

# District Annual Health Report

**FY 2079/080**



Government of Karnali Province  
Ministry of Social Development  
Health Service Directorate

**Health Service Office**

Dailekh, Nepal

### **संरक्षक**

डा. धर्मराज रेग्मी  
(निमित्त स्वास्थ्य सेवा व्यवस्थापक)

### **सम्पादक मण्डल**

थीर प्रसाद रेग्मी (खोप अधिकृत साँतौं)  
मोतिराम रोकाया (अधिकृत छैठौं तथ्याङ्क)  
तर्क बहादुर मल्ल (प्राविधिक अधिकृत-SSBH)  
प्रकाश अधिकारी (मेडिकल रेकर्डर सुपरभाईजर)  
प्रकाश शाही (कम्प्युटर अपरेटर)

### **प्रकाशक**

स्वास्थ्य सेवा कार्यालय, दैलेख  
प्रकाशन मिति २०८० असोज

### **पत्राचारका लागि ठेगाना:**

**स्वास्थ्य सेवा कार्यालय, दैलेख**

सम्पर्क फोन नं. ०८९-४१०११७/९८५८०४४९९० (कार्यालय प्रमुख)

०८९-४१०१२७ (प्रशासन शाखा)

०८९-४१०११५ (लेखा शाखा)

०८९-४१०१५७ (भण्डार शाखा)

०८९-४१०१८५ (जि.अस्पताल, ईमरजेन्सी शाखा)

०८९-४१०१९० ( जि.अस्पताल, इण्डोर शाखा)

०८९-४१०१९८ ( जि.अस्पताल,पोषण पुनस्थापना गृह)

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कर्णाली प्रदेश सरकार  
सामाजिक विकास मन्त्रालय  
**स्वास्थ्य सेवा निर्देशनालय**  
सुर्खेत




## शुभकामना सन्देश

मिति २०८० असोज १६

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 बाबजुद 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. २०७९/०८० 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 सवल 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 ।

 निर्देशक

डा. रविन खड्का  
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 पुर्‍याउन 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 आर्कस्मिक चिकित्सक पद्धतिलाई 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 । स्वास्थ्य सेवा कार्यालय दैलेखको आ.ब. २०७९/८० को यस प्रतिवेदनमा सम्पुर्ण जिल्लाको स्वास्थ्य कार्यक्रममा सघाउ पुर्‍याउने जिल्ला अस्पताल, ११ वटै पालिका अर्न्तगतको स्वास्थ्य संस्थाहरु, म.स्वा.स्वयम सेविका, गैहसकारी संस्थाहरुले प्रदान गरिएको स्वास्थ्य सेवाको लेखाजोखा 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 बृद्धि भएपनि अबैध धेरै प्रगति हुन पर्ने देखिन्छ । विशेषत हाम्रो समाजमा बढ्दै गइरहेको नसर्ने रोगको प्रकोप नियन्त्रण तथा मानसिक रोग र आत्महत्याको बढ्दो दर नियन्त्रणमा प्रभावकारी तथा दिगो प्रयास कार्यक्रमको आवश्यकता छ । साथै आगामी वर्षमा पनि बिगतका कमिकमजोरी सच्याउँदै 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 । मातृ तथा नवजात शिशु सम्बन्धीत दिगो विकास लक्ष्य प्राप्त गर्नका लागि, मातृ तथा नवजात शिशु मृत्युदर घटाउनका लागि, आमा र शिशुका लागि गुणस्तरीय र सुरक्षित स्वास्थ्य सेवा प्रवाह गर्नका लागि भाइबर, तथा मेसेन्जर ग्रुप तयार गरी जिल्लाका सम्पूर्ण बर्थिङ्ग सेन्टरमा कार्यरत नर्सिङ्ग कर्मचारीहरुलाई उक्त ग्रुपमा समावेश गरी जिल्ला अस्पतालमा कार्यरत स्त्री तथा प्रसुति रोग विशेषज्ञ चिकित्सकहरुबाट सुत्केरी तथा प्रसुति सेवा सम्बन्धि परामर्श दिने कार्यको थालनी भएको छ । जसको कारण समयमै प्रतिक्रिया दिन र प्रेषण गर्न सहयोग पुगेको छ ।

स्वास्थ्य तथा जनसंख्या मन्त्रालय, स्वास्थ्य सेवा विभागलाई स्वास्थ्य सेवा प्रवाह, विभिन्न महामारी नियन्त्रण तथा व्यवस्थापनमा दिएको आवश्यक सुझाव र निर्देशनको लागि आभार व्यक्त गर्न चाहन्छु । कर्णाली प्रदेश सरकार, सामाजिक विकास मन्त्रालय, स्वास्थ्य सेवा निर्देशनालय कर्णाली प्रदेश, सुर्खेतलाई हरबखत प्राप्त मार्ग निर्देशन तथा सहयोगको लागि आभार व्यक्त गर्न चाहन्छु । साथै प्रमुख जिल्ला अधिकारी ज्यू सम्मेलित विभिन्न समितिहरुलाई पनि आभार व्यक्त गर्न चाहन्छु । साथै जिल्ला स्थीत सम्पुर्ण सरकारी कार्यालयहरु, स्थानिय सरकार, स्वास्थ्यकर्मी, महिला स्वास्थ्य स्वयम सेविका, गैरसकारी संघ संस्था, सञ्चारकर्मीहरुलाई पनि सहकार्य र स्वास्थ्य सेवा प्रवाहमा गरेको सहयोग र प्रयासका लागि हार्दिक धन्यवाद दिन चाहन्छु ।

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 चाहन्छु ।

  
नि. स्वास्थ्य सेवा व्यवस्थापक  
**डा. धर्मराज 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 Calmette Guérin
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
MSS	- Minimum Service Standards
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 बस्तुगत धरातलमा आधारित रही गुणस्तरीय स्वास्थ्य सेवालाई सबै नागरिकको सर्वसुलभ पहुँचमा पुऱ्याउनु राज्यको दायित्व हो । संविधान बमोजिम राज्यका संघ, प्रदेश र स्थानीय तहले सम्पादन गर्ने कार्यहरूको एकल तथा साभ्ता अधिकार सूची, नेपाल सरकारका नीति तथा कार्यक्रमहरू, नेपालले विभिन्न समयमा गरेका अन्तराष्ट्रिय प्रतिवद्धताहरू एवं स्वास्थ्य क्षेत्रभित्रका समस्या र चुनौतिहरू, उपलब्ध श्रोत 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 साभ्केदारीमार्फत नागरिकको स्वास्थ्य सम्बन्धी मौलिक अधिकार सुचिश्चि 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 स्वास्थ्य सम्बन्धी 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 साभ्केदारी, सहकार्य तथा सामुदायिक सहभागितलाई प्रवर्धन गर्नु ।
- ५.६.६. नाफामूलक स्वास्थ्य क्षेत्रलाई सेवामूलक स्वास्थ्य सेवामा रूपान्तरण गर्दै जानु ।

### ६. नीतिहरू

- ६.१. सबै तहका स्वास्थ्य संस्थाहरूबाट तोकिए बमोजिम निःशुल्क आधारभूत स्वास्थ्य सेवा सुनिश्चित गरिनेछ ।

- ६.२. स्वास्थ्य बिमा मार्फत बिशेषज्ञ 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 पुर्नसंरचना, सुधार एवं विकास तथा विस्तार गरिनेछ ।
- ६.५. स्वास्थ्यमा सर्वव्यापी पहुँचको 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 साभेदारीलाई प्रवर्द्धन 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 होमियोप्याथिक लगायतका 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. सेवा प्रदायक 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 सामाग्रीको 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 नियन्त्रण लगायत 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 प्रवर्द्धन, उत्पादन, प्रयोग र पहुँचलाई विस्तार गरिनेछ ।
- ६.१४. स्वास्थ्य अनुसन्धानलाई अन्तराष्ट्रिय 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

## नेपाल स्वास्थ्य क्षेत्र रणनीतिक योजना-२०२३-२०३०

### परिचय:

नेपालको संविधानले स्वास्थ्यलाई नागरिकको मौलिक हकको रूपमा स्थापित गरेको सन्दर्भमा निशुल्क आधारभूत स्वास्थ्य सेवाको पहुँच सुनिश्चित गर्नु, आकस्मिक स्वास्थ्य सेवा प्रदान गर्नु, सुरक्षित मातृत्व तथा प्रजनन स्वास्थ्य सेवा र बाल स्वास्थ्य सेवा प्रत्याभूत गराउनु राज्यको दायित्व हो। संघ, प्रदेश र स्थानीय तहको संवैधानिक अधिकार तथा जिम्मेवारीलाई कार्य विस्तृतीकरण मार्फत स्पष्ट पारिएको र स्वास्थ्यलाई साभा अधिकार र जिम्मेवारीको रूपमा राखिएको छ।

स्वास्थ्य सम्बन्धी संवैधानिक व्यवस्थालाई कार्यान्वयन गर्न राष्ट्रिय स्वास्थ्य नीति २०७६ बि.सं. २१०० सम्मको २५ वर्षे दीर्घकालिन सोच सहितको १५ औं योजना (२०७६/०७७- २०८०/०८१), जनस्वास्थ्य सेवा ऐन, २०७५ तथा नियमावली, २०७७, सुरक्षित मातृत्व तथा प्रजनन अधिकारी ऐन, २९७५ तथा नियमावली, २०७७, स्वास्थ्य बीमा ऐन, २०७४ तथा नियमावली, २०७५ लागु गरिएको छ।

बैदेशिक सहायता परिचालनको सन्दर्भमा सन् २००४ देखि स्वास्थ्य क्षेत्रमा क्षेत्रगत अवधारणा अनुरूप नेपाल स्वास्थ्य क्षेत्र कार्यक्रम (सन् २०४४-२००९) र नेपाल स्वास्थ्य क्षेत्र कार्यक्रम (२०१०-२०१५) लागु गरिएको थियो। नेपालको संविधान जारी भए पश्चात क्षेत्रगत योजनाको अवधारणालाई निरन्तरता दिई स्वास्थ्य सेवामा सर्वव्यापी पहुँच सुनिश्चित गर्न नेपाल स्वास्थ्य क्षेत्र रणनीति (सन् २०१६-२०२३) कार्यान्वयनमा रहेको छ।

केन्द्रिकृत राज्य प्रणालीबाट संघीय प्रणालीमा रूपान्तरण, नसर्ने रोगहरूको भारमा बृद्धि, क्रमशः जेष्ठ नागरिकको जनसंख्यामा बृद्धि र अतिकम विकसित राष्ट्रबाट स्तरोन्तरी हुने प्रक्रियामा रहेको परिवेशमा तयार गरिएको यस रणनीतिक योजनाले राष्ट्रको समग्र विकासमा योगदान पुऱ्याउने आकांक्षा बोकेको छ। सन् २०१५ को महाभूकम्प, कोभिड-१९ महामारी, संघीयतामा स्वास्थ्य प्रणालीको रूपान्तरणबाट प्राप्त अनुभव र सिकाइका आधारमा स्वास्थ्य सम्बन्धी संवैधानिक व्यवस्था, नीति, राष्ट्रिय योजना र विद्यमान कानून, दिगो विकास लक्ष्य लगायत अन्तराष्ट्रिय प्रतिवद्धतालाई दृष्टिगत गरी स्वास्थ्यमा अन्तराष्ट्रिय सहायता परिचालनका लागि समेत मार्गदर्शक दस्तावेजका रूपमा “नेपाल स्वास्थ्य क्षेत्र रणनीतिक योजना (२०७९/८०-२०८७/८८)” तर्जुमा गरिएको छ। यस रणनीतिक योजनाको समयवधि दिगो विकास लक्ष्यको समयसीमासँग मिलाएर ८ वर्षको (सन् २०२३-२०३०) लागि तय गरिएको छ।

नेपाल स्वास्थ्य क्षेत्र रणनीतिक योजनाले उत्थानशिल, जवाफदेही र उत्तरदायी स्वास्थ्य प्रणाली मार्फत बित्तिय कठिनाईहरू बिना गुणस्तरीय स्वास्थ्य सेवा प्रवाह गर्ने आकांक्षा लिएको छ। स्वास्थ्यमा सर्वव्यापी पहुँच र हासिल गर्नका लागि समष्टिगत प्राथमिक स्वास्थ्य सेवाको अवधारणामा आधारित रहेर यस योजनाले स्वास्थ्य प्रणालीसँग सम्बन्धित अधुरा मुद्दाहरूलाई सम्बोधन गर्नेछ।

### २.१. भावी सोच: स्वस्थ, उत्पादनशील, जिम्मेवार र सुखी नागरिक

पन्ध्रौं योजनाले तय गरेको “स्वस्थ, उत्पादनशील, जिम्मेवार र सुखी नागरिक” को सोचलाईनै यस रणनीतिक योजनाले अडिगकार गरेको छ। यस सोचले राष्ट्रको समग्र विकासलाई व्यक्तिको स्वास्थ्य र सुखसँग जोड्नुका साथै एक स्वस्थ नागरिकले राष्ट्रको विकासमा योगदान दिन सक्दछ भन्ने कुरालाई आत्मसात गरेको छ। यो परिकल्पनालाई वास्तविकतामा परिणत गतए यस रणनीतिक योजनाले स्वास्थ्य प्रणालमा समग्र रूपान्तरण र व्यक्तिगत तथा सामुदायिक स्तरमा व्यवहार परिवर्तनका लागि मार्गप्रशस्त गर्दछ।

### २.२. ध्येय: नागरिकको स्वास्थ्य अधिकार सुनिश्चित गर्नु:

यस रणनीतिक योजनाको नागरिकको स्वास्थ्य अधिकार सुनिश्चित गर्नु हो। प्रभावकारी र उत्तरदायी स्वास्थ्य प्रणाली मार्फत उक्त ध्येय हासिल गर्न नेपाल सरकार प्रतिबद्ध छ। नेपाल स्वास्थ्य क्षेत्र रणनीतिक योजनाले आधारभूत र विशेषज्ञ स्वास्थ्य सेवाहरूमा पहुँच बढाउन विभिन्न नतिजा, प्रतिफल तथा राणनीतिक कार्यहरू निर्धारण गरेको छ। साथै सोचको पहुँच नपुगेका बर्ग तथा समुदाय लक्षित गरी गुणस्तरीय स्वास्थ्य सेवाको दायरा बढाउन यस रणनीतिक योजनाले विशेष जोड दिएको छ।

### २.३. लक्ष्य: प्रत्येक नागरिकको स्वास्थ्य अवस्थामा सुधार

सबै नागरिकको स्वास्थ्य अवस्थामा सुधार गर्नु स्वास्थ्य क्षेत्रको समग्र लक्ष्य हो। प्रत्येक नागरिकलाई उच्चतम गुणस्तरको स्वास्थ्य सेवा लिन सक्ने वातावरण सृजना गर्न यो रणनीतिक योजना परिलक्षित छ। यसका लागि नागरिकको आवश्यकता र सेवा प्रवाह बीचको सन्तुलनलाई जोड दिइएको छ। साथै समता र गुणस्तरलाई प्राथकतामा राख्दै यस रणनीतिक योजनादे संघ, प्रदेश र स्थानीय तहमा स्वास्थ्य प्रणालीलाई सुदृढ गर्दै स्वास्थ्यमा सामाजिक सुधारका लागि बहुक्षेत्रीय अवधारणा र नागरिकको भूमिकालाई थप महत्व दिइएको छ। उल्लेखित लक्ष्य हासिल गर्नका लागि जनसंख्या र विकासका आयामलाई यस रणनीतिक योजनाले स्वास्थ्य प्रणालीको अभिन्न अङ्गको रूपमा समेटेको छ।

Nepal Health Sector Strategic Plan (NHSSP) 2023-2030										
Results Framework										
Goal	Improved health status of every citizen									
	Indicator	Baseline	Base Year	Base Source	2022 Milestone	2025 Milestone	2027 Milestone	2030 Target	Means of verification	Level of disaggregation
IM1	Human Development Index	0.602	2019	NHDR	0.61	0.62	0.65	0.68	NHDR	Sub national
IM2	Healthy Life expectancy	61.5	2019	NBoD	63.8	65.8	68.8	70.8	NBoD	Sub national
IM3	Maternal mortality ratio	239	2016	NDHS	116	99	85	70	NDHS	Sub national
IM4	Neonatal mortality rate	21	2022	NDHS	16	14	13	12	NDHS, NMICS	Sub national, social group
IM5	Under-five mortality rate	33	2022	NDHS	27	24	22	20	NDHS, NMICS	Sub national, social group
IM6	Prevalence of stunting among children under 5 years of age	25	2022	NMICS	28.6	20	16.6	12	NDHS, NMICS	Sub national, social group
IM7	Mortality between 30 and 70 years of age from Cardiovascular disease, Cancer, Diabetes or Chronic respiratory disease (per 1000 population)	2.8	2019	NBoD	2.35	2.15	2.10	1.96	BoD, NHRC, CRVS	Sub national
IM8	Suicide mortality rate (per 100,000 population)	23.4	2021	Nepal Police	9.7	7.8	6.2	4.7	Nepal Police	Sub national
IM9	Life lost due to road traffic accidents (per 100,000 population)	9.5	2019	Nepal Police	8.94	7.45	6.20	4.96	Nepal Police	Sub national
IM10	Incidence of impoverishment due to OOP expenditure in health	1.7	2015/16	NHA	1.7	1	0.6	0	NHA	Sub national
IM11	Total fertility rate	2	2019	NMICS	2.1	2.1	2.1	2.1	NDHS, NMICS	

Nepal Health Sector Strategic Plan (NHSSP) 2023-2030								
Results Framework								
Indicator		Baseline	Base Year	Base Source	2025 Miles tone	2027 Miles tone	2030 Target	Means of verification
Objective 1.Enhance efficiency and responsiveness of health system								
Outcome 1.1	Skill mixed human resources for health produced and mobilized							
OC1.1.1	Health workers per 1000 population (production)	1.94	2020	HRH Strategy 2022	4.30	4.64	4.97	HWFR
OC1.1.2	% of sanctioned post filled (Dr, Nurse, Paramedics)	73.4	2021	NHFS	95	100	100	HWFR
Outcome 1.2	Evidence- and equity-based planning							
OC1.2.1	Overall score of health information system performance index (%)	Index to be developed and targets set						
OC1.2.2	Number of impact assessments done in priority public health programs and fed to AWPB/Plan	NA	2021	AWPB/ Plan	2	4	6	HMIS
Outcome 1.3	Safe and people friendly health infrastructures							
OC1.3.1	% of health facilities with tracer amenities	17	2021	NHFS	50	75	100	NHFS/ HIIS
OC1.3.2	% of health facilities meeting MoHP infrastructure standard	49.5	2021	HIIS	60	75	90	HIIS
Outcome 1.4	Ensured uninterrupted availability of quality medicine and supplies							
OC 1.4.1	% of domestic production of tracer medicines in their total supply	NA	2021		75	80	90	Mechanism to be developed
OC 1.4.2	% Score of Effective Vaccine Management Assessment (EVMA)	81	2021	EVMA 2.0	85	88	90	
OC 1.4.3	Increased maturity level of National regulatory authority (DDA)	ML-1	2020	Self-assessment report	ML-2	ML-3	ML-3	WHO GBT assessment report
OC 1.4.4	Percentage of WHO GMP certified domestic manufacturers of drugs	50	2021	DDA notification	75	90	100	DDA notification
Outcome 1.5	Improved governance, leadership and accountability							
OC 1.5.1	Percentage of clients satisfied with tracer services (ANC, FP, Childhood illness)	TBC	2021	NHFS				

Nepal Health Sector Strategic Plan (NHSSP) 2023-2030								
Results Framework								
Indicator		Baseline	Base Year	Base Source	2025 Miles tone	2027 Miles tone	2030 Target	Means of verification
<b>Outcome 1.6</b>	<b>Public health emergencies managed effectively</b>							
OC 1.6.1	International Health Regulations (IHR) average capacity score	44	2021	State Party Self-Assessment Annual Reporting tool	50	70	80	Annual e-SPAR
<b>Objective 2</b>	<b>Address wider determinants of health</b>							
<b>Outcome 2.1</b>	<b>Reduced adverse effects of wider determinants on health</b>							
OC 2.1.1	% of population with access to safe and improved drinking water	18.8	2019	NMICS	40	60	80	NMICS
OC 2.1.2	% of antibiotic resistant among culture and sensitivity tests	TBC	To be set by 2023	AMR surveillance				NPHL
OC 2.1.3	Prevalence of wasting among children under age 5 (-2 SD)	8	2022	NMICS	5	4.5	4	NMICS
OC 2.1.4	Proportion of year lived with disability due to mental disorders	15.6	2019	BoD	10	8	<5%	BoD
<b>Outcome 2.2</b>	<b>Citizens responsible for their own, family and community health</b>							
OC 2.2.1	Average salt intake (gm/day/per capita)	9.1	2019	STEPS survey	7.5	6	5	STEPS survey
OC 2.2.2	% of population currently complying to prescribed medications for hypertension	32.8	2019	STEPS survey	50	65	90	STEPS survey
OC 2.2.3	% of people aged 15-69 who smoke tobacco on daily basis	13.3	2019	STEPS survey	12	11	10	STEPS survey
OC 2.2.4	% of population aged 40-69 with BMI more than and equal to 25	24.3	2020	STEPS survey	20	15	10	STEPS survey
<b>Objective 3. Promote Sustainable financing and social protection in health</b>								
<b>Outcome 3.1</b>	<b>Improved public investment in health sector</b>							
OC 3.1.1	Per capita public health expenditure (US \$)	20	2021	NHA	36	49	86	NHA
OC 3.1.2	% of OOP expenditure in total health expenditure	57.7	2018	NHA	40	38	35	NHA



Nepal Health Sector Strategic Plan (NHSSP) 2023-2030								
Results Framework								
Indicator		Baseline	Base Year	Base Source	2025 Miles tone	2027 Miles tone	2030 Target	Means of verification
<b>Outcome 3.2</b>	<b>Improved social protection in health</b>							
OC 3.2.1	UHC services coverage index of essential health services (Percent)	50	2021	Monitoring progress on universal health coverage and the healthrelated Sustainable Development Goals in the WHO SEARO	65	85	100	Monitoring progress on universal health coverage and the healthrelated Sustainable Development Goals in the WHO SEARO
OC 3.2.2	Population with catastrophic expenditure on health (in 10% threshold) (Percent)	10.7	2018	NHA; Further analysis	6	4	2	HH Survey, CBS
OC 3.2.3	% of population under health insurance coverage	21	2022	HIB- AR	60	70	85	HIB-AR
<b>Objective 4</b>	<b>Promote equitable access to quality health services</b>							
<b>OC 4.1</b>	<b>Quality of health services improved</b>							
OC 4.1.1	% of health facilities meeting tracer standards for quality of care	61.9	2021	NHFS	75	80	100	NHFS
OC 4.1.2	% of health facilities with capacity to provide selected laboratory services as per standard	17.9	2021	NHFS	25	50	100	NHFS
<b>Outcome 4.2</b>	<b>Reduced inequity in health services</b>							
OC 4.2.1	Percentage of institutional delivery	77	2019	NMICS,	79	85	90	NMICS,

Nepal Health Sector Strategic Plan (NHSSP) 2023-2030								
Results Framework								
Indicator		Baseline	Base Year	Base Source	2025 Miles tone	2027 Miles tone	2030 Target	Means of verification
				HMIS				HMIS
OC 4.2.2	% of households within 30 minutes travel time to health facility	49.3	2016	NDHS	81	86	90	NDHS
<b>Objective 5</b>	<b>Manage population and migration</b>							
<b>Outcome 5.1</b>	<b>Maximized demographic dividend and managed demographic transitions in development process</b>							
OC5.1.1	Adolescent birth rate	71	2022	NDHS	43	37	30	NMICS/NDHS
OC5.1.2	Share of formal sector in employment	36.5	2018/19	NLFS	50	55	60	NLFS
<b>Outcome 5.2</b>	<b>Systematic migration and planned settlement practiced</b>							
OC5.2.1	Overall life satisfaction score among people aged 15-49	6.5	2019	NMICS	7	8	8.5	NMICS
OC5.2.2	% of households with access to safely managed water, toilet, electricity, and internet		2019	NMICS further analysis				NMICS

[illegible]

Nepal Health Sector Strategic Plan (NHSS) 2023-2030													
Results Framework (Outputs)													
Indicator		Baseline	Base Year	Base Source	2023 Milest one	2024 Milest one	2025 Milest one	2026 Milest one	2027 Milest one	2028 Milest one	2029 Milest one	2030 Tar get	Means of verification
	annually												
OP1.3.1(c)	Number of local levels with storage facilities for drugs and medical supplies	NA	2021	NA	17	100	293	350	450	550	650	753	Mechanism to be developed
<b>Output 1.3.2. Health facilities equipped with bio-medical and other equipment, and regularly repaired and maintained</b>													
OP1.3.2(a)	% of hospitals scoring more than 85% in clinical service managment area of MSS	NA	2021	NA	50	60	70	80	90	100	100	100	MSS
OP1.3.2(b)	Number of provincial and federal hospitals with functional Oxygen plant and/or tank	NA	2021	HFR	97	97	97	97	97	97	97	97	HFR
<b>Output 1.4.1. Domestic production of medicines, diagnostic and health products promoted and regulated</b>													
OP1.4.1(a)	% of pharmaceutical companies with good manufacturing practices (GMP)	50	2021	DDA-AR	55	65	75	85	90	95	98	100	DDA-AR
OP1.4.1(b)	% of drugs meeting quality standard during quality test	NA	2021	DDA-AR	91	92	93	94	94.5	95	96.5	97	DDA-AR
<b>Output 1.4.2. Procurement of supply chain mangement of medicines and supplies strengthened</b>													
OP1.4.2 (a)	% of procurement completed within the planned timeline as per consolidated procurement plan	NA	2021	NA	100	100	100	100	100	100	100	100	eCAPP
OP1.4.2(b)	% of basic health facilities with no stock out of basic drugs	NA	2021	NA	100	100	100	100	100	100	100	100	eLMIS
<b>Output 1.5.1. Governance and leadership performance improved at all levels</b>													
OP1.5.1(a)	% of hospitals scoring more than 85% in governance area of MSS	16	2021	MSS-Platform	35	45	55	65	75	85	90	95	MSS
OP1.5.1(b)	% of irregularities (Beruju) cleared	20.8 3	2019/ 20	Audit Queries Clearanc	40	45	50	55	60	65	70	70	Audit Queries Clearance

Nepal Health Sector Strategic Plan (NHSS) 2023-2030													
Results Framework (Outputs)													
Indicator		Baseline	Base Year	Base Source	2023 Milest one	2024 Milest one	2025 Milest one	2026 Milest one	2027 Milest one	2028 Milest one	2029 Milest one	2030 Target	Means of verification
				e Monitoring Committee Annual Report 2021									Monitoring Committee Annual Report
<b>Output 1.5.2. Citizen engagement platforms enhanced and institutionalized</b>													
OP1.5.2(a)	Number of local level conducting social audit and or public hearing focusing in health	NA	2021	NA	200	300	400	500	753	753	753	753	Mechanism to be developed
OP1.5.2(b)	% of local levels with integrated information dashboards	2.3 (17 LLGs)	2021	HMIS	30	40	50	60	70	80	90	100	HMIS
<b>OP1.5.3. Ethical health practice and rational use of services promoted</b>													
OP1.5.3(a)	% of C/S among institutional deliveries	20.53	2020/21	DoHS AR	15	15	14	14	13	12	11	10	DoHS AR
OP1.5.3(b)	Number of federal and provincial hospitals conducting clinical audit	2	2020/21	NSSD/CS D	10	25	40	55	70	85	90	97	CSD Report
<b>OP1.5.4. Improved public financial management</b>													
OP1.5.4(a)	Absorption rate of MoHP budget (% expenditure of budget)	66.7	2021	FMR and Budget Analysis 2022	100	100	100	100	100	100	100	100	FMR
OP1.5.4(b)	Percentage share of virement in total budget allocation (रकमाटतर)	13	2019/2020	Consolidated financial	10	8	7	6	5	5	5	5	Consolidated financial statement-





Nepal Health Sector Strategic Plan (NHSS) 2023-2030													
Results Framework (Outputs)													
Indicator		Baseline	Base Year	Base Source	2023 Milest one	2024 Milest one	2025 Milest one	2026 Milest one	2027 Milest one	2028 Milest one	2029 Milest one	2030 Tar get	Means of verification
OP2.1.2 (c)	% of public laboratories incorporated into AMR surveillance system	20	2021	NPHL, PPHL	20	25	30	35	40	45	50	55	Annual Report-NPHL
<b>Output 2.2.1. Modified behaviour of citizens for a healthier lifestyle</b>													
OP2.2.1(a)	Percentage of people served through Yoga services	NA	NA	NA	3	6	9	13	16	19	22	25	AHMIS
OP2.2.1(b)	Number of Nagarik Aarogya groups formed	NA	NA	NA	750	1500	2250	3000	3750	4500	5250	5990	AHMIS
OP2.2.1(c)	% of children 0-6 months registered for growth monitoring, exclusively breastfed	36.9	2021	HMIS	40	45	50	60	70	80	85	90	DoHS AR
<b>Output 3.1.1. Increased domestic financing and efficiency in health sectors</b>													
OP3.1.1(a)	Share of the health sector in the annual budget (Percent)	6.9	2022	MoF	7.5	8.5	9.5	10	10	10	10	10	
<b>Output 3.1.2. Improved management of development cooperation in health sector</b>													
OP3.1.2(a)	% of aid disbursed by the health development partners against multi year commitment	71	2015/16	Ministry of Finance	80	85	90	95	100	100	100	100	Ministry of Finance
OP3.1.2(b)	% of official health development assistance reflected in national budget (Increase)	25	TBV	2022/23	30	35	40	45	50	55	60	65	
<b>Output 3.2.1. Free basic healthcare services ensured in urban and rural settings</b>													
OP3.2.1(a)	% of health facilities offering all basic health care services	0.4	2021	NHFS	100	100	100	100	100	100	100	100	HF Registry
<b>Output 3.2.2. Reformed health insurance system</b>													
OP3.2.2(a)	Renewal rate in national health insurance scheme	69	2021	HIB- AR	75	80	82	85	90	90	90	90	HIB-AR

[illegible]

Nepal Health Sector Strategic Plan (NHSS) 2023-2030													
Results Framework (Outputs)													
Indicator		Baseline	Base Year	Base Source	2023 Milest one	2024 Milest one	2025 Milest one	2026 Milest one	2027 Milest one	2028 Milest one	2029 Milest one	2030 Tar get	Means of verification
OP4.1.2(e)	% of PLHIV on ART with viral load suppressed among PLHIV on ART	31	2021	NCASC fact sheet	60	80	95	95	95	95	95	95	DoHS AR
OP4.1.2(g)	% of PSBI Cases received complete dose of Inj. Gentamycin	50	2020/21	HMIS	60	70	80	90	100	100	100	100	DoHS AR
OP4.1.2(h)	% of Moderate Acute Malnutrition cases (6-59 months) Recovered	77.7	2020/21	HMIS	80	82	85	87	90	92	95	98	DoHS AR
Output 4.2.1. Improved access to quality health services													
OP4.2.1(a)	% of palika with full immunization coverage above 80%	24	2019/2020	HMIS	50	65	75	80	85	90	95	95	DoHS AR
OP4.2.1(b)	Number of local levels with public hospital	176	2021	HFR	276	400	500	600	700	753	753	753	HFR
OP4.2.1(c)	% of CEONC site that are functional	98	2020/21	HMIS	99	100	100	100	100	100	100	100	
OP4.2.1(d)	TB incidence rate per 100000 population	245	2018	HMIS	85	70	55	50	45	35	25	20	
OP4.2.1(e)	Effective coverage of cataract surgery	35.4	2020	Nepal Rapid Assessm ent of Avoidabl e Blindnes s Survey (RAAB)	40	45	50	55	60	65	70	70	RAAB Survey
Output 4.2.2. Drivers of inequities in health services addressed													

Nepal Health Sector Strategic Plan (NHSS) 2023-2030													
Results Framework (Outputs)													
Indicator		Baseline	Base Year	Base Source	2023 Milest one	2024 Milest one	2025 Milest one	2026 Milest one	2027 Milest one	2028 Milest one	2029 Milest one	2030 Target	Means of verification
OP4.2.2(a)	% of palikas with Institutional delivery more than 60%	22.7	2019/20	HMIS	50	65	75	80	85	90	95	100	DoHS AR
OP4.2.2(b)	% of OCMC functional as per guideline	76	2021	PMD	80	82	85	87	90	92	95	100	MoHP AR
OP4.2.2(c)	% of federal and provincial hospitals with Social Service Unit	60	2021	PMD	65	70	75	80	85	90	95	100	MoHP AR
OP4.2.2(d)	% of federal and provincial hospitals with Geriatric health care services	50	2021	PMD	65	70	75	80	85	90	95	100	MoHP AR
<b>Output 5.1.1. Strengthened population information management system and research</b>													
OP5.1.1(a)	% of Birth registered for children of age under five	63	2018	15th Plan	95	98	100	100	100	100	100	100	
OP5.1.1 (b)	Percentage of local levels reporting to PMIS on monthly basis	0	2021	PMIS	0	30	50	60	70	80	90	100	
<b>Output 5.1.2. Enabling environment created for demographic dividend and transition management</b>													
OP5.1.2(a)	% of working-age population receiving technical education and vocational training	31	2018/19	MIS, MoEST	42	45	50	52	55	58	60	62	MIS
OP5.1.2(b)	Number of local levels implementing set of packages for healthy lifestyle	NA											Mechanism to be developed
<b>Output 5.2.1. Safe migration and planned settlement promoted</b>													
OP5.2.1(a)	% of migrants receiving pre departure session including on health	NA			0	30	50	60	70	80	90	100	
OP5.2.1(b)	% of local levels initiating planned settlement	NA			0	30	50	60	70	80	90	100	

Note: MoHP to update baseline and targets based on findings of MMS, NDHS and related studies which are in final stage of analysis.

## 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 सेवालाई 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 प्रजनन् 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	2077/078	2078/079	2079/80
	<b>Reporting Status (%)</b>			
1	% of HMIS Reporting Status	100	100	100
2	% of HMIS On Time Reporting Status	65.3	78.6	91.7
3	% of LMIS Reporting Status	100	100	100
4	% of PHC/ORC Reporting Status	89.2	90.7	90.4
5	% of EPIC Reporting Status	94.9	96.7	91.7
6	% of FCHV Reporting Status	96.7	97.8	91.2
	<b>Average no. of People served</b>			
1	PHC/ORC (Per clinic)	19.7	19.9	18.2
2	EPIC (Per clinic)	17.2	15.6	13.7
3	FCHV (reporting period)	18.8	17.3	19.7
	<b>National Immunization Programme</b>			
1	BCG Coverage	106.3	82.7	75.5
2	DPT-HepB-Bib3 Coverage	101.4	98.0	81.3
3	Measles-1 Coverage	92.8	97.1	79.9
4	Measles-2 Coverage	84.9	84.7	84.7
5	JE Coverage	88.6	94.1	82.0
6	TD2 & TD2+ Coverage	75.3	60.6	57.9
7	Full Immunization Coverage	85.2	84.1	83.6
	<b>Nutrition Programme</b>			
1	Children aged 0-23 months registered for growth monitoring	83.9	90.3	61.6
2	Percentage of newborns with low birth weight (<2.5kg) among total delivery by HWs	6	6.2	6.2
3	% of children aged 0-23 months registered for Growth Monitoring (New) who were Underweight	4.1	4.9	6.2
4	% of women who received a 180 days supply of Iron Folic Acid during pregnancy	75.1	69.1	65.9
5	% of Postpartum Women who received Vitamin A	96.7	77	76.2
	<b>CB-IMNCI Programme</b>			
1	% of severe Pneumonia among new cases	0.18	0.27	0.24
2	% of severe dehydration among total cases	0.11	0.34	0.67

SN	Program Indicators	2077/078	2078/079	2079/80
3	% of PSBI among registered 0-2 months infant (sick baby)	18.9	21.2	14.4
4	% of PSBI cases received complete dose of Gentamicin	70.8	70.9	68.4
5	Incidence of ARI among children under five years (per 1000)	1118	1174.4	977.4
6	Incidence of pneumonia among children under five years (per 1000)	83.2	108.5	79.4
7	% of pneumonia cases treated with antibiotics (HF & ORC)	100.7	101.2	93.4
8	Diarrhoea incidence rate among children under five years	216.8	193.3	194.4
9	% of children under five years with diarrhea treated with zinc and ORS	100.4	93.3	94.4
10	% of newborns applied chlorhexidine (CHX) gel immediately among reported live birth	95.9	98.2	97.6
11	% of PSBI Cases treated with first dose of gentamycin	80.2	88.9	86
12	CBIMCI <2Months-Total Death	0	0	2
13	CBIMCI-(2-59Months) Total Death	2	0	1
<b>Safe Motherhood Programme</b>				
1	% of pregnant women who had at least one ANC checkup	113.5	100.4	93.8
2	4 times ANC visits as % of per protocol	84.5	71.2	73.2
3	% 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)	55.7	58.3	57.3
4	No. of delivery conducted by SBA/SHP	3980	3639	3561
5	No. of delivery conducted by other	1731	855	664
6	% of home delivery of expected live birth	9.98	2.95	1.9
7	Delivery conducted by SBA/SHP as % of expected live birth	64.2	63.2	62.9
8	No. of Home Delivery	619	170	108
9	% of institutional delivery among expected live birth	92.1	78.1	74.8
10	% of women who received a PNC within 24 hours of delivery	92.3	77.9	68
11	No. of PAC services provided	313	243	284
12	% of C/S deliveries	1.3	2.2	3.1
13	No. of maternal death	1	5	3
14	No. of neonatal death	22	19	25
15	No. of still births	106	64	52
<b>Family Planning Programme</b>				
1	No. of IUCD service sites (functional)	18	20	19
2	No. of Implant service sites (functional)	26	33	30

SN	Program Indicators	2077/078	2078/079	2079/80
3	CPR (Unadjusted)	25.15	29.67	27.6
4	FP (spacing) new acceptors as % of MWRA	18.6	16.9	12.7
<b>FCHV Programme</b>				
1	Number of FCHV	817	821	820
2	Proportion of pills cycles distribution by FCHV among total distribution	30.53	27.87	37.9
3	Proportion of condoms distribution by FCHV among total distribution	32.71	31.60	28.4
4	Percentage of mother group meeting conducted by FCHV	89.9	109.2	97.5
5	No. of maternal death reported	0	5	3
6	Total Neonatal Deaths reported	17	18	26
<b>PHC-ORC Programme</b>				
6	No. of PHC-ORC	205	215	215
7	Average no. of people served by PHC-ORC per month	19.7	19.9	18.2
8	Percentage of PHC-ORC conducted among total Clinic	89.19	90.71	90.4
<b>Tuberculosis Control Programme</b>				
1	TB - Case notification rate (all forms of TB)	42.6	66.9	62.3
2	Total number of new TB cases	116	157	146
3	Treatment success rate	94.3	92.6	94.7
<b>Leprosy Control Programme</b>				
1	Incidence of leprosy per 10,000 population	0.4	0.24	0.35
2	Percentage of new leprosy cases presenting with a grade-2 disability	0	0	0
<b>Malaria Control Programme</b>				
1	Malaria risk population	300261	254011	258480
2	No. of confirmed malaria cases	0	3	2
3	Reported death due to malaria	0	0	0
<b>Rabies</b>				
1	Number of persons treated for animal bite	163	175	432
2	Number of deaths due to rabies	0	0	0
<b>Snake Bite</b>				
1	Number of persons treated for snake bite	41	13	23
2	Number of deaths due to snake bite	0	0	0
<b>HIV/AIDS Programme</b>				
1	No of women tested for HIV(PMTCT)	5306	4583	5621

SN	Program Indicators	2077/078	2078/079	2079/80
2	No of people tested for HIV(HTC)	606	1227	773
3	No of reported HIV +ve case (New) (PMTCT+HTC)	1	5	5
4	No. of Persons Receiving ART	192	203	215
<b>OPD Service</b>				
1	Total new OPD visit	243318	221818	176139
2	Total new OPD visit as % of total population	81	87.1	68.1
3	Total new female OPD visit as % of total OPD visit	59.52	60.39	60.3
<b>District Hospital Information</b>				
1	Total Number of OPD case	12364	10873	5183
2	Total Number of emergency case	2909	3611	2486
3	Number of sanctioned beds	15	15	15
4	Number of available beds	52	52	50
5	Average length of stay in hospital	1.7	3.1	3.3
6	Total new OPD visit as % of total population	4.12	4.28	2.1
7	Bed occupancy rate	16.3	30.6	23.6
8	Total Number of deaths among inpatients	2	6	2
<b>Reproductive Health Morbidity</b>				
1	Cervical cancer screened through VIA	-	-	1230
2	Positive cervical cancer patients (through VIA)	-	-	14
3	No. of women screened for breast cancer	-	-	435
4	Breast cancer Suspected cases	-	-	3
5	No. of women screened for uterine prolapse	-	-	1039
6	No. of prolapse cases	-	-	306
7	Number of uterine prolapse cases undergone surgery	-	-	8
<b>Minimum Service Standard</b>				
1	Total MSS conducted health facility	2	2	54
2	White category	-	-	3
3	Yellow category	-	-	27
4	Blue category	2	2	19
5	Green category	-	-	5

## Executive Summary

This District Annual Health Report of Health Service Office of fiscal year 2079/2080 (2022/2023) 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.

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 5 Hospital (District Hospital, Dullu Hospital, Aathabis Basic Hospital, Gurans Basic Hospital, Bhagwatimai Basic Hospital), 2 Primary Health Care Centers (PHCCs), 55 Health Posts (HPs) reported to HMIS in 2079/2080. This report also includes service coverage by 215 Primary Health Care/Outreach Clinics (PHC/ORC), 266 Expanded Programmed of Immunization (EPI) clinics and 820 Female Community Health Volunteers (FCHVs), 16 Community Health Units, 24 Basic Health Service Center, 5 Urban Health Centers. Total of 5 NGOs (Dailekh Plus, FPAN Belpata, FPAN Dailekh, GMR Ramghat, Nepal Red Cross society), District Karagar also reported to HMIS this year.

Major programmes implemented in the district were Expanded Program on Immunization, Nutrition program, IMNCI, Family Planning, Maternal & Newborn Health, FCHV program, PHC/ORC program, TB control program, Malaria, Kala-azar, Leprosy Elimination Program, Reproductive Health, 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. A total of 90.4 percent PHCORC and 91.7 percent EPI clinics were conducted and reported in 2079/2080. A total of 91.2 percent of FCHVs and 100 percent of NGO reported in 2079/2080. The HIMS and LMIS reporting in last fiscal year was 100 percent. Completeness and timeliness of reporting from public facilities & regular report from non-public health facilities to HMIS has increased compared to previous fiscal years. Timely reporting has been increased from 78.6% in 2078/79 to 91.7% in 2079/80.

## CHILD HEALTH

### IMMUNIZATION

Dailekh district was declared fully immunized district on 4<sup>th</sup> 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 decreasing trends with <90% coverage for major antigens. In 2079/80 a total of 75.5% of the target children were immunized with BCG, 82.8% with DPT/HepB/HiB I, 80.2% with Rota II. A total of 83.6% of children were fully immunized within 23 months. A total of 67 children started immunization after 24 months. 57.9% of the pregnant women were immunized by TD2/TD2+. The dropout rate for DPT/HepB/HiB I Vs MR II was -1.7%. Among the 11 local levels of the district, two municipalities (Aathbis and Narayan) fell under category I and Chamunda Bindrasaini fell under category 4 while all other palika fell under category III.

### NUTRITION

A total of 95.9% of children aged 0-11 months were registered for growth monitoring program. Among the children coming for first visit for growth monitoring, 3% of children were underweight. Children who completed 23 months registered for growth monitoring came for growth monitoring for an average of 8.6 times. A total of 6.5% of children were born underweight. Three in four children i.e., 75.3% were exclusively breastfed for 6 months. 65.9%

of the women received 180 iron tablets and 34.2% of the women received calcium tablets. Every child (100%) was with severe malnutrition were successfully cured. 99.4% of the children were breastfed within one hour of childbirth. 99.7% of the delivering mother got Vitamin A supplementation.

### **INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS (IMNCI)**

The CB-IMNCI program has been rolled out to all municipalities of district which aim to reduce neonatal and child mortality. The IMNCI program has been implemented up to community level and it has shown positive results in management of neonatal & childhood illnesses. A total of 97.4% of children were enrolled in IMNCI program with increase in more than half then last year i.e., 62.4%. A total of 99.5% of the children were applied with CHX immediately after birth. 99.3% of children suffering from pneumonia were treated with amoxicillin while 68.4% of the children suffering from possible serious bacterial infection received full dose of gentamycin. There was a slight decline in incidence of acute respiratory infection with a decrease to 322.4 per thousand from 375.2 per thousand in 2078/79. 94.4% of children (2-59 months) suffering from diarrhea were treated with Zinc and ORS. The incidence rate of diarrhea was 194.4 per thousand which was similar to 2078/79. A total of 2 IMNCI related deaths were reported in 2079/80.

## **FAMILY HEALTH**

### **FAMILY PLANNING**

The Contraceptive prevalence rate (CPR) for modern methods was 27.7% in the district. New user rate for contraception was 7.9%. Among the total contraceptive user, majority of the users i.e., 57.5% of the users were using temporary method of family planning. Among the temporary users of the contraceptive, Depo (35.3%) followed by implant (32.0%) was the most used method of contraceptive in Dailekh district.

### **SAFE MOTHERHOOD**

There was a total of 81 birthing center, 2 BEONC and 2 CEONC sites in Dailekh district in 2079/80. A total 4304 live birth were delivered during this fiscal year while there was a total of 56 stillbirth and 46 preterm deliveries. Among total delivery 112 children were delivered in home. Three in four i.e., 76.1% delivered their children in the health facility out of which 64% of the deliveries were done by skilled professionals. A total of 73.2% of women had four ANC visits as per the protocol and only 26% of the women had eight ANC visits as per the protocol. Among the total delivery, 132 C/S were done, 116 were done in district hospital Dailekh alone. A total of 61.2% of women had four post-natal checkups as per protocol. A total of 3 maternal death occurred in Dailekh districts this year. Among the total delivery, obstetrics complication was managed among 3.1%.

### **FEMALE COMMUNITY HEALTH VOLUNTEER (FCHV)**

A total of 820 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. 91.2% of mother group meeting conducted by FCHV in fiscal year 2079/080. A total of 20 persons were served by FCHV per month. 37.9% of the proportion of pills and 28.4% of total condoms distributed were from the FCHVs. 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 a total of 215 PHC/ORCs in HMIS reporting system. 90.4 % of the PHC/ORC were conducted this year with an average number of people served being 18.2.

## **EPIDEMIOLOGY & DISEASE CONTROL**

### **MALARIA**

A total of 1728 malaria slide were collected and examined this year, out of which 2 cases were positive, both being imported. No malaria related death was reported in 2079/80.

### **FILARIAS**

No cases of filariasis were reported in Dailekh district in 2079/80.

### **TUBERCULOSIS**

Treatment by Directly Observed Treatment Short Course (DOTS) for Tuberculosis (TB) is being in district through 60 treatment centers. 4 MDR sub center (Dailekh and Dullu hospital, Lakandra and Naumule PHC). The Case Notification Rate (CNR) was 62.3 per 100,000 in fiscal year 2079/080. A total of 146 TB cases were reported in the year. The treatment success rate of TB was 94.7%.

### **LEPROSY**

A total of 9 new cases were reported in 2079/80 making an incidence rate of 0.35 per 10,000 cases. No leprosy cases presented grade-2 disability.

### **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. 5621 pregnant women were tested for HIV/AIDS (PMTCT) and 773 other individuals were tested for HIV (HTC). A total of 5 new cases were reported this year making a total 215 persons receiving ART.

### **CURATIVE SERVICES**

Curative services are provided through 5 hospital (2 Hospital, 3 Basic Hospital), 2 Primary Health Care Centers (PHCCs), 55 Health Posts (HPs), 16 Community Health Units, 24 Basic Health Service Center, 5 Urban Health Centers as well within the district. Percentage of new OPD visits has slightly decreased from 87.1% in fiscal year 2078/079 to 68% in fiscal year 2079/080. 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 Immunization Basic, micro planning training on Immunization, Orientation on EPI & fully immunization to HFOMC/Palika Elected members, FB-IMNCI, CNSI, ToT of IMNCI Coacher, MNH update, MPDSR, HMIS/LMIS, NCD Package, IMU apps, RDQA orientation, training etc.

### **HEALTH EDUCATION, INFORMATION AND COMMUNICATION**

The health education information and communication program are 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 distribution of IEC materials, airing of health radio programs and messages through local FM radio, health exhibition, publication of health messages in print media, Media person, community interaction program for health service promotion, IEC program on anti-tobacco, non-communicable diseases control and celebration of different health days.

### **LOGISTIC MANAGEMENT**

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

### **PLANNING, MONITORING, SUPERVISION AND INFORMATION MANAGEMENT**

Data management committee 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 2079/80 were done in District Semi/Annual Performance Review Meeting, conduction of Immunization, MNH update, MPDSR, HMIS/LMIS, training for newly recruited health workers and Construction and maintenance of Hospitals, Hospital staff quarters and a water tank with a capacity of twenty thousand liter with the support of Swochhata.



# 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 Headquater (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%)

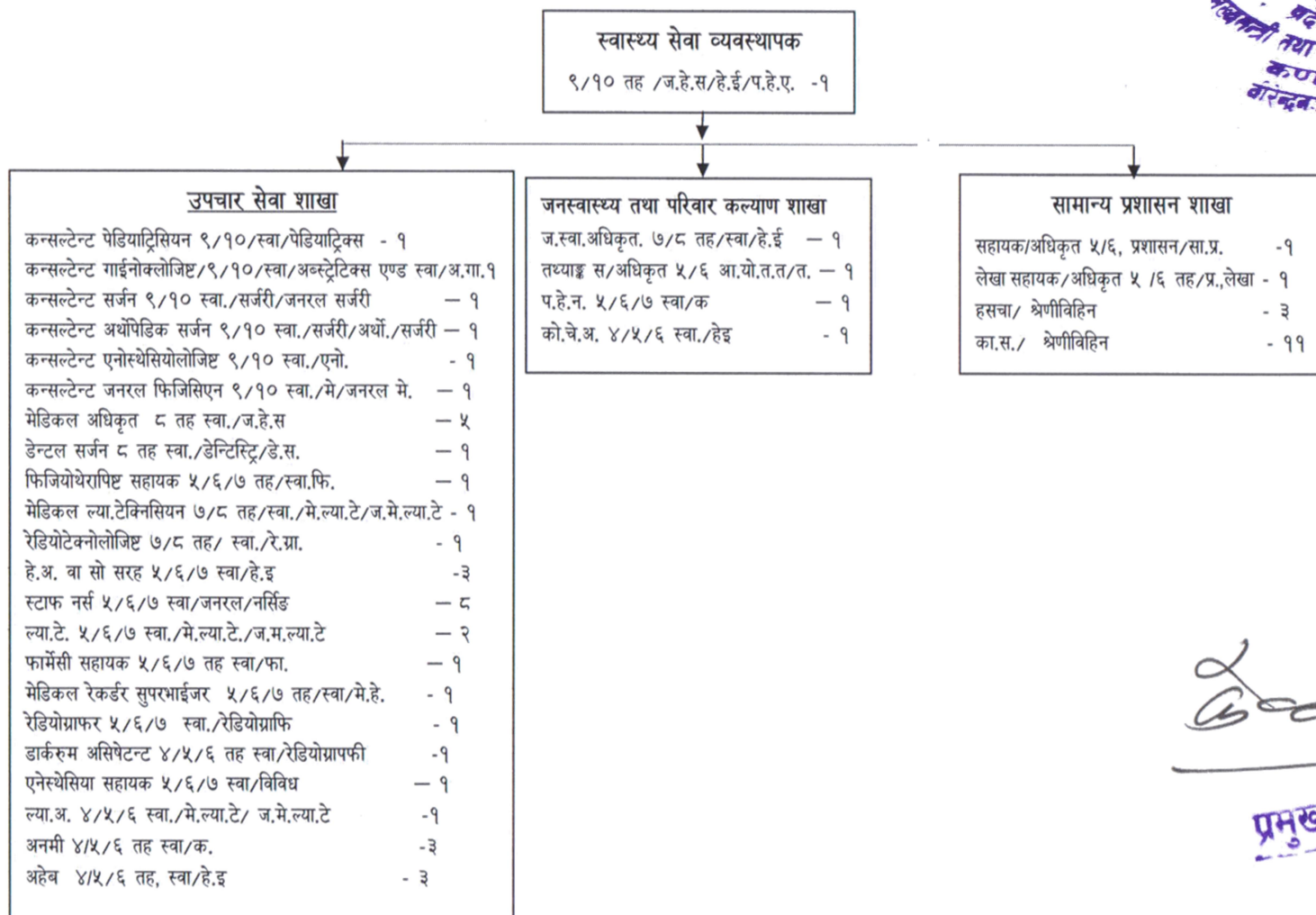
## 1.2. Demographic information

Indicator	2078 census (Preliminary report)	2068 census
Total population	253319	261770
Male population	121675	126990
Female population	13164	134780
Population density	198/sq km	149 /sq km

### 1.3. Health Demography

S.N.	Health Institution	Number
1	Hospital (1 District Hospital, 1 Dullu Hospital, 1 Gurans Basic Hospital, 1 Aathbis Basic Hospital, 1 Bhagwatimai Basic Hospital)	5
2	Primary Health Care Centre (Lakandra and Naumule PHC)	2
3	Health Post	55
5	PHCORC	215
6	EPI Clinic	266
7	FCHV	820
8	CEONC Centre	2
9	BEONC Centre	2
10	Birthing Centre	81
11	Urban Health Center	5
12	Community Health Unit	16
13	Basic Health Service Center	24
14	ART site (Narayan, Rakam) /ART dispensing site (Dullu)	2/1
15	Microscopic centre	7
16	CD4 centre	1
17	RT-PCR Lab.	1

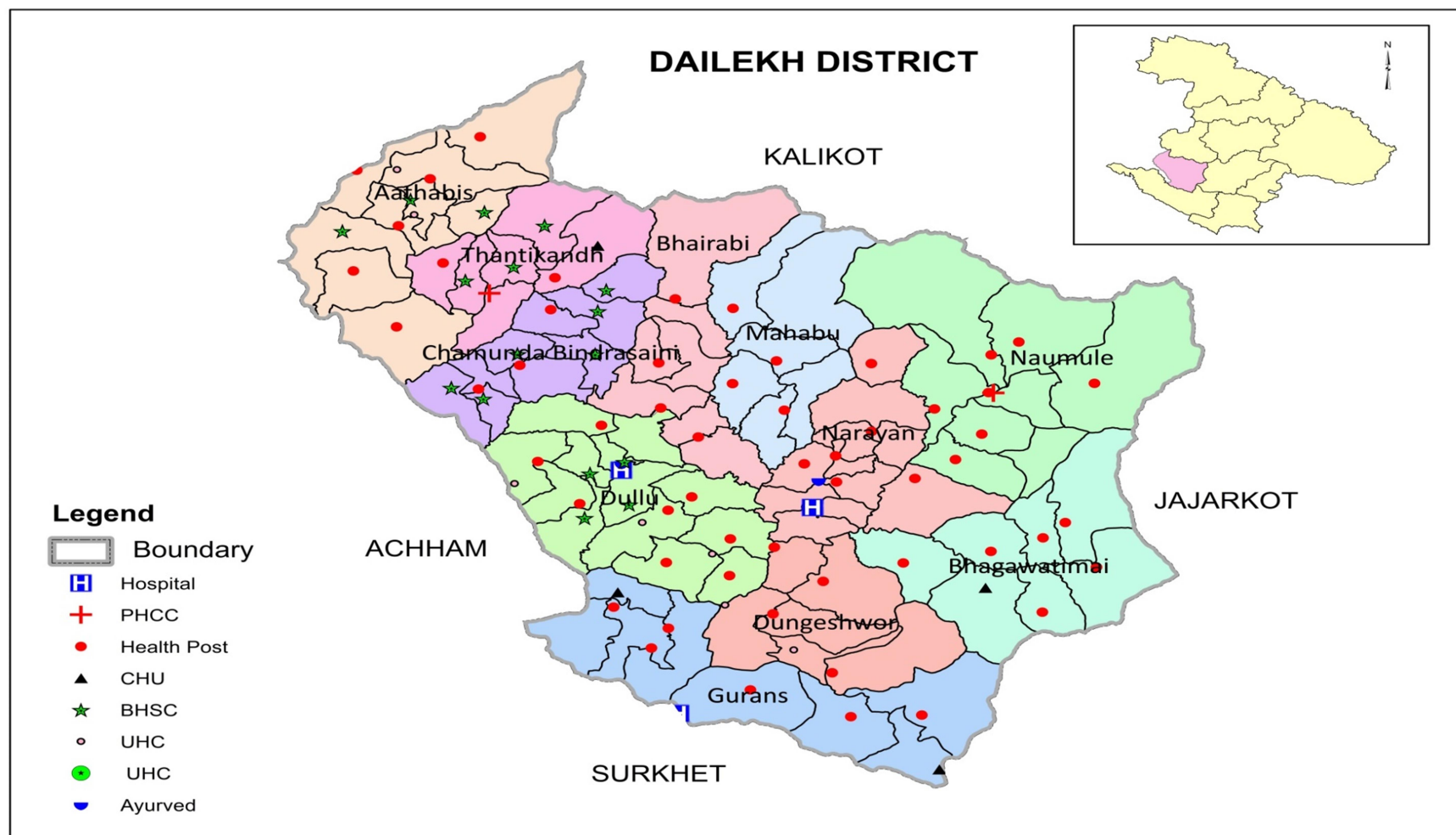
## 1.4. Organogram of Health Service Office, Dailekh



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**प्रमुख सचिव**

### 1.5. 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 programmes 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

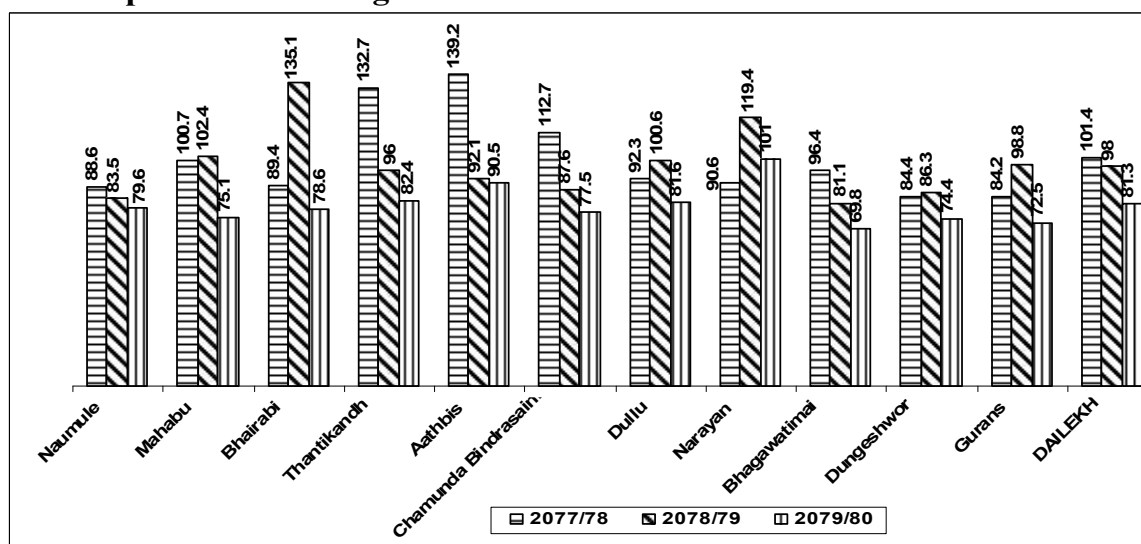
The main objectives of NIP are:

- 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.

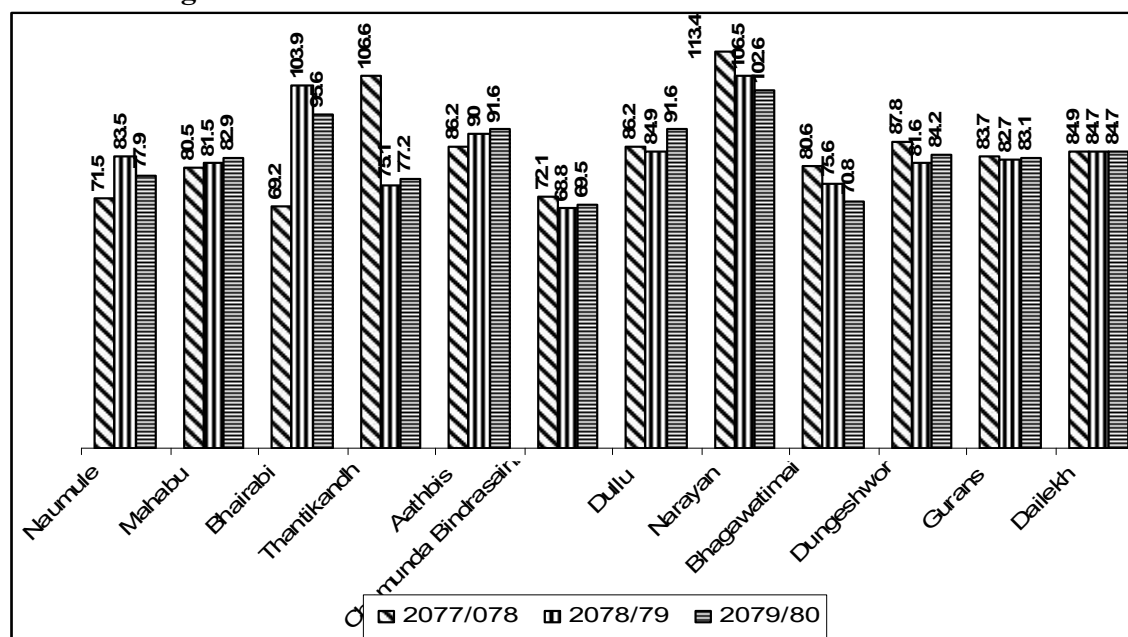
#### Analysis of Achievement

Indicators	2077/078	2078/079	2079/80
% of children under one year immunized with BCG	106.3	82.7	75.5
% of children under one year immunized with DPT-HepB-Hib3	101.4	98.3	81.3
% of children under one year immunized with PCV 3	91.7	96.2	78.4
% of children under one year immunized with FIPV 2nd	96	93.4	59
% of children 12-23 months immunized with JE	88.6	94.3	82.0
% of children aged 12-23 months immunized with measles/rubella 2	84.9	84.7	84.7
% of pregnant women who received TD2 & TD2+	75.3	60.6	57.9
% of children fully immunized as per NIP schedule	85.2	84.1	83.0
Drop out DPT-HepB-Hib 1 vs 3	3.1	-4.1	2.0
Drop out Penta 1st Vs MR2	19.4	10.7	-1.5

## DPT-HepB-Hib3 Coverage



## MR2 Coverage



## MUNICIPALITIES CATEGORIZATION 2078/079

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

## 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 wome.
- To reduce the prevalence IDA of anaemia among women and children
- To eliminate iodine deficiency disorders 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 hosehold 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 analyzing, monitoring and evaluation the nutrition situation.

## Targets

In order to improve the overall nutritional status of children and pregnant women, the national nutrition programme 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 of anemia 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 5 months	69.6%	66.1%	>90%
6	Reduce and maintain childhood wasting	10.9%	9.7%	<5.0%

## Target Population

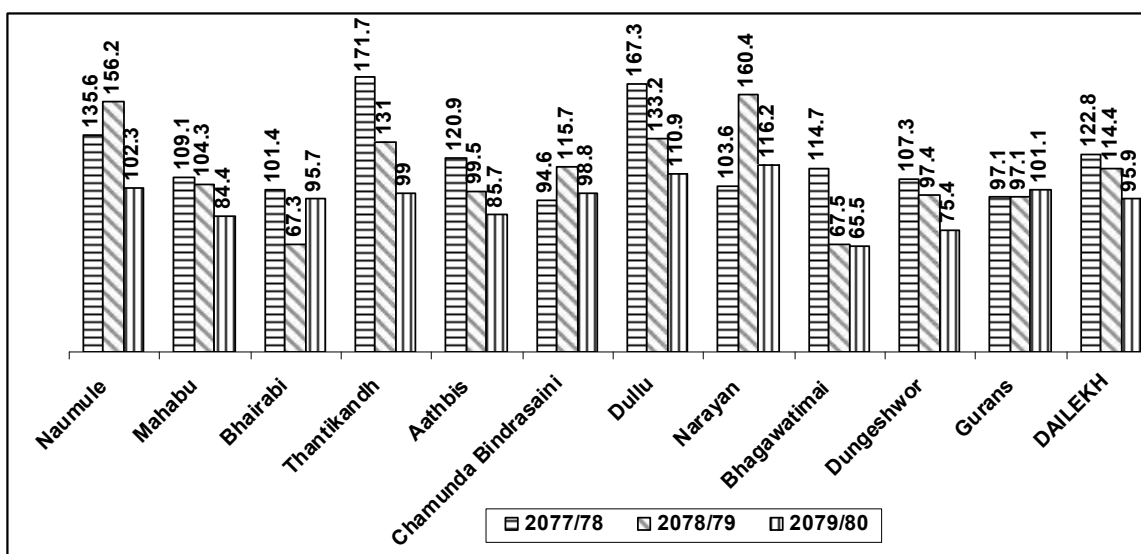
All the children under 2 years of age and pregnant women are target population for nutrition programme.

## Analysis of Achievement

Indicators	2077/078	2078/079	2079/80
Percentage of newborns with low birth weight (<2.5kg) among total delivery by HWs	6	6.2	6.2
Percentage of children aged 0-11 months registered for growth monitoring	122.8	114.4	95.9
Percentage of children aged 12-23 months registered for growth monitoring	44.6	65.5	27.2
Percentage of children aged 0- 6 months registered for growth monitoring who were exclusively breastfed for the first six months	85.1	81.5	75.3
Percentage of women who received a 180 day supply of Iron Folic Acid during pregnancy	75.1	69.1	65.9
Percentage of postpartum women who received Vitamin A supplementation	96.7	77	99.7
% of children 12-23 months registered for Growth Monitoring who were Underweight	4.9	6.2	11.7
% of children aged 6-23 months who received 3 cycle (180 Sachets) Baal Vita (MNP)	2.6	6.9	11.9
1st Vitamin A Campaign	87.57	85.71	95.58
2nd Vitamin A Campaign	89.29	82.03	87.56
1st Deworming Campaign	85.23	81.74	85.3
2nd Deworming Campaign	85.54	79.15	78.8

## % 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**

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

### **Targets of Nepal Health Sector Strategy (2015-2020)**

- Reduction of Under-five mortality rate (per 1000 live births) to 28 by 2020
- Reduction of Neonatal mortality rate (per 1000 live births) to 17.5 by 2020

### **Targets of NENAP**

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

### **Objectives**

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

### **Strategies**

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

### **Target Population**

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

### Analysis of Achievement

Indicators	2077/078	2078/079	2079/80
Percentage of newborns applied chlorohexidine (CHX) gel immediately among reported live birth	95.9	98.2	97.6
% of PSBI among registered 0-2 months infant (sick baby)	18.9	21.2	14.4
% of PSBI Cases treated with first dose of gentamycin	80.2	88.9	86
% of PSBI cases received complete dose of Gentamicin	70.8	70.9	68.4
Incidence of ARI among children under five years (per 1000)	1118	1174.4	977.4
Incidence of pneumonia among children under five years (per 1000)	83.2	108.5	79.4
Percentage of pneumonia cases treated with antibiotics (HF & ORC)	100.7	101.2	93.4
Diarrhoea incidence rate among children under five years	216.8	193.3	194.4
Percentage of children under five years with diarrhea treated with zinc and ORS	100.4	93.3	94.4

## 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

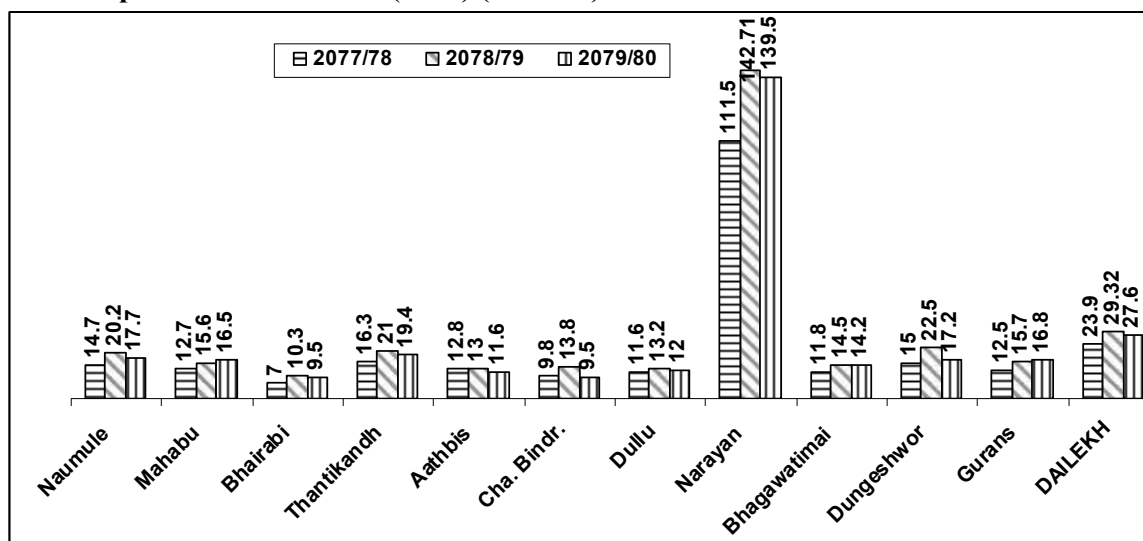
Periodic and long-term targets for the Family Planning Programme have been established as follows:

- 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.

### Contraceptive Prevalace Rate (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:

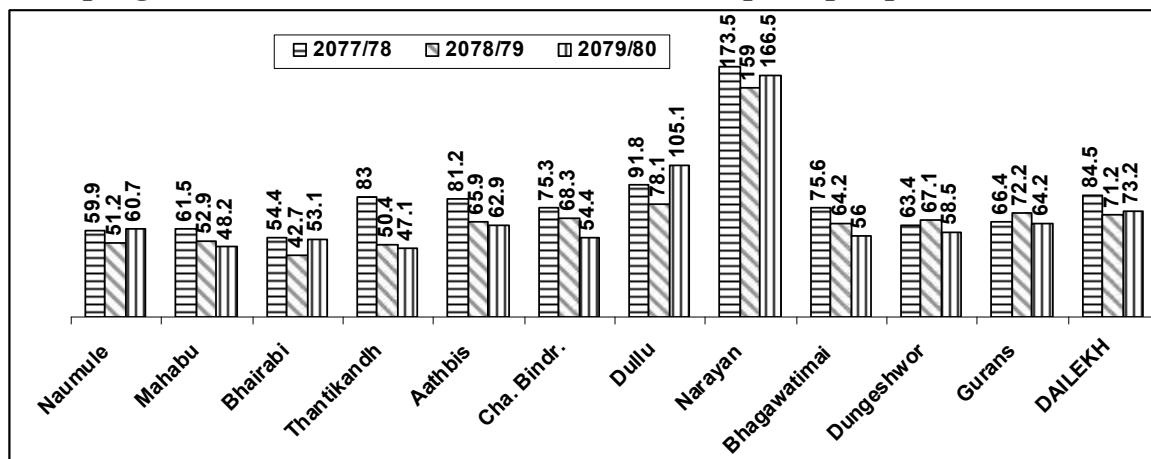
- To reduce maternal and neonatal mortality and morbidity.
- To improve maternal and neonatal health and survival, especially of the poor and excluded.
- To increase the healthy practice and utilization of quality maternal and neonatal health service by poor and excluded.
- To strengthen and expand delivery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

### Analysis of Achievement

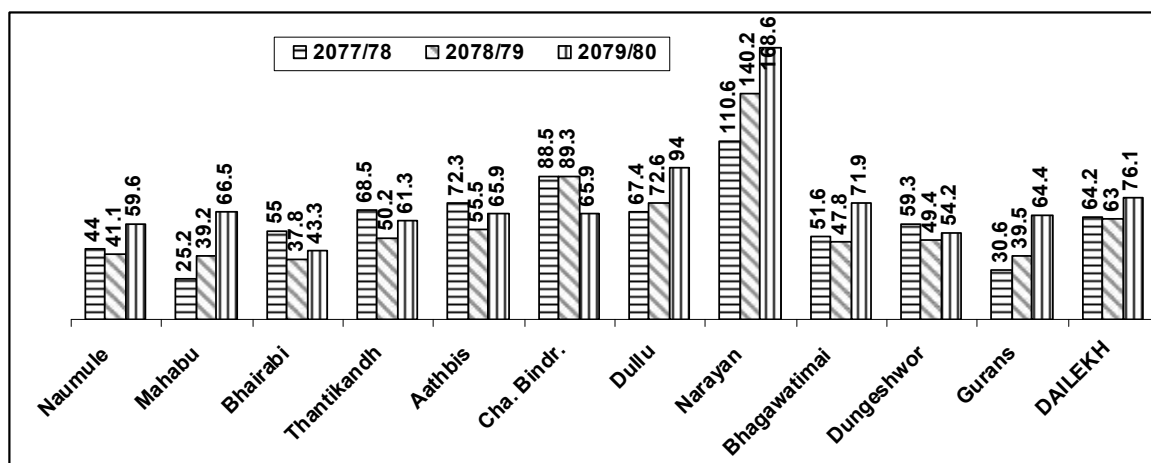
Indicators	2077/078	2078/079	2079/80
Percentage of pregnant women who had at least one ANC checkup	113.5	100.4	93.8
Percentage of pregnant women who had four ANC checkups as per protocol (4th, 6th, 8th and 9th month)	84.5	71.2	73.2
Percentage of institutional deliveries	92.1	78.1	74.8
Home Delivery-Total Live Birth	619	170	108
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)	55.7	58.3	57.3
Percentage of births attended by a Skilled Birth Attendant (SBA)/Skilled Health Professionals (SHP)	64.2	63.2	62.9
Met need for emergency obstetric care	7.5	2.7	2.5
% of women receiving maternity incentives	101	99	100.2
% of women receiving ANC incentives	100.6	99	100.3
Number of women receiving safe abortion service	580	485	620

Indicators	2077/78	2078/79	2079/80
Total Maternal Deaths	1	5	3
Total Neonatal Deaths	22	19	25
Total Still Birth	106	64	52

### % of pregnant women who had four ANC checkups as per protocol



### 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

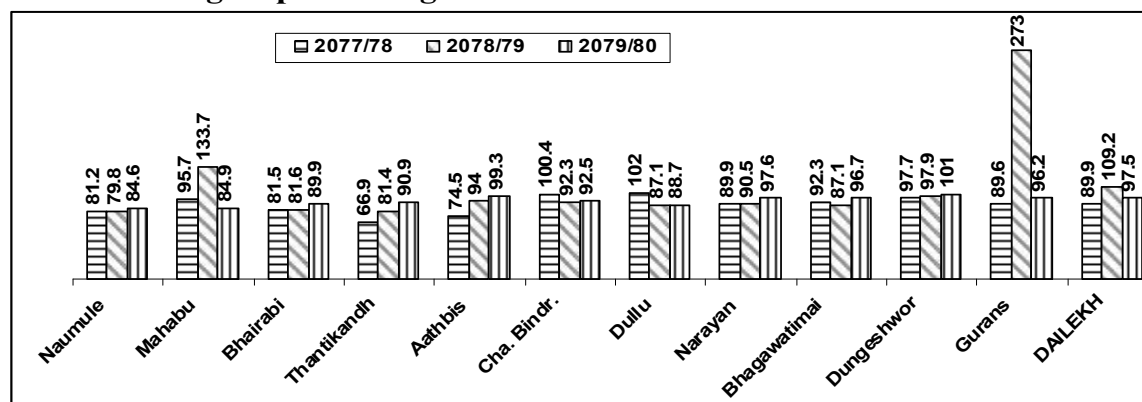
FCHV programme has the following objectives:

- 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	2077/078	2078/079	2079/80
Number of FCHV	817	821	820
Proportion of pills cycles distribution by FCHV among total distribution	30.53	27.87	37.9
Proportion of condoms distribution by FCHV among total distribution	32.71	31.60	28.4
Percentage of mother group meeting conducted by FCHV	89.9	109.2	97.5
No. of maternal death reported	0	5	3
Total Neonatal Deaths reported	17	18	26
Percentage of postpartum women visited by FCHVs	29	7.90	6.4

### % 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 municipality 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	2077/078	2078/079	2079/080
Annual blood examination rate (ABER) of malaria in high risk districts	0.08	0.13	0.7
Percentage of imported cases among positive cases of malaria	0	66	0
Percentage of Plasmodium Falciparum (PF) cases in high risk districts	0	0	0
Slide positivity rate (SPR) of malaria in high-risk districts	0	0.81	0.12

## 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.

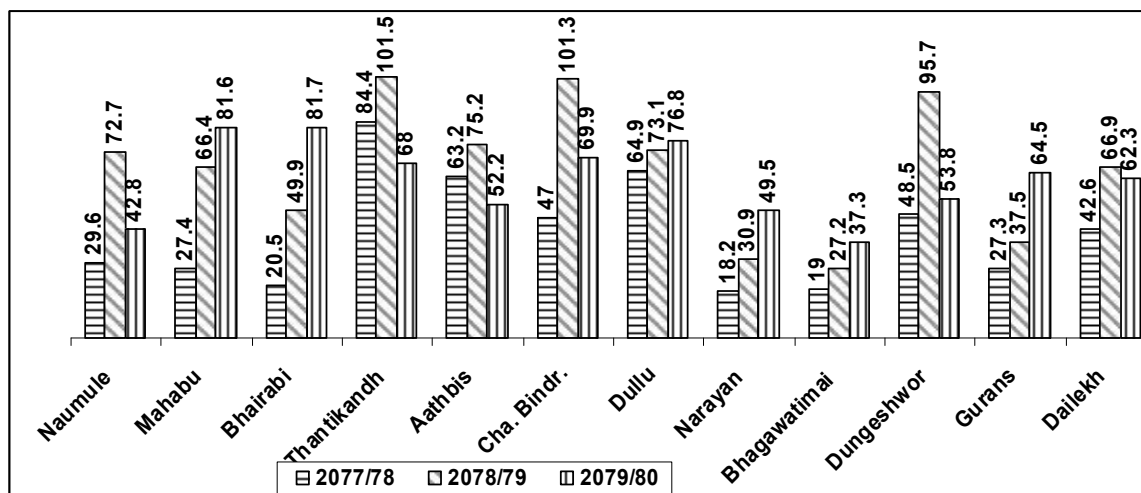
### SDG and End TB Strategy related targets:

- 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	2077/078	2078/079	2079/080
TB - Case notification rate	42.6	66.9	62.3
TB - Treatment Success Rate (New and Relapse)	94.9	92.4	95.2
Total TB cases (All form of TB cases)	129	170	161

## 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	2077/078	2078/079	2079/080
Incidence of leprosy per 10,000 population	0.4	0.24	0.35
Total Leprosy New cases	12	6	9
% of new leprosy cases presenting with a grade-2 disability	25	0	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.

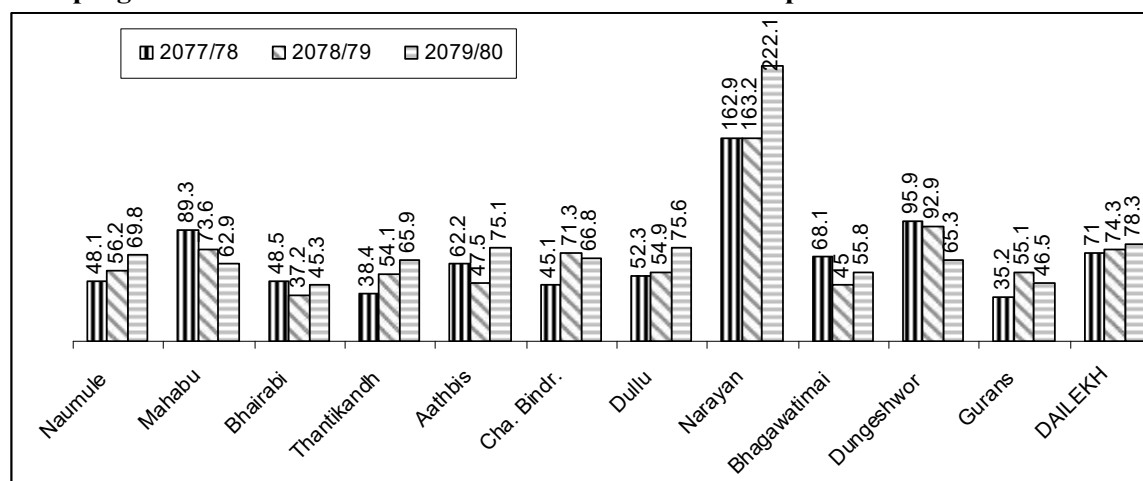
Dailekh is among top districts in contribution to HIV cases of Nepal. Aathbis, Dullu municipality of Dailekh shares for more than half of all cases of the district and is a neighboring municipality to Accham district which is the district with most cases of HIV in Nepal.

#### Analysis of Achievement

##### HIV testing and counselling

A total of 5651, pregnant women were tested this year and none of them were tested positive. A total of 773 were provided with HIV testing and counselling services. A total of 5 new cases of HIV/AIDS were diagnosed making a total of 215 current users for ART.

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



## 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-2078-79

Indicators	2077/78	2078/79	2079/80
% of Monthly Repoort (HMIS/LMIS)	100	100	100
Number of maternity beds	6	6	8
Infection rate among surgical cases	0	0	0
Surgery related death rate	0	0	0
Average number of radiographic images per day	23.5	25.2	35.0
Average number of laboratory tests per day	149.1	196.9	150
Average number of Ultrasound per day	13.1	13.8	18.9
Hospital Deaths	2	6	2
Hospital death rate after 48 hours of admission	0.04	0.04	0.0
Hospital death rate within 48 hours of admission	0.04	0.18	0.04
Percentage of inpatients who were referred out	5.8	4.7	4.7
Total Emergency Services	2767	3611	2486
Total Number of Deliveries	573	569	570
Total CAC Services	232	211	236
Total PAC services	261	217	212
Total C/S Delivery	73	99	116
Total Minor Surgery	241	157	206
Total inpatients discharge	2581	2444	2273
Percentage of inpatients who were referred in	0.46	15.4	41.1
Percentage of inpatients who were referred out	5.8	4.9	1.4

## Dailekh District Hospital Summary Dataset- 2079-80

Hospital Level Monthly Reporting Form																											
Hospital Services					Emergency Services		Number of Beds	Sanctioned	15																		
Age Group	New Clients Served		Total Clients Served		Total Clients Served			Operational	50																		
	Female	Male	Female	Male	Female	Male	Total Patients Admitted	2273																			
0 - 9 Years	1436	1952	1727	2386	240	379	Total Inpatient Days	4312																			
10 - 14 Years	478	627	541	747	83	110																					
15 - 19 Years	1143	506	1427	557	222	142	Diagnostic/ Other Services	Unit	Number																		
20 - 59 Years	7779	3534	11534	4447	915	759	X-ray	Number	4652																		
60-69 Years	770	578	1169	839	87	93	Ultrasonogram (USG)	Number	6860																		
≥70 Years	804	626	1370	1239	111	88	Electrocardiogram (ECG)	Number	1247																		
<table><tr><th rowspan="2">Referrals</th><th rowspan="2">Referral In</th><th colspan="3">Referred Out</th></tr><tr><th>Outpatient</th><th>In-patient</th><th>Emergency</th></tr><tr><td>Female</td><td>872</td><td>775</td><td>18</td><td>59</td></tr><tr><td>Male</td><td>62</td><td>709</td><td>13</td><td>99</td></tr></table>							Referrals	Referral In	Referred Out			Outpatient	In-patient	Emergency	Female	872	775	18	59	Male	62	709	13	99			
									Referrals	Referral In	Referred Out																
							Outpatient	In-patient			Emergency																
							Female	872	775	18	59																
Male	62	709	13	99																							

District Hospita Summary of Indoor Services														
Age Group	Recovered/Cured		Stable		Referred Out		DOPR/LAMA		Absconded		Death < 48 Hours		Death ≥ 48 Hou	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
0-7 Days	0	0	0		31	11	3	2	0	0	0	0	0	0
8-28 Days	8	12	0	0	0	0	2	4	0	0	0	0	0	0
29 Days - <1 Year	9	13	0	0	1	0	19	32	0	0	0	0	0	0
01 - 04 Years	34	62	0	0	4	1	32	34	0	0	0	0	0	0
05 - 14 Years	32	55	1	0	0	2	18	11	0	0	0	0	0	0
15 - 19 Years	22	21	0	0	0	2	19	4	0	0	0	0	0	0
20 - 29 Years	107	7	0	0	1	1	93	5	0	0	0	0	0	0
30 - 39 Years	286	5	0	0	3	0	27	10	0	0	0	0	0	0
40 - 49 Years	61	6	1	1	2	0	4	7	0	0	0	1	0	0
50 - 59 Years	19	12	0	0	0	1	4	4	0	0	0	0	0	0
60-69 Years	15	6	0	0	1	0	14	12	0	0	0	0	0	0
≥ 70 Years	24	10	0	0	0	0	40	12	0	0	0	0	0	1

Neonate Form		Gestational Weeks				Type of Surgeries	Number of Surgeries		
		22-27	28-36	37-41	≥ 42		Female	Male	
1		2	3	4	5	Major	2	3	
Primi		1	11	228	8		Female	Male	
Multi		1	13	266	18		0	0	
Grand Multi		2	2	26	2		46	0	
Maternal Age (Years)	<20	1	6	85	2		0	0	
	20-34	1	19	418	25	0	0		
	≥ 35	2	1	17	1	68	77		
Medico-Legal Cases	Male		Female		Intermediate	Emergency	0	0	
	4		114			Inpatient	0	0	
						Minor	Outpatients	6	2
Plaster		10		20			Inpatients	10	43
Postmortem Done		21		40			Emergency		

Death Information		Female	Male
1		2	3
Hospital Death	Early Neonatal	0	0
	Late Neonatal	0	0
	Maternal (All)	0	
	Post-operative*	0	0
	Emergency	0	0
	Inpatient		
Brought Dead		2	3



Free Health Service Summary			Free Health Services and Social Security Programme							
Cost Exemption of	No. Patients	Total Exempted cost (NRS)	Patients at	Ultra Poor/ Poor	Helpless/ Destitute	Disabled	Sr. Citizens > 60 Years	FCHV	Gender Based Voilence	Others
1	2	3	1	2	3	4	5	6	7	8
Partially	142	206730.7	Outpatients	615	4	3	518	5	1	9799
			Inpatients	24	0	0	17	0	0	206
Completely	75	393200	Emergency	5	2	0	55	2	1	175
			Referred Out	42	1	0	38	0	0	556

## **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 citizens 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), eLMIS, MSS
- 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

### संस्थाको आ.व २०७९/८० को परियोजनागत वार्षिक प्रतिवेदन ढाँचा

१. परियोजनाको नाम: सुआहारा दोस्रो

२. परियोजनाको कार्यक्षेत्र : आठबिस नगर पालिका, चामुण्डाबिन्द्रासैनी नगर पालिका, नारायण नगर पालिका, दुल्लु नगर पालिका, ठाटिकाँध गाउँ पालिका, भैरवी गाउँ पालिका, महाबु गाउँ पालिका, नौमुले गाउँ पालिका, भगवतीमाइ गाउँ पालिका, गुरास गाउँ पालिका र डुगेश्वर गाउँ पालिका

३. कार्यक्रमको अवधि: सन् २०१६ बाट २०२३ सम्म

४. सहयोगी निकाय: यु एस एड

५. कार्यक्रमको उद्देश्य: १००० दिनका आमा र बच्चाको स्वास्थ्य तथा पोषणको अवस्थामा सुधार ल्याउने

६. कार्यक्रमको अपेक्षित नतिजा:

७. कार्यक्रमको विषयगत क्षेत्रहरु:

परिणाम १: घरायसी पोषण, खानेपानी तथा सरसफाई र स्वास्थ्य अभ्यासहरुको अनुसरण

परिणाम २: महिला तथा बालबालिकामा गुणस्तरीय पोषण तथा स्वास्थ्य सेवाहरुको उपयोगमा अभिवृद्धि

परिणाम ३: महिला तथा बालबालिकाको पोषणयुक्त र विविध खानेकुराहरुको पहुँचमा सुधार गर्ने

परिणाम ४: स्थानीय तहमा सुशासन सुदृढीकरण गर्दै बहुक्षेत्रीय पोषण योजनालाई विस्तार गर्ने

८. कार्यक्रमको बजेट

९. स्थानीय सरकारसंगको समन्वयमा परियोजनासंग सम्बन्धित कार्यक्रमको लागि स्थानीय पालिकाबाट छुट्याइएको बजेट (म्याचिङ फन्ड) तथा कार्यक्रम शिर्षक:

१०. कार्यक्रमको मुख्य नतिजाहरु (छोटोमा कार्यक्रम वा परियोजनाको अपेक्षित नतिजा तथा उद्देश्यलाई लाई लिंक गरेर बुदागत रुपमा राख्ने)।

६७८९ जना १००० दिनका आमाहरुले स्वास्थ्य, पोषण तथा सरसफाई सम्बन्धि परामर्श पाएका छन्।

८१० वटा आमा समुहमा नै कर्मचारीहरुबाट प्राविधिक सहयोग पुगेको छ।

१२१ जना कृषकलाई तालिम प्रदान गरी ग्रामीण नमुना कृषकको रुपमा स्थापित गर्न सफल रहेको छ।

६५ जना कडा शिघ्र कुपोषण भयका बच्चाहरुलाई सामान्य अवस्थामा ल्याउन सफल भयोको छ।

११ वटै पालिकामा स्वास्थ्य तथा पोषण आवश्यक बजेट विनियोजन गर्न सफल रहेको छ।

स्वास्थ्य सेवलाई प्रभावकारी बनाउन जिल्लामा रहेका सबै स्वास्थ्यकर्मीहरुलाई CB-IMNCI, MIYCN तालिम संचालन गर्न सहयोग गरेको छ।

जिल्लामा १५ वटा बहिरंग उपचार केन्द्र स्थापना गर्न सहयोग गरेको छ।

११. आ.व २०८०/०८१ को लागि बजेट १६,७२,४०२

१. कथाको छोटो पृष्ठभूमि (जस्तै व्यक्तिको व्यक्तिगत तथा पारिवारिक विवरण, अवस्था, कार्यक्रमको सहयोग भन्दा पहिलेको अवस्थालाई र कार्यक्रमबाट के कस्तो सहयोग उपलब्ध भए उल्लेख गर्ने)।

कर्णाली प्रदेश प्रशस्त सम्भावना भएको तर अन्य प्रदेशको तुलनामा पछाडी पारिएको प्रदेश हो।

जनसंख्या र भुगोलको हिसावले पनि दैलेख ठुलो जिल्ला अर्न्तगत पर्दछ। NDHS २०१६ अनुसार पोषण र स्वास्थ्यको सुचक पनि न्युन रहेको छ। सुआहारा दोस्रो कार्यक्रम अर्न्तगत समुदाय स्तरमा नियमित

५ वर्ष मुनिका बच्चाहरुको पोषणको लेखाजोखा तथा परामर्श हुदै आइरहेको र कुपोषित बच्चाहरुको पहिचान तथा उपचारको लागी जिल्लामा रहेको एकमात्र पोषण पुनर्स्थापना गृहमा ल्याउन सहयोग

गर्नु कार्यक्रमको महत्वपूर्ण भुमिका रहेको थियो। पहिचान भयका बच्चाहरुलाई पुनर्स्थापना गृहमा लगेर उपचार गर्नु चुनौतीको रुपमा रहेको थियो भने बच्चाको आमा बाबा तथा घरपरिवारलाई पनि

कुपोषण रोग हो जसले गर्दा बच्चाको ज्यान नै जान सक्छ भन्ने सम्म पनि चेतनाको अभाव रहेको थियो । गाउँघरमा खानामा तरकारीजन्य उत्पादनको उपभोग पनि नभएको अवस्था थियो । दैलेख जिल्लामा लुकेर रहेका कुपोषित बच्चाको धेरै रहेको र पहिचान गर्नु पर्ने तथा आमा तथा बच्चाको खानामा विविधिकरण ल्याउनु चुनौतीको रूपमा रहेको थियो ।

कडा शिघ्र कुपोषणको एकिकृत व्यवस्थापन अर्न्तगत जिल्ला स्वास्थ्य कार्यालय, सुआहारा दोस्रो कार्यक्रम तथा पालिकाको सहकार्यमा कुपोषित बच्चाको पालिकामा नै उपचार गर्नको लागि जिल्लाको १४ वटा स्वास्थ्य संस्थामा बहिरंग उपचार केन्द्र स्थापना भएको छ जसले गर्दा विगतमा जस्तो जिल्ला सदरमुकाममा नै जानु पर्ने बाध्यता केहि हद सम्म कम भएको छ । स्थापना भएका बहिरंग उपचार केन्द्र मध्ये पनि केहि नियमित संचालनमा आउन नसक्नु पनि अर्को समस्याको रूपमा रहेको थियो । जिल्ला स्वास्थ्य सेवा कार्यालयको अगुवाई तथा सुआहारा कार्यक्रमको नियमित सहकार्यमा स्थापना भएका बहिरंग उपचार केन्द्रको समिक्षा पश्चात पालिकाको एकआपसमा राम्रा अभ्यासहरुको सिकाइ आदानप्रदान भएको तथा सबै बहिरंग उपचार केन्द्र नियमित संचालनमा आयको छ जसको लागि स्वास्थ्य सेवा कार्यालय पोषण फोकल पर्सन नन्दलाल जैसीले पनि सुआहारा परिवारलाई धन्यवाद प्रदान गर्नु भएको छ । स्वास्थ्य कर्मीहरुलाई ७ दिनको बृहत पोषण प्याकेज तथा ३ दिनको महिला सामुदायिक स्वास्थ्य स्वयमसेविकालाई प्रदान गरेको बृहत पोषण प्याकेज मा सुआहाराको टिमको सहयोगलाई पनि स्मरण गर्नु भयो ।



सञ्चालनमा रहेको बहिरंग उपचार केन्द्र अर्न्तगतको लयाटिबिन्द्रासैनी स्वास्थ्य संस्थाको तस्विर

स्थापना भएका बहिरंग उपचार केन्द्र मध्ये चामुण्डाविन्द्रासैनी नगर पालिका स्थित रहेको लयाटिबिन्द्रासैनी स्वास्थ्य संस्थाले कुपोषित बच्चाको व्यवस्थापनमा खेलेको भुमिकालाई बिर्सन सकिदैन । समुदाय तहमा लुकेर रहेका कुपोषित बच्चाहरुको पहिचान गर्नमा पालिकाबाट महिला सामुदायिक स्वास्थ्य स्वयमसेविका तथा सुआहाराका कर्मचारीहरुको परिचालन गर्नु मुख्य उपलब्धि रहेको छ भने स्वास्थ्य संस्थाले ५ वर्ष मुनिका सबै बच्चाहरुको पाखुराको मापन गरी समयमानै कुपोषित बच्चाहरुको पहिचान गर्नु अर्को महत्वपूर्ण उपलब्धिको रूपमा रहेको छ । लयाटिबिन्द्रासैनी स्वास्थ्य संस्था इन्र्वाज हिकमत बहादुर भण्डारीका हालसम्म ७२ जना मध्यम तथा कडा शिघ्र कुपोषण भएका बच्चाहरुलाई स्वास्थ्य संस्थाबाट RUTF बाट उपचार भएको जानकारी दिनुभयो । डिफल्टर दर कम गर्नका लागि महिला सामुदायिक स्वास्थ्य स्वयमसेविका, स्वास्थ्यका

कर्मचारी तथा सुआहारा दोस्रोका कर्मचारीको सहयोगबाट घरभेट तथा परामर्श प्रदान गरिएको कुरा स्वास्थ्य संस्थाको इन्र्वाजले जानकारी दिनुभयो । पोषणको महत्व समुदायतह तथा घरधुरीतहमा पुर्‍याउन सुआहारा कार्यक्रम वाट संचालित विभिन्न क्रियाकलापले महत्वपूर्ण भुमिका रहेको छ जसले गर्दा घरधुरीतहमा नै पोषणयुक्त खाद्यान्नको उत्पादन तथा उपभोगमा बृद्धि भयेको छ । कडा शिघ्र कुपोषण भयेका बच्चाहरुको व्यवस्थापनका लागी स्थापना भयेको पहिरंग उपचार केन्द्रबाट मात्र सम्भव नरहेकोले थप बहिरंग उपचार केन्द्र आवश्यक रहेको र आवश्यक तालिम तथा सामग्रीको लागी सुआहारा दोस्रो कार्यक्रमसंग सहकार्य गर्ने स्वास्थ्य शाखा प्रमुखले जानकारी दिनुभयो ।

२. भनाइहरु (सहयोग गरिएको व्यक्ति संग सम्बन्धित परिवार, छिमेकी, तथा सरोकारवालाको बलिया भनाइहरु उनीहरुकै भाषामा उल्लेख गर्ने) ।

लयाटिबिन्द्रासैनी स्वास्थ्य संस्था इन्र्वाज हिक्मत भण्डारी “बहिरंग उपचार केन्द्र स्थापना गर्न आवश्यक तालिम तथा सामग्री प्रदान गर्नु हुने एभरेष्ट क्लब तथा सुआहारा परिवारलाई हृदयबाट सम्झन चाहन्छु ”

चामुण्डाविन्द्रासैनी नगर पालिका प्रमुख गणेश कुमार शाही “स्वास्थ्यको क्षेत्रका विभिन्न क्रियाकलापमा सहयोग गर्ने एभरेष्ट क्लब तथा सुआहारा दोस्रो परिवारलाई हृदयबाट सम्झन चाहन्छु ”

नियमित सहकार्य गर्ने क्रममा स्वास्थ्य शाखा प्रमुख मानकुमारी शाही भन्नुहुन्छ “५ वर्ष मुनिका सबै बच्चाहरुको पाखुराको मापन गरी कुपोषित बच्चाहरुको पहिचान गर्न सहयोग गर्नुहुने सुआहाराका कर्मचारी तथा महिला सामुदायिक स्वास्थ्य स्वयमसेविका लाई धन्यवाद दिन चाहन्छु ”

३. कसरी संस्थाको कार्यक्रमले उनलाई सहयोग गर्यो प्रक्रियाहरु सहित समावेश गर्ने ।

४. सहयोग गरिएको व्यक्तिको आफ्नै शब्दमा राखियका वा व्यक्त गरेका भनाइहरु समावेश गर्ने ।

५. माथि आएका जानकारी तथा सुचना भन्दा केहि फरक भएमा उल्लेख गर्ने ।

६. संक्षिप्तमा परियोजनाबारे जानकारी तथा पृष्ठभूमि ।

सुआहारा-दोस्रो: एकीकृत पोषण कार्यक्रम अमेरिकी अन्तराष्ट्रिय विकास नियोग (यु.एस.ए.आई.डी) को सहयोगमा सन् २०१६ अप्रिल देखि २०२१ मार्चसम्म सञ्चालन हुने गरि कार्यान्वयनमा भएकोमा कोभिड १९ ले श्रृजना गरेको विषम परिस्थितिलाई सम्बोधन गर्न सन् २०२१ अप्रिलदेखि २०२३ मार्चसम्म र युकेन युद्धको असरलाई कम गर्न स्थानीयसन् २०२२ नोभेम्बर देखि २०२३ सम्म लागत सहित स्थानीयस्थानीयविस्तार भएकोमा विभिन्न शीर्षकमा बचत भएको बजेटबाट सेप्टेम्बर २०२३ सम्म विना लागत भार विस्तार (No Cost extension) प्राथमिकतामा परेका ८ वटा जिल्ला ( रोल्पा, रुकुम पूर्व, रुकुम पश्चिम, दैलेख, जाजरकोट, बझाङ्ग, अछाम र बाजुरा) ४१ वटा स्थानीय तहहरुमा ७ वटा साभेदार संस्थाहरु मार्फत सीमित कार्यक्रम सञ्चालन हुनेछ भने रसुवा र सिन्धुपाल्चोक जिल्लामा पोषण तथा स्वास्थ्य परामर्शदाता मार्फत संक्षिप्त रुपमा केही कार्यक्रम सञ्चालन गरिनेछ ।

**USAID’S Health and Hygiene Activity (HHA)**  
**SWACHCHHATA, Dailekh**  
**February 2021 – August 2024**

**Background**

Dailekh district is a hilly district in Nepal located in Karnali province with headquarters in Dailekh Bazar. The district covers an area of 1,505 square kilometers. According to the Government of Nepal 2021 census report, the total population of Dailekh is 252,313 of which 120,774 are males and 131,359 are females. Dailekh district is divided into a total of eleven municipalities, out of which seven are rural municipalities and four are urban municipalities. Since February 2021, USAID's Health and Hygiene Activity (HHA) has been actively involved in interventions focused on 58 Health Facilities (HFs) in these 11 (eleven) municipalities in Dailekh.

**Overview of USAID’s Health and Hygiene Activity**

USAID's Health and Hygiene Activity (HHA), *Swachchhata* in Nepali, is implemented by DevWorks International in collaboration with a local construction company, SIDEF Consultants Pvt. Ltd. Since February 2016, HHA has contributed to the USAID Country Development Cooperation Strategy goal of a “more self-reliant, prosperous, and inclusive Nepal that delivers improved democratic governance, **health**, and education outcomes.” Designed to improve community health status, *Swachchhata* adopts a holistic approach to improving quality of health services and hygiene practices and behaviors supporting health facilities to:

- Construct water, sanitation, and hygiene (WASH) facilities (and in some cases solar power systems) and carry out post-construction maintenance.
- Adopt infection prevention and control (IPC) tools and protocols, and a system for procuring needed supplies and equipment.
- Carry out Provider Behavior Change Communication (PBCC) with healthcare providers conducting active counseling to clients on hygiene behaviors.
- Employ outreach mechanisms targeting WASH Behavior Change Communication to community members, especially women, and disadvantaged populations.
- Overall, be empowered and committed to provide quality health services in preventing and controlling healthcare-associated infections and deaths, which may adversely harm health workers and clients.

HHA works in six districts in Karnali province - Dolpa, Jajarkot, Salyan, Rukum West, Surkhet and Dailekh - and in one district in Lumbini province - Rukum East. In all HFs targeted, HHA follows a similar process of:

- engaging Municipalities/Rural Municipalities (M/RMs), Health Facility Operation and Management Committees (HFOMCs), health facilities (HFs), and community members in a three-dialogue participatory process prior to construction of WASH facilities;
- requiring cost share contributions from rural municipalities/municipalities (RM/Ms) towards construction and operation and maintenance (O&M);
- conducting water quality tests and public audits upon completion of construction;

- training local HFOMCs, Water Users and Sanitation Committees (WUSCs), and health facility staff on a variety of topics, including standard operating procedures of WASH (including water treatment) and in some cases solar power systems, in order to maintain the desired infection prevention and control behaviors in the HFs;
- training local government, HFOMCs, healthcare providers, and health facility staff on tools and protocols on Infection Prevention and Control and provider behavior change communication (PBCC);
- integrating disaster risk reduction, water safety plans, and gender equality and social inclusion throughout program activities;
- conducting follow-up coaching and mentoring post-trainings.

In March-April 2023, HHA conducted an assessment of 130 HFs it provided support to during its base (2016-2021) and first extension (2021-2022) periods to determine the sustainability of its WASH infrastructures, infection prevention and control, provider and community-oriented behavior change communication activities. **HHA did not include those HFs where only infection prevention and control support had been provided in the assessment.**

### HHA Interventions

In Dailekh, from 2021-2024, HHA will have aimed to improve quality of health service delivery and hygiene at 41 HFs (15 HFs in the first extension and 26 HFs in the second extension periods) in terms of **both** WASH infrastructure improvements and Infection Prevention and Control. The respective RM/Ms and HFOMCs sign a tripartite agreement with HHA to take on overall responsibilities to manage the construction and operation and maintenance of WASH facilities. HHA supported the following health facilities in Dailekh:

### HFs supported from 2021-2022 (first extension period) in Dailekh:

S.N.	Health Facility	Municipality	Water Supply Supported	Functioning Water Supply (Y/N)*	Toilet Facilities Supported	Functioning Toilets	Handwashing Stations Supported	Functioning Handwashing Stations with Soap and Water (Y/N)*
1	Bhairikalikathum HF	Bhairabi RM	Yes	Yes	0	0	1	Yes
2	Rawatkot HF	Bhairabi RM	Yes	Yes	2	2	6	Yes
3	Badalamji HF	Dullu M	Yes	No	2	2	4	No
4	Malika HF	Dullu M	Yes	Yes	0	0	1	Yes
5	Kalbhairab HF	Dullu M	Yes	Yes	2	2	6	Yes
6	Pipalkot HF	Aathbis M	Yes	Yes	2	2	7	Yes
7	Tilepata HF	Aathbis M	Yes	Yes	2	2	6	Yes

S.N.	Health Facility	Municipality	Water Supply Supported	Functioning Water Supply (Y/N)*	Toilet Facilities Supported	Functioning Toilets	Handwashing Stations Supported	Functioning Handwashing Stations with Soap and Water (Y/N)*
8	Sigaudi HF	Aathbis M	Yes	Yes	2	2	4	Yes
9	Rakamkarnali HF	Aathbis M	Yes	Yes	1	1	5	Yes
10	Seri HF	Gurans RM	Yes	Yes	1	1	5	Yes
11	Sattala HF	Aathbis M	Yes	Yes	0	0	1	Yes
12	Chauratha HF	Naumule RM	Yes	Yes	3	3	6	Yes
13	Jaganath HF	Bhagawatimai RM	Yes	Yes	2	1	4	Yes
14	Awalparajul HF	Dungeshwor RM	Yes	Yes	4	3	8	Yes
15	Dandaparajul HF	Dungeshwor RM	Yes	Yes	3	3	7	Yes
	<b>Total</b>	<b>7 RM/Ms</b>	<b>15 HFs</b>	<b>14 HFs</b>	<b>26 toilets</b>	<b>24 toilets</b>	<b>71 stations</b>	<b>14 HFs</b>

**\*As of March, /April 2023**

**HFs to be supported from 2022-2024 (second extension period) in Dailekh:**

S.N.	Health Facility	Municipality	Plan to support Drinking Water Supply	Plan to support construction of Toilet facilities	Plan to support construction of Handwashing Stations
1	Piladi HF	Gurash RM	Yes	0	0
2	Khadkabada HF	Gurash RM	Yes	3	6
3	Lalikanda HF	Gurash RM	Yes	2	7
4	Goganpani HF	Gurash RM	Yes	0	0
5	Nepa HF	Dullu M	Yes	0	0
6	Gauri HF	Dullu M	Yes	2	4
7	Paduka HF	Dullu M	Yes	3	2
8	Gamaudi HF	Dullu M	Yes	2	5
9	Chamunda HF	Chamunda Bindrasaini M	Yes	2	4
10	Jamukandh HF	Chamunda Bindrasaini M	Yes	3	6
11	Singasain HF	Aathbis M	Yes	4	7
12	Toli HF	Naumule RM	Yes	3	4
13	Kalika HF	Naumule RM	Yes	2	4
14	Baluwatar HF	Naumule RM	Yes	2	0
15	Salleri HF	Naumule RM	Yes	4	10



S.N.	Health Facility	Municipality	Plan to support Drinking Water Supply	Plan to support construction of Toilet facilities	Plan to support construction of Handwashing Stations
16	Kharigaira HF	Mahabu RM	Yes	3	7
17	Bansi HF	Mahabu RM	Yes	2	4
18	Badabhairab HF	Bhagawatimai RM	Yes	2	0
19	Tribeni HF	Narayan M	Yes	3	0
20	Bindhyabasini HF	Narayan M	Yes	4	6
21	Basantamala HF	Narayan M	Yes	2	3
22	Narayan HF	Narayan M	Yes	1	1
23	District Hospital	Narayan M	Yes	0	0
24	Lakuri HF	Dungeshwor RM	Yes	4	5
25	Tolijaisi HF	Thatikadh RM	Yes	3	7
26	Kushapani HF	Bhairabi RM	Yes	2	5
	<b>Total</b>	<b>11 RM/Ms</b>	<b>26 HFs</b>	<b>58 toilets</b>	<b>97 stations</b>

The following sections highlight the status of the 15 health facilities from the first extension period supported in terms of WASH, Infection Prevention and Control, and healthcare provider and community-oriented Behavior Change Communication.

### Water Supply

HHA supported the construction of new or rehabilitated drinking water supply schemes at 15 HFs to ensure that sufficient quantities of safe drinking water are available for all end users. Improvements to the water supply infrastructure comprised of two overall parts:

- Construction of piped drinking water supply systems from the water source to the health facility consisting of intake structures, transmission pipelines, reservoir tanks, among others.
- Installation of an internal water network within the health facilities' premises, including plumbing and greywater drainage to ensure a continuous and safe water supply at critical points of services in the health facility, and back up water treatment systems.

HHA supported the installation of **Aquatabs Flo systems** at 15 HFs at the inlet of water tanks at the health facilities as a source of chlorination for water treatment. HHA also trained **Village Maintenance Workers** selected by Health Facility Operation and Management Committees (HFOMCs) and Water Users and Sanitation Committees (WUSCs) to conduct minor plumbing works. HHA conducted standard operating procedures trainings, water quality tests, public audits, self-assessments, and testing and commissioning of the improved facilities. Furthermore, HHA increased the capacity of Health Facility Operation and Management Committee (HFOMC) members and Water Users and Sanitation Committee (WUSC) members to use **self-assessment tools** to identify gaps, to create action plans to maintain or upgrade services, and to effectively advocate for quality health care service delivery for clients and communities.

According to the assessment conducted in March/April 2023, 14 of the 15 targeted HF have functional water supply systems. In some cases, the HF did not offer laboratory and in and out-patient department room services.

	Total HF	Toilet	OPD Room	Lab Room	In-patient Department Room	Birthing Center
Dailekh	15 HFs	14 HFs	14 HFs	3 HFs	9 HFs	15 HFs

The reason one (1) HF (Badalamji HF) does not have a functional water supply system has to do with the dismantling of a 120-meter water pipeline during road construction. The pipeline would need to be repaired or replaced to restore the water supply to the HF.

### Sanitation

HHA supported construction/rehabilitation of 26 male and/or female toilets. Each health facility was equipped to have at least one toilet (typically the female toilet facility) with ramps and railings, accessories, fittings and plumbing for toilets, and handwashing stations to be wheelchair accessible and disabled-friendly.

According to the assessment conducted in March/April 2023, 24 of the 26 toilet facilities supported are functional. A functional toilet is defined as: equipped with a continuous water supply for anal cleansing and flushing; presence of water seal on toilets to prevent rodents and flies from going in and out of the pits; presence of walls and lockable doors for privacy; and hygienic conditions with no fecal smears, used anal cleaning materials or sanitary materials, including for menstrual hygiene management, exposed.

Also, female toilet facilities at only 3 HF of the 15 targeted HF had waste containers for the proper disposal of sanitary pads.

	HHA supported toilets	Visibly functional toilet
Dailekh	26	24

Two toilet facilities are not functional due to: inadequate water supply, unhygienic toilet facilities, and/or poor management and monitoring of cleaning staff by healthcare providers.

### Handwashing with Soap and Water

Working alongside respective RM/Ms and HFOMCs, HHA supported the construction of 71 new or rehabilitated existing handwashing stations to enable health workers and clients to adopt good hygiene practices. In some cases, hand washing stations were also located besides the outpatient department (OPD) rooms, in-patient department rooms and birthing centers for drinking, handwashing, bathing, other personal hygienic needs and/or to maintain sanitary conditions, including to make chlorinated solutions for instrument/equipment and surface disinfections.

In Dailekh, 14 out of 15 HF had handwashing stations with soap and water. Currently, Badalamji HF does not have a functional water supply system. Therefore, water is not available at its handwashing stations.

### Village Maintenance Workers (VMWs) Trained

HHA trained 19 male and 1 female Village Maintenance Workers in all 15 HFs. The trainings oriented VMWs on their roles and responsibilities as VMWs. VMWs are trained on such basic plumbing skills as pipe thread cutting, and layout, use and fittings of various types of pipes to make minor repairs of small-scale WASH infrastructures at health facilities.

	Total HF	Trained VMW			Active VMW		
		HFOMC-selected	WUSC-selected	Total	HFOMC-selected	WUSC-selected	Total
Dailekh	15	15 (1 F, 14 M)	5 (5 M)	20 (1 F, 19 M)	15 (1F, 14M)	3 (3M)	18 (1F, 17M)

All health facilities have at least one VMW either selected from HFOMCs or from WUSCs. However, two VMWs selected by WUSCs from Kalbhairab and Awalparajul HFs were inactive in their roles as VMWs due to low interest in the work and/or engagement in other work.

### Investments Made to HFs for WASH Facilities

Health Facility and RM/Ms			HHA Contribution (NPR)	Total RM/M or HFOMC Contribution (2% for O&M Fund and 15% for Construction (NPR)	Total Construction Cost (NPR)
1	Aathbis M	Sattala HF	705,386	106,758	812,144
2	Aathbis M	Tilepata HF	1,450,474	314,320	1,764,794
3	Aathbis M	Sigaudi HF	1,354,868	275,810	1,630,678
4	Aathbis M	Pipalkot HF	1,211,453	261,990	1,473,443
5	Aathbis M	Rakamkarnali HF	1,299,372	255,330	1,554,702
6	Bhairabi RM	Bhairikalikathum	1,068,565	184,690	1,253,255
7	Bhairabi RM	Rawatkot HF	1,158,497	234,552	1,393,049
8	Dullu M	Badalamji HF	1,719,914	338,435	2,058,349
9	Dullu M	Malika HF	618,086	97,670	715,756
10	Dullu M	Kalbhairab HF	1,278,969	249,100	1,528,069
11	Naumule RM	Chauratha HF	1,007,959	204,000	1,211,959
12	Dungeshor RM	Awalparajul HF	1,287,851	258,278	1,546,129
13	Dungeshor RM	Dandaparajul HF	1,260,995	253,668	1,514,663
14	Bhagawatimai RM	Jaganath HF	1,172,734	224,895	1,397,629
15	Gurans RM	Seri HF	1,682,108	331,480	2,013,588
NPR			18,277,232	3,590,976	21,868,208
USD			152,310	29,925	182,235

### Operation and Maintenance (O&M) fund

HHA signed Memorandums of Understanding (MOUs) with RM/Ms and HFOMCs whereby they committed to establishing O&M funds prior to construction commencing.

### Establishment of an O&M fund

	Yes	No	Total
Dailekh	13 HFs	2 HFs	15 HFs

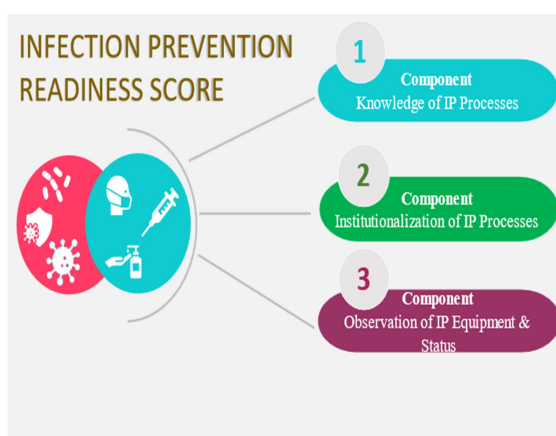
#### Availability of an O&M fund in NPR

	0-10,000	11,000-20,000	21,000-30,000	31,000-40,000	50,000 - above	Total
Dailekh	2 HFs	2 HFs	7 HFs	1 HF	1 HF	13 HFs

Most HFs are not utilizing the funds for the operation and maintenance of WASH facilities.

### Infection Prevention and Control

USAID's HHA adapted a standard training package, developed by the National Health Training Center, to strengthen the capacity of healthcare providers and support staff regarding infection prevention and control (IPC) practices. HHA adopts a suite of tools - an Infection Prevention and Control Service Readiness Tool (SR-05), Provider Behavior Change Communication (PBCC) monitoring checklist and client exit interviews for healthcare providers, health facility support staff and HFOMCs to identify and address



infection prevention and control service gaps. Through regular onsite coaching and follow up, the HHA team supports health facilities in adhering to infection prevention and control best practices.

#### Observation of Healthcare Providers' Knowledge of IPC processes

This IPC readiness score assesses the knowledge of healthcare providers consisting of four domains and eight sub-domains. Based on the results, healthcare providers scored highest with respect to proper segregation of waste, maintaining standard personal hygiene practices, and the use of antiseptic solutions. However, three HFs (Badalamji, Awalparajul and Dadaparajul) still need improvements in terms of properly disposing of sharp instruments.

Properly disposes sharps instruments	Properly segregation of waste	Maintains standard personal hygiene practices	Uses antiseptic solutions	Total Score (%)
12 HFs (80%)	15 HFs (100%)	15 HFs (100%)	15 HFs (100%)	95%

#### Observation of Health Facility Support Staff on Knowledge of IPC processes

The IPC readiness score assesses the knowledge of support staff consisting of six domains and 22 sub-domains. Based on the results, none of the HFs scored in the high-performance range across all the domains pointing to the need for improvements in all domains, except for cleaning instruments, among HF support staff.

Uses and stores antiseptic solutions properly	Performs decontamination process properly	Cleans instruments	Performs High-level Disinfection (HLD)	Performs sterilization with an autoclave properly	Stores sterile instruments in sterile containers	Total Score (%)
10 HFs (67%)	11 HFs (73%)	15 HFs (100%)	0%	13 HFs (87%)	8 HFs (53%)	63%

#### **Institutionalization of IPC processes**

Two domains are stated as criteria for understanding IPC guidelines and plans ranging from basic to advanced. Under **BASIC knowledge transfer**, the survey determines whether the HFs have printed IPC guidelines readily available, whether the HFs conduct orientations on IPC for all health staff, and whether the HFs have IPC action plans available. Under **ADVANCED knowledge transfer**, the survey goes further to ask if the IPC action plan is clearly visible to all staff and whether the HFs have written procedures for orienting new staff. Based on the result, 15 HFs assessed in Dailekh district cumulatively scored 50% on institutionalization of IPC processes pointing to the critical need to improve the institutionalization of IPC processes in HFs.

Institutionalization – Basic Knowledge Transfer	Institutionalization – Advanced Knowledge Transfer	Total Score
8 HFs (53%)	7 HFs (47%)	50%

#### **Observation of IPC Equipment and Status**

Four domains and 21 sub-domains assess the status of IPC equipment and the effectiveness of HF staff in maintaining the facility's functionality regarding sanitation, Information, Educational and Communication (IEC) material dissemination to remind health workers of proper IPC procedures, and proper waste management. The majority of HFs in Dailekh district have performed satisfactory in all domains, except for sanitation, scoring 95% out of 15 HFs.

Sanitation	Materials and Equipment	Basic Waste Segregation	Information, Education and Communication (IEC) illustrated materials at site of procedure	Total Score
13 HFs (87%)	15 HFs (100%)	14 HFs (93%)	15 HFs (100%)	95%

#### **Overall IPC Readiness Score**

The overall IPC readiness aggregate score encompasses 16 domains. Each domain is equivalent to one point. This score reflects the HFs performance in terms of IPC preparedness. According to the criteria, HFs with 0-7 points are classified as low, those with 8-11 points as medium, and 12-16 points as high in their performance. Based on the results, in Dailekh, 12 HFs fall in the high performance category and 3 HFs in the medium category.

Aggregate Score		
Low (<50%) (0-7 points)	Medium (50 to <75%) (8-11 points)	High (75-100%) (12-16 points)
	3 HF's (20 %)	12 HF's (80 %)

#### Provider Behavior Change Communication

HHA's Provider Behavior Change Communication (PBCC) approach promotes WASH behavior change communication between providers and clients at health facilities. The PBCC approach is a one-to-one interaction, which enables healthcare providers to better serve clients. HHA builds health service providers' capacity and motivation to communicate behavior change benefits to clients around five targeted hygiene WASH behaviors - **hygienic use of toilets, handwashing with soap and water at critical times, safe disposal of child feces, menstrual hygiene management, and safe handling and treatment of drinking water.**

#### Observation of Healthcare Provider

The healthcare providers in 15 HF's in Dailekh district performed well in washing hands or using sanitizers each time before handling clients but have room for improvement in wearing clean attire and providing counseling to clients on WASH issues.

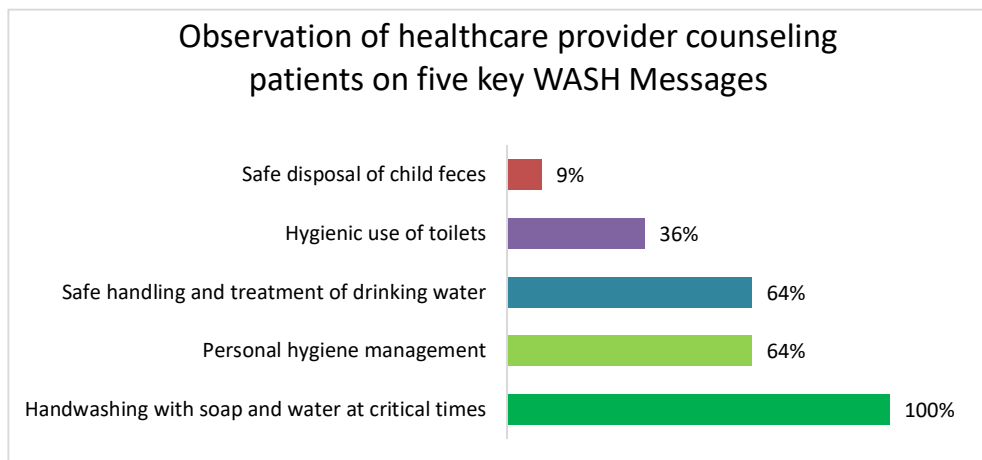
Total HF	Healthcare providers wearing clean attire		Healthcare providers wash hands or use sanitizer each time before handling clients		Healthcare providers counseling to the clients on WASH issues	
15 HF's	Yes	11 HF's (73 %)	Yes	15 HF's (100 %)	Yes	11 HF's (73 %)

#### Healthcare Providers Interaction with Clients

Based on a survey of 15 clients, the healthcare providers in all 15 HF's in Dailekh district had mixed results (scoring 80% overall) regarding the effectiveness of their counseling methods with clients pointing to the need for improvements in this area.

Total HF	Rapport Building		Identifies Needs and Motivations of the Client		Effective Listening		Provides Necessary Information		Conveying Key WASH messages		Total (Five Parameters for Effective Counseling) - %
15 HF's	49	82%	47	78%	49	82%	46	77%	48	80%	80%

Regarding healthcare providers counseling clients on specific key hygiene WASH messages, 15 HFs scored 80% overall in conveying at least one of the five key WASH messages to their clients. Specifically, out of 11 HFs that did convey at least one of the five key WASH messages, healthcare providers at 11 HFs (100%) conveyed *handwashing with soap and water at critical times*, at 4 HFs (36%) conveyed *hygienic use of toilets*, at one HF (9%) conveyed *safe disposal of child feces attention*, at 7 HFs (64%) conveyed *safe handling and treatment of water*, and at 7 HFs (64%) conveyed *personal hygiene management*.



### Overall PBCC Score

Based on the observation of healthcare providers with clients on five parameters, 73% of HFs in Dailekh fall under the “Good” category and 27% of HFs fall under the “Satisfactory” category.

Aggregate Score		
Poor (<50%) (0-10 points)	Satisfactory (50 to <75%) (11 – 14 points)	Good (75-100%) (15-20 points)
NA	4 HFs (27 %)	11 HFs (73 %)

### Behavior Change Communication (BCC)

USAID’s HHA aims to promote healthy communities through its robust behavior change communication campaign. Taking a multi-faceted approach, HHA promotes five key WASH behaviors - **hygienic use of toilets, handwashing with soap and water at critical times, safe disposal of child feces, menstrual hygiene management, and safe handling and treatment of drinking water**. HHA engages Auxiliary Nurse Midwives and Female Community Health Volunteers to disseminate these BCC messages as part of their monthly meetings with mothers’ groups. HHA also broadcasts these BBC messages on local radio stations; installs BCC hoarding boards; and trains healthcare providers to convey these messages during their interactions with clients.

### Knowledge of good hygiene practices among 30 clients surveyed and source of information.





Results from the assessment point to the need for continuous promotion of all five key WASH messages among clients and follow up on whether knowledge is being translated into adoption of these good hygiene behaviors at household level.

Source of WASH Information				
Healthcare providers	FCHVs	Family/ Friends	Radio / TV / Newspaper	Poster/pamphlets/ hoarding board
97%	40%	30%	47%	13%

Participants from various focus group discussion (FGD) groups identified multiple means by which they received WASH messages suggesting that HHA's approach to disseminating WASH messages through different mediums has been relatively effective.

### Recommendations

Maintaining service readiness is not static: health facilities struggle to sustain WASH functionality and Infection Prevention and Control Service Readiness over time pointing to the need for continuous district and municipality support in the following intervention areas and measures:

Intervention Area	Measures (for Mayors, Deputy Mayors, Ward Chairpersons, Chief Administrative Officers, Health Coordinators, and GESI focal points)
WASH Functionality	<ul style="list-style-type: none"> <li>Conduct joint monitoring visits to health facilities <b>two to three times</b> a year to motivate/coach/mentor health facility staff/HFOMCs and assess whether WASH facilities – water supply schemes, toilet facilities, handwashing stations – are functional. Then, develop action plans and budget/mobilize resources to address gaps as needed. <b>Currently, one HF in Dailekh does not have a functional drinking water supply system, one HF does not have functional handwashing station(s) with soap and water, two toilets at 2 HFs are not functional, and 12 HFs lack a waste container in the toilet facilities for proper disposal of sanitary pads among the 15 HHA-supported HFs.</b></li> <li>Provide continuous coaching and mentoring and determine ways to motivate Village Maintenance Workers (VMWs) to remain active as VMWs. <b>Currently, two VMWs of the original 20 VMWs trained are no longer active in their roles as VMWs.</b></li> <li>Follow up with Health Facility Operation and Management Committees and Water Users and Sanitation Committees (WUSCs) on the self-assessments they have been trained to conduct to determine the functionality of water supply services and toilets.</li> <li>Determine a financial mechanism to ensure HFs have a reliable source of funds for minor repairs of WASH facilities when needed. <b>Currently, 2 HFs in Dailekh have not established an O&amp;M fund and whereas 13 HFs did establish an O&amp;M fund, they do not have plans to utilize it.</b></li> </ul>



Intervention Area	Measures (for Mayors, Deputy Mayors, Ward Chairpersons, Chief Administrative Officers, Health Coordinators, and GESI focal points)
	<ul style="list-style-type: none"> <li>Purchase Aquatab Flo system units and replacement cartridges and distribute to 41 HFs (from HHA's first and second extension periods) based on a timed schedule (every six-eight month depending on volume of water used) to ensure continuous water treatment at all HFs. <b>Currently, none of the 15 HFs from the first extension period in Dailekh have followed up with the Aquatabs vendor on replacement cartridges so it is questionable whether their water is still being treated.</b> Contact information of the Aquatabs vendor is: <div data-bbox="573 598 1408 909" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>Vendor Name and adress: Soorya Trade Concern, Gokarneshwor 6, Kathmandu</b></p> <p><b>Contact Person: Suraj Karki</b></p> <p><b>Contact No: 01-4910446, 9841202395.</b></p> <p><b>Email: sooryatrade@yahoo.com, sooryatradeconcern.nep@gmail.com</b></p> <p><b>www.aquatabs.com</b></p> </div> </li> <li>Conduct water quality tests to ensure water is properly treated at health facilities. Currently, none of the 15 HFs in Dailekh are conducting water quality tests to test for chlorine residuals on their own.</li> <li>Routinely monitor, collect, analyze, and report data on the status of all HFs to the N-WASH online portal. <b>Keep this data current during budgeting and planning.</b></li> </ul>
<b>Infection Prevention and Control</b>	<ul style="list-style-type: none"> <li>Conduct joint monitoring visits to health facilities at least <b>two to three times a year</b> to motivate/coach/mentor health facility staff/HFOMCs and assess the: <ol style="list-style-type: none"> <li>1.) knowledge and adoption of infection prevention and control among healthcare providers and health facility support staff;</li> <li>2.) institutionalization of infection prevention and control tools and protocols; and</li> <li>3.) the status of IPC equipment and status aligned with the SR-05 survey/Minimum Service Standards (MSS) tool.</li> </ol> </li> <li><b>Ongoing coaching and mentoring is needed to support all health facilities on improving <u>the knowledge and adoption of infection prevention and control of health facility support staff and Institutionalization of IP/PBCC processes and IPC Equipment and Status (especially related to Sanitation).</u></b></li> <li>Support HFs on implementing federal guidelines on the proper disposal of sharps and infectious materials. <b>Currently, three HFs in Dailekh have healthcare providers who are not properly disposing of sharps and infectious materials among the 15 HFs HHA supported.</b></li> <li>Support HFs in implementing federal guidelines on properly disinfecting surfaces in health facilities.</li> </ul>

Intervention Area	Measures (for Mayors, Deputy Mayors, Ward Chairpersons, Chief Administrative Officers, Health Coordinators, and GESI focal points)
	<ul style="list-style-type: none"> <li>Routinely monitor, collect, analyze, and report data on the status of the HFs and whether they are meeting the SR-05/Minimum Service Standards (MSS) on service readiness. <b>Keep this data current during budgeting and planning.</b></li> </ul>
<b>Provider Behavior Change Communication</b>	<ul style="list-style-type: none"> <li>During joint monitoring visits, observe <b>how effectively healthcare providers are interacting with and communicating WASH messages to clients</b> and provide feedback to the respective HFs accordingly. Feedback should include the importance of conveying <b>all five</b> key WASH messages to clients.</li> </ul>
<b>Behavior Change Communication</b>	<ul style="list-style-type: none"> <li>Observe whether HHA's BCC hoarding boards and flip charts reflecting the five key WASH messages are at the health facilities and are in good condition.</li> <li>Observe how healthcare providers are integrating hygiene messages as part of immunization campaigns at HFs.</li> </ul>
<b>Gender Equality and Social Inclusion (GESI)</b>	<ul style="list-style-type: none"> <li>Include the RM/M GESI focal point on joint monitoring visits to motivate/coach/mentor health facility staff to address GESI in their daily work.</li> <li>Ask HFs for feedback from their client satisfaction surveys to determine whether clients are satisfied or not with: <ol style="list-style-type: none"> <li><b>the health services they are receiving at their health facilities, particularly among women and socially marginalized groups.</b></li> <li><b>water, sanitation, and hygiene (WASH) facilities on the premises of the HFs.</b></li> </ol> </li> <li>Monitor whether women and socially marginalized representative from HFOMCs, WUSCs, female VMWs are participating actively in decision-making in their respective roles and provide feedback to HFs and HFOMCs accordingly.</li> </ul>
<b>Governance</b>	<ul style="list-style-type: none"> <li>Publicly recognize high performing health facilities as measured against 1.) the SR-05 Service Readiness and relevant components of the Minimum Service Standards (MSS) tool, and 2.) proper operation and maintenance of improved WASH infrastructures, to motivate health facilities to make further improvements and others to follow their example. Consider utilizing a reward system for high performing health facilities.</li> <li>During annual planning and review meetings, develop action plans and budget/mobilize resources to address gaps identified during joint monitoring visits.</li> <li>Advocate to higher levels of government for more funding to improve quality of health service delivery of health facilities as needed within the WASH and health sectors as mentioned above.</li> </ul>

## वान हार्ट वल्डवाइड

संस्थाको नाम : वान हार्ट वल्डवाइड

संस्थाको स्थापना अमेरिकामा : सन् १९९८

नेपालमा स्थापना : सन् २०११ मा डोल्पा र बाग्लुङ्गबाट कार्यक्रमको सुरुवात गरेको

स्थापक र सभापति : आर्लिन स्यामेन

साभेदारी संझौता र स्वीकृती

समाज कल्याण परिषद्सँग साधारण सम्झौता र परियोजना सम्झौता, स्वास्थ्य मन्त्रालयसँग समझदारी पत्र (MoU), प्रदेश सरकारसँग परियोजना

दर्ता : २०६८ सालमा काठमाण्डौ महानगरपालिकामा दर्ता भई हालसम्म नविकरण भएको

कार्यक्रम संचालन भएको देशहरु

चिन (तिब्बत), म्यासिको, पेरु, लाइबेरिया, इक्वाडोर, नेपाल

नेपालमा कार्यक्रम संचालन भएका जिल्लाहरु

२१ वटा जिल्लाहरु - डोल्पा, बाग्लुङ्गबाट, ताप्लेजुङ्ग, पाँचथर, इलाम, तेह्रथुम, संखुवासभा, भोजपुर, खोटाङ्ग, ओखलढुङ्गा, सोलुखुम्बु, उदयपुर, सिन्धुपोलचोक, धादिङ्ग, काभ्रे, नुवाकोट, सलामी, म्यादी, पर्वत, कालिकोट र दैलेख

२०२२ देखि २०२७ सम्म कार्यक्रम संचालन गर्ने नयाँ जिल्लाहरु

कर्णाली प्रदेशका ९ वटा जिल्लाहरु (सुर्खेत बाहेक अन्य सबै)

मधेश प्रदेशका ८ वटा जिल्लाहरु

परियोजनाको अबधि : अप्रिल २०२२ देखि मे २०२७ सम्म

परियोजनाको कार्यक्षेत्र : मातृ तथा नवशिशु स्वास्थ्य

कर्णालीमा हाल परियोजना संचालित जिल्लाहरु :

सन् २०२२ बाट : डोल्पा, रुकुम पश्चिम, सल्यान जिल्लाका सबै स्थानीय तह

सन् २०२३ बाट : कालिकोट र दैलेख जिल्लाका सबै स्थानीय तह

कर्णालीमा परियोजना संचालित हुने जिल्लाहरु :

सन् २०२४ बाट : जाजरकोट र हुम्ला जिल्लाका सबै स्थानीय तह

सन् २०२५ बाट : जुम्ला र मुगु जिल्लाका सबै स्थानीय तह

दैलेख जिल्लामा परियोजना कार्यान्वयनका लागि साभेदारी संस्था

दैलेख : एभरेष्ट क्लब, दैलेख :

- विसं २०४१ देखि २०५० श्रावण सम्म : स्वयं सहायता समूह सामाजिक तथा संस्कृतिक संरक्षण र संवर्धनको रूपमा काम गर्दै आएको छ ।
- २०५० भाद्र १० : कानूनी दर्ता: जिल्ला प्रशासन कार्यालय, दैलेख
- विसं: २०५० भाद्र देखि २०५१: नेपाल सरकारका कार्यालयहरु जस्तै: जिल्ला वन कार्यालय, जिल्ला शिक्षा कार्यालय, नारायण नगरपालिका, सामाजिक विकास कोष र संसद विकास कोषसँगको साझेदारी ।
- विसं: २०५१ देखि हाल सम्म : हाल सम्म सम्पन्न गरिएका कार्यक्रमहरु: ३९ वटा र हाल संचालनमा रहेका कार्यक्रमहरु ११ वटा रहेका छन् ।
- जिल्ला प्रशासन कार्यालय, दैलेख : दर्ता नम्बर: ११ आ ब २०५०/०५१) मिति: २०५१ भाद्र १० गते
- समाज कल्याण परिषद्, काठमाण्डौ : दर्ता नम्बर: १७९५ २०५१/०५२०) मिति: २०५१ श्रावण १८ गते
- आन्तरिक राजस्व कार्यालय, नेपालगञ्ज : पाना नम्बर : ३००९६४९५८
- गैर सरकारी संस्था महासंघ, दैलेख : दर्ता नम्बर: ०३ २०५६/०५७)

- बिद्यालय शान्ति क्षेत्र अभियान : आवद्ध सदस्य
- बाल अधिकारका लागि साझा अभियान, महा सचिव : कर्णाली प्रदेश
- कर्णाली प्रदेश स्तरिय बिपद व्यवस्थापन संजाल : संयोजक

#### परियोजनाको

**नाम :** स्थानीय सरकारको साभेदारीमा मातृ तथा नवजात शिशु स्वास्थ्य सेवाको सुदृढीकरण

**लक्ष्य :** मातृ तथा नवजात शिशु स्वास्थ्यको परिमाणमा सुधार ल्याउने

**ध्येय :** नेपालका ग्रामिण क्षेत्रका आमाहरु र उनीहरुका नवजात शिशुहरुको जीवन र स्वास्थ्य बचाउनु

**भावी सोच :** सबै आमा तथा नवजात शिशुहरुको लागी गुणस्तरीय हेरचाहको समान पहुँच प्रदान गर्न स्थानीय नेतृत्वको स्वास्थ्य प्रणालीमा सहयोग ।

#### उद्देश्यहरु :

- स्थानीय सरकारको क्षमता अभिवृद्धि गरी स्वास्थ्य प्रणीढिलाई सुदृढ गर्न ।
- मातृ, नवशिशु र बाल स्वास्थ्य सम्बन्धी सेवाको माग बढाउने ।
- मातृ, नवशिशु र बाल स्वास्थ्य सम्बन्धी सेवाको अपलब्धता बढाउने
- स्वास्थ्य संस्थामा अत्यावश्यक उपकरणको उपलब्धतामा सुधार गर्न ।
- मातृ नवजात शिशु तथा बाल स्वास्थ्य सेवाको गुणस्तर सुधार गर्ने ।
- समन्वय, अनुगमन, मूल्याङ्कन, अनुसन्धान र पाइलोटेड ।

#### सन् २०२३ मा विभिन्न जिल्लामा तर्जुमा गरिएका मुख्य कार्यक्रमहरु :

क.सं.	कार्यक्रम	इकाई	उपलब्धी	कैफियत
१	स्वास्थ्य संस्था सञ्चालन तथा व्यवस्थापन समितिलाई स्थानीय स्वास्थ्य संस्था सञ्चालन तथा व्यवस्थापन सम्बन्धी ३ दिने क्षमता अभिवृद्धि तालिम	जिल्ला .	१	स्वास्थ्य सेवा कार्यालय, दैलेख
२	स्थानीय स्वास्थ्य संस्था सञ्चालन तथा व्यवस्थापन समितिलाई २ दिने तालिम	स्वा.सं.	२	पिलाडी स्वास्थ्य चौकी, द्वारी स्वास्थ्य चौकी
३	स्थानीय निकायलाई स्वास्थ्य कार्यक्रम तर्जुमा तथा बजेट निर्माण तथा अन्य कार्यक्रमका लागी आवश्यक सहयोग	स्वा.सं.	५	दूल्हु नगरपालिका,ठाटीकाँध गाउँपालिका,नौमूले गाउँपालिका,नारायण नगरपालिका, आठवीस नगरपालिका
४	सामुदायिक स्वास्थ्य स्कोरबोर्ड (CHSB) सम्बन्धि स्थानीय सरकार प्रतिनिधि, स्वास्थ्य संस्था संचालन तथा व्यवस्थापन समिति र महिला सामुदायिक स्वास्थ्य स्वयंसेविका लाई अभिमुखीकरण	स्वा.सं.	२	सल्लेरी र द्वारी, नौमूले गाउँपालिका
५	गुणस्तरीय स्वास्थ्य (SATH) का लागि आफ्नै पहल टुल प्रयोग गरेर स्वास्थ्य आमाको समूह बैठकहरु सञ्चालन गर्न	पटक	६	सल्लेरी र द्वारी, नौमूले गाउँपालिका
६	माध्यमिक तहका विद्यार्थीहरुलाई मातृ तथा नवजात शिशु स्वास्थ्य सम्बन्धी अभिमुखीकरण र स्वास्थ्य शिक्षा प्रवाहको लागि परिचालन Student Champion अभिमुखीकरण तथा परिचालन	पटक	३	पंचदेवल मा.वि बिन्द्रासैनी मा.वि जनसहयोग मा.वि
७	गर्भवति, सुत्केरी तथा परिवारका सदस्यहरुसंग स्वास्थ्य सेवा प्रयोग बारे छलफल (Interaction) कार्यक्रम	पटक	८	पंचदेवल टोल, नारायण न.पा कोठीवाले टोल, डुङ्गेश्वर गा.पा केलाडी टोल, चामुण्डाबिन्द्रासैनी न.पा

क.सं.	कार्यक्रम	इकाई	उपलब्धी	कैफियत
				देउला टोल, दुल्लु न.पा भित्रीखोला टोल, भुर्सु टोल नौमुले गा.पा सानासैनी टोल, भैरवी टोल, , भैरवी गा.पा
८	मातृ तथा नवजात शिशु स्वास्थ्य सम्बन्धित दिवसहरु (MNH Day Celebration) मनाउन सहयोग	पटक	२	दैलेख जिल्ला अस्पताल बसन्तमाला स्वा.चौ
९	स्वास्थ्यकर्मीहरु, महिला सामुदायिक स्वास्थ्य स्वयंसेविकाहरुलाई मातृ तथा नवजात शिशु स्वास्थ्य सम्बन्धि भिडियो प्रदर्शन	स्वास्थ्य संस्था	१४	डुङ्गेश्वर गा.पा नौमुले गा.पा
१०	समुदायमा गर्भवती महिलाहरुलाई सामुहिक रुपमा गर्भावस्था, नवजात शिशु तथा सुत्केरी अवस्थाको महत्व तथा अपनाउनै पर्ने व्यवहारबारे अन्तर्क्रिया तथा भिडियो प्रदर्शन	स्वास्थ्य संस्था	७	डुङ्गेश्वर गा.पा नौमुले गा.पा
११	महिला सामुदायिक स्वास्थ्य स्वयंसेविका र स्वास्थ्यकर्मीहरुलाई जीवन सुरक्षा / मातृ सुरक्षा चक्की तथा यसको प्रयोग बारे पुनर्ताजागी तालिम	स्वास्थ्य संस्था	१६	बेलपाटा स्वा.चौ लाकुरी स्वा.चौ अवलपराजुल स्वा.चौ बाउनेचौर स्वा.चौ डाँडापराजुल स्वा.चौ तोली स्वा.चौ सल्लेरी स्वा.चौ बालुवाटार स्वा.चौ हारी स्वा.चौ कालिका स्वा.चौ चौराठा स्वा.चौ नौमुले प्र.स्वा.के लयटीबिन्द्रासैनी स्वा.चौ जाँम्बुकाँध स्वा.चौ चामुण्डा स्वा.चौ भुर्ती स्वा.चौ
१२	ग्रामिण भिडियो एक्सरे सम्बन्धी तालिम (RUSG)	जना	१	दुल्लु अस्पताल (१ जना)
१३	मातृ तथा नवजात शिशु स्वास्थ्य सेवा प्रदायक नर्सिङ कर्मचारीहरुलाई स्थलगत अनुसिक्षण (Onsite Coaching and Mentoring) - पहिलो पटक	स्वास्थ्य संस्था	६	लकान्द्र प्र.स्वा.के बिसल्ला स्वा.चौ तोलिजैसी स्वा.चौ, रावतकोट स्वा.चौ, लयटीबिन्द्रासैनी स्वा.चौ, डाँडापराजुल स्वा.चौ
१४	प्राथमिक स्वास्थ्य सेवा केन्द्रमा मायाको अंगालो (Kangaroo Mother Care) सेवा स्थापना	स्वास्थ्य संस्था	१	नौमुले प्रा.स्वा.के.
१५	स्वास्थ्य चौकीको न्यूनतम सेवाको मापदण्ड कार्यक्रम (HP-MSS ) पहिलो पटक	स्वास्थ्य संस्था	११	भवानी स्वा.चौ छिउडीपुसाकोट स्वा.चौ गमौडी स्वा.चौ बडलम्जी स्वा.चौ पगनाथ स्वा.चौ तोलिजैसी स्वा.चौ तिलेपाटा स्वा.चौ

क.सं.	कार्यक्रम	इकाई	उपलब्धी	कैफियत
				सातला स्वा.चौ सिंगौडी स्वा.चौ जाम्बुकाँध स्वा.चौ चामुण्डा स्वा.चौ
१६	गर्भवती र सुत्केरी महिलालाई टेलि-परामर्श कार्यक्रम (Tele-ANC and Tele PNC)- Mobile Top Up प्रत्येक महिना	जना	११ पालिका	अक्टोबर महिनाबाट संचालन
१७	मातृ मृत्यु को नियमित अनुगमन तथा भर्बल अटप्सि (Verbal autopsy)	पालिका	१	नौमूले गाउँपालिका
१८	स्वास्थ्य संस्था बाट प्रवाह हुने मातृ तथा नवजात शिशु स्वास्थ्य सेवा बारे समुदायको धारणा संकलन	पटक	४	माँझगाँउ टोल नारायण न.पा लाकुरी टोल डुङ्गेश्वर गा.पा पाङ्ग्रा टोल आँठबिस न.पा साल्कोट टोल नौमूले गा.पा
१९	स्वास्थ्यको अर्धवार्षिक तथा वार्षिक समिक्षामा कार्यक्रममा तथा प्रगती	पालिका	६	नारायण न.पा डुङ्गेश्वर गा.पा आठवीस न.पा ठाटिकाँध गा.पा गुराँस गा.पा चामुण्डाबिन्द्रासैनी न.पा
२०	पालिका स्तरीय कार्यक्रम तथा प्रगती बारे जानकारीका लागी बैठक	पालिका	११	सबै पालिका
२१	एकिकृत टुलको प्रयोग गरी मासिक रुपमा स्वास्थ्य संस्था तथा संस्थाले गरेका कामको अनुगमन	पटक	३५	स्वास्थ्य संस्था

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

USAID's Strengthening Systems for Better Health Activity (SSBH) is a six-year (January 2018 to July 2024) 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 following major outcomes:

- ❖ Improved access to and utilization of equitable health care services.
- ❖ Improved quality of health services at facility and community level.
- ❖ Improved health system governance, within the context of federalism.
- ❖ Improved health system response for COVID-19 (2020-22).

### Key Accomplishments:

SSBH supported technically and financially in carrying out the following Key activities in Dailekh district.

- ❖ Facilitated development of health policies, acts and regulatory guidelines in all 11 municipalities.
- ❖ Provided support to develop municipal level Health Emergency Disaster Preparedness and Response Plan (HEDPRP).
- ❖ Facilitated orientation of new municipal governments to their roles and responsibilities for management and delivery of basic healthcare services
- ❖ Strengthened capacity for annual work planning and budgeting, successfully advocating for more resources for health.
- ❖ Promoted mainstreaming of GESI in planning and delivery of health services.
- ❖ Strengthened capacity of Social Development Committees, Health Committees and HFOMCs to oversee and manage quality of health services.
- ❖ Strengthened generation and use of health data for evidence-based planning and management of service delivery (HMIS, DHIS-2, eLMIS/LMIS training, onsite coaching, RDQA).
- ❖ Helped to develop a cadre of HMIS/DHIS2 coaches in selected municipalities and district.
- ❖ Supported establishment of Electronic Health Recording System district hospital.
- ❖ Supported in enhancing capacity of health care provider via onsite coaching mentoring and trainings on SBA, CB-IMNCI, Implant, IUCD, CoFP counseling.
- ❖ Supported to roll out HP-MSS in health facilities.
- ❖ Supported in establishment and installation of newborn corner at Birthing Centers.
- ❖ Supported in establishment of patient experience of care health facility at Trebani-HF.
- ❖ Supported in Health Care Waste Management training to health workers, and provided HCWM support items like needle cutter, auto claves, color coded bucket etc.

**Upcoming priorities:**

The Workplan for the seventh final year of SSBH covers the period from July 16, 2023, to July 6, 2024, and builds on some of the activities and achievements of Years One through Six. SSBH will deliver the foundational systems strengthening support required to ensure effective planning, management, and implementation of the G2G-funded activities by its counterparts. It will support to continuation of technical assistance and capacity strengthening for health policy implementation; annual, evidence-based health planning and budgeting; monitoring, evaluation and supervision of health programs and service delivery; continued use of the Minimum Service Standards and other quality assurance mechanisms; clinical quality of care; and routine compilation, analysis and review of health information with the aim of improving health sector performance



## 7. Annexes

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

#### Target 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 <sup>a</sup>	29.52	22.94	18.55	11.97	1
2.1 b Population spending more than two thirds of total consumption on food (%)	20 <sup>b</sup>	16.4	12.88	10.50	6.94	1
2.1c per capita food grain production (kg)	341 <sup>c</sup>	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 <sup>d</sup>	24.64	19.19	15.55	10.09	1
2.2b Stunted children <5 years (-2 SD)(%)	37.4 <sup>d</sup>	30.58	23.75	19.20	12.38	1
2.2c Prevalence of wasted children <5 years -2 SD	11.3 <sup>d</sup>	9.37	7.44	6.15	4.22	1
2.2d Proportion of population below minimum level of dietary energy consumption	22.8 <sup>d</sup>	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 <sup>e</sup>	31.47	24.44	19.75	12.72	1
2.2f prevalence of anaemia among children under 5 years of age (%)	46 <sup>e</sup>	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 <sup>a</sup>	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 <sup>c</sup>	17 <sup>b</sup>	14 <sup>b</sup>	11.3	8.5	1
3.2b Under-fivemortality rate	38 <sup>c</sup>	28 <sup>b</sup>	23 <sup>b</sup>	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-						

Traget and Indicators	2014	2017	2020	2022	2025	2030
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 <sup>d</sup>	0.163	0.125	0.1	0.063	0
3.3a.2 HIV Prevalence among men and women population, 15-49 Years (%)	0.03 <sup>e</sup>	0.015	0.009	0.006	0	0
3.3a3 proportion of population with advanced HIV infection receiving antiretroviral combination therapy (%)	38.8 <sup>e</sup>	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 <sup>g</sup>	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 <sup>h</sup>	0.67	0.52	0.42	0.26	0
3.3d2 Kala-azar cases (Number)	325 <sup>g</sup>	264	203	163	102	0
3.3d3 Average prevalence of lypphatic filariasis (%)	13 <sup>i</sup>	10.56	8.13	6.5	4.06	0
3.3d4 cases of Dengue	728 <sup>j</sup>	592	455	364	228	0
3.3d5 People die annually due to rabies (Number)	100 <sup>j</sup>	81	63	50	31	0
3.3d6 Active trachoma cases (Number)	136 <sup>j</sup>	111	85	68	43	0
3.3d7 Average prevalence of soil transmitted helminthes among school going children (%)	15 <sup>j</sup>	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 <sup>j</sup>	141	109	87	54	0
3.3e2 Confirm case of B (Number)	101 <sup>j</sup>	82	63	51	32	0
3.3e3 Caises of unspecified viral hepatitis (Number)	173 <sup>j</sup>	141	108	86.5	54	0
Target 3.3f by 2030 combat water borne diseases						
3.3f1Annual incidence of diarrhea (per 1000 under 5 years children)	578 <sup>j</sup>	470	361	289	181	0
3.3f2 Children under age 5 years with diarrhoeal in the last 2 weeks (%)	12 <sup>j</sup>	10	8	6	4	0

Traget and Indicators	2014	2017	2020	2022	2025	2030
3.3f3 Causes of typhoid (Number)	9549 <sup>j</sup>	7759	5968	4775	2984	0
3.3f4 Causes of Cholera (Number)	33 <sup>j</sup>	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 <sup>g</sup>	96	74	59	37	0
3.3g2 confirm cases of Influenza H191 (Number)	204 <sup>g</sup>	166	128	102	64	0
Target 3.4 by 2030 reduced by one third premature mortality from non communicable disease in cities through prevention and treatment and promote mental health and wellbeing						
Target 3.4a by 2030 reduced by one third premature mortality form non communicable disease						
3.4a1 Death (aged 30-70) from cardiovascular disease (CVDs), Cancer, chronic respiratory disease and diabetes (%)	22.0 <sup>k</sup>	19.2	16.5	14.7	11.9	7.3
3.4a2 Death from NCDs out of all deaths (%)	43.7 <sup>l</sup>	38.2	32.8	29.1	23.6	14.5
3.4a3 Death form CVDs out of all deaths (%)	22.3 <sup>l</sup>	19.5	16.7	14.9	12.1	7.4
3.4a4 Death from cancers out of all deaths (%)	7.0 <sup>l</sup>	6.1	5.2	4.7	3.8	2.3
3.4a5 Death form chronic obstructive pulmonary disease out of all deaths (%)	4.9 <sup>l</sup>	4.3	3.7	3.3	2.6	1.6
3.4a6 Death form diabetes out of all deaths (%)	1.7 <sup>l</sup>	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 <sup>m</sup>	19.9	17.0	15.1	12.3	7.5
3.4b2 People (aged 15-69 years) with rised blood pressure level (%)	88.3 <sup>m</sup>	77.3	66.2	58.9	47.8	29.4
3.4b3 People (aged 15-69 years) not engaging in vigorous activities (%)	53.6 <sup>m</sup>	46.9	40.2	35.7	29.0	17.8
3.4b4 People (aged 15-69 years) who are overweight (%)	21.6 <sup>m</sup>	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 <sup>m</sup>	15.2	13.1	11.6	9.4	5.8
3.4b6 People (aged 15-69 years) who smoke tobacco daily (%)	15.8 <sup>m</sup>	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 <sup>l</sup>	12.26	10.51	9.35	7.6	4.7
3.4c2 Suicide rate per (100000 population)	25 <sup>n</sup>	20	16	13	8	1

Traget and Indicators	2014	2017	2020	2022	2025	2030
3.4c3 Women (aged 15-24 years who are very or some what satisfied with their life (%))	80.8 <sup>c</sup>	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 <sup>o</sup>	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 <sup>p</sup>	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 <sup>p</sup>	538	35.9 <sup>b</sup>			
3.6b2 Slight injuries (per 100000 population)	163.7 <sup>p</sup>	122.8	81.9 <sup>b</sup>			
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 <sup>c</sup>	54.4	59.1	62.3	67.1	75
3.7b proportion of birth attended by SBA (%)	55.6 <sup>c</sup>	62.1	68.5	72.8	79.3	90
3.7c Adolescent fertility rate (birth per 1000 women age 15-19 years)	71 <sup>c</sup>	63.3	55.6	50.5	42.81	30
3.7d antenatal care (ANC) coverage at least 4 vigit (%)	59.5 <sup>c</sup>	65.2	70.9	74.75	80.5	90
3.7e Institutional delivery (%)	55.2 <sup>c</sup>	61.73	70	74.35	80.88	90
3.7f Postnatal care (PNC) for mother (%)	57.9 <sup>c</sup>	63.92	70	74.01	80.03	90
3.7g Unmet need for family planning (%)	25.2 <sup>c</sup>	22.4	19.5	17.6	14.75	10
3.7h proportion of demand satisfied for family planning (%)	-	-	-	-	-	-
3.7i TOfal Fertility rate (TFR) (births per women)	2.3 <sup>c</sup>	2.3	2.20	2.16	2.106	2
3.7j Household within 30 minute travel time to a health facility (%)	61.8 <sup>q</sup>	67.09	85	86	87.5	90
3.7k prevalence of uterine prolapse among women of reproductive age (15-49) (%)	7 <sup>r</sup>	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 <sup>s</sup>	5.81	6.31	6.65	7.16	8

Traget and Indicators	2014	2017	2020	2022	2025	2030
3.8a Health facilities meeting minimum standard of quality of care (%)	-	-	-	-	-	-
3.8 Children is 12-20 months who received all vaccinations (%)	84.5 <sup>c</sup>	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 <sup>j</sup>	18	14	11	7	0
3.9b Illness form hazardous chemicals toxic substance, etc. (Number)	1205 <sup>j</sup>	998	791	653	445	100

## 7.2. Dailekh's Estimated Target Population Fiscal Year 2079/080

Palika/Word	Population	Exp. Live. Births	0 to 11 Months	2 to 11 Months	0 to 23 Months	0 to 59 Months	6 to 23 Months	12 to 23 Months	12 to 59 Months	6 to 59 Months	Female 15 to 44 Years	WRA 15 to 49 Years	MWRA 15 to 49 Years	Expected Pregnancy	60 plus Years
<b>Dailekh</b>	<b>258482</b>	<b>5651</b>	<b>5847</b>	<b>4878</b>	<b>11669</b>	<b>28967</b>	<b>8745</b>	<b>5821</b>	<b>23115</b>	<b>26043</b>	<b>65504</b>	<b>71471</b>	<b>58616</b>	<b>7178</b>	<b>22653</b>
<b>Naumule</b>	<b>21011</b>	<b>455</b>	<b>479</b>	<b>400</b>	<b>955</b>	<b>2375</b>	<b>717</b>	<b>478</b>	<b>1896</b>	<b>2135</b>	<b>5257</b>	<b>5719</b>	<b>4693</b>	<b>578</b>	<b>1836</b>
1	3639	81	83	69	166	411	124	83	328	370	936	1019	836	103	317
2	3274	68	75	63	149	370	111	75	296	333	781	849	697	86	286
3	2736	57	62	52	124	310	93	62	247	278	656	713	585	72	239
4	3191	68	73	61	145	360	109	72	288	324	783	852	700	86	279
5	1645	37	38	32	75	186	56	38	148	167	426	464	380	47	144
6	2260	49	51	43	102	255	77	51	204	230	568	618	507	63	197
7	1769	38	41	33	80	200	60	41	160	180	445	484	397	49	154
8	2497	58	57	47	113	283	85	57	226	254	662	721	592	73	218
<b>Mahabu</b>	<b>18386</b>	<b>407</b>	<b>417</b>	<b>348</b>	<b>831</b>	<b>2057</b>	<b>623</b>	<b>413</b>	<b>1640</b>	<b>1850</b>	<b>4885</b>	<b>5322</b>	<b>4373</b>	<b>516</b>	<b>1665</b>
1	2919	69	67	56	131	326	99	66	260	294	821	894	735	87	265
2	2653	62	60	50	120	297	90	60	237	267	745	812	667	79	240
3	3931	90	89	74	178	440	133	88	350	395	1074	1170	961	114	356
4	2790	59	63	53	127	312	94	63	249	281	701	764	628	74	253
5	2619	57	60	49	118	293	89	59	234	263	688	749	616	73	237
6	3474	72	79	65	157	388	118	78	310	350	855	931	766	91	315
<b>Bhairabi</b>	<b>18357</b>	<b>418</b>	<b>416</b>	<b>347</b>	<b>828</b>	<b>2048</b>	<b>620</b>	<b>412</b>	<b>1633</b>	<b>1841</b>	<b>4776</b>	<b>5205</b>	<b>4253</b>	<b>530</b>	<b>1577</b>
1	2335	51	53	44	106	261	79	52	208	234	586	639	522	65	200
2	2068	52	47	39	93	230	70	47	184	207	596	649	530	66	178
3	4055	95	92	76	182	452	137	91	361	407	1082	1180	964	120	349
4	2797	65	63	53	126	312	95	62	249	281	746	813	664	83	240

Palika/Word	Population	Exp. Live. Births	0 to 11 Months	2 to 11 Months	0 to 23 Months	0 to 59 Months	6 to 23 Months	12 to 23 Months	12 to 59 Months	6 to 59 Months	Female 15 to 44 Years	WRA 15 to 49 Years	MWRA 15 to 49 Years	Expected Pregn- ancy	60 plus Years
5	2772	61	63	52	125	310	93	62	247	278	697	760	621	77	238
6	1942	43	44	37	88	217	66	44	173	195	487	530	433	54	167
7	2388	51	54	45	108	267	81	54	213	239	582	635	518	65	205
<b>Thantikandh</b>	<b>19104</b>	<b>476</b>	<b>489</b>	<b>407</b>	<b>976</b>	<b>2418</b>	<b>731</b>	<b>486</b>	<b>1928</b>	<b>2173</b>	<b>4636</b>	<b>5020</b>	<b>4027</b>	<b>603</b>	<b>1385</b>
1	3482	85	90	75	178	441	133	89	351	396	831	900	722	108	253
2	2882	68	74	61	147	364	110	74	291	328	660	715	573	86	209
3	3622	91	93	77	185	459	139	92	365	412	880	954	764	114	263
4	2953	73	76	63	150	373	112	75	298	336	715	774	621	93	214
5	3072	80	78	65	157	389	118	78	310	350	780	844	677	101	222
6	3094	79	79	66	158	392	118	78	312	352	770	834	669	100	224
<b>Aathbis</b>	<b>32554</b>	<b>778</b>	<b>800</b>	<b>666</b>	<b>1595</b>	<b>3968</b>	<b>1196</b>	<b>796</b>	<b>3168</b>	<b>3568</b>	<b>7840</b>	<b>8537</b>	<b>6905</b>	<b>981</b>	<b>2402</b>
1	4685	110	115	96	230	571	172	115	455	513	1110	1208	977	139	345
2	3039	73	74	62	149	370	111	74	296	333	732	797	644	91	224
3	3383	87	83	69	166	412	125	82	329	370	874	952	770	110	249
4	4246	109	104	87	207	517	156	104	413	466	1092	1190	963	136	314
5	3661	84	90	75	180	446	135	90	356	401	845	920	744	106	270
6	4320	102	106	88	211	527	158	105	421	474	1035	1127	912	130	319
7	3270	77	81	67	160	399	120	80	318	359	784	853	690	98	241
8	3462	81	85	71	170	422	127	85	337	380	814	886	717	102	255
9	2489	55	61	51	122	304	92	61	243	273	554	602	488	69	184
<b>Chamunda Bindrasaini</b>	<b>27184</b>	<b>651</b>	<b>670</b>	<b>560</b>	<b>1338</b>	<b>3325</b>	<b>1003</b>	<b>668</b>	<b>2655</b>	<b>2989</b>	<b>6466</b>	<b>7051</b>	<b>5710</b>	<b>822</b>	<b>2125</b>
1	2617	65	65	54	129	320	96	65	256	288	642	700	566	81	205
2	3033	70	75	62	149	371	112	74	296	334	697	761	616	89	237
3	2689	65	66	55	132	329	99	66	263	296	645	703	569	82	211

Palika/Word	Population	Exp. Live. Births	0 to 11 Months	2 to 11 Months	0 to 23 Months	0 to 59 Months	6 to 23 Months	12 to 23 Months	12 to 59 Months	6 to 59 Months	Female 15 to 44 Years	WRA 15 to 49 Years	MWRA 15 to 49 Years	Expected Pregn- ancy	60 plus Years
4	3469	78	86	72	171	424	128	85	338	381	777	848	687	99	271
5	3538	88	88	73	174	433	131	87	345	389	879	958	776	112	276
6	3776	89	93	78	186	462	139	93	369	415	880	960	777	112	295
7	3133	72	77	64	155	383	116	77	306	345	719	783	635	91	245
8	3007	75	74	62	148	368	111	74	294	330	742	809	655	94	235
9	1921	49	47	40	94	235	71	47	188	211	485	529	428	62	150
<b>Dullu</b>	<b>40350</b>	<b>876</b>	<b>889</b>	<b>742</b>	<b>1777</b>	<b>4411</b>	<b>1331</b>	<b>886</b>	<b>3517</b>	<b>3964</b>	<b>10398</b>	<b>11357</b>	<b>9348</b>	<b>1112</b>	<b>3958</b>
1	2550	56	56	47	113	279	84	56	222	250	658	719	592	70	250
2	2816	60	62	52	124	308	93	62	246	276	713	779	641	76	276
3	3205	67	70	59	141	350	106	70	279	315	797	870	717	85	315
4	2809	62	62	51	124	307	93	61	245	276	739	807	664	79	275
5	3526	73	78	64	155	385	116	78	307	346	869	949	781	92	346
6	3914	87	86	72	172	428	129	86	341	384	1032	1127	928	110	384
7	1741	34	39	32	76	191	57	38	152	171	398	434	357	43	171
8	4109	88	90	75	181	449	136	90	359	404	1039	1135	934	112	403
9	3338	72	73	61	147	365	110	73	291	329	845	924	760	90	327
10	2788	65	61	51	123	304	92	61	243	274	771	842	693	82	273
11	3319	76	73	61	146	363	109	73	289	326	894	977	804	96	325
12	2631	57	58	48	116	287	87	58	230	258	684	747	615	73	258
13	3604	81	80	66	159	394	119	79	314	354	959	1047	862	103	354
<b>Narayan</b>	<b>26239</b>	<b>474</b>	<b>500</b>	<b>416</b>	<b>998</b>	<b>2481</b>	<b>747</b>	<b>500</b>	<b>1981</b>	<b>2231</b>	<b>7064</b>	<b>7816</b>	<b>6557</b>	<b>607</b>	<b>2626</b>
1	4246	70	81	68	162	402	121	81	321	361	1045	1156	970	90	426
2	1863	32	35	30	71	176	53	35	141	159	485	536	450	42	187
3	1970	38	38	31	75	186	56	38	149	168	568	629	527	49	197
4	2450	45	46	39	94	232	70	46	185	208	673	745	625	58	245
5	1878	35	36	30	71	178	53	36	142	160	526	582	488	45	187



Palika/Word	Population	Exp. Live. Births	0 to 11 Months	2 to 11 Months	0 to 23 Months	0 to 59 Months	6 to 23 Months	12 to 23 Months	12 to 59 Months	6 to 59 Months	Female 15 to 44 Years	WRA 15 to 49 Years	MWRA 15 to 49 Years	Expected Pregn- ancy	60 plus Years
6	2944	53	56	47	113	278	84	56	222	251	797	882	739	68	294
7	2366	43	45	38	90	224	67	45	179	201	641	709	595	55	237
8	1673	31	32	26	64	158	48	32	126	143	460	509	427	40	168
9	2211	42	42	35	84	209	63	42	167	188	635	702	589	54	221
10	2000	35	38	31	76	189	57	38	151	170	511	566	475	44	201
11	2637	48	50	42	100	249	75	50	199	224	722	800	671	62	264
<b>Bhagawatimai</b>	<b>18743</b>	<b>409</b>	<b>440</b>	<b>367</b>	<b>877</b>	<b>2164</b>	<b>657</b>	<b>437</b>	<b>1725</b>	<b>1946</b>	<b>4778</b>	<b>5134</b>	<b>4192</b>	<b>521</b>	<b>1621</b>
1	2550	57	60	50	119	294	89	60	234	265	662	711	581	72	221
2	2364	53	56	47	110	273	83	55	218	245	619	665	543	67	204
3	3070	66	72	60	143	355	107	72	282	319	775	834	680	85	265
4	2631	56	62	51	123	304	92	61	243	273	654	702	574	71	227
5	2246	50	53	44	105	260	79	52	207	233	581	624	510	63	195
6	3242	70	76	64	152	375	114	76	299	337	819	880	719	89	280
7	2641	57	62	52	124	305	92	62	243	274	668	718	586	73	229
<b>Dungeshwor</b>	<b>14860</b>	<b>283</b>	<b>296</b>	<b>247</b>	<b>591</b>	<b>1469</b>	<b>444</b>	<b>296</b>	<b>1173</b>	<b>1321</b>	<b>3940</b>	<b>4317</b>	<b>3603</b>	<b>363</b>	<b>1436</b>
1	2854	55	57	48	114	282	85	57	225	254	760	832	695	70	276
2	3026	60	60	50	120	300	90	60	239	269	832	912	761	77	292
3	1845	33	37	31	73	182	55	37	146	164	457	501	418	42	179
4	2239	44	45	37	89	221	67	45	177	199	605	664	554	56	216
5	2053	39	41	34	82	203	62	41	162	182	546	599	500	50	199
6	2843	53	57	47	113	281	85	57	224	253	739	810	676	68	274
<b>Gurans</b>	<b>21692</b>	<b>426</b>	<b>451</b>	<b>378</b>	<b>903</b>	<b>2251</b>	<b>678</b>	<b>450</b>	<b>1798</b>	<b>2026</b>	<b>5464</b>	<b>5993</b>	<b>4955</b>	<b>544</b>	<b>2021</b>
1	2158	44	45	37	90	224	68	44	179	202	555	609	503	56	201
2	2820	56	59	49	117	293	88	59	234	263	721	791	654	71	263
3	2654	53	55	46	111	275	83	55	220	248	680	746	617	68	248
4	3383	66	70	59	141	351	106	70	280	316	847	928	768	84	316

Palika/Word	Population	Exp. Live. Births	0 to 11 Months	2 to 11 Months	0 to 23 Months	0 to 59 Months	6 to 23 Months	12 to 23 Months	12 to 59 Months	6 to 59 Months	Female 15 to 44 Years	WRA 15 to 49 Years	MWRA 15 to 49 Years	Expected Pregn- ancy	60 plus Years
5	3514	68	73	61	147	365	110	73	291	328	872	956	790	87	327
6	2863	57	60	50	119	297	90	60	237	267	724	794	657	72	267
7	1937	37	40	34	81	201	61	40	161	181	472	517	428	47	180
8	2362	46	49	41	99	245	73	49	195	221	593	650	538	59	220

### 7.3. Program Analyzed Data (2079-080)

#### Reporting Status 2079-80

Organisation unit / Data	% of planned primary healthcare outreach clinics conducted	Average number of clients served per PHC outreach clinic	Average no. of People Served FCHV (reporting Period)	Average no. of People Served from Immunization Clinic (Per Clinic)	Percentage of Reporting Status (EPIC)	Percentage of Reporting Status (FCHV)	Total Emergency Services
DAILEKH	90.4	18.2	19.7	13.7	91.7	97.5	3969
Naumule RM	95.5	12.4	16.4	10.2	92.6	99.1	0
Mahabu RM	88.3	19.6	25.9	14.4	91.7	96.9	0
Bhairabi RM	93.5	17.7	24.4	14.4	91.7	95.6	0
Thantikandh RM	92.9	24.6	24.7	17.5	91.7	93.1	0
Aathbis Mun.	57.9	22.7	30.4	18.2	91.7	95.2	80
Chamunda Bin.Mun.	88.6	22.1	14.4	24	91.2	99.7	0
Dullu Mun.	92.6	12.4	19.1	11.9	91.3	98.1	1044
Narayan Mun.	96.3	24.9	16	11.5	91.7	96.7	2493
Bhagawatimai RM	95.2	16.4	8.6	11.1	91.7	97.9	55
Dungeshwor RM	93.8	23.1	21	10.6	91.7	100	11
Gurans RM	93.9	20.8	21.6	12	91.7	98.4	286

## Immunization Programme 2079-80

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
% of children under one year immunized with BCG	75.5	74.2	68.4	78.4	68	90.2	69.5	80.1	92.2	65.3	62.3	61.4
% of children under one year immunized with DPT-HepB-Hib1	82.9	81.3	75.1	85.1	81.2	91.4	79.1	85.9	94.8	73.9	75.8	76.9
% of children under one year immunized with DPT-HepB-Hib3	81.3	79.6	75.1	78.6	82.4	90.5	77.5	81.6	101	69.8	74.4	72.5
% of children months immunized against measles/rubella 1	79.9	75.6	81.3	80	82.4	87.6	70.8	77.6	95.2	70.7	72.7	80.9
% of children aged 12-23 months immunized with JE	82	77.7	76.6	84.5	80.9	90.7	76.6	83.6	96.6	70.5	69	83.8
% of children aged 12-23 months immunized with measles/rubella 2	84.7	77.9	82.9	95.6	77.2	91.6	67.8	91.6	102.6	70.8	84.2	83.1
% of children immunized with TCV	85.5	73.7	82.9	86.7	81.1	91	73.8	100.5	102.6	68.7	80.8	82.7
% of children fully immunized as per NIP schedule	83.6	77.9	82.9	95.6	77.2	91.3	69.5	85.5	102.6	65.8	83.5	82.7
% of pregnant women who received completed dose of TD (TD2 and TD2+)	57.9	58.4	52.5	53.8	49	69.6	45.5	57.7	78.4	52.3	55.9	58.6
% of pregnant women who received TD2	29.6	29.4	31.7	23.2	17.3	29.2	22.5	31.2	55.8	30.6	24.8	29.2
% of pregnant women who received TD2+	28.3	29	20.8	30.6	31.7	40.5	23	26.5	22.6	21.7	31.1	29.4
% of under 1 year children immunized with Rota vaccine 1	80.2	80.2	74.6	87	77.8	90.2	72.9	75.8	94.6	74.4	75.4	76.9
DPT-HepB-Hib dropout rate (DPT-HepB-Hib 1 vs 3)	2	2.1	0	7.6	-1.5	0.96	2.1	5	-6.6	5.5	1.8	5.8
DPT-HepB-Hib1 vs MR2 dropout rate	-1.7	4.4	-9.2	-11.3	5.8	0.14	12.6	-6.3	-8.2	4.9	-11.1	-7.8
PCV dropout rate (PCV1 vs PCV3)	2.1	6.2	-5.2	5.2	4.7	1	7.3	2	-0.64	4	5.3	-5.8
Measles/Rubella dropout rate	-5.4	-2.8	-0.88	-18.3	7.2	-4.1	4.6	-17.7	-7.8	0.64	-15.7	-2.5
Vaccine wastage rate (BCG)	91	91.7	92	90.6	89	84.1	86.1	92.9	90.7	93.6	93.7	93.6
Vaccine wastage rate (DPT/HepB/Hib)	56.9	72.4	64.6	53.5	40.2	30.5	41.4	60.4	42.6	56	68.4	98.9
Vaccine wastage rate (FIPV)	56.1	61.9	64.1	51.6	63.5	30.5	46	61.9	54.3	58.7	67.1	63.5
Vaccine wastage rate (JE)	67.3	71.8	70.4	66.9	65.1	47	57	73	66.1	73	76.8	70.7
Vaccine wastage rate (MR)	64.4	72.2	68.4	63.5	56.5	44.2	49.8	66.7	66.2	72.6	73.1	70.6
Vaccine wastage rate (OPV)	48.3	57.5	62	44.3	41.4	27.8	40.2	53.5	43	49.1	51.9	59.6
Vaccine wastage rate (Rota)	33	35.9	50	32.4	35.5	11.6	29.6	33.3	30.2	35.6	25.8	46.4

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
Vaccine wastage rate (TCV)	60.6	64.4	67.8	60.8	51.1	46.3	52.1	61.7	57.2	70.8	66.9	69.4
Vaccine wastage rate (TD)	60.4	69.9	66.7	58.6	59.1	35.6	61.6	66.8	49.2	57.7	58.9	70.7
% of planned immunization sessions conducted	91.6	91.7	91.7	91.7	91.7	91.7	91.7	91.3	91.7	91.7	91.7	91.7
% of planned immunization clinics conducted	91.7	92.6	91.7	91.7	91.7	91.7	91.2	91.3	91.7	91.7	91.7	91.7
% of hygiene promotion session among conducted routine immunization session	99.9	100	100	100	100	100	100	99.8	100	99.6	100	100
Number of mothers/guardians participated in hygiene promotion session	41911	4034	3097	2351	3186	5013	4672	6245	4334	2736	2103	4140
% of 1 year children immunized with rota 2	77.3	79.4	70.8	83.9	74.3	88.9	61	69.9	101.2	71.9	75.4	76.3
% of children under one year immunized with OPV 1	82.8	81.3	75.1	85.3	81.4	90.7	78.1	85.6	94.8	74.6	75.8	76.9
% of children under one year immunized with OPV 3	80.8	79.6	75.1	77.6	77.1	90	78.1	81.5	101	70.1	74.1	72.5
% of children under one year immunized with FIPV 1	69.1	70	58.4	66.1	67.5	83.1	63.5	70.5	78.8	62.8	56.6	66.5
% of children under one year immunized with FIPV 2	59	50.2	54.8	54.8	50.6	84.4	59.6	51.1	74.5	53.1	42.1	55
% of children under one year immunized with PCV 1	80.1	81.3	77.5	82.7	78.4	86.7	69.2	80.5	94.6	74.6	76.1	76.9
% of children under one year immunized with PCV 3	78.4	76.3	81.6	78.4	74.7	85.9	64.1	78.9	95.2	71.7	72.1	81.4

## Community Based Integrated Management of Neonatal and Childhood Illnesses (CB-IMNCI) Programme 2079-80

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
Diarrhoea incidence rate among children under five years	1944	180.2	128.4	90.8	241.9	210.7	164.8	145.8	496.6	187.9	106.9	152.8
% of children U5 years with Pneumonia treated with antibiotics (Amoxicillin)	98.2	102.5	100	100	100	88.7	100	96.1	100	100	100	100
% of children under five years with ARI managed at Health Facility	91.7	90.6	92.2	97.7	95.7	84.8	96.8	91.5	94.5	83.5	98	88.6
ARI mortality rate among children under five years (per 1000)	0	0	0	0	0	0	0	0	0	0	0	0
ARI case fatality rate among children under 5 years (per 1000)	0	0	0	0	0	0	0	0	0	0	0	0
% of children 2-59 months treated with Vitamin A	0.27	0	0.14	0	0.07	1.6	0	0.21	0.02	0	0	0
% of multiple illness classification cases reported in IMNCI	101	100	97.8	101.3	100	99.9	99.6	99.3	106.6	100.3	100.2	100.6
% of infants aged 0-2 months with Possible Severe Bacterial Infection (PSBI)	14.4	0	22.2	33.3	29.1	10.6	5.4	22.8	17.8	8	6.7	6.7
% of infants aged 0-2 months with PSBI receiving a first dose of Gentamycin	86	0	100	100	100	77.8	100	84.6	100	50	50	0
% of infants aged 0-2 months with PSBI receiving a complete dose of Gentamycin	68.4	0	50	0	56.3	66.7	50	100	87.5	0	0	50
% of children under five years with diarrhea suffering from dehydration	14	17.3	12.5	12.9	25.3	8.4	36.7	14	5.6	11.3	0	9.6
% of children under five years with diarrhea suffering from Severe dehydration	0.67	0.23	0	0	0	0	0.36	0.16	2.7	0.25	0	0
% of children under five years with diarrhea suffering from Some dehydration	13.3	17.1	12.5	12.9	25.3	8.4	36.3	13.8	2.9	11.1	0	9.6
% of newborns age 28-59 days with pneumonia treated with Amoxycillin	188	700	0	200	108.3	120	100	400	125	400	166.7	350
% of infants aged 0-2 months with Local Bacterial Infection	40.8	85.7	55.6	33.3	29.1	51.8	43.2	21.1	24.4	36	23.3	76.7
% of newborns (0-2 months) who had feeding problems	20.2	4.8	22.2	0	20	11.8	13.5	15.8	53.3	40	6.7	20
% of children under five years enrolled in IMNCI programme	97.4	97.5	69.4	44.3	126.6	100.8	82.8	78.7	196.6	92.3	82.9	97.4
% of children under five years with diarrhea treated with zinc and ORS	94.4	99.9	99.6	97.4	100	91.9	101.3	65.4	98.7	94.8	97.9	99.8
% of children under five years with diarrhoea treated with IV fluid	0.75	0	0	0	0	0	0.36	0.31	2.7	1.2	0	0
ARI incidence rate among children under five years (per 1000)	322.3	290.1	280.6	149.8	294.5	291.3	222.6	322.9	719.9	315.8	305.7	360.7
Incidence of pneumonia among children under five years (per 1000)	48.7	36.6	35.5	16.1	47.1	27.2	14.7	85.3	101.2	27.7	72.2	68.4
Incidence of children under five years with ARI suffering pneumonia	150.3	125.9	126.5	107.1	157.5	92.6	65.8	263.7	139.9	87.5	233	189.2

## Nutrition Programme 2079-80

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
% of children aged 0-11 months newly registered for growth monitoring	959	1023	844	957	99	857	988	1109	1162	65	754	1011
% of children aged 6-23 months who received 3 cycle (180 Sachets) Baal Vita (MNP) in last 18 months	119	0.7	0	0	138	12	143	3	702	32	432	0
% of adolescent girls aged 10-19 years who received IFA supplement for 13 weeks	92	0	0	0	025	0	157	163	411	4	198	0
% of adolescent girls aged 10-19 years who received IFA supplement for 26 weeks	84	0	0	0	352	0	0	92	358	0	181	0
% of children aged 6-59 months screened for malnutrition by FCHV	1952	1677	1161	1805	4518	2045	1284	584	3404	1158	2261	2803
No.of SAM cases (6-59 months) admitted at outpatient therapeutic centers (OTC)	150	5	4	6	15	38	17	25	25	4	5	6
% of SAM cases (6-59 months) recovered	65	77.8	100	667	53	60	39.3	61.9	92.1	50	71.4	50
% of SAM cases (6-59 months) admitted at OTCs who died	0	0	0	0	0	0	0	0	0	0	0	0
% of SAM cases (6-59 months) admitted at OTCs who defaulted	295	11.1	0	0	375	32	536	381	79	50	286	333
No.of MAM cases (6-59 months) admitted at outpatient therapeutic centers (OTCs)	221	7	11	6	17	64	24	26	23	14	17	12
8.19 - % of MAM cases (6-59 months) recovered	75	75	100	50	824	5	633	738	965	100	80	25
% of children aged 12-23 months newly registered for growth monitoring	272	415	466	243	95	364	365	278	178	265	94	71
% of MAM cases (6-59 months) admitted at OTCs who died	0	0	0	0	0	0	0	0	0	0	0	0
% of MAM cases (6-59 months) admitted at OTCs who defaulted	213	25	0	43.8	17.6	43.8	26.7	10.3	35	0	20	43.8
No.of SAM cases (0-59 months) admitted at nutrition rehabilitation homes	41	0	0	0	0	0	0	0	41	0	0	0
No.of MAM cases (0-59 months) admitted at nutrition rehabilitation homes	11	0	0	0	0	0	0	0	11	0	0	0
% of MAM cases admitted at NRHs who recovered	848	0	0	0	0	0	0	0	848	0	0	0
% of MAM cases admitted at NRHs who LAMA	109	0	0	0	0	0	0	0	109	0	0	0
Average No.of visits among children aged 0-23 months registered for growth monitoring	86	98	51	7.1	64	96	44	9.7	123	6.7	86	8.7
No.of students in grade 1-12 who received anthelmintic	21270	423	0	0	2124	0	1158	8079	6992	655	1492	347

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
% of children aged 0-23 months registered and visited for growth monitoring who were underweight	35	27	35	46	45	61	55	34	07 9	35	12	28
% of children below 6 months exclusively breastfed among registered for growth monitoring	78	102	331	427	988	68	864	1007	909	384	728	651
% of children aged 6-59 months who received vitamin A supplementation in last six months	1831	159	1526	1921	1884	1618	2474	1845	2186	1622	1727	166
% of children 12-59 months who received anthelmintic in last six months	1849	159	1536	2148	1894	1702	2336	185	2103	1621	1745	169
% of children aged 6-23 months who received at least one cycle (60 Sachets) Baal Vita (MNP)	517	267	236	519	77	102	753	244	612	2189	583	218
% of children aged 0-23 months registered for growth monitoring	616	723	667	611	545	611	678	683	669	462	426	539

### Female Community Health Volunteer (FCHV) Programme 2079-80

Organisation unit / Data	Number of mothers group meetings held	Percentage of postpartum women visited by FCHVs	Percentage of pregnant women visited by FCHVs
DAILEKH	8901	6.4	212
Naumule RM	794	20.8	195.2
Mahabu RM	606	3.4	239.8
Bhairabi RM	567	5.7	254
Thantikandh RM	518	8.2	165.3
Aathbis Mun.	874	10.7	229.2
Chamunda Bin.Mun.	686	0.15	122.1
Dullu Mun.	1441	10.3	161.4
Narayan Mun.	917	3	273.6
Bhagawatimai RM	921	0	201.7
Dungeshwor RM	691	1.1	363.1
Gurans RM	886	0	263.1



## Family Planning Programme 2079-80

Organisation unit / Data	Condom users(qty/150)	Contraceptive prevalence rate (unadjusted) among women of reproductive age (WRA)	Depo Current Users Total	FP Methods New acceptor among as % of WRA	IUCD New Users Total	Implant Current Users Total	Pills Current Users Total	Permanent FP Method-Current Users
DAILEKH	1821	27.60	4001	7.9	824	3621	1085	8404
Naumule RM	111	17.70	334	7.3	26	429	110	0
Mahabu RM	135	16.50	332	12.7	10	335	66	0
Bhairabi RM	103	9.50	229	7.1	5	136	22	0
Thantikandh RM	150	19.40	381	7.2	75	295	36	37
Aathbis Mun.	113	11.60	529	5.8	0	247	75	28
Chamunda Bin.Mun.	90	9.50	325	7	11	191	33	21
Dullu Mun.	177	12.00	517	8.5	92	485	88	0
Narayan Mun.	550	139.50	429	10.8	467	729	409	8318
Bhagawatimai RM	115	14.20	261	6.9	2	270	81	0
Dungeshwor RM	174	17.20	279	6.2	9	214	66	0
Gurans RM	103	16.80	385	7.1	127	290	99	0

## Safe Motherhood Programme 2079-80

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
% of pregnant women who had at least one ANC checkup	93.8	91.9	86.3	66.7	81.7	101.2	86.2	97.4	155.9	69.7	85.9	93.7
% of births attended by a health worker other than SBA and SHP	11.8	23.7	22.7	1.7	6.5	10.4	0	14.5	2.5	35.7	0.7	14.1
% of normal vaginal deliveries among reported deliveries	96.6	100	100	100	100	100	100	98.1	82.1	100	100	100
% of assisted (vaccum or forceps) deliveries	0.31	0	0	0	0	0	0	0	1.8	0	0	0
% of deliveries by caesarean section among reported deliveries	3.1	0	0	0	0	0	0	1.9	16.1	0	0	0
% of delivery by caesarean section	2.3	0	0	0	0	0	0	1.8	24.6	0	0	0
% of pregnant women who gave birth at home and used misoprostal	575	0	0	0	0	0	0	0	0	0	0	0

Data/Organisation unit	DALEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
% of women who received a PNC within 24 hours of delivery	68	59.9	66.3	26.8	58	36.5	66.4	85.2	159.3	65.5	54.9	64.9
% of women who had four postnatal check-ups as per protocol	47.6	41	48.9	20.3	51.9	51.2	56.1	26.8	76.1	60.1	59.5	47.8
% of postpartum mother receiving two PNC home visits	78.2	84.6	100.4	95.6	94.5	94.6	88.6	59.5	37	90.5	120.1	100.7
% of postpartum mother who received 45 days supply of iron folic acid suppliment	97.6	100.4	99.6	100	100	96.7	1007	99.5	90.3	96.9	100	99.6
% of pregnant women who had at least eight ANC visits as per protocol	26	30.9	23.5	12	13.2	21.1	15.7	28.9	52.8	20.5	38.7	36.8
% of postpartum mother who received vitamin A suppliment	99.7	100.4	99.6	100	100	98.8	100	1001	100	97.3	100	99.6
Met need for emergency obstetric care	20.1	11.7	0	1.6	8.4	1.7	2	23.5	166.7	3.3	2.3	0
Number of women treated for haemorrhage	33	4	0	0	7	1	3	9	4	2	3	0
Number of women treated for Antepartum Haemorrhage (APH)	5	0	0	0	1	0	0	1	0	1	2	0
Number of women treated for Postpartum Haemorrhage (PPH)	28	4	0	0	6	1	3	8	4	1	1	0
Number of women treated for Ectopic pregnancy	3	0	0	0	0	0	0	0	3	0	0	0
Number of women treated for prolonged/ obstructed labor	131	13	0	1	3	8	4	1	90	2	9	0
Number of women treated for ruptured uterus	0	0	0	0	0	0	0	0	0	0	0	0
Number of women treated for Pre-eclampsia	1	0	0	0	0	0	0	0	1	0	0	0
Number of women treated for Eclampsia	1	0	0	0	0	1	0	0	0	0	0	0
Number of women treated for retained Placenta	33	0	0	0	2	3	0	21	4	0	2	1
Number of women treated for Puerperal Sepsis	1	0	0	0	0	0	0	1	0	0	0	0
% of women who received a 180 day supply of Iron Folic Acid during pregnancy	65.9	55.3	38.9	37.1	49.4	59.1	50.7	81.9	165.3	57.2	59.9	55.3
Number of women treated for abortion complications	12	0	0	0	4	2	1	0	4	1	0	0
% of postpartum women referred out due to obstetric complications	35.3	71.4	0	0	58.8	81.3	80	3.1	6.9	75	96.6	100
% of women with obstetric complication who received a blood transfusion for haemorrhage	21.2	0	0	0	0	0	0	0	175	0	0	0
% of postpartum mothers with C/S wound infection	0.76	0	0	0	0	0	0	0	0.86	0	0	0

Data/Organisation unit	DALEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
Number of reported maternal deaths at health facility	0	0	0	0	0	0	0	0	0	0	0	0
% of newborns with low birth weight (<2.5KG)	6.5	5.3	0.73	6.7	17.4	6.7	6.8	6.6	6.4	4.8	3.3	5.2
% of preterm birth	1.1	1.1	0	0.56	0.68	2.2	0.47	0.97	1.6	1	1.3	1.1
% of neonates with birth asphyxia	1.6	0.75	0	1.1	10.2	2.9	0.23	0.97	0.42	0	0.65	1.1
% of neonates with congenital anomalies	0.19	0	0	0	0	0.59	0	0.24	0.42	0	0	0
% of newborns who had CHX applied immediately after birth (Facility)	99.5	100	100	100	100	97.8	100	98.7	100	100	100	100
% of pregnant women who received anthelminthics	80.3	81.6	56.2	55.7	54.6	82.6	72.5	96.8	129.4	70.2	77.8	85.7
% of newborns who received a check-up at 24 hours of birth	65.4	58.3	64.8	26.6	57.6	35.2	66.1	83.8	138.6	64.3	54.9	64.2
% of neonates who received four checkups as per PNC protocol	46.9	40.4	48.4	20.3	52.5	48.5	55.8	27	75.4	59.9	56.3	46.8
% of still births	0.92	2	0	0.24	0	0.9	0.77	0.8	3.4	0.73	0	0.94
% of neonatal mortality (health facility)	0.04	0	0	0	0	0	0	0.11	0	0	0	0.23
% of pregnancies terminated by induced procedure at health facility	9	1.2	0	0	14.3	0	0	7.7	71.2	0	9.4	0
% of women who received contraceptives after abortion	80.6	0	0	0	90.7	0	0	70.9	80.3	0	100	0
% of women with complications from induced abortion	8.4	0	0	0	1.2	0	0	7	11.1	0	0	0
% of women who had first ANC checkup as per protocol (New 79/80)	61.2	68.2	56.7	38	45.4	51	49.8	65.1	119.7	45.2	72.2	69.3
% of women who received 180 calcium tablets during pregnancy	34.2	14.5	35	1.9	0	0	5.2	21	98.3	3.4	81.3	184.8
% of institutional deliveries	76.1	59.6	66.5	43.3	61.3	65.9	65.9	94	168.6	71.9	54.2	64.4
% of deliveries below 20 years of age among total institutional deliveries	20	29	17.3	23.2	18.2	22.6	17.2	18.3	13.4	23.1	35.1	25.1
% of births attended by a skilled birth attendant (SBA trained ANMs)	55.4	32	43.8	39.5	54.8	51.9	65.9	65.4	98.9	36.2	53.5	49.6
% of births attended by a skilled health personnel (SHP)	7.5	3.9	0	2.2	0	3.6	0	14.4	50.8	0	0	0.7
% of pregnant women who had First ANC checkup as protocol	1.2	0	0	0	0	0	0	0.34	14.2	0	0	0
% of pregnant women who had four ANC checkups as per protocol (4th, 6th, 8th and 9th month/16, 20-24, 32 and 36 Weeks)	73.2	60.7	48.2	53.1	47.1	62.9	54.4	105.1	166.5	56	58.5	64.2

## Tuberculosis Programme 2079-80

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
Case notification rate (all forms of TB cases)	62.3	42.8	81.6	81.7	68	52.2	69.9	76.8	49.5	37.3	53.8	64.5
10.3 Loss to follow up rate (%)	2.9	0	0	22.2	0	0	7.4	0	0	0	7.1	0
10.4 TB Case Fatality Rate (%)	1.2	0	0	0	0	0	0	3.4	0	0	7.1	0
10.5 Treatment Success Rate	94.7	100	91.7	77.8	100	95.8	92.6	96.6	100	100	85.7	100
10.6 Slide Positivity Rate	3	0	0	0	0	0	0	0	3	0	0	0
TB - % notified cases by contact investigation	2.5	22.2	0	0	0	0	5.3	0	0	0	12.5	0
TB - % notified cases community referred	2.5	0	20	0	0	0	0	3.2	0	0	0	0
TB - % notified cases private sector referred	24.2	0	13.3	13.3	46.2	47.1	31.6	16.1	46.2	0	0	28.6
TB - % notified cases self referred	70.8	77.8	66.7	86.7	53.8	52.9	63.2	80.6	53.8	100	87.5	71.4
TB - % of 0-4 years cases	7.5	0	26.7	0	0	5.9	10.5	6.5	0	0	12.5	14.3
TB - % of 15-24 years cases	20.5	0	13.3	6.7	46.2	5.9	31.6	32.3	23.1	0	25	14.3
TB - % of 25-34 years cases	11.8	11.1	20	6.7	23.1	29.4	5.3	9.7	7.7	0	0	7.1
TB - % of 35-44 years cases	13	33.3	0	6.7	0	17.6	10.5	16.1	15.4	14.3	12.5	21.4
TB - % of 45-54 years cases	18.6	33.3	13.3	20	0	17.6	21.1	22.6	15.4	14.3	12.5	28.6
TB - % of 5-14 years cases	4.3	0	0	6.7	7.7	0	10.5	3.2	0	14.3	12.5	0
TB - % of 55-64 years cases	11.2	11.1	13.3	20	0	5.9	10.5	6.5	23.1	28.6	12.5	7.1
TB - % of >= 65 years cases	13	11.1	13.3	33.3	23.1	17.6	0	3.2	15.4	28.6	12.5	7.1
TB - % of ART enrollment of TB cases with HIV +ve	100	0	100	100	0	0	0	100	0	0	0	0
TB - % of HIV positive among total TB patient tested	2.5	0	6.7	7.1	0	0	0	6.5	0	0	0	0
TB - % of HIV tested among total TB patients	99.4	100	100	93.3	100	100	100	100	100	100	100	100
TB - % of child cases	11.8	0	26.7	6.7	7.7	5.9	21.1	9.7	0	14.3	25	14.3
TB - % of female among notified cases	28	22.2	20	20	30.8	29.4	26.3	29	15.4	28.6	75	28.6

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
TB - % of male among notified cases	72	77.8	80	80	69.2	70.6	73.7	71	84.6	71.4	25	71.4
TB - % of smoker among registered TB cases	11.2	33.3	20	0	15.4	0	0	16.1	23.1	0	25	0
TB - Case notification rate (New and Relapse cases)	59.6	42.8	76.1	76.3	68	46.1	66.2	76.8	49.5	26.7	53.8	64.5
TB - GeneXpert positivity rate	2.9	0	0	0	0	0	0	0	2.9	0	0	0
TB - No of TB cases died	2	0	0	0	0	0	0	1	0	0	1	0
TB - No of TB cases treatment completed	81	7	6	3	11	13	12	10	4	3	6	6
TB - No. of TB cases Lost to followup	5	0	0	2	0	0	2	0	0	0	1	0
TB - Not evaluated rate	1.2	0	8.3	0	0	4.2	0	0	0	0	0	0
TB - Number of TB cases identified by contact investigation	4	2	0	0	0	0	1	0	0	0	1	0
TB - Number of cases registered for outcome	170	15	12	9	19	24	27	29	8	5	14	8
TB - Total HIV test among registered cases	160	9	15	14	13	17	19	31	13	7	8	14
TB - Total HIV test-female among registered cases	43	2	3	3	4	5	5	8	1	2	6	4
TB - Total HIV test-male among registered cases	117	7	12	11	9	12	14	23	12	5	2	10
TB - Total TB cases completed treatment	95	8	6	4	12	13	16	16	4	3	6	7
TB - Total TB cases cured	66	7	5	3	7	10	9	12	4	2	6	1
TB - Total TB cases failed	0	0	0	0	0	0	0	0	0	0	0	0
TB - Total TB cases not evaluated	2	0	1	0	0	1	0	0	0	0	0	0
TB - Total TB cases referred by community	4	0	3	0	0	0	0	1	0	0	0	0
TB - Total TB cases referred by private	39	0	2	2	6	8	6	5	6	0	0	4
TB - Total notified (EP)	44	2	4	4	4	5	5	6	4	2	3	5
TB - Total notified (PBC)	96	6	8	11	6	11	12	22	8	4	4	4
TB - Total notified (PCD)	21	1	3	0	3	1	2	3	1	1	1	5
TB - Total notified TB cases	161	9	15	15	13	17	19	31	13	7	8	14

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
TB - Total number of TB cases with DST status known	63	4	2	7	5	3	9	15	7	5	4	2
TB - Total number of adult cases (15-65 years)	121	8	9	9	9	13	15	27	11	4	5	11
TB - Total number of child DR cases (0-14 years)	0	0	0	0	0	0	0	0	0	0	0	0
TB - Total number of child cases (0-14 years)	19	0	4	1	1	1	4	3	0	1	2	2
TB - Total number of elderly cases (65+ years)	18	1	2	4	3	2	0	1	2	1	1	1
TB - Total number of female TB cases	45	2	3	3	4	5	5	9	2	2	6	4
TB - Total number of geneXpert tests done	1296	0	0	0	0	0	0	0	1296	0	0	0
TB - Total number of male TB cases	116	7	12	12	9	12	14	22	11	5	2	10
TB - Total number of new TB cases	146	8	14	13	12	15	16	28	13	5	8	14
TB - Total number of others cases	7	0	1	1	0	2	1	0	0	2	0	0
TB - Total number of relapse caeses	8	1	0	1	1	0	2	3	0	0	0	0
TB - Treatment Success Rate (New and Relapse)	95.2	100	91.7	77.8	100	95.8	96	96.6	100	100	83.3	100
TB - cured rate	78.6	87.5	100	50	100	100	64.3	63.2	100	100	85.7	50
TB - sputum smear microscopy positivity rate	2.2	0	0	0	18.2	3.3	0	1.8	1.7	0	0	0

## Leprosy Programme 2079-80

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
New case detection rate of leprosy	3.5	0	0	5.4	5.2	0	7.4	12.4	0	0	0	0
% of new leprosy cases presenting with a grade-2-disability	0	0	0	0	0	0	0	0	0	0	0	0
% of new leprosy cases that are MB	77.8	0	0	100	100	0	100	60	0	0	0	0

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
Proportion of female cases among new cases detected	44.4	0	0	0	0	0	50	60	0	0	0	0
Proportion of children (0-14 years) among new cases detected	0	0	0	0	0	0	0	0	0	0	0	0
Incidence of leprosy per 10,000 population	0.35	0	0	0.54	0.52	0	0.74	1.2	0	0	0	0
Leprosy-Patient at the end of this month-Multi Bacillary (Female)	47	0	0	0	0	0	11	36	0	0	0	0
Leprosy-Patient at the end of this month-Multi Bacillary (Male)	116	12	9	6	13	24	20	32	0	0	0	0
Leprosy-Patient at the end of this month-Pauci Bacillary (Female)	7	0	0	0	0	0	0	7	0	0	0	0
Leprosy-Patient at the end of this month-Pauci Bacillary (Male)	7	0	0	0	0	0	0	7	0	0	0	0
Leprosy-Total registered in this month-Multi Bacillary (Female)	49	0	0	0	0	0	12	37	0	0	0	0
Leprosy-Total registered in this month-Multi Bacillary (Male)	121	12	10	6	14	24	21	34	0	0	0	0
Leprosy-Total registered in this month-Pauci Bacillary (Female)	8	0	0	0	0	0	0	8	0	0	0	0
Leprosy-Total treated in this month-Pauci Bacillary (Male)	8	0	0	0	0	0	0	8	0	0	0	0
% of PB and MB cases who started treatment but defaulted	0.54	0	0	0	0	0	0	1.1	0	0	0	0
% of leprosy cases released from treatment (RFT)	4.3	0	10	0	7.1	0	6.5	4.6	0	0	0	0
% of relapse cases of leprosy	0.54	0	0	0	0	0	3.2	0	0	0	0	0
Prevalence of leprosy per 10,000 population	0.35	0	0	0.54	0.52	0	0.74	1.2	0	0	0	0
Proportion of defaulted leprosy cases who started treatment	9.1	0	0	0	0	0	0	20	0	0	0	0
Total Leprosy New cases	9	0	0	1	1	0	2	5	0	0	0	0
Total Leprosy at the end of month	0	0	0	0	0	0	0	0	0	0	0	0

## HIV/AIDS and STI Programme 2079-80

Organisation unit / Data	% of pregnant women who tested for HIV at an ANC checkup	Palika wise Receiving ART	New cases HIV
DAILEKH	78.3	215	5
Naumule RM	69.8	3	0
Mahabu RM	62.9	15	1
Bhairabi RM	45.3	16	1
Thantikandh RM	65.9	1	0
Aathbis Mun.	75.1	85	0
Chamunda Bin.Mun.	66.8	4	0
Dullu Mun.	75.6	52	2
Narayan Mun.	222.1	14	0
Bhagawatimai RM	55.8	7	0
Dungeshwor RM	65.3	15	1
Gurans RM	46.5	3	0

## Malaria Programme 2079-80

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
11.2 Malaria test positivity rate /slide positivity rate	0.12	0	0	0	0	0	0	0	0.43	0	0	0
Case fatality rate of malaria	0	0	0	0	0	0	0	0	0	0	0	0
Total Malaria Indigenous Cases	0	0	0	0	0	0	0	0	0	0	0	0
Total Malaria PF cases	1	0	0	0	0	0	0	0	1	0	0	0
Total Malaria PF indigenous	0	0	0	0	0	0	0	0	0	0	0	0
Total Malaria positive Cases	2	0	0	0	0	0	0	0	2	0	0	0
Total Maternal Deaths	3	2	0	0	0	1	0	0	0	0	0	0



<b>Total malaria PF Imported</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total malaria Slide collection</b>	<b>1728</b>	<b>188</b>	<b>0</b>	<b>0</b>	<b>153</b>	<b>673</b>	<b>6</b>	<b>137</b>	<b>460</b>	<b>87</b>	<b>6</b>	<b>18</b>
<b>Total malaria cases (sum of classification)</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total malaria positive (sum of test methods)</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total malaria slide examination</b>	<b>1688</b>	<b>188</b>	<b>0</b>	<b>0</b>	<b>153</b>	<b>670</b>	<b>6</b>	<b>100</b>	<b>460</b>	<b>87</b>	<b>6</b>	<b>18</b>

### OPD Services 2079-80

<b>Data/Organisation unit</b>	<b>DAILEKH</b>	<b>Naumule</b>	<b>Mahabu</b>	<b>Bhairabi</b>	<b>Thantikandh</b>	<b>Aathbis</b>	<b>Chamunda Bindrasaini</b>	<b>Dullu</b>	<b>Narayan</b>	<b>Bhagawatimai</b>	<b>Dungeshwor</b>	<b>Gurans</b>
<b>% of OPD New Visits among total population</b>	<b>68</b>	<b>77.9</b>	<b>59.2</b>	<b>34.2</b>	<b>52.4</b>	<b>68.3</b>	<b>42.4</b>	<b>65.1</b>	<b>130.8</b>	<b>66.1</b>	<b>79.6</b>	<b>64.8</b>
<b>Total New OPD Visits</b>	<b>176139</b>	<b>16364</b>	<b>10878</b>	<b>6285</b>	<b>10016</b>	<b>22245</b>	<b>11519</b>	<b>26256</b>	<b>34307</b>	<b>12381</b>	<b>11822</b>	<b>14066</b>
<b>Total New OPD Visits Female</b>	<b>106257</b>	<b>9664</b>	<b>6690</b>	<b>3774</b>	<b>5974</b>	<b>12845</b>	<b>7566</b>	<b>15614</b>	<b>21084</b>	<b>7198</b>	<b>7200</b>	<b>8648</b>
<b>Total New OPD Visits Male</b>	<b>69882</b>	<b>6700</b>	<b>4188</b>	<b>2511</b>	<b>4042</b>	<b>9400</b>	<b>3953</b>	<b>10642</b>	<b>13223</b>	<b>5183</b>	<b>4622</b>	<b>5418</b>

## 7.4. Programs Raw Data (2079-080)

### Reporting Status

मासिक प्रगती प्रतिवेदन										
उमेर समूह	नयाँ सेवाग्राहीको संख्या		जम्मा (नयाँ/ पुराना) सेवाग्राही संख्या		रेफर भई आएका 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.				
०-९ वर्ष	24276	27371	27329	31445	19	22	गाउँघर क्लिनिक	2580	2332	42347
१०-१४ वर्ष	14806	13314	16402	14784	4	4	खोप क्लिनिक खोप सेशन सरसफाई सेसन (पटक)	3192	2926	39976
१५-१९ वर्ष	16606	10404	19663	11491	17	7		3204	2935	
२०-५९ वर्ष	91762	36139	113333	41283	74	28		3204	2933	41911
६०-६९ वर्ष	14223	11178	16796	12991	8	10	म. स्वा. स्व. से.	9840	9593	189250
>= ७० वर्ष	8284	7460	10430	9541	10	5				

### Immunization Programme

Data / Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
EPI Prog.-Measles/Rubella-12-23 Months	492 4	37 3	34 3	39 4	37 5	729	45 3	811	51 2	31 0	25 0	374
EPI Prog.-Measles/Rubella-9-11 Months	467	36	34	33	40	700	47	689	47	31	21	365

Data / Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
	2	3	0	3	4		5		5	2	6	
EPI Prog.Vaccine Type-Children Immunized-3 dose completion of DPT-HepB-Hib&OPV after 1 year	747	62	61	101	20	51	50	88	123	43	79	69
EPI Prog.Vaccine Type-Children Immunized-BCG Doses	4406	356	286	326	333	721	463	711	460	288	185	277
EPI Prog.Vaccine Type-Children Immunized-JE	4777	372	317	348	393	722	512	740	482	309	205	377
EPI Prog.Vaccine Type-Children Immunized-TD(Pregnant Women)-2	2126	170	164	123	104	286	185	347	339	159	90	159
EPI Prog.Vaccine Type-Children Immunized-TD(Pregnant Women)-2+	2032	168	108	162	191	397	189	294	137	113	113	160
EPI Prog.Vaccine Type-Dose-Children Immunized-DPT-HepB-Hib-1st	4851	390	314	354	398	730	531	763	473	326	225	347
EPI Prog.Vaccine Type-Dose-Children Immunized-DPT-HepB-Hib-2nd	4793	387	302	350	372	712	532	747	505	316	226	344
EPI Prog.Vaccine Type-Dose-Children Immunized-DPT-HepB-Hib-3rd	4755	382	314	327	404	723	520	725	504	308	221	327
EPI Prog.Vaccine Type-Dose-Children Immunized-FIPV-1st	4040	336	244	275	331	664	426	626	393	277	168	300
EPI Prog.Vaccine Type-Dose-Children Immunized-FIPV-2nd	3453	241	229	228	248	674	400	454	372	234	125	248
EPI Prog.Vaccine Type-Dose-Children Immunized-OPV-1st	4841	390	314	355	399	725	524	760	473	329	225	347
EPI Prog.Vaccine Type-Dose-Children Immunized-OPV-2nd	4776	387	302	347	371	709	538	736	505	314	223	344
EPI Prog.Vaccine Type-Dose-Children Immunized-OPV-3rd	4724	382	314	323	378	719	524	724	504	309	220	327
EPI Prog.Vaccine Type-Dose-Children Immunized-PCV-1st	4688	390	324	344	384	693	464	715	472	329	226	347
EPI Prog.Vaccine Type-Dose-Children Immunized-PCV-2nd	4648	377	302	366	363	715	444	691	507	318	221	344
EPI Prog.Vaccine Type-Dose-Children Immunized-PCV-3rd	458	36	34	32	36	686	43	701	47	31	21	367

Data / Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
	8	6	1	6	6		0		5	6	4	
EPI Prog.Vaccine Type-Dose-Children Immunized-Rota-1st	469 4	38 5	31 2	36 2	38 1	721	48 9	673	47 2	32 8	22 4	347
EPI Prog.Vaccine Type-Dose-Children Immunized-Rota-2nd	452 0	38 1	29 6	34 9	36 4	710	40 9	621	50 5	31 7	22 4	344
EPI Prog.Vaccine Type-Dose-Received-BCG Doses	4180 0	428 0	356 0	346 0	304 0	4720	334 0	1006 0	494 0	448 0	294 0	436 0
EPI Prog.Vaccine Type-Dose-Received-DPT-HepB-Hib	2780	2710	2400	1830	1930	3020	2700	4700	2880	1910	1400	2510
EPI Prog.Vaccine Type-Dose-Received-FIPV Doses	1780	1515	1319	1040	1555	1925	1530	2835	1675	1236	880	1500
EPI Prog.Vaccine Type-Dose-Received-JE	1466	1320	1070	1080	1125	1388	1190	2738	1420	1145	885	1285
EPI Prog.Vaccine Type-Dose-Received-Measles/Rubella	2035	2600	2160	1990	1790	2560	1880	4815	2920	2270	1730	2510
EPI Prog.Vaccine Type-Dose-Received-OPV	2780	2730	2450	1840	1960	3000	2600	4770	2600	1870	1390	2520
EPI Prog.Vaccine Type-Dose-Received-PCV	2147	1994	1720	1458	1780	2529	1884	3540	2140	1476	960	2016
EPI Prog.Vaccine Type-Dose-Received-Rota Doses	1378	1195	1217	1052	1155	1641	1291	1941	1400	1002	604	1288
EPI Prog.Vaccine Type-Dose-Received-TD(Pregnant Women)	1670	1840	1410	1080	1080	1610	1580	3100	1680	1080	710	1680
Immunization-Children Immunized-HPV-First	8	0	0	0	0	0	0	8	0	0	0	0
Immunization-Children started immunization between 24-59 months	67	9	0	3	8	6	8	27	0	1	0	5
Immunization-Expenditure for Immunization-HPV	30	0	0	0	30	0	0	0	0	0	0	0
Immunization-Expenditure-Other Wastage-TD	618	328	30	10	0	0	0	10	0	10		230
Immunization-Expenditure-Other wastage-BCG	3077	717	180	180	20	80	0	340	0	180	260	1120

Data / Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
Immunization-Expenditure-Other wastage-DPT/HepB/Hib	636	306	100	0	0	0	0	0	0	70	30	130
Immunization-Expenditure-Other wastage-FIPV	585	165	90	25	0	0	0	15	0	20	40	230
Immunization-Expenditure-Other wastage-JE	594	179	30	25	0	0	0	25	0	35	60	240
Immunization-Expenditure-Other wastage-MR	912	352	20	0	10	0	0	270	0	0	50	210
Immunization-Expenditure-Other wastage-OPV	642	282	100	0	0	0	0	0	0	70	30	160
Immunization-Expenditure-Other wastage-PCV	758	233	73	12		0	0	16	0	72	52	300
Immunization-Expenditure-Other wastage-Rota	690	140	27	49	1	0	0	47	0	37	29	360
Immunization-Expenditure-Other wastage-TCV	533	118	35	0	10	0	0	10	0	65	50	245
Immunization-Fully immunized-Within 23 months	485	373	343	394	375	727	446	757	512	288	248	372
Immunization-Hygiene sessions conducted	283	308	198	198	187	286	198	547	363	230	176	242
Immunization-Hygiene sessions planned	304	336	216	216	204	312	216	600	396	252	192	264
Immunization-People benefitted from hygiene session	4911	484	307	251	386	503	462	645	434	276	203	4140
Immunization-Returned-TD	50	0	0	0	0	0	0	0	0	0	0	0
Immunization-TD-Pregnant Women-1	2448	216	198	141	126	321	232	389	378	185	89	173
Immunization-Vaccine Expenditure-Opened for Immunization-BCG	4923	353	3380	3280	3020	4400	3340	9720	4940	4300	2680	3240
Immunization-Vaccine Expenditure-Opened for Immunization-DPT-HepB-Hib	27124	2404	2300	1830	1980	3000	2700	4790	2580	1840	1370	2380
Immunization-Vaccine Expenditure-Opened for Immunization-FIPV	16465	1380	1229	1015	1555	1925	1530	2820	1675	1216	880	1270
Immunization-Vaccine Expenditure-Opened for Immunization-JE	13997	1141	1040	1025	1125	1363	1190	2713	1420	1110	825	1045

Data / Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
Immunization-Vaccine Expenditure-Opened for Immunization-MR	2023	228	240	190	170	250	180	425	220	220	160	2300
Immunization-Vaccine Expenditure-Opened for Immunization-OPV	2718	248	230	180	190	280	260	470	200	180	130	2360
Immunization-Vaccine Expenditure-Opened for Immunization-PCV	2035	176	167	146	170	255	184	354	240	140	98	1716
Immunization-Vaccine Expenditure-Opened for Immunization-Rota	1319	105	110	103	114	169	126	184	140	95	55	928
Immunization-Vaccine Expenditure-Opened for Immunization-TCV	1201	87	100	90	75	137	100	230	115	95	65	970
Immunization-Vaccine Expenditure-Opened for Immunization-TD	1082	152	130	100	100	150	150	300	180	100	70	1450
Immunization-Vaccine-Children Immunized-TCV	4978	353	343	357	394	724	493	889	512	301	240	372
Immunization-Vaccine-Received-TCV	1264	92	100	90	85	132	100	230	115	100	75	1215
Immunization-Vaccine-Returned-BCG	180	0	0	0	0	180	0	0	0	0	0	0
Immunization-Vaccine-Returned-DPT/HepB/Hib	20	0	0	0	0	20	0	0	0	0	0	0
Immunization-Vaccine-Returned-JE	25	0	0	0	0	25	0	0	0	0	0	0
Immunization-Vaccine-Returned-OPV	20	0	0	0	0	20	0	0	0	0	0	0
Immunization-Vaccine-Returned-PCV	4	0	0	0	0	4	0	0	0	0	0	0
Immunization-Vaccine-Returned-Rota	22	0	0	0	0	22	0	0	0	0	0	0
Immunization-Vaccine-Returned-TCV	30	0	0	0	0	30	0	0	0	0	0	0
Immunization-Vaccines Received-HPV	30	0	0	0	30		0	0	0	0	0	0

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

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
CBIMCI <2Months-Classification-Jaundice Cases	2	0	0	0	0	0	0	0	2	0	0	0
CBIMCI <2Months-Classification-LBI Cases	162	18	5	1	16	44	16	12	11	9	7	23
CBIMCI <2Months-Classification-Low Weight/Feeding Problem 29-59 days Facility	3	0	0	0	0	1		0	1	1	0	0
CBIMCI <2Months-Classification-Low Weight/Feeding Problem ≤28 days Facility	10	0	0	0	0	1	7	0	1	0	1	0
CBIMCI <2Months-Classification-PSBI Cases	57	0	2	1	16	9	2	13	8	2	2	2
CBIMCI <2Months-Facility-Treatment-Other Antibiotics	22	0	0	0	15	2	0	1	1	0	0	3
CBIMCI <2Months-Follow-Up	67	3	1	1	18	4	0	15	12	0	9	4
CBIMCI <2Months-Refer Cases	24	0	1	1	8	6	1	1	3	2	1	0
CBIMCI <2Months-Total Cases	397	21	9	3	55	85	37	57	45	25	30	30
CBIMCI <2Months-Total Death	0	0	0	0	0	0	0	0	0	0	0	0
CBIMCI <2Months-Treatment-Amoxicillin Paediatrics	94	14	5	2	13	12	5	8	10	8	10	7
CBIMCI <2Months-Treatment-Ampicillin Paediatrics	10	1	0	0	0	1	2	1	1	0	3	1
CBIMCI <2Months-Treatment-Gentamycin 1st Dose	49	0	2	1	16	7	2	11	8	1	1	0
CBIMCI <2Months-Treatment-Gentamycin Complete dose	39	1	1		9	6	1	13	7	0	0	1
CBIMCI-(2-59Months)-Classification-ARI-No Pneumonia	7975	604	504	275	610	1058	696	1050	1543	626	349	660
CBIMCI-(2-59Months)-Classification-ARI-Pneumonia	1294	81	72	32	101	97	43	357	201	58	100	152
CBIMCI-(2-59Months)-Classification-ARI-Severe Pneu/Very Severe Disease	67	4	1	0	1	1	1	17	42	0	0	0
CBIMCI-(2-59Months)-Classification-Anaemia	5	0	0	0		1		0	1	0	0	3
CBIMCI-(2-59Months)-Classification-Diarrhoea-Dysentery	206	9	6	22	10	26	21	34	58	8	3	9
CBIMCI-(2-59Months)-Classification-Diarrhoea-No Dehydration	4842	354	231	162	437	766	347	553	1163	361	157	311
CBIMCI-(2-59Months)-Classification-Diarrhoea-Prolonged Diarrhoea	22	0	0	1		2		1	18	0	0	0
CBIMCI-(2-59Months)-Classification-Diarrhoea-Severe Dehydration	38	1	0	0		0	2	1	33	1	0	0

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
CBIMCI-(2-59Months)-Classification-Diarrhoea-Some Dehydration	750	73	33	24	148	70	199	89	36	45	0	33
CBIMCI-(2-59Months)-Classification-Ear Infection	863	71	75	39	117	123	87	113	61	76	25	76
CBIMCI-(2-59Months)-Classification-Other Fever	6887	741	281	207	778	1005	799	582	1242	400	273	579
CBIMCI-(2-59Months)-Classification-Severe Malnutrition	86	2	0	4		36	2	26	3	4	2	7
CBIMCI-(2-59Months)-Follow-Up	1347	82	52	33	101	50	231	236	186	8	288	80
CBIMCI-(2-59Months)-Other	4951	351	181	148	800	679	500	550	734	396	286	326
CBIMCI-(2-59Months)-Refer-ARI	20	0	1	0	5	1	0	0	13	0	0	0
CBIMCI-(2-59Months)-Refer-Diarrhoea	8	0	0	0		2	0	3	3	0	0	0
CBIMCI-(2-59Months)-Refer-Others	128	2	1	3	4	8	27	16	56	1	0	10
CBIMCI-(2-59Months)-Total Sick Children	355	0	0	0	0	0	0	0	355	0	0	0
CBIMCI-(2-59Months)-Treatment-Amoxicillin	1271	83	72	32	101	86	43	343	201	58	100	152
CBIMCI-(2-59Months)-Treatment-Antehelminthes	506	3	13	8	218	134	51	7	22	0	1	49
CBIMCI-(2-59Months)-Treatment-IV Fluids	42	0	0	0	0	0	2	2	33	5	0	0
CBIMCI-(2-59Months)-Treatment-ORS & Zinc	5459	426	264	186	585	782	569	540	1198	421	144	344
CBIMCI-(2-59Months)-Treatment-Vit A	75	0	2	0	2	63		7	1	0	0	0
IMCI-Total sick childre- 2 to 59 Months-Female	12663	1044	681	446	1297	1790	1225	1673	2156	843	529	979
IMCI-Total sick childre- 2 to 59 Months-Male	15159	1250	736	458	1708	2125	1492	1739	2677	1131	659	1184
IMNCI-2 to 59 Months-Death (2-11 months)	1	0	0	1	0	0	0	0	0	0	0	0
IMNCI-2 to 59 Months-Mild Malnutrition	153	3	1	2	3	57	12	36	8	6	8	17
IMNCI-<2 Month-Breast feeding problems-29 to 59 days	35	0	2	0	5	5		4	10	6	0	3
IMNCI-<2 Month-Breast feeding problems-<=28 days	45	1	0	0	6	5	5	5	14	4	2	3
IMNCI-<2 Month-Death-0 to 7 days	2	0	0	0	0	0	0	2	0	0	0	0
IMNCI-<2 Month-Pneumonia-29 to 59 days	28	1	0	1	6	8	5		3	1	1	2
IMNCI-<2 Month-Pneumonia-8 to 28 days	22	1	0	0	6	2	0	2	5	1	5	0



## Nutrition Programme

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
IYCF & BVCPP-Age(12-17 Month)-First time-FCHV	131 6	83	71	11 1	23 1	0	161	15 9	2	40 7	42	49
IYCF & BVCPP-Age(12-17 Month)-First time-HF	55	7	0	0	5	10	28	0	0	0	0	5
IYCF & BVCPP-Age(12-17 Month)-Second time-FCHV	126 2	55	19	21	16 1	20	225	49	45 4	22	23 3	3
IYCF & BVCPP-Age(12-17 Month)-Second time-HF	28	3	0	0	10	0	15	0	0	0	0	0
IYCF & BVCPP-Age(18-23 Month)-First time-FCHV	110 6	65	25	79	11 1	0	197	12 5	0	40 9	31	64
IYCF & BVCPP-Age(18-23 Month)-First time-HF	10	0	0	0	3	1	2	0	0	0	0	4
IYCF & BVCPP-Age(18-23 Month)-Second time-FCHV	456	47	10	37	89	0	176	47	32	0	16	2
IYCF & BVCPP-Age(18-23 Month)-Second time-HF	13	1	0	0	7	0	5	0	0	0	0	0
IYCF & BVCPP-Age(18-23 Month)-Third time-FCHV	100 6	5	0	0	89	14	126	40	52 4	21	18 7	0
IYCF & BVCPP-Age(18-23 Month)-Third time-HF	34	0	0	0	12	0	17	0	0	0	5	0
IYCF & BVCPP-Age(6-11 Month)-First time-FCHV	197 4	34	51	12 6	20 9	0	313	41	45 4	53 5	18 6	25
IYCF & BVCPP-Age(6-11 Month)-First time-HF	61	2	0	0	3	0	54	0	1	0	0	1
IYCF-Complimentary Feeding	416 1	39 3	11 2	15 9	50 0	44 0	579	82 3	52 5	12 5	16 3	34 2
IYCF-Exclusive Breast Feeding	440 7	53 6	11 7	17 0	45 5	46 6	573	99 2	52 7	11 1	16 3	29 7
Nutrition Registered-Calcium Tablet-Received	193 3	66	14 3	8	0	0	34	18 4	46 4	14	23 1	78 9
Nutrition Registered-Growth Monitoring-23 months completed	236 3	12 7	27 5	95	92	41 5	205	34 7	39 4	17 8	15 6	79
Nutrition Registered-Growth Monitoring-Total Weighted (Times)	20237	124 2	141 5	672	587	398 6	901	337 4	485 6	118 4	133 5	685

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
Nutrition-< 5yr Children Receiving-Deworming Tab	4253	2957	2519	3512	3649	5393	6203	6818	4168	2798	2047	2999
Nutrition-< 5yr Children Receiving-Vitamin A-12-59 Months	4198	2957	2487	3042	3649	5127	6203	6473	4168	2756	2047	2999
Nutrition-< 5yr Children Receiving-Vitamin A-6-11 Months	5796	373	337	494	446	648	1193	837	489	401	235	343
Nutrition-PP Mother Receiving-45 Iron Tab	4202	273	271	181	292	498	432	822	719	285	154	275
Nutrition-PP Mother Receiving-Vitamin A cap	4215	273	271	181	292	509	429	826	719	286	154	275
Nutrition-Pregnant Women Receiving-180 Iron Tablets	3730	252	159	155	235	400	330	719	780	234	170	236
Nutrition-Pregnant Women Receiving-Deworming Tablets	4545	372	230	233	260	643	472	880	611	287	221	366
Nutrition-Pregnant Women Receiving-Iron Tablets at 1st time	4890	372	238	237	263	655	484	880	611	289	221	370
Nutrition-Registered for GM-New Visit 0-11 Months - Moderate	132	4	13	16	15	13	30	15	12	6	4	4
Nutrition-Registered for GM-New Visit 0-11 Months - Normal	5441	481	334	381	469	668	623	967	564	282	220	452
Nutrition-Registered for GM-New Visit 0-11 Months - Severe	36	6	6	1	1	4	10	3	4	1	0	0
Nutrition-Registered for GM-New Visit 12-23 Months - Moderate	141	3	19	4	5	18	65	10	9	1	4	3
Nutrition-Registered for GM-New Visit 12-23 Months - Normal	1398	196	165	96	38	261	166	231	79	115	23	28
Nutrition-Registered for GM-New Visit 12-23 Months - Severe	44	0	9	0	3	11	13	5	1	0	1	1
Nutrition-Registered for GM-Revisit 0-11 Months - Moderate	411	33	18	29	41	99	56	64	7	14	8	42
Nutrition-Registered for GM-Revisit 0-11 Months - Normal	2039	1817	1273	1070	1546	2417	1861	2731	3009	1097	1290	2148
Nutrition-Registered for GM-Revisit 0-11 Months - Severe	110	8	4	3	9	29	12	12	2	26	0	5
Nutrition-Registered for GM-Revisit 12-23 Months - Moderate	546	37	25	46	51	114	69	79	18	31	11	65
Nutrition-Registered for GM-Revisit 12-23 Months - Normal	16209	1188	1009	632	1126	1872	1698	1814	3291	761	996	1762
Nutrition-Registered for GM-Revisit 12-23 Months - Severe	133	11	8	7	25	52		15	3	3	2	7
Nutrition-Students Received Deworming Tablets-Boys	10339	203	0	0	918	0	556	4028	3480	300	701	153
Nutrition-Students Received Deworming Tablets-Girls	10381	220	0	0	1206	0	602	4051	3512	355	791	194
Outpatient Morbidity-Nutritional & Metabolic Disorder-Anaemia/Polyneuropathy Cases	177	3	0	7		135	0	2	7	10	8	5

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
Outpatient Morbidity-Nutritional & Metabolic Disorder-Avitaminoses & Other Nutrient Deficiency Cases	121	3	25	1	4	55	0	19	2	3	4	5
Outpatient Morbidity-Nutritional & Metabolic Disorder-Diabetes Mellitus (DM) Cases	283	13	0	0	0	17	0	116	68	1	20	48
Outpatient Morbidity-Nutritional & Metabolic Disorder-Goitre,Cretinism Cases	4	0	0	0	0	0	0	2	2	0	0	
Outpatient Morbidity-Nutritional & Metabolic Disorder-Malnutrition Cases	199	7	0	0	4	85	0	73	1	3	21	5
Outpatient Morbidity-Nutritional & Metabolic Disorder-Polyneuritis Cases	258	35	0	4	25	58	0	2	120	1	7	6

## Family Planning Programme

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
FP Program-Implant-Set Qty	988	121	91	5	93	87	92	138	167	54	31	109
FP Program-Permanent FP Method-Current Users at Public Facility	100641	79	0	0	353	226	231	31	9721	0	0	0
FP Program-Permanent FP Method-New Users at Public Camp	38	0	0	0	13	18	3	4	0	0	0	0
FP Program-Permanent FP Method-New Users at Public Facility	16	0	0	0	0	0	0	3	13	0	0	0
FP Program-Postpartum FP Acceptors (Within 48 Hours of Delivery)-IUCD	8	0	0	0	0	0	0	0	8	0	0	0
FP Program-Postpartum FP Acceptors (Within 48 Hours of Delivery)-Implant	3	0	0	0	0	0	0	0	3	0	0	0
FP Program-Postpartum FP Acceptors (Within 48 Hours of Delivery)-Tubectomy	5	0	0	0	0	0	0	1	4	0	0	0
FP Program-Temporary FP Method-Condom-Pieces Qty	27321	16632	20300	15385	22428	16980	13440	26868	82534	17227	26121	15806
FP Program-Temporary FP Method-Depo-Current User	4001	334	332	229	381	529	325	517	429	261	279	385

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
FP Program-Temporary FP Method-Depo-Discontinued/Removed	7870	685	562	511	791	852	555	1230	997	406	577	704
FP Program-Temporary FP Method-Depo-Doze Qty	14962	1345	964	883	1627	1814	1077	1989	1814	1137	1044	1268
FP Program-Temporary FP Method-Depo-New Users <20 Years	261	34	26	30	19	19	11	19	22	21	28	32
FP Program-Temporary FP Method-Depo-New Users ≥20 Years	3268	211	422	242	171	314	271	625	432	209	119	252
FP Program-Temporary FP Method-IUCD-Current User	824	26	10	5	75	0	11	92	467	2	9	127
FP Program-Temporary FP Method-IUCD-Discontinued/Removed	43	0	2	0	7	0	0	5	28	0	1	0
FP Program-Temporary FP Method-IUCD-New Users <20 Years	2	0	0	0		0	0		2	0	0	0
FP Program-Temporary FP Method-IUCD-New Users ≥20 Years	77	0	1	0	22	0	0	1	50	2	0	1
FP Program-Temporary FP Method-IUCD-Set Qty	83	1	2	0	22	0	0	1	54	2	0	1
FP Program-Temporary FP Method-Implant-Current User	3621	429	335	136	295	247	191	485	729	270	214	290
FP Program-Temporary FP Method-Implant-Discontinued/Removed	721	173	13	7	51	60	23	182	167	18	20	7
FP Program-Temporary FP Method-Implant-New Users <20 Years	17	6	0	0	0	1	3	1	4	0	0	2
FP Program-Temporary FP Method-Implant-New Users ≥20 Years	767	44	78	5	93	68	87	135	154	51	18	34
FP Program-Temporary FP Method-Pills-Current User	1085	110	66	22	36	75	33	88	409	81	66	99
FP Program-Temporary FP Method-Pills-Cycle Qty	13571	996	678	450	621	856	556	1464	4482	1083	1226	1159
FP Program-Temporary FP Method-Pills-Discontinued/Removed	2600	264	213	84	157	228	205	364	437	139	292	217
FP Program-Temporary FP Method-Pills-New Users <20 Years	101	19	1	18	1	2	12	7	13	5	18	5
FP Program-Temporary FP Method-Pills-New Users ≥20 Years	1096	103	149	74	41	69	107	168	141	64	83	97
FP-Postpartum FP-After 48 hours to 1 Year - Depo	84	0	1	0	7	13	0	29	6	0	28	0
FP-Postpartum FP-After 48 hours to 1 Year - IUCD	1	0	0	0	0	0	0	0	1	0	0	0
FP-Postpartum FP-After 48 hours to 1 Year - Implant	7	1	0	0	2	0	0	2	2	0	0	0
FP-Postpartum FP-After 48 hours to 1 Year - Pills	5	0	0	0	0	3	0	0	2	0	0	0
FP-Temporary Current User-Emergency Contraceptive Pills	98	2	0	26	0	0	26	2	26	0	8	8

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
FP-Temporary-Emergency Contraceptive Pills - Quantity	259	162	0	31	0	0	18	6	26	0	8	8

## Safe Motherhood Programme

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
MNH-ANC Visits-Eight times as per protocol - <20 Years	207	29	11	8	2	28	15	31	24	16	17	26
MNH-ANC Visits-Eight times as per protocol - >=20 Years	1263	112	85	42	61	136	87	223	225	68	93	131
MNH-ANC Visits-Within 12 Weeks - >=20 Years	2817	231	203	133	195	305	247	466	497	145	168	227
MNH-ANC Visits-Within 12 Weeks - <20 Years	645	80	29	26	21	92	77	106	68	40	37	69
MNH-Blood Transfusion-Done	7	0	0	0	0	0	0	0	7	0	0	0
MNH-Blood Transfusion-Not Done	14	1	0	0	7	1	1	2	0	0	0	2
MNH-Breastfeeding-Within 1 Hour	4167	265	273	180	294	496	426	809	708	291	154	271
MNH-Death (Mother)-Other than facility	3	2	0	0	0	1	0	0	0	0	0	0
MNH-Delivery Outcome-Prematured Birth	46	3	0	1	2	11	2	8	11	3	2	3
MNH-Delivery Service-Skilled Birth Attendants (SBA) Facility	3215	146	179	165	261	404	429	575	544	148	152	212
MNH-Delivery-At Home	4	0	0	0	0	2	0	1		0	0	1
MNH-Delivery-By SHP	424	18	0	9	0	28	0	126	240	0	0	3
MNH-Delivery-By other health workers	664	108	93	7	31	81	0	124	12	146	2	60
MNH-Neonatal Death-At facility	2	0	0	0	0	0	0	1	0	0	0	1
MNH-Neonatal Death-Other than facility	23	2	0	4	5	2	0	3	0	0	4	3

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
MNH-Neonatal-3 times	3161	224	256	104	256	422	386	419	381	265	185	263
MNH-Neonatal-4 times	2655	184	198	85	250	377	363	237	356	245	160	200
MNH-Neonatal-At Home-2 times	3252	222	266	171	278	477	379	482	262	261	181	273
MNH-Neonatal-Within 24 hours	3703	266	265	111	274	274	430	736	654	263	156	274
MNH-Obstetric Complication-Abortion complication-Referred Out	5	0	0	0	1	2	1	0	0	1	0	0
MNH-Obstetric Complication-Antepartum haemorrhage-Referred Out	5	0	0	0	1	0	0	1	0	1	2	0
MNH-Obstetric Complication-C-Section Wound Infection-Referred Out	1	0	0	0	0	0	0	0	1	0	0	0
MNH-Obstetric Complication-C-Section Wound Infection-cases	1	0	0	0	0	0	0	0	1	0	0	0
MNH-Obstetric Complication-Eclampsia-Referred Out	2	0	0	0	0	1	0	0	0	0	0	1
MNH-Obstetric Complication-Gestational Hypertension-Cases	2	0	0	0	0	1	0	0	1	0	0	0
MNH-Obstetric Complication-Gestational Hypertension-Referred Out	1	0	0	0	0	1	0	0	0	0	0	0
MNH-Obstetric Complication-Obstructed Labor-Referred Out	12	5	0	0	0	5	2	0	0	0	0	0
MNH-Obstetric Complication-Other complications-Death	1	0	0	0	1	0	0	0	0	0	0	0
MNH-Obstetric Complication-Other complications-Referred Out	44	10	0	0	5	1	2	0	8	3	15	
MNH-Obstetric Complication-Postpartum haemorrhage-Referred Out	2		0	0	1		1	0	0	0	0	0
MNH-Obstetric Complication-Prolonged labour-Referred Out	21	5	0	0	2	2	2	0	0	1	9	0
MNH-Obstetric Complication-Retained placenta-Referred Out	3	0	0	0	0	1	0	0	0	0	2	0
MNH-PNC Visits-4 times	2695	187	200	85	247	398	365	235	359	246	169	204
MNH-PNC Visits-At Home-2 times	3305	230	273	173	276	487	380	491	266	266	185	278
MNH-Post Abortion Care (PAC)-Induced	222	0	0	0	2	0	0	31	189	0	0	0
MNH-Post Abortion Care (PAC)-Spontaneous	62	0	0	0	31	0	0	4	27	0	0	0
SM Program-3 PNC Visits as per Protocol	3244	231	263	106	254	430	387	441	406	269	188	269
SM Program-Aama Program-Incentive-ANC-No of Women Eligible	3134	201	181	152	204	361	312	629	493	250	139	212
SM Program-Aama Program-Incentive-ANC-Number of Women Receive	3145	201	181	152	215	361	312	629	493	250	139	212

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawati	Dungeshwor	Gurans
SM Program-Aama Program-Incentive-Transport-No of Women Eligible	4225	272	272	181	292	512	429	825	719	294	154	275
SM Program-Aama Program-Pregnant Women Received Incentive on Transportation	4234	272	272	181	301	512	429	825	719	294	154	275
SM Program-Antenatal Checkup-First ANC Visit (any time)< 20 Years	938	110	43	50	45	158	104	143	89	64	48	84
SM Program-Antenatal Checkup-First ANC Visit (any time)≥ 20 Years	4370	309	310	229	344	629	457	712	647	221	196	316
SM Program-Antenatal Checkup-First ANC Visit as per Protocol< 20 Years	7	0	0	0	0	0	0	0	7	0	0	0
SM Program-Antenatal Checkup-First ANC Visit as per Protocol≥ 20 Years	63	0	0	0	0	0	0	3	60	0	0	0
SM Program-Antenatal Checkup-Four ANC Visits as per Protocol< 20 Years	629	62	16	45	25	73	56	186	65	33	32	36
SM Program-Antenatal Checkup-Four ANC Visits as per Protocol≥ 20 Years	3512	215	181	177	199	416	298	737	721	196	134	238
SM Program-Birth Weight-Low (1.5 to < 2.5 kg)	249	10	2	12	44	30	27	49	43	14	5	13
SM Program-Birth Weight-Low (1.5 to < 2.5 kg)Asphyxia	11	0	0	0	4	3	0	3	0	0	0	1
SM Program-Birth Weight-Low (1.5 to < 2.5 kg)Defect	1	0	0	0	0	1	0	0	0	0	0	0
SM Program-Birth Weight-Normal (≥ 2.5 kg)	3931	251	271	168	248	479	397	770	663	277	149	258
SM Program-Birth Weight-Normal (≥ 2.5 kg)Asphyxia	53	2	0	2	25	12	1	5	3	0	1	2
SM Program-Birth Weight-Normal (≥ 2.5 kg)Defect	7	0	0	0	0	2		2	3	0	0	0
SM Program-Birth Weight-Very low (< 1.5 kg)	12	4	0	0	2	0	2	2	2	0	0	0
SM Program-Birth Weight-Very low (< 1.5 kg)Asphyxia	1	0	0	0	1	0	0	0	0	0	0	0
SM Program-Birth Weight-Very low (< 1.5 kg)Defect	0	0	0	0	0	0		0	0	0	0	0
SM Program-Blood Transfusion-Number	2	0	0	0	0	0	0	0	2	0	0	0
SM Program-Blood Transfusion-Unit	2	0	0	0	0	0	0	0	2	0	0	0
SM Program-CHX applied in Cord	4170	265	273	180	294	498	426	810	708	291	154	271
SM Program-Delivery Outcome-Mother Single	4208	270	271	181	290	511	427	821	714	294	154	275
SM Program-Delivery Outcome-Mother Twin	17	2	1	0	2	2	2	3	5	0	0	0
SM Program-Delivery Outcome-Mother≥ Triplet	0	0	0	0	0	0	0	0	0	0	0	0
SM Program-Delivery Outcome-live Births Single	4164	261	271	180	290	507	422	815	702	291	154	271

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
SM Program-Delivery Outcome-live Births Twin	28	4	2	0	4	2	4	6	6	0	0	0
SM Program-Delivery Service-Non-SBA Health Workers Facility	3	0	0	0	0	0	0	3	0	0	0	0
SM Program-Number of Still Births-Fresh	26	3	0	1		4		4	9	2	0	3
SM Program-Number of Still Births-Macerated	26	6	0	0	0	3	5	3	7	1	0	1
SM Program-Obstetric Complications-Abortion Complication	12	0	0	0	4	2	1	0	4	1	0	0
SM Program-Obstetric Complications-Antepartum Haemorrhage	5	0	0	0	1	0	0	1	0	1	2	0
SM Program-Obstetric Complications-Eclampsia	1	0	0	0	0	1	0	0	0	0	0	0
SM Program-Obstetric Complications-Ectopic Pregnancy	3	0	0	0	0	0	0	0	3	0	0	0
SM Program-Obstetric Complications-Hyperemesis Gravidarum	1	0	0	0	0	0	0	0	1	0	0	0
SM Program-Obstetric Complications-Obstructed Labor	65	6	0	0	0	6	2	0	51	0	0	0
SM Program-Obstetric Complications-Other Complications	55	11	0	0	1	1	2	0	22	3	15	0
SM Program-Obstetric Complications-Postpartum Haemorrhage	28	4	0	0	6	1	3	8	4	1	1	0
SM Program-Obstetric Complications-Prolonged labour	66	7	0	1	3	2	2	1	39	2	9	0
SM Program-Obstetric Complications-Puerperal Sepsis	1	0	0	0	0	0	0	1	0	0	0	0
SM Program-Obstetric Complications-Retained Placenta	33	0	0	0	2	3	0	21	4	0	2	1
SM Program-Obstetric Complications-Severe/Pre-Eclampsia	1	0	0	0	0	0	0	0	1	0	0	0
SM Program-PNC Visits within 24 hours	3849	273	271	112	276	284	432	748	752	268	156	277
SM Program-Safe Abortion Service-Number of Women < 20 Years-Medical	25	3	0	0	3	0	0	8	8	0	3	0
SM Program-Safe Abortion Service-Number of Women < 20 Years-Surgical	18	0	0	0		0	0	0	18	0	0	0
SM Program-Safe Abortion Service-Number of Women ≥ 20 Years-Medical	401	4	0	0	83	0	0	75	208	0	31	0
SM Program-Safe Abortion Service-Number of Women ≥ 20 Years-Surgical	201	0	0	0	0	0	0	3	198	0	0	0
SM Program-Safe Abortion Service-Post Abortion Care (PAC) This facility-Medical	17	0	0	0	0		0	0	17			0
SM Program-Safe Abortion Service-Post Abortion Complication Medical	6	0	0	0	1	0	0	5	0	0	0	0
SM Program-Safe Abortion Service-Post Abortion Complication Surgical	56	0	0	0	0	0	0	1	55	0	0	0



Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
SM Program-Safe Abortion Service-Post Abortion FP Methods Long Term-Medical	17	0	0	0	10	0	0	7	0	0	0	0
SM Program-Safe Abortion Service-Post Abortion FP Methods Long term-Surgical	4	0	0	0	0	0	0	2	2	0	0	0
SM Program-Safe Abortion Service-Post Abortion FP Methods Short Term-Medical	310	0	0	0	68	0	0	52	156	0	34	0
SM Program-Safe Abortion Service-Post Abortion FP Methods Short term-Surgical	193	0	0	0	0	0	0	0	193	0	0	0
SM Program-Type of Delivery-C/S Breech	13	0	0	0	0	0	0	4	9	0	0	0
SM Program-Type of Delivery-C/S Cephalic	118	0	0	0	0	0	0	12	106	0	0	0
SM Program-Type of Delivery-C/S Shoulder	1	0	0	0	0	0	0	0	1	0	0	0
SM Program-Type of Delivery-Spontaneous Breech	41	5	2	2	2	3	5	12	8	2	0	0
SM Program-Type of Delivery-Spontaneous Cephalic	4037	267	270	179	290	510	424	795	581	292	154	275
SM Program-Type of Delivery-Spontaneous Shoulder	1	0	0	0	0	0	0	0	1	0	0	0
SM Program-Type of Delivery-Vaccum/Forcep Cephalic	13	0	0	0	0	0	0	0	13	0	0	0

## Primary Health Care Outreach Clinic (PHC/ORC) Programme

Data/Organisation unit	DALEKH	Naumule	Mahabu	Bhairabi	Thanfikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
Outreach Clinic & Community Health Program-Antenatal Checkup	933	82	26	6	45	80	81	140	65	131	185	92
Outreach Clinic & Community Health Program-Blood Slide Collection	15	0	0	0	0	0	0	0	15	0	0	0
Outreach Clinic & Community Health Program-Deworming Tablets	176	2	6	0	26	14	24	43	0	29	22	10
Outreach Clinic & Community Health Program-Exclusive Breast Feeding	3543	362	140	142	447	273	261	843	297	260	154	364
Outreach Clinic & Community Health Program-FP Method-Condom-Piece	11411	284	1887	1037	1700	805	629	1687	1150	1507	150	575
Outreach Clinic & Community Health Program-FP Method-Depo-Number	1173	134	29	39	98	18	15	237	67	111	246	179
Outreach Clinic & Community Health Program-FP Method-Pills-Cycle	366	20	31	37	45	23	14	69	61	8	5	53
Outreach Clinic & Community Health Program-FP Method-Pills-Number	383	20	31	37	45	22	17	62	63	8	5	73
Outreach Clinic & Community Health Program-General Treatment	5199	506	342	311	383	307	153	368	767	487	682	893
Outreach Clinic & Community Health Program-Growth Monitoring-0-11 Month-Low	688	21	15	38	53	47	367	72	7	18	5	45
Outreach Clinic & Community Health Program-Growth Monitoring-0-11 Month-Normal	16201	1678	1034	1198	1567	977	859	2926	2108	1107	956	1791
Outreach Clinic & Community Health Program-Growth Monitoring-0-11 Month-Very Low	161	19	0	15	4	12	18	13	33	16	23	8
Outreach Clinic & Community Health Program-Growth Monitoring-12-23 Month-Low	571	47	9	84	118	54	62	84	23	33	11	46
Outreach Clinic & Community Health Program-Growth Monitoring-12-23 Month-Normal	11400	977	863	618	968	633	368	1851	2440	809	764	1109
Outreach Clinic & Community Health Program-Growth Monitoring-12-23 Month-Very Low	96	4	0	4	23	20	9	14	1	3	11	7
Outreach Clinic & Community Health Program-Iron Tablet Distribution-New pregnant	613	9	2	1	18	15	54	56	1	26	420	11
Outreach Clinic & Community Health Program-Iron Tablet Distribution-Postpartum	58	4	9	0	3	1	10	2	0	16	3	10
Outreach Clinic & Community Health Program-Iron Tablet Distribution-Repeated	671	85	39	12	28	28	34	61	27	102	151	104

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
Outreach Clinic & Community Health Program-Mothers Group Attend	2979	385	196	165	52	17	58	591	561	410	130	414
Outreach Clinic & Community Health Program-Postnatal Checkup	182	13	8	14	7	13	21	38	7	15	19	27
Outreach Clinic & Community Health Program-Timely Introduction of Complementary Feeding	3747	405	163	130	507	305	237	843	318	275	141	423
Outreach Clinic & Community Health Program-Vit A for Postpartum	4	0	3	1		0	0	0	0	0	0	0
Outreach Clinic & Community Health-FP Distributed-Emergency Contraceptive Pills	1	0	0	0	0	1	0	0	0	0	0	0
Outreach Clinic & Community Health-FP Distributed-Sayana Press	17	12	0	0	0	0	0	5	0	0	0	0

### Female Community Health Volunteer (FCHV) Programme

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
FCHV -IMAM-MUAC-Screening-Red-SAM	131	6	0	5	32	37	9	25	4	5	1	7
FCHV Program-CBIMCI-(2-59)Months-No Pneumonia cases	1797 2	116 3	114 4	904	970	242 4	134 1	2997	221 0	206 8	135 3	139 8
FCHV Program-CBIMCI-(2-59)Months-ORS Expenditure(pkt)	1729 5	236 1	130 4	159 2	133 1	267 4	120 4	1002	188 2	229 6	741	908
FCHV Program-CBIMCI-(2-59)Months-Total Diarrhoea Cases	1361 6	172 2	843	102 5	113 5	195 3	106 3	1340	171 0	142 9	645	751
FCHV Program-CBIMCI-(2-59)Months-Total cases ARI	1897 8	121 0	117 3	921	106 9	262 4	156 4	3101	221 2	210 8	144 0	155 6
FCHV Program-CBIMCI-(2-59)Months-Treated with ORS & Zinc	1270 6	172 2	839	994	113 5	178 1	106 3	756	170 6	132 0	641	749
FCHV Program-CBIMCI-(2-59)Months-Zinc Exp(tab)	12137	1700	722	820	1120	1505	1060	580	1700	1250	620	690
FCHV Program-CBIMCI-Below 2 Months-Sick Baby-29-59 days	231	20	1	37	21	34	7	1	0	80	25	5

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
FCHV Program-CBIMCI-Below 2 Months-Sick Baby-≤28 days	34	2	0	0	1	1	2	1	0	0	27	0
FCHV Program-Death-29-59 days	4	2	0	0	1	1	0	0	0	0	0	0
FCHV Program-Maternal Death-Antepartum	1	1	0	0	0	0	0	0	0	0	0	0
FCHV Program-Maternal Death-Postpartum	2	1	0		0	1	0	0	0	0	0	0
FCHV Program-SMH/FP-Distribution of PP Vit A	99	38	7	23	13	13	0	4	0	0	1	0
FCHV Program-SMH/FP-Home Delivery-Birth Asphyxia Management	0	0	0	0	0	0	0	0	0	0	0	0
FCHV Program-SMH/FP-Home Delivery-Breast Feeding<1 hour of Birth	108	38	5	28	13	14	1	8	0	0	1	0
FCHV Program-SMH/FP-Home Delivery-Chlorhexidine applied in cord	99	37	5	26	13	11	0	6	0	0	1	0
FCHV Program-SMH/FP-Home Delivery-Ensure Mesoprostol Tablets Taken	23	8	5	0	8	0	0	0	1	0	1	0
FCHV Program-SMH/FP-Home Delivery-Low Birth Weight	3	0	2	0	0	0	0	1	0	0	0	0
FCHV Program-SMH/FP-Home Delivery-Skin to Skin Contact after Birth	105	38	5	28	13	14	0	6	0	0	1	0
FCHV Program-SMH/FP-Home Delivery-Total Live Birth	108	38	5	28	13	15	1	7	0	0	1	0
FCHV Program-SMH/FP-Home Delivery-Total Still Birth	4	0	0	2	0	1	0	0	0	0	0	1
FCHV Program-SMH/FP-Home Delivery-visit-newborn& PP Mothers- 3rd day of Birth	136	30	5	5	13	31	1	43	7	0	1	0
FCHV Program-SMH/FP-Home Delivery-visit-newborn& PP Mothers- ≤24 hours of Birth	91	38	5	14	13	14		6	0	0	1	0
FCHV Program-SMH/FP-Home Delivery-visit-newborn& PP Mothers-7th day of Birth	136	27	4	5	13	38		41	7	0	1	0
FCHV Program-SMH/FP-Meetings Held of Mothers Group	8901	794	606	567	518	874	686	1441	917	921	691	886
FCHV Program-SMH/FP-No. of Condoms Pieces Distribution	7743 2	426 2	555	1142	3387	523	563	948	1227	879	591	650
FCHV Program-SMH/FP-Pills Cycles Distribution	5138	369	477	119 6	150	185	82	942	485	253	438	561
FCHV Program-SMH/FP-Pregnant Women given Iron Tablets	5119	548	767	978	284	539	325	592	171	422	167	326
FCHV Program-SMH/FP-Visits Made to Pregnant Women	1521 7	113 0	124 2	134 6	995	224 8	100 4	1793	166 1	104 9	131 8	143 1
FCHV-Family Planning-Emergency Contraceptive Pills	79	0	10	25	0	0	0	26	0	0	18	0

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
FCHV-Family Planning-Womens Received Emergency Contraceptive Pills	37	12	0	17	0	0	0	0	0	0	3	5
FCHV-IMAM -MUAC-Screening-Green-Normal	48969	3458	2106	3155	9445	6822	3778	2125	7517	2180	2883	5500
FCHV-IMAM -MUAC-Screening-Yellow-MAM	1746	119	42	162	345	437	52	166	80	68	103	172
FCHV-IMAM-HH visit & Monitoring-Red-Absent of Defaulting	16	0	0	0	3	5	0	0	0	0	0	8
FCHV-IMAM-HH visit & Monitoring-Red-Cured Children After Treatment	23	0	0	1	14	8	0	0	0	0	0	0
FCHV-IMAM-HH visit & Monitoring-Red-Stagnating or Decreased Weight	16	0	0	0	2	5	0	0	0	0	0	9
FCHV-IMAM-MUAC-Screening-Oedema	2	0	0	1		1	0	0	0	0	0	0
FCHV-IMNCI-Death 0-7 days	16	4	0	2	3	1	0	2	1	0	2	1
FCHV-IMNCI-Death 12-59 months	2	0	0	0	0	0	0	0	0	1	1	0
FCHV-IMNCI-Death 2-11 months	6	0	0	2		1	0	1	1	0	1	0
FCHV-IMNCI-Death 8-28 days	10	1	0	2	2	3	0	0	0	0	1	1
FCHVs Received Free Health Services in Emergency	2	0	0	0	0	0	0	0	2	0	0	0
FCHVs Received Free Health Services in OPD	8	0	0	0	0	0	0	3	5	0	0	0
Health Facilities within Catchment Area-FCHVs-People Served	18250	1580	1885	1540	1405	2579	1061	3180	1506	821	1490	1982
IYCF & BVCPP-Age(12-17 Month)-First time-FCHV	136	83	71	111	231	0	161	159	2	407	42	49
IYCF & BVCPP-Age(12-17 Month)-Second time-FCHV	122	55	19	21	161	20	225	49	454	22	233	3
IYCF & BVCPP-Age(18-23 Month)-First time-FCHV	106	65	25	79	111	0	197	125	0	409	31	64
IYCF & BVCPP-Age(18-23 Month)-Second time-FCHV	46	47	10	37	89	0	176	47	32	0	16	2
IYCF & BVCPP-Age(18-23 Month)-Third time-FCHV	106	5	0	0	89	14	126	40	524	21	187	0
IYCF & BVCPP-Age(6-11 Month)-First time-FCHV	174	34	51	126	209	0	313	41	454	535	186	25
Total FCHVs within Catchment Area	980	948	732	660	612	924	744	1656	972	972	684	936
Total no.of FCHVs Report submitted	988	939	709	631	570	880	742	1625	940	952	684	921

## Tuberculosis Programme

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
TB-Age group-All New	146	8	14	13	12	15	16	28	13	5	8	14
TB-Age group-All Relapse	8	1	0	1	1	0	2	3	0	0	0	0
TB-Age group-Others	7	0	1	1	0	2	1	0	0	2	0	0
TB-Case Registration-EP (New)	43	2	3	4	4	5	5	6	4	2	3	5
TB-Case Registration-EP (OPT)	1	0	1	0	0	0	0	0	0	0	0	0
TB-Case Registration-PBC (New)	83	5	8	9	5	9	9	19	8	3	4	4
TB-Case Registration-PBC (OPT)	0	0	0	0	0	0	0		0	0	0	0
TB-Case Registration-PBC (Relapse)	8	1	0	1	1	0	2	3	0	0	0	0
TB-Case Registration-PBC (TAF)	2	0	0	0	0	2	0	0	0	0	0	0
TB-Case Registration-PBC (TALF)	1	0	0	1	0	0	0	0	0	0	0	0
TB-Case Registration-PBC (UPTH)	2	0	0	0	0	0	1		0	1	0	
TB-Case Registration-PCD (New)	20	1	3	0	3	1	2	3	1	0	1	5
TB-Case Registration-PCD (TALF)	1	0	0	0	0	0	0	0	0	1	0	0
TB-DST-LPA (New)	1	1	0	0	0	0	0	0	0	0	0	0
TB-DST-Xpert MTB/RIF (New)	48	2	2	5	4	1	6	12	7	3	4	2
TB-DST-Xpert MTB/RIF (Retreatment)	14	1	0	2	1	2	3	3	0	2		0
TB-PT-Adult (Investigated)	26	7	3	0	0	0	0	8	3	2	3	0
TB-PT-Adult (Members)	48	17	3	0	8	0	0	8	3	2	7	0
TB-PT-Child (Members)	11	2	0	0	1	0	0	2	2	1	3	0
TB-PT-Child (investigated)	9	2	0	0	0	0	0	2	2	1	2	0
TB-PT-Eligible for TBPT	7	1	0	0	0	0	0	2	2	0	2	0

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
TB-PT-Enrolled in TBPT	7	1	0	0	0	0	0	2	2	0	2	0
TB-PT-Index cases	13	1	1	0	1		0	7	1	1	1	0
TB-PT-TB Diagnosed	1	0	0	0	0	0	0	0	0	0	1	0
TB-Presumptive-Diagnosed (DSTB)	4	0	0	0	1	0	0		3	0	0	0
TB-Presumptive-Enrolled (DSTB)	4	0	0	0	1	0	0		3	0	0	0
TB-Presumptive-Screened (Symptoms)	83	12	8	0	27	0	0	11	3	5	17	0
TB-Presumptive-Screened (X-Ray)	8	0	1	4	0	0	0		3			0
TB-Presumptive-Total Cases	94	12	9	1	36	0	0	11	3	5	17	0
TB-Referred-EP (Private)	20	0	1	1	3	4	2	2	4	0		3
TB-Referred-EP (Self)	24	2	3	3	1	1	3	4		2	3	2
TB-Referred-PBC (Community)	3	0	2	0	0	0	0	1	0	0	0	0
TB-Referred-PBC (Contact investigation)	3	2		0	0	0	1	0	0	0	0	0
TB-Referred-PBC (Private)	13	0	1	1	2	4	3	1	1	0	0	0
TB-Referred-PBC (Self)	77	4	5	10	4	7	8	20	7	4	4	4
TB-Referred-PCD (Community)	1	0	1	0	0	0	0	0	0	0	0	0
TB-Referred-PCD (Contact investigation)	1	0	0	0	0	0	0	0	0	0	1	0
TB-Referred-PCD (Private)	6	0	0	0	1	0	1	2	1	0	0	1
TB-Referred-PCD (Self)	13	1	2	0	2	1	1	1		1	0	4
TB-Regimen-Adult (2HRZE+4HR)	116	6	8	12	10	14	10	24	12	4	6	10
TB-Regimen-Adult (2HRZE+7HRE)	10	2	1	0	2	0	2	1	1	0	0	1
TB-Regimen-Adult (6HRZE)	15	1	1	2	1	2	3	3	0	2	0	
TB-Regimen-Child (2HRZE+4HR)	20	0	5	1		1	4	3	0	1	2	3
TB-Sputum Microscopy-Negative	1909	64	0	25	36	205	0	221	1358	0	0	0

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
TB-Sputum Microscopy-Positive	42	0	0	0	8	7	0	4	23	0	0	0
TB-TBHIV-Negative	156	9	14	13	13	17	19	29	13	7	8	14
TB-TBHIV-Positive	4	0	1	1	0	0	0	2	0	0	0	0
TB-TBHIV-on ART	4	0	1	1	0	0	0	2	0	0	0	0
TB-TBHIV-on CPT	0	0	0	0	0	0	0	0	0	0	0	0
TB-Tobacco-Currently smoking	18	3	3	0	2	0	0	5	3	0	2	0
TB-Tobacco-Registered	161	9	15	15	13	17	19	31	13	7	8	14
TB-Xpert MTB/RIF-MTB Invalid/Error/No Result	67	0	0	0	0	0	0	0	67	0	0	0
TB-Xpert MTB/RIF-MTB detected	39	0	0	0	0	0	0	0	39	0	0	0
TB-Xpert MTB/RIF-MTB not detected	1190	0	0	0	0	0	0	0	1190	0	0	0
TB-Xpert MTB/RIF-RIF not detected	39	0	0	0	0	0	0	0	39	0	0	0

## Leprosy Programme

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
Leprosy-Patient at the End of last Month-Multi Bacillary	14	1	0	1	1	2	4	5	0	0	0	0
Leprosy-Patient at the End of last Month-Pauci Bacillary	1	0	0	0	0	0	0	1	0	0	0	0
Leprosy-Smear +ve Cases among Smear Examined-Multi Bacillary	7	0	0	1	1	0	2	3	0	0	0	0
Leprosy-Smear examined Cases Among New Cases-Multi Bacillary	7	0	0	1	1	0	2	3	0	0	0	0
Leprosy-Smear examined Cases among New Cases-Pauci Bacillary	2	0	0	0	0	0	0	2	0	0	0	0
Leprosy-Total Additions-New Cases Never Registered earlier-Multi Bacillary	7	0	0	1	1	0	2	3	0	0	0	0



Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
Leprosy-Total Additions-New Cases Never registered earlier-Pauci Bacillary	2	0	0	0	0	0		2	0	0	0	0
Leprosy-Total Additions-Relapsed Cases-Multi Bacillary	1	0	0	0	0	0	1	0	0	0	0	0
Leprosy-Total Additions-Retreatment Cases -Multi Bacillary	1	0	0	0	0	0	1	0	0	0	0	0
Leprosy-Total Deducted-Defaulters -Multi Bacillary	1	0	0	0	0	0	0	1	0	0	0	0
Leprosy-Total Deducted-Defaulters -Pauci Bacillary	0	0	0	0	0	0	0	0	0	0	0	0
Leprosy-Total Deducted-Number of Patients Released from Treatment-Pauci Bacillary	2	0	0	0	0	0	0	2	0	0	0	0
Leprosy-Total Deducted-Patients Released from Treatment-Multi Bacillary	6	0	1	0	1	0	2	2	0	0	0	0
Leprosy-Total Treated in this Month-Multi Bacillary	14	1	0	1	1	2	4	5	0	0	0	0
Leprosy-Total Treated in this Month-Pauci Bacillary	1	0	0	0	0	0	0	1	0	0	0	0

## Malaria Programme

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
Malaria-Blood Slide Collection-ACD	110	0	0	0	4	64	0	19	22	0	1	0
Malaria-Blood Slide Collection-PCD	1618	188	0	0	149	609	6	118	438	87	5	18
Malaria-Confirmed Uncomplicated Cases	2	0	0	0	0	0	0	0	2	0	0	0
Malaria-Diagnosis & Result-Both (M+R) +ve Result	2	0	0	0	0	0	0	0	2	0	0	0
Malaria-Diagnosis & Result-Both (M+R)-Examined	38	17	0	0	7	8	0	0	6	0	0	0
Malaria-Diagnosis & Result-Microscopy only-Examined	830	127	0	0	114	293	0	85	210	0	0	1
Malaria-Diagnosis & Result-RDT Only-Examined	820	44	0	0	32	369	6	15	244	87	6	17
Malaria-Treatment-Total Cases	2	0	0	0	0	0	0	0	2	0	0	0

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
Malaria-Type-Plasmodium Falciparum-Imported	1	0	0	0	0	0	0	0	1	0	0	0
Malaria-Type-Plasmodium Vivax-Imported	1	0	0	0	0	0	0	0	1	0	0	0

## Social Inclusion

Data/Organisation unit	DAILEKH	Naumule	Mahabu	Bhairabi	Thantikandh	Aathbis	Chamunda Bindrasaini	Dullu	Narayan	Bhagawatimai	Dungeshwor	Gurans
Disaggregation by Sex & Caste/Ethnicity-Abortion Cases	618	12	0	0	85	0	0	87	394	0	34	6
Disaggregation by Sex & Caste/Ethnicity-Enroll in CBIMCI Programme	337	0	0	0	0	0	0	0	337	0	0	0
Disaggregation by Sex & Caste/Ethnicity-Gender Based Violence	16	0	0	0	0	0	0	16	0	0	0	0
Disaggregation by Sex & Caste/Ethnicity-Inpatient Cases	327	0	0	0	0	0	0	0	327	0	0	0
Disaggregation by Sex & Caste/Ethnicity-Institutional Delivery	4186	272	272	181	292	510	429	789	719	293	154	275
Disaggregation by Sex & Caste/Ethnicity-New HIV+ Cases	5	0	0	0	0	0		0	5	0	0	0
Disaggregation by Sex & Caste/Ethnicity-New HIV+ Cases TransGender	0	0	0	0	0	0	0	0	0	0	0	0
Disaggregation by Sex & Caste/Ethnicity-New Leprosy Cases	7	0	0	1	1	0	3	2	0	0	0	0
Disaggregation by Sex & Caste/Ethnicity-New TB Cases	145	8	15	12	11	17	15	27	13	6	8	13
Disaggregation by Sex & Caste/Ethnicity-Outpatient Cases	226043	21275	16961	8863	11397	26825	12321	32166	45681	14669	16339	19546
Disaggregation by Sex & Caste/Ethnicity-Underweight Children (<2 Year)	1185	91	21	112	136	251	168	199	49	21	22	115
Fully Immunized Children -GESI	4897	373	343	394	375	711	452	806	512	311	248	372
GESI-IMCI Service received (2-59 month children)	26056	2070	1080	875	3005	3544	2354	3107	4752	2017	1177	2075
GESI-IMCI Service received (<2 month children)	650	21	47	4	55	118	123	67	89	55	30	41



कर्णाली प्रदेश सरकार  
सामाजिक विकास मन्त्रालय  
स्वास्थ्य सेवा निर्देशनालय

## स्वास्थ्य सेवा कार्यालय, दैलेख

अनुसूची-२

### ७.५. आ.व.२०७९/०८० मा सञ्चालित कार्यक्रमहरूको बार्षिक प्रगति लक्ष्य प्रगति विवरण

(क) स्वास्थ्य सेवा कार्यालयहरू [३५००२०१३४]

सि.न.	कार्यक्रम/क्रियाकलाप	बार्षिक बजेट रु.	बार्षिक भौतिक प्रगति		बार्षिक खर्च	
			परिमाण	प्रतिशत	रकम रु.	प्रतिशत
१	जिल्ला अस्पताल दैलेखको भवन निर्माण	१००१७००००.०	१	४०	३६७१८९६७.८९	३६.६६
२	कम्प्युटर ल्यापटप फोटोकपी प्रिन्टर जेनेरेटर क्यामेरा मोबाइल स्क्यानर इन्भर्टर सोलार	३०००००.०	१	१००	३०००००.०	१००.०
३	स्वास्थ्य सम्बन्धी उपकरण खरिद	१००००००.०	१	१००	१००००००.०	१००.०
४	कार्यालयको लागी फर्निचर तथा फिक्चर्स खरीद	५०००००.०	१	१००	४६४८५५.०	९२.९७
५	पुराना भवनहरूको मर्मत तथा संरचनात्मक सुधार	५०००००.०	१	१००	४८९०४०.०	९७.८१
जम्मा		१०२४७००००.०		८८.०	३८९७२८६२.९	३८.०३

(ख) स्वास्थ्य सेवा कार्यालयहरू [३५००२०१३३]

सि.न.	कार्यक्रम/क्रियाकलाप	बार्षिक बजेट रु.	बार्षिक भौतिक प्रगति		बार्षिक खर्च	
			परिमाण	प्रतिशत	रकम रु.	प्रतिशत
१	ह.स.चा. प्रथम स्तर	१२३६०००.०	१	१००	७१७९१२.०	५८.०८

२	का. स. पाँचौं स्तर	३३२३०००.०	१	१००	३२९७७९२.०	९९.२४
३	अधिकृतस्तर नवौं	५९६४०००.०	१	१००	१०५२९९१.०	१७.६६
४	अधिकृत स्तर सातौं/ आठौं	७८१००००.०	१	१००	४५०४८५५.१०	५७.६८
५	अधिकृत स्तर पाचौं/ छैटौं/ सातौं	१३२९१०००.०	१	१००	७८१४२३१.५०	५९.१०
६	अधिकृत स्तर पाचौं/ छैटौं/ सातौं	५५६७०००.०	१	१००	३३८९१४६.९०	६०.८८
७	सहायक/ अधिकृत चौथौं/पाँचौं/छैटौं	५४३२०००.०	१	१००	५४२४७६३.१०	९९.८७
८	निजामती कर्मचारीहरूको पोशाक खर्च	६०००००.०	१	१००	४९००००.०	८१.६७
९	सदरमुकाम र ६ कोष भित्र (क वर्ग)	३१२००००.०	१	१००	३०४७८६५.०	९७.६९
१०	स्थायी कर्मचारीको महंगी भत्ता	१४४००००.०	१	१००	९७०५२४.०	६७.४०
११	कर्मचारीहरूको लागि कर्णाली प्रोत्साहन भत्ता	८५०००००.०	१	१००	५३७१५७७.०	६३.२०
१२	प्रयोगशाला कर्मचारीहरूको जोखिम भत्ता	४४८०००.०	१	१००	३४५७१.०	७७.१७
१३	पाले पहरा भत्ता	३००००.०	१	१००	३००००.०	१००.०
१४	प्रसुती स्याहार भत्ता	१००००.०	१	१००	१००००.०	१००.०
१५	प्रयोगशाला कर्मचारीको जोखिम भत्ता	३०००००.०	१	१००	२९९९५०.०	९९.९८
१६	धाराको महशुल	२०००००.०	१	१००	२०००००.०	१००.०
१७	बिदयुत महशुल	३०००००.०	१	१००	३०००००.०	१००.०
१८	टेलिफोन महशुल	१०००००.०	१	१००	४८८६०.०	४८.८६
१९	ईमेल/ इन्टरनेट/वेवसाइट महशुल	२०००००.०	१	१००	१९९८२३.०	९९.९१
२०	डीजेल-चारपांग्रे सवारी साधन र जेनेरेटर	३०००००.०	१	१००	२९९९६६.०	९९.९९
२१	पेट्रोल-दुई पाङ्ग्रे	२०००००.०	१	१००	१९९५५२.०	९९.७८
२२	दुई पाङ्ग्रे र चारपाङ्ग्रे सवारी साधन मर्मत	३०००००.०	१	१००	२९९७७५.०	९९.९३
२३	विमानविकरण खर्च	३००००.०	१	१००	२२०००.०	७३.३३
२४	सवारी साधन बीमा	३००००.०	१	१००	२४११७.५८	८०.३९

२५	कम्प्यूटर/प्रिन्टर/अस्पताल मेशिन उपकरण/जेनेटर लगायतका सामाग्री मर्मत सम्भार	२५१०००.०	१	१००	२४८९८६.०	९९.२०
२६	कार्यालयको वार्षिक प्रगति पुस्तिका प्रकाशन	५००००.०	१	१००	४९८३३.०	९९.६७
२७	पत्रपत्रिका तथा पुस्तिका (कार्यालय सामान तथा सेवा)	२५००००.०	१	१००	२५००००.०	१००.०
२८	सरसफाई सम्बन्धी प्रयोग हुने सामान	१३५०००.०	१	१००	१३२१७०.०	९७.९०
२९	HMIS, DHIS र LMIS तथ्यांक प्रविष्टी तथा व्यवस्थापनको लागि कम्प्युटर जनशक्ति करार	४०३०००.०	१	१००	४०२९९०.०	१००.०
३०	विभिन्न पदमा करार सम्झौता भइ कार्य गर्ने कर्मचारिको लागि	१०९७०००.०	१	१००	८१२०००.०	७४.०२
३१	पाठेघरको मुखको क्यान्सर जाँचको लागि VIA set, Silicon ring pessary खरिद	३०००००.०	१	१००	२९९९७२.०	९९.९९
३२	भ्याक्सिन स्टोर तथा सब स्टोर तथा कोल्ड चेन व्यवस्थापन	९००००.०	१	१००	८४३८०.०	९३.७६
३३	जिल्ला स्टोरहरूबाट स्थानिय तह सम्म औषधी तथा औषधी जन्य सामाग्री अभिलेख प्रतिवेदन फारम ढुवानी वितरण र रिप्यांग व्यवस्थापन समेत	३०००००.०	१	१००	२९९८३८.०	९९.९५
३४	कोल्डरुम तथा भ्याक्सिन सुरक्षाको लागि ईन्धन	९००००.०	१	१००	८९१४५.०	९९.०५
३५	अस्पतालजन्य फोहोरमैला व्यवस्थापन कार्यक्रम	४३००००.०	१	१००	४२००००.०	९७.६७
३६	महामारी व्यवस्थापनको लागी बफर स्टक सामाग्री खरीद	५०००००.०	१	१००	४९७१११.०	९९.४२
३७	प्रकोप महामारी नियन्त्रणका लागि प्रदेश र जिल्लामा आरआरटी परिचालन	१०००००.०	१	१००	१०००००.०	१००.०
३८	स्वास्थ्य सम्बन्धि विभिन्न दिवसहरु	६००००.०	१	१००	५९९४०.०	९९.९०
३९	अपाङ्गता भएका व्यक्तिहरूलाई सहायक सामग्री तथा पुनर्स्थापन कार्यक्रम	३०००००.०	१	०	०	०
४०	अस्पतालमा फिजियोथेरापी युनिट संचालन	४०००००.०	१	१००	३९६५४९.०	९९.१४
४१	अस्पतालमा विद्युतीय अभिलेख प्रणाली (EHR) व्यवस्थापन खर्च	५०००००.०	१	१००	४९५१५८.०	९९.०३
४२	टेलिमेडिसिन, इहेल्थ कार्यक्रम सञ्चालन तथा व्यवस्थापन	५००००००.०	१	१००	२७४५४४७.०	५४.९१
४३	अस्पतालमा विशेषज्ञ तथा विशेष सेवा व्यवस्थापन	२००००००.०	१	१००	१४८६६२६.०	७४.३३

४४	Revised HMIS tool सम्बन्धी अभिमुखीकरण कार्यक्रम	३५००००.०	१	१००	३५००००.०	१००.०
४५	प्रयोगशालाको लागि रियजेन्ट तथा केमिकल खरिद	१००००००.०	१	१००	९८९६६८.०	९८.९७
४६	स्वास्थ्य सम्बन्धी कार्यक्रमहरूको जिल्लास्तरीय समीक्षा गोष्ठी	४०००००.०	१	१००	४०००००.०	१००.०
४७	अनुगमन तथा सुपरीवेक्षण	३०००००.०	१	१००	२९९९५०.०	९९.९८
४८	चिया खाजा	२५००००.०	१	१००	२४९६२४.०	९९.८५
४९	बिरामिका लागि रासन सिदा	१४०००००.०	१	१००	१३९७३६०.०	९९.८१
५०	निशुल्क स्वास्थ्य सेवाका लागि औषधी खरिद	१००००००.०	१	१००	९९६३६१.०	९९.६४
५१	कार्यालयको घर भाडा	३०००००.०	१	१००	१९९२००.०	६६.४०
जम्मा		७५९१७०००.०		९८.०	५२११३७२७.१८	६८.६५

(ग) क्षयरोग नियन्त्रण (संघ शसर्त अनुदान) [३५०९११२४३]

सि.न.	कार्यक्रम/क्रियाकलाप	वार्षिक बजेट रु.	वार्षिक भौतिक प्रगति		वार्षिक खर्च	
			परिमाण	प्रतिशत	रकम रु.	प्रतिशत
१	पुनःउपचारमा दर्ता भएका, एवं असाहय तथा गरिब बिरामीहरू लाई उपचार अवधिभर पोषण भत्ता, २. औषधी प्रतिरोधी क्षयरोगका बिरामीहरूका लागि पोषण, यातायात तथा आधारभूत परीक्षण तथा जटिलता व्यवस्थापन खर्च तथा जटिलता व्यवस्थापन खर्च	७२०००.०	१	१००	७२०००.०	१००.०
२	जिल्ला बाट पालिका एवम डि.आर उपचारकेन्द्र बाट उपकेन्द्र सम्म औषधि, ल्याब सामग्री तथा अन्य बस्तु ढुवानी, विश्व क्षयरोग दिवस मनाउने, सुपरिवेक्षण तथा स्थलगत अनुशिक्षणा तथा अनुगमन, ल्याव सुपरभाइजनर द्वारा ल्याव गुणस्तर सुधार, क्युसीका लागि खकार संकलन	२७००००.०	१	१००	२६५७३०.०	९८.४२
३	क्षयरोग आधारभूत तथा पुनर्ताजगी तालिम	२१५०००.०	१	१००	२१५०००.०	१००.०
४	जिल्लास्तर क्षयरोग कोहर्ट विश्लेषण तथा अर्ध वार्षिक समीक्षा गोष्ठी	१९८०००.०	१	१००	९९०००.०	५०.०

५	क्षयरोग मुक्त घोषणा अभियानका विभिन्न कृयाकलापहरु	२०५०००.०	१	०	०	०
६	संघीय तथा प्रदेश अस्पताल, स्वास्थ्य विज्ञान प्रतिष्ठान अस्पताल, मेडिकल कलेज तथा ठुला निजी अस्पतालमा क्षयरोग निदान, रेफरल तथा उपचार व्यवस्थापन तथा सुदृढिकरण, २. क्षयरोगका जाखिम समुहमा एवं कारागार, एन.आर.एच. केन्द्र, स्वास्थ्य पहुँचबाट टाढा तथा क्षयरोग जोखीम समुहमा क्षयरोग स्क्रिनिङ तथा निदान कार्यक्रम	१२५०००.०	१	१००	१२५०००.०	१००.०
जम्मा		१०८५०००.०		८३.३३	७७६७३०.०	७१.५९
(घ) स्वास्थ्य क्षेत्र सुधार कार्यक्रम (संघ शसर्त अनुदान) [३५०९११३४३]						
सि.न.	कार्यक्रम/क्रियाकलाप	बार्षिक बजेट रु.	बार्षिक भौतिक प्रगति		बार्षिक खर्च	
			परिमाण	प्रतिशत	रकम रु.	प्रतिशत
१	छात्रवृत्ती चिकित्सक करारको तलव	५८५०००.०	१	१००	५३०४५४.०	९०.६८
जम्मा		५८५०००.०		१००	५३०४५४.०	९०.६८
(ङ) परिवार कल्याण कार्यक्रम (संघ शसर्त अनुदान) [३५०९११२९४]						
सि.न.	कार्यक्रम/क्रियाकलाप	बार्षिक बजेट रु.	बार्षिक भौतिक प्रगति		बार्षिक खर्च	
			परिमाण	प्रतिशत	रकम रु.	प्रतिशत
१	Clinical Coaching and mentoring को लागि skill lab तथा MNH focal person को लागि laptop,printer खरिद	३०००००.०	१	१००	२९८३२०.०	९९.४४
जम्मा		३०००००.०		१००	२९८३२०.०	९९.४४
(च) राष्ट्रिय स्वास्थ्य शिक्षा, सूचना तथा संचार केन्द्र (संघ शसर्त अनुदान) [३५०९११३२३]						
सि.न.	कार्यक्रम/क्रियाकलाप	बार्षिक बजेट रु.	बार्षिक भौतिक प्रगति		बार्षिक खर्च	

			परिमाण	प्रतिशत	रकम रु.	प्रतिशत
१	स्थानीय आम सञ्चार माध्यमबाट स्वास्थ्य सन्देश प्रसारण (केबुल टेलिभिजन, अनलाइन, एफएम, पत्रपत्रिका)	३०००००.०	१	१००	२९९९३०.०	९९.९८
जम्मा		३०००००.०		१००	२९९९३०.०	९९.९८
(छ) नर्सिङ तथा सामाजिक सुरक्षा सेवा कार्यक्रम (संघ शसर्त अनुदान) [३५०९११३५३]						
सि.न.	कार्यक्रम/क्रियाकलाप	बार्षिक बजेट रु.	बार्षिक भौतिक प्रगति		बार्षिक खर्च	
			परिमाण	प्रतिशत	रकम रु.	प्रतिशत
१	राष्ट्रिय महिला स्वास्थ्य स्वयंसेविका कार्यक्रम (स-सम्मान विदाई, आधारभूत तथा पुनर्ताजगी तालिम तथा स्वयंसेविकाको लागि सामग्री समेत)	३४९६०००.०	१	१००	२९००००९.०	८४.८९
२	अस्पतालमा आधारित जेरियाट्रिक वार्ड स्थापना, सामाजिक सेवा एकाई र एकद्वार संकट व्यवस्थापन केन्द्र संचालन कार्यक्रम	४२०००००.०	१	१००	४०७२४७८.०	९६.९६
जम्मा		७६९६०००.०		१००	६९७२४८७.०	९१.५५
(ज) स्वास्थ्य व्यवस्थापन कार्यक्रम (संघ शसर्त अनुदान) ३५०९११२८३]						
सि.न.	कार्यक्रम/क्रियाकलाप	बार्षिक बजेट रु.	बार्षिक भौतिक प्रगति		बार्षिक खर्च	
			परिमाण	प्रतिशत	रकम रु.	प्रतिशत
१	प्रदेश स्तरमा आर्थिक प्रशासन तथा आन्तरिक नियन्त्रण, विभिन्न प्रकारका क्लिनिकल तालिम लगायतका अन्य क्रियाकलापहरु	२०५००००.०	१	९५.९२	१९५००००.०	९५.९२
२	स्वास्थ्य कार्यालय मार्फत स्थानीय तहहरु साथै स्वास्थ्य संस्थामा डाटा इन्ट्रि गर्ने कर्मचारीहरुलाई परिमार्जित एल एम आइ एस, एच एम आई एस अभिलेख, प्रतिवेदन तथा मासिक अनुगमन पुस्तिका र आइ एम यू समेतको ओरियण्टेशन	५५००००.०	१	१००	५५००००.०	१००.०



३	तथ्यांक व्यवस्थापन समिति निर्माण तथा तथ्यांक बिप्लेषण गरी नियमित प्रस्तुतिकरण	४००००.०	१	१००	४००००.०	१००.०
४	स्वास्थ्य कार्यालय मार्फत स्थानीय तहहरूको डाटा भेरिफिकेशन एवं गुणस्तर सुधार, मासिक बैठक, अर्धवार्षिक एवं वार्षिक समिक्षा साथै वार्षिक प्रतिवेदन तयारी एवं छपाई समेत	५५००००.०	१	१००	५४९९७३.०	१००.०
जम्मा		३९९००००.०		९८.७८	३०८९९७३.०	९६.८६
<b>(झ) उपचारात्मक सेवा कार्यक्रम (संघ शसर्त अनुदान) [३५०९११३५३]</b>						
सि.न.	कार्यक्रम/क्रियाकलाप	वार्षिक बजेट रु.	वार्षिक भौतिक प्रगति		वार्षिक खर्च	
			परिमाण	प्रतिशत	रकम रु.	प्रतिशत
१	उपचारात्मक सेवा सम्बन्धि स्वास्थ्य कार्यालयबाट संचालन हुने कार्यक्रम (१. आधारभूत स्वास्थ्य सेवाको स्तरीय उपचार पद्धती (BHS STP) सम्बन्धि स्वास्थ्यकर्मीलाइ अभिमुखीकरण २. स्वास्थ्यकर्मीहरूका लागि आँखा, नाक, कान, घाटी तथा मुख स्वास्थ्य सम्बन्धि प्राथमिक उपचार बारे अभिमुखीकरण ३. स्वास्थ्य चौकी (आधारभूत स्वास्थ्य सेवा केन्द्र) को न्युनतम सेवा मापदण्ड सम्बन्धि समिक्षा , अनुगमन. पारस्परिक अवलोकन भ्रमण तथा सुद्विधिकरण)	१२०००००.०	१	१००	१२०००००.०	१००.०
२	प्रदेश स्थित अस्पतालको व्यवस्थापनको लागि अस्पताल व्यवस्थापन अधिकृत ( Hospital management Officer) करार सेवामा नियुक्ति ( ५० शैया वा सो भन्दा माथिका प्रादेशिक अस्पतालका लागि )	६९५०००.०	१	०.०	०.०	०.०
जम्मा		१८९५०००.०		५०.०	१२०००००.०	६३.३२
<b>(ञ) परिवार कल्याण कार्यक्रम(संघ शसर्त अनुदान) [३५०९११२९३]</b>						
सि.न.	कार्यक्रम/क्रियाकलाप	वार्षिक बजेट रु.	वार्षिक भौतिक प्रगति		वार्षिक खर्च	
			परिमाण	प्रतिशत	रकम रु.	प्रतिशत

१	पोषण सामाग्री ढुवानी जिल्ला	१०००००.०	१	१००	९९५००.०	९९.५०
२	कुपोषण व्यवस्थापनको लागि पोषण पुनर्थापना गृह संचालन	४००००००.०	१	१००	३९९१०२९.०	९९.७८
३	कोभिड१९ खोप बुस्टर मात्रा समेतको अभियान संचालन तथा व्यवस्थापन खर्च ( ए.ई.एफ.आई व्यवस्थापन र टिम परिचालन, बैठक, अभिमुखिकरण, जनशक्ति परिचालन, प्रचार प्रसार तथा सामाजिक परिचालन, सुपरिवेक्षण अनुगमन, खोप तथा कोल्डचेन सामाग्री वितरण तथा ढुवानी, सामाग्री छपाई आदी) जिल्ला तथा प्रदेशमा बजेट उपलब्ध गराउने	७७७९०००.०	१	१००	७६७९७४१.०	९८.७२
४	छुट बच्चाको पहिचान भई पूर्ण खोप सुनिश्चितताको समिक्षा, नियमित खोपको सुदृढीकरण र पूर्ण ओप दिगोपनाको लागि सुक्ष्मयोजना अद्यावधिक २ दिन र सरसफाई प्याकेजको पुर्नताजगी तालिम १ दिन गरि ३ दिने गोष्ठी जिल्लामा बजेट उपलब्ध गराउने	१४३००००.०	१	१००	१४३००००.०	१००.०
५	खोपकोल्डचेन व्यवस्थापनको लागि ईन्धन तथा विधुत महशुल भुक्तानि (प्रदेश स्वास्थ्य आपूर्ती व्यवस्थापन केन्द्र र स्वास्थ्य कार्यालयहरुको लागि)	१५६०००.०	१	१००	१४४४९०.०	९२.६२
६	पालिका स्तरमा खोप छुट बच्चा (शुन्य डोज तथा ड्रप आउट) को पहिचान र छुट खोप पूरा गरी पूर्ण खोप सुनिश्चितता तथा नियमित खोप र सरसफाई प्रबर्द्धनको लागि रणनीति तयारी तथा सुक्ष्म योजना अद्यावधिक २ दिने गोष्ठी जिल्लामा बजेट उपलब्ध गराउने	१००००००.०	१	१००	९९८६००.०	९९.८६
७	खोपकोल्डचेन सामाग्रीको नियमित मर्मत, आकस्मिक व्यवस्थापन, सोलुखुम्बु स्वास्थ्य कार्यालयको नयाँ कोल्डरुममा विद्युत जडान तथा खानेपानी व्यवस्थापन, नवलपरासी पूर्व स्वास्थ्य कार्यालयमा जिल्ला कोल्डरुम सञ्चालन व्यवस्थापन समेत र रेफ्रिजरेटर भ्यान मर्मत समेत (प्रदेश स्वास्थ्य आपूर्ती व्यवस्थापन केन्द्र र स्वास्थ्य कार्यालयहरुको लागि बजेट उपलब्ध गराउने)	१०००००.०	१	१००	९३२८०.०	९३.२८

८	पालिका स्तरमा पूर्ण खोप कार्यक्रमको समिक्षा तथा पूर्ण खोप दिगोपना र सरसफाई प्रवर्धन लागी योजना तयारी गोष्ठी १ दिने (पालिका खोप समन्वय समिती, वडा प्रतिनिधि र स्वास्थ्य संस्था प्रमुख) जिल्लामा बजेट उपलब्ध गराउने	७४६०००.०	१	१००	७४५०४५.०	९९.८७
९	खोप तथा पूर्ण खोपको बारेमा जनचेतना बढाई खोप उपयोग बृद्धिको लागि स्थानिय भाषामा शैक्षिक सामाग्री (खोप सम्बन्धि सन्देश मुलक ब्रोसर, पम्प्लेट, खोप तालिका, खोप मौज्जात नियन्त्रण रजिष्टर, सुक्ष्म योजना फारम तथा खोप अनुगमन चार्ट र खोपसँग सम्बन्धित अन्य सामाग्री आदि) छपाई तथा वितरण ७७ जिल्ला	७५०००.०	१	१००	७४५८०.०	९९.४४
१०	खोपको पहुँच बढाई छुट वच्चालाई खोप दिलाई पूर्ण खोप सुनिश्चित गर्न वैशाख महिनालाई खोप महिना संचालन गर्ने तथा पालिकास्तरमा योजना निर्माण समेत	१५००००.०	१	१००	१४९९५०.०	१००.०
११	प्रजनन स्वास्थ्य रूग्णता सेवा	१०००००.०	१	१००	९९०००.०	९९.०
१२	जिल्लाबाट पालिका तथा स्वास्थ्य संस्थास्तरमा खोप, सरसफाई प्रवर्धन कार्यक्रम तथा पूर्ण खोप भेरिफिकेसन र दिगोपनाको लागी सहजीकरण, सुपरिवेक्षण एवम् पूर्ण खोप घोषणा सभा व्यवस्थापन खर्च	५२५०००.०	१	१००	५२४९५०.०	१००.०
१३	स्वास्थ्य कार्यालय मार्फत MNH कार्यक्रम	२७५१०००.०	१	१००	२२६९६४५.०	८२.५०
१४	अस्पताल मार्फत MNH कार्यक्रम संचालन	१४०१०००.०	१	१००	१०८८८६९.०	७७.७२
१५	IMNCI कार्यक्रम	१०५००००.०	१	१००	८५२०२५.०	८१.१५
१६	बिरामी नवजात शिशु निशुल्क उपचार सोधभर्ना कार्यक्रम	२००००००.०	१	१००	१३३८७२५.०	६६.९४
१७	अस्पतालमा मातृ तथा नवशिशु कार्यक्रम अन्तर्गत आमा सुरक्षा, गर्भवती, रक्तसंचार, उत्प्रेरणा सेवा, न्यानो झोला र निशुल्क गर्भपतन	६१६००००.०	१	१००	६०३०६१८.०	९७.९०

१८	जिल्ला स्तरमा पूर्ण खोप कार्यक्रमको समिक्षा तथा पूर्ण खोप दिगोपना र सरसफाई प्रवर्धन सम्बन्धि अभिमुखीकरण र दिगोपनाको लागि योजना तयारी गोष्ठी (नवनिर्वाचित स्थानिय तह प्रमुख+उप प्रमुख, प्रमुख प्रशासकिय अधिकृत, स्वास्थ्य शाखा प्रमुख) १ दिने जिल्लामा बजेट उपलब्ध गराउने	५२००००.०	१	१००	५२००००.०	१००.०
१९	नियमित खोपको सुदृढीकरणको लागि स्थानिय एफ रेडियोहरुबाट सूचना प्रसारण (माघ देखि वैशाख सम्म) जिल्लामा बजेट उपलब्ध गराउने	९५०००.०	१	१००	८९९००.०	९४.६३
२०	नियमित खोप सेवा र आकस्मिक अबस्थामा प्रदेश तथा जिल्लाबाट भ्याक्सिन, खोप सामग्री र खोप तथा सरसफाई प्रवर्द्धनसँग सम्बन्धित अन्य सामाग्रीको व्यवस्थापन, वितरण तथा ढुवानी खर्च (प्रदेश स्वास्थ्य आपूर्ती व्यवस्थापन केन्द्र र स्वास्थ्य कार्यालयहरुको लागि)	२०९४०००.०	१	१००	२०८९६००.०	९९.७९
२१	गुणस्तरीय खोप सेवा संचालन तथा सरसफाई प्रवर्द्धनमा संलग्न स्वास्थ्यकर्मीको दक्षता बृद्धि गर्न नयाँ तथा खोप तालिम नलिएका स्वास्थ्यकर्मीहरुलाई पूर्ण खोप सुनिश्चिता एवं सुक्ष्म योजना तयारी प्रक्रिया, तथा कोल्डचेन व्यवस्थापन, एईएफआई, सर्भिलेन्स, र सरसफाई प्रवर्द्धन सम्बन्धि आधारभुत ४ दिने तालिम (२४० ब्याच, ६००० जना)	९०००००.०	१	१००	९०००००.०	१००.००
२२	पोषण कार्यक्रमको अनुगमन तथा सुपरिवेक्षण	१०००००.०	१	१००	९९०१०.०	९९.०
२३	खोप तथा कोल्ड चेन व्यवस्थापनको लागि कोल्डचेन विस्तार गर्न पालिकाहरु सँग अभिमुखीकरण र योजना कार्यक्रम २ दिन (पालिकाबाट प्रमुख प्रशासकिय अधिकृत र स्वास्थ्य शाखा प्रमुख तथा पालिका अन्तर्गत खोप भण्डारण-वितरण केन्द्र रहेको स्वास्थ्य संस्थाबाट १ जना समेत)	३०००००.०	१	१००	२९९७२०.०	९९.९१
२४	परिवार नियोजन र किशोरकिशोरी स्वास्थ्य सेवा	९९२०००.०	१	१००	८३९३९०.०	८४.६२
जम्मा		३४५२४०००.०		१००	३२४३९६६७.०	९३.९६
(ट) अपाङ्गता रोकथाम तथा कुष्ठरोग नियन्त्रण कार्यक्रम (संघ शसर्त अनुदान) [३५०९११२६३]						
सि.न.	कार्यक्रम/क्रियाकलाप	बार्षिक बजेट रु.	बार्षिक भौतिक प्रगति	बार्षिक खर्च		

			परिमाण	प्रतिशत	रकम रु.	प्रतिशत
१	कुष्ठरोग निवारण तथा अपांगता व्यवस्थापन कार्यक्रम (समिक्षा तथा योजना तर्जुमा, अभिमुखीकरण, बिरामी खोजपडताल, प्रमाणिकरण, दिवस, अपांगता शिघ्र पहिचान, प्रेषण, यातायात खर्चआदि) (कार्यक्रम संचालन निर्देशिका बमोजिम)	२५५०००.०	१	१००	१९२०००.०	७५.२९
जम्मा		२५५०००.०		१००	१९२०००.०	७५.२९
(ठ) एड्स तथा यौन रोग नियन्त्रण (संघ शसर्त अनुदान) [३५०९११२०३]						
सि.न.	कार्यक्रम/क्रियाकलाप	बार्षिक बजेट रु.	बार्षिक भौतिक प्रगति		बार्षिक खर्च	
			परिमाण	प्रतिशत	रकम रु.	प्रतिशत
१	ए आर टि कन्सुलरको तलब, ए आर टि संचालन खर्च (कार्यालय मसलन्द सामान खर्च), एआरटी कमिटीका लागि चौमासिक बैठक तथा पोशाक भत्ता	५११०००.०	१	१००	५११०००.०	१००
जम्मा		५११०००.०		१००	५११०००.०	१००
(ड) महामारी तथा रोग नियन्त्रण कार्यक्रम (संघ शसर्त अनुदान) [३५०९११२०३]						
सि.न.	कार्यक्रम/क्रियाकलाप	बार्षिक बजेट रु.	बार्षिक भौतिक प्रगति		बार्षिक खर्च	
			परिमाण	प्रतिशत	रकम रु.	प्रतिशत
१	विश्व औलो दिवस मनाउने, किटजन्य रोगहरूको परिमार्जित निर्देशिका बमोजिम प्राविधिकहरूबाट अनुगमन तथा अनसाईट कोचिङ, किटजन्य रोगहरू सम्बन्धि सरोकारवालाहरूसंगको समन्वय बैठक	१०००००.०	१	१००	१०००००.०	१००.०
२	अस्पतालहरूमा Early Warning and Reporting System (EWARS) सम्बन्धि अभिमुखिकरण, सेन्टिनल साईटहरूको संचालन खर्च	१२५०००.०	१	१००	१२५०००.०	१००.०
३	नसर्ने रोग सम्बन्धि PEN तालिम	५०००००.०	१	१००	५०००००.०	१००.०

४	कालाजार, डेंगू, चिकनगुनिया, स्क्रब टाइफस, जीका, अन्य ईमर्जिड रोगहरू साथै किटजन्य रोग नियन्त्रणबारे स्वास्थ्यकर्मी, मस्वासे. तथा अन्य सरकरीवालहरूलाई अभिमुखिकरण/अन्तरक्रिया, कालाजारका रोगीको उपचार तथा केस बेस सर्भिलेन्स, कालाजार बिरामीको उपचारका लागि प्रादेशिक तथा जिल्ला अस्पतालहरूमा आउने बिरामीहरूको यातायात र निदान खर्च बापत सोधभर्ना (बिरामीको यातायात खर्च रु२००० र निदानका लागि सोधभर्ना रु ५०००), डेङ्गु सर्भिलेन्स लम्पसुट्टेको बासस्थान खोजीगरी लभर्ना नष्ट गर्ने	१५००००.०	१	१००	१५००००.०	१००.०
	जम्मा	८७५०००.०		१००	८७५०००.०	१००.०
	कुल जम्मा (क+ख+ग+घ+ङ+च+छ+ज+झ+ञ+ट+ठ+ड) =	२२९५२३०००.०	०.०	९३.७०	१३८२७२१५१.१	६०.२४
	चालु कुल जम्मा (ख+ग+घ+च+छ+ज+झ+ञ+ट+ठ+ड) =	१२६७५३०००.०	०.०	९३.६५	९९०००९६८.२	७८.११
	पूजीगत कुल जम्मा (क+ङ) =	१०२७७००००.०	०.०	९०.०	३९२७११८२.९	३८.२१

७.६. यस जिल्लाका पालिका स्वास्थ्य संयोजकहरुको नाम र सम्पर्क नम्बर

क्र.सं.	स्थानीय तहको नाम	नाम, थर	मोबाईल नं.	इमेल ठेगाना
१	नारायण न.पा.	श्री नगेन्द्र ब. हमाल	९८४८०४२२४ ९	hamal.nagendra09@gmail.com
२	दुल्लु न.पा.	श्री विष्णु बहादुर शाही	९८५८०५०२३७	vishnushahi97@gmail.com
३	आठविस न.पा.	श्री देवराज तिमिल्सेना	९८४०५७७१७१	drtimilsena246@gmail.com
४	चामुण्डाविद्रासै न.पा.	श्री मान कुमारी शाही	९८५११९०८८२	shahimankumari1@gmail.com
५	ठाटीकाँध गा.पा.	श्री रविन्द्र भण्डारी	९८६८१६००९९	bcrabin0099@gmail.com
६	नौमूले गा.पा.	श्री पदम बहादुर गुरुङ	९८५८०५००६३	pkgurung63@gmail.com, naumulehealthsection2074@gmail.com
७	भैरवी गा.पा.	श्री शम्शेर बहादुर बिष्ट	९८५८०७२२३०	bistaser@gmail.com
८	महावु गा.पा.	श्री रमेश कुमार दशौदी	९८५८०५०४६६	dasaudirameshkumar@gmail.com
९	भगवतीमाई गा.पा.	श्री टीकाराम बिष्ट	९८४४८०८०१९	trbista4@gmail.com
१०	डुङ्गेश्वर गा.पा.	श्री लक्ष्मण खत्री	९८४८००१५८९	laxmankhatri@gmail.com
११	गुराँस गा.पा.	श्री नारायण बि.सी.	९८६४९३६२१३	

### ७.७. दैलेख जिल्लाका सरकारी कार्यालयहरुको सम्पर्क नम्बरहरुको विवरण

क्र.सं.	कार्यालय/संघ संस्थाको नाम	सम्पर्क नम्बर
१	दैलेख जिल्ला अदालत, दैलेख	०८९-४२०१२१/१२४
२	जिल्ला प्रशासन कार्यालय, दैलेख	०८९-४२०११२/१२६
३	जिल्ला समन्वय समितिको कार्यालय, दैलेख	०८९-४१००२९
४	कालिदत्त गुल्म कांडाचौर व्यापक दैलेख	०८९-४२०२३४
५	जिल्ला प्रहरी कार्यालय, दैलेख	०८९-४२०१२५
६	राष्ट्रिय अनुसन्धान जिल्ला कार्यालय, दैलेख	०८९-४१००६३
७	इलाका प्रशासन कार्यालय, दुल्लु, दैलेख	०८९-४११०३४
८	सशस्त्र प्रहरी बल आश्रित गुल्म, दैलेख	०८९-४११२५५
९	स्वास्थ्य सेवा कार्यालय, दैलेख	०८९-४१०११७/१२७/११५/१५७
१०	कृषि विकास कार्यालय, दैलेख	०८९-४२०१४५
११	डिभिजन वन कार्यालय, दैलेख	०८९-४२०१३२
१२	पशु अस्पताल तथा पशु सेवा कार्यालय, दैलेख	०८९-४१०१४८
१३	जिल्ला हुलाक कार्यालय, दैलेख	०८९-४२०१४९
१४	कोष तथा लेखा नियन्त्रक कार्यालय, दैलेख	०८९-४१०११७
१५	सामाजिक विकास कार्यालय, दैलेख	०८९-
१६	जिल्ला सरकारी वकील कार्यालय, दैलेख	०८९-४१०१२३
१७	जिल्ला मालपोत कार्यालय, दैलेख	०८९-४१०१७७
१८	शिक्षा विकास तथा समन्वय इकाई, दैलेख	०८९-४१०१५०
१९	सिचाई, उर्जा तथा खानेपानी कार्यालय, दैलेख	०८९-४१०१०६
२०	नापी कार्यालय, दैलेख	०८९-४११०६०
२१	जिल्ला निर्वाचन कार्यालय, दैलेख	०८९-४१०१११
२२	पूर्वाधार विकास कार्यालय, दैलेख	०८९-४२०१५३
२३	कारागार कार्यालय, दैलेख	०८९-४१०१६४
२४	उद्योग तथा उपभोक्ता हित संरक्षण कार्यालय, दैलेख	०८९-४२०१३६
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 खेलकुद विकास समिति, दैलेख	०८९-४२००८२
३२	शिक्षाको लागि खाद्य इकाई, दैलेख	९८४३२२३९६८
३३	जिल्ला ट्रान्जिट प्रहरी कार्यालय, दैलेख	९८६११४१८५५
३४	पुष्पलाल (मध्यपहाडी) राजमार्ग योजना कार्यालय, दैलेख	०८९-४१०१०१
३५	पहाडी साना किसानका लागि अनुकुलन 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	९८५८०७६९६६
३९	सुरक्षा आ.बि.वेश डाव, दैलेख	०८९-४९०२५५
४०	उद्योग वाणिज्य संघ	०८९-४२०९७०
४१	प्रदेश लेखा इकाई कार्यालय, दैलेख	९८५८०६४०९४
४२	मालपोत कार्यालय, दुल्लु दैलेख	९८५८०७७९९९

**७.८. स्वास्थ्य सेवा कार्यालय दैलेखमा कार्यरत कर्मचारीहरुका सम्पर्क नम्बरहरु**

क्र.सं.	कार्यालय/शाखा		सम्पर्क नम्बर
१	दैलेख जिल्ला अस्पताल	इमरजेन्सी शाखा	०८९-४९०९८५
२	दैलेख जिल्ला अस्पताल	इण्डोर शाखा	९८६८०२७२८२
३	स्वास्थ्य सेवा कार्यालय	कार्यालय प्रमुख	०८९-४९०९९७ मो. ९८५८०४४९९०/९८५८०४५९२७
४	स्वास्थ्य सेवा कार्यालय	सूचना अधिकारी	९८५८०८०९५७
५	स्वास्थ्य सेवा कार्यालय	कर्मचारी प्रशासन शाखा	०८९-४९०९२७
६	स्वास्थ्य सेवा कार्यालय	स्टोर शाखा	०८९-४९०९५७
७	स्वास्थ्य सेवा कार्यालय	लेखा शाखा	०८९-४९०९९५
८	स्वास्थ्य सेवा कार्यालय	पोषण पुनस्थापना केन्द्र	०८९-४९०९९८
९	स्वास्थ्य सेवा कार्यालय	अस्पताल क्यान्टीन, दैलेख	०८९-४९०२२३

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

क्र.सं.	नाम, थर	पद	सम्पर्क नम्बर
१	डा. धर्मराज रेग्मी	नि. स्वास्थ्य सेवा व्यवस्थापक	९८५८०४४९९०
२	डा. सविना दाहाल	मेडिकल अधिकृत	९८६०९२२२७३
३	डा. राम बहादुर बिष्ट	अब्स्ट्रेटिक्स एण्ड गाइनोकोलोजिष्ट	९८६८९०९०५०
४	डा. विवेक सुवेदी	मेडिकल अधिकृत	९८४००९६६२२
५	डा. प्रयास विक्रम सिजापति	मेडिकल अधिकृत	९७४२५००७९९
६	डा. समिक्षा कडेल	मेडिकल अधिकृत	९८४४७८३५९४
७	डा. राजन चौधरी कुर्मी	डेंटल सर्जन	९८४४७८३५९४
८	डा. सम्पूर्ण सिंह	मेडिकल अधिकृत	९८६००२२०५९
९	डा. तिलक देवकोटा	मेडिकल अधिकृत	६८६९०००८९९
१०	डा. आशिष माक	मेडिकल अधिकृत	९८६०३३५६५३
११	डा. निमेष भुषाल	मेडिकल अधिकृत	९८६७२९४५८४

क्र.स.	नाम, थर	पद	सम्पर्क नम्बर
१२	डा. सुदिप खड्का	मेडिकल अधिकृत	९८६७१३३२२६
१३	डा. क्षितिज गोसाइ	डेंटल सर्जन	९८४००५७५४०
१४	धीरप्रसाद रेग्मी	खोप अधिकृत	९८५८०४५१२७
१५	दीपा उपाध्याय	जनस्वास्थ्य अधिकृत	९८६९००९६६३
१६	यज्ञराज शाही	मेडिकल ल्याब टेक्नोलोजिष्ट	९८६६२३६७३७
१७	किशनसिंह बिष्ट	अस्पताल व्यवस्थापक अधिकृत	९८४८८९७५६९
१८	नन्द लाल जैसी	ज.स्वा.नि.	९८५८०८०१५७
१९	मोतिराम रोकाया	तथ्याक अधिकृत	९८४८०३८९३८
२०	नमराज सुवेदी	ज.स्वा.नि.	९८४४८७१३५४
२१	नैना कुमारी गुरुङ	अस्पताल निरीक्षक	९८४८०६३६२५
२२	नविन कुमार ढकाल	क्षयकुष्ठ निरीक्षक	९८६८०३२५५८
२३	टक बहादुर भण्डारी	ल्याब असिस्टेन्ट निरीक्षक	९८४८०४९९४५
२४	पुस्कर बिसि	नायब सुब्बा	९८५८३६६२६२
२५	प्रतिमा गौली	स्टाफ नर्स	९८६८१२२३१३
२६	बिना चौधरी	अस्पताल निरीक्षक	९८४९४२८०६०
२७	कल्पना बस्नेत	स्टाफ नर्स	९८६८९३३६८१
२८	हेमा उपाध्याय	फिजियोथेरापिष्ट	९८४९३३७२६७
२९	सझना शर्मा	स्टाफ नर्स	९८६६९६९९०९
३०	दिपक कार्की	रेडियोग्राफर	९८४८०४८२०२
३१	नरेश लम्साल	ब.डार्करूम असिस्टेन्ट	९८४८२०७८१२
३२	अनिषा कुमारी यादव	हे.अ.	९८०७६९९९१६
३३	महेश ऐडी	ल्याब टेक्निसियन	९८६९९१५०४२
३४	प्रकाश अधिकारी	मेडिकल रेकर्डर	९८४३४९९१५२
३५	महेश खत्री	एनेस्थेसिया सहायक	९८४६२६९६५२
३६	कमला भट्टराई	सि.अ.न.मी.	९८४८००७८८२
३७	धनमाया गुरुङ्ग	ल्याब असिस्टेन्ट	९८२२४९३५५७
३८	लोक राज पन्त	फार्मेसी सहायक	९८४८६८२२६२
३९	स्वेता कुमारी चौधरी	अ.न.मी.	९८४६५७६५१७
४०	सुनिता चौधरी	अ.न.मी.	९८६६९३९७१८
४१	तुलसरा रेग्मी	अ.न.मी.	९७४६५३३३७८
४२	बाल कुमारी खड्का	को.चे.अ.	९८४८०७८५६३
४३	अविनाश कुमार साह	अ.हे.ब.	९८९१२२७८३९
४४	तिलक बुढा	अ.हे.ब.	९८६६२९९७९५

क्र.स.	नाम, थर	पद	सम्पर्क नम्बर
४५	लोकेन्द्र के.सी.	अ.हे.ब.	९८४८३४४०६७
४६	सुनिता खत्री	स्टाफ नर्स	९८२५५०९४६२
४७	पार्वती रेग्मी	स्टाफ नर्स	९८४४४९४४४६
४८	रंजिता गिरी खड्का	ल्याब टेक्निसियन	९८४९६६३६८४
४९	दिपेन कोइराला	फार्मसी सहायक	९८६९६८९५१८
५०	डील कुमारी अधिकारी	फार्मसी सहायक	९८२५५९३०६९
५१	अनिता वली	अ.न.मी.	९८४४७४९५०५
५२	नगेन्द्र बहादुर रावल	ल्याब असिस्टेन्ट	९८६८०३२५७२
५३	गिता कुमारी खड्का	अ.न.मी.	९८६४९४२३०६
५४	भरत कुमारी सिजापती	अ.न.मी.	९८४८१०००१५
५५	प्रगती शाही	अ.न.मी.	९८४८४३८१४८
५६	लक्ष्मी गिरी	अ.न.मी.	९८६६२२९२३६
५७	साबित्रा खड्का	अ.न.मी.	९८४८०६४४७०
५८	प्रमिला खड्का क्षेत्री	अ.न.मी.	९८१२४०८७७०
५९	राधा खत्री	अ.न.मी.	९८६८९१०५७०
६०	सुमन घले	अ.न.मी.	९८०४५७९५६३
६१	बिमल कुमार बुढा	अ.हे.ब.	९८६८०५८८६०
६२	द्वारीका कुमारी थापा	अ.हे.ब.	९८४८०५८८७१
६३	इन्द्रा रावल	अ.हे.ब.	९८४८२७७७२८
६४	पुष्पा कुमारी भण्डारी	अ.हे.ब.	९८४८०९०४३०
६५	अस्मीता के.सी.	अ.हे.ब.	९८६८०२७२०६
६६	कुमार खत्री	अ.हे.ब.	९८६७४२९५००
६७	तेज बहादुर बम	अ.हे.ब.	
६८	डिल कुमारी बस्नेत	अ.हे.ब.	९८२५५९३०६९
६९	ललित विक	हे.अ.	९८६४७७०९८८
७०	पालना टमाटा	अ.हे.ब.	९८६८००८२७०९
७१	शम्भु कुमार थापा	ल्याब असिस्टेन्ट	९८६८००४०८४
७२	राम बहादुर बडुवाल	अ.हे.ब.	९८६८००५२२३
७३	गिता चलाउने	कम्प्युटर अपरेटर	९७४९७५४४९७
७४	तुल्छी कुमारी ज्ञवाली	अ.न.मी.	९८४४८७१३७२
७५	प्रकाश शाही	कम्प्युटर अपरेटर	९८४८०७८६०९
७६	दुर्गाराम सुनार	ए.आर.टी. काउन्सीलर	९८४९५०५५२८
७७	मन कुमारी शाही	कम्प्युटर अपरेटर	९८४८२११६०२

क्र.स.	नाम, थर	पद	सम्पर्क नम्बर
७८	श्रद्धा पराजुली	KIOCH कार्यक्रम अधिकृत	९८६०५१४०३५
७९	कमला बिष्ट	किड्स नेपाल जि सयोजक	९८४८७९२२०८
८०	प्रेम नेपाली	सहजकर्ता	९८४८३९९५३७
८१	शुशिला कुमारी भण्डारी	सहजकर्ता	९४८४१४१७३८
८२	मनकामना चन्द	सहजकर्ता	
८३	उपेन्द्र कुमार के.सी.	बायोमेडिकल टे.	९८४८१६७९०१
८४	पुर्ण बहादुर बस्नेत	ह.स.चा.	९८६०८९२३१४
८५	अर्जुन कुमार शाही	ह.स.चा.	९८६८१६५६८२
८६	मिन बहादुर श्रेष्ठ	कार्यालय सहयोगी	९८४८०५९०९४
८७	डिल बहादुर थापा	कार्यालय सहयोगी	९८४८२८४१८३
८८	मदन बहादुर रावल	कार्यालय सहयोगी	९८४८०६४२७२
८९	याम बहादुर थापा	कार्यालय सहयोगी	९८४८२४१९००
९०	डम्बर बहादुर शाही	कार्यालय सहयोगी	९८४८३९९५४०
९१	गणेश बहादुर रोकाय	कार्यालय सहयोगी	९८१५५६५४०७
९२	विष्णु बोहोरा	कार्यालय सहयोगी	९८१५५६१०४४
९३	लोक बहादुर बोहोरा क्षेत्री	कार्यालय सहयोगी	९८६३१८९०६९
९४	कमला बोहरा	कार्यालय सहयोगी	९८६८१७५८८८
९५	कमल प्रसाद कोइराला	कार्यालय सहयोगी	९८४८१४१७०२
९६	राम बहादुर रावल	कार्यालय सहयोगी	९८१८४९९०१०
९७	बिन्द्रा शाही	कार्यालय सहयोगी	९८४४८९२२५५
९८	जनकलाल सुनार	कार्यालय सहयोगी	९८०४५७२१७३
९९	मन्जु नेपाली	कार्यालय सहयोगी	९८२५५६१७३८
१००	पुष्पा सुनार	कार्यालय सहयोगी	९८०२५६९१४९
१०१	रत्ना खत्री	कार्यालय सहयोगी	९८०२५५९१५०
१०२	मिन बहादुर खत्री	कार्यालय सहयोगी	९८४४८९९०६२
१०३	देवी श्रेष्ठ	कार्यालय सहयोगी	९८१६५६८४६२
१०४	बम बहादुर रावल	कार्यालय सहयोगी	९८१४५९७०४१
१०५	झलक रावल	कार्यालय सहयोगी	९८२८५७८०६७
१०६	राजेश खत्री	कार्यालय सहयोगी	९८६८१२२८८०
१०७	पद्मा शाही	कार्यालय सहयोगी	९८१२५७७४३८
१०८	नन्द्रा खत्री	कार्यालय सहयोगी	९८६६८९७०२६
१०९	हरि कला बोगटी	कार्यालय सहयोगी	९७४८०३४०७७
११०	पूर्ण बहादुर खड्का	कार्यालय सहयोगी	९८२४५५४३९८

क्र.स.	नाम, थर	पद	सम्पर्क नम्बर
१११	चक्र बहादुर बस्नेत	कार्यालय सहयोगी	९७४५५१४४३३
११२	नारायण बिसुन्के	कार्यालय सहयोगी	
११३	मिना कुमारी खड्का	कार्यालय सहयोगी	
११४	पवित्रा खत्री	कार्यालय सहयोगी	

७.९. दैलेख जिल्ला अन्तरगत रहेको स्वास्थ्य संस्थाहरुको सम्पर्क नम्बरहरु

क्र. सं.	स्वास्थ्य संस्थाको नाम	स्वास्थ्य संस्था रहेको वडा नं.	स्वास्थ्य संस्था प्रमुखको नाम थर	पद	स्वास्थ्य संस्था प्रमुखको सम्पर्क नं.	कैफियत
१. नारायण नगरपालिका						
१	कुइकाना आधारभुत स्वास्थ्य सेवा केन्द्र	१	तेजेन्द्र बहादुर थापा	अ.हे.ब.	९८४८२५२९५५	९८५८०४३०६२
२	नारायण स्वास्थ्य चौकी	२	इन्द्र बहादुर थापा	सि.अ.हे.ब.	९८४८०४७२७३	९८५८०४३०५६
३	बेलासपुर स्वास्थ्य चौकी	३	सिता शर्मा	सि.अ.हे.ब.	९८६८१८२१३२	९८५८०४३०५५
४	बेलासपुर आयुर्वेद केन्द्र	३	राजिव कुमार भारती	कविराज निरीक्षक	९८५८०३३९४६	
५	सोत आधारभुत स्वास्थ्य सेवा केन्द्र	४	भवना थापा	अ.हे.ब.	९८४६६८८९७२	९८५८०४३०६३
६	देउलकाडा सामुदायिक स्वास्थ्य केन्द्र	४	रश्मी थापा	अ.हे.ब.	९८६६८६०६२६	९८५८०४३०६१
७	त्रिवेणी स्वास्थ्य चौकी	५	सदानन्द जैसी	ज.स्वा.नि.	९८४८२४२४०९	९८५८०४३०५४
८	बिजौरा आधारभुत स्वास्थ्य सेवा केन्द्र	६	पदम कुमारी बुढा	सि.अ.हे.ब.	९८४८१२१८०७	९८५८०४३०६४
९	काडाचौर शहरी स्वास्थ्य केन्द्र	६	भगवती खड्का	हे.अ.	९८४१०७७२०५	९८५८०४३०५९
१०	बसन्तमाला स्वास्थ्य चौकी	७	प्रेम बहादुर बिसुन्के	ज.स्वा.नि.	९८४४८३१७५९	९८५८०४३०५७
११	स्वास्थ्य सेवा कार्यालय/दैलेख जिल्ला अस्पताल	८	डा. धर्मराज रेग्मी	नि.का.प्र.	९८५८०४४९९०	०८९४१०१२७
१२	सिमडा शहरी स्वास्थ्य केन्द्र	८	शान्ती गिरी	अ.हे.ब.	९८६८१६६०९७	९८५८०४३०६०
१३	साडु आधारभुत स्वास्थ्य सेवा केन्द्र	९	भुपेन्द्र शर्मा	अ.हे.ब.	९८४३३३१४८३	९८५८०४३०६५
१४	भवानी स्वास्थ्य चौकी	१०	धन बहादुर बस्नेत	अ.हे.ब.	९८४८११६८८१	
१५	बिन्ध्यावासीनि स्वास्थ्य चौकी	११	चन्द्र बहादुर वि.क.	सि.अ.हे.ब.	९८४८०६८९४७	९८५८०४३०५८
२. चामुण्डाबिन्द्रासैनि नगरपालिका						
१६	सिमसेर आधारभुत स्वास्थ्य सेवा केन्द्र	१	नन्दा कुमारी शाही	अ.हे.ब.	९८४११३४०४१	
१७	पाल्ता शहरी स्वास्थ्य केन्द्र	१	तपेन्द्र बहादुर सिंह	अ.हे.व.	९८४४७४९६०७	
१८	चाल्ने आधारभुत स्वास्थ्य सेवा केन्द्र	२	डिल ब. सिजाली	अ.हे.ब.	९८५८०५०६३४	
१९	सिरौल शहरी स्वास्थ्य केन्द्र	२	बिर ब.	अ.हे.ब.	९८४८६६७५०५	

क्र. सं.	स्वास्थ्य संस्थाको नाम	स्वास्थ्य संस्था रहेको वडा नं.	स्वास्थ्य संस्था प्रमुखको नाम थर	पद	स्वास्थ्य संस्था प्रमुखको सम्पर्क नं.	कैफियत
			तारामी			
२०	चामुण्डा स्वास्थ्य चौकी	३	खगेन्द्र बहादुर शाही	अ.हे.व.	९८४११११९४४	
२१	जंगले शहरी स्वास्थ्य केन्द्र	३	कलम ब. शाही	अ.हे.ब.	९८५८०८७७२१	
२२	रोसनीडाडा आधारभुत स्वास्थ्य सेवा केन्द्र	४	इन्द्रा कुमारी शाही	अ.हे.व.	९८४९३६२८७१	
२३	छडेखोला आधारभुत स्वास्थ्य सेवा केन्द्र	५	राधा शाही	अ.हे.व.	९८४५८०१७५१	
२४	जम्बुकाँध स्वास्थ्य चौकी	६	जर्मा कुमारी शाही	सि.अ.हे.ब.	९८६८०७१८२२	
२५	मस्टामाण्डु आधारभुत स्वास्थ्य सेवा केन्द्र	७	सुनिता शाही	अ.हे.व.	९८६१६८०६५२	
२६	पालेताडा शहरी स्वास्थ्य केन्द्र	७	केपिका कु. आचार्य	अ.हे.ब.	९८६८२७१८२२	
२७	लयाटिबिन्द्रासैन स्वास्थ्य चौकी	८	हिक्मत भण्डारी	हे.अ.	९८४८२९००५५	
२८	अमकोट शहरी स्वास्थ्य केन्द्र	९	संगिता शाह	अ.हे.व.	९८६९५१७५४६	
२९	रिडरोड आधारभुत स्वास्थ्य सेवा केन्द्र	९	रविना उपाध्याय	अ.हे.व.	९८६४७९२१७१	
३०	खार शहरी स्वास्थ्य केन्द्र	९	चाँदनी कु. शाही	अ.हे.ब.	९८६५७९५७६५	
३१	नागरिक आरोग्य सेवा केन्द्र	६	नविन रेग्मी	बैद्य	९८६६६१३९३५	
३. दुल्लु नगरपालिका						
३२	देउतीचौर आधारभुत स्वास्थ्य सेवा केन्द्र	१	मदन कुमार खड्का	अ.हे.ब.	९८६४३३३२६८	
३३	नाउँलेकटुवाल स्वास्थ्य चौकी	२	खेमराज थापा	हे.अ.	९८४८०६९५४९	
३४	नेपा स्वास्थ्य चौकी	३	अमृत वि.क.	हे.अ.	९८५८०८९९९९	
३५	शहरी स्वास्थ्य केन्द्र सियाला	३				
३६	डाँडाआवत आधारभुत स्वास्थ्य सेवा केन्द्र	४	ओम प्रसाद उपाध्याय	अ.हे.ब.	९८४४८७०६४२	
३७	रिजु आधारभुत स्वास्थ्य सेवा केन्द्र	५	तारा खड्का	अ.हे.ब.	९८६४७३४४८७	
३८	दुल्लु अस्पताल	५	डा. राजन नारायण नकर्मि	मे.सु.	९८४९१३०४४४	

क्र. सं.	स्वास्थ्य संस्थाको नाम	स्वास्थ्य संस्था रहेको वडा नं.	स्वास्थ्य संस्था प्रमुखको नाम थर	पद	स्वास्थ्य संस्था प्रमुखको सम्पर्क नं.	कैफियत
३९	आयुर्वेद औषधालय	५	मदन कुमार खड्का	सि.अ.हे.ब.	९८६४९३३२६८	
४०	छिउँडीपुसाकोट स्वास्थ्य चौकी	६	दिप बहादुर खड्का	सि.अ.हे.ब. अ.	९८४८०३०११४	
४१	शहरी स्वास्थ्य केन्द्र बस्नेपाटी	६	सुमन खड्का	अ.न.मी.	९८४७८५०६३५	
४२	बाहुनगाँउ आधारभुत स्वास्थ्य सेवा केन्द्र	७	लक्ष्मी दहित आचार्य	हे.अ.	९८६८२०७१९६	
४३	बडलम्जी स्वास्थ्य चौकी	८	मान बहादुर थापा	सि.अ.हे.ब.	९८६८२६६२२३	
४४	पादुका स्वास्थ्य चौकी	९	इन्द्रमणि रोकाया	सि.अ.हे.ब.	९८६८६४७९८९	
४५	गमौडी स्वास्थ्य चौकी	१०	पदम ब. खड्का	सि.अ.हे.ब.	९८६४९४३७५२	
४६	कालभैरव स्वास्थ्य चौकी	११	महेश्वरी पन्त	सि.अ.न.मि	९८४८१२०२२१	
४७	गौरी स्वास्थ्य चौकी	१२	यज्ञराज भण्डारी	सि.अ.हे.ब.	९८५८०५०३०९	
४८	मालिका स्वास्थ्य चौकी	१३	बखत बहादुर शाही	सि.अ.हे.ब. अ.	९८६६९७६१८१	
४९	शहरी स्वास्थ्य केन्द्र बिनायक	१३	कमल भण्डारी	सि.अ.हे.ब.	९८५८०४०२२०	
४. आठबिस नगरपालिका						
५०	सातुला स्वास्थ्य चौकी	१	धुवराज बिष्ट	अ.हे.ब.	९८५८०५१४३३	
५१	सिंगौडी स्वास्थ्य चौकी	२	लोकेन्द्र बहादुर सिंह	अ.हे.ब.	९८६८६५६३६६	
५२	निमायल आधारभुत स्वास्थ्य सेवा केन्द्र	३	डबेन्द्र जैसी	अ.हे.ब.	९८४८१६२५५१	
५३	राकमकर्णाली आ.अस्पताल	४	करण बहादुर साउदमाभी	सि.अ.हे.ब.	९८६८०००४४६	
५४	पिपलकोट स्वास्थ्य चौकी	५	मदन बहादुर रोकाय	सि.अ.हे.ब.	९८६४९८०५४८	
५५	सिंहासैन स्वास्थ्य चौकी	६	बिनोद कठायत	सि.अ.हे.ब.	९८४८२०३७७५	
५६	आमेकाना आधारभुत स्वास्थ्य सेवा केन्द्र	७	पवित्रा बोगटी	अ.हे.ब.	९८६८००१३८९	
५७	तिलेपाटा स्वास्थ्य चौकी	८	सिकेन्द्र महतो	हे.अ.	९७६२७५६४६०	
५८	छेपाडी आधारभुत स्वास्थ्य सेवा केन्द्र	९	प्रशान्त सिजापति	अ.हे.ब.	९८६६२३०४९०	



क्र. सं.	स्वास्थ्य संस्थाको नाम	स्वास्थ्य संस्था रहेको वडा नं.	स्वास्थ्य संस्था प्रमुखको नाम थर	पद	स्वास्थ्य संस्था प्रमुखको सम्पर्क नं.	कैफियत
५. ठाटीकाँध गाउँपालिका						
५८	लकान्द्र प्राथमिक स्वास्थ्य केन्द्र	१	डा. सनम घले	मे.अ.	९८४९७५५४२६	
५९	प्याडुली आधारभुत स्वास्थ्य सेवा केन्द्र	२	बिनोद चौलागाई	अ.हे.व.	९८६७५९९८८०	
६०	बिशाला स्वास्थ्य चौकी	३	हस्ता बुढा	अ.हे.व.	९८४४८६२४८६	
६१	बिशाला सामुदायीक स्वास्थ्य इकाई, बहाँकोट	४	अन्जिर कुमार शाही	अ.हे.व.	९८४५२६५१५८	
६२	गैरागाँउ आधारभुत स्वास्थ्य सेवा केन्द्र	५	शम्सेरबाबु कठायत	अ.हे.व.	९८६७८७१९७१	
६३	तोलीजैसी स्वास्थ्य चौकी	६	कुबेर खड्का	हे.अ.	९८६३१२३४६३	
६४	अंगालडाँडा आधारभुत स्वास्थ्य सेवा केन्द्र	७	धर्मराज रोकाया	अ.हे.व.	९८६३८३९३४५	
६५	नागरिक आरोग्य सेवा केन्द्र	८	शान्ति उपाध्याय	बैद्य	९८४५२१८३३५	
६. डुङ्गेश्वर गाउँपालिका						
६६	बेलपाटा स्वास्थ्य चौकी	१	पुजा शाही	ज.स्वा.नि.	९८४३७१११७३	
६७	लाँकुरी स्वास्थ्य चौकी	२	बालकृष्ण बिष्ट	ज.स्वा.नि.	९८४८०६७६७५	
६८	नागरिक आरोग्य सेवा केन्द्र	२	नगेन्द्र बहादुर खत्री	बैद्य	९८४८५८११८८	
६९	अवलपराजुल स्वास्थ्य चौकी	३	अम्मर बहादुर सापकोटा	सि.अ.हे.ब.	९८४४८०७९८१	
७०	बाले सामुदायिक स्वास्थ्य इकाई	३	स्मृती हमाल	अ.हे.ब.	९८६४७३४८६७	
७१	बाहुन्नेचौर सामुदायिक स्वास्थ्य इकाई	४	जगत कुमार बि.सी.	सि.अ.हे.ब.	९८४८०७६३ ८३	
७२	डाँडापराजुल स्वास्थ्य चौकी	५	राम प्रसाद न्यौपाने	सि.अ.हे.ब. अ.	९८४८१५९०२५	
७३	डुङ्गेश्वर सामुदायिक स्वास्थ्य इकाई	६	चेतन बस्नेत	अ.हे.ब.	९८४८११६५१६	
७. नौमूले गाउँपालिका						
७४	तोली स्वास्थ्य चौकी	१	अमृत प्रसाद न्यौपाने	सि.अ.हे.ब.	९८४४८३२१९७	
७५	राईली सामुदायिक स्वास्थ्य इकाई	१	अशोक शाही	अ.हे.ब.	९८४८१९६८६४	
७६	कागते सामुदायिक स्वास्थ्य इकाई	२	बसन्त सापकोटा	अ.हे.ब.	९८१२५५०००९	

क्र. सं.	स्वास्थ्य संस्थाको नाम	स्वास्थ्य संस्था रहेको वडा नं.	स्वास्थ्य संस्था प्रमुखको नाम थर	पद	स्वास्थ्य संस्था प्रमुखको सम्पर्क नं.	कैफियत
७७	बालुवाटार स्वास्थ्य चौकी	२	तिलक प्र. अधिकारी	सि.अ.हे.ब.	९८४८१६६६२०	
७८	द्वारी स्वास्थ्य चौकी	३	जगत प्रसाद कोइराला	सि.अ.हे.ब.	९८१५५०२३३९	
७९	भाडे सामुदायिक स्वास्थ्य इकाई	३	स्वस्तिका रोकामगर	अ.हे.ब.	९८६९९७८३०४	
८०	बराहाथान सामुदायिक स्वास्थ्य इकाई	३	गणेश बहादुर गुरुङ	अ.हे.ब.	९८४९८३४१२०	
८१	कालिका स्वास्थ्य चौकी	४	मिन बहादुर गुरुङ	सि.अ.हे.ब.	९८४८०७६२९४	
८२	चेप्टे सामुदायिक स्वास्थ्य इकाई	४	अस्मिता थापामगर	अ.हे.ब.	९७४८७४५९९०	
८३	नौगाउँ सामुदायिक स्वास्थ्य इकाई	५	गंगा कुमारी थापामगर	अ.हे.ब.	९८२२५८३९२२	
८४	नौमूले प्राथमिक स्वास्थ्य केन्द्र	५	डा. नारायण शर्मा	मे.अ.	९७४९७२४१४८	
८५	सल्लेरी स्वास्थ्य चौकी	६	गणेश गौतम	सि.अ.हे.ब.	९८४४८५००१	
८६	पैति आधारभुत स्वास्थ्य सेवा केन्द्र	७	सरीता बिष्ट	अ.हे.ब.	९८६८२१२४९४	
८७	चौराठा स्वास्थ्य चौकी	८	धन बहादुर चन्द	ज.स्वा.नि.	९८६०६५७६३३	
८. महाबु गाउँपालिका						
८८	खरिगैरा स्वास्थ्य चौकी	१	करिस्मा थापा	हे.अ.	९८६८०२७०८६	
८९	बडाखोला स्वास्थ्य चौकी	२	राम बहादुर थापा	सि.अ.हे.ब.	९८४८२८४८६२	
९०	ऐराडि सामुदायिक स्वास्थ्य इकाई	२	गणेश बहादुर भण्डारी	अ.हे.ब.	९८४८१९६५२७	
९१	बाँसी स्वास्थ्य चौकी	३	प्रेम बहादुर बिष्ट	सि.अ.हे.ब.	९८४८०७८९४८	
९२	रानीवन स्वास्थ्य चौकी	४	सुरेन्द्र ब. सिंह	सि.अ.हे.ब.	९८४८२११४१८	
९३	महाबु अस्पताल	४	डां आकास कार्की	मे.अ.	९८४८०७८३८८	
९४	नागरिक आरोग्य सेवा केन्द्र	४	अस्मिता चलाउने	बैद्य	९८७२२०९४६३	
९५	गिताचौर सामुदायिक स्वास्थ्य इकाई	४	राजेश हमाल	अ.हे.ब.	९८६८६५५५०१	
९६	काँशिकाँध स्वास्थ्य चौकी	५	कर्ण बहादुर बराल	हे.अ.	९८४९३१२९९६	
९७	टाँकुरी सामुदायिक स्वास्थ्य	६	अक्कल बहादुर	अ.हे.ब.	९८५८०३०९०३	

क्र. सं.	स्वास्थ्य संस्थाको नाम	स्वास्थ्य संस्था रहेको वडा नं.	स्वास्थ्य संस्था प्रमुखको नाम थर	पद	स्वास्थ्य संस्था प्रमुखको सम्पर्क नं.	कैफियत
	इकाई		शाही			
९८	एकपाटे सामुदायिक स्वास्थ्य इकाई	६	हेम ब. बिष्ट	अ.हे.ब.	९८५८०६८२५०	
९. भैरवी गाउँपालिका						
९९	रावतकोट आधारभुत स्वास्थ्य सेवा केन्द्र	१	मदन बहादुर थापा	अ.हे.ब.	९८४८००७८२३	
१००	रावतकोट स्वास्थ्य चौकी	२	शेर बहादुर कार्की	सि.अ.हे.ब.	९८४३८०८३९७	
१०१	बडलम्जी आधारभुत स्वास्थ्य सेवा केन्द्र	३	संगिता आचार्य	अ.न.मी.	९८६८१८२१७९	
१०२	जुम्लिकावाडी सामुदायिक स्वास्थ्य इकाई	४	पूर्ण बहादुर शाही	अ.हे.ब.	९८६६२१८६२७	
१०३	भैरीकालिकाथुम स्वास्थ्य चौकी	४	करुणाखर खत्री	सि.अ.हे.ब.	९८४८११४९७९	
१०४	डोक्रा आधारभुत स्वास्थ्य सेवा केन्द्र	५	भावना खड्का	अ.न.मी.	९८६४७०१४९३	
१०५	दुईसल्ले आधारभुत स्वास्थ्य सेवा केन्द्र	६	तारा पोखरेल	अ.न.मी.	९८४८०६९२२४	
१०६	कुसापानी स्वास्थ्य चौकी	७	दिप बहादुर गुरुङ	सि.अ.हे.ब.	९८६८३२३५०२	
१०. गुराँस गाउँपालिका						
१०७	सेष्टी आ.स्वा.से.के.	१	ओम रिजाल	सि.अ.हे.ब. अ.	९८४४८६१८८७	
१०८	पुरैनी सामुदायिक स्वास्थ्य इकाई	२	किरण के.सी.	सि.अ.हे.ब.	९८४८०४९५५८	
१०९	सेरी स्वास्थ्य चौकी	३	प्रेम बहादुर भट्टराई	सि.अ.हे.ब.	९८४८०२५०३६	
४१०	खड्कवाडा स्वास्थ्य चौकी	३	कृष्ण बहादुर रोकाय	ज.स्वा.नि.	९८४८२२१०२९	
१११	सेरीवाडा स्वास्थ्य चौकी	४	कृष्णसुधा ढुंगाना	हे.अ.	९८६७३१२७३३	
११२	गोगनपानी स्वास्थ्य चौकी	५	हेम बहादुर गुरुङ	ज.स्वा.नि.	९८४८०७९१२८	
११३	गुराँस अस्पताल	५	डा. नभिता कंडेल भारती	मे.अ.	९८०२५५०५८१	
११४	पिलाडी स्वास्थ्य चौकी	६	रण बहादुर चन्द	सि.अ.हे.ब.	९८६५३६८५२४	
११५	लालीकाँडा स्वास्थ्य चौकी	७	नारायण बि.सी.	हे.अ.	९८६४९३६२१३	

क्र. सं.	स्वास्थ्य संस्थाको नाम	स्वास्थ्य संस्था रहेको वडा नं.	स्वास्थ्य संस्था प्रमुखको नाम थर	पद	स्वास्थ्य संस्था प्रमुखको सम्पर्क नं.	कैफियत
११६	धरमपोखार सामुदायिक स्वास्थ्य इकाई	८	जंग बहादुर मगराती	सि.अ.हे.ब.	९८४८१९५५००	
११. भगवतीमाई गा.पा.						
११७	कट्टी स्वास्थ्य चौकी	५	सर्जन गुरुङ	ज.स्वा.नि.	९८५८०८९८००	
११८	पगनाथ स्वास्थ्य चौकी	१	दुर्गा गुरुङ	सि.अ.न.मी	९८६३१५७४०४	
११९	जगनाथ स्वास्थ्य चौकी	४	भिम ब. बि.सी.	सि.अ.हे.ब.	९८६४९४२४३६	
१२०	मेहेलतोली स्वास्थ्य चौकी	३	महेन्द्र कु. भारती	सि.अ.हे.ब.	९८४८०४९६८९	
१२०	रुम स्वास्थ्य चौकी	२	भविसरा शाही	सि.अ.न.मी	९८४८०३९४३९	
१२१	बडाभैरब स्वास्थ्य चौकी	७	हिक्मत खत्री	सि.अ.हे.ब.	९८४८१२१४९५	
१२२	चिपिन सा.स्वा.ई.	६	कल्पना रोकाय	अ.न.मी.	९८६८२२५८१२	
१२३	बेस्तडा सुरक्षित प्रसुती गृह	२	खम्बरा थापा	अ.न.मी.	९८६८१९३६६६	
१२४	भगवतीमाई आ.अस्पताल	३	डा. बिजय भुसाल	मे.अ.	९८४३६२०३७४	
१२५	आयुर्वेद आरोग्य सेवा केन्द्र	१	दिनेश कु. थापा	कविराज	९८६८९९७७०८	

७.१०. दैलेख जिल्ला स्थित पालिकाका मेयर/उपमेयर/अध्यक्ष/उपाध्यक्षको नाम र सम्पर्क नम्बरहरु

नाम, थर	नाम	पद	सम्पर्क नम्बर
नारायण नगरपालिका दैलेख ज्यू,	लोमन शर्मा	मेयर	९८४८१४१५५३
	तप्ता थापा	उपमेयर	९८४८२११००९
दुल्लु नगरपालिका दैलेख	भरत प्रसाद रिजाल	मेयर	९८५१२२५९२१
	विना कार्की	उपमेयर	९८६८०३३५९३
आठबिस नगरपालिका दैलेख	तर्क बहादुर बडुवाल	मेयर	९८५८०५४०५८
	कल्पना कुमारी थापा (चन्द्र)	उपमेयर	९८४८०९७२५९
चामुण्डाबिन्द्रासैनि नगरपालिका दैलेख	गणेश कुमार शाही	मेयर	९८५८०५०६२३
	मनसरा कुमारी शर्मा	उपमेयर	९८६८०७४५५७
महाबु गाउँपालिका दैलेख		अध्यक्ष	
	मञ्जु कुमारी शर्मा (पाण्डे)	उपाध्यक्ष	९८४८०६२९०३
नौमूले गाउँपालिका दैलेख	छविराम सुवेदी	अध्यक्ष	९८४८२०८९१६
	गंग बहादुर शाही	उपाध्यक्ष	९८२२४१३००१
भगवतीमाई गाउँपालिका दैलेख	गणेश बहादुर थापा	अध्यक्ष	९८६८१४५४९५
	मिना कुमारी खड्का	उपाध्यक्ष	९८६८१०३३३६
डुङ्गेश्वर गाउँपालिका दैलेख	सुन्दर कुमार के.सी.	अध्यक्ष	९८४८०६८४८७
	कलावति न्यौपाने	उपाध्यक्ष	९८४८२८०४४९
गुराँस गाउँपालिका दैलेख	टोप बहादुर बि.सी.	अध्यक्ष	९८५८०७७२१२
	शिवा कुमारी खड्का	उपाध्यक्ष	९७४९२८७६४१
ठाटीकाँध गाउँपालिका दैलेख	रक्ष बहादुर शाही	अध्यक्ष	९८५८०८७९१८
	देविराम बडुवाल	उपाध्यक्ष	९८४४८१३०४४
भैरवी गाउँपालिका दैलेख	रीता कुमारी शाही	अध्यक्ष	९८५८०६८८६८
	देबी भण्डारी	उपाध्यक्ष	९८४८०७६२१२