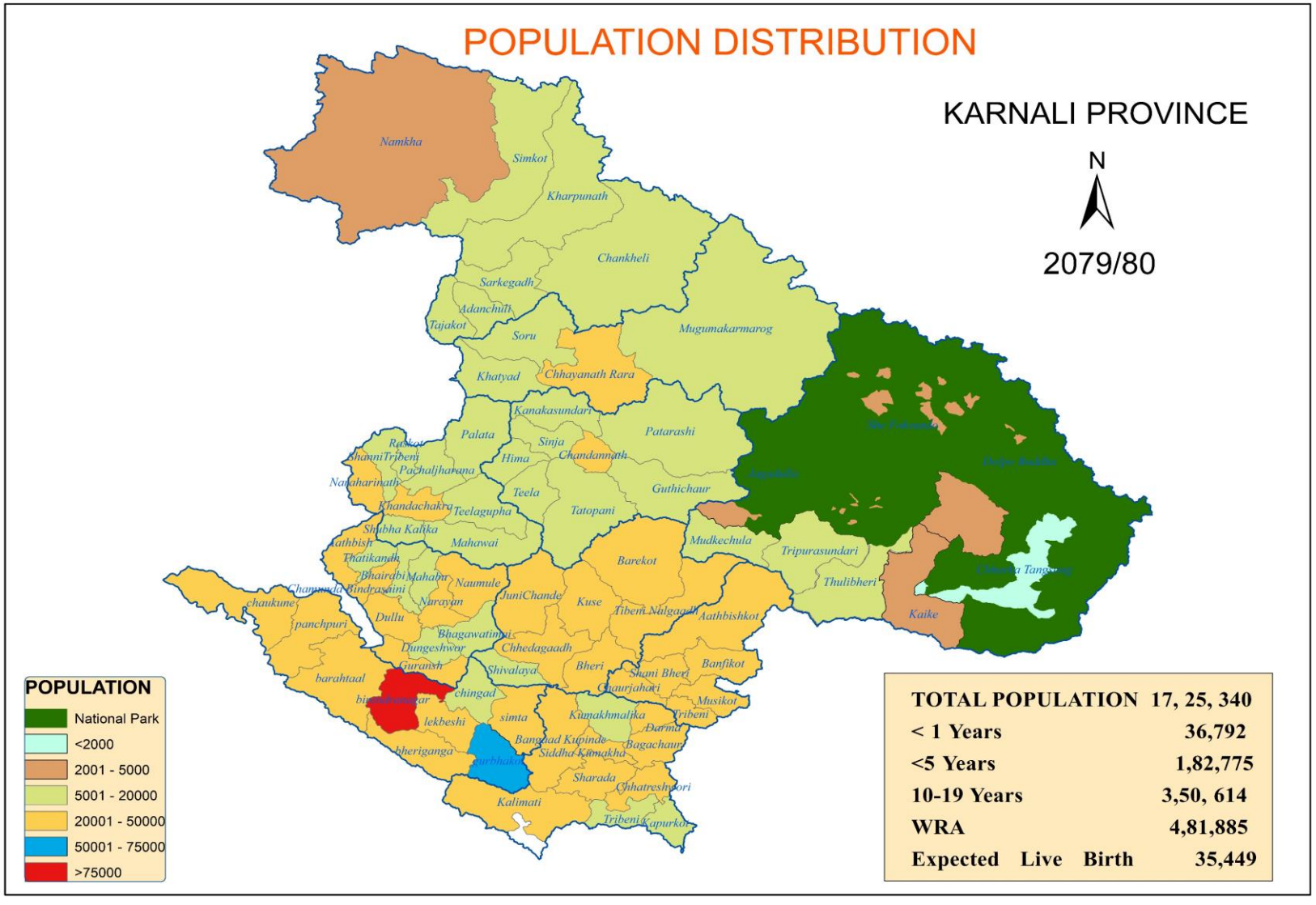
Karnali Province Health Situation FY 2079/80 – An Overview

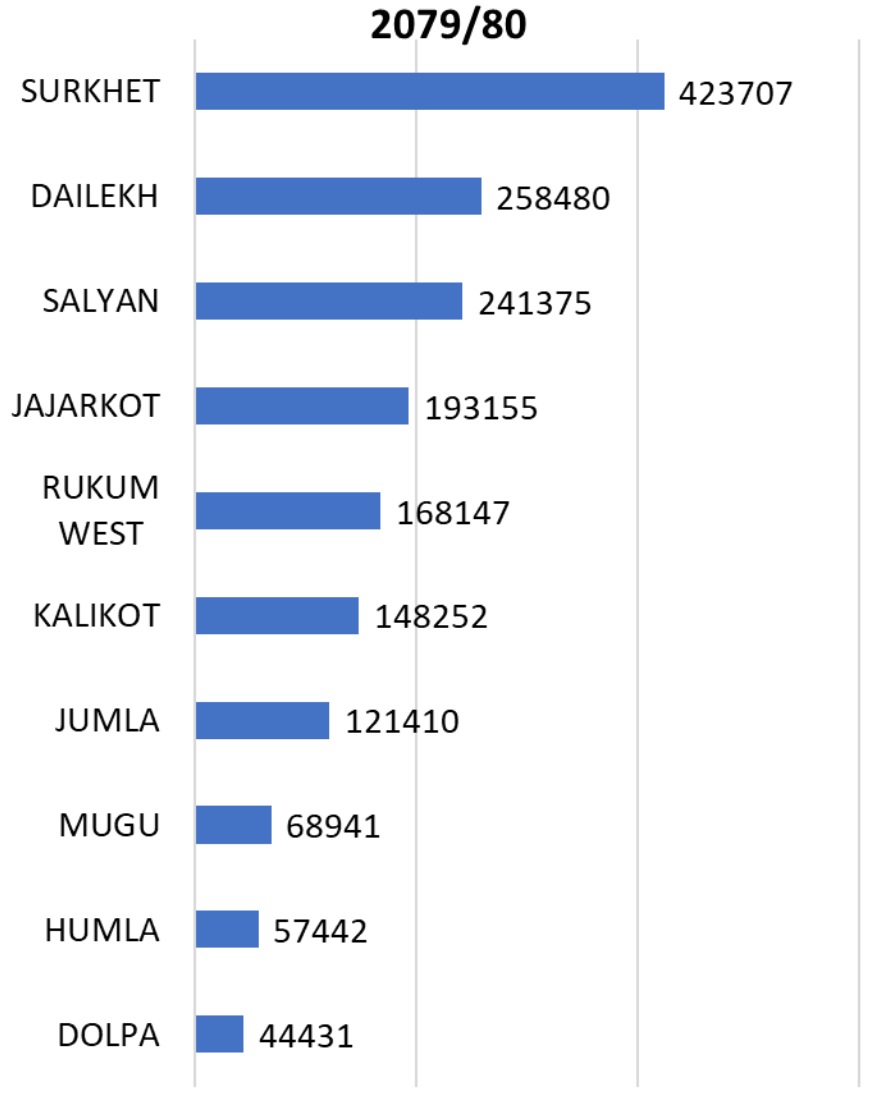
Dr. Rabin Khadka

Director

Health Service Directorate, Karnali Province

Target Population





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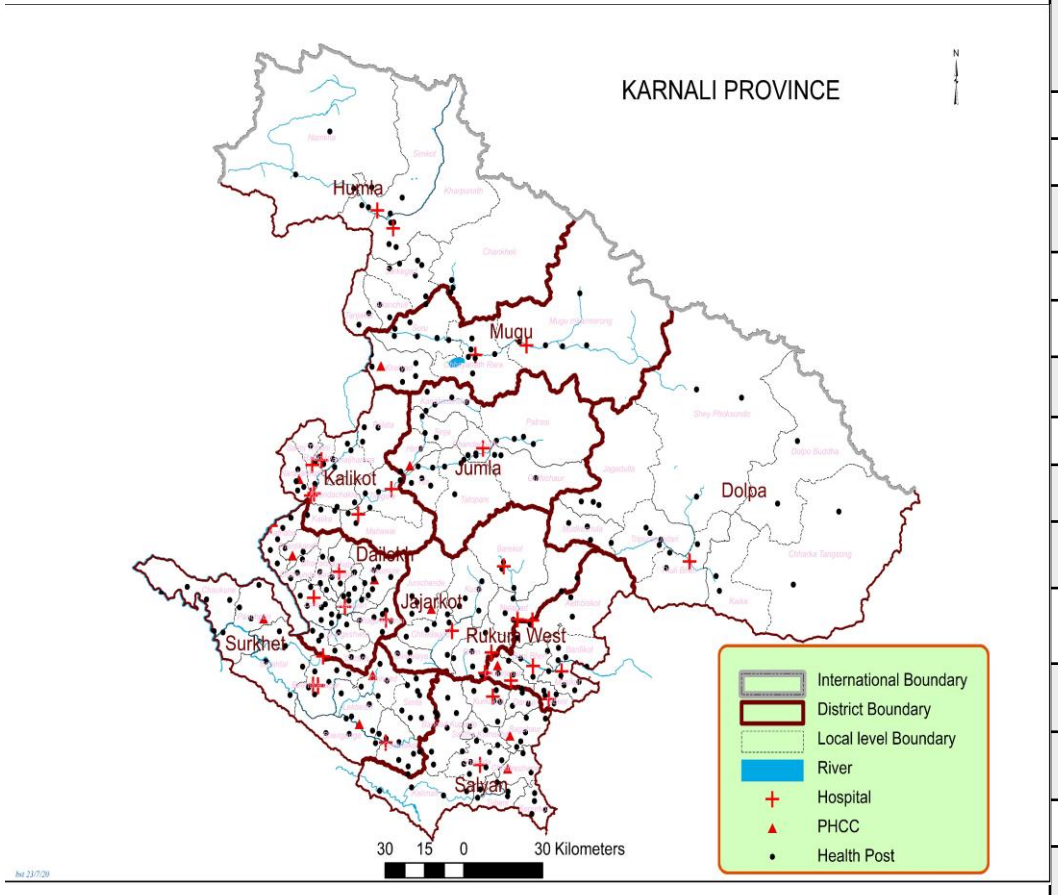
Number of Service Provider in Karnali Province

Total Functional Health Institution 892 (DHIS2)



Service Providers	2079/80	Service Providers	No
Karnali Academy of Health Sciences (KAHS)	1	Birthing Center (Excluding BEONC/CEONC)	364
Secondary Hospital A (Mehalkuna)	1	CEONC	11
Secondary Hospital B (Province Hospital)	1	PHC/ORC	816
Province Ayueved Hospital	1	OTC	148
Public Health Service Office	2	Immunization Clinics	1446
Health Service Office		FCHV	4272
District Hospital (Province)	8	Safe Abortion Site	54
Primary Hospital (Local Level)	23	Microscopic Center	32
Community Hospital	3	Dots Center	419
Private Hospital	10	DR Treatment Center	2
PHCC	13	DR Treatment Sub center	16
Health Post	330	GeneXpert Lab	9
Community Health Unit	149	ART Center	7
Vaccine Store (Province, District)	11	Ayurved Dispensary	18
Urban Health Clinic	38	Ayurveda Health Center	9
BHCC	309	Nagarik Arogya Kendra	39
BEONC	13	Private Health Facilities	29

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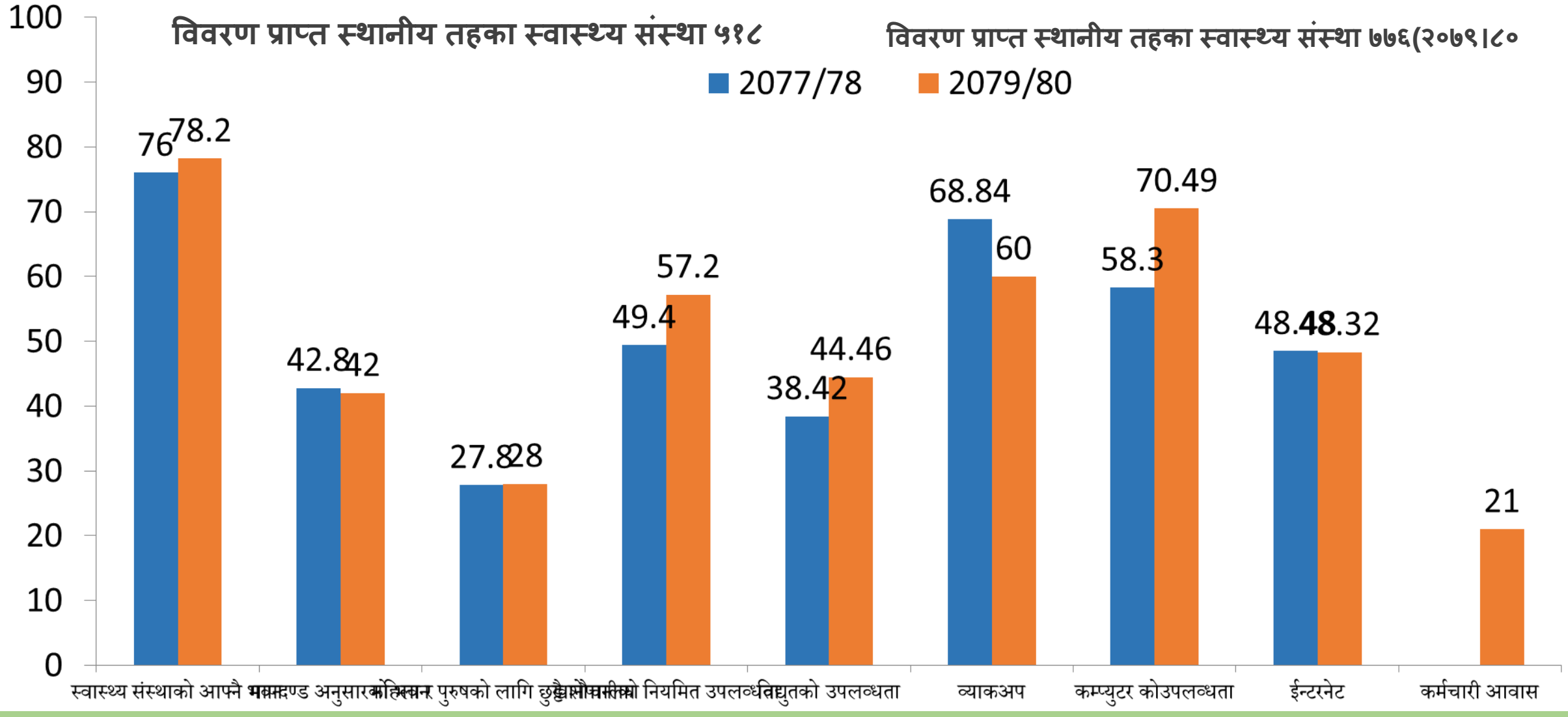
स्थानीय तहमा भौतिक पूर्वाधारको अवस्था



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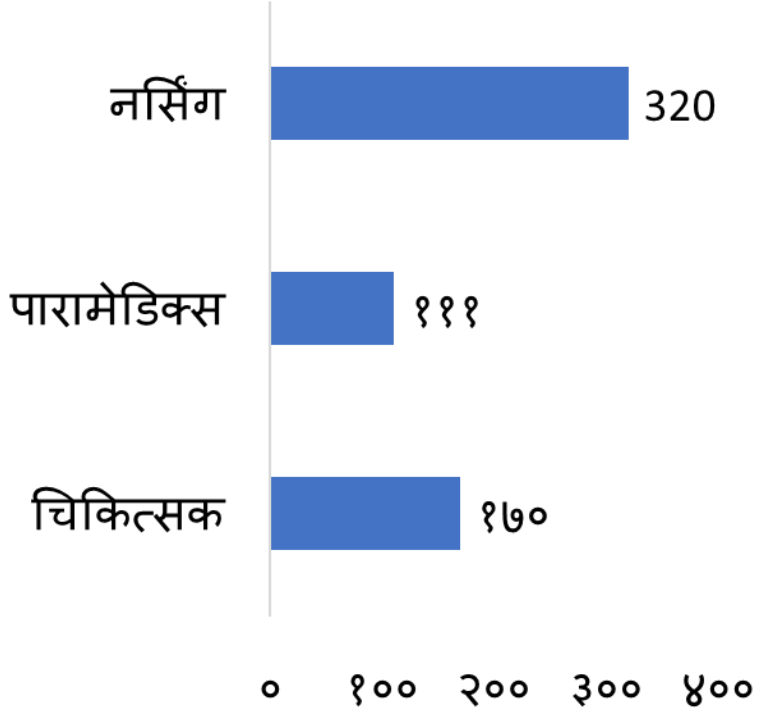
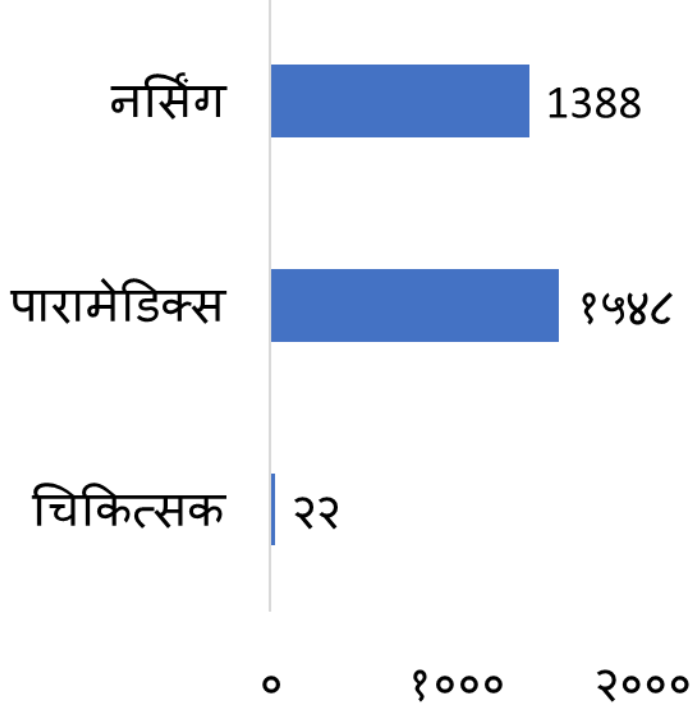
जनशक्ति विवरण

प्रदेश स्तरमा कार्यरत



स्थानिय स्तरमा कार्यरत



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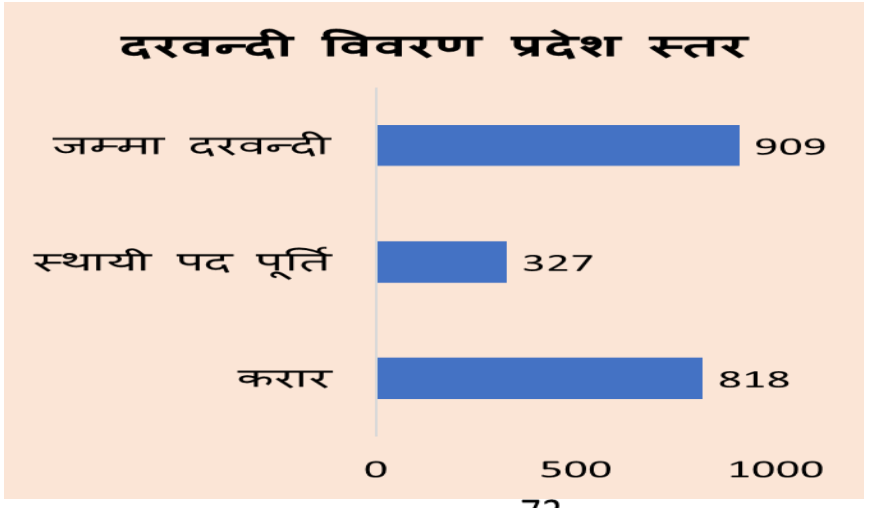
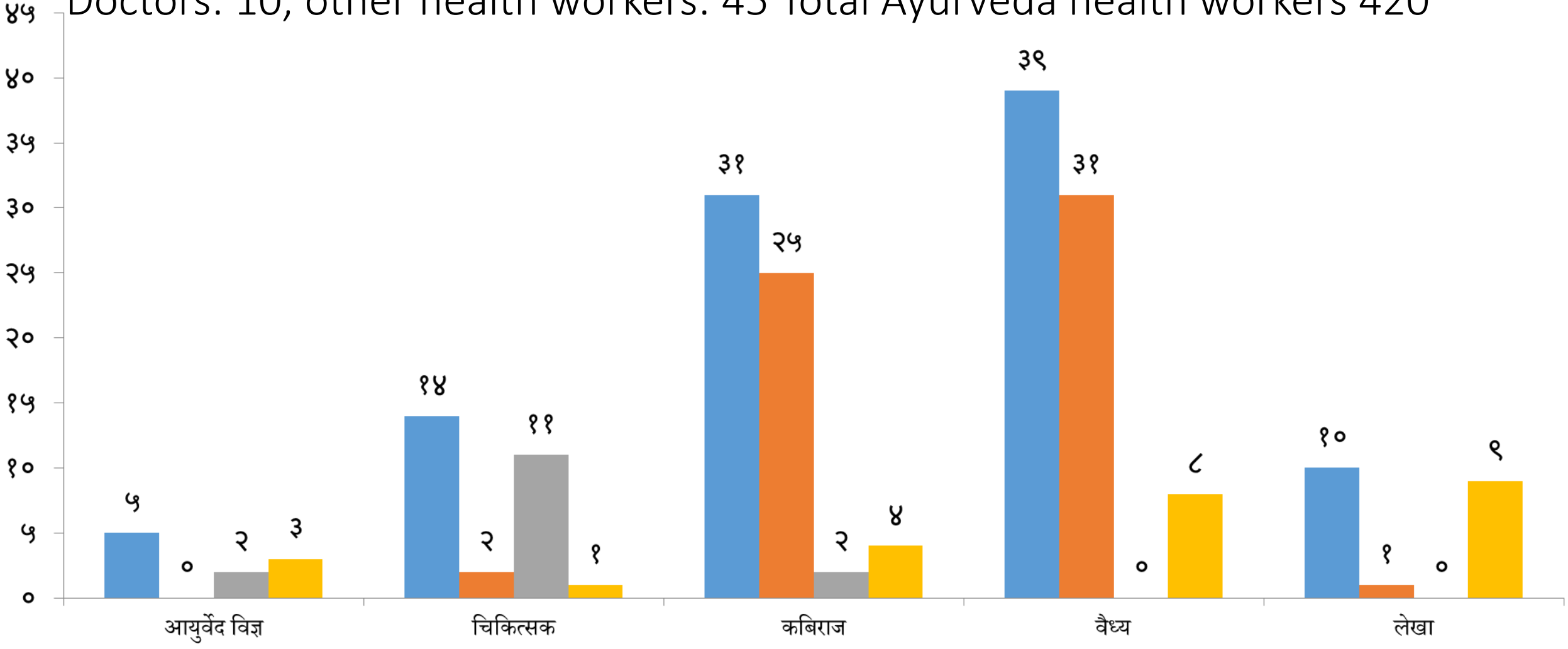
जनशक्ति विवरण


दरवन्दी विवरण प्रदेश स्तर
जम्मा दरवन्दी
909
स्थायी पद पूर्ति
327
करार
818
0
500
1000

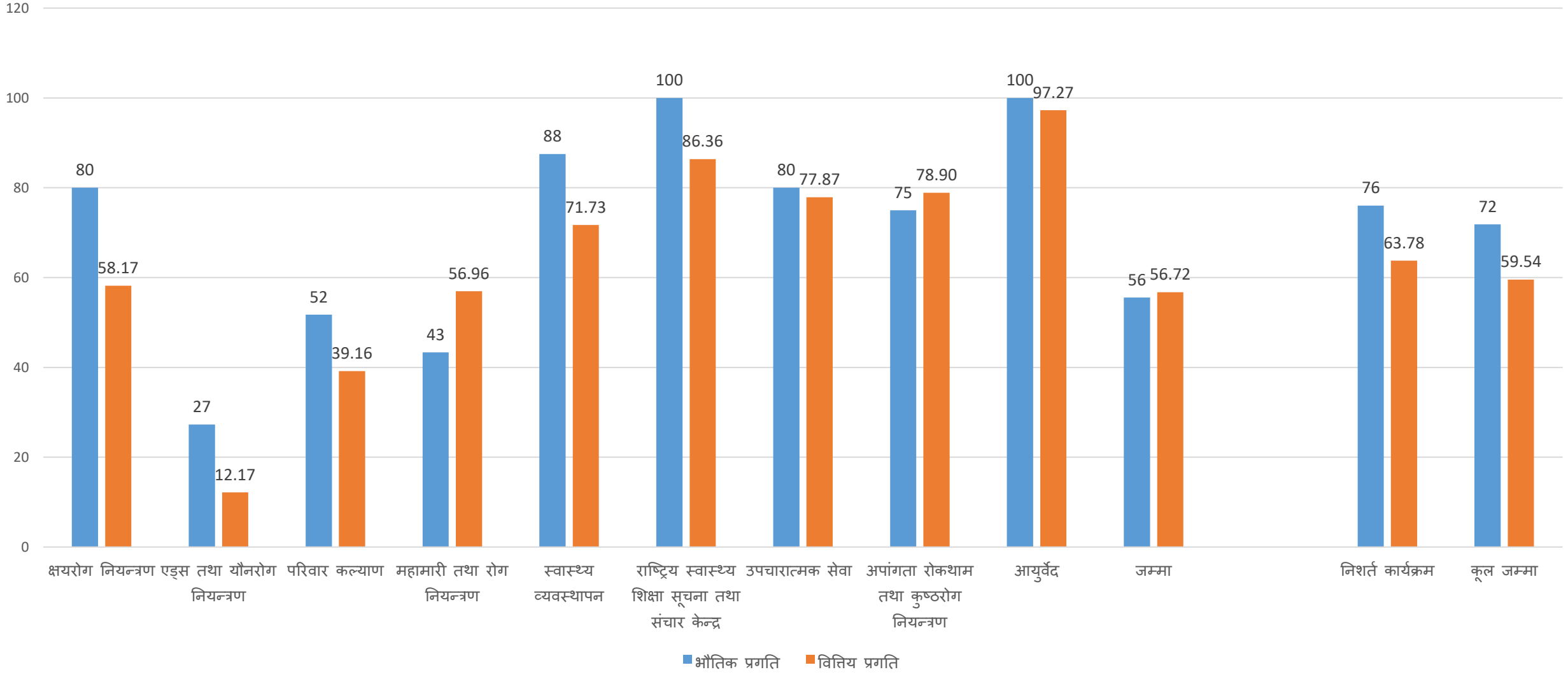
350
300
250
200
150
100
50
0
30 17 5
325 82 317
19 6 7
21 0 17
53 22 49
44 21 45
44 17 26
44 13 38
13 10 2
44 23 62
44 9 20
44 19 73
44 21 52
44 21 32
15 15 13
स्वा से नि,सुर्खेत
प्रदेश अस्पताल, सुर्खेत
प्रदेश आपूर्ति व्यवस्थापन केन्द्र
सरुवा रोग अस्पताल कालिकोट
महलकुना अस्पताल, सुर्खेत
स्वा से का, हुकुम पश्चिम
स्वा से का, सल्यान
स्वा से का, डोल्पा
जन स्वा से का, जुम्ला
स्वा से का मुगु
स्वा से का, हुम्ला
स्वा से का, कालिकोट
स्वा से का, जाजरकोट
स्वा से का, दैलेख
जन स्वा से का, सुर्खेत
दरबन्दी
पूर्ति
करार

आयुर्वेद सेवा तर्फ कर्मचारी विवरण:

Doctors: 10, other health workers: 45 Total Ayurveda health workers 420



स्वास्थ्य सेवा निर्देशनालयको भौतिक तथा वित्तीय प्रगति २०७९।८०



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बेरुजु विवरण

प्रदेश स्वास्थ्य निर्देशनालय स्थापना भए देखि हाल सम्म बेरुजु नभएको

दिगो विकास लक्ष्य ३: स्वस्थ र समृद्ध जीवन

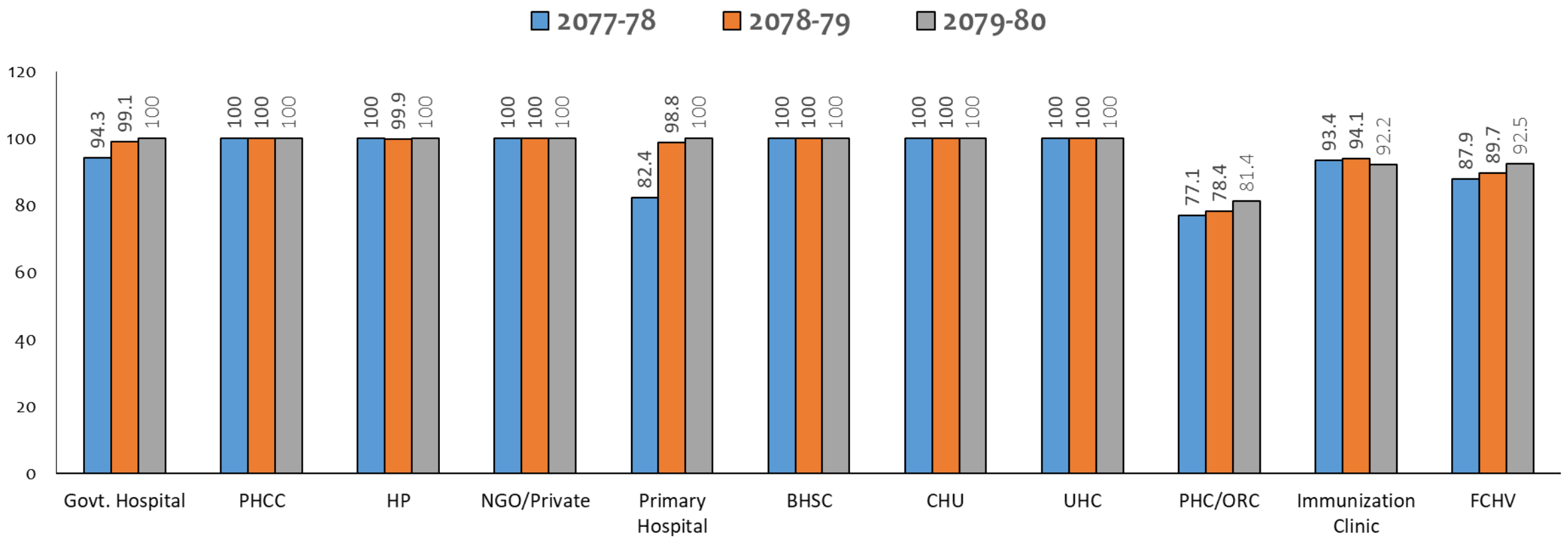
दिगो विकास लक्ष्यहरुका सूचकहरु	हालको अवस्था(NDHS)		कर्णाली पञ्च वर्षिय लक्ष्य २०८०।८१	२०२२ को लक्ष्य	२०३० को लक्ष्य
	नेपाल	कर्णाली			
३.१.२ मातृ मृत्यु दर	१५१	१७२	८०	११६	७०
३.१.२ दक्ष स्वास्थ्यकर्मीद्वारा गराइएको प्रसुती (प्रतिशत)	८०	७२	८०	७३	९०
३.२.१ ५ वर्ष मुनिको बालबालिकाको-मृत्यु दर (प्रति हजार जीवित जन्म)	३३	४६	३५	२७	२०
३.२.२ नवजात शिशु मृत्यु दर (प्रति हजार जीवित जन्म)	२१	२६	१८	१६	१२
३.६.१ सडक दुर्घटनाका कारण मृत्यु हुने दर (प्रति १ लाख जनसङ्ख्या)	१४	*७.५९		९	५
३.७.१ आधुनिक साधन वा विधिको प्रयोग गरेर परिवार नियोजनको आवश्यकता परिपुर्ति भएका प्रजनन उमेर (१५–४९ वर्ष) का महिलाहरुको प्रतिशत	५५	४३		७४	८०
३.७.१ क. परिवार नियोजनको साधनको प्रयोग दर (आधुनिक साधन – प्रतिशत)	४३	४६		५३	६०
३.७.१ ख. कुल प्रजनन दर	२.१	२.६		२.१	२.१
३.७.२ किशोरी प्रजनन दर (प्रति हजार किशोरी)	७१			५१	३०
३.क.१ १५ वर्ष र सो भन्दा बढि उमेरका व्यक्तिहरुमा हाल सुर्तीजन्य पदार्थको उमेर मानकिकृत (Age-standardized) प्रयोग दर (प्रतिशत)	२९			२४	१५
३.ख.१ सबै आधारभूत खोपहरू पाएका लक्षित जनसंख्याको अनुपात	८०	८४		९५	९५

SDG 2: शून्य भूखमरी र SDG 6: स्वच्छ पानी तथा सरसफाई

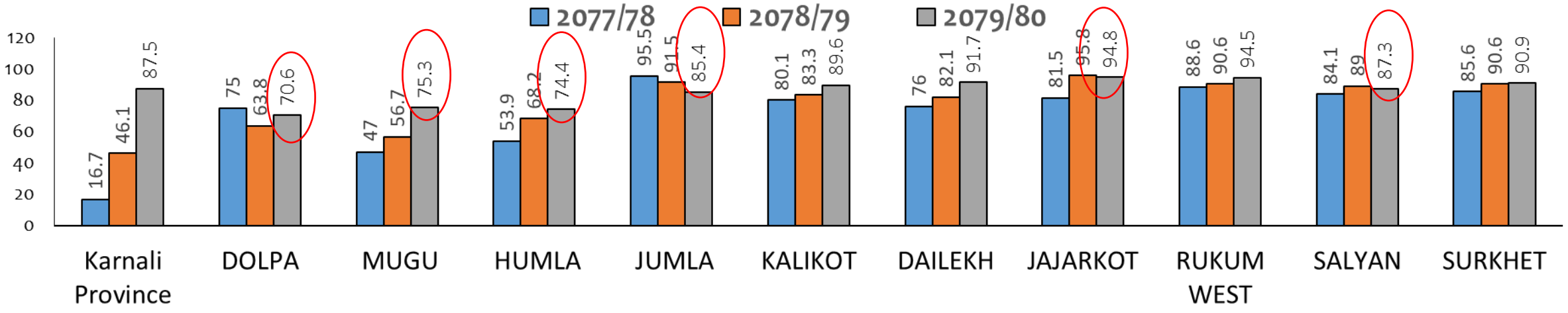
दिगो विकास लक्ष्यका सूचकहरू	शहर	ग्रामिण	जम्मा	कर्णाली	कर्णाली पञ्च वर्षिय लक्ष्य २०८०।८१	२०२२ को लक्ष्य	२०३० को लक्ष्य
२. शून्य भूखमरी							
२.१.२ खाध्य असुरक्षा अनुभब स्केल (FIES) को आधारमा मध्यम वा गम्भिर खाध्य असुरक्षा (प्रतिशत)	१०.६	१६.२	१२.५			१२.१	३.०
	पुरूष	**महिला**	**जम्मा**				
२.२.१ पाँच वर्षमुनिका बालबालिकामा पुड्कोपन (प्रतिशत)	२४.७	२५.०	२४.८	३६		२८.६	१५.०
२.२.२ क. पाँच वर्षमुनिका बालबालिकामा ख्याउटेपन (प्रतिशत)	८.५	६.९	७.७	४		७.०	४.०
२.२.२ ख. पाँच वर्षमुनिका बालबालिकामा मोटोपन (प्रतिशत)	१.६	०.९	१.३	३		< १	< १
२.२.२ ख. पाँच वर्षमुनिका बालबालिकामा कमतौल (प्रतिशत)			१९	१८	२०	१८	९
२.२.३ क. प्रजनन उमेर समूहका गर्भवती महिलामा रक्तअल्पता (प्रतिशत)		३४.०	३४.०	२१		२४.०	१०.०
२.२.३ ख. प्रजनन उमेर समूहका गर्भवती नभएका महिलामा रक्तअल्पता (%)		३२.७	३२.७			२४.०	१०.०
६. स्वच्छ पानी तथा सरसफाई	**शहर**	**ग्रामिण**	**जम्मा**				
६.१.१ क. आधारभूत खानेपानी पाएका जनसंख्या (प्रतिशत)	९८.३	९५.९	९७.५	९५		९२.६	९९.०

Reporting Status

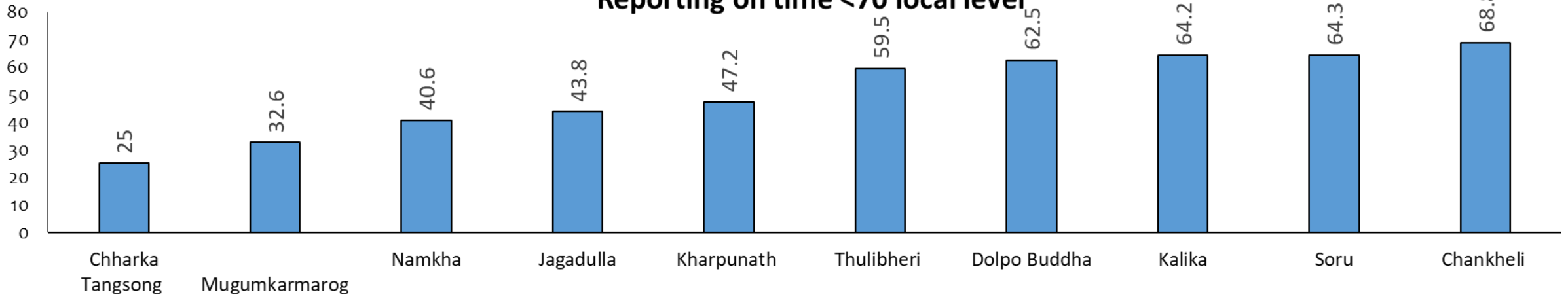
HMIS Reporting Status



HMIS Reporting Status on Time



Reporting on time <70 local level



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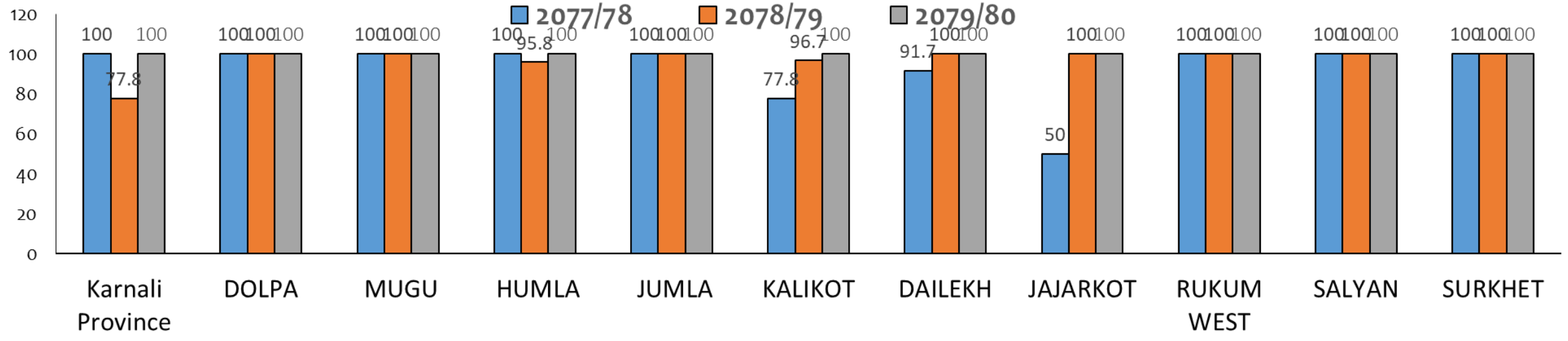
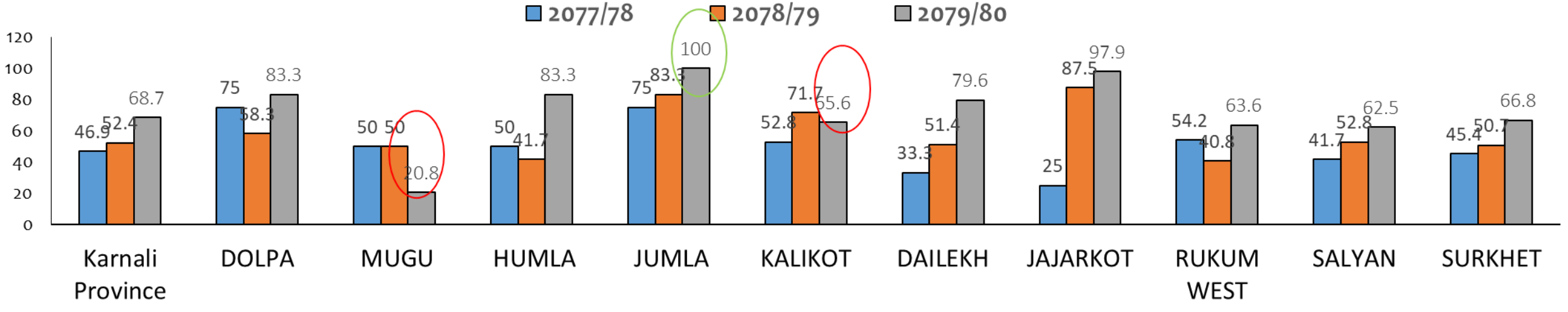
HMIS Reporting Status (Hospital summary)



HMIS Reporting Status on Time (Hospital summary)



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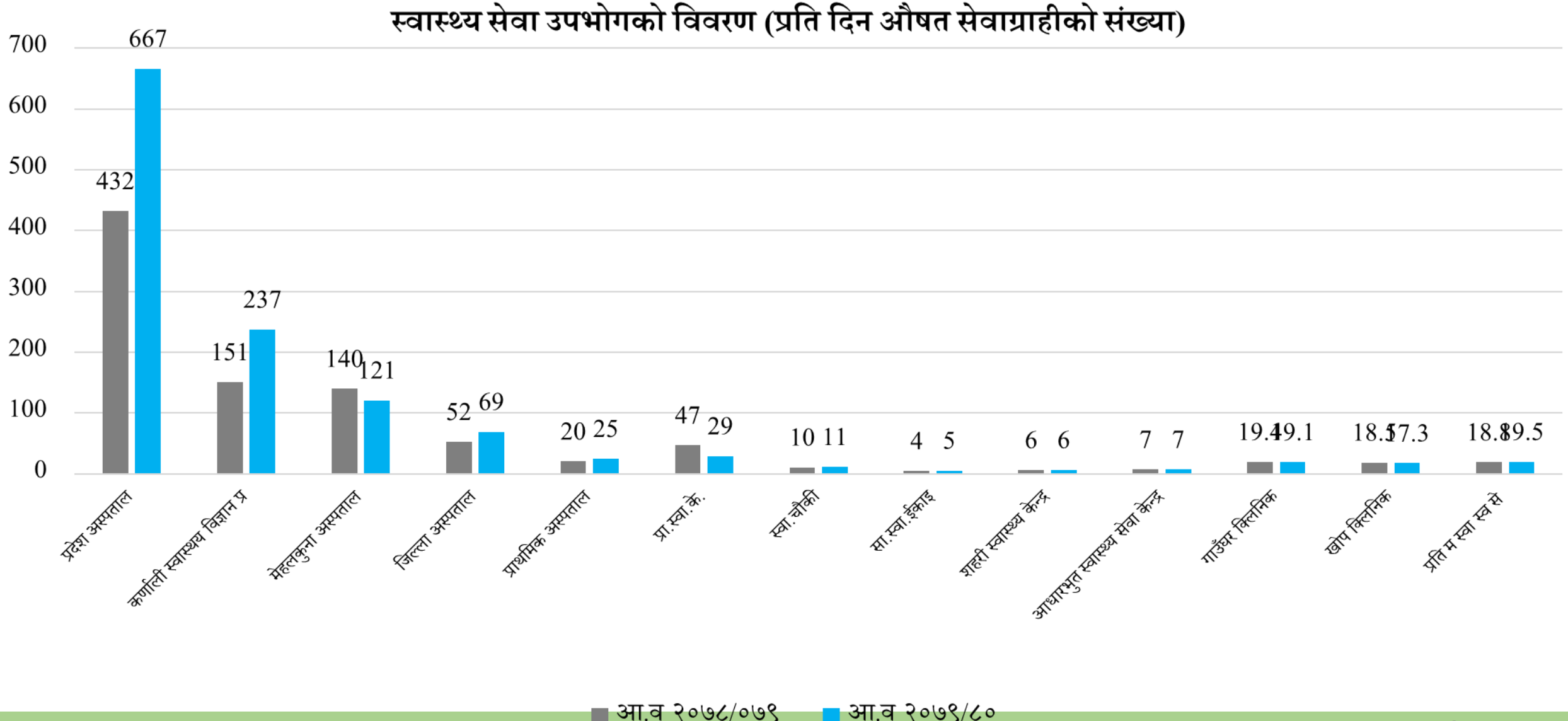
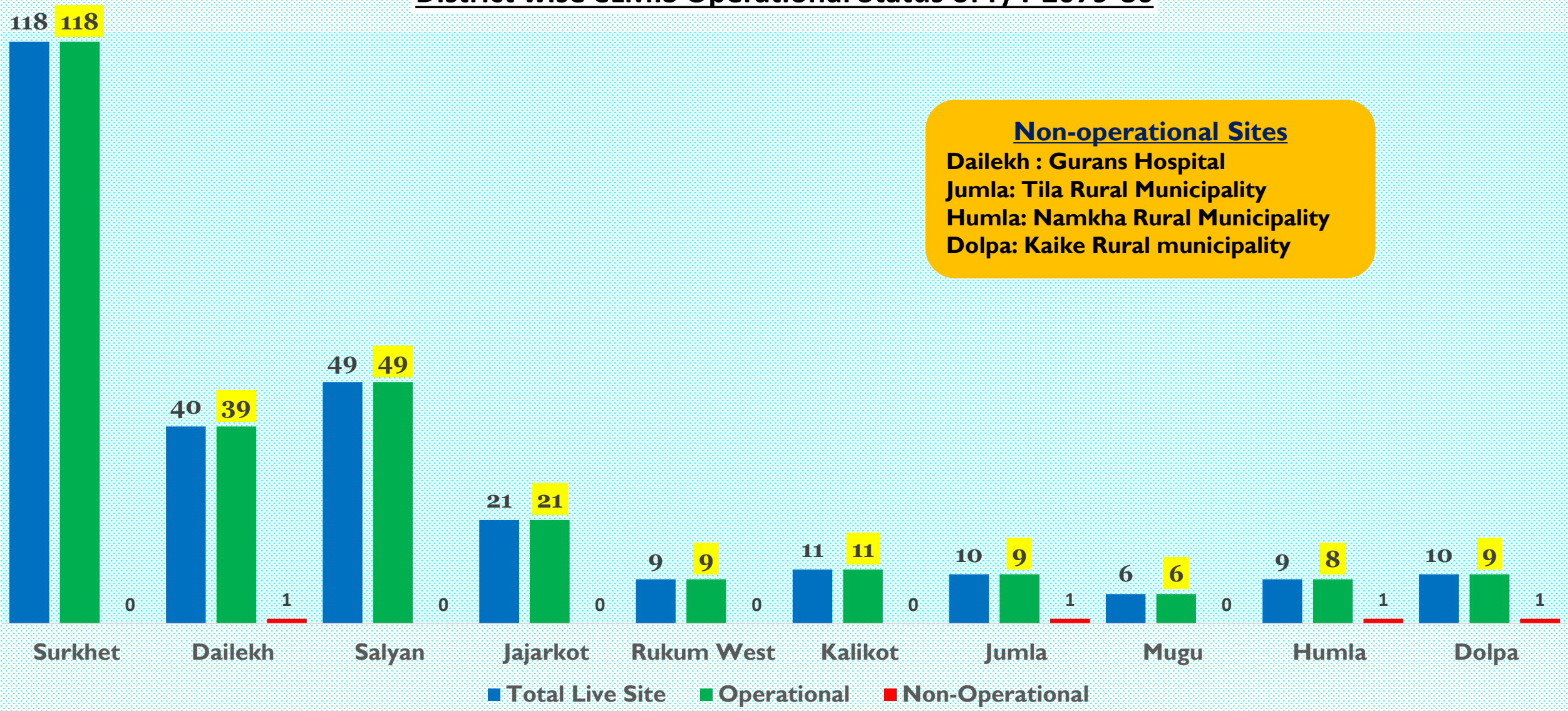
स्वास्थ्य संस्था अनुसारको स्वास्थ्य सेवा उपभोगको विवरण



eLMIS Operational Status

District wise eLMIS Operational Status of F/Y 2079-80



Non-operational Sites

Dailekh : Gurans Hospital
Jumla: Tila Rural Municipality
Humla: Namkha Rural Municipality
Dolpa: Kaike Rural municipality

Major Health Indicators and Performance of Karnali Province

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NATIONAL IMMUNIZATION PROGRAM

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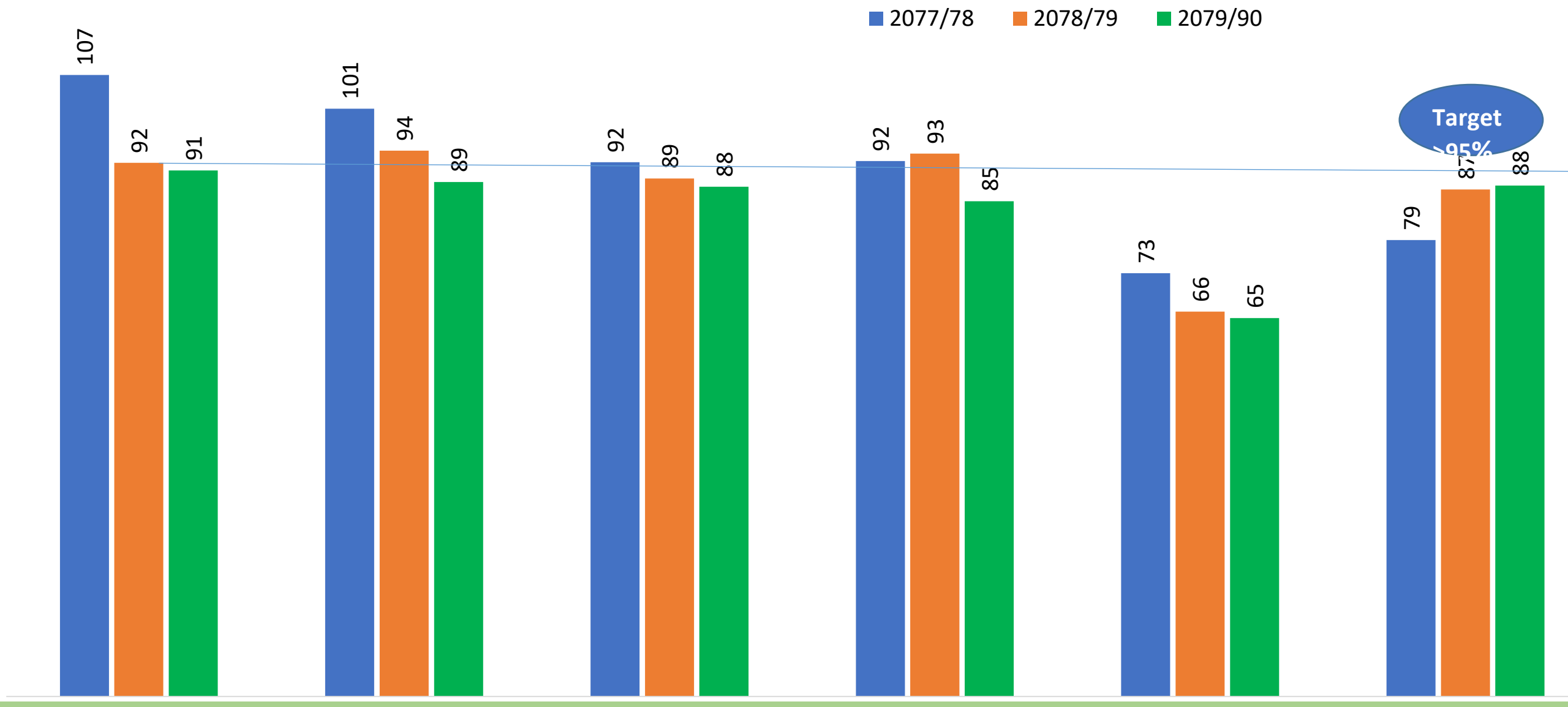
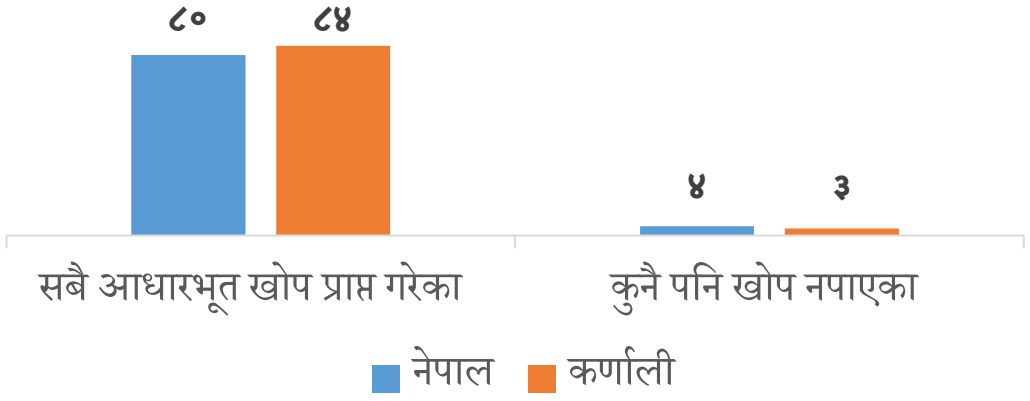
Immunization Status

INDICATOR	2077/78	2078 /79	2070 /780	±
BCG	39495	33905	33363	-
DPT-HepB-Hib-1st	38413	34927	33902	-
DPT-HepB-Hib-3rd	37357	34693	32589	-
Rota-2nd	29023	32226	32370	+
FIPV-2nd	35252	33624	23604	-
Rubella-9-11 Months	35088	35049	31651	-
JE	34613	34900	31806	-
Measles/Rubella-12-23 Months	33314	32632	32160	-
TD(Pregnant Women)-2&2+	32682	30617	20751	-

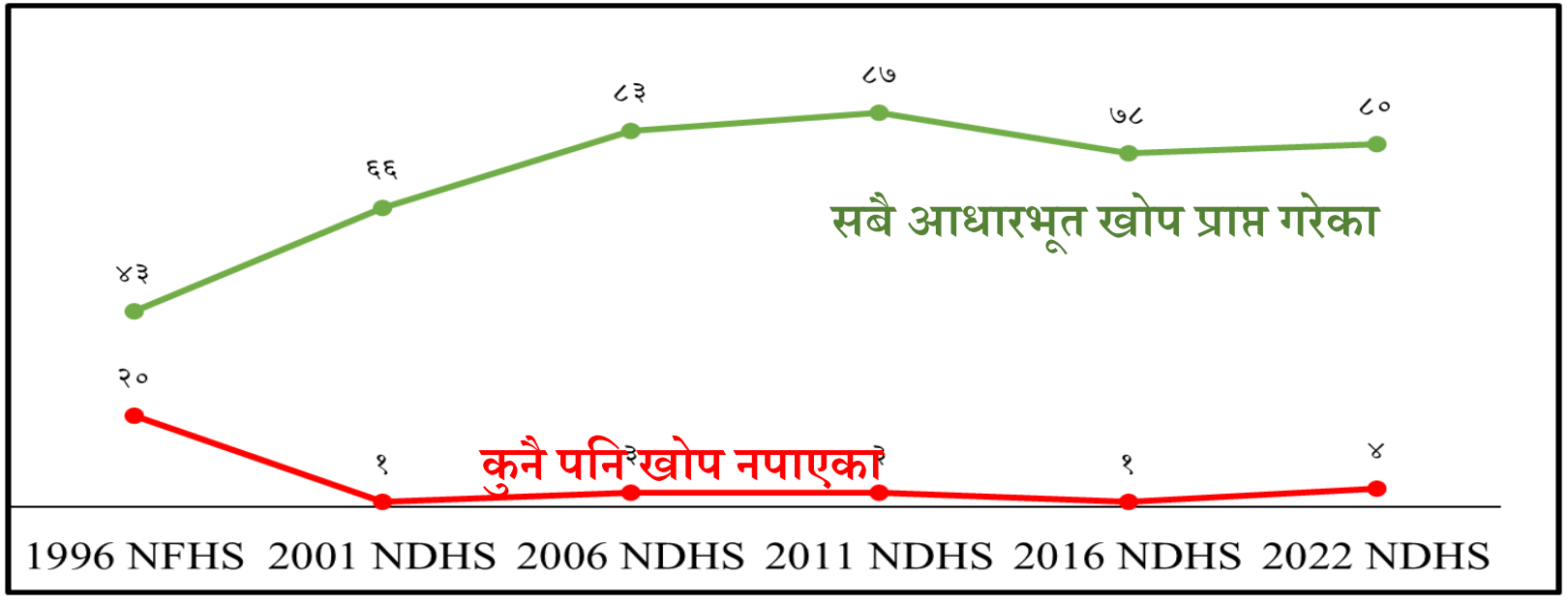
Immunization Coverage in %



बाल खोपको प्रवृति

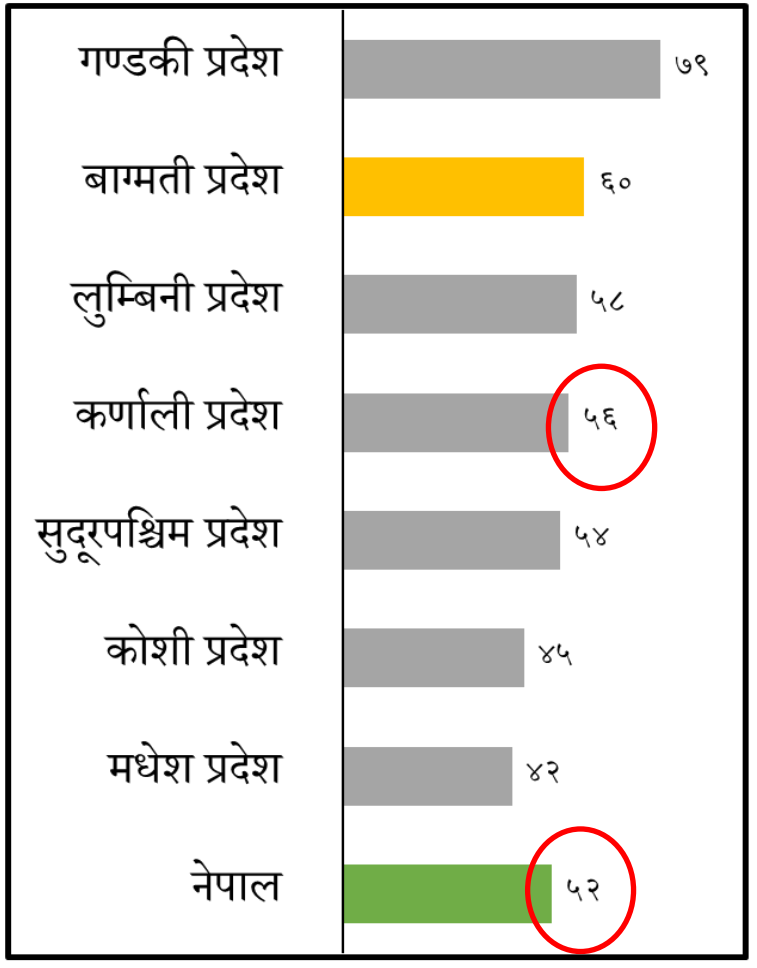


१२-२३ महिना उमेरका बालबालिकाहरुको प्रतिशत (नेपाल):



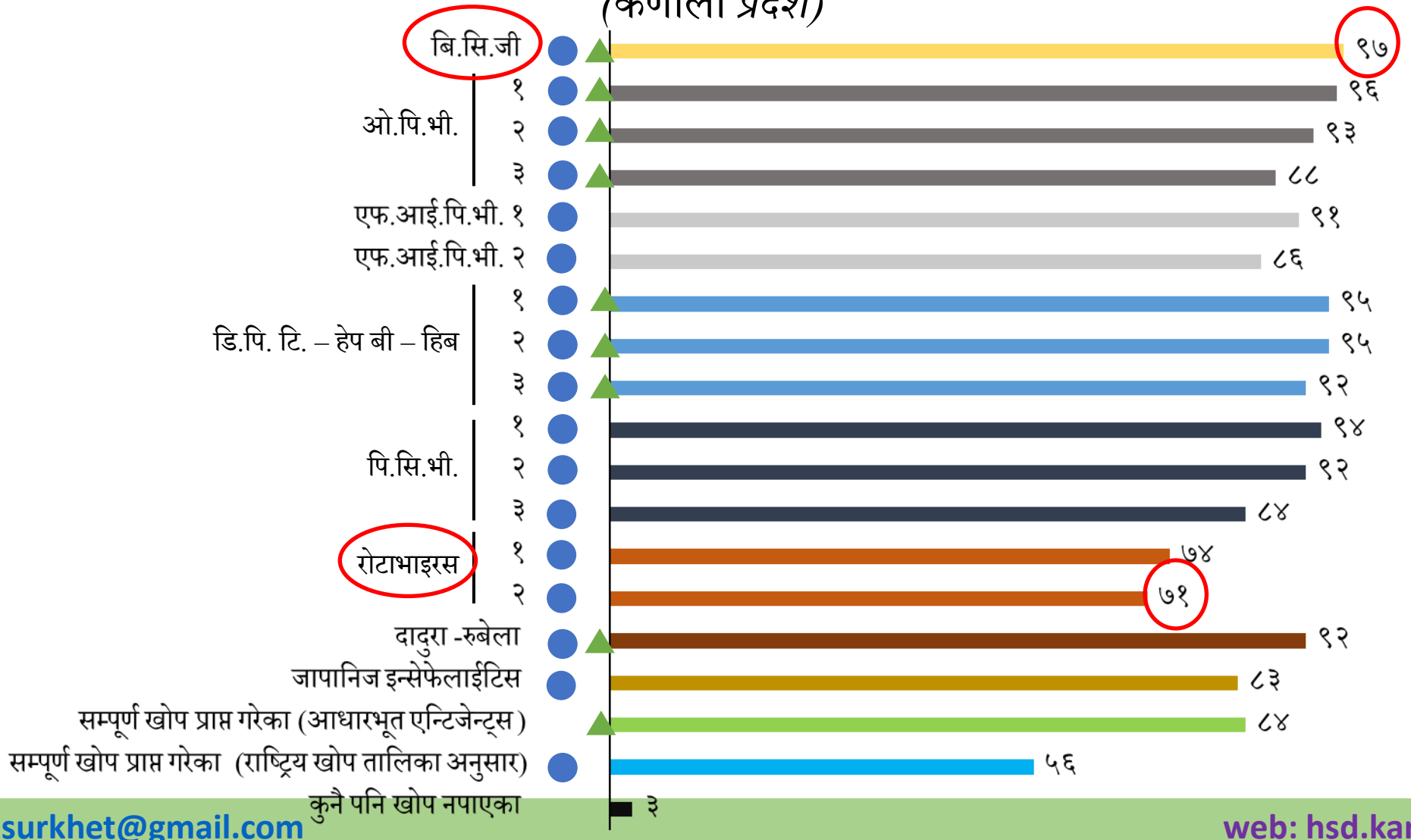
प्रदेश अनुसार खोप कभरेज

सर्वेक्षण भन्दा अघि कुनै पनि समयमा राष्ट्रिय खोप तालिका अनुसार पूर्ण रुपमा खोप लिएका १२-२३ महिनाको बालबालकाहरुको प्रतिशत

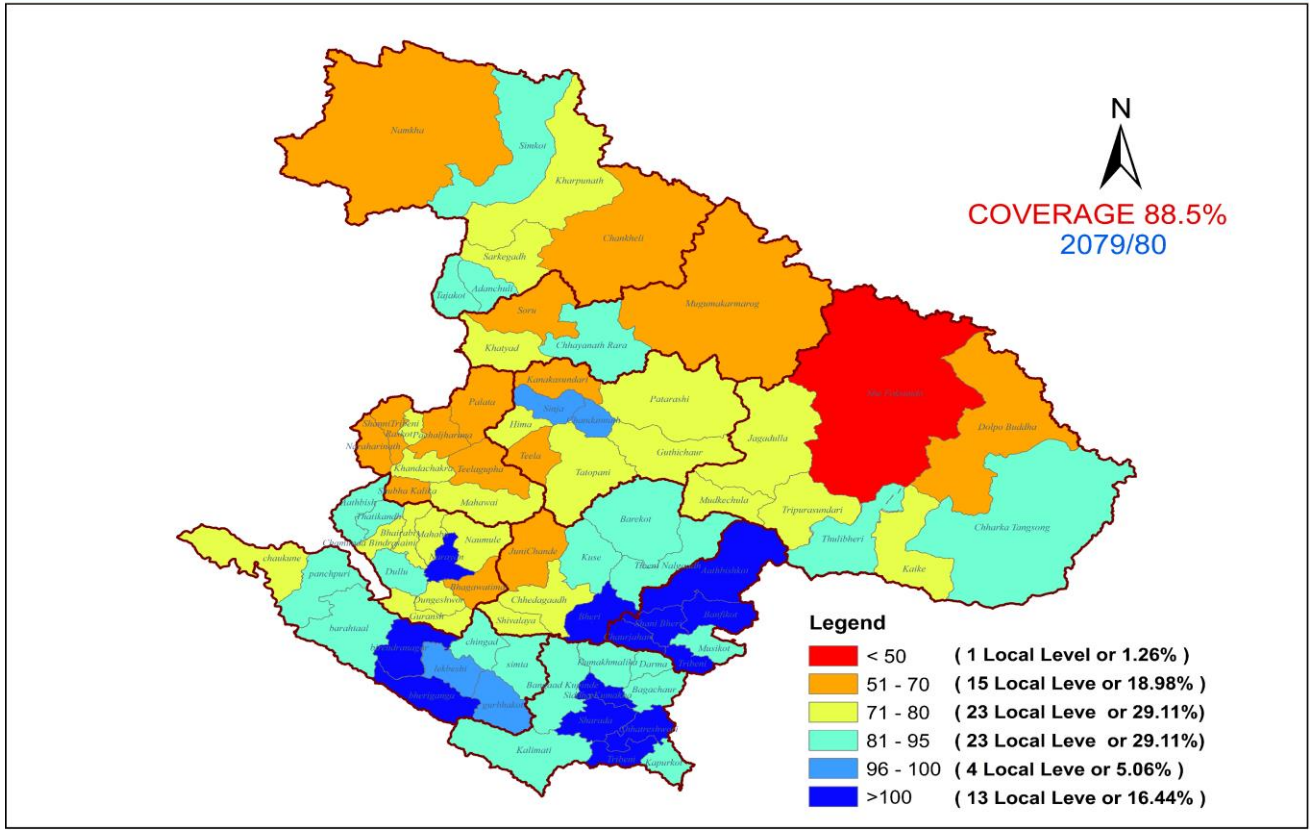


बाल खोप

सर्वेक्षण अघि कुनै पनि समयमा बिभिन्न खोपहरू प्राप्त गर्ने १२-२३ महिनाका बालबालिकाहरूको प्रतिशत (कर्णाली प्रदेश)



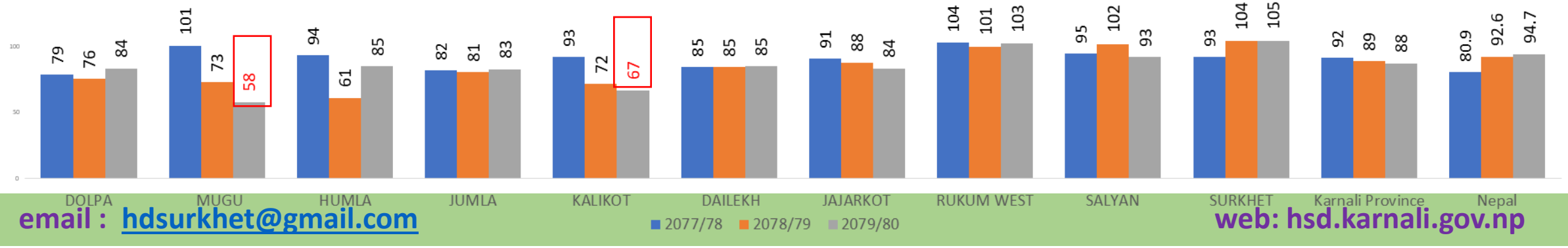
% of children under one year immunized with DPT-HepB-Hib3



14

local level (18%) coverage is below 70

Shey Phoksundo	37.5
Soru	53.9
Mugumkarmarog	56.2
Kanakasundari	59.9
Chankheli	61.7
Dolpo Buddha	62.2
Namkha	62.5
Kalika	63.5
Tilagupha	64.4
Palata	65.7
Pachal Jharana	67.7
Naraharinath	68.4
Junichande	68.5
Sanni Triveni	68.8



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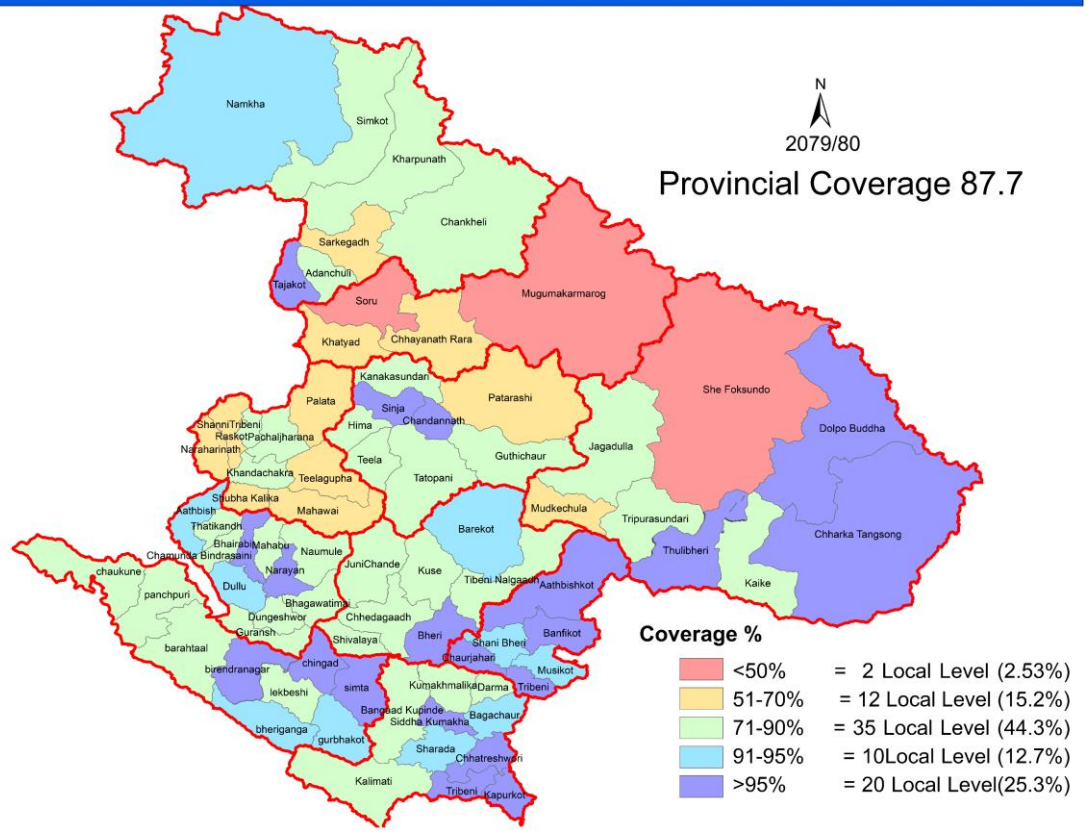
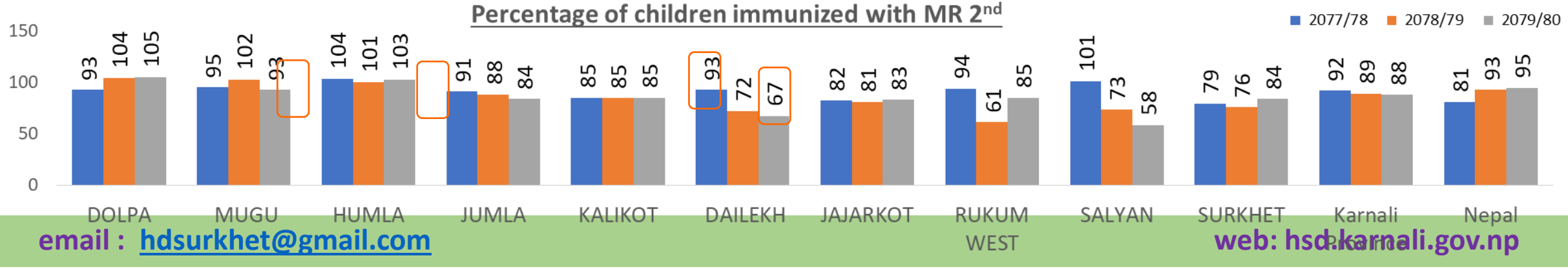
MEASLES / RUBELLA-2 COVERAGE: LOCAL LEVELS

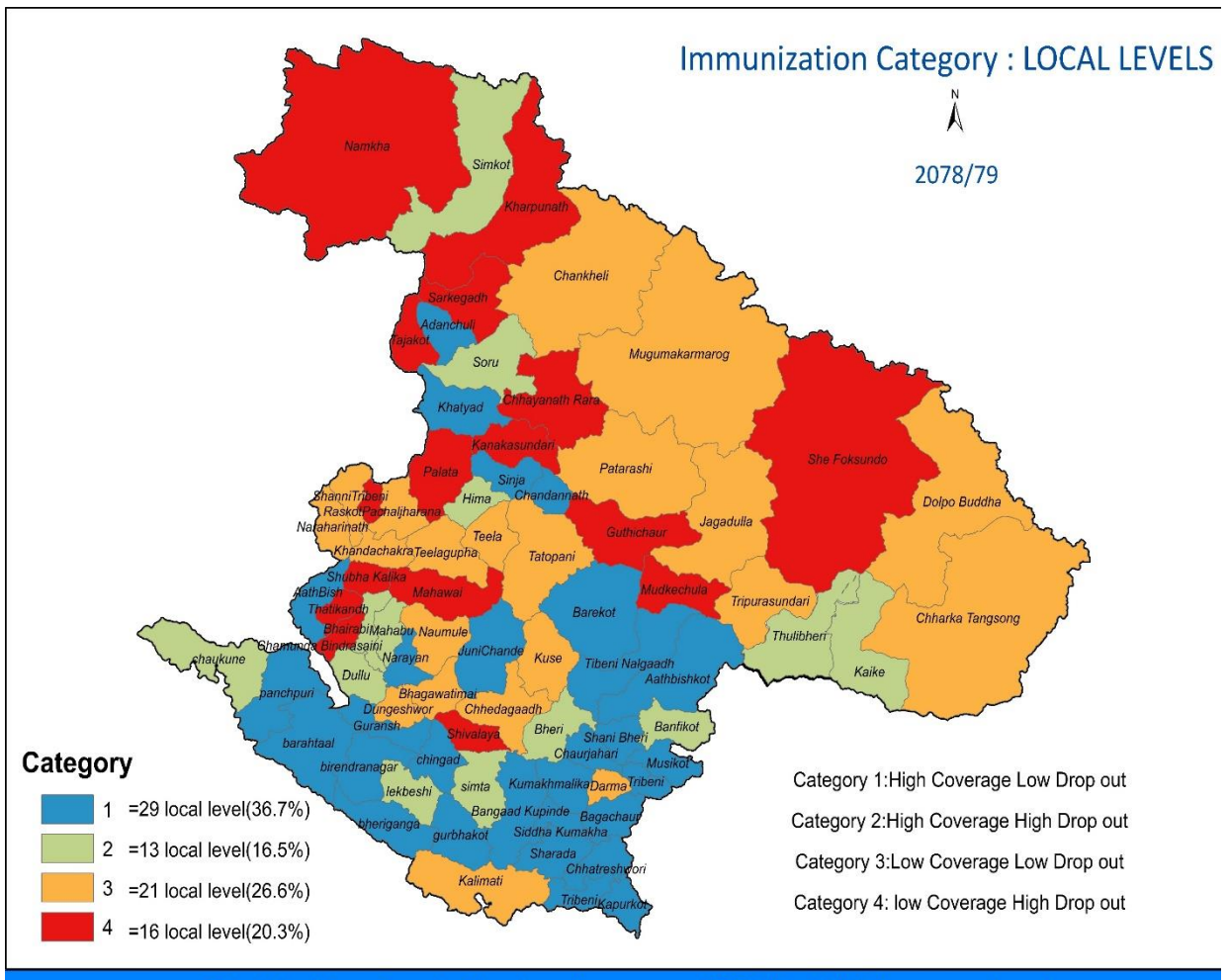


12

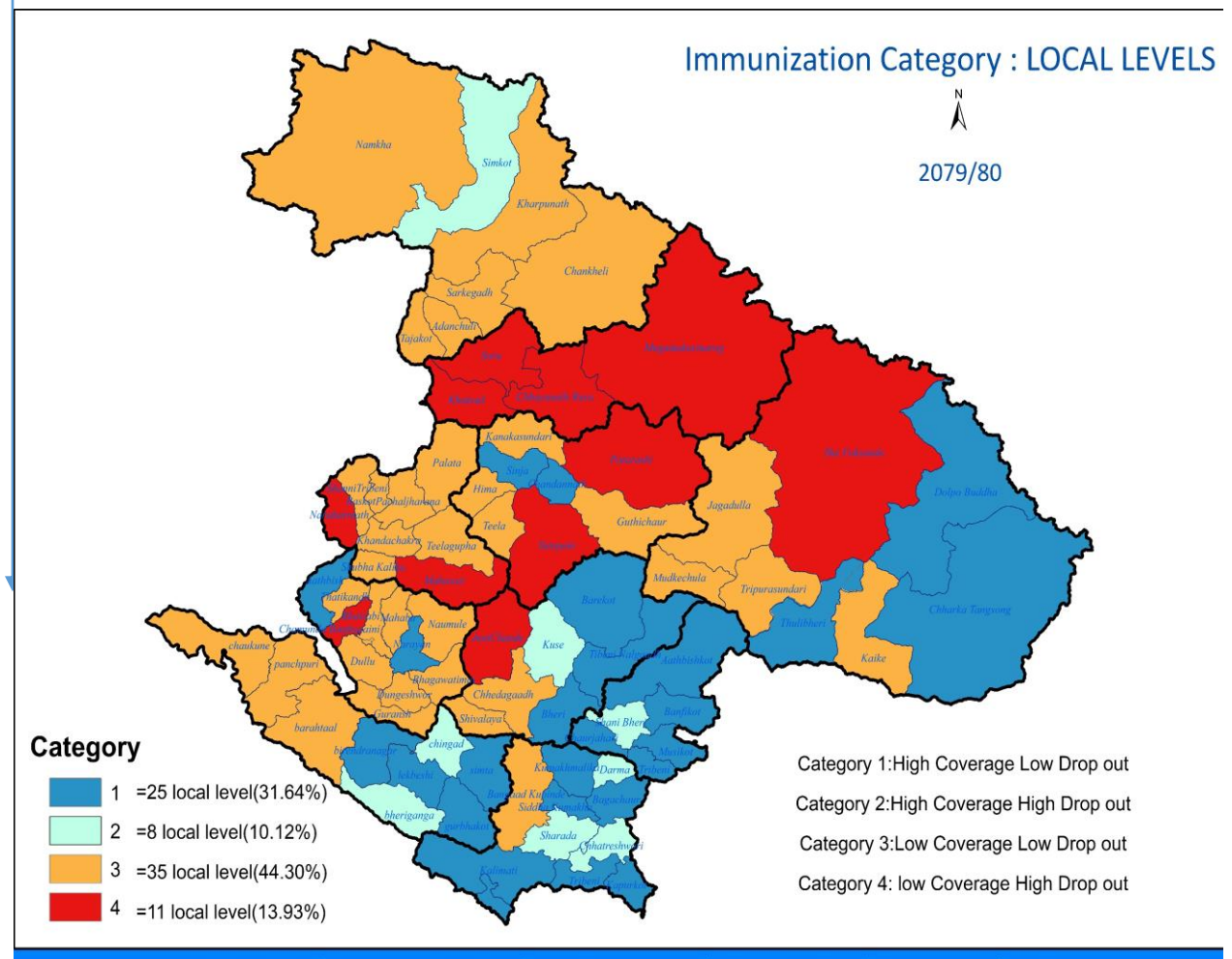
local level (15%) coverage is < 70 %

Shey Phoksundo	33.9
Mugumkarmarog	44.9
Soru	49.7
Khatyad	55.6
Naraharinath	58.1
Kalika	61
Mahawai	64.8
Tilagupha	65.9
Palata	66.2
Sanni Tribeni	66.2
Patarasi	67.5
Chhayanath Rara	69.2





Municipality categorization based on access(DPT-HepB-Hib1 coverage) and utilization(DPT-Hep=Hib1vs.Measles/Rubella2 dropout)



Municipality categorization based on access(DPT-HepB-Hib1 coverage) and utilization(DPT-Hep=Hib1vs.Measles/Rubella2 dropout)

1	29 Local Level	2	13 Local Level
3	21 Local Level	4	17 Local Level

1	24 Local Level	2	9 Local Level
3	34 Local Level	4	12 Local Level

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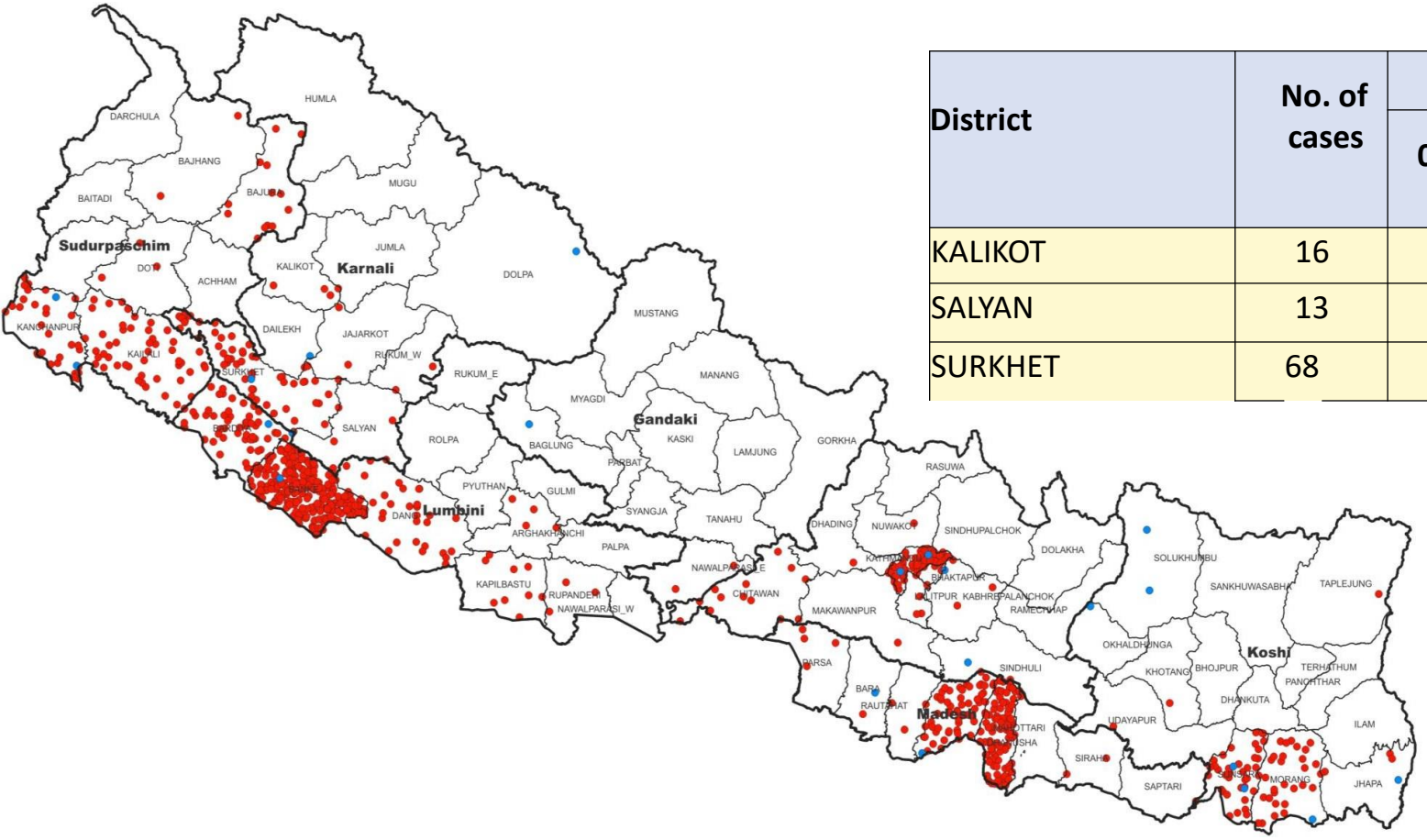
Measles and Rubella Cases*, Nepal, 2023

(Including cases from outbreak and non-outbreak reporting)



District	No. of cases	Vaccination status				Sex	
		0 dose	1 dose	>= 2 doses	Unknown	Male	Female
KALIKOT	16	7	3	5	1	14	2
SALYAN	13	5	4	4		9	4
SURKHET	68	25	21	12	10	32	36

● Confirmed-Measles Cases

● Confirmed-Rubella Cases

Data as of 27 July 2023
Source: WHO-IPD, Nepal

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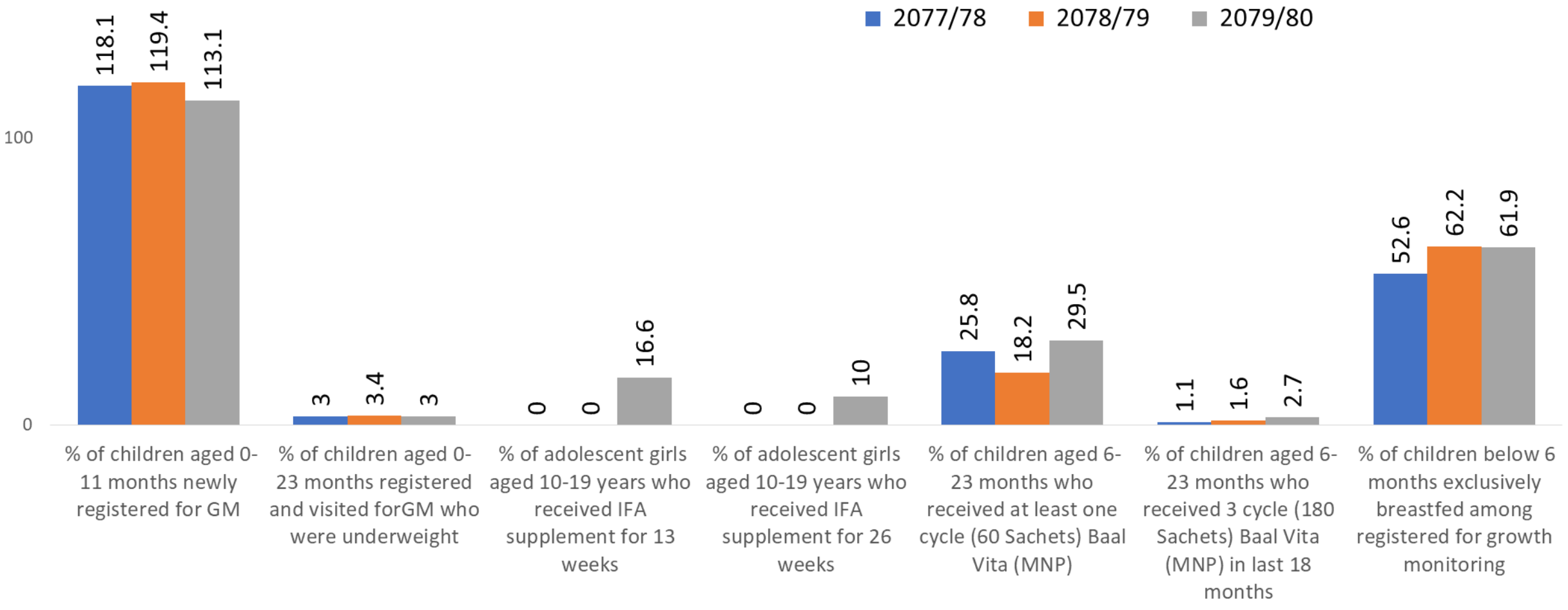
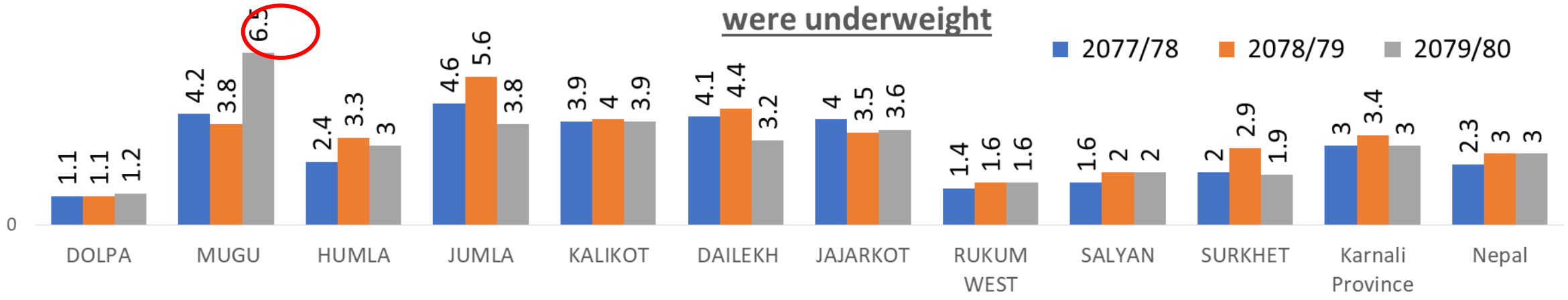
NUTRITION PROGRAM

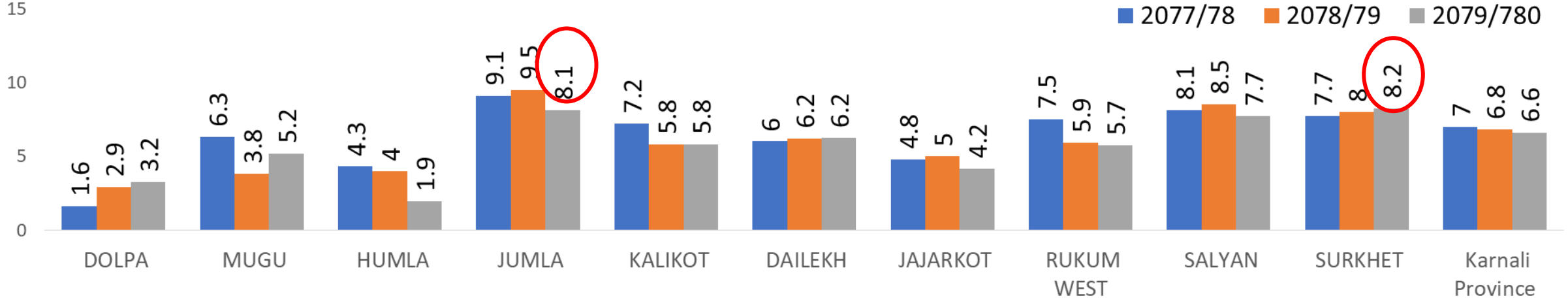
NUTRITION PROGRAM INDICATOR



% of children aged 0-23 months registered and visited for growth monitoring who were underweight



% of children who were Underweight/ low birth weight



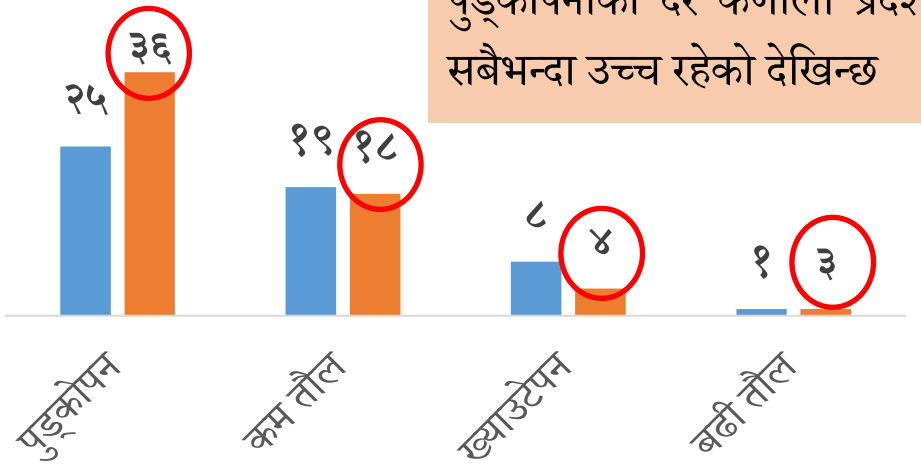
बाल कुपोषणको प्रवृत्ति NDHS2022

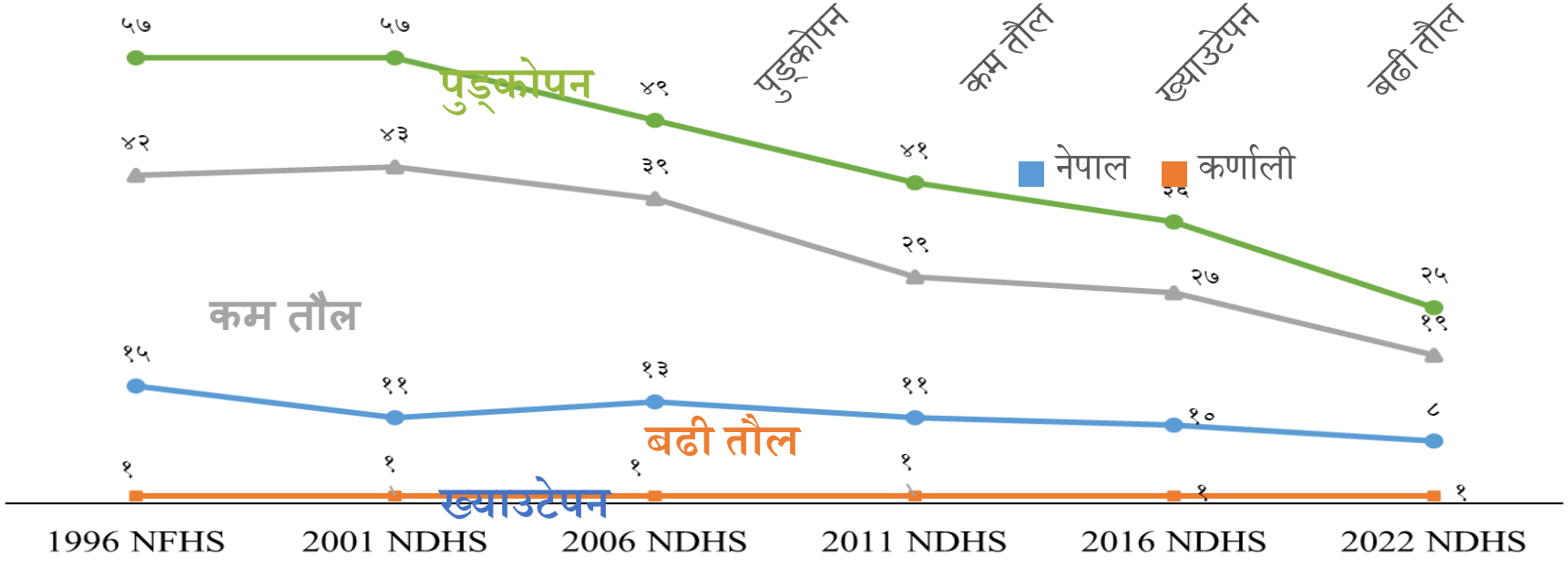
SUSTAINABLE DEVELOPMENT GOALS Indicator 2.2.1

प्रदेश अनुसार पुड्कोपन

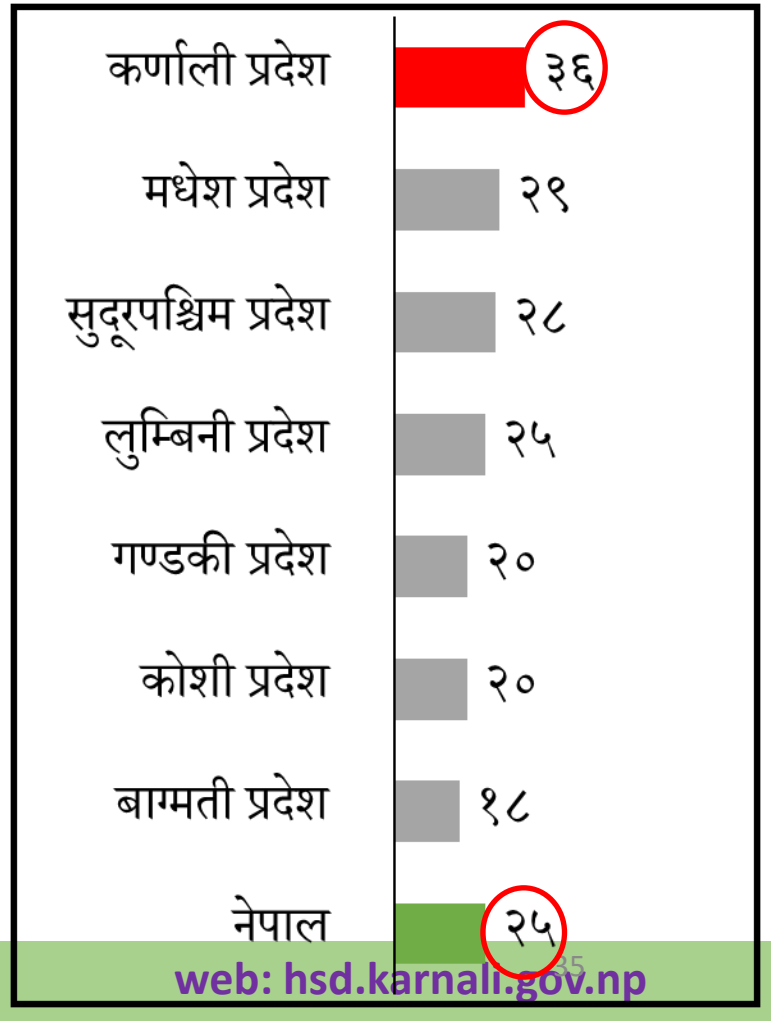
पुड्कोपनाको दर कर्णाली प्रदेशमा सबैभन्दा उच्च रहेको देखिन्छ

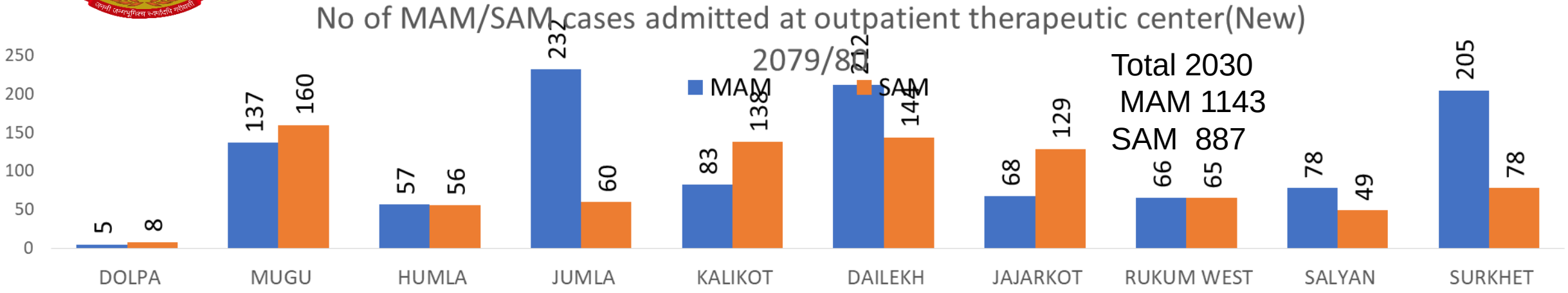
५ वर्ष मुनिका कुपोषित बालबालिकाहरुको प्रतिशत

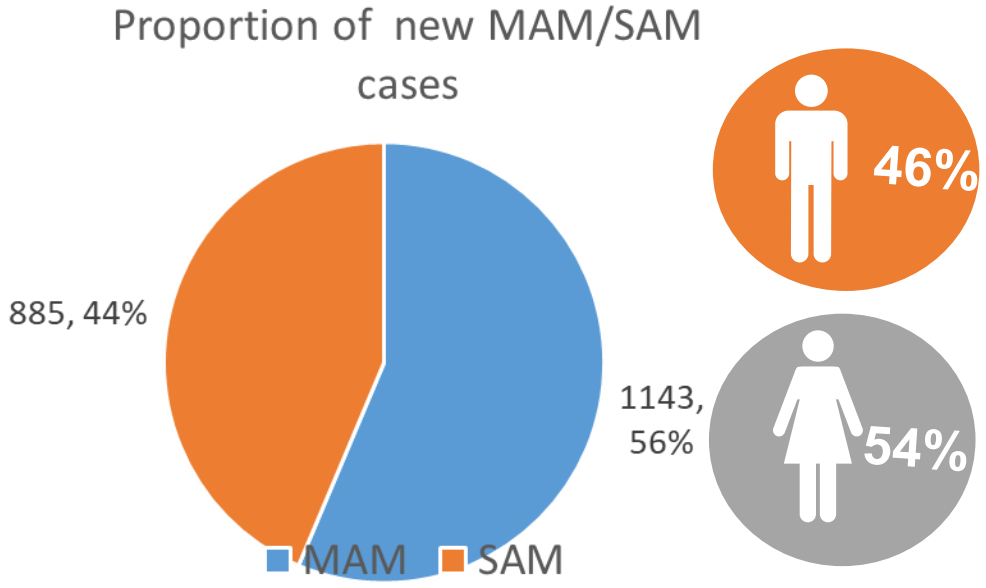


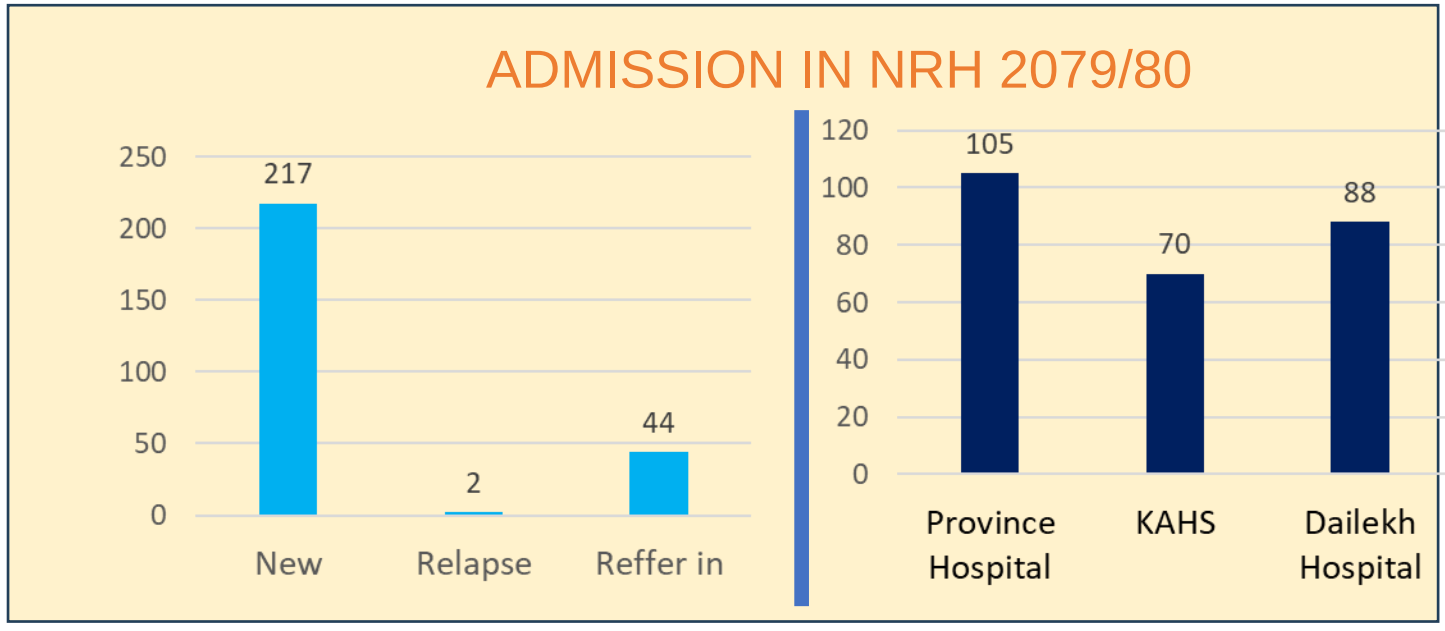


५ वर्ष मुनिका पुड्का बालबालिकाहरुको प्रतिशत









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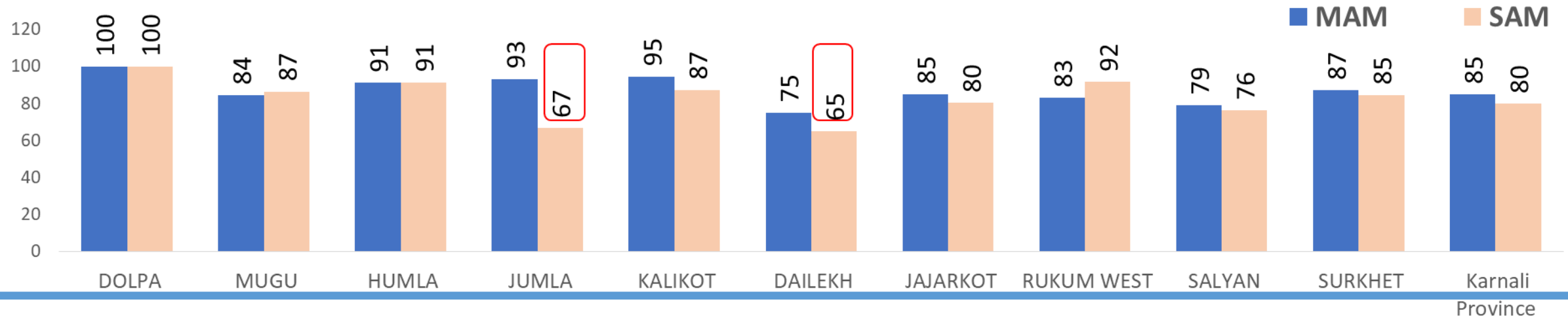
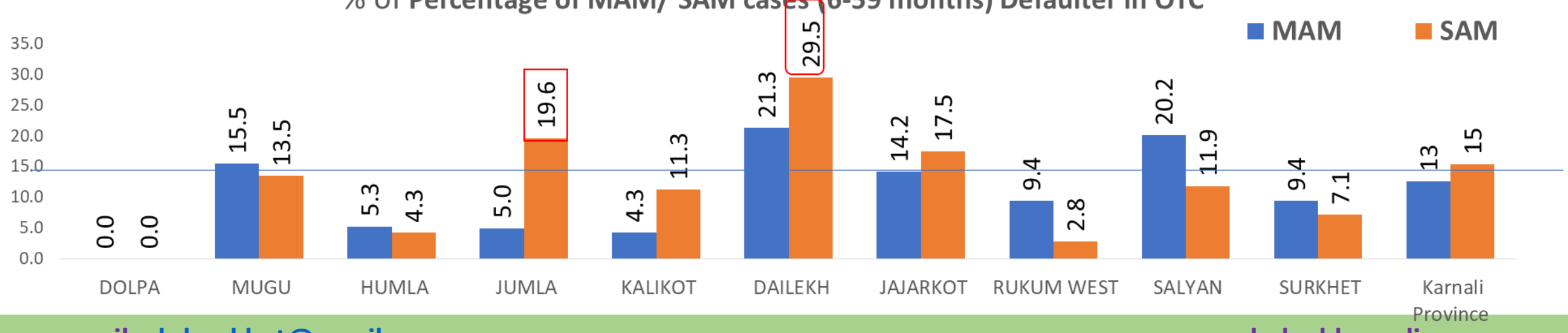
>75%



<15%



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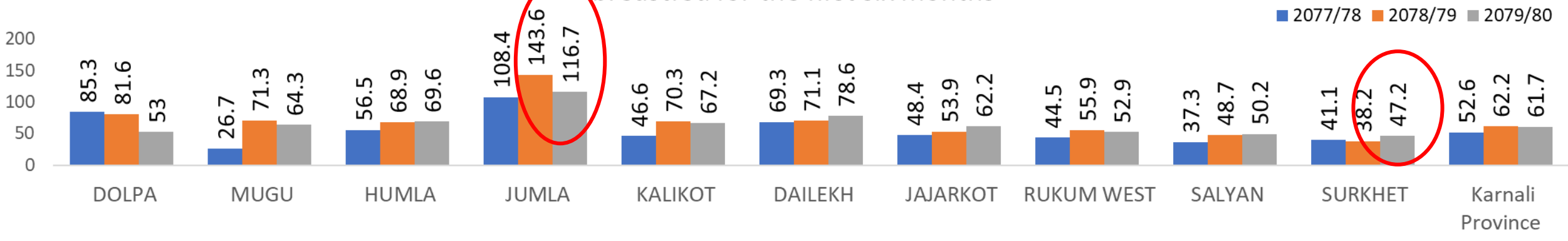
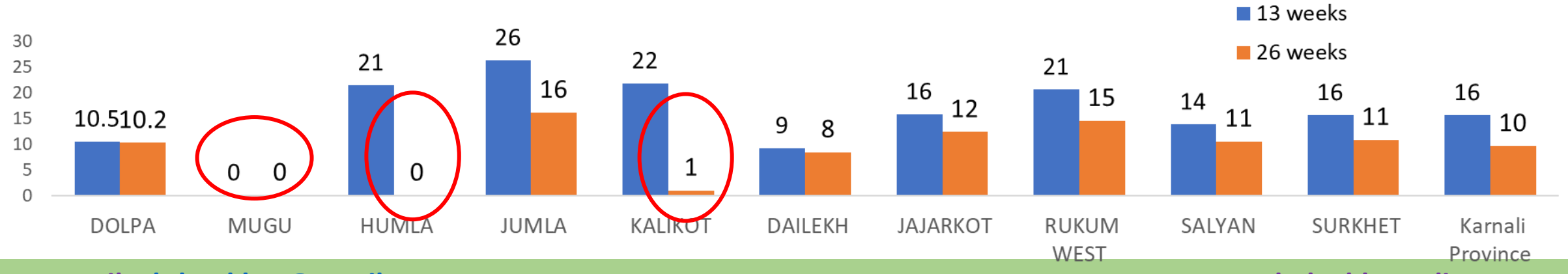
Percentage of children aged 0- 6 months registered for growth monitoring who were exclusively breastfed for the first six months



% of adolescent girls aged 10-19 years who received IFA supplement for 26 weeks



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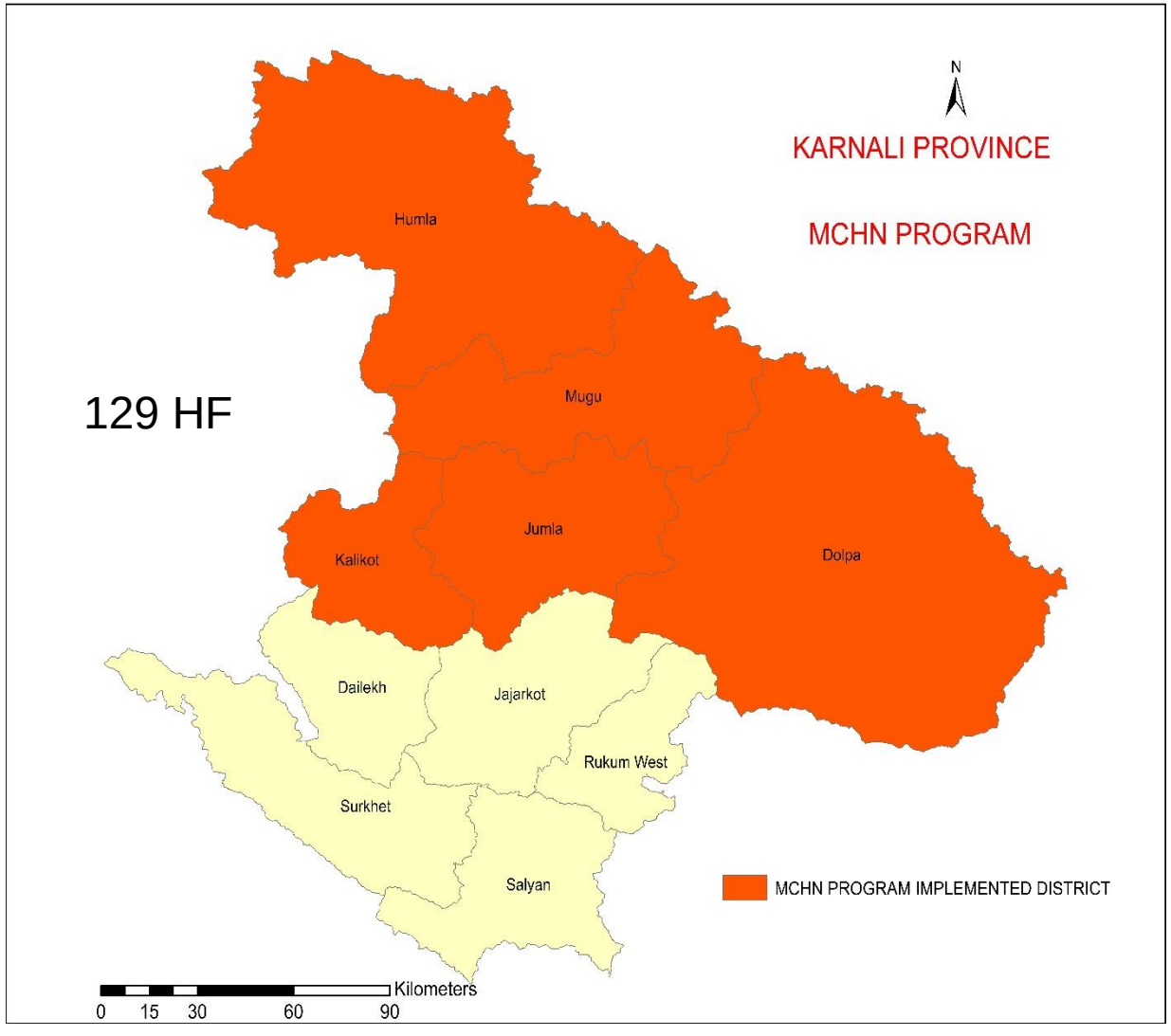

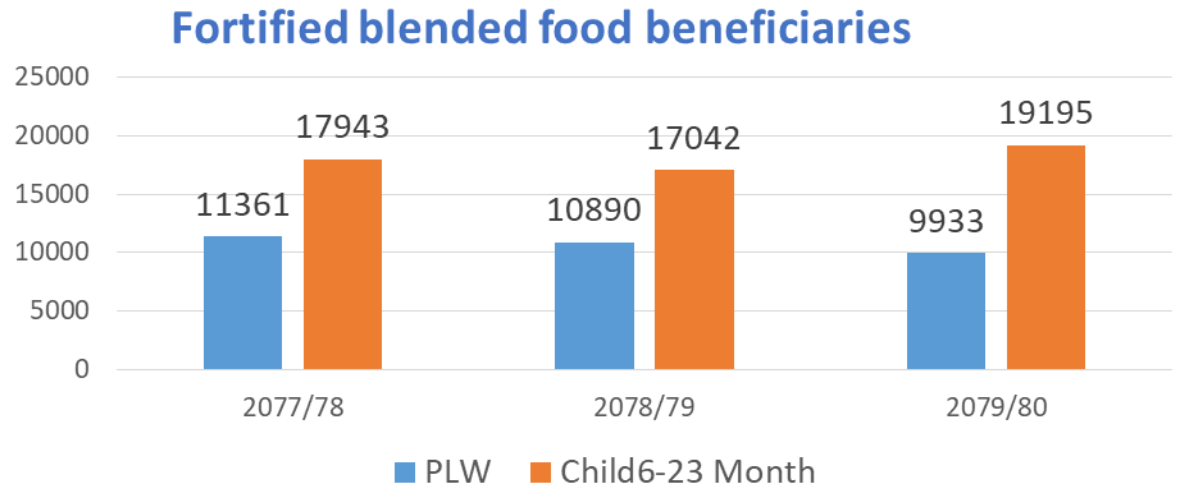

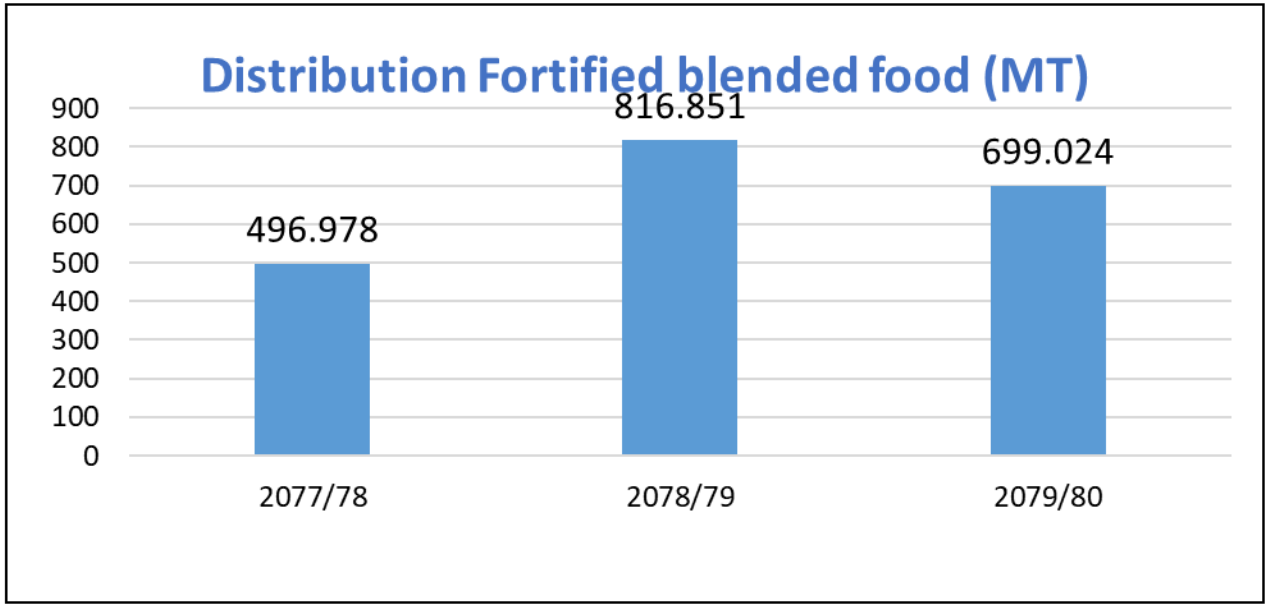

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INTEGRATED MANAGEMENT OF NEONATAL CHILDHOOD ILLNESS (IMNCI) PROGRAM

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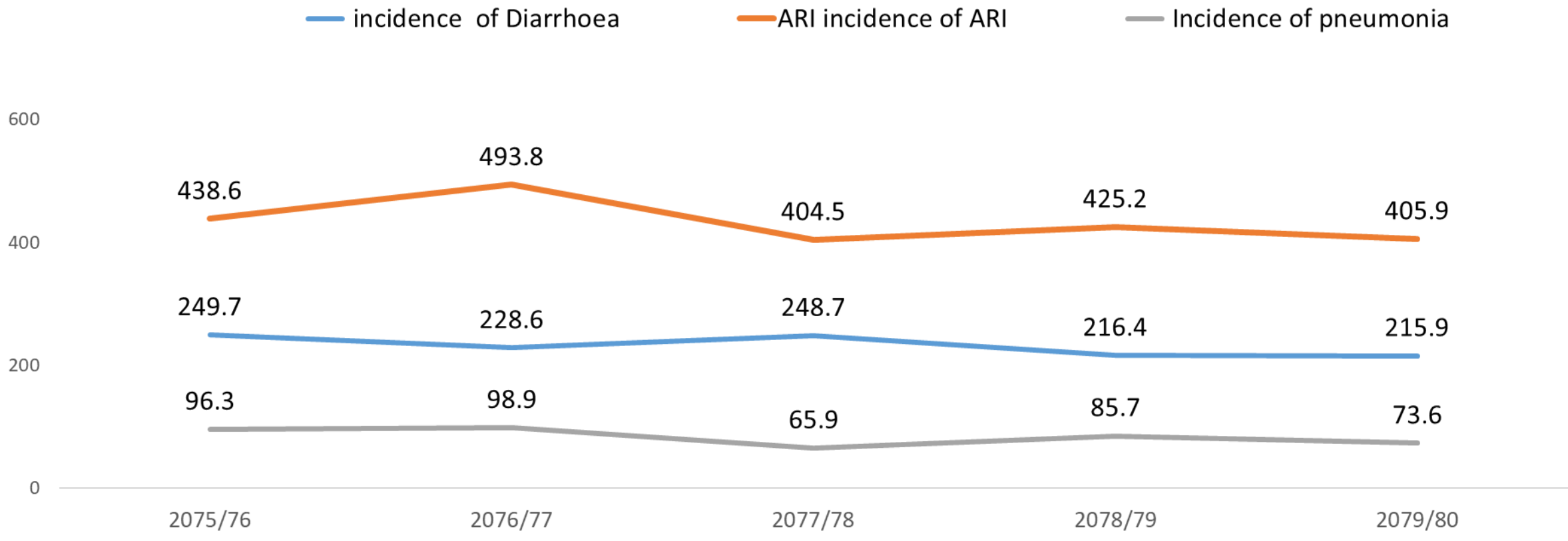
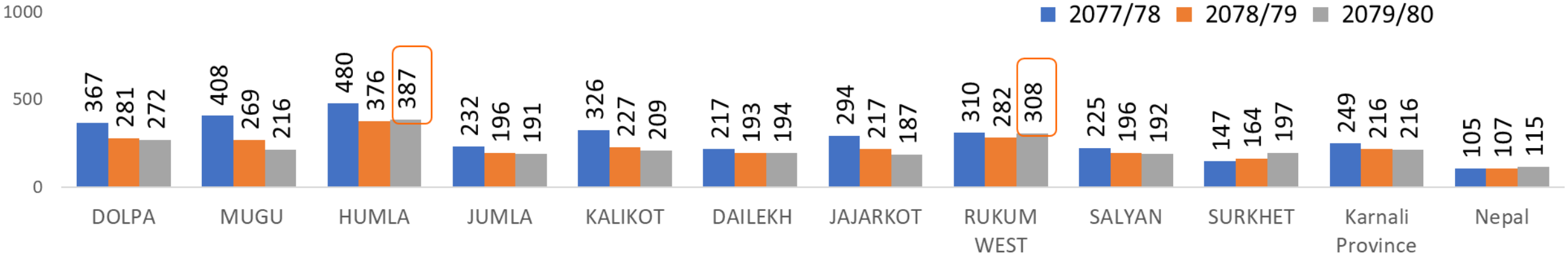
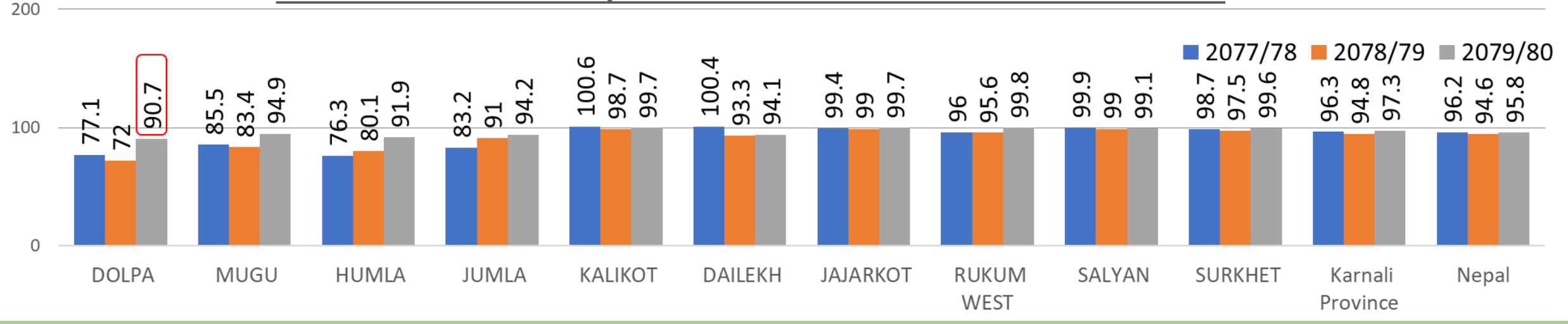
Incidence of Diarrhea, ARI and pneumonia



Diarrhoea incidence rate among children under five years



% of children under five years with diarrhea treated with zinc and ORS



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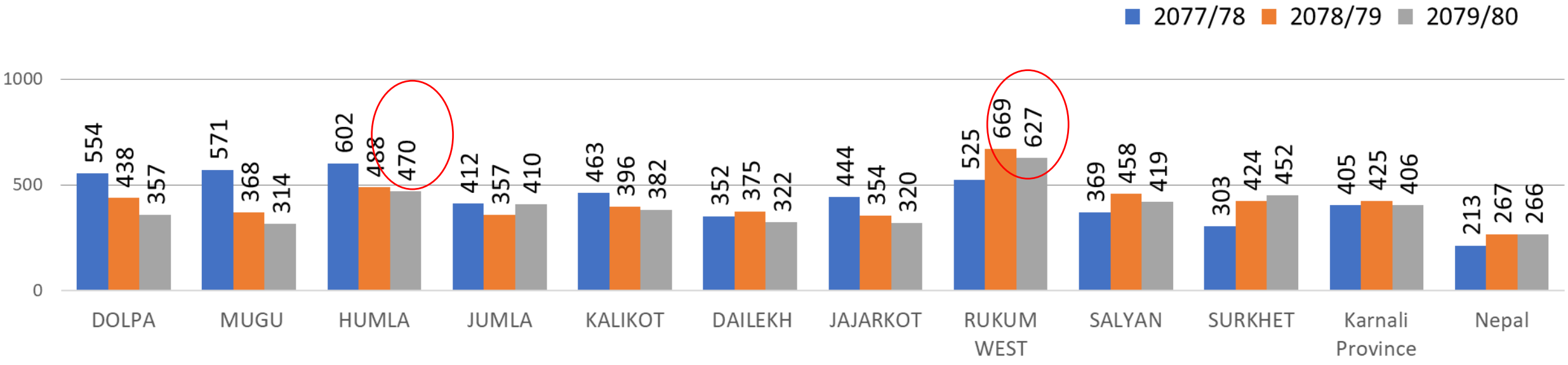
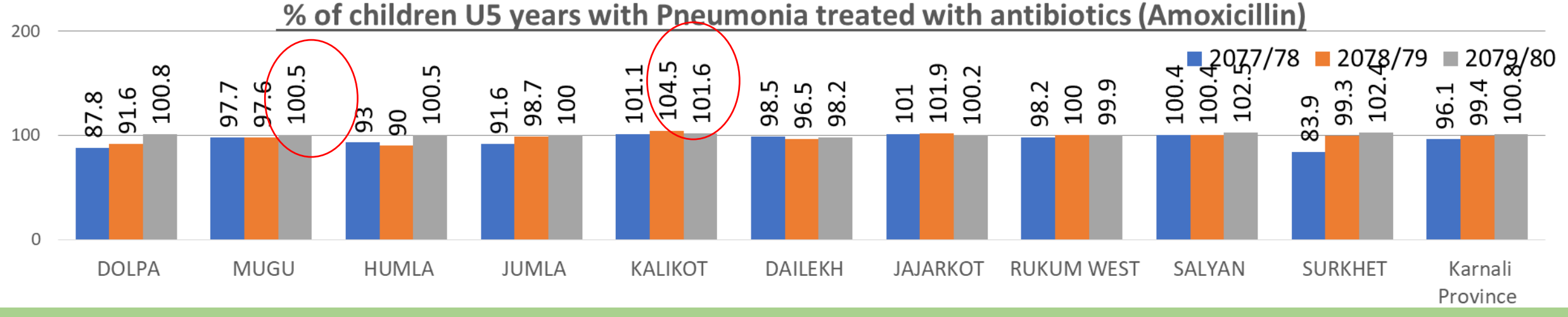
Incidence of ARI among children under five years (per 1000)



% of children U5 years with Pneumonia treated with antibiotics (Amoxicillin)



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SAFE MOTHERHOOD PROGRAM

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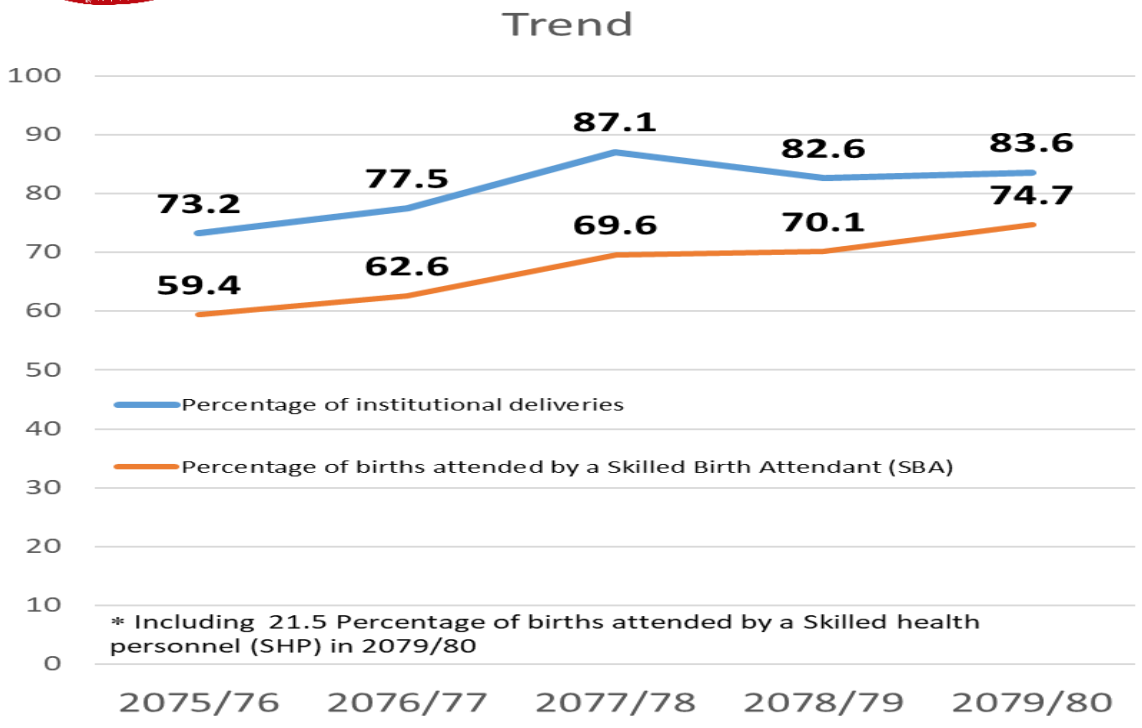
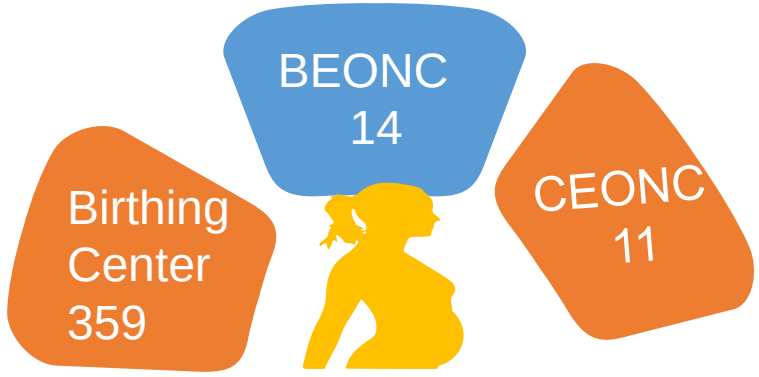
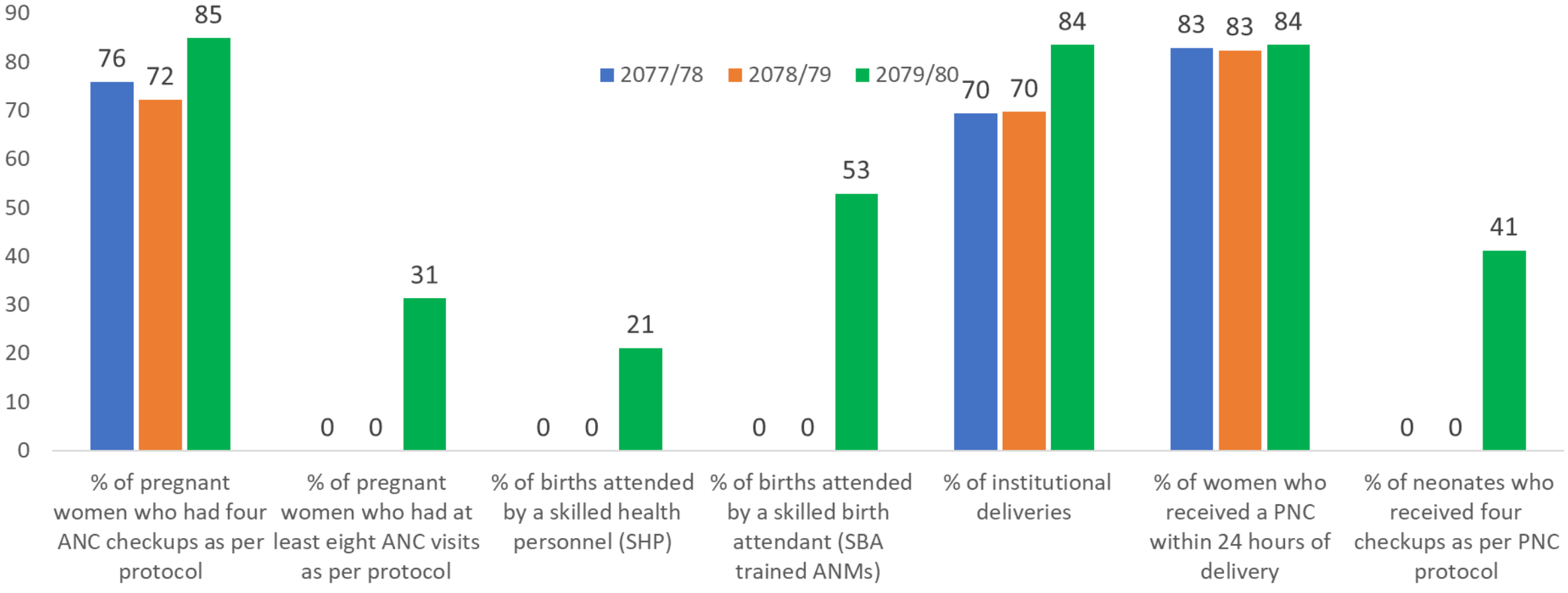




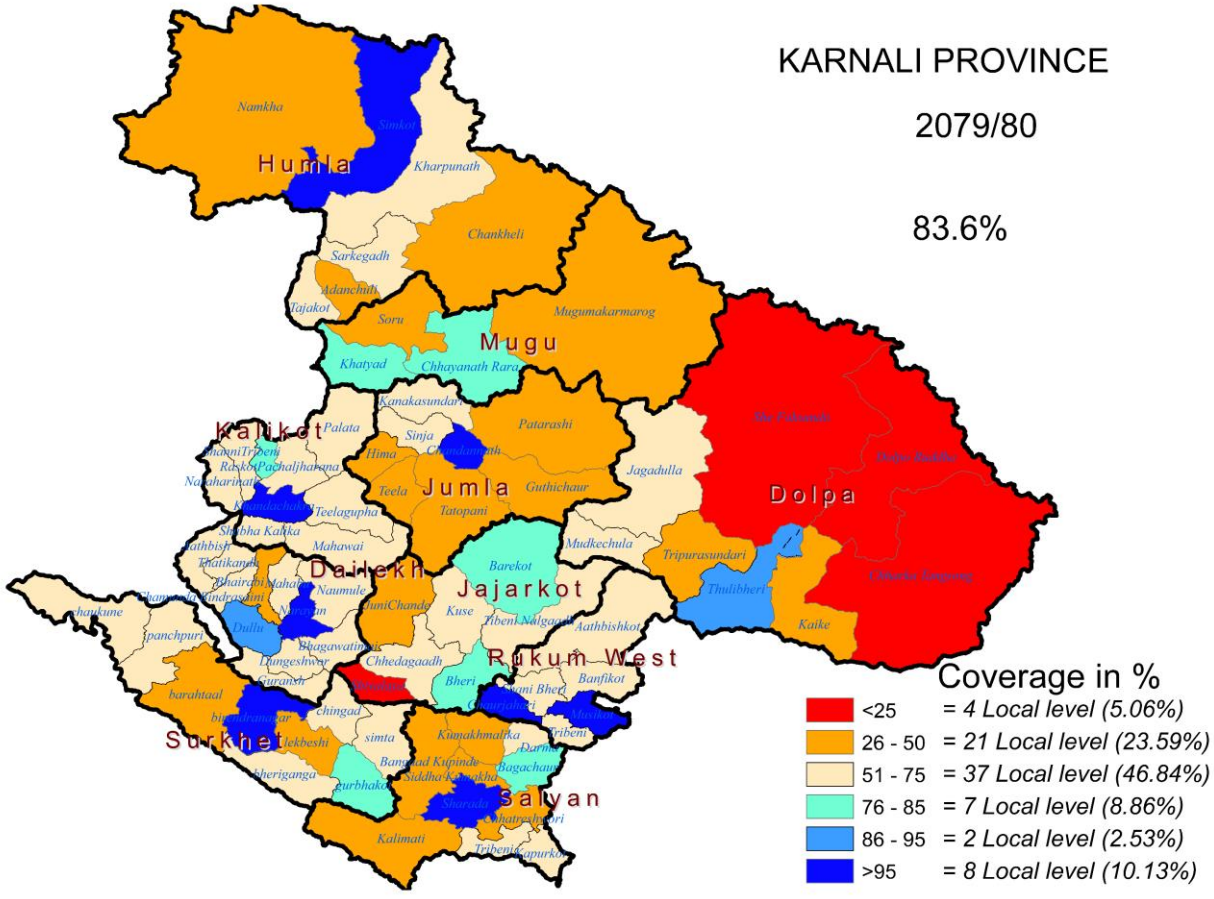
% of pregnant women who had at lease one ANC Checkup	118%
% of pregnant women who had four ANC Checkup as per protocal	85.%
% of Institutional Delivery	83.6%
SHP Delivery	21.2%
SBA Delivery	53.4%
% of delivery<20 years among Institutional delivery	53.4%
Reported Maternal Death	19

Safe Motherhood Status



Municipality-Wise Institutional Delivery

Local level wise Percent of Institutional Delivery



Highest	
Chandannath	283
Birendranagar	275
Sharada	267
Chaurjahari	206
Narayan	169
Musikot	138
Simkot	102
Khandachakra	98
Dullu	94
Thulibheri	92

Lowest	
Tila	36.7
Adanchuli	36.2
Barahatal	36.1
Junichande	34
Namkha	29
Tatopani	28.4
Shivalaya	19.7
Dolpo	12.2
Chharka Tangsong	6.7
Shey Phoksundo	1.5

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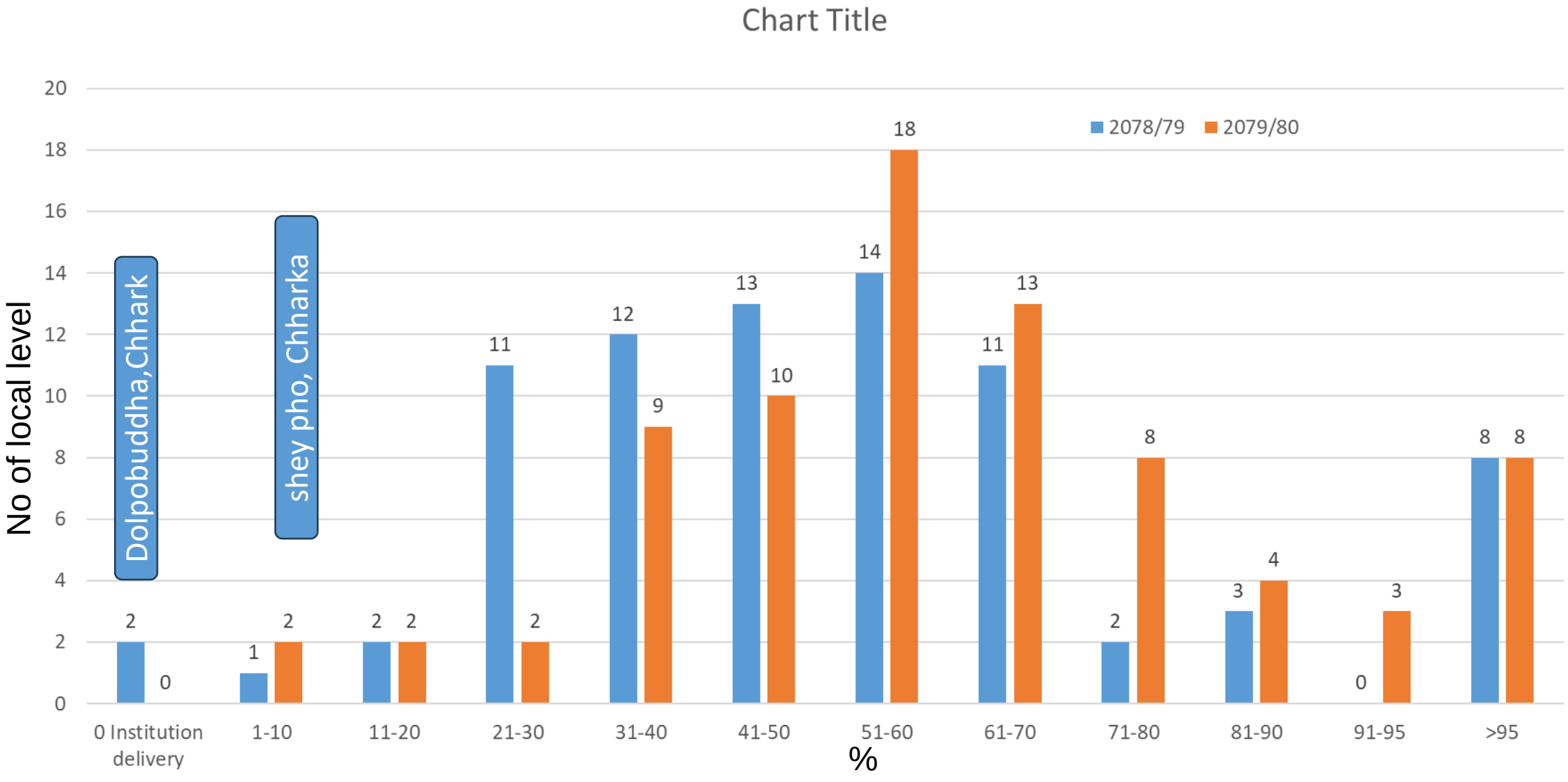
Variability among local level on Institutional delivery



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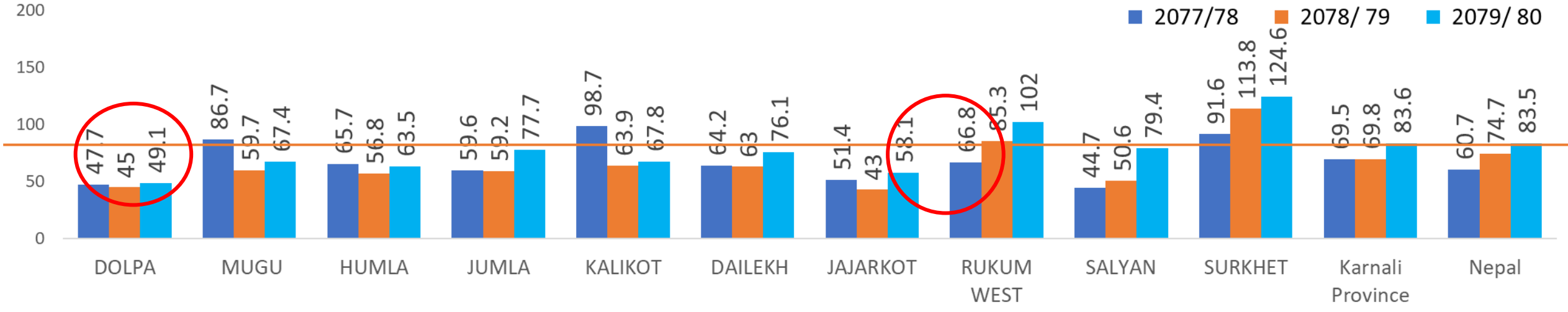
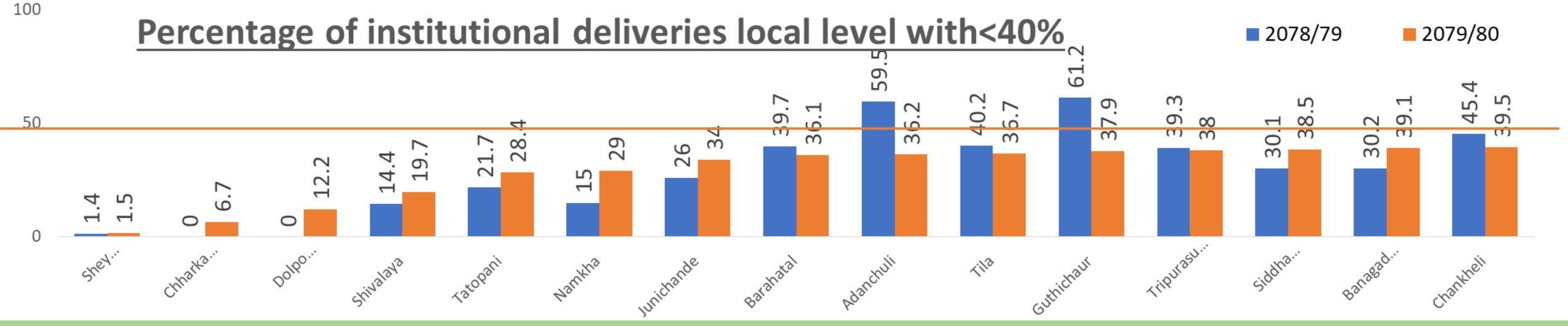
Percentage of institutional deliveries



Percentage of institutional deliveries local level with<40%



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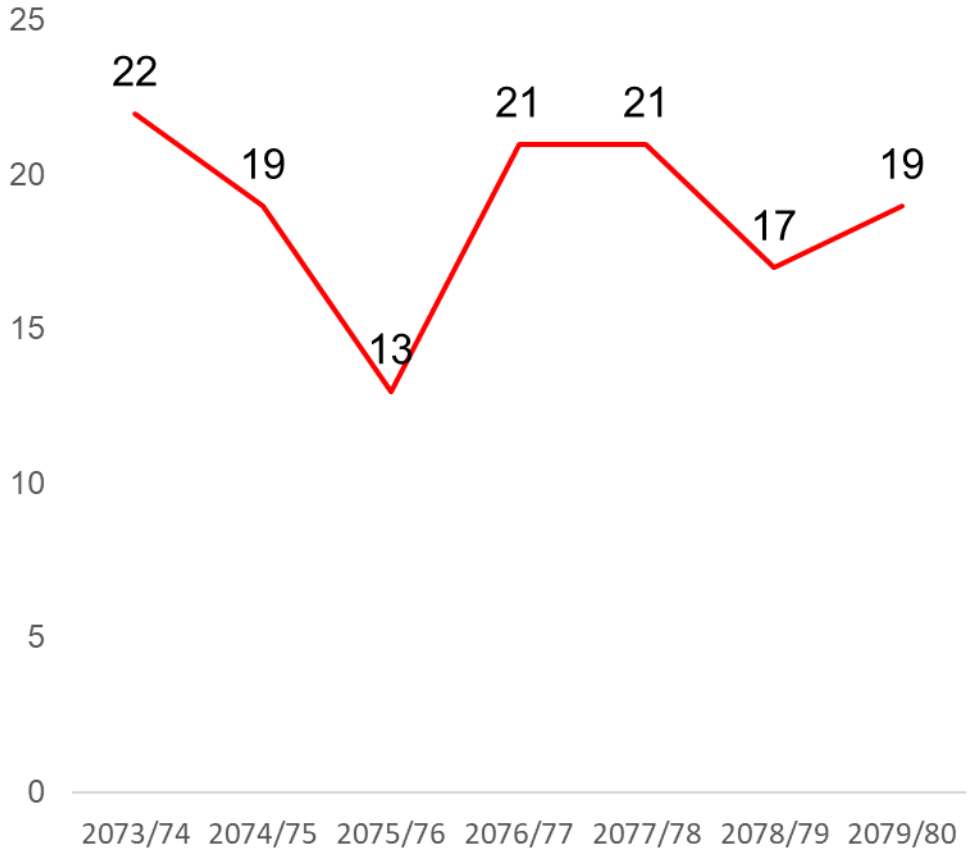
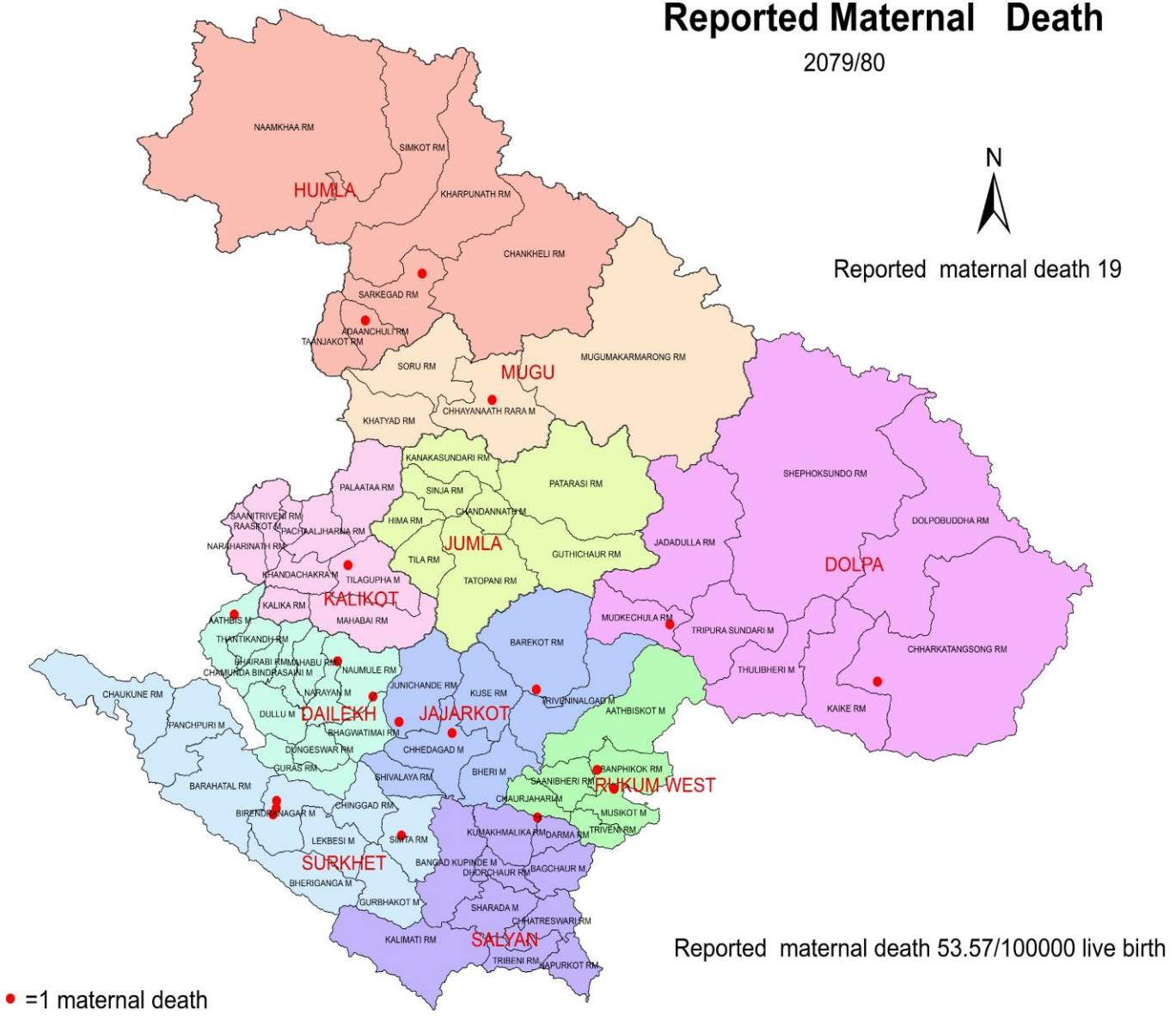
Trend



Reported Maternal Death

2079/80



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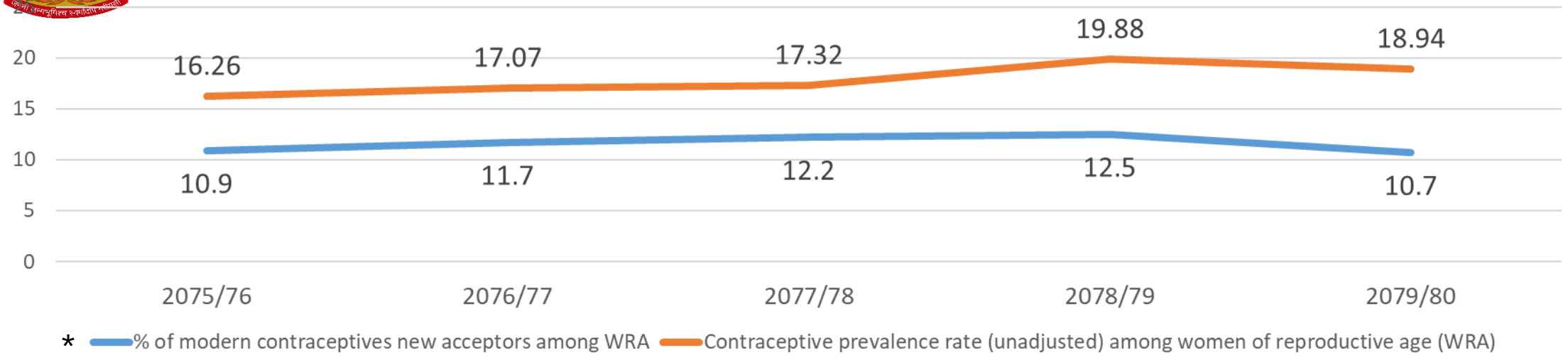
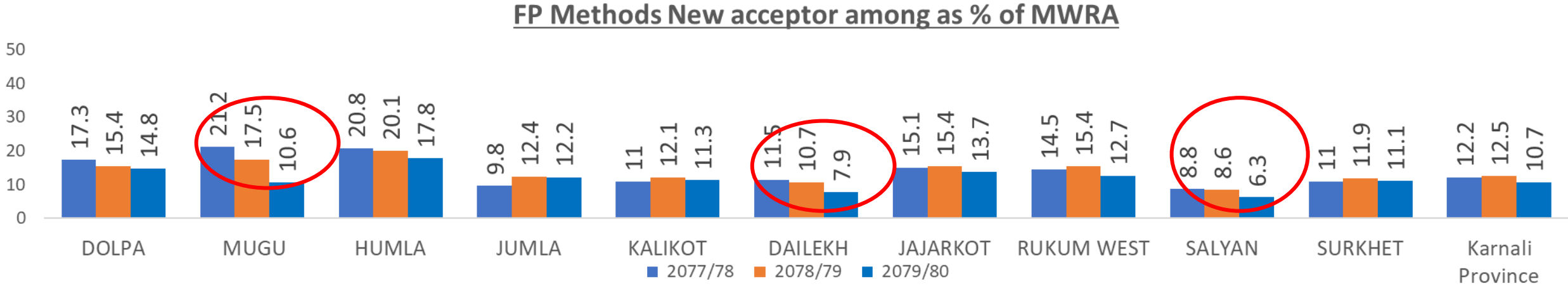
FAMILY PLANNING PROGRAM



* Condom pills, Depo, IUCD, Implant



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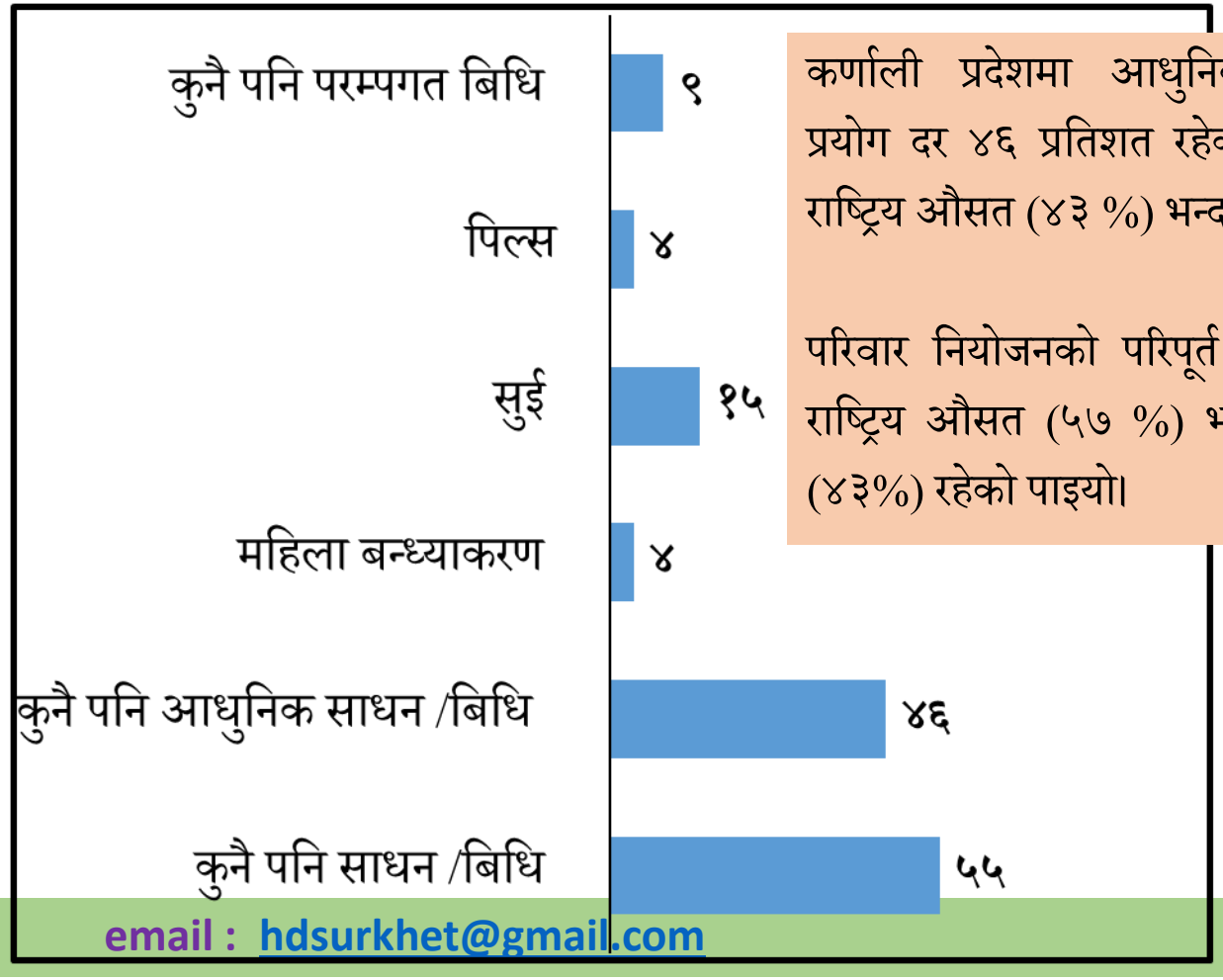
परिवार नियोजन

परिवार नियोजनका साधन/विधिको प्रयोग

परिवार नियोजनको साधन प्रयोग गर्ने १५-४९ वर्षका विवाहित महिलाहरुको प्रतिशत (कर्णाली प्रदेश)

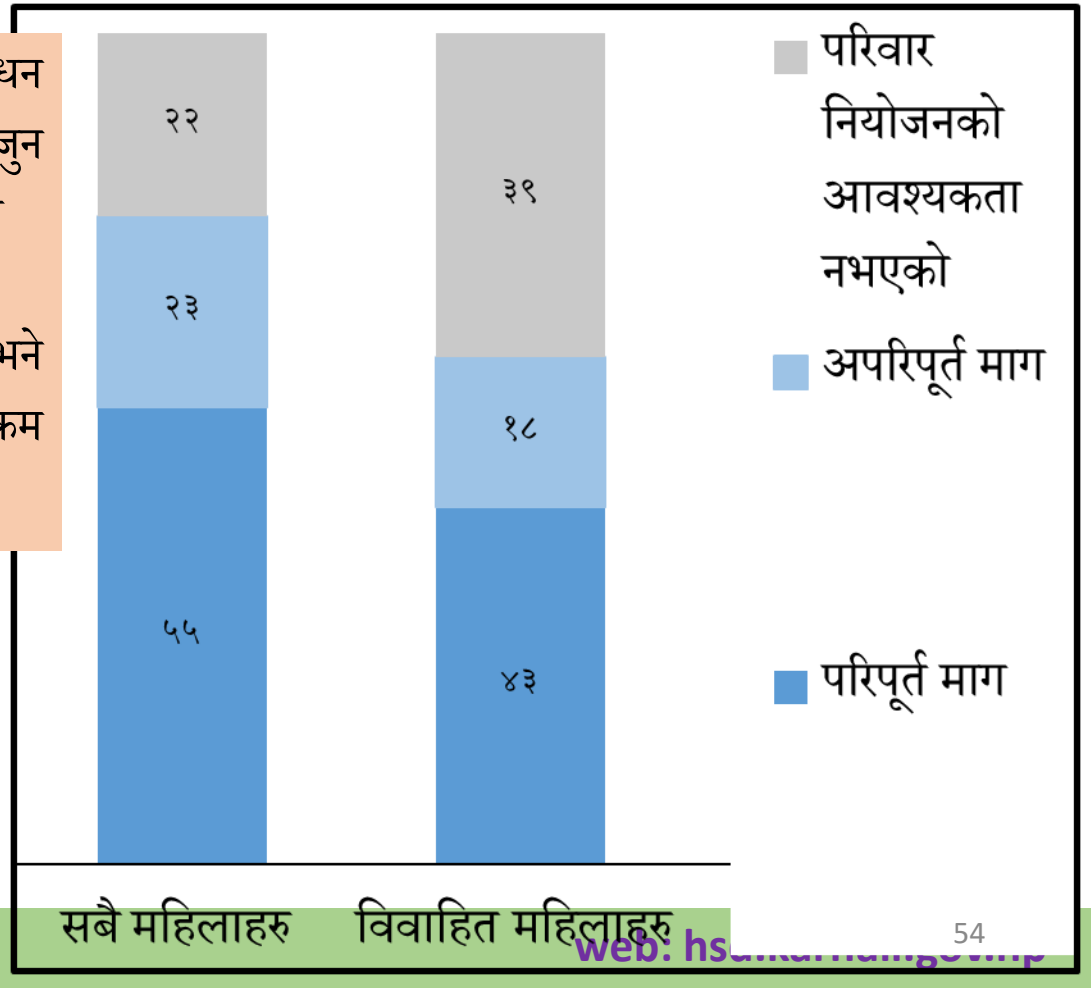


कर्णाली प्रदेशमा आधुनिक साधन प्रयोग दर ४६ प्रतिशत रहेको छ जुन राष्ट्रिय औसत (४३ %) भन्दा धेरै हो

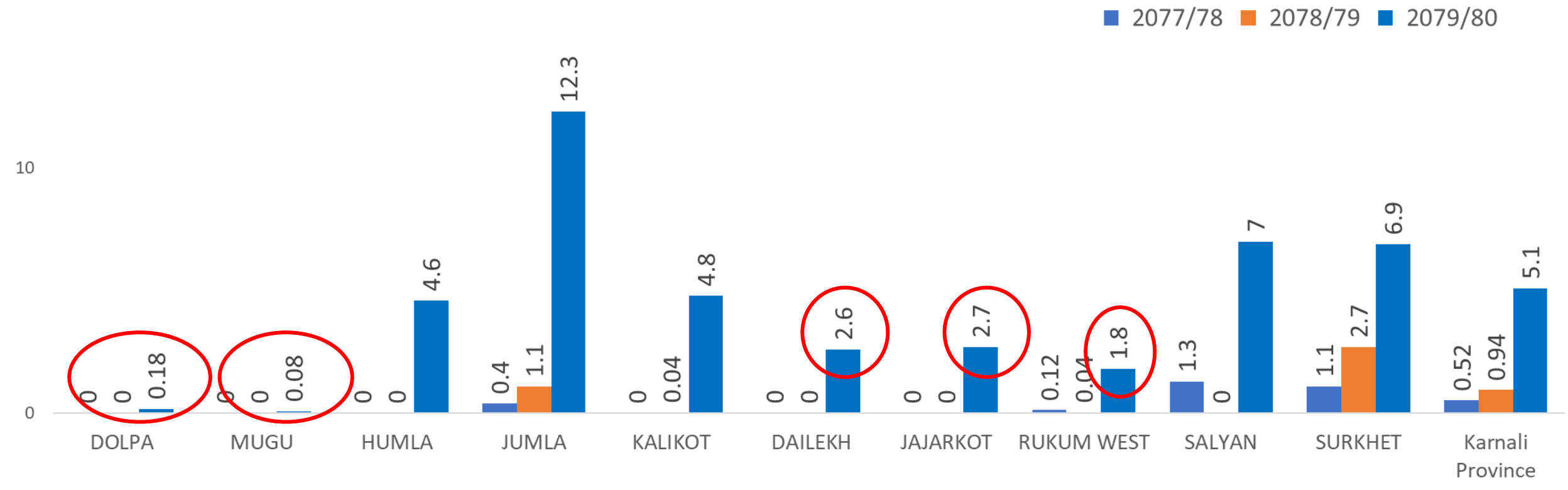
परिवार नियोजनको परिपूर्त माग भने राष्ट्रिय औसत (५७ %) भन्दा कम (४३%) रहेको पाइयो।

परिवार नियोजनका साधनको माग

परिवार नियोजनको आवश्यक्ता अनुसार १५-४९ वर्षका महिलाहरुको प्रतिशत (कर्णाली प्रदेश)

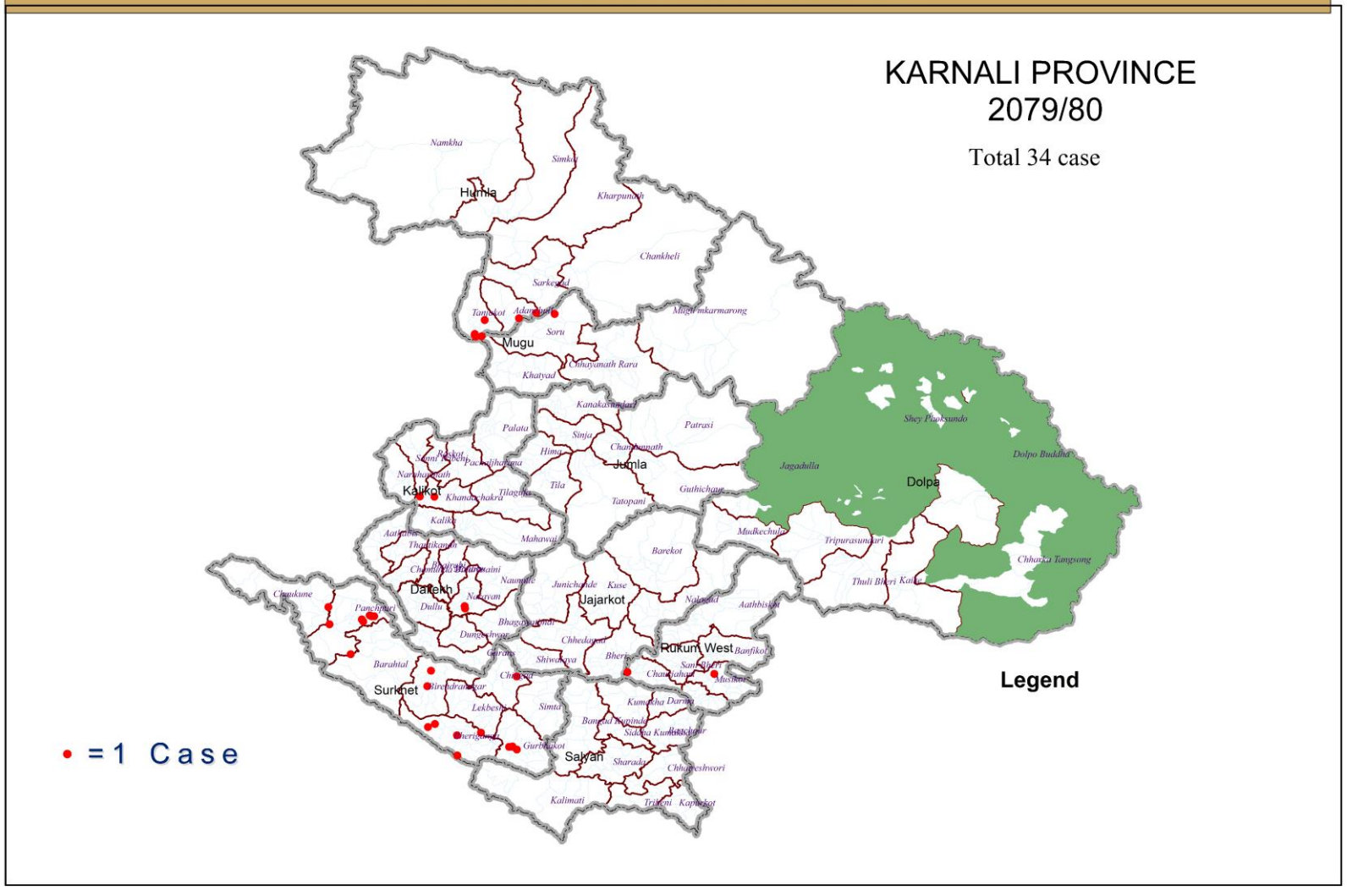


% of postpartum mothers using a modern contraceptive method



DISEASE CONTROL PROPGRAM

TOTAL MALARIA POSITIVE CASE



STATUS 2079/80	
Total Examination	37015
Total Positive	34
Total Imported	24 (70.59%)
Total Indigenous	10 (29.41%)
PF	4 (11.76%)

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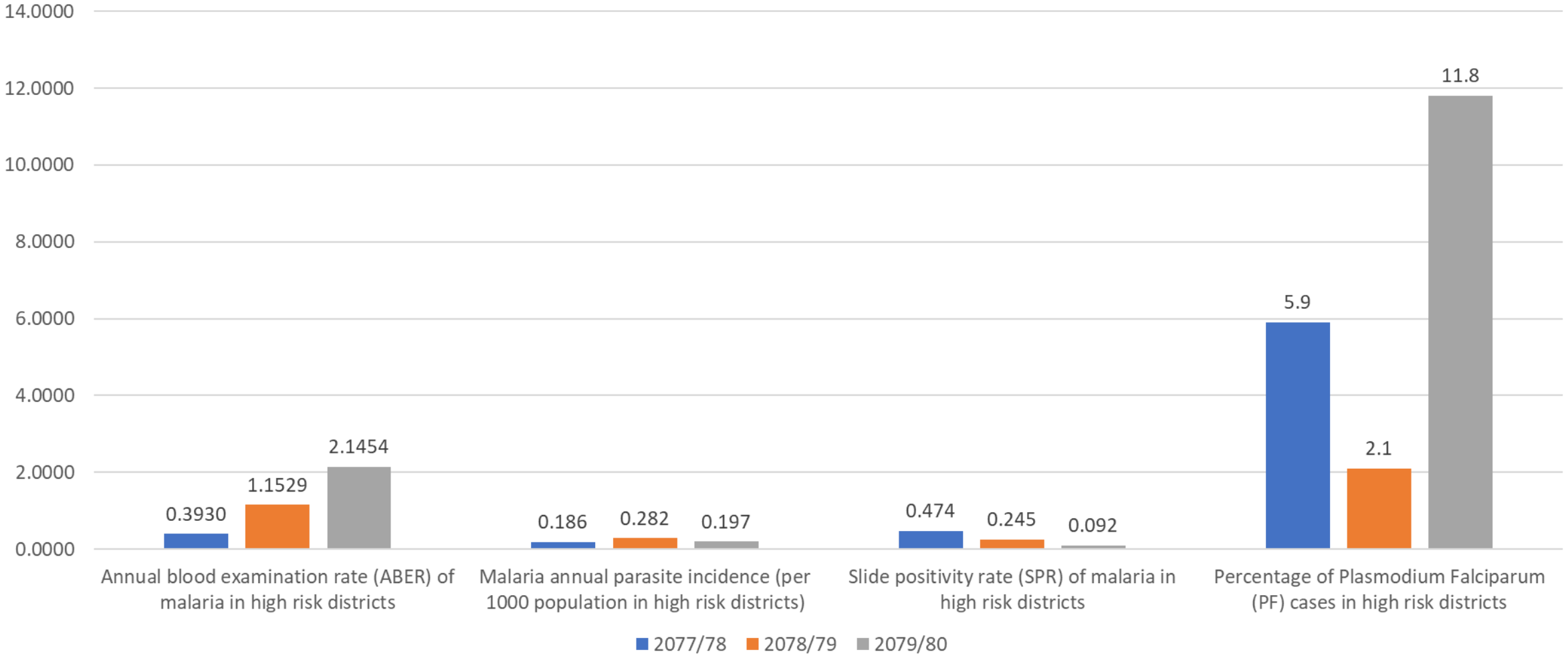
Malaria Program



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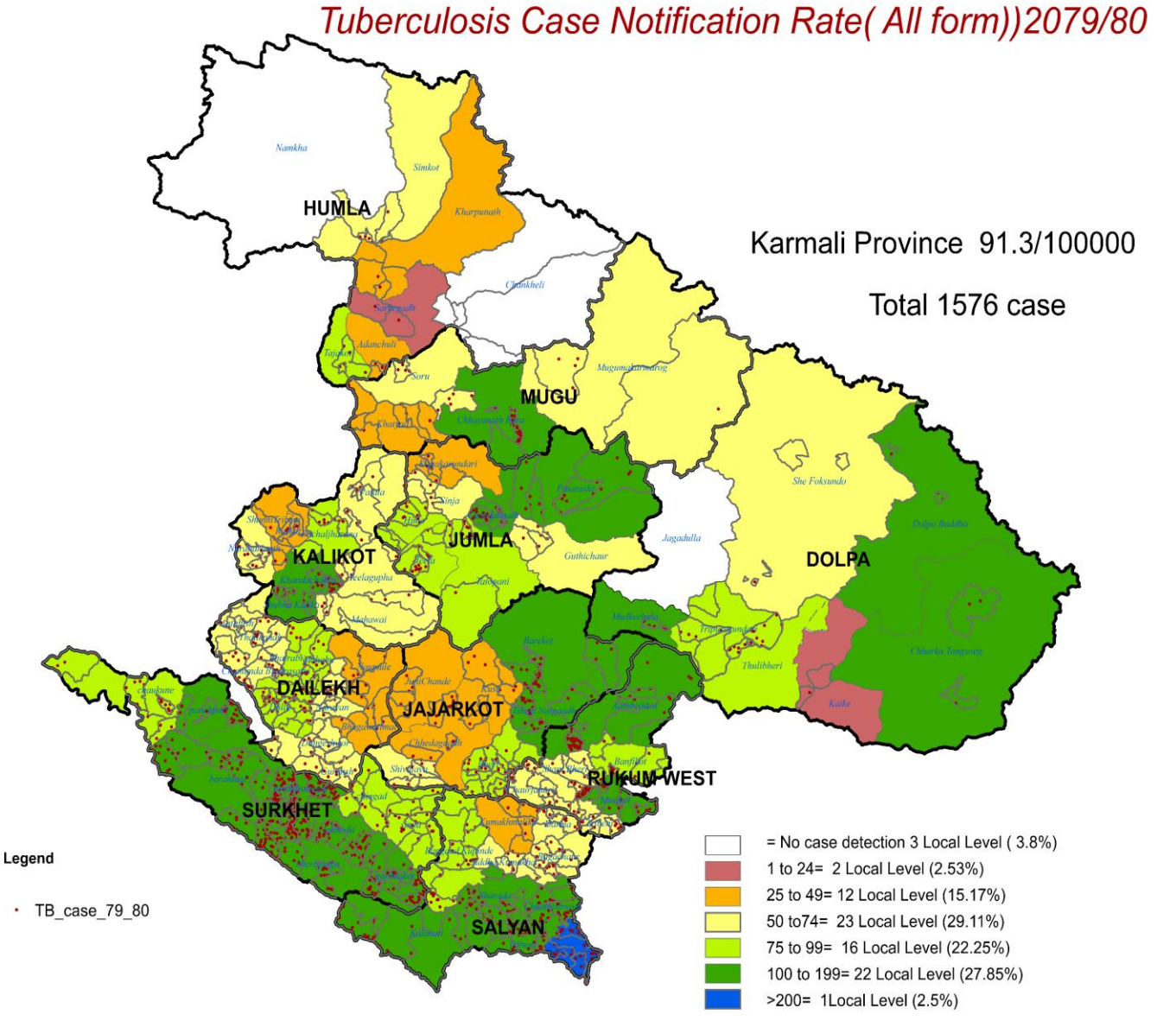
Tuberculosis



4008

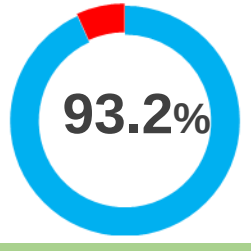
Target for TB Case Detection 2079/80

12

HIV positive among TB Patient

14.8% Child case (<15 years)

Treatment Success Rate



1576

TB Case notified in 2079/80

76

34% 66%

PBC 856
PCD 250
EP 470

Total Death of TB patient **44**

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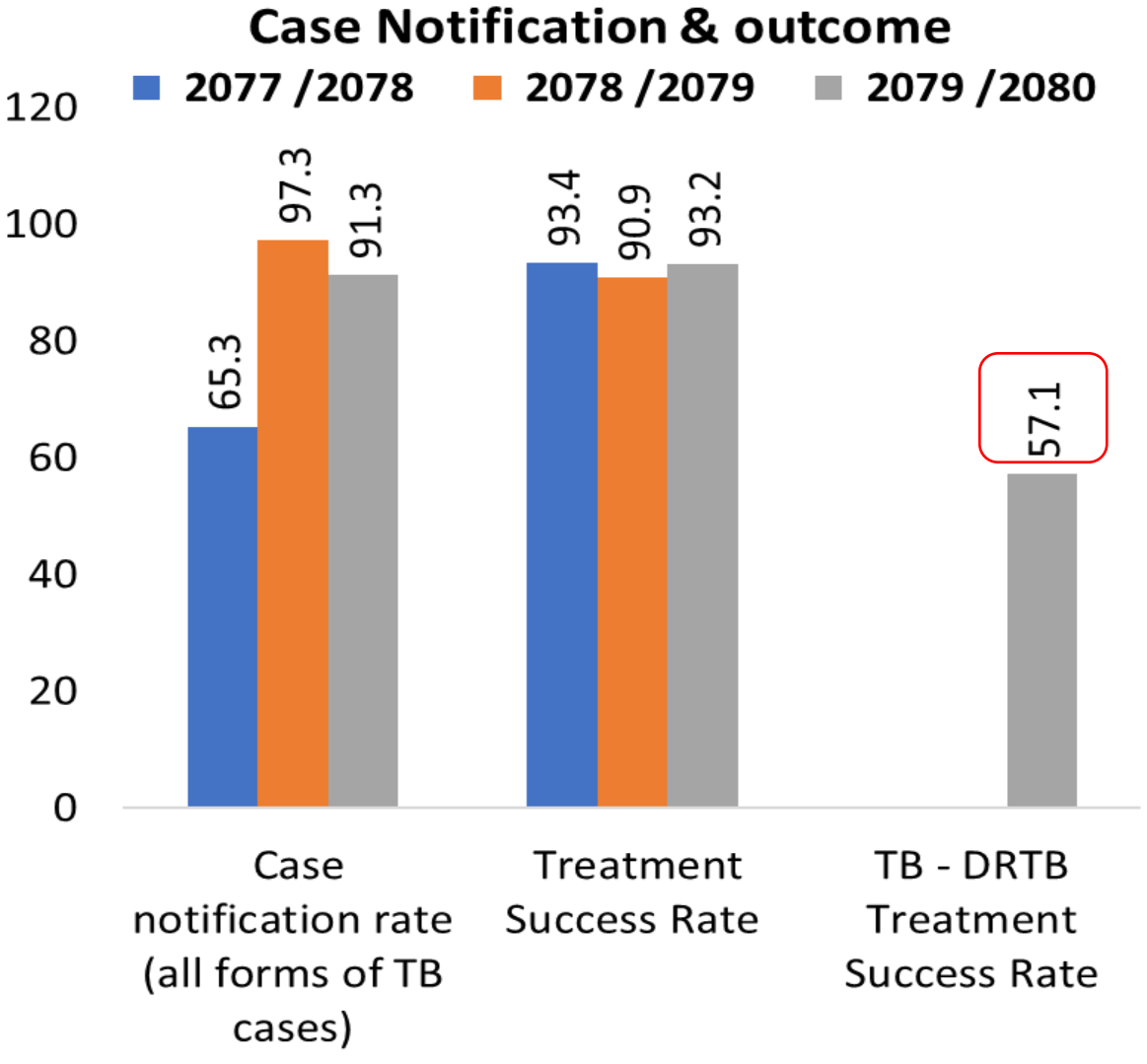
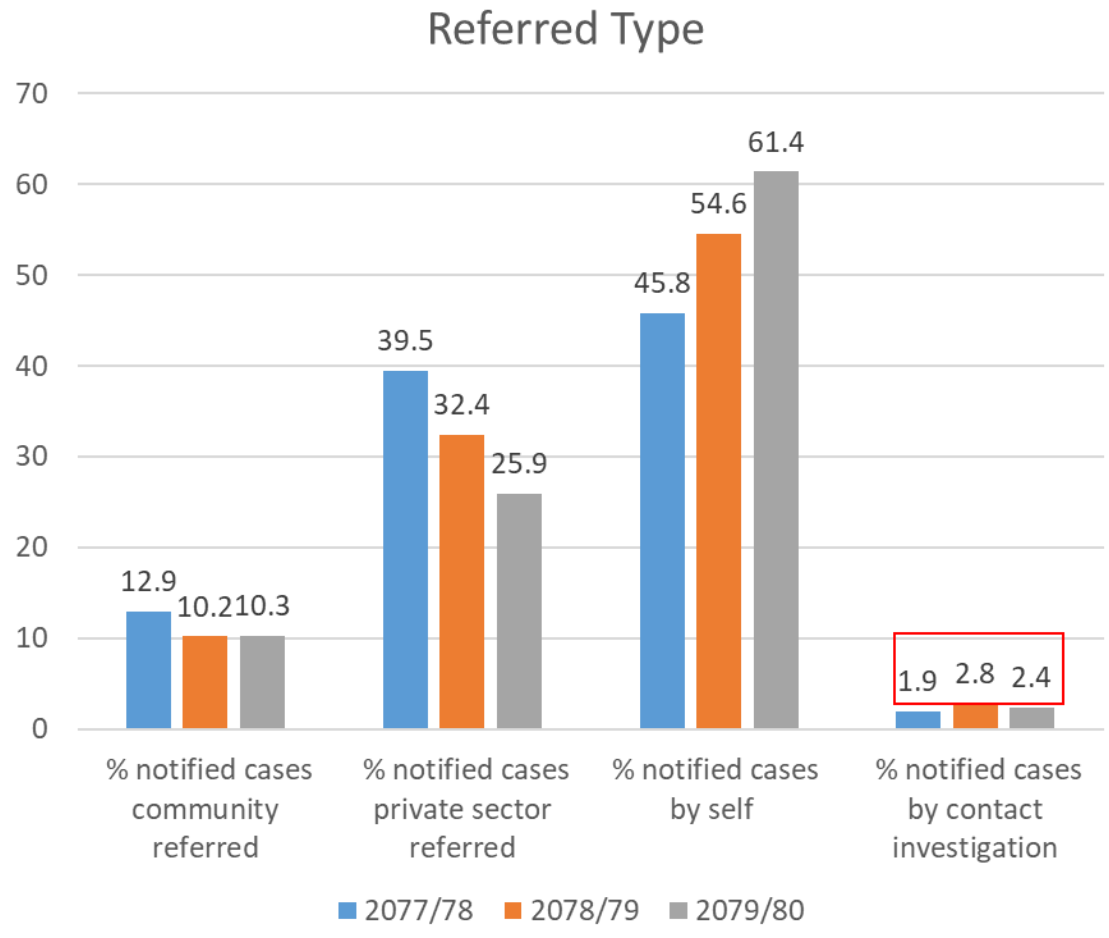
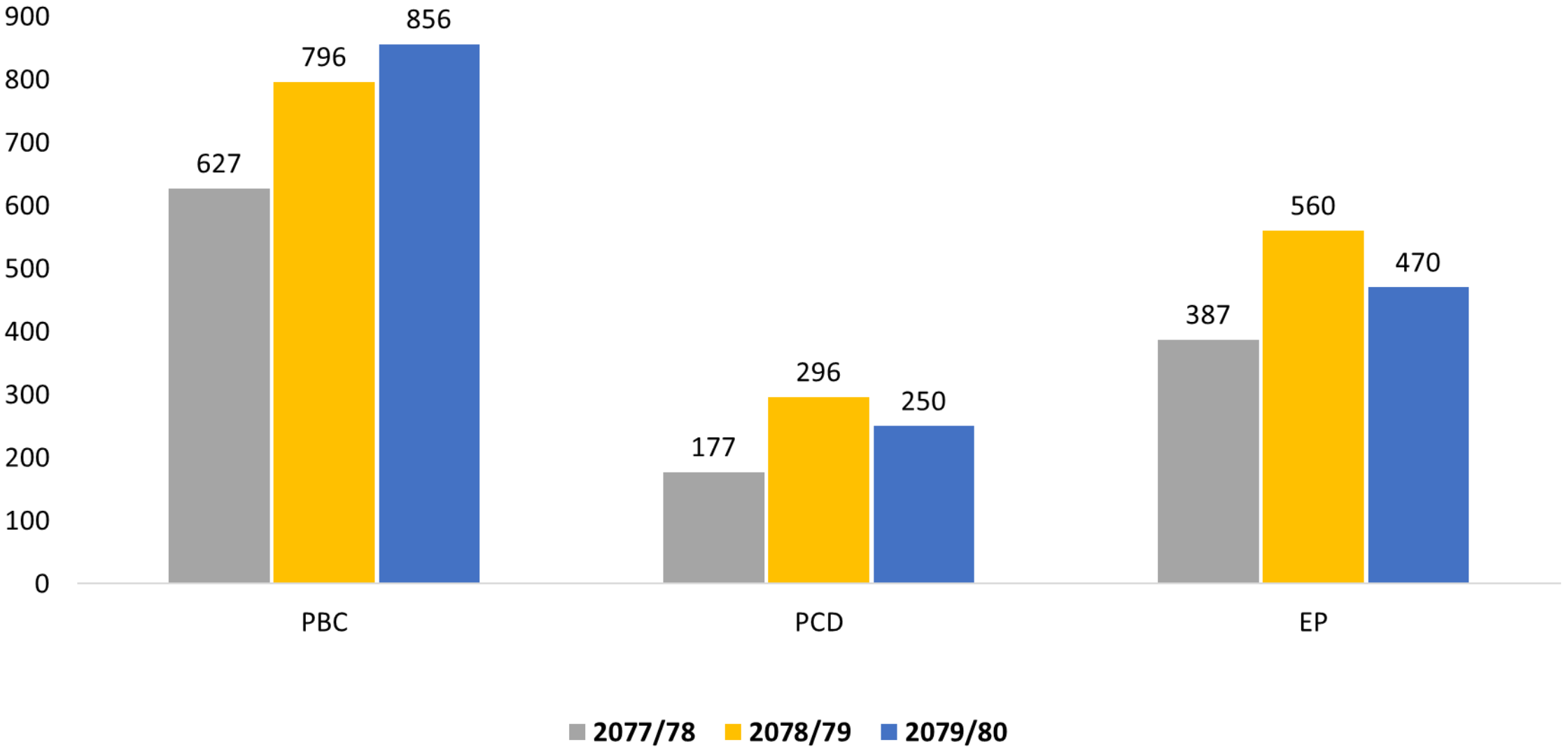
Trend of Major Indicator



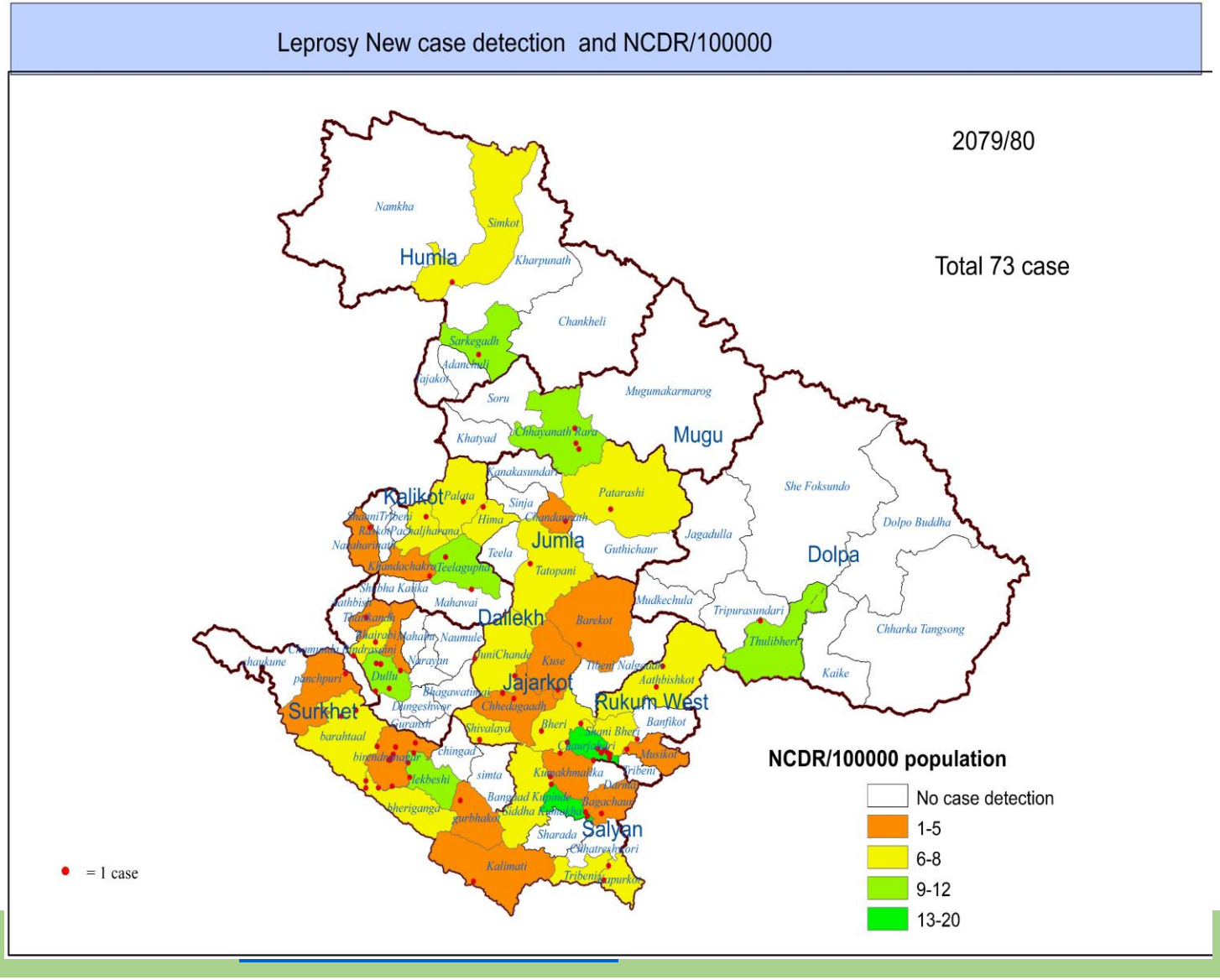


Trend of TB case notification by type of TB

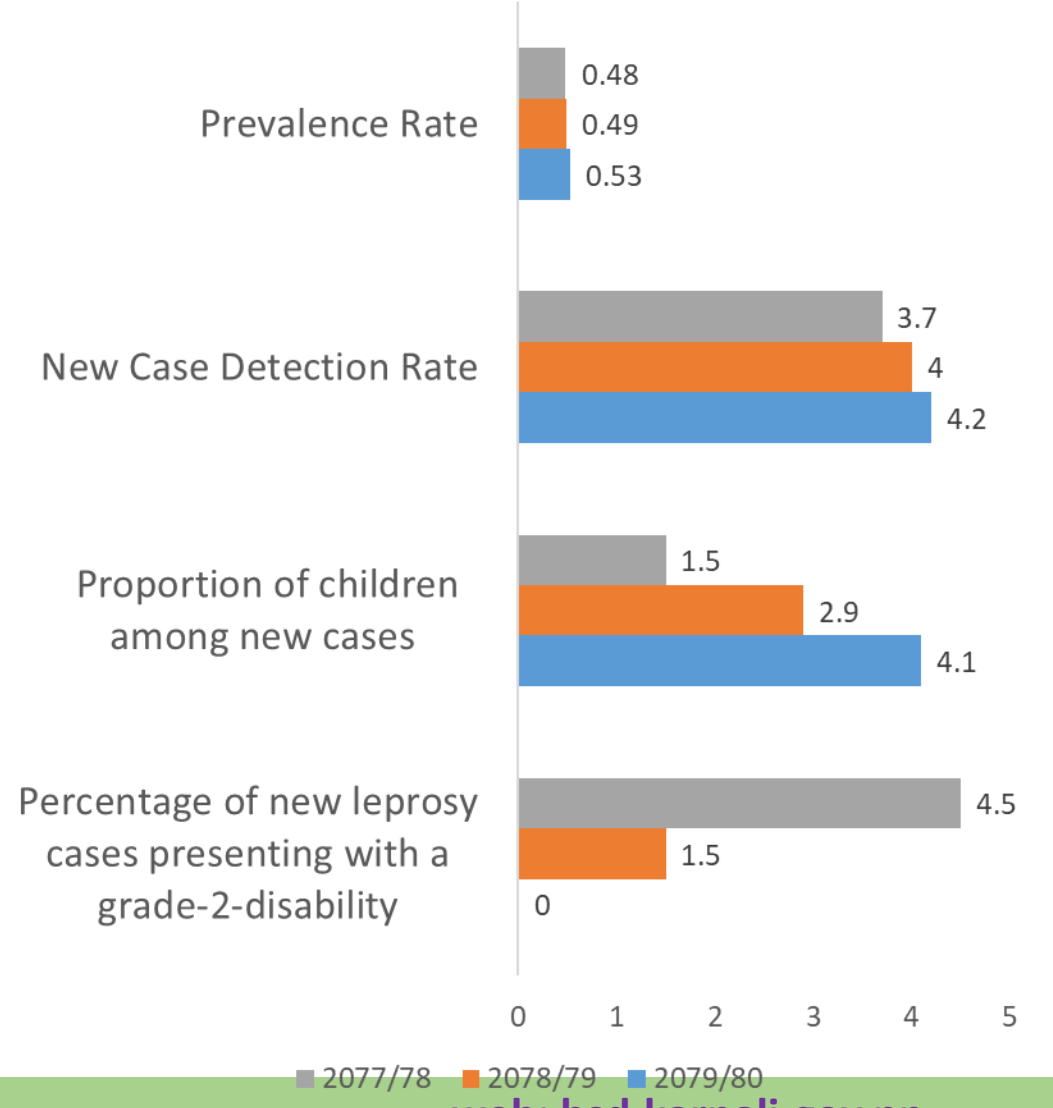


Leprosy Program

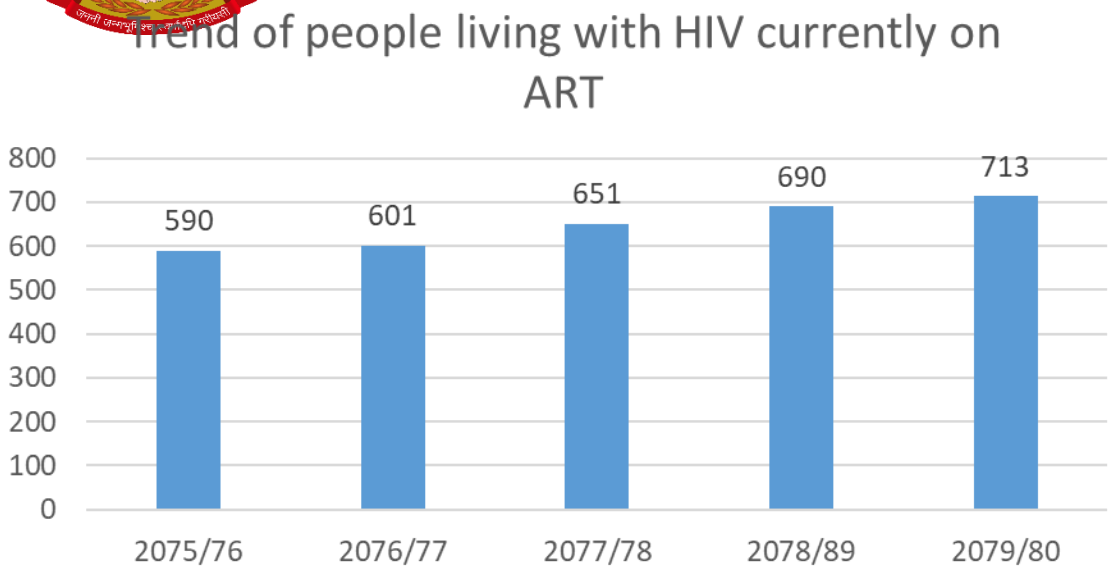
Municipality-Wise New Case Detection Rate

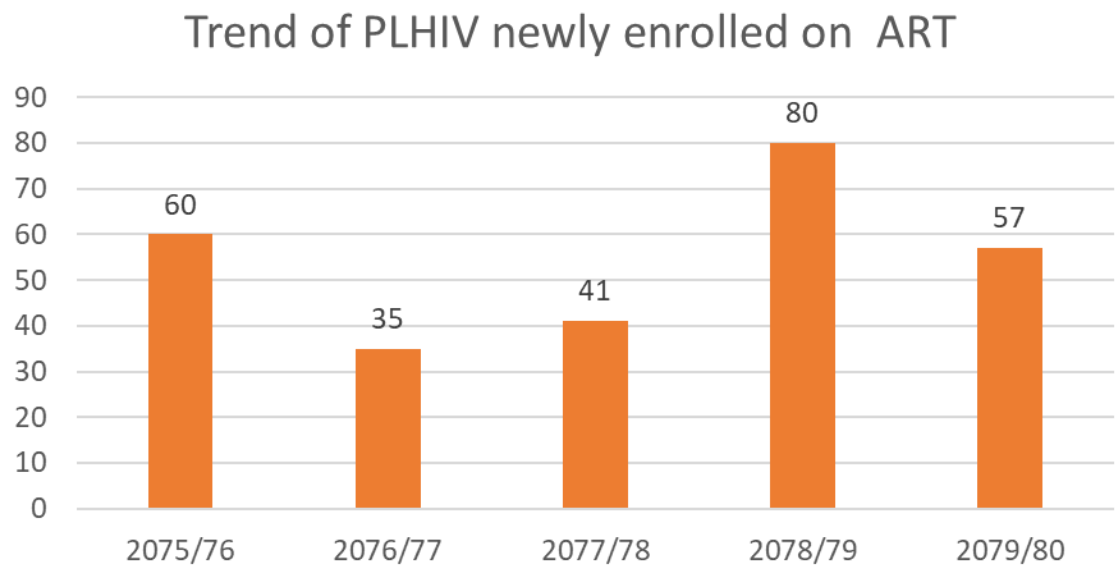


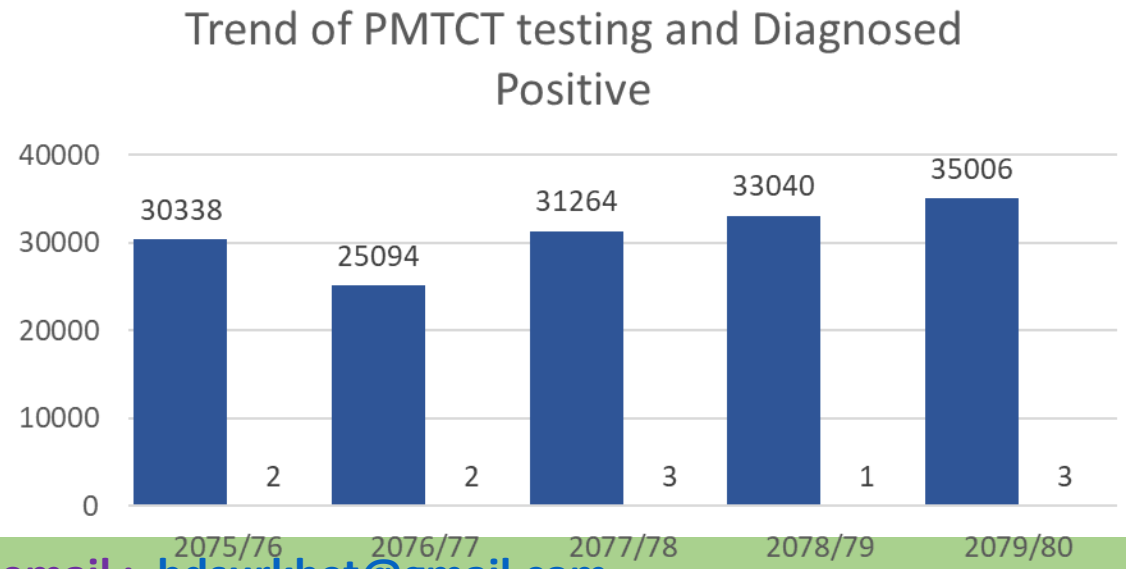
Leprosy Program Status

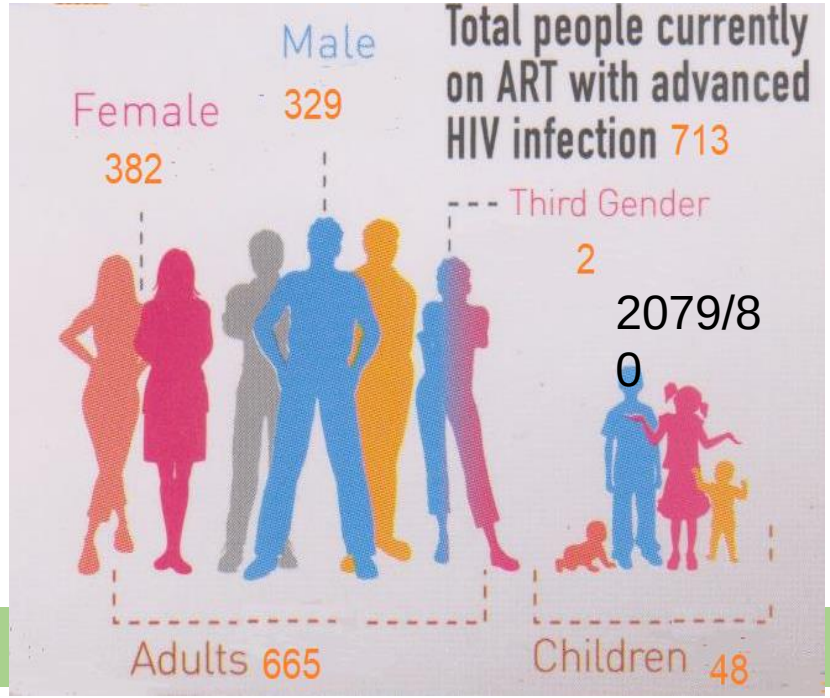


HIV Program









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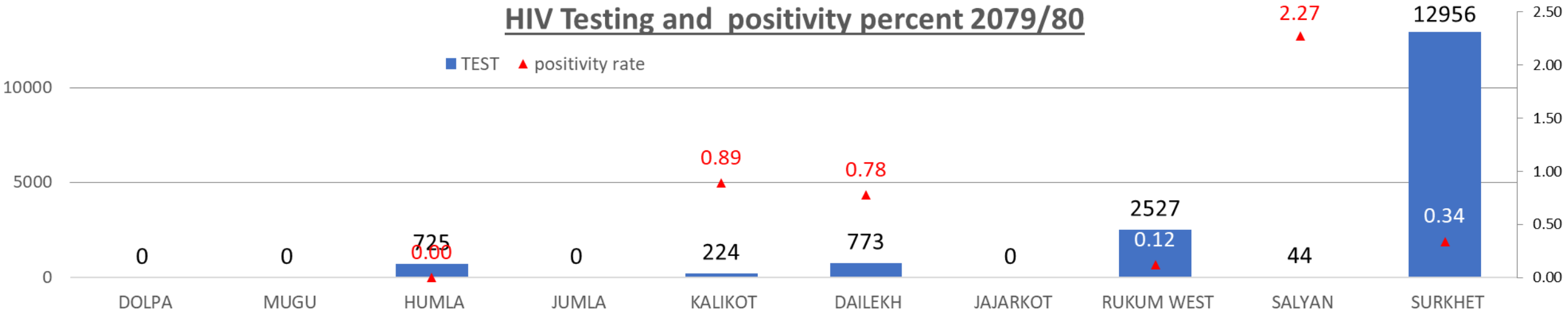
HIV Testing

Indicators	2075/76	2076/77	2077/78	2078/79	2079/80
Total tested for HIV	3512	2245	1497	12090	17249
Total HIV Positive reported	42	30	30	70	56
HIV Positivity Rate	1.20	1.34	2.00	0.58	0.32



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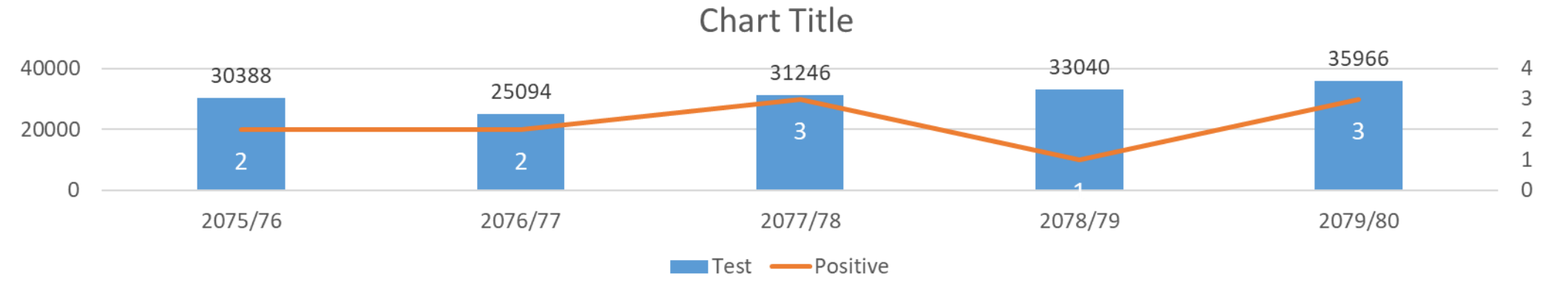
Prevention of Mother-To-Child Transmission (PMTCT)



PMTCT

35966

Tested for HIV

79%

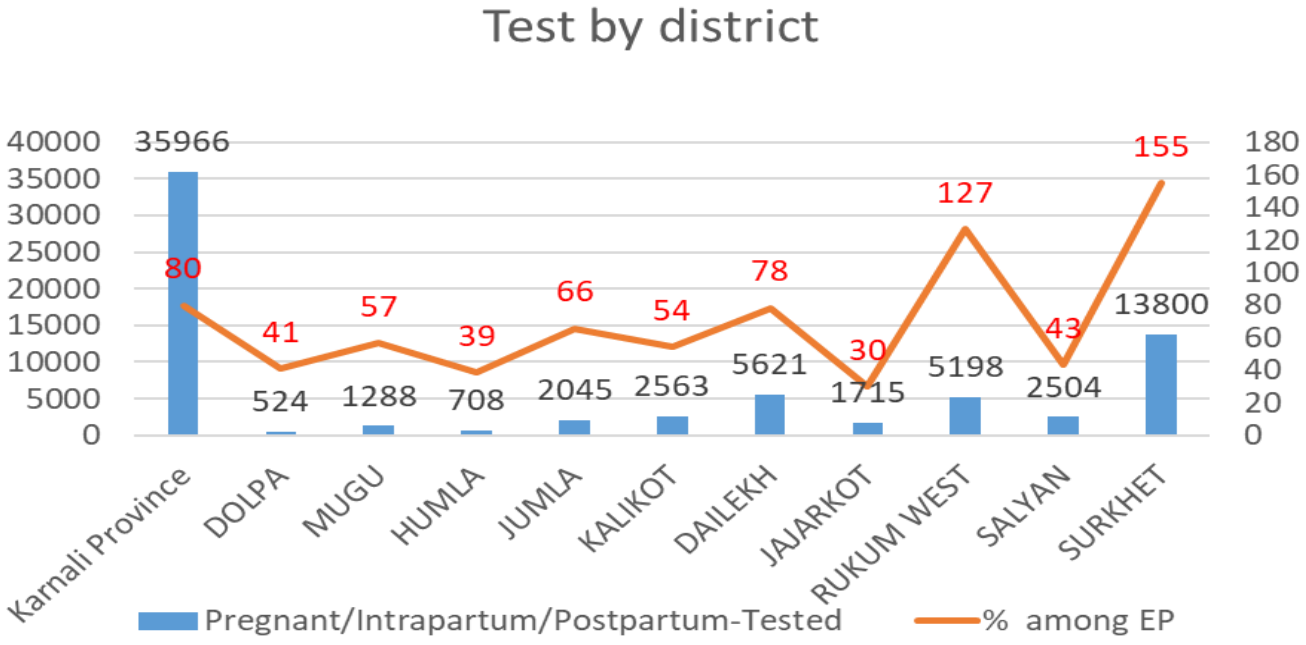
% of tested among EP

Positive 3

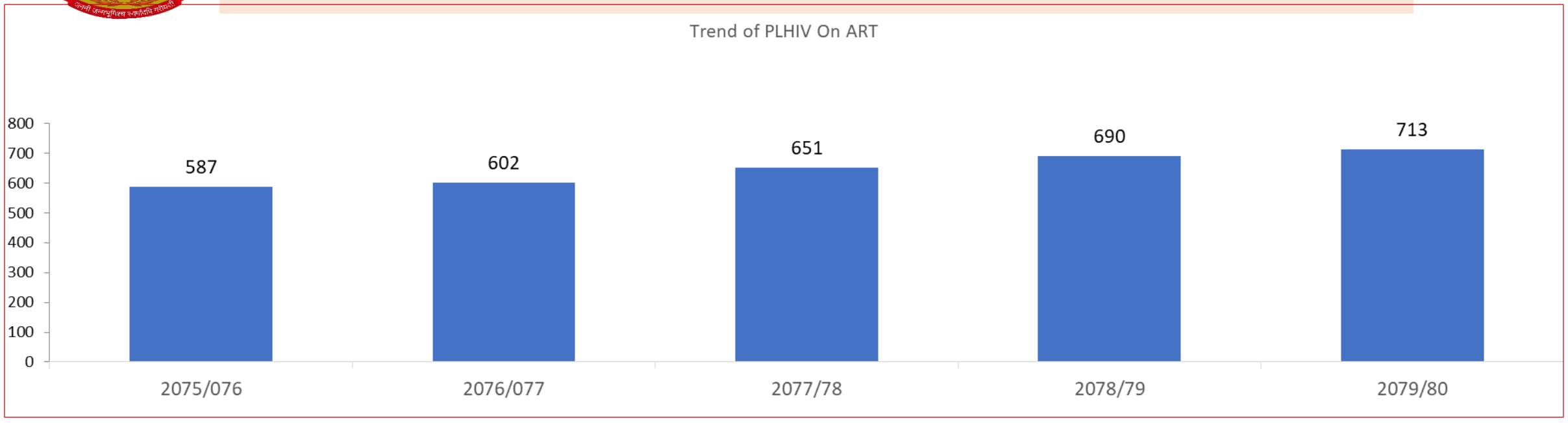
12653

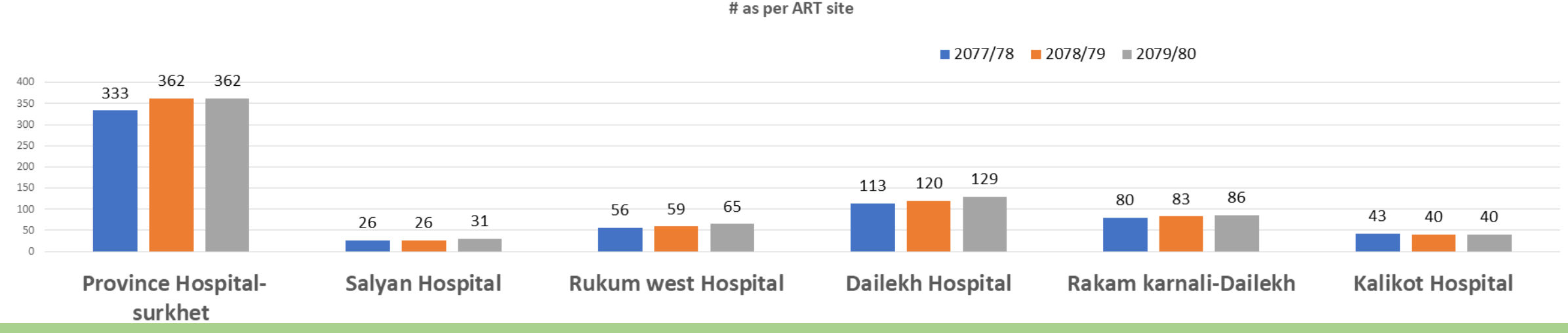
Positive 36

Syphilis Test

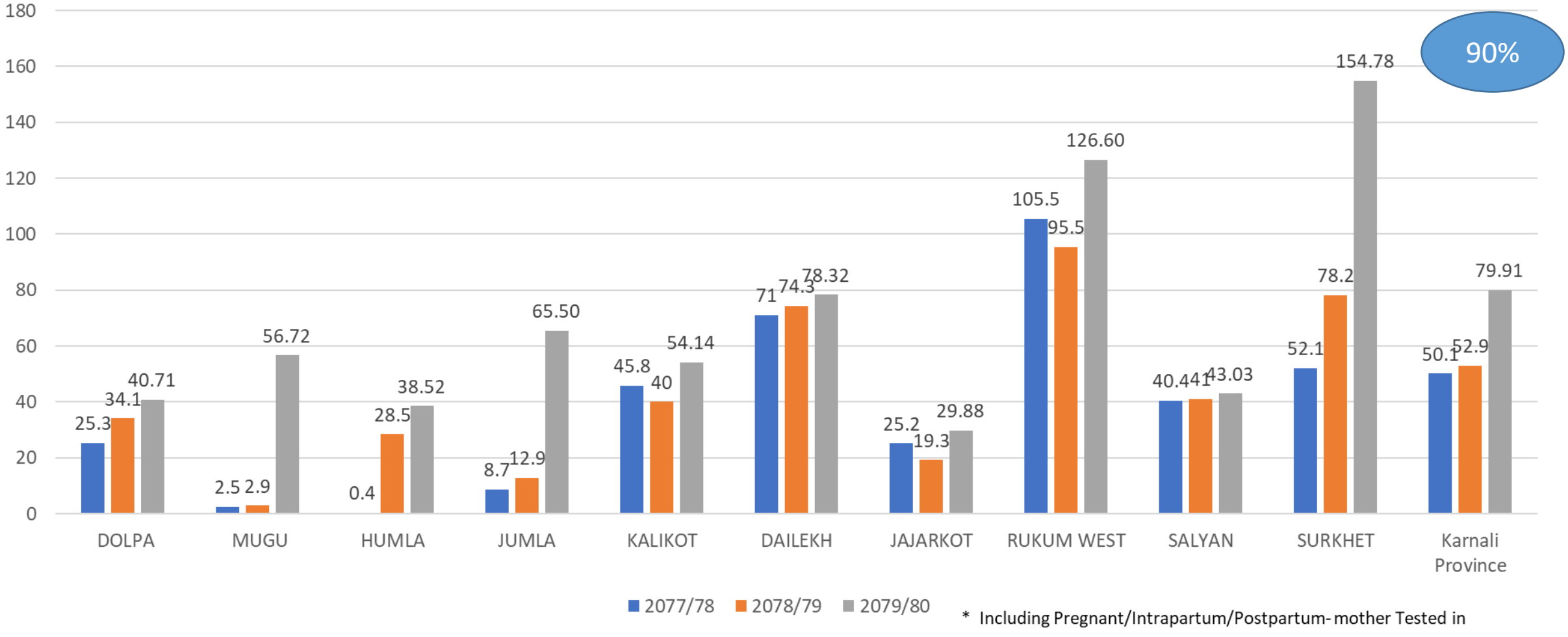


PLHIV On ART


Trend of PLHIV On ART
800
700
600
500
400
300
200
100
0
587
602
651
690
713
2075/076
2076/077
2077/78
2078/79
2079/80

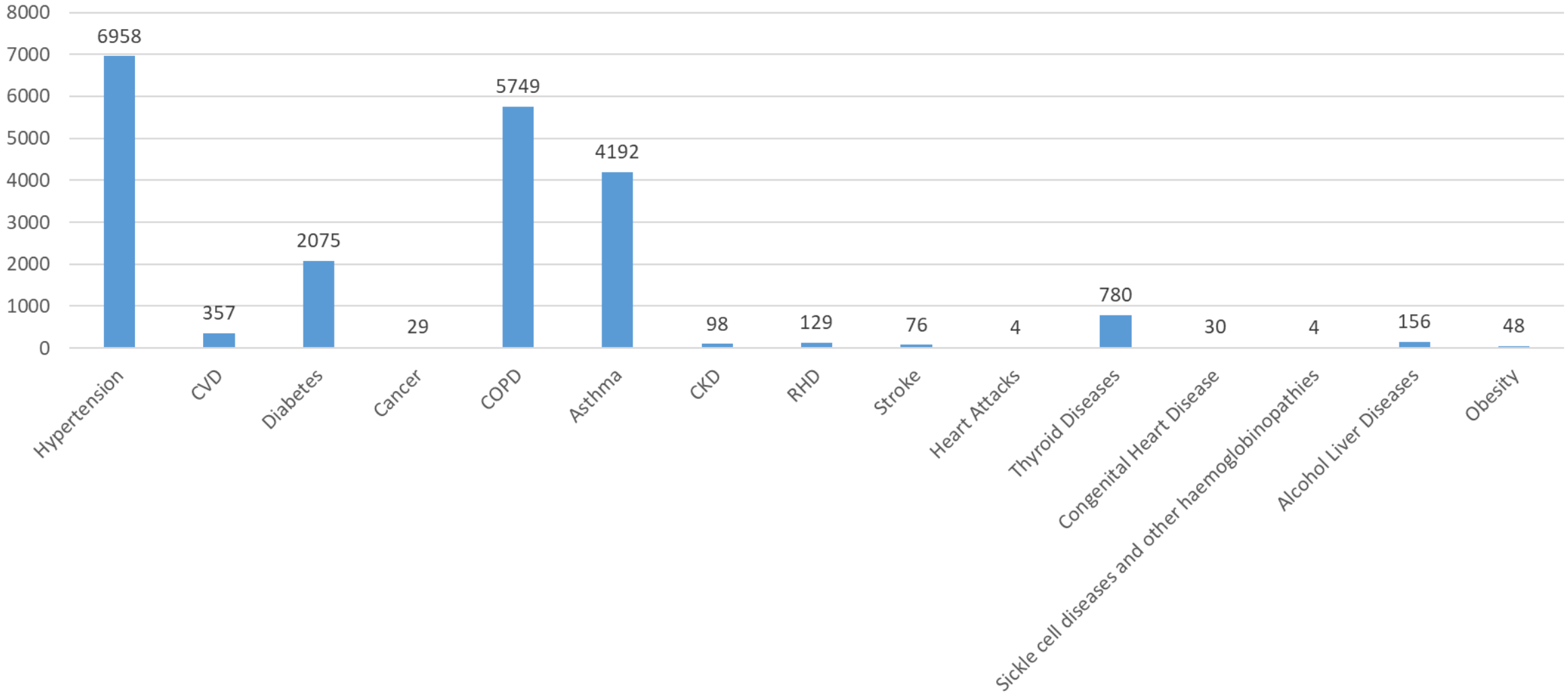

as per ART site
2077/78
2078/79
2079/80
400
350
300
250
200
150
100
50
0
333
362
362
26
26
31
56
59
65
113
120
129
80
83
86
43
40
40
Province Hospital-surkhet
Salyan Hospital
Rukum west Hospital
Dailekh Hospital
Rakam karnali-Dailekh
Kalikot Hospital

% of pregnant/ Intrapartum/ postpartum mother tested for HIV at an ANC checkup

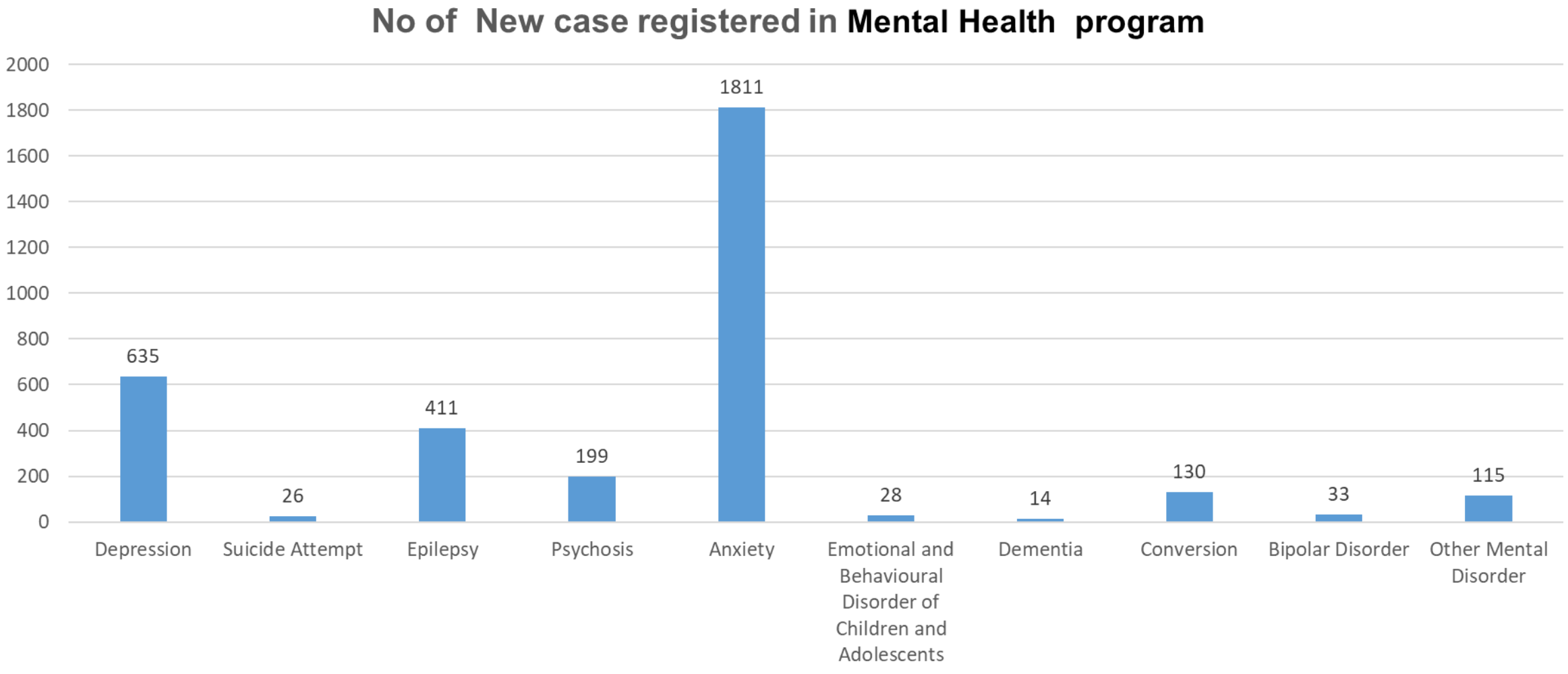


* Including Pregnant/Intrapartum/Postpartum- mother Tested in

No of New case registered in Non communicable Disease



Mental Health



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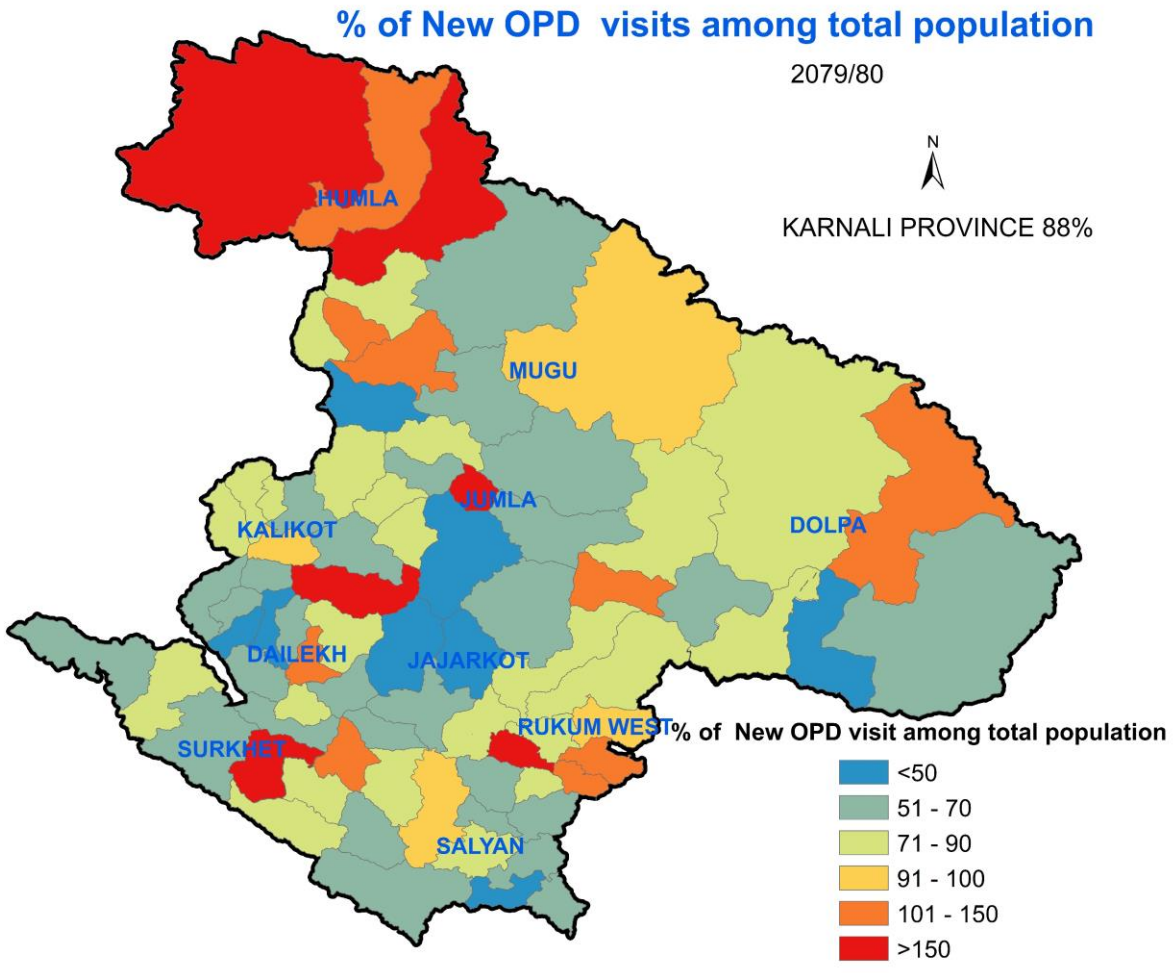
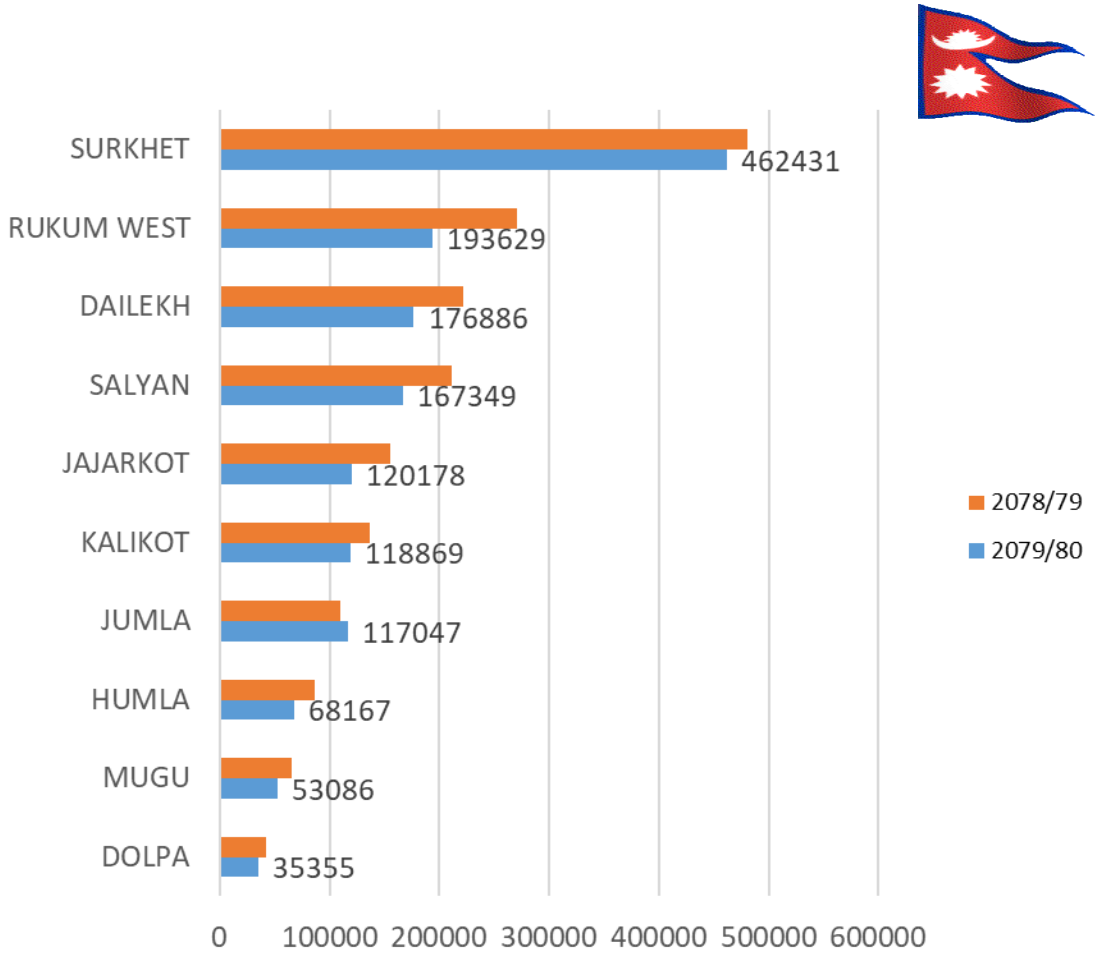
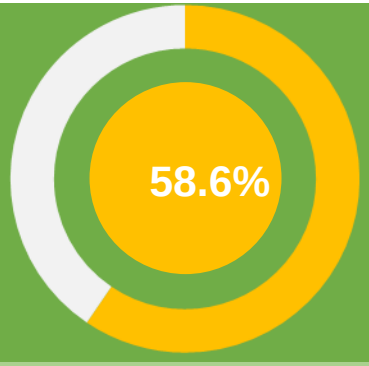
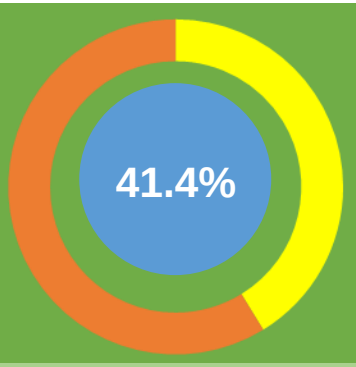






TOTAL OPD VISIT(NEW) 1512997
87.7% among Total Population)

MALE FEMALE PROPORTION



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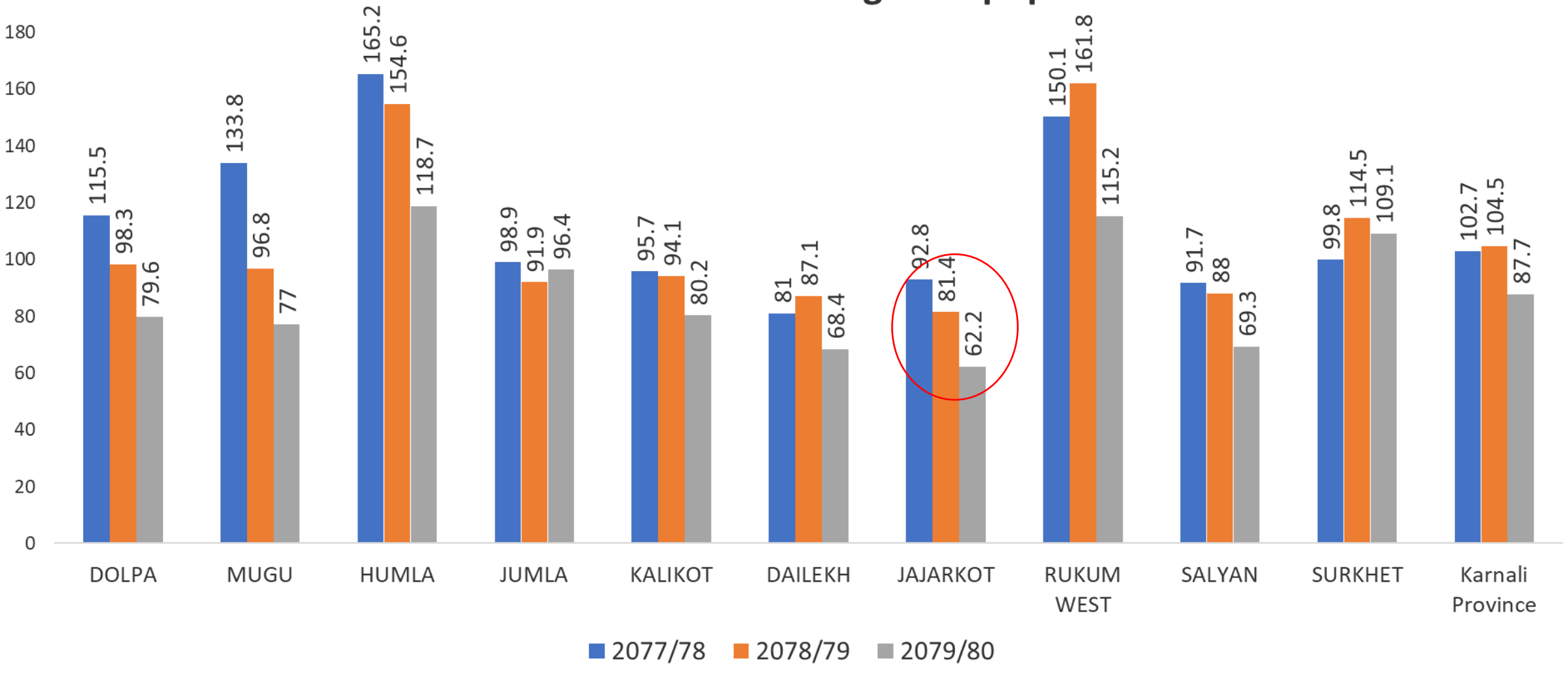
% of OPD New Visits among total population



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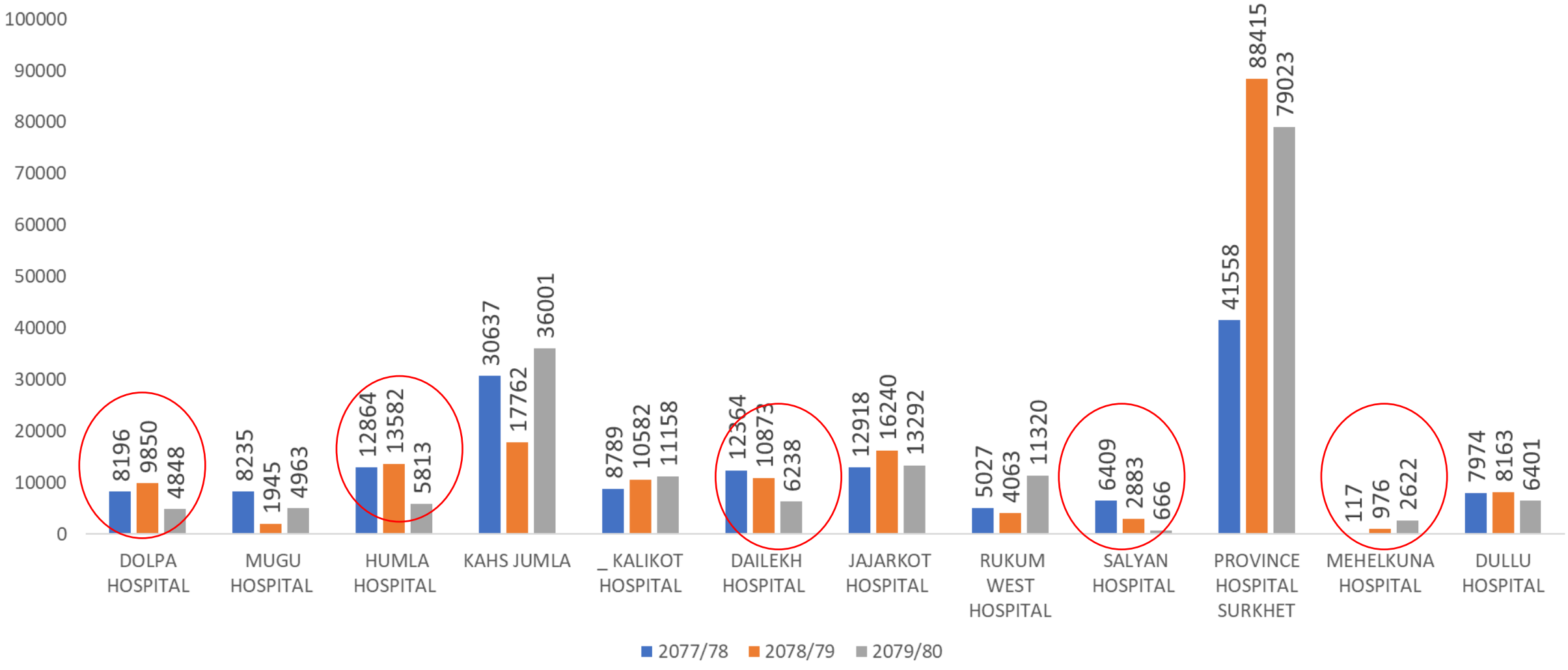
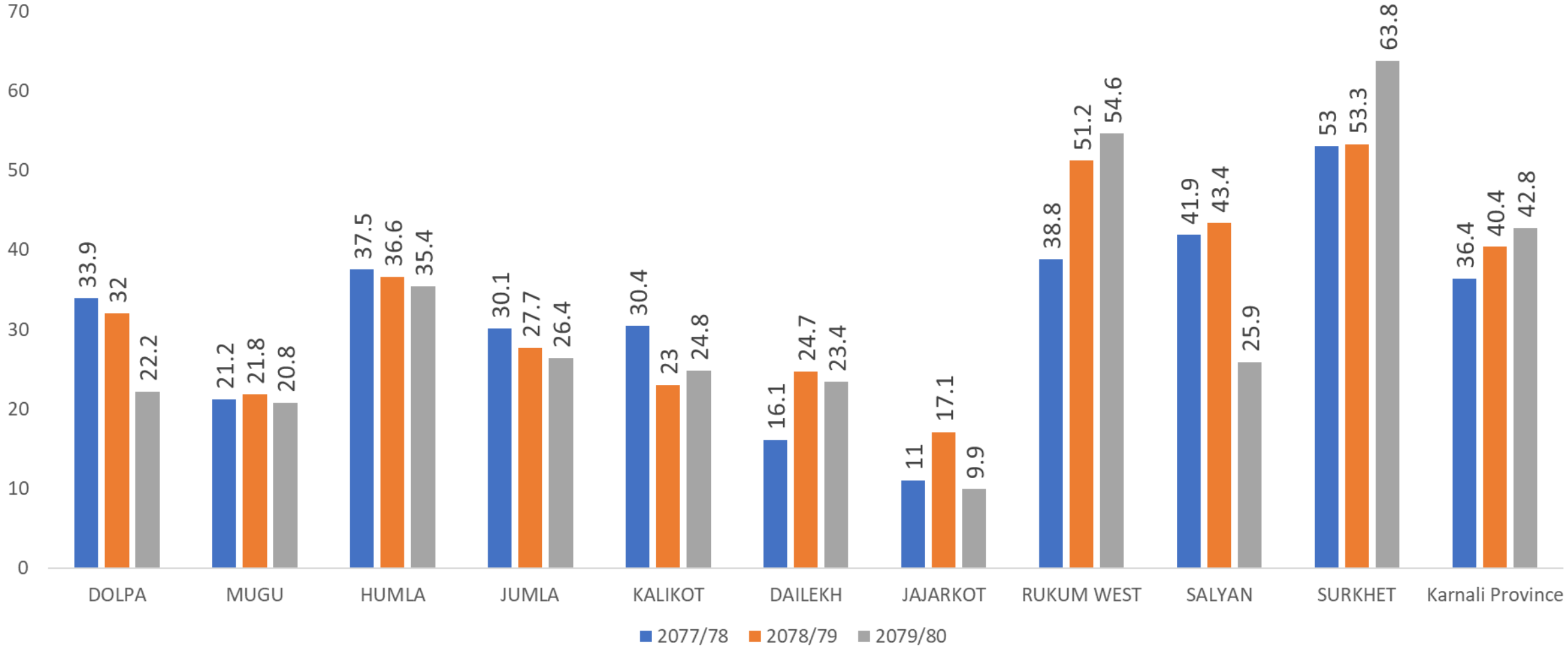
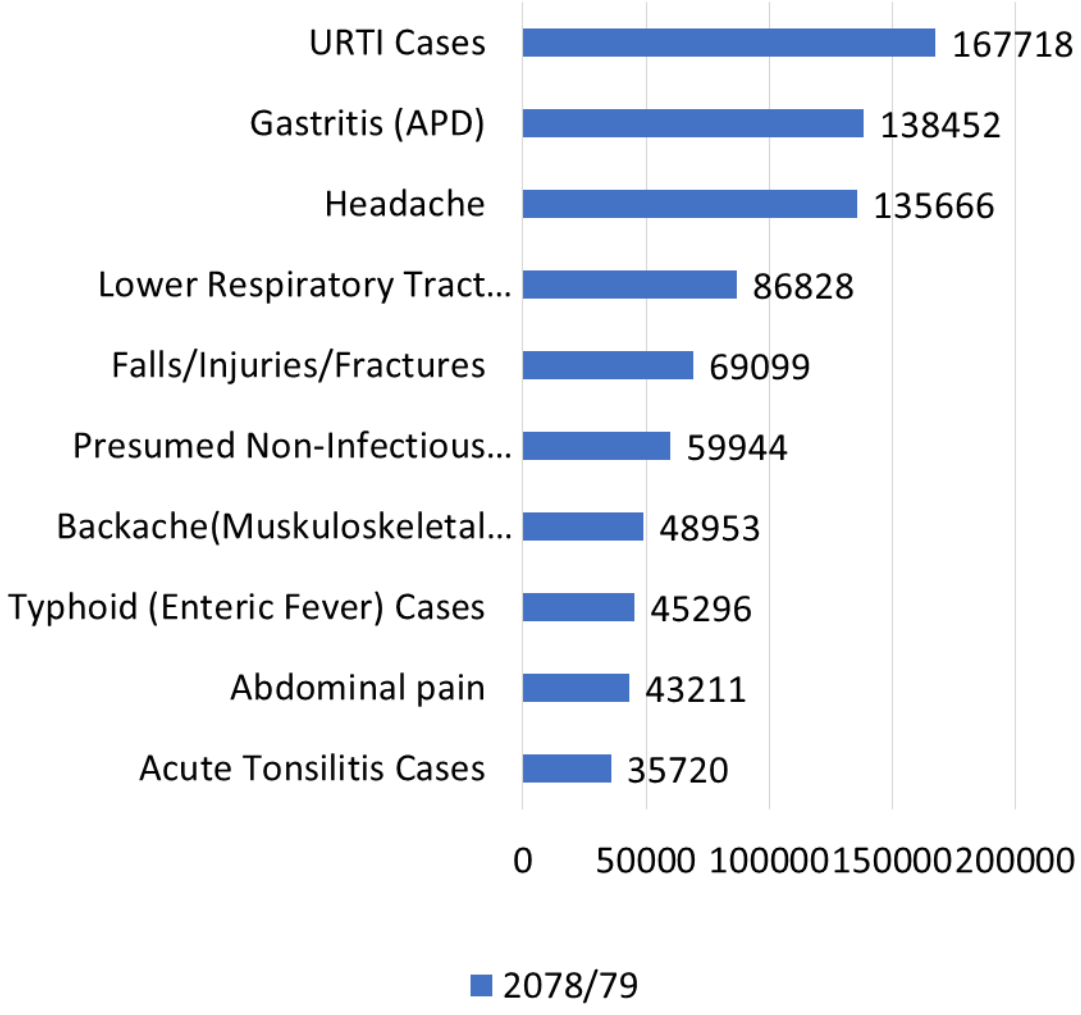
No of OPD New Visits on major Hospital among total population

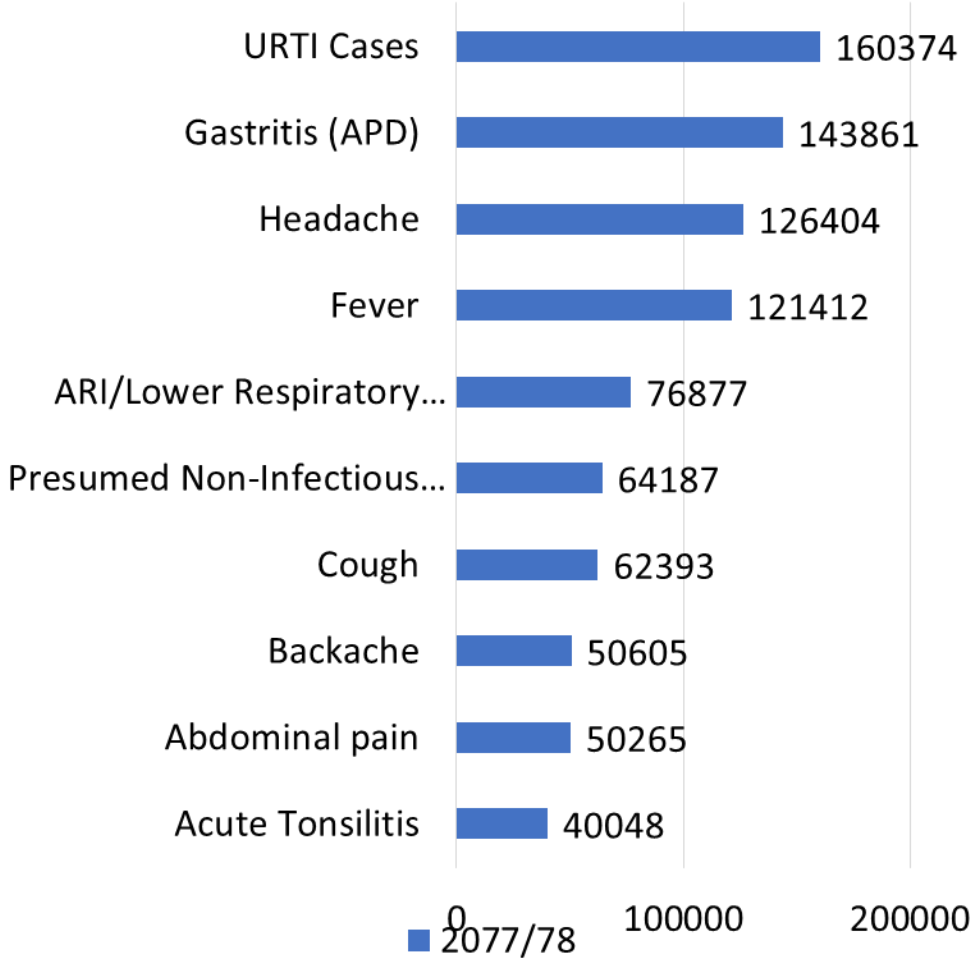


Bed occupancy rate



Top 10 Morbidities in Last Two Fiscal Years





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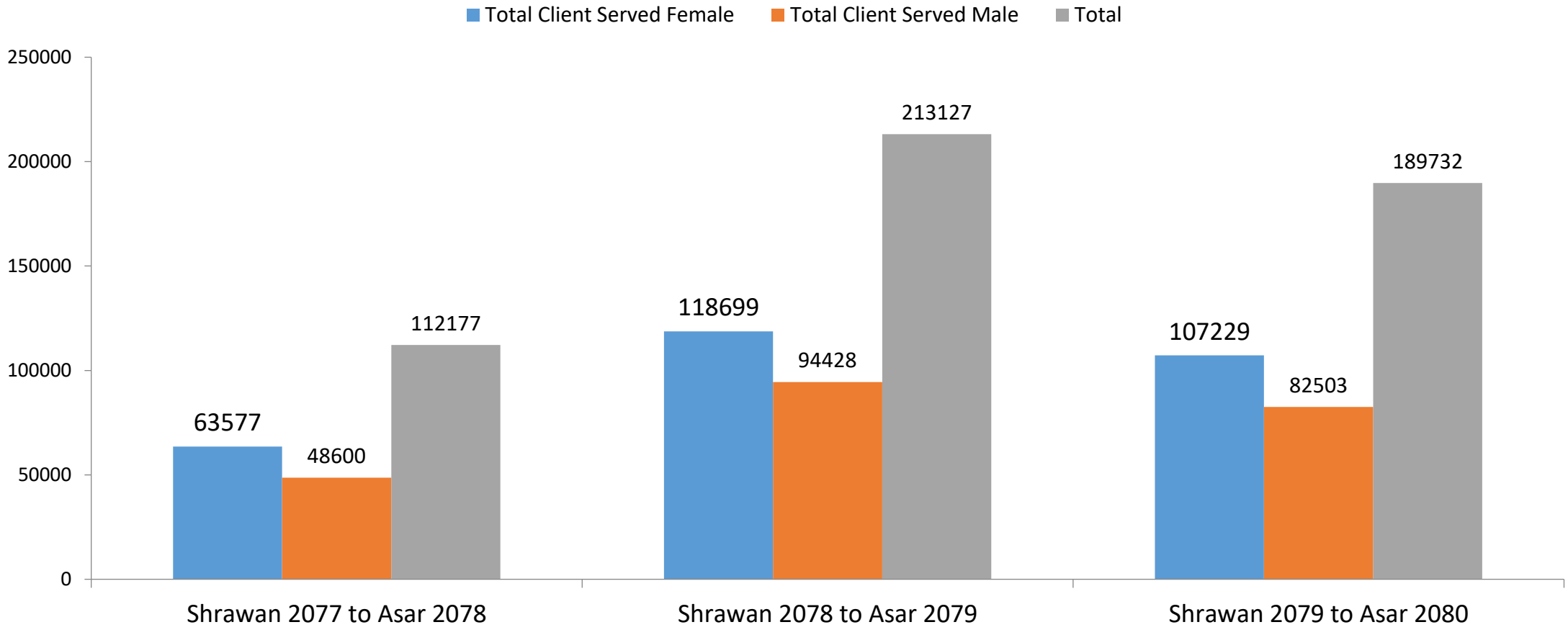
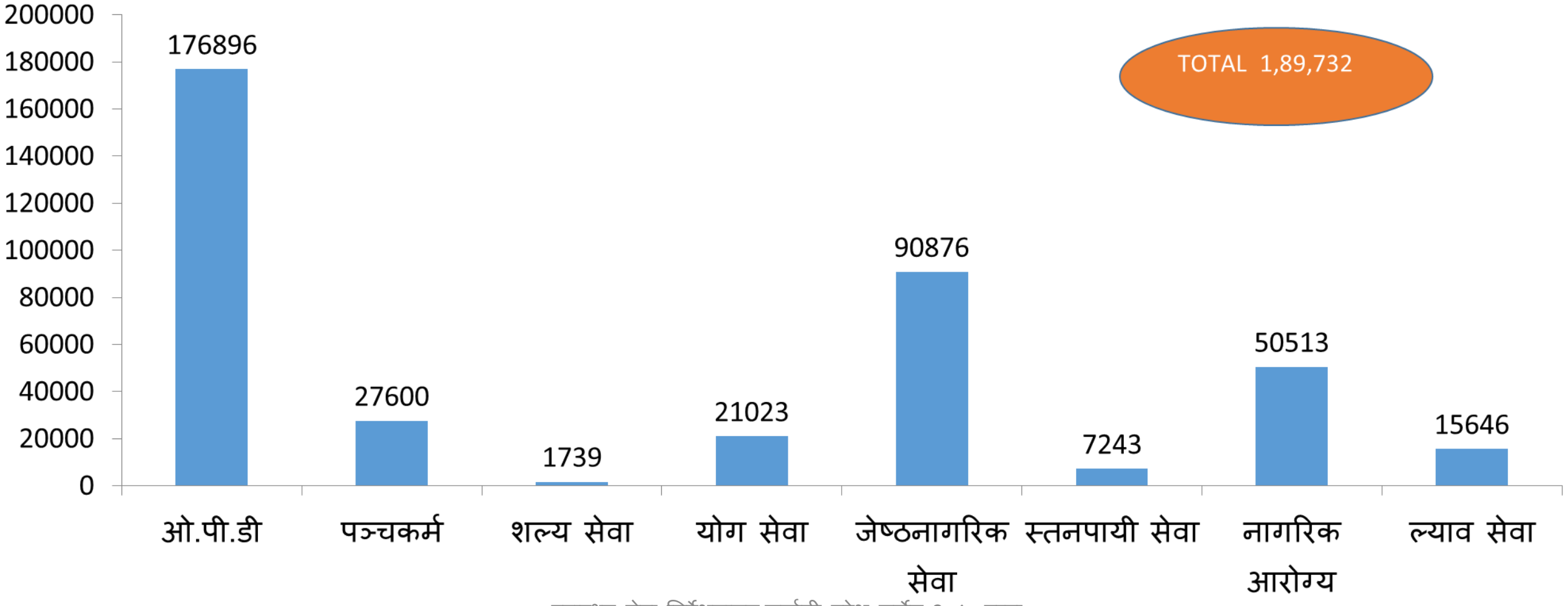
Ayurveda Service Utilization in Karnali Province in Three Years



सेवा अनुसार प्रदेशको कुल बिरामी तथ्यांकः



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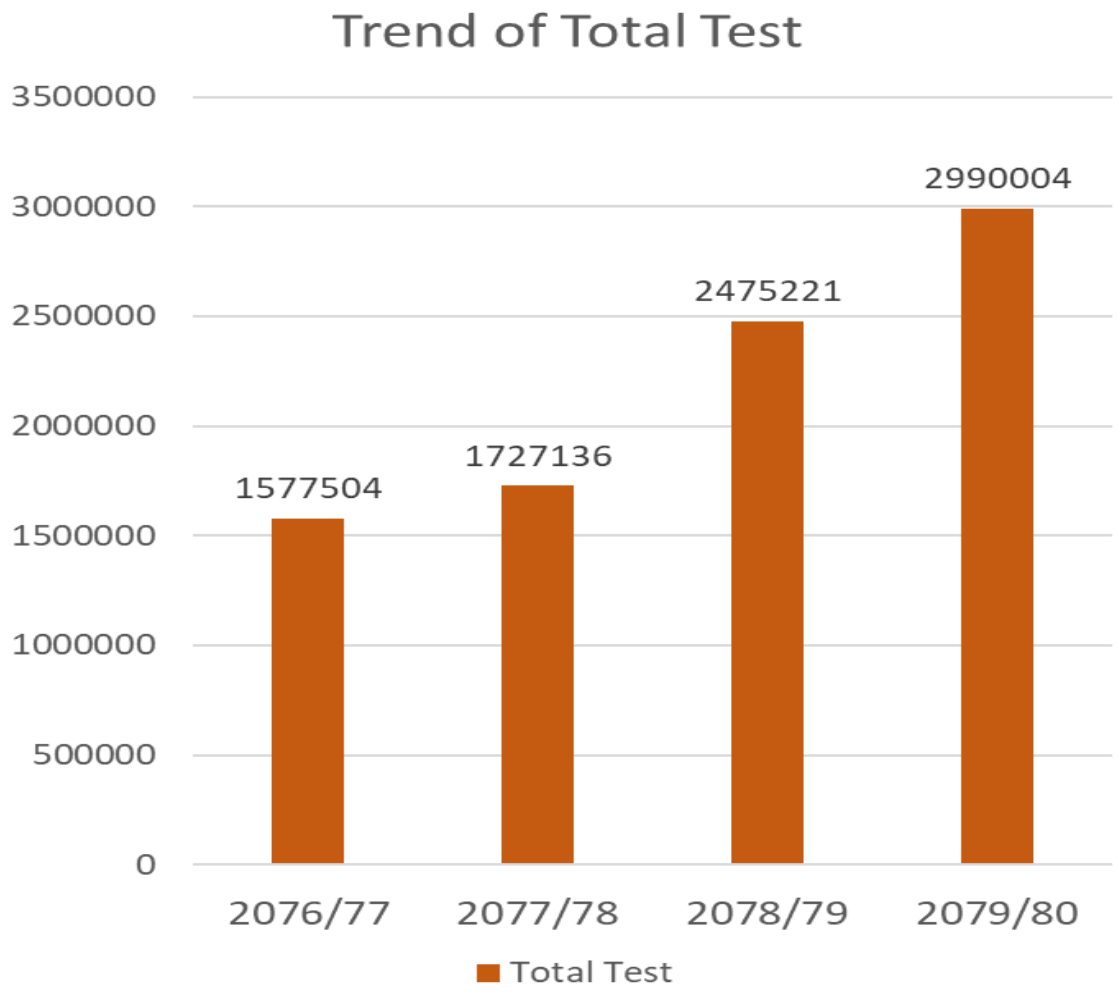
Laboratory Services

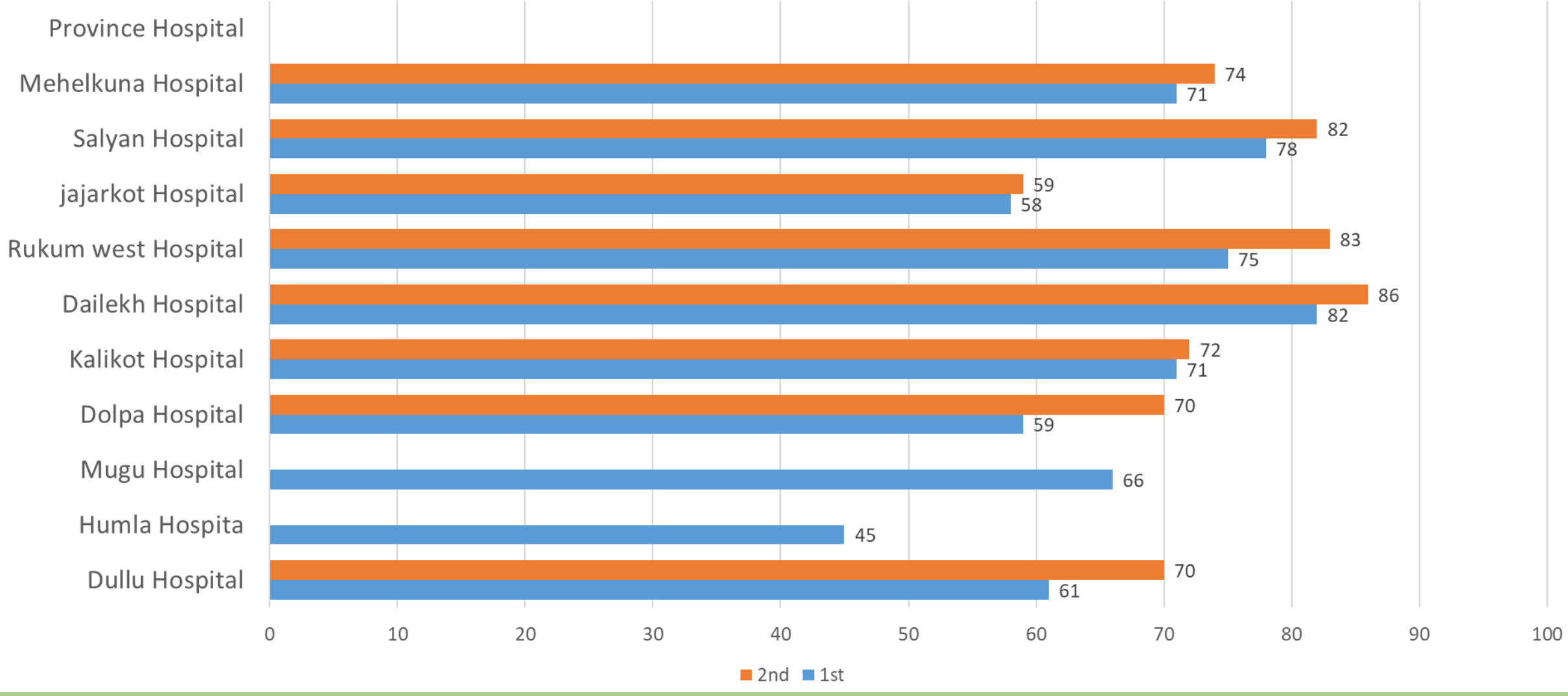
Laboratory Test in FY 2079/80

1567745 HAEMATOLOGY	171041 IMMUNOLOGY	821801 BIOCHEMISTRY
1610004 VIROLOGY	181428 PARASITOLOGY	51761 BACTERIOLOGY
1248 HISTOPATHOLOGY / CYTOLOGY	85711 HORMONE/ ENDOCRINE	310 MOLECULAR LAB & PCR

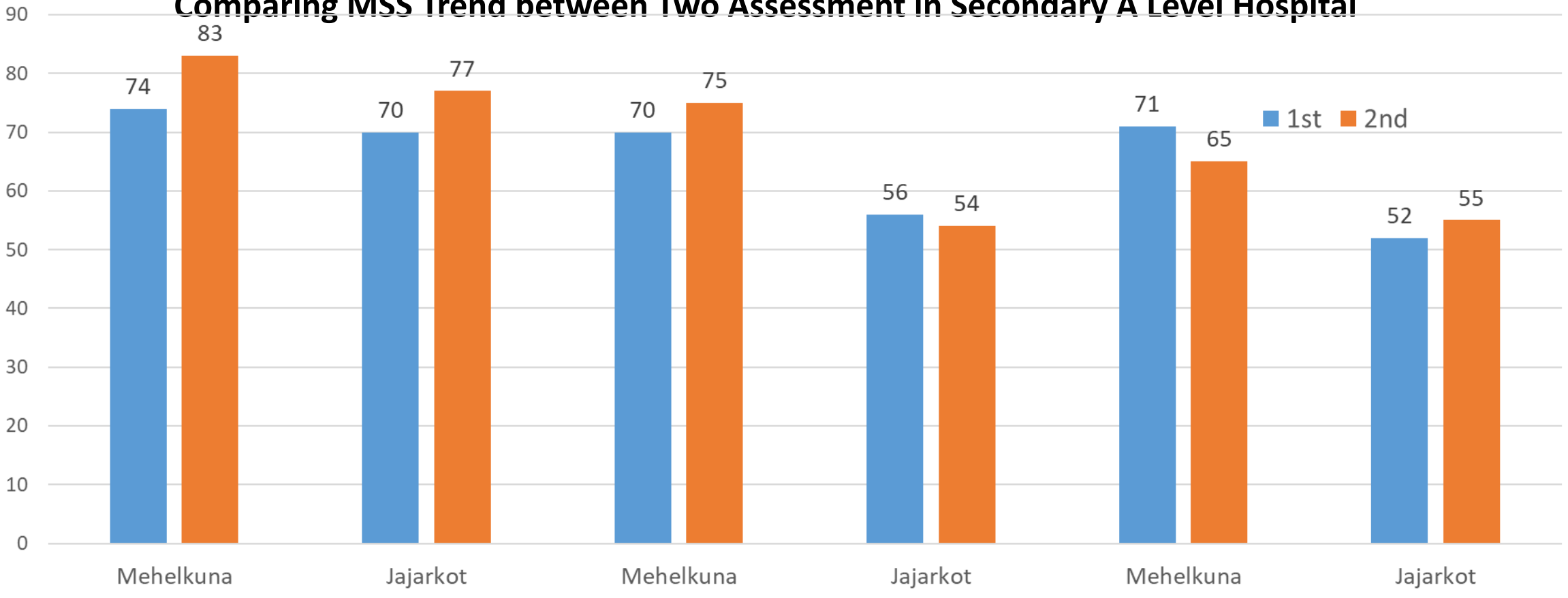


HAEMATOLOGY	1368521

Aggregate Score Obtained During Assessment of MSS FY 2079/80



Comparing MSS Trend between Two Assessment in Secondary A Level Hospital

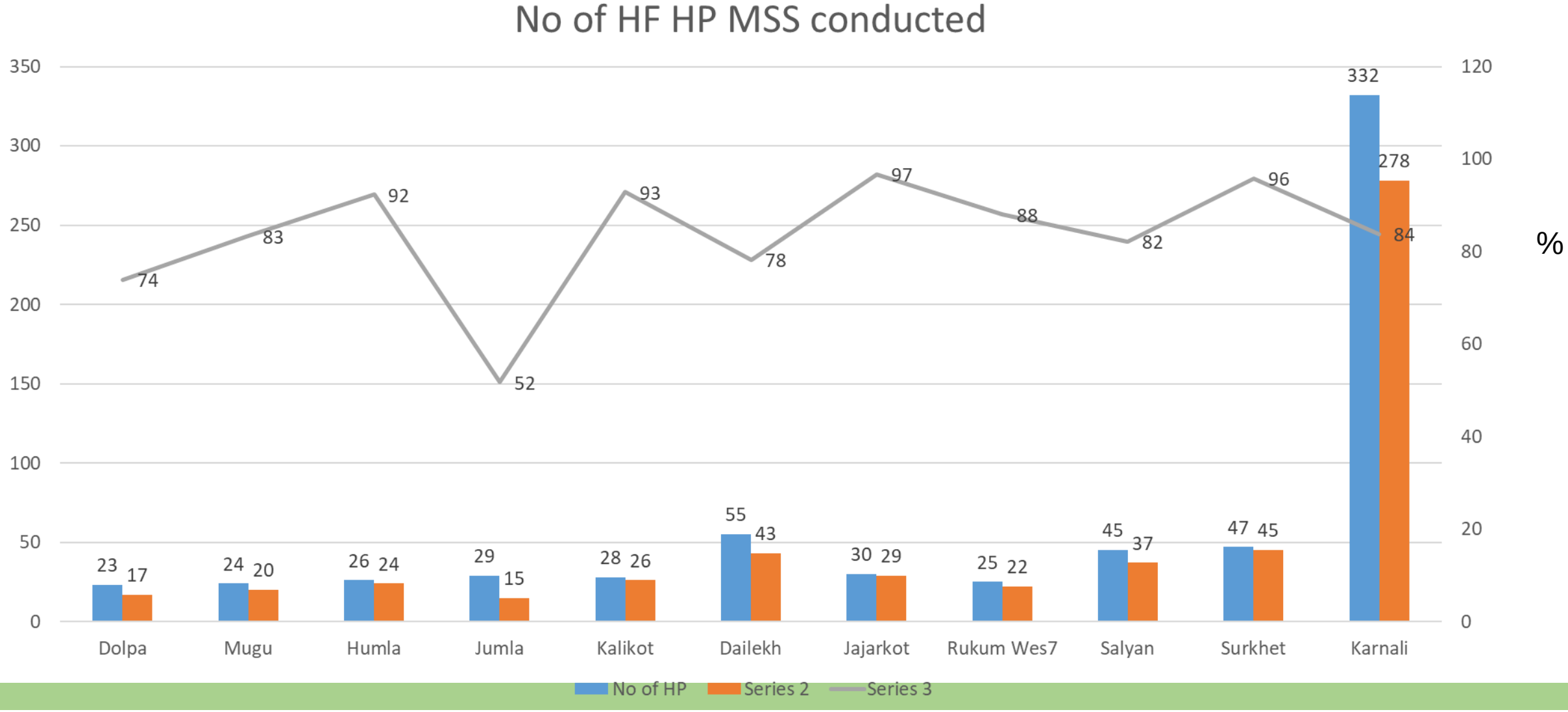


Governance Management

Clinical Services

Support Services

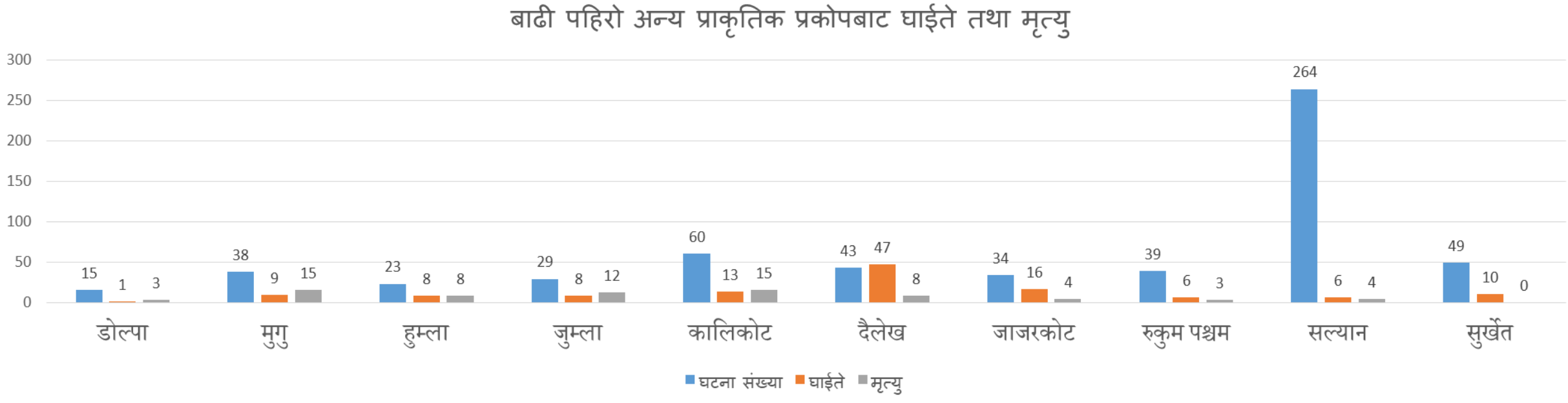
2079/80


No of HF HP MSS conducted
350
300
250
200
150
100
50
0
120
100
80
60
40
20
0
%
23 17
24 20
26 24
29 15
28 26
55 43
30 29
25 22
45 37
47 45
332 278
74
83
92
52
93
78
97
88
82
96
84
Dolpa
Mugu
Humla
Jumla
Kalikot
Dailekh
Jajarkot
Rukum Wes7
Salyan
Surkhet
Karnali
No of HP
Series 2
Series 3

कर्णाली प्रदेशमा जिल्ला अनुसार प्राकृतिक प्रकोपको जोखिम अवस्था

बाढी	पहिरो	हावाहुरी	चट्याङ्ग	संक्रमक रोग, सवारी दुर्घटना, महामारी	आगलागी
कालिकोट, जाजरकोट सुर्खेत दैलेख	कालिकोट, जाजरकोट, मुगु सुर्खेत	हुम्ला, जुम्ला, डोल्पा, मुगु, जाजरकोट	कालिकोट, जाजरकोट र सुर्खेत,	सल्यान जाजरकोट, कालिकोट मुगु, सुर्खेत,	सल्यान, कालिकोट, हुम्ला, जाजरकोट सुर्खेत

जम्मा घटना	घाईते	मृत्यु
५७६	१२४	७२



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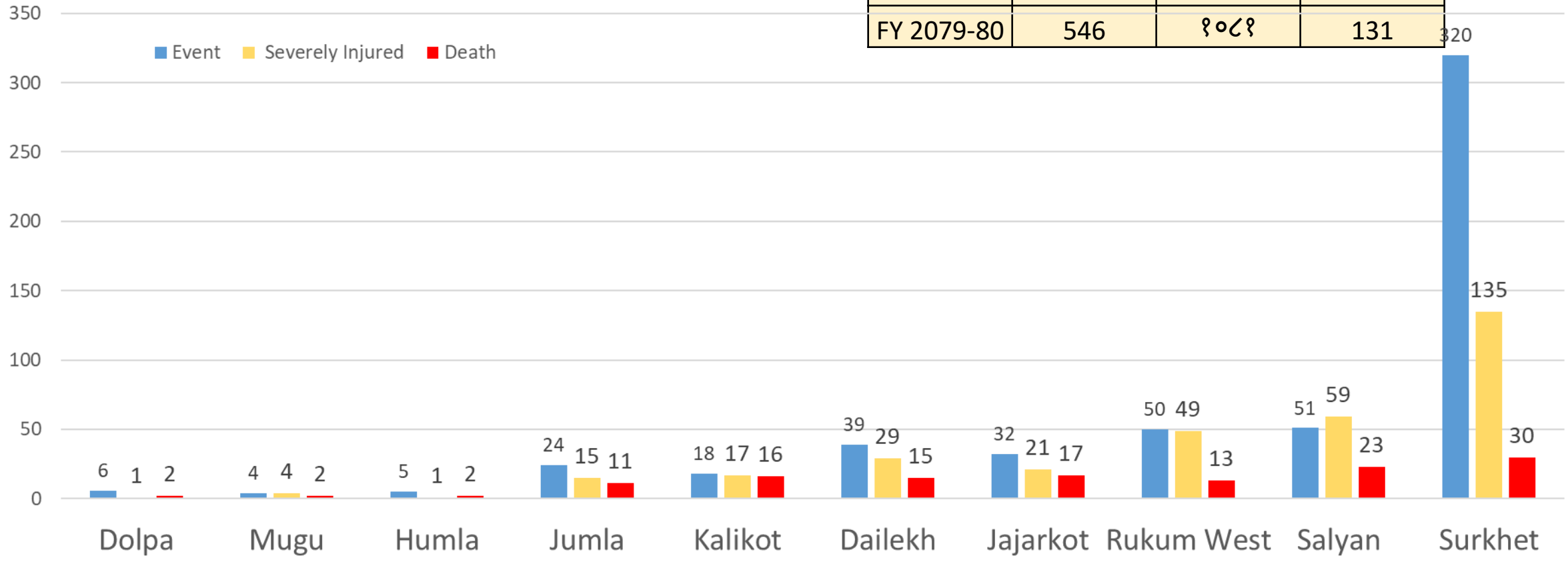
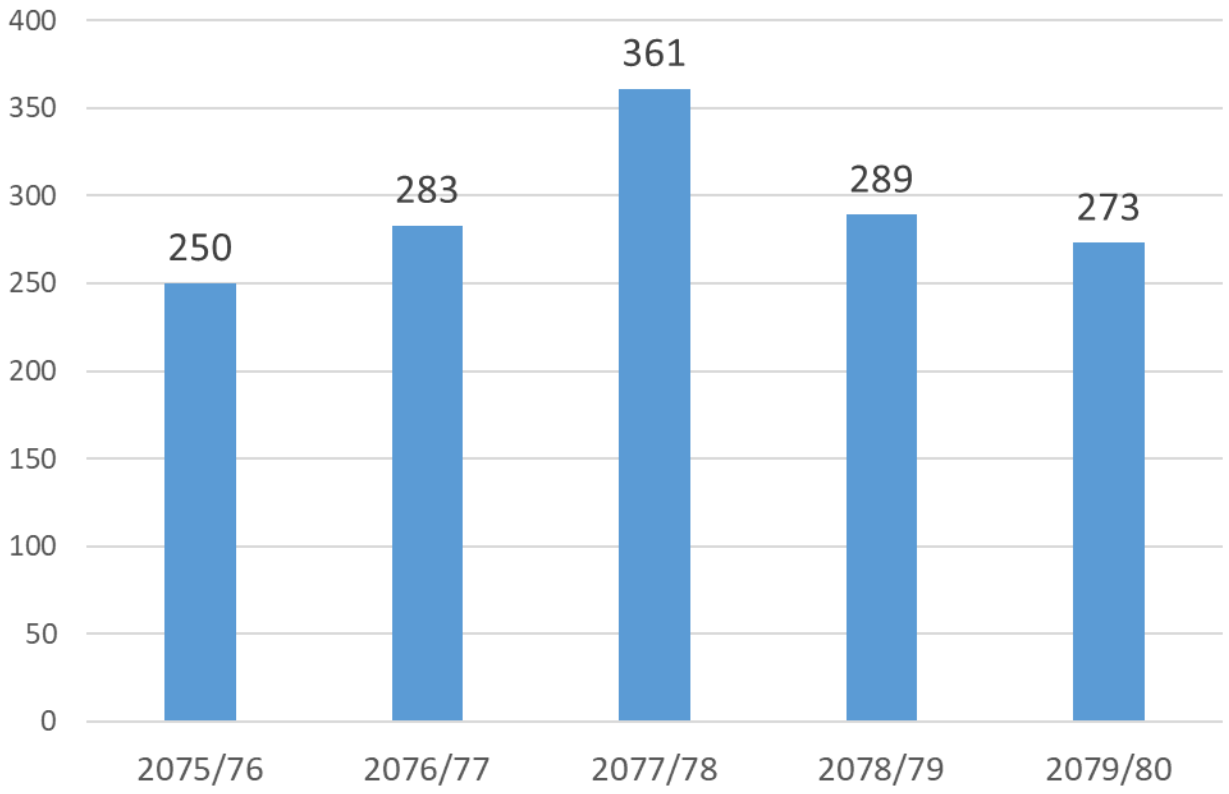
आ व २०७९।८० मा भएको सवारी दुर्घटना

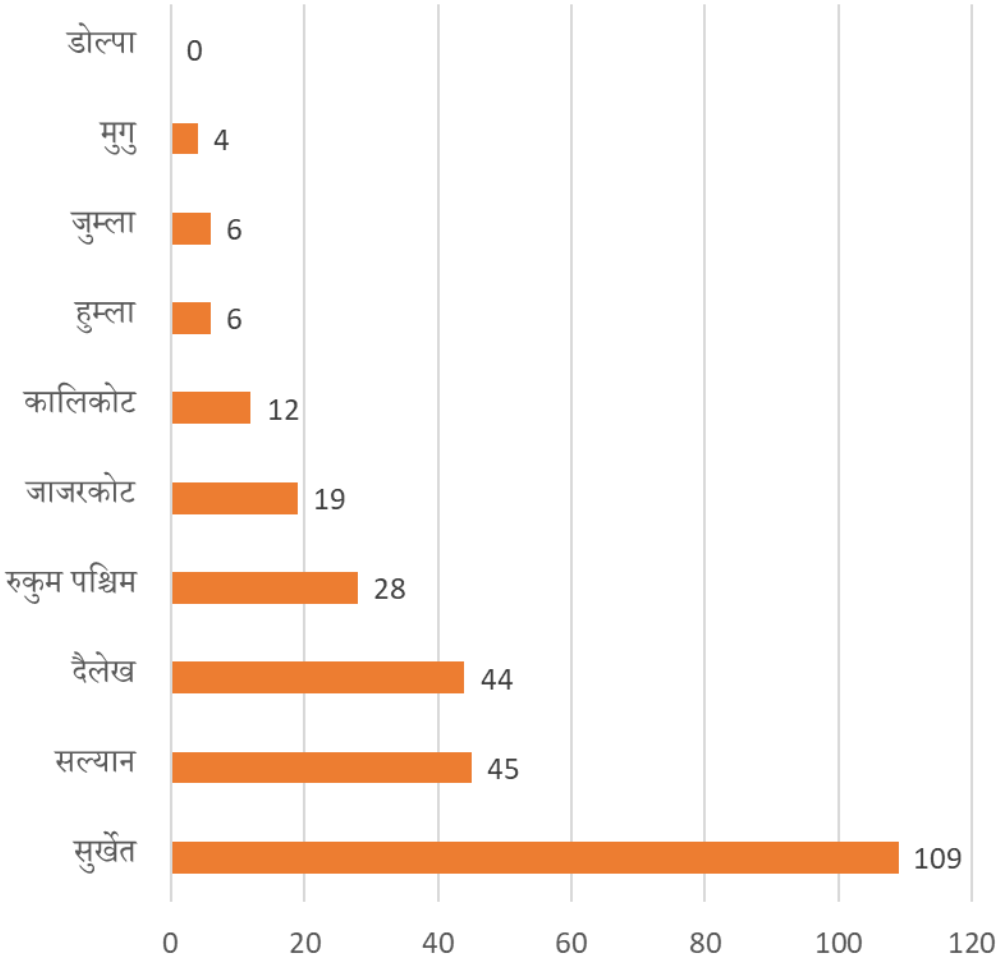
	दुर्घटना	घाईते	मृत्यु
FY 2077-78			103
FY 2078-79			147
FY 2079-80	546	१०८१	131



कर्णाली प्रदेशमा आत्महत्याको अवस्था



जिल्ला अनुसार

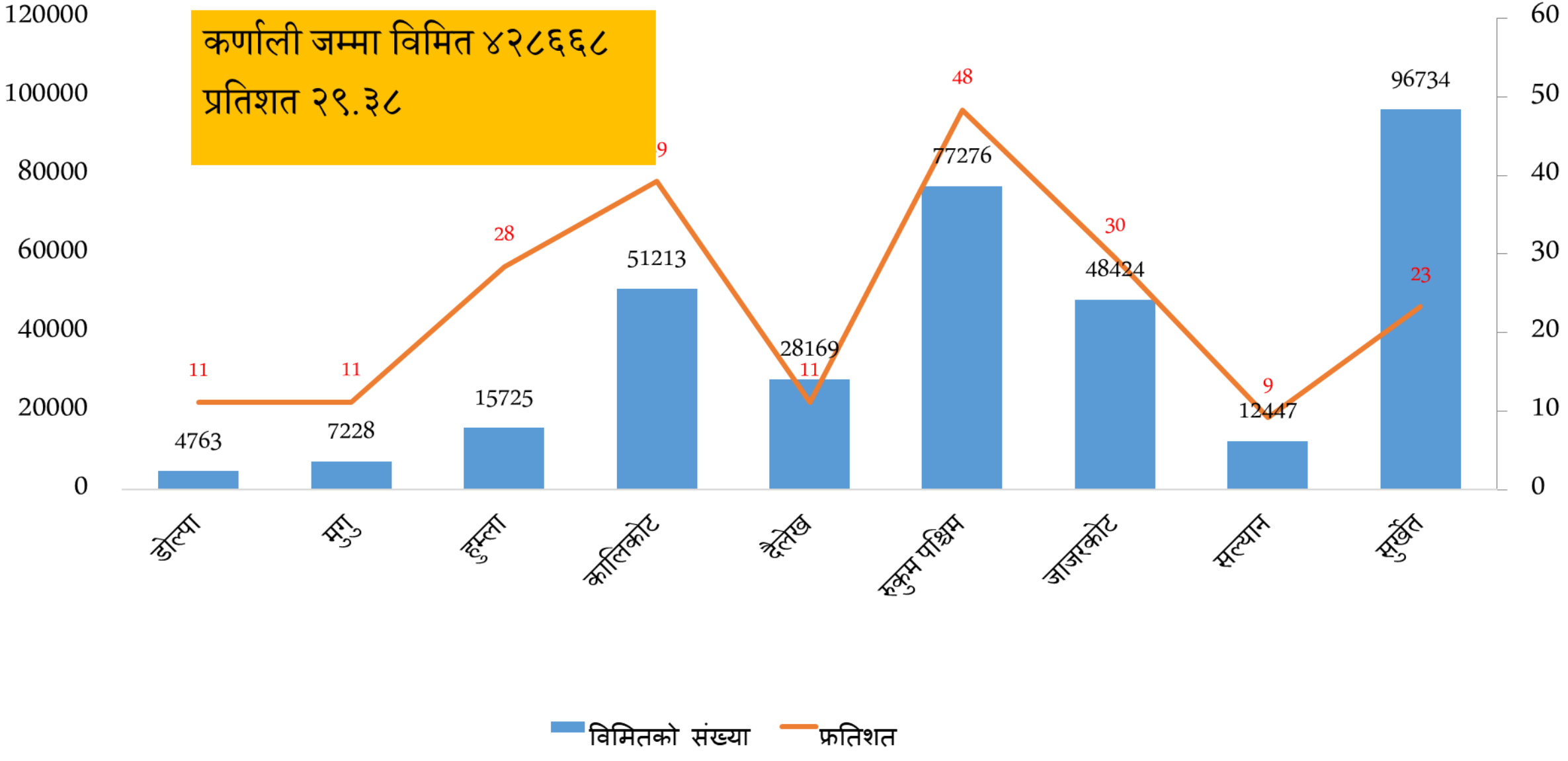


श्रोत : आन्तरिक मामिला मन्त्रालय

स्वास्थ्य बीमा कार्यक्रममा २०७९।८० सम्म दर्ता विमित संख्या

कर्णाली जम्मा विमित ४२८६६८

प्रतिशत २९.३८



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सम्पादित मुख्य कृयाकलापहरु

कार्यक्रम	सम्पादित मुख्य क्रियाकलापहरू
सुरक्षित मात्तृत्व,खोप,एकीकृत वाल स्वास्थ्य तथा पोषण कार्यक्रम	• नयाँ स्वास्थ्यकर्मीहरुका लागि खोप, कोल्डचेन र ए.इ.एफ.आई सर्भिलेन्स सम्बन्धी तालिम संचालन , सहजिकरण • गर्भवती तथा सुत्केरी महिला तथा ६ देखि २३ महिना सम्मका बालबालिकाहरु लक्षित कार्यक्रम को प्रभावकारिताको लागि अनुगमन अन साईट कोचिंग • स्थानीय तहमा रहेका स्वास्थ्यकर्मीहरुलाइ खोप तालिम सहजिकरण तथा स्थलगत अनुशिक्षण साथै सहयोगात्मक सुपरिवेक्षण • पोषण मैत्री स्वास्थ्य संस्था घोषणा • SMART Survey जुम्ला र मुगु
क्षयरोग नियन्त्रण	• प्रदेश जनस्वास्थ्य प्रयोगशालामा जिन एक्सपर्ट सेवा विस्तार • ओषधि प्रतिरोधी क्षयरागी विरामीहरुको समयमै उपचार व्यवस्थापनका लागि लुम्बिन प्रदेश मा सहेको TB Nepal संग समन्वय गरी उपचारमा सुनिश्चितता • कर्णाली स्वास्थ्य विज्ञान प्रतिष्ठान र डोल्पामा क्षयरोगको उपचार व्यवस्थापनका लागि CME संचालन
अपांगता रोकथाम तथा कुष्ठरोग निवारण	• आवधिक रुपमा कुष्ठरोगको औषधी आपूर्ति तथा ढुवानी, औषधि सम्वन्धि गुणस्तर नियन्त्रण तथा प्राविधिक जाँच • विश्व कुष्ठरोग दिवस तथा अपांगता दिवस को अवसरमा पत्रकार अन्तरक्रिया, विद्यालय स्वास्थ्य शिक्षा एवं सन्देश प्रसारण गरिएको • अपाङ्गता भएका व्यक्तीहरुकालागि सहायक सामग्रीहरु वितरण तथा व्यवस्थापन
एड्स तथा यौनरोग नियन्त्रण	• एड्स तथा यौन रोग सम्बन्धी तथा एच आई भी संक्रमितहरुकालागि अवसरवादी संक्रमणको उपचारको लागि औषधि वितरण • प्रदेश जनस्वास्थ्य प्रयोगशालामा भाइरल लोड मेसिन जडान

कार्यक्रम	सम्पादित मुख्य क्रियाकलापहरू
इपिडेमियोलोजी, औलो कालाजार नियन्त्रण तथा प्राकृतिक प्रकोप व्यवस्थापन	• औलोको जोखिममा रहेका क्षेत्रहरुमा किटनाशक विषादी छिटकाउ तथा झूल वितरण • औलो तथा कालाजार तथा डेंगु ज्वरोको नियन्त्रण रोकथाम कार्यक्रम • प्रदेश स्तरिय औलो रोग निवारण निर्देशक समिति गठनका साथै कार्य प्रारम्भ • स्वास्थ्य सेवा प्रदायक संस्थाहरुका लागि खानेपानी, सरसफाइ तथा स्वच्छता सम्बन्धी राष्ट्रिय मापदण्ड, २०७८ अभिमुखीकरण • आधारभूत स्वास्थ्य सेवा तथा आकास्मिक सेवाको स्तरिय उपचार पद्दति सम्वन्धी अभिमुखिकरण तथा व्यवस्थापन • रेविज रोगको प्रकोप नियन्त्रण • डेङ्गुरोग नियन्त्रणकालागि विभिन्न कृयाकलापहरु संचालन
सूचना व्यवस्थापन	• स्थानिय तह स्वास्थ्य चौकी स्तर सम्म स्वास्थ्य कर्मीहरुलाई DHIS-2 संचालन • सबै पालिकाहरुबाट इ एल एम आइ इस , ई रिपोर्टिग शुरुवात ३ जिल्लाका १६२ वटा स्वास्थ्य संस्थाहरुमा ELMIS संचालन • तथ्यांक गुणस्तर सुधारका लागि गुणस्तर सुधार टोली गठन, स्थलगत मेन्टोरिंग, SMS feedback तथा भर्च्युयल माध्यमबाट छलफल • स्वास्थ्य संस्था स्तर सम्म ईलेक्ट्रोनिक रेकर्डिग र रिपोर्टिंग स्थानिय तह हाल सम्म ५३ वटा स्वास्थ्य संस्थामा सुचारु • परिमार्जित HMIS tools तथा निर्देशिका वितरण एवम् व्यवस्थापन • QGIS तालिम संचालन
आयुर्वेद	• प्रदेश आयुर्वेद औषधालयलाई आयुर्वेद अस्पताल तथा अनुसन्धान केन्द्रमा रुपान्तरण • प्रदेशका सम्मुर्ण आयुर्वेद संस्थाहरू बाट आयुर्वेद स्वास्थ्य ब्यवस्थापन सुचना प्रणालिबाट रिर्पोट कार्य शुरू गरिएको। • ६ जिल्लाका जनप्रतिनिधिहरु लाई नागरिक आरोग्य कार्यक्रम सम्बन्धी अभिमुखीकरण • प्रदेशमा योग सम्बन्धी प्रशिक्षण प्रशिक्षक तालिम सम्पन्न ३० जना प्रशिक्षक तयार।
समन्वय	• संघिय सरकार र स्थानीय तह वीच स्वास्थ्य सेवा प्रभावकारी रुपमा संचालनका लागि समन्वय • विकास साझेदारी संस्थाहरुसंग नियमित रुपमा PHCT/Cluster वैठक बसी स्वास्थ्य सम्वन्धी कृयाकलापहरुमा समन्वय सहजिकरण • उपचारात्मक सेवा र महामारी व्यवस्थापनका लागि हव तथा स्याटलाईट नेटवर्क स्थापना र कार्य प्रारम्भ

Issues and Action taken

Program	Issues	Recommendation of Annual review 2078/79	Action taken
Immunization	• Decreasing trend of coverage of all vaccines • No. of municipalities with category 4 is still high • High vaccine wastage rate of MDVP	• Microplanning of immunization program and implement campaign especially in Cat 4 municipalities • Frequent monitoring visits to health facilities/EPI clinics	• Microplanning done among all at district level • Monitoring visit for full immunization declaration
Safe-Motherhood	• Home delivery still persists • Variation between institutional delivery and SBA delivery • Still birth, Neonatal deaths and Maternal deaths	• Identify the Home delivery wards and initiate interventions • Identify training need for SBA and HRDC • Strengthen community and hospital MPDSR • Standardization of Birthing Center	• Supported Local level to Identify the Home delivery wards and initiated interventions • SBA training for 92 nursing staff • Hospital MPDSR program strengthened and implemented in all district hospitals of Karnali Province. • ROUSG training Conducted

Issues and Action to be taken

Program	Issues	Recommendation of Annual review 2078/79	Action taken
Family Planning	• Decrease in CPR	• Continuation supply of 5 FP services • Strengthening of Service Sites • Counseling during service delivery to clients	• Support for continue supply of 5 FP services • Strengthen service sites including private facilities
Child Health and newborn	• Temporary Stock out of essential medicine such as ORS , Zinc, Vit A • Treatment by antibiotics seems high • Less service utilization < 2 months infants in hospital records	• Strengthen mechanism of no stock out • Timely procurement and supply of essential medicines • Interaction/on site orientation program at hospital	• Prepare and implement procurement plan for continuous supply

Issues and Action to be taken

Program	Issues	Recommendation of Annual review 2078/79	Action Taken
Nutrition	• Increase in LBW • Average growth monitoring is low • EBF is low • IFA compliance is low • Mothers waiting room • Poor screening of < 5 Yrs. Children	• Improve growth monitoring as well as its recording and reporting • Counseling during growth monitoring and post partum visit. • Advocate for integration of IFA in school health program • Community screening for SAM and MAM cases	• Onsite coaching and monitoring to improve growth monitoring as well recording and reporting • Advocacy for improvement of IFA distribution program at various forums • Conducted SMART survey and screening program in Mugu and Jumla district
NTD	• Kala-azar infection is in increasing trend, especially in high-risk districts	• Community mobilization in search and destroy • Improve in ABER	• Community mobilization for search and destroy program in Kalikot, Humla and Surkhet District

Issues and Action to be taken

Program	Issues	Recommendation of Annual review 2078/79	Action taken
Communicable Disease/ Non Communicable Disease	• Malaria test is still low than expected • TB case notification is increasing but not as per given target • HIV/AIDS testing among ANC mothers is poor • Implementation of PEN Package	• Test need to be increased as per protocol • Availability of test kits • Identification of high risk area • Awareness about the risk behaviors • Expansion of Lab services for screening • Expansion of PEN package training	• Training to health worker to improve test as per protocol • Risk identification and categorization • Conducted PEN package training for expansion of PEN package • Gene X-pert machine installation at PPHL
Health Information Management System	• Improvement in reporting status but still need to improve on timely reporting • Issue in timely availability of HMIS tools • Data quality is questionable	• Regular follow-up to Health facilities • Onsite coaching • Data verification and RDQA • Formation Data management committee and its functionality	• Onsite coaching at local level and health facility level • Formation of Data management committee at province and district level • Implementation EHIRRS

Issues and Action to be taken

Program	Issues	Recommendation of Annual review 2078/79	Action taken
Procurement of Medicines and Equipment	• Poor and untimely supply of medicines especially in higher districts • No regular supply of essential drugs and less budget for procurement • Frequent break down of CCE • Not fully utilization of equipment	• Improve procurement and supply • Strengthen LMIS, not just for reporting • Manage technician for repair and maintenance • Availability of specialist • Capacity enhancement	• Formulation of **supply chain management guideline** to improve procurement and supply chain management • Establishment of **Bio-med technical Unit** at health service directorate
Health Financing	• Operational Expenditure is low • Issue of budget irregularities	• Technical backstopping to local level from health service office for the execution of programs • Prepare annual operational calendar to monitor AWPB	• Technical support to local level for preparation of annual operational plan.

Issues and Action to be taken

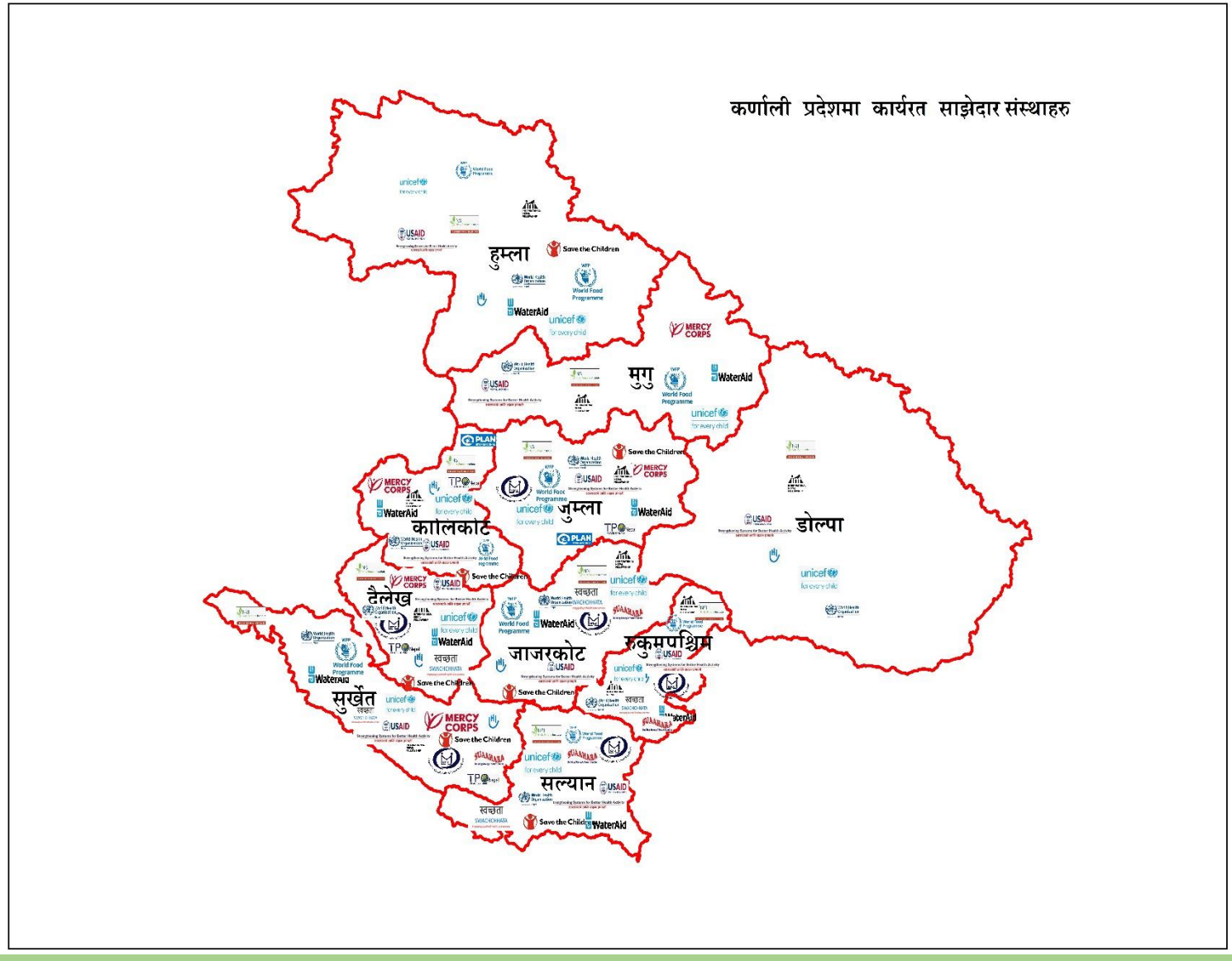
Program	Issues	Recommendation of Annual review 2078/79	Action taken
Human Resource	• Unavailability of HR as per sanctioned positions • Lack of trained Human resource • Staff absenteeism at their work station	• Fulfill vacant sanctioned posts. • Conduct need assessment of training requirement. • HRDC to plan trainings according training needs. • Strengthen training sites at provincial level.	• Coordinated with local level, district, MoSD and PPSC. • Coordinated with HRDC/NHTC to plan trainings according training needs and extension of training sites.
Infrastructure	• Some birthing centers and HFs are not as per national standard. • Issue of electricity, power back up internet, and laptops. • Issue in maintenance of equipments.	• Advocate with Local Government, provincial government and Federal government • Monitoring visit from higher level to speed up construction work. • Mobilization of provincial bio medical engineer as per need .	• Advocacy to local, provincial and federal government. • Mobilization of provincial bio-medical engineer as per need.

Issues and Action to be taken

Program	Issues	Recommendation of Annual review 2078/79	Action taken
Health Governance	• Political influence in HR mobilization (SBA in non-BC) at local level • Poor linkage between federal, provincial and local government • Issue of continuation of contract staff • Low programmatic budget out of total municipal health budget	• Advocate local elected bodies about the importance of public health program/resource leverage • Establish strong linkage for information management	• Advocacy to local representative and respective stakeholders.
Others	• Health insurance coverage is not as expected	• Improve the role of community mobilizer • Make community aware about the benefit about Health insurance • Timely reimbursement of expenditure	• Coordinated with local level for community awareness about the benefits of health insurance • Communicated with Bima-Board regarding timely reimbursement of expenditure.

Health Development Partners Working in Karnali Province

1. UNICEF
2. WHO
3. World Food Program (WFP)
4. USAID's Strengthening Systems for Better Health
5. Save the Children
6. SNV/Swachchhata (SNV),
7. Nick Simons Institute (NSI)
8. WaterAid
9. AIDS Health Care Foundation
10. Plan International
11. Phase Nepal
12. Nepal Red Cross Society
13. SUAAHARA II
14. Center for Mental Health & Counseling (CMC)
15. TPO Nepal
16. INF Nepal
17. NHSSP
18. HURENDEC
19. NAP+N
20. Handicapped International
21. One Heart Worldwide



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स्थानीय स्वामित्व र सहभागिता
पूर्ण खोप सुनिश्चितता-हाम्रो प्रतिवद्धता ।
पूर्ण खोप जिल्ला
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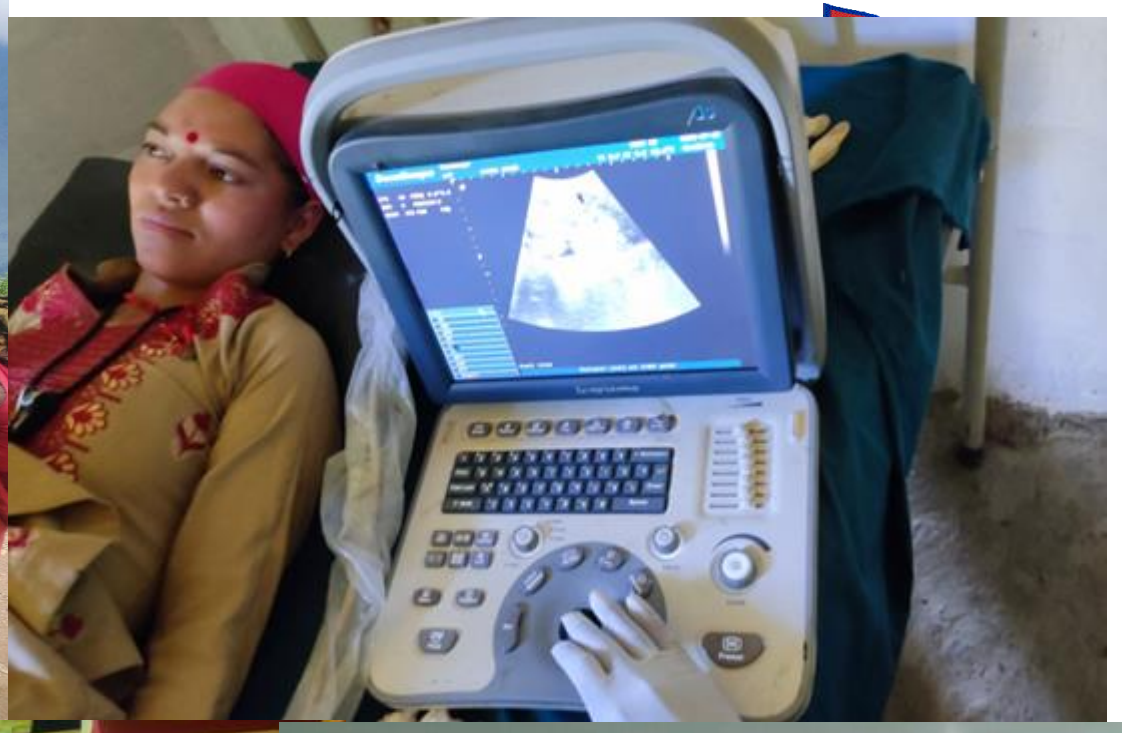


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