ANNUAL REPORT

HEALTH DIRECTORATE

2076/77 (2019/20)

PROVINCE GOVERNMENT
MINISTRY OF SOCIAL DEVELOPMENT

HEALTH DIRECTORATE

PROVINCE 1, DHANKUTA

MESSAGE

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

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

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

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

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

Thank You.

Honorable Minister Usha Kala Rai
Minister for Social Development
Province 1, Biratnagar, Nepal

PREFACE

It is very pleasant moment for me to have the Annual Report 2076/77 of the Health Directorate being published with restless efforts of personnel involved. I am sure this report will be very much helpful in bringing out improvement in the planning, monitoring and evaluation system of health services in the province and understanding the health issues.

I found this report comprehensive covering all the major activities of Province Health Directorate. It also includes the services rendered through external development partners and some of the non-governmental organizations & private sector as well. This report presents and analyzes in a systematic manner the data on the performance of the different sections of the last fiscal year, along with comparative figures from the previous three fiscal years. This report therefore serves as an excellent tool to decide on replicating the good aspects of the program and also learning lessons from less successful one.

I would like to offer my sincere appreciation for the effort made by Province Health Directorate, Health Offices, Hospitals, Ayurvedic institutions and unit down to community level and Female Community Health Volnteers to improve the health of the people of Province 1. I take this opportunity to extend my sincere thanks to all external development partners, non-governmental organizations and private sectors for their assistance to improvement of health service in Province 1.

Finally, I would like to extend my appreciation and thanks to the Director of Province Health Directorate and his team along with personnel in information management to bring out this Annual Report.

Thank You.

Mr. Kamal Prasad Bhattarai
Secretary, Ministry of Social Development
Province 1, Biratnagar, Nepal

ACKNOWLEDGEMENT

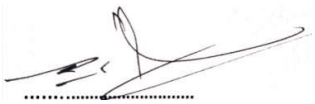
It is my enormous pleasure to bring this annual report of fiscal year 2076/77 to dissiminate the success and explore the possible remedies to address current challenges of all health programs in Province Health Directorate. In addition, this report also gives the insight of the actual progress on set targets with indicators and brings forth the concerns and limitations of the program. The data presented in this report are based on information submitted by the health institutions to the health management information system (HMIS) and other sources as well.

This report reflects the information about health care &services and activities carried out by public and private institutions. This report also highlights the trend and patterns of health services coverage and its utilization by the communities. In addition to this, it also provides information regarding targets vs achievements of the major health indicators.

I wish to express my sincere gratitude to Ministry of Social Development Hon. Usha Kala Rai & Secretary Mr. Govind Bahadur Karki for his valuable supportand and presence during the Annual Health Performance Review meeting held in Biratnagar and precious guidance to way forward. I am also thankful to Director General Dr. Dipendra Raman Singh for his continious support to make program success. Similarly I would like to thank all directors from the centres as well as section chief and representatives from MOH & DOHS for their valuable support during the review meeting period.

I would like to provide my sincere appreciation and thank to all Health Office, Hospitals, Ayurvedic Institution, External Developmen Partners, Medical Colleges, APHIN, Private Health Care Providers, Female Community Health Volunteers, Community Volunteers, Health Facility Operation and Management Committees and community peoples whose efforts and contributions have made our programs successful in province.

Last but not the least; I would like to express my sincere appreciation entire team of Health Directorate and supporting hands for their dedication and hard work for preparation and publication of this report.



Mr. Gyan Bahadur Basnet
Director, Health Directorate
Province 1, Dhankuta

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ABER	Annual Blood Examination Rate
AES	Acute Encephalitic Syndrome
AFP	Acute Flaccid Paralysis
AHW	Auxiliary Health Worker
AI	Avian Influenza
AIDS	Acquired Immune Deficiency Syndrome
AMTSL	Active Managemet of Third Stage of Labour
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
APD	Acid Peptic Disease
API	Annual Parasite Incidence
ARI	Acute Respiratory Infection
ART	Anti-Retroviral Therapy
ASBA	Advance Skilled Birth Attendant
BCC	Behavior Change Communication
BCG	Bacillus Calmette and Guerin
BEOC	Basic Emergency Obstetric Care
BPKIHS	Bisheshore Prasad Koirala Institute of Health Science
C/S	Caesarean Section
CA/CO	Computer Assistant/Computer Officer
CAC	Comprehensive Abortion Care
CAC	Comprehensive Abortion Care
CARE	Co-operative For Assistance & Relief Everywhere
CBIMCI	Community Based Integrated Management of Childhood Illness
CBNCP	Community Based Neonatal Care Programme
CBO	Community Based Organization
CBOs	Community Based Organizations
CBR	Community Based Rehabilitation
CBS	Central Bureau of Statistics
CDD	Control of Diarrhoeal Diseases
CDP	Community Drug Programme
CEOC	Comprehensive Emergency Obstetric Care
CFR	Case Fatality Rate
CHD	Child Health Division
CHW	Community Health Worker
CLT	Comprehensive Leprosy Training
CMI	Clinical Malaria Incidence
CoFP	Comprehensive Family Planning
COPD	Chronic Obstructive Pulmonary Disease
CPR	Contraceptive Prevalence Rate
CRS	Contraceptive Retail Sales
CYP	Couple Years Protection
DACC	District AIDS Coordination Committee
DDA	Department of Drugs Administration
DDC	District Development Committee
DHMC	District Health Management Committee
DHMGN	District Health Mothers Group Network
DHO	District Health Office
DoHS	Department of Health Services
DOTS	Directly Observed Treatment Short Course
DPHO	District Public Health Office
DPT	Diphtheria, Pertussis and Tetanus
DQSA	Data Quality Self-Assessment
DR	Drug Resistant
DTLA	District Tuberculosis and Leprosy Assistant
DTOT	District Training of Trainers
E/RMS	Eastern/Regional Medical Store
EDCD	Epidemiology and Disease Control Division
EDP	External Development Partners
EDPs	External Development Partners
EDPT	Early Diagnosis and Prompt Treatment
EHCS	Essential health care services
ENT	Ear Nose Throat
EOC	Emergency Obstetric Care
EPI	Expanded Programme on Immunization
ERHD	Eastern Regional Health Directorate
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FM	Frequency Modulation
FP	Family Planning
FPAN	Family Planning Association of Nepal
FSWs	Female Sex Workers
FY	Fiscal Year
GBV	Gender Based Violence
GDP	Gross Domestic Product
GEM	Global Empowerment Measure
GESI	Gender equality and social inclusion
GM	Growth Monitoring
GoN	Government of Nepal
HA	Health Assistant

HDB	Hospital Development Board
HDI	Human Development Index
HE	Health Education
HepB	Hepatitis B
HFOMC	Health Facility Operation Management Committee
HFs	Health Facilities
HI	Health Institution
Hib	Haemophilus Influenza B
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HP	Health Post
HRDC	Hospital Based Rehabilitation and Development Center
HRH	Human Resources for Health
HSR	Health Sector Reform
HSSP	Health Sector Support Programme
HWs	Health Workers
ICU	Intensive Care Unit
IDD	Iodine Deficiency Disorder
IDU	Injection Drug User
IEC	Information, Education and Communication
IMR	Infant Mortality rate
INF	International Nepal Fellowship
INGO	International Non-Governmental Organization
IP	Infection Prevention
IPD	Immunization Preventable Diseases
IUCD	Intra Uterine Contraceptive Device
IYCF	Infant & Young Child Feeding
JE	Japanese Encephalitis
Km	Kilometer
Lab. Asst.	Laboratory Assistant
LBI	Local Bacterial Infection
LCD	Leprosy Control Division
LDC	Least Developed Countries
LEC	Leprosy Elimination Campaign
LMD	Logistic Management Division
LMIS	Logistic Management Information System
LWF	Lutheran World Federation
M&E	Monitoring and Evaluation
MA	Medical Abortion
MARP	Most At Risk Population
MB	Multi-Bacilli
MCH	Maternal and Child Health
MCHW	Maternal and Child Health Worker
MCs	Microscopy Centers
MD	Management Division
MDA	Mass Drug Administration
MDG	Millennium Development Goals
MDT	Multi Drug Therapy
MMR	Maternal Mortality Ratio
MNH	Maternal Neonatal Health
MNT	Maternal Neonatal Tetanus
MO	Medical Officer
MoHP	Ministry of Health and Population
MoLD	Ministry of Local Development
MRA/MRO	Medical Record Assistant/Medical Record Officer
MSS	Minimum Service Standards
MWRA	Married Women of Reproductive Age
NACC	National AIDS Co-ordination Committee
NCASC	National Center of AIDS and STD Control
NDHS	Nepal Demographic Health Survey
NFCC	Nepal Fertility Care Center
NGOs	Non-Governmental Organizations
NHEICC	National Health Education Information and Communication Center
NHSP	Nepal Health Sector Support Program
NHTC	National Health Training Center
NID	National Immunization Day
NIP	National Immunization Programme
NLR	Netherlands Leprosy Relief
NMR	Neonatal Mortality Ratio
NRCS	Nepal Red Cross Society
NSMP	Nepal Safer Motherhood Project
NT	Neonatal Tetanus
NTC	National Tuberculosis Center
ODA	Official Development Assistance
OPD	Out Patient Department
OPV	Oral Polio Vaccine
ORC	Outreach Clinic
ORS	Oral Rehydration Solution, Oral Rehydration Salts
ORT	Oral Rehydration Treatment
OT	Operation Theater
PAC	Post Abortion Care
PB	Pauci-Bacilli
PEM	Protein-Energy Malnutrition
PF	Plasmodium Falciparum
PHC	Primary Health Care
PHCC	Primary Health Care Centre
PHC-ORC	Primary Health Care-Outreach Clinic

PHCRD	Primary Health Care Revitalization Division
PHN	Public Health Nurse
PHO/PHA	Public Health Officer/Public Health Administrator
PME	Planning, Monitoring and Evaluation
PMTCT	Prevention of Mother to Child Transmission
PNC	Post Natal Care
PO	Planning Officer
PR	Prevalence Rate
PR	Principal Recipient
PSBI	Possible Severe Bacterial Infection
PV	Plasmodium Vivax
RDT	Rapid Diagnostic Test
RED	Reaching Every District
RH	Reproductive Health
RHCC	Regional Health Co-ordination Committee
RHCT	Regional Health Co-ordination Team
RHD	Regional Health Directorate
RHTC	Regional Health Training Center
SA/SO	Statistical Assistant/Statistical Officer
SBA	Skilled Birth Attendant
SCF	Save the Children Fund
SDC	Swiss Development Cooperation
SDIP	Safe Motherhood Delivery Incentive Programme
SHP	Sub Health Post
SLTHP	Second Long-term Health Plan
SM	Safe Motherhood
SMNHLTP	Safe Motherhood and Neonatal Health Long Term Plan
SN	Staff Nurse
SPR	Slide Positivity Rate
Sq	Square
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
SWC	Social Welfare Council
TB	Tuberculosis
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TNA	Training Need Assessment
TO	Training Officer
TOT	Training of Trainers
TT	Tetanus Toxoid
UMN	United Mission to Nepal
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
USI	Universal Salt Iodization
VACC	Village AIDS CO-ordination Committee
VAD	Vitamin A Deficiency
VBD	Vector Borne Diseases
VCA	Vector Control Assistant
VCT	Voluntary Counseling and Testing
VDC	Village Development Committee
VHW	Village Health Worker
VPD	Vaccine Preventable Diseases
VSC	Voluntary Surgical Contraceptive
WHO	World Health Organization

EXECUTIVE SUMMARY

This Annual Report of Health Directorate (HD) for the FY 2076/77 (2019/20) reflects the performances of different programs and compare with the progress made over the preceding three years.

This report was prepared by a technical team of HD considering all the information coming from different sources. Moreover, the report was verified by the representatives from different hospitals, Health Office, HD and supporting partners. Therefore, it is hoped that this comprehensive and analytical report will be a useful document for MoHP, DoHS, MoSD, HD, Health Office, Hospitals, Ayurveda, Palika, health planners, researchers and academic institutions, students, supporting partners, interested organizations and individuals.

It consists of different chapters and sections. Every chapter includes background, major activities carried out in FY 2076/77, analysis of achievements, interpretation and discussion of key findings, conclusion, major issues, problems, constraints and actions to be taken.

Data used in this report were generated, compiled and verified both at periphery and district level. In addition, data are based on district level annual performance review meetings in all 14 districts and a province level review meeting. The primary data source of this report is Integrated Health Information Management System (IHIMS). In addition reports were also sought from I/NGOs and Private Health Institutionsworking in the province.

The immunization coverage of all antigens in the regular NIP program in 2076/77 has slightly decreased as compared to last fiscal years. BCG coverage has decreased to 82% from 87% and has not met the national target > 90%. In comparison with National data, BCG coverage of province 1 is less than that of national (86%). The coverage of DPT-Hep B-Hib 3, JE and MR2 has decreased in this fiscal year as compared to previous fiscal year from 83% to 74.1%, 84% to 77.3% and 75% to 71.9% respectively. Dropout rate is below 10% in 12 districts where as Sunsari and Udaypur has more than 10%. The vaccine wastage rates for all antigens are higher than the recommended wastage rate. Out of 14 districts, 12 districts have been declared full immunization districts till FY 2076/77. Sunsari and Taplejung are remaining districts to be declared as fully immunized district.

Nutrition

There has been slightly decreased in growth monitoring coverage from 64% in 2075/76to 59% in 2076/77. Average number of visit remained constant at 3.2 in this fiscal year. Exclusive breast feeding among children registered for growth monitoring has slightly increased from 23% to 24% but it is very low. Pregnant women receiving iron/folic acid has decreased than previous year from 39% to 33%. Postpartum mothers who received Iron tablet and Vitamin A has decreased from 25% to 22% and 56% to 47% respectively.

CB-IMNCI

The Incidence of diarrheal cases per 1,000 under five populations has decreased to 329 in 2076/77 from 351in 2075/76. The diarrheal cases treated with zinc and ORS is 93%. The incidence of ARI among under 5 children has decreased from 692/1000 to 655/1000 this year whereas incidence of pneumonia (from HF and Outreach Clinic)has decreased from 66/1000 to 51/1000 this year.The pneumonia cases treated with antibiotics is 118% which has decreased in comparison to previous year.

Safe motherhood

Atleast one ANC visit has decreased to 108% in FY 2076/77 from 114% in FY 2075/76. ANC four visit as per protocol has decreased from 61% in FY 2075/76 to 57% in FY 2076/77. Institutional delivery hasincreased to 63% in comparison to previous fiscal year.Three PNC visit as per protocol has also increased to 16% from 9% in FY 2075/76.

Family Planning and safe abortion

The Contraceptive Prevalence Rate (CPR) of the province is 39.6%, which has increased in comparison to previous fiscal year. New acceptor of family planning methods among MWRA has slightly decreased to 10% from 11.6% in FY 2075/76. The common choice of new spacing contraceptive method is Depo-Provera followed by condom and pills. There is decreasing trend of CAC and PAC service users while short term post abortion contraceptive user has increased in comparison to previous year.

Adolescent and Reproductive Health

Among new user of temporary family planning method, 8% were adolescent. Similarly, 18.3% had 1st ANC visit as per protocol were adolescent among total ANC visitor and 10.2% were adolescent among pregnant women who had their ANC 4 visit as per protocol. Among safe abortion service users, 7.3% were adolescent.

Female Community Health Volunteer (FCHV)

In FY 2076/77, FCHV distributed 83451 condoms, 124347 pills cycle and 77057 iron tablets. FCHV treated 109301 diarrheal cases with zinc and ORS. 177883 ARI cases were also treated by FCHV in this fiscal year.

Tuberculosis

The case finding rate of tuberculosis has decreased to 78% in FY 2076/77 from 88% in FY 2075/76. Jhapa, Morang, Sunsari and Udaypur had higher case finding rate as compared to other district. The treatment success rate has slightly decreased to 89% in this fiscal year from 90% in previous fiscal year. MDR cases have increased to 73 in FY 076/77 from 62 in FY 075/76. Jhapa has highest number of MDR cases in Province 1.

Leprosy

In this fiscal year 2076/77, new case detection rate was 13 per 10,000 populations in province 1. Highest numbers of cases were detected in Jhapa whereas no new cases were detected in Dhankuta, Sankhuwasabha, Panchthar, Solukhumbhu and Tehrathum.

Malaria

As per the reported cases from the health facilities, total number of cases reported on FY 076/77 was 15 which shows decreasing trend as compared to previous fiscal year. Out of which one case was indigenous (Udaypur) and 14 cases were imported. Among the reported positive cases four were P. *falciparum* species whereas 11 were P. *vivax* species.

Kala-azar

Kala-azar cases shows increasing trend than previous year i.e 65 cases but the cases have decreased in Jhapa and Sunsari in comparison to previous year. The Kala-azar cases were reported mainly from Terai districts of Province 1. Along with Terai district, Kala-azar has also being reported from Okhaldhunga. Morang has the highest in number of Kala-azar cases which is in increasing trend.

Dengue

The number of reported dengue casehas decreased in FY 2076/77 in comparison to previous year. During FY 2076/77, dengue cases were reported from 10 districts. The majority of cases have been reported from Sunsari and Jhapa.

HIV/AIDS & STD

The totals of 17497 persons were screened for HIV and among them 246 cases were found HIV reactive in the year 076/77. The total of 1827 cumulative numbers of PLHIV was receiving Anti-retroviral therapy till the end of the year. Likewise, a total of 30092 ANC women were screened for HIV from which twowomen were diagnosed with HIV and enrolled in HIV treatment.

Zoonoses

Dog bite cases in province 1 is in increasing trend. It has increased from 4835 in FY 2075/76 to 6229 in FY 2076/77. Poisonous snake bites were less in comparison to non-poisonous snake bites. Poisonous snake bites reported in the FY 2076/077 was 124.

Curative services

Taplejung Hospital stood out with highest MSS score of 75% among 17 hospitalsin FY 2076/77. Bed occupancy rate was highest in Teaching Hospital and Lowest in Primary level hospital. Among the different OPD morbidities reported in hospitals, non-communicable disease remains highest with 33% followed by communicable disease with 23%.

Ayurveda and alternative medicine services

The total number of OPD patients in FY 2076/77 has decreasedto 179744 from 193467in FY 2075/76. Total of 24057 patients took Panchakarma (Purvakarma) service from all Ayurveda institution.

HEALTH SERVICES COVERAGE FACT SHEET

Fiscal Year 2074/075 to 2076/077 (2017/2018 - 2019/2020)

INDICATORS		2074/75	2075/76	2076/77
1. REPORTING STATUS (%)				
1.1	Hospital	100	100	100
1.2	Primary Health Centre	99	100	100
1.3	Health Post	98	99	100
1.4	Non-Public Health Institutions	36	49	55
2. IMMUNIZATION COVERAGE (%)				
2.1	BCG	90	87	82
2.2	DPT-Hep B-Hib 3	82	83	74
2.3	JE	79	84	77
2.4	Measles Rubella 2	69	75	72
2.5	Td-2 and Td2+	68	70	52
3. NUTRITION				
3.1	Growth monitoring coverage as percentage of <5 children new visits	66	64	59
3.2	Average number of visits among children aged 0-23 months registered for growth monitoring	3.1	3.3	3.1
3.3	Proportion of underweight (Weight/Age) children among new visits	2.0	2.2	1.4
3.4	Percentage of pregnant women receiving Iron tablets	37	39	33
3.5	Percentage of postpartum mothers receiving Iron tablets	28	25	24
3.6	Percentage of postpartum mothers receiving Vitamin A	60	56	49
4. CBIMNCI				
4.1	Incidence of ARI per 1,000 <5 children	664	692	655
4.2	Incidence of pneumonia per 1,000 <5 children	69	66	51
4.3	Incidence of diarrhea per1,000 <5 children	364	351	329
5. SAFE MOTHERHOOD (%)				
5.1	Antenatal first visits as percentage of expected pregnancy	105	114	108
5.2	Antenatal 4 visit as per protocol	47	61	57
5.3	Institutional delivery as percentage of expected live births	53	62	63
5.4	PNC first visit as percentage of expected live births	12	9	16
6. FAMILY PLANNING (%)				
6.1	Contraceptives Prevalence Rate (CPR)	37	37	40
6.2	New Acceptors total spacing method (as percentage of MWRA)	11	12	10
7. VECTOR BORNE DISEASES				
7.1	No. of Malaria cases	24	19	15
7.2	No. of Kalazar cases	54	35	65
7.3	No. of Dengue cases	19	3152	851
8. TUBERCULOSIS				
8.1	Case Notification rate	84	88	78
8.2	Treatment Success rate	92	90	89
8.3	No. of DR cases	46	62	73
9. LEPROSY				
9.1	New Case Detection Rate (NCDR)/10,000 population	11.8	10	13
9.2	Prevalence Rate (PR)/10,000 population	0.90	0.87	1.21
10. ZOONOSES				
10.1	Dog Bite	6333	4835	6229
10.2	Poisonous Snakebite	74	81	124
10.3	Non-poisonousSnakebite	770	727	581

PART 1 – INTRODUCTION OF PROVINCE

1.1 Historical background

Province 1 is one of the seven provinces established by the new constitution of Nepal which was adopted on 20 September 2015. Previously, Province No. 1 was a Development region of Nepal. It was named Eastern Development Region and had 16 districts and 3 Zones. Districts were subdivided into Municipalities and Villages. As per a Constituency Delimitation Commission (CDC) report, Province 1 has 28 parliamentary seats and 56 provincial seats under the first-past-the-post voting system. As per a 17 January 2018 cabinet meeting, the city of Biratnagar was declared the interim capital of Province 1. It was declared as the permanent capital of Province 1 on 6 May 2019 when two-third of Members of the Legislative Assembly voted in favor of Biratnagar in provincial assembly of Province 1. It borders the Tibet Autonomous Region of China to the north, the Indian states of Sikkim and West Bengal to the east, Province 3 and Province 2 to the west, and Bihar of India to the south. According to the 2011 census, there are around 4.5 million people in the province, with a population density of 175.6 per square kilometer.

1.2 Geography and others

Province 1 covers an area of 25,905 km^2. The Province has three-fold geographical division: Himalayan in the north, Hilly in the middle and Terai in the southern part, varying between an altitude of 70 m and 8,848.86 m. Terai, extended from east to west, is made up of alluvial soil. To the west of *Koshi* River, in between *Mahabharat* Range and *Chure* Range, there elongates a valley called Inner Terai. *Chure* Range, *Mahabharat* Range and other hills of various height, basins, tars and valleys form the hilly region. Some parts of this region are favorable for agriculture whereas some other parts are not. Himalayan region, in the north, consists of many mountains' ranges. Mahalangur, Kumbhakarna, Umvek, Lumba Sumba and Janak are some of them. Mount Everest (8848.86m), the highest mountainin the world; and the third highest mountain, Kanchanjunga (8598 m) also lie in this Province.

Nepal's lowest point, KechanaKawal at 70 m, is located in Jhapa district of this Province 1. There are many river basins and gentle slopes as well. Chure, Mahabharat, many basins, tars and valleys form the Terai region. Between the Chure and Mahabharat a low land of inner Terai exists. The Koshi river flows through the region with seven tributaries; Indrawati, Likhu, Tamor, DudhKoshi, Arun, TamaKoshi and BhoteKoshi (SunKoshi).*Tundra* vegetables, coniferous forest, deciduous monsoon forests and sub-tropical evergreen woods are vegetations found here. Sub-tropical, temperate, sub-temperate, and alpine and tundra types of climates are found here.

Province1also includesthe snow fall capped peaks including MountEverest, Kanchanjunga, MakaluwithSolukhumbu, Sankhuwasabha, andTaplejung districts towards the north,the jungle clad hill tracts of Okhaldhunga, Khotang, Bhojpur,Tehrathum,Ilam and Panchthar in the middle and the alluvial fertile plains of Udayapur, Sunsari, Morang and Jhapa. Province1 includes places like Haleshi Mahadev Temple, Manakamana, Pathivara Temple and Barahachhetra, which are the famous religious shrines for Hindus.

1.2.1 Climate

Climatic conditions of Province 1 vary from one place to another in accordance with their geographical features. Province no. 1 has three geographical folds: The low-land of Terai, the hilly region and the highlands of the Himalayas. The low land altitude is 70 m. whereas the highest point is 8848.86 m.

In the north summers are cool and winters severe, while in the south summers are tropical and winters are mild. Climatically, the southern belt of Province, the Terai, experiences warm and humid climate. Province 1 receives approximately 2,500 millimeters of rain annually. This Province has five seasons: spring, summer, monsoon, autumn and winter.

1.2.2 Religious and cultural context

Nepal was declared a secular country by the Parliament on May 18, 2006. Religions practiced in Nepal are: Hinduism, Buddhism, Islam, Christianity, Jainism, Sikhism, Bon, ancestor worship and animism. The majority of Nepalese are either Hindus or Buddhism. The two have co-existed in harmony through centuries. Province 1 of Nepal has various diversities of religion cultural context. Major religion of this province are Hinduism (63.63%), KiratMundhum (17.14%), Buddhism (9.20%), Islam (3.59%), Christianity (1.72%), Prakrti (1.33%) and other or not religious (0.39%).

The diversity in province 1 in terms of ethnicity again makes room for various sets of culture &customs. Most of these customs go back to the Hindu, Buddhist or other religious traditions. Among them, the rules of marriage are particularly interesting. Traditional marriages call for deals arranged by parents after the boy or girl come of age.Cultural phenomena also differs as per the religion people rely on. Dashain, Tiahar are the major festival for Hinduism where as Buddha Jayanti, Christmas, Losar and many others are celebrated in different occasions.

Peoples in province 1 do not have a distinct cooking style. However, food habits differ depending on the region. Majority of food has been influenced by Indian and Tibetan styles of cooking. Most people do not use cutlery but eat with their right hand.The regular meal is dal (lentil soup), bhat (boiled rice) and tarkari (curried vegetables), often accompanied by achar (pickle). Curried meat is very popular, but is saved for special occasions, as it is relatively more expensive. Momos (steamed or fried dumplings) deserve a mention as one of the most popular snack. Rotis (flat bread) and dhedo (boiled flour) also make meals in some homes.

1.2.3 Traditional dances, Festivals and Fairs

Province 1 has a rich tradition of folk, as well as classical dances. According to Hindu mythology, Shiva, who is the God of dance in his Nataraja form, used to do his famous Tandava dance here in the Himalayas. Different communities have their own dance forms which are performed during various festivals, fairs and family occasions. Some folk dances include; **DandiNaach** - which is a stick dance performed during Phagu Purnima, **DhanNaach** - which is performed by members of the Limbu community to celebrate the harvest of crops, **ChandiNaach** - performed by the Rai during Udhauli and Ubhauli, **Panchabuddha Nritya** - a Buddhist dance that has to be performed

by five people, **Bhairab Nritya**- where the dancer dances dressed as Bhairab, Hanuman Nritya etc.

Music is also an important element of Nepalese culture. It has been a source of manifestation of their emotions, telling of stories and also a form of entertainment. Just like dance, Nepalese music is also classified according to the community - the Tamangs, Gurungs, Sherpas, Maithilis, Newas, Kirats, Magars and Tharus each have their own distinct music and singers. Musical instruments like **Madal, Dhimey, Panchai Baja** and **Sarangi**often accompany the songs.

The varied culture of Province 1 is seen through its many festivals. Peoples celebrate numerous festivals throughout the year, much like the Indians. Major festivals include **Dashain** (Nepali equivalent of Durga Puja) which marks the victory of Goddess Durga over the demon Mahishasura. It is one of the most anticipated festivals of the year and is celebrated by Nepali Hindus with great pomp and joy for fifteen days in the month of Ashwin (September-October). **Tihar** (Diwali), also called as Swanti and Yamapanchak by some communities, is another famous festival celebrated for five days. In addition to decorating the houses with lights, animals are also worshipped during this period. Some Other popular festivals celebrated in this province are; Phagu Purnima (Holi), Janai Purnima (Raksha Bandhan), Mahashivratri, Krishna Janmashtami, Gaijatra- which is a procession of decorated cows to commemorate the dead and also involves mask dance, Buddha Jayanti, Indrajatra (a street festival involving mask dance, consumption of Nepali liquor - Raksi, worship of Akash Bhairab and young girls, all to pray for a good harvest in the upcoming year).

1.2.4 Natural resources, tourist places and others

Province 1 of Nepal is rich in Natural resources and tourist places. The most important rivers in this province are the **Koshi** (also spelled **Kosi**), tributary of the Ganges river; and the **Mechi**, tributary of the Mahananda River. Nepal's largest river system (the Koshi) and its highest waterfall, the **Hyatrung** in the Terhathum district – 365m or 1198m high) are found in this province. It is rich in biodiversity, with for example 28 species of *Rhododendron* (out of the 31 species available in Nepal found in the Tinjure-Milke-Jaljale area).

Mountains:

Northern part of Province 1 has the highest mountain of the world. Here is a list of mountains in Province 1.

Table 1.1 List of Mountain of Province 1

Mountain/Peak	Metres	Feet	Section	Notes
Mount Everest	8,848.86	29,031.69	Khumbu Mahalangur	Earth's highest from sea level
Kanchanjunga	8,586	28,169	Northern Kanchanjunga	3rd highest on Earth
Lhotse	8,516	27,940	Everest Group	4th highest
Makalu	8,463	27,766	Makalu Mahalangur	5th highest
Cho Oyu	8,201	26,906	Khumbu Mahalangur	6th highest

Gyachung Kang	7,952	26,089	Khumbu Mahalangur	between Everest and Cho Oyu
Nuptse	7,861	25,791	Everest Group	319 metres prominence from Lhotse
Jannu	7,711	25,299	Kumbhakarna Kangchenjunga	
Kabru	7,412	24,318	Singalila Kangchenjunga	
KiratChuli	7,365	24,163	Kangchenjunga	
NangpaiGosum	7,350	24,114	Khumbu Mahalangur	
Chamlang	7,321	24,019	BarunMahalangur	#79 in the world
Pumori	7,161	23,494	Khumbu Mahalangur	First ascent 1962
Baruntse	7,129	23,389	BarunMahalangur	First ascent 1954
AmaDablam	6,812	22,349	BarunMahalangur	"Mother and her necklace"
Kangtega	6,782	22,251	BarunMahalangur	First ascent 1963
Cho Polu	6,735	22,096	BarunMahalangur	First ascent 1999
Lingtren	6,714	22,028	Khumbu Mahalangur	First ascent 1935
Num Ri	6,677	21,906	BarunMahalangur	First ascent 2002
Khumbutse	6,640	21,785	Khumbu Mahalangur	First mountain west of Everest
Thamserku	6,623	21,729	BarunMahalangur	First ascent 1964
Pangboche	6,620	21,719	KutangHimal	
Taboche	6,542	21,463	Khumbu Mahalangur	First ascent 1974
Mera Peak	6,476	21,247	Himalayas	Trekking peak
Cholatse	6,440	21,129	Khumbu Mahalangur	Connected to Taboche
Kusum Kangguru	6,367	20,889	BarunMahalangur	Trekking peak (difficult)
Ombigaichan	6,340	20,801	BarunMahalangur	
Kongde Ri	6,187	20,299	BarunMahalangur	Trekking peak (difficult)
ImjaTse	6,160	20,210	Khumbu Mahalangur	Also known as Island Peak.
Lobuche	6,145	20,161	Khumbu Mahalangur	Trekking peak
Nirekha	6,069	19,911	Khumbu Mahalangur	Trekking peak (difficult)
Pokalde	5,806	19,049	Khumbu Mahalangur	Trekking peak (moderate)
Mount Khumbila	5,761	18,901	Mahalangur	Unclimbed
Kala Patthar	5,545	18,192	Khumbu Mah	Popular hiking peak below Pumori
Gokyo Ri	5,357	17,575	Himalayas	Popular hiking peak

Rivers:

There are many rivers in the region which flow towards south from the Himalayas which are tributaries of other large rivers which joins Ganga River (in India). SaptaKoshi or the Koshi is the main river of the region. Seven tributaries join the Koshi so it called Saptakoshi. Othermajor rivers in the province are; Mechi River, Kankai River.

Protected Areas:

Sagarmatha National Park – 1,148 km^2 (443 sq m) (National Park), Makalu Barun National Park – 1,500 km^2 (580 sq m) (National Park), KoshiTappu Wildlife Reserve – 175 km^2 (68 sq m) (Wildlife reserves), Kanchanjunga Conservation Area – 2,035 km^2 (786 sq m) (Conservation areas), Gokyo Lake Complex – 7,770 ha (30.0 sq m) (Ramsar Sites), KosiTappuWildlife Reserve – 17,500 ha (68 sq m) (Ramsar Sites), Mai Pokhari – 90 ha (220 acres) (Ramsar Sites).

Transportation and roadways:

All provinces of Nepal except Province 2 have difficult geographic features. Only three districts out of fourteen of Province 1 fall in terai and one district falls in inner terai. Other all districts have difficult features, so road networks are not well developed. There is no train facility. Air services are available.

Almost all districts are connected by roads in Province 1, although some roads in high altitudes are not paved and conditions of the road worsen during rainy season. In the hills and mountains, the traffic can be very slow due to the difficult terrain and poor road conditions. Main Highways of Province 1 which connects Terai to the high attitude regions.

- Mechi Highway:
  2 lanes highway which is 268 km long connects Jhapa to Taplejung. The main destinations along the highway include Prithivinagar, Bhadrapur, Duhagadhi, Budhbare, Kanyam and Phikkal.
- Koshi Highway:
  2 lanes of road and 159 km long, starts from Biratnagar and connects Myanglung with it. Itahari, Dharan, Dhankuta, Bhedetar, Hile etc. are the destinations along with highway.
- Sagarmatha Highway:
  2 lanes, 265 km long highway start from Kadmaha of Province 2 and connect Solukhumbu with it. Gaighat, Saune etc. are the destinations along with highway.
- Mahendra Highway The longest road of Nepal which begins in province 1

Airways:

Many domestic airports and air services are available in this provice.Airports in Province 1are;Bhojpur Airport (Bhojpur), Biratnagar Airport (Biratnagar), KangelDanda Airport (Kangel, Solukhumbu), ManMaya Airport (Khanidanda, Khotang), Thamkharka Airport (Khotang Bazar), Lamidanda Airport (Lamidanda, Khotang), Tenzing-Hillary Airport (Lukla, Solukhumbu), Phaplu Airport (Phaplu, Solukhumbu), Rumjatar Airport (Rumjatar, Okhladhunga), Syangboche Airport (Syangboche, Solukhumbu), Taplejung Airport (Taplejung), Tumlingtar Airport (Tumlingtar, Sankhuwasabha) and Bhadrapur Airport (Bhadrapur, Jhapa).

Administrative and political divisions

The province is made up of the 14 following districts:

Bhojpur	Khotang	Sankhuwasabha	Terhathum
Dhankuta	Morang	Solukhumbu	Udayapur
Ilam	Okhaldhunga	Sunsari	
Jhapa	Panchthar	Taplejung	

The province has 137 municipalities that includes 1 metropolitan city (Biratnagar), 2 sub metropolitan cities (Itahari and Dharan), 46 Municipalities (Nagarpalika) and 88 Rural Municipalities (Gaupalika), the detail is mentioned in the following table. A district may have one or more municipalities. The government of Nepal has set out minimum criteria to meet city and towns. These criteria include a certain population, infrastructure and revenues.

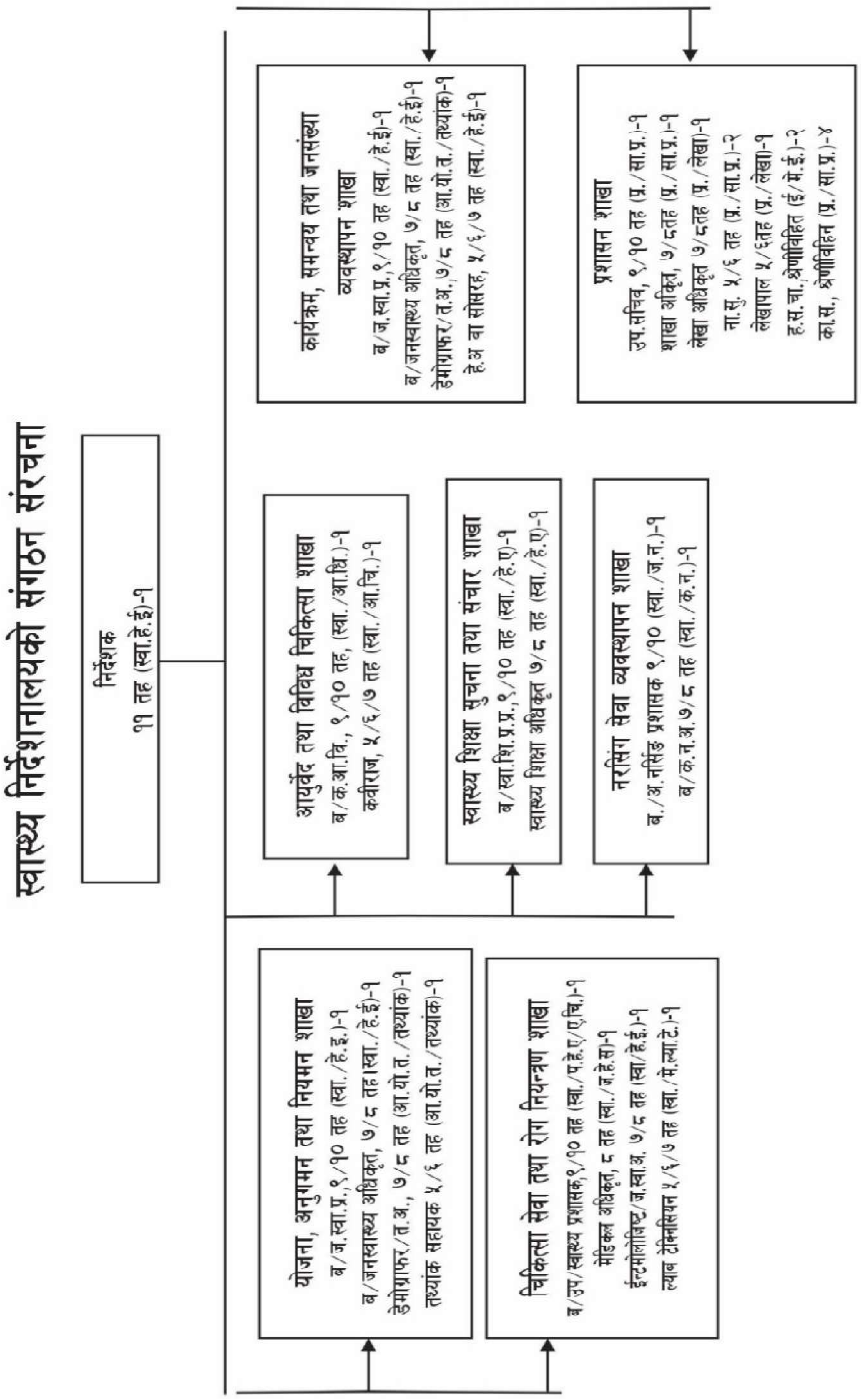
Table 1.2 District wise administrative information

SN	Districts	Metropolitan City	Sub-Metropolitan City	Municipalities	Rural Municipalities	Population	Area
1	Taplejung			1	8	127,461	3,646 km²
2	Sankhuwasabha			5	5	158,742	3,480 km²
3	Solukhumbu			1	7	105,886	3,312 km²
4	Okhaldhunga			1	7	147,984	1,074 km²
5	Khotang			2	8	206,312	1,591 km²
6	Bhojpur			2	7	182,459	1,507 km²
7	Dhankuta			3	4	163,412	0,892 km²
8	Terhathum			2	4	113,111	0,679 km²
9	Panchthar			1	7	191,817	1,241 km²
10	Ilam			4	6	290,254	1,703 km²
11	Jhapa			8	7	812,650	1,606 km²
12	Morang	1		8	8	965,370	1,855 km²
13	Sunsari		2	4	6	763,497	1,257 km²
14	Udayapur			4	4	317,532	2,063 km²
	Province 1	1	2	46	88	4,546,487	25,906 km²

1.3 Organizational structure of province and its entities

Health Directorate

Figure 1.1 Organizational structure of Health Directorate



Health Office

Table 1.3 Organizational Structure of Illam, Jhapa, Morang and Sunsari

क.सं.	पद	श्रेणी/तह	सेवा	समुह	दरबन्दी
१	ब/जनस्वास्थ्य प्रशासक	९/१० तह	स्वा. से.	हे.इ	१
२	जनस्वास्थ्य अधिकृत वा सो सरह	७/८ तह	स्वा. से.	हे.इ	१
३	तथ्यांक अधिकृत	७/८ तह	आ.यो.त.	तथ्यांक	१
४	हे.अ. वा सो सरह	५/६/७ तह	स्वा. से.	हे.इ	३
५	प.हे.न.	५/६/७ तह	स्वा. से.	क.न.	१
६	ल्याब टेक्निसियन	५/६/७ तह	स्वा. से.	मे.ल्या.टे.	१
७	कोड चेन	४/५/६ तह	स्वा. से.	हे.इ	१
८	अधिकृत	६ तह	प्रशासन	लेखा	१
९	अधिकृत	६ तह	प्रशासन	सा.प्र.	१
१०	का.स.	श्रेणीविहिन	प्रशासन	सा.प्र.	२
११	ह.स.चा.	श्रेणीविहिन	इन्जि	मे.इ	१
	जम्मा				१४

Table 1.4 Organizational structure of Dhankuta, Udaypur, Panchthar, Sankhuwasabha, Okhaldhunga, Khotang and Bhojpur

क.सं.	पद	श्रेणी/तह	सेवा	समुह	दरबन्दी
१	ब/जनस्वास्थ्य अधिकृत	७/८ तह	स्वा. से.	हे.इ	१
२	हे.अ. वा सो सरह	५/६/७ तह	स्वा. से.	हे.इ	२
३	प.हे.न.	५/६/७ तह	स्वा. से.	क.न.	१
४	ल्याब टेक्निसियन	५/६/७ तह	स्वा. से.	मे.ल्या.टे.	१
५	कोड चेन असिष्टेन्ट	४/५/६ तह	स्वा. से.	हे.इ	१
६	लेखा सहायक	५ तह	प्रशासन	लेखा	१
७	सहायक	५ तह	प्रशासन	सा.प्र.	१
८	तथ्यांक सहायक	५/६ तह	आ.यो.त.	तथ्यांक	१
९	का.स.	श्रेणीविहिन	प्रशासन	सा.प्र.	२
१०	ह.स.चा.	श्रेणीविहिन	इन्जि	मे.इ	१
	जम्मा				१२

Table 1.5 Organizational structure of Tehrathum, Solukhumbhu and Taplejung

क्र.सं.	पद	श्रेणी/तह	सेवा	समुह	दरबन्दी
१	ब/जनस्वास्थ्य अधिकृत	७/८ तह	स्वा. से.	हे.इ	१
२	हे.अ. वा सो सरह	५/६/७ तह	स्वा. से.	हे.इ	१
३	प.हे.न.	५/६/७ तह	स्वा. से.	क.न.	१
४	ल्याब टेक्निसियन	५/६/७ तह	स्वा. से.	मे.ल्या.टे.	१
५	कोड चेन असिष्टेन्ट	४/५/६ तह	स्वा. से.	हे.इ	१
६	लेखा सहायक	५ तह	प्रशासन	लेखा	१
७	सहायक	५ तह	प्रशासन	सा.प्र.	१
८	तथ्यांक सहायक	५/६ तह	आ.यो.त.	तथ्यांक	१
९	का.स.	श्रेणीविहिन	प्रशासन	सा.प्र.	२
१०	ह.स.चा.	श्रेणीविहिन	ईन्जि	मे.ई	१
	जम्मा				११

PART 2 – FAMILY WELFARE

2.1. CHILD HEALTH

2.1.1. National Immunization Program (NIP)

Background

The National Immunization Program (NIP) is one of the priority programs (P1) of Government of Nepal. Immunization is considered as one of the most cost-effective health interventions. NIP has helped in reducing the burden of Vaccine Preventable Diseases-VPDs (TB, Diphtheria, Pertusis, Tetanus, Hepatitis B and Haemophilus Influenza, Poliomyelitis, JE and Rota virus) and child mortality. NIP has contributed towards achieving the MDG4 and committed to achieve SDG goal. Although there is increasing ownership and participation of community, few children are still deprived of receiving immunization services in certain areas.

Vision

Nepal: a country free of vaccine-preventable diseases.

Mission

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

Goal

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

Strategic Objectives

- Reach every child for full immunization;
- Accelerate, achieve and sustain vaccine preventable diseases control, elimination anderadication;
- Strengthen immunization supply chain and vaccine management system for qualityimmunization services;
- Ensure financial sustainability for immunization program;
- Promote innovation, research and social mobilization activities to enhance best practices

Major Activities

The planned sets of activities were more or less identical in all districts. The following were the major activities carried out during FY 2076/77:

- Provision of routine immunization services delivery either through fixed sites or outreach sessions: 3-5 session/month/VDC(Previous) as per micro plan, conducted Reaching Every District (RED) micro planning in districts
- Hygiene promotion integrated in National Immunization Program

- Celebrated "Immunization Month" and “National Immunization Day”
- Training provided to health workers in the region
- DQSA was done
- Repair of cold chain equipments
- Vaccine and supplies (Icepacks, syringes, vaccine carriers& safety boxes) transportation
- Conducted joint supervision and monitoring in poor performing districts
- Conducted review of immunization services as an integrated child health
- Continued integrated VPDs surveillance (AFP, Measles, NT, AES, pneumonia for AI and Hib), measles case-based surveillance expanded, outbreaks of suspected measles investigated and responded followed by lab confirmation, Done by WHO.
- Conducted independent RI monitoring in all districts
- Immunization data verification, validation and monitoring for sustainability of municipality for Full Immunization Declaration program
- Continued AEFI surveillance at all levels
- Outbreak response Immunization conducted for MR outbreaks at four outbreak sites

Additional activities

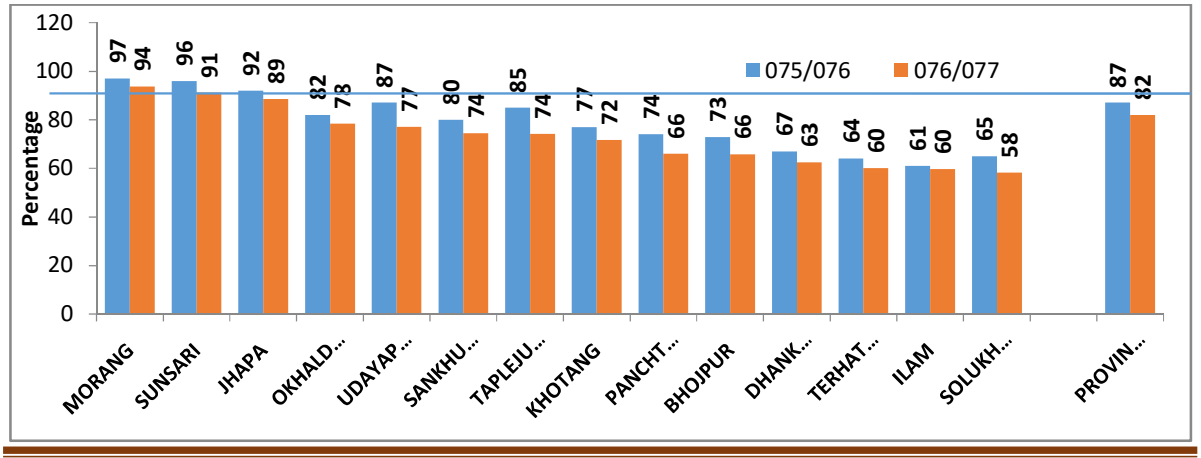
- Development and distribution of flipchart and stickers- BCC materials for prevention of COVID-19 at EPI clinics
- Development of Measles Rubella Supplementary Immunization Activity (MR SIA)
- Development of guidelines for Immunization guidance during COVID-19 pandemic including IPC measures
- First phase of MR campaign conducted in selected districts

Analysis of achievement

BCG coverage

Trend of BCG coverage is decreasing than previous year. Only two Terai districts, Morang and Sunsari have its coverage above 90% whereas all the hilly and mountain districts have its coverage below 90%.

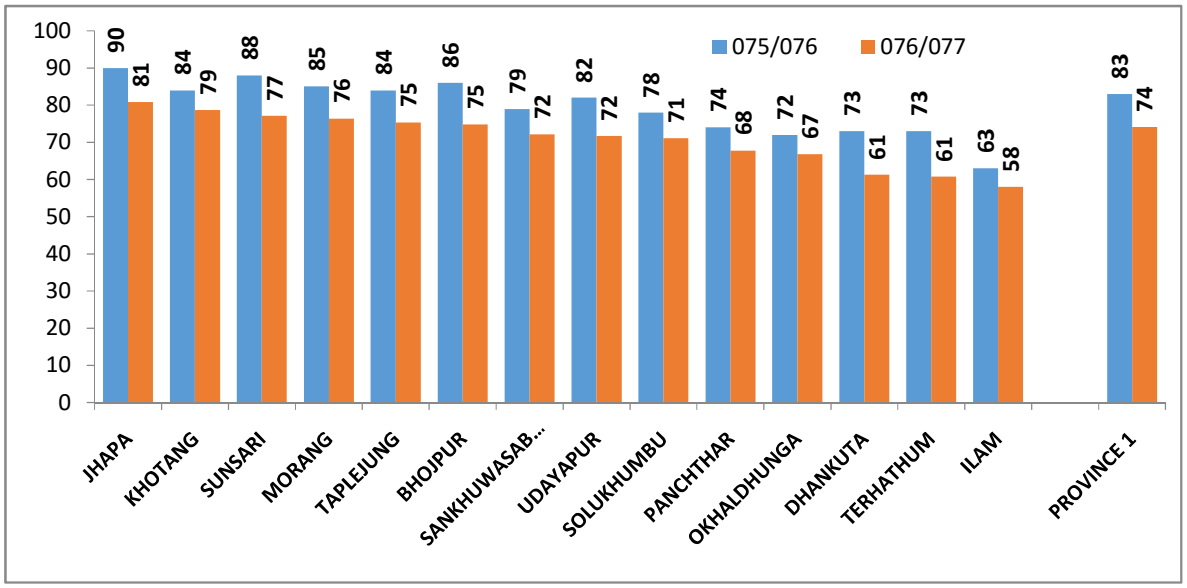
Figure2.1 BCG Coverage



DPT-Hib-HepB-3 coverage

Penta-3 coverage has decreased as compared to previous year. No district has 90% coverage and Illam has lowest coverage this year.

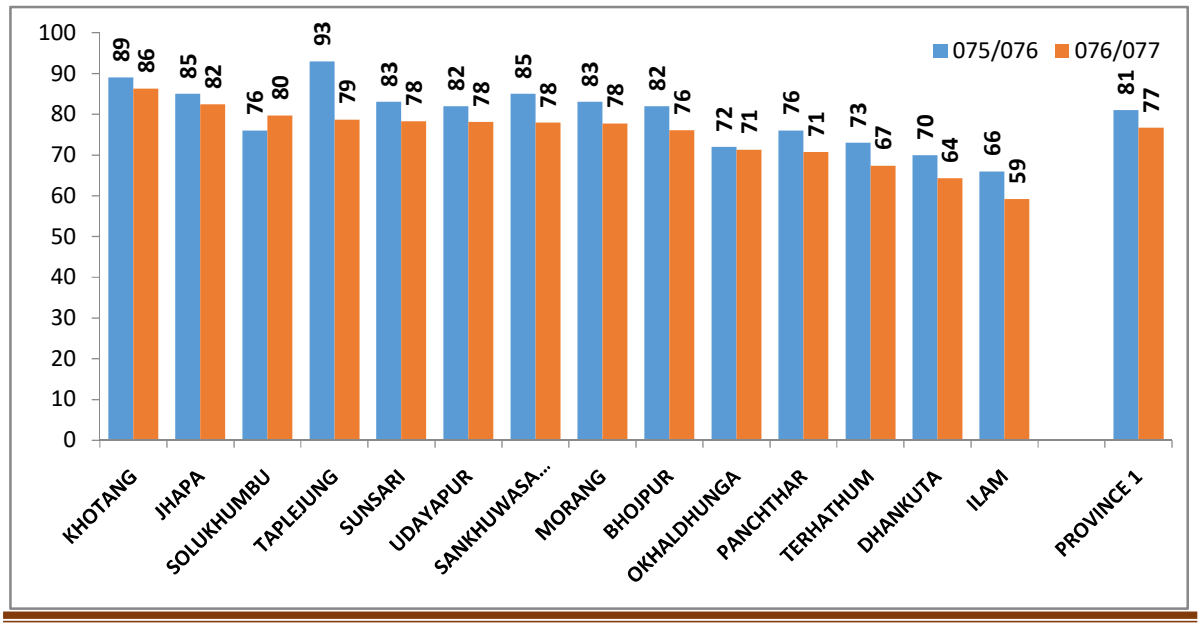
Figure 2.2 DPT-Hib-HepB-3 coverage



Measles-Rubella 1st dose coverage

Measles-Rubella 1st dose coverage has decreased than previous year in all 13 districts except for solukhumbhu. No district has more 90% coverage.

Figure 2.3 Measles-Rubella 1st dose coverage



Measles-Rubella 2nd dose coverage

Almost all districts Measles-Rubella 2nd dose coverage has decreased than previous year except Solukhumbu,Taplejung, Udaypur and Okahaldhunga which has slightly increased. Khotang has the highest coverage whereas Illam has lowest coverage.

Figure 2.4 Measles-Rubella 2nd dose coverage

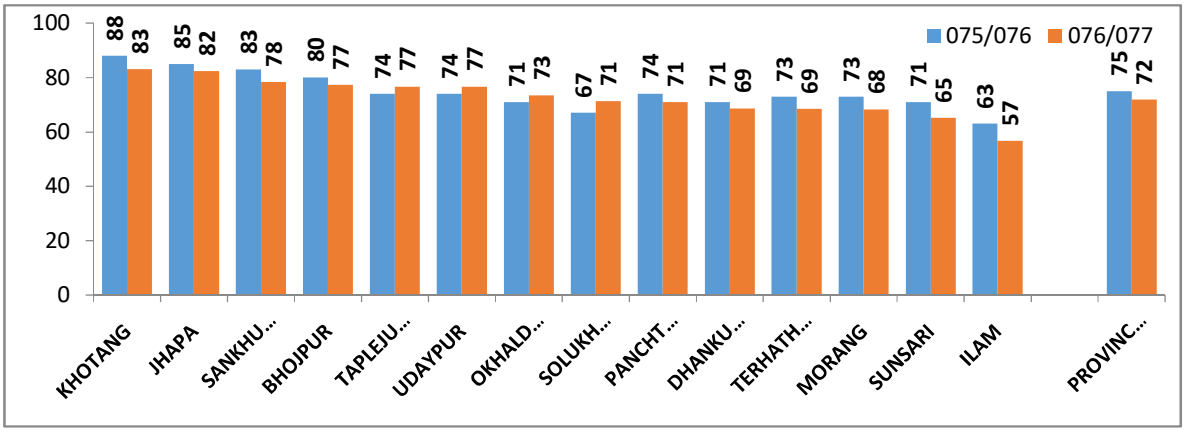


Table 2.1 Immunization coverage by antigen

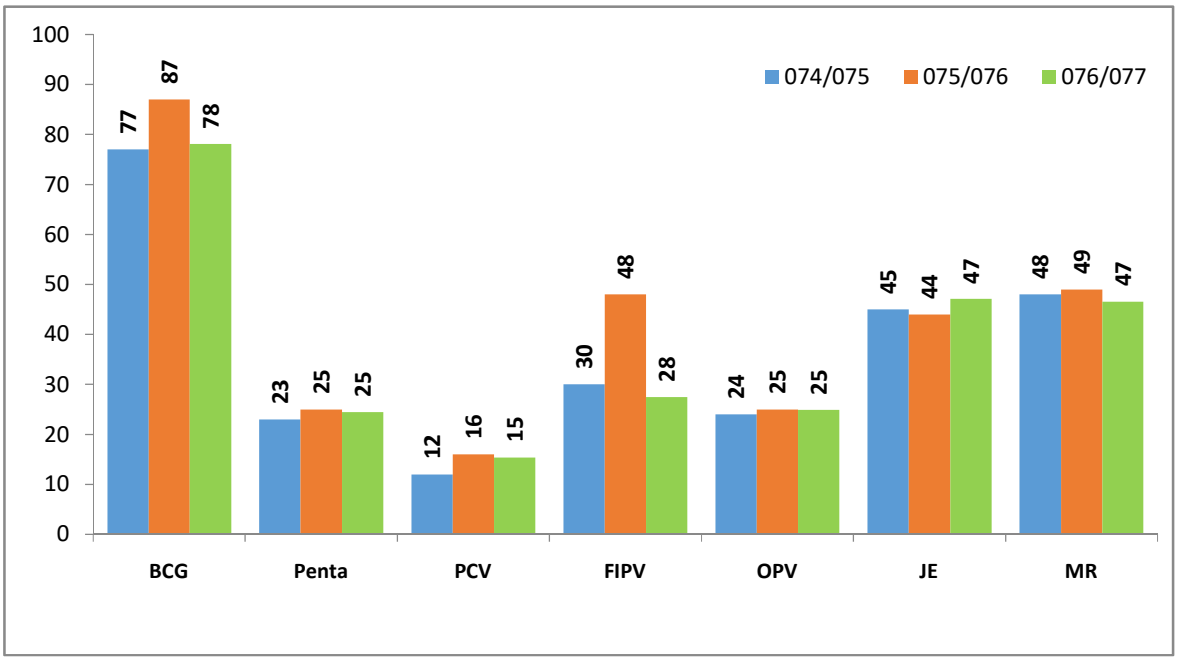
Vaccine	Target	Achievement	% Achieved
BCG	104595	85742	82.0
DPT-HepB-Hib-1st	104595	83276	79.6
DPT-HepB-Hib-2nd	104595	80265	76.7
DPT-HepB-Hib-3rd	104595	77506	74.1
OPV-1st	104595	82990	79.3
OPV-2nd	104595	79921	76.4
OPV-3rd	104595	77238	73.8
FIPV-1st	104595	78600	75.1
FIPV-2nd	104595	69778	66.7
PCV-1st	104595	83429	79.8
PCV-2nd	104595	79518	76.0
PCV-3rd	104595	79132	75.7
Rota vaccine	104595	111	-
Measles/Rubella-9-11 Months	104595	80259	76.7
Measles/Rubella-12-23 Months	99050	71202	71.9
JE	99050	76556	77.3
TD(Pregnant Women)-2	107861	44395	41.2
TD(Pregnant Women)-2+	107861	21383	19.8

Coverage of almost all antigens is less than 80% except for BCG. It seems more focus is needed to increase coverage of all antigens.

Vaccine Wastage

Vaccine wastage seems decreasing for all vaccines except for JE. Almost all vaccine wastage rates are higher than recommended level.

Figure 2.5 Vaccine wastage rate



Access and Utilization of Immunization Services

Evaluation of access of immunization services are based on third dose of DPT-HepB-Hib coverage (>90% as good access), while utilization of immunization services are evaluated against drop-out rate DPT-HepB-Hib1 against DPT-HepB-Hib3 (<10% drop-out as good utilization). Districts are categorized and prioritized in 4 groups based on "access" and "utilization" of DPT-HepB-Hib vaccine.

Category 1 includes districts with high coverage (>90%) and low drop-out (<10%) and are considered as districts with good access and utilization, category 2 includes districts with high coverage (>90%) and high drop-out (>10%) and are considered as districts with good access but poor utilization, category 3 includes districts with low coverage (<90%) and low drop-out (<10%) and are considered as districts with poor access and good utilization and category 4 includes districts with low coverage (<90%) and high drop-out (>10%) and are considered as districts with poor access and poor utilization.

Table 2.2 Access and Utilization of Immunization Services

Category A **(Penta 3 Coverage >90%, Penta 1 vs 3 Drop out <10%):** **0**	**Category B** **(Penta 3 coverage >90%, Penta 1 vs 3 Drop out>= 10%** **0**
Category C **(Penta 3 coverage<=90%, Penta 1 vs 3 Drop out <10%)** **Taplejung, Sankhuwasabha, Solukhumbu Okhaldhunga, Khotang, Bhojpur,Dhankuta,** **Terathum, Panchthar, Ilam, Jhapa, Morang** **12**	**Category D:** **(Penta 2 Coverage<=90%, Penta 1 vs 3 Drop out >=10%)** **Sunsari and Udaypur** **2**

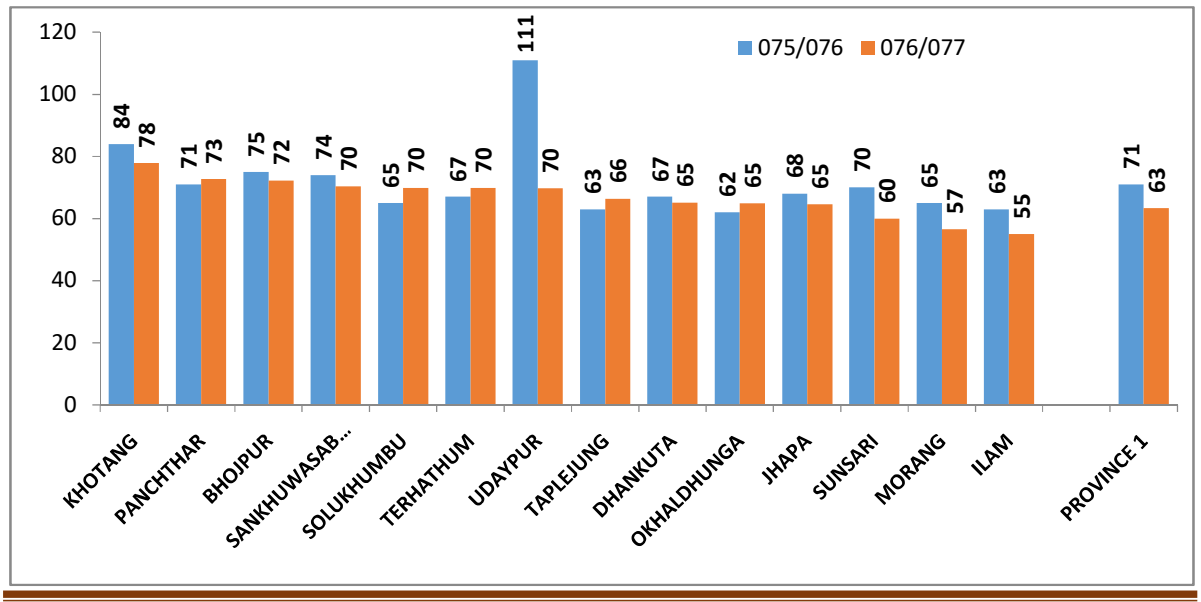
Full Immunization Declaration status of districts

Out of 14 districts, 12 districts of Province 1 have been declared as full immunization district except Sunsari and Taplejung. On one hand we are at the phase of declaration of full immunization province whereas on other hand its compliance has decreased than previous year in almost all districts which have raised a major question for its sustainability.

Percentage of children fully immunized as per immunization schedule

Percentage of children fully immunized as per immunization schedule has increased this year in Panchthar, Solukhumbu, Terathum, Taplejung and Okhaldhunda. The overall coverage of province-1 has decreased from 71% to 63%.

Figure 2.6 Percentage of children fully immunized as per immunization schedule



Issues and Recommendation

Issues	Recommendation	Responsible
Low immunization coverage	Actual target should be identified by census by palika Reporting and recording errors should be corrected. Effective EPI Microplanning, implementation and monitoring	Health Facility, Palika, Health Office, Province
Not proper physical infrastructure at palika level to maintain vaccine cold chain	Vaccine supply centre should be established at palika level	Palika, Health Office, Province, Management division
Immunization related training for newly recruited staffs and refresher training for the old staffs	Training should be given for newly recruited HR	PHTC and NHTC
Vaccine distribution	Timely supply of commodities related to immunization	Health Office,Province, Management Division
Lack of HR to conduct EPI clinic after Samayojan	Vacant post should be fulfilled by palika, province by contract	Palika and Province
Vaccine Management at Palika Level	Assign cold chain manager for each Palika	Palika
COVID-19 Pandemic	Proper planning and management of safe vaccination sessions	Palika and Province
Supportive supervision and monitoring	Develop supervision and monitoring through digital tracking system	Palika, Health Office, Province

2.1.2. Nutrition Program

Background

Nutrition plays key role in growth and development for maintaining quality of life. Malnutrition remains as a serious obstacle to child survival, growth and development in Nepal and in eastern region. The commonest form of malnutrition is protein-energy malnutrition (PEM). Major causes of PEM in Nepal is low birth weight (< 2.5 kg), poor maternal nutrition, inadequate dietary intake, frequent infections, household food insecurity, feeding behavior, poor care and practices leading to an intergenerational cycle of malnutrition.

Despite a steady decline in recent years, child under-nutrition is still unacceptable in Nepal. Maternalmalnutrition is also a problem with 17 percent of mothers suffering from chronic energy deficiencyalongside the increasing trend of overweight mothers (22 %, NDHS, 2016). Although Nepal's effortin micronutrient supplementations such as the National Vitamin A Program have been globallyrecognized as a successful programme, nutritional anemia remains a public health issue amongwomen, adolescents and children. Forty-one percent of women of reproductive age and 46 percent ofpregnant women are anemic. About 68 percent (NDHS 2016) of children aged 6-

23 months areanemic while the prevalence of that among adolescent women (15-19) has been increased from 38.5percent in 2011 to 43.6 percent in 2016 (NDHS).

The overall objective of the national nutrition programme undertaken by nutrition section is toenhance nutritional well-being, reduce child and maternal mortality and contribute to equitablehuman development.

Targets

Current Global Nutrition Targets

a. Sustainable Development Goal

Goal 2 — End hunger, achieve food security and improved nutrition and promote sustainableagriculture

- By 2030, end hunger and ensure access by all people, in particular the poor and people invulnerable situations, including infants, to safe, nutritious and sufficient food all year round;
- By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreedtargets on stunting and wasting in children under 5 years of age, and address the nutritionalneeds of adolescent girls, pregnant and lactating women and older persons;
- By 2030, double the agricultural productivity and incomes of small-scale food producers, inparticular women, indigenous peoples, family farmers, pastoralists and fishers, including throughsecure and equal access to land, other productive resources and inputs, knowledge, financialservices, markets and opportunities for value addition and non-farm employment;

b. Global Nutrition Target by 2025 (World Health Assembly [WHA])

- Reduce the global number of children under five who are stunted by 40 percent
- Reduce anaemia in women of reproductive age by 50 percent
- Reduce 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.

Major Activities

The following were the major activities carried out during FY 2075/76:

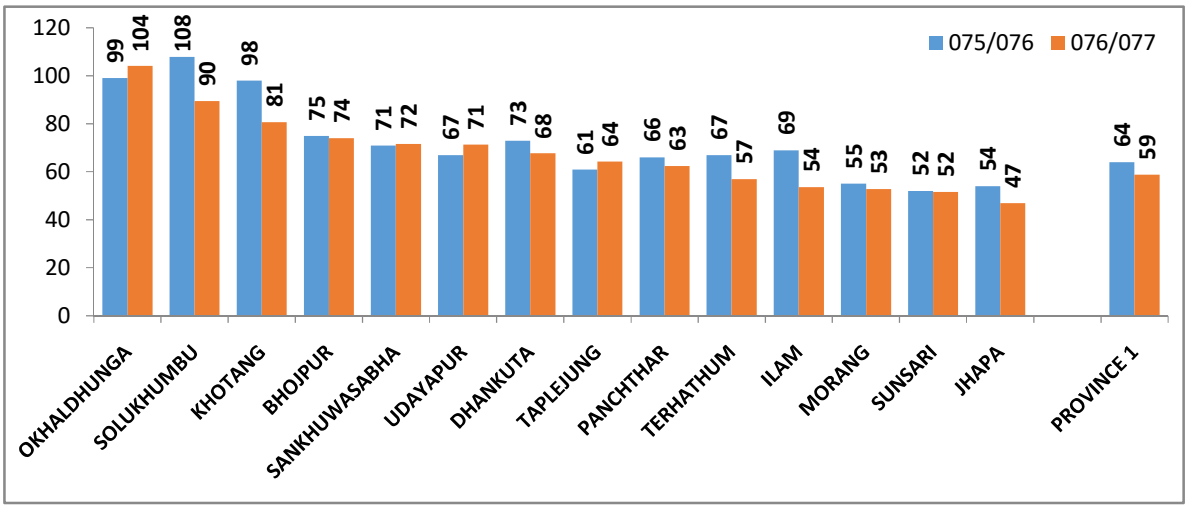
- Integrated child health review at community levels
- Growth monitoring of under five years children
- Mass Vitamin A distribution & de-worming program for under five children
- Celebration of breast-feeding week
- Advocacy of IDD month
- Celebration of school/nutrition week.
- FCHVs mobilization of national vitamin A program.
- Iron tablets distribution to pregnant women.
- Albendazole tab distribution to pregnant women and children.
- Supervision and monitoring of integrated child health program.

Analysis of achievement

Growth Monitoring

The percentage of under two years children registered for growth monitoring in the year 2076/77 has been decreased from 64% to 59% as compared to the year 2075/076. In this year, Okahaldhunga has the highest growth monitoring while Jhapa has lowest.

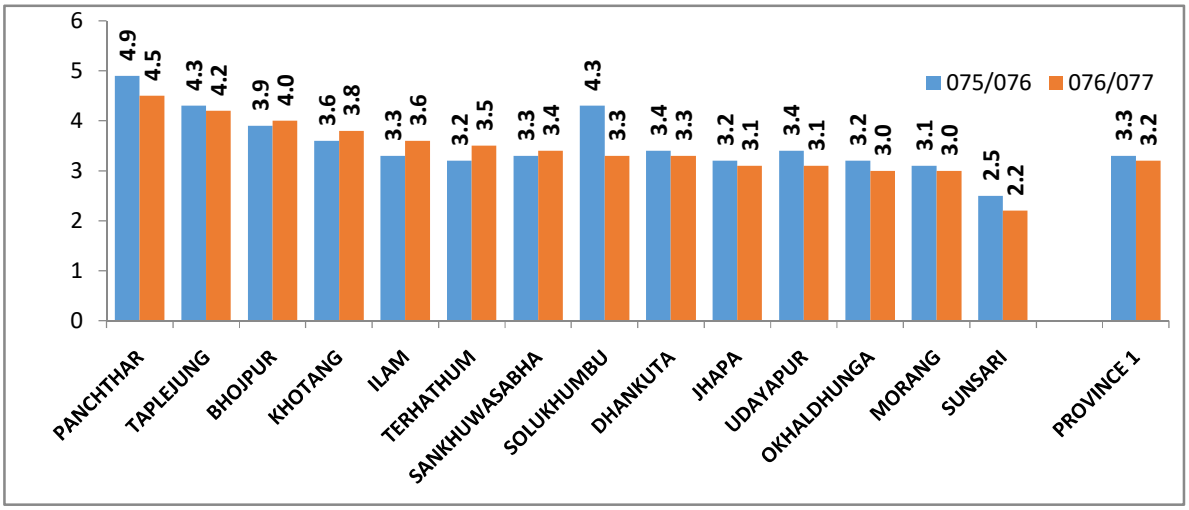
Figure 2.7 Growth monitoring of under-two years children



Average number of visits for growth monitored

The average number of visits for growth monitored in the year 076/077 has been slightly decreased to 3.2. Panchthar with the highest number of visits i.e. 4.5 times and Sunsari with 2.2 times is the lowest in this year.

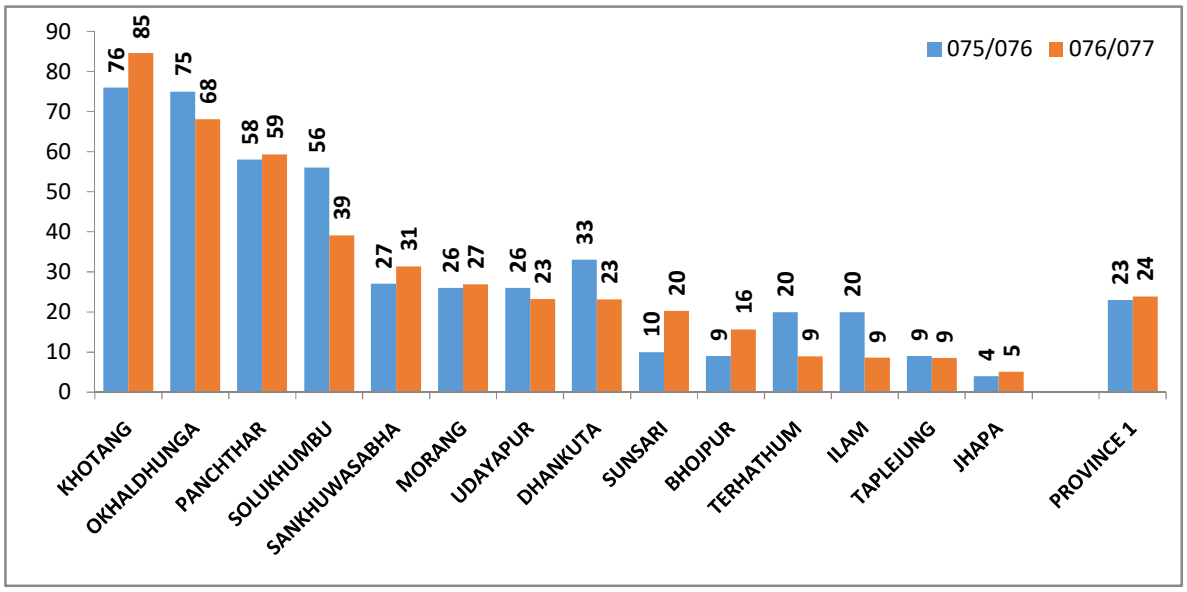
Figure 2.8 Average number of visits for growth monitored



Exclusive Breastfeeding (among growth monitored)

Exclusive Breastfeeding among growth monitored children has slightly increased from 23% in the year 075/076 to 24% in the year 076/077. Among the growth monitored children, highest percentage of exclusive breastfeed was found in Khotang district i.e. 85% and Jhapa being the lowest with only 5%.

Figure 2.9 Exclusive Breastfeeding (among growth monitored)



Issues and Recommendation

Issues	Recommendation	Responsible
Low growth monitoring coverage	Special program should be developed for regular Growth Monitoring	Province, Health Office
No proper supply of Commodities related to nutrition program	Timely and regular supply of commodities	Province, Health Office

2.1.3. Community Based-Integrated Management of Neonatal and Childhood Illness (CB-IMNCI)

Background

Community Based Integrated Management of Neonatal and Childhood Illness (CB-IMNCI) Program is an integrated package of child-survival interventions and addresses major childhood killer diseases like Pneumonia, Diarrhoea, Malaria, Measles, and Malnutrition of among 2 months to 5-year children in a holistic way. CB-IMNCI 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.

Goal

- Improve new born and child survival and healthy growth and development.

Targets of Nepal Health Sector Strategy (2015-2020)

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

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 new born and young infant
- Capacity building of frontline health workers and volunteers
- Increase service utilization through demand generation activities
- Promote decentralized and evidence-based planning and programming

Major Activities

Major activities carried out in the FY 2075/76 include the following:

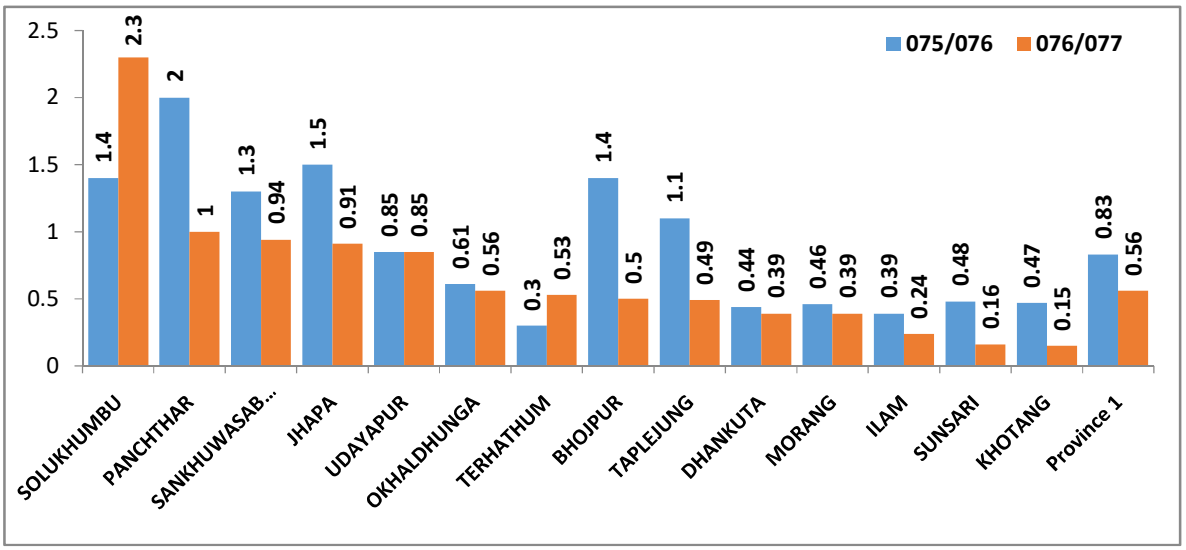
- Management of under five sick children through health facilities and community health workers and FCHVs.
- Various equipment and Medicines for IMNCI programs (ORS, Zinc, Amoxicillin, Gentamycin, and Chlorohexidine gel) procured at provincial level.
- Provision of budget for Free Newborn Care Services in provincial, district and local level hospitals.

Analysis of achievement

Possible Severe Bacterial Infection (PSBI)

PSBI cases have decreased than previous year. PSBI cases were highest in Solukhumbu i.e.2.3% and lowest in Khotang i.e. 0.15% this year.

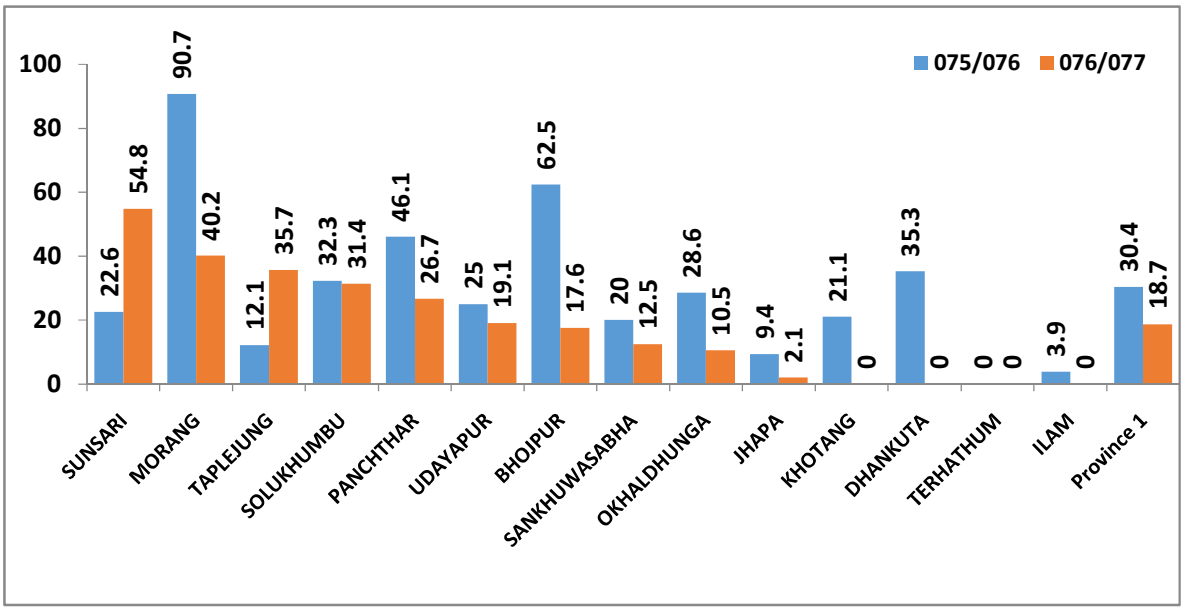
Figure 2.10 Percentage of PSBI cases among expected live birth



Treatment of PSBI case with complete dose of Gentamycin

Use of complete dose of Gentamycin for treatment of PSBI case is in decreasing trend in majority of the districts. Sunsari, Morang and Taplejung showed the higher rate where as Khotang, Dhankuta, Terathum and Illam had zero Gentamycin coverage.

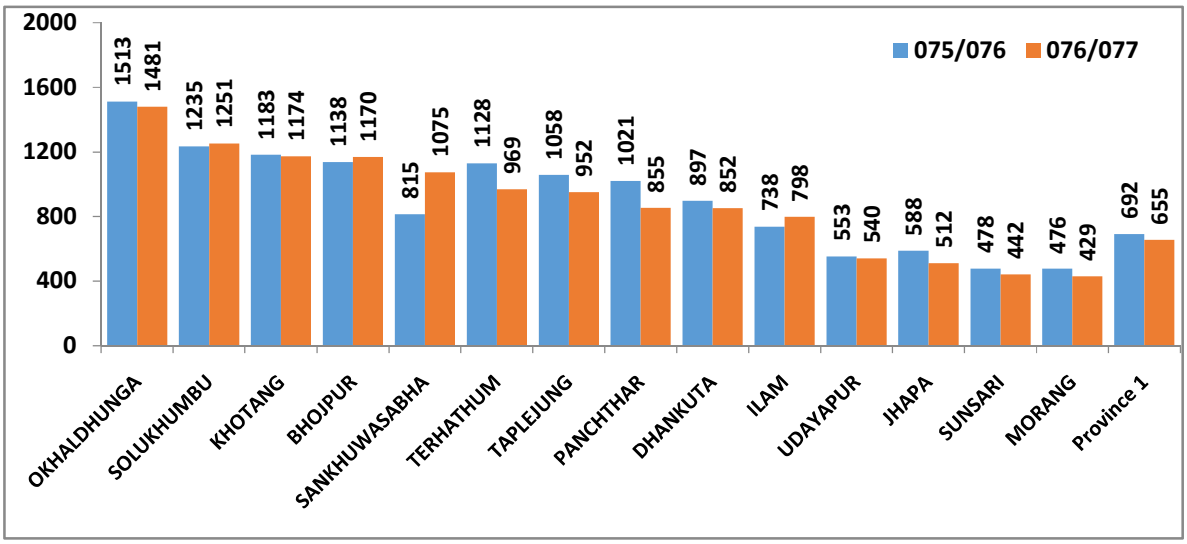
Figure 2.11 Percentage of PSBI Cases treated with complete dose of Gentamycin



Incidence of ARI

ARI incidence has slightly decreased than previous year. Morang (429 per 1000), Sunsari (442 per 1000) and Jhapa (512 per 1000) had lower incidence of ARI as compared to other district

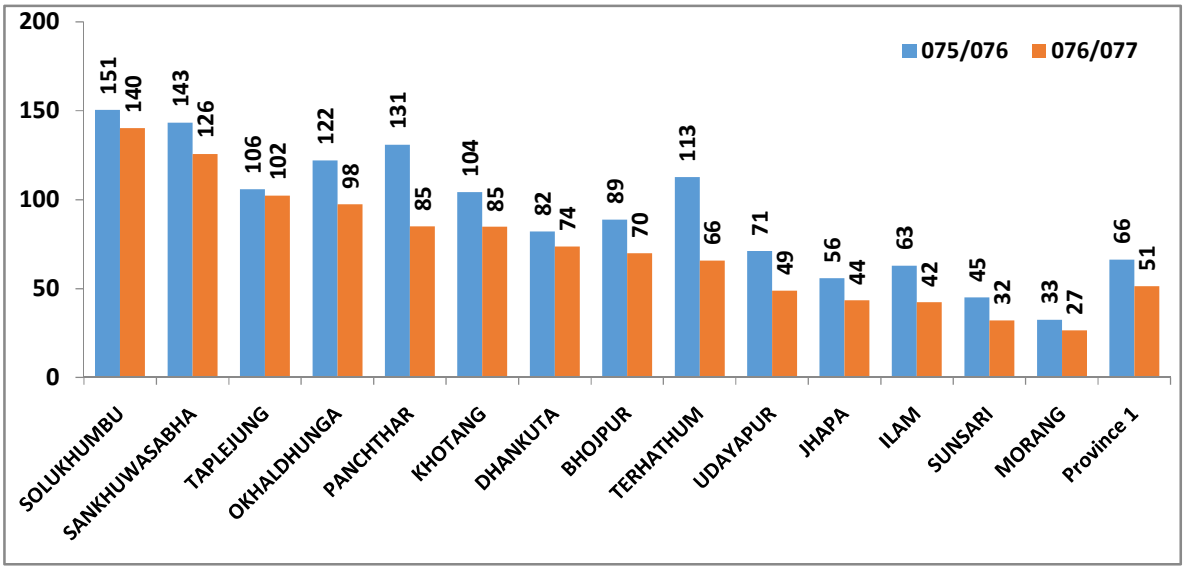
Figure 2.12 Incidence of ARI among under five children (per 1000)



Incidence of pneumonia (HF and Outreach clinic)

Incidence of pneumonia has decreased than previous year. Solukhumbu had highest incidence of pneumonia i.e.140 per 1000 followed by Sankhuwasabha (126 per 1000) U5 children. Morang had lowest incidence of pneumonia i.e. 27 per 1000 as compared to other districts.

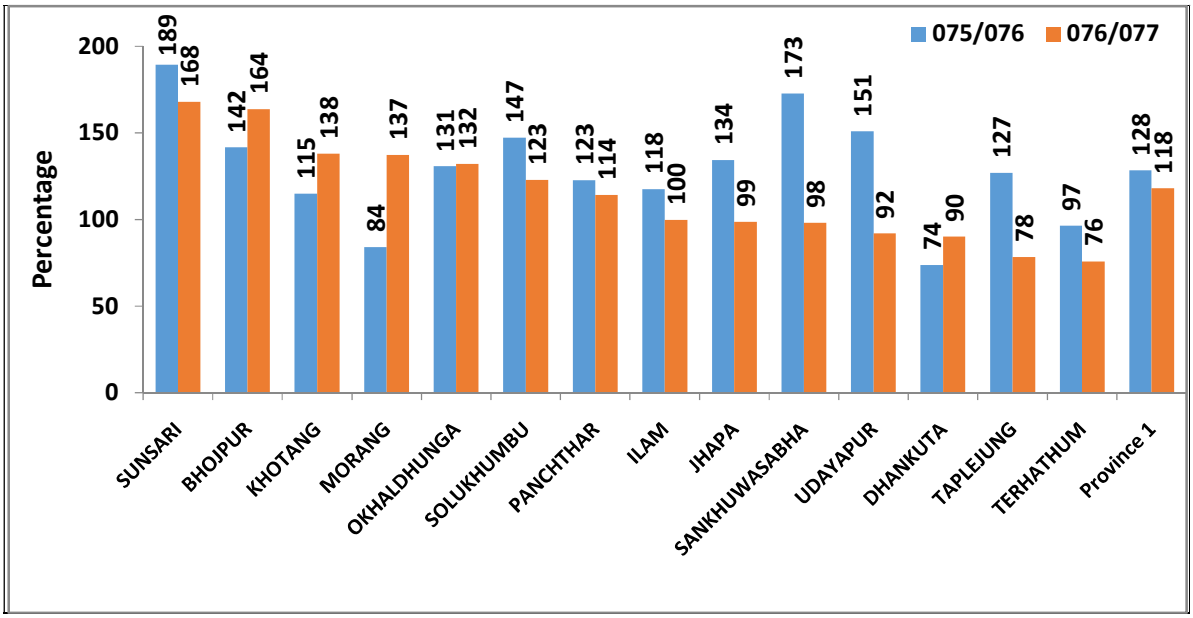
Figure 2.13 Incidence of pneumonia among under-five years (per 1000)



Pneumonia cases treated with antibiotics (amoxicillin)

Treatment of pneumonia cases with antibiotics has decreased from 128 % in FY 2075/76 to 118% in FY 2076/77. Sunsari had the highest percentage i.e. 168% for Pneumonia cases treated with antibiotics whereas Terathum had the lowest i.e. 76%.

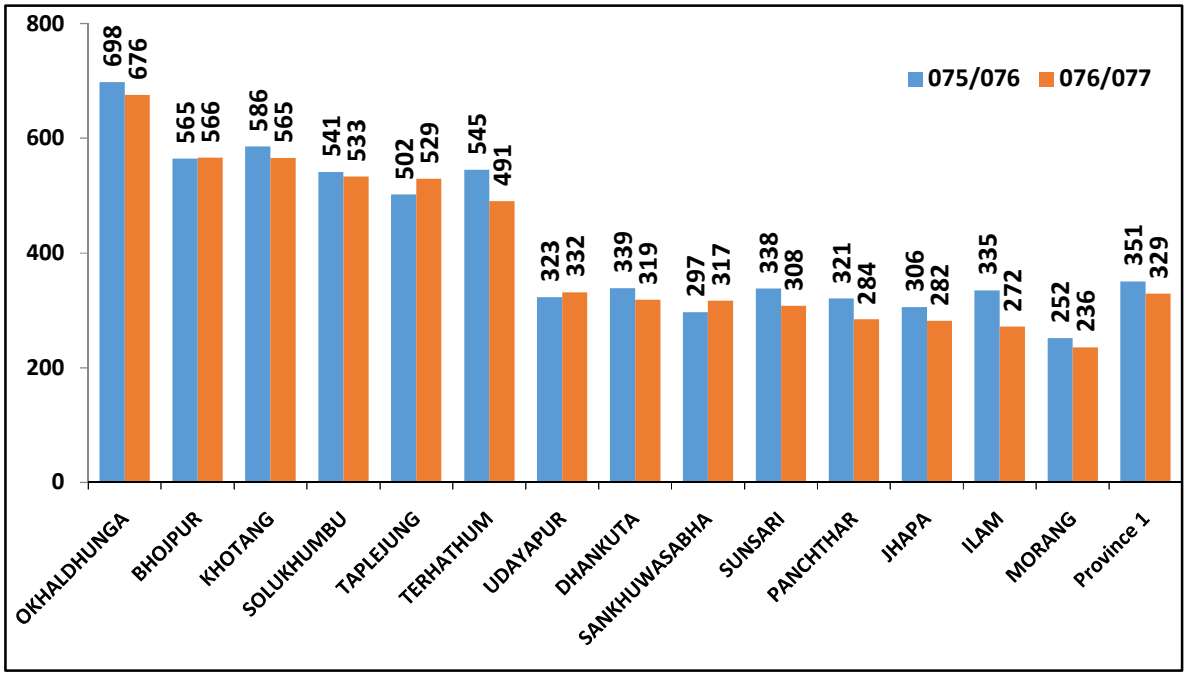
Figure 2.14 Percentage of Pneumonia cases treated with antibiotics



Incidence of diarrhea

Diarrheal incidence has slightly decreased than previous year. Okhaldhunda has the highest incidence rate i.e. 676 per 1000 whereas Morang has lowest incidence of diarrhea this year i.e. 236 per 1000.

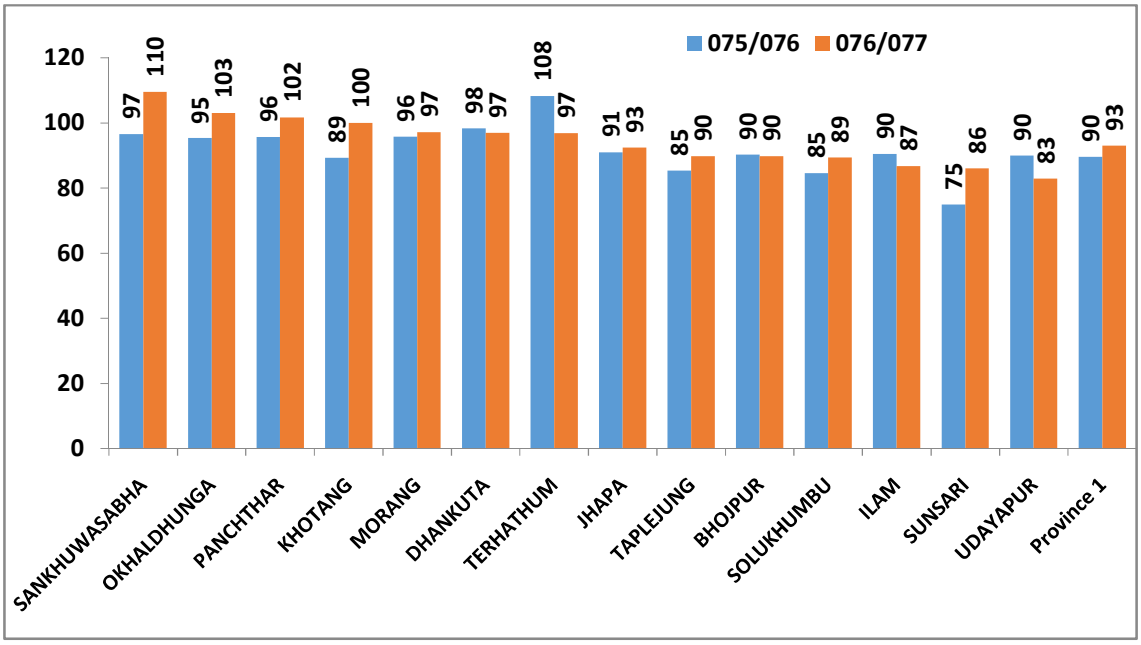
Figure 2.15 Incidence of diarrhea among under five children



Diarrhea cases treated with zinc and ORS

Treatment of diarrhea with zinc and ORS is good in Province 1 which is above 90%. Sankhuwasabha has highest use of zinc and ORS whereas Udayapur has lowest use of it for treatment of diarrheal cases.

Figure 2.16 Diarrhea cases treated with zinc and ORS



Issues and Recommendation

Issues	Recommendation	Responsible
No defined focal person to conduct IMCI program at district and to facilitate at palika	No defined focal person to conduct IMCI program at district and to facilitate at palika	Province, Health Office
No timely supply and adequate of IMCI related commodities, ICE materials for awareness raising program	Timely and adequate supply of commodities, ICE materials	Province, Health office, NHEICC
Use of antibiotics for no pneumonia cases	Strictly follow CBIMNCI protocol	Province, Health office, Palika
Low use of Gentamycin for treatment of PSBI cases	Strictly follow CBIMNCI protocol	Province, Health office, Palika

2.2. FAMILY HEALTH

2.2.1. Safe motherhood

Background

The goal of the National Safe Motherhood Programme is to reduce maternal and neonatal morbidityand mortality and improve maternal and neonatal health through preventive and promotive activitiesand by addressing avoidable factors that cause death during pregnancy, childbirth and the postpartumperiod. Evidence suggests that three delays are important factors for maternal and newborn morbidityand mortality in Nepal (delays in seeking care, reaching care and receiving care).The following major strategies have been adopted to reduce risks during pregnancy and childbirth andaddress factors associated with mortality and morbidity:

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

The Safe Motherhood Programme, intiated in 1997 has made significant progress with formulation ofsafe motherhood policy in 1998. Service coverage has grown along with the development of policies, programmes and protocols. The policy on skilled birth attendants (2006) highlights the importance ofskilled birth attendance (SBA) at all births and embodies the government's commitment to train anddeploy doctors, nurses and ANMs with the required skills across the country. Introduction of Aamaprogramme to ensure free service and encourage women for institutional delivery has improved accessto institutional deliveries and emergency obstetric care services. The endorsement of the revisedNational Blood Transfusion Policy (2006) was another significant step for ensuring the availability ofsafe blood supplies for emergency cases. The Nepal Health Sector Strategy (NHSS) identifies equity and quality of care gaps as areas of concernfor achieving the maternal health sustainable development goal (SDG) target, and gives guidance forimproving quality of care, equitable distribution of health services and utilization and universal healthcoverage with better financing mechanism to reduce financial hardship and out of pocket expenditurefor ill health.

Major Activities

The planned activities in safe motherhood and newborn health are more or less similar in all districts within the region. Some district might have additional activities and programs mostly supported by the non-government sectors. Some major activities undertaken in FY 2076/77 were as follows:

- Conduction of AamaSurakchhya and Antenatal Incentive Program
- Antenatal, natal and postnatal care

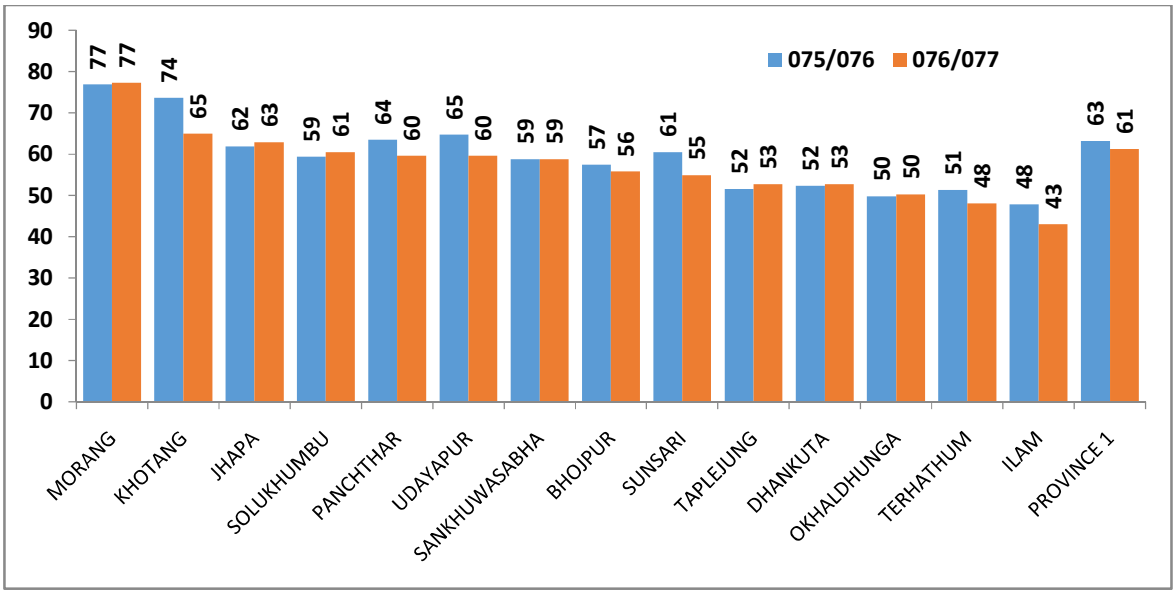
- Maternal & Neonatal Health Update- clinical update training provided to ANMs and Staff Nurses based on the standard SBA training package (participants were trained on the use of partographs, active management of third stage of labor (AMTSL) for prevention of PPH including conduction of normal labor, management of PPH, use of magnesium sulphate (MgSO4) for severe pre/eclampsia and neonatal resuscitation).
- On-site coaching and mentoring to improve quality of care and upgrade competencies of the skilled attendants.
- Screening of uterine prolapse
- Recruitment of ANMs on local contract to support 24-hour delivery services in birthing center.
- Expansion of birthing centers and B/CEOC sites for promoting institutional deliveries and management of emergency obstetric complications.
- Conducted meetings of Reproductive Health Coordination Committee (RHCC) on quarterly basis.

Analysis of achievement

Percentage of pregnant women who had First ANC checkup as protocol

Percentage of pregnant women who had First ANC checkup as protocol was highest in Morang with 77% and lowest in Illam i.e. 43%.

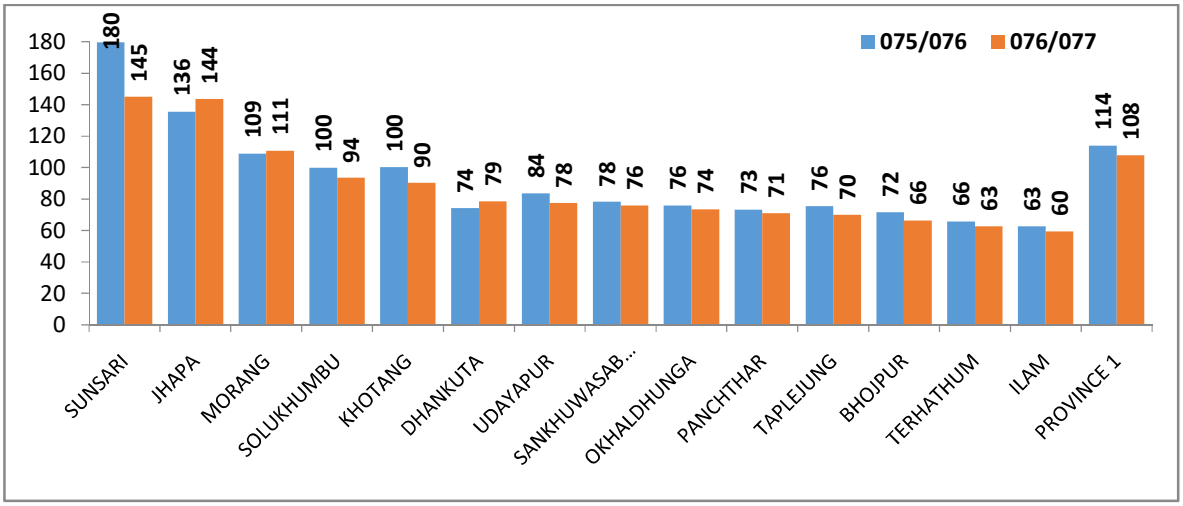
Figure 2.17 Percentage of pregnant women who had First ANC checkup as protocol



Percentage of pregnant women who had at least one ANC checkup

Percentage ofpregnant women who hadat least one ANC visit is more than expected in province 1. In this fiscal yearSunsari, Jhapa and Morang had more than expected ANC 1st visit while it was lowest in Terathum and Illam.

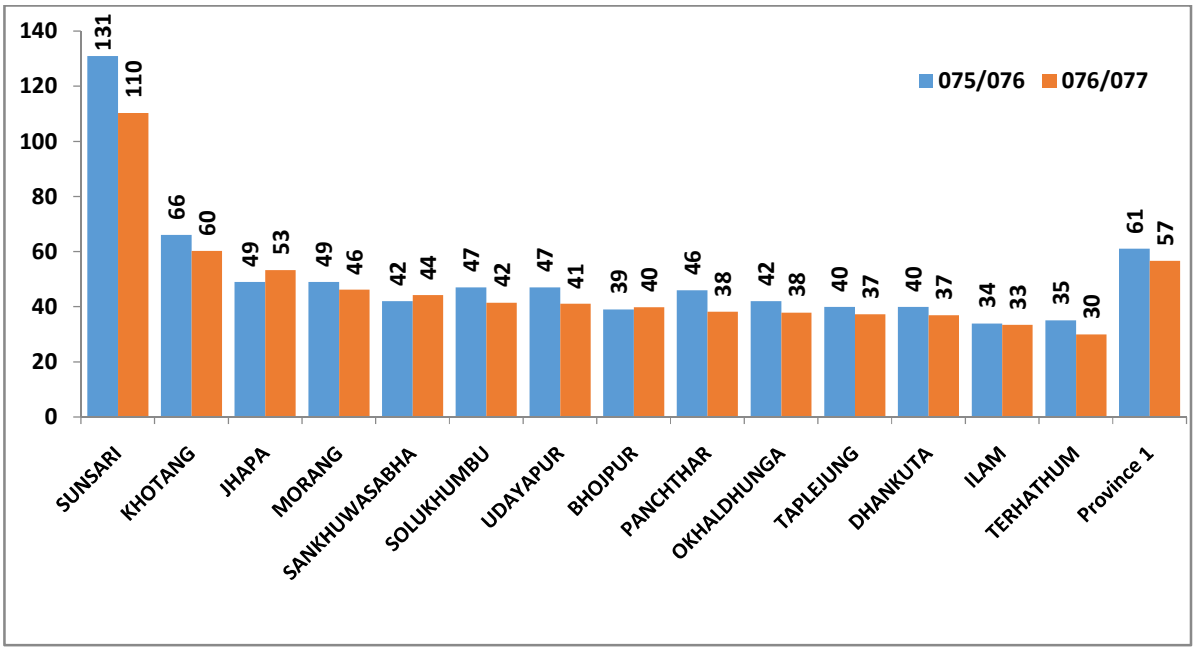
Figure 2.18 Percentage of pregnant women who had at least one ANC checkup



ANC 4 visit (as per protocol)

Four ANC visit as per protocol has slightly decreased than previous year. Sunsari had the 4 ANC visit more than expected, which is the highest coverage i.e. 110 % while Ilam and Terathum has the lowest coverage of 4 ANC visit this year i.e. 30% and 33% respectively.

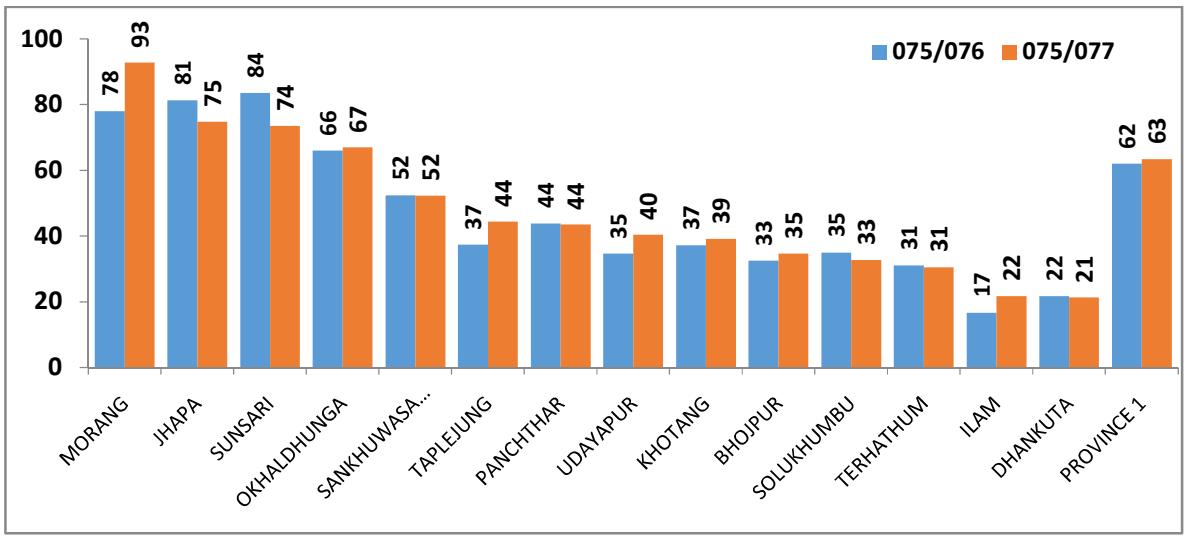
Figure 2.19 Percentage of pregnant women who had four ANC checkups as per protocol



Institutional delivery

Morang (93%), Jhapa (75%) and Sunsari (74%) had higher institutional deliveries while Illam (22%), Dhankuta (21%) have lower institutional deliveries this year.

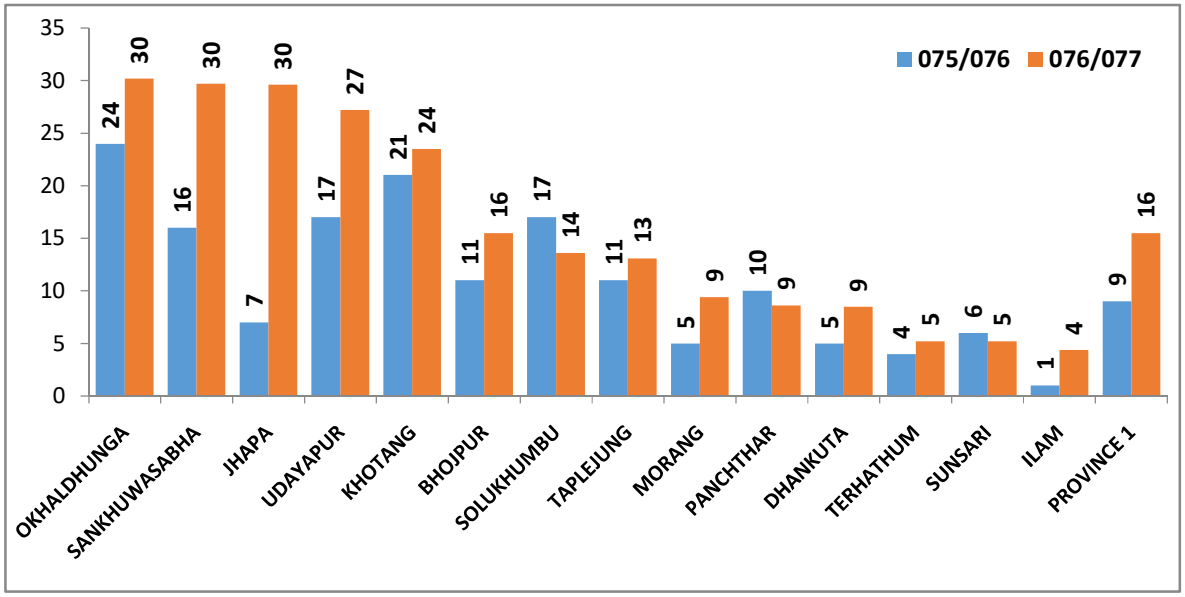
Figure 2.20 Percentage of institutional deliveries



PNC 3 visit (as per protocol)

PNC visit is lower in province 1 but it has rose nearly double than previous year. In this fiscal year, Okhaldhunda, Sankhuwasabha and Jhapa had 30% coverage which was the highest 3 PNC coverage while Illam i.e. 4% had the lowest coverage.

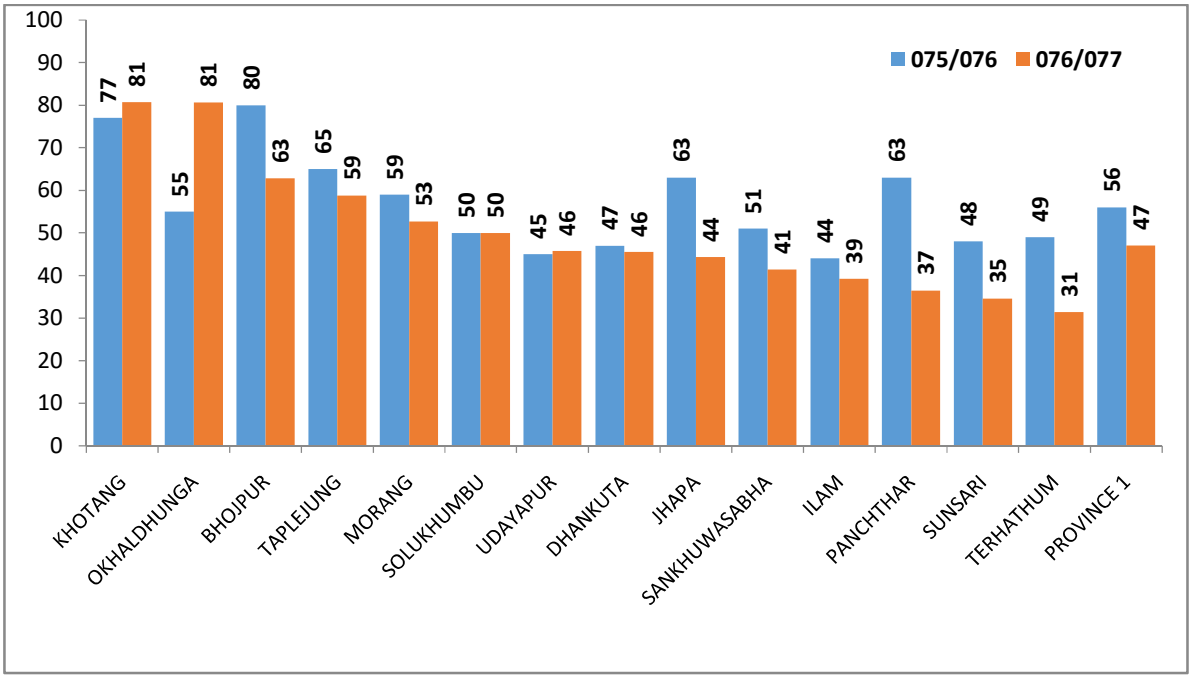
Figure 2.21 Percentage of women who had 3 PNC check-ups as per protocol



Postpartum Vitamin A supplementation

Postpartum vitamin A supplementation has slightly decreased than previous year. Okhaldhunda and Khotang had higher coverage i.e. 81% while Terathum (31%) had lowest coverage of postpartum vitamin A supplementation in this fiscal year.

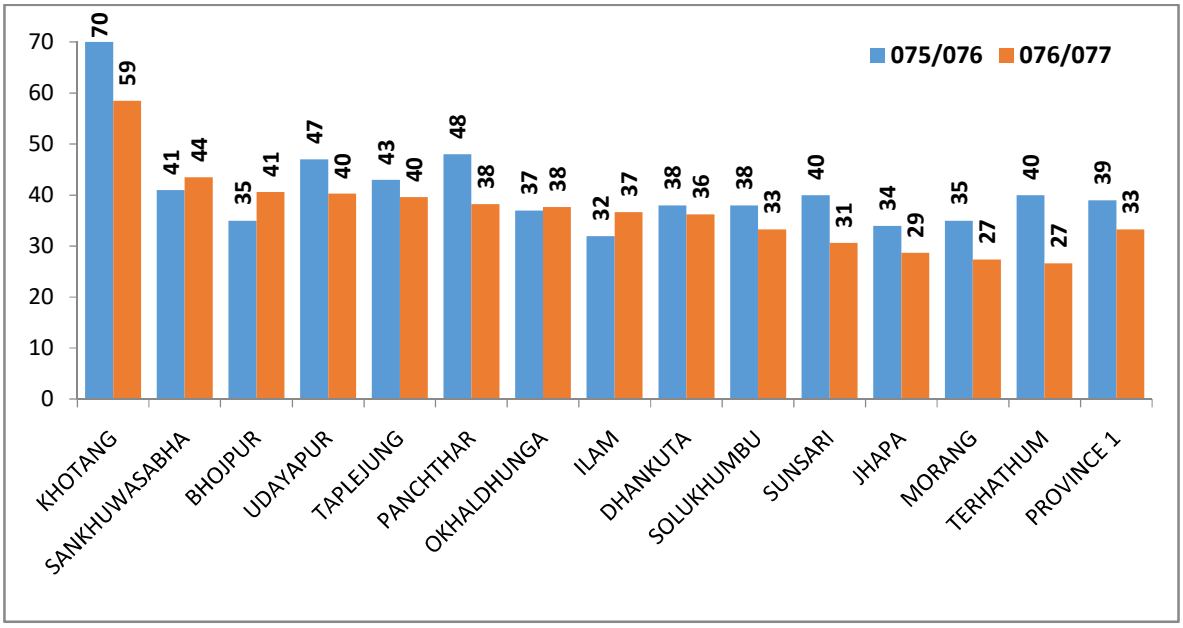
Figure 2.22 Percentage of postpartum women who received Vitamin A supplementation



Iron Folic Acid (IFA) supplementation: During pregnancy

IFA supplementation during pregnancy has slightly decreased than previous year. In this fiscal year, Khotang has the highest coverage with 59% while Terathum and Morang had lowest coverage i.e. 27% of IFA supplementation during pregnancy.

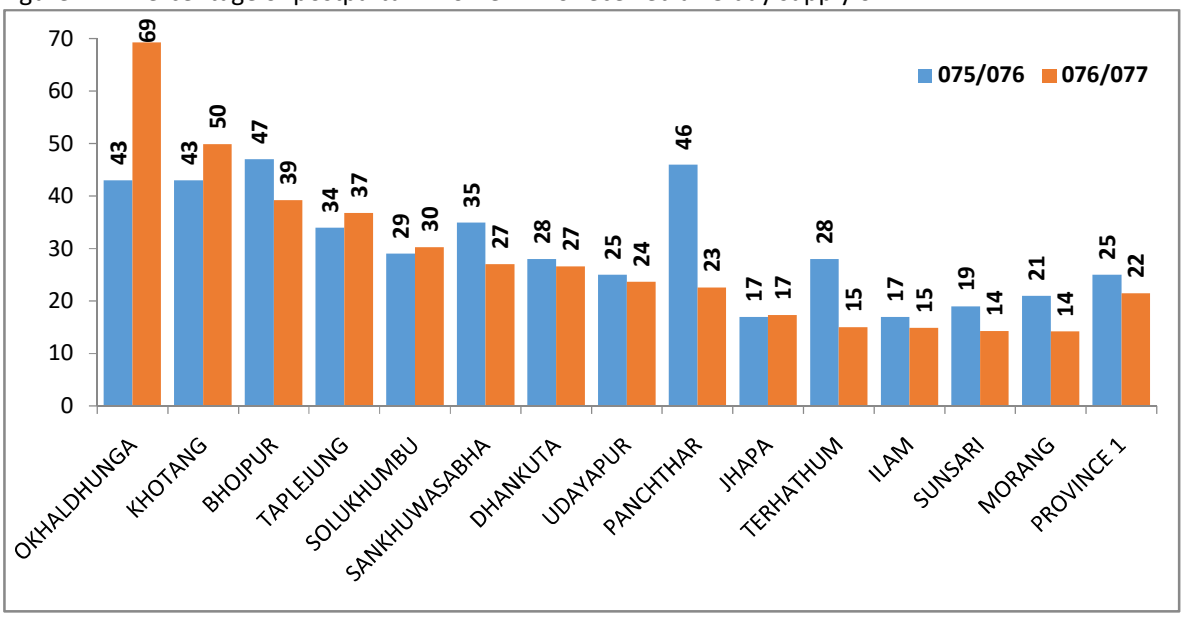
Figure 2.23 Percentage of women who received 180 day supply of Iron Folic Acid during pregnancy



Iron Folic Acid (IFA) supplementation: During postpartum

Similarly, IFA supplementation during postpartum has also decreased than previous year. Okhaldhunda (69%) and Khotang (50%) had higher coverage while Morang and Sunsari had lower coverage i.e. 14% of IFA supplementation during postpartum in this fiscal year.

Figure 2.24 Percentage of postpartum women who received a 45 day supply of IFA



Issues and Recommendation

Issues	Recommendation	Responsible
Low ANC 4 visit	Actual target should be identified by census by palika Upgrade current health institution to reproductive health friendly Uniformity of recording and reporting tools in private and public institution. Proper counseling from health service provider	Health Facility ,Palika, Health Office, Province
Low institutional delivery	Establishment of new well equipped birthing centers Upgrade current health institution to reproductive health friendly SBA training with some extra incentive to health worker, Proper counseling from health service provider, and Increase access to transportation/ambulance service.	Health Facility ,Palika, Health Office, Province
Low PNC coverage	Family, community, political leaders should be aware on PNC services and its importance ,Management of Roving ANM in the catchment area ,Proper counseling from health service provider	Palika, Health Facility, Health Office, province

2.2.2. Family Planning

Background:

Family planning (FP) refers to a conscious effort by a couple to limit or space the number of children through the use of contraceptive methods. Modern methods include female sterilization (e.g. minilap), male sterilization (e.g. no-scalpel vasectomy), intrauterine contraceptive device (IUCD), implants (e.g. Jadelle), injectables (e.g. Depo Provera), the pill (combined oral pills), condoms (male condom), lactational amenorrhea method (LAM) and standard day's method (SDM).

The main aim of the National Family Planning Programme is to ensure that individuals and couples can fulfill their reproductive needs by using appropriate FP methods voluntarily based on informed choices. To achieve this, the Government of Nepal (GoN) is committed to equitable and right based access to voluntary, quality FP services based on informed choice for all individuals and couples, including adolescents and youth, those living in rural areas, migrants and other vulnerable or marginalized groups ensuring no one is left behind.

GoN also commits to strengthen policies and strategies related FP within the new federal context, mobilize resources, improve enabling environment to engage effectively with external development partners and supporting partners, promote public-private partnerships, and involve non-health sectors. National and international commitments will be respected and implemented (such as NHSSIP 20152020, Costed Implementation Plan 2015-2020 and FP2020 etc.).

From program perspective, Province 1 Government through its subsidiary (HD, Health section MoSD, and municipalities) will ensure access to and utilization of quality FP services through improved contraceptive use especially among hard to reach, marginalized, disadvantaged and vulnerable groups and areas, broaden the access to range of modern contraceptives method mix including long acting reversible contraceptives such as IUCD and implant from service delivery points, reduce contraceptive discontinuation, scale up successful innovative evidence informed FP service delivery and demand generation interventions.

Quality FP services are also provided through private and commercial outlets such as NGO run clinic/ centre, private clinics, pharmacies, drug stores, hospitals including academic hospitals. FP services and commodities are made available by some social marketing (and limited social franchising) agencies. FP services are part of essential health care services and are provided free in all public sector outlets.

Target of Family Planning

Selected FP goals and indicators to ensure universal access to sexual and reproductive health-care services, including for FP/SRH programme are as follows: (Data source: NDHS, 2016)

Table 2.3 Target of Family Planning

Indicators	Status on Province 1	National status	SDG Indicators		
			2022	2025	2030
Contraceptive prevalence rate (CPR) (modern methods) (%)	39.6	47.1	53	56	60
Total Fertility Rate (TFR) (births per women aged 15-49 years)	2.1	2.3	2.1	2.1	2.1

Objectives of Family Planning Program:

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

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

Target Group:

All the individuals along with couples and Youth, residents of rural, immigrants and any other vulnerable and marginalized group are the Target groups of this program.

Major activities conducted in 2076/2077

- Service: Permanent Family Planning service to Male and Female, 5 types of Temporary Family Planning Method, and Emergency Contraception
- Counseling Service
- IUCD and Implant Training
- Supply of FP Commodities and instruments
- Enforcement of Post Abortion Family Planning

Achievements

Table 2.4 Contraceptive Prevalence Rate

Data	CPR	
Organization unit / Period	076/077	075/076
Province 1	39.6	37
Morang	52.2	29
Okhaldhunga	42.5	36
Jhapa	40.5	30
Ilam	40.4	31
Sunsari	37.4	29
Panchthar	37.2	31
Solukhumbu	34.4	41
Bhojpur	34.4	35
Sankhuwasabha	33.4	44
Dhankuta	33.4	35
Khotang	28.8	36
Udayapur	28.5	27
Taplejung	26.4	51
Terhathum	25.0	27

Figure 2.25 New users by FP methods

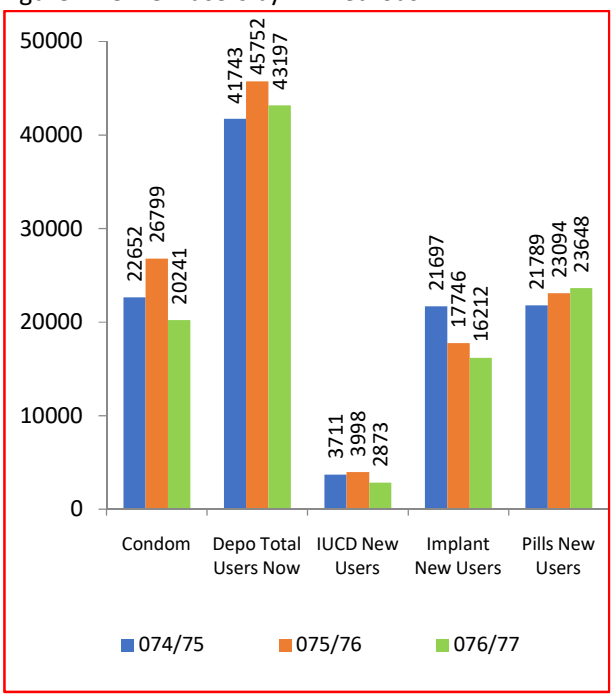
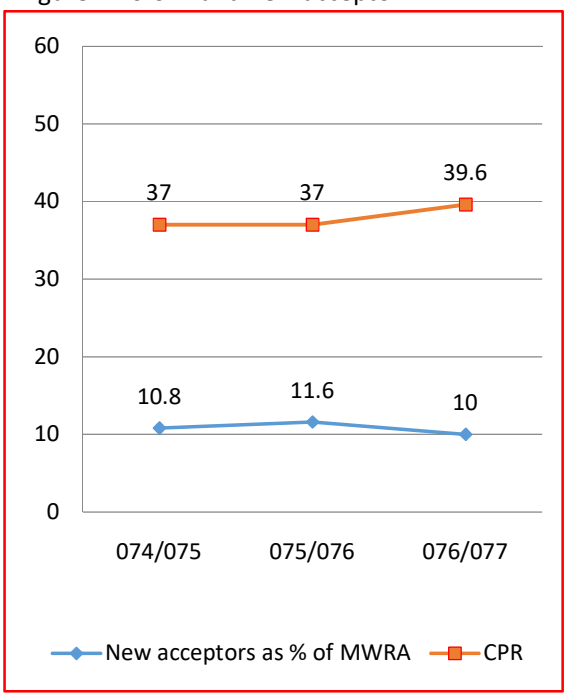


Figure 2.26 CPR and new acceptor



According to the above diagram CPR has increased from 37% in 075/076 to 39.6% in 076/077. To achieve the Sustainable Development Goal Family Planning program should be conducted in planned way and need to take reference of Non-Government Organization and public sector data, strengthen HMIS recording and reporting system and channelize all in the mainstream of HMIS.

Among the new Modern Contraceptive users, in comparison to previous three consecutive years the use of Pills has been increased slightlybut use of all others method of family planning has decreased. The upcoming program should focus on making availability of all 5 kinds of contraception in all the Health Facility. However, Community Awareness campaign is a must to fulfill the demand of users and decrease the unmet need.

Challenges

- Stock Out of Pills and Implant in Health facilities
- Unavailability of IUCD and Implant insertion set
- Low competency and confidence for LARC among SBA trained
- Unavailability all 5 types of FP commodities in all the Health Facilities
- Lack of IEC/BCC materials related to Family Planning in Health facilities

Issues and recommendation

Issues	Action need to be taken	Responsible	Coordination
Recording, Reporting from Private Institutions	Make all Compulsive for Reporting	Federal, Provincial and Local Government	Health Office and HD
Limited health facilities providing five contraceptive methods	Availability of 5 types of FP methods in all the HF	Federal, Provincial and Local Government	Health Office and HD
Contraceptive discontinuation	Implement FP micro-planning in low contraceptive prevalence wards/municipalities along conduction of mobile outreach and satellite clinics focusing on LARC Mobilize FCHVs for community awareness on LARC		
Limited number of FP training sites	Strengthen and expansion of FP training sites.	Federal, Provincial and Local Government	Health Office and HD

2.2.3. Adolescent Sexual and Reproductive Health

Background

National Adolescent Sexual and Reproductive Health is one of the priority programs.Nepal is one of the country in South Asia developed and endorsed the first National Adolescent Health and Development (NAHD) Strategy in 2000.To address the needs of emerging issues of adolescents in the changing context, the NAHD strategy is revised in 2018 the main aim of revision of strategy was to address the problem face by the adolescent in Nepal. Adolescents aged 10 to 19 constitute 24% (6.4 million) of the population in Nepal. Nepal is 3rd highest country in child marriage though legal age at marriage is 20. Seventeen percent of girls aged 15-19 years are already mothers or pregnant with their first child. Only 15% of currently married adolescents use a modern method of contraceptives. The Adolescent Fertility Rate (AFR) is an increasing trend from 81 in 2011 to 88 in 2016 per 1,000 women of 15-19 years. The target of SDG is to reduce the adolescent fertility rate to 30 per 1000. Adolescent friendly SRH services are provided through 12 certified AFS (Adolescent Friendly Service) sities in Province 1.

Vision: To enable all adolescents to be healthy, happy, competent and responsible.

Mission:

Maximum use of the available methods and establishing strong bond between the concerned partiesand developing strategy with the view of securing the health and development of adolescents.

Goal: To promote the sexual and reproductive health of adolescents.

General Objective

By the year 2025, all adolescents will have positive life styles to enable them to lead healthy andproductive lives.

Specific Objectives

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

Targets:

- To make all health facilities as adolescent friendly as per the envision of National Health policy (2014)and NHSS (2016-2021)
- To ensure universal access to ASRH services, the Nepal Health Sector Strategy Implementation Plan(2016-2021) aims to:

- scale up Adolescent Friendly Service (AFS) to all health facilities;
- behavioral skill focused ASRH training to 5,000 Health Service Providers and
- more than 100 health facilities to be certified with quality AFS by 2021
- The programme aims to reduce the adolescent fertility rate (AFR) by improving access to family planningservices and information.
- To support district health managers to operationalize the strategy, an implementation guideline onAdolescent Sexual and Reproductive Health (ASRH) was developed in 2007 and piloted in 26 publichealth facilities of 5 districts (Bardiya, Surkhet, Dailekh, Jumla, Baitadi)National Health Sector Program (NHSP)-IP-II (2010 to 2015) set a target of expanding 1000 public healthfacilities for provision of Adolescent Friendly Service (AFS) and revised the National ASRH ProgrammeImplementation Guideline accordingly and is implementing from 2011.

As per recommendations of the ASRH barrier study entitled "Assessing supply side constraints affectingthe quality of adolescent friendly services (AFS) and the barriers for service utilization" carried out in 2014 under leadership of FWD or interventions were implemented in BS.2072 (2015) as part ofsystem strengthening (capacity building, certification for quality delivery of AFS in friendly manner) andawareness raising interventions among adolescents and key stakeholders.Over the period of time ASRHtraining package was revised as per national standards; establish and strengthen ASRH clinical trainingsites within RH comprehensive training sites and additional 2 training sites in Bharatpur Hospital andKoshi Zonal Hospital were established. Different training materials, quality improvement tools weredeveloped and printed which were subsequently distributed in different districts for strengtheninghealth system.

Strategic Principles and Direction

- Participation and leaderships of adolescent
- Equality and Equity
- Right with responsibility
- Strategic Partnerships
- Role of central, province and local government

Achievement

Table 2.5 New users of Family Planning Temporary Methods among Adolescent

Unit	Proportion of -Pills-New Users <20 yrs	Proportion of Depo-New Users <20 yrs	Proportion of IUCD-New Users <20 yrs	Proportion of Implant-New Users <20 yrs	Proportion of Temporary FP Method-New Users <20 yrs
Province	8.5	9.4	3.8	4.1	8.0
Taplejung	8.3	8.1	5.7	2.5	7.0
Sankhuwasabha	12.4	14.2	0.6	4.7	11.4
Solukhumbu	10.4	7.4	5.8	3.2	7.8
Okhaldhunga	10.9	11.8	6.0	4.8	10.3
Khotang	14.4	15.7	0.8	4.1	13.2
Bhojpur	4.1	5.6	2.6	4.1	4.7
Dhankuta	12.9	13.4	0.0	7.8	12.2

Terhathum	6.3	10.9	4.8	7.0	8.8
Panchthar	8.1	7.7	2.1	2.0	6.6
Ilam	8.8	10.2	0.0	3.5	9.1
Jhapa	7.3	9.4	0.3	4.4	7.3
Morang	9.1	9.8	1.8	4.4	8.2
Sunsari	8.2	9.1	0.0	3.1	8.2
Udayapur	9.5	10.0	2.9	7.0	8.9

Table 2.6 Proportion of adolescent ANC among total ANC visits

Unit	Proportion of ANC 1st visit <20 any time	Proportion of ANC 1st visit <20 per protocol	Proportion of 4 ANC visit <20 per protocol
Province	15.4	18.3	10.2
Taplejung	23.5	22.5	14.6
Sankhuwasabha	20.9	19.0	17.5
Solukhumbu	16.2	15.4	11.3
Okhaldhunga	18.3	18.3	14.7
Khotang	24.8	22.8	18.7
Bhojpur	25.0	24.5	21.0
Dhankuta	14.7	16.1	13.2
Terhathum	20.4	21.2	16.3
Panchthar	21.5	19.2	14.5
Ilam	16.5	14.2	11.8
Jhapa	9.7	13.7	10.9
Morang	25.0	23.7	13.4
Sunsari	7.5	13.5	3.5
Udayapur	19.0	18.0	17.9

Table 2.7 Proportion of adolescent safe abortion service users among total safe abortion service

Unit	% of <20 yrs women received SAS		
	076/77	075/76	074/75
Province	7.3	9	9
Taplejung	5.9	16	8
Sankhuwasabha	8.7	10	10
Solukhumbu	8.4	12	15
Okhaldhunga	15.7	12	4
Khotang	8.5	10	9
Bhojpur	10.1	5	0
Dhankuta	8.3	7	8
Terhathum	6.7	11	16
Panchthar	13.6	11	10
Ilam	11	10	10
Jhapa	2.1	12	9
Morang	7.4	5	8
Sunsari	5.5	7	6
Udayapur	5.8	14	11

Issues and Recommendation

Issues	Recommendation	Responsible
Lack of privacy andconfidentiality of health servicesfrom health facility	Maintain proper privacy and confidentiality of health services seek by adolescent	Health Facility,Palika, Health Office, Province, FWD
Inadequate links with other programs (family planning, safe motherhood, HIV)	Advocate for the functional integration of ASRH issues and services in other thematic areas/programs	Health Facility,Palika, Health Office, Province, FWD
Inadequate IEC/BCC materials	Ensure the supply of ASRH related IEC/BCC materials to health facilities	Palika, Health Office, Province, NHEICC

2.2.4. Safe Abortion Program:

Background

With respect to the reproductive rights of women, it is the right of the woman herself to decide whether to conceive or not to conceive, and whether to have children after conception. Thus, it's right for women to conduct abortion relying under the law and periphery. To assure this right in National Safe abortion Policy 2060 article 2.3 it is written under the section of women rights that "The right of a woman to continue or not to abort a certain pregnancy under existing law shall be guaranteed." Nepal Constitution on 2072 has also guaranteed that every Woman's Reproductive right will be taken as a fundamental right.

In order to ensure the reproductive health rights of Nepali women, there is a provision for abortions under the 9th Amendment Bill of the country, as the Ministry of Health and Population has adopted a policy of continuously expanding and developing safe abortion services.

Safe abortion service means the services provided by the listed health worker in the health care institution approved by the listed health worker, with the consent of the carrying woman. After the implementation of the Safe Abortion Services Procedure 2 and the National Policy on Safe Abortion, this service is being operated by issuing a working guide. Currently, the program is operating in accordance with the Safe Abortion Services Program Procedure Directive 2. By conducting such programs, women in the service will be able to reach out to remote and marginalized areas and communities, expanding their services in difficult, marginalized, vulnerable and at-risk groups and areas, such as social disadvantage and transnational renewal.

The program is being implemented by implementing the Safe Abortion Service Extension Strategy and Operational Guidelines 2066 used by pharmaceuticals to provide access to safe

abortion services to women in rural and remote areas. Sub-section 5.1.1 of this directory states that health workers working at various levels of health institutions at the community level should be provided with abortion training through the use of medicines.

The "Safe Motherhood and Reproductive Health Rights Act 2075 and Safe Motherhood and Reproductive Health and Rights Regulation 2077" has clearly clarified the legal provisions, privacy and sanction of safe abortion.

In line with the objective of the National Health Policy 2, to provide basic healthcare services as a fundamental right of all citizens, arrangements have been made by the Government of Nepal to provide safe abortion services to government health institutions.

Goal: Increasing access to safe abortion services and quality service delivery is key to minimizing maternal mortality and morbidity.

Objectives:

- Provide clear information about national policies, existing legal provisions and policy guidance regarding safe abortion.
- To extend the quality of free abortion services to the women by extending free safe abortion services to the women even in the local government.
- Management of severe complications and treatment of incomplete abortion.
- Conduct a vigilance program to eliminate the stigma and disadvantages associated with abortion.

Target group

Women and adolescents of reproductive age are directly involved in this targeted group of services. Indirectly, people of all age groups belong to the target group of the program, because if women do not have access to safe abortion services at the desired time, it will have a negative impact on the family and socially.

Services and Programs:

- Training related to Safe Abortion (MA, MVA/CAC, 2nd Tri)
- Extension of service center
- COPE (Client-oriented, provider-efficient) Process for Quality Improvement
- Post Abortion Family Planning and LARC service

Safe abortion procedures

FWD has defined the four key components of comprehensive abortion care as:

- pre and post counseling on safe abortion methods and post-abortion contraceptive methods;
- termination of pregnancies as per the national protocol;
- diagnosis and treatment of existing reproductive tract infections; and

- Provide contraceptive methods as per informed choice and follow-up for post-abortion complication management.

Achievement

Safe abortion sites (HF) and services.

Table 2.8 Safe abortion sites (HF) and services

Unit	Service Sites			Abortion complications			CAC Services			PAC services		
	Gov.	Non-Gov	Total	76/77	75/76	74/75	76/77	75/76	74/75	76/77	75/76	74/75
Province 1	194	41	235	463	928	979	15957	18921	15854	1829	1889	1292
Taplejung	3	0	3	5	1	22	373	374	496	59	52	52
Sankhuwasabha	11	1	12	10	23	6	1170	1063	648	90	89	39
Solukhumbu	6	0	6	0	2	2	167	280	230	3	20	5
Okhaldhunga	13	0	13	96	102	99	89	121	115	94	103	103
Khotang	10	0	10	9	4	12	259	442	318	2	12	6
Bhojpur	11	1	12	0	2	0	158	149	56	17	23	18
Dhankuta	17	2	19	3	1	9	649	830	749	14	35	30
Terhathum	14	0	14	3	0	2	729	733	322	7	15	16
Panchthar	21	0	21	44	71	92	1366	1488	1617	44	38	36
Ilam	21	4	25	92	98	93	1721	1813	2068	102	119	96
Jhapa	16	12	28	105	531	489	2057	3764	3180	729	638	272
Morang	20	7	27	68	13	84	2819	2797	2889	506	419	362
Sunsari	19	8	27	2	74	67	4038	4682	2932	121	309	188
Udayapur	12	6	18	26	6	2	362	385	234	41	17	69

Figure 2.27 CAC service

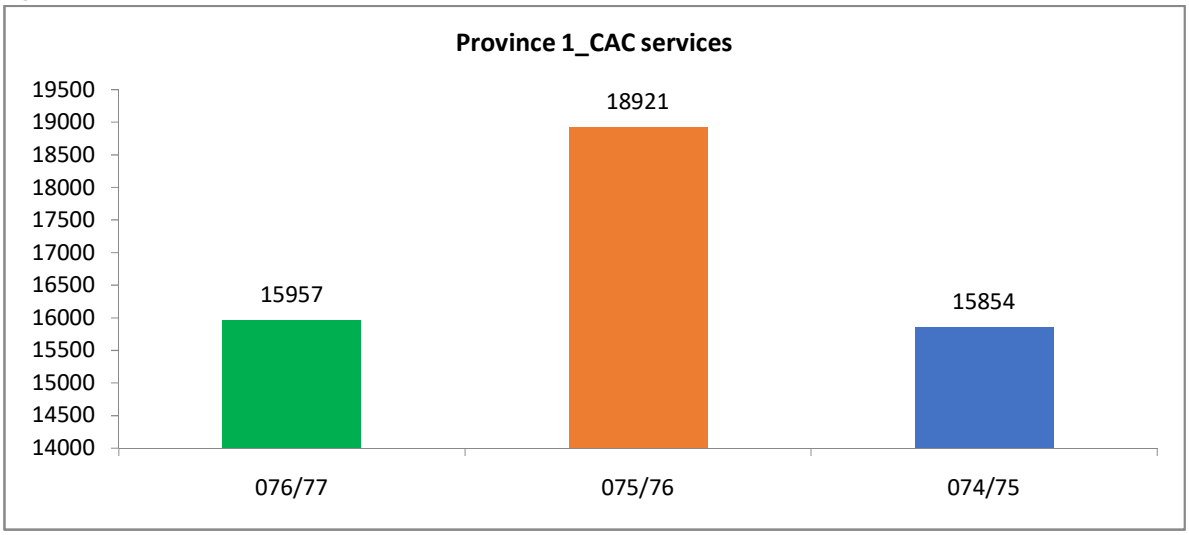


Figure 2.28 PAC service

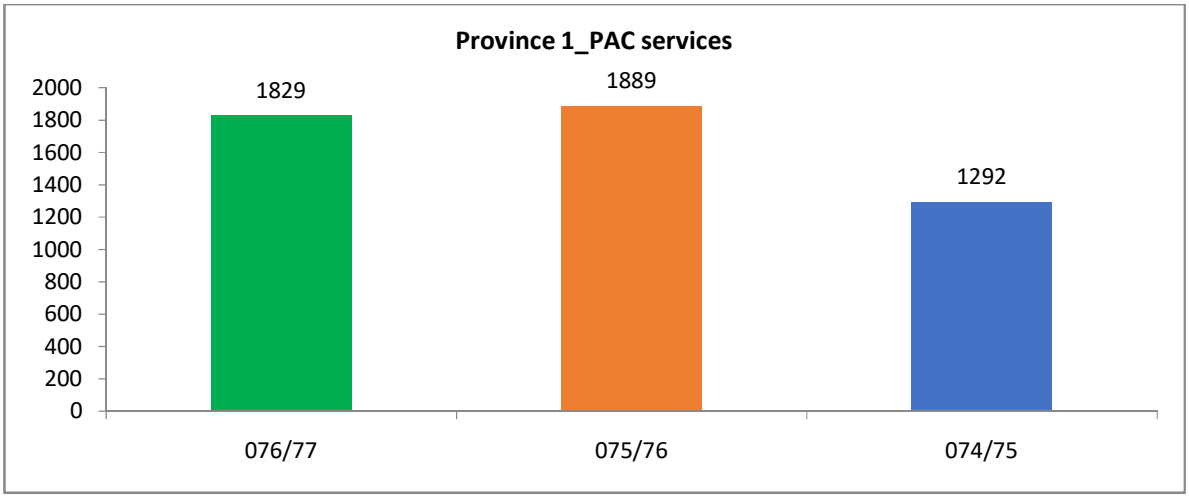
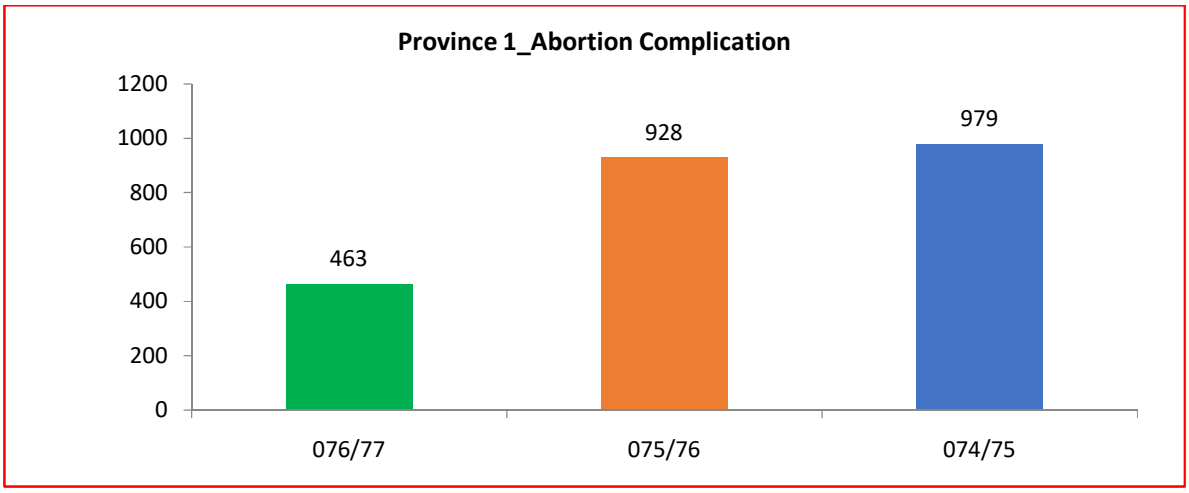


Figure 2.29 Abortion Complication



Based on available data, CAC services, PAC services havedeclined in comparison to previous year. The act of Safe motherhood and Reproductive Health Rights has helped to promote safe abortion service up to community level. It creates enabling environment for the Medical Abortion. However due to COVID-19 pandemicsafe abortion service users has decreased in comparison to previous year.

If we compare to other district of Province one, Taplejung, Solukhumbu, Okhaldhunga, Khotang, Bhojpur and Udayapur has low number of safe abortion service. From this result we can assume that there is still illegal abortion. Thus, there is need to expand safe abortion service as well must focused on Quality Improvement. Number of complication management after abortion has been decreased on this fiscal year as compared to previous year. Jhapa, Okhaldhunga and Ilam have the high number of abortions complication..

Status of Post Abortion Contraception Acceptance

Table 2.9 Post Abortion Contraception Acceptance

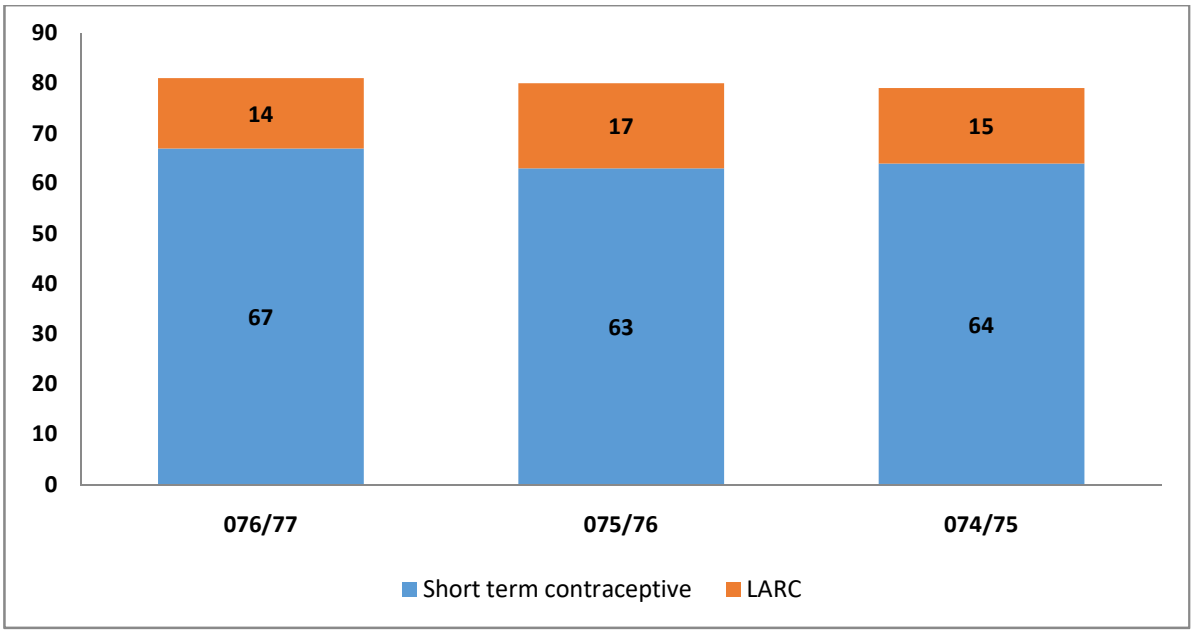
Data	Percentage of clients received post abortion contraceptives Short Term			Percentage of clients received LARC		
Organization unit / Period	076/77	075 /76	074 /75	076/77	075 /76	074 /75
Province 1	80.8	63	64	13.8	17	15
Taplejung	101.6	73	87	34.6	22	8
Sankhuwasabha	88	61	67	21.6	23	8
Solukhumbu	82.6	75	80	14.4	19	18
Okhaldhunga	32.6	36	38	2.2	7	4
Khotang	94.6	73	84	18.9	12	23
Bhojpur	36.7	38	59	0.63	8	13
Dhankuta	93.2	69	76	10.8	18	16
Terhathum	97.8	73	57	20.6	19	6
Panchthar	74.9	72	64	8.6	18	24
Ilam	79.5	75	66	19.9	23	21
Jhapa	62	40	41	8.3	14	11
Morang	72	57	70	12.2	18	12
Sunsari	91.1	72	74	12.2	15	14
Udayapur	89.5	73	28	14.4	27	9

Above information shows that percentage of client receiving post abortion contraceptives has increased to 81% in 076/77 as compared previous year 075/76. There is necessity of post abortion family planning service after safe abortion.

A woman can become pregnant after the 8th day of abortion. Thus, service provider must counsel the client for family planning service after safe abortion. Therefore due to given reason it is more importance for a women. Long term family planning methods has been declined slightly as compared to previous year in Province one. If we analyze the service trend of short-term family planning methods there was increase in percentage in comparison to last twofiscal year.

Overall post abortion family planning contraception acceptance was 80%. In this fiscal year, post abortion LARC user has slightly decreased compared to previous year.

Figure 2.30 Percentage of post abortion contraception acceptance



Major Innovations

- In Terathum District, campaign for "Zero Unsafe Abortion District in Province 1" was initiated with support from Ipas Nepal. Some of the Palika has expanded safe abortion service, community awareness program and quality service as per need.
- Increase on access of safe abortion service up to community level through Health Post.
- Start to supply Safe Abortion Drug to listed Health Facility from Hospital Pharmacy.

Strength

- Free safe abortion service program was implemented in effective way.
- Myth regarding the abortion was decreased among the community.
- Local government has started to take the ownership on program.
- Increase in number of Long-term family planning service after the abortion.
- Program was effective with support from IPAS Nepal, Family Planning Association, MSI and PSI Nepal.

Challenges

- Increasing trend of Unsafe abortion
- Number of Safe abortion service was low in 6 districts (Taplejung, Solukhumbu, Okhaldhunga, Khotang, Bhojpur and Udayapur) as compared to other districts.
- Availability of drug on Pharmacy and other illegal service center.
- Transfer out of trained human resource from the service center
- Poor supply chain management of MA drugs
- Limited Safe Abortion Service Site.

Issues and recommendation

Issues	Action need to be taken	Action plan for FY 2076/77	Responsible	Coordination
Lack of Human Resource	SAS(CAC/MA/2nd tri) training	Provide training based on need identification	Palika/ Province/ Center	Training Center
Insufficient number of Service Center	Increase number of service center and insure availability of service as well assure confidentiality	At least one MA service center at each Palika and assure availability of MVA service (within 12 weeks) at Hospitals.	Palika/ Provence/ Center	EDPs/DHO
Illegal uses of Drugs from illegal service sites	Regular monitoring of Pharmacy and private clinic. Regular supply of drug to Service center.	Compulsory Quarterly Monitoring	DDA/HO/ DAO	Palika/DDA
Sites non-Functional	Manage the trained Human Resources in Service Sites	Identify the service stoppage sites and manage trained human resource	Palika/ Province	Health Office EDPs
Myth on respective issues	Aware about women's right	Identification of Local Supportive partners and conduct awareness and advocacy campaigns	Palika	Health office/Supportive Organization

PART 3 – EPIDEMIOLOGY AND DISEASE CONTROL

3.1. Malaria

Background

Malaria continues to be a priority public health problem in Nepal. It affects mainly poor people living in rural areas with limited access to health care services, people living in forest fringe areas and among the migrants returning from high risk malaria areas. With strengthened surveillance, we have been able to detect malaria in the hilly areas of Nepal where malaria was not previously.

Nepal has arrived at a critical junction in its fight against malaria, as it has already achieved MDG goals set for 2015, and the country is in a unique position to move towards eliminating the local indigenous transmission of malaria. Nepal Malaria Program has attained considerable progress in malaria control leading the country towards pre-elimination phase of malaria. With a vision of malaria free Nepal by 2025, Nepal Malaria Strategic Plan 2014-2025 has been developed based on the Long-Term National Strategy of Malaria Elimination. Despite all the adversities, with the continued efforts of many involved in the control and prevention of malaria, now the era of malaria intervention has moved on with a target to achieve zero indigenous malaria cases by 2022 and eliminate malaria by 2025. So, there is an imperative need to further ensure that all the suspected cases are tested by quality assured RDT or microscopy and treated immediately.

The main focus of current national malaria program will be elimination of transmission foci, for which the health systems must be strengthened to early detect, characterize, delimit and eliminate the foci; confirm all suspected malaria cases and appropriately treat all confirmed malaria cases and significantly reduce human-mosquito contact. These two shifts will be facilitated by the implementation of active surveillance and targeted interventions as outlined in Strategic Plan.

The National Malaria Strategic Plan includes objectives for five areas of work:

- To strengthen strategic information for decision making towards malaria elimination
- To further reduce malaria transmission and eliminate the foci wherever feasible
- To improve quality of and access to early diagnosis and effective treatment of malaria
- Through advocacy and communication, sustain support from the political leadership and the communities towards malaria elimination
- To strengthen programmatic technical & managerial capacities towards malaria elimination.

Services and Interventions:

- Early diagnosis and prompt effective treatment
- Case based surveillance
- Foci investigation
- Transmission Reduction: entomology and vector control
- Advocacy and Behavior Change Communication
- Human resource and capacity building

- Malaria logistics supply
- Research and surveys

Major activities accomplished in FY 2076-77

- Case Base investigation of all reported positive cases of Province1
- Malaria microscopic training for laboratory personnel of both public and private health facilities of selected districts
- HMIS orientation for Public and Private health facilities of selected districts
- District level orientation
- LLIN distribution among risk, targeted and vulnerable population
- Orientation/Training on malaria case management
- School Health Program
- Implemented Advocacy, social mobilization & Behavior Change Communication program

Analysis of Achievements

Figure 3.1 Trend of Malaria Cases

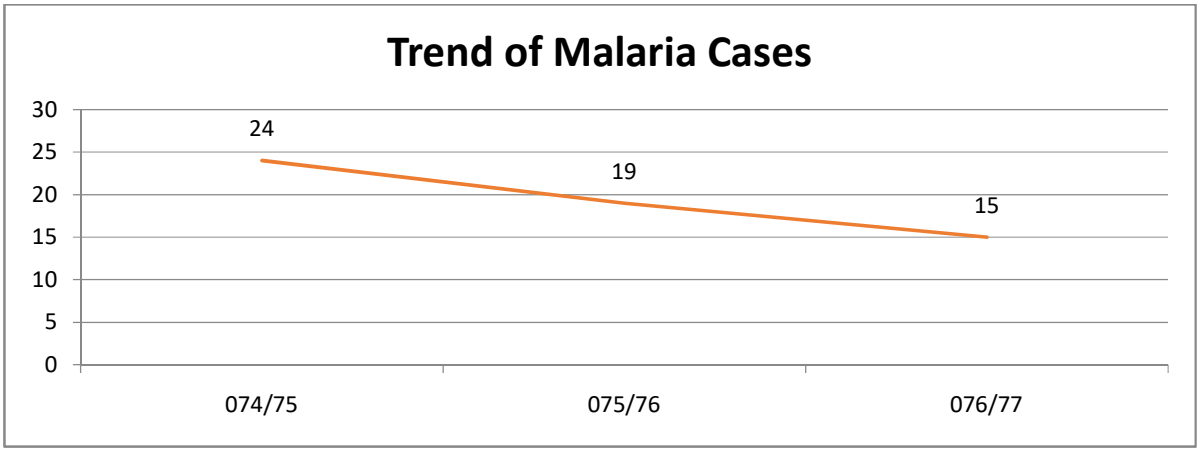


Figure 3.2 Malaria Case by species

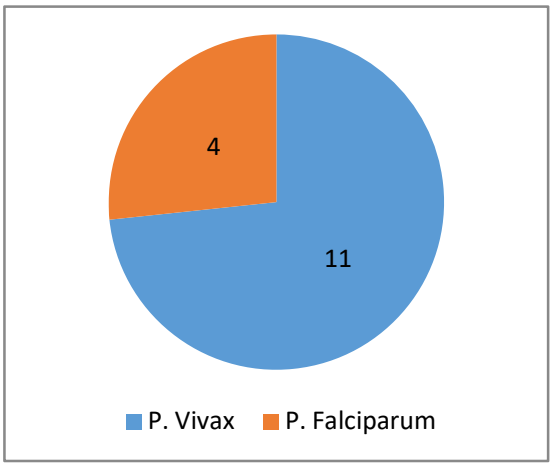


Figure 3.3 Malaria case by type

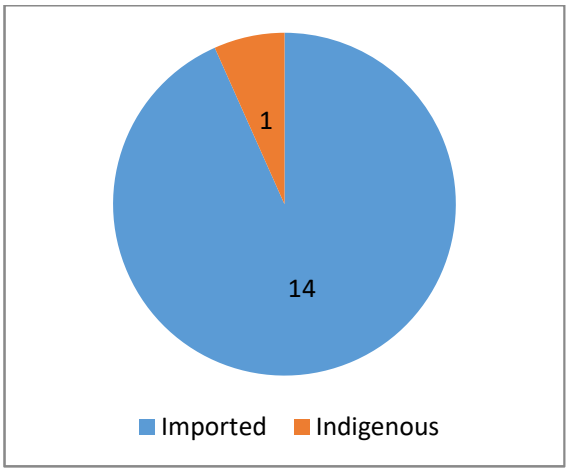
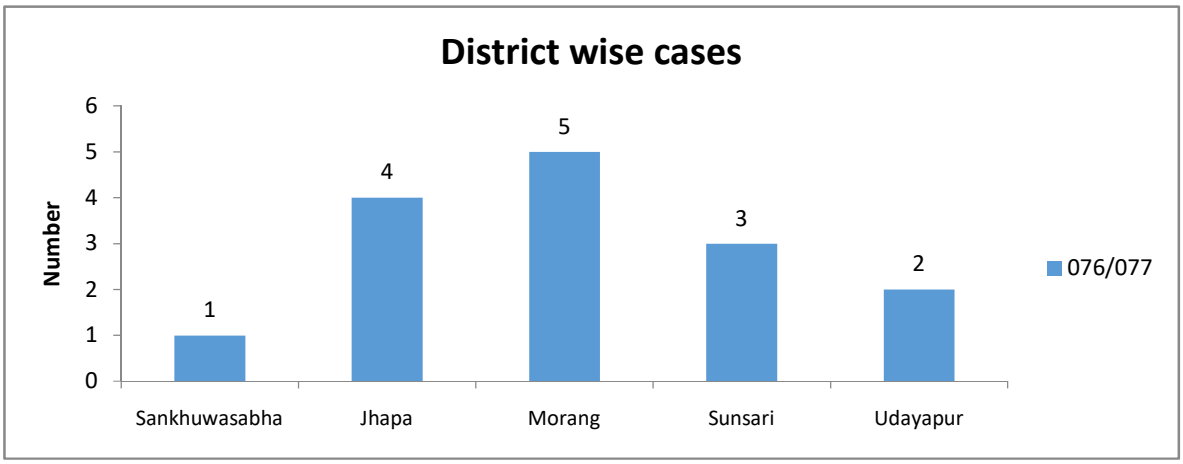


Figure 3.4 District wise Malaria cases



As per the reported cases from the health facilities, total number of cases reported on FY 076/77 was 15. According to the total number of reported positive cases, 4 cases were P. falciparum species whereas 11 cases were P. vivax species. Only one case ofP.vivax indigenous was reported in the Udayapur district of Province 1. Among all the reported positive cases highest number of positive cases were reported from Morang whereas lowest number of cases were reported from hilly areas of Province 1. Above data indicates that the malaria cases were in decreasing trend in comparison with previous fiscal year.

Issues and recommendations

Issues	Action to be taken	Responsibilities
Most of the private health institutions are using Antibody based RDT and not using WHO prequalified RDT resulting false +ve.	Need to sensitize regarding the use of WHO prequalifies test kit only Strict instruction of using the authorized test kit only	EDCD, HD, Health office
Late Malaria Disease Information System (MDIS) reporting has caused delayed response, incomplete Case Investigation, miss classification and false +ve cases.	Reporting the case soon after the diagnosis	Health facility
Lacking commitment from all level and Coordination between HF, Palikas and Health Offices is minimal.	Needed commitment from all responsible authority	All responsible authority
Timely and correct HMIS recording and reporting of public & private health institution need to be followed (timely and complete recording and reporting).	Timely recording and reporting from responsible authority	All responsible authority of health facilities

3.2. Kalazar

Background

Majority of the Terai districts (Sunsari, Jhapa, Morang) are highly affected districts in the regionalong with Okhaldhunga which is one of the hilly area. In these endemic areas, particularly children and young adults are its principal victims. The disease is fatal if it is not timely treated. In the recent years, Kala-azar and HIV co-infections have emerged as a health problem. The recorded cases of Kala-azar indicate that mostly the rural people with low socio economic status, are vulnerable.There have been some significant advances both in the diagnosis and treatment of Kala-azar over the last decade. The rK39 dipstick test kit (RDT), a rapid and easy applicable serological test has been demonstrated to have high sensitivity and specificity in validity studies. The 2010 guideline for Elimination of Kala-azar in Nepal wasupdated in 2014 to introduce liposomal amphotericin B and combination therapy in the nationaltreatment guideline. The 2014 national guideline updated in 2019 which recommended single doseliposomal amphotericin B as the first line treatment for primary kala-azar.

Goal — The goal of Kala-azar elimination program is to contribute to mitigation of Poverty in Kalaazarendemic districts of Nepal by reducing the morbidity and mortality of the disease and assisting in the development of equitable health systems.

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

Objectives:

- Reduce the incidence of Kala-azar in endemic communities with special emphasis on poor, vulnerable and unreached populations.
- Reduce case fatality rates from Kala-azar to ZERO.
- Detect and treat Post-Kala-azar dermal leishmaniasis (PKDL) to reduce the parasite reservoir.
- Prevent and manage Kala-azar HIV–TB co-infections.

Strategies:

Based on the regional strategy proposed by the South East Asia Kala-azar TechnicalAdvisory group (RTAG) and the adjustments proposed by the Nepal expert group, Government ofNepal, MoHP has adopted the following strategies for the elimination of Kalaazar.

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

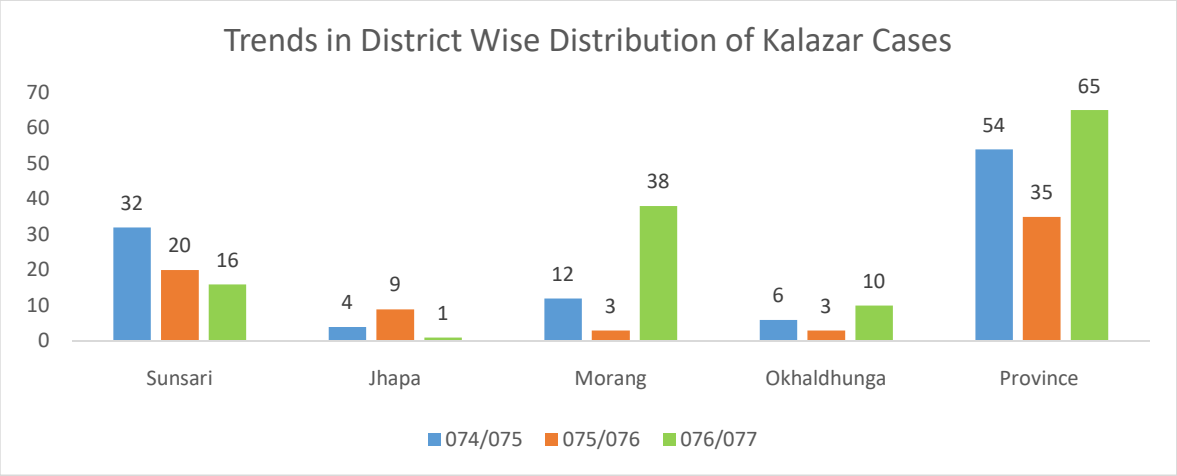
Major Activities

- Case detection and treatment,
- Indoor Residual Spraying (IRS) was carried out in prioritised Kala-azar affected areas
- Continuation of treatment through Miltefosine and Amphotericine B
- Trainings and orientations - health workers were trained on appropriate skills required for prevention and control of vector borne diseases including Kala-azar. The lab personnel from the selected hospitals were trained on rK-39 dipstick diagnosis of Kalaazar.
- Conducted IEC and BCC activities in the Kala-azar endemic districts.

Analysis of achievements

In the Province 1 Kalazar cases shows increasing trend than previous year, further there has been abrupt rise in cases than previous fiscal years. A total of 65 Kalazar cases were reported in the Province with majority of cases being reported from Morang district. Sunsari also has high number of Kalazar cases but it is in decreasing trend. Jhapa has the least reported cases.Along with Terai district, Kalazar has also being reported from Okhaldhunga district.

Figure 3.5 Kalazar cases



Issues and recommendations

Issues	Action to be taken	Responsibility
Low Patients compliance for the treatment of kala-azar	Training/orientations to the relevant health workers& Public awareness activities in community, increase incentive for the treatment.	EDCD, HD, Health Office and Palika
Inadequate awareness about disease among the communities.	Dissemination of educational message to public, public health professionals and policy makers related to kla-azar.	NHEICC, HD and Palikas

3.3. Dengue

Background

Dengue is a mosquito-borne disease that is transmitted by mosquito (Aedes aegypti) and occurs in most of the districts of Nepal. WHO (2009) classified dengue as: i) Dengue without warning signs, ii) Dengue with warning signs, iii) Severe Dengue. The earliest cases were detected in 2005. Sporadic cases and outbreaks occurred in 2006 and 2010. Initially most cases had travelled to the neighbouring country (India), although lately indigenous cases are also being reported.

Aedes aegipti (the mosquito-vector) was identified in five peri-urban areas of the Tarai (Kailali, Dang, Chitwan, Parsa and Jhapa) during entomological surveillance by EDCD during 2006–2010, indicating the local transmission of dengue. Studies carried out in collaboration with the Walter Reed/AFRIMS Research Unit (WARUN) in 2006 by EDCD and the National Public Health Laboratory (NPHL) found that all four sub-types of the Dengue virus (DEN-1, DEN-2, DEN-3 and DEN-4) were circulating in Nepal.

Goal — To reduce the morbidity and mortality due to dengue fever, dengue haemorrhagic fever(DHF) and dengue shock syndrome (DSS).

Objectives:

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

Strategies:

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

Major Activities

- Trained physicians, nurses, paramedics and laboratory technicians on dengue case detection, diagnosis, management and reporting.
- Supplied rapid diagnostic test kits (IgM).
- Dengue case monitoring.
- Search and destruction of dengue vector larvae (*A. aegypti*)
- Developed and disseminated health education messages.

Achievement

Table 3.1 Dengue Cases

District	2074/075	2075/076	2076/077
Jhapa	5	29	321
Morang	2	81	73
Sunsari	8	3025	357
Bhojpur	0	4	10
Udaypur	0	1	34
Dhankuta	2	5	16
Ilam	1	2	18
Taplejung	1	2	4
Sankhuwasabha	0	1	8
Panchthar	0	2	10
Province -1	19	3152	851

The number of reported dengue case has significantly increased in FY 2075/76 however in FY 2076/77 cases has decreased as compare to previous fiscal year. During FY 2076/77, Dengue cases were reported from 10 districts. The majority of cases have been reported from Sunsari followed by Jhapa.

Issues and recommendations

S.N	ISSUES	ACTION TO BE TAKEN	RESPONSIBILITIES
1	Vector Control	Vector surveillance and Integrated Vector management	EDCD/VBTRTC/ HD/HO
2	Involevement of stakeholders in vector search and destroy	Coordinate with municipalities for search and destroy programs	HD/ HO/ Palika

3.4. TB Program

Background

Worldwide, TB is one of the top 10 causes of death and the leading cause of a single infectious agent (above HIV/AIDS). Millions of people continue to fall sick with TB each year. Globally, nearly 10 million population developed TB in 2017 and TB caused an estimated 1.3 million deaths (including 0.3 million among people with HIV) in the same year, making TB one of the leading cause of deaths for HIV-positive people. There were cases in all countries and age groups, but overall 90% were adults (aged ≥15 years) and 64% of them were males, 9% were people living with HIV. South East Asia Region alone holds nearly 45 % of global TB cases. Almost 10% of TB is still among the children because diagnosing and reporting of TB in children has always been difficult and faces lots of technical and programmatic challenges. MDR-TB remains a public health crisis and a health security threat. In 2017, WHO estimates that there were 558,000 new cases with resistance to Rifampicin, the most effective first-line drug of which 82% had MDR-TB.

Tuberculosis (TB) remains one of the major public health problems in Nepal. In 2017/18, a total of 32,474 cases of TB were notified and registered at NTP. TB case notification, as well as estimated incidence, has been stagnant for more than decades now in Nepal (Target for 2018 was CNR 152/100,000) despite best efforts of the program is trying to find and cure more TB cases. TB cases were reported from all parts of the country, but the Terai belt reported the highest numbers of cases followed by hills and mountains. The childhood TB cases reported are nearly 5.5% of all cases which is still a huge challenge in Nepal. Among the reported cases, men are nearly 1.7 times as compared to women cases. Nepal TB program is also missing out to find nearly 28% of estimated cases annually, which has played a big role in control of TB program with 20-25% among them estimated to be held and unreported by private sector.

The tuberculosis control program at the province is guided by the national policies and strategies. The Province has coordinated with different public & private sectors, local government bodies, I/NGOs, social workers in order to expand DOTS, establish/reactivate DOTS committee and increase social mobilization at various levels. A good teamwork has been established in the Province between the public and private sectors in order to sustain the results achieved by NTP at the provincial level. DOTS by community volunteers, I/NGOs and CBOs has been found effective in terai, hill and mountain districts of the region. Besides the government health institutions, the major partners in implementing DOTS program in the province are private and social sectors.

The number of DOTS treatment centers has reached to 785 and 96 microscopic centers including 2 MDR treatment centers with 17 sub-centers. The treatment success rate stands at 88.9 % and case finding rate of 77.5 per 100000 in FY 2076/77.

The basic unit of management for diagnosis and treatment of TB patients is the district hospitals, Primary Health Centres and selected health posts whereas other health posts and sub-health posts acts as sub-centres for supervision of patients on DOTS. However, from the FY 2075/76 all sub-centres have been upgraded to treatment centres. The Provincial Health Directorate provides technical and managerial support in TB control activities launched within the Province including

regular supervision and monitoring. All centers offering treatment for patients with tuberculosis must utilize the standardized regimens of short course chemotherapy (SCC) adopted by the NTP, with Directly Observed Treatment Short Course (DOTS).

Vision: A world free of TB i.e. Zero deaths, disease and suffering due to TB

Goals: End the Global TB Epidemic

Milestones for 2025:

- 75% reduction in TB deaths (compared with 2015)
- 50% reduction in TB incidence rate (less than 55 TB cases per 100,000 population)
- No affected families facing catastrophic costs due to TB

Targets for 2035:

- 95% reduction in TB deaths (compared with 2015)
- 90% reduction in TB incidence rate (less than 10 TB cases per 100,000 population)
- No affected families facing catastrophic costs due to TB

Principles

- Government stewardship and accountability, with monitoring and evaluation
- Strong coalition with civil society organizations and communities
- Protection and promotion of human rights, ethics and equity
- Adaptation of the strategy and targets at country level, with global collaboration

Objectives

Objective 1: Increase case notification through improved health facility-based diagnosis; increase diagnosis among children (from 6% at baseline, to 10% of total cases by 2021); examination of household contacts and expanded diagnosis among vulnerable groups within the health service, such as PLHIV (from 179 cases at baseline to over 1,100 cases in 2020/21), and those with diabetes mellitus (DM).

Objective 2: Maintain the treatment success rate at 90% patients (all forms of TB) through to 2021

Objective 3: ProvideDR diagnostic services for 50% of persons with presumptive DR TB by 2018 and 100% by 2021; successfully treat at least 75 % of the diagnosed DR patients

Objective 4: Further expand case finding by engaging providers for TB care from the public sector (beyond MoH), medical colleges, NGO sector, and private sector through results based financing (PPM) schemes, with formal engagements (signed MoUs) to notify TB cases.

Objective 5: Strengthen community systems for management, advocacy, support and rights for TB patients in order to create an enabling environment to detect & manage TB cases in 60% of all districts by 2018 and 100% by 2021

Objective 6: Contribute to health system strengthening through HR management and capacity development, financial management, infrastructures, procurement and supply management in TB

Objective 7: Develop a comprehensive TB Surveillance, Monitoring and Evaluation system

Objectives 8: To develop a plan for continuation of NTP services in the event of natural disaster or public health emergency

Health Directorate (HD) Office Responsibilities

- Align plan, policies and strategies for TB program implementation in line with national policy and standards
- Carry out capacity enhancement activities at provincial and local levels of health care workers on TB management
- Implement, coordinate and supervise tuberculosis control activities
- Review, validate, compile and send quarterly reports on case-finding and treatment to NTP on time (end of the month following the quarter that just ended)
- Coordinate with partner agencies in the provinces
- Request, receive, distribute and manage TB drugs, diagnostics and other supplies for the diagnosis and management of TB
- Monitor and provide supportive supervision at the provincial level
- Establish provincial TB, TB /HIV and PMDT committees and coordinate implementation of their respective activities in their provinces
- Provide feedback to the health facilities on the quality of the reports
- Conduct and ensure external quality assurance (EQA) for sputum microscopy and other diagnostic services for TB diagnosis centre
- Coordinate with partners and mobilize community-based organizations to support monitoring and implementation of TB activities
- Collaborate with other disease programs like HIV, Diabetes, and other public health program for organizing effective cross-referral, monitoring and coordination

Services and Interventions:

- DOTS services
- Childhood TB diagnosis and Management
- DR TB diagnosis and Management
- Laboratory Services including GeneXpert and Culture
- Public Private Mix
- Community System Strengthening
- Trainings and capacity development

Major Activities

The major activities under Tuberculosis control program carried out in all districts of Province-1 are mostly similar. The following activities were carried out under this section during the reporting period:

- Carried out *half yearly* review meetings
- Conducted TB coordination meetings with different stakeholders and partners.
- Celebrated World TB Day with different IEC/BCC and advocacy activities.
- Carried out TB/HIV sensitization meetings.
- Conducted TB modular/refresher and lab modular/refresher training to the health workers and Lab assistants.
- Carried out review meetings for TB/HIV and drug resistance.
- Expansion of microscopic centers, DOTS centers and sub-centers was done as needed.
- IEC/BCC activities were carried out at various levels.
- Provided DOTS to all patients in accordance to the treatment policies.
- Promoted early diagnosis of people with infectious pulmonary TB by sputum smear examination.
- Continued a system of quality control of sputum smear examination.
- Provided continuous drugs supply to all treatment centers including systems for storage, distribution, monitoring and quality control of drugs.
- Maintained a standard system for recording and reporting.
- Provided continuous training and supervision for all staff involved in TB control program.
- Conducted a coordination meeting with private sectors, non-government organizations and External Development Partners so as to strengthen the referral mechanism from private sectors.

Analysis of achievements

Figure 3.6 Trend of TB case notification, FY 2074/075 to 076/77

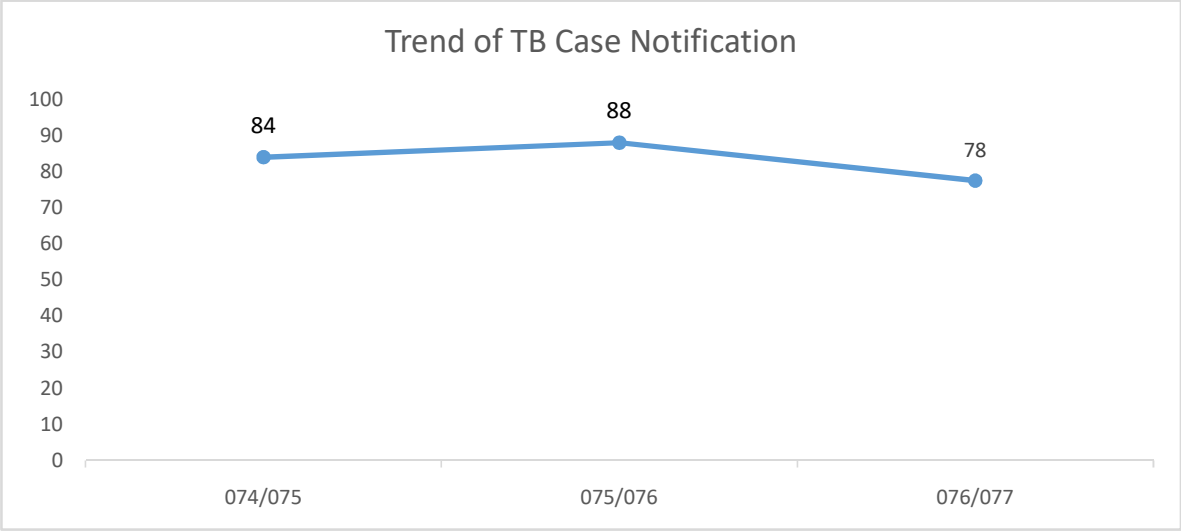
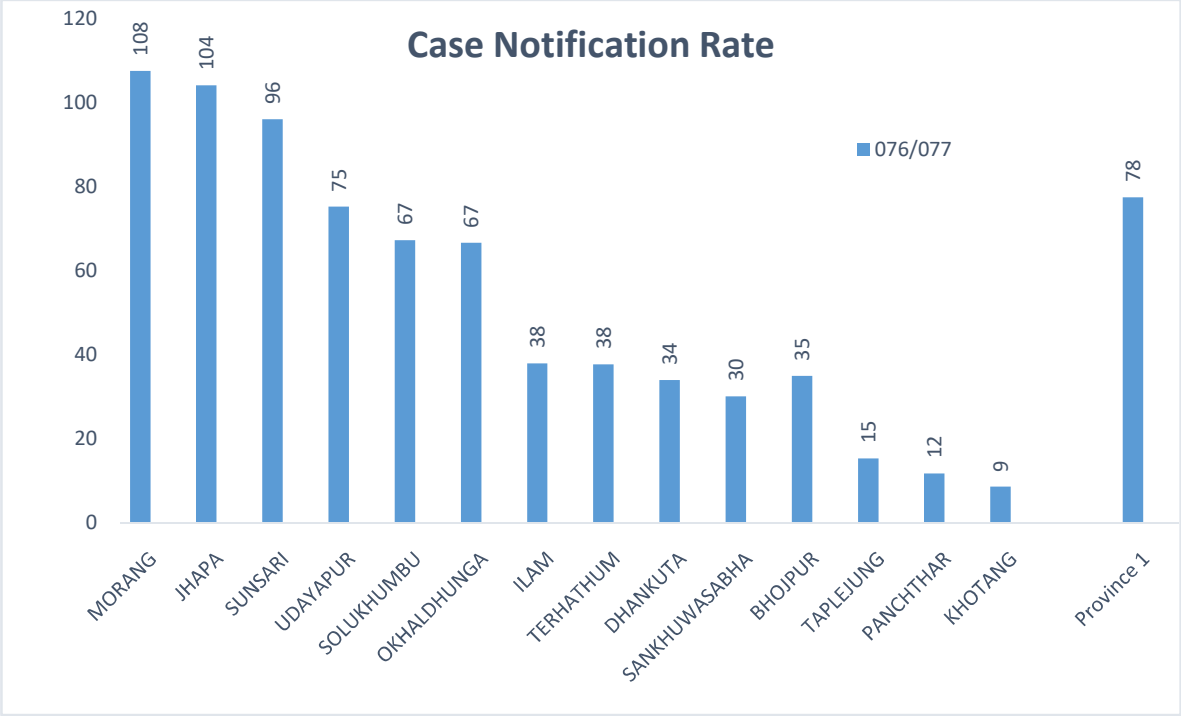


Figure 3.7 TB Case Notification rate (District wise)



The above Figure displays the district wise variation of case notification rate of TB in the province. The figure shows the highest number in Morangwhereas lowest in Khotang. The case notifications in the Terai districts are maximum whereas case notification seems to be minimum in Hilly area and Mountains. Udayapur have highest case notification as compared to other hilly region. The case notificationrate of the region has decrease abruptly to 78 in 2076/077 in comparison to 2075/076. The low case notificationof TB is one of the key issues in the Province and also need to focus on hilly region and mountains as well.

Figure 3.8 Trend of TB Treatment Success Rate, FY 2074/075 to 2076/77

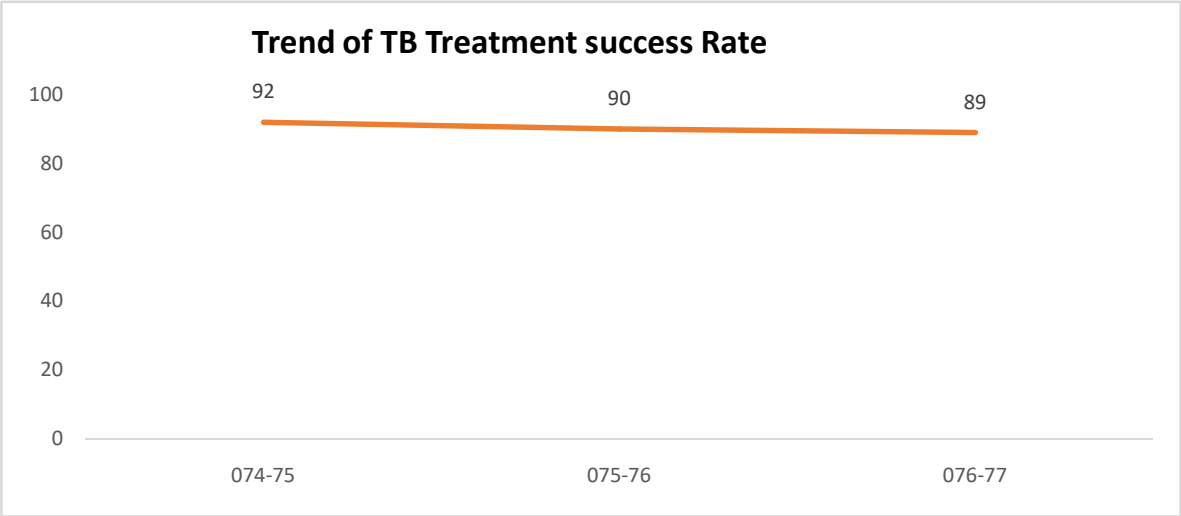
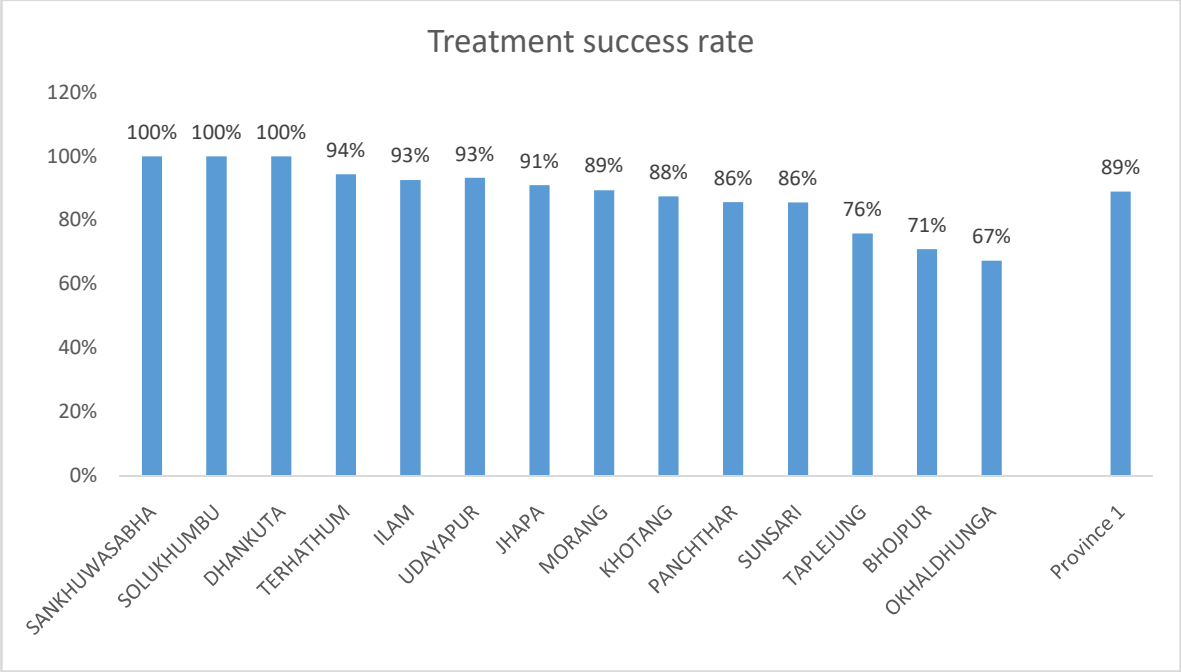
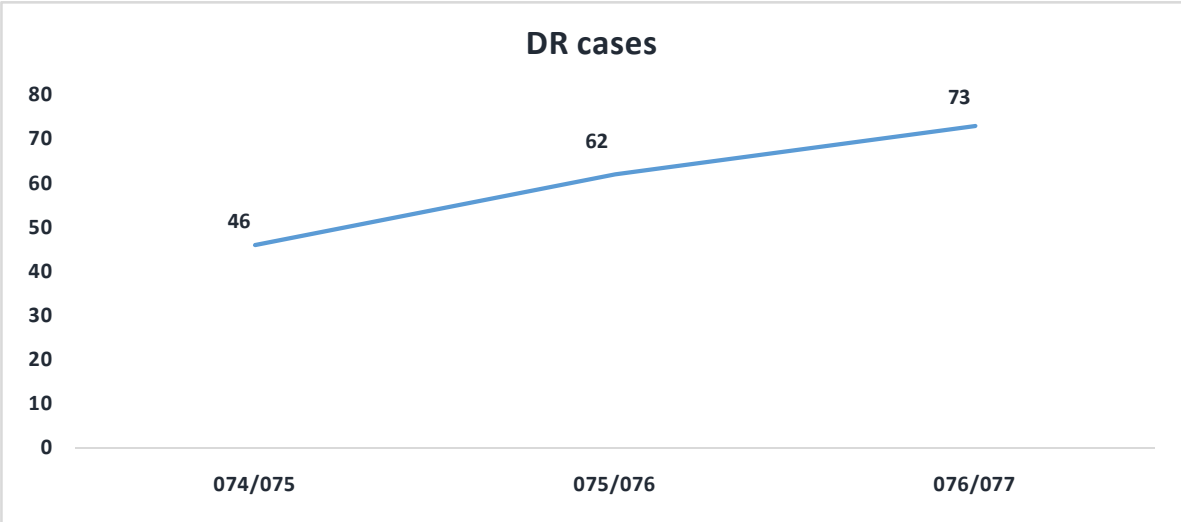


Figure 3.9 TB Treatment success rate (District wise)



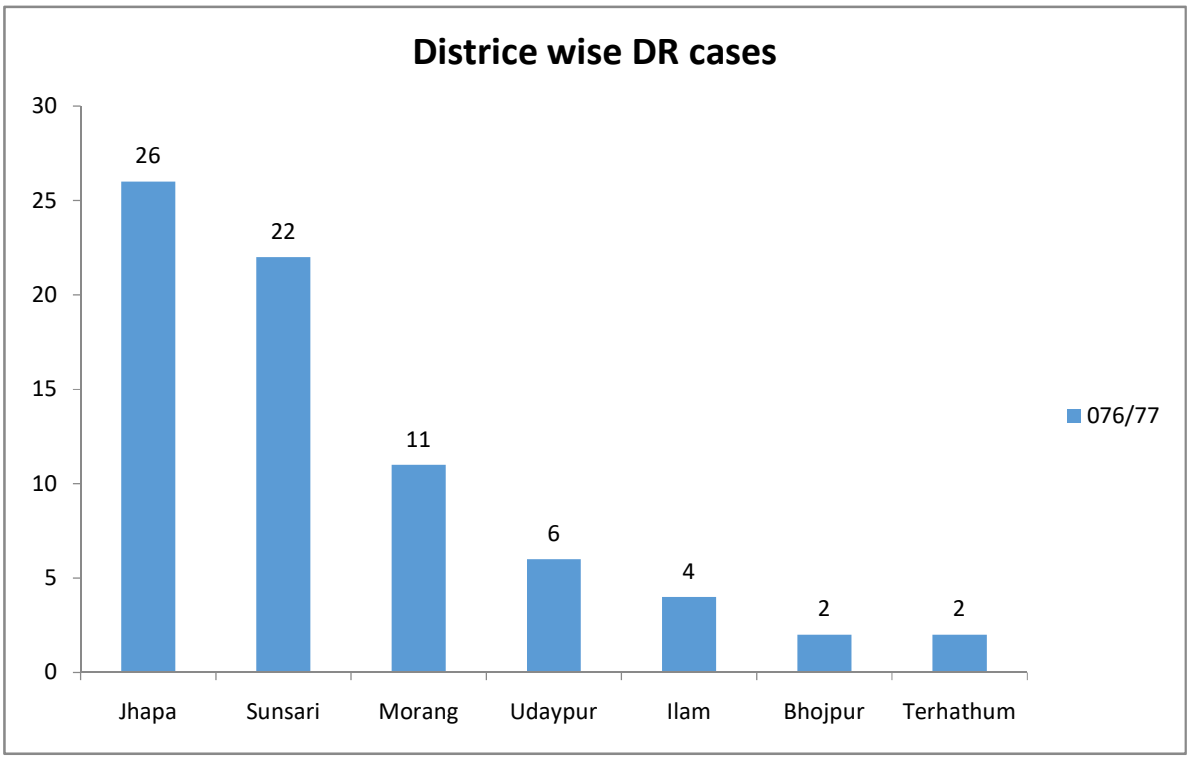
The above figure shows there has been slight decreasing trend of treatment success rate in TB over last three years period at Provincial level in FY 2076/77 compared to previous FY 2075/076 and FY 2074/075 (from 92% to 89%). The TB treatment success rate is 100% for three districts (Sankhuwasabha, Solukhumbu, and Dhankuta).

Figure 3.10 Trend of DR TB cases, FY 2074/75 to 076/77



The above Figure shows the trend of DR cases in over last three years period. There has been increment in the number of DR cases in FY 2074/75 from 46 to 62 in FY 075/076to 73 in FY 076/077.

Figure 3.11 District wise DR TB cases



The highest number of DR cases reported from Jhapais 26 in this FY 2076/077 and the lowest number of DR cases reported from Bhojpur and Tehrathumis 2.

Issues and recommendations

Issues	Actions to be taken	Responsibility
Low Case finding Rate in some district.	Strengthen referral mechanism between Private& Public sector and encouragefollowing NTP Policies by Private sectors. Referral of Presumptive TB cases as low OPD referral is noticed Promote research activities Increase functionality of Microscopic Centre.	NTC/HD/ HOs
Enhance DR hostel capacity	NTC and Province to support NATA for the expansion	NTC/MoSDand HD
Functionality of Gene Xpert machine	Provision of regular maintenance of GeneXpert machine.	NTC/HD

3.5. Leprosy Control Program

Background

Leprosy is one of the public health problems of Province no 1. It is aimed to provide diagnostic and therapeutic services within the general health services. The program was integrated into the general health services in 1987. Multi drug therapy is available in all health institutions of the region. Leprosy burden is high in Terai districts whereas low or eliminated in hills & mountains. The provincial prevalence rate as well as new case detection rate of leprosy is continually in decreasing trend. Health Directorate (HD) supervises and monitors the program in all districts within the region. Disease control activities including leprosy control activities are headed by respective officer as appointed by Provincial Director in HD.

Leprosy in Nepal is eliminated in 2009 and declared elimination at National level in 2010. Even after the elimination, new cases detection rate is not declined as targeted and then need of additional strategy felt. At the same time results showed by different studies, mainly in Indonesia & COLEP in Bangladesh, proven post-exposure prophylaxis (PEP) the better way on preventing leprosy. So that with the support from Novartis & NLR, LPEP is initiated to be piloted in three districts of Nepal viz Jhapa, Morang, Parsa.The overall aim is to reduce the risk of developing leprosy through post-exposure prophylaxis (PEP). The core strategy is the tracing of contacts of leprosy patients, and the administration of a single dose of rifampicin (SDR) to contacts with no signs or symptoms for neither leprosy nor TB and fulfilling other specific inclusion criteria. The effectiveness of this concept has been tested in clinical trials and was piloted in several countries across Africa, Asia and Latin America for its feasibility and impact.

Vision

Leprosy free Nepal

Goal

To further reduce disease burden due to leprosy and end its consequences including disability and stigma.

Objectives

- To achieve elimination status in all districts by 2020
- To provide quality leprosy services through integrated health services
- To reduce transmission of leprosy through diverse approaches

Targets

- To reduce prevalence rate below 1 per 10,000 population in all districts,
- To achieve zero grade 2 disability among new child cases,
- To reduce grade 2 disability to less than 1 per million among all new cases.
- To eliminate leprosy related discriminatory laws

Milestones of National Leprosy Control Program

1960	Leprosy survey in collaboration with WHO.
1966	Pilot Project to control leprosy launched with Dapsone Monotherapy
1982	Introduced MDT
1987	Integration of vertical leprosy control programme with the general basic health services
1995	Focal Persons – DTLA, RTLA appointed
1996	Independent evaluation of National LCP
1999-2001	National Leprosy Elimination Campaign (2 Rounds)
2010	Leprosy elimination declared from Nepal
2013-2014	Mid Term Evaluation of implementation of National Leprosy Strategy 2011-2015
2015	Disability Focal Unit, LPEP piloting in three districts of Nepal
2017	National Leprosy Strategy 2016-2020 introduced

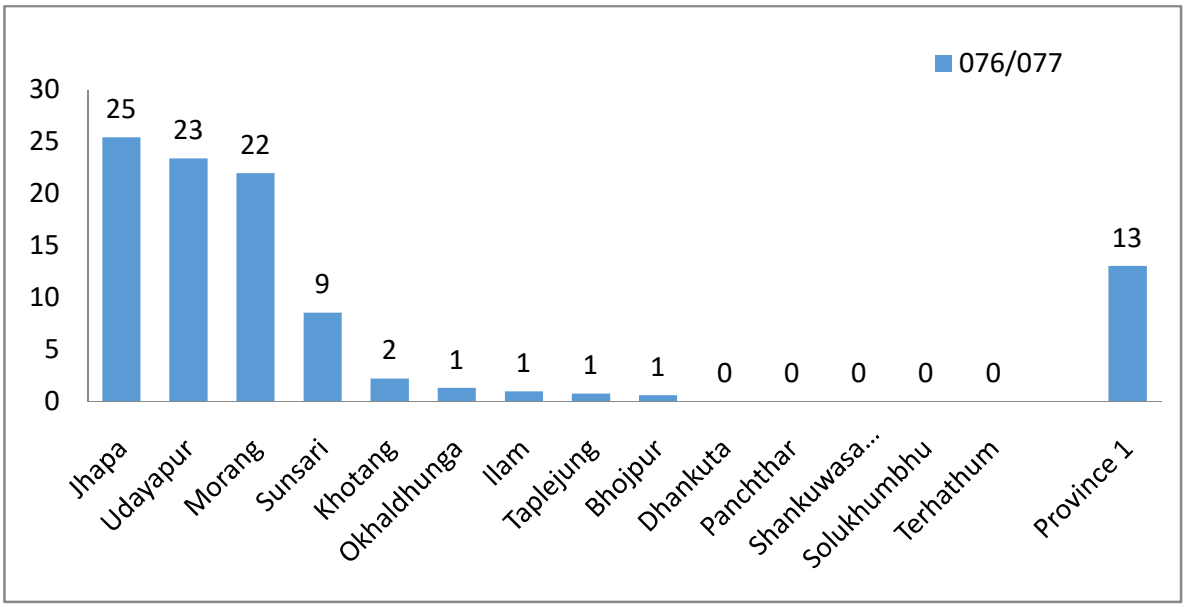
Major Activities

The major activities under leprosy control program carried out in all districts of province are mostly similar but more focus was given to high endemic districts. The following activities (including activities done by the supporting partners) were carried during the reporting period:

- Case detection and treatment.
- LPEP (Leprosy Post Exposure Prophylaxis) for early detection and prevention to risk populations
- Conducted review meetings on quarterly basis.
- Celebrated World Leprosy Day with different IEC/BCC & advocacy related activities.
- Basic and refresher training to the health workers.
- Management of reaction and other complications
- Carried out regular IEC/BCC activities including school & community health education activities
- Conducted program monitoring and follow up workshops at different levels
- Contact examination, skin camps
- Case validation & updating of records
- Self-care & self-help group formation and activities carried out at community level
- Income generation programs for Leprosy-affected and people with disability.
- Promotion of DPOs with leprosy affected persons through early case detection.
- Carried out activities to mainstream leprosy disabilities to general disabilities

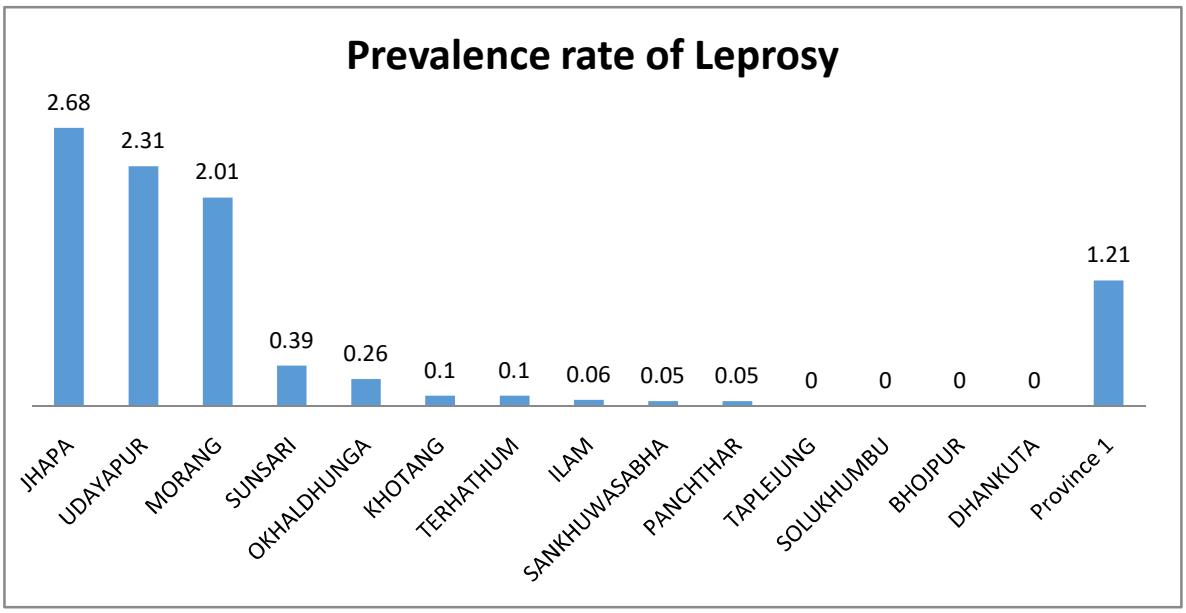
Analysis of achievements

Figure 3.12 New case detection rate of Leprosy



In the fiscal year 2076/077, new case detection rate of leprosy was highest in Jhapa i.e. 25 cases per 10,000 population. Dhankuta, Panchthar, Sankhuwasabha, Solukhumbu and Terathum had no new cases.

Figure 3.13 Prevalence of Leprosy



Prevalence of leprosy has increased in comparison to fiscal year it was 0.87 in FY 075/076 and in o76/077 it counts 1.21 hence increased by 0.37.

Issues and recommendations

Problems	Action for FY 2076/77	Responsible	Coordination
No focal units at local level	Focal persons in all health institutions with capacity enhancement	Health Office	Local government
Late detection of cases	Active case finding (house hold and neighbor contact screening)	Focal person, FCHV	District, Province, NLR
Continue cases reporting	Regular SDR – PEP interventions	Focal person	District, Province, NLR
Impairment management of persons affected	Strengthen referal mechanism: -Complication management -Reaction management -Rehabilitation	Local health unit	District, Province, NLR

3.6. HIV/AIDS program

Background

Since the first case of HIV infection was identified in 1988, Nepal has been able to make some substantial progress in National HIV & AIDS response; nevertheless, still, there is a lot to do. The HIV prevalence among adult population (15-49 years) has been declined by nearly 50% i.e from 0.2% in 2010 to 0.14% in 2018 and 63% reduction in HIV incidence per 1000 population of new HIV infection (0.08 in 2010 and 0.03 in 2018).

A new National HIV Strategic Plan 2016-2021 is recently launched to achieve ambitious global goals of 90-90-90 i.e. By 2020, 90% of all people living with HIV (PLHIV) will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART) and 90% of all people receiving antiretroviral therapy will have viral suppression. Activities in provincial level were also planned and executed in line to achieve the national goal.

Over the past few years, province has gradually scaled up HIV related services in most of the districts. So far, we have been able to scale up Community Based – Prevention of Mother to Child Transmission (CB-PMTCT) services up to all health facilities in all 14 districts, 9 ART sites are offering Anti-retroviral Therapy (ART) services in the districts and 3 sites providing CD4 test facilities. Likewise, 2 sites (Mechi hospital and Koshi hospital) are providing Opoid Substitution Therapy (OST) services in the province. Targeted intervention (PWIDs, Migrants, Prison inmates, FSWs, MSM/TG) for HIV program are also present in more East-west highway focusing districts. Care & support program (CHBC &CCC) for PLHIV are also supporting towards the national HIV responses. HIV patients has been benefitted for viral load testing service through sample collection from ART sites and sending it to the NPHL through courier and later receive the result.

Early Infant Diagnosis (EID) samples of the baby have also been collected from the delivery sites, mostly from the ART sites and send it to NPHL for the result.

Major activities:

The following were the major activities undertaken under HIV/AIDS & STDs control program in FY 2076/77:

- Provided HIV testing and counseling services through HTC sites
- Provided antiretroviral therapy through ART sites
- CB-PMTCT services
- Targeted Intervention (PWID, MSM, FSWs, Migrants, Prison inmates)
- Celebrated World AIDS Day and Condom Day
- Viral load sample collection

Analysis of achievement:

A total of 17494 persons were screened for HIV and among them 246 cases were found HIV reactive in the year 076/77. A total of 1827 cumulative numbers of PLHIV were receiving Anti-retroviral therapy till the end of the year. Likewise, a total of 30092 ANC women were screened for HIV from which 2 women were diagnosed with HIV and enrolled in HIV treatment.

Figure 3.14 HIV testing Vs. HIV positive yield

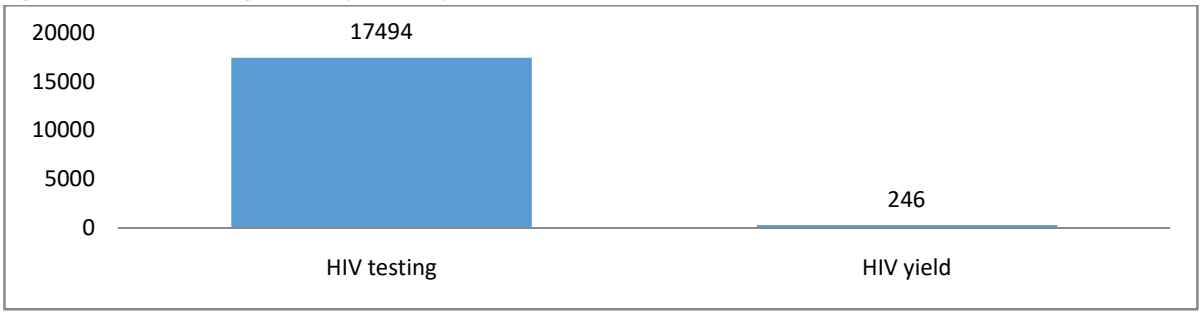
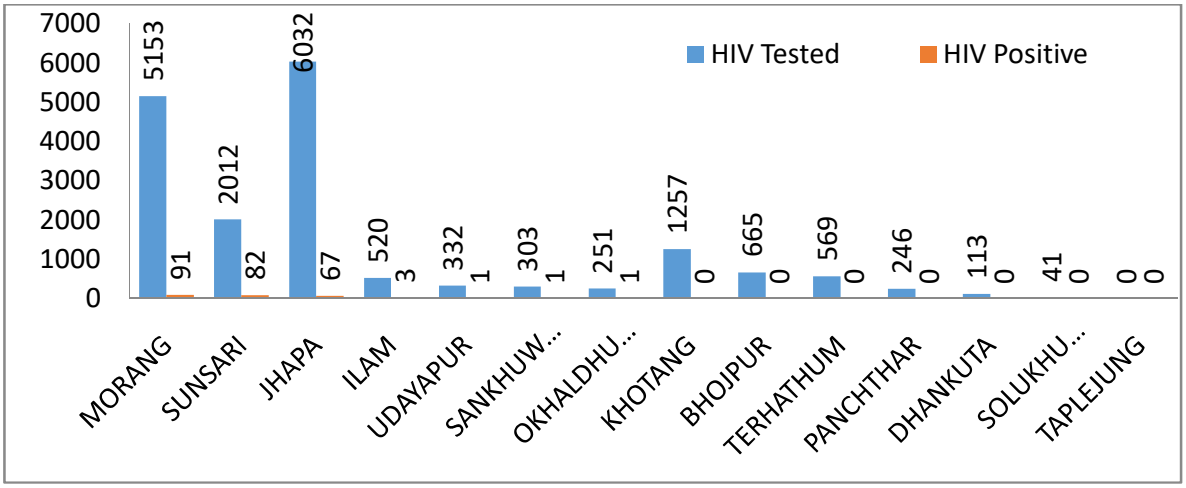


Figure 3.15 District wise HIV testing Vs. HIV positive yield



Issues and recommendations

S.N	ISSUES	ACTION TO BE TAKEN	RESPONSIBLE
1	HIV Testing data from private sectors were not mainstreamed in provincial data system	Enhance private sectors involvement in reporting	NCSASC /HD /HMIS section
2	Some hilly/mountain districts hospitals are not expanded for ART services (Bhojpur, Terrhathum, Taplegunj, Khotang)	Expansion of ART sites in respective districts	NCASC /HD
3	Inadequate supply of test kits	Need adequate supply round the year	NCASC

3.7. Zoonoses

Background

Priority zoonotic diseases in Nepal are Brucellosis, Leptospirosis, Hydatidosis, Cysticercosis, Toxoplasmosis etc. Our public health activities are focused to poisonous snake bitesand dog bites. The HD has been working for public health in coordination and collaboration withgovernmental livestock sector, general public and other non-governmental sectors.

Goals:

- No people dies of rabies or poisonous snake bites due to the unavailability of anti-rabies vaccine (ARV) or anti-snake venom serum (ASVS) or timely health care services.
- To prevent, control and manage outbreaks and epidemics of zoonosis.

Objectives:

- To strengthen the response and capacity of health care service providers for preventing andcontrolling zoonoses.
- To improve coordination among and between stakeholders for preventing and controllingzoonoses.
- To enhance the judicious use of ARV and ASVS in health facilities.
- To reduce the burden of zoonotic diseases (especially rabies and other priority zoonoses through public awareness programs.
- To provide cell culture ARV as a post-exposure treatment to all victims bitten by suspicious rabid animals.
- To reduce the mortality rate in humans by providing ASVS and ARV.
- To train health workers on snake bite management and the effective use of ARV andimmunoglobulins.
- To reduce the number of rabid and other suspicious animal bites.

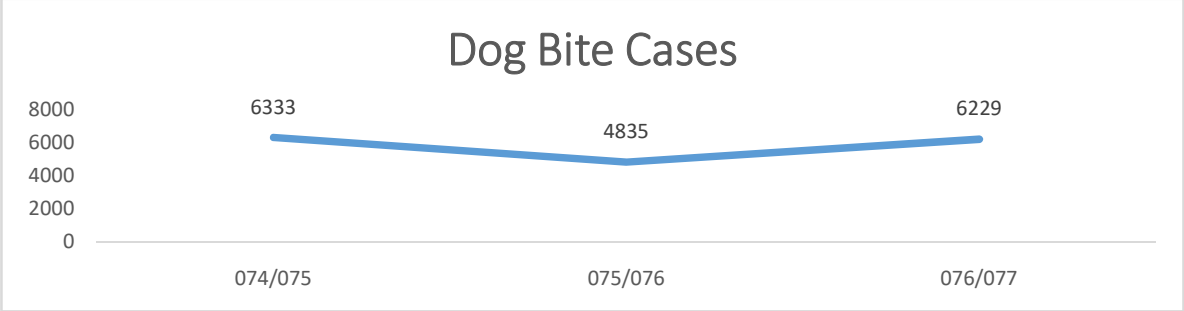
3.7.1. Rabies

Rabies is primarily a disease of warm-blooded animals like Dogs, Jackals, Wolfs, Mongoose wildcats etc. Rabies cases are almost all fatal but it is 100% preventable by vaccination, awareness abouthuman and animal interaction. Most of the affected are children. It has been assumed that almosthalf of Nepal's populations are at high risk and a quarter at moderate risk of rabies. It is estimated thataround 30,000 cases in pets and more than 100 human rabies cases occur each year with the highestrisk are in the Terai. Latent infections have been reported in dogs and cats. Very few patients take rabiesimmune globulin (post-exposure prophylaxis). Almost all of human cases (99%) of rabies are result ofdog bites. Vaccinating 70% of dogs break rabies transmission cycle in an area at risk.

Dog bite

Dog bite cases in province 1 is fluctuated and there is rise in number of dog bite cases in this FY 2076/077 to 6229 from 4835 in FY 2075/076 where in 2074/075 there was 6333 reported dog bites cases.

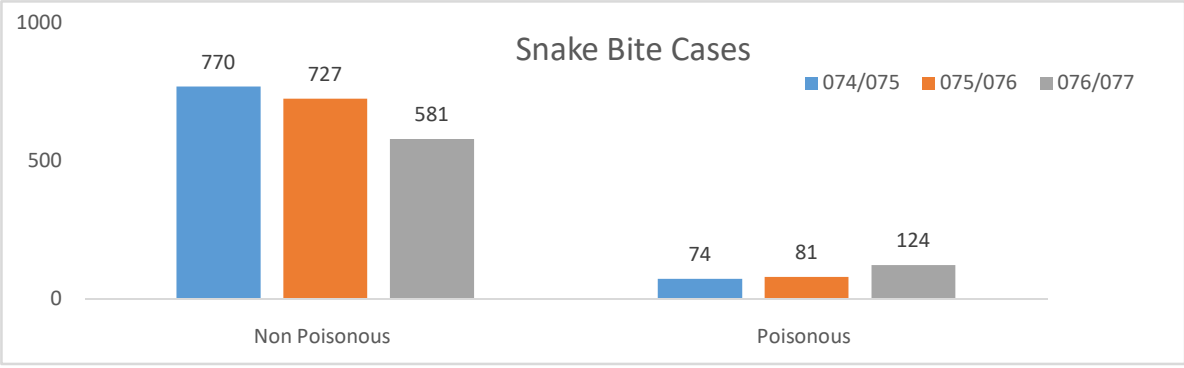
Figure 3.16 Dog bite cases



3.7.2. Snakebite:

Snake bites are the major problem in the Terai districts of Province 1. Many death cases are reported every year due to snake bites.Poisonous snake bites — Twenty-one of the 79 species of snakes found in Nepal are poisonous (11 pitviper species, 5 krait species, 3 cobra species and 1 each coral and Russel's viper species).

Figure 3.17 Snake bite cases



Poisonous bites are less in comparison to **n**on-poisonous bites but there has been increase in poisonous bites to 124 in this FY 2076/077. On the other hand there has been decrease in non poisonous bites in these three years from 770 in FY 074/075 to 727 in FY 075/076 and in this FY 076/077 there have been 581 non poisonous snake bites.

Issues and recommendations

Issues	Actions to be taken	Responsibility
Proper awareness about animal bites	Collaborate with different localstakeholders	HD/HO/Palika
Training and Availability of ARV in all health care facilities	Provide regular supply and service at least to PHC level	HD/HO/Palika/ PHLMC
No sufficient & timely supply of anti-snake venom (ASV)	Adequate stock need to be maintained in high risk areas School awareness program to be conducted in the high risk areas	EDCD
Deaths at community due to snake bite.	Coordination with local government for quick transportation and management	Palikas/Health Office/Hospitals

3.8. COVID-19

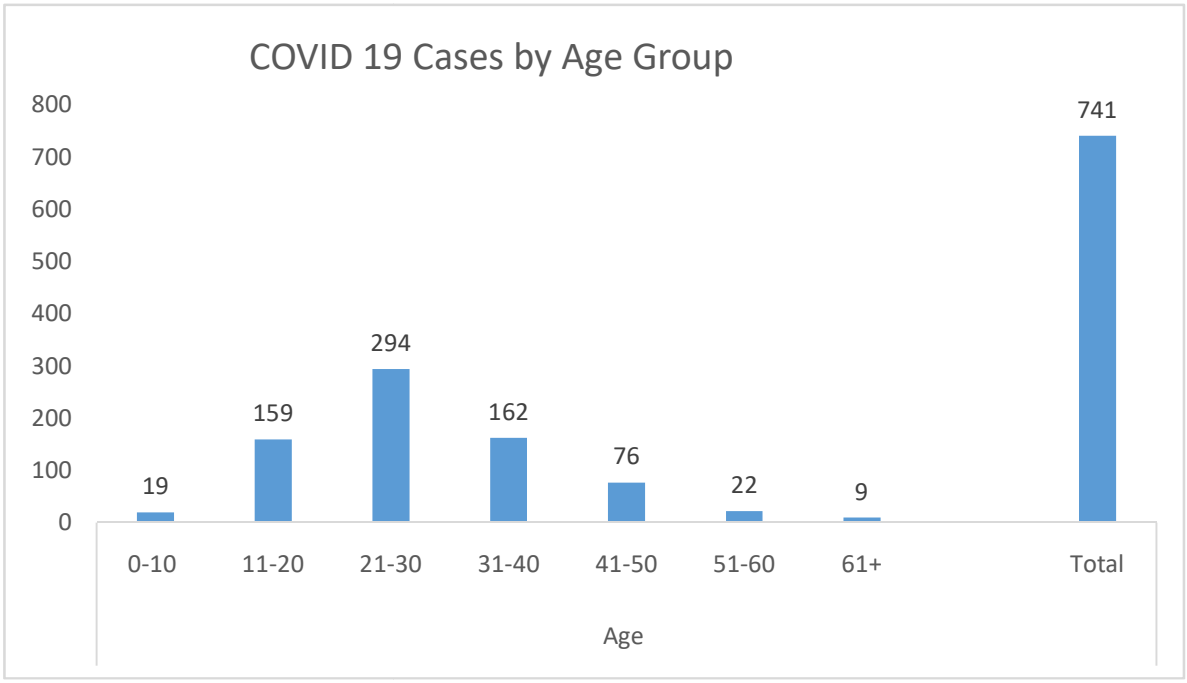
This section describes the epidemiologicalanalysis of COVID 19 in the Province since the report of the confirmed cases of Corona Virus Disease 2019 (COVID 19) till the end of the fiscal year, i.e. 31st Asar 2077.

The novel corona virus outbreak was first reported by the Chinese authorities to the World Health Organization on 31st December and Public Health Emergency of International Concern was declared on 30 January 2020 and a global pandemic on 11 March 20202 by WHO. In Nepal the first COVID-19 case was detected on 20 January 2020.

There were no reported COVID 19 cases in the Province 1 till the month of April. From the Month of May almost all districts started reporting cases. The three Terai districts of Province 1 (Morang, Sunsari and Jhapaaccounted for majority of all cases in Province 1 in the Month of May. Province 1 had 6 isolation centers within the Province till 31stAsar 2077.

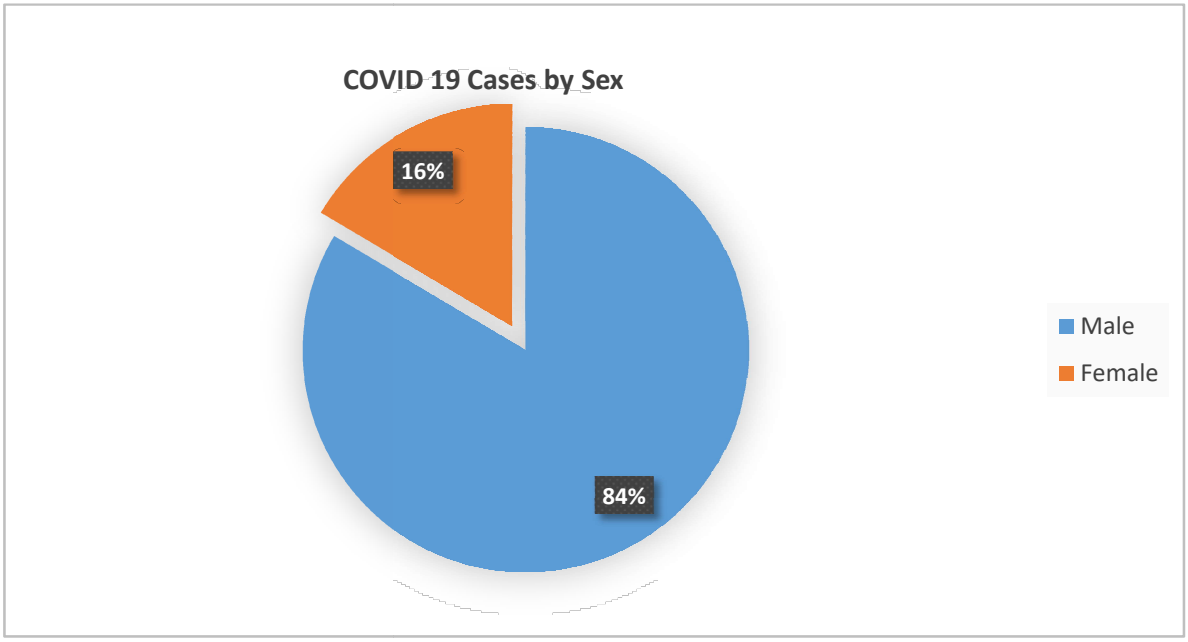
As of 31st Asa,33513 RT -PCR were performed and 19029 RDT were performed in the Province. A total of 741 cases were reported to be RT-PCR positive. A total of 96 cases were currently at isolation, 642 were discharged after recovery, 3 cases were under treatment and no death was reported till the end of this FY 2076/077.

Figure 3.18 COVID-19 cases by Age Group



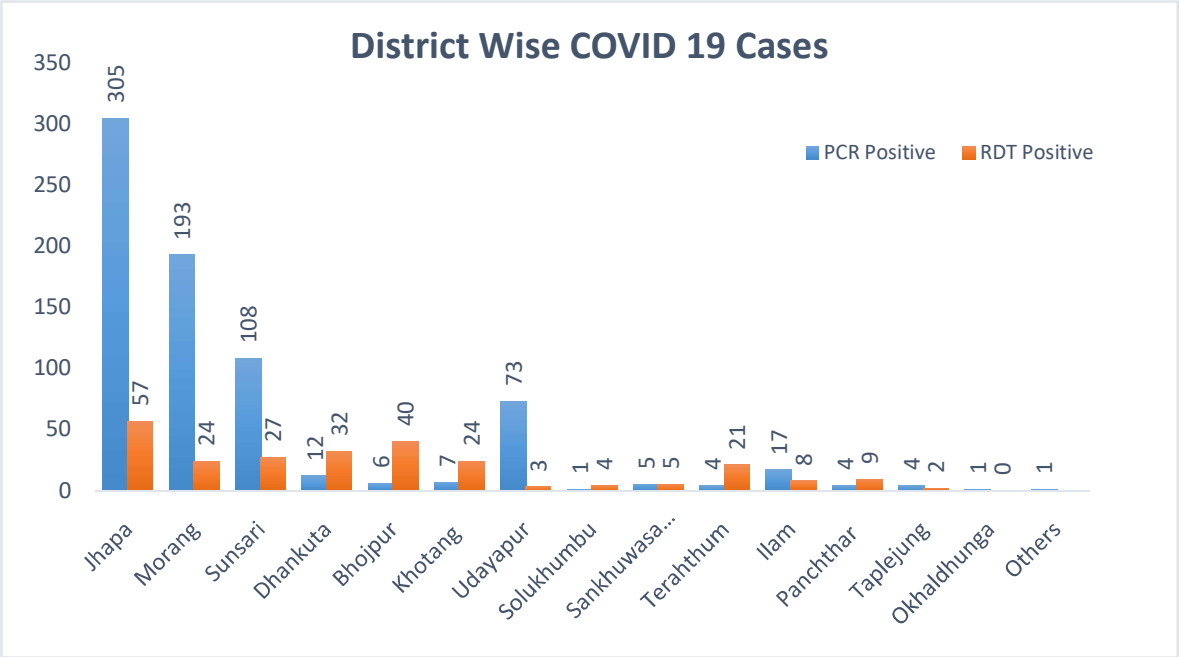
The above figure shows the age distribution of the COVID 19 cases. In the age group 21-30 the majority of the cases reported were 294 whereas the least number of cases reported were 9 from the age 61 and above.

Figure 3.19 COVID-19 cases by sex



The previous figure displays that eighty four percentages of the total cases were male and remaining sixteen percentages were female.

Figure 3.20 District-wise COVID-19 cases



The above figure displays the district wise COVID 19 cases in the Province. The Terai districts (Jhapa, Morang and Sunsari) were the most affected where Jhapa had the highest number of 305 RT-PCR positive cases and 57 RDT positive cases. Among the mountainous districts Udayapur had the maximum number of 73 RT-PCR positive cases whereas Okhaldhunga had the minimum number of 1 RT-PCR cases. In total, a total of 741 RT-PCR were reported to be positive and 256 RDT were reported to be positive in the Province.

PART 4 – NURSING

4.1. Female Community Health Volunteer (FCHV)

Background

The FCHVs act as a bridge between the government health services and community. They are the foundation of Nepal's community-based primary health care system and have made significant contributions to women's leadership and empowerment at the VDC level. Additionally, FCHVs play an important role in contributing to a variety of key public health programs, including family planning, maternal & newborn care, vitamin A supplementation/ de worming and immunization coverage. There are a total of 10,876 FCHVs working in Province 1. The overall FCHVs program in the region is guided by the national policy and strategies i.e. revised FCHVs program strategy (2010) which provides strategic directions and critical approaches to ensure a strengthened regional and national program.

They are the frontline health resources who are supposed to provide necessary information and services on 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 the trained health workers working at the below district level health facilities. FCHVs are selected by the Mothers Group for health in each ward with the support from other community leaders. They are provided training on basic primary health components.

The role of the FCHVs has been outlined as below-

- To act as voluntary health educators and promoters, community mobilizer, referral agents and community-based service providers in areas of health as per the trainings received.
- To promote the utilization of available health services and the adoption of preventive health practices among community members.
- To play a supportive role in linking the community with available PHC services and to continue to play an important role related to family planning, maternal/neonatal health, child health and selected infectious diseases at the community level.

Goal

The goal of FCHV program is to improve the health of local community people by promoting public health measures of health promotion and disease prevention. This includes imparting knowledge and skills for empowering women, increasing awareness on health related issues and involving local institutions in promoting health care.

Objectives

- Mobilise a pool of motivated volunteers to connect health programmes with communities and to provide community-based health services,
- Activate women to tackle common health problems by imparting relevant knowledge and skills;

- Increase community participation in improving health,
- Develop FCHVs as health motivators and
- Increase the demand of health care services among community people.

Major Activities

The major activities carried out under the FCHVs programme are mostly identical in all districts within the region. The following major activities were undertaken under the FCHVs programme during the reporting period:

- Celebration of FCHVs day
- Conducted FCHVs bi-annual program review
- Conducted FCHVs fund utilization training to VDC level fund management committee members in the selected districts.
- Provided reward for voluntary retirement.
- Basic and refresher training for old and new FCHVs was done respectively,
- Conducted Health Mothers Group meetings & its revitalization program.
- Mobilization of FCHVs in national campaigns- Vitamin A, de-worming, polio vaccination and newborn care including Chlorhexidine Navi Care Programmatic
- Dress allowance distributed to all FCHVs.

Analysis of Achievement

Table 4.1 Dustrict wise achievement of FCHVs

Unit	No. of Condoms Pieces Distribution	Pills Cycles Distribution	Pregnant Women given Iron Tablets	2-59 Months-Treated with ORS & Zinc	2-59 Months Total cases ARI
Province 1	883451	124347	77057	109301	177883
Taplejung	23328	2218	998	3403	5589
Sankhuwasabha	18303	3096	1039	3372	8806
Solukhumbu	10057	1600	1256	2718	4499
Okhaldhunga	23390	2366	937	8365	14170
Khotang	59243	4406	3737	6755	11370
Bhojpur	50334	8507	3789	5896	9970
Dhankuta	23439	6181	1123	3966	7068
Terhathum	27431	1558	238	4062	5647
Panchthar	44138	5373	2184	3262	8514
Ilam	55551	6392	1798	5959	17023
Jhapa	140572	30265	16567	17354	25984
Morang	141811	20586	19555	19866	28248
Sunsari	203462	23222	18434	18054	20752
Udayapur	62392	8577	5402	6269	10243

Issues and recommendations

Issues	Action to be taken	Responsibility
Low utilization of FCHV Fund	Strictly implementing guidelines and audit FCHV fund every year	FWD
Inadequate incentive and encouragement	Needs policy revision-Health mothers group meetings need to carry out on every month and provision of incentives for meeting. Explore for provision of Palika grant, linking with Saving and Credit activities- needs coordination between MoHP and MoFLD	FWD, MoHP, MoFLD
FCHV are not interested in farewell program	Rethink the farewell package Implement revised FCHV strategy (1st amendment 2076)	FWD

PART 5 – CURATIVE SERVICES

Background:

The Government of Nepal is committed to improving the health status of rural and urban people by delivering high quality services. The policy aims to provide prompt diagnosis and treatment, and to refer cases from PHCCs and health posts to hospitals.

In December 2006 the Government began providing essential health care services (Emergency and inpatient services) free of charge to destitute, poor, disabled, senior citizens, FCHVs, victims of gender violence and others in up to 25 bedded hospitals and PHCCs and for all citizens at health posts in October 2007. The constitution of Nepal, 2015 ensures that every citizen shall have the right to free basic health services from the State, and no one shall be deprived of emergency health services. Provincial Government ensures the delivery of health services to the people through Tertiary, Secondary and Primary Hospitals.

In line with the Sustainable Development Goal 3: Ensure healthy lives and promote well-beings for all at all ages, Nepal aims to achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Health service sites

Types	Number	Remarks
Primary Hospital	4	(Katari Hospital, Rangeli Hospital, Mangalbare Hospital, Damak Hospital)
Secondary A Hospital	13	11 District Hospitals, Inaruwa Hospital &Mechi Hospital
Tertiary Level Hospital	1	Koshi Hospital
Teaching Hospitals	2	Nobel/Birat Medical college
Academy	1	BPKIHS
Private/ Other General Hospital	70	

Major activities and achievements in the fiscal year 2076/77

Curative health services were provided through all levels of hospitals including INGO and NGO operated hospitals, private hospitals, teaching hospitals and nursing homes. Analysis of major achievements is done on various areas as mentioned below.

Minimum Service Standards for Hospitals

Minimum Service Standards (MSS) for hospitals is the service readiness and availability of tool for optimal requirement of the hospitals to provide minimum services that are expected

from them. This tool entails for preparation of service provision and elements of service utilization that are deterministic towards functionality of hospital to enable working environment for providers and provide resources for quality health service provision.

MSS for hospitals reflect the optimally needed minimum criteria for services to be provide but in itself is not an "ideal" list of the maximum standards.There are all together 5 sets of MSS Tools including Health Post MSS (Basic Health Care Centre), Primary Hospital MSS (5,10,15 Beds Hospital, Secondary A Level (25-50 Bed General Hospital), Secondary B Level(100-300 Bed General Hospital) and Tertiary Level (Specialized Hospital).

The revised MSS tool has been organized in three major sections: Governance and Management, Clinical Service Management and Hospital Support Service Management. It has been prepared in the form of checklist that thrives for the preparedness and utilization that are fundamental to establish services towards quality.

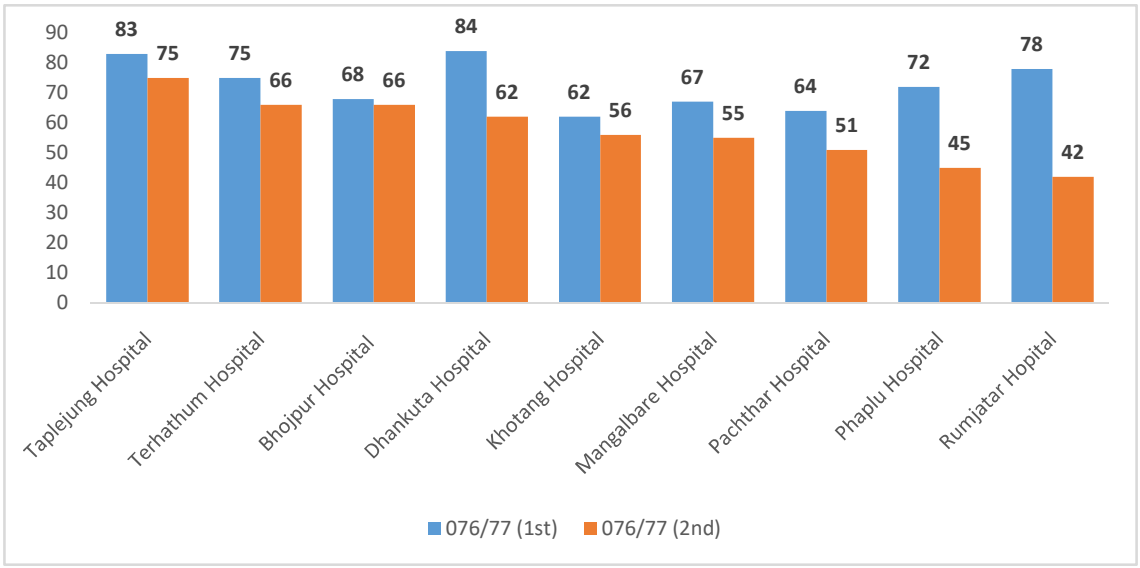
The total standards and Score that is used to measure the Service Standard varies according to the respective tools.This MSS Score forhospitals measures the existing situation and enables to identify the gap areas that are to be addressed through the development of the actions plan that demandsboth technical and financial inputs and managerial commitments.

MSS Tools Implemented Hospitals

MSS Tools	Name of Hospitals	Ownership
Primary Level Hospital MSS Tools	Rangeli Hospital, Morang, Mangalbare, Hospital, Morang, Damak Hospital, Jhapa, Katari Hospital, Udaypur	Local Government Hospitals
Primary Level Hospital MSS Tools	Taplejung District Hospital, Taplejung, Panchthar District Hospital, Panchthar, Terhathum District Hospital, Terhathum, Dhankuta District Hospital, Dhankuta, Bhojpur District Hospital, Bhojpur, Khotang District Hospital, Khotang, Rumjhatar, Hospital, Okhaldhunga, Phaplu Hospital, Solukhumbhu	Provincial Hospitals
Secondary A Level Hospitals MSS Tools	Inaruwa Hospital, Sunsari, Udaypur District Hospital, Udaypur, Ilam Hospital, Ilam, Sankhuwasabha District Hospital	Provincial Hospital
Tertiary Level Hospital MSS Tools	Koshi Hospital, Biratnagar, Morang	Federal Hospital

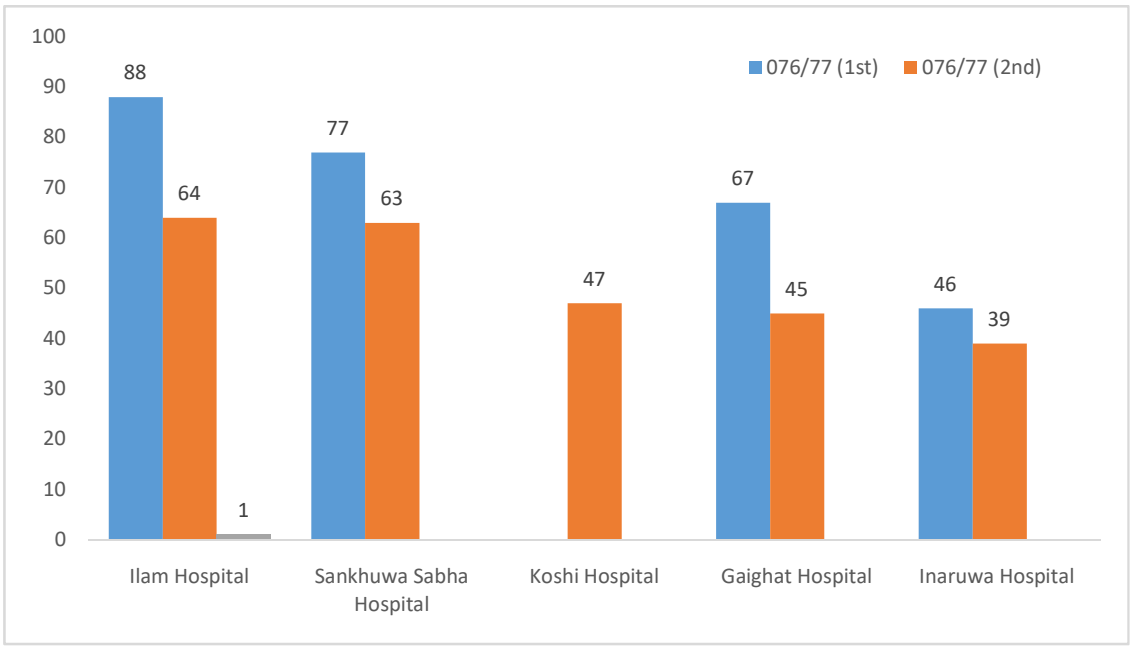
MSS score of Hospitals during last follow up, Fiscal Year 2075/76

Figure 5.1 MSS Score Trend of Hospitals used Primary Level Hospital Tools, Fiscal Year 2076/77



MSS score trend shows in decrease in score, this is due to the Revision of MSS Tools from the 2nd follow up of fiscal year 2076/77. Among the Primary Hospital MSS tools, Taplejung hospital has highest MSS score i.e. 75% which is followed by Terhathum Hospital and Bhojpur Hospital. Rumjhatar hospital has lowest MSS score i.e. 42%. Rumjhatar Hospital and Phaplu hospital has less than 50% MSS score.

Figure 5.2 MSS Score Trend of Hospitals used Secondary A Level & Tertiary Level Hospital, Fiscal year 2076/77

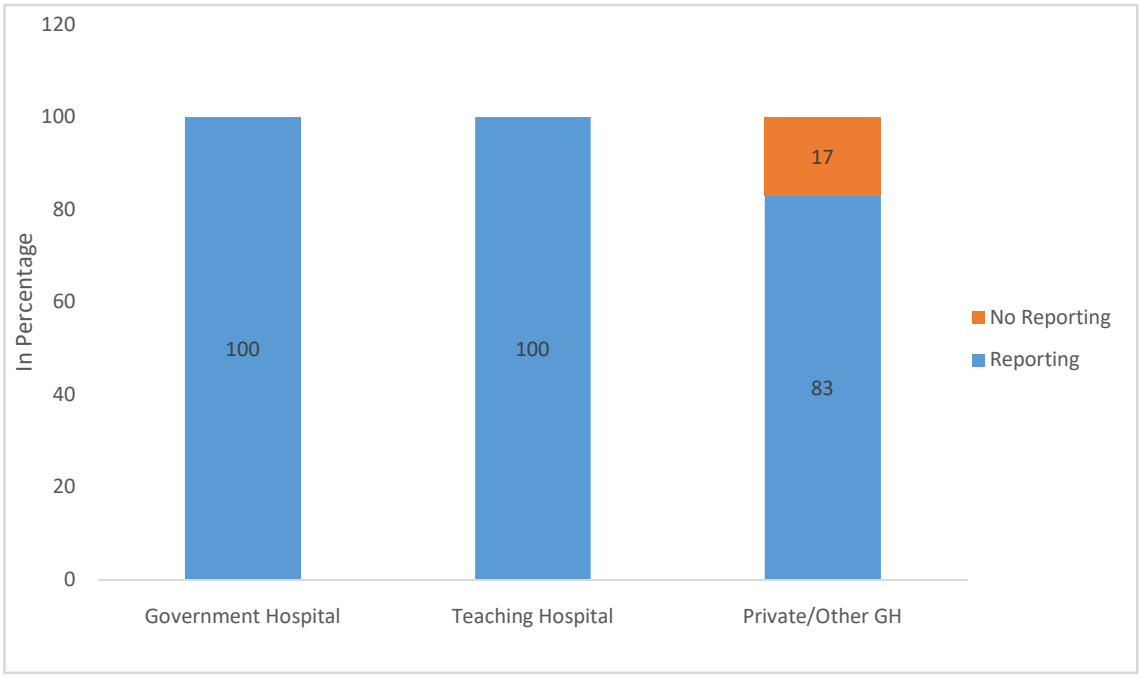


Due to the revision of MSS tools, MSS score of all hospitals has decreased. Ilam Hospital has highest MSS score of 64% which is followed by Sankhuwasabha Hospital. Inaruwa Hospital has only 39% MSS score and Gaighat Hospital has 45% MSS score.

Only one MSS tools has implemented in Koshi hospital using Tertiary level hospital MSS tools in fiscal year 2076/77 and the score is 47%.

Reporting Situation

Figure 5.3 Reporting status of Hospitals (HMIS 9.4), Fiscal Year 2076/77

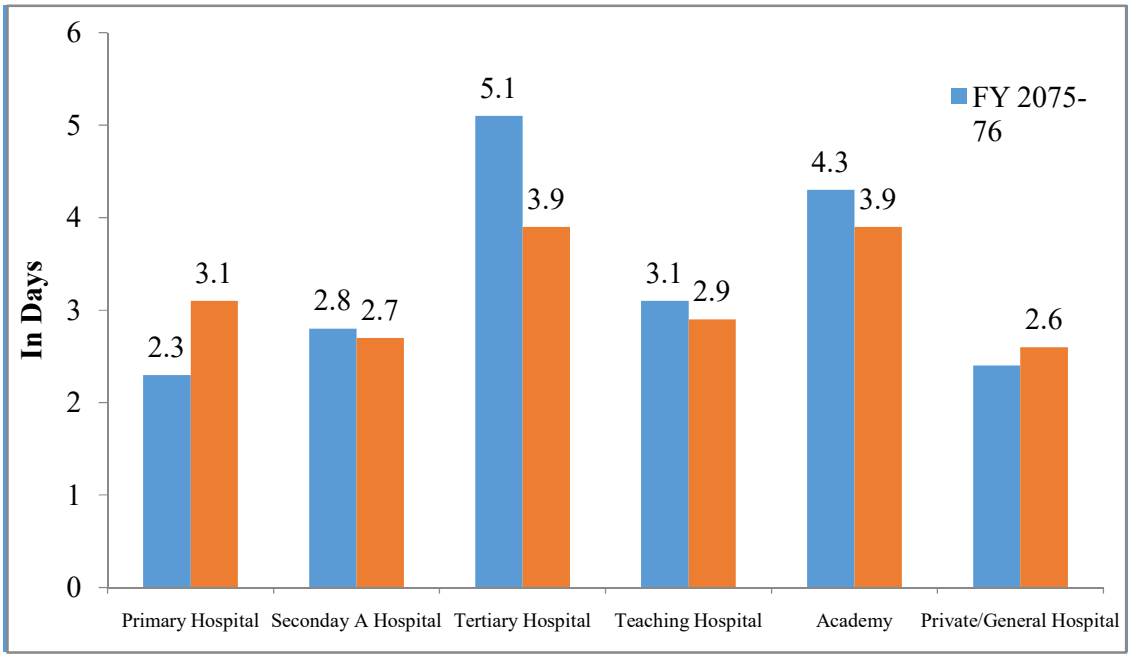


All the Government Hospitals and teaching hospitals in Province 1 reported in HMIS 9.4. More than 1/5thof the Private/Other General Hospitals did not report in HMIS 9.4. Efficacy of the plan and policies for quality health services depends upon the accuracy of information available. Hence, there is high need for formulation of strategies for encouraging the non-reporting hospitals to report in HMIS 9.4.

5.3. Inpatient Services

Last 2 fiscal years trend shows decrease in average length of stay in Secondary A hospital, Tertiary level Hospital, Teaching Hospital and Academy. While increase in average length of stay in Primary Hospital and Private/General hospital.

Figure 5.4 Average length of stay in hospital, Fiscal Year 2074-2077



Bed Occupancy Rate

Bed occupancy rate trend shows similar since past 2 fiscal year in Primary hospital and Teaching hospital, while bed occupancy rate trend shows decrease in other hospitals.

Figure 5.5 Bed occupancy rate of hospital, Fiscal year 2075-2077

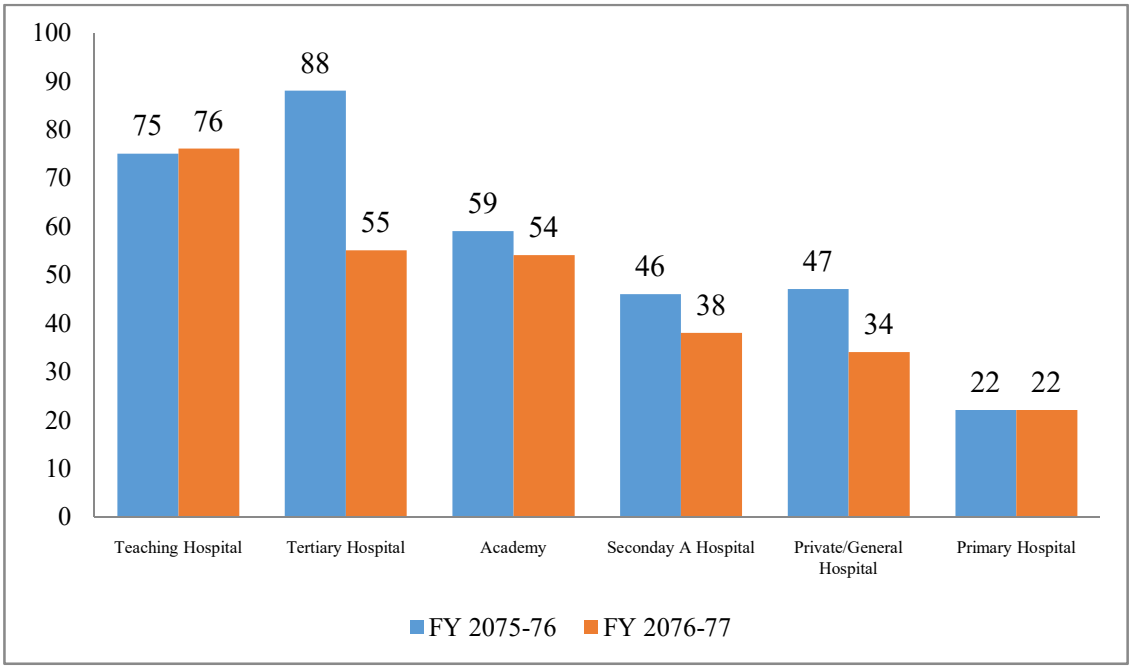
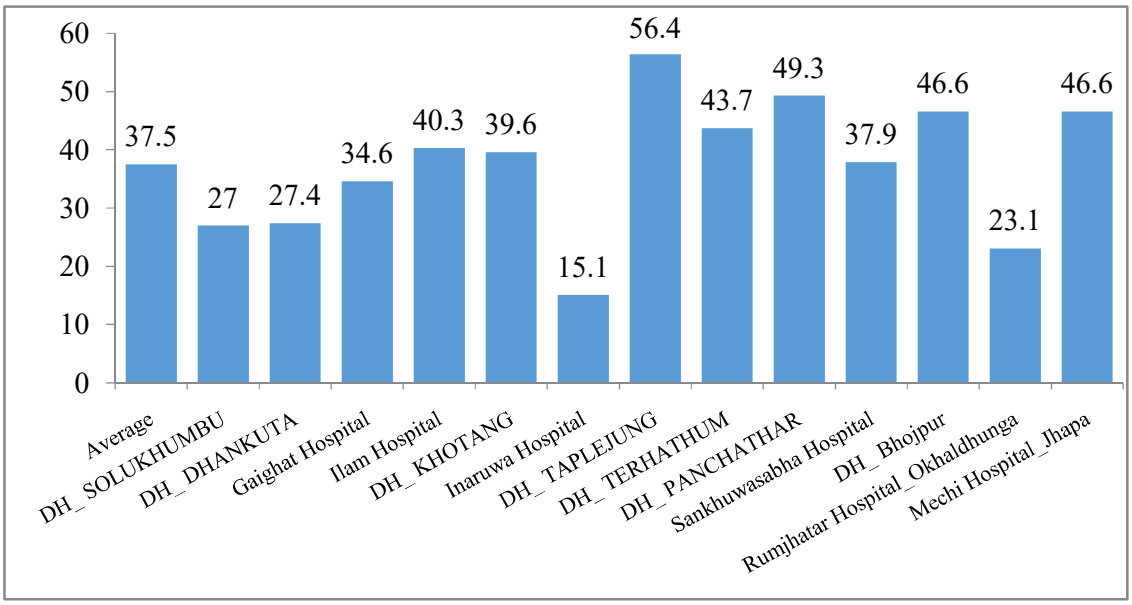
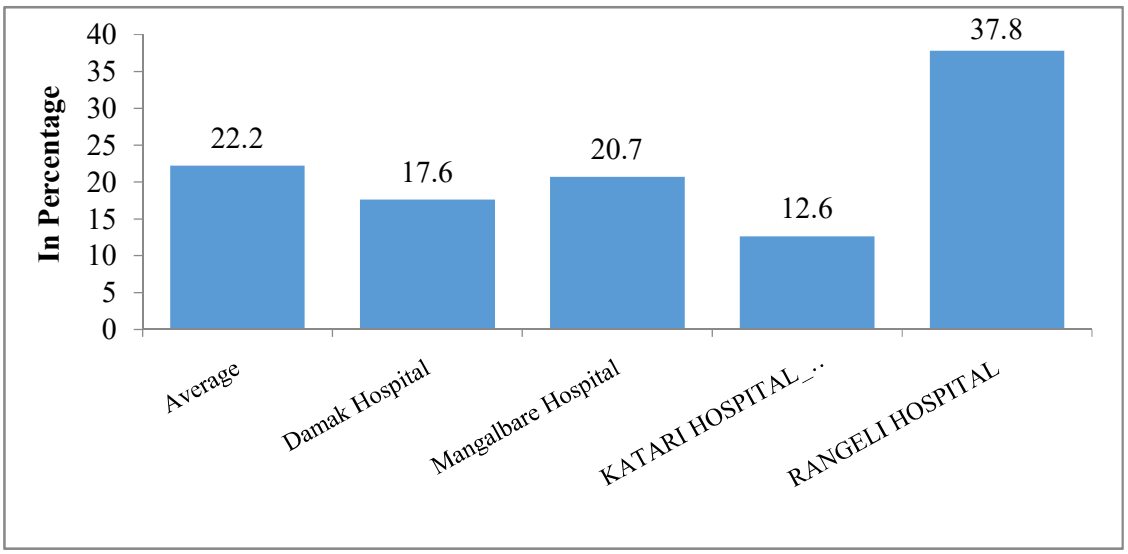


Figure 5.6 Bed occupancy rate in Secondary A level hospital, Fiscal Year 2076-2077



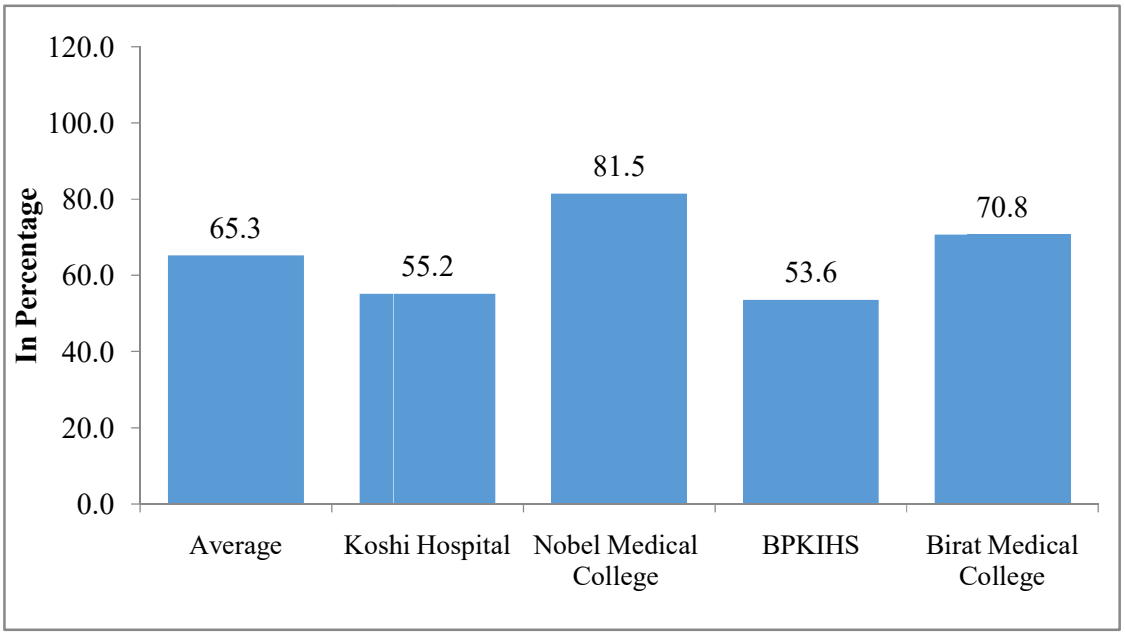
Among the 13 Secondary A level hospitals, district hospital Taplejung has the highest bed occupancy rate of 56.4% followed by District Hospital Panchathar i.e. 49.3% while Inaruwa hospital has the lowest bed occupancy rate of 15.1%. Average bed occupancy rate of Secondary A level hospital is 37.5% which is lower than previous fiscal year.

Figure 5.7 Bed occupancy rate in Primary hospital, Fiscal Year 2076-2077



Among the 4 Primary hospitals, Rangeli hospital has the highest bed occupancy rate of 37.8% while Katari hospital has the lowest bed occupancy rate of 12.6%. Average bed occupancy rate of Municipal hospital is 22.2% which is similar to last fiscal year.

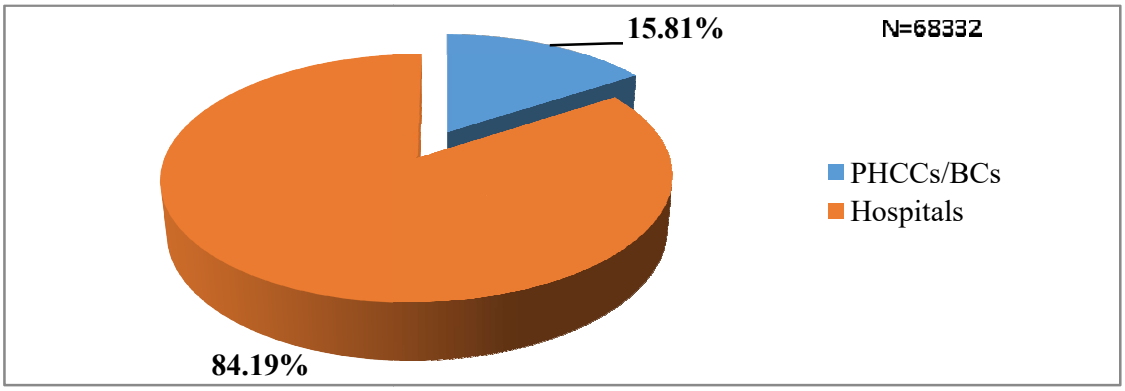
Figure 5.8 Bed occupancy rate in Tertiary level hospital, Teaching hospital and Academy, FY 2076/77



Nobel Medical College has highest bed occupancy rate of 81.5% followed by Birat Medical college of 70.8%. Bed occupancy rate of Koshi Hospital and BPKIHS is quite similar i.e. 55.2% and 53.6% respectively.

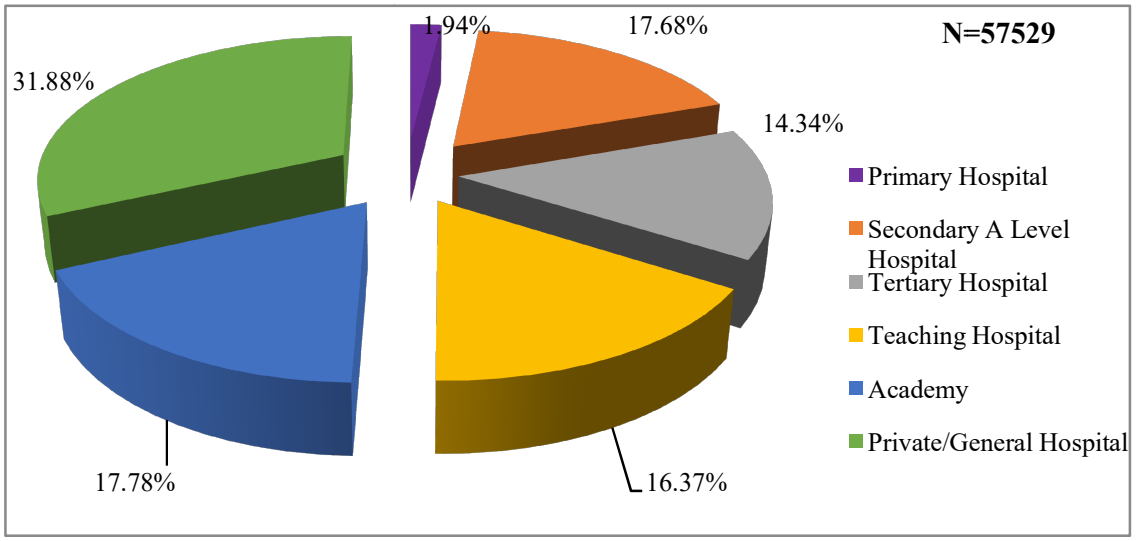
Safemotherhood Indicator

Figure 5.9 Provincial institutional delivery status, Fiscal Year 2076-2077



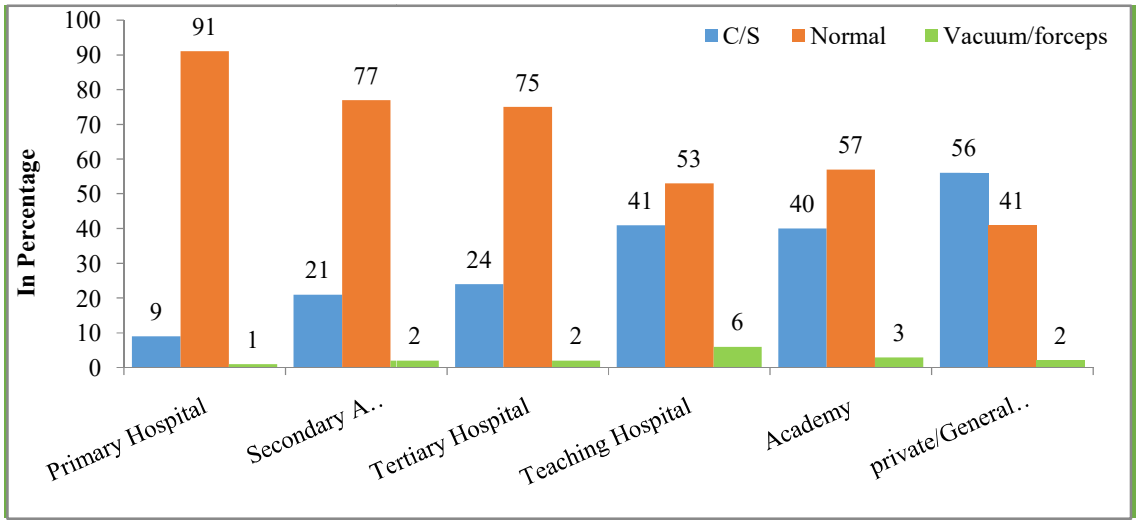
Among the total institutional delivery in Province 1, majority (84.19%) of the institutional delivery occurred in hospitals while only 15.81% occurred in PHCCs/BCs. This data shows the need for strategical planning not just increasing the number of birthing centres. Birthing centres should be established only in the places where there is no/limited access to other birthing facilities. Moreover, there is need for strengthening and well equipping the existing birthing centres that is functioning well.

Figure 5.10 Institutional delivery status in different hospitals, Fiscal Year 2076-2077



Among the institutional deliveries in hospitals, highest number of deliveries occurred in Private/General hospital followed by Acedamy and Teaching hospital while Primary hospitals have only 1.94%. Other hospitals have similar in number of deliveries. Low number of deliveries occurred in district level hospitals which could be due to interruption/lack of CEONC services and increased consumer demand for specialty services. Hence there is need for strengthening delivery service and continuity of CEONC services in district level hospitals.

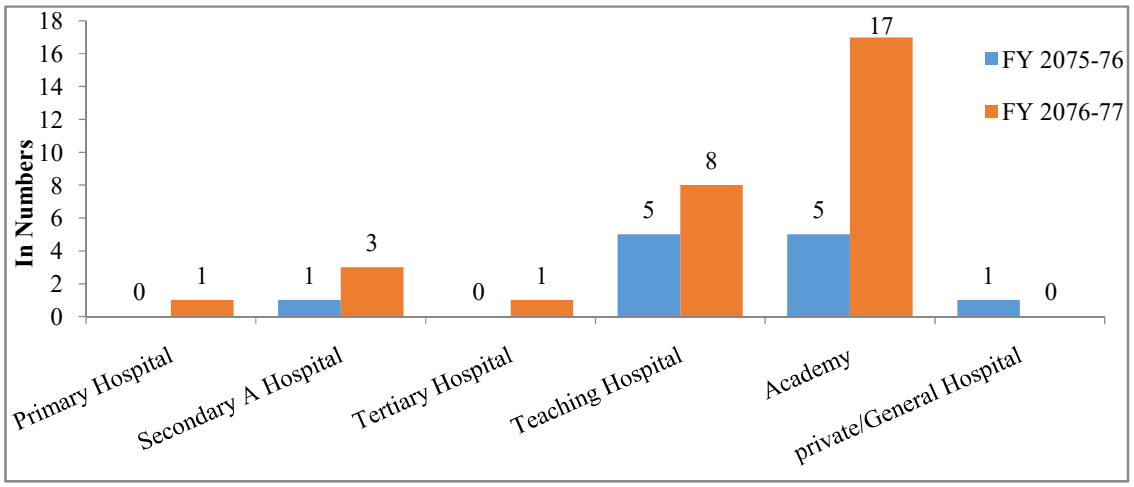
Figure 5.11 Types of delivery conducted in different hospitals, Fiscal Year 2076-2077



Among the different level of hospitals in Province 1, percentage of normal deliveries is higher than Caesarean section in Private/General Hospital. Percentage of Caesarean section is high in Private/General Hospital, Teaching hospital and Academy. Percentage of Caesarean

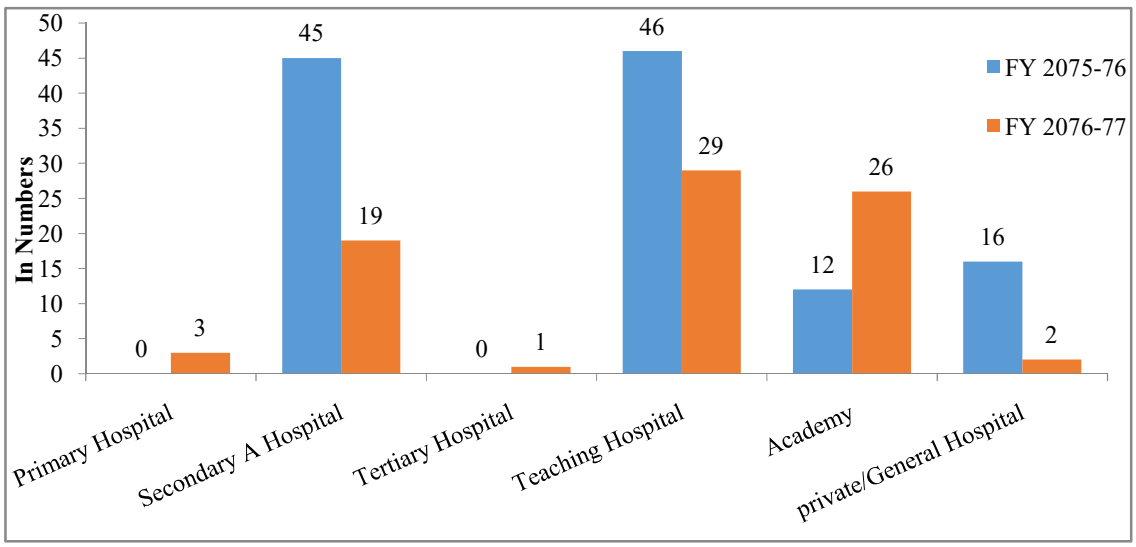
Section is also high in Secondary hospital and tertiary hospital. These hospitals are referral hospitals and may be one reason for high percentage of caesarian section. According to WHO, C/S rate needs to between 5-10%, C/S rate of >10% does not reduce maternal mortality rate and >15% increases maternal mortality rate. Globally also the C/S rate is 21.1% which is higher than the recommended rate of WHO.

Figure 5.12 Maternal death trend in different hospitals, Fiscal Year 2075-2077



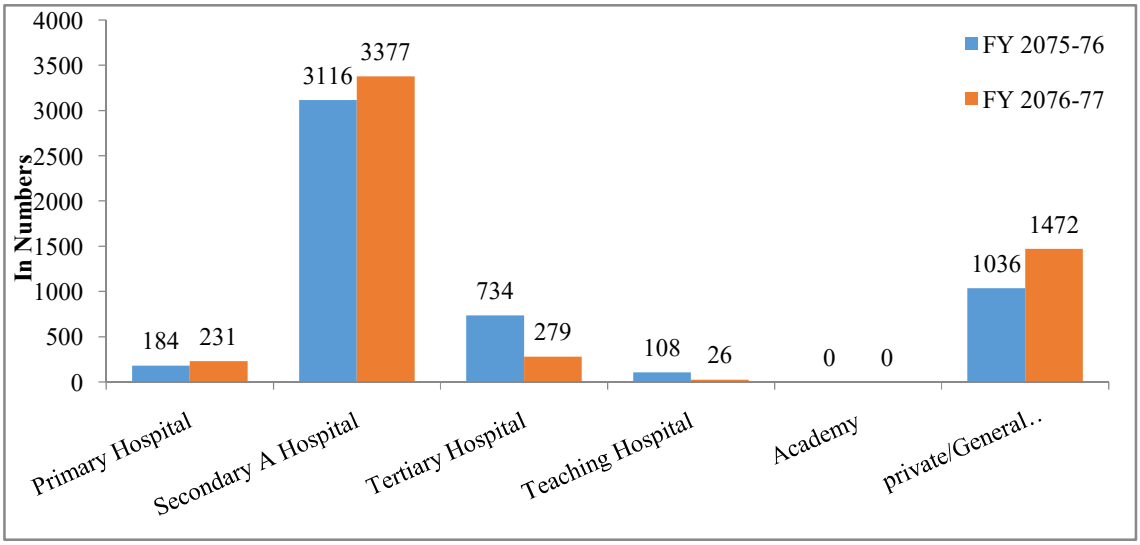
Last two fiscal years data shows the number of maternal death high in Academy and Teaching Hospital and the number of maternal deaths has increased as compared to previous fiscal year. Maternal deaths could be high in teaching hospital due to high referrals and complicated cases being received. In this fiscal year; Maternal Death is zero in Private/general Hospital.

Figure 5.13 Neonatal death trend in different hospitals, Fiscal Year 2075-2077



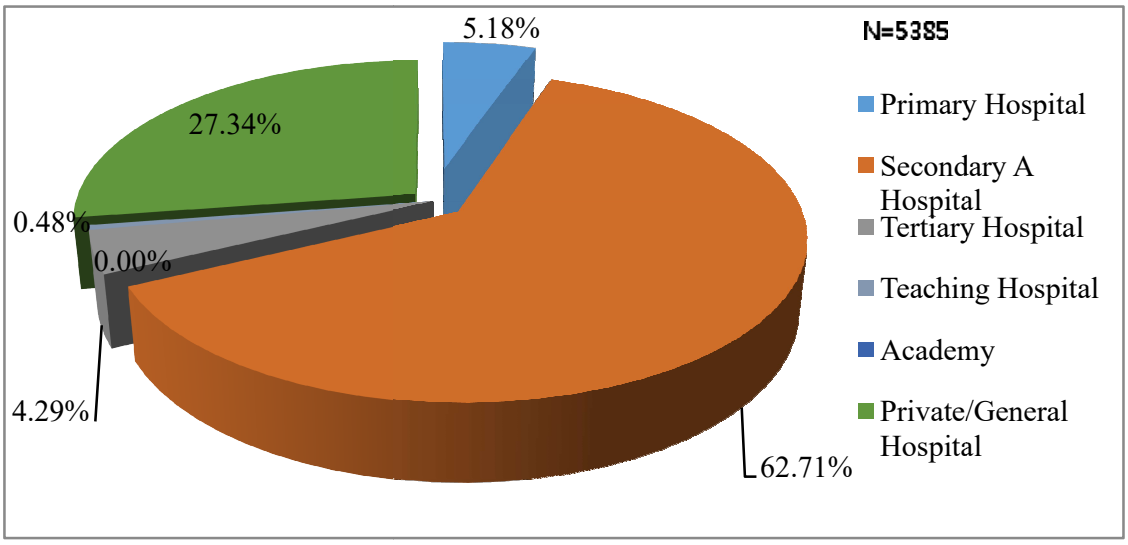
Last two fiscal years data shows the number of neonatal death high in teaching hospital followed by Secondary A hospital and Academy;however, the number is decreasing compared to previous fiscal year in all hospital except academy. The decreasing trend of Neonatal death in hospital could be due to improvement and expansion of services.

Figure 5.14 CAC service trend in different hospitals, Fiscal Year 2075-2077



Last two fiscal years data shows the number of CAC service high in Secondary A level hospital which is followed by Private/general hospital. The number of CAC services has increasing in Primary hospital, Secondary A level hospital and Private/General Hospital; however, decreasing in tertiary hospital and teaching hospital. This could be the expansion and strengthening the CAC services.

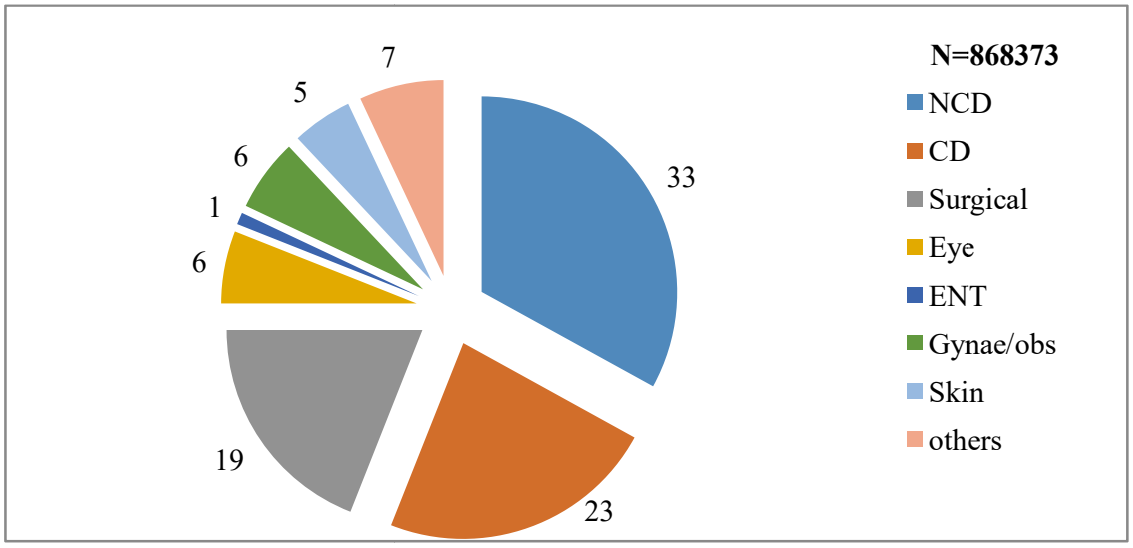
Figure 5.15 CAC service distribution in different hospitals, Fiscal Year 2076-2077



Among the total CAC service in Province 1, highest number of CAC service i.e. more than half (62.71%) of the CAC service was provided from Secondary A level hospital, followed by private/ general hospitals with 27.34%. Lowest percentage of CAC service in teaching hospital could be due to under reporting of the cases.

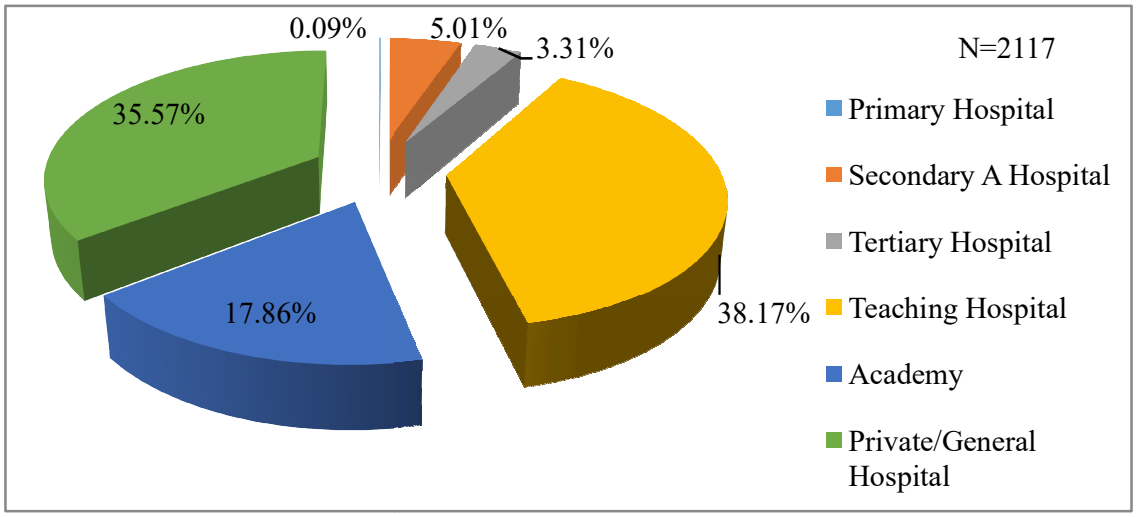
Morbidity & Mortality Indicator

Figure 5.16 OPD morbidities in hospitals, Fiscal Year 2076-2077



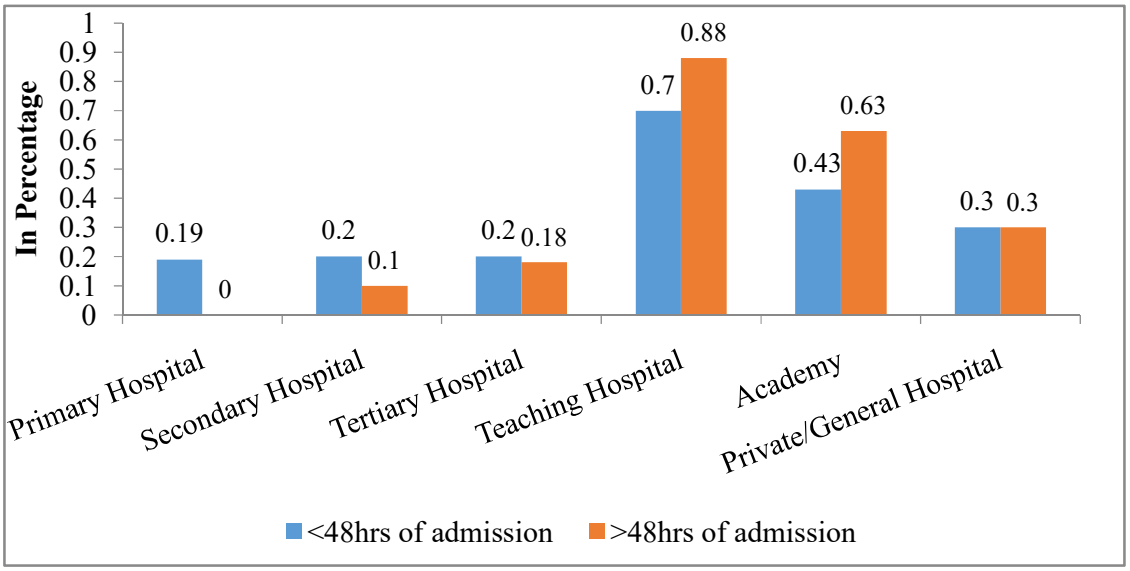
Among the different OPD morbidities reported in hospitals, non-communicable disease remains highest with 33% followed by communicable disease with 23%. The number of non-communicable disease could go high than the above data as many hospitals have not reported the OPD morbidities in HMIS.

Figure 5.17 Total hospital death in different hospitals, Fiscal Year 2076-2077



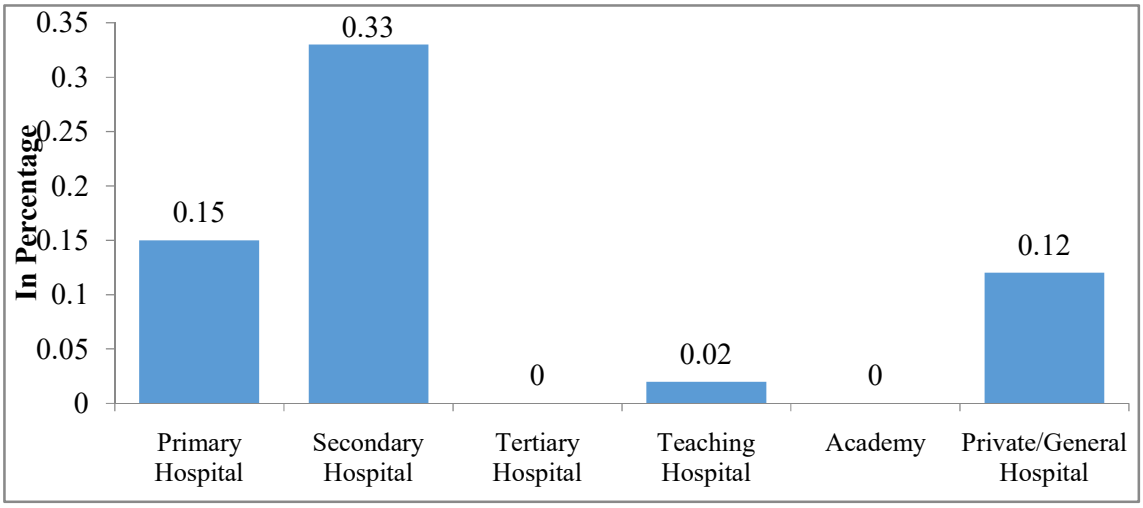
Among the total deaths in hospitals, the highest number of death i.e. 38.17% of the death occurred in teaching hospital followed by private/other general hospital with 35.57%. Referral of complicated cases and high flow of cases could be the reason for highest number of deaths occurring in teaching hospital. More than one third (35.57%) of death occurring in private/other general hospitals calls for the need of monitoring the causes of death and quality of service provided by these hospitals.

Figure 5.18 Hospital Deaths with respect to duration of admission, Fiscal Year 2075-2076



Hospital deaths seem equal within 48 hours of admission and after 48 hours of admission in most of the hospitals. The deaths rate has high in teaching hospital and academy as these centers are referral centers.

Figure 5.19 Infection rate among surgical cases in hospitals, Fiscal Year 2076-2077



Among the different levels of hospital, Secondary A level hospital has the highest rate of infection among surgical cases followed by Primary hospital and Private/General Hospital. Infection rate among surgical cases shows zero in tertiary hospital and academy, this should be monitored for the reporting and recording. Quality of service and infection prevention measures needs to be monitored for decreasing the rate of infections occurring.

Emergency Readiness

Table 5.1 Bed availability for COVID-19 in Hospital

S.No.	INSTITUTION/HOSPITAL	EMERGENCYBEDS	ICU BEDS
1	Mechi Hospital	10	2
2	KoshiCOVID-19 Hospital	10	5
3	BPKIHS	30	10
4	Nobel Hospital	9	4
5	Birat Medical College	18	7
6	Neuro Cardio Hospital	10	2
	Total	87	30

Issues and recommendations

S.no.	Issues/Constraints	Action to be taken
1	Inadequate human resource and sanctioned post	Sanctioned post should be adequate and fulfilled O & M survey to be done Training should be provided as per service requirement Encourage deployment of specialized human resource Enabling environment for retention of human resource
2	Weak referral mechanism	Strengthen communication between referral in and out hospitals (online communication) Strengthen monitoring of referrals
3	Lack of quality	Infection reduction should be emphasized Waste management should be focused Encourage survey/research (Client/Patient satisfaction survey)
4	Reporting issues	Facilitate timely recording and reporting Facilitate reporting from non-reporting private hospitals Encourage consistency in data reporting.(variance in HMIS reported Vs onsite available data)
5	Renewal of health facilities	Provision of written document for clarity in renewal authority.
6	Lack of infrastructure	Availability of adequate quarters Maintenance of existing buildings New construction of building for expansion of services
7	Lack of transportation vehicle	Availability of ambulance and other utility vehicles.

PART 6 – AYURVEDA AND ALTERNATIVE HEALTH SERVICES

Background:

Ayurveda, providing health services from the very dawn of civilization, is a complete and holistic medical system. Ayurveda provides all the knowledge needed for the healthy life and helps to preserve and promote the health; prevent and cure the diseases. Though Ayurveda has the long history, it lacks behind in the present context. At present, there are 2 Ayurveda Hospitals, 64 District Ayurveda Health Centers, and 305 Ayurveda dispensaries. Among the 753 local government, only 311 provides the Ayurveda service where as in 422 local level we still need to extend the Ayurveda Health Service. The Department of Ayurveda and Alternative Medicine, at the Federal level, has to be responsible for the expansion, strengthening and development of Ayurveda and Alternative Medicine across the country.

Ayurveda has been mentioned as the Fundamental health right of all the Nepalese. So, every local level should provide the Ayurveda Service for the promotion of health and prevention and treatment of diseases. It should be expanded in all the local levels. In the present Federal system of Nepal, there is Ayurveda and Alternative Medicine Section in both the Ministry of Social Development and Directorate of Health in every Province. Province 1 is trying to expand and strengthen Ayurveda and Alternative Medical services through various efforts. There are 3 Ayurveda dispensaries (then Zonal Ayurveda dispensary), 11 District Ayurveda Health Centers, 50 Ayurveda dispensaries and Ayurveda Service from 1 PHC in Province 1. Among the 137 local levels of Province 1, only 44 of them have provided Ayurveda Service and 93 of them still lacks Ayurveda Service. Ministry of Social Development has upgraded 4 of the district level Ayurveda Institutions (Morang, Jhapa, Ilam and Udaypur) and expanded the health service in 3 of the district level Ayurveda Institutions (Dhankuta, Sankhuwasabha and Okhaldhunga).

Ayurveda medicine is popular in all spheres because of its efficacy, availability, safety and affordability. More than seventy five percent of the population used traditional medicine mainly based on Ayurveda medicine. (Legal status WHO 2001)

This report is prepared on the basis of report provided from the Ayurveda Institution of Province 1, FY 2074/75, FY 2075/76 report and Provincial Annual Health Review Workshop. It has carefully analyzed the status of Provincial Ayurveda Institutions, Ayurveda service extension, staff details and the programs of Ayurveda. At the same time tries to provide the suggestion and recommendation to solve the problems and challenges of Ayurveda.

Goal:

Its goal is to preserve and promote the health of the general public and to free the diseased person from disease by expanding Ayurveda and alternative medicine services along with

modern medical practices by empowering basic health services to achieve the goals of sustainable development.

Objectives:

The objectives of Ayurveda and Alternative Medicine are as follows:

- To provide fundamental Ayurveda and Alternative Health Services to the local people as mentioned in constitution.
- To reduce the Non communicable diseases.
- To provide Panchakarma service for the promotion of health.
- To provide the Ksharsutra service.
- To help the people to adopt healthy lifestyles through healthy living programs.
- To spread awareness about Ayurveda for the Healthy society.
- To provide maternal health care programs as priority.
- To carry out senior citizen health programs effectively.
- To start homeopathy and other alternative medical services.

Target group:

- Patients and healthy people, from infants to old age throughout the province

Organizational Structure of Ayurveda in Province 1:

Under Province Government

Ministry of Social Development
(Ayurveda & Alternative Medicine Section)

↓

Health Directorate
(Ayurveda & Alternative Medicine Section)

↓

Zonal Ayurveda Dispensary (3)/District Ayurveda Health Center(11)

Under Local Government

- Ayurveda dispensaries (50)

Under construction Ayurveda Health Institutions:

- Ayurveda Research Center, Sunsari,
- Ayurveda Hospital, Jhapa,

Service outlets

Table 6.1 Ayurveda Service Outlets

District	Zonal\District	Ausadhalaya	Non-Governmental	ORC	Total
Taplejung	DAHC	2	1	1	5
Pachthar	DAHC	5	1	2	9
Ilam	AA(ZAA)	4	1	1	7
Jhapa	DAHC	7	22	3	33
Sankhuwasabha	DAHC	4	0	1	6
Terhathum	DAHC	2	0	1	4
Dhankuta	AA(ZAA)	1	0	1	3
Bhojpur	DAHC	3	0	3	7
Morang	DAHC	3	5	2	11
Sunsari	DAHC	7	13	2	23
Solukhumbu	DAHC	2	0	0	3
Okhaldhunga	DAHC	5	2	2	10
Khotang	DAHC	3	0	4	9
Udayapur	AA(ZAA)	2	0	1	4
Total	14	50	48	24	134

Descriptions of Ayurveda Institutions:

(Zonal) Ayurveda Aushadhalaya:

S. No.	Posts	Level	Numbers	Remarks
1	Ayureda physician	8^{th}	1	
2	Kaviraj	$5^{th}/6^{th}/7^{th}$	1	
3	Vaidya	$4^{th}/5^{th}/6^{th}$	1	
4	Assistant accountant	$4^{th}/5^{th}$	1	
5	Aushadhikutuwa	.....	1	
6	Office assistant	.....	1	
Total			6	

District Ayurveda Health Center

S. No.	Posts	Level	Numbers	Remarks
1	Ayureda physician	8^{th}	1	
2	Kaviraj	$5^{th}/6^{th}/7^{th}$	1	
3	Vaidya	$4^{th}/5^{th}/6^{th}$	2	
4	Assistant accountant	$4^{th}/5^{th}$	1	
5	Aushadhikutuwa	.....	1	
6	Office assistant	.....	1	
Total			7	

Ayurveda Aushadhalaya:

S.No.	Posts	Level	Numbers	Remarks
1	Kaviraj	$5^{th}/6^{th}/7^{th}$	1	
2	Vaidya	$4^{th}/5^{th}/6^{th}$	1	
3	Aushadhikutuwa	.....	1	
4	Office assistant	.....	1	
Total			4	

Description of Provincial Ayurveda Institutions staff

S. No.	Post	Level	Post			
			Sanctioned	Fulfilled	Contract	Contract (other sources)
1	Consultant Ayuredavigya	9^{th}	1	1		
2	Ayureda Physician	8^{th}	15	8		
3	Kairaj	$5^{th}/6^{th}/7^{th}$	15	12		
4	Vaidya	$4^{th}/5^{th}/6^{th}$	25	20		
5	Assistant Accountant	$4^{th}/5^{th}$	14	10		
6	Aushadhikutuwa	.....	14	4	10	
7	Office assistant	.....	14	4	10	4
8	Nursing staff	$4^{th}/5^{th}$				4
9	La staff	$4^{th}/5^{th}$				5
10	Assistant Panchakarma Therapist	4^{th}				8
11	Masseur					18
12	Physiotherapist	5^{th}				1
13	Pharmacist	4^{th}				4
14	Others					4
Total			98	59	20	48

Analyzing the above data, we conclude for every 3 lakhs and 48 thousands population there is 1 Province level Ayurveda Health Institutions and for every 97 thousands population there is 1 Ayurveda dispensary in Province 1. Among the 15 sanctioned post of Ayurveda physician only 8 of them are fulfilled.

Physical Infrastructure of Ayurveda Institutions

S.N	Condition of Institutions	NO.of Instutions
1	Ayurveda Institutions with own land	4
2	Ayurveda Institutions with own buildings	31
3	Ayurveda Institutions on rent	29
	Total	64

Main Ayurveda Services and Program in Province 1:

- OPD Service.
- Panchakarma (Purakarma) service.
- Distribution of galactoguge medicine to breastfeeding mothers.
- Senior citizen health promotion service.
- Outreach clinic and non-communicable disease program.
- Healthy living program.
- School Ayurveda Health and Yoga Education Program.
- Herbs and Herbal introducing program to the locals.
- National and International Yoga Day; National Health Day and Dhanvantri Jayanti.
- Free Ayurveda Health Camps and Yoga Camps

Table 6.2 Top tem diseases of Ayurveda services

S. No.	Disease	Percentage
1	Amlapitta(Gastritis)	23.84
2	Vatvyadi	18.58
3	Shalakya Roga (E.N.T. diseases)	6.71
4	Swas Roga (Respiratory diseases)	6.39
5	Gudagat Vaydi (Anorectal diseases)	5.64
6	Raktagat Vat(Hypertention)	4.73
7	Aamvat(Rheumatic arthritis)	3.35
8	Udar Rog (Abdominal disorder)	2.93
9	Twok Bikar (Skin diseases)	2.74
10	Strirog(Gynaecological disorders)	2.68

Important achievement of FY 2076/77:

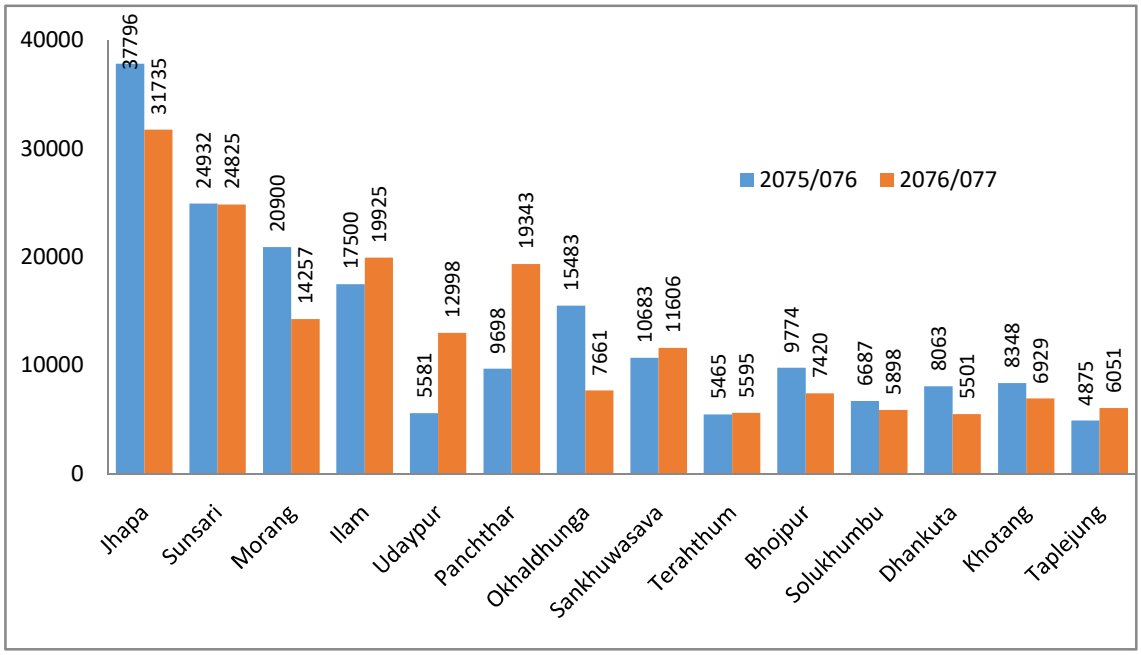
- Upgradation of 4 Ayurveda Institutions (Jhapa, Morang, Ilam, Udayapur)
- Service extension in 3 Ayurveda Institutions (Dhankuta, Sankhuwasaha, Okhaldhunga)
- Panchakarma (Purvakarma) service in all the Ayureda Institutions
- Ksharsutra Service in Upgraded Institution
- Implementation of AMIS (Ayurveda Management Information System), first time in Nepal.
- Preparation of Training Manual of Ksharsutra.
- Preparation of Training Manual of Panchakarma.
- Ayurveda capacity building programs for health workers.
- Preparation of Minimum Service Standards of Ayurveda institutions.
- A feasibility study for the herbal collection and processing and establishment of Ayurveda pharmaceutical production center.
- Orientation and Campaign for Healthy Living Program in Morang and Jhapa district.
- Trainer training program of Healthy Living Program has been completed for all local level health coordinators and Ayurveda health workers in Morang and Jhapa district.
- Establishment of an implementation committee for Healthy Living Program at each local level of Morang and Jhapa district.

Statistics of Ayurveda Institutions of Province 1 of FY 2076/77:

Table 6.3 District wise OPD ayurveda services of Province 1

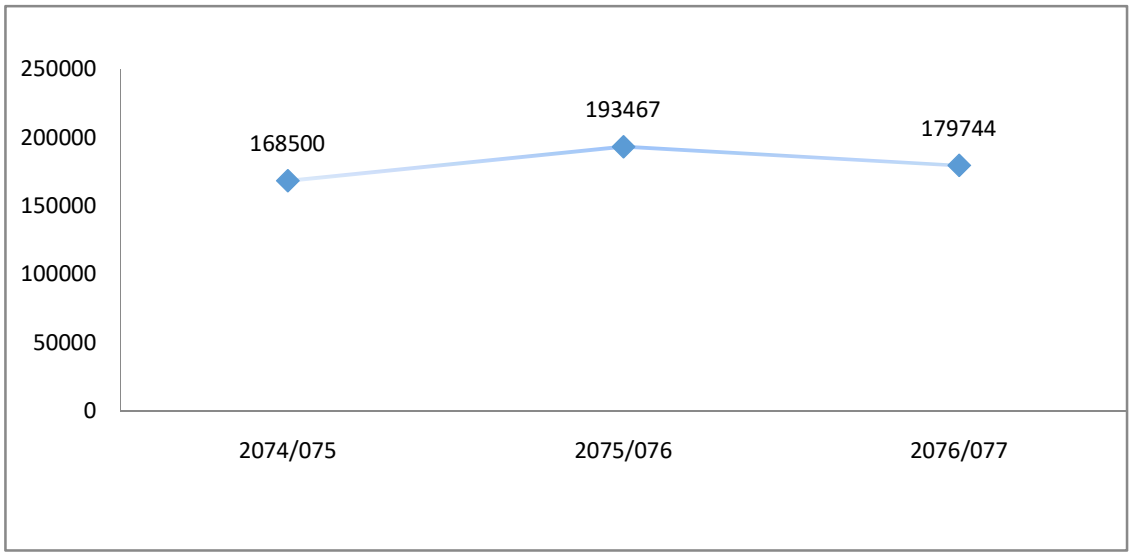
S. No.	Districts	2074/075	2075/076	2076/077
1	Jhapa	31495	37796	31735
2	Sunsari	23247	24932	24825
3	Morang	17598	20900	14257
4	Ilam	15598	17500	19925
5	Udaypur	4825	5581	12998
6	Panchthar	8762	9698	19343
7	Okhaldhunga	9853	15483	7661
8	Sankhuwasabha	5714	10683	11606
9	Terahthum	3724	5465	5595
10	Bhojpur	8655	9774	7420
11	Solukhumbu	5694	6687	5898
12	Dhankuta	8687	8063	5501
13	Khotang	10387	8348	6929
14	Taplejung	14261	4875	6051
Total		168500	193467	179744

Figure 6.1 District wise OPD service of Ayurveda Institutions of Province 1



According to the above data, in the FY 2076/077 Zonal Ayurveda Ausadhalaya, Dhankuta provides least OPD service to 5501 patients while District Ayurveda Health Center,Jhapa provides the highest OPD services to 31735 patients. The OPD services in Ilam, Panchthar, Udayapur, and Sankhuwasabha is more than that of last year and rest of the districts is less than that of last year.

Figure 6.2 OPD patient trend at Ayurveda services of Province 1

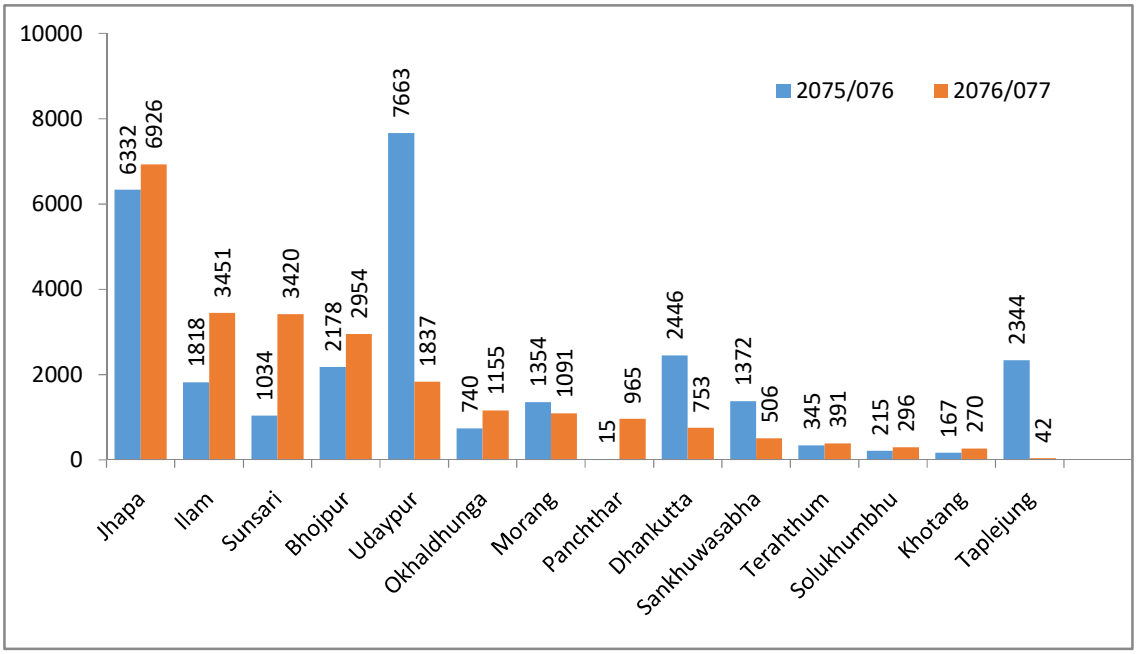


The above graph shows the total number of OPD patients in FY 2076/077 have decreased by 13723 in comparison to that of last fiscal year.

Table 6.4 District wise Purvakarma (Panchakarma) patient of Province 1

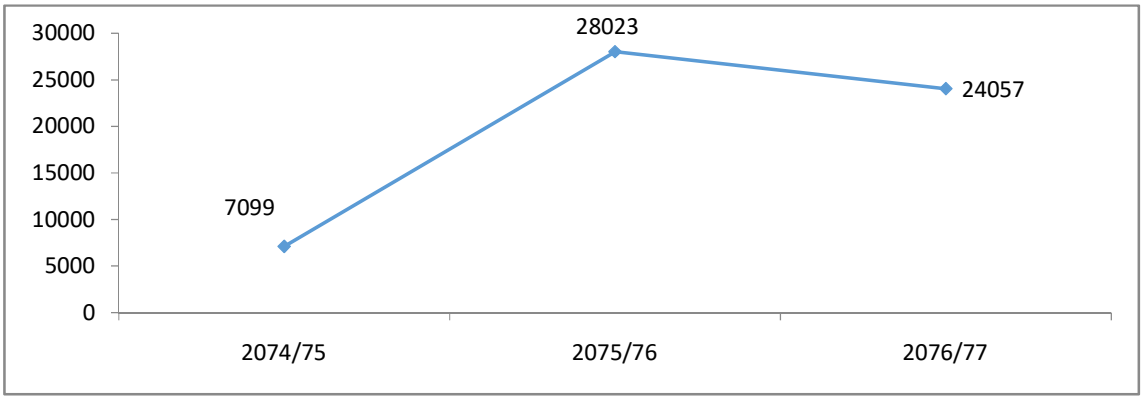
S.N.	Districts	074/075	2075/076	2076/077
1.	Morang	286	1354	1091
2.	Jhapa	1764	6332	6926
3.	Sunsari	0	1034	3420
4.	Ilam	391	1818	3451
5.	Udaypur	0	7663	1837
6.	Panchthar	0	15	965
7.	Okhaldhunga	88	740	1155
8.	Sankhuwasabha	349	1372	506
9.	Dhankuta	1274	2446	753
10.	Terahthum	0	345	391
11.	Taplejung	2252	2344	42
12.	Bhojpur	571	2178	2954
13.	Khotang	50	167	270
14.	Solukhumbu	74	215	296
Total		7099	28023	24057

Figure 6.3 District wise Purvakarma (Panchakarma) patient of Province 1



On the basis of above data, in the FY 2076/077 District Ayurveda Health Center, Jhapa provides the highest Purvakarma (Panchakarma) service, 6929 while District Ayurveda Health Center, Taplejung provides the least Purvakarma (Panchakarma) service, 42. There is decreasing trend of Purvakarma (Panchakarma) service in Morang, Udayapur, Sankhuwasabha, Dhankuta, Taplejung and Increasing trenda on rest of the districts.

Figure 6.4 Trend of Panchakarma (Purvakarma) patient of Ayurveda Institutions of Province 1

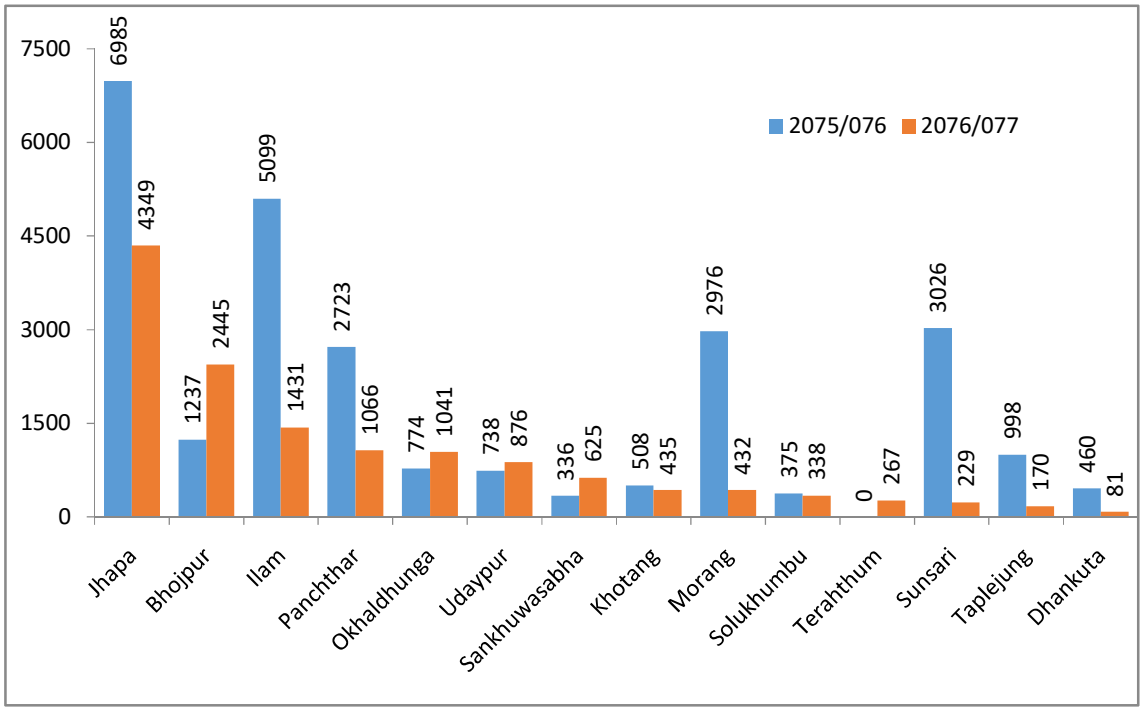


According to the above data, the number of Panchakarma (Purvakarma) health service seekers has increased significantly in the year 2075/076. The total Panchakarma service in the FY 2076/77 has decreased by 3966 from 28023 to 24057. Due to Covid-19 Purvakarma (panchakarma) Service provided by Ayurveda Health Center was affected directly.

Table 6.5 District wise Gaunghar clinic patient of Province 1

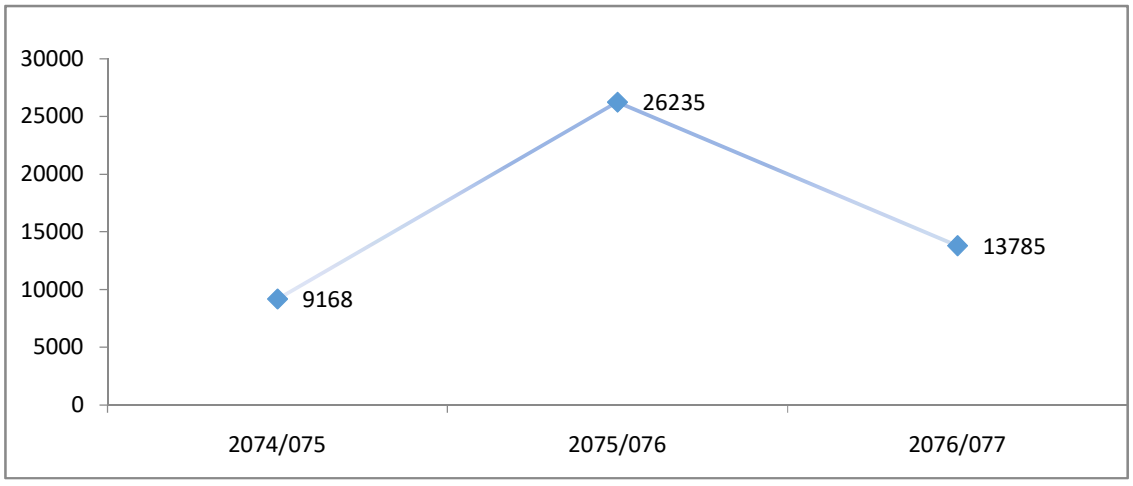
S.N.	Districts	074/075	2075/076	2076/077
1.	Morang	1370	2976	432
2.	Jhapa	2245	6985	4349
3.	Sunsari	182	3026	229
4	Ilam	1992	5099	1431
5.	Udaypur	0	738	876
6.	Panchthar	187	2723	1066
7.	Okhaldhunga	0	774	1041
8.	Dhankutta	433	460	81
9.	Taplejung	0	998	170
10.	Bhojpur	450	1237	2445
11.	Khotang	256	508	435
12.	Solukhumbu	0	375	338
13.	Terahthum	0	0	267
14.	Sankhuwasabha	2053	336	625
Total		9168	26235	13785

Figure 6.5 District wise Gaunghar clinic patient of Province 1



From the above data, District Ayurveda Health Center, Jhapa, has provided service to highest number of patients through ORC in FY 2076/077, whereas District Ayurveda Health Center,Dhankuta has conducted least ORC service in FY 2076/077. District Ayurveda Health Center, Bhojpur has increased its ORC service significantly in FY 2076/077.

Figure 6.6 Trend of Gaunghar clinic patient of Province 1

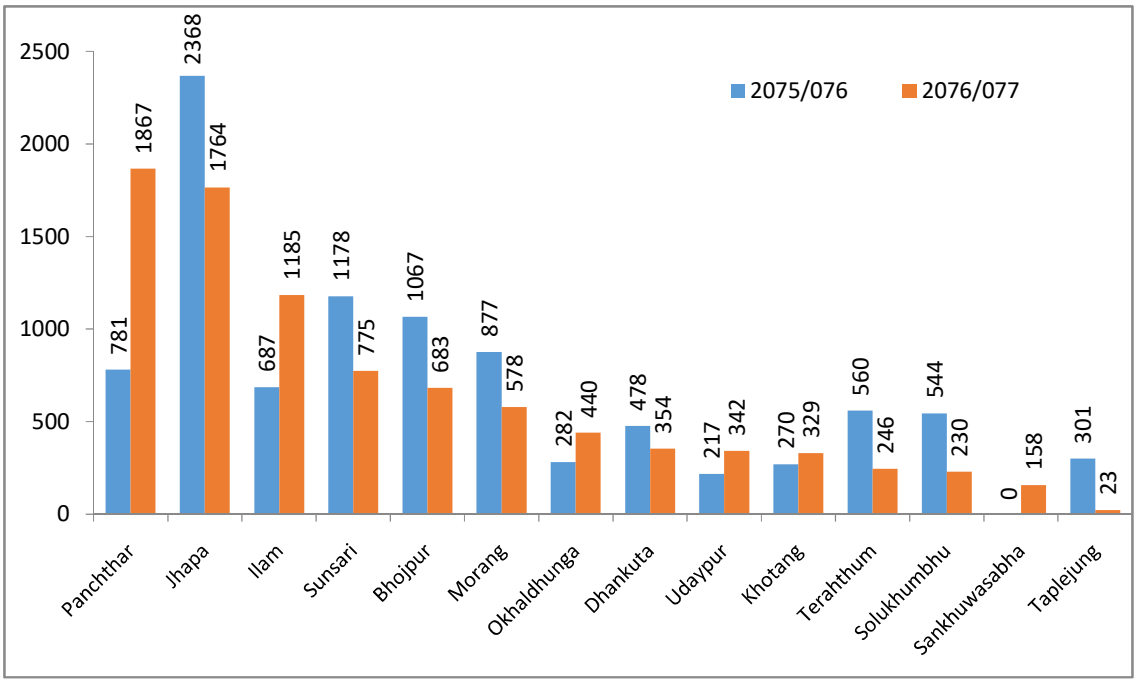


From the above data, the total number of patients in Outreach clinic has decreasde by 12477 in FY 2076/077 in comparison to that of last fiscal year.

Table 6.6 District wise Jestha Nagarik Sewa patient of Province 1

S. No.	District	2074/075	2075/076	2076/077
1.	Morang	379	877	578
2.	Jhapa	416	2368	1764
3.	Sunsari	909	1178	775
4	Panchthar	150	781	1867
5.	Okhaldhunga	94	282	440
6.	Dhankuta	423	478	354
7.	Terahthum	89	560	246
8.	Taplejung	300	301	23
9.	Bhojpur	308	1067	683
10.	Khotang	164	270	329
11.	Solukhumbu	100	544	230
12.	Ilam	1509	687	1185
13.	Udaypur	276	217	342
14.	Sankhuwasabha	493	0	158
Total		4788	10432	8974

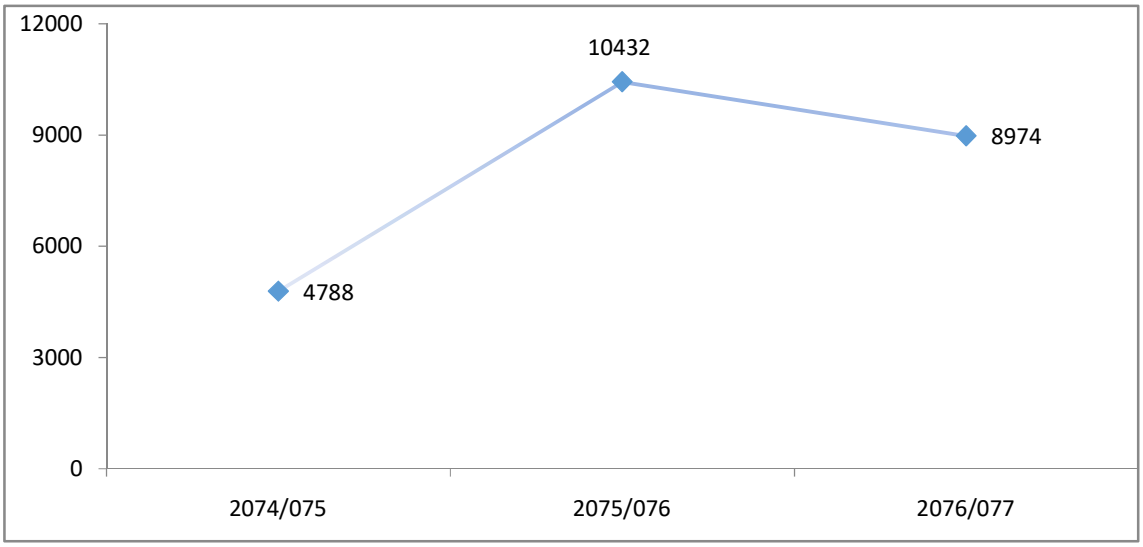
Figure 6.7 District wise Jestha Nagarik Sewa patient of Province 1



District Ayureda Health Center, Panchthar has provided the promotive health service to highest number of senior citizen i.e. 1867 and District Ayurveda Health Center Taplejung has

least number of senior citizens 23. On the other hand District Ayurveda Health Center, Sankhuwasabha has conducted the program in the FY 2076/77 and provided service to 158 senior citizens.

Figure 6.8 Trend of Jestha Nagarik Sewa patient of Province 1

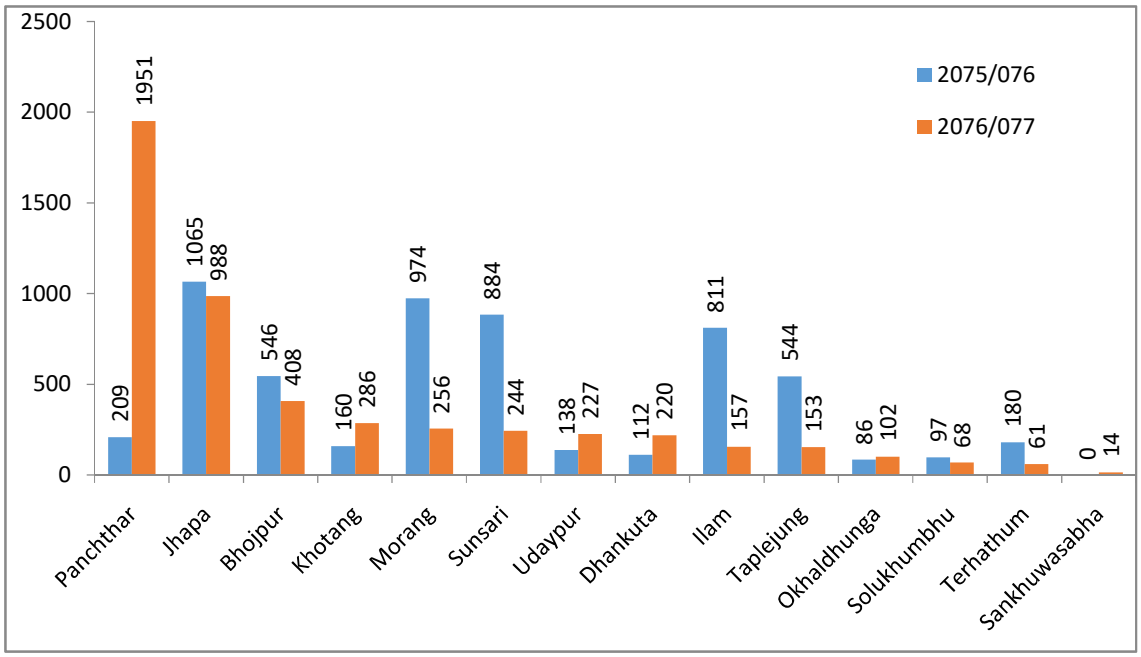


From the above statistics, the total senior citizen health promotion service has decreased to 8974 in FY 2076/077 from 10432 in FY 2075/076.

Table 6.7 District wise Stanpayi Ama Sewa of Province 1

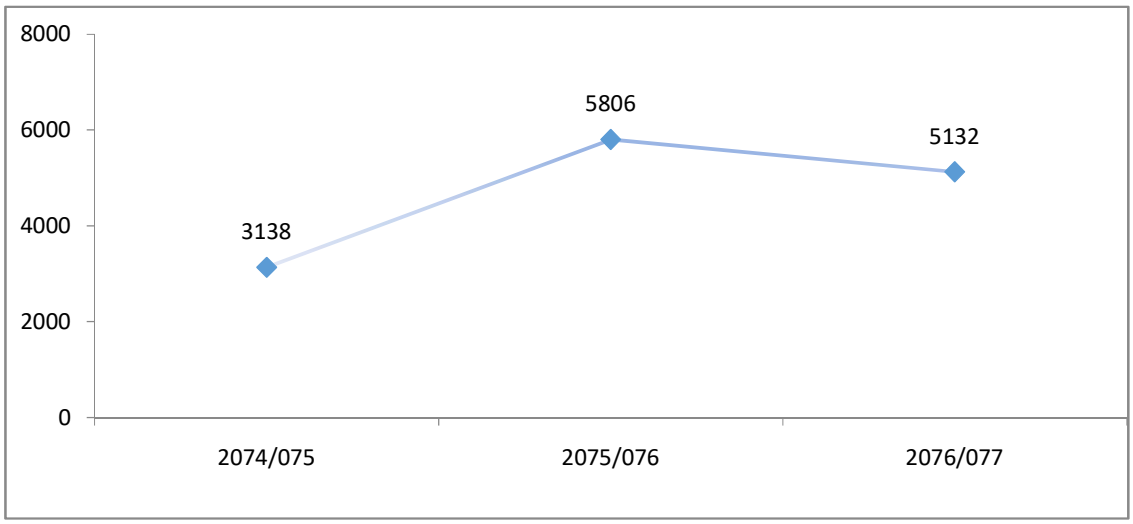
S.N.	Districts	2074/075	2075/076	2076/077
1	Morang	391	974	256
2	Jhapa	50	1065	988
3	Ilam	519	811	157
4	Panchthar	65	209	1951
5	Okhaldhunga	80	86	102
6	Dhankuta	108	112	220
7	Terahthum	21	180	61
8	Taplejung	120	544	153
9	Bhojpur	150	546	408
10	Khotang	50	160	286
11	Solukhumbhu	62	97	68
12	Sunsari	1006	884	244
13	Udaypur	219	138	227
14	Sankhuwasabha	297	0	14
Total		3138	5806	5132

Figure 6.9 District wise Stanpayi Ama Sewa of Province-1



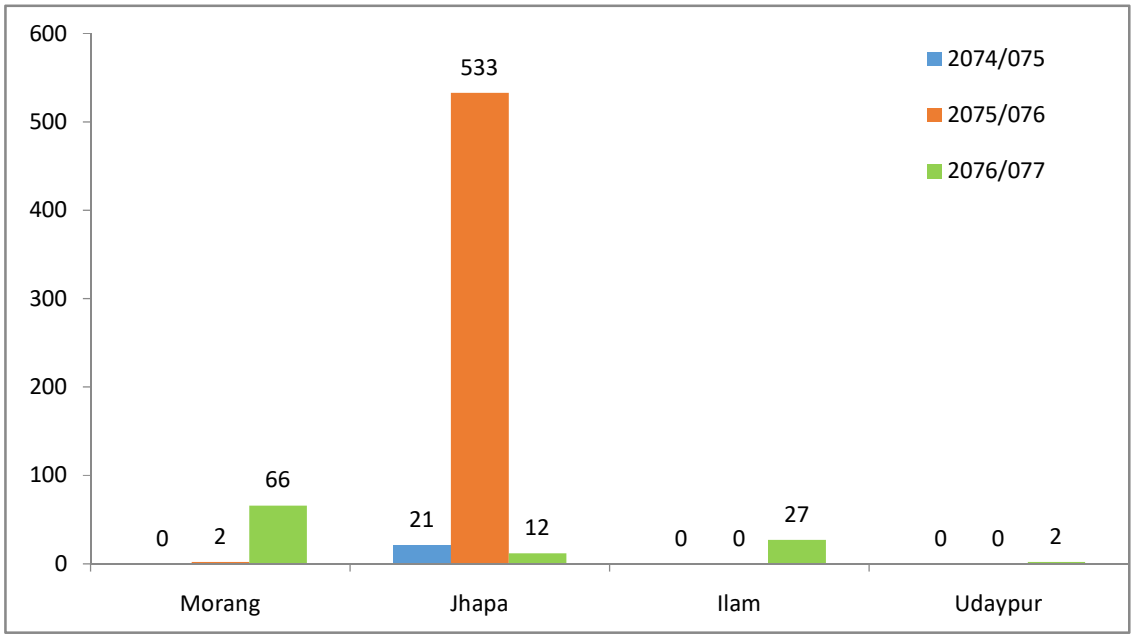
From the above data District Ayurveda Health center Panchthar has provided the Stanpyai Ama Sewa service to 1951 highest of number lactating mother, whereas District Ayurveda Health center, Terathum has provided this service to 61 leaast number of lactating mother in FY 2076/077.

Figure 6.10 Trend of Stanpayi Ama Sewa of Province 1



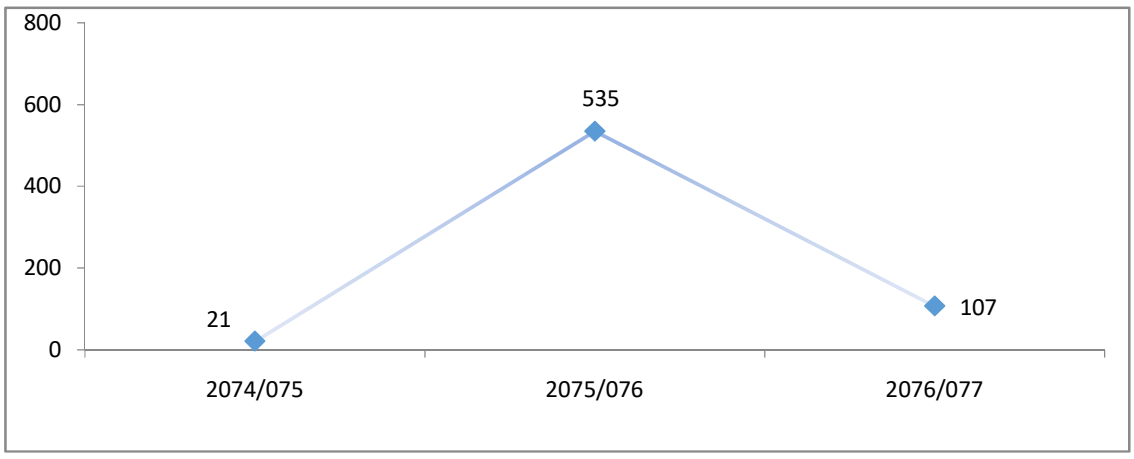
From the above line graph which present the trend of Stanpyai Ama Sewa service provided by Ayurveda Health center from FY 2074/075 to FY 2076/077. The total number of beneficiaries from the program increased to 5086 in FY 2075/76 from 3138 in FY 7074/75 and Decreased to 5132 in FY 2076/077 from 5806 in FY 2075/076.

Figure 6.11 District wise Ksharsutra service of Province 1



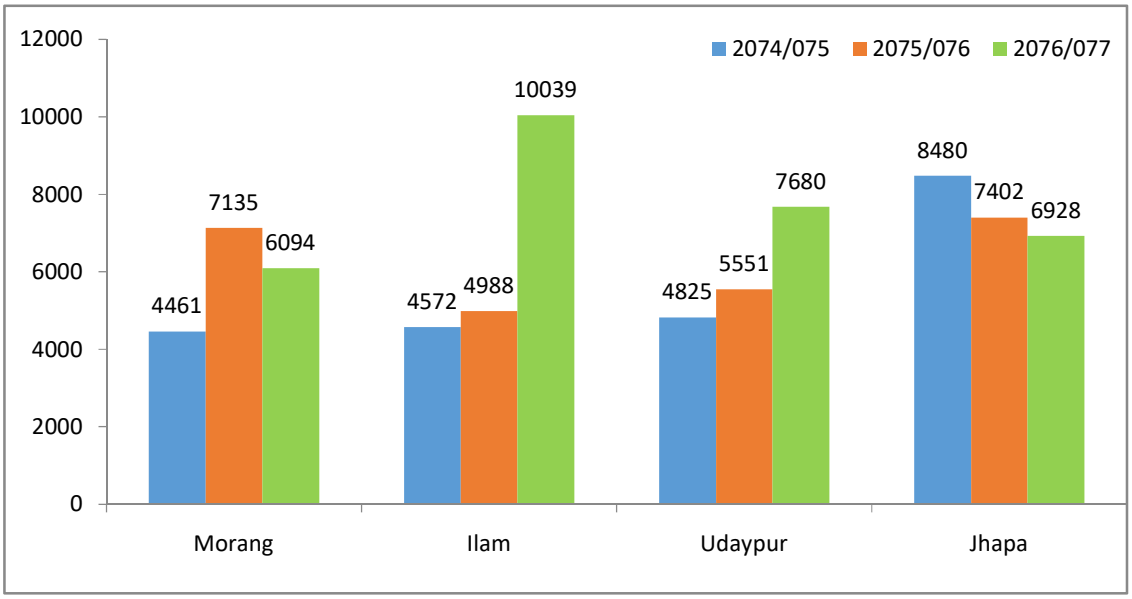
For the first time in Nepal, Province 1 provides the service at the Provincial level. The Ksharsutra service was provided by District Ayurveda Health Center Jhapa and Morang from among the 4 upgraded Ayurveda Institutions in FY 2075/076. DAHC Morang provided the highest Ksharsutra service numbering 66 while DAHC Udayapur provided Ksharsutra service to 2 anorectal diseases patients.

Figure 6.12 Trend of Ksharsutra service of Province 1



From the above line graph which shows the trend of Ksharsutra service provided by 4 upgraded Ayurveda Health Center from FY 2074/075 to FY 2076/077. There is increasing trend from 21 in FY 2074/075 to 535 in FY 2075/076 and decreasing trend from 535 in FY 2075/076 to 107 in FY 2076/077

Figure 6.13 Comparison of OPD Services of Upgraded Ayurveda Health Institution



From the above graph which shows the comparison of OPD service of upgraded Ayurveda Health Institutions, DAHC Ilam has significant progress on OPD service provided, Similarly DAHC Udayapur also has progressed on OPD service. DAHC Morang and DAHC Jhapa have decreased in number OPD services provided patient.

Table 6.8 Ayurveda Service for COVID-19 Management

S.N	Name of institutions	Quarantine service	No. of patient served
1	District Ayurveda Health Center Morang	9	474
2	District Ayurveda Helath Center Sunsari	23	792
3	Mechi Ayurveda Health Ausadhalaya ILam	8	163
4	District Ayurveda Health Center Jhapa	7	450
5	District Ayurveda Health Center Panchthar	9	247
6	District Ayurveda Health Center Terathum	5	145
7	District Ayurveda Health Center Sankhuwasabha	6	272
8	District Ayurveda Health Center Taplejung	8	219
9	District Ayurveda Health Center Okhaldhunga	10	168
10	District Ayurveda Health Center Bhojpur	12	289
11	District Ayurveda Health Center Solukhumbu	3	114
12	District Ayurveda Health Center Khotang	0	0
13	Koshi Zonal Ayurveda Ausadhalaya Dhankuta	4	112
14	Sagarmatha Ayurveda Ausadhalaya Udayapur	1	45
Total		105	3420

From the above table it shows that during the Covid-19 pandemic Ayurveda Health Institutions has provided total 105 quarantine services and served 3420 Covid-19 patients. Where DAHC Sunsari has highest 23 number of quarantine services and served 792 patients and Sagarmatha Ayurveda Ausadhalaya, Udhayapur has least 1 quarantine service and served 45 patients.

Activities of Alternative Medicine in FY 2076/77:

- Homeopathy Health Service was provided from 4 districts (Bhojpur, Taplejung, Tehrathum and Morang).
- 4 Homeopathy physicians and 1 homeopathy health assistant were recruited to provide Homeopathy Health Service.

Table 6.9 Homeopathic Health Services of Province 1

S. No.	Districts	NO.of patient 2075/076	NO.of patient 2076/077	Remarks
1	Bhojpur	0	0	Lack of medicine and assistant
2	Taplejung	0	0	Lack of medicine and assistant
3	Tehrathum	0	0	Lack of medicine and assistant
	Morang	155	1301	
Total		155	1301	

Key issues of Ayurveda Health Institution of Province 1

Issues:

- Poor Physical Infrastructure, logistic management and advanced technology.
- Human resource management.
- Ayurveda management information system.
- Renewal and monitoring authority of private Ayurveda and alternative.
- Lack of manual and Guideline.
- Research in recent advancement.

Opportunities:

- Sufficient medicinal plants.
- Management of various NCDs.
- Good source of income for the community and an individual.
- Ayurveda as Basic health service.
- Medical tourism.

Suggestions for upliftment and strengthening of Ayurveda and Alternative Medicine:

- Ayurveda should be included in every local level of the province.
- Awareness program of Ayurveda and Alternative Medicine should be conducted.
- While allocating health budget, all the three level governments should prioritized Ayurveda as Ayurveda has been considered as fundamental health right in constitution.
- Capacity building of employees will be incorporated with all the necessary technologies and thereafter.
- Should prepare the software of Ayurveda Management Information System (AMIS) and should be implemented in the DHIS 2 platform.
- Prepare and implement policies and plans for the development of Ayurveda.
- Expand all the District Ayurveda Health Centers and Ayurveda Dispensaries (Zonal Ayurveda Dispensary) into District Ayurveda Hospitals by creating the necessary sanctioned post and infrastructure.
- Provide National Health Programs from Ayurveda institutions.
- Establish Provincial Ayurveda Hospital (50 beds).
- Establish Herbal Collection and Processing Center in the Province.
- Provide the other alternative medicine services as Naturopathy, Yoga etc from the premises of Ayurveda Institutions.
  Should gradually expand and upgrade Homeopathy Health System.

PART 7 - SUPPORTING PROGRAMS

7.1. Health Education, Information and Communication

Background

Following national health policy in 1991, National Health Education, Information and Communication Centre (NHEICC) was established under the MoHP in 1993, with the mandate to give high priority to information, education and communication in the health sector. Since 1994, IEC activities have been decentralized and districts are involved in preparing in work-plan and developing IEC materials locally as per guideline of NHEICC. All districts have health education, information and communication programs since FY 2051/52 for developing, producing and disseminating messages to promote and support health programs and services in an integrated manner. The health education and communication units in the Province Health Directorate works to meet the increasing demand for health education services by implementing IEC activities utilizing various media and methods according to the needs of the local people in the province. Local media and languages are used in the district for dissemination health messages so that people can understand health messages clearly in their local context.

The general objective of IEC for health is to raise the health awareness of the people as a mean to promote improved health status and to prevent disease through the efforts of the people themselves and through full utilization of available resources. The specific objectives of the programs are to:

- Increase awareness and knowledge of the people on health issues
- Increase positive attitudes towards health care
- Increase healthy behavior
- Increase participation of the people in the health intervention programs at all levels of health services
- Increase access to new information and technology on the health programs for the people
- Promote environment health and hygiene
- Control the tobacco and Non Communicable Diseases (NCDs)

Major Activities

- Radio program airing from FM
- Orientation to journalist and stakeholders on health
- Production of health materials
- Distribution of health education materials in HFs
- School health programme
- Awareness campaign on prevention and control of COVID 19.
- Program on Environmental / occupational health and hygiene

- Community health promotion campaign
- Award to FCHVs and encourage FCHVs to promote health education
- Supervision and Monitoring of IEC activities
- Awareness program on control of epidemics
- Orientation for control of smoking and non-communicable diseases in Health education program

7.2. Health Information Management

Background

For the development of skills in record keeping, analysis and use of information for planning and supervision, integrated HMIS implementation strategies started in 1993. Efforts are being done to utilize HMIS information in planning, monitoring, supervision and evaluation at regional and district level.

Major activities

- Regular periodic review meeting of HD and HO/Hospitals conducted.
- Conduction of annual review meeting at local, district and province level.
- Integrated supervision to health facilities, training and orientation to health workers.
- Monthly reports are monitored regularly and feedback given to the concerned stakeholders.
- Data verification and district level Planning, monitoring and Review meeting.
- Annual work plan and supervision plan was prepared by districts and region based on the evidence based information.

Reporting Unit

Institution	Number	Institution	Number
Zonal/Districts/ Others Hospital	18	EPI clinic	3807
Primary Health Centre	40	FCHV	10876
Health Posts	648	I/NGO	69
PHCORC	2919	Private/General Hospital	70

Analysis of Achievement

Figure 7.1 Provincial Trend of Reporting Status of Health Institutions from FY 2074/75 to 2076/77

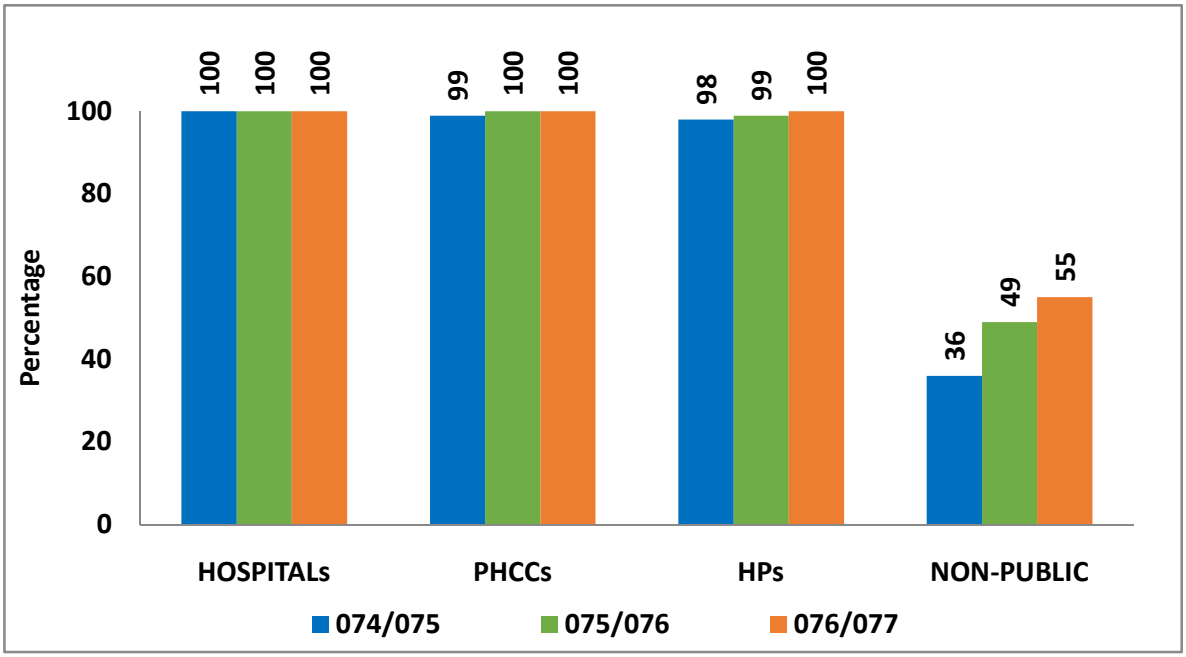
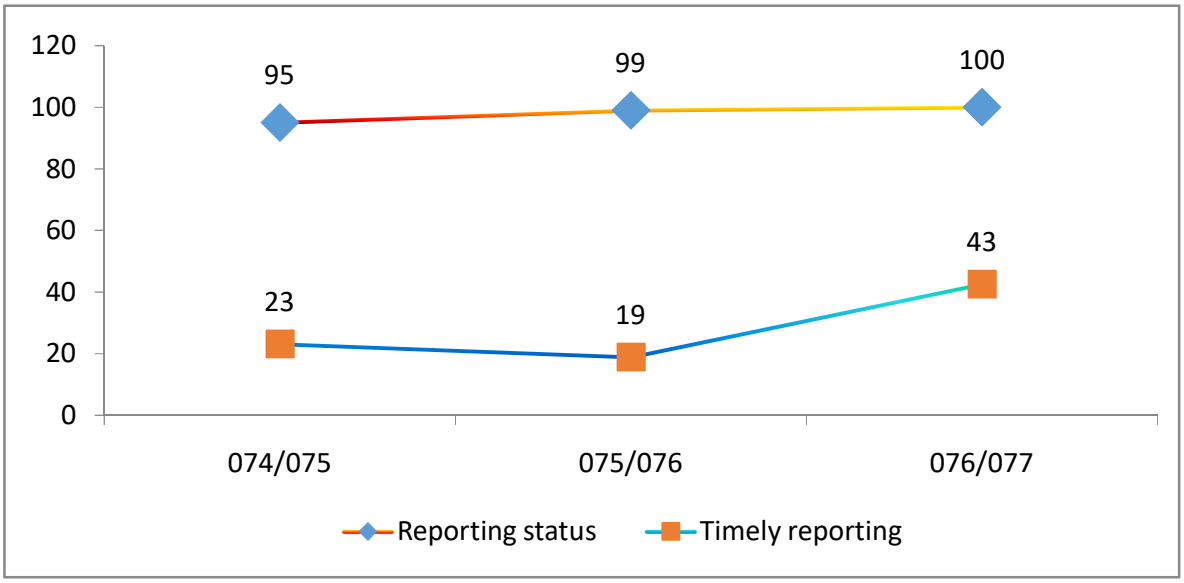
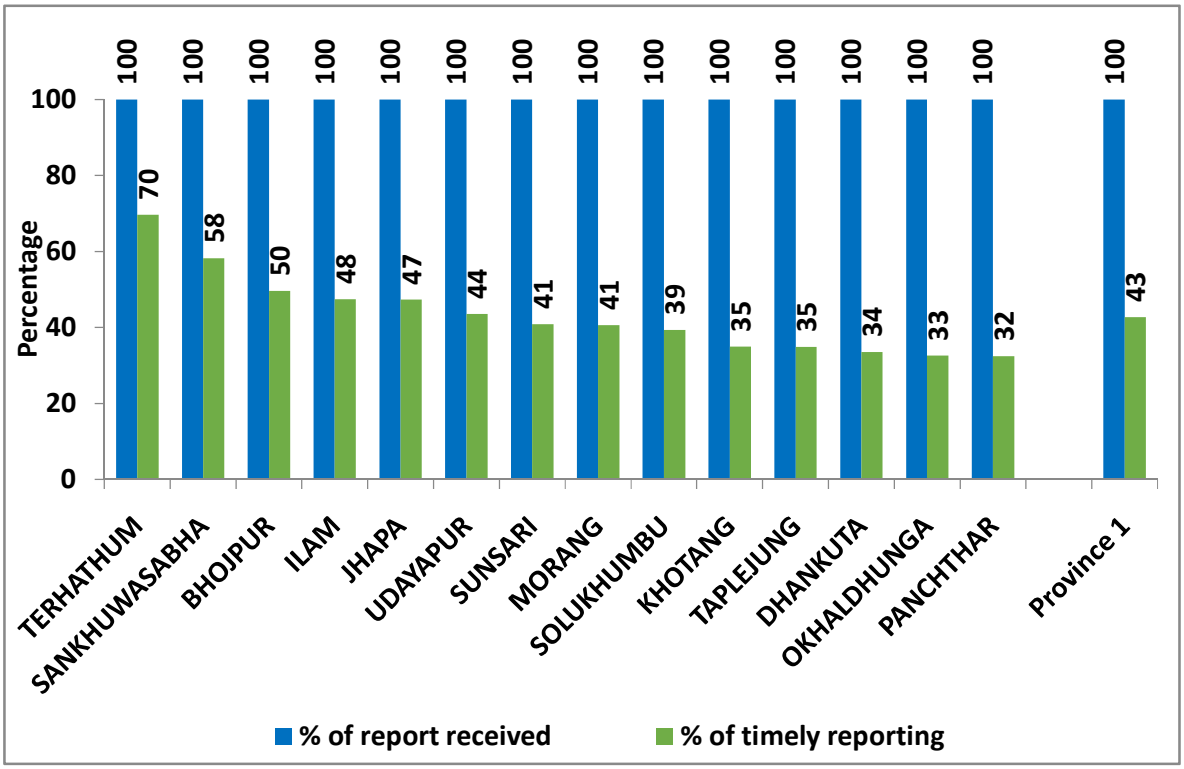


Figure 7.2 Provincial Trend of Reporting Status and timely reporting of Health Institutions from FY 2074/75 to 2076/77



The Figure shows the reporting status and timely reporting of health institutions, which shows almost all government institution, are reporting as well as reporting trend of non-public health institution and timely reporting of all health institution are also increasing.

Figure 7.3 District wise Reporting Status and timely reporting of Health Institutions FY 2076/77



All the districts have good reporting status, but timeliness of reporting still needs to be improved. Tehrathum has highest timely reporting (i.e. 70%) whereas Panchthar has lowest timely reporting (i.e. 32%).

Table 7.1 Reporting Status of Health Institutions by district of 2075/76

District	Shw 76	Bhd 76	Asw 76	Kar 76	Man 76	Pou 76	Mag 76	Fal 76	Cha 76	Bai 77	Jes 77	Asr 77	Shrawan 2076 to Asar 2077
Province 1	100	100	100	100	100	100	100	100	100	100	100	100	100
Taplejung	100	100	100	100	100	100	100	100	100	100	100	100	100
Sankhuwasabha	100	100	100	100	100	100	100	100	100	100	100	100	100
Solukhumbu	100	100	100	100	100	100	100	100	100	100	100	100	100

Okhaldhunga	100	100	100	100	100	100	100	100	100	100	100	100	100
Khotang	100	100	100	100	100	100	100	100	98.8	100	100	100	99.9
Bhojpur	100	100	100	100	100	100	100	100	100	100	100	100	100
Dhankuta	100	100	100	100	100	100	100	100	100	100	100	100	100
Terhathum	100	100	100	100	100	100	100	100	100	100	100	100	100
Panchthar	100	100	100	100	100	100	100	100	100	100	100	100	100
Ilam	100	98.5	100	100	100	100	100	100	100	100	100	100	99.9
Jhapa	100	100	100	100	100	100	100	100	100	100	100	100	100
Morang	98.1	98.1	98.1	98.1	98.1	98.1	99.1	99.1	99.1	100	98.1	100	98.7
Sunsari	100	100	100	100	100	100	100	100	100	100	100	100	100
Udayapur	100	100	100	100	100	100	100	100	100	100	100	100	100

Issues, Problems/Constraints and Actions to be taken

Issues	Actions to be taken	Responsibility
Inadequate participation of districts/province during planning and program.	Practice bottom up health planning Active participation of staff in program	HD/HO/Palika/ MD
Low reporting status from NGOs and Private Health Institutions	Regular follow and monitoring Provision of refresher training Timely HMIS training to all new HWs Regular monitoring of timely submission of report.	HO/HD/Palika

No provision of separate review meeting for private hospitals' and other stakeholders	Provision of Review meetings at districts and Regional level.	MoH/MD/HD/HO
Delay in reporting	Regular follow and monitoring	HO/HD/Palika
Delay in receiving HMIS tools	Timely supply and distribution of HMIS tools	HD/HO/Palika/ MD

PART 8 – HEALTH SUPPORTIVE ORGANIZATIONS UNDER MOSD

8.1. Provincial Health Training Center

Introduction

Established in 2076 BS, Health Training Center, Province No. 1, the then Eastern Regional Health Training Center (Health Training Center) situated in Devrebash, Dhankuta has been coordinating all training activities according to the annual calander of MoHP and MoSD, Province No.1 (Health Section). The overall goal of Health Training Center is to coordinate and accomplish the allotted programs from the National Health Training Center (NHTC) and MoSD, Province No. 1 (Health Section) to develop a training system which can respond to the requirement of all categories of health workers and enable them to deliver primary health care according to the National Health Policy.

The health training center infrastructure constitute of an office block, three training halls in a single building, a ladies hostel with capacity for 32 ladies participants and a gents hostel with capacity for 32. The entire premise stands in an area of 39 ropanis of land.

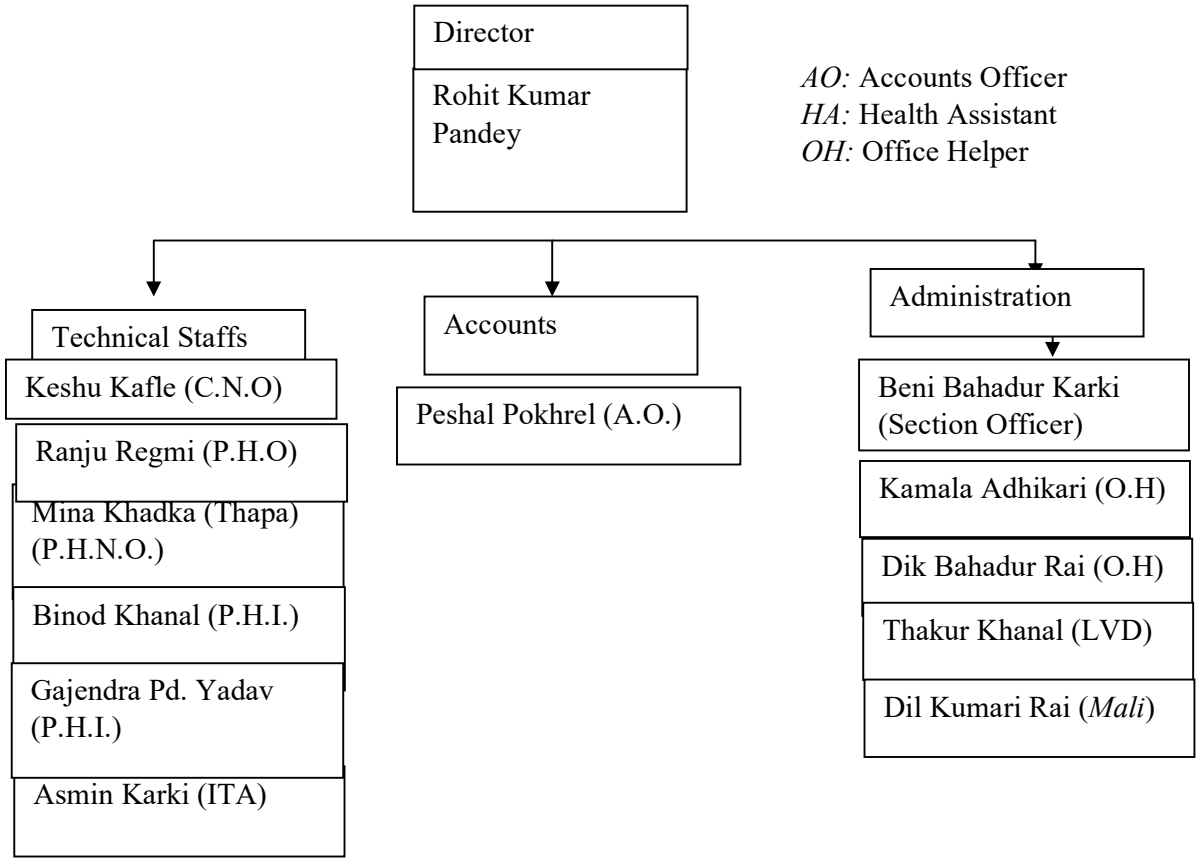
The Ministry of Health and Population has a network of training institutions throughout the country designed to meet national, provincial and local health training needs. The provincial training centers support, guide and regulate training activities conducted by central level, local level and those conducted by NGOs and/or INGOS. In addition, the Training Center itself conducts skill oriented trainings such as SBA, Implant, IUCD, MLP, CAC, and trainings intending behavior modification such as CoFP and Counseling, ASRH, PEN, etc.

In the FY 2076/77, Health Training Center, Dhankuta conducted 9 different types of training programs i.e. a batches of Advanced Ksharasutra Tranining for Ayurveda Doctors, 5 batches of ASRH Training, a batch of CAC Training for Medical Officers, 2 batches of CoFP and Counseling Training, 4 batches of Implant Training, 4 batches of IUCD Training, 3 batches of Medical Abortion Training, 3 batches of Primary Trauma Training and 2 batches of Skilled Birth Attendant Training.

Organizational Structure:

PHI: Public Health Inspector

PHNO: Public Health Nursing Officer



Goal of Health Training Center:

Expand, accelerate and improve the quality of the national health training programs in order to increase the covers and quality and broaden the scope of services provided at various levels of heath care delivery system in Province No. 1 of Nepal.

Specific Objectives:

- Increase the quality of service of health care service providers
- Increase awareness and knowledge of people on health issues and the ability of health facility staffs by providing trainings, as per the national and regional health training programs
- Increase positive attitudes of community people towards health care providing trainings to the service providers

- Increase access to information and technology in health programs for the people
- Plan, coordinate, implement and evaluate health training programs
- Coordinate with the Health Directorate, supporting partner agencies and HOs to conduct health related trainings
- Avail technical support and guidance to local level training programs
- Enable health care providers to demonstrate skills in providing health services through BCC approach

Trainings Conducted by Health Training Center in FY (076/77)

Advanced Ksharasutra Training for Ayurveda Doctors:

Training Description

A new package of skill based training for ayurveda doctors had been prepared and after approval from the Ministry of Social Development, Province No. 1, it had been delivered to selected 5 ayurveda doctors from different ayurvedic health facilities of Province 1. The training package had been deveoped to provide the ayurvedic doctors with knowledge, attitude and skills on how to conduct surgical procedure (Ksharasutra) with standards as been mentioned in the package..

Objectives:

- To improve knowledge, attitude and skills in conducting Ksharasutra procedures by ayurveda doctors from their health facilities
- To increase the reliance upon ayurveda services

Batches: 1 batch

Venue: Ayurveda Chikitshalaya, Naradevi, Kathmandu

Training Period: 42 days

Participants:

SN	Name of Participant	Health Facility	Post
1	Dr. Sanjeev Kumar Yadav	Sagarmatha Zonal Ayurveda Dispensary	Ayurveda Physician
2	Dr. Niraj Khatiwada	District Ayurveda Health Center, Okhaldhunga	Ayurveda Physician
3	Dr. Ravindra Niroula	District Ayurveda Health Center, Morang	Ayurveda Physician
4	Dr. Umesh Kumar Mehta	Koshi Zonal Ayurveda Dispensary, Dhankuta	Ayurveda Physician
5	Dr. Anil Kumar Yadav	District Ayurveda Health Center, Jhapa	Ayurveda Physician

COFP and Counseling:

Training Description

An eight-day' course for ANMs, Nurses, AHWs or HAs is designed to provide them Knowledge, Attitude and Skills on how to counsel clients to make an informed choice for any family planning method. It is intended for health service providers from a site where family planning services (at least once a week) are already available or will be started immediately after the training is complete.

Objectives:

- To improve knowledge, attitude and skills in counseling and delivering FP services to the health facility staffs
- To increase the CPR status in the future through trained health staffs

Batches: 2 batches

Venue: FPAN, Itahari

Training Period: 8 days

Participants:

Batch 1:

SN	Name of Participant	Health Facility	Post
1	Subita Rai	Dandabazar PHC, Dhankuta	Staff Nurse
2	Nabina Thapa	District Hospital, Terathum	AHW
3	Raj Kumar Chaudhary	Sablakhu HP, Taplejung	AHW
4	Som Nath Dangal	District Hospital, Panchthar	HA
5	Khem Raj Acharya	Diktel Rupakot Majhuwagadhi Municipality, Khotang	HA
6	Susma Parajuli	Thakle HP, Manebhanjyang, Okhaldhunga	AHW
7	Bashanti Rai	Baikunthe HP, Bhojpur	ANM
8	Madan Rai	Dummana HP, Bhojpur	AHW
9	Kabita Thakur	Jalpapur HP, Sunsari	ANM
10	Anita Pandak	Mangalbare Hospital, Urlabari, Morang	Staff Nurse
11	Anita Kumari Chaudhary	District Hospital, Udaypur	ANM
12	Pramila Shrestha	Panchan HP, Solukhumbu	ANM
13	Sunita Katuwal	Nepaledanda HP, Bhojpur	ANM
14	Nabina Gurung	Fikkal PHC, Ilam	ANM

Batch 2

SN	Name	Health Facility	Post
1	Srijana Tamang	Chainpur Municipality, Sankhuwasabha	Staff Nurse
2	Asmita Thapa	Gaurigunj PHC, Jhapa	Staff Nurse
3	Menuka Basnet	Jitpur PHC, Dhankuta	Staff Nurse
4	Ranjita Thapa	Amaduwa HP, Sunsari	ANM
5	Buddhiman Basnet	Hoklabari HP, Morang	Sr. AHW
6	Rajni Yamphu Rai	Pathivara HP, Sankhuwasabha	HA
7	Ambika Kumari Thapa	Sanischare HP, Morang	AHW
8	Megharaj Devkota	Nepaledanda HP, Bhojpur	Sr. AHW
9	Kamala Bhattarai	Majhare HP, Morang	AHW
10	Smrity Pandey	Baniyani PHC, Jhapa	Hospital Nursing Inspector
11	Dhiren Chaudhary	Jhorahat PHC, Morang	HA
12	Biswanath Shrestha	Inaruwa Hospital, Sunsari	Public Health Inspector

ASRH Training

Training Description

The adolescent population (those aged 10–19 years) constitute a considerable proportion in the present Nepalese population. Adolescent Sexual and Reproductive Health Services is a supportive approach that provides an enabling environment for adolescents and young people to change behaviors and begin to seek ASRH services, engage in safer sexual and reproductive practices leading to reduced number of teenage (unintended) pregnancies and their complications, and HIV and STI infections. Child marriages and sexual abuse of boys and girls are recognized as immediate causes of teenage pregnancies and HIV and STI transmission in localities where such incidences are high.

Government of Nepal is committed to initiate and improve availability of adolescent-friendly health services in access to every units of adolescent population. Therefore 5 days' ASRH training is being provided to the service providers.

Objectives of ToT on ASRH:

- To explain the current sexual and reproductive situation of adolescents in Nepal and make the participants understand the laws, policies, rules and conventions in favor of adolescents
- To capacitate service providers to select adequate services including diagnosis, management/treatment, counseling/health education and referral to adolescents of their service areas, following the Job-aids

- To capacitate the service providers to manage their concerned health facilities as Adolescent Friendly Service centers and deliver reproductive health care services.

Objectives of Service Provider Level ASRH Training:

- Explain the current sexual and reproductive situation of adolescents in Nepal and understand the laws, policies, rules and conventions in favor of adolescents.
- Demonstrate skills in selecting appropriate communication methods and counseling techniques for delivering Adolescent Friendly Services.
- Be able to deliver adequate services including diagnosis, management/treatment, counseling/health education and referral to adolescents of their service areas, following the Job-aids
- Be able to manage their concerned health facilities as Adolescent Friendly Service centers and deliver reproductive health care services.

Batches: 5 batches (A batch in support of Naari Bikash Sangh, Morang and 4 batches from UNFPA/ADRA)

Venue: Koshi Hospital, Biratnagar

Training Period: 5 days

Participants:

Batch 1:

SN	Name	Health Facility	Post
1	Keshab Prasad Subedi	Dangraha HP	AHW
2	Remant Kumar Das	Thalaha HP, Morang	Sr. AHW
3	Pramod Kumar Singh	Kathari HP, Morang	HA
4	Gopal Karki	Dargraha HP	Sr. AHW
5	Sabitri Kumari Chaudhary	Thalaha HP, Morang	ANM
6	Mitra Mani Basnet	Sisabanibadhara HP	HA
7	Sima Shrestha	Dadarberiya HP, Morang	ANM
8	Dilli Ram Shrestha	Dadarbariya HP Morang	Sr. AHW
9	Rakshe Kumar Sarki	Jhorahat PHC, Morang	HA
10	Mamata Neupane	Haraicha PHCC, Morang	Staff Nurse
11	Om Bahadur Karki	Jhurkiya PHC, Morang	HA
12	Chandra Maya Ingnam	Budhiganga Rural Minicipality, Morang	Sr. ANM
13	Om Prakash Limbu	Bagarban HP, Morang	Sr. AHW
14	Madhabi Regmi	Siswani Badarha HP, Morang	ANM
15	Srijana Luitel	Danghara HP, Morang	ANM
16	Budha kumari Limbu (Gurung)	Koshi Hospital, Biratnagar, Morang	ANM

Batch 2:

SN	Name	Health Facility	Post
1	Hiunmala Shrestha	Bhutaha HP, Sunsari	ANM
2	Binita Kumari Chaudhary	Madholi HP, Sunsari	ANM
3	Umesh Kumar Yadav	Sitaganj HP, Sunsari	HA
4	Lalit Rauniyar	Prakashpur HP, Sunsari	HA
5	Sangita Adhikari	Baklauri HP, Sunsari	HA
6	Punam Rai	Dewangunj HP, Sunsari	ANM
7	Anita Kumari Chaudhary	Koshi Hospital, Biratnagar, Morang	Sr. AHW
8	Kamala Rai	Madhuwan PHC, Sunsari	Sr. ANM

Batch 3:

SN	Name	Health Facility	Post
1	Kamala Regmi	Inaruwa Hospital, Sunsari	Sr. ANM
2	Rinku Mehta	Inaruwa HP, Sunsari	HA
3	Sonu Shah	Inaruwa HP, Sunsari	HA
4	Susma Yadav	Bhutaha HP, Sunsari	ANM
5	Soni Limbu	Madhuwan PHC, Sunsari	HA
6	Sunita Peshkar	Shree Saraswati Ma. Vi., Duhabi, Sunsari	School Health Nurse
7	Mahesh Kumar Ray	Saterjhora PHC, Gadhi, Sunsari	Sr. AHW
8	Raja Ram Pandit	Madheli HP, Sunsari	Sr. AHW
9	Mamata Mandal (Sarvariya)	Harinagara PHC, Sunsari	ANM
10	Reeya Thapa	Shree Saraswati Ma. Vi., Dharan, Sunsari	School Health Nurse
11	Indra Narayan Yadav	Sitaganj HP, Sunsari	Sr. AHW
12	Biswanath Shrestha	Inaruwa Hospital, Sunsari	Public Health Inspector
13	Sharmila Rai	Prakashpur HP, Sunsari	Sr. ANM
14	Hari Deo Thakur	Baklauri HP, Sunsari	Sr. AHW
15	Neetu Shah	Satterjhora PHC, Sunsari	Staff Nurse

Batch 4:

SN	Name	Health Facility	Post
1	Nagendra Poudyal	Ramdhuni Municipality, Sunsari	Sr. AHW
2	Binu Kumari Mehta	Sitaganj HP, Sunsari	ANM
3	Laxmi Rai	District Hospital Sunsari, Inaruwa	ANM
4	Bal Krishna Gautam	Itahari Sub Metropolitan, Sunsari	Sr. AHW
5	Binod Kumar Mehta	Madhuwan PHC, Sunsari	Sr. AHW

6	Chandra Prakash Khanal	Chatara PHC, Sunsari	HA
7	Sadanand Yadav	Satterjhora PHC, Sunsari	AHW
8	Sanjay Kumar Sharma	Prakashpur HP, Sunsari	AHW
9	Puspa Kumari Bhagat	Harinagara PHC, Sunsari	ANM
10	Durga Bahadur Khadka	Itahari Hospital, Sunsari	Public Health Inspector
11	Dr. Sanjiv Chaudhary	Chatara PHC, Sunsari	Medical Officer
12	Surendra Prasad Shah	Dewangunj HP, Sunsari	HA
13	Dr. Ashok Kumar Mandal	Satterjhora PHC, Sunsari	Medical Officer
14	Indira Gautam	District Hospital Sunsari, Inaruwa	ANM
15	Bandana Karki	Bhutaha HP, Sunsari	Staff Nurse

Batch 5:

SN	Name	Health Facility	Post
1	Ananda Prasad Pokhrel	Risku HP, Udayapur	AHW
2	Ram Bahadur Danuwar	Murkuchi HP, Udayapur	Sr. AHW
3	Bhupendra Prasad Chaudhary	Rampur HP, Udayapur	Sr. AHW
4	Niva Shrestha	Risku HP, Udayapur	ANM
5	Chandra Kumar Chaudhary	Hadiya HP, Udayapur	Sr. AHW
6	Manisha Ghimire	Tawashree HP, Udayapur	AHW
7	Dayaram Chaudhary	Sundarpur HP, Udayapur	Sr. AHW
8	Kumari Mira Charmakar	Tawashree HP, Udayapur	ANM
9	Ran Bahadur Pandey	Hardeni HP, Udayapur	HA
10	Kalpana Kumari Chaudhary	Hardeni HP, Udayapur	ANM
11	Menuka Paudel	Beltar PHC, Udayapur	ANM
12	Prabha Rai	Tribeni HP, Udayapur	ANM
13	Sumitra Kumari Chauhan	Tribeni HP, Udayapur	AHW

IUCD Training

Training Description

International health guidelines state that all women requiring contraception should be both informed of and offered a choice of all methods; including (LARC) methods. It is recognized that increasing the uptake of LARC methods will reduce the numbers of unintended pregnancies.

Intra Uterine Contraceptive Device is an effective contraceptive measure among LARC methods. IUCDs also provide safe and low cost contraceptive option. However, the use of the method is very low in Nepal. Therefore, eight days' training package on IUCD is being

delivered to health service providers in Nepal targeting Women of Reproductive Age desiring to space and/or limit child birth for rather longer period of time.

Objectives:

- To provide knowledge and skill regarding Intra Uterine Contraceptive Devices.
- To strengthen the capabilities in delivering IUD services to the needful population.
- To enable communication skills while providing IUD services.
- To impart knowledge and enhance skills in recording and reporting of IUCD service.

Batches: 1 batch organized by HTC, Dhankuta and 4 batches organized in support of UNFPA/ADRA Nepal

Venue: Koshi Hospital, Biratnagar

Training Period: 8 days

Participants:

Batch 1:

SN	Name	Health Facility	Designation
1	Anju Khanal	Jhorahat PHC, Morang	Staff Nurse
2	Rama Khatiwada	Amahibelha HP, Sunsari	ANM
3	Saguna Magar	Hardeni HP, Udayapur	ANM
4	Man Kumari Karki	District Hospital, Taplejung	ANM

Batch 2:

SN	Name	Health Facility	Designation
1	Sumitra Bishwakarma	Murkuchi HP, Udaypur	ANM
2	Mathura Ranapal	Mahendranagar HP, Sunsari	ANM
3	Shanti Kumari Rai	Basaha HP, Udayapur	ANM
4	Roni Thakur	Inaruwa Hospital, Sunsari	Staff Nurse

Batch 3:

SN	Name	Health Facility	Designation
1	Nirmala Kumari Mehta	Rajaganj Sinuwari HP, Sunsari	ANM
2	Sita Danuwar	Risku HP, Udayapur	ANM
3	Hari Maya Dangi	Khanar HP, Sunsari	Sr. ANM
4	Mishra Kumari sunuwar	Bhumrashuwa HP, Udayapur	ANM

Batch 4:

SN	Name	Health Facility	Designation
1	Punam Rai	Dewangunj HP, Sunsari	ANM
2	Roma Karki	Dewangunj HP, Sunsari	ANM
3	Shanti Kumari Chaudhary	Duhabi HP, Sunsari	Sr. ANM
4	Bimala Ojha	Pakali HP, Sunsari	Sr. ANM

Batch 5:

SN	Name	Health Facility	Designation
1	Rima Tamang	Valay Danda HP, Udayapur	ANM
2	Phul Maya Rai	Tapeshwari HP, Udayapur	ANM
3	Rama Bati Chaudhary	Jogidaha HP, Udayapur	ANM
4	Sushila Kumari Chaudhary	Jandaul HP, Saptari	ANM

Implant Training

Training Description

Increasing availability and access to quality family planning services and addressing the unmet need for contraceptives among individuals and couples is a key priority intervention in the field of Public Health in Nepal. Implant is an effective measure of Long Acting Reversible Contraceptive widely used in Nepal.

The contraceptive implant is a small, plastic rod (or sometimes 2 rods) that is put into the upper arm, preventing pregnancy for up to 5 years. Implants offer numerous benifits as a long-acting, reversible method of contraception. These benefits come from the correct use of the device i.e. when inserted by a trained provider. Thus, a training package of 8 days is being delivered to health service providers in Nepal targeting Women of Reproductive Age desiring to space and/or limit child birth for rather longer period of time.

Objectives:

- To provide knowledge and skill regarding Implants as Contraceptive Devices.
- To strengthen the capabilities in Implant insertion
- To enable communication skills while providing Implant services.
- To impart knowledge and enhance skills in recording and reporting of Implant service.

Batches:

6 batchs; 2 batches organized by HTC, Dhankuta, 4 batches with total of 13 participants of province no. 1 combined with the group from other provinces, supported by UNFPA/ADRA

Venue:

FPAN, Itahari

Training Period: 8 days

Participants:

Batch 1:

SN	Name	Post	Health Facility
1	Sita Gautam	ANM	AMDA Hospital, Damak, Jhapa
2	Dharmendra Sangraula	HA	Sidharaha HP, Morang
3	Savyata Pokhrel	ANM	6 No. Budhbare HP, Dhankuta
4	Ram Khelaun Mehta	AHW	Tanki HP, Morang

Batch 2:

SN	Name	Post	Health Facility
1	Muna Katuwal	ANM	MCH Clinic, Dhankuta
2	Sonu Majhi	ANM	Damak Hospital, Jhapa
3	Usha Ray	ANM	Rani PHC, Biratnagar, Morang
4	Santosh Ghimire	AHW	Nepaledanda HP, Bhojpur

Batch 3:

SN	Name	Post	Health Facility
1	Shreya Ghimire (Rai)	HA	Sonapur HP, Sunsari
2	Gita Kumari Bista	AHW	Baraha HP, Udayapur
3	Karishma Subedi	AHW	Sundarpur HP, Udayapur

Batch 4:

SN	Name	Post	Health Facility
1	Suresh Kumar Pandit	Sr. AHW	Sahebgunj HP, Sunsari
2	Manju Thapa Magar (Karki)	ANM	Tawashree HP, Udayapur
3	Chiran Rai	ANM	Siddhipur HP, Udaypur
4	Ganga Kumari Mehta	ANM	Gautampur HP, Sunsari

Batch 5:

SN	Name	Post	Health Facility
1	Anju Kumari Shah	ANM	Ghuski HP, Sunsari
2	Tika Devi Khatiwada Dhakal	Sr. ANM	Inaruwa Hospital, Sunsari
3	Babita Kumari	ANM	Madhya Harsahi HP, Sunsari

Batch 6:

SN	Name	Post	Health Facility
1	Sunita Kumari Sah	ANM	Shreepur HP, Sunsari
2	Kabita Thakur	ANM	Jalpapur HP, Sunsari
3	Santosh Adhikari	AHW	Babiya HP, Inaruwa, Sunsari
4	Archana Shakya	ANM	Madhesha HP, Sunsari

Comprehensive Abortion Care Training

Training Description:

Safe Abortion Care is defined as the abortion care delivered by certified (inlisted) service providers through certified (inlisted) service sites without provoking the existing laws only after the client signs a written consent to receive the service.

Therefore, it is considered illegal to deliver abortion services by an untrained (uncertified) service provider in an uncertified service site. Abortion services also deserve knowledgeable and skilled service providers as the clients need to be communicated effectively. The service providers also need to identify the reproductive needs of their clients while providing abortion services.

Thus, abortion services should be delivered comprehensively incorporating service related, communication and need identifying skills.

Government of Nepal has a training package of Comprehensive Abortion Care (CAC) which is being delivered to Medical Officers (10 days' package) and another package of 14 days for nursing staffs (ANM and Staff Nurses). Health Training Center, Province No. 1 has conducted a batch of CAC Training for Medical Officers in the FY 2075/76.

Objectives:

- To provide comprehensive information regarding existing national policies, laws and guidelines regarding safe abortion services.
- To provide knowledge on management procedures to establish, continue and expand safe abortion services.
- To inform about the process of consistent logistic supply for safe abortion care in government service centers.
- To empower the participants with necessary knowledge, attitude and skills on abortion service.

Batches: 1 batch

Venue: Koshi Hospital, Biratnagar

Training Period: 10 days

Participants:

SN	Name	Working Place
1	Dr. Amitesh Raj Pandey	Katari Hospital, Udaypur
2	Dr. Tapan Kumar Sah	Damak Hospital, Damak
3	Dr. Nensi Shah	District Hospital, Dhankuta
4	Dr. Soni Shrestha	Mangalbare Hospital, Urlabari
5	Dr. Shubha Narayan Thakur	Panchthar Hospital, Phidim
6	Dr. Kailash Bishowkarma	District Hospital, Bhojpur
7	Dr. Rohendra Pande	Rangeli Hospital, Morang
8	Dr. Bishrut Sapkota	Ilam Hospital, Ilam
9	Dr. Anju Deo	Koshi Zonal Hospital, Biratnagar
10	Dr. Subash Rai	District Hospital, Khotang
11	Dr. Hari Shankar K.C. Karki	District Hospital, Taplejung

Skilled Birth Attendant (SBA)

Training Description:

In rural Nepal, most of the birth occurs at home without any assistance from trained mid-wives and general practitioners. These situations demonstrate the need of training to birth attendants, especially to reduce Maternal Mortality Rate (MMR) in the remote areas.

Government of Nepal (GoN) provides training to the health personnel in order to produce SBAs. Nurse and ANM are taken as eligible candidates for the training. However, an advanced package for Doctors (Advanced SBA) has been running on today's date whereas Nurses and ANMs are provided with the opportunity to participate in a 60 days' SBA Training Package.

Objectives:

- To fulfill the deficit of Skilled Birth Attendants (SBAs) throughout the country.
- To meet the national goals and targets in reducing maternal and child morbidity/mortality
- To capacitate health workers to diagnose and to manage pre, ante and post-partum complications
- To ensure quality of health care through services as per protocol

Batches: 2 batch (1 Batch in cost contribution basis with the support of Budhiganga RM and a bath of HTC)

Venue: Koshi Hospital, Biratnagar

Training Period: 60 working days

Participants:

Batch 1

SN	Name	Post	Working Place
1	Manuja Kumari Chaudhary	Staff Nurse	Budhiganga Rural Minicipality, Morang
2	Prakriti Gachhadar	Staff Nurse	Budhiganga Rural Minicipality, Morang
3	Sonam Chaudhary	Staff Nurse	Budhiganga Rural Minicipality, Morang
4	Mina Kumari Majhi	ANM	Budhiganga Rural Minicipality, Morang
5	Sushila Bastola	ANM	Budhiganga Rural Minicipality, Morang
6	Urmila Adhikari Paudel	Sr. ANM	Tanki HP, Morang
7	Smarika Chaudhary	ANM	Budhiganga Rural Minicipality, Morang
8	Sunita Kumari Majhi	ANM	Budhiganga Rural Minicipality, Morang
9	Brinda Kumari Chaudhary	Staff Nurse	Budhiganga Rural Minicipality, Morang
10	Pawitra Kumari Gachhadar	ANM	Tanki HP, Morang
11	Mina Kumari Gachhedar	Staff Nurse	Budhiganga Rural Minicipality, Morang
12	Tara Kumari Yadav	ANM	Budhiganga Rural Minicipality, Morang
13	Ranjana Basnet	ANM	Budhiganga Rural Minicipality, Morang

Batch 2

SN	Name	Post	Working Place
1	Anju Dahal	ANM	Betini HP
2	Pramila Rai	ANM	Kettuke HP
3	Maya Kumari Bhattarai	ANM	FPAN, Itahari
4	Sharmila Niroula	ANM	Baijanathpur HP
5	Anjula Kumari Majhi	Staff Nurse	District Hospital, Sankhuwasabha
6	Shalma Magar	Staff Nurse	District Hospital, Terathum
7	Sova Dahal	ANM	Khokling HP
8	Rita Kumari Thopra	ANM	Itahara HP, Morang
9	Laxmi Kumari Pokharel	ANM	Koshi Hospital, Biratnagar, Morang
10	Anjana Danuwar	ANM	Iname HP, Udayapur
11	Jande Gurung	ANM	Yamphudin HP
12	Dambar Kumari Karki	ANM	PHC Basantapur, Tehrathum

Medical Abortion Training

Training Description:

Although Nepal legalised abortion in 2002, a significant number of women continue to access unsafe abortions. Unsafe abortion has still been continuing to be a leading contributor to maternal mortality. It is considered illegal to deliver abortion services by an untrained (uncertified) service provider in an uncertified service site.

Abortion services deserve knowledgeable and skilled service providers as the clients need to be communicated effectively. The service providers also need to identify the reproductive needs of their clients while providing abortion services.

Thus, abortion services should be delivered comprehensively incorporating service related, communication and need identifying skills.

In the FY 2076/77, Health Training Center, Province No. 1 conducted 3 batches of Medical Abortion Training in cost sharing basis with different local levels within the province.

Objectives:

- To provide comprehensive information regarding existing national policies, laws and guidelines regarding safe abortion services.
- To provide knowledge on management procedures to establish, continue and expand safe abortion services.
- To inform about the process of consistent logistic supply for safe abortion care in government service centers.
- To empower the participants with necessary knowledge, attitude and skills on abortion service.

Batches: 3 batch with the cost contribution of (a) Duhabi Municipality, Sunsari (b) Ratuwamai RM, Morang (c) Phedap RM, Tehrathum (d) Menchyayem RM, Tehrathum (e) Aathrai RM, Tehrathum (f) Madi Municipality, Sankhuwasabha (g) Gadhi RM, Sunsari

Venue: 2 batches in BPKIHS, Dharan and a batch in FPAN, Itahari

Training Period: 5 days

Participants:

Batch 1:

SN	Name	Working Place	Designation
1	Binita Kumari Chaudhary	Madheli HP, Sunsari	ANM
2	Sunita Biswakarma	BPKIHS, Dharan, Sunsari	Staff Nurse
3	Mandira Rai	Madi HP, Sankhuwasabha	ANM

4	Kusum Jimi	Madi Mulkharka HP, Sankhuwasabha	ANM
5	Goma Rai	BPKIHS, Dharan, Sunsari	Staff Nurse
6	Kalpana Kumari Gangai	Jhurkiya PHC, Morang	ANM

Strengths:

A trial of training programs in collaboration with local level have proven to be successfull
More training sites have been explored for further coming days
Exposure to new federal mechanism in training system have been experience

Gaps and Recommendations:

- Training related research works could have been carried out by provincial training centers as a variety of health personnel are available throughout the fiscal year as trainees.
- Timely conduction of more number of Training of Trainers is to be considered.
- Specific instructions, directions and norms, if been extended at the beginning of the FY could facilitate in early planning and coordination for training activities.
- Communication and discussions regarding upcoming training programs between the line ministry, local levels, Health Directorate and the training center could obviously develop Quality Training Practices.
- Training materials should be published within the province to fulfil the need of provincial training activities.
- Adequate IT equipments (Desktops, Printers, Laptops, etc) should be available to conduct trainings.
- One door mechanism should be implemented in terms of health trainings and those should be carried out by Health Training Center
- Budget for wiring, plumbing and other maintenances should be allotted sufficiently (better if been mentioned in annual programs)

Training norms need to be revised as per the rise in market price of training materials and equipments.

8.2. Provincial Public Health Laboratory

Provincial Public health Laboratory (PPHL) is a government-based laboratory under the wing of Ministry of Social Development (MOSD). It is directly linked with different levels of government and non-government laboratories in Province 1. It was established in 1st Ashadh, 2076 B.S. Some of the major functions of PPHL are networking, licensing, monitoring,

supervision, capacity strengthening, conducting research activities and quality control of the laboratories located in Province 1.

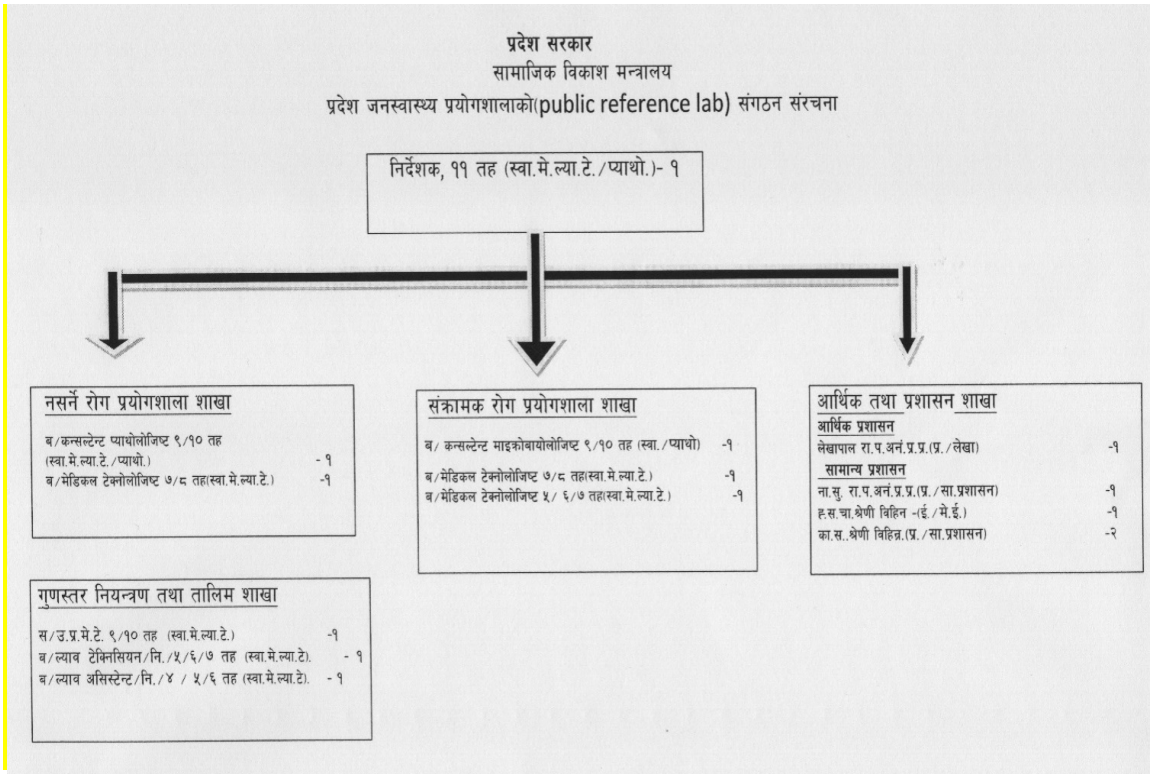
AIMS:

- To upgrade laboratory services (diagnostic and public health related) all over the province.

OBJECTIVE:

- To prepare laboratory rules and policies.
- To provide license for registration of laboratories.
- To establish province laboratory as a reference laboratory.
- To conduct external quality assurance system in all heath laboratories [Govt. and Non govt.]
- To conduct capacity building training programs for the technical personnel [Govt. and Non govt.]
- To strengthen overall capacity of health laboratory services in all health institutions through supervision and monitoring.
- To conduct the surveillance programs and help investigate the epidemics, emerging and re-emerging disease outbreaks.
- To integrate the INGO/NGO laboratory services under the PPHL.
- To help upgrade physical facilities of laboratories.

STRUCTURE OF PPHL:



MAJOR ACTIVITES:

RT-PCR test for COVID-19

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-COv-02) that was declared as pandemic on 11th March, 2020. It has hindered proper and smooth functioning of health system around the world due to increasing number of cases and scarcity of basic medical necessities. Gold standardtest forCOVID-19 is PCR (Polymerase Chain reaction) that detects genetic material of the virus. Other test/ methods availablewas Rapid Antibody test kits which were not much reliable. National Public Health Laboratory (NPHL) was the only laboratory of the country to perform PCR Test at the initial stage. But expecting an increasing number of cases, government was keen on starting PCR testing at various provinces. Due to lack of infrastructure, PPHL could not start PCR testing immediately. Thus, we supported institutions like Koshi Hospital and BPKIHS with consumables, reagents and machinery like centrifuge to upgrade their existing PCR facilities and make them fully equipped for COVID-19 testing. Along with that we also visited the hotspots of COVID-19 clusters in province 1 and conducted mass sample collection after contact tracing.

Apart from that we coordinated with the central and provincial governments to provide an uninterrupted supply chain of basics like Viral transport media (VTM), PPE sets and antibody test kits (RDT) to various districts and municipalities.Training on sample collection, preservation and transport along with donning and doffing of PPE was also provided to various laboratory staff of both government and non-government institutions on different dates and locations.

Progress of PPHL for testing COVID-19:

PPHL also started its own Covid -19 PCR testing facility in the building provided by Veterinary laboratory in Biratnagar by 18thBaisakh, 2077.The machine (3 in number) was provided by the central government and was a POCT device (USTAR biotechnologies). The staff at PPHL worked day and night to provide continuous 24 hours service for patients from all over Province 1 by networking with district hospitals, health offices and municipalities. Teams were also divided to ensure sample collection at Koshi COVID hospital and at various locations where laboratory personnel were scarce.After establishing our PCR testing facility, PPHL also increased the testing capacity by adding one more PCR machine and automated extraction machine and many more accessories.

In addition to running our own PCR laboratory, PPHL also helped in establishing PCR laboratories at 2 different sites in province 1 namely Mechi hospital Bhadrapurand Kotihom PCR laboratory at Jhapa. Logistic and technical support is still being provided to all the aforementioned sites.

PCR Testing:

PPHL is well equipped with advanced molecular laboratory and also has qualified and trained staffs. Nucleic acidextraction is performed by both manual and automated methods. POCT

device (USTARbiotechnologies) provided results fast and helps aid the patients needing emergency management not only for COVID but also for other medical emergencies.

Report dispatch:

- Samples received by PPHL PCR laboratory are tested and reported within 24 hours of receipt.
- One can get hardcopy of their reports from PPHL PCR laboratory.
- After testing, the compiled excels reports are sent to respective referring sites and to the authorities at the central and provincial covid reporting government agencies.

Data from 2076-04-01 to 2077-03-31:

Total number of PCR test performed by PPHL:11,606

Total positive: 235

Total Negative: 11,371

Koshi COVID Hospital Laboratory:

PPHL had startedlaboratory servicesin Koshi-COVID hospital premises since its establishment. Along with technical assistance, we also provided many equipment and reagents for the tests. Our laboratory provides all routine test including some important investigation for Covid-19 ICUpatients. Laboratory services isbeing provided 24 hours. The sample for follow up PCR testing of admitted patients is also collected by our laboratory staff and sent to PPHL PCR laboratory.

Logistic support to various institutions of Province 1:

COVID-19 pandemic had created a worldwide shortage for various products like Viral transport media (VTM), masks, sanitizer and even reagents and consumables utilized in PCR. Thus, PPHL acted as a bridge between the central and provincial government and ensured uninterrupted supply of such necessities to any government and non-government laboratories and institutions that needed assistance.

Data from 2076-04-01 to 2077-03-31:

S.NO	Items	Number
1.	Viral Transport media (VTM)	10555
2.	Rapid diagnostic test (RDT) kit for antibody detection	7704
3.	PPE set and gown	393
4.	PCR reagent	11348
5.	Portable PCR reagent	6120
6.	RNA extraction kit	6250
7.	Tips (large)	14000

8.	N95 mask	718
9.	Surgical masks	1150
10.	Surgical gloves	5050
11.	Sanitizer	1565
12.	Cold chain box	5
13.	Centrifuge + Rotator mini capacity	1

Laboratory registration:

PPHL has 4 laboratories registered under its C grade category.

Training and Orientation programs:

Since its establishment, PPHL has been conducting regular training and orientation programs related to various topics such as COVID-19, Food safety etc. Since COVID-19 was a new disease and many had no idea regarding PPE, sample collection, transport, PPHL conducted training program regarding sample collection, preservation and transport on various dates and locations to cover maximum number of laboratory personnel and build their technical skills, thus ensuring quality sample collection and transport.

Data from 2076-04-01 to 2077-03-31:

S.No	Topic	Participants
1.	Orientation program for laboratory personnel from health offices and district hospitals in province 1	28
2.	Food safety	40
3.	COVID-19 sample collection, preservation and transport (for laboratory personnel from major hospitals and medical colleges in Province 1)	30
4.	COVID-19 sample collection, preservation and transport (for laboratory personnel from health offices and district hospital)	28
5.	COVID-19 sample collection, preservation and transport (for Army hospital, Itahari)	10
6.	COVID-19 sample collection, preservation and transport (for laboratory personnel from Biratnagar Metropolitan)	5
7.	COVID-19 sample collection, preservation and transport (for laboratory personnel of various municipalities of Morang)	40
8.	COVID-19 sample collection, preservation and transport (for laboratory personnel from Jhapa)	50
9.	COVID-19 sample collection, preservation and transport (for laboratory personnel from Dhankuta)	30

8.3. Provincial Health Logistic Management Center

Provincial Health Logistic Management Center (PHLMC) is a government-based logistic center under the wing of Ministry of Social Development (MOSD). It was established with the purpose of regular supply of health commodities in the province level. It is situated in Biratnagar, Province-1.

Key Distribution Activities performed:

- Quarterly basis and as demand: distribution of essential medicine, program items and surgical items to Health Offices and District Hospitals; Ayurvedic medicines are also distributed to Ayurveda Aausadhalayas of province-1.
- Monthly Basis; Distribution of vaccines and accessories related to immunization program to health offices and Rabies Vaccines to hospitals of province- 1, including Siraha and Saptari districts of province- 2.
- As per demand: Distribution of essential medicine, programmed items and other commodities to health offices and health facilities.
- Covid-19 related commodities are distributed as per the list mentioned by Ministry of Social Development and as per the demand and need of health offices, hospital LLGs.
- We also distributed the commodities related to different campaigns (Mr. Campaign, Filariasis)
- Coordinated with different provincial ministries, stakeholder and active UN agencies/NGOS/INGOs for support on need and maintaining supply chain of medical items and equipments.
- Annual procurement plan prepared.

Others Activities Performed:

- 2^0-8^0 temperature is maintained for oxytocin.
- eLMIS has been roll out in all LLGs.
- Activated Supply Chain Management Working Group (SCMWG) at provincial level.
- Quantification for forecasting is organized.
- Basic and Logistic Procurement training is provided at district level.
- Regular supply of Covid-19 related medical supplies are maintained to Koshi Covid Hospital, Biratnagar.

Warehouse Status:

- PHLCMC has been performing proper distribution mechanism with all records of dispatched and received.
- Well equipped storage area with sufficient racks and pallets.
- Monthly physical count and stock verification is performed.
- PHLCMC has its own 3 well equipped cold rooms with enough storage space and well temperature monitoring system.
- PHLCMC has roll out the eLMIS Inventory Management. All transactions are done through eLMIS.

- PHLCMC has 4 storage rooms and equipped with 6 A/C with capacity of 2 Mt each, especially for hormonal contraceptives and temperature sensitive medicines.

Challenges:

- No sufficient storage space.
- Lack of manpower as per Darbandhi teries.
- No proper guidelines for procurement to LLGs, districts level and provincial levels.
- Lack ofcomputer and furniture to employee.
- No enough budget for transportation receiving lower budget than previous FY.
- The capacity development of HR should be done who are in logistic management in province, districts and LLGs.
- The districts and LLGs are not able to forecast and quantify the commodities as their needs.

Measures to beaddressed to mitigate the challenges:

- Informed and requested to relevantministries to provision budget ceiling as per need of PHLMC
- Requested to deploy the employees as per need.
- Enough budgets is requested for transportation.
- Guided at LLGs level for quantification and forecasting the medical commodities.
- Requested to increase the capacity of warehouse.
- Provision to release the allocated annual budget.
- Guideline is to be made to minimize the duplication in procurement of commodities at all level of procurement process.

ANNUAL PROGRAMME STATUS
FY 2074/75 TO FY 2076/77
Provincial Health Logistic Management Centre (PHLMC)
Province- 1, Biratnagar, Morang

1.1 YEARLY STATUS OF FP PROGRAM, PHLMC Biratnagar

SN	Items	Unit	FY 2074/75		FY 2075/76		FY 2076/77	
			Total Received	Total Issued	Total Received	Total Issued	Total Received	Total Issued
1	Condom	Pcs	5870000	4486000	396000	1720800	1763500	1612600
2	Depo Provera	Set	370600	363600	320000	279000	415000	371400
3	Pills	Cycle	402624	402624	187200	187200	260200	252442
4	IUD CuT	Set	3100	3100	4000	3800	6900	6600
5	Implant	Set	13400	12500	19600	12000	27900	13000

1.2 YEARLY STATUS OF CDD/ARI/NUTRITION PROGRAM, PHLMC Biratnagar

S	Items	Unit	FY		FY		FY	

N			2074/75		2075/76		2076/77	
			Total Received	Total Issued	Total Received	Total Issued	Total Received	Total Issued
1	ORS	Pkts	703565	622465	1057600	929300	753015	539508
2	Zinc Sulphate	Tab	1492200	1492200	1600000	1450000	702075	40000
3	Ferrous Sulphate	Tab	25066500	23980800	21690000	12707300	16277400	9953300
4	Vitamin A	Cap	1566000	1562000	1230500	1155900	1339100	1237000
5	Albendazole	Tab	1412000	1403000	5798900	5781848	1235452	1000352
1.3 YEARLY STATUS OF ASV/ARV PROGRAM, PHLMC Biratnagar								
SN	Items	Unit	FY 2074/75		FY 2075/76		FY 2076/77	
			Total Received	Total Issued	Total Received	Total Issued	Total Received	Total Issued
1	Polyvalent ASV	Vial	9335	7195	5060	4260	4110	3465
1.4 YEARLY STATUS OF MALARIA PROGRAM, PHLMC Biratnagar								
SN	Items	Unit	FY 2074/75		FY 2075/76		FY 2076/77	
			Total Received	Total Issued	Total Received	Total Issued	Total Received	Total Issued
1	Chloroquine 150 mg	Tab	2000	2000			9500	9500
2	Primaquine 7.5 mg	Tab	5000	5000			105000	21000
1.5 3 YEARLY STATUS OF T B PROGRAM, PHLMC Biratnagar								
SN	Items	Unit	FY 2074/75		FY 2075/76		FY 2076/77	
			Total Received	Total Issued	Total Received	Total Issued	Total Received	Total Issued
1	HR(75+150)mg	Tab.	2836224	2218944	866880	1347744	1347528	1347528
2	HR Child	Tab.	139454	124250	20160	33516	97860	91452
3	HRZ Child	Tab.	81812	71000	20160	28620	55860	50232
4	HRE	Tab.	322560	288960	134400	162624	897792	856096
5	HRZE	Tab.	1840736	1418592	822528	995592	322328	322328
6	Ethambutol 400 mg	Tab.	6500	5560	0	0	1080	1080
7	Pyrazinamide 400 mg	Tab.	0	0	0	0	21500	14400
8	Isoniazid 100 mg	Tab.	11600	11600	0	0	592704	579264

9	Rifampicin 150mg	Cap.	9500	7700	0	0	9200	9150
10	Streptomycin Inj	Vial	39790	34190	6000	10600	600	560
11	Glass Slide	Pcs.	86000	85000	0	0	61500	57250
12	Sputum Container	Pcs.	82400	43600	50000	43800	59800	54000

1.6 3 YEARLY STATUS OF Leprosy PROGRAM, PHLMC Biratnagar

SN	Items	Unit	FY 2074/75		FY 2075/76		FY 2076/77	
			Total Received	Total Issued	Total Received	Total Issued	Total Received	Total Issued
1	MB Combi Adult	Strip	9732	6080	1728	3904	5844	5369
2	MB Combi Child	Strip	488	308	60	222	294	108
3	PB Combi Adult	Strip	3196	2224	42	1002	1356	1290
4	PB Combi Child	Strip	330	246	66	138	126	120

1.7 3 YEARLY STATUS OF EPI PROGRAM, PHLMC Biratnagar

SN	Items	Unit	FY 2074/75	FY 2075/76	FY 2076/77
			Total Supply	Total Supply	Total Supply
1	BCG 20 Dose	Vial/Ampule	35700	36300	9000
2	BCG Diluents	Ampule	35700	36300	9000
3	DPT,HepB,Hib-10	Vial	48552	51090	5470
4	Polio- 10 Dose	Vial	54000	45700	5600
5	Polio Droper	Piece	54000	45700	5600
6	Measles/Rubella -10	Vial	47950	46998	8350
7	Measles/Rubella Dil	Ampule	47950	46998	8350
8	TD- 10 Dose	Vial	34500	32550	5550
9	JE- 5 Dose	Vial	44900	44200	3500
10	JE Diluents	Vial	44900	44200	3500
11	PCV- 4Dose	Vial	216600	50900	12900
12	FIPV	Vial	0	87800	1452
13	Rota	Tub	0	0	33200

14	AD syringe 0.1 ml	Piece	0	58189	14500
15	AD syringe 0.05 ml	Piece	0	253600	22700
16	AD syringe 0.5 ml	Piece	148500	145100	472000
17	Syringe 2 ml	Piece	1304000	253600	19500
18	Syringe 5 ml	Piece	69100	145100	0
19	Safety Box	Piece	105800	964500	3900
20	ARV vaccine	Vial/Ampule	15250	51900	12700

1.8 3 YEARLY STATUS OF Covid-19 Commodity PHLMC Biratnagar

SN	Items	Unit	FY 2074/75		FY 2075/76		FY 2076/77	
			Total Received	Total Issued	Total Received	Total Issued	Total Received	Total Issued
1	Antigen Kit Covid-19	Pieces	0	0	0	0	199450	194897
2	Biohazard bag (COVID 19)	Pieces	0	0	685	585	54235	51145
3	Chloroquine 250 mg Tablet (COVID-19)	Tablet	0	0	5000	2000	5000	3700
4	Cidex (glutaraldehyde) 5 litre (COVID-19)	Jar	0	0	5	5	5	5
5	Cotton Mask (COVID-19)	Pieces	0	0	1000	1000	1000	1000
6	Dead Body Bag	Pieces	0	0	98	20	1379	956
7	Disposable Cap (COVID 19)	Pieces	0	0	17700	17057	44400	40464
8	Disposable Gown (COVID-19)	Pieces	0	0	23680	22405	68460	68295
9	Disposable protective clothing (Cover all)	Pieces	0	0	21875	20450	27625	27425
10	Electric Needle Destroyer	Pieces	0	0	2	2	2	2
11	Examination (loose) Gloves COVID-19	Pair	0	0	241824	233502	484824	429998
12	Face Mask	Piece	0	0	1325	1200	15125	15125

	(COVID 19)	s						
13	Face Shield (COVID 19)	Pieces	0	0	8021	6854	105131	75491
14	Goggles polycarbonate (Reusable)	Pieces	0	0	4245	4095	10500	6945
15	Gown for reusable (COVID-19)	Pieces	0	0	25	0	1700	908
16	Gown Set (COVID-19)	Pieces	0	0	19846	7937	81046	54722
17	Gum Boot (COVID-19)	Pair	0	0	1253	883	5783	5694
18	Hand Sanitizer 100 ml (COVID-19)	Jar	0	0	1055	968	1055	1005
19	Hand Sanitizer 10L	Jar	0	0	135	134	135	135
20	Hand Sanitizer 500 ml	Jar	0	0	4442	2794	4712	4712
21	Hand Sanitizer 1000 ML	Jar	0	0	0	0	1800	1575
22	Heavy duty gloves (COVID-19)	Pair	0	0	450	21	450	168
23	Hydroxychloroquine 200 mg (COVID-19)	Jar	0	0	10000	250	10000	1250
24	Hygiene Kit	Pieces	0	0	0	0	50	0
25	Infrared Thermometer Piece COVID-19	Pieces	0	0	1578	755	2449	1788
26	Liquid handwash	Jar	0	0	42	42	5800	42
27	Mask (COVID-19)	Pieces	0	0	180110	36130	2058270	1498115
28	N95 Mask (COVID-19)	Pieces	0	0	20027	14406	261057	139754
29	Oxygen Cylinder 40 L	Pieces	0	0	0	0	500	465
30	Oxygen Cylinder 46 L	Pieces	0	0	0	0	200	200
31	Oxygen Cylinder 50L	Pieces	0	0	0	0	125	25

32	Oxygen Concentrator 5 ltr	Pieces	0	0	0	0	30	30
33	Oxygen Cylinder 8 ltr	Pieces	0	0	0	0	110	5
34	Oxygen Cylinder 10 Ltr	Pieces	0	0	0	0	263	95
35	Pulse Oxymeter	Pieces	0	0	0	0	840	468
36	PPE- Personal Protective Equipment Set (COVID-19)	Pieces	0	0	854	759	4467	1934
37	PPE Set for Ground (COVID-19)	Pieces	0	0	100	100	100	100
38	PPE set for reusable (COVID-19)	Pieces	0	0	75	32	175	83
39	Pressure Sprayer 5 ltr COVID-19	Pieces	0	0	5	4	5	5
40	Rapid Diagnostics Test Kit for COVID	Pieces	0	0	10560	9080	10560	9797
41	Real time PCR Machine (COVID-19)	Pieces	0	0	2	2	0	0
42	Real Time RT-PCR Kits for SARS Cov-2(COVID-19)	Pieces	0	0	10000	5220	10000	10000
43	Rectified Spirit 5 ltr Jar (COVID-19)	Jar	0	0	0	0	10	10
44	Safety Goggles (COVID-19)	Pieces	0	0	12709	11626	47259	29965
45	Shoe Cover (COVID 19)	Pair	0	0	5101	3967	41501	36627
46	Sodium Hypochlorite 5 Liter Solution (COVID-19)	Pieces	0	0	44	25	144	130
47	Sprayer Pump	Piece	0	0	3	3	3	3

		s						
48	Surgical Cap	Pieces	0	0	3933	3933	9933	4233
49	Surgical Gloves COVID-19	Pair	0	0	40599	30299	54099	54099
50	Surgical Mask (COVID 19)	Pieces	0	0	359895	359700	481895	480170
51	Swab Stick (Piece)	Pieces	0	0	26000	22400	26000	26000
52	T piece	Pieces	0	0	0	0	600	600
53	Viral Transport Medium (VTM) - COVID-19	Pieces	0	0	23000	16750	69350	64498
54	Waste Paper	Pieces	0	0	25	25	25	25

PART 9- SUPPORTING PARTNERS

Summary of Development Partners in Province 1

Name of Organization	Contact Person	Cell number	Program area / theme	Geographical coverage/Districts
ASCEND(Crown Agents)	Karisma Sapkota	9842166467	NTD (LF & VL), Lymphatic Filariasis, Kala-azar	14 district of Province 1 through Health facilities
BNMT	Dr. Kulesh Bahadur Thapa, CR	4436434/4428240	Ensure equitable access to quality health services (TB Case Finding project-5 District)	Udayapur, Sunsari, Morang, Jhapa & Illam
CBM Nepal	Suraj Sigdel Country Director	9851152521	Inclusive Eye and Ear Health	Sunsari, Morang, Bhojpur, Illam,Terhathum, Jhapa
FHI 360 Nepal	Salina Joshi	9851097118	HIV prevention, treatment, care and support services for key populations and PLHIV in Ilam, Jhapa, Morang and Sunsari districts	Ilam, Jhapa, Morang and Sunsari
Good Neighbors International Nepal	Minho Choi Country Director	5538758 5520493	Livelihood Enhancement, child protection	Jhapa, Morang, Panchthar Project: Employment Generation and Value Chain Development Project
Helen Keller International (HKI-Suaahara-II)	Subhash Gautam, Province Coordinator	9801248602	Suaahara-II is an integrated nutrition program intended to improve the nutritonal status of women and children in Nepal. Its major components are - household nutritional & WASH behaviour change communication, Health system strengthening,	Solukhumbhu, Bhojpur, Sankhuwasabha, Panchthar and Taplejung

			Homestead food production and marketing (diversed agriculture) and strengthened local governance.	
Ipas Nepal	Kedar Bhandari	9851241029	Sexual and reproductive health and rights through enhanced access to and use of safe abortion and contraceptive care.	sankhuwasabha, Terhathum, Ilam, Sunsari
Karuna Foundation	Yogendra Giri	9852021562	Prevention of avoidable childhood disability and rehabilitation of person with disability, Maternal and child health, Cervical Cancer screening and Management, WASH and Holistic Development	Ilam,Pachthar,Dhankuta, Morang and Sunsari
Marie Stopes	Sophie Hodder Country Director	4439642 4419371	Health (SRHR)	Dhankuta, Sunsari, Morang, Ilalm, Jhapa
Netherlands Leprosy Relief (NLR), Nepal	Nand Lal Banstola	9842032513	Leprosy control & prevention; Disability prevention and management (I2C), Disabilities Inclusive development (DID), comprehensive WASH, Organizational strengthening, Inclusive development (ID)	Leprosy control program coverage - all districts of province 1 & province 7; DID and Model Village coverage - Selected urban/rural Municipalities of Province 1 & 7
Nick Simons	Susma Lama	9843561333	Hospital	All 14 districts

Institute			Management (District), Rural Staff support	
NHSSP (Nepal Heath-Sector Support Project III)	Bandana Neupane	9841824965	Nepal Health System Strengthenning Support Program	Sunsari (Itahari Sub-Metropolitan city)
One Heart World-wide	Nilesh Kumar Pravana	9841196741	Maternal neonatal and Child Health: Demand generation of MNCH services, Capacity building (SBA and ASBA training, Rural RUSG training, Onsite coaching and mentoring, MNH Update) Service site strengthening (equipment support and birthing center renovation, Hospital/HF quality improvement process)	Mostly focused on all the birthing centers of 9 districts of province 1 (Taplejung, Pachthar, Ilam, Terathum, Shankhuwasabha, Bhojpur, Khotang, Okheldhunga and Sholukhumbu). BPP/Miso training and follow up, and other activities covers all the HF of the districts.
PSI-Nepal	Sudip Devkota	9856043401	Family planning and Safe Abortion	Jhapa, Morang, Sunsari, Udayapur
Save the children Global Fund / Biratnagar	Haribol Bajagain	9804005737	TB, Malaria & HIV AIDS (Case identification, treatment / Care & Support), system strengthening	
Qatar Charity	Moulay Abdelaziz Alaoui Lemnari County Director		Health, Education, Livelihood, DRR, livelihood, Social Protection, Nutrition	Sunsari
WaterAid Nepal	Shyam Bhandari	9841051628	Hygiene Promotion through Routine Immunization, Technical Support to Immunization	Nationwide/All 14 districts of Province - I

			section to integrate hygiene in routine immunization	
World Vision International	Bimnay Amatya	9851148300	Education including ECCD, Livelihood, WASH, Child sponsership and Child protection Health & child Protection	7 VDCs of Morang District (Baijhanathpur, Lakhantari, Jhorahat, Bhaudaha, Dangraha, Siswani Badahara and Haraicha) Udayapur, Mornag
WHO- IPD	Dr. Saru Devkota/ sanoj Kumar Poudel	9852020068 / 9852035517	Vaccine Preventable Disease Surveillance (Polio, Mealses, Japnease Encephilitis and Neotatal Teanus), Routine Immunization and SIAs(Supplementry immunization Activities)	Sunsari , Morang ,Udhaypur, Okhladhunga, Khotnag and Solukhumbhu Jhapa, Illam, Panchataar, Taplejung, Dhankuta , Bhokpur, Terathum and Sankhuwashabha
WHO-Health System	Hari Krishna Bhattarai	9851219997	Support to MoSD for evidence based health system, policy and planning.	MoSD
WFP -	Uttam Shrestha	9868375442 / 9816801178	Provincial District 14 with Transport and Storage facility	14 district of Province 1

स्वास्थ्य क्षेत्रमा कार्यरत साझेदार सस्था

प्रदेश १

आर्थिक वर्ष २०७६/०७७ (१६ जुलाइ २०१९ देखि १५ जुलाइ २०२०) को विवरण

१, हेलेन केलर इन्टरनेसनल

संस्थाको नाम	हेलेन केलर इन्टरनेसनल
सम्पर्क व्यक्ति र सम्पर्क नम्बर	सुभाष गौतम, (प्रदेश संयोजक, प्रदेश नं. १) सुआहारा कार्यक्रम सव-अफिस, फिदिम, पाँचथर कार्यालय फोन : ०२४-५२१०२१, मोवाईल :९८०१२४८६०२
विषयगत	एकीकृत पोषण

कार्यक्षेत्र	
भौगोलिक कार्यक्षेत्र	प्रदेश १ अन्तरगतका सोलुखुम्बु, भोजपुर, संखुवासभा, पाँचथर र ताप्लेजुङ जिल्लाहरु
सञ्चालित परियोजनाको नाम र अवधि	**Suaahara II (Good Nutrition) Program** अप्रिल २०१६ देखि मार्च२०२३
परियोजना सञ्चालन प्रकृया	सुआहारा परियोजना नेपाल सरकार र सम्बद्ध सरकारी निकाय, निजी तथा पोषणसँग सम्बद्ध अन्य परियोजनाहरू तथासरोकारवालाहरूको समन्वयमा सञ्चालन गरिन्छ । यो परियोजना मूख्यतः किशोरिकिशोरी, गर्भवती महिला, सुत्केरी महिला र दुई वर्षमुनिका बालबालिकाको स्वास्थ्य तथा पोषणको अवस्थामा सुधार गर्नमा केन्द्रित छ । यसका साथै किशोर-किशोरीको स्वास्थ्य तथा पोषणसम्बन्धी सेवाहरूको विस्तार गर्नमा पनि नेपाल सरकारलाई सहयोग गर्दछ । सुआहारा- दोस्रो परियोजनाले नेपालको बहुक्षेत्रीय पोषण योजनाले निर्धारण गरेका पोषणसम्बन्धी लक्ष्यहरू हासिल गर्न योगदान पुऱ्याउँछ । यस परियोजनाका कार्यक्रमहरूमा बहुक्षेत्रीय अवधारणाको आधारमा सञ्चालन गरिन्छन् जसमा स्वास्थ्य, कृषि, पशुपन्छी, महिला सशक्तीकरण, शिक्षा, खानेपानी तथा सरसफाइ क्षेत्रहरूलाई समेटिएको हुन्छ । साथै लैङ्गिक समानता, सामाजिक समावेशीकरण, व्यवहार परिवर्तन र असल शासनका सिद्धान्तहरूलाई पनि यस परियोजनाले ध्यान दिएको छ ।
स्थानीय साझेदार संस्था भएमा तिनको नाम र सम्पर्क नम्बर	**1. Bhojpur district -** Health, Education, Human Right, Local Development, Drinking Water and Environment Nepal (HEEHURLDE Nepal) Tel : 029-420641 Email : heehurlde55@gmail.com **2. Sankhuwasabha district -** Shilichong Club Social Development Center (SCSDC) Tel : 029-561106Email : scsdcssava@gmail.com **3. Solukhumbu district -** Young Star Club (YSC) Tel : 038-520212Email : ysc.suaahara@gmail.com **4. Panchthar district -** Nepal Janauddhara Association (NJA) Tel : 024-520061Email : nepaljanauddhar@gmail.com **5. Taplejung district-** Environment Conservation and Development Forum (ECDF) Tel : 024-460940 Email : ecdftaplejung@gmail.com
परियोजनाको बार्षिक उपलब्धि	**स्वास्थ्य तथा पोषणका नियमित क्रियाकलापहरु अन्तर्गतवार्षिक प्रगति** ● स्वास्थ्य आमा समुहको बैठकलाई अझै प्रभावकारी बनाउन र १००० दिनका आमा र निर्यणकर्तालाई स्थानीयस्तरमा पाइने खानेकुराहरु प्रयोग गरि बच्चाको लागि थप पोषिलो खाना बनाउन, खुवाउन र सरसफाईमा ध्यान पुर्याउन सिकाउने उद्धेश्यले सुआहारा दोस्रो कार्यक्रम लागु भएका पाँच जिल्लाहरुकास्वास्थ्य आमा समुहमा जम्मा ९५२ वटा पोषिलो खाना प्रदर्शनी सम्पन्न भएको,जसबाट १४,१३६ जना हजार दिनका आमा तथा परिवारका सदस्यहरु लाभान्वित भएका थिए।

- १००० दिनभित्र पर्ने विभिन्न अवस्थामा महिला र बच्चाको स्वास्थ्य र पोषणको लागि अपनाउनुपर्ने सहि व्यवहारहरुलाई प्रोत्साहन गर्नस्वास्थ्य आमा समुहको बैठकमा १००० दिनको आमा र परिवारका सदस्यहरुको उपस्थितिमा जीवनका महत्वपुर्ण अवसरहरुमनाउने गरिएको थियो । यस आर्थिक वर्षमा कुल २,५७१ वटा जीवनका महत्वपुर्ण अवसरहरु मनाइएको थियो जसमा २१,७१३ जना हजार दिनका आमा तथा परिवारका सदस्यहरुको उपस्थिति रहेको थियो ।
- स्वास्थ्यकर्मीहरुको क्षमता बिकास एवं सुदृढीकरणका लागि स्थानीय स्वास्थ्य संस्थाहरुमा CB-IMNCI, IMAM, MIYCN का स्थलगत अनुशिक्षण एवं RDQA क्रियाकलापहरु ९५ वटा स्वास्थ्य संस्थाहरुमा सम्पन्न भई ५३१ जना स्वास्थ्यकर्मीहरु लाभान्वित भएका थिए ।
- गुणस्तरीय पोषण तथा स्वास्थ्यका लागि आफ्नै पहल (SATH) तथा समुदाय स्वास्थ्य प्राप्ताइक बोर्ड (CHSB) सम्बन्धि अभिमुखीकरणका ५७ वटा क्रियाकलापहरुमा स्वास्थ्य संस्था व्यवस्थापन समिति पदाधिकारी, स्वास्थ्यकर्मी, महिला स्वास्थ्य स्वयंसेविका तथा समुदायका २,१४१ जनाको सहभागिता रहेको थियो ।
- घरायसी खाद्य उत्पादन प्रवर्द्धनका लागि ग्रामीण नमूना कृषकहरु तथा तरकारी एवं कुखुरापालन श्रोत व्यक्तिहरुको क्षमता बिकासमा सहयोग, अभिमुखीकरण, तालीम प्रदान गरिएको तथा बीउबिजन एवं कृषि सामग्रीहरु वितरण गरिएको थियो ।
- पोषण तथा स्वास्थ्य कार्यक्रमहरुको दिगोपना सुनिश्चितताका लागि १४ वटा स्थानीय तहमा जनप्रतिनिधिहरु एवं पालिकाका बिषयगत कर्मचारीहरुको सहभागितामा दुईदिने कार्यशाला गोष्ठी सम्पन्न भई पोषण स्वास्थ्य सुधारका लागि नगर/गाउँपालिकाका प्राथमिक क्रियाकलाहरु तय गरी प्रतिवद्धता निर्माण गरिएको थियो ।
- अत्यावश्यक पोषण तथा स्वास्थ्य व्यवहारहरु एवं सेवाको माग वृद्धिका लागि हजार दिने महिला, परिवारका सदस्य एवं महिला स्वास्थ्य स्वयंसेविकाहरुलाई ५,३८,८२८ वटा मोवाईल शन्देशहरु पठाईएको थियो ।
- १५ वटा एफएमहरुबाट रेडियो कार्यक्रम भन्छिन् आमा तथा स्वास्थ्य तथा पोषणसम्बन्धी रेडियो सन्देशहरु प्रसारण गरिएको थियो ।
- राष्ट्रिय भिटामिन ए कार्यक्रमलाई प्रभावकारी बनाउन प्रचारप्रसार, स्थलगत सहयोग तथा सुरक्षित कार्यक्रम सञ्चालनका लागि ५ वटै जिल्लाका सबै महिला स्वास्थ्य स्वयंसेविकाहरुलाई सर्जिकल मास्क र स्यानिटाईजर उपलब्ध गराईएको थियो ।
- शीघ्र कुपोषण बहिरंग उपचार केन्द्रहरुमा उपचाररत बालबालिकाहरुका अभिभावकहरुलाई नियमित फलोअप तथा परामर्श गरिने गरेको छ ।

<u>कोभिड १९ जोखिम सञ्चार एवं सामुदायिक संलग्नता अभियान अन्तर्गतवार्षिक प्रगति</u>

- ५ वटै जिल्लाका स्थानीय तहमा कार्यरत स्वास्थ्य संयोजकहरुलाई कोभिड १९ बारेमा अभिमुखीकरण गरिएको,
- समुदायका २,५१,१०४ घरधुरीमा कोभिड १९ का लक्षणहरु तथा बच्नका लागि अपनाउनुपर्ने सावधानीहरुका बिषयमा टेलिफोनमार्फत् परामर्श गरिएको । लक्षण देखिएकाहरुलाई परीक्षणका लागि परामर्श गर्ने तथा उनीहरुबारे स्थानीय निकायलाई जानकारी गराउने गरिएको,
- महामारीका समयमा अपनाउनुपर्ने अत्यावश्यक स्वास्थ्य एवं पोषण व्यवहारहरु तथा सेवाको उपलब्धताबारे हजार दिने आमाहरुलाई ३३,९९१ पटक फोन परामर्श गरिएको,
- स्वास्थ्य संस्थाहरुमा अत्यावश्यक सेवा तथा सामग्रीहरुको उपलब्धताबारे ३७४ पटक छलफल गरी अत्यावश्यक सेवा सुचारु गर्न तथा सामग्रीहरु उपलब्ध गराउन स्वास्थ्य कार्यालय, पालिका एवं स्वास्थ्य संस्था तथा सम्बन्धित सरोकारवालाहरुसँग समन्वय गरिएको,

	• महामारीको समयमा मातृशिशु तथा बाल्यकालीन पोषण व्यवहारहरुबारे गर्भवती एवं सुत्केरी आमाहरुलाई ४२,१६७ वटा मोवाईल शन्देशहरु पठाईएको, • रेडियो कार्यक्रम तथा जिंगलहरुमार्फत कोभिड १९ बाट बच्ने उपायहरुबारे प्रचारप्रसार ।
आगामी प्राथमिकताहरु	• घरधुरी एवं आमा समुह स्तरमा एकीकृत पोषण, स्वास्थ्य एवं सरसफाई व्यवहार परिवर्तन सञ्चार तथा क्षमता विकास क्रियाकलापहरु, • आमा समुहमा पोषिलो खाना प्रदर्शनी एवं जीवनका महत्वपूर्ण अवसरहरु मनाउने क्रियाकलापहरु, • महामारीका समयमा अपनाउनुपर्ने अत्यावश्यक स्वास्थ्य एवं पोषण व्यवहारहरु तथा सेवाको उपलब्धताबारे हजार दिने आमाहरुलाई घरभेट तथा फोनमार्फत् परामर्श, • स्वास्थ्यकर्मीहरुको क्षमता बिकासका लागि स्थलगत अनुशिक्षण तथा तालिमपश्चात्का अनुगमन क्रियाकलापहरु, • शिघ्र कुपोषणको एकिकृत व्यवस्थापन कार्यक्रमको वार्षिक समिक्षातथा आगामी रणनीति निर्माण • मध्यम कुपोषित बालबालिकालाई सुपोषित र स्वस्थ बनाउन परिवारका सदस्यहरुलाई प्रोत्साहित गर्ने, • शीघ्र कुपोषण बहिरंग उपचार केन्द्रहरुमा उपचाररत बालबालिकाहरुका अभिभावकहरुलाई नियमित फलोअप तथा परामर्श, • वृहत पोषण विशेष कार्यक्रमसम्बन्धि प्रशिक्षक प्रशिक्षण तालिम साथै उक्त तालिमपालिकार समुदायस्तरमा संचालन गर्न प्राविधिक सहयोग (सोलुखुम्बु), • विद्यालय स्वास्थ्य तथा पोषण सेवाहरुलाई प्रभावकारीता र दिगोपनासम्बन्धि स्वास्थ्य,शिक्षा र स्थानीय तहमा जनप्रतिनिधिहरु विचसमिक्षा गोष्ठी, • गुणस्तरीय पोषण तथा स्वास्थ्यका लागि आफ्नै पहल (SATH) तथा समुदाय स्वास्थ्य प्राप्ताङ्क बोर्ड (CHSB) सम्बन्धि अभिमुखीकरण एवं समुदायस्तरीय सहभागितामूलक क्रियाकलापहरु, • घरायसी खाद्य उत्पादन प्रवर्द्धन, ग्रामीण नमूना कृषकहरु तथा तरकारी एवं कुखुरापालन श्रोत व्यक्तिहरुको क्षमता बिकास सहयोग एवं विविध प्रकारका तरकारीको वीउ वितरण क्रियाकलापहरु, • नगर/गाउँपालिकाहरुका कृषि एवं पशुसेवा कर्मचारीहरुलाई पोषण संवेदनशील कृषि तालीम, • पोषण तथा स्वास्थ्य कार्यक्रमहरुको दिगोपना सुनिश्चितताका लागि १४ वटा स्थानीय तहमा जनप्रतिनिधिहरु एवं पालिकाका बिषयगत कर्मचारीहरुको सहभागितामा दुईदिने कार्यशाला गोष्ठी तथा कार्ययोजना निर्माण गर्ने कार्यक्रम, • सुचना तथा सञ्चार माध्यमहरुको प्रयोग, १५ वटा एफएमहरुबाट रेडियो कार्यक्रम भन्छिन् आमा तथा स्वास्थ्य, पोषण र कोभिडबाट सुरक्षा सम्बन्धी रेडियो सन्देशहरु प्रसारण, • कोभिड १९ जोखिम सञ्चार एवं सामुदायिक संलग्नता अभियानसँग सम्बन्धित क्रियाकलापहरु ।

२, वाटरएड नेपाल

सस्थाको नाम	वाटरएड नेपाल
सम्पर्क व्यक्ती र सम्पर्क नम्बर	नाम: धिरेन्द्र भुजेल, प्रोजेक्ट म्यानेजर फोन न. : ९८४१८६१२८५ इमेल: dhirendrabhujel@wateraid.org
विषयगतकार्यक्षेत्र	१.नियमितखोप सेवामा सरसफाई प्रबर्द्धनको लागी स्वास्थ्यकर्मीको क्षमता अभिवृद्धि गर्ने

	२. संघिय तथाप्रदेश स्तरमाखोप कार्यक्रममा सरसफाई प्रबर्द्धनको प्याकेज समायोजनको लागिप्राविधिक सहयोग
भौगोलिककार्यक्षेत्र	१.नियमितखोप सेवाप्रदनागर्ने बाह्यतथा संस्थागत सबै खोप केन्द्रहरु
सञ्चालित परियोजनाको नाम र परियोजनाअवधि	Hygiene Promotion through Routine Immunization (नियमितखोप सेवामार्फत सरसफाई प्रबर्द्धन कार्यक्रम)
परियोजना सञ्चालनप्रकृया	खोप दिने स्वास्थ्यकर्मी मार्फत सम्पूर्ण खोप केन्द्रमाखोप सेसन शुरु हुनु पूर्व सरसफाई प्रबर्द्धन प्याकेजको प्रयोग गरी बच्चालाई खोप लगाउनलिएर आएकाआमातथाअभिभावकहरुलाई सरसफाई प्रबर्द्धनको सेसन संचालनगर्ने गरिएको ।
स्थानिय साझेदार संस्थाभएमातीनको नाम र सम्पर्क नम्बर	कोहीनभएको, नेपाल सरकारको अगुवाईमाकार्यक्रम संचालनभईरहेको
परियोजनाको वार्षिक उपलब्धि	१. प्रदेश नं १ का सम्पूर्ण जिल्लाहरुमा रोटा खोपको शरुवातसँगै नियमितखोप सेवाकार्यक्रममा सरसफाई प्रबर्द्धन कार्यक्रम संचालनको लागी ३५२५ जना स्वास्थ्यकर्मीको सरसफाई प्रबर्द्धन प्याकेजमाक्षमता अभिबृद्धि २. प्रदेश १ का १३७पलिकामार्फत २,८५७खोप केन्द्रमानियमितखोप मार्फत सरसफाई प्रबर्द्धनको सेसन संचालनको लागि२,५५६ सरसफाई प्रबर्द्धन प्याकेज, ३,३३२ कार्यक्रमनिर्देशिकातथाकार्यक्रमव्याज, १०८,४७१ आमातथाअभिभावकको लागि ऐना र नमुना परिवारको ड्याङ्गलर वितरण
बजेट र खर्च विवरण	जम्मा बजेट : ३,८४०,२४०।- जम्माखर्च :३,८४०,२४०।- (स्वास्थ्यकार्यलय मार्फत खर्च) रु ८,८६१,२४८ बस्तुगत सहयोग (सरसफाई प्रबर्द्धन सामाग्रीवितरण)
आगामीप्राथमिकताहरु	आ.व. २०७७/७८ मा नेपाल सरकार, परिवार कल्याण महाशाखा, बाल स्वास्थयतथाखोप सेवाशाखामार्फतकार्यक्रमलाई निरन्तरतादिने छ भने वाटरएडको प्राविधिक सहयोग स्वास्थ्यनिर्देशनालयमा रहनेछ । कोभिड-१९ रोग, रोकथामतथा नियन्त्रणको लागिव्यवहार परिवर्तनका सामाग्रीतथा सुरक्षाका सामाग्रीहरु वितरण

३, एफ. एच. आई ३६०/इपिक नेपाल

सस्थाको नाम	एफ. एच. आई ३६०/इपिकनेपाल
सम्पर्क व्यक्ती र सम्पर्क नम्बर	भगवानश्रेष्ठ, कन्ट्री रेप्रेजेन्टेटिभ, ०१४४३७१७३
विषयगतकार्यक्षेत्र	एच.आई.भी र एड्स रोकथाम, उपचार तथा हेरचाह र सहयोग
भौगोलिककार्यक्षेत्र	इलाम, झापा, मोरङ्ग र सुनसरी जिल्ला
सञ्चालित परियोजनाको नाम र परियोजनाअवधि	१. लिंकेजेज नेपाल परियोजना (अक्टोबर २०१६-सेप्टेम्बर २०२०) २. इपिकनेपाल परियोजना (अक्टोबर २०२०-सेप्टेम्बर २०२१)
परियोजना सञ्चालनप्रकृया	यस परियोजनाले साझेदार संस्थाहरु मार्फत समुदायमाएचआइभिको रोकथाम, उपचार र हेरचाह सम्बन्धिकार्यक्रमहरु संचालनगर्दछ ।
स्थानिय साझेदार संस्था भएमा तीनको नाम र सम्पर्क नम्बर	**१.आम्दा नेपाल,**प्रोजेक्टजिल्ला : इलाम, झापा, मोरङ्ग, सुनसरी ठेगानातथा सम्पर्क :इटहरी, सुनसरी, फोन :०२५-५८६९५१ । रोहितकुमार उराव, प्रोजेक्ट कोअरडिनेटर, इपिक नेपालप्रोजेक्ट विर्तामोड, झापा, फोन :०२३-५४०१४०, अस्मिना भट्टराई, एम एण्ड इ अफिसर

	२. **लिड नेपाल,**प्रोजेक्ट जिल्ला : झापा ठेगानातथा सम्पर्क : दमक, बेलडाङ्गी रोड, झापा, फोन : ०२३ -५८५३१९ । नुमालिम्बु (चन्चला), प्रोजेक्ट कोअरडिनेटर, इपिक नेपालप्रोजेक्ट ३. **परिवर्तनशील समाज,**प्रोजेक्ट जिल्ला : मोरङ्ग ठेगानातथा सम्पर्क : कलेज रोड, बिराटनगर, मोरङ्ग, फोन : ०२१-५२६०७१ । मुस्कानश्रेष्ठ, प्रोजेक्ट कोअरडिनेटर, इपिक नेपालप्रोजेक्ट ४. **मानव कल्याण समाज,**प्रोजेक्ट जिल्ला : सुनसरी ठेगानातथा सम्पर्क : बि.पि चोक, इटहरी, सुनसरी, फोन : ०२५-५८६७३० । देवनारायण चौधरी, प्रोजेक्ट कोअरडिनेटर, इपिक नेपालप्रोजेक्ट	
परियोजनाको बार्षिक उपलब्धि	एचआई भीको रोकथामतथा नियन्त्रणको लागिलक्षितवर्ग भेटिएको संख्या :	**३,३४७**
	नयाँएचआई भीको रोकथामतथा नियन्त्रणको लागिएचआई भीजाँच गरेको संख्या :	**२,७१३**
	नयाँएचआई भीपोजिटिभ पत्तालागेको संख्या :	**१४१**
	नयाँ ए आर टी शुरु गरेको संख्या :	**१४८**
	यौन राग निदान र उपचार सम्बन्धीजाँचसेवालिएको संख्या :	**६५२**
	समुदायमाएचआई भी हेरचाहतथासहयोग सेवालिएको संख्या :	**४४३**
	लाञ्छना तथाभेदभाव सम्बन्धीतालिमपाएको सहभागीहरुको संख्या :	**३८१**
	कण्डम वितरण गरेको संख्या :	**१२३,६७१**
	ल्युब्रिकान्ट वितरण गरेको संख्या :	**२,३६६**
बजेट र खर्च विवरण	**बजेट :**२८,१४९,०१६.०० **खर्च :**२६,६१५,८६९.००	
आगामीप्राथमिकताहरु	१.एचआईभी र यौन संक्रमण (एसटीआई) रोकथामशिक्षा, अफलाईन र अनलाइनप्लेटफर्महरू मार्फत रेफरल र फलोअप, र कन्डम प्रवर्धन र वितरण २. एचआईभी परीक्षण र परामर्श (एचटीसी) सेवाहरू र प्रारम्भिकशिशु निदान(EID) सेवाहरू ३. एसटिआई परीक्षण र उपचार सेवा ४. एचआईभी केस व्यवस्थापन र एन्टिरिट्रोभाइरल थेरापी (एआरटी) र भाइरल लोड परीक्षण सेवाहरूको लागि प्रेषण र फलोअप ५. एआरटी निरन्तरताकालागि सहयोग र शिक्षा ६. प्रि एक्सपोजर प्रोफिल्याक्सिस (प्रेप) (pre-exposure prophylaxis (PrEP)) सम्बन्धि सेवा ७. एचआईभी सम्बन्धित लान्छना र भेदभावन्यूनिकरण ८. क्षमताबिकास ९. एआरटी र भाइरल लोड जाँचकेन्द्रहरुलाई सहयोग १०.एआरटीवितरण सेवा	

४, आईपास नेपाल

सस्थाको नाम	आईपास नेपाल
सम्पर्क व्यक्ती र सम्पर्क नम्बर	पपुलर जेन्टल, राष्ट्रिय निर्देशक०१४४२०७८७, पारस प्रसाद फुयाल, सिनियर एड्भाइजर ९८५११६५४१३ ।
विषयगतकार्यक्षेत्र	यौनतथाप्रजनन् स्वास्थ्य र सुरक्षितगर्भपतन
भौगोलिककार्यक्षेत्र	प्रदेश १ अन्तरगतकाइलाम, सुनसरी, तेह्रथुम र संखुवासभाजिल्लाअन्तरगतका३६ वटा स्थानियतह, सुरक्षितगर्भपतन सेवाप्रदान गर्न सूचिकृत स्वास्थ्य संस्थातथा अस्पतालहरु
सञ्चालित परियोजनाको नाम र परियोजनाअवधि	**Enhancing the Ability of Women to Obtain Comprehensive Abortion Care and Prevent Unwanted Pregnancy (FY 2018-2020)**
परियोजना सञ्चालनप्रकृया	नेपाल सरकार स्वास्थ्यतथा जनसंख्यामन्त्रालयको विद्यमान स्वास्थ्य प्रणाली, स्वास्थ्य संस्थाहरु र सेवाप्रदायकएंवअन्यजनशक्तिहरुको कार्य क्षमताअभिवृद्धि गरी सुरक्षितगर्भपतन सेवालाई महिलाएंवकिशोरीहरुको प्रजनन स्वास्थ्यअधिकारको रुपमाअङ्किकार गराई सेवाको पहुँच सर्वसुलभ र पहुँच योग्यबनाउन स्थानियतह, प्रदेश सरकार र गैर सरकारी संस्थाहरु सगं समन्वय र सहकार्य गरि कार्यक्रमकार्यान्वयन गरिएको ।
स्थानिय साझेदार सस्थाभएमातीनको नाम र सम्पर्क नम्बर	स्थानिय साझेदार संस्थाहरु:फेकोफन तेह्रथुम, सम्वृद्ध तेह्रथुमकालागिअभियान, सोडेक संखुवासभा ।
परियोजनाको वार्षिक उपलब्धि	यस संस्थाले सुरक्षितगर्भपतनसेवाकोलागिस्वास्थ्यतालिम केन्द्र संगको समन्वयमाआवश्यकप्रशिक्षकहरु तयार गर्न र तालिमकोव्यवस्थापन,सेवाको पहुँच ग्रामिण क्षेत्रसम्म पुऱ्याउन र गुणस्तरीय सेवाको लागि ६६ वटा संस्थाहरुमाआवश्यकऔषधि, औजार उपकरण, सामान्यभौतिकपुनसंरचना सहयोग, लगभग४५०० जनामहिलाहरुलाई प्रत्यक्ष रुपमा सुरक्षितगर्भपतन सेवा र सो को ८५ प्रतिसतलाई उक्त सेवापश्चातको परिवार नियोजन सेवाउपलब्ध गराउन सहयोग, कायक्षेत्रमा रहेका ३६ वटा पालिकाहरु संग अभिमुखिकरण र कार्यक्रमअन्तरक्रियातथाव्यवस्थापन समितीहरु संग गुणस्तर सूधारका लागि बैठक तथाकार्ययोजनाबनाई सूधार प्रकृयामा सहयोग एवं विभिन्नअध्ययन र अनुसन्धानहरु गर्न, तथा समुदायमाआधारित चेतनामूलककार्यक्रमहरु आदि संचालन गर्न सहयोग गरेको छ । १३हप्तावा सो भन्दामाथिको गर्भपतनकालागिप्रदेशमाभएका अस्पतालहरुमा सेवा सुरुवाततथा सुदृढीकरणमा सहयोग गरेको छ । साथै आइपास नेपालले यो सेवालाई प्रजनन स्वास्थ्य सेवाको एउटा अभिन्नअङ्गको रुपमा स्थापित गराउन र महिलातथाकिशोरीहरुको सुरक्षितगर्भपतन सम्बन्धिअधिकार परिपूर्ती गर्न विभिन्नतहमाआफ्नो साझेदारी संस्थाहरुसंग हातेमालो गरी निरन्तर चेतनामूलकतथापैरवी/वकालतगर्दै आइरहेको छ, जसमा स्थानियतहको क्षमताअभिवृद्धी भएको र यस कार्यक्रमलाई अफनत्व ग्रहण गरेको पाईएको छ ।
बजेट र खर्च विवरण	प्रदेश १ का जिल्लाहरुमारु. १०,०९०,९९८ बजेट खर्च भएको छ । जुन प्रस्तावित बजेटको १०० प्रतिसतहो ।
आगामीप्राथमिकताहरु	आईपासले प्रदेश सरकार र स्थानियतह संग सहकार्य गर्दै यौन तथाप्रजनन् स्वास्थ्य, सुरक्षितगर्भपतन र परिवार नियोजन सेवामामहिला र किशोरीहरुकोनिर्णय क्षमता बढाउने, सेवाको पहुंच तथाउपयोगीतामा बृद्धि गरीनेपाल सरकार स्वास्थ्यतथा जनसंख्यामन्त्रालयलेलिएकोदिगो विकास सम्बन्धीलक्ष्यहांसिल गर्न सहयोग पुऱ्याउने छ । कार्यक्रमसीमान्तकृत बर्ग र ग्रामिण क्षेत्रहरुलाई विशेष प्राथमिकतादिई संचालनगर्नमा जोड दिइने छ साथै स्थानियतह संग साझदारीतामा लैङ्गिकहिसाँ रोकथामतथाप्रतिकार्य सम्बन्धिकार्यक्रममा समेत केहि जिल्लामापरियोजना संचालन गरिने छ ।

५, नेपाल परिवार नियोजन संघ, मोरंग शाखा, विराटनगर

सस्थाको नाम	नेपाल परिवार नियोजन संघ, मोरंग शाखा, विराटनगर
सम्पर्क व्यक्ती र सम्पर्क नम्बर	शंकर प्र. दाहाल ,मो. नं. ९८४२१५९०४४
विषयगतकार्यक्षेत्र	यौन तथाप्रजननस्वास्थ्य सेवा
भौगोलिककार्यक्षेत्र	मोरंग जिल्लाकाग्रामथानगाउपालिका,सुन्दरहरैचानगरपालिका,वेलवारी नगरपालिका, तथाविराटनगर महानगरपालिकाअन्तर्गतकाविभिन्न वडाहरु
सञ्चालित परियोजनाको नाम र परियोजनाअवधि	एकिकृत यौन तथाप्रजनन स्वास्थ्य सेवा, परियोजनाअवधि : निरन्तर
परियोजना सञ्चालनप्रकृया	ने. प. नि. संघ केन्द्रीयकार्यालय व्दारा स्वीकृत कार्यक्रमतथावजेटका आधारमाशाखाव्दारा कार्यान्वयनगरिने ।
परियोजनाको बार्षिक उपलब्धि	१०६८५६ यौन तथाप्रजनन स्वास्थ्य सेवा (जुलाई २०१९ देखि जुन २०२० सम्म)
बजेट र खर्च विवरण	रु. ३७,०७४३८।
आगामीप्राथमिकताहरु	यौन तथाप्रजनन स्वास्थ्यअधिकार को उपभोग प्रतिजनमत निमांण सेवाको पहुचमा वृद्धि गर्ने स्थानिय स्तरमा सहयोग र समन्वयविस्तार गर्ने

६, UN-Migration Agency, International Organization for Migration (IOM)

सस्थाको नाम (Name of Organization)	UN-Migration Agency, International Organization for Migration (IOM)
सम्पर्क व्यक्ती र सम्पर्क नम्बर(contact Person, contact Number)	Dr. Vasil Gazdadziev; 9801004508
विषयगतकार्यक्षेत्र(Working area)	IOM, Nepal
भौगोलिककार्यक्षेत्र (Geographical area)	Province 1
सञ्चालित परियोजनाको नाम र परियोजनाअवधि (Programe Name, and duration)	Migration health program for refugees and immigrants, TB DOTS program for the migrants and refugee
परियोजना सञ्चालनप्रकृया (Program implementation method)	Health Assessment, Vaccination and TB DOTS implementation
स्थानिय साझेदार सस्थाभएमातीनको नाम र सम्पर्क नम्बर (Local Partner and their contact Number)	Ministry of Health and Population (MoHP)-Kathmandu, ProvincialHealth Department-Province-1, District Health Office-Jhapa, Damak Municipality-Damak and Nepal Anti Tuberculosis Association (NATA)- Biratnagar
परियोजनाको बार्षिक उपलब्धि (Achievement of program)	IOM Nepal has been successfully conducting the health assessment process for the refugees and migrants since 2007. IOM has played a vital role in screening TB cases and providing treatment under TB DOT program for the same among the refugee and migrants population. Vaccination has also been an integral part of IOM health assessment program which has successfully vaccinated more than 100,000 refugees to prevent from vaccine preventable diseases.

बजेट र खर्च विवरण (Budget & expense)	NA
आगामीप्राथमिकताहरु (Future priorities)	IOM will continue the health assessment process with the aim to screen more refugees and migrants and help in timely detection and treatment of the tuberculosis (TB) case through CXR and sputum analysis. IOM will reflect its ongoing COVID-19 related support in next reporting cycle.

७, राष्ट्रिय अपाङ्ग महासंघ नेपाल प्रदेश नं १ बिराटनगर

सस्थाको नाम	राष्ट्रिय अपाङ्ग महासंघ नेपाल प्रदेश नं १ बिराटनगर
सम्पर्क व्यक्ती र सम्पर्क नम्बर	अध्यक्ष पार्वता श्रेष्ठ मोवाइलनं. ९८५२६७०८६० सचिव सदिक्षा खड्का मोवाइलनं ९८४२९१७३४६
विषयगत कार्यक्षेत्र	➢ जनवकालत ➢ जनचेतना ➢ क्षमताविकास ➢ सञ्जालिकरण
भौगोलिक कार्यक्षेत्र	प्रदेशनं १ का १४ वटै जिल्ला मोरङ, सुनसरी, पाँचथर, झापा, इलाम, उदयपुर, खोटाङ, ओखलढुङ्गा, धनकुटा, सोलुखुम्बू, तेह्रथुम, संखुवासभा, भोजपुर, ताप्लेजुङ।
सञ्चालित परियोजनाको नाम र परियोजना अवधि	१. समावेशीताको लागि क्रियाशिलता देखि २०२४ सम्म २. हामिलाइ पनि समावेश गर परियोजना अक्टोबर २०१९ देखि सेप्टेम्बर २०२४ सम्म ३. पुनर्स्थापना परियोजना अक्टोवर २०१९ देखि सेप्टेम्वर २०२२ ४. समावेशी विकास कार्यक्रम २००९ देखि २०२२ सम्म
परियोजना सञ्चालन प्रकृया	'समावेशीताको लागी क्रियाशिलता', 'हामिलाइ पनि समावेश गर', र' पुनर्स्थापना परियोजना' राष्ट्रिय अपाङ्ग महासंघ नेपाल संघिय कार्यालयसंगको साझेदारीमा स्वीकृत भई प्रदेश कार्य समिति र कर्मचारीको कार्यक्रम कार्यान्वयन योजना अनुसार सञ्चालन भैरहेका छन्न 'समावेशी विकास परियोजना प्रदेश कार्यालयको साझेदारीमा सञ्चालन भएको छ।
स्थानिय साझेदार सस्था भएमा तीनको नाम र सम्पर्क नम्बर	नामःनेदरल्यान्ड्स लेप्रोसीरि लाइफ (NLR) ठेगानाः**केन्द्रिय कार्यालय**- संखमुलमार्ग न्यू बानेश्वर१०काठमान्डौ नेपाल फोनः०१- ४७८४२९६इमेलः info@nlrnepal.org.np **पुर्वाञ्चल फिल्ड अफिसः** बिराटनगर महानगरपालिका वडा नं ३ फोनः०२१- ४६११३० इमेलः info@nlrnepal.org.np
परियोजनाको बार्षिक उपलब्धि	➢ नेपालमा पहिलो पटक रु १ करोडको हेमोफेलिया सम्बन्धि अपाङ्गता भएका व्यक्तिहरुको जीवन रक्षक हेमोफेलिक

	फ्याक्टर प्रदेश नं १ सरकारले खरिद गरेको । ➢ कोरोना महामारीको अवस्थामा प्रदेश सरकार सामाजिक विकास मन्त्रालय बाट अपाङ्गता भएका व्यक्तिहरुका लागी अत्यावश्यक स्वास्थ्य सामग्री र खाद्यान्न सामग्रीहरु ७४ जना अपाङ्गता भएका व्यक्तिहरुको घरघरमा पुर्याएको । ➢ प्रदेश सरकारले २० करोड बजेट अपाङ्गता क्षेत्रमा बिनियोजन गरेको । ➢ प्रदेश १ मा पहिलो पटक नेपालि साङ्केतिक भाषामा समेत दैनिक रुपमा नेपाल टेलिभिजन २ इटहरी बाट समाचार प्रसारण भएको । ➢ कोभिड हस्पिटल बनाउदा अपाङ्गता भएका व्यक्तिहरुलाइ समेत ध्यानमा राखि कोभिड हस्पिटलका पुर्वाधारहरु सामान्य मैत्री बनाएको । ➢ बिराटनगर बसपार्कमा अपाङ्गता मैत्रि ट्वाइलेट बनाउन प्रारम्भ गरेको ➢ द लेप्रोसि मिसन नेपाल संस्थाले बिराटनगरमा कार्यालय निर्माण गर्दा अपाङ्गता मैत्रि बनाउन बिषेश ध्यान दिइ निर्माण गरेको । ➢ राष्ट्रिय अपाङ्ग महासंघ नेपालको सदस्य संस्था दमक अपाङ्ग सहयोग समितिलाइ प्रदेश सरकारले रु २५,००,०००।- अक्षरुपी पच्चिस लाख सहयोग गरेको । ➢ मुख्य मन्त्रि तथा मन्त्रि परिषदको कार्यालय र सामाजिक विकास मन्त्रालयको प्रवेशद्वारमा ह्वील चियर प्रयोग कर्ता मैत्री र्याम्प निर्माण भएको ➢ सामाजिक विकास मन्त्रालयमा अपाङ्गता सुचना तथा परामर्श केन्द्र स्थापना भएको । ➢ अपाङ्गता अधिकार ऐन २०७४ को दफा ४१ अनुसार नेपालमै पहिलो पटक प्रदेश स्तरीय अपाङ्गता समन्वय समिति गठन भएको । ➢ बेलका, फिदिम र त्रियूगा नगरपालिकामा अपाङ्गता सुचना तथा परामर्श केन्द्र स्थापना भएको । ➢ १३७ वटा स्थानिय पालिका मध्य ९५ वटामा स्थानिय समन्वय समिति गठन भएको । ➢ सार्वजनिक यातायातका साधनहरुमा भाडा छुटको स्टिकर टाँस भएको । ➢ राष्ट्रिय अपाङ्ग महासंघ नेपाल र करुणा फाउन्डेसन नेपाल बिच प्रदेश नं १ को पालिकाहरुमा अपाङ्गता समावेशि विकास कार्यक्रम आर्थिक वर्ष २०७७/ ०७८ मा सञ्चालन गर्ने सहमति भएको । ➢ बिराटनगर महानगरपालिका श्री आदर्श माध्यामिक

	विद्यालयलाइ समावेशि शिक्षा अनुसारको नमुना विद्यालयको रुपमा विकास गर्न सहमत भएको । ➢ ग्रामथान गाउँपालिका, छथरजोरपाटी गाउँपालिका, कमल गाउँपालिकार बुद्धशान्ति गाउँपालिकामा अपाङ्गता समावेशि विकास कार्यक्रम सञ्चालन गर्न रु ७५,००,०००।– पचहतर लाख बराबरको सम्झौता सम्पन्न भएको । ➢ बुद्धशान्ति र कमल गाउँपालिकामा अपाङ्गता भएका व्यक्तिहरुको संस्थाको कार्यालय सञ्चालन गर्न पालिकाले कोठा उपलब्ध गराएको ।
बजेट र खर्च विवरण	१,१५,०८,१११।–(एक करोड पन्ध्र लाख आठ हजार एक सय एघार रुपैयाँ)
आगामीप्राथमिकताहरु	➢ प्रदेश सरकार स्थानिय सरकार र करुणा फाउन्डेसन संगको सहकार्यमा अपाङ्गता समावेशि विकास सम्बन्धि परियोजना सहकार्य गर्ने ➢ हेमोफिलिया अपाङ्गता भएका व्यक्तिहरुको लागि हेमोफिलिया फ्याक्टर खरिदका लागि नियमित रुपमा बजेट विनियोजन र खरिदका लागि प्रदेश सरकारलाइ अनुरोध गर्ने ➢ प्रदेश मन्त्रालयहरुलाइ अपाङ्गता मैत्री बनाउन वकालत तथा पैरवि गर्ने ➢ साझेतारिता विस्तारका लागि सम्भावित साझेदारहरुको खोजि तथा समन्वय गर्ने ➢ प्रदेश नं १ का पालिकाहरुलाइ अपाङ्गता समावेशि विकासको अवधारणा अनुसार काम गर्न गराउन छलफल बहस तथा पैरवि गर्ने ➢ अपाङ्गता भएका व्यक्तिहरुको पालिका स्तरीय संरचना निर्माण गर्नको लागी समन्वय र सहकार्य गर्ने ➢ अपाङ्गता भएका व्यक्तिहरुको संस्थाका लागि क्षमता विकास शसक्तिकरण र नेतृत्व विकासमा कार्य गर्ने ➢ पालिकाहरुलाइ अपाङ्गता सम्बन्धि कार्य गर्नका लागि क्षमता विकासको कार्य गर्ने ➢ सदस्य संस्थाहरुको क्षमता विकासका लागी विभिन्न तालिमहरुको आयोजना गर्ने ➢ प्रदेश स्तरमा अपाङ्गता भएका व्यक्तिहरुले निर्माण गरेका सामग्रीहरु संकलन र बिक्रीकक्ष निर्माण गर्ने ➢ प्रदेश स्तरीय अपाङ्गता सम्बन्धि निति निर्माण र बनेका नितिहरुमा सुझाव दिने तथा कार्यान्वयन गर्न लगाउने ।

८, नेपाल नेत्र ज्योति संघ

सस्थाको नाम	नेपाल नेत्र ज्योति संघ पूर्वान्चल क्षेत्रिय आँखा उपचार कार्यक्रम (सगरमाथा चौधरी आँखा अस्पताल, लहान तथा बिराटनगर आँखाअस्पताल, बिराटनगर
सम्पर्क व्यक्ती र सम्पर्क नम्बर	सुधीर कुमार ठाकुर / ९८५२८३०६९१
विषयगत कार्यक्षेत्र	आँखा र कान सम्बन्धी
भौगोलिक कार्यक्षेत्र	प्रदेश नं. - १, २तथा ३
सञ्चालित परियोजनाको नाम र परियोजना अवधि	
परियोजना सञ्चालन प्रकृया	अस्पतालको नियमअनुसार र परियोजनाको Guidelinesतोकिएको मापदण्डअनुसार
स्थानिय साझेदा रसस्था भएमा तीनको नाम र सम्पर्क नम्बर	
परियोजनाको बार्षिक उपलब्धि	प्रदेश नं. - १ र २माआँखा र कान सम्बन्धी रोगहरुको निवारणगर्ने र देशको विकासमा सहयोग सन् २०२० मा ४,७४,४८८ जनाविरामीहरुको आँखातथाकानउपचार तथा ५४,००० आँखातथाकानको शल्यक्रिया
बजेट र खर्च विवरण	
आगामी प्राथमिकताहरु	प्रदेश नं. - १ र २ हरेक मानिसहरुको पहुचमाआँखा र कानको सेवाको सुविधादिने र आँखा र कान सम्बन्धी रोगहरुको निवारणगर्ने

९,मेरी स्टोप्स् ईन्टरनेशनल, नेपाल

सस्थाको नाम	मेरी स्टोप्स् ईन्टरनेशनल, नेपाल
सम्पर्क व्यक्ती र सम्पर्क नम्बर	के.पि. उपाध्याय, ९८५१०७०२०८
विषयगतकार्यक्षेत्र	प्रजनन स्वास्थ्य्
भौगोलिककार्यक्षेत्र	काठमाण्डौ, ललितपुर, काभ्रे, रामेछाप, दोल्खा, सिन्धुली, चितवनतथाधादिङ्ग
सञ्चालित परियोजनाको नाम र परियोजनाअवधि	नेपालमा यौन तथाप्रजनन स्वास्थ्यसम्बन्धीआवश्यकताहरूको सम्बोधन (**AESRH**)
परियोजना सञ्चालनप्रकृया	परिवार कल्याण महाशाखाको स्वीकृतमा स्थानियपाकिाहरु संग समन्वय गरि कार्यक्रम संचालनभएको ।
स्थानिय साझेदार सस्थाभएमातीनको नाम र सम्पर्क नम्बर	सुनौलो परिवार नेपाल
परियोजनाको बार्षिक उपलब्धि	
बजेट र खर्च विवरण	
आगामीप्राथमिकताहरु	स्थायीतथा अस्थायी परिवार नियोजन सेवा, सुरक्षितगर्भपतन सेवा, तथाअन्यप्रजनन् स्वास्थ्य सेवा लामो अवधिको प.नि. तालिम, सुरक्षितगर्भपतनतालिम, भि.आई.ए तालिम

१०, निक साइमन्स इन्स्टिच्यूट

सस्थाको नाम	निक साइमन्स इन्स्टिच्यूट
सम्पर्क व्यक्ती र सम्पर्क नम्बर	नाम: डा. अनिल बहादुर श्रेष्ठ, कार्यकारी निर्देशक फोन न. : ९८५१११३७८५ इमेल:anilsh@nsi.edu.np
विषयगत कार्यक्षेत्र	१. तालिम २. अस्पताल सहयोग कार्यक्रम - Rural Staff Support Program (RSSP) - Rural Staff Support Partnership Program (RSSPP) - Hospital Management Strengthening Program (HMSP)
भौगोलिक कार्यक्षेत्र	१. तालिम कार्यक्रम अन्तर्गत ओखलढुंगा, मेची र आम्दा दमक अस्पताल २. अस्पताल सहयोग कार्यक्रमको RSSP कार्यक्रम अन्तर्गत ताप्लेजुङ्ग, संखुवासभा, तेह्रथुम र खोटाङ्ग अस्पताल, RSSPP कार्यक्रम अन्तर्गत दमक, मंगलबारे, रंगेली, कटारी, गाईघाट, भोजपुर तथा HMSPकार्यक्रम अन्तर्गत प्रदेशका सबै अस्पतालहरु ।
सञ्चालित परियोजनाको नाम र परियोजना अवधि	Nepal Rural Healthcare and District Hospital Support Project (पाँच बर्ष)
परियोजना सञ्चालन प्रकृया	सम्बन्धित अस्पतालहरुसँग सम्झौता (MoU) गरी कार्यक्रम सञ्चालन गरिएको ।
स्थानिय साझेदार सस्था भएमा तीनको नाम र सम्पर्क नम्बर	कोही नभएको ।
परियोजनाको वार्षिक उपलब्धि	१. आम्दा अस्पताल : Skilled Birth Attendant - 21, Mid-level Practicum - 8, Anesthesia Assistant - 4 २. मेची अस्पताल : Mid-level Practicum - 17 ३. ओखलढुङ्गा अस्पताल : Mid-level Practicum – 10 ४. ASBA तालिम: Damak Hospital, Jhapa and Panchthar District Hospital ५.OTTM तालिम:जिल्ला अस्पतालतेह्रथुम ६. Retention of key human resources (MDGP, AA, MO, BMET, SN)over a project period ७.Continue and increases no. of surgeries (C-section, other major surgeries such as Appendectomy, Hernia etc.) ८.Living support to the program implemented hospitals ९.Continue CME classes १०..न्यूनतम सेवा मापदण्ड follow upसञ्चालन: १६ अस्पतालहरु ११.NSI Grant (4,00,000): १६ अस्पतालहरुक १२.EHR Support: ताप्लेजुङ्ग जिल्ला अस्पताल १३. Essential medical equipment support to program implemented hospitals १४.Support to Provincial Health Directorates: Annual Review Meeting
बजेट र खर्च विवरण	जम्मा बजेट : ९१,६१७,८५७।- जम्मा खर्च : ६१,६७८,२२१।-
आगामी प्राथमिकताहरु	आ.व. २०७७/७८ मा Rural Health Support Project मार्फतकार्यक्रमलाई निरन्तरता दिइएको ।

११, सेभ द चिल्ड्रेन, ग्लोवल फण्ड

सस्थाको नाम	सेभ द चिल्ड्रेन,ग्लोवल फण्ड
सम्पर्क व्यक्ती र सम्पर्क नम्बर	हरिबोलबजगाई, बरिष्ठ कार्यक्रमप्रवन्धकग्लोवल फण्ड, सम्पर्क नम्बर: ९८४००१६०७५
विषयगतकार्यक्षेत्र	क्षयरोग, एचआई भीएडस तथाऔलो रोग
भौगोलिककार्यक्षेत्र	प्रदेश १
सञ्चालित परियोजनाको नाम र परियोजनाअवधि	क्षयरोग, एचआई भीएडस तथाऔलो रोग पहिचान, नियन्त्रण, उपचार र सहयोग परियोजना । १६मार्च २०२१ देखि ३१ जुलाई २०२४ सम्म
परियोजना सञ्चालनप्रकृया	उक्तउदेश्यहरु पुरा गर्न नेपाल सरकारको स्वास्थ्यमन्त्रालय संगको सहकार्यमा तीनतहका सरकार अन्तर्गतका स्वास्थ्य सेवाप्रदायकहरु मार्फत विरामीको उपचार प्रकृयामा सहयोग हुने छ । साथै रोगको निदान र उपचारका लागिउपचार सेवा केन्द्रमापहुचअभिबृद्धि र संक्रमण रोकथामकालागि जोखिम समुदाय संग समुदायमाकार्यरत संस्थातथा जोखिममा रहेका व्यक्तीहरुले नेतृत्व गरिरहेका नेपाली संस्थासंग साझेदारी ।
परियोजनाको बार्षिक उपलब्धि	मलेरिया ● १२ओटा मलेरिया केसको अनुसन्धान र उपचार ● इटा उद्योगहरुमामलेरियाको सवेक्षण । ● अरुण नदीकामाथिल्लाउपत्यकाहरुमा सामुदायीक परीक्षण ● मलेरिया कार्यक्रमको अवधिक योजनाकालागि परामर्श वैठक सम्पन्न । एचआइभीएडस ● ३०५३ जनालागु पदार्थ सेवनकर्तालाइएचआइभी सचेतना, १९२० जनाको एचआइभी परीक्षण, ५ जनामाएचआइभीनिदानमा सहयोग र १२४५५३ कण्डमको वितरण ● ९३५ जनाएचआइभी संक्रमितहरुलाई घर तथा समुदायमाआधारित हेरचाह र सेवाप्रदान गर्न सहयोग । ५५२ जनालाई सामुदायीक हेरचाह केन्द्रवाट आवसीयउपचार सेवाप्रदान गरिएको । ● ९८ जनाएचआइभी संक्रमितबालबालिकालाई मासिक रु १००० (एक हजार) नगद सहायताकार्यक्रममा आवद्ध गरी सहायताप्रदान गरिएको र प्रदेश बाट समेत सोही वराबरको सहायताथप गर्नको लागिपहल गरिएको । ● एचआइभी परिक्षण र उपचारका लागिअवश्यकजाँचतथाउपचार सामाग्रीवितरणमा प्रदेश आपुर्ति केन्द्र संग सहकार्य गरिएको । क्षयरोग ● २४२ डट्स सेन्टरहरुलाई खकार ढुवानी सेवामा आवद्ध गरिएको ● १२०१ क्षयरोगीको निदान गरियो ● ७४ बालबालिकामा क्षयरोगनिदान गरियो । ● १७७जना क्षयरोगीको निदाननीजि स्वास्थ्य सेवाप्रदायकमार्फत सम्पन्न । ● १४६ जना क्षयरोगको जोखिममा रहेका ५ बर्ष मुनीकाबालबालिकालाई क्षयरोग निरोध थेरापी सेवामा आवद्ध

	गरिएको र २४७जनाबालबालिकाले थेरापी सेवा पुरा गरेको । ● जिन सपर्ट सेवाविस्तारमा सहयोग । ● खकार परीक्षणको गुणस्तर मापन प्रणाली मा सहयोग ● हरेकक्षयारोगीको एचआइभी परीक्षणमा पहल गरिएको
बजेट र खर्च विवरण	साझेदार मर्फत विनियोजित बजेटः ६,६८,४०,००० (छ करोड, अठसटठी लाख, चालिस हजार)
आगामीप्राथमिकताहरु	● सर्वेषणले अनुमान गरेका तर निदान र उपचारमा पुग्ननसकेका तथा जोखिममा रहेका वा संक्रमितव्यक्तीको जाँच र उपचारमा सेवाअभिबृद्धि गर्ने ● नीजि स्वास्थ्य सेवाप्रदायकहरुमाभएकानिदान र उपचारका तथ्याकहरु नेपाल सरकारको रिपोर्टिङ्ग प्रणालीमा प्रविष्ठ गर्ने । ● स्वास्थ सामाग्रीआपुर्ति व्यवस्थापनलाई सघाउने ● राज्यले निर्दिष्ठ गरेको लक्षतथा रणनीति हरुलाई हाँसील गर्न, स्थानीयतहसंग सहकार्य गर्ने

साझेदार संस्था, कार्यक्षेत्र, सम्पर्क व्यक्ती र सम्पर्क नम्बर

साझेदार सस्थाको नाम	परियोजनाविषय	कार्य क्षेत्र	सम्पर्क व्यक्ती	सम्पर्क नम्बर
बागमती सेवा समाज नेपाल(BWSN)	क्षयरोगनिदान, नियन्त्रण र उपचार	इलाम, झापा, मोरङ्ग, सुनसरी उदयपुर,	अनिल देव, प्रदेश टीम लिडर	9852035638 anil.deo@bwsn.org.np
नाटा मोरङ्ग	डी आर विरामीलाई आवसीय सेवा	विराटनगर	ध्रुव उराउ	9852029926 drtlo1966@gmail.com
रिचमण्ड फेलोसिप मोरङ्ग	लागु औषध सेवनकर्ता लक्षित, एचआइभी एड्स सचेतना, असुरक्षितव्यवहार परिवर्तन तथाएचआइभी परीक्षण र उपचार प्रेषण	इलाम, झापा, मोरङ्ग, सुनसरी उदयपुर,	संजिवचापागाई, परियोजनाव्यवस्थापक	9852024927 rfm.pwid@gmail.com
राष्ट्रिय एच.आई.भी. तथा एड्स महासंघ (NAP+N)	एचआइभी संक्रमितको उपचार, हेरचाह र सहयोग	संखुवासभा, इलाम, झापा, मोरङ्ग, सुनसरी, उदयपुर	सन्तोश शाह	9849131440 santosh.napn@gmail.com
Nepal	जेलमा	झापा, मोरङ्ग,	पुनमश्रेष्ठ	9841567807

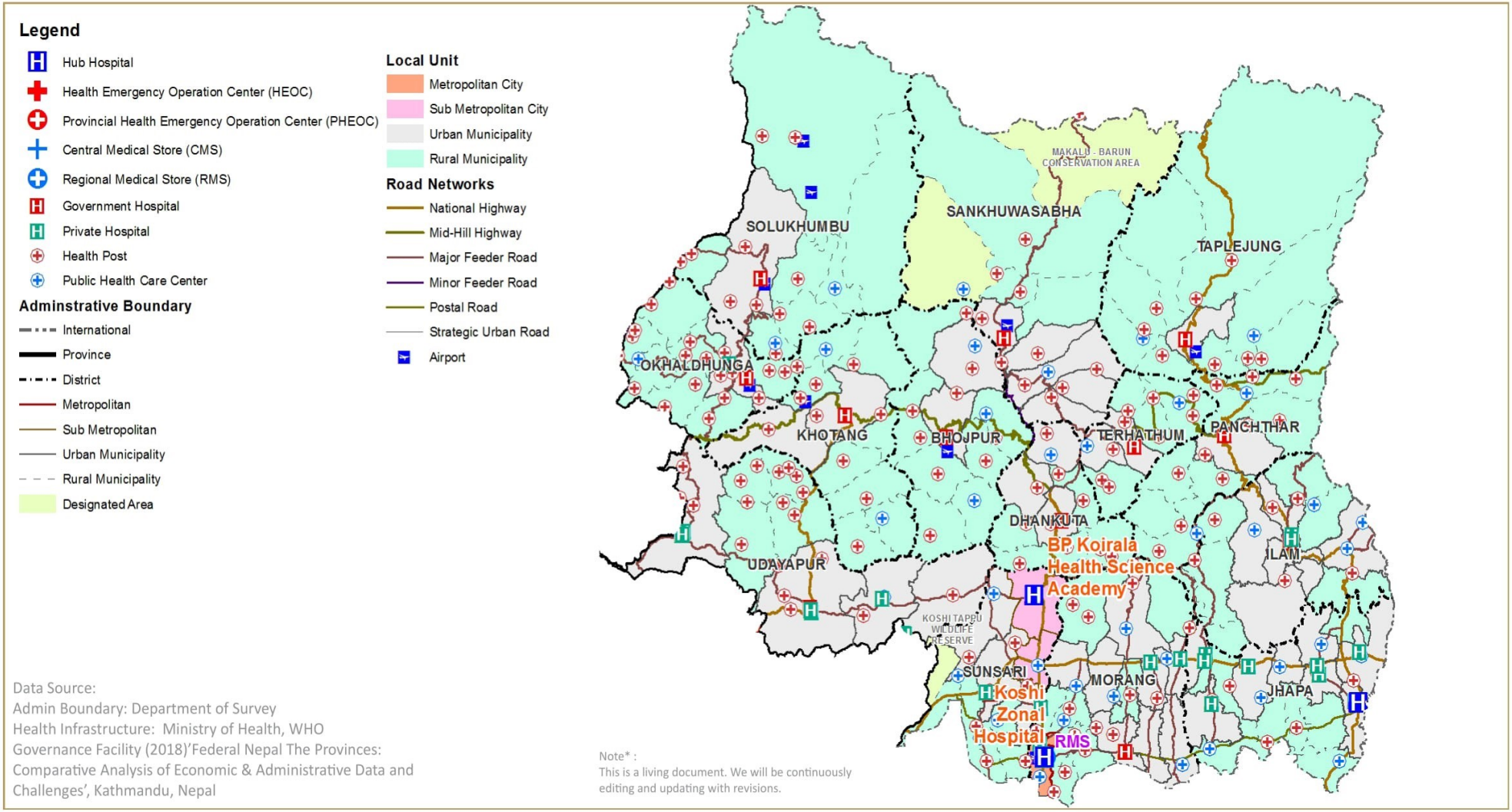
Health Society (NHS)	रहेकाव्यक्तीहरुलाइएचआइभीसम्बन्धिसचेतना र परीक्षण सेवा	सुनसरी		nepalhealths@gmail.com
Recovering Nepal (RN)	Catalytic Fund - एचआइभी संक्रमितिलाई समाजमाहुने गरेको भेदभाव, लान्छना हटाउदै, अधिकारको सुनिस्चितता र सेवा सवलिकरणमा पैरवी गर्ने ।	संखुवासभा, उदयपुर, सुनसरी, मोरङ्ग, झापा	अभिशेकथापा	9817389288 bikkitakka007@gmail.com
National Federation of Women Living with HIV (NFWLHA)			अल्सन चौधरी	9807 020 898 / 9862 430 811 nfwlha.province1@gmail.com

नोट: कार्यक्रमको आवश्यकता र श्रोतको उपलव्धताकाआधारमा आगामीदिनमा परियोजना र साझेदार थपवा परिवर्तनहुन सक्ने छन ।

Annex: List of Contributors to the Annual Report 2076/77

Mr. Gyan Bahadur Basnet	Director	Health Directorate
Mr. Purna Shekhar Shrestha	Statistical Officer	Health Directorate
Dr. Kemlin Acharya	Aurvedic Doctor	Health Directorate
Mr. Aditya Sakya	Public Health Officer	Health Directorate
Mr. Udesh Shrestha	Immunization Officer	Health Directorate
Mr. Mukunda Dahal	Statistical Officer	Health Directorate
Mr. Ajay Katuwal	MSS Implementation Officer	Health Directorate
Mr. Dilip Singh	Lab Technicial	Health Directorate
Ms. Apekshya Ghimire	Data Management and Analysis Facilitator	Health Directorate
Ms. Rojina Tandukar	Data Management and Analysis Facilitator	Health Directorate
Ms. Rasmita Shrestha	Data Management and Analysis Facilitator	Health Directorate
Ms. Prakikshya Dahal	SRHR Officer	WHO
Mr. Shyam Bhandari	Quality Monitoring Officer	WaterAid
Mr. Binod Khanal	Public Health Inspector	Health Training Center
Dr. Jaybendra Yadav	Director, Chief Medical Technologist	Provincial Public Health Laboratory
Mr. Sambhu Shah	Sr. Pharmacy Officer	Provincial Health Logistics Management Center

Health Services



Data Source:
Admin Boundary: Department of Survey
Health Infrastructure: Ministry of Health, WHO
Governance Facility (2018)'Federal Nepal The Provinces: Comparative Analysis of Economic & Administrative Data and Challenges', Kathmandu, Nepal

Note* :
This is a living document. We will be continuously editing and updating with revisions.