7%	15.1%	11.3%	12.9%	10.9%	14%
	2066/67	09/10	75,165	71,615	28,527	42,443	25,951	243,701
			15.9%	13.7%	9.1%	10.1%	8.4%	12.0%
Severe Dehydration Cases (HF + Community Level)	2064/65	07/08	3,250	4,300	739	2,751	1,559	12,599
			0.9%	1.0%	0.4%	1.3%	0.8%	0.9%
	2065/66	08/09	2,505	2,741	1,382	2,313	1,629	10,570
			0.6%	0.6%	0.5%	0.7%	0.6%	0.6%
	2066/67	09/10	1,216	2,033	680	2,196	1,538	7,663
			0.3%	0.4%	0.2%	0.5%	0.5%	0.4%

Source: HMIS/MD, DoHS

Table 2c.5 shows the classification of dehydration by region over the last three years. IMCI programme has imparted positive impact on the skill and knowledge of health workers, enabling them to better identification, classification and treatment of diarrheal diseases. Due to their better skill and knowledge, more cases are gradually classified as 'No Dehydration' and less cases as 'Some Dehydration'. Also because of increased awareness among caretakers, cases of diarrhoea in children are brought to FCHVs, VHW/MCHWs and health facilities at an earlier stage. Further to this scaling up of Zinc supplementation in the treatment of the program is completed at the end 2066/67 and also the contribution of free health service. At the national level cases of 'Severe Dehydration' have declined to 0.4 percent from 0.9 percent of FY 2064/65. This sort of decline in severe dehydration is observed in almost all regions.

Table 2c.6 Treatment of Diarrhoeal Diseases, by Region, FY 2064/65 to 2066/67

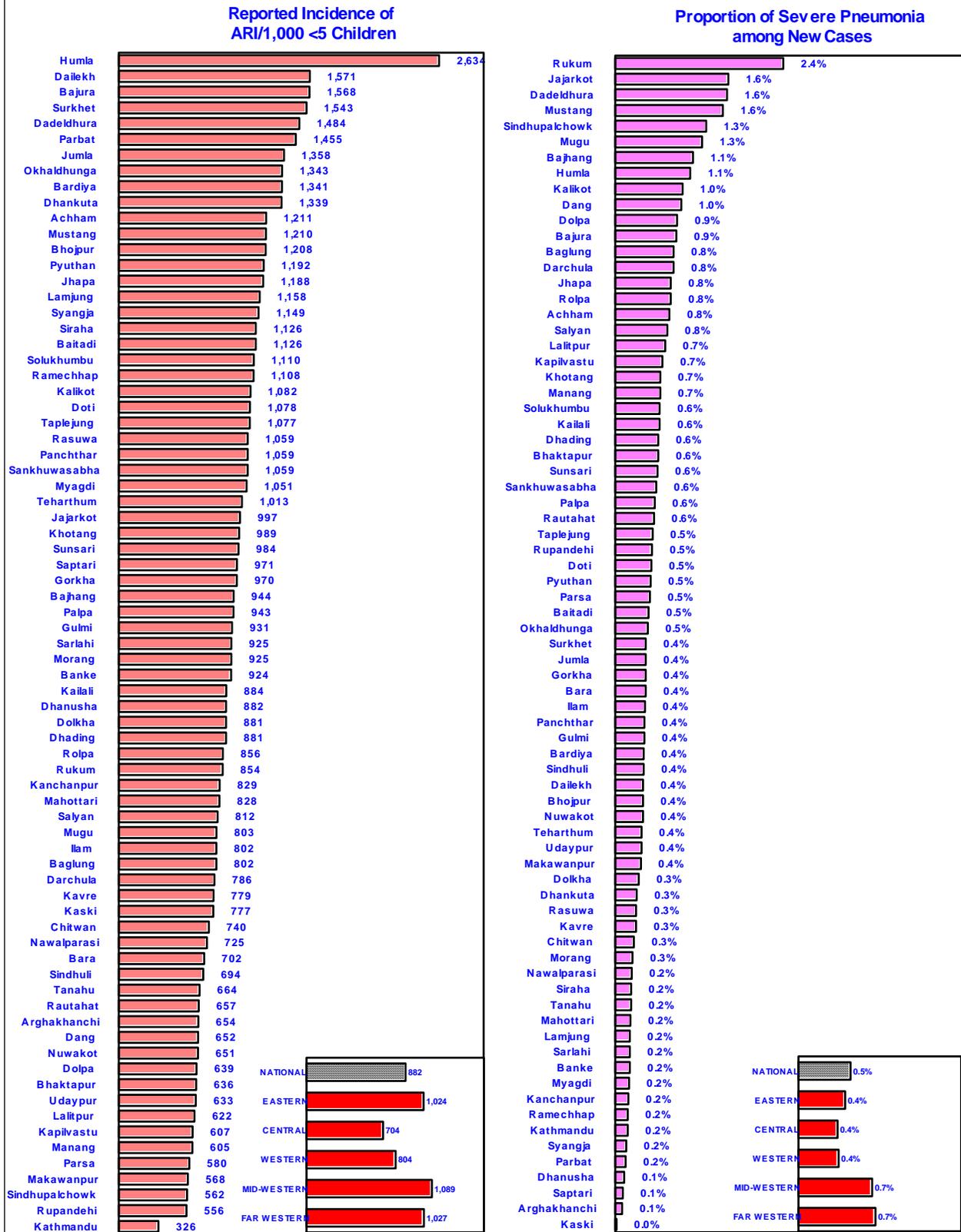
Indicators	Year		Region					National	
			EDR	CDR	WDR	MWDR	FWDR		
Total Cases (HF + Community Level)	2064/65	07/08	362,732	419,607	203,847	214,714	197,206	1,398,106	
	2065/66	08/09	449,903	497,724	296,223	319,435	254,213	1,817,498	
	2066/67	09/10	471,649	521,056	314,752	420,309	307,126	2,034,892	
Treated with ORS	2064/65	07/08	281,994	287,437	122,999	146,990	137,917	977,337	69.9%
	2065/66	08/09	337,511	264,428	140,165	173,548	174,332	1,089,984	60.0%
	2066/67	09/10	299,574	273,916	145,836	181,086	182,281	1,082,693	53.2%
Zinc + ORS	2064/65	07/08	84,887	150,715	85,079	55,891	62,006	438,578	31.4%
	2065/66	08/09	99,919	237,266	170,254	135,396	82,996	725,831	39.9%
	2066/67	09/10	169,937	251,246	180,415	241,993	127,007	970,598	47.7%
Treated with IV Fluid	2064/65	07/08	1,894	4,176	952	2,499	1,052	10,573	0.8%
	2065/66	08/09	1,438	2,328	971	1,802	803	7,342	0.4%
	2066/67	09/10	977	2084	826	1951	812	6,650	0.3%

Source: HMIS/MD & IMCI Section/CHD, DoHS

Table 2c.6 presents the treatment of diarrhoea by IV fluid and ORS which is gradually decreasing over the last three years at national level. Scaling up of Zinc supplementation program has been completed at the end of FY 2066/67. However, the treatment of diarrhoea by Zinc + ORS is gradually increasing nationally.

Acute Respiratory Tract Infection (ARI)

Fiscal Year 2066/67 (2009/2010)



Source: HMIS/MD, DoHS

1.7 ACUTE RESPIRATORY INFECTION (ARI)

The Ministry of Health and Population (MoHP) recognises Acute Respiratory Infection (ARI) as one of the major public health problems in Nepal among children under 5 years of age. CB-IMCI Program follows WHO guidelines on standard ARI case management. Accordingly, all cases of ARI assessed by health workers should be classified into one of the following categories:

- ◆ Severe pneumonia or Very severe disease
- ◆ Pneumonia
- ◆ No pneumonia–cough and cold

The programme recognises the important role of mothers and other caretakers in identifying the difference between the need for home care and for referral to health facilities. Therefore, all health workers should be able to communicate the necessary information effectively to mothers and caretakers.

INDICATORS

Main Indicators		Numerator and Denominator	
1. Under-five child mortality due to ARI-related causes	Total deaths due to ARI in one year	x 1,000	
	Total < 5 yr. population in the same year		
2. Case Fatality Rate from ARI	Total deaths from ARI in a specific time	x 1,000	
	Total ARI new cases in same period		
3. Annual incidence of ARI among under-five children	Total no. of ARI cases in one year	x 1,000	
	Total no. of < 5 yr. population in the same year		
4. Annual incidence of pneumonia among under-fives	No. of pneumonia cases in a specified year	x 1,000	
	Total no. of < 5 yr. population in same year		

TARGETS vs. ACHIEVEMENT, FY 2066/67 (2009/2010)

S. No.	Activities	Unit	Targets	Achievement	Target vs. Achievement (percent)
1.	Purchase of ARI Sound Timer	Units	15,000	1,5000	100
2.	Purchase of Cotrimoxazole Paediatric Tablet	Tabs	5,300,000	5,300,000	100

Source: IMCI Section/CHD & HMIS/MD, DoHS

The above table shows the target vs achievement of most important component of the CB-IMCI Program. The target for the procurement of Cotrimoxazole Paediatric Tablet was achieved 100 percent. ARI Sound timer was purchased 15,000 pcs only.

1.7.1 ANALYSIS OF SERVICE STATISTICS BY MAJOR ACTIVITIES

Since FY 2064/65, CB-IMCI Program data (as received from Health Facility, VHW/MCHW and FCHV) has been incorporated into HMIS System, the national level data presentation is a consolidated total of HF level + VHW/MCHW + FCHV level data. (see table 2c.8).

Table 2c.7 Total ARI Cases Treated at Different Level

S.N.	Total ARI New Cases		Percentage
1.	National	2,999,884	100.00
2.	HF Level	921,378	30.71
3.	VHW/MCHW	504,244	16.81
4.	FCHV	1,574,262	52.48
5.	Total Community	2,078,506	69.29

Source: IMCI Section/CHD & HMIS/MD, DoHS

Table 2c.7 shows that altogether 2,999,884 new ARI cases among "under-five children" were reported in FY 2066/67. Out of total ARI cases, 921,378 (30.71%) were treated by HFs, 504,244 (16.81%) cases were treated by VHW/MCHWs and 1,574,262 (52.48%) were treated by FCHVs (See figure 2c.6). This is a positive impact of the CB-IMCI Program that nearly 70% of cases are treated at community level.

figure 2c.6

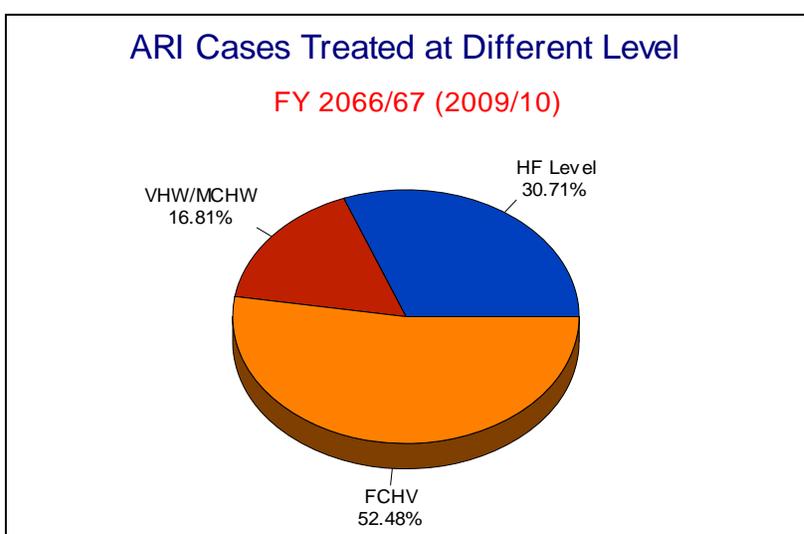


Table 2c.8 Total ARI New Cases with classification, by Region, FY 2064/65 to 2066/67 (2007/2008 to 2009/2010)

Indicators	Year		Region					National
			EDR	CDR	WDR	MWDR	FWDR	
Target population <5 years	2064/65	07/08	812,947	1,224,041	736,588	534,161	392,053	3,699,790
	2065/66	08/09	818,268	1,233,110	741,498	538,227	395,314	3,726,417
	2066/67	09/10	731,488	1,158,425	654,071	489,732	366,692	3,400,408
Total New Cases (HF + Community)	2064/65	07/08	643,659	679,371	373,398	310,471	267,147	2,274,046
	2065/66	08/09	725,636	817,420	504,968	463,533	339,554	2,851,111
	2066/67	09/10	749,067	815,446	525,808	533,072	376,491	2,999,884
ARI New Cases/1,000	2064/65	07/08	792	555	507	581	681	615
	2065/66	08/09	887	663	681	864	859	765
	2066/67	09/10	1,024	704	804	1,089	1,027	882

Indicators	Year		Region					National
			EDR	CDR	WDR	MWDR	FWDR	
% of No Pneumonia	2064/65	07/08	65.2	72.1	71.3	65.2	71.9	69.0
	2065/66	08/09	66.6	69.9	69.7	65.5	70.9	68.4
	2066/67	09/10	68.7	72.8	73.5	68.3	73.0	71.1
% of Pneumonia	2064/65	07/08	34.8	27.9	28.7	34.8	28.1	31.0
	2065/66	08/09	32.8	29.6	29.8	33.7	28.5	31.0
	2066/67	09/10	31.3	27.2	26.5	31.7	27.0	28.9
% of Severe Pneumonia	2064/65	07/08	1.1	0.5	0.5	1.2	0.8	0.8
	2065/66	08/09	0.6	0.5	0.5	0.8	0.6	0.6
	2066/67	09/10	0.4	0.4	0.4	0.7	0.7	0.5

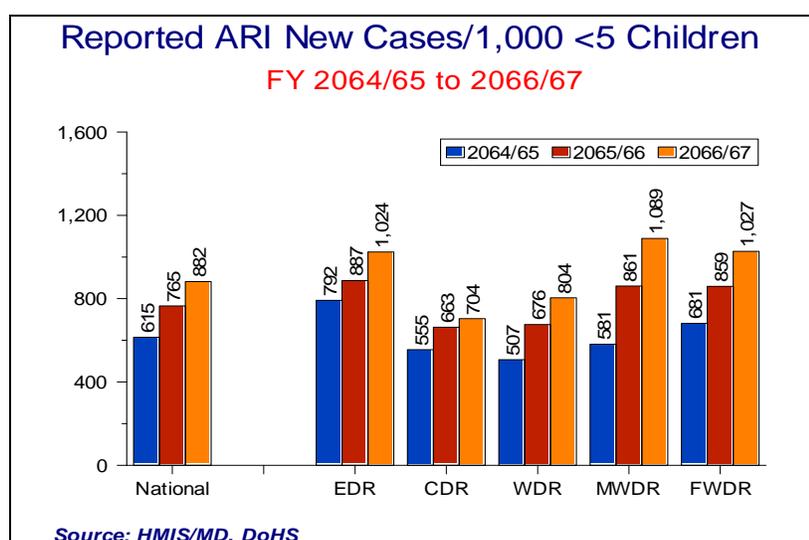
Source: HMIS/MD, DoHS

The table 2c.8 shows that the highest number of "new ARI" cases was reported in the CDR followed by EDR in terms of absolute number. But if the cases are defined in terms of ARI New Cases per 1,000 population, then the highest rate per 1,000 was observed at MWDR (1,089) followed by FWDR (1,027), EDR (1,024), WDR (804) and CDR (704). The escalation in ARI New Cases per 1,000 is mainly due to the data incorporated for the treatment provided by the FCHVs at the community level and completion of scaling up of CB-IMCI Program.

Nationally, the percentage of pneumonia cases has decreased gradually over the three fiscal years (31.0, 31.0 and 28.9). The highest percentage of pneumonia cases (31.7 percent) was found in the MWDR, followed by the EDR (31.3 percent), and the very lowest was found at FWDR (27.0), CDR (27.2) and WDR (26.5) respectively during the FY 2066/67.

Regarding severe pneumonia there found the substantial decline in percentage of severe pneumonia in all the regions in FY 2066/67 in comparison to previous fiscal years FY 2064/65 and FY 2065/66. The highest percentage of "severe pneumonia" was found in MWDR and FWDR (0.7 percent) and followed by EDR, CDR and WDR (0.4). The percentage of severe pneumonia cases at the national level in FY 2066/67 is observed at 0.5 percent. This decline of severe pneumonia cases at the national as well as at the regional level for three fiscal years is a positive indication of a reduction in ARI-related mortality and morbidity due to better management of ARI cases by the health workers as well as

by VHW/MCHW and FCHVs in CB-IMCI districts and also due to the free health service. Figure 2c.7 shows the reported ARI new cases per 1,000 under-five population. In FY 2066/67, at the national level, reported ARI cases per 1,000 under-five population has increased to 882, which was 615 per 1,000 in FY 2064/65



Source: HMIS/MD, DoHS

figure 2c.7

and 765 in FY 2065/66. This shows an increasing trend in reporting of new ARI cases. The highest rate of new ARI cases per 1,000 were reported in the MWDR (1,089 per 1,000) followed by FWDR (1,027 per 1,000), EDR (1,024 per 1,000) and WDR (804 per 1,000) and CDR (704 per 1,000).

Compared to previous fiscal years, the number of reported new ARI cases has increased at the national and regional level during FY 2066/67. The increasing number of ARI cases could be due to increased accessibility of services at the community level as more and more MCHWs/VHWs and FCHVs are trained every year in ARI case management in CB-IMCI districts. Furthermore, CB-IMCI data is also incorporated into HMIS system. HMIS system has revised its data collection and reporting system from the F.Y 2064/65 in its regular reporting.

Table 2c.9 ARI cases/1,000, Total Pneumonia Cases, Incidence of Pneumonia, Reported Deaths, Mortality and Case Fatality Rate/1,000 of 5 Year Population, by Region, FY 2064/65 to 2066/2067 (2007/2008 to 2009/2010)

Indicators	Year		Region					National
			EDR	CDR	WDR	MWDR	FWDR	
Target population <5 years	2064/65	07/08	812,947	1,224,041	736,588	534,161	392,053	3,699,790
	2065/66	08/09	818,268	1,233,110	741,498	538,227	395,314	3,726,417
	2066/67	09/10	731,488	1,158,425	654,071	489,732	366,692	3,400,408
Total Cases (HF + community level)	2064/65	07/08	643,659	679,371	373,398	310,471	267,147	2,274,046
	2065/66	08/09	725,636	817,420	504,968	463,533	339,554	2,851,111
	2066/67	09/10	749,067	815,446	525,808	533,072	376,491	2,999,884
ARI New Cases/1000	2064/65	07/08	792	555	507	581	681	615
	2065/66	08/09	887	663	681	864	859	765
	2066/67	09/10	1,024	704	804	1,089	1,027	882
Total Pneumonia Cases	2064/65	07/08	224,030	189,753	107,250	108,112	75,106	704,251 31.0%
	2065/66	08/09	238,279	242,424	150,498	156,552	97,005	884,758 31.0%
	2066/67	09/10	234,095	222,116	139,108	168,772	101,585	865,676 28.9%
Incidence of Pneumonia cases/ 1,000 <5 children	2062/63	05/06	276	155	146	202	192	190
	2063/64	06/07	291	197	203	291	245	238
	2064/65	07/08	320	192	213	345	277	255
% of Pneumonia (Pneumonia+ Severe)	2062/63	05/06	34.8	27.9	28.7	34.8	28.1	31.0
	2063/64	06/07	32.8	29.7	29.6	33.8	28.6	31.0
	2064/65	07/08	31.7	27.6	26.8	32.3	27.0	29.3
ARI reported deaths	2064/65	07/08	31	30	18	26	58	163
	2065/66	08/09	74	25	14	88	36	237
	2066/67	09/10	164	25	19	83	28	319
Reported ARI Mortality rate/1,000	2064/65	07/08	0.04	0.03	0.03	0.05	0.16	0.05
	2065/66	08/09	0.09	0.02	0.02	0.16	0.09	0.06
	2066/67	09/10	0.22	0.02	0.03	0.17	0.08	0.09
Reported ARI case fatality rate/1,000	2064/65	07/08	0.0	0.04	0.0	0.1	0.2	0.1
	2065/66	08/09	0.10	0.03	0.03	0.2	0.1	0.1
	2066/67	09/10	0.02	0.00	0.00	0.02	0.01	0.1

Source:MD, DoHS

Table 2c.9 shows that out of total ARI Cases (2,999,884), 865,676 (28.9%) were reported as Pneumonia (Pneumonia + Severe Pneumonia). The Incidence of Pneumonia Cases/1,000 <5 Children is 255 and reported

total ARI related deaths is 319 in FY 2066/67 at the national level. Similarly, the mortality rate is found to be 0.09 in FY 2066/67, which was 0.05 in FY 2064/65 and 0.06 in FY 2065/66. However the ARI Case Fatality rate has not increased in FY 2066/67, which remained constant during three fiscal years.

It can be observed from Figure 2c.8, that in FY 2066/67 the incidence of Pneumonia per 1,000 <5 children increased to (255) at national level in comparison to FY 2064/65 (190) and FY 2065/66 (237). The increasing trend of pneumonia incidence indicates high case detection in the districts both at HF and Community Level. Further to this community level data is also incorporated into HMIS system from FY 2064/065. Among the regions, the highest rate of incidence of pneumonia is observed in MWDR (345/1,000), and then followed by EDR (320/1,000), FWDR (277/1,000), WDR (213/1,000) except CDR (192/1,000) in FY 2066/67. In CDR the incidence is slightly decreased in comparison to FY 2065/66 but high in comparison to FY 2064/65.

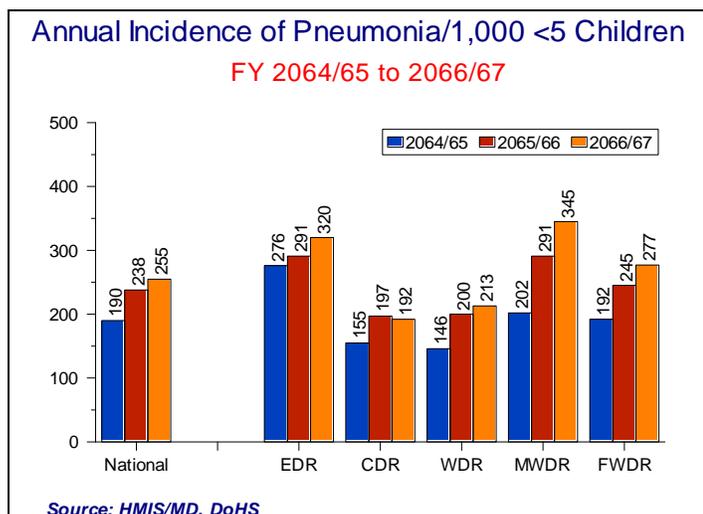


figure 2c.8

The figure 2c.9 shows the proportion of Severe Pneumonia in terms of percentage. At national level the percentage of severe pneumonia was observed at 0.5 in FY 2066/67 at the national level, showing a declining trend from 0.8 in FY 2064/65 and 0.6 in F.Y. 2065/66. The declining trend also can be seen in almost all regions except FWDR. In FWDR it has slightly gone up but in FY 2066/67 but high in comparison to FY 2065/66. This indicates that the accessibility and availability of services have improved and at the same time, HWs and FCHVs are detecting and treating the Pneumonia cases in time.

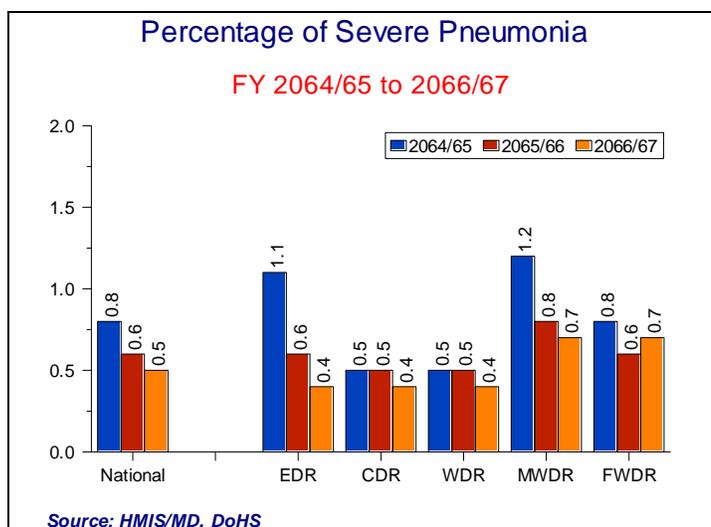


figure 2c.9

The figure 2c.10 shows that the reported case fatality rate due to ARI among under-five children remained constant at 0.1 during FY 2064/65, 2065/66 and 2066/67 despite of the substantial increase in ARI incidence. Among the regions in FY 2066/67 ARI case fatality rate has decreased in EDR, WDR and FWDR compared to the previous FY 2064/65 and 2065/66, but in CDR, WDR it was '0' (Zero).

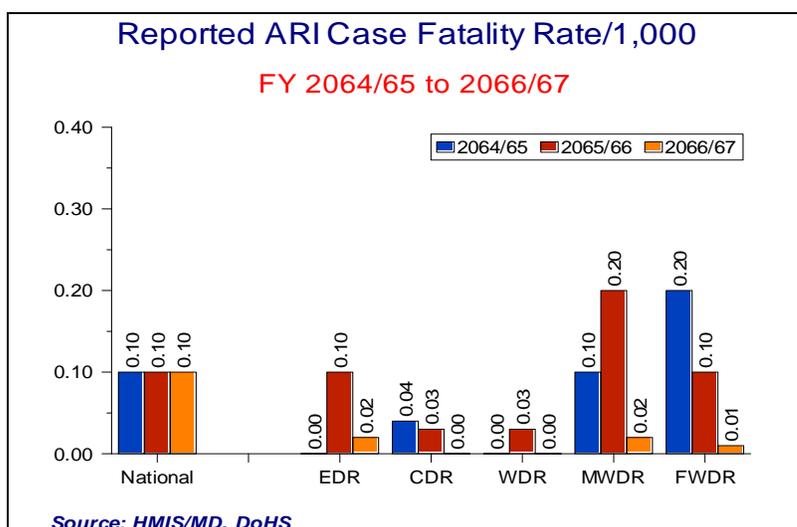


figure 2c.10

Table 2c.10 Treatment of ARI Cases, Number and Percent by Region, FY 2064/65 to 2066/67 (2007/2008 to (2009/2010)

Indicators	Year		Region					National
			EDR	CDR	WDR	MWDR	FWDR	
Total Cases (HF + Community level)	2064/65	07/08	643,659	679,371	373,398	310,471	267,147	2,274,046
	2065/66	08/09	725,636	817,420	504,968	463,533	339,554	2,851,111
	2066/67	09/10	749,067	815,446	525,808	533,072	376,491	2,999,884
Home Treatment	2064/65	07/08	415,394	482,489	259,610	201,067	193,413	1,551,973
			64.5%	71.0%	69.5%	64.8%	72.4%	68.2%
	2065/66	08/09	475,197	568,121	342,931	304,102	242,745	1,934,396
			65.5%	69.5%	68.3%	65.6%	71.5%	67.9%
	2066/67	09/10	511,778	582,159	382,779	362,135	273,429	2,112,280
			68.3%	71.4%	72.8%	67.9%	72.6%	70.4%
Antibiotic Treatment (Cotrimoxazole)	2064/65	07/08	210,530	180,358	103,800	104,742	73,176	672,606
			32.7%	26.5%	27.8%	33.7%	27.4%	29.6%
	2065/66	08/09	234,439	231,698	142,465	151,392	90,296	850,290
			32.3%	28.3%	28.0%	32.7%	26.6%	29.8%
	2066/67	09/10	221,247	212,693	131,878	162,862	97,291	825,971
			29.5%	26.1%	25.1%	30.6%	25.8%	27.5%
Other Antibiotic	2064/65	07/08	15,409	12,589	8,336	7,294	3,844	47,472
			2.4%	1.9%	2.2%	2.3%	1.4%	2.1%
	2065/66	08/09	15,537	17,499	11,554	6,417	3,836	54,843
			2.1%	2.1%	2.3%	1.4%	1.1%	1.9%
	2066/67	09/10	16,857	15,977	11,580	8,468	4,516	57,398
			2.3%	2.0%	2.2%	1.6%	1.2%	1.9%

Source: HMIS/MD, DoHS

As seen in Table 2c.10, treatment by antibiotics is declining at the national level whereas percentage of home treatment is increased by 2.5 percent that indicating a positive direction of the ARI programme to meet one of its set objectives, namely "to discourage irrational use of drugs". Table 2c.10 also shows that in FY 2066/67, 27.5 percent of ARI cases were treated with Cotrimoxazole. The proportion of home treatment for ARI cases increased from 68.2 percent of FY 2064/65 to 70.4 percent in fiscal year 2066/67 (2009/2010).

The use of other antibiotics has also decreased from 2.1 percent of FY 2064/65 to 1.9 percent in FY 2066/67. This could be due to the positive impact of basic ARI case management training provided for district and Health Post level personnel. Treatment with 2nd line antibiotics has been constant at national level.

1.8 ZINC SUPPLEMENTATION PROGRAMME

Zinc tablet in the treatment of diarrhea was introduced in FY 2062/63 as a pilot programme in two districts of Nepal (Rautahat and Parbat). The scaling up of the program has been completed at the end of FY 2066/67 (2009/2010).

1.9 INTEGRATED MICRO-PLANNING

BACKGROUND

Integrated Micro-planning has been completed in 2 districts Ramechhap and Lamjung districts at the end of FY 2066/67. The expansion of Integrated MCH Micro-planning will be one in two low performance districts in FY 2067/68. The low performance districts will be selected accordingly as mentioned in the DoHS Annual Report of FY 2065/66 (2008/2009).

OBJECTIVES

- To identify the strategy to reach marginalised, remote and under-served population.
- To address the inequitable distribution of MCH Services among ethnic groups, gender and geographic regions.
- To increase access and utilization of MCH Services among marginalised and under-served population.
- To improve the MCH service coverage in the districts

2.0 COMMUNITY BASED NEW BORN CARE PACKAGE (CB-NCP)

BACKGROUND

Researches carried out in different periods (including NFHS and NDHS and WHO estimations over the time) have shown that neonatal mortality in Nepal has been decreasing at a slower rate than infant and child mortality. The rising proportion of neonatal deaths reflects two key factors i.e.

- (a) the difficulty of reaching many babies who are born at home with effective and
- (b) timely interventions and the success of the Government of Nepal (GON) in implementing community based interventions such as expanded immunization, Integrated Management of Childhood Illnesses and nutrition that have noticeably reduced post-neonatal deaths in Nepal.

Neonatal mortality rate is 33 per 1,000 live births which accounts for 54 percent and 69 percent of the under-five mortality and infant mortality respectively (NDHS 2006). The major causes of neonatal death in Nepal are infection, birth asphyxia, preterm birth, and hypothermia. Given Nepal's existing health service indicators, it becomes clear that strategies to address neonatal mortality in Nepal must consider the fact that 81% of births take place at home. In order to reduce neonatal mortality MOHP has introduced community based new born care interventions such as Community Based Newborn Care Program with the support of Save the Children, UNICEF and USAID and management of possible severe bacterial infection of below 2 month child within the framework of CB-IMCI.

Therefore, as an urgent step to reduce neonatal mortality, Ministry of Health and Population (MoHP) initiated a new program called '**Community Based Newborn Care Package (CB-NCP)**' based on the National Neonatal Health Strategy 2004. The program was implemented as pilot program in ten districts in FY 2065/66 and has been proposed to scale up 15 districts in 2067/68.

GOAL: To reduce neonatal mortality (NMR) through the sustained high coverage (use) of effective community based interventions

OBJECTIVES:

- ◆ To prevent and manage Newborn infection
- ◆ To prevent and manage hypothermia and low birth weight newborns
- ◆ To manage post-delivery asphyxia
- ◆ To develop an effective system of referral of the sick newborns

TARGETS:

- ◆ To reduce neonatal mortality from the current rate of 33/1,000 live births to 17/1,000 live births by 2015.
- ◆ To reduce neonatal morbidity among infants less than 2 months of age.

CB -NCP program was implemented in the districts in the following order:

Phase	Fiscal Year	District
Piloting	2065/66 (2008/2009)	Dhankuta, Morang, Sunsari, Parsa, Chitwan, Kavre, Palpa, Dang, Bardiya and Doti
Scaling up	2067/68 (2010/2011)	Sankhuwasava, Therathum, Sarlahi, Myagdi, Kailali, Saptari, Bajhang, Banke, Nawalparasi, Kapilvastu, Arghakhanchi, Mahottari, Dailekh, Jumla, Salyan).

(In FY 2066/67 it has been planned to scale up in more 15 districts).

PROBLEMS/CONSTRAINTS AND ACTIONS TO BE TAKEN

Issues/Problems/ Constraints	Action to be Taken	Responsibility
<ul style="list-style-type: none"> Inadequate logistics supply- timer, Zinc, Cotrim P 	<ul style="list-style-type: none"> Endorse Procurement Plan Strengthen monitoring 	CHD/LMD/RHD
<ul style="list-style-type: none"> Inadequate supportive supervision 	<ul style="list-style-type: none"> Improve integrated supportive supervision and monitoring in all levels and improve supportive feedback system 	D(P)HO/RHD/CHD
<ul style="list-style-type: none"> Review meeting not effective 	<ul style="list-style-type: none"> Conduction of integrated review meetings of child health programs from region and below 	D(P)HO/RHD/CHD
<ul style="list-style-type: none"> Vertical recording and reporting 	<ul style="list-style-type: none"> Integrate reporting system in HMIS 	CHD/MD
<ul style="list-style-type: none"> Inadequate performance capacity of Focal Person 	<ul style="list-style-type: none"> Training and exposure visits Need to introduce capacity building training for CB-IMCI Focal Persons 	CHD/RHD
<ul style="list-style-type: none"> Low coverage of Zinc for treatment of Diarrhea with ORS 	<ul style="list-style-type: none"> Awareness raising activities Emphasis during review meeting of HWs and FCHVs 	CHD/NHEICC/RHD/DHO
<ul style="list-style-type: none"> Lack of preventive measures 	<ul style="list-style-type: none"> Integrated preventive activities – water/sanitation, nutrition, quality health education 	CHD, NHEICC, EDCD
<ul style="list-style-type: none"> Inadequate preparedness and response to diarrhea outbreaks 	<ul style="list-style-type: none"> Effective co-ordination and preparedness 	EDCD, CHD, inter and intra-sectoral co-ordination

3. TARGETS FOR FY 2067/68 (2010/2011)

Diarrhoea				
S. No.	Activities	Unit	Annual Targets	Budget Rs.'000
1	ORS purchase	Pkts.	5,000,000	14,700
2	Zinc tablet purchase	Tabs.	20,000,000	19,110
ARI				
1.	Purchase of ARI Sound Timer	Units	20,000 (5,000 GoN)	7,260 (GoN, UNICEF, USAID)
2.	Procurement of Cotrimoxazole	Tabs.	10,000,000	4,900

Source: IMCI Section/CHD, DoHS

Note: For detailed, district-specific data and analysis on this programme/project, please refer to the annexes in this document.

Family Health Programme

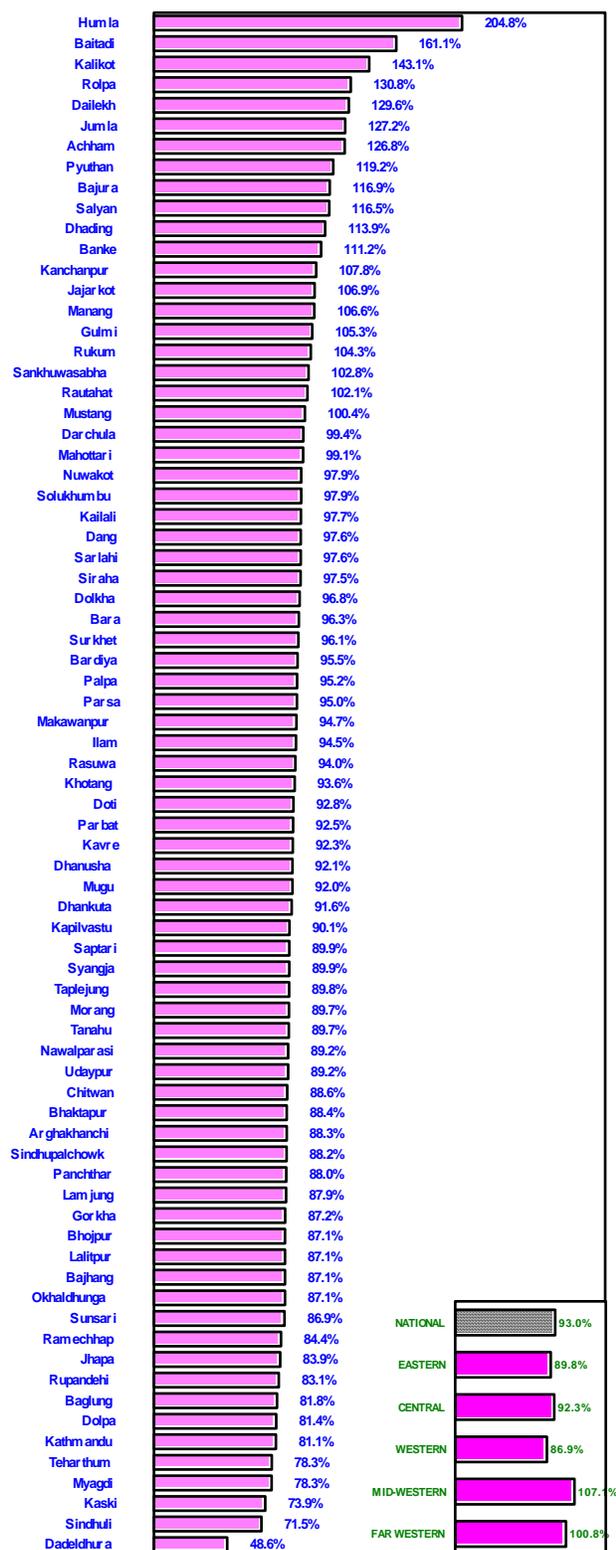
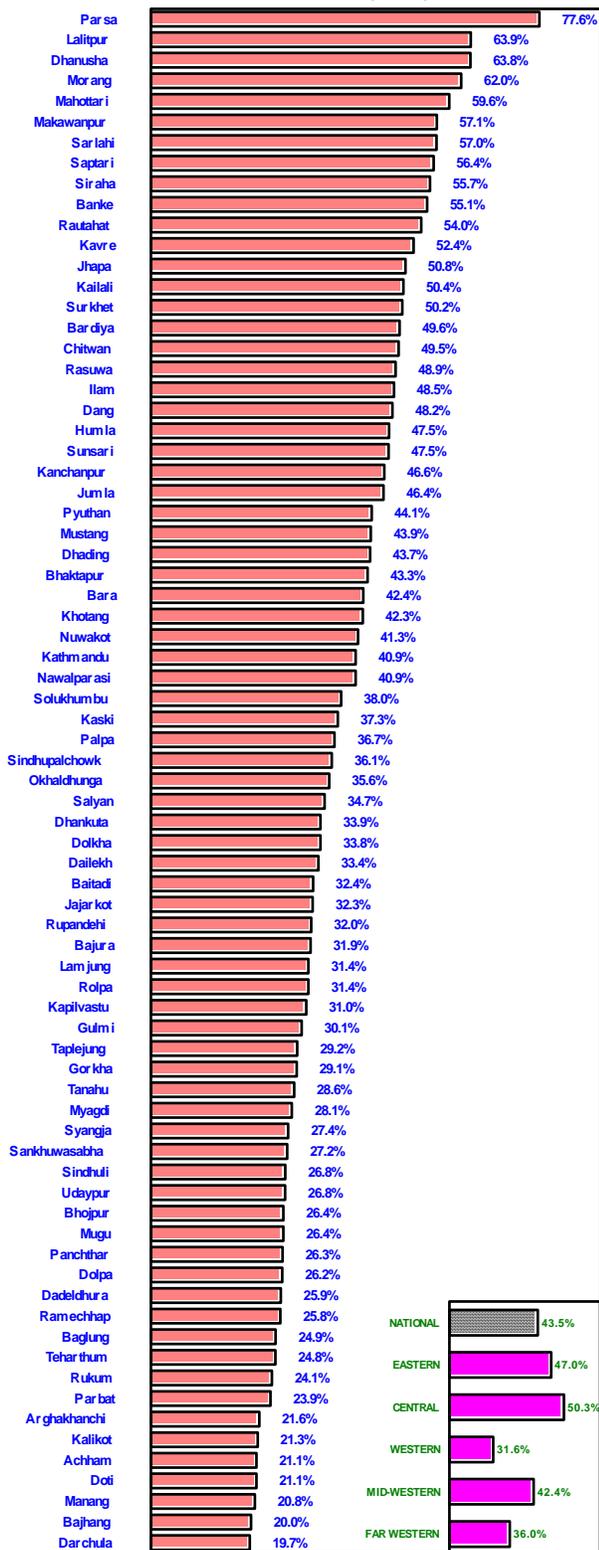
3a	Family Planning	78
3b	Safe Motherhood and Newborn Health	90
3c	Female Community Health Voluntary Programme	117
3d	Primary Health Care Outreach	121
3e	Demography and Reproductive Health Research	125

Family Planning

Fiscal Year 2066/67 (2009/2010)

Contraceptive Prevalence Rate (CPR)

Target Vs Achievement as % of Current Users



Source: HMIS/MD, DoHS

Family Planning

1 BACKGROUND

The main thrust of the National Family Planning Programme is to expand and sustain adequate quality family planning services to communities through the health service network such as hospitals, primary health care (PHC) centres, health posts (HP), sub health posts (SHP), primary health care outreach clinics (PHC/ORC) and mobile voluntary surgical contraception (VSC) camps. The policy also aims to encourage public private partnership. Female community health volunteers (FCHVs) are to be mobilized to promote condom distribution and re-supply of oral pills. Awareness on FP is to be increased through various IEC/BCC intervention as well as active involvement of FCHVs and Mothers Groups as envisaged by the revised National Strategy for Female Community Health Volunteers program.

In this regard, family planning services are designed to provide a constellation of contraceptive methods/services that reduce fertility, enhance maternal and neonatal health, child survival, and contribute to bringing about a balance in population growth and socio-economic development, resulting in an environment that will help the Nepalese people improve their quality of life.

1.1 OBJECTIVES

Within the context of reproductive health, the main objectives of the Family Planning Programme are to assist individuals and couples to:

- Space and/or limit their children
- Prevent unwanted pregnancies
- Improve their overall reproductive health

1.2 TARGETS

Periodic and long-term targets for the Family Planning Programme have been established as follows:

1.2.1 Total Fertility Rate (TFR)

To reduce TFR from 3.1 children per women in 2006 to 3.0 by the end of the Three Year Interim Plan (2064/65 to 2066/67) and further to 2.5 by 2015 (MDG).

1.2.2 Contraceptive Prevalence Rate (CPR)

- To increase the Contraceptive Prevalence Rate (CPR) from 48 percent in 2006 to 51 percent by the end of 3 Year Interim Plan period (2064/65 to 2066/67), and to 67 percent by 2015 (MDG).
(All methods)
- To increase the Contraceptive Prevalence Rate (CPR) from 44 percent in 2006 to 55 percent in 2015.
(Modern Contraceptive Methods)

1.2.3 Family Planning Continuing Users

In order to achieve the CPR and the TFR targets mentioned above, a total of 2,530,000 couples were expected to be using modern contraception by the end of the FY 2066/67. Recognizing the importance

of spacing of births, the Family Planning Programme placed greater emphasis on promoting temporary methods of contraception and this effort is continued. More specifically, the long-term objective is to reduce the share of permanent sterilization in overall family planning methods use. However, the emphasis on VSC services should be continued to address the unmet demand of those who desire to limit further births.

For planning purposes, the expected numbers of VSC cases for the 2066/67 (2009/2010) was 85,000.

1.3 INDICATORS

Main Indicators	Description
1 Total Fertility Rate (TFR)	Expresses the average number of children a woman will bear by the end of her reproductive life under prevailing fertility conditions. While data on TFR are not available from HMIS, Nepal undertakes Fertility or Demographic and Health Surveys every five years, which provide an updated estimate of TFR.
2 Contraceptive Prevalence Rate (CPR)	Expresses the percentage of MWRA using any modern contraceptive device at a point of time. CPR is calculated as follows: $\frac{\text{Number of current users of Modern FP Method}}{\text{Married Women of Reproductive Age (MWRA)}} \times 100$
3 Couple Years of Protection (CYP)	Expresses the number of years for which a couple would be protected from being pregnant by modern contraceptive methods provided during the year. CYP is calculated as follows: <ul style="list-style-type: none"> - VSC=13 CYP, - Implant(Five years Effective) =5 CYP, - Implant (Three Years) = 3 CYP, - IUCD=8 CYP, - 13 Pill cycles=1 CYP, - 4 doses Depo=1 CYP, and - 150 Condoms=1 CYP
4 Method-specific new acceptors as a percent of MWRA	Expresses the percentage of MWRA using specific FP methods for the first time in specific period, which is calculated as follows: $\frac{\text{Number of method specific New Acceptors}}{\text{Married Women of Reproductive Age (MWRA)}} \times 100$

1.4 STRATEGIES

The Family Planning Programme aims to provide a constellation of contraceptive services throughout the country. The strategy to achieve the family planning goals includes the following elements:

- 1.4.1 Periodic review of policy through national RH steering committee meetings
- 1.4.2 Co-ordination of FP program and activities through RH co-ordination committee networks including Family Planning Sub-Committee.
- 1.4.3 Institutionalization of policy/operational guidelines and clinical protocols to ensure maximum coverage and quality of family planning services
- 1.4.4 Increasing the knowledge and understanding of the benefits of delayed marriage, birth spacing, and a well planned family norm across the country through integrated RH/ FP/IEC/BCC activities
- 1.4.5 Increasing accessibility and availability of FP services through a combination of static, outreach and referral services

- 1.4.6 Establish FP service as a part of hospital service and strengthen Institutionalized Family Planning Service Centers (IFPSC)
- 1.4.7 Expanding regular year-round and mobile VSC outreach services
- 1.4.8 Expanding IUCD services to PHC and HP, with special emphasis on thorough counseling and follow-up services
- 1.4.9 Linking FP program with essential Health Care Service
- 1.4.10 Providing non-clinical methods (condoms, pills, and injectables) through static and outreach services
- 1.4.11 Training of service providers in collaboration with NHTC
- 1.4.12 Improving the quality of care in accordance with the National Medical Standards for contraceptive services, with special attention on counseling, infection prevention and management of side effects and complications
- 1.4.13 Providing re-canalisation services in selected hospitals
- 1.4.14 Establishing post-partum FP services in institutions with a significant caseload of deliveries;
- 1.4.15 Integrating family planning services with post abortion care and safe abortion care
- 1.4.16 Identifying national requirements and ensuring adequate procurement of contraceptives and logistic supplies
- 1.4.17 Support and promote wider use of Health Management Information Systems (HMIS) for better management of RH programmes including family planning program
- 1.4.18 Utilizing health systems research more effectively to guide policy and planning decisions
- 1.4.19 Ensuring effective monitoring and supervision of FP programmes
- 1.4.20 Increasing free access to condom by having condom boxes at all health institutions and re-supplying pills and distributing condom through FCHVs.

2 ANALYSIS OF ACHIEVEMENTS BY MAJOR ACTIVITIES

2.1 ACTIVITIES CARRIED OUT IN FY 2066/67 (2009/2010)

In order to provide the reproductive population with options to limit or space births, various modern contraceptive methods were made available under the national health services delivery system. Family planning services were provided through different health institutions at various levels by conducting static services as well as mobile camps. As in the past, the Family Planning Programme continued to receive support from various NGOs, INGOs and other supporting agencies. The major activities implemented during FY 2066/67 are briefly described below:

2.1.1 Voluntary Surgical Contraception (VSC)

VSC services include vasectomy, minilap, postpartum tubal ligation and laparoscopic sterilization. At least one type of VSC service was made available in all districts except Taplejung through hospitals and/or mobile camps. VSC mobile outreach program was conducted in all 74 districts during the FY 2066/67.

2.1.2 Spacing Methods

Spacing methods such as Depo Provera (injectables), Oral Pills and Condoms were made available up to the community level. Distribution of Oral pills and condoms were made through female community health volunteers at the ward level. In addition to above mentioned three methods Implant and IUCD

services were offered through selected HPs, PHCCs and Hospitals. Few SHP are also offering IUCD services based on the availability of trained SBAs. Spacing methods were also made available through private practitioners, Contraceptive Retail Sales (CRS) outlets, pharmacies, and other NGOs and INGOs.

2.1.3 FP Counseling

Counseling is an important activity for assisting clients to make informed choices regarding an appropriate family planning method. FP Counseling services are provided to potential clients by front line FP providers. Accordingly, Comprehensive Family Planning (CoFP) counseling training for various categories of FP service providers were conducted in the fiscal year through NHTC.

2.1.4 Referral

Referral is one of the main approaches for increasing access to family planning services. In the community level, condoms and pills are re-supplied, through a network of FCHVs, while requests for other family planning services are referred to the PHC Outreach clinics, SHPs or to mobile camps. Health facilities that lack implant, IUCD, and VSC service refer the clients to the appropriate institutions or mobile camps.

2.2 TARGETS vs. ACHIEVEMENT FY 2066/67 (2009/2010)

The main targets of family planning activities set for the FY 2066/67 and achievements are presented in table below. As can be seen in the table, out of nine targeted activities accomplishment of 6 activities were 100 percent and the remaining 3 activities were accomplished by 93.03, 83.28, and 97.33 percent respectively.

S. No.	Activities	Unit	Targets	Achievement*	Achieved %
1.	Family Planning Current Users	Couples	2,530,000	2,353,532	93.03
2.	Expected Number of VSC Cases	Numbers	85,000	70,787	83.28
3.	VSC preparatory meetings	District	75	73	97.33
4	IFPSC strengthening workshop	Region	3	3	100.00
5.	Micro-planning in low CPR districts	District	1	1	100.00
6.	Increase Postpartum FP counseling and services	site	6	6	100.00
7	Pre VSC meeting with FCHVs in low performing districts	District	6	6	100.00
8	Interaction meeting with community stake holders in low CPR districts	District	7	7	100.00
9	Family Planning Management Work shop for FP focal persons	Time	1	1	100.00

**Unadjusted data*

Source: HMIS/MD & FHD, DoHS

Regional breakdown of current user's targets vs. achievements for FY 2066/67 are shown in Table 3a.1. As can be seen in the table MWDR and FWDR have achieved more than 100 percent with respect to expected users whereas EDR, CDR, and WDR are able to achieve 89.76, 93.30 and 86.92 percents respectively.

Table 3a.1 Family Planning Current Users (all methods) Targets vs. Achievement, by Region, FY 2066/67 (2009/2010)

Region	Unit	Targets	Achievement*	Percent Achieved
EDR	Couples	660,000	592,388	89.76
CDR	Couples	1012,200	942,522	93.30
WDR	Couples	391,800	340,547	86.92
MWDR	Couples	277,000	296,556	107.06
FWDR	Couples	180,000	181,483	100.83
National	Couples	2,530,000	2,353,532	93.02

*Achievement shown in Table 3a.1 is unadjusted data

Source: HMIS/MD & FHD, DoHS

VSC achievement by region against expected cases for FY 2066/67 are shown in Table 3a.2. At the national level 83.28 percent of the expected cases were achieved. Performance of less than 80 percent was observed in EDR and WDR.

Table 3a.2 VSC Achievement by Method, by Region, FY 2066/67 (2009/2010)

Region	Expected Cases	Minilap	Vasectomy	Total	Percent
EDR	20,800	15,087	1,112	16,199	77.88
CDR	39,400	27,079	7,052	34,131	86.63
WDR	8,950	4,822	2,232	7,054	78.82
MWDR	9,700	2,972	4,964	7,936	81.81
FWDR	6,150	3,225	2,242	5,467	88.89
National	85,000	53,185	17,602	70,787	83.28

Source: HMIS/MD & FHD, DoHS

2.3 ACHIEVEMENTS ANALYSIS

2.3.1 Family Planning Current Users

Table 3a.3 Trend of Family Planning Current User target VSC achievements (all methods) from the FY 2064/65 to 2066/67 (2007/2008 to 2009/2010)

Fiscal Year	Family Planning Current Users*			
	Target	Achievement	Achievement (%)	
2064/65	2007/2008	2,410,000	2,169,932	90.04
2065/66	2008/2009	2,500,000	2,219,392	88.78
2066/67	2009/2010	2,530,000	2,353,532	93.02

*Unadjusted data

Source: HMIS/MD & FHD, DoHS

The annual target of current users and achievements both in terms of absolute number and percentages for the last 3 fiscal years are presented in Table 3a.3. Performance in the fiscal year 2065/66 was decreased by one percent with compared to FY 2064/65 however in this fiscal year 2066/67 it increased by 4 percent.

2.3.2 New Acceptors Trend in Voluntary Surgical Contraception

Table 3a.4 presents the number of VSC acceptors recruited by procedure in the last three fiscal years by region. The total number of VSC new acceptors had decreased from 80,641 in FY 2064/65 to

70,787 in FY 2066/67. Considerable contribution from non-governmental organizations have been observed (42.29 percent) on national VSC achievement in the FY 2066/67. Throughout the three consecutive years the performance of the new VSC recruitment was in decreasing trend which probably demands review of the expected cases in the coming years. This decrease seems obvious in the context of reported increase in long term family planning method use in the same time period.

Table 3a.4 Total Number of VSC New Acceptors by Type of Procedure, by Region, FY 2064/65 to 2066/67 (2007/2008 to 2009/2010)

Procedure	Year		Region					National total VSC	Procedure as a % of total VSC
			EDR	CDR	WDR	MWDR	FWDR		
Minilap	2064/65	2007/08	19,059	30,399	5,530	3,852	4,149	62,989	78.11
	2065/66	2008/09	17,339	30,100	4,291	4,657	3,790	60,177	77.46
	2066/67	2009/10	15,087	27,102	4,822	2,972	3,225	53,208	75.17
Vasectomy	2064/65	2007/08	1,545	7,794	2,630	3,758	1,925	17,652	21.89
	2065/66	2008/09	1,020	7,556	3,209	4,137	1,576	17,498	22.54
	2066/67	2009/10	1,112	7,029	2,232	4,964	2,242	17,579	24.83
New Acceptors	2064/65	2007/08	20,604	38,193	8,160	7,610	6,074	80,641	84.44
	2065/66	2008/09	18,359	37,656	7,500	8,794	5,366	77,675	91.27
	2066/67	2009/10	16,199	34,131	7,054	7,936	5,467	70,787	83.28

Source: HMIS/MD, DoHS

Total number of the female VSC new acceptors at the national and regional level has decreased over previous successive fiscal years and fluctuating performance was observed in MWDR and WDR (Figure 3a.1.).

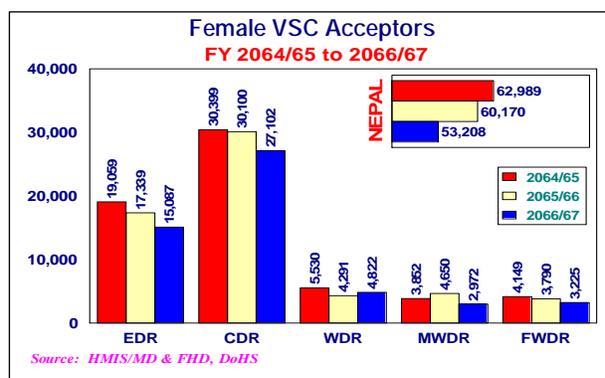


Figure 3a.1

Figure 3a.2. presents the total number of new male VSC acceptors over the last three fiscal years. The total number of new male VSC acceptors has been increasing in successive three years. Fluctuating regional scenario have been observed within the same period.

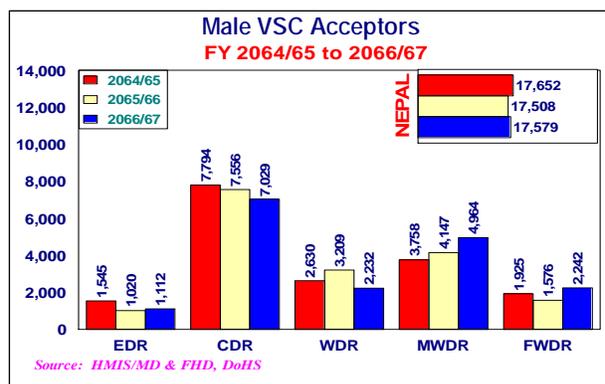


Figure 3a.2

Concentrated efforts are needed to have a better mix of scaling up of both the VSC and long-term family planning services in the days ahead.

Table 3a.5 VSC Expected Cases vs. Achievement, by Region, FY 2064/65 to 2066/67 (2007/2008 to 2009/2010)

	Year		Region					National
			EDR	CDR	WDR	MWDR	FWDR	
Expected Cases	2064/65	2007/08	24,000	41,200	12,650	10,650	7,000	95,500
	2065/66	2008/09	21,500	38,550	9,900	9,250	5,900	85,100
	2066/67	2009/10	20,800	39,400	8,950	9,700	6,150	85,000
Achieved	2064/65	2007/08	20,604	38,193	8,160	7,610	6,074	80,641
	2065/66	2008/09	18,359	37,656	7,500	9,794	5,366	77,675
	2066/67	2009/10	16,199	34,131	7,054	7,936	5,467	7,0787
Percent Achievement	2064/65	2007/08	86%	93%	65%	71%	87%	84%
	2065/66	2008/09	85%	98%	76%	95%	91%	91%
	2066/67	2009/10	78%	87%	79%	82%	89%	83%

Source: HMIS/MD & FHD, DoHS

Table 3a.5 and Figure 3a.3 show the VSC performance as a percentage of expected cases for the last three fiscal years. Though the overall achievement had increased from 84.40 percent in FY 2064/65 to 91.28 percent in FY 2065/66, it has again decreased to 83.28 percent in FY 2066/67 at the national level. The VSC performance in FWDR and CDR have the performance above national level for the FY 2066/67. Program should focus its attention with appropriate options in general to enhance its current level of performance.

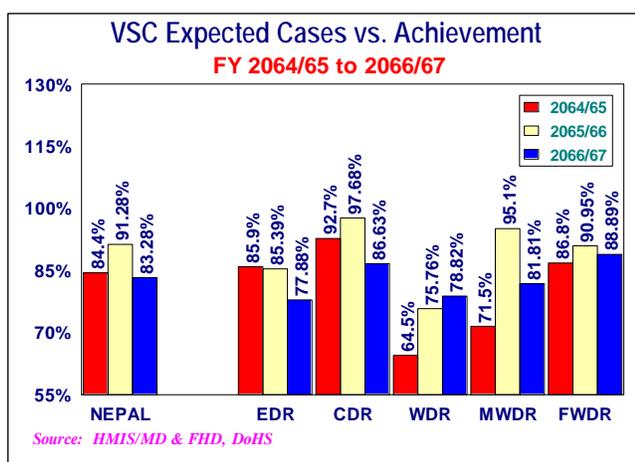


Figure 3a.3

Figure 3a.4 shows the VSC services use during the FY 2066/67. Out of the total VSC performance, Minilap contributes the highest proportion (75.13 percent) followed by vasectomy (24.83 percent).

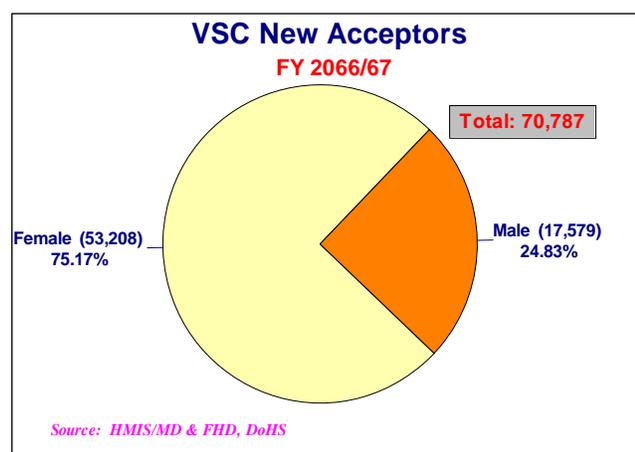


Figure 3a.4

2.3.4 Spacing Methods New Acceptors

New acceptor expresses the number of MWRA who adopt specific method of contraception for the first time in their life. Figure 3a.5 shows the number of new acceptors who had adopted different spacing methods during the last three fiscal years. As can be seen in the figure, there has been an increase in the number of new acceptors of all spacing methods and remarkable increase is observed in IUCD and Implants use in FY 2066/67 compared to the previous fiscal year. This seems quite consonant with the expansion of service sites during recent fiscal years.

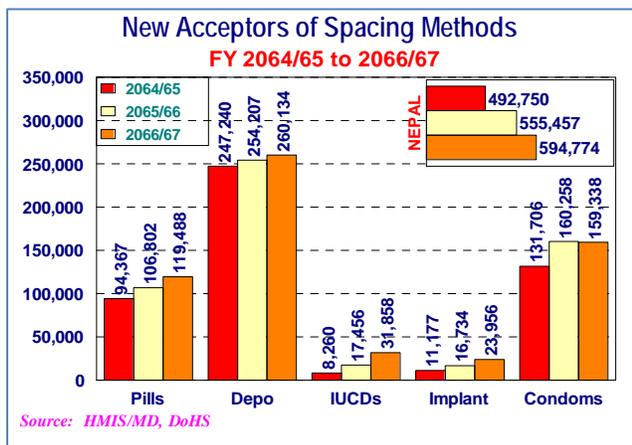


Figure 3a.5

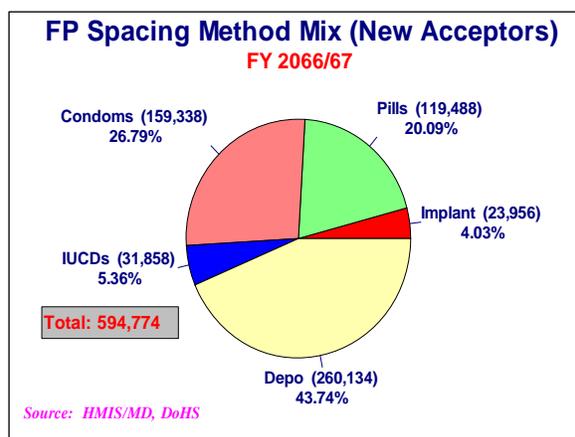


Figure 3a.6

The proportion of new acceptors of different spacing methods recruited in the FY 2066/67 is shown in Figure 3a.6. Of the total new acceptors 43.74 percent were Depo provera users followed by Condom (26.79 percent) and Oral Pills (20.09 percent). Significant improvement in the recruitment of IUCD (5.36 percent) and Implant (4.03 percent) was noticed during the review period.

Table 3a.6 Number of Spacing Method New Acceptors Over the Preceding three Years, by Region and Method, FY 2064/65 to 2066/67 (2007/2008 to 2009/2010)

Method	Year		Region					National
			EDR	CDR	WDR	MWDR	FWDR	
Pills	2064/65	2007/08	23,278	29,011	15,873	16,592	9,613	94,367
	2065/66	2008/09	27,879	31,828	18,603	19,781	8,711	106,713
	2066/67	2009/10	29,312	34,964	20,144	23,381	11,687	119,488
Depo	2064/65	2007/08	57,269	89,328	36,697	42,241	21,705	247,240
	2065/66	2008/09	61,285	88,397	40,492	44,296	19,737	254,115
	2066/67	2009/10	60,185	88,395	42,223	45,338	23,993	260,134
IUCD	2064/65	2007/08	2,184	3,222	1,066	1,413	375	8,260
	2065/66	2008/09	2,542	7,640	2,127	4,530	617	17,421
	2066/67	2009/10	6,163	13,515	5,023	6,043	1,114	31,858
Implant	2064/65	2007/08	1,809	5,569	1,221	1,795	783	11,177
	2065/66	2008/09	3,110	7,724	1,740	3,307	853	16,714
	2066/67	2009/10	4,126	9,878	2,477	4,875	2,600	23,956
Condoms	2064/65	2007/08	27,642	36,297	26,069	23,929	17,735	131,672
	2065/66	2008/09	28,761	47,739	32,095	31,787	19,840	159,801
	2066/67	2009/10	29,937	42,303	28,619	34,673	23,770	159,338
Total	2064/65	2007/08	112,182	163,427	80,926	85,970	50,211	492,716
	2065/66	2008/09	123,577	183,328	95,057	103,701	49,758	555,457
	2066/67	2009/10	129,723	189,055	98,486	114,310	63,164	594,774

Note: condom new acceptors are estimated for this purpose by dividing total condoms distributed by 150.

Source: HMIS/MD, DoHS

Figure 3a.7 shows new acceptors for spacing method as a percent of MWRA by region for FYs 2064/65 to 2066/67. The proportion of all spacing methods except condoms new acceptors during the review period have significantly increased compared to FY 2064/65 and 2065/66. Though the share of IUCD and Implants contribution with respect to other methods has been quite low significant increase is reported in FY 2066/67 compared to previous year.

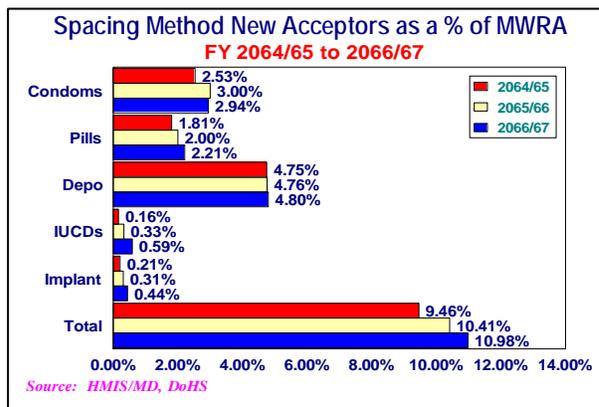


Figure 3a.7

2.3.5 FP Current users and Contraceptive Prevalence Rate

The trends in number of current users and estimated CPR by region are shown in Table 3a.8. The Table shows that over the years the number of current FP users of permanent methods has been continuously increasing both at the national and regional levels. The total number of current users for temporary method acceptors also increased in the FY 2066/67 compared to 2065/66. At the national level the number of current users of temporary methods increased from 852,380 in 2064/65 to 958,056 in FY 2066/67. The number of current users of permanent methods has increased from 1,277,323 to 1,355,002 in FY 2065/66 and reached 1,395,476 in FY 2066/67.

The Contraceptive Prevalence Rate (CPR) is one of the main indicators for monitoring and evaluating the National Family Planning Programme. The number of current users from among the permanent method in CPR is adjusted based on the age exit and the mortality of males and females in the reproductive age group every year.

At the national level CPR is increase from 41.7% in FY 2064/65 to 43.5% in FY 2066/67.

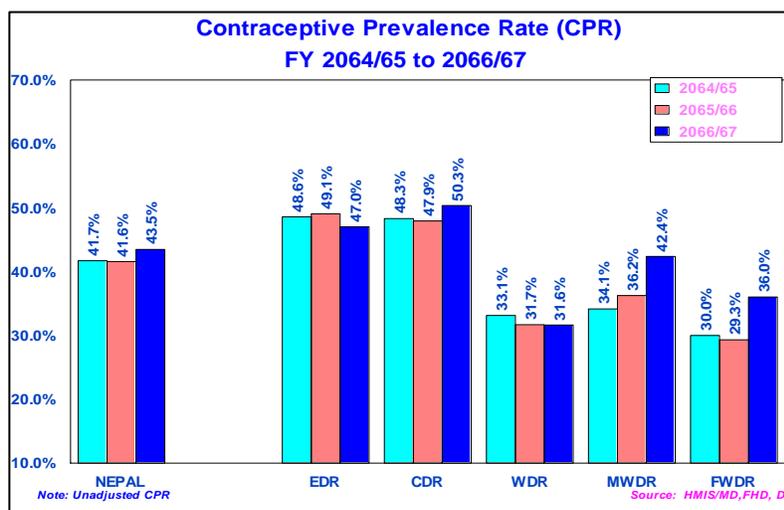


Figure 3a.8

The CPR for modern methods shows wide variation at the regional level with 31.6 percent in WDR to 50.3 percent in CDR. During the FY 2066/67 the Contraceptive Prevalence Rate (CPR) has marginally increased in all the development regions except EDR and WDR compared to last FY. During the current FY the CPR at national level stands at 43.5. The highest CPR was found at CDR (50.3%) followed by EDR (47.0%). The lowest CPR was reported at WDR (31.6%).

This marginal increase in CPR at the national level is also consistent with a study result conducted in rural areas of Nepal. This study revealed that spousal separation which was nearly one-third of the married couples was one of the main contributing factor for not increasing the CPR as expected as these couples do not need to use when not living together. (Source: FP, Maternal, Newborn and Child Health Situation in Rural Nepal 2010)

Table 3a.7 Family Planning Current Users by Region, FY 2064/65 to 2066/67 (2007/2008 to 2009/2010)

	Year		Region					National Total
			EDR	CDR	WDR	MWDR	FWDR	
Spacing methods	2064/65	2007/08	233,571	309,341	132,429	109,463	67,542	852,380
	2065/66	2008/09	242,386	306,502	124,425	125,763	65,278	864,390
	2066/67	2009/10	247,978	333,119	131,016	159,294	86,613	958,056
Permanent methods*	2064/65	2007/08	318,940	552,598	199,370	122,054	84,361	1,277,323
	2065/66	2008/09	337,301	590,253	206,871	130,850	89,727	1,355,002
	2066/67	2009/10	344,410	609,403	209,531	137,262	94,870	1,395,476
Total users*	2064/65	2007/08	552,511	861,939	331,799	231,517	151,903	2,129,703
	2065/66	2008/09	579,687	896,755	331,296	256,613	155,005	2,219,392
	2066/67	2009/10	592,388	942,522	340,547	296,556	181,483	2,353,532
Estimated CPR (percent)*	2064/65	2007/08	48.86	48.28	33.12	34.13	29.97	41.68
	2065/66	2008/09	49.05	47.91	31.66	36.24	29.30	41.58
	2066/67	2009/10	46.99	50.33	31.62	42.37	36.01	43.47

*Unadjusted data

Source: HMIS/MD & FHD, DoHS

2.3.6 Unmet Need for Family Planning

Currently married non-pregnant women of reproductive age who say they do not want any more children or that they want to wait at least for two years before having another child but are not currently using any contraception are considered to have unmet need for family planning.

As estimated by NDHS 2006 the CPR was 48.0 percent with an unmet need of 25 percent of which 9.6 percent is for spacing and 15.2 percent is for limiting. Another study done in 2009 revealed that unmet need is much higher among couples who are not living together than among living together. (Source: FP, Maternal, Newborn and Child Health Situation in Rural Nepal 2010)

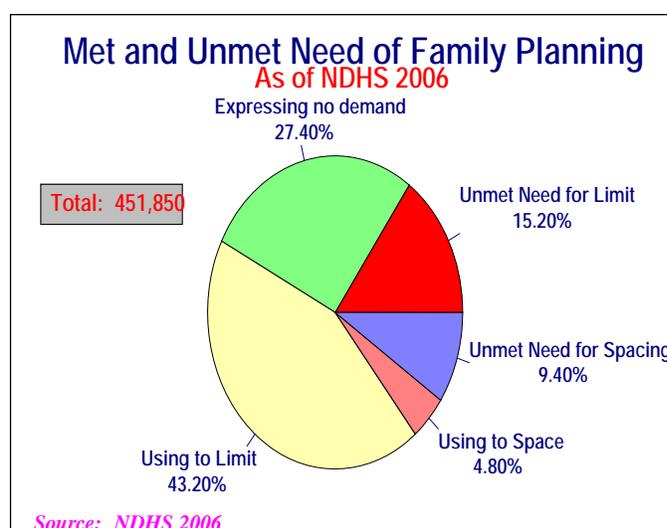


Figure 3a.9

Nepal's family planning programme is directed toward reaching couples with "unmet" need and reducing the proportion of women who expressed "no demand" through information and awareness activities. Both the current CPR (for modern method only) obtained from HMIS data and finding of NDHS 2006 indicate that the met need for FP services has increased narrowing the gap of unmet need. But to strive for the MDG goal of achieving 67 percent CPR from the current level by 2015 is a challenge that should be addressed by the program with innovative approaches and appropriate strategies.

3 ISSUES/CONSTRAINTS AND ACTION TO BE TAKEN

Problem/Constraints	Action to be taken	Responsibility
Limited training sites and service providers for LAFP services	Develop more training sites Identify and mobilize partners to support in training	FHD/NHTC
VSC service expansion limited	Strengthening of IFPS and MCH clinics Strengthen integration of FP services in Hospital	FHD/D(P)HO
Post partum mothers not captured by the FP programme	Initiate PFP program and Linking FPP with Immunization to capture PPM	FHD/CHD/D(P)HO
Low FP acceptors in post abortion care	Strengthen post abortion FP service	D(P)HO
High unmet need among couples who are not living together	Address the unmet need of returning migrants	DOHS/FHD
Private sector contribution to FP service statistics are not fully captures	Strengthen PPP and support for reporting from private sectors. Develop suitable mechanism for incorporating service statistics from private sectors	DOHS/FHD/D(P)HO

4 TARGETS FOR FY 2067/68 (2010/2011)

S. No.	Activities	Unit	Annual Targets
1	Family Planning Current Users	Couples	2,580,000
2	Expected Number of VSC	Numbers	85,000
3	VSC preparatory meetings	District	75
4	Microplanning in low CPR districts	District	6
5	Increase Postpartum FP counseling and services	Site	2
6	Pre VSC Meeting with FCHVs in low performing districts	Dist	10
7	Family Planning Management Workshop for FP focal persons	Time	1
8	Conduct satellite clinic for long acting methods	District	75

Source: FHD, DoHS

Table 3a.8 VSC Mobile Camp Site and Days Planned for FY 2067/68 (2010/2011)

Region	Site	Days
EDR	105	525
CDR	135	782
WDR	118	430
MWDR	86	505
FWDR	80	285
National	524	2,527

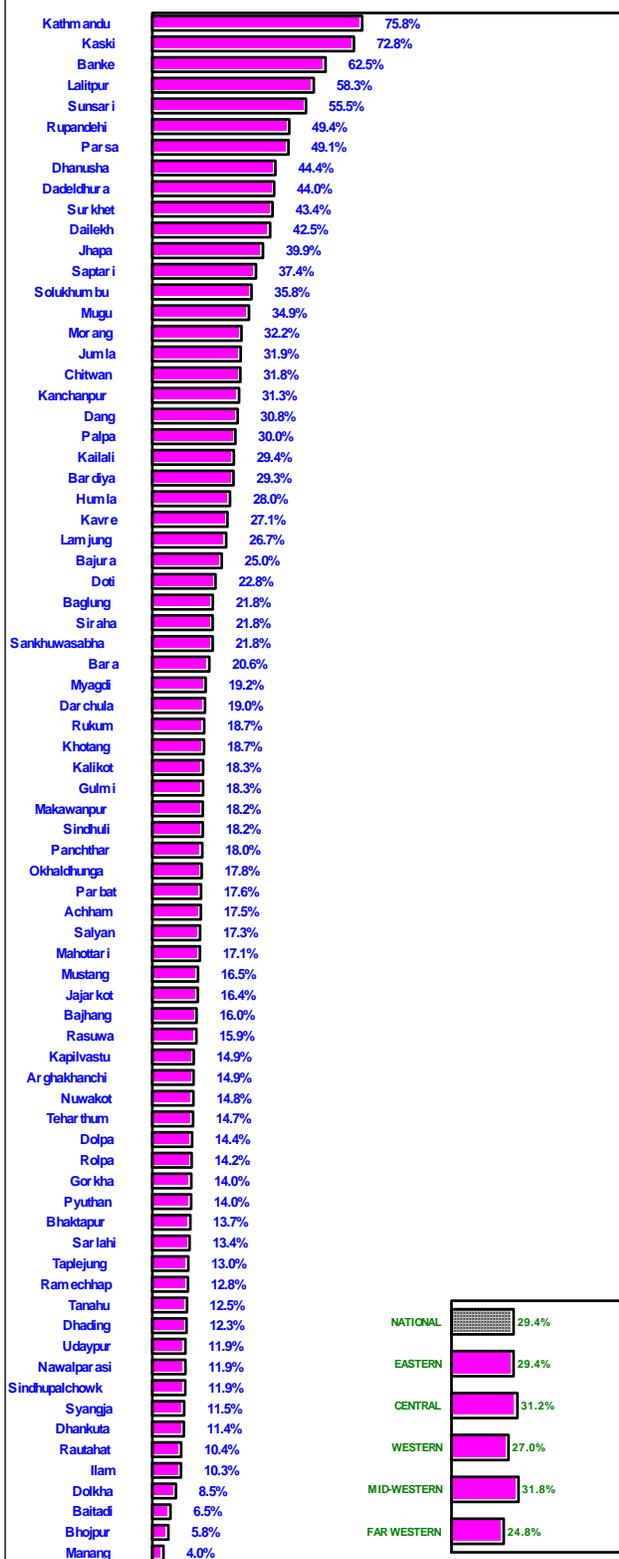
Source: FHD, DoHS

Note: For detailed, district specific data and analysis on this programme/project please refer to the annexes in this document.

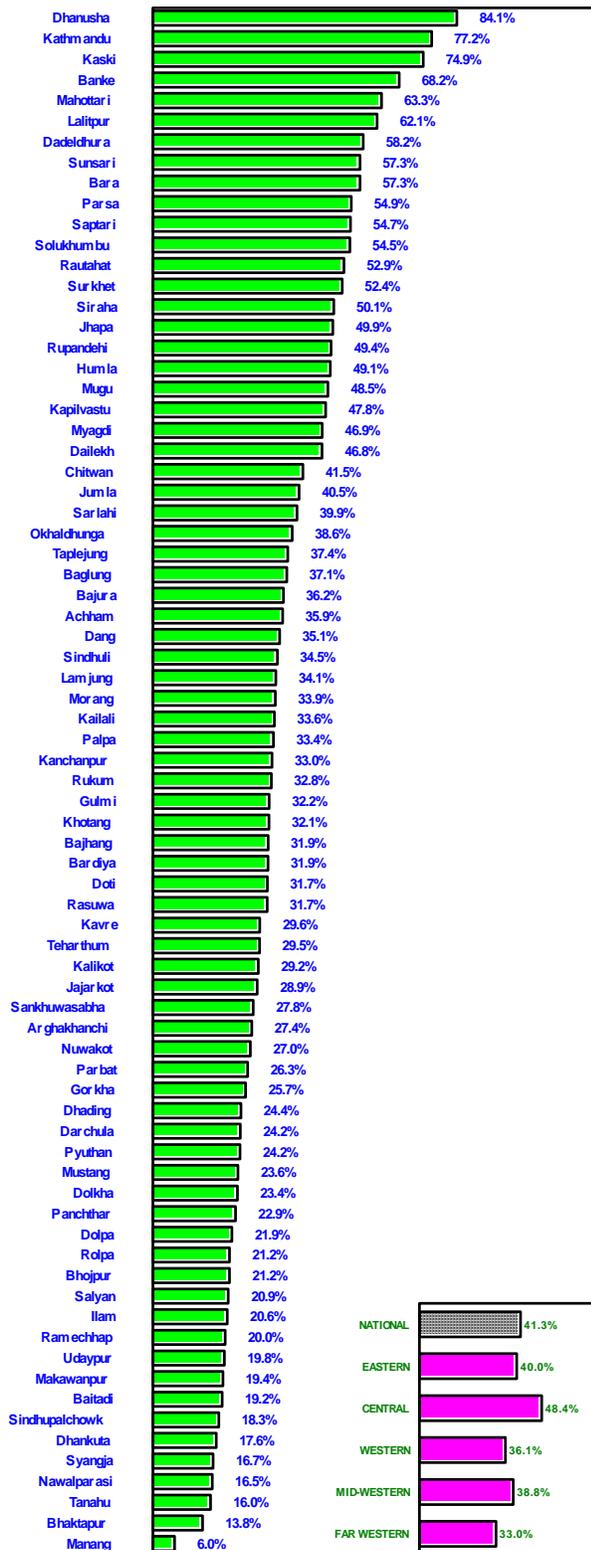
Safe Motherhood

Fiscal Year 2066/67 (2009/2010)

Delivery Conducted by SBA



Total Delivery (including SBA)



Source: HMIS/MD, DoHS

Safe Motherhood and Newborn Health

1 BACKGROUND

The goal of the National Safe Motherhood Programme is to reduce maternal and neonatal mortalities by addressing factors related to various morbidities, death and disability caused by complications of pregnancy and childbirth. Global evidence shows that all pregnancies are at risk, and complications during pregnancy, delivery and the postnatal period are difficult to predict. Experience also shows that three key delays are of critical importance to the outcomes of an obstetric emergency: (i) delay in seeking care, (ii) delay in reaching care, and (iii) delay in receiving care. To reduce the risks associated with pregnancy and childbirth and address these delays, three major strategies have been adopted in Nepal:

- Promoting birth preparedness and complication readiness including awareness raising and improving the availability of funds, transport and blood supplies.
- Encouraging for institutional delivery.
- Expansion of 24-hour emergency obstetric care services (basic and comprehensive) at selected public health facilities in every district

Since its initiation in 1997, the Safe Motherhood Programme has made significant progress in terms of the development of policies and protocols as well as expands in the role of service providers such as staff nurses and ANMs in life saving skills. The Policy on Skilled Birth Attendants endorsed in 2006 by MoHP specifically identifies the importance of skilled birth attendance at every birth and embodies the Government's commitment to training and deploying doctors and nurses/ANMs with the required skills across the country. Similarly, endorsement of revised National Blood Transfusion Policy 2006 is also a significant step towards ensuring the availability of safe blood supplies in the event of an emergency.

In order to ensure focused and coordinated efforts among the various stakeholders involved in safe motherhood and neonatal health programming, government and non-government, national and international, the National Safe Motherhood Plan (2002-2017) has been revised, with wide partner participation. The revised Safe Motherhood and Neonatal Health Long Term Plan (SMNHLTP 2006-2017) includes recent developments not adequately covered in the original plan. These include: recognition of the importance of addressing neonatal health as an integral part of safe motherhood programming; the policy for skilled birth attendants; health sector reform initiatives; legalisation of abortion and the integration of safe abortion services under the safe motherhood umbrella; addressing the increasing problem of mother to child transmission of HIV/AIDS; and recognition of the importance of equity and access efforts to ensure that most needy women can access the services they need. The SMNHLTP identifies the following goal, purposes and outputs.

1.1 GOAL AND PURPOSE

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 281 per 100,000 live births¹ to 134 per 100,000 by 2017
- A reduction in the **neonatal mortality ratio** from the current 33 per 1,000² to 15 per 1,000 by 2017.

Purpose: Increased healthy practices and utilisation of quality maternal and neonatal health services, especially by the poor and excluded, delivered by a well-managed health sector.

Key indicators for this include:

- Increase in the percentage of deliveries assisted by an SBA to 60% by 2017
- The percentage of deliveries taking place in a health facility increased to 40% by 2017
- Increase in met need for emergency obstetric care of 3% per year
- Increase in met need for caesarean section of 4% per year.

Indicators for service provision include:

- Percentage of health post providing 24 hr delivery service 15% by 2009, 30 % by 2012 and 70 % by 2017
- Percentage of PHCC providing BEOC service including CAC service 40% by 2009, 60 % by 2012 and 80 % by 2017.
- No of districts providing CEOC service 37 by 2009, 47 by 2012 and 60 by 2017.
- CAC service available in all district hospitals by 2009.

Outputs: Eight outputs are specified in the plan, each with individual indicators.

1. Equity and access
2. Services
3. Public private partnership
4. Decentralisation
5. Human resource development: Skilled birth attendant strategy
6. Information management
7. Physical assets and procurement
8. Finance

1 Nepal Demographic and Health Survey 2006

2 Nepal Demographic and Health Survey 2006

1.2 INDICATORS (INCLUDING LONG TERM PLAN DEMAND SIDE INDICATORS)

Main Indicators	Numerator and Denominator	
1. Knowledge of Danger signs	No. of men and WRAs knowing danger signs	x 100
	Total no. of men and women of reproductive age (WRA)	
2. Knowledge of B/EOC sites	No. of men and WRAs knowing where services are available	x 100
	Total no. of men and WRAs	
3. Behaviour change	No of women practicing safe ANC, PNC, EOC, PAC and CAC behaviours	x 100
	Total no. of delivered women	
4. Birth preparedness	No. men and WRA practicing birth preparedness and complication readiness	x 100
	Total no. of men and WRA	
5. Sustainable Emergency funds and transport schemes	No. of sustainable funds and transport schemes	x 100
	Total no. of target communities	
6. ANC service coverage	No. of ANC first visits	x 100
	Expected no. of pregnancies	
7. Percentage of 4 ANC visit	No. of 4 time ANC visit	x 100
	No. of 1st ANC visits	
8. Percentage of delivery by SBA (Dr., Nurse Midwife)	Total no. of delivery by SBA (Dr., Nurse and Midwife)	x 100
	Total no. of expected live births	
9. Percentage of delivery by health worker other than SBA (Dr., Nurse & Midwife)	Total no. delivery by health worker other than SBA (Dr. Nurse and Midwife)	x 100
	Total no. of expected live births	
10. Pregnancy complications	Total no. of pregnancy complications (new visits)	x 100
	Total no. of expected pregnancies	
11. Proportion of births in B/C EOC Facility	Total no. of births in B/C EOC facility in a district	x 100
	Total live birth in that district	
12. Postnatal service coverage	Total no. of first postnatal visits	x 100
	Total no. of expected pregnancies	
13. C/S Rate (as proportion of expected births in the population)	Total C-sections performed in a district	
	Total no. of expected births in that district	
14. Maternal mortality ratio	Total maternal deaths	x 100,000
	Total live births	
15. Maternal deaths	Annual no. of maternal deaths	
16. Case fatality rate (all maternal complications)	Deaths from specific maternal complications ³ at a facility	
	Complicated obstetric cases in the facility	
17. No. of facilities providing basic EOC per 500 population ⁴ (excluding blood and C-section)	No. of facilities providing basic EOC services	x 500,0
	Total population	
18. No. of facilities providing comprehensive EOC per 500,000 Population ⁵ (including blood and section)	No. of facilities providing comprehensive EOC services	x 500,0
	Total population	
19. Iron distribution coverage (Pregnant women Postnatal Mother)	Number of pregnant women who received 225 iron tablets	x 100
	Total number of expected pregnancies	
20. Immunisation coverage for TT2 vaccine among pregnant women	Number of pregnant women immunised with TT2	x 100
	Total number of expected pregnancies	

3 Deaths from maternal complications include ante-partum haemorrhage, prolonged/obstructed labour, post-partum haemorrhage, post-partum sepsis, complication of abortions, pre/eclampsia, ectopic pregnancy, and ruptured uterus.

4 4 BEOC facilities are desirable per 500,000 populations (including 1 CEOC facility)

5 1 CEOC facility is desirable per 500,000 populations.

1.3 STRATEGIES

Safe Motherhood goals and objectives are to be achieved through the implementation of the following strategies:

- 1.3.1 Promoting inter-sectoral collaboration by ensuring advocacy for and commitments to reproductive health, including safe motherhood, at the central, regional, district and community levels focusing poor and excluded groups;
 - Ensuring the commitment to SMNH initiative at all levels by promoting collaboration between sectors like health, education, and social welfare, legal and local development. (Strengthening RHSC, RHCC, District RHCC and SMNSC)
 - Mobilizing national authorities, District Health Management Committee (DHMC), community leaders and community members to play active roles in creating suitable environment for promoting safe motherhood.
- 1.3.2 Strengthening and expanding delivery by skilled birth attendant, 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.
 - Standardising basic maternity care and emergency obstetric care at appropriate levels of the healthcare system;
 - Strengthening human resource management;
 - Establishing functional referral system and advocating for emergency transport systems and funds from communities to district hospitals for obstetric emergencies and high-risk pregnancies;
 - Strengthening community-based awareness on birth preparedness and complication readiness through FCHVs, increasing access of all relevant maternal health information and service.
- 1.3.2 Supporting activities that raise the status of women in society;
- 1.3.3 Promoting research on safe motherhood to contribute to improved planning, higher quality services, and more cost-effective interventions.

2 ANALYSIS OF ACHIEVEMENTS BY MAJOR ACTIVITIES

2.1 ACTIVITIES CARRIED OUT IN FY 2066/67 (2009/2010)

2.1.1 Antenatal Care

Antenatal services include:

- At least four antenatal check-ups: first at 4 months, second at 6 months, third at 8 months and fourth at 9 months;
- Monitor Blood Pressure, Weight and Fetal Heart Rate;
- Provide Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) for danger signs and care during pregnancy, delivery , postnatal and immediate newborn care for both mother and newborn and timely referral to the appropriate health facilities;
- Birth preparedness and complication readiness (BPCR) for both normal and obstetric emergencies (delivery by skilled birth attendants, money, transportation and blood);
- Detection and management of complications;
- Provision of tetanus toxoid (TT) immunisation, iron tablets, deworm to all pregnant women and malaria prophylaxis where necessary.

2.1.2 Delivery Care

Delivery services include:

- Provision of skilled birth attendants at deliveries (either home-based or facility-based), early detection of complicated cases and management or referral after providing obstetric first aid by health worker to appropriate health facility where 24 hours emergency obstetric services are available;
- Provision of obstetric first aid at home and/or HP/SHP if complications occur, using Emergency Obstetric Care Kit (EOC kit);
- Identification and management of complications during delivery and referral to appropriate health facility as and when needed;
- Encourage registration of births and maternal and neonatal deaths.

2.1.3 Postnatal Care

Postnatal services include:

- Three postnatal visits: First visit within 24 hours of delivery, second visit on the third day and third visit on seventh day after delivery
- Identification and management of mother's and newborn in complications of postnatal period and referral to appropriate health facility as and when needed;
- Promotion of exclusive breastfeeding;
- Personal hygiene and nutrition education, post-natal vitamin A and iron supplementation for the mother;
- Immunisation of newborns;
- Post-natal family planning counselling and services.

2.1.4 Newborn Care

- Health education and behaviour change communication on essential newborn care practices, which includes cord care, prevention and management of hypothermia through kangaroo mother care, initiation of immediate breastfeeding within one hour of child birth;
- Identification of neonatal danger signs and timely referral to the appropriate health facility.

2.1.5 Emergency Obstetric Care and birthing centers

Basic Emergency Obstetric Care (BEOC) covers management of pregnancy complications by assisted vaginal delivery (vacuum or forceps), manual removal of placenta, removal of retained products of abortion (manual vacuum aspiration), and administration of parental drugs (for postpartum haemorrhage, infection and pre-eclampsia/eclampsia), resuscitation of newborn and referral.

Comprehensive Emergency Obstetric Care (CEOC) includes surgery (caesarean section), anaesthesia and blood transfusion along with BEOC. Safe blood transfusion is an essential part of CEOC, and to support this, the national blood transfusion policy was revised in 2006 and blood transfusion guideline developed.

The SMNH long term plan (2006-17) identifies the need for phased strengthening and expansion of quality SMNH services at all levels, especially the number and quality of B/CEOC sites and birthing centres. Since the majority of women still give birth at home, the aim is to ensure that normal delivery care and referral services are available at community level through home visits, outreach clinics, and health posts/ sub health posts with 24 hours birthing centres able to manage normal deliveries. The target is that by 2017 CEOC services will be available in 60 districts and 80% of PHCCs will provide

BEOC services. There is significant increase in availability of CEOC, BEOC and birthing sites as in Table 3b.1.

CEOC services are now available at 94 sites in 45 districts and BEOC services at 105 sites (47 hospitals and 58 PHCCs) (Table 3b1). Twenty four hour delivery service is available at 148 PHCCs, 406 health posts and 137 SHPs. Out of 45 districts with CEOC facility, only 33 are functional and 12 are non-functional mainly due to lack of human resource.

Table 3b.1: Trends in Availability of CEOC/BEOC and Birthing Sites

Fiscal year	CEOC*	BEOC Hospital	BEOC PHCC	BEOC Total	24hr Delivery at PHCC	24 hr Delivery at HP	24 Delivery at SHP	Birthing Centre
2007/08	51 in 33 districts	31	37	68	168 (78%)	219	35	422
2008/09	76 in 35 districts	45	45 (22%)	90	167 (79%)	301 (45%)	64 (2%)	532
2009/10	94 in 45 districts **	47	58	105	148 (71%)	406 (60%)	137 (4%)	695
2012 target	47 districts	-	60% of PHCC	-	-	30% of HP	-	-

Note: * Number of CEOC sites could vary with the transfer of CS provider

* Of the 45 districts with CEOC sites only 33 are functional

A total of 586 ANMs and 40 staff nurses have been recruited on local contract to support 24-hour delivery services in PHCCs and HPs. Strengthening of health facility management committees using appreciative inquiry approaches and participatory planning was carried out in 4 health facilities namely Syangja district hospital for CEOC service and Raniban PHCC of Okhaldhunga for BEOC service and two health Posts (Dethala and Pasti of Darchula) for birthing centre where infrastructure were built. As a result, all health facilities started 24 hour services. However, in Syangja hospital CEOC service is discontinued after the end of fiscal budget due to discontinuation of contract of Anaesthetic doctor and Gynaecologist. On the other hand, Raniban PHCC; and Dethala and Pasti Health Posts are still continuing 24 hrs services.

2.1.6 Safe Abortion Services

Training, Service Delivery and Monitoring

- From July 2009 to June 2010, 88,938 women received safe abortion service from 331 listed sites in 75 districts (source HMIS, DoHS).
- Upon the approval of the scale up strategy, Medical Abortion was integrated in CAC training and 180 providers were trained in both MA and MVA scaling up MA in 75 districts.
- As a pilot, MA was integrated in 2 batches of SBA training out of which 10 were from government sites. They received intensive follow up and support. The results were encouraging and provided a good foundation for giving MA only training to SBA trained ANMs in future.
- More than 1,000 sweepers from 35 wards and from the environmental division of Kathmandu municipality received a one day orientation The purpose of this one-day orientation was to update

sweepers on safe infection prevention practices and proper waste disposal, specifically including medical waste such as organic matter, products of conception and stillbirths.

- Implementation of performance monitoring system for clinical trainees and active service delivery sites continued. A total of 88 sites (public and private) received follow up during this fiscal year. 100% of trainees trained from June 2009-10 were followed up within 3-4 weeks post training and 180 providers at 6-9 months.

Policy and Advocacy

- Ipas/Nepal joined hands with MWCSW (ministry of women, children and social welfare) and Women Development Department and organized a high level advocacy workshop with the objective to sensitize high level policy makers on the abortion related issues as well as to use their existing network in reaching women including the young women.
- A position paper on Integration of Safe Abortion Service in Family Planning clinics was drafted in order to provide evidence for policy makers and donors, to support the case for integration of safe abortion with family planning services, presenting clear and balanced information about all aspects of the situation.
- Safe Abortion service has been included in EHCS (Essential Health Care Services) (source: NHSP-IP 2010-2015).

Study and Research

- In collaboration with RHR/WHO a study was conducted with 1,172 CAC clients on ‘‘availability and utilization of surgical abortion services’’ at the Maternity Hospital and MSI Chucchepati. The findings were disseminated a high level meeting led by MoHP. The key findings were among those with unintended pregnancies, contraceptive use was high -abortion not used as a substitute for contraception. Contraceptive failure most important reason for abortion. The key recommendation was the need of strengthening counseling and reinforcing linkages with family planning services.
- Evaluation of 100 CAC trained nurse providers was performed in order to evaluate the successes and areas for improvement in nurse provision of CAC services. Preliminary report shows that trained nurses are competent and providing high quality CAC services.
- In 2010 a study was conducted in 3 facilities– urban/rural and private/public, 305 eligible women participated in interview 2 weeks post initial visit, response rate was 80% and the key findings were Women seek health care from HPs in own or nearby village, most make choices jointly with partner (78%), main sources of information include: friends/neighbours (92%), radio (83%), family members (68%), FCHVs (18%) and 70% received post-abortion contraception, high satisfaction with services (for MVA and MA clients)

PROBLEMS/RECOMMENDATIONS AND ACTION

PROBLEMS	RECOMMENDATIONS/ACTIONS
Women in rural and remote settings are underserved or completely deprived of the service forcing them to choose unsafe abortion.	Expand Medical Abortion up to the Health post level.
A study revealed that 13% of the clients are denied safe abortion service as they were above 12 weeks gestation.	Orient Female Community Health Volunteers in early detection of pregnancy as they are key referral link between the community and health service.
The high proportion of client accepting short term contraception indicates that there is either lack of providers trained in long term methods or shortage of commodity at the site	Functional integration of CAC with Family planning could be one of the strategies to deal with this issue.
Untrained/unlisted providers providing abortion service from unlisted sites.	Assess providers and sites and facilitate for training and listing.
Reported two cases of maternal deaths from the CAC listed sites.	Need to strengthen the capacity of CAC listed sites in managing post CAC complications.

6. WORK PLAN FOR THE FY 2067/68 (2010/2011)

TRAINING

- Integrated(MVA + MA) training to 100 doctors and 100 nurses
- Refresher training for 40 providers
- On the job training for 30 MD students
- Second trimester training for 8 obgyn/MDGP
- CAC Integrated 1st trim Training for 40 private doctors
- MA TOT for 45 new SBA trainers
- MA only training to 120 SBA's
- Review/Update/Produce an integrated CAC (MA and MVA) training package for Doctors and nurses

COMMUNITY ENGAGEMENT MOBILIZATION

- Train 1200 FCHVs from 4 districts
- Review 1200 FCHVs(old and new) from 10 districts
- Conduct ToT on SAS for WDOs in 10 districts
- Air 2 spot ad, Air 26 episode radio program in 10 MA districts
- Subcontract local NGO to begin implementation of newly developed youth intervention.

MONITORING AND MENTORING

- Onsite monitoring of 150 CAC trained providers
- Post training follow up to 100% providers
- Orient 10 PHN's on supportive supervision guidelines on MA
- Orient 25 Nurses(CAC Providers) from 37 PHCs on clinical mentoring(QI Tools)
- Onsite support to 10 non functioning or problematic sites

RESEARCH AND STUDIES

- Implementation research on “ the provision of MA by ANMs trained as SBAs in peripheral level of health institutions”
- Study on assessing “the impact of counselling on method selection and contraceptives uptakes”.

2.1.7 Infrastructure Development and Equipment

Till date 89 birthing centres have been completed and 54 are under construction and 25 new Birthing centres are in the process of tendering this year. 20 BEOC sites are completed and 6 are under construction and 4 planned this year are in the process of tendering. 17 CEOC facilities are completed and 4 are under construction and 4 planned this year are in the process of tendering. 6 CAC sites are completed.

Table 3b.2: Situation of Infrastructure Development

Type of Service	Completed	Under Construction	Planned for 2010/2011	Total
CEOC sites	89	54	25	168
BEOC sites	20	6	4	30
CAC sites	17	4	4	25
HP's with Birthing Centre	93	51	62	206
PHCC's with BEOC	24	49	20	93
SHP upgraded to HP with Birthing Unit	0	123	13	136

Source: NHSSP, FHD, DoHS

Procurement of equipment required for the completed sites are in progress, some of the items planned from DFID direct fund has already arrived in Pathlaiya Central Store and is under handover process. The items ordered through tendering process in 2066/67 is progressing well and is under post shipment inspection process. Bidding process for SMNH equipment for 2067/68 has been recently completed.

2.1.8 Birth Preparedness Package and Maternal and Neonatal Health Activities at Community Level

By the end of 2065/66, Birth Preparedness Package (BPP) has been rolled out in all 75 districts. Family Health Division (FHD) revised the package (BPP flip chart and Jeevan Suraksha Card) focusing on continuum of care from pregnancy, through birth and the post-partum period, including the newborn.

Family Health Division (FHD) with technical assistance from partners such as USAID funded Nepal Family Health Program (NFHP II), United Mission to Nepal (UMN), UNICEF, SDC funded Rural Health Development Project (RHDP) and Care Nepal has been implementing maternal and neonatal health activities at the community level. MNH activities at community level focus on strengthening birth preparedness, identification and prompt care seeking for danger signs in pregnancy, delivery and post-partum period and education and distribution of Misoprostol (Matri Suraksha Chakki) for prevention of post-partum haemorrhage (PPH) at homebirth. In the fiscal year 2066/67 PPH education and Matri Suraksha Chakki distribution by FCHVs has been approved for national level expansion in integration with birth preparedness package. At the national level, Master training of trainers were

organised in 4 batches. Misoprostol implementation guidelines were developed for expansion of Matri Suraksha Chakki (MSC) distribution by Female Community Health Volunteers.

In the fiscal year 2066/67, revised BPP was implemented to 41 districts (25 by GON and 16 by partners). In 2066/067, revised BPP is planned to expand in 30 districts (25 by GON and 5 by partners) and maintenance of BPP in existing districts. Education and distribution of Matri Suraksha Chakki (MSC) by FCHVs for prevention of PPH at homebirth will be maintained in existing districts and expansion in a few districts. Pilot study on use of Chlorhexidine for prevention of umbilical cord infection is on-going in 4 districts (Banke, Jumla, Bajhang and Parsa). Assessment of the Chlorhexidine (Kawach) pilot study will be done in this year. The activities by district are summarised below.

Status of MNH activities at community level (Revised BPP and Prevention of PPH with Matri Suraksha Chakki)

Interventions	Completed in 2065/66	Plan for 2066/67
Revised BPP	<p>With GON Funding (25 districts) - Dhankuta, Ilam, Khotang, Morang, Sankhuwasabha, Siraha, Sunsari, Solukhumbu, Taplejung, Bara, Kavrepalanchowk, Nuwakot, Parsa, Rasuwa, Sarlahi, Baglung, Lamjung, Myagdi, Nawalparasi, Palpa, Parbat, Dolpa, Jajarkot, Surkhet and Baitadi.</p> <p>With support from partners (15 districts)- Jhapa, Okhaldhunga, Dolakha, Sindhuli, Banke, Kanchanpur, Jumla, Mugu, Bajhang, Salyan, Rolpa, Rukum, Kailali, Bajura and Darchula.</p>	<p>With GON funding (25 districts)- Bhojpur, Panchthar, Saptari, Terhathum, Udaypur, Chitwan, Lalitpur, Makawanpur, Ramechhap, Rautahat, Sindhupalchowk, Arghakhachi, Gulmi, Kapilbastu, Kaski, Manang, Mustang, Rupandehi, Shyanja, Tanahu, Bardiya, Dang, Humla, Pyuthan and Achham, Dadeldhura and Doti.</p> <p>With support from partners- Ramechhap, Dhading, Gorkha, Rolpa, Dailekh and Salyan.</p>
PPH education and distribution of Matri Suraksha Chakki (MSC) for prevention of PPH at homebirth	Sindhuli (distribution from ANC clinics), Banke, Mugu, Jumla, Kalikot, Bajhang, Darchula, Bajura and Doti (distribution from ANC clinics)	<p>Shifting distribution of Matri Suraksha Chakki by FCHVs for prevention of PPH at homebirth in Sindhuli and Doti.</p> <p>Maintenance of PPH education and MSC distribution in the districts.</p> <p>Expansion of PPH education and MSC distribution in 6 districts (Okhaldhunga, Ramechhap, Dailekh, Rolpa, Salyan and Kalikot).</p>

2.1.10 Human Resources Development (HRD)

A total of 586 ANMs and 40 staff nurses were locally recruited for 24 hour delivery services in PHCCs and HPs/SHPs. Nine MDGP/Gynaecologists were recruited locally in nine districts for CEOC services (Table 3b.3). National Academy of Medical Sciences (NAMS) has now initiated one-year Diploma course in Gynaecology and Obstetrics and six doctors are under taking the training.

Table 3b.3: Number of C/Sections Done in Selected 9 Districts CEOC Service in FY 2066/67

SN	Districts	No. of C/S done	Human resource management
1	Panchthar	90	Gynaecologist hired
2	Sankhuwasabha	41	A team hired from Kist Medical College
3	Makwanpur	111	MDGP hired + GON Gynaecologist
4	Nuwakot	6	MDGP hired
5	Sarlahi	10	Gynaecologist hired (4 months)
6	Gulmi	40	NSI MDGP
7	Syangja	8	Gynaecologist & Anaesthetic hired
8	Dailekh	37	Gynaecologist from medical college hired
9	Doti	0	MDGP hired, no Anaesthetics

Family Health Division coordinated with NHTC to provide SBA training to doctors and staff nurses. Since in-service SBA training was initiated in 2007, a total of 1674 SBAs have been trained and 12 doctors are trained in advanced SBA training including Caesarean Section.

2.1.11 Equity and Access (Samata Ra Pahunch Karyakaram)

Family Health Division/Department of Health Services continued implementing the Equity and Access Programme (EAP), a targeted rights-based community mobilisation programme, in 9 districts (Morang, Gorkha, Chitwan, Nawalparasi, Rupandehi, Parbat, Myagdi, Dailekh and Kanchanpur) in this fiscal year 2066/67. In line with the Government's strategy of promoting partnership with civil society organisations the District (Public) Health Offices (D/PHO) have developed an agreement with local NGOs as service provider organisations to manage and implement the programme.

The objectives of the programme are:

1. To facilitate targeted (poor and excluded) communities to empower and create an enabling environment; and to bring sustainable increase in access to and utilisation of Reproductive health programme including of safe motherhood and newborn health (SMNH) services in selected VDCs of the programme districts.
2. To disseminate different health related messages including Gender Based Violence, HIV/AIDs, community rights/entitlements and responsibilities to manage and use the available health services.
3. To generate practical lessons to D/PHOs to facilitate community mobilisation processes and to influence policy makers to scale-up the equity and access initiatives.

Based on the local level decisions made by D/PHOs in coordination with the Reproductive Health Coordination Committee (RHCC), this targeted programme is being implemented in 85 new VDCs and follow-up programme in more than 60 previously selected VDCs of the nine programme districts where the majority of poor and socially excluded people live. This year about 16 NGO partners were selected through a competitive and transparent bidding process in the nine programme districts to implement the programme. Rights Based Social Mobilization is the key strategy through which local NGOs organise and empower targeted community groups and networks at VDC level to create demand for health services. The programme specifically uses rights-based social mobilisation approach to mobilize and empower communities to ensure health as a right of the people.

Major activities carried out in this fiscal year 2066/67:

- Organised women in groups, built their networks and empowered them to articulate and to make their voices heard by the local health facilities;
- Organised marginalised and excluded women to hold the decision making position in the groups and other local level committees like HFMC;
- Conducted different behaviour change communication initiatives such as group orientation/training; street drama; local songs; develop and distribute posters and pamphlets in local languages;
- Designed and disseminated SMNH messages through different media and materials;
- Organised a number of follow-up and orientation programmes for VDC and local political/social leaders, school teachers, female community health volunteers, traditional healers to bring them on board to create a synergetic effects resulting in a more enabling environment for poor and socially excluded people;
- Conducted interaction meetings between service providers, management committees and communities to facilitate responsive service delivery from local level health facilities; and
- Organised an advocacy activity for media people, transport workers, stakeholders including VDC, DDC, Reproductive Health Coordination Committee & mass campaigning events during different national and international days; women's day, Teej and other local festivals.

However, quality aspects of these elements of the programme are yet to be assessed and strengthened and much will depend on continuation of the programme in the years to come.

Overall this programme has created an enabling environment for target/excluded community groups to access SMNH services at health facilities through rights based social empowerment. Following are the key achievements/outputs observe during this fiscal year.

- Altogether 1,300 community groups (consisting of 35,000 women members) have been formed/reformed and mobilised in the selected communities of the programme districts. Most of these groups are led by the women from poor and excluded families.
- Regular monthly meetings were conducted with these groups, disseminated health messages/information, entitlements, and create awareness about services availability in their nearest health facility.
- Anecdotal evidence showed that knowledge about SMNH including Aama programme, free health care has increased.
- All 1,300 community groups have created emergency fund and local transport mechanism (Doko, Dola, Stretchers, Bicycle/Rickshaw ambulance etc). Groups have collected about four hundred thousand Nepali rupees as an emergency fund to use as a loan in health emergencies indicating that women involved in the groups can themselves manage transport and treatment cost for the health emergencies in their families.
- Local stakeholders like teachers, VDC, HFMC and social and political leaders have been mobilised in health related activities. Some of the VDCs have contributed funds to various community initiatives including emergency fund.
- The programme has gained momentum of social mobilisation for health service promotion and utilisation. As a result, some of the health facilities in the programme VDCs have established 24 hours Birthing Centres as well.

- There has been increased in service utilisation by the poor, Dalits and Janajaties who previously had no or very limited access to health services.
- Local resources have been mobilized for health service strengthening - e.g. VDCs/DDCs have started contributing in ANM recruitment, construction of birthing centre, mothers group training etc.
- The groups have started raising collective voices against violence, rape, physical and sexual abuses, child marriage, dowry etc in the community.
- Some of the group members have initiated income generation activities like fish farming and cash crops production using some portion of the emergency fund.
- Programme also contributed in increasing in institutional delivery in the programme areas. Table 3b.4 illustrates an example of increased institutional delivery in the health facility of the programme VDCs of Kanchanpur district.

Table 3b.4: Trend of Institutional Delivery in EAP VDCs in Kanchanpur District

Health facilities	2064/65	2065/66	2066/67	Total
PHCC, Shreepur VDC	112	365	573	1,050
PHCC, Dodhara VDC	97	121	308	526
PHCC, Beldandi VDC	56	64	196	316
HP, Daijee VDC	0	31	131	162
HP, Pipaladi VDC	8	15	88	111
HP, Dekhatbhuli VDC	0	9	99	108
HP (Parasan), Tribhuvanbasti VDC	98	174	425	697
SHP, Rampur Bilasipur VDC	0	86	258	344
SHP, Shankarpur VDC	0	0	25	25
Total	371	865	2,103	3,339

Major challenge: This programme is running on yearly basis so it is facing problems in completing social mobilisation, group facilitation and awareness raising cycles. This has resulted in loss of group interest in empowerment process. A multi-year contract with the local partners/NGOs, at least for three fiscal years, would facilitate smooth, effective and sustainable implementation.

2.1.12 Maternal & Neonatal Health Update:

FHD, with support from various partners, conducted MNH update in 7 districts (namely Dailekh, Rolpa, Surkhet, Bara, Sindhuli, Kailali and Doti). MNH update is essentially a 3-days update of health workers (namely doctors, staff nurses, ANMs and MCHWs) working in health facilities that provide 24-hour delivery services (hospital, PHC, HP and SHP), based on the standard SBA training package. During the update, service providers are trained on the use of partographs, active management of the third stage of labor (AMTSL) for prevention of postpartum hemorrhage (PPH) including conduction of

normal labor, management of PPH, use of magnesium sulphate (MgSO₄) for severe pre/eclampsia and neonatal resuscitation .

This intervention is conducted with an aim of improving the knowledge and skills of health workers providing delivery services in remote health facilities, on identification, management and/or referral of women and newborns with complications, till the time they receive the formal SBA training which is the goldstandard. Since the start of this program in 2009, more than 252 providers from 7 hospitals and more than 122 health facilities have received this update. The is a 'whole-site update' for all providers in the health facility at the same time, thus ensuring uniform service delivery as well as creating an enabling environment at work. This intervention will be continued in these districts in addition to its expansion to at least 5 more districts in the coming year.

2.2.13 AAMA SURAKCHHYA PROGRAMME

2.2.13.1 Introduction

Aama programme has three components: (a) free institutional delivery care (this component was launched in mid January 2009) and (b) the Safe Delivery Incentive Programme (SDIP), a cash incentive to women and care providers, which was initiated in July 2005 and (c) incentive to women who completed 4 ANC visits and delivered their babies at health institutions was initiated in mid January 2009.

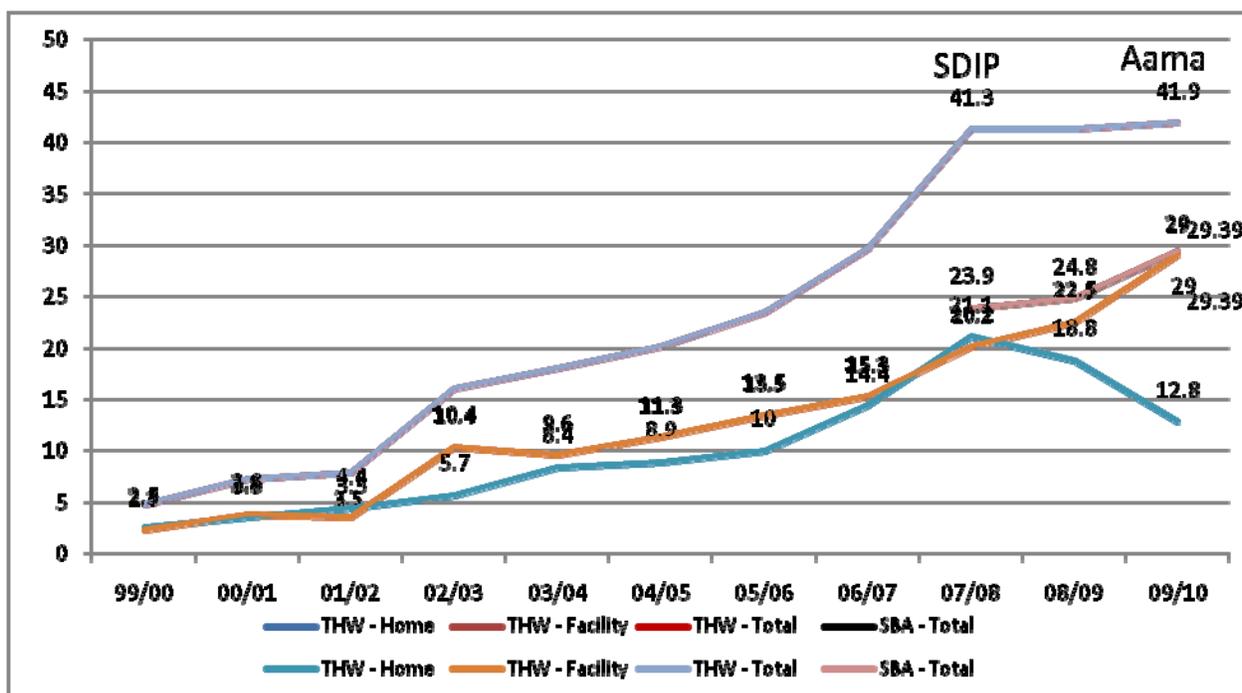
In 2007 Nepal's interim constitution enshrined the concept of 'health for all' as a fundamental human right, established the right of citizens to essential health care services free of charge and the right of every woman to a good standard of reproductive health. Despite these commitments, a woman in childbirth and 11 newborn babies die unnecessarily every four hours. Since 2005 GoN has been providing direct cash handouts to women who delivered in state and listed non-state facilities. Since 2009 the GoN has also been providing the free institutional delivery care (normal, complicated and C-section) for every woman at all facilities capable of providing these services. Through its second revision effective from July 2009 the Aama programme now provides:

- Incentives to Women: A cash payment after delivery at a facility: NRs.1,500 (\$20) in mountain areas, NRs.1,000 (\$13) in hill areas and NRs.500 (\$7) in the tarai.
- Free Delivery Services: A payment to health facility for the provision of free care: Normal delivery at health facility with 25 and more beds NRs. 1,500 (\$20) and health facility with less than 25 beds NRs. 1,000 (\$13); Complication NRs. 3,000 (\$40); C-Section NRs. 7,000 (\$93). Covers: cost of all required drugs, supplies, instruments, and a small incentive to health workers NRs. 300 (\$ 4). This provision does not require individual claims from health workers; however, institution requires submitting the claim.
- Incentives to Health Workers for home delivery has been reduced to NRs 200 from NRs. 300 to discourage the home based delivery.
- In addition to these, a woman gets NRs 400.00 if she completes 4 ANC visits, institutional delivery and 1st PNC. But she cannot get the incentive if she deliver her baby at home
- Aama program is being implemented by 41 NGOs and private hospitals.

2.2.13.2 Progress Update of Service Provision

A significant increase has been observed in the reported number of facilities providing delivery service after the launch of Aama programme.

- CEOC services are now functional in 33 districts and BEOC services at 105 sites (47 hospitals and 58 PHCCs). Thus, the service outlets increased for c-section and complication management.
- Twenty four hour delivery service is available at 148 PHCCs, 406 health posts and 137 SHPs.
- The number of birthing centres is in rise and many communities have now established new birthing centres and started providing normal delivery care services.
- Over 20 private (NGO, community managed, teaching hospital and for profit) hospitals are currently implementing the Aama programme.
- The expansion of service sites and improvement in the service delivery has contributed to increasing number of deliveries at health institutions.
- Before the introduction of SDIP, the coverage of deliveries assisted by SBAs and health workers used to increase marginally (1%) but after commencement of SDIP it has increased considerably by 2-3% annually and after the introduction of free delivery care, it jumped to 42 percent in case of deliveries attended by health workers and 29.4% in case of SBA assisted deliveries.

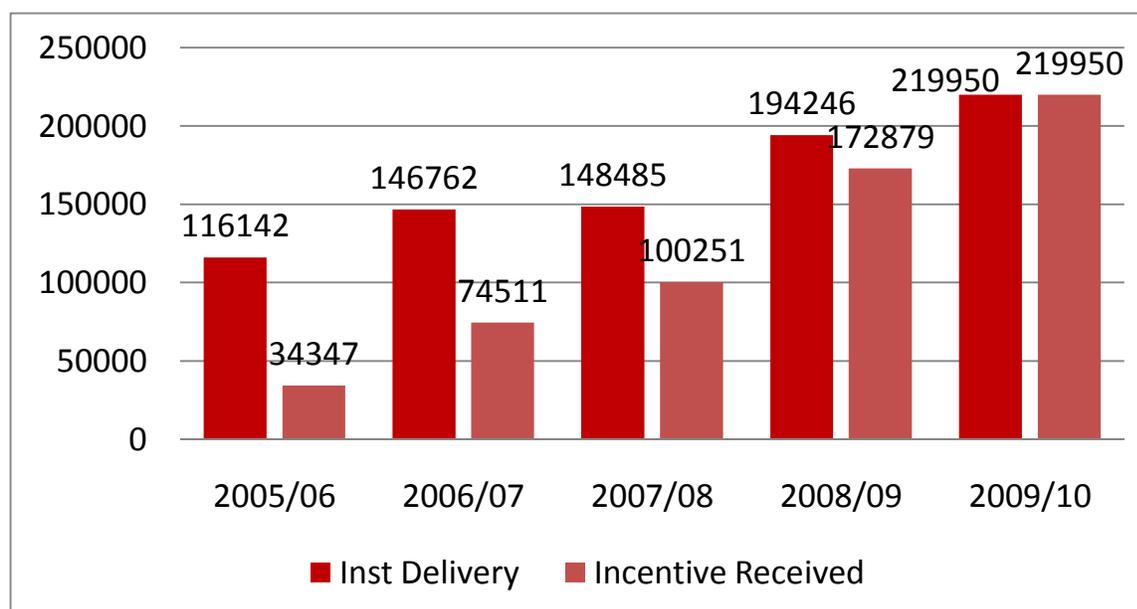


2.2.13.3 Implementation Progress

Programme implementation has improved significantly since the launch of the original Maternity Incentive Scheme (MIS) in 2005/2006 during which fewer than one third (29.6%) of women delivering in an institution actually received the cash incentive. By 2008/2009 this figure had risen to 89% and almost all women received the incentive in 2009/2010. By contrast, reflecting the lesser priority now being given to payments to health workers, the number of trained health workers (THW) receiving the incentive for home delivery has fallen over the years.

The launch of Aama programme mid-way through 2008/2009 meant that only around one half of all women delivering in a public institutions in the year would be eligible for free delivery. This has been borne out in practice with 51.2% of deliveries in these facilities being free in 2008/2009. But in 2009/2010, all the women who delivered their babies at health institutions have received incentives. The proportion of free deliveries in 2009/2010 has gone up near to 100% (Table 3b.1).

Figure 3b.1: Number of total institutional deliveries and women who received incentives



In comparing 2008/2009 and 2007/2008 data a positive trend in life saving interventions is seemingly apparent. In 2008/2009 the total number of complicated deliveries was 11,157 compared with 2,896 in 2007/2008 - an increase of 285%. Similarly, the number of C-sections increased from 12,650 in 2007-2008 to 18,546 in 2008/2009 and the figure further increased to 22,924, a growth of 23.6 percent in 2009/2010. There are several possible interpretations of these data. Figures may indicate a huge shift to GoN CEOC facilities from private nursing homes or, perhaps more perversely, over-reporting of complications and increased take up of elective C-sections – both driven by the higher financial incentives available. There was the confusion among the programme managers that incentive for C-section contributes more C-section than necessary. The confusion has been cleared as the latest evaluation of Aama programme and data from HMIS showed that there is still high unmet need for C-section.

2.2.13.4 Fund expenditure

The fund allocation and expenditure of Aama programme has been increased markedly by 29.2% and 37.7% in 2009/2010. In the last 5 years the allocation has increased by over four folds indicating that the more women and health institutions are benefiting from the Aama programme. The biggest change occurred in 2009/2010 due to the introduction of free delivery care. The expenditure increased due to expansion of the Aama programme at the medical collages and community hospitals (Table 3b.6).

Table 3b.6: Total budget allocation and expenditure in NRs Million

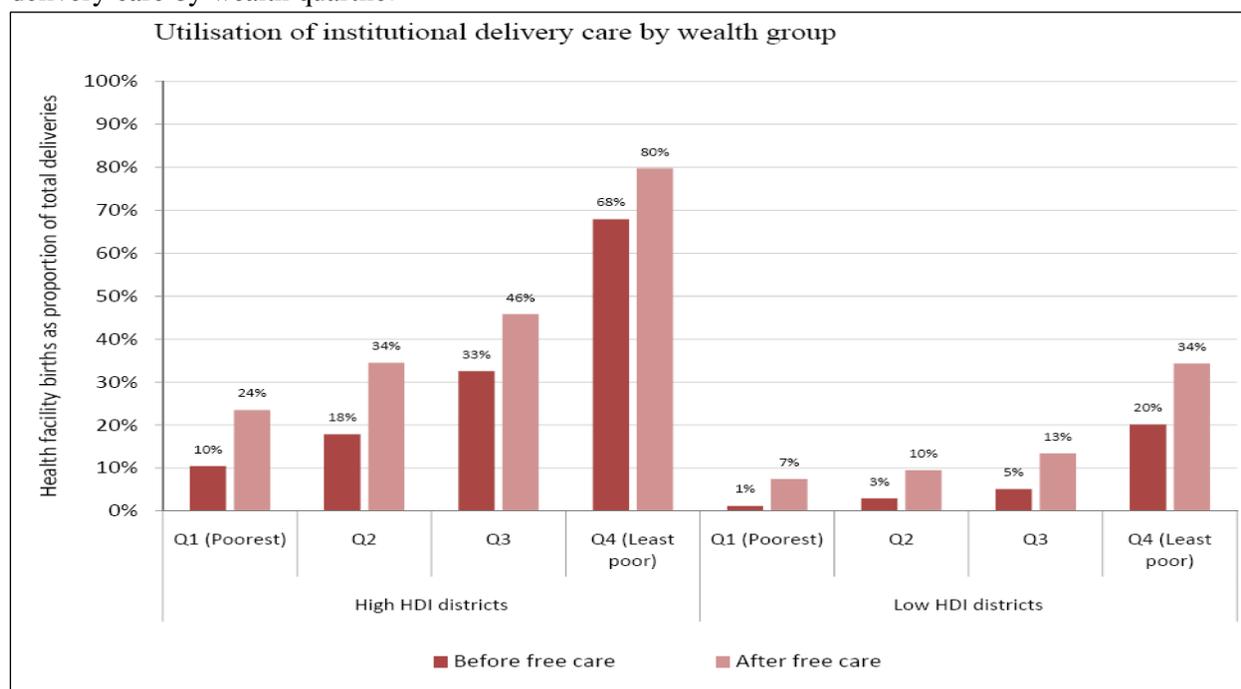
Fiscal Year	Allocation	Expenditure	Percent
2062/63 (2005/06)	139.85	59.27	42.38
2063/64 (2006/07)	159.2	111.58	70.09
2064/65 (2007/08)	194.5	143.7	73.88
2065/66 (2008/09)	444.6	336.7	75.73
2066/67 (2009/10)	574.3	463.5	80.7

Source: SDIP Financial reporting.

2.2.13.5 Major Activities

Evaluation of Aama Programme

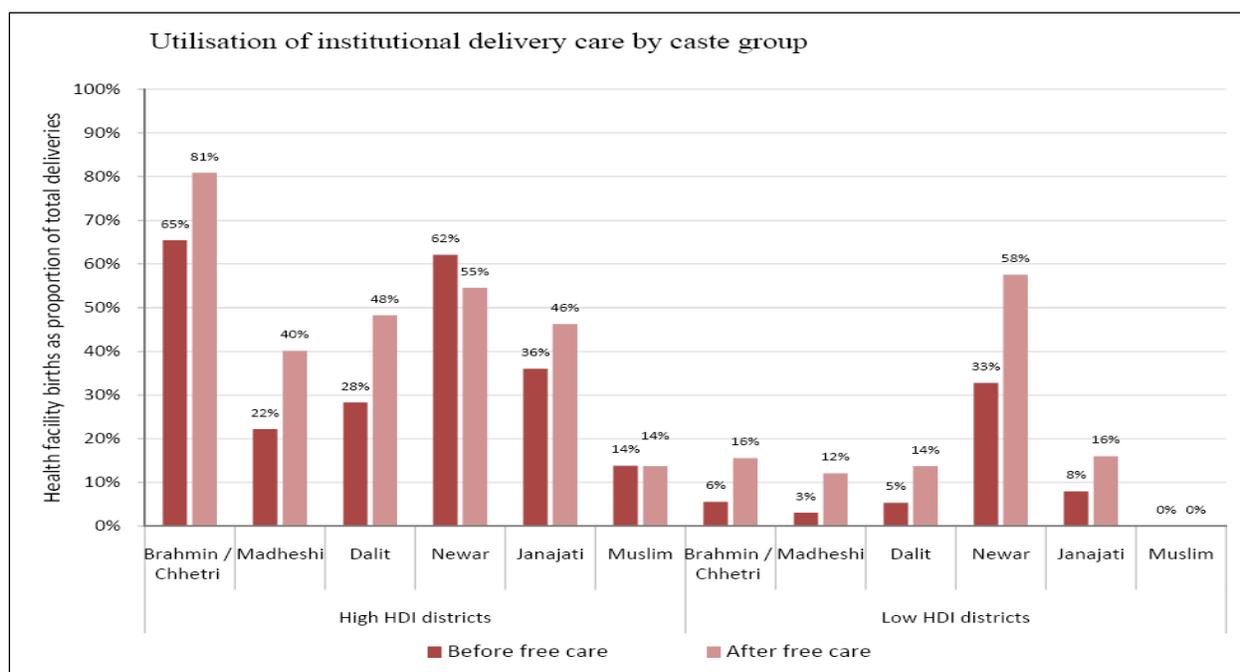
The impact evaluation was carried out in 2010 to determine who benefited by the free delivery and incentive scheme. Eighty seven percent of facility births were free of charge in the three low Human Development Index districts where the incidence of poverty is at higher level. Whereas this figure is 58 percent in case of high HDI districts. There is no indication of inequality in who benefits from free delivery care. In fact, in the low HDI districts the opposite is true – poorer women are more likely to receive free care. Over the past five years, there has been a substantial increase in the proportion of women giving birth in a health facility. In the high HDI districts, the rate of institutional delivery care has increased 21 points from 33 percent to 54 percent in the five year period. In the low HDI districts, the rate has increased 15 points from 6 percent to 21 percent over the same period. Following figure shows the proportion of women who delivered in a health facility before and after the start of free delivery care by wealth quartile.



Source: Powell T. Jackson et al, 2010

Results demonstrated that women in the Madheshi and Dalit caste groups have seen the greatest rise in utilization almost a twofold increase in the high HDI districts. In the Low HDI districts the utilisation of delivery care by Dalits increased by three folds from 3% in 2008/2009 to 14% in 2009/2010. Similar

trend has been seen in the Janajatis as well. In both high and low HDI districts Dalits, Madhesi and Dalits benefitted disproportionately.



Source: Powell Jackson et al, 2010

With the introduction of the Aama programme and greater reimbursement rates for the health facility, there is then another shift in utilisation of 4.6 percentage points. These estimates of impact are substantial, particularly when one considers the fact that the majority of households were unaware of free delivery care when they gave birth. Women’s awareness of the cash incentive during pregnancy has risen from 14 percent in July 2005 to 64 percent in February 2010.

Rapid Assessments

Three rapid assessments of the SDIP have been carried out to date; two in April and October 2008 and the third one in July 2009. These assessments reviewed effectiveness of the implementation including cross verification of payments. Five districts (Dailekh, Kanchanpur, Palpa, Sindhupalchowk and Udaypur) were covered in round one and six (Chitwan, Doti, Morang, Rasuwa, Surkhet and Tanahu) in round two and six districts (Darchula, Solukhumbu, Myagdi, Ramechhap, Banke and Mahottari) were included in round three. The findings of these assessments have been used to strengthen implementation guidelines and process. Learning from the three rapid assessments the FHD has contracted out the fourth rapid assessment. It began the work on 1st November 2009, and covered six districts; Mustang (Mt.), Taplejung (Mt.), Achham (hill), Nuwakot (hill), Bardiya (tarai) and Rautahat (tarai). The data collection work has been completed in 2010 and FHD is waiting the final report.

Social auditing

A social audit was conducted at 21 facilities of 7 districts under the Aama Programme in 2009/2010. They were consolidated and made available to the general public and auditors. This has contributed to checking the misuse of funds, developing the sense of ownership among the stakeholders, reducing the hassles in distributing the incentives.

Additional safeguards measures

Based on the findings of the third rapid assessment, FHD prepared a framework of additional safeguards. The framework for additional safeguard measures (ASGM) was submitted to MoHP and DFID on 27th August 2009.

Comprehensive Plan for Aama Programme Monitoring

Family Health Division has implemented comprehensive monitoring activities from 2009/2010. This includes the household survey, monitoring of Aama programme fund reimbursement in selected health facilities, independent rapid assessment and review of the auditor general's final audit reports. These have complemented and supplemented the monitoring information.

Information campaign

During this reporting period the National Health Education Information Communication Centre (NHEICC) has implemented the Aama communications strategy. Posters flex boards and leaflets were designed, printed and delivered to all districts. However, delivery to facilities has not met requirements. National, regional and local radio stations aired messages about the Aama programme.

2.2.13.6 Implementation issues

Clarity on free care components and financial status of hospital

Some of the issues identified during field visits were: 1) confusion on the types of managed complications, and 2) uncertain use of unit cost given for the free delivery. FHD had sent an instructional letter to all implementing facilities mentioning the priority of the Aama programme, permissible use of unit cost including provider's incentives, clarity on managed complications, monitoring at different levels and reporting of programme.

Addressing the false reporting

While the programme is seen to be meeting its primary objectives, the risk of fraudulent claims for both institutional and home deliveries may remain high. This was recognized in the third rapid assessment which recommended the effective implementation of public auditing. This finding was further informed by various field visits. In order to respond to this issue, FHD had endorsed 'Aama Programme Additional Safeguard measures' in 2009/2010.

Low awareness among pregnant women

The 3rd RA included anecdotal information from field visits suggesting that one of the major barriers to accessing free care and incentives is the low level of awareness on the Aama programme. FHD core team members are working closely with NHEICC, Nepal health journalist forum, FM radio networks and individual media houses for the proper dissemination of Aama programme messages.

Managing the critical dimension related to the management of home delivery incentives. Assuring the introduction of free delivery is supported with sound guidelines, reporting formats and improved monitoring.

2.2.13.7 Reproductive Health Program Coordination Mechanism

Under the MOHP, different level RH committee has been established from policy level to district with the objective to promote GO/NGO collaboration and partnership, to ensure compliance of GO policy,

strategy and guidelines and to avoid duplication and overlapping in program planning and implementation.

Many of these sub-committees are functional. They are meeting regularly as per plan. These sub-committees are providing valuable inputs in program planning, budgeting and on policy formulating. These forums are creating harmonize working relation between Go/I/NGO.

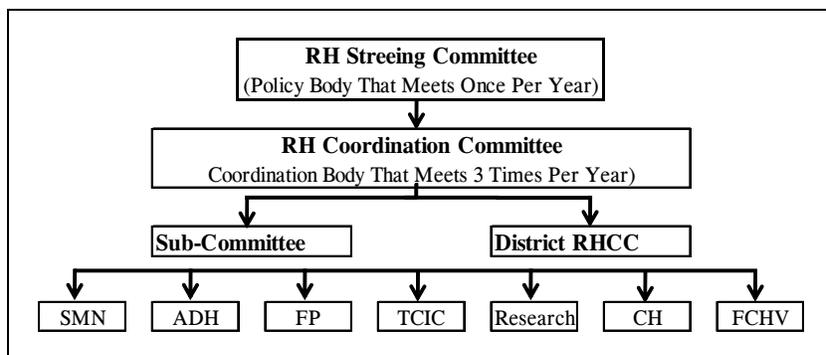


Figure 3b.2

District Reproductive Health Coordination Committee (DRHCC) has been formulated in all 75 districts. This forum is basically responsible to conduct meeting, facilitating NGO/INGO support administration & logistics for meeting, conduct orientation, review activities quarterly, develop future action plan, develop/update district profile and communicate to FHD and other related division and centre. Budget is allocated to 75 districts for quarterly review meeting to make these RHCC functional. Safe Motherhood, Birthing Center and Family Planning agendas are being covered in DRHCC meetings and these committees are more function.

2.3 ANALYSIS OF SERVICE STATISTICS

Table 3b.7 shows the number of antenatal care (ANC) first visits; deliveries conducted by trained health workers at home/institutions and postnatal care (PNC) first visits by region for FYs 2064/65 to 2066/67. The Table indicates that there is some decrease in number of ANC first visit at the national and at the regional level during FY2066/67 compared to the previous fiscal year. Where as in case of delivery services, service utilization has been increased only in Mid-Western and Far-Western region and it has also been decreased at the national level as well as the reasons other than Mid- and Far-Western region. Institutional delivery has however been consistently increased at the national level as well as at the regional level. Post natal services has also been increased at the national level and at the region except at the Eastern and Central regions during the FY2066/67 compared to earlier period.

Table 3b.7 Number of Antenatal First Visits, Deliveries and Postnatal First Visits, by Region, FY 2064/65 to 2066/67

Activities	Fiscal Year		Development Region					National Total
			EDR	CDR	WDR	MWDR	FWDR	
Antenatal first visit	2064/65	2007/08	154,111	202160	141,035	103,291	67,907	668,504
	2065/66	2008/09	154,336	227,495	129,470	10,1004	67,116	679,421
	2066/67	2009/10	152,242	222,957	121,588	99,802	65,416	662,005
Total Deliveries by SBA & other than SBA at home & institu.	2064/65	2007/08	75,461	130,857	63,144	29,014	20,202	318,678
	2065/66	2008/09	77,061	130,123	58,438	30,762	21,601	317,985
	2066/67	2009/10	71,241	123,567	54,415	39,567	23,974	312,764
Institutional Delivery	2064/65	2007/08	37,620	61,301	32,670	13,495	10,664	155,750
	2065/66	2008/09	42,578	66,379	31,312	18,933	14,323	173,525
	2066/67	2009/10	49,546	79,078	35,322	32,021	19,632	215,599

Activities	Fiscal Year		Development Region					National Total
			EDR	CDR	WDR	MWDR	FWDR	
Postnatal first visits	2064/65	2007/08	91,795	121,637	79,933	47,348	31,000	371,713
	2065/66	2008/09	97,083	130,783	68,710	49,023	31,253	376,852
	2066/67	2009/10	88,361	129,904	69,094	55,612	33,725	376,696

Source: HMIS/MD, DoHS

Table 3b.8 Antenatal First Visits, Deliveries and Postnatal First Visits Expressed as a Percentage of Expected Pregnancies, by Region, FY 2064/65 to 2066/67

Activities	Fiscal Year		Region					National Total
			EDR	CDR	WDR	MWDR	FWDR	
Antenatal first visits	2064/65	2007/08	66.7%	62.1%	72.5%	77.4%	68.1%	67.9%
	2065/66	2008/09	65.3%	68.3%	65.1%	74.2%	65.6%	67.5%
	2066/67	2009/10	85.9%	87.4%	80.7%	97.9%	89.9%	87.4%
Total Deliveries by SBA & Other than SBA at home and institution	2064/65	2007/08	32.6%	38.0%	32.4%	21.8%	20.2%	31.6%
	2065/66	2008/09	32.6%	39.1%	29.3%	22.6%	21.1%	31.6%
	2066/67	2009/10	40.2%	48.4%	35.2%	38.9%	33.0%	41.3%
Institutional Delivery	2064/65	2007/08	16.3%	16.2%	16.8%	10.1%	10.7%	15.1%
	2065/66	2008/09	18.0%	19.9%	15.7%	13.9%	13.9%	17.2%
	2066/67	2009/10	28.0%	31.1%	23.4%	31.4%	27.0%	28.5%
Postnatal first visits	2064/65	2007/08	39.7%	37.3%	41.1%	35.5%	31.1%	37.7%
	2065/66	2008/09	41.1%	39.3%	34.5%	36.0%	30.5%	37.4%
	2066/67	2009/10	49.9%	50.9%	45.9%	54.6%	46.3%	49.7%

Source: HMIS/MD, DoHS

Table 3.b.8 shows the coverage of the Safe Motherhood and Newborn Health Programme, expressed as a percentage of expected pregnancies during FY 2064/65 to 2066/67 at national and by regions for ANC 1st visit, delivery conducted by health workers at home, institutions and separately at the institution and postnatal first visits. During the FY 2066/67, 87.4 percent of the expected pregnant women received ANC services at least for one time. Similarly 41.3 percent of deliveries were conducted by health workers during the FY2066/67, which has increased by almost 10 percent compared to the FY2065/66. Institutional delivery has also been increased by more than 10 percent in FY2066/67 compared to the last fiscal year. Postnatal service coverage as a percentage of expected pregnancies were 49.7 percent during FY2066/67, showing sharp increase (almost 10% increases) compared to last fiscal year in F.Y 2065/66. One of the reasons for increased maternal health services over the last one year period was mainly due to revised target population.

2.3.1 ANC First Visit Coverage

Figure 3b.1 shows the comparative picture of antenatal first-visit coverage of expected pregnancies by region for FYs 2064/65 to 2066/67. The number of ANC first-visits in all the regions and national level has increased during FY 2066/67 compared to previous year. The national average of ANC first visits as percent of expected pregnancy has shown 20 percent increase in the FY 2066/67 (87.4 percent) compared to FY 2065/66 (67.5 percent).

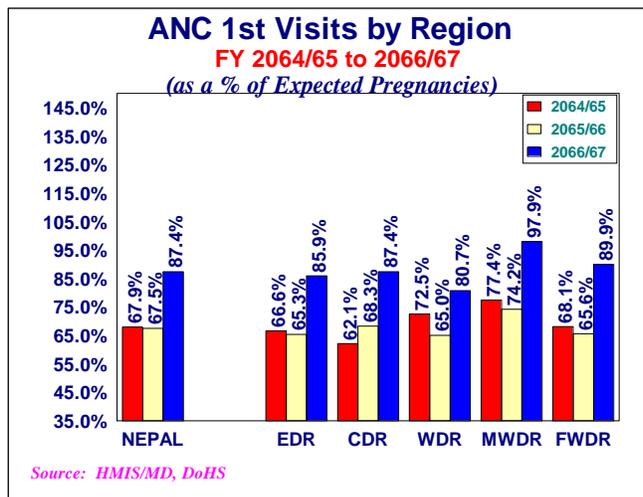


Figure 3b.1

2.3.4 Four Times Antenatal Visits

Four times ANC visit is considered standard for complete antenatal care. At the national level, the reported coverage of at least four time antenatal visits was observed at 56.8 percent from among the ANC first visits during the FY 2066/67 showing an increment by about one percent compared to 2065/66. Four times ANC visit as percentage of ANC first visit has been increased at all regions to some extent in FY2066/67 compared to the FY2065/66 (Figure 3b.2).

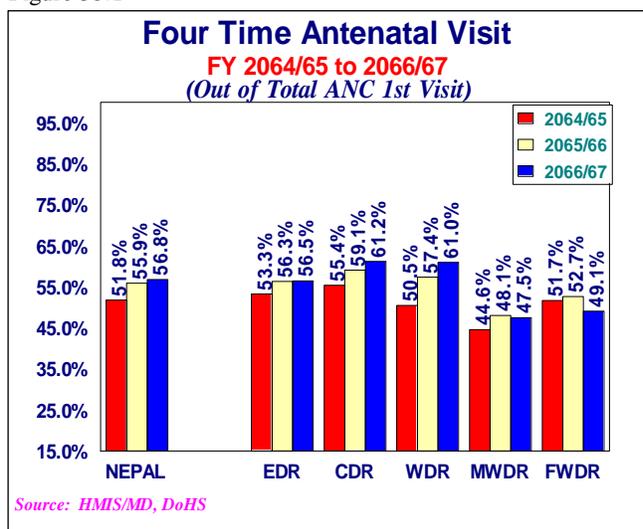


Figure 3b.2

3.5. Delivery Services

According to MDG, delivery by SBA has to be achieved by 60 percent by the year 2015 (HMIS started collecting information on SBA and other than SBA only after FY2007/2008). The SBA includes doctors, staff nurses and ANMs while other than SBA include HA, AHW, MCHW and VHW. It is important to note that delivery by health workers (both SBA and other than SBA) has been increased substantially to 41.3% in FY2066/67 from 31.6% in FY2065/66

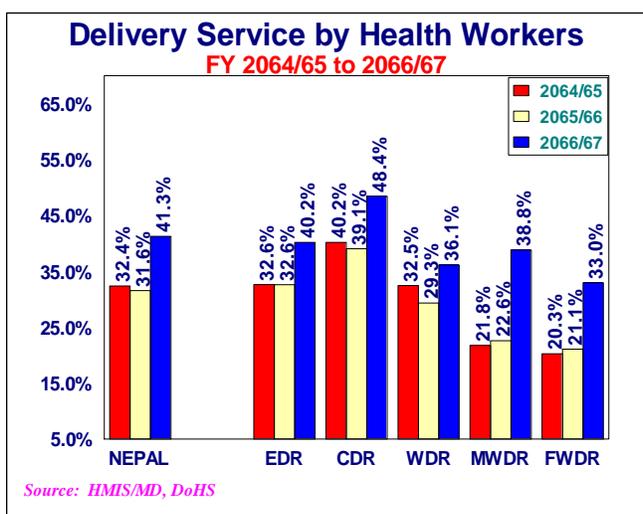


Figure 3b.3

There is also a sharp increase in the percentage of SBA delivery at the health facility in FY2066/67 (26.2%) compared to the previous FY2065/66 (15.9%). Percentage of delivery by other than SBA in health facility has also been slightly increased over the last one year period (from 1.4% in FY2065/66 to 2.3% in FY2066/67). Similarly, there is about 10 percent increase in the percentage of delivery by SBA at home in FY2066/67 compared to that in FY2065/66 as shown in Table 3b.9.

Table 3b.9: Percentage change in the delivery care during Fiscal Year 2064/065 to 2066/67

Activities	2064/65	2065/66	2066/67	Percentage Change (64-65)	Percentage Change (65-66)
Delivery by SBA at Health Facility (HF)	13.6%	15.9%	26.2%	+2.3	+10.3
Delivery by SBA at home	4.4%	3.1%	3.2%	-1.3	+0.1
Total delivery by SBA at home & HF	18.0%	18.9%	29.4%	+0.9	+10.5
Delivery by other than SBA at HF	1.5%	1.4%	2.3%	-0.1	+0.9
Delivery by other than SBA at home	12.2%	11.3%	9.6%	-0.9	-1.7
Total delivery by other than SBA	13.7%	12.6%	11.9%	-1.2	-0.7
Total delivery at HF by SBA and other than SBA	15%	17.2%	28.6%	+2.2	+11.4
Total delivery at home by SBA and other than SBA	16.5%	14.4%	12.8%	-2.1	-1.6
Grand total of delivery by SBA and other than SBA at home and HF	31.6%	31.5%	41.3%	-0.1	+9.8

Source: HMIS/MD, DoHS

Increasing skilled attendance at delivery is an intervention for reducing maternal mortality. Increasing percentage of deliveries attended by health workers at the national and the regional level in the positive sign of an effectiveness of program intervention through the demand and supply side financing. This increase in the percentage of delivery by health personnel has to be explaining with care as this increase in institutional delivery could be due to the revision of target population.

2.3.6 Postnatal Service Coverage

Figure 3b.4 shows that the trend in postnatal service coverage as a percentage of expected pregnancies has increased from 37.4% in FY 2065/66 to 49.7 percent in FY 2066/67. This increase in PNC first visit as percentage of expected pregnancy in FY2066/67 has been consistent over the development region and ecological zones.

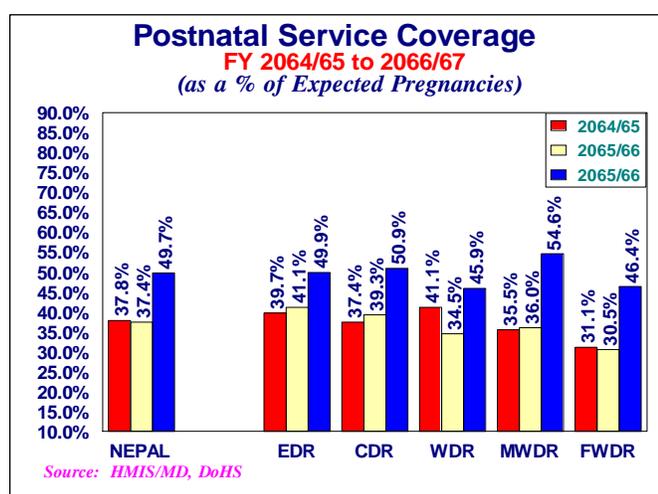


Figure 3b.4

2.3.7 The Process Indicator for Monitoring Safe Motherhood Programme

UNFPA, UNICEF and WHO recommend "Process Indicators" for monitoring Safe Motherhood Programmes, which are reflected in the indicator box. In Nepal, four out of the five recommended process indicators have been used to monitor the Safe Motherhood Programme in nineteen selected EOC monitoring districts. It is to be noted that 6 additional districts started reporting on emergency obstetric care (EOC) monitoring data since the beginning of the fiscal year under report.

Table 3b.10: EOC Monitoring in 38 selected districts of Nepal, FY 2066/67

S N	District	Exp. Live birth	Exp. Complication	Exp. C/S	Inst. Delivery	Comp. Managed	Total CS Done	Direct obst. death	Prop. of Birth at B/CEOC	Met Nees of EOC	CS Rate	Met Need of CS	Case Fatality Rate
1	Dhankuta	4,979	747	249	222	42	0	0	4.5	5.6	0.0	0.0	0
2	Morang (K ZH)	26,976	4046	1349	9639	3071	2073	4	35.7	75.	7.7	153.	0
3	Okhaldhunga (MH)	4,215	632	211	343	122	33	0	8.1	19.	0.8	15.7	0
4	Panchthar	5,726	859	286	454	250	77	0	7.9	29.	1.3	26.9	0
5	Saptari	15,868	2380	793	3657	753	531	6	23.0	31.	3.3	66.9	0
6	Siraha	15,739	2361	787	1963	155	5	0	12.5	6.6	0.0	0.6	0
7	Sunsari	19,811	2972	991	8468	1241	2253	14	42.7	41.	11.	227.	1
8	Udaypur	8,369	1255	418	657	78	0	0	7.9	6.2	0.0	0.0	0
9	Kavre	11,417	1,712	571	3,671	482	461	0	32.2	28.	4.0	80.8	0
10	Rasuwa	1,220	183	61	50	3	0	0	4.1	1.6	0.0	0.0	0
11	Baglung	8,168	1225	408	1038	185	42	0	12.7	15.	0.5	10.3	0
12	Kapilvastu	13,468	2020	673	1080	38	0	0	8.0	1.9	0.0	0.0	0
13	Kaski	12,491	1874	625	9115	483	1607	0	73.0	25.	12.	257.	0
14	Myagdi	3,335	500	167	490	30	0	0	14.7	6.0	0.0	0.0	0
15	Nawalparasi	17,273	2591	864	2969	112	27	0	17.2	4.3	0.2	3.1	0
16	Parbat	4,607	691	230	309	13	0	0	6.7	1.9	0.0	0.0	0
17	Rupandehi	21,488	3223	1074	10173	2824	2404	8	47.3	87.	11.	223.	0
18	Banke	11,798	1770	590	4363	1734	1026	7	37.0	98.	8.7	173.	0
19	Dailekh	6,528	979	326	448	102	40	0	6.9	10.	0.6	12.3	0
20	Dang	14,677	2202	734	3644	778	134	1	24.8	35.	0.9	18.3	0
21	Humla	1,865	280	93	535	57	0	0	28.7	20.	0.0	0.0	0
22	Jumla	2,536	380	127	362	138	2	0	14.3	36.	0.1	1.6	0
23	Mugu	1,170	176	59	189	81	0	0	16.2	46.	0.0	0.0	0
24	Surkhet	9,250	1388	463	2220	600	275	1	24.0	43.	3.0	59.5	0
25	Achham	6,403	960	320	227	73	1	0	3.5	7.6	0.0	0.3	0
26	Kailali (SZH)	19,636	2945	982	3519	887	439	9	17.9	30.	2.2	44.7	1
27	Bhojpur	5,540	831	277	140	75	0	0	2.5	9.0	0.0	0.0	0
28	Ilam	8,814	1322	441	760	218	148	0	8.6	16.	1.7	33.6	0
29	Jhapa	22,737	3411	1137	2269	326	583	0	10.0	9.6	2.6	51.3	0
30	Khotang	6,190	929	310	272	77	2	0	4.4	8.3	0.0	0.6	0
31	Sankhuwasabha	4,499	675	225	1209	44	43	2	26.9	6.5	1.0	19.1	4

S N	District	Exp. Live birth	Exp. Complication	Exp. C/S	Inst. Delivery	Comp. Managed	Total CS Done	Direct obst. death	Prop. of Birth at B/CEOC	Met Nees of EOC	CS Rate	Met Need of CS	Case Fatality Rate
32	Solukhumbu	2,957	444	148	701	172	8	1	23.7	38.	0.3	5.4	0
33	Taplejung	3,812	572	191	469	71	0	1	12.3	12.	0.0	0.0	1
34	Makawanpur	11,453	1718	573	1088	233	123	0	9.5	13.	1.1	21.5	0
35	Sarlahi	17,281	2592	864	2153	21	10	0	12.5	0.8	0.1	1.2	0
36	Tanahu	9,389	1408	469	391	93	0	0	4.2	6.6	0.0	0.0	0
37	Bardiya	12,114	1817	606	1314	631	391	5	10.8	34.	3.2	64.6	0
38	Kanchanpur	12,003	1800	600	1781	221	87	0	14.8	12.	0.7	14.5	0
	Total	385,799	57,87	19,29	82,35	16,51	1282	59	21.3	28.	3.3	66.5	0

Table 3b.10 presents the information on EOC monitoring system in FY 2066/67. Altogether 38 districts submitted EOC monitoring reports during the reporting the fiscal year.

- Out of total 385,799 expected live birth in 38 reporting districts in FY 2066/67, 21% of the birth were conducted in the B/CEOC facility
- Based on the total population of 38 districts (1,52,30,059), 57,870 pregnant women were expected to develop obstetric complication during FY 2066/67. Out of the expected complication, only 16,514 women were able to receive treatment in the basic and comprehensive EOC facilities. Therefore met need of EOC for FY 2066/67 was 29%.
- Similarly, 19,290 were expected to give birth by Caesarean Section (C/S), however, only 12,825 pregnant women were able to receive the C/S service during delivery. Therefore Met Need of C/S was 67% during FY 2066/67.
- Table 3b.10 further indicate that C/S rate for FY 2066/67 was 3% and the Case Fatality Rate (CFR) was 0.4% both of the indicators are within the acceptable range. CFR of the Sankhuwasabha (4.5), Taplejung (1.4), and Sunsari (1.1) exceeded the acceptable range of 1%.
- It is important to note that met need of C/S in Morang, Sunsari, Kaski, Rupandehi, and Banke exceeded 100% this is because the reporting hospitals in these districts are Zonal and Regional Hospitals and are the referral centers for the respective zone and region, but the denominator contains district population.

3 PROBLEMS/CONSTRAINTS AND ACTIONS TO BE TAKEN

Issues/Constraints	Recommendations	Responsibility
Met need of EOC and CS continue to be low	<ul style="list-style-type: none"> Strengthen and expand BEOC and CEOC centres. Ensure HR for BEOC and CEOC sites. 	MoHP, DoHS, FHD, NHTC, NHEICC
Decreasing antenatal visit rates	<ul style="list-style-type: none"> Reactivate PHC/ORC Strengthen tracking of pregnant women/ improve counselling Launch awareness programme 	FHD, DHO/DPHO ,, NHEICC
Low institutional delivery rates	<ul style="list-style-type: none"> All PHC and 50% of HPs to provide delivery services 	FHD, DHO/DPHO
Insufficient number of SBAs	<ul style="list-style-type: none"> Increase number of SBA training sites Create ANM posts for health facilities in remote hill and mountain districts. 	FHD/NHTC DoHS/MoHP
Uterine prolapse, adolescent health, infertility and gender based violence not prioritised	<ul style="list-style-type: none"> Set these as areas as priorities and allocate funding 	MoHP

4 TARGETS FOR FY 2067/68 (2010/2011)

S. N.	Activities	Target
1	ANC first visit	700,000
2	Delivery conducted by trained health workers	450,000
3	PNC first visit	430,000
4	Screening of uterine prolapse and listing for Operation	75 districts
5	Follow up for BEOC, CEOC and Birthing units	50 sites in selected districts

Source: FHD, DoHS

Note: For detailed, district-specific data and analysis on this programme/project please refer to the annexes in this document.

FCHV Programme

1 BACKGROUND

Recognizing the importance of women's participation in promoting health of the people, GoN initiated the Female Community Health Volunteer (FCHV) Program in FY 2045/46 (1988/1989) in 27 districts and expanded to all 75 districts of the country in a phased manner. Initially, the approach was to select one FCHV per ward regardless of the population size. Later in 1993 population based approach was introduced in selected (28) districts. At present there are 48,489 FCHVs actively working all over the country.

FCHVs are selected by members of Mothers' Group for Health (MG-H) with the help of local health personnel. They are provided 18 days basic training in two phases (9+9 days) on selected primary health care components. After the completion of the basic training, FCHVs are provided with a certificate and Medicine kit box free of cost consisting of necessary drugs and supplies. The FCHVs are also provided with manuals, flip chart, ward register, IEC materials, FCHV bag, signboard and identity card. For Family Planning services, regular supply of commodities (pills and condoms only to FCHVs) is instituted through local health facility.

The major role of the FCHV is to promote health and healthy behaviour of mothers and community people for the promotion of safe motherhood, child health, family planning, and other community based health services with the support of health personnel from the SHPs, HPs, and PHCCs. Besides the motivation and education, the FCHVs re-supply pills and distribute condoms, ORS packets and vitamin A capsules; and treat pneumonia cases and refer more complicated cases to health institution. Similarly, they also distribute iron tablets to pregnant women in districts with Iron Intensification Programs.

Various policy, strategy and guidelines have been developed to strengthen the program. Numerous factors influence the program including national health sector reform, decentralization and handing over of health facilities to VDCs, as well as the depth and breadth of experience gained from program implementation at the community level, and the recognition that community-based health programs are the key to reducing maternal and child mortality and fertility in Nepal

The FCHVs program strategy has been revised in 2067(2010) and document provides strategic directions and critical approaches to ensure a strengthened national program and consistent, continuous support of every FCHVs.

Nepal government is committed to increase the high moral of FCHVs & participation in community health development. In fiscal year 2064/65 MoHP established FCHVs fund in each VDCs by providing Rs. 50,000 to each VDC. The mobilization of this fund for income generating activities is expected to benefit the FCHVs and the community at large.

1.1 GOAL AND OBJECTIVES

1.2 Goal: The goal of FCHV program is to support the National goal of health through community involvement in public health activities. This includes imparting knowledge and skills for empowerment of women, increasing awareness on health related issues and involvement of local institutions in promoting health care.

1.3 Objective:

1.3.1 To activate the women for tackling common health problems by imparting relevant knowledge and skills.

1.3.2 To prepare a pool of self motivated volunteers as a focal person for bridging the health programs with community.

1.3.3 To prepare a pool of volunteers to provide services for community based health programs.

1.3.4 To increase the participation of community in improving health.

1.3.5 To develop FCHV as health motivator.

1.3.6 To increase utilization of health care services through demand creation.

2. ACHIEVEMENTS ANALYSIS

As show below in table 2.1 all the targeted activities for the fiscal year 2066/67 were completed except for volunteer exit of FCHVs. In the fiscal year 1,254 FCHVs were expected to receive voluntary retirement however only 52 percent FCHVs took voluntarily retirement.

2.1 TARGETS vs. ACHIEVEMENT, FY 2066/67 (2009/2010)

S. N.	Activities	Target	Achievement
Central level			
1	FCHV Day celebration	1 Time	100%
2	Dissemination of revised FCHV Strategy	1 Time	100 %
District Level			
1	FCHVs Trimester Review (All VDC)	75 District	100%
2	HFI Review Meeting (llaka Level)	75 District	100%
3	FCHVs Day Celebration (All VDC)	75 District	100%
4	Addition of FCHVs fund (All VDC)	75 District	100%
5	Establishment of FCHVs Fund (All Districts)	75 District	100%
6	Reward for voluntary retirement	1,254 persons	52%

Source: FCHV/FHD, DoHS

2.2 TREND IN SERVICES PROVIDED BY FCHVs

Figure 3c.1 shows the selected services provided by FCHVs over the last three fiscal years. There has been steady increment in distribution of oral contraceptive pills (719,451 cycles) and (1,570,419 packets) ORS during the fiscal year 2066/67. Similarly condom distribution from FCHVs in the fiscal year 2066/67 has marginally increased (1,264,717 persons) with compared to last fiscal year. All together a total of 10 million persons had contacted FCHVs for information and services related to FP, SM, and CDD/ARI in the same fiscal year indicating significant contribution to the provision of selected health services. In FY 2066/67, FCHVs have contributed 49.1 percent in oral pills distribution and 50.2 percent ORS packets at the national level.

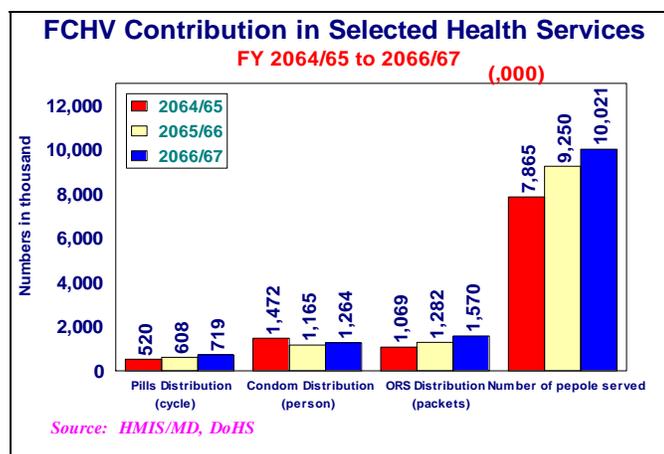


Figure 3c.1

2.3 ADDITIONAL ACTIVITIES CARRIED OUT IN FY 2066/67 (2009/2010)

- Integrated regional review meeting was organized in all five regions with support from partners which focused on sharing national FCHVs program activities and discussing the FCHVs fund status
- FCHV s program performance was reviewed in regional performance review meeting.
- Recommendation and plan of operation prepared in the Regional workshops were reviewed in the National Annual Performance Review Workshop.

2.3.1 FCHV Fund

Nepal Government has provided a grant of Rs. 50,000 per VDC to establish Female Community Health Volunteer Fund for supporting the activities of Volunteers. **FCHV Fund Operational Guidelines-2064** has been developed to assist in utilization of the fund appropriately. Orientations to district supervisors and HFIs were conducted in districts with support from partners.

2.3.2 Salient features of Revised FCHV Program Strategy - 2067

- Mothers Group renamed as Mothers Group for Health.
- Mother's Group for Health to include members as follows: Mountain District - Minimum 11 persons; Hilly District - Minimum 15 persons and in Terai District - Minimum 21 persons
- Developed Code of Conduct for FCHVs.
- Mandatory submission of written application to the mothers group for health to become FCHV
- Revised selection criteria for FCHVs.
- Mother's group for health to recommend FCHVs to continue her service every 5 years.
- Mother's Group for Health to recommend 60+ aged FCHVs for farewell.
- Standardized uniform (dress) for FCHVs.
- FCHVs day will be celebrated on international volunteer's day (on 5 December).

2.3.3 Electronic FCHVs Data Base

An electronic database has been developed and regular update is being made to include profile of FCHV. The database is used at the central as well as district levels for planning and implementation of FCHV program and support the FCHVs.

2.3.4 Advocacy regarding FCHV program:

Two days orientation workshop was organized in three regions (Eastern, Central and Mid Western) to inform health journalists about the importance of Female Community Health Volunteers in improving the health status of Nepal over two decades and the government policy. The program has helped to highlight the contribution of FCHVs in community health level.

2.3.5 Birth Preparedness Package (BPP)

In 25 districts, BPP training was provided to FCHVs through GoN support. Mother's cards were distributed to pregnant women through FCHV. The BPP flip charts were used to educate and create awareness in the community to help in birth preparedness and reduce delays.

3. PROBLEMS/CONSTRAINTS AND ACTIONS TO BE TAKEN

Issues/Constraints	Recommendations	Responsibility
High programme demand for community based interventions	Strengthening capacity development of FCHVs	MoHP, DoHS/FHD
Ageing FCHVs	Appropriate exit policy	FHD/DoHS, MoHP
Inadequate initiatives for FCHV fund management	Fund Management orientation for FCHVs Fund management committee	FHD/DoHS/RD/DHO

4. TARGETS FOR FY 2067/68 (2010/2011)

S. N.	Activities	Target	Achievement
Central level			
1	FCHV Day Celebration	Time	1
District Level			
1	FCHV Day Celebration (All VDC)	Times	4,047
2	FCHV Bi Annual Review Meeting (All VDC)	Person	14,5647
3	SHPI Biannual Review Meeting at district and Ilaka level	Times	150
4	Reward for voluntary retirement	Person	2,427
5	Addition in FCHV Fund (Rs. 10,000)	VDC	3,915
6	Reactivation and orientation to MG-H	District	10
7	Two days training to VDC level FCHV fund management committee	District	6

Source: FCHV Programme/FHD, DoHS

Note: For detailed, district-specific data and analysis on this programme/project please refer to the annexes in this document.

Primary Health Care Outreach Clinic (PHC/ORC)

1. BACKGROUND

As envisaged in the national health policy 1991, health facilities were extended up to village level. However, utilization of services provided by health facilities, especially preventive and promotive services, has been found to be limited because of limited accessibility. Therefore it was felt that services should be closer to the community. Thus Primary Health Care Outreach (PHC/ORC) services was initiated and established.

Primary Health Care Outreach clinic (PHC/ORC) program was established in 1994 (2051 BS) with an aim to improve access to some basic health services including family planning and safe motherhood services for rural households. PHC/ORC clinics are the extension of PHCCs, HPs and SHPs at the community level.

VHWs and MCHWs or ANMs/AHWs provide basic PHC services (FP and ANC services/Health Education/ Minor Treatment) to a pre-arranged place close to communities on a predetermined day once in a month. According to PHC/ORC strategy, following services are provided by PHC/ORC.

1. Safe Motherhood & Newborn Care

- Provision of antenatal, postnatal, and newborn care.
- Iron distribution.
- Referral if danger signs identified.

2. Family Planning

- Provision of DMPA, (Depoprovera) Pills and Condom.
- Monitoring of continuous users.
- Education and counselling on FP methods and emergency contraception.
- Counselling and referral for IUCD, Implant and VSC service.
- Tracing defaulter.

2. Child Health

- Growth monitoring of under 5 children.
- Pneumonia treatment.
- Diarrhoea treatment.

3. Health Education and Counselling

- Family Planning.
- Maternal and Newborn Care.
- Child Health.
- STI, HIV/AIDS.
- Adolescents' reproductive health.
- Others.

4. First aid treatment

1.1 Main Service Providers and Support Partners for PHC/ORC clinics

The primary responsibility for conducting the PHC outreach clinics lies with MCHWs and VHWs. At PHCC and HP level, ANMs, AHW and VHWs are responsible for carrying out the PHC outreach services. AHWs and others staff of HP/PHCCs also help in conducting the PHC outreach clinics. Female Community Health Volunteers (FCHVs) and other local NGOs/CBOs support service providers in conducting PHC/ORC clinics and also for recording/reporting and other support activities.

1.2 Frequency, Time and Location for the conduction of the PHC/ORC clinics

Based on the local needs PHC outreach clinics are conducted every month at fixed locations of a VDC on specific dates and time. The clinics are held at locations not more than half an hour's walking distance for the population residing in that area.

2. ANALYSIS OF ACHIEVEMENTS BY MAJOR ACTIVITIES

2.1 ACTIVITIES CARRIED OUT DURING THE FISCAL YEAR 2066/67 (2009/2010)

- In coordination with NHTC, 4 days PHC/ORC Reactivation and Micro Planning Orientation were conducted in 1361 VDCs of 23 Districts (Dhankuta, Ilam, Jhapa, Morang, Sankhuwasabha, Saptari, Siraha, Terhathum, Dading, Dhanusha, Kavre, Mahottari, Nuwakot, Parsa, Ramechhap, Baglung, Kaski, Manang, Mustang, Nawalparasi, Parbat, Rupandehi and Dailekh).
- PHC-ORC kits with recommended equipment and drugs were purchased to be used during PHC-ORC clinic (1,361 VDCs of 23 Districts).

2.2 Target VS Achievements during the FY 2066/67 (2009/2010)

Activities Central level	Target	Achievements
Revision of PHC/ORC clinics strategy	1	100%
Orientation on PHC/ORC clinics Micro Planning	1	100%
District Level		
PHC/ORC clinic Reactivation and Micro planning	1361 VDC	100%
Purchase of Drug and Equipments	1,361 VDC	100%

2.2.1 TARGETS vs. ACHIEVEMENT

Table 3d.1 Trend in PHC Outreach clinic Conducted by region, FY 2064/65 to 2066/67

Regions	2064/65 (2007/2008)			2065/66 (2008/2009)			2066/67 (2009/2010)		
	Targets	Achievement	%	Targets	Achievement	%	Targets	Achievement	%
EDR	42,696	36,390	86	38,808	34,511	87	38,124	35,245	91
CDR	51,732	42,394	82	49,260	40,033	79	49,440	37,863	77
WDR	36,372	27,178	75	38,484	25,716	75	31,097	23,833	76
MWDR	23,988	18,374	77	22,560	18,193	78	22,848	18,332	80
FWDR	16,716	13,715	82	16,620	13,103	79	16,656	13,720	82
National	171,504	138,051	80	165,732	131,556	80	158,160	128,993	81

Note: Target: Total number of clinics expected to run in a year

Achievement: Total no. of clinics reported to have been conducted

Source: HMIS/MD, DoHS

Target vs. achievement of PHC outreach clinic (PHC/ORC) at national level and by region for the last three fiscal years are shown in Table 3d.1 and Figure 3d.1. Of the total targeted PHC/ORC, 81percent of the clinics were conducted at the national level during the fiscal year 2066/67. It was pleasing to note that the PHC/ORC in fiscal year 2066/67 increased by more than 1 percent from the previous year's (2065/66) achievement of (80%) as can be seen in the above table. The highest numbers of PHC/ORC (91%) were conducted in EDR followed by FWDR, MWDR and WDR (82% and 80 % and 76% respectively) and achievement of CDR was decreased (77%) in this fiscal year 2066/67 compared to (79%) achievement in 2065/66. It indicated that CDR needs to step up its efforts to increase functional PHC/ORC in the region in future.

Figure 3d.2 shows an average number of clients served per PHC /ORC clinics. The trend shows improvement of services. On an average number of 20 people were served per clinic during 2066/67, it shows slightly increased number of people served by per PHC/ORC clinics as compared to previous fiscal year. From the regional perspective, FWDR has served the highest number of people in the out reach clinic (34 per clinic) in this fiscal year 2066/67 which however it was decreased by 2 percent as compared to the previous year 2065/66.

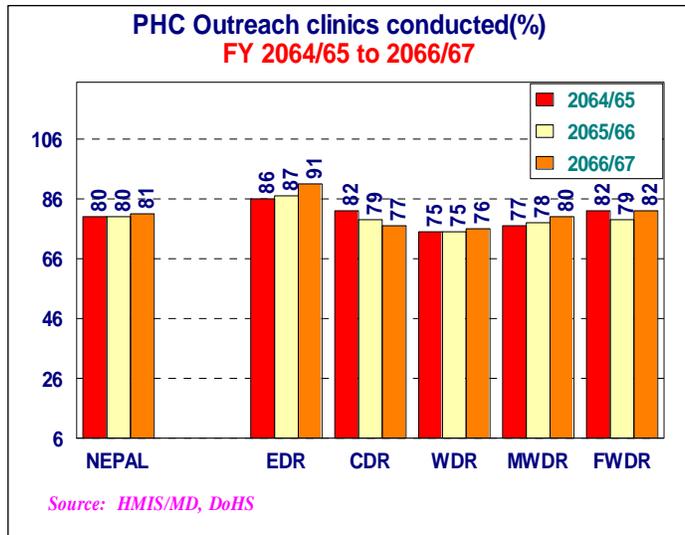


Figure 3d.1

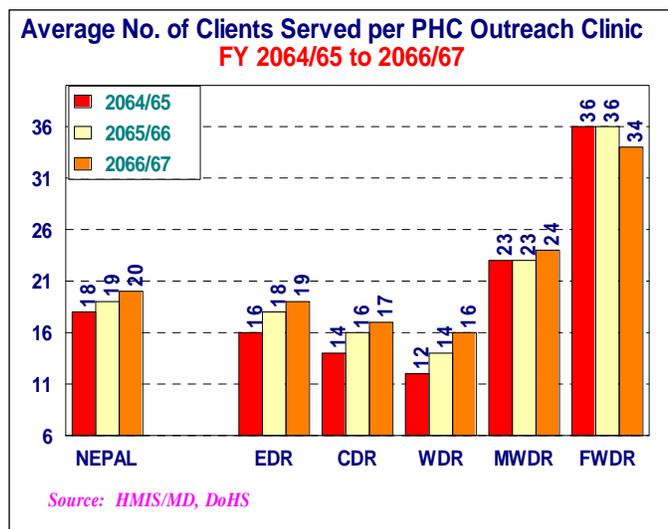


Figure 3d.2

From Figure 3d.3, it is seen that more PHC/ORC were conducted in Hills 84 percent compared to 79 percent and 73percent in Terai and Mountains respectively. More PHC-Outreach clinics should have been run in Mountain region compared to Terai region because of the fact that the mountain people have little access and face difficulties to travel to the health facilities.

However, it was pleasing to note that there has been a gradual increase in conduction of PHC/ORC clinics each year in both Mountain and Hills. Though Terai experienced decreased in functional PHC/ORC clinics.

Figure 3d.4 shows the average number of clients served per clinic per month at national level which was 20 per clinic during the fiscal year 2066/67. This was slightly increased compared to previous fiscal year. By ecological zones, Terai served (23 persons per clinics), Hills and mountain served 19 and 17 clients per clinic respectively. It was encouraging to note that client served per clinic also increased by each ecological zone in this fiscal year 2066/67 compared to fiscal year 2065/66. It is obvious that due to high population density as well as easy access, more clients might have visited PHC/ORC clinics in Terai region compared to mountain area.

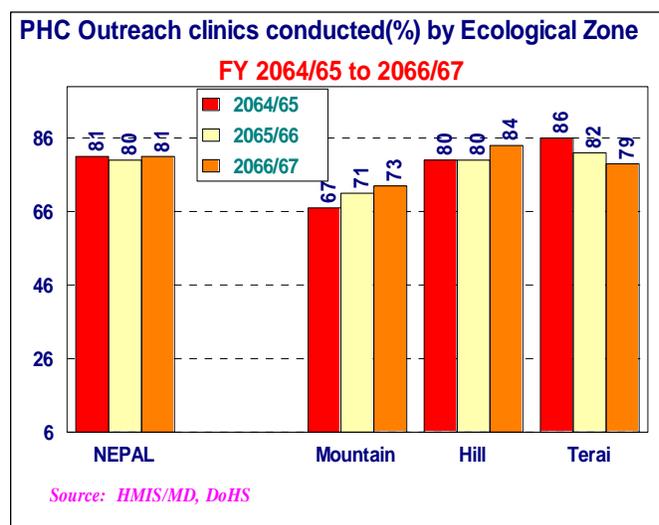


Figure 3d.3

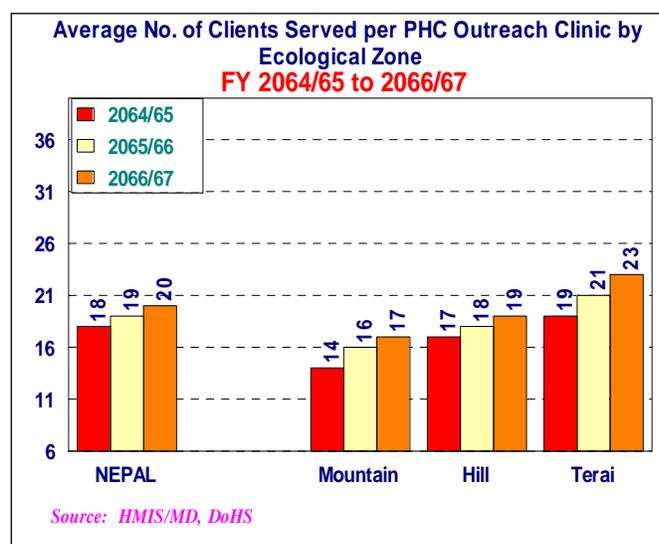


Figure 3d.4

3 PROBLEMS/CONSTRAINTS AND ACTION TO BE TAKEN

Issues/Constraints	Recommendations	Responsibility
Inadequate services in PHC/ORC clinics	Change indicators of PHC/ORC clinics (Depo & Antenatal services)	FHD, MD/HMIS

4 PLANNED ACTIVITIES FOR FY 2067/68 (2010/2011)

- Printing and dissemination of revised PHC/ORC clinics Strategy
- Reactivation and micro Planning of PHC/ORC clinics (1/3 of low performing clinics of district).
- Purchase of Drug and Equipment for PHC/ORC clinics (3,108 clinics of 50 Districts).

Demography and RH Research

1 BACKGROUND

Planning, evaluating and monitoring the Reproductive Health (RH) activities fall under the responsibility of the Demography Section of the Family Health Division. This section conducts periodic and *ad hoc* studies and research in the area of RH and coordinates research and studies carried out by other organisations in Nepal. The Reproductive Health Research Sub-Committee (RHRSC) is guided by a reproductive health research policy and strategy, which was formulated and endorsed by the Reproductive Health Co-ordinating Committee.

The followings are the objectives of the Demographic Section of FHD:

1.1 PLANNING

- Develop the annual national targets for Family Planning and Safe Motherhood services;
- Estimate the annual family planning acceptors, users for each district;
- Estimate the annual expected number of sterilization by district;
- Forecast the contraceptive and essential RH commodities needs of the country for next five year;
- Estimate the annual number of antenatal, delivery, and postnatal services to be provided during the year;
- Prepare the central and district annual programme and budget for FP, SMP and FCHV programme.

1.2 MONITORING AND EVALUATION

- Carry out regular monitoring of progress of RH activities in the country;
- Conduct EOC monitoring using the process indicators, provide feedback to the districts;
- Continue technical partnership in strengthening the RH component of the HMIS;
- Participate in the annual national and regional review meetings; and
- Provide supervisory support to DHO, PHO, PHCC, HP and SHP activities with respect to RH services.
- Carryout out regular monitoring of progress of population management program carried out in selected districts

1.3 RESEARCH AND STUDY

- Conduct the periodic and ad-hoc research and study on Family Planning, Maternal and Neonatal Health, Comprehensive Abortion Services, Female Community Health Volunteer Services, and other RH programme.
- Provide support to the on-going piloting of new maternal health program initiatives including medical abortion by ANM trained as SBA and misoprostol for prevention of postpartum haemorrhage at home deliveries.

2 ANALYSIS OF ACHIEVEMENTS BY MAJOR ACTIVITIES

2.1 REGULAR ACTIVITIES AND ACCOMPLISHMENT, FY 2066/67 (2009/2010)

S. N.	Activities	Unit	Annual Target	Annual Achievement
1	Develop annual national programme budget	Times	1	1
2	Develop annual district programme budget	Times	1	1
3	Estimate contraceptive requirement: National	Times	2	2
4	Estimate contraceptive requirement: District	Times	1	1
5	Regional Review Workshop on RH programme	Time	10	10
5	Conduct district PHCC/HP supervision	Times	25	25
6	Data entry and analysis of process indicators for monitoring SM activities	Times	Every month	Every month
7	Review on EOC Monitoring System	Time	1	1
8	Data entry and analysis of Maternal Perinatal Death review forms	Time	1	1
9	Social Audit of Aama Program in 14 districts	Time	1	1
10	Study on Rapid Assessment of Aama Program	Time	1	1
11	Study on Quality and Accessibility of RH Services in Nepal	Time	1	1
12	District level population program training of trainers	District	25	25
13	Local level population management program	District	35	35
14	Establishment of district population information center	District	35	20
15	School level adolescents focussed peer education program	District	35	30
16	Transmission of population related IEC programs in local languages from local FMs	Districts	35	35
17	Infrastructure development of youth and adolescents information center	Districts	35	12
18	World Population Day 2009 Celebration	Districts	75	75

Source: Demography Section/FHD, DoHS

2.2 Studies Carried Out in FY 2066/67 (2009/2010)

Three studies were carried out in FY 2066/67 (2009/2010) by outsourcing the national and local NGOs and research institutes. Details of the study objective, design and key findings are as follows.

2.2.1 Study on Obstetric Morbidity and Related Care Seeking Behaviour in Nepal

Background

Reproductive Health has been the serious concern for policymakers and program managers throughout the world. Nepal has high maternal mortality and high infant and child mortalities. The high levels of maternal and infant mortality in Nepal are linked to the lower level of service utilization. Many barriers are seen to utilize available health services. The barriers include various factors related to the quality and accessibility of available services. There is however lack of systematic research to explore depth of these issues. Therefore, Family Health Division (FHD) aimed to conduct a study on quality and accessibility of reproductive health services in Nepal.

Objectives

Main objective of this study is to provide systematic information on the quality and accessibility of reproductive health services provided from the Government Health Service System in Nepal. The specific objectives are:

- To evaluate maternal health service supply environment of health facilities
- To examine the institutional factors influencing the people whether or not to use maternal health services
- To examine the level of client satisfaction and utilization trend of maternal health service in the government health facilities.

Study design and coverage

The study was designed to extract information about preparedness of the health facilities to provide reproductive health service. The limitation of this study was that it only examined the quality and accessibility of the family planning and safe motherhood services, other service component of the reproductive health service were excluded during the study. Another limitation of accessibility was that it only examined the service availability but socio-economic and geographical barrier were not included. This study was designed to answer the following questions -

To what extent are the maternal health services available in the selected health facilities? (Availability of service components) - each service component of family planning and safe motherhood service were assessed during the study.

To what extent are the study facilities prepared to provide the high-priority services? (Availability of resources)

For each of the high-priority services, the facility resources questionnaire and provider interviews used to collect information on whether a facility had the capacity to provide the service at an acceptable standard of quality. Capacity was measured by the presence of essential equipment and supplies in a location reasonable for providing a service. The items to be assessed for quality of services were training and supervision of staff, availability of service delivery guidelines or protocols and of materials for client education; availability and utilization of health information records; the service delivery environment; and facility systems for maintaining equipment and supplies.

To what extent do support systems for maintaining or improving the services exist, and how well are they functioning? (Support services)

The support systems to be assessed were related to general management, quality assurance, logistics for medicines, equipment maintenance, infection control, and various systems for monitoring activities (such as following service coverage rates and referrals). This study had also collected data on the basic infrastructure of each facility, which may contribute to a better standard of services or increase clients' utilization. Infrastructure elements assessed include the presence of electricity and water, as well as the availability of amenities and services (types and days of services and staffing levels).

What are the issues that the clients and service providers consider relevant to their satisfaction with the environment in which services are delivered?

Information on issues related to clients' and providers' satisfaction was collected through the client exit interviews and provider interviews.

The study focused on basic-level health services which are important for women. The priority areas were the maternal health and family planning services. For these services, the presence and functioning of components considered essential for the provision and maintenance of quality health services which was assessed during the survey. The study also assessed the presence of more sophisticated components, such as higher level diagnostic and treatment modalities and support systems for the health services.

Key findings and recommendations

Physical facilities, equipments and supplies:

Availability of basic infrastructures is not satisfactory. Although almost all sampled health facilities have basic infrastructures such as delivery bed and toilet facility, electricity, container for waste disposal, and store room, very few have other basic infrastructures such as curtain in delivery room containing more than one bed, recovery room, private examination room, toilet in the labor room and waiting room for clients' companions. The inadequacy of qualified human resources for health was also observed. It is notable that only less than four-fifths of the sanctioned posts were fulfilled (77%) in the surveyed health facilities.

Notably, among the fulfilled post, about ten percent human resources were not available during the time of survey. Essential equipments and drugs were also lacking in the most of the health facilities. More than a half of facilities lacking basic drugs like Adrenaline, Phenobarbitone, Ampicillin, Inj Calcium gluconate, Phenargan, Benzathin PCN/Procaine Benzyl Penicillin, Misoprostal, Nefedipine and Glucose.

IEC/BCC materials play a crucial role to render quality services particularly through effective counseling. However, the availability and use of IEC/BCC materials particularly related with family planning and safe motherhood was not satisfactory in the surveyed health facilities.

It is encouraging to note that Condom, Pill and Depo-Provera were available in all surveyed health facilities and available throughout the official days. However, most health facilities were unable to provide a full range of contraceptive methods. Very few health facilities are providing sterilization services. Similarly, very few health facilities were offering the services like Caesarean Section and blood transfusion, second trimester induced abortion and assisted vaginal forceps delivery.

Service statistics indicate that family planning new acceptors (using spacing methods and sterilization), and institutional delivery have slightly increased in 2006/67 compared with 2005/66. It is notable that abortion complication management has increased almost 10 times in 2006/67 compared with 2005/66. However it is surprising to note that the monthly number of major EOC complication managed has decreased sharply during this period.

A mechanism of receiving client opinion on the health facilities is not well established. Almost all health facilities reported that they organize routine meeting to solve the management and administrative problems and they also have supervision mechanism. However, the assessment showed that basic focus of the supervisory visit was checking registers and books than observe service delivery process, procedure and provided feedback to improve the service delivery. All the surveyed health facilities contain the standard referral form (HMIS 8) provided by Department of Health Services. However, the use was very limited. This implies that theoretically referral mechanism has been accepted by the health system of Nepal but it lacks appropriate arrangement and linkages to make it really functional.

It is notable that majority of the health facilities reported having provision of periodic audit of medical records or service register. However, only about half health facilities could show the document related with periodic review. Similarly, about three-fifths health facilities reported that they have quality assurance committee or team in the health facility which is responsible to guide overall quality related issues in the health facilities. However only about three-fifths health facilities were able to show the document of actions made by the quality assurance committee or team.

Service provider's perspective:

Most of the sampled health service providers were female and having 11 years of work experience (mean working years=10.8) in a current position. Overall, majority of the service providers have obtained infection prevention training. More than half had obtained comprehensive FP counseling (COFP/C)

training. It is encouraging to note that almost all service providers were confident to provide FP counseling, to maintain aseptic technique, injecting Depo-provera and management of complication due to FP methods. However, only about half service providers were confident to provider male and female sterilization. In the Emergency Obstetric Care skill, most health personnel were confident to implement infection prevention measures at health facility, provide FP counseling to post abortion patients, perform normal newborn care, manage normal labor, provide family planning counseling, assess progress of labor, perform manual removal of placenta and assess the fetal position . On the other hand, only few health personnel were confident to perform uterine artery ligation, manage heart failure followed by repair a ruptured uterus, perform a tubal ligation, manage a transverse lie, perform a forceps delivery, perform local anesthesia for CS or Laparotomy, perform a Laparotomy for ruptured ectopic pregnancy, and perform a cesarean section.

FP Client's perspective:

Majority of the FP clients were aged less than 30 years and have primary or lower level of education. More than two-thirds were currently using Depo provera injection followed by pills. It was found that the perceived counseling practice before using the FP method was not much effective. Although majority of the clients reported that service provider informed them about follow up service, a substantial proportion of the clients didn't get information about how to use methods, and its possible side effects, about the ways to overcome probable problems they could have due to adoption of the methods and on the self-examination of breast. It is notable that more than a third client had some problems with the method currently used. However, among these clients who had problem, about a third client did not receive any suggestion from the service provider to resolve the problem.

More than a three-fourths FP clients selected reported that they used the health facility because it was nearer. About half of the client reported that they chose the facility because they can get methods what they want. However, only few clients reported that they chose the health facility because of the reputation and that the service providers treat client well. It is notable that majority of the respondents reported availability of desired methods (56%), and waiting time (52%) are the problematic issues at the health facility. Moreover, more than a tenth client reported that privacy (16%) and the behavior of the health service providers (14%) were also the big problematic issues among others at the facility.

It is encouraging to note that majority of the FP clients were either very satisfied or satisfied with the service that they have received. However, one in ten PHCC clients and one in twenty hospital client were not satisfied with the current provision of health service delivery.

ANC client's perspective:

ANC clients were relatively young with mean age of 23 years. Slightly more than half had some secondary or above education. Nearly two fifths of the clients have visited the particular health facility for the first antenatal check up. The majority of the clients receive the prescription of the iron tablet either during the visit in which study team had contacted or in earlier visits or both. However, almost one tenth of the clients who had visited for the ANC had reported that they did not receive any supply or prescription of iron tablets.

A considerable proportion of ANC clients reported that service producers did not ask about TT vaccination in any visit. It is however discouraging to note that almost half of the service providers did not inform at all about the danger signs during pregnancy. Similarly, only about half of the clients reported that service providers discussed about the plan for delivery. Furthermore, about three-fourths clients mentioned that service providers did not discuss about the preparation of delivery. Moreover, about a quarter clients

reported that service providers advised for exclusive breastfeeding and use of FP methods after deliver. No notable differences were observed among the clients who have visited hospital or PHCC.

About three-fourths ANC clients selected the health facility because the facility was nearer. Less than half reported that they selected particular facility due to the availability of the service and service providers well treat them. However, only about a tenth client (11%) reported the reason for visiting the facility due to good reputation of the facility. It is discouraging to note that majority of the respondents reported waiting time (52%), privacy (52%), availability of medicine (52%) are problematic issues at the health facility. Satisfaction level of ANC clients was not satisfactory. Only about three-fourths ANC clients were satisfied with the service they received. The other about one out of six clients was not satisfied while about one in ten ANC clients didn't wish to answer on level of satisfaction.

Policy Implications:

Based on the survey findings some major policy recommendations are suggested. These are:-

- Ensure service availability throughout the week
- Improve infrastructure
- Ensure availability of equipment, drugs and supplies
- Develop and make functional referral mechanism
- Regularize meeting and focus on the improvement of service delivery
- Systematize client opinion and feedback
- Effective counseling by improving skill
- Strengthen quality assurance mechanism
- Improve infection prevention and control mechanism

2.3 Rapid assessment of Aama Program

Background

Government of Nepal (GoN) felt the need of aggressive measures to increase institutional deliveries to drive the reduction in deaths to overcome the challenges due to difficult socio-economic, cultural and geographical terrain. In order to response these practical issues GoN with the support from UK Department for International Development (DFID) has official launched the nationwide maternal health financing programme. The Aama programme has two components: (a) the Safe Delivery Incentive Programme (SDIP), which was initiated in July 2005 and (b) free institutional delivery care, which was launched in mid January 2009. The Aama programme, through these two components, addresses the high financial cost (and consequences) of childbirth thereby improving health outcome and reducing the cost impact on household economies - a Caesarean section costs on average more than half a year's income for the poorest wealth quintile.

Previously four rapid assessments on the Maternity Incentives Scheme (MIS), SDIP and Aama Programme have been conducted in April and October 2008, July 2009 and March 2010. During these periods, 23 districts (Achham, Banke, Bardiya, Chitwan, Dailekh, Dhanusa, Doti, Darchula, Kanchanpur, Mahottari, Morang, Mustang, Myagdi, Nuwakot, Palpa, Ramechhaap, Rautahat, Sindhupalchowk, Solukhumbu, Surkhet, Tanahun, Taplejung, and Udaypur) of Nepal have been covered. During these assessments, recommendations generated from each round have been adopted for the better functionality of Aama programme for next round. The present assessment was conducted for continuation of previous rounds and included different six districts (Baitadi, Dhading, Dhanusa, Kapilvastu, Mugu, Sankhuwasabha) except one district (Dhanusa).

Objective

The overall objective of this assessment is to explore the current status of Aama programme and identify the issues and challenges which need resolving to improve the performance of the Aama programme, help track changes in performance over time, and provide recommendations to enable those responsible for implementing the scheme to improve practice.

Study design and coverage

This assessment adopted both qualitative and quantitative methods using tools such as semi-structured interviews, direct observation, and exit interviews. In addition, the service statistics (Maternity Register) maintained by each health facility, and claim forms submitted by the health workers to the district health office (DHO) has been examined. Cross-verification of both institutional and home deliveries claims made by the health workers was carried out for each level of health facilities (hospital up to health post level). Interviews were conducted with the key informants and clients returning home after receiving delivery services at health facility. Cross verification of the institutional and home deliveries was conducted using semi-structured and structured questionnaires.

In each district, apart from covering the district (public) health office, three government health facilities namely district hospital, primary health care center (PHCC) and health post (HP) have been covered. Selection of the PHCC and HP was based on the distance factor (at least one near and one far from the district headquarter). The district health officials were consulted while selecting these health facilities.

Key findings and recommendations

Out of total institutional deliveries at the sampled districts, 30 percent (824) mothers were taken into consideration for cross verification, and interviewed. The mean age of mothers was found to be 23 years (min: 15 and max: 41). There were 61 percent of mothers who belongs to the age group of 20-25 years, 17 percent to age group of 15-19 years and 26-30 years and rest other age categories fall below five percent. Majority of the mothers were belonging to Tarai/Madhesi (38%) followed by Brahaman/Chhetri (23%), Dalit (17%), Janajati (12%), Muslim (6%), and Newar (5%). Most of the mothers (62%) were found to be literate, and 82 percent mothers didn't earn at all. Out of 824 deliveries cases, 46 percent mothers said that it was her first delivery.

Most of the mothers (94%) were found to be aware on free delivery services but only 72 percent mothers knew about such services before delivery. However, nearly cent percent mothers were found to be aware regarding transportation cost, but only 78 percent mothers knew about it before delivery. Although it was found out that effective means of providing the information regarding free delivery through health facility provider, television and radio, the major source of getting information regarding transportation cost through friends and neighbors, health facility providers and family members. But most of mothers (86%) were not aware that health provider was also getting incentive for assisting delivery. It was interesting to find out that mothers who knew regarding the transportation incentive before delivery received such incentive immediately after the delivery, but those mothers who didn't know about it received such incentive lately or didn't receive at all. However, most of the health facility personnel (81%) informed about the transportation incentive to mothers who came for delivery at the health facility. There were nearly 20 percent mothers who didn't receive the transportation incentive immediately after delivery. Out of which surprisingly again exactly 20 percent mothers didn't receive the incentive at all while rest (80%) received the incentive at later stage.

While assessing the cross verification of institutional delivery cases, it was found out that there were four percent false claims still existing. It was also observed that few dates of payment (nearly 8%) and mode of payment (nearly 4%) for delivery cases were not matched with the official record.

Exit client interview was conducted among 30 mothers. The mean age of mothers of this category was found to be 22 years (min: 18 and max: 35). Most of these mothers were found to be literate (67%), Hindu (90%), Tarai/Madhese (40%), and in the age group of 20-25 years (67%). Majority of these mothers (97%) delivered their children in the hospitals. Although most of the mothers (63%) were found to be very satisfied with the free delivery services, same percentage of mothers perceived moderate behavior of service providers.

Based on the finding it has been recommended that there is a need to encourage pregnant mother to deliver their first child at the health facility and at the same time behavior of the service provider needs to be changed into more politeness. So that clients and health provider's relationships will be improved, and more mothers will come forward for institutional delivery. It has also been recommended that mass awareness not only for free delivery services but also for transportation incentive schemes for delivery needs to be disseminated frequently through different means and Medias. In order to minimize false claim as observed in the health facility, monitoring and supervision needs to be strengthened with cross verification. Apart from this, social auditing need to be done and promoted specially for delivery related incentive schemes. In order to minimize the barriers occurring inside the health facility to receive services and benefits, social service unit in each hospital as proposed by MoHP needs to be established as early as possible. From central level, disbursement of fund including Incentive related fund need to be done regularly and these can be localized at community level with the participation of local bodies. It is necessary to encourage private sectors to be involved in free delivery schemes. It has been recommended that free health care policy and free delivery schemes need to be integrated. Apart from this, it has also been recommended to integrate recording and reporting along with financial part for free delivery schemes into health management information system.

2.4 Social audit of Aama Program

Background

In 2007, Nepal's interim constitution enshrined the concept of health for all as a fundamental human right, established the right of citizens to essential health care services free of charge and the right of every woman to a good standard of reproductive health. Despite these commitments, a woman in childbirth and 11 newborn babies die unnecessarily every four hours. From 2005, GoN, with the support from DfID initiated Safe Delivery Incentives Programme (SDIP), which provided direct cash handouts to women who delivered in state and some non-state facilities. Early in 2009, with technical assistance from Options through the Support to the Safe Motherhood Programme (SSMP), DFID also supported GoN/MoHP in providing free institutional delivery care (normal, complicated and C-section) for every woman at all facilities capable of providing these services. Through its second revision effective from July 09 the Aama programme now provides:

- Incentives to Women: A cash payment after delivery at a facility: NRs.1, 500 (\$20) in mountain areas, NRs.1, 000 (\$13) in hill areas and NRs.500 (\$7) in the tarai.
- Free Delivery Services: A payment to health facility for the provision of free care: Normal Delivery at health facility with 25 and more beds NRs. 1,500 (\$20) and health facility with less than 25 beds NRs. 1,000 (\$13); Complication NRs. 3,000 (\$40); C-Section NRs. 7,000 (\$93).

Covers: cost of all required drugs, supplies, instruments, and a small incentive to health workers NRs. 300 (\$ 4). This provision does not require individual claims from health workers, however, institution requires to submit the claim.

- Incentives to Health Workers for home delivery. Originally in the SDIP and is being phased out to emphasize the importance of facility deliveries. The payment has been reduced from NRs. 300 to NRS. 200 per case.

Rapid Assessment studies of the implementation of Aama program conducted in the past have suggested to continuously monitor and to ensure whether women are really benefited from the program. Studies also indicated that the program has not been successful to support poor women and women living in the remote areas. Therefore DoHS, Family Health Division is committed to improve the access, awareness and information to Aama program up to the poor and rural women through the implementation of Social Audit of Aama Program.

Objective of study

- To increase awareness of local community on Aama Programme
- To inform all stakeholders about the programme, process and the decision-making procedure
- To maintain same level of understanding among all pregnant/delivering women, their family members and the community members by disclosing account keeping and programme management procedures
- To make different governmental agencies and non-governmental organizations accountable towards the society
- To increase the concern of the right holders to vigil socially towards Aama programme
- To espouse the ownership of the programme among right holders by establishing two-way communication between the mothers and pregnant women and the health workers
- To enhance transparency by controlling financial irregularities

Study design and coverage

The field researchers visited the homes of mothers and verified the details provide by the district focal person relating to information on home visits of SBAs, the services provided by the health institution and the amount of money after delivery. During the Social Audit process, they organised *Grand Events* in each district headquarter. SWOT analysis approach was used to identify the strengths, weaknesses, opportunities and threat of the program

Key Findings and Recommendations

- The list of women delivered in the hospital and other health facilities has not been made public in all the health facilities
- Lack of awareness through IEC/BCC activities so that all women are not yet aware about the Aama Program incentives
- All women who delivered their baby in health facilities are not receiving the transportation incentive and those who have received, did not receive the incentive on time
- Women are not satisfied with the behavior of health personnel with the women
- Women are still paying some amount of money after receiving delivery service from the health facility

Recommendation

- Need effective provision of incentive for good work and action against miss conduct
- All the VDC should have at least one birthing center equipped with basic facilities
- Need to take legal action against the family members who are reluctant to bring pregnant women for delivery to health facility
- Political parties should sit together, come to consensus and make action plan to monitor the implementation of Aama program locally
- Need to revise the ANC-4 incentive so as to make it simple

3 ISSUES/CONSTRAINTS AND ACTIONS TO BE TAKEN

Problems/constraints	Action to be taken	Responsibilities
Institutionalisation of process indicators for monitoring SM activities	Phase-wise expansion of training on designed tools, manuals and training materials	FHD, HMIS Section
Institutionalisation of maternal and perinatal death review system	Set up national- and hospital-level maternal and perinatal death review committee, revise the MPDR form and revise web-based data base management system accordingly, reorientation on revised MPDR system, conduct annual review meeting	FHD

4 TARGETS FOR FY 2067/68 (2010/2011)

S.N.	Activities	Unit	Annual Targets
1	Develop annual national programme budget	Time	1
2	Develop annual district programme budget	Time	1
3	Estimate contraceptive requirement: National	Time	2
4	Estimate contraceptive requirement: District	Time	1
5	District PHCC/HP supervision	Time	25
6	Data entry and analysis of process indicators for monitoring SM activities from 13 districts	Data entry Data analysis	Every month Twice every year
7	Review on EoC Monitoring System	Hospitals	1 Time
7	Data entry Maternal Perinatal Death Review forms	Data entry	As and when obtained
8	Regional Review Workshop on RH Programme 2 time	Region	10 Time
10	Study on Level and Risk Factors of Gender Based Violence in Nepal	Time	1
11	Rapid Assessment of Aama Program	Time	1
12	Social Audit of Aama Program in 14 districts	Districts	14
13	District level population program training for trainers	Districts	15
14	Local level population management program	Districts	50
15	Establishment of district population information center	Districts	50
16	School level adolescents focused peer education program	Districts	50
17	Infrastructure development of youth, adolescents and gender based violence information center	Districts	50
18	World Population Day 2010 celebration	Districts	75

Source: Demography Section/FHD, DoHS

Disease Control

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4g	HIV/AIDS and STI Control	187

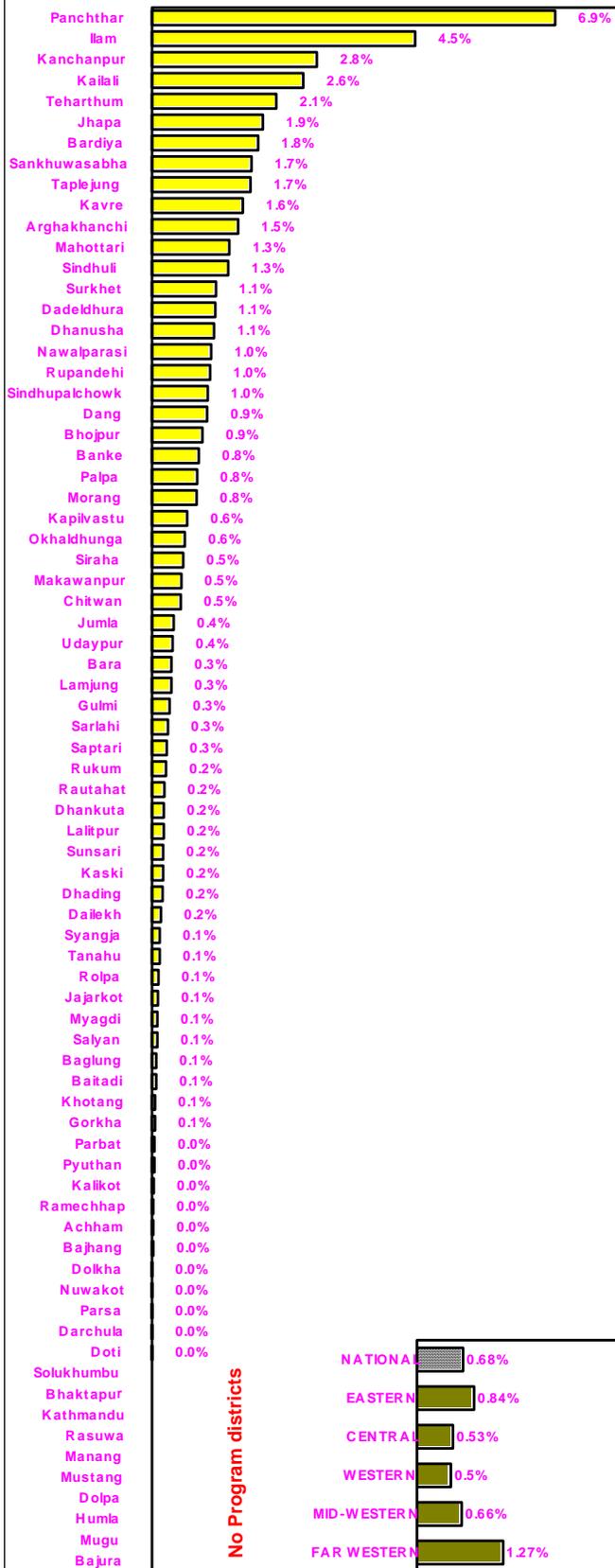
Curative services

5	Out/In-Patient Care (including central hospitals)	210
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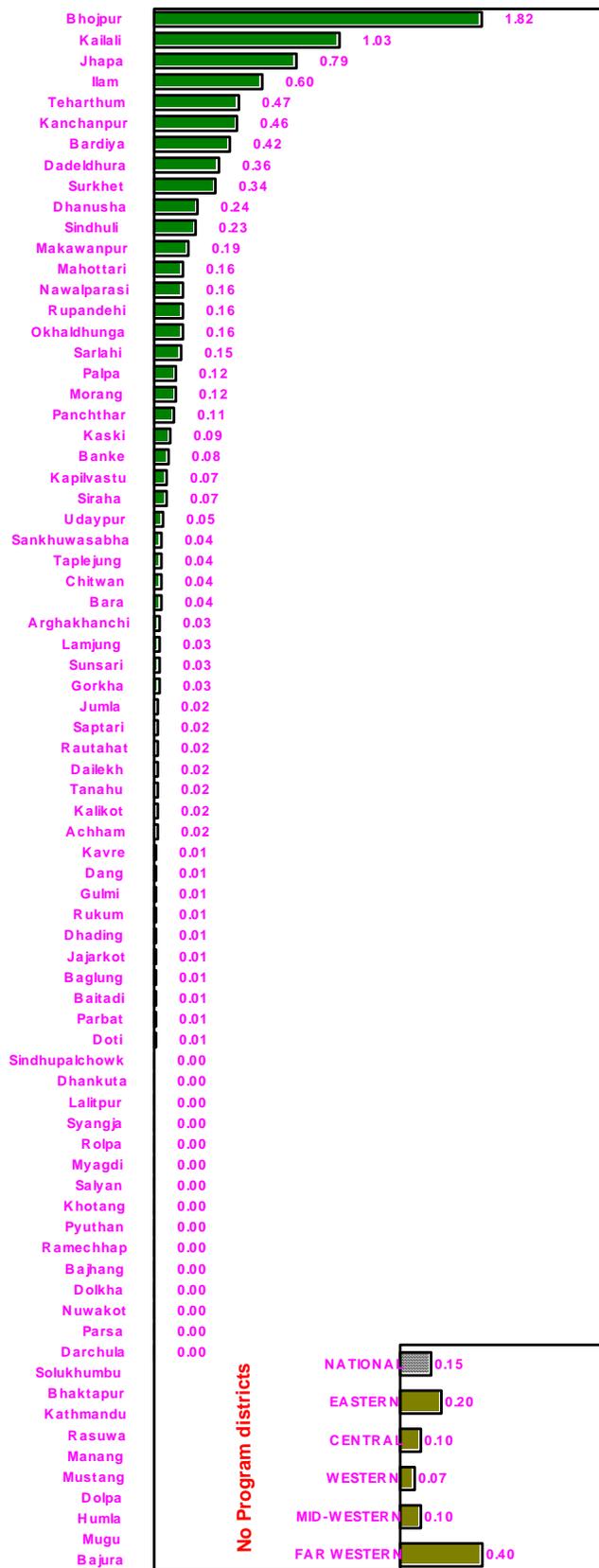
Malaria Control

Fiscal Year 2066/67 (2009/2010)

Blood Slides Examined Rate



Malaria Parasite Incidence Rate/1,000 Population

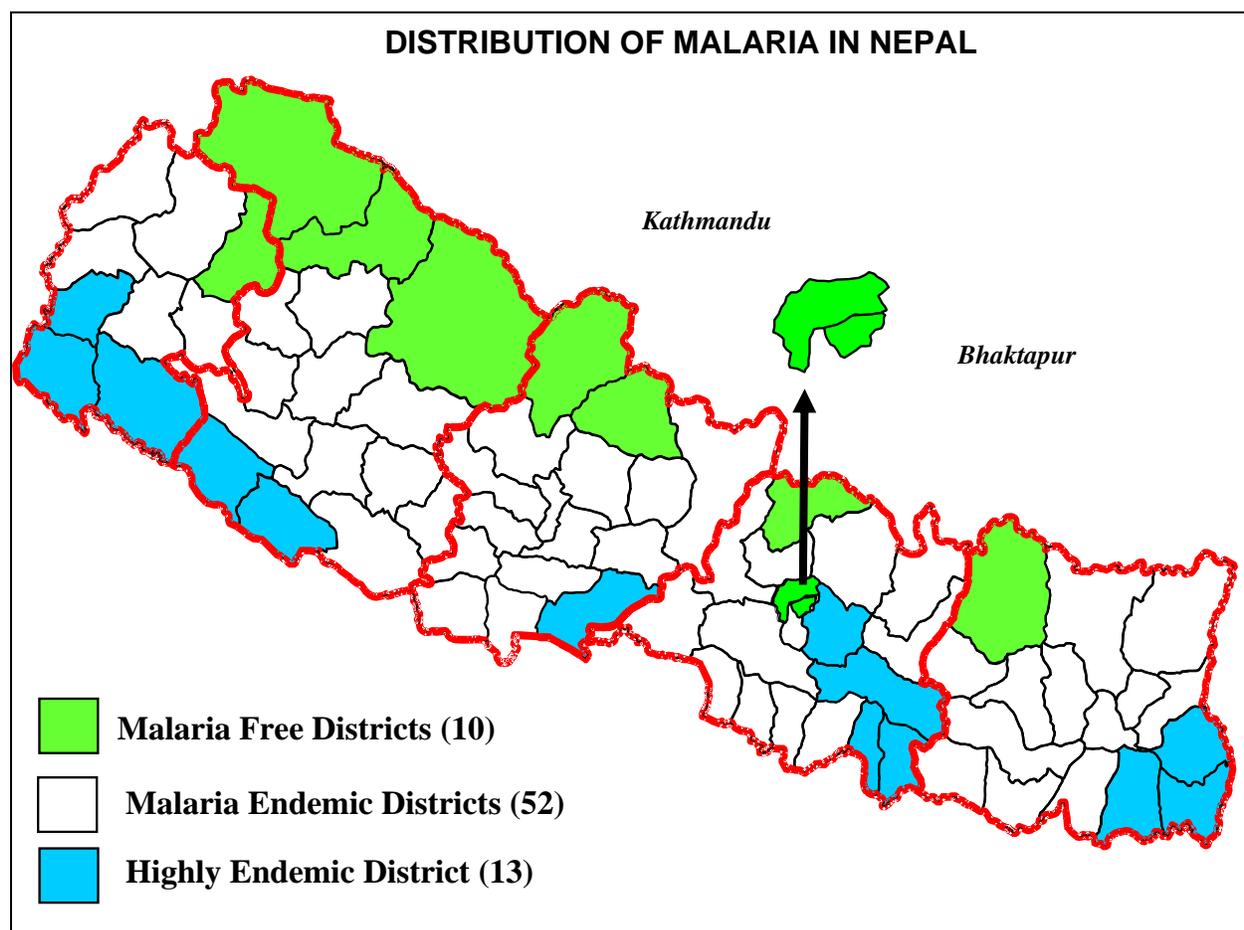


Source: HMIS/MD, DoHS

Malaria Control

1 BACKGROUND

In 1954, with the objective of controlling malaria mainly in southern Terai belt of central Nepal, malaria control project named Insect Borne Disease Control supported by USAID (then USOM) was started in Nepal. In 1958, national malaria eradication programme, the first national public health programme in the country was launched with the objective of eradicating malaria from the country within a limited time period. Due to various reasons the eradication concept was reverted to control program in 1978. Following the call of WHO to revamp the malaria control programmes in 1998, Roll Back Malaria (RBM) initiative was launched to address the perennial problem of malaria in hard-core forested, foot hills, inner Terai and valley areas of the hills, where more than 70 percent of the total malaria cases of the country prevail. The high risk of getting the disease is attributed to the abundance of vector mosquitoes, mobile and vulnerable population, relative inaccessibility of the area, suitable temperature, environmental and socio-economic factors. Currently malaria control activities are carried out in 65 districts at risk of malaria. The Global Fund is supporting malaria control program in the high endemic 13 districts.



Map 4a.1

1.1 OBJECTIVES

- 1.1.1 Overall incidence of (probable and confirmed) malaria in 'population at risk' brought below 2 cases per 1,000 by 2011. (2005 baseline: 4.1 cases per 1,000)
- 1.1.2 Hospital-based severe malaria case fatality rate reduced to below 15% by 2010.
- 1.1.3 By 2010, weekly incidence of malaria (probable and confirmed) in all outbreak wards brought below outbreak threshold level within 6 weeks of detection.
- 1.1.4 Community mobilization and community partnership in malaria control.

1.2 TARGETS

- 1.2.1 80% of people in high risk areas (stratum 1 VDCs) sleeping under LLIN (last night) by 2011.
- 1.2.2 By 2008, the annual routine IRS campaign will cover 80% of households in target VDCs.
- 1.2.3 80% of malaria cases reported by public sector health facilities in high risk areas (stratum 1) confirmed by microscopy or RDT by 2011.
- 1.2.4 80% of care providers at rural public sector health facilities providing appropriate treatment for malaria by 2011.

1.3 INDICATORS

Main Indicators		Numerator and Denominator	
1	Annual Blood Examination Rate (ABER)	Total no of slides examined	x 100
		Total population at risk of malaria	
2	Slide Positivity Rate (SPR)	Total no of positive slides	x 100
		Total slides examined	
3	Annual Parasite Incidence (API)	Total no of confirmed malaria cases	x 1000
		Population at risk of malaria	
4	Proportion of <i>P. falciparum</i> (PF percent)	Total PF cases	x 100
		Total confirmed positive cases	
5	Clinical Malaria Incidence (CMI)	Total no of clinical malaria cases	x 100
		Total population at risk of malaria	

1.4 STRATEGIES

1.4.1 Vector Control and Personal Protection

- Two rounds of routine indoor residual spraying (IRS) will be carried out annually in each high risk VDCs unless LLIN population coverage in that VDC exceeds 80%
- In the event of limited insecticide stocks round 2 of the IRS campaign may be withheld and target VDCs will be prioritized according to malaria burden.
- Insecticides for IRS will be WHOPES approved and will be selected by the insecticide Technical Working Group (TWG) on the basis of likely cost effectiveness (insecticide resistance profiles for primary vectors will be taken into consideration).
- IRS operations will aim to cover at least 80% of households in target VDCs.
- WHOPES approved long-lasting insecticide treated bed nets (LLINs) will be provided free of charge to all people living in high risk VDCs (1 LLIN per 2 people every three years - assuming a three year life for the LLIN).
- LLIN delivery campaigns will take place in one third of targeted VDCs in each district each year so that total coverage of the target population is achieved by year 3 and maintained

thereafter. Additional WHOPEs approved LLINs will be provided to all pregnant women attending ANC check-ups in high risk VDCs (one LLIN per pregnancy).

1.4.1 **Early Diagnosis and Appropriate Treatment**

- Diagnostic services for malaria will be provided free of charge at all public sector health facilities.
- Microscopy will form the diagnostic method of choice at hospital and primary health care centre level and some selected health posts and sub-health posts.
- Below primary health care centre level *falciparum* specific and RDTs will form the diagnostic method of choice in high and moderate risk areas. To minimize wastage, use of RDTs will be strictly limited to diagnosing clinically suspected cases only.
- EDCD will implement a comprehensive quality assurance system for malaria microscopy and RDTs through the referral laboratory network (District, Regional and Central). This will be linked to needs-based refresher training.
- Anti-malarial drugs will be provided free of charge from all public sector health facilities.
- Anti-malarial drugs will be provided free of charge through the Female Community Health Volunteer (FCHV) network in high risk area according to national treatment guidelines.
- Artemisinin-based combination therapy (ACT) will be provided for confirmed *falciparum* malaria cases throughout the country as per national treatment guidelines.
- Chloroquine will be provided for confirmed *vivax* cases and suspected malaria cases as per national treatment guidelines.
- Primaquine will be provided for the radical cure of confirmed *vivax* cases as per national treatment guidelines.
- National malaria treatment guidelines will be reviewed regularly and revised as appropriate based on the findings of drug resistance surveillance.
- National malaria treatment guidelines (and any revisions to them) will be implemented at all public sector health facilities throughout the country within one year of ratification by the Regional Technical Advisory Group on Malaria (RTAG-M). Recommended anti-malarials, including ACT, will be incorporated into the essential drug list.

1.4.2 **Malaria Surveillance and Epidemic Preparedness**

- A simple malaria outbreak early warning system will be established in selected public health facilities (one sentinel site/endemic district). This will be complimentary to existing surveillance networks.
- Technical and operational linkages between EDCD and epidemic prone districts will be strengthened for an effective coordinated action in response to outbreaks.
- In the event of an outbreak, focal IRS will be carried out in the ward(s) where the outbreak was detected and in all adjacent wards.
- In the event of an outbreak, district-level teams will carry out RDT-based active case detection in the outbreak ward(s) and in all adjacent wards. Confirmed cases will be treated according to national treatment guidelines.

1.4.3 **Behaviour Change Communication (BCC)**

- Carefully tailored locally appropriate malaria related IEC/BCC will be delivered through 5 methodologies: interpersonal communication (health workers, religious and community

members); primary and secondary education (malaria incorporated into vector borne disease control module); mass media (electronic and print); special events (malaria day); and, high level advocacy.

- Final development and production of BCC materials will be outsourced to private/INGO/NGO sector specialists.
- Maximum use will be made of free promotional opportunities such as articles in newspapers, and news bulletins, and dramas on television and radio.

1.4.4 Program Management

- Capacity building: A holistic package of carefully tailored technical and management training will be developed and will be implemented through central and district level staff in order to strengthen the functionality of service provision in the periphery.
- Planning: Technical Working Groups (TWGs) will be established and maintained for all key technical areas including: diagnostics; case management; vector control; IEC/BCC; monitoring & evaluation; and operational research.
- Existing technical guidelines, including guidelines on case management, vector control, epidemic preparedness and control, monitoring drug and insecticide resistance will be updated by the TWGs/TA and disseminated.
- Policies, strategies and guidelines will be reviewed regularly by TWGs in light of findings from periodic evaluations and in view of recommendations resulting from surveillance and operational research activities.
- To ensure equitable and evidence-based distribution of services, allocation of all program commodities will be carried out by the relevant TWG.
- A National Technical Advisory Group for Malaria (NTAG-M) will be established. The group will have representation from MoHP, EDCD, NPHL, NHEIC, VBDRTC, DHOs, the INGO/NGO sector and WHO (and other key agencies as appropriate). This committee will meet annually in order to review programmatic progress and to ratify any policy/strategy changes.

1.4.5 Operational research

- The program will implement a modest needs-based package of operational research in association with implementing partners and national and international research institutes.
- Research priorities will be reviewed annually by a TWG and the resulting research agenda will be ratified by the NTAG Malaria.

1.4.6 Enhance community participation and partnership building in malaria control through the progressive expansion of Roll Back Malaria (RBM) initiative

2 ACTIVITIES CARRIED OUT AND ANALYSIS OF ACHIEVEMENTS

2.1 ACTIVITIES CARRIED OUT IN FY 2066/67 (2009/2010)

2.1.1 Case Detection and Treatment

Blood slide collection from fever cases residing in areas at risk of malaria were continued through health workers and health institutions. In malaria endemic areas without laboratory facilities, fever cases were

classified as clinical malaria based on clinical signs and symptoms and were treated for malaria without mandatory blood smear collection. However, in high endemic 13 districts, PF specific rapid diagnostic test kits were introduced to facilitate EDPT at peripheral institutions that do not have easy access for microscopic diagnosis. A total of 2,920 people with confirmed malaria cases and 108,179 clinical malaria cases were treated in the FY 2066/67. Besides, the program gave high emphasis on strengthening the skills of health personnel at all levels of health service delivery for early diagnosis and appropriate treatment, referral and management of severe and complicated malaria cases.

2.1.2 Prevention and Control Measures

Selective and sustainable control measures are the main tools for malaria control. Two rounds of Selective Indoor Residual Spraying (IRS) in malarious areas of 15 districts was carried out based on criteria set for IRS which included areas with previous history of outbreaks, new settlements and ongoing development projects in high-risk malarious areas, epidemic-prone situations, high prevalence of *P. falciparum* cases, and areas with drug-resistant malaria. In addition to IRS, activities to promote use and acceptance of long lasting insecticide treated bed nets were also carried out under Global Fund programme in 13 districts.

2.1.3 Epidemic Prevention and Control

Outbreak preparedness and response of malaria has been operationalized through district rapid response teams. For this purpose a stock of anti-malarial drugs was maintained in outbreak prone districts. Indoor residual spraying operations were carried out in outbreak-affected areas. Malaria rapid diagnostic test was continued in all high endemic districts along with the expansion of on the spot microscopy centre as an attempt to strengthen early diagnosis and appropriate treatment. Behaviours Change Communication (BCC) activities were carried out to promote community partnership in these areas. *P. falciparum* affected areas were regularly monitored for any indication of emergence of drug resistance. World Malaria Day is celebrated in 25 April with the slogan of 'Counting malaria out' in 13 highly endemic districts, 5 regions and in centre.

2.1.4 Training/ orientation

The following trainings were conducted during the FY 2066/67 (2009/2010)

- Basic and Refresher Training on Malaria Microscopy for Laboratory Technicians and Assistants by VBDRTC.
- Training on Malaria to those Health Post In-charges, AHWs and ANMs, VHWs, and MCHWs who have not taken the training in the previous years of 13 high endemic districts.
- Training on malaria for all new FCHVs of selected 13 high endemic districts.
- Training on VBD including malaria to health facility in-charges of endemic districts.
- VBD including malaria training for VHW/MCHW in endemic districts.
- Orientation on malaria for health management committee members of 13 high endemic districts.
- Orientation Training on Early Warning Reporting System for DPHO and Hospital Staff
- Review of Malaria control program through quarterly review meetings at five regions and malaria/kala-azar IRS districts.
- Field based entomological training and surveillance for VCO/MI

2.1.5 Operational Researches

The following researches were carried out;

- Routine longitudinal entomological surveillance in the month of August – October of the year 2009 for effective malaria vector control operations
- Vector insecticide resistance study in Kanchanpur, Dang, Nawalparasi and Dhanusa districts

2.2 ANALYSIS OF ACHIEVEMENT

2.2.1 Surveillance

In this fiscal year, a target of collecting 150,000 peripheral blood smears was set. During the year over 100 percent of targeted peripheral blood smears were collected (166,090 slides). However, only 82.31 percent (136,719) of collected blood smears could be examined. About 18 percent of peripheral blood smears could not be examined due to the lack of laboratory facilities, shortage of skilled human resources and delayed transportation of the slides to the laboratories with examination facility. However, according to the new revised malaria control strategy emphasis was given to early diagnosis and appropriate treatment based on case definition of malaria depending on the skills of the health workers and availability of laboratory facilities. As a result a considerable number of clinical malaria cases (108,179) were also diagnosed, treated and reported. Among the laboratory examined cases, 809 were *P. falciparum*.

2.2.2 Malariometric Indicators

The number of laboratory confirmed malaria cases has decreased to 2,920 in this fiscal year as compared to 3,577 in previous FY 2065/2066. The proportion of *P. falciparum* cases has increased considerably to 27.70 percent with compared to 22.20 percent last year. The number of clinical malaria cases reported during this fiscal year has decreased (21.35%) compared to previous fiscal year (24.05%) by 3 percent. Although proportion of *Pf* has increased in comparison to the previous year but Annual blood Examination Rate (ABER), Annual Parasite Incidence (API) rate and Slide Positivity Rate (SPR) has decreased during this FY. This is important to note that proportion of *Pf* during the FY has increased by 5% although there were no outbreaks in any part of the country (Table 4a.1).

Over the last 4 years data has revealed that imported malaria cases are in slightly decreasing tendency in FY 2066/67. This demands more attention for cross border monitoring and surveillance of malaria.

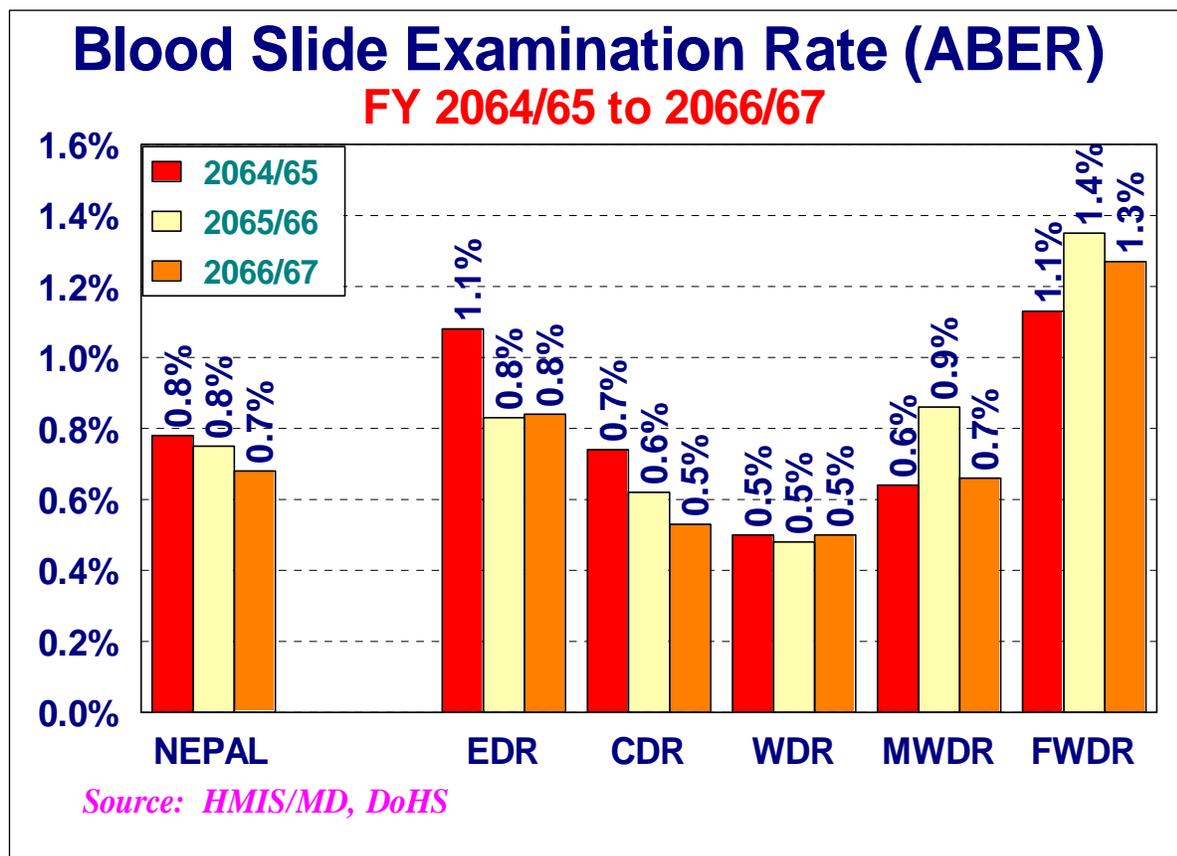


Figure 4a.1

A total of 166,090, slides were examined and 2,920 were detected as malaria-positive cases in FY 2066/67. Among positives, the EDR, CDR and FWDR together contributed to nearly 84% of total cases. The least number of positive cases was reported from the WDR (7.29 %). The ABER has decreased marginally during the FY 2066/67 in comparison to FY 2065/66.

Table 4a.1 Malarionetric Indicators, FY 2064/65 to 2066/67

Fiscal Year	Total slides examined	Total +ve	ABER (%)	SPR (%)	API (/1000)	SFR (%)	% IND.	% IMP	% Pf	CM
2064/65	152,492	4,574	0.80	2.75	0.22	0.54	75.00	25.00	19.71	83,207
2065/66	148,693	3,577	0.75	2.41	0.18	0.53	75.47	24.53	22.20	113,872
2066/67	136,719	2,920	0.66	2.13	0.14	0.59	67.29	32.70	27.70	108179

Source: HMIS/MD & Disease Control Section/EDCD, DoHS

2.2.3 Age Group Distribution

As in the previous years, the majority (89%) of cases were among people over 15 years of age. In all regions similar pattern of age group distribution was observed. However, a highest percentage (97,6%) of cases in the over 15 years age group were reported in far western development region whereas the highest percentage (20%) of the cases were recorded in MWDR among the age group below 15 years (see Annex).

2.2.4 Indoor Residual Spraying

Like previous years, two rounds of Indoor Residual Spraying were carried out in FY 2066/67 in 15 districts that protected 786,818 people.

3 RECOMMENDATIONS MADE DURING FY 2065/66 AND ACTIONS TAKEN DURING FY 2066/67

Problems/Constraints	Action to be taken	Action taken
• Blood slide collection and exam still low	Malaria microscopy training to be provided	Regular training has provided through VBDRTC
• Irregular and inadequate supply of anti malarial drug	Regular and adequate supply	<ul style="list-style-type: none"> • Initiation to supply drugs and logistics regularly and timely with close coordination with LMD/RMS. • LMIS web base full functioning will solve the problem. • Intra district coordination.
• Lack of orientation on malaria programme to all health workers	Training/ orientation of malaria programme to health workers of non GFATM supported districts	<ul style="list-style-type: none"> • Malaria training provided to Health facility in-charge and VHW/MCHW • Malaria training to all level of health workers in GFATM districts
• Increasing no. <i>pf</i> cases despite spraying	Detailed study should be done	<ul style="list-style-type: none"> • Insecticide residual study is done • Contact bioassay studies shows good results. • Quality evaluation done periodically • LLINs provided in malaria high risk districts
Identification of Malaria risk population	Detailed study should be done	Micro-stratification study is in progress
• Less effective spraying activities	Study on efficacy of insecticide and supervision/Monitoring should be performed	<ul style="list-style-type: none"> • Study on efficacy of insecticide is done • Spraying manual updated
• Lack of coordination between the microscopic networks & collection centre	Trimester meeting should be introduced to Strengthen courier movement	• Budget allocated to district for trimester meeting

4 TARGETS FOR FY 2067/68 (2010/2011)

SN	Activities	Unit	Annual Targets
1	Blood Slide Collection	Slides	150,000
2	Spraying two times a year for Malaria Control at high risk and outbreak prone areas	Districts	15
3	Orientation on VBDs for HFI, MCHW/VHWs	Persons	1900
4	Maintenance of spraying pumps	Times	2
5	Study on residual concentration of Insecticide, effectiveness of Insecticide and IRS program and bionomics of anopheles (malaria vectors) mosquitoes	Districts	2
6	Emergency focal spraying in malaria outbreak area	Places	6
7	Quarterly and Annual ED/CD/VBD Progress Review	Districts	22
8	Long Lasting Insecticide treated Nets (LLIN) for transmission risk reduction to general public and pregnant women	Districts	13
9	Region wise quarterly regional review	Regions	5

Source: Disease Control Section/ED/CD, DoHS

Note: For detailed, district specific data and analysis on this programme, please refer to the annexes in this document.

Kala-azar Elimination Program

1 BACKGROUND

The government of Nepal has committed to the regional strategy to eliminate Kala-azar and with India and Bangladesh is signatory of the memorandum of understanding that was formalized during the World Health Assembly held in May 2005 on Kala-azar elimination, with the target of achieving the disease elimination by 2015.

In 2005, Epidemiology and Disease Control Division (EDCD) of Department of Health Services formulated a National Plan for the Elimination of Kala-azar divided in it into three phases: Preparatory Phase: 2005-2008; Attack Phase: 2008-2015 and Consolidation Phase: 2015 onwards. The overall goal of the plan is “To contribute to improving the health status of vulnerable groups and at risk populations living in Kala-azar endemic areas of Nepal through the elimination of Kala-azar so that it is no longer a public health problem”. The target is: “To reduce the annual incidence of Kala-azar to less than 1 per 10,000 populations at the district level by 2015”. Expected outputs of the Plan are six related to the different components of the system that need to be strengthened in order to achieve the elimination goal. One of the outputs is to develop a functional network that provides diagnosis and case management with special outreach to the poorest.

EDCD has revised the recommendations for the diagnosis and treatment of Kala-azar in Nepal. The rK39 test kit has been accepted and introduced as a diagnostic test and Miltefosine as a first line treatment in Kala-azar except in some situations. This strategy is being pilot tested in Saptari district that will in turn serve as a demonstration district for all the other endemic areas to be trained.

Kala-azar is an vector-borne disease caused by parasite *Leishmania donovani*, transmitted by the sand fly, *Phlebotomus argentipes*. The disease characterized by fever for more than two weeks with splenomegaly, anemia, progressive weight loss and sometimes darkening of the skin. In the endemic areas, children and young adults are its principal victims. The disease is fatal if it is not timely treated. Kala-azar and HIV confections have emerged as a health problem in recent years.

Over the last decade, there have been some significant advances both in the diagnosis and treatment of Kala-azar. The rK39 dipstick test kit, a rapid and easy applicable serological test has been demonstrated to have high sensitivity and specificity in validity studies conducted in the Indian subcontinent. For the first time, an oral drug- Miltefosine has proven to be efficacious in drug trials and has been registered for the use in Kala-azar.

1.1 OBJECTIVES

The impact objective is to reduce the incidence of Kala-azar as stated above by:

- 1.1.1 Reducing the incidence of Kala-azar in the endemic communities including the poor, vulnerable and unreached population;
- 1.1.2 Reducing case fatality rates from Kala-azar;
- 1.1.3 Treatment of PKDL to reduce the parasite reservoir; and
- 1.1.4 Prevention and treatment of Kala-azar HIV–TB Co infections.

1.2 TARGET

By the end of 2015, the annual incidence of Kala-azar will be reduced less than 1 case per 10,000 populations at district level.

1.3 INDICATORS

Main Indicators		Numerator and Denominator	
1	Kala-azar incidence (KAI)	Total Kala-azar cases	x 10,000
		Total population in area at risk	
2	Kala-azar treatment failure rate (KATFR)	Total number of cases not responding to 1st line drugs x 100	
		Total Kala-azar cases	
3	Case Fatality Rate (CFR)	Total death cases	x 100
		Total Kala-azar cases	

1.4 STRATEGIES

Based on the regional strategy proposed by South East Asia Kala-azar technical advisory group and the adjustments proposed by the Nepal expert group discussions, Government of Nepal, Ministry of Health and Population has adopted the following strategies in the implementation of the Kala-azar elimination program in Nepal.

- 1.4.1 Improve program management.
- 1.4.2 Early Diagnosis and Complete Treatment (introducing new technology)
- 1.4.3 Integrated Vector Management
- 1.4.4 Effective Disease Surveillance and Vector Surveillance
- 1.4.5 Social Mobilization and Partnerships
- 1.4.6 Clinical, Implementation and Operational Research

2 ACTIVITIES CARRIED OUT AND ANALYSIS OF ACHIEVEMENTS

2.1 ACTIVITIES CARRIED OUT IN FY 2066/67 (2009/2010)

2.1.1 Case detection and treatment

As in the previous fiscal year various training programmes for health workers at different health institutions were conducted so as to develop the desired competency in the prevention and control of Kala-azar. EDCD continued conducting training programmes for the laboratory personnel from the district hospitals on rK-39 dipstick diagnosis of Kala-azar. Currently health institutions in Kala-azar endemic districts are using this diagnostic technique. Peripheral level health workers were trained on appropriate skills required for prevention and control of vector borne diseases including Kala-azar. Similarly as in the previous year, Vector Borne Disease Research and Training Centre (VBDRTC) also conducted training on Kala-azar and other Vector-Borne Diseases (VBDs) for District Health Officers (DHOs), Medical Officers (MOs), Public Health Officers (PHOs) and other health personnel. Kala-azar elimination activities were carried out in Saptari District as a pilot programme.

2.1.2 Indoor Residual Spraying in priority-selected Kala-azar affected areas

Two rounds of selective Indoor Residual Spraying (IRS) was carried out in prioritised Kala-azar affected areas of 11 districts based on the national guideline on IRS. IRS for the prevention and control is carried out only in those villages where Kala-azar cases were recorded in previous year or in areas with an outbreak in the recent past.

2.1.3 Continuation of treatment through Miltefosine:

As in the previous fiscal year 2066/67, Miltefosine (oral drug) has been continually utilised as first line drug for the treatment of Kala-azar in endemic districts and Sukra Raj Tropical Hospital

2.2 ANALYSIS OF ACHIEVEMENT

2.2.1 Vector Control

Indoor residual spraying in two cycles was conducted in Kala-azar affected areas of 11 endemic districts with hundred per cent achievement against the set targets. During this fiscal year a total of 1,089,436 people were protected with indoor residual insecticide spraying.

2.2.2 Case Detection and Treatment

A total number of 791 cases were reported and treated in different health facilities in this fiscal year 2066/67. Out of the 791 cases 787 (99.5 percent) cases were improved after the treatment while 4 patients (0.5 percent) were died.

Table 4b.1 Kala-azar Cases & Incidence by Region & District FY 2063/64 to 2065/66

Districts	FY 2064/65 (2007/2008)		FY 2065/66 (2008/2009)		FY 2066/67 (2009/2010)	
	No. of cases	Incidence per 10,000	No. of cases	Incidence per 10,000	No. of cases	Incidence per 10,000
Jhapa	36	0.42	76	0.94	23(2)	0.53
Morang	55	0.55	60	0.60	107((0)	1.21
Sunsari	46	0.62	54	0.72	34(0)	0.52
Saptari	197	3.15	135	2.01	128(15)	2.03
Siraha	109	1.72	47	0.70	65(4)	0.86
Udayapur	35	1.4	13	0.52	5((0)	0.12
Eastern	478	1.17	385	0.93	353(21)	0.88
Dhanusha	112	1.5	58	0.73	32(2)	0.47
Mahottari	162	2.6	162	2.49	177(117)	2.51
Sarlahi	449	6.2	223	2.97	134(73)	1.36
Rautahat	26	0.4	31	0.48	43(5)	0.57
Bara	34	0.5	18	0.27	9(2)	0.13
Parsa	1	0.01	0	0	1(0)	0.01
Central	784	2.0	492	1.40	400	0.95
Okhaldhunga	7		5		12(0)	
Makawanpur	3		28		3(0)	
Rasuwa	0	0	0	0	1(0)	
Dang	0	0	0	0	2(0)	
Palpa	0	0	4		5(0)	
Kailali	0	0	0	0	1(0)	
Kalikot	0	0	0	0	1(0)	
Daduldhura	0	0	0	0	1(0)	
Jajarkot	0	0	0	0	1(0)	
Rolpa	0	0	0	0	1(0)	
Rupandehi	0	0	0	0	1(0)	
Surkhet	0	0	0	0	1(0)	

Districts	FY 2064/65 (2007/2008)		FY 2065/66 (2008/2009)		FY 2066/67 (2009/2010)	
	No. of cases	Incidence per 10,000	No. of cases	Incidence per 10,000	No. of cases	Incidence per 10,000
BPKIHS Dharan	71		64		NA	
Sukraraj Tropical hospital	28		41		NA	
Others total	109		142		30	
National	1,371	1.71	1,019	1.33	791(220)	0.95

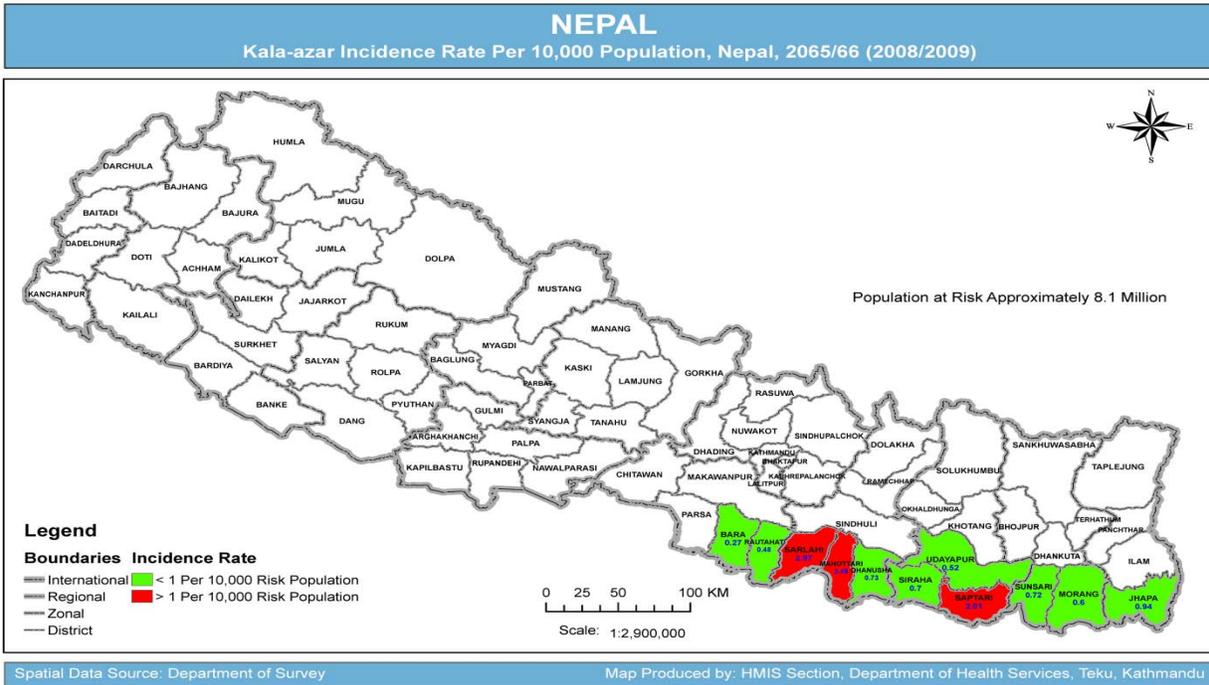
Source: EDCD & HMIS/MD, DoHS

Note- The numbers presented in the brackets() in the table above indicates foreign cases of Kala-azar

In comparison to the FY 2065/66 the reported cases of Kala-azar during the fiscal year 2066/67 have decreased from 1,019 to 791. This signifies the effectiveness of interventions focused to interrupt the disease transmission particularly IRS and introduction of active surveillance. As in the FY 2066/67, CDR reported more cases (400) reflecting the incidence of 0.95 per 10,000 areas at risk population than the EDR (353) with incidence of 0.88. District data reveals that the highest number of cases was recorded in Mahottari, Sarlahi, Saptari and Morang in the chronological order. However, if we exclude the foreigner cases (Indian) Saptari and morang ranks in top in the Kala-azar cases where there are more than 100 cases as shown in the table given above. Since the reported cases are a compilation of reports from government health institutions mainly, the real scenario may be different. It is known that cases of Kala-azar also cross the border for treatment at the hospitals and private clinics from Nepal to India or vice versa. A total number of 220 foreigner patients of Kala-azar were also treated during the reporting year as given in the brackets in the table above

2.2.3 Kala-azar Indicators

In fiscal year 2066/67 the Kala-azar incidence per 10,000 areas at-risk populations ranges from 2.51 in Mahottari followed by Saptari (2.03) to 0.01 in Parsa reflecting the national incidence of 0.95 per 10,000 areas at- risk population. Out of those 12 districts 4 districts have an incidence of more than 1, while 8 districts have an incidence of less than 1case per 10,000 areas at-risk population. However, the incidence rate becomes more than 1 in only two districts (Saptari and Morang), if we exclude the Indian cases of Kala-azar.



Map 4b.1

A steady rise in CFR was observed up to the fiscal year 2061/62 but it started declining from 2062/63 onwards. However, in the last three consecutive fiscal years the Case Fatality Rate (CFR) did not show much fluctuation. In the fiscal year 2066/67 it was 0.50 percent. This could be attributed by the increase in awareness of people in endemic districts and improvement in the management of cases in the hospitals. Kala-azar treatment failure cases are not reported through the regular information system.

3 RECOMMENDATIONS MADE DURING THE FY 2065/66 AND THE ACTION TAKEN DURING 2066/67

Problems/Constraints	Action to be taken	Action Taken
Resources for Kala-azar elimination piloting and scaling up	Mobilize external resources for expanding the kala-azar elimination programme to all kala-azar endemic districts	Scaling up of GoN funding and ongoing exploration of additional funds
<ul style="list-style-type: none"> Shortage of staff for Outbreak investigation and control Delayed response due to unavailability of staff Incomplete reporting Staff are so much overwhelmed by control activities that investigation and finding determinants of the disease outbreak hindered 	To strengthening the outbreak response <ul style="list-style-type: none"> to create post of 2 MO HA at EDCCD to strengthen existing RRT create post of one epidemiologist, one surveillance assistant at all five region at the district level create one post of surveillance assistant restructure all level RRTs so as to involve other potential stakeholders 	Efforts are ongoing
Inadequate budget for outbreak management of region and districts	Increase the budget	Increment in the district and regional budget were made
Delayed or no care seeking	Incentive package for kala-azar patients and their care takers	Budget have been allocated in the district program

4 TARGETS FOR FY 2067/68 (2010/2011)

S.N.	Activities	Unit	Annual Targets
1	Early detection and timely appropriate treatment in Kala-azar endemic districts	Districts	12
2	Indoor residual spraying in highly affected Kala-azar areas	Times	2
3	Supply of rK-39 diagnostic tools and drugs SAG, Miletfosine and Amphotericin B	Districts	12
4	Transportation allowance for 1400 patients	Districts	12
5	One LLIN for all Kala-azar patients (1500 patients) from endemic districts who completes the treatment		

Source: EDCD, DoHS

Note: For detailed, district specific data and analysis on this programme/project, refer to the annexes in this document.

Lymphatic Filariasis

1 BACKGROUND

Lymphatic Filariasis (LF) is a public health problem in Nepal. The disease is a major cause of morbidity, primarily, lymphoedema of legs and hydrocele and impedes socio-economic development in many endemic areas of the country. The disease is prevalent in the rural and slum areas of the country, predominantly affecting the poorer sector of the community. The LF mapping completed in 2005 by using ICT (Immunochromatography) card test revealed 60 out of 75 districts as endemic for lymphatic filariasis in the country. The disease has been detected in different topographical areas ranging in attitude from 300 feet above sea level in the plain Terai ecological zone to 5,800 feet above sea level in high hill areas. More filarial cases are seen in Tarai when compared with the hills.

Wuchereria bancrofti is the only recorded parasite in Nepal. The mosquito, *Culex quinquefasciatus*, an efficient vector of the disease has been recorded in all the endemic areas of the country. The government of Nepal is fully committed to eliminate the disease from the country within the stipulated time.

Epidemiology and Disease Control Division under the Department of Health Services had formulated a National Plan of Action (2003-2015 AD) for Elimination of Lymphatic Filariasis in Nepal by establishing a National Task Force under the Chairpersonship of Director-General, Department of Health Services. The government had initiated the implementation of Mass Drug Administration (MDA) in Parsa district in 2003. Since then the programme was expanded gradually in other endemic districts as well.

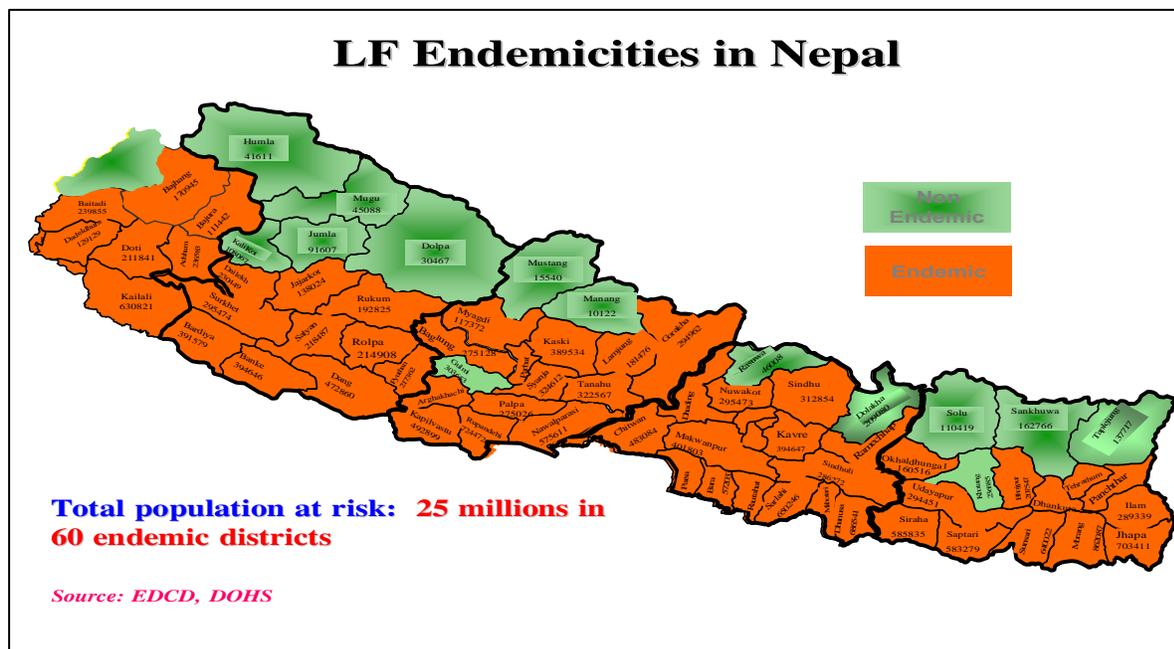


Figure 4c.1

1.1 GOAL

Elimination of lymphatic filariasis from Nepal by the year 2015 by reducing the disease in population to such a level that there will be no longer transmission of the disease.

1.2 POLICY

The policy of the program is to eliminate LF by:

- Interrupting the disease transmission and
- Morbidity management

1.3 OBJECTIVES

- 1.3.1 To interrupt the transmission of lymphatic filariasis;
- 1.3.2 To reduce and prevent morbidity;
- 1.3.3 To provide de-worming benefit through use of Albendazole to endemic community especially to the children;
- 1.3.4 To reduce mosquito vectors through application of suitable and available vector control measures (Integrated Vector Control Management).

1.4 TARGET

- To eliminate lymphatic filariasis as a public health problem by the year 2015

1.5 INDICATORS

- Prevalence of disease is the primary indicator to be used for identification and stratification of endemic areas;
- Prevalence of infection in human is the secondary indicator which can be used for identifying endemic areas;
- Coverage of drug distribution and compliance of intake are important indicators for process evaluation;

1.6 STRATEGY

- 1.6.1 Interruption of transmission by yearly Mass Drug Administration using two drug regimens (Diethylcarbamazine and Albendazole) for five years
- 1.6.2 Morbidity management by self-help and with support using intensive but simple, effective and local hygienic techniques

2 ACTIVITIES CARRIED OUT AND ANALYSIS OF ACHIEVMENT

2.1 ACTIVITIES CARRIED OUT IN THE FY 2066/67 (2009/2010)

- Baseline survey for micro-filaria prevalence in 10 different districts (5 from eastern and 5 in mid western region)
- Micro-filaria follow-up survey is completed in 10 different districts
- Post MDA survey conducted in 16 different districts
- MDA Planning and Review meeting
- Training manuals and IEC materials developed and distributed
- Distribution of medicine
- Co-ordination and interaction program

- Advertisement for MDA program
- Supervision and monitoring were done from various levels e.g. central, regional, district and local health facility
- MDA carried out as per the suggestions given by the experts who investigated the severe adverse effects (SAEs) after MDA to change the schedule of MDA from summer to winter months
- VDC Level Interaction Programme at the VDC (At Health Facility) among various GO/NGOs/INGOs representatives.
- Press meet held at district headquarters.
- Mass Drug Administration (MDA) carried out as per the suggestions given by the experts who investigated the SAEs after MDA to change the schedule of MDA from summer to winter months.
- Table 4c.1 shows scaling up and coverage of MDA.

Table 4c.1: Scaling Up and Coverage of MDA

FY	# Districts	# of tablets Albendazole	# of tablets DEC	# people at risk	# eligible people	# people treated	Coverage
2062/63 (2005/2006)	3	6,250,000	1,498,800	2,075,812	1,960,977	1,729,059	82.59 %
2063/64 (2006/2007)	21	12,850,000	30 million	10,844,541	10,247,915	8,777,110	85.5 %
2064/65 (2007/2008)	Mass Drug Administration (MDA) is not carried out due to some technical reason in this FY.						
2065/66 (2008/2009)	21	9,258,000	40 million	10,779,864	10,025,009	8,280,343	76.81 %
2066/67(2009/2010)	30	14,000,000	40 million	14,162,850	13,339,351	11508311	81.3%

Note – Total districts covered with MDA program till date are 31, where 1 district (Parsa) has been phased out as it completed the 5 rounds of MDA

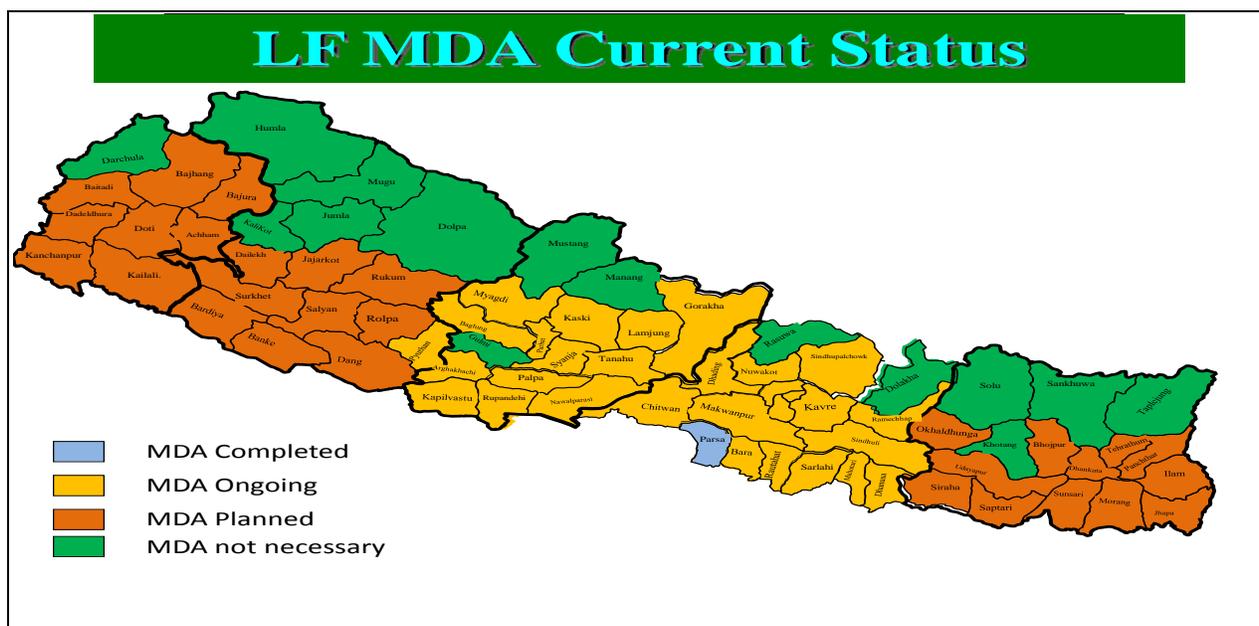


Figure 4c.1

2.2 MAJOR CHALLENGES

- Out of 60 endemic districts, till FY 2066/2067 (2009/2010) LF elimination program was completed in 31 districts. To achieve 100% coverage, LF MDA need to be initiated in 29 additional districts and to be completed the 5 rounds of MDA.
- More efforts for resource mobilization (budget and logistic support) are required.
- Morbidity management component need to be addressed more meticulously through establishment of management clinics
- The active surveillance is to be expanded and strengthened in order to monitor the programme performance
- Mass campaign for social mobilization
- Public awareness about the disease
- To increase the coverage of MDA in urban communities, especially in Kathmandu valley where the coverage is less than 70%

3 TARGETS VS ACHIEVEMENT FOR FY 2066/67 (2009/2010)

S N	Activities	Unit	Annual Targets	Annual Achievement
1	TOT for HWs and training for VHWs/ MCHWs/ Volunteers	Persons	65,613	65,613
2	District level interaction for social mobilization	Time	1	1
3	Data collection / updating by drug distributors	Time	1	1
4	Mass Drug Administration on day one and mop-up on day two	Time	1	1
6	Supervision and monitoring of MDA	Time	1	1
7	IEC activities focusing MDA	Days	10	10
8	Media interaction program	Time	1	1
10	Review and planning meeting for MDA in 30 districts	Time	1	1

4 TARGETS FOR FY 2067/68 (2010/2011)

S N	Activities	Unit	Annual Targets
1	TOT for HWs and training for VHWs/ MCHWs/ Volunteers	Persons	74,593
2	District level interaction for social mobilization	Time	1
3	Data collection / updating by drug distributors	Time	1
4	Mass Drug Administration on day one and mop-up on day two	Time	1
5	Supervision and monitoring of MDA	Time	1
6	IEC activities focusing MDA	Times	10
7	Management of severe adverse effects following MDA	Persons	1290
8	Media interaction program	Time	1
9	Review and planning meeting for MDA in 30 districts	Time	1

Dengue Control Programme

1 BACKGROUND

Dengue, a mosquito-borne disease emerged in Nepal showing its head as Dengue Fever (DF), Dengue Hemorrhagic Fever (DHF) and Dengue Shock Syndrome (DSS). The earliest cases were detected as early as 2004-2006. The sporadic cases continued and outbreaks occurred in 2009-2010. Initially most of the reported cases had travel history to neighboring country (India), however lately indigenous cases were also reported.

Dengue outbreak in 2006 had shown its face with 32 confirmed dengue cases (among the total cases identified, 94% were adults; male to female ratio was 4:1), followed by 27 cases in 2007, 10 cases in 2008 and 11 cases in 2009. The outbreak continued in 2010.

The affected districts were Kanchanpur, Kailali, Banke Bardiya, Dang, Kapilvastu, Parsa, Rupandehi, Rautahat, Sarlahi, Saptari and Jhapa, indicating spread throughout the country from west to east lying in the plain terai region.

Aedes aegypti (mosquito-vector) has been identified in 5 peri-urban areas of Tarai region (Kailali, Dang, Chitwan, Parsa and Jhapa) during entomological surveillance conducted by EDCD during the year 2006-2009, indicating local transmission of dengue.

Studies carried out by EDCD/NPHL in close collaboration of WARUN/AFRIMS showed that all 4 subtypes (DEN-1, DEN-2, DEN-3 and DEN-4) of Dengue virus circulation in Nepal.

Based on the outbreaks, operational research and response carried out in the past, Government of Nepal developed following strategies for Control of Dengue:

1. Early case detection, diagnosis, management and reporting of the DF/DHF/DSS.
2. Regular surveillance of DF/DHF/DSS through EWARS.
3. Vector surveillance.
4. Integrated vector control.

To achieve goals of controlling the dengue, following activities are carried out during 2066/67 (2009-2010) and the activities are in continuation in the coming years.

1. Training on case detection, diagnosis, management and reporting
2. Laboratory diagnostic support

2 TARGETS VS ACHIEVEMENT FOR FY 2066/67 (2009/2010)

S N	Activities	Unit	Annual Targets	Annual achievement
1	One day interaction/training on dengue for HW and stakeholders	Districts	6	4
2	Procurement of RDT and ELIZA for diagnosis	Pieces	4,000	4,000

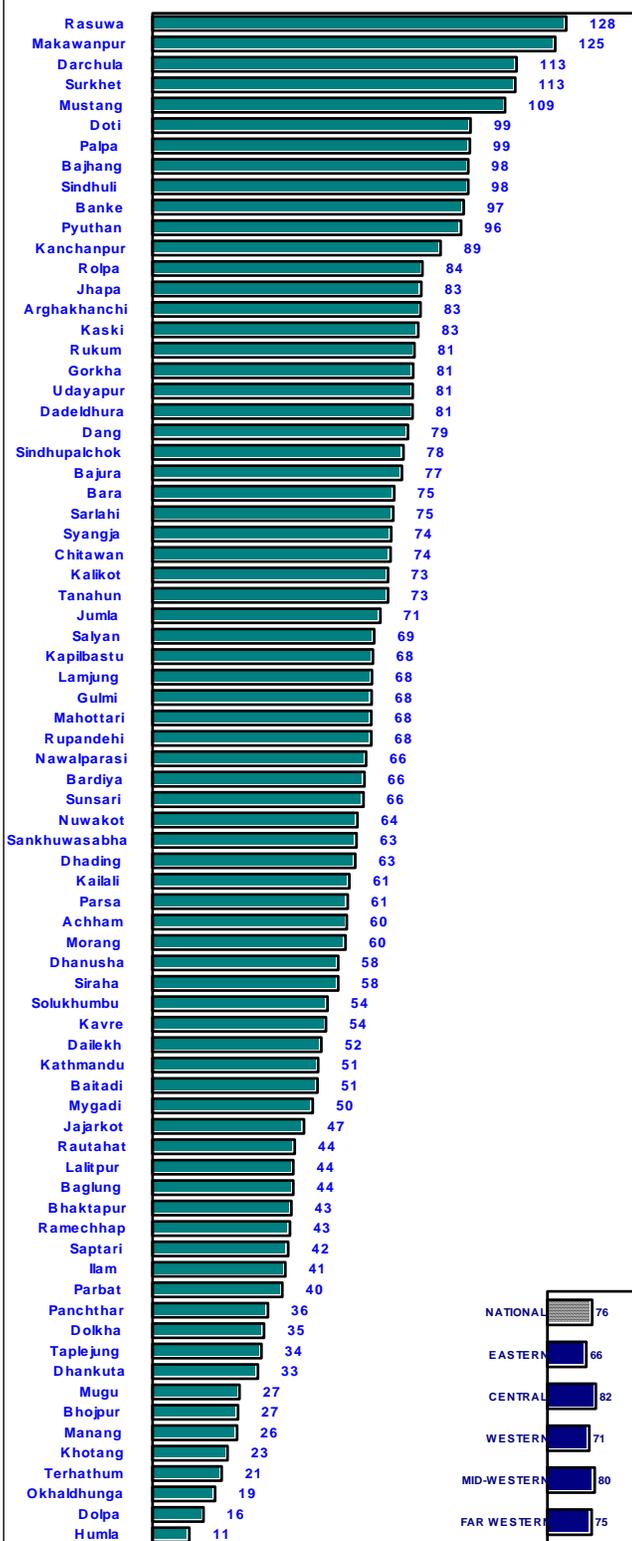
3 TARGETS FOR FY 2067/68 (2010/2011)

S N	Activities	Unit	Annual Target
1	Search and destroy of larvae of dengue vector	Times	2
2.	Interaction/orientation on dengue/chikungunya for FCHVs, HWs and other stakeholders	Times	2
3.	Advertisement and publication IEC materials focusing to control of dengue and chikungunya during epidemic situation	Times	2
4.	1 day interaction/training on dengue for HW and stakeholders	Districts	4
5.	Test kits procurement for the diagnosis of dengue and chikungunya	Times	1

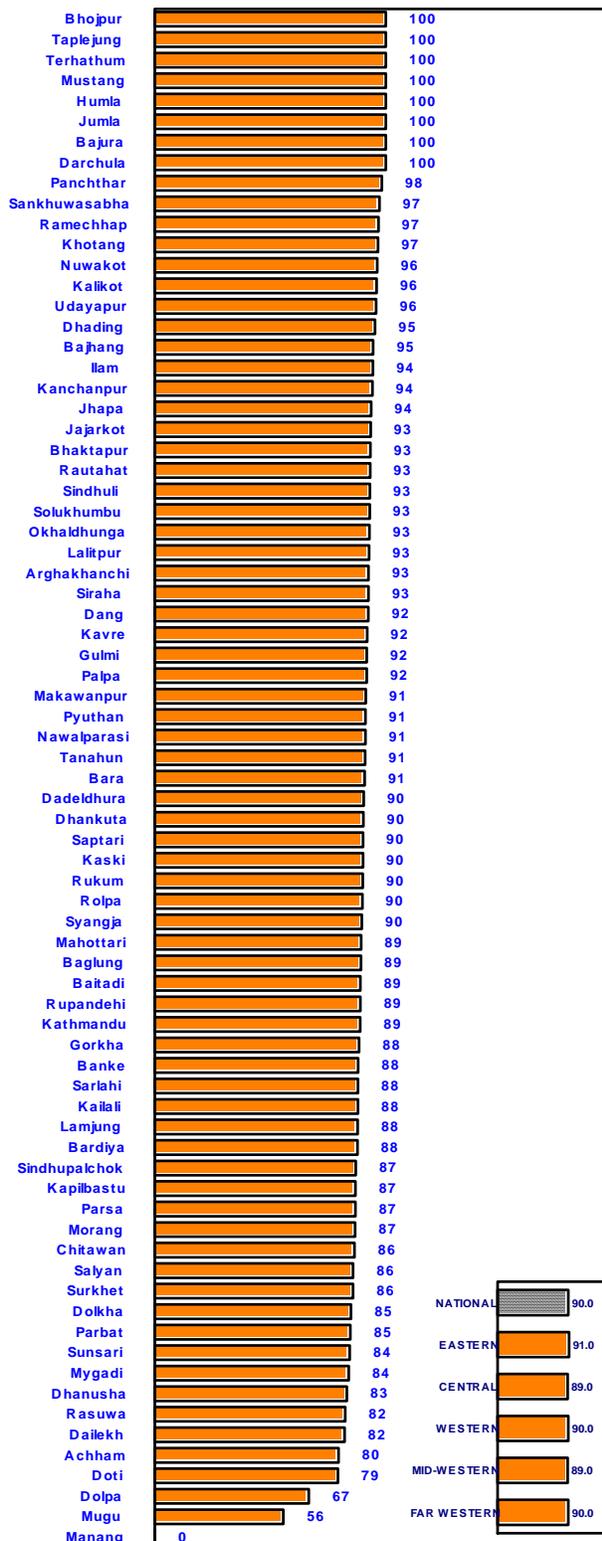
Tuberculosis Control Programme

Fiscal Year 2066/67 (2009/2010)

Case Finding Rate



Treatment Success Rate



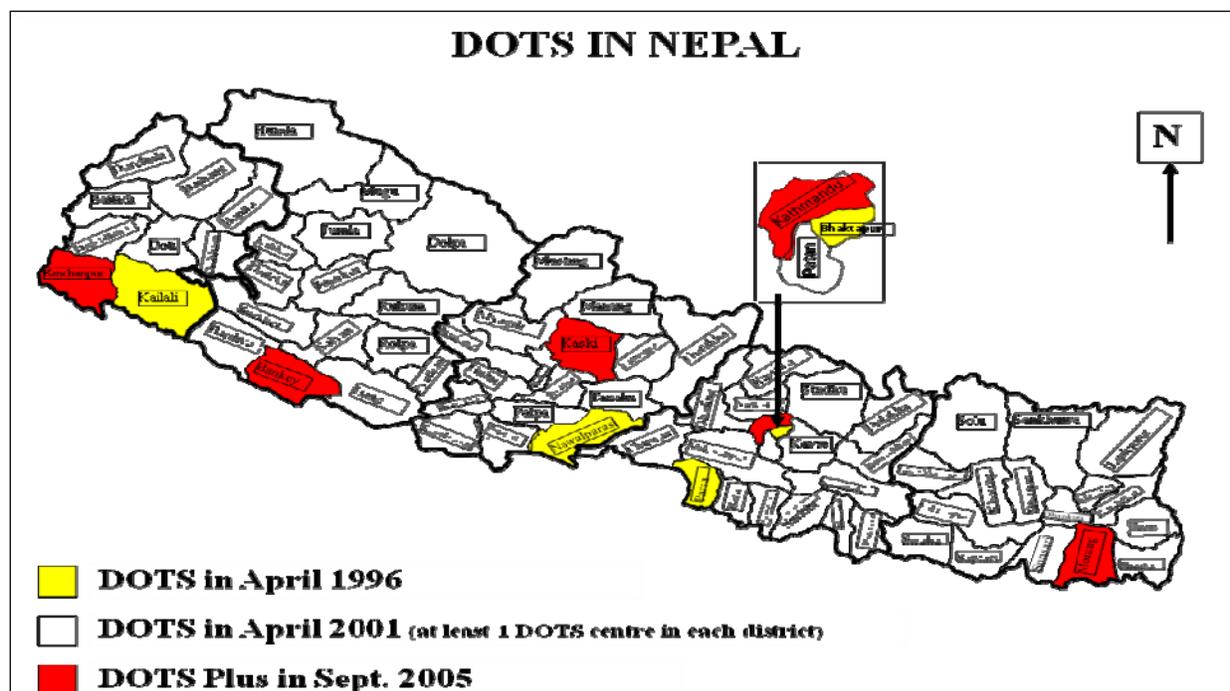
Source: NTC/HMIS/MD DoHS

NATIONAL TUBERCULOSIS CONTROL PROGRAMME

1 BACKGROUND

Tuberculosis (TB) is a major public health problem in Nepal. About 45 percent of the total population is infected with TB, of which 60 percent are adult. Every year, 40,000 people develop active TB, of whom 20,000 have infectious pulmonary disease. These 20,000 are able to spread the disease to others. Treatment by Directly Observed Treatment Short course (DOTS) has reduced the number of deaths; however 5,000-7,000 people still die per year from TB. Expansion of this cost effective and highly successful treatment strategy has proven its efficacy in reducing the mortality and morbidity in Nepal. By achieving the global targets of diagnosing 70 percent of new infectious cases and curing 85 percent of these patients will prevent 30,000 deaths over the next five years. High cure rates and Sputum conversion rate will reduce the transmission of TB and lead to a decline in the incidence of this disease, which will ultimately help to achieve the goal and objectives of TB control.

DOTS have been successfully implemented throughout the country since April 2001. The NTP has coordinated with the public sectors, private sectors, local government bodies, I/NGOs, social workers, educational sectors and other sectors of society in order to expand DOTS and sustain the present significant results achieved by NTP. By 16th July 2010 NTP has 1,122 DOTS treatment centers with 3,098 sub centers. The treatment success rate stands at 90% and case finding rate of 76%. At the national level 37,430 TB patients have been registered of whom 15,562 infectious and are being treated under the DOTS strategy in NTP during the FY 2066/67



NATIONAL TB PROGRAMME

Vision: The NTP's vision is TB free Nepal

Mission:

- To ensure that every TB patient has access to effective diagnosis, treatment and cure
- To stop transmission of TB
- To prevent development of multi drug resistant TB
- To reduce the social and economic toll of TB

Goal:

- To reduce the mortality, morbidity and transmission of tuberculosis until it is no longer a public health problem in Nepal.

Objectives:

- Achieve universal access to high-quality diagnosis and patient-centred treatment
- Reduce the human suffering and socioeconomic burden associated with TB
- Protect poor and vulnerable populations from TB, TB/HIV and multi-drug-resistant TB
- Support development of new tools and enable their timely and effective use

Targets:

MDG 6, Target 8: ...halted by 2015 and begun to reverse the incidence.....

Targets linked to the MDGs and endorsed by the Stop TB Partnership:

- by 2005: detect at least 70% of new sputum smear-positive TB cases and cure at least 85% of these cases
- by 2015: reduce prevalence of and death due to TB by 50% relative to 1990
- by 2050: eliminate TB as a public health problem (< 1 case per million population)

Stop TB strategy

1. Pursue high-quality DOTS expansion and enhancement

- Political commitment with increased and sustained financing
- Case detection through quality-assured bacteriology
- Standardized treatment with supervision and patient support
- An effective drug supply and management system
- Monitoring and evaluation system, and impact measurement

2. Address TB/HIV, MDR-TB and other challenges

- Implement collaborative TB/HIV activities
- Prevent and control multi-drug-resistant TB
- Address prisoners, refugees and other high-risk groups and special situations

3. Contribute to health system strengthening

- Actively participate in efforts to improve system-wide policy, human resources, financing, management, service delivery, and information systems
- Share innovations that strengthen systems, including the Practical Approach to Lung Health (PAL)
- Adapt innovations from other fields

4. Engage all care providers

- Public-Public, and Public-Private Mix (PPM) approaches
- International Standards for Tuberculosis Care (ISTC)

5. Empower people with TB, and communities

- Advocacy, communication and social mobilization
- Community participation in TB care
- Patients' Charter for Tuberculosis Care

6. Enable and promote research

- Programme-based operational research

The National Tuberculosis Programme

The National Tuberculosis Programme (NTP) is an approach within the national health system for control of tuberculosis (TB). NTP has specific policies, plans and activities to achieve its goals, objectives and targets. NTP is countrywide, continuous, and permanent and fully integrated within the general health services. NTP policies are in accordance with the national health plan, WHO Stop TB Strategy and the Global Plan to Stop TB (2006-2015).

Goal of the NTP

NTP goal is to reduce the mortality, morbidity and transmission of tuberculosis until it is no longer a public health problem.

The NTP targets:

The NTP targets for TB control are:

- To find at least 70% of sputum positive TB patients
- To cure at least 85% of sputum positive TB patients

Stop TB Strategy

The Stop TB Strategy sets out the steps NTP and its partners need to take for TB control in Nepal . The Strategy is based on experience gained over the past decade and on continuing consultations with stakeholders at the global, regional, national and local levels. Implementation of the Strategy will ensure equitable access to international standards of care for all TB patients – infectious and non-infectious, adults and children, with and without HIV, with and without drug-resistant TB – regardless of whether they receive care from a public or a private provider.

Stopping TB must be seen within the framework of country-owned strategies to reduce poverty and advance development. The main focus of the Stop TB Strategy is on making the best use of currently available tools for diagnosis, The NTP Stop TB Strategy is line with the Global Plan to Stop TB (2006–2015) developed by the Stop TB Partnership. With this Strategy NTP aims to achieve the MDG and Stop TB Partnership targets for TB control and set the course of the programme for elimination of this ancient scourge of humanity.

Strategic Aims of the NTP

Following are the key strategic aims of the NTP:

- NTP fully integrated within Government of Nepal general health care system
- Expansion of DOTS throughout the country up to the community level

- Establishment of treatment centre and sub centre up to the health post and sub health post level and in partnership with public and private sectors.
- Establishment of microscopy diagnostic centres at constituency level either at PHC centre or operated by public or private sector NTP partner
- Provision of high quality and adequate drug and other supplies through integrated supply management system of Logistic Management Division.

Major Policies of the NTP

- National Tuberculosis Centre is the central unit of the NTP
- Free diagnostic and treatment services to all TB patients including Multi Drug Resistant TB cases.
- Passive case finding by smear microscopy through laboratory network with regular quality assurance system.
- Priority given to diagnosis of sputum smear-positive TB cases but diagnostic and treatment services also available for smear negative and extra-pulmonary TB cases.
- Use of standardised treatment regimens (short course chemotherapy - SCC) as per NTP guidelines.
- Each dose of Rifampicin to be directly observed (DOT) by fully trained health care workers community members, volunteers or family members and be regularly supervised.
- Use of quality assured first and second line TB drugs and availability of adequate amounts at all levels of the programme including provision of buffer stocks as per NTP policy.
- Basic unit of the NTP for diagnosis of TB are NTC, RTC, hospitals, medical colleges and PHC Centres.
- Evaluation of the NTP progress through four Monthly cohort analysis (case finding, treatment outcome and others)
- Provision of TB HIV collaborative services at selected sites through close partnership with National AIDS Programme.
- Collaboration with both public and private sector partners.
- Special focus on high risk populations such as slum dwellers, prisoners, refugees and congregate setting such as factories, hostels and armed service personnel barracks
- Close coordination and cooperation with NGOs/INGOs and external development partners
- Establishment of DOTS committee in each DOTS centre and sub centres

Key activities of the NTP

- Provide effective chemotherapy to all patients in accordance with national treatment policies.
- Promote early diagnosis of people with infectious pulmonary TB by sputum smear examination.
- Establish a network of microscopy centres and a system of quality control of sputum smear examination.
- Organise treatment centres for every 100,000 population within the existing primary health care system.
- Provide continuous drugs supply to all treatment centres. This includes systems for procurement, storage, distribution, monitoring and quality control of drugs.
- Maintain a standard system for recording and reporting

- Monitor the result of treatment and evaluate progress of the programme, by analysing periodic treatment outcome in cohorts of patients.
- Provide continuous training and supervision for all staff involved in the NTP, at each level of the health system.
- Develop health education methods to improve communication between health workers and TB patients and to promote community awareness about TB.
- Strengthen cooperation between non – government organisations (NGOs), bilateral aid agencies and donors involved in the NTP. Coordinate NTP activities with other primary health care activities, especially leprosy and DIDS/STD programmes.
- Carry out research programmes to improve the NTP performance.

1.1 ORGANIZATION

1.1.1 National Tuberculosis Programme

The National Tuberculosis Centre (NTC) is the focal point of the NTP. The National Tuberculosis Programme (NTP) follows an integrated approach within the national health system for control of TB. It provides technical support to TB control activities at all levels. It also provides referral clinic and laboratory services. Technical support is provided for implementation of DOTS, planning, programming, monitoring, training, supervision, logistics, laboratory services, information education and communication, and research related to tuberculosis control. At the regional level, NTP activities are planned and carried out within the region with the close cooperation and coordination of the Regional Health Directorate.

The Regional Tuberculosis Centre (RTC) in Pokhara provides technical support to TB control activities in Western Region under the guidance and coordination with National Tuberculosis Center. The Regional Tuberculosis Center conducts all the activities as per the guidelines of NTP with close cooperation and coordination of Regional Health Directorate. At the district level, the district health office/district public health office is responsible for planning and implementing of the NTP activities within the district. Within the district, the basic unit of management for diagnosis and treatment of tuberculosis patients lies with district hospital and the primary health care centers. DOTS are available at health post, sub health post and other health institution of the district as well. Estimation and procurement of anti-tuberculosis drugs is the responsibility of the National Tuberculosis Centre and distribute through the Logistics Management Division of the Department of Health Services. The Nepal Anti TB Association plays an important role in controlling TB by providing treatment services and health education activities in 32 districts.

1.1.2 Urban DOTS Programme

Urban DOTS programme has been implemented in the major urban areas of the country to tackle the urban TB burden. DOTS centers have been established in ward health clinics mobilizing community and private sectors.

1.1.3 Involving Medical colleges in Tuberculosis Control

Medical Colleges of Nepal have developed a module for teaching tuberculosis control (DOTS) to medical students to provide a broad and comprehensive knowledge to diagnosis and management in line with the NTP policies. Medical colleges of Nepal have also established DOTS centres to develop more

confidence in diagnosing and treating TB cases. DOTS centres are operational in medical college and other educational institutes.

1.1.4 DOTS and Private Sector

NTP Nepal has provided DOTS orientation to private practitioners, industrial workers and pharmacists as one of its key activities. The NTP provides training to private pharmacists resulting some of the pharmacies hanging out signboards informing the public that tuberculosis drugs are freely available in health institutions.

1.1.5 DOTS and Public-Public partnership

The NTP continued orientation and training for health authorities within military, police hospitals, prisons, schools, public medias, Municipalities, Village Development Committees in order to establish collaboration for appropriate tuberculosis diagnosis and treatment facilities according to DOTS strategy.

1.1.6 DOTS and Communities

People with TB live in families and communities. These communities in villages, towns, cities, slums, and factories provide valuable social support to the members of the community. A basic principle of TB control is provision of care as close as possible to the patient's home. Community volunteers, local leaders, civil service organizations, colleagues in the work place, religious leaders, shop keepers, teachers and many others are actively and usefully involved in helping to cure TB.

Nepal experience has taught that DOTS is most successful when local people get involved with DOTS centres. DOTS committees are able to solve local problems effectively. In particular, DOTS committees have been involved in advertising TB and DOTS, in organizing home visits for patients who fail to attend for treatment and even in providing accommodation for patients unable to travel from their homes to the clinic.

1.2 International Collaboration in TB Control

The National Tuberculosis Programme benefits from the help of several international partners.

1.2.1 The Norwegian Association of Heart and Lung Patients (LHL) has supported the NTP through the provision of funds for training, supervision, monitoring and evaluation, quality control, public private partnership and research.

1.2.2 The World Health Organization (WHO) supports TB Control in Nepal by providing technical support, staff training, and research activities such as surveillance of multi-drug resistance and HIV-TB co-infection and logistic support for procurement of first and second line TB drugs.

1.2.3 The SAARC Tuberculosis Centre (STC), located in the NTC has been providing technical assistance and close cooperation to the NTP in DOTS expansion. The STC has played a vital role in many NTP activities such as producing skillful manpower, expansion of DOTS and training activities.

1.3 Involvement of Non-governmental organization in TB Control

1.3.1 The Britain Nepal Medical Trust (BNMT) continued its support in the Eastern region of Nepal by providing quality control and assisting the NTP by providing one staff to NTC for training/supervision activities.

1.3.2 The International Nepal Fellowship's TLP (Tuberculosis Leprosy Programme) continued its supports to the government tuberculosis services in the Mid West Region of Nepal through supporting DR TB Management of Nepalgunj, Banky

1.3.3 Netherlands Leprosy Relief working in the Far Western Region of Nepal supports the National Tuberculosis Programme through laboratory quality control, and technical support in training and supervision in that region.

1.3.4 The German Nepal TB Project is supporting DOTS and DOTS-Plus activities in Kathmandu. In

2 ANALYSIS OF ACHIEVEMENTS OF MAJOR ACTIVITIES, FY 2066/67 (2009/2010)

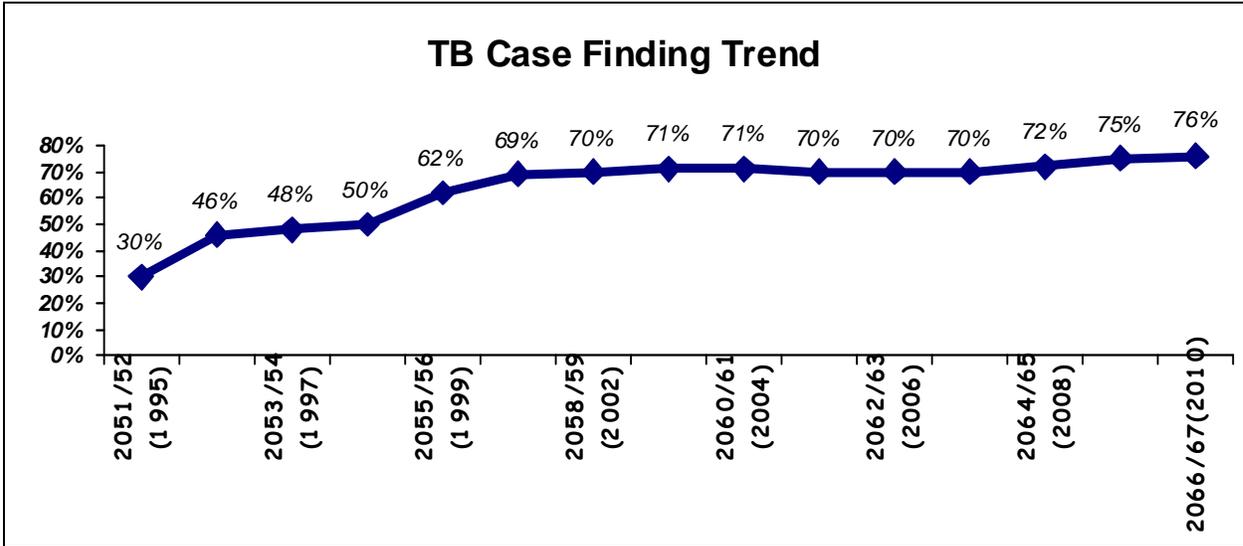
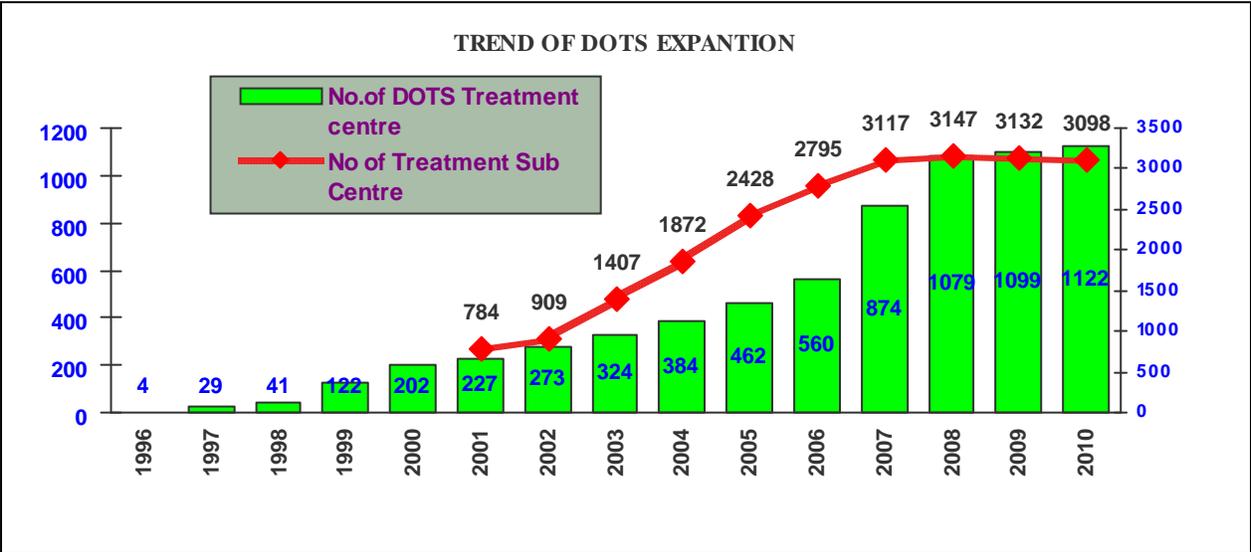
2.1 DOTS EXPANSION

The NTP has rapidly expanded the DOTS strategy initiated in 1996 with 4 pilot centers and by mid July 2010 the number of DOTS centers had reached to 1122 with 3098 sub centers and integrated in the general health services throughout the country. Beside the government health institutions major partners in DOTS implementation are the private sector nursing homes and polyclinics, cement and cigarette factories, I/NGOs health clinics, eye hospitals, prisons, UMN hospitals, refugee camps, police hospitals, medical colleges, municipalities, Village Development Committees, District Development Committees.

Different approaches have been adopted in difficult to access areas. DOT by community volunteers and I/NGOs has been found effective in some hill and mountain districts. All diagnosed TB patients are being treated with DOTS in the reporting years.

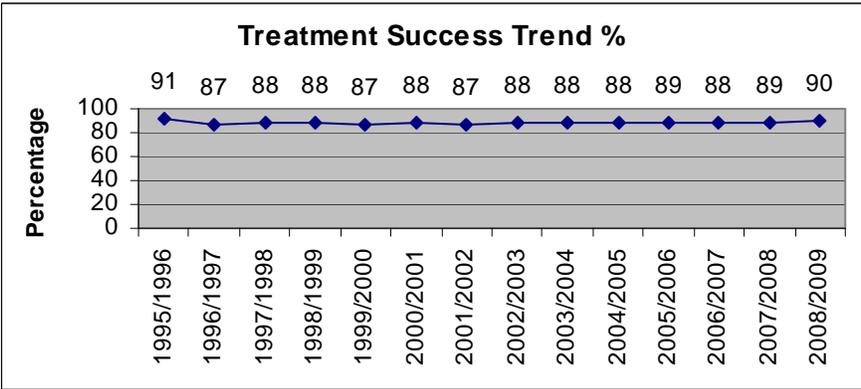
2.2 CASE FINDING

The programme is now moving into the consolidation phase. The target defined by WHO to diagnose and treat 70 percent of the estimated number of new cases has been fulfilled since the F.Y. 2058/59 (2002/03) to till the by building partnerships with private sectors, medical colleges and community. As TB spreads easily in areas of high population density, many TB patients are found in the cities and in the Tarai areas.



2.3 TREATMENT OUTCOME

DOTS was introduced in Nepal in April 1996 covering 1.7 percent of the population in selected districts. Now it has been expanded to all the districts of Nepal. TB patients have been treated with DOTS achieving 90 percent treatment success rate. This rate has been sustained since DOTS was introduced.



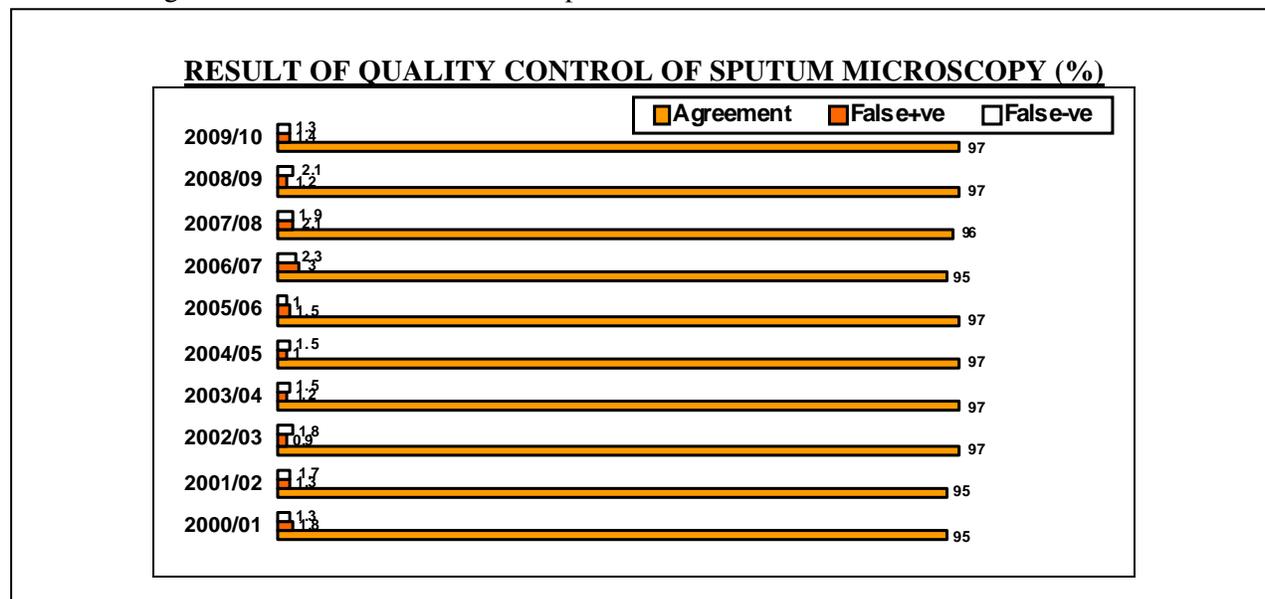
2.4. LABORATORY NETWORK IN NATIONAL TB CONTROL PROGRAMME

a. Sputum Microscopy and Microscopy Networking

Tuberculosis diagnosis and monitoring rely in laboratory diagnostic. Sputum microscopy is mainstays of NTP. Because of its low cost and easier to perform, direct sputum microscopy is popular worldwide. At present there are 485 microscopy centers catering the sputum microscopy examination throughout the country. Most of the microscopy centers are established in government setting and few are established in non governmental organization and private sectors. NTP is providing reagents, chemicals and equipment to every microscopy centers and they are providing sputum smear examination free of cost.

External Quality assurance is another important task for this program. There is good laboratory networking between microscopy centers (MCs) DHO/DPHO, RQCC and the NTP. Microscopy centers send their slides to their respective regional quality control centers via district health office. Five Regional quality control centers (RQCC) are functioning smoothly with help of skilled and trained quality control assessors. BNMT/NATA is working EQA in eastern region; NTC is working EQA at central region. RTC Pokhara is working EQA at western, Mid-western regional health Directorate, working EQA in Mid-Western Region and NLR Dhangadhi is working EQA at Far-Western region.

On a quarterly basis all positive and 10% of the negative sputum slides used to send for rechecking to the RQCC. Instead of conventional methods of slides collection, NTP Nepal is going to implement Lot Quality Assurance Sampling system (LQAS) for External Quality Assurance (EQA). In LQAS, slides are collected by using standard statistical tools. NTC lab is working as a National Quality Control Center (NQC). Feedback is provided by Regional quality control centers (RQCC) to the microscopy centers through their DHO/DPHO for their improvement.



b. Sputum culture and drug susceptibility testing (DST):

National Reference Laboratory and GENETUP are providing culture and DST facility. GENETUP is working under the TB Supranational Lab-Gauting, Germany. Gauting, Germany is looking external quality assurance to these laboratories. Culture facilities are available in BPKIHS Dharan in Eastern Region and RTC Pokhara in Western Region.

To manage the toxic effect of drugs, NTP is providing additional haematological and biochemical tests free of cost to MDR-TB patients.

c. Training and Supervision

Basic modular training, Refresher Microscopy training, Orientation to LQAS are being conducted on regular basis as a part of quality assurance program. On site evaluation is done at time of supervision.

3 ANALYSIS OF NTP MAJOR INDICATORS BY REGION

It has already mentioned that DOTS has been implemented in all 75 district of the country. TB patients are being treated with DOTS at 1,122 treatment centers and 3,098 sub centers.

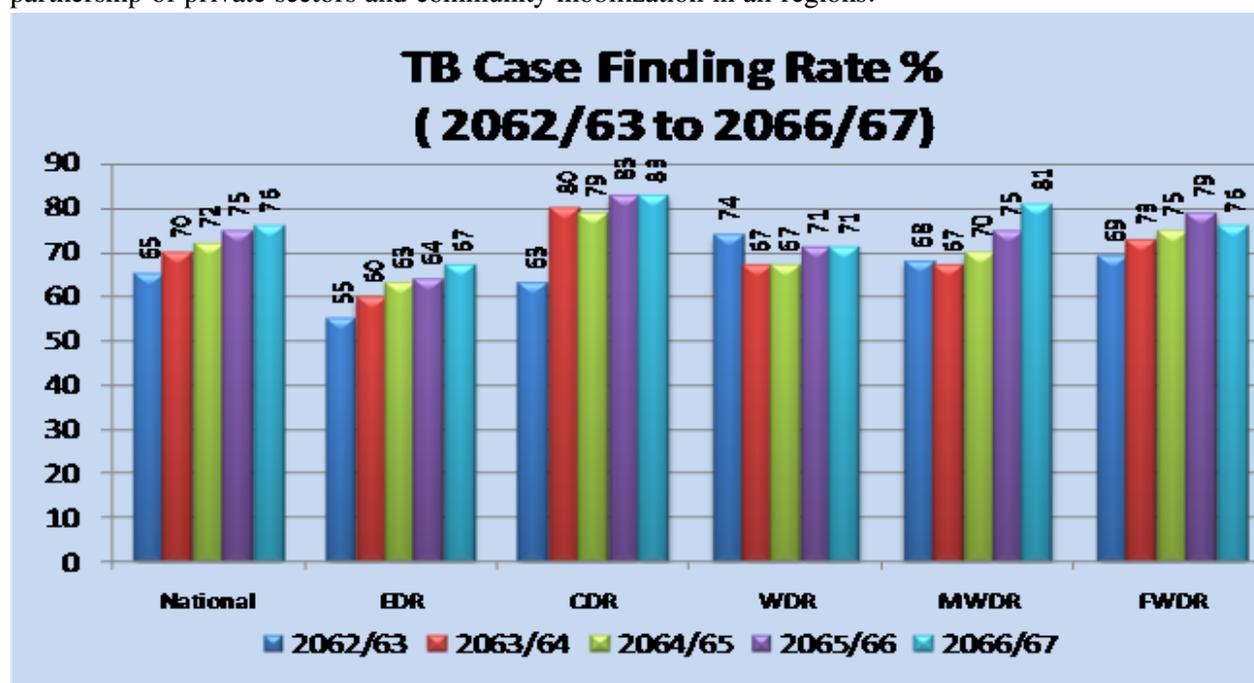
3.1 DOTS AND MICROSCOPY CENTRES

The following number of treatment centres and sub- centres are providing the treatment on DOTS to TB patients during the F.Y.2066/67

Development Region/Centres	EDR	CDR	WDR	MWDR	FWDR	Total
No. treatment centres	229	346	239	180	128	1,122
No.Sub-centres	715	1,020	659	417	287	3,098
DOTS Plus centres	2	3	3	1	3	12
DOTS Plus sub- centres	7	28	7	5	2	49
Microscopy centres	110	178	81	66	50	485

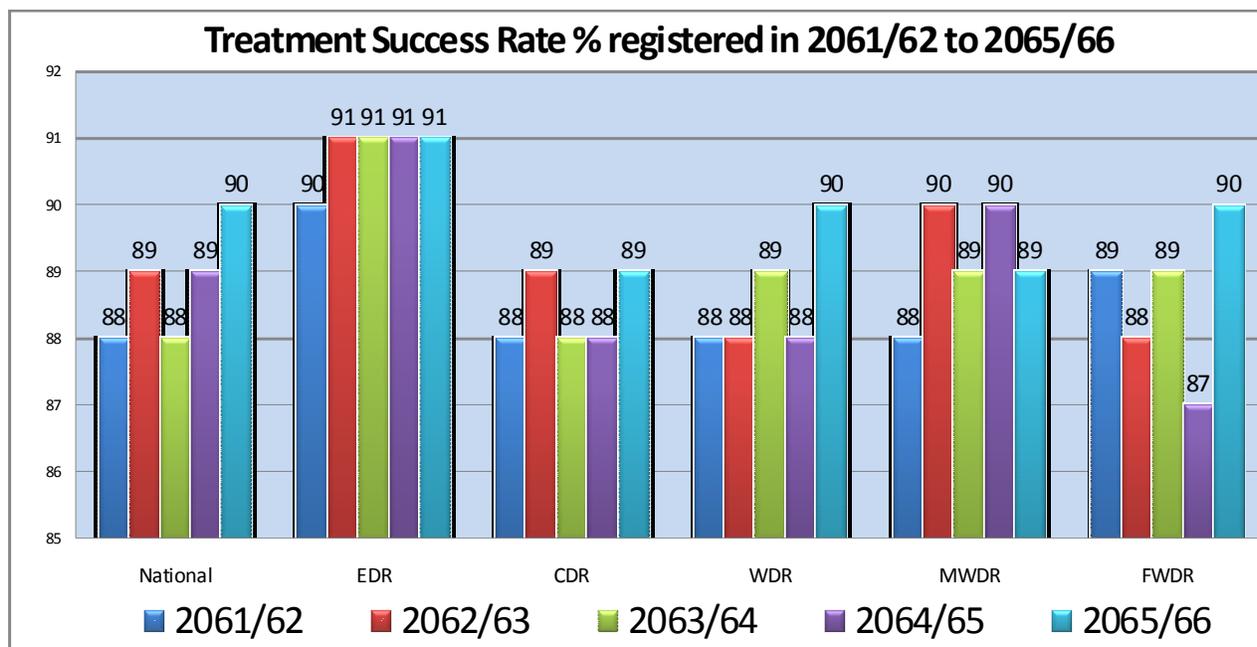
3.2 CASE FINDING

The figure below presents the case finding rates since the fiscal year 2062/63 to 2066/67 (2005/06 - 2009/2010). More patients are being diagnosed and treated with DOTS every year with strong partnership of private sectors and community mobilization in all regions.



3.3 TREATMENT OUTCOME

Case finding, case holding and treatment with DOTS are the main activities of NTP. All registered TB patients are treated with DOTS. About 95 percent of diagnosed TB patients are supervised by health workers and the rest are by FCHV and community volunteers during the treatment. As a result an encouraging result of treatment success rate has been achieved in all development regions of new smear positive cases.



4 RESEARCH

4.1. In order to improve the quality of care for people with tuberculosis in Nepal and to assist in effective Planning and implementing the TB control programme, the NTP had been carrying out the research on:

- MDR Surveillance
- Assessment of HIV among sputum smear pulmonary TB patients regularly.

4.2 DRUG RESISTANCE TUBERCULOSIS

The NTP has carried out repeated surveys on drug resistance. The last survey showed that Multi Drug Resistant (MDR) TB is almost constant in newly registered cases. This is a sign of a good DOTS programme. 4th MDR TB survey was conducted in collaboration with WHO and results at 2.9%.

4.3 HIV/AIDS AND TUBERCULOSIS

The prevalence of HIV is rising rapidly in Nepal, and effective control measures – for AIDS as well as for TB – are more important now than ever before. NTP is conducting regular surveys to find the extent of HIV among TB patients. In 2006, 2.4 percent of tuberculosis patients also had HIV infection. This could rise rapidly if HIV increases. 4th sentential site survey of HIV in Tuberculosis patients was conducted. This survey is conducted in every two-year interval of time.

5 TB-HIV Collaborative Activities

HIV epidemic has posed major challenges to TB control efforts globally. HIV weakens the immune system. Someone who is HIV positive and infected with TB is 5-7 times more likely to develop active TB than someone infected with TB but not infected with HIV. TB is leading cause of death among people who are HIV- positive accounting for about 11 % of AIDS death worldwide. Over all HIV prevalence in Nepal is estimated at 0.49% in the adult population. And it is categorized as a concentrated epidemic. So an effective control measure- for AIDS as well as for TB- is more important now than ever before. The NTP adopted TB/HIV strategy and policy in 2009. Some activities are currently carried out Through Global Fund against AIDS TB and Malaria (GFATM) Round 4, Round 7 and National Strategy Plan (2010-2015). TB/HIV collaborative activities have undertaken by National Tuberculosis Center (NTC) as one of the strategic priorities in line with the global Stop TB strategy and the Millennium Development goals. In this context, functional collaboration has been established between NTC and NCASC for implementing TB/HIV activities through joint planning and coordination for generating evidence for advocacy, mobilizing partnership and resources to raise the awareness on TB/HIV. Britain Nepal Medical Trust (BNMT) and Health Research and Social Development Forum (HERD) are the main Sub Recipients (SRs) of GFATM especially for TB/HIV in the program implementing districts. Advocacy, Training, operational research, IEC materials development, surveillance are the main components of TB/HIV collaboration activities to decrease the burden of HIV among TB patients in Nepal.

6 MDR-TB Management

MDR- TB management programme was initiated/ started in September 2005 with the approval of World Health Organization (W.H.O), Green Light Committee. W.H.O accepted to treat 350 MDR tuberculosis cases for two years period. In the beginning MDR tuberculosis management programme was started at 5 treatment centres and 16 sub-treatment centres with the technical and financial assistance from WHO. Now National Tuberculosis Programme has expanded MDR tuberculosis in 5 development regions of the country with 12 treatment centres and 49 sub-treatment centres till Ashad 2067. Total No. of patients registered up to 2067 Ashad were 806. Cure rate of MDR-TB year 2066/67 is 73 %.

7 ADVOCACY, COMMUNICATION AND SOCIAL MOBILISATION (ACSM)

The Government of Nepal, National Tuberculosis Center developed a comprehensive National strategy plan (2010-2015). The New Strategy builds on the previous national strategy and outlines enhanced and more focused commitment for tackling the TB epidemic, consistent with Millennium Development Goals in line with the Stop TB Partnership targets.

Ensure access to quality treatment, diagnostics, ACSM, MDR case management, Public Private Mix and TB-HIV care and support services for infected, affected and vulnerable groups in Nepal within the context of a comprehensive response to HIV and AIDS. The ACSM intervention approach focusing on improving case detection and treatment adherence, combating stigma and discrimination, empowering people affected by TB and mobilizing political commitment and resources for TB.

These challenges will not be met without far greater prioritization and improvement in TB-related communication activities. In addressing each of these issues, there are strong organizational synergies

with efforts to combat HIV/AIDS. To cope above mentioned situation, the following activities were carried out during fiscal year 2066/67 (2009/2010)

- Appointed Tuberculosis Goodwill Ambassadors for the National Tuberculosis Programme
- Organised interaction programme with journalists to advocate TB programme at National level
- Celebrated World TB day on 24th March 2010
- Organised TB orientation to slum people
- Broadcasted TB/HIV messages through National Television, Radio and FMs.
- Carried out monitoring activities of ACSM activities
- Revised/developed TB posters, pamphlets, leaflets etc and distributed them to the districts
- Updated website information of TB and that were uploaded in NTP website
- Strengthen health education unit of NTC
- Organised folk song event at Central Level
- Developed CDs of folk song and distributed to the districts
- Developed ACSM policy and strategy document for NTP
- Initiated skill development training to MDR-TB patient as pilot project
- Carried out many different advocacy, communication and social mobilization activities in the districts by the stakeholders

8 PAL (Practical Approach to Lung Health)

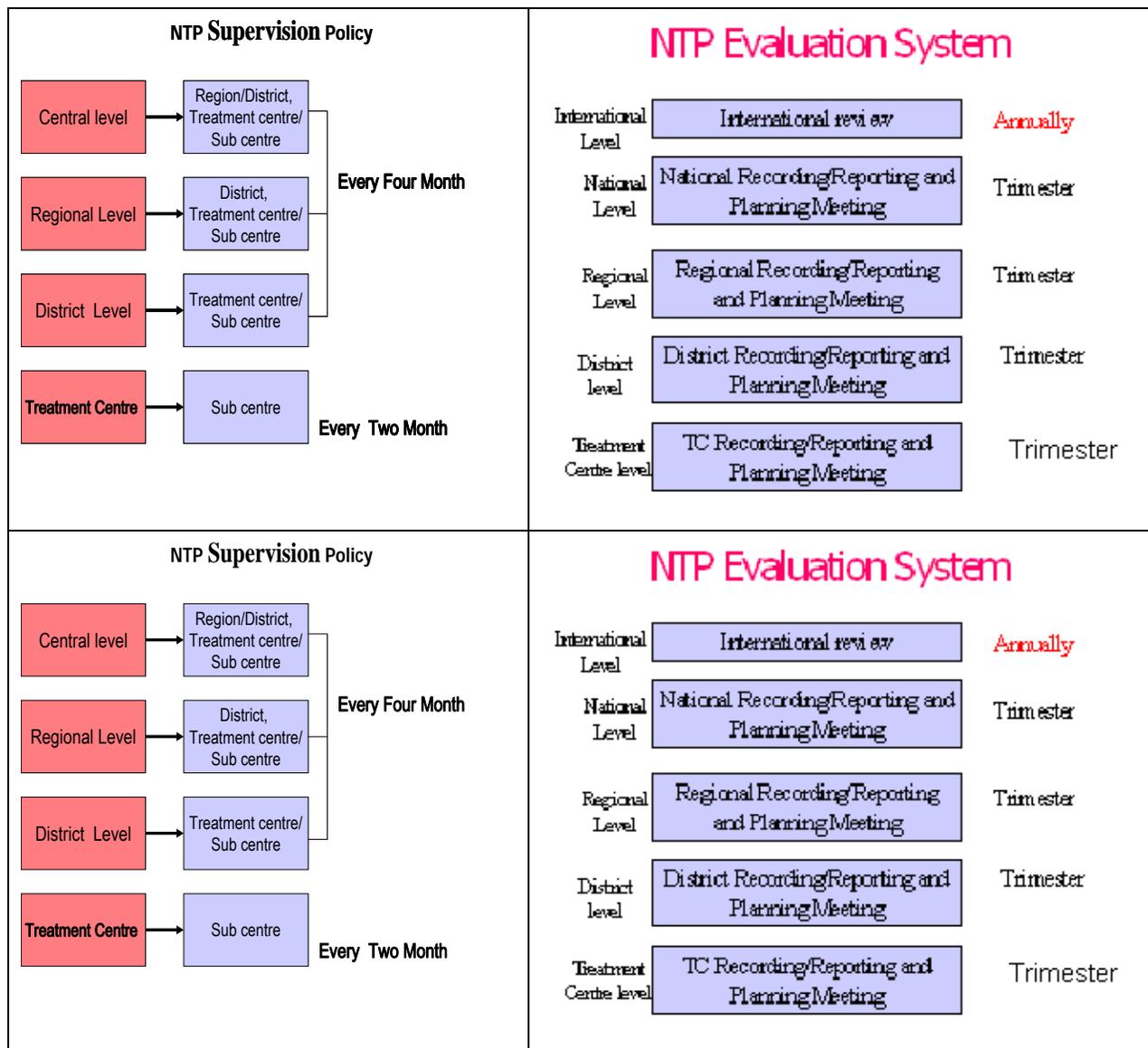
Endorsement of New Stop TB Strategy on 2006, the certain components of the strategy has been launched in the NTP mainstream. One of the components of strategy is Health System Strengthening and within that NTP has focused to increase case finding where the case finding is relatively low. PAL is one of the activities which can achieve the objectives of the NTP particularly in TB case finding. The main objectives of the PAL program are:

1. Management of respiratory illness of over 5 year's population.
2. Increase TB case finding.
3. Rationale use of medication to respiratory symptomatic.
4. Capacity building of health workers.

Implementation of the PAL in two districts namely Bhaktapur & Nawalparasi was carried by GoN with the support of WHO since last year as a piloting. In this fiscal year programme was implemented at Lalitpur and Kapilbastu. The aim of the program is to manage all respiratory patients by providing emergency management, referral & feed-back. So all the HP & PHC are selected for implementation & three hospitals namely Patan Hospital, Anandaban Leprosy Hospital & KIST Medical College and Kapilbastu district hospitals are selected for referral. In addition to Lalitpur district the next year plan to expand PAL activity in Kapilvastu district.

9 PPM (Public Private Mix)

GoN has been adapted New Stop TB Strategy on 2006 & within that strategy one of the component is Engage all the private sectors in NTP. Till now almost hundred private & semi-private health institutions are already within the NTP mainstream & this year formulated to engage more private sectors to carry NTP rules & regulation to make correct TB diagnosis, management & compliance. This year PPM national working group was formulated, policy & strategic guidelines were documented. PPM workshop was carried in 10 private health institutions including medical colleges.



The next year plan is to make PPM IEC materials, trained basic health workers including Medical Doctors, drug retailers & other non medical personnel. In urban sector more than half respiratory patients are managed & treated by private practitioners thus PPM rectification is go to urban settings. So NTP has plan to extend PPM activities in Kathmandu, Lalitpur, Bhaktapur, Biratnagar, Pokhara, Nepalgunj & Kanchanpur cities.

10 SUPERVISION AND MONITORING POLICY

Supervision and monitoring is carried out during regular supervisory visits as of the NTP policy. In addition to supervision and monitoring, quarterly reporting of activities is carried out in the regular planning and reporting workshop at various levels as shown in table below. The NTP has introduced a computerized feedback system as part of its monitoring activities.

11 LOGISTIC SUPPLY SYSTEM

The National Tuberculosis Control Programme provides all drugs and other logistic supplies on a regular basis. In order to avoid supply shortages and stock outs of drugs the NTP has developed a drug ordering system that uses the trimesterly reporting meetings for clinic staff to calculate their requirements based on trimesterly utilization and buffer stocks requirements. Each level has to maintain 2 to 6 months additional buffer stock to prevent stock out. In order to improve compliance in taking medicines, and in order to protect rifampicin, the NTP has switched over to FDC drugs with HR and HE combination. This has also reduced the amount of tablets patients have to take. The buffer stock kept out at regional level has been increased from 4 to 6 months in order to guard against shortages caused by delays in delivery from national level due to unforeseen natural and other disturbances.



Issues/Problems, Constraints and action to be taken (raised in annual performance review meeting 2066/67, DoHS)

Problems/Constraints	Actions to be taken	Responsibility
No sanction post of Chest physician at National, Regional and Zonal level hospitals	Create chest physician post at national and regional level hospitals.	MoHP/DoHS
Lack of culture facilities at regional level	Establish culture facilities at regional level.	MoHP, DoHS, NTC, NPHL, RHD
No post for Quality Control assessors at regional level	Sanction at least a post for quality control assessor at regional level	MoHP, DoHS, NTC, NPHL, RHD
No chest hospital at National Level	Established national level TB hospital	MoHP/DoHS

LEPROSY CONTROL PROGRAMME

1. BACKGROUND

For ages, leprosy has been a disease causing public health problem and has been a priority of the government of Nepal. Thousands of people have been affected by this disease and many of them had to live with physical deformities and disabilities. Activities to control leprosy in an organized and planned manner were initiated only from 1960. According to a survey conducted in 1966, an estimated 100,000 leprosy cases were present in Nepal. Dapsone monotherapy treatment was introduced as a Pilot Project in the Leprosy Control Program. Nepal Leprosy Control Program was started in the country in 1966. Multi Drug Therapy (MDT) was introduced in 1982 in few selected areas and hospitals of the country. By this time, the number of registered leprosy cases had reached 21,537 with a Prevalence Rate (PR) of 21 per 10,000 population. Sixty-two districts of the country had PR of over 5, while only three districts had PR less than 1 per 10,000 inhabitants. The programme was integrated into the general health services in 1987. By 1996 MDT was expanded to all 75 districts.

The country conducted Leprosy Elimination Campaign in 1999 (LEC-1) and again in 2001 (LEC-2) which was an active case detection activity. In high endemic pockets special interventions were undertaken for case finding. Community mobilization and participation during LEC contributed to voluntary case reporting due to reduction of stigma and discrimination against leprosy affected persons. High cure rates through flexible and patient-friendly drug delivery systems were ensured. Monitoring and supervision of the activities were undertaken to keep track of progress towards elimination. All initiatives were coordinated amongst the national, international and local non governmental organizations. Specialized care for leprosy affected persons was provided in Leprosy hospitals and referral clinics run by NGOs and the government. The major partners supporting the program have been Sasakawa Memorial Health Foundation, The Nippon Foundation, World Health Organization, Netherlands Leprosy Relief, The Leprosy Mission, International Nepal Fellowship and Nepal Leprosy Trust. World Health Organization is an important stake holder in leprosy control in Nepal. It has been providing technical, financial and material supports (including MDT drugs) to the program as requested by GoN from time to time in line with the WHO country cooperation strategy.

Vision

To usher in a leprosy free society where there are no new leprosy cases 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 the burden of leprosy and to break channel of transmission of leprosy from person to persons 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 UNDERTAKEN DURING FY 2066/67 (2009/20010)

MDT Service Delivery

During the F/Y 2066/67 3,157 new leprosy cases were detected and 6,293 cases received treatment with MDT. 3,844 cases completed treatment with in the fiscal year and were made RFT. Secondary and tertiary care was provided to the needy leprosy patients through the existing network of referral centers through the support of supporting partners. MDT and anti reaction drugs were freely available in the country throughout the year.

Capacity Building

Comprehensive Leprosy training was provided to new recruits.. Refresher Training was provided to health workers providing service in the endemic and low endemic districts. Similarly, orientation to FCHVs is an ongoing activity. At present, each and every health facility has more than one staff trained in leprosy.

Information Education and Communication

To enhance community awareness, passive case detection and to reduce stigma, IEC activities were undertaken on a regular basis using electronic and non electronic media. During the year, relevant messages were broadcasted using mass media. Posters and leaflets were printed and distributed. Leprosy message were disseminated as wall painting in 25 places, in the form of street drama in 11 places of endemic districts.

World Leprosy Day

World leprosy day was celebrated in national, regional & district level by interaction with different groups, procession, rally, and talk program,

Program monitoring & follow-up workshop at PHC/HP level

During the year, 3 monitoring workshops were organized in 19 endemic districts once in every four months. Personnel from SHPs/HPs/PHC met at Ilaka level to compile and aggregate data, discuss problems faced in the field and to share their experiences. Facilitators from LCD, district/regional health directorates, supporting partners assisted the staff in these meetings. Presentations on relevant topics were also made during these meetings.

Four monthly performance review workshop at central level

The workshop is held every four months at LCD to assess the outcome & monitoring of the program. The workshop is chaired by Director of the Leprosy Control Program. RTLOs, representatives from LMD and HMIS section, regional statistical officers, INGO partners and WHO attend the workshop. During the workshop hindering factors are identified (if any) and measures are suggested to address it.

District and Regional Review Meetings

Regular Review Meetings were held once in every 4 months at district and regional level. During these meetings aggregated data was presented and discussed. Administrative issues were attended to. Activities that are to be undertaken in near future were presented and the details regarding their implementation were discussed and agreed upon.

Patients & patients neighbor family examination

This activity was introduced into the programme in the current fiscal year. In the Index case based approach HW/ FCHV's visit every household of a newly detected leprosy case and their neighbor using the chase card (pictorial card). They examine all household family members for any signs and symptoms of leprosy and refer suspected case of leprosy to nearest health institution for confirmation of diagnosis, treatment management. During this year 100 percent targeted households were covered through this activity.

School Health Education

This activity target mainly secondary level school students. The main objective of this activity is to aware students and teachers about early sign and symptoms of leprosy, benefits of early treatment and options of treatment available at treatment facilities. 100% targeted schools were covered during the year.

Procurement of Anti-Reaction Drugs & MDT Logistic

MDT stock management remained quite satisfactory throughout the year. There was no discontinuation in treatment of leprosy cases due to shortage of any type of MDT blister packs. The programme will continue the current practice of supplying MDT once in every four month... Currently; sufficient stock of MDT is available at the national, regional and district level to meet the needs. Apart from MDT supplied, free of cost by WHO, GoN had purchased and distributed

300,000 Prednisolone tablets during the year for treatment of reaction cases in the whole country.

Publications

During the year, Leprosy Control Division published its annual report 2065/66 (2008-2009) containing the salient features of the current leprosy situation, activities undertaken during previous year, achievements and obstacles faced by the program.

Health Management Information System (HMIS)

Data generation, compilation, aggregation, and report submission were timely through out the year. Consolidated data was received at every 4 months at districts, regions and center. Feedback on vital issues that had emerged was provided to specific programme area during the review meetings.

Skin Camp

This activity was focused in high endemic districts to detect early leprosy cases. During fiscal year, 30 camps were conducted in 10 different endemic districts.

Disadvantage group program

This activity was conducted to access the unreached community (Dalit, Janajati and other disadvantaged group). Stigma reduction and motivation for active participant in the leprosy control activity and services of the community were focused. During this fiscal year this activity was conducted in 100 places of different districts. In some places and the community identified suspected cases and refer them to near the health institutions for diagnosis & treatment.

Case validation & updating of records

This activity was designed to correct operational errors like over diagnosis, re registered, removal of non existing cases from the prevalence pool, and over stay in treatment.

This activity covered 15 endemic districts namely, Dang, Kanchanpur, Dhanusha, Mahottari, Sarlahi, Sindhuli, Rautahat, Siraha, Saptari, Jhapa, Rupandehi, Kapilvastu, Nawalparasi, Banke & Bardiya.

Supervision and Monitoring

To provide technical guidance to the staff at peripheral health facilities and district health offices, supervisory visits were undertaken regularly by the staff of LCD, Regional Health Directorate (RHD) and District Health Offices (DHO). A part from the budget made available by GoN for this activity, additional funds were also provided by WHO, NLR and other supporting partners. Additional technical support through supervisory visits was also provided by the staff of WHO, NLR, NLT, INF, Anandaban Hospital & other supporting partners.

Other significant events of the year

During the Fiscal Year 2066/67 various events took place in LCD among which following are the major ones that took place at the central level:

- **Declaration Ceremony of Elimination of leprosy as a public health problem in Nepal**, 19th January 2010, Declaration by Hon' Minister for Health and Population.
- The Regional Leprosy Program Review Meetings were held in all five regions of the country. The meetings were participated by the DTLOs of all districts, regions and centre.
- Three (4 monthly) RTLO meetings have been held at LCD.
- The Health Education Advisory Committee was held at LCD.
- Leprosy Control Division celebrated the World Leprosy Day.
- Participation of marginalized group activities on leprosy elimination program in endemic district of eastern & far western regions.

Centre level activities carried out during 2066/67 (2009/2010)

(Budget'000 Rupees)

Activities	Unit	Target	Achiev	Budget	Expend.
Quarterly performance review meeting	Times	3	3	231	231
Quarterly GoN/NGO coordination meeting	Times	3	3	21	21
Annual Report publication	Copy	200	200	30	30
Information on program at national level	Times	1	1	50	40
Supervision Monitoring central level	Times	60	60	792	792
Extra program for LCP	District	11	11	3000	3000
Program for visit	Times	6	6	50	50
Capacity building to BHS staffs for Referral services	Person	10	10	150	138
purchase & distribution of equipment for referral services	Place	5	5	150	141
Technical follow up from expertise to referral services	Times	5	5	200	150
Television message production	Spot	3	3	150	150
Radio message production	Piece	50	50	150	150
Printing message production	Piece	5	5	120	120
Message telecast through television	Times	60	60	1500	1100
Message broadcast through Radio/FM	Times	200	200	300	300
Message dissemination through newspaper	Times	6	6	600	600
Poster printing	Copy	15000	15000	150	150
Leaflet printing	Copy	40000	40000	150	150
Chase card printing	Copy	10000	10000	300	300
Fillip chart printing	Copy	400	400	400	400
Celebration of World Leprosy Day at national level	Times	1	1	500	500
National H. Ed. Advisory Committee meeting	Times	2	2	16	16
Anti reaction and complication management drug Purchase	Times	1	1	1000	1000
MDT management	Times	3	3	125	125
Celebration of World Leprosy Day at regional level	Region	5	5	50	50
Quarterly performance review meeting at regional level	Region	12	12	843	843
Evaluation of leprosy endemic districts	Times	2	2	64	64
Technical follow up for ongoing leprosy elimination program from regional level	Person	60	60	660	660
Comprehensive leprosy training	Person	50	50	461	460

Activities	Unit	Target	Achiev	Budget	Expend.
Refresher training		60	60	322	272
Office Expenditure				878	878
Grant for leprosy patients	Times	3	3	1000	1000
				Office Expenses	878
				Total	14413
					13831

Centre level activities carried out during 2066/67 (2009/2010)

(Budget'000 Rupees)

Activities	Unit	Target	Achievement	Budget	Expenditure
Supervision/monitoring	Times	2700	2700	5100	5000
Program monitoring & review workshop of PHC & HP level	Times	3	3	5100	5100
Record report update	District	20	20	360	360
Workshop of HI focal person	District	10	10	520	520
Contact examination of Index cases	Family	180000	180000	5400	5300
Skin camp	Place	30	30	1500	1500
Marginalized group activities	Place	100	100	2200	2200
IEC through community & NGOs	Place	51	50	545	534
School health education program	School	1660	1660	2324	2280
Celebration of World Leprosy Day	District	75	75	585	585
Street Drama	District	11	11	550	550
IEC through local electronic media	Times	1710	1710	1020	1020
Wall painting	place	275	275	550	550
				Office Expenses	270
				Total	26024
					25769

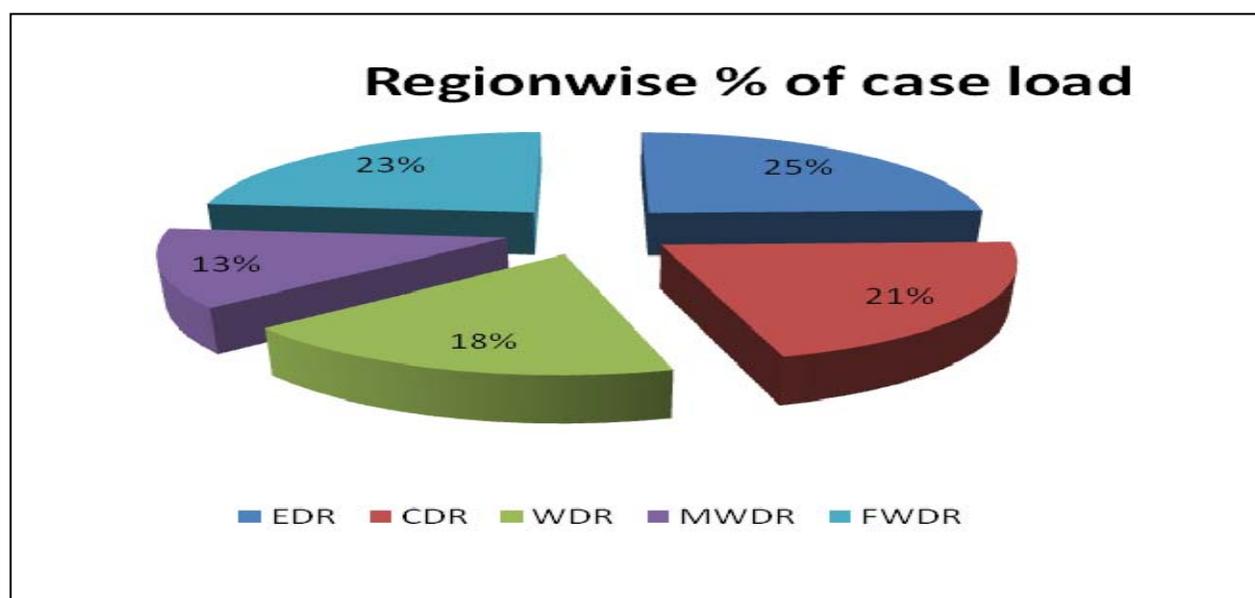
Current Leprosy Situation, Achievements & Disease Trend Prevalence

Disease prevalence further decreased during the current fiscal year. The decline is demonstrated in Table I. By end of the FY there are 2104 cases receiving treatment for leprosy in the country.

Leprosy elimination has also been achieved at regional level. The highest number of leprosy cases receiving treatment (757) is in the central region followed by eastern region (577). PR is highest in the Eastern Development Region 0.92 per 10000 population followed by far-western region (0.88/10000 population). Besides the registered PR, new case detection proportion of children among new cases, Disability of Grade II among new cases is also shown in table 1.

Table: 1 National & Region-wise PR, NCDR, Child Proportion and Deformity Grade II in FY 2066/67 (2009/2010)

Region	No. of Regd. Pts at the end of this year			PR	New Case	NCDR	Among new Pts.	
	MB	PB	Total				Child Prop.	DG II Prop.
National	1409	695	2104	0.77	3157	1.15	6.72	2.72
EDR	405	172	577	0.92	891	1.42	7.63	2.69
CDR	434	323	757	0.76	1205	1.25	7.22	3.32
WDR	270	95	365	0.68	492	0.91	4.27	1.02
MWDR	140	33	173	0.48	278	0.78	4.32	1.08
FWDR	160	72	232	0.88	291	1.11	8.25	4.81

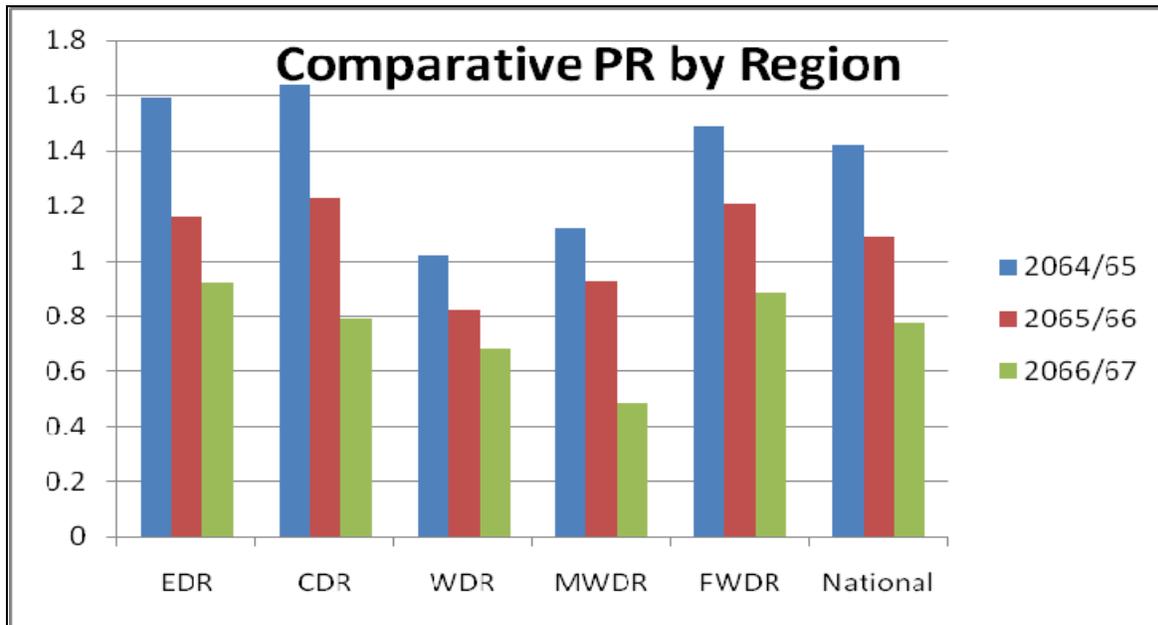


In the beginning of the year the number of the cases on the register was 3009 and by the end of the year this number has come down to 2104 cases. The prevalence rate thus has come down from 1.09 to 0.77 per 10 thousand populations.

Table 2 shows the prevalence rate of leprosy during last three years period by development regions. In the FY 2064/65 the PR was observed at 1.42/10.000 population and reduced to 1.09 by the year 2065/66 at national level. The highest PR was observed in the Central and Far western development region compared to other 3 regions.

Table 2: Comparative Prevalence Rate by National & Development Region

Region	2064/65 (2007/2008)	2065/66 (2008/2009)	2066/67 (2009/2010)
National	1.42	1.09	0.77
EDR	1.59	1.16	0.92
CDR	1.64	1.23	0.79
WDR	1.02	0.82	0.68
MWDR	1.12	0.93	0.48
FWDR	1.49	1.21	0.88



New Case Detection Rate (NCDR)

During the fiscal year 2066/67 (2009/2010) 3,157 new leprosy cases were detected. One third of these new cases 32.62% were female and the children constituted 6.71% of the new cases registered. 50.01% percent of these new cases were grouped under Multi Bacillary leprosy. The New Case Detection Rate for the fiscal year 2066/67 was 1.15/10,000 and is showing steady decline. Below table shows the number of cases detected along with the NCDR in all the five development regions of Nepal.

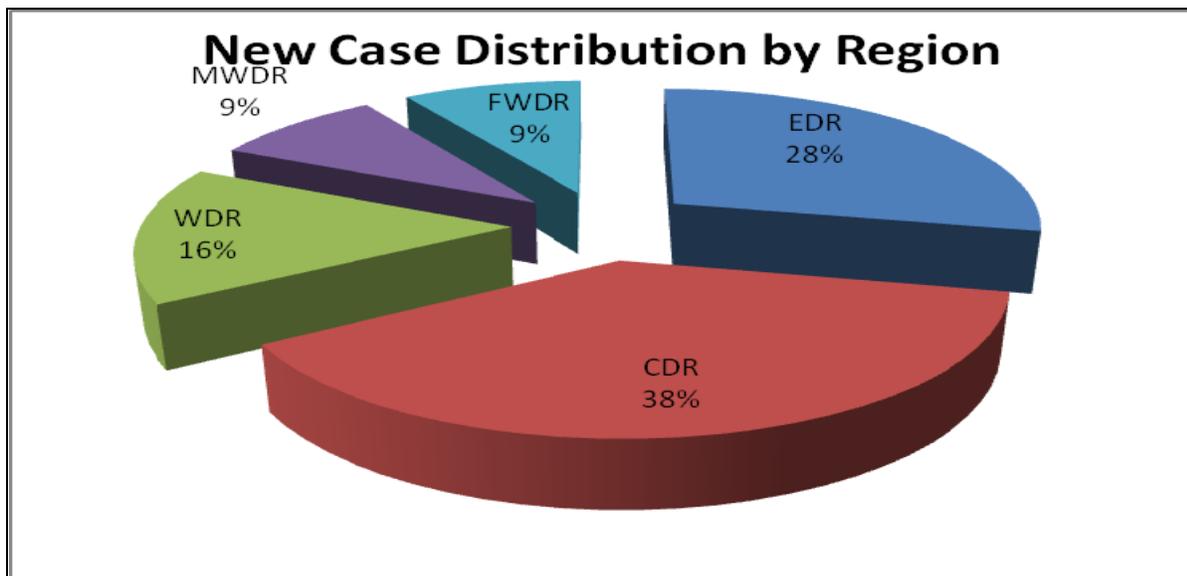
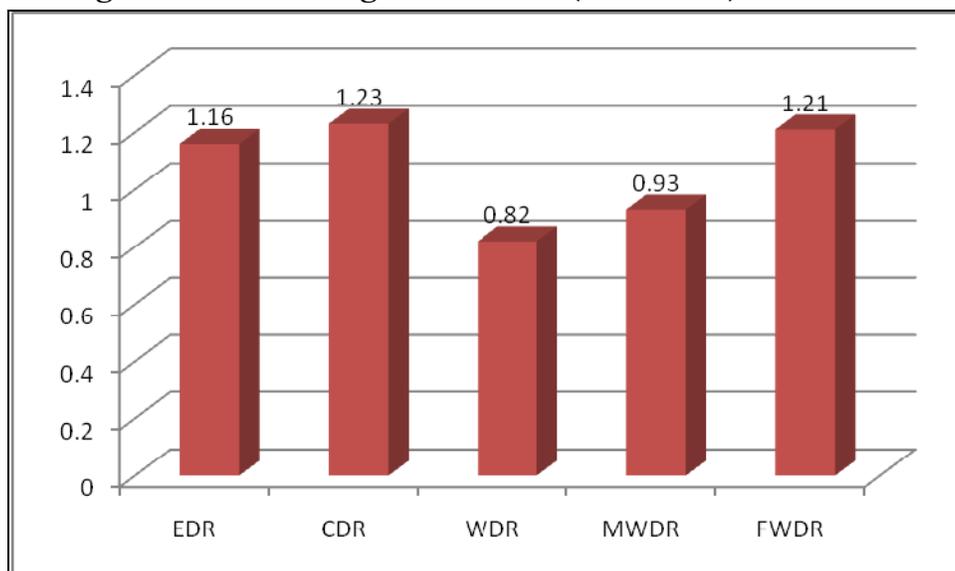


Table 3: Cases detected and NCDR in National and Development Regions FY 2006/67 (2009/2010)

Indicators	National	EDR	CDR	WDR	MWDR	FWDR
New cases	3,157	891	1,205	492	278	291
NCDR	1.15	1.42	1.25	0.91	.078	1.11

Region-wise Registered PR during FY 2066/67 (2009/2010)



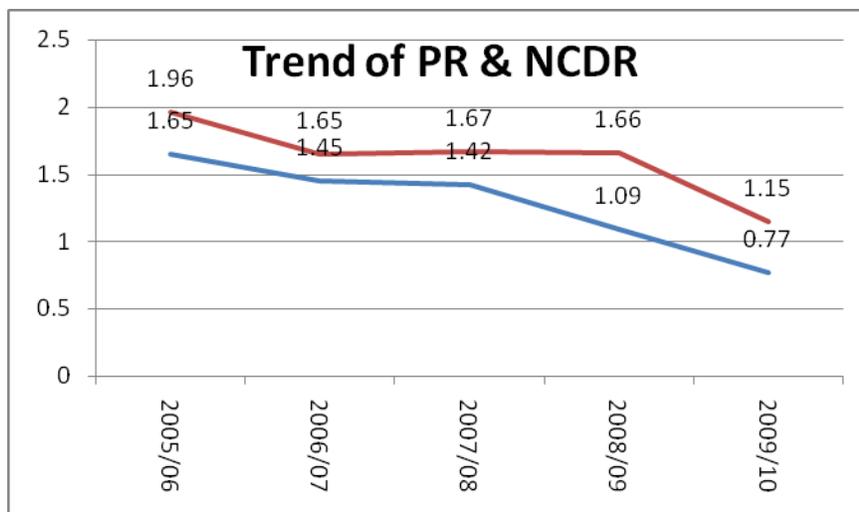
Disability rate

The Grade II disability among new cases detected in this financial year was highest in the far-west region (4.81) and lowest in western region (1.02). Overall disability G II at national level was 2.72%, which is shown below (Table4).

EDR	CDR	WDR	MWDR	FWDR	National
2.69	3.32	1.02	1.08	4.81	2.72

Trend at national level as indicated by prevalence rates and new case detection rates is shown in Graph.

The decline trend is seen in PR and NCDR during the year 2005/06 to 2009/10. The PR over last 5 years reflects a declining trend. By the end of year 2066/67 PR had declined from 1.65 to 0.77. As a result number of irregular patients, defaulters as well as MDT completion rate will improve further.



Outcome of the cases registered

During the Fiscal Year 2066/67 a total of 3844 (MB 1947 and PB 1897) cases had completed treatment and were removed from treatment. This is 61.08% of the total cases receiving treatment considered cured. The remaining cases are undergoing treatment. Total transferred out cases were 29, number of defaulter cases was 25 and other deductions were 291 (other than defaulters and transferred outs), which include death, double registration and wrong diagnosis. The number of patients who restarted MDT in the current year was 38.

Table 5: Number Cases Released from Treatment (RFT), by Region FY 2066/67 (2009/2010)

National and Region	MB	PB	Total
National	1947	1897	3844
Eastern Development Region (EDR)	480	511	991
Central Development Region (CDR)	657	896	1553
Western Development Region (WDR)	343	203	546
Mid-western Development Region (MWDR)	259	129	388
Far western Development Region (FWDR)	208	158	366

Table 6: Five years comparison of Leprosy Indicators FY 2006/2007 to 2009/2010

Indicators	2005/2006	2006/2007	2007/2008	2008/2009	2009/2010
New patients	4991	4317	4483	4565	3157
RFT	5793	4674	4434	4849	3844
Defaulter	99	83	70	41	25
UT at the end	4213	3787	3817	3009	2104
New child	330	266	272	282	212
Female	2059	1307	1402	1479	1030
NCDR	1.96	1.65	1.67	1.99	1.15
PR	1.65	1.45	1.42	1.09	0.77
Female %	41.25	30.28	31.3	32.4	32.6

Table 7: Distribution of districts according to Endemicity

Fiscal Year	PR < 1				PR 1 to 3				PR > 3			
	06/07	07/08	08/09	09/10	06/07	07/08	08/09	09/10	06/07	07/08	08/09	09/10
EDR	11	11	11	13	3	5	5	3	2	0	0	0
CDR	12	11	11	13	3	7	6	6	4	1	2	0
WDR	11	10	13	13	5	6	3	3	0	0	0	0
MWDR	8	8	12	15	7	7	3		0	0	0	0
FWDR	2	2	7	8	6	7	2	1	1	0	0	0
National	44	42	54	52	24	32	19	13	7	1	2	0

Treatment Compliance (Cohort Analysis)

The proportion of new patients who complete their treatment on time is an indication of how well the leprosy patients are being served by the health services. The rate is calculated separately for PB & MB patients as a cohort analysis. A cohort is simply a group of patients who all started treatment in the same batch, usually in the same year.

During the fiscal year 2064/65 (2007/08) total 2302 MB patients & 2380 PB patients were registered. Among the registered MB cases 2174 (94.44%) and 2286 (96.9%) PB has completed treatment with in the given time frame. In this period 33 MB & 34 PB cases defaulted. A detail of the information is shown on table. The treatment completion rate this year is satisfactory.

Cohort Analysis Report for MB Patients FY 2066/67 (2009/2010)

Regd. Period: 2064/65

Region	Total Regd. Ptd.	RFT	%	Defaulter	%	Other Deduction	%	Still on Treatment
National	2302	2174	94.44	33	1.43	53	2.30	0
EDR	680	661	97.21	1	0.15	17	2.50	0
CDR	710	671	94.51	21	2.96	18	2.54	0
WDR	371	343	92.45	2	0.54	5	1.35	0
MWDR	288	259	89.93	4	1.39	5	1.74	0
FWDR	253	240	94.86	5	1.98	8	3.16	0

Cohort Analysis Report for PB Patients FY 2066/67 (2009/2010)

Regd. Period: 2065/66

Region	Total Regd. Ptd.	RFT	%	Defaulter	%	Other Deduction	%	Still on Treatment
National	2380	2287	96.09	34	1.43	59	2.48	0
EDR	666	645	96.85	0	0.00	21	3.15	0
CDR	1065	1024	96.15	30	2.82	11	1.03	0
WDR	240	238	99.17	0	0.00	2	0.83	0
MWDR	195	177	90.77	1	0.51	17	8.72	0
FWDR	214	203	94.86	3	1.40	8	3.74	0

PROBLEM AND CONSTRAINTS & ACTION TO BE TAKEN

SN	Problem/Constraints	Possible recommendation/ suggestion	Responsibility
1	Non-existing (Cross Boarder Issue) cases on prevalence pool	Patients Verification	MoHP/DoHS/ LCD
2	Double reporting of cases at the place of diagnosis and at residence HF level	Record Update and clearance	RHD/DPHO
3	Still high prevalence in some districts	Patients Counseling Intensification of contact screening	MoHP/DoHS/ LCD-WHO

TARGET FOR 2067/68 (2010/2011)**TARGET FOR FY 2067/68 CENTRAL LEVEL ACTIVITIES**

(Budget '000 Rupees)

Activities	Units	Target	Budget
Leprosy Basic Training	Times	10	1,500
Capacity building to health worker & referral services	Times	20	400
MDT management	Times	3	210
Purchase & distribution of supportive device for disable leprosy affected people	Times	1	1,510
Purchase of complication management drugs & equipment for referral centers	Times	1	1,000
Disability survey due to leprosy	Times	1	868
Special intervention program in PR > 1 endemic districts	district	16	1,500
Annual report publication	Copy	200	30
Message telecast through television	Times	50	1,000
Message broadcasting through Radio/FM	Times	200	500
Message dissemination through newspaper	Times	1	100
Poster, leaflet, chase card, filip chart Printing	Copy	1	300
World Leprosy Day celebration at centre & regional level	Times	1	500
4 monthly performance review meeting central & regional	Times	3	1,170
4 monthly coordination meeting with supporting partners	Times	3	30
Follow up of referral service by expertise	Times	10	200
Program Supervision, monitoring & follow up central & regional level	Times	75	1,500
Grant for leprosy patient of Khokana Leprosarium & other groups	Times	3	1,200
		Total	17,399

TARGET FOR FY 2067/68 DISTRICT LEVEL ACTIVITIES

Activities	Units	Target	Budget
2 days program orientation for BHS staff	Times	10	1000
Patients & patients neighbor family examination	Person	195,000	6,825
Transportation for RFT patients	Person	3,000	3,000
Skin Camp	Times	16	800
Leprosy message broadcasting through local FM	Times	2,000	1,200
Flex Board	Copy	300	500
Street Drama	Times	150	750
School health education program	School	1,660	2,500
Marginalized group participatory program	Group	150	3,300
World Leprosy Day celebration	Times	75	750
District, PHC, HP level Program monitoring & follow up	Times	3	5,100
Supervision & Monitoring	Times	2,700	3,500

AIDS and STD Control

1. BACKGROUND

Since the detection of the first AIDS case in 1988, the HIV epidemic in Nepal has evolved from a low prevalence to concentrated epidemic. As of 2009, national estimates indicate that approximately 63,528 adults and children are infected with the HIV virus in Nepal, with an estimated prevalence of about 0.39% in the adult population. As at Asar 2067, a total of 16,138 cases of HIV out of them 6,754 advanced HIV infection cases had been reported to the National Centre for AIDS and STD control (NCASC).

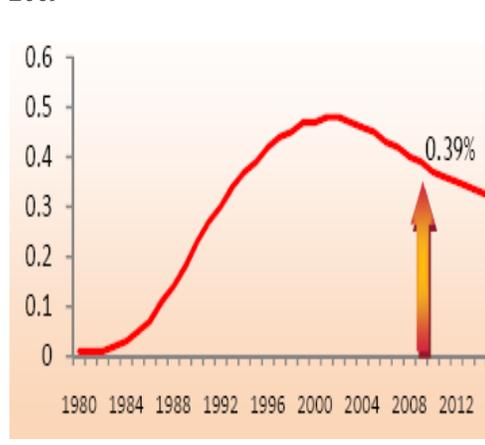
Nepal is categorized as a “Concentrated” epidemic country with some of the sub population groups (IDUs) having more than 5% of prevalence. As in other countries in the region, IDUs, MSM and FSW are the groups most at risk with highest HIV prevalence. Majority of HIV cases have been estimated from labor migrants (29.5%) and increasing numbers of HIV are occurring among their wives (a combined 28% of HIV cases in low-risk women in rural and urban areas). Of all adults estimated to be living with HIV, a major proportion of HIV infections have consistently been among migrant workers travelling to India for work. Clients of sex workers account for 19% of HIV infections in 2005, 15% in 2007 and 5% in 2009. Spouses or female partners of migrant workers and clients of sex workers, now account for 28% of all adult infections.

Table 4f.1: Estimation of HIV infections by risk group (2009)

Population sub-groups (15+ years)	Total infection	% share
IDU	2,534	4.2
MSM	3,699	6.2
Female Sex Workers	605	1.0
Clients of Sex workers	2,996	5.0
Labor migrants	17,653	29.4
Remaining low risk males	15,697	26.2
Remaining low risk females	16800	28.0
Grand total	59,984	100.0

Source: National Estimates of HIV infection, 2009, NCASC

Fig 4f.1: Adult (15-49) HIV Prevalence, 2009



1.1 NATIONAL RESPONSE

History of Nepal’s response against HIV/AIDS begun with the launching of first National AIDS Prevention and Control Program in 1988. In 1995, a National HIV/AIDS Policy with 12 key policy statements and supportive structures like National AIDS Coordination Committee (NACC) and District AIDS coordination Committee to guide and coordinate the response at central and district level was endorsed. As directed by the National HIV/AIDS Policy a multi-sector National AIDS Coordinating

Committee (NACC) chaired by the Minister of Health, with representation from different ministries, civil society, and private sector was established at centre to build the coordination mechanism to support and monitor the activities implemented through NCASC. Similarly, DACC was established to coordinate and monitor the activities at district level.

In 2002 a National AIDS Council (NAC) was established, chaired by the Prime Minister, to raise the profile of HIV/AIDS. The NAC was intended to set overall policy, lead highest level advocacy, and provide overall guidance and direction to the national HIV/AIDS program.

As a signatory to the Millennium Development Goals, Nepal has expressed its commitment to combat HIV and AIDS issues and achieve universal access of HIV and AIDS services for its people. Country has thus initiated strategic interventions to scale up national response. The first National HIV/AIDS Strategy (2002-2006) and incorporating the issue into the tenth five year plan for the effective response to the epidemic are milestones.

Table 4f.2: Milestones in Response to HIV/AIDS	
1988	Launched the first National AIDS Prevention and Control Program (short term)
1990-1992	First Medium Term Plan
1993-1997	Second Medium Term Plan
1993	National Policy on Blood safety
1995	National Policy on HIV/AIDS
1997-2001	Strategic Plan for HIV/AIDS Prevention
2000	Situation Analysis of HIV/AIDS-Nepal
2002-2006	National HIV/AIDS Strategic Plan
2003-2007	National HIV/AIDS Operational Plan
2006-2011	New National HIV/AIDS Strategic Plan
2006-2008	National HIV/AIDS Action Plan
2007	National HIV/AIDS and STD Control Board established
2008	National HIV/AIDS Action Plan

1.2 NATIONAL HIV/AIDS STRATEGY (2006-2011)

Lesson learnt from the implementation of the first National Strategy, findings of studies done on dynamics of epidemic in the country and vulnerability/risks considerations have contributed in developing the second National HIV and AIDS Strategy (2006-2011), which focuses on lowering the prevalence of HIV among the most at risk population (MARPs), reducing the vulnerability of young people and providing quality treatment and care to the infected as well as affected people. The subsequent multi-year National Action plans: 2006-2008 and 2008-2011 have further elaborated the specific activities, targets and budgets.

Target focused service delivery is the key strategy for health sector response to HIV/AIDS. The basic service package is made available for all population while specific services are targeted for special groups. The comprehensive package of treatment, care and support includes diagnostic services, ART, treatment of STIs, OI management, CHBC, reduction of stigma/discrimination, support to CABA. These services are channelized through public and private sectors. While prevention programs includes behavioral change communication for MARPs (FSW, Clients, MSM) and ARPs (prison, Uniform services, youths and adolescents); harm reduction programs (IDUs and HDUs);

National Strategy for HIV AIDS, 2006-2011
Strategy components
1: Prevention
2: Treatment, Care & Support
3: Advocacy, Policy & Legal reform
4: Leadership & Management
5: Strategic Information
6: Finance & Resource mobilization

expansion and scaling up of the programs for safe migration and mobility; STIs, VCT, PMTCT services, prevention among health care delivery settings, workplace programs etc.

Table 4f.3: Service Delivery Package based on Target Groups

Strategies/service package	MARPs (and their partners)					ARPs	Vulnerable Popu	PLHA
	IDUs	FSW	MSM	Migrants	STI			
STI/OIs treatment	√	√	√	√	√	√As per need and referral	√ As per need	√
Comprehensive Harm Reduction, treatment and Rehabilitation	√	√						√
Treatment (ARV/OI)								√
Care and Support (Nutrition prg, clinical care, HBC)								√
PMTCT	√	√		√	√	√As per need and referral	√ As per need	√
Universal Precaution							√ As per need	√
TB Co-infection	√				√			√
Livelihood Program	√	√						√
Basic Minimum Package available to all groups: BCI interventions (Life Skills, peer-education, health promotion, mass awareness), Condoms, VCT, STI referral, Blood Safety								
MARPS: Most-at-risk population PEP: Post Exposure Prophylaxis			SW: Sex Workers MSM: Men having sex with men			ARPS: At-risk population IDUs:Intravenous Drug Users		

The National HIV/AIDS Strategy (2006-2011) and National HIV/AIDS Action Plan (2008-2011) are an essential component of current national response in the country. The *National HIV/AIDS Strategy (2006-2011)*, will guide the future HIV and AIDS response in Nepal. Consistent with the goals of Universal Access, the overall goals of the national strategy are to;

By 2011

- ❧ ensure coverage of 70-80% of most at risk populations (injecting drug users, sex workers, men who have sex with men, migrants and STI patients) with prevention programs and reduce the number of new HIV infections occurring among the general population,
- ❧ ensure universal access to quality treatment, diagnostics, care and support services for infected, affected and vulnerable groups in Nepal within a context of a comprehensive response to HIV and AIDS,
- ❧ implement a comprehensive legal framework on HIV/AIDS to promote human rights and establish HIV/AIDS as a development agenda,
- ❧ enhance leadership and management at national and local levels for an effective response to HIV and AIDS,
- ❧ improve the collection and use of strategic information for planning and implementation to guide an effective response,
- ❧ Increase sustainable financing and effective utilization of funds.

Six key programs areas and strategic outcomes have been identified within the strategy as follows:

1.2.1 Prevention

- ✚ improved knowledge and safe behavioral practices of all target groups (safer sex and injecting practices),
- ✚ increased availability and access to appropriate and differentiated prevention services,
- ✚ increased acceptance of HIV/AIDS and enhance non-discriminatory practices affecting marginalized and most at risk populations,
- ✚ Reduced risk and vulnerability to HIV infection of all target populations.

1.2.2 Treatment care and support

- ✚ increased national capacity to provide quality diagnostic, treatment and care services,
- ✚ increased availability of appropriate and differentiated care and support services to infected, affected and vulnerable populations,
- ✚ increased involvement of private sectors, civil societies, communities and family for treatment, care and support to infected, affected and vulnerable groups,
- ✚ increased importance of the role of support groups of infected, affected and vulnerable people in treatment, care and support,
- ✚ established and monitored continuum of prevention to treatment, care and support,
- ✚ standardized clinical care, ART, OI and PEP services both in the public and the private sectors,
- ✚ Impact mitigation strategies and programs in place, adequately resourced and accessed equitably by the infected, affected and vulnerable groups.

1.2.3 Advocacy, policy and legal reform

- ✚ HIV/AIDS prioritized as national development agenda and included in 11th Five Year Plan as program under the social sector,
- ✚ rights of infected, affected and vulnerable groups insured through an effective legislative framework,
- ✚ networks of PLHA and most at risk populations operational,
- ✚ HIV/AIDS response decentralized and coordinated,
- ✚ Multi-sectoral response to HIV/AIDS strengthened and expanded.

1.2.4 Leadership and management

- ✚ operationalized national strategy through the National Action Plan,
- ✚ active champions and leaders at the societal, institutional and individual levels for the HIV/AIDS response,
- ✚ mainstreamed HIV/AIDS programs in all development sectors,
- ✚ enhanced social inclusion, equitable access and gender equality to AIDS services,
- ✚ co-ordinated and decentralized response to HIV/AIDS.

1.2.5 Strategic information

- ✚ trends and changes in HIV prevalence and HIV and STI related risk behaviours among different risk groups tracked over time and across regions in Nepal;
- ✚ effectiveness of HIV prevention and care interventions and activities monitored and evaluated;
- ✚ all aspects of key programme service delivery areas effectively monitored and evaluated;
- ✚ programme coverage and service delivery assessed by target group;

- resources inputs and outputs contributing to the programme monitored.

1.2.6 Finance and resource mobilisation

- 100% of funding mobilized for the implementation of the multi-year National Action Plan from the Government, development partners, NGOs and private sector organizations,
- by 2009, government investment in AIDS activities be at least 5% of the total HIV/AIDS program budget, and by 2011, at least 10%,
- appropriate multi-sectoral resource allocation under the relevant line ministries,
- an efficient and coordinated financial management system,
- timely and improved resource flow,
- improved accountability at all levels.

1.3 NATIONAL ACTION PLAN (2008-2011)

Nepal is committed to implementing the "Three Ones" principle through coordinated actions between different sectors in order to scale up the response to the AIDS epidemic in the country. The present National Action Plan (NAP) is an agreed one framework which provides broad strategic guidelines for the implementation of various activities by multiple partners.

The NAP (2008-2011) is a continuation of the framework developed under the National HIV/AIDS Strategy (2006-2011) which has been in effect for the past two years. Past experiences have formulated new directions for the response including scaling up, decentralized multisectoral approaches and targeted interventions. In order to effectively implement these new responses, a better understanding of the epidemic dynamic in Nepal is necessary for all partners involved. Functional cooperation is mandatory at all levels between all partners to effectively translate the national vision into action.

National Action Plan (2008-2011) reflects the total budget (of three years) as 128 million dollar; for the first year 36 million, 42.8 million and 48.2 million for second and third year respectively. Prevention program accounts for the highest proportion of the total budget at 83%, this reflects the urgency and prioritization of addressing a concentrated epidemic as per recommendation of the AIDS Commission report of Asia. The budget for treatment, care and support is approximately 12.5% of total budget.

1.4 COMMITMENTS

The *3 year Interim Plan (2064/65-2066/67)* identifies the HIV epidemic as a high priority program in the health sector. The plan focused on the need for prevention programs, within a broader program that addresses the needs for the treatment, care and support of PLHA. The Government has also committed to various global initiatives such as the UNGASS Declaration, the Millennium Development Goals, the Universal Access initiative and the Three Ones principles. The *National HIV/AIDS Strategy (2006-2011)* aims at achieving all HIV and AIDS commitments and targets included within these initiatives.

1.5 EPIDEMIC ANALYSIS

To ensure that Nepal effectively and appropriately responds to the epidemic and to ensure evidence informed planning and implementation of HIV and AIDS response programmes, it is crucial to understand the burden of the epidemic. As such, since 2003, the National Centre for AIDS and STD Control (NCASC) has taken the lead in producing estimates of the number of people living with HIV in Nepal every alternate year in line with the publication of global epidemiological update by UNAIDS and WHO. Prior to 2003, UNAIDS and WHO produced country estimates through indirect methods for

regional and country specific planning purposes. Tracking the HIV prevalence in the country not only allows for appropriate evaluation of the national response to the epidemic, but also helps project targets for future interventions – such as the number of adults and children in need of anti-retroviral (ARV), mothers that require prevention of mother-to-child transmission (PMTCT) services, resource mobilization and advocacy.

The 2009 HIV infections estimates report provides an in-depth description and analysis of issues such as the characteristic of the epidemic in the country, who and how many people are getting infected, how these numbers will help forecast targets for future interventions and finally, what the possible policy implications are.

Estimates of HIV prevalence amongst adults (age 15-49) have been used as the indicator to monitor the impact of interventions carried out to date in the country. These estimates use a range of relevant data sources, including: sentinel surveillance amongst MARPs; surveys of pregnant women attending antenatal care clinics; population-based surveys; routine case reports; and official birth and death records. In other words, they are classified as either (1) population data (such as Nepal National Census and Population Projections and Demographic Health Surveys) or (2) HIV prevalence data (such as Integrated Bio-Behavioral Surveillance surveys).

The National Estimates of Adult (15-49) HIV prevalence of Nepal at December 2009 was 0.39%, amounting for a total of 63,528 people living with HIV in the country. This includes 3,544 children within 0-14 years and 59,984 individuals with age 15 years and above. Women 15-49 accounted for 28.6% of total infected population. Also 7,481 individuals of age 50 years and above living with HIV.

The proportionate distribution of population groups amongst total 59,984 estimated HIV infections of age 15 years and above was as follows: migrants (29.4%); Men who have Sex with Men (6.2%); clients of Female Sex Workers (5.0%); Injecting Drug Users (4.2%); and FSWs (1.0%). Remaining male and female populations, who were classified as low-risk populations, accounted for 26.2% and 28.0%, respectively. Female partners and spouses of MARPs and migrants were included in the remaining female and male categories as they do not fall under any of the MARPs population group.

Although migrants, in the numeric terms, took the largest single share in the total number of estimated HIV infections, IDUs was the population group that had highest (8.9%) estimated HIV prevalence for 2009 followed by MSM (2.6%), FSWs (1.9%), migrants (1.2%), clients of FSWs (0.4%), remaining male (0.2%) and female populations (0.2%)

It is notable that migrants, remaining male and remaining female sub-population groups have contributed the majority in the total estimated number of HIV infection (prevalence pool). This is due to their disproportionately bigger population sizes, in contrast to that of the MARPs. However, the main drivers of the epidemics are, in fact, the MARPs including migrants and clients of sex workers due to their high level of HIV prevalence and behavioral factors that associated with and contributed to HIV transmission.

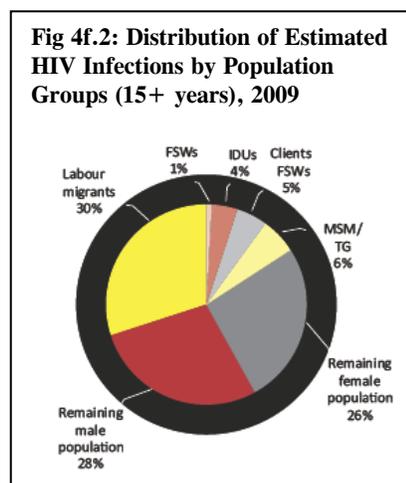
The high prevalence rates among IDUs, MSM, migrants and clients of FSWs signify a clear need to expand the intervention programmes amongst these MARPs. At the same time, the apparent transfer of the HIV load to the remaining male and female populations also necessitates strengthening interventions targeting these vulnerable groups.

The occurrence of largest number of new HIV infections per year (incidence) was estimated to be 6,954 in 1999. After one decade, it was decreased by 31.6% to 4,760 in 2009

As previously mentioned, Spectrum modeling was used to generate impact related results. It showed that approximately 17,000 people are in need of ART, where eligibility is at CD4 count of ≤ 200 , which increases dramatically to 32,267 (in 2011) when eligibility changes to CD4 count of ≤ 350 . Indeed, Nepal is due to follow the recommendation of eligibility change to ≤ 350 , which will result in a 1.6 fold increase in the number of people in need of ART. This factor signals additional human and other resources required to allocate accordingly and the need to increase preparedness in terms of the delivery of institutional mechanisms for timely and adequate provision of ART.

Spectrum also showed that the number of mothers requiring PMTCT prophylactic ART has been declining over the years since 2000 and currently stands at 1,228 (2009). On the other hand, the cumulative number of children living with HIV has increased, clearly indicating the importance of increasing access to PMTCT services that are linked with maternal and child health, reproductive health and family planning services, as HIV amongst children in Nepal is transmitted primarily from mother-to-child.

The total HIV infections estimate for 2009 is 63,528. Out of the total estimated infections, 3,544 are children of 0-14 years age group (5.6%), with the remaining, 59,983 are adults of age 15 years and above (94.4%). Similarly, 7,481 infections are amongst people over the age of 50 years (11.7%). As the epidemic ages and with increased availability of effective Anti-retroviral Therapy for many who need it, an increasing number of people will fall into this category, and without suitable strategies, there will be significant challenges to health systems increasing pressure to make wise people choices. By sex, almost two-thirds of the infections have occurred among males (65%), and around 29% of infections are shared by women in the reproductive age group.



Migrants accounted for 29.4% of total HIV infections in the country followed by remaining females, remaining males, MSM, clients of FSWs, IDUs and FSWs with 28.0%, 26.2%, 6.2%, 5.0%, 4.2% and 1.0% respectively.

Table 4f.4: HIV infections Estimates 2009 by Age Group and Sex

Age Groups	Estimated HIV Infections in Nepal		
	Total	Male	Female
0-4	1,470	754	716
5-9	1,234	633	601
10-14	840	432	409
15-19	2,686	1,514	1,172
20-24	6,733	3,993	2,741
25-29	9,375	5,764	3,611
30-34	10,005	6,480	3,526
35-39	9,373	6,412	2,961
40-44	8,065	5,711	2,354
45-49	6,265	4,482	1,784
50-54	4,107	2,922	1,185
55-59	2,159	1,531	629
60-64	880	632	248
65-69	265	196	69
70-74	55	43	12
75-79	11	9	2
80+	4	3	0
Total	63,528	41,509	22,019

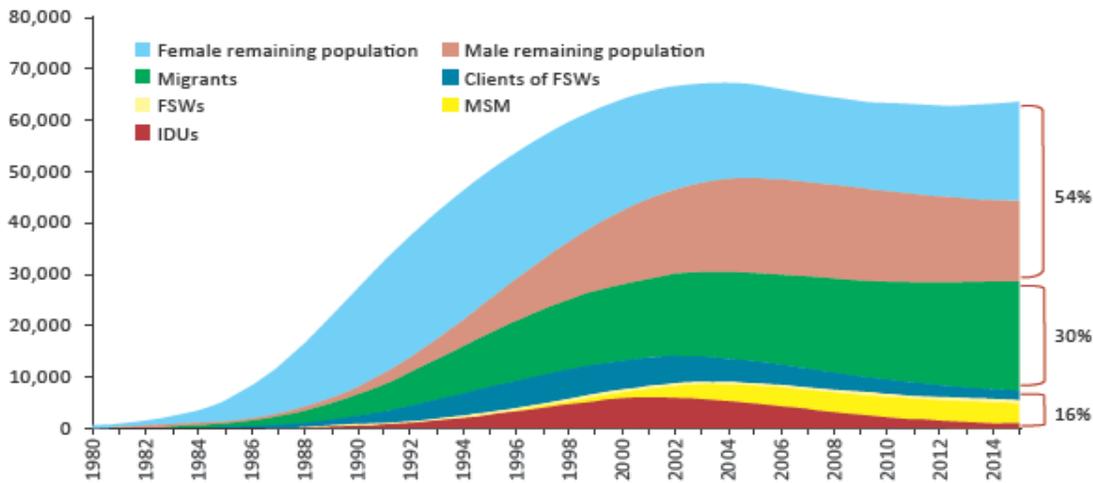
Sexual transmission (through unprotected sex) has remained a dominant mode of HIV transmission since the start of the epidemic in Nepal. Indeed, in 2009, 16% of the total estimated infections were amongst MARPs, whereas low risk male and female populations represented 54% of the infections. Migrants accounted for about 30% of infections.

Although IDUs do not account for the largest share of total estimated HIV infections, prevalence amongst the said group is the highest in comparison to other MARPs, which in 2009 reached 8.9%, followed by MSM, FSWs, migrants and clients of FSWs and remaining male and female populations, with 2.6%, 1.9%, 1.2%, 0.4%, 0.2% and 0.2%, respectively. In terms of the share of total estimated HIV infections, migrants account for the largest with 17,653, followed by remaining females and males, MSM, clients of FSWs, IDUs and FSWs with 16,800, 15,697, 3,699, 2,996, 2,534 and 605 respectively.

It shows more than 90% of HIV infections are occurred through sexual transmission. Albeit large number of infections are among low risk population, the key drivers of the epidemic are the most at risk population groups.

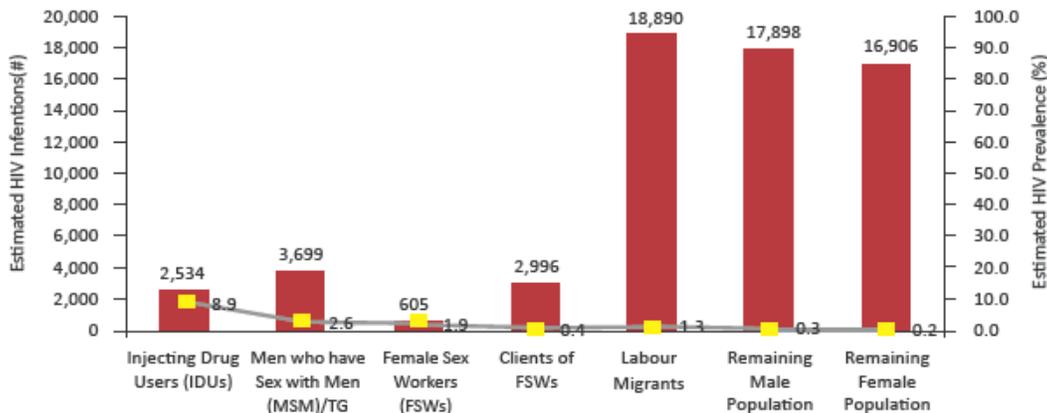
Based on the output of modeling it was observed that about half of total estimated HIV infection in the country was from the remaining male and female population. It is notable that the proportion of remaining female population in the total estimated HIV in the country across the time remains more or less stable approximately since 1992. However, it is noteworthy that this proportion was derived mainly from one of the single most important parameters i.e. HIV prevalence among remaining female population that was further multiplied by the number of total adult female population in the country that do not fall into any of the high risk categories. The high proportion of HIV among remaining female population could be because of potential bias occurred using PMTCT data. The limitation of use of PMTCT data for general population prevalence in the actions of surveillance data amongst general women should be kept in mind while interpretation the result.

Fig 4f.3: Distribution of Estimated HIV Infections by Population Groups (15+ years): 1980-2015



Source: National Estimates of HIV infections, 2009s, NCASC

Fig 4f.4: Number of Estimated HIV Infections Vs. Estimated HIV Prevalence, 2009



Source: National Estimates of HIV infections, 2009, NCASC

Time trend analysis of HIV prevalence amongst adults shows a decline in the past several years and estimates that prevalence is currently 0.39%. The peak in HIV prevalence was sometime in 2001, after which the curve slowly started stabilizing.

Spectrum output shows, the largest number of new infections per year (incidence) (6,954) was projected sometime in 1999. After one decade, the incidence has decreased by 31.6% to 4,760 in 2009.

Fig 4f.5: Incidence Distribution by Population Groups (15+ years): 1970-2015

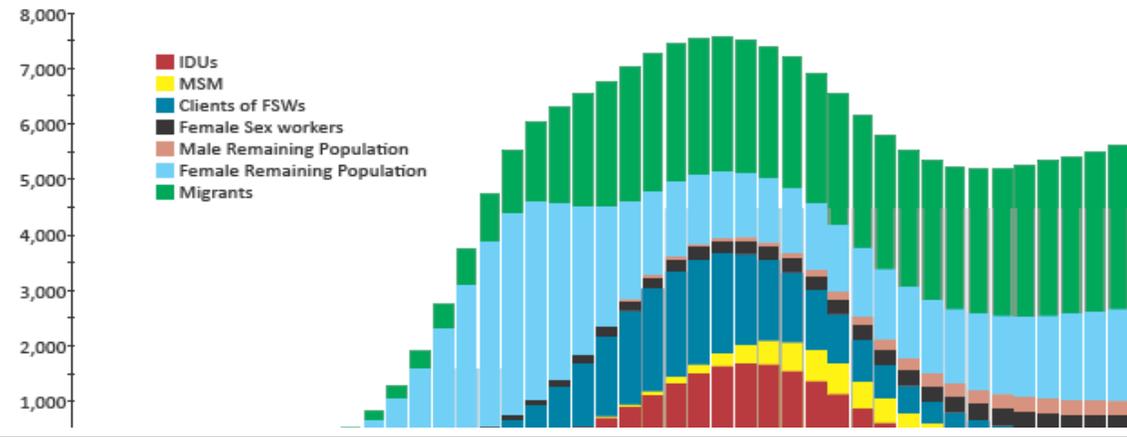


Fig 4f.6: Adult (15-49) HIV Prevalence, 2009

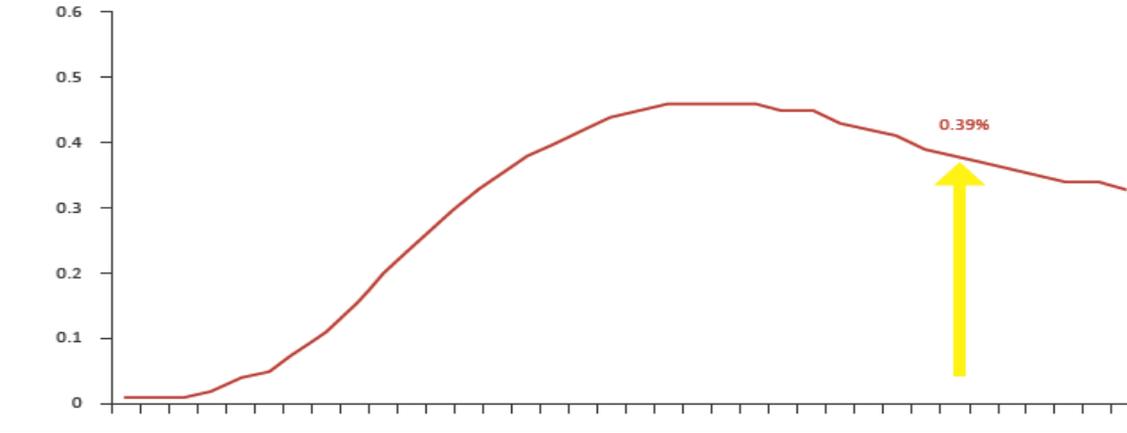
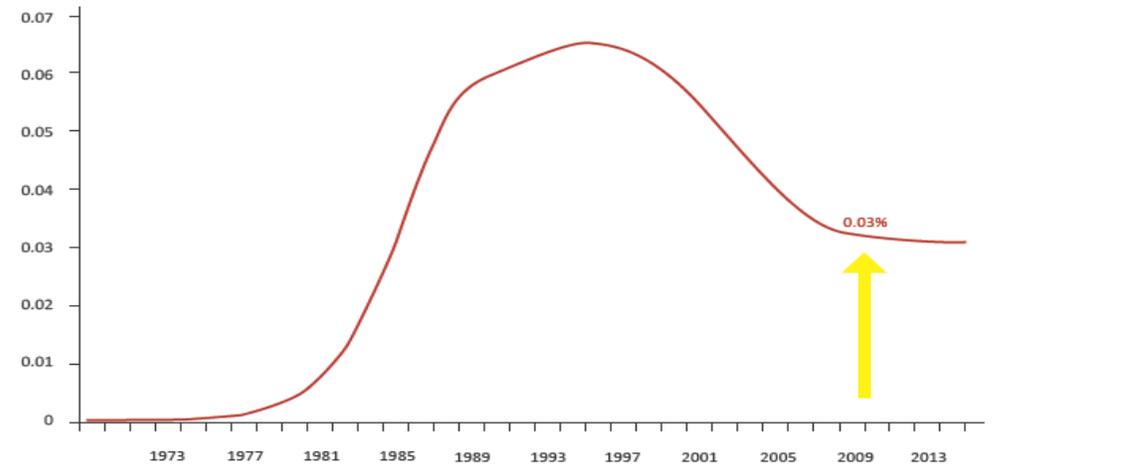


Fig 4f.7: Adult (15-49) HIV Incidence, 2009



Source: National Estimates of HIV infections, 2009, NCASC

Fig 4f.8: Four HIV Epidemic Zone of Nepal

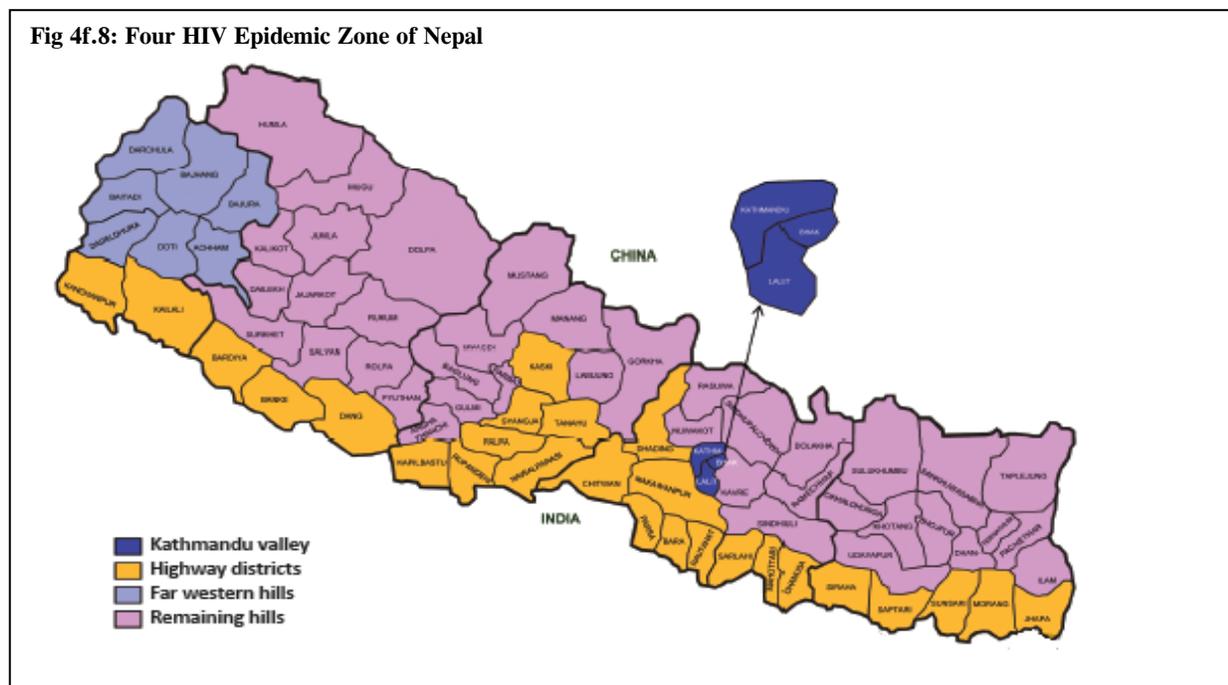


Table 4f.5: Risk Groups and Level of HIV Prevalence for HIV Infections in Nepal

Population Groups	Current Level of HIV Prevalence and Year	Sources
High Risk Groups		
IDUs	Kathmandu: 20.7% (2009) Pokhara: 3.4% (2009) Eastern Terai: 8.1% (2009) Western and Far-Western Terai: 8.0% (2009)	FHI/New ERA/SACTS, 2009 FHI/New ERA/SACTS, 2009 FHI/New ERA/SACTS, 2009 FHI/New ERA/SACTS, 2009
FSWs	Kathmandu: 2.2% (2008) Pokhara: 3.0% (2008) 22 Terai Highway Districts: 2.3% (2009)	NCASC/FHI/New ERA/SACTS, 2008 NCASC/FHI/New ERA/SACTS, 2008 FHI/ACNielsen/SACTS/National Reference Laboratory, 2009
MSM	Kathmandu: 3.8% (2009)	FHI/New ERA/SACTS, 2009
Truckers (potential clients of FSWs)	Terai Highway Districts: 0.0% (2009)	FHI/ACNielsen/SACTS, 2009
Labour Migrants	Far-West: 0.8% (2008) West: 1.1% (2008)	NCASC/FHI/New ERA/SACTS, 2008
Wives of Migrants	Far-West: 3.3% (2008)	NCASC/FHI/New ERA/SACTS, 2008
Tuberculosis Patients	2.4% (2007)	National TB Centre: Sentinel Surveillance Report, 2008
Returned Trafficked Girls and Women	38.0% (2007)	Silverman et al., 2007
Low Risk Groups		
Remaining Males	0.09% (2009)	Nepal Red Cross Society (NRCS): Blood Transfusion Service, 2009
Remaining Females	0.2% (2009)	NCASC: Programme Monitoring Data, 2009

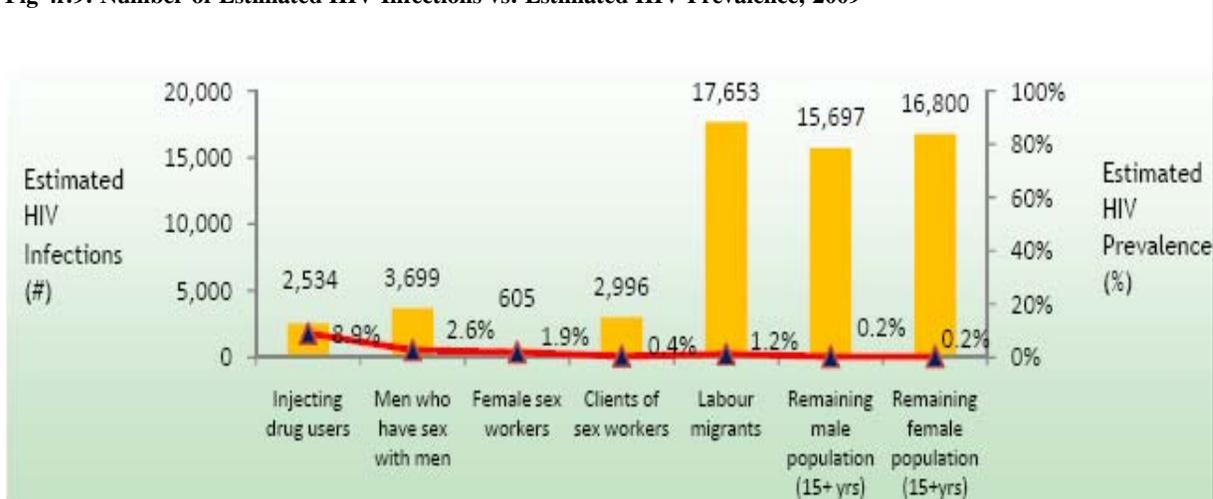
Source: National Estimates of HIV infections 2009 NCASC

Table 4f.6: Key Indicators of HIV and AIDS Situation in Nepal, 2009

Indicators	Value (2009)
Adult (15-49) HIV prevalence	0.39% (0.3% - 0.5%)
Proportion of women 15-49 living with HIV	28.6%
Proportion of women and girls 15-24 living with HIV	6.2%
Average number of new infections per year	4,760
Average number of new infections per day	13
Average number of new infections amongst children (0-14) per year	468
Average number of AIDS deaths per year	4,701
Average number of AIDS deaths among children (0-14) per year	292
Average number of AIDS deaths among children (0-4) per year	106
Total number of AIDS orphans till 2009	21,947
Average number of AIDS orphans per year	455

Source: National Estimates of HIV infections, 2009, NCASC

Fig 4f.9: Number of Estimated HIV Infections vs. Estimated HIV Prevalence, 2009



Source: National Estimates of HIV infections, 2009, NCASC

2. ANALYSIS OF ACHIEVEMENTS BY MAJOR ACTIVITIES

2.1 Activities Carried Out in FY 2066/67

2.1.1 Voluntary Counseling and Testing (VCT) services in Nepal

VCT offers an important entry point to prevention, care and support and is an essential component of comprehensive HIV/AIDS programming. VCT service is the process of providing people with professional counselling before and after an HIV test. The process helps people prepare for and understand their HIV test results. It is a powerful strategy that can equip people with knowledge and skills for sustainable healthy behaviour. The main goal of HIV/AIDS Counselling and Testing

- ⓧ Prevention of HIV Transmission: (a) From +ve tested people to -ve or untested partner/s (b) From +ve tested mother to child (c) To -ve tested people from +ve or untested partner/s.

- ✚ Promote Early Uptake Of Services: (a) Medical care (ARV therapy; Treatment & prevention of OIs; PMTCT) (b) Family planning (c) Emotional care (d) Counselling for positive living (e) Social support (f) Legal advice and future planning (g) Normalisation of HIV (h) Challenging stigma (i) Promoting awareness (j) Supporting human rights.

Voluntary Testing and Counseling of HIV was first started in Nepal in 1995 at National Centre for AIDS and STD Control (NCASC). There are altogether 196 VCT sites all over the country. HIV testing and Counseling services is provided free of cost to the Most at Risk Populations, including general population from all over the country according the National VCT guideline. There is a National Guidelines for Testing and Counseling of HIV in Nepal, first developed in 2003, and updated in 2007.

Table 4f.7: HIV Testing and Counseling Site in Nepal

✚ Government (GFATM/DFID)	76
✚ FHI/USAID	38
✚ UNDP/UNODC	21
✚ Family Planning Association of Nepal (FPAN)	49
✚ Save the Children	10
✚ Self (private)	2
Total	196

Source: NCASC, 2010

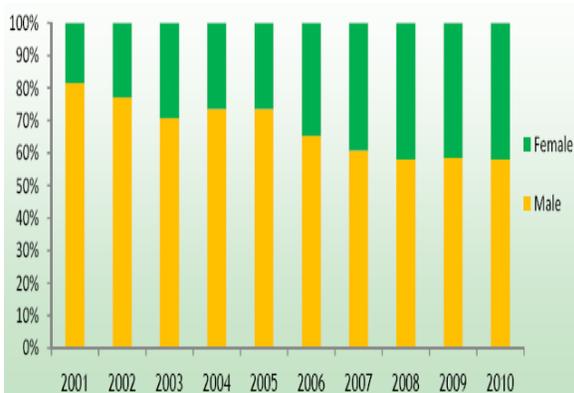
Table 4f.8: Service Statistics on HIV Testing and Counseling (VCT)

Indicators	2008	2009	2010 (up to July)
Pretest counseling	65,167	71,377	49,417
HIV test	53,309	62,672	45,237
New HIV positive	2,387	2,110	1,407
Post test counseling	51,845	61,170	44,333

Source: NCASC, 2010

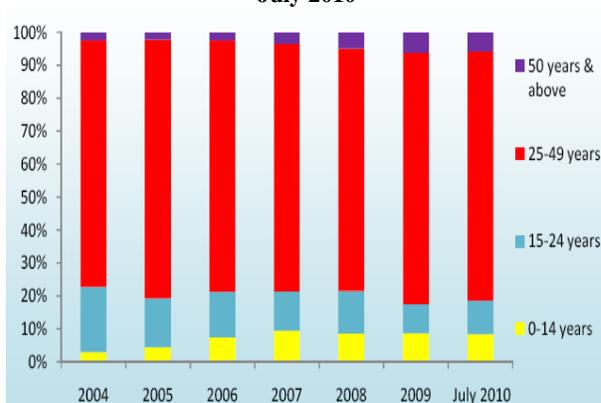
From Figure 4f.10, it has clearly shown the trend of the reported HIV infection by sex. It is very clear that comparing 2001 to 2010, the number of females reporting HIV infection has increased. From figure 4f.11, the proportion of young and adults who are productive age group has consistently shown reporting of HIV infection. In the same manner, the age group 50 years and above (elderly group) also seems to be in increasing trend.

Fig 4f.10: Reported HIV infections by Sex 2001-July 2010



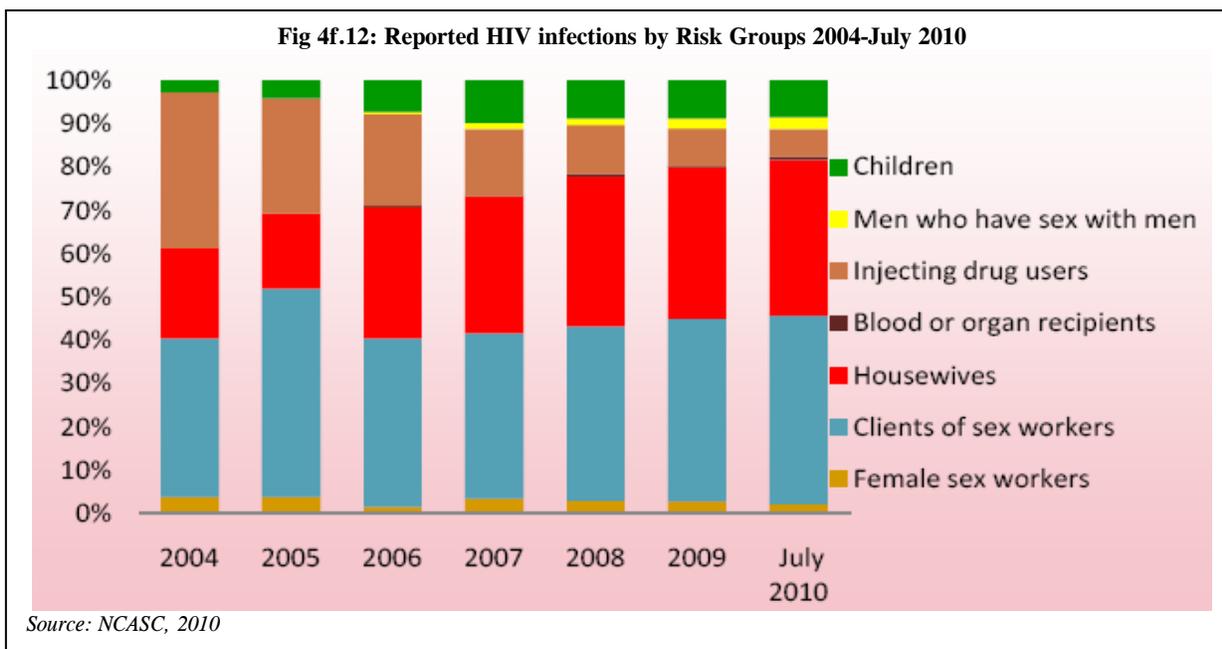
Source: NCASC, 2010

Fig 4f.11: Reported HIV infections by Age Group 2004-July 2010



Source: NCASC, 2010

From Figure 4f.12, the HIV reported cases among MARPS clearly indicate that with change of time there is consistent increase in reported case among children, Housewives and client of sex workers. However the reported cases indicate the clear decreasing trend among IDUs and Female sex workers.



2.1.2 Anti-Retroviral Therapy (ART) services in Nepal

The national antiretroviral treatment programme was started in Nepal in February 2004 from Teku Hospital. At present 3 or more ARV drugs are recommended for the treatment of people with HIV infection. The main goals of the Antiretroviral Therapy (a) Maximal and durable suppression of viral load (2) Restoration and/or preservation of immunologic function (3) Reduction of HIV related morbidity and mortality (4) Improvement of quality of life of HIV infected persons (5) Prevention of Mother to Child Transmission (PMTCT) (6) post Exposure Prophylaxis (PEP). By July 2010, 4,509 patients with advanced HIV infection were on treatment in 35 sites across the country. The government of Nepal is providing free of cost ART service for all those in need under the National ART guideline.

Table 4f.9: Facts on ART in Nepal

Total ART need (CD4 ≤200), (2009):	17,000
Total ART coverage (As of July 2010):	21%
Patients on the 1 st line regimen:	3,625
Patients substituted on the 1 st line regimen:	836
Patients switched on the 2 nd line regimen:	48

Source: NCASC, 2010

Table 4f.10 : ART Centers in Nepal (July 2010)

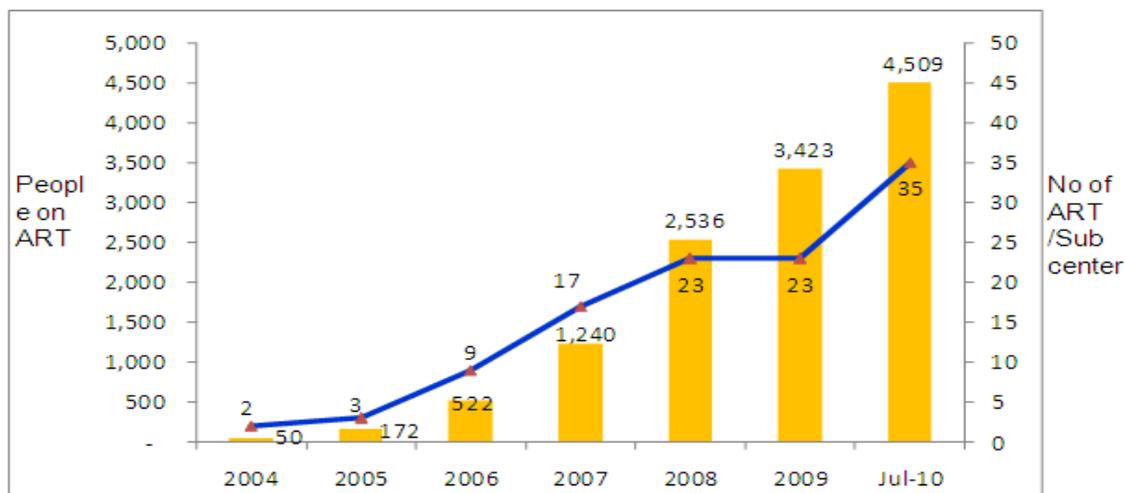
SN	ART Centers	District	Year of establishment
1	Sukraraj Tropical & Infectious Disease Hospital, Teku	Kathmandu	2004
2	Bheri Zonal Hospital, Nepalgunj	Banke	2004
3	Sparsha Nepal, Sanepa	Lalitpur	2005
4	Tribhuvan University Teaching Hospital, Maharajgunj	Kathmandu	2006

SN	ART Centers	District	Year of establishment
5	BP Koirala Institute of Health Science, Dharan	Sunsari	2006
6	Western Regional Hospital, Pokhara	Kaski	2006
7	Narayani Sub-Regional Hospital, Birgunj	Parsa	2006
8	Mahakali Zonal Hospital, Mahendranagar	Kanchanpur	2006
9	Seti Zonal Hospital, Dhangadi	Kailali	2006
10	Doti District Hospital, Silgudhi	Doti	2007
11	Lumbini Zonal Hospital, Butwal	Rupandehi	2007
12	Achham District Hospital, Mangalsen	Achham	2007
13	Dhaulagiri Zonal Hospital, Baglung	Baglung	2007
14	Koshi Zonal Hospital, Biratnagar	Morang	2007
15	Bharatpur Hospital, Bharatpur	Chitawan	2007
16	Mechi Zonal Hospital, Bhadrapur	Jhapa	2007
17	Kanti Children's Hospital, Maharajgunj	Kathmandu	2007
18	Janakpur Zonal Hospital, Janakpur	Dhanusha	2008
19	United Mision Hospital, Tansen	Palpa	2008
20	Mid West Regional Hospital, Birendranagar	Surkhet	2008
21	Rapti Sub-Regional Hospital, Ghorahi	Dang	2008
22	Maiti Nepal, Gaushala	Kathmandu	2008
23	Sagarmatha Zonal Hospital, Rajbiraj	Saptari	2008
24	Damauli Hospital, Damauli	Tanahun	2010
25	Dailekh District Hospital, Dailekh	Dailekh	2010

ART Sub Centers

1	Tikapur Hospital, Tikapur	Kailali	2009
2	Baitadi District Hospital, Gothalapani	Baitadi	2009
3	Syanja District Hospital, Badkhola	Syanja	2010
4	Gulmi District Hospital, Tamghas	Gulmi	2010
5	Bardiya District Hospital, Gulariya	Bardiya	2010
6	Dhulikhel Hospital, Dhulikhel	Kavre	2010
7	Gorkha District Hospital, Gorkha	Gorkha	2010
8	Lamjung District Community Hospital, Besishahar	Lamjung	2010
9	Kapilvastu District Hospital, Taulihawa	Kapilvastu	2010
10	Bayalpata Hospital, Bayalpata	Achham	2010

Fig 4f.13: Cumulative Number of Patients receiving ART in Nepal



Source: NCASC, July 2010

2.1.3 Prevention of Mother-to-Child Transmission (PMTCT) of HIV in Nepal

Prevention of HIV infection is a priority for the Government of Nepal. Even though our reported overall prevalence rate remains well under 1%, major efforts will be needed to stop the epidemic spreading from more at-risk populations (MARPs) into the general population. Already, more than one in every five reported cases of HIV infection is among female partners of HIV positive men, and 96% of these are women of child bearing age. Prevention of mother-to-child transmission (PMTCT) of HIV is therefore an important part of our National HIV and AIDS Strategy.

In early 2007, the National Centre for AIDS and STD Control, UNICEF and other members of the National PMTCT Working Group undertook an operational Review of our pilot programme of PMTCT services, which had been launched in

December 2003. The Review noted that the existing programme had a strong focus on hospital-based services – much stronger than its “reach” to the community through prevention-based interventions and the provision of care, treatment and support for people living with HIV (PLHA).

Prevention of mother to child transmission was started in two capital city sites in 2005 and had expanded to 21 sites of which 20 sites offer Pediatric ART beside this Community-Based PMTCT service is available up to primary Health Care Center (PHC), Health Post (HP) and Sub Health Post (SHP) in 2 districts Achham (14 sites) and Sunsari (12 sites).

Table 4f.11: Facts on PMTCT in Nepal

Indicators	Value
Annual estimated pregnancies:	798,174
Mothers requiring PMTCT (ARVs and Prophylaxis):	1,228
Total pregnant women tested for HIV (2006 - July 2010):	190,874
Total new HIV+ve women delivered (2006 - 2010):	432
Total mothers received Nevirapine (NVP):	232

Source: NCASC, 2010

Table 4f.12: PMTCT Centers in Nepal (July 2010)

SN	PMTCT Centres	District	Year of establishment
1	Maternity Hospital, Thapathali	Kathmandu	2005
2	Bheri Zonal Hospital, Nepalgunj	Banke	2005
3	BP Koirala Institute of Health Science, Dharan	Sunsari	2005
4	Tribhuvan University Teaching Hospital, Maharajgunj	Kathmandu	2006
5	Narayani SubRegional Hospital, Birgunj	Parsa	2006
6	Western Regional Hospital, Pokhara	Kaski	2006
7	Mahakali Zonal Hospital, Mahendranagar	Kanchanpur	2006
8	Achham District hospital, Mangalsen	Achham	2007
9	Koshi Zonal Hospital, Biratnagar	Morang	2007
10	Bharatpur Hospital, Bharatpur	Chitawan	2007
11	Mechi Zonal Hospital, Bhadrapur	Jhapa	2007
12	Janakpur Zonal Hospital, Janakpur	Dhanusha	2008
13	United Mision Hospital, Tansen	Palpa	2008
14	Dhaulagiri Zonal Hospital, Baglung	Baglung	2008
15	Mid West Regional Hospital, Birendranagar	Surkhet	2008
16	Seti Zonal Hospital, Dhangadhi	Kailali	2009
17	Doti District Hospital, Silgadhi	Doti	2009
18	Sunsari District Hospital, Sunsari	Sunsari	2009
19	Rapti Subregional Hospital, Ghorahi	Dang	2010
20	Sagarmatha Zonal Hospital, Rajbiraj	Saptari	2010
21	Lumbini Zonal Hospital, Butawal	Rupandehi	2010

Table 4f.13: Service statistics on PMTCT in Nepal (2005/06-2010)

Indicators	2005-06	2007	2008	2009	2010 (Up to July)
New pre-test counseled (ANC & Labour)	31,666	35,270	46,822	69,907	53,214
New HIV tested (ANC & Labour)	28,485	32,553	42,733	65,791	49,797
New HIV positive deliveries	70	59	84	133	86
Mothers received Nevirapine (NVP)	35	28	47	77	45
Babies received Nevirapine (NVP)	38	34	57	89	51

Source: NCASC, July 2010

3. TARGET VS. ACHIEVEMENT FY 2066/67

S.N.	Activity	Unit	Target	Achievement	Target vs. Achievement (%)
1	Central Warehouse establishment	Times	3	3	100
2	STI prevention training	Person	100	100	100
3	Central level WAD Day Celebration	Times	1	1	100
4	Purchase and distribute medicine (OI & Test Kit)	Person	5000	5000	100
5	STI drug purchase and distribute	Person	40000	40000	100
6	Regular monitoring of district programme	Times	12	12	100
7	Nutrition support to pregnant women and children under age 15 who are on ART	Person	300	300	100
8	One time nutritional support to HIV infected people who start first time ART	Person	1500	1500	100
9	Awareness orientation through street drama Dohari Geet or any cultural programme at district level	District	75	75	100
10	School Level Health Education Program at 75 districts (in community schools of each districts)	Class	3750	3750	100
11	District level WAD Day Celebration in 75 districts	Times	75	75	100
12	HIV/ AIDS orientation and training to FCHV	Group	2479	2479	100
13	Regular monitoring of district HIV programme through 5 regional directorial	Times	12	12	100
14	Conduct orientation programme at PMTCT centers	Times	12	12	100
15	Basic and refresher training	Person	40	40	100
16	Advocacy and meeting with concerned technical committee	Times	12	12	100
17	ARV, STI and OI drugs purchase and distribution	Times	3	3	100
18	HIV/AIDS awareness programme to nursing and medical students	Group	32	26	81
19	Review of National AIDS Policy	Times	1	1	100
20	Orientation about AIDS policy to DHO/DPHO head	Group	3	3	100
21	Assessment for VCT/STI service establishment	Place	17	6	35
22	Operational and meetings support to VCT centers	Times	10	5	50
23	Voluntary counseling and HIV testing Training	Group	2	2	100
24	STI prevention training	Group	2	2	100
25	Lab training for Lab Assistant	Group	2	2	100
26	Capacity development and strengthening of NCASC	Times	13	6	46
27	Regular Monitoring and supervision of programme	Times	10	2	20
28	Capacity development of Government agency, Development Partners and Civil Society to strengthen HIV response	Times	3	1	33
29	Curriculum review of TOT and supply training	Person	80	80	100
30	Workshop for Medical Officer and Nurses working on HIV/AIDS programme	Times	1	1	100

S.N.	Activity	Unit	Target	Achievement	Target vs. Achievement (%)
31	Orientation on logistic supply management to Medical Officer and Nurses working at GO/NGO HIV/AIDS programme	Times	6	6	100
32	Equipment Supply management for 23 ART centers	Times	3	3	100
33	Basic Computer Skill Training for ART center	Place	10	10	100
34	Monitoring and Supervision	Times	20	20	100
35	Operational cost for VCT and STI centers for 45 sites	Times	12	7	58
36	Operational cost for 21 ART and VCT center	Times	12	6	50
37	Bimonthly review meeting at ART and VCT sites in 21 places	Times	126	126	100
38	Bimonthly Review meeting at 15 old VCT centers	Times	90	80	89
39	Supervision through department and Ministry for quality HIV care	Times	3	3	100
40	Establishment support to 2 new ART centers	Times	8	6	75
41	Bimonthly review meeting between AIDS management team and Hospital	Times	138	138	100
42	Half yearly review meeting at 23 ART center with stakeholders	Times	46	46	100
43	ART annual review meeting	Times	2	1	50
44	On site supervision for programme performance	Times	50	25	50
45	On site training to Clinical staff on HIV Case Management		28	28	100
46	Publication of Nation protocol on Lab Enhancement	Times	1	1	100
47	Administration support for EQAS	Times	12	12	100
48	Blood Sample collection cots at NPHL from district and regional level	Times	500	450	90
49	Operational support to Maintenance sites at 6 places(NPHAL and 5 Region)	Times	12	12	100
50	Operational support to DACC in 35 districts	Times	12	10	83
51	Regular DACC meeting cost	Times	2	2	100

4. PROBLEM/CONSTRAINTS AND ACTION TO BE TAKEN

Problem/Constraints	Action Taken	Responsible
HIV/AIDS and STD programs at district level is not effectively and implemented	Activities and budget already allocated in 75 district	MoHP/ MoF and NCASC
Co-ordination and co-operation mechanism among Donor, INGO and AIDS/STI prevention activities not strong	Organize regular meeting with stakeholders	NCASC/DACC
Curative services are still unevenly distributed between regions.	NCASC is expanding the programs in the districts as per need and demand.	MoHP/ DoHS

Problem/Constraints	Action Taken	Responsible
Hospitals have critical gaps in their ability to provide quality services for common health problems due to staff problem.	Already been requested to higher level and there is capacity building program for the existing staffs regarding clinical care management.	MoHP/ DoHS
Budget release from Donor side not timely	Already requested to relative donor agencies	MoHP/ DoHS and NCASC

4.1 Challenges

Despite many efforts by the Ministry of Health and population, programs are challenged to provide equitable access to services. Curative Services are unevenly distributed between regions. Even where services exist, staffing constraints and motivation problems leave communities underserved. Hospitals have critical gaps in their ability to provide quality services for common health problems. There is lot of improvement areas regarding quality service delivery. Access to services is further constrained by a difficult and mountainous geography and social and economic factors.

4. Future priorities

- ✘ Decentralization of HIV AIDS program
- ✘ Integration of HIV AIDS program with existing health services
- ✘ Capacity building of staff from center to district level
- ✘ Expansion of service sites
- ✘ Strengthening Sentinel Surveillance System, M&E system, DACC
- ✘ Increase coverage for targeted intervention (UA target)
- ✘ Enhance quality assurance system for HIV related tests
- ✘ Strengthening LMD capacity for procurement and supply management

5. TARGETS FOR FY 2067/68 (2010/2011)

S.N	Programme/Activity	Unit	Target
1	Capacity development of NCASC Staff on MARPs- TI Programme	Times	6
2	Development of Orientation Training package on HIV/AIDS for Health Workers	Times	1
3	Orientation Toolkit development and printing for MARPs	Times	2
4	BCC Guide line development for MARPs	Times	1
5	PMTCT training for Doctors and Nurses.	Person	75
6	Training on HIV/AIDS for clinical staff at working site	Person	25
7	Onsite coaching at PMTCT service sites	Times	13
8	Orientation to FCHV on HIV and AIDS programme	Group	2910
9	HIV rapid test training for Lab assistant and lab technician	Person	50
10	Lab training for VCT lab personnel	Person	40
11	ART service Monitoring & Evaluation support	Person	60
12	Operation cost for ART Site	Person	40
13	TOT "Orientation/Training on HIV/AIDS" for district level health worker at	Person	25

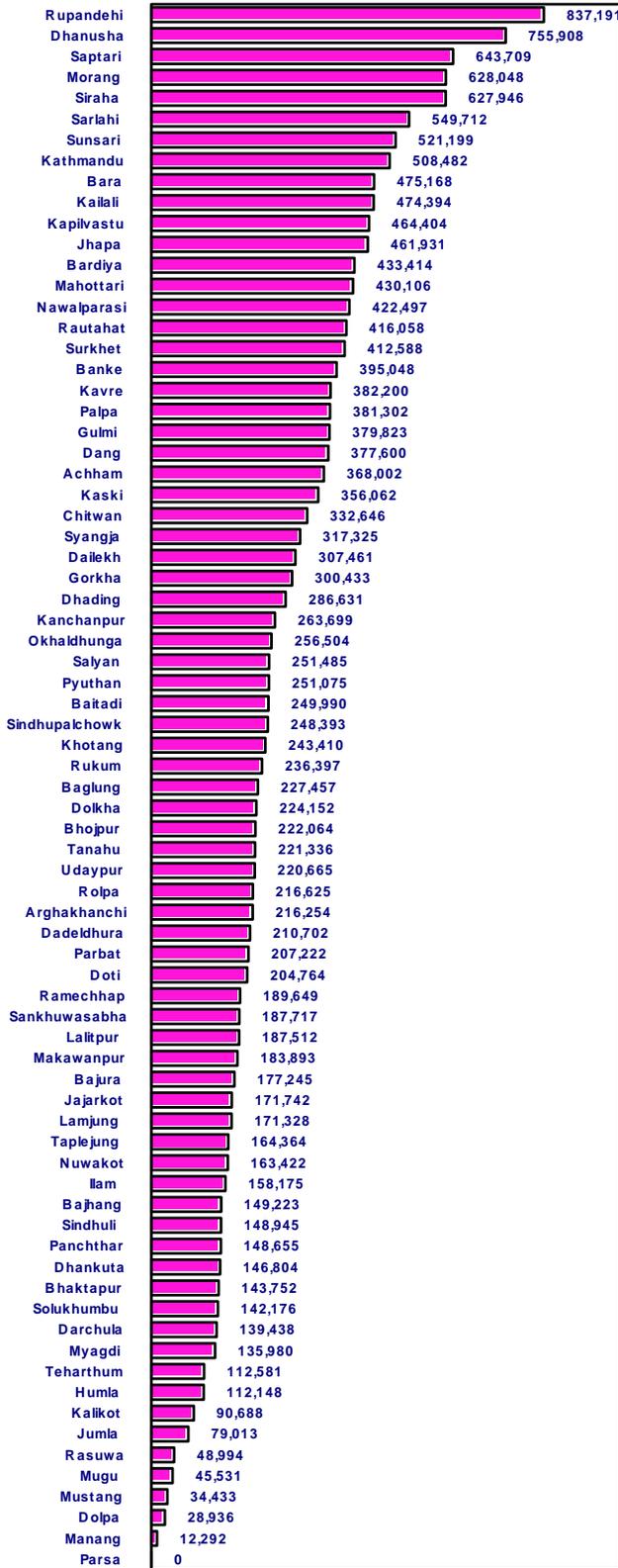
S.N	Programme/Activity	Unit	Target
	central level		
14	Training on STI-CM	Person	160
15	TOT "Orientation/Training on HIV/AIDS" for district level health worker at regional level	Person	375
16	Orientation on MARP-TI for central level stakeholder	Times	1
17	Orientation on MARP-TI for district level stakeholder	Times	20
18	Treatment, Care and Support to prisons	Times	15
19	HIV/AIDS sensitization to Paramedical, Nursing and Medical Students	Times	30
20	HIV/AIDS Training to Health Worker working at District and Health Post Level	Place	30
21	VCT Training	Person	40
22	Capacity development of public health worker on HIV/AIDS (25 Person)	Times	1
23	Training and orientation on "TB diagnosis among HIV infected people" to HIV/AIDS programme implementers (30 person)	Times	1
24	Training on TV/HIV Partnership Programme to district level health programme implementers(30 person)	Times	1
25	Develop National EID Guideline	Times	1
26	Comprehensive Package for IDUs (6450 person)	Times	1
27	Comprehensive Package for MSM(10000 person)	Times	1
28	Comprehensive Package for Migrants (Person 90,000)	Times	1
29	DACC Operational and Meeting support	Times	135
30	Study/Research on Relationship Between HIV/AIDS and Gender and its Effect.	Times	1
31	World AIDS Day celebration at district level	Place	75
32	Needle, lubricants and syringe procurement and distribution	Times	1
33	Procurement of Condoms (male)	Times	1
34	Procurement of Oral Substitution Therapy Drugs (Methadone Drugs)	Times	1
35	Procurement of STI Drugs	Times	1
36	Procurement of OIs drugs and test kits	Times	1
37	Procurement of STI drugs	Times	1
38	Procurement and distribution of ARV/STI/OIs drugs	Times	1
39	Reimbursement of different lab test for HIV positives	Times	4
40	Advertisement through TV, Radio.FM etc on HIV and AID	Times	750
41	Development of new IEC materials	Piece	30000
42	School Health programme	Person	7500
43	World AIDS Day celebration at Central Level	Times	1
44	Celebration of World AIDS Day at District Level	Times	75
45	Review workshop on HIV/AIDS	Times	1
46	Strengthening of second generation surveillance to monitor HIV epidemic including drug resistance	Times	3
47	Annual Review meeting of ART service sites	Times	2
48	Meeting with line ministries	Times	2
49	PLHIV Net work meeting at central level	Times	2
50	STI management Training	Person	40
51	National Workshop on Integration of HIV programme in SRH programme	Times	1
52	Regular supervision and monitoring through RHD	Times	12
53	Pediatric ART training to the health professionals (50 person).	Times	2
54	Regular monitoring visit	Times	24

S.N	Programme/Activity	Unit	Target
55	Nutrition support to pregnant women and children under age 15 who are on ART	Person	4200
56	Half Yearly review meeting with stakeholders at 23 ART sites	Times	46
57	Bimonthly review meeting between AIDS management team and Hospital	Times	138
58	Establishment support to 2 new ART centers	Times	24
59	Operational support to 66 VCT and STI sites	Times	360
60	Support to lab monitoring	Times	4
61	Operational support to DACC in 35 districts	Times	420
62	Capacity development of NCASC	Times	6

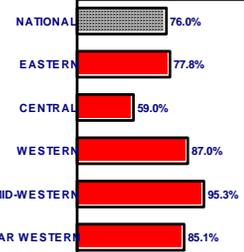
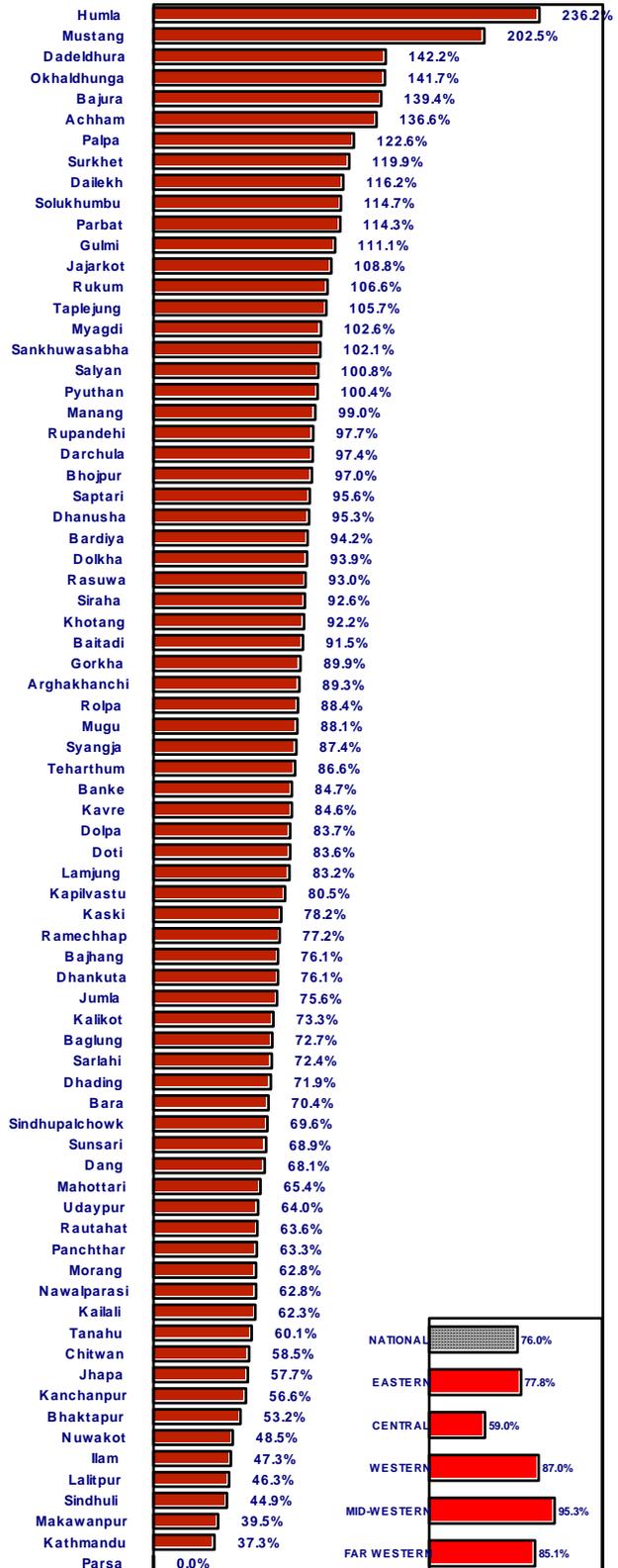
Morbidity

Fiscal Year 2066/67 (2009/2010)

Total OPD New Cases



OPD Total New Cases as % of Total Population



Out/In-Patient Care

1 BACKGROUND

Government of Nepal is committed to improving the health status of rural and urban people by delivering high-quality health services throughout the country. Curative (out-patient, in-patient and emergency) services are highly demanded component of health services by the people. The policy is aimed at providing prompt diagnosis and treatment, and referral of cases through the health network from PHC outreach clinics to the specialised hospitals.

The Interim Constitution of Nepal 2063 has emphasized that every citizen shall have the rights to basic health services free of costs as provided by the law. Ultimately, government of Nepal decided to provide essential health care services (emergency and inpatient services) free of charge to poor, destitute, disabled, senior citizens and FCHVs up to 25 bedded district hospitals and PHCCs (December 15, 2006) and all citizens at SHP/HP level (8 October, 2007).

1.1 OBJECTIVES

The overall objectives of curative services is to reduce morbidity, mortality and to provide quality of health services by means of early diagnosis, adequate as well as prompt treatment and appropriate referral, if necessary.

1.2 TARGET GROUP

All patients attending at health facilities

1.3 INDICATORS

Main Indicators	Numerator/Denominator
1 Percentage of OPD new visits	Total number of OPD new visits (cases) x 100
	Total population of catchment areas
2 Ten leading cause of OPD cases on national, regional and district basis	1 st ten leading cause of OPD new cases
3 Ten leading cause of OPD cases on an ecological basis	1 st ten leading cause of OPD new cases by ecological zone
4 Ten leading causes of hospitalisation	1 st ten leading causes of hospitalisation
5 Case fatality rate	Case-specific deaths x 100
	Total number of specific cases
6 Average length of stay	Total in patients days stay
	Total no. of discharges
7 Bed occupancy rate	Total inpatients days stay in a hospital x 100
	365 (days) x Total no. of beds available
8 Throughput	Total number of admissions
	Total no. of beds available
9 Bed turnover interval	365 (days) - Average length of stay x throughput
	Throughput

1.4 STRATEGIES

- 1.4.1 Curative services will be provided on the basis of a comprehensive and effective referral system initiating from PHC Outreach Clinics to higher level.
- 1.4.2 The public sector will improve its coordination with the private sector. A policy will be adopted by GON to promote private medical colleges/hospitals, nursing homes, and hospitals run by INGOs/NGOs and private practitioners as complementary to MoHP facilities.
- 1.4.3 Regional Health Directorates and District Public/Health Offices will be provided with the required human resources and authority to render curative services more effectively.
- 1.4.4 Every Village Development Committee (VDC) in the country will be considered as the basic level for curative health services through Sub Health with three Health Workers, an Auxiliary Health Worker (AHW), a Village Health Worker (VHW) and a Maternal and Child Health Worker (MCHW).
- 1.4.5 Access to the reproductive health services such as Depo, Pills, Condoms and antenatal and postnatal services, child health services, minor curative services and health education will be made available through the PHC Outreach clinics in each VDC.
- 1.4.6 Health Posts provide services similar to those provided by the Sub Health Posts. In addition, they supervise and evaluate the activities of the Sub Health Posts and below.
- 1.4.7 From among the Health Posts or Sub Health Posts 205 will be upgraded to Primary Health Care Centres in the different electoral constitutions.
- 1.4.8 Primary health care and treatment services will be made available at local, district and regional level by strengthening the Regional Health Directorates and District Health Offices.
- 1.4.9 Referral system will be consolidated for the development of effective medical services

2 ANALYSIS OF ACHIEVEMENTS BY MAJOR ACTIVITIES

2.1 ACTIVITIES CARRIED OUT IN FY 2066/67 (2009/2010)

- 2.1.1 Curative health services were provided through the existing health facilities on an outpatient including emergency where ever available and inpatient basis
- 2.1.2 In-patient services were provided by 91 government hospitals and 26 other hospitals including INGOs/NGOs, Private medical college hospitals, nursing homes, and private hospitals as per report available
- 2.1.3 Essential drugs and other logistic materials were provided to all health institutions.
- 2.1.4 Record keeping and reporting were done on a daily, weekly and monthly basis at all institutions.
- 2.1.5 Medical camps were organised in different places especially in the remote districts.
- 2.1.6 JE vaccination campaigns were conducted in JE affected districts.

2.2 ANALYSIS OF SERVICE STATISTICS

2.2.1 OPD Visits

A total number of 20,894,778 new OPD patients' visits were reported (except Parsa District) in FY 2066/67 (2009/2010). Distribution of new OPD visits by development region in FY 2066/67 was shown in Figure 5.1. The highest number of OPD new visits 5,675,623 (27.16%) was recorded in the CDR followed by EDR 4,885,948 (23.38%) while the lowest number of OPD new visits was recorded in the FWDR 2,237,457 (10.71%).

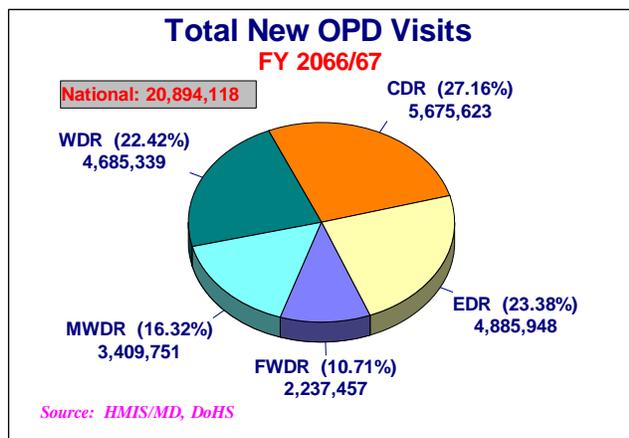


Figure 5.1

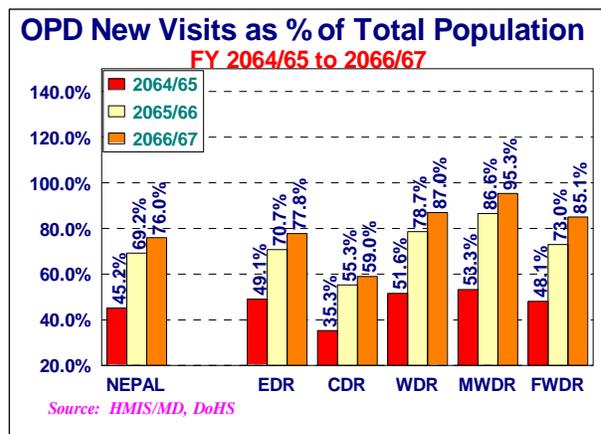


Figure 5.2

OPD new visits as percentage of total population at the national and regional level over the period of three fiscal years are shown in Figure 5.2. At the national level 76.0 percent of the total population had utilized the OPD services from the various health institutions during the FY 2066/67. OPD service utilisation has increased by 30.8 percentages in the FY 2066/in comparison to fiscal year 2064/65. Among the development region, the highest percentage of OPD new visits are made in MWDR (95.3%) followed by WDR (87.0%), and FWDR (73.0). 77.8 percent of the population residing in the EDR had received the OPD services while the lowest OPD new visits are made in CDR (59.0%) although it has provided the highest OPD services in absolute number. During the FY 2066/67, not only at the national level the OPD new visits have increased, the OPD new visits has increased in all the regions compared to earlier fiscal year in terms of its population. The significant number of increase in OPD new visits may be attributed launching of the free health services at SHP/HP/PHCC and hospital for selected categories of population.

2.2.2 Disease-Specific OPD Morbidity

Figure 5.3 shows the nation-wide top ten causes of OPD morbidity in FY 2066/67. In this fiscal year the highest percentage of OPD morbidity was reported on), Gastritis (APD) (4.32 percent). Other major reported causes for OPD morbidity are Intestinal worms (3.74 percent), ARI / Lower respiratory tract infection (3.72 percent), Headache(Migraine) (3.66 percent), Upper respiratory tract infection (3.24 percent), Pyrexia of unknown origin (3.07 percent), Impetigo/Boils/Furunculous (2.83 percent), Presumed non-infectious diarrhoea (2.74 percent), Amoebic Dysentery (2.38 percent) and Falls/Injuries/Fractures (1.99 percent) respectively.

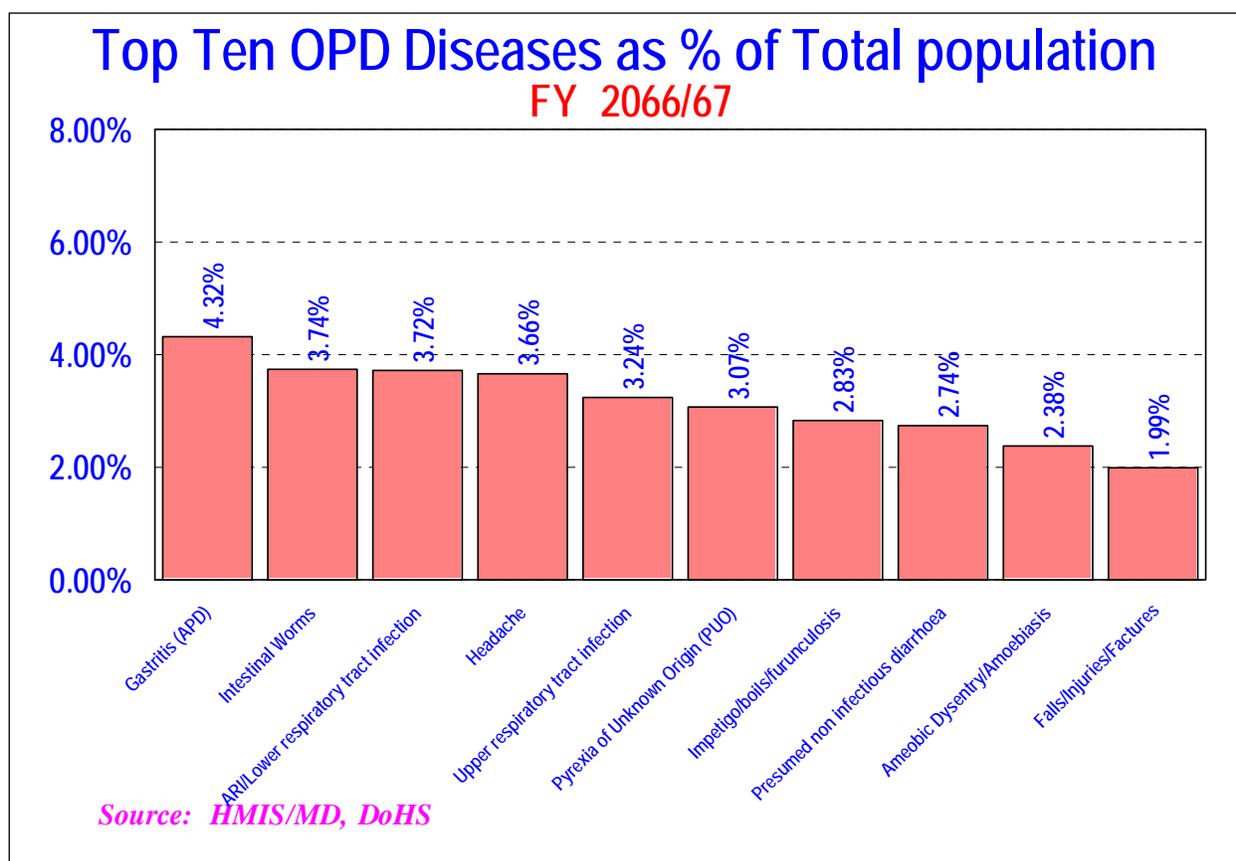


Figure 5.3

Table 5.1 Ten Leading Morbidity (Total New Visits as a Percentage of Total Population), by Development Region FY 2066/67 (2009/2010)

S. N.	Disease/Conditions	National	Development Region				
			EDR	CDR	WDR	MWDR	FWDR
1	Gastritis (APD)	4.32	3.59	4.12	4.37	5.61	4.94
2	Intestinal Worms	3.74	5.72	2.74	2.76	4.52	3.56
3	ARI/Lower respiratory tract Infection	3.72	4.12	2.56	3.72	4.87	5.40
4	Headache (Migraine)	3.66	3.71	2.57	3.55	5.43	5.37
5	Upper respiratory tract Infection	3.24	3.52	2.22	3.26	4.76	4.20
6	Pyrexia of Unknown Origin (PUO)	3.07	3.26	2.90	2.54	2.85	4.66
7	Impetigo non infectious diarrhoea	2.83	3.40	2.68	2.14	3.64	2.32
8	Presumed non infectious diarrhoea	2.74	2.90	2.04	2.18	4.54	3.64
9	Amoebic Dysentery	2.38	2.27	1.82	2.12	3.65	3.50
10	Falls/Injuries/Fractures	1.99	1.77	1.45	2.40	2.61	2.87

Source: HMIS/MD, DoHS

Table 5.2: Communicable and Non-Communicable Cases among the total OPD Cases by National and Regions, FY 2066/67 (2009/2010)

Level	Communicable	Non communicable
Eastern	968,735	3,917,213
Central	1,015,132	4,660,491
Western	625,523	4,059,816
Mid Western	760,996	2,648,755
Far Western	431,843	1,805,614
National	3,802,229	17,091,889

Source: HMIS/MD, DoHS

OPD visits for Communicable and Non-communicable diseases at National and Regional level.

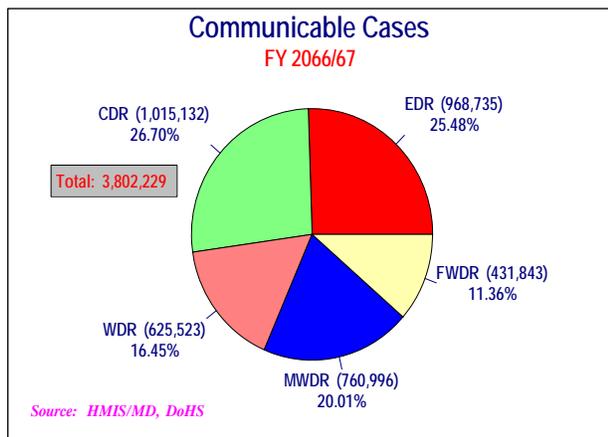


Figure 5.4

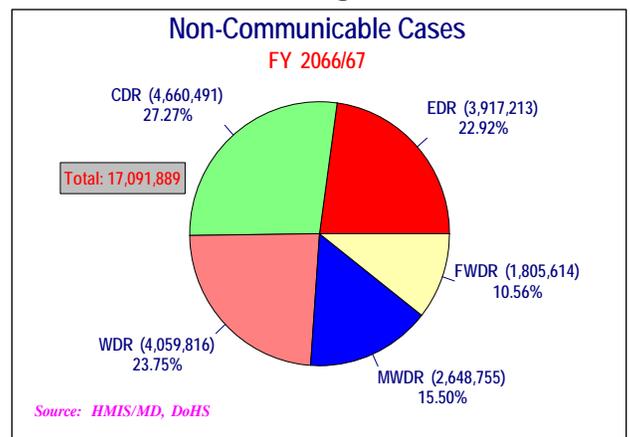


Figure 5.5

Figure 5.4 and 5.5 shows the communicable and non-communicable cases treated at regional levels in the FY 2066/67. As shown in figure 5.4, out of 20,894,118 OPD new cases, only 3,802,229 OPD new cases are being visited for communicable diseases where as 17,091,889 visits were made for non-communicable diseases. The highest number of OPD visits for communicable diseases were treated at CDR (26.70%) followed by EDR (25.48%). Highest OPD new visits are observed at CDR followed by EDR and WDR for non-communicable diseases during the FY 2066/67. Figure 5.6 shows the communicable and non-communicable cases at the National level. Of the total OPD new visits more than 81 percent of the total patients have visited for non-communicable diseases where as patients visiting for communicable diseases represent only less than 19.0 percent.

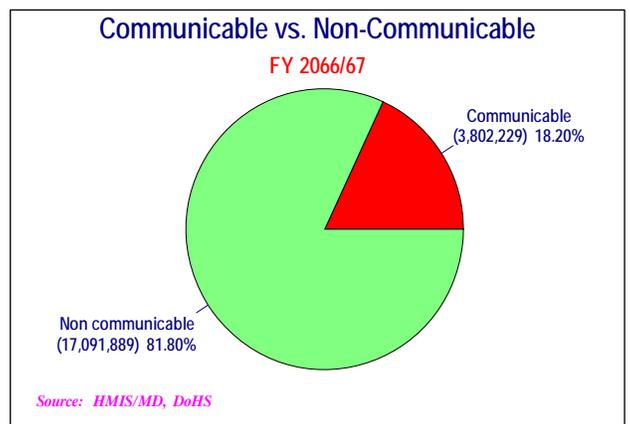


Figure 5.6

2.2.3 Monthly Trends of OPD New Visits

Figure 5.7 shows monthly trend of total OPD New Visits made during last three fiscal years. Over the period of three years the monthly OPD visits trend looks no change reflecting rising trend from the month of Poush and continue up to Aashad then starts declining till Kartik.

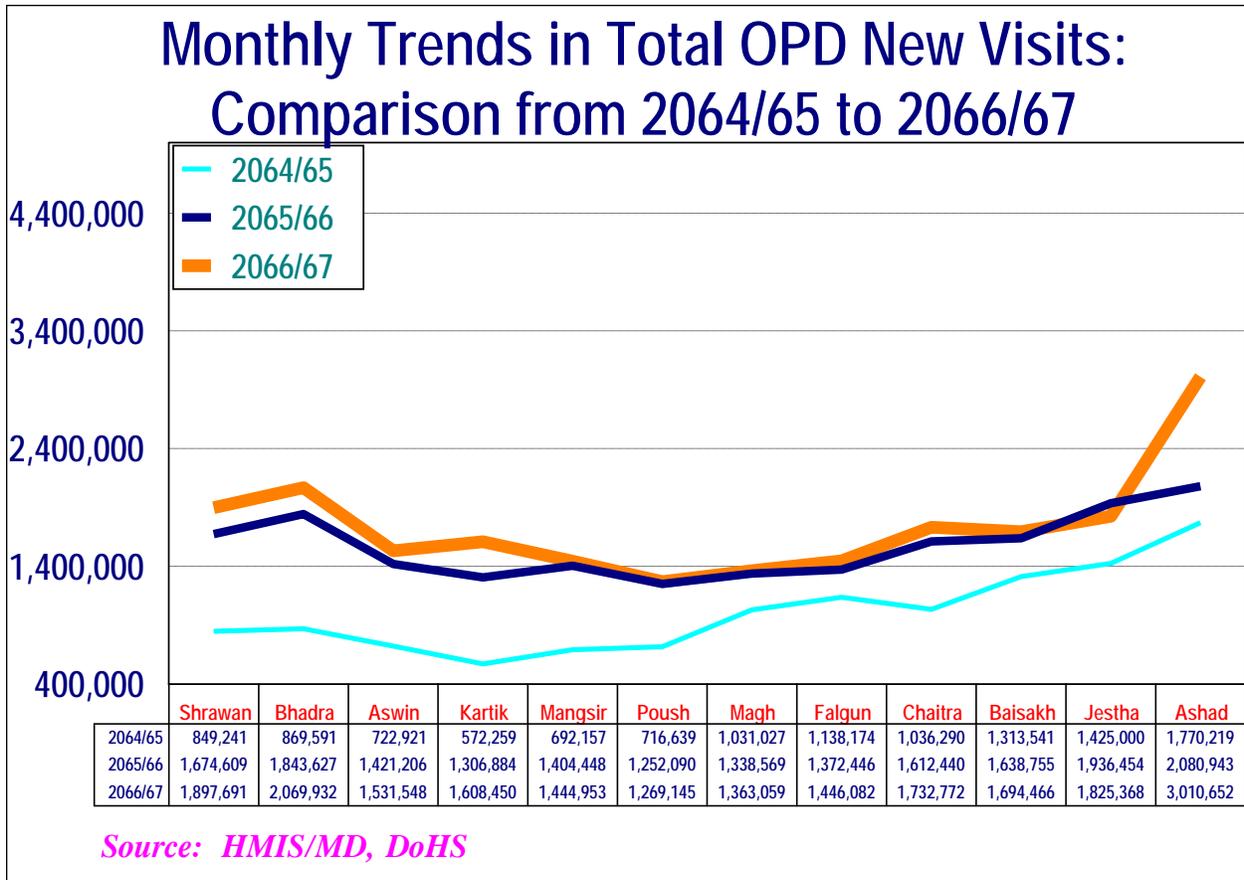


Figure 5.7

2.2.4 Hospital Services

Curative services are provided to the people in government and non-government hospitals, private nursing homes, and hospitals run by NGOs/INGOs. Government hospitals are classified as central, regional, sub-regional, zonal, and district-level hospitals. However, reporting of the services is mainly from government health institutions. The reporting from private sector is not very encouraging even though some of the institutions are reporting regularly.

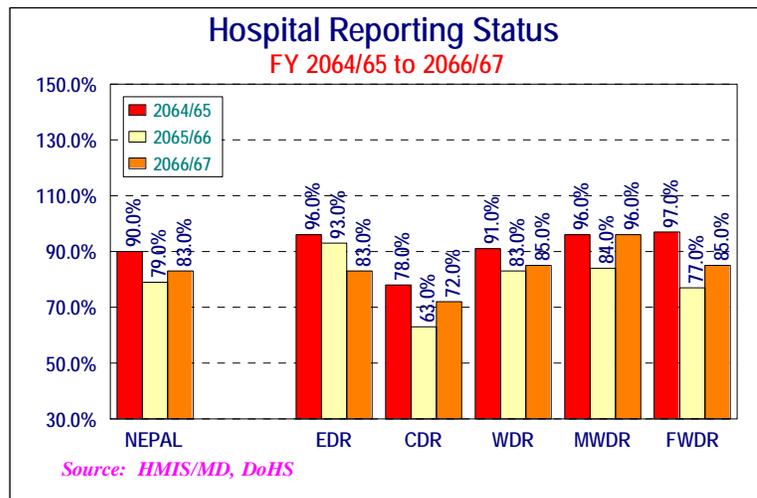


Figure 5.8

A great deal of efforts and regulatory policy will be required to bring private sector in health management information system so that actual figure of hospital services can be reflected.

Figure 5.8 shows the nation-wide reporting status of Hospitals mainly from Government sector though data from few non-government, community and private sector are also incorporated. Hospital reporting status varies from 72 percent in CDR to 96 percent in MWDR respectively. The reporting status had increased by 4 percent at the national level during the FY 2066/67 as compared to FY 2065/66.

2.3 ANALYSIS OF IN-PATIENT MORBIDITY

During the fiscal year a total of 1,184 months of monthly reports were received from the government and other hospitals out of 1,380 months of monthly. As of the available report, during the FY 2066/67 out of the total admitted patients of 386,381 of which 376,960 patients were discharged from the hospitals.

Table 5.3 shows the Top Ten reasons for hospitalization with ICD classification of the patients. 7,093 cases (2.36 percent) were classified under ICD code as R69 (Unknown and Unspecified Causes of Morbidity) from among the total inpatients of 301,135. Table 5.3 also presents the ten leading causes of hospitalization during the FY 2066/67. As mentioned in the table, single spontaneous delivery (O80) remains the most common service followed by Diarrhoea and Gastroenteritis of Presumed Infectious Origin (A09) and J18 (Pneumonia organism) is the third leading causes for hospitalization.

Table 5.3 Top Ten Reasons for Hospitalisation, FY 2066/67 (2009/2010)

S.N.	ICD Code	Cause of Hospitalization	Patients Number	Percent
1	O80	Single spontaneous delivery	85,524	28.40
2	A09	Diarrhoea & gastroenteritis of presumed infectious origin	17,590	5.84
3	J18	Pneumonia, organism unspecified	9,380	3.11
4	J22	Unspecified acute lower respiratory infection	8,286	2.75
5	J44	Other chronic obstructive pulmonary disease	7,699	2.56
6	O82	Single delivery by caesarean section	5,877	1.95
7	R50	Fever of other and unknown origin	5,352	1.78
8	N39	Other disorders of urinary system	5,274	1.75
9	O06	Unspecified abortion	4,473	1.49
10	T14	Injury of unspecified body region	4,431	1.47
		All Others reasons	147,249	48.90
		Total number of discharge Patients	301,135	100.00

Source: HMIS/MD, DoHS

Table 5.4 presents the age and sex distribution of discharged inpatients for FY 2066/67. Among the total number of inpatients, the female to male ratio is approximately 2:1 at national level. It may be due to the large number of admission made for deliveries in the hospitals among the total discharged. At the same time, the age group of 20-29 reported the highest number (more than 35.41 percent) of cases for the discharged inpatient morbidity.

Table 5.4 Inpatients Morbidity, by Age and Sex, FY 2066/67 (2009/2010)

Age group (years)	Female		Male		Total	
	No.	%	No.	%	No.	%
<28 days	4,460	1.22	6,666	1.82	11,126	3.04
29 days - 1 Yrs	6,433	1.76	11,677	3.19	18,110	4.95
1 - 4 Yrs	8,110	2.22	12,618	3.45	20,728	5.67
5 - 14 Yrs	10,697	2.92	15,588	4.26	26,285	7.19
15 - 19 Yrs	30,538	8.35	7,548	2.06	38,086	10.41
20 - 29 Yrs	116,538	31.86	12,997	3.55	129,535	35.41
30 - 39 Yrs	29,729	8.13	10,405	2.84	40,134	10.97
40 - 49 Yrs	13,915	3.80	9,816	2.68	23,731	6.49
50 - 59 Yrs	10,509	2.87	9,221	2.52	19,730	5.39
60 - 64 Yrs	17,796	4.87	18,607	5.09	36,403	9.95
65 + Yrs	959	0.26	953	0.26	1,912	0.52
Total	249,684	68.26	116,096	31.74	365,780	100.00

Source: HMIS/MD, DoHS

Table 5.5 shows the total number of deliveries conducted in hospitals, the number of surgeries (major, Intermediate and minor) carried out, number of maternal deaths (74) that occurred among total deaths 3,924 in hospitals. Only 1.89 percent deaths were recorded as the maternal death out of the total deaths in the hospitals. The average length of hospital stay, bed occupancy rate and total inpatients days in hospitals among the discharged patients during the FY 2066/67 (2009/2010) are given below.

Table 5.5 Hospital Deliveries, Surgeries and Maternal Death, FY 2066/67 (2009/2010)

	Total deliveries conducted	Maternal deaths	Surgeries	Total deaths	Total inpatient days	Average length of stay at hospital	Bed occupancy rate
National	119,371	74	60,491	3,924	1,653,696	4.39	80.9

Source: HMIS/MD, DoHS

Figure 5.9 shows the total number of in patient morbidity by communicable and non-communicable diseases. 88 percent of the in patients were admitted for non-communicable diseases where as only 12 percent of the discharged patients were admitted for the communicable diseases.

Figure 5.10 shows the death rate among inpatients by communicable and non-communicable diseases. The death rate among in patients with communicable diseases (1.20 percent) is lower than that of non-communicable disease (1.00 percent) among the hospitalized cases in the country.

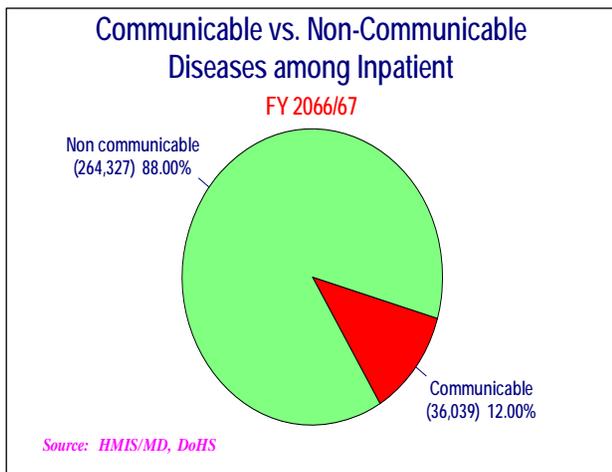


Figure 5.9

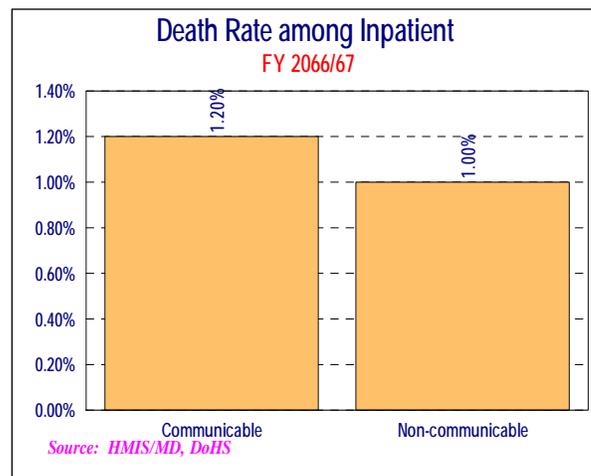


Figure 5.10

3. Information on Central Hospitals

Table 5.6 below highlights the comparative curative services rendered by the different central hospitals during the FY 2064/65 to 2066/67 as presented by respective hospitals during the national performance review meeting. Over the period of last three fiscal years the inpatients services rendered by the central level hospitals shows a little fluctuated but in an increasing trend. As compared to FY 2064/65, the services rendered to in-patients department from National Academy of Medical Sciences (NAMS) Bir hospital, Kanti children's Hospital, Paropkar Maternity and Women's Hospital, Mental Hospital, Sukraraj Tropical and Infectious Diseases Hospital, Shahid Gangalal National Heart Center and BP Koirala Institute of Health Sciences has increased during the FY 2066/67.

Table 5.6 Number of Hospital Beds available, Out-patients including Emergency and In-patients by Central Hospitals for FY 2064/65 to 2066/67 (2007/2008 to 2009/2010)

Name of Central Hospital	Fiscal Years	Total beds Available	Total out-patients including emergency cases	Total In-patients
National Academy of Medical Sciences (NAMS) Bir Hospital	2064/65	451	338,727	9,641
	2065/66		325,920	9,303
	2066/67		319,079	10,396
Kanti Children's Hospital	2064/65	309	151,004	10,139
	2065/66		155,858	10,924
	2066/67		158,640	11,302
Paropakar Maternity and Women's Hospital	2064/65	336	149,173	23,970
	2065/66		164,970	26,547
	2066/67		170,491	28,821
Mental Hospital	2064/65	45	23,116	766
	2065/66		23,233	730
	2066/67		26,182	826
Sukraraj Tropical & Infectious Disease Hospital	2064/65	100	16,276	4,789
	2065/66		25,828	5,636
	2066/67		24,689	3,843
Shahid Gangalal National Heart Center	2064/65	160	83,399	7,891
	2065/66		99,253	8,268
	2066/67		104,217	11,492

Name of Central Hospital	Fiscal Years	Total beds Available	Total out-patients including emergency cases	Total In-patients
BP Koirala Institute of Health Sciences	2064/65	585	293,748	31,555
	2065/66		311,660	34,952
	2066/67		330,640	38,095

Source: Respective Hospitals

From the available report, the bed occupancy rate of the seven central hospitals ranges from 31 percent in Sukraraj Tropical & Infectious Disease Hospital to 92 percent in Kanti Children's Hospital during the FY 2066/67. The highest bed occupancy rate 91.5 percent is observed in Kanti Children's Hospital followed by Paropakar Maternity and Women's Hospital 80.4 percent compared to other central hospitals and the lowest bed occupancy rate 30.9 percent was observed in Sukraraj Tropical & Infectious Disease Hospital. The highest death rate of 7.8 percent among in-patients was reported in National Academy of Medical Sciences (NAMS) Bir Hospital followed by BP Koirala Institute of Health Sciences at 3.5 percent. The reason for the high death rate among the In-patients was explained as the critical patients are being brought at the Bir Hospital because of centrally located.

Table 5.7 Bed Occupancy Rate, Death Rate among In-patients and Percentage of Female Patients treated by Central Hospitals, FY 2064/65 to 2066/67 (2007/2008 to 2009/2010)

Name of Central Hospital	Fiscal Year	Bed Occupancy Rate	Death Rate Among In-patients	Percent of Female Patients Treated
National Academy of Medical Sciences (NAMS) Bir Hospital	2064/65	63.26%	9.28%	42.66%
	2065/66	67.00%	10.40%	NA
	2066/67	72.40%	7.78%	NA
Kanti Children's Hospital	2064/65	74.30%	1.62%	35.94%
	2065/66	90.30%	1.75%	NA
	2066/67	91.5%	1.20%	NA
Paropakar Maternity and Women's Hospital	2064/65	71.40%	0.03%	100.00%
	2065/66	75.00%	0.03%	100.00%
	2066/67	80.38%	0.02%	100.00%
Mental Hospital	2064/65	90.94%	0.0%	59.92%
	2065/66	95.15%	0.0%	NA
	2066/67	72.97%	0.0%	NA
Sukraraj Tropical & Infectious Disease Hospital	2064/65	35.25%	1.73%	48%
	2065/66	37.56%	1.15%	NA
	2066/67	30.92%	1.98%	NA
Shahid Gangalal National Heart Center	2064/65	85.61%	2.09%	43.04%
	2065/66	77.89%	1.09%	NA
	2066/67	77.42%	2.41%	NA
BP Koirala Institute of Health Sciences	2064/65	66.87%	4.10%	57.65%
	2065/66	73.16%	3.40%	85.00%
	2066/67	75.80%	3.50%	NA

Source: Respective Hospitals

Table 5.8 and 5.9 show the five leading causes of morbidity and mortality pattern among in-patients within the seven central level hospitals. The five leading causes of in-patients morbidity and mortality are quite different because of the different services are being provided by the different hospitals.

Table 5.8 Five Leading Causes of Morbidity among In-patients by Central Hospitals, FY 2066/67 (2009/2010)

Central Hospital Name	Five Leading causes of Morbidity (no. of patients)				
	I	II	III	IV	V
National Academy of Medical Sciences (NAMS) Bir Hospital	Head injury (462)	COPD (445)	Cholelithiasis (439)	Appendicitis (301)	CVA (267)
Kanti Children's Hospital	Pneumonia (9,500)	NNS (711)	Enteric Fever (221)	Acute G.E. (217)	Bronchitis (211)
Paropakar Maternity and Women's Hospital	Delivery	Abortion Complication	Menstrual disorders	U V Prolapse	Fibroid Uterus
Mental Hospital	Schizophrenia	Bipolar affective disorder	Depression	Alcohol Dependent Syndrome	Severe cases of Anxiety disorder
Sukraraj Tropical & Infectious Disease Hospital	Gastro enteritis (2,676)	PLHA (321)	Enteric Fever (218)	Snake bite (203)	Fever (74)
Shahid Gangalal National Heart Center	Coronary Artery Diseases	Heart Failure	Congenital Heart Diseases	Rheumatic Heart Diseases	Infective Endocarditis
BP Koirala Institute of Health Sciences	Normal live born (17.9%)	Normal delivery (14.7%)	Caesarean Section (5.9%)	Cholelithiasis (3.47%)	Poisoning All (2.1%)

Source: Respective Hospitals

Table 5.9 Five Leading causes of Mortality among In-patients by Central Hospitals, FY 2066/67 (2009/2010)

Central Hospital Name	Five Leading Causes of Mortality				
	I	II	III	IV	V
National Academy of Medical Sciences (NAMS) Bir Hospital	COPD (70)	Pneumonia (44)	CVA (42)	DM (29)	Head Injuries (27)
Kanti Children's Hospital	NNS (56)	Respiratory Diseases (35)	Anaemia (15)	Meningitis (13)	Malnutrition (4)
Paropakar Maternity and Women's Hospital	Pulmonary embolism (5)	Septicaemia (2)	0	0	0
Mental Hospital	0	0	0	0	0
Sukraraj Tropical & Infectious Disease Hospital	PLHA (56)	Tetanus (10)	G/E (4)	Rabies (2)	Hepatitis (2)
Shahid Gangalal National Heart Center	Coronary Artery Diseases	Rheumatic Heart Diseases	Congenital Heart Diseases	Heart Failure	Arrhythmia
BP Koirala Institute of Health Sciences	Birth asphyxia (10.16%)	Septicaemia (8.03%)	Bacterial Sepsis of NB (7.48%)	Low Birth Weight (6.37%)	Pneumonia (4.80%)

Source: Respective Hospitals

Table 5.10 shows the percentage of expenditure by the central hospitals with respect to the released budget. The lowest percentage of expenditure was observed in National Academy of Medical Sciences (NAMS) Bir Hospital (95.07) followed by Kanti Children's Hospital (95.51) as compared to other central hospitals during the FY 2066/67. Compared to last fiscal year the budget expenditure in relation to released budget seems improved during the review period.

Table 5.10 Allocated Budget, Released and Expenditure by Central Hospitals, FY 2064/65 (2007/2008) to 2066/67 (2009/2010)

Name of Central Hospital	Fiscal Year	Hospital Allocated Budget, Released Budget and Expenditure			
		Allocated (Rs.)	Released (Rs.)	Expenditure (Rs.)	Expenditure(%)
National Academy of Medical Sciences (NAMS) Bir Hospital	2064/65	214,730,000	197,230,000	183,125,843	92.84%
	2065/66	519,850,000	519,850,000	484,467,000	93.00%
	2066/67	642,563,100	642,563,100	610,864,771	95.07%
Kanti Children's Hospital	2064/65	93,400,000	NA	86,464,127	92.57%
	2065/66	51,563,000	50,500,000	46,598,000	92.27%
	2066/67	95,095,000	90,829,000	90,829,000	95.51%
Paropakar Maternity and Women's Hospital	2064/65	NA	NA	NA	-
	2065/66	NA	NA	53,153,641	100%
	2066/67	92,500,000	92,500,000	91,559,000	98.98%
Mental Hospital	2064/65	18,700,000	16,245,769	12,625,848	100%
	2065/66	14,000,000	13,872,377	13,872,377	99%
	2066/67	14,301,773	14,301,773	14,301,773	100%
Sukraraj Tropical & Infectious Disease Hospital	2064/65	31,846,000	NA	31,459,000	98%
	2065/66	41,900,000	40,796,565	40,796,565	97%
	2066/67	50,500,000	50,500,000	49,001,660	97%
Shahid Gangalal National Heart Center	2064/65	420,000,000	420,000,000	396,200,000	93.6%
	2065/66	NA	NA	NA	NA
	2066/67	632,000,000	632,000,000	610,833,000	96.65%
BP Koirala Institute of Health Sciences	2064/65	620,000,000	620,000,000	656,763,298	100%
	2065/66	110,000,000	110,000,000	110,000,000	100%
	2066/67	169,350,000	169,350,000	169,350,000	100%

Source: Respective Hospitals

4. Problems, Constraints and Issues

1. Lack of Human Resources.
2. Unavailability of guideline on payment of extra work for health workers.
3. Review hospital development staff policy.
4. Lack of adequate systems for performance review of hospital including private sector.
5. Lack of Policy guideline for up-grading and expansion of Health Institution.
6. Weak Medical Record Keeping System.
7. Discrepancy in service charge among hospital of Public and Private sectors.

Note: For detail data, please refer to the annexes in this document.

Supporting Programmes

6a	National Health Training	225
6b	National Health Education, Information and Communication	239
6c	Logistics Management	247
6d	National Public Health Laboratory Services	259
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National Health Training Center

1 BACKGROUND

1.1 PREFACE

The Health Care Delivery System has remained competent in providing health care services up to the community people through developing skilled human resources. But at the same time, the training system still needs to be improved to the proficient level to meet the international quality. Skilled Human Resource for Health is the main component to meet its standard. Ministry of Health and Population accord high priority for the development of competent human resource through various means of training activities through developing trained human resource for better improvement in health care service delivery. To materialise this fact National Health Training Strategy (NHTS) 2004 has been revised and updated. The NHTS-2004 focused on development and management of human resources at all levels for delivering quality health care services, for which national health training centre has felt real need in quality training system through shared responsibility with NGO/INGO and private sector in training programs. At the same time, it has focused on overseeing all training need of MOHP through co-ordinated and complimentary efforts of all stakeholders of MoHP and EDPs, private sector training resources under the stewardship of MoHP. The strategy also envisaged for an integrated national health training system to maximise quality training for all resource persons and trainee health workers.

1.2 NHTC AN APEX BODY FOR TRAINING WITHIN MoHP

National Health Training Centre has established as an apex body for human resource development towards meeting NHSP Output no 7 and millennium development goal 4, 5, and 6 for the Ministry of Health and Population. Thus, it aims to cater the training needs of various Divisions/Centres of Department of Health services (DoHS), Department of Drug Administration and Department for Ayurveda under MoHP.

1.3 THE NHTC TRAINING NETWORK

The National Health Training system is an integrated and cross cutting efforts towards meeting training needs to support the quality health care delivery throughout the country. It supports to policies, plans and activities of MOHP to be addressed through training to contribute in achieving national goals and targets. NHTC is organized by the Director with a team of administrators, senior level training officers and trainers at the center and Regional Health Training Centers (RHTC) at the regional levels. They provide technical as well as managerial inputs at the national, regional, district and community level training programmes with appropriate and quality training need assessment, training delivery, monitoring, evaluation, post training follow up and research related activities on public health and health education.

Training is delivered through the network of National Health Training Centre, 5 Regional Training Centres, one Sub Regional level training center, district level training facilities in 30 districts and 14 Training Health Posts in appropriate district sites. A team of 5-7 district training team provide training to the concerning health worker of PHCC, HP and SHPs. Besides this, there are 18 clinical training sites

attached to Regional and Zonal hospitals for providing clinical competency based training in the area of FP, SM, and Clinical service Management.

1.4. Vision Statement

The vision of NHTC is to develop as a National Health Training Academy to Institutionalize Training System Thus the training system which will be sustained and capable of responding to training requirements of all stakeholders being involved in health care delivery system up to the community level.

1.4.1 Mission Statement

The National Health Training Center helps to develop Human Resources to facilitate Health Planners ,Program mangers, Trainers in preparing and implementing their training programmes and train service providers for successful implementation.

1.4.2 Goal

The overall goal of NHTC is to produce/prepare efficient health service providers by means of training to contribute to deliver quality health care services towards attainment of the highest level of health status.

1.4.3 Objectives

- Assess training requirements of Health Workers and prepare training plans based on the programme's requirement.
- Plan, implement and train health workers as demanded by programmes.
- Design, develop and refine teaching, learning materials to support implementation of training programs.
- Develop/ improve capacity of trainers to deliver quality training at central, regional and district level.
- Support RHDs and DHOs in organizing, implementing and evaluating the training programs.
- Coordinate with all National and International, Governmental and Non-Governmental Organizations to avoid duplication of training and improve quality of training.
- Orient newly recruited health workers on health programs.
- Supervise, monitor, follow-up and evaluate training programmes.
- Conduct operational studies to improve training efficiency and effectiveness.
- Organize International Training as per need.
- Establish TIMS for the quality recording and reporting systems of all training programs at central, regional, district, and community levels.

1.5 STRATEGIES

National Health Training Center under MoHP operationalizes training activities in line with National Health Training Strategy 2004. The NHTC is responsible for developing human resources of the Department of Health, Department of Drug Administration and Department of Ayurveda. The training activities can be broadly classified into two themes as: In-Service training and International training categories.

NHTC provides following training activities:

1.8.1 Initial and Basic Training: Although Initial training for VHWs /MCHWs had been phased out if new recruitment is done by DoHS it will manage to conduct if necessary. NHTC offers basic training for FCHVs, ANM basic training was conducted during the reporting period.

1.8.2 Upgraded Training: NHTC has been offering several upgraded training courses e.g., MCHWs to become ANMs, training of ANMs and AHWs to become Senior ANMs and Senior AHWs respectively.

1.8.3 Specialised Training: NHTC conducts specialised training to service providers with the help of clinical training sites, to enable service providers to do additional responsibilities. For example after receiving IUCD/Implant, VSC, BEOC, SBA training becomes able to provide services specialised in such areas.

1.8.4 In-service Refresher Training: In- service refresher training are short course training required by Program Divisions and Centres for implementing new programmes and improving job performance of health workers. NHTC organizes such training at center, region and at the district level as well.

1.8.5 Orientation Programs: NHTC supports the divisions and centres in developing orientation packages, preparing master trainers for conducting various orientation of short duration for health workers and non health worker category. All newly recruited health staff of various categories before joining their work are provided orientation programme of short duration on health policy/health care service delivery system and their roles and responsibilities. NHTC also assists districts in conducting various advocacy and orientation programmes for Community Leaders and Health Management Committees, Orientation to District Development Committee (DDC)/Village Development Committee (VDC) members on programmes like FCHV, PHC/ORC management.

1.6 CERTIFICATION AND ACCREDITATION

NHTC is responsible to accredit and certify institutions offering short non clinical, clinical competency based training courses. The institutions should be accredited before providing such training courses. Training courses of more than one month duration will be accredited as part of career development. NHTC provides certificates after completing above training programs.

1.7 INSTITUTIONAL DEVELOPMENT

Human resource needs is reviewed regularly. An Inventory of potential trainers is being maintained. Each district has a team of 5-7 competent trainers to conduct locally identified training needs. One health learning material development unit has already been established under NHTC.

1.7.1 Physical Facility:

- Existing physical facilities including equipment will be reviewed and will identify additional needs if necessary based on the nature of training.

- So far most of the in- service training takes place at Regional Training Centres, district level, training facilities will be developed gradually .
- One additional Sub Regional Training Center will be developed at Karnali Zone
- A formal link is being maintained between Government National Health Training System and other private/ autonomous hospitals for clinical training purposes.

1.7.2 Health Training Program Development and Coordination

Training is a cross cutting support programme to contribute for effective health services delivery in the country with its optimal level quality of training. Infrastructure and logistics support activities were managed with the help of GON/MoHP system. Planning, monitoring, supervision, follow-up and evaluation functions are institutionalized at all level of the health training. There is also arrangement of before, during and after training programme evaluation including at the spot coaching by providing technical, human resource, logistics and financial support. Institutional/personnel performance is being reviewed after end of the training. In this regard, the strengths, weaknesses, opportunities, problems and constraints of training are assessed, at the end of each fiscal year, for improving in planning next year's training program and activities.

1.7.3 Capacity Building

The health service providers need competencies to provide specific services based on the service protocols, program modalities to the extent as per the need of the people. NHTC makes efforts to meet this capacity building,

1.7.4 Co-ordination Mechanism

NHTC has been planning, implementing managing training need of various Divisions, Centre of MoHP/ DoHS and providing support for quality service improvement in coordination and collaboration with the partnership of various institutions of MoHP including the EDPs and NGOs, private sector, Medical colleges.

1.7.5 Support from UN and Other International Development Partners

Various EDP's are providing collaborative supports to National Health Training Centre in planning and execution of training programs. The EDPs and the programmes they have been supporting are as follows:

- USAID/NFHP: Family Planning, Logistic Training, HFOMC, FCHV, quality monitoring tools in clinical training,
- DFID/SSMP: Maternal and neonatal health care Training: SBA, Anesthesia, Infection prevention, Clinical training site development;
- NSI: Anesthesia, Bio-medical Equipment R/M;
- MSI/SPN: Conduction of FP training, Support on Family Planning Training, SAS training;
- CFWC/NFCC: Conduction of FP training, Support on Family Planning Training;
- FPAN: FP Training , advocacy, ASRH training Resource person support ;

- UNFPA: RH orientation, SBA, IUCD, ASRH, Gender and health, Gender Based Violence, Behavior Change Communication, strengthening training capacity building, COPE/PLA
- WHO: Pre-service Training for GON health workers, support in Curriculum Development studies;
- UNICEF: SBA Training, Technical Assistance.
- IPAS: SAS Training.
- PSI Nepal: FP training, Medical Abortion (MA) training, etc.

Recently NHTC, through a Training Working Group is undertaking several initiatives towards strengthening its capacity in improving quality of training, package development, Preparing Trainers ,development of Integrated work plan in consultation with various support partners like NFHP-II, PSI Nepal, FPAN, CFWC, UNFPA, NSI, MSI/SPN, IPAS and NHTC has also assessed FP training sites and provided support for improving quality and performance of the FP related trainings and Re-functionalized FP training in Maternity Hospital. After assessment of the FP Training Sites using FP QI (FP quality Improvement tools) support was provided to upgrade it, built capacity of its human resource to conduct FP training. Also strengthened FP training sites (CFWC, ICTC-Nepalgunj, Maternity Hospital, FPAN, Koshi ZH) and reviewed, updated and finalized Training Packages e.g: IUCD and Infection Prevention Training Package, Procurement Planning, Auctioning, Write-off and Disposal Guidelines (logistic) training packages.

1.7.6 Financial Resources

- Annual Programme budget is allocated to Each RHTC and selected districts for implementing central and district level training programmes respectively. It is also envisioned to allocate annual grants for initiating locally organized training based on the number and extent of training needs
- Funding provision, in future, will be made on the basis of decentralized planning of the respective training institutions
- Mechanism will be explored for generating/mobilizing local resources by each training institutions
- Coordinated financial planning with need based resource allocation is carried out with the participation of all stakeholders.

1.7.7 Policy Making, Networking, Linkages and Coordination

- A Central level National Health Training Coordination Committee (NHTCC) chaired by secretary MoHP with the participation of Directors from National Administration Staff College (NASC), Local Development Training Academy, Training Institutions from IOM, MOE, CTEVT, private hospitals was formed and made functional for promoting inter-sectoral cooperation and coordination. NHTC will function as secretariat
- Similarly local level coordination committee will also be formed at Regional and District Level
- Strengthening the Training Information Management System (TIMS) will ensure compliance with the National Health Training strategy 2004.

1.7.8 Research

A training research is needed to identify problem of health workers and conduct operation as well as evidence based research on training to explore ways to improve the quality of training.

1.8 TRAINING FUNCTIONS

The NHTC has been undertaking the following training functions:

1.8.1 Assess Training Requirements of Health Workers: National and district training teams identify training requirement for each category of health workers and design courses accordingly.

1.8.2 Training Materials and Human Resource Development: Training materials are designed, developed, updated and revised as per identified training requirements.

1.8.3 Training Program Management and Implementation: Training programs are implemented in close collaboration with the partner/ stakeholders following the set policy, strategy, protocol and guidelines. The management and implementation of local level training programs is managed at local level institutions and updates through its national health training monitoring information system.

1.8.4 Physical Assets Management and Implementation of Health Training Implementation Fund: Physical assets management includes strengthening of existing training facilities, repair and maintenance of medical equipment laboratory etc. The Health Training Implementation Fund Procedure guideline 2059 facilitates to generate fund from the utilization of various training facilities.

1.8.5 Supervise, Monitor, Follow-up and Evaluate the Training Activities: There is an established mechanism of supervision, monitoring, follow-up and evaluation of the training activities in co-ordination with relevant stakeholders involved in training. The shared efforts provide feedback to NHTC to assert quality of training programs.

1.9 Training Process

- All in-service trainings comply with systematic training cycle,
- Training quality is maintained through use of standard training curriculum, lesson plans, quality monitoring tool,
- Major emphasis on competency based training approach following basic principles of clinical quality of training.

1.10 HEALTH TRAINING TARGETS

Indicators for measuring achievements are listed below:

Indicator	Description
Number of trained HW	Expresses the number of trained health personnel out of targeted number to be trained in the given fiscal year
Number of oriented HW	Expresses the number of oriented health personnel out of targeted number to be oriented in the given fiscal year

Indicator	Description
Number of oriented LHFMOCC	Expresses the number of oriented LHFMOCC out of targeted number of handover of health facilities to the local bodies in the given fiscal year
Number of trained volunteers (FCHVs)	Expresses the number of trained volunteers out of targeted number to be trained in the given fiscal year

2 ANALYSIS OF ACHIEVEMENTS BY MAJOR ACTIVITIES

2.1 TRAINING ACTIVITIES CARRIED OUT IN FY 2066/67 (2009/2010)

2.1.1 Central-Level Training Activities

Annual Target and Achievement for FY 2066/67 (2009/2010)

SN	Programme Component/Activities	Unit	Annual		
			Target	Achievement	Achieved (%)
1	Trainers capacity building activities				
	Training of trainers	Person	100	84	84
	Training Methodology				
	DTOT Training package printing	copy	200	200	100
	DTOT basic / refresher (district level)	person	200	98	49
2	Basic Training				
	Basic training for ANM	person	32	32	100
	Refresher training to VHWs	persons	1200	931	77
3	Training on Reproductive health services (SBA)				
	SBA training for Medical Officer/Nurse	Person	806	764	95
	Resource person for SBA	person	2	2	100
	SBA coordinator	person	1	1	100
	SBA supervisor	person	6	5	83
	SBA training for PHN	person	20	15	75
	SBA Manual/Log book Printing	copy	900	900	100
	SBA material photocopy	times	5	5	100
	SBA Review /planning meetings	times	2	2	100
4	SAS Training				
	SAS training for Doctors	person	100	102	100
	SAS Training for Nurses	persons	80	90	100
	SAS refresher training for service providers	person	20	0	0
	SAS Training OJT	person	30	17	57
5	Family Planning Training				
	Minilap for Medical Officer	Person	25	20	80
	Minilap for Nursing staff	Person	25	20	80.
	Non Scalpel Vasectomy	Person	50	30	60.
	IUCD training for nurses	Person	50	84	100
	Implant (Nurse / paramedic)	person	50	50	100
	COFP / Counseling training to service providers	person	100	94	94
6	Minimum Initial service package (MISP / RH) during Emergency				
	Emergency Service package development	copy	1	1	100
	Service package printing	copy	300	300	100

SN	Programme Component/Activities	Unit	Annual		
			Target	Achievement	Achieved (%)
	MTOT for MISP	person	20	20	100
7	OTT Management Training				
	OT T Management	Person	24	24	100
	OT Manual printing	copy	100	100	100
	AA Training	Person	16	4	25
	CTS Training	Person	6	6	100
	CTS manual printing	copy	100	100	100
8	Medical/Nursing care Management Training				
	ICU/ CCU Nursing Care Management training for MO/NS	Person	20	20	100
	Emergency Care management Training for NS	Person	20	20	100
	Nephro Care Management Training for MO, NS	persons	20	20	100
	Mental Health Care Management Training for Mo/NS	persons	16	16	100
9	Infection Prevention Training				
	Training to service providers	person	400	360	90
10	Bio Medical Equipment training				
	Bio Medical Equipment (BME)Training	Person	16	16	100
	BMEAT training	person	16	16	100
11	PHC/ORC Training				
	Training material printing	copy	200	200	100
12	ASRH Training				
	Training package printing	copy	125	125	100
	MTOT (central level)	person	20	20	100
	TOT (district level)	person	80	37	46
13	Health Institution Decentralization Program				
	Training Package Printing	copy	200	200	100
	Health Facility Operation Management Committee training on decentralization	committee	100	74	74
14	International Training				
	Training Package Development	package	1	1	100
	International Training	Batch	2	1	50
15	Behavior change Communication training				
	Training for District programmer assistants/ HF In charges	persons	40	40	100
16	COPE/PLA training				
	COPE/PLA training for HF Staff / HFOMC members	persons	60	66	100
17	FCHV Training				
	TOT for District programme Assistants	person	20	12	60
18	Training Information Management System (TIMS)				
	Package Development	copy	1	1	100
	Package printing	copy	100	100	100
	Training for TIMS establishment (Trainers)	person	20	25	100

SN	Programme Component/Activities	Unit	Annual		
			Target	Achievement	Achieved (%)
19	Gender Based Violence and Conflict Management Training (GBV) training				
	GBV package printing	Copy	2000	2000	100
	GBV training to District and below level Programme assistants/ service providers	person	100	84	84
20	Logistics Training				
	Logistics training for store keepers of HFs	persons	60	20	33
	TOT for Pull system	persons	20	17	85
	Training on Pull system	persons	200	0	0
21	Training for Free floating (private sector) Health Workers	Person	500	507	100
22	Up- Grading Training				
	AHW to Sr.AHW	person	230	168	73
	ANW to Sr. ANW	Person	30	18	60
	MCHW to ANM	Person	60	59	98
23	Monitoring/ supervision				
	Training monitoring/ supervision by Training officers	times	300	300	100
24	Annual Training Programme review planning workshop	Times	1	1	100

National Training System Strengthening activities

From above table it is seen that NHTC conducted some national training system strengthening activities on central, Regional Trainers on training methodology, training of trainers to district training Team. In this regard 98 trainers received this training out of targeted 100 trainers (98 %).

Basic Training: 32 women from various districts of Karnali Zone and Far Western Region received basic ANM training course (100 % achievement). This Training was aimed to support Government/s special programme for poverty alleviation for this sector.

In -service Training: During the reporting period, NHTC planned and implemented several In-service trainings in the general category for central / district level programme officials, managers and district and below level health facility In -Charges and service providers. The training programmes were Gender Based Violence (GBV), Adolescent Sexual Reproductive Health (ASRH), Behaviour Change communication (BCC), Logistics Management. In each training overall achievement was reported nearly 100 % achievement.

In clinical training, key component training was training of ANMs/ SN for Skilled birth attendants (SBA) working at district hospitals, PHCC, HPs in districts. The achievement reported was 764 ANMs/SN trained on SBA against target of training 806 ANMs/SNs (95% achieved).

It was pleasing to note that NHTC was able to meet nearly 100 % of the targeted SBA Training. This will help significantly in filling the gap of required number of SBA service providers in many PHCC/HPs of the country. NHTC also was able to meet target of training Medical Officers in Non scalpel Vasectomy, Minilaparatomy and IUCD, Implant training to SN, ANMs. Achievement was

around 80 % in vasectomy, Minilap while IUCD, Implant, had 100 % achievement. This number of trained FP service providers will help to provide VSC services in needy areas.

Other Clinical training implemented were 1) Safe Abortion Services (SAS) 2) Clinical training skills (CTS), 3) Operation Theatre (OT) Management 4) Nursing Clinical service management, 5) Infection prevention 6) Emergency Nursing Management, ICCU, clinical service management. Achievement in these training was above 90 percent. These training will also help in strengthening Clinical service delivery management at Hospitals. NHTC started training service providers in gender based Violence (GBV) to the service providers of Hospital/PHCC which will help in providing medical as well as social psychological help to victims of GBV. The management strengthening training provided to Health Facility Operation Management Committee will help in improving the management of handed over Health Facilities at community level.

Refresher Training: Refresher training was provided to VHWs for 5 weeks and also GON and NFHP support in FP component in selected districts (Kalikot, Jumla, Sindhuli, Salyan, Dang, Mugu, Bajhang. In total 505 VHW/MCHWs were given refresher in FP knowledge component. Besides this Refresher training was provided on Logistics BCC, Community based Maternal and neonatal health care, Quality assurance were provided to nearly 36000 grass root level health workers HFOMC members and FCHVs, .

Upgrading Training:

NHTC provided upgrading training for MCHWs to receive ANM training to serve with ANM's job responsibility, AHWs to receive Sr. AHW to serve with Sr. AHW's responsibility and ANM to receive Sr. ANM to enable them to perform job of a senior ANM. The achievement in this category of training was more than 95 %. It is expected that with these upgraded training the health Facilities at district and below level will have service of experienced, trained mid level service providers.

Community involvement/ mobilization activities.

NHTC has also introduced training on COPE/PLA (Client Oriented Providers Efficient / Participatory Learning Action), tool for increasing quality services at health facilities with the active involvement of service providers and service users and community leaders. Other key training was for Health Facility Operation Management Committee Members (HFOMCM) training on strengthening their management capacity to manage handed over health facilities. Achievement was nearly 100 % against the given target. However some training could not be conducted due to late release and unavailability of Fund.

Public Private Partnership:

NHTC has continued to promote public private partnership using a package developed for orientation to service providers residing at the community level, altogether 507 private sector service providers AHW/ ANMs (free floating health workers) were oriented on MOHP policy, health programmes, EHCS component. It is expected that this training will help in supporting health services provided by private sector with more efficiency and in line with GON policy, objectives.

NHTC has increased monitoring and supervision of training activities to assure maintenance of quality of training delivered. 300 monitoring visits were targeted and by the end of the reporting period 100 % monitoring visit achievement were reported.

International Training: NHTC accomplished its target of conducting International training for district level managers from south and south East Asia, SAARC Region. In this regard one batch of training was conducted on “Programming to Strengthen Maternal and Child Health Care Delivery through Community Participation

2.1.2 District Level Training programs

In efforts to promote district level training NHTC provided several training to be implemented by districts using their own trainers and support provided by RHTCs as and when needed. Following are activities conducted by districts. Due to the late release of fund some training could not be conducted in time. Districts could not do many UNFPA funded training activities due to unavailability of fund.

Following table shows detail of training activities conducted by districts with achievement against target.

Table 6a.2: Training Achievement, District level 2066/67 (2009/2010)

S N	Programme Component/Activities	Unit	Annual		
			Target	Achievement	% Achieved
1 FCHV Training Programme					
1.1	TOT for District Assistants /In-charges	person	30	30	100
1.2	FCHV kit bag procurement	Bag	8845	4645	53
1.3	Mothers Group Orientation	Person	4,855	3912	81
1.4	Basic Training	Person	4855	3990	82
2 PHC /Out Reach Training					
2.1	Training for district assistant/ Facility In-charges	persons	3810	2911	76
3 Adolescent Sexual Reproductive Health (ASRH) Training					
3.1	ASRH training to district assistants / HF In charges	persons	1100	1086	99
4. Gender and Health					
4.1	Training for Service Providers	Person	250	191	76
4.2	HFOMC members training	VDC	48	24	50
5	AAT Training	person	16	4	25

From the above table 6a.2, it is seen that FCHV basic training was provided to 3,990 new FCHVs against a target of training 4,855 FCHVs (82 % achievement). Districts also completed refresher training to 15,162 FCHVs with NFHP support during the reporting period. Satisfactory progress was also made in ASRH, Gender and health, HFOMC member's orientation on Gender and Health.

Table 6a.3: Central Level Budget Expenditure FY 2066/67 (2009/20010)

Source	Annual Budget Rs)	Expenditure	% expenditure
GAVI	78,164,000	49,306,000	63.08
Pool Fund	16,500,000	14,878,000	90.17
GON	15,000,000	10,132,000	67.55
UNFPA	11,250,000	5,962,000	53.00
DFID	56,675,000	38,231,000	67.46
USAID	2,300,000	350,000	15.22
Total	179,889,000	118,859,000	66.07

The above table presents the central level budget allocation by source of funding and the expenditure incurred during the FY 2066/67. The highest allocated budget was available from GAVI and followed by DFID. The total available fund was Rs. 179,889,000 and corresponding expenditure was 118,859,000 (66.07%). The highest utilization of fund is reported of pool fund and followed by GoN, however lowest reported expenditure of USID as 15%. The major constraints of fund utilization were noted due to delay in fund release for timely implementation of the programme activities.

2.3 RECOMMENDATION OF 2065/66 AND ACTION TAKEN IN FY 2066/67

As in the previous year the national performance review meeting recommended to manage a separate pool of trainers from various disciplines like public health, nursing, clinical health education for which NHTC has been continuously advocating but still not been materialized. Some of the specific issue/problems, identified during implementation of training activities noted in recent regional review meetings and National Review meeting are summarized below:

Issues	Recommendation	Responsibility
No skill Mix Personnel at Training Centres	Reorganization of MoHP is expected to help in this issue.	NHTC/DoHs/MoHP
Vertical approach in training	An integrated approach and spirit be maintained.	DoHS/All Divisions/Centres
Inadequate training allowances	Minimum allowances be allocated to maintain basic needs (lodging and fooding)	MoHP/DoHS/MoF
Training report not available on time	Implementation of TIMS will help to receive reports in time.	RHD/DHO/NHTC
No focal person for training at district level	Focal person for training be replaced with Health Education Supervisor	MoHP/MoF
No appropriate selection of participant	Appropriate participants be selected	RHDs/D(P)/HOs
Curriculum of Sr. AHW course	Incorporation of relevant portion of Mid Level Practicum (MLP)	DoHS/NHTC

Following table presents the broad heading of training activities to be implemented in the Fiscal Year 2067/68 (2010/2011)

Table 6a.4: Central Level Programme, FY 2067/68 (2010/2011)

SN	Training Centre strengthening	Unit	Target
1	ToT on Training Management Information System	Person	15
2	TOT for district trainers	Person	100
3	SBA training for ANM/SN/Doctors	Person	895
4	Annual programme review, planning for SBA training	Time	1
5	SAS Training for doctors and nurses	Person	200
6	SAS service OJT	Person	30
7	Infection prevention training for Health Workers	Person	500
8	Health Institution Decentralization Programme	Committee	100
9	ToT for FCHV	Person	20
10	Nursing/Medical service Mgmt Training	Person	60
11	Bio-medical Equipment & Maintenance Training for Assistants	Person	32
12	Behavior Change communication training for district supervisors	Person	20
13	COPE/PLA Training for service providers	Person	125
14	Supervision and follow-up for Post SBA training follow up	Time	300
15	Supervision and follow-up for Training conducted by RHTC	Time	300

S N	Activities	Unit	Target
1	Gender based violence and conflict management training	person	320
2	Family Planning Training		
	Minilap for Medical Officer	person	30
	Non Scalpel Vasectomy	person	60
	IUCD training for nurses	person	60
	Implant (Nurse / paramedic)	person	60
	COFP/ counseling	person	100
3	Upgrading Training		
	MCHW to ANM	person	30
	ANM to Sr ANM	person	30
	AHW to Sr AHW	person	167
4	Basic Training		
	Sr. AHW	Person	70
5	Refresher training		
	VHW	Person	35
6	Minimum Initial Service Package		
	Training for service providers	Person	70
	Rehabilitation Training	Person	20
	Appreciative Enquiry Training	Person	20
	Ultra sound training for Medical officers	Person	10
	Community mobilization behavior change communication Training for district supervisors	Person	20
	Clinical Skills Training for SBA trainers	Person	20
	X Ray equipment maintenance repair training	Person	10

S N	Activities	Unit	Target
	Emergency service management training for medical officers of district hospital	Person	100
	ICU management training for MO/ Staff nurses/.	Person	100
	Service entry training MO/Paramedics.	Person	100
	Medico Legal training for Medical officers	Person	100
	Mental Health management training for district hospital service providers	Person	20
	OT Management training for SNs	Person	36
	SA S (safe Abortion Care) refresher training	Person	40
	CS T training for District hospital MOs.	Person	12
	Medical Abortion Caesarian section training for medical officers	Person	12
	Annual Training programme review / planning	Person	1
	Monitoring and supervision	times	300

Following activities have been planned to be implemented at the district level for the fiscal year 2067/68

Table 6a.5 District Level Programme FY 2067/68 (2010/2011)

S N	Programme / Activities	Unit	Target
	Female Community Health Volunteer Training	Persons	5000
2	Mothers' Group's Orientation	Persons	5000
3	Anesthesia Assistant Training	Persons	12

National Health Education, Information And Communication

1 BACKGROUND

In 1991 a new health policy was initiated. Following this policy, the National Health Education, information and Communication Centre (NHEICC) was established under the Ministry of Health population in 1993, with the mandate to give high priority to information, education and communication in the health sector.

This center is responsible for developing, producing and disseminating messages to promote and supports specific all health-related programs and services in an integrated manner. For this purpose, Health education, information and communication programs have been in place in 75 districts since FY 2051/52. The Health education and communication units in the district Health Offices works to meet the increasing demand for health education services by implementing IEC activities utilizing various media and methods according to the needs of the district. Local media and languages are used in the district for IEC activities so that people can understand health messages clearly in their local context.

1.1 GOAL

The goal of the National Health Education, information And Communication Centre is to contribute to attainment of the highest level of health of the people of the country.

1.2 OBJECTIVES

The general objective of IEC for health is to raise the health awareness of the people as a means to promote improved health status and to prevent disease through the efforts of the people themselves and through full utilization of available resources.

The specific objectives of the programs are to:

- 1.2.1 Increase awareness and knowledge of the people on health issues;
- 1.2.2 Increase positive attitudes towards health care;
- 1.2.3 Increase healthy behavior;
- 1.2.4 Increase participation of the people in the health intervention programs at all levels of health services;
- 1.2.5 Increase access to new information and technology on the health programs for the people.
- 1.2.6 Promote environment health and hygiene
- 1.2.7 Control the tobacco and Non Communicable Diseases (NCDs)

1.3 STRATEGIES:

- 1.3.1 Implementing IEC interventions in an effective manner at the national, regional, district and community level;
- 1.3.2 Ensuring adequate supply of IEC/BCC materials to service outlets by using private and government distribution system;

- 1.3.3 Ensuring and mobilizing the participation of community, INGOs, NGOs, local bodies, social workers and individuals;
- 1.3.4 Building institutional capacities at various levels of interventions through training, orientation and workshop;
- 1.3.5 Developing, producing and disseminating uniform, accurate, appropriate and adequate messages on health based on the local needs and audience;
- 1.3.6 Using multi-media approaches to disseminate health information to people of community level;
- 1.3.7 Emphasizing interpersonal communication in the community level interventions;
- 1.3.8 Establishing and strengthening co-ordination and co-operation with related governmental, non-governmental and international organization at all level;
- 1.3.9 Strengthening monitoring and supervision activities at different level of interventions;
- 1.3.10 Conducting research on different discipline of IEC/BCC to determine the gaps in KAP among target audiences and gaps in KAP among service providers;
- 1.3.11 Segmenting audience and developing specific message for specific audience group based on the research;
- 1.3.12 Functioning National IEC/BCC Co-ordination Committee and Technical Committees in the central level consisting of the representatives from related GOs, NGOs and INGOs for providing approval and guidance in order to disseminating uniform, accurate, appropriate and adequate health messages to the people;
- 1.3.13 Establishing National Resource Centre for proper management and dissemination of IEC/BCC materials and messages;
- 1.3.14 Strengthening recording and reporting system in community, district and regional level HIEC activities.
- 1.3.15 Conducting advocacy in all level through national and international health related events.
- 1.3.16 Emphasize the social inclusion and gender in all level.

2 Analysis of achievement by major activities 2066/67 (2009/2010)

2.1 Activities carried out in FY 2066/67(2009/2010)

The IEC activities carried out during 2066/67 through the National Health Education, Information Communication Center was based on an approved annual plan. The major IEC activities carried out by NHEICC were as follows:

- Designed, produced and distributed IEC/BCC materials related with RH issues, child health issues, communicable and non-communicable diseases, environment health and hygiene, tobacco, gender and other public health issues.
- Produced and broadcast radio programs, spots, jingles through Radio Nepal and FM Radio in national, regional, and district level.
- Designed, produced and showed audio visual programs, films spots, jingles serial drama through local and national Television channels.
- Published promotive, preventive, and rehabilitative health messages through paper media.
- Conducted campaigns by using mass media, multi-media and community mobilization in the specific for prevention and control of epidemic and communicable disease.
- Established health education corner at health service delivery facilities and equipped with audio visual equipment and health education/BCC materials.

- Conducted health education program in schools.
- Printed and distributed various types of IEC/BCC materials such as pamphlets, posters, flip-charts, flex, booklet, and calendar.
- Celebrated Hand Washing Day, World Health Day, and World No Tobacco Day.
- Disseminated messages through high-level bureaucrats and politicians.
- Conducted interaction activities among the marginalized and socially disadvantaged groups in different health issues in the community level.

Other specific Activities:

- Various types of health education activities were carried out for the control of avian influenza and pandemic influenza which includes as audio visual, print media for social mobilization and IEC /BCC for behavior change.
- Audio visual programs and IEC/BCC materials were produced and aired as well as delivered on tobacco control and non communicable diseases.

2.2 Target vs. Achievement, Fiscal Year 2066/67 (2009/2010)

Central level activities

SN	Program	Units	Target	Achieved	% Achieved
1	Capital Expenditure				
1.1	Furniture purchasing	Time	1	1	100
1.2	Office equipment purchasing	Time	1	1	100
1.3	Office compound maintenance	Time	1	1	100
2	Recurrent Expenditure				
2.1	Jivan Chakra Television program from Nepal Television	Time	52	52	100
2.2	Hamro Swasthya Television program from Nepal Television	Time	52	52	100
2.3	Copy (reproduce) of IEC /BCC materials	Copy	400	400	100
2.4	Health ad., notice, release from Nepal/ Private Television	Time	800	800	100
2.5	Public Health & Population Radio Program airing from Radio Nepal	Time	208	208	100
2.6	Health ad., notice, release from Radio Nepal	Time	1200	1200	100
2.7	Health ad., notice, release from FM Radios of Kathmandu Valley	Time	1300	1300	100
2.8	Distribution of IEC /BCC materials and purchasing packaging boxes	Time	2	2	100
2.9	Flex, pamphlet, poster, calendar, booklet printing for student, teacher, women, journalist and public	Pieces	800000	800000	100
2.10	Dissemination of free health service notice, appeal & release	Time	300	300	100
2.11	Promotion of Ama Surakshya program from local & national news paper	Time	300	300	100
2.12	Health communication for epidemic control & prevention	Time	300	300	100
2.13	Advocacy program on FP, Population, adolescent, uterine prolapse, HIV/AIDS & RH to policy, makers, managers & guardians	Per	240	240	100
2.14	RH Messages from Radio/ Television	Time	250	250	100
2.15	FM Radio program on RH & rights, UN 1325, GBV airing on local languages	Time	270	270	100

SN	Program	Units	Target	Achieved	% Achieved
2.16	IEC/BCC Materials printing for prevention & control of epidemic on RH & humanitarian safety	Pieces	150000	150000	100
2.17	IEC/BCC Materials printing & update on RH	Pieces	500000	500000	100
2.18	Study of RH Radio Program on local languages	Time	1	1	100
2.19	Ama Surakshya Radio ad. airing from Radio Nepal	Time	240	240	100
2.20	Ama Surakshya Radio ad. Airing from 5 district FM Radio	Time	10000	10000	100
2.21	Ama Radio program Re airing from Radio Nepal	Time	52	52	100
2.22	Ama Television program Re show from Nepal Television	Time	26	26	100
2.23	Ama Television program Re show from Private Television	Time	26	26	100
2.24	Ama Surakshya ad. Airing from Television	Time	150	150	100
2.25	Ama Surakshya tele film production with well known artists in Nepali, Bhojpuri, & Tharu language	Copies	3	3	100
2.26	Ama Surakshya tele film show from Television in Nepali, Bhojpuri, & Tharu language	Time	9	9	100
2.27	Flex production on institutional delivery promotion	Pieces	350	350	100
2.28	Poster production on danger signs during pregnancy & delivery in Tharu, Bhojpuri & Nepali language	Pieces	180000	180000	100
2.29	4 types pamphlet printing on Ama Surakshya	Pieces	230000	230000	100
2.30	IEC/BCC Technical committee	Time	6	6	100
2.31	Coordination meeting with Ministry of Education & other Ministries and Departments on safe motherhood & neonatal health	Time	3	3	100
2.32	Technical content review & printing safe motherhood & neonatal health	Pieces	2000	2000	100
2.33	Study on effectiveness of IEC/BCC materials development, production, dissemination, & distribution on safe motherhood & neonatal health	Time	1	1	100
2.34	Sensitization program on waste management	Person	330	330	100
2.35	Health promotion program for peasants	Person	240	24	100
2.36	Health promotion program for industrial workers	Person	330	330	100
2.37	Health & sanitation program for healthy village development program	Time	1	1	100
2.38	Sensitization program for workers of hotel, restaurant, dance bar, & risky places on personal hygiene & environmental sanitation	Person	330	330	100
2.39	Interaction program to prevent from non communicable diseases, occupational diseases, accident, & tobacco consumption	Person	780	780	100
2.40	Sensitization program to minimize & elimination of deafness, blindness, & mental health problems	Person	120	120	100
2.41	Hire sweeper on contract for one year	Person	1	1	100
2.42	Supervision & monitoring of health education program	District	70	70	100
2.44	Capacity development orientation on health education, communication medium & methods	Person	20	20	100

Health Education Awareness Campaign for Diarrhoea Prevention

SN	Program	Units	Target	Achieved	% Achieved
1	Social mobilization				
1.1	Miking at ward level	Month	1	1	100
1.2	Mobilization of school student, teacher, political parties, social workers, FCHV, journalist, organization for sanitation campaign	Time	70	70	100
2	Printing & distribution of diarrhoea prevention pamphlet at household, local organization, school & community	Pieces	700000	700000	100
3	Message dissemination for Radio				
3.1	Radio Nepal	Time	100	100	100
	Radio Nepal Regional Station	Time	200	200	100
	Local FM	Time	600	600	100
4	Interaction program with political parties, social workers, student, teacher, FCHV, mother's group, social organization, journalist, district level line agencies at district level	Person	100	100	100
5	Dissemination Diarrhoea prevention message on paper media	Month	2	2	100
6	Transportation & packaging of Diarrhoea IEC Materials	Time	1	1	100
7	Other necessary activities & Contingency	Time	1	1	100

Tobacco Control Activities with Health Tax Fund

SN	Program	Units	Target	Achieved	% Achieved
1	Publicity of TAPS ban messages through different medium as Supreme Court Verdict	Time	1	1	100
2	Preparation of Tobacco Control Regulation draft & publicity as per the provision made in proposed Tobacco control & regulatory bill	Time	1	1	100
3	Ad./Notice from television on Tobacco control	Time	30	30	100
4	Ad./Notice from Radio on Tobacco control	Time	200	200	100
5	Ad./Notice from FM radio on Tobacco control	Time	1300	1300	100
6	Educational Material printing on tobacco control	Copies	60000	60000	100
7	Ad./Notice from Paper media on Tobacco control & health services	Time	300	300	100
8	Interaction program on tobacco control	Time	5	5	100
9	Purchasing of LCD & Computer	Time	1	1	100
10	Office room set up	Time	1	1	100
11	Recruitment of Press Advisor	Person	1	1	100
12	Recruitment of Driver	Person	1	1	100

Bird flu communication component for human health infection prevention

SN	Program	Units	Target	Achieved	% Achieved
1	Orientation to district level stakeholders	Time	15	15	100
2	Training to Valley & Terai based Social workers & NGO	Person	1000	1000	100
3	AI message publicity through Riksa & Audio Visual Van	Time	600	600	100

SN	Program	Units	Target	Achieved	% Achieved
4	Paper Ad. on National Daily	Time	180	180	100
5	Paper Ad. on Local Daily	Time	90	90	100
6	Television program production & airing	Time	16	16	100
7	Radio Ad. Production & airing	Time	120	120	100
8	FM Radio Ad. Production & airing	Time	768	768	100
9	FM Radio Program production & airing	Time	96	96	100
10	Orientation workshop with stakeholders	Time	2	2	100
11	AI workshop with Journalist & Editors	Time	2	2	100
12	Strategy development workshop	Time	1	1	100
13	Press & community briefing meeting	Time	12	12	100
14	Secretary Assistant	Person	1	1	100
15	Technical communication consultant	Person	1	1	100
16	Communication activities supervision & monitoring	Time	12	12	100

Population related communication Activities

SN	Program	Units	Target	Achieved	% Achieved
1	Tele serial Thorai Bhaya Pugi Sari production & airing	Time	30	30	100
2	Informational Material development & distribution for Population Information unit	Percent	100	100	100
3	Population related Radio Program (Including population song)	Time	10	10	100

The above tables present the target vs. achievement of NHEICC different health education and communication activities carried out during the FY 2066/67 at central level. All the communication and health education activities were carried out with close coordination with concern technical program division and center. Besides the above mentioned activities special health days were celebrated namely World Health Day, World No Tobacco Day, FCHV Day & International Women's Day.

Consolidated Target vs. Achievement of District level Activities, FY 2066/67 (2009/2010)

SN	Program	Units	Target	Achieved	% Achieved
1	Capital Expenditure				
1.1	District health education resources center strengthening with electronic equipments	District	25	25	100
2	Recurrent expenditure				
2.1	Health education program review & work plan development meeting	District	75	74	99
2.2	Health service promotional exhibition	Time	300	302	100
2.3	Health education material production based on local needs	Copies	1100000	1100000	100
2.4	Health education material distribution to health facility	Time	225	225	100
2.5	Essential health education program at school	Person	15000	15000	100
2.6	Operation of health education corner & resource center at every health facility	Facility	750	750	100
2.7	Health service promotion interaction program	Person	25000	25000	100
2.8	Publicity of health education message on paper media	Time	3100	3100	100

SN	Program	Units	Target	Achieved	% Achieved
2.9	FM radio program production & airing	Time	25000	25000	100
2.10	Community health promotion campaign	Time	928	92812	100
2.11	FCHV motivation for health education program conduction	Person	375	375	100
2.12	Health education program supervision & monitoring	Time	525	525	100
2.13	Sensitization program on environment & occupational health, water, food, waste management	Person	6000	6000	100
2.14	International women day celebration	Time	75	75	100
2.15	Orientation to journalist & media people on health education	Person	1500	1220	81
2.16	Orientation to school teachers on health education	Person	1890	1890	100

The above table clearly present the district level health education and communication activities of 75 districts of Nepal during the FY 2066/67. NHEICC supported to districts with providing technical guidance and logistics supplies such as IEC/BCC materials, CD/DV of audio/visual program.

In order to carry out the health education programs and communication activities at central level as well as district level different external partners provided technical and financial assistance health issues wise, WHO for anti tobacco activities and USAID for family planning, VSC and CDD/ARI.

3. Budget Expenditure during the FY 2066/67 (2009/2010)

SN	Budget source	Approved budget	Expenditure	% expenditure
1	Regular	43,418,000.00	39,663,603.00	91.35
2	Priminister fund	700,000.00	6,913,159.50	98.76
3	Health tax fund	2,300,000.00	2,291,481.00	99.63
4	AI program	9,160,000.00	8,416,077.00	91.88
5	Population program	3,700,000.00	3,699,984.00	99.99
6	Regular for district	6,452,5000.00	6,0593,000.00	93.91

The above table shows the budget allocation and expenditure percentage which is above 90 % to 99.99 % at central level activities and district level both.

4. Problems/ Constraints and Action taken

SN	Problems/ Constraints	Need to action taken
1	Least budget allocation for health education program in relation program budget	Request for more budget provision
2	Program specific IEC/BCC intervention need to strengthen for hard to reach group and urban slum	Plan and budget should be made
3	Identify IEC/BCC focal person until the revive of HET position	Decision should be taken in central level
4	Dissolved position of Health Education Supervisor at district level	Health Education Supervisor position should be reinstated
5	Weak management of Health Education activities in districts	Health Education Officer position should be created.

Logistics Management

1 BACKGROUND

An efficient management of logistics is crucial for effective and efficient delivery of health services as well as ensuring rights of citizens of having quality of health care services. Logistics Management Division (LMD) has been established under the Department of Health Services in 2050/51 (1993), with a network of central and five regional medical stores as well as district level stores. The major function of LMD is to procure, store and distribute health commodities for the government health facilities. It also involves repair and maintenance of medical equipments, instruments and the transportation vehicles.

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

- estimate annual requirements of program commodities including contraceptives, vaccines, and essential drugs;
- help to make demand and ensure supply of drugs, vaccines, contraceptives, essential medical supplies at all levels;
- monitor the national pipeline and stock level of key health commodities

1.1 OVERALL OBJECTIVE

To plan and carry out the logistics activities for the uninterrupted supply of essential medicines, vaccines, contraceptives, equipments, HMIS/LMIS recording & reporting tools and allied commodities (including repair and maintenance of medical equipments) for the efficient delivery of healthcare services from government health institutions in the country.

1.2 STRATEGIES

- 1.2.1 Logistics planning for procurement, storage and distribution of essential health care commodities.
- 1.2.2 Introduce effective and efficient procurement mechanisms like multi-year procurement and Central Bidding Local Payment (CBLP)
- 1.2.3 Use of LMIS information in the decision making at all levels
- 1.2.4 Strengthen physical facilities at the central, regional, sub-regional and district level for the storage and distribution of health commodities.
- 1.2.5 Promote web-based LMIS and Equipment/Expendable Items Inventory System in districts and regions
- 1.2.6 Repair and maintenance of medical equipments, instruments, cold-store and transportation vehicles.
- 1.2.7 Capacity building of required human resources on logistics management at all levels.
- 1.2.8 Implement Pull System for year round availability of essential drugs and other health commodities in the entire country.

1.3 MAJOR ACTIVITIES

- 1.3.1 Plan for the efficient management on procurement, storage, distribution and transportation of health commodities required for the delivery of healthcare services to all governmental health institutions in the country
- 1.3.2 Develop tender documents as per public procurement rules and regulations and procure essential medicines, vaccines, contraceptives, equipments, different forms including HMIS/LMIS and allied commodities
- 1.3.3 Store, re-pack and distribute medicines, vaccines, contraceptives equipments and allied commodities
- 1.3.4 Conduct health logistics management trainings /orientation in collaboration with NHTC, regions, districts and other stakeholders
- 1.3.5 Manage to print and distribute HMIS/LMIS recording & reporting tools, stock books and different forms required for all health institutions
- 1.3.6 Support on implementation and functioning of web-based LMIS, web-based Equipment Inventory System and Inventory Management System software
- 1.3.7 Manage to maintain the bio-medical equipments, machineries and transport vehicles;
- 1.3.8 Implement and monitor Pull System for contraceptives, vaccines and essential drugs in the districts
- 1.3.9 Coordinate with all development partners supporting health logistics management
- 1.3.10 Supervise and monitor the logistics activities of region and district levels.
- 1.3.11 Implement Telemedicine program in the hill and mountain districts
- 1.3.12 Procure, store and distribute various health commodities for program Divisions of the DoHS

2 ANALYSIS OF ACHIEVEMENTS BY MAJOR ACTIVITIES

2.1.1 TARGET vs. ACHIEVEMENT FY 2066/67 (2009/2010)

(Central Level Program)

S N	Activities	Unit	Target	Achievement (%)
1	Procurement of machinery, instruments, and equipment for all health institutions	Time	1	100
2	Procurement of Computer, Printer, UPS, Scanner and Photocopy	Time	1	100
3	Procurement of Furniture for Central stores	Time	1	100
4	Taxes and other duties payment for the vehicle procured in FY 2065/66	Time	3	100
5	Procurement of Pick-up for transportation of equipment and medicines	Time	5	0*
6	Procurement of medicines for all health facilities from Center	Time	1	100
7	Received of Zithromax for National Trachoma Program	Time	2	100
8	Repacking of Medicines, equipments, supply and preparation of tender documents	Time	300	100
9	Printing of LMIS and Stock Book register	Time	1	100
10	Tax payment, repacking and supply of Zithromax for National Trachoma Program	Time	2	100
11	Repair of bio-medical equipments, machinery, transportation vehicles, cold chain equipments and others.	Time	200	100

S N	Activities	Unit	Target	Achievement (%)
12	CBLP preparation workshop	Time	1	100
13	E-bidding Program	Time	1	100
14	Central and Regional Level Review workshop on Logistics	Time	6	100
15	ToT on Pull system program	No	78	100
16	Training on Web based LMIS and Inventory Management System	No	80	100
17	Rural Tele-medicine strengthening programs	Time	1	100
18	Tele-medicine program conduction from Patan Hospital	Time	1	100
19	Implementation of SAARC level Tele-medicine program	Time	1	100
20	Supervision of Logistics Program	Time	300	100
21	Contract mechanical and bio-medical technician	Time	1	100
22	Contract of security guard and drivers	Time	1	100
	Overall Physical Achievement			99%
	Overall Financial Achievement			81%

**2.1.1 TARGET Vs. ACHIEVEMENT FY 2066/67 (2009/2010)
(District Level Program)**

S N	Activities	Unit	Target	Achievement (%)
1	Procurement of Drugs and Medical Consumables for Free Health Services	Time	150	100
2	Repacking, Supply and Other Related works for Medicine, Instrument and Equipment	Time	225	100
3	Extension of Pull System Program	Time	27	100
4	Supervision and Monitoring of Logistics Management Program	Time	300	99
5	District Level Logistics Review	Time	225	80
6	Rural Telemedicine Program in Rural District	No	25	100
7	Service Contract for Free Health Medicine Supply, Web-base LMIS and Inventory Management System	Time	75	80
	Overall Physical Achievement			99%
	Overall Financial Achievement			80%

2.1.2 Procurement of Drugs and Equipment for various Divisions under Department of Health Services FY 2066/67 (2009/2010)

S. No.	Activities	Unit	Number
Division : A. Epidemiology & Disease Control Division			
1	Medicine and Surgical Goods for Epidemic and Natural Disaster Control, Malaria and Kala-azar Control.		
	a) Anti Malarial Drugs and test kits	Package	1
	b) Kala-azar Drugs and test kits	Item	3
	c) Supporting Medicines and supplies	Item	3
	d) Dengue test kits	Item	2
	e) Topical application and supporting supplies	Item	1

S. No.	Activities	Unit	Number
2	Tab. Diethylcarbamazine Citrate 100 mg	Item	1
3	Insecticides: Alphacypermthrin 5% WP	Item	1
4	a) Inj. Cell Culture Anti Rabies Vaccines b) Inj. Anti Snake Venom Serum	Item	2
Division : B. Family Health Division			
1	SMNH (BEOC, CEOC, Birthing Center, CAC, SBA) Service Delivery and Training Equipment and Instruments	Item	5
2	Contraceptives	Item	5
	IEC Printing Materials Training Manuals, guidelines and Identity Card	Package	1
4	NSV kit, Minilap kit, IUCD kit, Implant kit, FPOT equipment set	Package	5
Division : C. Child Health Division			
1	Cold Chain Equipments (Walk-in-cooler, walk-in-freezer, Ice lining refrigerator, Ice pack freezer and cold box with vaccine carrier etc)	Item	8
2	Syringes, Safety box, Weighing Machine and ARI sound timer etc	Item	9
3	EPI Vaccines	Item	5
4	CB IMCI and NCP Drugs	Package	1
5	ORS, Iron, Cotrim, Albendazole	Package	1
6	Printing Materials (Nutrition, CBIMCI, Zinc etc.)	Package	1
7	Vitamin A	Item	1
8	Cold chain Electrical Goods Installation	Package	1
9	Fortified Flour	Item	2
Division : D. Management Division			
3	HMIS recording & reporting tools Printing	Package	1
4	Annual Report and Glimpse of Annual Report	Item	2
Division : E. Leprosy Control Division			
2	Medicines	Package	1

Source: LMD, DoHS.

2.2 TREND OF SOME LOGISTICS ACTIVITIES

2.2.1 Availability of Key Health Commodities:

Logistics Management Division aims to make year round availability of health commodities in all health facilities. National stock out of health commodities has been steadily decreasing in last four fiscal years (figure 1). The average availability of contraceptives, key MCH commodities and selected essential drugs has increased in HF's in comparison with

previous fiscal years.

Though the demand and

consumption of essential drugs has increased

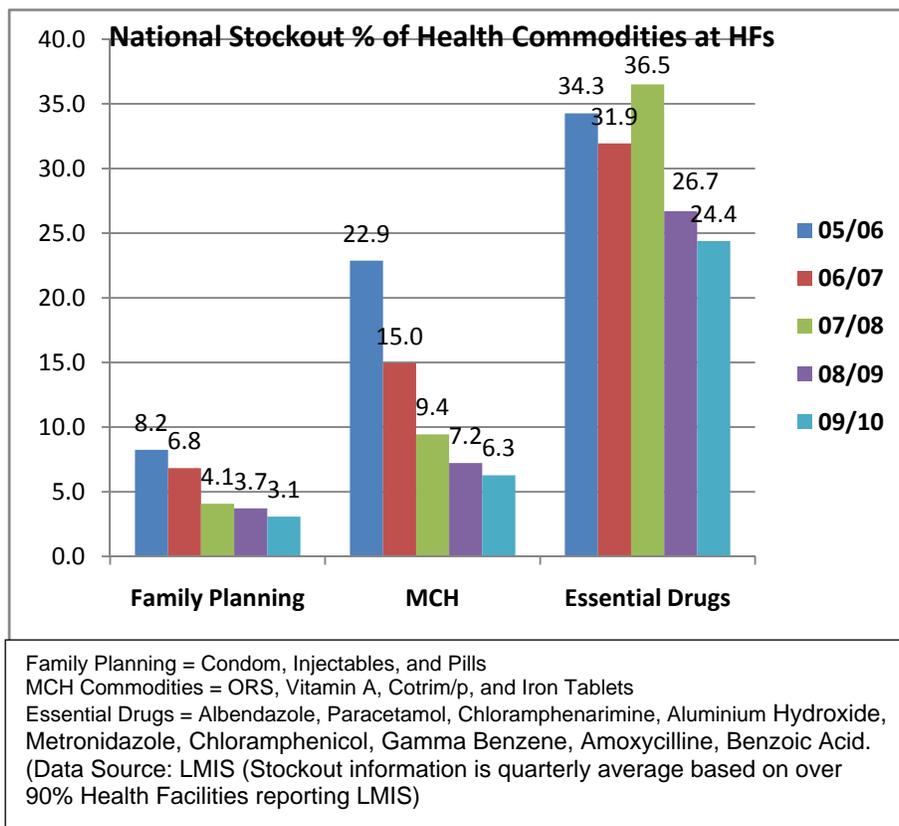
drastically after

implementation of free

health policy up to hospital

level, the stock out of the selected drugs has been reduced. The availability of health commodities is increased in health facilities is because of scale-up of Pull System, monitoring of LMIS and inventory management, health institution level logistics orientation, and other capacity building activities at various levels. There is a need to decrease the stock-outs % of essential drugs in the health facilities, for this there is need to strengthen the supply chain system from district to health facilities and effective implementation of 'Pull System'

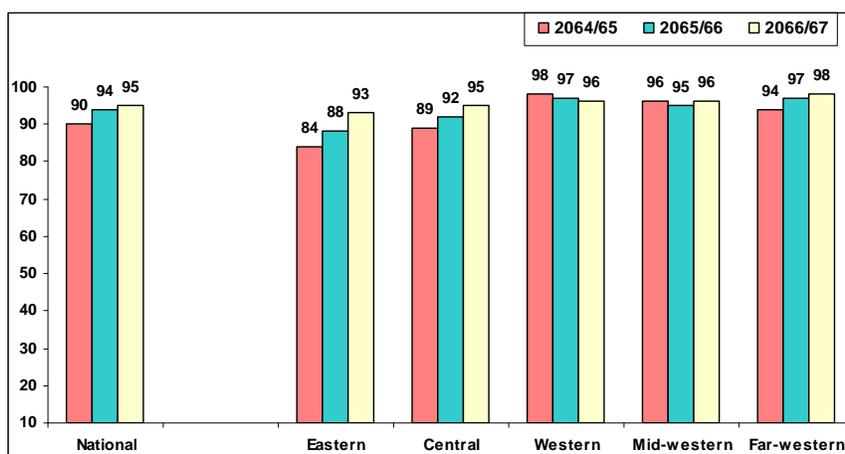
Figure 1: National Stock out % of Health Commodities at HF's



2.2.2 Logistics Management Information System (LMIS)

LMIS reporting from health facilities was consistently above 90% in FY 2. The LMIS reporting system is owned and institutionalised in the health system. It helps on forecasting and monitoring of health commodities and inventory management in the health facilities at different levels.

Figure 2: National LMIS reporting of last 3 Years



LMD/NFHP provided on the job training to newly recruited LMIS unit supervisor in LMD for timely data processing, report generation, data backups and other LMIS units activities.

In 2008, seeing the possibilities of transforming logistics information from quarterly to monthly with the advancement of Internet technology in Nepal, Logistics Management Division took a decision to implement Web based LMIS and Inventory Management System. This has helped to establish a better logistics network system between Central stores, RMSs and District stores with real time information on months of stock on hand of key FP, MCH, Essential Drugs, EPI and allied health commodities. Evidence based logistics decision making has had helped ensuring year round availability of key health commodities and essentials drugs to the consumer end. The reporting percentage of districts in web-based LMIS is about 25% at present and it needs regular supervision and monitoring to increase the reporting. The use of Inventory Management System is much higher (about 50%) in districts.

संकेत नम्बर	सामानको नाम	इकाई	गत बहिनाको बाँकी मौज्जात	यस बहिनामा जम्मा प्राप्त	यस बहिनाको जम्मा निकास	मौज्जातमध्ये प्रयोगमा ल्याउन नभइने शक्ति नाघेको तथा अन्य	कैफियत / एक बहिना भित्र म्याद गुजने परिमाण
20010000	B.C.G. बा.सी.जी.	Ampule एम्पुल					
20020000	DPT with Hep B. Combo डी.पी.टी. तथा हेप बी	Vial वायल					
20070000	Japanese Encephalitis vial						

Fig 3: Sample data entry screen of web-based LMIS

2.2.3 Distribution and Supply:

LMD regularly conducts distribution and transportation of health commodities, vaccines, health equipment and instruments every year to RMS and District Public/Health Offices of the country. LMD conducted an Annual Commodity Distribution Programme (ACDP) for supply of family planning commodities with stock of 14 to 16 months for district stores and adequate buffer stocks for regional medical stores. LMD directly transported the family planning commodities to all districts and RMSs. It also managed and monitored distribution of Vitamin A and Albendazole through RMSs to all districts for the mass campaign semi-annually.



Fig 4: Refrigerator Van for supply of vaccines

LMD had distributed all kinds of LMIS and HMIS forms and monitoring sheets to districts and regions at the beginning of the fiscal year. Besides, distribution of IEC materials, guidelines computers etc. were also supplied as per distribution plan provided by various divisions.

In the fiscal year LMD procured a Refrigerator Van for the 1st time in order to supply different kind of vaccines to the regional medical stores and sub regional medical store.

2.2.4 Human Resources Development on Logistics Management:

LMD conducted Pull System training in the remaining 27 districts with technical assistance from USAID/NFHP II in FY 2066/67. The demand based inventory management system is now implemented in all 75 districts. After introduction of pull system training, health workers are able to identify their commodity needs and demand of health commodities in their health facilities. The training helped to improve LMIS reporting and management of supply system based on the demand.

One day health institution level logistics review and orientation programmes were conducted in 12 districts¹ with support of USAID | DELIVER PROJECT/NFHP -II. A total of 944 staffs of districts and health facilities were oriented. Improvement in reporting status, supply system from district to health facilities and community and quality of LMIS reporting is expected in the districts after this activity.

In FY 2066/67, Basic Health Logistics training for MCHW/VHW was conducted in 9 districts² with support from USAID/NFHP -II. District level procurement training was conducted in 9 districts³ of Far-Western Region in close coordination with National Health Training Center (NHTC) in which 55 staff participated.

An orientation guideline for community health workers (Female Community Health Workers) has been developed and training has been planned for next FY in two districts with the support of USAID/NFHP II. LMD also revised the orientation guideline for Auctioning and Disposal as per new government rules and regulations. Moreover it is developing standard list of bio-medical equipment for all level of health institutions up to Zonal Hospitals with the support from USAID | DELIVER PROJECT/NFHP-II.

2.2.5 Health Commodities Security:

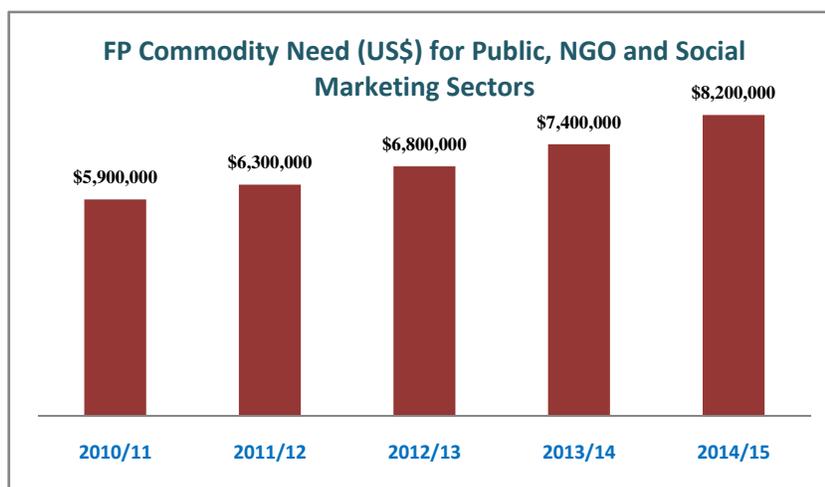
The 2-days National Level Workshop on Consensus Forecast and Quantification of Health Commodities for 2011 to 2015 was organized by Logistics Management Division and Family Health Division with the support from USAID | DELIVER PROJECT/NFHP II. There were about 50 participants participated in the workshop from LMD, FHD, RDs, RMS, DHO/DPHO, MoHP, World Bank, UNFPA, KfW, USAID, PSI, AED, CRS, FPAN, and NFHP.

The quantification and forecasting of essential drugs for 2011 was organized. The forecasting included about 68 Essential Drugs including all the free medicines and MCH commodities. MoHP has planned to procure the required quantity of essential drugs and there should not be any shortfall of budget to procure essential drugs. Quantification and forecast of key MCH commodities – ORS, Vitamin A, Cotrim/ped, Iron, Zinc, and Vaccines was projected for next 5 years. The forecasting and quantification of vaccines was incorporated from this year.

1 Bhaktapur, Humla, Gulmi, Kapilvastu, Parsa, Lamjung, Jhapa, Palpa, Nuwakot, Mahottari, Gorkha, and Dhankuta
2 (Surkhet, Salyan, Rolpa, Kalikot, Pyuthan, Dang, Kathmandu, Bhaktapur and Kavre).

3 Achham, Baitadi, Bajhang, Bajura, Kailali, Kanchanpur, Dadeldhura, Doti, and Darchula

There is need of US\$ 5.9 million for 2010/2011 to procure FP commodities (condom, injectables, oral pills, IUDs, and Implants) for Public and NGO sectors including social marketing. The demand of 2-rod implants is increasing dramatically now. MoHP has also started to fund for FP commodities For social marketing sector, majority of funds to procure



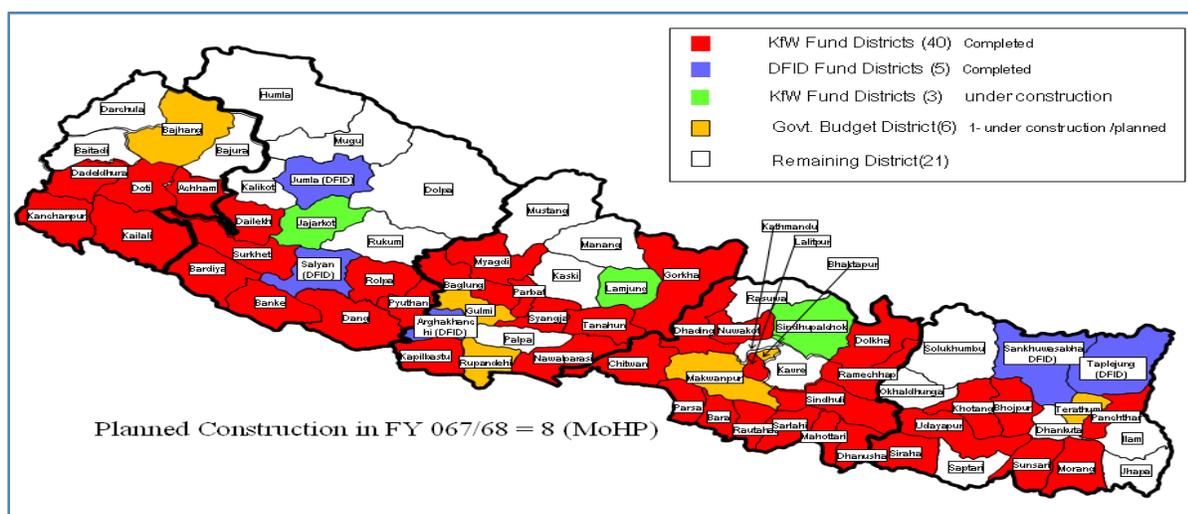
FP commodities (condoms, injectable, pills, emergency pills, IUDs, and Implants) is committed from USAID. There is a need of US\$ 1.3 million worth of FP commodities for 2010/2011 for social marketing sector. There is a shortfall of US\$ 0.312 million per annum of Oral Pills and Emergency Pill funded by KfW and shortfall may occur from 2012/2013. CRS also procures US\$ 0.24 worth of ORS every year.

2.2.6 Strengthening Storage and Construction of District Warehouses:

At present, construction of district warehouses is completed in 45 districts in co-ordination with Management Division. Five of these warehouses were funded from DFID and remaining from KfW fund with the management support from JSI. All 45 district warehouses were well equipped and functioning well and contributing in the management of district logistics system. In the coming year, 8 additional districts are planned to construct the warehouses (MoHP fund).

2.2.7 Strengthening Storage and Construction of District Store-rooms:

As per request from various districts (Lalitpur, Rolpa, Pyuthan, Kalikot, Jumla, Dailekh, Makawanpur,



Parsa, Bara, Rautahat, Dhanusha, Mahottari, Siraha, and Kaski) NFHP -II provided financial support for store furniture (racks, pallets, and cupboards) to all HF's of the districts. These furniture are being provided to strengthen the store standards of HF's and to enhance the availability of quality medicines

and FP commodities up to the consumer end. Need assessment of store equipment for Dhading, Bajura, Sarlahi, Dang, Surkhet, Salyan, Banke, and Bajhang districts has been completed.

2.2.8 National Pipeline Review Meetings

LMD conducted quarterly national pipeline review meetings. In the pipeline review meeting FHD, CHD, EDCD, NCASC, EDP partners (UNICEF, UNFPA, KfW, USAID/NFHP-II) and other stakeholders like social marketing and FPAN discussed the national stock status, procurement, and distribution status of 18 key commodities including FP, MCH, and Vaccines. These meetings were very effective in identifying the supply issues and address these issues promptly to avoid the stock-out situation of the health commodities.

2.2.9 Telemedicine Program:

LMD initiated and implemented Rural Telemedicine program in 25 hill and mountain districts⁴. in FY 2065/66. The training on Telemedicine for these districts has also been completed. LMD provided necessary Telemedicine equipments and network accessories to run the program for the districts.

In FY 2066/67, LMD has installed VSAT in 25 districts for high speed Internet connectivity. Patan hospital was equipped with human resource and Tele medicine accessories to function as centre of the program.

2 ACTION TAKEN ACCORDING TO THE RECOMMENDATION GIVEN IN FY 2066/67 (2009/2010)

S N	Problem and Issues	Action Taken
1	Insufficient transportation budget for remote district	District budget allocated (Rs.30 millions) for transportation of drugs and commodities, provided 37 pickup and 105 motorcycles.
2	Pull System training not covered in all districts	Pull system is implemented in 75 districts
3	Problem in repair and maintenance of Biomedical and cold chain equipments	Planned to establish repair and maintenance centre in three regions (Contracting Biomedical engineers and technicians)
4	Web-based LMIS and inventory management system not updated regularly	Contracted one store asst. per district Training was provided to storekeeper of districts and regions
5	Store capacity is still insufficient for the districts	Coordinated with Management Division and constructed some district stores.
6	Insufficient Free health medicine procured at the district level.	Adequate budget (Rs.750 million) and guideline was provided to district for local procurement of medicines for free health services.

⁴ Achham, Bajhang, Bajura, Darchula, Dolpa, Gorkha, Humla, Jajarkot, Jumla, Kalikot, Khotang, Manang, Mugu, Mustang, Okhaldhunga, Pyuthan, Rasuwa, Rolpa, Rukum, Sankhuwasabha, Sindhuli, Sindhupalchowk, Solukhumbu, and Taplejung

3 PROBLEMS AND RECOMMENDATIONS FOR FY 2066/67 (2009/2010)

S N	Issue/ Problems	Possible Recommendation / Suggestion	Responsibility
1	No budget for transportation of fortified flour	Provision of budget for next fiscal year.	DoHS, LMD, CHD
2	Low reporting of Web based LMIS, web based Inventory and operation of Telemedicine program	<ul style="list-style-type: none"> Regularly report on web based LMIS and Inventory Management System including Telemedicine program by the districts. Provide technical support and refresher training from the centre. 	D(P)HO/LMD
3	Insufficient store capacity of Central, RMSs and Districts	Separate medical, cold chain and equipment maintenance stores at regional level. Increased store capacity of all levels	MoHP, DoHS, MD, LMD
4	Lack of technical human resources for repair and maintenance of bio-medical equipment in the Central and RMSs	Provision of technical human resources for central, RMS and districts.	MoHP, DoHS, LMD
5	Difficulty in transportation of health commodities from district to health facilities	Contract out for transportation of health commodities to health facilities from the district level. (through Public Private Partnership)	LMD/D(P)HO
6	Insufficient hospital equipment in Referral hospitals.	Develop hospital equipment list up to referral hospital level.	MoHP, DoHS

4 TARGETS FOR FY 2067/68 (2010/2011)

S N	Activities	Unit	Target
Central Level			
1	Procurement of Hospital and Lab Equipment and Instrument for all HFs	Time	1
2	Procurement of equipments for Rural Telemedicine Programme	Time	1
3	Procurement of photocopy, fax, scanner and computer	Time	1
4	Procurement of furniture for centre	Time	1
5	Procurement of Pick up for medicine and equipment transportation	No	15
6	Procurement of Motorcycle	No	76
7	Procurement of Training Equipments for Regional Training Centres	Time	1
8	Establishment of Solar Backup System in District	No	40
9	Procurement of Medicine for all health institutions from centre	Time	1
10	Receiving of Zithromax for National Trachoma Program	Time	2
11	Customs duties, re-packing and distribution of Zithromax	Time	2
12	Repacking of Drug and Equipment for Centre and RMS	Time	300

S N	Activities	Unit	Target
13	Tender Document Preparation, Tender Notice Publication and Logistics Related Works	Time	200
14	Transportation of drugs for Centre and RMS	Time	400
15	Printing and distribution of LMIS forms and stock books for health institutions	Time	1
16	Maintenance of medical and bio-medical equipment, machineries, cold chain equipment and maintenance of transport vehicles and others	Time	150
17	E-tendering program	Time	1
18	Regional and Central Review workshop on Logistics management	Time	3
19	Web-based LMIS, E-Post and Inventory system training for Logistics management	Person	80
20	Inspection, Test and quality control of Drugs and Instrument	Time	1
21	Consultancy Service for Mechanical Engineer, Biomedical technician, web-based LMIS System	Place	6
22	Service Contract for office security and driver	Time	1
23	Supervision of Logistics program from Centre and RMS	Time	400
24	Strengthening of Rural Telemedicine and SAARC Telemedicine Programme	Time	1
District Level			
1	Repacking and supply of medicine and equipments	Time	225
2	Supervision of Logistics management	Time	375
3	Operation of Rural Telemedicine Programme	Time	25

5 DEVELOPMENT PARTNERS SUPPORTING LMD, FY 2066/67 (2009/2010)

Development Partners	Types of Assistance
USAID	- Technical Assistance for Strengthening Logistics Management: Forecasting, Procurement, Distribution and Transportation, Storage, Supervision and Monitoring, Human Resource Development Logistics Information Systems (LMIS, web-based LMIS, Inventory Management System) and repair and maintenance of Warehouses (through NFHP-II/JSI, USAID DELIVER PROJECT and MASS)
UNFPA	- Web-based LMIS, Inventory management for RH equipment
KfW	- Basic Health Program: Essential drugs - Family Health Program: Contraceptives - Construction of District Storerooms
GAVI	- Vaccine supplies and pick-up vehicles
UNICEF	- EPI Vaccines and Cold-chain equipments - Vitamin A capsules for Nutrition Program
World Bank	- Technical assistance for procurement of Essential drugs and other health commodities

National Public Health Laboratory Services

1. BACKGROUND

In accordance with the Eighth Five Year Plan and the Health Policy 1991 (2048 BS), the National Public Health Laboratory (NPHL) has been identified as the central and specialised national laboratory for the country. Under curative services, the Health policy aims to provide diagnostic laboratory services in all the hospitals from central to the periphery. NPHL is the only national centre for specialised laboratory services and it is the focal point to carry out the laboratory service related activities throughout the country. Apart from the referral services, public health related activities e.g. testing for Japanese Encephalitis, Measles, HIV/AIDS and Anti-Microbial Resistance (AMR) etc. surveillance are ongoing activities. NPHL has been a centre for developing and implementing necessary programme for enabling country in the diagnosis of newly emerging diseases like SARS, Bird Flu, Measles, Rubella, JE and Haemophilus influenza b (Hib).

History of laboratory services in Nepal is nearly half century old and a clinical lab was first established at Bir Hospital. Now services have been expanded from central level to PHC Level in government sector. At present there are Central hospital based laboratories-9, Regional hospital based laboratory-3, Sub Regional hospital based laboratory-2, Zonal hospital based laboratories-11 District hospital based laboratories-67, and PHCC based level laboratories-198 (*see Health Laboratory Service Network in the end of this chapter*). In the private sector there are approximately 1,284 laboratories. All these laboratories require significant strengthening with respect to quality assurance, human resource recruitment and competency and development of service range and physical infrastructure.

NPHL has drafted national laboratory policy and started certifying private sector laboratory based on the directives issued by MoHP. Coming to Quality control NPHL has been organizing NEQAS with involvement of more than 300 health laboratories in public and private sector. To assure the quality to services provided, NPHL itself also participates in EQAS, REQAS and IEQAS organized by different international agencies at India, Thailand, Hongkong, Australia and UK on different disciplines of laboratory science. As a focal point of blood safety for National Blood Programme of MoHP, GoN, NPHL shall develop regulatory mechanism for assuring quality BTS.

Nepal Health Sector Support Program, Implementation Plan, Essential Health Care services output 12 has aimed to reduce mortality and morbidity from common readily treatable outpatient conditions by providing appropriate early diagnosis for prompt treatment and immediate referral, quality services to all patients reporting to any health facility or PHC sites thereby contributing to reduced duration of illness, reduced mortality and improved quality of life.

NPHL faced diagnostics challenges in the diagnosis of emerging and reemerging viral illness occurring within the country. In this regard, NPHL has been designated as National Influenza Center (NIC) by MoH&P and recognition by WHO has been obtained on 19th April 2010. NIC is expected to start its work on isolation of influenza virus circulating within the country from Dec

2010 in collaboration with 10 sentinel sites of National Influenza Surveillance Network (NISN), AICP, EDCD and other influenza programs. For this diagnostics, NPHL has facility of Biosafety level-2 Laboratory and National Influenza Center for influenza viral isolation and characterization.

2. VISION OF NPHL

To provide quality laboratory services (routine diagnostic & public health) to the Nepalese people thereby to enhance the health status of the people.

3. MISSION

To develop and provide quality laboratory diagnostic services at Central, Regional, Sub- regional, Zonal, District and PHCC level.

4. GOAL

- To provide laboratory services in hospital and health care institution up to PHCC level
- To upgrade and update the laboratory diagnostic capacity in the country such that diagnostic, curative and preventive health services are improved in the country.
- To act as a national reference laboratory for diagnostic & public health services.
- To address the diagnostic needs due to emerging and re-emerging diseases.

5. OBJECTIVES

- To upgrade and maintain laboratory facilities presently available at NPHL and other health institutions in the country up to PHCC level;
- To introduce newer and need based facilities at NPHL with the ultimate goal to develop NPHL as a centre of excellence;
- To develop and to introduce new technology for specialised tests not generally available in other government laboratories;
- To assist other laboratories by developing a government referral system for specialised tests;
- To improve overall quality of all health laboratory services; (NEQAS Programme)
- To ensure sufficient laboratory supplies according to the requirement of health institutions.
- To ensure that sufficient mid-level manpower has been recruited and trained for laboratory work.
- To conduct routine supervision and monitoring programme with a view to provide feedback and backup capacity development services.

6. STRATEGIES AND ACTIONS

- To establish health laboratory services in all health institutions and strengthening of Zonal Hospitals, District Hospitals, PHCCs Laboratories gradually;

- New tests will be introduced according to curative and public health needs.
- Expansion of quality assurance services in laboratories at all level of health institution both Government and private. (**currently Government =290, Private= 1,284**)
- Laboratory information system and automation system will be introduced gradually for achieving and easy retrieval of data, improving the reliability and precision of the generated data.
- On the job, entry level, refresher level academic and non-academic trainings for laboratory staff of all levels will be conducted as per the national and international requirements either solely or in collaboration/affiliation with other related national and international organizations.
- Gradually introduce and make mandatory Certification of the diagnostic clinical laboratories nationwide.
- Evaluation of diagnostic reagents/ chemicals/ instruments for import/procurement for diagnostic laboratory use

7. Indicators (Input, Performance, Output/Outcome –Link with the poverty monitoring indicators)

Input indicators

- National Laboratory policy, accreditation and licensing guideline
- Regular budget and Donors Joint Fund & WHO.
- Number of trainings, quality assurance sample.
- Fulfilment (of post) of different level human resource
- Number of laboratories.

Output indicators

- Diagnosis of newly emerging diseases
- Performance of assigned routine and special test by each level of laboratory
- Participation of QC Programme and achievement.
- No of laboratories participation and compliance to minimum laboratory standards.
- Availability of National AMR Data.

Outcome

- Public confidence in laboratory result.
- Competency of laboratory staff.
- Accessibility of laboratory facilities
- National laboratory preparedness for emerging and remerging diseases e.g. SARS Bird Flu.
- Utilization of laboratory services including AMR services by health practitioners
- Increase awareness of laboratory services.

8. Cross cutting issues & collaboration with other Programme

- Training programmes to be conducted with collaboration with EDCD, NTC, National Training Centre, NCASC
- Effective inputs to logistics, NTC, EDCD to manage lab related equipments etc.

- Collaboration with EDCCD/CHD/WHO-IPD in lab based surveillance programmes.
- Supervision monitoring and quality Assurance programmes to run in collaboration with NTC, Regional Directorates.
- Training of manpower in collaboration with CTEVT, TU/IOM, NAMS and other institutions.

9. Constraints:

Policy Constraints:

- Delayed approval of National Laboratory policy, licensing criteria and process of accreditation.
- Shortage of all levels and types of human resources including Pathologists, Microbiologists, Technologists, Technicians etc.
- Difficult to obtain the quality chemicals and reagent kits from different suppliers.
- Lack of authority in transfer/training /upgrading of laboratory staffs of government of Nepal labs as per requirements

Institutional Constraints:

- Workload increased, however manpower is same as of old organogram.
- Lack of trained Manpower, i.e., MD Haematology, Microbiology, M.Sc. in Cytology, Haematology, Medical Microbiology, Biochemistry and other specialised training
- When transfers are made, NPHL is not notified.
- Old Laboratory equipment not maintained due to lack of biomedical engineer/technician.
- Problem of waste disposal e.g. lack of Incinerator

Resource Constraints:

- Skilled human resource
- Financial resources/Budgetary constraints

10 ANALYSIS OF ACHIEVEMENTS BY MAJOR ACTIVITIES

10.1 ACTIVITIES CARRIED OUT IN FY 2066/67 (2009/2010)

- Launching laboratory software in all the section of NPHL.
- Establishment of cold room for the appropriate management of chemical.
- Setting up of equipments for purification of boring water.
- Management of tank for reservation of diesel to be used for generator during load shedding.
- Strengthening of biochemistry section
- Establishment of Blood Transfusion Services in District level.
- Purchasing Lypholysor machine for preparing proficiency panel for quality assurance.
- Procurements of equipments to provide the quality assured laboratory service in regional, zonal and district level hospital.
- Providing training to the staff of government established STI/VCT sites.
- Providing in Service training for newly appointed lab technician /lab assistant
- Develop inventory of different levels of Laboratory in the country and situation analysis as well as organizational structural evaluation.
- Supervision & monitoring of private and government medical centres.

- Supporting continuity to the secretariat for BTS.
- Training associated with bacteriology for Lab Technician
- Providing Basic Laboratory training to MCH/VHW working at grass route level.

Training	EDR	CDR	WDR	MWDR	FWDR	Total
	No. of trainee					
CD4 Training (2 times)	3	18	4	5	6	36
In Service Training	5	3	5	1	1	15
VCT/STI Training	25	15	25	33	20	118
AMR surveillance in selected infections pathogens in Nepal.	2	12	3	2	1	20
Minimum basic health laboratory training for VHW/MCHW	---	30	---	30	30	90
		Bara		Jumla	Dadeldhura	
EQAS in HIV Training	5	31	9	5	3	53

- Develop SOP manual for different sections.

10. 2 Quality Control Training

11. TARGET vs. ACHIEVEMENT, FY 2066/67

S.N	Activities	Unit	Qty	Released Budget (in thousands)	Exp. %
1	Launching laboratory software in all the section of NPHL.	place	1	150	100
2	Establishment of cold room for the appropriate management of chemical.	place	1	1200	100
3	Setting up of equipments for purification of boring water.	place	1	1500	100
4	Management of tank for reservation of diesel to be used for generator during load shedding.	number	1	150	100
5	Strengthening of biochemistry section	place	1	2000	100
6	Establishment of Blood Transfusion Services in District level.	place	5	1500	100
7	Purchasing Lypholysation machine for quality control.	place	1	1,500	100
8	Procurements of equipments to provide the quality assured laboratory service in regional, zonal and district level hospital.	place	30	7,000	100

S.N	Activities	Unit	Qty	Released Budget (in thousands)	Exp. %
9	Providing training to the staff of STI/VCT established by government.	Region/ Person	100	1,200	100
10	Providing the chemical and reagent for the testing of blood of HIV/AIDS patients.	Number	4800	10,000	0
11	Providing in Service training for newly appointed lab technician /lab assistant	Person	25	400	100
12	Develop inventory of different levels of Laboratory in the country and situation analysis as well as organizational structural evaluation.	District	75	200	100
13	Supervision & monitoring of private and government medical centre.	place	100	300	100
14	Supporting continuity to the secretariat for BTS.	Place	1	250	100
15	Training associated with bacteriology for Lab Technician	person	50	1,000	100
16	Providing Basic Laboratory training to MCH/VHW working at grass route level.	person	90	750	100
17	Develop SOP manual for different sections.	Number	100	150	100

12 HOSPITAL-BASED LABORATORY SERVICES

12.1 The following services were provided by the different sections of National Public Health Laboratory

Biochemistry

SN	Name of test	SN	Name of test
1	Sugar	16	LDH
2	Urea	17	Acid Phosphate
3	Amylase	18	Calcium
4	Na K+	19	Phosphorus
5	Total Protein	20	GGT
6	Albumin	21	CPK
7	Bilirubin (Total + Direct)	22	CPK MB
8	GPT	23	24 hrs Urinary Protein
9	Alkaline Phosphatase	24	Creatinine Clearance
10	Uric Acid	24	24 hours urinary Calcium
11	Creatinine	26	S.Troponin I

SN	Name of test	SN	Name of test
12	Cholesterol	27	24 hours urinary Uric Acid
13	Lipid Profile		
14	LFT		
15	SGOT		

Haematology

SN	Name of test	SN	Name of test
1	Reticulocyte	15	LE
2	Total WBC	16	BTCT
3	D WBC	17	CSF
4	Hb	18	Bone Marrow
5	ESR	19	Splenic Asp.
6	PCV	20	PT
7	Platelet	21	APTT
8	MCV	22	FDP/D-dimer
9	MCH	23	Factor VIII
10	MCHC	24	Factor IX
11	RBC	25	ALC
12	Aldehyde	26	HbA1c
13	MP	27	HB Electroph.
14	MF		

Microbiology

SN	Name of test	SN	Name of test
1	Blood culture	7	Sputum Culture
2	Urine Culture	8	Fram ENT Culture
3	Body Fluid Culture/US/AFB	9	Sputum AFB
4	Stool Culture	10	Widal Test
5	Water Culture	11	Fungus
6	Pus Culture	12	Leptospira

Immunology including Cancer Infectious markers

SN	Name of test	SN	Name of test
1	Pregnancy Test.	14	Echinococcus
2	Rh.Factor	15	Amoebiasis
3	ASOT	16	Alpha feto protein
4	CRP	17	PSA
5	Blood Group	18	Ferritin
6	TPHA	19	Cysticercosis
7	ANA	20	Brucella
8	DNA	21	Thyroglobulin
9	VDRL	22	Electrophoresis
10	CEA	23	B. HCG.
11	CA.-125	24	CA 15-3

SN	Name of test	SN	Name of test
12	CA 19-9	25	K-39 Kala-Azar
13	TORCH (IgG, IgM)		

Parasitology

SN	Name of test	SN	Name of test
1	Stool Test	8	Porphobilinogen
2	Occult blood	9	Acetone
3	Reducing sugar	10	Chyle
4	Urine Test	11	Semen Analysis
5	Bile salts	12	24 Hr. Urine Pro..
6	Bile Pigments	13	Bence john's protein
7	Urobilinogen	14	Specefic gravity

Virology (HIV/Hep B/C/E)

SN	Name of test	SN	Name of test
1	HIV	4	HBsAg
2	HCV	5	HEV
3	Western Blot	6	CD4 Count

Lab based surveillance Virology

SN	Name of test
1	JE
2	Dengue
3	Measles/Rubella IgG

Endocrinology

SN	Name of test	SN	Name of test
1	FSH	5	T3, T4, TSH
2	LH	6	Lipid Profile
3	Prolactin	7	Micro Albumin
4	Testerone	8	Drug Analysis (Carbamazepin, Cyclosporine, Valporic Acid, Phenytoin, Digoxine)

Histology

SN	Name of test	SN	Name of test
1	Histology	3	Cytology including body fluid cytology
2	Immunohistochemisty ER,PR, S100, Vimentin, Cytokeratin, GFAP		

BSL Lab activities

SN	Name of test
1	PCR based test for Influenza
2	PCR based test for HIV viral load

12.2 Service provided in Central Hospital based Laboratory

Biochemistry

SN	Name of test	SN	Name of test
1	Serum Creatinine	13	Amylase

SN	Name of test	SN	Name of test
2	Blood Urea	14	SGPT
3	Serum Cholesterol	15	SGOT
4	Triglyceride	16	LDH
5	HDL Cholesterol	17	Acid Phosphatase
6	LDL Cholesterol	18	Alkaline Phosphatase
7	Serum Bilirubin	19	AG Ratio
8	Blood Sugar	20	Total Protein
9	Glucose Tolerance Test	21	Albumin
10	Creatinine clearance test	22	Serum Electrolytes (Sodium, Potassium)
11	Calcium	23	CPK
12	Phosphorous		

Haematology

SN	Name of test	SN	Name of test
1	TC	10	Liver/spleen/Bone marrow Aspirates for LD
2	DC		bodies
3	ESR	11	Sickle cell Test
4	Hb %	12	MF, MP
5	RBC Count	13	Aldehyde test
6	Platelet count	14	LE Cell
7	Reticulocyte count	15	Bone Marrow Study
8	BT, CT	16	PCV, MCHC, MCH, MCV
9	Bonemarrow studys for LD bodies	17	Absolute Eosinophil count

Microbiology

SN	Name of test	SN	Name of test
1	Gram's stain	6	Direct Smear for GC
2	AFB stain	7	Pus culture/Sensitivity
3	Albert's stain	8	Sputum Culture /Sensitivity
4	Blood culture	9	CSF culture/Sensitivity
5	Urine C/Sensitivity	10	Water bacteriology

Immunology

SN	Name of test	SN	Name of test
1	VDRL	4	Blood Grouping & Rh typing
2	ASO Titre	5	Pregnancy Test
3	TPHA		

Parasitology

SN	Name of test	SN	Name of test
1	Semen Analysis	10	Urine Urobilinogen
2	Stool Routine	11	Urine porphobilinogen
3	Stool Conc. Method	12	Urine Sugar (Qualitative)

SN	Name of test	SN	Name of test
4	Stool for Occult Blood	13	Urine Sugar (Quantitative)
5	Stool for reducing substances	14	Urine Albumin (Qualitative)
6	Urine Routine	15	Urine Albumin (Quantitative)
7	Urine Bile Salts	16	Urine for Chyle
8	24 hours Urinary Protein	17	Urine for Acetone
9	Urine Bile Pigment		

Virology (HIV/Hep B/C/E)

SN	Name of test	SN	Name of test
1	Serology for HIV	2	Serology for HBsAg
3	HCV		

Coagulation

SN	Name of test	SN	Name of test
1	Glycosylated Haemoglobin Test	4	T3, T4, TSH
2	Microalbumin	5	Total Cholesterol
3	Prothrombin Time	6	Thrombin Time.

Histopathology

SN	Name of test	SN	Name of test
1	Cytology (Cervical and of body fluids)	4	Biopsy specimens (small and big)
2	Bone Marrow Aspiration (also for LD Bodies)	5	Resected specimen
3	Fine Needle Aspiration Cytology (FNAC)		

13.3 The following services were provided by Regional, Sub-Regional and Zonal Hospital based Laboratory in the FY 2065/66

Biochemistry

SN	Name of Tests	SN	Name of Tests
1.	Creatinine	10.	Phosphorous
2.	Urea	11.	Amylase
3.	Uric Acid	12.	SGPT
4.	Cholesterol	13.	SGOT
5.	Bilirubin	14.	Alkaline Phosphates
6.	Blood sugar	15.	A/G Ratio
7.	Glucose tolerance test	16.	Total Protein
8.	Creatinine clearance test	17.	Albumin
9.	Calcium	18.	Serum electrolytes (Sodium, Potassium)

Haematology

SN	Name of Tests	SN	Name of Tests
1.	TC	9.	PT
2.	DC	10.	MF, MP
3.	ESR	11.	Aldehyde test

SN	Name of Tests	SN	Name of Tests
4.	Hb%	12.	L.E. Cell
5.	RBC Count	13.	Bone Marrow Study
6.	Platelet count	14.	PCV, MCHC, MCH, MCV
7.	Reticulocyte count	15.	Absolute Eosinophil Count
8.	BT, CT		

Microbiology

SN	Name of Tests	SN	Name of Tests
1.	Fungus direct smear	6.	Urine/C/Sensitivity
2.	Gram's stain	7.	Direct Smear for G.C.
3.	AFB stain	8.	Pus Culture/ sensitivity
4.	Albert's stain	9.	Sputum culture routine
5.	Blood culture	10.	CSF culture

Immunology

Immunology		SN	Name of Tests
1.	VDRL	2.	Blood Grouping Rh
2.	Rheumatoid Factor	3.	Pregnancy Test
3.	CRP	4.	Serology for HIV
4.	ANF		Serology for HBsAg
5.	ASO Titre		

Parasitology

SN	Name of Tests	SN	Name of Tests
1.	Semen Analysis	10.	Urine Sugar (Qualitative)
2.	Stool Routine	11.	Urine Sugar (Quantitative)
3.	Stool Conc. Method	12.	Urine Albumin (Qualitative)
4.	Stool for Occ. Blood	13.	Urine Albumin (Quantitative)
5.	Stool for reducing substances	14.	Urine for Chyle
6.	Urine Routine	15.	Urine for Acetone
7.	Urine Bile Pigment	16.	24 hours urinary protein
8.	Urine Urobilinogen	17.	Urine bile salts
9.	Urine porphobilinogen		

12.4 The following services were provided by District Hospital based Laboratory

SN	Name of Tests	SN	Name of Tests
	Biochemistry		Parasitology
1	Blood sugar	1	Semen Analysis
2	Urea	2	Stool Routine
3	Creatinine	3	Stool conc. Method
4	Uric Acid	4	Stool for Occ. Blood
5	LFT	5	Stool for reducing substances
	Haematology	6	Urine Routine
1	TC/ DC/ ESR/ Hb%	7	Urine Bile Pigment

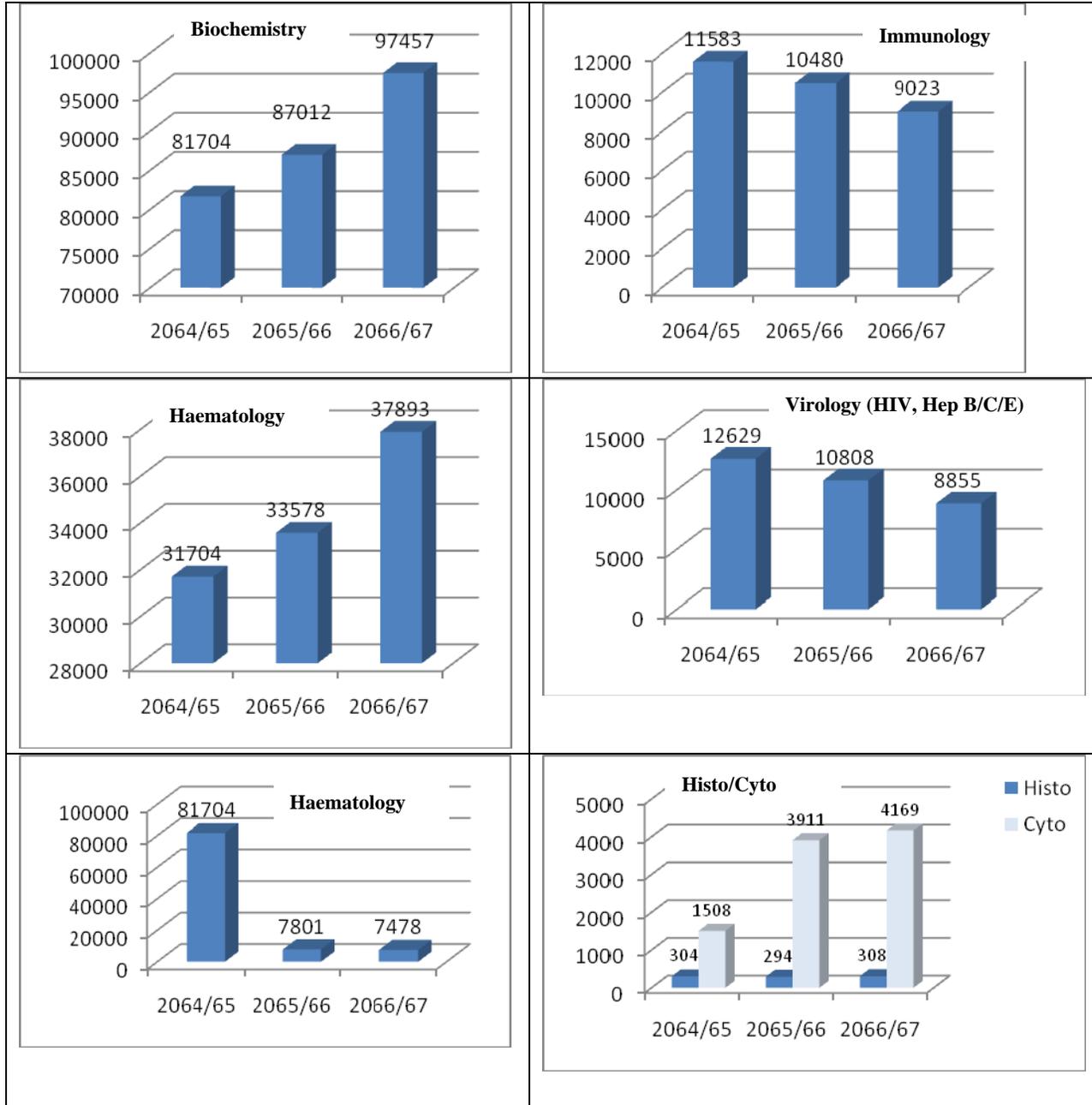
SN	Name of Tests	SN	Name of Tests
2	Aldehyde test	8	Urine Urobilinogen
3	MF, MP	9	Urine Sugar (Qualitative)
	BT, CT	10	Urine Albumin (Quantitative)
	Microbiology	11	Urine for chyle
1	Gram's Stain	12	Urine for Acetone
2	AFB stain	13	Urine Bile Salts
3	Fungus KOH Preparation		
	Immunology		
1	V.D.R.L.		
2	Rheumatoid Factor		
3	CRP		
4	Blood Grouping Rh		
5	Pregnancy Test		

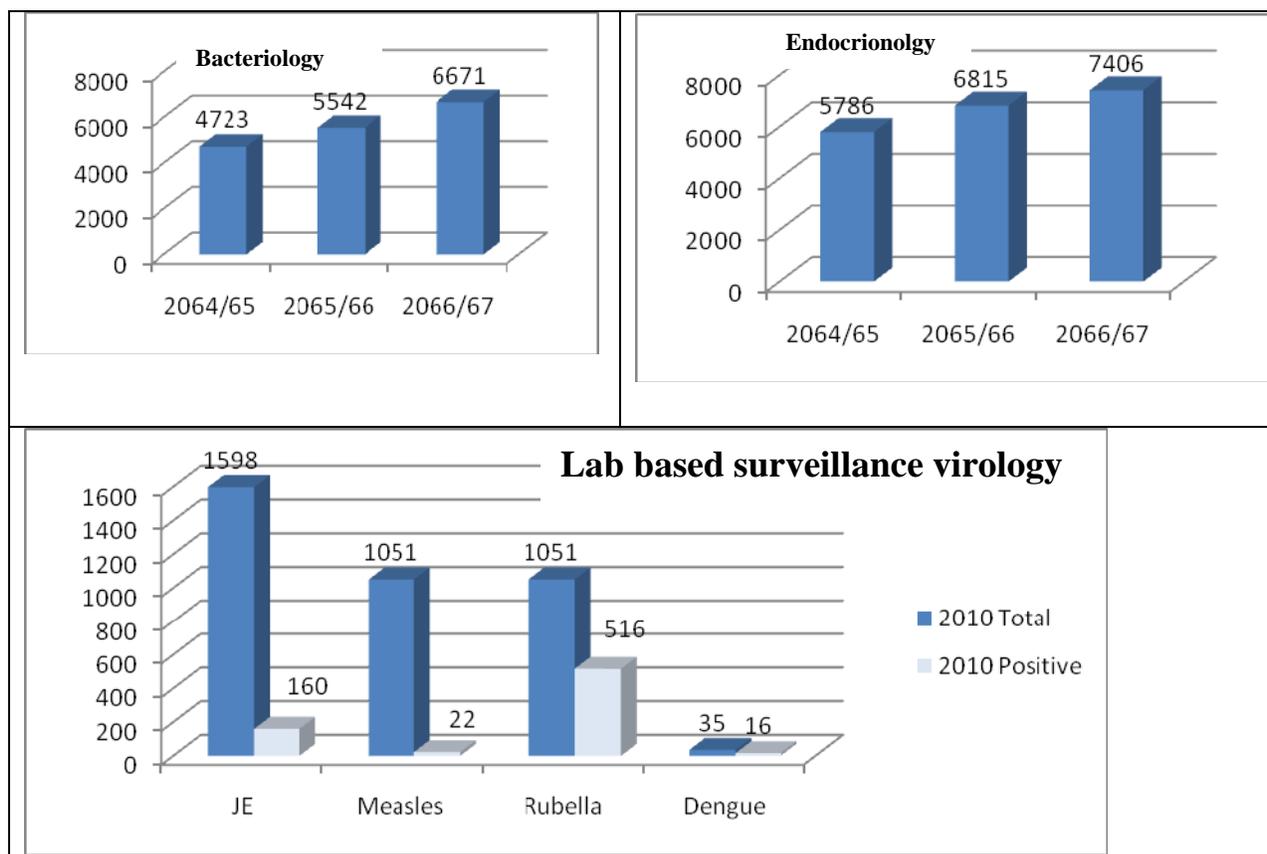
12.5 The following services were provided by Primary Health Care Centre based Laboratory

S. N	Name of Tests	S.N	Name of Tests
1.	Stool Routine	11.	Gram's stain
2.	Stool for Occult Blood	12.	AFB stain
3.	Stool for reducing substances	13.	Total Count of WBC
4.	Urine Routine	14.	Differential Count WBC
5.	Urine Urobilinogen	15.	ESR
6.	Urine Sugar	16.	Haemoglobin
7.	Urine Albumin	17.	Aldehyde test
8.	Urine for Chyle	18.	Micro Filaria Malaria Parasite
9.	Urine bile salts	19.	Bleeding Time, Clotting Time
10.	Blood Sugar } available } Blood Urea }		Where electricity is

13. COMPARISON OF PERFORMANCE BETWEEN YF 2064/65 TO 2066/67 FROM VARIOUS DEPARTMENTS OF NPHL

The comparative performances of various departments of NPHL in the fiscal year 2064/65 to 2066/67 is shown in the graphs below.





14. TARGETS FOR FY 2067/68 (2010/2011)

S. N	Program/Activities by levels.	Target
Central Level Activity		
1.	New electricity wiring laboratory building in an organized manner.	1
2.	Procurement of required equipments for the establishment of 5 new blood centers.	1
3.	Paint the building of laboratory and reconstruct the leakage parts.	1
4.	Procurement of the required machinery equipments for NPHL.	1
5.	Manage chemical and kits for the blood test of HIV/AIDS patients.	700
6.	Give continuity to the quality control program of all laboratories within the country.	3
7.	Supervision and monitoring of different PHC, Zonal and Regional Hospital as well as newly established Blood Transfusion Centers.	24
8.	Prepare educative booklet related to tests done in the laboratory and advertise them.	2000
9.	Procurement of book.	1
10.	Procurement of required kits, chemicals and reagent for the routine test and special tests.	15000
11.	Provide refresher training for Lab Technician/Lab Assistant working at Laboratory and other hospitals of the country.	30
12.	Provide 3 weeks In service training for newly appointed lab technician/lab assistant.	30
13.	Coding and decoding of books of library of the laboratory.	1
14.	Supervision and monitoring of laboratory running private medical centers.	200
15.	Hiring required manpower to implement laboratory service in well managed way.	4

S. N	Program/Activities by levels.	Target
16.	Procurement of required equipments for National Influenza Center for lab test.	1200
17.	Consultancy service to be undertaken for updating laboratory software and maintenance of computer.	2
18.	Providing VCT/STI training for lab technician/lab assistant working in VCT of Government sector (Biratnagar, Kathmandu, Pokhara and Nepalgunj).	60
19.	Providing quality control training to the employee of Pathology Department of Laboratory of different government health institutions.	30
20.	Giving continuity to the secretariat established for Blood Transfusion Service.	1

14. Health Laboratory Services –Network of hospital based clinical lab

National Public Health Laboratory - (1)

Central Hospital Based Laboratories (8)

Bir Hospital Mhaboudha	Kanti Children Hospital Maharajgunj	Maternity Hospital Thapathali	Mental Hospital Patan	Sukraraj Tropical Hospital, Teku	Ayurvedic Hospital Naradevi	Bhaktapur Hospital	TUTH, Maharajgunj
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Regional Hospital Based Laboratory (3)

Western Regional Hospital, Pokhara (1) Mid Western Regional Hospital, Surkhet (1) Central Regional Hospital, Hetauda (1)
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Sub Regional Hospital Based Laboratory (2)

Narayani Sub Regional Hospital Laboratory, Birgunj (1) Rapti Sub-Regional Hospital, Dang (1)

Zonal Hospital Laboratories (11)

Mechi	Koshi	Sagarmath	Janakpur	Bagmati	Rapti	Lumbini	Dahulagiri	Bheri	Seti	Mahakali
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District Hospital Based Laboratories (67)

Eastern Region (15)														
Mechi			Koshi						Sagarmatha					
Taplejung	Panchthar	Ilam	Sankhuwa-sabha	Teraha-thum	Bhojpur	Dhankuta	Rangeli	Inarwa	Solu-khumbu	Khotang	Udayapur	Lahan	Siraha	Saptari

Central Region (15)																
Janakpur				Narayani				Bagmati								
Jiri	Ramechhap	Sindhuli	Sarlahi	Mahottari	Chitawon	Makawan-pur	Bara	Rautahat	Rasuwa	Nuwakot	Dhading	Chautara	Bhaktapur	Patan		
Western Region (17)																
Lumbini					Gandaki					Dhawalagiri						
P. Bir Hospital	Kapilwastu	Bhairahawa	Palpa	Gulmi	Argha-khanchi	Naval-parasi	Gorkha	Anppipal Hos.	Sayngia	Damauli Hos.	Bandipur	Manag	Lamjung	Mustang	Myagdi	Parbat
Mid-Western Region (12)																
Karnali				Rapti				Bheri								
Jumla	Kalikot	Dolpa	Mugu	Rukum	Rolpa	Humla	Salyan	Puthan	Bardiya	Datlekh	Jajarkot					
Far Western Region (8)																
Seti					Mahakali											
Bajhang	Doti	Tikapur	Acham	Bajura	Darchula	Baitadi	Dadel-dhura									
PHCC Based Level Laboratories (198)																
Eastern Region (45)			Central Region (54)			Western Region (43)			Mid-Western Region (37)			Far Western Reg. (19)				
Meehi	Koshi	Sagarmatha	Janakpur	Narayani	Bagmati	Lumbini	Gandaki	Dhawalagiri	Rapti	Karnali	Bheri	Seti	Mahakali			

Personnel Administrative Management

1 BACKGROUND

The Personnel Administration Section of the Department of Health Services takes the responsibility of organising routine and programme internal administrative and personnel management. This section is the focal point for the general administration and human resource management of officer 7th level and sub-ordinate posts for all Hospitals, Regional Health Directorate, District Health Offices, Primary Health Care Centres, and health posts/ sub health posts of the Department of Health Services under the Ministry of Health & Population.

1.1 OBJECTIVES

The main objective of administrative management is to achieve effective administration of human resource for the better of quality in the health service delivery system. The other objectives are to:

- 1.1.1 Recruit, posting and promote non-gazetted staff in all GoN health institutions like wise: Regional Health Directorates, District Health Offices, Primary Health Care Centres/HCs, Health Post, Sub Health Posts, and divisions/centres of the central-level institutions;
- 1.1.2 Transfer and manage all the posts according to the government policy;
- 1.1.3 Placement health staffs at the sanctioned posts in all the health institutions;
- 1.1.4 Manage human resources at the different levels;
- 1.1.5 Take disciplinary action according to the professional law;
- 1.1.6 Updating human resource book keeping of all levels and institutions.
- 1.1.7 Manage the posting and transfer of medical officers who had completed their study in government scholarships.
- 1.1.8 Execute the O&M survey as needed to establish and extend the structure of health institutions/ organizations in and under the Department of Health Services.

2 ANALYSIS OF ACHIEVEMENT BY MAJOR ACTIVITIES

2.1 ACTIVITIES CARRIED OUT IN FY 2066/67 (2009/2010)

The Personnel Administration Section of the Department of Health Services manages to distribute the health work force. Under MoHP, altogether about 27,300 employees are recorded. Among them 21,000 are Technical personnel and 6,300 are Administrative, Ayurvedic and Non-specific employees.

- 2.1.1 **Transfer and posting:** MoHP have preparing own transfer policy. Under the transfer policy DoHS will be transfer of assistant level up to 7th level staffs.
- 2.1.2 **Disciplinary action:** Discipline may be considered as a force that prompts individuals and groups to observe the rules, regulations and procedures which are deemed to be necessary for the effective functioning of an organisation;

- 2.1.3 **Level upgrading:** DoHS have been done level upgrading 6th and 7th level with basis of given criteria
- 2.1.4 **Padnam:** According to the Court decision in academic qualification and training DoHS take a decision to provide Personnel's Padnam.
- 2.1.5 **Leave:** To approve different types of leaves of non-gazetted/non-officer level and recommend to MoHP for special leave of all employees under DoHS according to the concerned laws and acts.

Table 6f.1 Type of Institutions over the Development Regions, FY 2066/67 (2009/2010)

Types of Institution	EDR	CDR	WDR	MWDR	FWDR	Total
Central Hospital	0	8	0	0	0	8
Regional Health Directorate	1	1	1	1	1	5
Regional Health Training Centre	1	2	1	1	1	6
Regional Medical Store	1	1	1	1	1	5
Regional TB Centre	0	0	1	0	0	1
Regional Hospital	0	1	1	1	0	3
Sub-Regional Hospital	0	1	0	1	0	2
Zonal Hospital	3	1	2	2	2	10
D(P)HO	16	19	16	15	9	75
District Hospital	14	13	17	13	8	65
Institutional Clinic	4	9	2	3	1	19
PHC/HC	50	68	42	29	19	208
HP	140	173	145	129	88	675
SHP	715	999	692	432	289	3,127
Total	956	1,305	991	623	420	4,295

Source: HMIS/Personnel Administration Section, DoHS

Table 6f.2 Type of workforce Distributions by health institutions FY 2066/67 (2009/2010)

Type of Health Institution	Sanctioned	Fulfilled	Vacant
Department of Health Services (DoHS)	184	164	20
Regional Health Directorate Office (all five regions)**	176	100	76
Regional and Sub-regional Hospital (all four hospital)	220	190	30
Regional Medical Store (all five stores)	59	46	13
Regional Training Centre (all five training centers)	67	43	24
Zonal Hospital (all ten zonal hospitals)**	826	630	196
District/Public Health Office (all districts)	18,364	15,887	2,477
Total	19,896	17,068	2,836

Note = ** Report to be include of WDR Pokhara, MWDR Regional Hospital, Nararayani Sub-Regional

Hospital, Janakpur Dhaulagiri, and Jumla Zonal Hospitals,

Source: Personnel Administration Section, DoHS

Table 6f.1 Type of Workforce Distributions at Department of Health Services, FY 2066/67 (2009/2010)

S N	Post	Grade/Level	Sanctioned	Fulfilled	Vacant
1	Director General	12 th	1	-	1
2	Deputy Director General	11th	1	1	0
3	Director	11th	6	2	4
4	Sr./Health Administrator	9/10 th	6	5	1
5	Sr./Community Nursing Administrator	9/10 th	2	2	0
6	Sr./Public Health Administrator	9/10 th	8	8	0
7	Deputy/Chief Medical Officer	9/10 th	1	1	0
8	Sr. Computer Officer	Gazetted II	1	-	1
9	Malariologist/ Sr. Health Administrator	9/10th	1	-	1
10	Sr. Demographer	Gazetted II	1	1	0
11	Sr./Consultant Dermatologist	9/10th	1	1	0
12	Sr./Consultant Gynae Obst.	9/10th	1	1	0
13	Deputy Director (statistics)	Gazetted II	1	1	0
14	Under Secretary	Gazetted II	2	2	0
15	Under Secretary (Finance)	Gazetted II	1	1	0
16	Sr. Pharmacist	7/8th	2	1	1
17	Sr. Public Health Officer	7/8th	9	7	2
18	Sr./Medical Officer	7/8th	3	3	0
19	Electrical Engineer	Gazetted II	1	-	1
20	Sr./Sister	7/8th	1	-	1
21	Computer Programmer	Gazetted III	1	1	0
22	Demographer	Gazetted III	1	1	0
23	Statistics Officer/Demographer	Gazetted III	2	1	1
24	Veterinary Doctor	Gazetted III	1	1	0
25	Section Officer	Gazetted III	5	4	1
26	Account Officer	Gazetted III	5	4	1
27	Legal Officer	Gazetted III	1	1	0
28	Nayab Subba	Non Gazetted I	18	17	1
29	Accountant	Non Gazetted I	5	4	1
30	Computer Operator	Non Gazetted I	10	10	0
31	Health Asst./PHI	5/6th	18	20	2 Fajil
32	Vector Borne Disease Control Supervisor	5/6th	2	2	0
33	Immunization Supervisor/EPI Officer	5/6th	2	2	0
34	Electric Overseer	Non Gazetted I	1	1	0
35	Medical Record Supervisor	5/6th	1	1	0
36	TB/Leprosy Supervisor	5/6th	1	1	0
37	Stat Asst.	Non Gazetted I	2	2	0
38	Electrician	Non Gazetted I	1	1	0
39	Refrigerator Technician	Non Gazetted I	1	1	0

S N	Post	Grade/Level	Sanctioned	Fulfilled	Vacant
40	Public Health Nurse/Community Nursing Inspector	5/6th	1	1	0
41	Kharidar	Non Gazetted II	5	5	0
42	Asst. Accountant	Non Gazetted II	4	4	0
43	Computer Asst. Operator	Non Gazetted II	1	1	0
44	Cold Chain Assistant/Cold Chain Supervisor	4/5th	4	4	0
45	Typist	NG I/II/III	4	3	1
46	Office Assistant (Peon)	Not Classified	28	21	7
47	Light Vehicle Driver	Not Classified	6	8	2 Fajil
48	Heavy Vehicle Driver	Not Classified	2	2	0
49	Sweeper	Not Classified	2	2	0
Total			185	163 (-4)	26

Source: Personnel Administration Section, DoHS

3 PROBLEMS/CONSTRAINTS AND ACTIONS TO BE TAKEN

The Personnel Administrative Section has identified the following problems/constraints and actions to be taken.

SN	Problems/constraints	Action to be taken	Responsibilities	Deadline
3.1	Need to update employee personnel records in DoHS and HuRIC unit	<ul style="list-style-type: none"> Each and every districts and health institutions should maintain personal file according to the rules and regulations. Any changes (e.g. transfer, training or promotion) should be communicated to the HuRIC Unit for updating. Implement E- HURDIS plan. Record system should be improved systematically. 	HuRIC and Personnel Administration, DoHS/MoHP	Ongoing
3.2	Frequent transfer and no transfer	<ul style="list-style-type: none"> Strictly follow the Civil Service Act and Health act and regulations Transfer policy should be revised 	RHD/DoHS/MoHP	Immediate
3.3	Inadequate training of administrative staff	<ul style="list-style-type: none"> Develop and implement in-service training packages. Increase efficiency of administration unit. Evaluation performance of administrative employees. Opportunities should be provide on the basis of performance. 	DoHS/MD, NHTC	As soon as possible
3.4	Staff duties and authority unclear	<ul style="list-style-type: none"> The duties, responsibilities, and delegation of authority of employees should be defined clearly. There should be commitment and budget allocation for effective implementation of these activities. 	DoHS/MD	As soon as possible

SN	Problems/constraints	Action to be taken	Responsibilities	Deadline
3.5	Fulfilment of vacant posts and deputation	<ul style="list-style-type: none"> Strictly follow Civil Service and Health Service Act and Regulation 	DoHS/RHD/MoHP	Immediate
3.6	No HuRIC unit connection at regional health directorate	<ul style="list-style-type: none"> Develop HuRIC unit at RHDs and establish networking between RHD and central health information system. 	DoHS/MoHP	As soon as possible
3.7	Performance appraisal system was not functioning properly	<ul style="list-style-type: none"> Performance appraisal should be based on job descriptions, Tie up reward and punishment with performance 	RHD/DoHS/MoHP	Immediate
3.8	Registration of health institutions	<ul style="list-style-type: none"> Registration of health institutions in Civil Service Registration Department, Ministry of General Administration in appropriate time 	DoHS/MoHP	As soon as possible

4 TARGETS FOR FY 2067/68 (2010/2011)

S N	Activities	Unit	Annual Targets
1	Registration of health institutions, posts and personnel in Department of Civil Personnel Record, Ministry of General Administration	1	Continued
2	Updating of personal records in DoHS and HuRIC unit	1	Continued
3	Supervise and monitor administrative work	1	Continued
4	Update health institutions and created posts in Civil Service Registration Department, Ministry of General Administration	1	Continued
5	Appointment of MBBS graduates under government scholarship		Continued
6	Capacity building of administrative staff of health institutions	1	Continued
7	O & M survey	30	Institutions

Financial Management

1 BACKGROUND

An effective financial support system is imperative for efficient management of health services. Preparation of the annual budget, timely disbursement of funds, recording, reporting, and auditing are the main financial management functions that are necessary to support the implementation of health programmes. The Finance Section of the DoHS is the focal point for financial management for all programmes under the DoHS. All health institutions have their own Finance Section, except PHCs, HPs and SHPs.

1.1 OBJECTIVES

- 1.1.1 To provide support to all programmes divisions/centres during annual budget preparation
- 1.1.2 To obtain and disburse programme budgets
- 1.1.3 To keep books of accounts and collect financial reports from all institutions
- 1.1.4 To prepare and submit financial reports
- 1.1.5 To facilitate internal and external auditing

1.2 TARGETS

The main target of financial management is to achieve 100% expenditure of all budgets in accordance with programme work plans within a specified time as per financial rules and regulations of government and to maintain the recording and reporting system accurately and timely.

2 ANALYSIS OF ACHIEVEMENTS BY MAJOR ACTIVITIES

Table 6f.1 Health Budget under DoHS, FY 2066/67 (2009/2010)

Budget in Rs. (000)

Budget Heading	Total	Recurrent	%	Capital	%
National Budget	285,930,000	160,632,361	56.18	125,297,639	43.82
Health Budget under MoHP	17,840,466	14,127,406	79.19	3,713,060	20.81
Health Budget under DoHS	13,416,800	12,949,900	96.52	466,900	3.48

Source: Finance Section, DoHS

Out of total National Budget of Rs. 285,930,000,000 a sum of Rs. 17,840,466,000 (6.24%) was allocated for the health sector during the fiscal year 2066/67 (2009/2010). Of the total health sector budget, Rs. 13,416,800,000 (75.20 %) was allocated for the execution of programmes under the Department of Health Services Network (Table 6g.1).

Table 6f.2 Allocation of Budget by Source, FY 2066/67 (2009/2010)

Budget in Rs. (000)

Budget Heading	Total	GoN	%	Donor	%
Health Budget under DoHS	13,416,800	6,779,500	50.53	6,637,300	49.47

Source: Finance Section, DoHS

Table 6f.3 Regular Programme Recurrent Budget, Releases and Expenditure by Programme Activities, FY 2066/67 (2009/2010) *Budget in Rs. (000)*

Budget Code No	Programme Budget	Total Budget		Release Budget		Expenditure		
		Amount	%		%	Amount	% (a)	% (b)
70-3-120*	Department of Health	38,584	1.12	38,507	0.97	38,507	100	0.97
70-3-121*	Regional Health Directorates	10,147	0.29	9,763	0.24	9,763	100	0.24
70-3-122*	District Health Offices	3,080,205	89.05	3,568,835	89.46	3,568,835	100	89.46
70-3-128*	Health Training Centres	22,766	0.66	20,771	0.52	20,771	100	0.52
70-3-150*	Districts Hospitals	307,374	8.89	351,616	8.81	351,616	100	8.81
Total		3,459,076	100	3,989,492	100	3,989,492	100	100

Note: (a) with reference to release budget (b) with reference to allocated budget

Source: Finance Section, DoHS

Table 6f.4 Regular Programme Capital Budget, Releases and Expenditure by Programme Activities, FY 2066/67 (2009/2010) *Budget in Rs. (000)*

Budget Code No	Programme Budget	Total Budget		Release Budget		Expenditure		
		Amount	%	Amount	%	Amount	% (a)	% (b)
70-4-122	District Health Offices	7,500	23	7,176	22	7,176	100	22
70-4-150	Districts Hospitals	25,200	77	25,165	78	25,165	100	78
Total		32,700	100	32,341	100	32,341	100	100

Note: (a) with reference to release budget (b) with reference to allocated budget

Source: Finance Section, DoHS

Table 6f.5 Central Level Recurrent Budget Allocation by Source by Programme activities, FY 2066/67 (2009/2010) *Budget in Rs. (000)*

Budget Code No	Programme Budget Heading	Total Budget Allocation by Source					
		GoN	%	Donor	%	Total	%
70-3-303	Infectious Disease Hospital	40,216	5.13	0	0	40,216	0
70-3-401	Tuberculosis Control Programmes	44,814	5.72	374,020	11.42	418,834	11.4
70-3-402	National Aids Control	25,504	3.25	102,083	3.12	127,587	3.1
70-3-451	FP/MCH Programmes	13,720	1.75	477,470	14.58	491,190	14.6
70-3-470	EPI Programme	116,064	14.81	773,604	23.62	889,668	23.6
70-3-472	Diarrhoeal Disease Programme	75,766	9.67	195,947	5.98	271,713	6.0
70-3-500	Avenu Influnza	150	0.02	120,994	3.69	121,144	3.7
70-3-510	Epidemiology Programme	51,375	6.55	220,408	6.73	271,783	6.7
70-3-512	Leprosy Control Programme	8,489	1.08	5,924	0.18	14,413	0.2
70-3-610	Indent Procurement	330,442	42.15	709,650	21.67	1,040,092	21.7
70-3-620	Hospital Construction /Management Information System	42,382	5.41	118,864	3.63	161,246	3.6
70-3-660	National Health Training Centre	14,100	1.80	162,389	4.96	176,489	5.0
70-3-680	Health Laboratory Services	20,872	2.66	13,900	0.42	34,772	0.4
70-3-303	Infectious Disease Hospital	40,216	5.13	0	0	40,216	0
Total		783,894	100.00	3,275,253	100.00	4,059,147	100

Source: Finance Section, DoHS

Table 6f.6 Central Level Recurrent Budget Released by Source by Programme, FY 2066/67 (2009/2010)
Budget in Rs. (000)

Budget Code No	Programmes Budget Heading	Released Budget by Source					
		GoN	%	Donor	%	Total	%
70-3-303	Infectious Disease Hospital	39,700	9.76	0	0	39,700	1.3
70-3-401	Tuberculosis Control Programmes	43,175	10.62	327,862	12.07	371,037	11.9
70-3-402	National Aids Control	25,213	6.20	85,599	3.15	110,812	3.5
70-3-451	FP/MCH Programmes	13,391	3.29	281,868	10.38	295,259	9.5
70-3-470	EPI Programme	46,918	11.54	878,223	32.34	925,141	29.6
70-3-472	Diarrhoea Disease Programme	9,997	2.46	157,300	5.79	167,297	5.4
70-3-500	Avenu Influnza	78	0.02	53,477	1.97	53,555	1.7
70-3-510	Epidemiology Programme	23,910	5.88	115,211	4.24	139,121	4.5
70-3-512	Leprosy Control Programme	6,616	1.63	8,325	0.31	14,941	0.5
70-3-610	Indent Procurement	128,908	31.70	642,343	23.65	771,251	24.7
70-3-620	Hospital Construction /Management Information System	37,280	9.17	52,238	1.92	89,518	2.9
70-3-660	National Health Training Centre	9,142	2.25	106,460	3.92	115,602	3.7
70-3-680	Health Laboratory Services	22,294	5.48	6,742	0.25	29,036	0.9
70-3-770	Health Social Security Programme		0.00		0.00	0	0.0
Total		406,622	100	2,715,648	100	3,122,270	100

Source: Finance Section, DoHS

Table 6f.7 Central Level Recurrent Budget Expenditure by Source by Programme, FY 2066/67 (2009/2010)
Budget in Rs. (000)

Budget Code No	Programmes Budget Heading	Expenditure Budget by Source					
		GoN	%	Donor	%	Total	%
70-3-303	Infectious Disease Hospital	39,700	9.76	0	0	39,700	1.3
70-3-401	Tuberculosis Control Programmes	43,175	10.62	327,862	12.07	371,037	11.9
70-3-402	National Aids Control	25,213	6.20	85,599	3.15	110,812	3.5
70-3-451	FP/MCH Programmes	13,391	3.29	281,868	10.38	295,259	9.5
70-3-470	EPI Programme	46,918	11.54	878,223	32.34	925,141	29.6
70-3-472	Diarrhoea Disease Programme	9,997	2.46	157,300	5.79	167,297	5.4
70-3-500	Avenu Influnza	78	0.02	53,477	1.97	53,555	1.7
70-3-510	Epidemiology Programme	23,910	5.88	115,211	4.24	139,121	4.5
70-3-512	Leprosy Control Programme	6,616	1.63	8,325	0.31	14,941	0.5
70-3-610	Indent Procurement	128,908	31.70	642,343	23.65	771,251	24.7
70-3-620	Hospital Construction /Management Information System	37,280	9.17	52,238	1.92	89,518	2.9
70-3-660	National Health Training Centre	9,142	2.25	106,460	3.92	115,602	3.7
70-3-680	Health Laboratory Services	22,294	5.48	6,742	0.25	29,036	0.9
70-3-770	Health Social Security Programme		0.00		0.00	0	0.0
Total		406,622	100	2,715,648	100	3,122,270	100

Note: (a) with reference to release budget (b) with reference to allocated budget

Source: Finance Section, DoHS

Table 6f.8 Central Level Capital Budget Allocation by Source by Programme, FY 2066/67 (2009/2010) *Budget in Rs. (000)*

Budget Code No	Programme Budget Heading	Total Budget Allocation by Source					
		GoN	%	Donor	%	Total	%
70-4-303	Infectious Disease Hospital	1,600	5.41	0	0	1600	0.67
70-4-401	Tuberculosis Control Programmes	5,725	19.36	9,612	4.57	15,337	6.39
70-4-402	National Aids Control	0	0.00	17,289	8.22	17289	7.21
70-4-451	FP/MCH Programmes	0	0.00	7,450	3.54	7450	3.11
70-4-470	EPI Programme	0	0.00	3,200	1.52	3200	1.33
70-4-472	Diarrhoeal Disease Programme	5,940	20.09	1,960	0.93	7900	3.29
70-4-500	Human Influnza	0	0.00	4,688	2.23	4688	1.95
70-4-510	Epidemiology Programme	0	0.00	2,330	1.11	2330	0.97
70-4-610	Indent Procurement	13,150	44.48	58,000	27.58	71150	29.66
70-4-620	Hospital Construction /Management Information System	150	0.51	90,300	42.93	90450	37.70
70-4-660	National Health Training Centre	1,000	3.38	2,500	1.19	3500	1.46
70-4-680	Health Laboratory Services	2,000	6.76	13,000	6.18	15000	6.25
Total		29,565	100	210,329	100	239,894	100

Source: Finance Section, DoHS

Table 6f.9 Central Level Capital Budget Released by Source by Programme, FY 2066/67 (2009/2010) *Budget in Rs. (000)*

Budget Code No	Programmes Budget Heading	Released Budget by Source					
		GoN	%	Donor	%	Total	%
70-4-303	Infectious Disease Hospital	1,206	5.95	0	0	1,206	0.74
70-4-401	Tuberculosis Control Programmes	5,788	28.58	8,821	6.22	14,609	9.01
70-4-402	National Aids Control	0	0.00	11,140	7.85	11,140	6.87
70-4-451	FP/MCH Programmes	0	0.00	6,776	4.78	6,776	4.18
70-4-470	EPI Programme	0	0.00	3,783	2.67	3,783	2.33
70-4-472	Diarrhoeal Disease Programme	4,764	23.52	1,303	0.92	6,067	3.74
70-4-500	Human Influnza	0	0.00	3,736	2.63	3,736	2.30
70-4-510	Epidemiology Programme	0	0.00	1,648	1.16	1,648	1.02
70-4-610	Indent Procurement	5,362	26.47	53,590	37.77	58,952	36.36
70-4-620	Hospital Construction /Management Information System	145	0.72	35,579	25.08	35,724	22.03
70-4-660	National Health Training Centre	990	4.89	2,496	1.76	3,486	2.15
70-4-680	Health Laboratory Services	2,000	9.87	13,000	9.16	15,000	9.25
70-4-770	Health Social Security Programme		0.00		0.00	0	0.00
Total		20,255	100	141,872	100	162,127	100

Source: Finance Section, DoHS

Table 6f.10 Central Level Capital Budget Expenditure by Source by Programme, FY 2066/67 (2009/2010) *Budget in Rs. (000)*

Budget Code No	Programmes Budget Heading	Released Budget by Source					
		GoN	%	Donor	%	Total	%
70-4-303	Infectious Disease Hospital	1,206	5.95	0	0	1,206	0.74
70-4-401	Tuberculosis Control Programmes	5,788	28.58	8,821	6.22	14,609	9.01
70-4-402	National Aids Control	0	0.00	11,140	7.85	11,140	6.87
70-4-451	FP/MCH Programmes	0	0.00	6,776	4.78	6,776	4.18
70-4-470	EPI Programme	0	0.00	3,783	2.67	3,783	2.33
70-4-472	Diarrhoeal Disease Programme	4,764	23.52	1,303	0.92	6,067	3.74

Budget	Programmes Budget Heading	Released Budget by Source					
		GoN	%	Donor	%	Total	%
70-4-500	Human Influnza	0	0.00	3,736	2.63	3,736	2.30
70-4-510	Epidemiology Programme	0	0.00	1,648	1.16	1,648	1.02
70-4-610	Indent Procurement	5,362	26.47	53,590	37.77	58,952	36.36
70-4-620	Hospital Construction /Management Information System	145	0.72	35,579	25.08	35,724	22.03
70-4-660	National Health Training Centre	990	4.89	2,496	1.76	3,486	2.15
70-4-680	Health Laboratory Services	2,000	9.87	13,000	9.16	15,000	9.25
70-4-770	Health Social Security Programme		0.00		0.00	0	0.00
Total		20,255	100	141,872	100	162,127	100

Note: (a) with reference to release budget(b) with reference to allocated budget

Source: Finance Section, DoHS

Table 6f.11 District Level Recurrent Budget Allocation by Source by Programme, FY 2066/67 (2009/2010)
Budget in Rs. (000)

Budget Code No	Programmes Budget Heading	Total Budget Allocation by Source					
		GoN	%	Donor	%	Total	%
70-3-801	TB Control Programmes	50,236	2.17	43412	1.42	93,648	1.74
70-3-805	MCH Programmes (Dolakha/Ramechhap)	50	0.00	71,982	2.36	72,032	1.34
70-3-815	NHEICC	21,000	0.91	42,025	1.38	63,025	1.17
70-3-816	National Health Training Centre	13,500	0.58	65,736	2.15	79,236	1.47
70-3-855	Integrated Health Services	2,235,473	96.35	2,831,467	92.69	5,066,940	94.27
Total		2,320,259	100	3,054,622	100	5,374,881	100

Source: Finance Section, DoHS

Table 6f.12 District Level Recurrent Budget Released by Source by Programme, FY 2066/67 (2009/2010)
Budget in Rs. (000)

Budget Code No	Programme Budget Heading	Released Budget by Source					
		GoN	%	Donor	%	Total	%
70-3-801	TB Control Programmes	47,548	3.64	41,403	2.06	88,951	2.68
70-3-805	MCH Programmes (Dolkha/Ramechhap)	0	0.00	68,188	3.40	68,188	2.06
70-3-815	NHEICC	19,788	1.51	39,728	1.98	59,516	1.80
70-3-816	National Health Training Centre	10,997	0.84	47,716	2.38	58,713	1.77
70-3-855	Integrated Health Programme	1,229,525	94.01	1,808,137	90.17	3,037,662	91.69
Total		1,307,858	100	2,005,172	100	3,313,030	100

Source: Finance Section, DoHS

Table 6f.13 District Level Recurrent Budget Expenditure by Source by Programme, FY 2066/67 (2009/2010)
Budget in Rs. (000)

Budget Code No	Programme Budget Heading	Released Budget by Source					
		GoN	%	Donor	%	Total	%
70-3-801	TB Control Programmes	47,548	3.64	41403	2.06	88,951	2.68
70-3-805	MCH Programmes (Dolkha/Ramechhap)	0	0.00	68,188	3.40	68,188	2.06
70-3-815	NHEICC	19,788	1.51	39,728	1.98	59,516	1.80
70-3-816	National Health Training Centre	10,997	0.84	47,716	2.38	58,713	1.77
70-3-855	Integrated Health Programme	1,229,525	94.01	1,808,137	90.17	3,037,662	91.69
Total		1,307,858	100	2,005,172	100	3,313,030	100

Note: (a) with reference to release budget (b) with reference to allocated budget

Source: Finance Section, DoHS

Table 6f.14 District Level Capital Budget Allocation by Source by Programme, FY 2066/67 (2009/2010) *Budget in Rs. (000)*

Budget Code No	Programme Budget Heading	Total Budget Allocation by Source					
		GoN	%	Donor	%	Total	%
70-4-815	NHEICC	500	0.36	1,000	2.99	1,500	0.87
70-4-855	Integrated Health Services	137,940	99.64	32,500	97.01	170,440	99.13
Total		138,440	100	33,500	100	171,940	100

Source: Finance Section, DoHS

Table 6f.15 District Level Capital Budget Released by Source by Programme, FY 2066/67 (2009/2010) *Budget in Rs. (000)*

Budget Code No	Programme Budget Heading	Released Budget by Source					
		GoN	%	Donor	%	Total	%
70-4-815	NHEICC	497	0.38	989	6.83	1,486	1.02
70-4-855	Integrated Health Services	131,083	99.62	13,481	93.17	144,564	98.98
Total		131,580	100	14,470	100	146,050	100

Source: Finance Section, DoHS

Table 6f.16 District Level Capital Budget Expenditure by Source by Programme, FY 2066/67 (2009/2010) *Budget in Rs. (000)*

Budget Code No	Programme Budget Heading	Released Budget by Source					
		GoN	%	Donor	%	Total	%
70-4-815	NHEICC	497	0.38	989	6.83	1,486	1.02
70-4-855	Integrated Health Services	131,083	99.62	13,481	93.17	144,564	98.98
Total		131,580	100	14,470	100	146,050	100

Note: (a) with reference to release budget (b) with reference to allocated budget

Source: Finance Section, DoHS

3 PROBLEMS/CONSTRAINTS AND ACTIONS TO BE TAKEN

S. No	Problems/constraints	Action to be taken	Responsibility	Deadline
3.1	Difficulty in financial reporting procedures and reimbursement from donors due to the lack of trained manpower and physical facilities.	Provide internal and external training in finance as appropriate	MoF, MoHP	Next fiscal year
3.2	Delay in budget disbursement due to programmes not being approved on time.	Timely actions must be taken for the approval of development programmes.	DoHS (especially Planning Division and concerned program divisions and centres), MoHP, NPC	Next fiscal year
3.3	Non-release of committed donor budget	Plans of Action and work plan agreements must be signed before budget allocation, and donors should release budget as per their commitment.	MoF, MoHP, Donors	Next fiscal year
3.4	Difficulty in keeping books of accounts and reporting according to the differing formats of the different donors supporting the same program	Account staffs should be thoroughly oriented on book keeping and reporting formats used by of different donors Provide computers to district level finance section & provide computer training for them	MoF, MoHP and donors	Next fiscal year

Management Division

1 BACKGROUND

Management Division is one of the major wings of Department of Health Services responsible for planning, information management, coordination, supervision, monitoring and evaluation of the health programmes as well as the quality assurance of health services. The division is also responsible for monitoring the delivery of quality health services through non-governmental health institutions as well. It is responsible for monitoring the building construction and maintenance of public health institutions. The Division also supports for maintenance of medical equipments.

1.1 OBJECTIVES

- To co-ordinate and facilitate concerned programme divisions and centres to prepare their annual health plans, programs and budget and facilitate to get approval from National Planning Commission and MoF through MoHP.
- To monitor programme implementation status and to carryout periodic performance review under the Department of Health Services.
- To assure quality in health sector.
- To manage Health Information System (HMIS).

The specific objectives are as follows:

Programming, Budgeting, Building Construction and Maintenance

- 1.1.1 To facilitate planning, programming and budgeting at central, regional and district level.
- 1.1.2 To strengthen and facilitate bottom-up planning process.
- 1.1.3 To support the maintenance of medical equipments.
- 1.1.4 To support the construction, repair and maintenance of infrastructure of public health institutions.

Programme Monitoring & Evaluation Section

- 1.1.5 To support divisions, and centres in monitoring, supervision and periodic evaluation process of implemented programmes;
- 1.1.6 To conduct integrated supervision in close collaboration with Divisions, Centres and Regional Health Directorates.
- 1.1.7 Facilitate conduction of monthly, bi-monthly, quarterly half yearly & annual performance review meetings within the Department of Health Services;
- 1.1.8 Strengthen evaluation system & facilitate evaluation of programme performances implemented by DPHO/DHO;
- 1.1.9 To monitor health care service delivery with special focus on essential health care services in state and non-state sector.

- 1.1.10 To facilitate strengthening District Health Management System as well as health management training.
- 1.1.11 Co-ordinate decentralization of health facilities at district level;
- 1.1.12 Help DPHO/DHO to strengthen Local Health Facility Management Committee at facility level;
- 1.1.13 Support health care waste management and mercury management activities at health care facilities.

Health Management Information Section (HMIS)

- 1.1.14 To collect and manage the health service delivery information from all levels of service delivery institutions.
- 1.1.15 To verify, process, analyse the collected data and draw inferences.
- 1.1.16 To provide feedbacks on achievements, coverage, continuity and quality of health services to program divisions/centres, hospitals and district public/ health offices. To provide necessary information for plan and policy formulation. To disseminate health information through efficient methods and technologies To publish a comprehensive Annual Report of Department of Health Services
- 1.1.17 To develop competent human resource for Health Information Management System. To conduct National Performance Review of health programmes and support to regional and district level reviews.
- 1.1.18 To review the information management system and modify the tools, techniques and methodologies.
- 1.1.19 To establish integrated Health Information System.

Quality Assurance

- 1.1.20 Strengthen national quality assurance system for health sector in close collaboration with Divisions, Centres, RHDs and other stakeholders.
- 1.1.21 Facilitate process for upgrading government health institutions.
- 1.1.22 Conduct supervision and monitoring for quality assurance as per standard guideline & service protocol in coordination with programme monitoring and evaluation section.
- 1.1.23 To conduct studies & research activities to improve quality of health care;
- 1.1.24 To process providing approval for opening new hospital under NGO/private sector including nursing homes of 16 to 50 beds and their renewal;

Other Programmes

- 1.1.25 To conduct oral health activities as a focal point;
- 1.1.26 To support nursing leadership programmes.
- 1.1.27 To co-ordinate mental health programmes.
- 1.1.28 To facilitate eye and ear care programmes.

1.2 STRATEGIES

- 1.2.1 Collect Information to support planning, monitoring, and evaluation (PME) of all health programmes;
- 1.2.2 Strengthen Bottom-up planning process from VDC to the district level;

- 1.2.3 Expand regular periodic performance review down to community level;
- 1.2.4 Strengthen existing monitoring / supervision system at each level;
- 1.2.5 Conduct performance review meetings and operationalize the outcomes;
- 1.2.6 Establish central data bank linking HMIS/HIS with HuRIC, LMIS, Finance and Surveys/ Censuses and other sources of information;
- 1.2.7 Information dissemination improvement using advance and contemporary technology.;
- 1.2.8 Expand computerized information system at all levels.
- 1.2.9 Monitoring of health services provided by state owned and non-state health institutions.;
- 1.2.10 Develop and implement construction, repair & maintenance plan for health facilities;
- 1.2.11 Capacity development of health workers as well as Management Committees in close collaboration with NHTC and concerned agencies;
- 1.2.12 District Health System & Local Health Facility Management will be strengthened.
- 1.2.13 Human resource development for health information management, use of information technology, monitoring and evaluation.
- 1.2.14 Routine management of Health service information round the year.
- 1.2.15 Orientation on quality health service delivery.
- 1.2.16 Upgrading health facilities as per plan and policies.
- 1.2.17 Process for approval and renewal of private and non-governmental health facilities on the basis of given service standards.
- 1.2.18 Develop and implement integrated supervision and monitoring plan.

2 ANALYSIS OF ACHIEVEMENTS BY MAJOR ACTIVITIES

2.1 ACTIVITIES CARRIED OUT IN FY 2066/67 (2009/2010)

During the last fiscal year, the division carried out the following activities:

- 2.1.1 13th National Annual Performance Review Meeting FY 2065/66 (2008/2009) was conducted;
- 2.1.2 HMIS recording and reporting tools, hospital monitoring cum profile, monthly monitoring and annual performance worksheets for all level of health delivery facilities updated
- 2.1.3 Estimated Target Population for the FY 2066/67 (2009/2010) by VDCs.
- 2.1.4 Integrated computerized database system was implemented in the 35 districts;
- 2.1.5 Annual Report and Glimpse of Annual Report FY 2065/66 (2008/2009) of Department of Health Services prepared.
- 2.1.6 Piloted Health Sector Information System (HSIS) in three districts: Rupandehi, Parsa and Lalitpur;
- 2.1.7 Disaggregated data reporting for selected indicators was initiated from Nine districts;
- 2.1.8 Data management training conducted for the targeted statistical, medical recorder and computer personnel;
- 2.1.9 ICD-10 training organised with the help of BPKIHS Dharan for targeted medical doctors and medical recorders;
- 2.1.10 Health Geographical Information System(Health GIS) was incepted in HMIS;
- 2.1.11 Health Facility Mapping Survey (HFMS) with service availability mapping (SAM) has been conducted in 27 districts;
- 2.1.12 Training on Health GIS, Report writing and data processing was conducted.

- 2.1.13 Training was provided to newly recruited 20 staffs about the HMIS recording and reporting tools;
- 2.1.14 EOC monitoring orientation was conducted for the targeted district supervisors;
- 2.1.15 Regular monthly, bi-monthly and trimester review meeting conducted
- 2.1.16 Different activities carried out for health care waste management.
- 2.1.17 Different activities for district health service strengthening were conducted e.g. MLM, ToT for district health service management; Doctors Training on Health System Management and Health Facility Management Committee orientation;
- 2.1.18 Construction of PHCs, HPs, birthing centres, store building, staff quarters, birthing units is being continued;
- 2.1.19 Dental sets, Computer accessories, Multimedia projectors, Printers, Fax machines;
- 2.1.20 O&M Survey was conducted for health facility upgrading;
- 2.1.21 Central/Regional level planning workshop conducted;
- 2.1.22 Leadership Development Orientation for Senior Nurses
- 2.1.23 Monitoring and Follow-up of after getting of leadership orientation programme in 5 regions
- 2.1.24 Appreciative Inquiry Orientation to Nurses for 4 groups.
- 2.1.25 Orientation/ Follow-up of New Nursing Standard to Center to District level
- 2.1.26 SBA Need Assessment (Additional 5 Districts)
- 2.1.27 Nursing Job description developed for all levels of nurses
- 2.1.28 National Nursing Conference conducted.
- 2.1.29 Basic Oral Health Training to 300 health workers.
- 2.1.30 TOT on Oral Health to 20 doctors.
- 2.1.31 Oral Health Orientation to Teachers & School Students in 10 districts.
- 2.1.32 Orientation Program on Oral Health to targeted FCHV
- 2.1.33 Orientation programme organized for VHWs and FCHVs on primary ear care issues;
- 2.1.34 Community outreach programme conducted for primary school children including screening for underserved areas;
- 2.1.35 Quality Assurance Orientation to state and non-state health workers;
- 2.1.36 PBMS guideline up to Health Post was developed.
- 2.1.37 Mental Health Training was conducted with co-ordination of C.M.C. Nepal, Mental Hospital and Teaching Hospital

2.2 TARGETS vs. ACHIEVEMENT by Programmes, FY 2066/67 (2009/2010)

S N	Name of Activities	Target	Achieved (%)
1	National Annual Performance Review Meeting	1	100
2	Updation, Printing and Distribution - HMIS forms/formats; hospital monitoring profile and sheets	1	100
3	Central Support for Regional/ District Data Verification/Follow-up & other HMIS Activities	30	87
4	Annual Report Preparation, Printing & Distribution (Glimpse-1500, Full report-2000)	1	100
5	Technical support/maintenance and WAN expansion at Regions/Districts	25	80
6	HSIS Activities	3	100
7	Disaggregated data reporting for selected indicators including Immunization programme (districts)	10	90
8	Data Management Training using STATA	1	100
9	ICD 10 training for Medical Doctors/recorder	1	100
10	Health Facility Mapping Survey (districts)	27	100
11	HealthGIS training	1	100
12	Reporting Writing Training	1	100
13	EOC monitoring orientation	1	100
14	Integrated Supervision	100	100
15	Integrated supervision guideline review and orientation (Region)	2	100
16	Monthly/ Bi-Monthly Review Meetings	5	100
17	Health Care Waste Management -(HCWM ToT) and Orientation to health workers of public and private health facilities.	1	100
18	National level workshop on Mercury management	1	100
19	District Health Service Management Orientation Program	1	100
20	Health Service Mgmt. Strengthen Program (Mid Level)	3	100
21	Orientation on Hospital Management for Medical Officer	2	100
22	Health Service Mgmt. Strengthen Program (Development Board Member)	1	100
23	Local level Health Facility Orientation to newly recruited Doctors	1	100
24	Construction of Regional Health Directorate (Surkhet)	1	100
25	Procurement of Dental Set (300), Multimedia Projector, Printer, Computer, Fax Machine (250)	550	100
26	O&M Survey	1	60
27	Central /Regional Planning workshop	8	87
28	Building Construction -, PHCs (10nos.), HPs 200 nos.), Birthing centres (35 nos.), Store building (4 nos.), Staff quarters (1 no.) BEOC (6 nos.) and CEOC (4 nos.)	258	99
29	Mental Health Training	50	90
30	Nursing Conference (100 persons from 5 districts)	1	100
31	SBA Need Assessment in 5 district hospitals	2	100
32	Basic Dental Training	300	100
33	Refresher Dental Training	70	100
34	Oral Health Orientation to Teachers & School Students (Districts)	10	100
35	TOT on Oral Health (Doctors-20)	1	100

S N	Name of Activities	Target	Achieved (%)
36	Orientation Program on Oral Health to FCHV (Times)	3	100
37	PBMS orientation	1	100
38	Orientation for Quality Improvement System Establishment	200	100
39	Nursing Home Operation Guideline Orientation (Public/ Private/ NGO Sector)	45	100
40	Workshop for Hospital Accreditation Guideline Preparation	2	100
41	Preparation of Guideline for Health Facility Level Quality System Establishment	2	100
42	Revision and Printing of Guideline for Quality System Establishment	1	100
43	Stakeholders Orientation and Interaction for Quality Improvement	2	100
44	Central Monitoring Committee Meeting on Free Health Services Program	6	100
45	Half Annual Review Meeting on Free Health Services	2	100
46	Rational Use of Drug (RUD) Orientation	5	100
47	Guideline Preparation with Central Review	1	100
48	Interaction with Public/Private/Journalist/NGOs/ Civil Society on Free Health Services	1	100
49	Interaction Porgram for Senior Citizen/Disable/Marginalized People	3	100
50	National Workshop on Deafness Prevention & Control	1	100
51	Training of OT and Ward Management & Temporal Bone Dissection for Doctor & Nurses	1	100
52	Training on Ear Care and Referral System to HWs, Volunteers and Primary School Teachers	2	100
53	ENT National Workshop	1	100

Source: MD, DoHS

3 PROBLEMS/CONSTRAINTS RAISED DURING NATIONAL REVIEW MEETING OF LAST FY 2065/66 AND ACTIONS TAKEN IN 2066/67

S. N.	Problems/Constraints	Possible Recommendation/ Suggestion	Action Taken
1	Inadequate human resource at central level in term of number, type and skill	Revisit the organisational structure and positions	<ul style="list-style-type: none"> • Vacant post of SA/MR was mostly fulfilled by Public service commission • Provision of Computer Assistant in 60 Districts by contract service • IT Consultant and Data Analyst (Process)
2	Limited use of available information at all level	Initiate data based decision making at all levels and develop capacity on the use of data	<ul style="list-style-type: none"> • Raw and Analysed data is sent to concerned Division and Center for PME • Annual Report with glimpse of DoHS published annually. • Budget allocation for Free Health Services based on Morbidity data

S. N.	Problems/Constraints	Possible Recommendation/ Suggestion	Action Taken
3	Data quality of HMIS	Develop data quality framework for health sector and activities according to that framework to ensure data quality	<ul style="list-style-type: none"> Regional District and below, data verification Data Management Training HMIS Training, ICD Training, Different Software Training
4	Lack of appropriate (feasible) system for compilation and use of supervision reports	Need strong commitment to utilize the supervisory report for proper actions	<ul style="list-style-type: none"> Revised Integrated Supervision Guideline and Checklist Regional Level Orientation Conducted using AI approach On the spot coaching during supervision

4. PROBLEMS/CONSTRAINTS FROM REGIONAL REVIEW MEETINGS – DURING LAST FY 2065/66 AND ACTIONS TAKEN IN 2066/67

S. N.	Problems/Constraints	Recommendation/ Suggestion	Action Taken
1	Less effective Monitoring and Supervision	Need to revise guideline checklist and conduct orientation	Guideline and checklist revised in coordination with divisions and centres
2	Programme specific Physical and Financial progress report is not received in time	Arrangement for timely reporting tied with HMIS	Preparation of programme budget expenditure register
3	Under reporting From Private Sector	Arrangement for reporting	Information bill is drafted, program for information sharing
4	Specific Guideline for Disposal of Medical Records	Prepare guideline for disposal	Discussion initiated

5 PROBLEMS/CONSTRAINTS RAISED IN NATIONAL REVIEW MEETING FY 2066/67

S. N.	Problems/Constraints	Recommendation/ Suggestion	Responsibility
1	Provision of building & construction through inter agencies	Buildings should be constructed by concerned Health Office	MoHP
2	Vacant Posts of SO, SA and MRs	Recruitment through PSC	RHD/DoHS
3	Weak Supervision and Monitoring	Strengthen Integrated supervision	MD

S. N.	Problems/Constraints	Recommendation/ Suggestion	Responsibility
4	Motivation to Medical Recorders	Coordination for sharing works and strengthen Hospital Information System	MoHP/MD

6 ISSUES FROM REGIONAL REVIEW MEETINGS – 2066/67

1. CENTRAL RHD

- Some key HR lacking (PHN, Statistical Officer)

2. FAR WESTERN RHD

- **Physical Infrastructure**
 - Need for OPD buildings (Seti, Mahakali, Bajura & Dadeldhura Hospital)
 - Need for Family Planning & MCH building Mahakali Zonal Hospital
 - Need for Inpatient building at Bajura District
 - Need for Staff quarter in Seti Zonal & Bajura, Bajhang District Hospitals
 - Need for Repair & maintenance of Staff quarter building (all)
 - Plan for construction of Health post building, Staff quarter & birthing center in remaining PHCs & HPs
- **Equipments**
 - improvement of district hospital's, OTs & equipments
 - Initiate speciality services in Seti (IUC, Psychiatry, ENT, Skin & Anesthetic & reference Laboratory)
 - Fulfil HR in Mahakali Zonal hospital(Surgeon, Physician, Paedetetion, Gynecologist & Anesthetic)

3. MID WESTERN RHD

- Foster the micro level analysis of HMIS data and district health issues
- Joint and effective monitoring and supervision- Utmost attention is required for quality recording and reporting.
- HMIS data should be verified and validated.
- Implement the Integrated District Health Sector Strategy and Periodic Plan
- Monitoring and Evaluation Framework- Analysis of HMIS and its use at different level
- Revisit process of Regional Annual Performance Review:
- Formats for national and regional review meetings to be revised and made available 2 months prior to Reviews.

4. WESTERN RHD

- HMIS updating plan is to be made and supply the tools in time
- Implement the web based HMIS reporting system in all districts

Primary Health Care Revitalization Programme

1 BACKGROUND

In Nepal, PHC has had a long history that was reinforced by the Declaration at Alma Ata, and in 1991 culminated in the National Health Policy endorsing PHC. National Health Policy 1991 was a turning point in delivery of Primary health care services in the rural areas of Nepal. The most important contribution of the Policy is that it increased the access to majority of people in Nepal by establishing a total of 4,020 health institutions spread throughout the country. Sub-Health Posts (SHP) and Health Posts (HP) deliver health services at VDC level. Primary Health Care Centers (PHCC) with 3-beds are established in each electoral constituency. Hospitals that have up to 25 beds provide outdoor, indoor, and emergency services in the district.

Currently, Nepal is undergoing a period of great political and social change. Nepal is one of the poorest countries in the world. Annual gross domestic product per capita is below US\$ 400 and approximately 50 percent of its adult population is illiterate, with a share rising to over 70 percent among some ethnic groups. Improving health for Nepal's people is a major challenge. Though the progress has been seen in some core health indicators, Nepal is still at the lower end in comparison to other countries in Asia. Almost a quarter of the population lacks access to even the most basic health care services, and almost half of Nepalese children under five suffer from under-nutrition. Every hour, a woman in Nepal dies due to pregnancy and child-birth related complications, and only one in five births is attended by a Skilled Birth Attendants (SBA). Nevertheless new challenges for optimal management of the health system are well identified, particularly the growing disparities in health and rapidly expanding and unregulated private sector. The system efforts on selective health condition target as quick solution without comprehensively addressing the essential elements of developing and strengthening system and fostering intersectoral coordination has produced unequal health outcomes. Recent, reform efforts are exemplified by the adoption of a health sector strategy and Implementation Plan of the Nepal Health Sector Programme II (2010-2015). The Plan puts a major emphasis on an increased coverage and quality of “essential health care services” with a special attention to improved access for poor, vulnerable and disadvantaged groups.

2. RATIONALE

The concern for the poor and marginalized people both in urban and rural areas has been the priority of the government. In order to materialise the constitutional commitment (Interim Constitution, 2007) of fundamental right of basic free health care, MoHP introduced a policy of providing “Free Health Care Services” to the population in a phased manner to enhance access to primary health care services for every citizen on an equal footing with special consideration for the safety net for the poor, ultra-poor, destitute, disabled, senior citizens and Female Community Health Volunteers (FCHV). Consequently, in 2009 (Jestha 2065), Ministry of Health and Population (MoHP) embedded in principles of essential

care and equity constituted a new division Primary Health Care Revitalization (PRD) under the Department of Health Services. The new division is envisaged to revitalize PHC in Nepal by addressing emerging health challenges in close collaboration with other DoHS divisions and relevant actors. The division has 3 thematic focuses:

1. National Free Health Programme
2. Social Health Protection, and
3. Urban and Environmental Health

And through it is expected to make inroads into translating the constitutionally stipulated fundamental right of basic free health care into practice by addressing the disparities in health service delivery and health outcomes and promoting equitable health services.

3 Vision

To contribute in improving the health status of the Nepali population, especially of the poor and excluded. It will support MoHP to contribute to poverty reduction by providing equal opportunity for all to receive high-quality and affordable health care services.

4 Goal, Objectives and Strategy

Goal: To reduce morbidity and mortality especially of poor, marginalised and vulnerable people by securing the right of the citizens to quality essential health services			
▲			
Component 1: National Free Health Care Programme	Component 2: Social Health Protection	Component 3: Urban and Environmental Health	
▲		▲	
Objective 1	Objective 2	Objective 3	Objective 4
To increase access to and utilization of quality essential health care services by ensuring availability of essential drugs in both urban and rural health facilities throughout the year	To achieve universal coverage of essential health services by developing a more comprehensive approach (structures or systems) with the aim of protecting the population against the financial risks of expensive health care	To provide quality essential health care services to the municipal population at accessible delivery points through urban health clinic in partnership with MoLD	To promote environmental health specifically hygiene and sanitation amongst population in conjunction with other essential health care services for improved hygiene practices in partnership with related agencies

Component 1: National Free Health Care Programme	Component 2: Social Health Protection	Component 3: Urban and Environmental Health	
<p style="text-align: center;">Strategy</p> <p>1. Develop and ensure implementation of comprehensive essential health care services package considering the below</p> <ul style="list-style-type: none"> • Program communication • Rapid expansion of the package • Community participation • Strengthening accountability, integration & reduce verticality <p>2. Appoint a focal person for PRD within the district health system</p> <p>3. Outreach for underserved population and community empowerment to demand their rights to quality services and realize their responsibilities</p> <p>4. Ensure quality of care and availability of essential drugs through M & E</p>	<p style="text-align: center;">Strategy</p> <p>1. Support the MoHP in Pilot-testing of ‘networking’ & expansion’ of social protection mechanisms as outlined in the National Insurance Health Insurance Strategy</p> <p>2. Mechanisms to revitalize Community Drug Scheme are explored and endorsed</p> <p>3. Ensure the services are sensitive to GESI and users have equal access to services without regard to financial or social status</p>	<p style="text-align: center;">Strategy</p> <p>1. Develop and endorse Urban Health Strategy</p> <p>2. Coordinate with other divisions and MoLD/Municipalities to establish urban health centres</p> <p>3. Support municipalities in deploying the Female Community Health Volunteers (FCHVs) as Municipal Health Volunteers in delivering EHCS</p>	<p style="text-align: center;">Strategy</p> <p>1. Multi-sector coordination including specify division’s functionalities and responsibilities with other key stake holders</p> <p>2. IEC for integrated messages (link with behavior change)</p> <p>3. Institutional arrangement as best practice for WASH</p>

4. MAJOR ACTIVITIES CARRIED OUT IN FY 2066/67 (2009/2010)

The following were the major activities carried out during fiscal year 2066/67.

National Free Health Care (NFHC)

- Monitoring committee developed at all levels of the health system.
- Information & communication about the EHCSs improved by displaying citizen charter in most of the health facilities.
- Reporting of NFHC incorporated in HMIS.
- Initiation of central bidding and local purchasing, and procuring WHO GMP Products.
- Initiation of Social Audit in district and below health facilities.
- Training conducted on rational drug prescription in 75 districts.

Social Health Protection

- Policy draft on social health insurance is in progress to introduce social health insurance in phased manner.
- Social inclusion programme specifically providing transportation costs incurred during referral, targeted interventions for marginalized communities and senior citizen implemented.
- Community health insurance pilot interventions are in progress in 6 PHCCs and are as follows.

Districts	Model
Mangalabare Primary Health Care Centre (PHCC) in Morang District	High-cost and low-frequency illness (catastrophic spending)
Dumkauli PHCC, Nawalparasi	Low-cost, high-frequency illness in Katari
Katari PHCC in Udayapur, Chandranigahapur PHCC in Rautahat, Lamahi PHCC in Dang, and Tikapur PHCC in Kailali	a/a

Urban Health

- Drafted Urban Health Policy and Strategy.
- Developed Comprehensive Training Manual for Municipal Health Worker.

5. Problems and Constraints and Actions to be taken

S N	Problems	Recommendations	Responsibility
1	Unclear functional responsibilities of the division specifically for new initiatives such as NCD, rehabilitation services, mental health	Specify the division functionalities and its relationship to other division	MoHP, DoHS and PRD
2	Confusion on what entails under Essential Health Care Services and if they are to be supported by NFHCP	Definition of Essential Health Care Services need to be consistently defined and accordingly should be coasted	MoHP, DoHS and PRD
3	Poor mechanisms to identify and issue Card to targeted group under NFHCP	Develop sound mechanisms to identify the targeted group. Also, reactivate monitoring mechanisms and continue f/u	PRD
4	Lack of policy on social health protection	Draft and endorse urban health policy and strategy	MoHP and PRD
5	Lack of clear policy and strategy to address urban health issues	Draft and endorse urban health policy and strategy	MoHP and PRD

6. KEY OUTPUTS FY 2067/68 (2010/2011)

1. “Comprehensive” essential health care services package including Standard Operating Procedures (SOP) of
 - Eye, ENT, Oral and mental health.
 - Prevention, management and referral of Non-Communicable diseases (NCD).
 - Prevention of Physical disabilities developed and implemented.
2. Guideline on functional responsibilities reviewed and endorsed to address emerging health conditions.
3. Empowerment and IEC packages for communities to aware about their health rights- EHCS, free medicine and make the service providers accountable.
4. Urban Health Centres are developed to provide EHCS in selected municipalities.
5. Major interventions related to rehabilitation, WASH, NCD, social health insurance, mental health services will be piloted with a view that lessons learnt will be extrapolated at national level.

Development Partners

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Multilateral Partners

WORLD HEALTH ORGANIZATION (WHO)

1. ORGANIZATIONAL BACKGROUND

WHO is an inter-governmental specialized agency of the United Nations System, its objective is the attainment by all peoples of the highest possible level of health. The constitution of WHO was approved in 1946 and came into force on 7 April 1948. Two main constitutional functions of WHO are:

- To act as the directing and coordinating authority on international health work; and
- To encourage technical cooperation for health with Member States.

WHO provides technical assistance and other supports to member states for strengthening respective health systems, aiming at achieving the optimal health status of the people.

2. PROGRAMME OBJECTIVES

WHO's collaborative work in Nepal during the period of 2006-2011 would be based on the strategic agenda and objectives identified in the CCS. Six strategic agendas identified in the current CCS are:

- Strengthening health system.
- Control and prevention of diseases and disability.
- Human resource development.
- Child, adolescent and reproductive health.
- Healthier environment.
- Emergency preparedness and response

The main emphasis of technical support has been on improving health systems planning and management, human resource development, strengthening district health system, epidemiological surveillance and disease prevention, and reproductive health. Further, the WHO has been giving substantial assistance for surveillance of vaccine preventable diseases. Other priority areas are blood safety, promoting healthy lifestyles, provisions of essential drugs and biological and environmental health.

3. SUMMARY OF ACHIEVEMENTS FROM WHO

Most of WHO activities were implemented through collaborative activities with the MOHP. Results of the WHO programmes reflected in improved and strengthened health systems in providing health care services to the population of Nepal.

Health systems strengthening through supporting MOHP in developing NHSP-IP 2010-215; Supporting MOHP in developing AWPB and conducting JAWPB; Supporting PBMS implementation; assisting the health sector to develop the manpower in various disciplines. It has supported in strengthening managerial capacity at all the levels; Local and foreign training opportunities were provided for the health sector to train its manpower in different specialties; Assist the development of criteria and guidelines in establishing accreditation systems for health care manpower training colleges; Integrated supervision initiated.

4. CONTROL AND PREVENTION OF DISEASES AND DISABILITIES

- **Major achievements in Health Immunization Preventable Disease:**
Hib vaccine as pentavalent (DTP-HepB-Hib) introduced in National Routine immunization Program throughout the country; Following Japanese Encephalitis campaigns in 10 districts with coverage >93%, JE vaccine introduced in routine immunization in 16 districts; Facilitated establishment of functional and competent National Adverse Events Following Immunization (AEFI) Committee; Immunization coverage survey has been completed; 11th round NID conducted in two phases with coverage of 93% and 92%, respectively.
- **Initiated Measles elimination through** successful second dose measles opportunity provided to children through successful high coverage follow up campaign targeting all children 9 months to under five years of age which was conducted in two phases with national coverage of 95% & 93% respectively. Measles case based surveillance has been implemented in all 75 districts in 2009. National Public Health Laboratory (NPHL) accredited for measles and rubella testing.
- **Control of mortality and morbidity from JE strengthened through** Surveillance of AES cases with laboratory confirmation for JE cases, JE campaign was conducted in 10 high risk districts, and introduction of JE vaccine into routine immunization.
- **Disease Surveillance and Epidemiology strengthened** by development of Kala-azar elimination and the national guideline has been updated. Master Training of Trainers has been provided to managers of all the endemic districts on the new national Kalaazar strategies and guideline. 5 rounds of MDA have been completed in 1 endemic district and the district has been phased out. 16 new districts have been included in new round. Consultative meeting for establishing integrated disease surveillance and supported NPHL in AMR surveillance was supported.
- **HIV/ AIDS prevention and control strengthened** by providing technical assistance to the National Center for AIDS and STD Control programme; 23 ART Sites health personnel and District level managers capacity built for quality delivery of Treatment and care services; Service delivery points (STI, VCT, PMTCT and ART) reporting in a standard national reporting format; District level managers and implementers sensitized in M&E and HSR reporting.

TB Programme strengthened through supporting for full implementation of all six components of the Stop TB Strategy, support for MDR TB programme expansion provided; No. of MDR TB treatment sites increased from 16 to 44 during this biennium; surveillance of XDR TB on 100 samples of MDR TB patients was conducted. The result showed the drug resistance of 5% of the MDR TB cases.; National Strategic Plan 2010-2015 was developed.

- **Leprosy** elimination was achieved at the end of 2009 with a PR of 0.89/10,000 population.
- Strategy for Malaria Prevention and Control has been revised.

Maternal and Child Health services has been strengthened through providing: Facility based maternal and perinatal death reviews and analysis tools finalized and implemented in selected districts; Implementation of the adapted PCPNC guide in ongoing programs in selected districts; Supported in-service training Skilled Birth Attendants (SBA) training for ANMs and nurses; Capacity on Midwifery teachers Training Strengthened; Enhanced capacity of doctors and nurses on essential care of newborn; Community and outreach strategy developed for improved access and utilization of MNH care and services for under-served population; National Adolescent sexual and reproductive health guideline for district program managers translated in local language and orientation on the guideline undertaken through partner agencies; Integrated FP/STI /RTI guidelines implemented in selected districts; Initiated the development of National guideline on cervical cancer screening and prevention; IMIC program has been implemented in all 75 districts and regular follow up is being undertaken; Training conducted to the HWs transferred from non IMCI districts to IMCI districts; CB-IMCI desk review document prepared; CB-IMCI review meeting conducted in Western Development Region.

EHA Programme has been strengthened through enhanced health sector coordination through providing support to the Disaster Health Working Group (DHWG), and co-chairing the Emergency Health and Nutrition Working Group (EHNWG) (Health and Nutrition Cluster); Active field intervention for disaster response (especially in Koshi river flood response in 2008), including needs assessment, provision of essential drugs and supplies, and support coordination among public health actors in the field; Support provided to build the capacity of health workers to develop their knowledge and skills on health sector emergency preparedness and disaster response plan. This led to enhanced capacity of NRCS district chapters, ambulance drivers and rapid response teams at district level; International medical kits and essential supplies pre-positioned in strategic locations according to history of disaster and disease profile of each region in Nepal; and developed and disseminated key public health guidelines.

Health and environment has been improved through supporting the GoN in developing Concept of Water Safety Plan has been scaling up with necessary stepwise guideline. Sanitation concept to meet gap between water supply and sanitation coverage has been in place with necessary guidelines. Healthy setting concept is being considered in their periodic plan of any municipalities. Some evidence based assessment on environmental health policies, health impact caused by climate change are carried to some extent.

Non communicable Diseases prevention and control has been strengthened through capacity building on NCD, mental health, disability, violence, injury, blindness and deafness have been

conducted through training and workshops to health personnel and community volunteers; NCD policy and strategy including reviewed of existing documentation of plan of action for injury and violence has been drafted; Hospital based cancer registry has been implemented in selected general hospitals and in cancer hospital; Situational analysis to improve awareness on oral health has been conducted and IEC materials have been printed; Situation analysis and study done for refractive errors, hearing impairment of school children and noise pollution has been conducted; Reviewed IEC materials and printed for eye and ear care services including updating of books and journal for the institutional library; Supported NHIECC in implementing tobacco control.

5. PROBLEMS, CONSTRAINTS & ISSUES

- The overall coordination among different programmes and interventions conducted by different organizations are not up to the expected level and need further improvement.
- High turnover of public sector staff has led to lack continued support for policy and programme management.
- Nominations of candidates for training needs proper selection based on the need to enable continued and sustained capacity building.
- Insufficient human resources in the health care system is hampering the quality in implementation of programmes, including monitoring and supervision.

6. SUMMARY OF FINANCIAL ALLOCATION

WHO during the programme budget 2010 – 2011 has planned for Accessed Contribution (AC) of US \$ 4,272,500 and Voluntary Contribution (VC) funds of US \$ 17,499,000. Of the total VC planned for the biennium 2010 – 2011, 51 % (US \$ 8,848,432) has been mobilized until Dec 2010.

UNITED NATIONS CHILDREN’S FUND (UNICEF)

1. ORGANISATIONAL BACKGROUND AND PROGRAMME/PROJECT OBJECTIVES

UNICEF supports the Government of Nepal with health and nutrition initiatives to further accelerate the attainment of MDGs 1, 4 and 5 in a sustainable manner. The current health and nutrition programming is driven by humanitarian principles and is rights-based and results-based. UNICEF’s work focuses on the most disadvantaged and on reducing inequity. Apart from supporting the government in strengthening ongoing health and nutrition programmes, interventions and institutional frameworks at policy and planning level, UNICEF has a very strong presence in the field and supports the piloting of new, innovative interventions and community-based approaches, such as the Community Based Management of Acute Malnutrition (CMAM), the Newborn Care Package (CB-NCP), low-dose vitamin A for newborns etc., through partnership with district line agencies, NGOs, and community-based organizations. Lessons learnt and best practices are fed back to the policy level through national advocacy and existing government planning meetings and reviews such as joint planning meetings and annual reviews for national scale-up.

UNICEF strongly advocates and supports the sector-wide approach (SWAp) in health and nutrition, with the aim of strengthening governance and ensuring adequate resource allocation and responsive service delivery.

Program Objective: To improve access to quality high impact child, maternal and newborn interventions in normal and emergency situations, contributing to improved child and maternal survival

2. GEOGRAPHICAL COVERAGE

<u>Programmes</u>	<u>Coverage</u>
Immunisation	Nationwide
IMCI Maintenance activities	8 districts
Community Based Newborn Care Package	3 districts
Introduction of zinc for the treatment of diarrhoea	3 districts
Safe Motherhood/MNH	9 districts
FCHV Programme	15 districts
Vitamin A Deficiency Control /Deworming	Nationwide
Iron Supplementation	Nationwide
Universal Salt Iodisation	Nationwide
PMTCT/ ART	16/21 districts
Emergency Health	13 districts
Emergency Nutrition	5 districts
Community based Management of Severe Malnutrition	5 districts

Support to Nutrition Rehabilitation Centres	6 NRH
Micronutrient Supplementation with Infant and Young	
Child Feeding Community promotion	3 districts
Iodised Salt Social Marketing Campaign	3 districts
Newborn Vitamin 'A' dosing piloting	2 districts

3. MAJOR ACHIEVEMENTS IN COLLABORATION WITH GOVERNMENT / MoHP AND OTHER PARTNERS IN FISCAL YEAR 2066/67 (2009/2010)

In 2010, UNICEF enhanced its focus on upstream work carrying out successful advocacy with government, partners and donors especially in the under addressed nutrition and health equity sectors and in access and utilization of services for the marginalised.

UNICEF co-chaired with Government the cross cutting group in National Health Sector Planning process (NHSP II – 2010/11 – 2014/15) and ensured enhanced focus and funding for the marginalised and disadvantaged, nutrition sector and women .

UNICEF continued to play an active role in strengthening the Government's EPI programme. Data from the EPI coverage survey 2010 reported 88 percent children were fully immunized. Only 75.9 percent in the lowest quintile received all vaccines as compared to 96.4 percent in the highest quintile. Further, HMIS data for 2009/2010 shows an increasing trend in coverage of all antigens compared to 2008/2009 with the highest gain of 9.7 percent in measles coverage. With Rotary, SABIN and other partners, Countdown meetings for members of the Parliamentary sub-committee on health and social sectors were held on immunization followed by maternal health and WASH. The immunization Countdown meeting led to "The Kathmandu Declaration" with Parliamentarians committing to advocate and legislate for sustainable immunizations financing and mobilization of local resources.

To reach all children with quality vaccines, Periodic Intensification of Routine Immunization (PIRI) in the form of Immunization month, revision and updating of micro-plans in 22 poor performing districts, IEC activities, strengthening of cold chain and vaccine management were technically supported under the leadership of Child health Division. UNICEF supported the training of more than 100 lower level staff from various health facilities in vaccine and cold chain equipment management. UNICEF along with WHO and CHD supported the MLM training for more than 25 Program managers focussing on EPI.

Staffs of 10 districts were trained to collect and report on key 25 indicators on maternal and child health disaggregated by caste and ethnicity. Collation and analysis were done locally at VDC and district levels. Efforts are now ongoing for linking up districts with the central data reporting unit following which this system could be institutionalised.

Nepal is at high risk of re-infection with polio virus because of its close proximity with the polio endemic districts of Bihar, India. Six cases were recorded this year with five from just one district - Rautahat. With excellent mop up activities (eight rounds between June to November) and intensification of routine immunization activities, the epidemic was soon

brought under control. UNICEF support included the provision of vaccines and social mobilization activities and logistics support.

Community based integrated management of childhood illnesses (CB-IMCI) including zinc use in diarrhoea is now operational in all 75 districts. UNICEF assisted in organization of review meetings for programme implementation evaluation and in dissemination of key child health messages to the most disadvantaged communities besides supporting training and arranging for supplies including zinc.

In the area of newborn health, UNICEF together with the partners supported the Government in the development of a national BCC strategy for MNH, child health and nutrition. The community based newborn care pilot (CB-NCP) in ten districts (including three UNICEF districts) has now entered into implementation phase and based on the reported effective implementation by the FCHVs and at Government request, UNICEF and partners will expand these activities to five additional districts (UNICEF – two) in 2011.

UNICEF played a role in the revision of the FCHV strategy and its dissemination and supported the Government in strengthening the FCHV Fund management committee and in celebrating the FCHV day.

In 2010, UNICEF enhanced its programming in maternal health to Darchula and Bajura in addition to the eight earlier districts. UNICEF continued to provide technical assistance to the Family Health Division (FHD) and helped develop “National guidelines for implementation of Misoprostol” and initiated preparatory work for piloting of “Prevention of Eclampsia with use of Calcium”.

Under the leadership of the National Health Training Centre (NHTC), UNICEF supported the updating of the National Skilled Birth Attendant (SBA) training package. PMTCT was integrated into this package in close coordination with HIV/AIDS section, NASCC and NHTC,

In UNICEF supported MNH districts, advocacy and technical and financial support led to twenty-four hour delivery services availability in an additional ten percent of health posts [HP] (74 percent – 2009) and basic emergency obstetric (BEOC) services in 90% of primary health care centres [PHCC] (72 percent – 2009). Two additional CEOC service sites were also made functional (total seven sites). The number of 24-hour birthing centres increased from 94 to 132 with 34 percent being in CAP 3B and 4 VDCs.

UNICEF supported SBA training for 82 service providers from remote peripheral sites. Whole site infection prevention training encouraged VDCs to contribute to the establishment of placenta and waste disposal pits, incinerators and toilets in most VDCs.

Demand creation for increased utilization of free delivery services (AAMA programme) was carried out through VDC level orientations. Through MNH orientation, VDCs were motivated to invest VDC funds for enhancing quality of services through investments in additional human resources (70 ANMs), infrastructure, equipment, supplies and incentives for community.

UNICEF led the recent revitalisation efforts in the nutrition sector and successfully advocated with Government and partners for enhanced financial allocation in NHSP II and the

development of a multi-sectoral national nutrition action plan under the leadership of the National Planning Commission (NPC). UNICEF and partner supported Nutrition Assessment and Gap Analysis report was endorsed by the Ministry of Health and Population and provided the basis for nutrition sector planning in NHPSP. National Nutrition Coordination Committee was revitalised and 19 focal officers from different sectors were capacitated on nutrition programming.

The Government is keen to expand the successful UNICEF supported community management of acute malnutrition (CMAM) pilot [95% estimated severely acute malnourished children (SAM) enrolled, 81.7% recovery rate and only 0.9% case fatality rate].

Initial positive results of the ongoing infant and young child feeding (IYCF) and micronutrient supplementation promotion (three districts) led to greater partner interest to upscale these interventions especially in the disadvantaged mid and far West districts (WFP, HKI, USAID).

Efforts to enhance Government involvement and ultimate takeover of Vitamin A and Iodized salt programmes have led to Government increasing the financial allotment for both these activities. In 2011, UNICEF will promote greater involvement of partners and Government in strengthening these successful initiatives.

The nutrition emergency cluster was given an independent identity and separated from health in June 2010 so as to focus better on nutrition aspects of the disaster Management cycle. Cluster policies, strategies, contingency plans and information management systems were developed together with partners. Sufficient Health and Nutrition supplies were prepositioned at central and regional levels.

In the area of HIV and AIDS, out of 112,225 ANC attending pregnant mothers 66,606 (59%) accessed the PMTCT services provided in 22 sites of 19 districts of Nepal. In an effort to reach out to the women who are not attending ANC, community based (CB) PMTCT programme was established in 3 districts of Nepal. Out of 10,733 pregnant women 7,299 (68%) availed PMTCT services through CB services. In terms of ARV access, 80% identified HIV pregnant women and 98% babies have received ARV prophylaxis and 60% of identified HIV exposed and infected infants received CPT. Out of all the children identified as infected, 93% received ART. UNICEF initiated the process of mainstreaming PMTCT in ANC services.

Approximately, 42% of the adolescents from the intervention area have increased knowledge on HIV prevention. Moreover, 4857 MARAs and EVAs were reached with HIV prevention activities in 4 districts. VCPC members and WDOs from the 4 districts were sensitized on the issues of HIV and CABA. Community based basic support package was implemented in 4 districts Sunsari, Achham, Syangja and Kailali. Through this support package 1765 children were retained in the school, cases of acute malnutrition were averted and during the period only 8 CABA were identified. Moreover, 173 family members of CABA received sustainable livelihood trainings and out of these over 35 CABA household are implementing these regular livelihood activities and are supporting the family. A national strategy and guidelines on CABA has been developed in line with the SAARC regional framework for CABA.

4. FINANCIAL RESOURCES AND EXPENDITURE IN FISCAL YEAR 2066/67 (2009/2010)

	Resources	Expenditure
Health Programme – project areas (National):	(in US \$)	(in US \$)
Child Health*	1,442,998	1,349,389
Nutrition	2,178,897	2,150,169
Maternal and Newborn Health	454,559	439,887
Health Sector Support	45,000	44,647
HIV/AIDS	589,787	571,656
Sub-total (4,711,241	4,555,748
DACAW (Health and Nutrition and HIV/AIDS activities)	986,046	935,808
Total	5,697,287	5,491,556

Assistance is provided as cash, supplies, technical assistance.

**Additional in-kind support were also provided in the form of polio vaccines b-OPV 1&3 11,024,000 doses, mOPV1 around 10,311,000 doses for NIDs and mop-ups as well as 8.5 million doses of Vitamin A capsules for Biannual distribution of Vitamin A.*

5. CONSTRAINTS AND CHALLENGES:

- Rapid scale-up and lack of supportive monitoring and supervision of CB-IMCI activities at the community level has posed a big challenge to maintain the programme quality. This requires combined efforts of the Government and partners to work more vigorously on supporting the poor performing districts.
- The management of cold-chain system and specially the disposal of condemned goods in the Cold-rooms is a big problem and needs special focus from all concerned.
- Low coverage of zinc treatment for diarrhoea is a concern. A recent survey conducted by the National Family Health Programme in 40 districts revealed coverage of only 7 per cent. This situation demands a joint effort between partners as well as intensified social mobilization and BCC campaigns to increase coverage and compliance of treatment with zinc during diarrhoea.
- Retention of knowledge and skills of FCHVs on essential newborn care practices and management of sick newborn babies is a challenge. Regular reviews and frequent monitoring and supervision is a prerequisite for maintaining the quality of the program.

Recruiting and retention of local staff is important, especially for 24-hour delivery services at health facilities where only one or no posts are sanctioned for SBAs. In the Terai region, well-performing birthing centres with high population coverage have generated enough revenue from

the AAMA Programme to easily cover salaries and investments for the service. In hill and mountain regions, however, revenue collected from normal deliveries, even for a well-performing birthing centre, is not sufficient to cover salary expenses. There is a risk that the incentives scheme, meant to develop equity, will create inequity between regions, as incentives are given on case performance and large differences exist between targets according to geographic region.

Placing and posting the SBAs at appropriate service sites is another challenge that needs to be addressed. Frequent transfer of SBAs to health facilities which are not birthing centres, and also to irrelevant units within hospitals, has been a challenge for ensuring 24-hour delivery services. Hiring local staff for birthing centres may help in addressing this problem to some extent.

- Though government initiated the transfer of core responsibility including vitamin A procurement to its regular programming, major contribution in the NVAP is still from donor side. Government is aiming to fully transfer core responsibility by 2013 and till then, external backstopping in supply logistics, media promotion and addressing inequities is essential to ensure sustainability of the program.
- Keeping adequate buffer stock of MNP in hand and ensuring timely deliveries are practical challenges. In order to mitigate this constraint, LMD capacity to maintain adequate buffer stock needs to be strengthened and additional funds provided.
- Around 20% of under 6 months babies do not exclusively breastfeed are mainly due to introduction of water at this age. Increased awareness on mothers and families about the completeness of breast milk for their children for feeding purpose will help to increase exclusive breastfeeding practices. Communication tools supporting this message are already available but the challenge is to ensure access of hard to reach groups to these messages. . Early finalisation of multi sector plan of action on nutrition where promoting breastfeeding and adequate IYCF and care practices from various sectors is a major component, will also help.

6. FUTURE PLANS :

The Government is keen to introduce in 2011 the measles-rubella vaccine which will also provide a second opportunity for measles and further assist in moving towards measles elimination status. In 2010 out of the 23 reported measles outbreaks, only four were confirmed as measles and most measles like reported cases were actually rubella. UNICEF is strongly advocating for this activity and will provide financial and technical support for carrying out this activity.

- UNICEF will support the Government of Nepal to develop strategies to conduct district-level maintenance activities for the CB-IMCI programme. UNICEF with Government and partners will work on developing the monitoring tools for monitoring the program performance at the VDC and district levels. UNICEF will also support the Government in

developing child health integrated review guidelines to streamline all the vertical reviews on child health interventions that take place at the district and community levels.

- UNICEF will focus on increasing coverage and compliance of the use of zinc for treatment of diarrhoea and to conduct an assessment of zinc coverage to determine the factors behind the low coverage of zinc intake. Based on the CB-IMCI BCC strategy, intensive social mobilization and BCC activities will be conducted to raise community awareness. UNICEF will make special efforts to mobilize child clubs, mothers' groups and frontline workers to create awareness at the community level in UNICEF-supported DACAW districts, where the focus is on reaching the most disadvantaged communities. UNICEF will support the Government in expanding the CBNCP in 2 new districts in 2011-2012.

In 2011 UNICEF will support the implementation of maternal audits at facility and community level and strengthening of the existing surveillance mechanisms in the country to bring new disaggregated data by caste and ethnicity for maternal and newborn policy and programme shifts. UNICEF will also assist in the establishment/strengthening of new/old birthing centres and BEOC sites in five districts through needs assessment, upgrading, monitoring and supervision, capacity-building and technical backstopping.

Efforts will be directed towards increasing government ownership, funding and capacity building activities in existing nutrition interventions like Vitamin 'A' campaign and micronutrient supplementation. Support will also be provided for the scaling up of MNP supplementation linked with IYCF to the entire nation.

Continued support will be provided to the Government to assist in MNP IYCF community promotion piloting in 6 districts by 2011 and in scaling up to 15 districts by 2012. The IYCF approach will also be linked with the nutritious food distribution & child grant programs for improving nutrition status of children in the Karnali districts.

Assistance will be extended for developing the multi sectoral nutrition action plan. National Nutrition Steering Committee's capacity building activities to coordinate with various sectors will be supported in order to expedite the development of the multi sectoral nutrition action plan. Technical and administrative support to the National Nutrition Steering Committee will also be provided. Advocacy, meetings, orientation programmes and exposure visits aiming to improve capacity of nutrition focal officers will be supported.

Breastfeeding & IYCF and Care promotion activities will be promoted to increase mothers and families awareness about the importance of exclusive breastfeeding and timely initiation of complementary feeding including adequate care for young children.

UNITED NATIONS POPULATION FUND (UNFPA)

1. ORGANISATIONAL BACKGROUND AND PROGRAMME OBJECTIVES

UNFPA, the United Nations Population Fund established in 1969, is an international development agency that promotes the right of every woman, man and young people to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect. UNFPA assists developing countries, countries with economies in transition and other countries on their request.

UNFPA started its assistance to Government of Nepal (GoN) from early 1970s through country programme cycles. UNFPA's Sixth Country Programme Action Plan (2008-2010 extended to 2012) has been developed under the framework of United Nations Development Assistance Framework (UNDAF), which is in line with GoN's Three Year Interim Development Plan (2008-2010 extended to 2012). It has a two-pronged country programme. At the national level it supports development/update of RH policy/strategies, protocols, manuals and national standards and coordination efforts of Government. Furthermore, it supports the national FP, MNH, ASRH, HIV/AIDS, HMIS and FCHV programme whereas at the district level, it aims to support implementation of the national policy on decentralization in accordance with the Local Self-Governance Act (LSGA), 1999. UNFPA is also participating in the UN Joint Programme (UN JP) in line with Local Governance and Community Development Programme (LGCDDP). In addition, UNFPA is a signatory of International Health Partnership (IHP) at the global level as well as IHP Compact at the national level.

The country programme has three components: (1) Reproductive Health (2) Population and Development and (3) Gender. Humanitarian assistance, Gender Based Violence, ASRH programming are incorporated in the three components. UNFPA's major implementing partners are government line ministries (MoHP, MWCSW and MoLD). Other partners include CBS, NGOs, private institutions and professional societies. The district implementing partners are: DDC, D/PHOs, WDO, DEO and local NGOs. The two outcomes of RH component are designed to effectively support and complement each other; one concentrates on policy issues and strengthening of capacity at the central level, and the other focuses on improving the provision and equitable utilization of quality RH services at the district level.

2. GEOGRAPHICAL COVERAGE

UNFPA supports the Government of Nepal (GoN) in carrying out population and reproductive health related activities in all 75 districts of the country through central partners and district programme for support of national policy implementation in 18 districts by 2011. The district programme implemented in line with LSGA1999 in coordination with other UN agencies and

health sector EDPs expanded from Dadeldhura, Dang, Kapilvastu, Rautahat, Saptari, Mahottari to Udaypur, Sindhuli, Rolpa, Rukum, Pyuthan and Bajhang in 2010. The programme will expand to Sunsari, Sarlahi, Argakachhi, Achham, Bajura and Baitadi in 2011 making it a total of 18 districts.

In addition, UNFPA continues its support to humanitarian assistance activities to increase access to reproductive health services, especially in the districts affected by acute food crisis, diarrheal outbreak, landslides and flood. The districts include- Achham, Bajhang, Bardiya, Bajura, Dailekh, Darchula, Dhading, Dolpa, Doti, Humla, Jajarkot, Jumla, Kailali, Kalikot, Kanchanpur, Mugu, Rolpa, Rukum, Salyan and Sunsari.

3 STRATEGIES

UNFPA's support to MoHP intends to implement the national RH policy, plan and programme in line with NHSP-II. It aims at achieving universal access to quality RH services by women, men and adolescents by 2015 as per ICPD recommendation, providing gender sensitive RH information, education, communication for promoting behavioural changes towards responsible SRH practices and for generating disaggregated data by age, sex, ethnicity and geographical location for evidence based planning and monitoring. UNFPA advocates to mainstream population, RH and gender issues in national policies, plans and programmes and country programme is designed to support the peace process.

In line with the UNFPA Strategic Plan (2008-2011) and the National Compact of the Health Sector Partnership, the overarching principles of UNFPA's support are national capacity building, health system strengthening, government's ownership and sustainability. Therefore, UNFPA supports DOHS/MOHP to develop its human resource needs and capacity for delivery of quality RH services and management of RH programmes.

4 ACHIEVEMENTS IN 2009/2010, INCLUDING BROAD 2011 PLANS

UNFPA supported consultative workshops with key partners on ASRH programme to map out the support and review/update and printing of flip chart for ASRH; an UP surgery workshop and seminar on FP as a key component of SRH; community outreach behavior communication programme to reach communities through radio and community interaction meetings to deliver MCH related messages; and organization of a high level conference on universal access to RH services and commodity security as well as establishment of a RH caucus for sensitization and advocacy workshop of Parliamentarians. With support from UNFPA, NCASC developed orientation toolkits and guidelines of BCC for HIV and MARPs (FSW, young people) in collaboration with other EDPs. UNFPA supported the registration of FSW network and built the capacity of FSW. UNFPA also supported for integration of RH into emergency and disaster preparedness and response plan, including review of rapid response team training package and training to RRT teams. With support from ECHO and UNPF, UNFPA supported the conduct mobile RH camps in remote districts of Nepal and trained health service providers and key emergency personnel on MISAP and SGBV. Through FPAN, support was provided to improve ASRH by creating supportive environment, IEC/BCC for safer sex behaviour, peer education, youth friendly information and services.

Capacities were built through conducting of ASRH classes for out-of-school boys; training to hairdressers and barbers on ASRH, prevention of HIV/AIDS and other STIs, condom use; creation of a database of trained young people to enhance their participation in humanitarian interventions; and linking peer educators at community, school and health workers. IEC/BCC/Advocacy activities related to RH issues for different stakeholders, including development, dissemination and media coverage were completed through print, radio and TV channels both at the district and national levels. At the district level, capacity of the health services were strengthened through training on various areas; primary health care, outreach clinics were strengthened for RH services, The adolescent/youth friendly information and service center were up-scaled within the health service facilities; adolescents girls were empowered through choose your future and skills development package; participation of youth, FCHVs and mothers groups were ensured in local planning; national days were celebrated in different UN themes at all levels.

UNFPA supported an Obstetric Fistula camp at Patan Hospital, where 8 pre-identified cases of complicated fistula benefitted from qualified surgical repair of the fistula. Two volunteering doctors from 'The Gynecologists without Borders' (GSF), a French non-profit organization performed the operations together with doctors at Patan Hospital, and gave them the chance to increase their knowledge and ability to manage complicated Obstetric Fistula cases in the future. UNFPA supported an OF camp at in Dharan, where the same team from France performed OF surgery on 16 identified cases with Doctors and nurses from BP Koirala Institute of Health Science (BPKIHS). During the camp UNFPA offered hands on clinical training to 5 regional doctors and 10 nurses in OF surgery, postoperative care and rehabilitation. This was considered an initial training, which subsequently will be followed-up in 2011.

WOREC, an implementing partner to UNFPA has provided rehabilitation counseling to the OF patients and worked with the families and communities on the reintegration aspects and awareness of OF. They have also provided training to the doctors and nurses on psychosocial rehabilitation in Patan and Dharan.

WOREC has also developed IEC material on OF, to be provided in UNFPA supported RH camps. UNFPA is supporting, through WOREC, training on awareness and prevention of OF to Auxiliary Nurse Midwives (ANMs) and Maternal and Child Health Workers (MCHW) in 7 selected districts. For the next year, UNFPA Nepal will continue to build the capacity of doctors and nurses in OF management. UNFPA will also work for a national training of key stakeholders in OF prevention with WOREC. They will also be responsible for the rehabilitation part to individuals, families and communities.

UNFPA actively participated in the quarterly consensus forecasting meeting of the health and family planning commodities. UNFPA also attended the national level bi-annual review of consensus forecast and quantification of RH/FP, MCH commodities, essential drugs and vaccines for 5 years (2010/11-2014/2015). UNFPA supported the Logistics Management Division of the Department of Health Services for data entry of RH commodities, equipment and instruments inventory in far west, mid west and western and central regions.

UNFPA also supported the set up a parliamentary caucus on RH and RHCS. This took advantage of SRH and RHCS as a cross party issue and has probably played a part in getting advanced SRH rights a place in the new draft constitution. UNFPA supported the participation of a Parliamentarian and a Sr. government official to attend the High Level FP Consultation in Bangkok in December 2010. A study to assess availability, storage condition, prescriber's knowledge and practice of Oxytocin was completed. The study confirmed the anecdotal evidence of poor availability in government stores and in appropriate use amongst service providers. UNFPA and other donors are hoping this will provide a spur to GoN to address some of the problems in the supply chain which appear to exist below the radar of official data.

As part of an ongoing humanitarian response UNFPA has modeled an interesting example of working with WFP to run RH camps and surgical treatment of Uterine Prolapse at food delivery sites. In mid-May 2010, UNFPA received a mission from HLSP to document UNFPA's success stories and challenges on RHCS. Seventy five (75) mobile RH camps were conducted in 2010 and an estimated 85,000 women and girls benefitted from the camps. In addition, UNFPA supported about 850 UP surgeries all over the country.

5 PROBLEMS/CONSTRAINTS

- Change of the Government led to the transfer of government officials of the line Ministries and departments which affected smooth implementation of the planned activities.
- Absence of human resource in key technical fields hindered the delivery of quality services at all levels
- Difference in fiscal year of GoN and UNFPA has always become a major constraint for financial planning and expenditure settlement.
- Late signing of Annual work plan in 2010 led to late start of activities hindering timely implementation of activities as planned and delay in the approval of the national budget.
- Political instability and poor security conditions particularly in Terai districts, constrained field movements and smooth implementation of the various field activities.
- Absence of elected local bodies affected functioning of decentralized management of health services.
- Weak supervision and monitoring at all levels.

6 SUMMARY OF FUNDING ALLOCATION (US\$), JANUARY-DECEMBER 2010

Program/Project	Implementing Partners	Budget	Expenditure
Reproductive Health	DoHS/MoHP MoLD, DDCs, DHO,DEO,WDO, NGOs	2,900,000	1,727,000
Population and Development	Population Division/MoHP, MoLD, DDCs	750,000	969,000
Gender	Ministry of Women, Children and Social Welfare, DDCs, NGOs	600,000	833,000
Humanitarian Assistance Projects	NGOs, private health institutions	1,000,000	800,000
Total		5,250,000	4,329,000

Bilateral Partners

UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

ORGANISATIONAL BACKGROUND AND PROGRAMME OBJECTIVES

The United States Agency for International Development (USAID) has worked with the Government of Nepal (GoN)'s health programs for almost 60 years. USAID's current country program supports the GoN through a current bilateral Assistance Agreement covering the period 2009-2014. Activities implemented under this agreement support the GoN's objectives for the Second Long-Term Health Plan 1997-2017, and the National Health Sector Program – Implementation Plan (NHSP), Phase I (2004-2009) and Phase II (2010-2015). Funds are channelled through the GON Redbook as well as through international and Nepali non-governmental organizations to implement the NHSP. With all health foreign assistance under the U.S. Government's Global Health Initiative, USAID works closely with the GoN and other stakeholders to advance remarkable progress to reduce maternal and child mortality and increase access to voluntary family planning and HIV/AIDS services. USAID's assistance aims to build the capacity of host country systems to improve the survival and quality of life of Nepalis through equitable and well-governed health systems that focus on five major areas:

- **Family Planning/Reproductive Health (FP/RH)** - reducing fertility by increasing access to and use of high-quality and informed voluntary family planning services and commodities through the public and private sectors.
- **Maternal, Newborn and Child Health (MNCH)** - reducing maternal, neonatal, infant and child mortality by increasing access to and use of key maternal, newborn and child health care services and commodities, and improving key household behaviours.
- **Nutrition** – addressing under-nutrition among pregnant women, mothers, and children under two by promoting good nutritional practices (e.g., exclusive breastfeeding) and micronutrient intake (e.g., vitamin A).
- **HIV and AIDS** - preventing the further transmission of HIV and other sexually transmitted infections (STIs) among most-at-risk populations; building national capacity in strategic information, communications and program management; increasing access to quality care, support and treatment services through public and NGO sectors; and supporting national coordination of Nepal's multi-sectoral HIV program.
- **Other Public Health Threats** - controlling infectious and neglected tropical diseases and improving surveillance systems, including technical support for prevention and preparedness for any outbreaks of avian and pandemic influenza and diarrheal disease; training for production of prosthetic and orthotic devices and services for persons with disabilities.

USAID provides technical assistance in service delivery, training, behaviour change communications, and logistics management to six national-level programs in the Ministry of Health

and Population (MoHP) and Department of Health Services (DoHS) - the National Family Planning Program, the National Community-Based Integrated Management of Childhood Illness (CB-IMCI) Program, the National Vitamin A Program, the National Safe Motherhood Program, the National Female Community Health Volunteer Program (FCHV), and the National Action Plan for HIV and AIDS. USAID's programs include: Nepal Family Health Program (NFHP II), Advancing Surveillance, Policies, Prevention, Care and Support to Fight HIV and AIDS (ASHA), the Nepal Social Marketing and Franchise Project: Ghar Ghar Maa Swasthya (GGMS), and the USAID/DELIVER Logistics Management Project. Similarly, USAID's Child Survival and Health Grants enable Plan Nepal, CARE Nepal and Health Right International to implement Nepal's Community-Based Newborn Care Package (CB-NCP), and Helen Keller International to implement nutrition activities. USAID supports Handicap International (HI) to strengthen services to persons with disabilities, and to Research Triangle Institute (RTI) to reduce neglected tropical diseases. USAID also provides funds to the World Health Organization for surveillance and outbreak response for vaccine preventable diseases, and to UNICEF to expand coverage for the CB-NCP and nutrition.

GEOGRAPHICAL COVERAGE

Nationwide

STRATEGIES ADOPTED

FP/RH

USAID supports MoHP to reduce fertility through the National Family Planning Program and social marketing program. USAID's support includes technical assistance to improve logistics management, competency-based training systems, revision of FP training curriculum, protocols, standards and communications for voluntary and informed choice and service delivery. At the community level, USAID programs are focused to reduce the unmet need for FP through community mobilization particularly among the disadvantaged segments, Health Facility Operation and Management Committees, adolescent girls, women and mother groups. USAID programs facilitate coordination between health, education and private sectors, ensure the availability of high-quality FP/RH products, and promote voluntary choice and informed consent in FP/RH service delivery.

Major Implementing Partners: NFHP-II, N-MARC, NTAG and WWF

MNCH

Strategies reflect the results of more than ten years of applied and operational research conducted in Nepal to identify successful and scalable interventions to reduce maternal and child mortality. Through support of the public sector, private sector, and NGOs, USAID assists the MoHP to reduce under-five and neonatal mortality by supporting interventions for community-based prevention and control of the primary causes of childhood deaths: neonatal sepsis, acute respiratory infections, diarrhoeal diseases and vitamin A deficiency. In addition, USAID assists the MoHP to reduce maternal mortality by appropriately integrating FP/RH interventions and promoting antenatal care, skilled birth attendance, and postnatal care.

Major Implementing Partners: NFHP-II, N-MARC, PLAN, CARE, HRI, WHO and UNICEF

Nutrition

To prevent and treat under-nutrition among pregnant women, mothers, and children under two, USAID programs incorporate evidence-based direct interventions. These interventions include good nutritional practices through behaviour change communication and other approaches, such as exclusive breastfeeding, complementary feeding, and improved hygiene as well as micronutrient provision through national campaigns (e.g., vitamin A, deworming) and routine care (e.g., iron-folic acid supplements, therapeutic zinc supplements). In addition, USAID programs foster linkages between health and agriculture by supporting food production coupled with nutrition education at the household and community levels. At the policy level, USAID supports the GoN's efforts, led by the National Planning Commission and engaging the MoHP, to address nutrition as a multi-sectoral development challenge.

Major Implementing Partner: HKI

HIV/AIDS/STIs

Under the umbrella of the National Strategy and National Action Plan, USAID focuses on increasing the national capacity to provide HIV and AIDS services, creating increased access to information, prevention and treatment services for HIV and AIDS and other STIs as well as increased access to care and support services. The program works with the NCASC and more than 45 local NGOs and private sector partners focusing on most-at-risk populations (such as sex workers, their clients, injection drug users, men who have sex with men and migrant households). USAID participates in the Country Coordination Mechanism for the Global Fund to fight AIDS, TB and Malaria. USAID has been actively involved in coordinating and implementing activities according to the National Action Plan, developing the institutional capacity of the NCASC and strengthening Nepal's surveillance, research, monitoring and evaluation capabilities. In addition, USAID, together with other core public and private partners, advocate for the needs of children infected and affected by HIV/AIDS along with the prevention of mother-to-child transmission. USAID also supports the national HIV and AIDS logistics and supply chain management system to ensure high quality forecasting and a consistent supply of antiretroviral drugs and HIV test kits to all service delivery points.

Major Implementing Partners: ASHA and N-MARC

Other Public Health Threats

USAID's infectious disease program strengthens the capacity of the MoHP in prevention, control and surveillance of vector-borne diseases, with an emphasis on Japanese encephalitis as well as polio and pandemic influenza through the WHO/Immunization Preventable Diseases Program and in collaboration with the Epidemiology and Diseases Control Division. USAID also supports the MoHP to expand preventive chemotherapy and other interventions that will eliminate lymphatic filariasis and trachoma and reduce the burden of helminthiasis in endemic districts.

Major Implementing Partners: WHO, RTI and HI

SUMMARY OF ACHIEVEMENTS FISCAL YEAR 2066/67 (2009/2010)

FP/RH

- Supported MoHP, together with other stakeholders to achieve 1,888,345 couple years of protection from unintended/unplanned pregnancies supporting training, behaviour change communications, commodity security and logistics management in the public and private sectors.
- Reached 8,153,479 Nepalis with FP/RH messages to promote behaviour change.
- Provided FP/RH training to 505 people.

MNCH

- Supported the community-based prevention of post-partum hemorrhage with misoprostol in Banke District.
- Pilot of chlorhexadine for the prevention of umbilical cord infection among newborns in the Maternity Hospital and Banke District.
- Reached 27,051 Nepali households with postpartum/newborn visits within three days of birth.
- Supported MoHP, together with other stakeholders to treat 850,904 cases of pneumonia with antibiotics among Nepali children under five.
- Supported MoHP, together with other stakeholders to supplement vitamin A to 3,352,681 Nepali children.

HIV AIDS

- Supported the NCASC to conduct Integrated Bio-Behavioural Surveillance among wives of migrants.
- Reached 5,269 HIV-positive Nepalis with at least one clinical service.
- Reached 195,452 members of most-at-risk populations with evidence-based HIV prevention interventions.
- Reached 20,693 Nepalis with testing and counselling services.

Other

- Provided technical assistance on various committees and working groups such as CB- IMCI, CB-NCP, FCHV, Safe motherhood, local governance in health, forecasting and logistics management, and training database management.
- Supported the MoHP in health sector reforms, decentralization, Global Fund oversight, and NHSP development.
- Supported D(P)HOs, RHDs and DoHS for program planning and review process including program monitoring and evaluation.
- Supported the national nutrition assessment and gap analysis with other stakeholders to identify scalable interventions to prevent and treat under-nutrition.

PROBLEMS, CONSTRAINTS AND ISSUES

Many obstacles to the sustainability of services and programs exist in the public health sector. These include frequent staff transfers, vacant posts, absenteeism, undesignated posts to support key non-clinical services like pharmacists and IT specialists, under-trained and under-supervised staff, frequent changes in the leadership, insufficient equipment and supplies, lack of repair and maintenance systems and lack of effective routine supervision/monitoring.

Stigma and discrimination for Nepalis living with HIV/AIDS and vulnerable groups are pervasive. Although testing and counselling services are expanding across the country, the quality of these services needs to be assured.

Issues of social and gender exclusion will prevent further progress in national health achievements unless they are addressed at every level including recruitment, training and retention of qualified providers and managers from marginalized groups. Unchecked and continued civil unrest has the potential to have profound negative consequences in the health sector.

FINANCIAL ALLOCATIONS AND FUTURE WORKPLANS

In FY2009/2010, USAID invested over \$22 million to increase the voluntary use of FP, improve MNCH, address under-nutrition, prevent and control HIV and address other public health threats. A similar amount will be invested in FY 2010/2011 in the same six national-level MoHP programs and other activities described above. Additionally, beginning with this Nepali fiscal year which began in July 2010, USAID is a signatory to the Joint Financing Arrangement which provides support to the GON/MoHP budget through the Redbook (\$1,000,000 pledged for the current year) for activities described in the USAID/MoHP work-plans, which support the NHSP-II. During the current Nepali fiscal year, USAID intends to develop with the GoN/MoHP and other health sector donors a Joint Technical Assistance Arrangement which describes support outside of Redbook to the NHSP-II that helps to build capacity in host country systems to plan and deliver essential health care services in sustainable ways.

GERMAN INTERNATIONAL COOPERATION (GIZ)

HEALTH SECTOR SUPPORT PROGRAMME (HSSP)

1. ORGANISATIONAL BACKGROUND AND PROGRAMME OBJECTIVES

The Health Sector Support Programme (HSSP) - a joint programme of the Ministry of Health and Population (MoHP) and German International Cooperation (GIZ) is executed under the overall coordination of the MoHP in joint responsibility with GIZ. The overall objective of HSSP is to improve the access to effective healthcare services in particular for disadvantaged population groups of Nepal.

To achieve the objective HSSP works in three components:

- Decentralization and quality improvement;
- Improved access to healthcare services-social health protection and health financing;
- Sexual and reproductive health and rights with focus on young people.

2. GEOGRAPHICAL COVERAGE AND SUPPORT

At the decentralized level, HSSP works in the following 9 districts:

Mid-West Development Region: Bardiya, Surkhet, Dailekh, and Jumla.
Far-West Development Region: Dadeldhura, Baitadi, Doti, and Achham.
Central Development Region: Dhading.

Through policy advice to MoHP and central level partner institutions, the extent of HSSP's coverage is the population at large.

3. STRATEGY ADOPTED

HSSP activities are focused to the thematic areas, whereby the objective and indicators are aligned with national plans and programs. The Programme outputs are produced at two levels.

Central level: Policy advice focuses on quality improvements and strengthening systems in a decentralized setting. It looks into options to overcome access barriers for more equitable health care financing and delivery systems. It also works on approaches to promote sexual and reproductive health and rights. Policy advice/consultancy primarily focuses on designing and developing policies, programs, strategies and guidelines.

Decentralised level: Advisory service mainly focuses on promoting of participatory, needs-based planning and management techniques, improving health governance as well as updating maintenance system on improving the quality of service provision. In the field of Sexual and Reproductive Health and Rights and HIV/AIDS control, it focuses on implementing youth friendly services. The support provided comprises of advisory services, consultancies, studies, expertises, workshops, exposure visits, seminars and local subsidies as well as delivery of supplementary equipments.

HSSP believes and works for intensive donor coordination as the programme implementation is closely coordinated with them to complement projects of other donors and external development partners

(EDPs) within the scope of the sector-wide approach (SWAp) initiated in 2004. TC is being implemented in an integrated way in the 9 programme districts within the (SWAp). Programme outputs are jointly worked through the contribution of different actors and EDPs, to support the ongoing health sector reform process.

The programme is being implemented in cooperation with the KfW (German Development Bank). Technical Cooperation (TC) implements FC-financed small-scale infrastructure development measures. The Small Scale Infrastructure Support is being implemented with a new modality in 9 programme districts with the overall leadership of DDC and implementation leadership of DHOs and DPHOs. The measures are reflected in the District Development Plan of the respective districts and are being executed by the respective Health Management Committees (HMCs) with DHOs / DPHOs and GIZ's technical support.

4. SUMMARY OF ACHIEVEMENTS (Jan-Dec, 2010)

- Health Facility Level Quality Management (HFQM) has been in progress in all districts following the guidelines developed jointly with the Management Division of DHS. Performance Based Management System (PBMS) guideline was revised during the reporting period and its implementation is scaling up to District Health Institutions.
- Integrated District and Regional Health Sector Strategy and Periodic Plan 2010/2011 to 2012/2013 of Mid-western Region developed taking into the SWAP consideration and aiming to improve coordination and better utilization of health sector resources within the region.
- GTZ signed a joint Memorandum of Understanding for supporting the implementation of a pilot programme “Local Health Governance Strengthening Programme” (LHGSP) as Technical Assistance (TA) agency in two districts: Doti and Kailali. A devolution framework and guideline are developed to implement LHGSP with HSSP support.
- Out of 37 small scale health's infrastructure measures contracted during 2008/2009 through KfW start up fund in 9 districts, 28 measures were completed during the reporting period. In 2009/2010, total 31 additional measures have been contracted and are being implementing. Local contribution to these measures are found to be 19% for 2008/2009 and 30% for 2009/2010 measures.
- Technical assistance to DoHS in conducting orientation training on social audit guidelines for district managers of Mid and Far Western Regions.
- Practice of Social Audit (SA) is promoted in all districts after the orientation of SA to all district managers.
- Small scale infrastructure implementation modality and its effect is reviewed which was being implemented since 2008.
- Technical assistance on Social Health Protection (SHP) and health financing to fostering technical discussions on policy aspects at the central level.
- Technical support to assess the current status of the social health protection in Nepal. Policy options for the improved social health protection have been outlined in a report in consultation with wide range of stakeholders.
- Technical assistance to FHD to draft national Adolescent Sexual and Reproductive Health (ASRH) Program and in implementing (piloting) Adolescent-Friendly Health Services (AFSS)

in 26 health facilities in 5 districts of Mid and Far Western Regions and conducting a process evaluation.

- Technical assistance to NHTC to revise training package and to conduct Master trainers training at regional level (Mid and Far Western Region) on ASRH for mid level health workers
- A package of 8 IEC booklets on Sexual and Reproductive Health and Rights issues of adolescents and youth was developed based on young people’s questions on these issues. The booklets were developed under the leadership of NHEICC and in coordination with FHD
- MoHP and DoHS delegates supported for international exposure trip on youth programs in a post conflict country (Bosnia).
- Technical assistance to Population Division for preparing the National Adolescent and Youth Survey.
- *SangSangai*, an interactive youth-focused tool to prevent the rise of HIV infection among young people reached 16,892 youths including 8,632 male and 8,260 females in Dailekh and Kathmandu district.

5. PROBLEMS, CONSTRAINTS & ISSUES

- The present political context of the country with the unstable nature of the interim government has negative effect in managing the health services due to the frequent changes in political and bureaucratic leadership.
- The absence of local elected bodies further hampers the management and decision making, good governance and accountability at the local level resulting the break in the devolution process, started in the health sector
- Inadequate staffing, frequent staff transfer and poor maintenance hamper the accessibility and quality of health services provided by the supported health facilities.

6. SUMMARY OF FINANCIAL ALLOCATION AND EXPENDITURE

The summary of expenditure for the period Jan-Dec 2010 is as follows:

Cost Heading	Amount (in Euro)
Decentralization and Quality Improvement	501,000
Improving Access to Healthcare Services (Social Health Protection and Health Financing)	279,721
Sexual and Reproductive Health and Rights with focus on Young People	150,000
Support to SWAp Process and EDP	200,000
Running and overhead cost, local subsidy	319,279
Total	1,450,000

7. WORK PLAN for 2067/68 (2010/2011)

Programme Component	Working areas
Decentralization and Quality Improvement	<ol style="list-style-type: none"> 1. Quality improvement (QI) system. 2. Drug safety and control (Methadone programme). 3. Decentralization in Health (development of sector strategy, periodic plans and review at decentralised level). 4. Health Physical Asset Management both at central and local level 5. Technical Assistance for LHGSP Implementation.
Improved Access to Healthcare Services (Social Health Protection and Health Financing)	<ol style="list-style-type: none"> 1. Social inclusion and fair financing. 2. Equity and efficiency in health services. 3. Access to and utilization of health services.
Sexual and reproductive health and rights with focus on young people	<ol style="list-style-type: none"> 1. ASRH programme tools and guidelines. 2. Scaling-up adolescent-friendly services in line with the national ASRH programme (FHD) in Mid- and Far Western Region.

GERMAN DEVELOPMENT COOPERATION (GDC)

KREDITANSTALT FÜR WIEDERAUFBAU (KfW) THE GERMAN DEVELOPMENT BANK

1 ORGANISATIONAL BACKGROUND AND PROGRAMME OBJECTIVES

On behalf of the German federal government KfW finances investments and advisory services in developing countries. KfW is dedicated to finances projects in developing countries by offering favourable loans and grants on behalf of the German Federal Ministry for Economic Co-operation and Developments (BMZ). It advises its partners on all issues of project implementation and supports development-policy reform. KfW typically works together with governmental institutions in the respective countries. It actively seeks to cooperate with German and international partners in order to further enhance the developmental effectiveness and efficiency of its activities.

Under the umbrella of the Nepal Health Sector Programme-IP KfW supports the implementation of the National Health Policy through several programmes.

2 GEOGRAPHICAL COVERAGE AND SUPPORT

Mainly countrywide programmes/activities with some infrastructure activities restricted to selected districts.

3 PROGRAMME SUPPORT

3.1 Basic Health Services Programme

Since 1994 the German federal government through KfW has been assisting in providing the Basic Health Services Programme. Its overall objective is to contribute to an improved health status of the rural population. It aims at improving the quality of basic health services through demand oriented provision of essential drugs. The Programme comprises the procurement and countrywide distribution of essential drugs (EDs) and Oral Rehydration Salt (ORS) for Sub-Health Posts, Health Posts, and Primary Health Care Centers, the procurement of initial medical equipment kits (IMEKs) for Sub-Health Posts, the construction of district stores and training for the implementation of the pull system and associated consulting services. In Achham, Bardiya, Dhading and Doti districts small infrastructure measures, such as urgent repairs, rehabilitation of buildings, and procurement of basic medical equipment and essential supplies are financed through a “Start-up Fund“ administered by the - German International Cooperation (GIZ) in collaboration with the Department of Health Services.

To improve the efficiency of drug supply a demand based pull system is now in place. For this purpose 40 District Stores have already been constructed through KfW funds. FC funds have also been utilised to conduct training for pull-system implementation.

The Programme also contributes to improve the quality of drugs by applying comprehensive quality controls of international standards. The essential drugs are financed on a cost sharing basis with an increasing share of the Government of Nepal. The programme ended in mid 2009.

3.2 Family Planning Programme - HIV / AIDS-Prevention

Since 1997 the German federal government through KfW has been providing its assistance to the Family Planning Programme. The overall objective is to contribute to the reduction of birth rate and the STD/HIV/AIDS prevalence rate as part of a rights based approach to sexual and reproductive health through improving the availability and accessibility of family planning and STD/HIV/AIDS prevention services. The Programme comprises the supply of contraceptives such as condoms, injectables and iron tablets through public sector institutions, the social marketing of oral contraceptives, condoms and Oral Rehydration Salts (ORS) including supportive measures for marketing, IEC and procurement in cooperation with the Nepal CRS Company (Pvt.) Ltd. The supply of different contraceptives as well as drugs for the treatment of sexually transmitted diseases in cooperation with the Family Planning Association of Nepal (FPAN) and associated consulting services was continued. Quality assurance and control measures are strictly followed during the procurement process. The programme ended in mid 2009.

3.3 District Health Project

The Project is implemented in cooperation with the “Health Sector Support Programme” (HSSP) of Deutsche Gesellschaft für Technische Zusammenarbeit - German International Cooperation (GIZ). The overall objective is to contribute to the improvement of the health status of the population in selected districts by improving health services, in particular reproductive health services. It comprises the rehabilitation and / or extension of selected health facilities, namely Bheri Zonal Hospital, Bardiya and Dhading District Hospitals and Gajuri, Rajapur and Sorahawa Primary Health Centres, the provision or replacement of medical equipment for these facilities as well as associated consulting services. The DoHS/MoHP has charged the Town Development Fund–TDF with the implementation of the civil works component of these major infrastructure investments. Major construction activities have been completed and currently, the process is underway to procure selected hospital equipment for these health sites. Because of the delays in the construction of Dhading district hospital and delays in the procurement of hospital equipment the project is now expected to be completed by mid 2011.

3.4 Sector Programme Health and Family Planning

The Government of Nepal and KfW concluded agreements in July 2008 for the implementation of the next phase of activities under the German Development Financial Cooperation. This programme is basically a continuation of the ongoing programmes with new additional dimensions, particularly in reference to hospital equipment maintenance and social franchising. Its objective is to contribute to an improved health status of the population and to the achievement of the health sector MDGs in Nepal. The envisaged financing contribution of the German federal government through KfW is 10 Million EUR. The planned programme activities to be implemented in the period 2008 – 2010 comprise:

- Procurement and country-wide distribution of essential drugs and ORS for primary health care facilities.
- Construction of district stores for improved storage and implementation of pull-system.
- Procurement and country-wide distribution of contraceptives through public and non-public providers (MoHP, FPAN, CRS).
- Provision of sexual and reproductive health services through expansion of quality social franchising networks (Nepal CRS) in cooperation with the N-MARC Programme supported by USAID.

- Improvement of health infrastructure through continuation of Start-up Fund for minor infrastructure investments in the districts supported by German Development Co-operation and in and around PLA cantonments.
- The component “Contracting out of Maintenance Services” of the KfW-funded Sector Programme Health and Family Planning in Nepal is embedded and guided by the Health Care Technology Policy which has been adopted in December 2006 by the MoHP. Consequently, the component is based on the following strategies, included in this policy:
 - ✓ Strengthening physical assets management (PAM) through the development and implementation of an inventory system;
 - ✓ Institutional capacity building through the establishment of a separate unit (PAM Unit) within the MoHP, Department of Health Services (DoHS), Management Division (MD) responsible for planning, programming, budgeting and monitoring of maintenance activities for medical equipment;
 - ✓ Development of Public-Private Partnerships (PPP) models to out-source maintenance services for selected medical equipment in the health facilities in 24 districts of Mid and Far western Region.

In the year 2009-2010 the programme activity has concentrated on the following areas:

- ✓ Further consolidation and strengthening of the PAM Unit, officially introduced and approved by the MoHP / DoHS, inclusive of ToRs and appointment of the Head of the PAM Unit in June 2010.
- ✓ Consolidation of the Technical Advisory Group (TAG) for all maintenance issues within the DoHS / MD.
- ✓ Tendering for the selection of the Maintenance Contractor, based on the Pre-qualification (PQ) selection for interested and qualified maintenance services providers in Nepal conducted in May 2010 and tender award completed in December 2010.
- ✓ Financial planning and budgeting, jointly with DoHS/MD, for the inclusion of the required maintenance budget in the Financial Year plan starting July 2010.
- ✓ Information and sensitization of the different stakeholders, including the health facilities in the two pilot regions (Mid- and Far-Western region) through the Regional review workshops.

Overall, the Consultant has worked very closely with the PAM Unit of the Management Division in managing and finalizing the tendering process, and cooperation has been very satisfactory. This is due from one side to the high level of commitment that the Government of Nepal and the MoHP/DoHS has devoted to the outsourcing programme for maintenance. Also the Consultant, with its multi-disciplinary team and technical expertise provided for supporting the set-up of the PAM Unit and ensuring effective management and monitoring of the maintenance contract. This is guaranteed by the full-time presence of a Senior National Maintenance Coordinator and increased time on site of specialized experts in the field of:

- ✓ Procurement and tendering.
- ✓ Public-private partnerships.
- ✓ Quality assurance.
- ✓ Contract management and monitoring.

- ✓ Maintenance of medical equipment.
- ✓ Financial and administrative management and monitoring
- ✓ Associated consulting services.

4 ACHIEVEMENTS

- Under BHSP essential drugs supplied to all SHPs, HPs and PHCs on annual basis. Under new Sector Programme-Health and Family Planning in 2008-09 EDs worth NRS 310 million have been procured through KfW-MoHP co-financing arrangement in support of free essential health care services policy of MoHP. Similarly, for 2009-2010 EDs worth NRs 367 million have been procured. While all supplies of 2008-09 have been received and distributed, most of the supplies of 2009-2010 procurement have been received and currently being distributed through district stores.
- Approximately 4.5 million sachets of ORS have been procured under BHSP III. Additional 5 million sachets have been procured in 2008-2009 (2065-66) under new Sector Programme-Health and Family Planning. Similarly, in 2009-2010 (2066-67) only 2.5 million sachets have been centrally procured as procurement of additional 5 million sachets were done through 5 Regions on behalf of Child Health Division.
- In support of the Family Planning Programme new contracts for the supply of 104 million pieces of condom and 6.5 million vials of DMPA with syringes, through multiyear procurement for the year 2009-2011 is established and regular supplies are being received by LMD as well as FPAN.
- Procurement of 2.4 million cycles of OC pills and 375,000 cycles of EC pills for CRS for the period until December 2010 has been completed. Out of the savings from earlier procurement, contract for the supply of additional 600,000 EC and 980,000 OC pills for year 2010-2011 has been extended.
- Procurement of STI treatment kits for CRS completed after completion of registration of kits with the DDA/N.
- Long and medium term forecasting of family planning commodity requirements has been institutionalized with annual forecast and six monthly reviews in place and regularly practiced. Forecasting of other health commodities as well as essential drugs has also been initiated.
- Standard procurement practices through international and local tendering process at the Logistics Management Division (LMD) institutionalized. Multiyear procurement of several health commodities has been initiated.
- Quality Assurance system has been further developed both at MoHP as well as CRS Procurements.
- Demand-driven pull system for health commodities in the districts continued. Construction of district stores is continuing and 45 stores and 1 cold store have already been handed over to the respective DHOs. Under new FC programme construction of additional 3 to 4 district stores has been initiated.
- Emergency support to Safe Motherhood Programme has been given through provision of 80 million Iron Tablets.
- Number of WHO-GMP (Good Manufacturing Practice Standards) certified local companies has considerably increased and all MoHP procurements are made only with WHO-GMP certified companies.

- Construction works completed at Bheri Zonal Hospital, Bardiya District Hospital and Gajuri, Rajapur and Sorahawa Primary Health Care Centres and constructed facilities have been handed over to the respective authorities.
- Under Support to Maintenance Services further consolidation and strengthening of the PAM Unit, officially introduced and approved by the MoHP / DoHS, inclusive of ToRs and appointment of the Head of the PAM Unit in June 2010.
- Consolidation of the Technical Advisory Group (TAG) for all maintenance issues within the DoHS / MD.
- Tendering for the selection of the Maintenance Contractor, based on the Pre-qualification (PQ) selection for interested and qualified maintenance services providers in Nepal conducted in May 2010.
- Financial planning and budgeting, jointly with DoHS/MD, for the inclusion of the required maintenance budget in the Financial Year plan starting July 2010.
- Information and sensitization of the different stakeholders, including the health facilities in the two pilot regions (Mid- and Far-Western Region) through the Regional Review Workshops.
- Three years maintenance service contract with the Contractor established.
- Pre-mobilization workshop with the central stakeholders in Kathmandu completed.
- Contribution to a significant improvement in the access and quality of public health services.

5 PROBLEMS, CONSTRAINTS AND ISSUES

- Inadequate staffing and poor maintenance hamper the accessibility and quality of health services provided by the supported health facilities.
- The revolving drug fund has been sidelined due to implementation of free essential health care services.
- Slow expansion and coverage of pull system has delayed procurement decisions based on LMIS data. The districts still not fully practicing the pull system approach in the supply of commodities to health facilities. To avoid wastage of drugs at the district level, the districts should also become part of the pull system.
- Constraint budgets for transport, re-packaging and distribution of essential drugs at the districts as well as for capacity development hamper the effectiveness of the pull system, especially in light of increased procurement volumes in recent years.
- Inadequate storage capacity at almost 30 districts and improper storage practices at the district stores may jeopardize the quality of the procured drugs.
- For a complete maintenance of all medical equipment in health facilities, strengthening of in-house maintenance through training and provision of dedicated maintenance budget is required on a regular basis.

6 WORK PLAN FOR THE FISCAL YEAR 2067/68 (2010/2011)

- Assistance to the Logistics Management Division (LMD), FHD, CRS and FPAN in the procurement and distribution of EDs, ORS and contraceptives including quality control and assurance of procured commodities.
- Support to expansion of CRS social franchising networks.
- Construction of additional 4 district stores in support of pull system.
- Completion of construction works and supply of medical equipment at Bheri Zonal Hospital, Bardiya and Dhading District Hospitals and Gajuri, Rajapur and Sorahawa Primary Health Care Centres.
- Minor investments in health infrastructure in selected districts and in and around PLA cantonments.
- Design and establishment of a management and contracting out system for the maintenance of medical equipment.
- Participation in needs assessment for requirements of contraceptives in the public, private and NGO sectors.
- Monitoring of the progress of the programmes through field visits and on-the spot assessment of functioning of health facilities.
- Maintenance of selected medical equipment in 56 hospitals, PHCs, regional medical stores and district stores in 24 districts of mid and far-western regions will commence through a maintenance contractor under the supervision of PAM Unit of Management Division.
- Advisory services to support to the implementation of the FC supported programmes.

7. ALLOCATION BUDGET FOR 2067/68 (2010-2011)

- District Health Program : Euro 500,000
- Sector Program Health & FP
 - Procurement of essential drugs and ORS : Euro 1,000,000
 - Procurement of family planning commodities : Euro 1,500,000
 - Support to maintenance services : Euro 300,000
 - Construction of District Stores : Euro 200,000
 - Procurement of additional OC/EC Pills for CRS : Euro 240,000

DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID)

The Department for International Development (DFID) is the UK government department that manages Britain's development aid budget and works to get rid of extreme poverty. DFID works to help countries reach the Millennium Development Goals (MDGs), the international targets agreed by the United Nations (UN) to halve world poverty by 2015. DFID's budget in Nepal for 2009/2010 was around £56 million, of which £10 million was in support of the first Nepal Health Sector Programme (NHSP1) with further funding for HIV/AIDS prevention and care – contributing through partnership with DoHS and MoHP to MDGs 4, 5, 6 and 3 – and also to MDGs 1 and 8.

DFID's support to the health and HIV sector in Nepal in 2009/2010 fell into three parts:

- £5 million fully flexible pooled funding to Government of Nepal (GoN) in support of NHSP1;
- Provision of technical assistance to GoN at national and regional levels aligned to NHSP1 and in consultation with GoN and other External Development Partners (EDPs), including advisory support to key divisions as well as research and policy studies delivered through the Support to Safer Motherhood Programme and the Health Sector Reform Support Programme; and
- Provision of HIV prevention and treatment services for most at-risk populations via NGO contracting managed by UNDP, in most regions in Nepal but targeting areas where at-risk populations are concentrated (£2.5 million).

DFID's strategy, in line with the principles of the Paris Declaration and International Health Partnership, is to support the GoN and other national partners to deliver health and HIV prevention and treatment services by providing flexible funding and engaging in national policy dialogue. In that policy dialogue DFID promotes a particular focus on maternal, newborn and reproductive health, nutrition and gender equity and social inclusion.

During 2009/2010 DFID supported GoN to deliver the results set out in this annual review of progress in the final year of NHSP1. In addition, the DFID-supported HIV programme made good progress towards reducing the spread of HIV/AIDS, caring for infected people, and helping gear up the national response. 72% of expenditure went to reaching MARPs, with comprehensive prevention and care packages implemented by 50 NGOs across 70 of Nepal's 75 districts, delivering:

- Information on HIV, voluntary testing and counselling and treatment of sexually transmitted infections (STIs) for 1,030,299 migrant workers and their family members;
- HIV screening for 136,580 units of blood;
- Information on HIV, voluntary testing and counselling and treatment of sexually transmitted infections (STIs) for 29,404 MSM;
- Rehabilitation and harm reduction programmes delivered to 3,014 IDUs;
- Care and support to 2,203 PLHIV;
- 2.6 million condoms distributed to migrants, MSM and IDUs and 349,798 clean needles and syringes distributed to IDUs; and
- HIV prevention activities initiated in three prisons, and networks of commercial sex workers, people living with HIV and street children were supported.

DFID's budget in Nepal for 2010/2011 is around £56m, of which £11m is in support of the second Nepal Health Sector Programme (NHSP-II).

SWISS AGENCY FOR DEVELOPMENT AND CO-OPERATION (SDC)

RURAL HEALTH DEVELOPMENT PROJECT (RHDP)

1. ORGANIZATIONAL BACKGROUND AND PROGRAMME/PROJECT OBJECTIVES.

Rural Health Development Project (RHDP), a bilateral project of the Government of Nepal and the Swiss Agency for Development and Cooperation (SDC), aims at achieving the overall strategic objective of enhancing the status of disadvantaged groups by empowering them to exercise their rights and improving their capacity to claim better access to, and enjoy their rightful share of, national health services. The main outcomes of the projects are in the field of maternal and child health, however the significance and approach are clearly on social inclusion, empowerment, particularly of women and DAGs and on local health governance. RHDP began in Dolakha district in 1990 as the Primary Health Care, Mothers and Child Health and Family Planning Project, which eventually became the Rural Health Development Project in 1997. RHDP's coverage grew to Ramechhap (in 1996) and Okhaldhunga (in 2006). Its Phase VI completed in July 2009 and now is in Phase VII, which will continue in Dolakha until 2011 and until 2013 in the other two districts.

The overall **GOAL** of Phase VII of the project is improved overall health status of people, especially of women, disadvantaged and poor of remote areas of Dolakha, Ramechhap and Okhaldhunga Districts. Project primary beneficiaries include women, children, adolescents and men with special attention on Dalits, ethnic Janjati minorities, poor, displaced persons and those families and individuals affected by the conflict.

The expected **OUTCOMES** are:

- Community, especially women and disadvantaged groups, positively changed their health seeking behaviour and contribute to the health system at local level (Demand side).
- Local health service providers/ promoters, in collaboration with local bodies, responded to the priority health needs (Supply side).

2. GEOGRAPHICAL COVERAGE

RHDP is implemented throughout the districts of Dolakha, Ramechhap and Okhaldhunga. Its coverage includes a total of 162 VDCs and 1 municipality of these districts. Provided the working modality of the project, its coverage ranges from the community people of settlements and wards of VDCs to the stakeholders of the district; indirectly, the project also supports the GoN/FHD at the policy level. The project will end in July 2011 in Dolakha; it will continue till July 2013 in rest of the 2 districts.

3. STRATEGY ADOPTED.

RHDP adopts the Swiss Cooperation Strategy (2008 ~ 2012) as its major strategic guidelines. Its' strategy also complies with the policies and programs of the GoN reflected on the Three Years'

Interim Plan (TYIP), MDG (2015) and NHSP-IP II (2010 ~ 2015). Best practices and achievements gained through earlier phases have also been the guidance of the project. Additionally, the project is also concerned for the consolidation and sustainability as this is the final phase. To specify the project's strategy:

- Improve local health care management and support system
- Strengthen the integration of health promoters within health system
- Increase capacity of women's organisations for health promotion
- Ensure the inclusion of women and disadvantaged groups
- Adopt Psychosocial Approach
- Consolidate Achievements of RHDP Interventions and Develop Necessary Measures for Sustainability
- Advocacy at central and local level for policy development and implementation
- Decentralised Local Health Governance.

4. SUMMARY OF ACHIEVEMENTS IN THE PERIOD OF 2066/67 (2009/2010)

4.1 Achievement against Outcome 1: Community, especially women and disadvantaged groups, positively change their health seeking behavior and contribute to the health system at local level (Demand side).

As in the past phase, RHDP conducted capacity building, awareness raising, and participatory rural appraisal with MG members. This has enabled members to function as community "change agents" to reach and raise health awareness among disadvantaged populations in Dolakha, Ramechhap, and Okhaldhunga Districts. RHDP's regular monitoring assessment shows 50% of deliveries were conducted by health worker (ANM, Staff Nurse or Doctor) and the HMIS record shows 40% of mothers from disadvantaged group have received free of cost delivery service with maternity incentive from the health institutions. Seeing the increasing trend among the mother completing at least 4 ANC visits from the baseline of 55% to 50% of achievement against 80% of 2013 target and 49% mothers making at least one PNC visits from the baseline of 44% against the 2010 target of 50%, motivation among mothers and family members has abundantly increased after receiving BPP trainings. However, RHDP also oversees to maintain better quality services at HFs to improve and increase the safe delivery practice. With a purpose to reduce the second delay (reaching the health facility for delivery on time), MGs are using stretchers as a functional health emergency transportation, provided by RHDP in 60% subsidy. Inclusive MG networks were formed, which have established functional linkage with neighboring MGs, started dialogue with health workers for improved delivery of quality health service performing actively as the local health promoters. MGs have taken a leading role to allocate and mobilize VDC funds in health. MG network member are aware of the need of referral for proper counseling in regards to domestic violence cases. With the initiation of the MG network members, innovative approach for the promotion of safe motherhood like Kosheli Bhet, and dissemination of health messages through banners and hoarding boards are practiced.

Capacity building and refresher trainings on BPP for FCHVs have enhanced their competence and confidence to lead MGs. FCHVs are playing a vital role in educating pregnant women and their families about maternal complications that can occur due to unsafe delivery. In order to enhance

motivation, RHDP supported FCHVs with uniforms as an incentive in all working VDCs. The FCHV monthly meetings are held regularly strengthening the HMIS at the health facility level. There is an increase in the utilization of basic maternal health care service, due to greater discussion during regular MG meetings facilitated by FCHVs and outreach activities.

With the training on Appreciative Inquiry, HFOMCs are creating enabling environment in establishing 24 hour birthing center at HPs and strengthening the management of local health system. HFOMCs allocated health funds from VDC Councils for local health activities. The allocated VDC funds are used for FCHV funds, health education and awareness raising programs, micro health projects. So far HFOMCs have facilitated in establishing Emergency Health Funds (EHF) in 106 VDCs (51 in Dolakha, 45 in Ramechhap and 10 in Okhaldhunga) of RHDP's working areas. Primary beneficiaries are female and pregnant mothers, followed by other emergency cases including fractures, head injuries, severe bleeding, snakebites, burns, etc. Fund utilization is generally linked to referrals to higher-level health facilities. Considering the importance of right information regarding Emergency Health Fund, RHDP uses both the print and broadcast media to ensure and increase the adequate information about EHF towards its targeted citizens throughout the district. All HFOMCs of sampled 32 VDCs have functional EHF of which 398 persons have utilized and benefitted from it. HFOMC members are playing important roles as local health system representatives, and assuring accountability towards public health services, leading to the process of state building in the present context. HFOMCs are also sensitized about the negative effects of domestic violence particularly on women's health. HFOMCs of Ramechhap have started providing baby clothes which has led to an increase of institutional delivery. For the promotion of Women's Health (UP), RHDP supports the DHO and other concerned agencies for conducting UVP screening camps along with a free operation services to the surgically referred clients.

As an innovative approach for the promotion of sustainable health, RHDP mobilized adolescent and child clubs to disseminate health messages. School teachers and child club members were trained on adolescent sexual and reproductive health and life skills education. Child clubs disseminate health messages through street dramas, songs, and essay competitions, working towards improvements in personal hygiene and environmental sanitation in and around schools.

4.2 Achievement against Outcome 2: Local health service providers/promoters in collaboration with local bodies, respond to the priority health needs (Supply side)

RHDP provided capacity building training to district and VDC level health workers on birth preparedness package (BPP), sensitizing on their roles and responsibilities in promoting safe motherhood. With the training, facilitation and basic financial support from RHDP the health delivery mechanisms in the project area have now become effective and accessible to disadvantaged people. In order to better enhance the health care delivery system, RHDP contributed greatly in strengthening ANC and PNC services at HF, supporting to establish 24-hours birthing centers at HP, providing SBA training to locally hired ANM working at birthing centers. Due to which 24 hours delivery services are available in 27 health facilities against the target of 36 in three districts delivering quality services (12 in each district). Separate room for safe motherhood services and regular presence of female staff at

health facility have played an important aspect in building enabling environment for mothers to make ANC and PNC check-up visits.

Training on appreciative inquiry provided by RHDP have helped to bring out effective commitments among the health workers, HFOMC members and VDCs to address the health needs and improve the maternal health care services in the health facilities. RHDP continues to strongly lobby with DDC and VDC council for its effective management and the sustainability of birthing centers. Health seeking behavior among the discriminated communities have also increased with RHDP's effort in dissemination the message on provision of GoN free health care service, emergency health fund and free maternity incentives. Trained members of disadvantaged groups are acting as "vehicles for change" in their respective communities with the training on reproductive health, personal hygiene, expanded program on immunizations, gender relations, and HIV and AIDS. With RHDP's continuous facilitation, the VDCs and DDCs have reflected HFOMCs and health plans in their annual plans, addressing the effective management of 24-hours birthing centers, ANM hiring, upgrading HPs to PHC, and management and maintenance of physical infrastructures. Most of the HFOMCs thus are able to approach and allocate a significant amount of VDC budget on health programs and activities.

Additionally, RHDP implements core activities within the framework of SDC's Cluster Management system, and in line with SDC's overall guiding values and operating principles, and the *Cooperation Strategy Nepal (2009-2012)*. RHDP Phase VII collaborates with external development partners (EDPs), expanding SDC's contribution to the platform of united donors addressing Nepal's broader health scenario.

In Phase VII, RHDP is working towards combining more supply-side initiatives with demand-driven approaches. MGs, comprised of community women, are increasingly utilized as vehicles for health service and message delivery. This represents a restructuring of their role from one of awareness raising (in previous phases) to that of change agent for rural communities. In coordination with government partners, RHDP is striving to enhance health governance and accountability, increasing the efficiency of the health delivery system, and focusing on addressing locally identified health needs. This further strengthens government policy and discourse, and supports the nation's health strategy and millennium development goals.

As a result of extensive field work, RHDP learned lessons and gained invaluable experience and trust from the community. Community have provided with information if there have been any kind of interruption in the implementation of project activities by different groups. One of the major strengths of RHDP is the cohesion and willingness of the GoN and local partners to work collectively towards the common goal of RHDP and the DHO.

5. SUMMARY OF FINANCIAL ALLOCATION AND EXPENDITURE 2066/67 (2009/2010)

Following table summarizes the budget and expenditure for 16 July 2009 – 15 July 2010

Budget Headings	Budget 2009 - 10	Expense 2009 - 10	% Expenditure
OUTCOME 1 ~ Community, especially women and disadvantaged groups, positively changed their health seeking behaviour and contribute to the health system at local level.	34,878,000	33,331,138.56	95.56%
OUTPUT 1 ~ Communities, especially women and disadvantaged groups are capacitated to increase their access to improved maternal health care and family planning services (safer motherhood)	14,184,000	13,364,447.90	94.22%
OUTPUT 2 ~ Adolescents are aware of adolescent sexual reproductive health (ASRH)	2,476,000	2,005,011.40	80.97%
OUTPUT 3 ~ Mothers groups are able to deal with gender based violence and uterine prolapsed issues	3,544,000	2,539,068.45	71.64%
Facilitation support of CHF/DPC	14,674,000	15,422,610.81	105.10%
OUTCOME 2 ~ Local health service providers/ promoters, in collaboration with local bodies, responded to the priority health needs	18,984,000	17,415,933.79	91.74%
OUTPUT 4 ~ Local health promoters are included within the health system	7,020,000	6,595,984.05	93.95%
OUTPUT 5 ~ Local bodies (DDCs and VDCs) pursue local health governance approaches envisaged by MoHP and MoLD	2,515,000	2,235,305.45	88.87%
OUTPUT 6 ~ RHDP approaches are consolidated in a sustainable way.	3,158,000	2,000,536.96	63.34%
Facilitation support for CHO/SDO/MO	6,291,000	6,584,107.33	104.65%
Total Program Cost	53,862,000	50,747,072.35	94.22%

6. WORK PLAN FOR THE FISCAL YEAR 2067/68 (2010/2011)

GOAL: Improved overall health status of people, especially of women, disadvantaged and poor of remote areas of Dolakha, Ramechhap and Okhaldhunga Districts.

OUTPUTS	Number of Activities				
	Dolakha	Ramechhap	Okhaldhunga	Kathmandu	TOTAL
1. Communities, especially women and disadvantaged groups are capacitated to increase their access to improved maternal health care and family planning services.	11	6	8	5	30
2. Adolescents are aware of adolescent sexual reproductive health (ASRH).	4	4	7	-	15
3. Mothers groups are able to deal with gender based violence and uterine prolapsed issues.	4	6	4	3	17
4. Local health promoters are included within the health system.	10	5	15	1	31
5. Local bodies (DDCs and VDCs) pursue local health governance approaches envisaged by MoHP and MoLD.	7	7	6	3	23
6. RHDP approaches are consolidated in a sustainable way.	11	8	8	17	44
Total	47	36	48	29	160

NEPAL FAMILY HEALTH PROGRAM (NFHP)-II

1. ORGANIZATIONAL BACKGROUND AND PROGRAM/PROJECT OBJECTIVES

Nepal Family Health Program-II is USAID/Nepal's major Family Planning (FP)/Maternal, Neonatal and Child Health (MNCH) bilateral project and is for the duration from 19 December 2007 to 30 September 2012. NFHP-II is being implemented by JSI Research and Training Institute Inc. and its partners – Save the Children, Engender Health, JHPIEGO, World Education, Nepal Technical Assistance Group, Nepal Fertility Care Center, Management Support Services, Nepal Red Cross Society, United Mission to Nepal, BBC World Service Trust, Digital Broadcast Initiative Equal Access Nepal, Centre for Development and Population Activities, and Family Planning Association of Nepal (FPAN). The project aims to improve provision and use of public sector FP/MNCH and related social services, supporting the GON's intention to reduce fertility and mortality, as expressed in the Nepal Health Sector Programme and the Second Long Term Health Plan (1997-2017).

2. AREAS OF TECHNICAL AND GEOGRAPHIC SUPPORT

Our primary focus is to support public sector health services, FP/MNCH programs, at community and peripheral HFs, with some limited support also at hospital level. The type of support given includes:

- Provision of modest facility upgrades and equipment
- Strengthening knowledge and skills of FCHVs and health workers
- Developing and producing communication materials
- Supporting HFs in continuous quality improvement including in-service training
- Testing and bringing to scale cutting-edge primary health care approaches
- Supporting development of strategies, policies, guidelines and
- Strengthening systems - for example logistics and management information systems

Support is provided at the central level, primarily to Divisions and Centers of the DoHS/MoHP in national FP/MNCH programs through technical assistance in developing of policies, standards, guidelines, curricula, information systems, preparing annual work plans, program monitoring, etc. For certain programs such as Vitamin A, female community health volunteers (FCHV), Logistics and Health Information systems and FP training, support is being provided nationwide.

All technical elements are managed on a fully integrated basis, working within a single management structure, with US-based partners co-located at the central level. At the district level, project staff are based in D(P)HOs, and focus not only on improving program performance but also on transferring skills to GoN counterparts. 22 districts are supported as core program districts (CPDs), accounting for 37% of the population of Nepal. The CPDs fall into two geographic clusters – the Eastern and Western clusters - each supported by a field office. 5 expanded Community-Based Integrated Management of Childhood Illnesses or CB-IMCI districts, continue to receive limited support through a field staff.

3. SUMMARY OF MAJOR ACHIEVEMENTS

The major achievements of NFHP II during the FY 2066/67 (2009/2010) are presented below:

Health System, Policy and Leadership Management:

- USAID/NFHP II has signed a memorandum of understanding with MoHP to provide TA in the implementation of Local health Governance Strengthening Programme (LHGSP) in Surkhet and Dang districts.
- Supported the Family Health Division (FHD) to implement postpartum FP services in hospitals of Morang, Dhanusha, Banke, Parsa, Dailekh, Kanchanpur, Surkhet and Dang.
- Assisted FHD to conduct 'Management of FP Program Workshop' for focal persons of 20 CPDs and to print job aids related to maternal and neonatal health (MNH), antenatal care (ANC), post natal care (PNC), Post-Partum FP reference manuals and FP effectiveness charts. Also designed and produced reproductive health (RH) Counseling kits, which were distributed to 20 CPD health institutions.
- Implemented Chlorhexidine for prevention of umbilical cord infection in Banke, Jumla and Bajhang, and helped Plan Nepal to implement it in Parsa.
- Assisted FHD for national level expansion of Misoprostol distribution by FCHVs.
- Helped the Logistics Management Division (LMD) in preparation of a report on Procurement and Distribution (thematic subject) with action plans for 2010-2015 as a part of MoHP's NHSP-II; and in 5-year quantification and forecasting of FP and MCH commodities, essential drugs and vaccines for achieving health commodities security.
- Supported LMD to conduct quarterly national Pipeline review meetings of 18 health commodities.
- Coordinated with KfW on district warehouse construction in Sindhupalchok, Lamjung and Jajarkot.
- Provided TA to LMD on distribution and transportation of key commodities, medical equipment and instruments according to LMD's Annual Commodities Distribution Program, and in emergency transportation of health commodities.
- Supported the National Center for AIDS and STD Control (NCASC) in strengthening logistics at VCT and PMTCT centers, and ART sites, which included forecasting, quantification, store/inventory management; information management; distribution, transportation and capacity building.
- Provided TA to National Health Training Center (NHTC) in revising Health Facility Operational and Management Committee (HFOMC) capacity building manuals to incorporate Gender Equality and Social Inclusion (GESI) perspectives. Altogether three manuals including trainers manual for 3 day trainings, review workshop manual and participant manual were produced.

Performance Improvement and Training			
Tech Area	Males	Females	Total
LLS	120	1,960	2,080
Logistics	1,180	449	1,629
HFOMC	322	185	507
FCHV	101	15,061	15,162
BCC	195	17	212
CH	522	3,084	3,606
CBMNH	3,260	11,245	14,505
FP	236	269	505
QA	85	97	182
Total	6,021	32,367	38,388

- Supported in participant selection and conduction of various types of training in FP/MNCH and trained over 38,000 participants (See table to the right).
- Supported NHTC to revise Infection Prevention, IUCD, Procurement Planning, Auctioning, Write-off and Disposal Guidelines (logistics) training packages. Incorporated necessary knowledge and skills related to Implant for AHW the Auxiliary Health Worker program curriculum.
- Conducted a 2-days workshop to develop FP communication strategy 2011-15.
- Helped develop a health content booklet to use during communication and behavior change programs.
- Supported Health Journalists Association of Nepal (HEJAN) for the health news clipping study to learn about news reporting trends by media houses.

Health Facility Level Service Delivery:

- Strengthened safe delivery services at 102 sites in Sindhuli, Dailekh, Rolpa, Surkhet and Bara. Trained service providers on use of partograph, active management of third stage labor, use of Magnesium Sulphate to manage Pre-eclampsia, Eclampsia and birth asphyxia.
- Conducted FP district planning in Rolpa, Kalikot, Salyan, Pyuthan and Sindhuli; one day interaction meeting with FCHVs on FP; and stakeholders' interaction meeting in Bara, Sindhuli, Rolpa, Pyuthan, Salyan and Kanchanpur.
- Supported LMD in revising the orientation guideline for Auctioning, Disposal and Write-Off as per GoN's new rules and regulations and revised the standard list (draft) of bio-medical equipment for all levels of the health system, up to Zonal Hospitals.
- Provided technical and financial assistance to conduct sub-district level logistics orientation to 944 health personnel of 12 districts and refresher training for newly transferred district store keepers. Support was also provided to conduct district level procurement training for 55 staff at 9 districts.
- Provided technical support for refresher training of the web-based Logistics Management Information System (LMIS) and Inventory Management System in the Eastern, Western and Central regions.
- Supported NCASC to organize the "ARV Drug Dispensing Tool Training" at 4 additional ART sites. The Dispensing Tool has now been implemented in 14 ART sites across the nation.
- Provided financial support to procure store equipment at all HFs of 14 districts (Lalitpur, Rolpa, Pyuthan, Kalikot, Jumla, Dailekh, Makwanpur, Parsa, Bara, Rautahat, Dhanusha, Mahottari, Siraha, and Kaski).
- Expanded the HFOMC strengthening approach in 10 new districts, which covers 590 VDCs. HFOMCs are actively involved in hiring and motivating staff, mobilizing resources, developing infrastructure, and managing services with a shift in priorities from mere infrastructure/medicines to service and program. NRs 23,141,444 have been mobilized in 137 program VDCs this fiscal year (FY).
- NFHP II supported D(P)HOs for the smooth operation of district Quality Assurance Working Groups (QAWGs) in 22 CPDs. The 107 QAWG meetings accomplished nearly 700 activities. Similarly, support was also provided in the development and printing of 1,600 copies of the QA guideline.
- Supported conduction of workshops to strengthen supervision in 11 districts, and Appreciative

Inquiry workshop in 3 districts to strengthen the district health system.

- Supported conduction of village health worker (VHW)/maternal and child health worker (MCHW) FP refresher training in 7 districts (Dang, Sindhuli, Salyan, Jumla, Kalikot, Mugu and Bajhang).
- Supported the Maternity Hospital to provide FP training and provided continuous support to other FP sites (Chhetrapati Family Welfare Center, ICTC, FPAN and Koshi Zonal Hospital).
- Helped conduct need-based IP strengthening in 137 HFs. Conducted a 3-day IP strengthening workshop in Janakpur, Rapti, Mahakali and Mechi Hospitals using Performance Improvement (PI) approach. Supported 55 HFs to construct placenta pits and 168 HFs for waste disposal/burning pits, 51 HFs for repairing toilets and 162 HFs for improving the water supply system. Approximately NRs. 8.8 million was spent on various QA activities. Trained 10 local staff in Repair and Maintenance of instruments and equipment in Dailekh, Rolpa, Kalikot and Pyuthan
- Produced and supplied 75,000 copies and leaflets each on FP methods, danger signs during pregnancy as well as flip charts on FP. Two billboards on FP methods were installed in 20 CDPs to raise awareness and encourage health service seeking behavior.
- Produced and aired 16 radio spots and jingles on FP/MNCH in 7 local languages from national FM networks, and 40 FM radio stations of 20 CPDs, reaching around 1.4 million people.
- Provided a 2day BCC/interpersonal communication and counseling (IPCC) training to district supervisors and ilaka in-charges of 10 CPDs to enhance their skills on IPCC.
- Partnered with Equal Access Nepal in producing and airing the 30 minute, magazine format 'Jeewan Jyoti' radio program on FP/MNCH in Maithali, Bhojpuri, Bajjika and Nepali languages from 7 local FM radio stations. Similarly, partnered with BBC WST to produce and air the “Ghar Aagan” radio program from 32 FM radio stations based in different parts of Nepal.

Community-based Service Delivery:

- Provided ongoing support through joint monitoring, review meetings, staff support and training of 120 transferred health workers and 200 FCHVs to maintain quality of CB-IMCI in various districts.
- Oriented 53 female primary school teachers in Kalikot to increase awareness on the FP/MNCH program.
- Conducted orientation on rational use of drugs (for management of ARI and diarrhoeal diseases) to 60 drug retailers in Jhapa.
- Supported in the printing and supplying of job aids, manuals, forms and formats. Similarly, purchased and distributed 10,000 ARI timers, 287 ORT corner sets and 33 weighing scales and thermometers.
- Supported in the National Semi-Annual Vitamin A and de-worming tablets supplementation campaigns.
- Provided technical and financial support to carry out the district level micro planning for National Immunization Day (NID) in 34 districts of the central and mid-western regions.
- Supported in district planning and DDC orientation on CB-NCP program in Mahottari and Salyan.

- Organized advocacy workshops for health journalists on the importance of FCHVs and the GoN policy. After the orientation workshop, the volume of health-related news, with in-depth and focused content, has increased.
- Supported to organize a 1-day integrated regional review meeting in all regions except the western, that focused on sharing national FCHV program activities and discussing the FCHV fund status.
- Supported the FCHV fund management committee by printing forms/registers for VDC and district level management committees and purchase of calculators for 22 CPDs.
- Developed the Logistics Management Job Aid for FCHVs in coordination with various divisions of the DoHS.
- Supported LMD to conduct Logistics Training for MCHWs/VHWs in 9 districts, and Pull System training to all HF in-charges in 27 districts. The demand-based inventory management system is now implemented in all 75 districts.
- 19,337 adult women and adolescent girls participated in 187 Health Education and Adult Literacy (HEAL) , 106 Girls Access to Education (GATE) and 573 Mother's Group/Learning Circle (MG/LC) programs, focusing on health behavior change in 8 districts. The contraceptive prevalence rate among HEAL participants increased from 39% during the pretest study to 71% in the post test .
- Supported the Child Health Division to pilot the newborn vitamin A supplementation program in Banke and Sindhuli and to maintain community level MNH activities in Jhapa, Banke, Sindhuli, Kanchanpur, Jumla, Kalikot, Mugu and Bajhang. Expanded MNH activities at the community level in Dailekh, Salyan and Rolpa
- Partnered with communities and health facilities to conduct health exhibitions in 50 remote sites of 10 CPDs, reaching more than 200,000 people with health messages.

Major problem/issues:

- Challenges in the supply chain management of health commodities from district to below district level and local procurement of Essential Drugs; transfer of district storekeepers from sectors other than the health sector; low web based LMIS and inventory reporting and operation of tele-medicine program; management of district 'medical' store by staff from other sectors; poor storage capacity at the center and regional stores; district warehouse inadequate in 21 districts; and need for repair and maintenance of biomedical equipments in the central and regional stores.
- It is difficult to track migrant populations for FP interventions.
- Getting trained service providers has been a challenge, especially for voluntary surgical contraception services.
- There is inadequate supply of implant in HFs.

Lessons Learned:

- Community based interventions are feasible and an essential supplement to expand coverage of basic services and education. Regular FCHV monthly meetings at the HF is very important for program strengthening. Support from the local government is a sustainable approach to organize such meetings.
- The HFOMC selection process should motivate and encourage voluntarism at the same time, a certain level of competency within the HFOMC members is key to ensure an active committee.

International Non-Governmental Organisations

UNITED MISSION TO NEPAL (UMN)

1 ORGANISATIONAL BACKGROUND AND PROGRAMME/PROJECT OBJECTIVES

The United Mission to Nepal (UMN) has existed in Nepal for the past 56 years. UMN currently works through partnerships with a variety of Nepali organisations. Currently UMN has a partnership with 69 organisations. Its key interventions included Children at Risk, Conflict Transformation, Disaster Management, Education, Enterprise Development, Food Sovereignty, Health & Gender, HIV/AIDS and Organisational Development. UMN continued to govern its two Hospitals, United Mission Hospital, Tansen and Okhaldhunga Community Hospital as the plan to hand them over to a Nepali organisation did not materialise for various reasons. Tansen Nursing School continued to run proficiency level in nursing programmes under CTEVT. Capacity building of partner organisations continued in the areas of Maternal and New-born Health (MNH), HIV/AIDS and Rehabilitation of Disabled Children in UMN's working locations. UMN's objective for the current year is to continue ongoing partnership and capacity building interventions as well as to seek new partnerships with the local organisations including district level government offices.

2 GEOGRAPHICAL COVERAGE AND SUPPORT

UMN continued health services support activities in all development regions of Nepal. UMN continued to work in Bajhang, Dhading, Doti, Kapilvastu, Kathmandu, Kavre, Morang, Mugu, Nawalparasi, Okhaldhunga, Palpa, Rukum, Rupandehi, and Sunsari Districts with a focus on technical and organisational capacity building through various programmes, training, advisory and consultancy services where as the hospitals focused primarily on quality health care services including training for the district doctors and the community health activities.

3 STRATEGIES

UMN's vision for Nepal is “individuals and communities will be able to secure their basic needs in a sustainable manner through participation in effective and self-reliant Nepali organisations” and its overall focus is to “address root causes of poverty”. UMN's approach is to capacity build local partners, including Non-Governmental Organisations (NGO), cooperative groups and local government institutions, to bring about positive changes in the community. UMN's health related work has a focus on health needs of women and children, through the interventions related to maternal and neonatal health, child health, rehabilitation of disabled children and HIV/AIDS. Through high quality and effective interventions, UMN aims to address health issues at the community level.

UMN continues to support the government's health programmes in maternal and newborn health and child health. Such activities contribute towards improvements in service delivery and in increasing the capacity of the health sector. Through strengthening of Health Facility Operation Management

Committees (HFOMC), local communities have increased ownership and participation in the functioning of their health services.

4 SUMMARY OF ACHIEVEMENTS

4.1 Hospitals

United Mission Hospital, Tansen (UMHT): Patient numbers at Tansen have increased as compared to last year's figures. Tansen treated 83,218 (76,310) patients in the outpatient and admitted 11,201 (11,504) cases this year. Total number of deliveries was 2,116 (1,754) and total surgical procedures was 7,624 (7,191). Total numbers of antenatal visits in the town clinic this year was 3,823 (3,576) and under five attendance was 3,680 (3,466). The Emergency Department saw about 1000 patients each month. The maternity ward remained very busy, with the 16 beds very crowded.

UMHT continued to train nurses, doctors, and paramedics, and participated in Mid Level Practicum and Skilled Birth Attendant training, in partnership with the Nick Simons Institute and the National Health Training Centre. Three new trainings were added this year: Pediatric Nursing Course – an in house training; Anaesthesia Assistant Refresher Training and the Diploma of Pastoral Healing Ministry, in partnership with Elijah Counseling and Training Centre. This is the first accredited pastoral care course in Nepal. Tansen hospital continued the clinical attachment to the students of Tansen Nursing School and helped to produce quality nurses for the country.

Okhaldhunga Community Hospital (OCH): In Okhaldhunga, the curative as well as the preventive health services continued as in the previous year. The outpatient numbers remained almost unchanged and was 19782, whereas the bed occupancy rate was more than 100%. Inpatient number was 2,605 as compared to last year's 2,481.

OCH continued district placement training for the MDGP (Medical Doctorate in General Practice) residents from the Institute of Medicine, NAMS (National Academy of Medical Sciences) and BPKIHS (BP Koirala Institute of Health Science). Almost all hospital staff had exposure visit opportunity to various hospitals and community health programmes. Okhaldhunga Hospitals continued DOTS programme. Provision of separate units is in place for the treatment of TB patients in Okhaldhunga and Tansen.

Hospital*	2007/2008	2008/2009	2009/2010
Outpatient visits	87,368	97,746	103,000
Hospital days	65,505	70,810	72,102
Total surgical procedures	7,572	8,341	8,645
No. of deliveries	1,690	2,036	2,439
No. of patients received free care	4,290	4,343	3,803

* Combined Statistics of Tansen and Okhaldhunga Hospitals only

4.2 Community Health

Community Health Programmes continued in Palpa and Okhaldhunga Districts as an integrated part of UMN hospitals' work. Tansen Hospital continued to run various activities as in the previous year such as nutritional support, school children's health and Town Clinic services including ante-natal and post natal services. FM radio series called "Amaako Jiwan" continued for this year also.

In Okhaldhunga the Public Health Unit continued its activities as planned. Four VDCs i.e. Rumjatar, Jyamire, Bilandu & Narmadeshwar were phased out by the end of this Fiscal Year. Activities in Katunje, Harkapur, Mulkharka, Phediguth, Chyanam, Kalika, Sisneri, Balakhu continued. Six new VDCs were newly selected to extend the PHU programme.

At the cluster level, community health programmes were implemented with 14 partner organisations including District Health Offices in Mugu and Rupandehi.

4.3 Health & Gender

- UMN has supported the Community Based – Maternal and Newborn Health Care Programme (CB-MNC) in Mugu and Bajhang Districts since October 2009, through an agreement and work in conjunction with Nepal Family Health Programme (NFHP II). Key components were (1) training on CB-MNH (for health workers, MCHWs, VHWs and FCHVs) which included use of the revised birth preparedness package (BPP), use of Misoprostol to prevent Post-Partum Haemorrhage, use of Chlorhexadine on the umbilical cord (Bajhang only) and Kangaroo care (2) Health Facility Operation Management Committees (HFOMC) strengthening and (3) family planning refresher training (MCHWs and VHWs). Other activities included support to CB-IMCI, formation of a District Quality Assurance group (Bajhang), and Technical Support Visits.
- 365 young people from 32 churches in Rupandehi and Sunsari received training on Family Life Education (Adolescent Sexual and Reproductive Health - ASRH, life skills, HIV / AIDS). In addition, 180 students from eight schools in five districts (Doti, Dhading, Mugu, Rupandehi and Sunsari Districts) were given five days training to become Peer Educators on ASRH, Life skills and HIV / AIDS. These students led sessions for their peers.
- UMN continued to address the health needs of people through community health programmes focussing on maternal and child health, sexual and reproductive health, nutrition, water, sanitation and hygiene. This work was done through UMN's work of capacity building NGO partner organisations. Through the partner organisations, over 5500 women were actively participating in 253 women's groups.

4.4 Integrated Management of Childhood Illness (CB-IMCI)

- UMN continued to support the Community Based - Integrated Management of Childhood Illness programme in Rukum District, with the aim of improving children's health. The main activities were support of the community level monitoring meetings and refresher training for the FCHVs. A total of 387 FCHVs participated in the refresher training. In addition, UMN supports some CB-IMCI activities in Mugu and Bajhang in conjunction with its CB-MNC programme.

4.5 Tansen Nursing School

- Tansen Nursing School (TNS) has been continuously running the Proficiency Certificate Level (PCL) course for the past 11 years under the Memorandum of Understanding signed between Council for Technical Education & Vocational Training (CTEVT) and UMN.
- Along with the, academic nursing programme, TNS is also involved in community activities such as a children's library for the children from slum areas and streets of Tansen municipality, where 1st and 2nd year students are involved helping these children with the coordination of an expatriate teacher.

4.6 HIV/AIDS

- UMN developed partners capacity to develop HIV/AIDS education series and IEC materials in local languages for prevention and advocacy for the target group, 718 adolescents had access to Information Resource Centers and 300 migrant workers received HIV and AIDS training
- Strengthened partner's programmes on Peer Education through training, and follow up. The training provided Youth with knowledge on HIV/AIDS, Sexual Reproductive Health, life skills for behaviour change
- Training conducted on HIV/AIDS in Dhading, Sunsari and Rukum for Christian leaders to be equipped with knowledge and skill to fight against stigma and discrimination and enable churches to respond to HIV/AIDS
- Contribution to Inter-organizational networking forums to share information, ideas, experiences and resources to effectively and rapidly scale up the response to HIV/AIDS e.g. Universal Access to children affected by AIDS, Association of International NGOs in Nepal and others
- UMN strengthened DACC to continue to coordinate and facilitate formation of VACC in Doti and Rupandehi Districts

4.7 Rehabilitation and Disability

- UMN continued partnership with Dhulikhel Medical Institute, Physiotherapy Programme, under Kathmandu University to support the Physiotherapy course. A Bachelor level curriculum on Physiotherapy (BPT) has been developed, and started from July 2010, under the Kathmandu University. There are 14 students in the BPT class.
- Rehabilitation Advisory role continued with partners in Dhading, Doti, Mugu, Rukum, Rupandehi and Sunsari and those partners have been successfully raising awareness of disability issues in their communities; assisting children to get treatment and follow up support; providing support and employment opportunities for disabled people and working with local line Agencies in the distribution of Disability Identification Cards
- Continued support to the children with disabilities from UMN cluster areas who need further treatment and rehabilitation. Total 132 children including 59 new children were provided treatment.

5 PROBLEMS/CONSTRAINTS

- Transition of UMN hospitals to Nepali ownership did not happen as planned due to ongoing delay in the decision making process. Recruitment of senior doctors for Okhaldhunga Community Hospital was a major problem.
- Difficulty in getting qualified health staff to work in the remote areas.
- Challenges in getting local ownership of government health programmes supported at the District level

6. SUMMARY OF FINANCIAL REPORT 2009-10 and WORK PLAN FOR 2010-11

Projects	Report 2009 - 2010		Summary work plan 2010 - 2011	Staff (on July 16 th 2010)
	Expenditure (in Rupees)	Funding sources	Project Activities	
Tansen Mission Hospital	151,437,086	Patients' fees External grants	<ul style="list-style-type: none"> • Hospital services (165 beds) • Training programmes: MDGP, SBA, nursing, internship, AAT, MLP for HA • Continue to seek new governance to become independent of UMN • Complete the ER and OR renovation • Laproscopy surgery 	356
Okhaldhunga Community Hospital	28,639,673	Patients' fees External grants	<ul style="list-style-type: none"> • Hospital services (32 beds) along with the community based primary health care fulfilling the role of a District Hospital • Training placement for MDGP • Continue to seek new governance to become independent of UMN 	73
Tansen Nursing School	6,935,772	-CTEVT grant -Student Fee - Local income generation	<ul style="list-style-type: none"> • Ongoing PCL Nursing programme • Children Library for slum area children • Ongoing Internship programme for teachers • Plan to be independent of UMN 	29
Health and Gender (Community Health, Maternal & Neo-born Health, IMCI, ASRH and women's empowerment)	21,525,722	External grant	<ul style="list-style-type: none"> • Capacity building and support to local partner organisations so that they can effectively address health issues through awareness and community health programmes. • Support to three partner organisations for Child-to-Child programme in Mugu • Training on ASRH, Life skills, HIV/AIDS through partnerships with NGOs (churches) and schools. • Support DPHO/DHO to improve maternal and neonatal health in Mugu and Bajhang 	18

Projects	Report 2009 - 2010		Summary work plan 2010 - 2011	Staff
HIV/AIDS	5,946,080	External grants	<ul style="list-style-type: none"> • Continue peer education, basic awareness, human rights, VCT and home based care • Mobilise the trained VCT counsellors and home-based care volunteers. • Conduct TOT on Peer Education on HIV&AIDS for partners and follow up • Training on Treatment Literacy for PLHAs, HIV implementing Partners and follow up 	6
Children at Risk including rehabilitation of disabled children	12,215,882	External grants	<ul style="list-style-type: none"> • Physiotherapy training • Continue rehabilitation services and model rehabilitated children 	5
Total	226,700,215			

SAVE THE CHILDREN

1. ORGANISATIONAL BACKGROUND AND PROGRAMME/PROJECT OBJECTIVES

Save the Children Nepal unified country program is governed by a country leadership group (CLG). SC is one of the humanitarian and leading organizations in emergencies which provide child-centered disaster risk reduction, preparedness and emergency response. The main aim/objectives of SC is to address fundamental violation of children's rights and accomplish lasting positive change for a large number of children. SC currently working in more than 50 of the 75 districts of Nepal and has been working closely with children and communities in major areas like education, health and Nutrition, Livelihood, , HIV/AIDS and Emergency.

Nepal has made noticeable progress in child and maternal health in the last decade. The primary health care delivery system has a good network that reaches every community of the country. SC has been playing pivotal roles in initiating and furthering the agenda of newborn health and school health nutrition and also will advocate for strengthening of household to hospital continuum of care to improve maternal and newborn health. As of World Food Program, 3.4 million vulnerable people are presently suffering from food insecurity and this is expected to have strong impact on under nutrition in childhood. SC will liaise with multi sectoral actors with stake in nutrition, particularly to address widespread malnutrition in children, adolescent and mothers. Further more SC will assist the communities on locally feasible approaches on improving hygiene and enhance access of under-served and vulnerable communities and schools safe water and sanitation and its aim to be a leader in the SC Alliance's global maternal, newborn and child survival campaign throughout the strategy period.

Thus SC will facilitate the government formed committee on adolescent sexual and reproductive health (ARSH) and strengthen collaboration with government and other partners to operationalize the National Strategy (2000) and implementation guideline 2007 on ARSH.

2. GEOGRAPHICAL COVERAGE:

During SC Country Strategy Plan (2010 -2013) period, SC will consolidate its work in the neediest 20 districts out of 54 existing working districts of Nepal with quality, comprehensive and holistic programming, and integrating key interventions of the thematic areas where ever possible. SC aims to develop grant funded projects in the same districts to promote synergistic effects with ongoing programs. However, some projects will be implemented at the national level and in a few additional districts based on the emerging issues, government priorities and funding.

3. STRATEGY ADOPTED:

Based on the local needs, expertise and experience of the country program, plan and priorities of the government and strategic framework of the international Save the Children Alliances, SC has planned to make more efficient with high coverage in health for synergetic program results and integration among different program by ensuring quality in 2011. In addition to this, close coordination and

collaboration with government line agencies and NGOs will be made to achieve anticipated results in cost effective manner as well sustainability perspective.

SC had planned to develop alternative/contingency plans on the basis of transition period analysis and also expand and strengthen village child protection committees including monitoring, reporting and responses mechanism. Organize the meeting with stakeholders to plan the effective programs in local context for sustainability, transparency and get ownership.

4. SUMMARY OF ACHIEVEMENTS:

Through Community Based Newborn Care Program 1199 FCHVs and 1638 Health workers are trained to increased use of household-to-hospital continuum of newborn, child and maternal care. 88% pregnant women received counseling on Birth Preparedness Package and Community Based Newborn Care Package by Female Community Health Volunteers, 69% of deliveries took place at institutional in Bardiya district, 86% of newborns received post-natal care on day 1, 3 and 7 of birth, 1,000 sick newborns treated with Gentamycin by community health workers, 3,732 out of 4,470 target mothers (84%) breastfed their newborn within 1 hour of birth, 2,556 out of 4,470 target mothers (57%) kept their newborn skin to skin to them immediately after birth, 251 low birth weight babies received Kangaroo Mother Care in 53 very low birth weight babies received KMC and were referred to district hospital in Bardiya and 914 post-natal mothers received Misoprostol, 175 out of 150 target pregnant women (116%) received calcium for pre-eclampsia prevention and 2,921 out of 3,900 target newborns (75%) received newborn vitamin A in Banke. The training and participant manual were developed on newborn care to incorporate into certificate level of General Medicine course for Health Assistant Its develop the participant and training manual curriculum on Newborn Care for certificate level General Medicine Course for Health Assistant

Further more SC provide the school health and nutrition services and knowledge at schools age children and teachers by providing first aid training, provide the access to portable water and separate toilet for girls and boys at 218 school out of 246 targeted schools as well 96% of students have received health screening services (vision, hearing and dental) and also supplying de-worming capsule and iron tablets to students.

5. PROBLEMS, CONSTRAINTS AND ISSUES:

It's hinder to present qualitative educational performance of children due to delay in implementation of program activities cause of frequent strikes/bandh/road blockade as well difficult to present SC's programming form reaching to children, not from continuing its work with government line agencies to institutionalize child right policies and their implementation due to political instability.

Exit/phase over plan in not well planed during the planning phase due to fully dependent on SC and it is one of the key problems of SC as well short term and event based project's results and impacts may not be produced cause of annual renewal of partnership resulting low commitment of partners.

SC is bearing the operational cost of partners rather than program cost and beneficiaries coverage due to many P/NGOs in districts/regions. As outsider P/NGOs rather than local, local people take less

ownership and similarly low commitment towards beneficiaries due to resource oriented NGOs rather than services

The understandings about some of the technical aspects of the SHN program among partner's program staffs are poor due to insufficient knowledge on health and nutrition. Two advertorials pages on saving newborn live program in national dailies have been published in the national vernacular daily and in national English daily news paper. Health Assessment level training manual has been completed.

The Community Based Newborn Care Program underwent a very successful national level mid term review and learning from it is now being used to scale up the program by other stakeholders. The CASP Self Assessment was conducted in September and was appreciated by all involved as a system to be adopted for other programs.

6. COUNTRY ANNUAL PLAN FOR HEALTH FISCAL YEAR 2067/68 (2010/2011)

Theme/ Sub theme Area	Planned Objective	Expected results including quantifiable (outcome) indicators	Highlight of activities
1. Health/ Maternal and newborn health	4-1. Newborns, children and adolescents, particularly in under-served/ low-coverage populations, benefit from quality health and nutrition services at community level	<p>Result: Increased use of household-to-hospital continuum of newborn, child and maternal care</p> <ul style="list-style-type: none"> - At least 35% of women in Bardiya and 22% in Banke whose birth was attended by Skilled Birth Attendant (SBA) (National baseline: 18.7%) - At least 75% of newborns received care on 1-3 days after delivery (Baseline not available) 	<ul style="list-style-type: none"> • Launch NCS Campaign • Semi-annual and annual reviews (Supervisor, HFI, VHW/MCHW, FCHV) • FCHVs Training (Drop-out), monthly meeting, review/refresher workshop(Quarterly) • Monthly Staff Meeting • Program sharing/orientation to stakeholders • Monitoring and supervision • Newborn vitamin A supplementation • Calcium to prevent pre-eclampsia
	4.2. Communities increasingly adopt healthy practices related to newborn, child and adolescent health and nutrition	<p>Result: Increased proportion of caretakers practice evidence based newborn care at households.</p> <ul style="list-style-type: none"> - 35% of mother whose newborn was kept skin-to-skin to her immediately after birth (baseline 32%) - 70 % of mother who breast feed their newborn within 1 hour in Bardiya district (baseline 64%) 	<ul style="list-style-type: none"> • BCC (Publication/dissemination) • FCHVs Training (Drop-out), monthly meeting, review/refresher • Monitoring & supervision • Orientation to traditional healers • Training to FCHVs, transferred health worker's

Theme/ Sub theme Area	Planned Objective	Expected results including quantifiable (outcome) indicators	Highlight of activities
<p>2. Nutrition/ Child Nutrition</p> <p>And</p> <p>3. Health/ Child Health</p>	<p>Capacity of government and non-government structures providing facility as well as community based newborn, child and adolescent health and nutrition services is strengthened to expand their outreach to a larger population</p>	<p>Result 1: Increased use of SHN services by school age children</p> <ul style="list-style-type: none"> - School with SHN activities increased from 341 to 353 - Children in schools received semi-annual mass de-worming, weekly mass iron supplementation, and vision and hearing screening services increased from 98,465 to 102,465 <p>Result 2: Improved healthful school environment and sanitation</p> <ul style="list-style-type: none"> - 362 school with functioning separate toilet for girls and boys - 207 school with potable water source, hand washing facility and proper waste disposal <p>(Target same as baseline, focus on maintaining the function and quality)</p> <p>Result 3: Improved knowledge of and attitudes of school age children towards key behaviours related to health and nutrition</p> <ul style="list-style-type: none"> - Children who participated in health demonstration class increased from 57,746 to 96,473 <p>Result 4: Improved community support system and policy environment related to SHN</p> <ul style="list-style-type: none"> - 4 DSHNCC meeting conducted - 291 school with functioning SMC and SHNC (Meeting with minutes on schedule) 	<ul style="list-style-type: none"> • Semi-annual mass de-worming, iron distribution (weekly for 13 weeks), health screening for hearing, vision and dental along with health education • Provision, follow up and monitoring of First Aid services • Treatment and referral support to sponsored and <i>Dalit</i> children • Health IEC provision (e.g. Wall painting) • Provision, follow up and monitoring of toilets, hand-pumps, waste disposal system • Refresher facilitation skill development and 2-day first aid trainings to focal teachers • Follow up and monitoring of health education and demonstration session using SHN kit by trained focal teacher • Parent interaction meetings/ session • Child initiative program in school • Formation of VDC level SHNCC • SHN Management training for SMC • Quarterly meeting with DSHNCC, focal teacher (review and reflection) • Semi annual workshop for focal teachers, SIP review workshop • Awareness program to community on SHN package • Joint supervision, monitoring and evaluation of program

MARIE STOPES INTERNATIONAL NEPAL/ SUNAULO PARIVAR NEPAL

1. ORGANIZATIONAL BACKGROUND AND OBJECTIVES

Marie Stopes International (MSI), registered as a charity in the United Kingdom in 1973, is a global Sexual and Reproductive Health (SRH) service provider. It works in partnership with local NGOs throughout the world providing technical and managerial support to local partners. At present, MSI is working in 41 countries. In Nepal, MSI has its representative office Marie Stopes International Nepal and is working closely with its local partner Sunaulo Parivar Nepal (SPN), a Non-Government Organization established in 1994.

The overall goal of MSI Nepal/SPN is to support the government in meeting unmet need of sexual and reproductive health (SRH) services by establishing sustainable FP/SRH programs that enable people to exercise their fundamental right to enjoy satisfying SRH freely and responsibly. With managerial and technical support of MSI, SPN has launched various programs and activities for increasing awareness, access and utilization of family planning (FP) and safe abortion services with a mission of enabling people to have children by choice not by chance. MSI Nepal in partnership with SPN, has run outreach educational programmes and mobile sterilization camps throughout the country in close coordination with the Government, especially to reach door steps of poor, underserved and rural communities in addition to its well established static clinics which provide a wide range of quality FP/RH services. By 2066/67 (2009/10), SPN has served over 1.7 million clients and performed over 350 thousand sterilizations via static centres and camps.

Over the last 16 years, MSI Nepal and SPN together have played an instrumental role in helping the Government in improving reproductive and maternal health by providing significant contribution in increasing access to FP and safe abortion services. Today, it has justified being one of the leading non governmental organizations in providing family planning and safe abortion services in the country.

2. GEOGRAPHIC COVERAGE

MSI Nepal/SPN has a network of 55 static centres in 42 districts to provide a full range of FP/SRH services throughout the year; Kathmandu (4), Lalitpur (2), Bhaktapur (2), Kavre (2), Dolkha, Nuwakot, Dhading, Kaski, Chitwan (2), Tanahu, Gulmi, Gorkha, Parbat, Lumjung, Makwanpur, Bara (2), Parsa (2), Sarlahi, Siraha, Mahottari, Saptari, Morang, Sunsari, Dhanusha, Jhapa (2), Ilam, Dhankuta, Nawalparasi, Rupendehi (2), Kapilbastu (2), Argakhanchi, Palpa, Banke (2), Bardiya, Dang, Surkhet, Kailali, Kanchanpur, Dadeldhura, Jumla, Pyuthan, and Udayapur. In addition to the static clinics, it runs outreach mobile camps and educational programmes to provide long term and permanent methods of FP throughout the country as per needs and in coordination with the Government.

3. STRATEGIES

MSI/SPN is committed to continue and expand quality FP/SRH services in helping the Government in achieving the Millennium Development Goals (MDGs) of eradicating extreme poverty, promoting

gender equality and empowering women, reducing child mortality, improving maternal health and combating HIV/AIDS by increasing access of quality FP/SRH services throughout the country. SPN uses right-based approach to support people in exercising their fundamental right to enjoy satisfying SRH freely and responsibly, particularly giving priority to underserved poor and rural communities. MSI Nepal and SPN together have adopted the following strategies to improve the sexual and reproductive health situation in the country and to support the Government in achieving the MDGs:

- Reach more underserved *clients* (men, women and young people) for significant impact
- Expand the *choices and channels* of services
- Build organizational *capacity to improve effectiveness and efficiency* in services
- Forge powerful *connection with the government and other institutions*

4. PROGRAM & ACTIVITIES FISCAL YEAR 2066/67 (2009/2010)

MSI Nepal/SPN implemented the following programs in this fiscal year:

- Marie Stopes Centres: FP/RH static service centres
- Mobile VSC (choice camp) outreach
- Contraceptive social marketing
- Reproductive health training centre

4.1 Marie Stopes Centres: Providing choices in Reproductive Healthcare to all

In order to increase access and utilization of reproductive healthcare to all, MSI Nepal/SPN provides a wide range of family planning and reproductive healthcare services through static centres known as Marie Stopes Centres. This year, it provided the following services from all of its 55 static centres located in 42 districts:

- Permanent and temporary methods of FP
- Safe motherhood services- Antenatal/postnatal check-ups
- Treatment of RTI & STI
- Child Immunization (TT, BCG, DPT, Polio and Measles)
- General health checkup
- Post Abortion Care and Comprehensive Abortion Care

In the fiscal year 2066/67 (2009/2010), SPN provided 20,456 Minilap, 4,074 vasectomies, 20,335 Depo injections, 4,330 Norplant, 2,494 IUDs and 80,496 CAC services through the static clinics.

4.2 Mobile VSC outreach: Increasing access of FP/RH services to all

As it is very difficult for people in the remote areas to visit the static centres and other Government facilities, SPN through its mobile team provides FP/RH services directly to the clients who need it via setting mobile camps at their doorsteps working in close coordination with the Government health authorities and local communities. The mobile camps are run as per international and national guidelines and standards. These standards are monitored as an on-going process to ensure quality, affordability, accessibility, accountability and sustainability of services. Regardless of whether a client is seen in static centres or in mobile camps in the remote regions, the same high standard of care is

maintained in all of its services. In the fiscal year, 2066/67 (2009/2010), MSI Nepal/SPN provided 20,024 Minilap, 4,106 vasectomies, 86 Norplant and 6 IUD services through mobile camps.

4.3 Contraceptive Social Marketing: Ensuring accessibility and availability of contraceptives

MSI Nepal/SPN runs Contraceptive Social Marketing (CSM) since 2002 introducing its own brand of JODI Condom to increase accessibility and utilization of condom for dual protection: protection from unwanted pregnancy and from STI and HIV/AIDS. In order to provide a new choice in oral contraceptive pills for women, it launched its own brand of Feminyl oral contraceptive pills in July 2007. In the current year, MSI Nepal/SPN distributed 2,419,809 pieces of Jodi condoms and 84,556 cycles of Feminyl through social marketing.

4.4 Marie Stopes Reproductive Health Training Centre: Enhancing quality of FP/RH service

MSI Nepal/SPN established Reproductive Health Training Centre (MSRHTC) at Satdobato, Lalitpur in 2003 to provide a wide range of knowledge, skill and competency based trainings on FP/RH in coordination with the National Health Training Centre (NHTC). The main purpose of this training centre is to support the Government in increasing trained service providers and enhancing capacity of service providers to meet the unmet demand of quality FP/RH service providers in the country. The trainings provided in the training centre are monitored and certified by the NHTC to ensure the quality of the trainings. In the current fiscal year, MSI/SPN's training centre provided trainings to 113 service providers including 82 medical doctors and 31 paramedics the details of which are in Table 1.

Table 1: Trainings conducted by MSRHTC, MSI Nepal/SPN, 2066/67 (2009/2010)

Name of training	Number of Trainees		Total
	Paramedics	Doctors	
Norplant	35	0	35
IUCD	8	0	8
Comprehensive Abortion Care (CAC)	28	13	41
No-scalpal Vasectomy (NSV)	0	8	8
Minilap	11	10	21
Total	82	31	113

5. SUMMARY OF ACHIEVEMENTS FISCAL YEAR 2066/67 (2009/2010)

Over the last 16 years, MSI Nepal/SPN has expanded its FP/RH services progressively with the support of the Government, donors, the people and other stake holders. Within these years it has gained wide acceptance and credibility as can be seen from the performance table below.

Table 2: No. of clients served by services during the Fiscal Year 2066/67 (2009/2010)

Program	Sterilization			Depo	Norplant	IUD	CAC
	Minilap	Vasectomy	Total				
Marie Stopes Clinics	20,456	4,074	24,530	20,335	4,330	2,494	80,496
Mobile VSC camps	20,024	4,106	24,130	-	86	6	-
Total	40,480	8,180	48,660	20,335	4,416	2,500	80,496

The number of clients served by the program increased to 302,597 from 277,225 in the previous year. The program performed 48,660 sterilization against 47,013 in the previous year. This year, the program provided 20,335 Depo injections, 4,416 Norplant, 2,500 IUDs, and 80,496 safe abortion services. In order to reduce repeated safe abortion, MSI Nepal/SPN provides proper counseling to all safe abortion clients and promotes for post abortion contraceptives. The average post abortion contraceptives rate in this year was approximately 80.

6. CONSTRAINTS & ISSUES

- With the support of donors, MSI Nepal/SPN expanded its services in the remote areas like Jumla, Dadeldhura, Gulmi, Lamajung etc. but the static centres in these districts are facing difficulties to sustain mainly due to fewer number of clients and high cost of human resources and lack of continued donor support.
- Difficult to get trained service providers to work in remote and difficult areas
- In order to promote the long acting methods like Norplant and IUD, the government has assured to supply these products to all Marie Stopes Centres as per need. SPN has also started providing these services free of cost. But due to irregularity in supply from the District Health Offices, there have been some problems in continuing these services, especially Norplant, in many districts.
- Continuing political disturbances and uncertainty of transportation strikes/bands
- Low level of knowledge on FP and legalization of abortion
- Difficult to convince rural and illiterate communities to utilize services

7. WORK PLAN FOR FISCAL YEAR 2067/68 (2010/2011)

MSI Nepal/SPN will continue to provide FP/RH services through all its 55 existing centres and mobile camps. Since there is low prevalence of male sterilization and long acting methods like Norplant and IUD, MSI Nepal/SPN will take several initiatives to promote these services and to support people in exercising their fundamental SRH rights, particularly targeting underserved, under-reached and marginalized communities. The program has set targets of 71,955 Sterilization, 6,128 IUDs and 5,396 Norplant for next year. It will also continue providing safe abortion services with an emphasis on post MR contraception.

BRITAIN NEPAL MEDICAL TRUST (BNMT)

ORGANIZATIONAL BACKGROUND AND PROGRAMME/PROJECT OBJECTIVES

The Britain Nepal Medical Trust - a registered British charity organization, working in Nepal since 1967, aims to assist the people of Nepal to improve their health and wellbeing. BNMT has been working in partnership with the Ministry of Health and Population (MoHP), Social Welfare Council (SWC), international and local non-governmental organisations (NGOs), local governance authorities and communities to establish and maintain sustainable basic health services through training and capacity building, people's empowerment, advocacy and institutional development and strengthening. For many years, BNMT provided direct basic health services in collaboration with the Government of Nepal. However, in the last few years, the approach has shifted to working through and with partner organisations such as local and international NGOs, district and community organisations in close collaboration with relevant line agencies. BNMT has a successful track record of its support to strengthen the National TB programme which is considered as one of the most successful programmes in the whole region. BNMT's has been strengthening the capacity of health service providers, empowering the disadvantaged communities to exercise their basic health rights as fundamental rights of the people, by innovation and modelling, networking, advocacy and ensuring sustainability of the programme.

GOAL:

BNMT aims to assist the people of Nepal to improve their health through the realization of their health rights.

OBJECTIVES:

- Empower disadvantaged people to obtain improved access to health services and resources
- Strengthen the capacity of local health institutions to respond to emerging health care needs of people
- Develop innovative approaches that can be advocated and replicated by others
- Ensure sustainability of programmes and outcomes
- To improve the livelihoods of disadvantaged people

• AREAS OF GEOGRAPHICAL SUPPORT

BNMT has been working in 30 districts across Nepal covering all 16 districts of EDR. Similarly, the programme has been operating in Mahotari, Chitwan, Kabhrepalanchok, Sindhupalchok of CDR; Kapilvastu, Arghakhanchi, Nawalparasi and Baglung of WDR; Banke, Rukum, Dailekh and Kalikot of MWDR; Accham and Kanchanpur of FWDR.

• STRATEGY ADOPTED

BNMT programmes have shifted from a disease-specific approach to a comprehensive, integrated approach to health and development. Along with strong partnerships with the Government of Nepal, Department of Health, community-based organizations and NGOs as well as support from dedicated donors - BNMT advocates to incorporate tested and innovative strategies into national policies and

programmes. BNMT has adopted the Rights Based Approach (RBA) to implement its programme. BNMT's new Strategic Plan (2009-2013) has identified four areas of operations: improving access to and utilization of health services, expanding livelihood opportunities, addressing effects of climate change on health and contributing to peace building.

- **SUMMARY OF ACHIEVEMENT IN THE PERIOD OF REFERENCE**

BNMT has implemented programme activities through partnership with DHOs/PHOs, district line agencies and district-based non-governmental organizations. Hence, progress of the programme implementation was regularly reported through the district health system and other reporting mechanisms of partner organisations.

Summary of the achievements classified according to specific projects are as follows:

Support to National Tuberculosis Programme (NTP) under Global Fund

BNMT has been a long-standing partner assisting the NTC to implement NTP activities. BNMT has successfully accomplished the fourth year of the National Tuberculosis Programme (NTP) Support Project under GFATM Round-4, Phase-II, Year-2 in the Eastern Development Region (EDR) of Nepal. Under Round -4, followings were the key tasks and achievements.

Quality assurance: As sputum microscopy as the gold standard for TB diagnosis; BNMT continued to assure the quality of sputum microscopy as per the International Standard of TB Care (ISTC) through the network of 88 microscopy centres of the EDR. In this regard, 6168 slides from 88 microscopy centres have been cross-checked. Three events of TB basic laboratory training for 27 and three events of laboratory refresher training for 26 laboratory personnel were carried out in the Eastern Regional Quality Control Centre, Biratnagar. The purpose of the training was to enable the participants to perform the TB microscopy at their health institutions as per the NTP/WHO standard guidelines and policy.

Expansion of service: Six urban DOTS centres in Morang-1 (Biratnagar), Jhapa-3 (Birtamod, Dhulabari) and Sunsari-2 (Dharan) expanded in the EDR to make DOTS service available and accessible for the community people. 137 members of the DOT committee including social leaders and workers have been oriented on TB/DOT during the process of expansion.

Public private partnership: In order to engage all health care providers of private sector, two Private Practitioners' (PP) workshops organized for 70 doctors in Birtamod in Jhapa and Biratnagar in Morang in order to promote National TB Programme in private sector and to foster closer working relationship between public sector and private practitioners. Interactions on Stop TB Strategy and sharing / orientation on NTP guidelines for TB care have been performed.

Monitoring and Supervision: In order to make the compliance of NTP policy and procedure for TB/DOTS strategy monitoring and supervisory visits were conducted.

Capacity building: Capacity of 114 basic health service staff were build through three basic TB modular trainings, three TB refresher trainings and two TB/HIV trainings. The participants were enabled to

identify the TB suspects and manage them right from diagnosis to the treatment and follow up in their health institutions.

Advocacy and education at community level: Various awareness raising and advocacy interaction workshops and training events were carried out under this service delivery area.

Likewise, BNMT is also a sub-recipient of the Global Fund funded Round-7 of NTP. While continuing to build on the ongoing activities of the Round-4, Round-7 activities implemented by BNMT include the followings:

TB/HIV collaboration: This service delivery area is one of the new initiatives for Nepal and now this project has systematized the mechanism of TB/HIV collaborative activities in order to reduce the burden of co-infection among people living with HIV infection. During the period 204 events of activities have been performed in order to achieve the broad objective of the TB/HIV collaboration.

Advocacy, Communication and Social Mobilisation (ACSM): This is another service delivery area of the project in which the focus is given to increase the TB case finding especially among the under-reached groups of population who are at high risk of TB infection. In the initial phase of the project the activities were concentrated to develop the policy and guidelines for the effective implementation of the project activities. 332 events of activities have been performed during this reporting period.

Engaging diverse health care providers in TB control through Public Private Mix and international standard of TB care (PPM/ISTC): The third service delivery area of this project is the PPM/ISTC in which the coordination mechanism of public and private sector has been set up in different level along with this the situational analysis of the district in order to map the service providers in public and private sectors. 76 events of activities have been performed during this reporting period.

Promoting BNMT's Experiences on Rights-Based Approach in Nepal: Consolidating the gain in Eastern Development Region and Creating Awareness in Mid Western Region funded by Inter-Church Organization for Development Co-operation (ICCO)

The purpose of the project is to intensify and consolidate RBA networks at regional level, district and village level on the utilization of RBA approach for inclusive development in the Eastern Region. It also aims at creating awareness on RBA in the Mid Western Region, Strengthen the concept and utilisation of the RBA and Health Rights of Women Assessment Instrument (HeRWAI) Approach among both the rights holders (focussing on vulnerable communities) and duty bearers to improve access to and utilization of quality health services. The project also implements activities to improve livelihood opportunities for the marginalized and disadvantaged community groups. The programme is being implemented in two districts, namely, Khotang (Hill) and Morang (Terai). Under the project it has implemented activities to strengthen the capacity of both right holders and duty-bearers and is also assisting to establish and strengthen the RBA network.

Rehabilitating Children and supporting communities and families affected by armed conflict in Nepal (An EU Funded RCP Project): Rehabilitating Children and Supporting Families and

Communities Affected by Armed Conflict in Nepal (RCP) is an EU funded project of BNMT. The project commenced in June 2009. The overall objective of the project is to contribute to socio-economic rehabilitation and reintegration of conflict affected children and their families, youths and women in their communities. Specifically, it aims to increase access to social services (education and health) and livelihood options for conflict affected children and their families; and enhance the capacity of civil society organisations for advocacy and networking on Child Rights. It is being implemented for four years in seven districts (Kalikot, Achham, Kapilvastu, Arghakhanchi, Siraha, Morang and Ilam) of Nepal.

KEY ACHIEVEMENTS OF THE PROJECT:

- A Total of 333 drop-out children (girls 162 and boys 171) were reenrolled in schools after participating bridging classes conducted for their reintegration in schools.
- Schooling support (school dress, shoes, copy, pen and school bags etc) was provided to 145 conflict affected children/students (61 girls and 84 boys) in the project area.
- A total of 387 school age crossed drop-out children (girls 188 and boys 199) participated in “each-one – teach-one” peer education/life skill education.
- A total of 602 SMC and PTA members (155 Female and 447 Male) are activated due to the training and are aware of their roles and responsibilities in making conducive school environment and also improving the education quality.
- There is improving trend of physical facilities for quality education and promoting child friendly environment through the promotion of child rights, practices of good governance in the school and promotion of social inclusion.
- The schools are taking initiative to publish an annual academic calendar of current year, and call a gathering of parents & teachers to discuss and decide on issues and problems of the schools.
- Conflict affected families were provided support to expand their livelihood opportunities through training and accessories support.
- A total of 14 Senior paramedical staff (Female 2 and Male 14) got Training of Trainers on management of Mental health and psychosocial support/counseling, 108 para-medicals (Female 37 and Male 71) got training on mental health and psychosocial counseling support, and 760 family members got orientation on home based psychosocial counseling support
- Home based counseling or cross-referral system has been established and facilitated through FCHVs and community leaders
- Group counseling classes has been organized at the selected schools focusing to conflict affected children
- A total of 331 (female 116 and male 215) members of HFMC are made aware on RBA and PLA approach resulting positive behavior of health workers while dealing with disadvantaged community members.
- Village people are able to identify the person suffering from mental health and psychosocial trauma and refer nearby health facilities (SHPs, HPs and PHCCs). Data of mental health related patients on HMIS 32 has been increased after the project intervention.

Responding to Effect of Climate Change, Environment and Disaster on Human Health Strengthening Health Facility Management Committee (HFMC) to Backup Essential Health Adaptation Initiatives of Climate Change Vulnerable communities (LAPA Piloting)

This project is supported by Nepal Government, Environment Ministry/DFID. This project is being implemented with partnership to Climate Adaptation Design and Piloting Nepal (CADP-N) in Ghodasain VDC of Achham and Danabari VDC of Ilam district. The objective of the piloting is to develop capacity of HFMC to ensure delivery of climate sensitive health services as well as mainstreaming climate adaptation health plan into VDC and DDC's plans. Specifically, it aims to explore local knowledge of climate change adaptation initiatives and integrate participatory monitoring and evaluation system at local level planning. The idea is to improve the resilience of the community people to address any effect of climate change on human health.

KEY ACHIEVEMENTS OF THE PROJECT:

- Prepared a draft of Local Adaptation Plan of Action (LAPA) to be implemented in Ghodasain VDC of Achham and Danabari VDC of Ilam district with participation of VDC/DDC, DHO, DADO, CSWSMO and NRDC
- Socio-economic status and climate adaptation options of vulnerable households of vulnerable wards/communities have been assessed and documented in LAPA.
- Identified the trend of climate induced health hazards at local level by using time line tool
- A total of 30 vulnerable households have been supported with different income generation (of/off-farm) activities; so that their climate adaptive capacity should increased.
- Supported to construct a room for providing 24 hour delivery service in Danabari VDC of Ilam
- Supported to construct a PHC/ORC Clinic in Ghodasain of Achham for smooth running of quality service
- Increased incidence of water borne disease in the areas, sanitary toilet constructed along with safe drinking water in centre of Ghodasain VDC of Achham and renovation support made for water source protection in Danabari of Ilam.

• PROBLEMS CONSTRAINTS AND ISSUES

- Political instability and security
- Frequent changes in government staffs (service providers)
- Building the capacity of local partners, NGOs & CBOs remains a challenge.
- Ensuring effective synergy, coordination and collaboration with key public and private sector stakeholders.
- Addressing wider determinants of improved health for disadvantaged people.

- **FINANCIAL ALLOCATION AND EXPENDITURE**

Summary of financial allocation and expenditure – 2066/67 (2009/2010)

Figures are in NRs. ('000')

Expenditure	Budget	Expenditure	% of Budget Utilization
Administrative Cost	12,333	10,734	87%
Capital Cost	5,759	6,030	105%
Human Resource Cost	21,167	21,259	100%
Organisation Development and Staff Training	2,666	2,178	82%
<u>Programme Cost:</u>	107,616	103,337	96%
Right Based Approach (RBA)	17,064	17,157	101%
Fostering Health and Livelihoods of Conflict Affected People in Nepal (VCP)	28,059	26,442	94%
Rehabilitating Children and Supporting Families and Communities Affected by Armed Conflict in Nepal (RCP)	17,817	10,831	61%
NTP Support Programme (TBP)	44,676	48,907	109%
Total Operating Expenditure	149,541	143,538	96%

- **WORK PLAN FOR THE FISCAL YEAR 2067/68 (2010/2011)**

BNMT continues to be guided by its goal and Strategy to improve health of Nepalese people through increasing realization of their health rights. The following programme/ projects will be implemented in 2010/11.

- BNMT will continue to provide support to NTP by implementing activities under the National Strategic Application (NSA) for TB funded by Global Fund in partnership with NTC, GoN, and other development partners.
- RCP project will be continued to reintegrate and rehabilitate children in schools and families and it will contribute to support families that have been affected by conflict.
- RBA interventions with the support from ICCO will continue to expand in other regions based on funding availability.
- BNMT has secured funding from European Union to implement a project titled 'Human Resources for Health Mainstreamed in Health Systems, through Strengthened Advocacy Capacity of Civil Society Organization's. This project will start in early 2011 and continue for 36 months.
- BNMT also plans to implement a project on Nutrition and also on effects of Climate Change on health upon availability of funds in the year 2011.

INTERNATIONAL NETWORK FOR RATIONAL USE OF DRUGS (INRUD, NEPAL)

1. ORGANISATIONAL BACKGROUND AND PROGRAMME/ PROJECT OBJECTIVES

INRUD, Nepal is a multi-disciplinary organisation established in 1990 as a non-governmental organisation. It is a member of the network comprising 23 groups, 18 from Asia, Africa and Latin America, and other groups from the WHO/Department of Essential Drugs and Medicines Policy, the Harvard Medical School Department of Ambulatory Care, the Karolinska Institute in Sweden, the University of Newcastle in Australia, and a secretariat based in Management Sciences for Health in USA.

Since its establishment, INRUD, Nepal has been involved in various activities related to promoting rational drug use in Nepal e.g. field testing of INRUD/WHO Rational Drug Use Indicators, promoting safe dispensing and appropriate referral for diarrhoea, ARI, and pregnancy by retail drug sellers, consumer drug use, District Drug Management study, health seeking behaviour of community and treatment practices of healthcare providers for *Kala-azar* and Malaria, intervention study on test of training and supervision on prescribing practices, intervention study on test of training and supervision on dispensing practices, intervention study on impact of action-oriented training and audit-feedback on safe dispensing, correct advice and appropriate referral by retail drug sellers for diarrhoea, ARI, and pregnancy, intervention study on test of strategies for implementing Standard Treatment Schedule in improving use of drugs, pilot implementation of monitoring and supervision for drug management and use in Chitwan district and intervention study on educating community members in improving use of medicines.

The organisation played an important role in developing trained manpower for the promotion of rational drug use. It has developed and updated training and trainer's manual in English and Nepali languages for conducting Rational Drug Use training course. Twenty-two national training courses on Rational Use of Drugs (RUD) have been organised at different regions of the country. Altogether 575 participants including medical doctors, public health officers, paramedical health workers, health care managers from government and non-government organisation, and teachers from medical colleges attended the course. The training courses have been conducted in collaboration with government institutions, bilateral and multilateral organisations and INGOs. Two international training courses on Promoting Rational Drug Use have been organised in Kathmandu.

- INRUD, Nepal was involved in the revision of the training manuals for prescribers, dispensers, supervisors, storekeepers and community health workers for use in the Community Drug Programme (CDP)/MOH/MLD/UNICEF. It has been involved in the revision of training material for improving the quality of care in health facilities for use in CDP. The organisation has been involved in developing training package on Rational Use of Drugs and Good Dispensing for CARE-Nepal. It also provided technical support in the development of participant's and trainer's manuals on Training for District, Health Post and Sub-health Post

health workers on Monitoring and Supervision for Drug Use and Management for Management Division, DoHS.

The organisation has published /disseminated the findings from the activities in the national and international journals and conferences.

The main objectives of INRUD, Nepal

- To participate in different events run by international groups of individuals, government health organisation, educational organisation and private non-government health organisation.
- To exchange technical assistance and do research to speed up the rational use of drugs.
- To develop useful tools of research, including standard methodologies, simplified sampling & data collection strategies and user-accessible computer software.
- To increase awareness among people for rational use of drugs and technical development to support health sector.

2. STRATEGIES

The primary goal of INRUD is to promote the rational use of pharmaceuticals. INRUD's main strategies to achieve this goal include:

- an interdisciplinary focus, linking clinical and social sciences;
- emphasis on understanding behavioural aspects of drug use, particularly beliefs and motivations of providers and consumers;
- promotion of well-designed research studies to understand these behavioural factors, leading to reproducible interventions to improve drug use, and
- development of useful tools for research, including standard research methodologies, simplified sampling and data collection strategies, and user-accessible computer software.

3. ACHIEVEMENT IN THE PERIOD OF REFERENCE

- Technical support for the implementation of “Monitoring and Supervision System for Drug Use and Management”, Management Division/ DoHS.
- Training organized in Nawalparasi, Banke, Bardia, Kailali, Kanchanpur and Dadeldhura districts for Private Sector Chemists/Drug Retailers in Malaria Prevention, Diagnosis and Treatment, PSI/Nepal.
- Study on Rapid Assessment of Government Free Drug Supply of Health Services and its Implication, BNMT.
- Refresher training on Rational Use of Drugs to AMDA health staff, AMDA.

4. FUTURE PLANS

- Technical support for Implementation of Monitoring and Supervision Systems for Drug Use and Management in 75 districts, Management Division/ DoHS.
- Conduct Training Course on RUD.
- Publication of third edition of District Drug Use and Health Profile.
- Collaboration with government, internal and external agencies for implementation of treatment guidelines to improve RUD.

CENTER FOR DEVELOPMENT AND POPULATION ACTIVITIES (CEDPA)

ORGANIZATIONAL BACKGROUND AND PROGRAMME/PROJECT OBJECTIVES

Founded in 1975, the Centre for Development and Population Activities (CEDPA) is an international non-governmental organization that works hand-in-hand with women leaders, local partner organizations, governments and national and international organizations to design and implement programs focused on women and youth development, family planning, reproductive health and HIV/AIDS, and gender and governance. Since 1988, CEDPA has been working in Nepal to improve access to family planning services and information.

The government of Nepal is providing FP services free of cost through the existing government health system of hospitals, health facilities, community volunteers, and mobile outreach sites. Various development partners involved in health are also working with the government to support the national FP program. Some partners are also engaged in FP promotion through social marketing and the private sector. Both government and FP partners are in agreement with the repositioning of family planning to a healthy family perspective, which includes delaying marriage and motherhood, post partum family planning and birth spacing. Furthermore, Nepal's National Family Planning Strategy calls for innovative approaches that specifically target marginalized groups and use local approaches to expand voluntary use of FP services.

GOAL

To increase contraceptive prevalence rates (CPR) among marginalized populations through community outreach and education on family planning methods in two of the NFHP-II districts (Bara and Rautahat).

OBJECTIVES

1. Expand access to information and knowledge about FP/RH through interaction programs and household visits, especially among marginalized communities
2. Increase access to FP services in communities through FCHVs, VHVs, MCHWs and outreach clinics.
3. Establish an enabling environment and mechanisms for sustained quality community FP services

GEOGRAPHICAL COVERAGE AND SUPPORT

CEDPA will work in two Central Terai districts, Bara and Rautahat, where there are a high number of marginalized groups and where CPR is relatively low. A mapping will be conducted in each district and Village Development Committee (VDC) selection will be based on a high concentration of marginalized groups, low CPR, high fertility rates and reported maternal deaths. An estimated 20-25 percent of the VDCs in each district will be selected for intervention based on available data. The intervention will be conducted as an operational model for scale-up by addressing gaps in FP outreach. The process will be monitored and realigned, as required, for maximum effectiveness. CEDPA will

work through two local partner NGOs and in collaboration with the District Health Offices and the NFHP staff, the community and other local actors to ensure a coordinated and inclusive process at all levels and among key stakeholders.

ECDC Rautahat – 20 VDCs

Paroha Dumriya, Oauraya, Banjarha, Jokaha, Rampur Khap, Naraktiya, Mathiya, Rajpur Farhadwa, Akolwa, Bairiya, Laukaha, Basantpatti, Tejapakad, Inarbari, Inarwa, Ajgaiwi, Fatuwa Maheshpur, Sarmujuwa and Pathra Budhram

GUA, Bara – 20 VDCs

Beldari, Pakdiya Chikani, Piparpati Pacharauta, Bishunpur, Bachhanpurwa, Amaw, Khopawa, Piprabasatpur, Laxmipurkotwali, Kudwa, Pathara, Uchidiha, Sihorwa, Tetariya, Umajan, Sinhasani, Majhariya, Dharamnagar, Feta and Purainiya

Strategy adopted

Community facilitators (CFs) will be mobilized to reach underserved and more isolated communities because of linguistic, ethnic, socio-cultural and economic barriers and provide access to knowledge and information through interpersonal communication. The community facilitators will enhance FCHV effectiveness by working with them and their mothers' groups to identify new mothers and make home visits to counsel them on family planning (FP). The CFs will encourage FP interactions through VHWs and MCHWs during out-reach clinics. They will also organize interaction programs between users, nonusers and health workers to address questions and concerns about FP and to collaborate on existing health facilities and FP satellite clinics to increase access to marginalized communities.

Summary of achievement in the period of reference

Project is initiated in October/November 2010, therefore no achievements to report.

Timeline of the project will be October 2010- December 2011. Adopting the above mentioned outreach strategy, the CEDPA partner NGOs Gramin Uthan Abhiyan and Environment and Child Development Centre (ECDC) will implement the activities in the above mentioned VDCs.

FINANCIAL ALLOCATION AND EXPENDITURE:

Cost Element Summary	Total Budget in US \$
A. Personnel	59,308.00
B. Travel and Transportation	13,164.00
C. Other direct costs	8,458.00
D. Program Activities	72,916.00
E. Indirect Costs	46,154 .00
Total	200,000.00

FAMILY HEALTH INTERNATIONAL (FHI)/NEPAL

1. ORGANIZATIONAL BACKGROUND AND PROGRAM/PROJECT OBJECTIVES

Since 1993, through financial support from United States Agency for International Development (USAID), FHI Nepal implemented four main HIV/AIDS programs: AIDS Control and Prevention Project (AIDSCAP I) (1993-97); AIDSCAP II (1997-2002); Nepal Initiative (NI) (2001-02); and Implementing AIDS Prevention and Care (IMPACT) (2003-07). Currently FHI Nepal is managing Advancing Surveillance, Policies, Prevention, Care and Support to Fight HIV/AIDS (ASHA Project 2006-2011) funded by USAID. In the fiscal year 2009/2010, FHI Nepal also completed HIV Treatment, Care and Support for Nepali Migrants and their Families in Far West Nepal funded by Elton John AIDS Foundation respectively. Each program responded to the latest epidemiological data and modified and expanded activities to increase the effectiveness and reach of services and to contribute to Government of Nepal's overall HIV response.

FHI works in very close partnership with the Government of Nepal, civil society groups, NGOs, INGOs, UN agencies, and donors, in particularly with USAID.

2. GEOGRAPHICAL COVERAGE OF ASHA PROJECT:

SN	Region	District	Prevention	STI	VCT	EPC	CHBC	Policy support to DACC
GEOGRAPHIC COVERAGE			PREVENTION-TO-CARE PROJECTS					
1.	Eastern	Jhapa	✓	✓	✓	✓		
2.	Eastern	Morang	✓	✓	✓	✓		
3.	Eastern	Sunsari	□	□	□	□	□	□
4.	Central	Sarlahi	✓	✓	✓	✓		
5.	Central	Dhanusha	✓	✓	✓	✓		□
6.	Central	Mahottari	✓	✓	✓	✓		
7.	Central	Rautahat	□	□	□	□		
8.	Central	Bara	□	□	□	□		
9.	Central	Parsa	□	□	□	□	□	□
10.	Central	Makwanpur	✓	✓	✓	✓		□
11.	Central	Kavrepalanchowk	✓					
12.	Central	Chitwan	✓	✓	✓	✓		
13.	Central	Kathmandu	✓	✓	✓	✓	✓	
14.	Central	Lalitpur	✓	✓	✓	✓	✓	
15.	Central	Bhaktapur	✓	✓	✓	✓		
16.	Central	Nuwakot	✓					
17.	Western	Nawalparasi	✓	✓	✓	✓		
18.	Western	Rupandehi	✓	✓	✓	✓	✓	
19.	Western	Kapilvastu	✓	✓	✓	✓	✓	
20.	Western	Kaski	✓	✓	✓	✓	✓	□
21.	Western	Syangja	✓					
22.	Western	Baglung	✓					□

SN	Region	District	Prevention	STI	VCT	EPC	CHBC	Policy support to DACC
GEOGRAPHIC COVERAGE			PREVENTION-TO-CARE PROJECTS					
23.	Mid Western	Dang	✓					
24.	Mid Western	Surkhet	✓				✓	
25.	Mid Western	Banke	✓	✓	✓	✓	✓	
26.	Mid Western	Bardiya	✓	✓	✓	✓		
27.	Far Western	Kailali	✓	✓	✓	✓	✓	□
28.	Far Western	Kanchanpur	✓	✓	✓	✓	✓	□
29.	Far Western	Accham	✓				✓	
30.	Far Western	Doti	✓				✓	

3. STRATEGY ADOPTED:

Project Goals and Implementation Strategies

USAID-funded ASHA Project's goal is to contain the HIV/AIDS epidemic in Nepal and to mitigate the effects of HIV on those infected and affected by HIV/AIDS. The Project Objective is increased use of HIV prevention and care services by most-at-risk populations (MARPs) in Nepal (e.g., FSWs, clients of FSWs, migrants, PLHA, MSM and IDUs) through implementation of a comprehensive prevention-to-care package of services through key partnerships and a mix of evidence-based technical interventions. For this ASHA Project uses the strategy to implement targeted prevention activities with MARPS, provide technical leadership and support in surveillance, research, and M&E and maintain close coordination at the national level, under the framework of the NAP, with GoN, donor agencies, international non-governmental organizations (INGOs), and NGOs in planning, implementing, and monitoring the national response.

4. RESULT AREAS

- Reduce HIV transmission through targeted prevention interventions within specific high-risk and vulnerable populations.
- Build capacity of Nepal Government and civil society to manage and implement HIV and AIDS activities and to inform policy formulation at national, local and community levels to reduce stigma and discrimination and enable equitable access to services
- Improve planning, collection, analysis and use of strategic information by stakeholders to facilitate a more effective and targeted response
- Increase access to quality care, support and treatment services through public, private and non-governmental sources for PLHA and their families
- Establishment of care and treatment services for HIV-positive Nepali migrants and their families through ART clinic, crisis care services, integrated health services sites, and community and home based care.
- Create linkages among stakeholders and support national coordination of Nepal's cross-sectoral HIV and AIDS program

5. SUMMARY OF ACHIEVEMENT IN THIS REPORTING PERIOD AUGUST 2009 – JULY 2010

For the past year FHI/Nepal has contributed significantly to the national HIV and AIDS program, addressing and reaching those most-at-risk of HIV infection under the ASHA Project.

5.1 Prevention activities:

- Conducted HIV prevention activities for most-at-risk groups through a variety of strategies such as mass media, outreach/peer education, drop-in centers, condom distribution and STI diagnosis/treatment services - along the highways and urban centers
- Reached nearly 119,100 most at risk population through community outreach through USAID supported projects
- Over 11,000 individuals received training on HIV and AIDS related stigma and discrimination reduction through USAID supported projects
- Nearly 1,000 individuals trained to provide HIV and AIDS prevention services through USAID supported projects
- Nearly 300 individuals trained in strategic information including M&E through USAID supported projects
- Over 2,050 individual trained in HIV related community mobilization for prevention, care or treatment through USAID supported projects
- Nearly 500 individual trained in HIV related institutional capacity building through USAID supported projects
- Over 22,130 people examined for STI and close to 8,400 people treated for STI through both USAID and EJAF supported sites.

5.2 National capacity to manage an effective response to the HIV epidemic increased:

- Supported NCASC to conduct Integrated Biological Behavioral Surveillance (IBBS) studies among wives of Migrants in four Far Western districts.
- Provided technical assistance(TA) to the Government of Nepal(GoN) in the areas of laboratory services; logistics and supply chain management; clinical care for adults and children (adult antiretroviral therapy (ART), pediatric ART, new second line drugs, screening for Hepatitis B and C); voluntary counseling and testing (VCT) national guidelines and standard operating procedures; community and home-based care (CHBC); community-based prevention of mother to child transmission (CB-PMTCT); nutrition and HIV including food-based dietary guidelines; viral load testing; HIV clinical management; information-education-community (IEC) strategies and materials; World AIDS Day events; STI guidelines; reporting and recording for HIV test kits; programming for female sex workers (FSWs); UNGASS 2010 reporting; and, TB/HIV training manual development.
- Provided TA in Counseling Orientation in Family Planning (COFP), HIV Counseling Curriculum, Integrated Biological and Behavioral Survey and MARA study guidance, Waste Management, National Guidelines on HIV Diagnosis and Lab Monitoring of Antiretroviral Therapy, HIV Negotiation Skills and Documenting Good Practices and Lessons Learned.
- Provided technical support for several sessions during the ART/OI and PMTCT M&E and database training.

- Provided TA in disseminating Guidelines for Implementing HIV Prevention among MARPs to National Centre for AIDS and STD Control (NCASC)
- Participated in technical working groups (TWGs) for HIV and AIDS like Strategic Information, ART, HIV, PMTCT and CHBC. Also, actively involved in the Logistics Task Force.
- Provided technical assistance to the Nepal Health Research Council (NHRC) on the draft study proposal “Research to Policy: Strengthening the National Processes for Evidence-based Policy in the Health Sector of Nepal”.
- Provided constructive feedback especially on the recording and reporting forms for VCT and STI and on the database on A Training of Trainers (TOT) Modular Course on National HIV/AIDS M&E and Nationals HIV/AIDS Database Program (VCT/STI and DACC).
- Provided TA to NCASC and Global Fund Round 7 PRs for ensuring design and implementation of IBBS planned for 2010 for the Wives of Migrants (WoM). Contributed to studies and surveys conducted in collaboration with the government. The team made regular monitoring visits to all IBBS study districts during this reporting period.
- Provided TA by providing feedback on Surveillance and Estimation and Projection of HIV infections in Nepal for 2009 organized by NCASC.
- Coordination meetings with DACC Chairpersons and Coordinators and committee member’s district level representatives, including Chief District Officers, District Police Chiefs, DPHOs, DACC, District Agricultural Officers and Women Development Officers were involved in site visits, orientations and regional and district review meetings.
- Provided consultation on Indicator Target Estimations organized by NCASC for GF R-7 partners.
- Shared overall objectives, work plan with timeline to ensure smooth implementation of the TB Reach project with national and district level staff including national level stakeholders, national TB program officials, district public health officers(DPHOs) and district TB leprosy officers(DTLOs) and national TB Reach Project (NTBRP)NGO partners.

5.3 Care, support and treatment

- Provided support for VCT counseling training for FHI implementing partners, NGOs and Government partners as well as supportive supervision at the clinic sites.
- Nearly 22,150 individuals received their test results with post test counseling through both USAID and EJAF supported sites.
- Partnered with PLHA groups to address care and support issues among PLHA.
- Nearly 6,100 PLHA received palliative care through both USAID and EJAF supported sites
- 938 PLHA ever received ARV drugs through RAB and EJAF supported sites.
- 66 individuals trained in voluntary counseling and testing, 62 individuals trained to provide palliative care, 54 individuals trained to provide ARV services and clinical management of HIV and AIDS, 25 individual trained to provide PMTCT services, and 43 individuals trained in lab related issues and 26 individuals trained in medical injection safety through USAID supported projects.
- Provided ongoing support to NCASC to develop a national logistics system to manage HIV commodities for the country and the National Public Health Laboratory to strengthen the laboratory service.

**6. SUMMARY OF FINANCIAL ALLOCATION AND EXPENDITURE
2066/67 (2009/2010)**

SN	Program Elements	Financial Status in US \$	
		Allocation	Expenditure
1	Mother to Child HIV Transmission (MTCT)	88,125	77,127
2	Other Prevention Activities (HVOP)	1,559,063	1,364,496
3	HIV/AIDS Treatment/ARV Drugs (HTXD)	21,015	18,392
4	HIV/AIDS Treatment/Related Clinical Care (HTXS)	40,297	35,268
5	Laboratory Infrastructure (HLAB)	72,151	63,147
6	Basic Health Care & Support Including Palliative Care (HBHC)	568,433	497,494
7	Counseling and Testing (HVCT)	985,520	862,530
8	Strategic Information (HVSI)	434,666	380,421
9	Children Affected by HIV/AIDS (HKID)	138,148	120,908
10	TB/HIV (HVTB)	22,700	19,867
11	Other Policy Analysis and System Strengthening (OHPS)	390,232	341,532
TOTAL		4,320,351	3,781,182

*HIV Treatment, Care and Support for Nepali Migrants and their Families in Far West Nepal
Funded by Elton John Foundation (EJAF)*

**7. FINANCIAL ALLOCATION AND EXPENDITURE FOR THE PERIOD
OCTOBER 2009-SEPTEMBER 2010**

	Program Elements	Financial (in US \$)	
		Allocation	Expenditure
1	Provide high quality clinical facility-based services for current ART patients, new ART patients and non-ART patients needing clinical care over the project period	48,175	44,565
2	Deliver community and home-based care services to HIV positive people and their families through CHBC teams in Doti and Kailali	18,171	16,810
3	Increase Collaboration and Coordination Among Key Stakeholders in Far West Nepal	19,880	18,391
Total		86,226	79,766

8. WORK PLAN FOR THE FISCAL YEAR 2067/68 (2010/2011)

Major Activity

A. HIV-related under ASHA Project (in 30 districts)

Prevention

1. Reduce risk behavior among MARPs through targeted prevention activities
 2. Improve utilization of quality STI services
-

Prevention of Mother to Child Transmission of HIV

1. Support through TA the strengthening of Prevention of Mother to Child Transmission
-

Counseling and Testing

1. Strengthen HIV Counseling and Testing
-

HIV AND AIDS Treatment/ARV Service

1. Strengthen capacity to provide HIV/AIDS related clinical and psychological care
-

Basic Health Care and Support (Including palliative care- non-ART)

1. Strengthen program to provide HIV care, support treatment
 2. Strengthen community programs to provide HIV care, support, treatment
-

Palliative Care (TB)

Provide technical assistance to national TB program and NCASC on TB/HIV co-infection for development guidelines, training modules on TB/HIV co-infection, SOPs and recording/reporting mechanisms

Children Affected by HIV AND AIDS

Continued support to UCAAN, Care and support program for children affected by HIV and AIDS, Support National Children and HIV Working group, Carry out early infant diagnosis (EID)

Strategic Information

1. Provide technical assistance to carry out IBBS in selected MARP populations
 2. Provide technical assistance to government of Nepal for the strengthening of strategic information including HIV surveillance and M&E system)
-

Addition support to national HIV program

1. Support technical capacity building of government of Nepal in HIV response
 2. Strengthen civil society capacity to provide prevention to care services to MARPs
 3. Support to reduce overall HIV related Stigma and Discrimination
-

TB-related Nepal TB Reach Project (From September 2010)

- Seasonal migrant workers entering Nepal from India (in six districts)
 - High-risk, hard-to-reach, vulnerable populations (in seven districts) including female sex workers (FSW) and their clients, injecting drug users (IDUs), prisoners and street children.
 - Patients attending outpatient clinic in two government hospitals (in 2 districts).
-

1. Symptom screening using screening questionnaire.
 2. Sputum collection and smear preparation for symptomatic clients.
 3. Sputum smear examination at the facilities of Government of Nepal Microscopic Centers.
 4. Tracing of sputum smear positive (SS+) for AFB clients to enrolling them for treatment and follow-up.
 5. Tracing of the contacts of SS+ clients for symptom screening, diagnosis and enrolling into the treatment and follow-up.
-

IPAS/NEPAL

1. ORGANIZATIONAL BACKGROUND AND PROGRAMME/ PROJECT OBJECTIVES

Ipas Nepal is a non political, non profit making, public welfare social organization dedicated to protecting women's health and advancing women's reproductive rights. The main focus of this organization is to support the National Reproductive Health Plan in order to ensure that all health facilities are providing affordable & high quality reproductive health including safe abortion care, post abortion care, adolescent health and family planning services across the Country and there is an increased demand from the community to utilize this service which will be achieved through public-private partnership. The other emerging reproductive health issues will also be prioritized and supported by the organization as per program needs. In order to ensure high quality reproductive health care, the organization will use evidence based technology and procedures.

The other important area is to ensure that critical human resources mainly skilled health care providers are available in the health facilities, and their numbers are appropriate and adequate, this will be achieved by mobilizing a range of resources available to central, regional, district and community level. A priority would be given to establish adequate number of clinical training sites in order to produce competent and qualified health care providers.

Community education, increasing awareness and advocacy for policy reform will be considered as one of the important interventions areas towards empowering community members and enabling them to utilize quality reproductive health services. The existing RHCC (Reproductive Health Coordination Committee) available at he

Technical assistance will be provided to the relevant ministries, agencies, professional organizations, local bodies, governance, and civil societies will work with their existing structure in order to achieve the goal of national reproductive health plan effectively and efficiently. For example technical assistance for safe abortion care will be provided through the Safe abortion advisory body, Technical Committee for the Implementation of Comprehensive Abortion Care (TCIC) available at the Family Health Division, Department of health services, MoHP.

The organization will document best practices and lessons learned and will share the findings at national and international forum in order to advocate, lobby new technologies in the areas of reproductive health.

Ipas Nepal will collaborate with other international organizations to generate fund and resources required to support the national reproductive health program.

1.1 GOAL:

Long Term Goal: Improvement in maternal health and reduction in maternal mortality ratio through provision of high quality reproductive health care including Safe abortion services.

1.2 OBJECTIVES OF THE PROGRAMME:

- To prevent unwanted pregnancies by linking with Family Planning Services
- To prevent complications due to unsafe abortion by ensuring access to quality safe abortion services
- To ensure the availability of quality safe abortion services as per national standard
- To increase awareness on the legal provision of safe abortion services

2. GEOGRAPHICAL AREAS OF SUPPORT

The support is extended at national level, since March 2004 up to June 2010 there are 331 Government approved safe abortion sites distributed across 75 districts of the country, and the sites represent public and private both. The public sites are mainly located at hospitals and primary health centers, while the private sites are located at medical colleges, private hospitals, community managed hospitals, and clinics run by NGOs (Marie Stopes International & Family Planning Association).

3. STRATEGIES

To achieve the above mentioned objectives Ipas Nepal adopts the below mentioned strategies.

- Expand access to safe abortion services as per Nepal procedure order (Rajpatra) through public and private sector
- Expand access to Surgical, Medical and Second trimester services.
- Integrate safe abortion service with family planning mainly IUCD and implant
- Expand access to MVA instruments and Medication Abortion , build sustainable supply
- Increase women's knowledge about Safe Reproductive Health and Abortion
- Work in close coordination with women's media, empowerment group and health journalist to change social norms that stigmatize women
- Expand women's ability to safe abortion related health care outside of health system channel by training and orienting FCHV's and TBA's
- Advocate for full implementation and liberal interpretations of current laws including mental health indications
- Integrate abortion in the agenda of ministry of family welfare and other organizations working on sexual violence

4. KEY ACHIEVEMENT OF THE IPAS NEPAL PROGRAMME IN FY 2066/67 (2009/2010)

4.1 Training, Service Delivery and Monitoring

- From July 2009 to June 2010, 88,938 women received safe abortion service from 331 listed sites in 75 districts (*source HMIS, DoHS*).
- Upon the approval of the scale up strategy, Medical Abortion was integrated in CAC training and 180 providers were trained in both MA and MVA scaling up MA in 75 districts.

- As a pilot, MA was integrated in 2 batches of SBA training out of which 10 were from government sites. They received intensive follow up and support. The results were encouraging and provided a good foundation for giving MA only training to SBA trained ANMs in future.
- More than 1,000 sweepers from 35 wards and from the environmental division of Kathmandu municipality received a one day orientation. The purpose of this one-day orientation was to update sweepers on safe infection prevention practices and proper waste disposal, specifically including medical waste such as organic matter, products of conception and stillbirths.
- Implementation of performance monitoring system for clinical trainees and active service delivery sites continued. A total of 88 sites (public and private) received follow up during this fiscal year. 100% of trainees trained from June 2009-10 were followed up within 3-4 weeks post training and 180 providers at 6-9 months.

4.2 Policy and Advocacy

- Ipas/Nepal joined hands with MWCSW (ministry of women, children and social welfare) and Women Development Department and organized a high level advocacy workshop with the objective to sensitize high level policy makers on the abortion related issues as well as to use their existing network in reaching women including the young women.
- A position paper on Integration of Safe Abortion Service in Family Planning clinics was drafted in order to provide evidence for policy makers and donors, to support the case for integration of safe abortion with family planning services, presenting clear and balanced information about all aspects of the situation.
- Safe Abortion service has been included in EHCS (Essential Health Care Services) (source: NHSP-IP 2010-2015).

4.3 Study and Research

- In collaboration with RHR/WHO a study was conducted with 1,172 CAC clients on ‘‘availability and utilization of surgical abortion services’’ at the Maternity Hospital and MSI Chuchepati. The findings were disseminated at a high level meeting led by MoHP. The key findings were among those with unintended pregnancies, contraceptive use was high -abortion not used as a substitute for contraception. Contraceptive failure most important reason for abortion. The key recommendation was the need of strengthening counseling and reinforcing linkages with family planning services.
- Evaluation of 100 CAC trained nurse providers was performed in order to evaluate the successes and areas for improvement in nurse provision of CAC services. Preliminary report shows that trained nurses are competent and providing high quality CAC services.
- In 2010 a study was conducted in 3 facilities– urban/rural and private/public, 305 eligible women participated in interview 2 weeks post initial visit, response rate was 80% and the key findings were Women seek health care from HPs in own or nearby village, most make choices jointly with partner (78%), main sources of information include: friends/neighbors (92%), radio (83%), family members (68%), FCHVs (18%) and 70% received post-abortion contraception, high satisfaction with services (for MVA and MA clients)

5. PROBLEMS/RECOMMENDATIONS AND ACTION

PROBLEMS	RECOMMENDATIONS/ACTIONS
Women in rural and remote settings are underserved or completely deprived of the service forcing them to choose unsafe abortion.	Expand Medical Abortion up to the Health post level.
A study revealed that 13% of the clients are denied safe abortion service as they were above 12 weeks gestation.	Orient Female Community Health Volunteers in early detection of pregnancy as they are key referral link between the community and health service.
The high proportion of client accepting short term contraception indicates that there is either lack of providers trained in long term methods or shortage of commodity at the site	Functional integration of CAC with Family planning could be one of the strategies to deal with this issue.
Untrained/unlisted providers providing abortion service from unlisted sites.	Assess providers and sites and facilitate for training and listing.
Reported two cases of maternal deaths from the CAC listed sites.	Need to strengthen the capacity of CAC listed sites in managing post CAC complications.

6. WORK PLAN FOR THE FY (2067/68) 2010/2011

TRAINING

- Integrated(MVA +MA) training to 100 doctors and 100 nurses
- Refresher training for 40 providers
- On the job training for 30 MD students
- Second trimester training for 8 obgyn/MDGP
- CAC Integrated 1st trim Training for 40 private doctors
- MA TOT for 45 new SBA trainers
- MA only training to 120 SBA's
- Review/Update/Produce an integrated CAC (MA and MVA) training package for Doctors and nurses

COMMUNITY ENGAGEMENT MOBILIZATION

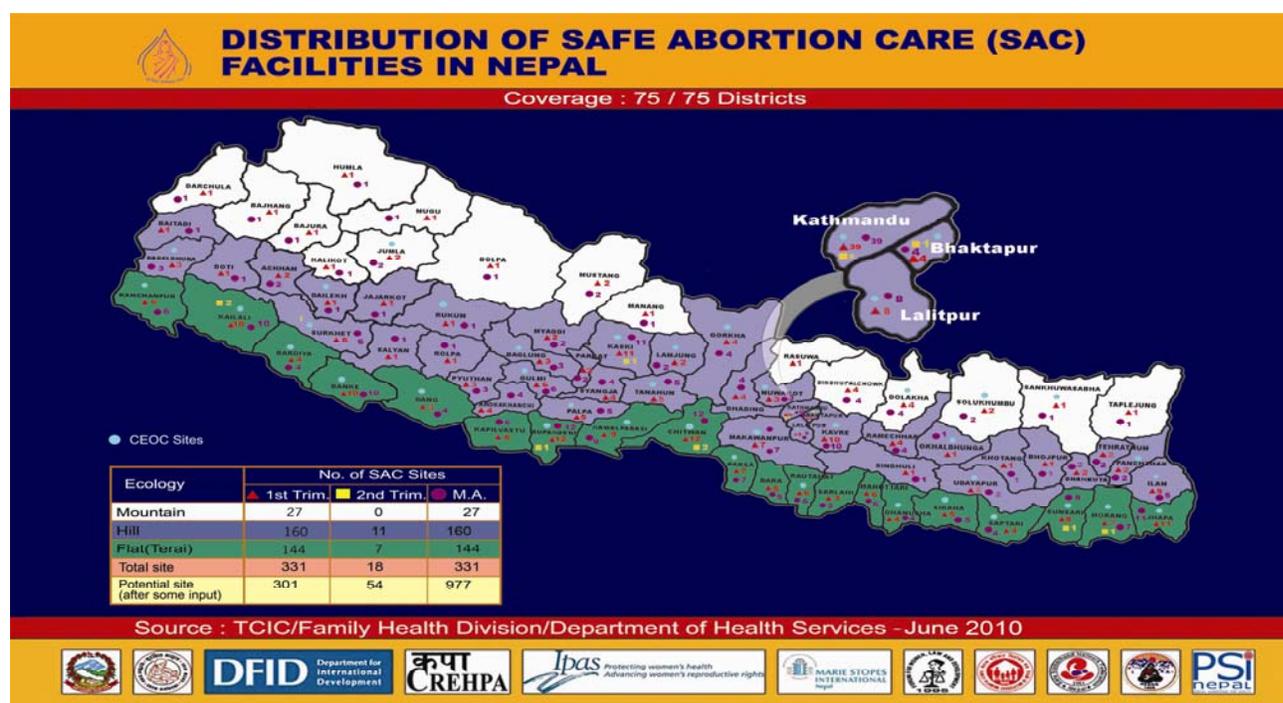
- Train 1200 FCHVs from 4 districts
- Review 1200 FCHVs(old and new) from 10 districts
- Conduct ToT on SAS for WDOs in 10 districts
- Air 2 spot ad, Air 26 episode radio program in 10 MA districts
- Subcontract local NGO to begin implementation of newly developed youth intervention.

MONITORING AND MENTORING

- Onsite monitoring of 150 CAC trained providers
- Post training follow up to 100% providers
- Orient 10 PHN's on supportive supervision guidelines on MA
- Orient 25 Nurses(CAC Providers) from 37 PHCs on clinical mentoring(QI Tools)
- Onsite support to 10 non functioning or problematic sites

RESEARCH AND STUDIES

- Implementation research on “ the provision of MA by ANMs trained as SBAs in peripheral level of health institutions”
- Study on assessing “the impact of counseling on method selection and contraceptive ptakes”



POPULATION SERVICES INTERNATIONAL (PSI)/NEPAL

1. ORGANIZATIONAL BACKGROUND AND PROGRAM OBJECTIVES

Population Services International, a non-profit organization based in Washington, D.C., harnesses the vitality of the private sector to address the health problems of low-income and vulnerable populations in more than 65 developing countries.

PSI is a leading global health organization with programs that address malaria, child survival, HIV and reproductive health. Working in partnership within the public and private sectors, PSI provides life-saving products, clinical services and behavior change communications that empower the world's most vulnerable populations to lead healthier lives.

PSI Nepal began operations in early 2002 to work in the areas of HIV/AIDS prevention, child survival and family planning in support of the Government of Nepal's National Reproductive Health and HIV/AIDS Prevention Strategies. PSI/Nepal's current portfolio includes programs addressing malaria, reproductive health and safe water solutions for young children

1.1 PSI'S MISSION

To rapidly achieve measurable impact of national significance to serve the unmet health needs of the people of Nepal, engaging the public and private sectors through innovative approaches to deliver quality products, services and communications.

1.2 GOAL

To support the Government of Nepal, the Ministry of Health, and the Department of Health Services Health Sector Reform Strategy by strengthening the ability of the private sector to contribute towards national health goals.

1.3 OBJECTIVES

- Increased use of select maternal and child health services
- Increased awareness and use of malaria prevention and treatment services
- Improved capacity of local partners to implement successful malaria and FP/RH/MCH programs

1.4 CORPORATE FOCUS

PSI/Nepal's operations aim to emphasize bottom line health impact, private sector quality, speed and efficiency, decentralization, innovation and entrepreneurship, and long-term commitment to the people it serves.

2. AREAS OF GEOGRAPHICAL SUPPORT AND DESCRIPTION OF PROGRAMS:

2.1 Women's Health Project (WHP)

The Government of Nepal (FHD/DoHS/MoHP) and PSI/Nepal work in partnership to implement the Women's Health Project. The program focuses on promoting the use of long term methods of contraception and reducing unsafe abortion by expanding access to quality medical abortion product and services, particularly through private sector service providers and social marketing interventions. It

operates through three channels - public sector, NGOs and private sector- providing reproductive health, family planning and medical abortion services. PSI/Nepal partnered with the GoN and other partners for the implementation of the Medical Abortion pilot program initiative by supplying medical abortion drugs. Through this initiative, PSI/Nepal is active in follow up on drug supply, inventory management, reporting and communication in the 6 pilot program districts.

In 2009, PSI/Nepal partnered with two NGOs, Family Planning Association of Nepal (FPAN) and Nepal Family Planning Welfare Council (NFPWC) for service delivery of long term methods and community based mobilizing for demand generation. PSI/Nepal is also working to improve availability and service delivery of long term methods in the private sector. It actively promotes private sector providers in service delivery providing them technical assistance and logistical support.

2.2 Malaria Control and Prevention

The Government of Nepal (MOHP/DoHS/EDCD) and PSI/Nepal work in partnership to implement malaria prevention and control activities in 31 malaria prone districts in Nepal: Illam, Jhapa, Morang, Dhanusha, Mahottari, Nawalparasi, Kavre, Sindhuli, Bardia, Kailali, Kanchanpur, Banke, Dadeldhura, Doti, Surkhet, Dang, Kapilvastu, Rupandehi, Chitwan, Makwanpur, Sindhupalchowk, Bara, Parsa, Rautahat, Siraha, Sarlahi, Saptari, Udayapur, Sunsari, Dhankuta and Panthar.

Local NGO partners distribute long-lasting insecticide treated nets on free of cost basis to households living in the malaria prone areas complemented by inter-personal behaviour change communications through a network of community based organisations. Special emphasis is given to those most vulnerable to malaria, pregnant women and children under five. The continuous success in implementing the malaria control and prevention program in 13 high risk districts of Nepal by PSI under the leadership of EDCD/GoN introduced new funding from the Global Fund for implementing malaria program in additional 18 malaria prone districts of Nepal for next 6 years.

Malaria Survey

The 'Malaria TRaC Study Evaluating LLIN Use' was conducted by an independent research agency (Blitz Media P. Ltd.) in 13 program districts. The malaria study was a quantitative research tool designed to inform the program on use of LLINs, household LLIN ownership, barriers to use of LLINs, exposure to PSI interventions etc.

Major TRaC Findings 2009 and 2010:

INDICATORS	Intervention Area*, 2009N=1600(%)	Intervention Areas*, 2010 N=1275 (%)
Ownership of at least one treated or untreated net in the household %	99.6	100.0
No of HHs with at least 1 LLIN (%)	99.2	99.9
Household members sleeping under a net (treated or untreated) (unit of analysis – every individual within HH) previous night (%)	96.0 (N=9019)	98.0 (N=6796)
Children under 5 years sleeping under net previous night	96.7 (N=1008)	98.9 (N= 655)
Children under 5yrs sleeping under LLIN previous night	91.5 (N=1008)	94.2 (N= 655)

* The sample VDCs of the Malaria Surveys in 2009 and 2010 are not the same.

2.3 Maternal and Child Health

Safe Water:

PSI/Nepal social markets **WaterGuard**, a safe and effective household chlorine solution for water purification, in order to increase access to safe drinking water.

3. STRATEGIES ADOPTED

- Expanding the depth, reach and impact of social marketing programs in Nepal.
- Mobilizing local partners to achieve greater health impact.
- Conducting community based activities to generate awareness and demand for reproductive and family planning services.
- Expanding the capacity of reproductive health providers in service delivery
- Improving quality of reproductive health care and services within the public and private sectors.
- Developing new private sector partners.
- Implementing innovative behavior change communication initiatives.

3.1 Methodologies

Social marketing uses commercial marketing techniques to ensure that high quality yet affordable products are widely available through the private sector for specific target groups, and that these groups are empowered to make informed health choices through innovative behavior change strategies.

4. SUMMARY OF ACHIEVEMENTS fiscal year 2066/67 (2009/2010)

4.1 Women's Health Project (WHP)

- 153,824 women of reproductive age contacted by household visits and 25,825 women of reproductive age were referred for services.
- 19, 258 IUDs and 513 Implants inserted.
- 2,776 medical abortion services delivered.
- 985 advocacy meetings to generate awareness in the community on reproductive health and family planning services held.
- 5,327 community based mobilizers trained.
- Conducted 75 community level based advocacy meeting on safe medical abortion in 6 pilot districts, reaching 2,349 women.
- 192 ANM and Staff Nurses were trained in IUCD and 15 trainers trained on Clinical Training Skills (CTS)
- Provided MA ToT (Training of Trainers) to 15 trainers.
- PSI supported the Government for nationwide scale up strategy of medical abortion in November 2009.
- 7,920 units of medical abortion drugs sold through listed SAS centers nationwide.

4.2 Malaria control and prevention

S. N	Coverage Indicator	Y-2009		Y-2010		Overall		
		(Sep 16, 08 – Sep 15, 09)		(Sep 16, 09 – Sep 15, 10)		For R7 P1		
		Target	Actual	Target	Actual	Target	Actual	% Achieved
1	Number of LLINs procured, imported and distributed	385,184	385,184	393,850	440,000	779,034	825,184	105.92%

2	Number of radio spots developed on benefits of LLINs and malaria prevention and treatment	18	24	18	12	36	36	100.00%
3	Number of radio spots broadcasted on benefits of LLINs and malaria prevention and treatment	13,520	34,161	20,280	50,427	33,800	84,588	250.26%
4	Number of people reached through interpersonal communication	310,204	532,948	317,183	441,546	627,387	974,494	155.33%
5	Number of people reached through BCC outreach activities including training and school based program	126,605	189,451	128,292	214,959	254,897	404,410	158.66%
6	Number of private health care providers trained on malaria case detection, national treatment guidelines and use of LLIN's.	1,625	1,668	1,625	1,632	3,250	3,300	101.54%

4.3 Safe Water System (SWS)

WaterGuard Safe Water System (SWS) is a safe, effective and highly affordable product designed for easy household point-of-use application. Two ml. of WaterGuard treats 10 litres of water and requires only 30 minutes to take effect before the water is ready to use.

In the past few years WaterGuard has been frequently distributed in flood relief program areas in different parts of the countries by UNICEF.

Roughly 62,500 of these bottles were distributed in partnership with relief agencies addressing victims affected by diarrheal outbreak in Jajarkot & Rukum in July 2009. .

WaterGuard has been distributed to Kathmandu, Lalitpur, Kavre, Bhaktapur, Dhading, Sindhupalchowk, Nuwakot, Morang, Jhapa, Sunsari, Illam, Dhakuta, Sankhuwasabha, Rupandehi, Nawalparasi, Kapilvastu, Tanahun, Palpa & Dang.

Total 281,350 bottles of WaterGuard have been distributed & sold through NGOs, Government, and Commercial sectors from April 2010 representing 337.6 million of water treated.

5. PROBLEMS, CONSTRAINTS, CHALLENGES

- Lack of initiative to address cross border malaria cases among migrant populations.
- Lack of mechanism to bring private sector service providers into the reporting network.
- Lack of awareness in legalization of safe abortion.
- Ensuring effective synergy, coordination and collaboration with key public and private sector stakeholders is essential to program success.

6. SUMMARY OF FINANCIAL ALLOCATION

PSI/Nepal receives funding from The Global Fund for AIDS, Tuberculosis and Malaria, other private donors and PSI Washington for its projects.

7. WORKPLAN FOR THE FISCAL YEAR 2067/68 (2010/2011)

- Increasing the reach of LLIN distribution and malaria behavior change communications to a total of 31 high-risk malaria prone districts.
- Increasing the number trained skilled providers for the delivery of long term family planning methods.
- Increasing access to safe abortion services through the introduction of medical abortion in Nepal.
- Improved capacity of private and public partners through technical support, training and skill building.
- Launch the regional program to address HIV prevention among MSM and transgenders.

NICK SIMONS INSTITUTE (NSI)

ORGANIZATIONAL BACKGROUND AND OBJECTIVES

Nick Simons Institute (NSI) is a charitable organization that is committed to enhancing rural health care in Nepal through developing quality health care workers. 2066/67 was NSI's fourth full year of work, and previous years' development efforts began to bear fruit in both training output and improved district hospital work. NSI's most important partner is the Government of Nepal's Ministry of Health and Population, specifically the DoHS's National Health Training Center.

In 2006, NSI was registered with the government of Nepal and it functions under a Board of distinguished Nepali professionals. Its office is located in Jhamsikhel, Lalitpur, and NSI staff work to facilitate training and support programs through 10 partner health care institutions located across Nepal. Funding is entirely from the Nick Simons Foundation (NY).

NSI VISION

People in rural Nepal receiving a full range of quality health care services in their own communities.

NSI MISSION

To train and support skilled, compassionate health care workers for rural Nepal.

NSI Program Areas	Main Objectives
1. Training	Provide quality training across a broad range of health care providers, sustainable and relevant for rural settings.
2. Rural Staff Support	Develop a human resource support model for government hospitals in remote locations.
3. Scholarships	Target critical positions on the rural health care team and provides scholarships to develop future leaders.
4. Advocacy	Alter policy and opinion towards the rural health care worker towards a more supportive model.
5. Monitoring+Evaluation	Assess NSI program areas and conduct research on rural health care workers.

STRATEGIC PRINCIPLES

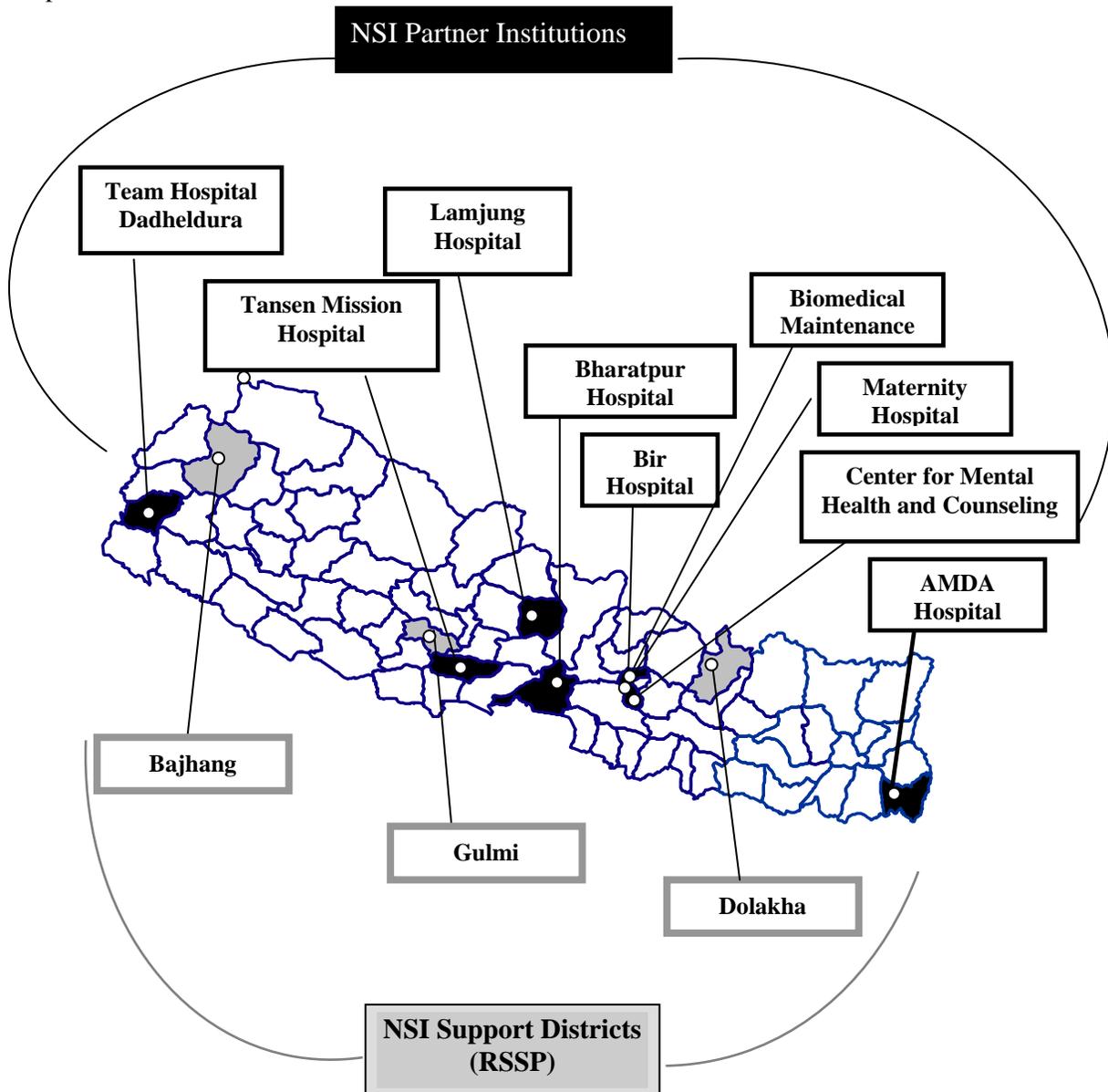
Guided by its Board and a diverse Technical Advisory Board, NSI's programs grew out of these founding principles:

1. Work closely with the Health Ministry, in alignment with government objectives.
2. Work in partnership – with institutions where excellent health care is provided.
3. Train cadres of worker who are most likely to serve in rural areas.
4. Go beyond training – to supporting staff in the field and advocacy.

Even while imbedded in government partnership, much of NSI's work involves innovation. NSI seeks new solutions to the old problem of providing health care in remote areas, and NSI evaluates evolving local health care situations through a continual process of field research.

GEOGRAPHIC COVERAGE

The Nick Simons Institute facilitates training through a network of partners that reach from Jhapa in the east to Dadeldhura in the west, which includes mission, government and NGO hospitals, as well as institutions that conduct mental health and biomedical equipment technician training. Workers coming from districts throughout Nepal are trained at NSI training sites. In addition, NSI has an agreement with the government of Nepal for NSI to provide staff support for three remote government district hospitals.



SUMMARY OF 2066/67 ACHIEVEMENTS

1. TRAINING

- Main goals/results of for 2066/67 were:
- To increase the number of training sites
 - Skilled Birth Attendant from 3 to 5 → remained at 3
 - Anesthesia Assistant from 3 to 4 → remained at 3
 - Mid-level Practicum from 3 to 5 → increased to 6
 - Ultrasound from 2 to 3 → achieved the target
- Roll out the mid level practicum from pilot to government sites – achieved; established in two government regional training centers.

Impact

- Participants from NSI trainings returned to work in the government hospitals where they were posted.
- Quality of training, as assessed by NSI supervisors' forms and participants' feedback forms was good and continues to improve.
- Mid-level practicum course is on target to be adopted as a national-level course for government mid-levels.
- Biomedical equipment assistant technician (BMEAT) has become a regular course alongside BMET, with graduates working in hospitals across Nepal.
- Advanced Life Support Obstetrics (ALSO) has been launched and is running as a regular refresher course for doctors.

2. RURAL STAFF SUPPORT PROGRAM

Main Goal/Result for 2066-67 was:

- All components of RSSP fully operational in all three districts → fully operational, only GP doctor in Bajhang remaining to be placed.

Impact

- Nepal's Health Ministry requested NSI to roll out RSSP into 7 more district hospitals in the coming year.
- Gulmi District Hospital saw a three-fold increase in outpatient numbers and conducted 40 C-sections (vs. 0 in the year before the MDGP doctor arrived).
- Bajhang District Hospital saw a two-fold increase in admissions and a three-fold increase in deliveries, with retention of a senior doctor for over two years.
- New quarters for senior doctors were completed in 2 hospitals and renovated in the third.
- All three hospital committees continued to improve in autonomy and activity.

3. SCHOLARSHIPS

This program folded into the RSSP, as graduates began to be placed in rural district hospitals.

4. ADVOCACY

- Main goals/results for 2066-67 were:
- Implement a new strategy for advocacy for key government posts → strategy about the same. Results slowly coming and priority given for GP posts first.
- Implement plans for wider, private marketing of NSI courses → marketing survey conducted and plans are evolving.

Impact

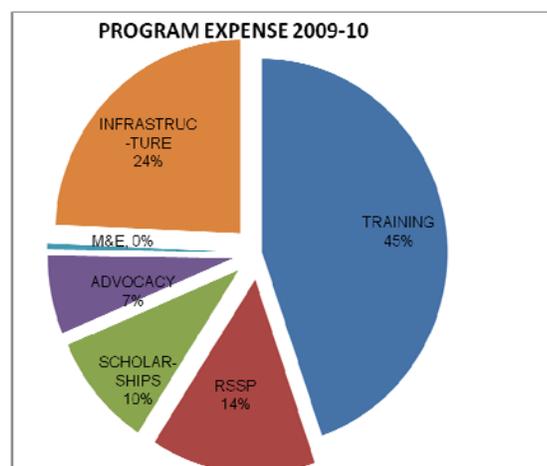
- Document for creation of 43 GP posts has gone to the Cabinet.
- A network of rural health care workers was strengthened by the 2nd Annual Conference, a radio program, and plan for a regular workers' newsletter.

5. Problems / Constraints / Issues

- Training must be matched to changes in HR utilization. The first step is posts for key health care workers. The Ministry has been slow to act in creating needed posts for MDGPs, Biomedical Technicians, and Anesthesia Assistants.
- In the area of Human Resource Development, coordination between the Health Ministry, DoHS, and the many external development partners is not optimal.
- Nepal medical tradition is sometimes slow to change. This is particularly true for the concept of task-shifting: utilizing lower level staff for jobs where there is no doctor.
- NAMS has been slow to implement the Anesthesia Assistant Training that the NAMS Academic Council approved one year ago. For this reason, this essential training is on hold.

6. Finance

2009-10 PROGRAM EXPENSES (NPR)	
Anesthesia Assistant Technician	5,773,320
Bio-Medical Equipment Technician	2,808,558
Mental Health	3,150,235
Mid Level Practicum	13,300,064
Skilled Birth Attendance	6,151,095
Ultrasound	397,311
General	3,290,797
Total Training Expense	34,871,380
RURAL STAFF SUPPORT PROGRAM (RSSP)	
Communication	404,611
Continue Medical Education	4,117,913
Community Governance	1,340,820
Connection with NSI Center	99,060
Children's Education	848,186
Captaincy By MDGP	1,115,695
Capital Subsidy	1,576,570
Admin.	1,329,659
CME Development	352,667
Total RSSP Expense	11,185,181
SCHOLARSHIPS	
Anesthesia	677,610
MDGP	6,748,129
Total Scholarship Expense	7,425,739
ADVOCACY	5,096,607
MONITORING AND EVALUATION	384,080
INFRASTRUCTURE	18,916,525
GRAND TOTAL	77,879,512



7. WORK PLAN FOR THE FISCAL YEAR 2067/68 (2010/2011)

Training

➤ Establish training programs:

- Mid-Level Practicum – becoming the government’s Sr. AHW course.
- Anesthesia Assistant – institutionalized under NAMS with 6-monthly intakes.
- NepalCME – Produce Volume 2

➤ Develop training sites:

- SBA to go to 5 sites
- MLP to go to 9 sites

➤ Begin construction of the BMET Training Center at NHTC.

➤ Launch the Universal Anesthesia Machine in Nepal.

Rural Staff Support

- Place 2 MDGPs in each of our 3 district hospitals and upgrade to CEOC sites.
- Evaluate the first phase of the program and write/negotiate second phase program.
- Agree with the government on expansion of RSSP to 3 more districts.
- Add a quality improvement aspect of the program.

Advocacy

- Facilitate the creation of new posts for MDGP, Anesthesia Assistant, and Biomedical Tech.
- Run 3rd Annual Rural Health Care Workers’ Conference and launch Newsletter. M&E
- Complete a follow-up evaluation of SBA graduates in the field.
- Complete and publish two research projects.

Plan Nepal

1. ORGANIZATIONAL BACKGROUND AND PROGRAMME/PROJECT OBJECTIVES

Plan Nepal is one of the largest child centered international organizations working with and for the children for their lasting improvement. Plan Nepal has started its program in 1978. Currently, Plan is working in partnership with government agencies, non government organizations; community based organizations, child clubs, women cooperatives and other several youth and self reliant groups to bring lasting changes in their lives.

Plan's vision is of a world in which all children realize their full potential in societies, which respect people's rights and dignities. Its mission is to achieve lasting improvements in the quality of life of deprived children in developing countries through a process that unites people across cultures and adds meaning and values to their lives.

Plan Nepal's goal of health program is "Girls, children with disabilities, children of Dalit families, and children belonging to the most marginalised ethnic groups will have improved health status and grow up in an environment conducive to good health."

Plan Nepal Country Strategy Plan (2010- 2014) will focus on three health programmes: improving neonatal and maternal health, HIV transmission, and care for the disabled. To improve neonatal and maternal health, Plan will capitalise on the strengths of its pregnant women's groups and its local innovation for better outcomes for neonates (LIBON) programme, expanding the reach of both training female community health volunteers (FCHV) and government health workers as needed. It will support the government's transportation subsidies for institutional delivery by establishing, equipping and staffing birthing facilities in community health facilities. To prevent the mother to child transmission of HIV (PMTCT+), Plan will work through PWGs and FCHVs, building awareness and making referrals. It will also run awareness campaigns targeting high-risk groups, particularly adolescents in school and migrant workers and their spouses. It will also advocate that PMTCT+ be incorporated in government antenatal care services and health care facilities and that orientations and behaviour change communication be offered to migrants. Plan will also promote the screening, prevention and treatment of disabilities in children; pay for the treatment of selected children with disabilities; provide rehabilitative supports; and increase awareness. It will continue to incorporate disabled-friendly features in its infrastructure projects.

2. GEOGRAPHICAL COVERAGE AND SUPPORT

With its sponsorship base, Plan Nepal implemented its child and maternal health programmes in seven core districts: Banke, Bardiya, Makwanpur, Rautahat, Bara, Sunsari and Morang. In addition, Plan extended its neonatal health program in Parsa, and the prevention and treatment of disabilities in Baglung, Myagdi and Parbat Districts.

Plan's target population comprises children (especially those who are at risk, such as child labourers, sexually exploited and trafficked girls and boys, and children effected by conflict); women, especially those heading households; the disabled; and janajatis (indigenous ethnic groups) and Dalits (the so-called untouchables).

3. STRATEGY ADOPTED

Plan Nepal adheres to the right-based Child-centred community development approach, which is the overarching approach of Plan's global programme framework. Being a child-right based organisation, Plan upholds the best interest of the children in all that it does. Plan Nepal targets marginalised and socially excluded groups, including women and children as a whole but more precisely Dalits, members of minority ethnic groups, the disabled, and girls.

Plan will concentrate on neo-natal and maternal health rather than on child mortality as a whole and continue to prevent and treat disabilities among children since support services are far from adequate. Since recent research shows the incidence of HIV infection has increased among migrant workers and their wives and offspring and since Plan's earlier focus on a wide population did not yield significant outcomes, Plan will aim exclusively on preventing the mother-to-child transmission of HIV and treating infected mothers and children.

4. SUMMARY OF ACHIEVEMENTS

Children and women from marginalized and vulnerable families often succumb to preventable diseases due to inadequate child and reproductive health services. To combat this problem, Plan's health programme aims to improve the reach of health services in its working areas in partnership with government agencies. Plan aligned its health programme with the policy framework of the Ministry of Health, supporting initiatives like community-managed health care centres, the capacity-building of government health workers, and the establishment of pregnant women groups. Plan also worked on health at the national level as a member of various thematic and technical working groups.

Immunization:

Plan Nepal helped increase the coverage of immunization in its working districts to at least 85% and conducted community-level orientations on the importance of immunisation, particularly for mothers and pregnant women and their husbands and mothers-in-law. Plan also provided logistical support for immunization, in part by mobilizing health facility management committees and female community health volunteers to create awareness about using immunisation services.

Pregnant women's group:

In 2010, Plan served 1209 pregnant women's groups with 9292 members. These women participated in behavioural change communication sessions, in which they discussed safe delivery, pre- and post-natal care using social and behavioural mapping tools. These sessions play a crucial role in the safe delivery as well as the healthy growth of newborn children. According to Plan's Midterm Review Report 2010, 96.8% of pregnant women received the tetanus toxoid immunisation in Plan working areas. The percentage of children younger than six months who were exclusively breastfed was 85.2% and the proportion of mothers in Plan Nepal working areas who exclusively breastfed their children up to six months was at least 81.1%. The report also found that 41% of mothers of childbearing age do not wish to have any more children and are currently using modern family planning methods. It also found only

40% of both adolescents and mothers have a basic knowledge of HIV/AIDS and other sexually transmitted infections. Members of pregnant women groups regularly receive basic health care services during and after pregnancy. Health workers have been trained in community-based neonatal care and are able to provide good health services to newborns and their mothers.

Maternal and neonatal care:

Jointly with supporting organizations, Plan developed training modules for Community-Based Neonatal Care Programme for use by the Child Health Division and helped train the government and community health workers in Sunsari and Parsa Districts. The programme also provided misoprostol tablets to mothers immediately after delivery to prevent haemorrhage in Banke. Now that it has successfully piloted this initiative, the government plans to scale up the programme throughout the country. In order to prevent eclampsia, the second largest cause of maternal mortality, Plan compared the acceptability of calcium tablets and calcium powder and, after deciding on the former, distributed 1.1 million calcium tablets in Sunsari and Bara Districts. To prevent deaths from infection, Plan also supported the application of chlorhexidine on infants' navels after their umbilical cords were cut. As a result of these programmes, the utilization of antenatal clinics, delivery, and post-natal services by mothers and caretakers increased. In part because of the knowledge she gained as a member of a pregnant women's group, 29-year-old Sona Devi Shahu of Banke District gave birth to a healthy daughter after her first three children died.

Community-based integrated management of childhood illness:

Plan conducted a variety of meetings with 4601 community health workers and 589 district health supervisors in order to review the progress it had made over the year. These meetings also helped to upgrade the knowledge and skills of those who attended. A health worker, Lekh Nath Tamang, expressed his commitment during review programme held in eastern Nepal: "This review workshop is fruitful to me, because, I got an opportunity to share and learn from others, especially I realized the importance keeping correct record about integrated management of childhood illness register for child health improvement." More mothers and caregivers now use the services available when their children younger than five years of age develop acute respiratory infections and diarrhoea: the rate increased to 73.4% for the former condition and 46.7% for the latter. The proportion of cases of pneumonia that were severe decreased, and the proportion of diarrhoea patients who experience dehydration was static. The proportion of mothers and caregivers with children under five years old who managed diarrhoea with oral rehydration therapy rose to 61% Mothers and caretakers are more aware about the danger signs in a child and when they need to seek treatment. Health facilities continued to provide sick children with as good quality services as they were able.

School health, hygiene and sanitation:

A total of 18,678 school children attended general health check-ups and screening camps for ear, eye, nose, and throat problems. Infected children were treated on the spot unless the case was severe, in which case the child was referred to the hospital. A total of 158,688 school children benefited from Plan's distribution of de-worming tablets, during which children were taught about the importance of personal hygiene and sanitation and proper hand-washing practices.

Nutrition and supplementary feeding:

Plan provided a daily meal to each child who attended 551 early child hood and care development centres; altogether 13,609 children aged three to five years, the majority of whom belonged to marginalized and excluded families, benefited. Messages for promoting breastfeeding and supplementary feeding were broadcast in local languages over various radio stations.

Helping children with disabilities:

A total of 51,956 children were screened for disabilities. Of them, 1107 were provided assistive devices and 582 had corrective surgery. A total of 4,510 follow-up visits were made to children with disabilities, and primary rehabilitation therapy counselling was provided to 1,355 children, both old and new cases, through community rehabilitation centres. Around 8,000 boys and girls, mainly members of child clubs and minority groups, including Muslims, Dalits, and janajati, and the disabled participated in social events. The involvement of the disabled organization helped in increasing attendance at rehabilitation and surgical camps. In collaboration with these organizations, Plan provided medical consultation, physiotherapy, orthopaedic devices and rehabilitation for the children and families. Plan was successful in advocating the unanimous ratification of the convention of the Rights of Persons of Disability and its optional protocol after a shadow constituent assembly organized with Plan support had submitted a report to the Parliament. Fifteen-year-old Sunil of Morang District is grateful to Plan for its role in promoting community health: "I am happy I got Plan's support in treating my fractured hand. Had I not received this support, who knows, I might have been disabled due to its complication."

Ansmitted infections awareness programme:

To increase knowledge about HIV/AIDS and sexually transmitted infections, Plan conducted awareness sessions, information briefings, street dramas, and outreach and peer education initiatives among female sex workers and their clients, wives of migrant workers, and local radio stations. About 14,000 people, of whom 4,113 are wives of migrant workers, participated in the orientation sessions, and 1,611 adolescents and youths participated in the school and outreach education programmes.

5. SUMMARY OF FINANCIAL ALLOCATION AND EXPENDITURE FY 2066/67 (2009/2010)

The total expenditure for the fiscal year 2010 (FY 2066/67) was Nepalese rupees 115,546,981. The allocated budget for the FY2011 is Nepalese rupees 119,762,902.

6. WORK PLAN FOR THE FISCAL YEAR 2067/2068 (2010/2011)

- Continue support to Community Based Maternal and Neonatal Care and community based newborn care programme (CB-NCP) in Plan Nepal working districts;
- Prevention, treatment and rehabilitation of children with disability in Plan working districts;
- PMTCT + for HIV/AIDS/STI control and prevention program in Plan working districts.
- Final evaluation of the LIBON project in three districts Bara, Parsa and Sunsari;
- Dissemination of CB-NCP message to community (mother) groups by FCHVs through using BCC methods and materials in Banke, Sunsari and Parsa districts;
- Support on BCC material of CB-NCP to FCHVs in Banke district
- Monthly review meeting in Ilaka (sub-health post and Ilaka in-charges) and district (DHO staff and Ilaka in-charges) level in Plan working districts.

National Non-Governmental Organisations

Family Planning Association of Nepal (FPAN)

1. ORGANIZATIONAL BACKGROUND AND PROGRAMME/PROJECT OBJECTIVES

Family Association of Nepal is working on the field of promoting Sexual and Reproductive Health and protecting Sexual and Reproductive Health Rights of people. Established in 1959, it became an associate member of the International Planned Parenthood Federation (IPPF) in 1960 and full-fledged member in 1969. FPAN, in consonance with the social system, focused on information and education as a means of advocating a small family as a norm among the rural masses. FPAN's programs focus to complement and supplement the national health and population programs, as well as piloting new and innovative projects. Its target populations are the poor, marginalized, underserved and most at risk populations (MSM, FSWs, IDUs, labour migrants and Young People) including trafficked returnees. In addition, Family Planning Association of Nepal has been involved in promoting and providing sexual and reproductive health information, education and services to the people of Nepal in the both rural and urban settings. The new strategic plan (2010-2015) has guided FPAN to increase access of SRH information, education and services for the poor, underserved and marginalized people.

FPAN has been working in five thematic areas-5As (Adolescent and Youth, HIV/AIDS, Safe Abortion, Advocacy of SRH and Access to SRH for people from poor, marginalized and underserved population.

2. GEOGRAPHICAL PROGRAM COVERAGE

FPAN is providing Sexual and Reproductive Health Service and Information through 344 clinical Service Delivery Points (Branch Clinics, Community Clinics, Family Health Centers, Highway STI Clinics, Community Base Organization Clinics, Mobile Out-reach Clinics and Multipurpose Centers) and 926 non-clinical (Reproductive Health Female Volunteers, Youth Information Centers, School Information Centers). The above programs are being implemented in 42 districts of the country covering 7 districts of Eastern Development Region, 14 districts of Central Development Region, 9 districts of Western Development Region, 5 districts of Mid-Western Region and 6 districts of Far Western Development Region.

3. STRATEGIES

3.1 HIV and AIDS

Reduce STI and HIV incidence through targeted program intervention among most at risk and marginalized populations, including sex workers, (IDU) intravenous drug users, (LGBTI) lesbian, gay, bisexual, transgender and inter-sex, prisoners, GBV survivors, trafficked returnees, labour migrant, young people.

3.2 Abortion

Increase access to gender sensitive comprehensive abortion care (CAC) education and quality services through expansion and strengthening service delivery points (SDPs), lobbying and advocating for universal human rights of women to live healthy and safe lives with special attention to the poor, socially excluded and marginalized women in underserved area.

3.3 Access

Increase access to information, education and services on population, environment and SRH focusing to the poor, marginalized and socially excluded people, including Dalits, ethnic minority, indigenous groups, differently able people, internally displaced people, adolescent, women etc. through expanding gender sensitive and environment friendly education and services in underserved rural settings.

3.4 Advocacy

Promote basic human rights of women, men and young people regarding their own sexual and reproductive health by involving policymakers and communities. Continue evidence based advocacy on SRHR policy change through sustained network/association of right based organizations, groups and individuals.

3.5 Adolescent

Increase access to sexuality education and reproductive health counselling and services to most at risk, socially excluded Dalits, ethnic minorities, poor and differently-abled adolescent through peer education with excellent synergy of gender and right based approach.

3.6 Knowledge Management, Monitoring and Evaluation

Develop FPAN as an information and knowledge base SRH organization through equipping FPAN's volunteers and staff with contemporary information and skills to perform their roles and responsibilities.

4. OBJECTIVES

4.1 Adolescent

1. To increase access to a broad range of youth and gender friendly reproductive health and sexuality education and services.
2. To strengthen commitment to and support for the sexual and reproductive rights of young people.

4.2 HIV/AIDS

To increase access of HIV prevention and continuum of care to most at risk and marginalized populations through integrated, gender sensitive sexual and reproductive health programs .

2. To reduce stigma and discrimination to PLHIV, their children and family members and protect their human rights.

4.3 Abortion

1. To increase access to comprehensive abortion care including post abortion contraceptives and other abortion related education and services to women in FPAN's operational area

2. To reduce socio-cultural and economic barriers infringing women's right to safe abortion services

4.4 Access

1. To increase access to gender sensitive SRH information and services, including family planning services to the poor and marginalized people in underserved rural area in FPAN's program districts.
2. To empower women to exercise their choices and rights in regard to their sexual and reproductive lives.

4.5 Advocacy

1. To strengthen the recognition of SRH rights in all sectors, including policy and legislation

5. SUMMARY OF PROGRAM ACHIEVEMENTS IN 2066/67 (2009/2010)

5.1 Family Planning Services

FPAN aimed at providing quality family planning and other reproductive health services to couples and individuals especially for marginalized and disadvantaged groups based on informed choice by increasing the accessibility and availability of RH/FP information and services in meeting the unmet needs with integrated approach.

FPAN provided FP services to a total of 308046 (<25yr 111,183 and >25 yr 196,863) clients during the Fiscal Year. Similarly, overall recruitment of new users increased by 10 percent in this year compared with previous year.

5.2 MCH Education / Services & Primary Health Care Services

Altogether, a total of 613788 gynaecological and obstetric counseling, education and services, including 206852 gynaecological and 406936 obstetrics services were provided to the clients during the program year.

5.3 STI Services and Counseling

STI counseling, diagnosis and treatment services were provided to 261632 clients, of which more than half of the service users were adolescents and youth and nearly half of them were adults (> 25 years) .

5.4 VCT Counseling and Services

Altogether, 35112 clients received HIV Testing service, including Pre Test Counseling 447184, Post Test Counseling 37968 (this figure includes post test counseling services provided to clients referred by other organization), HIV Prevention Counseling 108397, HIV/AIDS consultation & referral for (ARV) 434, HIV/AIDS consultation & referral for treatment (OI) 1011 and other HIV/AIDS counseling 11750 through 20 VCT Centers. In total, 193 were found to be HIV positive.

5.5 HIV Prevention, Care and Support

HIV prevention information and education were provided to 108397 most at risk population. Similarly, care and support services were provided to 23 PLHIVs. However achievement of PMTCT,

Opportunities Infection treatment and management and Care and Support to PLHIV were below the expected achievement level due to relatively weak technical skill and knowledge, so FPAN is planning to strengthen PMTCT and Care Support service to PLHIV.

5.6 Safe Abortion Services

Pre-Abortion and Post-Abortion Counseling including follow up services on safe abortion were provided to 164555 pregnant women and safe abortion services to 12647 women. Among them 12386 Safe abortion services were provided through MVA and 261 through Medical Abortion procedure.

5.7 Comprehensive SRH Counseling Services to Adolescent and Youth

SRH counseling services to adolescent and youth were provided through Youth Information Centers, School Youth Information Centers, Multipurpose Resource Centers, Youth Forum and other selected SRH clinics. Counseling services were provided to 125290 people.

5.8 Sub-Fertility Services

A total of 346557 men and women who expressed their desire about sub-fertility were provided counseling services through FPAN's clinics. Besides, 413 infertility tests were performed in the clinics. Similarly, re-canalization services were provided to 52 men.

5.9 Gender Based Violence

Combating gender based violence is one of the most important programs implemented by FPAN since 2004. A total of 28,777 women visited in FPAN's clinics for the seeking GBV related services (counseling, legal and other support), out of which 2528 women were screened as survivors of GBV. Various support services like psycho-social counseling, nutritional support, legal aid, medical treatment etc. were provided to GBV survivors. Among them, 900 women got Micro-credit support in FPAN's operational areas.

5.10 Capacity Building and Training

Capacity building, knowledge and skill upgrading are important and contemporary issues for FPAN. Whilst delivering quality SRH services to community, the following clinical and non-clinical trainings were organized in 2066/2067 Fiscal Year:

- Comprehensive Training Skills (CTS) training to 12 medical doctors and staff nurses
- Comprehensive abortion care training to 10 medical doctors
- Medical Method of Abortion training to 4 medical doctors
- IUCD insertion and withdrawal training to 67 medical doctors, ANMs and staff nurses
- Implant insertion and withdrawal training to 9 paramedics
- Comprehensive counseling and family planning training to 62 paramedics
- Basic VCT counseling training to 5 counselors
- VCT counseling refresher training to 6 counselors
- VCT test laboratory training to 23 lab assistants
- Pre and post abortion counseling training to 6 counselors
- Youth friendly SRH service training to 30 paramedics
- PMTCT counseling training to 16 paramedics
- Vasectomy training to 5 medical doctors

- Minilap training to 4 medical doctors
- Quality care training to 22 paramedics
- Infection prevention training to 28 paramedics and medical doctors
- Trauma and guilt counseling training to 20 counselors/staff nurses
- Value clarification training to 15 medical doctors and service providers

Besides above mentioned medical trainings, branch managers, accountants, peer educators, community counselors, youth volunteers were trained on following issues:

- Social audit training to 30 branch managers and project coordinators
- Comprehensive sexuality education (CSE) training to 30 branch managers and project coordinators
- TOT on Comprehensive Sexuality Education (CSE) to 51 youth
- TOT on Comprehensive Sexuality Education (CSE) to 20 community counselors
- MIS and account keeping training to 60 branch managers, project coordinators and accountants
- MIS training to 681 supervisors, community workers, community counselors and service providers
- Nutrition training to 30 youth volunteers working in MPRC
- Organization development training to 21 MPRC youth volunteers
- Comprehensive sexuality education (CSE) training to 172 youth working in
- branches/projects
- Candle making training to 26 youth
- Idol making training to 13 youth
- Explore research training to 20 youth

6. FPAN'S BUDGET AND FINANCE

Total budget of the Association was Rs 324.64 millions. Percentage share of IPPF core grant in total budget was 37.80 percent, funding from other donors (non-IPPF) was 53.25 percent and internal income contributed 8.95 percent of the total budget.

7. PROBLEMS/ OBSTACLES

- Resource constraints
- Uncertainty of funding from non-IPPF donors
- Reluctance of health personals to work in remote areas
- Turnover of high caliber professionals
- Out migration of adolescents and youth in rural area
- Need of additional training on sexual and reproductive health

8. WORK PLAN FOR 2067/68 (2010/2011)

Family Planning Association of Nepal (FPAN) finalized its new Strategic Plan (2010-2015). This plan focuses on adolescent sexual and reproductive health, safe abortion information, education and services, HIV and AIDS continuum of care, access to SRH information and services to the poor and

marginalized people, advocacy on SRHR, combating gender based violence, human trafficking, and empowerment of women through education, scholarship and micro-credit support in the various districts where FPAN is working with the support of various donors. Altogether there are 12 projects including adolescent, abortion, HIV/AIDS, access, advocacy, resource mobilization, capacity building, governance and accreditation, knowledge management, increasing access to contraceptives choice and monitoring. Overall focus of the program will be on consolidation of clinical services and functional integration of core and restricted programs to demonstrate the program impact among beneficiaries in program area.

Expected Program Results of 2067/68 (2010/2011)

Program Area	Expected Program Results
Abortion Program- Pre-Abortion Counseling, Safe Abortion Service (MVA&MMA), Post Abortion Counseling, PAC and Post Abortion Contraception.	227,132
Family Planning Service & Family Counseling	671925
MCH Service and Information	836262
GBV Screening & Counseling Service	69198
SRH Service to Men	3980
Other SRH Services	157551
HIV Prevention Program- HIV pre-test counseling, HIV post test counseling, HIV Rapid test (VCT), Psychological support, Opportunistic infection, PMTCT, ART, & HIV BCC	147622
STI Diagnosis and Treatment & Counseling	292192
SRH Service to Youth and Adolescent	137819

NEPAL CRS COMPANY

1. ORGANIZATIONAL BACKGROUND

On May 31, 1978, a new family planning program in Nepal came into existence, the contraceptive retail sales (CRS) project, being developed and implemented through GoN's Family planning/Maternal and Child Health (FP/MCH) project within the ministry of Nepal with the prime mission to strengthen national family planning and primary health care programs by enhancing the level of knowledge and awareness regarding family planning methods/contraceptives and creating demand by dispensing contraceptive products using retail and medical shop dispensing system. In August 1983, the contraceptive retail sales (CRS) project was converted into a non-profit private company, under the Company Act, 1965.

The CRS Board of Directors, which represents the shareholders of the Company, oversees and responds to significant internal management and activities of CRS. CRS shareholders include both the government and the private sector including major NGOs.

CRS Company is a non-profit Social Marketing Organization operating in the Health and Family Planning sector of Nepal. Its prime mandate is to increase awareness and use of health and Family Planning (FP) products among the people of Nepal by using modern marketing tools and techniques. CRS further views this mandate to be more than just family planning as it relates to meeting overall public health challenges in Nepal, and the impact the company can have to the population. A key part of this broader mandate is CRS' role that it can play with building upon its core family planning mandate to expand into Maternal Child Health (MCH) and Healthy Children related programs such as supporting education of adolescents about nutrition, hygiene, and HIV/AIDS.

CRS also sees a second mandate to fight the spread of HIV/AIDS in Nepal as well as other Sexually Transmitted Infections (STI's). CRS will supplement larger HIV/AIDS initiatives in partnership with other INGO and NGO organizations whose primary work is related to this issue. CRS utilizes its extensive network of both non-traditional and traditional outlets not only to provide its condom products, but to take steps to educate the population as to how they can protect themselves from STI's through community-level interventions.

The products CRS is marketing are two brands of condoms: Dhaal and Panther, two brands of oral contraceptives: Nilocon White and Sunaulo Gulaf, one brand of DMPA injectable: Sangini, long term temporary contraceptive methods: IUD and Jadelle and health products Clean Delivery Kit (CDK), Chlorine powder (Virex), ORS (Nava Jeevan), econ (emergency contraceptive pills), Matri Surakshya Chakki (Misoprostol), and Piyush (water purification liquid) disinfectant.

Apart from these, CRS is in the process of adding two more products into its product line viz: CURE (male urethral discharge treatment kit) and a third brand of condom

2. MISSION

a. Long term

- CRS is a social marketing not-for-profit company dedicated to enhancing the development and quality of the health of under-privileged and vulnerable populations of Nepal by stimulating commercial sector growth and implementing marketing and communications programs that create change. CRS' slogan of "Building a Healthier Future" supports this mission in that family planning directly impacts on the future health of Nepal and its citizens.

b. Short term

- Supported by its partners and utilizing the techniques of social marketing, CRS mission is to inspire and enable underserved and vulnerable/marginalized Nepalese people to change their behaviors for healthier lives. Further, making products accessible, increasing awareness, conducting BCI programs and thereby increasing the use of contraceptives and MCH products and by undertaking activities including availability of condoms to prevent spread of HIV/AIDS and STIs.

3. PROJECT OBJECTIVES

CRS was the implementing partner of the Nepal Social Marketing and Franchise Project for AIDS, Reproductive Health (RH), and Child Survival (CS) or "N-MARC" is a USAID Private Sector Program (PSP) Task Order managed by the Academy for Educational Development (AED). USAID's overall purpose in using social marketing and franchising in Nepal was to expand products and services with high public health impact to low socio-economic populations. The N-MARC project ended in April 2010. In May 2010, CRS entered into a bilateral cooperative agreement with USAID for the implementation of "Ghar Ghar Maa Swasthya" program. AED is awarded the task to provide technical assistance to the GGMS project. Equally, KfW support continues to CRS until 2011.

The Ghar Ghar Maa Swasthya (GGMS) program contributes to the U.S. Mission Country Assistance Strategy – 2009-2013. It will directly contribute to Goal 3: Health and Well-Being of Nepalese Improved and Sustained - HIV/AIDS, Maternal and Child Health, Family Planning and Reproductive Health and Other Public Health Threats and Basic Education. This activity will continue to support the National Family Planning Program through the private sector with subsidized socially marketed family planning products and services, help scale up proven interventions that reduce maternal, neonatal and child mortality, and stabilize and reduce HIV prevalence levels in key high-transmission groups.

USAID Nepal aims to allow commercial market forces to thrive where viable to reduce the burden for government on the public health system and also to expand the subsidized social marketing sector, where commercial market penetration and public sector supplies and services are inadequate, primarily in the rural hard to reach areas of Nepal.

4. GEOGRAPHICAL COVERAGE

CRS has a network of 22 distributors, and more than 400 medical wholesalers. There are 2,784 Sangini outlets that have coverage to 69 districts across the nation as of November 2009. Similarly, there are 10,801 non-medical outlets in which 2,011 outlets are in hot-zones. CRS has 6 area offices that are well equipped with necessary logistics and efficient manpower to support the distribution network.

5. STRATEGY ADOPTED

The Ghar Ghar Maa Swasthya Program (GGMS) strategy, in a nutshell, is designed to:

1. Expand on our proven track record of operational efficiency to produce an even more cost-effective distribution system within the existing network of reproductive health product distributors.
2. Increase revenue generation and cost recovery through evidence-based price increases, and in this way gradually create a *sustainable* and *self-reliant* social marketing program.
3. Employ a marketing approach that improves the “reach” of products and services to the neediest living in the more remote areas of the country. This includes the deployment of new and non-traditional distributors and stocking points, and new outlets such as cabin restaurants, groceries, small shops, etc.
4. Improve and monitor the quality of services within the network and ensure proper waste management.
5. Increase the availability and access to condoms and other reproductive health products to the most at-risk, and in the hot zones of Nepal where the rate of HIV/AIDS infections is rising.
6. Bring about behavioral change in the at-risk and hard-to-reach populations, including the youth of Nepal.
7. Create a better environment for the distribution of health products and services in Nepal.

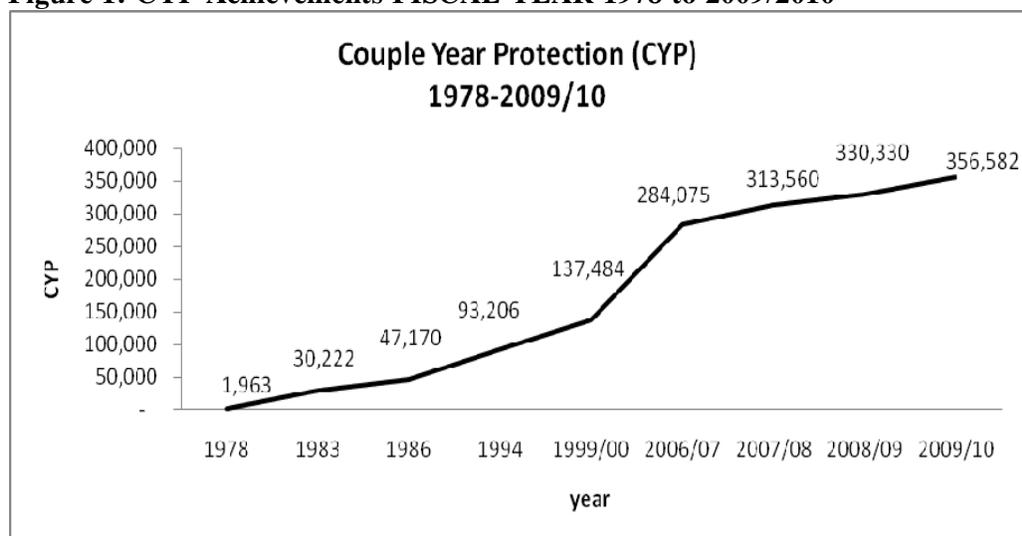
6. SUMMARY OF ACHIEVEMENTS FISCAL YEAR 2066/67 (2009/2010)

Table 1: Total Sales Achievement for FY 2066/67 (2009/2010)

Months	Condom	Pills	Sangini	IUD	Norplant	Jade lle	CDK	Virex	Nava Jeevan	Piyush	MSC	ECON	Total
	(Units)	(Cycles)	(Vials)	(Pcs.)	(Pcs.)	(Pcs.)	(Packets)	(Packets)	(Sachets)	(Bottle)	(Cycles)	(Cycles)	CYP
July	1,412,720	221,208	62,064	1,228	-	36	16,192	8,785	517,650	10,897	228	8,777	46,899
August	743,920	90,708	34,584	82	-	44	7,858	7,955	384,750	16,102	864	8,455	21,756
September	492,880	50,694	23,640	70	-	43	2,918	8,280	200,825	4,878	180	6,643	14,125
October	780,320	65,040	21,192	35	-	-	5,539	2,664	188,000	2,832	12	15,020	17,010
November	1,220,960	130,332	30,492	1,040	-	22	4,329	1,836	178,600	862	48	26,337	31,520
December	1,347,760	178,260	38,952	115	-	24	9,343	2,376	154,225	2,674	36	26,825	34,681
January	1,383,360	108,858	29,916	115	-	32	6,224	1,512	143,700	600	72	17,812	27,669
February	1,253,060	130,230	42,984	32	3	31	11,902	216	290,250	125	84	25,729	31,388
March	1,420,800	176,034	78,564	86	1	141	15,381	252	494,500	6,749	72	12,385	44,634
April	1,708,000	129,858	47,736	1,154	-	470	10,444	3,924	542,350	5,379	12	15,610	41,289
May	1,120,240	95,592	22,016	40	-	5	7,895	2,376	620,600	15,562	48	28,987	22,819
June	1,195,840	87,090	12,660	835	-	22	10,531	540	507,555	15,758	12	17,122	22,792
Total	14,079,860	1,463,904	444,800	4,832	4	870	108,556	40,716	4,223,005	82,418	1,668	209,702	356,582

Note: The sales regions are internal classification to CRS and may not truly be representative of political division of these areas.

Figure 1: CYP Achievements FISCAL YEAR 1978 to 2009/2010



Social Marketing of FP methods

I. Sales and distribution

- **Sales and Distribution of Oral Contraceptive**
In this reporting period, CRS sold 813,042 cycles of Nilocon White 650,862 cycles of Sunaulo Gulaf resulting 1,463,904 cycles of oral contraceptives.
- **Three monthly injectable (Sangini) Sales and Distribution**
CRS sold 444,800 vials of Sangini during this period.
- **Long term temporary methods IUD & Norplant**
In this reporting period, CRS sold 4,832 IUD, 870 Jadelle.

Social Marketing of HIV & AIDS

- **Condom Sales & Distribution**

Overall condom achievement in this fiscal year was 14,079,860 units. This total figure includes Dhaal and Panther condoms.

7. SOCIAL MARKETING OF MCH PRODUCTS

- **Sales and Distribution**

CRS is continuously putting efforts to extensive distribution for ORS, the Clean Delivery Kit (CDK) and other MCH products through its national network. CRS sold 108,556 packets of CDK in July 2009-June 2010.

Additionally, improved CDK with Chlorhexidine and disposable gloves were made available in the four districts (pilot phase); Banke, Bhajang, Jumla, and Parsa from February 11, 2010. Total of 318 outlets are covered in these four districts with 100 outlets in Parsa, 158 outlets in Banke, 46 outlets in Bajhang and 17 outlets in Jumla.

Besides, CRS introduced Matri Surakshya Chakki (Misoprostol) on April 2009 with an objective to prevent maternal mortality due to post-partum hemorrhage. The pilot initiative was carried out in

Bardiya district through Sangini Social Franchising Network. The program was later expanded to Banke, Rupandehi, Nawalparasi and Chitwan in succeeding months. The numbers of outlets providing the services of Misoprostol are as follows:

Name of District	Number of Outlets
Bardiya	46
Banke	30
Rupandehi	18
Nawalparasi	42
Chitwan	56

II. Marketing and Behavior Change Activities

- **Expansion of Sangini Franchising Outlets:** The social franchising of Sangini has now been expanded to 69 of 75 districts and the total numbers of franchising outlets have reached to 2,784 while its sales have crossed over 400,000 vials in the year 2009/2010.
- **BCC Activities Conducted:**

BCC Activities	Number of Session	Number of Participants Reached
Behavior Change Games on condoms for high-risk group & mobile workers	110	2,409
HIV and AIDS orientation program to School students	63	3,595
Spot Awareness Program	107	2,170
Orientation Program on Condoms, HIV/AIDS to NTO retailers	8	171
Contraceptive Update training to Medical Retailers	4	54

8. WORKPLAN FOR THE FISCAL YEAR 2067/68 (2010-2011)

CRS will focus its GGMS Program in 16 mountainous districts and 33 hilly districts for social marketing of its products. This program aims to develop extensive distribution channels by engaging traditional and non-traditional distributors and stockiest at connecting points to reach rural and hard to reach areas of the country. Besides, a strong partnership with NGOs/clubs/ and local level institutions to reach rural population that are hard to reach through the existing network. The local organization will be accountable to distribute and promote CRS products explicitly condoms, ORS, CDK and Piyush to the VDC level of the districts.

In addition, CRS in the GGMS project will conduct SBCC programs to intervene commercial sex workers and their clients in Hot Zones. CRS also plans to empower female sex workers through various SBCC programs such as BCC games, street dramas and VAT.

New Initiatives for the fiscal year 2067/68 (2010-2011):

- **Expansion of Misoprostol in Piuthan**

CRS is in the process of expanding the MSC service in Piuthan district from the month of December 2010. CRS plans to train 20 paramedics associated with Sangini Franchising Network. NFCC will provide training and CRS will carry out monitoring and supervision of the outlets to maintain quality of care.

▪ **Launching STI KIT- CURE**

CRS is in the process of launching Cure Kit in the first week of January 2011. The Kit will be available through 100 Sangini franchising outlets that fall in 100 meters periphery along the east-west highway of Nepal. CRS is also providing training to the service providers of these 100 outlets on male urethral discharge in the month of December 2010. Besides, training and IEC materials are also being developed for this purpose in close coordination with National AIDS and STD Control Center.

▪ **Introducing Commercial Condom**

Besides, social marketing of UASID supported subsidized condoms; CRS will be launching a third-brand of condom in 2011. This condom will be a commercial condom targeted to urban and semi-urban population of the country. CRS expects to make this condom a full cost recovery brand.

▪ **Tracking of outlets through GIS**

CRS and AED will be working together to track condom selling outlets at Hot Zones through GPS system. The information will be useful to increase the availability and accessibility of condoms at Hot Zones.

9. PROBLEMS, CONSTRAINTS AND ISSUES

Some of the major issues and challenges that CRS faced during this fiscal year were:

- Shortage of power supply and frequent load shedding made the communication difficult amongst CRS field staff, trade partners, suppliers and other stakeholders.
- High mobility of MARPs made the distribution of condoms and BCC programs difficult.

10. ANNUAL EXPENDITURE

The total annual expenditures of CRS during the fiscal year 2009/2010 were Rs. 97,056,775.

11. CONCLUSION

Despite problems, constraints and challenges, CRS has successfully achieved its goals and objectives for the period of reference. In addition to achieving 356,582 CYP, CRS carried out various programs on issues of reproductive health, child survival, and HIV/AIDS. As a pioneer and leading social marketing organization, CRS continues to play a dominant role in supplementing Government of Nepal's effort to deliver family planning and health services to Nepali people.

NEPAL RED CROSS SOCIETY

ORGANIZATIONAL BACKGROUND AND PROGRAM/PROJECT OBJECTIVES

The goal of health service is to improve health status of people in Nepal. Accordingly, the NRCS has been operating ambulance service, first aid service and blood transfusion service since its inception. Family planning, HIV and AIDS programmes started in 1990s. In addition to the continuation of these programmes, the NRCS has carried out eye and ear care programmes, reproductive health programme and community based health programmes. In this period, 1,184,500 people benefited from these activities directly.

MISSION STATEMENT OF NRCS HEALTH:

NRCS is guided by Red Cross fundamental principles, is committed to deliver qualitative services for improving health status of the vulnerable people by mobilizing its nationwide network of volunteers and staff and working in partnership with communities and other stakeholders.

GEOGRAPHICAL COVERAGE AND SUPPORT

NRCS has been providing its services through its district chapters, sub- chapters and Junior Youth Red Cross. So far there are 75 district chapters, 1,306 sub-chapters and 4,966 Junior and Youth Red Cross Circles. In addition, NRCS has been providing its services from one eye hospital, 7 eye care centers, 70 blood transfusion centers, 120 ambulance service stations and 27 warehouses.

STRATEGY ADOPTED

NRCS has developed a Strategic Health Plan for five years (2006-010) for ensuring coherence in its health services, and guiding future strategies and actions. The strategy plan has adopted the five major health objectives and 11 outcomes are expected to be achieved by the 2010. Under these outcomes, the following major strategies are identified:

- Expand and strengthen NRCS community based health services using an integrated PHC approach, including but not limited to comprehensive health education and basic curative service, by promoting participation of communities in program design, service delivery, monitoring and evaluation.
- Promote availability of safe drinking water and sanitary units to the needy communities by developing and implementing water & sanitation schemes and or partnering with other likeminded organizations, and communities for expansion of safe water supply in the needy areas.
- Empower communities to deal with and manage illness and injuries through NRCS network of trained volunteers and staffs, mobilization of local resources, and building linkages with local health institutions.
- Strengthen HIV & AIDS prevention and control targeting the youth, and using life skills based youth peer education approach.
- Strengthen comprehensive eye care services by targeting in particular children and women, through mobilization of community organizations, local government and NRCS network;

integration of community outreach programs with other NRCS services; and building linkages with government and non-governmental health institutions.

- Ensure timely and adequate supply of safe blood by further strengthening a system of voluntary non-remunerated blood donation.
- Develop and implement Health in Emergency strategies and appropriate service package in coordination with concerned NRCS functions, Movement partners, and other stakeholders.

SUMMARY OF ACHIEVEMENT FISCAL YEAR 2066/67 (2009/2010)

Ambulance Service:

NRCS is providing Ambulance services since its inception. It mainly carries patients from districts to Kathmandu valley and to India for treatment. Currently, 168 ambulances vehicles are operating from 120 stations in 64 districts. This year there were over 24,800 beneficiaries. NRCS organized four round table meetings to explore problems in operating ambulance service and share experiences with the stakeholders for the easy access round the clock. Such meetings have not only built up the image of the Red Cross in the local level but also improved the quality of service.

Blood Transfusion Service

NRCS has major responsibility for running blood transfusion services in Nepal as it has been mandated solely. Fifty districts have got this service. Accordingly, the service is run through 70 blood transfusion centers- one central, four regional, 21 districts, 25 hospital units and 17 emergency centers. Mostly, (92%) required blood has been collected through voluntary blood donors on non-remunerated basis and the rest of the blood is donated through replacement. This year, altogether 2,928 mobile blood collection camps were organized by different institutions/organizations. The percentage of male and female donors is 86% and 14% respectively in Nepal. In total, 33,993 units of blood components such as plasma, packed red cells, platelets, cryoprecipitate, and platelet rich plasma were produced and supplied. Likewise, 2,402 units of rare blood (RH negative) groups were collected and supplied. Additionally, 400 persons living with HIV and AIDS (PLHA) and 1,263 other patients were supported with blood and blood components in free of charge.

EYE CARE SERVICE

Community Eye Care and Health Promotion (CEHP)

The CEHP programme has been implemented in order to improve the health situation in the mid-western region. The programme has provided services in the areas of community eye care, ear care, primary health care, water and sanitation and awareness on HIV and AIDS. This year 102,860 persons from the rural communities including disadvantaged, single and disabled groups benefitted from the OPD and surgery only. Above 87,700 persons benefitted from trainings and orientations, 75,000 persons from IEC materials, and 150,000 persons from 260 radio episodes with eye health message, were reached this year.

Janakpur Regional Eye Care Programme (JREC)

Along with Shree Janaki Eye Hospital, the Janakpur regional eye care programme has been expanded to five districts by integrating it with the government's programme. The Hospital has now the capacity of 150 beds. Over 67,753 persons received general eye care services from the Janaki Hospital.

Additionally, the Hospital also performed 8,800 operations. Furthermore, 11,884 people benefitted from the clinical services from community eye care centre. Over 2,484 persons received primary eye care services from four districts level camps.

HIV & AIDS Prevention, Care and Support Program:

Although the NRCS has been disseminating awareness messages focused on HIV & AIDS among the youths since 1994. However HIV and AIDS programme has been implemented since 2005 in Doti and Surkhet districts and it gradually extended to Jhapa, Kaski and Dolkha districts. The main aim of the programme is to reduce the burden of HIV and AIDS through strengthened local response, community based prevention, care, support and anti-stigma activities.

Peer educators are responsible for dissemination of messages on HIV & AIDS at the grass root level. The project enabled people at high risk to increase access on services like voluntary counseling and testing (VCT), prevention of mother to child transmission (PMTCT), support for the management of opportunistic infections and CD4 count. In Kaski, the HIV prevention project is being implemented targeting to commercial sex workers to increase knowledge, negotiation skills and promote condom use among female sex workers (FSW). This year, 371,251 persons (222,814 female) benefitted from the project activities.

Community Based Health Development Project (CBHDP)

The CBHD project was launched this year to uplift the health status of the inhabitants of Pina VDC of Mugu district. The programmes address the needs of the community especially of women and children under five years. The project has benefitted 3,738 persons. Motivators got trainings on first aid, basic health and hygiene. However, training was also given for construction of toilet and bio- gas. Above 1,800 persons benefitted through 300 toilets and one bio-gas unit. Fifty children of dalits, orphans and single women received scholarship for formal school education. Hazard mapping and assessment on food security completed. The project was launched because there was extreme poverty and poor health and sanitation situation.

First Aid Programme

Nepal is one of the most disaster prone countries in the world. More than a hundred persons die every year due to the natural disaster several more in road accidents. The road accidents occur almost every day. Therefore, the NRCS first aid programmes have been implemented in different modalities like Community Based Health and First Aid (CBHFA) in 23 districts, First Aid Training Standardization (FATS) in 75 districts, and Emergency First Aid (EFA) programmes in 53 districts of Nepal. As per its urgency, there is policy and plan for expanding first aid services nationwide and developing the capacity up to the community concerned along with the local Red Cross units. This year, 6,220 persons got first aid health information and the first aid services were provided to 1,160 persons.

District disaster response capacity enhancement project

All of the NRCS programmes aims at enhancing the capacity of the district chapters to prepare for emergency services. Based on the WHO mass casualty management principles, the NRCS implemented the first aid capacity development project in five districts. Thus, 23 volunteers from district chapters were trained with first aid TOT, 118 volunteers with basic first aid and supported five district chapters with emergency response materials.

Acute Watery Diarrhea Prevention Programme

A sanitation and hygiene promotion campaign was conducted in 17 districts of mid west and far west regions which were affected by acute watery diarrhea in 2009. The campaign helped for the prevention and control of the spread of epidemic and deaths. The NRCS district chapters, in coordination with district level government authorities and local stakeholders, mobilized its volunteers for rapid assessment, awareness rising, and facilitated for easy access of the affected persons to the health facilities. In total, 1,723 volunteers were mobilized for 17 affected districts. The volunteers distributed oral rehydration solution, water purifiers and the IEC materials. Realizing the need of an emergency unit at the NRCS, a desk has been established at the headquarters. The unit is now working with a project in the mid west and far west regions for raising awareness to a large population. The diarrhea had claimed 342 lives and made more than 60,000 persons sick in 2009.

Humanitarian Pandemic Preparedness (H2P)

Considering the threat posed by the influenza virus worldwide, the H2P project was initiated in September 2008 in four districts of Nepal. By the end of the project, a preparedness plan and protocol in health, food security and livelihood developed, the capacity of the community, civil society and the NRCS strengthened, and a functional coordination mechanism established to support the country preparedness against pandemic influenza. The project developed various training manuals on pandemic influenza preparedness and response targeting to health workers, and district and community representatives. Activities like orientations, trainings, table-top simulation exercises and workshops benefitted directly to 3,060 and indirectly to 2,360,108 people at district and community level. In addition, H2P curriculum, business continuity plan and pandemic preparedness plan were prepared. Considering the threat posed by pandemic flu, the NRCS in consultation with the IFRC organized sensitization sessions in 75 districts.

Drinking Water and Sanitation Programme

To reduce the incidents of water borne and communicable diseases, the NRCS has been implementing drinking water and sanitation programme since 1983. In the later years, the programme has been running in a community based development approach. The programme has so far reached 29 districts benefiting 1.6 million people of Nepal. Currently, the programme is being implemented by incorporating emergency WAT/SAN component in 14 districts of Terai and hilly regions. It encompasses components like food security and environmental improvement and promotion.

JRC/RCY Sanitation Programme

Junior/Youth Red Cross drinking water and sanitation programme started in 1984 in collaboration with the Japanese Red Cross Society. The aim of the programme was to improve health condition of children and family. A school based drinking water and sanitation project has been implemented in Gorkha and Lalitpur districts since June 2008 to improve health of children, their families and communities. The project has helped to improve education, health and sanitation environment in schools and communities, enhance capacity of JRC/RCY circles and members, and promote mutual understanding and friendship. To manage water scarcity in the community, a rain water harvesting project has been implemented in Panchkhal VDC of Kavre district. Likewise, another project has been implemented since October 2009 in 150 schools of five districts to promote hand washing with soap water.

Community Development Programme

The NRCS has been implementing the community development programme (CDP) since 1983 to reduce socio-economic vulnerability of the communities and to increase self reliance. NRCS has been implementing the development projects in 13 districts. NRCS has integrated health and hygiene in its development programmes. Like in the past years, the level of awareness on health and hygiene among community people has increased in all project areas of the CDP. The number of health service seeking people has increased from 20% to 40%. Additionally, 22% to 50% people especially women, have received nutrition education. Mothers have started feeding sarbottam pitho (mixed nutritious flour) to their children. In total, 2,319 households have established kitchen gardens and have been consuming green vegetables. Some households have started selling surplus vegetables in the near market. The knowledge on transmission of HIV and AIDs among reproductive aged population has increased. 8% to 32 % additional people have been aware on the HIV and AIDs. Awareness on ante natal and post natal care of pregnant women has increased in all project areas. In Solukhumbu 100% and Sunsari 90% pregnant women visited health post for ante natal checkups.

Partnership Program

NRCS always works with the close coordination with Government agencies. During this year also, NRCS volunteers were mobilized to conduct the Immunization (polio and Vitamin A) campaign program of Government. NRCS health program focused on the capacity building of health institutions of Government. Lapilang & Babare Sub-Health posts of Dolkha district were supported with Delivery beds, weighing machine, Autoclave machine, Refrigerator, Digital pressure check up machine. Similarly, ANM of these two sub-health posts were trained on Ring Pessary Insertion and removable.

Problem & Constraints

Due to frequent strikes and blockades and natural disaster in different parts of the country; it causes undue delay in executing programme activities such as monitoring visits and training and meetings in and outside of districts.

Summary of financial allocation and expenditure

Total income of health sector in fiscal year 2066/6 was NRs. 157,067,634.36 and expenditure NRs. 127,018,917.56.

WORK PLAN FOR THE FISCAL YEAR 2067/2068 (2010/2011)

S.N.	Project	Major Activities
1	HIV Prevention, care & Support	Social mobilization, HIV Prevention, Care and support
2	Community based Health Development Project	Hygiene & Sanitation, Maternal and Child health service
3	Community Based Health & First Aid (CBHFA)	Training and orientation on First Aid
4	Community Eye Care service	OPD and surgery
5	Drinking Water and Sanitation Programme	Training and orientation on water & sanitation
6	Public health in Emergency (PHiE)	Training , orientation, IEC and manual development, PHiE unit established, provide emergency service in public health.
7	Ambulance Services	Carries patients,
8	Blood Transfusion Service	Collection and distribution of blood
9	Community Development Programme	Awareness on health & hygiene, MCH and training on kitchen gardening.

NEPAL TECHNICAL ASSISTANCE GROUP (NTAG)

ORGANISATIONAL BACKGROUND AND PROGRAMME/PROJECT OBJECTIVES

The Technical Assistance Group (TAG) was established in 1993 as a caveat of the National Vitamin A Program to provide technical support during implementation of the program. The success of the NVAP encouraged TAG staff to register as an NGO in 1996 as the Nepali Technical Assistance Group (NTAG) becoming a formal consortium of technical advisors that could provide services to other development programs other than NVAP in Nepal.

NTAG is a national non-governmental, non-profit service organization established to provide technical assistance to health and nutrition developmental works initiated in Nepal. NTAG is committed to addressing human development needs in partnership with policy leaders, non-governmental and community-based organizations, governmental agencies and international, multilateral and bilateral funding agencies.

NTAG is a consortium of technical personnel from various professional backgrounds with a commitment to improve the living standard of the marginalized populace of Nepal with special focus on women and children. NTAG is headquartered in Kathmandu with a branch office in Birendra Bazaar, Saptari.

OBJECTIVES OF NTAG

The objectives are:

- to provide technical and management assistance essential for effective and systematic development of health projects/programs in Nepal.
- to undertake research studies and surveys which are crucial for the development of Nepal.
- to implement programs/projects that mobilize target population with an emphasis on community participation.
- to enhance technical and management capabilities of various development projects and programs by providing training and professional consultancy.
- to develop innovative approaches for community based projects.

ACTIVITIES

SUMMARY OF ACHIEVEMENT FISCAL YEAR 2066/67 (2009/2010)

Some major activities carried out by NTAG are as follows:

- **National Vitamin A Program (NVAP)**
Since its establishment, NTAG has emerged as the nation's key technical assistance group in extending technical support to the Ministry of Health & Population in implementing the National Vitamin A Program (NVAP). The National Vitamin A Program (NVAP) was initiated in 1993 by His Majesty's Government/Ministry of Health to reduce vitamin A deficiency (VAD). The objectives of the program are to reduce child mortality and prevent xerophthalmia through

supplementation of children 6-60 months old with high-dose vitamin A capsules and to reduce VAD to a level that no longer constitutes a health problem. The program also aims to increase the intake of vitamin A rich food, enhance nutrition education and increase home production of such foods.

The program initially covered the districts with the highest prevalence of VAD. The program has been expanded to other districts in a phase-wise manner, and as of October 2002, has covered all 75 districts of the country. Nepali Technical Assistance Group (NTAG) along with John Snow Incorporated/Nepal (JSI/Nepal) provides logistic support, training, supervision and IEC materials for each new district for two supplementation rounds before passing on the responsibility to the district health staff of the MoHP.

The program has been receiving financial support from USAID/Nepal. UNICEF has been providing vitamin A capsules and educational materials. AusAID has also been providing additional financial support to the program in recent years.

- **Community Based- Integrated Management of Childhood Illnesses (CB-IMCI)**

CB-IMCI is an integrated approach to managing childhood illnesses that takes place at the community level mostly through training sessions given to those involved in health care at the local level (FCHV, MCHW, VHW and health institution staff such as doctors, nurses and paramedics). NTAG has been providing the technical support for these training through mobilization of involved in health at the community level.

NTAG started implementing CB-IMCI program from the year 2000 in Mahottari district. So far, NTAG has provided community level CB-IMCI training in 12 districts.

- **Intensification of Maternal & Neonatal Micronutrient Program**

NTAG has provided support to Nutrition Section/ CHD by conducting a series of orientation and training activities in five priority districts of Terai namely Jhapa, Morang, Saptari, Dhanusha, and Mahottari under Intensification of Antenatal Iron Supplementation Program (IAISP) with technical and financial support of MI in 2003 for different categories of health workers and health motivators at different levels of health infrastructure to address micronutrient deficiencies among pregnant and postpartum women. The evaluation of this program has revealed positive results in terms of increased coverage and compliance of iron/ folate tablets among pregnant and postpartum women. In view of this encouraging result, MI has planned to provide technical and financial support in expanding the Intensification of Maternal and Neonatal Micronutrient Program (IMNNP). Accordingly, in phase II, the program is being implemented in 12 districts. Health workers and FCHVs are being trained to address micronutrient deficiencies among pregnant and postpartum women in Siraha, Rupandehi and Sarlahi districts.

- **Mini Survey**

Mini survey, which is conducted immediately after each round of vitamin A capsule supplementation, is one of the cost effective tools for monitoring NVAP activities. It is also one of the key elements in the success of NVAP. It helps to assess capsule coverage rate, knowledge,

attitude and behavior of the target group about the importance of vitamin A rich food and also the outreach of IEC strategies.

Mini survey has been confined not only for the NVAP activities but has become a useful tool for monitoring other micronutrients. Its usefulness is enhanced by the collection of information about the status of deworming, use of iodized salt, use of iron, etc. It also acts as the principle instrument of feedback for the planners and the government.

NUTRITION RESEARCH & PROGRAMS

NTAG has become a major partner in research conducted in Nepal.

- In December 2002, the Nutrition Intervention Study in Nuwakot district was completed. In conjunction with HMG MoH, NTAG has provided technical support for intensification of the National Antenatal Iron Supplementation Program.
- NTAG with funding from the Micronutrient Initiative is to start a yearlong Intervention Study to Reduce Anemia among Adolescent Girls in Nepal in the summer of 2003. This research will be used to help HMG MoH develop national policy for treatment.
- To measure the impact of the national deworming program, NTAG and UNICEF have initiated an experimental study to investigate the effects of albendazole treatment on hemoglobin level and worm infestation severity. The Deworming Impact Evaluation Study will also report on vitamin A capsule coverage in the study districts independent of the NVAP mini-survey.
- Also in collaboration with UCDavis, NTAG performed a study, Selection of Appropriate Vitamin A-rich Foods for Treating Nightblindness in Pregnant Nepalese Women and Assessment of Fortified Ultra-RiceTM as a Potential Source of Vitamin A that investigated the efficacy of locally available vitamin A rich foods for treating nightblindness in pregnant women versus traditional supplementation methods in Saptari in 2002.
- In 2001 NTAG and UCDavis performed a pilot study, Breastmilk Quality and Breastfeeding Patterns among Rural Lactating Nepalese Women to measure the micronutrient content of breastmilk among lactating women in Saptari.
- In 1998, with the London School of Tropical Medicine and Hygiene, a qualitative study was performed in Saptari to investigate the perceptions that mothers held regarding iron and anemia. The findings of this study can be found in A Study of Factors Influencing Operational Issues for Iron Supplements for Infants and Young Children.

CONSULTING OUTSIDE OF NEPAL

NTAG has been providing consultancy outside Nepal in various issues such as community mobilization, vitamin A program, micronutrients, etc.

ADVENTIST DEVELOPMENT AND RELIEF AGENCY (ADRA) NEPAL

ORGANIZATIONAL BACKGROUND AND PROGRAM/PROJECT OBJECTIVES

The Adventist Development and Relief Agency (ADRA) is an independent humanitarian agency established in 1984 by the Seventh-day Adventist Church for the specific purpose of providing individual and community development and disaster relief. ADRA works in more than 125 countries. ADRA Nepal was established in 1987 and has steadily grown over the last 20 years and now has a diverse programme that is being implemented in 31 districts of the country. ADRA Nepal is registered with the Social Welfare Council, Government of Nepal.

ADRA Nepal serves people without regard to their ethnic, political, or religious association. It simply helps people in need, especially those most vulnerable. ADRA Nepal's vision is to contribute to the Millennium Development Goals, through ADRA Nepal's competent, motivated employees who are committed to assisting communities through integrated, quality programming in the areas of reproductive health, health support, non-formal education, emergency management and economic development. ADRA Nepal makes it a priority to support the development of efficient and effective local capacity through learning and partnerships with government and civil society at all levels.

Of the five key programmatic areas of ADRA Nepal, the largest focus of the programme is Reproductive Health. There are five main reproductive health projects which have made a significant contribution to the Department of Health Services of government of Nepal. The overall objectives of these projects are to support government health services to provide quality health services to all who need them while working in partnership with communities to increase awareness and encourage the utilization services. Following are the major RH and community health projects;

1. Providing Emergency Reproductive Health (RH) Assistance to Conflict Affected and Vulnerable Population through Mobile RH Outreach Services in Mugu and Salyan districts in Mid Western Region and Bajhang district in Far Western Region of Nepal- One year (September 1st , 2009 - August 31st 2010):

The project was implemented in Bajhang, Mugu and Salyan districts. 20,655 women of reproductive age, men, and adolescents living in three targeted districts including health service providers were the project beneficiaries.

OBJECTIVE:

The overall goal of this project is to improve reproductive health and protection status of conflict affected and vulnerable populations in Bajhang, Mugu and Salyan districts.

SECTOR OF INTERVENTIONS

1.1 Service Delivery

Mobile RH camps will reach approximately 12,000 persons in three districts. 150 uterine prolapse surgeries will be performed in three districts.

1.2 Skills Development

A total of 85 local health care providers per district will benefit from the hands-on training/orientation provided during the camps, including screening and management of uterine prolapse and gender based violence (GBV) and on Minimum Initial Service Package (MISP) totaling 255 in three districts. This includes five health care providers from each district who will be trained as Master Trainers of Trainers on the MISP, to form a pool of 15 trainers capable of providing this training to others including the Rapid Response Team members of District Public Health Offices and members of District Emergency Health Preparedness and Response Committees envisioned by Epidemiology and Disease Control Division of Department of Health Services/MoHP. A pre- and post-assessment will be undertaken at any capacity building activity to assess improvements in knowledge, skills and/or attitudes.

1.3 Information, Education and Communication

About 2,800 targeted beneficiaries, focusing on youth and adolescents per district will be reached through the public awareness raising activities, including posters and pamphlets; pictorials; interactions; street drama; a competition for school children; an awareness/advocacy workshop and school education sessions on gender/GBV and uterine prolapse. Community preparedness on disaster with the focus on MISP, i.e. reproductive health and protection will be strengthened through educational activities. A total of 8,400 persons will be reached through the public awareness raising and community preparedness activities.

MAJOR ACHIEVEMENTS:

1. 28 mobile camps (10 each in Salyan and Bhajang and 8 in Mugu respectively) conducted
2. Total 70 days camps have been completed as per the target
3. RH services provided to 14,041 women, men, and adolescents in three districts where as the target was 12,000
4. Obstetric service provided to 980 women, FP services to 272 women, lab services provided to 2,251 clients
5. 162 women have been identified and counseled for gender based violence
6. 1,741 clients received VCT counseling
7. 1,494 women were identified with uterine prolapsed(first degree 567, second degree 286 and third degree 641) including 436 prolapse cases treated by inserting a ring pessary
8. 442 cases of third degree uterine prolapsed were referred for surgical correction
9. 286 clients (164-Salyan, 68 Bhajhang,54 Mugu) received uterine prolapsed surgical correction services
10. During the project period 286 cases benefitted receiving UP surgery
11. 356 health care providers and RT and DDRC members have been trained
12. 16 service provider received Master Training of Trainer on MISP

13. 102 government health service providers received on-site coaching
14. 41 government health service providers were trained on RH skills in Salyan, 38 in Bajhang and 23 in Mugu.
15. 23,120 IEC materials distributed in 3 districts.
16. 703 BCC events were organized
17. 24,472 people received information on RH issues
18. 490 community leaders were oriented on sexual gender based violence
19. 952 students received knowledge on RH

SUMMARY OF FINANCIAL ALLOCATION AND EXPENDITURE:

The total cost of the project is NRs.26,826,713 for one year.

2. Delivering Reproductive Health (RH) Services through Outreach Medical Clinics to Remote, Vulnerable, and Conflict Affected Populations of Nepal- (July 2009- June 2010) One year

The project was implemented in Kalikot district of Mid-Western Development Region and Achham district of the Far-Western Development Region of Nepal. 21,200 -Achham (15,000) and Kalikot (6,200), women of reproductive age, men, and adolescents living in three targeted districts including health service providers were the project beneficiaries.

OBJECTIVE:

The overall goal of this project is to improve reproductive health and basic public health services to communities affected by conflict and remoteness through mobile reproductive health camps and other support services.

SECTOR OF INTERVENTIONS

1 Service Delivery

- 1.1 Mobile RH camps will reach approximately 21200 persons in two districts.

2 Skills Development

- 2.1 105 health care providers will benefit from training on RH in Emergency settings, UP, Family Planning and HIC/AIDS. In addition, 2120 community leaders will be oriented on RH and HIV/AIDS

3 Information, Education and Communication

- 3.1 Through the distribution of IEC/BCC materials and special event celebration days.

MAJOR ACHIEVEMENTS:

1. 72 middle level health service providers were provided the onsite coaching out of 105 targets. Among them 10 is from Kalikot and 52 is from Achham. The remaining 43 will be provided onsite coaching in project period.
2. 1,358 community leader, School youth, FCHV, HFMC Member, Teachers, Women, Traditional Healer, Priest were provided 1 day orientation on RH,GBV, Uterus prolapsed and HIV&AI DS

3. During the period the camp was conducted a total of 37 days out of 56 targeted. Out of these, 13 camps in Kalikot and 24 in Achham are conducted. The remaining 19 days camp will be conducted within February 2010 to June 2010
4. 9,713 (46%) clients received the service out of 21,200 among them 3,951(Kalikot Target= 6,200) from Kalikot and 5,762 (Achham Target=15,000) from Achham. However, there were less number 9,713 (46%) of patients attended in the first phase, the project will try to track remaining 11,487 (54%) of patients in the second phase of camp organizations
5. 126 clients received Uterine Prolapse surgical service against 350 planned. This achievement is 36% of the target. The surgery for 224 will be conducted by the end of the project period.
6. 1,830 clients received laboratory services out of 1,060 target Out of this figure, 615 are from Kalikot (target=310), 1,215 are from Achham (target=750).This achievement is more than the planned target. As the general clients are more than expected, that affected the laboratory services. 770 more individuals received laboratory services than planned due to the unexpectedly high number of general patients.
7. 1,480 clients received RH counselling services out of 2,120 targets, this is 70% achievement against target. Out of this figure 519 from Kalikot (Target=620) and 961 from Achham (target=1500).
8. Total beneficiary received medical services through this project is 9713 (45.81%) the project conducted 37 day's camp (13 days in Kalikot and 24 days in Achham). These 9713 clients received 11914 types of services.
9. From lab, total 1830 received services. There were 4,122 types of test conducted for these 1830 laboratory clients.
10. Similarly 2660 clients received voluntary counseling and testing services (VCT) out of them 10 has HIV positive.
11. In total 1480 clients received counseling on RH issues.
12. During this reporting period 71 service providers received on site coaching to address the RH issues.
13. 584 youth are trained on Gender Based Violence, Uterus Prolapsed and ASRH
14. 404 community leaders are oriented on the issues of Gender Based Violence and Uterus Prolapsed
15. 370 female health volunteers, traditional healers and health facilities management committee members on Gender Based Violence and Uterus prolapsed
16. The project conducted health education session to approximately 29,670 people of camp
17. 28,461 people received the RH, HIV and AIDS related information during this period out of 21,200 target.
18. 508 episodes of FM radio airing were broadcasted with good association of local radio at Kalikot and Achham. Among them 7days radio broadcast with 28 episodes were from Kalikot Malika FM and 2 months with 480 episodes were from Ramaroshan FM of Achham.)
19. 10 episodes of Street drama using local person in their own language was conducted and was able to attract the attention of 5119 beneficiaries (estimated). Among them 3 episodes were conducted in Kalikot with 3,300(2,000 Male and 1,300 Female) beneficiaries and 7 episodes in Achham with 2,374(1157 Male and 1,217 Female) beneficiaries.

20. 9 session of extra school health education class were taken by health educator and was able to provide the information regarding HIV, Uterus prolapsed, RH to 967(557 Male +410 Female) participants .Among them 3 session conducted in Kalikot with 402(225Male+177 Female) and 6 session conducted in Achham with 565(332 Male+233 Female) participants.
21. 10717 IEC material were distributed out of 10,600 target .Among this 1,992 distributed in Kalikot and 8,725 distributed in Achham.
22. 2 special day celebrated in Achham (World AIDS Day) combined with the Walk Achham a Local NGO and District AIDS Coordination Committee.

SUMMARY OF FINANCIAL ALLOCATION AND EXPENDITURE:

The total cost of the project is US\$ 583,655 for one year period.

3. Delivering essential reproductive health care and counselling to vulnerable women and adolescent girls (1 July - December 2010)

The project is implementing in Saptari, Mahotatri, Rautahat, Kapilvastu, Dang and Dadeldhura districts of Nepal. The project aims to conduct 30 camps in six districts. Each camp will be organized for 3 days in each camp site totalling 90 days in project period. The project directly benefits 18,000 vulnerable women of reproductive age, men, and adolescents living in six target districts; Saptari, Mahotatri, Rautahat, Kapilvastu, Dang and Dadeldhura districts.

OBJECTIVE:

To ensure the immediate services to women of reproductive age, men, and adolescents in six districts to provide basic and life saving service, emergency obstetric first aid, family planning, screening, counseling and referrals for GBV and voluntary testing and counseling for HIV/AIDS and STIs through essential health/RH camps. Advocacy will be combined around the service delivery.

Intermediate Results are:

- R.1 Increased availability of essential Reproductive Health services and counselling through Mobile Health Clinics
- R.2 Strengthened capacity of formal and informal health care providers, to deliver Essential Health Care Services (EHCs)
- R.3 Men and women are more aware of the importance of health care and education
- R.4 An increased amount and higher standard of media coverage of social empowerment and protection issues, and improved media capacity to advocate for health and education services.

SUMMARY OF MAJOR ACHIEVEMENTS:

S N	Service Delivery	Number of Services		
		Male	Female	Total
1	Number of direct beneficiaries in receipt of RH services	586	12671	13,347
2	Number of gynecological service recipients	278 infertility	7773	8,051
3	Number of STI/RTI syndrome case management recipients	25	6	31

S N	Service Delivery	Number of Services		
		Male	Female	Total
4	Number of family planning service recipients	0	101	101
5	Number of emergency obstetric first aid recipients	0	6	6
6	Number of mobile camp counseling service recipients	325	1952	2277
7	Number of general health services recipients	89	139	228
8	Number of basic laboratory service recipients	531	1567	2098
9	Number of GBV cases identified and counseled	0	59	59
10	Number of health service providers received on site coaching on RH skill	0	34	34
11	Number of BCC events and activities (Street drama: 27 times, Group discussion: 194 time, Health education; 337 times and demonstration of perineal exercise; 7 group),			16,439
12	Number of IEC/BCC materials distributed/disseminated (Broucher; 11,097 pcs, Poster on RH; 77 pcs, Pictorials: 71, FP message in Flex printing: 4 and UP message on flex printing; 3)			11.755

SUMMARY OF FINANCIAL ALLOCATION AND EXPENDITURE:

The total cost of the project is US\$ 153,509.

4. Delivering essential reproductive health care and counselling to vulnerable women and adolescent girls – Project period from January- September 2011 in 6 districts Saptari, Mahotatri, Rautahat, Kapilvastu, Dang and Dadeldhura. Total budget for this project is US\$ 240,900.
5. Emergency life saving mobile reproductive health services in the remotest and conflict affected districts of Nepal (CERF)

The project is implementing in Mugu district of Nepal. Dec 2010-June 2011

OBJECTIVE:

To make available and accessible life saving emergency reproductive health services to men, women and adolescents of Mugu district of Nepal.

EXPECTED OUTCOMES ARE:

- 1) Increased access to life saving RH services in project districts
Indicator: Age and sex disaggregated population who seek services from the RH camps
- 2) Critical RH morbidity among women detected through mobile RH camps
Indicator: Number of women who are detected with reproductive health problems and provided appropriate treatment at camp site
- 3) Women with advanced uterine prolapse provided surgical service
Indicator: Number of women who are provided surgical services for uterine prolapse

SUMMARY OF MAJOR ACTIVITIES:

- 1) Organize medical camps and provide critical RH care for the population in project districts.
- 2) To detect uterine prolapse in the camp and provide surgical services at appropriate institutions
- 3) Build capacity of local health providers through onsite coaching and raise RH awareness of the community by using innovative IEC techniques during the conduct of camps

SUMMARY OF FINANCIAL ALLOCATION AND EXPENDITURE:

The total cost of the project is US\$ \$ 49049.

6. Working Together for Ensuring Reproductive Health and Recognition of Sexual Violence through Mobile Camps” in Eight Districts of Nepal: Achham, Kanchanpur, Bajura (Far west) , Saptari, Siraha (Central), Mahottari and Dhanusha (East)- 1 September 2010 – 31 March 2012

OBJECTIVES:

1. To Increase availability of life-saving and essential health services, particularly reproductive health services
2. To Increase availability of screening, counselling and referral services for victims of sexual and gender based violence (SGBV);
3. To increase availability of voluntary confidential counselling and testing services for HIV & AIDS;
4. To increase demand for essential health services, including reproductive health services;

EXPECTED OUTCOMES ARE:

1. Increased availability of essential Reproductive Health services and counseling through Mobile Health Clinics.
2. Strengthened capacity of formal and informal health care providers, to deliver Essential Health Care Services (EHCs)
3. Men and women are more aware of the importance of health care and education.
4. Increased amount and higher standard of media coverage of social empowerment and protection issues, and improved media capacity to advocate for health and education services

SUMMARY OF MAJOR ACTIVITIES:

- 32 mobile RH camps conducted
- 20,000 clients served in RH camp.
- 100 (0.5%) Family planning (FP) Long acting FP methods provided
- SGBV reports identified by active screening at health centre.
- Victims of sexual and gender based violence receiving counselling services:
- SGBV victims cases referred to appropriate places such as Women Development Office and Para Legal Committees in the Village Development Committee (VDC) level
- 400 UP cases screened and referred to the hospitals
- 3000 (15%) clients/patients received laboratory diagnostic services.

- 4000 (20%) persons received treatment for Sexually Transmitted Infection (STI) services through syndromic approach
- 600 (3%) Voluntary confidential counselling & testing (VCCT) conducted for HIV & AIDS and STIs.
- 600 (3%) youth received Adolescent Sexual and Reproductive Health (ASRH) services including counselling
- 10,000 people reached through behavior change communication (BCC) for related health problems at community level advocacy efforts.

SUMMARY OF FINANCIAL ALLOCATION AND EXPENDITURE:

The total cost of the project is US \$ 1,17,000.

7. Emergency Reproductive Health Services to Conflict Affected and Marginalized Population in Far Western region of Nepal- started from 1 December 2010 for one year period.

The project is implementing in Darchula and Baitadi districts of far western region of Nepal.

The project aims to directly benefit to 40,600 populations through district wide advocacy with IEC/BCC activities, mobile RH camps and capacity building or skills development

Objective:

To improve reproductive health, general public health, and protection status for vulnerable, neglected populations in districts affected by conflict and remoteness.

Intermediate Results are:

- R.1 Increased utilization of reproductive health and basic public health services by conflict affected and disadvantaged population through mobile RH camps and other support services such as advocacy activities and capacity building for skill enhancement.
- R.2 Increased access to Reproductive Health services including counselling to the communities most affected by conflict and disadvantaged population through Mobile RH camps.
- R.3 District and local health care providers' including HFOMC members' capacities strengthened through on-site training on RH service delivery as well as training on MISP on SRH in crisis and SGBV
- R.4 Decision making by community members and gatekeepers for promoting SRH rights as well as enhance community health initiatives influenced by provision of strategic information through a participatory approach

SUMMARY OF MAJOR ACTIVITIES:

- Conduct district level participatory planning workshop through Appreciative Inquiry Approach for selection of the camps sites and the provision of the quality RH services with participation of district and VDC level key stakeholders.
- Conduct district level participatory mid-year review workshop through Appreciative Inquiry (AI) Approach for quality RH services through existing health system

- Conduct advocacy workshops and various IEC BCC activities to increase awareness on RH component (Such as UP, SGBV, gender, Safe Motherhood and Newborn health, FP, adolescent health, ANC/Delivery/ PNC and EmOC, Infertility, and HIV/AIDS) to school teachers, students, community volunteers, social workers, traditional healers, political leaders, FCHVs, mother's group and youth club.
- Provide IEC/BCC activities for camp participants on RH preventative care, UP, and HIV/AIDS: At least 15,000 of the clients participating in the RH camps will benefit from IEC/BCC activities.
- Provide adolescent sexual reproductive health and HIV/AIDS awareness information in the school.
- 20 events Radio/FM aired on RH and 20 events of street drama conducted
- Provide on-site coaching and training on MISP and SGBV to 600 local health service providers.
- Support to the 10 existing birthing centres (BCs) and potential birthing centres with RH commodities/ equipments for sustainability of the RH services and 24 hours delivery services including family planning.
- Conduct 10 mobile RH camps with 3 days in each district in the first phase and then 10 mobile camps with 2 days as part of f/u camps
- Provide general health examination and RH services: 20,000 clients will benefit.
- Provide general health examination and VCT counseling services.
- Deliver family planning services including long acting methods (Implant and IUCD) to 200 clients
- Deliver maternal, antenatal care, post-natal and neonatal care, and normal delivery detection.
- Provide general gynaecological examination services: STI syndromic treatment, referral for follow-up, detection of prolapsed uterus, provision of ring pessary, follow-up, and surgery when appropriate.
- Provide basic laboratory services.
Conduct surgical correction of uterine prolapse (total 300).

SUMMARY OF FINANCIAL ALLOCATION AND EXPENDITURE:

The total cost of the project is US\$ 153,509.

Other Departments

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Department of Drug Administration

1. BACKGROUND

Government of Nepal has promulgated the Drug Act 1978, to prohibit the misuse or abuse of medicines and allied pharmaceutical materials as well as the false or misleading information relating to efficacy and use of medicines and to regulate and control the production, marketing, distribution, export-import, storage and utilization of those medicines which are not safe for the use of the people, efficacious and of standard quality. To implement and fulfill the aim of Drug Act 1978 and various regulations under it Government of Nepal established Department of Drug Administration (DDA) in 1979.

In accordance with the objectives of the National Health Policy 1991, the National Drug Policy 1995 has been formulated and implemented. It focuses on establishing co-ordination among government and non-government and private organizations involved in the activities related to medicine production, import, export, storage, supply, sales, distribution, quality assessment, regulatory control, rational use and information flow. Achieving the aims and objectives of National Drug Policy is another important area for DDA.

Under the Drug Act 1978, the following regulations and codes have been implemented as supporting tools for the active enforcement of Drug Act.

- Regulation on Constitution of Drug Consultative Council and Drug Advisory Committee, (2037 BS).
- Drug Registration Regulation, (2038 BS).
- Drug Standard Regulation (2043 BS).
- Enquiry and Inspection Regulation (2040 BS).
- Codes on Drug Production (2041 BS).

Drug Donation guidelines have been implemented for the quality assurance of donated medicines.

2. OBJECTIVES

The main objective of DDA is to regulate all functions relating modern, veterinary and traditional medicines, like misuse and abuse of medicines and its raw materials, to stop false and misleading advertisement and make available safe, efficacious and quality medicine to the general public by controlling the production, marketing, distribution, sale, export-import, storage and use of medicines.

3. STRATEGIES

- Selection of essential medicine to promote rational use of medicines.
- Establishment of regional offices at all five regions for effective decentralization.
- Strengthening of National Medicines Laboratory (NML) as an Independent Medicine Control Laboratory.

- Medicine registration based on scientific facts.
- Promotion of rational use of medicines.
- Development of an efficient drug information system to disseminate the relevant information.
- Encouragement to promote and establish pharmaceutical industries to achieve self-reliance in the production of essential medicines.
- Effective inspection to ensure the quality of marketed medicines.
- Prevent misuse of antibiotic to combat antimicrobial resistance.
- Strengthen national industry to comply with WHO-Good Manufacturing Practices (GMP)

4. SECTIONS AND BRANCH OFFICES OF DEPARTMENT OF DRUG ADMINISTRATION AND THEIR FUNCTIONS

Import and Export Section:

- To register the foreign drug manufacturing company and products in a scientific manner for import.
- To issue the recommendation letter for import/export of medicines.
- To renew the recommendation letter for import-export.

Industry Section:

- To issue recommendation letter for the establishment of pharmaceutical industry and issue Product Manufacturing License and renew them.
- Check and approve the pharmaceutical manufacturing plant layout.
- Evaluate the new products and issue marketing permission for the sale and distribution.
- Issue letter of recommendation for the import of raw materials and renew them.

Pharmacy Registration Section:

- To register and issue registration certificates to open retail / wholesale pharmacy outlets and renew them.
- Issue and renew certificates for persons authorized to sale medicines.
- Update the record of pharmacies.

Training and Drug Information Section:

- Conduct the refresher training to medicine sellers.
- Disseminate information about medicines particularly side-effects, contraindication, drug interaction, and storage condition and other necessary information regarding medicines.
- Publish Drug Bulletin of Nepal (DBN) three times every year and distribute to health institutions, industries, medical doctors, health personnel's, pharmacists and others concerned person and institutions.
- Revise National List of Essential Medicines, Standard Treatment Schedules and Nepalese National Formulary periodically.
- Function as focal point for Drug Information Network of Nepal (DINoN).
- Recommend for import of narcotic, psychotropic, precursors substances and liaise with International Narcotic Control Board.
- Conduct activities related to Pharmacovigilance and Adverse Drug Monitoring Reporting.

Inspection Section:

- Inspect drug industries, wholesale and retail pharmacies regularly.
- Take legal and administrative action on cases of non-compliance as per the provision of Drug Act and its Regulations.
- Regulate sales and distribution of psychotropic and narcotic drugs.
- Co-ordinate Good Manufacturing Practice Audit within and outside the country.

Branch Offices:

DDA has its branch offices at Biratnagar, Birgunj and Nepalgunj. These offices carry out the responsibility of inspection as well as Pharmacy registration and renewal.

5. National Medicines Laboratory (NML)

National Medicines Laboratory is the principal body of Government of Nepal for testing and analysis of drugs. It has various sections like chemical analysis, microbiology, pharmacology and instrumental analysis. The main functions of NML are to:

- Test and analyze the quality of medicines as empowered according to the Drug Act 1978.
- Develop Secondary Reference Standard and make available to the pharmaceutical industries and laboratories.
- Conduct training on Good Laboratory Practices.
- Audit laboratories of Nepalese pharmaceutical industries.

6. ANALYSIS OF ACHIEVEMENTS BY MAJOR ACTIVITIES FISCAL YEAR 2066/67**Activities carried out in FY 2066/67 (2009/2010)**

- 1 Awareness on the rational use of medicines by different media.
- 2 Regular publication of Drug Bulletin of Nepal (DBN).
- 3 Audit of drug industries for Good Manufacturing Practice (GMP).
- 4 Inspection of retail & wholesale pharmacies.
- 5 Drug Analysis to check the quality of marketed drugs.
- 6 Inspection of Foreign Manufacturers before registration for the importation purposes.
- 7 Development of Good Manufacturing Practice Regulation (Draft).
- 8 Revision of National Medicine Policy (Draft).
- 9 Revision of National List of Essential Medicines (Draft).
- 10 Conducted Survey of the Department and submitted for further action.

Target Vs Achievement, FY 2066/2067 (2009/2010)

SN	Activities	Unit	Target	Achievement	% Achieved
1	Drug information to the public by different media	Number	70	68	97.47%
2	Publication of Drug Bulletin	Number/ issue	15000 (3 issues)	15000 (3 issues)	100%
3	Inspection of Pharmaceutical Industries	Number	100	107	107%
4	Inspection to drug retailers & wholesalers	Number	1425	1944	136.42%
5	Drug Analysis	Number	600	634	105.66%
6	Audit of Pharmaceutical Analytical Laboratories	Number	24	24	100%

7. CONSTRAINT

Human resources for effective inspection

8. FINANCIAL ALLOCATION AND EXPENDITURE

Allocated Budget (Total): Rs. 3,40,54,000

Expenditure: Rs. 3,08,04,000

Revenue Collection: Rs. 2,34,24,000

9. WORK PLAN FOR 2067/68 (2010/2011)

SN	Activities	Unit	Target
1.	Drug information to the public by different media	Number	45
2.	Publication of Drug Bulletin	Number/ issue	15,000 (3 issues)
3.	Inspection of Pharmaceutical Industries	Number	100
4.	Inspection to drug retailers & whole sellers	Number	1575
5.	Drug Analysis	Number	700
6.	Audit of Pharmaceutical Analytical Laboratories	Number	26

Department of Ayurveda

1. BACKGROUND

Department of Ayurveda (DoA) is one of the three departments within the Ministry of Health and Population. Department of Ayurveda was established in 2038 B.S before that time, the Ayurvedic health services was implemented and managed by Ayurveda section within the Department of Health services. Ayurveda is the most ancient medical system based on the herbal, minerals and animal products. It advocates simple and therapeutic for restoring good health.

At present Ayurvedic health services are being delivered through two Ayurveda Hospitals (one 100 bedded at Naradevi, Kathmandu & other 30 beds Bijauri, Dang), 14 Zonal Ayurveda Aushadhalayas, 61 District Ayurvedic Health centers and 214 Ayurveda Aushadhalayas in the country. Ayurveda and Alternative Medicine unit in the Ministry of Health and Populations (MoHP) formulates policies and guidelines for the traditional medical system.

1.1 Human Resources

Altogether 1,524 posts have been sanctioned within the Department of Ayurveda. Of which 791 posts are technical, 98 are administrative and 635 posts are supporting level (office assistance).

1.2 Population and Ayurvedic Institution Ratio

The ratios between population and Ayurveda institution are as follows:

- Population per Hospital: 13,4 million.
- Population per District Ayurveda Health Centers: 44 million; and
- Population per Ayurveda Dispensaries: 0.125 million.

1.3 Budget

During the fiscal year 2066/67 altogether NRs. 138,816,000 was allocated for the development activities.

1.4 Objectives

- To expand and develop functional physical Ayurvedic health infrastructure;
- To improve a quality control mechanism for Ayurvedic health services throughout the country;
- 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 & utilization of local herbs;
- To procure, store and distribute the Ayurvedic medicine & other allied materials;
- To promote health status & sustainable development of Ayurveda system using locally available medicinal plants;
- To promote positive attitudes towards health care & awareness of health issues;

2. STRATEGIES

- Preventive, promotive & curative health services will be made available in the rural areas;
- Establishment & development of Ayurvedic institutions;
- Strengthening & expansion of Ayurvedic health services;
- Develop skilled manpower required for various health facilities;
- Strengthening of monitoring & supervision activities;
- Development of information, education & communication center in the Department;
- Develop Inter sectoral co-ordination with Education Ministry, Forestry, local development sector & other NGO's & INGO's;
- Establishment of regional Ayurvedic Hospitals & Ayurveda Dispensaries;
- Establishment of research & training center of international level;
- National & International level training for the capacity development of its human resources

3 PROGRAMMES

- Establishment and strengthening of rural pharmacies;
- Establishment of national Ayurveda research and training center;
- Establishment of model herbal garden;
- Procurement & supply of furniture and equipments (medical, surgical and vehicle);
- Procurement & supply of Ayurvedic medicines in different Ayurveda institutions;
- Preparation & publication of Ayurvedic Pharmacopeia's of Nepal;
- In-service training (CME);
- Conduction of free Ayurvedic health camps;
- Conduction of traditional healers training (district wide);
- Training on Panchakarma, Hospital management & Ksharsutra;
- Construction, Maintenance & repair of Ayurvedic institution;
- Production of powder (Dhurna) medicine in rural pharmacies & district level;
- Ayurvedic health education for School students;
- Supervision and monitoring of Ayurvedic institution;
- Regional Review.

4 SUMMERY OF ACHIEVEMENT DURING THE PERIOD OF REFERENCE

During the 2066/67 fiscal year the following activities were under taken by the Department of Ayurveda from GoN and WHO support:

Under GoN (Development)

- Twenty two office buildings were partially constructed;
- Refresher training for 60 Kavirajs and 60 Vaidyas was completed.
- Ayurvedic medicine, First-aid and surgical equipment were supplied to all health facilities.
- Free health camp was conducted on Shivaratri festival & two districts out of valley.
- Repaired existing buildings and compound walls in district and local levels.
- Preparad Nepal Ayurveda Pharmacopeias (Partwise).

- Ayurvedic medicine preparation were continued at rural Ayurveda Pharmacy and district Ayurveda Health Center utilizing the locally available medicinal herbs and supplied to Ayurveda institution in the regions.
- Annual progress review meeting was conducted.

Under WHO support:

- Training was conducted for farmers to increase awareness of GACP.
- Kshrasutra, Panchakarma & hospital management training was conducted for Ayurvedic Doctors.
- GMP guidelines developed, disseminated & advocated.
- Printing & dissemination of essential Ayurveda drug list & STG.
- Country monograph on TM prepared.

Based on the treatment report of different Ayurvedic institutions top ten diseases were classified which are as follows:

- Amlapitta (Gastritis)
- Udar rog (Abdominal diseases)
- Swosan Bikar (Respiratory diseases)
- Vatavyadhi (Arthritis, Rheumatic Arthritis etc. diseases)
- Bal rog (Pediatric diseases)
- Stri rog (Gynecological diseases)
- Karna, Nasa, Mukha, Danta & Kantha rog (ENT, Oral, Dental diseases)
- Jwar (Pyrexia)
- Brana (Wound, Abscess)
- Atisar/Grahani (Diarrhea diseases)

The following table shows the number of people served at various regions and zone by disaggregating the data by children and adults and sex during the F.Y.2066/67 (2009/2010). The largest number of services were reflected in the Western Region and where as the least number was reported at Far western region.

5 SERVICE STATISTICS FY 2066/67 (2009/2010)

Region	Zone	Male	Female	Children	Children	Total
				(M)	(F)	
EASTERN	Mechi	18754	16575	4832	4566	44727
	Koshi	12886	15551	4062	3755	36254
	Sagarmatha	16427	14277	4247	3558	38509
	Total:	48067	46403	13141	11879	119490
CENTRAL	Janakpur	17288	19137	4181	3996	44602
	Bagmati	23380	28390	5941	5913	63624
	Narayani	9534	9008	1854	1787	22183
	Total:	50202	56535	11976	11696	130409

Region	Zone	Male	Female	Children	Children	Total
				(M)	(F)	
WESTERN	Gandaki	37857	55054	9367	9791	112069
	Lumbini	28844	41313	5309	5596	81062
	Dhawalagiri	9526	10900	1756	2026	24208
	Total:	76227	107267	16432	17413	217339
MID-WESTERN	Rapati	10893	14731	3206	3238	32068
	Bheri	9142	10554	2521	2610	24827
	Karnali	7043	5850	1858	1740	16491
	Total:	27078	31135	7585	7588	73386
FAR-WESTERN	Seti	22973	20696	7173	6057	56899
	Mahakali	15721	16604	5420	5032	42777
	Total:	38694	37300	12593	11089	99676
Ayurvedic Hospital Dang		18282	22413	852	866	42413
Ayurvedic Hospital Naradevi		14360	14616	863	848	30687
Grand Total:		272910	315669	63442	61379	713400

6. SUMMARY OF FINANCIAL ALLOCATION & EXPENDITURE FY 2066/67 (2009/2010)

Topic	Allocation Budget	Expenditure Budget	% Expenditure
70-3-165 Department of Ayurveda	5,959,000.00	5,666,602.12	95.09%
70-3-166 Ayurveda Chikitsalaya-2	19,779,000.00	17,779,512.11	89.89%
70-3-167 Ayurveda Aushadhalaya	184,394,000.00	17,952,838.33	97.36%
70-3-755 Naradevi Hospital	8,500,000.00	8,327,723.14	97.97%
70-4-755 Naradevi Hospital	5,500,000.00	2,413,387.59	43.87%
70-3-756 Department of Ayurveda	53,766,000.00	49,024,742.20	91.18%
70-4-756 Department of Ayurveda	15,050,000.00	11,833,110.30	78.62%

7. PROBLEMS/CONSTRAINTS AND ACTION TO BE TAKEN

S N	Problem/Constraint	Action to be taken	Responsibility	Dead line
1.	No provision for higher study for BAMS Ayurveda doctors	<ul style="list-style-type: none"> ▪ Establish PG institution in Nepal ▪ Recognition of BAMS course of Nepal by foreign country (India) 	MoHP MoE MoFA	As soon as possible
2.	Lack of experts and inadequate qualified manpower.	Production of Qualified Ayurvedic manpower (BAMS MD)	DoA MoHP MoE	As soon as possible

S N	Problem/Constraint	Action to be taken	Responsibility	Dead line
3.	Inadequate financial support for district level Ayurveda institution to conduct monitoring supervision & publicity programme.	Allocated sufficient Budget	MoHP MoE	As soon as possible
4.	Poor storage & dispensing techniques of medicines in curative aspects of Ayurveda institutions.	<ul style="list-style-type: none"> ▪ Provide good furniture & dispensing materials ▪ Training on storage & dispensing. 	DoA MoHP MoE	As soon as possible
5.	Lack of inter sector co-ordination.	<ul style="list-style-type: none"> ▪ Co-ordination with related ministries NGO's & INGO's ▪ Increase qualified manpower. 	DoA MoHP MoE	As soon as possible
6.	Lack of community based programme for publicity of Ayurveda.	<ul style="list-style-type: none"> ▪ Increase manpower production. ▪ Allocate budget. 	DoA MoHP MoE	As soon as possible
7.	Lack of workshop, training & seminar on planning for Ayurveda.	<ul style="list-style-type: none"> ▪ Allocate necessary budget, develop long term policy & plan on Ayurveda 	DoA MoHP MoE	As soon as possible
8.	Lack of appropriate recording & reporting system.	<ul style="list-style-type: none"> ▪ Establish statistics section under department of Ayurveda with sufficient budget. ▪ Train employee on recording & reporting. 	DoA MoHP MoE	As soon as possible
9.	Inadequate staffing under Department of Ayurveda.	<ul style="list-style-type: none"> ▪ Recruitment & placement as per need. 	MoGA PSC	As soon as possible
10.	Formal Justification about the successful treatment of certain incurable disease with Ayurveda therapy claimed by practitioners.	<ul style="list-style-type: none"> ▪ Goal formation. ▪ Allocate budget. ▪ Research programme to achieve the goal 	DoA MoHP MoE	As soon as possible

PROPOSED PROGRAMME FOR FISCAL YEAR 2067/68 (2010/2011)

1. Procurement and distribution of Ayurvedic Medicines.
2. Procurement of treatment equipment, furniture, disk mill.
3. Construction of compound wall in 22 Ayurvedic institutions.
4. Building construction of 22 Ayurvedic institutions.
5. Establishment work for National Ayurveda research & training center.
 - Procurement of books and magazine.
 - Panchakarma & Yoga training for Kaviraj & Vaidya.
 - Annual review meeting in each district and center.
 - Free health camps.
 - Preparation of Ayurveda pharmacopeias.
 - Powder (Churna) medicine production in ZAD & DAHC.
 - Strengthening of herbal garden.
 - Workshop and discussion with local traditional healers.
 - Preparation of informative books, pamphlets & brochure related to Ayurveda.
 - School Ayurveda health programme.
 - Promotive Panchakarma/Resayan/Yoga programme for old aged people.
 - Awareness programme for medicinal plants.
 - Programme for lactating mother (Distribution of galactagogue medicine).
 - Observation tour.
 - Skill development training.
 - Awareness program on common diseases & commonly used medicinal plants.
 - Revision, evaluation, monitoring and update of Ayurvedic health policy and development of code of ethics.
 - Evaluation and monitoring.
 - Training for Officer Kaviraj on program implementation.

Pashupati Homoeopathic Hospital

1. BACKGROUND

Homeopathic health care system was discovered by Dr. Samuel Hahneman of Germany based on the fixed principals of "Similia Similibus Curantur". Medicine is provided on healthy human being and symptoms are recorded in Materia Medica. Medicine is prescribed on the basis of sign and symptom obtained from patients.

2. STRATEGIES ADOPTED

This is the only one hospital providing Homoeopathic services to the people of Nepal in the public sector. The system is economic, easy and effective having no side effect as well. The hospital provides OPD and IPD to the patients. Currently six beds are allocated for Indoor patients to admit for treatment along with meal free of cost. The hospital has requested for upgrading from six to twenty five beds to MoHP based on the ever increasing number of patients.

3. SUMMARY OF ACHIEVEMENT IN PERIOD OF REFERENCE

Homoeopathic system is gaining popular mode of treatment. Hospital record shows that, the number of patient is increasing day by day but slightly number of patients decreased in the fiscal year 2066/67. Many rejected cases by other system of medicine and surgical cases have been treated successfully.

Fiscal Year	Number of patients
2066/2067 (2009/2010)	64,640
2065/2066 (2008/2009)	65,138
2064/2065 (2007/2008)	63,985
2063/2064 (2006/2007)	60,155

4. SUMMARY OF FINANCIAL ALLOCATION AND EXPENDITURE

Fiscal Year	Regular Budget in Rs	Development Budget in Rs	Total Budget in Rs
2066/2067 (2009/2010)	62,31,851	20,70,000	83,01,851
2065/2066 (2008/2009)	48,48,711	23,00,000	71,48,711
2064/2065 (2007/2008)	44,51,000	1,50,000	46,01,000
2063/2064 (2006/2007)	28,72,000	50,000	29,22,000

5. DESCRIPTION OF PATIENTS VISITED IN HOSPITAL FISCAL YEAR 2066/67 (2009/2010)

Particular	Number of patients
General Medicine	35,033
E.N.T.	2,855
Eye	910
Gyn/Obs.	1,016
Dental	890
Skin	21,198
Other	2,738
Total patients	64,640

6 CONSTRAINTS

- Due to unlimited budget it is hard to manage the medicine for increasing number of patients.
- Not enough human resources for the ever increasing number of patients in Hospital basically the Doctors, Technical personnel and other supporting staffs.
- Due to unavailability of Pathological Laboratory, patients have to go outside for pathological findings.
- Human resource especially the Doctor and technical Staff do not have any opportunity to expose themselves for higher studies, attending in the training and seminars.

7. CONCLUSION

This Homoeopathic Hospital is providing service to outdoor patient as well as indoor patient free of cost. Homoeopathic system of treatment need to be developed in other development regions & as well so that people will have its access at the districts as well and they do not need to come to Kathmandu for getting the Homoeopathic services.

Annexure

- I Estimated Target Population FY 2066/67 (2009/2010) and 2067/68 (2010/2011)
- II Raw Data (Including Health Institution), Analyzed Data (Rate, Ratio, and Percentages) by Programme, District, Ecological Zone, Development Region and Hospital-based Data
- III Acronyms

Estimated Target Population for the fiscal year 2066/67 (2009/2010)

SN	District	Total	EPI	Nutrition	Nutrition	Nutrition	ARI	Female Pop.	FP MWRA	Expected	Pop. Of	Adolescent	Target For	Sterilization	Sterilization	FP Current	FP Estimated	Kalaazar Risk
		Pop.	(0-11 Month)	(12-23 Month)	(24-35 Month)	(36-59 Month)	CDD Nutrition (< 5 Yrs)	(15-49 Yrs)	(15-49 Yrs)	Pregnancies	Malarious Area	Pop.	Pop.	Malaria Slide Collection	Current User	Current User	Users Target	Cases
National		27498585	648855	680192	682214	1389147	340070	7198240	5414577	757686	19983797	6064151	150000	357159	960227	2530000	85000	8297943
1	Bhojpur	228963	5274	5106	5182	10308	258078	59767	44825	6156	49538	55187	750	2677	140	13600	100	0
2	Dhankuta	192889	4740	4296	4306	8129	21471	52308	39231	5532	73202	44206	750	2078	1861	14500	150	0
3	Ilam	334376	8390	6934	7073	12884	35281	90825	68119	9793	83672	79162	3900	2022	7105	35000	300	0
4	Jhapa	801041	21646	15923	16005	26289	79863	231261	173446	25263	627141	180909	9900	9247	47034	105000	4500	801041
5	Khotang	264129	5893	6972	6907	14800	34572	66369	49777	6878	59956	62705	600	2549	221	22500	100	0
6	Morang	1000114	25681	21190	21744	39072	107687	280060	210045	29973	801193	222202	9900	5540	84446	145000	5600	1000114
7	Dokhaldhunga	181009	4012	4652	4576	9751	22991	45680	34260	4683	18463	42307	750	2286	282	14000	100	0
8	Panchthar	234926	5450	5898	5905	12252	29505	60313	45235	6362	53319	56154	900	1998	379	13500	100	0
9	Sankhuwasabha	183832	4284	4383	4362	8796	21825	47875	35906	4999	45939	43487	600	2971	54	9500	150	0
10	Saptari	673056	15106	15954	17189	35392	83641	175310	131482	17631	673056	129839	4200	659	50788	82500	3500	673056
11	Siraha	677957	14983	16920	18028	37998	87929	172515	TP	17488	644296	130545	3900	1238	47691	74000	4000	677957
12	Solukhumbu	123960	2815	2946	2934	6005	14700	31971	23978	3286	0	28949	0	902	191	9300	100	0
13	Sunsari	756321	18860	17185	17796	34041	87882	204998	153748	22012	727567	163004	4500	3377	37831	84000	1500	756321
14	Taplejung	155540	3629	3928	3941	8144	19642	39772	29829	4235	22556	35966	600	2147	3	9700	100	0
15	Teoharhung	129959	3127	2931	2905	5627	14590	34480	25860	3650	31890	30942	750	1905	154	8200	100	0
16	Udaypur	344588	7968	8812	8806	18453	44039	87443	65582	9299	310326	82100	3900	4206	4083	19700	400	250000
Eastern Region		6282680	151858	144030	147659	287941	731488	1680947	1131323	177240	4222114	1387664	45900	45802	282263	660000	20800	4158489
17	Bara	675072	14972	18729	19079	41284	94064	168033	126025	17474	540119	135574	3000	1849	34034	55500	3000	675072
18	Bhaktapur	270107	7692	4252	4366	5451	21761	78987	59240	8977	0	60902	0	3580	8676	29000	500	0
19	Chitwan	568495	14947	11904	11904	20880	59635	158844	119133	17444	568495	131561	3900	26086	12422	66500	1800	0
20	Dhading	398915	9291	10024	9964	20579	49858	102384	76788	10843	194341	91823	600	8653	1536	29500	700	0
21	Dhanusha	793609	16974	20430	21462	46169	105035	197863	148397	19811	755792	151411	8200	1846	71585	102800	6500	793609
22	Dolkha	238628	5412	5265	5241	10426	26344	61791	46343	6317	20578	55688	300	4711	2913	16200	400	0
23	Kathmandu	1363512	28360	27427	26931	54123	136841	358032	283809	33181	0	271098	0	18122	32183	143000	2000	0
24	Kavre	451595	10869	9938	10099	19567	50473	118521	88891	12685	136203	106620	3900	8669	9430	50500	700	0
25	Lalitpur	405469	11606	6168	6267	7252	31293	120969	90727	13546	405469	85073	750	19124	10160	66500	900	0
26	Mahottari	657220	13710	17186	17879	38951	87726	162006	121504	16002	569978	124894	6000	447	48487	73000	4500	657220
27	Makawanpur	465293	10902	11649	11546	23788	57885	118404	88803	12725	430819	108256	3000	25995	3896	53500	2500	0
28	Nuwakot	336873	7698	7483	7617	15233	38031	85331	63998	8985	186611	78935	600	7412	6581	27000	1000	0
29	Parsa	599199	13313	16058	16430	35181	80982	151146	113360	15538	599199	121006	2400	3179	65948	92500	5000	599199
30	Ramechhap	245534	5261	6210	6221	13459	31151	61036	45777	6141	186630	57338	600	3541	204	14000	150	0
31	Rasuwa	52687	1160	1236	1246	2558	6200	12826	9620	1355	0	10941	0	1881	602	5000	150	0
32	Rautahat	654723	14355	18428	18834	40950	92567	161436	121077	16754	625689	122299	3600	826	48593	64000	1500	654723
33	Sarlahi	759631	16452	20295	20869	45157	102773	187110	140332	19201	734780	148589	3600	2882	58603	82000	3500	759631
34	Sindhuli	331736	7569	9067	9051	19448	45135	82486	61864	8834	312501	76945	4500	4472	4738	23200	400	0
35	Sindhupalchowk	356831	8018	8010	8154	16489	40671	89592	67194	9359	79602	18000	7471	2068	27500	500	0	
Central Region		9625129	218561	229759	233160	476945	1158425	2476797	1872882	255172	6306987	2018555	46750	150746	422659	1021200	39400	4139454
36	Arghakhanchi	242159	5699	6405	6171	13054	31329	64242	48182	6652	30213	59306	900	3069	2806	11800	300	0
37	Baglung	312830	7776	8220	7898	16077	39971	85431	64073	9076	312830	74951	750	6266	3446	19500	300	0
38	Gorkha	334022	7744	7784	7667	15422	38617	89972	67479	9038	221919	77738	600	6291	5905	22500	500	0
39	Gulmi	341828	8045	9059	8861	18772	44737	91032	68274	9390	341352	83201	750	3732	5894	19500	350	0
40	Kapilvastu	576769	12821	15012	15504	33016	76353	143381	107536	14964	450847	122487	3600	7657	12521	37000	1200	0
41	Kaski	455559	11891	9080	9027	15273	45271	129483	97112	13879	306599	105114	600	12592	10863	49000	800	0
42	Lamjung	205882	4839	4522	4471	8656	22488	55944	41958	5649	205882	47320	600	5738	1975	15000	300	0
43	Manang	12412	300	149	150	165	764	3425	2569	350	0	2604	0	199	17	500	50	0
44	Mustang	17005	375	272	283	459	1389	4268	3201	437	0	2938	0	316	231	1400	50	0
45	Myagadi	132594	3176	3596	3404	7051	17227	35619	26714	3706	132594	29480	300	2977	924	9600	200	0
46	Nawalparasi	672760	16443	16479	16506	32967	82395	179001	134251	19192	627755	154940	4500	8762	27598	61500	1300	0
47	Palpa	311021	7421	8006	7795	16148	39370	83064	62298	8661	183181	74883	600	5121	8095	24000	500	0
48	Parbat	181277	4386	4350	4288	8558	21582	49099	36824	5119	180975	44067	300	4374	1051	9500	200	0
49	Rupandehi	857291	20456	20926	21092	42453	104927	223291	167468	23875	754484	191026	3600	2508	27690	64500	1800	0
50	Syangja	362929	8716	9079	8798	17907	44500	98474	73856	10172	362929	87050	750	4503	9297	22500	400	0
51	Tanahu	368194	8939	8687	8576	16949	43151	100401	75301	10532	332734	89093	750	7517	6297	24000	700	0
Western Region		5384532	129027	131626	130491	262927	654071	1436127	1077096	140492	4444294	1246198	18600	75922	124610	391800	8950	0
52	Banke	466702	11232	11603	11757	23786	58378	120967	90725	13109	446261	105056	3900	5749	15865	45000	1200	0
53	Bardiya	460026	11532	11050	11558	22818	56958	120604	90453	13460	376109	109814	5100	3236	23348	47000	1600	0
54	Dailekh	264616	6215	6635	6181	18243												

Estimated Target Population for the fiscal year 2067/2068 (2010/2011)

District Code	District	Total Population	Under 1 year EPI	Under 2 years	Under 3 years	6-35 months	6-59 months	25-59 months	Under 5 years	Female Pop 15-44 years	Female Pop 15-49 years	Married Female Pop 15-49 years	Expected Pregnancies	Adolescent Population 10-19 years
National		27,999,405	656,339	1,313,659	1,987,558	1,662,868	3,017,748	2,024,875	3,340,925	6,757,702	7,374,013	5,546,625	766,156	6,096,003
1	BHOJPUR	233,533	5,359	10,277	15,401	12,768	22,796	15,152	25,429	55,902	61,307	45,980	6,243	55,531
2	DHANKUTA	196,438	4,800	8,938	13,187	10,827	18,701	12,123	21,061	49,065	53,572	40,179	5,597	44,391
3	ILAM	340,170	8,488	15,146	22,117	17,944	30,390	19,417	34,563	85,361	92,901	69,676	9,897	79,397
4	JHAPA	839,660	22,564	38,334	54,554	43,442	69,441	42,217	80,554	224,288	243,878	182,908	26,325	186,816
5	KHOTANG	269,207	5,984	12,714	19,543	16,604	31,050	21,275	33,989	61,930	68,077	51,058	6,969	63,109
6	MORANG	1,017,282	25,893	46,283	67,703	54,953	92,692	59,159	105,442	263,550	286,419	214,814	30,237	222,762
7	OKHALDHUNGA	184,376	4,070	8,554	13,074	11,076	20,583	14,027	22,581	42,455	46,830	35,122	4,738	42,540
8	PANCHTHAR	239,205	5,525	11,208	17,039	14,324	26,254	17,761	28,969	56,795	61,808	46,356	6,438	56,442
9	SANGKHUWASABHA	187,252	4,343	8,569	12,874	10,739	19,292	12,858	21,427	44,751	49,058	36,794	5,063	43,705
10	SAPTARI	684,793	15,205	30,517	47,465	39,989	74,462	51,421	81,938	163,359	179,500	134,625	17,731	130,233
11	SIRAHA	689,648	15,120	31,331	49,105	41,690	78,731	54,815	86,146	160,826	176,651	132,488	17,586	130,958
12	SOLUKHUMBU	126,287	2,855	5,692	8,589	7,188	13,031	8,740	14,432	29,886	32,765	24,574	3,324	29,098
13	SUNSARI	768,550	18,988	35,504	53,023	43,674	76,637	50,482	85,986	193,159	209,566	157,174	22,173	163,297
14	TAPLEJUNG	158,432	3,686	7,467	11,361	9,553	17,482	11,823	19,290	37,401	40,769	30,577	4,289	36,158
15	TERHATHUM	132,407	3,171	5,995	8,863	7,304	12,763	8,327	14,322	32,374	35,331	26,498	3,695	31,098
16	UDAYAPUR	350,325	8,054	16,535	25,217	21,258	39,209	26,633	43,168	82,402	89,475	67,106	9,389	82,391
Eastern Region		6,417,565	154,105	293,064	439,115	363,333	643,514	426,230	719,297	1,583,504	1,727,907	1,295,929	179,694	1,397,926
17	BARA	686,044	15,104	33,106	51,893	44,474	84,674	58,987	92,093	157,045	171,965	128,974	17,594	136,954
18	BHAKATPUR	274,605	7,761	11,830	16,121	12,304	17,437	9,424	21,254	75,109	80,614	60,460	9,052	60,923
19	CHITAWAN	577,794	15,078	26,528	38,239	30,814	50,901	31,798	58,326	150,156	162,328	121,746	17,610	131,795
20	DHADING	405,906	9,404	19,063	28,889	24,264	44,262	29,824	48,887	96,016	104,852	78,639	10,969	92,208
21	DHANUSHA	807,388	17,076	36,717	57,870	49,471	94,490	66,172	102,889	184,362	202,674	152,006	19,918	151,923
22	DOLAKHA	242,911	5,181	10,538	15,705	13,014	23,129	15,282	25,820	57,531	63,277	47,458	6,383	55,903
23	KATHMANDU	1,382,699	28,759	56,572	83,882	68,065	124,387	79,919	138,767	337,345	363,070	287,803	33,648	274,913
24	VAJRA	459,656	10,995	20,556	30,515	25,105	44,066	28,920	49,476	111,836	121,350	91,012	12,830	107,041
25	LALITPUR	412,179	11,692	17,592	23,745	17,995	24,787	12,945	30,537	114,864	123,434	92,576	13,638	85,038
26	MAKAWANPUR	473,302	11,014	22,244	33,625	28,204	51,313	34,490	56,734	112,109	121,213	90,910	12,857	108,667
27	MOHANTARI	668,471	13,788	30,314	47,928	41,147	79,132	55,599	85,913	150,311	165,926	124,444	16,083	125,290
28	NUWAKOT	342,934	7,797	14,988	22,501	18,669	33,455	22,299	37,287	80,168	87,380	65,535	9,088	79,259
29	PARSA	608,992	13,411	28,843	45,020	38,430	72,684	50,431	79,274	141,228	154,682	116,012	15,627	121,330
30	RAMECHHAP	250,079	5,328	11,314	17,456	14,837	27,965	19,270	30,584	56,858	62,591	46,943	6,211	57,653
31	RASUWA	53,614	1,176	2,363	3,590	3,013	5,494	3,708	6,071	11,966	13,127	9,845	1,368	10,976
32	RAUTAHAT	665,540	14,460	32,190	50,736	43,627	83,519	58,438	90,628	150,777	165,256	123,942	16,858	122,649
33	SARLARI	772,386	16,569	36,087	56,644	48,496	92,492	64,553	100,640	174,533	191,568	143,676	19,322	149,042
34	SINDHULI	337,437	7,666	16,403	25,330	21,562	40,499	27,864	44,267	77,712	84,482	63,362	8,935	77,285
35	SINDHUPALCHOK	369,838	8,236	16,061	24,206	20,128	36,498	24,515	40,576	85,271	93,131	69,837	9,603	81,299
Central Region		9,791,775	220,495	443,309	673,895	563,619	1,031,184	694,438	1,140,023	2,324,997	2,532,997	1,915,180	257,594	2,029,147
36	ARGHAKHANCI	246,569	5,780	11,963	18,058	15,217	27,932	18,810	30,773	60,089	65,867	49,400	6,738	59,642
37	BAGLUNG	318,516	7,893	15,831	23,627	19,749	35,372	23,419	39,250	79,563	87,574	65,680	9,200	75,352
38	GORKHA	340,159	7,848	15,338	22,905	19,052	34,042	22,557	37,895	83,598	92,200	69,150	9,136	78,105
39	GULMI	348,214	8,166	16,914	25,670	21,656	39,955	27,055	43,969	84,609	93,398	70,048	9,521	83,723
40	KAPILBASTU	586,409	12,942	27,376	42,659	36,298	68,452	47,437	74,813	133,781	146,712	110,034	15,085	122,884
41	KASKI	463,151	11,987	20,727	29,610	23,706	38,385	23,562	44,289	121,400	132,323	99,242	14,001	105,291
42	LAMJUNG	209,634	4,908	9,249	13,660	11,254	19,648	12,805	22,054	51,816	57,296	42,972	5,707	47,516
43	MANANG	12,565	300	442	589	441	593	299	741	3,115	3,475	2,606	350	2,591
44	MUSTANG	17,335	381	639	917	731	1,173	720	1,359	3,937	4,361	3,271	440	2,941
45	MYAGDI	135,029	3,218	6,697	10,056	8,474	15,330	10,215	16,912	33,157	36,521	27,391	3,753	29,632
46	NAWALPARASI	684,035	16,620	32,480	48,748	40,575	72,561	48,254	80,734	168,055	183,129	137,347	19,383	155,441
47	PALPA	316,750	7,521	15,253	22,951	19,251	34,968	23,415	38,668	77,579	85,157	63,868	8,773	75,300
48	PARBAT	184,697	4,457	8,647	12,883	10,695	19,012	12,553	21,200	45,615	50,335	37,751	5,189	44,319
49	RUPANDEHI	871,111	20,608	40,752	61,519	51,373	92,565	61,959	102,711	209,910	228,267	171,200	24,606	191,464
50	SYANGJA	369,856	8,848	17,617	26,309	21,960	39,378	26,110	43,727	91,227	101,019	75,764	10,314	87,578
51	TANAHU	374,805	9,055	17,425	25,888	21,436	37,887	24,914	42,339	93,458	102,856	77,142	10,557	89,501
Western Region		5,478,835	130,532	257,350	386,049	321,868	577,253	384,084	641,434	1,340,909	1,470,490	1,102,866	152,207	1,251,280
52	BANKE	474,239	11,333	22,504	34,097	28,524	51,658	34,727	57,231	114,018	123,649	92,737	13,215	105,310
53	BARDIYA	467,603	11,659	22,291	33,700	27,966	50,143	33,586	55,877	113,970	123,298	92,474	13,600	110,153
54	DAILEKH	269,291	6,310	14,675	22,764	19,665	37,503	25,927	40,602	63,031	68,873	51,655	7,349	61,017
55	DANG	563,679	14,132	28,086	42,089	35,136	63,000	41,867	69,953	139,846	151,824	113,868	16,488	132,719
56	DOLPA	35,184	807	1,722	2,618	2,224	4,094	2,766	4,488	8,598	9,331	6,998	935	6,757
57	HUMLA	48,568	1,549	2,988	4,335	3,483	6,066	3,741	6,841	11,117	12,094	9,697	2,119	8,812
58	JAJARKOT	160,692	3,836	7,833	11,833	9,948	18,116	12,168	20,001	39,339	42,956	32,217	4,470	36,770
59	JUMLA	106,419	2,455	5,259	8,120	6,920	12,985	8,926	14,185	25,027	27,317	20,488	2,847	22,958
60	KALIKOT	125,930	3,081	6,465	9,848	8,364	15,415	10,434	16,899	30,771	33,095	24,821	3,519	25,903
61	MUGU	52,605	1,133	2,683	4,260	3,706	7,205	5,076	7,759	11,668	12,848	9,636	1,312	9,891
62	PHYATHAN	254,534	5,861	13,346	20,671	17,788	33,922	23,459	36,805	60,597	66,507	49,880	6,836	57,802
63	ROLPA	249,496	5,779	13,162	20,305	17,466	33,035	22,712	35,874	58,691	64,332	48,249	6,734	53,946
64	RUKUM	225,756	5,492	10,961	16,430	13,731	24,654	16,392	27,353	55,140	60,189	45,142	6,401	50,414
65	SALYAN	253,925	5,971	14,447	22,595	19,694	38,028	26,482	40,929	58,893	64,541	48,406	6,880	55,303
66	SURKHET	350,038	8,744	18,236	27,403	23,016	41,487	27,638	45,874	86,860	94,010	70,508	10,403	82,120
Mid-western Region		3,637,959	88,142	184,658	281,068	237,631	437,311	295,901	480,671	877,566	954,864	716,776	103,108	819,812
67	ACHHAM	274,379	6,190	14,873	23,192	20,152	38,785	26,952	4					

Raw Data
Health Institution
Sheet 1 of 3

District Code	District Name	Received Reports	Hospital				PHCC/HC				Integrated Supervision		Health Post					
			Total No. of Hospital	Current Month Received Reports	Total No. of Reports Received	Service Provided to Total Patients (New+Old)	Total No. of PHCC	Current Month Received Reports	Total No. of Reports Received	Service Provided to Total Patients (New+Old)	Total Institution Supervised	Number of visits	Total No. of Health Post	Current Month Received Reports	Total No. of Reports Received	Service Provided to Total Patients (New+Old)	Integrated Supervision	
																	Total Institution Supervised	Number of visits
	Mountain	192	19	18	205	337125	20	20	239	222455	64	78	148	140	1691	644704	331	341
	Hill	468	62	54	624	1652938	103	99	1186	1091566	260	283	363	353	4253	2378139	835	747
	Terai	240	36	25	326	1396397	85	76	900	1326931	63	189	164	150	1782	1883644	170	385
	National Total	900	117	97	1155	3386460	208	195	2325	2640952	387	550	675	643	7726	4906487	1336	1473
1	Bhojpur	12	1	1	12	28998	3	3	36	23358	0	0	9	9	107	52490	0	0
2	Dhankuta	12	1	1	12	40746	2	2	24	19700	16	52	11	11	132	62899	73	81
3	Ilam	12	2	2	22	25663	4	4	48	27507	0	0	6	6	72	30522	0	0
4	Jhapa	12	10	6	60	148929	6	6	72	163729	0	0	6	6	72	79091	0	0
5	Khotang	12	1	1	12	34380	2	2	24	14431	2	0	8	8	96	46029	15	15
6	Morang	12	6	5	68	327897	7	7	84	124697	0	0	10	10	120	139215	0	0
7	Okhaldhunga	12	2	2	24	38401	1	1	12	5691	13	11	9	9	108	72748	64	32
8	Panchthar	12	1	1	12	49152	2	2	24	16045	11	14	10	10	119	49636	52	46
9	Sankhuwasabha	12	1	1	12	27398	2	2	24	16924	13	13	11	11	132	70344	68	68
10	Saptari	12	1	1	12	64824	4	4	49	69526	0	0	9	9	108	119632	0	0
11	Siraha	12	2	1	21	35423	4	4	48	59407	28	57	11	11	132	126562	86	125
12	Solukhumbu	12	3	3	36	23762	2	2	24	23356	1	1	9	9	107	48689	24	26
13	Sunsari	12	1	1	12	46920	5	5	60	81097	0	0	7	7	84	112509	0	0
14	Taplejung	12	2	2	13	54713	2	2	24	30178	1	1	8	8	96	46158	28	28
15	Teharthurm	12	1	1	12	18829	2	2	24	12176	2	0	9	9	106	50620	4	4
16	Udaypur	12	1	1	9	23246	2	2	24	42289	0	0	7	7	104	57439	0	0
	Eastern	192	36	30	349	989281	50	50	601	730111	87	149	140	140	1695	1164583	414	425
17	Bara	12	1	1	12	29680	4	4	48	57086	0	0	11	11	132	112467	0	0
18	Bhaktapur	12	3	1	17	27815	2	2	24	17288	0	0	7	7	84	57888	0	0
19	Chitwan	12	1	1	8	106564	4	4	48	57123	0	0	6	6	72	73502	0	0
20	Dhading	12	1	1	2	7061	2	2	24	46834	0	0	16	16	191	119085	0	0
21	Dhanusha	12	1	0	1	1928	5	5	55	80757	0	0	9	9	97	81551	0	0
22	Dolkha	12	1	1	10	10135	2	2	23	19509	0	0	9	9	102	44024	1	1
23	Kathmandu	12	7	7	81	87978	8	8	96	69210	0	0	5	5	60	34282	14	0
24	Kavre	12	2	0	0	0	5	5	59	46350	0	0	9	9	108	77067	0	0
25	Lalitpur	12	2	0	0	0	4	0	0	0	0	0	9	0	0	0	0	0
26	Mahottari	12	1	1	9	0	3	3	31	62983	18	115	6	6	67	78471	36	212
27	Makawanpur	12	1	1	12	62707	4	4	48	54616	0	0	10	10	120	66939	0	0
28	Nuwakot	12	1	1	12	24147	3	3	36	19404	0	0	11	11	132	45158	0	0
29	Parsa	12	1	0	0	0	4	0	0	0	0	0	8	0	0	0	0	0
30	Ramechhap	12	2	2	24	31195	2	2	24	19517	0	0	11	11	132	66308	7	7
31	Rasuwa	12	1	1	12	5578	1	1	12	9698	0	0	8	8	96	24959	0	0
32	Rautahat	12	1	1	9	18832	4	4	48	78248	9	9	8	8	95	79455	10	10
33	Sarlahi	12	1	1	12	30279	5	5	60	88155	0	0	10	10	120	84400	0	0
34	Sindhuli	12	1	1	12	20122	3	3	35	22722	1	1	10	10	118	38900	2	2
35	Sindhupalchowk	12	1	1	12	21899	3	3	36	42540	0	0	10	10	120	51781	0	0
	Central	228	30	22	245	485920	68	60	707	792040	28	125	173	156	1846	1136237	70	232
36	Arghakhanchi	12	1	1	12	16669	2	2	24	34993	10	10	8	8	96	59122	29	29
37	Baglung	12	1	1	12	39197	3	3	36	28691	14	14	9	9	108	44944	20	20
38	Gorkha	12	2	2	24	72289	3	3	36	29291	12	6	10	9	118	49615	27	10
39	Gulmi	12	1	1	12	39365	4	4	48	45728	0	0	12	12	144	89893	0	0
40	Kapilvastu	12	2	2	24	47397	3	3	33	43527	8	8	7	7	83	94273	38	38
41	Kaski	12	7	7	68	433170	3	3	36	22178	0	0	11	11	132	47867	0	0
42	Lamjung	12	1	1	11	56577	2	2	24	10452	2	2	8	8	96	40045	24	24
43	Manang	12	1	1	12	6732	0	0	0	0	0	0	9	9	103	7333	1	1
44	Mustang	12	1	1	12	9635	1	1	12	5097	12	29	8	8	80	13023	54	58
45	Myagdi	12	1	1	11	13370	1	1	13	10084	16	16	8	8	96	38013	49	49
46	Nawalparasi	12	0	0	0	0	5	5	60	69555	0	0	8	8	96	73066	0	0
47	Palpa	12	1	1	12	11340	3	3	36	39320	28	28	9	9	108	71542	90	90
48	Parbat	12	1	1	12	32536	2	2	24	19111	13	13	10	10	118	64268	46	46
49	Rupandehi	12	2	0	0	0	5	0	0	0	0	0	6	0	0	0	0	0
50	Syangja	12	1	1	12	34706	3	3	36	64567	28	28	10	10	120	84786	108	108
51	Tanahu	12	2	2	24	72415	2	2	24	32840	24	24	12	12	144	65582	73	73
	Western	192	25	23	258	885398	42	37	442	455434	167	178	145	138	1642	843372	559	546
52	Banka	12	1	0	12	209769	3	3	36	45561	0	0	9	9	108	118815	0	0
53	Bardiya	12	1	1	10	34255	3	3	36	58428	0	0	8	8	96	153697	0	0
54	Dailekh	12	1	1	12	22629	3	3	36	37348	0	0	6	6	72	48400	0	0
55	Dang	12	0	0	20	100572	3	3	36	58682	0	0	10	10	120	137004	0	0
56	Dolpa	12	1	1	11	9190	0	0	0	0	0	0	9	9	85	14155	14	12
57	Humla	12	1	1	9	23034	0	0	0	0	0	0	10	10	115	44275	0	0
58	Jajarkot	12	1	1	12	21112	2	2	23	12951	51	48	7	7	82	64425	75	53
59	Jumla	12	1	1	11	21256	1	1	12	3499	0	0	8	8	95	26048	0	0
60	Kalikot	12	1	1	12	18987	1	1	12	7190	0	0	9	9	103	41215	18	2
61	Mugu	12	1	1	11	19618	1	1	12	3105	8	5	8	5	89	15941	0	0
62	Pyuthan	12	1	1	12	29993	2	2	24	18798	6	6	11	11	131	90889	28	28
63	Rolpa	12	1	1	12	9721	2	2	24	22636	0	0	9	9	108	62176	0	0
64	Rukum	12	1	1	12	29486	2	2	24	16921	0	0	7	7	84	68767	0	0
65	Salyan	12	1	1	12	29228	2	2	24	32431	0	0	9	9	108	64090	0	0
66	Surkhet	12	1	1	12	47220	4	4	48	82506	0	0	9	9	108	97078	0	0
	Mid Western	180	14	13	180	626070	29	29	347	400056	65	59	129	126	1504	1046975	135	95
67	Achham	12	1	1	12	40172	2	2	24	20942	11	10	12	12	144	97188	35	30
68	Baitadi	12	1	1	12	19386	2	2	24	22700	0	0	10	10	119	61800	0	0
69	Bajhang	12	1	1	10	49693	2	2	24	19333	24	24	10	10	120	50437	91	113
70	Bajura	12	1	1	12	17829	1	1	12	20627	4	4	11	11	132	96485	24	24
71	Dadeldhura	12	2	2	21	47186	1	1	12	19566	0	0	9	9	108	72789	0	0
72	Darchula	12	1	0	10	17666	1	1	12	21399	1	1	11	6	116	49837	8	8
73	Doti	12	2	0	10	14731	2	2	24	10374	0	0	10	10	120	66850	0	0
74	Kailali	12	2	2	24	119814	5	5	60	83146	0	0	7	7	84	100016	0	0
75	Kanchanpur	12																

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District Code	District Name	Sub Health Post							PHC/Outreach Clinic						EPI Clinic								
		Received Reports		Total No. of Sub Health Post	Current Month Received Reports	Total No. of Reports Received	Service Provided to Total Patients (New+Old)	Integrated Supervision		Total No. of Clinics	Current Month Received Reports		Total No. of Reports Received	Service Provided to Total Patients (New+Old)	Integrated Supervision		Total No. of EPI Clinics	Current Month Received Reports		Total No. of Reports Received	Service Provided to Total Patients (New+Old)	Integrated Supervision	
		Total No. of Sub Health Post	Current Month Received Reports					Total Institution Supervised	Number of visits		Current Month Received Reports	Number of visits			Total Institution Supervised	Number of visits		Current Month Received Reports	Number of visits			Total Institution Supervised	Number of visits
	Mountain	192	389	351	4286	1075597	710	678	1613	1134	14276	245876	474	448	1917	1545	18487	263134	770	714			
	Hill	468	1595	1544	18701	5850673	3843	3494	6485	5163	66346	1273737	5273	4862	7800	7290	85938	1405642	7136	6572			
	Terai	240	1143	1008	11888	6178045	3319	2834	5082	3966	48371	1088919	5690	5152	6757	5906	68161	1825160	7977	6958			
	National Total	900	3127	2903	34875	13104315	7872	7006	13180	10263	128993	2608532	11437	10462	16474	14741	172586	3493936	15883	14244			
1	Bhojpur	12	51	50	611	161557	128	102	203	182	2273	31939	143	185	200	167	2200	25652	148	144			
2	Dhankuta	12	24	24	288	80895	155	181	128	88	1264	18965	10	12	149	147	1669	39638	29	28			
3	Ilam	12	38	38	456	116600	19	14	194	176	2261	50917	119	104	183	176	2175	40039	162	100			
4	Jhapa	12	38	38	456	249292	52	63	189	183	2198	47468	244	168	252	250	3002	122059	355	219			
5	Khotang	12	65	62	735	183488	57	53	228	192	2225	28115	20	19	234	224	2458	29085	38	30			
6	Morang	12	49	49	587	350047	113	115	261	212	3320	111610	887	877	305	329	3904	150682	1094	1076			
7	Okhaldhunga	12	45	45	534	179997	241	100	168	156	1922	28524	44	28	170	170	1906	21741	31	23			
8	Panchthar	12	29	29	347	99913	92	89	155	144	1791	47712	95	95	217	210	2398	32729	95	95			
9	Sankhuwasabha	12	25	25	300	86717	73	72	164	115	1590	16936	18	18	199	194	2295	20910	26	26			
10	Saptari	12	103	103	1232	536055	156	87	407	386	4762	99463	383	243	459	459	5200	114920	413	255			
11	Siraha	12	93	93	1116	473642	584	608	376	329	4167	78188	1522	1565	513	506	5661	110430	2170	2202			
12	Solukhumbu	12	23	20	251	91214	30	32	94	50	750	11374	7	8	130	79	1023	11021	2	4			
13	Sunsari	12	40	40	480	436448	51	55	170	157	1811	36955	251	241	292	289	3472	102072	302	301			
14	Taplejung	12	43	41	504	102379	68	67	200	164	2101	27203	39	40	188	182	2146	20456	71	71			
15	Teaharthur	12	20	20	236	58174	67	67	115	86	1152	8724	23	23	118	115	1389	13771	68	67			
16	Udaypur	12	29	29	407	129494	26	73	125	120	1658	33158	8	9	160	164	2196	46725	11	13			
	Eastern	192	715	706	8540	3335912	1912	1778	3177	2740	35245	677251	3813	3635	3769	3661	43094	901930	5015	4654			
17	Bara	12	83	83	993	362645	396	332	280	216	2880	35461	149	141	494	481	5503	92886	440	290			
18	Bhaktapur	12	12	12	144	68221	4	6	45	30	434	6152	36	36	125	125	1484	26075	32	35			
19	Chitwan	12	31	31	372	177987	54	67	124	100	1366	16608	22	17	234	226	2795	87071	83	71			
20	Dhading	12	33	33	388	149209	102	81	180	161	1915	48208	374	277	216	205	2350	57502	500	378			
21	Dhanusha	12	88	87	929	488658	329	272	505	429	4902	97794	300	217	525	439	5127	107419	371	221			
22	Dolkha	12	43	43	478	149112	13	11	148	143	1557	17157	0	0	165	165	1771	24153	0	0			
23	Kathmandu	12	53	53	636	286890	393	492	157	143	1722	36394	693	663	186	162	2054	61032	834	775			
24	Kavre	12	80	81	948	278973	358	109	321	276	3374	56766	444	316	337	332	3811	39388	449	353			
25	Lalitpur	12	29	0	0	0	0	0	61	0	0	0	0	0	110	0	0	0	0	0			
26	Mahottari	12	67	67	723	326564	339	340	321	306	3197	93620	889	712	373	372	3803	107298	1019	832			
27	Makawanpur	12	30	30	354	101324	63	80	158	120	1511	30080	31	20	228	215	2478	50532	66	48			
28	Nuwakot	12	53	53	636	109910	42	41	194	164	2115	24397	37	41	230	218	2566	34239	44	49			
29	Parsa	12	71	0	0	0	0	0	330	0	0	0	0	0	384	0	0	0	0	0			
30	Ramechhap	12	41	41	492	109952	46	27	156	110	1632	20301	18	18	169	154	1915	24998	18	18			
31	Rasuwa	12	9	9	106	12806	20	20	42	37	430	6538	92	90	57	55	656	6251	117	99			
32	Rautahat	12	85	81	989	330718	160	145	361	306	3668	53120	195	176	482	425	4940	119765	223	197			
33	Sarlahi	12	84	83	1008	454576	308	309	307	241	3067	60036	128	128	428	389	4713	126127	213	158			
34	Sindhuli	12	42	33	483	101120	17	20	180	118	1783	23499	40	12	205	159	1995	39890	26	24			
35	Sindhupalchowk	12	65	65	780	164855	118	116	250	185	2310	31338	63	63	259	249	2786	34754	144	144			
	Central	228	999	885	10459	3673520	2762	2468	4120	3085	37863	657469	3511	2927	5207	4371	50747	1039380	4579	3692			
36	Arghakhanchi	12	31	31	372	137814	99	98	64	58	658	10004	115	115	189	180	2195	33474	222	220			
37	Baglung	12	49	49	588	173442	160	157	190	91	1346	16089	232	221	184	154	1787	35983	496	446			
38	Gorkha	12	55	51	651	188149	82	62	242	176	2590	40273	293	218	259	243	2884	36835	340	283			
39	Gulmi	12	64	64	768	245833	102	116	236	175	2034	29874	451	440	320	310	3667	46660	728	703			
40	Kapilvastu	12	66	66	759	396847	99	99	278	278	3061	72509	22	22	385	385	4233	95574	10	10			
41	Kaski	12	34	33	407	97111	143	142	158	137	1705	39112	169	169	186	182	2216	54874	326	324			
42	Lamjung	12	50	50	600	125003	62	62	165	159	1886	24413	27	27	194	194	2214	23563	42	42			
43	Manang	12	4	4	45	1685	7	7	13	9	48	154	0	0	20	20	147	333	4	4			
44	Mustang	12	7	7	67	9514	42	45	26	19	229	1108	77	77	48	35	317	12211	87	87			
45	Myagdi	12	31	30	371	80626	89	89	103	56	893	16604	115	115	109	91	1129	22769	110	110			
46	Nawalparasi	12	63	63	756	339118	540	220	230	172	2212	24266	324	315	346	337	3976	90577	758	647			
47	Palpa	12	53	53	636	194366	83	83	178	148	2070	29518	154	147	254	250	2986	33957	229	230			
48	Parbat	12	42	42	498	141280	73	73	104	59	1017	11580	78	78	160	158	1726	17641	132	132			
49	Rupandehi	12	58	0	0	0	0	0	222	0	0	0	0	0	252	0	0	0	0	0			
50	Syangja	12	54	54	648	198503	280	280	212	202	2439	37432	435	437	229	229	2721	40835	621	560			
51	Tanahu	12	31	31	372	101072	154	154	170	145	1645	21440	317	317	235	231	2676	42653	417	417			
	Western	192	692	628	7538	2430363	2015	1687	2591	1884	23833	374376	2809	2698	3370	2999	34874	576939	4522	4215			
52	Banka	12	35	35	420	289378	58	53	145	127	1558	31968	95	91	275	272	3211	71723	199	192			
53	Bardiya	12	22	22	264	257451	35	29	158	153	1828	80104	131	124	190	189	2245	71163	136	138			
54	Dailikh	12	50	50	599	242098	40	29	205	174	2377	54065	9	9	252	246	2903	43694	19	17			
55	Dang	12	26	26	312	236172	5	5	125	103	1169	29035	7	6	200	195	2043	74387	4	3			
56	Dolpa	12	14	9	93	12796	24	20	75	22	247	2744	7	5	69	33	338	3928	22	14			
57	Humla	12	16	15	170	50114	0	0	26	26	292	15939	0	0	87	71	722	8864	0	0			
58	Jajarkot	12	25	25	300	110011	63	55	100	97	1110	26268	59	40	143	122	1468	31966	95	57			
59	Jumla	12	26	23	243	61625	16	18	91	75	893	8876	12	6	91	88	978	18057	18	13			
60	Kalikot	12	19	18	211	48100	25	26	68	48	506	10204											

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District Code	District Name	Received Reports	Female Community Health Volunteers						NGO/INGO						Private Health Institution					
			Total No. of FCHV	Current Month Received Reports	Total No. of Reports Received	Service Provided to Total Patients (New+Old)	Integrated Supervision		Total No. of NGO/INGO	Current Month Received Reports	Total No. of Reports Received	Service Provided to Total Patients (New+Old)	Integrated Supervision		Total No. of Institution	Current Month Received Reports	Total No. of Reports Received	Service Provided to Total Patients (New+Old)	Integrated Supervision	
							Total Institution Supervised	Number of visits					Total Institution Supervised	Number of visits					Total Institution Supervised	Number of visits
	Mountain	192	6508	5303	60914	604477	1659	1261	43	24	294	68867	1	2	16	9	92	41639	0	0
	Hill	468	24608	21407	260405	4124926	22416	16938	241	145	1773	828603	79	76	169	116	1486	683433	49	58
	Terai	240	17373	14456	172918	5292246	15416	13138	203	159	1396	645845	152	153	53	29	373	314867	26	26
	National Total	900	48489	41166	494237	10021649	39491	31337	487	328	3463	1543315	232	231	238	154	1951	1039939	75	84
1	Bhojpur	12	567	509	6198	85562	691	681	2	1	11	2157	0	0	0	0	0	0	0	0
2	Dhankuta	12	315	310	3600	82627	80	66	2	2	24	13073	0	0	0	0	0	0	0	0
3	Ilam	12	1066	825	10485	78583	472	420	2	2	24	28647	0	0	1	1	12	6416	0	0
4	Jhapa	12	527	512	6090	353435	757	376	32	25	314	118023	36	39	8	8	90	60748	0	0
5	Khotang	12	933	840	9960	57557	55	34	0	0	1	17	0	0	1	1	2	9	0	0
6	Morang	12	629	609	7684	401314	2742	2841	6	6	77	92533	10	10	5	4	59	144856	10	10
7	Okhaldhunga	12	718	702	8488	74615	101	48	2	0	10	727	0	0	1	1	9	1923	0	0
8	Panchthar	12	392	369	4277	109305	88	88	3	2	34	4555	0	0	0	0	0	0	0	0
9	Sankhuwasabha	12	324	240	3080	50910	47	39	2	2	12	923	0	0	3	3	35	13539	0	0
10	Saptari	12	1074	1026	12450	444368	877	307	2	2	16	4850	0	0	0	0	0	0	0	0
11	Siraha	12	954	951	11288	265751	3598	3674	2	1	10	1001	0	0	2	1	15	8447	0	0
12	Solukhumbu	12	306	205	2784	19661	26	10	3	2	29	4565	0	1	0	0	0	0	0	0
13	Sunsari	12	1035	930	11252	401838	446	446	11	6	109	30852	26	26	6	5	51	3848	16	16
14	Taplejung	12	855	768	8650	48546	238	227	3	3	26	10515	0	0	1	1	7	567	0	0
15	Teharthurm	12	391	353	4116	26443	209	195	0	0	8	283	0	0	0	0	0	0	0	0
16	Udaypur	12	378	338	4829	85149	5	6	2	2	14	5087	0	0	0	0	0	0	0	0
	Eastern	192	10464	9487	115231	2585664	10432	9458	74	56	719	317808	72	76	28	25	280	240353	26	26
17	Bara	12	883	880	10458	267410	439	321	2	1	18	13361	8	8	0	0	1	81	0	0
18	Bhaktapur	12	189	163	2179	38162	107	109	22	20	206	87129	6	6	4	1	14	16639	8	8
19	Chitwan	12	406	335	4759	203168	227	237	34	26	312	194491	2	2	1	1	57	64758	0	0
20	Dhading	12	450	424	5156	102123	1167	574	10	10	90	30864	2	2	1	1	10	8244	0	0
21	Dhanusha	12	909	886	9561	252849	387	279	5	1	9	13290	0	0	0	0	0	0	0	0
22	Dolkha	12	1271	1122	11425	56630	0	0	4	2	34	15830	0	0	5	3	38	25130	0	0
23	Kathmandu	12	1171	1032	12984	217593	3085	2234	60	40	484	275783	24	24	130	94	1249	523583	18	17
24	Kavre	12	924	903	10178	157832	880	620	23	19	188	52661	25	22	4	3	33	7175	10	13
25	Lalitpur	12	369	0	0	0	0	0	40	0	0	0	0	0	12	0	0	0	0	0
26	Mahottari	12	684	684	7257	318228	1222	890	5	5	60	18321	6	5	2	2	8	2062	0	0
27	Makawanpur	12	420	401	4826	179328	152	85	6	6	72	56097	0	0	2	1	13	14587	0	7
28	Nuwakot	12	1064	956	11050	66226	73	67	2	2	32	7853	0	0	1	1	12	4935	0	0
29	Parsa	12	738	0	0	0	0	0	5	0	0	0	0	0	15	0	0	0	0	0
30	Ramechhap	12	752	675	8561	126682	30	30	0	0	0	0	0	0	0	0	0	0	0	0
31	Rasuwa	12	245	230	2666	37199	310	189	1	1	12	844	0	0	1	1	11	2198	0	0
32	Rautahat	12	909	853	10475	211916	351	358	7	2	29	2870	0	0	0	0	0	0	0	0
33	Sarlahi	12	1344	1230	15427	181551	225	225	16	47	156	35421	0	0	0	0	0	0	0	0
34	Sindhuli	12	495	407	5575	68192	33	30	2	0	13	1237	0	0	0	0	2	25	0	0
35	Sindhupalchowk	12	711	631	6999	77815	200	207	12	9	114	24825	1	1	0	0	0	0	0	0
	Central	228	13934	11812	139536	2562904	8888	6455	256	191	1829	830877	74	70	178	108	1448	669417	36	45
36	Arghakhanchi	12	842	505	7183	75783	672	563	0	0	0	0	0	0	0	0	0	0	0	0
37	Baglung	12	934	744	9123	101498	2926	110	2	2	23	4971	6	6	2	2	24	4282	12	12
38	Gorkha	12	621	529	6678	63797	661	496	6	3	54	10634	3	3	1	1	11	5739	0	0
39	Gulmi	12	1002	917	10740	118437	1411	1307	2	2	23	3713	0	0	0	0	0	0	0	0
40	Kapilvastu	12	1054	1054	11846	159210	0	0	2	1	11	1201	0	0	0	0	0	0	0	0
41	Kaski	12	864	751	9251	183375	2882	3110	14	5	96	16056	6	6	0	0	0	6742	0	0
42	Lamjung	12	669	655	7751	77767	24	24	7	4	58	8245	0	0	0	0	0	0	0	0
43	Manang	12	118	82	638	1477	21	22	3	1	7	516	0	0	0	0	0	169	0	0
44	Mustang	12	144	144	1015	3420	85	85	1	1	7	369	0	0	0	0	0	0	0	0
45	Myagdi	12	369	319	4064	37258	390	390	4	3	16	1356	0	0	1	1	8	3498	1	1
46	Nawalparasi	12	713	695	8358	261939	2952	2252	34	17	53	50424	63	62	0	0	12	373	0	0
47	Palpa	12	585	571	6956	263019	699	695	3	3	36	119782	0	0	1	1	12	54143	0	0
48	Parbat	12	495	462	5456	91439	95	95	1	1	6	1121	0	0	0	0	1	205	0	0
49	Rupandehi	12	1290	0	0	0	0	0	10	0	0	0	0	0	1	0	0	0	0	0
50	Syangja	12	612	609	7313	156359	2342	2356	3	1	15	4009	1	1	1	1	12	3712	0	0
51	Tanahu	12	435	408	4749	80295	631	631	3	2	25	10050	0	0	3	3	34	17339	0	0
	Western	192	10747	8445	101121	1675073	15791	12136	95	46	430	232447	79	78	10	9	114	96202	13	13
52	Banke	12	666	637	7529	207409	331	311	4	2	41	3994	0	0	3	3	16	16414	0	0
53	Bardiya	12	841	782	9720	348404	604	493	13	9	81	30078	1	1	0	0	0	0	0	0
54	Dailikh	12	810	765	9290	294677	97	98	1	1	11	2129	0	0	1	1	5	1857	0	0
55	Dang	12	802	733	8259	130972	4	4	2	2	23	23193	0	0	0	0	6	1223	0	0
56	Dolpa	12	207	72	897	3020	53	53	0	0	1	93	0	0	0	0	0	0	0	0
57	Humla	12	243	222	2410	21921	0	0	2	1	12	2719	0	0	0	0	0	0	0	0
58	Jajarkot	12	270	252	3029	32874	135	80	0	0	1	220	0	0	0	0	0	0	0	0
59	Jumla	12	545	490	5766	62874	174	36	7	1	36	4873	0	0	1	1	1	36	0	0
60	Kalikot	12	270	214	2546	40863	55	27	0	0	1	1050	0	0	5	0	0	0	0	0
61	Mugu	12	216	102	1422	9906	115	104	4	0	1	800	0	0	0	0	0	0	0	0
62	Pyuthan	12	441	403	4841	105870	3	3	0	0	0	0	0	0	2	2	12	168	0	0
63	Rolpa	12	459	345	4536	58754	27	27	1	0	1	694	0	0	0	0	5	210	0	0
64	Rukum	12	387	294	3453	29024	0	0	1	1	12	32590	0	0	0	0	0	0	0	0
65	Salyan	12	422	409	4898	134913	84	84	0	0	9	0	0	0	0	0	0	0	0	0
66	Surkhet	12	935	836	10355	214499	306	140	5	4	57	6693	0	0	0	0	0	0	0	0
	Mid Western	180	7514	6556																

Analysed Data
Reporting Status Sheet 1 of 2

District Code	District Name	Received Report	Reporting Status (%)										Timely Reporting of HMIS - 33
			District	Hospital (Reported to Public Health)	PHC	HP	SHP	ORC	EPIC	FCHV	NGO	PHI	
	Mountain	192	100	94.47	99.58	95.21	93.17	72.54	80.94	78.11	59.88	58.23	38.02
	Hill	468	100	86.07	95.95	97.21	97.51	84.48	91.93	88.03	64.80	87.26	63.03
	Terai	240	100	71.18	88.24	90.55	86.73	78.94	83.66	82.84	65.66	53.82	36.67
	National Total	900	100	82.50	93.15	95.16	93.04	80.88	87.25	84.84	64.69	76.39	50.67
1	Bhojpur	12	100	100.00	100.00	99.07	99.84	93.69	92.01	91.09	50.00		58.33
2	Dhankuta	12	100	100.00	100.00	100.00	100.00	81.97	93.34	95.24	100.00		83.33
3	Ilam	12	100	91.67	100.00	100.00	100.00	97.12	99.13	81.97	100.00	100.00	75.00
4	Jhapa	12	100	50.00	100.00	100.00	100.00	96.91	99.27	96.30	81.77	93.75	16.67
5	Khotang	12	100	100.00	100.00	100.00	94.23	81.26	87.47	88.96	100.00	100.00	66.67
6	Morang	12	100	94.44	100.00	100.00	99.83	95.27	97.53	94.29	89.53	93.65	0.00
7	Okhaldhunga	12	100	100.00	100.00	100.00	98.89	95.34	94.45	98.51	41.67	75.00	75.00
8	Panchthar	12	100	100.00	100.00	99.17	99.71	96.29	92.09	95.11	94.44		66.67
9	Sankhuwasabha	12	100	100.00	100.00	100.00	100.00	80.79	96.23	79.22	50.00	97.22	58.33
10	Saptari	12	100	100.00	100.00	100.00	99.76	97.50	94.41	96.60	66.67		25.00
11	Siraha	12	100	87.50	100.00	100.00	100.00	92.35	91.96	98.60	41.67	62.50	83.33
12	Solkhumbu	12	100	100.00	100.00	99.07	90.94	67.39	65.58	75.82	70.73		58.33
13	Sunsari	12	100	100.00	100.00	100.00	100.00	88.77	99.09	90.60	82.58	70.83	75.00
14	Taplejung	12	100	100.00	100.00	100.00	97.67	87.54	95.12	84.31	76.47	58.33	75.00
15	Tehrathum	12	100	100.00	100.00	99.07	98.33	83.48	98.09	83.79	72.73		41.67
16	Udaypur	12	100	75.00	100.00	99.05	99.51	94.42	97.60	91.56	58.33		33.33
	Eastern	192	100	82.90	100.00	99.71	98.84	91.03	93.95	90.79	78.58	85.11	55.73
17	Bara	12	100	100.00	100.00	100.00	99.70	84.93	93.73	99.54	75.00		8.33
18	Bhaktapur	12	100	65.38	100.00	100.00	100.00	80.37	93.45	96.08	84.08	53.85	8.33
19	Chitwan	12	100	66.67	100.00	100.00	100.00	89.52	93.98	98.25	77.42	83.82	8.33
20	Dhading	12	100	66.67	100.00	100.00	99.74	89.74	92.01	96.94	86.54	100.00	25.00
21	Dhanusha	12	100	8.33	91.67	89.81	87.97	80.89	81.38	87.65	15.00		41.67
22	Dolcha	12	100	83.33	95.83	94.44	92.64	87.67	93.46	74.91	91.89	61.29	91.67
23	Kathmandu	12	100	96.43	100.00	100.00	100.00	91.40	92.52	92.40	80.67	100.00	25.00
24	Kavre	12	100	0.00	100.00	100.00	100.00	88.37	96.07	93.66	76.11	68.75	8.33
25	Lalitpur	12	100	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.33
26	Mahottari	12	100	75.00	88.57	93.06	90.83	84.55	86.00	90.07	100.00	80.00	66.67
27	Makawanpur	12	100	100.00	100.00	100.00	99.44	80.50	91.24	96.62	100.00	54.17	41.67
28	Nuwakot	12	100	100.00	100.00	100.00	100.00	90.85	93.58	85.47	100.00	100.00	0.00
29	Parsa	12	100	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.33
30	Ramechhap	12	100	100.00	100.00	100.00	100.00	84.74	94.43	93.71			91.67
31	Rasuwa	12	100	100.00	100.00	100.00	98.15	85.32	95.91	90.68	100.00	91.67	0.00
32	Rautahat	12	100	75.00	100.00	98.96	96.96	84.67	85.41	96.03	34.52		25.00
33	Sarlahi	12	100	100.00	100.00	100.00	100.00	84.14	91.76	96.41	91.23		0.00
34	Sindhuli	12	100	100.00	97.22	98.33	95.83	78.20	81.10	93.86	54.17	5.88	41.67
35	Sindhupalchowk	12	100	100.00	100.00	100.00	100.00	77.00	89.64	82.07	80.28		0.00
	Central	228	100	71.85	86.86	88.96	87.47	76.50	81.36	83.69	64.02	77.06	26.32
36	Arghakhanchi	12	100	100.00	100.00	100.00	100.00	85.68	96.78	71.09			83.33
37	Baglung	12	100	100.00	100.00	100.00	100.00	59.04	80.93	81.40	95.83	100.00	83.33
38	Gorkha	12	100	100.00	100.00	98.33	98.64	79.57	94.99	89.61	87.10	100.00	41.67
39	Gulmi	12	100	100.00	100.00	100.00	100.00	71.82	95.49	89.32	95.83		100.00
40	Kapilvastu	12	100	100.00	91.67	98.81	95.83	91.76	91.62	93.66	45.83		0.00
41	Kaski	12	100	80.95	100.00	100.00	99.75	89.93	98.14	89.23	53.33		100.00
42	Lamjung	12	100	91.67	100.00	100.00	100.00	95.25	95.10	96.55	69.05		75.00
43	Manang	12	100	100.00		95.37	93.75	30.57	61.25	47.08	29.17		8.33
44	Mustang	12	100	100.00	100.00	83.33	79.76	43.95	55.03	58.74	33.33		50.00
45	Myagdi	12	100	91.67	100.00	100.00	99.73	72.54	86.71	92.13	94.12	100.00	66.67
46	Nawalparasi	12	100	0.00	100.00	100.00	100.00	80.47	95.76	97.69	48.18	100.00	100.00
47	Palpa	12	100	100.00	100.00	100.00	100.00	96.91	97.97	99.09	100.00	100.00	75.00
48	Parbat	12	100	100.00	100.00	98.33	98.81	77.05	90.08	91.85	46.15	11.11	75.00
49	Rupandehi	12	100	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.33
50	Syangja	12	100	100.00	100.00	100.00	100.00	95.35	99.05	99.58	41.67	100.00	83.33
51	Tanahu	12	100	100.00	100.00	100.00	100.00	80.64	94.89	90.98	69.44	94.44	91.67
	Western	192	100	84.31	87.52	94.37	90.78	75.13	86.36	78.46	53.02	83.82	65.10
52	Banke	12	100	100.00	100.00	100.00	100.00	89.54	97.30	94.21	80.39	61.54	91.67
53	Bardiya	12	100	83.33	100.00	100.00	100.00	96.41	98.46	96.31	51.92		25.00
54	Dailekh	12	100	100.00	100.00	100.00	99.83	96.63	96.00	95.58	91.67	100.00	83.33
55	Dang	12	100	100.00	100.00	100.00	100.00	78.46	85.13	85.29	95.83	60.00	83.33
56	Dolpa	12	100	91.67		78.70	55.36	27.44	40.82	36.11	100.00		25.00
57	Humla	12	100	75.00		95.83	88.54	93.59	74.90	82.65	44.44		75.00
58	Jajarkot	12	100	100.00	95.83	97.62	100.00	92.50	85.55	93.49	100.00		75.00
59	Jumla	12	100	91.67	100.00	98.96	99.59	73.86	89.23	89.01	48.00	100.00	33.33
60	Kalikot	12	100	100.00	100.00	95.37	92.54	62.01	62.46	78.58		0.00	0.00
61	Mugu	12	100	91.67	100.00	92.71	73.96	40.92	36.11	54.86	2.08		41.67
62	Pyuthan	12	100	100.00	100.00	99.24	99.29	90.18	92.70	91.48		100.00	33.33
63	Rolpa	12	100	100.00	100.00	100.00	100.00	77.07	89.93	82.32	16.67		100.00
64	Rukum	12	100	100.00	100.00	100.00	97.55	52.58	80.70	74.35	100.00		100.00
65	Salyan	12	100	100.00	100.00	100.00	99.77	93.46	99.93	96.57	100.00		100.00
66	Surkhet	12	100	100.00	100.00	100.00	100.00	88.96	93.57	92.29	95.00		100.00
	Mid Western	180	100	95.74	99.71	97.16	96.48	80.01	87.05	87.55	59.54	50.56	64.44
67	Achham	12	100	100.00	100.00	100.00	100.00	90.93	99.89	78.92	90.91	100.00	41.67
68	Baitadi	12	100	100.00	100.00	99.17	99.24	82.14	94.45	84.30	80.00		8.33
69	Bajhang	12	100	83.33	100.00	100.00	100.00	56.74	89.14	82.96	0.00		50.00
70	Bajura	12	100	100.00	100.00	100.00	100.00	78.45	93.73	92.53	100.00		33.33
71	Dadeldhura	12	100	87.50	100.00	100.00	100.00	84.55	97.31	84.67	100.00		91.67
72	Darchula	12	100	83.33	100.00	87.88	85.06	83.44	75.97	78.97			8.33
73	Doti	12	100	41.67	100.00	100.00	98.08	77.34	86.91	84.69	25.00		100.00
74	Kailali	12	100	100.00	100.00	100.00	100.00	91.95	97.49	91.18	88.33	33.33	66.67
75	Kanchanpur	12	100	100.00	100.00	100.00	100.00	89.30	99.66	86.58	34.78	54.76	0.00
	Far Western	108	100	85.42	100.00	98.39	98.10	82.41	92.82	85.05	68.75	52.89	44.44

Analysed Data
Reporting Status Sheet 2 of 2

District Code	District Name	Received Report	Average no of People Served									Average no of Supervisory Visits in different Health Institution					
			Hospital (per day)	PHC (per day)	HP (per day)	SHP (per day)	ORC (per clinic)	EPIC (per clinic)	FCHV (reporting period)	NGO (per day)	PHI (per day)	SHP	ORC	EPIC	FCHV	NGO	PHI
	Mountain	192	69	39	16	10	17	14	10	10	19	1.74	0.28	0.37	0.19	0.05	0.00
	Hill	468	110	38	23	13	19	16	16	19	19	2.19	0.75	0.84	0.69	0.32	0.34
	Terai	240	178	61	44	22	23	27	31	19	35	2.48	1.01	1.03	0.76	0.75	0.49
	National Total	900	122	47	26	16	20	20	20	19	22	2.24	0.79	0.86	0.65	0.47	0.35
1	Bhojpur	12	101	27	20	11	14	12	14	8		2.00	0.91	0.72	1.20	0.00	
2	Dhankuta	12	141	34	20	12	15	24	23	23		7.54	0.09	0.19	0.21	0.00	
3	Ilam	12	49	24	18	11	23	18	7	50	22	0.37	0.54	0.55	0.39	0.00	0.00
4	Jhapa	12	103	95	46	23	22	41	58	16	28	1.66	0.89	0.87	0.71	1.22	0.00
5	Khotang	12	119	25	20	10	13	12	6	1	0	0.82	0.08	0.13	0.04		0.00
6	Morang	12	201	62	48	25	34	39	52	50	102	2.35	3.36	3.53	4.52	1.67	2.00
7	Okhaldhunga	12	67	20	28	14	15	11	9	3	9	2.22	0.17	0.14	0.07	0.00	0.00
8	Panchthar	12	171	28	17	12	27	14	26	6		3.07	0.61	0.44	0.22	0.00	
9	Sankhuwasabha	12	95	29	22	12	11	9	17	3	16	2.88	0.11	0.13	0.12	0.00	0.00
10	Saptari	12	225	59	46	18	21	22	36	13		0.84	0.60	0.56	0.29	0.00	
11	Siraha	12	70	52	40	18	19	20	24	4	23	6.54	4.16	4.29	3.85	0.00	0.00
12	Solkhumbu	12	28	41	19	15	15	11	7	7		1.39	0.09	0.03	0.03	0.33	
13	Sunsari	12	163	56	56	38	20	29	36	12	3	1.38	1.42	1.03	0.43	2.36	2.67
14	Taplejung	12	175	52	20	8	13	10	6	17	3	1.56	0.20	0.38	0.27	0.00	0.00
15	Teharthur	12	65	21	20	10	8	10	6	1		3.35	0.20	0.57	0.50		
16	Udaypur	12	108	73	23	13	20	21	18	15		2.52	0.07	0.08	0.02	0.00	
	Eastern	192	118	51	29	16	19	21	22	18	36	2.49	1.14	1.23	0.90	1.03	0.93
17	Bara	12	103	50	36	15	12	17	26	31	3	4.00	0.50	0.59	0.36	4.00	
18	Bhaktapur	12	68	30	29	20	14	18	18	18	50	0.50	0.80	0.28	0.58	0.27	2.00
19	Chitwan	12	555	50	43	20	12	31	43	26	47	2.16	0.14	0.30	0.58	0.06	0.00
20	Dhading	12	147	81	26	16	25	24	20	14	34	2.45	1.54	1.75	1.28	0.20	0.00
21	Dhanusha	12	80	61	35	22	20	21	26	62		3.09	0.43	0.42	0.31	0.00	
22	Dolkha	12	42	35	18	13	11	14	5	19	28	0.26	0.00	0.00	0.00	0.00	0.00
23	Kathmandu	12	45	30	24	19	21	30	17	24	17	9.28	4.22	4.17	1.91	0.40	0.13
24	Kavre	12		33	30	12	17	10	16	12	9	1.36	0.98	1.05	0.67	0.96	3.25
25	Lalitpur	12										0.00	0.00	0.00	0.00	0.00	0.00
26	Mahottari	12	0	85	49	19	29	28	44	13	11	5.07	2.22	2.23	1.30	1.00	0.00
27	Makawanpur	12	218	47	23	12	20	20	37	32	47	2.67	0.13	0.21	0.20	0.00	3.50
28	Nuwakot	12	84	22	14	7	12	13	6	10	17	0.77	0.21	0.21	0.06	0.00	0.00
29	Parsa	12										0.00	0.00	0.00	0.00	0.00	0.00
30	Ramechhap	12	54	34	21	9	12	13	15			0.66	0.12	0.11	0.04		
31	Rasuwa	12	19	34	11	5	15	10	14	3	8	2.22	2.14	1.74	0.77	0.00	0.00
32	Rautahat	12	87	68	35	14	14	24	20	4		1.71	0.49	0.41	0.39	0.00	
33	Sarlahi	12	105	61	29	19	20	27	12	9		3.68	0.42	0.37	0.17	0.00	
34	Sindhuli	12	70	27	14	9	13	20	12	4	1	0.48	0.07	0.12	0.06	0.00	
35	Sindhupalchowk	12	76	49	18	9	14	12	11	9		1.78	0.25	0.56	0.29	0.08	
	Central	228	83	47	26	15	17	20	18	19	19	2.47	0.71	0.71	0.46	0.27	0.25
36	Arghakhanchi	12	58	61	26	15	15	15	11			3.16	1.80	1.16	0.67		
37	Baglung	12	136	33	17	12	12	20	11	9	7	3.20	1.16	2.42	0.12	3.00	6.00
38	Gorkha	12	126	34	18	12	16	13	10	8	22	1.13	0.90	1.09	0.80	0.50	0.00
39	Gulmi	12	137	40	26	13	15	13	11	7		1.81	1.86	2.20	1.30	0.00	
40	Kapilvastu	12	82	55	47	22	24	23	13	5		1.50	0.08	0.03	0.00	0.00	
41	Kaski	12	265	26	15	10	23	25	20	7		4.18	1.07	1.74	3.60	0.43	
42	Lamjung	12	214	18	17	9	13	11	10	6		1.24	0.16	0.22	0.04	0.00	
43	Manang	12	23		3	2	3	2	2	3		1.75	0.00	0.20	0.19	0.00	
44	Mustang	12	33	18	7	6	5	4	3	2		6.43	2.96	1.81	0.59	0.00	
45	Myagdi	12	51	32	16	9	19	20	9	4	18	2.87	1.12	1.01	1.06	0.00	1.00
46	Nawalparasi	12		48	32	19	11	23	31	40	1	3.49	1.37	1.87	3.16	1.82	
47	Palpa	12	39	46	28	13	14	11	38	139	188	1.57	0.83	0.91	1.19	0.00	0.00
48	Parbat	12	113	33	23	12	11	10	17	8	9	1.74	0.75	0.83	0.19	0.00	
49	Rupandehi	12										0.00	0.00	0.00	0.00	0.00	0.00
50	Syangja	12	121	75	29	13	15	15	21	11	13	5.19	2.06	2.45	3.85	0.33	0.00
51	Tanahu	12	126	57	19	11	13	16	17	17	21	4.97	1.86	1.77	1.45	0.00	0.00
	Western	192	143	43	21	13	16	17	17	23	35	2.44	1.04	1.25	1.13	0.82	1.30
52	Banke	12	728	53	46	29	21	22	28	4	43	1.51	0.63	0.70	0.47	0.00	0.00
53	Bardiya	12	143	68	67	41	44	32	36	15		1.32	0.78	0.73	0.59	0.08	
54	Dailekh	12	79	43	28	17	23	15	32	8	15	0.58	0.04	0.07	0.12	0.00	0.00
55	Dang	12	210	68	48	32	25	36	16	42	8	0.19	0.05	0.02	0.00	0.00	
56	Dolpa	12	35		7	6	11	12	3	4		1.43	0.07	0.20	0.26		
57	Humla	12	107		16	12	55	12	9	9		0.00	0.00	0.00	0.00	0.00	
58	Jajarkot	12	73	23	33	15	24	22	11	9		2.20	0.40	0.40	0.30		
59	Jumla	12	81	12	11	11	10	18	11	6	2	0.69	0.07	0.14	0.07	0.00	0.00
60	Kalikot	12	66	25	17	9	20	24	16	44		1.37	0.19	0.17	0.10		0.00
61	Mugu	12	74	11	7	8	14	21	7	33		0.25	0.53	0.45	0.48	0.00	
62	Pyuthan	12	104	33	29	17	17	16	22		1	1.37	0.06	0.02	0.01		0.00
63	Rolpa	12	34	39	24	15	23	16	13	29	2	4.98	0.47	0.13	0.06	0.00	
64	Rukum	12	102	29	34	15	20	21	8	113		0.00	0.00	0.00	0.00	0.00	
65	Salyan	12	101	56	25	18	22	14	28	0		0.47	0.07	0.11	0.20		
66	Surkhet	12	164	72	37	24	25	26	21	5		1.61	0.88	0.61	0.15	0.00	
	Mid Western	180	145	48	29	19	24	21	21	16	18	1.31	0.30	0.26	0.19	0.03	0.00
67	Achham	12	139	36	28	14	27	17	12	34	23	2.03	1.45	2.38	1.34		
68	Baitadi	12	67	39	22	12	23	18	13	3		0.73	0.02	0.05	0.03	0.00	
69	Bajhang	12	207	34	18	10	39	23	17			4.11	0.52	0.85	0.42		
70	Bajura	12	62	72	30	15	44	21	23	20		5.07	0.33	0.42	0.22	0.00	
71	Dadeldhura	12	94	68	28	23	75	19	25	9		2.93	0.90	1.02	0.16	0.00	
72	Darchula	12	74	74	18	13	22	18	9			0.69	0.00	0.17	0.07		
73	Doti	12	61	18	23	13	33	15	19	6	12	0.72	0.05	0.17	0.13	0.00	
74	Kailali	12	208	58	50	38	44	35	44	6	29	0.16	0.00	0.02	0.02	0.00	0.00
75	Kanchanpur	12	255	52	52	46	23	55	42	8	3	3.00	1.23	1.16	0.12	0.00	0.00
	Far Western	108	135	48	29	17	34	24	25	11	9	1.76	0.45	0.65	0.31	0.27	0.00

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District Code	District Name	Received Reports	BCG	DPT-Hep B1	DPT-Hep B2	DPT-Hep B3	Polio 1	Polio 2	Polio 3	Measles 9-11 months	Measles 12-23 months	Japanese Encephalitis	TT Pregnant Women			TT Total
													TT 1	TT 2	TT 2+	
	Mountain	192	42478	40699	37392	36280	42306	39084	37896	39136	2438	0	24052	21713	12278	58043
	Hill	468	265240	238395	224185	224472	246510	232530	232156	243422	4964	9073	105155	118364	102798	326317
	Terai	240	305314	271625	260381	268558	274337	263927	270224	278000	8567	145957	165153	185236	153257	503646
	National Total	900	613032	550719	521958	529310	563153	535541	540276	560558	15969	155030	294360	325313	268333	888006
1	Bhojpur	12	3934	3803	3481	3337	3923	3598	3427	3860	52	0	951	1301	2840	5092
2	Dhankuta	12	3561	3359	3156	3097	3589	3413	3323	3425	11	0	1472	1825	2113	5410
3	Ilam	12	6758	6367	6166	6174	6771	6589	6538	6640	106	0	1275	1859	4760	7894
4	Jhapa	12	20105	20103	20100	20103	20103	20103	20103	20107	4153	11839	8611	9827	14144	32582
5	Khotang	12	5207	4712	4349	4304	4650	4188	4238	4882	94	0	3250	2926	2670	8846
6	Morang	12	22117	19796	18881	18988	20140	19254	19339	19403	84	13028	5567	7609	12873	26049
7	Okhaldhunga	12	3626	3062	2738	2801	3473	3126	3136	3284	39	0	1206	2415	1026	4647
8	Panchthar	12	4680	4359	4111	4049	4556	4354	4265	4347	62	0	2686	2253	1890	6829
9	Sankhuwasabha	12	3639	3348	3239	3111	3496	3473	3429	3216	82	0	289	431	2884	3604
10	Saptari	12	15468	14516	13774	13691	14397	14229	13870	13681	391	6911	9421	7559	9632	26612
11	Siraha	12	15705	14952	14367	14126	14952	14367	14131	14765	154	5616	11770	11240	15522	38532
12	Solukhumbu	12	2213	1870	1752	1670	1871	1752	1670	2058	24	0	1483	1343	730	3556
13	Sunsari	12	17171	15672	15163	14917	15672	15163	14917	15234	267	8208	6328	6021	11637	23986
14	Taplejung	12	3262	3133	3033	2950	3189	3086	2996	3157	103	0	2469	2228	752	5449
15	Teharthur	12	2236	2229	2125	2061	2351	2256	2197	2288	20	0	728	882	1746	3356
16	Udaypur	12	7540	6935	6393	6324	7415	6867	6942	6925	336	4415	3743	3845	3556	11144
	Eastern	192	137222	128216	122828	121703	130548	125818	124521	127272	5978	50017	61249	63564	88775	213588
17	Bara	12	15743	15260	14232	14772	15454	14538	14079	14384	251	2609	10162	8461	7306	25929
18	Bhaktapur	12	4194	4118	4151	4091	4127	4087	3887	5823	226	2508	2118	1777	1002	4897
19	Chitwan	12	11258	9762	9457	9491	9964	9735	9754	10205	75	7086	3253	3596	8472	15321
20	Dhading	12	8522	8238	7882	7884	8442	8137	8100	8658	37	0	2381	4508	4353	11242
21	Dhanusha	12	16627	15288	14562	13864	15428	14707	14014	15448	279	1360	13803	13310	5797	32910
22	Dolkha	12	4041	3693	3496	3571	3929	3748	3837	4009	74	0	2055	2238	1277	5570
23	Kathmandu	12	36470	26413	25162	24928	26502	25382	25106	27121	296	36	21510	18864	1755	42129
24	Kavre	12	7790	7515	7123	7091	7698	7408	7396	7664	18	0	2196	2117	3844	8157
25	Lalitpur	12	10296	7831	7373	8054	7831	7373	8054	7487	0	2108	886	887	2231	4004
26	Mahottari	12	15491	13951	13285	13424	13951	13285	13541	14180	197	8632	14210	15681	2097	31988
27	Makawanpur	12	8847	8566	8068	7801	8782	8302	8057	8387	349	0	4516	4022	2039	10577
28	Nuwakot	12	5738	5718	5490	5514	5997	5776	5810	5556	93	0	2670	2540	2344	7554
29	Parsa	12	13774	0	0	11533	0	0	12213	12294	0	5710	0	14674	6238	20912
30	Ramechhap	12	4000	3851	3754	3741	3956	3871	3844	4016	84	0	1835	2129	1188	5152
31	Rasuwa	12	1028	969	940	919	1002	979	971	1011	13	0	108	729	435	1272
32	Rautahat	12	17154	17626	16679	16303	17743	16834	15074	14204	891	792	18317	15466	1053	34836
33	Sarlahi	12	18483	16726	15284	14838	17083	15624	15035	15465	403	0	13798	12768	9350	35916
34	Sindhuli	12	6811	6181	5674	5713	6633	6113	6203	6123	335	3	3883	3285	1924	9092
35	Sindhupalchowk	12	5548	5859	5680	5748	5880	5717	5775	5884	138	0	1460	2026	2213	5699
	Central	228	211815	177565	168292	179280	180402	171616	180750	187919	3759	30844	119161	129078	64918	313157
36	Arghakhanchi	12	4970	4726	4423	4625	4504	4424	4449	4943	11	0	630	2946	2823	6399
37	Baglung	12	6532	6204	6003	5716	6331	6178	5888	6149	70	0	3896	3611	854	8361
38	Gorkha	12	5849	5533	5272	5335	5458	5283	5301	5402	102	0	1993	2600	2055	6648
39	Gulmi	12	7180	6573	6233	6349	6835	6626	6689	7386	33	0	1116	4509	5345	10970
40	Kapilvastu	12	13545	11834	11331	11039	12170	11645	11335	12057	464	9360	5415	11693	9586	26694
41	Kaski	12	9888	8587	8147	8368	8670	8147	8407	8604	115	3	2081	2751	3324	8156
42	Lamjung	12	3658	3496	3398	3405	3632	4060	3500	3522	28	0	2459	2304	759	5522
43	Manang	12	89	86	67	63	85	74	61	67	2	0	51	46	5	102
44	Mustang	12	192	196	179	161	196	179	161	188	6	0	113	150	59	322
45	Myagdi	12	3183	2849	2725	2742	2735	2657	2682	2843	72	0	1661	1847	1802	5310
46	Nawalparasi	12	12215	12342	12338	11994	12346	12257	11995	12120	108	9870	6883	8559	3667	19109
47	Palpa	12	6811	5875	5663	5631	5875	5663	5831	6088	44	0	418	632	4518	5568
48	Parbat	12	3099	2965	2837	2898	3012	2876	2975	3047	50	0	448	1238	1751	3437
49	Rupandehi	12	20834	18082	17270	17535	18082	17270	17535	18439	0	13747	13249	12989	11854	38092
50	Syangja	12	6286	6110	5773	5858	6130	5803	5907	6303	190	0	1244	3907	4249	9400
51	Tanahu	12	6701	6483	6053	6025	6667	6349	6249	6361	46	0	3847	3866	634	8347
	Western	192	111032	101941	97712	97744	102728	99491	98965	103519	1341	32980	45504	63648	53285	162437
52	Banke	12	12021	10296	9662	9224	10515	9997	9564	9477	158	6515	5635	4740	5308	15683
53	Bardiya	12	8455	8309	8144	7739	8559	8398	8082	8662	5	7324	6499	5952	2669	15120
54	Dailekh	12	7374	7032	6577	6494	7032	6577	6494	7013	4	0	2375	2269	4101	8745
55	Dang	12	13847	12991	12705	12606	12991	12702	12513	13547	241	8738	2779	7530	5573	15882
56	Dolpa	12	669	726	628	588	717	630	588	623	37	0	535	441	177	1153
57	Humla	12	1400	1421	1179	1081	1463	1163	1087	1290	149	0	1017	804	93	1914
58	Jajarkot	12	4657	4374	3864	4247	5014	4452	4840	4795	313	0	4175	4056	583	8814
59	Jumla	12	2810	2613	2228	2294	2641	2278	2381	2627	173	0	2141	1816	269	4226
60	Kailikot	12	3465	3421	2825	2736	3127	2857	2759	2978	431	0	2839	1782	125	4746
61	Mugu	12	1545	1578	1317	1010	1010	1741	977	1151	509	0	957	583	244	1784
62	Pyuthan	12	7329	6788	6463	6425	7167	7011	6916	7084	39	0	2426	3076	4332	9834
63	Roipa	12	6441	6024	5407	5474	7885	5793	5859	6140	157	0	960	2005	3479	6444
64	Rukum	12	6117	5175	4496	4420	5579	4908	4877	5079	455	0	3550	2951	1374	7875
65	Salyan	12	6045	5511	4678	4601	6084	5580	5440	5991	23	0	2095	2906	2889	7890
66	Surkhet	12	9010	8417	7952	7732	8560	8145	7932	8365	121	0	2852	4870	4690	12412
	Mid Western	180	91185	84676	78125	76671	89485	82232	80309	84822	2815	22577	40835	45781	35906	122522
67	Achham	12	7863	7343	7102	7483	7418	7114	7509	7603	224	0	2440	2511	4516	9467
68	Baitadi	12	6381	6080	5696	5709	6056	5637	5694	5786	335	0	2155	2039	3869	8063
69	Bajhang	12	5222	4808	4328	3942	5220	4792	4591	4452	206	0	4029	2961	859	7849
70	Bajura	12	4546	4204	3864	3788	4471	3860	3894	3531	441	0	2277	2197	1155	5629
71	Dadeldhura	12	3692	3188	2929	2834	3219	2952	2848	3120	75	0	1807	1342	1293	4442
72	Darchula	12	2809</													

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District Code	District Name	Received Reports	Vaccine Received in Doses					Vaccine Expenditure in Doses						
			BCG	DPT - Hep B	Polio	Measles	JE	TT	BCG	DPT - Hep B	Polio	Measles	JE	TT
	Mountain	192	269122	156089	187893	156898	290	130148	266113	150098	182575	152494	0	126056
	Hill	468	1506653	823243	998433	819868	13096	672981	1449479	793248	980339	798246	16021	620796
	Terai	240	1069343	847603	918253	604441	210958	643416	1068989	866535	945684	604059	207107	601455
	National Total	900	2845118	1826935	2104579	1581207	224344	1446545	2784581	1809881	2108598	1554799	223128	1348307
1	Bhojpur	12	35745	14681	17745	18258	40	13110	35134	14331	17625	17928	40	13102
2	Dhankuta	12	25930	13348	16592	13820	0	12300	25930	13248	16533	14170	0	12065
3	Ilam	12	36480	21185	24165	19320	0	13640	35941	20993	23971	18886	0	13270
4	Jhapa	12	57279	65336	67031	35531	18498	39732	53034	62368	63920	33439	16515	36676
5	Khotang	12	41905	18812	24093	23826	0	24302	41675	18727	24083	23786	0	24329
6	Morang	12	69750	66506	70373	37690	21175	37970	63355	63986	66955	34315	18098	33666
7	Okhaldhunga	12	32880	13384	19053	15556	0	10670	32880	13384	19053	15556	0	10670
8	Panchthar	12	38830	16973	19995	21070	0	13531	37435	16235	18156	20159	0	12965
9	Sankhuwasabha	12	38390	14185	18140	20430	0	9610	36680	13647	17540	19750	0	9480
10	Saptari	12	87694	51987	59938	47184	15053	49973	87633	51501	59852	46961	14903	49716
11	Siraha	12	74460	49975	52600	40110	8250	48340	70660	48058	51375	37884	7857	46437
12	Solukhumbu	12	17910	8249	9163	10660	0	9690	25810	8249	9163	10650	0	9660
13	Sunsari	12	67660	56418	58955	37740	15967	40750	64029	53898	56680	35910	15098	38595
14	Taplejung	12	32860	13667	16937	17575	290	13970	31510	13298	16441	16970	0	13300
15	Tehrathum	12	23080	10104	12368	12740	0	10530	22619	9887	12189	12515	260	10328
16	Udaypur	12	34996	24251	28096	20226	8080	19009	35062	24086	28020	19821	8034	18600
	Eastern	192	715849	459061	514644	391736	87353	367127	699387	445896	501556	378700	80805	352859
17	Bara	12	70780	53380	58937	42835	4905	41727	68780	52987	59107	41983	4564	40471
18	Bhaktapur	12	18637	12258	14297	10926	4916	7943	13758	11935	12860	9216	3859	6146
19	Chitwan	12	51590	35536	39805	27360	14658	25669	46034	33114	37585	25299	11951	22542
20	Dhading	12	45050	29211	31650	24680	0	18100	44880	29131	31580	24670	0	18010
21	Dhanusha	12	68240	53378	60106	45815	1858	47839	65269	51725	57281	42639	1975	45925
22	Dolcha	12	28240	15155	19259	16390	0	14060	27950	14989	19263	16280	0	14000
23	Kathmandu	12	88100	88419	93014	54052	0	64909	69860	76762	80218	41922	0	47250
24	Kavre	12	52113	29009	30985	28076	0	13794	43801	22377	24123	24673	0	8628
25	Lalitpur	12	0	0	0	0	0	0	30571	25291	28542	19934	3828	0
26	Mahottari	12	66669	46803	48489	38170	15188	42670	63995	45734	47261	35859	14246	41311
27	Makawanpur	12	44022	31052	34258	24430	0	18914	43282	30338	33498	23921	0	18203
28	Nuwakot	12	45370	22602	26445	24170	0	15840	44920	22036	25903	23834	0	15370
29	Parsa	12	0	0	0	0	0	0	0	0	0	0	0	0
30	Ramechhap	12	32030	15578	19972	16340	60	11764	31490	15373	19849	16280	0	11712
31	Rasuwa	12	8670	4339	5360	4720	0	3280	8590	4284	5337	5011	0	3180
32	Rautahat	12	45670	56381	57668	29604	1243	47660	45037	55046	57040	29313	1050	46278
33	Sarlahi	12	58390	56610	59440	34940	0	48770	58290	56244	61613	34820	0	48340
34	Sindhuli	12	32315	23609	26695	18375	0	18240	31481	23131	26298	18036	0	17847
35	Sindhupalchowk	12	42990	24265	28710	22630	0	14502	37430	20454	25352	19875	0	12322
	Central	228	798876	597585	655090	463513	42828	455681	775418	590951	652710	453565	41473	417353
36	Arghakhanchi	12	38390	15761	20511	20627	0	14650	36740	14756	19931	20169	0	14342
37	Baglung	12	31250	21676	24651	17730	0	14216	29760	20139	23303	16649	0	12650
38	Gorkha	12	48984	19779	28780	26710	0	18525	47242	18624	28161	26032	0	18014
39	Gulmi	12	57120	22690	30780	29600	0	20217	49020	19502	29222	25275	0	17822
40	Kapilvastu	12	65870	37611	43100	34700	13878	37800	58642	34717	40090	31103	12266	32415
41	Kaski	12	41300	22547	28057	20980	0	10720	36380	19813	25864	18533	0	9934
42	Lamjung	12	35820	11648	21300	19460	0	17420	33536	10299	20664	18480	0	16312
43	Manang	12	1100	223	879	450	0	368	1111	217	842	441	0	368
44	Mustang	12	2040	734	1260	1100	0	1080	1680	544	1107	980	0	807
45	Myagdi	12	19190	9197	11505	9390	0	8400	18920	8934	11425	15870	0	8220
46	Nawalparasi	12	61200	40106	46992	32160	18305	29140	55190	36325	43599	29025	14880	25370
47	Palpa	12	56720	22284	30580	27750	0	20860	44180	17348	25630	22240	0	15070
48	Parbat	12	28532	10919	15970	15204	0	9720	24810	9276	14170	13052	0	8224
49	Rupandehi	12	0	0	0	0	0	0	56565	50768	58276	31988	18557	0
50	Syangja	12	48818	19888	33539	25777	0	20410	44936	18236	30887	22800	0	18334
51	Tanah	12	42940	21608	30250	24210	0	20040	42750	21124	29975	24056	0	19878
	Western	192	579274	276671	368154	305848	32183	243566	581462	300622	403146	316693	45703	217760
52	Banke	12	48915	33115	35707	25127	10514	22115	46156	31740	33937	23375	8794	20269
53	Bardiya	12	42806	28004	30417	23370	10733	22637	39560	25948	28184	21375	9667	18947
54	Dailekh	12	57590	26594	29920	29070	0	26070	56950	26192	29580	28650	0	25540
55	Dang	12	43160	42006	43880	24495	11310	21694	42890	41903	43800	24455	11365	21654
56	Dolpa	12	5160	3418	3825	3161	0	3350	5028	3408	3825	3160	0	3350
57	Humla	12	4643	4347	4868	3817	0	3141	4959	4608	5050	4023	0	3233
58	Jajarkot	12	21395	16950	20168	15440	0	15535	20565	16912	20106	15380	0	15472
59	Jumla	12	13759	10627	11663	9515	0	9246	12915	10365	11392	9074	0	8742
60	Kalikot	12	14160	11798	12325	9330	0	9391	14050	11690	12135	9380	0	9354
61	Mugu	12	6340	6031	6899	4100	0	3860	6120	5737	6599	4090	0	3810
62	Pyuthan	12	53770	23596	28271	28420	0	26240	51970	22643	27986	25260	0	25420
63	Rolpa	12	40883	22924	26352	23444	0	15694	40683	22536	26194	23463	0	15599
64	Rukum	12	29740	19733	23290	18220	0	18520	29560	19499	23100	18060	0	18370
65	Salyan	12	39430	21135	28537	22010	0	21460	38740	20543	28167	21630	0	21130
66	Surkhet	12	41570	30684	33220	22290	0	21450	39730	28242	31470	21290	0	19570
	Mid Western	180	463321	300962	339342	259809	32557	240403	449876	291966	331525	252665	29826	230460
67	Achham	12	46780	25432	31134	24610	0	19141	45892	24066	30041	23710	0	19441
68	Baitadi	12	39620	20881	25766	21580	0	19040	38400	18295	24720	19930	0	16122
69	Bajhang	12	22800	16600	21365	13960	0	15100	22520	16229	21289	13770	0	14950
70	Bajura	12	17350	13892	15840	10830	0	10760	17050	13820	15840	10810	0	10760
71	Dadeldhura	12	18480	10585	11755	9646	0	7911	17631	9769	11048	9006	0	6967
72	Darchula	12	12710	8559	11400	8230	0	8740	12710	8559	11400	8230	0	8740
73	Doti	12	40848	22256	25274	23835	0	20146	40365	19235	26194	23404	0	19870
74	Kailali	12	56670	46037	54769	30440	18934	25932	52650	43404	50259	27930	16089	21615
75	Kanchanpur	12	32540	28414	30046	17170	10489	12998	31220	27069	28870	16386	9232	11228
	Far Western	108	287798	192656	227349	160301	29423	139768	278438	180446	219661	153176	25321	129693

**Analysed Data
EPI**

District Code	District Name	Received Report	Coverage (%)							Drop Out Rate (%)			Wastage Rate (%)						
			BCC	DPT-3	Polio-3	Measles	JE	TT1	TT2	TT2+	BCC Vs Measles	DPT1 Vs DPT-3	Polio1 Vs Polio-3	BCC	DPT	Polio	Measles	JE	TT
	Mountain	192	93.50	79.86	83.42	86.15		45.10	40.72	23.02	7.87	10.86	10.42	84.04	23.80	34.66	72.74		53.95
	Hill	468	92.79	78.53	81.22	85.16	3.17	31.51	35.47	30.80	8.23	5.84	5.82	81.70	13.39	27.45	68.88	43.37	47.44
	Terai	240	96.14	84.56	85.09	87.54	45.96	44.56	49.98	41.35	8.95	1.13	1.50	71.44	7.61	14.51	52.56	29.53	16.26
	National Total	900	94.48	81.58	83.27	86.39	23.89	38.85	42.94	35.41	8.56	3.89	4.06	77.98	11.49	22.27	62.92	30.52	34.14
1	Bhojpur	12	74.59	63.27	64.98	73.19		15.45	21.13	46.13	1.88	12.25	12.64	88.80	25.89	37.88	78.18	100.00	61.14
2	Dhankuta	12	75.13	65.34	70.11	72.26		26.61	32.99	38.20	3.82	7.80	7.41	86.27	27.45	37.55	75.75		55.16
3	Ilam	12	80.55	73.59	77.93	79.14		13.02	18.98	48.61	1.75	3.03	3.44	81.20	10.89	16.99	64.28		40.51
4	Jhapa	12	92.88	92.87	92.87	92.89	54.69	34.09	38.90	55.99	-0.01	0.00	0.00	62.09	3.31	5.65	27.45	28.31	11.16
5	Khotang	12	88.36	73.04	71.92	82.84		47.25	42.54	38.82	6.24	8.66	8.86	87.51	28.63	45.70	79.08		63.64
6	Morang	12	86.12	73.94	75.30	75.55	50.73	18.57	25.39	42.95	12.27	4.08	3.98	65.09	9.88	12.28	43.21	28.01	22.63
7	Okhaldhunga	12	90.38	69.82	78.17	81.85		25.75	51.57	21.91	9.43	8.52	9.70	88.97	35.74	48.91	78.64		56.45
8	Panchthar	12	85.87	74.29	78.26	79.76		42.22	35.41	29.71	7.12	7.11	6.39	87.50	22.89	27.43	78.13		47.33
9	Sankhuwasabha	12	84.94	72.62	80.04	75.07		5.78	8.62	57.69	11.62	7.08	1.92	90.08	28.94	40.72	83.30		61.98
10	Saptari	12	102.40	90.63	91.82	90.57	45.75	53.43	42.87	54.63	11.55	5.68	3.66	82.35	18.49	29.00	70.03	53.63	46.47
11	Siraha	12	104.82	94.28	94.31	98.55	37.48	67.30	64.27	88.76	5.99	5.52	5.49	77.77	9.60	15.43	60.62	28.52	17.02
12	Solkhumbu	12	78.61	59.33	59.33	73.11		45.13	40.87	22.22	7.00	10.70	10.74	91.43	35.85	42.24	80.45		63.19
13	Sunsari	12	91.04	79.09	79.09	80.77	43.52	28.75	27.35	52.87	11.28	4.82	4.82	73.18	15.11	19.28	56.83	45.64	37.85
14	Taplejung	12	89.89	81.29	82.56	86.99		58.30	52.61	17.76	3.22	5.84	6.05	89.65	31.45	43.61	80.79		59.03
15	Tehrathum	12	71.51	65.91	70.26	73.17		19.95	24.16	47.84	-2.33	7.54	6.55	90.11	35.12	44.18	81.56	100.00	67.51
16	Udaypur	12	94.63	79.37	87.12	86.91	55.41	40.25	41.35	38.24	8.16	8.81	6.38	78.50	18.41	24.25	63.37	45.05	40.09
	Eastern	192	90.36	80.14	82.00	83.81	32.94	34.56	35.86	50.09	7.25	5.08	4.62	80.38	16.40	24.06	64.81	38.10	39.47
17	Bara	12	105.15	98.66	94.04	96.07	17.43	58.15	48.42	41.81	8.63	3.20	8.90	77.11	16.46	25.44	65.14	42.84	35.93
18	Bhaktapur	12	54.52	53.19	50.53	75.70	32.61	23.59	19.80	11.16	-38.84	0.66	5.82	69.52	-3.56	5.90	34.36	35.01	20.32
19	Chitwan	12	75.32	63.50	65.26	68.27	47.41	18.65	20.61	48.57	9.35	2.78	2.11	75.54	13.30	21.64	59.37	40.71	32.03
20	Dhading	12	91.72	84.86	87.18	93.19		21.96	41.58	40.15	-1.60	4.30	4.05	81.01	17.60	21.85	64.75		37.58
21	Dhanusha	12	97.96	81.68	82.56	91.01	8.01	69.67	67.18	29.26	7.09	9.31	9.17	74.53	15.49	22.93	63.12	31.14	28.34
22	Dolkha	12	74.67	65.98	70.90	74.08		32.53	35.43	20.22	0.79	3.30	2.34	85.54	28.21	40.23	74.92		60.21
23	Kathmandu	12	128.60	87.90	88.53	95.63	0.13	64.83	56.85	5.29	25.63	5.62	5.27	47.80	0.34	4.02	34.60		10.84
24	Kavre	12	71.67	65.24	68.05	70.51		17.31	16.69	30.30	1.62	5.64	3.92	82.22	2.90	6.72	68.86		5.46
25	Lalitpur	12	88.71	69.40	69.40	64.51	18.16	6.54	6.55	16.47	27.28	-2.85	-2.85	66.32	8.04	18.51	62.44	44.93	
26	Mahottari	12	112.99	97.91	98.77	103.43	62.96	88.80	97.99	13.10	8.46	3.78	2.94	75.79	11.09	13.72	59.91	39.41	22.57
27	Makawanpur	12	81.15	71.56	73.90	76.93		35.49	31.61	16.02	5.20	8.93	8.26	79.56	19.46	24.95	63.48		41.89
28	Nuwakot	12	74.54	71.63	75.47	72.17		29.72	28.27	26.09	3.17	3.57	3.12	87.23	24.12	32.12	76.30		50.85
29	Parsa	12	103.46	86.63	91.74	92.35	42.89	0.00	94.44	40.15	10.74								
30	Ramechhap	12	76.03	71.11	73.07	76.34		29.88	34.67	19.35	-0.40	2.86	2.83	87.30	26.20	41.20	74.82		56.01
31	Rasuwa	12	88.62	79.22	83.71	87.16		7.97	53.80	32.10	1.65	5.16	3.09	88.03	33.99	44.69	79.56		60.00
32	Rautahat	12	119.50	113.57	105.01	98.95	5.52	109.33	92.31	6.29	17.20	7.51	15.04	61.91	8.06	12.95	48.50	24.57	24.72
33	Sarlahi	12	112.35	90.19	91.39	94.00		71.86	66.50	48.70	16.33	11.29	11.99	68.29	16.71	22.51	54.43		25.70
34	Sindhuli	12	89.99	75.48	81.95	80.90	0.04	43.96	37.19	21.78	10.10	7.57	6.48	78.36	24.05	27.95	64.19		49.06
35	Sindhupalchowk	12	69.19	71.69	72.03	73.38		15.60	21.65	23.65	-6.06	1.89	1.79	85.18	15.48	31.48	69.70		53.75
	Central	228	96.91	82.03	82.70	85.98	14.11	46.70	50.58	25.44	11.28	-0.97	-0.19	72.68	11.14	18.38	57.74	25.63	25.00
36	Arghakhanchi	12	87.21	81.15	78.07	86.73		9.47	44.29	42.44	0.54	2.14	1.22	86.47	6.65	32.88	75.44		55.38
37	Baglung	12	84.00	73.51	75.72	79.08		42.93	39.79	9.41	5.86	7.87	7.00	78.05	11.00	21.05	62.65		33.91
38	Gorkha	12	75.53	68.89	68.45	69.76		22.05	28.77	22.74	7.64	3.58	2.88	87.62	13.34	43.03	78.86		63.10
39	Gulmi	12	89.25	78.92	83.14	91.81		11.88	48.02	56.92	-2.87	3.41	2.14	85.35	1.78	31.05	70.65		38.45
40	Kapilvastu	12	105.65	86.10	88.41	94.04	73.01	36.19	78.14	64.06	10.99	6.72	6.86	76.90	1.48	12.32	59.74	23.69	17.65
41	Kaski	12	83.16	70.37	70.70	72.36	0.03	14.99	19.82	23.95	12.99	2.55	3.03	72.82	-26.69	2.47	52.95		17.90
42	Lamjung	12	75.59	70.37	72.33	72.78		43.53	40.79	13.44	3.72	2.60	3.63	89.09	0.00	45.84	80.79		66.15
43	Manang	12	29.67	21.00	20.33	22.33		14.57	13.14	1.43	24.72	26.74	28.24	91.99	0.46	73.87	84.35		72.28
44	Mustang	12	51.20	42.93	42.93	50.13		25.86	34.32	13.50	2.08	17.86	17.86	88.57	1.47	51.58	80.20		60.10
45	Myagdi	12	100.22	86.34	84.45	89.52		44.82	49.84	48.62	10.68	3.76	1.94	83.18	6.92	29.33	81.63		35.40
46	Nawalparasi	12	74.29	72.94	72.95	73.71	60.03	35.86	44.60	19.11	0.78	2.82	2.84	77.87	-0.96	16.06	57.87	33.67	24.68
47	Palpa	12	91.78	75.88	78.57	82.04		4.83	7.30	52.16	10.62	4.15	0.75	84.58	1.03	32.23	72.43		63.05
48	Parbat	12	70.66	66.07	67.83	69.47		8.75	24.18	34.21	1.68	2.26	1.23	87.51	6.21	37.45	76.27		58.21
49	Rupandehi	12	101.85	85.72	85.72	90.14	67.20	55.49	54.40	49.65	11.50	3.03	3.03	63.17	-4.17	9.25	42.36	25.92	
50	Syangja	12	72.12	67.21	67.77	72.32		12.23	38.41	41.77	-0.27	4.12	3.64	86.01	2.71	42.24	71.52		48.73
51	Tanahu	12	74.96	67.40	69.91	71.16		36.88	37.06	6.08	5.07	7.06	6.27	84.33	12.13	35.73	73.37		58.01
	Western	192	86.05	75.75	76.70	80.23	25.56	30.22	42.27	35.38	6.77	4.12	3.66	80.90	1.07	25.29	66.89	27.84	25.41
52	Banke	12	107.02	82.12	85.15	84.38	58.00	42.99	36.16	40.49	21.16	10.41	9.04	73.96	8.06	11.38	58.78	25.92	22.63
53	Bardiya	12	73.32	67.11	70.08	75.11	63.51	48.28	44.22	19.83	-2.45	6.86	5.57	78.63	6.77	11.16	59.45	24.24	20.20
54	Dailikh	12	118.65	104.49	104.49	112.84		32.75	31.28	56.54	4.90	7.65	7.65	87.05	23.25	32.04	75.51		65.76
55	Dang	12	99.10	90.22	89.55	96.95	62.53	17.04	46.17	34.17	2.17	2.96	3.68	67.72	8.59	12.77	43.62	23.11	26.66
56	Dolpa	12	84.15	73.96	73.96	78.36		57.71	47.57	19.09	6.88	19.01	17.99	86.69	43.02	49.41	79.11		65.58
57	Humla	12	92.41	71.35	71.75	85.15		49.08	38.80	4.49	7.86	23.93	25.70	20.12	26.48	64.23		40.80	
58	Jajarkot	12	122.94	112.12	127.77	126.58		94.44	91.74	13.19	-2.96	2.90	3.47	77.35	26.18	28.85	66.79		43.03

Raw Data
Nutrition
Sheet 1 of 2

District Code	District Name	Received Reports	Weighing Status according to age group (New Visit)										Weighing Status according to age group (Repeated Visit)											
			0-11 Months		12-23 Months		24-35 Months		36-59 Months		Total		Grand Total	0-11 Months		12-23 Months		24-35 Months		36-59 Months		Total		Grand Total
			Low	Normal	Low	Normal	Low	Normal	Low	Normal	Low	Normal		Low	Normal	Low	Normal	Low	Normal	Low	Normal	Low	Normal	
Mountain	192	2328	53071	2045	24540	1586	18971	1815	20256	7774	116838	124612	1641	78527	1766	35185	1598	29726	1584	23186	6589	166624	173213	
Hill	468	8298	327361	5102	125856	3803	98259	3450	110000	20653	661476	682129	7521	511444	10338	209550	10489	173604	6011	155774	34359	1050372	1084731	
Terai	240	10622	344080	7622	132204	5857	111772	5794	122970	29895	711026	740921	6231	352895	7307	191133	6025	145764	4987	153827	24550	843619	868169	
National Total	900	21248	724512	14769	282600	11246	229002	11059	253226	58322	1489340	1547662	15393	942866	19411	435868	18112	349094	12582	332787	65498	2060615	2126113	
1 Bhojpur	12	11	4006	5	176	0	139	1	137	17	4458	4475	48	17335	55	6936	28	4959	33	6669	164	35899	36063	
2 Dhankuta	12	68	3813	34	645	18	361	12	373	132	5192	5324	38	8373	23	3310	60	2121	16	2282	137	16086	16223	
3 Ilam	12	100	7607	57	2358	53	1643	81	2419	291	14027	14318	103	10762	27	2535	18	1627	46	2239	194	17163	17357	
4 Jhapa	12	156	20212	202	7284	127	6210	171	6482	656	40188	40844	268	30630	157	11385	95	6994	86	6737	606	55746	56352	
5 Khotang	12	141	7114	66	3622	66	2368	57	2303	330	15407	15737	247	7094	94	3404	134	2491	97	2474	572	15463	16035	
6 Morang	12	602	22447	346	3547	244	2168	266	2425	1458	30587	32045	450	46728	420	19655	233	12324	379	15885	1482	94592	96074	
7 Okhaldhunga	12	170	7332	150	4602	95	3764	102	3818	517	19516	20033	79	6527	96	2728	38	1946	47	2204	260	13405	13665	
8 Panchthar	12	103	5820	49	2199	36	1470	23	1854	211	11343	11554	67	5398	70	3068	65	2444	57	2501	259	13411	13670	
9 Sankhuwasabha	12	21	4888	19	1683	19	1067	15	1322	74	8960	9034	20	9494	35	3291	32	2121	86	2802	173	17708	17881	
10 Saptari	12	344	14152	243	6618	150	5147	144	5137	881	31054	31935	176	16187	166	9591	111	6859	75	7275	528	39912	40440	
11 Siraha	12	296	18543	212	10549	144	9719	113	10706	765	49517	50282	326	30304	216	21778	171	20172	200	20119	913	92373	93286	
12 Solukhumbu	12	33	3153	45	2290	26	1909	16	1857	120	9209	9329	132	6056	204	7879	213	7078	101	4464	650	25477	26127	
13 Sunsari	12	421	14464	354	5841	275	5061	279	6227	1329	31593	32922	625	21778	1307	14135	1264	12528	1238	16457	4434	64898	69332	
14 Taplejung	12	67	3914	8	795	3	513	86	307	164	5529	5693	4	8548	11	3023	8	2324	300	2138	323	16033	16356	
15 Teharthur	12	27	2891	20	1160	19	749	22	837	88	5637	5725	77	4075	55	2122	17	1454	34	1548	183	9199	9382	
16 Udaypur	12	151	6943	87	3610	80	2692	62	2400	380	15645	16025	126	10065	43	5536	43	4417	51	10615	263	25179	25442	
Eastern	192	2711	147299	1897	56979	1355	44980	1450	48604	7413	297862	305275	2786	239354	2979	120376	2530	91859	2846	50955	11141	552544	563685	
17 Bara	12	712	12650	898	9238	754	8383	966	8836	3330	39107	42437	368	10634	340	5429	302	4925	303	4950	1313	25938	27251	
18 Bhaktapur	12	180	7458	13	804	11	591	26	670	230	9523	9753	87	7391	14	1628	5	739	14	955	120	10713	10833	
19 Chitwan	12	583	11232	169	1629	126	938	113	1388	991	15187	16178	470	24099	730	10247	617	7067	148	4993	1965	46406	48371	
20 Dhading	12	134	11521	95	2888	68	2632	89	2614	386	19655	20041	211	25218	158	9683	148	7513	143	8462	660	50876	51536	
21 Dhanusha	12	643	12092	573	10183	538	10245	485	11313	2239	43833	46072	415	13485	403	11874	383	10858	382	12078	1583	48295	49878	
22 Dolkha	12	42	6039	23	1925	22	1483	30	1627	117	11074	11191	67	10535	24	1939	7	1344	9	1296	107	15114	15221	
23 Kathmandu	12	1052	38868	384	7090	272	5444	133	5876	1841	57278	59119	616	34974	2194	14427	2426	13735	203	3054	5439	66190	71629	
24 Kavre	12	128	8455	60	4465	83	3762	106	5434	377	22126	22493	139	23878	119	8737	118	6679	69	7581	445	46875	47320	
25 Lalitpur	12	778	17761	0	0	0	0	0	0	778	17761	18539	255	22119	0	0	0	0	0	0	255	22119	22374	
26 Mahottari	12	481	16495	395	10102	287	8715	259	8972	1422	44284	45706	255	21238	327	16491	221	12972	169	12900	972	63601	64573	
27 Makawanpur	12	223	10367	164	2897	111	1985	89	2238	587	17487	18074	285	17702	185	3665	169	2243	170	2182	809	25732	26541	
28 Nuwakot	12	180	6206	129	2610	104	1916	100	1754	513	12486	12999	132	8836	66	1636	48	1083	31	1343	277	12898	13175	
29 Parsa	12	1416	24949	0	0	0	0	0	0	1416	24949	26365	0	0	0	0	0	0	0	0	0	0	0	
30 Ramechhap	12	20	4958	36	1745	22	1370	17	1400	95	9473	9568	92	7312	12	1825	15	1260	11	1354	130	11751	11881	
31 Rasuwa	12	32	1639	26	1054	21	762	25	797	104	4252	4356	18	1157	19	690	17	645	17	581	71	3073	3144	
32 Rautahat	12	500	10070	725	9683	763	9681	849	12415	2837	41849	44686	184	4793	162	2780	179	2436	167	2822	692	12031	13523	
33 Sarlahi	12	541	15873	856	14766	797	13670	698	14669	2892	58978	61870	131	10656	245	10249	270	9157	260	8889	906	38951	39857	
34 Sindhuli	12	134	7970	92	4058	72	3205	67	3596	365	18829	19194	104	6818	64	2921	58	2339	53	2156	279	14234	14513	
35 Sindhupalchowk	12	151	7732	67	2074	35	1418	63	1710	316	12934	13250	128	15704	25	2061	18	1222	10	1155	181	20142	20323	
Central	228	7930	232335	4705	87211	4086	76200	4115	85309	20836	481055	501891	3957	266549	5087	106222	5001	86217	2159	76751	16204	535739	551943	
36 Arghakhanchi	12	75	7637	38	2985	25	2512	31	2514	169	15648	15817	55	12380	13	1950	10	1604	14	1705	92	17639	17731	
37 Baglung	12	78	7971	74	3833	53	2860	42	3131	247	17795	18042	49	16682	26	3043	13	2944	19	2697	107	25366	25473	
38 Gorkha	12	156	6356	54	1516	35	1254	16	1239	261	10365	10626	190	13361	136	4882	90	3637	89	4327	505	26207	26712	
39 Gulmi	12	93	10882	99	5441	58	3966	88	4596	338	24885	25223	46	17752	55	4668	33	3017	42	3926	176	29363	29539	
40 Kapilvastu	12	834	11407	626	7851	435	6098	293	5029	2188	30385	32573	579	13792	494	8257	379	6801	333	7807	1785	36657	38442	
41 Kaski	12	85	14625	59	4560	59	4234	51	3962	254	27381	27635	89	27443	63	6277	50	5071	44	4042	246	42833	43079	
42 Lamjung	12	65	6485	38	3165	36	2739	13	3125	152	15514	15666	23	10626	51	4853	73	5301	28	5237	175	26017	26192	
43 Manang	12	1	124	0	88	0	67	1	76	2	355	357	0	87	0	37	0	24	0	50	0	198	198	
44 Mustang	12	1	342	0	82	0	81	0	115	1	620	621	1	770	0	319	0	241	2	351	3	1681	1684	
45 Myagdi	12	129	4114	110	2905	77	2479	61	2995	377	12493	12870	186	7176	100	3216	70	2891	104	3060	460	16343	16803	
46 Nawalparasi	12	457	13668	195	2702	101	1661	88	1893	841	19924	20765	696	24865	864	10485	863	6394	247	4051	2670	45795	48465	
47 Palpa	12	369	7564	14	336	5	223	19	264	407	8387	8794	158	21587	102	4995	52	3708	493	4852	805	35142	35947	
48 Parbat	12	14	4684	16	2288	13	1772	8	2437	51	11181	11232	15	10395	12	2736	13	1920	17	2857	57	17908	17965	
49 Rupandehi	12	0	56873	0	0	0	0	0	0	0	56873	56873	0	1155	0	0	0	0	0	0	0	1155	1155	
50 Syangja	12	30	6842	41	4602	20	3915	42	5172	133	20531	20664	109	22907	196	6352	50	4622	46	6655	401	40536	40937	
51 Tanahu	12	51	10254	34	4211	21	2878	38	3744															

Raw Data
Nutrition
Sheet 2 of 2

District Code	District Name	Received Reports	Treated (<5 Yrs)					No. of Pregnant Women			No of Postpartum mother within 6 week.		225 Iron Tabs	
			Vitamin A				Total	Anthelmintic	Iron (New)	Iron (Repeated)	Iron	Vitamin 'A'		
			Eye	Measles	Diarrhoea	Severe Malnourish								
	Mountain	192	1719	289	2117	2126	6251	32205	43110	59350	31389	27339	26808	13445
	Hill	468	4282	1601	3888	5031	14802	114715	215376	275948	228997	172207	175862	111655
	Terai	240	6599	940	4913	9165	21617	128551	286389	361804	343561	246202	240630	140713
	National Total	900	12600	2830	10918	16322	42670	275471	544875	697102	603947	445748	443300	265813
1	Bhojpur	12	60	12	50	34	156	4130	3588	3438	2687	3258	3259	838
2	Dhankuta	12	52	15	5	12	84	879	2942	3179	4880	2714	2409	1218
3	Ilam	12	79	29	37	118	263	3090	4578	5743	4744	3802	3936	1572
4	Jhapa	12	248	42	179	178	647	8717	14953	19780	25967	11665	12171	9021
5	Khotang	12	354	47	146	119	666	4142	5763	6826	3444	3626	3578	1966
6	Morang	12	167	19	36	332	554	4621	18930	23131	35604	14204	14491	8766
7	Okhaldhunga	12	161	57	45	97	360	3856	3745	5149	611	2820	2740	1534
8	Panchthar	12	120	49	39	94	302	1251	3904	4067	3567	2775	2889	1420
9	Sankhuwasabha	12	13	13	24	51	101	1427	3116	3511	2523	2288	2308	1038
10	Saptari	12	373	40	237	228	878	10245	17321	19032	33850	10756	10517	8546
11	Siraha	12	249	11	142	355	757	12287	18706	18706	30150	14055	14521	10661
12	Solukhumbu	12	35	9	119	81	244	2584	2748	3378	539	1919	2045	841
13	Sunsari	12	186	12	88	423	709	7596	13586	16039	30305	10902	18190	6252
14	Taplejung	12	56	36	33	30	155	4201	3245	3383	1190	2484	2443	1418
15	Tehrathum	12	36	14	7	20	77	1508	2303	2323	1757	1505	1468	722
16	Udaypur	12	44	11	46	50	151	3119	4946	5660	4569	3884	3769	2823
	Eastern	192	2233	416	1233	2222	6104	73653	124374	143345	186387	92657	100734	58636
17	Bara	12	489	58	293	611	1451	10027	15298	20521	22296	13456	12973	8994
18	Bhaktapur	12	16	57	6	9	88	738	1750	2657	1985	1685	1652	521
19	Chitwan	12	87	61	92	163	403	2029	8649	13776	13414	8525	6531	1223
20	Dhading	12	289	78	167	201	735	3192	7747	8618	10750	7441	7317	4034
21	Dhanusha	12	341	35	237	268	881	13095	14877	22579	20515	13722	13250	7016
22	Dolkha	12	133	53	124	78	388	2241	3437	3937	1886	2561	2639	1732
23	Kathmandu	12	128	197	170	125	620	15197	19746	39785	7312	14275	13004	33978
24	Kavre	12	56	118	38	80	292	843	6414	8641	14793	4838	6768	1159
25	Lalitpur	12	0	0	0	0	0	0	2084	0	0	8614	9660	0
26	Mahottari	12	351	40	258	119	768	8261	18170	20229	2192	12660	12457	9671
27	Makawanpur	12	158	37	172	89	456	1931	7062	9415	9246	5503	6451	2923
28	Nuwakot	12	73	74	109	52	308	1888	4565	5802	2940	4259	4401	1429
29	Parsa	12	922	22	22	327	1293	0	205	13044	0	8171	13163	0
30	Ramechhap	12	66	55	18	40	179	971	3671	4429	10473	2443	2349	1275
31	Rasuwa	12	5	9	12	15	41	484	1034	1212	946	769	745	600
32	Rautahat	12	826	81	1149	905	2961	10267	14678	24674	0	13126	11654	9995
33	Sarlahi	12	663	31	454	1167	2315	6638	17909	23229	26144	12076	13036	7720
34	Sindhuli	12	169	264	212	144	789	3969	6399	9182	6125	4840	4795	2770
35	Sindhupalchowk	12	61	70	132	141	404	1328	4642	5304	7761	3253	3293	1219
	Central	228	4833	1340	3665	4534	14372	83099	158337	237034	158778	142217	146138	96259
36	Arghakhanchi	12	0	9	13	19	41	4196	4020	4263	275	4037	4145	1821
37	Baglung	12	214	42	161	181	598	3027	5453	8821	3266	5113	4763	3471
38	Gorkha	12	138	56	126	72	392	2895	5108	6255	1568	4181	4302	1873
39	Gulmi	12	76	10	47	122	255	3925	6090	7698	8858	4849	4755	2948
40	Kapilvastu	12	858	149	1010	1154	3171	9245	14151	19851	3500	9878	9665	7996
41	Kaski	12	13	11	13	6	43	778	8109	8690	6592	3213	3554	2419
42	Lamjung	12	32	23	17	10	82	887	3538	3662	4757	2640	2712	1151
43	Manang	12	4	0	1	1	6	15	74	105	16	52	52	26
44	Mustang	12	0	1	2	1	4	52	215	215	59	133	133	106
45	Myagdi	12	21	5	71	10	107	1929	3062	3858	1011	2829	2737	2212
46	Nawalparasi	12	39	29	22	50	140	3025	13174	13939	21692	8268	7994	5550
47	Palpa	12	7	19	8	21	55	744	4822	5842	9091	4404	6047	2508
48	Parbat	12	0	8	0	19	27	743	2945	3528	4084	2262	2558	2084
49	Rupandehi	12	95	4	147	392	638	0	34086	23590	0	35908	20018	0
50	Syangja	12	98	85	31	100	314	2474	5619	6094	12116	4331	4267	3768
51	Tanahu	12	67	17	48	9	141	1276	5460	8330	4338	4915	4858	2036
	Western	192	1662	468	1717	2167	6014	35211	115926	124741	81223	97013	82560	39969
52	Banke	12	187	9	178	345	719	6279	9768	12339	9711	7630	9932	7049
53	Bardiya	12	64	140	70	1238	1512	3944	9767	11789	20842	8624	8666	7060
54	Dailekh	12	20	0	43	102	165	2235	7189	7504	18102	5790	5689	3270
55	Dang	12	253	51	199	521	1024	7244	10255	13273	7866	10077	9782	9786
56	Dolpa	12	151	6	85	42	284	763	728	797	128	360	323	187
57	Humla	12	588	70	468	189	1315	4692	3036	3367	318	1411	1385	1328
58	Jajarkot	12	309	22	413	313	1057	4518	5207	5543	1531	2870	2840	1402
59	Jumla	12	134	0	189	236	559	1965	3003	4125	2636	2147	1982	969
60	Kailikot	12	164	5	300	396	865	1835	3758	4671	319	1615	1558	503
61	Mugu	12	68	5	154	277	504	2080	1983	1988	3977	899	898	616
62	Pyuthan	12	59	18	155	223	455	2894	5896	6824	8145	4624	4751	1198
63	Roipa	12	58	26	211	325	620	4490	5551	5725	2984	2967	2973	1232
64	Rukum	12	296	16	459	356	1127	4939	4966	6853	352	2944	2722	672
65	Salyan	12	73	11	118	217	419	2670	5589	7617	9418	4845	4771	1442
66	Surkhet	12	115	3	114	208	440	5622	9263	11951	15660	9391	9204	5400
	Mid Western	180	2539	382	3156	4988	11065	56170	85959	104366	101989	66194	67476	42114
67	Achham	12	385	10	303	1061	1759	6203	8406	8994	4038	5755	5731	2765
68	Baitadi	12	252	19	134	184	589	3740	5989	7362	6984	3950	4006	2289
69	Bajhang	12	108	3	146	189	446	3945	5526	15283	1814	3194	2970	882
70	Bajura	12	169	9	294	354	826	2161	3454	3581	4323	1535	1427	221
71	Dadeldhura	12	119	67	79	98	363	1402	5711	7706	6315	3152	3201	2518
72	Darchula	12	30	0	34	45	109	2432	3111	4493	2954	2719	2607	1759
73	Doti	12	69	10	57	91	227	2424	6176	7914	9629	4863	4831	2994
74	Kailali	12	71	28	66	213	378	2974	12427	19861	22420	13650	13786	11357
75	Kanchanpur	12	130	78	34	176	418	2057	9479	12422	17093	8849	7833	4050
	Far Western	108	1333	224	1147	2411	5115	27338	60279	87616	75570	47667	46392	28835

Analysed Data
Nutrition Sheet 1 of 2

District Code	District Name	Received Report	New Growth Monitoring(%)			Children among New visits (%)		Children among Repeated visits (%)		Avg. no of Growth Monitoring Visits made by				Children Treated With Vitamin A (%) for				Children Treated for Anthelmintis (%)
			Under 1 Yrs	Under 3 Yrs	Under 5 Yrs	Normal	Mainnourished	Normal	Mainnourished	0-11 Months	12-23 Months	24-35 Months	36-59 Months	Eye	Measles	Chronic Diarrhoea	Severe Malnutrition	
	Mountain	192	121.94	65.92	49.59	93.76	6.24	96.20	3.80	2.45	2.39	2.52	2.12	0.68	0.12	0.84	0.85	12.82
	Hill	468	117.43	63.04	46.49	96.97	3.03	96.83	3.17	2.55	2.68	2.80	2.43	0.29	0.11	0.27	0.34	7.82
	Terai	240	111.69	59.40	44.05	95.97	4.03	97.17	2.83	2.01	2.42	2.29	2.23	0.39	0.06	0.29	0.54	7.64
	National Total	900	114.93	61.46	45.51	96.23	3.77	96.92	3.08	2.28	2.53	2.53	2.31	0.37	0.08	0.32	0.48	8.10
1	Bhojpur	12	76.17	27.77	17.30	99.62	0.38	99.55	0.45	5.33	39.62	36.88	49.57	0.23	0.05	0.19	0.13	15.96
2	Dhankuta	12	81.88	36.12	24.80	97.52	2.48	99.16	0.84	3.17	5.91	6.75	6.97	0.24	0.07	0.02	0.06	4.09
3	Ilam	12	91.86	51.83	40.58	97.97	2.03	98.88	1.12	2.41	2.06	1.97	1.91	0.22	0.08	0.10	0.33	8.76
4	Jhapa	12	94.10	62.91	51.14	98.39	1.61	98.92	1.08	2.52	2.54	2.12	2.03	0.31	0.05	0.22	0.22	10.91
5	Khotang	12	123.11	66.28	45.52	97.90	2.10	96.43	3.57	2.01	1.95	2.08	2.09	1.02	0.14	0.42	0.34	11.98
6	Morang	12	89.75	41.04	29.76	95.45	4.55	98.46	1.54	3.05	6.16	6.21	7.04	0.16	0.02	0.03	0.31	4.29
7	Okhaldhunga	12	186.99	118.56	87.13	97.42	2.58	98.10	1.90	1.88	1.59	1.51	1.57	0.70	0.25	0.20	0.42	16.77
8	Panchthar	12	108.68	55.00	39.16	98.17	1.83	98.11	1.89	1.92	2.40	2.67	2.36	0.41	0.17	0.13	0.32	4.24
9	Sankhuwasabha	12	114.59	58.62	41.39	99.18	0.82	99.03	0.97	2.94	2.95	2.98	3.16	0.06	0.06	0.11	0.23	6.54
10	Saptari	12	95.96	53.72	38.18	97.24	2.76	98.69	1.31	2.13	2.42	2.32	2.39	0.45	0.05	0.28	0.27	12.25
11	Siraha	12	125.74	77.73	57.18	98.48	1.52	99.02	0.98	2.63	3.04	3.06	2.88	0.28	0.01	0.16	0.40	13.97
12	Solukhumbu	12	113.18	84.55	63.46	98.71	1.29	97.51	2.49	2.94	4.46	4.77	3.44	0.24	0.06	0.81	0.55	17.58
13	Sunsari	12	78.92	47.11	37.46	95.96	4.04	93.60	6.40	2.51	3.49	3.58	3.72	0.21	0.01	0.10	0.48	8.64
14	Taplejung	12	109.70	45.42	28.98	97.12	2.88	98.03	1.97	3.15	4.78	5.52	7.20	0.29	0.18	0.17	0.15	21.39
15	Teharthurm	12	93.32	53.55	39.24	98.46	1.54	98.05	1.95	2.42	2.84	2.92	2.84	0.25	0.10	0.05	0.14	10.34
16	Udaypur	12	89.03	51.77	36.39	97.63	2.37	98.97	1.03	2.44	2.51	2.61	3.12	0.10	0.02	0.10	0.11	7.08
	Eastern	192	98.78	56.20	41.73	97.57	2.43	98.02	1.98	2.61	3.10	3.04	3.07	0.31	0.06	0.17	0.30	10.07
17	Bara	12	89.25	57.35	45.12	92.15	7.85	95.18	4.82	1.82	1.57	1.57	1.54	0.52	0.06	0.31	0.65	10.66
18	Bhaktapur	12	99.30	54.28	44.82	97.64	2.36	98.89	1.11	1.98	3.01	2.24	2.39	0.07	0.26	0.03	0.04	3.39
19	Chitwan	12	79.05	35.61	27.13	93.87	6.13	95.94	4.06	3.08	7.11	8.22	4.43	0.15	0.10	0.15	0.27	3.40
20	Dhading	12	125.44	58.20	40.20	98.07	1.93	98.72	1.28	3.18	4.30	3.84	4.18	0.58	0.16	0.33	0.40	6.40
21	Dhanusha	12	75.03	55.24	43.86	95.14	4.86	96.83	3.17	2.09	2.14	2.04	2.06	0.32	0.03	0.23	0.26	12.47
22	Dolkha	12	112.36	59.35	42.48	98.95	1.05	99.30	0.70	2.74	2.01	1.90	1.79	0.50	0.20	0.47	0.30	8.51
23	Kathmandu	12	140.76	62.14	43.20	96.89	3.11	92.41	7.59	1.89	3.22	3.83	1.54	0.09	0.14	0.12	0.09	11.11
24	Kavre	12	78.97	53.98	44.56	98.32	1.68	99.06	0.94	3.80	2.96	2.77	2.38	0.11	0.23	0.08	0.16	1.67
25	Lalitpur	12	159.74	73.88	59.24	95.80	4.20	98.86	1.14	2.21				0.00	0.00	0.00	0.00	0.00
26	Mahottari	12	123.82	72.40	52.10	96.89	3.11	98.49	1.51	2.27	2.60	2.47	2.42	0.40	0.05	0.29	0.14	9.42
27	Makawanpur	12	97.14	44.72	31.22	96.75	3.25	96.95	3.05	2.70	2.24	2.15	2.01	0.27	0.06	0.30	0.15	3.34
28	Nuwakot	12	82.96	47.07	34.18	96.05	3.95	97.90	2.10	2.40	1.62	1.56	1.74	0.19	0.19	0.29	0.14	4.96
29	Parsa	12	198.04	54.47	32.56	94.63	5.37	93.57		1.00				1.14	0.03	0.03	0.40	0.00
30	Ramechhap	12	94.62	45.63	30.71	99.01	0.99	98.91	1.09	2.49	2.03	1.92	1.96	0.21	0.18	0.06	0.13	3.12
31	Rasuwa	12	144.05	94.87	70.26	97.61	2.39	97.74	2.26	1.70	1.66	1.85	1.73	0.08	0.15	0.19	0.24	7.81
32	Rautahat	12	73.63	57.02	48.27	93.65	6.35	94.88	5.12	1.47	1.28	1.25	1.23	0.89	0.09	1.24	0.98	11.09
33	Sarlahi	12	99.77	76.90	60.20	95.33	4.67	97.73	2.27	1.66	1.67	1.65	1.60	0.65	0.03	0.44	1.14	6.46
34	Sindhuli	12	107.07	59.30	42.53	98.10	1.90	98.08	1.92	1.85	1.72	1.73	1.60	0.37	0.58	0.47	0.32	8.79
35	Sindhupalchowk	12	98.32	46.41	32.58	97.62	2.38	99.11	0.89	3.01	1.97	1.85	1.66	0.15	0.17	0.32	0.35	3.27
	Central	228	109.93	58.07	43.33	95.85	4.15	97.06	2.94	2.13	2.21	2.14	1.88	0.42	0.12	0.32	0.39	7.17
36	Arghakhanchi	12	135.32	71.87	50.49	98.93	1.07	99.48	0.52	2.61	1.65	1.64	1.68	0.00	0.03	0.04	0.06	13.39
37	Baglung	12	103.51	61.37	45.14	98.63	1.37	99.58	0.42	3.08	1.79	2.02	1.86	0.54	0.11	0.40	0.45	7.57
38	Gorkha	12	84.09	39.34	27.52	97.54	2.46	98.11	1.89	3.08	4.20	3.89	4.52	0.36	0.15	0.33	0.19	7.50
39	Gulmi	12	136.42	78.14	56.38	98.66	1.34	99.40	0.60	2.62	1.85	1.76	1.85	0.17	0.02	0.11	0.27	8.77
40	Kapilvastu	12	95.48	58.51	42.66	93.28	6.72	95.36	4.64	2.17	2.03	2.10	2.53	1.12	0.20	1.32	1.51	12.11
41	Kaski	12	123.71	78.07	61.04	99.08	0.92	99.43	0.57	2.87	2.37	2.19	2.02	0.03	0.02	0.03	0.01	1.72
42	Lamjung	12	135.36	89.57	69.66	99.03	0.97	99.33	0.67	2.63	2.53	2.94	2.68	0.14	0.10	0.08	0.04	3.94
43	Manang	12	41.67	46.58	46.73	99.44	0.56	100.00	0.00	1.70	1.42	1.36	1.65	0.52	0.00	0.13	0.13	1.96
44	Mustang	12	91.47	54.30	44.71	99.84	0.16	99.82	0.18	3.25	4.89	3.98	4.07	0.00	0.07	0.14	0.07	3.74
45	Myagdi	12	133.60	93.34	74.71	97.07	2.93	97.26	2.74	2.74	2.10	2.16	2.04	0.12	0.03	0.41	0.06	11.20
46	Nawalparasi	12	85.90	36.48	25.20	95.95	4.05	94.49	5.51	2.81	4.92	5.12	3.17	0.05	0.04	0.03	0.06	3.67
47	Palpa	12	106.90	34.98	22.34	95.37	4.63	97.76	2.24	3.74	15.56	17.49	19.89	0.02	0.05	0.02	0.05	1.89
48	Parbat	12	107.11	67.14	52.04	99.55	0.45	99.68	0.32	3.22	2.19	2.08	2.18	0.00	0.04	0.00	0.09	3.44
49	Rupandehi	12	278.03	91.03	54.20	100.00	0.00	100.00	0.00	1.02				0.09	0.00	0.14	0.37	0.00
50	Syangja	12	78.84	57.76	46.44	99.36	0.64	99.02	0.98	4.35	2.41	2.19	2.29	0.22	0.19	0.07	0.22	5.56
51	Tanahu	12	115.28	66.19	49.20	99.32	0.68	99.50	0.50	2.48	1.94	1.87	1.57	0.16	0.04	0.11	0.02	2.96
	Western	192	133.51	64.72	45.71	98.14	1.86	98.07	1.93	2.27	2.42	2.39	2.35	0.25	0.07	0.26	0.33	5.38
52	Banke	12	108.76	63.51	48.22	94.57	5.43	95.51	4.49	1.83	1.83	1.74	1.64	0.32	0.02	0.30	0.59	10.76
53	Bardiya	12	105.39	77.50	64.12	95.45	4.55	97.17	2.83	1.99	2.16	2.04	1.94	0.11	0.25	0.12	2.17	6.92
54	Dailekh	12	125.50	45.61	29.64	97.10	2.90	97.76	2.24	2.83	6.08	6.62	6.75	0.05	0.00	0.10	0.25	5.42
55	Dang	12	127.02	71.24	53.67	95.42	4.58	96.62	3.38	1.77	2.26	2.40	2.53	0.35	0.07	0.28	0.73	10.16
56	Dolpa	12	115.35	73.71	54.76	96.21	3.79	95.45	4.55	1.26	1.29	1.22	1.29	3.30	0.13	1.86	0.92	16.68
57	Humla	12	147.52	143.41	143.27	86.00	14.00	82.77	17.23	1.09	1.09	1.11	1.08	8.79	1.05	7.00	2.83	70.15
58	Jajarkot	12	133.58	109.28	86.92	94.69	5.31	95.49	4.51	1.74	1.79	1.80	1.92	1.52	0.11	2.03	1.54	22.19
59	Jumla	12	210.06	82.36	56.37	90.60	9.40	88.04	11.96	1.88	1.65	1.64	1.65	0.93	0.00	1.31	1.63	13.61
60	Kalikot	12	89.81	59.90	50.82	86.25	13.75	82.84	17.16	1.08	1.10	1.12	1.15	0.95	0.03	1.74	2.30	10.67
61	Mugu	12	92.19	55.48	47.98	77.47	22.53	81.20	18.80	1.70	1.80	1.76	1.71	0.86	0.06	1.95	3.51	26.33
62	Pyuthan	12	157.78	68.														

Analysed Data
Nutrition Sheet 2 of 2

District Code	District Name	Received Report	% of pregnant woman receiving Anithelmenthis	% of pregnant woman receiving Iron Tabs		% of postpartum mothers receiving		Iron Compliance
				New	Repeated	Iron Tabs	Vitamin A	
	Mountain	192	80.84	111.30	58.86	51.27	50.27	25.21
	Hill	468	64.54	82.69	68.62	51.60	52.70	33.46
	Terai	240	77.27	97.61	92.69	66.42	64.92	37.96
	National Total	900	71.91	92.00	79.71	58.83	58.51	35.08
1	Bhojpur	12	58.28	55.85	43.65	52.92	52.94	13.61
2	Dhankuta	12	53.18	57.47	88.21	49.06	43.55	22.02
3	Ilam	12	46.75	58.64	48.44	38.82	40.19	16.05
4	Jhapa	12	59.19	78.30	102.79	46.17	48.18	35.71
5	Khotang	12	83.79	99.24	50.07	52.72	52.02	28.58
6	Morang	12	63.16	77.17	118.79	47.39	48.35	29.25
7	Okhaldhunga	12	79.97	109.95	13.05	60.22	58.51	32.76
8	Panchthar	12	61.36	63.93	56.07	43.62	45.41	22.32
9	Sankhuwasabha	12	62.33	70.23	50.47	45.77	46.17	20.76
10	Saptari	12	98.24	107.95	191.99	61.01	59.65	48.47
11	Siraha	12	106.96	106.96	172.40	80.37	83.03	60.96
12	Solukhumbu	12	83.63	102.80	16.40	58.40	62.23	25.59
13	Sunsari	12	61.72	72.86	137.67	49.53	82.64	28.40
14	Taplejung	12	76.62	79.88	28.10	58.65	57.69	33.48
15	Teharthur	12	63.10	63.64	48.14	41.23	40.22	19.78
16	Udaypur	12	53.19	60.87	49.13	41.77	40.53	30.36
	Eastern	192	70.17	80.88	105.16	52.28	56.83	33.08
17	Bara	12	87.55	117.44	127.60	77.01	74.24	51.47
18	Bhaktapur	12	19.49	29.60	22.11	18.77	18.40	5.80
19	Chitwan	12	49.58	78.97	76.90	48.87	37.44	7.01
20	Dhading	12	71.45	79.48	99.14	68.62	67.48	37.20
21	Dhanusha	12	75.09	113.97	103.55	69.26	66.88	35.41
22	Dolcha	12	54.41	62.32	29.86	40.54	41.78	27.42
23	Kathmandu	12	59.51	119.90	22.04	43.02	39.19	102.40
24	Kavre	12	50.56	68.12	116.62	38.14	53.35	9.14
25	Lalitpur	12	15.38	0.00	0.00	63.59	71.31	0.00
26	Mahottari	12	113.55	126.42	13.70	79.12	77.85	60.44
27	Makawanpur	12	55.50	73.99	72.66	43.25	50.70	22.97
28	Nuwakot	12	50.81	64.57	32.72	47.40	48.98	15.90
29	Parsa	12	1.32	83.95	0.00	52.59	84.71	0.00
30	Ramechhap	12	59.78	72.12	170.54	39.78	38.25	20.76
31	Rasuwa	12	76.31	89.45	69.82	56.75	54.98	44.28
32	Rautahat	12	87.61	147.27	0.00	78.35	69.56	59.66
33	Sarlahi	12	93.27	120.98	136.16	62.89	67.89	40.21
34	Sindhuli	12	72.44	103.94	69.33	54.79	54.28	31.36
35	Sindhupalchowk	12	49.60	56.67	82.93	34.76	35.19	13.02
	Central	228	62.05	92.89	62.22	55.73	57.27	37.72
36	Arghakhanchi	12	60.43	64.09	4.13	60.69	62.31	27.38
37	Baglung	12	60.08	97.19	35.99	56.34	52.48	38.24
38	Gorkha	12	56.52	69.21	17.35	46.26	47.60	20.72
39	Gulmi	12	64.86	81.98	94.33	51.64	50.64	31.40
40	Kapilvastu	12	94.57	132.66	23.39	66.01	64.59	53.43
41	Kaski	12	58.43	62.61	47.50	23.15	25.61	17.43
42	Lamjung	12	62.63	64.83	84.21	46.73	48.01	20.38
43	Manang	12	21.14	30.00	4.57	14.86	14.86	7.43
44	Mustang	12	49.20	49.20	13.50	30.43	30.43	24.26
45	Myagdi	12	82.62	104.10	27.28	76.34	73.85	59.69
46	Nawalparasi	12	68.64	72.63	113.03	43.08	41.65	28.92
47	Palpa	12	55.67	67.45	104.96	50.85	69.82	28.96
48	Parbat	12	57.53	68.92	79.78	44.19	49.97	40.71
49	Rupandehi	12	142.77	98.81	0.00	150.40	83.85	0.00
50	Syangja	12	55.24	59.91	119.11	42.58	41.95	37.04
51	Tanahu	12	52.34	79.85	41.58	47.11	46.57	19.52
	Western	192	76.98	82.83	53.94	64.42	54.82	26.54
52	Banke	12	74.51	94.13	74.08	58.20	75.76	53.77
53	Bardiya	12	72.56	87.59	154.84	64.07	64.38	52.45
54	Dailekh	12	99.12	103.46	249.58	79.83	78.44	45.08
55	Dang	12	62.88	81.39	48.23	61.79	59.98	60.01
56	Dolpa	12	78.53	85.98	13.81	38.83	34.84	20.17
57	Humla	12	146.53	162.50	15.35	68.10	66.84	64.09
58	Jajarkot	12	117.78	125.38	34.63	64.92	64.24	31.71
59	Jumla	12	106.56	146.38	93.54	76.19	70.33	34.39
60	Kalikot	12	107.99	134.22	9.17	46.41	44.77	14.45
61	Mugu	12	152.54	152.92	305.92	69.15	69.08	47.38
62	Pyuthan	12	87.30	101.04	120.60	68.46	70.34	17.74
63	Rolpa	12	83.49	86.10	44.88	44.62	44.71	18.53
64	Rukum	12	78.44	108.25	5.56	46.50	42.99	10.61
65	Salyan	12	82.74	112.76	139.42	71.72	70.63	21.35
66	Surkhet	12	90.12	116.28	152.36	91.37	89.55	52.54
	Mid Western	180	84.34	102.40	100.07	64.95	66.21	41.32
67	Achham	12	118.16	126.43	56.76	80.90	80.56	38.87
68	Baitadi	12	80.12	98.49	93.43	52.84	53.59	30.62
69	Bajhang	12	106.45	294.41	34.95	61.53	57.21	16.99
70	Bajura	12	105.82	109.71	132.44	47.03	43.72	6.77
71	Dadeldhura	12	139.94	188.83	154.74	77.24	78.44	61.70
72	Darchula	12	79.04	114.15	75.05	69.08	66.23	44.69
73	Doti	12	94.28	120.81	146.99	74.23	73.74	45.70
74	Kailali	12	56.96	91.03	102.76	62.56	63.19	52.05
75	Kanchanpur	12	71.07	93.14	128.16	66.35	58.73	30.37
	Far Western	108	82.84	120.41	103.85	65.51	63.75	39.63

Raw Data

ARI

Sheet 1 of 2

District Code	District Name	Received Reports	Health Facility										Dead
			Total	No Pneumonia	Pneumonia	Severe Pneumonia	Treated by				Follow up	Referred Cases	
							Home	Confin	Other Antibiotic	Total			
	Mountain	192	89459	47089	40308	2062	45359	36568	6317	88244	27604	458	86
	Hill	468	411600	219926	184919	6755	210330	169937	30247	410514	122866	2028	171
	Terai	240	420319	236724	177976	5619	234144	167527	20834	422505	123501	1961	62
	National Total	900	921378	503739	403203	14436	489833	374032	57398	921263	273971	4447	319
1	Bhojpur	12	10269	5250	4895	124	5250	4281	728	10259	3350	8	2
2	Dhankuta	12	9626	4592	4944	90	4592	3963	816	9371	3123	77	0
3	Ilam	12	7774	2920	4733	121	2663	4079	993	7735	2929	26	2
4	Jhapa	12	28195	15064	12375	756	14194	11747	2514	28455	6157	490	1
5	Khotang	12	12586	7368	4996	222	7130	4906	648	12684	4801	114	3
6	Morang	12	27733	17277	10205	251	17274	9082	1270	27626	6623	96	6
7	Okhaldhunga	12	13770	8135	5490	145	7483	5055	1135	13673	4366	30	2
8	Panchthar	12	9068	3653	5283	132	3652	5011	419	9082	4533	9	0
9	Sankhuwasabha	12	8463	3694	4632	137	3667	3158	1653	8478	2146	42	5
10	Saptari	12	26055	17331	8633	91	17385	8674	973	27032	8339	18	31
11	Siraha	12	29992	17142	12619	231	17142	12163	785	30090	12101	62	0
12	Solukhumbu	12	7489	4034	3350	105	3538	3283	641	7462	2096	62	5
13	Sunsari	12	36490	15355	20609	526	15355	18116	2991	36462	12189	177	3
14	Taplejung	12	8203	4174	3915	114	4034	3732	456	8222	3351	36	3
15	Teharhum	12	6033	2833	3144	56	2839	2770	335	5944	2218	63	1
16	Udaypur	12	8879	5303	3469	107	4723	3456	500	8679	2959	29	100
	Eastern	192	250625	134125	113292	3208	130921	103476	16857	251254	81281	1339	164
17	Bara	12	15302	7543	7467	292	7488	7120	649	15257	5240	58	0
18	Bhaktapur	12	8876	6049	2741	86	3493	1943	726	6162	1417	13	0
19	Chitwan	12	10732	4318	6294	120	3809	5136	1469	10414	2709	59	7
20	Dhading	12	13494	5952	7268	274	5924	5908	1650	13482	4647	161	5
21	Dhanusha	12	27048	17127	9803	118	17128	9119	811	27058	7793	58	0
22	Dolkha	12	8763	4870	3814	79	4561	3673	560	8794	2267	82	4
23	Kathmandu	12	16654	10998	5577	79	8813	5172	2669	16654	4861	67	1
24	Kavre	12	12979	6268	6594	117	6144	5226	1548	12918	3690	25	2
25	Lalitpur	12	10141	6057	3944	140	5407	3357	982	9746	2913	287	0
26	Mahottari	12	22018	13079	8782	157	13235	8563	373	22171	7794	29	0
27	Makawanpur	12	7453	3396	3936	121	3234	3370	874	7478	1806	15	2
28	Nuwakot	12	7040	4477	2463	100	4357	2299	317	6973	2276	17	0
29	Parsa	12	9619	4011	5372	236	4166	5204	698	10068	2433	59	0
30	Ramechhap	12	8777	4324	4391	62	3957	5333	892	10182	2289	19	0
31	Rasuwa	12	2011	923	1068	20	906	900	205	2011	825	4	0
32	Rautahat	12	18479	9233	8907	339	9830	8757	345	18932	8109	116	0
33	Sarlahi	12	18333	10087	8051	195	10330	8037	227	18594	6378	75	0
34	Sindhuli	12	6098	2855	3114	129	2956	2996	318	6270	2359	19	3
35	Sindhupalchowk	12	10874	5778	4797	299	5400	4696	664	10760	2721	54	1
	Central	228	234691	127345	104383	2963	121138	96809	15977	233924	72527	1217	25
36	Arghakhanchi	12	7835	3928	3886	21	3641	3609	658	7908	2226	17	0
37	Baglung	12	11277	6133	4875	269	6111	4545	621	11277	4559	30	9
38	Gorkha	12	13165	6102	6900	163	5528	5364	2352	13244	4966	30	0
39	Gulmi	12	14053	6899	6980	174	6927	6387	795	14109	4401	19	0
40	Kapilvastu	12	18786	13345	5124	317	11711	6317	1050	19078	6321	218	1
41	Kaski	12	6993	4605	2380	8	4565	1798	600	6963	1392	13	0
42	Lamjung	12	6769	3559	3156	54	3504	2647	613	6764	1747	17	2
43	Manang	12	269	136	130	3	128	94	49	271	77	9	0
44	Mustang	12	1302	589	687	26	510	468	329	1307	492	5	0
45	Myagdi	12	6924	4521	2367	36	4461	2423	234	7118	2901	26	0
46	Nawalparasi	12	19845	10000	9702	143	9796	8454	1495	19745	5165	48	2
47	Palpa	12	10631	5412	5007	212	5412	4876	372	10660	2901	27	4
48	Parbat	12	6923	2762	4114	47	2734	3651	604	6989	2306	31	0
49	Rupandehi	12	19375	11937	7126	312	12165	6199	946	19310	3609	40	0
50	Syangja	12	10117	6421	3615	81	6416	3246	508	10170	2934	40	0
51	Tanaha	12	8475	5092	3318	65	5078	3018	354	8450	1866	25	1
	Western	192	162739	91441	69367	1931	88687	63096	11580	163363	47863	595	19
52	Banke	12	14738	8104	6518	116	7556	6194	987	14737	2965	93	3
53	Bardiya	12	20160	11355	8494	311	11343	7345	1468	20156	5273	97	1
54	Dailekh	12	12159	6136	5766	257	6163	5631	400	12194	2614	36	0
55	Dang	12	16235	8845	6948	442	8745	6948	442	16135	4115	83	2
56	Dolpa	12	1765	1073	666	26	1027	706	39	1772	906	5	0
57	Humla	12	7869	5991	1687	191	5961	1702	206	7869	1722	9	2
58	Jajarkot	12	9269	6146	2793	330	5873	2937	460	9270	2576	53	2
59	Jumla	12	4212	1872	2253	87	1839	2215	197	4251	1860	19	6
60	Kalikot	12	3922	2020	1721	181	1987	1786	213	3986	1070	71	53
61	Mugu	12	2707	1733	895	79	1733	889	69	2691	884	19	0
62	Pyuthan	12	11442	5506	5709	227	5535	5250	675	11460	2297	59	0
63	Rolpa	12	11775	5131	6394	250	5087	6231	546	11864	3391	160	4
64	Rukum	12	12592	6254	5762	576	6241	5488	863	12592	3003	47	3
65	Salyan	12	8900	3634	5009	257	3606	4308	955	8869	1939	82	5
66	Surkhet	12	19285	10731	8239	315	10756	7751	948	19455	4874	68	2
	Mid Western	180	157030	84531	68854	3645	83452	65381	8468	157301	39489	901	83
67	Achham	12	19361	11849	7110	402	11674	6904	778	19356	7799	84	8
68	Baitadi	12	12587	6591	5794	202	6317	5654	544	12515	4045	50	4
69	Bajhang	12	8591	4221	4051	319	4095	2961	466	7522	2444	26	4
70	Bajura	12	7523	3695	3559	269	3687	3535	281	7503	2188	12	2
71	Dadeldhura	12	11980	6980	4488	512	6980	4912	536	12428	1385	92	1
72	Darchula	12	5496	2286	3083	127	2286	2770	289	5345	2555	3	1
73	Doti	12	9571	5104	4275	192	5104	4182	281	9567	2207	43	3
74	Kailali	12	25806	17545	7692	569	17545	7622	625	25792	6852	43	4
75	Kanchanpur	12	15378	8026	7255	97	7947	6730	716	15393	3336	42	1
	Far Western	108	116293	66297	47307	2689	65635	45270	4516	115421	32811	395	28

Raw Data
ARI
Sheet 2 of 2

District Code	District Name	Received Reports	VHW/MCHW							FCHV								
			Total	No Pneumonia	Pneumonia	Treated by			Follow up	Refer Cases	Total	No Pneumonia	Pneumonia	Treated by			Follow up	Referred Cases
						Home	Cotrim	Total						Home	Cotrim	Total		
	Mountain	192	40901	29852	11049	29226	11750	40976	11195	490	124261	88888	35373	88099	35330	123429	33851	2243
	Hill	468	206239	156160	50079	152513	51065	203578	47999	1967	707053	556394	150659	553353	151091	704444	151801	11287
	Terai	240	257104	198984	58120	201611	58655	260266	58589	2455	742948	600191	142757	597645	144048	741693	143955	6630
	National Total	900	504244	384996	119248	383350	121470	504820	117783	4912	1574262	1245473	328789	1239097	330469	1569566	329607	20160
1	Bhojpur	12	4186	3169	1017	3168	1007	4175	877	11	16795	12657	4138	12652	4028	16680	3878	116
2	Dhankuta	12	3997	2983	1014	2983	1012	3995	975	2	15130	11454	3676	11454	3560	15014	3220	116
3	Ilam	12	4942	3448	1494	3403	1529	4932	1436	46	15596	12853	2743	12714	2722	15436	2935	517
4	Jhapa	12	11487	8733	2754	8501	2883	11384	2757	67	55219	40388	14831	40745	15125	55870	14650	1579
5	Khotang	12	6251	4559	1692	4469	1740	6209	1754	101	15365	11135	4230	10873	4393	15266	4355	154
6	Morang	12	11886	8727	3159	8727	3150	11877	2954	9	59939	43226	16713	43226	16545	59771	15783	171
7	Okhaldhunga	12	4427	3297	1130	3237	1189	4426	1076	61	12676	9375	3301	9248	3311	12559	3371	199
8	Panchthar	12	4540	3333	1207	3415	1194	4609	1114	14	17641	14023	3618	14021	3635	17656	3048	39
9	Sankhuwasabha	12	2856	2087	769	2051	802	2853	581	18	11787	8177	3610	8124	3609	11733	2959	27
10	Saptari	12	12694	10787	1907	10981	1995	12976	2724	10	42493	39852	2641	41065	2575	43640	5890	328
11	Siraha	12	15313	10882	4431	10882	4387	15269	4391	44	53689	43689	10000	43689	9563	53252	9497	437
12	Solukhumbu	12	2084	1416	668	1373	690	2063	583	41	6746	4877	1869	4693	1973	6666	1611	320
13	Sunsari	12	9990	6594	3396	6594	3398	9992	3234	23	40006	29117	10889	29117	10831	39948	10212	617
14	Taplejung	12	4683	3245	1438	3171	1500	4671	1840	13	8270	5951	2319	5942	2308	8250	2744	70
15	Teharthurm	12	2282	1409	873	1351	953	2304	891	65	6463	4554	1909	4488	1885	6373	2055	188
16	Udaypur	12	4830	3835	995	3692	1105	4797	1076	43	14179	11015	3164	10808	3174	13982	3600	193
	Eastern	192	106448	78504	27944	77998	28534	106532	28263	568	391994	302343	89651	302859	89237	392096	89808	5071
17	Bara	12	10096	7532	2564	7483	2606	10089	2550	11	40595	32470	8125	32314	8478	40792	7981	99
18	Bhaktapur	12	1058	854	204	810	216	1026	400	17	3916	3781	135	3309	106	3415	871	803
19	Chitwan	12	6102	4728	1374	4700	1301	6001	1237	27	27284	21146	6138	21147	6128	27275	5575	278
20	Dhading	12	7225	5419	1806	5386	1843	7229	1493	90	23183	17937	5246	17946	5302	23248	4683	302
21	Dhanusha	12	15735	12780	2955	12687	3060	15747	2961	148	49831	43614	6217	43610	6198	49808	6170	10
22	Dolkha	12	4155	3136	1019	3095	1052	4147	1069	41	10286	7986	2300	7749	2393	10142	2046	169
23	Kathmandu	12	5693	4574	1119	4504	1189	5693	1480	43	22286	21390	896	21369	917	22286	3675	2394
24	Kavre	12	6672	4851	1821	4842	1689	6531	1511	29	19662	16689	2973	16655	2941	19596	3165	278
25	Lalitpur	12	9336	8446	890	8408	861	9269	939	385	0	0	0	0	0	0	0	0
26	Mahottari	12	13160	9976	3184	9964	3166	13130	3014	38	37430	31505	5925	31844	5881	37725	5747	113
27	Makawanpur	12	3908	2743	1165	2733	1081	3814	824	5	21526	16904	4622	16558	4630	21188	4154	208
28	Nuwakot	12	5234	4234	1000	4238	1075	5313	1496	30	12485	10832	1653	10573	1666	12239	3562	320
29	Parsa	12	37316	26407	10909	26271	10646	36917	10772	223	0	0	0	0	0	0	0	0
30	Ramechhap	12	4201	2945	1256	2911	1265	4176	1265	15	21528	17473	4055	17229	4112	21341	4581	703
31	Rasuwa	12	843	648	195	648	190	838	182	1	3714	3076	638	3073	641	3714	569	2
32	Rautahat	12	10435	6274	4161	6393	4406	10799	4245	464	31880	22057	9823	22410	10452	32862	11405	105
33	Sarlahi	12	16948	13398	3550	13377	3619	16996	3313	42	59831	52679	7152	49644	7152	56796	6970	7
34	Sindhuli	12	5442	3928	1514	3961	1773	5734	1416	85	19796	13229	6567	13186	6551	19737	6346	78
35	Sindhupalchowk	12	4142	2975	1167	3008	1102	4110	1093	38	7821	7369	452	6986	196	7182	937	933
	Central	228	167701	125848	41853	125419	42140	167559	41260	1732	413054	340137	72917	335602	73744	409346	78437	6802
36	Arghakhanchi	12	3139	2599	540	2396	640	3036	733	12	9510	8073	1437	7665	1248	8913	1590	627
37	Baglung	12	5091	3423	1668	3391	1700	5091	1882	54	15672	12683	2989	12625	3047	15672	3425	261
38	Gorkha	12	8567	6496	2071	4559	1804	6363	1723	30	15709	11876	3833	11696	4245	15941	4086	314
39	Gulmi	12	5166	3630	1536	3631	1510	5141	1425	34	22445	17635	4810	17694	4921	22615	5025	177
40	Kapilvastu	12	11931	9802	2129	9511	2339	11850	3132	105	15597	13788	1809	12637	1933	14570	3319	156
41	Kaski	12	3877	3451	426	3270	492	3762	389	54	24307	22215	2092	22181	2099	24280	1817	274
42	Lamjung	12	4287	3360	927	3360	927	4287	887	37	14995	12502	2493	12507	2488	14995	2279	4
43	Manang	12	46	27	19	30	16	46	16	0	147	117	30	117	30	147	45	1
44	Mustang	12	186	173	13	170	17	187	15	3	193	176	17	176	32	208	24	29
45	Myagdi	12	3248	2602	646	2555	693	3248	1429	12	7930	6837	1093	6646	1174	7820	2086	33
46	Nawalparasi	12	7046	5274	1772	5164	1761	6925	1687	4	32831	25274	7557	24942	7545	32487	6945	739
47	Palpa	12	5453	4289	1164	4289	1164	5453	965	5	21056	15629	5427	15628	5426	21054	5122	12
48	Parbat	12	4995	3511	1484	3322	1584	4906	1330	64	19485	15396	4089	15388	4081	19469	3865	58
49	Rupandehi	12	38997	35471	3526	38821	3492	42313	3621	1107	0	0	0	0	0	0	0	0
50	Syangja	12	7776	6456	1320	6226	1460	7686	1246	158	33224	26566	6658	27571	6680	34251	6429	268
51	Tanahu	12	4510	3552	958	3548	961	4509	697	10	15653	12376	3277	12376	3273	15649	2769	6
	Western	192	114315	94116	20199	94243	20560	114803	21177	1689	248754	201143	47611	199849	48222	248071	48826	2959
52	Banke	12	7321	5338	1983	5342	1979	7321	1949	82	31901	25129	6772	25118	6783	31901	6539	225
53	Bardiya	12	5974	4777	1197	4612	1295	5907	1144	10	50241	42265	7976	42232	8566	50798	7825	224
54	Dailekh	12	7273	5693	1580	5690	1582	7272	1397	7	45424	36582	8842	36582	8826	45408	8460	159
55	Dang	12	3855	2745	1110													

Analysed Data

ARI

District Code	District Name	Received Report	ARI Incidence per 1000	Incidence of Pneumonia (Mid and Severe) per 1000	Incidence of Severe Pneumonia per 1000	% of Pneumonia (Mild and Severe) among new ARI cases	% of Severe Pneumonia among new ARI cases	% Treated with Antibiotic	ARI Case Fatality	% of ARI Cases at		
										HF	VHW/MCHW	FCHV
	Mountain	192	1013	353	8.21	34.87	0.81	35.33	0.03	35.13	16.06	48.80
	Hill	468	903	267	4.60	29.62	0.51	30.37	0.01	31.07	15.57	53.37
	Terai	240	844	229	3.34	27.07	0.40	27.53	0.00	29.59	18.10	52.31
	National Total	900	882	255	4.25	28.86	0.48	29.45	0.01	30.71	16.81	52.48
1	Bhojpur	12	1208	393	4.79	32.56	0.40	32.14	0.01	32.86	13.40	53.74
2	Dhankuta	12	1339	453	4.19	33.82	0.31	32.52	0.00	33.48	13.90	52.62
3	Ilam	12	802	258	3.43	32.11	0.43	32.93	0.01	27.46	17.46	55.09
4	Jhapa	12	1188	385	9.47	32.37	0.80	34.00	0.00	29.71	12.10	58.19
5	Khotang	12	989	322	6.42	32.57	0.65	34.17	0.01	36.80	18.28	44.92
6	Morang	12	925	282	2.33	30.46	0.25	30.18	0.01	27.86	11.94	60.21
7	Okhaldhunga	12	1343	438	6.31	32.60	0.47	34.63	0.01	44.60	14.34	41.06
8	Panchthar	12	1059	347	4.47	32.77	0.42	32.83	0.00	29.02	14.53	56.45
9	Sankhuwasabha	12	1059	419	6.28	39.59	0.59	39.91	0.02	36.63	12.36	51.01
10	Saptari	12	971	159	1.09	16.34	0.11	17.50	0.04	32.07	15.62	52.30
11	Siraha	12	1126	310	2.63	27.56	0.23	27.17	0.00	30.30	15.47	54.23
12	Solukhumbu	12	1110	408	7.14	36.72	0.64	40.36	0.03	45.89	12.77	41.34
13	Sunsari	12	984	403	5.99	40.95	0.61	40.86	0.00	42.19	11.55	46.26
14	Taplejung	12	1077	396	5.80	36.80	0.54	37.80	0.01	38.77	22.14	39.09
15	Teharhum	12	1013	410	3.84	40.48	0.38	40.22	0.01	40.82	15.44	43.73
16	Udaypur	12	633	176	2.43	27.74	0.38	29.53	0.36	31.84	17.32	50.84
	Eastern	192	1024	320	4.39	31.25	0.43	31.79	0.02	33.46	14.21	52.33
17	Bara	12	702	196	3.10	27.95	0.44	28.57	0.00	23.19	15.30	61.51
18	Bhaktapur	12	636	145	3.95	22.86	0.62	21.60	0.00	64.09	7.64	28.27
19	Chitwan	12	740	234	2.01	31.57	0.27	31.81	0.02	24.33	13.83	61.84
20	Dhading	12	881	293	5.50	33.24	0.62	33.49	0.01	30.74	16.46	52.81
21	Dhanusha	12	882	182	1.12	20.62	0.13	20.72	0.00	29.21	16.99	53.81
22	Dolkha	12	881	274	3.00	31.08	0.34	33.09	0.02	37.77	17.91	44.33
23	Kathmandu	12	326	56	0.58	17.19	0.18	22.29	0.00	37.31	12.76	49.93
24	Kavre	12	779	228	2.32	29.27	0.30	29.01	0.01	33.01	16.97	50.01
25	Lalitpur	12	622	159	4.47	25.54	0.72	26.70	0.00	52.07	47.93	0.00
26	Mahottari	12	828	206	1.79	24.86	0.22	24.77	0.00	30.32	18.12	51.55
27	Makawanpur	12	568	170	2.09	29.93	0.37	30.27	0.01	22.66	11.88	65.45
28	Nuwakot	12	651	137	2.63	21.07	0.40	21.64	0.00	28.43	21.14	50.43
29	Parsa	12	580	204	2.91	35.19	0.50	35.26	0.00	20.49	79.51	0.00
30	Ramechhap	12	1108	313	1.99	28.30	0.18	33.62	0.00	25.44	12.17	62.39
31	Rasuwa	12	1059	310	3.23	29.25	0.30	29.48	0.00	30.62	12.83	56.55
32	Rautahat	12	657	251	3.66	38.21	0.56	39.41	0.00	30.40	17.16	52.44
33	Sarlahi	12	925	184	1.90	19.92	0.21	20.01	0.00	19.28	17.82	62.91
34	Sindhuli	12	694	251	2.86	36.14	0.41	37.14	0.01	19.46	17.37	63.17
35	Sindhupalchowk	12	562	165	7.35	29.40	1.31	29.15	0.00	47.62	18.14	34.25
	Central	228	704	192	2.56	27.24	0.36	28.04	0.00	28.78	20.57	50.65
36	Arghakhanchi	12	654	188	0.67	28.72	0.10	30.05	0.00	38.25	15.32	46.43
37	Baglung	12	802	245	6.73	30.59	0.84	30.94	0.03	35.20	15.89	48.91
38	Gorkha	12	970	336	4.22	34.63	0.44	36.76	0.00	35.16	22.88	41.96
39	Gulmi	12	931	302	3.89	32.40	0.42	32.67	0.00	33.73	12.40	53.87
40	Kapilvastu	12	607	123	4.15	20.25	0.68	25.13	0.00	40.56	25.76	33.68
41	Kaski	12	777	108	0.18	13.95	0.02	14.18	0.00	19.88	11.02	69.10
42	Lamjung	12	1158	295	2.40	25.45	0.21	25.62	0.01	25.98	16.46	57.56
43	Manang	12	605	238	3.93	39.39	0.65	40.91	0.00	58.23	9.96	31.82
44	Mustang	12	1210	535	18.72	44.20	1.55	50.33	0.00	77.45	11.06	11.48
45	Myagdi	12	1051	240	2.09	22.88	0.20	24.99	0.00	38.25	17.94	43.81
46	Nawalparasi	12	725	233	1.74	32.11	0.24	32.24	0.00	33.23	11.80	54.97
47	Palpa	12	943	300	5.38	31.80	0.57	31.87	0.01	28.62	14.68	56.69
48	Parbat	12	1455	451	2.18	31.00	0.15	31.59	0.00	22.05	15.91	62.05
49	Rupandehi	12	556	104	2.97	18.78	0.53	18.22	0.00	33.19	66.81	0.00
50	Syangja	12	1149	262	1.82	22.84	0.16	23.27	0.00	19.79	15.21	65.00
51	Tanahu	12	664	177	1.51	26.60	0.23	26.56	0.00	29.59	15.75	54.66
	Western	192	804	213	2.95	26.46	0.37	27.28	0.00	30.95	21.74	47.31
52	Banke	12	924	264	1.99	28.52	0.21	29.55	0.01	27.31	13.57	59.12
53	Bardiya	12	1341	316	5.46	23.54	0.41	24.45	0.00	26.40	7.82	65.78
54	Dailekh	12	1571	398	6.23	25.36	0.40	25.35	0.00	18.75	11.21	70.04
55	Dang	12	652	214	6.20	32.78	0.95	32.98	0.00	34.90	8.29	56.81
56	Dolpa	12	639	209	5.69	32.71	0.89	38.15	0.00	60.45	10.00	29.55
57	Humla	12	2634	546	28.55	20.72	1.08	20.89	0.01	44.67	17.93	37.40
58	Jajarkot	12	997	296	16.21	29.63	1.63	31.87	0.01	45.66	19.89	34.46
59	Jumla	12	1358	573	6.03	42.23	0.44	42.64	0.03	21.49	12.98	65.53
60	Kalikot	12	1082	400	10.52	36.96	0.97	38.61	0.28	21.07	13.64	65.29
61	Mugu	12	803	289	10.00	36.02	1.25	34.37	0.00	42.70	12.92	44.38
62	Pyuthan	12	1192	479	6.06	40.18	0.51	40.42	0.00	25.64	12.89	61.47
63	Rolpa	12	856	364	6.85	42.56	0.80	42.62	0.01	37.73	17.13	45.15
64	Rukum	12	854	340	20.67	39.77	2.42	39.96	0.01	52.92	18.71	28.37
65	Salyan	12	812	274	6.09	33.71	0.75	33.37	0.01	25.98	11.02	63.00
66	Surkhet	12	1543	501	6.74	32.50	0.44	32.83	0.00	26.75	10.20	63.05
	Mid Western	180	1089	345	7.44	31.66	0.68	32.14	0.02	29.46	12.10	58.44
67	Achham	12	1211	314	9.45	25.98	0.78	26.08	0.02	37.58	17.83	44.59
68	Baitadi	12	1126	310	5.41	27.52	0.48	28.33	0.01	29.94	19.58	50.48
69	Bajhang	12	944	335	10.54	35.47	1.12	31.80	0.01	30.09	18.02	51.89
70	Bajura	12	1568	617	13.80	39.35	0.88	39.29	0.01	24.61	13.68	61.72
71	Dadeldhura	12	1484	419	23.90	28.24	1.61	29.65	0.00	37.68	10.47	51.85
72	Darchula	12	786	255	6.62	32.45	0.84	34.80	0.01	36.47	21.41	42.12
73	Doti	12	1078	275	5.57	25.53	0.52	25.52	0.01	25.75	19.28	54.97
74	Kailali	12	884	187	5.70	21.10	0.64	20.98	0.00	29.24	8.87	61.88
75	Kanchanpur	12	829	201	1.56	24.26	0.19	24.64	0.00	29.85	5.80	64.35
	Far Western	108	1027	277	7.33	26.98	0.71	27.04	0.01	30.89	13.62	55.49

Raw Data
CDD
Sheet 1 of 2

District Code	District Name	Received Reports	Health Facility							Referred Cases	Dead	ORS Expenditure (Pkt)	Zinc Expenditure (Tab)	
			New Cases				Treated By							
			Total Cases	No Dehydration	Some Dehydration	Severe Dehydration	ORS	Zinc + ORS	IV Fluid					Total
	Mountain	192	67301	46360	19878	1063	34613	33208	1015	68836	465	18	128217	328620
	Hill	468	244269	177263	64567	2439	68679	178212	2959	249850	514	30	653678	1727326
	Terai	240	254445	180075	72443	1927	129336	122780	2676	254792	487	43	450663	1083495
	National Total	900	566015	403698	156888	5429	232628	334200	6650	573478	1466	91	1232558	3139441
1	Bhojpur	12	6049	4051	1971	27	4260	1746	39	6045	4	0	12130	17525
2	Dhankuta	12	3528	2894	619	15	23	3211	3	3237	1	0	6206	31417
3	Ilam	12	2820	1635	1158	27	731	2135	14	2880	3	0	6189	21175
4	Jhapa	12	10068	7672	2287	109	2174	10788	160	13122	25	0	24086	78243
5	Khotang	12	8117	4941	3130	46	4097	3887	38	8022	20	0	13854	38401
6	Morang	12	8944	6533	2343	68	5022	3832	57	8911	9	0	22293	37803
7	Okhaldhunga	12	7546	4797	2728	21	3586	2057	28	5671	17	0	12322	17921
8	Panchthar	12	4714	2233	2438	43	107	4584	33	4724	6	0	8836	45940
9	Sankhuwasabha	12	3727	3077	630	20	1788	2066	57	3911	3	0	8043	20500
10	Saptari	12	23275	14598	8585	92	15984	7714	184	23882	15	0	53598	75158
11	Siraha	12	15520	8179	7261	80	15439	27	68	15534	12	0	31531	0
12	Solukhumbu	12	5580	3345	2192	43	3173	2424	64	5661	14	0	10424	18703
13	Sunsari	12	14225	7839	6298	88	7660	5240	83	12983	43	0	25475	49843
14	Taplejung	12	5823	3647	2072	104	2971	2300	74	5345	22	0	8610	21116
15	Teharhum	12	2663	1648	936	79	1245	1582	25	2852	14	0	6190	16021
16	Udaypur	12	5724	3629	2022	73	944	5121	50	6115	1	0	11919	51913
	Eastern	192	128323	80718	46670	935	69204	58714	977	128895	209	0	261706	541679
17	Bara	12	11200	7428	3693	79	843	10240	64	11147	13	1	20099	100276
18	Bhaktapur	12	3288	2984	301	3	443	2434	242	3119	11	1	7873	24117
19	Chitwan	12	5015	3959	942	114	3299	1262	505	5066	2	0	8814	7685
20	Dhading	12	8022	5447	2490	85	1809	6060	55	7924	11	1	39305	59061
21	Dhanusha	12	15069	12345	2674	50	2725	12421	64	15210	3	0	33062	129530
22	Dolkha	12	5890	3686	2151	53	2300	3619	30	5949	9	0	10955	36371
23	Kathmandu	12	10231	8343	1853	35	3578	6530	23	10131	25	0	25601	60836
24	Kavre	12	5984	4864	1081	39	246	5737	82	6065	7	0	12158	57230
25	Lalitpur	12	4915	3556	1254	105	3845	3757	148	7750	61	0	0	0
26	Mahottari	12	17224	8045	9042	137	12200	312	162	12674	3	0	27872	2475
27	Makawanpur	12	4640	2924	1672	44	1834	2689	13	4536	2	2	9300	27647
28	Nuwakot	12	5366	4190	1156	20	2521	3142	44	5707	2	0	10510	31502
29	Parsa	12	9575	6501	3014	60	5536	3446	189	9171	25	0	0	0
30	Ramechhap	12	3350	2471	872	7	242	3062	6	3310	154	1	7018	31556
31	Rasuwa	12	1295	902	390	3	261	1033	2	1296	2	0	3066	9079
32	Rautahat	12	16035	10741	5001	293	6932	10134	260	17326	31	0	29680	94446
33	Sarlahi	12	12598	8961	3554	83	12202	12	69	12283	23	0	21289	0
34	Sindhuli	12	3863	2537	1256	70	1622	3297	56	4975	4	0	8531	31207
35	Sindhupalchowk	12	5876	4229	1570	77	3677	2001	70	5748	96	0	10564	19423
	Central	228	149436	104113	43966	1357	66115	81188	2084	149387	484	6	285697	722441
36	Arghakhanchi	12	4806	3326	1473	7	600	3922	174	4696	0	0	10255	39599
37	Baglung	12	5332	3747	1568	17	2734	2583	15	5332	6	0	12678	26232
38	Gorkha	12	6856	4504	2263	89	5401	2045	166	7612	1	0	16249	25210
39	Gulmi	12	7120	5353	1732	35	4860	2696	35	7591	0	0	14723	23262
40	Kapilvastu	12	18507	14109	4267	131	5927	12662	59	18648	189	0	34983	124899
41	Kaski	12	2297	1996	301	0	2268	32	0	2300	0	0	4898	1605
42	Lamjung	12	3063	2491	526	46	158	2863	58	3079	2	0	5985	28940
43	Manang	12	141	120	21	0	64	88	0	152	0	0	384	850
44	Mustang	12	519	332	184	3	82	434	3	519	0	0	1109	4235
45	Myagdi	12	5597	4267	1323	7	2272	3300	31	5603	1	1	10976	31795
46	Nawalparasi	12	9898	9089	770	39	2307	8135	76	10518	11	1	20888	80188
47	Palpa	12	4867	3839	954	74	288	4504	88	4880	5	0	9165	45040
48	Parbat	12	2136	1821	314	1	87	2066	2	2155	0	0	5790	20892
49	Rupandehi	12	15453	13514	1916	23	8934	8423	100	17457	41	0	0	0
50	Syangja	12	4171	3637	528	6	0	4158	7	4165	47	0	8241	41740
51	Tanahu	12	3578	2747	822	9	716	2929	12	3657	1	0	9392	29182
	Western	192	94341	74892	18962	487	36698	60840	826	98364	304	2	165716	523669
52	Banke	12	11017	7739	3185	93	10099	876	42	11017	25	5	19700	10687
53	Bardiya	12	9548	7476	2045	27	2420	5530	116	8066	3	0	14991	60469
54	Dailekh	12	8207	5693	2438	76	1485	7002	106	8593	9	0	16070	70620
55	Dang	12	9974	7874	1935	165	0	9710	165	9875	4	0	23299	97600
56	Dolpa	12	1563	1136	409	18	255	1380	14	1649	3	0	2986	11324
57	Humla	12	10120	7886	2051	183	6450	4347	222	11019	8	0	18627	35059
58	Jajarkot	12	10025	6623	3019	383	1654	8158	330	10142	9	4	20316	81580
59	Jumla	12	3825	2161	1578	86	2173	1838	62	4073	13	2	7230	17353
60	Kalikot	12	4054	2581	1306	167	1108	3131	180	4419	260	1	10327	35940
61	Mugu	12	2132	1337	712	83	327	1751	46	2124	14	5	3691	17800
62	Pyuthan	12	7744	6203	1491	50	759	6943	94	7796	13	1	13922	69980
63	Rolpa	12	10024	7542	2405	77	1067	9305	51	10423	5	0	162849	90785
64	Rukum	12	11746	7877	3568	301	1621	9786	339	11746	8	1	23710	98070
65	Salyan	12	6624	5105	1501	18	226	6408	106	6740	7	2	12955	64640
66	Surkhet	12	10839	8467	2298	74	597	9726	78	10401	12	0	19725	94633
	Mid Western	180	117442	85700	29941	1801	30241	85891	1951	118083	393	21	370398	856540
67	Achham	12	15017	11201	3553	263	1394	13522	247	15163	17	10	29345	136037
68	Baitadi	12	9227	5993	3145	89	6509	3938	61	10508	18	2	18608	37545
69	Bajhang	12	7315	5646	1554	115	3869	3174	105	7148	17	7	13825	31897
70	Bajura	12	6081	4000	2002	79	4096	2117	59	6272	4	3	12335	29570
71	Dadeldhura	12	6694	5562	1110	22	16	6671	19	6706	6	2	15783	58310
72	Darchula	12	3360	2275	1056	29	2019	1505	27	3551	0	0	6041	19400
73	Doti	12	7479	6125	1298	56	2834	4624	41	7499	4	2	14101	48160
74	Kailali	12	12588	10367	2058	163	9382	3597	186	13165	5	6	21734	29478
75	Kanchanpur	12	8712	7106	1573	33	251	8419	67	8737	5	30	17269	104715
	Far Western	108	76473	58275	17349	849	30370	47567	812	78749	76	62	149041	495112

Raw Data
CDD
Sheet 2 of 2

District Code	District Name	Received Reports	VHW/MCHW										FCHV							
			New Cases				Treated By			Referred Cases	ORS Expenditure (Pkt)	Zinc Expenditure (Tab)	New Cases		Treated By			Referred Cases	ORS Expenditure (Pkt)	Zinc Expenditure (Tab)
			Total Cases	No Dehydration	Some Dehydration	Severe Dehydration	ORS	Zinc + ORS	Total				Total Cases	No Dehydration	ORS	Zinc + ORS	Total			
Mountain	192	33837	24803	8677	357	23008	10212	33220	272	52109	102703	75226	75226	57660	21199	78859	625	105224	193144	
Hill	468	155473	120585	33717	1171	63371	91968	155339	942	242028	858623	463841	463841	224971	244164	469135	2349	634369	2378063	
Terai	240	206895	161770	44419	706	138024	72117	210141	578	236746	526740	533605	533605	343031	196738	539769	1435	627734	1859931	
National Total	900	396205	307158	86813	2234	224403	174297	398700	1792	530883	1488066	1072672	1072672	625662	462101	1087763	4409	1367327	4431138	
1 Bhojpur	12	2958	2224	730	4	2567	377	2944	14	4916	3380	8733	8733	8082	619	8701	32	12229	5310	
2 Dhankuta	12	2216	1615	601	0	124	2091	2215	1	3711	20867	7604	7604	395	7199	7594	10	9473	69373	
3 Ilam	12	3833	2935	897	1	1673	2213	3886	7	6980	22018	8807	8807	5539	3323	8862	32	12956	30724	
4 Jhapa	12	9083	6839	2215	29	2019	7209	9228	51	14673	72795	36068	36068	9304	30276	39580	270	45313	298888	
5 Khotang	12	4870	3195	1602	73	3182	932	4114	71	6326	9261	4972	4972	4246	461	4707	35	6684	2830	
6 Morang	12	9156	5954	3188	14	6907	2210	9117	20	13006	21880	38616	38616	29046	9575	38621	25	44751	94210	
7 Okhaldhunga	12	3126	2335	787	4	1397	417	1814	24	4069	3185	5895	5895	4213	343	4556	47	6170	2695	
8 Panchthar	12	3388	2055	1323	10	295	3082	3377	3	5202	30560	11292	11292	895	10332	11227	2	14295	101600	
9 Sankhuwasabha	12	1392	1034	358	0	818	577	1395	0	2201	5790	5223	5223	3008	2209	5217	7	7042	21734	
10 Saptari	12	12920	9282	3616	22	10464	2309	12773	13	20853	19565	36212	36212	30911	4588	35499	27	41388	31068	
11 Siraha	12	14160	8729	5422	9	14151	0	14151	10	20081	0	28545	28545	28485	0	28485	0	33432	0	
12 Solukhumbu	12	1713	1264	435	14	1283	406	1689	30	2443	3565	2535	2535	2471	23	2494	128	3186	110	
13 Sunsari	12	11152	6724	4381	47	7768	1467	9235	43	14377	12770	41645	41645	37551	4423	41974	189	44895	35760	
14 Taplejung	12	4162	2878	1279	5	2854	1167	4021	19	6419	10928	4494	4494	3948	666	4614	18	7022	4511	
15 Teharhum	12	1583	1033	542	8	1249	335	1584	19	3175	2939	3436	3436	3235	200	3435	9	5418	1462	
16 Udaypur	12	3872	2712	1119	41	762	3278	4040	36	6001	34025	9665	9665	1528	8916	10444	84	13784	86616	
Eastern	192	89584	60808	28495	281	57513	28070	85583	361	134433	273528	253742	253742	172857	83153	256010	915	308038	786891	
17 Bara	12	8669	6614	2037	18	1187	7257	8444	15	12735	70779	23549	23549	3309	21469	24778	173	28851	197675	
18 Bhaktapur	12	1256	1057	199	0	367	923	1290	14	2238	9910	4223	4223	1823	3054	4877	166	6795	25163	
19 Chitwan	12	5812	5254	551	7	5208	815	6023	14	8144	4995	21213	21213	19415	2222	21637	2	24703	18519	
20 Dhading	12	5295	3968	1305	22	1455	3709	5164	95	9830	35546	12586	12586	3009	9522	12531	95	18295	92011	
21 Dhanusha	12	11016	9514	1474	28	3055	8154	11209	0	16736	83940	23564	23564	5474	18423	23897	36	32968	181070	
22 Dolkha	12	2958	2345	611	2	1637	1497	3134	15	4671	14507	5964	5964	3718	2401	6119	97	8572	24984	
23 Kathmandu	12	5265	4528	732	5	2327	2939	5266	15	11743	30027	21652	21652	15507	6045	21552	236	31643	57326	
24 Kavre	12	4495	3550	940	5	330	4065	4395	9	8059	40318	13473	13473	1162	12301	13463	74	21505	143369	
25 Lalitpur	12	7072	5380	1287	405	3694	3979	7673	159	0	0	0	0	0	0	0	0	0	0	
26 Mahottari	12	11498	8007	3451	40	11046	109	11155	52	15984	850	20777	20777	20602	57	20659	35	25972	200	
27 Makawanpur	12	3061	2042	1010	9	1358	1676	3034	14	4547	16322	19593	19593	10199	9116	19315	324	22517	92074	
28 Nuwakot	12	4566	3754	770	42	2312	2277	4589	10	6933	23031	7867	7867	4424	3725	8149	81	10760	35622	
29 Parsa	12	19865	15647	4218	0	14878	5620	20498	99	0	0	0	0	0	0	0	0	0	0	
30 Ramechhap	12	2088	1537	550	1	488	1554	2042	1	3012	15581	11548	11548	5877	5524	11401	21	13657	49975	
31 Rasuwa	12	944	665	276	3	795	85	880	1	1473	750	3594	3594	3559	44	3603	9	4481	220	
32 Rautahat	12	10039	6850	3170	19	4636	5878	10514	8	24111	54268	21079	21079	8423	13123	21546	0	26353	135745	
33 Sarlahi	12	13814	10495	3292	27	13424	0	13424	19	16698	0	19879	19879	19661	139	19800	8	20714	0	
34 Sindhuli	12	4799	3724	1043	32	1838	3603	5441	26	7669	31676	9774	9774	3818	8064	11882	167	13922	75151	
35 Sindhupalchowk	12	3084	2340	733	11	2336	596	2932	34	4505	5839	5689	5689	5450	93	5543	105	6559	430	
Central	228	125596	97271	27649	676	72371	54736	127107	600	159088	438339	246024	246024	135430	115322	250752	1629	318267	1129534	
36 Arghakhanchi	12	2107	1770	332	5	1235	849	2084	10	3398	7840	5491	5491	4232	752	4984	175	6927	6069	
37 Baglung	12	2266	1680	517	69	1281	982	2263	19	4322	10140	5795	5795	4539	1256	5795	48	12488	11971	
38 Gorkha	12	5313	4065	1233	15	4488	1237	5725	46	8412	10860	8768	8768	7347	2333	9680	27	12668	23230	
39 Gulmi	12	3561	2792	768	1	2939	754	3693	11	5758	5179	10123	10123	8465	1560	10025	27	13820	10885	
40 Kapilvastu	12	10941	8965	1945	31	4291	10248	14539	86	18265	67347	13094	13094	4289	8759	13048	216	19575	83101	
41 Kaski	12	2851	2497	352	2	2850	16	2866	4	4466	1080	15242	15242	15302	39	15341	11	18628	7195	
42 Lamjung	12	2481	2169	312	0	128	2353	2481	0	4215	23530	9156	9156	642	8528	9170	0	11125	85080	
43 Manang	12	21	20	1	0	19	2	21	0	42	30	113	113	94	12	106	0	206	84	
44 Mustang	12	51	41	10	0	11	39	50	0	76	390	213	213	78	133	211	0	372	1330	
45 Myagdi	12	2552	2135	417	0	1198	1354	2552	31	4222	12030	6106	6106	4335	2124	6459	111	10754	15824	
46 Nawalparasi	12	5047	4674	372	1	1718	3766	5484	17	8503	36955	28354	28354	11632	17935	29567	83	35206	171661	
47 Palpa	12	3136	2834	302	0	19	3115	3134	2	5003	6155	11665	11665	53	11610	11663	2	16367	116100	
48 Parbat	12	2084	1767	306	11	345	1751	2096	2	3680	17606	6746	6746	945	5926	6871	3	10532	58665	
49 Rupandehi	12	30656	29048	1550	58	24020	8428	32448	87	0	0	0	0	0	0	0	0	0	0	
50 Syangja	12	3318	2919	399	0	16	3279	3295	3	4888	32569	11761	11761	11	11652	11663	4	16599	116287	
51 Tanahu	12	3152	2403	749	0	976	2176	3152	0	5401	21615	8247	8247	1640	6607	8247	0	13497	62540	
Western	192	79537	69779	9565	193	45534	40349	85883	318	80648	278321	140874	140874	63604	79226	142830	707	198764	770022	
52 Banke	12	5325	4375	938	12	5181	151	5332	4	8442	1006	27828	27828	27741	87	27828	0	33710	43	
53 Bardiya	12	5274	4262	1012	0	2381	1716	4097	1	5605	16048	29055	29055	17776	10780	28556	20	30538	97578	
54 Dailekh	12	6676	5192	1481	3	2373	4268	6641	2	9798	42990	48371	48371	23866	24464	48330	15	56582	241894	
55 Dang	12	3944	3293	640	11	0	3912	3912	30	6929	39150	21532	21532	0	21426	21426	230	29937	215320	
56 Dolpa	12	267	211	55	1	66	219	285	0	574	2390	706	706	81	652	733	5	1218	5430	
57 Humla	12	3079	2414	640	25	2425	853	3278	45	5483	6708	5922	5922	5712	883	6595	75	9815	2080	
58 Jajarkot	12	5587	3861	1547	179	759	4821	5580	78	9343	48180	6182	6182	885	5345	6230	57	10271	52960	
59 Jumla	12	2435	1631	789	15	1874	771	2645	13	4089	6942	8689	8689	7183	2960	10143	52	12077	22724	
60 Kalikot	12																			

**Analysed Data
CDD**

District Code	District Name	Received Report	CDD Incidence per 1000	Dehydration (Mild and Severe) among new Cases	Severe Dehydration among new Cases	% Treated With		CDD Case Fatality	% of CDD Cases at		
						ORS	IV Fluid		HF	VHW/MCHW	FCHV
	Mountain	192	702	17.00	0.81	65.37	0.58	0.01	38.16	19.19	42.65
	Hill	468	589	11.80	0.42	41.34	0.34	0.00	28.29	18.00	53.71
	Terai	240	592	12.01	0.26	61.35	0.27	0.00	25.57	20.79	53.63
	National Total	900	598	12.35	0.38	53.21	0.33	0.00	27.82	19.47	52.71
1	Bhojpur	12	686	15.40	0.17	84.04	0.22	0.00	34.10	16.67	49.23
2	Dhankuta	12	622	9.25	0.11	4.06	0.02	0.00	26.43	16.60	56.97
3	Ilam	12	438	13.47	0.18	51.38	0.09	0.00	18.24	24.79	56.97
4	Jhapa	12	691	8.40	0.25	24.44	0.29	0.00	18.23	16.45	65.32
5	Khotang	12	519	27.01	0.66	64.17	0.21	0.00	45.20	27.12	27.69
6	Morang	12	527	9.90	0.14	72.25	0.10	0.00	15.77	16.14	68.09
7	Okhaldhunga	12	721	21.37	0.15	55.51	0.17	0.00	45.55	18.87	35.58
8	Panchthar	12	657	19.67	0.27	6.69	0.17	0.00	24.31	17.47	58.22
9	Sankhuwasabha	12	474	9.75	0.19	54.28	0.55	0.00	36.04	13.46	50.50
10	Saptari	12	866	17.01	0.16	79.22	0.25	0.00	32.14	17.84	50.01
11	Siraha	12	662	21.94	0.15	99.74	0.12	0.00	26.66	24.32	49.03
12	Solukhumbu	12	669	27.31	0.58	70.48	0.65	0.00	56.78	17.43	25.79
13	Sunsari	12	763	16.14	0.20	79.05	0.12	0.00	21.22	16.64	62.14
14	Taplejung	12	737	23.90	0.75	67.50	0.51	0.00	40.22	28.75	31.04
15	Tehrathum	12	527	20.37	1.13	74.58	0.33	0.00	34.67	20.61	44.73
16	Udaypur	12	437	16.90	0.59	16.79	0.26	0.00	29.72	20.10	50.18
	Eastern	192	645	16.19	0.26	63.52	0.21	0.00	27.21	18.99	53.80
17	Bara	12	462	13.42	0.22	12.30	0.15	0.00	25.80	19.97	54.24
18	Bhaktapur	12	403	5.74	0.03	30.03	2.76	0.01	37.50	14.33	48.17
19	Chitwan	12	537	5.04	0.38	87.15	1.58	0.00	15.65	18.14	66.21
20	Dhading	12	520	15.06	0.41	24.22	0.21	0.00	30.97	20.44	48.59
21	Dhanusha	12	473	8.51	0.16	22.67	0.13	0.00	30.35	22.19	47.46
22	Dolkha	12	562	19.02	0.37	51.68	0.20	0.00	39.77	19.97	40.26
23	Kathmandu	12	271	7.07	0.11	57.64	0.06	0.00	27.54	14.17	58.29
24	Kavre	12	475	8.62	0.18	7.26	0.34	0.00	24.98	18.77	56.25
25	Lalitpur	12	383	25.45	4.25	62.89	1.23	0.00	41.00	59.00	0.00
26	Mahottari	12	564	25.60	0.36	88.58	0.33	0.00	34.80	23.23	41.97
27	Makawanpur	12	472	10.02	0.19	49.06	0.05	0.01	17.00	11.21	71.79
28	Nuwakot	12	468	11.17	0.35	52.01	0.25	0.00	30.15	25.65	44.20
29	Parsa	12	364	24.77	0.20	69.34	0.64	0.00	32.52	67.48	0.00
30	Ramechhap	12	545	8.42	0.05	38.90	0.04	0.01	19.72	12.29	67.99
31	Rasuwa	12	941	11.52	0.10	79.12	0.03	0.00	22.20	16.18	61.61
32	Rautahat	12	509	17.99	0.66	42.40	0.55	0.00	34.01	21.29	44.70
33	Sarlahi	12	450	15.03	0.24	97.83	0.15	0.00	27.21	29.84	42.94
34	Sindhuli	12	408	13.02	0.55	39.48	0.30	0.00	20.95	26.03	53.02
35	Sindhupalchowk	12	360	16.32	0.60	78.25	0.48	0.00	40.11	21.05	38.84
	Central	228	450	14.13	0.39	52.57	0.40	0.00	28.68	24.10	47.22
36	Arghakhanchi	12	396	14.65	0.10	48.91	1.40	0.00	38.75	16.99	44.27
37	Baglung	12	335	16.21	0.64	63.87	0.11	0.00	39.81	16.92	43.27
38	Gorkha	12	542	17.19	0.50	82.32	0.79	0.00	32.75	25.38	41.88
39	Gulmi	12	465	12.19	0.17	78.18	0.17	0.00	34.22	17.12	48.66
40	Kapilvastu	12	557	14.98	0.38	34.10	0.14	0.00	43.50	25.72	30.78
41	Kaski	12	450	3.21	0.01	100.15	0.00	0.00	11.27	13.98	74.75
42	Lamjung	12	654	6.01	0.31	6.31	0.39	0.00	20.84	16.88	62.29
43	Manang	12	360	8.00	0.00	64.36	0.00	0.00	51.27	7.64	41.09
44	Mustang	12	564	25.16	0.38	21.84	0.38	0.00	66.28	6.51	27.20
45	Myagdi	12	827	12.26	0.05	54.75	0.22	0.01	39.26	17.90	42.83
46	Nawalparasi	12	526	2.73	0.09	36.16	0.18	0.00	22.86	11.66	65.48
47	Palpa	12	500	6.76	0.38	1.83	0.45	0.00	24.75	15.94	59.31
48	Parbat	12	508	5.76	0.11	12.56	0.02	0.00	19.48	19.00	61.52
49	Rupandehi	12	439	7.69	0.18	71.47	0.22	0.00	33.51	66.49	0.00
50	Syangja	12	433	4.85	0.03	0.14	0.04	0.00	21.67	17.24	61.10
51	Tanahu	12	347	10.55	0.06	22.25	0.08	0.00	23.89	21.05	55.06
	Western	192	481	9.28	0.22	46.33	0.26	0.00	29.97	25.27	44.76
52	Banke	12	757	9.57	0.24	97.40	0.10	0.01	24.94	12.06	63.00
53	Bardiya	12	770	7.03	0.06	51.46	0.26	0.00	21.76	12.02	66.22
54	Dailekh	12	1533	6.32	0.12	43.83	0.17	0.00	12.97	10.55	76.47
55	Dang	12	497	7.76	0.50	0.00	0.47	0.00	28.14	11.13	60.74
56	Dolpa	12	555	19.05	0.75	15.85	0.55	0.00	61.63	10.53	27.84
57	Humla	12	2859	15.16	1.09	76.29	1.16	0.00	52.93	16.10	30.97
58	Jajarkot	12	1071	23.53	2.58	15.13	1.51	0.02	46.00	25.64	28.37
59	Jumla	12	1036	16.51	0.68	75.12	0.41	0.01	25.59	16.29	58.12
60	Kalikot	12	855	14.45	1.52	33.16	1.22	0.01	27.56	15.38	57.06
61	Mugu	12	492	25.04	2.62	16.42	1.18	0.13	54.86	14.31	30.83
62	Pyuthan	12	684	9.22	0.20	7.53	0.37	0.00	30.27	15.17	54.57
63	Rolpa	12	748	13.22	0.33	61.94	0.19	0.00	36.71	17.68	45.61
64	Rukum	12	746	23.29	1.54	15.23	1.63	0.00	56.49	18.50	25.01
65	Salyan	12	645	7.48	0.13	4.04	0.39	0.01	24.35	12.14	63.51
66	Surkhet	12	1192	6.56	0.18	53.21	0.14	0.00	19.47	11.03	69.50
	Mid Western	180	858	10.62	0.52	43.08	0.46	0.00	27.94	13.66	58.40
67	Achham	12	886	14.64	0.80	40.42	0.65	0.03	39.82	23.00	37.18
68	Baitadi	12	822	15.81	0.46	79.08	0.20	0.01	30.07	21.00	48.93
69	Bajhang	12	674	13.87	0.69	73.11	0.52	0.03	35.89	21.13	42.98
70	Bajura	12	995	16.42	0.61	71.61	0.30	0.02	31.34	18.67	49.98
71	Dadeldhura	12	1110	6.88	0.10	0.41	0.08	0.01	28.14	10.91	60.94
72	Darchula	12	541	16.99	1.64	80.51	0.26	0.00	32.36	28.74	38.90
73	Doti	12	938	8.02	0.36	64.24	0.13	0.01	23.11	21.42	55.47
74	Kailali	12	771	4.17	0.63	84.94	0.24	0.01	16.36	7.55	76.09
75	Kanchanpur	12	893	3.43	0.08	34.93	0.12	0.05	15.71	4.89	79.40
	Far Western	108	838	8.95	0.50	59.35	0.26	0.02	24.90	14.35	60.75

Raw Data

IMCI

District Code	District Name	Received Reports	Probable Severe Bacterial Infection	Local Bacterial Infection	Low Weight or Feeding Problem	Others	Total Child Patients	Treated	Refer	Follow up
	Mountain	192	670	1450	769	712	3601	3302	263	1856
	Hill	468	2839	5859	1672	3972	14342	12686	1004	6802
	Terai	240	3664	7285	1616	3243	15808	13810	971	8748
	National Total	900	7173	14594	4057	7927	33751	29798	2238	17406
1	Bhojpur	12	52	85	43	77	257	228	20	124
2	Dhankuta	12	99	170	45	118	432	406	24	181
3	Ilam	12	20	88	19	24	151	142	15	93
4	Jhapa	12	92	568	133	141	934	808	78	540
5	Khotang	12	44	74	13	29	160	147	11	84
6	Morang	12	904	1225	162	661	2952	2893	57	1914
7	Okhaldhunga	12	55	134	44	126	359	321	33	167
8	Panchthar	12	49	110	15	20	194	189	11	132
9	Sankhuwasabha	12	65	118	47	249	479	472	23	99
10	Saptari	12	93	393	43	73	602	558	21	462
11	Siraha	12	89	282	49	98	518	448	56	390
12	Solukhumbu	12	34	114	24	25	197	174	4	70
13	Sunsari	12	246	517	104	308	1175	1051	122	673
14	Taplejung	12	25	88	9	25	147	134	22	85
15	Teharhum	12	47	107	36	80	270	224	9	156
16	Udaypur	12	38	235	37	85	395	378	9	264
	Eastern	192	1952	4308	823	2139	9222	8573	515	5434
17	Bara	12	38	194	43	56	331	285	38	203
18	Bhaktapur	12	8	41	6	39	94	83	4	28
19	Chitwan	12	243	312	70	208	833	673	82	338
20	Dhading	12	169	376	97	202	844	644	81	412
21	Dhanusha	12	85	240	148	15	488	151	18	136
22	Dolkha	12	21	74	28	36	159	139	14	52
23	Kathmandu	12	46	93	31	85	255	219	38	107
24	Kavre	12	85	178	25	142	430	362	46	168
25	Lalitpur	12	0	0	0	0	0	0	0	0
26	Mahottari	12	31	175	29	28	263	240	33	168
27	Makawanpur	12	75	169	34	33	311	266	31	145
28	Nuwakot	12	37	166	19	77	299	280	6	104
29	Parsa	12	0	0	0	0	0	0	0	0
30	Ramechhap	12	34	79	8	123	244	208	10	61
31	Rasuwa	12	5	14	3	15	37	36	1	23
32	Rautahat	12	103	358	153	83	697	652	39	393
33	Sarlahi	12	65	90	7	70	232	181	29	112
34	Sindhuli	12	51	54	20	14	139	122	18	87
35	Sindhupalchowk	12	72	136	66	37	311	282	33	137
	Central	228	1168	2749	787	1263	5967	4823	521	2674
36	Arghakhanchi	12	26	120	15	118	279	261	13	162
37	Baglung	12	75	188	28	301	592	587	21	434
38	Gorkha	12	38	178	50	140	406	374	19	223
39	Gulmi	12	77	158	43	127	405	326	12	233
40	Kapilvastu	12	55	196	185	71	507	459	50	351
41	Kaski	12	22	81	14	29	146	110	15	78
42	Lamjung	12	25	33	12	91	161	144	9	32
43	Manang	12	0	1	0	0	1	1	0	1
44	Mustang	12	7	8	2	1	18	16	6	9
45	Myagdi	12	13	76	31	51	171	149	11	104
46	Nawalparasi	12	93	334	81	104	612	520	91	244
47	Palpa	12	19	105	52	114	290	244	23	137
48	Parbat	12	105	62	22	75	264	220	44	57
49	Rupandehi	12	0	0	0	0	0	0	0	0
50	Syangja	12	30	171	23	88	312	242	27	137
51	Tanahu	12	68	122	45	121	356	334	17	158
	Western	192	653	1833	603	1431	4520	3987	358	2360
52	Banke	12	94	378	26	217	715	682	61	184
53	Bardiya	12	948	806	132	704	2590	2040	40	1564
54	Dailekh	12	192	255	20	162	629	574	45	241
55	Dang	12	227	580	87	281	1175	1097	60	532
56	Dolpa	12	9	27	8	4	48	44	4	33
57	Humla	12	138	328	266	146	878	866	28	522
58	Jajarkot	12	125	220	156	77	578	578	14	255
59	Jumla	12	33	50	7	21	111	87	17	66
60	Kalikot	12	40	111	60	35	246	164	30	127
61	Mugu	12	20	37	36	27	120	102	20	86
62	Pyuthan	12	68	178	81	81	408	359	37	178
63	Rolpa	12	126	228	87	97	538	420	81	185
64	Rukum	12	79	183	36	109	407	390	25	183
65	Salyan	12	91	109	43	132	375	330	35	74
66	Surkhet	12	268	486	90	466	1310	1180	40	573
	Mid Western	180	2458	3976	1135	2559	10128	8913	537	4803
67	Achham	12	152	366	160	130	808	761	27	629
68	Baitadi	12	83	102	37	65	287	246	32	170
69	Bajhang	12	64	137	94	52	347	317	21	202
70	Bajura	12	131	203	118	39	491	457	40	337
71	Dadeldhura	12	97	143	47	70	357	323	50	119
72	Darchula	12	6	4	1	0	11	11	0	7
73	Doti	12	151	136	88	54	429	315	41	127
74	Kailali	12	79	166	13	58	316	286	30	180
75	Kanchanpur	12	179	471	151	67	868	786	66	364
	Far Western	108	942	1728	709	535	3914	3502	307	2135

Raw Data

Safe Motherhood

District Code	District Name	Received Reports		Antenatal Services			Delivery Services							Postnatal Services		Safe Abortion Care				Maternal & Neonatal death						
				First Visits	Total	Conducted by SBA			Conducted by Health worker			Total Delivery	At BEOC/CEOC centers	Treatment of Obstetric complications at	Delivery by C/s	First PNC Visits	Total PNC (New +Old)	Total no. CAC service received	Treatment of Abortion complication	pac	No. of FP method users after Abortion care	1st checkup of Neonatal	Maternal death	Neonatal death	Still Birth	
						< 20 Year	=> 20 Years	Health Institution	Home	Total	Health Institution															Home
		Four Time Visits		Health Institution	Home	Total	Health Institution	Home	Total	Total Delivery	At BEOC/CEOC centers	Treatment of Obstetric complications at	Delivery by C/s	First PNC Visits	Total PNC (New +Old)	Total no. CAC service received	Treatment of Abortion complication	pac	No. of FP method users after Abortion care	1st checkup of Neonatal	Maternal death	Neonatal death	Still Birth			
	Mountain	192	10674	38381	49055	20871	8039	1819	9858	1947	4499	6446	16304	1737	167	92	22406	31201	2793	33	212	1912	20008	65	292	308
	Hill	468	69770	212068	281838	162414	86044	7726	93770	6196	20782	26978	120748	25128	4801	8029	157648	203195	43725	784	3771	24625	135067	235	1062	1505
	Terai	240	61079	270033	331112	192834	104208	14824	119032	9165	47515	56680	175712	50174	10331	14382	196642	247249	42420	1246	5151	23339	166677	246	1441	2018
	National Total	900	141523	520482	662005	376119	198291	24369	222660	17308	72796	90104	312764	77039	15299	22503	376696	481645	88938	2063	9134	49876	320752	546	2795	3831
1	Bhojpur	12	669	2882	3551	1584	338	21	359	229	719	948	1307	20	0	2801	4057	38	0	48	60	2666	7	32	33	
2	Dhankuta	12	538	2919	3457	1962	539	91	630	24	319	343	973	45	0	2484	3455	878	2	17	791	1963	1	10	12	
3	Ilam	12	1189	4193	5382	3340	950	60	1010	97	912	1009	2019	54	61	120	3345	4315	1069	0	58	1027	2988	5	22	44
4	Jhapa	12	6286	22905	29191	12070	9445	646	10091	1530	973	2503	12594	2661	1760	3656	14169	16524	5608	232	1529	3417	11692	5	51	143
5	Khotang	12	1474	5187	6661	3401	645	642	1287	175	747	922	2209	296	207	3	2851	4155	92	0	40	6	2711	6	25	36
6	Morang	12	4630	17266	21896	12026	9258	377	9635	113	418	531	10166	6211	918	2389	11981	17998	2343	30	635	1920	10512	19	136	369
7	Okhaldhunga	12	800	3172	3972	1953	539	295	834	201	772	973	1807	307	335	8	2135	3090	4	3	54	0	1685	2	10	23
8	Panchthar	12	549	3422	3971	2437	1038	109	1147	94	215	309	1456	575	294	90	2057	2796	519	0	76	149	1955	1	17	31
9	Sankhuwasabha	12	772	2963	3735	1550	1043	45	1088	167	135	302	1390	387	6	41	1823	2610	531	0	38	544	1712	9	19	35
10	Saptari	12	2086	16711	18797	13414	5480	1109	6589	139	2915	3954	9643	3944	249	448	8578	12919	185	4	228	158	8048	22	32	174
11	Siraha	12	3508	15244	18752	13288	2519	1296	3815	300	4645	4985	8760	2734	253	195	12878	19331	1264	127	109	1292	12745	7	23	87
12	Solukhumbu	12	510	2627	3137	2053	678	498	1176	82	534	616	1792	178	17	8	1721	3158	137	0	14	80	1590	6	17	22
13	Sunsari	12	3559	14035	17594	10028	11884	329	12213	66	343	409	12622	9941	1436	2107	14498	19110	3855	28	120	3060	14040	13	42	40
14	Taplejung	12	644	2432	3186	1814	389	161	550	117	915	1032	1582	116	49	0	2158	2965	241	2	22	25	1971	3	9	16
15	Tehrathum	12	331	1816	2147	1203	372	164	536	61	481	542	1078	44	5	0	1325	2284	155	0	4	70	1355	3	11	12
16	Udayapur	12	1360	5453	6813	3833	891	215	1106	143	594	737	1843	578	119	10	3557	5064	81	2	20	41	3182	3	17	30
	Eastern	192	28905	123337	152242	85956	46008	6058	52066	3538	15637	19175	71241	28091	5709	9105	88361	123831	17000	430	3012	12640	80815	112	473	1107
17	Bara	12	3651	17862	9774	2022	1577	3599	515	5904	6419	10018	39	0	0	9887	14915	700	49	125	441	8583	2	30	53	
18	Bhaktapur	12	493	2597	3090	1563	1134	94	1228	0	8	8	1236	0	0	31	1613	2893	1298	6	122	883	1412	0	8	7
19	Chitwan	12	3603	10524	14127	6352	5395	147	5542	1467	235	1702	7244	3666	339	1237	10134	9434	7198	77	573	4451	9658	2	32	117
20	Dhading	12	2025	6631	8656	4846	1074	264	1338	295	1009	1304	2642	93	10	0	8167	9071	614	7	36	434	5747	3	44	48
21	Dhanusha	12	4501	14215	18716	10686	7833	965	8798	477	7394	7871	16669	76	2	19	11166	15794	338	5	8	290	10307	37	26	16
22	Dolcha	12	829	3450	4369	2229	378	157	535	198	745	943	1478	395	27	25	2382	3372	943	17	11	429	2125	4	15	30
23	Kathmandu	12	6917	29145	36062	41390	24861	276	25137	177	297	474	25611	2347	2153	4291	19665	26032	10685	56	650	7957	15167	16	10	69
24	Kavre	12	2200	7681	9881	5060	3327	114	3441	81	236	317	3758	1969	120	359	4163	5530	774	1	79	621	4175	2	59	54
25	Lalitpur	12	11624	9880	21504	0	7865	28	7893	518	0	518	8411	0	0	0	8672	0	4980	0	0	0	0	0	0	0
26	Mahottari	12	3131	16360	19491	14638	1694	1049	2743	1063	6325	7388	10131	226	4	0	11003	19267	1203	27	49	1589	9909	17	213	42
27	Makawanpur	12	1887	5968	7855	3598	2241	79	2320	72	75	147	2467	189	40	111	4190	6191	2326	43	154	1805	3478	9	45	38
28	Nuwakot	12	1291	3808	5099	2578	1041	291	1332	415	679	1094	2426	0	0	6	4188	5304	833	38	89	793	3570	9	12	27
29	Parsa	12	0	1572	1572	7266	7397	230	7627	909	0	909	8536	0	0	0	5745	0	2617	0	114	0	0	0	113	0
30	Ramechhap	12	715	3154	3869	2149	553	235	788	105	338	443	1231	0	0	0	1877	2558	252	22	183	77	1788	8	22	23
31	Rasuwa	12	215	936	1151	608	160	55	215	53	161	214	429	0	0	0	688	1026	8	0	1	1	629	0	11	5
32	Rautahat	12	3251	15127	18378	10363	692	1054	1746	922	6197	7119	8865	570	4	2	9901	13824	3	4	18	13	8795	14	50	32
33	Sarlahi	12	4681	15564	20245	8623	1840	741	2581	80	4997	5077	7658	0	0	10	10027	13448	466	9	11	385	9287	11	53	52
34	Sindhuli	12	1273	4714	5987	2349	973	635	1608	211	1227	1438	3046	63	5	0	3682	4774	57	2	7	57	3198	4	25	36
35	Sindhupalchowk	12	1039	4004	5043	2425	993	118	1111	47	553	600	1711	190	0	0	2754	3773	174	2	35	184	2512	8	27	47
	Central	228	53626	169331	222957	136497	71473	8109	79582	7605	36380	43985	123567	9823	2705	6091	129904	157206	35469	365	2265	20410	100340	146	795	696
36	Arghakhanchi	12	806	2917	3723	2238	685	303	988	65	768	833	1821	26	2	0	2908	4045	834	327	140	261	2572	3	17	17
37	Baglung	12	1576	5531	7107	3626	1430	550	1980	202	1182	1384	3364	1138	90	41	4207	7792	183	0	69	183	5031	5	5	24
38	Gorkha	12	1155	3936	5091	2328	1199	70	1269	303	748	1051	2320	360	118	63	3382	4630	921	0	59	632	3306	3	29	36
39	Guimi	12	1147	5340	6487	4884	1179	538	1717	191	1117	1308	3025	686	104	40	4160	7004	818	7	65	556	3887	2	14	30
40	Kapilvastu	12	967	13877	14844	10634	968	1261	2229	48	4880	4928	7157	0	0	0	9070	13331	432	0	21	3				

**Analysed Data
Safe Motherhood**

District Code	District Name	Received Report	1st ANC Visit as % of Expected Pregnancy		4th ANC Visit as % of Expected Pregnancy	Delivery Conducted as % of Expected Pregnancy												Met Need of EOC	% of CS among total Institutional deliveries	Met Need of Total CS	CS Rate	PNC first Visits	% of FP acceptors after abortion care	% of neonatal first time checkup	Maternal death as % of expected Live birth	Maternal death as % of expected Pregnancy
			<20 Yrs	Both (<20 and >20) Yrs		by SBA at			by other than SBA at			Delivery Conducted at B/C/E/C among total Deliveries	Delivery Conducted at B/C/E/C among % of Institutional	Delivery Conducted at B/C/E/C among % of Institutional with complication among total Deliveries												
						HF	Home	Total	HF	Home	Total															
	Mountain	192	20.02	91.99	39.14	15.08	3.41	18.49	3.65	8.44	12.09	17.39	4.04	1.02	2.36	0.92	3.90	0.20	42.02	63.63	44.04	0.14	0.12			
	Hill	468	20.91	84.46	48.67	25.78	2.32	28.10	1.86	6.23	8.08	27.24	9.48	3.98	10.14	8.70	50.85	2.54	47.24	51.85	47.25	0.07	0.07			
	Terai	240	16.48	89.33	52.03	28.11	4.00	32.11	2.47	12.82	15.29	44.26	18.30	5.88	20.83	12.69	87.00	4.35	53.05	49.06	52.17	0.07	0.07			
	National Total	900	18.68	87.37	49.64	26.17	3.22	29.39	2.28	9.61	11.89	35.73	13.31	4.89	14.70	10.44	64.89	3.24	49.72	50.86	49.43	0.08	0.07			
1	Bhojpur	12	10.87	57.68	25.73	5.49	0.34	5.83	3.72	11.68	15.40	3.53	0.36	0.00	0.00	0.00	0.00	0.00	45.50	69.77	50.55	0.13	0.11			
2	Dhankuta	12	9.73	62.49	35.47	9.74	1.64	11.39	0.43	5.77	6.20	7.99	0.90	0.00	0.00	0.00	0.00	0.00	44.90	88.38	41.41	0.02	0.02			
3	Ilam	12	12.14	54.96	34.11	9.70	0.61	10.31	0.99	9.31	10.30	5.16	1.30	3.02	4.61	11.46	27.23	1.36	34.16	91.13	35.61	0.06	0.05			
4	Jhapa	12	24.88	115.55	47.78	37.39	2.56	39.94	6.06	3.85	9.91	24.25	19.44	13.97	51.60	33.31	321.59	16.08	56.09	47.88	54.01	0.02	0.02			
5	Khotang	12	21.43	96.85	49.45	9.38	9.33	18.71	2.54	10.86	13.41	36.10	8.13	9.37	22.29	0.37	0.97	0.05	41.45	4.55	46.00	0.10	0.09			
6	Morang	12	15.45	73.05	40.12	30.89	1.26	32.15	0.38	1.39	1.77	66.28	26.43	9.03	22.69	25.49	177.13	8.86	39.97	64.47	40.93	0.07	0.06			
7	Okhaldhunga	12	17.08	84.82	41.70	11.51	6.30	17.81	4.29	16.49	20.78	41.49	15.23	18.54	53.00	5.14	18.04	0.90	45.59	0.00	42.00	0.05	0.04			
8	Panchthar	12	8.63	62.42	38.31	16.32	1.71	18.03	1.48	3.38	4.86	50.80	15.18	20.19	34.24	7.95	31.44	1.57	32.33	25.04	35.87	0.02	0.02			
9	Sankhuwasabha	12	15.44	74.71	31.01	20.86	0.90	21.76	3.34	2.70	6.04	31.98	8.73	0.43	0.89	3.39	18.22	0.91	36.47	95.61	39.96	0.20	0.18			
10	Saptari	12	11.83	106.61	76.08	31.08	6.29	37.37	0.79	16.53	17.32	70.19	26.42	2.58	10.46	7.97	56.47	2.82	48.65	38.26	53.28	0.14	0.12			
11	Siraha	12	20.06	107.23	75.98	14.40	7.41	21.81	1.72	26.56	28.28	96.98	18.98	2.89	10.72	6.92	24.78	1.24	73.64	94.10	85.06	0.04	0.04			
12	Solukhumbu	12	15.52	95.47	62.48	20.63	15.16	35.79	2.50	16.25	18.75	23.42	6.59	0.95	3.83	1.05	5.41	0.27	52.37	52.98	56.48	0.20	0.18			
13	Sunsari	12	16.17	79.93	45.56	53.99	1.49	55.48	0.30	1.56	1.86	83.19	57.43	11.38	48.32	17.63	212.71	10.64	65.86	76.98	74.44	0.07	0.06			
14	Taplejung	12	15.21	75.23	42.83	9.19	3.80	12.99	2.76	21.61	24.37	22.92	4.33	3.10	8.57	0.00	0.00	0.00	50.96	9.51	54.31	0.08	0.07			
15	Tehrathum	12	9.07	58.82	32.96	10.19	4.49	14.68	1.67	13.18	14.85	10.16	1.49	0.46	1.01	0.00	0.00	0.00	36.30	44.03	43.33	0.09	0.08			
16	Udaypur	12	14.63	73.27	41.22	9.58	2.31	11.89	1.54	6.39	7.93	55.90	8.33	6.46	9.48	0.97	2.39	0.12	38.25	40.59	39.93	0.04	0.03			
	Eastern	192	16.31	85.90	48.50	25.96	3.42	29.38	2.00	8.82	10.82	56.70	21.19	8.01	23.86	18.38	11.46	5.71	49.85	63.16	53.22	0.07	0.06			
17	Bara	12	22.61	102.22	55.93	11.57	9.02	20.60	2.95	33.79	36.73	1.54	0.25	0.00	0.00	0.00	0.00	0.00	56.58	53.45	57.33	0.01	0.01			
18	Bhaktapur	12	5.49	34.42	17.41	12.63	1.05	13.68	0.00	0.09	0.09	0.00	0.00	0.00	0.00	2.73	7.67	0.38	17.97	62.18	18.36	0.00	0.00			
19	Chitwan	12	20.65	80.98	36.41	30.93	0.84	31.77	8.41	1.35	9.76	53.42	25.51	4.68	14.39	18.03	157.58	7.88	58.09	57.28	64.61	0.01	0.01			
20	Dhading	12	18.68	79.83	44.69	9.91	2.43	12.34	2.72	9.31	12.03	6.79	1.06	0.38	0.68	0.00	0.00	0.00	75.32	66.77	61.86	0.03	0.03			
21	Dhanusha	12	22.72	94.47	53.94	39.54	4.87	44.41	2.41	37.32	39.73	0.91	0.44	0.01	0.07	0.23	2.13	0.11	56.36	83.82	60.72	0.21	0.19			
22	Dolcha	12	13.12	69.16	35.29	5.98	2.49	8.47	3.13	11.79	14.93	68.58	7.42	1.83	3.17	4.34	8.80	0.44	37.71	44.97	39.26	0.07	0.06			
23	Kathmandu	12	20.85	108.68	124.74	74.93	0.83	75.76	0.53	0.90	1.43	9.37	10.62	8.41	33.87	17.14	202.51	10.13	59.27	70.20	53.48	0.04	0.05			
24	Kavre	12	17.34	77.90	39.89	26.23	0.90	27.13	0.64	1.86	2.50	57.78	3.30	3.19	1.10	10.53	62.89	3.14	32.82	72.80	38.41	0.02	0.02			
25	Lalitpur	12	85.81	158.75	0.00	58.06	0.21	58.27	3.82	0.00	3.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00	64.02	0.00	0.00	0.00	0.00			
26	Mahottari	12	19.57	121.80	91.48	10.59	6.56	17.14	6.84	39.53	46.17	8.20	2.01	0.04	0.23	0.00	0.00	0.00	68.76	126.92	72.28	0.15	0.11			
27	Makawanpur	12	14.83	61.73	28.28	17.61	0.62	18.23	0.57	0.59	1.16	8.17	1.59	1.62	1.85	4.80	15.42	0.77	32.93	72.78	31.90	0.06	0.07			
28	Nuwakot	12	14.37	56.75	28.69	11.59	3.24	14.82	4.62	7.56	12.18	0.00	0.00	0.00	0.00	0.41	1.48	0.07	46.61	86.01	46.38	0.11	0.10			
29	Parsa	12	0.00	10.12	46.76	47.61	1.48	49.09	5.85	0.00	5.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36.97	0.00	0.00	0.00	0.00			
30	Ramechhap	12	11.64	63.00	34.99	9.01	3.83	12.83	1.71	5.50	7.21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	30.57	17.70	33.99	0.14	0.13			
31	Rasuwa	12	15.87	84.94	44.87	11.81	4.06	15.87	3.91	11.88	15.79	0.00	0.00	0.23	0.55	0.00	0.00	0.00	50.77	11.11	54.22	0.00	0.00			
32	Rautahat	12	19.40	109.69	61.85	4.13	6.29	10.42	5.50	36.99	42.49	35.32	3.81	0.05	0.18	0.12	0.27	0.01	59.10	61.90	61.27	0.09	0.08			
33	Sarlahi	12	24.38	105.44	44.91	9.58	3.86	13.44	0.42	26.02	26.44	0.00	0.00	0.00	0.00	0.52	1.16	0.06	52.22	80.71	56.45	0.06	0.06			
34	Sindhuli	12	14.41	67.77	26.59	11.01	7.19	18.20	2.39	13.89	16.28	5.32	0.86	0.16	0.42	0.00	0.00	0.00	41.68	89.06	42.25	0.05	0.05			
35	Sindhupalchowk	12	11.10	53.88	25.91	10.61	1.26	11.87	0.50	5.91	6.41	18.27	2.26	0.00	0.00	0.00	0.00	0.00	29.43	88.04	31.33	0.09	0.09			
	Central	228	21.02	87.38	53.49	28.01	3.18	31.19	2.98	14.26	17.24	12.42	5.17	2.19	7.45	7.70	50.30	2.52	50.91	54.09	45.91	0.06	0.06			
36	Arghakhanchi	12	12.12	55.97	33.64	10.30	4.56	14.85	0.98	11.55	12.52	3.47	0.47	0.11	0.22	0.00	0.00	0.00	43.72	26.80	45.13	0.05	0.05			
37	Baglung	12	17.36	78.31	39.95	15.76	6.06	21.82	2.23	13.02	15.25	69.73	15.03	2.68	7.35	2.51	10.04	0.50	46.35	62.62	64.70	0.06	0.06			
38	Gorkha	12	12.78	56.33	25.76	13.27	0.77	14.04	3.35	8.28	11.63	23.97	5.88	5.09	9.67	4.19	15.49	0.77	37.42	64.49	42.69	0.04	0.03			
39	Gulmi	12	12.22	69.08	52.01	12.56	5.73	18.29	2.03	11.90	13.93	50.07	9.35	3.40	2.92	9.47	0.47	44.30	62.97	48.32	0.02	0.02				
40	Kapilvastu	12	6.46	99.20	71.06	6.47	8.43	14.90	0.32	32.61	32.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	60.61	72.41	58.47	0.01	0.01			
41	Kaski	12	18.62	81.97	60.57	71.95	0.84	72.79	0.38	1.69	2.07	97.67	79.65	1.39	7.69	17.97	288.85	14.44	79.94	42.64	107.10	0.04	0.04			
42	Lamjung	12	21.14	82.88	49.64	24.75	1.93	26.68	2.78	4.60	7.38	4.82	2.60	2.96	7.48	4.12	25.18	1.26	34.89	47.40	45.57	0.04	0.04			
43	Manang	12	5.14	24.29	6.57	0.86	3.14	4.00	1.43	0.57	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.14	200.00	7.00	0.00	0.00			
44	Mustang	12	7.78	49.20	22.20	15.33	1.14	16.48	1.14	5.95	7.09	47.22	8.91	0.97	1.70	0.00	0.00	0.00	29.75	26.92	30.40	0.00	0.00			
45	Myagdi	12	24.66	92.20	58.99	15.95	3.29	19.24	0.94	26.69	27.63	57.99	11.39	0.98	3.40	0.00	0.00	0.00	61.12	35.29	72.95	0.00	0.00			
46	Nawalparasi	12	14.52	75.73	43.77	10.60	1.29	11.89	1.36	3.22	4.58	53.57	7.77	3.54	4.32	1.18	3.13	0.16	29.36	61.77	30.72	0.04	0.04			
47	Palpa	12	25.23	111.01	44.97	27.40	2.56	29.96	0.28	3.18	3.45	34.1														

Raw Data

FCHV

District Code	District Name	Received Reports	Pills Distribution (Cycle)	Condom Distribution to (Persons)	ORS Distribution (Pkts)	Iron Tablet Distribution	No of FCHV attending quarterly review meeting				No of Health Facility incharge attending quarterly review meeting				Meeting Conducted		
							1st	2nd	3rd	Total	1st	2nd	3rd	Total	Health Facility Management Committee	PHCC/ORC Management Committee	Mothers Group Meeting
	Mountain	192	40481	92072	130941	84579	16295	1293	701	18289	1435	106	164	1705	2910	3340	35187
	Hill	468	235589	395787	678697	340638	52764	2359	2732	57855	4604	174	249	5027	13276	16067	185228
	Terai	240	443381	776858	760781	608145	26375	2111	1907	30393	2383	164	156	2703	9877	11584	157047
	National Total	900	719451	1264717	1570419	1033362	95434	5763	5340	106537	8422	444	569	9435	26063	30991	377462
1	Bhojpur	12	5427	6251	12156	2204	1652			1652	196			196	525	1277	5567
2	Dhankuta	12	7187	4694	9332	2929	772			772	96			96	297	416	3332
3	Ilam	12	10892	13242	19322	1979	1121	850	1067	3038	86	61	85	232	292	379	4416
4	Jhapa	12	50028	29422	53441	41633	1249			1249	200			200	322	698	5432
5	Khotang	12	4344	8777	8195	4304	1958			1958	182			182	483	557	5958
6	Morang	12	40423	28057	44448	34654	750	526	463	1739	72	59	52	183	645	1245	6512
7	Okhaldhunga	12	5558	10258	8980	3954	2141			2141	158			158	526	1021	6276
8	Panchthar	12	7175	6167	13707	3073	750	0		750	73			73	302	729	3230
9	Sankhuwasabha	12	3208	3879	6874	3970	916			916	91			91	226	501	1883
10	Saptari	12	16688	42429	40269	39555	0			0	0			0	669	2004	11213
11	Siraha	12	21031	37517	33737	36959	2827			2827	318			318	674	1835	11051
12	Solukhumbu	12	2171	4224	3631	3229	848			848	125			125	178	88	1206
13	Sunsari	12	33870	23075	46097	35476	0			0	0			0	467	29	9404
14	Taplejung	12	4643	11260	9376	1261	2366			2366	143			143	322	655	3961
15	Teharhum	12	2038	4625	5935	167	675			675	52			52	212	385	2782
16	Udayapur	12	11319	13928	15709	12436	698			698	176			176	320	695	3893
	Eastern	192	222734	245455	325129	227783	18723	1376	1530	21629	1968	120	137	2225	6460	12514	86116
17	Bara	12	8888	36363	28666	39781	2660			2660	291			291	288	275	8977
18	Bhaktapur	12	2253	1849	7262	2800	354	27	119	500	39	2	11	52	70	21	1602
19	Chitwan	12	16252	15353	24646	14806	488			488	50			50	253	111	3901
20	Dhading	12	9044	10906	19549	8022	0			0	0	0		0	327	906	4332
21	Dhanusha	12	7870	40015	30069	38507	2392			2392	260			260	666	1068	8834
22	Dolkha	12	2086	7925	9328	4533	3730			3730	199			199	346	427	6690
23	Kathmandu	12	11205	14160	36008	9164	3713			3713	223			223	442	387	8612
24	Kavre	12	6110	6742	22960	9594	0			0	0			0	629	952	8468
25	Lalitpur	12	0	0	0	0	0			0	0			0	0	0	0
26	Mahottari	12	21193	38744	27329	43603	2056			2056	201			201	656	223	7446
27	Makawanpur	12	17844	9951	22457	14565	1266			1266	132			132	264	205	4602
28	Nuwakot	12	5851	15755	12641	5431	3574			3574	274			274	283	244	5086
29	Parsa	12	0	0	0	0	0			0	0			0	438	0	0
30	Ramechhap	12	4043	4293	13020	9506	1382			1382	142			142	364	150	7266
31	Rasuwa	12	1526	3764	4675	2425	813			813	64			64	100	21	2090
32	Rautahat	12	11563	58715	31901	38785	2568			2568	308			308	463	916	6746
33	Sarlahi	12	7998	34854	22671	40764	1472	1282	1229	3983	107	88	92	287	679	1023	10964
34	Sindhuli	12	7725	23420	16435	25913	1252	590	297	2139	165	21	40	226	374	532	3883
35	Sindhupalchowk	12	2047	6080	7838	5169	707	720	701	2128	88	67	79	234	358	229	4658
	Central	228	143498	328889	337455	313368	28427	2619	2346	33392	2543	178	222	2943	7000	7690	104157
36	Arghakhanchi	12	3797	12225	10297	7137	0			0	0			0	224	159	5259
37	Baglung	12	5855	10627	13893	8042	2583			2583	259			259	303	225	3204
38	Gorkha	12	5136	5720	14732	8155	2027			2027	229			229	430	474	3788
39	Gulmi	12	4699	11248	14471	9756	3173			3173	276			276	553	886	8514
40	Kapilvastu	12	10336	29527	27798	18090	0			0	0			0	453	687	7047
41	Kaski	12	6364	13404	20649	8792	1289			1289	83			83	292	69	6872
42	Lamjung	12	3563	7877	11373	3754	2042			2042	169			169	337	535	5796
43	Manang	12	50	360	381	21	228			228	24			24	40	8	318
44	Mustang	12	10	687	727	100	543			543	61			61	57	31	415
45	Myagdi	12	2527	7156	11201	3883	1150			1150	128			128	256	245	2122
46	Nawalparasi	12	16311	29704	36332	22471	0	259	215	474	0	16	12	28	566	353	7040
47	Palpa	12	6181	5100	17214	9646	1052			1052	45			45	229	332	5687
48	Parbat	12	3231	5471	10287	5736	1617			1617	162			162	244	77	3508
49	Rupandehi	12	49920	127260	102789	0	0			0	0			0	1138	0	15207
50	Syangja	12	7957	9937	17281	10857	1729			1729	171			171	344	756	6455
51	Tanahu	12	5588	5654	13334	6841	0			0	0			0	214	328	3002
	Western	192	131525	281957	322759	123281	17433	259	215	17907	1607	16	12	1635	5680	5165	84234
52	Banke	12	18982	26541	35724	23414	1319			1319	85			85	322	302	6304
53	Bardiya	12	20422	51503	32109	44327	2514	44		2558	101	1		102	263	245	7041
54	Dailekh	12	8614	19713	55430	19278	1712		805	2517	113		67	180	364	147	8948
55	Dang	12	17550	16323	29990	20462	562			562	32			32	380	193	5905
56	Dolpa	12	1052	3240	2366	1012	284			284	31			31	21	40	120
57	Humla	12	5682	8860	19399	7683	558			558	62			62	218	227	1770
58	Jajarkot	12	4213	5410	16531	5799	752			752	89			89	224	420	2258
59	Jumla	12	2308	8228	19518	20751	1129	573		1702	81	39	85	205	243	408	3158
60	Kailikot	12	3574	5621	12590	6889	804			804	73			73	217	107	1199
61	Mugu	12	718	1513	3030	1506	329			329	66			66	61	66	603
62	Pyuthan	12	10139	11868	18525	11274	449	496	444	1389	42	53	46	141	297	457	4194
63	Rolpa	12	4132	15437	21280	4553	939	396		1335	136	37		173	405	244	3137
64	Rukum	12	4369	6832	12392	4317	387			387	0			0	273	126	979
65	Salyan	12	6858	8928	22962	14736	832			832	64			64	251	110	3344
66	Surkhet	12	13562	22184	50938	23163	2805			2805	150			150	1028	501	9204
	Mid Western	180	122175	212201	352784	209164	15375	1509	1249	18133	1125	130	198	1453	4567	3593	58164
67	Achham	12	2695	15955	22743	11822	1845										

**Analysed Data
FCHV**

District Code	District Name	Received Report	% of distribution		% of mothers provided Iron	% of FCHVs attending quarterly meeting			% of Mothers group meeting held
			Pills	ORS		1st Qtr	2nd Qtr	3rd Qtr	
	Mountain	192	41.12	45.86	71.63	83.46	19.87	10.77	57.77
	Hill	468	36.16	44.36	50.30	71.47	9.59	11.10	71.13
	Terai	240	62.00	57.85	63.91	54.66	13.13	11.86	90.82
	National Total	900	49.10	50.16	59.16	67.40	12.21	11.31	76.37
1	Bhojpur	12	36.72	41.52	23.49	97.12	0.00	0.00	89.82
2	Dhankuta	12	43.43	48.13	27.19	81.69	0.00	0.00	92.56
3	Ilam	12	16.56	50.69	13.85	35.05	79.74	100.00	42.12
4	Jhapa	12	75.88	63.57	72.52	79.00	0.00	0.00	89.20
5	Khotang	12	22.28	30.51	30.97	69.95	0.00	0.00	59.82
6	Morang	12	56.47	55.53	47.51	39.75	83.62	73.61	84.75
7	Okhaldhunga	12	32.92	39.80	46.08	99.40	0.00	0.00	73.94
8	Panchthar	12	43.43	48.38	29.52	63.78	0.00	0.00	75.52
9	Sankhuwasabha	12	38.17	39.77	47.70	94.24	0.00	0.00	61.14
10	Saptari	12	31.99	34.76	62.16	0.00	0.00	0.00	90.06
11	Siraha	12	57.94	39.67	58.75	98.78	0.00	0.00	97.90
12	Solukhumbu	12	19.61	22.62	55.33	92.37	0.00	0.00	43.32
13	Sunsari	12	51.61	54.39	61.97	0.00	0.00	0.00	83.58
14	Taplejung	12	36.23	42.52	17.87	92.24	0.00	0.00	45.79
15	Teharthurm	12	30.55	40.15	2.99	57.54	0.00	0.00	67.59
16	Udaypur	12	64.02	49.55	88.12	61.55	0.00	0.00	80.62
	Eastern	192	46.55	46.17	53.93	59.64	13.15	14.62	74.73
17	Bara	12	47.63	46.47	70.69	100.00	0.00	0.00	85.84
18	Bhaktapur	12	13.34	42.96	44.25	62.43	14.29	62.96	73.52
19	Chitwan	12	57.55	59.16	41.46	40.07	0.00	0.00	81.97
20	Dhading	12	33.71	28.99	29.92	0.00	0.00	0.00	84.02
21	Dhanusha	12	41.86	36.33	67.77	87.72	0.00	0.00	92.40
22	Dolkha	12	20.76	38.55	54.07	97.82	0.00	0.00	58.56
23	Kathmandu	12	18.07	52.20	14.93	100.00	0.00	0.00	66.33
24	Kavre	12	25.89	55.03	33.93	0.00	0.00	0.00	83.20
25	Lalitpur	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Mahottari	12	58.57	39.14	124.29	100.00	0.00	0.00	102.60
27	Makawanpur	12	94.82	61.76	60.28	100.00	0.00	0.00	95.36
28	Nuwakot	12	51.98	44.82	41.77	100.00	0.00	0.00	46.03
29	Parsa	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30	Ramechhap	12	42.55	54.97	54.81	61.26	0.00	0.00	84.87
31	Rasuwa	12	97.32	51.83	82.85	100.00	0.00	0.00	78.39
32	Rautahat	12	77.68	39.80	102.61	94.17	0.00	0.00	64.40
33	Sarlahi	12	31.66	38.62	66.34	36.51	95.39	91.44	71.07
34	Sindhuli	12	54.38	54.56	128.62	84.31	100.00	60.00	69.65
35	Sindhupalchowk	12	13.07	36.24	31.68	33.15	100.00	98.59	66.55
	Central	228	38.09	44.22	58.24	68.00	18.80	16.84	74.65
36	Arghakhanchi	12	54.61	50.03	83.23	0.00	0.00	0.00	73.21
37	Baglung	12	49.11	47.11	46.76	92.18	0.00	0.00	35.12
38	Gorkha	12	42.91	39.47	67.94	100.00	0.00	0.00	56.72
39	Gulmi	12	36.66	42.19	45.58	100.00	0.00	0.00	79.27
40	Kapilvastu	12	41.25	38.17	54.44	0.00	0.00	0.00	59.49
41	Kaski	12	37.82	73.77	47.54	49.73	0.00	0.00	74.28
42	Lamjung	12	46.78	53.33	33.95	100.00	0.00	0.00	74.78
43	Manang	12	12.92	60.28	12.14	64.41	0.00	0.00	49.84
44	Mustang	12	0.91	46.69	24.57	100.00	0.00	0.00	40.89
45	Myagdi	12	52.94	43.16	50.44	100.00	0.00	0.00	52.21
46	Nawalparasi	12	54.43	56.24	51.19	0.00	36.33	30.15	84.23
47	Palpa	12	31.31	56.38	49.88	59.94	0.00	0.00	81.76
48	Parbat	12	57.63	51.43	58.09	100.00	0.00	0.00	64.30
49	Rupandehi	12	109.45	0.00	0.00	0.00	0.00	0.00	0.00
50	Syangja	12	52.63	58.13	48.17	94.17	0.00	0.00	88.27
51	Tanahu	12	47.64	47.13	38.91	0.00	0.00	0.00	63.21
	Western	192	57.89	72.51	40.69	61.45	2.74	2.27	83.30
52	Banke	12	73.79	57.76	78.89	66.02	0.00	0.00	83.73
53	Bardiya	12	96.79	62.79	107.45	99.64	5.23	0.00	72.44
54	Dailekh	12	45.26	67.23	61.40	70.45	0.00	99.38	96.32
55	Dang	12	51.09	49.85	65.55	23.36	0.00	0.00	71.50
56	Dolpa	12	38.23	49.52	78.75	45.73	0.00	0.00	13.38
57	Humla	12	107.98	57.18	150.77	76.54	0.00	0.00	73.44
58	Jajarkot	12	38.64	41.40	58.32	92.84	0.00	0.00	74.55
59	Jumla	12	81.12	83.42	232.95	69.05	100.00	0.00	54.77
60	Kalikot	12	79.30	45.01	104.30	99.26	0.00	0.00	47.09
61	Mugu	12	18.07	45.87	21.94	50.77	0.00	0.00	42.41
62	Pyuthan	12	24.65	48.90	57.54	33.94	100.00	100.00	86.63
63	Rolpa	12	37.85	11.07	38.99	68.19	86.27	0.00	69.16
64	Rukum	12	42.74	31.50	42.54	33.33	0.00	0.00	28.35
65	Salyan	12	69.68	54.89	67.35	65.72	0.00	0.00	68.27
66	Surkhet	12	47.55	64.49	62.60	100.00	0.00	0.00	88.88
	Mid Western	180	52.87	45.09	76.74	68.21	20.08	16.62	73.67
67	Achham	12	33.24	35.03	62.93	65.36	0.00	0.00	79.17
68	Baitadi	12	37.77	44.79	86.78	98.68	0.00	0.00	47.47
69	Bajhang	12	72.59	38.37	40.15	100.00	0.00	0.00	63.92
70	Bajura	12	78.47	41.83	105.25	100.00	0.00	0.00	80.40
71	Dadeldhura	12	36.77	51.04	65.97	24.23	0.00	0.00	83.60
72	Darchula	12	35.82	44.38	78.18	69.56	0.00	0.00	59.71
73	Doti	12	59.63	50.79	88.59	100.00	0.00	0.00	74.28
74	Kailali	12	70.51	67.27	81.67	100.00	0.00	0.00	84.93
75	Kanchanpur	12	85.39	74.20	76.06	80.01	0.00	0.00	92.06
	Far Western	108	65.61	53.28	75.77	88.48	0.00	0.00	75.41

Raw Data
Family Planning
Sheet 1 of 3

District Code	District Name	Received Reports	New Acceptors													Total (Temporary Methods)
			Temporary Methods													
			Condom	Pills			Depo			IUD			Implant			
<20 Years	=>20 Years	Total		<20 Years	=>20 Years	Total	<20 Years	=>20 Years	Total	<20 Years	=>20 Years	Total				
	Mountain	192	11384	1055	9125	10180	1913	21625	23538	9	1167	1176	49	2062	2111	48389
	Hill	468	73386	5208	55359	60567	9866	117996	127862	190	12454	12644	290	12362	12652	287111
	Terai	240	74568	4103	44638	48741	6128	102606	108734	476	17562	18038	153	9040	9193	259274
	National Total	900	159338	10366	109122	119488	17907	242227	260134	675	31183	31858	492	23464	23956	594774
1	Bhojpur	12	1250	54	943	997	86	1811	1897	0	81	81	2	261	263	4488
2	Dhankuta	12	1461	123	1339	1462	154	2436	2590	1	40	41	9	252	261	5815
3	Ilam	12	1623	339	2140	2479	297	3345	3642	15	301	316	0	167	167	8227
4	Jhapa	12	2425	260	5210	5470	632	8251	8883	92	2141	2233	23	559	582	19593
5	Khotang	12	1091	178	1231	1409	210	2169	2379	0	78	78	0	112	112	5069
6	Morang	12	3857	223	2907	3130	501	8605	9106	1	1016	1017	4	678	682	17792
7	Okhaldhunga	12	855	64	1037	1101	144	2164	2308	0	9	9	2	104	106	4379
8	Panchthar	12	1218	68	982	1050	118	2034	2152	1	72	73	5	173	178	4671
9	Sankhuwasabha	12	1036	83	841	924	156	2068	2224	2	341	343	11	407	418	4945
10	Saptari	12	3584	97	2565	2662	162	5869	6031	4	536	540	0	88	88	12905
11	Siraha	12	3842	418	2520	2938	105	4352	4457	20	735	755	7	477	484	12476
12	Solukhumbu	12	609	56	894	950	230	2360	2590	1	24	25	2	92	94	4268
13	Sunsari	12	4172	120	1973	2093	306	5418	5724	7	426	433	7	394	401	12823
14	Taplejung	12	932	113	766	879	171	1505	1676	0	103	103	1	9	10	3600
15	Tehrathum	12	1001	30	607	637	66	1291	1357	1	66	67	1	165	166	3228
16	Udaypur	12	981	139	992	1131	221	2948	3169	0	49	49	3	111	114	5444
	Eastern	192	29937	2365	26947	29312	3559	56626	60185	145	6018	6163	77	4049	4126	129723
17	Bara	12	3279	124	950	1074	177	3652	3829	55	292	347	7	320	327	8856
18	Bhaktapur	12	677	43	2083	2126	232	3956	4188	1	380	381	8	292	300	7672
19	Chitwan	12	4713	174	1520	1694	477	3481	3958	39	685	724	8	370	378	11467
20	Dhading	12	3706	294	2360	2654	586	5124	5710	15	394	409	15	705	720	13199
21	Dhanusha	12	3849	622	1396	2018	313	5143	5456	39	969	1008	6	616	622	12953
22	Dolkha	12	796	128	1296	1424	281	3946	4227	1	76	77	2	148	150	6674
23	Kathmandu	12	4005	487	4440	4927	1629	13653	15282	49	2276	2325	86	1464	1550	28089
24	Kavre	12	2543	119	1678	1797	376	4358	4734	18	1265	1283	12	677	689	11046
25	Lalitpur	12	1827	0	2119	2119	0	6654	6654	0	2882	2882	0	1540	1540	15022
26	Mahottari	12	3984	139	2282	2421	274	3894	4168	0	600	600	0	146	146	11319
27	Makawanpur	12	2100	169	1620	1789	546	5469	6015	0	42	42	3	561	564	10510
28	Nuwakot	12	1308	351	1669	2020	335	3100	3435	8	66	74	11	122	133	6970
29	Parsa	12	0	0	1926	1926	0	4496	4496	0	178	178	0	157	157	6757
30	Ramechhap	12	891	27	412	439	97	1828	1925	1	234	235	6	311	317	3807
31	Rasuwa	12	611	11	156	167	57	675	732	0	8	8	1	17	18	1536
32	Rautahat	12	2773	57	1237	1294	91	2634	2725	2	1243	1245	4	856	860	8897
33	Sarlahi	12	3322	221	2453	2674	300	4242	4542	36	1267	1303	39	872	911	12752
34	Sindhuli	12	1083	177	1229	1406	186	2319	2505	1	274	275	1	262	263	5532
35	Sindhupalchowk	12	836	78	917	995	340	3474	3814	2	117	119	3	230	233	5997
	Central	228	42303	3221	31743	34964	6297	82098	88395	267	13248	13515	212	9666	9878	189055
36	Arghakhanchi	12	1630	18	479	497	60	1008	1068	1	22	23	0	43	43	3261
37	Baglung	12	1580	53	1292	1345	83	1954	2037	1	67	68	0	27	27	5057
38	Gorkha	12	1128	92	1590	1682	169	2638	2807	0	31	31	0	100	100	5748
39	Gulmi	12	2352	88	1672	1760	172	3419	3591	0	515	515	0	542	542	8760
40	Kapilvastu	12	2591	147	1806	1953	367	4971	5338	0	106	106	0	67	67	10055
41	Kaski	12	2340	216	2277	2493	401	3898	4299	1	620	621	5	262	267	10020
42	Lamjung	12	1448	33	530	563	105	2429	2534	1	76	77	1	49	50	4672
43	Manang	12	107	6	38	44	3	47	50	0	0	0	1	32	33	234
44	Mustang	12	200	4	154	158	23	323	346	0	5	5	0	35	35	744
45	Myagdi	12	1478	29	452	481	96	1141	1237	3	116	119	5	152	157	3472
46	Nawalparasi	12	4544	86	1416	1502	301	3746	4047	21	1302	1323	11	211	222	11638
47	Palpa	12	2418	61	1013	1074	141	1933	2074	18	179	197	16	184	200	5963
48	Parbat	12	814	28	451	479	72	1007	1079	0	35	35	0	106	106	2513
49	Rupandehi	12	2843	0	3697	3697	0	7332	7332	0	1638	1638	0	430	430	15940
50	Syangja	12	1570	90	1157	1247	271	1659	1930	0	104	104	0	17	17	4868
51	Tanahu	12	1576	97	1072	1169	247	2207	2454	3	158	161	12	169	181	5541
	Western	192	28619	1048	19096	20144	2511	39712	42223	49	4974	5023	51	2426	2477	98486
52	Banke	12	5428	243	4269	4512	551	8247	8798	7	1221	1228	6	247	253	20219
53	Bardiya	12	3949	109	1096	1205	424	4202	4626	88	1596	1684	17	389	406	11870
54	Dailekh	12	2898	175	2082	2257	181	2694	2875	2	58	60	0	86	86	8176
55	Dang	12	3606	891	1733	2624	672	4239	4911	62	965	1027	4	585	589	12757
56	Dolpa	12	319	6	169	175	33	443	476	0	15	15	0	0	0	985
57	Humla	12	360	279	987	1266	231	1301	1532	1	1	2	0	20	20	3180
58	Jajarkot	12	843	364	1206	1570	409	1980	2389	0	22	22	1	119	120	4944
59	Jumla	12	1353	123	684	807	145	921	1066	0	90	90	19	411	430	3746
60	Kalikot	12	800	59	429	488	62	639	701	1	123	124	4	363	367	2480
61	Mugu	12	227	14	96	110	22	406	428	0	4	4	0	3	3	772
62	Pyuthan	12	4691	106	1379	1485	126	2144	2270	6	258	264	0	168	168	8878
63	Rolpa	12	3940	137	1113	1250	327	2683	3010	5	407	412	27	1141	1168	9780
64	Rukum	12	883	273	1718	1991	314	3642	3956	0	65	65	1	91	92	6987
65	Salyan	12	1570	108	1018	1126	346	3056	3402	3	574	577	7	648	655	7330
66	Surkhet	12	3806	351	2164	2515	786	4112	4898	31	438	469	45	473	518	12206
	Mid Western	180	34673	3238	20143	23381	4629	40709	45338	206	5837	6043	131	4744	4875	114310
67	Achham	12	2182	88	1458	1546	141	3048	3189	0	90	90	1	403	404	7411
68	Baitadi	12	3300	72	2829	2901	25	3358	3383	0	10	10	2	198	200	9794
69	Bajhang	12	931	42	385	427	57	1096	1153	0	17	17	5	151	156	2684
70	Bajura	12	1571	39	624	663	71	1245	1316	1	226	227	0	89	89	3866
71	Dadeldhura	12	1049	16	503	519	52	1510	1562	0	38	38	0	19	19	3187
72	Darchula	12	687	14	689	703	31	1176	1207	0	17	17	0	55	55	2669
73	Doti	12	2251	51	1023	1074	59	1817	1876	4	62	66	3	86	89	5356
74	Kailali	12	7521	125	2562	2687	328	6387	6715	1	525	526	6	1196	1202	18651
75	Kanchanpur	12	4278	47	1120	1167	147	3445	3592	2	121	123	4	382	386	9546
	Far Western	108	23770	494	11193	11687	911	23082	23993	8	1106	1114	21	2579	2600	63164

Raw Data
Family Planning
Sheet 2 of 3

District Code	District Name	Received Reports	New Acceptors											Distribution					
			Sterilization											Total All Methods	Condom	Pills	Depo	IUD	Imprint
			Government				Non-government				Total								
			Institutions		Camp		Institutions		Camp		Female	Male	Total Sterilization						
Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Total Sterilization									
	Mountain	192	18	480	386	2018	171	460	0	116	575	3074	3649	52038	1707608	98450	125966	1212	2148
	Hill	468	1751	2732	1937	6637	831	1740	119	342	4638	11451	16089	303200	11007970	651589	720093	11898	12799
	Terai	240	22575	985	12117	276	9959	1503	3344	290	47995	3054	51049	310323	11185289	715170	641738	17960	9230
	National Total	900	24344	4197	14440	8931	10961	3703	3463	748	53208	17579	70787	665561	23900867	1465209	1487797	31070	24177
1	Bhojpur	12	0	21	0	91	0	0	0	0	0	112	112	4600	187544	14781	20635	86	286
2	Dhankuta	12	0	0	0	0	0	0	0	24	0	24	24	5839	219171	16549	16341	90	340
3	Ilam	12	0	0	96	66	0	6	0	0	96	72	168	8395	243478	46045	37137	316	170
4	Jhapa	12	15	0	730	80	1617	160	260	33	2622	273	2895	22488	363844	65929	64838	2473	665
5	Khotang	12	0	50	0	55	0	0	0	0	105	105	105	5174	163753	19493	11964	78	112
6	Morang	12	1008	23	1063	2	2222	58	0	0	4293	83	4376	22168	578672	71583	57124	1019	682
7	Okhaldhunga	12	0	0	0	23	7	63	0	0	7	86	93	4472	128255	16882	15114	9	106
8	Panchthar	12	6	0	0	9	0	13	5	19	14	33	4704	182815	16522	16860	73	178	
9	Sankhuwasabha	12	1	21	0	44	0	0	0	1	65	66	66	5011	155524	8405	10754	344	418
10	Saptari	12	1194	1	1245	0	456	4	0	0	2895	5	2900	15805	537649	52161	39590	839	88
11	Siraha	12	242	0	2216	0	1158	30	0	0	3616	30	3646	16122	576322	36295	31371	755	484
12	Solkhumbu	12	0	12	0	0	0	0	0	0	12	12	12	4280	91443	11070	18526	25	94
13	Sunsari	12	220	0	426	10	279	47	508	7	1433	64	1497	14320	625828	65625	54592	433	405
14	Taplejung	12	0	0	0	0	0	0	0	0	0	0	0	3600	139915	12816	12438	103	10
15	Tehrathum	12	0	0	0	36	0	0	0	0	0	36	36	3264	150230	6671	7109	68	167
16	Udaypur	12	66	131	0	0	0	39	0	105	131	236	5680	147231	17681	20001	49	129	
	Eastern	192	2752	259	5776	416	5739	368	820	69	15087	1112	16199	145922	4491674	478508	434394	6760	4334
17	Bara	12	541	29	768	10	2132	62	48	0	3489	101	3590	12446	101854	18659	22617	461	337
18	Bhaktapur	12	99	186	0	0	3	12	0	0	102	198	300	7972	101662	16894	27864	384	333
19	Chitwan	12	64	140	40	43	217	602	54	120	375	905	1280	12747	706985	28239	23292	772	378
20	Dhading	12	0	60	76	491	3	19	0	0	79	570	649	13848	556306	26832	33607	409	720
21	Dhanusha	12	4329	10	51	0	134	0	97	0	4611	10	4621	17574	577445	18801	27025	1033	639
22	Dolkha	12	0	0	236	160	0	15	0	0	236	175	411	7085	119507	10049	16036	78	150
23	Kathmandu	12	726	379	29	34	82	228	6	16	843	657	1500	29589	600899	62004	105432	2328	1550
24	Kavre	12	92	42	76	121	127	175	0	0	295	338	633	11679	381474	23602	38172	1063	626
25	Lalitpur	12	104	673	0	0	0	0	0	0	104	673	777	15799	274180	24328	36434	2190	1520
26	Mahottari	12	2688	7	16	0	0	0	33	0	2737	7	2744	14063	597705	36184	33079	600	146
27	Makawanpur	12	57	96	0	1342	48	440	28	206	133	2084	2217	12727	315064	18819	37768	44	565
28	Nuwakot	12	0	0	252	335	217	180	0	0	469	515	984	7954	196282	11257	19824	74	138
29	Parsa	12	4297	107	0	0	0	0	0	0	4297	107	4404	11161	0	0	0	0	0
30	Ramechhap	12	0	4	0	33	0	0	0	0	0	37	37	3844	133766	9502	18655	235	319
31	Rasuwa	12	15	13	41	71	0	0	0	0	56	84	140	1676	91735	1568	2896	30	52
32	Rautahat	12	731	1	3040	0	0	0	1535	0	5306	1	5307	14204	415984	14885	12147	1375	909
33	Sarlahi	12	3426	43	0	0	287	11	0	0	3713	54	3767	16519	498362	25260	18388	1368	941
34	Sindhuli	12	0	0	199	163	0	0	0	0	199	163	362	5894	162548	14205	14350	275	263
35	Sindhupalchowk	12	0	63	51	264	7	23	0	0	58	350	408	6405	125514	15656	36388	119	233
	Central	228	17169	1853	4875	3067	3257	1767	1801	342	27102	7029	34131	223186	6347002	376744	523974	12838	9819
36	Arghakhanchi	12	0	0	0	180	0	0	0	0	180	180	180	3441	244591	6953	5068	23	43
37	Baglung	12	21	16	44	112	0	0	0	0	65	128	193	5250	237033	11923	7514	76	27
38	Gorkha	12	113	39	75	220	8	14	0	0	196	273	469	6217	169304	11969	12525	31	110
39	Gulmi	12	151	66	0	0	0	0	0	0	151	66	217	8977	352917	12819	12433	518	542
40	Kapilvastu	12	35	0	146	3	0	0	584	5	765	8	773	10828	388772	25059	29992	106	67
41	Kaski	12	115	86	93	52	113	232	8	24	329	394	723	10743	351023	16825	16604	662	272
42	Lamjung	12	1	0	106	302	1	4	0	0	108	306	414	5086	217325	7617	7609	77	50
43	Manang	12	0	0	1	7	0	0	0	0	1	7	8	242	16173	387	290	0	33
44	Mustang	12	0	0	26	10	0	0	0	0	26	10	36	780	30045	1095	1015	5	35
45	Myagdi	12	15	0	0	108	0	0	0	0	15	108	123	3595	221783	4773	3683	131	164
46	Nawalparasi	12	850	37	217	1	181	10	48	103	1296	151	1447	13085	681696	29968	27572	1323	222
47	Palpa	12	0	0	76	95	191	45	0	0	267	140	407	6370	362765	19742	13317	205	203
48	Parbat	12	0	1	0	13	0	0	25	66	25	80	105	2618	122177	5606	4546	35	106
49	Rupandehi	12	1063	92	0	0	0	0	0	0	1063	92	1155	17095	426501	45609	40825	767	398
50	Syangja	12	0	0	346	91	0	0	0	0	346	91	437	5305	235581	15119	8234	104	19
51	Tanahu	12	0	0	142	146	27	52	0	0	169	198	367	5908	236470	11729	11054	161	181
	Western	192	2364	337	1272	1340	521	357	665	198	4822	2232	7054	105540	4294156	227193	202281	4224	2472
52	Banke	12	80	268	393	59	47	353	0	0	520	680	1200	21419	814269	25726	31587	1232	263
53	Bardiya	12	22	7	950	28	166	3	0	0	1138	38	1176	13046	592435	21099	20926	1684	406
54	Dailekh	12	4	138	0	407	0	0	0	0	4	545	549	8725	434797	19034	12330	60	86
55	Dang	12	5	18	542	21	285	24	28	1	860	64	924	13681	540906	34350	44116	1027	589
56	Dolpa	12	0	10	0	40	0	0	0	0	50	50	50	1035	47936	2752	1918	15	0
57	Humla	12	0	25	0	52	0	0	0	0	77	77	77	3257	54072	5262	3002	2	20
58	Jajarkot	12	0	78	0	152	0	0	0	0	230	230	230	5174	126483	10904	9499	23	125
59	Jumla	12	2	100	0	250	0	384	0	2	734	736	482	203051	2845	2938	98	430	
60	Kalikot	12	0	148	0	144	0	0	0	0	292	292	2772	120048	4507	2593	128	370	
61	Mugu	12	0	23	0	135	0	0	0	0	158	158	158	930	34078	3974	1620	4	3
62	Pyuthan	12	0	0	0	242	0	0	0	0	242	242	242	9120	703773	41126	21913	265	168
63	Rolpa	12	0	20	3	211	0	0	0	3	231	234	10014	591020	10918	12360	418	1168	
64	Rukum	12	0	96	0	135	0	0	0	0	231	231	7218	132457	10223	11778	69	101	
65	Salyan	12	0	102	0	283	0	0	0	0	385	385	7715	235548	9842	17739	577	655	
66	Surkhet	12	125	93	316	669	4	245	0	0	445	1007	1452	13658	570998	28524	23146	469	545
	Mid Western	180	238	1126	2204	2828	502	1009	28	1	2972	4964	7936	122246	5201871	231086	217465	6071	4929
67	Achham	12	0	3	8	88	0	0	0	0	8	91	99						

Raw Data
Family Planning
Sheet 3 of 3

District Code	District Name	Received Reports	Current Users									Defaulter				
			Temporary Methods					Sterilization				Total all Methods	Pills	Depo	IUD	Norplant
			Condom	Pills	Depo	IUD	Implant	Total (Temporary Methods)	Male	Female	Total Sterilization					
	Mountain	192	11384	12273	37262	3148	4527	68594	41590	7670	49260	117854	8239	24287	127	202
	Hill	468	73386	84556	219878	42451	49832	470103	240205	168618	408823	878926	37314	100363	3173	5062
	Terai	240	74568	77997	207130	32199	27465	419359	95775	841618	937393	1356752	24647	63807	1015	730
	National Total	900	159338	174826	464270	77798	81824	958056	377570	1017906	1395476	2353532	70200	188457	4315	5994
1	Bhojpur	12	1250	1459	5354	496	361	8920	2789	140	2929	11849	847	2192	7	3
2	Dhankuta	12	1461	2110	4701	362	662	9296	2115	1872	3987	13283	1847	2676	11	11
3	Ilam	12	1623	6533	12857	1309	1449	23771	2094	7201	9295	33066	1628	3222	41	74
4	Jhapa	12	2425	7072	14797	2840	1792	28926	9520	49656	59176	88102	2650	6819	37	35
5	Khotang	12	1091	6099	9370	1270	350	18180	2654	221	2875	21055	664	991	302	18
6	Morang	12	3857	6306	18503	4153	2932	35751	5623	88739	94362	130113	3234	8656	143	173
7	Okhaldhunga	12	855	1855	5655	386	781	9532	2372	289	2661	12193	247	552	0	0
8	Panchthar	12	1218	1981	4859	685	728	9471	2012	398	2410	11881	838	2113	5	7
9	Sankhuwasabha	12	1036	924	3056	806	841	6663	3047	55	3102	9765	917	2044	31	43
10	Saptari	12	3584	4229	11293	540	88	19734	664	53793	54457	74191	997	2085	57	28
11	Siraha	12	3842	3212	9473	1692	1318	19537	1268	51307	52575	72112	979	2731	6	24
12	Solukhumbu	12	609	1618	5504	109	158	7998	914	192	1106	9104	734	1898	0	18
13	Sunsari	12	4172	6823	16211	1501	1558	30265	3441	39264	42705	72970	2664	7226	105	64
14	Taplejung	12	932	1356	3851	414	10	6563	2147	3	2150	8713	151	474	0	0
15	Tehrathum	12	1001	637	1995	312	381	4326	1941	154	2095	6421	375	965	16	6
16	Udaypur	12	981	1892	5849	113	210	9045	4337	4188	8525	17570	1525	4343	28	48
	Eastern	192	29937	54106	133328	16988	13619	247978	46938	297472	344410	592388	20297	48987	789	552
17	Bara	12	3279	1772	7073	1044	799	13967	1950	37523	39473	53440	757	1953	20	20
18	Bhaktapur	12	677	2126	6182	1869	1706	12560	4084	8978	13062	25622	1208	3758	76	208
19	Chitwan	12	4713	4124	6150	2502	1631	19120	26991	12797	39788	58908	1495	3947	140	82
20	Dhading	12	3706	3073	11821	1345	2806	22751	9223	1616	10839	33590	782	2463	24	25
21	Dhanusha	12	3849	2085	8838	1008	622	16402	1856	76392	78248	94650	97	766	4	6
22	Dolkha	12	796	1424	4913	77	437	7647	4886	3149	8035	15682	578	1771	58	0
23	Kathmandu	12	4005	7938	29949	12879	9364	64135	18786	33074	51860	115995	3403	13897	1042	1219
24	Kavre	12	2543	2702	11743	3226	7658	27872	9007	9725	18732	46604	939	4657	143	118
25	Lalitpur	12	1827	2563	13166	4478	5838	27872	19797	10264	30061	57933	0	0	0	0
26	Mahottari	12	3984	3923	10666	850	166	19589	454	52324	52778	72367	911	1698	0	0
27	Makawanpur	12	2100	1789	10173	799	3708	18569	28079	4029	32108	50677	1192	5421	63	2780
28	Nuwakot	12	1308	2020	6935	242	962	11467	7927	7050	14977	26444	564	4417	98	0
29	Parsa	12	0	3670	8289	1178	1246	14383	3286	70245	73531	87914	0	0	0	0
30	Ramechhap	12	891	790	4829	726	793	8029	3587	204	3791	11820	470	2335	0	0
31	Rasuwa	12	611	197	960	37	271	2078	1965	658	2623	4699	45	336	0	66
32	Rautahat	12	2773	1497	3986	1300	1055	10611	827	53899	54726	65337	478	1195	0	0
33	Sarlahi	12	3322	2856	5416	1724	1417	14735	2936	62316	65252	79987	1502	4249	0	32
34	Sindhuli	12	1083	1477	3676	407	380	7023	4635	4937	9572	16595	649	1983	2	0
35	Sindhupalchowk	12	836	1461	9988	777	1249	14311	7821	2126	9947	24258	1010	4325	23	58
	Central	228	42303	47487	164753	36468	42108	333119	158097	451306	609403	942522	16800	59171	1693	4614
36	Arghakhanchi	12	1630	550	1609	166	225	4180	3299	2936	6235	10415	320	633	0	0
37	Baglung	12	1580	1345	2258	724	133	6040	6394	3511	9905	15945	1023	951	0	0
38	Gorkha	12	1128	1682	3787	265	100	6962	6564	6101	12665	19627	884	1807	17	0
39	Gulmi	12	2352	1760	4192	1052	1113	10469	3949	6111	10060	20529	1444	2585	0	1
40	Kapilvastu	12	2591	3239	11204	603	457	18094	1965	13286	15251	33345	396	1317	0	0
41	Kaski	12	2340	2493	4299	1944	978	12054	12986	11192	24178	36232	1387	2286	35	74
42	Lamjung	12	1448	622	2534	229	226	5059	6044	2083	8127	13186	957	3615	0	4
43	Manang	12	107	44	97	4	57	309	206	18	224	533	26	100	0	0
44	Mustang	12	200	158	362	21	81	822	326	257	583	1405	0	0	0	0
45	Myagdi	12	1478	481	1237	119	157	3472	3101	939	4040	7512	276	547	738	236
46	Nawalparasi	12	4544	2584	7221	1323	1355	17027	8913	28923	37836	54863	2544	2838	27	4
47	Palpa	12	2418	1748	3438	448	1163	9215	5261	8362	13623	22838	647	1684	3	26
48	Parbat	12	814	522	1240	340	324	3240	4472	1076	5548	8788	239	481	3	10
49	Rupandehi	12	2843	3444	10964	1604	1930	20785	2706	30084	32790	53575	0	0	0	0
50	Syangja	12	1570	1678	2325	332	45	5950	4627	9657	14284	20234	1613	2462	9	3
51	Tanaha	12	1576	1277	2755	1096	634	7338	7715	6467	14182	21520	389	1498	49	51
	Western	192	28619	23627	59522	10270	8978	131016	78528	131003	209531	340547	12145	22804	881	409
52	Banke	12	5428	4752	12476	1696	2091	26443	6963	16617	23580	50023	1003	3765	273	91
53	Bardiya	12	3949	1564	5972	3121	2522	17128	3274	24486	27760	44888	285	1515	50	26
54	Dailekh	12	2898	2257	3091	723	993	9962	6814	68	6882	16844	1969	2945	16	30
55	Dang	12	3606	4294	18686	1874	826	29286	4226	20151	24377	53663	911	2749	6	0
56	Dolpa	12	319	204	505	38	0	1066	709	15	724	1790	111	268	8	0
57	Humla	12	360	1266	1532	32	128	3318	1131	57	1188	4506	103	236	0	1
58	Jajarkot	12	843	1570	3608	152	339	6512	3418	225	3643	10155	577	1437	0	27
59	Jumla	12	1353	807	1066	90	473	3789	5264	231	5495	9284	363	1752	0	2
60	Kalikot	12	800	800	733	160	417	2910	2235	8	2243	5153	218	416	2	3
61	Mugu	12	227	110	576	55	6	974	1480	31	1511	2485	2883	7866	0	0
62	Pyuthan	12	4691	4286	6541	585	270	16373	3093	1983	5076	21449	998	1004	412	2
63	Rolpa	12	3940	1250	3128	738	2113	11169	3516	99	3615	14784	1037	2522	8	40
64	Rukum	12	883	1991	3956	181	223	7234	3180	226	3406	10640	936	2829	0	0
65	Salyan	12	1570	1570	5118	648	886	9792	5655	860	6515	16307	909	4577	14	16
66	Surkhet	12	3806	2515	4971	1478	568	13338	11338	9909	21247	34585	1678	3332	0	0
	Mid Western	180	34673	29236	71959	11571	11855	159294	62296	74966	137262	296556	13981	37213	789	238
67	Achham	12	2182	1546	3189	150	630	7697	2813	264	3077	10774	707	1583	1	2
68	Baitadi	12	3300	4776	3873	22	202	12173	3790	948	4738	16911	901	2129	2	3
69	Bajhang	12	931	427	1596	89	156	3199	4035	171	4206	7405	312	1347	0	9
70	Bajura	12	1571	774	1316	375	90	4126	3072	400	3472	7598	539	1033	5	0
71	Dadeldhura	12	1049	519	1739	88	129	3524	3061	707	3768	7292	579	1906	7	11
72	Darchula	12	687	703	1207	64	153									

Analysed Data

FP Sheet 1 of 2

District Code	District Name	Received Report	Temporay Method												Unadjusted CPR	Adjusted CPR	CYP				
			New Acceptors as % of MWRA						Current Users as % of MWRA								Condom	Pills	Depo	IUD	Implant
			Condom	Pills	Depo	IUD	Implant	Total	Condom	Pills	Depo	IUD	Implant	Total							
	Mountain	192	3.02	2.70	6.24	0.31	0.56	12.83	3.02	3.25	9.88	0.83	1.20	18.19	31.25	30.76	11384	7573	31492	9696	10740
	Hill	468	3.04	2.51	5.31	0.52	0.52	11.91	3.04	3.51	9.12	1.76	2.07	19.50	36.47	35.81	73386	50122	180023	95184	63995
	Terai	240	2.84	1.86	4.14	0.69	0.35	9.87	2.84	2.97	7.88	1.23	1.05	15.96	51.64	50.50	74569	55013	160435	143680	46150
	National Total	900	2.94	2.21	4.80	0.59	0.44	10.98	2.94	3.23	8.57	1.44	1.51	17.69	43.47	42.59	159339	112708	371949	248560	120885
1	Bhojpur	12	2.79	2.22	4.23	0.18	0.59	10.01	2.79	3.25	11.94	1.11	0.81	19.90	26.43	26.19	1250	1137	5159	688	1430
2	Dhankuta	12	3.72	3.73	6.60	0.10	0.67	14.82	3.72	5.38	11.98	0.92	1.69	23.70	33.86	33.46	1461	1273	4085	720	1700
3	Ilam	12	2.38	3.64	5.35	0.46	0.25	12.08	2.38	5.99	18.87	1.92	1.13	34.90	48.54	48.14	1623	3542	9284	2528	850
4	Jhapa	12	1.40	3.15	5.12	1.29	0.34	11.30	1.40	4.08	8.53	1.64	1.03	16.68	50.80	49.85	2426	5071	16210	19784	3325
5	Khotang	12	2.19	2.83	4.78	0.16	0.23	10.18	2.19	12.25	18.82	2.55	0.70	36.52	42.30	42.08	1092	1499	2991	624	560
6	Morang	12	1.84	1.49	4.34	0.48	0.32	8.47	1.84	3.00	8.81	1.98	1.40	17.02	61.95	60.75	3858	5506	14281	8152	3410
7	Okhaldhunga	12	2.50	3.21	6.74	0.03	0.31	12.78	2.50	5.41	16.51	1.13	2.28	27.82	35.59	35.31	855	1299	3779	72	530
8	Panchthar	12	2.69	2.32	4.76	0.16	0.39	10.33	2.69	4.38	10.74	1.51	1.61	20.94	26.27	26.07	1219	1271	4215	584	890
9	Sankhuwasabha	12	2.89	2.57	6.19	0.96	1.16	13.77	2.89	2.57	8.51	2.24	2.34	18.56	27.20	26.83	1037	647	2689	2752	2090
10	Saptari	12	2.73	2.02	4.59	0.41	0.07	9.82	2.73	3.22	8.59	0.41	0.07	15.01	56.43	55.27	3584	4012	9898	6712	440
11	Siraha	12	2.97	2.27	3.44	0.58	0.37	9.64	2.97	2.48	7.32	1.31	1.02	15.10	55.73	54.70	3842	2792	7843	6040	2420
12	Solkhumbu	12	2.54	3.96	10.80	0.10	0.39	17.80	2.54	6.75	22.95	0.45	0.66	33.36	37.97	37.79	610	852	4632	200	470
13	Sunsari	12	2.71	1.36	3.72	0.28	0.26	8.34	2.71	4.44	10.54	0.98	1.01	19.68	47.46	46.71	4172	5048	13648	3464	2025
14	Taplejung	12	3.13	2.95	5.62	0.35	0.03	12.07	3.13	4.55	12.91	1.39	0.03	22.00	29.21	28.92	933	986	3110	824	50
15	Tehrathum	12	3.87	2.46	5.25	0.26	0.64	12.48	3.87	2.46	7.71	1.21	1.47	16.73	24.83	24.52	1002	513	1777	544	835
16	Udaypur	12	1.50	1.72	4.83	0.07	0.17	8.30	1.50	2.88	8.92	0.17	0.32	13.79	26.79	26.37	982	1360	5000	392	645
	Eastern	192	2.38	2.33	4.77	0.49	0.33	10.29	2.38	4.29	10.58	1.35	1.08	19.67	46.99	46.23	29944	36808	108599	54080	21670
17	Bara	12	2.60	0.85	3.04	0.28	0.26	7.03	2.60	1.41	5.61	0.83	0.63	11.08	42.40	41.61	3279	1435	5654	3688	1685
18	Bhaktapur	12	1.14	3.59	7.07	0.64	0.51	12.95	1.14	3.59	10.44	3.15	2.88	21.20	43.25	41.76	678	1300	6966	3072	1665
19	Chitwan	12	3.96	1.42	3.32	0.61	0.32	9.63	3.96	3.46	5.16	2.10	1.37	16.05	49.45	48.30	4713	2172	5823	6176	1890
20	Dhading	12	4.83	3.46	7.44	0.53	0.94	17.19	4.83	4.00	15.39	1.75	3.65	29.63	43.74	43.24	3707	2064	8402	3272	3600
21	Dhanusha	12	2.59	1.36	3.68	0.68	0.42	8.73	2.59	1.41	5.96	0.68	0.42	11.05	63.78	62.29	3850	1446	6756	8264	3195
22	Dolcha	12	1.72	3.07	9.12	0.17	0.32	14.40	1.72	3.07	10.60	0.17	0.94	16.50	33.84	33.27	797	773	4009	624	750
23	Kathmandu	12	1.41	1.74	5.38	0.82	0.55	9.90	1.41	2.80	10.55	4.54	3.30	22.60	40.87	40.29	4006	4770	26358	18624	7750
24	Kavre	12	2.86	2.02	5.33	1.44	0.78	12.43	2.86	3.04	13.21	3.63	8.62	31.36	52.43	51.76	2543	1816	9543	8504	3130
25	Lalitpur	12	2.01	2.34	7.33	3.18	1.70	16.56	2.01	2.82	14.51	4.94	6.43	30.72	63.85	62.72	1828	1871	9109	17520	7600
26	Mahottari	12	3.28	1.99	3.43	0.49	0.12	9.32	3.28	3.23	8.78	0.70	0.14	16.12	59.56	57.56	3985	2783	8207	4800	730
27	Makawanpur	12	2.37	2.01	6.77	0.05	0.64	11.84	2.37	2.01	11.46	0.90	4.18	20.91	57.07	55.79	2100	1448	9442	352	2825
28	Nuwakot	12	2.04	3.16	5.37	0.12	0.21	10.89	2.04	3.16	10.84	0.38	1.50	17.92	41.32	40.58	1309	866	4956	592	690
29	Parsa	12	-	1.70	3.97	0.16	0.14	5.96	-	3.24	7.31	1.04	1.10	12.69	77.55	75.86	0	0	0	0	0
30	Ramechhap	12	1.95	0.96	4.21	0.51	0.69	8.32	1.95	1.73	10.55	1.59	1.73	17.54	25.82	25.48	892	731	4664	1880	1595
31	Rasuwa	12	6.36	1.74	7.61	0.08	0.19	15.97	6.36	2.05	9.98	0.38	2.82	21.58	48.85	47.90	612	121	724	240	260
32	Rautahat	12	2.29	1.07	2.25	1.03	0.71	7.35	2.29	1.24	3.29	1.07	0.87	8.76	53.96	52.85	2773	1145	3037	11000	4545
33	Sarlahi	12	2.37	1.91	3.24	0.93	0.65	9.09	2.37	2.04	3.86	1.23	1.01	10.50	57.00	55.78	3322	1943	4597	10944	4705
34	Sindhuli	12	1.75	2.27	4.05	0.44	0.43	8.94	1.75	2.39	5.94	0.66	0.61	11.35	26.82	26.33	1084	1093	3588	2200	1315
35	Sindhupalchowk	12	1.25	1.48	5.68	0.18	0.35	8.92	1.25	2.17	14.86	1.16	1.86	21.30	36.10	35.58	837	1204	9097	952	1165
	Central	228	2.26	1.87	4.72	0.72	0.53	10.09	2.26	2.54	8.80	1.95	2.25	17.79	50.33	49.29	42313	28980	130994	102704	49095
36	Arghakhanchi	12	3.38	1.03	2.22	0.05	0.09	6.77	3.38	1.14	3.34	0.34	0.47	8.68	21.62	20.83	1631	535	1267	184	215
37	Baglung	12	2.47	2.10	3.18	0.11	0.04	7.89	2.47	2.10	3.52	1.13	0.21	9.43	24.89	24.35	1580	917	1879	608	135
38	Gorkha	12	1.67	2.49	4.16	0.05	0.15	8.52	1.67	2.49	5.61	0.39	0.15	10.32	29.09	28.48	1129	921	3131	248	550
39	Gulmi	12	3.45	2.58	5.26	0.75	0.79	12.83	3.45	2.58	6.14	1.54	1.63	15.33	30.07	29.30	2353	986	3108	4144	2710
40	Kapilvastu	12	2.41	1.82	4.96	0.10	0.06	9.35	2.41	3.01	10.42	0.56	0.42	16.83	31.01	30.62	2592	1928	7498	848	335
41	Kaski	12	2.41	2.57	4.43	0.64	0.27	10.32	2.41	2.57	4.43	2.00	1.01	12.41	37.31	36.49	2340	1294	4151	5296	1360
42	Lamjung	12	3.45	1.34	6.04	0.18	0.12	11.13	3.45	1.48	6.04	0.55	0.54	12.06	31.43	30.76	1449	586	1902	616	250
43	Manang	12	4.20	1.71	1.95	-	1.28	9.11	4.20	1.71	3.78	0.16	2.22	12.03	20.75	20.43	108	30	73	0	165
44	Mustang	12	6.26	4.94	10.81	0.16	1.09	23.24	6.26	4.94	11.31	0.66	2.53	25.68	43.89	43.31	200	84	254	40	175
45	Myagdi	12	5.53	1.80	4.63	0.45	0.59	13.00	5.53	1.80	4.63	0.45	0.59	13.00	28.12	27.53	1479	367	921	1048	820
46	Nawalparasi	12	3.39	1.12	3.01	0.99	0.17	8.67	3.39	1.92	5.38	0.99	1.01	12.68	40.87	40.03	4545	2305	6893	10584	1110
47	Palpa	12	3.88	1.72	3.33	0.32															

Analysed Data
FP Sheet 2 of 2

District Code	District Name	Received Report	Permanent Method								Target Vs Achievement	
			New Acceptors as % of MWRA	Current Users as % of MWRA	% of VSC new Cases		Proportion of VSC new acceptors at		Proportion of VSC provided by		as % of Current Users	as % of VSC new Cases
					Female	Male	HF	Camp	Government	NGO		
	Mountain	192	0.97	13.06	15.76	84.24	30.94	69.06	79.53	20.47	100.22	101.36
	Hill	468	0.67	16.96	28.83	71.17	43.84	56.16	81.15	18.85	91.50	81.26
	Terai	240	1.94	35.68	94.02	5.98	68.60	31.40	70.43	29.57	93.45	82.87
	National Total	900	1.31	25.77	75.17	24.83	61.04	38.96	73.34	26.66	93.03	83.28
1	Bhojpur	12	0.25	6.53	0.00	100.00	18.75	81.25	100.00	0.00	87.13	112.00
2	Dhankuta	12	0.06	10.16	0.00	100.00	0.00	100.00	0.00	100.00	91.61	16.00
3	Ilam	12	0.25	13.65	57.14	42.86	3.57	96.43	96.43	3.57	94.47	56.00
4	Jhapa	12	1.67	34.12	90.57	9.43	61.90	38.10	28.50	71.50	83.91	64.33
5	Khotang	12	0.21	5.78	0.00	100.00	47.62	52.38	100.00	0.00	93.58	105.00
6	Morang	12	2.08	44.92	98.10	1.90	75.66	24.34	47.90	52.10	89.73	78.14
7	Okhaldhunga	12	0.27	7.77	7.53	92.47	75.27	24.73	24.73	75.27	87.09	93.00
8	Panchthar	12	0.07	5.33	57.58	42.42	18.18	81.82	45.45	54.55	88.01	33.00
9	Sankhuwasabha	12	0.18	8.64	1.52	98.48	33.33	66.67	100.00	0.00	102.79	44.00
10	Saptari	12	2.21	41.42	99.83	0.17	57.07	42.93	84.14	15.86	89.93	82.86
11	Siraha	12	2.82	40.63	99.18	0.82	39.22	60.78	67.42	32.58	97.45	91.15
12	Solukhumbu	12	0.05	4.61	0.00	100.00	100.00	0.00	100.00	0.00	97.89	12.00
13	Sunsari	12	0.97	27.78	95.72	4.28	36.47	63.53	43.82	56.18	86.87	99.80
14	Taplejung	12	0.00	7.21							89.82	0.00
15	Tehrathum	12	0.14	8.10	0.00	100.00	0.00	100.00	100.00	0.00	78.30	36.00
16	Udaypur	12	0.36	13.00	44.49	55.51	83.47	16.53	83.47	16.53	89.19	59.00
	Eastern	192	1.28	27.32	93.14	6.86	56.29	43.71	56.81	43.19	89.76	77.88
17	Bara	12	2.85	31.32	97.19	2.81	76.99	23.01	37.55	62.45	96.29	119.67
18	Bhaktapur	12	0.51	22.05	34.00	66.00	100.00	0.00	95.00	5.00	88.35	60.00
19	Chitwan	12	1.07	33.40	29.30	70.70	79.92	20.08	22.42	77.58	88.58	71.11
20	Dhading	12	0.85	14.12	12.17	87.83	12.63	87.37	96.61	3.39	113.86	92.71
21	Dhanusha	12	3.11	52.73	99.78	0.22	96.80	3.20	95.00	5.00	92.07	71.09
22	Dolkha	12	0.89	17.34	57.42	42.58	3.65	96.35	96.35	3.65	96.80	102.75
23	Kathmandu	12	0.53	18.27	56.20	43.80	94.33	5.67	77.87	22.13	81.12	75.00
24	Kavre	12	0.71	21.07	46.60	53.40	68.88	31.12	52.29	47.71	92.29	90.43
25	Lalitpur	12	0.86	33.13	13.38	86.62	100.00	0.00	100.00	0.00	87.12	86.33
26	Mahottari	12	2.26	43.44	99.74	0.26	98.21	1.79	98.80	1.20	99.13	60.98
27	Makawanpur	12	2.50	36.16	6.00	94.00	28.91	71.09	67.43	32.57	94.72	88.68
28	Nuwakot	12	1.54	23.40	47.66	52.34	40.35	59.65	59.65	40.35	97.94	98.40
29	Parsa	12	3.88	64.87	97.57	2.43	100.00	0.00	100.00	0.00	95.04	88.08
30	Ramechhap	12	0.08	8.28	0.00	100.00	10.81	89.19	100.00	0.00	84.43	24.67
31	Rasuwa	12	1.46	27.27	40.00	60.00	20.00	80.00	100.00	0.00	93.98	93.33
32	Rautahat	12	4.38	45.20	99.98	0.02	13.79	86.21	71.08	28.92	102.09	102.06
33	Sarlahi	12	2.68	46.50	98.57	1.43	100.00	0.00	92.09	7.91	97.55	107.63
34	Sindhuli	12	0.59	15.47	54.97	45.03	0.00	100.00	100.00	0.00	71.53	90.50
35	Sindhupalchowk	12	0.61	14.80	14.22	85.78	22.79	77.21	92.65	7.35	88.21	81.60
	Central	228	1.82	32.54	79.41	20.59	70.45	29.55	79.00	21.00	92.30	86.63
36	Arghakhanchi	12	0.37	12.94	0.00	100.00	0.00	100.00	100.00	0.00	88.26	60.00
37	Baglung	12	0.30	15.46	33.68	66.32	19.17	80.83	100.00	0.00	81.77	64.33
38	Gorkha	12	0.70	18.77	41.79	58.21	37.10	62.90	95.31	4.69	87.23	93.80
39	Gulmi	12	0.32	14.73	69.59	30.41	100.00	0.00	100.00	0.00	105.28	62.00
40	Kapilvastu	12	0.72	14.18	98.97	1.03	4.53	95.47	23.80	76.20	90.12	64.42
41	Kaski	12	0.74	24.90	45.50	54.50	75.52	24.48	47.86	52.14	73.94	90.38
42	Lamjung	12	0.99	19.37	26.09	73.91	1.45	98.55	98.79	1.21	87.91	138.00
43	Manang	12	0.31	8.72	12.50	87.50	0.00	100.00	100.00	0.00	106.60	16.00
44	Mustang	12	1.12	18.21	72.22	27.78	0.00	100.00	100.00	0.00	100.36	72.00
45	Myagdi	12	0.46	15.12	12.20	87.80	12.20	87.80	100.00	0.00	78.25	61.50
46	Nawalparasi	12	1.08	28.18	89.56	10.44	74.50	25.50	76.36	23.64	89.21	111.31
47	Palpa	12	0.65	21.87	65.60	34.40	57.99	42.01	42.01	57.99	95.16	81.40
48	Parbat	12	0.29	15.07	23.81	76.19	0.95	99.05	13.33	86.67	92.51	52.50
49	Rupandehi	12	0.69	19.58	92.03	7.97	100.00	0.00	100.00	0.00	83.06	64.17
50	Syangja	12	0.59	19.34	79.18	20.82	0.00	100.00	100.00	0.00	89.93	109.25
51	Tanahu	12	0.49	18.83	46.05	53.95	21.53	78.47	78.47	21.53	89.67	52.43
	Western	192	0.65	19.45	68.36	31.64	50.74	49.26	75.32	24.68	86.92	78.82
52	Banke	12	1.32	25.99	43.33	56.67	62.33	37.67	66.67	33.33	111.16	100.00
53	Bardiya	12	1.30	30.69	96.77	3.23	16.84	83.16	85.63	14.37	95.51	73.50
54	Dailekh	12	1.09	13.66	0.73	99.27	25.87	74.13	100.00	0.00	129.57	109.80
55	Dang	12	0.83	21.90	93.07	6.93	35.93	64.07	63.42	36.58	97.57	61.60
56	Dolpa	12	0.73	10.60	0.00	100.00	20.00	80.00	100.00	0.00	81.36	50.00
57	Humla	12	0.81	12.53	0.00	100.00	32.47	67.53	100.00	0.00	204.82	51.33
58	Jajarkot	12	0.73	11.59	0.00	100.00	33.91	66.09	100.00	0.00	106.89	115.00
59	Jumla	12	3.68	27.49	0.27	99.73	66.03	33.97	47.83	52.17	127.18	184.00
60	Kalikot	12	1.21	9.27	0.00	100.00	50.68	49.32	100.00	0.00	143.14	83.43
61	Mugu	12	1.68	16.07	0.00	100.00	14.56	85.44	100.00	0.00	92.04	52.67
62	Pyuthan	12	0.50	10.43	0.00	100.00	0.00	100.00	100.00	0.00	119.16	60.50
63	Rolpa	12	0.50	7.68	1.28	98.72	8.55	91.45	100.00	0.00	130.83	58.50
64	Rukum	12	0.52	7.73	0.00	100.00	41.56	58.44	100.00	0.00	104.31	115.50
65	Salyan	12	0.82	13.85	0.00	100.00	26.49	73.51	100.00	0.00	116.48	48.13
66	Surkhet	12	2.11	30.84	30.65	69.35	32.16	67.84	82.85	17.15	96.07	90.75
	Mid Western	180	1.13	19.61	37.45	62.55	36.23	63.77	80.59	19.41	107.06	81.81
67	Achham	12	0.19	6.02	8.08	91.92	3.03	96.97	100.00	0.00	126.75	49.50
68	Baitadi	12	0.55	9.07	0.00	100.00	0.00	100.00	100.00	0.00	161.06	144.00
69	Bajhang	12	1.35	11.35	6.19	93.81	11.98	88.02	100.00	0.00	87.12	125.25
70	Bajura	12	2.40	14.56	28.67	71.33	35.31	64.69	44.41	55.59	116.89	286.00
71	Dadeldhura	12	0.77	13.40	10.60	89.40	99.54	0.46	88.02	11.98	48.61	86.80
72	Darchula	12	0.66	9.57	0.00	100.00	2.75	97.25	100.00	0.00	99.36	91.00
73	Doti	12	0.56	9.15	12.64	87.36	83.14	16.86	100.00	0.00	92.78	87.00
74	Kailali	12	1.65	29.87	89.49	10.51	100.00	0.00	68.05	31.95	97.71	80.87
75	Kanchanpur	12	1.02	27.39	86.32	13.68	49.73	50.27	66.12	33.88	107.79	65.79
	Far Western	108	1.08	18.83	58.99	41.01	65.61	34.39	73.82	26.18	100.83	88.89

Raw Data
Logistic Management

District Code	District Name	Received Reports	Stock at the End of Month									
			Condom	Pills	Depo	ORS	Cortim	Vitamin A	Iron	Albendazole	Cetamol	Tetracyclin (250 mg)
	Mountain	192	471149	125229	99177	129046	802335	82236	1163247	314106	1560183	41441
	Hill	468	3061739	380485	370866	730861	5616419	413672	4870890	1259263	7016726	94275
	Terai	240	2258103	977883	233158	319229	3315904	235796	2610021	686085	5536778	116255
	National Total	900	5790991	1483597	703201	1179136	9734658	731704	8644158	2259454	14113687	251971
1	Bhojpur	12	55765	9927	11216	10653	48723	7680	168690	19478	133571	0
2	Dhankuta	12	27905	7703	3911	9208	62329	5454	69500	10600	98520	0
3	Ilam	12	138624	6598	7952	11033	47010	10957	136870	24670	173068	0
4	Jhapa	12	226864	27989	21784	30821	266460	19084	329890	61933	205410	38650
5	Khotang	12	15228	6131	5561	15203	93464	8452	107281	24198	112120	200
6	Morang	12	171487	15191	20446	22221	337050	11751	224780	20515	758405	500
7	Okhaldhunga	12	15453	5825	4278	5094	51010	4113	85760	20839	234567	17200
8	Panchthar	12	44603	6102	7818	10717	97790	6855	165600	22715	10580	0
9	Sankhuwasabha	12	104156	12694	10680	9316	61092	11755	137898	32994	107662	1520
10	Saptari	12	271705	15963	19774	18064	167472	9680	265300	23325	560690	520
11	Siraha	12	149024	14140	19434	15259	145805	15639	124335	27791	521660	9760
12	Solukhumbu	12	29313	4959	7929	7789	34976	5031	72133	8490	48300	1300
13	Sunsari	12	216840	16041	23503	17181	258054	13845	97115	18538	183425	0
14	Taplejung	12	1205	11072	11525	27015	3205	3522	93238	85875	250868	1220
15	Tehrathum	12	40945	8366	5775	8602	29042	6701	68950	5076	44744	850
16	Udaypur	12	28659	12869	8926	11235	71458	9770	124550	25630	100600	5990
	Eastern	192	1537776	181570	190512	229411	1774940	150289	2271890	432667	3544190	77710
17	Bara	12	60754	4577	4628	8867	174920	2772	167850	53943	150770	3315
18	Bhaktapur	12	13812	4832	5098	8945	77950	6667	73000	14610	283650	1100
19	Chitwan	12	131523	6767	11544	19985	94760	27115	317900	68660	234810	0
20	Dhading	12	109186	9654	15377	20023	332446	16595	236385	30160	338400	7900
21	Dhanusha	12	105010	9587	14543	17873	399350	17796	62112	71005	836522	1960
22	Dolcha	12	34357	23576	6747	16826	145163	16870	91563	54139	187645	0
23	Kathmandu	12	135826	56105	52192	104795	878911	13607	522911	83615	1025050	0
24	Kavre	12	120587	25704	20378	28813	265880	21246	357640	55422	257120	8740
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0
26	Mahottari	12	101695	12592	15975	20592	266360	7775	96000	30229	218276	200
27	Makawanpur	12	93376	17572	23562	23367	143916	20089	275830	46833	219900	4670
28	Nuwakot	12	82402	20493	17828	28636	164570	12125	242680	30050	265630	0
29	Parsa	12	0	0	0	0	0	0	0	0	0	0
30	Ramechhap	12	14075	4653	7629	8527	70745	10289	66050	52845	86300	0
31	Rasuwa	12	28650	1375	1372	2567	28200	3108	35380	11855	36800	6060
32	Rautahat	12	82508	6182	3946	10202	120000	5750	91900	13260	215600	330
33	Sarlahi	12	90320	5441	16230	37173	231733	7606	288610	62652	578810	12420
34	Sindhuli	12	59958	12524	9465	16677	127684	9194	87810	21799	217090	390
35	Sindhupalchowk	12	57785	13252	20219	17484	175587	15128	235818	37793	459818	1640
	Central	228	1321824	234886	246733	391352	3698175	213732	3249439	738870	5612191	48725
36	Arghakhanchi	12	122250	8507	9141	18770	201950	7745	158445	45040	18600	100
37	Baglung	12	0	0	0	0	0	0	0	0	0	0
38	Gorkha	12	87806	13961	12187	18148	226082	9785	89090	50109	155530	3880
39	Gulmi	12	125812	10450	11722	24155	159860	19855	117120	46030	470419	10
40	Kapilvastu	12	61090	7071	5204	11395	117890	8290	91700	69460	230150	0
41	Kaski	12	145679	7134	6797	44677	98740	6566	80240	34275	357530	0
42	Lamjung	12	127764	8936	8910	15711	141808	6239	153970	48544	218570	500
43	Manang	12	2495	685	248	1125	5338	858	4413	2820	12708	0
44	Mustang	12	3760	749	461	1931	76500	1408	7730	6542	35450	0
45	Myagdi	12	251906	18684	17607	7415	221643	6657	76465	45285	117079	100
46	Nawalparasi	12	186366	14122	13879	18759	126940	35180	118520	50238	278410	2200
47	Palpa	12	224687	11085	15509	30933	368910	21286	95300	96213	232550	1800
48	Parbat	12	54429	4194	3492	12400	101239	6359	111902	31438	150290	1820
49	Rupandehi	12	0	0	0	0	0	0	0	0	0	0
50	Syangja	12	156686	6806	6617	36868	426085	33818	72495	112384	353660	1630
51	Tanahu	12	26883	3823	3787	12840	137720	11055	100040	28480	184530	900
	Western	192	1577613	116207	115561	255127	2410705	175101	1275430	666858	2815476	12940
52	Banke	12	78890	4709	5365	20172	107020	11765	125350	15675	242120	3800
53	Bardiya	12	77750	6239	8817	18116	243700	14	0	0	0	0
54	Dailekh	12	55590	4264	4221	22243	92778	10896	144924	14016	149360	3320
55	Dang	12	73434	14093	18822	18879	185000	20304	93910	76336	154500	5500
56	Dolpa	12	5400	1385	615	1878	6430	540	8230	845	10541	980
57	Humla	12	5072	3058	1049	4191	16344	900	18610	2751	19561	3821
58	Jajarkot	12	14303	3697	3474	28700	54430	2842	74084	16365	64340	1285
59	Jumla	12	100352	31449	4714	11066	67770	2835	84634	11270	86015	9740
60	Kalikot	12	9113	1721	1908	7155	45690	1899	51400	3115	16135	6830
61	Mugu	12	38180	6673	3986	2795	35290	1297	117360	23410	134000	6750
62	Pyuthan	12	213150	16726	12320	15910	159350	6253	90000	44495	138800	0
63	Rolpa	12	142950	7656	8539	16423	67033	13601	154470	19347	79770	12120
64	Rukum	12	17824	3763	4098	9050	85460	10191	69580	34375	61260	1715
65	Salyan	12	54746	7857	11622	18599	83340	14457	53250	30090	117170	1625
66	Surkhet	12	83678	9825	12791	25142	145853	16611	77543	19080	127868	8000
	Mid Western	180	970432	123115	102341	220319	1395488	114405	1163345	311170	1401440	65486
67	Achham	12	23640	1260	1240	8288	41300	3815	107013	7018	58250	60
68	Baitadi	12	41720	3927	3449	13395	92069	11116	90681	14860	127310	3490
69	Bajhang	12	18608	3682	3147	6893	43560	9849	51340	22150	51280	0
70	Bajura	12	12843	5679	21809	4675	22140	4953	55800	4537	59300	1580
71	Dadeldhura	12	41559	8554	3284	12419	56560	8560	90777	10265	102010	1350
72	Darchhula	12	19860	3220	2768	6340	35050	2283	97700	5520	44100	0
73	Doti	12	52273	4318	3093	17247	91281	16171	75994	23014	130920	3530
74	Kailali	12	28993	78920	3500	0	9	13	15949	0	74400	36500
75	Kanchanpur	12	143850	7359	5764	13670	73381	21417	98800	22525	92820	600
	Far Western	108	383346	827819	48054	82927	455350	78177	684054	109889	740390	47110

Raw Data
Community Drug Program
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District Code	District Name	Received Reports	Meeting (CDP Committee)	Program Implemented Health Facilities	Total patients full this month	Total patients partially exempted this month	Income of this month			
							Registration Fee	Medicine Sale	Others	Total Collection of this month
	Mountain	192	3	0	30563	205	145505	182753	2992240	3320498
	Hill	468	257	1199	205236	15275	560942	1601108	4869763	7031814
	Terai	240	596	58	1165448	28620	1182018	3238029	8440936	12860984
	National Total	900	856	1257	1401247	44100	1888465	5021890	16302939	23213296
1	Bhojpur	12	5	0	2793	0	0	109620	33760	143380
2	Dhankuta	12	4	0	1596	0	40620	0	137065	177685
3	Ilam	12	1	0	2599	699	0	0	0	0
4	Jhapa	12	5	1	2822	424	53245	0	88285	141530
5	Khotang	12	2	0	2223	0	0	0	0	0
6	Morang	12	54	0	164339	5326	23471	273830	335840	633141
7	Okhaldhunga	12	9	1	9374	0	0	828722	38795	867517
8	Panchthar	12	61	0	73526	8892	0	3349	393402	396751
9	Sankhuwasabha	12	0	0	0	0	69478	90253	2546848	2706579
10	Saptari	12	23	7	210296	9641	39034	0	266853	305887
11	Siraha	12	21	0	20171	0	40565	60200	558797	659562
12	Solukhumbu	12	0	0	0	0	0	0	0	0
13	Sunsari	12	0	0	819	0	46680	0	81675	128355
14	Taplejung	12	0	0	26199	0	6171	0	0	6171
15	Teharhum	12	0	0	0	0	0	0	0	0
16	Udaypur	12	18	1	4761	1065	16021	278342	58093	352456
	Eastern	192	203	10	521518	26047	335285	1644316	4539413	6519014
17	Bara	12	0	0	830	0	0	0	4115	4115
18	Bhaktapur	12	5	2	22541	546	161393	51106	230072	442571
19	Chitwan	12	85	13	120514	0	198280	0	112900	311180
20	Dhading	12	0	0	0	0	0	0	0	0
21	Dhanusha	12	0	0	16704	0	110105	800	7180	118085
22	Dolkha	12	2	0	7	205	16089	92500	6150	114739
23	Kathmandu	12	0	0	0	0	0	0	20780	20780
24	Kavre	12	6	0	4403	0	78515	41004	779137	898656
25	Lalitpur	12	0	0	0	0	0	0	0	0
26	Mahottari	12	0	0	2954	0	0	0	0	0
27	Makawanpur	12	41	1	15227	0	5630	150480	986159	1142269
28	Nuwakot	12	0	0	0	0	0	0	0	0
29	Parsa	12	0	0	0	0	0	0	0	0
30	Ramechhap	12	3	0	5122	0	0	0	6400	6400
31	Rasuwa	12	0	0	0	0	0	0	0	0
32	Rautahat	12	0	0	0	0	0	0	0	0
33	Sarlahi	12	0	0	0	0	0	0	0	0
34	Sindhuli	12	10	0	2986	0	0	0	0	0
35	Sindhupalchowk	12	0	0	4097	0	45155	0	439242	484397
	Central	228	152	16	195385	751	615167	335890	2592135	3543192
36	Arghakhanchi	12	0	0	0	0	0	0	0	0
37	Baglung	12	0	0	0	0	0	0	0	0
38	Gorkha	12	4	0	1602	0	154216	0	442475	596691
39	Gulmi	12	0	0	0	0	0	0	0	0
40	Kapilvastu	12	0	0	0	0	0	0	0	0
41	Kaski	12	8	0	3126	0	0	0	0	0
42	Lamjung	12	25	0	1620	723	64116	0	23946	88062
43	Manang	12	0	0	0	0	0	0	0	0
44	Mustang	12	0	0	0	0	0	0	0	0
45	Myagdi	12	0	0	0	0	0	0	0	0
46	Nawalparasi	12	199	20	224017	6738	454126	1953121	2530279	4937526
47	Palpa	12	0	0	0	0	0	0	0	0
48	Parbat	12	2	0	6736	0	20186	0	22023	42209
49	Rupandehi	12	0	0	0	0	0	0	0	0
50	Syangja	12	6	1	13695	3350	20244	138485	616540	775269
51	Tanahu	12	0	0	0	0	0	0	0	0
	Western	192	244	21	250796	10811	712888	2091606	3635263	6439757
52	Banke	12	39	0	74863	2852	0	0	0	0
53	Bardiya	12	0	0	0	0	0	0	0	0
54	Dailekh	12	0	0	0	0	0	0	0	0
55	Dang	12	0	0	0	0	0	0	0	0
56	Dolpa	12	0	0	0	0	0	0	0	0
57	Humla	12	0	0	0	0	0	0	0	0
58	Jajarkot	12	0	0	0	0	0	0	0	0
59	Jumla	12	0	0	0	0	0	0	0	0
60	Kalikot	12	0	0	0	0	8612	0	0	8612
61	Mugu	12	0	0	0	0	0	0	0	0
62	Pyuthan	12	0	0	0	0	0	0	89023	89023
63	Rolpa	12	0	0	0	0	0	0	0	0
64	Rukum	12	0	0	0	0	0	0	0	0
65	Salyan	12	0	0	0	0	0	0	0	0
66	Surkhet	12	0	0	0	0	0	0	937517	937517
	Mid Western	180	39	0	74863	2852	8612	0	1026540	1035152
67	Achham	12	23	0	25470	0	0	0	0	0
68	Baitadi	12	9	1193	3153	0	0	0	0	0
69	Bajhang	12	1	0	260	0	0	0	0	0
70	Bajura	12	0	0	0	0	0	0	0	0
71	Dadeldhura	12	11	0	0	0	0	0	0	0
72	Darchula	12	0	0	0	0	0	0	0	0
73	Doti	12	4	0	2683	0	0	0	54575	54575
74	Kailali	12	89	13	157321	2	157848	202954	1837258	2198061
75	Kanchanpur	12	81	4	169798	3637	58664	747123	2617753	3423540
	Far Western	108	218	1210	358685	3639	216512	950077	4509586	5676176

Raw Data
Community Drug Program
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District Code	District Name	Received Reports	Expenditure of this month				Total Balance at the end of last month	Total Balance at the end of this month (bank)	Total Balance at Cash box at the end of this month	Total balance
			Medicine	Exempted	Health Facility Conduction expenditure	Total Expenditure of this month				
	Mountain	192	427969	830	1778719	2207518	17459651	10659004	380368	28499024
	Hill	468	1711867	160188	5959758	7831814	222276471	82317147	12030866	316624485
	Terai	240	3609664	1908788	9194560	14713013	521188961	165671503	18364990	705225455
	National Total	900	5749500	2069806	16933037	24752345	760925083	258647654	30776224	1050348964
1	Bhojpur	12	51340	0	40450	91790	10986031	899864	130218	12016113
2	Dhankuta	12	113480	0	167916	281396	5571150	6092811	225954	11889916
3	Ilam	12	0	0	1428	1428	899470	0	81770	981240
4	Jhapa	12	12900	1000	148249	162149	30317314	2043385	164237	32524936
5	Khotang	12	0	0	0	0	3153888	0	0	3153888
6	Morang	12	195511	127454	568190	891156	103009887	13236195	2156962	118403046
7	Okhaldhunga	12	233565	0	41477	275042	1760439	1156017	1147116	4063573
8	Panchthar	12	58342	0	793882	852224	9903187	9375525	2560721	21839433
9	Sankhuwasabha	12	342478	0	822445	1164923	6301356	7148756	95924	13546037
10	Saptari	12	157954	21912	191916	371782	40338318	3775584	1112203	45226105
11	Siraha	12	28692	17303	633992	679987	23778530	22518915	1801643	48099088
12	Solukhumbu	12	0	0	0	0	0	0	0	0
13	Sunsari	12	31047	0	98913	129960	17220615	1349230	353844	18923689
14	Taplejung	12	0	0	350	350	62566	7700	7700	77966
15	Tehrathum	12	0	0	0	0	3386484	0	0	3386484
16	Udaypur	12	244336	66090	139615	450041	1377828	0	0	1377828
	Eastern	192	1469645	233759	3648823	5352228	258067063	67603982	9838292	335509342
17	Bara	12	0	0	1050	1050	2700253	53578	9025	2762856
18	Bhaktapur	12	0	0	264306	264306	36397301	7288026	543288	44228617
19	Chitwan	12	22509	0	259470	281979	31687849	14762626	1928073	48378549
20	Dhading	12	0	0	0	0	0	0	0	0
21	Dhanusha	12	112928	2130	45758	160816	1611347	264211	174853	2050411
22	Dolcha	12	60000	0	132618	192618	6343858	1621941	0	7965799
23	Kathmandu	12	21101	0	124990	146091	5106487	2015354	19950	7141792
24	Kavre	12	66217	62956	1073181	1202354	23904912	14757609	1085654	39748176
25	Lalitpur	12	0	0	0	0	2853480	0	0	2853480
26	Mahottari	12	0	0	525	525	518378	30276	0	548654
27	Makawanpur	12	18900	29261	915272	963433	9660925	10525444	659399	20845769
28	Nuwakot	12	0	0	0	0	0	0	0	0
29	Parsa	12	0	0	0	0	44735880	0	0	44735880
30	Ramechhap	12	0	377	17200	17577	2510908	1081420	232833	3825162
31	Rasuwa	12	0	0	0	0	0	0	0	0
32	Rautahat	12	0	0	0	0	0	0	0	0
33	Sarlahi	12	0	0	0	0	0	0	0	0
34	Sindhuli	12	0	0	0	0	63664	0	0	63664
35	Sindhupalchowk	12	25491	830	823306	849627	1978232	1594089	229231	3801553
	Central	228	327146	95554	3657676	4080376	170073474	53994574	4882306	228950362
36	Arghakhanchi	12	0	0	0	0	0	0	0	0
37	Baglung	12	0	0	0	0	20852484	0	0	20852484
38	Gorkha	12	23605	0	525028	548633	1699248	1338634	752079	3789961
39	Gulmi	12	0	0	0	0	0	0	0	0
40	Kapilvastu	12	0	0	0	0	0	0	0	0
41	Kaski	12	0	0	26305	26305	12415899	439588	0	12855487
42	Lamjung	12	7269	0	62725	69994	6590621	2680085	288990	9559696
43	Manang	12	0	0	0	0	0	0	0	0
44	Mustang	12	0	0	0	0	0	0	0	0
45	Myagdi	12	0	0	0	0	83915	3180	13546	100641
46	Nawalparasi	12	2500889	81273	3222865	5805027	95546969	56343779	3240622	155131371
47	Palpa	12	0	0	0	0	275996	0	0	275996
48	Parbat	12	13042	0	145772	158814	3823771	3949533	391238	8164542
49	Rupandehi	12	0	0	0	0	0	0	0	0
50	Syangja	12	136851	0	158551	295402	23146756	6067720	495067	29709543
51	Tanahu	12	0	0	0	0	0	0	0	0
	Western	192	2681656	81273	4141246	6904175	164435659	70822519	5181542	240439721
52	Banke	12	147317	0	69559	216876	31317691	661249	164827	32143768
53	Bardiya	12	0	0	0	0	0	0	0	0
54	Dailekh	12	0	0	0	0	0	0	0	0
55	Dang	12	0	0	0	0	0	0	0	0
56	Dolpa	12	0	0	0	0	0	0	0	0
57	Humla	12	0	0	0	0	59292	0	0	59292
58	Jajarkot	12	0	0	0	0	1150800	0	0	1150800
59	Jumla	12	0	0	0	0	0	0	0	0
60	Kalikot	12	0	0	0	0	469427	0	35613	505040
61	Mugu	12	0	0	0	0	0	0	0	0
62	Pyuthan	12	900	0	55652	56552	1764687	1684409	206221	3655318
63	Rolpa	12	0	0	0	0	0	0	0	0
64	Rukum	12	0	0	0	0	0	0	0	0
65	Salyan	12	0	0	0	0	0	0	0	0
66	Surkhet	12	717268	0	1336809	2054077	26899005	12812049	3137430	42848485
	Mid Western	180	865485	0	1462020	2327505	61660902	15157707	3544091	80362703
67	Achham	12	0	0	0	0	0	0	0	0
68	Baitadi	12	0	0	0	0	0	0	0	0
69	Bajhang	12	0	0	0	0	912991	286518	11900	1211409
70	Bajura	12	0	0	0	0	0	0	0	0
71	Dadeldhura	12	0	0	0	0	0	0	0	0
72	Darchula	12	0	0	0	0	1331928	0	0	1331928
73	Doti	12	5650	1504	69199	76353	6037128	149871	59389	6246389
74	Kailali	12	167150	570690	1405627	2143468	47393210	28858869	2698315	78950394
75	Kanchanpur	12	232765	1087025	2548444	3868234	51012715	21773604	4560383	77346703
	Far Western	108	405565	1659219	4023270	6088055	106687972	51068862	7329987	165086823

**Analysed Data
CDP**

District Code	District Name	Received Report	% of HF having CDP program within district	% of meeting conduction	Exemption (% of patients receiving services)	
					Free	Partial Fee
	Mountain	192	0.00	150.00	1.62	0.01
	Hill	468	2.18	6.76	2.16	0.16
	Terai	240	4.38	2.18	12.25	0.30
	National Total	900	2.49	2.74	6.71	0.21
1	Bhojpur	12	0.00	83.33	1.26	0.00
2	Dhankuta	12	0.00	0.00	1.09	0.00
3	Ilam	12	0.00	20.00	1.64	0.44
4	Jhapa	12	2.00	0.76	0.61	0.09
5	Khotang	12	0.00	22.22	0.91	0.00
6	Morang	12	0.00	1.32	26.17	0.85
7	Okhaldhunga	12	1.82	81.82	3.65	0.00
8	Panchthar	12	0.00	28.91	49.46	5.98
9	Sankhuwasabha	12	0.00	0.00	0.00	0.00
10	Saptari	12	6.03	24.21	32.67	1.50
11	Siraha	12	0.00	0.43	3.21	0.00
12	Solukhumbu	12	0.00	0.00	0.00	0.00
13	Sunsari	12	0.00	0.00	0.16	0.00
14	Taplejung	12	0.00	0.00	15.94	0.00
15	Teharthur	12	0.00	0.00	0.00	0.00
16	Udaypur	12	2.63	12.41	2.16	0.48
	Eastern	192	1.10	2.00	10.67	0.53
17	Bara	12	0.00	0.00	0.17	0.00
18	Bhaktapur	12	9.52	15.15	15.68	0.38
19	Chitwan	12	31.71	51.52	36.23	0.00
20	Dhading	12	0.00	0.00	0.00	0.00
21	Dhanusha	12	0.00	0.00	2.21	0.00
22	Dolkha	12	0.00	100.00	0.00	0.09
23	Kathmandu	12	0.00	0.00	0.00	0.00
24	Kavre	12	0.00	54.55	1.15	0.00
25	Lalitpur	12	0.00	0.00	0.00	0.00
26	Mahottari	12	0.00	0.00	0.69	0.00
27	Makawanpur	12	2.27	55.41	8.28	0.00
28	Nuwakot	12	0.00	0.00	0.00	0.00
29	Parsa	12	0.00	0.00	0.00	0.00
30	Ramechhap	12	0.00	0.00	2.70	0.00
31	Rasuwa	12	0.00	0.00	0.00	0.00
32	Rautahat	12	0.00	0.00	0.00	0.00
33	Sarlahi	12	0.00	0.00	0.00	0.00
34	Sindhuli	12	0.00	0.48	2.00	0.00
35	Sindhupalchowk	12	0.00	0.00	1.65	0.00
	Central	228	1.29	6.43	3.44	0.01
36	Arghakhanchi	12	0.00	0.00	0.00	0.00
37	Baglung	12	0.00	0.00	0.00	0.00
38	Gorkha	12	0.00	0.00	0.53	0.00
39	Gulmi	12	0.00	0.00	0.00	0.00
40	Kapilvastu	12	0.00	0.00	0.00	0.00
41	Kaski	12	0.00	200.00	0.88	0.00
42	Lamjung	12	0.00	0.00	0.95	0.42
43	Manang	12	0.00	0.00	0.00	0.00
44	Mustang	12	0.00	0.00	0.00	0.00
45	Myagdi	12	0.00	0.00	0.00	0.00
46	Nawalparasi	12	26.32	40.20	53.02	1.59
47	Palpa	12	0.00	0.00	0.00	0.00
48	Parbat	12	0.00	0.00	3.25	0.00
49	Rupandehi	12	0.00	0.00	0.00	0.00
50	Syangja	12	1.49	100.00	4.32	1.06
51	Tanahu	12	0.00	0.00	0.00	0.00
	Western	192	2.59	48.32	5.35	0.23
52	Banke	12	0.00	1.32	18.95	0.72
53	Bardiya	12	0.00	0.00	0.00	0.00
54	Dailekh	12	0.00	0.00	0.00	0.00
55	Dang	12	0.00	0.00	0.00	0.00
56	Dolpa	12	0.00	0.00	0.00	0.00
57	Humla	12	0.00	0.00	0.00	0.00
58	Jajarkot	12	0.00	0.00	0.00	0.00
59	Jumla	12	0.00	0.00	0.00	0.00
60	Kalikot	12	0.00	0.00	0.00	0.00
61	Mugu	12	0.00	0.00	0.00	0.00
62	Pyuthan	12	0.00	0.00	0.00	0.00
63	Rolpa	12	0.00	0.00	0.00	0.00
64	Rukum	12	0.00	0.00	0.00	0.00
65	Salyan	12	0.00	0.00	0.00	0.00
66	Surkhet	12	0.00	0.00	0.00	0.00
	Mid Western	180	0.00	1.32	2.20	0.08
67	Achham	12	0.00	0.00	6.92	0.00
68	Baitadi	12	17.80	0.75	1.26	0.00
69	Bajhang	12	0.00	0.00	0.17	0.00
70	Bajura	12	0.00	0.00	0.00	0.00
71	Dadeldhura	12	0.00	0.00	0.00	0.00
72	Darchula	12	0.00	0.00	0.00	0.00
73	Doti	12	0.00	4.00	1.31	0.00
74	Kailali	12	30.23	1.01	33.16	0.00
75	Kanchanpur	12	19.05	1.57	64.39	1.38
	Far Western	108	7.45	1.43	16.03	0.16

Tuberculosis
Annual Case Finding

Sheet 1 of 2

Dist Code	District	Received Reports	Estimated Population	Smear Positive		New sputum positive cases	Case Notification per population (100T)				ARTI	Expected case	Case Finding Rate
				New			New S+ve		All				
				M + F	F	M	M	F	M	F			
Grand Total		900	27,383,773	4,894	10,662	15556	37	75	100	171	1.49	20,401	76.25
1	Bhojpur	12	231,573	13	22	35	12	28	54	1.14	132	26.52	
2	Dhankuta	12	193,182	10	26	36	11	26	27	58	1.14	110	32.69
3	Ilam	12	336,480	29	50	79	18	29	42	71	1.14	192	41.19
4	Jhapa	12	812,823	246	479	725	63	113	120	221	2.14	870	83.36
5	Khotang	12	263,154	10	25	35	8	18	22	53	1.14	150	23.33
6	Morang	12	999,788	165	476	641	34	92	91	179	2.14	1,070	59.92
7	Okhaldhunga	12	178,124	12	25	37	14	27	44	60	2.14	191	19.41
8	Panchthar	12	234,929	16	32	48	14	26	36	57	1.14	134	35.85
9	Sankhuwasabha	12	183,738	12	31	43	14	32	42	80	0.74	68	63.25
10	Saptari	12	672,689	83	220	303	26	63	99	223	2.14	720	42.10
11	Siraha	12	675,078	122	294	416	38	84	102	184	2.14	722	57.59
12	Solukhumbu	12	124,389	18	7	25	30	11	126	70	0.74	46	54.32
13	Sunsari	12	750,886	169	357	526	47	91	126	201	2.14	803	65.47
14	Taplejung	12	151,898	9	10	19	12	13	25	33	0.74	56	33.81
15	Terhathum	12	130,911	4	12	16	6	18	24	47	1.14	75	21.44
16	Udayapur	12	347,203	53	107	160	32	59	69	117	1.14	198	80.85
Eastern Total		192	6286845	971	2,173	3144	32	66	83	150	1.51	4,747	66.24
17	Bara	12	666,932	156	379	535	49	109	106	225	2.14	714	74.97
18	Bhaktapur	12	264,596	67	112	179	53	81	177	205	3.14	415	43.09
19	Chitawan	12	568,114	137	312	449	50	106	146	269	2.14	608	73.86
20	Dhading	12	395,995	38	104	142	20	51	49	101	1.14	226	62.91
21	Dhanusha	12	796,432	149	342	491	39	83	96	177	2.14	852	57.62
22	Dolkha	12	238,463	10	37	47	9	30	32	77	1.14	136	34.58
23	Kathmandu	12	1,339,456	363	718	1081	56	103	214	292	3.14	2,103	51.40
24	Kavre	12	443,886	43	93	136	20	40	61	103	1.14	253	53.75
25	Lalitpur	12	401,958	92	184	276	48	88	161	231	3.14	631	43.73
26	Mahottari	12	650,611	154	319	473	49	94	119	213	2.14	696	67.94
27	Makawanpur	12	467,539	109	224	333	49	92	108	188	1.14	266	124.95
28	Nuwakot	12	336,754	36	86	122	22	49	45	97	1.14	192	63.56
29	Parsa	12	593,668	131	254	385	46	82	116	197	2.14	635	60.61
30	Ramechhap	12	247,351	13	47	60	11	37	45	82	1.14	141	42.56
31	Rasuwa	12	52,641	8	17	25	32	62	55	84	0.74	19	128.36
32	Rautahat	12	644,545	105	199	304	34	59	118	189	2.14	690	44.08
33	Sarlahi	12	750,558	251	349	600	70	89	203	224	2.14	803	74.71
34	Sindhuli	12	329,501	60	124	184	38	72	88	143	1.14	188	97.97
35	Sindhupalchok	12	353,814	23	79	102	14	43	52	93	0.74	131	77.92
Central Total		228	9542814	1,945	3,979	5924	42	80	124	194	1.51	7,205	82.22
36	Arghakhanchi	12	242,469	37	78	115	32	62	69	163	1.14	138	83.21
37	Baglung	12	309,179	23	54	77	15	34	30	73	1.14	176	43.69
38	Gorkha	12	331,930	42	111	153	26	64	63	121	1.14	189	80.87
39	Gulmi	12	343,336	41	92	133	25	52	67	128	1.14	196	67.96
40	Kapilbastu	12	580,467	110	315	425	39	104	89	194	2.14	621	68.43
41	Kaski	12	454,873	71	143	214	33	60	82	140	1.14	259	82.54
42	Lamjung	12	200,901	26	52	78	27	50	55	98	1.14	115	68.11
43	Manang	12	10,302	1	0	1	20	0	20	0	0.74	4	26.23
44	Mustang	12	17,298	1	6	7	12	67	36	133	0.74	6	109.37
45	Mygadi	12	130,561	9	28	37	14	41	35	77	1.14	74	49.72
46	Nawalparasi	12	681,223	136	347	483	42	98	98	189	2.14	729	66.26
47	Palpa	12	309,929	42	132	174	28	82	79	187	1.14	177	98.49
48	Parbat	12	182,645	12	30	42	14	32	43	64	1.14	104	40.34
49	Rupandehi	12	853,259	174	446	620	42	101	104	201	2.14	913	67.91
50	Syangja	12	364,780	41	113	154	23	60	59	130	1.14	208	74.07
51	Tanahun	12	369,787	49	105	154	28	55	77	126	1.14	211	73.06
Western Total		192	5382939	815	2,052	2867	32	73	77	152	1.51	4,064	70.54
52	Banke	12	469,040	159	326	485	71	134	188	301	2.14	502	96.64
53	Bardiya	12	465,855	101	227	328	45	94	106	198	2.14	498	65.80
54	Dailekh	12	261,031	11	67	78	9	49	38	90	1.14	149	52.42
55	Dang	12	552,849	172	297	469	65	103	158	251	2.14	592	79.28
56	Dolpa	12	34,262	0	2	2	0	11	36	79	0.74	13	15.78
57	Humla	12	47,568	1	1	2	4	4	18	20	0.74	18	11.36
58	Jajarkot	12	156,744	14	28	42	19	34	85	113	1.14	89	47.01
59	Jumla	12	103,169	8	19	27	16	35	50	78	0.74	38	70.73
60	Kalikot	12	122,005	15	18	33	26	28	68	63	0.74	45	73.10
61	Mugu	12	50,019	4	1	5	17	4	29	42	0.74	19	27.02
62	Pyuthan	12	245,503	38	96	134	32	75	69	142	1.14	140	95.76
63	Rolpa	12	240,725	40	75	115	35	60	98	156	1.14	137	83.81
64	Rukum	12	219,991	37	65	102	35	57	108	149	1.14	125	81.34
65	Salyan	12	247,444	35	62	97	29	48	78	120	1.14	141	68.77
66	Surkhet	12	345,992	57	165	222	34	92	138	244	1.14	197	112.57
Mid-Western Total		180	3562197	692	1,449	2141	40	78	199	103	1.51	2,689	79.61
67	Achham	12	264,641	25	66	91	20	48	37	97	1.14	151	60.33
68	Baitadi	12	270,826	30	49	79	23	35	55	88	1.14	154	51.18
69	Bajhang	12	193,004	34	36	70	37	36	65	82	0.74	71	98.02
70	Bajura	12	125,770	14	22	36	23	34	70	84	0.74	47	77.36
71	Dadeldhura	12	147,802	18	50	68	25	65	76	141	1.14	84	80.71
72	Darchula	12	141,104	26	33	59	38	45	62	97	0.74	52	113.01
73	Doti	12	238,076	38	96	134	33	78	60	130	1.14	136	98.74
74	Kailali	12	764,522	156	344	500	43	87	100	187	2.14	818	61.12
75	Kanchanpur	12	463,233	130	313	443	58	130	129	250	2.14	496	89.38
Far-Western Total		108	2608978	471	1,009	1480	38	74	83	153	1.51	1,970	75.14

**Tuberculosis
Treatment Outcome**
Sheet 2 of 2

Dist Code	District	Revised Reports	New Smear Positive															Treatment success Rate	
			Registered		Cured		Completed		Failure		Died		Defaulted		Transferred out		No result		
			F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		M
National Total		900	4842	10600	4,407	9,019	137	286	67	128	182	419	128	328	104	215	20	35	89.68
1 Bhojpur	12	16	41	16	40	0	1	0	0	0	0	0	0	0	0	0	0	0	100.00
2 Dhankuta	12	9	22	9	19	0	0	0	0	0	2	0	0	0	1	0	0	0	90.32
3 Ilam	12	28	26	26	25	0	0	1	0	0	0	0	0	1	1	0	0	0	94.44
4 Jhapa	12	232	442	211	404	4	12	6	4	5	9	2	7	2	5	2	1		93.62
5 Khotang	12	10	19	10	17	0	1	0	0	0	1	0	0	0	0	0	0	0	96.55
6 Morang	12	175	451	140	375	10	18	4	5	10	25	6	13	4	15	1	0		86.74
7 Okhaldhunga	12	6	22	5	21	0	0	0	0	0	1	1	0	0	0	0	0	0	92.86
8 Panchthar	12	20	35	20	34	0	0	0	0	0	0	0	0	0	0	1	0	0	98.18
9 Sankhuwasabha	12	14	22	11	22	2	0	0	0	0	0	0	0	0	1	0	0	0	97.22
10 Saptari	12	63	179	57	160	1	0	0	3	5	8	0	0	0	0	0	0	8	90.08
11 Siraha	12	139	300	125	274	4	3	0	3	7	17	3	2	0	1	0	0	0	92.48
12 Solukhumbu	12	17	26	17	23	0	0	0	0	0	1	0	1	0	1	0	0	0	93.02
13 Sunsari	12	155	350	125	289	4	8	6	2	6	17	6	23	8	11	0	0	0	84.36
14 Taplejung	12	11	9	11	9	0	0	0	0	0	0	0	0	0	0	0	0	0	100.00
15 Terhathum	12	4	9	4	9	0	0	0	0	0	0	0	0	0	0	0	0	0	100.00
16 Udayapur	12	56	111	55	101	1	3	0	2	0	3	0	2	0	0	0	0	0	95.81
Eastern Total		192	955	2,064	842	1,822	26	46	17	19	33	84	18	49	16	35	3	9	90.63
17 Bara	12	179	384	158	327	7	19	0	1	5	26	6	5	3	4	0	2		90.76
18 Bhaktapur	12	71	124	67	113	0	2	0	1	2	2	0	5	2	1	0	0	0	93.33
19 Chitawan	12	141	316	123	271	0	1	3	2	4	10	7	14	4	18	0	0	0	86.43
20 Dhading	12	30	120	28	113	0	2	0	1	0	2	0	0	2	2	0	0	0	95.33
21 Dhanusha	12	139	305	114	239	4	12	3	5	5	23	9	19	3	5	1	2		83.11
22 Dolkha	12	19	34	15	26	1	3	0	2	1	0	1	0	1	3	0	0	0	84.91
23 Kathmandu	12	392	710	351	583	12	34	6	4	7	18	9	37	26	48	0	0	0	88.93
24 Kavre	12	41	119	40	107	0	0	1	1	0	9	0	1	0	1	0	0	0	91.88
25 Lalitpur	12	94	196	84	181	1	3	2	2	2	3	1	4	4	3	0	0	0	92.76
26 Mahottari	12	130	301	113	247	5	20	1	4	2	6	9	23	0	1	0	0	0	89.33
27 Makawanpur	12	91	174	80	147	4	11	0	0	1	6	1	0	5	10	0	0	0	91.32
28 Nuwakot	12	32	77	26	71	4	4	0	0	1	0	1	0	0	1	0	1	0	96.33
29 Parsa	12	139	300	118	259	1	3	2	4	9	12	4	15	5	7	0	0	0	86.79
30 Ramechhap	12	14	48	14	46	0	0	0	0	0	1	0	0	0	1	0	0	0	96.77
31 Rasuwa	12	6	11	5	9	0	0	0	0	0	1	0	0	1	0	0	0	0	82.35
32 Rautahat	12	98	242	90	219	1	7	1	1	4	7	0	4	2	4	0	0	0	93.24
33 Sarlahi	12	207	414	166	338	17	25	2	5	11	17	8	19	3	6	0	4		87.92
34 Sindhuli	12	45	130	41	122	0	0	2	1	1	5	1	2	0	0	0	0	0	93.14
35 Sindhupalchok	12	31	84	24	66	3	7	0	3	1	3	2	3	1	2	0	0	0	86.96
Central Total		228	1899	4089	1,657	3,484	60	153	23	37	56	151	59	151	62	118	1	9	89.41
36 Arghakhanchi	12	33	74	28	69	1	1	1	1	2	2	0	0	1	1	0	0	0	92.52
37 Baglung	12	24	50	19	41	2	4	0	1	3	2	0	1	0	1	0	0	0	89.19
38 Gorkha	12	43	121	39	100	0	6	0	3	2	5	0	5	1	1	1	1	0	88.41
39 Gulmi	12	39	106	35	97	0	1	1	2	1	5	2	0	0	1	0	0	0	91.72
40 Kapilbastu	12	8	250	92	217	0	0	4	9	6	16	3	7	1	1	0	0	0	86.80
41 Kaski	12	59	132	56	116	0	0	1	4	1	4	0	2	1	6	0	0	0	90.05
42 Lamjung	12	26	56	24	47	0	1	0	0	0	5	1	2	1	1	0	0	0	87.80
43 Manang	12	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0.00
44 Mustang	12	5	1	5	1	0	0	0	0	0	0	0	0	0	0	0	0	0	100.00
45 Mygadi	12	10	21	8	18	0	0	0	1	2	2	0	0	0	0	0	0	0	83.87
46 Nawalparasi	12	142	337	135	295	1	6	0	2	3	15	1	11	0	5	2	3		91.23
47 Palpa	12	45	112	39	102	1	2	2	2	3	5	0	1	0	0	0	0	0	91.72
48 Parbat	12	13	39	11	32	0	1	0	2	1	3	1	1	0	0	0	0	0	84.62
49 Rupandehi	12	199	471	176	409	1	10	1	5	13	28	2	14	5	5	1	0	0	88.96
50 Syangja	12	45	118	40	101	2	3	0	2	1	6	1	5	1	1	0	0	0	89.57
51 Tanahun	12	43	145	40	128	0	3	0	3	2	5	0	5	1	1	0	0	0	90.96
Western Total		192	834	2033	747	1,773	8	38	10	37	40	103	11	54	12	24	6	4	89.50
52 Banke	12	148	310	122	264	7	10	2	7	9	12	7	17	0	1	0	0	0	87.99
53 Bardiya	12	77	199	69	171	0	2	0	4	3	8	1	8	3	2	1	4		87.68
54 Dailekh	12	24	43	21	34	0	0	0	1	2	3	1	4	0	1	0	0	0	82.09
55 Dang	12	163	269	152	245	1	1	3	0	1	9	5	8	1	6	0	0	0	92.36
56 Dolpa	12	2	1	1	1	0	0	0	0	0	0	0	0	1	0	0	0	0	66.67
57 Humla	12	2	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	100.00
58 Jajarkot	12	28	33	27	30	0	0	0	1	0	0	1	1	0	1	0	0	0	93.44
59 Jumla	12	10	15	8	15	2	0	0	0	0	0	0	0	0	0	0	0	0	100.00
60 Kalikot	12	9	16	9	15	0	0	0	0	0	1	0	0	0	0	0	0	0	96.00
61 Mugu	12	2	7	0	5	0	0	0	0	0	0	0	0	0	0	2	2		55.56
62 Pyuthan	12	41	96	33	87	3	2	0	1	3	3	1	1	0	0	2	1		91.24
63 Rolpa	12	34	84	29	75	2	0	0	1	3	6	0	2	0	0	0	0	0	89.83
64 Rukum	12	22	38	18	35	1	0	0	0	0	2	0	1	0	0	3	0	0	90.00
65 Salyan	12	38	68	34	56	0	1	1	2	3	3	0	2	0	2	0	2	0	85.85
66 Surkhet	12	66	167	58	141	0	1	3	6	2	6	0	6	1	3	2	4		85.84
Mid-Western Total		180	666	1348	583	1,176	16	17	9	23	26	53	16	50	6	16	10	13	88.98
67 Achham	12	22	66	23	41	3	3	0	1	4	8	2	2	0	1	0	0	0	79.55
68 Baitadi	12	35	65	31	49	4	5	1	0	3	1	3	1	2	0	0	0	0	89.00
69 Bajhang	12	31	42	27	35	3	4	0	0	0	2	0	1	0	1	0	0	0	94.52
70 Bajura	12	26	29	26	28	1	0	0	0	0	0	0	0	0	0	0	0	0	100.00
71 Dadeldhura	12	24	49	33	33	0	0	1	3	1	0	0	0	0	2	0	0	0	90.41
72 Darchula	12	19	34	25	27	1	0	0	0	0	0	0	0	0	0	0	0	0	100.00
73 Doti	12	17	84	21	43	9	7	1	1	2	6	3	8	0	0	0	0	0	79.21
74 Kailali	12	151	378	190	263	5	7	3	5	10	9	12	10	3	12	0	0	0	87.90
75 Kanchanpur	12	163	319	202	245	1	6	2	2	7	2	4	2	3	6	0	0	0	94.19
Far-Western Total		108	488	1066	578	764	27	32	8	12	27	28	24	24	8	22	-	-	90.15

Leprosy MB

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Dist Code	District	Received Reports	Patients at end previous year	New Patients	Relapse	Re-starter	Transferred In	Total	RFT	Transferred Out	Defaulter	Other Deduction	Total deduction	Patients at the End of this Fiscal Year	Total child	Smear Tested	Positive	New Child	Disability Grade 2	Female among new
National		900	1913	1579	16	27	52	3587	1947	22	22	187	2178	1409	67	544	206	64	80	423
1	Bhojpur	12	2	0	0	0	0	2	2				2	0	0	0	0	0	0	
2	Dhankuta	12	4	1	0	0	0	5	5		0		5	0	0	0	0	0	0	
3	Ilam	12	3	7	0	0	0	10	3	0		0	3	7		3	0	0	0	1
4	Jhapa	12	119	134	0	4	0	257	124	0	0	14	138	119	8	58	15	3	1	48
5	Khotang	12	4	0	0	1	0	5	4	0	0		4	1	1	0	0	0	0	
6	Morang	12	106	111	3	1	0	221	115	0	0	10	125	96	7	67	18	9	8	37
7	Okhaldhunga	12	0	0		0	2	2	2	0		0	2	0		0	0	0	0	
8	Panchthar	12	2	4			1	7	3		0		3	4	1	0	0	1	0	
9	Sankhuwasabha	12	1	1			1	3	1	0	0	1	2	1		1	1	0	0	
10	Saptari	12	50	44	1	0	4	99	60	0	0	0	60	39	1	12	6	1	1	17
11	Siraha	12	69	50	0	0	0	119	72	0	0	8	80	39	4	9	6	1	1	9
12	Solukhumbu	12	0	0			0	0	0			0	0	0		1	1	0	0	
13	Sunsari	12	75	91	1	0	2	169	69	0	0	14	83	86	2	68	10	5	10	30
14	Taplejung	12	0	0			1	1	1	0	0		1	0		1	0	0	0	
15	Terhathum	12	1	3				4	1				1	3		0	0	0	0	1
16	Udayapur	12	12	16		0	0	28	18		0		18	10		4	2	0	0	1
Eastern		192	448	462	5	6	11	932	480	0	0	47	527	405	24	224	59	20	21	144
17	Bara	12	52	59	2		1	114	60			3	63	51						23
18	Bhaktapur	12	3	0				3	1				1	2						
19	Chitawan	12	49	43	1	0	0	93	49			1	50	43	4			4	5	14
20	Dhading	12	20	6				26	17			3	20	6	1			1		1
21	Dhanusha	12	130	92	0	0	3	225	134	1	2	15	152	73	7	44	24	9	12	26
22	Dolkha	12	2	5				7	3				3	4						
23	Kathmandu	12	0	1				1					0	1						
24	Kavre	12	7	5				14	8				8	6						2
25	Lalitpur	12	3	8				11	2				2	9		3	3		1	4
26	Mahottari	12	94	74		0		168	105	1		6	112	56	3	67	24	1	12	21
27	Makawanpur	12	15	6				21	16				16	5						2
28	Nuwakot	12	4	2				6	4				4	2						1
29	Parsa	12	41	47				91	54		0	4	58	33	1			1	3	18
30	Ramechhap	12	3	1		1	2	7					0	7						
31	Rasuwa	12						0					0	0						
32	Rautahat	12	103	61			2	166	88	8		16	112	54	0	8	6	0	2	2
33	Sarlahi	12	99	63			1	163	94			5	99	64		11	8	5	5	12
34	Sindhuli	12	22	14				36	21			0	21	15						5
35	Sindhupalchok	12	4					4	1				1	3						
Central		228	651	487	3	1	14	1156	657	10	2	53	722	434	16	133	65	21	40	131
36	Argakhanchi	12	4	6	0	0	0	10	4	0	0	0	4	6	0	1	1	0	0	2
37	Baglung	12	9	6	0	0	0	15	12	0	0	0	12	3	0	2	0	0	0	3
38	Gorkha	12	12	8	0	1	2	23	14	0	0	0	14	9	0	0	0	0	0	0
39	Guimi	12	13	5	0	0	0	18	10	0	0	0	10	8	0	0	0	0	0	2
40	Kapilbastu	12	45	22	1	0	0	68	44	0	0	0	44	24	1	0	0	1	0	7
41	Kaski	12	31	41	1	2	1	76	33	4	0	2	39	37	0	45	23	0	5	12
42	Lamjung	12	11	10	0	0	0	21	10	0	0	0	10	11	0	5	2	0	0	5
43	Manang	12	1	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0
44	Mustang	12	1	4	0	0	0	5	1	0	0	0	1	4	0	3	2	0	0	0
45	Mygadi	12	5	16	1	0	0	22	10	0	0	1	11	11	2	14	8	1	0	5
46	Nawalparasi	12	69	51	1	5	0	126	65	0	0	8	73	53	3	6	1	1	0	5
47	Palpa	12	10	16	0	0	0	26	12	0	0	0	12	14	1	12	2	1	0	5
48	Parbat	12	8	5	0	1	0	14	8	0	0	0	8	6	1	2	0	1	0	3
49	Rupandehi	12	84	73	1	3	1	162	80	0	2	19	101	61	5	32	14	5	0	18
50	Syangja	12	14	10	0	0	0	24	13	0	0	0	13	11	1	4	2	1	0	2
51	Tanahun	12	12	25	0	2	0	39	27	1	0	0	28	11	0	15	9	0	0	5
Western		192	329	298	5	14	4	650	343	5	2	30	380	270	14	141	64	11	5	74
52	Banke	12	54	26	0	0	0	80	60	0	0	3	63	17	3			1	1	4
53	Bardiya	12	47	41	0	1	2	91	48	0	0	18	66	25	3			1		10
54	Dailekh	12	8	13	0	0	0	21	11	0	0	0	11	10	0			0	1	0
55	Dang	12	30	35	0	0	0	65	32	3	1	10	46	19	0			0		0
56	Dolpa	12	1	0	0	0	0	1	1	0	0	0	1	0	0			0		0
57	Humla	12	2	4	0	0	0	6	3	0	0	0	3	3	0			0		0
58	Jajarkot	12	31	8	0	0	0	39	21	0	0	7	28	11	0			0		0
59	Jumla	12	9	3	0	0	0	12	7	0	0	0	7	5	0			0		2
60	Kalikot	12	4	1	0	0	0	5	3	0	0	0	3	2	0			0		0
61	Mugu	12	2	0	0	0	0	2	1	0	0	0	1	1	0			0		0
62	Pyuthan	12	3	1	0	0	0	4	3	0	0	0	3	1	0			0	1	0
63	Rolpa	12	16	9	0	0	1	26	13	1	1	0	15	11	0			0		3
64	Rukum	12	16	16	0	0	0	32	14	0	0	0	14	18	0			0		0
65	Salyan	12	19	11	0	0	3	33	23	0	2	0	25	8	0			0		2
66	Surkhet	12	16	10	0	0	3	29	19	1	0	0	20	9	0			0		0
Mid-western		180	258	178	0	1	9	446	259	5	4	38	306	140	6	0	0	2	3	21
67	Achham	12	35	24	1		0	60	27		5	6	38	22		6	2		4	7
68	Baitadi	12	17	6				23	17		1		18	5	1			1		0
69	Bajhang	12	13					13	11				11	2						
70	Bajura	12	6	6		1	1	14	6		1	1	7	7	1	5	4	1		4
71	Dadeldhura	12	11	5				16	9		2	1	12	4	1	3	2	0	0	1
72	Darchula	12	10					10	6				6	4						
73	Doti	12	10	9			2	21	6		2	1	9	12		6	2	0	0	4
74	Kailali	12	99	77	2	4	3	185	100	2	4	7	113	72	4	23	7	7	5	27
75	Kanchanpur	12	26	27			8	61	26			3	29	32		3	1	1	2	10
Far western		108	227	154	3	5	14	403	208	2	14	19	243	160	7	46	18	10	11	53

Leprosy PB

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Dist Code	Districts	Received Reports	Patients at end previous year	New Patients	Relapse	Re-starter	Transferred In	Total	RFT	Transferred Out	Defaulter	Other Deduction	Total deduction	Patients at the End of this Fiscal Year	Total child	Smear Tested	Positive	New Child	Disability Grade 2	Female among new
	National	900	1096	1578	2	11	19	2706	1897	7	3	104	2011	695	93	413	3	148	6	607
1	Bhojpur	12	3	0	0	0	0	3	3				3	0		0	0	0	0	0
2	Dhankuta	12	0	0	0	0	0	0	0		0		0	0		0	0	0	0	0
3	Ilam	12	1	0	0	0	0	1	1	0		0	1	0		0	0	0	0	0
4	Jhapa	12	114	92	0	1	0	207	161	0	0	13	174	33	5	36	0	8	0	41
5	Khotang	12	0	0			0	0	0		0		0	0		0	0	0	0	0
6	Morang	12	53	131	0	0	0	184	110	0	0	14	124	60	10	68	0	17	3	70
7	Okhaldhunga	12	0	0		0	0	0	0	0		0	0	0		0	0	0	0	0
8	Panchthar	12	1	0			0	1	1		0		1	0		0	0	0	0	0
9	Sankhuwasabha	12	0	0			0	0	0		0		0	0		0	0	0	0	0
10	Saptari	12	30	46	0	0	5	81	61	0	0	2	63	18	2	6	0	2	0	22
11	Siraha	12	34	78	0	0	1	113	87	0	0	0	87	26	2	22	3	7	0	35
12	Solukhumbu	12	0	1				1	0				0	1	1	0	0	0	0	0
13	Sunsari	12	37	74	0	0	0	111	76	0	0	3	79	32	6	50	0	14	0	29
14	Taplejung	12	1	0				1	1	0	0		1	0		0	0	0	0	0
15	Terhathum	12	0	0				0	0				0	0		0	0	0	0	0
16	Udayapur	12	5	7		0	0	12	10		0		10	2		2	0	0	0	0
	Eastern	192	279	429	0	1	6	715	511	0	0	32	543	172	26	184	3	48	3	197
17	Bara	12	40	83	0			123	86			5	91	32	4			11		29
18	Bhaktapur	12	0	1				1	0				0	1						1
19	Chitawan	12	25	32				57	35				35	22						14
20	Dhading	12	1	2				3	1				1	2	1					1
21	Dhanusha	12	172	201		0	2	375	279		1	10	290	85	25	49	0	41		90
22	Dolkha	12	1	0				1	1				1	0						0
23	Kathmandu	12	0	0				0	0				0	0						0
24	Kavre	12	2	0			1	3	3				3	0						0
25	Lalitpur	12	0	2				2	1				1	1						0
26	Mahottari	12	67	127		1		195	138			4	142	53	4	94		2		46
27	Makawanpur	12	4	6				10	6				6	4						2
28	Nuwakot	12	0	0				0	0				0	0						0
29	Parsa	12	21	58				79	52		1	1	54	25	3			5		26
30	Ramechhap	12	1					1					0	1						0
31	Rasuwa	12						0	0				0	0						0
32	Rautahat	12	51	67				118	75	4		8	87	31	2	13	0	3		5
33	Sarlahi	12	137	135			1	273	203			5	208	65		13		4		37
34	Sindhuli	12	13	4				17	15			1	16	1						2
35	Sindhupalchok	12	1					1	1				1	0						0
	Central	228	536	718	0	1	4	1259	896	4	2	34	936	323	39	169	0	66	0	253
36	Arghakhanchi	12	0	1	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	1
37	Baglung	12	0	1	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	1
38	Gorkha	12	1	3	0	0	0	4	1	0	0	0	1	3	0	0	0	0	0	0
39	Gulmi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40	Kapilbastu	12	29	45	0	0	0	74	48	0	0	0	48	26	0	0	0	1	0	21
41	Kaski	12	8	10	0	0	1	19	13	2	0	0	15	4	1	10	0	1	0	5
42	Lamjung	12	1	2	0	0	0	3	1	0	0	0	1	2	0	1	0	0	0	2
43	Manang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
44	Mustang	12	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0
45	Mygadi	12	0	1	0	0	0	1	1	0	0	0	1	0	0	1	0	0	0	1
46	Nawalparasi	12	19	52	0	4	0	75	41	0	0	4	45	30	6	0	0	2	0	15
47	Palpa	12	2	1	0	0	0	3	3	0	0	0	3	0	0	1	0	0	0	0
48	Parbat	12	2	0	0	0	0	2	2	0	0	0	2	0	0	0	0	0	0	0
49	Rupandehi	12	47	71	0	2	3	123	83	0	0	13	96	27	6	18	0	6		19
50	Syangja	12	3	1	0	0	0	4	4	0	0	0	4	0	0	0	0	0	0	0
51	Tanahun	12	1	5	0	0	0	6	4	0	0	0	4	2	0	2	0	0	0	3
	Western	192	113	194	0	6	4	317	203	2	0	17	222	95	13	33	0	10	0	68
52	Banke	12	49	30	0	0	0	79	67	1	0	3	71	8	2			4		9
53	Bardiya	12	16	40	0	0	2	58	35	0	1	8	44	14	9			5		20
54	Dailekh	12	1	3	0	0	0	4	1	0	0	0	1	3	0			0		1
55	Dang	12	3	17	2	0	0	22	13	0	0	5	18	4	0			0		0
56	Dolpa	12	0	0	0	0	0	0	0	0	0	0	0	0	0			0		0
57	Humla	12	1	1	0	0	0	2	2	0	0	0	2	0	0			0		0
58	Jajarkot	12	1	0	0	0	0	1	1	0	0	0	1	0	0			0		0
59	Jumla	12	0	0	0	0	0	0	0	0	0	0	0	0	0			0		0
60	Kalikot	12	0	0	0	0	0	0	0	0	0	0	0	0	0			0		0
61	Mugu	12	0	0	0	0	0	0	0	0	0	0	0	0	0			0		0
62	Pyuthan	12	0	0	0	0	0	0	0	0	0	0	0	0	0			0		0
63	Rolpa	12	1	1	0	0	0	2	1	0	0	0	1	1	0			0		1
64	Rukum	12	0	1	0	0	0	1	0	0	0	0	0	1	0			0		0
65	Salyan	12	2	3	0	0	0	5	3	0	0	0	3	2	1			1		1
66	Surkhet	12	2	4	0	0	0	6	6	0	0	0	6	0	0			0		0
	Mid-western	180	76	100	2	0	2	180	129	1	1	16	147	33	12	0	0	10	0	32
67	Achham	12	4	3	0		1	8	6				6	2						0
68	Baitadi	12	0	0				0	0				0	0						0
69	Bajhang	12	4					4	4				4	0						0
70	Bajura	12	3	2				5	5				5	0				1		0
71	Dadeldhura	12	0	0				0	0		0		0	0						0
72	Darchula	12	0	0				0	0				0	0						0
73	Doti	12	0	0				0	0				0	0						0
74	Kailali	12	65	104	0	3	0	172	112	0		4	116	56	3	26		13	3	39
75	Kanchanpur	12	16	28			2	46	31			1	32	14		1				18
	Far western	108	92	137	0	3	3	235	158	0	0	5	163	72	3	27	0	14	3	57

Leprosy (MB+PB)

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Dist Code	District	Received Reports	Patients at end previous year	New Patients	Relapse	Re-starter	Transferred In	Total	RFT	Transferred Out	Defaulter	Other Deduction	Total deduction	Patients at the End of this Fiscal	Total child	Smear Tested	Positive	New Child	Disability Grade 2	Female among new	New Case Detection Rate	Prevalence Rate	MB proportions among New	Child proportions among new	G II proportion among new	Defaulter proportions	Female proportion among new
	National	900	3009	3157	18	38	71	6293	3844	29	25	291	4189	2104	160	957	209	212	86	1030	1.1	0.8	50.0	6.7	2.7	0.8	32.6
1	Bhojpur	12	5	0	0	0	0	5	5	0	0	0	5	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2	Dhankuta	12	4	1	0	0	0	5	5	0	0	0	5	0	0	0	0	0	0	0	0.1	0.0	100.0	0.0	0.0	0.0	0.0
3	Ilam	12	4	7	0	0	0	11	4	0	0	0	4	7	0	3	0	0	0	1	0.2	0.2	100.0	0.0	0.0	0.0	14.3
4	Jhapa	12	233	226	0	5	0	464	285	0	0	27	312	152	13	94	15	11	1	89	2.8	1.9	59.3	4.9	0.4	0.0	39.4
5	Khotang	12	4	0	0	1	0	5	4	0	0	0	4	1	1	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
6	Morang	12	159	242	3	1	0	405	225	0	0	24	249	156	17	135	18	26	11	107	2.4	1.6	45.9	10.7	4.5	0.0	44.2
7	Okhaldhunga	12	0	0	0	0	2	2	2	0	0	0	2	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
8	Panchthar	12	3	4	0	0	1	8	4	0	0	0	4	4	1	0	0	1	0	0	0.2	0.2	100.0	25.0	0.0	0.0	0.0
9	Sankhuwasabha	12	1	1	0	0	1	3	1	0	0	1	2	1	0	1	1	0	0	0	0.1	0.1	100.0	0.0	0.0	0.0	0.0
10	Saptari	12	80	90	1	0	9	180	121	0	0	2	123	57	3	18	6	3	1	39	1.3	0.8	48.9	3.3	1.1	0.0	43.3
11	Siraha	12	103	128	0	0	1	232	159	0	0	8	167	65	6	31	9	8	1	44	1.9	1.0	39.1	6.3	0.8	0.0	34.4
12	Solukhumbu	12	0	1	0	0	0	1	0	0	0	0	0	1	1	1	1	0	0	0	0.1	0.1	0.0	0.0	0.0	0.0	0.0
13	Sunsari	12	112	165	1	0	2	280	145	0	0	17	162	118	8	118	10	19	10	59	2.2	1.6	55.2	11.5	6.1	0.0	35.8
14	Taplejung	12	1	0	0	0	1	2	2	0	0	0	2	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15	Terhathum	12	1	3	0	0	0	4	1	0	0	0	1	3	0	0	0	0	0	1	0.2	0.2	100.0	0.0	0.0	0.0	33.3
16	Udayapur	12	17	23	0	0	0	40	28	0	0	0	28	12	0	6	2	0	0	1	0.7	0.3	69.6	0.0	0.0	0.0	4.3
	Eastern	192	727	891	5	7	17	1647	991	0	0	79	1070	577	50	408	62	68	24	341	1.4	0.9	51.9	7.6	2.7	0.0	38.3
17	Bara	12	92	142	2	0	1	237	146	0	0	8	154	83	4	0	0	11	0	52	2.1	1.2	0.0	7.7	0.0	0.0	36.6
18	Bhaktapur	12	3	1	0	0	0	4	1	0	0	0	1	3	0	0	0	0	0	1	0.0	0.1	#####	0.0	0.0	0.0	100.0
19	Chitawan	12	74	75	1	0	0	150	84	0	0	1	85	65	4	0	0	4	5	28	1.3	1.1	0.0	5.3	6.7	0.0	37.3
20	Dhading	12	21	8	0	0	0	29	18	0	0	3	21	8	2	0	0	1	0	2	0.2	0.2	537.5	12.5	0.0	0.0	25.0
21	Dhanusha	12	302	293	0	0	5	600	413	1	3	25	442	158	32	93	24	50	12	116	3.7	2.0	2.0	17.1	4.1	1.0	39.6
22	Dolkha	12	3	5	0	0	0	8	4	0	0	0	4	4	0	0	0	0	0	0	0.2	0.2	#####	0.0	0.0	0.0	0.0
23	Kathmandu	12	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0.0	0.0	500.0	0.0	0.0	0.0	0.0
24	Kavre	12	9	5	0	0	3	17	11	0	0	0	11	6	0	0	0	0	0	2	0.1	0.1	20.0	0.0	0.0	0.0	40.0
25	Lalitpur	12	3	10	0	0	0	13	3	0	0	0	3	10	0	3	3	0	1	4	0.2	0.2	50.0	0.0	10.0	0.0	40.0
26	Mahottari	12	161	201	0	1	0	363	243	1	0	10	254	109	7	161	24	3	12	67	3.1	1.7	4.0	1.5	6.0	0.0	33.3
27	Makawanpur	12	19	12	0	0	0	31	22	0	0	0	22	9	0	0	0	0	0	4	0.3	0.2	616.7	0.0	0.0	0.0	33.3
28	Nuwakot	12	4	2	0	0	0	6	4	0	0	0	4	2	0	0	0	0	0	1	0.1	0.1	300.0	0.0	0.0	0.0	50.0
29	Parsa	12	62	105	0	0	3	170	106	0	1	5	112	58	4	0	0	6	3	44	1.8	1.0	1.9	5.7	2.9	1.6	41.9
30	Ramechhap	12	4	1	0	1	2	8	0	0	0	0	0	8	0	0	0	0	0	0	0.0	0.3	#####	0.0	0.0	0.0	0.0
31	Rasuwa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
32	Rautahat	12	154	128	0	0	2	284	163	12	0	24	199	85	2	21	6	3	2	7	2.0	1.3	0.0	2.3	1.6	0.0	5.5
33	Sarlahi	12	236	198	0	0	2	436	297	0	0	10	307	129	0	24	8	9	5	49	2.6	1.7	30.8	4.5	2.5	0.0	24.7
34	Sindhuli	12	35	18	0	0	0	53	36	0	0	1	37	16	0	0	0	0	0	7	0.5	0.5	350.0	0.0	0.0	0.0	38.9
35	Sindhupalchok	12	5	0	0	0	0	5	2	0	0	0	2	3	0	0	0	0	0	0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
	Central	228	1187	1205	3	2	18	2415	1553	14	4	87	1658	757	55	302	65	87	40	384	1.3	0.8	0.0	7.2	3.3	0.3	31.9
36	Arghakhanchi	12	4	7	0	0	0	11	5	0	0	0	5	6	0	1	1	0	0	3	0.3	0.2	0.0	0.0	0.0	0.0	42.9
37	Baglung	12	9	7	0	0	0	16	13	0	0	0	13	3	0	2	0	0	0	4	0.2	0.1	85.7	0.0	0.0	0.0	57.1
38	Gorkha	12	13	11	0	1	2	27	15	0	0	0	15	12	0	0	0	0	0	0	0.3	0.4	54.5	0.0	0.0	0.0	0.0
39	Gulmi	12	13	5	0	0	0	18	10	0	0	0	10	8	0	0	0	0	0	2	0.1	0.2	160.0	0.0	0.0	0.0	40.0
40	Kapilbastu	12	74	67	1	0	0	142	92	0	0	0	92	50	1	0	0	2	0	28	1.2	0.9	7.5	3.0	0.0	0.0	41.8
41	Kaski	12	39	51	1	2	2	95	46	6	0	2	54	41	1	55	23	1	5	17	1.1	0.9	43.1	2.0	9.8	0.0	33.3
42	Lamjung	12	12	12	0	0	0	24	11	0	0	0	11	13	0	6	2	0	0	7	0.6	0.6	341.7	0.0	0.0	0.0	58.3
43	Manang	12	1	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0.0	0.8	0.0	0.0	0.0	0.0	0.0
44	Mustang	12	1	5	0	0	0	6	1	0	0	0	1	5	0	3	2	0	0	0	2.9	2.9	0.0	0.0	0.0	0.0	0.0
45	Mygadi	12	5	17	1	0	0	23	11	0	0	1	12	11	2	15	8	1	0	6	1.3	0.8	23.5	5.9	0.0	0.0	35.3
46	Nawalparasi	12	88	103	1	9	0	201	106	0	0	12	118	83	9	6	1	3	0	20	1.5	1.2	15.5	2.9	0.0	0.0	19.4
47	Palpa	12	12	17	0	0	0	29	15	0	0	0	15	14	1	13	2	1	0	5	0.5	0.5	300.0	5.9	0.0	0.0	29.4
48	Parbat	12	10	5	0	1	0	16	10	0	0	0	10	6	1	2	0	1	0	3	0.3	0.3	320.0	20.0	0.0	0.0	60.0
49	Rupandehi	12	131	144	1	5	4	285	163	0	2	32	197	88	11	50	14	11	0	37	1.7	1.0	3.5	7.6	0.0	1.5	25.7
50	Syangja	12	17	11	0	0	0	28	17	0	0	0	17	11	1	4	2	1	0	2	0.3	0.3	663.6	9.1	0.0	0.0	18.2
51	Tanahun	12	13	30	0	2	0	45	31	1	0	0	32	13	0	17	9	0	0	8	0.8	0.4	33.3	0.0	0.0	0.0	26.7
	Western	192	442	492	5	20	8	967	546	7	2	47	602	365	27	174	64	21	5	142	0.9	0.7	5.1	4.3	1.0	0.5	28.9
52	Banke	12	103	56	0	0	0	159	127	1	0	6	134	25	5	0	0	5	1	13	1.2	0.5	0.0	8.9	1.8	0.0	23.2
53	Bardiya	12	63	81	0	1	4	149	83	0	1	26	110	39	12	0	0	6	0	30	1.8	0.8	32.1	7.4	0.0	1.6	37.0
54	Dailekh	12	9	16	0	0	0	25	12																		

**Analysed Data
Kalaazar**

District Code	District Name	Received Report	Incidence of Kalaazar /10000*	% of Patients by age		% of Patients by sex		% Treated by		Deaths (%)		Case Fatality
				Under 5 yrs	Above 5 yrs	Female	Male	SAG	Fungizone	Female	Male	
	Mountain	192		0.00	100.00	100.00	0.00	0.00	100.00	0.00		0.00
	Hill	468	1.28	0.00	100.00	50.00	50.00	78.13	9.38	0.00	0.00	0.00
	Terai	240	0.67	1.30	98.70	49.53	50.47	51.40	31.28	0.00	1.48	0.74
	National Total	900	0.69	1.23	98.77	49.74	50.26	52.71	30.30	0.00	1.39	0.70
1	Bhojpur	12										
2	Dhankuta	12										
3	Ilam	12										
4	Jhapa	12	0.26	0.00	100.00	47.62	52.38	100.00	0.00	0.00	9.09	4.76
5	Khotang	12										
6	Morang	12	1.07	1.87	98.13	42.06	57.94	42.06	0.00	0.00	1.61	0.93
7	Okhaldhunga	12		0.00	100.00	33.33	66.67	100.00	0.00	0.00	0.00	0.00
8	Panchthar	12										
9	Sankhuwasabha	12										
10	Saptari	12	1.68	0.00	100.00	70.80	29.20	94.69	0.00	0.00	3.03	0.88
11	Siraha	12	0.90	3.28	96.72	37.70	62.30	75.41	6.56	0.00	0.00	0.00
12	Solukhumbu	12										
13	Sunsari	12	0.45	0.00	100.00	32.35	67.65	0.00	100.00	0.00	4.35	2.94
14	Taplejung	12										
15	Teharthurm	12										
16	Udaypur	12	0.20	0.00	100.00	100.00	0.00	100.00	0.00	0.00		0.00
	Eastern	192	0.85	1.13	98.87	50.42	49.58	66.86	10.76	0.00	2.29	1.13
17	Bara	12	0.10	0.00	100.00	71.43	28.57	0.00	100.00	0.00	0.00	0.00
18	Bhaktapur	12										
19	Chitwan	12										
20	Dhading	12										
21	Dhanusha	12	0.38	0.00	100.00	53.33	46.67	6.67	93.33	0.00	0.00	0.00
22	Dolkha	12										
23	Kathmandu	12										
24	Kavre	12										
25	Lalitpur	12										
26	Mahottari	12	0.91	5.00	95.00	55.00	45.00	71.67	6.67	0.00	0.00	0.00
27	Makawanpur	12		0.00	100.00	0.00	100.00	33.33	33.33		0.00	0.00
28	Nuwakot	12										
29	Parsa	12	0.02	0.00	100.00	100.00	0.00	0.00	100.00	0.00		0.00
30	Ramechhap	12										
31	Rasuwa	12		0.00	100.00	100.00	0.00	0.00	100.00	0.00		0.00
32	Rautahat	12	0.58	0.00	100.00	52.63	47.37	0.00	100.00	0.00	0.00	0.00
33	Sarlahi	12	0.80	0.00	100.00	32.79	67.21	16.39	81.97	0.00	0.00	0.00
34	Sindhuli	12										
35	Sindhupalchowk	12										
	Central	228	0.49	1.49	98.51	47.76	52.24	27.86	64.68	0.00	0.00	0.00
36	Arghakhanchi	12										
37	Baglung	12										
38	Gorkha	12										
39	Gulmi	12										
40	Kapilvastu	12										
41	Kaski	12										
42	Lamjung	12										
43	Manang	12										
44	Mustang	12										
45	Myagdi	12										
46	Nawalparasi	12										
47	Palpa	12		0.00	100.00	60.00	40.00	60.00	0.00	0.00	0.00	0.00
48	Parbat	12										
49	Rupandehi	12		0.00	100.00	0.00	100.00	0.00	100.00		0.00	0.00
50	Syangja	12										
51	Tanahu	12										
	Western	192		0.00	100.00	50.00	50.00	50.00	16.67	0.00	0.00	0.00
52	Banke	12										
53	Bardiya	12										
54	Dailekh	12										
55	Dang	12		0.00	100.00	50.00	50.00	100.00	0.00	0.00	0.00	0.00
56	Dolpa	12										
57	Humla	12										
58	Jajarkot	12		0.00	100.00	0.00	100.00	0.00	100.00		0.00	0.00
59	Jumla	12										
60	Kalikot	12		0.00	100.00	100.00	0.00	0.00	100.00	0.00		0.00
61	Mugu	12										
62	Pyuthan	12										
63	Rolpa	12		0.00	100.00	100.00	0.00	0.00	0.00	0.00		0.00
64	Rukum	12										
65	Salyan	12										
66	Surkhet	12		0.00	100.00	50.00	50.00	100.00	0.00	0.00	0.00	0.00
	Mid Western	180		0.00	100.00	55.56	44.44	66.67	22.22	0.00	0.00	0.00
67	Achham	12										
68	Baitadi	12										
69	Bajhang	12										
70	Bajura	12										
71	Dadeldhura	12		0.00	100.00	100.00	0.00	0.00	100.00	0.00		0.00
72	Darchula	12										
73	Doti	12										
74	Kailali	12		0.00	100.00	100.00	0.00	0.00	100.00	0.00		0.00
75	Kanchanpur	12										
	Far Western	108		0.00	100.00	100.00	0.00	0.00	100.00	0.00		0.00

Raw Data

Malaria

Sheet 2 of 5

District Code	District Name	Received Reports		PF Indigenous								PF Imported											
				Under 1 Years		1 to 4 Years		5 to 14 Years		15 Years & Above		Total		Under 1 Years		1 to 4 Years		5 to 14 Years		15 Years & Above		Total	
				Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
	Mountain	192	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	1	0	1	0	
	Hill	468	0	0	0	0	3	3	12	17	15	20	0	0	0	0	0	0	5	16	5	16	
	Terai	240	1	2	5	4	21	27	89	162	116	195	0	1	2	1	6	5	46	175	54	182	
	National Total	900	1	2	5	4	24	30	101	180	131	216	0	1	2	1	6	5	52	191	60	198	
1	Bhojpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2	Dhankuta	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3	Ilam	12	0	0	0	0	0	0	8	11	8	11	0	0	0	0	0	0	0	6	0	6	
4	Jhapa	12	0	0	2	1	3	4	19	43	24	48	0	0	1	0	1	0	33	72	35	72	
5	Khotang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6	Morang	12	0	1	1	1	4	5	12	13	17	20	0	1	0	1	3	1	8	3	11		
7	Okhaldhunga	12	0	0	0	0	0	1	0	1	0	2	0	0	0	0	0	0	1	0	1	0	
8	Panchthar	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
9	Sankhuwasabha	12	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	
10	Saptari	12	0	0	0	0	2	1	4	2	6	3	0	0	0	0	0	0	0	0	0	0	
11	Siraha	12	0	0	0	0	0	0	5	6	5	6	0	0	0	0	0	0	3	0	3	0	
12	Solukhumbu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
13	Sunsari	12	0	1	0	0	1	0	1	6	2	7	0	0	0	0	0	0	0	0	0	0	
14	Taplejung	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
15	Tehrathum	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
16	Udayapur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	
	Eastern	192	0	2	3	2	10	11	49	83	62	98	0	2	0	2	3	34	91	38	94		
17	Bara	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
18	Bhaktapur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
19	Chitwan	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	0	
20	Dhading	12	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	
21	Dhanusha	12	0	0	0	0	1	1	4	1	5	0	0	0	0	0	0	0	2	0	2	0	
22	Dolcha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
23	Kathmandu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
24	Kavre	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26	Mahottari	12	0	0	0	0	0	1	10	1	10	0	0	0	0	0	0	1	1	1	1	1	
27	Makawanpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
28	Nuwakot	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
29	Parsa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30	Ramechhap	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
31	Rasuwa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
32	Rautahat	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
33	Sarlahi	12	0	0	0	0	0	5	2	5	2	0	0	0	0	0	1	0	3	0	4		
34	Sindhuli	12	0	0	0	2	0	3	1	5	1	0	0	0	0	0	0	0	1	0	1	0	
35	Sindhupalchowk	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Central	228	0	0	0	2	11	17	13	18	0	0	0	0	0	1	1	9	1	10			
36	Arghakhanchi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
37	Baglung	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
38	Gorkha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
39	Gulmi	12	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	2	0	2	0	
40	Kapilvastu	12	0	0	0	0	1	0	1	3	2	3	0	0	0	0	0	0	0	0	0	0	
41	Kaski	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
42	Lamjung	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
43	Manang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
44	Mustang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
45	Myagdi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
46	Nawalparasi	12	1	0	0	0	0	1	5	2	5	0	0	0	0	0	0	0	13	0	13		
47	Palpa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1		
48	Parbat	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
49	Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
50	Syangja	12	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	
51	Tanahu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Western	192	1	0	0	1	1	2	9	4	10	0	0	0	0	0	0	0	16	0	16		
52	Banke	12	0	0	0	0	1	1	8	1	9	0	0	0	0	0	0	0	2	0	2		
53	Bardiya	12	0	0	0	0	0	8	11	8	11	0	0	0	0	0	0	0	5	0	5		
54	Dailekh	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
55	Dang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
56	Dolpa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
57	Humla	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
58	Jajarkot	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
59	Jumla	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
60	Kalikot	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
61	Mugu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
62	Pyuthan	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
63	Rolpa	12	0	0	0	0																	

Raw Data

Malaria

Sheet 4 of 5

District Code	District Name	Received Reports	Clinical Malaria									
			Under 1 Years		1 to 4 Years		5 to 14 Years		15 Years & Above		Total	
			Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
	Mountain	192	0	0	6	6	17	17	130	131	153	154
	Hill	468	549	652	1572	1681	1005	1139	3365	3786	6491	7258
	Terai	240	1592	1744	5396	5916	7832	8968	29796	32879	44616	49507
	National Total	900	2141	2396	6974	7603	8854	10124	33291	36796	51260	56919
1	Bhojpur	12	0	0	0	0	0	0	24	41	24	41
2	Dhankuta	12	0	0	0	0	0	1	13	14	13	15
3	Ilam	12	0	0	10	11	9	10	170	229	189	250
4	Jhapa	12	31	50	90	108	284	333	1676	2121	2081	2612
5	Khotang	12	0	0	0	0	0	0	0	4	0	4
6	Morang	12	24	21	180	202	443	489	1771	1960	2418	2672
7	Okhaldhunga	12	0	0	0	0	0	0	0	6	0	6
8	Panchthar	12	0	0	0	1	0	1	23	32	23	34
9	Sankhuwasabha	12	0	0	0	0	2	1	6	10	8	11
10	Saptari	12	0	0	15	10	288	274	1581	1513	1884	1797
11	Siraha	12	0	1	21	24	186	232	2045	2320	2252	2577
12	Solukhumbu	12	0	0	0	0	0	0	0	0	0	0
13	Sunsari	12	0	2	11	14	111	136	804	844	926	996
14	Taplejung	12	0	0	1	0	2	1	1	2	4	3
15	Tehrathum	12	0	0	0	0	0	0	21	27	21	27
16	Udaypur	12	0	0	1	2	0	0	65	106	66	108
	Eastern	192	55	74	329	372	1325	1478	8200	9229	9909	11153
17	Bara	12	15	13	25	20	77	118	732	1014	849	1165
18	Bhaktapur	12	0	0	0	0	0	0	0	0	0	0
19	Chitwan	12	0	0	4	4	20	26	155	239	179	269
20	Dhading	12	9	6	7	13	2	5	29	92	47	116
21	Dhanusha	12	209	244	871	997	1865	2360	5127	6051	8072	9652
22	Dolkha	12	0	0	0	0	0	0	0	0	0	0
23	Kathmandu	12	0	0	0	0	0	0	0	0	0	0
24	Kavre	12	4	5	34	39	79	114	537	547	654	705
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0
26	Mahottari	12	17	25	258	337	700	800	2273	2967	3248	4129
27	Makawanpur	12	7	11	37	35	50	63	246	206	340	315
28	Nuwakot	12	0	0	0	0	0	0	0	2	0	2
29	Parsa	12	0	0	0	0	0	0	0	0	0	0
30	Ramechhap	12	0	0	1	0	6	1	4	1	11	2
31	Rasuwa	12	0	0	0	0	0	0	0	0	0	0
32	Rautahat	12	4	5	16	15	137	188	849	1157	1006	1365
33	Sarlahi	12	0	0	2	2	15	19	955	1410	972	1431
34	Sindhuli	12	17	10	90	81	207	249	555	656	869	996
35	Sindhupalchowk	12	0	0	5	6	13	13	119	99	137	118
	Central	228	282	319	1350	1549	3171	3956	11581	14441	16384	20265
36	Arghakhanchi	12	0	0	0	2	6	5	18	12	24	19
37	Baglung	12	0	0	0	0	0	0	0	2	0	2
38	Gorkha	12	0	0	0	0	0	0	4	9	4	9
39	Gulmi	12	0	0	4	5	34	45	114	180	152	230
40	Kapilvastu	12	7	6	103	100	115	143	438	613	663	862
41	Kaski	12	0	0	0	0	0	0	0	0	0	0
42	Lamjung	12	0	0	0	0	0	0	1	5	1	5
43	Manang	12	0	0	0	0	0	0	0	0	0	0
44	Mustang	12	0	0	0	0	0	0	0	0	0	0
45	Myagdi	12	0	0	0	0	0	0	0	0	0	0
46	Nawalparasi	12	31	36	59	80	216	249	1474	1513	1780	1878
47	Palpa	12	0	0	0	0	3	0	46	79	49	79
48	Parbat	12	0	0	0	0	0	0	0	0	0	0
49	Rupandehi	12	0	0	0	0	0	0	1661	1316	1661	1316
50	Syangja	12	0	0	0	0	0	0	0	1	0	1
51	Tanahu	12	0	0	0	0	3	0	2	8	5	8
	Western	192	38	42	166	187	377	442	3758	3738	4339	4409
52	Banke	12	109	132	388	402	258	300	1306	1395	2061	2229
53	Bardiya	12	515	582	1245	1346	1165	1228	2370	2340	5295	5496
54	Dailekh	12	0	0	0	0	0	0	15	16	15	16
55	Dang	12	123	131	491	494	487	497	1211	1253	2312	2375
56	Dolpa	12	0	0	0	0	0	0	0	0	0	0
57	Humla	12	0	0	0	0	0	0	0	0	0	0
58	Jajarkot	12	0	0	0	0	0	0	0	0	0	0
59	Jumla	12	0	0	0	0	0	0	0	0	0	0
60	Kalikot	12	0	0	0	0	0	0	0	0	0	0
61	Mugu	12	0	0	0	0	0	1	0	2	0	3
62	Pyuthan	12	0	0	0	0	0	0	0	0	0	0
63	Rolpa	12	2	3	0	0	8	7	89	114	99	124
64	Rukum	12	0	0	0	0	0	0	13	18	13	18
65	Salyan	12	5	3	18	26	4	11	41	49	68	89
66	Surkhet	12	504	612	1356	1450	569	584	1192	1201	3621	3847
	Mid Western	180	1258	1463	3498	3718	2491	2628	6237	6388	13484	14197
67	Achham	12	0	0	0	0	0	0	12	12	12	12
68	Baitadi	12	0	0	0	0	0	0	0	0	0	0
69	Bajhang	12	0	0	0	0	0	1	1	5	1	6
70	Bajura	12	0	0	0	0	0	0	3	13	3	13
71	Dadeldhura	12	1	2	14	16	25	43	131	117	171	178
72	Darchula	12	0	0	0	0	0	0	0	0	0	0
73	Doti	12	0	0	0	0	0	0	0	0	0	0
74	Kailali	12	455	452	1390	1490	1120	1189	2509	2162	5474	5293
75	Kanchanpur	12	52	44	227	271	345	387	859	691	1483	1393
	Far Western	108	508	498	1631	1777	1490	1620	3515	3000	7144	6895

Raw Data

Malaria

Sheet 5 of 5

District Code	District Name	Received Reports	Suspected/Possible Death										Confirmed Felsiferem									
			Under 1 Years		1 to 4 Years		5 to 14 Years		15 Years & Above		Total		Under 1 Years		1 to 4 Years		5 to 14 Years		15 Years & Above		Total	
			Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
	Mountain	192	0	0	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0	0
	Hill	468	0	0	0	0	0	0	0	3	2	3	2	0	0	0	0	0	0	4	0	4
	Terai	240	14	0	0	0	0	0	2	5	16	5	0	0	0	0	16	3	0	1	16	4
	National Total	900	14	0	0	0	0	0	5	9	19	9	0	0	0	0	16	3	0	5	16	8
1	Bhojpur	12	0	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	1	0	1	1
2	Dhankuta	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Ilam	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Jhapa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	Khotang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Morang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Okhaldhunga	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Panchthar	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Sankhuwasabha	12	0	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0
10	Saptari	12	0	0	0	0	0	0	1	1	1	1	0	0	0	0	4	1	0	0	4	1
11	Siraha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Solukhumbu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Sunsari	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Taplejung	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Teharhum	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Udaypur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Eastern	192	0	0	0	0	0	0	3	3	3	3	0	0	0	0	4	1	0	1	4	2
17	Bara	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	2	0	0	11	2
18	Bhaktapur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Chitwan	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Dhading	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Dhanusha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Dolkha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Kathmandu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Kavre	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Mahottari	12	0	0	0	0	0	0	1	4	1	4	0	0	0	0	0	0	0	0	0	0
27	Makawanpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3	3
28	Nuwakot	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Parsa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Ramechhap	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Rasuwa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Rautahat	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
33	Sarlahi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	Sindhuli	12	0	0	0	0	0	0	1	2	1	2	0	0	0	0	0	0	0	0	0	0
35	Sindhupalchowk	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Central	228	0	0	0	0	0	0	2	6	2	6	0	0	0	0	11	2	0	3	11	5
36	Arghakhanchi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
37	Baglung	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	Gorkha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
39	Gulmi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40	Kapilvastu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
41	Kaski	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
42	Lamjung	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
43	Manang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
44	Mustang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
45	Myagdi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46	Nawalparasi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
47	Palpa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
48	Parbat	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
49	Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50	Syangja	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
51	Tanahu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Western	192	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
52	Banke	12	2	0	0	0	0	0	0	0	2	0	0	0	0	0	1	0	0	1	1	1
53	Bardiya	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
54	Daiilekh	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
55	Dang	12	12	0	0	0	0	0	0	0	12	0	0	0	0	0	0	0	0	0	0	0
56	Dolpa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
57	Humla	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
58	Jajarkot	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
59	Jumla	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60	Kalikot	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
61	Mugu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62	Pyuthan	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
63	Rolpa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
64	Rukum	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
65	Salyan	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
66	Surkhet	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Mid Western	180	14	0	0	0	0	0	0	0	14	0	0	0	0	0	1	0	0	1	1	1
67	Achham	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
68	Baitadi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
69	Bajhang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70	Bajura	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
71	Dadeldhura	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
72	Darchula	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
73	Doti	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
74	Kailali	12	0																			

Analysed Data

Malaria

District Code	District Name	Received Report	Blood slide examination rate		Slide positivity rate	Annual parasite incidence among 1000 population	Clinical Malaria among 1000 population	Proportion of PF	Proportion of imported cases among total +ve	Proportion of Malaria cases by Age among total positive cases				Proportion of Malaria Cases by Sex among total +ve		Blood Slide Collection Achievement (%)	Case Fatality
										Under 1 Yrs	1-4 Yrs	5-14 Yrs	Above 15 Yrs	Female	Male		
	Mountain	192	0.33	0.40	0.01	0.51	25.00	37.50	25.00	0.00	12.50	62.50	37.50	62.50	46.65	0.63	
	Hill	468	0.41	1.86	0.08	1.83	10.79	34.49	0.58	3.08	10.60	85.74	32.95	67.05	72.40	0.06	
	Terai	240	0.87	2.25	0.20	7.93	22.54	33.25	0.82	2.84	11.04	85.29	29.42	70.58	129.63	0.04	
	National Total	900	0.68	2.14	0.15	5.41	20.48	33.48	0.85	2.88	10.97	85.31	30.06	69.94	110.73	0.05	
1	Bhojpur	12	0.86	21.13	1.82	1.31	0.00	100.00	0.00	0.00	0.00	100.00	34.78	65.22	64.27	3.41	
2	Dhankuta	12	0.20	0.00	0.00	0.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	21.60	0.00	
3	Ilam	12	4.49	1.33	0.60	5.25	54.35	19.57	0.00	2.17	0.00	97.83	39.13	60.87	96.56	0.00	
4	Jhapa	12	1.89	4.17	0.79	7.48	36.16	50.51	1.01	1.82	7.68	89.49	29.29	70.71	145.74	0.00	
5	Khotang	12	0.05	0.00	0.00	0.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.33	0.00	
6	Morang	12	0.76	1.55	0.12	6.35	49.51	22.33	3.88	4.85	19.42	71.84	34.95	65.05	101.80	0.00	
7	Okhaldhunga	12	0.56	2.88	0.16	0.32	60.00	60.00	0.00	0.00	20.00	80.00	0.00	100.00	19.60	0.00	
8	Panchthar	12	6.88	0.16	0.11	1.07	0.00	0.00	0.00	0.00	0.00	100.00	50.00	50.00	136.89	0.00	
9	Sankhuwasabha	12	1.70	0.26	0.04	0.41	50.00	0.00	0.00	0.00	50.00	50.00	50.00	50.00	130.17	9.52	
10	Saptari	12	0.25	0.71	0.02	5.47	10.59	1.18	0.00	3.53	21.18	75.29	56.47	43.53	103.74	0.19	
11	Siraha	12	0.53	1.38	0.07	7.50	28.57	6.12	0.00	0.00	0.00	100.00	48.98	51.02	125.13	0.00	
12	Solukhumbu	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
13	Sunsari	12	0.19	1.36	0.03	2.64	50.00	0.00	5.56	11.11	5.56	77.78	22.22	77.78	77.73	0.00	
14	Taplejung	12	1.68	0.26	0.04	0.31	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00	63.00	0.00	
15	Tehrathum	12	2.12	2.22	0.47	1.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	90.13	0.00	
16	Udaypur	12	0.35	1.36	0.05	0.56	3.70	3.70	0.00	3.70	0.00	96.30	37.04	62.96	28.82	0.00	
	Eastern	192	0.84	2.39	0.20	4.99	34.03	36.48	1.17	2.45	9.21	87.18	34.50	65.50	100.29	0.05	
17	Bara	12	0.33	1.16	0.04	3.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	139.00	0.65	
18	Bhaktapur	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
19	Chitwan	12	0.49	0.91	0.04	0.79	8.00	84.00	0.00	0.00	12.00	88.00	8.00	92.00	74.26	0.00	
20	Dhading	12	0.18	0.28	0.01	0.84	25.00	0.00	0.00	0.00	0.00	100.00	50.00	50.00	86.33	0.00	
21	Dhanusha	12	1.06	2.26	0.24	23.45	2.54	1.90	1.27	5.40	14.92	78.41	35.87	64.13	161.87	0.00	
22	Dolcha	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	99.33	0.00	
23	Kathmandu	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
24	Kavre	12	1.55	0.09	0.01	9.98	0.00	100.00	0.00	0.00	0.00	100.00	50.00	50.00	70.00	0.00	
25	Lalitpur	12	0.20	0.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	108.40	0.00	
26	Mahottari	12	1.32	1.22	0.16	12.94	15.85	15.85	0.00	0.00	3.66	96.34	19.51	80.49	162.52	0.07	
27	Makawanpur	12	0.50	3.92	0.19	1.52	0.00	0.00	3.57	7.14	9.52	79.76	40.48	59.52	84.80	0.41	
28	Nuwakot	12	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.50	0.00	
29	Parsa	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
30	Ramechhap	12	0.02	0.00	0.00	0.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.50	0.00	
31	Rasuwa	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
32	Rautahat	12	0.21	0.84	0.02	3.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	99.03	0.00	
33	Sarlahi	12	0.27	5.80	0.15	3.27	8.15	47.41	0.00	0.00	14.81	85.19	25.19	74.81	54.11	0.00	
34	Sindhuli	12	1.30	1.75	0.23	5.97	6.80	7.77	0.00	0.97	15.53	83.50	33.98	66.02	83.47	0.15	
35	Sindhupalchowk	12	0.95	0.00	0.00	6.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00	0.00	
	Central	228	0.53	1.81	0.10	5.81	5.60	15.20	0.93	3.20	12.93	82.93	31.60	68.40	100.01	0.06	
36	Arghakhanchi	12	1.47	0.23	0.03	1.42	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00	51.67	0.00	
37	Baglung	12	0.07	1.88	0.01	0.01	0.00	100.00	0.00	0.00	0.00	100.00	25.00	75.00	28.40	0.00	
38	Gorkha	12	0.05	5.83	0.03	0.06	0.00	100.00	0.00	0.00	33.33	66.67	0.00	100.00	22.50	0.00	
39	Gulmi	12	0.30	0.40	0.01	1.12	60.00	80.00	0.00	0.00	20.00	80.00	20.00	80.00	143.60	0.00	
40	Kapilvastu	12	0.60	1.21	0.07	3.38	10.42	0.00	2.08	2.08	10.42	85.42	31.25	68.75	75.58	0.00	
41	Kaski	12	0.19	4.91	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	116.67	0.00	
42	Lamjung	12	0.33	1.04	0.03	0.03	0.00	66.67	0.00	0.00	0.00	100.00	0.00	100.00	151.17	0.00	
43	Manang	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
44	Mustang	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
45	Myagdi	12	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
46	Nawalparasi	12	1.01	1.55	0.16	5.83	16.95	40.68	0.85	0.00	0.85	98.31	19.49	80.51	173.93	0.00	
47	Palpa	12	0.77	1.55	0.12	0.70	4.55	59.09	0.00	4.55	4.55	90.91	18.18	81.82	239.00	0.00	
48	Parbat	12	0.04	1.56	0.01	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00	27.33	0.00	
49	Rupandehi	12	0.99	1.57	0.16	3.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	280.31	0.00	
50	Syanga	12	0.13	0.22	0.00	0.00	100.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00	61.33	0.00	
51	Tanahu	12	0.13	1.14	0.02	0.04	0.00	14.29	0.00	0.00	42.86	57.14	0.00	100.00	58.40	0.00	
	Western	192	0.50	1.49	0.07	1.97	14.08	35.21	0.94	0.94	5.63	92.49	20.66	79.34	143.38	0.00	
52	Banke	12	0.80	1.00	0.08	9.61	32.43	8.11	0.00	0.00	10.81	89.19	18.92	81.08	92.18	0.09	
53	Bardiya	12	1.81	2.32	0.42	28.69	16.33	10.20	0.68	5.44	15.65	78.23	37.41	62.59	138.24	0.00	
54	Dailikh	12	0.15	1.57	0.02	0.12	0.00	0.00	0.00	0.00	16.67	83.33	50.00	50.00	128.67	0.00	
55	Dang	12	0.94	0.16	0.01	11.55	0.00	0.00	0.00	0.00	0.00	100.00	33.33	66.67	123.94	0.26	
56	Dolpa	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
57	Humla	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
58	Jajarkot	12	0.10	0.64	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	47.00	0.00	
59	Jumla	12	0.37	0.51	0.02	0.00	0.00	100.00	100.00	0.00	0.00	0.00	0.00	100.00	64.83	0.00	
60	Kalikot	12	0.03	5.88	0.02	0.00	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00	11.33	0.00	
61	Mugu	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
62	Pyuthan	12	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	32.33	0.00	
63	Roipa	12	0.11	0.00	0.00	0.91	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	103.00	0.00	
64	Rukum	12	0.24	0.38	0.01	1.14	0.00	0.00	0.00	0.00	0.00	100.00	0.00	100.00	173.67	0.00	
65	Salyan	12	0.09	0.00	0.00	4.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	34.00	0.00	
66	Surkhet	12	1.09	3.10	0.34	28.72	5.68	14.77	0.00	4.55	18.18	77.27	26.14	73.86	94.57	0.00	
	Mid Western	180	0.66	1.59	0.10	9.59	14.24	11.46	1.04	4.17	15.28	79.51	31.25	68.75	108.66	0.06	
67	Achham	12	0.02	9.23	0.02	0.09	33.33	50.00	0.00	0.00	0.00	100.00	16.67	83.33	10.83	0.00	
68	Baitadi	12	0.07	1.57	0.01	0.00	0.00	0.00	0.00	0.00	0.00	100.00	50.00	50.00	44.67	0.00	
69	Bajhang	12	0.02	0.00	0.00	0.04	100.00	100.00	0.								

Raw Data
HIVAIDS
Sheet 1 of 6

District Code	District Name	Received Reports	HIV Counselling (Persons)												Total
			0-14 Years		15-24 Years		25-39 Years		40-49 Years		50+ Years		Total		
			Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
	Mountain	192	310	346	933	1055	972	760	365	226	112	307	2692	2694	5386
	Hill	468	869	1082	7656	7079	8586	5975	3077	2435	1058	882	21246	17453	38699
	Terai	240	1407	1882	9657	9034	13042	11403	6010	3879	1501	1485	31617	27683	59300
	National Total	900	2586	3310	18246	17168	22600	18138	9452	6540	2671	2674	55555	47830	103385
1	Bhojpur	12	0	0	0	0	1	1	0	0	0	0	1	1	2
2	Dhankuta	12	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Ilam	12	0	0	309	342	336	368	161	171	5	7	811	888	1699
4	Jhapa	12	170	282	891	974	3214	3332	2203	519	164	187	6642	5294	11936
5	Khotang	12	0	2	3	5	1	3	0	1	0	0	4	11	15
6	Morang	12	208	211	1635	1444	2049	1620	843	641	156	126	4891	4042	8933
7	Okhaldhunga	12	1	13	30	67	29	91	6	18	2	6	68	195	263
8	Panchthar	12	0	0	6	4	7	7	0	0	0	0	13	11	24
9	Sankhuwasabha	12	1	3	10	10	15	13	0	1	3	4	29	31	60
10	Saptari	12	49	100	446	467	529	531	359	393	160	192	1543	1683	3226
11	Siraha	12	124	239	543	734	639	857	523	660	185	244	2014	2734	4748
12	Solukhumbu	12	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Sunsari	12	47	72	841	362	772	306	77	39	14	3	1751	782	2533
14	Taplejung	12	148	146	150	175	80	114	57	48	7	192	442	675	1117
15	Tehrathum	12	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Udaypur	12	10	15	24	29	25	29	28	27	13	18	100	118	218
	Eastern	192	758	1083	4888	4613	7697	7272	4257	2518	709	979	18309	16465	34774
17	Bara	12	58	84	261	317	296	346	80	141	11	22	706	910	1616
18	Bhaktapur	12	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Chitwan	12	26	17	397	358	805	455	389	80	176	52	1793	962	2755
20	Dhading	12	31	41	43	53	34	55	17	21	3	6	128	176	304
21	Dhanusha	12	18	43	183	227	228	271	129	129	129	84	687	754	1441
22	Doikha	12	0	0	2	27	33	1	4	2	0	0	39	30	69
23	Kathmandu	12	37	52	205	858	300	831	113	376	16	20	671	2137	2808
24	Kavre	12	28	16	815	431	988	314	313	99	52	22	2196	882	3078
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Mahottari	12	25	67	367	432	321	415	136	198	86	97	935	1209	2144
27	Makawanpur	12	18	9	241	537	299	396	15	19	4	8	577	969	1546
28	Nuwakot	12	1	0	0	0	1	0	0	0	0	0	2	0	2
29	Parsa	12	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Ramechhap	12	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Rasuwa	12	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Rautahat	12	33	33	337	408	222	180	49	101	27	31	668	753	1421
33	Sarlahi	12	232	252	720	819	1079	877	347	298	129	130	2507	2376	4883
34	Sindhuli	12	31	64	302	464	248	305	125	105	15	30	721	968	1689
35	Sindhupalchowk	12	0	0	3	0	5	4	1	0	0	0	9	4	13
	Central	228	538	678	3876	4931	4859	4450	1718	1569	648	502	11639	12130	23769
36	Arghakhanchi	12	10	2	276	78	446	93	349	87	33	18	1114	278	1392
37	Baglung	12	0	0	0	0	0	0	0	0	0	0	0	0	0
38	Gorkha	12	0	0	11	18	15	28	2	2	0	2	28	50	78
39	Gulmi	12	5	11	433	127	723	247	394	166	151	60	1706	611	2317
40	Kapilvastu	12	7	20	18	147	55	195	10	17	1	6	91	385	476
41	Kaski	12	9	15	252	568	245	395	86	78	12	19	604	1075	1679
42	Lamjung	12	7	5	365	38	241	80	38	25	11	9	662	157	819
43	Manang	12	0	0	0	0	1	2	0	0	0	0	1	2	3
44	Mustang	12	0	0	0	0	0	0	0	0	0	0	0	0	0
45	Myagdi	12	187	221	247	373	192	213	113	116	72	72	811	995	1806
46	Nawalparasi	12	0	0	32	44	29	29	4	10	1	0	66	83	149
47	Palpa	12	28	36	273	71	184	119	32	65	14	53	531	344	875
48	Parbat	12	8	7	12	7	9	10	0	0	0	0	29	24	53
49	Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0	0	0
50	Syangja	12	6	4	3	6	54	4	4	1	2	2	69	17	86
51	Tanahu	12	148	148	272	412	301	485	190	175	80	98	991	1318	2309
	Western	192	415	469	2194	1889	2495	1900	1222	742	377	339	6703	5339	12042
52	Banke	12	78	120	414	359	461	433	187	168	19	17	1159	1097	2256
53	Bardiya	12	14	10	450	303	581	312	79	46	12	21	1136	692	1828
54	Dailekh	12	132	163	888	1288	535	519	257	323	196	156	2008	2449	4457
55	Dang	12	294	280	1233	985	798	709	224	193	120	134	2669	2301	4970
56	Dolpa	12	9	8	132	108	177	79	100	23	26	9	444	227	671
57	Humla	12	0	0	0	0	0	0	0	0	0	0	0	0	0
58	Jajarkot	12	0	0	1	2	0	2	0	0	0	0	1	4	5
59	Jumla	12	18	28	41	60	25	30	0	0	0	0	84	118	202
60	Kalikot	12	17	63	137	146	53	51	25	19	6	6	238	285	523
61	Mugu	12	0	1	44	26	35	4	28	3	11	1	118	35	153
62	Pyuthan	12	0	0	0	0	0	0	0	0	0	0	0	0	0
63	Rolpa	12	0	0	38	46	45	41	5	14	1	0	89	101	190
64	Rukum	12	0	2	15	6	18	19	14	8	3	2	50	37	87
65	Salyan	12	2	1	141	84	137	29	31	9	26	2	337	125	462
66	Surkhet	12	22	26	627	280	668	337	98	73	22	31	1437	747	2184
	Mid Western	180	586	702	4161	3693	3533	2565	1048	879	442	379	9770	8218	17988
67	Achham	12	106	172	1518	675	1945	628	470	308	219	171	4258	1954	6212
68	Baitadi	12	8	11	177	77	226	46	98	29	50	32	559	195	754
69	Bajhang	12	55	41	204	199	217	176	52	59	11	28	539	503	1042
70	Bajura	12	62	56	210	304	331	286	98	71	48	67	749	784	1533
71	Dadeldhura	12	30	34	122	118	209	177	83	95	37	22	481	446	927
72	Darchula	12	0	0	0	0	0	0	0	0	0	0	0	0	0
73	Doti	12	4	12	7	15	124	103	35	24	19	16	189	170	359
74	Kailali	12	1	4	226	188	148	108	51	27	32	41	458	368	826
75	Kanchanpur	12	23	48	663	466	816	427	320	219	79	98	1901	1258	3159
	Far Western	108	289	378	3127	2042	4016	1951	1207	832	495	475	9134	5678	14812

**Raw Data
HIVAIDS
Sheet 2 of 6**

District Code	District Name	Received Reports	HIV Tested (Persons)												Total
			0-14 Years		15-24 Years		25-39 Year		40-49 Years		50+ Years		Total		
			Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
Mountain	192	38	54	394	355	464	298	171	91	71	56	1138	854	1992	
Hill	468	209	227	4912	4497	5653	4514	1674	1433	459	351	12907	11022	23929	
Terai	240	57	77	2079	1400	4633	3721	319	256	53	112	7141	5566	12707	
National Total	900	304	358	7385	6252	10750	8533	2164	1780	583	519	21186	17442	38628	
1 Bhojpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
2 Dhankuta	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
3 Ilam	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
4 Jhapa	12	2	3	194	119	2295	2170	62	54	4	8	2557	2354	4911	
5 Khotang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
6 Morang	12	5	12	78	79	59	85	13	37	3	13	158	226	384	
7 Okhaldhunga	12	1	4	39	67	29	91	6	18	2	6	77	186	263	
8 Panchthar	12	0	0	5	1	2	3	0	0	0	0	7	4	11	
9 Sankhuwasabha	12	1	3	10	13	12	13	0	1	3	4	26	34	60	
10 Saptari	12	2	0	0	0	3	12	3	3	0	0	8	15	23	
11 Siraha	12	0	0	1	15	7	7	0	0	0	0	8	22	30	
12 Solukhumbu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
13 Sunsari	12	2	4	564	167	513	149	13	14	1	3	1093	337	1430	
14 Taplejung	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
15 Teharhum	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
16 Udaypur	12	0	0	1	1	0	1	0	0	0	0	1	2	3	
Eastern	192	13	26	892	462	2920	2531	97	127	13	34	3935	3180	7115	
17 Bara	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
18 Bhaktapur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
19 Chitwan	12	10	11	140	251	248	349	28	30	11	23	437	664	1101	
20 Dhading	12	1	1	11	4	10	12	2	2	0	0	24	19	43	
21 Dhanusha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
22 Dolkha	12	0	0	2	1	13	1	3	2	0	0	18	4	22	
23 Kathmandu	12	1	0	156	2098	285	2290	45	611	2	2	489	5001	5490	
24 Kavre	12	28	14	720	371	869	271	265	141	46	20	1928	817	2745	
25 Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
26 Mahottari	12	0	0	0	0	0	3	0	0	0	0	0	3	3	
27 Makawanpur	12	18	9	168	412	290	392	15	19	4	7	495	839	1334	
28 Nuwakot	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
29 Parsa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
30 Ramechhap	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
31 Rasuwa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
32 Rautahat	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
33 Sarlahi	12	6	9	154	166	407	306	44	17	11	9	622	507	1129	
34 Sindhuli	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
35 Sindhupalchowk	12	0	0	2	0	5	4	1	0	0	0	8	4	12	
Central	228	64	44	1353	3303	2127	3628	403	822	74	61	4021	7858	11879	
36 Arghakhanchi	12	10	1	215	31	365	41	336	48	16	12	942	133	1075	
37 Baglung	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
38 Gorkha	12	0	2	3	10	7	13	4	13	0	3	14	41	55	
39 Gulmi	12	3	5	258	71	488	179	288	132	96	31	1133	418	1551	
40 Kapilvastu	12	6	20	18	147	43	177	2	8	1	6	70	358	428	
41 Kaski	12	9	16	251	545	212	330	82	82	12	18	566	991	1557	
42 Lamjung	12	1	0	624	19	316	35	28	9	9	4	978	67	1045	
43 Manang	12	0	0	0	0	1	2	0	0	0	0	1	2	3	
44 Mustang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
45 Myagdi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
46 Nawalparasi	12	0	1	7	15	17	19	1	1	1	0	26	36	62	
47 Palpa	12	28	35	264	67	177	112	31	61	14	49	514	324	838	
48 Parbat	12	0	1	2	3	4	4	0	0	0	0	6	8	14	
49 Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
50 Syangja	12	6	4	3	6	12	10	4	1	2	2	27	23	50	
51 Tanahu	12	10	16	23	59	25	80	7	8	1	5	66	168	234	
Western	192	73	101	1668	973	1667	1002	783	363	152	130	4343	2569	6912	
52 Banke	12	0	0	7	7	15	4	1	0	0	0	23	11	34	
53 Bardiya	12	15	5	435	269	555	285	79	41	12	21	1096	621	1717	
54 Dailekh	12	6	10	104	38	97	34	14	8	5	2	226	92	318	
55 Dang	12	2	3	23	15	27	26	0	0	0	0	52	44	96	
56 Dolpa	12	3	6	91	42	128	27	65	18	27	5	314	98	412	
57 Humla	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
58 Jajarkot	12	0	0	5	6	3	3	0	0	0	0	8	9	17	
59 Jumla	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
60 Kalikot	12	1	1	29	40	37	36	2	4	1	1	70	82	152	
61 Mugu	12	0	1	44	26	35	4	28	3	11	1	118	35	153	
62 Pyuthan	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
63 Rolpa	12	0	0	55	16	34	16	1	6	2	2	92	40	132	
64 Rukum	12	0	2	33	18	46	34	21	17	4	3	104	74	178	
65 Salyan	12	2	1	106	46	101	15	20	6	3	1	232	69	301	
66 Surkhet	12	21	24	547	230	507	242	76	52	19	28	1170	576	1746	
Mid Western	180	50	53	1479	753	1585	726	307	155	84	64	3505	1751	5256	
67 Achham	12	48	57	1178	292	1497	231	317	147	164	107	3204	834	4038	
68 Baitadi	12	7	10	132	71	239	41	78	28	41	30	497	180	677	
69 Bajhang	12	1	1	45	12	39	18	8	12	0	0	93	43	136	
70 Bajura	12	32	42	171	221	194	193	64	51	29	45	490	552	1042	
71 Dadeldhura	12	5	4	4	0	15	10	0	0	0	0	24	14	38	
72 Darchhula	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
73 Doti	12	4	11	5	15	23	24	34	24	17	19	83	93	176	
74 Kailali	12	6	9	137	105	94	56	9	8	2	4	248	182	430	
75 Kanchanpur	12	1	0	321	45	350	73	64	43	7	25	743	186	929	
Far Western	108	104	134	1993	761	2451	646	574	313	260	230	5382	2084	7466	

Raw Data

HIV/AIDS

Sheet 3 of 6

District Code	District Name	Received Reports	New HIVaids +ve cases (Persons)												Total
			0-14 Years		15-24 Years		25-39 Years		40-49 Years		50+ Years		Total		
			Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
	Mountain	192	2	3	0	0	4	10	0	3	0	2	6	18	24
	Hill	468	19	24	31	29	125	131	44	73	22	28	241	285	526
	Terai	240	8	5	52	21	87	143	15	16	1	6	163	191	354
	National Total	900	29	32	83	50	216	284	59	92	23	36	410	494	904
1	Bhojpur	12	0	1	0	0	0	0	0	0	0	0	0	1	1
2	Dhankuta	12	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Ilam	12	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Jhapa	12	0	0	1	0	19	57	2	0	0	0	22	57	79
5	Khotang	12	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Morang	12	4	1	8	5	15	21	1	5	0	1	28	33	61
7	Okhaldhunga	12	1	0	1	0	0	1	0	0	0	0	2	1	3
8	Panchthar	12	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Sankhuwasabha	12	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Saptari	12	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Siraha	12	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Solukhumbu	12	0	0	0	0	0	0	0	0	0	0	0	0	0
13	Sunsari	12	0	1	2	1	4	8	0	0	0	0	6	10	16
14	Taplejung	12	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Teharhum	12	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Udaypur	12	0	0	1	1	0	1	0	0	0	0	1	2	3
	Eastern	192	5	3	13	7	38	88	3	5	0	1	59	104	163
17	Bara	12	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Bhaktapur	12	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Chitwan	12	1	1	1	0	7	12	2	2	0	1	11	16	27
20	Dhading	12	0	1	1	6	5	3	1	2	0	0	7	12	19
21	Dhanusha	12	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Dolkha	12	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Kathmandu	12	0	0	1	0	1	4	2	7	0	0	4	11	15
24	Kavre	12	0	0	1	1	0	0	0	1	1	0	2	2	4
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Mahottari	12	0	0	0	0	0	1	0	0	0	0	0	1	1
27	Makawanpur	12	0	1	2	2	10	9	2	0	1	1	15	13	28
28	Nuwakot	12	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Parsa	12	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Ramechhap	12	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Rasuwa	12	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Rautahat	12	0	0	0	0	0	0	0	0	0	0	0	0	0
33	Sarlahi	12	1	0	0	0	7	8	0	0	0	0	8	8	16
34	Sindhuli	12	0	0	0	0	0	0	0	0	0	0	0	0	0
35	Sindhupalchowk	12	0	0	0	0	0	0	0	0	0	0	0	0	0
	Central	228	2	3	6	9	30	37	7	12	2	2	47	63	110
36	Arghakhanchi	12	1	0	0	0	2	1	0	1	0	0	3	2	5
37	Baglung	12	0	0	0	0	0	0	0	0	0	0	0	0	0
38	Gorkha	12	0	0	0	0	1	1	2	2	0	0	3	3	6
39	Gulmi	12	0	0	3	4	3	7	1	1	2	2	9	14	23
40	Kapilvastu	12	0	0	0	2	7	17	0	0	3	7	7	22	29
41	Kaski	12	2	3	1	5	8	13	1	12	1	3	13	36	49
42	Lamjung	12	0	0	0	0	1	1	0	1	1	1	2	3	5
43	Manang	12	0	0	0	0	0	0	0	0	0	0	0	0	0
44	Mustang	12	0	0	0	0	0	0	0	0	0	0	0	0	0
45	Myagdi	12	0	0	0	0	0	0	0	0	0	0	0	0	0
46	Nawalparasi	12	0	0	0	0	0	0	3	1	0	0	3	1	4
47	Palpa	12	5	4	8	5	24	30	8	15	1	4	46	58	104
48	Parbat	12	0	1	0	0	0	1	0	0	0	0	0	2	2
49	Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0	0	0
50	Syangja	12	0	1	1	0	2	3	0	2	0	5	4	9	9
51	Tanahu	12	0	1	1	0	8	5	1	1	0	0	10	7	17
	Western	192	8	10	14	16	56	79	16	34	7	13	101	152	253
52	Banke	12	0	0	0	0	0	0	0	0	0	0	0	0	0
53	Bardiya	12	0	0	2	2	2	1	4	2	0	1	8	6	14
54	Dailekh	12	1	0	1	2	7	2	0	0	0	0	9	4	13
55	Dang	12	0	1	2	0	1	3	0	0	0	0	3	4	7
56	Dolpa	12	0	0	0	0	0	0	0	0	0	0	0	0	0
57	Humla	12	0	0	0	0	0	0	0	0	0	0	0	0	0
58	Jajarkot	12	0	0	0	0	0	1	0	0	0	0	0	1	1
59	Jumla	12	0	0	0	0	0	0	0	0	0	0	0	0	0
60	Kalikot	12	0	0	0	0	0	1	0	0	0	1	0	2	2
61	Mugu	12	0	0	0	0	0	0	0	0	0	0	0	0	0
62	Pyuthan	12	0	0	0	0	0	0	0	0	0	0	0	0	0
63	Rolpa	12	0	0	0	0	0	0	0	0	0	0	0	0	0
64	Rukum	12	0	0	0	0	5	0	0	0	0	0	5	0	5
65	Salyan	12	0	0	0	0	0	0	0	0	0	0	0	0	0
66	Surkhet	12	2	4	4	1	10	14	0	8	0	3	16	30	46
	Mid Western	180	3	5	9	5	25	22	4	10	0	5	41	47	88
67	Achham	12	7	6	4	1	31	26	14	16	9	7	65	56	121
68	Baitadi	12	0	0	0	1	1	2	0	1	0	0	1	4	5
69	Bajhang	12	0	0	0	0	0	1	0	1	0	0	0	2	2
70	Bajura	12	2	3	0	0	4	8	0	2	0	1	6	14	20
71	Dadeldhura	12	0	0	0	0	2	3	0	0	0	0	2	3	5
72	Darchula	12	0	0	0	0	0	0	0	0	0	0	0	0	0
73	Doti	12	0	1	1	0	4	3	12	5	4	7	21	16	37
74	Kailali	12	2	1	36	11	21	12	3	3	1	0	63	27	90
75	Kanchanpur	12	0	0	0	0	4	3	0	3	0	0	4	6	10
	Far Western	108	11	11	41	13	67	58	29	31	14	15	162	128	290

Raw Data
HIVAIDS
Sheet 4 of 6

District Code	District Name	Received Reports	New AIDS cases (Persons)												Total	
			0-14 Years		15-24 Years		25-39 Year		40-49 Years		50+ Years		Total			
			Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male		
	Mountain	192	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hill	468	0	2	2	3	20	31	15	28	11	18	48	82	130	
	Terai	240	1	1	2	5	24	18	5	2	0	2	32	28	60	
	National Total	900	1	3	4	8	44	49	20	30	11	20	80	110	190	
1	Bhojpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
2	Dhankuta	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
3	Ilam	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
4	Jhapa	12	0	0	0	1	6	8	0	0	0	0	6	9	15	
5	Khotang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
6	Morang	12	0	0	0	0	5	0	0	0	0	0	5	0	5	
7	Okhaldhunga	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
8	Panchthar	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
9	Sankhuwasabha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
10	Saptari	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
11	Siraha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
12	Solukhumbu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
13	Sunsari	12	0	0	0	0	3	0	0	0	0	0	3	0	3	
14	Taplejung	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
15	Tehrathum	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
16	Udaypur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Eastern	192	0	0	0	1	14	8	0	0	0	14	9	23		
17	Bara	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
18	Bhaktapur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
19	Chitwan	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
20	Dhading	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
21	Dhanusha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
22	Dolkha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
23	Kathmandu	12	0	0	0	1	0	0	1	0	0	0	1	1	2	
24	Kavre	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
26	Mahottari	12	0	0	0	0	0	1	0	0	0	0	1	1	1	
27	Makawanpur	12	0	0	0	0	2	1	0	0	0	0	2	1	3	
28	Nuwakot	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
29	Parsa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
30	Ramechhap	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
31	Rasuwa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
32	Rautahat	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
33	Sarlahi	12	1	1	1	2	3	1	0	0	0	5	4	9		
34	Sindhuli	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
35	Sindhupalchowk	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Central	228	1	1	1	3	5	3	1	0	0	8	7	15		
36	Arghakhanchi	12	0	0	0	0	1	0	0	0	1	0	2	0	2	
37	Baglung	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
38	Gorkha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
39	Gulmi	12	0	0	0	0	1	0	0	0	0	1	0	1	1	
40	Kapilvastu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
41	Kaski	12	0	0	0	0	0	1	0	0	0	0	1	1	1	
42	Lamjung	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
43	Manang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
44	Mustang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
45	Myagdi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
46	Nawalparasi	12	0	0	0	0	0	0	0	1	0	0	1	1	1	
47	Palpa	12	0	0	0	0	5	3	3	0	2	8	10	18		
48	Parbat	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
49	Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
50	Syangja	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
51	Tanahu	12	0	0	0	0	0	1	0	0	0	0	1	1	1	
	Western	192	0	0	0	0	7	7	3	4	1	2	11	13	24	
52	Banke	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
53	Bardiya	12	0	0	1	1	1	1	3	1	0	5	3	8		
54	Dailekh	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
55	Dang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
56	Dolpa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
57	Humla	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
58	Jajarkot	12	0	0	0	0	0	1	0	0	0	0	1	1	1	
59	Jumla	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
60	Kalikot	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
61	Mugu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
62	Pyuthan	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
63	Rolpa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
64	Rukum	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
65	Salyan	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
66	Surkhet	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Mid Western	180	0	0	1	1	1	2	3	1	0	5	4	9		
67	Achham	12	0	2	1	2	8	16	4	15	2	5	15	40	55	
68	Baitadi	12	0	0	0	0	0	2	0	0	0	0	2	2	2	
69	Bajhang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
70	Bajura	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
71	Dadeldhura	12	0	0	0	0	0	2	1	1	0	1	4	5	5	
72	Darchula	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
73	Doti	12	0	0	1	0	3	2	6	9	8	10	18	21	39	
74	Kailali	12	0	0	0	1	1	3	1	0	0	1	2	5	7	
75	Kanchanpur	12	0	0	0	0	5	4	1	0	0	1	6	5	11	
	Far Western	108	0	2	2	3	17	29	13	25	10	18	42	77	119	

Raw Data
HIVAIDS
Sheet 5 of 6

District Code	District Name	Received Reports	Death among AIDS cases													Total
			0-14 Years		15-24 Years		25-39 Years		40-49 Years		50+ Years		Total			
			Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male		
	Mountain	192	1	1	0	0	0	1	10	1	0	0	11	3	14	
	Hill	468	0	0	0	0	3	8	2	8	4	3	9	19	28	
	Terai	240	1	1	2	0	2	7	3	1	0	2	8	11	19	
	National Total	900	2	2	2	0	5	16	15	10	4	5	28	33	61	
1	Bhojpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
2	Dhankuta	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
3	Ilam	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
4	Jhapa	12	0	0	0	0	2	5	0	0	0	0	2	5	7	
5	Khotang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
6	Morang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
7	Okhaldhunga	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
8	Panchthar	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
9	Sankhuwasabha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
10	Saptari	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
11	Siraha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
12	Solukhumbu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
13	Sunsari	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
14	Taplejung	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
15	Teharhum	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
16	Udaypur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Eastern	192	0	0	0	0	2	5	0	0	0	0	2	5	7	
17	Bara	12	0	0	0	0	0	0	3	1	0	0	3	1	4	
18	Bhaktapur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
19	Chitwan	12	1	1	0	0	0	1	0	0	0	0	1	2	3	
20	Dhading	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
21	Dhanusha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
22	Dolkha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
23	Kathmandu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
24	Kavre	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
26	Mahottari	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
27	Makawanpur	12	0	0	0	0	1	0	0	0	0	0	1	0	1	
28	Nuwakot	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
29	Parsa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
30	Ramechhap	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
31	Rasuwa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
32	Rautahat	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
33	Sarlahi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
34	Sindhuli	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
35	Sindhupalchowk	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Central	228	1	1	0	0	1	1	3	1	0	0	5	3	8	
36	Arghakhanchi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
37	Baglung	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
38	Gorkha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
39	Gulmi	12	0	0	0	0	0	1	0	0	0	0	0	1	1	
40	Kapilvastu	12	0	0	0	0	0	0	0	0	0	1	0	1	1	
41	Kaski	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
42	Lamjung	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
43	Manang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
44	Mustang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
45	Myagdi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
46	Nawalparasi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
47	Palpa	12	0	0	0	0	1	1	1	0	3	0	5	1	6	
48	Parbat	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
49	Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
50	Syangja	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
51	Tanahu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Western	192	0	0	0	0	1	2	1	0	3	1	5	3	8	
52	Banke	12	0	0	2	0	0	0	0	0	0	0	2	0	2	
53	Bardiya	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
54	Daiilekh	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
55	Dang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
56	Dolpa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
57	Humla	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
58	Jajarkot	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
59	Jumla	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
60	Kalikot	12	0	0	0	0	0	0	9	0	0	0	9	0	9	
61	Mugu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
62	Pyuthan	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
63	Rolpa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
64	Rukum	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
65	Salyan	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
66	Surkhet	12	0	0	0	0	0	2	0	0	0	0	2	0	2	
	Mid Western	180	0	0	2	0	2	9	0	0	0	0	11	2	13	
67	Achham	12	0	0	0	0	1	1	1	4	0	2	2	7	9	
68	Baitadi	12	0	0	0	0	0	2	0	0	0	0	2	0	2	
69	Bajhang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
70	Bajura	12	1	1	0	0	0	1	1	1	0	0	2	3	5	
71	Dadeldhura	12	0	0	0	0	0	1	0	0	0	1	0	2	2	
72	Darchula	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
73	Doti	12	0	0	0	0	0	0	0	4	1	0	1	4	5	
74	Kailali	12	0	0	0	0	0	1	0	0	0	0	0	1	1	
75	Kanchanpur	12	0	0	0	0	0	0	0	0	0	1	0	1	1	
	Far Western	108	1	1	0	0	1	6	2	9	1	4	5	20	25	

**Raw Data
HIVAIDS
Sheet 6 of 6**

District Code	District Name	Received Reports	STI/STD Treated Patients												Total
			0-14 Years		15-24 Years		25-39 Year		40-49 Years		50+ Years		Total		
			Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
Mountain	192	5	8	289	158	529	162	221	60	47	32	1091	420	1511	
Hill	468	193	50	4669	740	7944	1296	3379	767	1401	333	17586	3186	20772	
Terai	240	193	83	4169	1106	8524	2228	1888	451	717	163	15491	4031	19522	
National Total	900	391	141	9127	2004	16997	3686	5488	1278	2165	528	34168	7637	41805	
1 Bhojpur	12	0	0	0	5	9	2	2	2	1	1	12	10	22	
2 Dhankuta	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
3 Ilam	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
4 Jhapa	12	9	17	220	139	1039	692	81	45	16	11	1365	904	2269	
5 Khotang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
6 Morang	12	31	7	216	79	335	124	90	34	13	3	685	247	932	
7 Okhaldhunga	12	0	0	0	0	0	0	0	1	0	0	0	1	1	
8 Panchthar	12	0	0	3	0	0	0	0	0	0	0	3	0	3	
9 Sankhuwasabha	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
10 Saptari	12	8	1	123	23	361	69	134	19	61	11	687	123	810	
11 Siraha	12	0	0	3	0	16	2	0	1	0	0	19	3	22	
12 Solukhumbu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
13 Sunsari	12	0	1	158	16	118	35	23	11	0	0	299	63	362	
14 Taplejung	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
15 Teharhum	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
16 Udaypur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
Eastern	192	48	26	723	262	1878	924	330	113	91	26	3070	1351	4421	
17 Bara	12	7	13	69	91	142	109	29	41	7	13	254	267	521	
18 Bhaktapur	12	1	0	30	2	69	2	17	3	3	0	120	7	127	
19 Chitwan	12	11	3	389	106	976	264	217	44	116	28	1709	445	2154	
20 Dhading	12	8	1	242	14	554	29	220	13	56	3	1080	60	1140	
21 Dhanusha	12	0	3	17	7	76	33	42	25	20	6	155	74	229	
22 Dolkha	12	0	0	0	1	5	1	3	2	0	0	8	4	12	
23 Kathmandu	12	3	0	339	31	810	73	333	23	90	2	1575	129	1704	
24 Kavre	12	45	8	889	172	1717	299	929	150	509	124	4089	753	4842	
25 Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
26 Mahottari	12	0	0	76	52	179	62	50	15	33	13	338	142	480	
27 Makawanpur	12	9	0	231	53	507	51	98	13	21	3	866	120	986	
28 Nuwakot	12	1	0	11	3	27	5	11	4	2	0	52	12	64	
29 Parsa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
30 Ramechhap	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
31 Rasuwa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
32 Rautahat	12	2	2	10	9	20	13	15	5	7	7	54	36	90	
33 Sarlahi	12	36	20	765	175	2293	290	350	76	101	19	3545	580	4125	
34 Sindhuli	12	1	2	32	33	22	28	3	7	3	3	61	73	134	
35 Sindhupalchowk	12	0	0	0	0	11	1	0	0	0	0	11	1	12	
Central	228	124	52	3100	749	7408	1260	2317	421	968	221	13917	2703	16620	
36 Arghakhanchi	12	0	0	145	6	258	26	100	5	57	13	560	50	610	
37 Baglung	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
38 Gorkha	12	0	0	0	0	1	0	0	0	0	0	1	0	1	
39 Gulmi	12	1	3	319	65	771	236	431	254	87	20	1609	578	2187	
40 Kapilvastu	12	0	0	15	10	41	49	41	34	0	0	97	93	190	
41 Kaski	12	5	0	273	51	224	76	228	83	38	13	768	223	991	
42 Lamjung	12	1	0	10	0	21	2	8	0	3	0	43	2	45	
43 Manang	12	0	0	0	0	2	2	1	1	0	0	3	3	6	
44 Mustang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
45 Myagdi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
46 Nawalparasi	12	0	0	5	0	31	10	6	0	1	0	43	10	53	
47 Palpa	12	0	0	0	0	2	1	0	0	0	0	2	1	3	
48 Parbat	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
49 Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
50 Syangja	12	0	0	3	5	1	2	0	1	0	0	4	8	12	
51 Tanahu	12	0	0	2	3	12	6	4	4	0	0	18	13	31	
Western	192	7	3	772	140	1364	410	819	382	186	46	3148	981	4129	
52 Banke	12	15	1	276	101	282	62	58	8	28	1	659	173	832	
53 Bardiya	12	69	9	1206	179	1641	238	351	52	182	30	3449	508	3957	
54 Dailekh	12	3	1	201	39	283	53	55	6	6	0	548	99	647	
55 Dang	12	3	3	127	53	205	103	56	21	20	17	411	197	608	
56 Dolpa	12	4	3	77	21	99	15	116	4	16	3	312	46	358	
57 Humla	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
58 Jajarkot	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
59 Jumla	12	0	0	1	1	0	0	0	0	0	0	1	1	2	
60 Kalikot	12	0	3	61	52	53	45	17	8	5	7	136	115	251	
61 Mugu	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
62 Pyuthan	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
63 Rolpa	12	0	0	0	0	2	0	0	0	0	0	2	0	2	
64 Rukum	12	26	13	8	5	12	4	3	0	0	0	49	22	71	
65 Salyan	12	0	0	57	8	59	12	26	4	9	0	151	24	175	
66 Surkhet	12	36	1	1304	119	1537	158	498	53	186	8	3561	339	3900	
Mid Western	180	156	34	3318	578	4173	690	1180	156	452	66	9279	1524	10803	
67 Achham	12	35	12	326	66	527	120	134	38	27	7	1049	243	1292	
68 Baitadi	12	3	4	149	40	257	52	71	24	44	20	524	140	664	
69 Bajhang	12	0	0	37	0	29	0	7	0	0	0	73	0	73	
70 Bajura	12	1	2	113	83	330	98	77	45	26	22	547	250	797	
71 Dadeldhura	12	15	5	91	20	196	51	109	55	223	94	634	225	859	
72 Darchula	12	0	0	0	0	0	0	0	0	0	0	0	0	0	
73 Doti	12	0	0	4	0	66	8	99	24	36	22	205	54	259	
74 Kailali	12	1	3	93	20	202	24	59	10	57	4	412	61	473	
75 Kanchanpur	12	1	0	401	46	567	49	286	10	55	0	1310	105	1415	
Far Western	108	56	26	1214	275	2174	402	842	206	468	169	4754	1078	5832	

Raw Data
Morbidity
Sheet 1 of 11

District Code	District Name	Received Reports	Total	Communicable, Immunizable										
				Measles	Diphtheria	Whooping Cough	Neonatal Tetanus	Tetanus	Tuberculosis	Acute Flaccid Paralysis (AFP)	Rubella	Mumps	Chicken pox	Hepatitis B
	Mountain	192	1884743	345	7	205	11	18	814	6	113	3359	2179	101
	Hill	468	9498697	1696	50	1241	171	444	6599	111	585	15743	10784	1484
	Terai	240	9510678	509	89	847	30	85	9579	66	148	9920	4566	199
	National Total	900	20894118	2550	146	2293	212	547	16992	183	846	29022	17529	1784
1	Bhojpur	12	222064	16	0	19	0	3	21	2	10	443	143	1
2	Dhankuta	12	146804	40	0	1	0	0	10	0	22	415	424	0
3	Ilam	12	158175	58	0	1	0	0	80	1	29	380	131	1
4	Jhapa	12	461931	30	0	3	0	16	1008	12	9	935	541	5
5	Khotang	12	243410	25	1	25	0	3	21	2	5	508	462	1
6	Morang	12	628048	37	0	4	0	5	1050	24	19	1003	672	17
7	Okhaldhunga	12	256504	76	0	3	0	0	184	0	7	337	353	9
8	Panchthar	12	148655	71	0	40	0	0	18	0	17	475	69	2
9	Sankhuwasabha	12	187717	23	0	5	0	0	177	0	32	192	441	0
10	Saptari	12	643709	24	2	2	0	1	115	1	0	690	30	5
11	Siraha	12	627946	8	0	17	4	2	589	3	0	549	40	2
12	Solukhumbu	12	142176	1	0	2	0	2	36	0	2	90	57	36
13	Sunsari	12	521199	25	83	20	0	0	316	1	6	752	316	0
14	Taplejung	12	164364	139	6	7	3	11	20	0	12	774	352	1
15	Teharhum	12	112581	33	0	4	0	0	7	0	51	373	300	1
16	Udaypur	12	220665	10	0	73	11	0	230	6	10	476	157	24
	Eastern	192	4885948	616	92	226	18	43	3882	52	231	8392	4488	105
17	Bara	12	475168	47	1	386	0	0	617	2	7	985	169	11
18	Bhaktapur	12	143752	85	0	100	0	0	115	3	25	241	184	9
19	Chitwan	12	332646	43	1	67	0	20	704	0	14	464	343	135
20	Dhading	12	286631	114	0	72	1	3	227	5	30	812	527	53
21	Dhanusha	12	755908	28	0	14	4	10	362	1	7	398	78	0
22	Dolkha	12	224152	52	0	51	8	0	200	0	24	803	255	39
23	Kathmandu	12	508482	370	31	341	135	324	458	36	24	593	656	1025
24	Kavre	12	382200	204	4	210	0	6	143	0	7	730	555	22
25	Lalitpur	12	187512	0	0	0	0	0	0	0	0	0	0	0
26	Mahottari	12	430106	6	0	2	0	0	329	3	21	349	286	1
27	Makawanpur	12	183893	32	0	22	8	6	299	5	2	818	333	4
28	Nuwakot	12	163422	81	4	9	0	10	140	0	41	414	168	45
29	Parsa	12	0	0	0	0	0	0	0	0	0	0	0	0
30	Ramechhap	12	189649	18	4	10	0	3	30	1	19	906	220	7
31	Rasuwa	12	48994	13	1	5	0	0	12	0	1	116	89	0
32	Rautahat	12	416058	15	0	36	0	4	233	6	0	403	75	12
33	Sarlahi	12	549712	17	0	181	18	10	363	1	11	301	303	0
34	Sindhuli	12	148945	56	0	94	0	6	507	7	22	414	149	1
35	Sindhupalchowk	12	248393	104	0	14	0	0	119	1	8	867	450	3
	Central	228	5675623	1285	46	1614	174	402	4858	71	263	9614	4840	1367
36	Arghakhanchi	12	216254	20	0	0	0	0	49	0	5	195	214	68
37	Baglung	12	227457	9	0	0	0	0	92	2	11	299	316	10
38	Gorkha	12	300433	65	0	0	0	0	377	1	32	586	300	11
39	Gulmi	12	379823	8	0	0	0	0	134	3	28	748	376	5
40	Kapilvastu	12	464404	15	0	35	0	0	216	0	0	186	127	0
41	Kaski	12	356062	43	4	7	0	0	71	2	23	253	462	19
42	Lamjung	12	171328	13	0	2	0	0	14	0	8	161	148	0
43	Manang	12	12292	0	0	0	0	0	0	0	0	0	0	0
44	Mustang	12	34433	2	0	0	0	0	0	0	16	79	17	0
45	Myagdi	12	135980	4	0	58	0	1	33	1	4	363	182	4
46	Nawalparasi	12	422497	43	0	23	0	4	1110	8	6	490	380	3
47	Palpa	12	381302	28	0	2	1	37	1238	10	14	282	215	26
48	Parbat	12	207222	8	0	7	0	0	46	1	1	470	484	0
49	Rupandehi	12	837191	0	0	0	0	0	0	0	0	0	0	0
50	Syangja	12	317325	25	0	7	2	7	252	5	24	549	635	43
51	Tanahu	12	221336	52	0	1	12	21	396	3	13	425	258	1
	Western	192	4685339	335	4	142	15	70	4028	38	185	5086	4114	190
52	Banke	12	395048	7	2	0	0	2	136	0	4	148	91	2
53	Bardiya	12	433414	21	0	1	0	0	557	1	8	729	358	0
54	Dailekh	12	307461	0	0	3	0	0	38	0	1	368	206	0
55	Dang	12	377600	32	0	21	1	0	529	1	1	970	254	2
56	Dolpa	12	28936	3	0	0	0	0	0	0	0	24	26	15
57	Humla	12	112148	0	0	15	0	0	1	0	5	77	20	0
58	Jajarkot	12	171742	2	0	64	0	0	0	0	7	349	195	0
59	Jumla	12	79013	0	0	4	0	0	1	1	0	96	110	0
60	Kalikot	12	90688	0	0	0	0	1	0	0	2	40	37	6
61	Mugu	12	45531	0	0	0	0	0	0	0	0	13	0	0
62	Pyuthan	12	251075	19	0	3	0	0	218	5	3	294	142	1
63	Rolpa	12	216625	31	0	4	0	7	127	0	28	461	308	15
64	Rukum	12	236397	8	0	12	0	3	313	1	0	107	212	13
65	Salyan	12	251485	3	0	0	0	0	47	1	0	148	167	0
66	Surkhet	12	412588	2	0	1	0	0	271	0	49	1002	592	0
	Mid Western	180	3409751	128	2	128	1	13	2238	10	108	4826	2718	54
67	Achham	12	368002	28	0	0	1	2	92	7	6	70	83	27
68	Baitadi	12	249990	5	0	1	0	2	165	1	2	90	135	15
69	Bajhang	12	149223	6	0	11	0	2	59	0	6	67	79	0
70	Bajura	12	177245	1	0	91	0	0	42	1	0	108	74	1
71	Dadeldhura	12	210702	9	0	37	0	0	109	0	0	128	282	7
72	Darchula	12	139438	1	0	0	0	2	147	1	5	13	172	0
73	Doti	12	204764	25	2	8	0	0	27	0	5	60	41	14
74	Kailali	12	474394	45	0	22	3	11	556	0	10	408	180	2
75	Kanchanpur	12	263699	66	0	13	0	0	789	2	25	160	323	2
	Far Western	108	2237457	186	2	183	4	19	1986	12	59	1104	1369	68

Raw Data
Morbidity
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District Code	District Name	Received Reports	Communicable, Vector Borne							Communicable, Water/Food Borne							
			Acute Encephalitis like syndrome	Filarasis	Clinical Malaria	Malaria (PF)	Malaria (PV)	Dangue Fever	Kala-azar	Typhoid (Enteric Fever)	Acute gastro enteritis	Ameobic Dysentery	Bacillary Dysentery	Presumed non infectious diarrhoea	Cholera	Intestinal Worms	Jaundice and Infective Hepatitis
	Mountain	192	3	11	621	24	43	29	94	37506	32482	70081	34799	64819	809	124883	4146
	Hill	468	232	199	16529	201	370	6	149	236854	134784	294296	132619	366943	3159	426948	27687
	Terai	240	258	624	100712	881	1461	115	191	184400	137990	290211	128228	321489	3011	475385	15750
	National Total	900	493	834	117862	1106	1874	150	434	458760	305256	654588	295646	753251	6979	1027216	47583
1	Bhojpur	12	0	0	192	0	19	0	0	4562	2014	7169	3140	10406	0	16203	496
2	Dhankuta	12	1	1	34	1	3	0	0	2363	603	4370	1444	5675	40	10383	223
3	Ilam	12	6	0	446	26	19	0	0	2345	1230	2551	809	4594	58	9752	492
4	Jhapa	12	19	12	4708	112	180	0	14	10339	8185	11440	5297	5869	187	21475	1362
5	Khotang	12	2	0	30	0	0	0	0	3025	7501	8204	4062	6433	66	22934	435
6	Morang	12	77	8	5534	121	94	0	9	13728	9823	10699	4279	12500	96	23648	2064
7	Okhaldhunga	12	0	0	6	4	1	0	3	5438	3451	8038	3697	7373	0	22882	405
8	Panchthar	12	0	0	122	0	2	0	0	2283	1681	4404	1448	5649	21	10508	337
9	Sankhuwasabha	12	0	1	15	0	1	0	0	4899	1816	4123	1598	5923	79	16084	258
10	Saptari	12	2	8	4017	5	9	0	12	8043	18772	25660	9405	45238	4	65609	493
11	Siraha	12	1	4	4845	51	30	3	69	15078	8438	19955	9350	26758	70	52810	672
12	Solukhumbu	12	0	4	0	0	0	0	0	1066	2541	4070	2091	5803	76	12354	383
13	Sunsari	12	0	5	1849	29	5	0	4	4773	3350	17482	5587	22554	168	31561	283
14	Taplejung	12	0	0	18	2	1	0	0	3409	2901	4445	1628	4401	29	13649	580
15	Teharthur	12	0	1	99	1	0	0	0	1940	592	3190	1264	3169	55	7382	428
16	Udaypur	12	22	1	603	48	10	0	29	6222	4252	6612	2773	9543	194	22279	588
	Eastern	192	130	45	22518	400	374	3	140	89513	77150	142412	57872	181888	1143	359313	9499
17	Bara	12	0	28	3056	14	3	0	9	10149	9043	21680	7056	18645	361	25714	1064
18	Bhaktapur	12	60	24	12	2	13	0	0	2711	1864	3104	1335	4177	21	3453	338
19	Chitwan	12	5	8	548	3	15	3	5	5451	6525	6970	1861	7646	0	7043	1187
20	Dhading	12	2	31	326	1	0	0	0	9603	3183	10303	4488	10128	87	11338	833
21	Dhanusha	12	0	1	18852	9	192	27	51	18089	9775	17397	8314	22622	604	52343	693
22	Dolkha	12	1	3	44	4	1	0	0	3818	2551	5767	2942	9649	80	13439	642
23	Kathmandu	12	37	52	79	26	38	5	88	8944	10932	11469	4488	12446	345	11953	5060
24	Kavre	12	6	3	1422	0	2	0	0	8472	2477	11778	3632	15060	0	8194	668
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Mahottari	12	0	19	8071	10	23	0	2	11062	5872	15455	6117	14384	85	30106	528
27	Makawanpur	12	2	6	811	0	73	0	1	2724	1848	3904	2175	10510	13	3606	393
28	Nuwakot	12	31	25	14	9	5	0	20	5000	2697	4648	2071	6067	27	6296	465
29	Parsa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Ramechhap	12	3	1	24	0	0	0	0	2763	1795	3706	2245	8383	161	9455	389
31	Rasuwa	12	0	0	3	0	0	0	0	838	1095	1192	554	2562	15	1969	110
32	Rautahat	12	5	103	4925	23	3	0	0	7721	5384	16217	8003	20809	650	23896	727
33	Sarlahi	12	0	42	2401	12	77	0	13	13394	9675	28626	11422	19453	137	37019	539
34	Sindhuli	12	0	0	2251	48	33	0	0	5027	3333	4859	2273	3802	208	8649	391
35	Sindhupalchowk	12	1	0	256	0	2	0	0	7599	3583	8555	3102	9589	15	9179	554
	Central	228	153	346	43095	161	480	35	189	123365	81632	175630	72078	195932	2809	263652	14581
36	Arghakhanchi	12	0	1	242	0	0	0	0	8034	2868	8388	3565	8236	5	12464	693
37	Baglung	12	7	3	2	0	2	0	0	7208	2572	6606	2783	5090	38	9954	1275
38	Gorkha	12	0	0	79	0	1	0	0	6394	4440	9222	4096	8742	5	11870	1277
39	Gulmi	12	0	0	381	3	2	0	0	11469	6628	14051	5104	7763	4	22390	1828
40	Kapilvastu	12	0	257	3651	4	13	0	0	11724	10197	23872	13587	16231	388	20146	608
41	Kaski	12	0	0	2	0	0	0	0	3840	4517	5045	1620	6409	187	7745	1880
42	Lamjung	12	0	0	72	0	0	0	0	2079	1812	4139	1746	5392	0	8323	338
43	Manang	12	0	0	0	0	0	0	0	157	413	653	152	230	0	729	6
44	Mustang	12	0	0	0	0	0	0	0	212	764	809	157	276	0	932	71
45	Myagdi	12	0	3	1	0	0	0	0	2309	2037	4358	2491	5653	72	8028	237
46	Nawalparasi	12	11	20	3508	31	58	59	0	7339	6604	8765	4250	22222	43	10986	626
47	Palpa	12	37	2	131	1	16	0	5	12181	2840	9041	3307	9653	88	9640	1147
48	Parbat	12	5	0	3	0	0	0	0	5167	2017	5566	1458	7780	49	8834	363
49	Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50	Syangja	12	0	2	3	1	0	0	0	12463	3296	8628	3476	7244	155	9256	1105
51	Tanahu	12	0	3	26	2	0	0	0	4880	1668	4913	2352	6490	34	7533	777
	Western	192	60	291	8101	42	92	59	5	95456	52673	114056	50144	117411	1068	148830	12231
52	Banke	12	3	2	4290	14	23	0	0	6186	6918	16974	8217	13124	124	18427	220
53	Bardiya	12	113	86	10797	26	108	0	0	13963	6766	15676	9573	13527	64	17966	1265
54	Dailekh	12	0	0	32	0	3	0	0	16178	4809	8693	6529	33128	96	9397	433
55	Dang	12	6	2	4706	0	4	23	2	13919	6647	12497	5249	11224	0	16038	1860
56	Dolpa	12	0	0	0	15	0	0	0	426	392	1398	927	1086	3	3629	117
57	Humla	12	0	1	86	0	0	0	0	1485	2713	5037	3824	3100	34	8852	220
58	Jajarkot	12	0	0	0	0	0	0	0	4880	7119	8545	5466	13204	0	9984	232
59	Jumla	12	0	0	0	0	0	0	0	435	2227	3493	2144	2351	42	8303	49
60	Kalikot	12	0	0	4	0	1	0	18	719	1669	3734	2726	2813	107	6514	165
61	Mugu	12	0	0	3	0	0	0	0	529	536	2190	1344	749	0	4435	34
62	Pyuthan	12	0	0	28	0	0	0	0	7983	2709	8065	3822	14837	0	8473	947
63	Rolpa	12	1	17	251	11	1	0	0	6866	4785	8794	3822	14216	1	8699	333
64	Rukum	12	0	0	31	0	1	0	2	10968	6709	9656	5038	12335	0	13501	522
65	Salyan	12	0	0	238	0	0	0	0	9748	4223	12832	6440	10559	45	10414	396
66	Surkhet	12	0	0	7703	2	19	0	1	13194	7264	12941	6755	15956	0	17044	687
	Mid Western	180	123	108	28169	68	160	23	23	107479	65486	130525	71876	162209	516	161676	7480
67	Achham	12	6	2	145	2	23	0	0	6732	4569	19177	7692	24378	464	24328	556
68	Baitadi	12	1	0	25	0	1	0	0	3918	3337	11699	4517	7124	405	8711	243
69	Bajhang	12	0	2	31	1	35	29	76	5898	1890	8585	3655	5795	324	9185	227
70	Bajura	12	1	0	148	2	1	0	0	3658	5373	8877	4620	7286	5	10215	258
71	Dadeldhura	12	3	12	413	10	55	0	0	4793	2974	5823	5244	6841	207	4715	284
72	Darchula	12	0	0	13	0	1	0	0	2358	2018	7153	3335	3206	0	5415	472
73	Doti	12	0	9	250	3	28	1	0	2148	2138	9805	3952	12498	8	10578	193
74	Kailali	12	11	19	11996	366	505	0	0	9000	3871	11251	5707	18920	0	13533	1105
75	Kanchanpur	12	5	0	2958	51	119	0	1	4442	2145	9595	4954	9763	30	7065	454
	Far Western	108	27	44	15979	435	768	30	77	42947	28315	91965	43676	95811	1443	93745	3792

Raw Data
Morbidity
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District Code	District Name	Received Reports	Other Communicable					Other Infectious Disease									
			STD/STI	HIV/AIDS	Leprosy	Confirmed Meningitis	ARI/Lower respiratory tract Infection	Upper respiratory tract Infection	Pneumonia	Sever Pneumonia	Bronchitis	Asthma	Urinary Tract Infections (UTI)	Viral Influenza	Reproductive Tract Infection (RTI) male	Reproductive Tract Infection (RTI) female	
	Mountain	192	3793	58	82	30	99248	88626	44856	3085	25468	35802	27259	12490	998	1923	
	Hill	468	22575	3265	976	929	485127	425231	221625	11423	131832	165244	130555	72586	4245	8091	
	Terai	240	23744	541	1478	622	437329	377249	190597	10164	139436	143171	104636	59552	4057	7251	
	National Total	900	50112	3864	2536	1581	1021704	891106	457078	24672	296736	344217	262450	144628	9300	17265	
1	Bhojpur	12	119	1	7	0	13490	5992	6910	242	3191	3118	2594	1790	74	229	
2	Dhankuta	12	152	0	0	0	7157	4019	5056	110	2625	1493	1380	1273	6	63	
3	Ilam	12	174	1	6	0	8802	7682	5394	291	1515	1579	1745	3744	84	164	
4	Jhapa	12	2015	4	149	2	21951	33588	14501	1205	7298	5969	8600	9527	393	635	
5	Khotang	12	102	4	0	6	11472	9835	6826	471	2992	3508	3100	811	80	145	
6	Morang	12	1963	36	118	93	29984	26767	12185	645	7842	5541	11978	2867	374	488	
7	Okhaldhunga	12	57	0	4	1	16122	13082	6836	336	3441	4105	3069	1177	40	294	
8	Panchthar	12	217	42	45	5	8205	6140	5709	341	1490	1604	1211	587	26	36	
9	Sankhuwasabha	12	103	1	2	2	10112	7286	5702	141	1087	2110	2399	622	104	193	
10	Saptari	12	863	0	38	16	35796	22835	12328	265	12298	9521	6117	6339	108	308	
11	Siraha	12	345	0	68	25	30568	28282	14386	677	12588	8811	6585	3791	102	171	
12	Solukhumbu	12	444	3	0	2	7358	8259	2385	180	2499	2382	2094	164	98	160	
13	Sunsari	12	285	0	51	2	36345	27927	18023	696	4228	5365	4056	2489	99	171	
14	Taplejung	12	77	0	0	0	8308	7036	4861	357	1601	1943	2103	1287	63	94	
15	Teharhum	12	54	2	4	1	5014	6492	3836	74	1906	1362	1326	870	64	80	
16	Udaypur	12	461	0	12	6	8077	5944	4104	223	3462	2485	2603	1562	167	269	
	Eastern	192	7431	94	504	161	258761	221166	129042	6254	70063	60896	60690	38900	1882	3500	
17	Bara	12	1149	0	66	6	17293	14895	7476	597	8218	9115	4324	1284	173	502	
18	Bhaktapur	12	238	0	15	2	6730	7861	2787	26	1170	2406	1493	1607	47	55	
19	Chitwan	12	972	90	98	120	13222	12853	7452	225	3514	5214	4767	2487	821	1251	
20	Dhading	12	941	5	4	6	15449	11236	8163	480	4059	6057	2853	4603	130	358	
21	Dhanusha	12	685	0	101	65	35310	24498	12300	456	11579	12362	6623	5131	190	373	
22	Dolkha	12	137	1	0	13	14019	10892	4040	135	2597	3619	2917	1866	57	101	
23	Kathmandu	12	2672	1030	69	112	18188	17910	7305	265	4146	10210	8883	3687	419	880	
24	Kavre	12	771	1	5	15	23570	21259	8351	180	5436	7846	3751	4733	57	163	
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
26	Mahottari	12	966	2	196	11	21082	16752	8946	620	9160	9457	4825	2489	179	369	
27	Makawanpur	12	667	2	29	11	7233	7329	4500	393	3516	2687	1650	1504	44	113	
28	Nuwakot	12	604	6	4	7	6869	5843	3066	157	2006	5051	1867	871	46	94	
29	Parsa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30	Ramechhap	12	123	0	3	3	8265	8780	3870	69	2548	2848	2420	1716	77	81	
31	Rasuwa	12	94	0	0	0	2752	2457	835	29	363	739	627	1052	31	37	
32	Rautahat	12	979	23	81	103	12788	13334	8305	533	8323	8441	2665	1164	207	355	
33	Sarlahi	12	1946	48	149	6	24257	20570	8098	631	13067	14116	4676	1597	206	286	
34	Sindhuli	12	335	8	72	14	5369	4559	4193	294	2161	3017	1743	489	60	115	
35	Sindhupalchowk	12	543	1	4	1	14278	12584	6150	175	3679	5096	3137	3364	138	251	
	Central	228	13852	1217	896	495	246674	213612	105837	5265	85542	108281	59221	39644	2882	5384	
36	Arghakhanchi	12	208	0	12	10	9050	6622	5595	95	5178	4220	3105	1833	342	407	
37	Baglung	12	514	58	4	0	13936	15372	5332	443	4029	2445	3197	1208	71	92	
38	Gorkha	12	198	5	8	33	13709	11405	8348	176	4750	5630	4645	5520	174	295	
39	Gulmi	12	2158	23	4	28	21955	14070	9997	507	8327	5660	5983	4907	209	419	
40	Kapilvastu	12	1746	20	71	0	18452	18660	8148	1020	9302	8196	6557	1923	323	712	
41	Kaski	12	428	8	65	34	19083	17404	3576	253	4932	5211	3042	2724	298	1053	
42	Lamjung	12	82	1	2	0	6098	5203	3351	137	2520	4531	3491	1593	32	24	
43	Manang	12	14	0	0	0	550	622	172	24	248	178	181	44	5	11	
44	Mustang	12	26	0	0	0	2269	2712	620	22	280	151	449	65	3	5	
45	Myagdi	12	95	1	4	3	8370	7819	2172	117	2006	1462	2073	2079	70	121	
46	Nawalparasi	12	88	3	99	18	23409	22603	11141	313	6141	8245	5523	2085	38	130	
47	Palpa	12	114	92	24	184	14805	10973	6688	41	5858	6685	8060	3924	114	123	
48	Parbat	12	1160	1458	406	12	15568	16736	5370	317	2690	3630	1784	1242	99	86	
49	Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
50	Syangja	12	963	77	10	2	22290	17114	5519	268	5732	7343	5858	1950	146	290	
51	Tanahu	12	198	6	10	10	10496	8242	3177	101	2275	3610	2910	2411	72	121	
	Western	192	7992	1752	719	334	200040	175557	79206	3834	64268	67197	56858	33508	1996	3889	
52	Banke	12	1052	12	11	1	21179	21371	8721	166	3193	6004	3391	3276	106	89	
53	Bardiya	12	5057	263	30	0	22244	25062	9647	453	8121	6333	7493	2802	186	426	
54	Dailekh	12	650	3	9	0	23824	16882	7254	292	4887	5870	3513	456	80	81	
55	Dang	12	1209	11	25	8	17225	15017	9354	719	5206	7237	5490	1757	169	240	
56	Dolpa	12	220	1	6	2	1019	1092	594	82	552	563	517	90	49	69	
57	Humla	12	497	0	10	1	4917	3886	2795	291	1874	2834	1844	1192	232	258	
58	Jajarkot	12	168	0	4	0	6309	9910	2994	518	2454	3200	3304	552	122	243	
59	Jumla	12	110	0	3	0	4337	4953	2141	189	1112	1760	988	294	10	43	
60	Kalikot	12	269	43	41	8	4721	3532	1818	382	1848	2317	1611	389	43	304	
61	Mugu	12	415	0	0	0	2574	2770	1118	186	730	1154	815	148	66	224	
62	Pyuthan	12	235	0	1	0	10057	15857	6907	430	5160	5979	3143	3	72	190	
63	Rolpa	12	306	0	4	0	11179	9708	6915	305	2598	2976	3002	368	52	71	
64	Rukum	12	732	10	29	210	9993	10210	7465	710	2893	3679	4529	589	186	176	
65	Salyan	12	735	0	3	2	13591	11089	6401	485	3744	5778	4424	433	58	223	
66	Surkhet	12	2422	4	9	8	20973	18923	10744	533	4641	6534	6733	3627	200	350	
	Mid Western	180	14077	347	185	240	174142	170262	84868	5741	49013	62218	50797	15976	1631	2987	
67	Achham	12	1333	319	38	5	23794	22371	6757	726	3553	6563	5603	1098	135	222	
68	Baitadi	12	572	0	8	71	13130	11299	6263	383	3725	6912	2884	2079	98	142	
69	Bajhang	12	323	1	5	1	6937	6470	4061	224	2385	2973	3287	248	28	56	
70	Bajura	12	132	7	9	0	7017	7962	5488	551	2133	3320	2110	758	28	34	
71	Dadeldhura	12	1090	9	18	111	14823	9819	9200	362	1651	3840	5135	1789	144	176	
72	Darchula	12	389	0	2	0	8080	6113	2076	117	2480	4663	2180	907	43	83	
73	Doti	12	527	89	25	17	12082	14240	4694	272	2565	4110	2449	1177	50	47	
74	Kailali	12	1758	24	100	130	36358	19149	11553	797	5323	8240	6768	1851	290	502	
75	Kanchanpur	12	636	5	27	16	19866	13086	8033	146	4035	5004	4198	6693	93	243	
	Far Western	108	6760	454	232	351	142087	110509	58125	3578	27850	45625	34614	16600	909	1505	

Raw Data

Morbidity

Sheet 4 of 11

District Code	District Name	Received Reports	Nutritional and Metabolic Disorder								
			Malnutrition	Avitaminoses and other nutri deficiency	Polymeuritis	Anaemia	Goitre, Cretinism	Diabetic mellitis	Obesity	Dehydration	Night blindness
	Mountain	192	5307	9380	4184	8106	446	909	669	11795	2114
	Hill	468	14198	58860	27471	44772	2878	19442	1721	44268	4294
	Terai	240	22790	94760	25001	75265	1235	13565	1090	48582	17476
	National Total	900	42295	163000	56656	128143	4559	33916	3480	104645	23884
1	Bhojpur	12	236	1666	287	926	3	45	3	805	47
2	Dhankuta	12	34	979	194	250	3	1	3	472	17
3	Ilam	12	180	543	357	824	7	355	5	595	56
4	Jhapa	12	724	2214	1940	2588	96	684	14	1711	359
5	Khotang	12	344	1701	161	1038	32	29	75	1082	120
6	Morang	12	873	4635	2115	2861	305	3542	160	2844	430
7	Okhaldhunga	12	316	1399	95	577	16	239	24	1246	176
8	Panchthar	12	69	712	235	734	50	69	42	891	53
9	Sankhuwasabha	12	55	658	231	379	19	201	0	761	35
10	Saptari	12	942	5944	1074	5734	38	105	32	5269	1343
11	Siraha	12	1668	10046	1502	5720	14	66	95	5609	1610
12	Solukhumbu	12	271	574	177	717	123	107	181	849	172
13	Sunsari	12	1036	7722	948	3514	3	260	23	3779	265
14	Taplejung	12	194	998	268	677	42	194	73	291	34
15	Teharthurm	12	97	483	220	528	4	127	1	223	38
16	Udaypur	12	177	1235	578	1160	16	587	12	670	42
	Eastern	192	7216	41509	10382	28227	771	6611	743	27097	4797
17	Bara	12	1617	6314	1801	5274	208	123	21	3047	1533
18	Bhaktapur	12	98	1337	125	162	18	505	29	267	13
19	Chitwan	12	721	2273	385	2240	26	6550	10	1006	32
20	Dhading	12	464	1387	819	2730	10	328	19	1331	141
21	Dhanusha	12	1813	9086	967	6077	99	97	14	2470	1342
22	Dolkha	12	173	779	274	876	46	211	29	695	148
23	Kathmandu	12	659	3918	421	2628	882	5626	285	1831	171
24	Kavre	12	210	2681	736	1978	10	579	10	1335	44
25	Lalitpur	12	0	0	0	0	0	0	0	0	0
26	Mahottari	12	919	5116	1215	4912	54	82	72	2926	1718
27	Makawanpur	12	195	1405	578	1187	13	110	37	883	33
28	Nuwakot	12	155	1172	345	639	35	56	49	281	95
29	Parsa	12	0	0	0	0	0	0	0	0	0
30	Ramechhap	12	43	930	451	302	9	79	35	208	31
31	Rasuwa	12	23	482	89	165	0	12	2	115	7
32	Rautahat	12	1705	5643	822	7447	222	84	143	3923	2650
33	Sarlahi	12	2095	8412	783	6387	15	88	22	3778	2265
34	Sindhuli	12	510	1015	237	1206	51	35	38	1658	160
35	Sindhupalchowk	12	257	1029	709	1285	24	109	16	715	33
	Central	228	11657	52979	10757	45495	1722	14674	831	26469	10416
36	Arghakhanchi	12	443	1465	1059	1297	7	52	13	788	16
37	Baglung	12	326	1367	1097	966	59	212	141	515	223
38	Gorkha	12	237	1077	1154	1657	47	195	50	729	73
39	Gulmi	12	655	2373	2673	2564	75	397	44	983	113
40	Kapilvastu	12	3307	6171	2290	5262	0	141	177	1392	1346
41	Kaski	12	1401	2742	297	874	283	4858	69	69	10
42	Lamjung	12	275	1816	574	663	2	974	32	407	20
43	Manang	12	0	91	0	33	0	35	0	28	4
44	Mustang	12	27	156	47	81	0	11	1	663	3
45	Myagdi	12	237	897	257	317	6	78	4	213	7
46	Nawalparasi	12	637	5154	993	2613	28	492	131	2617	240
47	Palpa	12	403	1977	645	1550	313	1979	43	1694	81
48	Parbat	12	92	1760	733	1123	16	43	2	237	12
49	Rupandehi	12	0	0	0	0	0	0	0	0	0
50	Syangja	12	319	3838	1154	1966	70	309	89	503	176
51	Tanahu	12	159	811	459	744	28	553	150	236	111
	Western	192	8518	31695	13432	21710	934	10329	946	11074	2435
52	Banka	12	504	4147	1263	3002	13	9	32	1551	1471
53	Bardiya	12	1793	4306	3302	2784	54	94	12	1273	308
54	Dailekh	12	336	1381	826	731	4	31	0	3665	165
55	Dang	12	1294	1587	1306	1650	5	615	85	2140	351
56	Dolpa	12	123	244	53	121	0	0	19	206	24
57	Humla	12	959	811	334	694	16	3	43	2003	222
58	Jajarkot	12	925	1020	743	1030	48	0	0	1594	322
59	Jumla	12	265	344	106	150	23	12	0	432	132
60	Kalikot	12	598	614	439	801	128	9	40	1138	290
61	Mugu	12	494	385	190	401	0	0	4	565	100
62	Pyuthan	12	276	1119	671	1347	5	124	2	725	24
63	Rolpa	12	340	845	682	1143	9	10	4	1529	83
64	Rukum	12	621	1739	1625	1186	9	66	55	2211	315
65	Salyan	12	312	1598	1170	1242	6	81	12	1636	163
66	Surkhet	12	519	3089	3776	1899	602	41	77	5166	155
	Mid Western	180	9359	23229	16486	18181	922	1095	385	25834	4125
67	Achham	12	1473	2198	769	2205	50	180	186	3878	376
68	Baitadi	12	359	682	553	1467	22	68	12	1606	250
69	Bajhang	12	489	493	611	711	25	1	13	1100	337
70	Bajura	12	1096	1373	535	662	0	2	235	1852	446
71	Dadeldhura	12	427	1322	395	1007	46	372	21	1226	155
72	Darchula	12	283	349	121	353	0	2	13	382	127
73	Doti	12	276	1181	320	925	12	49	48	880	207
74	Kailali	12	642	4462	1483	4997	48	443	42	1730	142
75	Kanchanpur	12	500	1528	812	2203	7	90	5	1517	71
	Far Western	108	5545	13588	5599	14530	210	1207	575	14171	2111

Raw Data
Morbidity
Sheet 5 of 11

District Code	District Name	Received Reports	Skin Diseases							Ear, Nose and Throat Infection and Oral Health related					
			Impetigo/ Boils/ Furunculosis	Abscess	Eczema/ Dermatitis	Fungal Infection	Scabies	Leukoderma	Psoriasis	Lymphadenitis	Acute/ Chronic Suppurative Otitis Media (ASOM)	Sinusitis	Tonsillitis	Pharyngitis/ Sore throat	Foreign body in respiratory tract
	Mountain	192	47836	32491	32633	31761	35242	1339	1109	2759	35850	14337	41859	21379	1759
	Hill	468	259796	168552	167252	171158	149882	8818	4875	15834	181177	78903	223067	97925	7060
	Terai	240	470453	255574	174194	200342	247101	9797	8904	13205	242869	48095	98865	53226	3756
	National Total	900	778085	456617	374079	403261	432225	19954	14888	31798	459896	141335	363791	172530	12575
1	Bhojpur	12	7538	4831	5246	3769	4171	73	56	810	3666	1193	13867	4150	178
2	Dhankuta	12	5848	3249	4525	2612	2224	25	48	472	2607	923	10039	3735	93
3	Ilam	12	4644	2803	2712	3551	2946	179	83	339	3312	1227	9560	2888	71
4	Jhapa	12	16217	8982	10014	12966	8202	206	870	1567	8860	5004	11983	8493	98
5	Khotang	12	6462	5328	4949	5023	5112	177	36	566	4261	1389	9464	3893	159
6	Morang	12	27427	12168	9646	14120	7571	434	76	1432	15843	4173	10617	6069	252
7	Okhaldhunga	12	6713	4192	3244	5307	4557	140	101	338	4857	2292	8407	4106	142
8	Panchthar	12	5872	3542	4263	3037	2800	33	171	302	2881	859	11246	1912	43
9	Sankhuwasabha	12	5770	2327	4680	3364	3322	51	68	533	3473	1087	5762	3020	63
10	Saptari	12	33595	25775	9133	9908	23036	145	733	656	24857	2240	5470	3413	207
11	Siraha	12	37594	24180	9956	13680	19492	361	200	813	19738	3303	6599	3022	207
12	Solukhumbu	12	4448	1934	3082	2338	2401	35	29	110	2852	1864	4466	2507	120
13	Sunsari	12	31490	9464	11172	10534	10719	235	40	515	17573	1967	8095	3827	58
14	Taplejung	12	5826	3750	2335	4310	4177	143	114	502	3183	1305	8822	2519	117
15	Teharthur	12	5231	1627	2464	2442	1974	50	65	360	2326	936	6456	2569	83
16	Udaypur	12	8938	5902	3237	4520	5413	171	91	389	4285	1795	6057	3098	267
	Eastern	192	213613	120054	90658	101481	108117	2458	2781	9704	124574	31557	136910	59221	2158
17	Bara	12	37090	19314	10842	13540	24145	643	80	779	15148	1697	3616	1244	181
18	Bhaktapur	12	3235	2221	2820	3000	1375	255	67	275	2254	1050	3947	2181	61
19	Chitwan	12	17507	8649	8716	7433	3920	475	4592	581	8507	3866	6881	3667	582
20	Dhading	12	10913	6762	5637	5432	4258	128	139	674	6089	1905	5239	2579	110
21	Dhanusha	12	34646	24411	11146	16025	18761	456	136	462	22527	3080	6657	2624	419
22	Dolkha	12	6786	3077	3701	2804	2749	400	364	280	3783	1713	5369	2340	289
23	Kathmandu	12	8390	6058	9144	7818	4930	939	607	453	7188	4040	13126	5645	479
24	Kavre	12	11178	6270	6372	5979	3657	56	112	346	7717	2110	11029	3994	152
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Mahottari	12	27289	14029	6510	9881	11463	335	316	903	14116	2664	4211	1819	358
27	Makawanpur	12	10210	4813	3680	3278	3108	81	34	409	3723	972	4238	1760	89
28	Nuwakot	12	5101	3882	3071	3420	2701	165	105	300	3579	1492	3628	1655	85
29	Parsa	12	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Ramechhap	12	7225	3549	2902	2946	2299	52	22	361	3699	1074	5760	2428	61
31	Rasuwa	12	1101	1166	1000	476	690	27	27	83	939	276	1085	369	14
32	Rautahat	12	26034	19385	8430	8628	17173	2589	220	794	11531	1964	2480	1578	224
33	Sarlahi	12	38457	20669	8814	10934	23446	676	296	683	16537	2868	5120	2639	218
34	Sindhuli	12	5883	4688	2152	3368	4118	97	64	169	2744	1256	3520	1444	178
35	Sindhupalchowk	12	6990	5842	4668	4195	3295	95	108	316	4249	2315	5543	5011	117
	Central	228	258035	154785	99605	109157	132088	7469	7289	7868	134330	34342	91449	42977	3617
36	Arghakhanchi	12	6653	3167	3742	4361	5926	149	48	731	3764	2270	3874	1715	178
37	Baglung	12	4801	3240	4892	3732	3904	244	155	577	3982	2694	5562	2934	304
38	Gorkha	12	7472	6094	5739	4669	4872	494	88	588	6121	3419	8011	3481	408
39	Gulmi	12	12589	7398	7121	6759	6288	381	131	1170	6280	4226	7431	3303	234
40	Kapilvastu	12	20177	16233	9572	13205	25507	1345	434	782	8747	3713	4603	2788	500
41	Kaski	12	4727	5108	5645	6078	2601	2389	330	625	8639	8169	11501	7229	1524
42	Lamjung	12	4526	4157	3916	4481	2744	76	110	358	3161	980	3850	1150	96
43	Manang	12	115	131	231	443	407	1	1	11	206	189	523	96	0
44	Mustang	12	482	193	635	394	162	1	3	37	509	495	1334	487	19
45	Myagdi	12	2922	2869	2510	2702	3372	171	80	314	3042	1933	4129	1791	107
46	Nawalparasi	12	21516	11064	12749	11458	11269	202	60	417	9492	3479	4755	1913	29
47	Palpa	12	9257	6263	6179	5830	4662	98	65	411	5134	3469	5882	2805	140
48	Parbat	12	4747	3162	4362	3695	3292	32	69	409	4349	3489	6677	2692	89
49	Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0	0	0
50	Syangja	12	9894	6098	6647	6629	5443	341	367	495	5631	6685	9183	3706	282
51	Tanahu	12	5369	4618	5047	5134	4028	88	60	243	4009	1742	3474	1444	177
	Western	192	115247	79795	78987	79570	84477	6012	2001	7168	73066	46952	80789	37534	4087
52	Banke	12	26788	11382	8088	10629	12560	299	155	316	13139	603	2355	1098	61
53	Bardiya	12	25548	9260	9694	10609	8440	481	298	976	9449	2365	5431	3413	141
54	Dailekh	12	7589	5624	4332	4577	4981	161	111	305	5738	1049	2987	1477	70
55	Dang	12	16833	9678	8795	10064	7604	412	153	925	10554	3111	4690	2483	64
56	Dolpa	12	574	446	420	492	620	101	14	9	369	308	563	436	25
57	Humla	12	1795	2635	1255	1829	2562	16	7	160	2227	1471	1797	1154	178
58	Jajarkot	12	2175	2141	2444	2915	1884	99	163	107	3227	1176	1807	1130	25
59	Jumla	12	1197	1104	1470	801	2099	44	5	16	1784	444	660	319	20
60	Kailikot	12	2134	1678	1638	1793	3140	137	144	233	1328	615	831	517	400
61	Mugu	12	1255	854	663	831	996	59	68	77	759	387	579	295	28
62	Pyuthan	12	10861	4814	3624	4736	4299	390	129	629	5679	2002	3323	2061	73
63	Rolpa	12	6594	3462	4907	4048	2898	95	198	455	4688	998	2253	1556	88
64	Rukum	12	3834	4664	3486	5023	5316	162	103	234	5223	1757	2765	1790	155
65	Salyan	12	8491	4277	4534	5934	4675	125	61	242	6771	1844	2408	2228	62
66	Surkhet	12	14449	5898	7751	9099	7079	229	478	547	10206	2726	4737	2333	136
	Mid Western	180	130117	67917	63101	73380	69153	2810	2087	5231	81141	20856	37186	22290	1526
67	Achham	12	5516	4933	4168	4483	4395	181	120	145	5977	1151	1927	1888	258
68	Baitadi	12	5102	4766	4197	4419	4284	116	49	348	5633	979	3006	1534	225
69	Bajhang	12	2711	2092	1722	2007	2676	34	68	216	3434	699	1103	520	120
70	Bajura	12	3311	2546	2520	2865	2098	153	15	89	3539	647	1244	768	195
71	Dadeldhura	12	3943	3178	3395	3029	3553	80	134	195	4282	1165	1565	973	132
72	Darchula	12	3341	2716	2613	2819	3848	42	74	87	3216	522	2178	1021	54
73	Doti	12	4904	2904	2196	3323	3743	96	25	143	4453	467	1132	668	46
74	Kailali	12	21652	6694	12206	10559	10033	420	187	200	10344	1159	3136	1791	73
75	Kanchanpur	12	10593	4237	8711	6169	3760	83	58	404	5907	839	2166	1345	84
	Far Western	108	61073	34066	41728	39673	38390	1205	730	1827	46785	7628	17457	10508	1187

Raw Data
Morbidity
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District Code	District Name	Received Reports	Oral Health				Eye Problem			
			Dental Carries/ Toothache	Periodontal diseases (gum diseases)	Other disorder of teeth	Oral ulcer, mucosa and other related diseases	Conjunctivitis	Trachoma	Cataract	Blindness
	Mountain	192	47524	8254	6653	9973	44853	1075	433	1101
	Hill	468	201566	37382	33789	53572	229447	4914	5718	5602
	Terai	240	143741	27673	22305	50274	149040	2860	2254	4248
	National Total	900	392831	73309	62747	113819	423340	8849	8405	10951
1	Bhojpur	12	3705	386	359	1170	6153	25	15	65
2	Dhankuta	12	2141	410	280	816	4715	20	4	10
3	Ilam	12	3648	1403	624	1280	4995	27	31	27
4	Jhapa	12	7688	2762	1178	2761	6480	350	401	170
5	Khotang	12	4440	594	507	878	5668	195	26	172
6	Morang	12	8550	1394	822	2961	9405	115	117	179
7	Okhaldhunga	12	5873	1210	692	1684	5600	52	93	167
8	Panchthar	12	2718	443	260	691	6063	61	28	32
9	Sankhuwasabha	12	3815	420	311	1000	4434	106	45	211
10	Saptari	12	12542	1630	1552	2890	9299	136	74	372
11	Siraha	12	13535	2059	1620	3538	11970	178	135	269
12	Solukhumbu	12	3379	629	412	648	3315	72	26	80
13	Sunsari	12	8328	1713	819	4623	11687	27	16	144
14	Taplejung	12	3894	683	621	642	5024	217	25	18
15	Teharthur	12	2359	444	289	670	3378	35	4	70
16	Udaypur	12	3583	889	529	1064	4905	186	12	61
	Eastern	192	90198	17069	10875	27316	103091	1802	1052	2047
17	Bara	12	8257	1483	1226	1555	7244	89	113	169
18	Bhaktapur	12	3800	1970	1217	1238	3335	41	18	19
19	Chitwan	12	5769	2513	1208	3525	6579	972	381	537
20	Dhading	12	5537	840	344	1917	9315	150	158	115
21	Dhanusha	12	15814	2707	2632	2943	12267	109	126	452
22	Dolkha	12	6814	2770	2721	2313	5842	101	54	100
23	Kathmandu	12	24497	8150	6678	4448	10653	360	326	720
24	Kavre	12	8950	1891	1000	3175	17844	101	154	1354
25	Lalitpur	12	0	0	0	0	0	0	0	0
26	Mahottari	12	9595	1576	1252	1649	6687	97	108	400
27	Makawanpur	12	3557	647	224	1771	11895	429	1162	259
28	Nuwakot	12	3214	672	459	1468	3497	74	56	263
29	Parsa	12	0	0	0	0	0	0	0	0
30	Ramechhap	12	6164	507	199	941	8082	102	195	35
31	Rasuwa	12	783	59	96	416	1499	6	15	18
32	Rautahat	12	7454	988	2428	1319	6154	101	97	264
33	Sarlahi	12	11188	1863	1456	2458	8116	77	45	377
34	Sindhuli	12	2931	509	549	946	3001	105	118	192
35	Sindhupalchowk	12	4777	645	460	1577	7219	134	135	119
	Central	228	129101	29790	24149	33659	129229	3048	3261	5393
36	Arghakhanchi	12	3593	666	359	959	3666	86	34	14
37	Baglung	12	5797	716	749	1291	5153	75	38	48
38	Gorkha	12	6548	787	651	1633	9492	86	179	501
39	Gulmi	12	6186	949	903	1833	6802	127	46	74
40	Kapilvastu	12	8002	1591	2283	2683	8286	175	11	171
41	Kaski	12	7982	1886	8679	4999	6157	667	1681	62
42	Lamjung	12	3864	685	747	1011	4858	21	151	24
43	Manang	12	372	23	42	69	503	1	0	0
44	Mustang	12	849	50	10	207	873	21	3	4
45	Myagdi	12	3602	749	406	772	4158	103	1	24
46	Nawalparasi	12	5271	985	210	1737	8664	42	69	71
47	Palpa	12	5957	1317	1996	933	7171	69	24	31
48	Parbat	12	4738	515	203	610	4989	75	10	3
49	Rupandehi	12	0	0	0	0	0	0	0	0
50	Syangja	12	7019	1000	368	1538	5950	164	47	56
51	Tanahu	12	5642	313	335	590	4110	65	56	86
	Western	192	75422	12232	17941	20865	80832	1777	2350	1169
52	Banke	12	5303	824	184	5488	12148	134	105	90
53	Bardiya	12	4710	968	432	3646	5710	13	252	183
54	Dailekh	12	5204	591	459	1213	4048	9	18	29
55	Dang	12	5312	1410	2266	2054	6744	181	27	251
56	Dolpa	12	801	171	215	117	821	19	8	39
57	Humla	12	2848	654	589	638	2569	32	22	79
58	Jajarkot	12	3697	494	267	461	3032	0	4	127
59	Jumla	12	2482	292	139	252	1693	72	13	36
60	Kalikot	12	2185	385	226	501	951	76	26	41
61	Mugu	12	1466	299	112	119	1088	76	14	29
62	Pyuthan	12	4159	630	303	1258	6197	64	28	9
63	Rolpa	12	3298	364	142	1634	4336	69	220	71
64	Rukum	12	4781	976	598	970	3615	74	8	40
65	Salyan	12	5402	775	410	1459	5538	174	79	43
66	Surkhet	12	6082	1189	627	2139	8155	49	105	71
	Mid Western	180	57730	10022	6969	21949	66645	1042	929	1138
67	Achham	12	4644	556	262	1399	7518	332	325	123
68	Baitadi	12	8190	439	481	1493	5003	508	51	81
69	Bajhang	12	3916	268	244	571	3064	37	37	175
70	Bajura	12	3362	372	253	451	2964	81	7	45
71	Dadeldhura	12	3701	435	250	601	3197	47	191	409
72	Darchula	12	5781	534	202	452	2994	24	3	107
73	Doti	12	4363	385	384	619	7203	87	22	115
74	Kailali	12	4038	767	523	2486	8078	55	136	97
75	Kanchanpur	12	2385	440	214	1958	3522	9	41	52
	Far Western	108	40380	4196	2813	10030	43543	1180	813	1204

Raw Data
Morbidity
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District Code	District Name	Received Reports	Obstetrics Complications													
			Haemorrhage:Antepartum	Haemorrhage: Post-partum	Ectopic pregnancy	Pregnancy included Hypertension (PHI)	Hyperemesis Gravidarum	Antepartum Eclampsia	Postpartum Eclampsia	Prolonged Labour	Obstructed Labour	Ruptured Uterus	Postpartum Sepsis	Retained Placenta	Other Complications/Condition	Abortion Complications
	Mountain	192	304	384	27	167	95	16	16	115	26	3	91	321	2131	368
	Hill	468	842	1311	219	1027	513	105	116	695	600	94	278	1259	8183	2010
	Terai	240	747	890	237	630	1305	163	126	917	551	51	341	608	9566	1204
	National Total	900	1893	2585	483	1824	1913	284	258	1727	1177	148	710	2188	19880	3582
1	Bhojpur	12	12	6	3	7	3	0	0	8	2	1	2	11	257	42
2	Dhankuta	12	1	2	0	7	22	0	0	4	0	3	1	14	127	17
3	Ilam	12	7	13	1	4	29	0	0	47	6	3	0	36	41	15
4	Jhapa	12	27	50	10	59	30	11	17	110	10	2	5	33	43	39
5	Khotang	12	24	17	7	16	1	0	0	14	6	2	3	49	39	28
6	Morang	12	52	71	61	92	156	54	3	62	63	10	2	102	571	33
7	Okhaldhunga	12	13	8	1	6	2	0	2	26	4	0	3	41	15	19
8	Panchthar	12	4	15	5	0	1	4	4	25	30	0	5	22	22	16
9	Sankhuwasabha	12	4	31	0	15	28	0	1	11	1	0	4	11	1251	77
10	Saptari	12	37	39	3	73	13	5	6	41	6	0	21	11	33	48
11	Siraha	12	50	39	8	20	67	15	13	51	70	11	10	60	299	87
12	Solukhumbu	12	12	18	1	80	3	0	2	0	1	0	9	79	61	15
13	Sunsari	12	28	2	2	13	0	1	0	1	0	0	0	1	80	1
14	Taplejung	12	28	37	0	42	34	4	2	13	0	0	47	18	26	55
15	Tehrathum	12	2	31	0	0	2	0	0	1	5	0	1	11	97	10
16	Udaypur	12	10	11	7	103	17	1	1	43	7	0	1	77	43	41
	Eastern	192	311	390	109	537	408	95	51	457	211	32	114	576	3005	543
17	Bara	12	46	70	3	15	9	4	1	25	20	2	91	20	30	36
18	Bhaktapur	12	5	3	2	6	4	0	7	15	5	0	3	0	2	9
19	Chitwan	12	85	109	95	169	589	12	10	163	227	10	36	72	358	298
20	Dhading	12	18	22	4	21	45	0	1	54	15	2	9	42	252	72
21	Dhanusha	12	39	33	6	38	76	13	8	33	17	4	39	11	74	23
22	Dolkha	12	16	12	0	5	3	0	1	13	5	2	3	42	139	45
23	Kathmandu	12	44	39	48	623	162	5	1	38	18	26	7	105	97	351
24	Kavre	12	11	37	4	3	3	9	2	8	18	1	14	28	42	126
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Mahottari	12	51	22	3	23	30	8	7	38	9	4	16	29	54	41
27	Makawanpur	12	15	10	3	1	5	0	0	18	1	1	11	34	242	18
28	Nuwakot	12	4	20	1	2	18	0	0	4	2	2	2	47	70	32
29	Parsa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Ramechhap	12	5	9	0	0	4	2	0	1	1	1	0	5	21	19
31	Rasuwa	12	2	2	2	0	1	0	0	0	2	0	0	1	2	1
32	Rautahat	12	93	62	15	31	0	7	8	191	6	2	14	57	101	111
33	Sarlahi	12	21	12	0	7	9	4	3	18	13	0	5	7	12	41
34	Sindhuli	12	15	18	1	3	1	3	0	14	11	0	1	26	52	14
35	Sindhupalchowk	12	17	36	0	8	22	3	5	45	7	1	5	43	446	45
	Central	228	487	516	187	955	981	70	54	678	377	58	256	569	1994	1282
36	Arghakhanchi	12	7	8	7	15	2	1	7	34	21	9	5	40	375	29
37	Baglung	12	43	35	15	15	27	7	6	36	11	3	12	73	97	26
38	Gorkha	12	9	14	1	6	5	1	1	13	0	0	3	54	21	29
39	Gulmi	12	3	12	2	13	63	1	1	17	4	0	11	16	19	21
40	Kapilvastu	12	50	34	0	5	18	5	8	10	4	0	0	26	24	11
41	Kaski	12	68	29	0	10	5	0	0	2	0	13	5	22	5338	80
42	Lamjung	12	4	4	0	0	0	0	0	0	0	0	0	0	3	1
43	Manang	12	0	0	0	0	0	0	0	0	0	0	0	0	0	2
44	Mustang	12	4	0	1	0	0	0	0	0	0	0	0	3	0	5
45	Myagdi	12	12	15	5	3	11	0	3	31	11	1	7	47	18	19
46	Nawalparasi	12	16	51	3	28	85	6	4	39	18	2	4	11	20	24
47	Palpa	12	25	48	21	21	16	15	16	79	361	9	10	111	323	198
48	Parbat	12	17	17	0	0	3	1	0	0	0	0	4	11	11	19
49	Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50	Syangja	12	4	7	1	70	7	1	42	6	3	3	23	44	122	44
51	Tanahu	12	13	3	3	17	6	3	0	20	17	1	3	20	106	17
	Western	192	275	277	59	203	248	41	88	287	450	41	87	478	6477	525
52	Banke	12	5	15	3	14	2	2	2	4	8	0	5	5	12	32
53	Bardiya	12	18	73	2	20	39	5	3	37	28	1	18	15	233	107
54	Dailekh	12	27	130	4	4	5	20	13	5	14	0	5	15	47	61
55	Dang	12	34	78	5	19	89	6	10	50	29	0	24	71	86	98
56	Dolpa	12	75	4	0	0	0	0	0	2	1	0	2	3	10	0
57	Humla	12	19	58	4	10	0	0	4	6	1	0	2	18	0	12
58	Jajarkot	12	55	69	0	0	0	0	2	25	1	0	1	97	14	44
59	Jumla	12	12	29	0	3	0	2	0	3	0	0	0	7	6	6
60	Kalikot	12	31	54	1	0	3	3	1	3	1	0	3	26	17	36
61	Mugu	12	27	18	0	0	1	4	0	13	6	0	1	24	15	15
62	Pyuthan	12	38	57	0	5	1	3	0	16	2	3	4	26	31	38
63	Rolpa	12	15	22	6	1	0	3	2	7	0	0	2	9	16	13
64	Rukum	12	15	69	0	0	12	11	0	5	0	0	5	25	7	152
65	Salyan	12	49	88	3	5	3	2	0	24	3	1	13	12	23	15
66	Surkhet	12	77	176	7	14	6	4	4	20	17	2	15	42	74	100
	Mid Western	180	497	940	35	95	161	65	41	220	111	7	100	395	591	729
67	Achham	12	69	79	2	11	5	4	1	5	1	0	9	20	40	76
68	Baitadi	12	23	31	6	3	0	0	0	16	0	2	46	11	9	101
69	Bajhang	12	28	39	17	4	0	0	0	4	1	0	7	15	140	34
70	Bajura	12	24	28	1	0	0	0	0	1	0	0	0	11	17	13
71	Dadeldhura	12	27	57	6	4	0	2	0	6	2	5	8	8	36	63
72	Darchula	12	5	18	0	0	0	0	0	1	0	0	8	20	1	7
73	Doti	12	52	80	43	8	17	2	0	8	1	0	24	8	34	135
74	Kailali	12	88	91	18	1	93	5	3	43	23	3	50	64	3061	36
75	Kanchanpur	12	7	39	0	3	0	0	20	1	0	0	1	13	4475	38
	Far Western	108	323	462	93	34	115	13	24	85	28	10	153	170	7813	503

Raw Data
Morbidity
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District Code	District Name	Received Reports	Gyne Problems							Mental Health related problems						
			Prolapsed uterus	Pelvic Inflammatory Disease (PID)	Leukorrhoea (Vaginal discharge syndrome)	Menstrual disorder	Distifunctional uterine bleeding	Breast lumps / Breast Abscess	Mastitis (Ingorged breast)	Dipression	Psychosis	Anxiety (Neurosis)	Mental retardation	Convulsive disorder (Hysteria)	Alcoholism	Eplisy
	Mountain	192	2164	8929	4360	4890	2490	1352	800	757	196	1131	98	394	591	726
	Hill	468	15197	56914	33724	25138	13836	9041	4517	14828	5126	16598	860	2040	3887	4975
	Terai	240	6625	28906	34268	21925	11660	7184	2779	5642	827	4899	890	1536	2294	1894
	National Total	900	23986	94749	72352	51953	27986	17577	8096	21227	6149	22628	1848	3970	6772	7595
1	Bhojpur	12	102	308	194	389	208	248	62	32	6	31	4	10	24	75
2	Dhankuta	12	145	365	216	325	247	109	67	27	0	19	1	5	11	6
3	Ilam	12	60	394	337	530	257	123	66	214	51	271	4	103	89	51
4	Jhapa	12	419	2066	1803	1842	621	1276	762	643	136	1044	32	133	256	57
5	Khotang	12	228	1090	394	625	288	360	140	126	21	363	41	94	142	30
6	Morang	12	983	1666	1487	3208	1153	560	283	1435	206	1256	522	397	777	812
7	Okhaldhunga	12	372	537	242	735	167	150	54	1771	262	625	18	26	74	552
8	Panchthar	12	133	527	110	276	242	141	31	82	8	56	7	9	12	1
9	Sankhuwasabha	12	132	1401	300	923	291	134	104	123	14	179	23	35	40	55
10	Saptari	12	574	416	1672	778	233	428	101	254	4	88	17	6	11	8
11	Siraha	12	126	646	1286	813	566	355	99	229	84	126	63	57	137	84
12	Solukhumbu	12	54	177	186	346	165	52	48	69	14	29	1	9	31	225
13	Sunsari	12	194	662	1291	993	440	199	92	214	3	40	3	3	47	8
14	Taplejung	12	62	318	260	301	204	153	173	46	12	276	25	146	188	74
15	Tehrathum	12	97	463	119	190	142	33	22	45	3	153	10	3	8	11
16	Udaypur	12	371	790	648	717	297	298	85	92	11	140	8	40	63	52
	Eastern	192	4052	11826	10545	12991	5521	4619	2189	5402	835	4696	779	1076	1910	2101
17	Bara	12	67	788	1240	589	216	273	59	48	12	149	8	16	9	23
18	Bhaktapur	12	53	429	400	395	173	140	57	110	17	90	4	26	83	110
19	Chitwan	12	1697	2609	1319	1225	1261	416	122	831	188	454	123	393	408	103
20	Dhading	12	1110	1870	1686	1061	800	475	176	287	22	200	13	83	69	215
21	Dhanusha	12	114	1421	1683	929	537	400	147	210	33	134	10	9	77	7
22	Dolkha	12	498	1261	357	1105	288	147	97	178	43	164	21	103	96	247
23	Kathmandu	12	686	2429	1682	2072	1100	753	249	1622	512	477	170	290	888	228
24	Kavre	12	757	2073	2023	1434	655	319	869	94	48	102	13	13	181	54
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Mahottari	12	159	617	1051	1080	389	264	100	73	18	87	8	20	58	4
27	Makawanpur	12	162	558	827	436	390	227	81	191	233	208	0	5	34	585
28	Nuwakot	12	340	1053	631	444	296	176	44	48	4	80	4	18	40	6
29	Parsa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Ramechhap	12	289	863	319	500	271	117	125	626	20	154	10	11	29	34
31	Rasuwa	12	40	274	95	126	101	56	24	6	2	15	1	1	18	2
32	Rautahat	12	176	670	1277	712	137	243	83	111	19	40	16	11	30	34
33	Sarlahi	12	186	478	1584	873	341	307	83	50	4	25	20	5	29	53
34	Sindhuli	12	55	272	338	311	146	128	43	80	12	82	7	13	52	17
35	Sindhupalchowk	12	431	963	584	682	421	195	98	61	16	164	9	22	65	43
	Central	228	6820	18628	17096	13974	7522	4636	2457	4626	1203	2625	437	1039	2166	1765
36	Arghakhanchi	12	268	2293	745	363	232	244	130	462	22	353	25	21	19	16
37	Baglung	12	468	1874	997	530	277	233	139	177	107	857	60	36	106	63
38	Gorkha	12	548	2332	1563	889	455	279	175	2568	8	433	31	88	119	371
39	Gulmi	12	560	2669	1650	713	459	341	160	630	134	1102	39	62	92	95
40	Kapilvastu	12	193	4020	3014	1942	785	292	87	327	22	231	31	38	21	59
41	Kaski	12	1706	2557	1444	1525	484	466	120	2056	3060	2991	195	594	401	741
42	Lamjung	12	159	906	803	394	205	233	143	316	59	310	0	17	216	219
43	Manang	12	13	89	41	15	1	0	1	4	0	0	0	6	1	1
44	Mustang	12	2	187	23	16	5	15	28	10	5	12	0	7	4	4
45	Myagdi	12	87	674	717	748	155	178	115	56	4	74	3	16	12	3
46	Nawalparasi	12	218	1573	3358	1670	816	364	101	190	10	259	7	171	48	48
47	Palpa	12	951	3613	1504	1226	679	341	101	1300	109	3747	41	44	447	588
48	Parbat	12	414	1260	485	132	236	92	71	147	10	284	27	13	5	17
49	Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50	Syangja	12	501	2110	1935	830	264	245	125	391	44	551	13	111	88	58
51	Tanahu	12	457	1788	1093	423	264	203	59	135	44	133	20	24	61	41
	Western	192	6545	27945	19372	11416	5317	3526	1555	8769	3638	11337	492	1248	1640	2324
52	Banke	12	288	1060	1534	462	528	320	82	98	7	55	1	2	9	1
53	Bardiya	12	291	1949	3804	1613	1033	367	182	80	3	82	4	3	11	146
54	Dailekh	12	278	1375	652	354	609	196	95	59	2	195	0	0	7	24
55	Dang	12	206	2484	2227	923	769	521	200	502	26	559	4	119	244	141
56	Dolpa	12	22	272	52	46	8	27	18	48	1	10	1	11	16	7
57	Humla	12	111	512	483	119	101	166	91	26	63	44	1	19	107	43
58	Jajarkot	12	198	1241	401	327	189	84	73	40	19	242	2	13	13	1
59	Jumla	12	15	546	146	11	18	28	20	3	0	0	1	0	6	1
60	Kalikot	12	508	904	791	643	104	65	16	61	17	64	6	23	2	5
61	Mugu	12	80	287	154	116	80	62	22	31	0	24	3	2	1	1
62	Pyuthan	12	214	1989	813	359	271	495	66	31	0	231	0	12	44	106
63	Rolpa	12	431	1722	832	594	409	230	117	60	11	125	7	6	40	9
64	Rukum	12	307	1732	808	645	419	165	79	142	48	508	16	53	164	126
65	Salyan	12	592	2094	1162	529	399	137	57	69	3	375	4	11	23	11
66	Surkhet	12	337	3706	1803	1046	800	412	168	156	39	198	9	27	33	110
	Mid Western	180	3878	21873	15662	7787	5737	3275	1286	1406	239	2712	59	301	720	732
67	Achham	12	1006	2622	2398	1993	529	236	92	271	47	223	15	35	71	67
68	Baitadi	12	256	1450	476	542	351	177	91	164	1	71	4	16	30	6
69	Bajhang	12	106	324	411	123	275	106	25	76	9	61	6	10	9	16
70	Bajura	12	50	728	212	164	181	59	24	13	0	22	0	0	1	2
71	Dadeldhura	12	308	2424	1001	345	249	160	84	123	120	515	31	79	28	11
72	Darchula	12	40	686	265	154	247	87	11	2	0	67	0	0	6	0
73	Doti	12	191	462	276	191	222	97	86	28	5	29	4	13	69	265
74	Kailali	12	261	2783	2254	1609	1340	377	115	312	51	235	18	113	109	254
75	Kanchanpur	12	473	2998	2384	664	495	222	81	35	1	35	3	40	13	52
	Far Western	108	2691	14477	9677	5785	3889	1521	609	1024	234	1258	81	306	336	673

Raw Data
Morbidity
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District Code	District Name	Received Reports	Malignancy				Cardiovascular related problems						
			Breast Cancer	Cervical Cancer	Lung Cancer	Other Cancer	Hypertension	Cardiac failure (CCF)	COPD (COPD/Corpornomaie)	Acute rheumatic fever	Rheumatic heart disease	Ischemic heart disease	Other cardiovascular problems
	Mountain	192	28	21	9	11	10599	837	20316	2514	949	122	301
	Hill	468	381	392	730	1664	75101	5969	105267	7249	5253	2332	3498
	Terai	240	131	148	120	228	52726	3174	66646	4702	1562	608	1089
	National Total	900	540	561	859	1903	138426	9980	192229	14465	7764	3062	4888
1	Bhojpur	12	0	0	1	5	703	75	1097	121	18	0	9
2	Dhankuta	12	5	0	4	4	721	27	671	10	40	7	2
3	Ilam	12	0	0	0	1	2013	59	1239	37	59	0	13
4	Jhapa	12	3	0	1	3	4226	33	4383	160	51	16	72
5	Khotang	12	6	0	0	1	1100	52	2477	96	68	3	11
6	Morang	12	3	11	36	70	6395	146	4028	256	359	314	86
7	Okhaldhunga	12	1	0	3	6	1677	310	2501	184	154	5	85
8	Panchthar	12	12	1	0	0	1201	44	892	233	39	0	25
9	Sankhuwasabha	12	2	0	1	1	1249	81	1300	112	113	6	47
10	Saptari	12	6	0	1	5	4228	42	6010	541	24	0	9
11	Siraha	12	1	7	0	12	4445	131	4336	240	274	12	1
12	Solukhumbu	12	1	0	1	1	2946	63	1084	95	39	2	20
13	Sunsari	12	0	0	0	0	2726	15	2906	309	1	1	67
14	Taplejung	12	1	1	0	1	1389	102	1473	372	226	51	90
15	Teharhum	12	0	0	0	12	768	14	249	72	63	9	14
16	Udaypur	12	12	3	0	2	1436	87	1500	234	25	17	22
	Eastern	192	53	23	48	124	37223	1281	36146	3072	1553	443	573
17	Bara	12	5	0	0	16	2253	709	3283	172	4	0	5
18	Bhaktapur	12	11	0	0	0	3079	33	2195	37	30	12	17
19	Chitwan	12	78	118	73	61	5369	420	5002	323	91	29	347
20	Dhading	12	2	6	9	15	2170	36	2596	217	93	8	100
21	Dhanusha	12	4	0	0	1	4519	45	4960	420	27	25	0
22	Dolkha	12	12	3	6	1	1399	52	2283	292	88	5	36
23	Kathmandu	12	52	47	250	236	11127	351	7000	1088	449	275	574
24	Kavre	12	1	0	0	1	1451	40	4007	162	276	60	129
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0
26	Mahottari	12	0	0	2	12	2645	190	3132	257	14	0	45
27	Makawanpur	12	2	0	0	3	1090	170	1325	211	52	50	66
28	Nuwakot	12	5	0	0	9	971	52	2801	73	41	0	32
29	Parsa	12	0	0	0	0	0	0	0	0	0	0	0
30	Ramechhap	12	16	2	12	0	1166	84	1615	91	105	6	29
31	Rasuwa	12	0	0	0	0	189	1	556	8	3	1	8
32	Rautahat	12	12	0	4	19	2138	351	3186	274	156	24	47
33	Sarlahi	12	1	0	0	1	2532	64	3085	343	13	1	15
34	Sindhuli	12	2	0	1	0	1849	103	1346	87	110	42	52
35	Sindhupalchowk	12	3	6	0	1	1012	46	3650	176	168	9	25
	Central	228	206	182	357	376	44959	2747	52022	4231	1720	547	1527
36	Arghakhanchi	12	2	0	4	0	1921	178	4548	461	14	0	5
37	Baglung	12	1	3	0	6	2127	183	3418	179	133	45	213
38	Gorkha	12	1	1	11	4	3634	183	5522	155	288	2	35
39	Gulmi	12	0	0	1	9	3769	289	4431	381	46	14	34
40	Kapilvastu	12	10	0	0	0	1904	158	3321	209	43	0	0
41	Kaski	12	169	182	354	810	7709	798	3931	582	781	940	1149
42	Lamjung	12	0	0	0	1	2888	196	2302	308	244	6	291
43	Manang	12	0	0	0	0	244	1	122	2	0	0	4
44	Mustang	12	0	0	0	0	711	0	106	0	1	1	0
45	Myagdi	12	0	1	7	3	738	134	1313	78	38	4	30
46	Nawalparasi	12	0	0	0	2	2922	57	3222	362	61	25	196
47	Palpa	12	20	88	18	334	5695	1206	6321	98	611	180	171
48	Parbat	12	1	0	0	2	1484	30	1647	52	24	4	1
49	Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0
50	Syangja	12	29	38	15	87	3953	233	3654	329	537	199	124
51	Tanahu	12	3	0	3	2	2298	24	3467	84	149	13	35
	Western	192	236	313	413	1260	41997	3670	47325	3280	2970	1433	2288
52	Banke	12	5	1	0	5	427	79	3245	150	9	0	5
53	Bardiya	12	2	0	0	1	2059	64	3696	82	42	0	53
54	Dailekh	12	0	3	1	1	372	94	2788	78	13	1	18
55	Dang	12	0	0	0	0	1613	163	2926	80	119	13	69
56	Dolpa	12	0	0	0	0	40	49	303	48	2	0	6
57	Humla	12	0	1	0	2	481	15	2072	64	17	0	6
58	Jajarkot	12	0	0	0	0	230	47	1824	457	45	7	24
59	Jumla	12	1	3	0	0	96	123	1362	113	4	0	0
60	Kalikot	12	6	0	1	0	164	160	967	127	166	1	25
61	Mugu	12	1	0	0	0	23	27	311	16	2	0	0
62	Pyuthan	12	5	0	1	5	1105	15	2845	71	10	1	3
63	Rolpa	12	1	0	0	0	520	42	1448	119	8	8	3
64	Rukum	12	6	11	13	81	550	213	2198	116	203	21	29
65	Salyan	12	0	0	0	0	350	38	2526	124	38	0	30
66	Surkhet	12	6	0	0	1	1079	46	3836	165	35	0	5
	Mid Western	180	33	19	16	96	9109	1175	32347	1810	713	52	276
67	Achham	12	1	2	0	6	689	66	4068	144	170	244	19
68	Baitadi	12	4	0	0	0	474	64	4396	114	36	26	30
69	Bajhang	12	1	7	0	1	195	15	1057	81	11	3	28
70	Bajura	12	0	0	0	3	154	69	2188	690	71	43	6
71	Dadeldhura	12	2	0	3	4	742	301	4001	150	194	115	49
72	Darchula	12	0	0	0	0	307	33	1482	318	38	0	0
73	Doti	12	3	4	19	13	252	52	1272	51	14	8	20
74	Kailali	12	0	11	2	18	1818	496	3564	471	255	148	64
75	Kanchanpur	12	1	0	1	2	507	11	2361	53	19	0	8
	Far Western	108	12	24	25	47	5138	1107	24389	2072	808	587	224

Raw Data

Morbidity
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District Code	District Name	Received Reports	Other Diseases & Injuries														
			RTA (Road Traffic Accident)	Headache (Migrain)	Pyrexia of Unknown Origin	Falls/Injuries/Fractures	Gastritis (APD)	Insect/Wasp Bite	Abdominal Pain	Arthritis, Rheumatism and Gout	Cirrhosis of liver	Burns and Scalds	Dog Bite	Other Rabies susceptible animal bites	Snake Bite: Poisonous	Snake Bite: Non Poisonous	Physical Disability (Disable Person)
	Mountain	192	10503	122755	57816	64303	115342	7179	44359	23696	1213	5949	2401	138	65	270	612
	Hill	468	27043	526649	313346	320050	559454	19453	205570	122861	5245	28290	13831	1172	289	1715	2631
	Terai	240	26507	356857	474066	164134	513544	10291	208546	120808	2998	20653	9430	835	251	1366	1464
	National Total	900	64053	1006261	845228	548487	1188340	36923	458475	267365	9456	54892	25662	2145	605	3351	4707
1	Bhojpur	12	1355	15873	7957	9503	11436	620	3687	2096	59	571	228	24	7	39	8
2	Dhankuta	12	133	7872	8598	6725	6695	89	2868	1388	21	378	218	10	0	8	1
3	Ilam	12	476	8807	6510	5319	7477	262	3615	1238	44	347	272	8	1	10	9
4	Jhapa	12	1892	13866	10094	6029	22067	392	9018	3578	149	600	204	28	5	1	37
5	Khotang	12	38	18131	1688	5880	14088	318	5246	2684	32	716	425	10	1	44	245
6	Morang	12	2311	20416	14264	10860	23754	528	14337	7830	198	934	785	130	7	1	4
7	Okhaldhunga	12	563	17394	6060	4831	15065	253	7264	2107	68	480	241	9	2	9	27
8	Panchthar	12	337	10092	4970	3833	5875	290	2238	1400	101	369	258	10	4	11	12
9	Sankhuwasabha	12	570	12239	4498	7881	12485	295	2720	2487	63	375	426	20	14	68	40
10	Saptari	12	978	21723	38528	11580	23685	268	14684	12425	113	1928	160	1	16	217	13
11	Siraha	12	1796	21929	45560	9395	28120	771	17628	12655	168	1643	1059	46	23	176	631
12	Solukhumbu	12	32	8616	2914	4705	8280	226	2975	2205	151	593	184	11	6	10	0
13	Sunsari	12	653	26016	38083	9850	22808	290	12545	10652	34	904	102	22	1	7	37
14	Taplejung	12	294	11925	3190	4498	7155	315	2474	1130	127	454	287	11	0	63	1
15	Tehrathum	12	233	6293	3450	4005	5524	269	1999	1404	31	330	158	11	2	11	20
16	Udaypur	12	976	11828	8259	6061	10964	341	5387	2469	85	945	633	114	9	156	6
	Eastern	192	12637	233020	204623	110955	225478	5527	108685	67748	1444	11567	5640	465	98	831	1091
17	Bara	12	1148	19318	37421	6688	20195	1373	12129	6367	447	1507	1160	35	53	11	5
18	Bhaktapur	12	567	4770	5102	6773	7384	179	2353	2458	28	460	425	37	7	10	3
19	Chitwan	12	1215	10407	14797	11713	16477	486	6870	2921	161	620	174	44	17	30	55
20	Dhading	12	1405	15201	8742	11095	19666	247	5525	6115	60	810	378	25	4	67	72
21	Dhanusha	12	1553	25565	22782	10083	155940	731	18299	10017	264	1544	164	14	5	20	4
22	Dolkha	12	1088	12286	3770	7019	14136	649	4570	2343	154	575	214	26	6	20	60
23	Kathmandu	12	6600	17121	13683	17161	25482	1157	10817	4604	503	1523	1187	224	16	29	105
24	Kavre	12	1013	19783	11716	16283	20212	359	8593	4365	116	884	322	48	11	63	296
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Mahottari	12	2090	17200	29358	5830	18640	967	10708	5936	137	1287	445	29	18	226	37
27	Makawanpur	12	572	8695	12504	7335	8514	281	4035	1990	68	415	291	15	9	32	6
28	Nuwakot	12	270	11417	6194	4516	9871	320	3583	2097	61	386	228	25	8	28	1
29	Parsa	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Ramechhap	12	252	15554	10408	6842	11245	309	3607	2530	33	399	546	14	5	57	348
31	Rasuwa	12	41	2747	2835	2384	3914	105	780	731	22	98	53	3	1	6	3
32	Rautahat	12	1735	15534	36007	5923	18057	648	9848	5494	328	1189	508	37	53	216	65
33	Sarlahi	12	970	24080	45267	7374	24676	340	12278	7803	126	1440	314	93	4	224	2
34	Sindhuli	12	293	10143	10056	1931	7388	327	5037	1408	73	495	455	10	16	65	8
35	Sindhupalchowk	12	1061	17123	8660	10542	14918	267	4644	3975	30	945	365	19	32	66	260
	Central	228	21873	246944	279302	139492	396715	8745	123676	71154	2611	14577	7229	698	265	1170	1330
36	Arghakhanchi	12	987	9153	6299	6829	14158	532	4199	5090	37	659	211	6	1	23	26
37	Baglung	12	880	10719	3949	10008	14633	642	3762	3660	150	751	475	34	15	89	320
38	Gorkha	12	321	16499	8759	8270	20275	699	7318	6527	47	979	627	29	5	76	63
39	Gulmi	12	1790	21677	10210	14443	24440	1314	5693	8057	254	1280	538	33	9	34	2
40	Kapilvastu	12	2640	19675	28385	6551	21405	716	12462	7176	527	1172	220	33	12	20	19
41	Kaski	12	664	11997	6833	11058	17220	410	5428	5067	1352	1364	238	13	32	73	45
42	Lamjung	12	434	10550	12197	5570	12750	549	3460	2635	50	343	208	42	5	35	14
43	Manang	12	0	610	426	375	1464	48	325	277	1	25	11	0	0	1	0
44	Mustang	12	174	1896	954	2169	2538	80	614	558	14	131	33	1	0	2	0
45	Myagdi	12	231	8353	4101	4251	8066	176	2435	1607	27	441	192	2	4	43	21
46	Nawalparasi	12	1890	23809	24785	10334	28277	223	8880	5173	45	937	719	44	11	141	33
47	Palpa	12	1149	17011	7522	15084	26241	637	5963	6255	169	730	423	16	17	184	1
48	Parbat	12	187	13487	5173	9644	13698	438	3527	2798	48	419	210	11	1	65	72
49	Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50	Syangja	12	957	14287	5024	14498	20252	854	5312	5575	177	1184	509	49	11	169	189
51	Tanahu	12	894	11302	12327	10321	15406	330	5653	4232	52	579	497	64	1	74	138
	Western	192	13198	191025	136944	129405	235423	7648	75031	64687	2950	10994	5111	377	124	1029	943
52	Banke	12	921	23311	33914	7703	18299	489	10361	3205	18	724	42	28	6	1	2
53	Bardiya	12	2066	21091	17852	11506	20629	950	10187	6349	56	1499	424	38	0	1	412
54	Dailekh	12	90	24535	6571	9906	18103	455	8391	3127	90	951	426	20	8	49	105
55	Dang	12	1079	16081	4281	9013	20174	426	10649	4786	72	999	832	106	5	23	19
56	Dolpa	12	99	2024	821	443	2142	59	945	181	35	83	13	8	0	1	2
57	Humla	12	3084	2885	1167	3972	3788	1912	2722	1087	261	287	31	0	0	4	85
58	Jajarkot	12	0	10562	5631	3252	11839	325	6113	908	29	605	273	19	2	8	6
59	Jumla	12	130	6172	1611	2118	6224	174	2638	1038	29	393	57	1	0	1	4
60	Kalikot	12	615	5433	1617	1812	6352	887	3174	1535	113	316	189	25	2	1	4
61	Mugu	12	3	2456	348	790	3620	190	1541	759	22	165	22	3	1	0	61
62	Pyuthan	12	397	17430	4038	11794	14260	211	6563	3437	30	938	362	6	0	3	21
63	Rolpa	12	460	15122	5868	6862	13583	2228	4510	4173	589	748	396	74	7	21	55
64	Rukum	12	376	13730	7515	7335	16235	539	7074	1944	216	883	497	18	15	16	2
65	Salyan	12	381	16317	8708	6290	18810	282	7690	2595	38	711	321	2	4	17	27
66	Surkhet	12	396	16904	1891	10494	26694	504	10657	3601	11	1734	253	62	28	86	0
	Mid Western	180	10097	194053	101833	93290	200752	9631	93215	38725	1609	11036	4138	410	78	232	805
67	Achham	12	334	27673	18312	12830	25195	427	10707	2783	89	959	274	20	2	7	8
68	Baitadi	12	434	16049	19925	10167	15499	1144	6287	3116	124	731	244	26	5	1	333
69	Bajhang	12	505	10771	8548	5363	9120	344	4769	2133	61	377	204	4	1	13	79
70	Bajura	12	1572	15216	8392	4986	11659	1107	5634	1612	60	614	164	5	1	11	11
71	Dadeldhura	12	382	10457	11531	6672	12939	1001	4739	2630	251	1078	238	22	9	1	14
72	Darchula	12	1235	10356	8065	5246	7547	521	3834	1645	70	518	148	1	1	3	2
73	Doti	12	216	13861	15065												

Raw Data
Morbidity
Sheet 11 of 11

District Code	District Name	Received Reports	Surgical Problems						
			Hernia	Hydrocele	Phimosi/Para - Phimosis	Haemorrhoids (Piles)	Epididymitis/Oc hritis	Prostatism (BEP/BPH)	Others
	Mountain	192	468	359	188	1013	285	234	172590
	Hill	468	3968	3227	1433	6939	1473	2331	1212177
	Terai	240	2902	3099	1011	5784	1493	1113	1588616
	National Total	900	7338	6685	2632	13736	3251	3678	2973383
1	Bhojpur	12	67	26	23	77	34	16	16222
2	Dhankuta	12	14	10	3	40	18	6	12341
3	Ilam	12	46	45	23	166	26	58	13781
4	Jhapa	12	400	484	127	752	255	118	68174
5	Khotang	12	65	58	23	85	19	12	28662
6	Morang	12	428	403	106	617	133	215	164478
7	Okhaldhunga	12	34	23	10	124	19	17	26767
8	Panchthar	12	17	23	6	66	12	4	11575
9	Sankhuwasabha	12	36	31	13	45	41	44	23494
10	Saptari	12	53	27	19	152	9	3	28212
11	Siraha	12	86	79	38	109	42	36	26500
12	Solukhumbu	12	8	14	6	26	5	0	12710
13	Sunsari	12	37	23	3	179	24	3	49081
14	Taplejung	12	64	48	45	78	57	21	14761
15	Teharthurm	12	19	8	6	28	26	5	10561
16	Udaypur	12	65	46	31	251	19	18	21273
	Eastern	192	1439	1348	482	2795	739	576	528592
17	Bara	12	46	54	27	178	23	51	24078
18	Bhaktapur	12	32	11	2	64	12	20	26247
19	Chitwan	12	847	487	345	1017	247	384	35789
20	Dhading	12	128	220	31	233	44	32	20674
21	Dhanusha	12	96	101	27	119	20	7	32518
22	Dolcha	12	69	30	21	113	22	53	29492
23	Kathmandu	12	897	665	256	909	102	288	82181
24	Kavre	12	197	94	51	225	48	169	51527
25	Lalitpur	12	0	0	0	0	0	0	187512
26	Mahottari	12	83	35	25	175	34	65	26134
27	Makawanpur	12	20	15	7	90	3	30	13648
28	Nuwakot	12	61	165	17	99	39	14	20158
29	Parsa	12	0	0	0	0	0	0	0
30	Ramechhap	12	82	22	17	83	19	28	19050
31	Rasuwa	12	14	10	5	11	9	3	5048
32	Rautahat	12	71	52	13	148	39	0	20600
33	Sarlahi	12	99	173	25	268	50	13	19398
34	Sindhuli	12	52	19	14	79	12	12	8244
35	Sindhupalchowk	12	113	86	23	108	26	16	20192
	Central	228	2907	2239	906	3919	749	1185	642490
36	Arghakhanchi	12	23	24	4	96	11	6	22175
37	Baglung	12	79	80	35	101	60	27	25576
38	Gorkha	12	121	90	35	167	34	33	30661
39	Gulmi	12	90	44	44	197	20	5	36506
40	Kapilvastu	12	112	184	38	148	54	28	18644
41	Kaski	12	677	517	324	807	272	628	52205
42	Lamjung	12	23	30	7	276	13	7	14861
43	Manang	12	0	1	0	8	0	0	229
44	Mustang	12	0	2	0	14	6	0	6401
45	Myagdi	12	54	101	12	76	51	28	10333
46	Nawalparasi	12	56	67	14	217	23	43	41403
47	Palpa	12	358	196	101	245	58	503	83748
48	Parbat	12	9	29	6	45	16	31	15745
49	Rupandehi	12	0	0	0	0	0	0	837191
50	Syangja	12	65	34	17	93	45	52	30424
51	Tanahu	12	52	29	11	121	14	44	34763
	Western	192	1719	1428	648	2611	677	1435	1260865
52	Banke	12	21	116	15	80	32	16	20035
53	Bardiya	12	126	273	66	497	150	14	27395
54	Dailikh	12	26	41	15	278	26	9	25248
55	Dang	12	75	243	38	437	163	53	53240
56	Dolpa	12	1	21	0	7	0	0	692
57	Humla	12	61	33	26	178	9	5	10170
58	Jajarkot	12	29	23	20	79	19	4	13329
59	Jumla	12	16	12	6	11	1	3	4207
60	Kalikot	12	29	14	16	47	21	66	4497
61	Mugu	12	20	14	5	38	4	2	1874
62	Pyuthan	12	32	28	2	68	9	2	27384
63	Rolpa	12	100	50	9	144	34	23	21450
64	Rukum	12	76	63	57	227	56	12	16313
65	Salyan	12	65	69	36	228	62	18	16022
66	Surkhet	12	72	85	19	304	35	20	65570
	Mid Western	180	749	1085	330	2623	621	247	307426
67	Achham	12	68	125	76	202	62	52	29938
68	Baitadi	12	42	41	15	209	18	5	22662
69	Bajhang	12	16	22	11	104	32	17	11028
70	Bajura	12	11	13	4	86	22	0	17253
71	Dadeldhura	12	67	51	51	265	79	61	27362
72	Darchula	12	10	8	7	139	30	4	10542
73	Doti	12	44	27	17	92	27	32	19479
74	Kailali	12	232	235	78	385	128	59	64325
75	Kanchanpur	12	34	63	7	306	67	5	31421
	Far Western	108	524	585	266	1788	465	235	234010

Analysed Data
Morbidity Sheet 1 of 2

District Code	District Name	Received Report	% of new OPD Visits of Total Population	Proportion by sex among total OPD Visit		% of OPD Visits for								
				Female	Male	Communicable, Immunizable	Communicable, Vector Borne	Communicable, Water/Food Borne	Other Communicable Diseases	Other Infected Diseases	Nutritional and Metabolic Disorder	Skin Diseases	Ear, Nose and Throat Infection	Oral Health related Problems
	Mountain	192	95.71	52.49	47.51	0.38	0.04	19.61	0.21	18.03	2.28	9.82	6.11	3.84
	Hill	468	78.52	55.65	44.35	0.41	0.19	17.09	0.29	17.43	2.29	9.96	6.19	3.44
	Terai	240	70.81	55.45	44.55	0.27	1.10	16.37	0.28	15.49	3.15	14.51	14.70	2.57
	National Total	900	75.98	55.28	44.72	0.35	0.59	16.99	0.28	16.60	2.68	12.02	5.50	3.08
1	Bhojpur	12	96.98	52.64	47.36	0.30	0.10	19.81	0.06	16.95	1.81	11.93	10.38	2.53
2	Dhankuta	12	76.11	55.51	44.49	0.62	0.03	17.10	0.10	15.79	1.33	12.94	11.85	2.48
3	Ilam	12	47.30	56.06	43.94	0.43	0.31	13.80	0.11	19.60	1.85	10.91	10.78	4.40
4	Jhapa	12	57.67	53.02	46.98	0.55	1.09	13.89	0.47	22.44	2.24	12.78	7.46	3.11
5	Khotang	12	92.16	53.98	46.02	0.43	0.01	21.63	0.05	16.12	1.88	11.36	7.87	2.64
6	Morang	12	62.80	54.95	45.05	0.45	0.93	12.23	0.35	15.71	2.83	11.60	5.88	2.19
7	Okhaldhunga	12	141.71	56.09	43.91	0.38	0.01	19.92	0.02	18.91	1.59	9.59	7.72	3.69
8	Panchthar	12	63.28	54.14	45.86	0.47	0.08	17.71	0.21	17.05	1.92	13.47	11.40	2.77
9	Sankhuwasabha	12	102.11	55.50	44.50	0.46	0.01	18.53	0.06	15.85	1.25	10.72	7.14	2.95
10	Saptari	12	95.64	53.65	46.35	0.14	0.63	26.91	0.14	16.45	3.18	16.00	5.62	2.89
11	Siraha	12	92.62	54.73	45.27	0.19	0.80	21.20	0.07	16.87	4.19	16.92	5.23	3.30
12	Solukhumbu	12	114.70	53.21	46.79	0.16	0.00	19.96	0.32	17.99	2.23	10.11	8.31	3.56
13	Sunsari	12	68.91	56.52	43.48	0.29	0.36	16.45	0.06	19.07	3.37	14.23	6.05	2.97
14	Taplejung	12	105.67	52.59	47.41	0.81	0.01	18.89	0.05	16.82	1.69	12.87	9.70	3.55
15	Teharthur	12	86.63	53.86	46.14	0.68	0.09	16.01	0.05	18.67	1.53	12.62	10.99	3.34
16	Udaypur	12	64.04	54.62	45.38	0.45	0.32	23.77	0.22	13.09	2.03	12.99	7.03	2.75
	Eastern	192	77.77	54.52	45.48	0.37	0.48	18.80	0.17	17.43	2.61	13.28	7.25	2.98
17	Bara	12	70.39	51.02	48.98	0.47	0.65	19.72	0.26	13.44	4.20	22.40	4.61	2.64
18	Bhaktapur	12	53.22	57.27	42.73	0.53	0.08	11.83	0.18	16.82	1.78	9.22	6.60	5.72
19	Chitwan	12	58.51	54.51	45.49	0.54	0.18	11.03	0.38	15.57	3.98	15.59	7.07	3.91
20	Dhading	12	71.85	56.69	43.31	0.64	0.13	17.43	0.33	18.63	2.52	11.84	5.55	3.01
21	Dhanusha	12	95.25	60.08	39.92	0.12	2.53	17.18	0.11	14.40	2.91	14.03	4.67	3.19
22	Dolcha	12	93.93	55.72	44.28	0.64	0.02	17.95	0.07	17.95	1.44	8.99	6.02	6.52
23	Kathmandu	12	37.29	54.66	45.34	0.79	0.06	12.91	0.76	14.14	3.23	7.54	5.99	8.61
24	Kavre	12	84.63	58.64	41.36	0.49	0.37	13.16	0.21	19.71	1.98	8.89	6.54	3.93
25	Lalitpur	12	46.25	55.17	44.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
26	Mahottari	12	65.44	53.33	46.67	0.23	1.89	19.44	0.28	17.18	3.96	16.44	5.39	3.27
27	Makawanpur	12	39.52	56.11	43.89	0.83	0.49	13.69	0.39	15.75	2.41	13.93	5.86	3.37
28	Nuwakot	12	48.51	54.17	45.83	0.56	0.06	16.69	0.38	15.83	1.73	11.47	6.39	3.56
29	Parsa	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30	Ramechhap	12	77.24	58.05	41.95	0.64	0.01	15.24	0.07	16.17	1.10	10.21	6.87	4.12
31	Rasuwa	12	92.99	53.08	46.92	0.48	0.01	17.01	0.19	18.21	1.83	9.33	5.48	2.76
32	Rautahat	12	63.55	51.53	48.47	0.19	1.22	20.05	0.29	13.49	5.44	20.01	4.27	2.93
33	Sarlahi	12	72.37	51.06	48.94	0.22	0.46	21.88	0.39	15.92	4.34	18.91	4.98	3.09
34	Sindhuli	12	44.90	52.30	47.70	0.84	1.57	19.16	0.29	14.77	3.30	13.79	6.14	3.31
35	Sindhupalchowk	12	69.61	55.55	44.45	0.63	0.10	16.98	0.22	19.67	1.68	10.27	6.94	3.00
	Central	228	58.97	54.99	45.01	0.43	0.78	16.38	0.29	15.37	3.08	13.68	5.40	3.82
36	Arghakhanchi	12	89.30	56.39	43.61	0.25	0.11	20.46	0.11	16.85	2.38	11.46	5.46	2.58
37	Baglung	12	72.71	57.08	42.92	0.32	0.01	15.62	0.25	20.28	2.16	9.47	6.80	3.76
38	Gorkha	12	89.94	57.66	42.34	0.46	0.03	15.33	0.08	18.19	1.74	9.99	7.14	3.20
39	Gulmi	12	111.12	57.30	42.70	0.34	0.10	18.23	0.58	18.97	2.60	11.01	5.65	2.60
40	Kapilvastu	12	80.52	53.44	46.56	0.12	0.85	20.83	0.40	15.78	4.33	18.79	4.38	3.13
41	Kaski	12	78.16	54.32	45.68	0.25	0.00	8.77	0.15	16.17	2.98	7.72	10.41	6.61
42	Lamjung	12	83.22	54.46	45.54	0.20	0.04	13.91	0.05	15.75	2.78	11.89	5.39	3.68
43	Manang	12	99.03	48.82	51.18	0.00	0.00	19.04	0.11	16.56	1.55	10.90	8.25	4.12
44	Mustang	12	202.49	50.32	49.68	0.34	0.00	9.35	0.08	19.10	2.87	5.54	8.26	3.24
45	Myagdi	12	102.55	55.01	44.99	0.48	0.00	18.52	0.08	19.33	1.48	10.99	8.09	4.07
46	Nawalparasi	12	62.80	57.82	42.18	0.49	0.87	14.40	0.05	18.85	3.05	16.27	4.66	1.94
47	Palpa	12	122.60	57.13	42.87	0.49	0.05	12.56	0.11	15.02	2.28	8.59	4.57	2.68
48	Parbat	12	114.31	56.13	43.87	0.49	0.00	15.07	1.47	22.93	1.94	9.54	8.35	2.93
49	Rupandehi	12	97.66	58.30	41.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
50	Syangja	12	87.43	58.74	41.26	0.49	0.00	14.38	0.33	20.96	2.65	11.32	8.03	3.13
51	Tanahu	12	60.11	57.19	42.81	0.53	0.01	12.94	0.10	15.10	1.47	11.11	4.90	3.11
	Western	180	87.01	56.67	43.33	0.30	0.18	12.63	0.23	14.65	2.16	9.67	5.17	2.70
52	Banke	12	84.65	55.24	44.76	0.10	1.10	17.77	0.27	17.09	3.04	17.77	4.37	2.99
53	Bardiya	12	94.22	56.83	43.17	0.39	2.57	18.18	1.23	19.10	3.21	15.07	4.80	2.25
54	Dailekh	12	116.19	53.81	46.19	0.20	0.01	25.78	0.22	20.54	2.32	9.00	3.68	2.43
55	Dang	12	68.10	56.38	43.62	0.48	1.26	17.86	0.33	16.53	2.39	14.42	5.54	2.92
56	Dolpa	12	83.72	50.84	49.16	0.24	0.05	27.57	0.79	15.99	2.73	9.25	5.88	4.51
57	Humla	12	236.16	50.22	49.78	0.11	0.08	22.53	0.45	17.94	4.53	9.15	6.09	4.22
58	Jajarkot	12	108.78	51.86	48.14	0.36	0.00	28.78	0.10	17.24	3.31	6.95	4.29	2.86
59	Jumla	12	75.58	48.76	51.24	0.27	0.00	24.10	0.14	20.03	1.85	8.53	4.08	4.01
60	Kalikot	12	73.30	51.03	48.97	0.09	0.03	20.34	0.40	18.71	4.47	12.02	4.07	3.64
61	Mugu	12	88.07	50.97	49.03	0.03	0.01	21.56	0.91	21.49	4.70	10.55	4.50	4.38
62	Pyuthan	12	100.37	56.36	43.64	0.27	0.01	18.65	0.09	19.04	1.71	11.74	5.23	2.53
63	Rolpa	12	88.39	56.55	43.45	0.45	0.13	21.93	0.14	17.16	2.14	10.46	4.42	2.51
64	Rukum	12	106.55	53.91	46.09	0.28	0.01	24.84	0.41	17.10	3.31	9.65	4.95	3.10
65	Salyan	12	100.82	57.43	42.57	0.15	0.09	21.73	0.29	18.38	2.47	11.27	5.29	3.20
66	Surkhet	12	119.86	58.26	41.74	0.46	1.87	17.90	0.59	17.76	3.71	11.04	4.88	2.43
	Mid Western	180	95.34	55.35	44.65	0.30	0.84	20.74	0.44	18.11	2.92	12.14	4.78	2.84
67	Achham	12	136.55	53.61	46.39	0.09	0.05	23.88	0.46	19.25	3.07	6.51	3.04	1.86
68	Baitadi	12	91.50	50.72	49.28	0.17	0.01	15.98	0.26	18.77	2.01	9.31	4.55	4.24
69	Bajhang	12	76.12	49.79	50.21	0.15	0.12	23.83	0.22	17.87	2.53	7.72	3.94	3.35
70	Bajura	12	139.37	49.55	50.45	0.18	0.09	22.73	0.08	16.59	3.50	7.67	3.61	2.50
71	Dadeldhura	12	142.16	55.09	44.91	0.27	0.23	14.66	0.58	22.28	2.36	8.31	3.85	2.37
72	Darchula	12	97.41	49.92	50.08	0.24	0.01	17.18	0.28	19.18	1.17	11.14	5.01	5.00
73	Doti	12	83.61	53.78	46.22	0.09	0.14	20.18	0.32	20.36	1.90	8.47	3.30	2.81
74	Kailali	12	62.28	60.46	39.54	0.26	2.72	13.36	0.42	19.15	2.95	13.06	3.48	1.65
75	Kanchanpur	12	56.60	58.09	41.91	0.52	1.19	14.58	0.26	23.28	2.55	12.90	3.92	1.89
	Far Western	108	85.08	54.62	45.38	0.22	0.78	17.95	0.35	19.73	2.57	9.77	3.73	2.57

Analysed Data
Morbidity Sheet 2 of 2

District Code	District Name	Received Report	% of OPD Visits for							
			Eye Problem	Obstetrics Complications	Gyne Problems	Mental Health related problems	Malignancy	Cardiovascular related problem	Other Diseases and Injuries	Surgical Problems
	Mountain	192	2.52	0.22	1.33	0.21	0.00	1.89	24.23	9.29
	Hill	468	2.59	0.18	1.67	0.51	0.03	2.15	22.61	12.97
	Terai	240	1.67	0.18	1.19	0.19	0.01	1.37	20.10	16.87
	National Total	900	2.16	0.18	1.42	0.34	0.02	1.77	21.61	14.41
1	Bhojpur	12	2.82	0.16	0.68	0.08	0.00	0.91	24.08	7.41
2	Dhankuta	12	3.23	0.13	1.00	0.05	0.01	1.01	23.84	8.47
3	Ilam	12	3.21	0.13	1.12	0.50	0.00	2.16	21.74	8.94
4	Jhapa	12	1.60	0.10	1.90	0.50	0.00	1.94	14.71	15.22
5	Khotang	12	2.49	0.08	1.28	0.34	0.00	1.56	20.35	11.88
6	Morang	12	1.56	0.21	1.49	0.86	0.02	1.84	15.34	26.49
7	Okhaldhunga	12	2.30	0.05	0.88	1.30	0.00	1.92	21.20	10.52
8	Panchthar	12	4.16	0.10	0.98	0.12	0.01	1.64	20.05	7.87
9	Sankhuwasabha	12	2.55	0.76	1.75	0.25	0.00	1.55	23.54	12.63
10	Saptari	12	1.54	0.05	0.65	0.06	0.00	1.69	19.62	4.42
11	Siraha	12	2.00	0.13	0.62	0.12	0.00	1.50	22.55	4.28
12	Solukhumbu	12	2.46	0.20	0.72	0.27	0.00	2.99	21.74	8.98
13	Sunsari	12	2.28	0.02	0.74	0.06	0.00	1.16	23.41	9.47
14	Taplejung	12	3.21	0.19	0.89	0.47	0.00	2.25	19.42	9.17
15	Teharthurm	12	3.10	0.14	0.95	0.21	0.01	1.06	21.09	9.46
16	Udaypur	12	2.34	0.16	1.45	0.18	0.01	1.50	21.86	9.84
	Eastern	192	2.21	0.14	1.06	0.34	0.01	1.64	20.26	10.97
17	Bara	12	1.60	0.08	0.68	0.06	0.00	1.35	22.70	5.15
18	Bhaktapur	12	2.37	0.04	1.15	0.31	0.01	3.76	21.26	18.36
19	Chitwan	12	2.55	0.67	2.60	0.75	0.10	3.48	19.84	11.76
20	Dhading	12	3.40	0.19	2.50	0.31	0.01	1.82	24.22	7.45
21	Dhanusha	12	1.71	0.05	0.69	0.06	0.00	1.32	32.67	4.35
22	Dolkha	12	2.72	0.13	1.67	0.38	0.01	1.85	20.93	13.29
23	Kathmandu	12	2.37	0.31	1.76	0.82	0.12	4.10	19.71	16.78
24	Kavre	12	5.09	0.08	2.13	0.13	0.00	1.60	21.99	13.69
25	Lalitpur	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
26	Mahottari	12	1.70	0.08	0.85	0.06	0.00	1.46	21.60	6.17
27	Makawanpur	12	7.47	0.20	1.46	0.68	0.00	1.61	24.34	7.51
28	Nuwakot	12	2.38	0.12	1.83	0.12	0.01	2.43	23.87	12.58
29	Parsa	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30	Ramechhap	12	4.44	0.04	1.31	0.47	0.02	1.63	27.50	10.18
31	Rasuwa	12	3.14	0.03	1.46	0.09	0.00	1.56	28.01	10.41
32	Rautahat	12	1.59	0.17	0.79	0.06	0.01	1.48	22.99	5.03
33	Sarlahi	12	1.57	0.03	0.70	0.03	0.00	1.10	22.74	3.64
34	Sindhuli	12	2.29	0.11	0.87	0.18	0.00	2.41	25.31	5.66
35	Sindhupalchowk	12	3.06	0.27	1.36	0.15	0.00	2.05	25.33	8.28
	Central	228	2.48	0.15	1.25	0.24	0.02	1.90	23.18	11.53
36	Arghakhanchi	12	1.76	0.26	1.98	0.42	0.00	3.30	22.29	10.33
37	Baglung	12	2.34	0.18	1.99	0.62	0.00	2.77	22.02	11.41
38	Gorkha	12	3.41	0.05	2.08	1.20	0.01	3.27	23.46	10.37
39	Gulmi	12	1.86	0.05	1.73	0.57	0.00	2.36	23.64	9.72
40	Kapilvastu	12	1.86	0.04	2.23	0.16	0.00	1.21	21.75	4.14
41	Kaski	12	2.41	1.56	2.33	2.82	0.43	4.46	17.35	15.57
42	Lamjung	12	2.95	0.01	1.66	0.66	0.00	3.64	28.51	8.88
43	Manang	12	4.10	0.02	1.30	0.10	0.00	3.03	28.99	1.94
44	Mustang	12	2.62	0.04	0.80	0.12	0.00	2.38	26.61	18.65
45	Myagdi	12	3.15	0.13	1.97	0.12	0.01	1.72	22.03	7.84
46	Nawalparasi	12	2.09	0.07	1.92	0.17	0.00	1.62	23.65	9.90
47	Palpa	12	1.91	0.33	2.21	1.65	0.12	3.75	21.35	22.35
48	Parbat	12	2.45	0.04	1.30	0.24	0.00	1.56	24.02	7.66
49	Rupandehi	12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	100.00
50	Syangja	12	1.96	0.12	1.89	0.40	0.05	2.85	21.76	9.68
51	Tanahu	12	1.95	0.10	1.94	0.21	0.00	2.74	27.95	15.83
	Western	192	1.84	0.20	1.62	0.63	0.05	2.20	18.67	27.09
52	Banke	12	3.16	0.03	1.08	0.04	0.00	0.99	25.07	5.14
53	Bardiya	12	1.42	0.14	2.13	0.08	0.00	1.38	21.47	6.58
54	Dailekh	12	1.33	0.11	1.16	0.09	0.00	1.09	23.69	8.34
55	Dang	12	1.91	0.16	1.94	0.42	0.00	1.32	18.15	14.37
56	Dolpa	12	3.07	0.34	1.54	0.32	0.00	1.55	23.69	2.49
57	Humla	12	2.41	0.12	1.41	0.27	0.00	2.37	18.98	9.35
58	Jajarkot	12	1.84	0.18	1.46	0.19	0.00	1.53	23.04	7.86
59	Jumla	12	2.30	0.09	0.99	0.01	0.01	2.15	26.06	5.39
60	Kalikot	12	1.21	0.20	3.34	0.20	0.01	1.78	24.34	5.17
61	Mugu	12	2.65	0.27	1.76	0.14	0.00	0.83	21.92	4.30
62	Pyuthan	12	2.51	0.09	1.68	0.17	0.00	1.61	23.69	10.96
63	Rolpa	12	2.17	0.04	2.00	0.12	0.00	0.99	25.25	10.07
64	Rukum	12	1.58	0.13	1.76	0.45	0.05	1.41	23.86	7.11
65	Salyan	12	2.32	0.10	1.98	0.20	0.00	1.24	24.73	6.56
66	Surkhet	12	2.03	0.14	2.00	0.14	0.00	1.25	17.77	16.02
	Mid Western	180	2.05	0.12	1.74	0.18	0.00	1.33	22.29	9.18
67	Achham	12	2.25	0.09	2.41	0.20	0.00	1.47	27.07	8.29
68	Baitadi	12	2.26	0.10	1.34	0.12	0.00	2.06	29.64	9.20
69	Bajhang	12	2.22	0.19	0.92	0.13	0.01	0.93	28.34	7.53
70	Bajura	12	1.75	0.05	0.80	0.02	0.00	1.82	28.80	9.81
71	Dadeldhura	12	1.82	0.11	2.17	0.43	0.00	2.64	24.66	13.26
72	Darchula	12	2.24	0.04	1.07	0.05	0.00	1.56	28.11	7.70
73	Doti	12	3.63	0.15	0.74	0.20	0.02	0.82	27.24	9.63
74	Kailali	12	1.76	0.78	1.84	0.23	0.01	1.44	23.10	13.79
75	Kanchanpur	12	1.37	1.74	2.77	0.07	0.00	1.12	19.71	12.10
	Far Western	108	2.09	0.44	1.73	0.17	0.00	1.53	25.72	10.63

Raw Data
Free Health Services
Sheet 1 of 3

District Code	District Name	Received Reports	Ultrapoorestitute	Poor	Disable	Senior Citizen	FCHV	Total
	Mountain	192	110727	57440	3392	16327	23606	211492
	Hill	468	341603	76726	8538	75388	20966	523221
	Terai	240	194914	327692	12407	36410	48098	619521
	National Total	900	647244	461858	24337	128125	92670	1354234
1	Bhojpur	12	15135	267	291	639	1414	17746
2	Dhankuta	12	10083	3479	7	1511	624	15704
3	Ilam	12	368	10	18	355	989	1740
4	Jhapa	12	2226	0	0	1581	8008	11815
5	Khotang	12	174	24	150	1543	31	1922
6	Morang	12	8732	9990	347	1227	1006	21302
7	Okhaldhunga	12	2521	514	26	1144	911	5116
8	Panchthar	12	1255	2964	4	1232	285	5740
9	Sankhuwasabha	12	1261	178	28	2137	12	3616
10	Saptari	12	9020	3298	748	674	1430	15170
11	Siraha	12	38434	25284	1353	4673	1473	71217
12	Solukhumbu	12	11812	860	1	361	11	13045
13	Sunsari	12	1	0	0	0	0	1
14	Taplejung	12	37601	38322	155	5910	233	82221
15	Teharthur	12	10264	53	48	1464	75	11904
16	Udaypur	12	1274	92	28	727	275	2396
	Eastern	192	150161	85335	3204	25178	16777	280655
17	Bara	12	20941	1770	348	2405	3335	28799
18	Bhaktapur	12	0	0	0	0	0	0
19	Chitwan	12	0	0	0	0	0	0
20	Dhading	12	38633	0	27	781	153	39594
21	Dhanusha	12	2396	2596	1928	8571	17002	32493
22	Dolkha	12	0	0	0	0	0	0
23	Kathmandu	12	508	0	0	0	0	508
24	Kavre	12	12	0	0	0	6	18
25	Lalitpur	12	0	0	0	0	0	0
26	Mahottari	12	33368	0	0	0	0	33368
27	Makawanpur	12	23062	16730	410	2696	334	43232
28	Nuwakot	12	5555	2099	234	5732	254	13874
29	Parsa	12	0	253118	0	0	309	253427
30	Ramechhap	12	807	0	65	836	94	1802
31	Rasuwa	12	8791	6	16	966	86	9865
32	Rautahat	12	831	2029	1698	320	58	4936
33	Sarlahi	12	49202	16432	950	4914	404	71902
34	Sindhuli	12	6771	5014	321	1833	289	14228
35	Sindhupalchowk	12	429	651	397	3449	912	5838
	Central	228	191306	300445	6394	32503	23236	553884
36	Arghakhanchi	12	1740	0	120	1936	158	3954
37	Baglung	12	7901	208	203	1366	38	9716
38	Gorkha	12	17527	1505	501	3595	615	23743
39	Gulmi	12	26963	3728	1734	5093	1396	38914
40	Kapilvastu	12	0	0	0	0	0	0
41	Kaski	12	12497	0	0	2482	0	14979
42	Lamjung	12	1543	1161	151	8915	759	12529
43	Manang	12	0	0	0	0	0	0
44	Mustang	12	93	503	1572	518	2157	4843
45	Myagdi	12	0	0	0	0	0	0
46	Nawalparasi	12	1097	1148	605	114	777	3741
47	Palpa	12	2	272	21	2233	861	3389
48	Parbat	12	1055	0	54	1071	58	2238
49	Rupandehi	12	0	0	0	0	0	0
50	Syangja	12	35352	3618	1638	5958	1576	48142
51	Tanahu	12	34562	145	54	10125	39	44925
	Western	192	140332	12288	6653	43406	8434	211113
52	Banke	12	7654	2140	1205	5439	3105	19543
53	Bardiya	12	18212	3424	2175	5677	10753	40241
54	Dailekh	12	32697	151	41	4156	123	37168
55	Dang	12	124	146	244	162	14	690
56	Dolpa	12	823	0	0	0	0	823
57	Humla	12	0	0	0	0	0	0
58	Jajarkot	12	5362	0	7	903	10	6282
59	Jumla	12	19998	0	0	0	0	19998
60	Kalikot	12	7521	8013	211	1041	22	16808
61	Mugu	12	3654	7162	140	958	154	12068
62	Pyuthan	12	71	40	70	64	18	263
63	Rolpa	12	11249	4056	234	1194	110	16843
64	Rukum	12	4049	2685	395	55	73	7257
65	Salyan	12	12355	0	63	458	13	12889
66	Surkhet	12	0	0	0	0	0	0
	Mid Western	180	123769	27817	4785	20107	14395	190873
67	Achham	12	12882	5882	18	1278	202	20262
68	Baitadi	12	843	401	59	419	8128	9850
69	Bajhang	12	5128	907	862	501	1931	9329
70	Bajura	12	12987	663	4	369	18081	32104
71	Dadeldhura	12	4572	17777	1294	3133	368	27144
72	Darchula	12	629	175	6	117	7	934
73	Doti	12	1959	3851	252	461	687	7210
74	Kailali	12	0	0	0	0	0	0
75	Kanchanpur	12	2676	6317	806	653	424	10876
	Far Western	108	41676	35973	3301	6931	29828	117709

Raw Data
Free Health Services
Sheet 2 of 3

District Code	District Name	Received Reports	Ultrapoor Destitute				Poor				Disable			
			OPD	Emergency	Indoor	Refer	OPD	Emergenc	Indoor	Refer	OPD	Emergenc	Indoor	Refer
	Mountain	192	97086	9125	4271	245	52963	2597	1699	181	2909	267	174	42
	Hill	468	295530	33246	11658	1169	68993	5298	2176	259	6919	1046	467	106
	Terai	240	176005	13245	5013	651	322892	3764	874	162	11721	511	120	55
	National Total	900	568621	55616	20942	2065	444848	11659	4749	602	21549	1824	761	203
1	Bhojpur	12	13499	799	817	20	267	0	0	0	291	0	0	0
2	Dhankuta	12	9712	358	5	8	3333	138	0	8	7	0	0	0
3	Ilam	12	355	13	0	0	7	3	0	0	13	5	0	0
4	Jhapa	12	1722	302	145	57	0	0	0	0	0	0	0	0
5	Khotang	12	0	0	174	0	0	0	24	0	142	0	8	0
6	Morang	12	8053	597	62	20	9107	864	11	8	293	53	1	0
7	Okhaldhunga	12	2251	124	124	22	478	0	35	1	18	0	8	0
8	Panchthar	12	1068	103	22	62	2534	347	83	0	4	0	0	0
9	Sankhuwasabha	12	672	327	262	0	143	18	17	0	17	3	6	2
10	Saptari	12	8675	327	0	18	3251	40	0	7	739	5	0	4
11	Siraha	12	33978	1369	2970	117	24536	631	0	117	1315	0	0	38
12	Solukhumbu	12	9180	1236	1396	0	656	145	59	0	0	1	0	0
13	Sunsari	12	1	0	0	0	0	0	0	0	0	0	0	0
14	Taplejung	12	35201	1088	1163	149	36458	1038	712	114	123	14	10	8
15	Tetarhum	12	9576	541	147	0	47	6	0	0	48	0	0	0
16	Udaypur	12	722	442	104	6	71	21	0	0	26	2	0	0
	Eastern	192	134665	7626	7391	479	80888	3251	941	255	3036	83	33	52
17	Bara	12	19686	1166	45	44	1726	37	4	3	320	26	1	1
18	Bhaktapur	12	0	0	0	0	0	0	0	0	0	0	0	0
19	Chitwan	12	0	0	0	0	0	0	0	0	0	0	0	0
20	Dhading	12	33790	3188	1140	515	0	0	0	0	25	1	0	1
21	Dhanusha	12	1964	325	105	2	1745	438	413	0	111	41	0	0
22	Dolkha	12	0	0	0	0	0	0	0	0	0	0	0	0
23	Kathmandu	12	475	28	5	0	0	0	0	0	0	0	0	0
24	Kavre	12	0	12	0	0	0	0	0	0	0	0	0	0
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0	0
26	Mahottari	12	29595	2898	654	221	0	0	0	0	0	0	0	0
27	Makawanpur	12	20847	1655	456	104	14848	1294	568	20	292	70	42	6
28	Nuwakot	12	5194	240	107	14	1863	187	25	24	157	28	19	30
29	Parsa	12	0	0	0	0	253118	0	0	0	0	0	0	0
30	Ramechhap	12	481	211	115	0	0	0	0	0	0	0	65	0
31	Rasuwa	12	8273	321	188	9	0	1	4	1	13	1	2	0
32	Rautahat	12	426	405	0	0	1818	211	0	0	1618	80	0	0
33	Sarlahi	12	44039	4479	580	104	15904	505	0	23	894	54	0	2
34	Sindhuli	12	6378	311	58	24	4638	299	52	25	233	56	22	10
35	Sindhupalchowk	12	188	141	90	10	357	168	126	0	352	40	5	0
	Central	228	171336	15380	3543	1047	296017	3140	1192	96	5680	467	197	50
36	Arghakhanchi	12	994	456	217	73	0	0	0	0	119	1	0	0
37	Baglung	12	6751	1148	0	2	192	14	0	2	194	9	0	0
38	Gorkha	12	16636	570	275	46	1317	75	108	5	501	0	0	0
39	Gulmi	12	25837	994	132	0	3425	253	50	0	1656	76	2	0
40	Kapilvastu	12	0	0	0	0	0	0	0	0	0	0	0	0
41	Kaski	12	12429	67	1	0	0	0	0	0	0	0	0	0
42	Lamjung	12	1223	130	158	32	636	58	448	19	109	0	39	3
43	Manang	12	0	0	0	0	0	0	0	0	0	0	0	0
44	Mustang	12	68	21	4	0	453	36	14	0	1311	134	115	12
45	Myagdi	12	0	0	0	0	0	0	0	0	0	0	0	0
46	Nawalparasi	12	1097	0	0	0	1148	0	0	0	605	0	0	0
47	Palpa	12	2	0	0	0	201	36	35	0	21	0	0	0
48	Parbat	12	0	545	510	0	0	0	0	0	0	38	16	0
49	Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0	0
50	Syangja	12	29610	4978	720	44	2697	802	75	44	1294	232	72	40
51	Tanahu	12	26319	6877	1318	48	115	13	17	0	41	2	11	0
	Western	192	120966	15786	3335	245	10184	1287	747	70	5851	492	255	55
52	Banke	12	7324	226	84	20	2047	77	15	1	1180	24	0	1
53	Bardiya	12	17232	779	157	44	3151	178	95	0	2099	56	17	3
54	Dailekh	12	28648	2469	1566	14	151	0	0	0	34	7	0	0
55	Dang	12	79	31	10	4	112	22	10	2	211	11	20	2
56	Dolpa	12	780	24	18	1	0	0	0	0	0	0	0	0
57	Humla	12	0	0	0	0	0	0	0	0	0	0	0	0
58	Jajarkot	12	3011	1303	1048	0	0	0	0	0	7	0	0	0
59	Jumla	12	16562	3421	14	1	0	0	0	0	0	0	0	0
60	Kalikot	12	6808	463	228	22	7297	421	273	22	163	34	13	1
61	Mugu	12	3085	324	203	42	6103	646	375	38	77	29	15	19
62	Pyuthan	12	0	71	0	0	0	40	0	0	0	70	0	0
63	Rolpa	12	10461	417	302	69	3728	224	94	10	203	21	10	0
64	Rukum	12	3325	483	211	30	2410	235	10	30	248	132	8	7
65	Salyan	12	11248	448	659	0	0	0	0	0	48	5	10	0
66	Surkhet	12	0	0	0	0	0	0	0	0	0	0	0	0
	Mid Western	180	108563	10459	4500	247	24999	1843	872	103	4270	389	93	33
67	Achham	12	9541	2550	791	0	5875	7	0	0	18	0	0	0
68	Baitadi	12	130	414	299	0	122	133	146	0	4	53	2	0
69	Bajhang	12	4666	290	161	11	851	35	15	6	847	10	5	0
70	Bajura	12	11483	1004	500	0	537	89	37	0	1	1	2	0
71	Dadeldhura	12	4020	405	111	36	16349	1035	322	71	1066	163	56	9
72	Darchula	12	120	465	44	0	108	0	67	0	5	0	1	0
73	Doti	12	997	896	66	0	3689	78	84	0	100	75	77	0
74	Kailali	12	0	0	0	0	0	0	0	0	0	0	0	0
75	Kanchanpur	12	2134	341	201	0	5229	761	326	1	671	91	40	4
	Far Western	108	33091	6365	2173	47	32760	2138	997	78	2712	393	183	13

Raw Data
Free Health Services
Sheet 3 of 3

District Code	District Name	Received Reports	Senior Citizen				FCHV				Total				SHP/HP		
			OPD	Emerge	Indoor	Refer	OPD	Emerge	Indoor	Refer	OPD	Emergency	Indoor	Refer	Under 60 Yr	Above 60 Yr	Referred
	Mountain	192	14151	1103	962	111	22359	1142	62	43	189468	14234	7168	622	1165684	168031	4963
	Hill	468	60682	9946	4253	507	19071	1303	514	78	451195	50839	19068	2119	5746421	1102351	45622
	Terai	240	33864	1839	559	148	45476	1237	202	1183	589958	20596	6768	2199	5998875	686455	81192
	National Total	900	108697	12888	5774	766	86906	3682	778	1304	1230621	85669	33004	4940	12910980	1956837	131777
1	Bhojpur	12	277	146	216	0	1346	66	1	1	15680	1011	1034	21	134456	13103	29
2	Dhankuta	12	1443	65	2	1	596	28	0	0	15091	589	7	17	131564	11992	91
3	Ilam	12	319	7	29	0	926	63	0	0	1620	91	29	0	145276	11308	174
4	Jhapa	12	1581	0	0	0	7614	341	0	53	10917	643	145	110	274572	47693	6003
5	Khotang	12	1412	38	89	4	28	0	2	1	1582	38	297	5	108762	12258	94
6	Morang	12	1049	147	18	13	733	251	20	2	19235	1912	112	43	409467	38689	2320
7	Okhaldhunga	12	1068	19	32	25	852	29	30	0	4667	172	229	48	177670	16815	478
8	Panchthar	12	1183	29	7	13	240	44	1	0	5029	523	113	75	119325	7709	347
9	Sankhuwasabha	12	1529	258	315	35	12	0	0	0	2373	606	600	37	155177	22251	269
10	Saptari	12	581	87	0	6	367	1	0	1062	13613	460	0	1097	529054	50298	2456
11	Siraha	12	4493	115	9	56	1470	3	0	0	65792	2118	2979	328	472585	49028	2482
12	Solukhumbu	12	189	144	28	0	7	4	0	0	10032	1530	1483	0	84913	11342	225
13	Sunsari	12	0	0	0	0	0	0	0	0	1	0	0	0	484623	38136	1909
14	Taplejung	12	5643	110	114	43	213	8	8	4	77638	2258	2007	318	112673	8940	296
15	Teharthurm	12	1200	128	105	31	74	1	0	0	10945	676	252	31	81021	7421	69
16	Udaypur	12	632	66	27	2	260	14	0	1	1711	545	131	9	152441	16757	2107
	Eastern	192	22599	1359	991	229	14738	853	62	1124	255926	13172	9418	2139	3573579	363740	19349
17	Bara	12	2275	126	2	2	3028	294	5	8	27035	1649	57	58	346250	52719	333
18	Bhaktapur	12	0	0	0	0	0	0	0	0	0	0	0	0	81666	17023	975
19	Chitwan	12	0	0	0	0	0	0	0	0	0	0	0	0	209269	31774	795
20	Dhading	12	503	149	68	61	114	22	4	13	34432	3360	1212	590	199055	28508	415
21	Dhanusha	12	7544	591	405	31	16675	166	153	8		1631	1117	41	440441	38158	27512
22	Dolkha	12	0	0	0	0	0	0	0	0	0	0	0	0	138212	22299	561
23	Kathmandu	12	0	0	0	0	0	0	0	0	475	28	5	0	244855	34436	340
24	Kavre	12	0	0	0	0	0	0	3	3	0	12	3	3	47511	284565	666
25	Lalitpur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Mahottari	12	0	0	0	0	0	0	0	0	29595	2898	654	221	328220	31817	1394
27	Makawanpur	12	2217	344	117	18	192	140	2	0	38396	3503	1185	148	133311	12914	324
28	Nuwakot	12	4275	794	510	153	220	27	5	2	11709	1276	666	223	119542	18377	621
29	Parsa	12	0	0	0	0	309	0	0	0	253427	0	0	0	0	24600	0
30	Ramechhap	12	587	189	60	0	0	94	0	0	1068	494	240	0	149990	23119	40
31	Rasuwa	12	919	22	25	0	86	0	0	0	9291	345	219	10	30496	3904	150
32	Rautahat	12	299	21	0	0	49	9	0	0	4210	726	0	0	31093	2000	0
33	Sarlahi	12	4531	379	0	4	350	22	0	32	65718	5439	580	165	420295	55522	412
34	Sindhuli	12	1716	93	16	8	233	39	11	6	13198	798	159	73	36921	4995	1072
35	Sindhupalchowk	12	2906	245	285	13	801	104	7	0	4604	698	513	23	175886	26142	2835
	Central	228	27772	2953	1488	290	22057	917	190	72	522862	22857	6610	1555	3133013	712872	38445
36	Arghakhanchi	12	1673	163	75	25	126	6	0	26	2912	626	292	124	112225	36122	307
37	Baglung	12	1211	155	0	0	22	16	0	0	8370	1342	0	4	164270	24148	1272
38	Gorkha	12	3482	71	40	2	610	3	1	1	22546	719	424	54	149102	30750	1234
39	Gulmi	12	4083	895	115	0	1190	204	2	0	36191	2422	301	0	266194	33623	3067
40	Kapilvastu	12	0	0	0	0	0	0	0	0	0	0	0	0	256695	29652	286
41	Kaski	12	2461	21	0	0	0	0	0	0	14890	88	1	0	116217	25347	121
42	Lamjung	12	7564	310	984	57	701	13	42	3	10233	511	1671	114	111631	25475	2669
43	Manang	12	0	0	0	0	0	0	0	0	0	0	0	0	1786	875	0
44	Mustang	12	410	46	51	11	2066	44	38	9	4308	281	222	32	18010	1805	27
45	Myagdi	12	0	0	0	0	0	0	0	0	0	0	0	0	86991	31820	4110
46	Nawalparasi	12	114	0	0	0	776	0	0	1	3740	0	0	1	320720	51535	2482
47	Palpa	12	2167	25	41	0	856	5	0	0	3247	66	76	0	194716	32138	44
48	Parbat	12	0	567	498	6	0	43	15	0	0	1193	1039	6	164852	26790	33
49	Rupandehi	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50	Syangja	12	4918	881	119	40	1513	60	1	2	40032	6953	987	170	216714	58900	4712
51	Tanahu	12	6323	3509	280	13	25	2	12	0	32823	10403	1638	61	143441	27858	69
	Western	192	34406	6643	2203	154	7885	396	111	42	179292	24604	6651	566	2323564	436838	20433
52	Banke	12	5329	76	15	19	3040	63	2	0	18920	466	116	41	280886	23865	8716
53	Bardiya	12	5388	201	75	13	10674	62	10	7	38544	1276	354	67	330738	31951	2740
54	Dailekh	12	3646	242	268	0	106	17	0	0	32585	2735	1834	14	241619	19535	10
55	Dang	12	125	15	20	2	13	0	1	0	540	79	61	10	274338	33211	1079
56	Dolpa	12	0	0	0	0	0	0	0	0	780	24	18	1	3464	372	1
57	Humla	12	0	0	0	0	0	0	0	0	0	0	0	0	11174	2348	97
58	Jajarkot	12	742	54	107	0	2	1	7	0	3762	1358	1162	0	131025	6983	54
59	Jumla	12	0	0	0	0	0	0	0	0	16562	3421	14	1	64923	6083	44
60	Kalikot	12	906	99	34	2	16	6	0	0	15190	1023	548	47	12125	1278	32
61	Mugu	12	757	115	79	7	120	23	9	2	10142	1137	681	108	20382	7136	279
62	Pyuthan	12	0	64	0	0	0	18	0	0	0	263	0	0	90967	7982	51
63	Rolpa	12	992	120	78	4	79	5	26	0	15463	787	510	83	212526	21503	232
64	Rukum	12	30	25	0	0	63	10	0	0	6076	885	229	67	86187	3660	98
65	Salyan	12	372	31	55	0	13	0	0	0	11681	484	724	0	222871	20673	104
66	Surkhet	12	0	0	0	0	0	0	0	0	0	0	0	0	330896	30702	2499
	Mid Western	180	18287	1042	731	47	14126	205	55	9	170245	13938	6251	439	2314121	217282	16036
67	Achham	12	1030	149	89												

Hospital Analysis Major Indicators

Hospital Name	Received Reports	Average Length of Stay	Bed Occupancy Rate	Bed Turnover Interval	Throughput	% of Inpatients	% of OPD	% of Emergency
Mountain	195	2.47	36.81	4.24	54.9	6.27	83.2	10.53
Hill	617	5.69	98.11	-0.09	65.2	7.95	76.85	15.2
Terai	379	2.93	60.78	1.84	76.6	11.94	68.2	19.86
National Total	1184	4.39	80.9	0.91	69	9.15	74.41	16.44
Bhojpur	12	2.6	58.33	1.84	82.24	10.07	82.75	7.19
Dhankuta	12	3.3	36.76	5.75	40.82	2.81	80.01	17.17
Ilam	12	2.59	63.58	1.42	91.28	9.64	62.73	27.63
Dr.MBPCH	12	1.66	11.62	11.81	27.87	6.08	74.93	18.99
Mechi Zonal	12	2.81	61.23	1.8	79.64	13.68	67.62	18.7
AMDA Hospital	8	10.04	130.3	-2.9	51.06	23.81	50.87	25.32
Life Line	11	2.62	56.52	1.14	97.2	12.8	61.72	25.48
Bairang Medical and Diagnostic Center	8					0	100	0
Amda Mechi Hospital	2	2.42	4.51	49.43	7.93	8.92	47.77	43.31
Kankai Hospital	2	1.05	4.72	20.41	17.2	18.06	46.04	35.9
Om International Mechi	11	0.01	0.44	2.01	181.8	21.69	73.96	4.35
Budhabare Manakamana Hospital	9	1.31	3.67	35.2	10.2	7.77	50.46	41.78
Himalaya Clinic	4				0	0	100	0
Damak Hospital and Research Center	10	0.46	7.36	11.7	30.33	31.2	35.17	33.63
Khotang	12	2.57	53.82	2.17	77.2	4.42	71.96	23.62
Koshi Zonal	12	3.42	61.67	2.01	67.26	10.26	75.32	14.41
Rangeli	12	1.53	5.89	24.5	14.19	1.21	79.1	19.7
Birat Nursing Home	10	3.16	51.03	2.27	67.48	15.32	76.04	8.64
Life Guard	11	2.07	33.02	4.22	58.32	8.49	90.78	0.73
Neuro Hospital	12	4	101.36	-0.05	92.49	27.9	60.38	11.72
Aawadnarayan Hospital	12	2.25	3.65	70.4	5.93	5.49	94.51	0
Okhaldhunga UMN	12	4.41	82.45	1.65	60.34	13.21	83.04	3.75
Rumjhatar Hospital	9	2.28	8.93	21.93	15.7	2.25	92.47	5.28
Panchthar	12	2.58	81.26	0.6	114.8	8.02	69.33	22.65
Sankhuwasabha	12	2.43	68.31	1.08	104.04	9.89	78.79	11.32
Sagarmatha Zonal	12	2.57	60.88	1.22	96.33	13.33	64.68	21.99
Siraha	12	2.52	57.53	1.82	84.2	7.96	64.89	27.15
Lahan	12	1.74	35.22	2.8	80.76	14.54	53.32	32.14
Solukhumbu	12	0.17	2.9	5.71	62.93	9.58	75.97	14.45
Khunde Hospital	9	0.63	5.1	51.43	7.87	9.55	87.3	3.15
Sunsari Hospital	12	1.99	88.58	0.19	167.75	7.01	76.87	16.12
Taplejung	12	2.6	50.58	2.43	72.96	6.59	86.25	7.15
Tehrathum	12	2.33	52.04	1.58	93.27	6.9	80.13	12.97
Udayapur	12	2.13	68.37	0.88	121.53	8.42	67.32	24.26
Eastern	356	3.14	58.41	2.04	70.62	10.62	72.55	16.83
Kalैया	12	1.05	24.08	3.09	88.56	7.06	52.54	40.4
Bhaktapur	12	3.04	43.28	3.92	52.98	3.35	77.31	19.34
Bharatpur	12	3.05	82.41	0.36	107.1	15.22	63.45	21.33
Dhading	12	2.62	64.86	1.47	89.53	4.01	76.74	19.25
Janakpur Zonal	11	2.74	50.4	3.03	63.36	17.99	54.82	27.19
Jiri	12	3.52	47.31	2.64	59.27	6.48	78.13	15.39
Bir	12	27.31			5.07	75.66	19.27	
Kanti	12	7.65	61.13	3.09	34.01	5.28	63.49	31.23
Sukraraj Tropical and I. D.	12	2.94	30.92	4.81	47.46	13.01	77.72	9.26
Maternity	12	3.44	80.96	0.8	86.07	16.92	83.08	0
T.U.teaching Hospital	3	8.13				4.77	84.79	10.44
Shir Memorial	12	3.01	42.75	4.1	51.69	12.49	74.65	12.86
Dhulikhel	6	4.43				9.59	82.22	8.19
Mahottari (PH)	9	2.72	36.41	4.71	49.16	4.93	80.27	14.8
Hetauda	12	3.12	58.38	2.07	70.66	5.45	64.19	30.36
Trishuli	12	3.69	125.94	-0.77	124.6	12.9	73.84	13.26
Ramechhap	12	2.99	42.52	3.87	53.47	5.94	81.83	12.23
Rasuwa	12	3.09	14.43	12.13	24.07	4.58	87.15	8.27
Gaur	12	2.45	63.98	1.22	99.52	8.13	80.83	11.04
Sarlahi	12	3.51	77.64	2.25	63.47	4.04	54.51	41.45
Sindhuli	12	2.16	45.09	2.46	79.05	7.19	74.66	18.15
Sindhupalchowk	12	3.35	72.86	1.21	80	6.95	82.7	10.36
Central	245	6.67	150.59	-2.22	81.71	8.85	72.89	18.26
Argakhanchi	12	2.39	24.84	6.97	39.17	19.6	65.44	14.96
Baglung	12	1.72	75.53	0.52	163.08	13.67	64.05	22.28
Gorkha	12	1.99	94.91	0.12	173.44	5.9	73.89	20.21
Amp Pipal UMN	12	3.87	42.38	1.89	63.65	9.21	87.9	2.89
Arna-Ba Hospital	9	2.53	10.11	21.73	15.5	2.27	61.24	36.49
Tamghans	12	2.12	79.56	0.53	137.78	6.24	81.98	11.78
P. Bir	12	0.51	24.8	5.68	59.87	9.56	83.6	6.84
Shiva Raj	12	0.39	51.56	1.99	153.6	12.42	84.99	2.59
Western Regional	12	3.65	67.25	0.44	89.21	9.95	72.84	17.45
Manipal Teaching	12	5.27	43.23	9.14	29.94	9.3	85.38	5.33
Lamjung	12	2.19	50.78	2.14	84.58	6.93	84.24	8.83
Manang	6	3.22	2.27	178.5	2.57	1.37	94.23	4.4
Mustang	12	2.63	22.94	8.75	32.4	5.31	84.9	9.8
Beni	12	3.65	81.89	0.61	85.78	9.42	72.81	17.77
P.Chandra	12	1.91	45.36	2.33	86.56	6.83	74.53	18.65
Kali Gandaki	7	2.02	14.83	11	28.33	16.87	54.93	28.2
Palpa	12	2.99	16.26	15.2	20.47	2.63	92.92	4.45
Palpa UMN	12	4.34	79.08	1.07	67.54	11.75	70.39	17.86
Lumbini Medical College	12	5.39	18.32	24.83	12.51	7.56	82.9	9.54
Parbat	12	2.13	61.1	1.09	113.33	8.2	67.86	23.94
Syangja	12	1.83	42.54	2.46	85.4	5.4	74.67	19.93
Bandipur	12	3.68	52.37	3.21	53	5.97	79.52	14.51
Damauli	12	1.81	29.4	4.16	61.35	2.89	75.13	21.98
Western	262	3.57	47.7	3.53	51.84	8.65	77.84	13.51
Bheri Zonal	12	3.69	82.23	0.8	81.38	12.29	79.1	8.61
Bardiya	12	2.1	44.15	2.62	77.4	5.41	85.76	8.82
Dailekh	12	3.07	58.85	1.79	75.33	10.32	75.22	14.46
Dang	12	1.93	58.66	1.3	113.02	10.26	58.85	30.89
Dolpa	12	1.53	6.79	21.25	16.4	3.22	93.15	3.62
Humla	12	2.89	37.57	4.83	47.67	2.95	90.69	6.36
Jajarkot	12	2.01	49.3	1.98	91.93	7.81	82.61	9.58
Jumla	12	2.23	27.68	5.49	47.86	6.72	75.9	17.37
Kailkot	12	3.68	35.45	5.87	36.61	3.94	88.93	7.12
Mugu	12	2.28	25.37	5.47	47.13	4.94	86.25	8.81
Pyuthan	12	1.69	54.99	1.31	121.81	10.41	77.18	12.41
Rolpa	12	3.33	55.85	2.61	61.8	8.44	81.3	10.26
Rukum	12	2.83	101.19	-0.15	136.65	9.27	80.37	10.36
Salyan	12	2.47	39.03	3.91	57.47	5.65	90.53	3.82
Surkhet Regional Hospital	12	3.11	82.42	0.57	99.46	9.76	77.16	13.09
Mid Western	180	2.85	62.01	1.65	81.31	8.85	78.57	12.58
Bail Pata	9	1.82	16.27	9.9	31.87	3.95	85.87	10.18
Achham	12	3.18	85.08	0.39	102.4	4.37	82.66	12.97
Baitadi	12	2.03	19.74	8.08	36.4	2.78	84.46	12.76
Bajhang	12	5.18	2.7	77.73		9	81.13	9.87
Bajura	12	2.22	32.77	3.85	60.2	3.76	88.24	8
Dadeldhura	12	1.68	27.76	4.02	64.17	2.89	88.37	8.74
Team	12	3.34	40.39	4.59	46.12	7.95	78.54	13.52
Darchula	12	3.36	77.3	0.85	86.8	6.39	73.21	20.4
Doti	12	2.53	32.02	2.98	66.13	4.24	76.04	19.72
Seti Zonal	12	2.67	61.1	1.67	84.33	14.34	55.98	29.68
Tikapur	12	1.71	53.92	1.39	117.91	7	67.6	25.41
Mahakali Zonal	12	2.21	42.19	2.9	71.79	13.16	51.95	34.89
Far Western	141	2.51	48.68	2.53	72.82	8.43	70.52	21.05

Raw Data
Hospital Summary

Hospital Name	Receiv Repor ts	Total no of Bed Sanctioned	Total no of Bed available	Total no of Inpatient	Total Inpatients Stay (Days)	Total Inpatient Discharged	Total OPD	Total Emergency	Total Preventive	Others	Total OPD + Emergency + Others	Services Provided in hospital							Safe Motherhood service provided	Examined in Laboratory	Neonatal Services Provided
												X-Ray	Ultra Sound	Endoscopy / Colonoscopy	EKG / Eecocardiogr a	h	CT-Scan /MRI				
Mountain	195	255	282	15481	37885	15322	203253	25726	23130	21790	289221	15107	3065	35	580	34	10841	72254	2866		
Hill	617	3654	3200	208655	1145905	201340	1947244	385102	248885	80914	2863495	391638	109868	27497	55134	13369	226108	3126092	92845		
Terai	379	1988	2118	162245	469906	160298	915803	266652	356719	27526	1726998	207718	72966	2784	23064	5217	92005	1259604	28372		
National Total	1184	5897	5600	386381	1653696	376960	3066300	677480	628744	130230	4879174	614463	185899	30316	78778	18620	328954	4457590	124083		
Bhojpur	12	15	21	1727	4471	1177	14113	1226	12820	884	30760	884	0	0	3	0	1354	9581	168		
Dhankuta	12	50	22	898	2952	894	25419	5455	19678	6303	57749	2187	336	0	106	0	3479	12313	452		
Ilam	12	25	25	2282	5802	2241	14589	6425	0	0	23255	2736	0	0	0	0	840	25219	10		
Dr.MBPCH	12	15	15	418	636	384	4734	1200	0	0	6318	1843	131	0	115	0	168	14267	7		
Mechi Zonal	12	100	90	7168	20115	7169	35432	9800	3401	253	56055	8195	3884	0	1608	0	2646	36821	1790		
AMDA Hospital	8	75	104	5310	49461	4927	10525	5238	0	0	20690	4626	1214	10	858	0	1777	38831	0		
Life Line	11	50	50	4860	10314	3943	19007	7847	1695	0	32492	9767	5693	17	1068	1	2139	19359	2320		
Bajrang Medical and Diagnostic Center	8	0	0	0	0	0	1181	0	0	0	1181	395	0	0	226	0	0	2793	0		
Amda Mechi Hospital	2	15	15	119	247	102	546	495	0	0	1143	419	0	0	18	0	0	605	0		
Kankai Hospital	2	25	25	430	431	410	1045	815	0	0	2270	1281	615	65	98	0	3	7657	0		
Om International Mechi	11	15	15	2727	24	2652	9041	532	2757	87	15069	427	2511	147	102	0	2501	8700	1733		
Budhabare Manakamana Hospital	9	15	15	153	201	153	994	823	70	228	2268	1072	34	0	26	0	88	4043	31		
Himalaya Clinic	4	10	10	0	0	0	886	0	0	0	886	299	0	0	0	0	0	1788	0		
Damak Hospital and Research Center	10	15	15	455	403	871	982	939	99	13	2904	908	0	0	22	0	78	1986	90		
Khotang	12	15	20	1544	3929	1530	24901	9175	6996	0	41602	1516	248	0	24	0	2199	7076	276		
Koshi Zonal	12	250	350	23540	78782	23059	169203	32378	22589	2597	249826	47693	13726	259	4673	0	11635	154091	1027		
Rangeli	12	15	16	227	344	225	14765	3677	1839	317	20823	1278	0	0	2	0	142	5521	0		
Birat Nursing Home	10	100	100	6748	18626	5894	29253	3324	29242	0	67713	11111	15154	1174	5953	2011	240	224850	407		
Life Guard	11	13	25	1458	3013	1459	15605	125	373	119	17681	3862	3443	183	1960	255	0	30196	5		
Neuro Hospital	12	55	55	5087	20348	5087	11011	2137	0	4059	22294	11962	3189	506	1126	2950	405	0	0		
Aaadnarayan Hospital	12	15	15	89	200	89	1532	0	301	0	1922	80	897	0	5	0	633	3884	12		
Okhaldhunga UMN	12	32	32	1931	9630	2183	13718	619	2280	0	18800	2110	1774	0	311	0	1247	19520	313		
Rumjhatar Hospital	9	15	10	157	326	143	5886	336	3195	855	10415	7	30	0	0	0	181	479	59		
Panchthar	12	15	25	2870	7415	2869	24813	8108	12924	438	49152	4721	434	0	72	0	2171	20392	527		
Sankhuwasabha	12	15	25	2601	6233	2568	20448	2938	0	0	25954	5004	1455	0	33	0	760	23248	406		
Sagarmatha Zonal	12	100	100	9633	22221	8639	41930	14255	0	0	64824	5893	0	0	715	0	4663	5654	283		
Siraha	12	15	15	1263	3150	1252	10209	4271	0	49	15781	1285	0	0	0	0	0	8944	1		
Lahan	12	50	50	4038	6428	3689	13525	8154	7	0	25375	2372	18	0	0	0	2261	16925	2140		
Solukhumbu	12	15	15	944	159	936	7419	1411	0	0	9766	277	856	0	0	0	14	569	14		
Khunde Hospital	9	15	15	118	279	440	4020	145	385	1002	5992	50	54	0	10	34	150	232	12		
Sunsari Hospital	12	25	20	3355	6466	3245	35606	7469	0	0	46320	9044	903	0	0	0	0	7167	0		
Taplejung	12	15	28	2043	5169	1989	26014	2157	3645	18851	52656	1386	96	35	128	0	1395	17277	511		
Tehrathum	12	15	15	1399	2849	1221	14171	2294	766	0	18452	836	0	0	16	0	584	4852	186		
Udayapur	12	25	15	1823	3743	1760	14066	5068	8338	1457	30689	440	0	0	8	0	1098	9023	826		
Eastern	356	1255	1383	97419	294377	93744	636648	148298	133405	37512	1049807	146132	56695	2396	19588	5251	44856	745151	13606		
Kailaya	12	25	25	2214	2197	2096	15593	11990	0	0	29679	2221	0	0	0	0	1473	6355	10		
Bhaktapur	12	75	50	2649	7899	2595	59935	14991	9369	0	86890	7844	2728	83	641	0	1731	64143	0		
Bharatpur	12	150	218	23348	65576	21523	89715	30161	7744	2914	152057	19271	11508	265	2512	0	8002	125813	686		
Dhading	12	15	15	1343	3551	1356	25975	8516	313	255	34415	6966	302	0	111	0	1218	17284	415		
Jhankpur Zonal	11	200	200	12671	36721	13413	40861	20265	87727	740	163006	10770	511	0	532	0	16440	63689	1120		
Bir	12	15	15	889	2590	735	8856	1744	2652	0	13987	1289	164	0	62	0	537	2574	108		
Jiri	12	0	0	11276	457493	16752	250041	63700	46415	23388	30286	57370	9512	14976	14862	3326	34748	557036	58972		
Kant	12	300	279	9490	62254	8135	97866	48139	1896	3643	159679	42111	5920	0	276	0	0	211571	1468		
Sukraraj Tropical and I. D.	12	100	100	4746	11287	3843	22953	2736	0	0	29532	2791	162	0	126	0	0	32653	0		
Maternity	12	350	336	28920	99289	28839	141571	0	18197	0	188607	1566	23386	0	542	0	75229	264263	3067		
T.U.teaching Hospital	3	0	0	4823	35720	4392	77997	9601	0	0	91990	25254	4951	614	6066	2108	0	273444	0		
Shri Memorial	12	150	150	7753	23408	7773	46463	8003	0	0	62239	18391	3991	235	2271	0	1459	70434	924		
Dhulikhel	6	317	0	4784	21219	4795	41113	4096	6645	11974	68623	10642	3825	682	902	252	3105	89251	225		
Mahottari (PH)	9	25	25	1229	3322	1223	19912	3671	0	0	24906	4688	0	0	0	0	836	17575	824		
Hetauda	12	25	50	3533	10655	3418	40262	19045	0	0	62725	9205	216	0	315	0	1408	46963	1417		
Trishuli	12	15	25	3115	11492	3115	17831	3201	0	0	24147	3737	321	0	0	0	761	12548	749		
Ramechhap	12	15	15	802	2328	778	10716	1602	516	2369	15981	1535	120	9	72	10	221	2192	64		
Rasuwa	12	15	15	361	790	256	4868	462	0	0	5586	443	0	0	0	0	256	758	60		
Gaur	12	25	25	2488	5838	2382	23677	3234	0	0	29293	1070	2659	0	0	0	1385	6250	1316		
Sarlahi	12	15	15	952	4251	1210	16325	12413	556	0	30504	3972	0	0	8	0	623	15715	2918		
Sindhuli	12	15	19	1502	3127	1448	15027	3653	0	0	20128	1339	204	0	0	0	362	5024	369		
Sindhupalchowk	12	15	15	1200	3989	1189	14158	1773	0	1574	18694	1090	0	0	32	0	156	5733	147		
Central	245	1862	1592	130088	875066	131266	1081715	270996	182030	46857	1712864	233565	70480	18684	29330	5696	149950	1891548	74859		
Araakhanchi	12	15	35	1371	3173	1330	4440	1015	0	1563	8348	733	170	0	0	0	179	3204	178		
Baglung	12	15	25	4077	8892	4009	18789	6537	9207	0	38542	4013	1524	86	391	0	3258	10436	1129		
Gorkha	12	15	16	2775	5543	2786	34877	9539	729	157	48088	4974	1225	0	16	0	749	21736	691		
Amp Pipal UMN	12	15	48	2928	7116	1839	17554	577	2878	0	22848	1226	304	0	22	0	1005	9971	63		
Ama-Ba Hospital	9	15	10	155	369	146	3937	2346	0	0	6429	695	503	0	74	0	474	2996	2		
Tamghans	12	15	18	2480	5227	2463	32374	4651	200	250	39398	3599	590	8	11	0	2110	14250	721		
P. Bir	12	15	15	898	1359	2682	23457	1919	575	0	28533	3994	0	0	0	0	475	4646	0		
Shiva Raj	12	15	5	788	941	2401	16431	501	0	67	19400	0	0	0	0	0	834	409	277		
Western Regional	12	350	300	26764	73638	20151	146896	35445	0	0	202492	34137	12225	9173	5845	2042	31801	228852			

Raw Data
Annex A1 Sheet 2 of 12

Hospital Name	Receiv ed Rep or ts	29 days - <1 Yrs																		All Total
		Recovered		Not Improved		Referral		Lama		Absconded		Dead within 48 hrs		Dead after 48 hrs		Total				
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male			
Mountain	195	245	363	1	2	16	24	8	8	3	2	3	6	1	2	277	407	684		
Hill	617	2806	5060	21	41	86	153	46	67	14	11	12	21	18	46	3003	5399	8402		
Terai	379	2848	5357	18	22	148	240	63	120	45	80	18	35	13	17	3153	5871	9024		
National Total	1184	5899	10780	40	65	250	417	117	195	62	93	33	62	32	65	6433	11677	18110		
Bhojpur	12	22	32	0	0	0	1	0	0	0	0	1	0	0	0	23	33	56		
Dhankuta	12	23	53	0	0	2	5	0	0	0	0	0	0	0	0	25	58	83		
Ilam	12	9	20	0	0	0	1	0	0	0	0	0	1	0	0	9	22	31		
Dr.MBPCH	12	10	19	0	0	1	2	0	0	0	0	0	0	0	0	11	21	32		
Mechi Zonal	12	168	295	0	0	12	21	7	12	0	0	1	0	0	1	188	329	517		
AMDAs Hospital	8	166	241	4	5	11	22	1	2	0	0	0	0	0	1	182	271	453		
Life Line	11	61	115	9	12	17	13	0	0	0	0	0	0	0	0	87	140	227		
Bajrana Medical and Diagnostic Center	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
AMDAs Mechi Hospital	2	1	1	0	0	0	1	0	0	0	0	0	0	0	0	1	2	3		
Kankai Hospital	2	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	2	3		
Om International Mechi	11	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3		
Budhabare Manakamana Hospital	9	15	15	0	0	0	0	0	0	0	0	0	0	0	0	15	15	30		
Himalaya Clinic	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Damak Hospital and Research Center	10	33	38	0	0	0	0	0	0	0	0	0	0	0	0	33	38	71		
Khotang	12	24	53	0	0	1	1	0	0	0	0	0	0	0	0	25	54	79		
Koshi Zonal	12	694	1608	0	0	23	40	2	8	1	1	5	5	5	6	730	1668	2398		
Rangeli	12	2	4	0	0	0	1	0	0	0	0	0	0	0	0	2	5	7		
Birat Nursing Home	10	56	137	0	0	3	5	1	0	0	0	0	0	0	0	60	142	202		
Life Guard	11	19	28	0	0	1	0	0	4	0	0	0	0	0	0	20	32	52		
Neuro Hospital	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Aawadnayan Hospital	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Okhaldhunga UMN	12	67	110	0	0	3	0	0	1	0	0	0	1	1	0	71	112	183		
Rumjhatar Hospital	9	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1		
Panchthar	12	68	119	0	0	3	8	4	1	1	2	1	2	0	0	77	132	209		
Sankhuwasabha	12	56	62	0	0	7	6	1	1	0	1	0	0	0	0	64	70	134		
Sagarmatha Zonal	12	191	585	0	0	1	6	0	0	18	36	0	1	0	0	210	628	838		
Siraha	12	2	3	0	0	0	0	0	0	0	0	0	0	0	0	2	3	5		
Lahan	12	7	17	0	0	2	1	1	1	0	0	0	0	0	0	8	20	28		
Solkhumbu	12	16	17	0	0	0	4	1	1	0	0	0	0	0	0	17	22	39		
Khunde Hospital	9	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1		
Sunsari Hospital	12	81	118	0	0	2	7	1	0	0	0	0	0	0	0	84	125	209		
Taplejung	12	23	42	0	0	1	1	0	0	0	0	1	0	0	0	25	43	68		
Tehrathum	12	10	24	0	0	1	0	0	0	0	0	0	0	0	1	11	25	36		
Udayapur	12	15	28	0	0	2	2	0	0	0	0	0	0	0	0	17	30	47		
Eastern	366	1843	3786	13	17	91	150	19	31	20	40	9	10	6	9	2001	4043	6044		
Kalaya	12	2	11	1	0	1	0	2	6	0	0	0	0	0	0	6	17	23		
Bhaktapur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Bharatpur	12	596	793	0	0	37	52	4	7	3	7	1	1	0	0	641	860	1501		
Dhading	12	37	43	0	0	2	1	0	0	0	0	0	0	0	0	39	44	83		
Janakpur Zonal	11	84	97	0	1	4	4	3	7	1	0	0	0	0	0	92	109	201		
Jiri	12	19	20	0	0	0	0	0	0	0	0	0	1	0	0	19	21	40		
Bir	12	10	12	0	1	0	0	0	1	0	0	1	1	1	1	12	16	28		
Kanti	12	781	1517	10	25	4	4	15	20	5	3	0	0	12	33	827	1602	2429		
Sukraraj Tropical and I. D.	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Maternity	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
T.U.teaching Hospital	3	32	12	0	0	0	0	0	0	0	0	0	0	0	0	32	12	44		
Shir Memorial	12	60	95	0	0	0	0	0	0	0	0	0	0	0	0	60	95	155		
Dhulikhel	6	1	6	0	0	0	0	0	0	0	0	0	0	0	0	1	6	7		
Mahottari (PH)	9	0	1	0	0	0	0	1	0	0	0	0	0	0	0	1	1	2		
Hetauda	12	19	38	0	0	9	16	0	1	0	0	0	0	0	0	29	54	83		
Trishuli	12	32	51	0	0	5	4	1	0	0	1	0	0	0	0	38	56	94		
Ramechhap	12	13	20	0	0	1	1	1	2	0	0	0	0	0	0	15	23	38		
Rasuwa	12	1	5	0	0	0	0	0	0	0	0	0	0	0	0	1	5	6		
Gaur	12	10	9	0	0	3	1	3	2	2	5	0	1	0	0	19	17	36		
Sarlahi	12	1	2	0	0	0	0	1	0	0	0	0	0	0	0	2	2	4		
Sindhuli	12	10	20	3	0	0	4	1	3	0	0	1	0	0	0	14	28	42		
Sindhupalchowk	12	17	30	0	0	1	2	1	0	1	0	0	0	0	0	20	32	52		
Central	245	1725	2782	14	27	67	89	33	48	13	16	2	4	14	34	1868	3000	4868		
Aspikhanchi	12	99	133	0	0	3	13	1	3	0	0	0	0	0	1	103	150	253		
Baglung	12	69	146	0	0	7	5	1	4	0	0	0	0	0	0	76	155	231		
Gorkha	12	38	55	0	0	1	2	1	2	0	0	0	0	0	0	40	59	99		
Amp Pipal UMN	12	53	74	0	0	3	1	1	7	2	0	0	0	0	0	57	77	134		
Ama-Ba Hospital	9	6	5	0	0	1	0	0	0	0	0	0	0	0	0	7	5	12		
Tamghans	12	24	74	0	0	4	10	0	0	0	0	0	0	0	0	28	84	112		
P. Bir	12	12	30	0	0	1	8	2	4	0	0	2	0	0	1	17	43	60		
Shiva Raj	12	3	3	0	0	0	0	0	0	0	0	0	0	0	0	3	3	6		
Western Regional	12	343	622	1	0	0	3	0	1	0	0	0	1	0	0	344	627	971		
Manipal Teaching	12	113	274	2	5	0	0	1	1	0	0	1	4	4	117	288	405			
Lamjung	12	63	100	0	0	2	7	0	2	0	0	0	0	0	0	65	109	174		
Manang	6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1		
Mustang	12	9	14	0	0	0	0	1	0	0	0	0	0	0	0	10	14	24		
Beni	12	53	69	1	0	1	1	2	0	0	0	0	0	0	0	57	70	127		
P.Chandra	12	28	36	0	0	4	7	1	4	0	0	0	0	0	0	33	47	80		
Kali Gandaki	7	5	5	0	0	0	0	0	0	0	0	0	0	0	0	5	5	10		
Palpa	12	1	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	2		
Palpa UMN	12	207	356	3	7	0	0	0	0	0	0	3	4	1	3	214	370	584		
Lumbini Medical College	12	14	17	0	0	0	1	1	0	0	0	0	0	0	0	15	18	33		
Parbat	12	27	37	0	0	3	6	0	0	0	0	0	0	0	0	30	43	73		
Syangja	12	2	4	0	0	0	2	1	0	0	0	0	0	0	0	3	6	9		
Bandipur	12	5	8	0	0	1	0	0	1	0	0	0	0	0	0	6	9	15		
Damauli	12	8	17	0	0	1	2	0	1	0	0	0	0	0	0	9	20	29		
Western	262	1183	2079	7	12	32	69	12	25	0	0	6	9	1	9	1241	2203	3444		
Bheri Zonal	12	99	233	1	0	4	11	14	26	8	14	2	18	3	4	131	306	437		
Bardiya	12	58	79	0	0	1	1	3	10	0	0	3	0	0	0	62	94	156		
Dallekh	12	28	45	0	0	3	4	2	7	3	2	0	0	0	0	46	58	94		
Dang	12	97	105	1	3	2	11	3	7	3	4	2	1	0	0	108	131	239		
Dolpa	12	2	4	0	0	2	1	0	3	0	0	0	1	0	0	4	9	13		
Humla	12																			

Raw Data
Annex A1 Sheet 3 of 12

Hospital Name	Received Reports	1 - 4 Yrs																All Total
		Recovered		Not Improved		Referral		Lama		Absconded		Dead within 48 hrs		Dead after 48 hrs		Total		
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
Mountain	195	437	568	6	6	16	48	10	21	4	1	2	2	5	4	480	650	1130
Hill	617	3709	5711	33	38	114	176	57	66	23	18	10	12	22	39	3968	6060	10028
Terai	379	3345	5458	18	31	129	175	88	131	59	85	19	18	4	10	3662	5908	9570
National Total	1184	7491	11737	57	75	259	399	155	218	86	104	31	32	31	53	8110	12618	20728
Bhojpur	12	30	50	0	0	1	5	1	1	0	0	0	0	0	0	32	56	88
Dhankuta	12	32	44	0	0	0	1	1	0	0	0	0	0	0	0	33	45	78
Ilam	12	29	55	0	0	1	1	0	0	0	0	0	0	0	1	30	57	87
Dr.MBPCH	12	20	33	0	0	1	1	1	0	0	0	0	0	0	0	22	34	56
Mechi Zonal	12	160	267	0	1	13	7	3	6	0	0	2	1	0	0	178	282	460
AMDA Hospital	8	181	237	4	5	2	6	1	2	0	0	1	0	0	0	189	250	439
Life Line	11	125	184	8	15	10	8	1	0	0	0	0	0	0	0	144	207	351
Bairang Medical and Diagnostic Center	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Amda Mechi Hospital	2	2	3	0	0	0	0	0	0	0	0	0	0	0	0	2	3	5
Kankai Hospital	1	6	3	0	0	0	0	0	0	0	0	0	0	0	0	6	3	9
Om International Mechi	11	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
Budhabare Manakamana Hospital	9	61	66	0	2	1	2	0	0	0	0	0	0	0	0	62	70	132
Himalaya Clinic	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Damak Hospital and Research Center	10	14	27	0	0	1	0	0	0	0	0	0	0	0	0	15	27	42
Khotang	12	42	49	0	0	1	6	0	0	0	0	1	0	0	0	43	56	99
Koshi Zonal	12	625	1231	0	0	16	35	4	4	2	2	4	5	0	2	651	1279	1930
Rangeli	12	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2
Birat Nursing Home	10	54	131	0	0	1	6	0	1	0	0	2	0	0	0	55	140	195
Life Guard	11	19	44	0	0	1	0	1	0	0	0	0	0	0	0	21	44	65
Neuro Hospital	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Aawadnayan Hospital	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Okhaldhunga UMN	12	72	109	1	2	2	1	0	0	0	0	1	1	1	0	77	113	190
Rumjhatar Hospital	9	1	1	0	0	0	1	0	0	0	0	0	0	0	0	1	2	3
Panchthar	12	140	158	0	0	4	7	0	5	1	1	0	1	0	0	145	172	317
Sankhuwasabha	12	65	101	0	0	6	7	1	1	0	0	1	1	0	1	73	111	184
Sagarmatha Zonal	12	174	393	0	0	3	2	0	0	16	25	0	1	0	0	193	421	614
Siraha	12	8	14	0	0	0	0	0	0	0	0	0	0	0	0	8	14	22
Lahan	12	20	38	0	0	0	0	1	3	0	0	0	0	0	0	21	41	62
Solukhumbu	12	18	19	0	0	0	1	0	1	0	0	0	0	0	0	18	21	39
Khunde Hospital	9	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
Sunsari Hospital	12	101	163	0	0	3	10	1	0	0	0	0	0	0	0	105	173	278
Taplejung	12	79	82	0	0	2	8	2	0	1	0	0	0	0	0	84	90	174
Tehrathum	12	23	44	0	0	2	4	0	0	0	0	0	0	0	0	25	48	73
Udayapur	12	67	55	0	0	1	7	1	2	0	0	0	0	0	0	69	64	133
Eastern	356	2172	3603	13	25	72	126	19	26	20	29	9	12	1	4	2306	3825	6131
Kalैया	12	11	17	1	1	2	1	2	0	0	0	0	0	0	0	16	19	35
Bhaktapur	12	8	7	0	0	0	0	0	0	0	0	1	0	1	0	10	7	17
Bharatpur	12	728	862	0	0	31	42	10	15	2	11	3	0	1	0	775	930	1705
Dhading	12	56	63	0	0	6	5	0	2	1	1	0	0	0	0	63	71	134
Janakpur Zonal	11	78	146	2	1	3	4	4	5	0	0	1	0	0	0	88	156	244
Jiri	12	26	27	0	0	0	0	0	0	0	0	0	0	0	0	26	27	53
Bir	12	29	68	2	2	0	0	0	1	0	0	0	1	0	1	31	73	104
Kanti	12	590	942	10	10	3	4	10	11	5	0	0	0	15	24	633	991	1624
Sukraraj Tropical and I. D.	12	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Maternity	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
T.U.teaching Hospital	3	74	54	0	0	0	0	0	0	0	0	0	0	0	3	74	57	131
Shir Memorial	12	125	153	0	0	0	1	0	1	0	0	0	0	0	0	125	155	280
Dhulikhel	6	9	32	0	0	0	0	0	0	0	0	0	0	0	0	9	32	41
Mahottari (PH)	9	5	5	0	0	1	1	1	3	0	0	0	0	0	0	7	9	16
Hetauda	12	56	71	0	0	11	9	4	2	1	1	0	0	0	0	72	83	155
Trishuli	12	90	97	0	0	7	12	2	1	1	1	0	0	0	0	100	111	211
Ramechhap	12	21	38	0	0	1	2	0	0	0	0	0	0	0	0	22	40	62
Rasuwa	12	7	8	0	0	0	1	0	0	0	0	0	0	0	0	7	9	16
Gaur	12	16	22	0	0	1	0	3	3	5	0	1	1	1	0	27	26	53
Sarlahi	12	9	10	0	0	0	0	0	0	0	0	0	0	0	0	9	10	19
Sindhuli	12	23	27	0	0	2	4	1	3	0	0	0	0	0	0	26	34	60
Sindhupalchowk	12	20	23	0	0	0	3	1	0	2	0	0	0	0	0	23	26	49
Central	245	1981	2673	15	14	68	89	38	47	17	14	6	2	18	28	2143	2867	5010
Anggikhanchi	12	94	150	0	0	9	10	1	1	0	0	0	0	0	1	103	162	267
Baglung	12	118	177	0	0	9	10	2	7	1	0	0	0	0	0	130	195	325
Gorkha	12	57	98	1	0	2	1	1	1	1	0	0	0	0	0	61	101	162
Amp Pipal UMN	12	81	110	0	0	2	2	2	2	0	0	0	0	0	0	85	114	199
Ama-Ba Hospital	9	11	16	0	0	0	0	0	0	0	0	0	0	0	0	11	16	27
Tamghans	12	59	109	0	0	1	15	0	0	0	0	0	0	1	0	61	124	185
P. Bir	12	16	24	0	0	2	1	4	6	0	2	1	1	0	0	23	34	57
Shiva Raj	12	10	28	0	0	0	1	0	0	0	0	0	0	0	0	10	29	39
Western Regional	12	419	762	2	1	3	0	1	0	0	0	0	0	2	0	425	765	1190
Manipal Teaching	12	210	343	13	8	3	2	3	0	0	0	1	2	0	0	230	355	585
Lamjung	12	138	197	0	0	3	9	1	3	0	3	0	0	0	0	142	212	354
Manang	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mustang	12	12	15	0	0	0	1	0	0	0	0	0	0	0	0	12	16	28
Beni	12	65	72	0	0	2	2	0	0	0	1	0	1	0	0	67	76	143
P.Chandra	12	33	58	0	0	5	6	2	5	0	0	0	0	0	1	40	70	110
Kali Gandaki	7	15	14	0	0	0	0	0	0	0	0	0	0	0	0	15	14	29
Palpa	12	2	1	0	0	0	1	0	0	0	1	0	0	0	0	2	3	5
Palpa UMN	12	253	439	4	12	0	0	0	0	0	0	3	2	1	4	261	457	718
Lumbini Medical College	12	29	77	0	0	1	0	2	1	0	0	0	0	0	0	32	78	110
Parbat	12	46	64	0	0	4	5	1	0	0	0	0	0	0	0	51	69	120
Syangja	12	5	15	0	0	2	2	0	0	0	0	0	0	0	0	7	17	24
Bandipur	12	12	10	0	0	0	0	0	0	0	0	0	0	0	0	12	10	22
Damauli	12	25	26	0	0	3	2	0	0	0	0	0	0	0	0	28	28	56
Western	262	1710	2805	20	21	51	70	20	26	1	9	5	6	3	8	1810	2945	4755
Bheri Zonal	12	135	266	1	1	5	7	13	30	16	25	3	5	1	2	174	336	510
Bardya	12	45	79	1	0	0	3	10	12	0	1	0	0	0	1	69	96	165
Dailikheh	12	45	76	0	0	4	5	5	3	0	0	1	0	0	0	58	84	142
Dang	12	90	175	0	3	6	4	4	7	5	5	0	0	0	1	105	195	300
Dolpa	12	9	15	0	0	1	0	0	3	0	0	0	0	0	0	10	18	28
Humla	12	26	46	0	0	0	3	0	0	0	0	0	0	0	1	27	49	76
Jajarkot	12	49	60	0	0	1	3	1	1	1	1	0	0	0	0	52		

Raw Data
Annex A1 Sheet 4 of 12

Hospital Name	Received Reports	5 - 14 Yrs																		All Total
		Recovered		Not Improved		Referral		Lama		Absconded		Dead within 48 hrs		Dead after 48 hrs		Total				
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male			
Mountain	195	549	690	4	4	60	82	19	25	5	8	2	4	0	3	639	816	1455		
Hill	617	5723	8613	64	94	287	368	89	86	21	30	18	16	22	39	6224	9246	15470		
Terai	379	3479	4913	22	42	166	279	103	178	41	92	16	14	7	8	3834	5526	9360		
National Total	1184	9751	14216	90	140	513	729	211	289	67	130	36	34	29	50	10697	15588	26285		
Bhojpur	12	42	58	1	1	8	19	1	3	0	0	0	1	0	1	52	83	135		
Dhankuta	12	14	34	0	1	3	3	1	0	0	0	0	0	0	0	18	38	56		
Ilam	12	60	86	0	0	0	2	0	0	0	0	0	0	0	0	60	88	148		
Dr.MBPCH	12	23	31	0	0	0	1	0	2	0	0	0	0	0	0	23	34	57		
Mechi Zonal	12	157	174	0	0	20	28	5	2	0	1	1	0	0	0	183	205	388		
AMDA Hospital	8	100	109	4	4	5	11	0	1	0	0	0	0	0	0	109	125	234		
Life Line	11	151	192	11	21	14	9	2	0	0	0	0	0	0	0	178	222	400		
Bajrana Medical and Diagnostic Center	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Amde Mechi Hospital	2	0	1	0	0	1	1	0	0	0	0	0	0	0	0	1	2	3		
Kankai Hospital	2	6	11	0	0	1	0	0	0	0	0	0	0	0	0	7	11	18		
Om International Mechi	11	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2		
Budhabare Manakamana Hospital	9	142	141	3	2	5	3	0	0	0	0	0	0	0	0	150	146	296		
Himalaya Clinic	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Damak Hospital and Research Center	10	19	27	0	0	0	1	0	1	0	0	0	0	0	0	19	29	48		
Khotang	12	48	67	0	0	9	10	0	0	0	1	1	1	0	0	58	79	137		
Koshi Zonal	12	457	784	0	0	12	34	5	3	0	2	2	2	2	2	478	827	1305		
Rangeli	12	2	3	0	0	0	0	0	0	0	0	0	0	0	0	2	3	5		
Birat Nursing Home	10	136	234	0	1	8	6	0	0	0	0	0	0	0	0	144	241	385		
Life Guard	11	38	68	0	0	4	0	4	0	0	0	0	0	0	0	38	76	114		
Neuro Hospital	12	32	33	0	0	5	9	1	2	0	0	0	0	0	0	38	44	82		
Awadnaryan Hospital	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Okhaldhunga UMN	12	114	202	4	4	6	13	2	2	1	0	0	1	1	1	128	223	351		
Rumjhat Hospital	9	2	6	0	0	1	0	0	0	0	0	0	0	0	0	3	6	9		
Panchthar	12	111	145	0	0	9	20	1	1	1	3	0	0	0	0	122	169	291		
Sankhuwasabha	12	111	119	1	0	14	23	5	4	2	2	2	1	0	0	135	149	284		
Sagarmatha Zonal	12	135	242	0	0	4	5	0	0	11	18	0	0	1	0	151	265	416		
Siraha	12	28	23	0	0	2	3	1	3	0	0	0	0	0	0	31	29	60		
Lahan	12	51	78	0	0	1	5	2	0	0	0	0	0	0	0	54	83	137		
Solkhumbu	12	54	49	0	0	5	6	0	2	0	0	0	1	0	0	59	58	117		
Khunde Hospital	9	2	2	0	0	0	0	0	0	0	0	0	0	0	0	2	2	4		
Sunsari Hospital	12	45	37	0	0	1	3	0	0	0	0	0	0	0	0	46	40	86		
Taplejung	12	75	115	0	0	12	13	0	1	0	1	0	0	0	0	87	130	217		
Tehrathum	12	56	61	0	0	10	11	0	0	0	0	0	0	0	0	66	72	138		
Udayapur	12	73	64	0	0	4	8	1	2	0	0	0	0	0	0	83	74	157		
Eastern	356	2291	3196	24	34	160	251	27	33	15	28	6	7	4	4	2527	3553	6080		
Kalaya	12	221	46	0	0	4	5	2	7	0	0	0	0	0	0	257	58	87		
Bhaktapur	12	39	67	0	0	0	0	0	0	0	0	0	0	0	1	39	68	107		
Bharatpur	12	804	989	0	0	33	47	16	70	3	7	0	2	0	1	856	1116	1972		
Dhading	12	40	45	0	0	5	6	0	1	0	0	0	0	0	0	45	52	97		
Janakpur Zonal	11	159	244	1	2	6	6	8	10	1	2	0	0	0	0	175	264	439		
Jiri	12	24	46	0	1	4	3	1	0	0	0	0	0	0	0	29	50	79		
Bir	12	182	342	9	7	1	0	0	2	0	0	2	2	4	5	198	358	556		
Kanti	12	926	1561	15	35	5	6	30	14	7	7	0	7	12	990	1635	2625			
Sukraraj Tropical and I. D.	12	19	46	0	0	0	0	0	0	0	0	0	0	1	0	20	46	66		
Maternity	12	15	0	0	0	0	0	0	0	0	0	0	0	0	0	15	0	15		
T.U.teaching Hospital	3	256	144	0	0	0	0	0	0	0	0	2	0	1	0	259	144	403		
Shir Memorial	12	265	306	0	0	2	4	1	2	0	0	1	0	0	1	269	313	582		
Dhulikhel	6	67	172	0	0	0	0	0	0	0	0	0	0	0	1	67	173	240		
Mahottari (PH)	9	29	43	0	0	3	2	0	2	0	1	0	0	0	0	32	48	80		
Hetauda	12	65	116	0	0	37	20	4	2	6	1	0	0	0	0	112	139	251		
Trishuli	12	117	115	0	0	8	9	2	3	2	1	0	0	0	0	129	128	257		
Ramechhap	12	26	29	0	0	5	2	2	3	0	1	0	0	0	0	33	35	68		
Rasuwa	12	6	13	0	0	1	1	0	1	0	0	0	0	0	0	7	15	22		
Gaur	12	24	20	0	0	1	1	1	2	1	3	0	0	0	0	27	26	53		
Sarlahi	12	30	26	0	0	0	0	0	0	0	0	0	0	0	0	30	26	56		
Sindhuli	12	48	64	1	1	7	9	0	1	0	1	0	0	0	0	56	76	132		
Sindhupalchowk	12	29	33	0	0	3	2	1	1	1	2	0	0	0	0	34	38	72		
Central	245	3192	4467	26	46	125	123	68	121	21	26	8	4	13	21	3451	4808	8259		
Arqanhandhi	12	121	176	0	0	18	23	7	3	0	0	0	0	0	0	146	204	350		
Bajung	12	152	205	0	1	13	9	3	3	1	0	0	0	0	0	165	218	387		
Gorkha	12	116	122	1	2	7	4	4	3	0	0	0	0	0	0	128	131	259		
Amp Pipal UMN	12	98	149	2	0	2	2	1	0	0	0	0	0	0	0	103	151	254		
Ama-Ba Hospital	9	2	3	0	0	0	1	0	0	0	0	0	0	0	0	2	4	6		
Tamghans	12	78	133	0	0	20	19	0	0	0	1	0	0	1	0	99	153	252		
P. Bir	12	14	24	0	0	2	3	1	1	0	1	0	0	0	0	17	29	46		
Shiva Raj	12	27	36	0	0	0	0	0	0	0	0	0	0	0	0	27	36	63		
Western Regional	12	560	863	2	1	2	1	0	2	0	0	1	1	3	3	568	871	1439		
Manipal Teaching	12	308	492	12	11	2	3	1	5	0	4	3	1	6	328	520	848			
Lamjung	12	169	269	0	0	13	27	1	1	1	2	1	0	0	0	185	299	484		
Manang	6	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1		
Mustang	12	26	16	0	0	2	1	2	1	0	0	0	0	0	0	30	18	48		
Beni	12	54	75	1	0	6	8	0	2	0	1	0	0	0	1	61	87	148		
P.Chandra	12	37	42	0	0	3	4	1	2	0	0	0	0	0	0	41	48	89		
Kali Gandaki	7	11	20	0	1	1	0	0	1	0	0	0	0	0	0	12	22	34		
Palpa	12	6	9	0	0	0	1	0	0	0	0	0	0	0	0	6	10	16		
Palpa UMN	12	552	1064	11	28	0	0	0	0	0	0	4	3	3	3	570	1098	1668		
Lumbini Medical College	12	131	253	0	0	1	4	3	7	0	0	0	1	0	0	135	265	400		
Parbat	12	55	61	0	0	5	10	0	0	0	0	0	0	0	0	60	71	131		
Syangja	12	26	33	0	0	3	3	1	1	0	0	0	0	0	0	30	37	67		
Bandipur	12	32	32	0	0	3	3	0	0	0	0	0	0	0	0	35	35	70		
Damauli	12	48	47	0	0	6	7	0	0	0	0	0	0	0	0	54	54	108		
Western	262	2624	4124	29	44	109	133	25	32	2	5	10	8	8	15	2807	4361	7168		
Bheri Zonal	12	272	427	2	5	12	25	21	35	13	41	6	8	3	4	329	545	874		
Bardiya	12	67	86	0	1	1	2	3	1	0	0	0	0	0	0	64	113	177		
Dallekh	12	63	88	1	0	14	14	0	6	1	4	0	1	0	0	75	113	188		
Dang	12	92	159	1	5	4	15	8	5	4	2	1	0	0	0	110	185	295		
Dolpa	12	9	7	0	0	0	0	1	1	0	0	0	0	0	0	10	8	18		
Humla	12	22	31	0	0	1	2	0	0	0	0	0	0	0	0	23	33	56		
Jajarkot	12																			

Raw Data
Annex A1 Sheet 5 of 12

Hospital Name	Receiv ed Report s	15 - 19 Yrs																		All Total
		Recovered		Not Improved		Referral		Lama		Absconded		Dead within 48 hrs		Dead after 48 hrs		Total				
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male			
Mountain	195	1142	417	4	3	52	38	21	14	3	3	2	1	0	1	1224	477	1701		
Hill	617	14280	3953	36	34	413	181	109	42	49	11	9	15	15	16	14911	4252	19163		
Terai	379	13686	2555	33	17	397	101	185	100	85	34	13	8	4	4	14403	2819	17222		
National Total	1184	29108	6925	73	54	862	320	315	156	137	48	24	24	19	21	30538	7548	38086		
Bhojpur	12	103	55	0	0	8	9	0	3	0	0	1	0	0	0	112	67	179		
Dhankuta	12	60	11	0	0	7	0	1	0	0	0	0	0	0	0	68	11	79		
Ilam	12	137	42	0	0	11	0	0	0	0	0	0	0	0	0	148	42	190		
Dr.MBPCH	12	16	9	0	0	1	1	1	0	0	0	1	0	0	0	18	11	29		
Mechi Zonal	12	578	76	0	0	62	11	2	2	2	2	0	0	1	0	644	90	734		
AMDA Hospital	8	376	53	6	1	23	6	6	4	0	0	0	0	0	0	411	64	475		
Life Line	11	391	79	17	6	11	3	3	0	0	0	0	0	0	0	422	88	510		
Bairang Medical and Diagnostic Center	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Amjda Mechi Hospital	2	1	0	0	0	1	0	1	1	0	0	0	0	0	0	3	1	4		
Kankal Hospital	2	30	39	0	0	1	0	1	0	0	0	0	0	0	0	32	39	71		
Om International Mechi	11	378	0	0	0	9	0	0	0	0	0	0	0	0	0	387	0	387		
Budhabare Manakamana Hospital	9	149	151	2	3	3	4	0	0	0	0	0	0	0	0	154	158	312		
Himalaya Clinic	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Damak Hospital and Research Center	10	34	44	0	0	0	0	0	0	0	0	0	0	0	0	34	44	78		
Khotang	12	138	46	0	0	7	9	0	0	1	0	0	0	0	1	146	56	202		
Koshi Zonal	12	1652	257	0	0	32	3	12	4	1	0	1	2	1	1	1699	267	1966		
Rangeli	12	27	1	0	0	5	0	2	0	0	0	0	0	0	0	34	1	35		
Birat Nursing Home	10	176	115	0	0	5	9	8	6	0	0	1	0	0	0	190	130	320		
Life Guard	11	36	34	0	0	1	0	0	0	0	0	0	0	0	0	37	34	71		
Neuro Hospital	12	232	212	3	0	8	5	4	10	0	0	0	0	0	0	247	227	474		
Aawadnaryan Hospital	12	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	5		
Okhaldhunga UMN	12	159	94	2	1	3	5	2	0	0	0	0	0	0	0	166	100	266		
Rumjhatar Hospital	9	5	6	0	0	0	0	0	0	0	0	0	0	0	0	5	6	11		
Panchthar	12	178	71	0	0	10	13	1	0	4	0	0	0	1	0	194	84	278		
Sankhuwasabha	12	200	67	0	0	8	9	6	1	0	0	0	0	0	0	214	77	291		
Sagarmatha Zonal	12	568	87	0	0	4	1	0	0	40	9	2	0	1	0	615	97	712		
Siraha	12	133	32	0	0	22	1	3	1	0	0	0	0	0	0	158	34	192		
Lahan	12	427	22	0	0	10	1	12	0	2	0	0	0	0	0	451	23	474		
Solkhumbu	12	54	52	0	0	6	5	2	0	0	0	0	0	0	0	62	57	119		
Khunde Hospital	9	1	2	0	0	0	0	0	0	0	0	0	0	0	0	1	2	3		
Sunsari Hospital	12	293	20	0	0	43	1	0	0	0	0	0	0	0	0	336	21	357		
Taplejung	12	173	57	0	0	4	8	2	2	2	0	1	0	0	0	179	68	247		
Tehrathum	12	80	47	0	0	9	1	0	0	0	0	0	0	0	0	89	48	137		
Eastern	12	168	28	0	0	11	2	1	0	1	0	0	0	0	0	181	30	211		
Kalैया	356	6958	1809	30	11	325	107	70	34	51	11	5	3	2	7442	1977	9419			
Bhaktapur	12	205	17	0	1	5	3	3	2	0	1	0	0	0	0	213	24	237		
Bharatpur	12	271	80	0	0	13	0	0	0	0	0	0	0	0	0	284	80	364		
Dhading	12	1233	331	0	0	15	5	5	6	3	0	0	1	1	0	1257	343	1600		
Janakpur Zonal	11	2917	198	1	4	11	11	19	19	5	5	0	0	0	0	2953	237	3190		
Jiri	12	39	23	0	2	2	0	0	0	0	0	0	0	0	0	41	25	66		
Bir	12	289	482	9	12	0	2	4	5	0	0	3	5	7	3	312	509	821		
Kanti	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Sukraraj Tropical and I. D.	12	174	282	0	1	0	0	0	1	0	0	0	0	0	1	174	285	459		
Maternity	12	4102	0	0	0	3	0	23	0	14	0	0	0	0	0	4142	0	4142		
T.U.teaching Hospital	3	149	107	0	0	0	0	0	0	0	0	0	0	2	3	151	110	261		
Shir Memorial	12	365	297	0	0	4	4	6	4	0	0	1	0	1	0	377	305	682		
Dhulikhel	6	265	114	0	0	0	0	0	0	0	0	0	0	0	1	265	115	380		
Mahottari (PH)	9	97	14	0	0	4	4	0	1	0	0	0	0	0	0	101	19	120		
Hetauda	12	306	46	0	0	49	11	3	0	2	1	0	1	0	0	360	59	419		
Trishuli	12	260	45	0	0	39	9	2	2	1	1	0	0	0	0	302	57	359		
Ramechhap	12	60	24	0	0	1	3	1	0	0	0	0	0	0	0	62	27	89		
Rasuwa	12	16	12	0	0	0	0	0	0	0	0	0	0	0	0	16	12	28		
Gaur	12	142	18	0	0	0	1	11	6	4	1	1	0	0	1	158	27	185		
Sarlahi	12	135	17	0	0	7	0	0	0	1	0	0	0	0	0	143	17	160		
Sindhuli	12	114	45	1	0	14	6	5	0	0	0	0	0	0	0	134	51	185		
Sindhupalchowk	12	67	30	0	0	3	0	1	0	1	1	0	0	0	0	72	31	103		
Central	245	11312	2217	11	20	183	60	86	46	31	10	5	7	11	9	11639	2369	14008		
Arqakhanchi	12	224	89	0	0	15	8	2	1	0	0	0	0	0	0	241	98	339		
Bajlung	12	268	93	0	0	13	8	3	2	2	0	0	0	0	0	286	103	389		
Gorkha	12	265	90	0	0	5	5	4	1	0	0	0	0	0	0	274	96	370		
Amp Pipal UMN	12	106	67	0	0	1	1	2	0	0	0	0	0	0	0	109	68	177		
Ama-Ba Hospital	9	7	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	7		
Tamghans	12	236	69	0	0	16	5	1	0	0	0	0	0	0	0	253	74	327		
P. Bir	12	36	8	0	0	12	1	2	1	0	0	0	0	0	0	50	10	60		
Shiva Raj	12	31	32	0	0	0	0	0	0	0	0	0	0	0	0	31	32	63		
Western Regional	12	1768	274	0	0	1	1	1	1	0	0	0	1	1	0	1771	277	2048		
Manipal Teaching	12	356	324	13	17	4	1	5	1	0	0	1	5	3	5	382	353	735		
Lamjung	12	334	105	0	0	15	19	1	0	1	2	0	1	0	0	351	127	478		
Manang	6	3	1	0	0	0	0	0	0	0	0	0	0	0	0	3	1	4		
Mustang	12	28	14	0	0	1	4	0	0	0	0	0	0	0	0	29	18	47		
Beni	12	173	46	0	0	8	5	0	1	0	1	0	0	0	0	181	53	234		
P.Chandra	12	148	20	0	0	19	3	8	1	0	0	0	0	1	0	176	24	200		
Kali Gandaki	7	25	14	0	0	2	0	0	0	0	0	0	0	0	0	27	14	41		
Palpa	12	15	5	2	0	5	0	0	0	0	0	0	0	0	0	22	5	27		
Palpa UMN	12	582	267	5	3	0	0	0	0	0	0	2	1	0	1	589	272	861		
Lumbini Medical College	12	132	108	0	0	1	2	2	5	0	0	0	0	0	0	135	115	250		
Parbat	12	111	41	0	0	12	6	0	1	0	0	0	0	0	0	123	48	171		
Syangja	12	104	24	0	0	11	1	1	0	0	0	0	0	0	0	116	25	141		
Bandipur	12	57	13	0	0	3	2	1	2	0	0	0	0	0	0	61	17	78		
Damauli	12	191	28	0	0	15	1	1	0	0	1	0	0	0	0	207	30	237		
Western	262	5200	1732	20	20	159	73	34	17	3	4	3	8	5	6	5424	1880	7284		
Bheri Zonal	12	929	264	2	2	12	8	29	18	8	8	4	1	0	1	984	302	1286		
Baridya	12	169	25	0	0	11	0	8	0	0	0	0	0	0	0	186	25	213		
Dalekh	12	192	44	3	0	7	5	10	4	7	0	0	0	0	1	219	54	273		
Dang	12	808	57	2	0	21	4	12	8	10	3	2	1	0	0	855	73	928		
Dolpa	12	32	12	0	0	0	0	0	0	0	0	0	0	0	0	32	12	44		
Humla	12	51	26	0	0	2	2	0	0	0	0	0	1	0	0	53	29	82		
Jajarkot	12	120	57	0	0	6	1	5	0	3	1	0</								

Raw Data
Annex A1 Sheet 6 of 12

Hospital Name	Received Reports	20 - 29 Yrs																		All Total
		Recovered		Not Improved		Referral		Lama		Absconded		Dead within 48 hrs		Dead after 48 hrs		Total				
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male			
Mountain	195	3210	648	21	6	153	98	44	25	9	4	6	4	2	0	3445	785	4230		
Hill	617	55067	6729	122	76	1340	307	372	76	101	16	39	35	48	53	57089	7292	64381		
Terai	379	53298	4388	85	46	1492	232	665	147	389	70	56	22	19	15	56004	4920	60924		
National Total	1184	111575	11765	228	128	2985	637	1081	248	499	90	101	61	69	68	116538	12997	129535		
Bhojpur	12	294	81	0	0	31	8	6	1	0	1	0	0	0	0	331	91	422		
Dhankuta	12	229	24	1	0	27	2	2	0	0	0	0	0	0	0	259	26	285		
Ilam	12	808	51	0	0	39	2	0	0	0	0	0	0	0	0	847	53	900		
Dr.MBPCH	12	58	22	0	0	2	3	1	0	0	0	0	0	0	0	61	25	86		
Mechi Zonal	12	2334	182	0	0	307	25	19	4	4	2	2	2	0	1	2666	216	2882		
AMDA Hospital	8	1751	136	25	1	74	5	21	0	3	0	1	0	0	0	1875	142	2017		
Life Line	11	1268	142	26	15	32	9	14	4	0	0	0	0	0	0	1340	170	1510		
Bajrang Medical and Diagnostic Center	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Amda Mechi Hospital	2	8	15	0	0	2	0	1	1	0	0	0	0	0	0	11	16	27		
Kankai Hospital	2	47	54	0	0	1	4	0	0	0	0	0	0	0	0	48	58	106		
Om International Mechi	11	1662	3	0	0	26	0	7	0	0	0	0	0	0	0	1695	3	1698		
Budhabare Manakamana Hospital	9	222	226	2	4	3	7	1	0	0	0	0	0	0	0	228	237	465		
Himalaya Clinic	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Damak Hospital and Research Center	10	82	47	0	0	0	0	0	0	0	0	0	0	0	0	82	47	129		
Khotang	12	332	65	0	0	26	11	1	1	2	0	2	0	0	0	363	77	440		
Koshi Zonal	12	8206	453	0	0	160	9	61	2	10	1	7	3	3	1	8447	469	8916		
Rangeli	12	132	5	0	0	10	0	0	0	0	0	0	0	0	0	142	5	148		
Birat Nursing Home	10	876	247	0	0	10	5	14	14	0	0	5	1	0	0	905	267	1172		
Life Guard	11	164	85	0	0	1	1	1	0	0	0	0	0	0	0	165	86	251		
Neuro Hospital	12	329	264	7	7	24	18	10	12	0	0	0	0	0	0	370	301	671		
Aawadnaryan Hospital	12	60	0	0	0	0	0	0	0	0	0	0	0	0	0	60	0	60		
Okhaldhunga UMN	12	412	104	4	2	5	7	1	0	0	1	2	1	0	0	424	116	540		
Rumjhatar Hospital	9	21	11	0	0	1	0	0	0	0	0	0	0	0	0	22	11	33		
Panchthar	12	594	94	1	0	32	17	6	0	4	0	0	0	0	0	637	111	748		
Sankhuwasabha	12	517	84	1	0	14	11	8	4	0	0	2	1	0	0	542	100	642		
Sagarmatha Zonal	12	3764	133	0	0	62	9	0	0	230	13	2	0	1	0	4059	155	4214		
Siraha	12	493	30	0	0	40	1	14	1	3	0	0	0	0	0	550	32	582		
Lahan	12	2229	33	1	0	67	1	60	2	2	0	0	0	0	1	2359	37	2396		
Solu-Khumbu	12	1115	61	0	0	12	7	11	1	0	0	1	2	1	0	1400	71	2111		
Khunde Hospital	9	14	13	0	0	0	0	0	0	0	0	0	0	0	0	14	13	27		
Sunsari Hospital	12	1606	47	0	0	146	2	6	0	1	0	0	0	0	0	1759	49	1808		
Taplejung	12	396	106	0	0	14	15	2	1	0	2	0	0	0	0	412	124	536		
Tehrathum	12	244	56	0	0	24	6	3	1	1	1	0	0	0	0	272	64	336		
Udayapur	12	651	21	0	0	43	4	8	2	1	0	0	0	0	0	703	27	730		
Eastern	356	29921	2896	68	29	1234	189	278	51	261	22	23	11	6	3	31791	3201	34992		
Kalैया	12	1191	12	0	0	13	4	15	0	1	0	0	0	0	0	1220	16	1236		
Bhaktapur	12	1144	104	0	0	53	3	16	3	0	0	0	0	0	1	1213	111	1324		
Bharatpur	12	7023	678	0	0	63	18	21	7	13	5	5	1	2	1	7127	710	7837		
Dhading	12	340	21	0	0	42	3	4	0	1	0	0	0	0	0	387	24	411		
Janakpur Zonal	11	3906	266	7	8	19	19	29	24	7	5	2	3	4	1	3974	326	4300		
Jiri	12	82	23	0	0	1	1	1	0	0	0	0	0	0	0	84	24	108		
Bir	12	678	1030	19	33	2	3	6	17	0	0	11	11	19	20	735	1114	1849		
Kanti	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Sukraraj Tropical and I. D.	12	548	504	0	0	0	0	0	0	0	0	0	0	0	4	6	554	510	1064	
Maternity	12	19889	0	0	0	17	0	129	0	33	0	2	0	0	0	20074	0	20074		
T.U.teaching Hospital	3	287	366	0	0	0	0	0	1	0	0	3	2	3	8	293	377	670		
Shir Memorial	12	1694	762	0	0	14	13	10	7	0	1	4	0	0	0	1722	783	2505		
Dhulikhel	6	1170	190	0	0	0	0	0	0	0	0	0	0	0	1	1170	191	1361		
Mahottari (PH)	9	713	23	0	0	29	3	1	1	1	0	0	0	0	0	744	27	771		
Hetauda	12	1391	67	0	0	180	19	21	6	5	2	0	0	0	0	1597	94	1691		
Trishuli	12	762	77	0	0	88	12	3	3	2	0	0	0	0	0	855	92	947		
Ramechhap	12	126	16	0	1	16	6	3	0	0	0	0	0	0	0	145	23	168		
Rasuwa	12	45	19	0	0	6	4	1	1	0	0	0	0	0	0	52	24	76		
Gaur	12	1307	34	0	0	18	4	74	3	33	1	6	0	0	1	1439	42	1481		
Sarlahi	12	526	24	0	0	8	0	0	0	0	0	0	0	0	0	534	24	558		
Sindhuli	12	350	34	3	0	38	9	6	5	4	1	0	0	0	0	401	49	450		
Sindhupalchowk	12	243	34	0	0	21	7	3	1	5	1	0	0	0	0	272	43	315		
Central	245	43415	4284	29	42	628	128	345	79	105	16	33	17	37	38	44592	4604	49196		
Argakhanchi	12	723	91	0	0	90	18	4	3	0	0	0	0	1	0	818	112	930		
Baglung	12	1108	128	1	0	45	13	2	0	1	1	0	0	0	0	1157	142	1299		
Gorkha	12	722	103	0	0	25	7	3	1	1	0	0	0	0	0	751	111	862		
Amp Pipal UMN	12	252	57	0	0	1	0	4	2	0	0	1	0	0	0	258	59	317		
Ama-Ba Hospital	9	18	5	0	0	0	0	0	0	0	0	0	0	0	0	18	5	23		
Tamghans	12	730	44	0	0	45	8	2	0	0	0	0	0	0	0	777	52	829		
P. Bir	12	348	13	0	0	77	4	3	1	2	0	0	0	0	0	430	18	448		
Shiva Raj	12	217	41	0	0	2	0	0	0	0	0	0	0	0	0	219	41	260		
Western Regional	12	7794	467	2	1	2	4	2	3	33	1	6	0	0	0	7896	486	8382		
Manjpal Teaching	12	1250	596	68	24	5	7	17	2	0	0	5	0	0	0	1353	641	1994		
Lamjung	12	908	113	0	0	63	14	9	3	6	0	1	0	0	0	987	130	1117		
Manang	6	9	6	0	0	0	0	0	0	0	0	0	0	0	0	9	6	15		
Mustang	12	90	23	0	0	11	3	0	3	0	0	0	1	0	0	101	30	131		
Beni	12	430	76	1	0	18	5	4	0	2	0	0	0	0	1	455	82	537		
P.Chandra	12	572	26	3	0	68	2	24	3	0	0	0	0	0	0	667	31	698		
Kali Gandaki	7	30	34	0	0	4	1	1	0	0	0	1	0	0	0	36	35	71		
Palpa	12	35	12	1	0	15	1	0	0	0	0	0	0	0	0	51	13	64		
Palpa UMN	12	2308	390	12	13	0	0	0	0	0	0	3	3	2	4	2325	410	2735		
Lumbini Medical College	12	505	167	0	0	1	2	1	3	0	0	1	0	1	0	509	172	681		
Parbat	12	323	55	0	0	32	2	3	0	0	0	0	0	0	0	358	57	415		
Syanja	12	313	37	0	0	50	6	3	2	0	1	0	0	0	0	366	46	412		
Bandipur	12	120	23	0	0	2	11	0	0	0	0	0	0	0	0	122	24	146		
Damauli	12	420	23	0	0	17	1	2	0	0	0	0	0	0	0	439	24	463		
Western	262	19225	2530	88	38	573	99	84	24	12	2	15	19	15	15	20012	2727	22739		
Bheri Zonal	12	3117	413	3	6	25	37	79	32	32	20	14	8	6	7	3276	523	3799		
Bardiya	12	622	34	0	0	16	2	53	1	0	1	0	0	0	1	691	39	730		
Daliekh	12	470	57	3																

Raw Data
Annex A1 Sheet 7 of 12

Hospital Name	Received Reports	30 - 39 Yrs																All Total
		Recovered		Not Improved		Referral		Lama		Absconded		Dead within 48 hrs		Dead after 48 hrs		Total		
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
Mountain	195	1150	482	10	5	90	77	22	17	1	1	4	2	0	1	1277	585	1862
Hill	617	13728	5174	74	63	475	201	149	81	31	13	32	59	54	92	14543	5683	20226
Terai	379	13066	3696	42	29	432	183	204	115	114	54	29	32	22	28	13909	4137	18046
National Total	1184	27944	9352	126	97	997	461	375	213	146	68	65	93	76	121	29729	10405	40134
Bhojpur	12	103	47	1	0	15	12	2	4	1	0	1	1	0	0	123	64	187
Dhankuta	12	57	12	2	0	9	3	0	0	0	0	0	1	0	0	68	16	84
Ilam	12	214	34	0	0	13	3	0	0	0	0	0	0	0	0	227	37	264
Dr.MBPCH	12	14	8	0	0	1	0	0	0	0	0	0	0	0	0	15	8	23
Mechi Zonal	12	537	132	0	0	98	26	3	5	5	0	1	1	1	1	645	165	810
AMDA Hospital	8	411	79	6	2	19	2	3	0	0	0	0	0	0	0	439	83	522
Life Line	11	309	97	16	7	17	11	2	1	0	0	0	0	0	0	344	116	460
Bajrang Medical and Diagnostic Center	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Amda Mechi Hospital	2	13	7	0	0	0	3	1	1	0	0	0	0	0	0	14	11	25
Kankai Hospital	2	34	23	0	0	2	1	0	0	0	0	0	0	0	0	36	24	60
Om International Mechi	11	462	0	0	0	11	0	1	0	0	0	0	0	0	0	474	0	474
Budhabare Manakamana Hospital	9	160	122	1	1	2	0	0	0	0	0	0	0	0	0	163	125	288
Himalaya Clinic	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Damak Hospital and Research Center	10	69	35	0	0	1	0	0	0	0	0	0	0	0	0	70	35	105
Khotang	12	110	40	0	0	11	7	0	1	0	1	0	1	0	1	123	49	172
Koshi Zonal	12	1477	398	0	0	35	6	13	3	5	0	7	3	5	6	1542	416	1958
Rangeli	12	14	8	0	0	0	0	0	0	0	0	0	0	0	0	15	8	23
Birat Nursing Home	10	619	257	2	0	11	12	12	14	0	0	2	1	1	0	647	284	931
Life Guard	11	166	99	0	0	6	3	0	0	0	0	0	0	0	0	172	102	274
Neuro Hospital	12	365	376	2	4	13	10	8	8	0	0	1	0	2	388	401	789	
Aawadnarayan Hospital	12	15	0	0	0	0	0	0	0	0	0	0	0	0	0	15	0	15
Okhaldhunga UMN	12	173	100	2	2	6	3	0	0	0	0	0	0	0	0	181	105	286
Rumjhatar Hospital	9	15	6	0	0	2	0	0	0	0	0	0	0	0	0	17	6	23
Panchthar	12	208	76	0	1	20	13	2	3	3	4	0	1	0	0	233	98	331
Sankhuwasabha	12	177	62	1	0	17	13	4	0	0	0	1	0	0	0	200	75	275
Sagarmatha Zonal	12	459	98	0	0	11	2	0	0	42	3	3	1	3	1	518	105	623
Siraha	12	155	38	0	0	8	2	6	0	0	0	0	0	0	0	169	40	209
Lahan	12	277	36	0	0	5	1	3	0	0	0	0	0	0	0	285	37	322
Sokukhumbu	12	58	46	0	0	3	9	1	0	0	0	0	0	0	0	62	55	117
Khunde Hospital	9	6	5	0	0	0	0	0	0	0	0	0	0	0	0	6	5	11
Sunsari Hospital	12	234	28	0	0	13	1	2	0	0	0	0	0	0	0	249	29	278
Taplejung	12	135	74	0	0	9	7	0	1	0	0	2	0	0	1	146	83	229
Tehrathum	12	95	43	0	0	9	2	0	0	0	0	0	0	0	0	104	45	149
Udayapur	12	153	28	0	0	15	5	0	0	0	0	0	0	0	0	168	33	201
Eastern	356	7295	2406	34	17	381	159	63	41	57	7	18	10	10	12	7858	2652	10510
Kalaya	12	164	18	2	0	6	1	7	4	2	1	0	0	0	0	181	24	205
Bhaktapur	12	243	67	0	0	12	1	10	4	0	0	0	1	1	0	266	73	339
Bharatpur	12	1638	471	0	0	17	14	10	6	5	7	4	3	0	3	1674	504	2178
Dhading	12	75	23	0	0	14	2	2	0	2	0	0	0	0	0	93	25	118
Janakpur Zonal	11	2205	311	5	6	16	16	22	21	4	6	1	9	5	1	2258	370	2628
Jiri	12	33	14	1	0	1	1	0	0	0	0	0	0	0	0	35	15	50
Bir	12	594	796	21	22	11	1	8	20	0	0	14	24	16	38	654	901	1555
Kanti	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sukraraj Tropical and I. D.	12	428	451	0	0	0	0	0	0	0	0	0	10	22	438	473	911	
Maternity	12	3479	0	0	0	2	0	48	0	7	0	1	0	0	0	3537	0	3537
T.U.teaching Hospital	3	219	229	0	0	0	0	0	0	0	0	1	0	2	5	222	234	456
Shir Memorial	12	579	386	3	0	12	8	10	4	0	0	1	2	1	1	606	401	1007
Dhulikhel	6	305	188	0	0	0	0	0	0	0	0	0	0	0	1	305	189	494
Mahottari (PH)	9	108	11	0	0	10	1	2	0	0	0	0	0	0	0	120	12	132
Hetauda	12	186	38	0	0	45	5	9	3	0	0	0	0	0	0	240	46	286
Trishuli	12	177	66	0	0	17	6	2	2	0	0	1	0	0	0	197	76	273
Ramechhap	12	51	9	1	0	8	1	0	1	0	0	0	0	0	0	60	11	71
Rasuwa	12	26	8	0	0	4	1	1	1	0	0	0	0	0	0	31	10	41
Gaur	12	187	23	0	0	10	5	11	1	6	0	0	0	0	0	217	29	246
Sarlahi	12	138	34	0	0	3	1	0	0	0	0	0	0	0	0	141	35	176
Sindhuli	12	117	35	2	1	11	11	1	0	0	1	0	0	0	1	131	49	180
Sindhupalchowk	12	69	23	0	1	7	4	1	0	0	1	0	0	0	0	77	29	106
Central	245	11021	3201	35	30	196	79	147	67	26	18	23	38	35	73	11483	3506	14989
Argakhanchi	12	193	74	0	0	20	8	3	4	0	0	0	0	0	0	216	86	302
Baglung	12	210	104	1	1	20	7	2	3	0	1	1	0	0	0	234	116	350
Gorkha	12	169	92	1	0	6	3	2	0	0	0	0	1	0	0	178	96	274
Amp Pipal UMN	12	102	40	0	0	2	3	1	1	0	0	0	0	0	0	105	44	149
Ama-Ba Hospital	9	13	5	0	0	0	0	0	0	0	0	0	0	0	0	13	5	18
Tamghans	12	191	35	0	0	25	5	0	0	0	0	0	0	0	0	216	40	256
P. Bir	12	94	11	0	0	17	2	1	0	0	0	0	0	0	0	112	13	125
Shiva Raj	12	66	63	0	0	6	1	0	0	0	0	0	0	0	0	72	64	136
Western Regional	12	1439	381	1	2	0	2	1	3	1	0	2	6	5	7	1449	401	1850
Manjpal Teaching	12	700	471	18	15	3	4	6	2	0	0	2	9	3	2	732	503	1235
Lamjung	12	277	98	0	0	26	20	5	2	2	1	2	0	0	1	279	123	402
Manang	6	5	2	0	0	0	0	0	0	0	0	1	0	0	0	6	2	8
Mustang	12	43	24	1	0	4	4	1	0	0	0	0	0	0	0	49	28	77
Beni	12	134	42	0	0	9	0	0	0	0	0	0	0	0	3	143	45	188
P.Chandra	12	81	26	0	2	17	3	2	1	0	0	0	1	0	0	101	32	133
Kali Gandaki	7	37	34	0	0	1	1	0	2	0	0	0	0	0	0	38	37	75
Palpa	12	14	2	0	1	4	3	0	0	0	0	0	0	0	0	18	6	24
Palpa UMN	12	648	383	14	14	0	0	0	0	0	0	4	7	4	7	673	405	1078
Lumbini Medical College	12	279	159	0	0	2	0	2	5	1	0	1	2	0	0	285	166	451
Parbat	12	74	30	0	0	5	4	0	0	0	0	0	0	0	0	79	34	113
Syangja	12	90	24	0	0	4	1	1	0	0	0	0	0	0	0	95	25	120
Bandipur	12	59	35	0	0	5	3	1	1	0	0	0	0	0	0	65	39	104
Damauli	12	90	17	0	0	6	1	0	0	0	0	0	1	0	0	96	19	115
Western	262	4978	2152	36	35	182	75	28	24	3	3	11	23	16	17	5254	2329	7583
Bheri Zonal	12	764	354	4	4	19	23	38	30	26	24	5	5	0	6	856	446	1302
Bardiya	12	120	32	0	0	5	1	12	3	0	1	1	0	0	0	138	37	175
Dallek	12	173	46	1	1	16	5	4	4	1	0	0	1	1	1	196	57	253
Dang	12	429	78	3	2	17	6	19	5	7	0	0	2	0	0	475	93	568
Dolpa	12	17	9	0	0	3	2	0	0	0	0	0	0	0	0	20	11	31
Humla	12	41																

Raw Data
Annex A1 Sheet 8 of 12

Hospital Name	Received Reports	40 - 49 Yrs																		All Total
		Recovered		Not Improved		Referral		Lama		Absconded		Dead within 48 hrs		Dead after 48 hrs		Total				
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male			
Mountain	195	653	420	4	4	61	62	24	16	3	4	2	3	5	2	752	511	1263		
Hill	617	6994	4819	66	80	296	237	71	69	18	17	40	76	67	91	7552	5389	12941		
Terai	379	5109	3418	38	26	231	185	122	144	57	55	34	48	20	40	5611	3916	9527		
National Total	1184	12756	8657	108	110	588	484	217	229	78	76	76	127	92	133	13915	9816	23731		
Bhojpur	12	80	54	0	0	11	13	5	2	1	0	1	1	0	0	98	70	168		
Dhankuta	12	27	17	0	1	4	1	0	1	0	0	0	1	0	0	32	20	52		
Ilam	12	98	45	0	0	10	1	0	0	0	0	2	0	0	0	110	46	156		
Dr.MBPCH	12	14	13	0	0	3	0	1	0	0	0	0	0	0	0	18	13	31		
Mechi Zonal	12	231	132	0	0	34	26	4	4	1	1	1	0	4	1	271	170	441		
AMDA Hospital	8	165	70	4	5	6	5	1	0	0	0	0	0	0	0	176	80	256		
Life Line	11	136	79	12	6	16	5	0	0	0	0	0	0	0	0	164	90	254		
Bajrang Medical and Diagnostic Center	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Amjda Mechi Hospital	2	6	4	0	0	0	0	0	0	0	0	0	0	0	0	6	4	10		
Kankal Hospital	2	27	18	0	0	0	0	3	0	0	0	0	0	27	0	27	21	48		
Om International Mechi	11	114	0	0	0	2	0	0	0	0	0	0	0	0	0	116	0	116		
Budhabare Manakamana Hospital	9	88	96	0	0	0	1	0	0	0	0	0	0	0	0	88	97	185		
Himalaya Clinic	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Damak Hospital and Research Center	10	46	23	0	0	0	0	0	0	0	0	0	0	0	0	46	23	69		
Khotang	12	63	21	0	0	14	11	0	2	0	1	0	0	1	77	36	113			
Koshi Zonal	12	643	430	0	0	15	11	5	5	1	1	9	9	7	10	680	466	1146		
Rangeli	12	3	2	0	0	2	0	0	0	1	0	0	0	0	0	6	2	8		
Birat Nursing Home	10	439	219	1	1	12	8	7	10	0	0	0	1	0	0	459	239	698		
Life Guard	11	141	64	0	0	4	3	0	1	0	0	0	1	0	0	145	69	214		
Neuro Hospital	12	422	386	6	5	11	13	15	21	0	0	2	5	1	0	457	430	887		
Aawadnayan Hospital	12	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	5		
Okhaldhunga UMN	12	132	91	2	2	4	2	0	0	0	0	1	1	2	138	100	238			
Rumjhatar Hospital	9	7	7	0	0	1	2	0	0	0	0	0	0	0	0	8	9	17		
Panchthar	12	120	54	0	0	23	17	4	1	1	1	0	0	0	0	148	73	221		
Sankhuwasabha	12	102	49	0	0	14	12	5	1	0	0	1	0	1	0	123	62	185		
Sagarmatha Zonal	12	157	92	0	0	8	11	0	0	13	11	1	0	1	0	180	114	294		
Siraha	12	33	25	0	0	2	0	1	0	1	0	0	0	0	0	37	25	62		
Lahan	12	36	48	0	0	2	2	1	1	0	1	0	0	0	0	39	52	91		
Solkhumbu	12	45	51	0	0	4	8	3	2	0	0	0	1	2	0	54	62	116		
Khunde Hospital	9	5	3	0	0	0	0	0	0	0	0	0	0	0	0	5	3	8		
Sunsari Hospital	12	33	23	0	0	0	1	0	0	0	0	0	0	0	0	33	24	57		
Taplejung	12	74	57	0	0	7	10	2	0	1	0	0	0	0	1	84	68	152		
Tehrathum	12	69	29	0	0	9	3	0	0	0	0	0	0	0	0	78	32	110		
Udayapur	12	42	32	0	0	7	1	2	1	0	1	0	0	0	0	51	35	86		
Eastern	356	3603	2234	24	20	223	172	58	52	20	17	17	23	14	17	3959	2535	6494		
Kalैया	12	46	28	1	0	2	0	6	0	1	1	0	0	0	0	56	29	85		
Bhaktapur	12	68	39	5	0	4	0	2	0	0	0	2	0	0	0	79	41	120		
Bharatpur	12	722	441	0	0	31	16	8	17	6	4	6	7	1	6	774	491	1265		
Dhading	12	41	31	0	0	5	1	1	0	0	0	0	0	0	0	47	32	79		
Janakpur Zonal	11	291	239	2	1	5	11	12	19	3	1	3	4	1	1	317	276	593		
Jiri	12	42	19	0	1	2	0	0	0	0	0	0	0	1	1	45	21	66		
Bir	12	610	753	17	31	3	2	6	14	0	0	14	35	31	33	681	868	1549		
Kanti	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Sukraraj Tropical and I. D.	12	260	240	0	0	0	0	0	0	0	0	0	0	2	16	262	256	518		
Maternity	12	688	0	0	0	4	0	4	0	1	0	0	0	0	0	697	0	697		
T.U.teaching Hospital	3	210	225	1	0	0	0	1	0	0	0	2	0	5	4	219	229	448		
Shir Memorial	12	390	279	1	0	1	10	5	7	1	0	3	4	0	4	401	304	705		
Dhulikhel	6	200	146	0	0	0	0	0	0	0	0	0	0	0	1	200	147	347		
Mahottari (PH)	9	18	15	0	0	4	0	0	1	0	0	0	0	0	0	22	16	38		
Hetauda	12	76	31	0	0	19	13	4	0	2	0	0	0	0	1	101	45	146		
Trishuli	12	141	64	0	0	16	9	1	2	0	0	0	0	0	0	158	75	233		
Ramechhap	12	27	15	0	0	7	1	0	2	0	0	0	0	0	0	34	18	52		
Rasuwa	12	13	12	0	0	3	0	0	1	0	0	0	0	0	0	16	13	29		
Gaur	12	27	12	0	0	3	2	2	2	0	0	1	1	0	0	33	17	50		
Sarlahi	12	14	18	0	0	2	0	0	0	1	0	0	0	0	0	17	18	35		
Sindhuli	12	46	38	1	0	5	5	7	3	0	0	0	1	0	0	59	47	106		
Sindhupalchowk	12	68	39	0	0	9	3	1	0	1	3	1	0	0	0	80	45	125		
Central	245	3998	2684	28	33	125	73	60	68	16	9	30	54	41	67	4298	2988	7286		
Arughianchi	12	117	90	0	0	17	16	0	3	0	0	0	0	1	0	135	109	244		
Badung	12	115	53	0	0	8	7	1	1	0	0	0	0	1	0	126	61	187		
Gorkha	12	109	74	0	0	2	5	3	1	1	0	0	0	0	0	115	81	196		
Amp Pipal UMN	12	82	68	2	2	3	4	0	1	0	0	0	0	0	0	87	75	162		
Arma-Ba Hospital	9	7	4	0	0	0	0	1	0	0	0	0	0	0	0	8	4	12		
Tamghans	12	79	30	0	0	5	7	0	0	0	0	1	0	0	0	85	37	122		
P. Bir	12	14	14	0	0	5	2	1	0	0	0	0	0	0	0	20	16	36		
Shiva Raj	12	48	53	0	0	0	0	0	0	0	0	0	1	0	0	49	53	102		
Western Regional	12	473	362	2	2	1	2	1	0	0	0	4	13	9	7	490	386	876		
Manipal Teaching	12	759	739	17	15	1	1	4	1	0	0	5	7	7	7	793	770	1563		
Lamjung	12	127	106	0	0	13	18	0	1	0	0	3	0	0	1	141	128	269		
Manang	6	4	2	0	0	0	0	0	0	0	0	0	0	0	0	4	2	6		
Mustang	12	11	16	0	1	1	1	2	0	0	0	0	0	0	0	14	18	32		
Beni	12	80	46	0	0	8	3	0	1	0	0	0	1	0	1	88	52	140		
P.Chandra	12	24	15	0	0	8	3	0	1	0	0	0	1	0	0	32	20	52		
Kali Gandaki	7	23	15	0	0	1	0	0	2	0	0	0	0	0	0	24	17	41		
Palpa	12	9	22	1	0	2	5	0	1	0	0	0	0	1	0	13	28	41		
Palpa UMN	12	435	349	17	23	0	0	0	0	0	0	2	6	4	4	458	382	840		
Lumbini Medical College	12	264	135	0	0	2	0	2	9	0	0	2	2	0	2	270	148	418		
Parbat	12	41	21	0	0	7	7	0	0	0	0	0	0	0	0	48	28	76		
Syangja	12	40	14	0	0	8	2	2	2	0	0	0	0	0	0	50	18	68		
Bandipur	12	32	32	0	0	1	1	1	0	0	0	0	0	1	1	35	34	69		
Damauli	12	35	28	0	0	2	2	1	0	0	0	1	1	0	0	39	31	70		
Western	262	2928	2288	39	45	98	84	17	24	1	4	16	31	25	22	3124	2498	5622		
Bheri Zonal	12	384	330	5	3	22	27	1	29	37	15	20	8	8	5	468	437	905		
Baridya	12	41	28	0	0	2	1	3	1	1	0	0	0	0	1	47	31	78		
Daitikh	12	91	43	0	0	1	6	1	0	4	0	0	0	0	0	105	54	159		
Dang	12	147	76	7	3	8	2	6	7	1	2	2	2	1	1	172	93	265		
Dolpa	12	5	6	0	0	0	0	0	0	0	0	0	0	0	0	5	6	11		
Humla	12	35	24	0	0	1	2	0	0	0	0	0	1	0	0	36	27	63		
Jajarkot	12	64</																		

Raw Data
Annex A1 Sheet 9 of 12

Hospital Name	Received Reports	50 - 59 Yrs																All Total	
		Recovered		Not Improved		Referral		Lama		Absconded		Dead within 48 hrs		Dead after 48 hrs		Total			
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male		
Mountain	195	454	357	1	3	41	59	15	14	3	3	5	4	2	7	521	447	968	
Hill	617	5515	4648	55	76	245	279	67	53	18	14	39	85	73	118	6012	5273	11285	
Terai	379	3592	3069	22	23	169	168	96	108	33	39	35	53	29	41	3976	3501	7477	
National Total	1184	9561	8074	78	102	455	506	178	175	54	56	79	142	104	166	10509	9221	19730	
Bhojpur	12	49	61	0	0	8	17	5	1	0	0	2	1	0	0	64	80	144	
Dhankuta	12	15	17	0	0	0	4	1	0	0	0	0	0	0	0	16	21	37	
Ilam	12	74	44	0	0	5	3	0	0	0	0	0	0	0	0	79	47	126	
Dr.MBPCB	12	12	10	0	0	1	1	1	1	0	0	0	0	0	0	14	11	25	
Mechi Zonal	12	147	112	0	0	21	27	2	4	2	0	1	1	0	1	173	145	318	
AMDA Hospital	8	72	61	4	1	6	2	0	0	0	0	2	0	0	0	84	64	148	
Life Line	11	98	99	5	8	12	6	0	0	0	0	0	0	0	0	115	113	228	
Bajrang Medical and Diagnostic Center	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Amda Mechi Hospital	2	7	7	0	0	0	0	0	1	0	0	0	0	0	0	7	8	15	
Kankai Hospital	2	19	24	0	0	1	1	0	0	0	0	0	0	0	0	20	25	45	
Om International Mechi	11	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3	
Budhabare Manakamana Hospital	9	92	87	1	2	1	3	0	2	0	0	0	0	0	0	94	94	188	
Himalaya Clinic	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Damak Hospital and Research Center	10	40	21	0	0	0	1	0	0	0	0	0	0	1	0	41	22	63	
Khotang	12	38	23	0	0	6	9	0	0	0	0	1	0	0	0	45	32	77	
Koshi Zonal	12	402	394	0	0	13	9	5	1	0	3	10	6	13	429	427	856		
Rangeli	12	1	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	
Birat Nursing Home	10	341	210	0	1	15	14	13	15	0	0	4	3	0	0	373	243	616	
Life Guard	11	85	87	0	0	1	7	1	0	0	0	0	0	0	0	87	94	181	
Neuro Hospital	12	438	371	7	7	10	12	12	19	0	0	4	10	2	4	473	423	896	
Aawadnaryan Hospital	12	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	3	
Okhaldhunga UMN	12	90	73	1	3	3	4	0	0	0	0	0	1	2	0	96	81	177	
Rumjhatar Hospital	9	7	5	0	0	2	1	0	0	0	0	0	0	0	0	9	6	15	
Panchthar	12	53	58	0	1	27	21	1	2	2	0	2	0	0	0	85	81	166	
Sankhuwasabha	12	71	52	1	0	11	12	2	2	0	0	1	0	0	0	88	66	154	
Sagarmatha Zonal	12	117	121	0	0	7	6	0	0	10	9	0	0	0	1	134	137	271	
Siraha	12	13	26	0	0	0	1	0	0	0	0	0	0	0	0	13	28	41	
Lahan	12	25	39	0	0	1	1	0	0	0	0	0	0	1	1	27	41	68	
Solukhumbu	12	28	33	0	0	3	3	1	0	1	0	0	0	1	0	35	39	74	
Khunde Hospital	9	4	5	0	1	0	0	0	0	0	0	0	1	0	0	4	7	11	
Sunsari Hospital	12	23	18	0	0	1	0	0	0	0	0	0	0	0	0	24	18	42	
Taplejung	12	73	52	0	0	8	9	2	2	0	1	2	0	0	0	85	64	149	
Tehrathum	12	45	41	0	0	7	12	0	0	0	1	0	0	0	0	52	54	106	
Udayapur	12	28	35	0	0	5	2	0	1	0	0	0	1	0	0	33	39	72	
Eastern	356	2514	2187	19	24	174	191	49	50	16	11	22	28	13	20	2807	2511	5318	
Kalैया	12	20	15	0	0	3	3	3	2	0	0	0	0	0	0	26	20	46	
Bhaktapur	12	56	34	0	0	3	1	5	0	0	0	0	1	0	0	65	35	100	
Bharatpur	12	540	396	0	0	19	17	2	9	4	2	4	3	3	6	572	433	1005	
Dhading	12	32	34	0	0	1	5	0	0	0	0	0	0	0	0	33	39	72	
Janakpur Zonal	11	261	163	0	0	1	7	9	6	2	4	6	5	2	2	282	186	468	
Jiri	12	30	20	0	0	3	1	0	0	0	0	0	0	0	0	33	21	54	
Bir	12	475	681	9	17	4	8	7	12	0	0	14	24	29	48	538	790	1328	
Kanti	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sukratraj Tropical and I. D.	12	202	117	0	0	0	0	0	0	0	0	0	0	0	4	202	121	323	
Maternity	12	221	0	0	0	2	0	0	0	2	0	0	0	0	0	225	0	225	
T.U.teaching Hospital	3	187	149	0	0	0	0	1	1	0	0	2	2	2	3	198	155	353	
Shir Memorial	12	294	244	0	0	12	12	13	5	0	1	1	1	2	8	322	264	586	
Dhulikhel	6	173	152	0	0	0	0	0	0	0	0	0	0	2	3	175	155	330	
Mahottari (PH)	9	14	13	0	0	0	2	1	2	1	0	0	0	0	0	16	17	33	
Hetauda	12	33	42	0	0	13	9	2	1	1	1	0	0	0	0	49	53	102	
Trishuli	12	90	61	0	0	10	13	0	0	0	0	0	0	0	0	100	74	174	
Ramechhap	12	17	27	0	0	4	5	0	0	0	0	0	1	0	0	21	33	54	
Rasuwa	12	12	5	0	0	0	2	0	1	0	0	0	0	0	1	12	9	21	
Gaur	12	14	7	0	0	6	1	2	0	3	2	0	1	1	1	23	16	39	
Sarlahi	12	12	11	0	0	2	0	0	0	0	0	0	0	0	0	14	11	25	
Sindhuli	12	27	40	0	0	5	8	1	2	0	1	0	0	0	0	33	51	84	
Sindhupalchowk	12	43	31	0	0	6	2	0	1	1	0	0	0	0	0	46	38	84	
Central	245	2753	2242	9	17	88	100	48	43	11	11	25	39	51	69	2985	2521	5506	
Argakhanchi	12	115	66	0	0	10	17	0	1	0	0	0	0	1	1	126	85	211	
Baglung	12	86	80	0	0	12	10	1	1	0	1	0	0	1	0	100	92	192	
Gorkha	12	82	52	0	0	4	8	3	3	0	0	0	1	2	1	91	65	156	
Amp Pipal UMN	12	71	57	1	1	1	0	0	0	0	1	0	2	0	0	73	61	134	
Ama-Ba Hospital	9	6	4	0	0	0	1	0	0	0	0	0	0	0	0	6	5	11	
Tamghans	12	70	28	1	0	7	4	0	1	0	0	0	0	0	0	78	33	111	
P. Bir	12	11	7	0	0	2	3	0	0	0	1	1	0	0	0	14	11	25	
Shiva Raj	12	37	34	0	0	0	0	0	0	0	0	0	0	0	0	37	34	71	
Western Regional	12	360	389	1	2	2	2	1	2	0	0	2	9	7	7	111	373	415	788
Manipal Teaching	12	985	859	18	25	3	2	1	1	0	0	5	18	5	19	1017	924	1941	
Lamjung	12	111	87	0	0	15	21	2	1	0	0	2	1	0	0	129	111	240	
Manang	6	2	3	0	0	0	0	0	0	0	0	0	0	0	0	2	3	5	
Mustang	12	9	9	0	0	3	4	1	1	0	0	2	1	0	1	15	16	31	
Beni	12	60	45	1	1	5	6	1	0	1	0	0	0	0	0	68	52	120	
P.Chandra	12	21	22	0	0	5	0	1	1	0	0	0	0	0	0	27	23	50	
Kali Gandaki	7	26	15	0	0	0	0	0	0	0	0	0	0	0	0	26	15	41	
Palpa	12	10	15	1	0	3	3	0	0	0	0	0	1	0	0	14	19	33	
Palpa UMN	12	366	353	20	23	0	0	0	0	0	0	7	10	5	14	398	400	798	
Lumbini Medical College	12	292	157	0	0	2	1	1	3	0	0	0	3	6	4	301	168	469	
Parbat	12	41	30	0	0	1	6	0	3	0	0	0	1	0	0	42	40	82	
Syangja	12	47	19	0	0	7	2	5	0	0	0	0	0	0	0	54	21	75	
Bandipur	12	51	38	0	0	2	2	2	2	0	0	0	0	0	0	55	40	95	
Damauli	12	34	28	0	0	3	2	0	1	0	0	1	0	0	0	38	31	69	
Western	262	2893	2397	43	52	87	94	14	19	1	3	18	48	28	51	3084	2664	5748	
Bheri Zonal	12	280	292	3	2	16	11	22	28	8	13	10	9	7	10	346	365	711	
Bardiya	12	30	18	0	1	2	2	0	3	0	0	0	0	0	0	32	24	56	
Dallekh	12	48	31	0	0	5	7	3	2	4	2	0	1	0	0	61	42	103	
Dang	12	78	74	1	1	3	5	8	4	1	3	1	2	1	0	93	89	182	
Dolpa	12	3	3	0	0	0	0	0	0	0	0	0	0	0	0	3	3	6	
Humla	12	14	27	0	0	0	4	0	0	0	0	0	0	0	0	14	31	45	
Jajarkot	12	30	34	0	0	2													

Raw Data
Annex A1 Sheet 10 of 12

Hospital Name	Received Reports	60 + Yrs																All Total
		Recovered		Not Improved		Referral		Lama		Absconded		Dead within 48 hrs		Dead after 48 hrs		Total		
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
Mountain	195	750	799	6	6	81	108	23	32	4	7	6	7	6	6	876	965	1841
Hill	617	10537	10821	158	208	490	600	134	168	18	31	167	209	202	276	11706	12313	24019
Terai	379	5404	5305	69	74	333	361	170	233	63	91	86	132	48	86	6173	6282	12455
National Total	1184	16691	16925	233	288	904	1069	327	433	85	129	259	348	256	368	18755	19560	38315
Bhojpur	12	110	128	0	1	27	38	4	4	0	1	4	5	0	0	145	177	322
Dhankuta	12	63	48	1	1	7	7	1	2	0	0	0	0	1	0	73	58	131
Ilam	12	168	115	0	0	15	22	0	0	0	0	0	1	2	1	185	140	325
Dr.MBPCH	12	28	32	0	0	1	3	2	0	0	0	0	0	0	0	31	35	66
Mechi Zonal	12	279	269	0	0	48	39	5	5	0	1	3	4	1	4	336	322	658
AMDA Hospital	8	126	88	10	6	19	8	0	1	0	0	1	0	0	0	156	103	259
Life Line	11	219	160	12	20	21	21	1	0	0	0	0	0	0	0	253	201	454
Bajrang Medical and Diagnostic Center	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Amda Mechi Hospital	2	8	5	0	0	3	2	5	1	0	0	0	0	0	0	16	8	24
Kankai Hospital	2	30	31	0	0	1	0	0	0	0	0	0	0	0	0	31	31	62
Om International Mechi	11	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2
Budhabare Manakamana Hospital	9	90	93	3	2	4	2	0	0	0	0	0	0	1	0	98	97	195
Himalaya Clinic	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Damak Hospital and Research Center	10	17	18	0	0	0	0	0	0	0	0	0	0	0	0	17	18	35
Khotang	12	75	81	0	0	13	17	1	2	0	2	5	1	0	0	94	103	197
Koshi Zonal	12	738	777	0	0	28	20	8	7	1	0	16	34	16	34	807	872	1679
Ranaghat	12	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Birat Nursing Home	10	454	441	1	2	30	40	14	26	0	0	6	11	0	1	505	521	1026
Life Guard	11	80	131	0	0	5	8	0	0	0	0	0	1	0	0	85	140	225
Neuro Hospital	12	551	507	23	30	36	43	30	39	0	0	8	14	1	5	649	638	1287
Aawadnaryan Hospital	12	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Okhaldhunga UMN	12	153	170	5	4	1	6	1	3	0	1	1	1	1	3	162	188	350
Rumjhatar Hospital	9	26	8	0	0	0	1	0	1	0	0	1	0	0	0	27	10	37
Panchthar	12	122	77	1	2	33	33	2	4	0	1	2	2	0	1	160	120	280
Sankhuwasabha	12	175	151	1	1	24	32	8	4	0	1	2	3	0	1	210	193	403
Sagamatha Zonal	12	124	157	0	0	5	16	0	0	17	26	0	0	4	5	150	204	354
Siraha	12	32	36	0	0	2	3	0	0	0	0	0	0	0	0	34	39	73
Lahan	12	22	55	0	0	0	5	2	3	0	1	0	1	0	0	24	65	89
Soukhumbu	12	54	43	0	0	8	8	3	1	0	1	0	0	0	0	52	52	121
Khunde Hospital	9	5	6	0	0	0	0	0	0	0	0	0	0	0	0	6	6	11
Sunsari Hospital	12	39	37	0	0	1	0	0	0	0	0	0	0	0	0	40	37	77
Taplejung	12	72	88	0	1	12	11	1	3	0	0	0	2	1	0	86	105	191
Tehrathum	12	86	62	0	0	8	10	0	1	0	0	0	0	1	0	95	73	168
Udayapur	12	59	44	0	0	6	3	2	1	1	0	1	0	0	0	69	48	117
Eastern	356	4008	3860	57	70	358	399	90	108	19	34	51	80	32	55	4615	4606	9221
Kalaya	12	45	55	0	0	1	1	7	8	0	2	1	0	0	0	54	67	121
Bhaktapur	12	110	76	0	0	10	7	11	3	0	0	2	0	3	2	136	88	224
Bharatpur	12	899	806	0	0	28	31	9	26	7	7	8	19	3	12	954	901	1855
Dhading	12	57	54	0	0	9	5	3	3	0	0	2	0	1	1	69	65	134
Janakpur Zonal	11	168	65	0	0	0	1	3	3	0	0	2	1	2	1	175	71	246
Jir	12	101	72	2	0	6	12	0	1	0	0	0	1	1	1	110	87	197
Bir	12	719	1101	28	38	8	16	13	21	0	0	41	61	62	94	871	1331	2202
Kanti	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sukraraj Tropical and I. D.	12	292	199	0	1	0	0	0	0	0	0	0	0	1	8	293	208	501
Maternity	12	156	0	0	0	3	0	0	0	1	0	0	0	0	0	160	0	160
T.U.teaching Hospital	3	305	250	0	0	0	0	4	0	0	0	6	1	20	10	335	261	596
Shir Memorial	12	520	502	4	3	15	28	23	25	0	0	13	9	6	5	581	572	1153
Dhulikhel	6	240	325	0	0	0	0	0	0	0	0	0	0	1	3	241	328	569
Mahottari (PH)	9	13	15	0	0	2	1	0	1	0	0	0	0	0	0	15	17	32
Hetauda	12	93	95	0	0	30	27	3	4	2	0	1	1	0	1	129	128	257
Trishuli	12	211	234	0	0	30	38	0	2	0	2	3	4	0	2	244	282	526
Ramechhap	12	63	49	2	2	9	11	3	2	0	0	0	0	0	1	77	65	142
Rasuwa	12	1	7	0	0	0	1	0	0	0	0	0	0	0	0	1	11	12
Gaur	12	22	23	0	0	2	6	4	2	0	1	0	0	1	2	35	27	62
Sarlahi	12	14	8	0	0	0	0	0	0	0	0	0	0	0	0	14	9	23
Sindhuli	12	78	75	0	0	15	14	6	7	1	2	2	1	0	0	102	99	201
Sindhupalchowk	12	121	125	0	0	6	8	4	5	2	5	1	0	0	2	134	145	279
Central	245	4228	4136	36	44	174	206	91	118	13	19	80	102	100	145	4722	4770	9492
Argakhanchi	12	284	290	0	0	35	45	1	3	0	0	0	0	5	9	325	347	672
Baglung	12	266	247	0	0	27	28	5	2	1	0	3	2	1	0	303	279	582
Gorkha	12	197	178	0	1	3	15	1	5	1	0	2	2	1	5	205	206	411
Amp Pipal UMN	12	103	139	4	7	5	4	2	8	0	0	1	3	0	1	115	162	277
Ama-Ba Hospital	9	15	12	0	0	1	0	0	0	0	0	0	0	0	0	16	12	28
Tamghans	12	112	91	0	0	21	17	0	1	0	0	1	0	1	0	135	109	244
P. Bir	12	16	30	0	0	4	4	2	1	2	0	3	2	0	0	27	37	64
Shivra Rai	12	4	24	0	0	0	0	0	0	0	0	0	0	0	0	4	24	28
Western Regional	12	786	928	9	8	2	2	3	11	2	2	19	26	39	844	1009	1853	
Manjil Teaching	12	2251	2510	60	58	6	11	6	5	0	1	33	53	38	59	2394	2697	5091
Lamjung	12	276	223	0	0	26	57	3	2	0	1	4	1	1	2	310	286	596
Manang	6	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3
Mustang	12	18	20	0	0	6	10	0	0	0	0	1	0	1	0	26	30	56
Beni	12	148	123	0	0	6	12	2	4	1	6	2	2	1	0	160	147	307
P.Chandra	12	42	58	0	1	8	11	2	3	0	0	1	0	0	1	53	74	127
Kali Gandaki	7	35	17	0	0	3	4	0	0	0	0	0	0	0	0	38	21	59
Palpa	12	33	37	2	7	2	2	0	0	0	0	1	0	1	1	39	47	86
Palpa UMN	12	550	733	37	73	0	0	0	0	0	0	13	11	18	13	618	830	1448
Lumbini Medical College	12	442	370	0	0	3	1	9	14	0	0	6	13	8	9	468	407	875
Parbat	12	96	107	0	0	6	10	1	0	0	0	0	0	0	0	103	117	220
Syangja	12	94	74	0	0	16	10	3	2	0	0	0	0	0	0	113	86	199
Bandipur	12	87	83	0	0	4	4	0	0	0	0	0	0	0	1	91	88	179
Damauli	12	110	68	0	0	9	9	3	0	0	0	1	0	0	0	123	77	200
Western	282	5965	6365	112	155	193	256	43	61	7	10	88	108	102	140	6510	7095	13605
Bheri Zonal	12	485	499	9	7	24	31	51	59	23	33	18	23	7	13	617	665	1282
Bardiya	12	65	84	1	1	2	5	4	5	0	1	2	2	3	0	77	98	175
Dailekh	12	126	113	3	0	16	15	3	3	2	0	3	0	2	151	138	289	
Dang	12	144	158	9	4	11	12	4	16	1	4	3	7	3	1	175	202	377
Dolpa	12	3	2	0	0	1	0	0	0	0	0	1	0	0	0</			

Raw Data
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Hospital Name	Received Reports	Total																All Total	
		Recovered		Not Improved		Referral		Lama		Absconded		Dead within 48 hrs		Dead after 48 hrs		Total			
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male		
Mountain	195	8661	4845	57	39	573	600	187	172	35	33	40	40	21	29	9574	5758	15332	
Hill	617	120111	58112	642	726	3790	2551	1112	730	294	169	400	593	574	862	126923	63743	190666	
Terai	379	105859	41250	360	329	3667	2184	1784	1377	648	502	406	502	202	305	113187	46595	159782	
National Total	1184	234631	104207	1059	1094	8030	5335	3083	2279	1238	850	846	1135	797	1196	249684	116096	365780	
Bhojpur	12	839	571	2	2	109	122	24	19	2	2	11	11	0	1	987	728	1715	
Dhankuta	12	523	263	4	3	59	27	8	3	0	0	1	2	1	0	596	298	894	
Ilam	12	1600	501	0	0	94	37	0	0	0	0	2	2	2	2	1698	542	2240	
Dr.MBPCH	12	198	181	0	0	11	12	7	2	0	0	1	0	0	0	216	196	412	
Mechi Zonal	12	4774	1907	0	1	628	229	58	48	15	6	11	17	3	11	5489	2219	7708	
AMDA Hospital	8	3396	1132	67	30	169	78	33	10	3	0	6	1	0	1	3674	1252	4926	
Life Line	11	2784	1199	117	113	154	93	23	5	0	0	0	0	0	0	3078	1410	4488	
Bajrang Medical and Diagnostic Center	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Amda Mechi Hospital	2	46	43	0	0	7	7	8	5	0	0	0	0	0	0	61	55	116	
Kankai Hospital	2	199	204	0	0	7	10	1	0	0	0	0	0	0	0	207	214	421	
Om International Mechi	11	2634	4	0	0	49	0	9	0	0	0	0	0	0	0	2692	4	2696	
Budhabare Manakamana Hospital	9	1021	999	13	16	18	24	1	2	0	0	0	0	1	0	1054	1041	2095	
Himalaya Clinic	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Damak Hospital and Research Center	10	358	284	0	0	2	3	0	1	0	0	0	0	1	0	361	288	649	
Khotang	12	876	452	0	0	89	81	2	6	4	5	10	4	4	9	982	551	1533	
Koshi Zonal	12	15208	6889	0	0	355	225	118	44	22	8	70	97	55	93	15828	7356	23184	
Rangeli	12	183	19	0	0	17	2	2	0	0	0	1	0	0	0	203	22	225	
Birat Nursing Home	10	3279	2184	4	5	102	117	69	86	0	0	21	24	1	2	3476	2418	5894	
Life Guard	11	750	648	0	0	19	26	3	11	0	0	0	2	0	0	772	687	1459	
Neuro Hospital	12	2369	2149	48	53	107	110	80	111	0	0	14	30	4	11	2622	2464	5086	
Aawadnarayan Hospital	12	89	0	0	0	0	0	0	0	0	0	0	0	0	0	89	0	89	
Okhaldhunga UMN	12	1391	1091	20	20	31	43	8	6	1	2	4	9	8	6	1463	1177	2640	
Rumjhatar Hospital	9	85	50	0	0	7	5	0	1	0	0	1	0	0	0	93	56	149	
Panchthar	12	1600	863	2	4	163	150	21	16	17	12	8	10	1	1	1812	1056	2868	
Sankhuwasabha	12	1480	752	5	1	116	126	41	18	4	4	10	6	1	2	1657	909	2566	
Sagarmatha Zonal	12	5750	2109	0	0	109	63	0	0	403	171	10	5	12	8	6284	2356	8640	
Siraha	12	897	233	0	0	76	12	25	5	4	0	1	0	0	0	1002	250	1252	
Lahan	12	3107	374	1	0	85	19	84	10	4	2	1	1	2	3283	408	3691		
Sokukhumbu	12	485	431	0	0	41	53	24	9	0	0	7	8	7	0	564	501	1065	
Khunde Hospital	9	45	45	0	1	0	0	0	0	0	0	1	0	0	0	45	47	92	
Sunsari Hospital	12	2475	516	0	0	212	27	10	0	1	0	0	0	0	0	2698	543	3241	
Taplejung	12	1103	681	0	1	70	82	11	10	2	5	5	2	1	2	1192	783	1975	
Tehrathum	12	709	409	0	0	79	50	3	3	1	2	0	1	1	1	793	466	1259	
Udayapur	12	1261	335	0	0	96	34	15	9	3	1	1	1	0	0	1376	380	1756	
Eastern	356	61517	27519	283	250	3081	1867	688	440	487	222	193	233	101	147	66350	30678	97028	
Kalaya	12	1708	223	5	2	38	20	48	31	4	5	2	1	0	0	1805	282	2087	
Bhaktapur	12	1939	474	5	0	95	12	44	10	0	0	3	2	6	5	2092	503	2595	
Bharatpur	12	14433	6033	0	0	332	294	92	173	47	51	40	44	11	30	14955	6625	21580	
Dhading	12	786	353	0	0	98	31	14	6	4	1	0	2	0	1	902	394	1296	
Janakpur Zonal	11	10469	2276	30	35	90	102	122	126	23	21	33	45	30	27	10797	2632	13429	
Jiri	12	396	265	3	4	19	18	2	1	0	0	2	2	2	2	422	292	714	
Bir	12	3588	5269	114	163	19	32	44	93	0	0	100	164	169	243	4034	5964	9998	
Kanti	12	2871	4815	36	73	12	14	60	96	17	12	0	0	81	12	3057	5091	8148	
Sukraraj Tropical and I. D.	12	1923	1840	0	2	0	0	2	1	0	0	0	0	0	18	57	1943	1900	3843
Maternity	12	28550	0	0	0	31	0	204	0	58	0	3	0	4	0	28850	0	28850	
T.U.teaching Hospital	3	1767	1582	1	0	0	0	6	2	0	0	16	5	44	38	1834	1627	3461	
Shir Memorial	12	4346	3073	8	3	62	80	69	55	1	2	25	18	11	13	4522	3244	7766	
Dhulikhel	6	2430	1326	0	0	0	0	0	0	0	0	0	0	3	11	2433	1337	3770	
Mahottari (PH)	9	997	140	0	0	53	14	6	11	2	1	0	0	0	0	1058	166	1224	
Hetauda	12	2235	560	0	0	397	131	50	19	20	7	1	2	0	2	2703	721	3424	
Trishuli	12	1892	831	0	0	222	116	13	15	6	8	4	5	0	2	2137	977	3114	
Ramechhap	12	404	228	3	3	53	32	10	10	0	1	0	1	0	1	470	276	746	
Rasuwa	12	128	89	0	0	14	10	2	8	0	0	0	0	0	0	144	108	252	
Gaur	12	1802	2238	0	0	60	27	125	40	96	18	13	6	6	6	2050	3332	5382	
Sarlahi	12	879	150	0	0	22	1	1	0	0	0	0	0	0	0	904	152	1056	
Sindhuli	12	815	382	11	2	98	70	28	24	5	6	2	3	1	0	959	488	1447	
Sindhupalchowk	12	677	370	0	1	50	36	15	7	14	14	2	1	0	2	758	431	1189	
Central	245	85035	30507	216	288	1755	1040	955	688	259	147	244	309	365	563	88829	33542	122371	
Argakhanchi	12	1971	1170	0	0	222	161	19	23	0	0	0	0	9	18	2221	1371	3592	
Baglung	12	2403	1251	2	2	157	99	19	22	7	4	4	2	3	0	2595	1381	3976	
Gorkha	12	1760	883	3	5	60	49	20	18	2	2	4	3	7	1850	968	2818		
Amp Pipal UMN	12	958	772	9	10	20	17	13	16	0	1	2	5	0	3	1002	824	1826	
Ama-Ba Hospital	9	85	55	0	0	2	2	1	0	0	0	0	0	0	0	88	57	145	
Tamghans	12	1584	633	1	0	145	93	3	2	0	1	2	0	3	0	1738	729	2467	
P. Bir	12	563	163	0	0	122	30	16	14	4	4	7	1	0	1	712	215	927	
Shiva Raj	12	443	314	0	0	8	2	0	0	0	0	1	0	0	0	452	316	768	
Western Regional	12	14264	5585	23	20	14	22	13	22	3	2	36	74	58	78	14411	5803	20214	
Manipal Teaching	12	7284	7147	221	183	27	31	45	18	0	1	65	124	76	116	7724	7620	15344	
Lamjung	12	2412	1349	0	0	177	198	23	19	9	13	8	6	3	3	2632	1588	4220	
Manang	6	25	17	0	0	0	0	0	0	0	0	0	0	0	0	26	17	43	
Mustang	12	246	153	1	1	28	29	7	5	0	0	3	2	1	1	286	191	477	
Beni	12	1206	604	4	1	66	44	9	8	4	9	2	7	12	7	1293	677	1970	
P.Chandra	12	991	310	3	3	140	43	42	21	0	0	2	1	2	2	1180	380	1560	
Kali Gandaki	7	208	168	0	1	12	6	1	5	0	0	1	0	0	0	222	180	402	
Palpa	12	125	103	7	8	31	17	0	1	0	1	1	1	2	1	166	132	298	
Palpa UMN	12	5963	4413	126	200	0	0	0	0	0	0	47	50	44	57	6180	4720	10900	
Lumbini Medical College	12	2097	1454	0	0	13	11	23	47	1	0	10	23	15	15	2159	1550	3709	
Parbat	12	878	514	0	0	79	61	5	5	0	0	0	1	0	0	962	581	1543	
Syangja	12	722	245	0	0	101	29	12	7	0	1	0	0	0	0	835	282	1117	
Bandipur	12	455	274	0	0	21	16	5	4	0	0	0	0	1	2	482	296	778	
Damauli	12	962	283	0	0	63	27	7	0	0	1	3	2	0	0	1035	315	1350	
Western	262	47605	27860	406	434	1508	9												

Raw Data

Annex A1 Sheet 13 of 13

Hospital Name	Receive d Reports	Inpatient Surgeries										Total Deliveries in Hospital				Number of Baby at Live Birth		Number of Babies with birth Weight < 2.5 Kg		CAC	PAC	Neonatal death	Maternal Death (all)	Post-operative deaths (excluding maternal)	Other Deaths	Total Deaths in Hospital		
		Major		Intermediate		Minor		OPD Surgery		OPD Plaster		Normal	Complicate d	C/S	C/S	Female	Male	Female	Male									
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male																	
Mountain	195	6	25	51	33	357	289	1239	1095	929	694	2732	197	49	1363	1506	82	112	108	1204	235	13	3	0	99	115		
Hill	617	4607	11621	2312	1228	8256	9863	7143	5955	6157	4456	43916	5224	8369	26440	28787	1038	1914	1815	7940	3394	300	26	40	2062	2428		
Terai	379	1840	11682	1242	1037	2787	3225	4568	4346	2731	1786	46519	3240	9125	27004	29984	1598	2525	2436	1643	2192	324	45	24	988	1381		
National Total	1184	6453	23328	3605	2298	11400	13377	12950	11396	9817	6936	93167	8661	17543	54807	60277	2718	4551	4359	10787	5821	637	74	64	3149	3924		
Bhojpur	12	0	0	0	0	0	0	0	0	0	6	2	17	9	145	11	0	89	65	4	5	2	41	35	4	0	19	23
Dhankuta	12	0	0	0	0	0	0	3	41	30	5	6	204	25	0	122	106	1	14	11	7	3	1	0	0	0	2	3
Ilam	12	20	126	37	29	69	53	23	16	98	63	594	137	150	456	406	18	22	10	38	57	0	0	0	0	9	9	
Dr.MBPCH	12	4	4	0	0	38	28	2	2	22	25	18	0	3	13	9	0	1	4	0	0	0	0	0	0	0	0	0
Mechi Zonal	12	7	616	42	5	105	94	155	133	39	36	1630	28	583	1076	1154	27	67	50	50	130	3	0	0	39	42		
AMDA Hospital	8	50	635	119	37	370	320	336	282	92	66	1240	180	465	785	812	10	59	79	0	97	2	1	0	6	9		
Life Line	11	54	714	78	87	385	388	0	0	33	95	694	132	616	663	748	19	94	68	7	9	4	0	0	1	5		
Bajrang Medical and Diagnostic Center	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Amda Mechi Hospital	2	0	0	0	0	0	0	0	0	0	6	5	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
Kankai Hospital	2	0	0	0	0	0	0	0	0	0	0	3	0	0	0	5	3	3	0	0	0	0	0	0	0	0	0	0
Om International Mechi	11	0	291	0	147	0	1	0	0	0	0	1206	264	651	832	979	19	13	9	219	289	0	0	0	0	0	0	0
Budhabare Manakamana Hospital	9	0	0	0	0	0	0	32	32	30	22	25	0	0	15	10	3	0	0	0	0	0	0	0	0	0	0	0
Himalaya Clinic	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Damak Hospital and Research Center	10	9	6	7	1	2	1	0	0	0	5	2	0	0	0	0	0	0	0	0	5	13	0	0	0	1	1	
Khotang	12	0	2	18	26	180	198	20	22	40	41	195	74	3	122	142	13	9	19	78	43	3	1	0	14	18		
Koshi Zonal	12	431	2781	236	85	130	362	459	287	1026	461	5991	403	2075	3864	4279	299	652	571	117	309	67	4	11	233	315		
Rangeli	12	0	0	0	0	0	0	7	5	2	4	127	0	0	66	59	3	10	8	7	7	0	0	0	0	0	0	0
Birat Nursing Home	10	239	1023	157	121	90	253	0	0	24	20	138	0	103	114	127	6	35	22	0	116	9	0	0	39	48		
Life Guard	11	118	266	124	150	239	190	20	22	26	18	4	0	2	3	3	0	0	0	0	0	0	0	0	0	0	2	2
Neuro Hospital	12	72	25	46	20	5	5	0	0	3	2	231	15	217	225	238	3	0	0	0	0	0	0	0	0	7	7	
Aswadnaryayan Hospital	12	0	57	0	0	0	7	0	0	0	0	21	3	41	32	32	0	1	0	0	0	0	0	0	0	0	0	0
Okhaldhunga UMN	12	61	57	142	87	305	201	277	119	49	22	259	38	37	161	164	9	25	25	2	29	1	1	0	22	24		
Rumthar Hospital	9	0	0	0	0	0	0	0	0	0	8	0	45	0	0	15	0	0	0	0	4	2	0	0	0	0	0	0
Panchthar	12	0	75	0	2	31	109	241	104	126	54	353	48	77	232	239	17	13	19	173	48	7	0	0	13	20		
Sankhuwasabha	12	0	23	1	0	3	4	122	133	83	51	308	28	43	166	211	7	12	11	499	32	0	0	0	19	19		
Sagarmatha Zonal	12	0	80	6	16	11	19	0	0	1	3	3042	117	448	1618	1872	142	161	150	28	222	7	8	0	20	35		
Siraha	12	0	0	0	0	0	0	0	0	6	4	571	0	0	257	284	12	9	5	2	0	0	0	0	0	1	1	
Lahan	12	0	0	0	0	0	0	0	0	57	40	2186	57	5	1065	1147	45	0	0	8	63	1	0	0	4	5		
Solkhumbu	12	0	0	0	0	0	0	35	20	75	38	120	2	2	52	66	7	0	0	56	0	1	0	0	0	1	1	
Khunde Hospital	9	0	0	0	0	0	0	12	3	1	0	12	2	0	6	8	0	0	0	0	0	1	0	0	0	1	2	
Sunsari Hospital	12	0	0	0	0	0	0	0	0	0	1548	1	0	824	853	16	90	79	0	4	2	0	0	0	0	2	2	
Taplejung	12	0	0	0	0	0	0	228	182	48	32	222	43	0	126	131	8	5	6	241	21	1	1	0	7	9		
Tehrathum	12	0	0	0	0	29	32	333	245	75	54	156	20	0	70	90	1	2	1	7	2	1	0	0	2	3		
Udayapur	12	0	0	0	0	0	0	0	0	20	16	698	40	4	352	337	11	12	13	43	19	0	0	0	2	2		
Eastern	356	1065	6781	1013	813	1992	2268	2352	1640	2018	1190	21989	1668	5525	13405	14558	703	1311	1162	1625	1550	115	16	11	463	605		
Kalैया	12	0	0	0	0	0	0	0	0	0	0	1367	6	3	640	716	23	10	6	21	0	0	0	0	0	0	3	3
Bhaktapur	12	20	57	25	39	40	99	0	0	247	197	1067	61	6	602	536	7	37	33	297	83	0	0	0	18	18		
Bharatpur	12	459	1707	114	130	313	296	2088	2093	184	170	5320	470	1072	3667	3285	123	134	142	400	150	15	0	0	118	133		
Dhading	12	0	0	0	0	19	28	23	34	376	326	365	15	0	168	213	8	31	14	477	93	0	0	4	4	4		
Janakpur Zonal	11	10	1514	5	74	8	17	0	0	469	289	6642	174	1494	3546	4481	256	133	229	17	13	76	7	0	52	135		
Jiri	12	0	2	3	2	36	43	208	175	156	122	98	6	2	46	58	3	1	2	52	8	1	0	0	5	6		
Bir	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	574	574	
Kanti	12	440	91	348	58	383	98	0	0	0	0	0	0	0	0	0	0	0	0	0	74	0	2	106	182	0	0	
Sukraraj Tropical and I. D.	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	75	75	
Maternity	12	0	4212	0	0	0	2850	0	0	148	0	16955	2243	3978	10663	13133	380	687	729	2786	1320	72	7	0	28	107		
T.U.teaching Hospital	3	0	0	0	0	0	0	0	0	0	0	254	277	931	789	1071	2	0	0	0	0	0	0	0	13	84	103	
Shir Memorial	12	156	360	377	213	313	276	353	248	411	283	952	48	84	499	597	16	125	83	0	112	4	0	0	67	72		
Dhulikhel	6	699	722	0	0	2322	1506	1775	1470	0	0	569	0	0	176	339	399	2	50	41	0	0	0	0	0	0	0	
Mahottari (PH)	9	0	0	0	0	6	7	0	0	0	8	10	805	25	0	387	435	17	146	137	21	19	0	0	0	0	0	
Hetauda	12	12	129	0	11	1	2	0	0	0	0	1181	139	123	784	732	81	0	0	53	76	1	0	0	4	5		
Trishuli	12	0	0	0	0	0	0	0	0	106	98	676	79	6	383	368	14	33	22	109	83	0	0	0	12	12		
Ramechhap	12	0	0	0	0	0	0	307	269	61	55	90	7	0	53	44	4	1	2	2	3	2	0	0	2	4		
Rasuwa	12	0	0	0	0	29	22	10	13	11	1	42	0	0	20	21	1	0	0	6	1	0	0	0	0	1	1	
Gaur	12	0	34	0	0	70	67	158	143	92	60	1278	91	17	608	714	61	100	59	0	2	5	0	0	31	38		
Sarlahi	12	0	0	0	0	0	0	0	0	70	38	682	20	8	340	352	26	17	26	0	0	0	0	0	0	1	1	
Sindhuli	12	0	0	0	0	5	7	0	0	0	0	347	15</															

Raw Data

ICD Code	Name of the Diseases	Inpatient Morbidity												Grand Total	Total Deaths		CFR %
		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total			Female	Male	
												Female	Male				
National Total		9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11
A00	Cholera	0	0	0	2	0	0	1	0	0	0	0	3	3	0	0	0.00
A01	Typhoid and paratyphoid fevers	8	198	720	1994	1374	1959	1078	760	522	687	4944	4356	9300	9	11	0.22
A01.0	Typhoid fever	0	7	47	153	119	211	108	80	62	81	466	402	868	6	1	0.81
A01.1	Paratyphoid fever A	0	0	4	15	3	7	5	8	3	3	27	21	48	0	0	0.00
A03	Shigellosis	0	25	55	51	29	49	31	38	23	68	217	152	369	0	0	0.00
A03.9	Shigellosis, unspecified	0	3	4	3	2	0	1	2	2	1	8	10	18	0	0	0.00
A04	Other bacterial intestinal infections	0	3	18	8	4	1	1	2	5	6	24	24	48	0	0	0.00
A05	Other bacterial foodborne intoxications, not elsewhere classified	1	15	41	55	5	9	4	5	6	7	80	68	148	0	1	0.68
A06	Amoebiasis	1	6	18	16	20	25	21	15	9	56	106	81	187	0	0	0.00
A06.0	Acute amoebic dysentery	0	0	0	0	0	0	1	0	1	1	2	1	3	0	0	0.00
A06.1	Chronic intestinal amoebiasis	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0.00
A06.4	Amoebic liver abscess	0	0	0	0	0	0	1	2	1	0	3	1	4	0	0	0.00
A06.9	Amoebiasis, unspecified	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00
A07	Other protozoal intestinal diseases	0	4	4	9	5	6	0	2	0	2	17	15	32	0	0	0.00
A08.3	Other viral enteritis	0	1	0	0	0	0	0	1	0	0	0	2	2	0	0	0.00
A08.4	Viral intestinal infection, unspecified	0	4	16	2	0	4	2	10	0	0	19	19	38	0	0	0.00
A09	Diarrhoea and gastroenteritis of presumed infectious origin	81	2578	3398	1994	1258	2532	1771	1258	946	1774	8883	8707	17590	15	21	0.20
A15	Respiratory tuberculosis, bacteriologically and histologically confirmed	0	4	8	43	44	75	112	105	110	182	258	425	683	14	24	5.56
A15.0	Tuberculosis of lung, confirmed by sputum microscopy with or without culture	0	0	1	0	2	8	11	7	13	10	15	37	52	2	2	7.69
A15.1	Tuberculosis of lung, confirmed by culture only	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
A15.7	Primary respiratory tuberculosis, confirmed bacteriologically and histologically	0	0	0	0	1	1	0	1	0	0	1	2	3	0	0	0.00
A15.9	Respiratory tuberculosis unspecified, confirmed bacteriologically and histologically	0	0	0	3	0	1	1	1	0	0	1	5	6	0	0	0.00
A16	Respiratory tuberculosis, not confirmed bacteriologically or histologically	1	4	20	56	48	168	127	168	195	358	437	708	1145	6	24	2.62
A16.2	Tuberculosis of lung, without mention of bacteriological or histological confirmation	0	0	0	0	1	3	3	2	1	1	4	7	11	0	0	0.00
A16.3	Tuberculosis of intrathoracic lymph nodes, without mention of bacteriological or histological confirmation	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0.00
A16.5	Tuberculous pleurisy, without mention of bacteriological or histological confirmation	0	0	1	4	1	3	4	3	2	5	7	16	23	0	0	0.00
A16.7	Primary respiratory tuberculosis without mention of bacteriological or histological confirmation	0	0	0	0	1	0	0	0	0	1	2	0	2	0	0	0.00
A16.9	Respiratory tuberculosis unspecified, without mention of bacteriological or histological confirmation	0	0	9	4	15	25	20	33	32	50	74	114	188	6	6	6.38
A17.0+	Tuberculous meningitis (G01*)	0	1	0	1	0	0	1	0	0	0	1	2	3	0	0	0.00
A17+	Tuberculosis of nervous system	0	1	1	0	0	0	1	0	0	0	2	1	3	0	0	0.00
A18	Tuberculosis of other organs	1	2	9	26	8	26	17	14	16	21	72	68	140	1	5	4.29
A18.0+	Tuberculosis of bones and joints	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0.00
A18.3	Tuberculosis of intestines, peritoneum and mesenteric glands	0	0	0	3	2	2	8	3	5	7	16	14	30	0	1	3.33
A18.4	Tuberculosis of skin and subcutaneous tissue	0	0	0	2	0	0	0	0	1	0	0	3	3	0	0	0.00
A19	Miliary tuberculosis	0	1	1	0	2	3	5	0	2	0	6	8	14	0	1	7.14
A19.0	Acute miliary tuberculosis of a single specified site	0	0	0	0	0	0	1	0	0	2	1	2	3	0	0	0.00
A19.9	Miliary tuberculosis, unspecified	0	0	1	2	1	1	0	1	1	3	3	7	10	0	1	10.00
A23	Brucellosis	0	0	0	0	0	1	1	1	0	0	2	1	3	0	0	0.00
A30	Leprosy [Hansen's disease]	0	0	4	2	4	3	0	4	5	7	9	20	29	0	0	0.00
A30.9	Leprosy, unspecified	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00
A31	Infection due to other mycobacteria	0	0	0	1	0	0	0	0	0	0	1	1	2	0	0	0.00
A33	Tetanus neonatorum	9	0	0	1	0	1	2	0	0	0	7	6	13	2	2	30.77
A34	Obstetrical tetanus	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
A35	Other tetanus	1	6	1	12	8	9	6	6	8	31	25	63	88	4	16	22.73
A36	Diphtheria	0	0	0	1	0	0	0	0	0	0	1	1	2	0	0	0.00
A37	Whooping cough	0	11	8	4	1	0	0	0	1	1	11	15	26	0	0	0.00
A37.9	Whooping cough, unspecified	0	1	0	1	0	0	0	0	0	0	1	1	2	0	0	0.00
A39	Meningococcal infection	1	0	0	2	0	3	2	1	2	0	8	3	11	0	0	0.00
A39.4	Meningococcaemia, unspecified	0	0	1	1	0	0	0	0	0	0	2	0	2	1	0	50.00
A40	Streptococcal septicaemia	3	2	0	1	6	8	6	3	5	4	19	19	38	0	0	0.00
A41	Other septicaemia	235	176	34	13	11	21	16	18	8	12	235	309	544	17	12	5.33
A41.0	Septicaemia due to Staphylococcus aureus	1	77	14	9	1	2	2	1	2	2	41	70	111	6	5	9.91
A41.9	Septicaemia, unspecified	225	32	4	7	4	22	7	13	2	13	126	203	329	9	10	5.78
A48.8	Other specified bacterial diseases	0	0	1	1	5	11	3	5	0	2	24	4	28	0	0	0.00
A49	Bacterial infection of unspecified site	2	0	0	0	0	1	1	1	0	0	5	5	10	0	0	0.00
A52	Late syphilis	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
A52.7	Other symptomatic late syphilis	0	0	0	0	0	1	0	0	0	0	1	1	2	0	0	0.00
A53	Other and unspecified syphilis	1	0	0	0	0	0	0	0	0	1	0	1	2	0	0	0.00
A55	Chlamydial lymphogranuloma (venereum)	0	0	0	0	0	0	0	1	0	0	1	1	2	0	0	0.00
A63	Other predominantly sexually transmitted diseases, not elsewhere classified	0	0	0	0	0	1	1	0	0	0	2	0	2	0	0	0.00
A64	Unspecified sexually transmitted disease	0	0	0	2	1	4	1	0	0	0	4	4	8	0	0	0.00
A67.9	Pinta, unspecified	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
A69.0	Necrotizing ulcerative stomatitis	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0.00
A70	Chlamydia psittaci infection	0	0	0	0	0	0	0	0	0	2	0	2	2	0	0	0.00
A80	Acute poliomyelitis	0	0	0	1	0	0	0	1	0	0	0	2	2	0	0	0.00
A80.3	Acute paralytic poliomyelitis, other and unspecified	0	0	0	2	0	0	0	0	0	0	1	1	2	0	0	0.00
A82	Rabies	0	0	0	3	4	3	0	11	2	1	17	7	24	1	1	8.33
A82.9	Rabies, unspecified	0	0	0	1	0	0	1	0	0	1	0	3	3	0	1	33.33
A85	Other viral encephalitis, not elsewhere classified	0	0	0	0	0	1	0	1	0	0	0	2	2	0	0	0.00
A86	Unspecified viral encephalitis	0	3	30	74	14	12	9	7	10	7	70	96	166	3	5	4.82
A87.9	Viral meningitis, unspecified	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
A92	Other mosquito-borne viral fevers	0	22	70	79	74	69	32	31	23	16	204	212	416	0	0	0.00
A92.8	Other specified mosquito-borne viral fevers	0	0	0	0	1	2	1	0	1	0	3	2	5	0	0	0.00
A93	Other arthropod-borne viral fevers, not elsewhere classified	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
A94	Unspecified arthropod-borne viral fever	0	1	0	3	19	5	16	9	0	1	19	35	54	0	0	0.00
A99	Unspecified viral haemorrhagic fever	1	7	4	9	9	19	8	10	11	7	45	40	85	0	0	0.00
B00	Herpesviral [herpes simplex] infections	0	0	0	2	1	1	0	1	0	0	3	2	5	0	0	0.00
B00.9	Herpesviral infection, unspecified	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
B01	Varicella [chickenpox]	3	4	12	26	18	27	6	3	1	1	40	61	101	0	0	0.00

Raw Data

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		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total		Female		Male		
												Female	Male					
National Total		9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11	
B05.4	Measles with intestinal complications	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00	
B06	Rubella (German measles)	0	0	0	0	0	1	1	0	0	0	0	2	2	0	0	0.00	
B07	Viral warts	0	0	0	0	0	1	0	1	0	0	1	1	2	0	0	0.00	
B15	Acute hepatitis A	0	0	3	13	4	4	5	1	3	0	19	14	33	0	0	0.00	
B15.9	Hepatitis A without hepatic coma	0	6	18	58	7	3	8	4	4	3	41	70	111	0	0	0.00	
B16	Acute hepatitis B	0	0	7	25	5	5	7	0	3	6	23	35	58	1	2	5.17	
B16.9	Acute hepatitis B without delta-agent and without hepatic coma	0	0	1	3	1	1	0	0	0	1	3	4	7	0	0	0.00	
B17	Other acute viral hepatitis	0	3	8	32	4	8	4	2	5	6	33	39	72	0	1	1.39	
B17.2	Acute hepatitis E	0	0	0	0	1	1	3	1	0	0	1	5	6	1	2	50.00	
B17.8	Other specified acute viral hepatitis	0	0	0	1	2	1	5	1	1	1	7	5	12	2	2	33.33	
B18	Chronic viral hepatitis	0	0	1	1	0	2	0	1	0	0	1	4	5	0	0	0.00	
B19	Unspecified viral hepatitis	0	8	19	87	30	31	22	23	14	14	125	123	248	0	4	1.61	
B19.0	Unspecified viral hepatitis hepatic with coma	0	0	0	1	4	6	3	0	0	1	8	7	15	0	0	0.00	
B19.9	Unspecified viral hepatitis without hepatic coma	0	0	0	6	3	1	0	3	0	0	9	4	13	0	0	0.00	
B20	Human immunodeficiency virus [HIV] disease resulting in infectious and parasitic diseases	0	0	0	0	0	1	1	0	0	0	1	1	2	0	0	0.00	
B24	Unspecified human immunodeficiency virus [HIV] disease	2	0	4	16	5	133	286	175	58	29	229	479	708	22	392	58.47	
B26	Mumps	0	2	20	55	11	17	6	2	3	0	38	78	116	0	0	0.00	
B26.9	Mumps without complication	0	0	3	14	0	0	0	0	0	0	7	10	17	0	0	0.00	
B34	Viral infection of unspecified site	0	4	4	6	2	2	0	1	1	1	6	15	21	0	0	0.00	
B35	Dermatophytosis	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
B35.0	Tinea barbae and tinea capitis	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00	
B36	Other superficial mycoses	0	0	0	0	0	0	0	0	1	22	10	13	23	0	0	0.00	
B37	Candidiasis	1	0	0	0	1	0	0	1	0	0	2	1	3	0	0	0.00	
B37.0	Candidal stomatitis	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
B38	Coccidioidomycosis	0	0	0	0	0	0	1	1	0	2	1	3	4	0	1	25.00	
B46	Zygomycosis	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00	
B47	Mycetoma	0	0	0	1	1	0	0	0	0	0	0	2	2	0	0	0.00	
B48.1	Rhinosporeidiosis	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00	
B49	Unspecified mycosis (Fungaemia NOS)	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00	
B50	Plasmodium falciparum malaria	0	0	3	10	12	29	23	13	4	8	36	66	102	0	1	0.98	
B50.0	Plasmodium falciparum malaria with cerebral complications	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00	
B50.8	Other severe and complicated Plasmodium falciparum malaria	1	0	0	1	0	1	0	0	0	1	1	3	4	0	0	0.00	
B50.9	Plasmodium falciparum malaria, unspecified	0	0	0	1	1	2	3	1	0	0	3	5	8	0	0	0.00	
B51	Plasmodium vivax malaria	0	0	2	14	9	36	9	2	3	11	20	66	86	0	0	0.00	
B51.9	Plasmodium vivax malaria without complication	0	0	0	0	0	1	1	0	0	0	1	1	2	0	0	0.00	
B52	Plasmodium malariae malaria	0	0	0	1	0	2	0	0	0	0	1	2	3	0	0	0.00	
B52.9	Plasmodium malariae malaria without complication	0	0	0	1	2	2	0	0	0	1	2	4	6	0	0	0.00	
B53	Other parasitologically confirmed malaria	0	0	0	0	1	2	0	0	1	0	0	4	4	0	0	0.00	
B54	Unspecified malaria	0	2	15	44	49	70	56	29	9	53	107	220	327	1	1	0.61	
B55	Leishmaniasis	0	1	40	148	45	108	126	54	35	32	254	335	589	1	1	0.34	
B55.0	Visceral leishmaniasis	0	1	4	10	5	5	2	6	1	0	18	16	34	0	0	0.00	
B55.1	Cutaneous leishmaniasis	0	0	0	1	0	0	1	0	0	0	2	0	2	1	0	50.00	
B55.9	Leishmaniasis, unspecified	0	0	0	0	0	1	0	1	0	0	0	2	2	0	0	0.00	
B64	Unspecified protozoal disease	0	0	0	0	0	0	0	1	0	2	1	2	3	0	0	0.00	
B67	Echinococcosis	0	0	0	1	2	2	1	3	0	3	8	4	12	0	0	0.00	
B67.0	Echinococcus granulosus infection of liver	0	0	0	1	1	0	0	0	0	0	1	1	2	0	0	0.00	
B67.9	Echinococcosis, other and unspecified	0	0	0	1	1	1	3	4	0	1	8	3	11	0	0	0.00	
B69	Cysticercosis	0	0	0	1	0	1	2	1	1	1	4	3	7	0	0	0.00	
B69.0	Cysticercosis of central nervous system	0	0	0	0	0	1	0	1	0	0	0	2	2	0	0	0.00	
B71	Other cestode infections	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00	
B71.9	Cestode infection, unspecified	0	0	0	1	0	0	1	0	0	0	2	0	2	0	0	0.00	
B74	Filariasis	0	0	0	0	0	1	0	0	1	3	2	3	5	0	0	0.00	
B74.9	Filariasis, unspecified	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00	
B75	Trichinellosis	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
B76	Hookworm diseases	0	0	0	0	0	0	0	1	0	2	1	2	3	0	0	0.00	
B77	Ascariasis	0	1	0	1	0	1	0	0	0	0	2	1	3	0	0	0.00	
B79	Trichuriasis	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00	
B82	Unspecified intestinal parasitism	0	0	3	12	2	6	2	0	1	15	20	21	41	0	0	0.00	
B83	Other helminthiasis	0	0	4	12	6	2	1	2	1	1	14	15	29	0	0	0.00	
B83.9	Helminthiasis, unspecified	0	0	7	14	1	4	5	2	4	0	18	19	37	0	0	0.00	
B86	Scabies	0	1	3	6	0	0	1	0	1	0	4	8	12	0	0	0.00	
B88	Other infestations	0	0	0	4	1	3	1	2	2	4	6	11	17	0	1	5.88	
B89	Unspecified parasitic disease	0	0	0	0	2	1	0	0	0	0	0	3	3	0	0	0.00	
B96.3	Haemophilus influenzae [H. influenzae] as the cause of diseases classified to other chapters	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00	
B99	Other and unspecified infectious diseases	1	0	1	1	0	0	0	1	0	0	2	2	4	0	0	0.00	
C02	Malignant neoplasm of other and unspecified parts of tongue	0	0	0	0	0	0	0	4	3	4	2	9	11	0	1	9.09	
C02.9	Tongue, unspecified	0	0	0	0	0	0	0	0	1	1	0	2	2	0	0	0.00	
C07	Malignant neoplasm of parotid gland	0	0	0	0	0	1	0	0	0	1	2	0	2	0	0	0.00	
C08.0	Submandibular gland	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00	
C08.9	Major salivary gland, unspecified	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
C09	Malignant neoplasm of tonsil	0	0	0	0	0	0	0	1	0	1	0	2	2	0	0	0.00	
C10	Malignant neoplasm of oropharynx	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00	
C11	Malignant neoplasm of nasopharynx	0	0	0	0	0	2	0	3	0	1	4	2	6	0	0	0.00	
C11.9	Nasopharynx, unspecified	0	0	0	0	0	1	0	4	0	3	6	2	8	0	1	12.50	
C13	Malignant neoplasm of hypopharynx	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0.00	
C14	Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx	0	0	0	0	0	0	0	0	1	1	0	2	2	0	0	0.00	
C15	Malignant neoplasm of oesophagus	0	0	0	0	0	0	1	1	4	7	3	10	13	0	0	0.00	
C15.9	Oesophagus, unspecified	0	0	0	0	0	0	4	1	9	7	7	14	0	0	0	0.00	
C16	Malignant neoplasm of stomach	0	0	0	1	0	2	2	14	11	37	26	41	67	2	4	8.96	
C16.9	Stomach, unspecified	1	0	0	0	0	0	9	9	7	21	15	32	47	1	1	4.26	
C17	Malignant neoplasm of small intestine	0	0	0	0	0	0	0	1									

Raw Data

ICD Code	Name of the Diseases	Inpatient Morbidity											Grand Total	Total Deaths		CFR %	
		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total		Female	Male		
												Female					Male
	National Total	9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11
C23	Malignant neoplasm of gallbladder	0	0	0	0	0	0	4	10	8	18	28	12	40	2	0	5.00
C24	Malignant neoplasm of other and unspecified parts of biliary tract	0	0	0	0	0	0	0	2	0	0	1	1	2	0	0	0.00
C25	Malignant neoplasm of pancreas	0	0	0	0	0	0	0	1	1	0	1	1	2	0	0	0.00
C25.9	Pancreas, unspecified	0	0	0	0	0	0	2	0	0	0	0	2	2	0	1	50.00
C30	Malignant neoplasm of nasal cavity and middle ear	0	0	0	2	0	0	0	0	0	0	0	2	2	0	0	0.00
C30.0	Nasal cavity	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00
C32	Malignant neoplasm of larynx	0	0	0	0	0	1	0	1	5	4	4	7	11	0	0	0.00
C32.0	Glottis	0	0	0	0	0	0	0	1	1	4	2	4	6	0	0	0.00
C32.9	Larynx, unspecified	0	0	0	0	0	0	0	0	1	7	3	5	8	0	0	0.00
C34	Malignant neoplasm of bronchus and lung	0	0	0	0	2	5	7	30	89	50	83	133	3	9	9.02	
C34.0	Main bronchus	0	0	0	0	0	0	0	2	4	3	3	6	0	0	0.00	
C34.1	Upper lobe, bronchus or lung	0	0	0	1	0	0	2	6	21	30	16	44	60	2	6	13.33
C34.9	Bronchus or lung, unspecified	0	0	0	0	1	0	0	0	3	11	9	6	15	0	0	0.00
C41	Malignant neoplasm of bone and articular cartilage of other and unspecified sites	0	0	0	0	2	0	0	0	0	0	1	1	2	0	0	0.00
C43	Malignant melanoma of skin	0	0	0	0	0	0	0	1	0	0	1	1	1	0	0	0.00
C44	Other malignant neoplasms of skin	0	0	0	0	0	0	0	2	0	1	0	3	3	0	0	0.00
C49.9	Connective and soft tissue, unspecified	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
C50	Malignant neoplasm of breast	0	0	0	0	0	3	6	15	11	6	41	0	41	0	0	0.00
C50.9	Breast, unspecified	0	0	0	0	0	1	5	7	3	3	19	0	19	0	0	0.00
C52	Malignant neoplasm of vagina	0	0	0	0	0	0	0	0	1	2	3	0	3	0	0	0.00
C53	Malignant neoplasm of cervix uteri	0	0	0	0	1	7	16	31	16	30	101	0	101	2	0	1.98
C53.0	Endocervix	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
C53.9	Cervix uteri, unspecified	0	0	0	1	0	0	3	7	6	5	22	0	22	1	0	4.55
C54.1	Endometrium	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
C55	Malignant neoplasm of uterus, part unspecified	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0.00
C56	Malignant neoplasm of ovary	0	0	0	0	3	5	3	6	9	7	33	0	33	1	0	3.03
C57.4	Uterine adnexa, unspecified	0	0	0	0	0	1	0	1	0	0	2	0	2	0	0	0.00
C58	Malignant neoplasm of placenta	0	0	0	0	0	2	0	2	1	0	5	0	5	0	0	0.00
C60.9	Penis, unspecified	0	0	0	0	0	0	0	1	2	1	0	4	4	0	0	0.00
C61	Malignant neoplasm of prostate	0	0	0	0	2	1	0	0	0	2	0	5	5	0	1	20.00
C62	Malignant neoplasm of testis	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00
C62.9	Testis, unspecified	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0.00
C64	Malignant neoplasm of kidney, except renal pelvis	0	1	3	2	0	0	0	0	0	0	2	4	6	0	0	0.00
C67	Malignant neoplasm of bladder	0	0	0	0	0	0	0	1	0	7	4	4	8	0	0	0.00
C67.9	Bladder, unspecified	0	0	0	0	0	1	2	6	7	8	14	10	24	0	0	0.00
C68	Malignant neoplasm of other and unspecified urinary organs	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
C68.0	Urethra	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
C69.2	Retina	0	2	0	0	0	0	0	0	0	0	1	1	2	0	0	0.00
C71	Malignant neoplasm of brain	0	1	0	1	0	0	1	0	1	0	1	3	4	0	0	0.00
C71.3	Parietal lobe	0	0	0	3	1	2	3	1	2	1	5	8	13	0	0	0.00
C71.9	Brain, unspecified	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
C73	Malignant neoplasm of thyroid gland	0	0	0	0	1	1	0	0	0	2	0	2	0	0	0	0.00
C75.1	Pituitary gland	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0.00
C76	Malignant neoplasm of other and ill-defined sites	0	0	0	0	0	1	1	0	2	3	4	3	7	1	0	14.29
C76.0	Head, face and neck	0	0	0	0	0	1	1	0	0	1	3	0	3	0	0	0.00
C76.2	Abdomen	0	0	0	1	0	1	1	0	1	0	1	3	4	0	0	0.00
C76.5	Lower limb	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
C77.0	Lymph nodes of head, face and neck	0	0	0	0	0	1	0	2	0	0	3	0	3	0	0	0.00
C78.0	Secondary malignant neoplasm of lung	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
C80	Malignant neoplasm without specification of site	0	0	1	12	7	20	16	26	30	134	126	120	246	4	6	4.07
C81	Hodgkin's disease	0	3	2	4	1	0	0	0	0	3	1	12	13	0	0	0.00
C81.1	Nodular sclerosis	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00
C81.9	Hodgkin's disease, unspecified	1	6	0	2	0	0	0	0	0	3	6	9	0	0	0	0.00
C82.1	Mixed small cleaved and large cell, follicular	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
C85	Other and unspecified types of non-Hodgkin's lymphoma	0	0	2	1	3	3	7	5	3	7	19	12	31	0	1	3.23
C85.9	Non-Hodgkin's lymphoma, unspecified type	0	1	0	3	2	1	1	3	1	1	5	8	13	1	2	23.08
C90.0	Multiple myeloma	0	0	0	0	0	0	0	1	1	2	2	2	4	0	0	0.00
C91	Lymphoid leukaemia	0	0	0	2	0	0	0	0	0	0	2	2	0	0	0	0.00
C91.0	Acute lymphoblastic leukaemia	0	0	0	1	1	0	0	0	0	0	2	2	0	0	0	0.00
C91.1	Chronic lymphocytic leukaemia	0	0	0	0	1	0	0	0	0	0	1	1	1	0	0	0.00
C92	Myeloid leukaemia	0	0	0	8	7	9	4	9	1	7	16	29	45	1	1	4.44
C92.1	Chronic myeloid leukaemia	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
C92.2	Subacute myeloid leukaemia	0	0	0	5	6	16	2	12	4	7	23	29	52	1	2	5.77
C92.9	Myeloid leukaemia, unspecified	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
C95	Leukaemia of unspecified cell type	0	0	0	5	3	1	4	1	3	5	8	14	22	1	1	9.09
C95.9	Leukaemia, unspecified	0	0	0	4	1	0	0	4	0	3	5	7	12	0	0	0.00
D00.2	Stomach	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
D01.0	Colon	0	0	0	0	0	0	0	0	2	0	1	1	2	0	0	0.00
D01.5	Liver, gallbladder and bile ducts	0	0	0	0	0	0	0	1	1	1	0	3	3	0	2	66.67
D02	Carcinoma in situ of middle ear and respiratory system	0	0	0	0	0	1	0	0	0	1	1	1	2	0	0	0.00
D02.2	Bronchus and lung	0	0	0	0	0	2	0	1	3	5	9	2	11	0	0	0.00
D03	Melanoma in situ	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00
D04.9	Skin, unspecified	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00
D05	Carcinoma in situ of breast	0	0	0	0	0	0	0	1	0	1	2	0	2	0	0	0.00
D05.9	Carcinoma in situ of breast, unspecified	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00
D06.9	Cervix, unspecified	0	0	0	0	0	0	0	1	1	1	3	0	3	0	0	0.00
D09.3	Thyroid and other endocrine glands	0	0	0	0	0	0	0	0	0	2	1	1	2	0	0	0.00
D13.4	Liver	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
D16.5	Lower jaw bone	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
D17	Benign lipomatous neoplasm	0	0	0	1	0	5	2	3	6	1	12	6	18	0	0	0.00
D17.9	Benign lipomatous neoplasm, unspecified	0	0	0	1	0	2	1	3	3	0	6	4	10	0	0	0.00
D18																	

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												Female					Male	
National Total		9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11	
D29.1	Prostate	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0.00	
D32	Benign neoplasm of meninges	0	0	0	0	3	0	0	1	2	0	5	1	6	1	1	33.33	
D32.9	Meninges, unspecified	0	0	0	0	0	0	4	1	1	2	6	2	8	0	1	12.50	
D33	Benign neoplasm of brain and other parts of central nervous system	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00	
D36	Benign neoplasm of other and unspecified sites	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
D36.0	Lymph nodes	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0.00	
D39	Neoplasm of uncertain or unknown behaviour of female genital organs	0	0	0	0	0	2	2	0	0	0	4	0	4	0	0	0.00	
D39.0	Uterus	0	0	0	0	0	9	3	24	15	15	66	0	66	0	0	0.00	
D39.1	Ovary	0	0	0	0	0	0	1	2	2	1	6	0	6	0	0	0.00	
D41	Neoplasm of uncertain or unknown behaviour of urinary organs	0	0	0	0	0	1	0	1	1	1	2	2	4	1	0	25.00	
D41.4	Bladder	0	0	0	0	0	0	0	1	2	2	2	3	5	0	0	0.00	
D45	Polycythaemia vera	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00	
D47.1	Chronic myeloproliferative disease	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00	
D47.9	Neoplasm of uncertain or unknown behaviour of lymphoid, haematopoietic and related tissue, unspecified	0	0	0	0	0	2	0	0	0	0	2	0	2	0	0	0.00	
D48	Neoplasm of uncertain or unknown behaviour of other and unspecified sites	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00	
D48.9	Neoplasm of uncertain or unknown behaviour, unspecified	1	0	0	0	0	0	1	0	0	0	0	2	2	0	0	0.00	
D50	Iron deficiency anaemia	0	0	1	0	0	3	2	2	2	2	4	8	12	0	0	0.00	
D50.8	Other iron deficiency anaemias	0	0	0	1	0	0	0	0	3	0	1	3	4	0	0	0.00	
D50.9	Iron deficiency anaemia, unspecified	0	0	0	0	0	0	1	2	0	0	3	0	3	0	0	0.00	
D53	Other nutritional anaemias	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00	
D53.1	Other megaloblastic anaemias, not elsewhere classified	0	0	0	0	2	1	0	1	0	0	2	2	4	0	0	0.00	
D56	Thalassaemia	1	12	57	270	25	0	1	0	0	0	121	245	366	1	0	0.27	
D56.1	Beta thalassaemia	0	2	0	1	0	0	0	1	0	0	0	4	4	0	0	0.00	
D56.9	Thalassaemia, unspecified	0	2	9	5	1	1	1	0	0	0	2	17	19	0	0	0.00	
D58	Other hereditary haemolytic anaemias	0	0	1	5	0	1	0	0	1	1	6	3	9	1	0	11.11	
D58.9	Hereditary haemolytic anaemia, unspecified	0	0	0	1	1	2	1	2	0	0	4	3	7	0	0	0.00	
D59	Acquired haemolytic anaemia	0	0	0	0	2	3	0	0	0	0	4	1	5	0	0	0.00	
D59.1	Other autoimmune haemolytic anaemias	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00	
D59.9	Acquired haemolytic anaemia, unspecified	0	3	7	5	0	2	0	0	0	2	4	15	19	0	1	5.26	
D60	Acquired pure red cell aplasia [erythroblastopenia]	1	18	6	32	0	0	0	0	0	0	18	39	57	0	2	3.51	
D60.9	Acquired pure red cell aplasia, unspecified	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0.00	
D61	Other aplastic anaemias	0	2	5	29	3	13	5	1	9	3	37	33	70	0	1	1.43	
D61.0	Constitutional aplastic anaemia	0	0	0	0	0	2	1	1	0	1	1	4	5	0	0	0.00	
D61.9	Aplastic anaemia, unspecified	0	1	1	5	4	5	3	6	2	3	13	17	30	1	2	10.00	
D64	Other anaemias	2	35	92	201	151	314	181	182	160	343	890	771	1661	10	11	1.26	
D64.0	Hereditary sideroblastic anaemia	1	0	18	44	51	59	24	28	58	22	162	143	305	5	4	2.95	
D64.9	Anaemia, unspecified	1	7	15	28	38	72	46	44	34	69	213	141	354	2	5	1.98	
D65	Disseminated intravascular coagulation [defibrination syndrome]	0	0	0	0	2	0	0	0	0	0	2	0	2	0	0	0.00	
D66	Hereditary factor VIII deficiency	0	9	5	18	5	7	4	0	0	1	8	41	49	0	1	2.04	
D68.8	Other specified coagulation defects	0	0	0	0	0	0	2	0	0	0	2	0	2	0	0	0.00	
D69	Purpura and other haemorrhagic conditions	1	2	3	15	3	5	3	0	0	0	12	20	32	0	0	0.00	
D69.0	Allergic purpura	0	0	2	8	0	0	0	0	0	0	2	8	10	0	0	0.00	
D69.3	Idiopathic thrombocytopenic purpura	0	0	0	0	1	1	2	1	1	0	3	3	6	0	0	0.00	
D69.6	Thrombocytopenia, unspecified	0	0	0	0	2	2	1	0	1	0	3	3	6	0	0	0.00	
D69.9	Haemorrhagic condition, unspecified	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00	
D70	Aggranulocytosis	0	0	0	1	0	4	4	2	1	4	8	8	16	1	0	6.25	
D71	Functional disorders of polymorphonuclear neutrophils	0	0	0	1	1	0	0	1	0	0	2	1	3	0	0	0.00	
D72	Other disorders of white blood cells	0	1	0	2	0	0	0	1	0	0	0	4	4	0	0	0.00	
D73.1	Hypersplenism	0	0	0	0	0	0	0	0	0	1	1	0	1	0	1	100.00	
D75	Other diseases of blood and blood-forming organs	0	0	0	0	0	0	1	1	0	0	1	1	2	0	0	0.00	
D81.9	Combined immunodeficiency, unspecified	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00	
D83	Common variable immunodeficiency	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00	
D86	Sarcoidosis	0	0	2	0	0	1	0	0	0	0	1	2	3	0	0	0.00	
D89	Other disorders involving the immune mechanism, not elsewhere classified	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00	
E03	Other hypothyroidism	0	0	0	0	0	0	1	0	1	1	2	1	3	0	0	0.00	
E03.9	Hypothyroidism, unspecified	0	0	0	0	0	3	2	0	0	1	4	2	6	0	0	0.00	
E04	Other nontoxic goitre	0	0	0	0	0	4	4	8	4	4	19	5	24	0	0	0.00	
E04.1	Nontoxic single thyroid nodule	0	0	0	0	0	1	1	0	0	0	1	1	2	0	0	0.00	
E04.9	Nontoxic goitre, unspecified	0	0	0	0	0	6	5	8	0	0	20	1	21	0	0	0.00	
E05	Thyrotoxicosis [hyperthyroidism]	0	0	0	2	1	2	4	0	4	4	13	4	17	0	0	0.00	
E05.0	Thyrotoxicosis with diffuse goitre	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00	
E05.2	Thyrotoxicosis with toxic multinodular goitre	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00	
E06	Thyroiditis	0	0	0	0	0	2	1	0	0	0	3	0	3	0	0	0.00	
E06.9	Thyroiditis, unspecified	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00	
E07	Other disorders of thyroid	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
E10	Insulin-dependent diabetes mellitus	0	0	0	2	0	1	2	7	3	4	8	11	19	0	2	10.53	
E10.1	Insulin-dependent diabetes mellitus With ketoacidosis	0	0	0	0	0	1	0	0	0	1	1	1	2	0	0	0.00	
E11	Non-insulin-dependent diabetes mellitus	0	1	1	3	7	4	25	48	55	117	105	156	261	4	6	3.83	
E12	Malnutrition-related diabetes mellitus	0	0	0	0	0	1	0	0	0	1	2	0	2	0	0	0.00	
E13	Other specified diabetes mellitus	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00	
E14	Unspecified diabetes mellitus	0	1	3	18	20	50	90	196	231	462	499	572	1071	10	22	2.99	
E16	Other disorders of pancreatic internal secretion	0	0	0	2	0	5	8	10	9	10	21	34	31	65	1	4	7.69
E16.2	Hypoglycaemia, unspecified	0	0	0	0	0	2	1	4	3	7	7	10	17	0	0	0.00	
E20	Hypoparathyroidism	2	0	0	0	0	0	1	0	1	0	2	2	4	0	0	0.00	
E22	Hyperfunction of pituitary gland	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0.00	
E27	Other disorders of adrenal gland	0	0	0	0	1	1	0	0	0	0	2	0	2	0	0	0.00	
E27.8	Other specified disorders of adrenal gland	0	0	0	0	2	3	2	4	1	0	10	2	12	0	0	0.00	
E28.2	Polycystic ovarian syndrome	0	0	0	1	1	0	0	0	0	0	2	0	2	0	1	50.00	
E32	Diseases of thymus	0	0	0	0	0	1	0	0	0	1	2	0	2	0	0	0.00	
E34	Other endocrine disorders	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00	
E40	Kwashiorkor	0	0	3	3													

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National Total		9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11
E72	Other disorders of amino-acid metabolism	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0.00
E72.3	Disorders of lysine and hydroxylysine metabolism	1	1	2	2	0	0	0	0	0	0	2	4	6	0	0	0.00
E73.9	Lactose intolerance, unspecified	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0.00
E75.2	Other sphingolipidosis	0	0	0	0	0	0	1	0	0	1	1	1	2	0	0	0.00
E77	Disorders of glycoprotein metabolism	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
E77.8	Other disorders of glycoprotein metabolism	0	0	0	0	0	1	1	0	0	0	2	0	2	0	0	0.00
E78.3	Hyperchylomicronaemia	0	0	0	0	0	0	0	2	0	0	0	2	2	0	0	0.00
E80	Disorders of porphyrin and bilirubin metabolism	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
E80.6	Other disorders of bilirubin metabolism	2	1	0	1	0	0	0	0	0	0	2	2	4	1	0	25.00
E83.0	Disorders of copper metabolism	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
E83.5	Disorders of calcium metabolism	0	0	0	0	2	3	1	1	1	1	5	4	9	0	0	0.00
E84	Cystic fibrosis	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00
E86	Volume depletion	14	82	90	33	16	16	27	9	14	29	137	193	330	1	6	2.12
E87	Other disorders of fluid, electrolyte and acid-base balance	0	0	1	2	1	7	4	4	2	6	14	13	27	4	0	14.81
E87.6	Hypokalaemia	0	0	0	0	2	10	6	3	1	4	8	18	26	2	1	11.54
E88.0	Disorders of plasma-protein metabolism, not elsewhere classified	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0.00
F05.9	Delirium, unspecified	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction	0	0	0	0	0	0	0	0	0	2	1	1	2	0	0	0.00
F07.1	Postencephalitic syndrome	0	0	0	4	0	0	0	1	0	0	1	4	5	0	0	0.00
F10	Mental and behavioural disorders due to use of alcohol	0	0	1	0	1	30	85	108	63	55	78	265	343	1	8	2.62
F10.0	Mental and behavioural disorders due to use of alcohol - Acute intoxication	0	0	0	0	0	0	2	0	0	0	0	2	2	0	0	0.00
F10.1	Mental and behavioural disorders due to use of alcohol - Harmful use	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
F10.3	Mental and behavioural disorders due to use of alcohol - Withdrawal state	0	0	0	0	0	0	7	8	6	6	4	23	27	0	1	3.70
F10.4	Mental and behavioural disorders due to use of alcohol - Withdrawal state with delirium	0	0	0	0	0	0	1	1	2	1	1	4	5	0	0	0.00
F13	Mental and behavioural disorders due to use of sedatives or hypnotics	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00
F14	Mental and behavioural disorders due to use of cocaine	0	0	0	0	0	0	0	0	0	2	1	1	2	0	0	0.00
F19	Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances	0	0	0	0	5	3	1	0	0	2	4	7	11	0	1	9.09
F20	Schizophrenia	0	0	0	2	0	4	3	1	2	1	7	6	13	0	0	0.00
F23	Acute and transient psychotic disorders	0	0	0	0	3	3	0	1	0	2	5	4	9	0	0	0.00
F23.9	Acute and transient psychotic disorder, unspecified	0	0	0	0	0	1	2	0	0	0	3	0	3	0	0	0.00
F25	Schizoaffective disorders	0	0	0	0	0	2	22	3	0	0	3	24	27	0	0	0.00
F29	Unspecified nonorganic psychosis	0	0	0	11	29	70	48	39	25	23	135	110	245	0	0	0.00
F30	Manic episode	0	0	0	0	0	3	1	1	0	0	4	1	5	0	0	0.00
F30.0	Manic episode, unspecified	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
F30.9	Manic episode, unspecified	0	0	0	0	1	1	0	0	0	0	1	1	2	0	0	0.00
F31	Bipolar affective disorder	0	0	0	1	1	5	3	3	0	2	8	7	15	0	0	0.00
F32	Depressive episode	0	0	1	2	11	30	24	37	18	41	126	38	164	0	0	0.00
F32.9	Depressive episode, unspecified	0	1	0	1	1	1	0	1	0	0	4	1	5	0	0	0.00
F39	Unspecified mood [affective] disorder	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00
F40	Phobic anxiety disorders	0	0	0	2	0	1	2	0	0	1	3	3	6	0	0	0.00
F40.9	Phobic anxiety disorder, unspecified	0	0	0	0	0	3	0	1	1	2	2	5	7	0	0	0.00
F41	Other anxiety disorders	0	0	1	13	58	104	50	40	25	32	237	86	323	0	0	0.00
F41.0	Panic disorder [episodic paroxysmal anxiety]	0	0	0	0	0	1	0	1	0	0	2	0	2	0	0	0.00
F41.1	Generalized anxiety disorder	0	0	0	0	3	5	3	2	1	1	11	4	15	0	0	0.00
F41.9	Anxiety disorder, unspecified	0	0	0	2	1	2	4	0	0	0	8	1	9	0	0	0.00
F44	Dissociative [conversion] disorders	0	1	1	17	81	104	38	16	11	7	224	52	276	0	0	0.00
F44.8	Other dissociative [conversion] disorders	0	0	0	0	0	0	0	0	0	2	1	1	2	0	0	0.00
F44.9	Dissociative [conversion] disorder, unspecified	0	0	0	0	2	4	1	1	1	0	9	0	9	0	0	0.00
F45	Somatiform disorders	0	0	0	0	0	2	2	0	1	1	2	4	6	0	0	0.00
F45.0	Somatization disorder	0	0	0	0	1	1	2	1	0	0	4	1	5	0	0	0.00
F45.3	Somatiform autonomic dysfunction	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00
F45.9	Somatiform disorder, unspecified	0	0	0	1	1	3	0	1	0	1	5	2	7	0	0	0.00
F48	Other neurotic disorders	0	0	0	1	2	5	1	1	0	1	6	5	11	0	0	0.00
F48.9	Neurotic disorder, unspecified	0	0	1	1	2	0	0	0	0	0	2	2	4	0	0	0.00
F50	Eating disorders	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
F50.5	Vomiting associated with other psychological disturbances	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
F51	Nonorganic sleep disorders	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
F52	Sexual dysfunction, not caused by organic disorder or disease	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!
F53	Mental and behavioural disorders associated with the puerperium, not elsewhere classified	0	0	0	0	2	1	0	0	0	0	3	0	3	0	0	0.00
F53.1	Severe mental and behavioural disorders associated with the puerperium, not elsewhere classified	0	0	0	0	1	1	0	0	0	0	2	0	2	0	0	0.00
F60	Specific personality disorders	0	0	1	0	0	0	0	0	1	0	0	2	2	0	0	0.00
F60.3	Emotionally unstable personality disorder	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0.00
F79	Unspecified mental retardation	0	0	3	2	0	3	1	0	0	0	6	3	9	0	0	0.00
F83	Mixed specific developmental disorders	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0.00
F90	Hyperkinetic disorders	0	1	0	1	0	0	0	0	0	0	2	0	2	0	0	0.00
F93	Emotional disorders with onset specific to childhood	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00
F93.8	Other childhood emotional disorders	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
F98	Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence	0	0	0	0	1	2	0	1	0	0	3	1	4	0	0	0.00
F99	Mental disorder, not otherwise specified	0	0	0	3	9	14	7	7	4	2	33	13	46	0	0	0.00
G00.9	Bacterial meningitis, unspecified	0	1	1	5	3	2	4	2	1	5	13	11	24	1	0	4.17
G03	Meningitis due to other and unspecified causes	49	123	116	300	72	73	37	20	25	41	356	500	856	17	16	3.86
G03.9	Meningitis, unspecified	1	16	17	33	17	12	12	8	3	12	53	78	131	15	13	21.37
G04	Encephalitis, myelitis and encephalomyelitis	4	6	16	36	5	7	4	14	2	7	50	51	101	1	1	1.98
G04.2	Bacterial meningococcal meningitis and meningomyelitis, not elsewhere classified	0	1	3	10	0	0	0	0	0	0	6	8	14	0	0	0.00
G04.9	Encephalitis, myelitis and encephalomyelitis, unspecified	0	5	38	50	7	20	7	7	13	22	73	96	169	8	6	8.28
G06	Intracranial and intraspinal abscess and granuloma	0	0	0	6	0	1	0	1	0	0	4	4	8	1	0	12.50
G06.0	Intracranial abscess and granuloma	0	0	0	0	0	0	0	3	0	0	2	1	3	0	0	0.00
G09	Sequelae of inflammatory diseases of central nervous system	0	1	4	8	0	0	0	0	0	0	3	10	13	1	0	7.69
G11	Hereditary ataxia	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0.00
G12.2	Motor neuron disease	0	0	0	0	0	0	1	1	0	0	1	1	2	0	1	50.00
G20	Parkinson's disease	0															

Raw Data

ICD Code	Name of the Diseases	Inpatient Morbidity											Grand Total	Total Deaths		CFR %	
		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total		Female	Male		
												Female					Male
National Total		9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11
G31.9	Degenerative disease of nervous system, unspecified	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
G37	Other demyelinating diseases of central nervous system	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system	0	0	0	1	0	1	0	0	0	0	0	2	2	0	0	0.00
G40	Epilepsy	0	9	30	59	32	54	26	20	9	10	112	137	249	2	2	1.61
G40.0	Localization-related (focal)(partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset	0	0	0	4	0	0	0	0	0	0	2	2	4	0	0	0.00
G40.1	Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures	0	0	1	3	4	12	10	2	3	1	15	21	36	0	0	0.00
G40.2	Localization-related (focal)(partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures	0	0	0	2	0	0	0	0	0	0	0	2	2	0	0	0.00
G40.3	Generalized idiopathic epilepsy and epileptic syndromes	0	0	0	0	0	2	1	0	1	0	2	2	4	1	0	25.00
G40.9	Epilepsy, unspecified	0	1	0	2	2	1	3	2	1	0	3	9	12	0	1	8.33
G41	Status epilepticus	0	0	0	0	0	1	0	1	0	0	1	1	2	0	1	50.00
G41.9	Status epilepticus, unspecified	0	1	0	0	1	0	1	0	0	0	1	2	3	0	0	0.00
G43	Migraine	0	0	0	1	0	2	1	2	2	0	3	5	8	0	0	0.00
G43.9	Migraine, unspecified	0	0	0	1	0	0	2	0	0	0	2	1	3	0	0	0.00
G44	Other headache syndromes	0	0	0	0	1	0	0	0	1	1	1	1	2	0	0	0.00
G44.2	Tension-type headache	0	0	0	0	2	2	1	0	1	0	5	1	6	0	0	0.00
G45	Transient cerebral ischaemic attacks and related syndromes	0	0	0	0	1	0	1	2	1	4	4	5	9	0	0	0.00
G45.9	Transient cerebral ischaemic attack, unspecified	0	0	0	0	1	0	1	1	1	6	5	5	10	0	1	10.00
G50	Disorders of trigeminal nerve	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0.00
G50.0	Trigeminal neuralgia	0	0	0	0	0	0	0	0	1	1	1	1	2	0	0	0.00
G51	Facial nerve disorders	0	1	0	0	2	0	1	0	0	0	2	2	4	0	0	0.00
G51.0	Bell's palsy	0	0	0	0	0	0	0	0	0	2	2	0	2	0	0	0.00
G54	Nerve root and plexus disorders	0	0	0	0	1	0	1	0	1	1	3	1	4	0	0	0.00
G56	Mononeuropathies of upper limb	0	0	0	0	0	2	0	0	0	0	2	0	2	0	0	0.00
G56.9	Mononeuropathy of upper limb, unspecified	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00
G58	Other mononeuropathies	0	0	1	1	1	1	1	0	0	0	3	1	4	0	0	0.00
G61	Inflammatory polyneuropathy	0	1	1	5	2	2	6	0	2	1	8	12	20	1	0	5.00
G61.0	Guillain-Barré syndrome	1	0	0	2	0	2	1	2	0	1	4	5	9	0	0	0.00
G62	Other polyneuropathies	0	0	0	1	4	3	3	8	1	2	12	10	22	0	0	0.00
G62.9	Polyneuropathy, unspecified	0	0	0	0	1	1	0	0	0	1	1	1	2	0	0	0.00
G70.0	Myasthenia gravis	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00
G70.9	Myoneural disorder, unspecified	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
G71.0	Muscular dystrophy	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
G72	Other myopathies	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
G72.3	Periodic paralysis	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
G80.9	Cerebral palsy, unspecified	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00
G81	Hemiplegia	0	0	2	6	4	9	7	13	15	43	50	49	99	2	3	5.05
G81.0	Flaccid hemiplegia	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
G81.9	Hemiplegia, unspecified	0	1	2	1	1	1	0	1	9	14	13	17	30	1	0	3.33
G82	Paraplegia and tetraplegia	0	1	0	1	9	9	8	9	12	15	18	46	64	1	3	6.25
G82.2	Paraplegia, unspecified	0	0	0	1	4	6	5	4	5	8	11	22	33	0	2	6.06
G82.5	Tetraplegia, unspecified	0	0	0	0	1	0	3	2	2	1	5	4	9	1	0	11.11
G83	Other paralytic syndromes	1	2	13	18	0	6	2	4	0	6	19	33	52	0	2	3.85
G83.1	Monoplegia of lower limb	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
G83.9	Paralytic syndrome, unspecified	0	0	0	2	0	0	0	0	0	1	3	0	3	0	0	0.00
G91	Hydrocephalus	3	9	2	9	2	5	2	2	2	7	18	25	43	2	3	11.63
G91.1	Obstructive hydrocephalus	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
G91.9	Hydrocephalus, unspecified	0	2	0	0	0	0	1	0	0	1	2	2	4	0	1	25.00
G92	Toxic encephalopathy	1	3	3	13	3	3	6	4	0	0	22	14	36	1	2	8.33
G93	Other disorders of brain	0	0	0	3	5	5	1	1	6	5	7	19	26	0	2	7.69
G93.0	Cerebral cysts	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
G93.4	Encephalopathy, unspecified	0	0	0	0	1	0	0	1	1	2	3	2	5	1	0	20.00
G93.8	Other specified disorders of brain	0	0	0	3	1	2	1	1	0	0	1	7	8	0	0	0.00
G95.9	Disease of spinal cord, unspecified	0	0	0	1	0	0	0	0	1	0	1	1	2	0	0	0.00
G96.9	Disorder of central nervous system, unspecified	0	0	1	1	0	0	0	0	0	0	2	0	2	0	0	0.00
G97.8	Other postprocedural disorders of nervous system	0	0	0	0	0	0	0	0	1	0	0	1	1	0	1	100.00
G98	Other disorders of nervous system, not elsewhere classified	0	1	0	0	0	1	0	0	0	0	1	1	2	0	0	0.00
H00	Hordeolum and chalazion	0	0	3	0	0	0	0	0	0	0	3	0	3	0	0	0.00
H00.1	Chalazion	0	0	1	0	1	0	0	0	1	0	1	2	3	0	0	0.00
H02	Other disorders of eyelid	0	0	1	0	0	1	1	0	0	0	1	2	3	0	0	0.00
H10	Conjunctivitis	0	2	2	4	0	2	2	0	0	91	56	47	103	0	0	0.00
H21.3	Cyst of iris, ciliary body and anterior chamber	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00
H26	Other cataract	0	0	1	5	4	8	7	7	31	234	167	130	297	0	0	0.00
H33	Retinal detachments and breaks	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
H35	Other retinal disorders	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
H40	Glaucoma	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
H43.0	Vitreous prolapse	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
H50.4	Other and unspecified heterotropia	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00
H53	Visual disturbances	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00
H54	Blindness and low vision	0	0	0	2	0	0	0	0	0	15	10	7	17	0	0	0.00
H57	Other disorders of eye and adnexa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!
H59.9	Postprocedural disorder of eye and adnexa, unspecified	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
H60	Otitis externa	0	1	2	0	1	1	0	0	1	1	1	6	7	0	0	0.00
H61	Other disorders of external ear	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00
H65	Nonsuppurative otitis media	0	0	0	4	19	27	3	5	2	0	29	31	60	0	0	0.00
H65.2	Chronic serous otitis media	0	0	0	12	25	40	19	11	2	0	45	64	109	0	0	0.00
H65.3	Chronic mucoid otitis media	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
H66	Suppurative and unspecified otitis media	0	2	6	48	30	62	27	15	7	112	150	159	309	0	1	0.32
H66.9	Otitis media, unspecified	0	3	2	2	0	0	0	0	0	0	1	6	7	0	0	0.00
H68	Eustachian salpingitis and obstruction	0	0	0	0	2	0	0	0	0	0	0	2	2	0	0	0.00
H70	Mastoiditis and related conditions	1	1	0	2	0	1	0	0	0	0	2	3	5	0	0	0.00
H70.0	Acute mastoiditis	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0.00

Raw Data

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		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total		Female		Male		
												Female	Male					
National Total		9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11	
I02.9	Rheumatic chorea without heart involvement	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00	
I05	Rheumatic mitral valve diseases	0	0	1	2	2	4	6	7	9	9	20	20	40	2	3	12.50	
I05.0	Mitral stenosis	1	0	0	2	0	0	1	0	1	5	0	5	0	0	0.00		
I06	Rheumatic aortic valve diseases	0	0	2	12	0	0	1	0	0	9	6	15	0	0	0.00		
I09	Other rheumatic heart diseases	1	16	22	86	24	40	54	48	34	55	207	173	380	5	5	2.63	
I09.0	Rheumatic myocarditis	0	1	0	0	1	0	2	0	1	1	6	0	6	1	0	16.67	
I09.8	Other specified rheumatic heart diseases	0	0	0	1	1	1	1	0	0	0	3	1	4	1	0	25.00	
I09.9	Rheumatic heart disease, unspecified	0	1	2	12	10	18	11	11	10	7	42	40	82	0	1	1.22	
I10	Essential (primary) hypertension	0	1	4	14	23	96	170	324	419	1216	1162	1105	2267	10	12	0.97	
I11.9	Hypertensive heart disease without (congestive) heart failure	0	0	0	0	0	1	1	0	0	0	1	1	2	0	0	0.00	
I12	Hypertensive renal disease	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00	
I13	Hypertensive heart and renal disease	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0.00	
I15	Secondary hypertension	2	15	5	2	0	0	0	0	0	3	10	17	27	0	1	3.70	
I20	Angina pectoris	0	0	1	3	1	1	3	3	5	14	17	14	31	0	0	0.00	
I20.0	Unstable angina	0	0	0	0	0	2	0	4	4	6	8	8	16	0	0	0.00	
I20.9	Angina pectoris, unspecified	0	0	0	0	0	0	1	0	0	0	1	1	1	0	0	0.00	
I21	Acute myocardial infarction	0	0	0	0	0	0	1	2	3	11	6	11	17	0	0	0.00	
I21.9	Acute myocardial infarction, unspecified	0	0	0	0	0	0	1	9	2	12	8	16	24	1	2	12.50	
I22.1	Subsequent myocardial infarction of inferior wall	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00	
I23.1	Atrial septal defect as current complication following acute myocardial infarction	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
I24	Other acute ischaemic heart diseases	1	3	0	0	0	2	2	4	14	25	21	30	51	1	3	7.84	
I24.9	Acute ischaemic heart disease, unspecified	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
I25	Chronic ischaemic heart disease	0	0	0	2	0	6	2	3	7	29	34	15	49	2	1	6.12	
I25.1	Atherosclerotic heart disease	0	1	1	1	1	7	6	16	21	73	54	73	127	0	4	3.15	
I25.4	Coronary artery aneurysm	0	0	0	1	0	0	0	0	4	1	3	3	6	1	0	16.67	
I25.5	Ischaemic cardiomyopathy	0	0	0	0	0	1	2	0	3	12	7	11	18	0	0	0.00	
I25.9	Chronic ischaemic heart disease, unspecified	0	1	0	0	1	0	2	4	25	36	37	32	69	5	5	14.49	
I26	Pulmonary embolism	0	1	0	0	0	1	0	5	3	10	16	4	20	0	0	0.00	
I26.9	Pulmonary embolism without mention of acute cor pulmonale	0	0	0	0	0	0	0	0	1	5	3	3	6	0	0	0.00	
I27	Other pulmonary heart diseases	0	0	0	1	0	1	3	5	14	58	48	34	82	2	2	4.88	
I27.9	Pulmonary heart disease, unspecified	0	0	0	0	0	0	2	8	2	33	30	15	45	3	2	11.11	
I30	Acute pericarditis	0	0	5	3	3	4	2	1	0	0	11	7	18	0	0	0.00	
I31	Other diseases of pericardium	0	0	0	4	0	1	0	0	0	3	4	4	8	0	0	0.00	
I31.1	Chronic constrictive pericarditis	0	0	0	2	0	0	0	0	0	2	0	2	0	0	0	0.00	
I31.3	Pericardial effusion (noninflammatory)	0	0	1	1	1	3	1	3	4	3	9	8	17	0	1	5.88	
I31.9	Disease of pericardium, unspecified	0	0	0	0	0	0	0	2	1	1	1	3	4	0	1	25.00	
I33	Acute and subacute endocarditis	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
I33.0	Acute and subacute infective endocarditis	0	0	0	0	0	0	1	0	0	0	1	1	1	0	0	0.00	
I34	Nonrheumatic mitral valve disorders	0	0	0	0	0	1	0	0	0	2	1	2	3	0	0	0.00	
I34.0	Mitral (valve) insufficiency	0	0	0	0	0	0	0	0	0	2	2	0	2	0	0	0.00	
I35.9	Aortic valve disorder, unspecified	0	0	0	0	0	1	0	0	0	1	2	0	2	0	0	0.00	
I36.8	Other nonrheumatic tricuspid valve disorders	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0.00	
I38	Endocarditis, valve unspecified	20	0	0	1	1	2	0	1	1	2	18	10	28	0	0	0.00	
I40	Acute myocarditis	0	1	0	0	0	5	6	5	8	10	15	20	35	0	1	2.86	
I40.0	Infective myocarditis	0	0	0	0	2	2	6	8	7	26	26	25	51	1	2	5.88	
I42	Cardiomyopathy	0	2	0	0	1	1	1	0	5	11	4	17	21	0	3	14.29	
I42.0	Dilated cardiomyopathy	0	0	0	0	0	0	1	1	0	2	1	3	4	0	0	0.00	
I42.2	Other hypertrophic cardiomyopathy	0	0	0	0	0	0	1	0	1	4	2	4	6	1	0	16.67	
I42.9	Cardiomyopathy, unspecified	0	0	0	0	0	1	0	0	0	1	1	1	2	0	0	0.00	
I44	Atrioventricular and left bundle-branch block	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00	
I44.1	Atrioventricular block, second degree	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00	
I44.2	Atrioventricular block, complete	0	0	0	0	0	0	0	2	0	4	4	2	6	2	1	50.00	
I45	Other conduction disorders	0	0	0	0	0	0	0	0	0	2	1	1	2	0	1	50.00	
I45.2	Bifascicular block	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00	
I46	Cardiac arrest	0	0	0	0	0	2	0	0	0	1	1	2	3	0	1	33.33	
I46.9	Cardiac arrest, unspecified	0	0	0	0	0	1	0	0	1	3	2	3	5	2	2	80.00	
I47.1	Supraventricular tachycardia	0	0	0	0	0	1	0	1	0	1	3	0	3	0	1	33.33	
I47.2	Ventricular tachycardia	0	0	0	0	0	0	0	0	1	1	2	0	2	0	0	0.00	
I48	Atrial fibrillation and flutter	1	0	0	1	0	0	0	0	1	0	2	1	3	0	0	0.00	
I49	Other cardiac arrhythmias	0	0	0	0	0	3	0	0	0	0	3	0	3	0	0	0.00	
I49.2	Junctional premature depolarization	0	0	0	0	0	1	1	0	0	0	2	0	2	0	0	0.00	
I49.4	Other and unspecified premature depolarization	0	0	0	1	0	4	0	0	0	1	5	1	6	0	0	0.00	
I49.5	Sick sinus syndrome	0	0	0	0	0	0	0	0	0	2	1	1	2	0	0	0.00	
I49.8	Other specified cardiac arrhythmias	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0.00	
I50	Heart failure	0	1	3	8	11	20	34	57	95	304	309	224	533	20	11	5.82	
I50.0	Congestive heart failure	0	1	1	2	2	4	1	4	4	10	19	10	29	3	0	10.34	
I50.1	Left ventricular failure	0	0	0	0	0	0	2	2	2	6	6	6	12	0	1	8.33	
I50.9	Heart failure, unspecified	0	1	1	3	0	4	12	20	21	59	66	55	121	3	5	6.61	
I51	Complications and ill-defined descriptions of heart disease	0	4	2	5	4	7	16	14	22	79	83	70	153	5	2	4.58	
I51.4	Myocarditis, unspecified	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00	
I51.5	Myocardial degeneration	0	0	0	0	0	1	2	2	2	2	3	6	9	0	1	11.11	
I51.6	Cardiovascular disease, unspecified	0	0	0	0	0	1	2	1	1	0	2	3	5	0	0	0.00	
I51.7	Cardiomegaly	0	0	0	0	0	0	0	0	1	2	1	2	3	0	0	0.00	
I51.8	Other ill-defined heart diseases	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0.00	
I51.9	Heart disease, unspecified	0	0	0	0	1	0	0	0	0	3	2	2	4	0	0	0.00	
I60	Subarachnoid haemorrhage	0	0	0	1	1	4	3	4	2	3	11	7	18	0	0	0.00	
I60.1	Subarachnoid haemorrhage from middle cerebral artery	0	0	1	2	0	4	3	6	4	12	18	14	32	3	3	18.75	
I61	Intracerebral haemorrhage	0	0	0	1	0	0	0	7	3	4	8	7	15	2	1	20.00	
I61.3	Intracerebral haemorrhage in brain stem	0	0	0	0	0	0	0	1	0	0	1	1	0	1	0	100.00	
I61.9	Intracerebral haemorrhage, unspecified	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00	
I62	Other nontraumatic intracranial haemorrhage	0	0	0														

Raw Data

ICD Code	Name of the Diseases	Inpatient Morbidity											Total		Grand Total	Total Deaths		CFR %
		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total		Female		Male		
												Female	Male					
National Total		9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11	
I77.6	Arteritis, unspecified	0	0	0	0	3	3	1	2	0	0	9	0	9	0	0	0.00	
I80	Phlebitis and thrombophlebitis	0	0	0	1	0	5	4	2	6	2	10	10	20	1	1	10.00	
I80.2	Phlebitis and thrombophlebitis of other deep vessels of lower extremities	0	0	0	0	1	1	1	2	1	2	4	4	8	0	0	0.00	
I80.9	Phlebitis and thrombophlebitis of unspecified site	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00	
I81	Portal vein thrombosis	0	0	0	0	0	2	0	0	0	0	0	2	2	0	0	0.00	
I82	Other venous embolism and thrombosis	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
I83	Varicose veins of lower extremities	0	0	0	1	4	9	4	0	1	1	8	12	20	0	0	0.00	
I83.0	Varicose veins of lower extremities with ulcer	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00	
I83.9	Varicose veins of lower extremities without ulcer or inflammation	0	0	0	0	1	5	5	4	1	1	6	11	17	0	0	0.00	
I84	Haemorrhoids	0	0	0	2	7	34	34	35	72	66	152	218	0	1	0.46		
I84.8	Unspecified haemorrhoids with other complications	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0.00	
I84.9	Unspecified haemorrhoids without complication	0	0	0	0	0	18	13	10	6	6	13	40	53	0	0	0.00	
I85	Oesophageal varices	0	0	0	0	0	1	1	0	0	0	1	1	2	0	0	0.00	
I85.9	Oesophageal varices without bleeding	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0.00	
I86	Varicose veins of other sites	0	0	0	0	0	1	1	1	0	0	0	3	3	0	0	0.00	
I86.1	Scrotal varices	0	0	0	0	0	3	0	0	0	0	0	3	3	0	0	0.00	
I87	Other disorders of veins	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00	
I88	Nonspecific lymphadenitis	0	2	9	15	2	4	3	1	2	2	15	25	40	0	0	0.00	
I88.9	Nonspecific lymphadenitis, unspecified	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
I95	Hypotension	0	0	0	0	2	3	4	5	3	5	11	11	22	0	0	0.00	
I99	Other and unspecified disorders of circulatory system	0	1	0	1	1	2	0	0	0	3	5	3	8	1	0	12.50	
J00	Acute nasopharyngitis (common cold)	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
J01	Acute sinusitis	0	0	0	0	3	2	0	0	0	0	4	1	5	0	0	0.00	
J02	Acute pharyngitis	0	1	6	13	22	26	14	5	5	16	66	42	108	0	0	0.00	
J02.9	Acute pharyngitis, unspecified	0	0	0	0	0	1	0	0	0	2	1	2	3	0	0	0.00	
J03	Acute tonsillitis	1	4	37	118	62	103	67	23	4	28	267	180	447	1	0	0.22	
J03.9	Acute tonsillitis, unspecified	0	0	6	16	10	24	4	1	2	1	28	36	64	0	0	0.00	
J04	Acute laryngitis and tracheitis	0	3	0	1	1	0	3	0	0	7	8	7	15	0	0	0.00	
J04.1	Acute tracheitis	0	0	0	0	0	1	0	0	0	0	1	1	1	0	0	0.00	
J05	Acute obstructive laryngitis [croup] and epiglottitis	0	2	0	0	0	1	0	0	1	1	2	3	5	0	0	0.00	
J05.0	Acute obstructive laryngitis [croup]	0	13	10	0	0	0	0	0	0	10	13	23	0	0	0	0.00	
J05.1	Acute epiglottitis	0	0	0	1	0	0	0	0	1	1	1	1	2	0	0	0.00	
J06	Acute upper respiratory infections of multiple and unspecified sites	30	224	279	252	141	212	163	179	192	367	1044	995	2039	8	13	1.03	
J06.9	Acute upper respiratory infection, unspecified	5	21	17	17	7	19	17	19	15	36	74	99	173	2	1	1.73	
J11	Influenza, virus not identified	0	7	4	6	5	7	4	0	1	0	14	20	34	0	0	0.00	
J12.9	Viral pneumonia, unspecified	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
J13	Pneumonia due to Streptococcus pneumoniae	0	3	9	1	0	1	0	1	1	1	9	8	17	0	0	0.00	
J14	Pneumonia due to Haemophilus influenzae	0	0	0	0	2	1	3	2	0	2	8	2	10	0	0	0.00	
J15	Bacterial pneumonia, not elsewhere classified	66	623	500	97	16	19	19	11	9	37	544	853	1397	21	18	2.79	
J15.9	Bacterial pneumonia, unspecified	0	37	13	1	1	0	0	0	0	0	15	37	52	1	1	3.85	
J16	Pneumonia due to other infectious organisms, not elsewhere classified	1	1	3	4	1	0	0	0	2	0	2	10	12	0	0	0.00	
J18	Pneumonia, organism unspecified	358	3910	2930	1015	120	216	140	160	131	400	3678	5702	9380	41	68	1.16	
J18.0	Bronchopneumonia, unspecified	11	237	135	26	2	2	0	0	1	1	124	290	414	0	1	0.24	
J18.1	Lobar pneumonia, unspecified	0	0	2	0	1	4	3	3	5	6	14	10	24	0	1	4.17	
J18.9	Pneumonia, unspecified	107	1247	675	190	25	56	57	58	50	101	839	1727	2566	29	42	2.77	
J20	Acute bronchitis	3	26	21	14	8	18	17	20	26	35	89	99	188	1	1	1.06	
J20.9	Acute bronchitis, unspecified	5	73	20	1	0	0	0	0	0	1	32	68	100	0	1	1.00	
J21	Acute bronchiolitis	0	7	2	0	0	1	0	0	3	0	5	8	13	0	0	0.00	
J21.9	Acute bronchiolitis, unspecified	10	94	21	4	2	1	0	0	0	46	87	133	1	7	6.02		
J22	Unspecified acute lower respiratory infection	233	3202	2452	1015	140	215	216	161	185	467	3476	4810	8286	14	21	0.42	
J30	Vasomotor and allergic rhinitis	0	2	2	1	1	1	0	1	0	1	2	7	9	0	0	0.00	
J31	Chronic rhinitis, nasopharyngitis and pharyngitis	0	1	4	4	0	0	0	0	0	0	4	5	9	0	0	0.00	
J31.0	Chronic rhinitis	0	0	0	0	0	2	0	0	0	1	1	2	3	0	0	0.00	
J32	Chronic sinusitis	0	2	2	4	7	13	12	7	5	16	39	29	68	0	0	0.00	
J32.9	Chronic sinusitis, unspecified	0	0	0	0	0	3	0	0	0	0	1	2	3	0	0	0.00	
J33	Nasal polyp	0	0	0	7	3	7	5	3	4	1	10	20	30	0	0	0.00	
J33.0	Polyp of nasal cavity	0	0	0	2	0	1	0	0	0	0	2	1	3	0	0	0.00	
J33.8	Other polyp of sinus	0	0	0	0	2	1	4	3	5	0	5	10	15	0	0	0.00	
J33.9	Nasal polyp, unspecified	0	0	0	1	4	1	1	2	0	1	6	4	10	0	0	0.00	
J34	Other disorders of nose and nasal sinuses	0	0	1	9	14	16	14	4	2	3	26	37	63	0	0	0.00	
J34.2	Deviated nasal septum	0	0	0	3	14	12	5	3	0	1	9	29	38	0	0	0.00	
J34.8	Other specified disorders of nose and nasal sinuses	0	0	0	0	0	2	0	0	0	2	0	2	0	0	0	0.00	
J35	Chronic diseases of tonsils and adenoids	0	0	1	1	1	2	0	1	0	2	6	2	8	0	0	0.00	
J35.0	Chronic tonsillitis	0	0	0	1	1	0	0	0	0	0	0	2	2	0	0	0.00	
J36	Peritonsillar abscess	0	0	1	4	3	6	3	0	0	1	6	12	18	0	0	0.00	
J38	Diseases of vocal cords and larynx, not elsewhere classified	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00	
J39	Other diseases of upper respiratory tract	2	51	61	50	40	50	29	22	10	25	154	186	340	0	1	0.29	
J39.0	Retropharyngeal and parapharyngeal abscess	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00	
J39.9	Disease of upper respiratory tract, unspecified	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00	
J40	Bronchitis, not specified as acute or chronic	2	260	84	69	8	19	14	15	11	73	192	363	555	1	5	1.08	
J42	Unspecified chronic bronchitis	0	1	0	0	0	0	1	3	0	1	4	2	6	0	1	16.67	
J43	Emphysema	0	0	0	2	0	1	0	3	2	3	4	7	11	0	0	0.00	
J44	Other chronic obstructive pulmonary disease	0	0	11	29	31	125	199	548	1177	5579	4157	3542	7699	100	79	2.32	
J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection	0	0	0	0	0	0	4	9	53	186	113	139	252	18	20	15.08	
J44.1	Chronic obstructive pulmonary disease with acute exacerbation, unspecified	0	0	0	1	0	4	3	29	57	287	187	194	381	3	12	3.94	
J44.8	Other specified chronic obstructive pulmonary disease	0	0	1	1	0	5	7	31	80	218	170	173	343	7	8	4.37	
J44.9	Chronic obstructive pulmonary disease, unspecified	0	0	1	3	0	0	3	4	23	21	16	37	0	0	0.00		
J45	Asthma	3	22	61	85	32	98	98	110	92	210	479	332	811	4	5	1.11	
J45.9	Asthma, unspecified	0	3	9	19	9	16											

Raw Data

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		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total		Female	Male		
												Female					Male
	National Total	9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11
J82	Pulmonary eosinophilia, not elsewhere classified	0	0	0	0	1	0	0	0	1	0	1	2	0	0	0	0.00
J84.1	Other interstitial pulmonary diseases with fibrosis	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
J85	Abscess of lung and mediastinum	0	0	0	0	1	1	2	1	3	5	2	11	13	0	0	0.00
J85.2	Abscess of lung without pneumonia	0	0	0	0	0	2	1	0	1	4	3	5	8	0	1	12.50
J86	Pyothorax	0	0	2	2	0	3	2	1	1	1	5	7	12	0	0	0.00
J86.0	Pyothorax with fistula	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00
J86.9	Pyothorax without fistula	1	1	3	4	2	2	3	2	5	5	9	19	28	0	0	0.00
J90	Pleural effusion, not elsewhere classified	2	10	42	108	51	89	67	76	82	146	307	366	673	3	8	1.63
J92	Pleural plaque	0	2	0	1	0	0	0	0	0	0	1	2	3	0	0	0.00
J93	Pneumothorax	0	0	0	2	2	3	5	7	8	16	11	32	43	0	2	4.65
J93.0	Spontaneous tension pneumothorax	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
J93.1	Other spontaneous pneumothorax	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
J93.9	Pneumothorax, unspecified	0	0	0	1	1	1	3	3	1	6	3	13	16	0	0	0.00
J94	Other pleural conditions	0	0	0	0	0	1	2	2	1	0	1	5	6	0	1	16.67
J94.2	Haemothorax	0	0	0	1	0	3	3	2	1	1	3	8	11	0	1	9.09
J94.8	Other specified pleural conditions	0	0	0	0	0	1	0	1	1	4	1	6	7	0	1	14.29
J96	Respiratory failure, not elsewhere classified	0	0	0	0	0	0	3	2	2	2	2	6	8	0	0	0.00
J96.0	Acute respiratory failure	0	0	1	0	1	1	0	0	2	1	2	4	6	2	2	66.67
J96.9	Respiratory failure, unspecified	0	0	0	0	0	0	0	1	1	3	3	2	5	2	0	40.00
J98	Other respiratory disorders	1	11	15	7	14	17	17	15	19	43	78	81	159	0	1	0.63
J98.0	Diseases of bronchus, not elsewhere classified	0	0	0	0	1	2	2	0	0	1	6	0	6	0	0	0.00
J98.1	Pulmonary collapse	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00
J98.8	Other specified respiratory disorders	0	0	1	1	1	0	2	3	4	2	7	7	14	0	1	7.14
J98.9	Respiratory disorder, unspecified	0	0	0	1	1	1	1	0	28	0	10	21	31	1	2	9.68
K02	Dental caries	0	0	0	1	0	2	2	2	1	48	34	22	56	0	0	0.00
K03	Other diseases of hard tissues of teeth	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00
K03.5	Ankylosis of teeth	0	0	0	1	0	2	0	0	0	0	1	2	3	0	0	0.00
K04	Diseases of pulp and periapical tissues	0	0	3	3	2	0	1	2	3	0	10	4	14	0	0	0.00
K05	Gingivitis and periodontal diseases	0	0	1	2	1	2	1	0	2	27	24	12	36	0	0	0.00
K06.8	Other specified disorders of gingiva and edentulous alveolar ridge	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00
K07	Dentofacial anomalies (including malocclusion)	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
K08	Other disorders of teeth and supporting structures	0	0	4	12	2	7	6	5	5	30	30	41	71	0	1	1.41
K09	Cysts of oral region, not elsewhere classified	0	0	2	3	0	0	0	1	0	0	1	5	6	0	0	0.00
K09.8	Other cysts of oral region, not elsewhere classified	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
K10	Other diseases of jaws	0	0	1	0	1	1	0	1	0	0	3	1	4	0	1	25.00
K11	Diseases of salivary glands	0	0	2	2	1	0	0	0	1	0	2	4	6	0	0	0.00
K11.2	Sialoadenitis	0	0	1	2	0	0	0	0	1	0	2	2	4	0	0	0.00
K11.3	Abscess of salivary gland	0	0	0	1	0	0	1	1	0	0	2	1	3	0	0	0.00
K11.5	Sialolithiasis	0	0	0	0	0	1	1	0	0	1	1	2	0	0	0	0.00
K11.6	Mucocele of salivary gland	0	0	0	1	1	0	0	0	0	0	0	2	2	0	0	0.00
K12	Stomatitis and related lesions	0	4	36	8	2	3	1	1	0	3	28	30	58	0	0	0.00
K12.1	Other forms of stomatitis	1	1	1	2	0	0	0	0	0	3	2	5	0	0	0	0.00
K12.2	Cellulitis and abscess of mouth	0	3	1	3	1	1	4	1	1	1	5	8	13	0	1	7.69
K13	Other diseases of lip and oral mucosa	2	3	4	6	2	6	7	11	29	130	104	96	200	0	0	0.00
K14	Diseases of tongue	0	0	2	0	0	0	0	0	0	0	0	2	2	0	0	0.00
K14.0	Glossitis	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0.00
K20	Oesophagitis	0	0	0	0	0	0	1	0	1	1	1	2	3	0	0	0.00
K21	Gastro-oesophageal reflux disease	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
K21.9	Gastro-oesophageal reflux disease without oesophagitis	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
K22	Other diseases of oesophagus	0	0	2	1	0	0	0	5	1	0	4	5	9	0	0	0.00
K22.1	Ulcer of oesophagus	0	0	0	0	0	0	1	0	1	0	0	2	2	0	0	0.00
K22.2	Oesophageal obstruction	0	0	0	0	0	0	3	0	0	1	2	2	4	0	0	0.00
K22.3	Perforation of oesophagus	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0.00
K25	Gastric ulcer	0	0	1	0	1	6	1	5	5	8	7	20	27	0	0	0.00
K26	Duodenal ulcer	0	0	1	2	1	4	16	27	14	16	17	64	81	0	7	8.64
K27	Peptic ulcer, site unspecified	0	0	2	3	8	14	32	20	15	20	65	49	114	0	0	0.00
K28	Gastrojejunal ulcer	0	0	0	1	0	1	1	9	5	7	9	15	24	0	0	0.00
K29	Gastritis and duodenitis	0	6	37	181	398	796	591	575	447	795	2410	1416	3826	5	4	0.24
K29.0	Acute haemorrhagic gastritis	0	0	1	3	2	7	4	6	6	18	21	26	47	0	1	2.13
K29.1	Other acute gastritis	0	0	2	3	10	28	20	19	10	22	76	38	114	0	0	0.00
K29.2	Alcoholic gastritis	0	0	0	0	0	0	1	2	0	3	0	6	6	0	0	0.00
K29.3	Chronic superficial gastritis	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00
K29.7	Gastritis, unspecified	0	0	0	1	3	5	3	5	5	5	16	11	27	0	0	0.00
K29.8	Duodenitis	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0.00
K29.9	Gastroduodenitis, unspecified	0	0	1	0	6	4	3	2	3	5	16	8	24	0	0	0.00
K30	Dyspepsia	0	0	0	0	0	0	1	0	0	1	1	1	2	0	0	0.00
K31	Other diseases of stomach and duodenum	1	1	0	5	17	55	42	32	26	44	144	79	223	0	2	0.90
K31.0	Acute dilatation of stomach	9	14	2	1	0	0	0	0	0	0	5	21	26	0	1	3.85
K31.1	Adult hypertrophic pyloric stenosis	0	1	0	1	0	1	1	4	4	4	7	9	16	0	2	12.50
K31.2	Hourglass stricture and stenosis of stomach	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0.00
K31.9	Disease of stomach and duodenum, unspecified	0	0	0	0	1	4	4	10	7	7	19	14	33	0	0	0.00
K35	Acute appendicitis	2	2	18	282	302	495	294	154	65	71	807	878	1685	2	3	0.30
K35.0	Acute appendicitis with generalized peritonitis	0	0	0	10	9	19	13	9	5	4	29	40	69	0	0	0.00
K35.1	Acute appendicitis with peritoneal abscess	0	0	0	4	3	1	1	0	1	0	4	6	10	0	0	0.00
K35.9	Acute appendicitis, unspecified	0	0	4	73	95	128	102	72	38	32	250	294	544	0	2	0.37
K36	Other appendicitis	0	0	0	3	5	19	9	8	2	2	24	24	48	0	0	0.00
K37	Unspecified appendicitis	0	0	7	66	40	75	53	27	16	7	122	169	291	0	0	0.00
K38	Other diseases of appendix	0	1	1	15	20	22	17	11	6	3	36	60	96	0	0	0.00
K38.1	Appendicular concretions	0	0	0	0	5	11	13	6	4	5	22	22	44	0	0	0.00
K38.8	Other specified diseases of appendix	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
K40	Inguinal hernia	1	3														

Raw Data

ICD Code	Name of the Diseases	Inpatient Morbidity											Total	Grand Total	Total Deaths		CFR %	
		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total			Female	Male		
												Female						Male
	National Total	9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11	
K42.9	Umbilical hernia without obstruction or gangrene	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0.00	
K43	Ventral hernia	0	0	0	0	0	0	0	1	1	0	1	1	2	0	0	0.00	
K43.9	Ventral hernia without obstruction or gangrene	0	0	0	1	0	4	0	2	0	3	3	7	10	0	0	0.00	
K44	Diaphragmatic hernia	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0.00	
K44.9	Diaphragmatic hernia without obstruction or gangrene	0	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0.00	
K45	Other abdominal hernia	0	8	8	6	0	0	0	0	0	0	2	20	22	0	0	0.00	
K46	Unspecified abdominal hernia	2	10	26	65	22	55	38	45	43	109	50	365	415	0	1	0.24	
K46.0	Unspecified abdominal hernia with obstruction, without gangrene	0	0	1	0	0	0	0	1	3	4	0	9	9	0	0	0.00	
K46.9	Unspecified abdominal hernia without obstruction or gangrene	0	0	0	0	0	10	9	0	0	0	0	19	19	0	0	0.00	
K50	Crohn's disease (regional enteritis)	0	0	0	1	1	1	2	1	1	2	3	6	9	0	0	0.00	
K51	Ulcerative colitis	0	0	0	1	1	0	0	0	0	0	0	2	2	0	0	0.00	
K51.9	Ulcerative colitis, unspecified	0	0	0	0	0	0	1	1	0	0	1	1	2	0	0	0.00	
K52	Other noninfective gastroenteritis and colitis	1	17	16	11	10	21	13	11	10	18	66	62	128	0	0	0.00	
K52.9	Noninfective gastroenteritis and colitis, unspecified	0	0	0	0	1	1	1	0	0	0	3	0	3	0	0	0.00	
K55	Vascular disorders of intestine	0	0	1	0	1	0	1	1	1	2	2	5	7	0	1	14.29	
K55.0	Acute vascular disorders of intestine	0	0	3	6	5	8	6	4	4	10	25	21	46	1	0	2.17	
K55.9	Vascular disorder of intestine, unspecified	0	0	0	1	0	0	0	0	0	0	0	1	1	1	0	100.00	
K56	Paralytic ileus and intestinal obstruction without hernia	6	17	19	44	12	43	29	40	36	60	119	187	306	2	9	3.59	
K56.1	Intussusception	0	15	7	7	0	0	0	0	0	0	11	18	29	0	0	0.00	
K56.2	Volvulus	0	0	0	2	1	4	1	2	1	2	5	8	13	0	0	0.00	
K56.5	Intestinal adhesions (bands) with obstruction	0	0	0	0	0	1	1	2	2	1	2	5	7	0	0	0.00	
K56.6	Other and unspecified intestinal obstruction	0	3	2	11	11	33	16	31	36	41	81	103	184	7	10	9.24	
K57	Diverticular disease of intestine	0	0	0	0	2	2	0	2	4	9	4	15	19	0	0	0.00	
K57.9	Diverticular disease of intestine, part unspecified, without perforation or abscess	0	0	0	0	0	2	0	2	1	0	0	5	5	0	2	40.00	
K58	Irritable bowel syndrome	0	0	0	0	0	1	0	0	1	2	3	1	4	0	0	0.00	
K58.9	Irritable bowel syndrome without diarrhoea	0	0	0	0	0	1	0	0	0	1	0	2	2	0	0	0.00	
K59	Other functional intestinal disorders	0	2	3	4	6	22	13	12	6	22	59	31	90	0	0	0.00	
K59.0	Constipation	0	1	0	2	3	3	15	5	5	0	20	14	34	0	0	0.00	
K60	Fissure and fistula of anal and rectal regions	0	0	0	2	8	26	14	4	7	4	28	37	65	0	0	0.00	
K60.0	Acute anal fissure	0	0	0	0	1	7	2	2	0	0	6	6	12	0	0	0.00	
K60.1	Chronic anal fissure	0	0	0	0	1	3	2	0	0	0	5	1	6	0	0	0.00	
K60.3	Anal fistula	11	6	1	7	2	16	7	10	8	3	25	46	71	4	0	5.63	
K60.4	Rectal fistula	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00	
K61.0	Anal abscess	0	0	0	0	0	1	2	1	1	0	1	4	5	0	0	0.00	
K61.1	Rectal abscess	0	0	0	1	0	1	0	0	0	0	0	2	2	0	0	0.00	
K61.3	Ischiorectal abscess	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00	
K62	Other diseases of anus and rectum	1	1	4	6	0	3	1	3	5	3	14	13	27	1	0	3.70	
K62.1	Rectal polyp	1	0	0	9	8	1	4	1	0	2	10	18	28	0	0	0.00	
K62.2	Anal prolapse	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00	
K62.3	Rectal prolapse	0	0	3	1	0	1	0	0	2	3	4	7	0	0	0.00		
K62.4	Stenosis of anus and rectum	0	1	1	0	0	0	0	0	0	0	2	2	0	0	0	0.00	
K62.5	Haemorrhage of anus and rectum	0	0	0	0	0	0	1	1	0	1	0	3	3	0	0	0.00	
K63	Other diseases of intestine	0	0	0	0	1	4	1	2	4	2	4	10	14	0	1	7.14	
K63.1	Perforation of intestine (nontraumatic)	0	0	0	2	2	2	2	2	2	0	4	8	12	2	1	25.00	
K63.2	Fistula of intestine (nontraumatic)	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00	
K63.4	Enteroptosis	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
K65	Peritonitis	0	0	2	11	6	27	19	18	12	20	52	63	115	3	1	3.48	
K65.0	Acute peritonitis	0	0	0	1	0	2	0	3	0	0	2	4	6	0	0	0.00	
K65.9	Peritonitis, unspecified	0	0	1	9	21	22	19	18	18	14	38	84	122	5	10	12.30	
K66	Other disorders of peritoneum	0	0	0	1	0	2	0	0	0	1	2	2	4	0	0	0.00	
K66.1	Haemoperitoneum	0	0	1	0	1	2	0	1	1	0	5	1	6	1	0	16.67	
K66.8	Other specified disorders of peritoneum	0	0	1	1	0	0	0	0	1	1	1	3	4	0	0	0.00	
K66.9	Disorder of peritoneum, unspecified	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00	
K70	Alcoholic liver disease	0	0	0	1	2	17	72	137	114	232	256	319	575	6	21	4.70	
K70.1	Alcoholic hepatitis	0	0	0	0	0	0	0	0	1	1	0	2	2	0	0	0.00	
K70.3	Alcoholic cirrhosis of liver	0	0	0	0	0	1	5	10	6	0	8	14	22	0	1	4.55	
K70.9	Alcoholic liver disease, unspecified	0	0	0	2	0	8	33	79	50	24	39	157	196	8	30	19.39	
K71.9	Toxic liver disease, unspecified	0	0	0	0	0	1	0	1	0	0	1	1	2	0	0	0.00	
K72	Hepatic failure, not elsewhere classified	0	0	0	0	4	4	8	6	4	8	8	26	34	1	3	11.76	
K72.0	Acute and subacute hepatic failure	0	0	0	1	0	0	0	1	0	0	1	1	2	1	0	50.00	
K72.9	Hepatic failure, unspecified	7	1	0	1	1	8	3	8	11	4	17	27	44	5	3	18.18	
K73.9	Chronic hepatitis, unspecified	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00	
K74	Fibrosis and cirrhosis of liver	0	0	2	1	6	5	22	29	32	45	50	92	142	2	15	11.97	
K74.6	Other and unspecified cirrhosis of liver	0	0	0	2	1	3	21	27	17	15	21	65	86	2	13	17.44	
K75	Other inflammatory liver diseases	31	9	43	154	63	111	82	64	53	64	308	366	674	5	7	1.78	
K75.0	Abscess of liver	0	0	2	3	2	9	7	15	5	12	14	41	55	0	0	0.00	
K75.9	Inflammatory liver disease, unspecified	0	1	1	2	5	40	33	18	22	4	77	49	126	3	0	2.38	
K76	Other diseases of liver	0	0	1	1	1	6	23	20	17	23	43	49	92	4	6	10.87	
K76.0	Fatty (change of) liver, not elsewhere classified	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00	
K76.5	Portal hypertension	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0.00	
K76.7	Hepatorenal syndrome	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
K76.8	Other specified diseases of liver	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00	
K76.9	Liver disease, unspecified	0	0	0	1	1	11	45	50	32	27	55	112	167	5	16	12.57	
K80	Cholelithiasis	0	0	6	8	37	221	201	196	150	168	759	228	987	0	1	0.10	
K80.0	Calculus of gallbladder with acute cholecystitis	0	0	0	1	2	5	3	2	2	3	13	5	18	0	0	0.00	
K80.1	Calculus of gallbladder with other cholecystitis	0	0	0	0	0	8	7	15	2	5	35	2	37	0	0	0.00	
K80.2	Calculus of gallbladder without cholecystitis	0	1	1	22	15	154	173	162	97	105	599	131	730	1	0	0.14	
K80.5	Calculus of bile duct without cholangitis or cholecystitis	0	0	0	0	2	1	2	8	4	8	16	9	25	0	0	0.00	
K80.8	Other cholelithiasis	0	0	0	1	4	15	13	10	9	11	51	12	63	0	1	1.59	
K81	Cholecystitis	0	0	6	14	4	46	49	46									

Raw Data

ICD Code	Name of the Diseases	Inpatient Morbidity											Grand Total	Total Deaths		CFR %	
		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total		Female	Male		
												Female					Male
National Total		9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11
K86.1	Other chronic pancreatitis	0	0	0	0	0	1	0	1	0	0	2	1	3	0	0	0.00
K86.2	Cyst of pancreas	0	0	0	0	0	2	1	0	0	0	0	3	3	0	0	0.00
K86.3	Pseudocyst of pancreas	0	0	0	0	0	1	1	0	0	0	2	0	2	0	0	0.00
K90	Intestinal malabsorption	0	0	0	0	0	0	1	2	1	1	2	3	5	0	0	0.00
K91	Postprocedural disorders of digestive system, not elsewhere classified	3	3	3	0	0	0	1	0	1	0	6	5	11	0	1	9.09
K91.4	Colostomy and enterostomy malfunction	5	21	14	7	1	1	0	0	0	0	14	35	49	0	3	6.12
K91.5	Postcholecystectomy syndrome	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00
K92	Other diseases of digestive system	0	1	17	17	16	44	32	69	61	126	147	236	383	5	5	2.61
K92.0	Haematemesis	0	0	0	1	1	3	1	0	1	1	2	6	8	0	0	0.00
K92.2	Gastrointestinal haemorrhage, unspecified	0	2	1	2	2	28	33	45	43	79	60	175	235	5	13	7.66
L00	Staphylococcal scalded skin syndrome	1	2	0	1	0	0	0	0	0	0	1	3	4	0	0	0.00
L01	Impetigo	2	0	19	11	3	5	1	1	3	32	38	39	77	0	0	0.00
L01.0	Impetigo [any organism] [any site]	1	1	1	0	0	0	0	0	0	0	1	2	3	0	0	0.00
L02	Cutaneous abscess, furuncle and carbuncle	53	59	192	333	133	262	95	107	75	122	705	726	1431	1	0	0.07
L02.0	Cutaneous abscess, furuncle and carbuncle of face	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
L02.1	Cutaneous abscess, furuncle and carbuncle of neck	0	0	1	2	0	0	0	0	0	0	2	1	3	0	0	0.00
L02.2	Cutaneous abscess, furuncle and carbuncle of trunk	0	0	2	2	2	3	1	0	1	0	3	8	11	0	0	0.00
L02.3	Cutaneous abscess, furuncle and carbuncle of buttock	0	0	1	3	6	2	4	1	2	3	7	15	22	0	0	0.00
L02.4	Cutaneous abscess, furuncle and carbuncle of limb	0	2	7	29	6	12	4	8	9	6	24	59	83	0	0	0.00
L02.8	Cutaneous abscess, furuncle and carbuncle of other sites	1	0	5	6	2	1	1	3	3	1	8	15	23	1	0	4.35
L02.9	Cutaneous abscess, furuncle and carbuncle, unspecified	1	2	4	11	3	2	3	4	1	3	7	27	34	0	0	0.00
L03	Cellulitis	12	38	55	169	69	93	82	76	71	84	322	427	749	0	1	0.13
L03.1	Cellulitis of other parts of limb	0	2	1	1	2	2	1	3	4	4	7	13	20	1	0	5.00
L03.8	Cellulitis of other sites	0	0	0	0	2	1	2	2	2	0	6	3	9	0	0	0.00
L03.9	Cellulitis, unspecified	0	0	3	11	8	12	8	19	4	8	27	46	73	0	0	0.00
L04	Acute lymphadenitis	0	0	9	12	2	5	2	1	3	0	17	17	34	0	0	0.00
L04.9	Acute lymphadenitis, unspecified	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00
L05	Pilonidal cyst	0	0	0	0	0	3	1	0	0	0	2	2	4	0	0	0.00
L05.9	Pilonidal cyst without abscess	0	0	0	0	0	0	1	1	0	0	0	2	2	0	0	0.00
L08	Other local infections of skin and subcutaneous tissue	4	11	14	22	12	14	12	8	5	11	54	59	113	0	0	0.00
L08.0	Pyoderma	0	1	0	1	0	0	0	0	0	0	1	1	2	0	0	0.00
L08.9	Local infection of skin and subcutaneous tissue, unspecified	5	0	0	2	0	1	1	0	1	2	4	8	12	0	0	0.00
L10	Pemphigus	0	0	0	0	0	1	0	1	0	0	1	1	2	0	0	0.00
L21	Seborrheic dermatitis	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
L23	Allergic contact dermatitis	0	0	0	12	1	3	10	1	10	0	22	15	37	0	1	2.70
L24	Irritant contact dermatitis	0	0	0	0	0	0	0	3	15	38	33	23	56	0	0	0.00
L25.5	Unspecified contact dermatitis due to plants, except food	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
L25.9	Unspecified contact dermatitis, unspecified cause	0	0	0	0	0	0	0	0	1	1	2	0	2	0	0	0.00
L30	Other dermatitis	1	6	14	32	9	19	8	18	9	45	79	82	161	1	0	0.62
L30.2	Cutaneous autosensitization	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
L30.9	Dermatitis, unspecified	0	0	0	2	0	3	2	3	1	2	8	5	13	0	0	0.00
L40	Psoriasis	0	0	0	1	1	0	0	0	0	1	1	2	3	0	0	0.00
L40.1	Generalized pustular psoriasis	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
L40.2	Acrodermatitis continua	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0.00
L41.4	Large plaque parapsoriasis	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
L42	Pityriasis rosea	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
L44	Other papulosquamous disorders	0	0	0	0	0	0	1	2	4	5	6	6	12	0	0	0.00
L60	Urticaria	1	4	20	23	4	6	2	0	2	7	30	39	69	0	0	0.00
L60.8	Other urticaria	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0.00
L60.9	Urticaria, unspecified	0	1	5	14	0	0	0	1	0	0	7	14	21	1	0	4.76
L51	Erythema multiforme	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
L51.1	Bullous erythema multiforme	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
L51.2	Toxic epidermal necrolysis [Lyell]	0	0	0	1	0	0	0	0	0	0	0	1	1	0	1	100.00
L52	Erythema nodosum	4	5	4	9	2	16	19	47	81	334	262	259	521	0	0	0.00
L53	Other erythematous conditions	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
L53.9	Erythematous condition, unspecified	0	0	0	0	0	1	0	0	0	0	4	2	3	5	0	0.00
L56	Other acute skin changes due to ultraviolet radiation	0	0	0	0	0	0	0	2	0	4	3	3	6	1	0	16.67
L56.1	Drug photoallergic response	0	0	0	0	0	0	0	8	0	8	8	8	16	1	1	12.50
L65.2	Alopecia mucinosa	0	0	0	2	6	3	5	1	1	0	7	11	18	0	0	0.00
L67	Hair colour and hair shaft abnormalities	0	0	0	0	1	0	0	1	0	0	0	2	2	0	0	0.00
L70	Acne	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
L72	Follicular cysts of skin and subcutaneous tissue	0	0	0	1	0	5	1	1	1	2	6	5	11	0	0	0.00
L72.1	Trichilemmal cyst	0	0	0	0	0	1	0	0	0	1	2	0	2	0	0	0.00
L74	Eccrine sweat disorders	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
L81	Other disorders of pigmentation	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0.00
L84	Corns and callosities	0	0	0	1	0	1	1	0	3	0	4	2	6	0	0	0.00
L88	Pyoderma gangrenosum	0	0	1	1	0	0	0	0	0	1	1	2	3	0	0	0.00
L89	Decubitus ulcer	0	0	2	0	2	1	2	1	1	6	4	11	15	0	0	0.00
L90	Atrophic disorders of skin	0	0	0	2	0	2	0	0	1	1	3	3	6	0	0	0.00
L90.5	Scar conditions and fibrosis of skin	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0.00
L91.0	Keloid scar	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
L92	Granulomatous disorders of skin and subcutaneous tissue	1	0	0	1	0	0	0	0	2	0	2	2	4	0	0	0.00
L92.8	Other granulomatous disorders of skin and subcutaneous tissue	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00
L97	Ulcer of lower limb, not elsewhere classified	0	0	0	1	0	3	1	2	3	4	7	7	14	1	0	7.14
L98	Other disorders of skin and subcutaneous tissue, not elsewhere classified	0	3	7	8	5	10	4	16	5	14	35	37	72	0	1	1.39
L98.0	Pyogenic granuloma	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00
L98.8	Other specified disorders of skin and subcutaneous tissue	0	0	0	1	2	2	9	3	0	0	5	12	17	0	0	0.00
L98.9	Disorder of skin and subcutaneous tissue, unspecified	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
M00	Pyogenic arthritis	0	0	2	8	3	1	3	2	0	0	10	9	19	0	0	0.00
M00.9	Pyogenic arthritis, unspecified	0	1	2	14	3	2	1	1	0	0	6	18	24	0	0	0.00
M05	Seropositive rheumatoid																

Raw Data

ICD Code	Name of the Diseases	Inpatient Morbidity											Total	Grand Total	Total Deaths		CFR %	
		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total			Female	Male		
												Female						Male
National Total		9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11	
M13.0	Polyarthrits, unspecified	0	0	0	1	1	0	0	0	0	0	0	2	2	0	0	0.00	
M13.9	Arthritis, unspecified	0	0	0	3	2	4	2	1	2	5	9	10	19	0	0	0.00	
M19	Other arthrosis	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00	
M19.9	Arthrosis, unspecified	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00	
M21.1	Varus deformity, not elsewhere classified	0	0	0	3	2	0	0	0	0	0	3	2	5	0	0	0.00	
M24.4	Recurrent dislocation and subluxation of joint	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0.00	
M25	Other joint disorders, not elsewhere classified	0	1	1	8	3	1	5	6	0	2	10	17	27	0	0	0.00	
M25.4	Effusion of joint	0	1	0	0	0	2	2	0	0	0	4	1	5	0	0	0.00	
M25.5	Pain in joint	0	0	0	8	0	0	0	0	0	0	3	5	8	0	0	0.00	
M25.8	Other specified joint disorders	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00	
M30	Polyarteritis nodosa and related conditions	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00	
M31	Other necrotizing vasculopathies	0	0	0	0	0	1	0	0	0	1	0	2	2	0	0	0.00	
M32	Systemic lupus erythematosus	0	0	0	1	0	2	1	0	0	0	3	1	4	0	1	25.00	
M32.9	Systemic lupus erythematosus, unspecified	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00	
M35.9	Systemic involvement of connective tissue, unspecified	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00	
M41	Scoliosis	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00	
M41.9	Scoliosis, unspecified	0	1	0	0	0	1	0	0	0	1	1	1	2	0	0	0.00	
M43	Other deforming dorsopathies	0	0	0	0	0	0	0	1	1	0	0	2	2	0	0	0.00	
M45	Ankylosing spondylitis	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0.00	
M46	Other inflammatory spondylopathies	0	0	0	0	0	0	0	0	0	2	2	0	2	0	0	0.00	
M46.4	Discitis, unspecified	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00	
M47	Spondylitis	0	0	0	0	1	1	4	0	1	6	9	4	13	0	0	0.00	
M47.8	Other spondylitis	0	0	0	0	0	3	1	4	3	10	12	9	21	0	0	0.00	
M47.9	Spondylitis, unspecified	0	0	0	0	0	0	0	0	1	1	2	0	2	0	0	0.00	
M48	Other spondylopathies	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00	
M48.5	Collapsed vertebra, not elsewhere classified	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00	
M49.0*	Tuberculosis of spine (A18.0+)	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00	
M50	Cervical disc disorders	0	0	0	0	0	1	0	6	1	2	9	1	10	0	0	0.00	
M51	Other intervertebral disc disorders	0	0	0	1	0	3	5	5	1	3	6	12	18	0	0	0.00	
M51.2	Other specified intervertebral disc displacement	0	1	0	1	1	11	15	11	11	1	22	30	52	0	0	0.00	
M54	Dorsalgia	0	0	2	3	7	17	12	16	16	26	56	43	99	0	1	1.01	
M54.3	Sciatica	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00	
M54.5	Low back pain	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0.00	
M54.9	Dorsalgia, unspecified	0	0	0	0	1	2	0	0	0	1	4	0	4	0	0	0.00	
M60	Myositis	0	0	1	8	3	3	0	0	2	0	6	11	17	0	0	0.00	
M60.0	Infective myositis	0	0	4	15	2	6	8	4	3	1	15	28	43	0	0	0.00	
M60.2	Foreign body granuloma of soft tissue, not elsewhere classified	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00	
M60.9	Myositis, unspecified	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
M62.4	Contracture of muscle	0	0	0	3	2	1	0	0	0	0	4	2	6	0	0	0.00	
M65	Synovitis and tenosynovitis	0	0	0	3	0	0	0	0	0	0	1	2	3	0	0	0.00	
M67	Other disorders of synovium and tendon	0	0	0	2	0	1	0	0	2	0	3	2	5	0	0	0.00	
M67.3	Transient synovitis	0	0	1	1	1	0	0	0	0	0	1	2	3	0	0	0.00	
M71	Other bursopathies	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00	
M71.2	Synovial cyst of popliteal space (Baker)	0	0	0	1	0	3	0	0	0	1	4	2	6	0	0	0.00	
M72	Fibroblastic disorders	0	0	0	0	0	5	2	2	2	2	11	13	0	0	0	0.00	
M75	Shoulder lesions	0	0	0	0	0	1	0	0	0	1	1	1	2	0	0	0.00	
M75.3	Calcific tendinitis of shoulder	0	0	0	0	0	0	1	0	0	0	1	1	1	0	0	0.00	
M76	Enthesopathies of lower limb, excluding foot	0	0	0	0	0	2	1	0	0	0	2	1	3	0	0	0.00	
M79	Other soft tissue disorders, not elsewhere classified	0	0	2	9	7	9	6	3	8	10	36	18	54	0	0	0.00	
M79.1	Myalgia	0	0	0	2	0	2	0	2	0	0	2	4	6	0	0	0.00	
M79.2	Neuralgia and neuritis, unspecified	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00	
M79.5	Residual foreign body in soft tissue	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00	
M79.6	Pain in limb	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0.00	
M79.8	Other specified soft tissue disorders	0	0	1	0	0	1	1	0	0	0	1	2	3	0	0	0.00	
M80	Osteoporosis with pathological fracture	0	0	1	3	9	25	7	20	16	21	66	36	102	3	1	3.92	
M80.0	Postmenopausal osteoporosis with pathological fracture	0	0	0	0	1	2	1	2	7	11	7	17	24	0	1	4.17	
M80.1	Postophorectomy osteoporosis with pathological fracture	0	0	1	0	2	4	1	4	5	1	14	4	18	0	0	0.00	
M80.5	Idiopathic osteoporosis with pathological fracture	0	0	0	1	0	0	0	0	1	0	1	1	2	0	0	0.00	
M81	Osteoporosis without pathological fracture	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00	
M81.1	Postophorectomy osteoporosis	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00	
M84	Disorders of continuity of bone	0	0	0	2	0	2	3	1	1	2	9	2	11	0	0	0.00	
M84.0	Malunion of fracture	0	0	0	0	0	4	1	2	0	0	5	2	7	0	0	0.00	
M84.1	Nonunion of fracture [pseudarthrosis]	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00	
M84.4	Pathological fracture, not elsewhere classified	0	0	0	2	0	0	0	0	0	0	1	1	2	0	0	0.00	
M85	Other disorders of bone density and structure	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00	
M85.0	Fibrous dysplasia (monostotic)	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00	
M86	Osteomyelitis	0	2	5	45	19	8	4	6	5	6	46	54	100	1	0	1.00	
M86.0	Acute haematogenous osteomyelitis	0	0	0	1	0	0	1	0	0	0	1	1	2	0	0	0.00	
M86.4	Chronic osteomyelitis with draining sinus	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0.00	
M86.6	Other chronic osteomyelitis	0	0	0	2	2	0	1	0	0	0	1	4	5	0	0	0.00	
M86.8	Other osteomyelitis	0	0	1	1	0	0	0	0	0	0	1	1	2	0	0	0.00	
M86.9	Osteomyelitis, unspecified	0	0	0	4	1	1	2	0	0	1	2	7	9	0	0	0.00	
M87	Osteonecrosis	0	0	0	0	0	2	0	0	0	0	0	2	2	0	0	0.00	
M88	Paget's disease of bone [osteitis deformans]	0	0	0	0	0	3	2	1	0	1	6	1	7	0	0	0.00	
M88.0	Paget's disease of skull	0	0	0	0	1	0	0	0	0	1	1	1	2	0	0	0.00	
M89	Other disorders of bone	0	0	0	0	2	3	0	2	1	2	6	4	10	0	0	0.00	
M89.0	Algoneurodystrophy	0	0	0	0	1	1	0	1	0	0	1	2	3	0	0	0.00	
M89.4	Other hypertrophic osteoarthropathy	0	0	0	0	0	0	0	2	0	0	0	2	2	0	0	0.00	
M89.8	Other specified disorders of bone	0	0	0	2	0	0	0	0	0	0	1	1	2	0	0	0.00	
M89.9	Disorder of bone, unspecified	0	0	0	1	1	0	0	0	0	0	0	2	2	0	0	0.00	
M91	Juvenile osteochondrosis of hip and pelvis	0	0	0	5	3	0	0	2	1	0	5	6	11	0	0	0.00	
M91.0	Juvenile osteochondrosis of pelvis	0	0															

Raw Data

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		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total		Female		Male		
												Female	Male					
National Total		9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11	
N73.2	Unspecified parametritis and pelvic cellulitis	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
N73.5	Female pelvic peritonitis, unspecified	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00	
N73.9	Female pelvic inflammatory disease, unspecified	0	0	0	2	1	45	32	28	8	4	119	0	119	0	0	0.00	
N75	Diseases of Bartholin's gland	0	0	0	0	2	4	1	2	0	0	9	0	9	0	0	0.00	
N75.0	Cyst of Bartholin's gland	0	0	0	0	1	2	2	0	1	0	6	0	6	0	0	0.00	
N75.1	Abscess of Bartholin's gland	0	0	0	0	1	3	6	0	0	0	10	0	10	0	0	0.00	
N76	Other inflammation of vagina and vulva	0	0	0	6	3	3	1	0	2	0	15	0	15	0	0	0.00	
N80	Endometriosis	0	0	0	0	0	3	4	5	2	1	15	0	15	0	0	0.00	
N80.0	Endometriosis of uterus	0	0	0	0	0	0	1	0	2	0	3	0	3	0	0	0.00	
N80.8	Other endometriosis	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
N80.9	Endometriosis, unspecified	0	0	0	0	0	1	0	0	0	0	3	0	3	0	0	0.00	
N81	Female genital prolapse	0	0	0	0	0	80	180	263	283	326	1132	0	1132	1	0	0.09	
N81.0	Female urethrocele	0	0	0	0	0	0	0	1	1	0	2	0	2	1	0	50.00	
N81.1	Cystocele	0	0	0	0	1	0	4	7	4	7	20	0	20	0	0	0.00	
N81.2	Incomplete uterovaginal prolapse	0	0	0	0	0	0	3	17	7	10	37	0	37	1	0	2.70	
N81.3	Complete uterovaginal prolapse	0	0	0	0	0	0	0	4	2	2	8	0	8	0	0	0.00	
N81.4	Uterovaginal prolapse, unspecified	0	0	0	0	0	8	62	141	195	221	627	0	627	0	0	0.00	
N81.6	Rectocele	0	0	0	0	0	1	1	0	0	0	2	0	2	0	0	0.00	
N81.8	Other female genital prolapse	0	0	0	0	1	0	2	2	3	2	11	0	11	1	0	9.09	
N82	Fistulae involving female genital tract	0	0	0	0	1	0	1	0	1	0	3	0	3	0	0	0.00	
N82.3	Fistula of vagina to large intestine	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
N83	Noninflammatory disorders of ovary, fallopian tube and broad ligament	0	0	0	2	10	29	28	24	7	7	107	0	107	0	0	0.00	
N83.2	Other and unspecified ovarian cysts	0	0	0	2	4	51	32	42	12	10	153	0	153	0	0	0.00	
N84	Polyp of female genital tract	0	0	0	0	0	1	2	4	7	1	15	0	15	0	0	0.00	
N84.0	Polyp of corpus uteri	0	0	0	0	0	0	1	1	0	0	2	0	2	0	0	0.00	
N84.1	Polyp of cervix uteri	0	0	0	0	0	8	34	71	19	10	142	0	142	0	0	0.00	
N85	Other noninflammatory disorders of uterus, except cervix	0	0	0	1	1	8	12	26	7	0	55	0	55	0	0	0.00	
N85.0	Endometrial glandular hyperplasia	0	0	0	0	0	5	4	4	0	0	13	0	13	0	0	0.00	
N85.2	Hypertrophy of uterus	0	0	0	0	1	4	3	3	0	0	11	0	11	0	0	0.00	
N85.4	Malposition of uterus	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
N85.7	Haematometra	0	0	0	1	0	1	0	0	0	0	2	0	2	0	0	0.00	
N86	Erosion and ectropion of cervix uteri	0	0	0	0	0	0	1	0	0	1	2	0	2	0	0	0.00	
N88.8	Other specified noninflammatory disorders of cervix uteri	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00	
N89	Other noninflammatory disorders of vagina	0	0	0	0	4	18	9	7	3	17	58	0	58	0	0	0.00	
N89.2	Severe vaginal dysplasia, not elsewhere classified	0	0	0	0	1	0	1	0	0	0	2	0	2	0	0	0.00	
N89.8	Other specified noninflammatory disorders of vagina	0	0	0	0	2	0	0	0	0	0	2	0	2	0	0	0.00	
N90	Other noninflammatory disorders of vulva and perineum	0	0	0	2	4	3	2	1	0	1	13	0	13	0	0	0.00	
N90.0	Mild vulvar dysplasia	0	0	0	0	0	1	1	0	0	0	2	0	2	0	0	0.00	
N90.4	Leukoplakia of vulva	0	0	0	0	0	2	1	0	1	1	5	0	5	0	0	0.00	
N90.7	Vulvar cyst	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00	
N90.8	Other specified noninflammatory disorders of vulva and perineum	0	0	0	0	3	6	3	1	0	0	13	0	13	0	0	0.00	
N91	Absent, scanty and rare menstruation	0	0	0	4	3	13	1	6	6	5	38	0	38	0	0	0.00	
N91.0	Primary amenorrhoea	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00	
N91.2	Amenorrhoea, unspecified	0	0	0	0	0	3	1	0	0	0	4	0	4	0	0	0.00	
N91.4	Secondary oligomenorrhoea	0	0	0	1	0	2	0	0	0	0	3	0	3	0	0	0.00	
N92	Excessive, frequent and irregular menstruation	0	0	0	6	22	45	26	34	16	19	168	0	168	0	0	0.00	
N92.0	Excessive and frequent menstruation with regular cycle	0	0	0	5	8	18	14	46	17	6	114	0	114	0	0	0.00	
N92.1	Excessive and frequent menstruation with irregular cycle	0	0	0	0	2	4	4	0	0	0	10	0	10	0	0	0.00	
N92.2	Excessive menstruation at puberty	0	0	0	0	3	18	6	2	0	0	29	0	29	0	0	0.00	
N92.3	Ovulation bleeding	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00	
N92.4	Excessive bleeding in the premenopausal period	0	0	0	2	2	6	2	3	0	0	15	0	15	0	0	0.00	
N92.6	Irregular menstruation, unspecified	0	0	0	5	10	34	58	112	38	4	261	0	261	0	0	0.00	
N93	Other abnormal uterine and vaginal bleeding	0	0	0	26	162	839	385	279	70	42	1803	0	1803	2	0	0.11	
N93.0	Postcoital and contact bleeding	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
N93.8	Other specified abnormal uterine and vaginal bleeding	0	0	0	1	1	11	29	75	17	2	136	0	136	0	0	0.00	
N93.9	Abnormal uterine and vaginal bleeding, unspecified	0	0	0	3	8	19	10	8	2	1	51	0	51	0	0	0.00	
N94	Pain and other conditions associated with female genital organs and menstrual cycle	0	0	0	0	18	34	14	19	8	4	98	0	98	0	0	0.00	
N94.1	Dyspareunia	0	0	0	0	0	3	0	0	0	0	3	0	3	0	0	0.00	
N94.6	Dysmenorrhoea, unspecified	0	0	0	0	1	0	1	0	1	0	3	0	3	0	0	0.00	
N94.8	Other specified conditions associated with female genital organs and menstrual cycle	0	0	0	0	0	0	3	0	0	1	4	0	4	0	0	0.00	
N94.9	Unspecified condition associated with female genital organs and menstrual cycle	0	0	0	1	0	3	5	0	2	2	13	0	13	0	0	0.00	
N95	Menopausal and other perimenopausal disorders	0	0	0	0	0	0	1	2	1	1	5	0	5	0	0	0.00	
N95.0	Postmenopausal bleeding	0	0	0	0	0	0	0	2	3	0	5	0	5	0	0	0.00	
N97	Female infertility	0	0	0	0	0	7	8	0	0	0	15	0	15	0	0	0.00	
N97.9	Female infertility, unspecified	0	0	0	0	0	10	7	0	0	0	16	1	17	0	0	0.00	
N98	Complications associated with artificial fertilization	0	0	0	1	0	0	1	0	0	1	4	0	4	0	0	0.00	
N99	Postprocedural disorders of genitourinary system, not elsewhere classified	0	0	0	2	0	10	4	4	5	8	31	0	31	0	0	0.00	
N99.3	Prolapse of vaginal vault after hysterectomy	0	0	0	0	0	0	2	2	0	0	4	0	4	0	0	0.00	
O00	Ectopic pregnancy	0	0	0	0	8	64	23	5	0	0	100	0	100	1	0	1.00	
O00.0	Abdominal pregnancy	0	0	0	0	0	4	0	0	0	0	4	0	4	0	0	0.00	
O00.1	Tubal pregnancy	0	0	0	0	0	3	3	0	0	0	6	0	6	0	0	0.00	
O00.9	Ectopic pregnancy, unspecified	0	0	0	0	11	81	50	4	0	0	146	0	146	0	0	0.00	
O01	Hydatidiform mole	0	0	0	0	8	30	4	0	1	0	43	0	43	0	0	0.00	
O01.9	Hydatidiform mole, unspecified	0	0	0	0	20	107	36	20	0	0	183	0	183	0	0	0.00	
O02	Other abnormal products of conception	0	0	0	0	26	137	38	2	2	9	214	0	214	0	0	0.00	
O02.0	Blighted ovum and nonhydatidiform mole	0	0	0	0	8	24	1	2	0	0	35	0	35	0	0	0.00	
O02.1	Missed abortion	0	0	0	0	18	79	23	1	0	0	121	0	121	0	0	0.00	
O03	Spontaneous abortion	0	0	0	1	11	70	32	6	2	1	123	0	123	0	0	0.00	
O03.0	Spontaneous abortion - Incomplete, complicated by genital tract and pelvic infection	0	0	0	0	20	70	18	5	0	0	113	0	113	0	0	0.00	
O03.3	Spontaneous abortion - Incomplete, with other and unspecified complications	0	0	0	1	62	249	64										

Raw Data

ICD Code	Name of the Diseases	Inpatient Morbidity											Total		Grand Total	Total Deaths		CFR %
		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total		Female		Male		
												Female	Male					
National Total		9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11	
O06.4	Unspecified abortion - Incomplete, without complication	0	0	0	0	3	20	5	3	0	0	31	0	31	0	0	0.00	
O06.7	Unspecified abortion - Complete or unspecified, complicated by embolism	0	0	0	0	0	6	3	0	0	0	9	0	9	0	0	0.00	
O06.8	Unspecified abortion - Complete or unspecified, with other and unspecified complications	0	0	0	0	2	4	3	0	0	0	9	0	9	0	0	0.00	
O07	Failed attempted abortion	0	0	0	0	7	20	8	3	1	0	39	0	39	0	0	0.00	
O07.4	Failed medical abortion, without complication	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0.00	
O07.5	Other and unspecified failed attempted abortion, complicated by genital tract and pelvic infection	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
O08	Complications following abortion and ectopic and molar pregnancy	0	0	0	0	7	36	9	2	0	0	54	0	54	0	0	0.00	
O08.0	Genital tract and pelvic infection following abortion and ectopic and molar pregnancy	0	0	0	0	4	6	3	1	0	0	14	0	14	1	0	7.14	
O10	Pre-existing hypertension complicating pregnancy, childbirth and the puerperium	0	0	0	0	2	12	2	0	0	0	16	0	16	0	0	0.00	
O13	Gestational [pregnancy-induced] hypertension without significant proteinuria	0	0	0	0	1	28	4	0	0	2	35	0	35	0	0	0.00	
O14	Gestational [pregnancy-induced] hypertension with significant proteinuria	0	0	0	0	22	52	8	6	0	0	88	0	88	1	0	1.14	
O14.9	Pre-eclampsia, unspecified	0	0	0	0	1	3	0	0	0	0	4	0	4	1	0	25.00	
O15	Eclampsia	0	0	0	1	13	99	16	1	2	0	132	0	132	3	0	2.27	
O15.2	Eclampsia in the puerperium	0	0	0	0	1	5	1	0	0	0	7	0	7	0	0	0.00	
O15.9	Eclampsia, unspecified as to time period	0	0	0	0	4	24	1	1	0	0	30	0	30	3	0	10.00	
O16	Unspecified maternal hypertension	0	0	0	0	2	4	0	0	0	0	6	0	6	0	0	0.00	
O20	Haemorrhage in early pregnancy	0	0	0	0	28	125	34	4	0	20	211	0	211	0	0	0.00	
O20.0	Threatened abortion	0	0	1	0	22	152	20	4	8	0	207	0	207	0	0	0.00	
O21	Excessive vomiting in pregnancy	0	0	0	0	27	110	16	1	0	4	158	0	158	0	0	0.00	
O21.0	Mild hyperemesis gravidarum	0	0	0	1	61	247	14	2	0	0	325	0	325	0	0	0.00	
O21.1	Hyperemesis gravidarum with metabolic disturbance	0	0	0	0	1	9	1	0	0	0	11	0	11	0	0	0.00	
O21.2	Late vomiting of pregnancy	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
O21.9	Vomiting of pregnancy, unspecified	0	0	0	0	2	2	0	0	0	0	4	0	4	0	0	0.00	
O23	Infections of genitourinary tract in pregnancy	0	0	0	1	17	59	7	0	1	2	87	0	87	0	0	0.00	
O23.0	Infections of kidney in pregnancy	0	0	0	0	2	0	0	0	0	0	2	0	2	0	0	0.00	
O23.4	Unspecified infection of urinary tract in pregnancy	0	0	0	1	30	91	8	2	0	0	132	0	132	0	0	0.00	
O23.9	Other and unspecified genitourinary tract infection in pregnancy	0	0	0	0	1	3	0	1	0	0	5	0	5	0	0	0.00	
O25	Malnutrition in pregnancy	0	0	0	0	0	1	8	6	0	1	16	0	16	0	0	0.00	
O26	Maternal care for other conditions predominantly related to pregnancy	0	0	0	0	0	3	0	0	0	0	3	0	3	0	0	0.00	
O26.3	Retained intrauterine contraceptive device in pregnancy	0	0	0	0	0	7	3	0	0	0	10	0	10	0	0	0.00	
O26.9	Pregnancy-related condition, unspecified	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
O29	Complications of anaesthesia during pregnancy	0	0	0	0	17	28	2	0	0	4	51	0	51	0	0	0.00	
O30	Multiple gestation	0	0	0	0	1	12	1	0	0	0	14	0	14	0	0	0.00	
O30.0	Twin pregnancy	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
O30.1	Triplet pregnancy	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
O32	Maternal care for known or suspected malpresentation of fetus	0	0	0	0	1	7	2	0	0	0	10	0	10	0	0	0.00	
O32.1	Maternal care for breech presentation	0	0	0	0	1	1	0	0	0	0	2	0	2	0	0	0.00	
O32.5	Maternal care for multiple gestation with malpresentation of one fetus or more	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
O33	Maternal care for known or suspected disproportion	0	0	0	0	0	3	1	0	0	0	4	0	4	0	0	0.00	
O34	Maternal care for known or suspected abnormality of pelvic organs	0	0	0	0	0	7	0	1	0	0	8	0	8	0	0	0.00	
O34.2	Maternal care due to uterine scar from previous surgery	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
O34.8	Maternal care for other abnormalities of pelvic organs	0	0	0	0	2	1	1	0	0	0	4	0	4	0	0	0.00	
O35.0	Maternal care for (suspected) central nervous system malformation in fetus	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
O35.9	Maternal care for (suspected) fetal abnormality and damage, unspecified	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00	
O36	Maternal care for other known or suspected fetal problems	0	0	0	0	22	84	19	2	0	0	127	0	127	1	0	0.79	
O36.4	Maternal care for intrauterine death	0	0	0	0	12	51	9	4	0	0	76	0	76	0	0	0.00	
O40	Polyhydramnios	0	0	0	0	1	1	0	0	0	0	2	0	2	0	0	0.00	
O41	Other disorders of amniotic fluid and membranes	0	0	0	0	1	1	1	0	0	0	3	0	3	0	0	0.00	
O41.0	Oligohydramnios	0	0	0	0	4	6	2	0	0	0	12	0	12	0	0	0.00	
O42	Premature rupture of membranes	0	0	0	0	2	16	3	0	0	0	21	0	21	0	0	0.00	
O42.9	Premature rupture of membranes, unspecified	0	0	0	0	0	4	1	0	0	0	5	0	5	0	0	0.00	
O43	Placental disorders	0	0	0	0	21	68	21	1	0	1	112	0	112	0	0	0.00	
O44	Placenta praevia	0	0	0	0	5	17	10	0	0	0	32	0	32	0	0	0.00	
O44.1	Placenta praevia with haemorrhage	0	0	0	0	3	4	0	0	0	0	7	0	7	0	0	0.00	
O45	Premature separation of placenta [abruptio placentae]	0	0	0	0	1	1	1	0	0	0	3	0	3	0	0	0.00	
O46	Antepartum haemorrhage, not elsewhere classified	0	0	0	0	12	123	36	4	1	0	176	0	176	3	0	1.70	
O46.0	Antepartum haemorrhage with coagulation defect	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
O46.9	Antepartum haemorrhage, unspecified	0	0	0	0	0	3	0	1	0	0	4	0	4	1	0	25.00	
O47	False labour	0	0	0	0	563	2350	531	61	35	0	3540	0	3540	3	0	0.08	
O47.9	False labour, unspecified	0	0	0	0	3	31	10	0	0	0	44	0	44	0	0	0.00	
O48	Prolonged pregnancy	0	0	0	0	8	25	8	1	0	0	42	0	42	0	0	0.00	
O60	Preterm labour	0	0	1	0	97	285	57	6	1	0	447	0	447	0	0	0.00	
O61	Failed induction of labour	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
O62	Abnormalities of forces of labour	0	0	0	0	3	8	1	0	0	0	12	0	12	0	0	0.00	
O62.1	Secondary uterine inertia	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00	
O63	Long labour	0	0	0	6	73	359	59	2	0	0	499	0	499	0	0	0.00	
O63.0	Prolonged first stage (of labour)	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
O64	Obstructed labour due to malposition and malpresentation of fetus	0	0	0	1	10	28	10	2	2	6	59	0	59	0	0	0.00	
O65	Obstructed labour due to maternal pelvic abnormality	0	0	0	1	1	2	1	0	0	0	5	0	5	0	0	0.00	
O66	Other obstructed labour	0	0	0	0	53	251	47	11	0	1	363	0	363	0	0	0.00	
O67	Labour and delivery complicated by intrapartum haemorrhage, not elsewhere classified	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
O68	Labour and delivery complicated by fetal stress [distress]	0	0	0	0	15	58	8	3	0	0	84	0	84	1	0	1.19	
O68.1	Labour and delivery complicated by meconium in amniotic fluid	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00	
O69.0	Labour and delivery complicated by prolapse of cord	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00	
O70	Perineal laceration during delivery	0	0	0	0	0	3	0	0	0	0	3	0	3	0	0	0.00	
O70.1	Second degree perineal laceration during delivery	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00	
O70.9	Perineal laceration during delivery, unspecified	0	0	0	0	11	34	3	0	0	0	48	0	48	0	0	0.00	
O71	Other obstetric trauma	0	0	0	0	0	2	6	5	1	0	14	0	14	1	0	7.14	
O71.1	Rupture of uterus during labour	0	0	0	0	0	1	3	0	0	0	4	0	4	1	0	25.00	
O71.7	Obstetric haematoma of pelvis	0	0	0	0	1												

Raw Data

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												Female						Male
National Total		9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11	
P39.4	Neonatal skin infection	3	0	0	0	0	0	0	0	0	0	2	1	3	0	0	0.00	
P39.9	Infection specific to the perinatal period, unspecified	73	25	11	0	0	0	0	0	0	0	60	49	109	2	4	5.50	
P51	Umbilical haemorrhage of newborn	5	0	0	0	0	0	0	0	0	0	3	2	5	0	0	0.00	
P51.9	Umbilical haemorrhage of newborn, unspecified	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
P54.9	Neonatal haemorrhage, unspecified	1	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0.00	
P55	Haemolytic disease of fetus and newborn	4	1	0	0	0	0	0	0	0	0	3	2	5	0	0	0.00	
P56	Hydrops fetalis due to haemolytic disease	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00	
P58	Neonatal jaundice due to other excessive haemolysis	4	0	0	0	0	0	0	0	0	0	2	2	4	0	0	0.00	
P59	Neonatal jaundice from other and unspecified causes	442	18	0	0	0	0	0	0	0	0	186	274	460	5	9	3.04	
P59.0	Neonatal jaundice associated with preterm delivery	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
P59.2	Neonatal jaundice from other and unspecified hepatocellular damage	2	0	0	0	0	0	0	0	0	0	1	1	2	0	0	0.00	
P59.9	Neonatal jaundice, unspecified	66	0	0	0	0	0	0	0	0	0	20	46	66	0	1	1.52	
P60	Disseminated intravascular coagulation of fetus and newborn	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
P70	Transitory disorders of carbohydrate metabolism specific to fetus and newborn	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!	
P74	Other transitory neonatal electrolyte and metabolic disturbances	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00	
P74.1	Dehydration of newborn	83	0	0	0	0	0	0	0	0	0	34	49	83	0	0	0.00	
P76	Other intestinal obstruction of newborn	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00	
P76.0	Meconium plug syndrome	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00	
P77	Necrotizing enterocolitis of fetus and newborn	4	0	0	0	0	0	0	0	0	0	2	2	4	0	1	25.00	
P78	Other perinatal digestive system disorders	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00	
P78.3	Noninfective neonatal diarrhoea	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00	
P80	Hypothermia of newborn	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00	
P80.9	Hypothermia of newborn, unspecified	11	0	0	0	0	0	0	0	0	0	5	6	11	0	1	9.09	
P81	Other disturbances of temperature regulation of newborn	5	0	0	0	0	0	0	0	0	0	2	3	5	0	0	0.00	
P81.9	Disturbance of temperature regulation of newborn, unspecified	33	0	0	0	0	0	0	0	0	0	13	20	33	0	0	0.00	
P83.5	Congenital hydrocele	0	0	3	2	0	0	0	0	0	0	0	5	5	0	0	0.00	
P90	Convulsions of newborn	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
P92	Feeding problems of newborn	9	1	0	0	0	0	0	0	0	0	1	9	10	0	0	0.00	
P92.0	Vomiting in newborn	4	0	0	0	0	0	0	0	0	0	0	4	4	0	0	0.00	
P92.2	Slow feeding of newborn	3	0	0	0	0	0	0	0	0	0	2	1	3	2	0	66.67	
P92.5	Neonatal difficulty in feeding at breast	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
P92.8	Other feeding problems of newborn	2	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0.00	
P92.9	Feeding problem of newborn, unspecified	17	0	0	0	0	0	0	0	0	0	4	13	17	0	0	0.00	
P95	Fetal death of unspecified cause	77	0	0	0	0	0	0	0	0	0	77	0	77	0	0	0.00	
P96	Other conditions originating in the perinatal period	49	3	0	0	0	0	0	0	0	0	26	26	52	0	1	1.92	
Q03	Congenital hydrocephalus	0	0	0	1	1	0	0	1	0	1	0	4	4	0	0	0.00	
Q03.9	Congenital hydrocephalus, unspecified	1	1	0	1	0	0	0	0	0	0	1	2	3	0	0	0.00	
Q04	Other congenital malformations of brain	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00	
Q04.9	Congenital malformation of brain, unspecified	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00	
Q05	Spina bifida	1	0	0	2	0	0	0	0	0	0	3	0	3	0	0	0.00	
Q05.9	Spina bifida, unspecified	2	1	0	3	0	0	0	0	0	0	1	5	6	0	0	0.00	
Q07	Other congenital malformations of nervous system	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
Q12	Congenital lens malformations	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00	
Q18.0	Sinus, fistula and cyst of branchial cleft	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00	
Q18.1	Preauricular sinus and cyst	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00	
Q21.0	Ventricular septal defect	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00	
Q21.3	Tetralogy of Fallot	0	0	0	0	1	0	0	0	0	0	0	1	1	0	1	100.00	
Q23.8	Other congenital malformations of aortic and mitral valves	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00	
Q24	Other congenital malformations of heart	0	1	2	0	0	0	0	0	0	1	1	3	4	0	1	25.00	
Q24.6	Congenital heart block	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
Q24.9	Congenital malformation of heart, unspecified	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00	
Q28	Other congenital malformations of circulatory system	0	0	1	1	0	0	0	0	0	0	2	0	2	0	0	0.00	
Q31.3	Laryngocele	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
Q33	Congenital malformations of lung	0	0	0	0	0	0	1	0	1	0	1	1	2	0	0	0.00	
Q35	Cleft palate	0	1	1	0	0	0	0	0	0	0	0	2	2	0	0	0.00	
Q35.9	Cleft palate, unspecified	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00	
Q36	Cleft lip	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00	
Q36.9	Cleft lip, unilateral	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00	
Q38	Other congenital malformations of tongue, mouth and pharynx	0	0	2	0	0	0	0	0	0	0	0	2	2	0	0	0.00	
Q38.1	Ankyloglossia	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
Q40	Other congenital malformations of upper alimentary tract	1	1	0	1	0	0	0	0	0	0	0	3	3	0	0	0.00	
Q40.1	Congenital hiatus hernia	0	0	2	2	0	0	0	0	0	0	0	4	4	0	0	0.00	
Q42	Congenital absence, atresia and stenosis of large intestine	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0.00	
Q43.1	Hirschsprung's disease	3	1	0	1	0	0	0	0	0	0	4	1	5	0	0	0.00	
Q52	Other congenital malformations of female genitalia	0	0	1	5	3	9	8	2	1	1	29	0	30	0	0	0.00	
Q52.8	Other specified congenital malformations of female genitalia	0	0	2	2	9	2	5	1	2	23	0	23	0	0	0	0.00	
Q53	Undescended testicle	0	1	0	3	0	0	0	0	0	0	4	4	0	0	0	0.00	
Q53.1	Undescended testicle, unilateral	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00	
Q53.9	Undescended testicle, unspecified	0	1	2	4	0	0	0	0	0	0	7	7	0	0	0	0.00	
Q54	Hypospadias	0	2	7	13	0	0	0	0	0	0	1	21	22	0	0	0.00	
Q55	Other congenital malformations of male genital organs	0	1	0	8	3	4	3	1	1	5	0	26	26	0	0	0.00	
Q55.2	Other congenital malformations of testis and scrotum	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00	
Q55.8	Other specified congenital malformations of male genital organs	0	0	5	17	3	3	2	2	0	0	0	32	32	0	0	0.00	
Q55.9	Congenital malformation of male genital organ, unspecified	0	0	0	0	0	4	5	0	0	0	9	9	0	0	0	0.00	
Q56	Indeterminate sex and pseudohermaphroditism	0	0	0	0	0	1	0	0	0	1	2	0	2	0	0	0.00	
Q60	Renal agenesis and other reduction defects of kidney	0	1	3	22	17	34	21	29	30	63	93	127	220	0	0	0.00	
Q60.0	Renal agenesis, unilateral	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00	
Q61.0	Congenital single renal cyst	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0.00	
Q61.3	Polycystic kidney, unspecified	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00	
Q64.7	Other congenital malformations of bladder and urethra	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00	
Q66	Congenital deformities of feet																	

Raw Data

ICD Code	Name of the Diseases	Inpatient Morbidity											Grand Total	Total Deaths		CFR %	
		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total		Female	Male		
												Female					Male
	National Total	9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11
Q82.2	Mastocytosis	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0.00
Q83.0	Congenital absence of breast with absent nipple	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00
Q85.0	Neurofibromatosis (nonmalignant)	0	0	0	0	0	0	2	0	0	0	0	2	2	0	0	0.00
Q87	Other specified congenital malformation syndromes affecting multiple systems	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00
Q87.0	Congenital malformation syndromes predominantly affecting facial appearance	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00
Q89	Other congenital malformations, not elsewhere classified	0	1	0	0	0	0	1	0	0	0	1	1	2	0	0	0.00
Q89.2	Congenital malformations of other endocrine glands	0	0	0	3	0	0	1	1	0	0	2	3	5	0	0	0.00
Q90	Down's syndrome	1	9	0	2	0	0	0	0	0	0	7	5	12	0	1	8.33
Q91.3	Edwards' syndrome, unspecified	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00
Q93	Monosomies and deletions from the autosomes, not elsewhere classified	0	0	0	3	0	0	0	0	0	0	0	3	3	0	1	33.33
Q99	Other chromosome abnormalities, not elsewhere classified	1	1	0	0	0	0	0	0	0	0	1	1	2	0	0	0.00
R00	Abnormalities of heart beat	0	0	0	0	0	0	0	0	2	0	0	2	2	0	0	0.00
R00.2	Palpitations	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
R02	Gangrene, not elsewhere classified	0	0	0	4	2	7	13	7	8	13	15	39	54	1	0	1.85
R04	Haemorrhage from respiratory passages	0	2	5	24	17	32	39	29	37	68	130	123	253	0	0	0.00
R04.0	Epistaxis	0	1	1	2	12	7	16	4	6	10	14	45	59	0	0	0.00
R04.1	Haemorrhage from throat	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
R04.2	Haemoptysis	0	0	0	1	1	10	40	11	18	21	58	44	102	2	2	3.92
R05	Cough	1	0	2	3	0	1	2	1	0	1	6	5	11	0	0	0.00
R06	Abnormalities of breathing	0	2	0	1	2	1	2	0	0	3	6	5	11	0	0	0.00
R06.0	Dyspnoea	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00
R06.2	Wheezing	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0.00
R06.4	Hyperventilation	0	0	0	1	3	1	2	3	2	0	3	9	12	0	0	0.00
R06.6	Hiccough	0	1	0	0	0	0	1	0	0	1	1	2	3	0	1	33.33
R06.8	Other and unspecified abnormalities of breathing	0	0	0	0	0	0	0	0	11	0	11	0	11	1	1	18.18
R07	Pain in throat and chest	0	0	0	5	2	6	4	16	10	20	29	34	63	2	2	6.35
R07.0	Pain in throat	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
R07.1	Chest pain on breathing	0	0	0	0	0	0	1	0	0	1	0	2	2	0	0	0.00
R07.4	Chest pain, unspecified	0	1	1	3	2	3	8	7	6	13	21	23	44	0	2	4.55
R09	Other symptoms and signs involving the circulatory and respiratory systems	0	1	0	1	0	0	2	0	2	3	5	4	9	0	0	0.00
R09.1	Pleurisy	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
R10	Abdominal and pelvic pain	7	20	81	412	376	835	415	282	176	272	1806	1070	2876	1	2	0.10
R10.0	Acute abdomen	1	0	6	46	21	49	33	27	22	22	123	109	232	3	5	3.45
R10.1	Pain localized to upper abdomen	0	0	0	0	0	7	28	4	1	1	19	22	41	0	0	0.00
R10.2	Pelvic and perineal pain	0	0	0	0	0	1	1	2	0	0	4	0	4	0	0	0.00
R10.3	Pain localized to other parts of lower abdomen	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
R10.4	Other and unspecified abdominal pain	0	12	32	55	87	372	71	57	36	46	595	173	768	1	2	0.39
R11	Nausea and vomiting	2	27	75	64	30	62	31	26	18	33	210	158	368	0	0	0.00
R13	Dysphagia	0	0	0	0	0	0	0	0	0	7	2	5	7	0	1	14.29
R14	Flatulence and related conditions	0	1	14	20	0	4	1	24	0	1	4	61	65	0	0	0.00
R16	Hepatomegaly and splenomegaly, not elsewhere classified	0	10	10	28	8	16	9	19	1	8	45	64	109	0	0	0.00
R16.0	Hepatomegaly, not elsewhere classified	0	0	0	0	1	0	1	0	0	1	0	3	3	0	0	0.00
R16.1	Splenomegaly, not elsewhere classified	0	0	0	0	2	1	1	0	0	0	1	3	4	0	0	0.00
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified	0	1	0	1	0	1	0	1	0	0	1	3	4	0	0	0.00
R17	Unspecified jaundice	141	6	15	51	31	48	45	23	37	56	191	262	453	4	2	1.32
R18	Ascites	0	1	7	15	22	35	30	46	44	51	144	107	251	7	2	3.59
R19	Other symptoms and signs involving the digestive system and abdomen	0	1	0	1	1	0	3	5	6	6	14	9	23	0	0	0.00
R19.0	Intra-abdominal and pelvic swelling, mass and lump	0	0	0	6	0	0	1	2	4	1	9	5	14	0	0	0.00
R20.2	Paraesthesia of skin	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0.00
R21	Rash and other nonspecific skin eruption	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
R22	Localized swelling, mass and lump of skin and subcutaneous tissue	93	0	2	2	4	15	11	6	13	19	68	97	165	0	5	3.03
R22.0	Localized swelling, mass and lump, head	0	0	1	3	3	4	5	5	5	11	12	25	37	0	1	2.70
R22.1	Localized swelling, mass and lump, neck	0	0	0	1	0	0	0	0	1	1	1	2	3	0	0	0.00
R22.2	Localized swelling, mass and lump, trunk	0	0	1	0	0	0	0	1	0	0	1	1	2	0	0	0.00
R23	Other skin changes	9	2	0	1	1	1	0	1	0	0	5	10	15	0	0	0.00
R23.3	Spontaneous ecchymoses	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
R23.8	Other and unspecified skin changes	15	0	0	1	0	0	0	0	0	0	6	10	16	0	0	0.00
R25	Abnormal involuntary movements	0	0	1	0	1	0	0	1	0	1	0	4	4	0	0	0.00
R25.2	Cramp and spasm	0	0	0	0	0	1	0	0	1	0	2	0	2	0	0	0.00
R29	Other symptoms and signs involving the nervous and musculoskeletal systems	0	0	0	0	0	1	1	0	0	0	1	1	2	0	0	0.00
R30.9	Painful micturition, unspecified	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
R31	Unspecified haematuria	0	1	0	4	1	5	10	3	2	5	9	22	31	0	1	3.23
R32	Unspecified urinary incontinence	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
R33	Retention of urine	1	0	7	21	40	35	29	35	15	94	111	166	277	0	0	0.00
R34	Anuria and oliguria	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00
R40	Somnolence, stupor and coma	0	1	2	0	0	5	0	1	2	1	6	6	12	1	0	8.33
R40.0	Somnolence	0	0	2	1	0	0	0	0	0	0	2	1	3	0	0	0.00
R40.1	Stupor	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	100.00
R40.2	Coma, unspecified	0	0	1	0	0	0	0	0	0	1	1	1	2	0	0	0.00
R41	Other symptoms and signs involving cognitive functions and awareness	0	0	1	0	2	5	5	10	6	5	14	20	34	0	0	0.00
R41.0	Disorientation, unspecified	0	0	1	2	2	0	3	4	4	3	7	12	19	1	0	5.26
R42	Dizziness and giddiness	0	0	1	2	7	22	17	19	17	33	82	36	118	0	0	0.00
R43	Disturbances of smell and taste	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
R45	Symptoms and signs involving emotional state	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00
R47	Speech disturbances, not elsewhere classified	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
R47.0	Dysphasia and aphasia	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00
R48	Dyslexia and other symbolic dysfunctions, not elsewhere classified	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0.00
R49	Voice disturbances	0	0	0	0	0	1	0	0	1	0	1	1	2	0	0	0.00
R50	Fever of other and unknown origin	81	277	587	970	548	946	557	486	313	577	2767	2585	5352	10	11	0.39
R50.9	Fever, unspecified	97	28	40	50	58	105	46	40	27	32	251	272	523	0	4	

Raw Data

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		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total		Female	Male		
												Female					Male
National Total		9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11
R56.0	Febrile convulsions	12	46	127	37	2	6	2	4	3	1	79	161	240	1	1	0.83
R56.8	Other and unspecified convulsions	7	15	83	75	35	56	28	25	18	36	169	209	378	2	2	1.06
R57	Shock, not elsewhere classified	0	0	0	0	3	1	4	2	1	1	9	3	12	0	0	0.00
R57.1	Hypovolaemic shock	0	0	0	0	0	0	1	1	0	3	2	3	5	0	1	20.00
R57.8	Other shock	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
R57.9	Shock, unspecified	0	0	0	0	2	1	1	0	0	2	4	2	6	0	1	16.67
R58	Haemorrhage, not elsewhere classified	0	1	1	14	5	25	26	42	30	55	87	112	199	2	10	6.03
R59	Enlarged lymph nodes	3	1	0	2	1	2	2	1	0	1	8	5	13	0	0	0.00
R59.0	Localized enlarged lymph nodes	0	13	3	10	0	0	0	0	0	0	5	21	26	0	0	0.00
R59.1	Generalized enlarged lymph nodes	0	0	2	0	1	2	0	0	0	0	3	2	5	0	0	0.00
R59.9	Enlarged lymph nodes, unspecified	55	37	16	6	37	64	43	36	30	36	189	171	360	1	2	0.83
R60	Oedema, not elsewhere classified	0	1	1	2	2	5	4	3	5	7	13	17	30	0	0	0.00
R60.1	Generalized oedema	0	0	0	1	0	2	0	0	1	2	2	4	6	0	1	16.67
R60.9	Oedema, unspecified	0	0	0	2	1	0	0	0	1	2	1	5	6	0	2	33.33
R61	Hyperhidrosis	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0.00
R61.1	Generalized hyperhidrosis	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00
R62	Lack of expected normal physiological development	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
R62.8	Other lack of expected normal physiological development	0	2	0	0	0	0	0	0	0	0	0	2	2	0	0	0.00
R63	Symptoms and signs concerning food and fluid intake	2	0	0	0	0	0	0	0	0	1	0	3	3	0	0	0.00
R63.3	Feeding difficulties and mismanagement	17	0	0	0	0	0	0	0	0	2	15	17	0	0	0	0.00
R64	Cachexia	0	0	0	0	0	0	3	0	1	2	3	3	6	0	1	16.67
R68.1	Nonspecific symptoms peculiar to infancy	6	1	0	0	0	0	0	0	0	0	3	4	7	0	0	0.00
R68.8	Other specified general symptoms and signs	0	0	0	1	0	2	0	0	0	1	2	2	4	0	0	0.00
R69	Unknown and unspecified causes of morbidity	479	192	273	534	643	1624	787	712	668	1181	4014	3079	7093	71	116	2.64
R72	Abnormality of white blood cells, not elsewhere classified	0	0	0	0	0	0	0	0	0	2	2	0	2	0	0	0.00
R73	Elevated blood glucose level	0	2	1	1	3	30	6	1	0	0	40	4	44	0	0	0.00
R78	Findings of drugs and other substances, not normally found in blood	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
R79.8	Other specified abnormal findings of blood chemistry	0	0	0	0	0	0	0	0	0	1	1	0	1	1	0	100.00
R90	Abnormal findings on diagnostic imaging of central nervous system	0	0	0	0	0	2	1	0	1	1	4	1	5	0	0	0.00
S00.0	Superficial injury of scalp	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
S00.8	Superficial injury of other parts of head	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0.00
S01	Open wound of head	0	0	1	1	0	0	0	0	0	0	2	2	0	0	0	0.00
S01.0	Open wound of scalp	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0.00
S02	Fracture of skull and facial bones	0	0	1	2	2	2	2	1	1	6	7	13	0	0	0	0.00
S02.1	Fracture of base of skull	0	1	0	4	0	1	0	0	1	2	2	7	9	0	0	0.00
S02.2	Fracture of nasal bones	0	0	0	0	1	5	3	2	0	0	1	10	11	0	0	0.00
S02.3	Fracture of orbital floor	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00
S02.4	Fracture of malar and maxillary bones	0	0	0	1	0	1	0	0	0	0	0	2	2	0	0	0.00
S02.6	Fracture of mandible	0	0	0	2	5	6	10	5	1	3	7	25	32	0	0	0.00
S04.4	Injury of abducent nerve	0	0	2	3	3	1	0	1	1	3	9	12	0	0	0	0.00
S05	Injury of eye and orbit	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00
S05.8	Penetrating wound of eyeball without foreign body	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0.00
S05.9	Injury of eye and orbit, unspecified	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0.00
S06	Intracranial injury	0	0	2	5	1	7	4	4	4	6	6	27	33	0	1	3.03
S06.2	Diffuse brain injury	0	0	0	0	0	0	0	0	0	2	1	1	2	0	0	0.00
S06.4	Epidural haemorrhage	0	0	2	7	4	8	3	7	2	2	6	29	35	0	1	2.86
S06.5	Traumatic subdural haemorrhage	0	0	1	3	3	4	2	6	8	36	17	46	63	2	6	12.70
S06.6	Traumatic subarachnoid haemorrhage	0	0	0	5	1	4	1	0	3	1	7	8	15	0	0	0.00
S06.8	Other intracranial injuries	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
S06.9	Intracranial injury, unspecified	0	0	0	0	0	0	0	1	0	0	0	1	1	0	1	100.00
S08	Traumatic amputation of part of head	0	0	0	2	0	1	0	0	0	0	0	3	3	0	0	0.00
S09	Other and unspecified injuries of head	0	4	46	98	43	77	90	60	34	57	166	343	509	3	18	4.13
S09.9	Unspecified injury of head	0	0	26	76	28	73	54	28	22	35	94	248	342	4	13	4.97
S10	Superficial injury of neck	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
S12	Fracture of neck	0	1	0	4	5	7	8	9	10	5	24	25	49	0	0	0.00
S12.9	Fracture of neck, part unspecified	0	0	0	2	0	0	0	1	1	3	2	5	7	0	0	0.00
S14	Injury of nerves and spinal cord at neck level	0	0	0	0	0	1	0	1	0	0	1	1	2	0	0	0.00
S14.2	Injury of nerve root of cervical spine	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
S14.5	Injury of cervical sympathetic nerves	0	0	0	1	1	0	1	0	0	0	0	3	3	0	1	33.33
S19	Other and unspecified injuries of neck	0	0	0	1	2	5	2	1	2	0	3	10	13	0	1	7.69
S20	Superficial injury of thorax	0	0	0	0	0	3	7	6	12	5	9	24	33	0	0	0.00
S20.8	Superficial injury of other and unspecified parts of thorax	0	0	0	0	0	0	0	0	1	3	3	1	4	0	0	0.00
S22	Fracture of rib(s), sternum and thoracic spine	0	0	0	0	0	2	7	6	7	12	8	26	34	0	1	2.94
S22.3	Fracture of rib	0	0	1	0	1	4	6	6	8	4	14	16	30	0	0	0.00
S22.9	Fracture of bony thorax, part unspecified	0	0	0	0	1	0	0	0	1	0	2	0	2	0	0	0.00
S27.9	Injury of unspecified intrathoracic organ	0	0	0	1	0	0	1	1	0	1	1	3	4	0	0	0.00
S29	Other and unspecified injuries of thorax	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
S30	Superficial injury of abdomen, lower back and pelvis	0	0	0	8	6	4	2	3	1	2	12	14	26	0	1	3.85
S30.2	Contusion of external genital organs	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00
S31	Open wound of abdomen, lower back and pelvis	0	0	0	0	0	0	2	2	0	1	2	3	5	0	0	0.00
S31.2	Open wound of penis	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
S31.4	Open wound of vagina and vulva	0	0	0	1	0	1	0	0	1	0	3	0	3	0	0	0.00
S31.8	Open wound of other and unspecified parts of abdomen	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00
S32	Fracture of lumbar spine and pelvis	0	0	0	0	0	3	2	1	3	3	5	7	12	0	0	0.00
S32.4	Fracture of acetabulum	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
S32.5	Fracture of pubis	0	0	0	1	2	1	0	0	1	1	3	4	7	0	0	0.00
S32.7	Multiple fractures of lumbar spine and pelvis	0	0	0	1	0	0	0	0	0	0	1	1	1	0	0	0.00
S32.8	Fracture of other and unspecified parts of lumbar spine and pelvis	0	0	0	1	0	1	2	1	0	2	2	5	7	0	0	0.00
S33	Dislocation, sprain and strain of joints and ligaments of lumbar spine and pelvis	0	0	0	0	0	0	1	1	0	1	3	0	3	0	0	0.00
S34.1	Other injury of lumbar spinal cord	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
S36	Injury of intra-ab																

Raw Data

ICD Code	Name of the Diseases	Inpatient Morbidity											Grand Total	Total Deaths		CFR %	
		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total		Female	Male		
												Female					Male
National Total		9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11
S39	Other and unspecified injuries of abdomen, lower back and pelvis	0	0	0	2	0	4	4	2	2	1	9	6	15	0	0	0.00
S39.9	Unspecified injury of abdomen, lower back and pelvis	0	0	0	4	3	5	4	2	0	0	9	9	18	0	1	5.56
S42	Fracture of shoulder and upper arm	0	0	24	202	32	27	9	22	14	38	125	243	368	0	0	0.00
S42.0	Fracture of clavicle	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
S42.2	Fracture of upper end of humerus	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00
S42.3	Fracture of shaft of humerus	0	0	7	63	5	5	3	6	9	41	60	101	0	0	0	0.00
S42.4	Fracture of lower end of humerus	0	0	0	25	4	4	0	4	2	1	10	30	40	0	0	0.00
S42.9	Fracture of shoulder girdle, part unspecified	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
S43	Dislocation, sprain and strain of joints and ligaments of shoulder girdle	0	0	1	0	1	0	1	1	1	2	3	4	7	0	0	0.00
S49.9	Unspecified injury of shoulder and upper arm	0	0	0	2	0	0	0	0	0	0	0	2	2	0	0	0.00
S52	Fracture of forearm	0	4	28	179	30	19	35	29	15	47	128	258	386	0	0	0.00
S52.0	Fracture of upper end of ulna	0	0	2	19	1	2	9	4	0	0	14	23	37	0	0	0.00
S52.1	Fracture of upper end of radius	0	0	0	3	0	0	0	0	0	0	2	1	3	0	0	0.00
S52.2	Fracture of shaft of ulna	0	0	0	1	0	1	2	0	0	0	4	4	0	0	0	0.00
S52.3	Fracture of shaft of radius	0	0	0	2	0	0	0	0	1	3	0	3	0	0	0	0.00
S52.4	Fracture of shafts of both ulna and radius	0	0	0	1	1	0	0	0	0	1	1	2	0	0	0	0.00
S52.5	Fracture of lower end of radius	0	0	0	0	1	1	3	2	2	3	5	7	12	0	0	0.00
S52.6	Fracture of lower end of both ulna and radius	0	0	0	1	1	1	0	0	1	3	5	2	7	0	0	0.00
S52.7	Multiple fractures of forearm	0	0	1	1	3	1	1	1	1	1	4	6	10	0	0	0.00
S52.8	Fracture of other parts of forearm	0	1	0	13	5	14	10	3	2	7	20	35	55	0	0	0.00
S52.9	Fracture of forearm, part unspecified	0	0	1	7	3	3	1	3	3	3	7	17	24	0	0	0.00
S53	Dislocation, sprain and strain of joints and ligaments of elbow	0	0	0	13	2	3	0	1	0	1	8	12	20	0	0	0.00
S53.1	Dislocation of elbow, unspecified	0	0	0	1	1	1	0	2	0	0	1	4	5	0	0	0.00
S57.9	Crushing injury of forearm, part unspecified	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0.00
S59.9	Unspecified injury of forearm	0	0	0	1	0	1	0	0	0	0	0	2	2	0	0	0.00
S62	Fracture at wrist and hand level	0	0	4	59	7	7	2	9	14	14	55	61	116	0	0	0.00
S62.4	Multiple fractures of metacarpal bones	0	0	0	0	2	0	2	0	0	0	2	2	4	0	0	0.00
S62.6	Fracture of other finger	0	0	0	2	1	0	1	1	0	0	1	4	5	0	0	0.00
S62.8	Fracture of other and unspecified parts of wrist and hand	0	0	0	3	5	2	2	0	3	6	8	13	21	0	0	0.00
S63.0	Dislocation of wrist	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0.00
S63.1	Dislocation of finger	0	0	0	1	0	1	0	1	0	0	1	2	3	0	0	0.00
S64	Injury of nerves at wrist and hand level	0	0	0	0	0	0	2	0	0	0	2	2	0	0	0	0.00
S67	Crushing injury of wrist and hand	0	0	1	0	0	0	1	0	0	0	0	2	2	0	0	0.00
S68	Traumatic amputation of wrist and hand	0	0	0	1	1	1	0	0	1	3	3	4	7	0	0	0.00
S68.1	Traumatic amputation of other single finger (complete)(partial)	0	0	0	0	1	2	0	0	0	0	1	2	3	0	0	0.00
S69	Other and unspecified injuries of wrist and hand	0	0	0	0	0	0	0	2	0	0	0	2	2	0	0	0.00
S69.7	Multiple injuries of wrist and hand	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0	0.00
S69.9	Unspecified injury of wrist and hand	0	0	0	1	0	1	0	0	0	0	1	1	2	0	0	0.00
S70	Superficial injury of hip and thigh	0	0	0	1	0	0	0	1	0	7	3	6	9	0	0	0.00
S71	Open wound of hip and thigh	0	0	0	4	0	0	0	0	0	1	3	4	0	0	0	0.00
S72	Fracture of femur	0	8	52	126	26	48	33	28	21	88	131	299	430	2	2	0.93
S72.0	Fracture of neck of femur	0	1	2	3	0	7	0	4	1	8	9	17	26	0	0	0.00
S72.1	Pertrochanteric fracture	0	0	0	8	19	17	19	19	20	19	58	63	121	0	0	0.00
S72.2	Subtrochanteric fracture	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0.00
S72.3	Fracture of shaft of femur	0	1	4	9	1	6	3	0	1	3	10	18	28	1	0	3.57
S72.4	Fracture of lower end of femur	0	0	0	3	0	3	0	0	0	0	3	3	6	0	0	0.00
S72.7	Multiple fractures of femur	0	0	0	2	0	0	0	0	0	0	2	2	0	0	0	0.00
S72.9	Fracture of femur, part unspecified	1	2	23	77	23	25	26	21	17	48	115	148	263	1	0	0.38
S73	Dislocation, sprain and strain of joint and ligaments of hip	0	0	2	2	0	0	0	1	0	1	2	4	6	0	0	0.00
S73.0	Dislocation of hip	0	0	1	5	0	1	3	3	0	0	4	9	13	0	0	0.00
S74	Injury of nerves at hip and thigh level	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
S79	Other and specified injuries of hip and thigh	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00
S79.9	Unspecified injury of hip and thigh	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0.00
S80.9	Superficial injury of lower leg, unspecified	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
S81.7	Multiple open wounds of lower leg	0	0	0	0	0	1	1	0	0	0	2	2	0	0	0	0.00
S81.9	Open wound of lower leg, part unspecified	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0.00
S82	Fracture of lower leg, including ankle	1	1	9	55	29	51	49	48	34	38	94	221	315	0	1	0.32
S82.0	Fracture of patella	0	0	0	1	1	4	10	5	11	6	13	25	38	0	0	0.00
S82.1	Fracture of upper end of tibia	0	0	0	5	1	8	8	8	4	2	12	24	36	0	0	0.00
S82.2	Fracture of shaft of tibia	0	0	2	5	5	13	13	8	6	2	17	37	54	0	0	0.00
S82.3	Fracture of lower end of tibia	0	0	0	2	0	1	0	0	0	0	1	2	3	0	0	0.00
S82.4	Fracture of fibula alone	0	0	0	1	1	3	3	4	0	1	2	11	13	0	0	0.00
S82.5	Fracture of medial malleolus	0	0	0	1	0	2	4	0	0	1	3	5	8	0	0	0.00
S82.7	Multiple fractures of lower leg	0	0	0	2	0	1	0	0	0	0	0	3	3	0	0	0.00
S82.8	Fractures of other parts of lower leg	0	0	0	1	2	3	1	2	1	1	2	9	11	0	0	0.00
S82.9	Fracture of lower leg, part unspecified	0	0	1	3	4	6	3	8	2	2	7	22	29	0	1	3.45
S83	Dislocation, sprain and strain of joints and ligaments of knee	0	0	0	0	0	0	0	0	2	0	2	0	2	0	0	0.00
S83.0	Dislocation of patella	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0.00
S83.1	Dislocation of knee	0	0	0	0	1	1	0	0	0	0	1	1	2	0	0	0.00
S84.1	Injury of peroneal nerve at lower leg level	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
S84.9	Injury of unspecified nerve at lower leg level	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
S86	Injury of muscle and tendon at lower leg level	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
S88.0	Traumatic amputation at knee level	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00
S88.9	Traumatic amputation of lower leg, level unspecified	0	0	0	0	0	0	1	1	0	0	2	2	0	0	0	0.00
S89	Other and unspecified injuries of lower leg	0	0	0	0	0	0	1	2	0	1	3	1	4	0	0	0.00
S89.9	Unspecified injury of lower leg	0	0	0	2	0	0	0	0	0	0	1	1	2	0	0	0.00
S91	Open wound of ankle and foot	0	0	0	0	1	2	4	1	1	2	3	8	11	0	0	0.00
S92	Fracture of foot, except ankle	0	0	0	5	1	2	2	7	2	6	7	18	25	0	0	0.00
S92.0	Fracture of calcaneus	0	0	0	1	0	2	0	1	0	0	4	4	0	0	0	0.00
S92.1	Fracture of talus	0	0	0	1	0	1	0	0	0	0	1					

Raw Data

ICD Code	Name of the Diseases	Inpatient Morbidity												Grand Total	Total Deaths		CFR %
		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total			Female	Male	
		Female	Male														
National Total		9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11
S98.1	Traumatic amputation of one toe	0	0	0	0	0	1	0	0	2	0	1	2	3	0	0	0.00
S98.4	Traumatic amputation of foot, level unspecified	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
S99.9	Unspecified injury of ankle and foot	0	0	0	0	0	0	1	1	0	0	0	2	2	0	0	0.00
T01.9	Multiple open wounds, unspecified	0	0	0	0	0	2	4	0	0	0	0	6	6	0	0	0.00
T02	Fractures involving multiple body regions	0	0	1	1	1	1	3	2	2	0	4	7	11	0	0	0.00
T02.5	Fractures involving multiple regions of both lower limbs	0	0	0	0	0	1	1	1	0	0	1	2	3	0	0	0.00
T03	Dislocations, sprains and strains involving multiple body regions	1	1	1	4	8	2	1	1	0	5	12	12	24	0	0	0.00
T04	Crushing injuries involving multiple body regions	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00
T06	Other injuries involving multiple body regions, not elsewhere classified	0	0	0	0	0	1	1	2	2	7	4	9	13	0	1	7.69
T06.0	Injuries of brain and cranial nerves with injuries of nerves and spinal cord at neck level	0	0	0	1	1	1	0	0	0	0	0	3	3	0	1	33.33
T08	Fracture of spine, level unspecified	0	0	0	2	1	5	3	4	4	4	10	13	23	0	0	0.00
T09	Other injuries of spine and trunk, level unspecified	0	0	1	3	1	4	7	3	6	12	8	29	37	0	2	5.41
T09.3	Injury of spinal cord, level unspecified	0	0	0	2	4	0	3	1	4	1	2	13	15	0	0	0.00
T09.4	Injury of unspecified nerve, spinal nerve root and plexus of trunk	0	0	0	0	1	2	2	4	2	0	3	8	11	0	0	0.00
T09.9	Unspecified injury of trunk, level unspecified	0	0	0	1	0	3	3	1	0	1	3	6	9	0	1	11.11
T10	Fracture of upper limb, level unspecified	0	0	0	1	1	0	0	2	0	0	1	3	4	0	0	0.00
T12	Fracture of lower limb, level unspecified	0	0	0	1	0	0	0	1	0	0	0	2	2	0	0	0.00
T14	Injury of unspecified body region	8	33	234	928	445	729	587	497	395	575	1835	2596	4431	0	4	0.09
T14.0	Superficial injury of unspecified body region	1	1	1	12	1	2	7	5	13	8	13	38	51	0	4	7.84
T14.1	Open wound of unspecified body region	0	0	1	10	2	11	13	5	3	3	20	28	48	0	1	2.08
T14.2	Fracture of unspecified body region	0	0	8	51	21	46	29	25	32	39	83	168	251	0	2	0.80
T14.3	Dislocation, sprain and strain of unspecified body region	0	0	0	5	1	6	2	2	2	0	9	9	18	0	0	0.00
T14.4	Injury of nerve(s) of unspecified body region	0	0	0	0	1	0	1	0	0	0	1	1	2	0	0	0.00
T14.5	Injury of blood vessel(s) of unspecified body region	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
T14.6	Injury of muscles and tendons of unspecified body region	0	0	1	3	4	5	2	6	3	1	7	18	25	0	0	0.00
T14.7	Crushing injury and traumatic amputation of unspecified body region	0	0	1	4	2	2	0	2	3	1	5	10	15	0	0	0.00
T14.8	Other injuries of unspecified body region	0	0	0	3	1	0	1	1	0	0	3	3	6	0	0	0.00
T14.9	Injury, unspecified	1	1	15	33	23	56	48	43	26	21	101	166	267	0	1	0.37
T15	Foreign body on external eye	0	1	1	0	0	1	0	0	0	0	2	1	3	0	0	0.00
T16	Foreign body in ear	0	0	1	1	0	1	1	0	0	0	3	1	4	0	0	0.00
T17	Foreign body in respiratory tract	0	0	12	9	3	3	1	4	6	7	22	23	45	0	2	4.44
T17.2	Foreign body in pharynx	0	0	0	0	1	2	0	1	0	0	2	2	4	0	0	0.00
T17.8	Foreign body in other and multiple parts of respiratory tract	0	1	0	0	0	0	0	0	0	0	1	1	1	0	0	0.00
T18	Foreign body in alimentary tract	0	0	2	17	1	4	1	5	2	3	21	14	35	0	0	0.00
T18.1	Foreign body in oesophagus	0	0	0	0	0	1	2	0	1	2	4	2	6	0	0	0.00
T18.3	Foreign body in small intestine	0	0	0	1	0	1	0	1	1	0	1	3	4	0	0	0.00
T18.9	Foreign body in alimentary tract, part unspecified	0	0	0	2	0	0	0	0	0	0	1	1	2	0	0	0.00
T19	Foreign body in genitourinary tract	0	0	3	2	6	2	6	0	2	4	16	9	25	0	0	0.00
T19.8	Foreign body in other and multiple parts of genitourinary tract	0	0	0	0	1	0	0	1	0	0	1	1	2	0	0	0.00
T19.9	Foreign body in genitourinary tract, part unspecified	0	0	0	1	1	1	1	1	0	0	4	1	5	0	0	0.00
T20	Burn and corrosion of head and neck	0	2	3	0	0	0	1	1	0	2	3	6	9	0	0	0.00
T20.0	Burn of unspecified degree of head and neck	0	0	0	1	0	0	0	0	0	1	1	1	2	0	0	0.00
T21	Burn and corrosion of trunk	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
T26.5	Corrosion of eyelid and periocular area	0	0	1	0	0	2	0	0	1	0	2	2	4	0	0	0.00
T26.7	Corrosion with resulting rupture and destruction of eyeball	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
T26.9	Corrosion of eye and adnexa, part unspecified	0	0	0	0	0	2	0	0	0	1	1	2	3	0	0	0.00
T30	Burn and corrosion, body region unspecified	103	100	358	297	90	168	75	107	54	49	669	732	1401	11	13	1.71
T30.0	Burn of unspecified body region, unspecified degree	0	3	16	5	2	7	5	0	1	1	22	18	40	0	0	0.00
T30.4	Corrosion of unspecified body region, unspecified degree	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
T31	Burns classified according to extent of body surface involved	0	0	0	2	4	17	5	3	7	5	27	16	43	16	0	37.21
T31.0	Burns involving less than 10% of body surface	0	1	2	3	1	2	2	2	1	0	9	5	14	0	0	0.00
T31.1	Burns involving 10-19% of body surface	0	0	6	3	15	23	17	6	1	8	43	36	79	17	5	27.85
T31.2	Burns involving 20-29% of body surface	0	1	7	5	4	5	2	0	1	0	12	13	25	0	0	0.00
T31.3	Burns involving 30-39% of body surface	0	0	5	1	1	1	1	0	1	3	3	10	13	1	1	15.38
T31.4	Burns involving 40-49% of body surface	0	1	0	1	0	3	0	0	0	3	2	5	0	0	0	0.00
T31.5	Burns involving 50-59% of body surface	0	0	0	0	0	1	1	0	1	1	4	0	4	1	0	25.00
T31.6	Burns involving 60-69% of body surface	0	0	0	1	0	4	1	0	1	0	6	1	7	1	0	14.29
T31.7	Burns involving 70-79% of body surface	0	0	0	0	0	1	0	0	0	0	1	0	1	1	0	100.00
T31.8	Burns involving 80-89% of body surface	0	0	0	0	0	1	0	0	0	1	1	1	2	1	1	100.00
T32	Corrosions classified according to extent of body surface involved	0	0	0	0	2	0	0	0	0	0	1	1	2	0	0	0.00
T39.1	4-Aminophenol derivatives	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00
T41	Poisoning by anaesthetics and therapeutic gases	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00
T41.1	Intravenous anaesthetics	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00
T42	Poisoning by antiepileptic, sedative-hypnotic and antiparkinsonism drugs	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
T44	Poisoning by drugs primarily affecting the autonomic nervous system	0	1	2	0	4	2	0	1	4	32	28	18	46	0	0	0.00
T45	Poisoning by primarily systemic and haematological agents, not elsewhere classified	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00
T46	Poisoning by agents primarily affecting the cardiovascular system	0	0	0	0	0	0	1	1	0	0	1	1	2	0	0	0.00
T47	Poisoning by agents primarily affecting the gastrointestinal system	0	0	0	0	1	1	0	0	0	0	2	0	2	0	0	0.00
T47.8	Other agents primarily affecting the gastrointestinal system	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
T48	Poisoning by agents primarily acting on smooth and skeletal muscles and the respiratory system	0	0	0	0	2	0	0	0	0	0	1	1	2	0	0	0.00
T49	Poisoning by topical agents primarily affecting skin and mucous membrane and by ophthalmological, otorhinolaryngological and dental drugs	0	0	0	0	1	0	1	0	0	0	1	1	2	0	0	0.00
T50	Poisoning by diuretics and other and unspecified drugs, medicaments and biological substances	0	0	1	0	0	5	2	2	1	2	8	5	13	0	1	7.69
T50.2	Carbonic-anhydrase inhibitors, benzothiadiazides and other diuretics	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00
T51	Toxic effect of alcohol	0	0	2	0	0	0	0	0	0	0	1	1	2	0	0	0.00
T51.2	2-Propanol	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00
T52	Toxic effect of organic solvents	0	0	19	3	10	23	11	11	3	5	52	33	85	1	3	4.71
T52.0	Petroleum products	0	0	13	2	0	1	0	0	0	0	6	10	16	1	0	6.25
T52.9	Organic solvent, unspecified	0	0	0	1	4	8	0	3	2	0	9	9	18	0	0	0.00

Raw Data

ICD Code	Name of the Diseases	Inpatient Morbidity											Grand Total	Total Deaths		CFR %	
		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total		Female	Male		
												Female					Male
National Total		9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11
T53	Toxic effect of halogen derivatives of aliphatic and aromatic hydrocarbons	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00
T54	Toxic effect of corrosive substances	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
T54.3	Corrosive alkalis and alkali-like substances	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
T56	Toxic effect of metals	0	0	0	0	1	1	0	0	0	0	2	0	2	0	0	0.00
T56.5	Zinc and its compounds	0	0	0	0	1	0	1	0	0	0	1	1	2	0	0	0.00
T57	Toxic effect of other inorganic substances	0	0	0	0	1	1	1	2	0	0	5	0	5	0	0	0.00
T59	Toxic effect of other gases, fumes and vapours	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00
T60	Toxic effect of pesticides	0	0	3	7	36	49	38	22	4	6	103	62	165	2	5	4.24
T60.0	Organophosphate and carbamate insecticides	0	0	1	6	39	55	33	16	5	3	100	58	158	3	3	3.80
T60.1	Halogenated insecticides	15	0	0	0	0	2	0	1	0	0	16	2	18	0	0	0.00
T60.4	Rodenticides	0	0	1	0	1	5	0	3	0	0	8	2	10	3	0	30.00
T60.9	Pesticide, unspecified	0	0	0	0	1	3	1	1	1	1	4	4	8	0	1	12.50
T61	Toxic effect of noxious substances eaten as seafood	0	3	4	4	0	0	0	0	0	0	4	7	11	0	0	0.00
T61.9	Toxic effect of unspecified seafood	0	4	4	1	0	0	0	0	0	0	5	4	9	0	0	0.00
T62	Toxic effect of other noxious substances eaten as food	0	10	34	47	14	32	25	14	17	10	113	90	203	0	0	0.00
T62.0	Ingested mushrooms	0	0	0	0	0	2	0	0	1	0	2	1	3	0	0	0.00
T62.2	Other ingested (parts of) plant(s)	1	0	0	3	1	1	0	1	1	0	7	1	8	0	0	0.00
T62.9	Noxious substance eaten as food, unspecified	0	0	0	0	1	1	0	0	0	0	0	2	2	0	0	0.00
T63	Toxic effect of contact with venomous animals	0	0	6	17	9	24	13	11	7	10	53	44	97	3	5	8.25
T63.0	Snake venom	0	0	0	1	1	0	3	1	2	1	6	3	9	2	2	44.44
T63.2	Venom of scorpion	0	0	0	2	0	5	0	1	0	0	6	2	8	0	0	0.00
T63.3	Venom of spider	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0.00
T63.4	Venom of other arthropods	0	0	0	1	0	0	0	1	0	0	1	1	2	0	0	0.00
T63.8	Toxic effect of contact with other venomous animals	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
T63.9	Toxic effect of contact with unspecified venomous animal	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00
T65	Toxic effect of other and unspecified substances	0	13	77	100	259	494	249	128	72	78	907	563	1470	6	19	1.70
T65.9	Toxic effect of unspecified substance	0	5	4	2	44	73	35	19	10	4	114	82	196	5	3	4.08
T67	Effects of heat and light	0	0	0	0	2	6	1	3	0	1	3	10	13	0	0	0.00
T68	Hypothermia	2	1	0	0	0	3	1	10	4	6	16	11	27	0	3	11.11
T69	Other effects of reduced temperature	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00
T70	Effects of air pressure and water pressure	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0.00
T71	Asphyxiation	0	0	0	0	1	5	2	1	0	0	5	4	9	0	0	0.00
T74	Maltreatment syndromes	0	1	0	1	1	3	1	1	1	2	4	7	11	0	0	0.00
T74.2	Sexual abuse	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00
T75	Effects of other external causes	0	1	2	10	16	12	21	4	2	3	27	44	71	0	0	0.00
T75.0	Effects of lightning	0	0	0	0	2	0	0	1	1	0	3	1	4	0	0	0.00
T75.1	Drowning and nonfatal submersion	0	0	2	0	0	0	0	0	0	0	0	2	2	0	0	0.00
T75.2	Effects of vibration	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0.00
T75.4	Effects of electric current	0	0	0	1	1	5	2	1	0	0	4	6	10	0	0	0.00
T78	Adverse effects, not elsewhere classified	0	1	5	19	10	17	11	7	4	6	46	34	80	0	0	0.00
T78.2	Anaphylactic shock, unspecified	0	0	0	0	0	0	1	0	1	0	2	0	2	0	0	0.00
T78.3	Angioneurotic oedema	0	0	0	0	0	1	0	0	0	1	1	1	2	0	0	0.00
T78.4	Allergy, unspecified	0	0	1	1	0	0	0	0	0	0	1	1	2	0	0	0.00
T79	Certain early complications of trauma, not elsewhere classified	0	1	15	43	22	60	26	26	36	40	125	144	269	0	2	0.74
T79.3	Post-traumatic wound infection, not elsewhere classified	0	1	2	1	1	4	1	3	3	4	11	9	20	0	0	0.00
T79.9	Unspecified early complication of trauma	0	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0.00
T80	Complications following infusion, transfusion and therapeutic injection	0	0	0	0	0	1	0	2	1	0	2	2	4	0	0	0.00
T81	Complications of procedures, not elsewhere classified	0	0	0	2	2	22	4	1	4	3	29	9	38	0	0	0.00
T81.0	Haemorrhage and haematoma complicating a procedure, not elsewhere classified	0	0	0	0	0	0	0	1	1	0	1	1	2	0	0	0.00
T81.1	Shock during or resulting from a procedure, not elsewhere classified	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00
T81.2	Accidental puncture and laceration during a procedure, not elsewhere classified	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
T81.4	Infection following a procedure, not elsewhere classified	0	0	0	2	8	22	16	13	6	10	55	22	77	2	1	3.90
T81.8	Other complications of procedures, not elsewhere classified	0	0	0	2	0	0	0	0	0	2	1	3	4	0	0	0.00
T84	Complications of internal orthopaedic prosthetic devices, implants and grafts	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
T86	Failure and rejection of transplanted organs and tissues	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
T87	Complications peculiar to reattachment and amputation	0	0	0	1	0	0	0	0	1	0	1	1	2	0	0	0.00
T88	Other complications of surgical and medical care, not elsewhere classified	0	1	6	7	4	9	4	3	1	3	18	20	38	0	0	0.00
T88.7	Unspecified adverse effect of drug or medicament	0	0	1	1	2	3	1	0	0	2	6	4	10	0	0	0.00
T90	Sequelae of injuries of head	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0.00
T91	Sequelae of injuries of neck and trunk	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
T91.3	Sequelae of injury of spinal cord	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
T96	Sequelae of poisoning by drugs, medicaments and biological substances	0	0	0	0	0	2	0	0	0	0	2	0	2	0	0	0.00
T98	Sequelae of other and unspecified effects of external causes	0	0	0	1	0	1	1	4	0	1	4	4	8	0	0	0.00
U04.9	Severe acute respiratory syndrome, unspecified	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0.00
V20	Motorcycle rider injured in collision with pedestrian or animal	0	0	0	0	0	0	0	1	0	0	1	0	1	0	0	0.00
V29	Motorcycle rider injured in other and unspecified transport accidents	0	0	0	0	0	0	1	1	0	1	1	2	3	0	0	0.00
V29.9	Motorcycle rider [any] injured in unspecified traffic accident	0	0	0	0	0	1	0	1	0	0	1	1	2	0	0	0.00
V35	Occupant of three-wheeled motor vehicle injured in collision with railway train or railway vehicle	0	0	0	0	0	1	0	1	0	0	0	2	2	0	0	0.00
V59.9	Occupant [any] of pick-up truck or van injured in unspecified traffic accident	0	0	0	0	2	0	2	2	1	1	5	3	8	0	0	0.00
V69.9	Occupant [any] of heavy transport vehicle injured in unspecified traffic accident	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00
V79.9	Bus occupant [any] injured in unspecified traffic accident	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
V88	Nontraffic accident of specified type but victim's mode of transport unknown	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
V89	Motor- or nonmotor-vehicle accident, type of vehicle unspecified	1	1	30	125	146	284	191	154	96	101	421	708	1129	2	3	0.44
V89.2	Person injured in unspecified motor-vehicle accident, traffic	0	0	0	1	2	6	1	1	4	1	13	3	16	0	0	0.00
V89.9	Person injured in unspecified vehicle accident	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
V99	Unspecified transport accident	0	0	1	2	2	2	3	0	0	1	3	8	11	0	0	0.00
W13	Fall from, out of or through building or structure	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
W14	Fall from tree	0	0	1	1	0	1	1	1	0	0	3	2	5	0	0	0.00
W19	Unspecified fall	2	6	76	226	119	207	145	141	94	150	549	617	1166	1	1	0.17

Raw Data

ICD Code	Name of the Diseases	Inpatient Morbidity											Grand Total	Total Deaths		CFR %	
		<28 days	29 days - 1 Yrs	1 - 4 Yrs	5 - 14 Yrs	15 - 19 Yrs	20 - 29 Yrs	30 - 39 Yrs	40 - 49 Yrs	50 - 59 Yrs	60 + Yrs	Total		Female	Male		
												Female					Male
	National Total	9612	15739	17586	20647	32265	110530	32612	17856	14287	29238	211145	89220	300366	1238	2097	1.11
W27	Contact with nonpowered hand tool	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
W31	Contact with other and unspecified machinery	0	0	1	1	0	0	0	0	0	0	0	2	2	0	0	0.00
W34	Discharge from other and unspecified firearms	0	0	0	0	0	1	2	0	1	0	1	3	4	0	0	0.00
W40	Explosion of other materials	0	0	0	0	0	2	0	0	0	0	0	2	2	0	0	0.00
W50	Hit, struck, kicked, twisted, bitten or scratched by another person	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
W54	Bitten or struck by dog	0	0	2	15	1	4	5	11	3	6	19	28	47	0	0	0.00
W55	Bitten or struck by other mammals	0	0	0	1	3	3	3	5	1	2	11	7	18	0	0	0.00
W56	Contact with marine animal	0	0	1	0	0	0	1	0	0	0	1	1	2	0	0	0.00
W57	Bitten or stung by nonvenomous insect and other nonvenomous arthropods	0	1	5	26	31	34	21	21	14	22	84	91	175	0	0	0.00
W59	Bitten or crushed by other reptiles	0	0	8	58	73	104	85	67	41	58	291	203	494	0	0	0.00
W74	Unspecified drowning and submersion	0	0	1	1	0	0	0	0	0	0	2	0	2	0	0	0.00
W87	Exposure to unspecified electric current	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
X09	Exposure to unspecified smoke, fire and flames	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
X16	Contact with hot heating appliances, radiators and pipes	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
X59	Exposure to unspecified factor	0	0	2	11	23	13	23	19	14	5	69	41	110	2	4	5.45
X76	Intentional self-harm by smoke, fire and flames	0	0	0	0	1	0	1	0	0	0	2	0	2	0	0	0.00
Y00	Assault by blunt object	0	0	0	1	0	2	7	0	1	1	12	0	12	0	0	0.00
Y02	Assault by pushing or placing victim before moving object	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
Y04	Assault by bodily force	0	1	3	44	136	365	343	246	137	89	587	777	1364	1	1	0.15
Y05	Sexual assault by bodily force	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
Y08	Assault by other specified means	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	#DIV/0!
Y20	Hanging, strangulation and suffocation, undetermined intent	0	0	0	0	1	2	1	0	0	0	4	0	4	0	0	0.00
Y23	Rifle, shotgun and larger firearm discharge, undetermined intent	0	0	1	1	0	1	0	1	0	0	1	3	4	0	0	0.00
Y24	Other and unspecified firearm discharge, undetermined intent	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0.00
Y28	Contact with sharp object, undetermined intent	0	1	13	46	31	55	44	36	22	23	99	172	271	0	0	0.00
Y30	Falling, jumping or pushed from a high place, undetermined intent	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
Y34	Unspecified event, undetermined intent	0	0	1	0	1	0	0	0	0	0	0	2	2	0	0	0.00
Y36	Operations of war	0	0	1	3	4	2	1	1	1	0	6	7	13	1	0	7.69
Y45.9	Analgesic, antipyretic and anti-inflammatory drug, unspecified	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
Y65	Other misadventures during surgical and medical care	0	0	0	0	0	0	3	0	0	0	3	0	3	0	0	0.00
Z00	General examination and investigation of persons without complaint and reported diagnosis	2	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0.00
Z00.0	General medical examination	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0.00
Z03	Medical observation and evaluation for suspected diseases and conditions	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
Z30	Contraceptive management	0	0	0	0	1	0	1	0	0	0	2	0	2	0	0	0.00
Z30.5	Surveillance of (intrauterine) contraceptive device	0	0	0	0	0	4	0	3	0	0	7	0	7	0	0	0.00
Z31	Procreative management	0	0	0	0	1	4	3	1	0	0	9	0	9	0	0	0.00
Z32	Pregnancy examination and test	0	0	0	0	19	89	29	4	0	0	141	0	141	0	0	0.00
Z33	Pregnant state, incidental	0	0	0	0	0	2	1	1	0	0	4	0	4	0	0	0.00
Z34	Supervision of normal pregnancy	0	0	0	0	56	248	47	2	0	1	354	0	354	0	0	0.00
Z35	Supervision of high-risk pregnancy	0	0	0	0	31	198	42	3	0	0	274	0	274	0	0	0.00
Z37	Outcome of delivery	0	0	0	0	9	33	3	1	0	0	46	0	46	0	0	0.00
Z38	Liveborn infants according to place of birth	4	0	0	0	0	0	0	0	0	0	2	2	4	0	0	0.00
Z38.1	Singleton, born outside hospital	0	0	0	0	0	2	0	0	0	0	2	0	2	0	0	0.00
Z38.2	Singleton, unspecified as to place of birth	40	0	0	0	0	0	0	0	1	0	21	20	41	0	0	0.00
Z41	Procedures for purposes other than remedying health state	0	0	0	0	4	10	0	0	0	0	14	0	14	0	0	0.00
Z42	Follow-up care involving plastic surgery	0	0	0	0	0	0	1	0	0	0	0	1	1	0	0	0.00
Z43	Attention to artificial openings	2	1	7	2	0	0	0	0	0	0	4	8	12	0	0	0.00
Z43.2	Attention to ileostomy	0	0	0	0	0	0	0	1	0	0	0	1	1	0	0	0.00
Z43.9	Attention to unspecified artificial opening	0	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0.00
Z45	Adjustment and management of implanted device	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
Z46.5	Fitting and adjustment of ileostomy and other intestinal appliances	0	0	0	0	0	0	0	1	1	1	2	1	3	0	0	0.00
Z46.6	Fitting and adjustment of urinary device	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0.00
Z47	Other orthopaedic follow-up care	0	0	0	0	0	3	0	2	3	1	3	6	9	0	1	11.11
Z47.0	Follow-up care involving removal of fracture plate and other internal fixation device	0	0	0	2	2	3	2	1	2	0	3	9	12	0	0	0.00
Z47.9	Orthopaedic follow-up care, unspecified	0	0	0	7	5	8	4	1	4	1	16	14	30	0	0	0.00
Z51.1	Chemotherapy session for neoplasm	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0.00
Z51.2	Other chemotherapy	0	0	0	0	1	0	1	0	0	1	2	1	3	0	1	33.33
Z63	Other problems related to primary support group, including family circumstances	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0.00
Z71.1	Person with feared complaint in whom no diagnosis is made	0	0	0	0	0	1	0	0	0	0	1	0	1	0	0	0.00
Z73	Problems related to life-management difficulty	0	0	0	1	0	0	1	0	1	1	2	2	4	0	0	0.00
Z75	Problems related to medical facilities and other health care	0	0	0	0	2	1	1	0	0	0	2	2	4	0	0	0.00
Z76.1	Health supervision and care of foundling	2	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0.00
Z76.2	Health supervision and care of other healthy infant and child	4	0	0	0	0	0	0	0	0	0	1	3	4	0	0	0.00
Z76.5	Malingering [conscious simulation]	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0.00
Z89	Acquired absence of limb	0	0	0	0	0	1	1	0	0	0	0	2	2	0	0	0.00
Z91	Personal history of risk-factors, not elsewhere classified	0	0	0	1	1	0	0	0	1	1	2	2	4	0	1	25.00
Z91.5	Personal history of self-harm	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0.00
Z93	Artificial opening status	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00
Z93.3	Colostomy status	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0.00

Raw Data
Laboratory Services Sheet 3 of 5

Hospital Name	Receiv e r e p o r t s	Biochemistry										Immunology/Serology											
		Aldehyde Test		PT	PTT	T3 T4 TSH	Micro Albumin	Others	VDRL		TPHA	Kala-azar		HIV		HBsAG		HCV		Widal Test	RA Factor	ASO	CRP
		Total	Positive						Total	Positive		Total	Positive	Total	Positive	Total	Positive	Total	Positive				
Mountain	195	0	4	0	0	0	0	1450	7	17	1	0	650	12	595	16	210	72	4032	896	142	17	
Hill	617	1037	13674	264	5444	64	35849	37214	157	255	283	76	46604	510	41475	330	5925	145	28749	10718	4624	18575	
Terai	379	787	6059	175	2718	463	1540	23962	282	1722	1939	1076	28065	1285	20664	877	4177	349	30206	10197	6166	3105	
National Total	1184	1824	19737	439	8162	527	37389	62626	446	1994	2223	1152	75319	1807	62734	1223	10312	566	62987	21811	10932	21697	
Bhojpur	12	0	0	0	0	0	0	17	218	1	0	0	139	1	189	1	127	9	398	58	19	3	
Dhankuta	12	1	0	0	0	0	123	506	2	0	0	0	60	0	42	0	0	0	812	72	17	0	
Ilam	12	0	8	0	0	0	0	575	0	0	0	0	414	1	595	2	114	0	339	221	72	5	
Dr.MBPCH	12	1	99	4	0	2	25	100	0	0	0	0	97	0	114	0	64	0	149	63	17	73	
Mechi Zonal	12	0	0	0	0	0	0	729	7	0	7	3	856	2	470	5	0	0	66	145	81	87	
AMDA Hospital	8	0	81	0	0	0	0	1695	7	6	0	0	1722	1	1792	14	12	1	277	115	25	77	
Life Line	11	3	1185	0	78	14	0	3149	0	6	4	0	2629	1	2742	11	150	2	1732	128	91	98	
Bajrang Medical and Diagnostic Center	8	0	0	0	0	0	0	33	8	21	3	0	9	0	9	1	0	0	74	50	41	6	
Amida Mechi Hospital	2	0	0	0	0	0	0	2	0	1	0	0	3	0	2	0	0	0	7	5	2	2	
Kankai Hospital	2	0	0	0	0	0	0	110	2	60	7	4	8	33	10	45	11	25	113	289	111	86	
Om International Mechi	11	6	91	0	0	0	0	1831	2	0	3	0	1857	0	1801	4	3	0	146	30	1	1	
Budhabare Manakamana Hospital	9	2	6	9	0	0	0	40	0	20	2	0	9	0	20	0	2	0	103	41	51	4	
Himalaya Clinic	4	0	0	0	0	0	0	22	0	3	0	0	0	0	0	0	0	0	52	6	4	0	
Damak Hospital and Research Center	10	3	28	0	0	0	3	123	1	0	6	1	47	2	105	0	35	1	725	146	26	7	
Khotang	12	0	0	0	0	0	0	375	2	0	0	0	41	0	38	1	19	0	254	128	28	12	
Koshi Zonal	12	0	666	0	3	0	670	1993	0	0	418	11	760	38	2326	9	425	8	2527	2004	537	421	
Rangeli	12	53	0	0	0	0	0	421	3	0	4	0	0	0	0	0	0	0	10	0	0	0	
Birat Nursing Home	10	51	377	109	1159	134	0	273	7	92	36	1	814	21	748	42	673	18	1976	629	331	335	
Life Guard	11	0	156	0	273	111	0	170	0	0	41	1	110	0	161	14	106	3	320	195	202	219	
Neuro Hospital	12	6	1296	53	598	202	0	454	0	259	101	408	1390	477	1758	415	1393	105	1216	2765	2693	623	
Aawadnaryan Hospital	12	0	0	0	0	0	0	1241	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Okhaldhunga UMN	12	0	0	0	0	0	80	721	3	9	65	29	155	49	117	40	113	0	32	78	9	0	
Rumjhat Hospital	9	0	0	0	0	0	0	4	0	0	0	0	0	0	1	0	0	0	7	1	0	0	
Panchthar	12	0	0	0	0	0	18	308	0	0	0	0	24	0	17	0	0	0	472	80	23	6	
Sankhuwasabha	12	0	0	0	0	0	0	453	0	3	0	0	52	0	269	1	0	0	885	332	81	0	
Sagarmatha Zonal	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Siraha	12	0	0	0	0	0	0	35	1	2	110	7	12	0	24	0	0	0	335	0	0	0	
Lahan	12	0	0	0	0	0	0	517	0	8	267	62	16	0	373	0	0	0	697	73	45	11	
Solukhumbu	12	0	3	0	0	0	0	408	4	0	0	0	50	0	41	0	26	0	96	25	8	17	
Khunde Hospital	9	0	0	0	0	0	0	0	0	0	0	0	4	0	4	1	0	0	0	0	0	0	
Sunsari Hospital	12	1	0	0	0	0	0	107	0	72	8	93	0	8	0	0	0	0	235	0	0	0	
Taplejung	12	0	0	0	0	0	0	69	1	0	0	0	19	0	58	2	7	0	518	58	16	0	
Tehrathum	12	0	0	0	0	0	0	78	1	0	0	0	30	0	26	0	0	0	320	75	18	0	
Udayapur	12	0	0	0	0	0	0	95	0	0	0	0	58	5	33	0	0	0	413	2	0	0	
Eastern	356	127	3996	175	2111	463	936	16867	52	490	1204	540	11480	626	13867	608	3290	18	15357	7820	4549	2093	
Kalैया	12	0	0	0	0	0	0	43	0	0	0	0	0	0	4	1	0	0	326	12	3	0	
Bhaktapur	12	28	0	0	0	0	0	573	791	0	0	0	1148	0	990	0	0	0	111	172	43	156	
Bharatpur	12	1	677	4	607	2	81	1896	0	22	0	228	1525	302	2396	51	355	84	671	543	296	271	
Dhading	12	0	0	0	0	0	0	348	27	0	0	0	58	10	59	1	0	0	396	143	0	0	
Janakpur Zonal	11	0	0	0	0	0	716	1055	22	54	266	66	203	46	624	53	639	65	2216	235	266	403	
Jiri	12	0	0	0	0	0	0	78	0	0	0	0	25	0	43	0	13	0	190	104	8	0	
Bir	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Kanti	12	3	51	0	0	0	0	159	0	0	0	0	304	0	191	0	32	0	1178	131	415	3149	
Sukraraj Tropical and I. D.	12	20	1316	0	0	0	598	191	19	52	89	14	338	48	343	53	143	17	652	39	11	11	
Maternity	12	548	5200	30	142	17	430	16167	24	21	0	0	23136	58	20221	83	14	0	157	102	67	7701	
T.U.teaching Hospital	3	6	444	0	537	17	28346	766	13	42	0	0	1808	0	2082	0	868	0	224	108	113	69	
Shir Memorial	12	0	503	69	121	0	1136	0	0	0	0	0	1631	0	2659	3	73	0	2426	596	335	712	
Dhulikhel	6	0	0	0	129	13	0	1096	1	0	0	0	1437	1	1476	7	169	0	132	163	53	298	
Mahottari (PH)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Hetauda	12	0	0	0	0	0	99	1219	0	0	0	0	1134	0	1099	0	99	0	964	153	125	0	
Trishuli	12	0	0	0	0	0	0	153	7	0	0	0	23	224	40	183	25	15	78	159	76	0	
Ramechhap	12	0	0	0	0	0	0	19	0	0	0	0	0	0	2	0	0	0	107	0	0	0	
Rasuwa	12	0	0	0	0	0	0	39	0	0	0	0	37	0	51	0	0	0	104	35	3	0	
Gaur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sarlahi	12	0	0	0	0	0	0	45	5	0	496	139	46	4	41	11	1	0	1413	12	0	0	
Sindhuli	12	0	9	0	0	0	0	44	1	3	4	0	43	0	0	0	0	0	521	13	2	0	
Sindhupalchowk	12	0	0	0	0	0	0	14	0	0	0	0	22	1	10	0	3	0	293	38	10	0	
Central	245	606	8200	103	1536	49	30843	25259	119	194	856	470	33119	510	32474	288	2424	244	12240	2675	1750	12770	
Angkhanghanchi	12	0	0	0	0	0	0	8	0	0	0	0	0	0	7	1	4	0	430	36	40	0	
Baglung	12	0	0	0	0	0	0	486	8	10	0	0	518	4	226	0	8	0	1162	194	46	1	
Gorkha	12	0	0	0	0	0	0	508	0	1	0	0	82	4	26	0	12	0	855	131	95	0	
Amp Pipal UMN	12	0	0	0	0	0	0	85	0	0	0	0	37	4	7	0	2	0	69	124	14	30	
Ama-Ba Hospital	9	0	0	0	0	0	0	61	0	0	0	0	6	0	16	0	0	0	167	8	6	14	
Tamghans	12	0	0	0	0	0	0	57	0	0	0	0	39	1	8	0	5	0	515	110	50	0	
P. Bir	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Shiva Raj	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0	0	0	
Western Regional	12	375	4369	0	0	0	0	3278	2	93	25	0	2788	25	3739	22	671	1	1099	4530	2287	4644	
Manipal Teaching	12	0	579	28	3921	0	5401	390	6	2	0	0	1764	14	1735	27	1217	33	137	470	84	1125	
Lamjung	12	0	0	0	0	0	0	1439	3	0	0	0	1383	5	306	5	45	0	1007	375	27	22	
Manang	6	0	0	0	0	0	0	1	0	0	0	0	7	0	0	0	0</						

Raw Data
Laboratory Services Sheet 5 of 5

Hospital Name	Receiv ed Reports	Microbiology														Total Lab Services	
		Sputum for AFB		Grams Stain	Urethral Smear	Fungus CS and KOH Prep.	Blood CS	Urine CS	Sect CS	Wet CS	CSF CS CSF R/E	Body Fluids analysis	Sputum CS	Pus CS	Throat CS		Others
		Total	Positive														
Mountain	195	4689	342	14	0	0	0	0	0	0	0	4	0	0	0	17	102434
Hill	617	40044	3275	4243	145	879	16676	18552	536	29	2708	3024	1170	4296	417	1903	2317200
Terai	379	20781	2260	2692	380	265	1822	6836	309	99	380	1149	186	814	1058	697	2041537
National Total	1184	65514	5877	6949	525	1144	18498	25388	845	128	3088	4177	1356	5110	1475	2617	4461171
Bhojpur	12	368	29	1	0	0	0	0	0	0	0	0	0	0	0	15	9770
Dhankuta	12	718	43	0	0	0	0	0	0	0	0	0	0	0	0	0	12685
Ilam	12	940	40	0	0	0	0	0	0	0	0	14	0	0	0	0	25270
Dr. MBPCH	12	102	0	5	0	16	233	0	0	0	0	1	1	17	0	1	14437
Mechi Zonal	12	0	0	0	67	11	0	0	0	0	5	14	0	0	0	0	38870
AMD Hospital	8	466	41	27	1	7	66	829	5	0	0	22	1	33	17	0	44202
Life Line	11	285	11	59	24	53	23	625	18	0	1	55	17	63	15	0	160433
Bairang Medical and Diagnostic Center	8	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2785
Amda Mechi Hospital	2	17	1	13	0	0	0	0	0	0	1	0	0	0	0	0	1811
Kankai Hospital	2	25	0	0	0	0	0	8	0	0	1	0	0	0	1	0	7740
Om International Mechi	11	0	0	0	0	0	0	80	0	0	0	20	0	1	1	0	22879
Budhabare Manakamana Hospital	9	18	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5446
Himalaya Clinic	4	3	0	0	2	0	0	0	0	0	0	0	0	0	0	0	1802
Damak Hospital and Research Center	10	0	0	13	0	2	0	116	0	0	0	5	1	5	1	0	12801
Khotang	12	565	30	0	0	0	0	0	0	0	0	10	0	0	0	0	7788
Koshi Zonal	12	1365	84	203	0	94	301	766	4	0	11	264	3	135	563	618	168294
Rangeli	12	274	17	0	0	0	0	0	0	0	0	0	0	0	0	0	5579
Birat Nursing Home	10	410	71	123	76	76	159	529	216	97	100	124	91	99	44	0	235302
Life Guard	11	212	35	259	0	15	113	397	3	0	0	0	0	1	83	234	30685
Neuro Hospital	12	1025	111	1286	143	0	10	521	56	0	235	289	71	214	55	0	163776
Aawadnarayan Hospital	12	0	0	0	0	0	0	2177	0	0	0	0	0	0	0	0	14371
Okhaldhunga UMN	12	631	71	2	0	6	0	0	0	0	0	65	0	0	0	29	14942
Rumjhatar Hospital	9	66	7	1	0	0	0	0	0	0	0	0	0	0	0	0	754
Panchthar	12	381	41	10	0	0	0	4	0	0	0	0	0	3	1	1	20054
Sankhuwasabha	12	486	45	0	0	0	0	0	0	0	0	0	0	0	0	8	25754
Sagarmatha Zonal	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Siraha	12	2287	241	0	0	0	0	0	0	0	0	0	0	0	0	4	8004
Lahan	12	1388	181	0	0	0	0	0	0	0	0	0	0	0	0	0	18086
Solkhumbu	12	202	21	0	0	0	0	0	0	0	0	0	0	0	0	9	7238
Khunde Hospital	9	83	2	4	0	0	0	0	0	0	0	0	0	0	0	0	487
Sunsari Hospital	12	926	116	0	0	0	0	0	0	0	0	0	0	0	0	1	11211
Taplejung	12	281	21	0	0	0	0	0	0	0	0	3	0	0	0	0	20066
Tehrathum	12	160	11	0	0	0	0	0	0	0	0	0	0	0	0	0	4977
Udayapur	12	699	75	6	0	0	0	0	0	0	0	0	0	0	0	0	8332
Eastern	356	14394	1345	2003	311	266	688	6385	302	97	353	867	186	663	932	691	1115923
Kalैया	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5302
Bhaktapur	12	815	27	20	0	1	513	664	80	0	0	1	17	17	28	0	46536
Bharatpur	12	8	0	33	3	0	327	357	7	2	27	144	1	114	126	3	140706
Dhading	12	645	32	0	1	0	0	0	0	0	0	0	0	0	0	0	16425
Janakpur Zonal	11	0	0	5	2	3	69	207	0	0	0	0	0	56	0	0	65641
Jiri	12	109	11	0	0	0	0	0	0	0	0	0	0	0	0	0	5266
Bir	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kanti	12	142	0	40	0	0	3435	2789	112	0	1674	0	7	317	45	0	91197
Sukraraj Tropical and I. D.	12	0	0	0	0	0	1412	183	0	0	0	0	0	1	0	48	33205
Maternity	12	28	0	483	0	1	1664	5294	0	0	36	11	2	246	192	202	328353
T. U teaching Hospital	3	1680	0	1586	2	26	1441	3102	77	0	535	217	668	507	0	1119	273574
Shri Memorial	12	512	0	25	0	20	1080	551	0	0	8	0	0	191	73	0	139722
Dhulikhel	6	114	12	298	0	11	822	627	21	25	25	93	12	488	21	54	53082
Mahottari (PH)	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	23628
Hetauda	12	0	0	0	0	0	11	0	0	0	0	0	0	0	0	0	46903
Trishuli	12	484	8	0	0	0	0	0	0	0	0	0	0	0	0	0	12271
Ramechhap	12	249	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4310
Rasuwa	12	94	4	0	0	0	0	0	0	0	0	0	0	0	0	0	2607
Gaur	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6658
Sarlahi	12	0	0	0	6	0	0	0	0	0	0	0	0	1	1	0	19565
Sindhuli	12	573	50	0	0	0	1412	183	0	2	0	0	0	0	0	0	5030
Sindhupalchowk	12	190	8	2	0	0	0	0	0	0	0	0	0	0	0	0	5841
Central	245	5643	156	2492	14	62	10763	13776	299	27	2305	465	691	1938	475	1459	1326822
Argakhanchi	12	251	21	0	0	0	0	0	0	0	0	0	0	0	0	0	7245
Baglung	12	554	31	0	0	0	0	0	0	0	0	0	0	0	0	0	19961
Gorkha	12	966	114	3	2	1	0	0	0	0	0	3	0	0	0	0	23233
Amp Pipal UMN	12	564	36	3	2	0	0	0	0	0	0	2	0	0	0	0	10358
Ama-Ba Hospital	9	12	6	0	0	0	0	0	0	0	0	0	0	0	0	0	5237
Tamghans	12	557	34	3	0	0	0	0	0	0	0	6	0	0	0	0	15508
P. Bir	12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9453
Shiva Raj	12	51	9	0	0	0	0	0	0	0	0	0	0	0	0	0	289
Western Regional	12	2	0	503	6	3	2578	1530	70	0	16	1730	5	1146	7	16	248586
Manjpal Teaching	12	817	54	429	15	76	1057	1420	113	0	159	263	318	442	20	124	312535
Lamjung	12	617	35	1	4	12	0	0	0	0	0	24	0	0	0	1	28846
Manang	6	28	1	0	0	0	0	0	0	0	0	0	0	0	0	0	353
Mustang	12	168	16	0	0	0	0	0	0	0	0	0	0	0	0	0	3156
Beni	12	1375	148	0	0	0	0	0	0	0	0	4	0	0	0	1	13931
P. Chandra	12	574	85	0	0	0	0	0	0	0	0	0	0	0	0	0	16651
Kali Gandaki	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3373
Palpa	12	858	98	0	1	0	0	0	0	0	0	0	0	0	0	2	9863
Palpa UMN	12	6941	909	584	8	568	1854	1787	59	0	202	353	6	795	16	28	127630
Lumbini Medical College	12	448	4	191	0	80	773	331	2	3	40	172	145	80	20	76	81654
Parbat	12	501	20	0	0	0	0	0	0	0	0	0	0	0	0	0	8989
Svanaja	12	850	31	0	1	0	0	0	0	0	0	0	0	0	0	0	15798
Bandipur	12	229	27	4	0	2	0	0	0	0	0	0	0	0	0	0	3808
Damechuli	12	1144	107	0	9	0	0	0	0	0	0	0	0	0	0	0	22798
Western	262	17499	1786	1721	47	743	6262	5068	244	3	417	2557	474	2463	63	248	988255
Bheri Zonal	12	0	0	27	2	0	0	0	0	0	0	142	0	0	0	0	93337
Bardiya	12	849	119	0	0	0	0	0	0	0	0	0	0	0	0	0	11316
Dailekh	12	1157	55	0	0	0	0	0	0	0	0	0	0	0	0	10	15505
Dang	12	9249	979	0	0	0	0	0	0	0	0	0	0	0	0	16	24771
Dolpa	12	124	4	0	0	0	0	0	0	0	0	0	0	0	0	0	710
Humla	12	94	3	0	0	0	0	0	0	0	0	0	0	0	0	0	928
Jajarkot	12	524	26	0	0	0	0	0	0	0	0	0	0	0	0	3	5266
Jumla	12	229	10	0	0	0	0	0	0	0	0	0	0	0	0	0	4390
Kalikot	12	324	18	6	0	0											

ACRONYMS

AAMA	Action Against Malnutrition through Agriculture
AAT	Anesthesia Assistant Training
ABER	Annual Blood Examination Rate
ACDP	Annual Commodity Distribution Programme
ADRA	Adventist Development and Relief Agency
AEFI	Adverse Effect Following Immunization
AEM	Asian Epidemic Model
AFI	Annual Falciparum Incidence
AFP	Acute Flaccid Paralysis
AHW	Auxiliary Health Worker
AIDS	Acquired Immuno-deficiency Syndrome
AIDSCAP	AIDS Control and Prevention
AMK	Aamaa Milan Kendra
AMR	Anti Microbial Resistant
AMS	Ayurveda Information and Monitoring System
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
AoCA	Association for Ophthalmic Cooperation in Asia
APF	Armed Police Force
API	Annual Parasite Incidence
APLF	Asia Pacific Leadership Forum
ARI	Acute Respiratory Infection
ARPS	At Risk Population
ARSH	Adolescent Reproductive and Sexual Health
ART	Anti Retroviral Treatment
ARTI	Annual Risk of Tuberculosis Infection
ASRH	Adolescent Sexual and Reproductive Health
ATS	Additional Technical Support
AVSC	Association for Voluntary Surgical Contraception
AWPB	Annual Work Program and Budget
BAMS	Bachelor of Ayurveda Medical Surgery
BCC	Behaviour Change Communication
BCG	Bacille Calmette-Guerin
BCI	Behaviour Change Interventions
BEOC	Basic Emergency Obstetric Care
BFHI	Baby Friendly Hospital Initiative
BLT	Basic Logistic Training
BMET	Bio-Medical Equipment Technician Training
BNMT	British Nepal Medical Trust
BPCR	Birth Preparedness and complication Readiness
BPKHIS	Bisheswor Prasad Koirala Health Institute and Science
BPP	Birth Preparedness Package
BTC	Blood Transfusion Centre
BTS	Blood Transfusion Service
CAC	Comprehensive Abortion Care
CAGs	Communication Action Groups
CARE	Co-operative for Assistance and Relief Everywhere
CAS	Country Assistance Strategy
CBAC	Community-based ARI and CDD

CBFA	Community-based First Aid
CBFP	Community-based Family Planning
CB-IMCI	Community-based Integrated Management of Childhood Illness
CB-MNC	Community-based Maternal and Neonatal Care
CB-NCP	Community-Based New-born Care Programme
CBOs	Community Based Organisations
CBRH	Community-based Reproductive Health
CBS	Central Bureau of Statistics
CCA	Cold Chain Assistant
CCDN	Center for Community Development Nepal
CCU	Critical Care Unit
CD	Case Detection
CDD	Control of Diarrhoeal Diseases
CDHP	Community Development Health Programme
CDP	Community Drug Programme
CDR	Central Development Region
CECI	Canadian Centre for International Studies and Cooperation
CEDPA	Centre for Development and Population Activities
CEOC	Comprehensive Emergency Obstetric Care
CFJ	Child Fund Japan
CFR	Case Fatality Rate
CGPP	Core Group Polio Project
CHBC	Community and Home Based Care
CHD	Child Health Division
CHDK	Clean Home Delivery Kits
CHDP	Community Health Development Program
CHFP	Community Health Facility Partnership
CHMC	Community Health Management Committee
CHW	Community Health Worker
CLT	Comprehensive Leprosy Training
CMA	Community Medical Assistant
CMAM	Community-based Management of Acute Malnutrition
CMI	Clinical Malaria Incidence
COFP	Comprehensive Family Planning
COPE	Client Oriented Providers Efficient
CPR	Contraceptive Prevalence Rate
CRADLE	Community Responsive Antenatal Delivery and Life Essentials
CREHPA	Center for Research and Environment Health and Population Activities
CRS	Contraceptive Retail Sales
CSM	Contraceptive Social Marketing
CSSA	Child Survival Sustainability Assessment
CSW	Commercial Sex Worker
CTEVT	Centre for Technical Education and Vocational Training
CTLHP	Community TB and Lung Health Project
CYP	Couple Years of Protection
DACAW	Decentralised Action for Children and Women
DACC	District AIDS Co-ordination Committee
DAG	Disadvantage Group
DBN	Drug Bulletin of Nepal
DDA	Department of Drug Administration
DDC	District Development Committee
DDMC	District Development Management Committee

DEC	Diethylcarbamazine
DFID	Department for International Development
DHO	District Health Office(r)
DHS	District Health System
DINoN	Drug Information Network of Nepal
DoA	Department of Ayurveda
DoHS	Department of Health Services
DOTS	Directly Observed Treatment, Short Course
DPHO	District Public Health Office(r)
DPTV	Diphtheria, Pertussis and Tetanus (Vaccine)
DQAS	Data Quality Self Assessment
DSP	Drug Schemes Programme
DTLA	District Tuberculosis and Leprosy Assistant
DUDBC	Department of Urban Development and Building Construction
DWSP	Drinking Water and Sanitation Programme
EC	European Commission
ECCD	Early Child Care and Development
EDC	Early Childhood Development
EDCD	Epidemiology and Disease Control Division
EDPCT	Early Diagnosis, Prompt and Complete Treatment
EDPs	External Development Partners
EDPT	Early Diagnosis and Prompt Treatment
EDR	Eastern Development Region
EFA	Emergency First Aid
EHCS	Essential Health Care Services
EIC	Education, Information and Communication
EOC/EmOC	Emergency Obstetric Care
EPI	Expanded Programme on Immunization
ERFPEP	Eastern Region Family Planning Expansion Project
ERPHC	Eastern Regional Primary Health Care Project
EWARS	Early Warning Reporting System
EWS	Early Warning Surveillance
FATs	First Aid Training Standardization
FAYA	Forum for Awareness and Youth Activities
FCHV	Female Community Health Volunteer
FFP	Family Future Project
FGDs	Focus Group Discussions
FHD	Family Health Division
FHI	Family Health International
FMCG	Fast Moving Consumer Goods
FOR	Field Operational Research
FP	Family Planning
FPAN	Family Planning Association of Nepal
FPO	Family Planning Officer
FSW	Female Sex Workers
FWDR	Far Western Development Region
FWLD	Forum for the Women's Law and Development
FY	Fiscal Year
GAVI	Global Alliance for Vaccines and Immunization
GDC	German Development Cooperation
GFATM	Global Fund to Fight against AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People living with HIV & AIDS

GIS	Geographical Information Systems
GMCS	Global Malaria Control Strategy
GMP	Good Manufacturing Practice
GO	Governmental Organisation
GP Hospital	Green Pasture Hospital
GTZ	German Technical Co-operation
HA	Health Assistant
HELLIS	Health Literature and Library Information System
HeRWAI	Health Right of Women Assessment Instruments
HFI	Health Facilities In-charge
HFMC	Health Facility Management Committee
HHC	Health Helping Committee
HIMDD	Health Institution and Manpower Development Division
HIP	Health Improvement Programme
HIV	Human Immuno-deficiency Virus
HKI	Helen Keller International
HMIS	Health Management Information System
HP	Health Post
HPAI	Highly Pathogenic Avian Influenza
HPI	Health Post In-charge
HQ	Headquarters
HRH	Human Resources for Health
HSDPF	Health Sector Development Partner Forum
HSEP	Health School Environment Programme
HSS	HIV Sentinel Surveillance
HSSP	Health Sector Support Programme
HTSP	Healthy Timing and Spacing of Pregnancy
HuRDIS	Human Resources Development Information System
IAISP	Intensification of Antenatal Iron Supplementation Programme
IAP	Immediate Action Programme
IBBS	Integrated Bio-Behavioural Survey
ICD-10	International Classification of Diseases & Related Health Problems, 10 th Revision
ICPD	International Conference on Population and Development
ICT	Immunochematography
ICU	Intensive Care Unit
IDA	International Development Association
IDD	Iodine Deficiency Diseases/Disorders
IDU	Injecting Drug User
IDUs	Intravenous Drug Users
IEC	Information, Education and Communication
IFPSC	Institutionalised Family Planning Service Centre
ILEP	International Federation of Anti-Leprosy Association
ILO	International Labour Organisation
IMCI	Integrated Management of Childhood Illness
IMEK	Initial Medical Equipment Kit
IMNMP	Intensification of Maternal and Neonatal Micronutrient Programme
IMR	Infant Mortality Rate
INF	International Nepal Fellowship
INGO	International Non-governmental Organisation
INID	Intensified National Immunization Day
INRUD	International Network for Rational Use of Drugs

IoM	Institute of Medicine
IPC/C	Interpersonal Communications and Counselling
IPD	Immunization Preventable Diseases
IPPF	International Planned Parenthood Federation
IRS	Indoor Residual Spraying
ISSMAC	Iodized Salt Social Marketing Campaign
IU	Implementation Unit
IUATLD	International Union Against Tuberculosis and Lung Disease
IUCD	Intra-uterine Contraceptive Device
IYCF	Infant and Young Child Feeding
JAR	Joint Annual Review
JE	Japanese Encephalitis
JEV	JE Virus
JFS	Joint Funding Scheme
JHPIEGO	John Hopkins Programme for International Education in Reproductive Health
JHU	John Hopkins University
JICA	Japan International Co-operation Agency
JIT	Joint Initiative in the Millennium Against Trafficking in Women and Girls
JOICEF	Japanese Organization for International Co-operation in Family Planning
JSI	John Snow Inc.
KAI	Kala-azar Incidence
KAP	Knowledge, Attitude and Practice
KATFR	Kala-azar Treatment Failure Rate
KfW	Kreditanstalt Für Wiederaufbau (German Development Bank)
KIT	Royal Tropical Institute
KYC	Kirant Yakthum Chumlung
LA	Lab Assistant
LAN	Local Area Network
LBs	Local Bodies
LCD	Leprosy Control Division
LCHP	Lamjung Community Health Programme
LCP	Leprosy Control Programme
LDO	Local Development Officer
LEC	Leprosy Elimination Campaign
LEM	Leprosy Elimination Monitoring
LEP	Leprosy Elimination Programme
LF	Lymphatic Filariasis
LHFMOc	Local Health Facilities Management and Operation Commodities
LHMC	Local Health Management Committee
LIBON	Local Innovation for Better Outcomes for neonates
LLIN	Long-Lasting Insecticide treated Nets
LMD	Logistics Management Division
LMIS	Logistics Management Information System
LNC	Lalitpur National Campus
LQAS	Lot Quality Assurance Sampling
LSGA	Local Self Governance Act
LT	Lab Technician
LTA	Limited Technical Assistance
M&E	Monitoring and Evaluation
MAP	Men as Partners
MARPs	Most At Risk Populations

MASS	Management Support Services
MB	Multi-bacilli
MC	Mothers Club
MCH	Maternal and Child Health
MCHW	Maternal and Child Health Worker
MCs	Microscopy Centers
MDA	Mass Drug Administration
MDGs	Millennium Development Goals
MDM	Medicines Du Monde
MDT	Multi-drug Therapy
MG	Mothers Group
MI	Micronutrient Initiative
MINI	Morang Innovative Neonatal Intervention
MIPA	Meaningful Involvement of People with AIDS
MIS	Management Information Systems
MMR	Maternal Mortality Rate
MNH	Maternal and Neonatal Health
MNT	Maternal Neonatal Tetanus
MNTE	Maternal and Neonatal Tetanus Elimination
MO	Medical Officer
MoAC	Ministry of Agriculture and Cooperatives
MoE	Ministry of Education
MoF	Ministry of Finance
MoHP	Ministry of Health and Population
MPDR	Maternal and Perinatal Death Review
MPIR	Malaria Parasite Incidence Rate
MRA	Medical Recorder Assistant
MROS	Market Research Omnibus Survey
MRT	Midwifery Refresher Training
MRTC	Malaria Research and Training Centre
MS	Monitoring and Supervision
MSC	Marie Stopes Center
MSI	Marie Stopes International
MSM	Men having Sex with Men
MSRHTC	Maria Stopes Reproductive Health Training Centre
MSW	Male Sex Workers
MTD	Multi-drug Therapy
MTToT	Master Training of Trainers
MUIE	Median Urinary Iodine Excretion
MUSCs	Most Under Served Communities
MVA	Manual Vacuum Aspiration
MWDR	Mid-Western Development Region
MWRA	Married Women of Reproductive Age
NAC	National AIDS Council
NACC	National AIDS Coordination Committee
NAHD	National Adolescent Health and Development
NAIDSCC	National AIDS Co-ordination Committee
NAMC	Nepal Ayurvedic Medical Council
NATA	Nepal Anti-Tuberculosis Association
NCASC	National Centre for AIDS and STD Control
NCDA	Nepal Chemists and Druggists Association
NCDDP	National Control of Diarrhoeal Diseases Programme

NCDR	New Case Detection Rate
NDHS	Nepal Demographic and Health Survey
NDI	National Drug Industries
NELTRA	Nepal Leprosy Relief Association
NESOG	Nepal Society of Gynaecologist and Obstetrician
NFCC	Nepal Fertility Care Centre
NFE	Non-formal Education
NFHP	Nepal Family Health Programme
NFHS	Nepal Family Health Survey
NGO	Non-Governmental Organisation
NHEICC	National Health Education, Information and Communication Centre
NHL	Norwegian Heart and Lung Association
NHRC	National Health Research Council
NHSP-IP	Nepal Health Sector Programme-Implementation Plan
NHSS	National Health Sector Strategy
NHTC	National Health Training Centre
NHTS	National Health Training Strategy
NID	National Immunization Day
NIH	Nuffield Institute for Health
NIIP	National Institute for Injury Prevention
NIP	National Immunization Programme
NLCO	National Leprosy Coordinator Officer
NLEC	Nationwide Leprosy Elimination Campaign
NLR	Netherlands Leprosy Relief
NLT	Nepal Leprosy Trust
NMCG	National Maternity Care Guidelines
NMIS	Nepal Multiple Indicator Surveillance
NMSS	Nepal Micro-nutrient Status Survey
NNDSWO	Nepal National Dalit Social Welfare Organization
NNJS	Nepal Netra Jyoti Sangh
NNT	Neonatal Tetanus
NORAD	Norwegian Government Aid
NPC	National Planning Commission
NPCS	Nutrition Promotion and Consultancy Services
NPHL	National Public Health Laboratory
NRCS	Nepal Red Cross Society
NSI	Nick Simons Institute
NSMP	Nepal Safe Motherhood Programme
NSMP	Nepal Safer Motherhood Project
NTAG	National Technical Advisory Group
NTC	National Tuberculosis Centre
NTCP	National Tuberculosis Control Project
NTF-ELF	National Task Force for the Elimination of Lymphatic Filariasis
NTOs	Non Traditional Outlets
NTP	National Tuberculosis Programme
NVAP	National Vitamin A Programme
OI	Opportunistic Infections
OPD	Out-Patient Department
OPNGOs	Organizational Partner Non Governmental Organizations
OPV	Oral Polio Vaccine
OR	Operational Research
ORC	Outreach Clinic

ORS	Oral Rehydration Solution, Oral Rehydration Salts
ORT	Oral Rehydration Treatment
ORTC	Oral Rehydration Treatment Corner
OT	Operation Theatre
OVC	Orphan and Vulnerable Children
P&P	Partnership and Participation
PAC	Post Abortion Care
PAM	Physical Assets/Facility Management
PAMP	Physical Assets Management Project
PARHI-P	Population and Reproductive Health Initiative-Project
PB	Pauci bacilli
PBL-CHIP	Prevention of Blindness and Community Health Intervention Programme
PC	Population Concern
PCD	Passive Case Detection
PD	Positive Deviance
PDQ	Partner Defined Quality
PE	Peer Education
PEI	Polio Eradication Initiative
PEM	Protein Energy Malnutrition
PEP	Post Exposure Prophylaxis
PF	Plasmodium Falciparum
PFHP	Population and Family Health Project
PHC	Primary Health Care
PHCRP	Primary Health Care Revitalization Programme
PHCC	Primary Health Care Centre
PHN	Public Health Nurse
PHO	Public Health Officer
PI	Plan International
PI	Priority Programme
PIU	Programme Implementation Unit
PLA	Participatory Learning and Action
PLHA	People Living with HIV/AIDS
PME	Planning, Monitoring and Evaluation
PMMU	Project Management and Monitoring Unit
PMTCT	Prevention of Mother to Child Transmission
PNC	Postnatal Care
POA	Plan of Action
POTA	Participatory Organisational and Technical Assessment
PPM	Personal Protection Measures, Parts per Million
PPP	Public Private Partnership
PR	Prevalence Rate
PRA	Participatory Rural Appraisal
PSI	Population Services International
QCA	Quality Control Assessor
QI	Quality Improvement
QIP	Quick Impact Programme
QoC MC	Quality of Care Management Center
RAM	Repair and Maintenance Centre
RBH	Rights Based Approach
RBM	Roll Back Malaria
RBM	Result Based Management
RCF	Rehabilitation Children Fund

RCP	Radio Communication Project
RCS	Rapid Convenience Survey
RDF	Revolving Drug Fund
RDRL	Royal Drug Research Laboratory
RED Strategy	Reaching Every Districts Strategy
RH	Reproductive Health
RHCC	Reproductive Health Co-ordination Committee
RHD	Regional Health Directorate
RHDP	Rural Health Development Project
RHIYA	Reproductive Health Initiative for Youth in Asia
RHRSC	Reproductive Health Research Sub-Committee
RHSC	Reproductive Health Steering Committee
RIPE	Rural Intra Professional Education
RIT	Research Institute of Tuberculosis
RMS	Regional Medical Store
RQCCs	Regional Quality Control Centers
RTC	Regional Training Centre
RTI	Reproductive Tract Infection
RTLA	Regional Tuberculosis and Leprosy Assistant
RTLCL	Regional Tuberculosis and Leprosy Centre
RUD	Rational Use of Drugs
SAARC	South Asian Association for Regional Co-operation
SAEs	Severe Adverse Experiences
SAG	Sodium Antimony Gluconate
SAPEL	Special Action Programme for the Elimination of Leprosy
SCC	Short Course Chemotherapy
SCF (UK)	Save the Children Fund (United Kingdom)
SCF (US)	Save the Children Fund (United States)
SDC	Swiss Agency for Development and Co-operation
SDHS	Strengthening District Health Systems
SDNP	Sangini Didi Neighbourhood Programme
SDS	Service Delivery Surveys
SEATF	South East Asia Tobacco Flame
SFR	Slide Falci-parum Rate
SGS	Second Generation Surveillance
SHDK	Safe Home Delivery Kit
SHN	School Health Nutrition
SHNP	School Health and Nutrition Programme
SHP	Sub Health Post
SHPI	Sub Health Post In-charge
SISEA	Social Institutions for Skill Employment and Awareness
SLTHP	Second Long Term Health Plan
SM	Safe Motherhood
SMHF	Sasakawa Memorial Health Foundation
SMNF	Safe Motherhood Network Federation
SMNHLTP	Safe Motherhood and Neonatal Health Long Term Plan
SMSC	Safe Motherhood Sub-Committee
SN	Staff Nurse
SNID	Sub-National Immunization Day
SNL	Saving Newborn Lives
SO	Strategic Objective
SPN	Sunaulo Parivar Nepal

SPR	Slide Positivity Rate
SQH	Sum Quality Health
SRH	Sexual Reproductive Health
SRHR	Sexual and Reproductive Health Right
SSC	Similia Similissus Curantur
SSMP	Support to Safe Motherhood Programme
STC	SAARC Tuberculosis Center
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
STI/STD	Sexually Transmitted Infection/Disease
SURE	Home Pregnancy Test Kit
SW	Sex Worker
SWAP	Sector Wide Approach
SWC	Social Welfare Council
TADA	Travel Allowance/Daily Allowance
TAF	The Asia Foundation
TBA	Traditional Birth Attendant
TCIC	Technical Committee for the Implementation of Comprehensive Abortion Care
TDF	Town Development Fund
TEAM	The Evangelical Alliance Mission
TFGI	The Futures Group International
TFR	Total Fertility Rate
TH	Traditional Healers
TLCP	Tuberculosis Leprosy Control Programme
TLMI	The Leprosy Mission International
ToT	Training of Trainers
TT	Tetanus Toxoid
TTBA	Trained Traditional Birth Attendant
TUTH	Tribhuvan University Teaching Hospital
UA	Universal Access
UIE	Urinary Iodine Excretion
UMN	United Mission to Nepal
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations Children's Fund
UoH	University of Heidelberg
USAID	United States Agency for International Development
UTBA	Untrained Traditional Birth Attendant
VACC	Village AIDS Coordination Committee
VAD	Vitamin A Deficiency
VAHW	Village Ayurveda Health Worker
VBD	Vector-Borne Disease
VBDTRC	Vector-Borne Disease Training and Research Centre
VCA	Vector Control Assistant
VCT	Voluntary Counselling and Test
VDC HCC	Village Development Committee Health Coordination Committee

VDC	Village Development Committee
VHW	Village Health Worker
VIREX	Calcium Hypochlorite Power
VPD	Vaccine Preventable Diseases
VS	Voluntary Sterilisation
VSC	Voluntary Surgical Contraception
WCBA	Women of Child-Bearing Age
WDR	Western Development Region
WHO	World Health Organisation
WID	Women in Development
YAG	Youth Action Group
YDQ	Youth Defined Quality
YFSD	Youth Friendly Service Delivery
YIC	Youth Information Center
YPO	Yearly Plan of Operation
YUHP	Yala Urban Health Program

