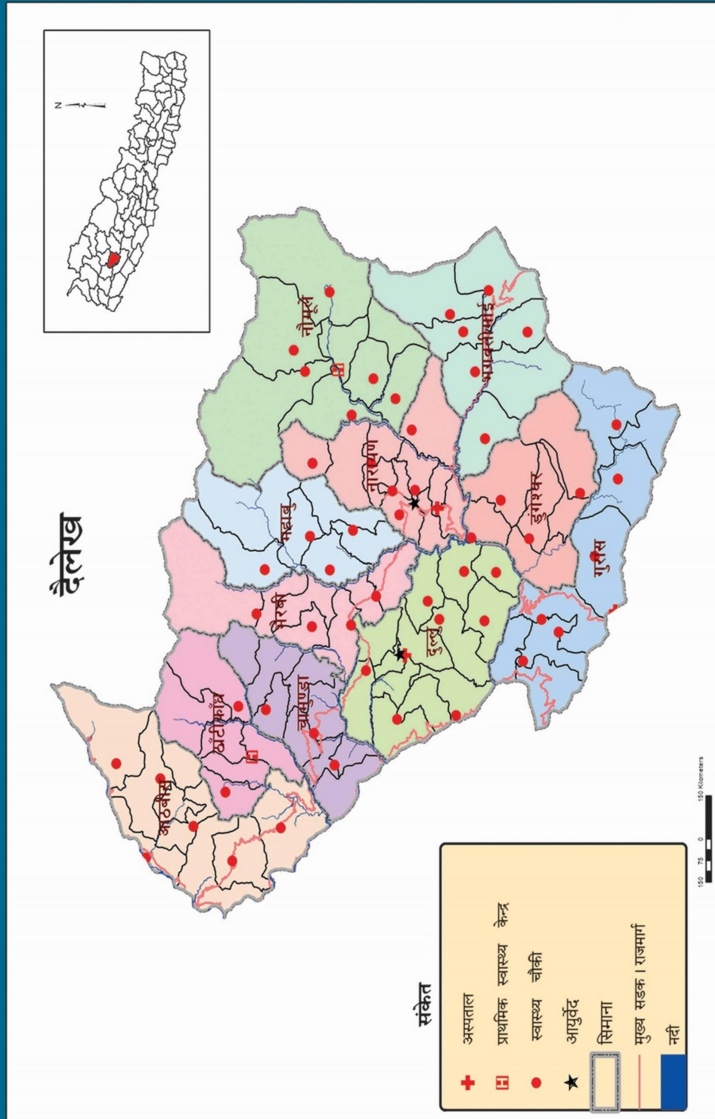


District Annual Health Report

FY 2077/078



Government of Karnali Province
Ministry of Social Development
Health Service Directorate

Health Service Office

Dailekh, Nepal

संरक्षक

धीर प्रसाद रेग्मी
(निमित्त स्वास्थ्य सेवा व्यवस्थापक)

सम्पादक मण्डल

मोतिराम रोकाय (अधिकृत छैठौं तथ्याङ्क)
प्रकाश शाही (कम्प्युटर अपरेटर)
भानु पोखरेल (स्वास्थ्यको लागि सक्षम प्रणाली, सिनियर प्राविधिक अधिकृत)
भक्त नेपाली (स्वास्थ्यको लागि सक्षम प्रणाली, प्राविधिक अधिकृत)

प्रकाशक

स्वास्थ्य सेवा कार्यालय, दैलेख
प्रकाशन मिति २०७८ असोज

पत्राचारका लागि ठेगाना:

स्वास्थ्य सेवा कार्यालय, दैलेख
सम्पर्क फोन नं. ०८९-४१०११७ (कार्यालय प्रमुख)
९८५८०२८११७/९८५८०४५१२७ (कार्यालय प्रमुख)
०८९-४१०१२७ (प्रशासन शाखा)
०८९-४१०११५ (लेखा शाखा)
०८९-४१०१५७ (भण्डार शाखा)
फ्याक्स नं. ०८९-४१०११५ (लेखा शाखा)
०८९-४१०१५७ (भण्डार शाखा)

Website: <https://hsodailekh.gov.np/>
E-mail address:- hsodailekh@gmail.com



कर्णाली प्रदेश सरकार
सामाजिक विकास मन्त्रालय
स्वास्थ्य सेवा निर्देशनालय
सुर्खेत



शुभकामना सन्देश

मिति २०७८ असोज ३१

संविधान प्रदत्त निःशुल्क प्राथमिक स्वास्थ्य सेवा हरेक नागरिकको नैसर्गिक अधिकार हो भने गुणस्तरीय स्वास्थ्य सेवा प्रदान गर्नु राज्यको प्रमुख दायित्व हो । यही मर्मलाई आत्मसात गरी विगतदेखि नै यस स्वास्थ्य सेवा कार्यालय, दैलेखले उपलब्ध श्रोत साधनको अधिकतम प्रयोग गरी नागरिकको स्वास्थ्यमा उल्लेख्य प्रभाव पारेको कुरा विगतका कार्यसम्पादन मूल्याङ्कनहरूले समेत प्रमाणित गरिसकेको छ । विश्वव्यापी महामारी कोभिड-१९ को उच्च प्रभाव भोग्न बाध्य भएको यस जिल्लाका आकस्मिक अवस्थामा समेत अग्रपंक्तिमा रहेका स्वास्थ्यकर्मीले उच्च मनोबलका साथ एक ढिक्का भएर नियमित स्वास्थ्य सेवालाई निरन्तरता दिई रोग लाग्नेदर र मृत्युदरमा कमी ल्याउन गरेको प्रयासलाई महत्वपूर्ण कोशेढुङ्गाका रूपमा लिएका छौं । न्यून श्रोत र साधनका बाबजूद पनि यस जिल्लाले प्राप्त गरेको उपलब्धीलाई संस्थागत गर्नका लागि आगामी दिनमा कर्णाली प्रदेश स्वास्थ्य सेवा निर्देशनालयले यस जिल्लाले तय गरेका रणनीतिक योजनाहरूमा सहयोग तथा समन्वय गर्ने प्रतिबद्धता पनि व्यक्त गर्दछु ।

यसै सन्दर्भमा स्वास्थ्य सेवा कार्यालय दैलेखले स्वास्थ्य प्रणाली मार्फत आ.ब. २०७७/०७८ मा योजना अनुसार सम्पादन भएका विभिन्न कार्यक्रमहरूको समिक्षात्मक वार्षिक स्वास्थ्य प्रतिवेदन प्रकाशन गर्न लागेकोमा गौरवान्वित भएको महसुस गरेको छु । वर्तमान परिवर्तित सन्दर्भमा संघ, प्रदेश तथा स्थानीय तहका हामी सबैले स्वास्थ्य नै सम्बृद्धिको श्रोत हो भन्ने मान्यतालाई केन्द्रबिन्दुमा राखी समान दायित्व, इमान्दारिता र धैर्यताका साथ अगाडि बढ्यौं भने धेरैकुरा सम्भव हुन्छ भन्ने विश्वास राख्दछु । विगतमा प्राप्त गरेका उपलब्धी र भावी योजनाको सेतुका रूपमा प्रकाशित भएको यस वार्षिक प्रतिवेदन स्वास्थ्य सेवालाई थप उर्जाशील बनाउन महत्वपूर्ण दस्तावेजका रूपमा रहने छ भन्ने विश्वास लिएको छु । यस प्रतिवेदनले हाम्रा सबल पक्षलाई निरन्तरता दिन र दुर्बल, चुनौतीहरूलाई न्यून गर्नमा सहयोग पुग्नेछ भन्ने शुभकामना दिन चाहन्छु । अन्त्यमा यस प्रतिवेदन तयार गर्नमा संलग्न सबै महानुभावहरू प्रति हार्दिक कृतज्ञता व्यक्त गर्दछु ।

डा. रविन खड्का
निर्देशक

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निर्देशक

स्वास्थ्य सेवा निर्देशनालय, सुर्खेत ।



कर्णाली प्रदेश सरकार
सामाजिक विकास मन्त्रालय
स्वास्थ्य सेवा निर्देशनालय
स्वास्थ्य सेवा कार्यालय
दैलेख नेपाल



मन्तव्य

स्वास्थ्य नै जीवनको सबैभन्दा ठुलो धन हो । नागरिक अनि राष्ट्रका सरोकारवालाहरु स्वस्थ भए मात्र सम्पूर्ण राष्ट्रको प्रगतिको सम्भावना रहन्छ । संघीय गणतन्त्रात्मक व्यवस्था लागु भइसकेको अवस्थामा प्रबधानात्मक, प्रतिकारात्मक, तथा उपचारात्मक स्वास्थ्यका सेवाहरु जनताको घरदैलोमा पुऱ्याउन संघ, प्रदेश र स्थानिय गरि तीन तहको सरकारको संस्थागत संरचनाको सहकार्य र समन्वयको उतिकै महत्व हुन्छ, र कर्णाली प्रदेश सरकारले स्वास्थ्य सेवा एकिकृत प्रणालिबाट दिने गरि कार्यालय पुर्नगठन गरे पश्चात, स्वास्थ्य सेवा कार्यालय दैलेख आधुनिक र आयुर्वेदिक तथा आकस्मिक चिकित्सक पढ्दतिलाई उतिकै महत्वका साथ अगाडि बढाउदै कर्णाली प्रदेश सरकारले स्वास्थ्य नीति तथा कार्यक्रमहरु कार्यान्वयन गर्न र दैलेख स्थित ११ वटै स्थानिय तहसँग समन्वय, सहकार्य गर्न तत्पर, प्रतिबद्ध रहेको छ ।

विश्वभर फैलिएको COVID-19 महामारीले आक्रान्त पारेको बर्ष पनि स्वास्थ्यका धेरै कार्यक्रमहरु सञ्चालित भए भने उपचारात्मक सेवाको सुद्विडिकरण गर्ने अवसर पनि महामारीले प्रदान गर्‍यो । अत्यन्त महत्वपूर्ण खोप सेवा लगायतका कार्यक्रमहरु प्रभावित पनि भए । स्वास्थ्य सेवा कार्यालय दैलेखको आ.व. २०७७/७८ को यस प्रतिवेदनमा सम्पुण जिल्लाको स्वास्थ्य कार्यक्रममा सघाउ पुऱ्याउने जिल्ला अस्पताल, ११ वटै पालिका अर्न्तगतको स्वास्थ्य संस्थाहरु, म.स्वा.स्वयम सेविका, गैहसरकारी संस्थाहरुले प्रदान गरिएको स्वास्थ्य सेवाको लेखाजोखा गरिएको छ ।

COVID-19 महामारी रोकथाम तथा नियन्त्रणमा भएका प्रयास र केहि हद सम्म प्राप्त सफलता तथा सिकाई पनि यस प्रतिवेदनमा समावेस गरिएको छ । जनस्वास्थ्यका कार्यक्रमहरु मध्ये पुर्ण खोपको अवस्था सुधारत्मक रहेको छ भने TB HIV Malaria का रोकथाम तथा उन्मुलनका लक्ष्य प्राप्त गर्न सकिएको छैन । तथापि संस्थागत सुत्केरी गराउने लगायत आमा सुरक्षाका सुचकहरुमा वृद्धि भएपनि अझै धेरै प्रगति हुन पर्ने देखिन्छ । विशेषत हाम्रो समाजमा बहूदै गइरहेको नसर्ने रोगको प्रकोप नियन्त्रण तथा मानसिक रोग र आत्महत्याको बहूदो दर नियन्त्रणमा प्रभावकारी तथा दिगो प्रयास कार्यक्रमको आवश्यकता छ, यधपि COVID-19 को महामारीको विचमा पनि यस महामारीको प्रतिकार, रोकथाम तथा व्यवस्थापनमा भएको स्वास्थ्य सेवाका आयामहरु तथा ११ वटै पालिकाको अथक प्रयास र स्वास्थ्यका अन्य कार्यक्रम सञ्चालनमा भएका प्रयासको सरहाना गर्छु । साथै आगामी बर्षमा पनि बिगतका कमिकमजोरी सच्याउदै स्वास्थ्यको दिगो विकास लक्ष्य हासिल गर्न तिर अग्रसर भई हौसला दिन चाहन्छु । यस प्रतिवेदनले दैलेख जिल्लाको ११ वटै पालिकाको स्वास्थ्य कार्यक्रम सञ्चालन तथा योजना तर्जुमा गर्न सहजिकरण गर्ने विश्वास लिएको छु । दैलेख जिल्लाको स्वास्थ्यको अवस्था एउटा ऐना हुनेछ, यो प्रतिवेदन र यसका कमि कमजोरी पनि आगामि दिनमा सुधारको सुत्रधार हुनेछ, भन्ने विश्वास लिन चाहन्छु ।

स्वास्थ्य तथा जनसंख्या मन्त्रालय, स्वास्थ्य सेवा विभागलाई विशेष गरि COVID-19 महामारी नियन्त्रण तथा व्यवस्थापनमा दिएको आवश्यक सुभाब र निर्देशनको लागि आभार व्यक्त गर्न चाहान्छु । कर्णाली प्रदेश सरकार, सामाजिक विकास मन्त्रालय, स्वास्थ्य सेवा निर्देशनालय कर्णाली प्रदेश, सुर्खेतलाई हरबखत प्राप्त मार्ग निर्देशन तथा सहयोगको लागि आभार व्यक्त गर्न चाहान्छु । साथै प्रमुख जिल्ला अधिकारी ज्युको संयोजकत्वमा जिल्लामा रहेका DCCMC लाई पनि आभार व्यक्त गर्न चाहान्छु । साथै जिल्ला स्थीत सम्पुर्ण सरकारी कार्यालयहरु, स्थानिय सरकार, स्वास्थ्यकर्मी, महिला स्वास्थ्य स्वयम सेविका, गैरसकारी संघ सस्था, सञ्चारकर्मीहरुलाई पनि सहकार्य र महामारी रोकथाम तथा नियन्त्रणमा गरेको सहयोग र प्रयासका लागि हार्दिक धन्यवाद दिन चाहान्छु ।

यस प्रतिवेदन तयार तथा प्रकाशन गर्नमा प्रत्यक्ष तथा अप्रत्यक्ष रुपमा सहयोग गर्ने स्वास्थ्य सेवा कार्यालयका विभिन्न शाखाहरुका शाखा प्रमुख ज्यू लगायत सम्पुर्ण सहयोगी संघ संस्थाहरुलाई विशेष धन्यवाद दिन चाहान्छु ।


थीर प्रसाद रेग्मी

स्वास्थ्य सेवा कार्यालय, दैलेख

Abbreviations

ABER	- Annual Blood Examination Rate
AFSP	- Agriculture and Food Security Project
AIDS	- Acquired Immune Deficiency Syndrome
ANC	- Antenatal Care
ANM	- Auxiliary Nurse Midwife
AIP	- Annual Parasite Incidence
ARI	- Acute Respiratory Infection
ART	- Anti Retroviral Therapy
ASRH	- Adolescent Sexual and Reproductive Health
BCC	- Behavior Change Communication
BCG	- Bacillus Galmette Guerin
BEONC	- Basic Emergency Obstetric and Neonatal Care
BHSU	- Basic Health Service Center
BMI	- Body Mass Index
CABA	- Children Affected By AIDS
CAC	- Comprehensive Abortion Care
CBIMNCI	- Community Based Integrated Management of Childhood Illness
CD	- Communicable Disease
CD4	- Cell Differentiation
CDD	- Control of Diarrheal Disease
CEONC	- Comprehensive Emergency Obstetric and Neonatal Care
CRP	- Case Fatality Rate
CHU	- Community Health Unit
CHX	- Chlorhexidine
CPR	- Contraceptive Prevalence Rate
C/S	- Cesarean Section
CoFP	- Comprehensive Family Planning
DADO	- District Agriculture Development Office
DALY	- Disability Adjusted
HSO	- Health Service Office
DLSO	- District Livestock Service Office
DoHS	- Department of Health Service
DOTS	- Direct Observed Treatment Short Course
DPT	- Diphtheria Pertussis Tetanus
DQSA	- Data Quality Self-Assessment
DTLA	- District Tuberculosis and Leprosy Assistant
EDCD	- Epidemiology and Disease Control Division
EDPT	- Early Diagnosis and Prompt Treatment
EDP	- External Development Partners
ECO	- Emergency Obstetric Care
EPI	- Expanded Program on Immunization
FP	- Family Planning
FAO	- Food and Agriculture Organization
FCHV	- Female Community Health Volunteer
FPAN	- Family Planning Association of Nepal
FY	- Fiscal Year
HF	- Health Facility
HI	- Health Institution
HH	- House Hold
HIV	- Human Immune Virus
HP	- Health Post
HMIS	- Health Management Information System
HTC	- HIV Testing and Counselling

HW	- Health Worker
IDD	- Iodine Deficiency Disorder
IEC	- Information Education Communication
IFA	- Iron Folic Acid
IMR	- Infant Mortality Rate
IP	- Infection Prevaention
INGO	- International Non-Government Organization
IPD	- Immunization Preventable Disease
IPV	- Injectable Polio Virus
IUCD	- Intra Uterine Contraceptive Device
JE	- Japanese Encephalitis
LMS	- Logistic Managemet Section
LMIS	- Logistic Management Information System
MA	- Medical Abortion
MB	- Multi Bacilli
MCs	- Microscopy Centers
MDT	- Multi Drug Therapy
MDA	- Mass Drug Administration
MDG	- Millennium Development Goal
MDR	- Multi Drug Resistant
M&E	- Monitoring and Evaluation
MIS	- Management Information System
MIYCN	- Maternal Infant nad Young Child Nutrition
MMR	- Maternal Mortality Ratio
MNH	- Maternal and Neonatal Health
MNT	- Maternal and Neonatal Tetanus
MoH	- Ministry of Health
MoSD	- Ministry of Social Development
MR	- Measles Rubella
MWRA	- Married Women of Reproductive Age
NCD	- Non Communicable Disease
NCASC	- National Center of AIDs and STD Control
NHEICC	- National Health Education Information Communication Centre
NHSP	- Nepal Health Sector Program
NHSS	- Nepal Health Sector Strategy
NIP	- National Immunization Program
NMR	- Neonatal Mortality Ratio
NMICS	- Nepal Multiple Indicator Cluster Survey
NRH	- Nutrition Rehabilitation Home
NRCS	- National Red Cross Society
NTC	- National Tuberculosis Center
NSV	- Non Scalpel Vasectomy
OOP	- Out Of Pocket
OPD	- Out Patient Department
OPV	- Oral Polio Virus
ORS	- Oral Rehydration Solution, Oral Rehydration Salts
ORC	- Outreach Clinic
ORT	- Oral Rehydration Treatment
PAC	- Post Abortion Care
PB	- Pauci Bacilli
PBC	- Pulmonary Bacilli Confirmed
PEM	- Protein Energy Malnutrition
PF	- Plasmodium Falciparum
PHCT	- Provincial Health Coordination Team
PHO/PHA	- Public Health Officer/ Public Health Administrator

PLHIV	- People living with HIV
PNC	- Post Natal Care
PR	- Prevalence Rate
PWID	- People Who Inject Drugs
PHCC	- Primary Health Care Centre
PHCORC	- Primary Health Care Out Reach Clinic
PHCRD	- Primary Health Care Revitalization Division
PMTCT	- Prevention of Mother To Child Transmission
PV	- Plasmodium Vivax
RDT	- Rapid Diagnostic Test
RFT	- Release From Treatment
RHD	- Regional Health Directorate
RM	- Rural Municipality
RPR	- Reported Positivity Rate
RTA	- Road Traffic Accident
SAM	- Severe Acute Malnutrition
SBA	- Skill Birth Attendant
SDG	- Sustainable Development Goal
SPR	- Slide Positivity Rate
STI	- Sexually Transmitted Disease
TB	- Tuberculosis
Td	- Tetanus Diphtheria
TNA	- Training Need Assessment
TOT	- Training of Trainers
TSC	- Treatment Success Rate
UM	- Urban Municipality
UHC	- Urban Health Center
UN	- United Nation
UNICEF	- United Nations Children's Fund
VAD	- Vitamin A Deficiency
VPD	- Vaccine Preventable Disease
VBD	- Vector Borne Disease
VSC	- Voluntary Surgical Contraception
WFP	- World Food Program
WHO	- World Health Organization

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राष्ट्रिय स्वास्थ्य नीति २०७६

नेपालको संविधानले आधारभूत स्वास्थ्य सेवालाई प्रत्येक नागरिकको मौलिक हकको रूपमा स्थापित गरेको छ। देश संघीय शासन प्रणालीमा गइसकेकोले संघीय संरचनाको वस्तुगत धरातलमा आधारित रही गुणस्तरीय स्वास्थ्य सेवालाई सबै नागरिकको सर्वसुलभ पहुँचमा पुर्याउनु राज्यको दायित्व हो। संविधानबमोजिम राज्यका संघ, प्रदेश र स्थानीय तहले सम्पादन गर्ने कार्यहरूको एकल तथा साझा अधिकार सूची, नेपाल सरकारका नीति तथा कार्यक्रमहरू, नेपालले विभिन्न समयमा गरेका अन्तर्राष्ट्रिय प्रतिबद्धताहरू एवं स्वास्थ्य क्षेत्रभित्रका समस्या र चुनौतीहरू, उपलब्ध स्रोत साधन तथा प्रमाणलाई समेत आधार बनाई राष्ट्रिय स्वास्थ्य नीति २०७६ तर्जुमा गरी जारी गरिएको छ।

५.३. भावी सोच

स्वस्थ तथा सुखी जीवनलक्षित सजग र सचेत नागरिक।

५.४. ध्येय

साधन स्रोतको अधिकतम एवं प्रभावकारी प्रयोग गरी सहकार्य र साझेदारीमार्फत नागरिकको स्वास्थ्यसम्बन्धी मौलिक अधिकार सुनिश्चित गर्ने।

५.५. लक्ष्य

संघीय संरचनामा सबै वर्गका नागरिकका लागि सामाजिक न्याय र सुशासनमा आधारित स्वास्थ्य प्रणालीको विकास र विस्तार गर्दै गुणस्तरीय स्वास्थ्य सेवाको पहुँच र उपभोग सुनिश्चित गर्ने।

५.६. उद्देश्यहरू

५.६.१. संविधानप्रदत्त स्वास्थ्यसम्बन्धी हक सबै नागरिकले उपभोग गर्न पाउने अवसर सिर्जना गर्नु।

५.६.२. संघीय संरचनाअनुरूप सबै किसिमका स्वास्थ्य प्रणालीलाई विकास, विस्तार र सुधार गर्नु।

५.६.३. सबै तहका स्वास्थ्य संस्थाहरूबाट प्रदान गरिने सेवाको गुणस्तरमा सुधार गर्दै सहज पहुँच सुनिश्चित गर्नु।

५.६.४. अति सीमान्तकृत वर्गलाई समेट्दै सामाजिक स्वास्थ्य सुरक्षा पद्धतिलाई सुदृढ गर्नु।

५.६.५. सरकारी, गैर-सरकारी तथा निजी क्षेत्रसँग बहुक्षेत्रीय साझेदारी, सहकार्य तथा सामुदायिक सहभागितालाई प्रवर्धन गर्नु।

५.६.६. नाफामूलक स्वास्थ्य क्षेत्रलाई सेवामूलक स्वास्थ्य सेवामा रूपान्तरण गर्दै जानु।

६. नीतिहरू

- ६.१. सबै तहका स्वास्थ्य संस्थाहरूबाट टोकिएबमोजिम निःशुल्क आधारभूत स्वास्थ्य सेवा सुनिश्चित गरिनेछ।
- ६.२. स्वास्थ्य विमामार्फत विशेषज्ञ सेवाको सुलभ पहुँच सुनिश्चित गरिनेछ।
- ६.३. सबै नागरिकलाई आधारभूत आकस्मिक स्वास्थ्य सेवाको पहुँच सुनिश्चित गरिनेछ।
- ६.४. स्वास्थ्य प्रणालीलाई संघीय संरचनाअनुरूप संघ, प्रदेश र स्थानीय तहमा पुनर्संरचना, सुधार एवं विकास तथा विस्तार गरिनेछ।
- ६.५. स्वास्थ्यमा सर्वव्यापी पहुँच (universal health coverage) को अवधारणाअनुरूप प्रवर्धनात्मक, प्रतिकारात्मक, उपचारात्मक, पुनर्स्थापनात्मक तथा प्रशामक सेवालाई एकीकृत रूपमा विकास तथा विस्तार गरिनेछ।
- ६.६. स्वास्थ्य क्षेत्रमा सरकारी, निजी तथा गैर-सरकारी क्षेत्रबीचको सहकार्य तथा साझेदारीलाई प्रबर्द्धन, व्यवस्थापन तथा नियमन गर्नुका साथै स्वास्थ्य शिक्षा, सेवा र अनुसन्धानका क्षेत्रमा निजी, आन्तरिक तथा बाह्य लगानीलाई प्रोत्साहन एवं संरक्षण गरिनेछ।
- ६.७. आयुर्वेद, प्राकृतिक चिकित्सा, योग तथा होमियोप्याथिकलगायतका चिकित्सा प्रणालीलाई एकीकृत रूपमा विकास र विस्तार गरिनेछ।
- ६.८. स्वास्थ्य सेवालाई सर्वसुलभ, प्रभावकारी तथा गुणस्तरीय बनाउन जनसंख्या, भूगोल र संघीय संरचनाअनुरूप सीप मिश्रित दक्ष स्वास्थ्य जनशक्तिको विकास तथा विस्तार गर्दै स्वास्थ्य सेवालाई व्यवस्थित गरिनेछ।
- ६.९. सेवाप्रदायक व्यक्ति तथा संस्थाबाट प्रदान गरिने स्वास्थ्य सेवालाई प्रभावकारी, जवाफदेही र गुणस्तरीय बनाउन स्वास्थ्य व्यवसायी परिषद्हरूको संरचनाको विकास, विस्तार तथा सुधार गरिनेछ।
- ६.१०. गुणस्तरीय औषधी तथा प्रविधिजन्य स्वास्थ्य सामग्रीको आन्तरिक उत्पादनलाई प्रोत्साहन गर्दै, कुशल उत्पादन, आपूर्ति, भण्डारण, वितरणलाई नियमन तथा प्रभावकारी व्यवस्थापनमार्फत पहुँच एवं समुचित प्रयोग सुनिश्चित गरिनेछ।
- ६.११. सरुवा रोग, किटजन्य रोग, पशुपन्छीजन्य रोग, जलवायु परिवर्तन र अन्य रोग तथा महामारी नियन्त्रणलगायत विपद् व्यवस्थापन पूर्वतयारी तथा प्रतिकार्यको एकीकृत उपायहरू अवलम्बन गरिनेछ।
- ६.१२. नसर्ने रोगहरूको रोकथाम तथा नियन्त्रणका लागि व्यक्ति, परिवार, समाज तथा सम्बन्धित निकायलाई जिम्मेवार बनाउँदै एकीकृत स्वास्थ्य प्रणालीको विकास तथा विस्तार गरिनेछ।
- ६.१३. पोषणको अवस्थालाई सुधार गर्न, मिसावटयुक्त तथा हानिकारक खानालाई निरुत्साहित गर्दै गुणस्तरीय एवं स्वास्थ्यवर्धक खाद्यपदार्थको प्रबर्द्धन, उत्पादन, प्रयोग र पहुँचलाई विस्तार गरिनेछ।
- ६.१४. स्वास्थ्य अनुसन्धानलाई अन्तर्राष्ट्रिय मापदण्डअनुरूप गुणस्तरीय बनाउँदै अनुसन्धानबाट प्राप्त प्रमाण र तथ्यहरूलाई नीति निर्माण, योजना तर्जुमा तथा स्वास्थ्य पद्धतिको विकासमा प्रभावकारी उपयोग गरिनेछ।

Sustainable Development Goals (SDGs)

The 2030 Sustainable Development Goals (SDGs) – a set of 17 Goals, 169 targets and 230 + indicators for achievement by 2030; Nepal one of the 193 signatory nations. SDGs aspire for eradication of poverty, zero hunger, good health and well-being, quality education, gender equality, clean water, energy & environment, ‘good’ growth & jobs, peace & justice among others.

Sustainable Development has been a global agenda since the last 25 years. The Millennium Development Goals (MDGs) based on Millennium Declaration in the year 2000 by the United Nations (UN) has set foundation for Sustainable Development Goals (SDGs) to be achieved by 2030. The UN Conference on Sustainable Development held in Rio de Janeiro in June 2012, and UN General Assembly (UNGA) held in September 2014 prepared solid foundation for SDGs and finally agreed in the UNGA held in September 2015. Nepal, as a member of the UN, is a part of this global initiative. Sustainable development continues to be in-built in Nepal's socio-economic development. Nepal's efforts for the successful implementation of the MDGs have also opened new avenues for the implementation of SDGs planned for 2016-2030.

Sustainable Development Goals

- Goal 1** End poverty in all its forms everywhere
- Goal 2** End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- Goal 3** Ensure healthy lives and promote well-being for all at all ages
- Goal 4** Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- Goal 5** Achieve gender equality and empower all women and girls
- Goal 6** Ensure availability and sustainable management of water and sanitation for all
- Goal 7** Ensure access to affordable, reliable, sustainable and modern energy for all
- Goal 8** Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- Goal 9** Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- Goal 10** Reduce inequality within and among countries
- Goal 11** Make cities and human settlements inclusive, safe, resilient and sustainable
- Goal 12** Ensure sustainable consumption and production patterns
- Goal 13** Take urgent action to combat climate change and its impacts*
- Goal 14** Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- Goal 15** Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- Goal 16** Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- Goal 17** Strengthen the means of implementation and revitalize the global partnership for sustainable development.

Nepal, despite being engulfed in a decade long armed conflict during the initial years of Millennium Development Goals (MDG) implementation, has achieved significant progress on most MDG targets. Some targets have been met in advance and others have been met within the 2015 deadline. Substantial progress has been made in child health with the MDG targets on infant mortality and under-five mortality already being met and rates of malnutrition substantially decreased. The MDG for reducing maternal mortality is also on track. The increase of HIV/AIDS prevalence has been halted and reversed, and prevalence and death rates associated with tuberculosis (TB) have declined markedly. Malaria remains under control.

However, the overall MDG achievements mask the disparities in outcomes by gender, social group, and geography. Also the social focus of development spending of the government has resulted in

under-investment in the economic sector which is undermining the progress in physical infrastructure and in turn constraining economic growth. Besides, the governance deficit continues for effective service delivery particularly at subnational and local levels. Completing the unfinished MDG tasks and overcoming the disparities in the achieved outcomes and governance challenges need to be built in to the proposed SDGs and their strategies.

The proposed specific targets for SDG 1:

- i. End all forms of malnutrition.

The proposed specific targets for SDG 2:

- (i) Reduce the prevalence of undernourishment (measure of sufficiency of access to food at country level).
- (ii) Reduce the prevalence of underweight children under-five years of age.
- (iii) Reduce the proportion of households with inadequate food consumption (food consumption score).
- (iv) Reduce the prevalence of anemia among women of reproductive age and children to less than one percent each.
- (v) Increase the food grain production by at least 50 percent from the current level

The proposed specific targets for SDG 3:

- (i) Reduce the MMR to less than 70 per 100 thousand live births.
- (ii) Reduce preventable deaths of newborn and children to less than 1 percent.
- (iii) Eliminate HIV, TB and malaria and other tropical diseases, and water borne diseases by 2030.
- (iv) Reduce NCDs by one-third.
- (v) Increase the CPR (modern methods) to 75 percent.
- (vi) Raises the proportion of births attended by SBAs to 90 percent.
- (vii) Increase institutional deliveries to 90 percent and provide post-natal care for 90 percent of mothers

NEPAL HEALTH SECTOR STRATEGY 2015-2020

Introduction

The origins of the five-year strategic health planning process in Nepal can be traced back to 2003 when the Council of Ministers endorsed the *Health Sector Strategy: An Agenda for Reform*. The strategy put in place the first Nepal Health Sector Program (NHSP-I) as its implementation plan for the period 2005-2010. The second sector Program for the period 2010-2015 (NHSP-II) was largely seen as an extension of the previous one, albeit with greater emphasis on partnerships, local governance, decentralized service delivery and equitable access to essential health care services. Nepal Health Sector Strategy 2015-2020 (NHSP-III) is recognised as the strategy that will guide the sector, taking into account multi-sector collaboration to address wider determinants of health, over the next five-year period. It responds to the existing socio-political environment and the changes that have taken place both in the local and global health agenda.

The NHSS stands on four **strategic principles**

1. Equitable access to health services
2. Quality health services
3. Health systems reform
4. Multi-sectoral approach

The Result Framework

The result framework of NHSS has 10 goal level indicators ensured through 9 outcomes and 26 outputs.

Goal No	Goal: Improved health status of all people through accountable and equitable health delivery system	Baseline		Target
		2011	2014	2020
1	Maternal mortality ratio (per 100,000 live births)	-	190*	125
2	Under five mortality rate (per 1,000 live births)	54	38	28
3	Neonatal mortality rate (per 1,000 live births)	33	23	17.5
4	Total fertility rate (births per women aged 15–49 years)	2.6	2.3	2.1
5	% of children under-5 years who are stunted	41	37.4	31
6	% of women aged 15-49 years with BMI less than 18.5	18.2	-	12
7	Life lost due to RTA per 100,000 population	34**		17
8	Suicide rate per 100,000 population ***	-	16.5	14.5
9	DALYs lost due to CDs, NCDs, MNH and Injuries	8319695*		6738953
10	Incidence of impoverishment due to OOP expenditure in health#	na		↓20%

*Sources: NDHS 2011, NMICS 2014, *UN Estimates, **MoPPTM, ***Nepal Police, +IHME, #NLSS*

Outcomes (9)

1. Rebuilt and strengthened health systems: HRH, Infrastructure, Procurement and Supply chain management
2. Improved quality of care at point of delivery
3. Equitable distribution and utilization of health services
4. Strengthened Decentralized Planning and Budgeting
5. Improved Sector Management and Governance
6. Improved Sustainability of Healthcare Financing
7. Improved Healthy Lifestyles and Environment
8. Strengthened Management of Public Health Emergencies
9. Improved availability and use of evidence in decision-making processes at all levels.

कर्णाली प्रदेश सरकार स्वास्थ्य नीति २०७६

१. दूरदृष्टि

सबै प्रदेशवासीको पहुँचमा सबल स्वास्थ्य प्रणाली- सचेत, स्वस्थ र सुखारी कर्णाली ।

२. ध्येय

उपलब्ध साधन-स्रोतको प्रभावकारी प्रयोग गरी सम्बन्धित सरकार, सेवा प्रदायक एवं सरोकारवाला बीच समन्वय र सहकार्य मार्फत प्रदेशवासीको स्वस्थ रहन पाउने मौलिक हक सुनिश्चित गर्ने ।

३. लक्ष्य

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

४. उद्देश्यहरु

क. संविधान प्रदत्त स्वास्थ्य सम्बन्धी हकको उपभोग गर्ने परिवेश सुनिश्चित गर्नु ।

ख. प्रभावकारी एवं मैत्रीपूर्ण स्वास्थ्य सेवाको विकास र विस्तार गर्नु ।

ग. स्वास्थ्यमा पर्याप्त लगानीलाई दिगो बनाई कुशल व्यवस्थापन गर्नु ।

घ. स्वास्थ्यमा सरकारी, गैरसरकारी तथा निजी क्षेत्रसँग साभेदारी, सहकार्य र जनसंलग्नता प्रवर्द्धन गर्नु ।

ङ. आयुर्वेद तथा वैकल्पिक लगायतका स्वास्थ्य प्रणालीहरुको सन्तुलित विकास एवं विस्तार गर्नु ।

च. स्वास्थ्य संस्थाहरुबाट प्रदान गरिने सेवाको गुणस्तर सुनिश्चित गर्नु ।

छ. स्वास्थ्य सम्बन्धी सामाजिक सुरक्षा कार्यक्रमहरुमा सामन्जस्यता स्थापित गर्दै थप सुदृढ गर्नु ।

५. नीतिहरु

५.१. प्रदेशवासीलाई निःशुल्क आधारभूत स्वास्थ्य सेवा प्रवाहित भएको सुनिश्चित गरिनेछ ।

५.२. आकस्मिक स्वास्थ्य सेवाको पहुँच वृद्धि गरी सेवाको व्यवस्थापनलाई सुदृढ गरिनेछ ।

५.३. प्रदेशभित्रका स्वास्थ्य संस्थामा विशेषज्ञ स्वास्थ्य सेवाको पहुँच सुलभ गराइनेछ ।

५.४. स्वास्थ्य सेवाको प्रभावकारिता वृद्धि गर्न पूर्वाधार विकास, स्वास्थ्य उपकरणको व्यवस्था तथा स्वास्थ्य संस्थालाई प्रविधिमैत्री बनाइनेछ ।

५.५. प्रचलित स्वास्थ्य सम्बन्धी सूचना प्रणालीलाई एकीकृत गरी सुदृढ बनाइनुका साथै प्रदेशभित्र स्वास्थ्य अनुसन्धानलाई प्रवर्द्धन गरिनेछ ।

५.६. स्वास्थ्य सेवालालाई प्रभावकारी र गुणस्तरीय बनाउन सीप मिश्रित स्वास्थ्य जनशक्ति विकास र विस्तार गरिनेछ ।

५.७. गुणस्तरीय औषधि तथा प्रविधिजन्य सामग्रीमा पहुँच वृद्धि गर्न उत्पादन, आपूर्ति, भण्डारण तथा वितरण र प्रयोगलाई व्यवस्थित गरिनेछ ।

५.८. प्रदेशभित्र सञ्चालित स्वास्थ्य संस्थामार्फत प्रवाह हुने सेवाको गुणस्तरीयता सुनिश्चित गर्न प्रभावकारी समन्वय, सहकार्य, अनुगमन तथा नियमन गर्ने व्यवस्था मिलाइनेछ ।

५.९. जनस्वास्थ्यको क्षेत्रमा प्रदेशको लगानीलाई वृद्धि र व्यवस्थित गरी व्यक्तिगत खर्च गर्नुपर्ने अवस्थाको न्यूनीकरण गरिनेछ ।

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

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

- ५.१२. सुरक्षित मातृत्व, बाल स्वास्थ्य, किशोरावस्थाको स्वास्थ्य, परिवार नियोजन तथा प्रजनन स्वास्थ्य सेवाको विकास र विस्तार गरी पहुँचमा थप सहजता ल्याइनेछ ।
- ५.१३. व्यक्ति, परिवार र समाजलाई परिचालन गरी स्वस्थ जीवनशैली अपनाउन अभिप्रेरित गर्दै नसर्ने रोगको उपचारलाई आधारभूत स्वास्थ्य सेवास्तरदेखि नै व्यवस्थापन गरिनेछ ।
- ५.१४. जनस्वास्थ्यको संरक्षण र प्रवर्द्धन गर्नका लागि प्रवर्द्धनात्मक तथा प्रतिकारात्मक सेवाको विकास र विस्तार गरिनेछ ।
- ५.१५. प्रदेशबासीको पोषण अवस्थामा दिगो सुधार गर्न स्थानीयस्तरमा उत्पादन हुने स्वास्थ्यवर्धक रैथाने खाद्यवस्तुको प्रयोग र पहुँचलाई विस्तार गरिनेछ ।
- ५.१६. सीमान्तकृत लक्षित वर्गलाई समेट्दै स्वास्थ्य सेवामा उनीहरूको पहुँच सुनिश्चित गरी सामाजिक सुरक्षा कार्यक्रमलाई सुदृढ गरिनेछ ।
- ५.१७. प्रदेशबासीलाई स्वास्थ्य सेवा सुविधा उपलब्ध गराउनका लागि आयुर्वेद तथा वैकल्पिक चिकित्सा पद्धतिलाई सन्तुलित रूपमा विकास, विस्तार र सुदृढ गरिनेछ ।
- ५.१८. प्रदेशको स्वास्थ्य तथा जनसांख्यिक तथ्यांक तथा सूचनाको संकलन, विश्लेषण तथा प्रयोगलाई विकास कार्यक्रम तर्जुमाको मूल आधार बनाइनेछ ।

SUMMARY FACT SHEET

SN	Program Indicators	2075/076	2076/077	2077/078
	Reporting Status (%)			
1	Percentage of HMIS Reporting Status	100	100	100
2	Percentage of HMIS On Time Reporting Status	14.2	28.1	68.5
3	Percentage of LMIS Reporting Status	100	100	100
4	Percentage of PHC/ORC Reporting Status	96.8	73.6	88.6
5	Percentage of EPIC Reporting Status	97.4	82.7	94.8
6	Percentage of FCHV Reporting Status	93	90.3	96.6
	Average no. of People served			
1	PHC/ORC (Per clinic)	21.9	20	19.7
2	EPIC (Per clinic)	17.6	16.3	17.2
3	FCHV (reporting Period)	19.7	18	18.8
	National Immunization Programme			
1	BCG Coverage	92.3	77.2	106.3
2	DPT-HepB-Bib3 Coverage	98.2	88	104.7
3	Measles-1 Coverage	94.7	83.2	92.8
4	Measles-2 Coverage	77	67.5	84.9
5	JE Coverage	87.4	78.3	88.6
6	TD2 & TD2+ Coverage	64.5	54.9	75.3
7	Full Immunization Coverage	82	66	85.2
	Nutrition Programme			
1	Children aged 0-23 months registered for growth monitoring	79.9	70.2	83.9
2	Percentage of newborns with low birth weight (<2.5kg) among total delivery by HWs	6.3	5.6	6
3	Percentage of children aged 0-23 months registered for Growth Monitoring (New) who were Underweight	3.7	4.9	4.1
4	Iron Compliance among Expected Pregnancy(180 tabs)	56.3	61.3	75.1
5	Percentage of Postpartum Women who received Vitamin A	102.1	84.8	96.7
	CB-IMNCI Programme			
1	Percentage of severe pneumonia and very severe disease among total new cases	0.6	0.31	0.18
2	Percentage of severe dehydration among total cases	0.81	0.22	0.11
3	Percentage of PSBI among registered 0-2 months infant (sick baby)	20.2	20.8	18.9
4	Percentage of PSBI cases received complete dose of Gentamicin	55.2	66	70.8
5	Incidence of ARI among children under five years (per 1000)	1269.9	1351.5	1118
6	Incidence of pneumonia among children under five years (per 1000)	195.2	175.5	83.2
7	Percentage of pneumonia cases treated with antibiotics (HF & ORC)	139.9	114	104.9
8	Diarrhoea incidence rate among children under five years	1004.6	930	841.1
9	Percentage of children under five years with diarrhea treated with zinc and ORS	98.2	94.8	100.5
10	Percentage of newborns applied chlorhexidine (CHX) gel immediately among reported live birth	91.6	94.9	95.9
11	Percentage of PSBI Cases treated with first dose of gentamycin	59.1	76	80.2
12	CBIMCI <2Months-Total Death	15	21	23
13	CBIMCI-(2-59Months) Total Death	0	3	6
	Safe Motherhood Programme			
1	ANC 1 st visits as % of expected live birth	81.2	82.2	95.9

SN	Program Indicators	2075/076	2076/077	2077/078
2	4 times ANC visits as % of per protocol	57.8	66.3	84.5
3	Percentage of women who had 3 PNC check-ups as per protocol (1st within 24 hours, 2nd within 72 hours and 3rd within 7 days of delivery)	31.4	32.3	55.7
4	No. of delivery conducted by SBA	2690	3107	3980
5	No. of delivery conducted by other	1951	1706	1731
6	Percentage of home delivery of expected live birth	13.8	10.1	10.3
7	Delivery conducted by SBA as % of expected live birth	43.2	49.9	64.2
8	No. of Home Delivery-Total Live Birth	863	627	638
9	Percentage of institutional delivery among expected live birth	74.3	77.3	92.1
10	PNC 1st visit as % of expected live birth	74.2	77.3	92.3
11	No. of PAC services provided	311	310	313
12	Percentage of C/S deliveries	1.7	1.7	1.3
13	No. of maternal death	1	0	1
14	No. of neonatal death	11	19	22
15	No. of still births	113	74	105
Family Planning Programme				
1	No. of IUCD service sites (functional)	20	20	18
2	No. of Implant service sites (functional)	22	22	26
3	CPR (Unadjusted)	27.63	31.63	31.42
4	FP (spacing) new acceptors as % of MWRA	17.8	21.8	18.6
FCHV Programme				
1	Number of FCHV	810	810	817
2	Proportion of pills cycles distribution by FCHV among total distribution	42.65	35.14	29.86
3	Proportion of condoms distribution by FCHV among total distribution	36.94	28.66	32.71
4	Percentage of mother group meeting conducted by FCHV	95.3	83.5	89.3
5	No. of maternal death reported	1	0	1
6	Total Neonatal Deaths	11	19	22
PHC-ORC Programme				
6	No. of PHC-ORC	205	205	205
7	Average no. of people served by PHC-ORC per month	21.9	19.9	19.7
8	Percentage of PHC-ORC conducted among total Clinic	96.8	73.6	88.6
Tuberculosis Control Programme				
1	TB - Case notification rate	58.2	47.6	42.6
2	Sputum conversion rate (PBC new TB cases)	81.8	75	0
3	Treatment success rate	95.3	98.7	94.9
Leprosy Control Programme				
1	Incidence of leprosy per 10,000 population	0.34	0.27	0.4
2	Percentage of new leprosy cases presenting with a grade-2 disability	10	25	0
Malaria Control Programme				
1	Malaria risk population	292064	296147	300261
2	No. of confirmed malaria cases	7	8	0
3	Reported death due to malaria	0	0	0
Rabies				
1	Number of persons treated for animal bite	434	473	163
2	Number of deaths due to rabies	0	0	0
Snake Bite				
1	Number of persons treated for snake bite	37	46	41
2	Number of deaths due to snake bite	0	0	0

SN	Program Indicators	2075/076	2076/077	2077/078
	HIV/AIDS Programme			
1	No of people counseled	6216	5074	6332
2	No of people tested for HIV	5711	3953	4994
3	No of reported HIV +ve case (New)	0	1	1
4	No. of Persons Receiving ART	178	191	192
	OPD Service			
1	Total new OPD visit	221202	255233	243318
2	Total new OPD visit as % of total population	75.7	86.2	81
3	Total new female OPD visit as % of total OPD visit	58.83	59.14	59.52
	District Hospital Information			
1	Total Number of OPD case	15687	15269	16332
2	Total Number of emergency case	3105	2909	2767
3	Number of sanctioned beds	15	15	15
4	Number of available beds	52	52	52
5	Average length of stay in hospital	2.5	2.4	1.3
6	Total new OPD visit as % of total population	5.08	5.10	4.81
7	Bed occupancy rate	47.5	35.1	16.3
8	Total Number of death among inpatients	5	7	2

Executive Summary

This District Annual Health Report of Health Service Office of fiscal year 2077/2078 (2020/2021) reflects the performance of different programs over the preceding three fiscal years and presents problems/constraints actions taken against them and suggested actions for further improvement. Health service information on its progress and achievement of health institutions of local levels, district aligning with national service coverage have been presented and analyzed comparatively in this report.

The Annual Report of Health Service Office, Dailekh for fiscal year 2077/078 (2020/2021) analysis the performance of different programmes over the preceding three fiscal years and presents the achievements. This report is mainly based on information collected by DoHS's Health Management Information System (HMIS) from Dailekh District Hospital to peripheral health facilities. A total of 3 Hospital (District Hospital, Dullu Hospital, Gurans Hospital), 2 Primary Health Care Centers (PHCCs), 56 Health Posts (HPs) reported to HMIS in 2077/078. This report also includes service coverage by 205 Primary Health Care/Outreach Clinics (PHC/ORC), 249 Expanded Programmed of Immunization (EPI) clinics and 817 Female Community Health Volunteers (FCHVs), 18 Community Health Units, 21 Basic Health Service Center, 3 Urban Health Centers. Total of 4 NGOs (Nepal Red Cross society, GMR, FPAN, Dailekh Puls) also reported to HMIS this year.

Major programmers implemented in the district were Expanded Program on Immunization, Nutrition program, IMNCI, Family Planning, Safe Motherhood, FCHV program, PHC/ORC program, TB control program, Leprosy Elimination Program, Covid-19 prevention and control and HIV/AIDS prevention and control program.

Reporting status of Hospitals, PHC & HP was 100 percent each. Similarly, 100 percent of urban health centre, 100 percent of community health units, Basic Health Service Center, 88.6 percent of PHC outreach clinics, 94.8 percent of EPI clinics, 96.6 percent of FCHVs and 100 percent of NGO have reported to 100 percent HMIS & 100 percent LMIS Reported in fiscal year 2077/078. Completeness and timeliness of reporting from public facilities & regular report from non-public health facilities to HMIS have always been increasing compared to previous fiscal years.

CHILD HEALTH

IMMUNIZATION

Dailekh district was declared fully immunized district on 4th Ashad 2074. The District immunization coverage of most of the antigens in the regular National Immunization Program (NIP) during fiscal year coverage of Dailekh district for all vaccine was found in increasing trends with >90% coverage for major antigens. There was 106.3% BCG, 104.7% DPT-3 and 84.9% measles coverage. Coverage of PCV-3 was 91.7% though other antigens as MR second and JE had 88.6% each and Td2/2+ in pregnancy had 75.3% coverage. There was low drop out rate and wastage rate of all antigens was high due to utilization of increased quantity of antigens for multiple sessions in view of achieving fully immunized district declaration.

NUTRITION

The growth monitoring services had been targeted to children below 2 years of age. Second round of mass Distribution Campaign of Vitamin A capsule to 6 to 59 months children and De-worming distribution to 12-59 months with coverage of 89.29% & 85.54% respectively. Moreover, 96.7% of the pregnant mothers & 75.1% of delivered mothers received 180 iron tablets in this district. About 83.9% of under 2 years children are registered for growth monitoring, among which 4.1% are reported underweight which have slightly decreasing from last fiscal year i.e. 4.9 percent.

COMMUNITY BASED INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS (CB-IMNCI)

The CB-IMNCI program has been rolled out to all municipalities of district which aim to reduce neonatal and child mortality. The CB-IMNCI program has been implemented up to community level and it has shown positive results in management of neonatal & childhood illnesses. Most of the newborns 95.5% received Chlorhexidine applied immediately after birth in fiscal year 2077/078 ARI cases per 1000 under five populations has decreasing. Incidence of pneumonia (Pneumonia + Severe Pneumonia) has slightly in decrease trend. Similarly there was decrease in incidence of Diarrhoea cases along with slightly decreasing cases of severe dehydration.

FAMILY HEALTH

FAMILY PLANNING

The Contraceptive prevalence rate (CPR) for modern methods is 31.42% in District. In fiscal year 2077/078. It seems to be slightly decreasing by 0.21 percent from 31.63% in 2076/077 to 31.42% in fiscal year 2077/078. There is an decreasing trend of new acceptors of long acting modern methods.

SAFE MOTHERHOOD

Access and availability of safe motherhood services to the community has been ensured with increase in number of birthing centers and coordination with other stakeholders for strengthening human resources, equipments and infrastructures in birthing centers. Service statistics of the fiscal year 2077/078 shows that 95.9 percent of the mothers received first antenatal care services, however only near 84.5% of expected live births made four ANC visits as per protocol indicating that about half of the mothers did not complete the recommended four ANC visits. There was slightly increase in institutional delivery 92.1% & skilled birth attendance (SBA) during delivery 64.2%. Likewise percentage of mothers who received first postnatal care at the health facility was at 92.3%. There was 1 case maternal death reported, 22 cases of neonatal deaths & 105 still births were reported in fiscal year 2077/078. 73 cases caesarean section (C/S) was done.

FEMALE COMMUNITY HEALTH VOLUNTEER (FCHV)

A total of 817 Female Community Health Volunteers (FCHVs) are working in dailekh and are involved in the promotion of safe motherhood, child health, family planning, and other community based health services to promote health and healthy behavior of mothers and community people with support from health workers and health facilities. 89.3% of mother group meeting conducted by FCHV in fiscal year 2077/078. FCHVs have contributed in distribution of 29.86 percent oral pills and 32.71 percent condom at the district level. FCHVs distributed a total of 107509 pieces of condoms, 5855 cycle of Pills and 24229 packets of ORS, 155876 zinc tablets in the FY 2077/078. Besides, they are also actively involved support on regular priority health programs, national campaign events, as counseling and referring mothers to the health facilities for the service utilization.

PRIMARY HEALTH CARE OUTREACH CLINIC (PHC/ORC)

There are total 205 PHC/ORCs and in HMIS reporting system, 88.6% of the clinics are functional. Averages of 17 persons were served per clinic.

EPIDEMIOLOGY & DISEASE CONTROL

MALARIA

A total of 448 Malaria-Blood Slide (blood smears) were collected. The Annual Blood Slide Examination Rate (ABER) was 0.14 percent. No Slide Positivity rate.

FILARIA

In FY 2077/78 Dailekh, District Hospital reported and peripheral level of health facility has reported No case.

TUBERCULOSIS

Treatment by Directly Observed Treatment Short Course (DOTS) for Tuberculosis (TB) is being in district through 60 treatment centers. 1 MDR sub center. The Case Notification Rate (CNR) per 100,000 has reduced to 42.6%, Treatment Success Rate (TSR) has slightly increased to 94.9% in fiscal year 2077/078.

LEPROSY

The Reported Case Detection Rate per 10,000 populations 0.4% which is below elimination level and has decreased slightly than previous FY. Total cases 12 of leprosy were detected in FY 2077/078.

NCD and Mental Health

District Level Training of Health Service providers were carried out for package for Essential Non-Communicable Diseases (PEN) program scaled up to all HFs and Mental health as a psychosocial health promotion program was conducted in Dailekh.

HIV/AIDS AND STI

HIV exists as a public health problem in Dailekh. There are 4 HTC centers, 2 ART site, 1 ART dispensing site (Dullu Hospital) and 1 CD4 count centre (District Hospital). 4 HTC centers (DH, Dullu, Naumule, Lakandra) , 1 ART dispensing site and CD4 centre were established in district hospital, CCC and CHBC-1(Dailekh Plus), 60 PMTCT (All HFs). Aathbis, Dullu municipality, border of Accham district, share for more than half of HIV cases of district. Total 541 people were counseled & tested for HIV & 2 New PMTCT positive case was reported in 2077/078. The number of clients receiving ART was 192 in this year. A total of 4787 tests were done antenatal, labor and delivery, and postnatal period.

CURATIVE SERVICES

Curative services are provided through 3 Hospital, 2 Primary Health Care Centers (PHCCs), 56 Health Posts (HPs), 18 Community Health Units, 21 Basic Health Service Center, 3 Urban Health Centers as well within the district Percentage of new OPD visits has slightly decreased from 86.2% in fiscal year 2077/078 to 81% in fiscal year 2077/078. Health service office procured free essential medicine and also received from Province & Central store then supplied to all of Health facilities.

SUPPORTING PROGRAMS

HEALTH TRAINING

The overall goal of Health training is to develop capacity of health service providers to deliver quality health care services. Objective of health training is to produce skilled human resources. Health trainings are generally conducted as, in service, & specialized as onsite coaching which are targeted to all level health workers within the district.

In this Fiscal year, series of training have been conducted in district such as SBA, Implant, Immunization Basic, FB-IMNCI, CNSI, ToT of IMNCI Coacher, IMNCI/Equity & access, MNH update, MPDSR, HMIS/LMIS, PEN Package, Mental Health, CICT, IMU apps, ECCT, RDQA orientation, municipal level Health profile update training etc.

HEALTH EDUCATION, INFORMATION AND COMMUNICATION

The health education information and communication program is one of the most important supporting health programs which is as old as the modern health services in Nepal. The general objective of the program is to raise the health awareness of the people to promote health status and to prevent disease through full utilization of available resources. Health Service Office implements IEC activities utilizing various methods and media according to the local needs of the people. Major activities conducted in this fiscal year includes production and distribution of IEC materials, airing of health radio programs and messages through local FM radio, health exhibition, publication of health messages in print media, community interaction program for health service promotion, IEC program on anti-tobacco, non-communicable diseases control and celebration of different health days, COVID 19 prevention and control program was also aired and broadcasted via local FM radio, pamphlet and broser were distributed for message dissemination.

LOGISTIC MANAGEMENT

District Health Service Store took responsibilities to store and distributes health commodities for the government health facilities provided by LMD, HSD External Developmental partners. It also involves in repairing and maintenance of instruments along with transport vehicles, birthing center renovation. Repacking and supply of drugs, vaccines & key commodities including essential drugs and other items of regular program, Support to national campaigns. Overall, LMIS reporting stands at 100 percent in dailekh district form Hospital, PHCs, HPs, Community Health Units, Basic Health Service Center and Urban Health Centers.

PLANNING, MONITORING, SUPERVISION AND INFORMATION MANAGEMENT

Management Information System (MIS) Section of HSO coordinates with district HF and other NGOs for timely reporting and feedback. It also provides technical supports to district health facilities in HMIS. Major activities conducted by this section in fiscal year 2077/078 were done in District Annual Performance Review Meeting, conduction of Immunization, MNH update, MPDSR, HMIS/LMIS, training for newly recruited health workers and Construction and maintenance of Hospitals, birthing centers and staff quarters.

1. Introduction

1.1. Background

Political Bordering

- East : Jajarkot
- West : Achham
- North : Kalikot
- South : Surkhet

Positioning

- Altitude : 28 ° 35' North to 29° 8' North
- Latitude : 81° 25' East to 81° 53' East

Height from sea level

- Lowest : 544 m (Tallo Dungeshor)
- Highest : 4168 m (Mahabu lekh)
- District Headquarter (Dailekh Bazar) : 1448 m (Devkota Chowk)

Total area: 1502 sq. KM

- 80% hilly region
- 20% high hill

Political and administrative division

- Region : Karnali Province
- District Headquarter : Dailekh Bazar
- Electoral Constituencies : 2
- Province Electoral Constituencies : 4
- Municipality : 4
- Rural municipality : 7
- Total Ward: 90

Climatic profile

- Average temperature
Maximum: 34 degree Celsius
Minimum: 5 degree Celsius
- Annual rainfall : 1700 mm

Economic situation

- Agriculture : 92%
- Labor : 6%
- Job and business : 2%
- Average annual income : Rs 3552

Land utilization

- Jungle: 78026 hector (51.95%)
- Grazing area: 3698 hector (2.46%)
- Agricultural land: 43121 hector (28.71%)
- Others: (rock, revir, khola) 25355 hector (16.88%)

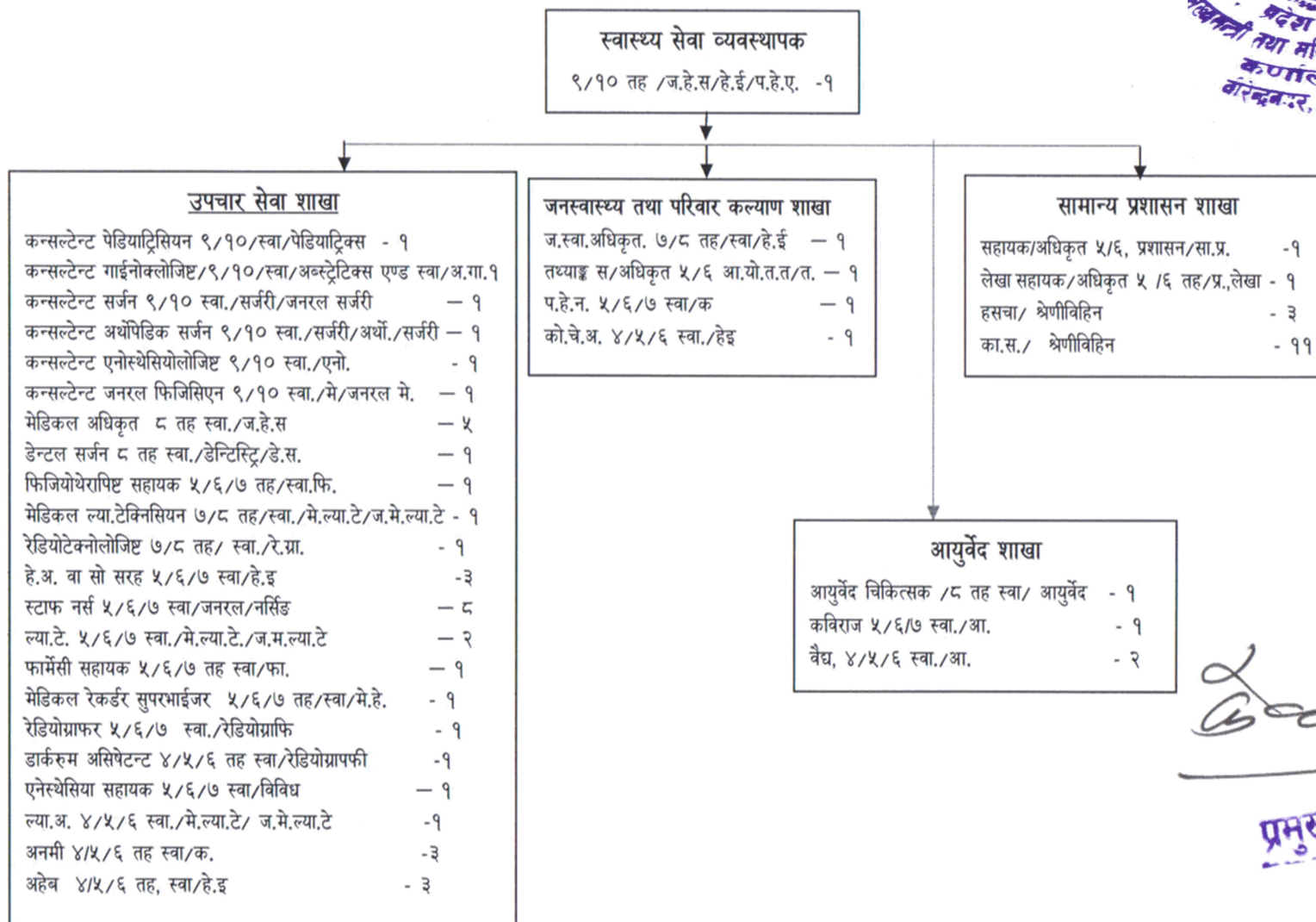
1.2. Demographic information

Indicator	2068 census	2058 census
Total population	261770	237394
Male population	126990	116385
Female population	134780	121009
Population density	174/sq km	149 /sq km

1.3. Health Demography

S.N.	Health Institution	Number
1	Hospital	3
2	Primary Health Care Centre	2
3	Health Post	56
5	PHCORC	205
6	EPI Clinic	249
7	FCHV	817
8	CEONC Centre	1
9	BEONC Centre	3
10	Birthing Centre	54
11	Urban Health Center	3
12	Community Health Unit	18
13	Sub birthing centre	3
14	Basic Health Service Center	21
15	ART site (Narayan, Rakam) /ART dispensing site (Dullu)	2/1
16	Microscopic centre	7
17	CD4 centre	1
18	RT-PCR Lab.	1

1.4. Organogram of Health Service Office, Dailekh



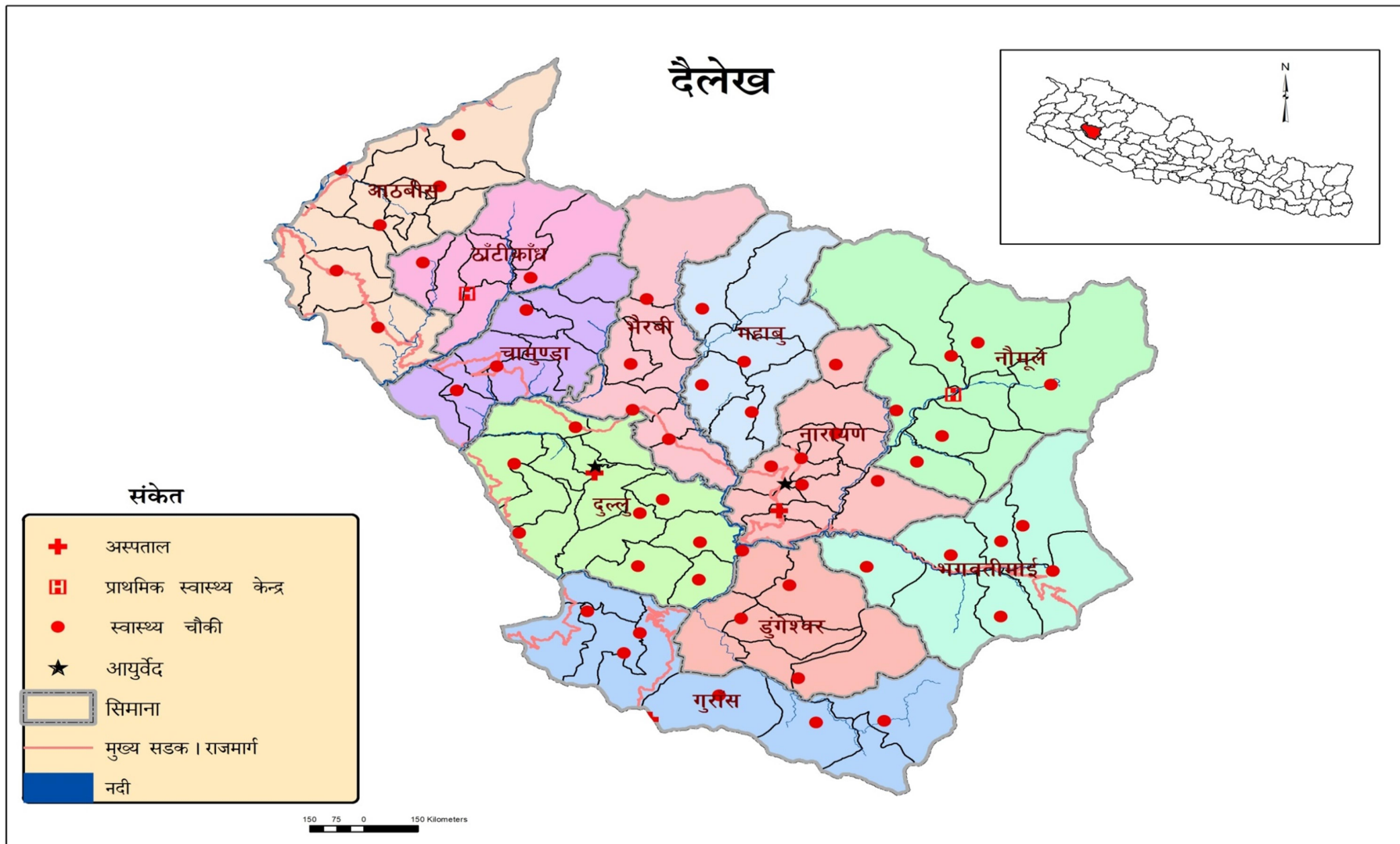
(Signature)

प्रमुख सचिव

१.५. जिल्लामा स्वास्थ्य संस्थामा कार्यरत मानव संशाधन अवस्था

स्वास्थ्य संस्था	मेडिकल अधिकृत			प्यारामेडिक्स			नर्सिङ			अन्य प्राविधिक, सहयोगी			जम्मा		
	दरबन्दी	पूर्ति	करार	दरबन्दी	पूर्ति	करार	दरबन्दी	पूर्ति	करार	दरबन्दी	पूर्ति	करार	दरबन्दी	पूर्ति	करार
नारायण न.पा.	0	0	0	18	17	3	12	12	8	0	0	2	30	29	13
दुल्लु न.पा.	3	0	3	38	30	5	28	20	14	5	2	34	74	52	56
चामुण्डाबिन्द्रासैनि न.पा.	0	0	1	11	9	14	9	8	9	1	1	19	21	18	43
आठबिस न.पा.	0	0	0	18	10	8	12	7	10	0	0	8	30	17	26
ठाटीकाँध गा.पा.	1	0	1	14	9	4	13	8	12	1	0	2	29	17	20
भैरवी गा.पा.	0	0	0	10	10	2	7	7	8	0	0	8	17	17	18
महाबु गा.पा.	0	0	1	15	12	9	15	9	13	0	0	3	30	21	35
नौमूले गा.पा.	1	0	0	17	16	5	15	13	14	4	4	14	37	33	33
भगवतीमाई गा.पा.	0	0	0	20	16	2	13	13	6	0	0	0	33	29	19
डुङ्गेश्वर गा.पा.	0	0	0	13	13	3	9	8	8	0	0	2	22	21	13
गुराँस गा.पा.	0	0	1	19	19	7	13	11	16	0	0	8	32	30	32
स्वास्थ्य सेवा कार्यालय	13	1	11	6	5	17	12	4	21	34	15	59	65	25	108
जम्मा	18	1	18	199	166	79	158	120	139	45	22	159	420	309	416

1.6. Dailekh District map with Health facilities



2. FAMILY WELFARE

2.1. Immunization

Background

The National Immunization Programmed has a lead role in all immunization related activities at national level. The NIP works closely in coordination with other divisions of DoHS, Province Health Service Directorates and Districts. Province Health Service Directorates acts as a facilitator between the centre and the districts and carried out periodic review of district performances and conduct supportive supervision to strengthen immunization services. It is the responsibility of the HSO & Respective UM/RM to ensure that a successful immunization programmed is implemented at district and below level. PHCCs, HPs, and UHCs, CHUs, BHSUs implement immunization programmers in their respective municipalities and wards ensuring all target children receive immunization services especially marginalized and hard to reach population.

Goal

The Overall goal of the National Immunization program is to reduce child morbidity, mortality and disability associated with Vaccine preventable disease.

Objectives

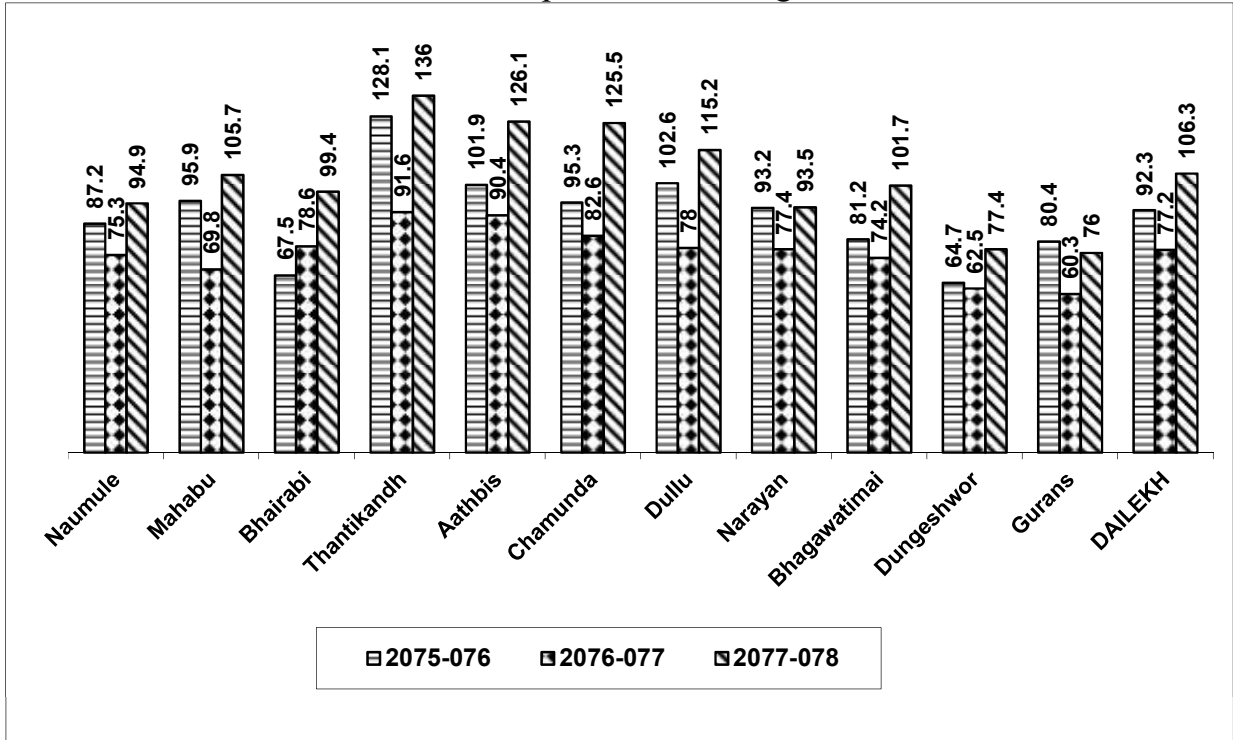
The main objectives of NIP are:

- To achieve and sustain 100% coverage.
- To maintain polio free status
- To sustain MNT elimination status,
- To initiate measles elimination,
- To expand VPDs surveillance,
- To improve and sustain immunization quality,
- To accelerate control of other VPDs through introduction of new vaccines
- To expand immunization services beyond infancy.

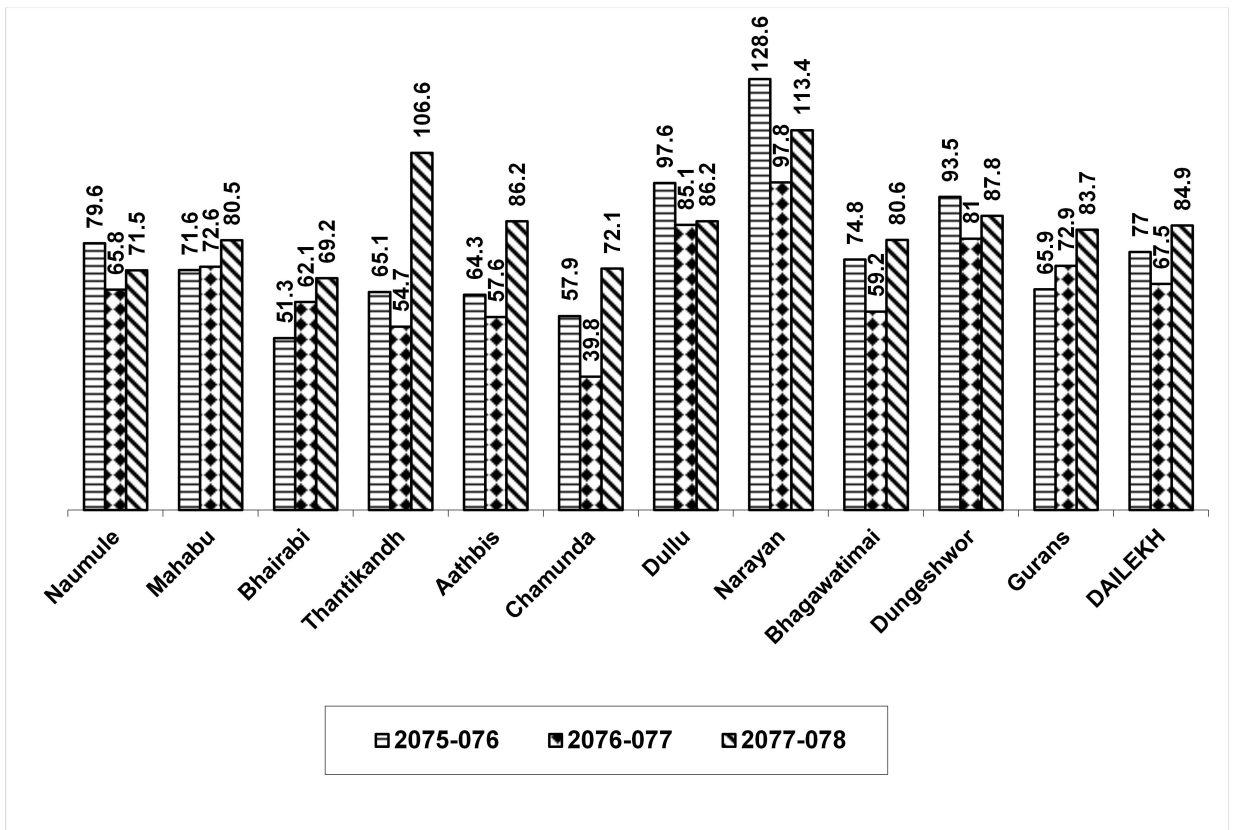
Analysis of Achievement

Indicators	2075/076	2076/077	2077/078
% of children under one year immunized with BCG	92.3	77	106.3
% of children under one year immunized with DPT-HepB-Hib3	100.5	79.4	101.4
% of children under one year immunized with PCV 3	91.6	79.1	91.7
% of children under one year immunized with FIPV 2nd	60	75.7	96
% of children 12-23 months immunized with JE	87.4	78.3	88.6
% of children aged 12-23 months immunized with measles/rubella 2	77	67.5	84.9
% of pregnant women who received TD2 & TD2+	64.5	54.9	75.3
% of children fully immunized as per NIP schedule	82	66	85.2
Drop out DPT-HepB-Hib 1 vs 3	-2.4	9.6	3.1
Drop out Penta 1st Vs MR2	20.8	23.1	19.4

DPT-HepB-Hib3 Coverage



MR-2 Coverage



MUNICIPALITIES CATEGORIZATION 2077/078

Category 1 (less Problem)	Category 2 (Problem)	Category 3 (Problem)	Category 4 (Problem)
High Coverage ($\geq 90\%$) Low Drop-Out ($< 10\%$)	High Coverage ($\geq 90\%$) High Drop-out ($\geq 10\%$)	Low Coverage ($< 90\%$) Low Drop-out ($< 10\%$)	Low Coverage ($< 90\%$) High Drop-out ($\geq 10\%$)
Thantikandh, Narayan	Naumule, Mahabu Aathbis, ChamundaBi., Dullu, Dailekh	Bhagawatimai, Dungeshwor, Gurans	Bhairabi

2.2. Nutrition

Background

The National Nutrition Programmed 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 equitable human capital 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, partnership among different stakeholders and high level of awareness and cooperation of population in general.

Global Nutrition Target by 2025- WHO

- Reduction of the global number of children under five who are stunted by 40 percent
- Reduction of anaemia in women of reproductive age by 50 percent
- Reduction of low birth weight by 30 percent
- No increase in childhood overweight
- Increase the rate of exclusive breastfeeding in the first six months up to at least 50 percent
- Reduce and maintain childhood wasting to less than 5 percent

Objectives

General Objectives

The general objective of the National Nutrition Programmed is to enhance nutritional well being, reduce child and maternal mortality and is to contribute for equitable human development.

Specific Objectives

- To reduce protein-energy malnutrition in children under 5 years of age and reproductive aged women
- To reduce the prevalence IDA of anaemia among women and children
- To eliminate iodine deficiency disorders and sustain the elimination
- To eliminate vitamin A deficiency and sustain the elimination
- To reduce the infestation of intestinal worms among children and pregnant women
- To reduce the prevalence of low birth weight
- To improve household food security to ensure that all people can have adequate access, availability and utilization of food needed for healthy life
- To promote the practice of good dietary habits to improve the nutritional status of all people
- To prevent and control infectious diseases to improve nutritional status and reduce child mortality
- To control the incidence of life-style related diseases (coronary artery disease, hypertension, tobacco and smoke related diseases, cancer, diabetes, dyslipidaemia, etc)
- To improve health and nutritional status of school children
- To reduce the critical risk of malnutrition and life during exceptionally difficult circumstances
- To strengthen the system for analysing, monitoring and evaluating the nutrition situation

Targets

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

SN	Indicators	Situation in Nepal		SDGs Target (2030) for Nepal
		2011	2016	
1	Reduction in the number of children under - 5 who are stunted	40.5%	35.8%	15.0%
2	(a) Reduction of anemia among WRA	35.0%	40.8%	10.0%
	(b) Reduction of anemia among Children >5	46.2%	52.7%	10.0%
3	Reduction in low birth weight	12.1%	12.3%	<5%
4	Ensure that there is no increase in childhood overweight	1.4%	1.2%	<1%
5	Increase rate of exclusive breastfeeding in the first 6 months	69.6%	66.1%	>90%
6	Reduce and maintain childhood wasting	10.9%	9.7%	<5.0%

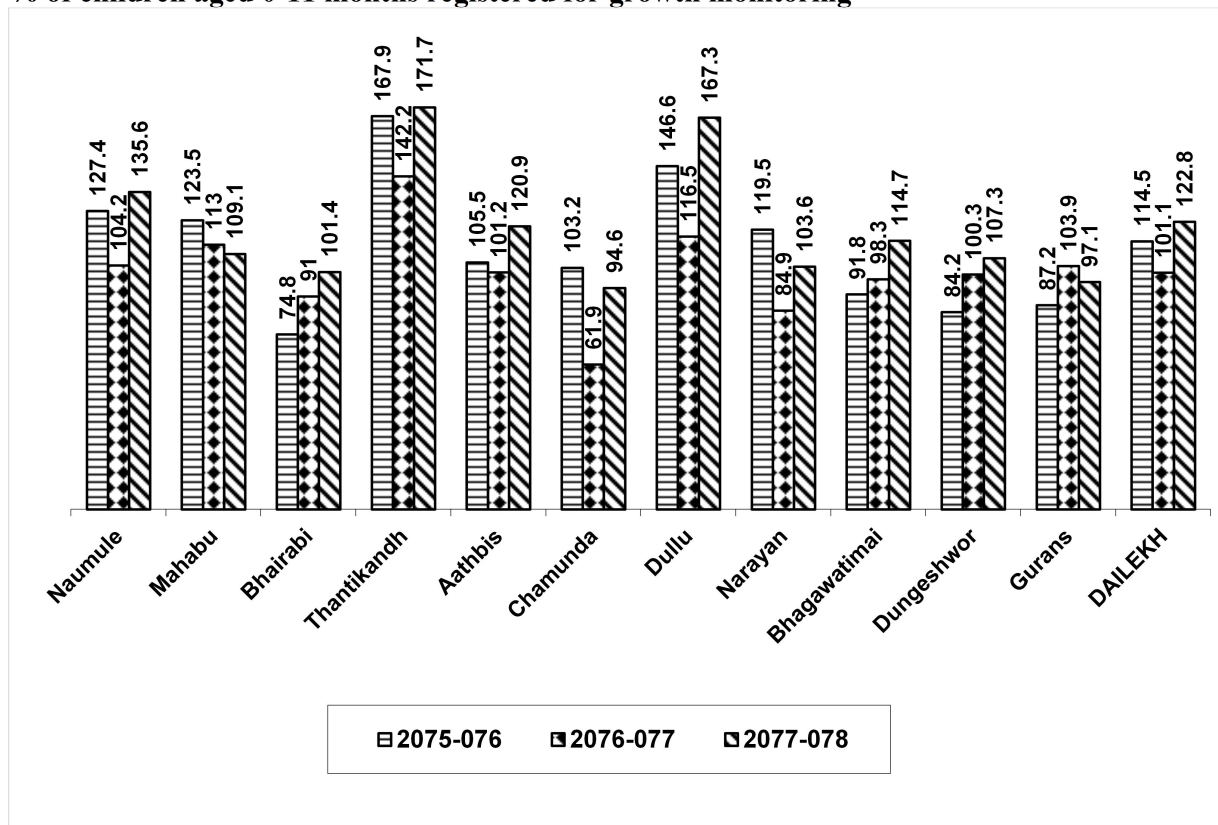
Target Population

All the children under 2 years of age and pregnant women are target population for nutrition programmed.

Analysis of Achievement

Indicators	2075/076	2076/077	2077/078
Percentage of newborns with low birth weight (<2.5kg) among total delivery by HWs	6.3	5.6	6
Percentage of children aged 0-11 months registered for growth monitoring	114.5	101.1	122.8
Percentage of children aged 12-23 months registered for growth monitoring	45.6	39.4	44.6
Percentage of children aged 0- 6 months registered for growth monitoring who were exclusively breastfed for the first six months	74.9	71.1	85.1
Percentage of women who received a 180 day supply of Iron Folic Acid during pregnancy	56.3	61.3	75.1
Percentage of postpartum women who received Vitamin A supplementation	102.1	84.8	96.7
% of children 12-23 months registered for Growth Monitoring who were Underweight	4.6	6.6	4.9
Average number of visits among children aged 12-23 months registered for growth monitoring ^a	4.9	5	4.6
% of children aged 6-23 months who received 3 cycle (180 Sachets) Baal Vita (MNP)	1	0.61	2.6
1st Vitamin A Campaign	85.19	82.06	87.57
2nd Vitamin A Campaign	89.67	91.41	89.29
1st Deworming Campaign	81.44	77.50	85.23
2nd Deworming Campaign	81.06	86.19	85.54

% of children aged 0-11 months registered for growth monitoring



2.3. Community Based Integrated Management of Neonatal and Childhood Illnesses (CB-IMNCI)

Background

Community Based Integrated Management of Neonatal Childhood Illnesses (CB-IMNCI) Programmed is an integrated package of child survival interventions and addresses major childhood killer diseases like Pneumonia, Diarrhea, Malaria, Measles and Malnutrition in 2 months to 5 years children in a holistic way. CBIMCI also includes management of infection, Jaundice, Hypothermia and counseling on breastfeeding for young infants less than 2 months of age. With the implementation of this package children are diagnosed early and treated appropriately for major childhood diseases at the health facility and community level. At the community level FCHVs are the main vehicle of service delivery and also plays key role to increase community participation.

Vision

- Contribute to survival, healthy growth and development of under five years children of Nepal.

Goal

- o Improve newborn and child survival and ensure healthy growth and development.

Targets of Nepal Health Sector Strategy (2015-2020)

- o Reduction of Under-five mortality rate (per 1,000 live births) to 28 by 2020
- o Reduction of Neonatal mortality rate (per 1,000 live births) to 17.5 by 2020

Targets of NENAP

- o Reduction of Neonatal mortality rate (per 1000 live births) to 11 by 2035
- o Reduction of stillbirths (per 1000 total births) to 13 by 2035

Objectives

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

Strategies

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

Target Population

All the children under 5 years of age are target population for CB-IMNCI programme.

Analysis of Achievement

Indicators	2075/076	2076/077	2077/078
Percentage of newborns applied chlorhexidine (CHX) gel immediately among reported live birth	91.6	94.9	95.5
% of PSBI among registered 0-2 months infant (sick baby)	20.2	20.8	18.9
% of PSBI Cases treated with first dose of gentamycin	59.1	76	80.2
% of PSBI cases received complete dose of Gentamicin	55.2	66	70.8
Incidence of ARI among children under five years (per 1000)	1269.9	1351.5	1118
Incidence of pneumonia among children under five years (per 1000)	195.2	175.5	83.2
Percentage of pneumonia cases treated with antibiotics (HF & ORC)	139.9	114	105.3
Diarrhoea incidence rate among children under five years	1004.6	930	841.1
Percentage of children under five years with diarrhea treated with zinc and ORS	98.2	94.8	100.5

2.4. FAMILY PLANING

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) centers, health posts (HP), primary health care outreach clinics (PHC/ORC) and voluntary surgical contraception (VSC) camps. The policy also aims to encourage public private partnership. Female community health volunteers (FCHVs) are mobilized to promote condom distribution and resupply 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 FCHV programme.

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.

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

Targets

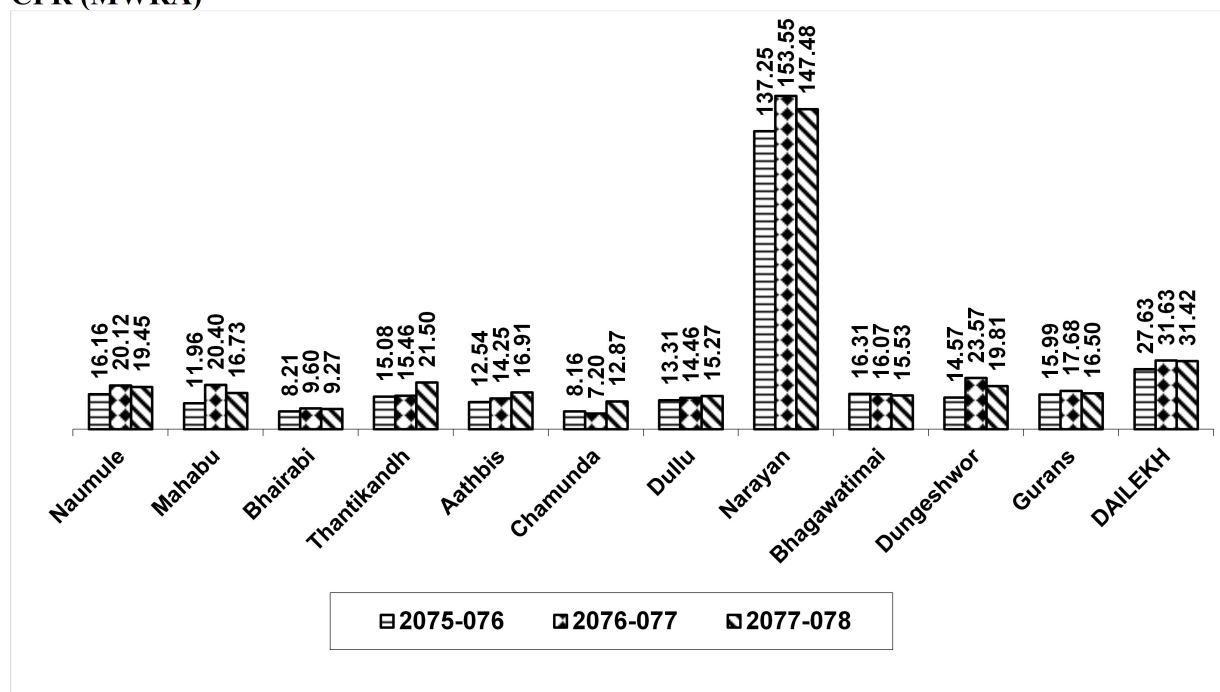
Periodic and long-term targets for the Family Planning Programme have been established as follows:

- To reduce TFR to 2 children per women by 2030
- To increase the Contraceptive Prevalence Rate (CPR) to 75 percent by 2030

Target Population

All the women of reproductive age (Female of age 15-49 years) are target population for family planning programmed.

CPR (MWRA)



2.5. Safe Motherhood

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.

Goal

Safe motherhood and neonatal health aims at improving maternal and neonatal health and survival, especially of the poor and excluded. The main indicators for this include reduction in maternal mortality ratio and neonatal mortality rate.

Objectives

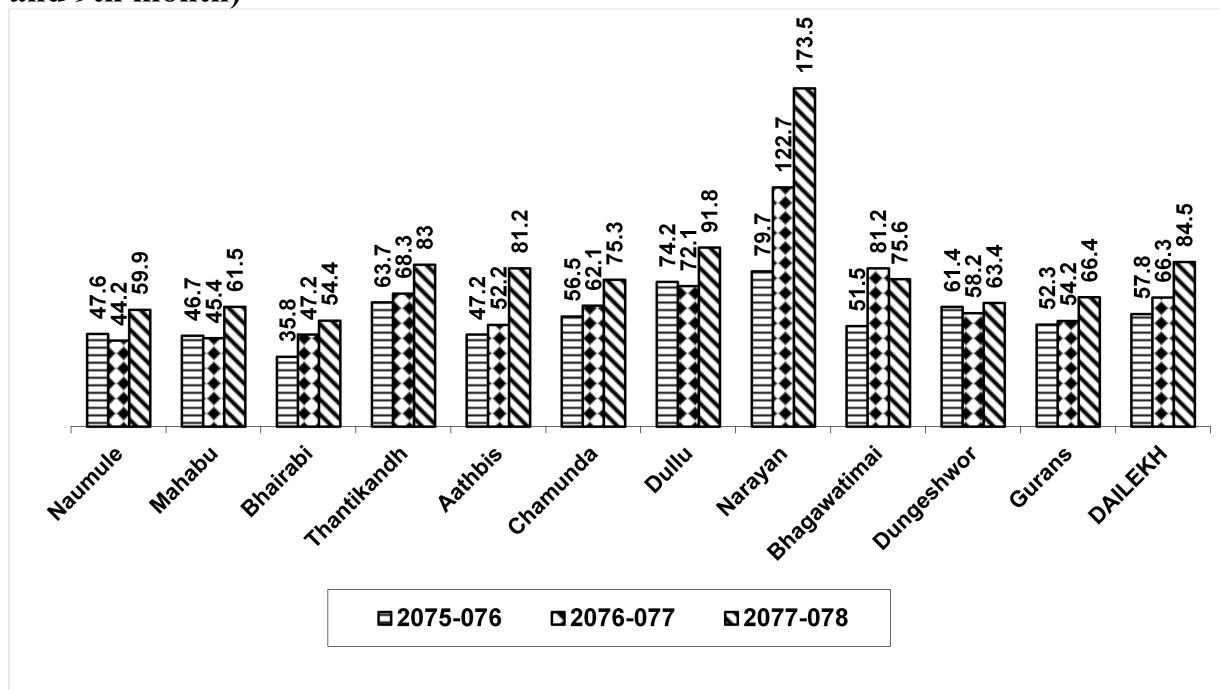
Within the context of reproductive health, the main objectives of the Safe Motherhood Programme are:

- To reduce maternal and neonatal mortality and morbidity.
- To improve maternal and neonatal health and survival, especially of the poor and excluded.
- To increase the healthy practice and utilization of quality maternal and neonatal health service by poor and excluded.
- To strengthen and expand delivery by SBA, basic and comprehensive obstetric care service including family planning.

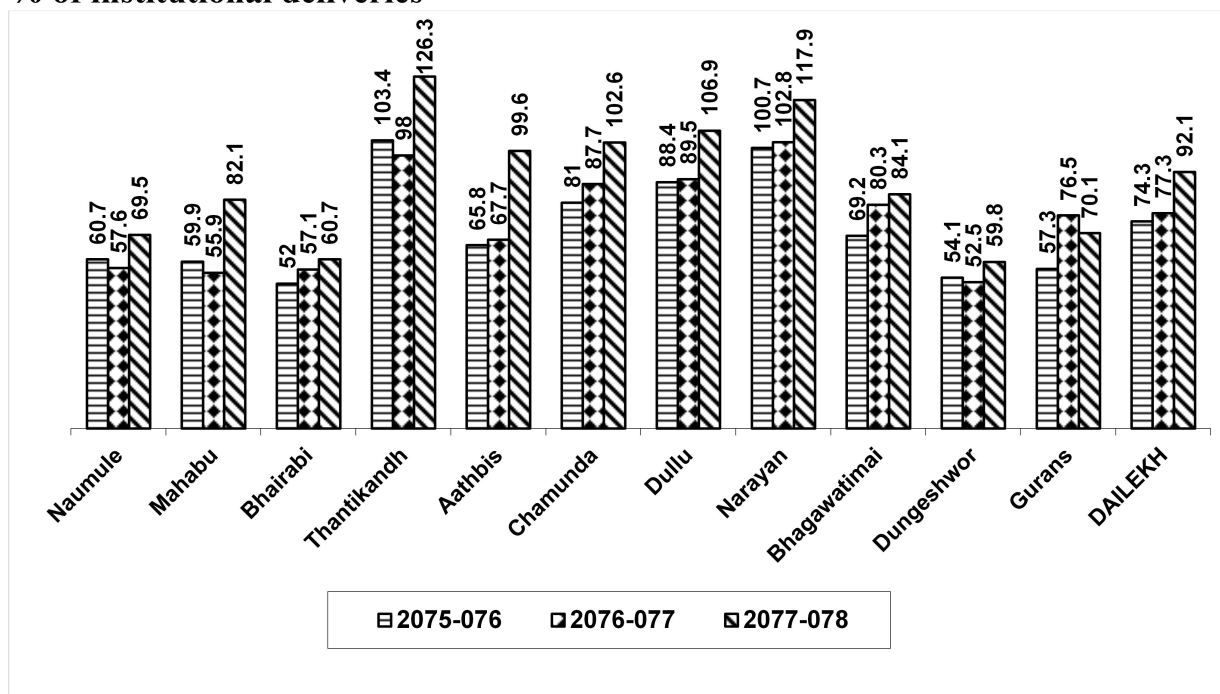
Analysis of Achievement

Indicators	2075/076	2076/077	2077/078
Percentage of pregnant women who had at least one ANC checkup	87.8	99.7	113.5
Percentage of pregnant women who had four ANC checkups as per protocol (4th, 6th, 8th and 9th month)	57.8	66.3	84.5
Percentage of institutional deliveries	74.3	77.3	92.1
FCHV Program-SMH/FP-Home Delivery-Total Live Birth	842	604	619
Percentage of women who had 3 PNC check-ups as per protocol (1st within 24 hours, 2nd within 72 hours and 3rd within 7 days of delivery)	31.4	32.3	55.7
Percentage of births attended by a Skilled Birth Attendant (SBA)	43.2	49.9	64.2
Met need for emergency obstetric care	5	5	7.5
% of women receiving maternity incentives	76	98.2	101
% of women receiving ANC incentives	70.4	96.9	100.6
Number of women receiving safe abortion service	243	435	580
Total Maternal Deaths	1	0	1
Total Neonatal Deaths	11	19	22
Total Still Birth	113	74	105

% of pregnant women who had four ANC checkups as per protocol (4th, 6th, 8th and 9th month)



% of institutional deliveries



2.6. Female Community Health Volunteer (FCHV)

Background

The major role of the FCHVs is to promote health and healthy behavior 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 HPs and PHCCs. 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 Programme.

Goal

The goal of FCHV programme 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.

Objectives

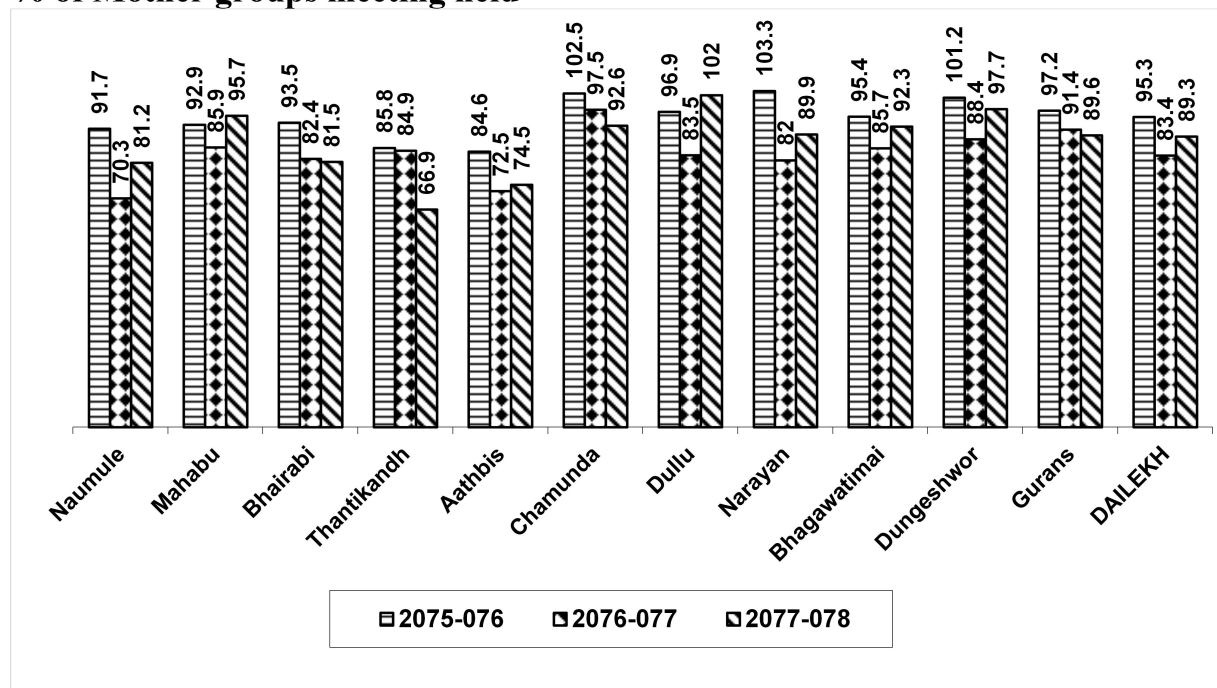
FCHV programme has the following objectives:

- To activate the women for tackling common health problems by imparting relevant knowledge and skills.
- To prepare a pool of self motivated volunteers as a focal person for bridging the health programmers with community.
- To prepare a pool of volunteers to provide services for community based health programmers.
- To increase the participation of community in improving health.
- To develop FCHV as health motivator.
- To increase utilization of health care services through demand creation.

Analysis of Achievement

Indicators	2075/076	2076/077	2077/078
Percentage of Mother groups meeting held	95.3	83.5	89.3
Percentage of postpartum women visited by FCHVs	37.6	24.6	29

% of Mother groups meeting held



2.7. Primary Health Care Outreach Clinic (PHC/ORC)

Background

Primary Health Care Outreach Clinic (PHC/ORC) programmed was established in 1994 (BS 2051) 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 extension of PHCCs, HPs at the community level. The primary responsibility for conducting the PHC outreach clinics lies with AHWs, and ANMs. At PHCC and HP level, ANMs, AHWs are responsible for conducting the PHC outreach services. HA, other health staff of HP/PHCCs also helps 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.

AHWs and ANMs 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. Family Planning
2. Safe Motherhood and New Born Care
3. Prevention and Management of Complication of Abortion
4. RTI/STI and Infertility
5. RH Intervention
6. Child Health
7. Minor Treatment
8. Communicable Disease
9. IEC/BCC Activities

3. EPIDEMIOLOGY AND DISEASE CONTROL

3.1. Malaria

Background

The high risk of getting the disease is attributing 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 All 11 municipalities risk of malaria.

Objectives

The specific objectives of NMSP (2014 -2025, Revised) are as follows:

- Strengthen surveillance and strategic information on malaria for effective decision making.
- Ensure effective coverage of vector control intervention in the targeted malaria risk areas.
- Ensure universal access to quality assured diagnosis and effective treatment for malaria.
- Develop and sustain support from leadership and communities towards malaria elimination.
- Strengthen programmatic technical and managerial capacities towards malaria elimination.

Analysis of Achievement

Indicators	2075/076	2076/077	2077/078
Annual blood examination rate (ABER) of malaria in high risk districts	0.27	0.16	0.08
Percentage of imported cases among positive cases of malaria	85.7	100	0
Percentage of Plasmodium Falciparum (PF) cases in high risk districts	0	12.5	0
Slide positivity rate (SPR) of malaria in high risk districts	0.88	1.7	0

3.2. Tuberculosis

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.

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.

The Directly Observed Treatment Short Course (DOTS) has been implemented throughout the country since April 2001. NTP has adopted the global End TB Strategy and the achievement of the SDGs as the country's TB control strategy.

Vision:

Nepal free of tuberculosis.

Long term goal:

End the tuberculosis epidemic by 2050.

Short term goal:

Reduce TB incidence by 20% by 2021 compared to 2015 and increase case notifications by a cumulative total of 20,000 from July 2016 to July 2021.

Objectives:

- Increase case notification through improved health facility-based diagnosis.
- Maintain the treatment success rate at 90% of patients (for all forms of TB) through to 2021.
- Provide drug resistance diagnostic services for 50% of persons with presumptive drug resistant TB by 2018 and 100% by 2021 and successfully treat at least 75% of diagnosed drug resistant patients.
- Further expand case finding by engaging the private sector.
- Strengthen community systems for the management, advocacy, support and rights of TB patients in order to create an enabling environment to detect and manage TB cases in 60% of all districts by 2018 and 100% of districts by 2021.
- Contribute to health system strengthening through TB human resource management, capacity development, financial management, infrastructure, procurement and supply management.
- Develop a comprehensive TB surveillance, monitoring and evaluation system
- Develop a plan to continue NTP services in the aftermath of natural disasters and public health emergencies.

SDG3 global targets:

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

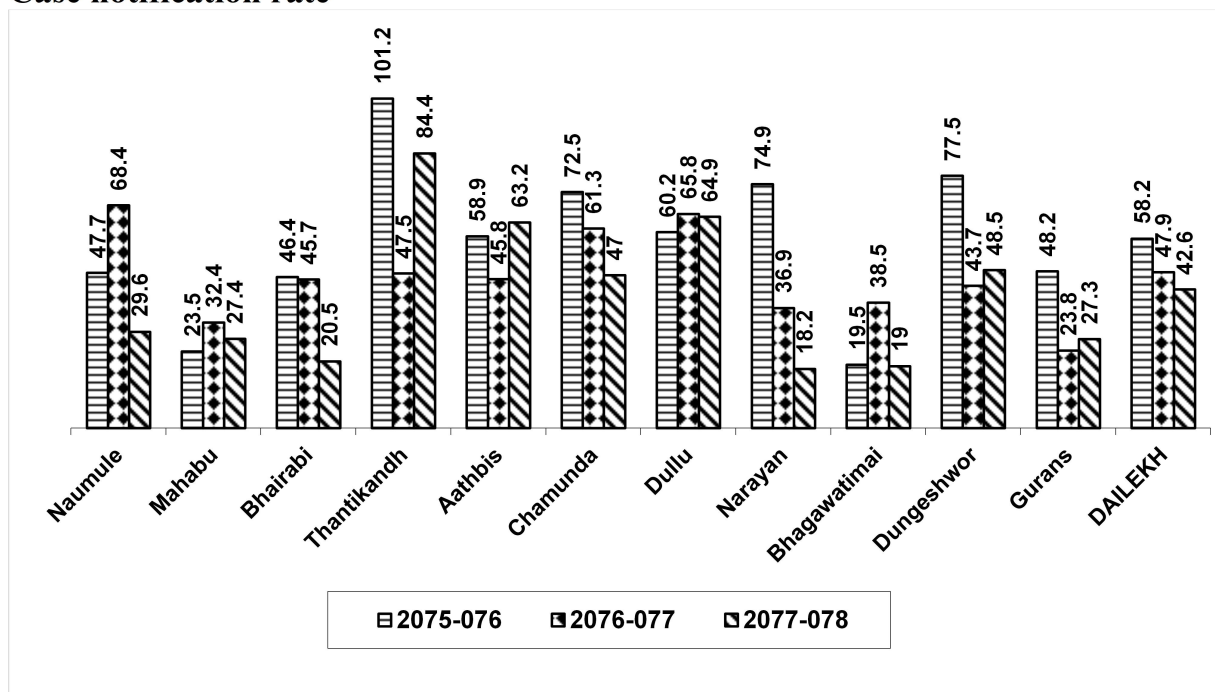
SDG and End TB Strategy related targets:

- Detect 100% of new sputum smear-positive TB cases and cure at least 85% of these cases.
- By 2050, eliminate TB as a public health problem (threshold of <1 case per million population).

Analysis of Achievement

Indicators	2075/076	2076/077	2077/078
TB - Case notification rate	58.2	47.9	42.6
TB - Treatment Success Rate (New and Relapse)	95.3	95.1	94.9
Total TB cases (All form of TB cases)	172	146	129
Sputum Conversion Rate (PBC new TB cases)	88.4	91.8	25

Case notification rate



3.3. Leprosy

Background

Leprosy has existed in Nepal since immemorial and was recognized as a major public health problem. It 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.

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 (prevalence rate below 1 per 10,000 population) and further reduce disease burden at district 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.

Analysis of Achievement

Indicators	2075/076	2076/077	2077/078
Incidence of leprosy per 10,000 population	0.34	0.27	0.4
Total Leprosy New cases	10	8	12
Percentage of new leprosy cases presenting with a grade-2 disability	10	25	0

3.4. HIV/AIDS and STI

Background

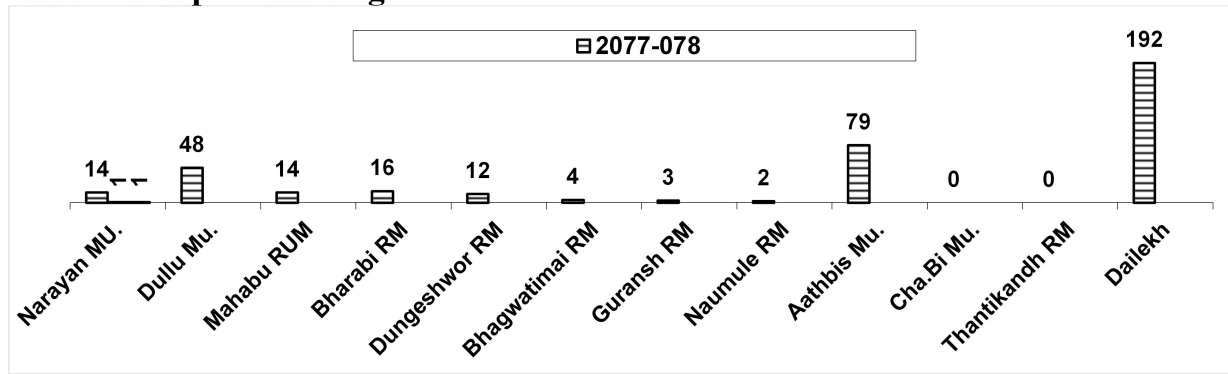
History of Nepal's response against HIV/AIDS began with the launching of first National Prevention and Control Programme in 1988. Nepal started its policy response to the epidemic of HIV through its first national policy on acquired immunity deficiency syndrome (AIDS) and Sexually Transmitted diseases (STDs) control, 1995 (2052 BS). Taking the dynamic nature of the epidemic of HIV into consideration, Nepal revisited its first national policy on 1995 and endorsed the latest version: National Policy on HIV and Sexually Transmitted Infections (STIs), 2011. A New National HIV Strategic Plan 2016-2021 has been launched to achieve global goals of 90-90-90 by 2020, 90% of all people living with HIV (PLHIV) will know their HIV status by 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy will have viral suppression.

SDG-3 target related to HIV:

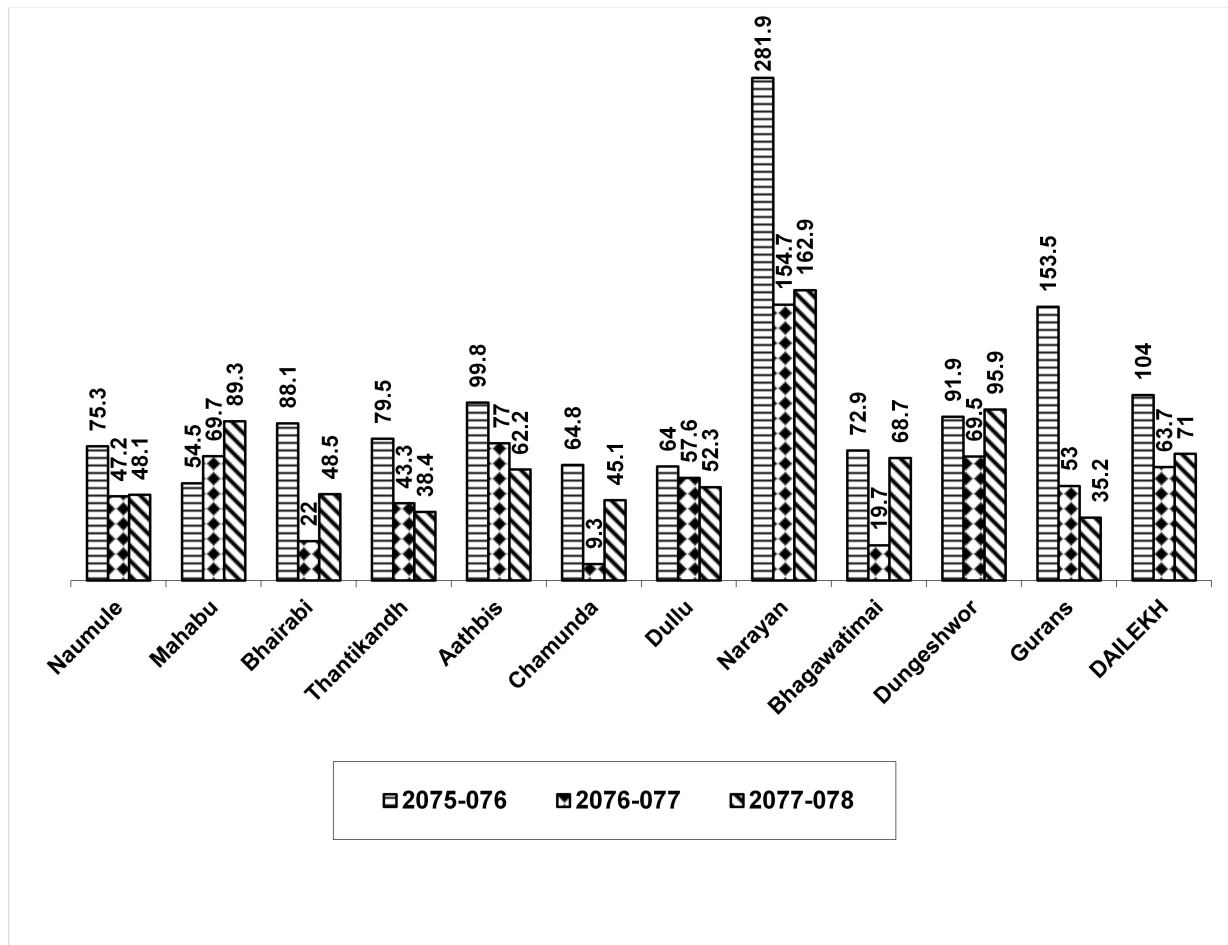
Eliminate HIV, TB and malaria and other tropical diseases, and water borne diseases by 2030.

Dailekh is among top districts in contribution to HIV cases of Nepal. Aathbis, Dullu municipality of dailekh shares for more than half of all cases of the district and is a neighbouring municipality to Accham district which is the district with most cases of HIV in Nepal.

Analysis of Achievement No. of Persopn Receiving ART



% of pregnant women who tested for HIV at an ANC checkup



3.5. Covid-19 Status till (2078-06-20)

S.N.	Name of Palika	Isolation Bed	Total Swabcollection	Total positive			Total Discharge			Total Antigen Test	Total Antigen Positive	Total RDT TEST
				F	M	Total	F	M	Total			
1	Narayan Mun.	50	6337	805	1144	1949	793	1129	1922	1141	207	2504
2	Dull Mun.	50	1573	33	137	170	39	144	183	2366	279	2630
3	Chamunda Bi. Mun.	15	637	5	19	24	5	17	22	102	38	1738
4	Athabis Mun.	25	960	18	67	85	18	66	84	67	25	488
5	Thatikandn Ru.mun.	10	376	3	28	31	3	28	31	93	44	571
6	Bhirabi RM	10	366	2	34	36	4	34	38	235	94	1865
7	Mahabu RM	30	1311	25	173	198	24	171	195	108	36	819
8	Naumule RM	10	792	7	150	157	5	148	153	238	134	286
9	Bhagawati mai RM	10	391	5	23	28	3	21	24	103	40	273
10	Dungesor RM	10	658	10	72	82	7	72	79	135	52	579
11	Gurans RM	5	431	10	33	43	11	34	45	90	35	1489
Total	225	13832	923	1880	2803	912	1864	2776	4678	984	13242	
		F:3058 M:10774							F: 2012 M: 2666	F:391 M:593	F: 693 M:12549	

4. CURATIVE SERVICES

Background

Government of Nepal is committed to improve 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 specialized hospitals.

Objectives

The overall objectives of curative services is to reduce morbidity, mortality and to provide quality health services by means of early diagnosis, adequate as well as prompt treatment and appropriate referral, if necessary.

Target Group

All patients attending at health facilities.

Dailekh District Hospital Status of the major indicators-2077-078

Indicators	2075/76	2076/077	2077/078
% of Monthly Report (HMIS/LMIS)	100	100	100
Bed occupancy rate	47.5	35.1	16.3
Number of maternity beds	6	6	6
Average length of stay	2.5	2.4	1.2
Throughput of inpatients	6.3	4.8	4.7
Bed turnover interval	57.5	76.1	77.8
Infection rate among surgical cases	0	0.41	0
Surgery related death rate	0	0	0
Average number of radiographic images per day	20.1	21.7	23.5
Average number of laboratory tests per day	95.3	144.8	149.2
Average number of Ultrasound per day	9.6	11.6	13.1
Hospital Deaths	5	7	2
Hospital death rate after 48 hours of admission	0.08	0.18	0.04
Hospital death rate within 48 hours of admission	0.06	0.07	0.04
Percentage of inpatients who were referred out	5.5	6.6	5.8
Total Emergency Services	3105	2909	2767
Total C/S Delivery	79	80	73
Total Minor Surgery	115	154	241
Total inpatients discharge	3238	2661	2581

Dailekh District Hospital Reporting Status- 2077-078

बार्षिक प्रगती प्रतिवेदन								
उमेर समूह	नयाँ सेवाग्राहीको संख्या		जम्मा (नयाँ/पुराना) सेवाग्राही संख्या		कार्यक्षेत्र भित्र पर्ने निकाय	संचालन/ प्रतिवेदन हुनुपर्ने (संख्या)	संचालन/ प्रतिवेदन भएको (संख्या)	सेवा पाएका जम्मा सेवाग्राहीको संख्या
	म.	पु.	म.	पु.	गाउँघर क्लिनिक	0	0	0
०-९ वर्ष	983	1008	1055	1082	खोप क्लिनिक	12	12	622
१०-१९ वर्ष	1289	685	1393	727	खोप सेसन	24	24	
२०-५९ वर्ष	6921	2583	7571	2738	म. स्वा. स्व. से.	0	0	0
≥ ६० वर्ष	877	754	939	817				

Hospital Summary Dataset- 2077-078

Hospital Summary Dataset											
Hospital Services					Emergency Services			Number of Beds	Sanctioned	180	
Age Group	New Clients Served		Total Clients Served		Total Clients Served				Operational	600	
	F	M	F	M	Female	Male	Total Patients Admitted	2804			
0 - 9 Years	983	1008	1055	1082	167	297	Total Inpatient Days	2969			
10 - 19 Years	1289	685	1393	727	235	174		Diagnostic/ Other Services	Unit	No.	
20 - 59 Years	6921	2583	7571	2738	775	740	X-ray		No.		3791
≥ 60 Years	877	754	939	817	182	197	Ultrasound (USG)	No.		4770	
Free Service Received by Impoverished Citizen	F	M	ORC Clinics/FCHV		Planned / Total No.	Conducted/ Report Received	No. of Clients Served				
Heart	1	0	PHC Outreach Clinic		0	0	0	Echocardiogram (Echo)	No.	0	
Kidney	0	2	Immunization Clinic		12	12	622	Electro Encephalo Gram (EEG)	No.	70	
Free Dialysis	0	0	Immunization Session		24	24		Electrocardiogram (ECG)	No.	1585	
Cancer	0	0	FCHV		0	0	0	Treadmill	No.	0	
Head Injury	0	0	Referrals	Referral In	Referred Out			Computed Tomographic (CT) Scan	No.	0	
Spinal Injury	0	0			Outpatient	In-patient	Emergency	Magnetic Resonance Imaging (MRI)	No.	0	
Alzheimer	0	0			F	13	4	112	80	Endoscopy	Persons	0
Parkinson	0	0	M	0	3	50	124	Colonoscopy	Persons	0	
Sickle Cell Anaemia	0	0						Nuclear Medicine	Persons	0	
								Total Preventive service Provided	Persons	245	
								Total Laboratory service Provided	Persons	5096	
								Other Service Provided (if any)	Persons	78	

1. Summary of Indoor Services

A. Inpatient Outcome

Age Group	Recovered/Cured		Not Improved		Referred Out		DOR/LAMA/DAMA		Absconded		Death < 48 Hours		Death ≥ 48 Hours	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
≤ 28 Days	280	278	7	3	13	10	6	1	1	2	0	0	0	
29 Days - 1 Year	46	86	2	2	6	5	5	3	0	0	0	0	0	
01 - 04 Years	58	55	0	1	3	2	5	4	0	0	0	0	0	
05 - 14 years	56	39	3	1	2	8	4	2	0	0	0	0	1	
15 - 19 Years	143	34	11	1	17	2	3	1	1	0	0	0	0	
20 - 29 Years	664	78	16	0	69	0	17	3	0	0	1	0	0	
30 - 39 Years	104	27	6	3	14	3	0	1	4	1	0	0	0	
40 - 49 Years	49	36	3	3	4	10	1	6	0	2	0	0	0	
50 - 59 Years	32	34	0	1	1	3	1	1	0	1	0	0	0	
≥ 60 Years	79	63	1	2	5	7	6	3	1	2	0	0	0	

Neonate Form		Gestational Weeks			
		22 - 27	28 - 36	37 - 41	≥ 42
Primi		2	20	210	31
Multi		3	22	218	98
Grand Multi		0	4	50	3
Maternal Age(Years)	<20	2	8	69	8
	20-34	2	28	362	38
	≥35	0	2	8	0

Type of Surgeries		Number of Surgeries		Post Operative Infection
		Female	Male	
Major		73	3	0
Minor	Outpatient	0	0	0
	Inpatient	0	0	0
	Emergency	127	114	0
Plaster		109	136	

Death Information		Female	Male
Hospital Death	Early Neonatal	3	3
	Late Neonatal	0	0
	Maternal (All)	0	
	Post-operative*	0	0
Other		0	0
Brought Dead		2	3
Postmortem Done		29	29

Free health service summary		
Cost Exemption	No. of Patients	Total Exempted cost(NRS)
Partially	346	45680
Completely	828	498968

Free Health Services and Social Security Programme							
Patients at	Ultra Poor/ Poor	Helpless/ Destitute	Disabled	Sr. Citizens > 60 Years	FCHV	Gender Based Violence	Other
Outpatients	930	338	6	502	58	2	317
Inpatients	174	289	1	85	0	8	87
Emergency	165	98	2	147	1	17	76
Referred Out	25	19	0	11	0	1	85

5. SUPPORTING PROGRAMS

5.1. Health education, information and communication

GOAL

The goal of the NHEICC program is to contribute to attaining the district health program goals and objectives by providing support for all health services and programs.

OBJECTIVES

The general objective of the NHEICC program is to raise the health awareness of the people as a means to promote positive health status among all citizen and to prevent disease through the efforts of the people themselves and through full utilization of available resources. The specific objectives of the IEC/BCC programs are to:

- Increase awareness and knowledge of the people on health issues and promote desired behaviour change on EHCS and beyond.
- Create demand for quality EHCS among all castes and ethnic groups, disadvantaged and hard to reach populations.
- Advocate for required resources (human and financial) and capacity development for effective communication programs and interventions to achieve the NHSS goals.
- Increase access to new information and technology on health programs.
- Increase positive attitudes towards health care.
- Increase healthy behaviour.
- Increase participation of the people in the health intervention programs at all levels of health services.
- Intensify and strengthen action against tobacco use (in all forms), excessive use of alcohol, unhealthy diets and physical inactivity.
- Promote environmental health, hygiene and sanitation.
- Control the tobacco and alcohol and Non-Communicable Diseases(NCDs)

5.2. Logistic Management

Objective

To plan and carry out the logistics activities for the uninterrupted supply of essential medicines, vaccines, contraceptives, equipment, HMIS/LMIS forms and allied commodities (including repair and maintenance of bio-medical equipment) for the efficient delivery of healthcare services from the health institutions of government in the district.

5.3. Management

Objectives

- Monitor program implementation status and carryout periodic performance reviews
- Support quality improvement in the health sector
- Manage Health Management Information System (HMIS)
- Manage and Co-ordinate for construction and maintenance of buildings and other infrastructures of Health Institutions.
- Process for approval of establishment of private and non-government health institutions
- Make arrangements for capacity building of human resources in public health management Division processes documents for approval to private health facilities.

6. DEVELOPMENT PARTNERS IN DAILEKH DISTRICT

Strengthening System for Better Health Activity, Dailekh Achievements (FY 2077/78)

USAID's Strengthening Systems for Better Health Activity (SSBH) is a five-year (January 2018 to January 2023) program designed to support the government of Nepal in their efforts to improve health outcomes, particularly for the country's most marginalized and disadvantaged groups. USAID, in collaboration with the Government of Nepal, designed the activity to advance Nepal's health gains, while addressing critical barriers to sustainable, equitable delivery of quality services. SSBH leverages the catalytic potential of federalism to improve health governance and health systems.

Improvements in health outcomes will be achieved by improving access to and quality of maternal, newborn and child health and family planning (MNCH/FP) services, with special focus on newborn care. The Activity is also strengthening data driven planning and governance of the decentralized health system, which in turn will increase utilization of equitable, accountable, and quality health services. SSBH is implemented in all 79 municipalities of Karnali Province and in 59 municipalities in Bardiya, Banke, Dang, Kapilvastu, Rupandehi and Nawalparasi districts of Lumbini province. It has three major outcomes:

1. Improved access to and utilization of equitable health care services.
2. Improved quality of health services at facility and community level.
3. Improved health system governance, within the context of federalism.

In this regard, SSBH has been supporting GoN health system in Dailekh since 2018, the beginning of the project. It has been working in the following sub results under the three outcomes mentioned above.

Sub-Result 1.1: Conduct onsite coaching and mentoring at HF level.

Sub-Result 1.2: Increased Utilization of Services by Addressing Social, Cultural, and Financial Barriers

Sub-Result 2.1: Quality Approaches Further Developed, Strengthened, and Institutionalized

Sub-Result 2.2: Quality Services Delivered by Facilities and Providers in the Public and Private Sectors.

Sub-Result 2.3: Improved Patient Experience of Care

Sub-Result 3.1: Improved Governance and Accountability at Subnational Levels

Sub-Result 3.2: Annual Planning and Budgeting Systems Established and/or Strengthened at the Provincial and Municipal Levels

Sub-Result 3.3: Strengthen Management and Performance Improvement Processes

Sub-Result 4.1: Private Sector Engagement

Sub-Result 4.2: Gender Equality and Social Inclusion

Sub-Result 4.3: Data-driven and Evidence-based Programming

After accomplishing the activities mentioned above, we seek to see the following results in our project area: -

1. Significant increase in the number of health facilities in targeted geographical areas that offer a full range of high quality, client centered, health services particularly the MNCH services.
2. Reduce financial and social barriers to accessing health care, including functional referral mechanism to appropriate in public and/or private facilities.
3. Expanded and improved community outreach to enhance coverage and reach priority services.

4. Improved capacity of managers and providers to address quality challenges through institutionalized system for evidence-driven quality improvement.
5. Engaged facility management teams that routinely incorporate community input on service availability and quality into planning and budget execution process.
6. Empowered communities that demand quality services and hold facilities HFOMC and municipalities accountable and
7. A stronger more resilient health system that addresses the root causes of underperformance, uses data to drive management decisions towards improved access to and use of MNCH/FP services.

In the fiscal year 2077/78, we have supported technically and financially in carrying out the following specific activities in Dailekh district.

The major activities accomplished in the fiscal year 2077/78 by SSBH were as follows: -

1. Supported the annual health review meetings in all 11 municipalities.
2. Supported the HSO to organize District level Annual Health Review Meeting.
3. Supported in organizing HFOMC orientation training in 19 HFs.
4. Supported the municipalities to formulate Health Act, Health Policy, and guidelines.
5. Conducted clinical onsite coaching and mentoring in 61 HFs.
6. RMNCAH Guideline reorientation has been conducted in 7 Municipalities out of 11 Municipalities and covered 35 health facilities out of 58.
7. Supported the municipalities in data entry, correction, and analysis in DHIS-2.
8. Supported Dullu Municipality to organize HMIS training.
9. Supported the staff of the HFs to participate DHIS-2 training.
10. Supported three nursing staff of Thatikandh, Aathbis, Gurans and Bhagabatimai to participate in Implant training.
11. Conducted RDQA in 18 HFs.
12. Conducted onsite coaching and mentoring for HMIS/DHIS -2/LMIS in the HFs.
13. Supported to update the web-based health profile of all municipalities.
14. Supported in assessing private sector and sensitized them for mainstreaming into health care delivery system.
15. Supported the municipalities for planning and budgeting for FY 2077/78.
16. Supported in organizing social development committee orientation in Aathbis UM, Chamunda Bindrasaini UM and Thatikandh RM.
17. Supported in organizing policy consultation meeting in Chamunda Bindrasaini UM and Bhagwatimai RM.
18. Initiated clients exit interview in Seriwada HF of Gurans RM.
19. Supported all municipalities in preparation of annual workplan and budget of FY 2078/79.
20. Supported in preparation of operational plan of FY 2078/79.
21. Supported in developing health guideline of Narayan UM by organizing meeting with social development committee.
22. HFOMC members are sensitized and empowered through HFOMC training and initiated some exemplary practices such as supporting to build placenta pit in Bindhawasini HF of Narayan Municipality, involvement on cleaning surroundings of Lakandara PHC of Thatikandh Rural Municipalities and made decision in HFOMC meeting on provision of water in Tolijaisi HF jointly to be supported by HFOMC and school to total amount of NPR 30,000.00

Support for Covid control

- Case Investigation Contact Tracing (CICT) Training in all Palika's Health coordinator and Sub Health Coordinator-22, Health workers (CICT team Essential Critical Care Training (ECCT))-2 Doctors, 4 Nurses
- Infection Prevention and Control (IPC) Training to -60 HFs, 134 Health workers and 70 Support staffs
- IPC training related health equipment to all health facilities of the Dailekh district
- COVID 19 Sample collection, storage & transportation to Lab health worker-24
- **Technical, Financial and Equipment Support on RT-PCR Lab Such as**
 - ✓ (Temperature regulated micro centrifuge,
 - ✓ Spinner, Laminar Flow,
 - ✓ Biosafety Cabinet,
 - ✓ Vortex,
 - ✓ Power back-up unit ,
 - ✓ 20° C Freezer , 80° C Freezer,
 - ✓ Oxygen Cylinder,
 - ✓ Infusion Pump,
 - ✓ Fully automatic RNA extraction machine with reagents,
 - ✓ Oxygen Concentrator
- Support on Periodic COVID19 performance Review
- Support on daily recording and reporting update on COVID19 of District

Suaahara-II Good Nutrition Project, Dailekh

Annual Progress Report of fiscal year-2077/78B.S accordingly 2020/21 A.D

General Information:

Objective: Improve the nutritional status of 1000-day mothers, children and adolescents

Donor: United States of America for International Development Agency (USAID)

Consortium Partners: HKI-Nepal, CARE-Nepal, FHI360, NTAG, DBI Equal Access and VDRC

Local Implementing Partner: Everest Club, Dailekh

Working modality:

- Life cycle and integrated approach with strengthening MNSP-II
- Synergic coordination and collaboration with concerned governmental line agencies and non-governmental stakeholders for the result based management and intended result

Working platform and target groups:

- Household, community/group, CBOs, ward/municipality and government structures are the working platforms and 1000-day mothers, children, their family members and adolescent are prime targeted groups

Major program intervention and achievements in year-5 (Fiscal Year-2020/21):

- 12212 HHs directly counselled and 17223 HHs were tele-counselled in COVID-19 Pandemic situation
- Supported to supply Bal Vita, medicines and PPEs to municipalities/wards as per the request of Health Service Office (HSO)-Dailekh
- 1552 key life events were celebrated by FCHVs in households and communities
- 294 malnourished children were identified and managed them through the counseling and treatment service
- Supported to DCC and WRIDD-Dailekh in order to conduct D-WASH CC Meeting in which DCC has circulated to all municipalities to set up WASH Section and WASH Focal Person
- Conducted CHSB review program in 4 HFs for reviewing the health and nutrition related indicators
- Distributed vegetable seeds to 1484HHs of 1000-day mothers, FCHVs and VMFs/LRPs and also supported to 121 VMFs/LRPs, 56 registered HFPB Groups and 2 VMF Networks in core+ working areas of Dailekh
- Supported to endorse ward-level Emergency Health and Nutrition Contingency Plan (EHNC) in 5 wards of Aathbis UM and Bhagawatimai RM, Dailekh
- Facilitated and supported to regularize the municipal and ward level NFSSC Meeting in all municipalities of Dailekh
- Provided the financial and technical support to conduct 7-days Comprehensive Nutrition Specific Intervention (CNSI) TOT to 605 HWs in all municipalities of Dailekh
- Supported to conduct 3-days CNSI Training to 399 FCHVs in 6 municipalities of Dailekh
- Supported and oriented to establish 14 OTCs in HFs of all municipalities of Dailekh
- Organized 2-days workshops for the establishment and strengthening OTCs under IMAM Program where altogether 40 (4 doctors, 8 H.A, 2 Staff Nurse, 8 ANM, 10 AHW and 8 other HWs) were benefitted.

Monitoring and quality assuring mechanism:

- Data Quality Audit (DQA), Quality Assurance (QA) Plan, On-site coaching, Technical Support Visit (TSV), Supportive supervision/monitoring and performance accordingly
- Joint monitoring with concerned governmental line agencies and other stakeholders for the assessment of visible impression

Key findings/results:

- Local Level Governments (LLGs) have taken the initiation for the nutrition promotion focusing to golden 1000-day targeted groups
- The local level resource mobilization as the budget allocation and utilization have been seemed in the increasing trend.

Good practices:

- In some municipalities of Dailekh, schools have initiated to control junk food and promoted the locally available food for the tiffin of students
- Golden 1000-day mothers have started to feed the locally available nutritious food to their children

Major gaps/issues/challenges:

- Difficult to improve Growth Monitoring Program (GMP) in all municipalities of Dailekh
- Not regularization the meeting of municipal and ward level Nutrition and Food Security Steering Committee (NFSSC) in all municipalities of Dailekh

Priorities for year-6 (F.Y-2021/22):

- Provide technical support and regular follow up for the effective implementation and quality service delivery from OTCs under Integrated Management of Acute Malnutrition (IMAM) Program
- Conduct the campaigns of fully nourished ward, nutrition friendly health facility and health home in the selected municipality of Dailekh in SP-II YR-6
- Promote and expansion Kangkung and Orange Fleshed Sweet Potato (OFSP) with the campaign of “One house one improved kitchen garden” for the nutrition promotion.
- Facilitate to regularize municipal and ward level NFSSC meeting aiming to review on the health and nutrition progress update with sustainability.

Areas of collaboration with GoN/LLGs/EDPs in Dailekh:

- Strengthen Multi-Sector Nutrition Plan (MSNP-II) in all municipalities of Dailekh
- Develop the integrated action plan for the nutrition specific and sensitive intervention
- Duplication reduction and synergic coordination for the joint venture and sustainability part.

Health and Hygiene Activity SWACHCHHATA, Dailekh February 2021 – August 2022

1. Background

The USAID-funded five-year (2016 - 2021) Health Hygiene Activity (HHA), called *Swachchhata* in Nepali, aims to contribute to Nepal's Country Development Cooperation Strategy goal of a healthier and well-nourished population. With the overall purpose of improving community health status by improved integration of hygiene in health services, the Project utilizes an integrated approach with a dual focus on improving quality of health service delivery and hygiene, and is implemented jointly by SNV USA and its partner Population Services International (PSI), with technical support from a private consulting firm Sustainable Infrastructure Development Foundation (SIDeF). The Project's target areas are seven districts, 6 of which lie in Karnali Province. These comprise of one mountain district, Dolpa; and three 5 districts, Dailekh, Surkhet, Jajarkot, Salyan, and the western part of the previous Rukum district (West Rukum). The eastern part of the previous Rukum district (East Rukum) now lies in Lumbini province and is administratively a separate district.

According to the project's Intermittent Results (IRs), Swachchhata will have new or improved small scale safe drinking water with maintenance systems, and functional sanitation systems that are sensitive to people with special needs, such as pregnant women and people with disabilities. In addition to the infrastructure investments in these health facilities, the Project will work extensively with all stakeholders at the village/HF, RM/M, and sub-national levels to build community ownership; strengthen governance structures; and establish a solid base for project sustainability. *Swachchhata* will provide a series of intensive trainings, which target health workers and management staff at the health facilities along with members of various community-based committees, covering a range of topics including proper facility maintenance procedures; systems development for sanitation, hygiene and IP at the facilities; and the development of best practices for effective and consistent engagement in BCC.

As of February 2022, the activities have been awarded an 18-month extension (Feb 2021-Aug 2022). The extension is applied to 50 additional health facilities and has expanded in two new districts- Dailekh and Surkhet.

2. General Introduction

Funding Agency: USAID/Nepal

Implementing Partners: SNVUSA, PSI and private consulting firm- Sustainable Infrastructure Development Foundation (SIDeF)

Project Duration: 18 Months until August 2022

Purpose: To improve community health status by improved integration of hygiene in health service delivery.

Intermediate result:

1. Improved quality of health service delivery
2. Improved hygiene practices

3. Key Targets in Dailekh (Feb 2021 to Aug 2022):

- **15 HFs for WASH infrastructure** – drinking water supply and toilet construction support in Health Facilities.

- **Infection prevention and Providers BCC in 25 selected health facilities** in Dailekh district.
- FCHVs capacitate in communities linked to 25 HF's and supported by ANMs for **outreach to mothers' groups on critical WASH behaviours**.
- **Strengthen 15 HFQIC/HFOMCs** for specific procedures and responsibilities for proper maintenance of drinking water supply and toilet maintenance including infection prevention and safety in drinking water.

4. Operational Modality:

- Coordinate with the government organizations (Health and drinking water and sanitation) and USAID supported organizations at province, district and community level.
- Work closely with HFOMC, M/RM, HF's and relevant partners for successful intervention.
- Address sustainability issues from the very beginning of program intervention.
- 2% O&M fund, minimum 15% contribution, water source registration, water quality test and provision of VMW in drinking water supply schemes.

5. WASH Infrastructure Approaches:

Baseline health facility assessment and finalization.

- Prioritize and select health facilities based on selection criteria.
- Coordination with RM/Ms –before dialogue.
- Infrastructure Planning
- **1st Dialogue:** Site verification, project introduction.
- **2nd Dialogue:** Financial and non-financial commitment.
- **3rd Dialogue:** sign implementation agreement with HFOMC, WUSC and RM/M.
- Public Audit, Post Assessment and Sustainable Operation and Maintenance of HF Infrastructure.

6. IP and PBCC Approaches:

- 4 days preparatory workshop on IP/PBCC
- 5 days ToT on IP/PBCC
- 2 days whole site orientation
- Strengthen HFOMC/HFQIC
- Joint monitoring visit from province, RM/Ms HC visit
- Onsite coaching and mentoring visits by project staffs
- Self-assessment by HFQIC
- IEC material support

7. BCC-GESI Approaches:

- Capacity enhancement (Health worker, FCHV).
- MToT for health workers (ANM/HW) 5 days.
- Client counselling.
- Training of Facilitators (FCHV) 2 days.
- MG meetings, Vit. A campaign, HH visit.
- WASH message dissemination through local FMs/radio

5 Key WASH messages of Swachchhata through BCC campaign:

- *Hygienic use of latrine*
- *Handwashing with soap at critical times*
- *Safe disposal of child feces*
- *Household treatment of drinking water*
- *Menstrual hygiene*

7. Annexes

7.1. SDG Target and Indicator for Nepal (2014-2030)

Traget with Proposed indicators, current status and future projection

Traget and Indicators	2014	2017	2020	2022	2025	2030
Target 2.1 by 2030, end hnger and ensure access by all people, in particular the poor and people in vulnerable situation, including in fants to save, nutritious and sufficient food all for all year round						
2.1 a Households with in educate food consumption (%)	36.1 ^a	29.52	22.94	18.55	11.97	1
2.1 b Population spending more than two thirds of total consumption on food (%)	20 ^b	16.4	12.88	10.50	6.94	1
2.1c per capita food grain production (kg)	341 ^c	373	404	426	457	510
Target 2.2 by 2030, end all forms of malnutrition, including achieving by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age and addressing the nutritional needs of adolescent girls, pregnant and lactating women and older persons						
2.2a Prevalence of underweight children <5 years (-2 SD)(%)	30.1 ^d	24.64	19.19	15.55	10.09	1
2.2b Stunted children <5 years (-2 SD)(%)	37.4 ^d	30.58	23.75	19.20	12.38	1
2.2c Prevalence of wasted children <5 years -2 SD	11.3 ^d	9.37	7.44	6.15	4.22	1
2.2d Proportion of population below minimum level of dietary energy consumption	22.8 ^d	18.71	14.63	11.90	7.81	1
2.2e Prevalence of anaemia among women of literary age adults and girl percent	38.5 ^e	31.47	24.44	19.75	12.72	1
2.2f prevalence of anaemia among children under 5 years of age (%)	46 ^e	37.56	29.13	23.5	15.06	1
Target 3.1 by 2030, reduce the global maternal mortality ration to less then 70 per 100000 live births						
3.1. Maternal mortality ratio (per 1000, Live births)	258 ^a	151	127	116	99	70
Target 3.2 by 2030, end preventable deaths of newborns and children under 5 years of age,						
3.2a Neonatal mortality rate	23 ^c	17 ^b	14 ^b	11.3	8.5	1
3.2b Under-fivemortality rate	38 ^c	28 ^b	23 ^b	18.4	13.8	1
Target 3.3 by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases						
Target 3.3a by 2030 end the epidemic of AIDS						
3.3a.1 HIV Prevalence for the overall population, 15-49 Years (%)	0.2 ^d	0.163	0.125	0.1	0.063	0

Traget and Indicators	2014	2017	2020	2022	2025	2030
3.3a.2 HIV Prevalence among men and women population, 15-49 Years (%)	0.03 ^e	0.015	0.009	0.006	0	0
3.3a3 proportion of population with advanced HIV infection receiving antiretroviral combination therapy (%)	38.8 ^e	50.28	61.75	69.4	80.88	100
Target 3.3b by 2030, end the epidemics of Tuberculosis						
3.3b Tuberculosis incidence per 1000 population	211	171	12	106	66	0
Target 3.3c by 2030, end the epidemics of malaria						
3.3c Confim malaria case (Number)	1674 ^g	1360	1046	837	523	0
Target 3.3d by 2030, end the epidemics of neglected tropical disease						
3.3d1 register prevalence rat (per 10000 population) for leprosy	0.83 ^h	0.67	0.52	0.42	0.26	0
3.3d2 Kala-azar cases (Number)	325 ^g	264	203	163	102	0
3.3d3 Average prevalence of lypphatic filariasis (%)	13 ⁱ	10.56	8.13	6.5	4.06	0
3.3d4 cases of Dengue	728 ^j	592	455	364	228	0
3.3d5 People die annually due to rabies (Number)	100 ^j	81	63	50	31	0
3.3d6 Active trachoma cases (Number)	136 ^j	111	85	68	43	0
3.3d7 Average prevalence of soil transmitted helminthes among school going children (%)	15 ^j	12.19	9.38	7.5	4.69	0
Target 3.3e by 2030 cobat hepatitis						
3.3e1 Confim case of hepatitis A (Number)	174 ^j	141	109	87	54	0
3.3e2 Confirm case of B (Number)	101 ^j	82	63	51	32	0
3.3e3 Causes of unspecified viral hepatitis (Number)	173 ^j	141	108	86.5	54	0
Target 3.3f by 2030 combat water borne diseases						
3.3f1 Annual incidence of diarrhea (per 1000 under 5 years children)	578 ^j	470	361	289	181	0
3.3f2 Children under age 5 years with diarrhoeal in the last 2 weeks (%)	12 ^j	10	8	6	4	0
3.3f3 Causes of typhoid (Number)	9549 ^j	7759	5968	4775	2984	0
3.3f4 Causes of Cholera (Number)	33 ^j	27	21	16.5	10	0
Target 3.3 g by 2030, combat number other communicable diseases						
3.3g1 confirm cases of Japanese encephalitis (JE) (Number)	118 ^g	96	74	59	37	0
3.3g2 confirm cases of Influenza H191 (Number)	204 ^g	166	128	102	64	0
Target 3.4 by 2030 reduced by one third premature mortality from non communicable disease in cities through prevention						

Traget and Indicators	2014	2017	2020	2022	2025	2030
and treatment and promote mental health and wellbeing						
Target 3.4a by 2030 reduced by one third premature mortality form non communicable disease						
3.4a1 Death (aged 30-70) from cardiovascular disease (CVDs), Cancer, chronic respiratory disease and diabetes (%)	22.0 ^k	19.2	16.5	14.7	11.9	7.3
3.4a2 Death from NCDs out of all deaths (%)	43.7 ^l	38.2	32.8	29.1	23.6	14.5
3.4a3 Death form CVDs out of all deaths (%)	22.3 ^l	19.5	16.7	14.9	12.1	7.4
3.4a4 Death from cancers out of all deaths (%)	7.0 ^l	6.1	5.2	4.7	3.8	2.3
3.4a5 Death form chronic obstructive pulmonary disease out of all deaths (%)	4.9 ^l	4.3	3.7	3.3	2.6	1.6
3.4a6 Death form diabetes out of all deaths (%)	1.7 ^l	1.5	1.3	1.1	0.9	0.5
Target 3.4b 2030 reduced by one third premature mortality form non communicable disease through prevention and treatment						
3.4b1 People (aged 15-69 years) with rised total cholesterol	22.7 ^m	19.9	17.0	15.1	12.3	7.5
3.4b2 People (aged 15-69 years) with rised blood pressure level (%)	88.3 ^m	77.3	66.2	58.9	47.8	29.4
3.4b3 People (aged 15-69 years) not engaging in vigorous activities (%)	53.6 ^m	46.9	40.2	35.7	29.0	17.8
3.4b4 People (aged 15-69 years) who are overweight (%)	21.6 ^m	18.9	16.2	14.4	11.7	7.2
3.4b5 People (aged 15-69 years) who currently drink or drank alcohol in the past 30 days (%)	17.4 ^m	15.2	13.1	11.6	9.4	5.8
3.4b6 People (aged 15-69 years) who smoke tobacco daily (%)	15.8 ^m	13.8	11.8	10.5	8.5	5.2
Target 3.4c by 2030, promote mental health and wellbeig						
3.4c1 Mental health problem precent	14.0 ^l	12.26	10.51	9.35	7.6	4.7
3.4c2 Suicide rate per (100000 population)	25 ⁿ	20	16	13	8	1
3.4c3 Women (aged 15-24 years who are very or some what satisfied with their life (%)	80.8 ^c	83.5	86.1	87.9	90.6	95
Target 3.5 strengthen the prevention and treatment of substance abuse including drug abuse and harmful use of alcohol						
3.4 hard drug users estimated number	91534 ^o	78662	65790	57209	44337	22884
Target 3.6 by 2020, halve the number of gold Global death and injuries from road traffic accidents						
Target 3.6a by 2020, halve the number gold Global death from road traffic accidents						
3.6a1 Road Traffic accident mortality (per 10000 population)	33.7 ^p	25.25	16.8	-	-	-
Target 3.6b by 2020, halve the number of injuries form road traffic accidents						
3.6b1 Serious injuries (per 100000 population)	71.7 ^p	538	35.9 ^b			

Traget and Indicators	2014	2017	2020	2022	2025	2030
3.6b2 Slight injuries (per 100000 population)	163.7 ^p	122.8	81.9 ^b			
3.7 by 2030 Ensure Universal access to sexual and reproduction reproductive health care service including for family planning information and education and intergration of reproductive health international strategy and programs						
3.7a Contraceptive Prevalence rate modern method (%)	49.6 ^c	54.4	59.1	62.3	67.1	75
3.7b proportion of birth attended by SBA (%)	55.6 ^c	62.1	68.5	72.8	79.3	90
3.7c Adolescent fertility rate (birth per 1000 women age 15-19 years)	71 ^c	63.3	55.6	50.5	42.81	30
3.7d antenatal care (ANC) coverage at least 4 vigit (%)	59.5 ^c	65.2	70.9	74.75	80.5	90
3.7e Institutional delivery (%)	55.2 ^c	61.73	70	74.35	80.88	90
3.7f Postnatal care (PNC) for mother (%)	57.9 ^c	63.92	70	74.01	80.03	90
3.7g Unmet need for family planning (%)	25.2 ^c	22.4	19.5	17.6	14.75	10
3.7h proportion of demand satisfied for family planning (%)	-	-	-	-	-	-
3.7i TOTAL Fertility rate (TFR) (births per women)	2.3 ^c	2.3	2.20	2.16	2.106	2
3.7j Household within 30 minute travel time to a health facility (%)	61.8 ^q	67.09	85	86	87.5	90
3.7k prevalence of uterine prolapse among women of reproductive age (15-49) (%)	7 ^r	5.7	4.4	3.6	2.25	01
Target 3.8 Achieve Universal health coverage, including financial risk protection, access to quality essential Health-care service and access to safe, effective, quality and affordable essential medicine and action for all						
3.8a Government health expenditure as % of GDP	5.3 ^s	5.81	6.31	6.65	7.16	8
3.8a Health facilities meeting minimum standard of quality of care (%)	-	-	-	-	-	-
3.8 Children is 12-20 months who received all vaccinations (%)	84.5 ^c	87.41	90.31	92.25	95.16	100
3.9 2030, substantially reduce the number of death and illness from hazardous chemicals and air, water and soil pollution and contamination						
3.9a daeths form hazardous chemicals (toxic substances, etc.) Number	22 ^j	18	14	11	7	0
3.9b Illness form hazardous chemicals toxic substance, etc. (Number)	1205 ^j	998	791	653	445	100

Sources: a WHO et al 2015,^b MOHP,2015,^c CBS,2014a,^d MOHP2014a,^e MOHP2014a,^f MOHP2014c,^g MOHP2014d,^h MOHP2014a,ⁱ MOHP 2012a,^j MOHP2013a,^k WHO2012,^l MOHP/WHO2014,^m NHRC,2013,ⁿ WHO,2014,^o MOHP,2014a,^p Thpa2013,^q CBS,2011,^r MOHP,2006a,^o MOHP,2009c.

Sources: SDG 2016-2030 National (Preliminary) Report

7.2. Dailekh's Estimated Target Population Fiscal Year 2077/078

Geographic Name	Ward	Total Population	Exp. Live Births	00 - 11 Months	02 - 11 Months	12 - 23 Months	00 - 23 Months	06 - 23 Months	00 - 35 Months	00 - 59 Months	06 - 59 Months	12 - 59 Months	00 - 14 Years	Total: 10-19 Years	Male: 10-19 Years	Female: 10-19 Years	Female: 15-44 Years	WRA 15-49 Years	MWRA 15-49 Years	Expected Pregnancy	60 & + Years
Dailekh		300261	6202	6020	5821	5976	11996	8986	18049	30158	27148	24138	85985	57413	29956	27457	77456	85272	64636	7314	26132
Naumule RM		23687	489	475	459	459	934	697	1406	2364	2127	1889	6850	4800	2530	2270	6198	6830	5177	577	2005
Naumule - 1	1	3996	82	80	77	77	157	116	233	383	342	303	1096	815	429	386	1115	1212	919	97	340
Naumule - 2	2	3971	82	80	77	85	165	125	254	438	398	358	1233	770	406	364	1016	1103	836	97	290
Naumule - 3	3	3046	63	61	59	65	126	96	192	326	296	265	907	605	346	259	802	881	668	74	204
Naumule - 4	4	2792	58	56	54	48	104	76	154	258	230	202	810	564	278	286	704	780	591	68	205
Naumule - 5	5	2076	43	42	41	34	76	55	112	184	163	142	528	422	227	195	549	614	465	51	236
Naumule - 6	6	2502	52	50	48	57	107	82	162	264	239	214	713	529	259	270	667	740	561	61	249
Naumule - 7	7	2057	42	41	40	41	82	62	125	216	196	175	630	395	223	172	486	548	415	50	142
Naumule - 8	8	3247	67	65	63	52	117	85	174	295	263	230	933	700	362	338	859	952	722	79	339
Mahabu RM		21867	452	438	424	426	864	645	1301	2189	1970	1751	6463	4342	2179	2163	5879	6547	4963	533	2082
Mahabu - 1	1	3624	75	73	71	61	134	98	200	339	303	266	1042	717	326	391	1102	1215	921	88	372
Mahabu - 2	2	3207	66	64	62	46	110	78	160	266	234	202	845	629	319	310	915	1031	781	78	343
Mahabu - 3	3	4536	94	90	87	89	179	133	268	448	402	358	1353	895	446	449	1238	1387	1052	111	463
Mahabu - 4	4	2981	62	60	58	66	126	96	192	323	293	263	932	602	291	311	770	872	661	73	262
Mahabu - 5	5	3547	73	71	69	78	149	114	227	381	346	310	1051	725	408	317	890	977	741	86	268
Mahabu - 6	6	3972	82	80	77	86	166	126	254	432	392	352	1240	774	389	385	964	1065	807	97	374
Bhairabi RM		24406	504	489	473	509	998	754	1509	2521	2277	2032	7013	4582	2407	2175	6139	6738	5107	594	2042
Bhairabi - 1	1	3233	67	65	63	66	131	99	196	321	289	256	859	576	291	285	856	957	725	79	311
Bhairabi - 2	2	2841	59	57	55	65	122	94	185	308	280	251	852	513	273	240	739	804	609	70	236
Bhairabi - 3	3	5365	111	107	103	107	214	159	323	539	484	432	1503	998	502	496	1377	1514	1148	130	459
Bhairabi - 4	4	3312	68	66	64	70	136	103	206	346	313	280	973	648	349	299	802	879	666	80	303
Bhairabi - 5	5	3373	70	68	66	88	156	122	240	398	364	330	1049	641	341	300	821	901	683	83	254
Bhairabi - 6	6	2830	58	57	55	56	113	85	169	278	250	221	775	561	299	262	713	781	592	68	228
Bhairabi - 7	7	3452	71	69	67	57	126	92	190	331	297	262	1002	645	352	293	831	902	684	84	251

Geographic Name	Ward	Total Population	Exp. Live Births	00 - 11 Months	02 - 11 Months	12 - 23 Months	00 - 23 Months	06 - 23 Months	00 - 35 Months	00 - 59 Months	06 - 59 Months	12 - 59 Months	00 - 14 Years	Total: 10-19 Years	Male: 10-19 Years	Female: 10-19 Years	Female: 15-44 Years	WRA 15-49 Years	MWRA 15-49 Years	Expected Pregnancy	60 & + Years
Thantikandh		21331	441	428	414	471	899	685	1398	2430	2216	2002	6725	3876	2073	1803	5207	5704	4324	520	1744
Thantikandh - 1	1	3563	74	71	69	87	158	123	245	415	380	344	1107	672	371	301	900	977	741	87	293
Thantikandh - 2	2	3144	65	63	61	67	130	99	204	360	329	297	952	524	281	243	763	833	631	77	277
Thantikandh - 3	3	4472	91	91	87	97	188	140	291	504	456	413	1398	844	436	408	1075	1164	883	108	373
Thantikandh - 4	4	3035	63	61	59	70	131	101	204	356	326	295	1022	590	316	274	733	810	614	74	210
Thantikandh - 5	5	3557	74	71	69	88	159	124	249	430	395	359	1158	625	324	301	863	957	725	87	292
Thantikandh - 6	6	3560	74	71	69	62	133	98	205	365	330	294	1088	621	345	276	873	963	730	87	299
Aathbis Mun.		33202	686	666	644	807	1473	1140	2289	3901	3568	3235	10281	6044	3222	2822	8295	9074	6878	809	2458
Aathbis - 1	1	5073	106	101	99	140	241	187	378	641	587	540	1606	898	483	415	1234	1357	1028	125	355
Aathbis - 2	2	3313	68	66	64	78	144	111	222	376	343	310	979	587	335	252	803	871	660	80	269
Aathbis - 3	3	4025	83	81	78	96	177	137	271	451	411	370	1199	757	393	364	1035	1142	866	98	313
Aathbis - 4	4	3225	67	65	63	69	134	102	205	347	315	282	984	625	326	299	838	922	699	79	211
Aathbis - 5	5	3639	75	73	71	102	175	139	273	458	422	385	1156	660	333	327	887	966	732	88	280
Aathbis - 6	6	3930	81	79	76	117	196	157	311	530	491	451	1280	695	341	354	1043	1145	868	96	306
Aathbis - 7	7	3839	79	77	74	74	151	113	234	411	373	334	1155	714	389	325	975	1059	803	93	276
Aathbis - 8	8	3830	79	77	74	69	146	108	221	383	345	306	1141	689	393	296	909	982	744	93	314
Aathbis - 9	9	2328	48	47	45	62	109	86	174	304	281	257	781	419	229	190	571	630	478	57	134
Chamunda Bindrasaini Mun.		29771	615	597	577	674	1271	973	1946	3276	2978	2679	8994	5650	3052	2598	7230	7894	5984	725	2434
Chamunda Bindrasaini - 1	1	3435	71	69	67	85	154	120	239	404	370	335	1063	633	347	286	820	879	666	84	251
Chamunda Bindrasaini - 2	2	3652	75	73	71	79	152	116	230	380	344	307	1056	736	389	347	903	1002	760	88	324
Chamunda Bindrasaini - 3	3	2794	58	56	54	64	120	92	185	313	285	257	863	520	253	267	703	760	576	68	251

Geographic Name	Ward	Total Population	Exp. Live Births	00 - 11 Months	02 - 11 Months	12 - 23 Months	00 - 23 Months	06 - 23 Months	00 - 35 Months	00 - 59 Months	06 - 59 Months	12 - 59 Months	00 - 14 Years	Total: 10-19 Years	Male: 10-19 Years	Female: 10-19 Years	Female: 15-44 Years	WRA 15-49 Years	MWRA 15-49 Years	Expected Pregnancy	60 & + Years
Chamunda Bindrasaini - 4	4	3543	73	71	69	73	144	109	222	383	348	312	1071	664	353	311	840	930	705	86	276
Chamunda Bindrasaini - 5	5	3952	82	79	75	100	179	138	275	463	422	384	1218	752	423	329	923	1013	768	97	357
Chamunda Bindrasaini - 6	6	3672	76	74	72	81	155	118	236	394	357	320	1109	759	393	366	925	1009	765	90	290
Chamunda Bindrasaini - 7	7	3112	64	62	60	67	129	98	196	328	297	266	933	599	327	272	749	816	619	75	258
Chamunda Bindrasaini - 8	8	2937	61	59	57	72	131	102	203	344	315	285	906	511	295	216	701	746	565	72	243
Chamunda Bindrasaini - 9	9	2674	55	54	52	53	107	80	160	267	240	213	775	476	272	204	666	739	560	65	184
Dullu Mun.		47768	987	958	926	929	1887	1408	2810	4634	4155	3676	13426	9129	4717	4412	12232	13524	10251	1164	4679
Dullu - 1	1	2617	54	52	50	54	106	80	159	262	236	210	766	492	254	238	644	720	546	64	255
Dullu - 2	2	3391	70	68	66	68	136	102	203	336	302	268	958	645	342	303	814	898	681	83	327
Dullu - 3	3	3723	77	75	73	83	158	121	244	419	382	344	1153	680	336	344	906	1013	768	91	359
Dullu - 4	4	3089	64	62	60	65	127	96	191	313	282	251	879	609	337	272	737	836	634	75	275
Dullu - 5	5	3300	68	66	64	61	127	94	189	313	280	247	905	655	346	309	808	890	675	80	270
Dullu - 6	6	5134	106	103	97	101	204	151	299	484	431	381	1378	970	476	494	1296	1455	1101	124	467
Dullu - 7	7	1804	37	36	35	32	68	50	102	172	154	136	490	327	157	170	471	522	396	44	184
Dullu - 8	8	4539	94	91	88	93	184	139	278	463	418	372	1287	803	421	382	1195	1289	977	111	425
Dullu - 9	9	3585	74	72	70	70	142	106	213	359	323	287	1075	700	406	294	908	979	742	87	344
Dullu - 10	10	3679	76	74	72	72	146	109	217	354	317	280	1023	725	354	371	1023	1125	853	90	415
Dullu - 11	11	5086	105	102	99	75	177	126	253	406	355	304	1273	997	518	479	1356	1491	1130	124	517
Dullu - 12	12	3035	63	61	59	64	125	95	186	303	273	242	866	529	258	271	869	951	721	74	325
Dullu - 13	13	4786	99	96	93	91	187	139	276	450	402	354	1373	997	512	485	1205	1355	1027	117	516

Geographic Name	Ward	Total Population	Exp. Live Births	00 - 11 Months	02 - 11 Months	12 - 23 Months	00 - 23 Months	06 - 23 Months	00 - 35 Months	00 - 59 Months	06 - 59 Months	12 - 59 Months	00 - 14 Years	Total: 10-19 Years	Male: 10-19 Years	Female: 10-19 Years	Female: 15-44 Years	WRA 15-49 Years	MWRA 15-49 Years	Expected Pregnancy	60 & + Years
NarayanMun.		33048	682	663	641	492	1155	821	1643	2616	2282	1953	8075	6071	3077	2994	9076	9988	7571	804	2891
Narayan - 1	1	4821	100	95	93	46	141	88	185	277	224	182	887	711	392	319	1319	1429	1084	117	317
Narayan - 2	2	2774	57	56	54	35	91	63	124	189	161	133	638	544	264	280	811	909	689	67	322
Narayan - 3	3	2319	48	47	45	47	94	71	139	223	200	176	638	429	209	220	654	719	545	57	178
Narayan - 4	4	3228	67	65	63	68	133	101	201	337	305	272	972	650	313	337	917	995	754	79	297
Narayan - 5	5	2368	49	47	45	47	94	71	141	232	209	185	665	455	236	219	643	713	540	58	226
Narayan - 6	6	4331	89	87	84	46	133	90	179	269	226	182	813	570	281	289	996	1080	819	105	239
Narayan - 7	7	2676	55	54	52	36	90	63	127	202	175	148	677	537	263	274	773	865	656	65	254
Narayan - 8	8	2021	42	41	40	28	69	49	96	148	128	107	451	407	201	206	613	667	506	50	201
Narayan - 9	9	2680	55	54	52	28	82	55	111	174	147	120	646	554	288	266	758	850	644	65	307
Narayan - 10	10	2488	51	50	48	55	105	80	161	274	249	224	753	484	256	228	663	742	562	60	187
Narayan - 11	11	3342	69	67	65	56	123	90	179	291	258	224	935	730	374	356	929	1019	772	81	363
Bhagawatimai RM		21022	434	421	407	438	859	649	1310	2229	2019	1808	6518	4449	2278	2171	5345	5896	4469	512	1764
Bhagawatimai-1	1	3086	64	62	60	52	114	83	167	277	246	215	862	636	312	324	816	887	672	75	265
Bhagawatimai-2	2	2736	56	55	53	66	121	94	185	310	283	255	857	562	278	284	725	802	608	66	209
Bhagawatimai-3	3	2860	59	57	55	74	131	103	204	344	316	287	947	602	314	288	694	767	581	70	225
Bhagawatimai-4	4	3128	65	63	61	53	116	85	176	310	279	247	972	670	346	324	769	873	662	77	247
Bhagawatimai-5	5	2542	52	51	49	49	100	75	150	254	229	203	779	554	295	259	616	681	516	61	250
Bhagawatimai-6	6	3318	69	66	64	77	143	110	221	375	342	309	1062	719	384	335	828	908	688	81	305
Bhagawatimai-7	7	3352	69	67	65	67	134	99	207	359	324	292	1039	706	349	357	897	978	742	82	263
Dungeshwor RM		18554	383	372	360	286	658	472	951	1546	1360	1174	4753	3670	1900	1770	5067	5615	4256	452	1829
Dungeshwor-1	1	3220	66	65	63	33	98	66	134	212	180	147	743	656	351	305	929	1037	786	78	306
Dungeshwor-2	2	4596	95	92	89	62	154	106	219	349	301	257	1073	846	428	418	1227	1354	1026	112	471
Dungeshwor-3	3	2259	47	45	44	48	93	71	141	236	214	191	657	468	241	227	604	672	509	55	191
Dungeshwor-4	4	2568	53	51	49	48	99	74	148	249	224	198	727	487	259	228	648	718	544	63	263

Geographic Name	Ward	Total Population	Exp. Live Births	00 - 11 Months	02 - 11 Months	12 - 23 Months	00 - 23 Months	06 - 23 Months	00 - 35 Months	00 - 59 Months	06 - 59 Months	12 - 59 Months	00 - 14 Years	Total: 10-19 Years	Male: 10-19 Years	Female: 10-19 Years	Female: 15-44 Years	WRA 15-49 Years	MWRA 15-49 Years	Expected Pregnancy	60 & + Years
Dungeshwor-5	5	2535	52	51	49	39	90	65	128	202	177	151	651	549	286	263	700	770	584	61	294
Dungeshwor-6	6	3376	70	68	66	56	124	90	181	298	264	230	902	664	335	329	959	1064	807	83	304
Gurans RM		25605	529	513	496	485	998	742	1486	2452	2196	1939	6887	4800	2521	2279	6788	7462	5656	624	2204
Gurans - 1	1	2699	56	54	52	60	114	87	173	285	258	231	768	528	267	261	699	767	581	66	212
Gurans - 2	2	3010	62	60	58	65	125	95	191	324	294	264	910	538	254	284	806	893	677	73	237
Gurans - 3	3	3015	62	60	58	54	114	84	167	270	240	210	805	590	312	278	814	890	675	73	312
Gurans - 4	4	4045	84	82	79	57	139	97	198	321	279	239	996	804	452	352	1067	1179	894	100	397
Gurans - 5	5	3750	77	75	73	71	146	109	214	345	308	270	974	723	378	345	1028	1144	867	91	332
Gurans - 6	6	3639	75	73	71	77	150	114	227	375	339	302	971	651	345	306	975	1057	801	88	268
Gurans - 7	7	2698	56	54	52	47	101	74	152	260	233	206	731	475	251	224	682	744	564	66	232
Gurans - 8	8	2749	57	55	53	54	109	82	164	272	245	217	732	491	262	229	717	788	597	67	214

7.3. Analyzed Data (2077-078)

Reporting Status

Organisation unit / Data	Average no. of People Served FCHV (reporting Period)	Average no. of People Served ORC (Per Clinic)	Average no. of People Served from Immunization Clinic (Per Clinic)	Percentage of Reporting Status (EPIC)	Percentage of Reporting Status (FCHV)	Percentage of Reporting Status (PHCORC)	Total Emergency Services
DAILEKH	18.8	19.7	17.2	94.8	96.6	88.6	4377
Naumule RM	23.2	14	10.6	89.7	96	98.9	0
Mahabu RM	22.9	21.9	18.1	100	95.5	88.4	0
Bhairabi RM	21.2	18	17.6	88.4	97.6	80.4	0
Thantikandh RM	20	30.4	29.2	100	87.3	81.9	0
Aathbis Mun.	21.5	24.8	24.1	91.8	93.7	61.5	0
Chamunda Bin.Mun.	18.6	20	31.5	100	99.6	91	0
Dullu Mun.	21.2	17	14.2	99.5	97.8	90.9	1579
Narayan Mun.	13.4	20.8	12.9	100	99.4	96.8	2798
Bhagawatimai RM	12.6	18.8	14.1	91.7	95.5	95.9	0
Dungeshwor RM	17.9	21.3	14.1	94	98.4	93.5	0
Gurans RM	15.7	22.6	15.6	84.3	98.6	86	0

Immunization Programme

Organisation unit / Data	% of rota 1st		% of rota 2nd		Drop out BCG vs Measles	Drop out DPT-HepB-Hib 1 vs 3	Drop out DPT-HepB-Hib1 vs measles/rubella 1 dropout rate	Drop out Measles/rubella 1 vs 2	Drop out Pentax 1st Vs MPR2	No. of children fully immunized as per NIP schedule	% of children 12-23 months immunized with JE	% of children aged 12-23 months immunized with measles/rubella	% of children aged 9-11 months immunized with measles/rubella	% of children fully immunized as per NIP schedule	% of children fully immunized (Fully Immunized in GESI)/Population of children 12-23 months)	% of children under one year immunized with BCG	% of children under one year immunized with DPT-HepB-Hib1	% of children under one year immunized with DPT-HepB-Hib2	% of children under one year immunized with DPT-HepB-Hib3	% of children under one year immunized with FIPV 2nd	% of children under one year immunized with PCV 1	% of children under one year immunized with PCV 2	% of children under one year immunized with PCV 3	% of children under one year not immunized against DPT-Hep B-Hib3	% of pregnant women who received TD2	% of pregnant women who received TD2 & TD2+	% of pregnant women who received TD2+	Total pregnant women who received TD2 & TD2+	Wastage Rate BCG	Wastage Rate DPT-Hep B-Hib	Wastage Rate JE	Wastage Rate Measles/Rubella	Wastage Rate PCV	Wastage Rate Polio (OPV)	Wastage Rate Polio(FIPV)					
	74.3	63.9	70.2	66.1																																85	85.7	10.3	-13.4	0.36
DAILEKH	86.8	72.7	12.7	3.1	11.3	9.2	19.4	5127	88.6	84.9	92.8	85.2	85.8	106.3	104.7	103.5	101.4	96	104.1	103.7	91.7	85.6	81.3	-1.4	39.3	75.3	36	5510	87.8	42.4	68.2	64.8	36.5	41.6	42.5	59				
Naumule RM	71.4	62.7	17.7	6	17.2	11.6	26.8	376	77.3	71.5	78.1	79.2	81.9	94.9	94.3	93.5	88.6	89.9	93.9	93.9	95.2	78.1	76.8	11.4	35.4	65.9	30.5	380	91.5	57.2	76.3	76.7	47.3	57.1	52.4	75.7				
Mahabu RM	87.4	71.9	8	2.4	5.8	19.5	24.1	346	86.4	80.5	97.3	79	81.2	105.7	103.2	101.4	100.7	100.7	103.2	100.5	88.4	91.8	91.1	-0.68	39.2	72.6	33.4	387	89.4	43.1	71.3	64.8	31.5	37.6	43.6	55.4				
Bhairabi RM	75.1	58.9	14.2	5.2	9.5	15.6	23.6	360	73.7	69.2	85.3	73.6	70.7	99.4	94.3	93.7	89.4	87.1	92.2	89	85.3	89	89.6	10.6	36	70.4	34.3	418	83.4	34.5	66.1	59.5	29.8	35.2	39.3	47.7				
Thantikandh RM	115.7	97.7	10.5	1	9.2	3.6	12.5	498	110	106.6	121.7	116.4	105.7	136	134.1	138.8	132.7	129.7	146.7	146.5	118.2	118.2	112.6	-32.7	50	103.7	53.7	539	80.6	25.8	55.3	54.3	30.6	25.8	48.2	42.1				
Aathbis Mun.	92.9	68.8	9.3	-4.2	14.4	8.7	21.8	713	91.2	86.2	114.4	107.1	88.4	126.1	133.6	144.7	139.2	128.4	127.2	142	116.2	107.2	98.9	-39.2	29.4	89.7	60.3	726	81.4	30.9	60.3	53.8	28.7	28.4	28.6	53.6				
Chamunda Bin.Mun.	104.5	77.6	23.2	9.8	22.9	15.5	34.9	490	81.6	72.1	96.3	82.1	72.7	125.5	125	114.6	112.7	93.6	120.4	117.8	95.8	85.9	78.2	-12.7	37.1	78.6	41.5	570	79.8	25.4	53.8	49	37.9	26.1	17.4	51.8				
Dullu Mun.	89.5	73.8	20.5	14.5	15.1	8.8	22.5	766	90.3	86.2	91.6	80	82.5	115.2	107.9	95.9	92.3	82.4	106.6	95.6	92.2	88.8	78.1	7.7	48.9	87.4	38.5	1017	88.5	52.1	74.2	70.3	43	50.7	45.4	63.6				
Narayan Mun.	81.9	74.2	5.2	1.3	3.4	5.1	8.4	572	108.9	113.4	88.7	86.3	116.3	93.5	91.9	96.2	90.6	90.6	91.9	96.2	88.7	84.2	88.2	9.4	40.8	58.7	17.9	472	91	44.8	72.2	69.5	31.9	44.1	49.2	50.8				
Bhagawatim ai RM	85	85.7	10.3	-3.6	2	8.1	9.9	361	84.9	80.6	91.2	85.7	82.4	101.7	93.1	93.6	96.4	97.1	94.1	94.8	90.3	90	87.9	3.6	43	68.4	25.4	350	90.3	46.1	68.1	68	33.3	44.6	39.8	59.3				
Dungeshwo r RM	70.2	66.1	4.2	-13.4	0.36	9.1	9.4	249	89.2	87.8	74.2	66.9	87.1	77.4	74.5	76.9	84.4	81.5	74.2	76.6	72.6	71.2	73.4	15.6	36.7	61.9	25.2	280	91.4	49.6	70	68.2	38.4	47.2	51.6	65				
Gurans RM	74.3	63.9	0.26	-3.1	6.7	-3.8	3.1	396	80	83.7	76.2	77.2	81.6	76	81.7	79.5	84.2	80.3	81.7	78.6	73.1	76.2	71.3	75.6	15.8	31.9	59.5	27.6	371	90.9	48.8	71	66.6	44.3	46.7	49.8	66.6			

Community Based Integrated Management of Neonatal and Childhood Illnesses (CB-IMNCI) Programme

Organisation unit / Data	% of dehydration among U5 yrs registered diarrhoeal cases (facility & outreach)	% of PSBI among registered 0-2 months infant (sick baby)	% of PSBI Cases treated with first dose of gentamycin	% of PSBI cases among expected live births	% of PSBI cases received complete dose of Gentamicin	% of newborns with low birth weight (<2.5KG)	Diarrhoea incidence rate among children under five years	Incidence of ARI among children under five years (per 1000)	Incidence of Pneumonia among children under five years (per 1000) (HF & Outreach)	Incidence of pneumonia among children under five years (per 1000)	% of Pneumonia among U5 years New ARI registered children (HF & ORC)	% of children U5 years with Pneumonia treated with antibiotics (Amoxicillin)	% of children under five years with diarrhea suffering from Severe dehydration	% of children under five years with diarrhea suffering from Some dehydration	% of children under five years with diarrhea suffering from dysentery (blood in stool)	% of children under five years with diarrhea treated with zinc and ORS	% of children under five years with diarrhoea treated with IV fluid	% of newborns who initiated breastfeeding within 1 hour of birth	% of pneumonia cases treated with antibiotics (HF & ORC)	% of severe Pneumonia among new cases	Pneumonia treated with antibiotics total	Total Incidence of Diarrhea	Total incidence of Pneumonia	
DAILEKH	13.3	18.9	80.2	1.5	70.8	5.7	841.1	1118	42	83.2	11.9	94.5	0.11	13.2	4.1	100.5	0.49	10.5	104.9	0.18	1334	25365	1268	
Naumule RM	9.2	45.5	80	1	0	0.82	1147.2	976.3	34.3	106.6	10.9	96.3	0	9.2	2.4	101.3	0	23.4	97.5	0.43	79	2712	81	
Mahabu RM	18.4	56.3	77.8	2	66.7	0.22	938.3	1095.9	61.2	159.4	21.3	88.8	0.32	18.1	2.2	96	0.06	42.4	92.5	0.42	128	2054	134	
Bhairabi RM	13.6	0	0			2.8	683.1	693	8.3	52.8	7.5	76.2	0	13.6	2.2	99.3	0	9.3	76.2	0	16	1722	21	
Thantikandh RM	35.4	12.1	81.8	2.5	63.6	13.2	626.3	685.2	33.7	130.9	17	93.9	0.77	34.7	5.1	96	0.42	16	100	0.06	82	1522	82	
Aathbis Mun.	4.9	17.9	82.4	2.5	88.2	7.9	758.3	1060.5	39	80.2	11.3	90.1	0	4.9	5.4	99.4	0	9.5	103.9	0.41	158	2958	152	
Chamunda Bin.Mun.	22.3	4.8	0	0.16	100	5.8	721	1140.4	44.3	-3.4	9	100	0	22.3	6.7	99.5	0.36	7.4	100	0	145	2362	145	
Dullu Mun.	13.2	20.7	91.3	2.3	100	8.6	802.8	1259.6	60	117	19.5	98.6	0	13.2	4.9	82.8	0.81	11.2	118.3	0.24	329	3720	278	
Narayan Mun.	6	19.2	85.7	2.1	57.1	7.3	1173.2	1607	69.6	77.2	9.4	92.9	0.19	5.8	2	100.4	0.32	0.13	100	0.07	182	3069	182	
Bhagawatimai RM	13.6	30.8	50	1.8	37.5	4.6	1125.2	1453.6	31.9	97.4	8.7	77.5	0	13.6	5.2	137.8	2.7	2	100	0.15	71	2508	71	
Dungeshwor RM	0.34	22.9	75	2.1	50	3.7	918.5	1487.7	40.1	67.3	9.3	98.4	0	0.34	0.34	98.9	0	1.8	98.4	0	61	1420	62	
Gurans RM	10.4	0		0			2.8	537.5	874	24.5	37.1	8.8	111.7	0	10.4	4.2	96.6	0	0.54	138.3	0.09	83	1318	60

Nutrition Programme

Organisation unit / Data	% of children 0-11 months registered for Growth Monitoring (New) who were Underweight	% of children 12-23 months registered for Growth Monitoring who were Underweight	% of children aged 0-23 months registered for Growth Monitoring (New) who were Underweight	% of children aged 6-23 months who received 3 cycle (180 Sachets) Baal Vita (MNP)	% of children aged 6-23 months who received at least one cycle (60 Sachets) Baal Vita (MNP)	Average number of visits among children aged 0-11 months registered for growth monitoring ^a	Average number of visits among children aged 0-23 months registered for growth monitoring ^a	Average number of visits among children aged 12-23 months registered for growth monitoring ^a	No. of children aged 6-8 months registered for growth monitoring who received solid, semi-solid or soft foods	Number of cases admitted at outpatient therapeutic centers (OTPs)	% of cases admitted at OTPs with moderate acute malnutrition (MAM)	% of children aged 0-6 months registered for growth monitoring who were exclusively breastfed for the first six months	% of children aged 0-11 months registered for growth monitoring	% of children aged 0-23 months registered for growth monitoring	% of children aged 12-23 months registered for growth monitoring	% of children aged 6-8 months registered for growth monitoring who received solid, semi-solid or soft foods	% of newborns who initiated breastfeeding within 1 hour of birth	% of newborns with low birth weight (<2.5kg) among total delivery by HWS
DAILEKH	3.8	4.9	4.1	2.6	104.9	3.4	3.8	4.6	4836	10	810	85.1	122.8	83.9	44.6	80.3	10.5	6
Naumule RM	0.9	1.5	1.1	0	18.8	3.5	3.4	3.4	373	0	0	121.3	135.6	97.8	58.6	78.5	23.4	1.2
Mahabu RM	3.6	2.1	3.1	4.8	24.2	2.7	2.8	3.1	55	0	0	13.2	109.1	77.3	44.6	12.6	42.4	0.27
Bhairabi RM	1.8	8.6	2.7	0	19.8	3.4	4.5	12.4	149	0	0	30.7	101.4	56.7	13.8	30.5	9.3	4.7
Thantikandh RM	7.5	8.1	7.7	0	105	2.5	2.6	2.7	39	0	0	18	171.7	124.2	81.1	9.1	16	9.9
Aathbis Mun.	4.6	4.9	4.7	1.1	53.3	3.2	3.3	3.5	1069	0	0	128.7	120.9	82.3	50.6	160.5	9.5	7.1
Chamunda Bin.Mun.	2.5	7.1	3.2	0.31	102.9	2.6	2.8	3.6	213	0	0	54.1	94.6	53.3	16.8	35.7	7.4	6
Dullu Mun.	4.2	6	4.6	3.8	44.1	2.9	3.1	3.8	1604	0	0	197.7	167.3	108.7	48.3	167.4	11.2	7.7
Narayan Mun.	3.3	6	4.1	8.7	155.4	5.1	5.6	6.9	413	0	0	63.5	103.6	85.6	61.4	62.3	0.13	6.4
Bhagawatimai RM	0.8	0.4	0.7	5.9	91.4	3.8	3.9	4	153	10	0	37.5	114.7	83.2	53	36.3	2	5.3
Dungeshwor RM	3	1.5	2.6	3.6	74.2	4.3	4.8	6.4	268	0	0	70.7	107.3	81.3	47.6	72	1.8	6.2
Gurans RM	7	7.8	7.2	1.4	515.5	5.1	6.6	13.2	500	0	0	67.3	97.1	61.4	23.7	97.5	0.54	3.8

Female Community Health Volunteer (FCHV) Programme

Organisation unit / Data	Number of mothers group meetings held	Percentage of Mother groups meeting held	Percentage of postpartum women visited by FCHVs	Percentage of pregnant women visited by FCHVs
DAILEKH	8442	89.3	29	272.6
Naumule RM	705	81.2	87.1	193.9
Mahabu RM	669	95.7	71.7	378.4
Bhairabi RM	525	81.5	11.3	356.7
Thantikandh RM	357	66.9	51	324.2
Aathbis Mun.	649	74.5	23	270.3
Chamunda Bin.Mun.	686	92.6	9.9	246.1
Dullu Mun.	1648	102	48.4	218.8
Narayan Mun.	868	89.9	0	263.7
Bhagawatimai RM	857	92.3	4.1	281.1
Dungeshwor RM	643	97.7	12.8	304.6
Gurans RM	835	89.6	0.95	247.4

Family Planning Programme

Organisation unit / Data	Condom users(qty/150)	Depo New Users Total	FP Methods New acceptor among as % of MWRA	IUCD New Users Total	Implant New Users Total	Pills New Users Total
DAILEKH	2190.9	6224	18.6	126	961	2403
Naumule RM	136.8	442	17.4	5	113	193
Mahabu RM	181.5	441	16.6	0	61	140
Bhairabi RM	122.5	300	10.7	1	41	82
Thantikandh RM	122.5	680	22.8	4	45	129
Aathbis Mun.	187.2	662	16.2	1	93	162
Chamunda Bin.Mun.	101.9	529	15.8	9	86	207
Dullu Mun.	245.6	1147	19	16	193	341
Narayan Mun.	618.5	1002	35.5	85	207	720
Bhagawatimai RM	143.9	239	11.7	0	31	88
Dungeshwor RM	234.1	374	20.5	5	39	221
Gurans RM	96.3	408	12	0	52	120

Safe Motherhood Programme

	Bhairabi RM		Mahabule RM		Naumule RM		DAILE KH	Organisation unit / Data
	100	100	100	100	100	100	100.6	% of women receiving ANC incentives
	100	100	100	100	100	101	101	% of women receiving maternity incentives
	357	339	405	5945				ANC 1st visit Total
	274	278	293	5242				ANC 4th visit Total
	305	371	340	5711				Institutional Deliveries Total
	0	0	0	16.1				Maternal mortality ratio per 100,000 live births
	0.26	0.44	0	7.5				Met need for emergency obstetric care
	0	0	0	5				Number of blood units used for treating obstetric complications
	0	0	0	0				Number of women treated for Ectopic pregnancy
	0	1	0	4				Number of women treated for Eclampsia
	0	0	0	4				Number of women treated for Pre-eclampsia
	0	0	0	3				Number of women treated for Puerperal Sepsis
	1	0	0	245				Number of women treated for abortion complications
	0	2	0	70				Number of women treated for haemorrhage
	1	0	0	21				Number of women treated for prolonged/ obstructed labor
	21	0	0	128				Number of women treated for retained Placenta
	0	0	0	0				Number of women treated for ruptured uterus
	0	0	0	0.47				% of assisted (Vaccum or Forceps) deliveries
	55	25.2	44	64.2				% of births attended by a Skilled Birth Attendant (SBA)
	5.6	56.9	25.6	27.9				% of births attended by a health worker other than SBA
				107.1				% of clients received post-abortion contraceptives
	0	0	0	1.3				% of deliveries by caesarean section
	60.5	82.1	69.5	92.1				% of institutional deliveries
	100	100	100	98.3				% of normal deliveries
	63.7	135.4	81.4	96.7				% of postpartum women who received Vitamin A supplementation
	55.2	67.3	65	88.1				% of postpartum women who received a 45 day supply of IFA
	60.5	82.5	69.5	92.3				% of postpartum women who received a PNC check-up within 24 hours of delivery
	0	0	0	7.2				% of pregnancies >=20yrs terminated by induced procedure at health facility
	0	0	0	7.9				% of pregnancies terminated by induced procedure at health facility
	0	0	0	3.3				% of pregnancies terminated by induced procedure at health facility- surgical
	70.8	75	82.8	95.9				% of pregnant women who had First ANC checkup as protocol
	81.3	89.2	92.2	113.5				% of pregnant women who had at least one ANC checkup
	54.4	61.5	59.9	84.5				% of pregnant women who had four ANC checkups as per protocol (4th, 6th, 8th and 9th month)
	0	0	0	1				% of women treated for an obstetric complication who received a blood transfusion
	34.9	69	66.5	55.7				% of women who had 3 PNC check-ups as per protocol (1st within 24 hours, 2nd within 72 hours and 3rd within 7 days of delivery)
	54.4	61.5	59.9	84.5				% of women who had four ANC check-ups as per protocol (4th,6th,8th and 9th months) and delivered in a health facility)
	44	57.3	59.5	75.1				% of women who received a 180 day supply of Iron Folic Acid during pregnancy
	0	0	0	4.7				%of pregnancies terminated by induced procedure at health facility -Medical
	0	0	0	9				Proportion of <20 yrs women receiving abortion service
	0	0	0	4.7				Proportion of LARC among post abortion contraception used
	0	0	0	580				Total Abortion service received
	0	0	0	73				Total C/S Delivery
	0	0	0	580				Total CAC Services
	305	373	341	5731				Total Delivery
	0	0	0	1				Total Maternal Deaths
	0	2	0	22				Total Neonatal Deaths
	305	373	341	5631				Total Normal delivery
	0	0	5	313				Total PAC services
	0	0	0	27				Total vacuum/forceps delivery

Organisation unit / Data		Thanti kandh RM	Aathbis Mun.	Chamunda Bin.Mun.	Dullu Mun.
% of women receiving ANC incentives		110.2	99	100	99
% of women receiving maternity incentives		112	99	100	100
ANC 1st visit Total		502	725	613	1146
ANC 4th visit Total		366	557	463	906
Institutional Deliveries Total		557	683	631	1055
Maternal mortality ratio per 100,000 live births		0	0	0	0
Met need for emergency obstetric care		6.8	1.3	0.22	7.4
Number of blood units used for treating obstetric complications		0	0	0	0
Number of women treated for Ectopic pregnancy		0	0	0	0
Number of women treated for Elampsia		0	0	0	0
Number of women treated for Pre-eclampsia		0	1	0	0
Number of women treated for Puerperal Sepsis		0	0	0	0
Number of women treated for abortion complications		11	0	0	0
Number of women treated for haemorrhage		25	10	2	24
Number of women treated for prolonged/ obstructed labor		0	0	0	2
Number of women treated for retained Placenta		47	1	1	37
Number of women treated for ruptured uterus		0	0	0	0
% of assisted (Vaccuum or Forceps) deliveries		0.36	0	0	0
% of births attended by a Skilled Birth Attendant (SBA)		68.5	72.3	88.5	67.4
% of births attended by a health worker other than SBA		57.8	27.3	14.1	39.5
% of clients received post abortion contraceptives		0			118.6
% of deliveries by caesarean section		0	0	0	0
% of institutional deliveries		126.3	99.6	102.6	106.9
% of normal deliveries		99.6	100	100	100
% of postpartum women who received Vitamin A supplementation		137.9	102.8	108.6	95.8
% of postpartum women who received a 45 day supply of IFA		125.4	99	102	100.6
% of postpartum women who received a PNC check-up within 24 hours of delivery		126.3	100.3	102.6	106.9
% of pregnancies >=20yrs terminated by induced procedure at health facility		0.19	0	0	4.9
% of pregnancies terminated by induced procedure at health facility		0.19	0	0	5.1
% of pregnancies terminated by induced procedure at health facility- surgical		0	0	0	0.95
% of pregnant women who had First ANC checkup as per protocol		113.8	105.7	99.7	116.1
% of pregnant women who had at least one ANC checkup		142.9	131	128.6	132
% of pregnant women who had four ANC checkups as per protocol (4th, 6th, 8th and 9th month)		83	81.2	75.3	91.8
% of women treated for an obstetric complication who received a blood transfusion		0	0	0	0
% of women who had 3 PNC check-ups as per protocol (1st within 24 hours, 2nd within 72 hours and 3rd within 7 days of delivery)		103.9	67.8	92.8	35.6
% of women who had four ANC check-ups as per protocol (4th,6th,8th and 9th months) and delivered in a health facility)		83	81.2	75.3	91.8
% of women who received a 180 day supply of Iron Folic Acid during pregnancy		81.4	79.9	77.1	72.9
%of pregnancies terminated by induced procedure at health facility -Medical		0.19	0	0	4.1
Proportion of <20 yrs women receiving abortion service		0	0	0	3.4
Proportion of LARC among post abortion contraception used		0	0	0	3.4
Total Abortion service received		1	0	0	59
Total C/S Delivery		0	0	0	0
Total CAC Services		1	0	0	59
Total Delivery		559	691	631	1058
Total Maternal Deaths		0	0	0	0
Total Neonatal Deaths		8	7	0	2
Total Normal delivery		557	691	631	1058
Total PAC services		11	0	0	34
Total vacuum/forceps delivery		2	0	0	0

Organisation unit / Data		Gurans RM	Dungeshwor RM	Bhagawatimai RM	Narayan Mun.
% of women receiving ANC incentives		100	100	100	100
% of women receiving maternity incentives		100	100	100	100
ANC 1st visit Total		415	269	332	842
ANC 4th visit Total		351	243	328	1183
Institutional Deliveries Total		371	229	365	804
Maternal mortality ratio per 100,000 live births		0	0	0	146.6
Met need for emergency obstetric care		0.13	0.7	0.77	50.5
Number of blood units used for treating obstetric complications		0	0	0	5
Number of women treated for Ectopic pregnancy		0	0	0	0
Number of women treated for Elampsia		0	1	0	2
Number of women treated for Pre-eclampsia		0	0	0	3
Number of women treated for Puerperal Sepsis		0	0	0	3
Number of women treated for abortion complications		0	0	0	233
Number of women treated for haemorrhage		0	0	1	6
Number of women treated for prolonged/ obstructed labor		1	0	0	17
Number of women treated for retained Placenta		1	0	3	17
Number of women treated for ruptured uterus		0	0	0	0
% of assisted (Vaccuum or Forceps) deliveries		0	0	0	3.1
% of births attended by a Skilled Birth Attendant (SBA)		30.6	59.3	51.6	110.6
% of births attended by a health worker other than SBA		39.5	0.52	32.5	7.3
% of clients received post abortion contraceptives		0	10.3		111.6
% of deliveries by caesarean section		0	0	0	9.1
% of institutional deliveries		70.1	59.8	84.1	117.9
% of normal deliveries		100	100	100	87.8
% of postpartum women who received Vitamin A supplementation		67.3	59.3	79.5	119.1
% of postpartum women who received a 45 day supply of IFA		66.2	58.5	76.5	118.5
% of postpartum women who received a PNC check-up within 24 hours of delivery		70.1	59.5	84.1	118.8
% of pregnancies >=20yrs terminated by induced procedure at health facility		0	6.4	0	54.9
% of pregnancies terminated by induced procedure at health facility		0	6.4	0	61.1
% of pregnancies terminated by induced procedure at health facility- surgical		0	0	0	28.4
% of pregnant women who had First ANC checkup as per protocol		78.4	70.2	76.5	123.5
% of pregnant women who had at least one ANC checkup		85.8	76.8	85.3	151.6
% of pregnant women who had four ANC checkups as per protocol (4th, 6th, 8th and 9th month)		66.4	63.4	75.6	173.5
% of women treated for an obstetric complication who received a blood transfusion		0	0	0	1.8
% of women who had 3 PNC check-ups as per protocol (1st within 24 hours, 2nd within 72 hours and 3rd within 7 days of delivery)		57.7	3.4	19.6	57.5
% of women who had four ANC check-ups as per protocol (4th,6th,8th and 9th months) and delivered in a health facility)		66.4	63.4	75.6	173.5
% of women who received a 180 day supply of Iron Folic Acid during pregnancy		59.4	65.5	68.4	134.9
%of pregnancies terminated by induced procedure at health facility -Medical		0	6.4	0	32.7
Proportion of <20 yrs women receiving abortion service		0	0	0	10.2
Proportion of LARC among post abortion contraception used		0	3.4	0	4.9
Total Abortion service received		0	29	0	491
Total C/S Delivery		0	0	0	73
Total CAC Services		0	29	0	491
Total Delivery		373	229	366	805
Total Maternal Deaths		0	0	0	1
Total Neonatal Deaths		1	0	2	0
Total Normal delivery		373	229	366	707
Total PAC services		0	0	2	261
Total vacuum/forceps delivery		0	0	0	25

Tuberculosis Programme

Organisation unit / Data	CNR PBC Relapse cases	CNR PBC new cases	Cases Reported as Private Sector Contribution	Cure Rates Among New TB Smear Positive Cases - Female	New TB agewise	No of TB cases treatment completed	No. of new TB cases registered	Ratio of New Smear-Positive TB Cases to New Smear-Negative Cases	Sputum Conversion Rate (PBC new TB cases)	TB - Case notification rate	TB - Case notification rate (New and Relapse cases)	TB - Treatment Success Rate (New and Relapse)	TB - cured rate	Total Agewise(new+relapse) TB cases	Total NEW and Relapse TB Cases	Total Number of TB Relapse cases agewise	Total Relapse caeses	Total TB cases (All form of TB cases)	Total cases in treatment regimen
DAILEKH	2.3	24	5	100	116	62	116	100	25	42.6	41.3	94.9	73	124	124	8	8	129	11
Naumule RM	0	12.7	0	0	7	3	7	0	0	29.6	29.6	84.6	70	7	7	0	0	7	0
Mahabu RM	0	18.3	0	0	6	2	6	0	0	27.4	27.4	100	60	6	6	0	0	7	4
Bhairabi RM	4.1	8.2	0	0	4	4	4	0	0	20.5	20.5	100	75	5	5	1	1	5	0
Thantikandh RM	0	42.2	4	0	17	7	17	0	0	84.4	79.7	90	50	17	17	0	0	18	4
Aathbis Mun.	0	39.2	0	0	18	6	18	0	0	63.2	54.2	86.7	100	18	18	0	0	21	0
Chamunda Bin.Mun.	3.4	30.2	0	0	13	7	13	0	0	47	47	100	12.5	14	14	1	1	14	0
Dullu Mun.	8.4	31.4	0	0	26	11	26	0	0	64.9	64.9	100	89.5	31	31	5	5	31	0
Narayan Mun.	0	15.1	0	100	6	6	6	0	0	18.2	18.2	91.7	87.5	6	6	0	0	6	1
Bhagawatimai RM	0	14.3	0	0	4	2	4	0	0	19	19	87.5	60	4	4	0	0	4	0
Dungeshwor RM	5.4	32.3	0	0	8	7	8	0	100	48.5	48.5	100	100	9	9	1	1	9	0
Gurans RM	0	11.7	1	0	7	7	7	0	0	27.3	27.3	100	0	7	7	0	0	7	2

Leprosy Programme

Organisation unit / Data	Female Proportion among New Leprosy cases	Incidence of leprosy per 10,000 population	Leprosy-Patient at the end of this month-Multi Bacillary (Female)	Leprosy-Patient at the end of this month-Multi Bacillary (Male)	Leprosy-Patient at the end of this month-Pauci Bacillary (Male)	Leprosy-Total treated in this month-Multi Bacillary (Female)	Leprosy-Total treated in this month-Multi Bacillary (Male)	Leprosy-Total treated in this month-Pauci Bacillary (Male)	New case detection rate of leprosy	Percentage of leprosy cases released from treatment (RFT)	Percentage of new leprosy cases that are MB	Total Leprosy New cases	Total Leprosy at the end of month
DAILEKH	8.3	0.4	7	110	16	8	118	19	4	8.3	75	12	42
Naumule RM	0	0	0	12	0	0	12	0	0	0	0	0	4
Mahabu RM	0	0	0	5	0	0	6	0	0	16.7	0	0	4
Bhairabi RM	0	0	0	0	0	0	0	0	0	0	0	0	0
Thantikandh RM	0	0.47	0	18	0	0	19	0	4.7	5.3	100	1	9
Aathbis Mun.	0	0.6	0	27	2	0	30	2	6	9.4	50	2	14
Chamunda Bin.Mun.	33.3	1	6	12	7	6	13	8	10.1	7.4	66.7	3	4
Dullu Mun.	0	0.84	1	24	0	2	24	1	8.4	7.4	100	4	2
Narayan Mun.	0	0.3	0	9	0	0	9	0	3	0	100	1	1
Bhagawatimai RM	0	0	0	0	0	0	1	0	0	100	0	0	0
Dungeshwor RM	0	0.54	0	3	7	0	4	8	5.4	16.7	0	1	4
Gurans RM	0	0	0	0	0	0	0	0	0	0	0	0	0

HIV/AIDS and STI Programme

Organisation unit / Data	% of pregnant women who tested for HIV at an ANC checkup	% Sex Workers who received an HIV test (e.g. through an outreach service, drop-in centre or sexual health clinic)	% of PWIDs who received an HIV test (e.g. through an outreach service, drop-in centre or sexual health clinic)	% of diagnosed Sexually Transmitted Infections (STIs) treated	% of diagnosed Sexually Transmitted Infections (STIs) treated- <14 Yrs	% of high risk groups who received an HIV test (e.g. through an outreach service, drop-in centre or sexual health clinic)	% of male labor migrants who received an HIV test (e.g. through an outreach service, drop-in centre or sexual health clinic)	% of men who have sex with men who received an HIV test (e.g. through an outreach service, drop-in centre or sexual health clinic)	% of women screened for syphilis at an antenatal care (ANC) check-up	% of women who tested positive for syphilis at an ANC check-up and were treated
DAILEKH	71	0	0	100	100	0	0	0	0	0
Naumule RM	48.1	0	0	0	0	0	0	0	0	0
Mahabu RM	89.3	0	0	0	0	0	0	0	0	0
Bhairabi RM	48.5	0	0	0	0	0	0	0	0	0
Thantikandh RM	38.4	0	0	0	0	0	0	0	0	0
Aathbis Mun.	62.2	0	0	0	0	0	0	0	0	0
Chamunda Bin.Mun.	45.1	0	0	0	0	0	0	0	0	0
Dullu Mun.	52.3	0	0	0	0	0	0	0	0	0
Narayan Mun.	162.9	0	0	100	100	0	0	0	0	0
Bhagawatimai RM	68.1	0	0	0	0	0	0	0	0	0
Dungeshwor RM	95.9	0	0	0	0	0	0	0	0	0
Gurans RM	35.2	0	0	0	0	0	0	0	0	0

Malaria Programme

Organisation unit / Data	Slide positivity rate (SPR) of malaria in high risk districts	Total Malaria Indigenous Cases	Total Malaria PF cases	Total Malaria PF indigenous	Total Malaria positive Cases	Total Maternal Deaths	Total malaria PF Imported	Total malaria Slide collection	Total malaria cases (sum of classification)	Total malaria positive (sum of test methods)	Total malaria slide examination
DAILEKH	0	0	0	0	0	1	0	227	0	0	227
Naumule RM	0	0	0	0	0	0	0	0	0	0	0
Mahabu RM	0	0	0	0	0	0	0	0	0	0	0
Bhairabi RM	0	0	0	0	0	0	0	0	0	0	0
Thantikandh RM	0	0	0	0	0	0	0	2	0	0	2
Aathbis Mun.	0	0	0	0	0	0	0	18	0	0	18
Chamunda Bin.Mun.	0	0	0	0	0	0	0	2	0	0	2
Dullu Mun.	0	0	0	0	0	0	0	119	0	0	119
Narayan Mun.	0	0	0	0	0	1	0	86	0	0	86
Bhagawatimai RM	0	0	0	0	0	0	0	0	0	0	0
Dungeshwor RM	0	0	0	0	0	0	0	0	0	0	0
Gurans RM	0	0	0	0	0	0	0	0	0	0	0

OPD Services

Organisation unit / Data	% of OPD New Visits among total population	Total New OPD Visits	Total New OPD Visits Female	Total New OPD Visits Male
DAILEKH	81	243318	144822	98496
Naumule RM	97.6	23128	13524	9604
Mahabu RM	68.7	15018	8735	6283
Bhairabi RM	24.6	6011	3637	2374
Thantikandh RM	52.6	11229	6495	4734
Aathbis Mun.	66.2	21985	11881	10104
Chamunda Bin.Mun.	55.6	16562	9830	6732
Dullu Mun.	77.1	36831	21553	15278
Narayan Mun.	166	54874	34686	20188
Bhagawatimai RM	89.8	18875	10408	8467
Dungeshwor RM	100.5	18655	11270	7385
Gurans RM	78.7	20150	12803	7347

7.4. Raw Data (2077-078) Reporting Status

बार्षिक प्रगती प्रतिवेदन										
उमेर समूह	नयाँ सेवाग्राहीको संख्या		जम्मा (नयाँ/ पुराना) सेवाग्राही संख्या		रेफर गरिएका जम्मा सेवाग्राही		कार्यक्षेत्र भित्र पर्ने निकाय	संचालन/ प्रतिवेदन हुनुपर्ने (संख्या)	संचालन/ प्रतिवेदन भएको (संख्या)	सेवा पाएका जम्मा सेवाग्राहीको संख्या
	म.	पु.	म.	पु.	म.	पु.				
							गाउँघर क्लिनिक	2539	2249	44398
०-९ वर्ष	24381	27494	26638	29934	39	26	खोप क्लिनिक	3162	2998	51580
१०-१९ वर्ष	29118	22643	32382	24345	19	16	खोप सेसन	2865	2720	
२०-५९ वर्ष	89613	41072	104315	44245	107	69	म. स्वा. स्व. से.	9793	9457	178183
≥ ६० वर्ष	16906	14913	18711	16673	12	8				

Immunization Programme

Organisation unit / Data	Chamunda Bin.Mun.		Aathbis Mun.		Thantikandh RM		Bhairabi RM		Mahabu RM		Naumule RM		DAILEKH	
Children Immunized-Measles/Rubella-12-23 Months	486	696	502	352	343	328	5076							
Children Immunized-Measles/Rubella-9-11 Months	575	762	521	417	426	371	5589							
Children Immunized-3 dose completion of DPT-HepB-Hib&OPV after 1 year	0	2	6	0	4	5	42							
Type-Children Immunized-BCG Doses	749	840	582	486	463	451	6401							
Type-Children Immunized-JE	550	736	518	375	368	355	5292							
Type-Children Immunized-TD(Pregnant Women)-1	351	356	341	241	288	244	3510							
Type-Children Immunized-TD(Pregnant Women)-2	269	238	260	214	209	204	2876							
Type-Children Immunized-TD(Pregnant Women)-2+	301	488	279	204	178	176	2634							
Type-Dose-Children Immunized-DPT-HepB-Hib-1st	746	890	574	461	452	448	6302							
Type-Dose-Children Immunized-DPT-HepB-Hib-2nd	684	964	594	458	444	444	6233							
Type-Dose-Children Immunized-DPT-HepB-Hib-3rd	673	927	568	437	441	421	6104							
Type-Dose-Children Immunized-FIPV-1st	677	858	560	460	445	440	6086							
Type-Dose-Children Immunized-FIPV-2nd	559	855	555	426	441	427	5777							
Type-Dose-Children Immunized-OPV-1st	513	714	506	435	402	370	5384							
Type-Dose-Children Immunized-OPV-2nd	467	659	482	438	399	365	5152							
Type-Dose-Children Immunized-OPV-3rd	453	609	370	403	397	346	4893							
Type-Dose-Children Immunized-PCV-1st	719	847	628	451	452	446	6264							
Type-Dose-Children Immunized-PCV-2nd	703	946	627	435	440	452	6244							
Type-Dose-Children Immunized-PCV-3rd	572	774	506	417	387	371	5523							
Type-Dose-Children Immunized-Rota-1st	624	619	495	367	383	339	5227							
Type-Dose-Children Immunized-Rota-2nd	463	458	418	288	315	298	4374							
Type-Dose-Expended-BCG Doses	3700	4510	3000	2920	4350	5300	52330							
Type-Dose-Expended-DPT-HepB-Hib	2820	4025	2340	2070	2350	3070	32355							
Type-Dose-Expended-FIPV Doses	1496	2398	2152	1459	1570	1823	20642							
Type-Dose-Expended-JE	1190	1853	1160	1105	1282	1500	16621							
Type-Dose-Expended-Measles/Rubella	2080	3158	2240	1900	2185	2995	30298							
Type-Dose-Expended-OPV	1940	2768	1830	1970	1920	2519	26407							
Type-Dose-Expended-PCV	3211	3599	2536	1855	1868	2406	28381							
Type-Dose-Expended-Rota Doses	1288	1417	1247	962	998	968	13741							
Type-Dose-Expended-TD(Pregnant Women)	1910	2330	1520	1260	1515	2570	22015							
Type-Dose-Received-BCG Doses	3780	4510	3000	2920	4350	5340	52710							
Type-Dose-Received-DPT-HepB-Hib	2920	4025	2340	2070	2350	3070	32495							
Type-Dose-Received-FIPV Doses	1501	2398	2152	1434	1555	1823	20667							
Type-Dose-Received-JE	1230	1853	1160	1105	1282	1515	16741							
Type-Dose-Received-Measles/Rubella	2120	3158	2240	1850	2220	2995	30468							
Type-Dose-Received-OPV	1940	2768	1830	1970	1920	2495	26423							
Type-Dose-Received-PCV	3211	6452	2536	1855	1868	2406	31332							
Type-Dose-Received-Rota Doses	1288	1417	1247	962	998	968	13835							
Type-Dose-Received-TD(Pregnant Women)	1950	2340	1520	1260	1515	2570	22165							

Gurans RM	Dungeshwor RM	Bhagawatimai RM	Narayan Mun.	Dullu Mun.	Organisation unit / Data
406	251	353	558	801	Children Immunized-Measles/Rubella-12-23 Months
391	276	384	588	878	Children Immunized-Measles/Rubella-9-11 Months
5	3	1	1	15	Children Immunized-3 dose completion of DPT-HepB-Hib&OPV after 1 year
390	288	428	620	1104	Type-Children Immunized-BCG Doses
388	255	372	536	839	Type-Children Immunized-JE
261	154	240	382	652	Type-Children Immunized-TD(Pregnant Women)-1
199	166	220	328	569	Type-Children Immunized-TD(Pregnant Women)-2
172	114	130	144	448	Type-Children Immunized-TD(Pregnant Women)-2+
419	277	392	609	1034	Type-Dose-Children Immunized-DPT-HepB-Hib-1st
408	286	394	638	919	Type-Dose-Children Immunized-DPT-HepB-Hib-2nd
432	314	406	601	884	Type-Dose-Children Immunized-DPT-HepB-Hib-3rd
409	274	391	609	963	Type-Dose-Children Immunized-FIPV-1st
412	303	409	601	789	Type-Dose-Children Immunized-FIPV-2nd
391	265	379	558	851	Type-Dose-Children Immunized-OPV-1st
366	273	370	585	748	Type-Dose-Children Immunized-OPV-2nd
388	284	375	552	716	Type-Dose-Children Immunized-OPV-3rd
419	276	396	609	1021	Type-Dose-Children Immunized-PCV-1st
403	285	399	638	916	Type-Dose-Children Immunized-PCV-2nd
375	270	380	588	883	Type-Dose-Children Immunized-PCV-3rd
381	261	358	543	857	Type-Dose-Children Immunized-Rota-1st
328	246	361	492	707	Type-Dose-Children Immunized-Rota-2nd
4300	3330	4430	6880	9610	Type-Dose-Expended-BCG Doses
2460	1740	2210	3350	5920	Type-Dose-Expended-DPT-HepB-Hib
1635	1192	1329	2380	3208	Type-Dose-Expended-FIPV Doses
1340	850	1165	1926	3250	Type-Dose-Expended-JE
2385	1655	2300	3755	5645	Type-Dose-Expended-Measles/Rubella
2150	1558	2030	3030	4692	Type-Dose-Expended-OPV
2149	1350	1762	2695	4950	Type-Dose-Expended-PCV
1139	745	1234	1510	2233	Type-Dose-Expended-Rota Doses
1895	1240	1450	1735	4590	Type-Dose-Expended-TD(Pregnant Women)
4300	3370	4490	6880	9770	Type-Dose-Received-BCG Doses
2460	1740	2230	3360	5930	Type-Dose-Received-DPT-HepB-Hib
1645	1192	1349	2380	3238	Type-Dose-Received-FIPV Doses
1340	855	1180	1926	3295	Type-Dose-Received-JE
2395	1650	2330	3755	5755	Type-Dose-Received-Measles/Rubella
2150	1558	2050	3040	4702	Type-Dose-Received-OPV
2149	1354	1786	2695	5020	Type-Dose-Received-PCV
1139	745	1249	1510	2312	Type-Dose-Received-Rota Doses
1915	1240	1470	1735	4650	Type-Dose-Received-TD(Pregnant Women)

Community Based Integrated Management of Neonatal and Childhood Illnesses (CB-IMNCI) Programme

Organisation unit / Data	<2Months-Classification-Jaundice Cases	<2Months-Classification-LBI Cases	<2Months-Classification-Low Weight/Feeding Problem 29-59 days Facility	<2Months-Classification-Low Weight/Feeding Problem ≤28 days Facility	<2Months-Classification-PSBI Cases	<2Months-Facility-Treatment-Other Antibiotics	<2Months-Follow-Up	<2Months-Refer Cases	<2Months-Total Cases	<2Months-Total Death	<2Months-Treatment-Amoxicillin Paediatrics	<2Months-Treatment-Ampicillin Paediatrics	<2Months-Treatment-Cotrim Paediatrics	<2Months-Treatment-Gentamycin 1st Dose	<2Months-Treatment-Gentamycin Complete dose	(2-59Months)-Classification-ARI-No Pneumonia	(2-59Months)-Classification-ARI-Pneumonia (2-59Months)-Classification-ARI-Severe Pneu/Very Severe Disease	(2-59Months)-Classification-Anaemia	(2-59Months)-Classification-Diarrhoea-Dysentery (2-59Months)-Classification-Diarrhoea-No Dehydration	(2-59Months)-Classification-Diarrhoea-Prolonged Diarrhoea	(2-59Months)-Classification-Diarrhoea-Severe Dehydration	(2-59Months)-Classification-Diarrhoea-Some Dehydration	(2-59Months)-Classification-Ear Infection Facility	(2-59Months)-Classification-Malaria-Falciparum Facility	(2-59Months)-Classification-Measles	(2-59Months)-Classification-Other Fever	(2-59Months)-Classification-Severe Malnutrition Disease	(2-59Months)-Classification-Very Serious Febrile Disease	(2-59Months)-Death-Others	(2-59Months)-Follow-Up	(2-59Months)-Other			
DAILEKH	7	228	25	30	96	12	107	12	508	1	164	21	13	77	68	9360	1206	62	10	280	5666	52	7	861	1062	2	7	5660	40	1	2	859	5179	
Naumule RM	0	6	0	1	5	1	0	1	11	0	6	0	1	4	0	661	71	10	0	15	560	0	0	57	61	0	0	7	655	2	0	0	353	
Mahabu RM	0	4	1	1	9	2	9	0	16	0	2	0	0	7	6	495	124	10	0	7	252	4	1	56	66	0	0	0	290	1	0	0	71	299
Bhairabi RM	0	8	0	0	0	0	0	0	8	0	4	0	0	0	0	259	21	0	0	5	190	0	0	30	27	0	0	147	2	0	0	2	134	
Thantikandh RM	6	34	13	16	11	1	12	1	91	1	19	0	5	9	7	400	81	1	0	28	337	6	4	181	162	0	0	894	0	0	0	14	349	
Aathbis Mun.	0	38	7	1	17	1	20	3	95	0	27	0	0	14	15	1189	135	17	0	45	755	10	0	39	134	2	0	763	17	0	0	74	609	
Chamunda Bin.Mun.	1	15	0	0	1	2	1	0	21	7	7	2	0	1	1	1471	145	9	65	702	31	0	201	148	0	1	576	1	0	0	166	593		
Dullu Mun.	0	35	0	4	23	0	35	0	111	0	34	2	1	21	23	1148	264	1	48	820	0	0	125	128	0	6	442	12	1	224	906			

Organisation unit / Data				
	<2Months-Classification-Jaundice Cases	0	0	0
	<2Months-Classification-LBI Cases	19	8	49
	<2Months-Classification-Low Weight/Feeding Problem 29-59 days Facility	0	1	3
	<2Months-Classification-Low Weight/Feeding Problem ≤28 days Facility	0	1	6
	<2Months-Classification-PSBI Cases	0	8	14
	<2Months-Facility-Treatment-Other Antibiotics	0	0	5
	<2Months-Follow-Up	13	2	10
	<2Months-Refer Cases	0	2	2
	<2Months-Total Cases	21	26	73
	<2Months-Total Death	0	0	0
	<2Months- Treatment-Amoxicillin Paediatrics	18	13	29
	<2Months- Treatment-Ampicillin Paediatrics	0	0	19
	<2Months- Treatment-Cotrim Paediatrics	0	0	4
	<2Months- Treatment-Gentamycin 1st Dose	0	4	12
	<2Months- Treatment-Gentamycin Complete dose	1	3	8
	(2-59Months)-Classification-ARI-No Pneumonia	620	746	1763
	(2-59Months)-Classification-ARI-Pneumonia	58	66	179
	(2-59Months)-Classification-ARI-Severe Pneu/Very Severe Disease	2	5	3
	(2-59Months)-Classification-Anaemia	0	0	0
	(2-59Months)-Classification-Diarrhoea-Dysentery	14	31	21
	(2-59Months)-Classification-Diarrhoea-No Dehydration	285	290	987
	(2-59Months)-Classification-Diarrhoea-Prolonged Diarrhoea	1	0	0
	(2-59Months)-Classification-Diarrhoea-Severe Dehydration	0	0	2
	(2-59Months)-Classification-Diarrhoea-Some Dehydration	33	77	61
	(2-59Months)-Classification-Ear Infection	86	94	106
	(2-59Months)-Classification-Malaria-Falciparum Facility	0	0	0
	(2-59Months)-Classification-Measles	0	0	0
	(2-59Months)-Classification-Other Fever	336	256	950
	(2-59Months)-Classification-Severe Malnutrition	3	0	2
	(2-59Months)-Classification-Very Serious Febrile Disease	0	0	0
	(2-59Months)-Death-Others	0	0	0
	(2-59Months)-Follow-Up	53	36	49
	(2-59Months)-Other	326	549	646

Nutrition Programme

Organisation unit / Data		DAILEKH	Naumule RM	Mahabu RM	Bhairabi RM	Thantika ndh RM	Aathbis Mun.	Chamunda Bin.Mun.	Dullu Mun.	Narayan Mun.
	IMAM-Age<6 Month-Children at the end of this Month	0	0	0	0	0	0	0	0	0
	IYCF & BVCPP-Age(12-17 Month)-First time-FCHV	327	186	439	185	269	4	5	19	0
	IYCF & BVCPP-Age(12-17 Month)-First time-HF	38	2	0	0	0	0	0	0	0
	IYCF & BVCPP-Age(12-17 Month)-Second time-FCHV	602	0	29	4	90	28	7	66	216
	IYCF & BVCPP-Age(12-17 Month)-Second time-HF	28	0	0	0	0	15	4	0	1
	IYCF & BVCPP-Age(18-23 Month)-First time-FCHV	2057	38	25	30	204	183	165	141	392
	IYCF & BVCPP-Age(18-23 Month)-First time-HF	17	6	0	0	0	3	2	0	0
	IYCF & BVCPP-Age(18-23 Month)-Second time-FCHV	398	0	14	0	30	37	1	22	188
	IYCF & BVCPP-Age(18-23 Month)-Second time-HF	45	0	0	2	22	10	2	0	1
	IYCF & BVCPP-Age(18-23 Month)-Third time-FCHV	233	0	31	0	0	12	1	53	71
	IYCF & BVCPP-Age(18-23 Month)-Third time-HF	2	0	0	0	0	0	2	0	0
	IYCF & BVCPP-Age(6-11 Month)-First time-FCHV	3367	54	109	80	246	211	382	294	537
	IYCF & BVCPP-Age(6-11 Month)-First time-HF	38	5	1	0	0	21	8	0	1
	IYCF-Complimentary Feeding	4836	373	55	149	39	1069	213	1604	413
	IYCF-Exclusive Breast Feeding	5122	576	58	150	77	857	323	1894	421
	IYCF-Fortified Flour Distribution-Children Number	88	0	0	0	0	0	0	88	0
	IYCF-Fortified Flour Distribution-Pregnant Women	24	0	0	0	0	0	15	9	0
	< 5yr Children Receiving-Deworming Tab	41221	1958	3563	2853	4080	5575	5450	5884	5585
	< 5yr Children Receiving-Vitamin A-12-59 Months	41957	1958	3710	2853	4183	5564	5506	5656	4283
	< 5yr Children Receiving-Vitamin A-6-11 Months	6058	263	600	514	557	774	1024	689	592
	PP Mother Receiving-45 Iron Tab	5466	318	304	278	553	679	627	993	808
	PP Mother Receiving-Vitamin A cap	5339	314	302	293	551	656	627	874	807
	Pregnant Women Receiving-180 Iron Tablets	4655	291	259	222	359	548	474	720	920
	Pregnant Women Receiving-Deworming Tablets	6607	425	354	371	610	900	758	1187	924
	Pregnant Women Receiving-Iron Tablets at 1st time	6727	425	354	363	622	926	758	1225	956
	Registered for GM-New Visit 0-11 Months - Moderate	237	5	17	8	50	30	12	57	15
	Registered for GM-New Visit 0-11 Months - Normal	7114	638	461	487	680	768	551	1536	664
	Registered for GM-New Visit 0-11 Months - Severe	42	1	0	1	5	7	2	10	8
	Registered for GM-New Visit 12-23 Months - Moderate	99	3	4	5	25	17	5	23	9
	Registered for GM-New Visit 12-23 Months - Normal	2536	265	186	64	351	388	105	422	284
	Registered for GM-New Visit 12-23 Months - Severe	31	1	0	1	6	3	3	4	9
	Registered for GM-Revisit 0-11 Months - Moderate	496	22	13	50	45	91	37	59	37
	Registered for GM-Revisit 0-11 Months - Normal	17332	1550	806	1139	1071	1685	869	2959	2762
	Registered for GM-Revisit 0-11 Months - Severe	163	7	0	2	6	23	10	21	12
	Registered for GM-Revisit 12-23 Months - Moderate	409	16	8	47	58	42	12	60	38
	Registered for GM-Revisit 12-23 Months - Normal	9242	621	396	753	587	974	284	1199	1740
	Registered for GM-Revisit 12-23 Months - Severe	58	3	0	1	7	8	1	2	3
	Students Received Deworming Tablets-Boys	4219	0	0	0	124	0	4095	0	0
	Students Received Deworming Tablets-Girls	4751	0	0	0	200	0	4551	0	0
	Outpatient Morbidity-Nutritional & Metabolic Disorder-Anaemia/Polynuropathy Cases	169	12	9	1	0	98	1	9	29
	Outpatient Morbidity-Nutritional & Metabolic Disorder-Avitaminoses & Other Nutrient Deficiency Cases	204	2	48	0	0	4	0	28	95
	Outpatient Morbidity-Nutritional & Metabolic Disorder-Diabetes Mellitus (DM) Cases	247	1	2	0	0	1	0	45	195
	Outpatient Morbidity-Nutritional & Metabolic Disorder-Goitre,Cretinism Cases	3	0	0	0	0	0	0	0	2
	Outpatient Morbidity-Nutritional & Metabolic Disorder-Malnutrition Cases	126	1	1	0	1	19	0	2	102
	Outpatient Morbidity-Nutritional & Metabolic Disorder-Polynuropathy Cases	126	12	37	6	35	16	0	0	6

	Organisation unit / Data				
	Gurans RM	Dungesh wor RM	Bhagawa timai RM		
	0	0			IMAM-Age<6 Month-Children at the end of this Month
	2113	122	184		IYCF & BVCPP-Age(12-17 Month)-First time-FCHV
	5	0	3		IYCF & BVCPP-Age(12-17 Month)-First time-HF
	22	89	51		IYCF & BVCPP-Age(12-17 Month)-Second time-FCHV
	5	0	3		IYCF & BVCPP-Age(12-17 Month)-Second time-HF
	663	60	156		IYCF & BVCPP-Age(18-23 Month)-First time-FCHV
	6	0			IYCF & BVCPP-Age(18-23 Month)-First time-HF
	28	61	17		IYCF & BVCPP-Age(18-23 Month)-Second time-FCHV
	8	0	0		IYCF & BVCPP-Age(18-23 Month)-Second time-HF
	10	17	38		IYCF & BVCPP-Age(18-23 Month)-Third time-FCHV
	0	0	0		IYCF & BVCPP-Age(18-23 Month)-Third time-HF
	1038	168	248		IYCF & BVCPP-Age(6-11 Month)-First time-FCHV
	0	0	2		IYCF & BVCPP-Age(6-11 Month)-First time-HF
	500	268	153		IYCF-Complimentary Feeding
	345	263	158		IYCF-Exclusive Breast Feeding
	0	0	0		IYCF-Fortified Flour Distribution-Children Number
	0	0	0		IYCF-Fortified Flour Distribution-Pregnant Women
	3121	2221	2931		< 5yr Children Receiving-Deworming Tab
	3121	2221	2902		< 5yr Children Receiving-Vitamin A-12-59 Months
	384	263	398		< 5yr Children Receiving-Vitamin A-6-11 Months
	350	224	332		PP Mother Receiving-45 Iron Tab
	353	221	341		PP Mother Receiving-Vitamin A cap
	314	251	297		Pregnant Women Receiving-180 Iron Tablets
	434	290	354		Pregnant Women Receiving-Deworming Tablets
	444	290	364		Pregnant Women Receiving-Iron Tablets at 1st time
	31	10	2		Registered for GM-New Visit 0-11 Months - Moderate
	463	387	479		Registered for GM-New Visit 0-11 Months - Normal
	4	2	2		Registered for GM-New Visit 0-11 Months - Severe
	6	1	1		Registered for GM-New Visit 12-23 Months - Moderate
	106	134	231		Registered for GM-New Visit 12-23 Months - Normal
	3	1	0		Registered for GM-New Visit 12-23 Months - Severe
	100	25	17		Registered for GM-Revisit 0-11 Months - Moderate
	1887	1271	1333		Registered for GM-Revisit 0-11 Months - Normal
	62	9	11		Registered for GM-Revisit 0-11 Months - Severe
	73	35	20		Registered for GM-Revisit 12-23 Months - Moderate
	1306	700	682		Registered for GM-Revisit 12-23 Months - Normal
	25	6	2		Registered for GM-Revisit 12-23 Months - Severe
	0	0	0		Students Received Deworming Tablets-Boys
	0	0	0		Students Received Deworming Tablets-Girls
	3	7	0		Outpatient Morbidity-Nutritional & Metabolic Disorder- Anaemia/Polypeuropathy Cases
	18	0	9		Outpatient Morbidity-Nutritional & Metabolic Disorder-Avitaminoses & Other Nutrient Deficiency Cases
	0	3	0		Outpatient Morbidity-Nutritional & Metabolic Disorder-Diabetes Mellitus (DM) Cases
	1	0	0		Outpatient Morbidity-Nutritional & Metabolic Disorder-Gout/Cretinism Cases
	0	0	0		Outpatient Morbidity-Nutritional & Metabolic Disorder-Malnutrition Cases
	0	11	3		Outpatient Morbidity-Nutritional & Metabolic Disorder-Polypeuritis Cases

Family Planning Programme

Organisation unit / Data	Implant-Set Qty																							
		Permanent FP Method-Current Users Non Public Facility	Permanent FP Method-Current Users at Public Facility	Permanent FP Method-New Users at Public Camp	Temporary FP Method-Condom-Pieces Qty	Temporary FP Method-Depo-Current User	Temporary FP Method-Depo-Discontinued/Removed	Temporary FP Method-Depo-Doze Qty	Temporary FP Method-Depo-New Users <20 Years	Temporary FP Method-Depo-New Users ≥20 Years	Temporary FP Method-IUCD-Current User	Temporary FP Method-IUCD-Discontinued/Removed	Temporary FP Method-IUCD-New Users <20 Years	Temporary FP Method-IUCD-New Users ≥20 Years	Temporary FP Method-IUCD-Set Qty	Temporary FP Method-Implant-Current User	Temporary FP Method-Implant-Discontinued/Removed	Temporary FP Method-Implant-New Users <20 Years	Temporary FP Method-Implant-New Users ≥20 Years	Temporary FP Method-Pills-Current User	Temporary FP Method-Pills-Cycle Qty	Temporary FP Method-Pills-Discontinued/Removed	Temporary FP Method-Pills-New Users <20 Years	Temporary FP Method-Pills-New Users ≥20 Years
DAILEKH	1065	0	24853	115	328628	51695	7640	15738	452	5772	10378	36	18	108	169	34718	343	45	916	19610	19177	3001	263	2140
Naumule RM	144	0	72	12	20525	4015	577	1229	51	391	314	1	0	5	6	4531	118	18	95	1218	1181	312	25	168
Mahabu RM	52	0	0	0	27228	6282	713	1096	36	405	143	4	0	0	0	2542	10	2	59	1125	936	189	5	135
Bhairabi RM	43	0	0	0	18378	2030	397	655	16	284	56	1	0	1	2	1518	7	0	41	682	683	89	2	80
Thantikandh RM	45	0	7	7	18370	5743	607	1895	33	647	611	10	0	4	4	2137	7	0	45	923	776	160	19	110
Aathbis Mun.	153	0	91	8	28077	6730	1188	2158	48	614	34	1	0	1	1	2712	33	1	92	1226	1230	266	15	147
Chamunda Bin.Mun.	86	0	74	14	15281	2643	364	952	13	516	147	4	1	8	8	1832	13	0	86	798	661	116	7	200

Organisation unit / Data	Implant-Set Qty		Permanent FP Method-Current Users Non Public Facility	Permanent FP Method-Current Users at Public Facility	Permanent FP Method-New Users at Public Camp	Temporary FP Method-Condom-Pieces Qty	Temporary FP Method-Depo-Current User	Temporary FP Method-Depo-Discontinued/Removed	Temporary FP Method-Depo-Doze Qty	Temporary FP Method-Depo-New Users <20 Years	Temporary FP Method-Depo-New Users ≥20 Years	Temporary FP Method-IUCD-Current User	Temporary FP Method-IUCD-Discontinued/Removed	Temporary FP Method-IUCD-New Users <20 Years	Temporary FP Method-IUCD-New Users ≥20 Years	Temporary FP Method-IUCD-Set Qty	Temporary FP Method-Implant-Current User	Temporary FP Method-Implant-Discontinued/Removed	Temporary FP Method-Implant-New Users <20 Years	Temporary FP Method-Implant-New Users ≥20 Years	Temporary FP Method-Pills-Current User	Temporary FP Method-Pills-Cycle Qty	Temporary FP Method-Pills-Discontinued/Removed	Temporary FP Method-Pills-New Users <20 Years	Temporary FP Method-Pills-New Users ≥20 Years
	Implant-Set Qty	Permanent FP Method-Current Users Non Public Facility																							
Dullu Mun.	212	0	0	0	0	36846	6103	1162	1966	50	1097	1199	1	14	2	12	6646	22	4	189	1692	1795	352	12	329
Narayan Mun.	203	0	24565	53	92775	7256	1071	2049	73	929	6412	12	3	82	84	84	5482	54	14	193	8584	8545	905	102	618
Bhagawatimai RM	33	0	40	21	21580	3072	331	1106	34	205	0	0	0	0	0	0	2206	64	2	29	826	869	123	7	81
Dungeshwor RM	39	0	3	0	35120	3755	613	1238	53	321	119	2	0	0	5	4	2519	3	3	36	1266	1292	323	63	158
Gurans RM	55	0	1	0	14448	4066	617	1394	45	363	1343	0	0	0	48	2593	12	1	51	1270	1209	166	6	114	

Safe Motherhood Programme

Bhairabi RM	Mahabu RM	Naumule RM	DAILEKH	Organisation unit / Data
176	312	325	3453	3 PNC Visits as per Protocol
249	277	268	4419	Aama Program-Incentive-ANC-No of Women Eligible
249	277	268	4446	Aama Program-Incentive-ANC-Number of Women Receive
305	373	340	5712	Aama Program-Incentive-Transport-No of Women Eligible
305	373	340	5772	Aama Program-Pregnant Women Received Incentive on Transportation
95	87	137	1468	Antenatal Checkup-First ANC Visit (any time)< 20 Years
315	316	314	5571	Antenatal Checkup-First ANC Visit (any time)≥ 20 Years
79	59	120	1225	Antenatal Checkup-First ANC Visit as per Protocol< 20 Years
278	280	285	4720	Antenatal Checkup-First ANC Visit as per Protocol≥ 20 Years
47	35	66	851	Antenatal Checkup-Four ANC Visits as per Protocol< 20 Years
227	243	227	4391	Antenatal Checkup-Four ANC Visits as per Protocol≥ 20 Years
14	1	3	311	Birth Weight-Low (1.5 to < 2.5 kg)
0	0	0	12	Birth Weight-Low (1.5 to < 2.5 kg)Asphyxia
287	368	336	5289	Birth Weight-Normal (≥ 2.5 kg)
1	0	0	44	Birth Weight-Normal (≥ 2.5 kg)Asphyxia
0	0	0	2	Birth Weight-Normal (≥ 2.5 kg)Defect
0	0	1	25	Birth Weight-Very low (< 1.5 kg)
0	0	0	3	Birth Weight-Very low (< 1.5 kg)Asphyxia
0	0	0	5	Blood Transfusion-Number
0	0	0	5	Blood Transfusion-Unit
254	368	340	5546	CHX applied in Cord
305	373	339	5699	Delivery Outcome-Mother Single
0	0	1	19	Delivery Outcome-Mother Twin
301	373	338	5613	Delivery Outcome-live Births Single
0	0	2	36	Delivery Outcome-live Births Twin
28	257	125	1731	Delivery Service-Non-SBA Health Workers Facility
277	114	215	3980	Delivery Service-Skilled Birth Attendants (SBA)Facility
0	0	0	1	Maternal Death-Intrapartum
0	0	0	5	Maternal Death-Neonatal death at Health Facility
4	0	1	40	Number of Still Births-Fresh
0	0	0	46	Number of Still Births-Macerated
1	0	0	245	Obstetric Complications-Abortion Complication
0	0	0	1	Obstetric Complications-Antepartum Haemorrhage
0	1	0	4	Obstetric Complications-Eclampsia
0	0	0	2	Obstetric Complications-Hypermehis Gravidarum
0	0	0	3	Obstetric Complications-Obstructed Labor
0	0	0	6	Obstetric Complications-Other Complications
0	2	0	69	Obstetric Complications-Postpartum Haemorrhage
1	0	0	18	Obstetric Complications-Prolonged labour
0	0	0	3	Obstetric Complications-Puerperal Sepsis
21	0	0	128	Obstetric Complications-Retained Placenta
0	0	0	4	Obstetric Complications-Severe/Pre-Eclampsia
305	373	340	5723	PNC Visits within 24 hours
0	0	0	29	Safe Abortion Service-Number of Women < 20 Years-Medical
0	0	0	23	Safe Abortion Service-Number of Women < 20 Years-Surgical
0	0	0	312	Safe Abortion Service-Number of Women ≥ 20 Years-Medical
0	0	0	216	Safe Abortion Service-Number of Women ≥ 20 Years-Surgical
0	0	5	313	Safe Abortion Service-Post Abortion Care (PAC) This facility-Medical
0	0	0	17	Safe Abortion Service-Post Abortion FP Methods Long Term-Medical
0	0	0	10	Safe Abortion Service-Post Abortion FP Methods Long term-Surgical
0	0	0	342	Safe Abortion Service-Post Abortion FP Methods Short Term-Medical
0	0	0	252	Safe Abortion Service-Post Abortion FP Methods Short term-Surgical
0	0	0	73	Type of Delivery-C/S Cephalic
0	0	2	53	Type of Delivery-Spontaneous Breech
305	373	339	5578	Type of Delivery-Spontaneous Cephalic
0	0	0	27	Type of Delivery-Vacuum/Forcep Cephalic

Gurans RM	Dungeshwor RM	Bhagawaima I RM	Narayan Mun.	Dulu Mun.	Chamunda Bn. Mun.	Aathbis Mun.	Thanthikandh RM
305	13	85	392	351	571	465	458
293	220	276	612	841	489	502	392
293	220	276	612	833	489	497	432
371	229	358	804	1055	632	688	557
371	229	358	804	1055	632	681	624
116	61	96	164	231	161	164	156
338	233	274	870	1072	630	735	474
101	60	84	127	212	124	139	120
314	209	248	715	934	489	586	382
64	57	58	167	130	79	72	76
287	186	270	1016	776	384	485	290
12	14	18	48	74	30	45	52
1	0	0	0	4	4	4	3
352	213	342	730	958	568	637	498
2	0	1	3	3	4	7	23
0	0	0	0	1	0	1	0
2	0	1	2	6	6	4	3
0	0	1	0	1	0	1	0
0	0	0	5	0	0	0	0
0	0	0	5	0	0	0	0
366	226	361	780	1025	625	648	553
369	229	363	803	1051	628	684	555
2	0	2	1	4	3	4	2
363	227	350	778	1031	622	679	551
4	0	4	2	7	6	8	3
209	2	141	50	390	87	187	255
162	227	224	754	665	544	496	302
0	0	0	1	0	0	0	0
1	0	0	0	0	0	2	2
4	1	1	10	10	2	3	4
3	2	4	15	11	7	2	2
0	0	0	233	0	0	0	11
0	0	0	0	0	1	0	0
0	1	0	2	0	0	0	0
0	0	1	1	0	0	0	0
1	0	0	1	1	0	0	0
0	0	0	3	0	0	0	3
0	0	1	6	24	1	10	25
0	0	0	16	1	0	0	0
0	0	0	3	0	0	0	0
1	0	3	17	37	1	1	47
0	0	0	3	0	0	1	0
371	228	365	810	1055	631	688	557
0	0	0	27	2	0	0	0
0	0	0	23	0	0	0	0
0	29	0	236	46	0	0	1
0	0	0	205	11	0	0	0
0	0	2	261	34	0	0	11
0	1	0	14	2	0	0	0
0	0	0	10	0	0	0	0
0	2	0	293	47	0	0	0
0	0	0	231	21	0	0	0
0	0	0	73	0	0	0	0
2	3	7	5	12	7	9	6
371	226	359	702	1046	624	682	551
0	0	0	25	0	0	0	2

Primary Health Care Outreach Clinic (PHC/ORC) Programme

Organisation unit / Data	Antenatal Checkup	Blood Slide Collection	Defaulter Tracing (TB)	Deworming Tablets	Exclusive Breast Feeding	FP Method-Condom-Piece	FP Method-Depo-Number	FP Method-Pills-Cycle	FP Method-Pills-Number	General Treatment	Growth Monitoring-0-11 Month-Low	Growth Monitoring-0-11 Month-Normal	Growth Monitoring-0-11 Month-Very Low	Growth Monitoring-12-23 Month-Low	Growth Monitoring-12-23 Month-Normal	Growth Monitoring-12-23 Month-Very Low	Iron Tablet Distribution-New pregnant	Iron Tablet Distribution-Postpartum	Iron Tablet Distribution-Repeated	Mothers Group Attend	Postnatal Checkup	Timely Introduction of Complementary Feeding	Vit A for Postpartum
DAILEKH	1352	22	8	511	5595	16527	1451	377	391	6511	593	18021	119	517	9737	66	609	137	809	3228	203	5653	144
Naumule RM	92	0	1	50	561	1072	107	40	39	856	18	1611	6	47	735	6	28	6	109	331	7	398	2
Mahabu RM	80	22	0	59	286	2813	68	41	40	450	28	1084	2	20	437	0	59	40	65	299	41	350	40
Bhairabi RM	15	0	0	3	210	130	59	2	2	56	57	1554	3	48	840	2	4	2	10	187	6	228	1
Thantikandh RM	90	0	7	31	271	983	111	10	9	406	79	1614	10	83	796	9	55	8	55	66	12	141	73
Aathbis Mun.	69	0	0	21	664	815	37	8	8	396	69	861	19	32	458	5	25	5	27	30	16	697	0
Chamunda Bin.Mun.	230	0	0	127	324	564	26	23	23	170	37	819	4	15	338		161	14	72	59	26	251	2
Dullu Mun.	350	0	0	119	1846	3081	249	86	87	1295	73	3721	3	92	1568	7	160	49	159	695	61	1984	3
Narayan Mun.	50	0	0	4	416	2917	159	58	67	848	26	2430	0	32	1877	0	26	0	33	407	9	513	0
Bhagawatimai RM	109	0	0	27	314	2537	83	20	34	510	75	1662	38	41	884	5	22	8	90	339	8	267	0
Dungeshwor RM	149	0	0	32	190	408	364	14	11	528	17	955	9	23	570	5	36	4	115	82	7	181	0
Gurans RM	118	0	0	38	513	1207	188	75	71	996	114	1710	25	84	1234	27	33	1	74	733	10	643	23

Female Community Health Volunteer (FCHV) Programme

Bhadrab iRM	Mahabub RM	Naumule RM	DAILE KH	Organisation unit / Data
0	0	0	30	FCHV -IMAM-MUAC-Screening-Red-SAM
1355	1545	1385	21784	FCHV Program-CBIMCI-(2-59)Months-No Pneumonia cases
1696	1990	2932	24229	FCHV Program-CBIMCI-(2-59)Months-ORS Expenditure(pkt)
1451	1660	1958	17804	FCHV Program-CBIMCI-(2-59)Months-Total Diarrhoea Cases
1467	1770	1566	23088	FCHV Program-CBIMCI-(2-59)Months-Total cases ARI
112	229	162	1132	FCHV Program-CBIMCI-(2-59)Months-Treated with Cotrim
1397	1639	1984	17303	FCHV Program-CBIMCI-(2-59)Months-Treated with ORS & Zinc
13001	13954	18720	155876	FCHV Program-CBIMCI-(2-59)Months-Zinc Exp(tab)
1	0	1	60	FCHV Program-CBIMCI-Below 2 Months-Sick Baby-29-59 days
2	0	0	46	FCHV Program-CBIMCI-Below 2 Months-Sick Baby-<=28 days
1	0	0	23	FCHV Program-CBIMCI-Below 2 Months-Treated with Cortim & referred to HF-29-59 days
0	0	1	22	FCHV Pro.-CBIMCI-Below 2 Months-Treated with Cortim & referred to HF-<=28 days
0	0	0	4	FCHV Program-Death-2-59 Months
0	0	0	1	FCHV Program-Death-29-59 days
0	2	0	16	FCHV Program-Death-<=28 days
28	310	84	659	FCHV Program-SMH/FP-Distribution of PP Vit A
0	0	1	9	FCHV Program-SMH/FP-Home Delivery-Birth Asphyxia Management
28	158	80	599	FCHV Program-SMH/FP-Home Delivery-Breast Feeding<1 hour of Birth
28	158	86	500	FCHV Program-SMH/FP-Home Delivery-Chlorhexidine applied in cord
1	25	24	54	FCHV Program-SMH/FP-Home Delivery-Ensure Mesoprostol Tablets Taken
0	0	11	25	FCHV Program-SMH/FP-Home Delivery-Low Birth Weight
28	158	76	552	FCHV Program-SMH/FP-Home Delivery-Skin to Skin Contact after Birth
29	148	83	619	FCHV Program-SMH/FP-Home Delivery-Total Live Birth
1	0	4	19	FCHV Program-SMH/FP-Home Delivery-Total Still Birth
0	0	0	14	FCHV Program-SMH/FP-Home Delivery-Very Low Birth Weight
23	94	246	697	FCHV Pro.SMH/FP-Home Delivery-visit-newborn& PP Mothers- 3rd day of Birth
26	158	95	579	FCHV Program-SMH/FP-Home Delivery-visit-newborn& PP Mothers- <=4 hours of Birth
8	72	85	525	FCHV Pro.-SMH/FP-Home Delivery-visit-newborn& PP Mothers-7th day of Birth
525	669	705	8442	FCHV Program-SMH/FP-Meetings Held of Mothers Group
15729	8889	5826	107509	FCHV Program-SMH/FP-No. of Condoms Pieces Distribution
867	382	555	5855	FCHV Program-SMH/FP-Pills Cycles Distribution
1285	1096	1202	10018	FCHV Program-SMH/FP-Pregnant Women given Iron Tablets
2119	2017	1119	19939	FCHV Program-SMH/FP-Visits Made to Pregnant Women
61	0	40	717	FCHV-IMAM -MUAC-Screening-Green-Normal
0	0	0	81	FCHV-IMAM -MUAC-Screening-Yellow-MAM
0	0	0	1	FCHV-IMAM-HH visit & Monitoring-Red-Stagnating or Decreased Weight
0	0	0	23	FCHV-IMAM-MUAC-Screening-Oedema
0	0	0	1	FCHVs Received Free Health Services in Emergency
0	0	0	86	FCHVs Received Free Health Services in OPD
13668	16034	20134	178183	Health Facilities within Catchment Area-FCHVs-People Served
39	21	26	3911	IYCF & BVCPP-Age(12-17 Month)-First time-FCHV
4	29	0	602	IYCF & BVCPP-Age(12-17 Month)-Second time-FCHV
30	25	38	2057	IYCF & BVCPP-Age(18-23 Month)-First time-FCHV
0	14	0	398	IYCF & BVCPP-Age(18-23 Month)-Second time-FCHV
0	31	0	233	IYCF & BVCPP-Age(18-23 Month)-Third time-FCHV
80	109	54	3367	IYCF & BVCPP-Age(6-11 Month)-First time-FCHV
660	732	904	9793	Total FCHVs within Catchment Area
644	699	868	9457	Total no.of FCHVs Report submitted

Dullu Mun.	Chamunda Bin.Mun.	Aathbis Mun.	Thantikandh RM	Organisation unit / Data
1		0	4	FCHV -IMAM-MUAC-Screening-Red-SAM
4133	2276	2618	946	FCHV Program-CBIMCI-(2-59)Months-No Pneumonia cases
2769	2077	2997	1186	FCHV Program-CBIMCI-(2-59)Months-ORS Expenditure(pkt)
2579	1376	2051	942	FCHV Program-CBIMCI-(2-59)Months-Total Diarrhoea Cases
4411	2120	2796	1183	FCHV Program-CBIMCI-(2-59)Months-Total cases ARI
200	52	128	215	FCHV Program-CBIMCI-(2-59)Months-Treated with Cotrim
2037	1376	1992	885	FCHV Program-CBIMCI-(2-59)Months-Treated with ORS & Zinc
18271	12164	19020	5100	FCHV Program-CBIMCI-(2-59)Months-Zinc Exp(tab)
2	11	27	16	FCHV Program-CBIMCI-Below 2 Months-Sick Baby-29-59 days
4	12	8	17	FCHV Program-CBIMCI-Below 2 Months-Sick Baby-≤28 days
1	6	5	10	FCHV Program-CBIMCI-Below 2 Months-Treated with Cortim & referred to HF-29-59 days
3	1	0	16	FCHV Pro.-CBIMCI-Below 2 Months-Treated with Cortim & referred to HF-≤28 days
0	0	0	0	FCHV Program-Death-2-59 Months
1	0	0	0	FCHV Program-Death-29-59 days
2	0	5	5	FCHV Program-Death-≤28 days
72	41	49	57	FCHV Program-SMH/FP-Distribution of PP Vit A
6	0	0	2	FCHV Program-SMH/FP-Home Delivery-Birth Asphyxia Management
117	47	66	89	FCHV Program-SMH/FP-Home Delivery-Breast Feeding<1 hour of Birth
76	27	41	69	FCHV Program-SMH/FP-Home Delivery-Chlorhexidine applied in cord
4	0	0	0	FCHV Program-SMH/FP-Home Delivery-Ensure Mesoprositol Tablets Taken
6	1	0	7	FCHV Program-SMH/FP-Home Delivery-Low Birth Weight
91	46	55	84	FCHV Program-SMH/FP-Home Delivery-Skin to Skin Contact after Birth
125	81	41	90	FCHV Program-SMH/FP-Home Delivery-Total Live Birth
2	1	3	6	FCHV Program-SMH/FP-Home Delivery-Total Still Birth
14	0	0	0	FCHV Program-SMH/FP-Home Delivery-Very Low Birth Weight
162	8	56	78	FCHV Pro.SMH/FP-Home Delivery-visit-newborn& PP Mothers- 3rd day of Birth
103	49	51	82	FCHV Program-SMH/FP-Home Delivery-visit-newborn& PP Mothers- ≤24 hours of Birth
213	4	51	65	FCHV Pro.-SMH/FP-Home Delivery-visit-newborn& PP Mothers-7th day of Birth
1648	686	649	357	FCHV Program-SMH/FP-Meetings Held of Mothers Group
15594	5307	8306	3497	FCHV Program-SMH/FP-No. of Condoms Pieces Distribution
861	298	275	210	FCHV Program-SMH/FP-Pills Cycles Distribution
2852	427	634	877	FCHV Program-SMH/FP-Pregnant Women given Iron Tablets
2547	1784	2187	1686	FCHV Program-SMH/FP-Visits Made to Pregnant Women
12	0	83	490	FCHV-IMAM -MUAC-Screening-Green-Normal
0	0	20	57	FCHV-IMAM -MUAC-Screening-Yellow-MAM
0	0	0	1	FCHV-IMAM-HH visit & Monitoring-Red-Stagnating or Decreased Weight
0	0	0	1	FCHV-IMAM-MUAC-Screening-Oedema
0	0	0	0	FCHV's Received Free Health Services in Emergency
28	0	0	0	FCHV's Received Free Health Services in OPD
34280	13772	18690	10673	Health Facilities within Catchment Area-FCHV's-People Served
186	439	185	269	IYCF & BVCPP-Age(12-17 Month)-First time-FCHV
66	7	28	90	IYCF & BVCPP-Age(12-17 Month)-Second time-FCHV
141	165	183	204	IYCF & BVCPP-Age(18-23 Month)-First time-FCHV
22	1	37	30	IYCF & BVCPP-Age(18-23 Month)-Second time-FCHV
53	1	12	0	IYCF & BVCPP-Age(18-23 Month)-Third time-FCHV
294	382	211	246	IYCF & BVCPP-Age(6-11 Month)-First time-FCHV
1653	744	930	612	Total FCHV's within Catchment Area
1616	741	871	534	Total no.of FCHV's Report submitted

Gurans RM	Dungeshwor RM	Bhagawatimai RM	Narayan Mun.	Organisation unit / Data
24	1	0	0	FCHV -IMAM-MUAC-Screening-Red-SAM
1430	1588	2272	2236	FCHV Program-CBIMCI-(2-59)Months-No Pneumonia cases
1765	1554	3035	2228	FCHV Program-CBIMCI-(2-59)Months-ORS Expenditure(pkt)
970	1116	1834	1867	FCHV Program-CBIMCI-(2-59)Months-Total Diarrhoea Cases
1463	1630	2423	2259	FCHV Program-CBIMCI-(2-59)Months-Total cases ARI
0	20	2	12	FCHV Program-CBIMCI-(2-59)Months-Treated with Cotrim
941	1095	2054	1903	FCHV Program-CBIMCI-(2-59)Months-Treated with ORS & Zinc
9270	10520	16982	18874	FCHV Program-CBIMCI-(2-59)Months-Zinc Exp(tab)
1	0	0	1	FCHV Program-CBIMCI-Below 2 Months-Sick Baby-29-59 days
1	0	0	2	FCHV Program-CBIMCI-Below 2 Months-Sick Baby-≤28 days
0	0	0	0	FCHV Program-CBIMCI-Below 2 Months-Treated with Cortim & referred to HF-29-59 days
1	0	0	0	FCHV Pro.-CBIMCI-Below 2 Months-Treated with Cortim & referred to HF-≤28 days
0	1	2	1	FCHV Program-Death-2-59 Months
0	0	0	0	FCHV Program-Death-29-59 days
0	0	2	0	FCHV Program-Death-≤28 days
3	6	4	5	FCHV Program-SMH/FP-Distribution of PP Vit A
0	0	0	0	FCHV Program-SMH/FP-Home Delivery-Birth Asphyxia Management
2	4	7	1	FCHV Program-SMH/FP-Home Delivery-Breast Feeding<1 hour of Birth
2	4	7	2	FCHV Program-SMH/FP-Home Delivery-Chlorhexidine applied in cord
0	0	0	0	FCHV Program-SMH/FP-Home Delivery-Ensure Mesoprositol Tablets Taken
0	0	0	0	FCHV Program-SMH/FP-Home Delivery-Low Birth Weight
2	4	7	1	FCHV Program-SMH/FP-Home Delivery-Skin to Skin Contact after Birth
7	4	9	2	FCHV Program-SMH/FP-Home Delivery-Total Live Birth
0	1	1	0	FCHV Program-SMH/FP-Home Delivery-Total Still Birth
0	0	0	0	FCHV Program-SMH/FP-Home Delivery-Very Low Birth Weight
2	22	6	0	FCHV Pro.SMH/FP-Home Delivery-visit-newborn& PP Mothers- 3rd day of Birth
2	8	5	0	FCHV Program-SMH/FP-Home Delivery-visit-newborn& PP Mothers-≤24 hours of Birth
1	19	7	0	FCHV Pro.-SMH/FP-Home Delivery-visit-newborn& PP Mothers-7th day of Birth
835	643	857	868	FCHV Program-SMH/FP-Meetings Held of Mothers Group
9467	7626	9980	17288	FCHV Program-SMH/FP-No. of Condoms Pieces Distribution
576	647	283	901	FCHV Program-SMH/FP-Pills Cycles Distribution
395	183	362	705	FCHV Program-SMH/FP-Pregnant Women given Iron Tablets
1544	1377	1439	2120	FCHV Program-SMH/FP-Visits Made to Pregnant Women
18	13	0	0	FCHV-IMAM -MUAC-Screening-Green-Normal
0	3	0	1	FCHV-IMAM -MUAC-Screening-Yellow-MAM
0	0	0	0	FCHV-IMAM-HH visit & Monitoring-Red-Stagnating or Decreased Weight
22	0	0	0	FCHV-IMAM-MUAC-Screening-Oedema
0	0	0	1	FCHV's Received Free Health Services in Emergency
0	0	0	58	FCHV's Received Free Health Services in OPD
14594	11759	11647	12932	Health Facilities within Catchment Area-FCHV's-People Served
2113	122	184	327	IYCF & BVCPP-Age(12-17 Month)-First time-FCHV
22	89	51	216	IYCF & BVCPP-Age(12-17 Month)-Second time-FCHV
663	60	156	392	IYCF & BVCPP-Age(18-23 Month)-First time-FCHV
28	61	17	188	IYCF & BVCPP-Age(18-23 Month)-Second time-FCHV
10	17	38	71	IYCF & BVCPP-Age(18-23 Month)-Third time-FCHV
1038	168	248	537	IYCF & BVCPP-Age(6-11 Month)-First time-FCHV
945	669	972	972	Total FCHV's within Catchment Area
932	658	928	966	Total no.of FCHV's Report submitted

Tuberculosis Programme

Organisation unit / Data	TB-Age group-All New	TB-Age group-All Relapse	TB-Case Registration-EP (New)	TB-Case Registration-EP (OPT)	TB-Case Registration-EP (Relapse)	TB-Case Registration-PBC (New)	TB-Case Registration-PBC (OPT)	TB-Case Registration-PBC (Relapse)	TB-Case Registration-PCD (New)	TB-Case Registration-PCD (TALF)	TB-Case Registration-PCD (UPTH)	TB-Sputum Microscopy-Negative	TB-Sputum Microscopy-Positive	TB-Xpert MTB/RIF-MTB Invalid/Error/No Result	TB-Xpert MTB/RIF-MTB not detected	TB-Xpert MTB/RIF-RIF detected	TB-Xpert MTB/RIF-RIF indeterminate	TB-Xpert MTB/RIF-RIF not detected	TBCP-At the time of TB Diagnosis-Patients tested for HIV Cases	TBCP-Case Registration-Extra Pulmonary (BC or CD)-Previous Treatment History- Transfer in	TBCP-Private Sector & Community involvement in Referral/Diagnosis-TB Patients- Referred/Diagnosed by Private HF-EP(All)	TBCP-Private Sector & Community involvement in Referral/Diagnosis-TB Patients- Referred/Diagnosed by Private HF-PBC(New)	TBCP-Private Sector & Community involvement in Referral/Diagnosis-TB Patients- Referred/Diagnosed by Private HF-PCD(All)	TBCP-Registration by Treatment Category-Adult-Cat 1	TBCP-Registration by Treatment Category-Child (0-14 Yrs)-Cat 1	TBCP-Sputum Conversion(Bacteriologically Confirmed Cases)-New-Cases Registered	TBCP-Sputum Conversion(Bacteriologically Confirmed Cases)-New-Negative Cases	TBCP-Sputum Conversion(Bacteriologically Confirmed Cases)-New-Positive Cases	TBCP-Sputum Smear Examination-Result by Microscopy-Follow-Up Case(Slides) -ve	TBCP-Sputum Smear Examination-Result by Microscopy-Smear Examination Slides A +ve	TBCP-Sputum Smear Examination-Result by Microscopy-Smear Examination Slides A -ve	TBCP-Sputum Smear Examination-Result by Microscopy-Smear Examination Slides B +ve	TBCP-Sputum Smear Examination-Result by Microscopy-Smear Examination Slides B -ve	
DAILEKH	116	8	34	0	1	72	2	7	10	1	1	862	60	36	348	4	1	46	5	1	1	2	2	10	1	4	1	1	25	8	136	5	134	
Naumule RM	7	0	3	0	0	3	0	0	1	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
Mahabu RM	6	0	2	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	4	0	1	0	0	0	0	0	0	0	0	0
Bhairabi RM	4	1	2	0	0	2	0	1	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
Thantikandh RM	17	0	5	0	0	9	0	0	3	0	1	24	2	0	1	1	0	1	3	0	1	2	1	4	0	0	0	0	0	0	0	0	0	0
Aathbis Mun.	18	0	4	0	0	13	2	0	1	1	0	26	2	0	0	0	0	1	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0
Chamunda Bin.Mun.	13	1	4	0	0	9	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Dullu Mun.	26	5	10	0	1	15	0	4	1	0	0	138	17	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Narayan Mun.	6	0	1	0	0	5	0	0	0	0	0	674	36	36	346	3	1	40	1	0	0	0	1	0	0	0	0	0	25	8	136	5	134	
Bhagawatimai RM	4	0	0	0	0	3	0	0	1	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
Dungeshwor RM	8	1	1	0	0	6	0	1	1	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	
Gurans RM	7	2	0	0	0	3	0	0	2	0	0	0	0	0	1	0	0	1	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	

Leprosy Programme

Organisation unit / Data																								
	Cohort of New registered Patients-Currently in Treatment-MB after 18 Month	Cohort of New registered Patients-RFT-MB after 18 Month	Cohort of New registered Patients-RFT-PB after 9 Month	Cohort of New registered Patients- Total Registered-MB after 18 Month	Cohort of New registered Patients- Total Registered-PB after 9 Month	Deformity Status-Patient Type-Grade 0-Released from Treatment (RFT)	Deformity Status-Patient Type-Grade 1-Released from Treatment (RFT)	Deformity Status-Patient Type-Grade 2-Released from Treatment (RFT)	Deformity Status-Patient Type-New Cases-Grade 0	Patient at the End of last Month-Multi Bacillary	Patient at the End of last Month-Pauci Bacillary	Patient at the End of this Month-Multi Bacillary	Patient at the end of this Month-Pauci Bacillary	Patient ≤14 Years at the end of this Month-Pauci Bacillary	Patients Treated in this Month-Pauci Bacillary	Smear +ve Cases among Smear Examined-Multi Bacillary	Smear examined Cases Among New Cases-Multi Bacillary	Smear examined Cases among New Cases-Pauci Bacillary	Total Additions-New Cases Never Registered earlier-Multi Bacillary	Total Additions-New Cases Never registered earlier-Pauci Bacillary	Total Deducted-Number of Patients Released from Treatment-Pauci Bacillary	Total Deducted-Patients Released from Treatment-Multi Bacillary	Total Treated in this Month-Multi Bacillary	
DAILEKH	9	11	2	20	2	8	2	2	11	117	16	41	1	1	2	3	9	1	9	3	3	9	44	
Naumule RM	0	0	0	0	0	0	0	0	0	12	0	4		0		0	0	0	0	0	0	0	4	
Mahabu RM	0	2	0	2	0	1	0	0	0	6	0	4	0	0	0	0	0	0	0	0	0	1	4	
Bhairabi RM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Thantikandh RM	6	1	0	7	0	1	0	0	1	18	0	9	0	0	0	0	1	0	1	0	0	1	8	
Aathbis Mun.	0	3	0	3	0	1	1	1	1	29	1	14	0	1	0	0	1	0	1	1	0	3	15	
Chamunda Bin.Mun.	0	1	1	1	1	2	0	0	3	17	7	4		0		0	2	0	2	1	1	1	4	
Dullu Mun.	0	2	1	2	1	2	0	0	4	22	1	2	0	0	1	2	4	0	4	0	1	1	3	
Narayan Mun.	0	0	0	0	0	0	0	0	1	8	0	1	0	0	0	1	1	0	1	0	0	0	1	
Bhagawatimai RM	0	1		1	0	0	0	1		1	0	0	0	0	0	0	0	0	0	0	0	1	1	
Dungeshwor RM	3	1		4		1	1		1	4	7	3	1		1	0	0	1	0	1	1	1	4	
Gurans RM	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Malaria Programme

Organisation unit / Data	Malaria-Blood Slide Collection-ACD	Malaria-Blood Slide Collection-PCD	Malaria-Diagnosis & Result-Microscopy only-Examined	Malaria-Diagnosis & Result-RDT Only-Examined
DAILEKH	4	223	57	170
Naumule RM	0	0	0	0
Mahabu RM	0	0	0	0
Bhairabi RM	0	0	0	0
Thantikandh RM	1	1	0	2
Aathbis Mun.	0	18	0	18
Chamunda Bin.Mun.	0	2	0	2
Dullu Mun.	3	116	0	119
Narayan Mun.	0	86	57	29
Bhagawatimai RM	0	0	0	0
Dungeshwor RM	0	0	0	0
Gurans RM	0	0	0	0

Social Inclusion

Organisation unit / Data	Disaggregation by Sex & Caste/Ethnicity-Abortion Cases	Disaggregation by Sex & Caste/Ethnicity-Enroll in CBIMCI Programme	Disaggregation by Sex & Caste/Ethnicity-Gender Based Violence	Disaggregation by Sex & Caste/Ethnicity-Inpatient Cases	Disaggregation by Sex & Caste/Ethnicity-Institutional Delivery	Disaggregation by Sex & Caste/Ethnicity-New Leprosy Cases	Disaggregation by Sex & Caste/Ethnicity-New TB Cases	Disaggregation by Sex & Caste/Ethnicity-Outpatient Cases	Disaggregation by Sex & Caste/Ethnicity-Underweight Children (<2 Year)	Fully Immunized Children - GESI
DAILEKH	916	25524	118	2898	5516	10	80	214420	1480	5127
Naumule RM	81	1887	0	13	315	0	3	21463	140	376
Mahabu RM	0	1157	0	0	372	0	2	14349	33	346
Bhairabi RM	5	710	0	0	295	0	0	5834	87	360
Thantikandh RM	21	2370	0	54	545	1	18	9286	200	498
Aathbis Mun.	88	3291	0	17	662	3	12	19144	228	713
Chamunda Bin.Mun.	0	3306	0	0	636	4	13	15991	149	490
Dullu Mun.	146	3286	0	704	1004	0	13	33572	269	766
Narayan Mun.	482	4256	118	1834	776	0	0	45242	52	572
Bhagawatimai RM	31	1913	0	271	346	0	5	16547	28	361
Dungeshwor RM	29	1742	0	0	228	0	6	16497	53	249
Gurans RM	33	1606	0	5	337	2	8	16495	241	396



कर्णाली प्रदेश सरकार
सामाजिक विकास मन्त्रालय
स्वास्थ्य सेवा निर्देशनालय

स्वास्थ्य सेवा कार्यालय, दैलेख

अनुसूची-२

७.५. आ.व.२०७७/०७८ मा सञ्चालित कार्यक्रमहरूको वार्षिक प्रगति लक्ष्य प्रगति विवरण आर्थिक वर्ष २०७७/०७८ को चालु खर्च (संघ शसर्त अनुदान) ब.उ.शि.नं. ३५०००१२०३ को वार्षिक लक्ष्य र प्रगति विवरण

सि. नं.	विवरण	एकाई	वार्षिक लक्ष्य		वार्षिक भौतिक प्रगति		वार्षिक खर्च		कैफियत
			परिमाण	बजेट	परिमाण	प्रतिशत	रकम	प्रतिशत	
१	२	३	४	५	६	७	८	९	१०
१. चालु खर्च अन्तरगतका कार्यक्रमहरू									
१	नवजात शिशु सेवा (SNCU/ NICU) कार्यक्रम संचालनको लागि बाल रोग विशेषज्ञस्टाफ नर्स करार /अ.मे /	पटक	१	१००००००.०	१	१००.००	९८२०००.०	९८.२०	
२	विश्व क्षयरोग दिवस मनाउने	पटक	१	३००००.०	१	१००.००	३००००.०	१००.००	
३	परिवार नियोजन, किशोर किशोरी तथा प्रजनन स्वास्थ्य सेवा सुदुढीकरण तथा बिस्तार	पटक	१	२१८००००.०	१	१००.००	१४४६५३४.०	६६.३५	
४	मातृ तथा नवशिशु कार्यक्रम	पटक	१	१७४००००.०	१	१००.००	१६४००००.०	९४.२५	
५	कारागारमा क्षयरोग स्क्रिनिङ तथा सक्रिय खोजपडताल कार्यक्रम सञ्चालन	पटक	१	२८०००.०	१	१००.००	२८०००.०	१००.००	
६	सिबिआईएमएनसिआई कार्यक्रम समता र पहुँच, कोचिङ्ग, FBIMNCI तालिम, RDQA) (निर्देशिका बमोजिम(	पटक	१	१४०००००.०	१	१००.००	१४०००००.०	१००.००	
७	क्षयरोग आधारभूत तथा पुनर्ताजगी तालिम	पटक	१	२१५०००.०	१	१००.००	२१५०००.०	१००.००	
८	जिल्ला आर्युवेद स्वास्थ्य केन्द्र तथा अञ्चल आहरूको चालु तथा .औ. कार्यक्रम बजेट	पटक	१	६४८३०००.०	१	१००.००	५३७६३६५.०	८२.९३	
९	अभिमूखिकरणअन्तरक्रिया /, कालाजारका रोगीको उपचार तथा केस बेस सर्भिलेन्स, कालाजार बिरामीको उपचारका लागि प्रादेशिक तथा जिल्ला अस्पतालहरूमा आउने बिरामीहरूको यातायात र निदान खर्च बापत सोधभर्ना र निदानका लागि २०००.बिरामीको यातायात खर्च रु) .सोधभर्ना रू ५०००(	पटक	१	१०००००.०	१	०.००	०.०	०.००	

सि. नं.	विवरण	एकाई	वार्षिक लक्ष		वार्षिक भौतिक प्रगति		वार्षिक खर्च		कैफियत
			परिमाण	बजेट	परिमाण	प्रतिशत	रकम	प्रतिशत	
१	२	३	४	५	६	७	८	९	१०
१. चालु खर्च अन्तरगतका कार्यक्रमहरू									
१०	विश्व औलो दिवस मनाउने, किटजन्य रोगहरूको परिमार्जित निर्देशिका बमोजिम प्राविधिकहरूबाट अनुगमन तथा अनसाईट कोचिङ	पटक	१	१०००००.०	१	१००.००	१०००००.०	१००.००	
११	चौमासिक कार्य प्रगती समिक्षा	पटक	१	६५०००.०	१	०.००	०.०	०.००	
१२	तथ्यांक गुणस्तर सुधारकालागि स्वास्थ्य कार्यालयबाट स्थानीय तह एवं स्वास्थ्य संस्थाहरूमा LMIS, HMIS र DHIS सम्बन्धी स्थलगत सहजिकरणमन्टोरिङ/	पटक	१	२२५०००.०	१	१००.००	२२५०००.०	१००.००	
१३	राष्ट्रिय औलो उपचार निर्देशिका को बारेमा सरकारी तथा गैर सरकारी अस्पताल तथा स्वास्थ्य प्रदायक संस्थाहरूलाई जानकारी दिने, औलो नियन्त्रण कार्यको लागी आवश्यक विभिन्न सामानहरू प्रयोगशालालाई) तथा औलो फाँटको लागी आवश्यक अन्य सामानहरू खरीद (गर्ने, समुदायमा आधारित परीक्षणको लागी Selectcd FCHVs / AHW / ANM लाई तालिम, मोबाइल टोली द्वारा Intensified Case Detection र Case base surveillance	पटक	१	१०००००.०	१	१००.००	१०००००.०	१००.००	
१४	औषधि, भ्याक्सिन तथा भ्याक्सिन जन्य सामग्री, साधन, सामग्री रिप्याकिङ तथा ढुवानी र पूनः वितरण समेत	पटक	१	२०००००.०	१	१००.००	२०००००.०	१००.००	
१५	प्रदेशस्तरीय पोषण तथा खाद्य सुरक्षा निर्देशक समिति संचालन तथा पोषण सम्बन्धि क्लस्टर अभिमुखीकरण तथा बैठक संचालन सातै प्रदेश पोषण सम्बन्धि राष्ट्रिय दिवसस) महिनाहरू मनाउने /त्नपान सप्ताह , बिद्यालय स्वास्थ्य तथा पोषण सप्ताह, आयोडिन महिना आदि(	पटक	१	४००००.०	१	१००.००	४००००.०	१००.००	
१६	कण्डम खरिद	पटक	१	१०००००.०	१	१००.००	१०००००.०	१००.००	
१७	एआरटिमा रहेका ब्यक्तिको ल्याव जाच सोधभर्ना, अस्पतालका लागी	पटक	१	१०००००.०	१	१००.००	९९९८९.०	९९.९९	
१८	दिवस संचालन (विश्व एड्स दिवस तथा कण्डम दिवस)	पटक	१	१००००.०	१	१००.००	१००००.०	१००.००	
१९	दैलेख अस्पतालमा सामाजिक सेवा एकाई कार्यक्रम संचालन	पटक	१	१२०००००.०	१	१००.००	१२०००००.०	१००.००	
२०	स्थलगत अनुशिक्षणा तथा अनुगमन	पटक	१	७५०००.०	१	१००.००	७५०००.०	१००.००	
२१	जिल्लास्तर क्षयरोग कोहर्ट विश्लेषण तथा समीक्षा गोष्ठी	पटक	१	१७१०००.०	१	१००.००	५७०००.०	३३.३३	
२२	प्रादेशिक अस्पतालको व्यवस्थापनको लागि अस्पताल व्यवस्थापक	पटक	१	५२७०००.०	१	०.००	०.०	०.००	

सि. नं.	विवरण	एकाई	वार्षिक लक्ष		वार्षिक भौतिक प्रगति		वार्षिक खर्च		कैफिय त	
			परिमाण	बजेट	परिमाण	प्रतिशत	रकम	प्रतिशत		
१	२	३	४	५	६	७	८	९	१०	
१. चालु खर्च अन्तरगतका कार्यक्रमहरू										
	अधिकृत (Hospital management Officer) करार सेवामा नियुक्ति) शैया ५० अस्पतालका लागी									
२३	औषधिको समुचित प्रयोग प्रवर्धनको लागि साथी समुह शिक्षा कार्यक्रम) peer group discussion) तथा आधारभूत स्वास्थ्य सेवा सम्बन्धि स्तरीय उपचार पद्धति अभिमुखिकरण कार्यक्रम (जिल्लामा)	पटक	१	१५००००.०	१	०.००	०.०	०.००		
२४	स्वास्थ्यकर्मीहरूका लागि आधारभूत तथा आकस्मिक सेवा अन्तर्गत आँखा, नाक, कान, घाटी तथा मुख स्वास्थ्य सम्बन्धि प्राथमिक उपचार बारे प्रशिक्षक प्रशिक्षण अभिमुखिकरण तालिम /	पटक	१	१०००००.०	१	१००.००	१०००००.०	१००.००		
२५	राष्ट्रिय महिला सामुदायिक स्वास्थ्य स्वयमसेविका कार्यक्रम संचालन (आधारभूत तथा पुनर्ताजगि तालिम संचालन र ससम्मान बिदाई समेत)	पटक	१	३५०००००.०	१	४.५७	१६००००.०	४.५७		
२६	दैलेख अस्पतालमा आधारित एकद्वार संकट व्यवस्थापन केन्द्र संचालन कार्यक्रम	पटक	१	१५०००००.०	१	१००.००	१४४४९८३.०	९६.३३		
२७	कुष्ठरोग बढी प्रभावित क्षेत्र, समुदाय, विधालय, लक्षित समुहमा सक्रीय बिधिबाट कुष्ठरोगका बिरामी खोजपडताल	पटक	१	१०००००.०	१	१००.००	१०००००.०	१००.००		
२८	आधारभूत स्वास्थ्य सेवा स्वास्थ्य चौकीको न्युनतम सेवा मापदण्ड अनुगमन तथा समिक्षा (प्रदेश तथा जिल्लामा)	पटक	१	१०००००.०	१	१००.००	१०००००.०	१००.००		
२९	प्रादेशिक र जिल्ला अस्पतालहरूमा हाइड्रो सिल बिरामीहरूको अप्रेसन गर्ने, हात्ती पाइले रोग निवारण कार्यक्रमको औषधि सेवनबाट असर देखिएका तथा हाइड्रोसिल अप्रेसनको जटिलता देखिएकाहरूको उपचार गर्ने	पटक	१	१०००००.०	१	०.००	०.०	०.००		
३०	प्राविधिक सुपरिवेक्षण अनुगमन	पटक	१	५५०००.०	१	०.००	०.०	०.००		
३१	कुष्ठरोग बढी प्रभावित पालिकामा कार्यक्रम प्रगति, प्राविधिक अन्तरक्रिया, छलफल, व्यवस्थापन तथा समस्या पहिचान समिक्षा एवं योजना तथा अभिलेख प्रतिवेदन अध्यावधिक	पटक	१	७००००.०	१	१००.००	७००००.०	१००.००		
३२	नसर्नेरोग सम्बन्धि कार्यक्रम)PEN तालिम, Hypertension, Diabetes, COPD, Cancer Days मनाउने, कार्यक्रम अनुगमन तथा सुपरिवेक्षण, Mass Screening and awareness campaign,	पटक	१	१२४००००.०	१	१००.००	१२४००००.०	१००.००		

सि. नं.	विवरण	एकाई	वार्षिक लक्ष		वार्षिक भौतिक प्रगति		वार्षिक खर्च		कैफिय त
			परिमाण	बजेट	परिमाण	प्रतिशत	रकम	प्रतिशत	
१	२	३	४	५	६	७	८	९	१०
१. चालु खर्च अन्तरगतका कार्यक्रमहरू									
	अकुपेशनल हेल्थ अभिमुखिकरण कार्यक्रम आदि(
३३	विभिन्न महामारीजन्य रोगहरूको रोकथाम, नियन्त्रण तथा निगरानीका लागि सरोकारवाला सँगको अन्तरक्रिया तथा स्वास्थ्यकर्मी परिचालन	पटक	१	१०००००.०	१	१००.००	१०००००.०	१००.००	
३४	अस्पतालहरूमा Early Warning and Reporting System (EWARS) सम्बन्धि अभिमुखिकरण, सेन्टिनल साईटहरूको संचालन खर्च	पटक	१	१२५०००.०	१	१००.००	१२५०००.०	१००.००	
३५	रेबिज, सर्पदंश आदि जूनोटिक तथा अन्य सरुवा रोग कार्यक्रम (अभिमुखिकरण, जनचेतना, प्रचार प्रसार दिवस मनाउने, रेबिज रोग सरोकारवालाहरू), विद्यालयका विद्यार्थी तथा स्वास्थ्यकर्मीहरूलाई तथा (रेबिज भ्याक्सिन प्रयोग (स्वास्थ्यकर्मीहरूलाईसम्बन्धि अभिमुखिकरण (कार्यक्रम, व्यवसायीक रूपमा कृषि कार्य तथा पशुपालनमा संलग्नहरूको जनस्वास्थ्य सम्बन्धि कार्यक्रम(	पटक	१	१०००००.०	१	१००.००	१०००००.०	१००.००	
३६	विश्व कुष्ठरोग दिवस तथा अपांगता दिवसको उपलक्ष्यमा कार्यक्रम	पटक	१	१००००.०	१	१००.००	१००००.०	१००.००	
३७	सेवा प्रदायक करार गरी २४ घण्टा सिडओएनेसी सेवा संचालन)CEONC Fund)	पटक	१	१००००००.०	१	१००.००	८६२१२०.०	८६.२१	
३८	प्रदेश स्तरमा आर्थिक प्रशासन तथा आन्तरिक नियन्त्रण, विभिन्न प्रकारका क्लिनिकल तालिम लगायतका अन्य क्रियाकलापहरू	पटक	१	१९५००००.०	१	१००.००	१९४९९६५.०	१००.००	
३९	ए आर टि कन्सुलर तलब ART संचालन खर्चकार्यालय मसलन्द सामान) (खर्च, एआरटी कमिटीका लागि चौमासिक बैठक	पटक	१	४४९०००.०	१	१००.००	४४८६००.०	९९.९१	
४०	स्वास्थ्य दिवसहरू मनाउने कार्यक्रम	पटक	१	६००००.०	१	१००.००	६००००.०	१००.००	
४१	स्वास्थ्य कार्यालय मार्फत स्थानीय तहहरूको मासिक सूचना संकलन, भेरिफिकेशन एवं गुणस्तर सुधार, चौमासिक, बार्षिक समिक्षा	पटक	१	४५००००.०	१	१००.००	४५००००.०	१००.००	
४२	कुष्ठरोगको नियमित उपचार पुरा गर्ने बिरामीको यातायात खर्च	पटक	१	२००००.०	१	०.००	०.०	०.००	
४३	पत्रकार अन्तरकृया	पटक	१	५००००.०	१	१००.००	५००००.०	१००.००	
४४	विद्यालय स्वास्थ्य शिक्षा कार्यक्रम	पटक	१	१०००००.०	१	०.००	०.०	०.००	
४५	स्थानीय आम संचार माध्यमहरूबाट सन्देश प्रसारण केवुल)टेलिभिजन,	पटक	१	२५००००.०	१	१००.००	२४९५१०.०	९९.८०	

सि. नं.	विवरण	एकाई	वार्षिक लक्ष		वार्षिक भौतिक प्रगति		वार्षिक खर्च		कैफिय त
			परिमाण	बजेट	परिमाण	प्रतिशत	रकम	प्रतिशत	
१	२	३	४	५	६	७	८	९	१०
१. चालु खर्च अन्तरगतका कार्यक्रमहरू									
	अनलाइन, एफएम, पत्रपत्रिका(
४६	पिसिआर ल्याबको लागि कोभिडरोगको रोकथाम तथा नियन्त्रणमा १९-भाद्र र असोज महिनाको लागि आवश्यक पर्ने रिएजेन्ट, Lab assesaries, VTM, जोखिम भत्ता लगायतको अन्य व्यवस्थापन खर्च मेशिन बाहेक	पटक	१	१००००००.०	१	१००.००	९००९४२.०	९०.०९	
४७	प्रदेश मातहतका जिल्लास्थित कार्यालयबाट कोभिड १९ भ्याक्सिनको लागि प्रचारप्रसार ढुवानी लगायतका कार्यक्रमहरू सञ्चालन ब्रेकडाउन) (अनुसार	पटक	१	१९५३०००.०	१	०.००	०.०	०.००	
४८	केशवेसका आधारमा जोखिम भत्ता लगायत कर्मचारी व्यवस्थापन र सोसंग सम्बन्धित औषधी एवं औषधीजन्य सामग्री समेत व्यवस्थापन	पटक	१	७००००.०	१	१००.००	७००००.०	१००.००	
४९	एक चिकित्सकस्वास्थ्यकर्मी एक स्वास्थ्य संस्था कार्यक्रम /	पटक	१	११४५०००.०	१	०.००	०.०	०.००	
५०	कोभिड १९ भ्याक्सिनको लागि तालिम, प्रचारप्रसार ढुवानी लगायतका कार्यक्रम सञ्चालन (ब्रेकडाउन अनुसार)	पटक	१	१६१५५०००.०	१	१००.००	६८४९७९८.०	४२.३५	
५१	जिल्लाबाट पालिका तथा स्वास्थ्य संस्थास्तरमा खोप, सरसफाई प्रवर्द्धन कार्यक्रम तथा पूर्ण खोप भेरिफिकेशन र सुनिश्चितता दिगोपनाको लागी सहजीकरण र सुपरिवेक्षण , पूर्ण खोप घोषणा कार्यक्रमको व्यवस्थापन र खोपबाट बचाउन सकिने रोगहरूको महामारी नियन्त्रण खर्च प्रदेश मार्फत बजेट उपलब्ध गराउन	पटक	१	४५००००.०	१	१००.००	४५००००.०	१००.००	
५२	जिल्लाबाट पालिका तथा स्वास्थ्य संस्था स्तरमा र प्रदेश स्वास्थ्य आपूर्ती व्यवस्थापन केन्द्रबाट जिल्ला स्तरमा भ्याक्सिन तथा खोप सामग्रीको व्यवस्थापन तथा वितरण खर्च: जिल्लाबाट नियमित तथा प्रादेशिक भ्याक्सिन स्टोरको आकस्मिक ढुवानीको लागि प्रदेश मार्फत बजेट उपलब्ध गराउन	पटक	१	१११७०००.०	१	१००.००	१११६९७५.०	९९.९३	
५३	जिल्ला स्तरमा नयाँ खोप, एको जानकारी .आई.एफ.ई., पूर्ण खोप तथा सरसफाई प्रवर्द्धन कार्यक्रमको समिक्षा र स्वास्थ्य संस्था एवं पालिका स्तरको सुक्ष्म योजना अध्यावधिक गर्न २ दिन र सरसफाई प्रवर्द्धन प्याकेजको रिफ्रेसर १ दिन गरि ३ दिने कार्यक्रम, ७७ जिल्लाका सरोकारवालाहरू समेतको सहभागितामा कार्यक्रम संचालन गर्न प्रदेश मार्फत बजेट उपलब्ध गराउन[	पटक	१	७५००००.०	१	१००.००	७५००००.०	१००.००	

सि. नं.	विवरण	एकाई	वार्षिक लक्ष		वार्षिक भौतिक प्रगति		वार्षिक खर्च		कैफियत
			परिमाण	बजेट	परिमाण	प्रतिशत	रकम	प्रतिशत	
१	२	३	४	५	६	७	८	९	१०
१. चालु खर्च अन्तरगतका कार्यक्रमहरू									
५४	खोपको पहुँच बढाई छुट वञ्चालाई खोप दिलाई पूर्णखोप सुनिश्चित गर्न वैशाख महिनालाई खोप महिना संचालन गर्ने तथा पालिकास्तरमा योजना निर्माण समेतको लागी जिल्लास्तरमा कार्यक्रम संचालन गर्न प्रदेश मार्फत बजेट उपलब्ध गराउन	पटक	१	१५००००.०	१	०.००	०.०	०.००	
५५	कुपोषण व्यवस्थापनको लागि पोषण पुनर्थापना गृह संचालन (१२) अस्पताल मार्फत(५०) ओखलढुंगा :, मेची (लाख५०), जनकपुर ५०) (लाख, हेटौडा ३०)लाख(, सिन्धुपाल्चोक (लाख ४०), धवलागिरी ४५) (लाख, पर्वत (लाख ४०), लुम्बिनी ५०) लाख(, दैलेख(लाख ४०), महाकाली५०) लाख(, सेती (लाख ५०)अस्पतालहरू(	पटक	१	४००००००.०	१	१००.००	३९९९९८०.०	१००.००	
५६	पालिका, वडा स्तरमा नियमित खोप मार्फत नयां खोप रोटा शुरुवात गर्न गराउन प्रदेश वाट जिल्ला, पालिकामा र जिल्ला बाट पालिका तथा वडा स्तर सम्म अभिलेख प्रतिवेदन, खोप आपूर्ति वितरणको व्यवस्थापनमा सहजिकरण, अनुगमन सुपरिवेक्षणको लागि प्रदेश मार्फत बजेट उपलब्ध गराउन	पटक	१	८५०००.०	१	०.००	०.०	०.००	
५७	गुणस्तरीय खोप सेवा संचालन तथा सरसफाई प्रवद्र्धनमा संलग्न स्वास्थ्यकर्मीको दक्षता वृद्धि गर्न नयां तथा खोप तालिम नलिएका स्वास्थ्यकर्मीहरूलाई खोप, कोल्डचेन व्यवस्थापन, ए.आई.एफ.ई., सर्भिलेन्स र सरसफाई प्रवद्र्धन सम्वन्धि आधारभुत ४ दिने तालिम १८० ब्याच, ४५०० जना, जिल्ला तथा स्वास्थ्य निर्देशनालय मार्फत संचालन गर्न प्रदेश मार्फत बजेट उपलब्ध गराउने	पटक	१	६७५०००.०	१	१००.००	६७५०००.०	१००.००	
५८	खोप तथा पूर्ण खोपको बारेमा जनचेतना बढाई खोप उपयोग वृद्धिको लागि स्थानिय भाषामा शैक्षिक सामाग्री उत्पादन, स्थानिय रेडियो, एफ नाएम बाट सुच.प्रशारणलगायत अन्य संचारका कृयाकलाप संचालन ७७ जिल्लालाई प्रदेश मार्फत बजेट उपलब्ध गराउने	पटक	१	१५००००.०	१	१००.००	१४९४४०.०	९९.६३	
५९	खोपकोल्डचेन व्यवस्थापनको लागि ईन्धन तथा विधुत महशुल भुक्तानि जिल्ला तथा प्रादेशिक भ्याक्सिन स्टोरको लागी प्रदेश मार्फत बजेट उपलब्ध गराउने	पटक	१	२६००००.०	१	१००.००	२६००००.०	१००.००	
६०	आमा सुरक्षा कार्यक्रम सेवा प्रदान शोधभर्ना, यातायात खर्च, गर्भवती तथा	पटक	१	५००००००.०	१	१००.००	३७९७६९९.०	७५.९५	

सि. नं.	विवरण	एकाई	वार्षिक लक्ष		वार्षिक भौतिक प्रगति		वार्षिक खर्च		कैफिय त	
			परिमाण	बजेट	परिमाण	प्रतिशत	रकम	प्रतिशत		
१	२	३	४	५	६	७	८	९	१०	
१. चालु खर्च अन्तरगतका कार्यक्रमहरू										
	सुत्केरी उत्प्रेरणा सेवा)4th ANC), आमा सुरक्षा कार्यक्रमको लागि रक्तसंचार सेवा, निशुल्क गर्भपतन सेवा तथा जिल्ला अस्पताल र सो भन्दा तलका सरकारी स्वास्थ्य सस्थाहरूमा प्रसूति हुने सुत्केरी तथा नवजात शिशुलाई न्यानो झोला (लुगा सेट)									
६१	न.पा., गापा. प्रमुखरउपप्रमुख, स्वास्थ्य संयोजक र प्रशासकिय प्रमुखसामाजिक विकास अधिकृतहरूको पूर्णखोप दिगोपना र सरसफाई प्रवर्द्धन कार्यक्रमकोअभिमुखिकरण तथा योजना तयारी १ दिने गोष्ठी सबै स्थानियतहबाट ७७ जिल्ला स्तरमा कार्यक्रम संचालन गर्न प्रदेश मार्फत बजेट उपलब्ध गराउन	पटक	१	३९५०००.०	१	१००.००	३९५०००.०	१००.००		
६२	खोप कार्यक्रम संचालन गर्दा संक्रमण रोकथाम तथा स्वास्थ्यकर्मीको सुरक्षा र सरसफाई प्रवर्द्धन कक्षा संचालन समेतको लागी सर्जिकल मास्क, डिस्पोजेबल ग्लोब्स, ह्याण्ड सेनिटाइजर र हात धुने साबुन, खरिद तथा वितरण खर्च, ७७ जिल्ला मार्फत कार्यक्रम संचालन गर्न प्रदेश मार्फत बजेट उपलब्ध गराउने	पटक	१	३५००००.०	१	१००.००	३२९९७६.०	९४.२८		
६३	CEONC साइटहरूमा Inj. Oxytocin भण्डारणको लागि आईआर .एल. Refrigerator chest type खरिद WHO PQ Gross volume 75 - 100 ltr. and Net volume minimum 50-65 Ltr. Holdover time 43 Degree celcius temp. मा ५५ घण्टा भन्दा माथि क्षमताको खरिद र कर समेत	पटक	१	१९००००.०	१	१००.००	१८९८०६.०	९९.९०		
६४	खोपकोल्डचेन सामाग्री र रेफ्रिजरेटर भ्यान समेत मर्मत तथा आकषमिक व्यवस्थापन र जिपलग, फोमप्याड व्यवस्थापनको लागी प्रादेशिक भ्याक्सिन स्टोर र जिल्ला भ्याक्सिन स्टोरलाई प्रदेश मार्फत बजेट उपलब्ध गराउन	पटक	१	७३०००.०	१	१००.००	७३०००.०	१००.००		
६५	खोप तथा कोल्डचेन व्यवस्थापन र खोप हुवानी प्रक्रियाको बारेमा हुवानीकर्तालाई १ दिने अभिमुखिकरण जिल्ला मार्फतकार्यक्रम संचालन गर्न प्रदेश मार्फत बजेट उपलब्ध गराउने	पटक	१	३३५०००.०	१	१००.००	३३५०००.०	१००.००		
६६	Free Newborn care कार्यक्रम सोधभर्ना (निर्देशिका बमोजिम)	पटक	१	५०००००.०	१	५८.२०	२९१०००.०	५८.२०		
६७	अनुगमन तथा सुपरीवेक्षण	पटक	१	५००००.०	१	१००.००	२४६००.०	४९.२०		
जम्मा					६२५२१०००.०		८०.०४	४१५९४४०२.०	६६.५३	

आर्थिक वर्ष २०७७/०७८ को सामाजिक विकास मन्त्रालय ब.उ.शि.नं. ३५००२०१३३/३४ बार्षिक लक्ष र प्रगति विवरण

सि. नं.	विवरण	एकाई	वार्षिक लक्ष		वार्षिक भौतिक प्रगति		वार्षिक खर्च		कैफियत
			परिमाण	बजेट	परिमाण	प्रतिशत	रकम	प्रतिशत	
१	२	३	४	५	६	७	८	९	१०
१. पूँजीगत खर्च अन्तरगतका कार्यक्रमहरू (सामाजिक विकास मन्त्रालय)									
१	जिल्ला अस्पताल दैलेखको भवन निर्माण (भवन निर्माण)	पटक	१	३०००००००.०	१	१५	२९६०३६६६.००	९८.६८	
२	कम्प्युटर ल्यापटप फोटोकपी प्रिन्टर जेनेरेटर क्यामेरा मोबाइल स्क्यान र इन्भर्टर सौलारकार्यालय संचालनसंग सम्बन्धी	पटक	१	२५००००.००	१	१००	२४९७११.००	९९.८८	
३	स्वास्थ्य सम्बन्धी उपकरण खरिदस्वास्थ्य तथा चिकित्सासंग सम्बन्धी यन्त्र, उपकरण तथा मेशीन औजार(	पटक	१	१००००००.००	१	१००	९८५६१८.००	९८.५६	
४	कार्यालयको लागी फर्निचर तथा फिक्चर्स खरीद (कार्यालयको लागी फर्निचर फिक्चर्स)	पटक	१	१०००००.००	१	१००	१०००००.००	१००.०	
क. पूँजीगत खर्च कार्यक्रमको जम्मा रू.				३१३५००००.०		१००.०	३०९३८९९५.०	९८.६९	
२. चालु खर्च अन्तरगतका कार्यक्रमहरू (सामाजिक विकास मन्त्रालय)									
१	हप्रथम .चा.स. स्तर	जना	१	१५७५०००.००	१	०.००	०.००	०.००	
२	का. सपाँचौँ स्तर .	जना	१	५७७५०००.००	१	६६.१८	३८२१८४५.५०	६६.१८	
३	अधिकृत स्तर ९१/०/	जना	१	५८०८०००.००	१	७.०७	४१०४२४.८०	७.०७	
४	अधिकृत स्तर ७८/	जना	१	७०७२०००.००	१	६७.१०	४७४५३३६.३०	६७.१०	
५	अधिकृत स्तर ५७/६/	जना	१	१४७३००००.०	१	४७.५६	७००४९८३.००	४७.५६	
६	सहायक/ अधिकृत ४६/५/	जना	१	७१२२०००.००	१	४९.९१	३५५४८५२.४०	४९.९१	
७	निजामती कर्मचारीहरूको पोशाक खर्च	जना	१	६५००००.००	१	५५.३८	३६००००.००	५५.३८	
८	सदरमुकाम र ६ कोष भित्र (क वर्ग)	जना	१	२९९६०००.००	१	९०.८९	२७२३०४२.००	९०.८९	
९	स्थायी कर्मचारीको महंगी भता	जना	१	१५६००००.००	१	५४.७३	८५३८००.००	५४.७३	
१०	कर्मचारीहरूको लागि कर्णाली प्रोत्साहन भता	जना	१	९५४७०००.००	१	५१.७९	४९४४७६८.००	५१.७९	
११	पाले पहरा भता	जना	१	३००००.००	१	९८.६७	२९६००.००	९८.६७	
१२	प्रयोगशाला कर्मचारीको जोखिम भता	जना	१	४३३०००.००	१	९९.७३	४३१८२०.००	९९.७३	

सि. नं.	विवरण	एकाई	वार्षिक लक्ष		वार्षिक भौतिक प्रगति		वार्षिक खर्च		कैफियत
			परिमाण	बजेट	परिमाण	प्रतिशत	रकम	प्रतिशत	
१	२	३	४	५	६	७	८	९	१०
१३	प्रसुती स्याहार भता	जना	१	२००००.००	१	२५.००	५०००.००	२५.००	
१४	चिकित्सक भता	जना	१	१५४०००.००	१	१००.०	१५४०००.००	१००.०	
१५	विद्युत महशुल	पटक	१	३६००००.००	१	१००.०	३६००००.००	१००.०	
१६	धाराको महशुल	पटक	१	६००००.००	१	१००.०	६००००.००	१००.०	
१७	टेलिफोन महसुल	पटक	१	३०००००.००	१	१००.०	२६४१३०.००	८८.०४	
१८	डीजेल- चारपांग्रे सवारी साधन र जेनेरेटर	पटक	१	२४००००.००	१	१००.०	२१९३७६.००	९१.४१	
१९	पेट्रोल- दुई पाङ्गे	पटक	१	६६०००.००	१	१००.०	६५०००.००	९८.४८	
२०	दुई पाङ्गे र चारपाङ्गे सवारी साधन मर्मत	पटक	१	२७००००.००	१	१००.०	२७००००.००	१००.०	
२१	सवारी साधन बीमा	पटक	१	७००००.००	१	०.००	०.००	०.००	
२२	कम्प्युटर/प्रिन्टर/ अस्पताल मेशिन उपकरणजेनेरेटर लगायतका / सामाग्री मर्मत सम्भार	पटक	१	५००००.००	१	१००.०	३९४५४.००	७८.९१	
२३	कार्यालय व्यवस्थापन खर्च	पटक	१	३९६०००.००	१	१००.०	३७९२६०.००	९५.७७	
२४	सवारी साधन बाहेकका मेशिनरी औजारमा प्रयोग हुने इन्धन खर्च	पटक	१	३२०००.००	१	१.५०	४७९.४१	१.५०	
२५	कार्यालयका विभिन्न फर्मेट तथा सुचनामुलक सामाग्री छपाई	पटक	१	३०००००.००	१	१००.०	२८९७८८.००	९६.६०	
२६	कार्यालयको वार्षिक प्रगति पुस्तिका प्रकाशन	पटक	१	५००००.००	१	१००.०	५००००.००	१००.०	
२७	पत्रपत्रिका तथा पुस्तिका (कार्यालय सामान तथा सेवा)	पटक	१	५००००.००	१	१००.०	५३६५.००	१०.७३	
२८	सुचना तथा सन्देशमुलक सामाग्री प्रकाशन	पटक	१	९००००.००	१	१००.०	८९०२४.००	९८.९२	
२९	सरसफाई सम्बन्धी प्रयोग हुने सामान	पटक	१	१०००००.००	१	१००.०	९९४६२.००	९९.४६	
३०	विभिन्न पदमा करार सम्झौता भई कार्य गर्ने कर्मचारिको लागी	पटक	१	९६००००.००	१	१००.०	८४७३४०.००	८८.२६	
३१	स्वास्थ्य जिवनशैली र स्वस्थ्य वानी व्यवहार सम्बन्धि विधालय तथा समुदायमा अभियान	पटक	१	४५००००.००	१	१००.०	४५००००.००	१००.०	
३२	स्वास्थ्य सम्बन्धी क्रियाकलापहरूको (खोप), महामारी, प्रकोप, सुरक्षित मातृत्व, पोषण, बालरोग, औलो, कीटजन्य, जनसङ्ख्या, क्षयरोग, एचआइभी, कुष्ठरोग, श्वास, सामुदायिक इकाइ, बर्थिङ सेन्टर, प्रयोगशाला तथा बजेट कार्यान्वयन(एकीकृत सुपरीवेक्षण अनुगमन र मुल्याङ्कन	पटक	१	४५००००.००	१	१००.०	४५००००.००	१००.०	

सि. नं.	विवरण	एकाई	वार्षिक लक्ष		वार्षिक भौतिक प्रगति		वार्षिक खर्च		कैफियत
			परिमाण	बजेट	परिमाण	प्रतिशत	रकम	प्रतिशत	
१	२	३	४	५	६	७	८	९	१०
३३	स्वास्थ्य सम्बन्धि विभिन्न दिवसहरू	पटक	१	६००००.००	१	१००.०	५७४००.००	९५.६७	
३४	स्वास्थ्य सम्बन्धी कृयाकलापहरूको एकिकृत कार्यस्थल अनुशिक्षण, सुपरिवेक्षण, अनुगमन, मुल्यांकन	पटक	१	६०००००.००	१	१००.०	५९५८९५.००	९९.३२	
३५	महिनावारी स्वास्थ्य तथा सरसफाई अभियान	पटक	१	४५००००.००	१	०.००	०.००	०.००	
३६	बाल तथा मातृ मृत्युदर न्युनीकरणका लागि गाउँपालिकाहरूमा बर्थिङ सेन्टरहरूको क्षमता विकास तथा विशेष स्वास्थ्य शिविर सञ्चालन	पटक	१	७७७८०००.००	१	१००.०	३६७२९७४.००	४७.२२	
३७	प्रकोप महामारी नियन्त्रणका लागि प्रदेश र जिल्लामा आरआरटी परिचालन	पटक	१	३०००००.००	१	१००.०	१७७९१.००	५.९३	
३८	स्वास्थ्य शिक्षा सामग्री उत्पादन, वितरण र प्रसारण	पटक	१	२०००००.००	१	१००.०	१९६८९१.००	९८.४५	
३९	अस्पतालमा विशेषज्ञ तथा विशेष सेवा व्यवस्थापन	पटक	१	२४९००००.००	१	१००.०	२४८५९८५.००	९९.८४	
४०	अस्पताल सुरक्षा कार्यक्रम	पटक	१	३०००००.००	१	१००.०	३०००००.००	१००.०	
४१	मातृ तथा शिशु स्वास्थ्य सम्बर्धनात्मक कार्यक्रम सञ्चालन	पटक	१	५००००.००	१	०.००	०.००	०.००	
४२	आँखा सेवा विस्तार तथा व्यवस्थापन	पटक	१	७०००००.००	१	१००.०	७०००००.००	१००.०	
४३	पाठेघरको मुखको क्यान्सर जाँचको लागि VIA set, Silicon ring pessary खरिद	पटक	१	३०००००.००	१	१००.०	३०००००.००	१००.०	
४४	७० बर्ष माथिका जेष्ठ नागरीकहरूलाई अस्पतालमा सवै खालका स्वास्थ्य सेवा निशुल्क व्यवस्थापन सहयोग	पटक	१	३०००००.००	१	१००.०	३०००००.००	१००.०	
४५	सामुदायिक स्वास्थ्य इकाइ, शहरी स्वास्थ्य, बर्थिङ सेन्टर सुधार सञ्चालन व्यवस्थापन	पटक	१	५९०००००.००	१	१००.०	४८०९५५४.००	९४.३०	
४६	स्थानीय तहका जनप्रतिनिधि, प्रशासकीय अधिकृत, स्वास्थ्य संयोजकसंग स्वास्थ्य सम्बन्धी समन्वय बैठक, समीक्षा र योजना तर्जुमा	पटक	१	४५००००.००	१	१००.०	४५००००.००	१००.०	
४७	महामारी व्यवस्थापनको लागी बफर स्टक सामग्री खरीद	पटक	१	५०००००.००	१	१००.०	४९९८८३.००	९९.९८	
४८	महिला स्वयंसेविकहरूलाई आयुर्वेद तथा जडीबुटीहरू सम्बन्धि अभिमुखिकरण कार्यक्रम	पटक	१	२०००००.००	१	१००.०	१८६९५०.००	९३.०८	
४९	राष्ट्रीय आरोग्य दिवस तथा धन्वन्तरी जयन्ति, राष्ट्रिय अन्तरष्ट्रिय / योग दिवस मनाउने	पटक	१	३००००.००	१	१००.०	३००००.००	१००.०	
५०	अन्य सेवा शुल्कपञ्चकर्म सन्चालन गर्न अभ्यङ्गकर्ता /	पटक	१	१३७०००.००	१	१००.०	१२००००.००	८७.५९	

सि. नं.	विवरण	एकाई	वार्षिक लक्ष		वार्षिक भौतिक प्रगति		वार्षिक खर्च		कैफियत
			परिमाण	बजेट	परिमाण	प्रतिशत	रकम	प्रतिशत	
१	२	३	४	५	६	७	८	९	१०
५१	HMIS Tools छपाई /IEC Material उत्पादन तथा वितरण	पटक	१	२५००००.००	१	१००.०	२५००००.००	१००.०	
५२	प्रदेशभिन्न योग तथा निशुल्क स्वास्थ्य शिविर	पटक	१	५०००००.००	१	१००.०	५०००००.००	१००.०	
५३	एकीकृत जनस्वास्थ्य अभियान तथा विशेषज्ञ स्वास्थ्य शिविर	पटक	१	४५००००.००	१	१००.०	४५००००.००	१००.०	
५४	कर्णाली प्रदेश सरकारको सुत्केरी पोषण कोषेली कार्यक्रम	पटक	१	१३३०००००.०	१	१००.०	११८५६०००.००	८९.१४	
५५	HMIS तथ्यांक भेरिक्रिकेशन तथा फ्लोअप मिटिंग	पटक	१	२०००००.००	१	१००.०	२०००००.००	१००.०	
५६	लामो अवधिका परिवार नियोजन साधन शिविर	पटक	१	२०००००.००	१	१००.०	४९१०५.००	२४.५५	
५७	भ्याक्सिन स्टोर तथा सब स्टोर तथा कोल्ड चेन व्यवस्थापन	पटक	१	९००००.००	१	१००.०	९००००.००	१००.०	
५८	जिल्ला स्टोरहरूबाट स्थानिय तह सम्म औषधि तथा औषधि जन्य समग्री अभिलेख प्रतिवेदन फारम ढुवानी वितरण र रिप्यांग व्यवस्थापन समेत	पटक	१	३०००००.००	१	१००.०	३०००००.००	१००.०	
५९	स्थानिय रैथाने)Local food) पोषक खाद्द बस्तु प्रबर्धन कार्यक्रम (बहुक्षेत्रीय पोषणका अन्य क्रियाकलाप)	पटक	१	२०००००.००	१	१००.०	२०००००.००	१००.०	
६०	VIA र अब्स्टेट्रिक फिस्टुलाका लागी स्क्रिनिङ्ग क्याम्प	पटक	१	१५००००.००	१	१००.०	१५००००.००	१००.०	
६१	TB/HIV-CABA संक्रमित बालबालिका हरूका लागी पोषण वापतको सहयोग	पटक	१	२०००००.००	१	१००.०	१३२०००.००	६६.००	
६२	Stabalisation Center/ Nutrition Rehabilitation Home व्यवस्थापन संचालन	पटक	१	१०००००.००	१	१००.०	९८९९९.००	९९.००	
६३	स्वास्थ्य स्वयमसेविकाहरूलाई प्रोत्साहन भता	पटक	१	७९०००००.००	१	१००.०	७८९७५००.००	९९.९७	
६४	कोल्डरुम तथा भ्याक्सिन सुरक्षाको लागी ईन्धन	पटक	१	९००००.००	१	१००.०	९००००.००	१००.०	
६५	प्रेषण व्यवस्थापन कार्यक्रम	पटक	१	१०००००.००	१	१००.०	१०००००.००	१००.०	
६६	अस्पतालजन्य फोहोरमैला व्यवस्थापन	पटक	१	४५००००.००	१	१००.०	४२०२३८.००	९३.३९	
६७	महामारी तथा संक्रामक रोगहरूको रोकथाम नियन्त्रण व्यवस्थापन तथा सचेतना कार्यक्रम	पटक	१	४०००००.००	१	१००.०	४०००००.००	१००.०	
६८	बातसामक तेल निर्माण तथा वितरण कार्यक्रम	पटक	१	७५०००.००	१	१००.०	७५०००.००	१००.०	
६९	बर्थिङसेन्टरको क्षमता विकास तथा विशेषज्ञ स्वास्थ्य शिविर, बेस्तडा बर्थिङसेन्टर भगवतीमाइ-२ दैलेख	पटक	१	२००००००.००	१	१००.०	१४६४७१५.००	७३.२४	

सि. नं.	विवरण	एकाई	वार्षिक लक्ष		वार्षिक भौतिक प्रगति		वार्षिक खर्च		कैफियत
			परिमाण	बजेट	परिमाण	प्रतिशत	रकम	प्रतिशत	
१	२	३	४	५	६	७	८	९	१०
७०	बर्थिङ सेन्टरहरूको क्षमता विकास तथा विशेषज्ञ स्वास्थ्य शिविर, गौरी स्वास्थ्य चौकी दुल्लु १२-, दैलेख	पटक	१	२००००००.००	१	१००.०	१७०१७२९.००	८५.०९	
७१	बर्थिङसेन्टरको क्षमता विकास तथा विशेषज्ञ स्वास्थ्य शिविर, चौराठा स्वास्थ्य चौकी नौमूले-८ दैलेख	पटक	१	२००००००.००	१	१००.०	११००५५८.००	५५.०३	
७२	बर्थिङ सेन्टरहरूको क्षमता विकास तथा विशेषज्ञ स्वास्थ्य शिविर,सिगौंडी गाँ स्वास्थ्य चौकी आठबीस२-, दैलेख	पटक	१	२००००००.००	१	१००.०	१४६३७५६.००	७३.१९	
७३	अनुगमन तथा सुपरीवेक्षण	पटक	१	३९००००.००	१	१००.०	३८८३९५.००	९९.५९	
७४	सरुवा तथा दैनिक भ्रमण भता	पटक	१	१८००००.००	१	१००.०	१७९८०५.००	९९.८९	
७५	चिया खाजा	पटक	१	२०००००.००	१	१००.०	१५४२५०.००	७७.१३	
७६	विरामिका लागि रासन सिदा	पटक	१	१८०००००.००	१	१००.०	१०८०८६२.००	६०.०५	
७७	क्यान्सर रोगका विपन्न विरामीहरूलाई यातायात खर्च	पटक	१	४८००००.००	१	१००.०	३६००००.००	७५.००	
७८	अत्यावश्यक आयुर्वेद औषधि खरिद	पटक	१	५०००००.००	१	१००.०	५०००००.००	१००.०	
७९	निशुल्क स्वास्थ्य सेवाका लागि औषधि खरिद	पटक	१	३००००००.००	१	१००.०	२९३७२९३.००	९७.९१	
८०	कार्यालयको घर भाडा	पटक	१	३०००००.००	१	१००.०	२४००००.००	८०.००	
ख) चालु जम्मा खर्च रु.				१२१५१६०००.०		८७.६९	८२५३०७९८.४१	६७.९२	
पुंजीगत कुल जम्मा खर्च रु.				३१३५००००.०		१००.०	३०९३८९९५.००	९८.६९	
कुल जम्मा (क+ख) चालु र पुंजीगत खर्च रु.				१५२८६६०००.०		८८.२८	११३४६९७९३.४१	७४.२३	

आर्थिक वर्ष २०७७/०७८ को सामाजिक विकास मन्त्रालय ब.उ.शि.नं. ३५००२१०१३/१४ (कोभिड १९ व्यवस्थापन) वार्षिक लक्ष र प्रगति विवरण

सि. नं.	विवरण	एकाई	वार्षिक लक्ष		वार्षिक भौतिक प्रगति		वार्षिक खर्च		कैफियत
			परिमाण	बजेट	परिमाण	प्रतिशत	रकम	प्रतिशत	
१	२	३	४	५	६	७	८	९	१०
१. पूँजीगत खर्च अन्तरगतका कार्यक्रमहरू (सामाजिक विकास मन्त्रालय)									
१	अस्पतालमा अक्सिजन प्लान्ट व्यवस्थापन(स्वास्थ्य तथा चिकित्सा संग सम्बन्धी यन्त्र, उपकरण तथा मेशीन औजार)	पटक	१	४००००००.००	१	०	१८२१६०.००	४.५५	
२	स्वास्थ्य सम्बन्धी उपकरण तथा मेशिनरी औजार खरिद(स्वास्थ्य तथा चिकित्सासंग सम्बन्धी यन्त्र, उपकरण तथा मेशीन औजार)	पटक	१	४०००००.००	१	१००	३९७४४३.००	९९.३६	
३	अक्सिजन प्रणाली व्यवस्थापन (स्वास्थ्य तथा चिकित्सा संग सम्बन्धी यन्त्र, उपकरण तथा मेशीन औजार)	पटक	१	१८०००००.००	१	०	०.००	०.००	
४	इन्भर्टर तथा विद्युत व्यवस्थापन(बिजुली एवं विद्युत उत्पादन संग सम्बन्धी उपकरण, सामान, औजार, यन्त्र आदि ।)	पटक	१	५०००००.००	१	१००	४९९५००.००	९९.९०	
५	स्वास्थ्य सेवा प्रवर्धनकालागि मर्मत, विद्युत तथा खानेपानीव्यवस्था पन समेतपूँजीगत) सुधारअन्य)(सार्वजनिक सुधार)	पटक	१	५०००००.००	१	१००	४९९९२४.००	९९.९८	
६	आइसोलेसन कक्षको लागि बेड खरिद (कार्यालयको लागि फर्निचर फिक्चर्स)	पटक	१	५०००००.००	१	१००	४९९४००.००	९९.८८	
क. पूँजीगत खर्च कार्यक्रमको जम्मा रू.				७७०००००.०		८०.००	२०७८४२७.००	२६.९९	
२. चालु खर्च अन्तरगतका कार्यक्रमहरू (कोभिड १९ व्यवस्थापन, सामाजिक विकास मन्त्रालय)									
१	कोभिड१९- को पहिचान, निदान र उपचार, शव व्यवस्थापन र एम्बुलेन्स सञ्चालन कार्यमा अग्रपंक्तिमा रही काम गर्ने चिकित्सक, स्वास्थ्यकर्मी, एम्बुलेन्सशववाहन चालक र/ सरसफाईकर्मीलाई जोखिम भता	पटक	१	४३३८०००.००	१	१००.०	४३३७९२९.००	१००.०	
२	एम्बुलेन्स/ गाडि मर्मत सम्भार	पटक	१	१०००००.००	१	१००.०	९८६००.००	९८.६०	
३	कार्यालय सामान कोभिड विरामीको रेकर्ड फाइल), इलेक्ट्रिक जग, कार्डेक्स, फाराम, बिसेट .पी., पल्स अक्सिमिटर लगायतका सामग्री)	पटक	१	१०००००.००	१	१००.०	१०००००.००	१००.०	

सि. नं.	विवरण	एकाई	वार्षिक लक्ष		वार्षिक भौतिक प्रगति		वार्षिक खर्च		कैफियत
			परिमाण	बजेट	परिमाण	प्रतिशत	रकम	प्रतिशत	
१	२	३	४	५	६	७	८	९	१०
४	विविधकार्यालय सञ्चालन खर्च /	पटक	१	३०००००.००	१	१००.०	२९९८८२.००	९९.९६	
५	विशेषज्ञ सेवा तथा कोभिड जनशक्ति व्यवस्थापन	पटक	१	५०००००.००	१	१००.०	४९८९८८.००	९९.८०	
६	परामर्श सेवा मार्फत जनशक्ति परिचालन सहायक समेत)फोहरमैला व्यवस्थापनका लागि सरसफाई कर्मी, सुरक्षाकर्मीहरू समेत	पटक	१	३५०००००.००	१	१००.०	३५०००००.००	१००.०	
७	कोभिड १९ को लागि थप जनशक्ति व्यवस्थापन	पटक	१	५०००००.००	१	१००.०	४८७३४८.००	९७.४७	
८	अक्सिजन लगायत कोभिडसँग सम्बन्धित अन्य सामग्रीहरूको ढुवान	पटक	१	५०००००.००	१	१००.०	४७६०२८.००	९५.२१	
९	एन्टिजेन कीट खरिद	पटक	१	१००००००.००	१	१००.०	९९८९९९.००	९९.९०	
१०	COVID-19 को लागि PPE Mask Sanitizer Spray खरिद	पटक	१	५०००००.००	१	१००.०	४९९२८३.००	९९.८६	
११	निर्देशिका, प्रोफाइल, मापदण्ड तथा विभिन्न कार्यविधिहरू निर्माण, स्वास्थ्य शिक्षा सामग्रीहरू, फर्म फरम्याटको उत्पादन, प्रकाशन, वितरण तथा प्रसारण	पटक	१	२०००००.००	१	१००.०	१९९९४०.००	९९.९७	
१२	कोभिड व्यवस्थापन मा परिचालित विशेषज्ञ चिकित्सक, स्वास्थ्यकर्मी, सामुदायिक नर्स व्यवस्थापन	पटक	१	६१४४०००.००	१	१००.०	६१४३९६१.००	१००.०	
१३	कोभिड १९ को रोकथाम, नियन्त्रणका लागि स्वास्थ्यकर्मी परिचालन	पटक	१	१८०००००.००	१	१००.०	१८०००००.००	१००.०	
१४	फोहरमैला व्यवस्थापनका लागि उपकरण तथा सामग्रीहरूको व्यवस्थापन	पटक	१	२०००००.००	१	१००.०	१९९७०४.००	९९.८५	
१५	प्रयोगशाला परीक्षणका लागि अत्यावश्यक सामग्रीको खरिद (VTM, Reagent, RDT etc.) तथा PCR ल्याब व्यवस्थापन खर्च	पटक	१	१५०००००.००	१	१००.०	१५०००००.००	१००.०	
१६	यातायातको व्यवस्थापन इन्धन), भाडामा लिने तथा मर्मत सम्भार(	पटक	१	४०००००.००	१	१००.०	३७६००९.००	९४.००	
१७	क्वारेन्टाइन, होलिडिङ सेन्टर, हेल्थ डेस्कको स्थापना, निरन्तरता, व्यवस्थापन र स्तरबृद्धी	पटक	१	५०००००.००	१	१००.०	४३३५४३.००	८६.७१	
१८	प्रकोप महामारी नियन्त्रणका लागि प्रदेश र जिल्लामा आरआरटी परिचालन	पटक	१	१००००००.००	१	१००.०	७४४७५८.००	७४.४८	
१९	कोभिड १९ व्यवस्थापन सम्बन्धमा अबधिक समिक्षा तथा योजना तर्जुमा	पटक	१	२०००००.००	१	१००.०	२०००००.००	१००.०	
२०	कोभिड प्रतिकार्यका लागि १९-DCCMC संग समन्वय, सहजिकरण र परिचालन खर्च	पटक	१	४०००००.००	१	१००.०	४०००००.००	१००.०	

सि. नं.	विवरण	एकाई	वार्षिक लक्ष		वार्षिक भौतिक प्रगति		वार्षिक खर्च		कैफियत
			परिमाण	बजेट	परिमाण	प्रतिशत	रकम	प्रतिशत	
१	२	३	४	५	६	७	८	९	१०
२१	ल्याब सामाग्री, भिटिएम, फिल्टर टियुभ, पिसिआर स्ट्रिप तथा रिएजेन्ट खरिद	पटक	१	१५०००००.००	१	१००.०	१४९९७३३.००	९९.९८	
२२	आइसियु सामाग्रीहरू	पटक	१	५०००००.००	१	१००.०	४९७४२६.००	९९.४९	
२३	संघ, प्रदेश तथा स्थानीय तह साथै अन्य सरोकारवाला (पत्रकार अन्तर्क्रिया(निकायहरूसँग नियमित रूपमा अन्तरक्रिया कार्यक्रम	पटक	१	१०००००.००	१	१००.०	१०००००.००	१००.०	
२४	विभिन्न संघ संस्थाहरूसँगको समन्वय तथा सहकार्यमा क्वारेन्टाइन तथा अइसोलेसन सेन्टरमा मनोसामाजिक परामर्श तथा योगका कार्यक्रमहरू सञ्चालन	पटक	१	१०००००.००	१	१००.०	०.००	०.००	
२५	रोग प्रतिरोधात्मक क्षमता वृद्धी गर्नको लागि आइसोलेसन तथा क्वारेन्टाइनमा आयुर्वेद औषधि खरिद तथा वितरण	पटक	१	५०००००.००	१	१००.०	४९९९८०.००	१००.०	
२६	होल्डिङ सेन्टर, क्वारेन्टाइनमा रहेका व्यक्ति, अइसोलेसन सेन्टरमा रहेका संक्रमित तथा त्यहाँ खटिने जनशक्तिका लागि लागि आवास, खाना, खाजा तथा पिउनेपानी व्यवस्थापन	पटक	१	२५०००००.००	१	१००.०	२४४०२००.००	९७.६१	
२७	मास्क, सेनिटाइजर लगाएतका सामाग्री खरिद तथा वितरण साथै सुरक्षा सामग्रीको उचित प्रयोग बारे अभिमुखिकरण	पटक	१	५०००००.००	१	१००.०	४९९९५७.००	९९.९९	
२८	एम्बुलेन्स परिचालन तथा व्यवस्थापनचालक भत्ता), खाजा, आवास, इन्धन र मर्मत समेत (, शव व्यवस्थापन समेत	पटक	१	१००००००.००	१	१००.०	९९००२२.००	९९.००	
२९	आइसोलेसन सञ्चालन आवश्यक सामाग्री तथा खाना खर्च समेत	पटक	१	७०००००.००	१	१००.०	६८१६८०.००	९७.३८	
३०	मास्क सेनिटाइजर लगायत कोभिड १९ सुरक्षा सामाग्री	पटक	१	५०००००.००	१	१००.०	४९९९१०.००	९९.९८	
३१	एम्बुलेन्स सञ्चालन तथा प्रेषण व्यवस्थापन	पटक	१	४०००००.००	१	१००.०	३९९९५२.००	९९.९९	
३२	जनशक्ति सहित PCR ल्याब व्यवस्थापन खर्च	पटक	१	१००००००.००	१	१००.०	६४२२५३.००	६४.२३	
३३	अक्सिजन ग्यास /सिलिन्डर व्यवस्थापन	पटक	१	४००००००.००	१	१००.०	३९७९९९०.००	९९.४८	
३४	पिपिई, माक्स, सेनिटाइजर, गोल्भस लगायत स्वास्थ्य सुरक्षा सामाग्री	पटक	१	५०००००.००	१	१००.०	४९८५०५.००	९९.७०	
३५	आइसोलेसनमा रहेका विरामीहरूका लागि च्वानप्रारास लगायत अन्य रोग प्रतिरोधात्मक क्षमता वृद्धी गर्ने आयुर्वेद औषधि खरिद (आयुर्वेद तथा वैकल्पिक विभागको निर्देशिका अनुसार	पटक	१	५०००००.००	१	१००.०	४९९८७५.००	९९.९८	

सि. नं.	विवरण	एकाई	वार्षिक लक्ष		वार्षिक भौतिक प्रगति		वार्षिक खर्च		कैफियत
			परिमाण	बजेट	परिमाण	प्रतिशत	रकम	प्रतिशत	
१	२	३	४	५	६	७	८	९	१०
३६	कोभिड उपचारमा प्रयोग हुने औषधि तथा औषधि जन्य सामग्रीहरु	पटक	१	८०००००.००	१	१००.०	८०००००.००	१००.०	
३७	निशुल्क स्वास्थ्य सेवाका लागि औषधि खरिद	पटक	१	२००००००.००	१	१००.०	१९८०७२५.००	९९.०४	
३८	कार्यालयको घर भाडा	पटक	१	२०००००.००	१	१००.०	२०००००.००	१००.०	
ख) चालु जम्मा खर्च रू.				४०९८२०००.०		१००.०	४०००४३८०.०	९७.६१	
पुंजीगत कुल जम्मा खर्च रू.				७७०००००.०		८०.००	२०७८४२७.०	२६.९९	
कुल जम्मा (क+ख) चालु र पुंजीगत खर्च रू.				४८६८२०००.०		९५.४५	४२०८२८०७.०	८६.४४	

७.६. यस जिल्लाका पालिका स्वास्थ्य संयोजकहरुको नाम र सम्पर्क नम्बर

क्र.सं.	स्थानीय तहको नाम	नाम, थर	मोबाईल नं.
१	नारायण न.पा.	श्री नगेन्द्र ब. हमाल	९८४८०४२२४९
२	दुल्लु न.पा.	श्री बिष्णु बहादुर शाही	९८५८०५०२३७
३	आठविस न.पा	श्री देवराज तिमिल्सेना	९८४०५७७७७७
४	चामुण्डाबिद्रासैन न.पा.	श्री मान कुमारी शाही	९८५९९९०८८२
५	ठाटीकाँध गा.पा.	श्री रबिन्द्र भण्डारी	९८६८९६००९९
६	नौमूले गा.पा.	श्री टीका कुमारी थापामगर	९८६४८७०७७
७	भैरवी गा.पा.	श्री ध्रुव कुमार आचार्य	९८४८०६४३०८
८	महावु गा.पा.	श्री रमेश कुमार दशौदी	९८५८०५०४६६
९	भगवतीमाई गा.पा.	श्री टीकाराम बिष्ट	९८४४८०८०९९
१०	डुङ्गेश्वर गा.पा.	श्री दल बहादुर नेपाली	९८०४५००२३२
११	गुराँस गा.पा.	श्री जगत बहादुर थापा	९८४८२८४३०३

७.७. दैलेख जिल्लाका सरकारी कार्यालयहरुको सम्पर्क नम्बरहरुको विवरण

क्र.सं.	कार्यालय/संघ संस्थाको नाम	सम्पर्क नम्बर
१	दैलेख जिल्ला अदालत, दैलेख	०८९-४२०९२९/९२४
२	जिल्ला प्रशासन कार्यालय, दैलेख	०८९-४२०९९२/९२६
३	जिल्ला समन्वय समितिको कार्यालय, दैलेख	०८९-४९००२९
४	इन्द्रदल गुल्म कांडाचौर व्यारेक दैलेख	०८९-४२०२३४
५	जिल्ला प्रहरी कार्यालय, दैलेख	०८९-४२०९२५
६	राष्ट्रिय अनुसन्धान जिल्ला कार्यालय, दैलेख	०८९-४९००६३
७	इलाका प्रशासन कार्यालय, दुल्लु, दैलेख	०८९-४९९०३४
८	सशस्त्र प्रहरी बल, २ नं. गुल्म, दैलेख	०८९-४९९२५५
९	स्वास्थ्य सेवा कार्यालय, दैलेख	०८९-४९०९९७/९२७/९९५/९५७
१०	कृषि विकास कार्यालय, दैलेख	०८९-४२०९४५
११	डिभिजन वन कार्यालय, दैलेख	०८९-४२०९३२
१२	पशु अस्पताल तथा पशु सेवा कार्यालय, दैलेख	०८९-४९०९४८
१३	जिल्ला हुलाक कार्यालय, दैलेख	०८९-४२०९४९
१४	कोष तथा लेखा नियन्त्रक कार्यालय, दैलेख	०८९-४९०९९७
१५	सामाजिक विकास कार्यालय, दैलेख	०८९-
१६	जिल्ला सरकारी वकील कार्यालय, दैलेख	०८९-४९०९२३
१७	जिल्ला मालपोत कार्यालय, दैलेख	०८९-४९०९७७
१८	शिक्षा विकास तथा समन्वय इकाई, दैलेख	०८९-४९०९५०
१९	सिचाई, उर्जा तथा खानेपानी कार्यालय, दैलेख	०८९-४९०९०६
२०	नापी कार्यालय, दैलेख	०८९-४९९०६०
२१	जिल्ला निर्वाचन कार्यालय, दैलेख	०८९-४९०९९९
२२	पूर्वाधार विकास कार्यालय, दैलेख	०८९-४२०९५३
२३	कारागार कार्यालय, दैलेख	०८९-४९०९६४
२४	उद्योग तथा उपभोक्ता हित संरक्षण कार्यालय, दैलेख	०८९-४२०९३६

२५	कृषि विकास बैंक उपशाखा, दैलेख	०८९-४१०१५२
२६	राष्ट्रिय वाणिज्य बैंक लिमिटेड, दैलेख	०८९-४२०११९
२७	वागवानी अनुसन्धान केन्द्र, दैलेख	०८९-४२०१५६
२८	नेपाल टेलिकम शाखा, दैलेख	०८९-४२०१२२
२९	खाद्य व्यवस्था तथा व्यापार कम्पनी लि., दैलेख	०८९-४२०१९१
३०	नेपाल विद्युत प्राधिकरण शाखा कार्यालय, दैलेख	०८९-४१०१३०
३१	जिल्ला खेलकूद विकास समिति, दैलेख	०८९-४२००८२
३२	शिक्षाको लागि खाद्य इकाई, दैलेख	९८४३२२३९६८
३३	जिल्ला ट्राफिक प्रहरी कार्यालय, दैलेख	९८६११४१८५५
३४	पुष्पलाल (मध्यपहाडी) राजमार्ग योजना कार्यालय, दैलेख	०८९-४१०१०१
३५	पहाडी साना किसानका लागि अनुकूलन आयोजनाको का. दैलेख	०८९-४२०६६१
३६	श्री ईलाका प्रशासन कार्यालय, दुल्लु दैलेख	०८९-४११०३४
३७	प्रधानमन्त्री कृषि आधुनिकरण आयोजना, सुन्तला जोन, दुल्लु, दैलेख	०८९-५२५१७८
३८	नयाँ साना शहरी विकास आयोजना व्यवस्थापन कार्यालय राकमकर्णाली, दैलेख	०८९-
३९	सुरक्षा आ.बि.वेश डाव, दैलेख	०८९-४१०२५५
४०	उद्योग वाणिज्य संघ	०८९-४२०१७०
४१	जिल्ला जनगणना कार्यालय, दैलेख	९८४८०३८९३८

७.८. स्वास्थ्य सेवा कार्यालय दैलेखमा कार्यरत कर्मचारीहरुका सम्पर्क नम्बरहरु

क्र.सं.	कार्यालय/शाखा		सम्पर्क नम्बर
१	दैलेख जिल्ला अस्पताल	इमरजेन्सी शाखा	०८९-४१०१८५
२	दैलेख जिल्ला अस्पताल	इण्डोर शाखा	९८६८०२७२८२
३	स्वास्थ्य सेवा कार्यालय	कार्यालय प्रमुख	०८९-४१०११७ मो. ९८५८०२८११७/९८५८०४५१२७
४	स्वास्थ्य सेवा कार्यालय	कर्मचारी प्रशासन शाखा	०८९-४१०१२७
५	स्वास्थ्य सेवा कार्यालय	स्टोर शाखा	०८९-४१०१५७
६	स्वास्थ्य सेवा कार्यालय	लेखा शाखा	०८९-४१०११५
७	स्वास्थ्य सेवा कार्यालय	पोषण पुनस्थापना केन्द्र	०८९-४१०१९८
८	स्वास्थ्य सेवा कार्यालय	अस्पताल क्यान्टीन, दैलेख	०८९-४१०२२३

स्वास्थ्य सेवा कार्यालय दैलेखको स्थायी/अस्थायी/सेवा करार कर्मचारी विवरण

क्र.सं.	नाम, थर	पद	फोन नं
१	थीर प्रसाद रेग्मी	नि. स्वा. सेवा व्यवस्थापक	९८४८०४९४५२
२	डा. जगत बहादुर थापा	मे.अ. आठौं	९८५१२२५६१२
३	डा. जीवन ज्ञवाली	मे.अ. आठौं	९८४८१६३१६२
४	डा. विश्वबन्धु खड्का	मे.अ. आठौं	९८४८०७७६३९
५	डा. जीना सापकोटा	मे.अ. आठौं	९८४२३१३७२२
६	डा. सुशीला कटुवाल	मे.अ. आठौं	९८४३६०९५६९
७	डा. विवेक गुरुङ	मे.अ. आठौं	९८४१२९८०५०
८	डा. सविना दाहाल	मे.अ. आठौं	९८६०९२२२७३
९	डा. रेश्मा श्रेष्ठ	मे.अ. आठौं	९८४३३९८४४१
१०	डा. प्रज्ञा ज्योति	अधिकृत आठौं	९८४४०३६५४८

क्र.सं.	नाम, थर	पद	फोन नं
११	दिलिप के. सी.	मे.ले.टे. अधिकृत सातौं	९८४३६४५७६३
१२	यग राज शाही	मे.ले.टे. अधिकृत सातौं	९८६६२३६७३७
१३	इन्द्रा रावल	ज.स्वा.अ. सातौं	९८४२५७४२०४
१४	डा. प्रज्ञा उपाध्याय	आयुर्वेद चिकित्सक आठौं	९८४९३३०८०१
१५	डा. पुर्जा आचार्य	अधिकृत आठौं	९८६३३९२८८१
१६	दिपक कुमार नेपाली	लेखा अधिकृत छैठौं	९८५५०४४८५५
१७	दिपक कार्कि	रेग्रा. पाँचौं	९८४८०४८२०२
१८	नरेश लम्साल	डाकरूम अ. चौथो	९८४८२०७८१२
१९	मोतिराम रोकाया	तथ्यांक अधिकृत छैठौं	९८४८०३८९३८
२०	मन कुमारी शाही	क.स. चौथो	९८४८२११६०२
२१	रिता कुमारी शाही	बैध चौथो	९८४४८१८२६६
२२	प्रेम बहादुर बिष्ट	ना.सु. पाँचौं	९८४८०६९८९३
२३	टक बहादुर भण्डारी	ल्या.टे.नि. अधिकृत छैठौं	९८४८०४९९४५
२४	नमराज सुवेदी	ज.स्वा.नि. अधिकृत छैठौं	९८४४८७९३५४
२५	नैना कुमारी गुरूड	स्टाफ नर्स छैठौं	९८४८०६३६२५
२६	बिना चौधरी	स्टाफ नर्स पाँचौं	९८४९४२८०६०
२७	गिता कुमारी खड्का	अ.न.मी. चौथो	९८६४९४२३०६
२८	कमला भट्टराई	अ.न.मी. चौथो	९८४८००७८८२
२९	कुसुम बस्नेत	अ.न.मी. चौथो	९८२२४६८९६१
३०	मिना बिष्ट	अ.हे.ब. चौथो	९८६४९४७७४०
३१	दुर्गा राम सुनार	ए.आ.टी. काउन्सीलर पाँचौं	९८४९५०५५२८
३२	मदन कुमार तिमिल्सेना	को.चे.नि. पाँचौं	९८५११९७४८५
३३	प्रमिला खड्का क्षेत्री	अ.हे.ब. चौथो	९८१२४०८७७०
३४	धनमाया गुरूङ्ग	सहायक पाँचौं	९८२२४९३५५७
३५	अन्जना भण्डारी	प.हे.न पाँचौं	९८४३५२०४७२
३६	डिल कुमारी वोगटी	अ.हे.ब. चौथो	९८२५५९३०६९
३७	पुर्ण बहादुर बस्नेत	ह.स.चा.प्रथम	९८६०८९२३९४
३८	अनिता कुमारी वली	अ.हे.ब. चौथो	९८५८०५४५१७
३९	कुसुम के.सी.	स्टाफ नर्स पाँचौं	९८६८१२२३२५
४०	सुनिता खत्री	स्टाफ नर्स पाँचौं	९८२५५०९४६२
४१	भरत कुमारी सिजापती	अ.न.मी. चौथो	९८४८१०००१५
४२	राधा खत्री	अ.न.मी. चौथो	९८६८९१०५७०
४३	प्रतिमा गौली	स्टाफ नर्स पाँचौं	९८६८१२२३९३
४४	अर्चना बगाले	बायोमेडिकल टे. पाँचौं	९८४३८५०८९०
४५	चारुमती शाह	स्टाफ नर्स पाँचौं	९८४०६९४०६६
४६	कृष्ण देव जोशी	एनेस्थेसिया सहायक पाँचौं	९८४००१११०३
४७	रंजिता गिरी खड्का	ल्या.टे. पाँचौं	९८४९६६३६८४
४८	दिपेन कोइराला	फार्मिसि सहायक पाँचौं	९८६९६८९५१८
४९	भावना पुनमगर	अ.न.मी. चौथो	
५०	टीका थापामगर	अ.हे.ब. चौथो	
५१	स्मृति शाही	अ.हे.ब. चौथो	९८४८१००४७५

क्र.सं.	नाम, थर	पद	फोन नं
५२	लक्ष्मी आचार्य	ल्या.अ. चौथो	९८४९७५६५१८
५३	भगवती खड्का	स्टाफ नर्स पाँचौ	९८६९७५९१४३
५४	प्रदिप शाही	अ.हे.ब. चौथो	
५५	मिलन कार्की	अ.हे.ब. चौथो	
५६	जनक कुमार थापा	सुरक्षागार्ड	९८४९२०५४६
५७	तारा केशर अधिकारी	सुरक्षागार्ड	९८२६५३४९५४
५८	टेक बहादुर शाही	सुरक्षागार्ड	९८४९०४६९०७
५९	प्रेम नेपाली	सहजकर्ता चौथो	९८४८३९९५३७
६०	शुशिला कुमारी भण्डारी	सहजकर्ता चौथो	९४८४९४९७३८
६१	प्रगती शाही	अ.न.मी. चौथो	९८४८४३८९४८
६२	धना खड्का	फिजियोथेरापी	९८६८०३२५९६
६३	लक्ष्मी गिरी	अ.न.मी. चौथो	९८४८४३८९४८
६४	समिक्षा शाही	हे.अ. पाँचौ	९८४८०५३६४२
६५	टेक बहादुर राना	हे.अ. पाँचौ	९८६६२३८३७०
६६	सुमन कुमारी घले गुरूङ	अ.न.मी. चौथो	९८४५५५९९८०
६७	सुनिल कुमार शाही	हे.अ. पाँचौ	९८४८८९५२९८
६८	पार्वती रेग्मी	स्टाफ नर्स पाँचौ	९८४४४९४४४६
६९	मिरा रावल	अभ्यांगकर्ता चौथो	९८०४५५६९८२
७०	बखत बहादुर विष्ट	अभ्यांगकर्ता चौथो	९८६६९६३९६५
७१	लक्ष्मी कुमारी बिष्ट	सहायक पाँचौ	९८६८९८३५९९
७२	सम्झना मगराती	स्टाफ नर्स पाँचौ	९८६४९८९९४५
७३	मिना वि.सी. खड्का	स्टाफ नर्स पाँचौ	९८४०५७९९७०
७४	मनु शाही	अ.हे.ब. चौथो	९८२२५२५९२६
७५	गंगा कुमारी खत्री	अ.हे.ब. चौथो	९८४४८६७७९६
७६	सिता कुमारी विष्ट	अ.न.मी. चौथो	९८६०३४८९७९
७७	भुमि पराजुली	अ.न.मी. चौथो	
७८	लक्ष्मी कुमारी के.सी.	अ.न.मी. चौथो	९८६८२७६९४७
७९	राम प्रसाद महतो	वैद्य नि. अधिकृत छैठौं	९८४८२७७२५५
८०	उपेन्द्र कुमार के.सी.	वायोमेडिकल टे. चौथो	९८४८९६७९०९
८१	नविन कुमार ढकाल	क्षयकुष्ठ नि. छैठौं	९८६८०३२५५८
८२	नन्द लाल जैसी	ज.स्वा.नि. छैठौं	९८५८०५०४९५
८३	कमल आले	फार्मसी अधिकृत	९८४९०९६८०५
८४	छत्र बहादुर शाही	ह.स.चा.प्रथम	९८६६८०९८७५
८५	प्रकाश शाही	क.अ.	९८४८०७८६०९
८६	डील कुमारी अधिकारी	फार्मसि सहायक पाँचौ	९८२५५९३०६९
८७	अस्मीता के.सी	अ.हे.ब. चौथो	९८६८०२७०६
८८	कुमार खत्री	अ.हे.ब. चौथो	९८६७४२९५००
८९	निर्मला कुमारी थापा	ल्या.अ. चौथो	
९०	सावित्री खड्का	अ.न.मी. चौथो	९८४८०६४४७०
९१	बिमल बूढा	अ.हे.ब. चौथो	९८६८०५८८६०
९२	नगेन्द्र बहादुर रावल	अ.हे.ब. चौथो	९८६८०३२५७२

क्र.सं.	नाम, थर	पद	फोन नं
९३	द्वारीका कुमारी थापा	अ.हे.ब. चौथो	९८४८०५८८७१
९४	इन्द्रा रावल	अ.हे.ब. चौथो	९८४८२७७२८
९५	पूष्पा कुमारी भण्डारी	अ.हे.ब. चौथो	९८४८०९०४३०
९६	कृष्ण कुमारी खड्का	का.स.प्रथम	९८४८२०८९१४
९७	लोक बहादुर बोहोरा क्षेत्री	का.स.प्रथम	९८६३९८९०६९
९८	मिन बहादुर श्रेष्ठ	का.स.पाँचौ	९८४८०५९०९४
९९	डिल बहादुर थापा	का.स.पाँचौ	९८४८२८४९८३
१००	गायत्री थापा	का.स.प्रथम	९८६८०८७८५२
१०१	पवित्रा खत्री	का.स.प्रथम	९८६९९७९८९१
१०२	मदन बहादुर रावत	का.स.पाँचौ	९८४८०६४२७२
१०३	याम बहादुर थापा	का.स.पाँचौ	९८४८२४९९००
१०४	डम्बर बहादुर शाही	का.स.पाँचौ	९८४८३९९५४०
१०५	अर्जुन कुमार शाही	ह.स.चा.प्रथम	९८६८९६५६८२
१०६	नन्द बहादुर सिजाली	का.स.पाँचौ	९८९२४०३६००
१०७	याममाया थापा	का.स.प्रथम	९८४४८३३९३३
१०८	विष्णु बोहोरा	का.स.प्रथम	९८९५५६९०४४
१०९	गणेश बहादुर रोकाय	का.स.पाँचौ	९८९५५६५४०७
११०	राम कुमारी सिंह	का.स.प्रथम	९८६८२६४९८२
१११	चक्र बहादुर बस्नेत	का.स.प्रथम	९८९२५९२९९७
११२	कमल प्रसाद कोइराला	का.स.प्रथम	९८४८९४९७०२
११३	कमला बोहरा	का.स.प्रथम	९८६८९७५८८८
११४	राम बहादुर रावल	का.स.प्रथम	९८९८४९९०९०
११५	बिन्द्रा शाही	का.स.प्रथम	९८४४८९२२५५
११६	नन्दा कुमारी खत्री	का.स.प्रथम	९८४८२४२४८६
११७	हरि कला बोगटी	का.स.प्रथम	९७४८०३४०७७
११८	जनकलाल सुनार	का.स.प्रथम	९८०४५७२९७३
११९	मन्जु नेपाली	का.स.प्रथम	९८२५५६९७३८
१२०	संगिता गुरुङ्ग	का.स.प्रथम	९८५८०५२६५०
१२१	किस्रा खत्री	का.स.प्रथम	९८९९५७९१२५
१२२	सुमित्रा न्यौपाने	का.स.प्रथम	९८६८९८२५०६
१२३	खेम राज उपाध्याय	का.स.प्रथम	९८६८९५३९३२
१२४	पुस्पा सुनार	का.स.	
१२५	रत्ना खत्री	का.स.	
१२६	मिन बहादुर खत्री	का.स.	९८४४८९९०६२
१२७	देवी श्रेष्ठ	का.स.	९८९६५६८४६२
१२८	बम बहादुर रावल	का.स.	९८९४५९७०४९
१२९	जितबहादुर थापा	का.स.	९८९५५४०५४६
१३०	राजेश खत्री	का.स.	९८६८९२२८८०
१३१	पद्मा शाही	का.स.	९८९२५७७४३८
१३२	पूर्ण बहादुर खड्का	का.स.प्रथम	९८२४५५४३९८
१३३	दुर्गा प्रसाद रेग्मी	का.स.प्रथम	

७.९. दैलेख जिल्ला स्थित चिकित्सकहरूको नाम र सम्पर्क नम्बरहरू

नाम, थर	सम्पर्क नम्बर
डा.जगत बहादुर थापा (दैलेख जिल्ला अस्पताल)	९८५१२२५६१२
डा.जीवन ज्ञवाली (दैलेख जिल्ला अस्पताल)	९८४८१६३१६१
डा.पुजा आचार्य (दैलेख जिल्ला अस्पताल)	९८६३३१२८८१
डा.जीना सापकोटा (दैलेख जिल्ला अस्पताल)	९८४२३१३७२२
डा.विवेक गुरुङ (दैलेख जिल्ला अस्पताल)	९८५११९५६५२
डा.सविना दाहाल (दैलेख जिल्ला अस्पताल)	९८६०९२२२७३
डा.रेश्मा श्रेष्ठ (दैलेख जिल्ला अस्पताल)	९८४३३९८४४१
डा. सुशिला कटुवाल, (दैलेख जिल्ला अस्पताल)	९८४३६०९५६९
डा. प्रज्ञा उपाध्याय (आयुर्वेद चिकित्सक) (दैलेख जिल्ला अस्पताल)	९८४९३३०८०१
डा. प्रज्ञा ज्योति (डेन्टल सर्जन) (दैलेख जिल्ला अस्पताल)	९८४३२२२९१७
डा. योगेश शाही (चा.बि. न.पा., दैलेख)	९८४८३३७५९९
डा. शिशिर गिरी (महाबु गा.पा., दैलेख)	९८४५३५६५७९
डा. प्रदिप धौलाकोटी (लकान्द्र प्रा.स्वा.के. दैलेख)	९८४९९८०८९८
डा. रन्जना रोकाया (दुल्लु अस्पताल)	९८६७१६६९८१
डा. अशोक शाह (दुल्लु अस्पताल)	९८४३६२५९२७
डा. लिला जोसी (दुल्लु अस्पताल)	९८४३३०५२४१
डा. नभिता कडेल (गुराँस गा.पा. दैलेख)	९८१८०५६७३५
डा. प्रभाकर यादव (भगवतीमाई गा.पा. दैलेख)	९८६७२६१८०८