REPORT OF
DISTRICT/MUNICIPAL HEALTH SYSTEM MANAGEMENT PRACTICE

Submitted by

BPH 3rd Year

Batch 2016

Submitted to

Department of Public Health and Community Medicine,

Gandaki Medical College

Tribhuwan University

Pokhara-27, Kaski

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DECLARATION AND APPROVAL SHEET

We, the following students of BPH third year have produced this report as an outcome of residential field program from 2076/03/01 to 2076/04/32 in Tanahun district. We have invested our sincere efforts and consider this work to be original.

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A group of three members were assigned to study the Health Management system of Tanahun District within duration of 60 days as a part of curriculum requirement to develop necessary technical and managerial competency and familiarity in every aspects of health system. The task would have been a failure if there were no helping hands.

We are fully beholden to the Department of Public Health and Community Medicine who were the leading supporters and guiders in our work. We are thankful to Prof. Dr. Rabeendra Prasad Shrestha (Principal) for providing us with this opportunity.

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BPH, 2016 Batch

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EXECUTIVE SUMMARY

This report is the outcome of comprehensive district health management field practicum from 1st of Asar to 32nd of Bhadra in Tanahun district. The objective of our study was to acquire technical as well as managerial knowledge and skills regarding the comprehensive district health management system and municipal health management system by exploring the health system of Tanahun district and municipal health system of Vyas municipality respectively. The study used qualitative as well as quantitative approaches based on secondary data analysis/ review and primary information.

Health system of Tanahun District

Tanahun district, one of the seventy-seven districts of Nepal, is a part of Gandaki zone, of province 4. The district covers an area of 1546 km². The district lies 110 km west of Kathmandu and 49 km east of Pokhara. Altitude in the district varies from 190 meters above sea level at Devghat to 2325 meters at Chamkeshwari Lek. The headquarter of Tanahun is Damauli which lies in Vyas municipality after the name of Maharisi Veda Vyash, author of the great Hindu epic Mahabharata. It is bordered by Chitwan and Gorkha district on East, Syangja district on West, Kaski and Lamjung on North and Palpa, Chitwan, and Nawalparasi district on South. It constitutes 4 urban Municipality, 6 rural Municipality with population of 3,23,288 and sex ratio 80 female per 100 male. The total literacy rate is 84.8% and the major religion is Hinduism. Major castes of Tanahun district are: Magar, Brahmin, Chhetri, Gurung and Dalit (CBS, 2011).

The governmental modern health care delivery system has 1 district Damauli hospital, 1 Bandipur hospital, 2 Primary Health Care Centers, 48 Health Posts, 156 Primary health care outreach clinics, 217 EPI clinics, 12 Urban health centers, 14 rural community health unit and 466 FCHV. The governmental Ayurvedic health system has 1 District Ayurvedic health center and 11 Ayurvedic aausadhalaya. Private modern health service centers, hospitals, health service centers run by NGOs, Ayurvedic clinics, homeopathic clinics and indigenous health care practice were also present there.

The planning of health programs was both top-down. Decision making was done by consulting the subordinates which led to better team work. Logistic management system was not enough good due to lack of proper store room and both pull and push system being practiced. Being the transitional phase for implementation of new federal

system in health, recording and reporting, proper coordination to local levels and proper plans and programme for implementation were lacking. Out of total 14 sanctioned posts 5 posts were vacant.

Major programs being implemented in the district were Expanded Program on Immunization, Nutrition Program and CB-IMCI under Child health Program, Family Planning, FCHV Program, PHC/ ORC Program and Safe Motherhood under Family Health Program, STI/HIV/AIDS Program, TB control Program, Malaria control Program, Leprosy control Program under Disease Control Program and Supportive and Curative Programs.

Based on data analyzed on above programs and management prospective, we have conducted epidemiological study on HIV/AIDS, critical analysis on different three topics, Mini action project on recording and reporting system and develop five year plan on HIV/AIDS.

In, Tanahun district the vaccine coverage rate of BCG was low as compared to national data. The vaccine wastage rate of BCG, DPT-HepB-Hib,JE, MR and TD in FY 2075-76 was also slightly decreased in comparison to FY 2073-74 and FY 2074-75. The CPR of Tanahun district in FY 2075-76 is 23.26% which is also in decreasing trend in compared to FY 2074-75 which is 28.83%.The proportion of malnourished children were in decreasing trend and was 0.42 % in FY 2075-76. In pregnant women, iron tablet coverage was in decreasing trend and less than national.

The incidence of diarrheal disease and ARI in under 5 children in FY 075/76 was 1228 and 4101 respectively which were in decreasing trend in comparison to previous years.

The percentage of 4th ANC visit as protocol was 15% in FY 2075-76 in Tanahun district which was in decreasing trend as compared to previous year.

The case finding of TB of the district was 51.06% which was less than national figure and has decreased than previous FY 074/75. Sputum conversion rate of TB was in decreasing trend (79.4%).

Epidemiological study was done on HIV/AIDS for which three years (073/74, 074/75, 075/76) report of whole district from ART Center of Damauli Hospital was studied,

which was descriptive and cross-sectional. From our study, it was found that incidence of HIV/AIDS was found decreasing trend in comparison to previous year. Critical reviews were done on three different topics which were Recording and Reporting System, Social Health Insurance and Federalism in health system. Mini Action Project was done on Recording and Reporting System which was found to be priority management issue in the district. One day workshop was conducted in this topic with coordination with DPHO and others staff of Health Post. A five year plan on HIV/AIDS was prepared in Logical Framework Analysis model with goal To reduce the HIV related deaths and stop all new HIV cases by the year 2024 with budget of 5,13,76,000.

Altogether two presentation were done in the district ,first presentation was done to share our objectives with HO staffs and final presentation was done to share our overall findings and learning during field program with all stake holders and valuable suggestions/ feedback were obtained. District health system management field is a learning process. We learned a lot being exposed to practical field situation and through valuable comments of local supervisors. Additional guidance and support from campus supervisors encouraged us and help of all local leaders and HO staffs during stay was admirable.

Health System of Vyas Municipality

Vyas Municipality is the Municipality situated in the Western development region, Tanahun district. Area of Vyas Municipality is 283.60/sq. km with population density of 284 person/sq. km, total population of Vyas municipality is 70335 and population growth rate was 5.132%. It is surrounded by Bhanu Municipality in the East, Myagde Rural Municipality in the West, Lamjung and kaski districts in the North and Devghat rural Municipality in the South. The Main objective of our study was to acquire knowledge and skills regarding the District/Municipal Health Field Practice by exploring the health system of Vyas Municipality/Tanahun district. The study design was descriptive, cross sectional.

For the delivery of health services in Vyas Municipality, 10 Health posts, 1 Ayurveda Ausadhalaya, 5 UHC, 54 EPI clinics, 1 governmental hospital and private practitioners are the major health institutions.

As this period is the transitional period for health and every sectors of Nepal due to the challenges of implementing federalism. Major health activities and programs running in the District/Municipality are Immunization Program, Nutrition Program, Safe Motherhood, Family Planning, Epidemiology and Disease Control, PHC/ORC, HEIC and FCHV up to the community level.

Top-down and Bottom-Up approach of planning was in practice. Budget was handover through federal government to local government directly. Supervision is carried out as per the schedule but follow-up supervision is rarely done.

In Vyas Municipality, BCG vs. Measles vaccine drop out is -20% and DPT-I to DPT-III dropout rate is 12% for the year 2075/76. Incidence of ARI is 92% out of 710 U-5 children for the year 2075/76. Incidence of pneumonia is 8% of 710 U-5 children. The children aged 0-12 months growth monitoring coverage in the year 2075/76 was 97%. Out of total expected pregnancies, women attending 1st ANC visit (as per protocol) is 10% in the FY 2075/76 and 4 ANC visits (as per protocol) is 7% in the same year. The contraceptive prevalence rate (CPR) though is less than national average and is 23.60% in the FY 2075/76. No cases of leprosy had been reported in Vyas municipality but 14 newly infected people of HIV/ AIDS were taking antiretroviral medicines in Vyas Municipality. Fever under evaluation counts the top position on top ten diseases for the last three years according to the data given By Damauli hospital.

ABBREVIATIONS

AHW	Auxiliary Health Worker
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARI	Acute Respiratory Tract Infection
ART	Antiretroviral Therapy
BCG	Bacillus Chalmette Guerin
BEOC	Basic Emergency Obstetric Care
BPH	Bachelor of Public Health
BCC	Behaviour Change Communication
BPP	Birth Preparedness Package
CAC	Comprehensive Abortion Care
CB-IMNCI	Community Based- Integrated Management of Newborn and Childhood Illness
CDD	Control of Diarrheal Disease
CDO	Chief District Officer
CEOC	Comprehensive Emergency Obstetric Care
CFR	Case Finding Rate
CHD	Child Health Division
CHU	Community Health Unit
CMA	Certified Medical Assistant
COPD	Chronic Obstructive Pulmonary Disease
CPR	Contraceptive Prevalence Rate
C/S	Caesarean Section
CYP	Couple Year Protection
DAO	District Administration Office
DDC	District Development Committee
DHFP	District Health Field Practice
DoHS	Department of Health Services
DOTS	Directly Observed Treatment System
HO	Health Office
DPHO	District Public Health Officer
DPR	Disaster Preparedness and Response

DPT	Diphtheria Pertusis Tetanus
EDCD	Epidemiology and Disease Control Division
EPI	Expanded Program on Immunization
EWARRS	Early Warning Reporting and Response System
FCHVs	Female Community Health Volunteers
FP	Family Planning
FMIS	Financial Management Information System
FY	Fiscal year
GMC	Gandaki Medical College
GOs	Governmental Organizations
GoN	Government of Nepal
HA	Health Assistant
HEIC	Health Education Information Communication
HFs	Health Facilities
HI	Health Institution
Hib	Haemophilus influenza
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information System
HP	Health Post
HuRDIS	Human Resource Development Information System
IEC	Information, Education, Communication
IFA	Iron and Folic Acid
INGOs	International Non-governmental Organizations
IPD	In Patient Department
IPO	Input Process Output
IUCD	Intra Uterine Contraceptive Device
JE	Japanese Encephalitis
LCD	Leprosy Control Division
LMD	Logistic Management Division
LMIS	Logistic Management Information System
LRTI	Lower Respiratory Tract Infections
MAP	Mini Action Project
MCHW	Maternal and Child Health Worker
MDR	Multi Drug Resistant

MO	Medical Officer
MoH	Ministry of Health
MR	Measles Rubella
MSNP	Multi-Sector Nutrition Plan
MWRA	Married Women of Reproductive Age
IUD	Intra Uterine Device
NCASC	National Centre for AIDS and STD Control
NIP	National Immunization Program
NGOs	Non-governmental Organizations
NTC	National Tuberculosis Centre
NHTC	National Health Training Centre
NHSP-IP	Nepal Health Sector Program-Implementation Plan
NHEICC	National Health Education Information and Communication Centre
NPC	National Planning Commisssion
NRCS	Nepal Red Cross Society
NRH	Nutrition Rehabilitation Home
OPD	Out Patient Department
ORS	Oral Rehydration Solution
PAC	Post Abortion Care
PCV	Pneumococcal Conjugated Vaccine
PHCC	Primary Health Care Center
PHC/ORC	Primary Health Care/ Outreach Clinic
PMTCT	Prevention of Mother to Child Transmission
PNC	Postnatal Checkup
POSDCoRB	Planning, Organizing, Staffing, Directing, Coordinating, Controlling, Recording/Reporting and Budgeting
PPP	Public Private Partnership
RRT	Rapid Response Team
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goals
SLTHP	Second Long Term Health Plan
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Right

STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
SWOT	Strength, Weakness, Opportunity and Threat
TB	Tuberculosis
TT2	Tetanus Toxoid
UHC	Urban Health Clinic
URTI	Upper Respiratory Tract Infections
VSC	Voluntary Surgical Contraception
WHO	World Health Organization

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CHAPTER I
INTRODUCTION

1.1 Background

"A health system based on primary health care is more or less self-contained segment of the national health system. It comprises first and foremost a well-defined population living with in a clearly delineated administrative and geographical area whether urban or rural. It includes all institutions and individuals providing health care in the district. A district health system therefore, consists of a large variety of interrelated elements that contribute to health in home schools, work places and communities, through the health and other related sectors. It includes self-care and all health care workers and facilities up to and including hospital at first referral level and appropriate laboratory, other diagnostic and logistic support services, its elements, need to be well coordinated by an officer assigned to this function in order to draw together all these elements and institution into a fully comprehensive range of promotive, preventive, curative and rehabilitative health activities."

- Global Program Committee, WHO 1986

The district/municipal health system takes into account the following principles: equitable access; effectiveness; decentralization; community involvement and self-reliance. The district/municipal health system includes four dimensions:

Community involvement and inter- sectoral coordination.

- **Functional infrastructure:** Information, management (planning, financing and budgeting), human resource planning and development, logistics facilities and research.
- **Levels of service delivery:** Family and home, community health activities, first health facility, first referral level hospital/district hospital, DHO/DPHO.
- **Primary health care elements:** Appropriate treatment of common diseases, provision of essential drugs, control of communicable disease, immunization, reproductive health, water and sanitation, food and nutrition, health education.

Thus, district health system is also a self- contained segment of national health system

of Nepal. It has a significant role to play for the health and well-being of people living in the particular territory. In pursuance to the national policy, district health system is based on the Primary Health Care with the theme of community participation, inter-sectoral coordination, appropriate technology and equitable distribution among the people. Realizing all these essentialities, a district health manager should have suitable skills for diligent work and for this both theoretical as well as practical exposure is very crucial.

The District Health System Management field provides immense opportunities to learn the needed managerial and technical skills and to visualize the theory learnt in practice. It also helps to find out the gap between what is and what should be.

1.2 Objectives

General objective

- To explore & acquire knowledge and skill regarding health management system, different health problems and their management aspects on health problems/issues at district/municipal level.

Specific Objectives

- To prepare district health profile of Tanahun District and Vyas municipality.
- To analyze and understand the management function and constraints and limitations of health programs in Tanahun District and Vyas Municipality.
- To plan, conduct and evaluate mini action project.
- To conduct epidemiological study or outbreak investigation on any health issues/problems.
- To develop a five year plan on logical frame on any health problems.
- To review/appraise critically on prioritized problems/issues of health or management issues in health individually.
- To recommend concerned authorities.

1.3 Rational of the study

District Health Field Practice is an important part of BPH (Bachelor in Public Health) curriculum. It is practical oriented field based subject and aims at widening the understanding and competency of public health personnel at the district level in the

development of the health services. It makes us more matured and build confidence to work within the district settings.

1.4 Methodology

Study area: Our field study was completed in Tanahun District and Vyas Municipality of Tanahun District

Study duration: The district management field practice was about 60 days.

Study method: Both quantitative and qualitative method was used in our field study

Study Design: Descriptive Cross-Sectional study design was used for the field study.

- **Source of data/information**
  1. Primary: Group discussion, interview, observation
  2. Secondary: Record review
- **Techniques and tools of data collection**

Table 1: Methodology and Approach Matrix

S.N	Specific objective	Methods / Approaches	Tools	Source of Information	Output
1.	To be able to prepare district health profile and municipal health profile including its geographic, demographic, socio economic and cultural characteristics.	Secondary data review and interview	Interview guideline and diary.	DPHO, health coordinator Program supervisors, annual report	Understood district/municipal health profile including its geographic, demographic, socio economic and cultural characteristics .
2.	To develop the understanding of structure and function of health care system.	Group discussion, observation and interview.	Interview Guideline, checklist and diary.	DPHO, Health coordinator Supervisor, Dept. in charges.	Understood structure and function of HO and health section of municipality.

Table 2: Methodology and Approach Matrix Continued

3.	To develop skills for epidemiological analysis on a prioritized health problem.	Secondary data review, interview and literature review.	Data review and interview guidelines format.	OPD Register	Epidemiological study on a prioritized health problem.
4.	To analyze critically on three health and/or management issues at health system of Tanahun	Interview, group discussion, literature review and observation.	Guideline, data review format and diary.	DPHO, Health Coordinator supervisors, and concerned authorities	Health management issues.
5.	To develop skills in preparing a five year strategic plan on a prioritized health or management issue.	Interview, group discussion and literature review.	Guideline, data review format and diary.	DPHO, Health Coordinator supervisors and registers.	Prepare a 5-year plan on health issue
6.	To plan, implement and evaluate mini action project on prioritized health or management issue	Interview, group discussion, literature review and workshop	Guideline, data review format and diary.	DPHO, Health Coordinator, working staffs	Able to conduct mini action project recording and reporting
7.	To develop skills to work in close coordination, partnership with several concerned	Interview, group discussion, observation	Interview guideline, checklist and Format	Program officer of the different organizations,	Developed skills to work in coordination with different stakeholders.

Table 3: Methodology and Approach Matrix Continued

	stakeholders at the district level.	and participation.	for group discussion	guidelines for visiting health institutions and related organizations.	

- **Data Processing**
  - Editing
  - Coding
  - Classification
  - Tabulation
- **Data Analysis and presentation**
  - Analysis: Manually and by using computer (MS.Excel)
  - Presentation: Graphic, diagrammatic and tabular forms.

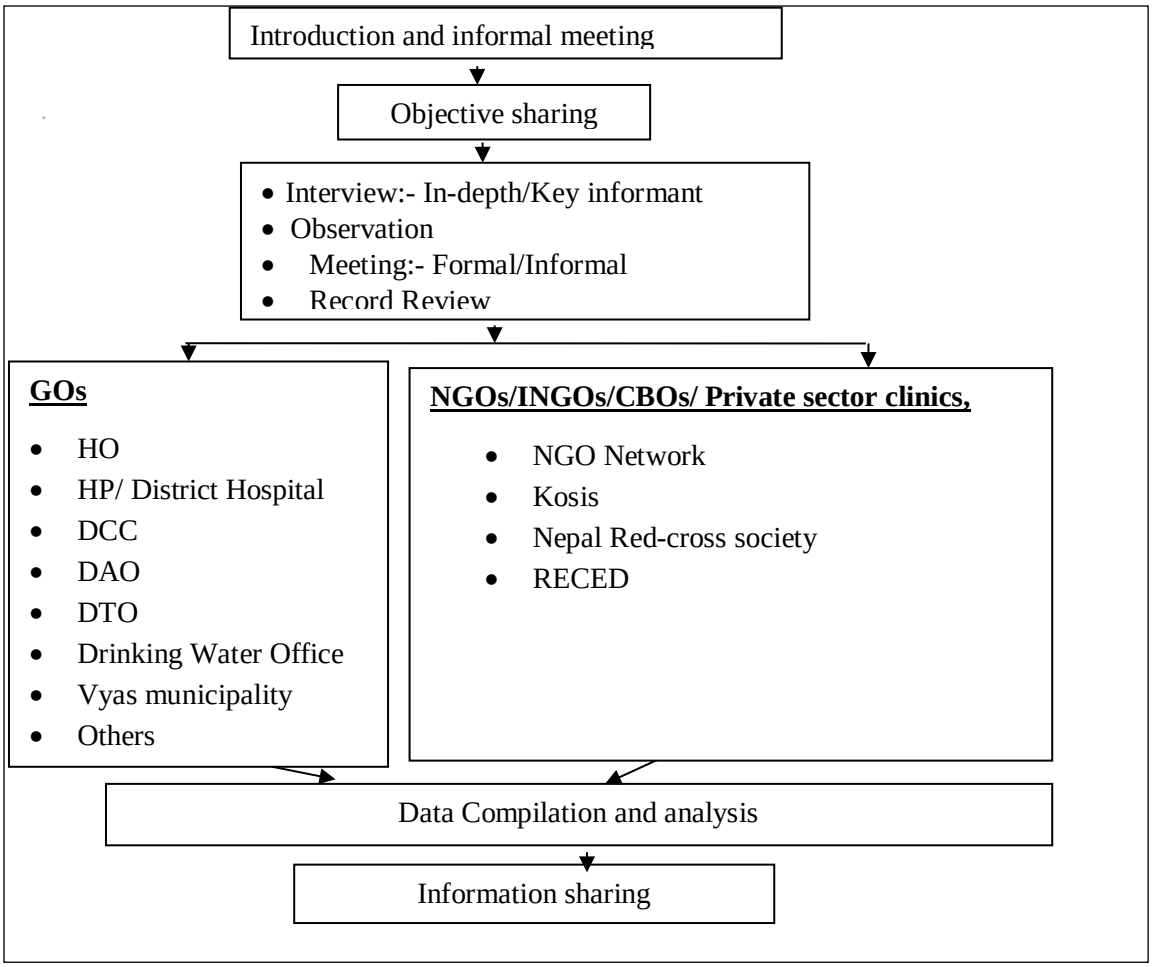

Figure 2: Process for data collection, analysis and presentation

- **Validity and Reliability**
  - Theory and orientation classes prior to field.
  - Consultation with respective teachers during the field study.
  - Supervision and guidance by HO and Section in charge as well as Health Section, Vyas Municipality.
  - Literature review.
  - Cross checking and editing of data with the help of Statistical Officer.
  - Strictly following the guidelines, checklist and questionnaire formats.
- **Ethical considerations**
  - Cross checking and editing of data was done while reviewing secondary data with the help of head of statistical section,
  - Triangulation of data of different program was done e.g. FP, Immunization, Safe motherhood etc.
  - Official publications like district annual report, publication of different offices were used,
  - Guidelines, checklist were strictly followed.

- **Limitation of the study**
  - Use of secondary data.
  - Biasness in primary data respondents.
  - Unavailability of adequate and necessary information in some of the programs.

1.5 Logistics Management

- **Lodging and Fooding:** Our lodging and fooding was at a private room near HO.
- **Stationeries:** Stationeries were managed by students self.
- **Financial support:** All the expenditures were managed by the students self. There was no any external financial support.
- **Transportation:** Our transportation facility was managed by campus.

CHAPTER II

DISTRICT PROFILE OF TANAHUN

2.1. Tanahun district

2.1.1 Introduction

Tanahun district, one of the seventy-seven districts of Nepal, is a part of Gandaki zone, of province 4. The district covers an area of 1546 km². The district lies 110 km west of Kathmandu and 49 km east of Pokhara. Altitude in the district varies from 190 meters above sea level at Devghat to 2325 meters at Chamkeshwari Lek. Maharisi Veda Vyash, author of the great Hindu epic Mahabharata, was born in Damauli Tanahun at the meeting point of river Seti and Madi. That is why the headquarter of Tanahun is named as Vyas Municipality. Vyash gufa (where sage vyash used to meditate) is located near confluence of two rivers seti and madi in Damauli. It is bordered by Chitwan and Gorkha district on east, Syangja district on west, kaski and Lamjung on north and Palpa, Chitwan, and Nawalparasi district on south.

Tanahun is also the birth place of Bhanubhakta Acharya (1814 – 1868) the first known poet of Nepal and also writer who translated the great epic Ramayana from Sanskrit to Khas language.

Over 80 percent of the population lives in rural areas. Damauli, Abu Khaireni, Khairenitar, Dulegauda and Bhimad are major towns in the district. The district is also home to culturally rich villages like Thaprek, Firfire, Jhargaon, Hilekharka, Mewabari, Rising, Maiwal, Koidim, Golla, Rimsi, Botetar and Simaltar among others

Figure 3: Map of Tanahun District

2.1.2. Geographical feature and Topography

- District: Tanahun
- Area: 1546 sq. k.m(154600 hectare)
- Latitude: 27º44’ to 28º05’ North
- Longitude: 83º50’ to 84º34’ East
- Altitude: 190 m to 2325 m from sea level
- East: Chitwan and Gorkha district
- West: Syangja district
- North: Kaski and Lamjung district
- South: Palpa, Chitwan and Nawalparasi district
- Yearly rainfall: 1761 mm
- Maximum temperature: 38º to 41ºc
- Minimum temperature: 3º c

2.1.3 Political and administrative division

Prior to federation

- Development region : Western Development Region
- Zone : Gandaki
- District: Tanahun
- District Headquarter: Damauli

After federalism

- Province: 4
- District: Tanahun
- Urban Municipality: 4
- Rural Municipality: 6

2.1.3. Socio demographic characteristics

- Total population : 3,23,288
- Female :1,79,878
- Male : 1,43,410
- Total household no :78,309
- Population Density :209 per sq k.m
- Sex ratio :79.7 female per 100 male
- Total literacy rate :84.8%
- Female literacy rate :67.9%

- Male literacy rate :83.7%
- Average Household size :4.13

  (Source: CBS 2011)

  - **Population by religion**

- Hindu: 86.51% (Major)
- Bouddha: 9.44%
- Muslim: 1.28%
- Christian: 1.69%
- Others: 1.08%

Table 4: Population by Ethnicity

Caste	**%**
Magar	26.9
Brahmin	11.85
Chhetri	11.6
Gurung	11.5
Dalit	7.5
Total	100

2.1.4 Resources

2.1.4.1 Major Religious places

Chabdi Barahi, Shiva-panchayan Mandir, Akala Mandir, Dhorbarahi, Basantapur Thanimai, Chimkeshori, Bandipur, Khadakmai Mandir,Devghat dham, etc.

2.1.4.2 Major Tourist places

Manhudada, Seti/madi River (for Rafting), Siddha gufa, Bimalnagar (for rock climbing), Bandipur, Ajambarikuwa, Ranipokhari, Kotdurbar, Kyaminkot etc.

2.1.4.3 Major Caves

Vyas cave, Siddha cave (Bimalnagar), Parasar cave, Mellinium cave (firfire), Sital cave, Ananta cave, Buldi cave, Chitre cave,etc

2.1.4.4 Developmental Resources

2.1.4.4.1 Educational institutions

Table 5: Educational Institutions

	Number of public school	Number of private school	Total
Pre- primary school	347	149	496
Primary school	340	60	400
Lower secondary school	68	38	106
Secondary school	62	31	93
Higher secondary school	44	8	52

2.1.4.4.2 Transportation

- Blacktopped: 150.031 Km
- Gravel: 98 Km
- Un-sealed road: 2122 Km
- Total: 2370.031 Km

2.1.4.4.3 Land

Forest area: 72080 hectre

Table 6: Area of Cultivable Land and Irrigated Area

Cultivated land	
Khet	65061 Hectare
Pakho	38066 Hectare
Irrigated area	
Yearly	6347 Hectare
Seasonal	7230 Hectare
Major crops	
Cereal crops: Paddy, Wheat, Maize, pulses Cash crops : Ginger, Orange, Coffee, Silk	

2.1.4.4.4 Health services

Table 7: Type of health facility in Tanahun District

S.N.	Health facility	Number
1	District Health Office	1
2	District Hospital	2
3	Primary Health Care Center	2
4	Health Post	46

5	Birthing center	33
6	PHC ORC clinic	156
7	Immunization Clinic	219
8	CEOC/BEOC site	1/3=4
9	District Ayurveda Health Center	1
10	Urban health center	12
11	Community health unit	14
12	FCHVs	466
13	NGOs	5
14	Private/Public hospital	12
15	Poly clinic	3
16	Health clinic	2
17	Dental service provider	3
18	Aayurvedic ausadhalaya	11

2.2. Vyas Municipality, Tanahun

2.2.1. Introduction

Vyas Municipality was established in 2048 B.S Chaitra 30 which is named after the great sage Vyas. The municipality is 150 Km west from the capital Kathmandu, 50 km east from Pokahra, in the Prithivi Highway.

Vision of Vyas Municipality: *"Bibidhatayukta ekatako samunnat gaunsahar,ujjyalo haravhara samriddha hamro Vyas nagar"* .

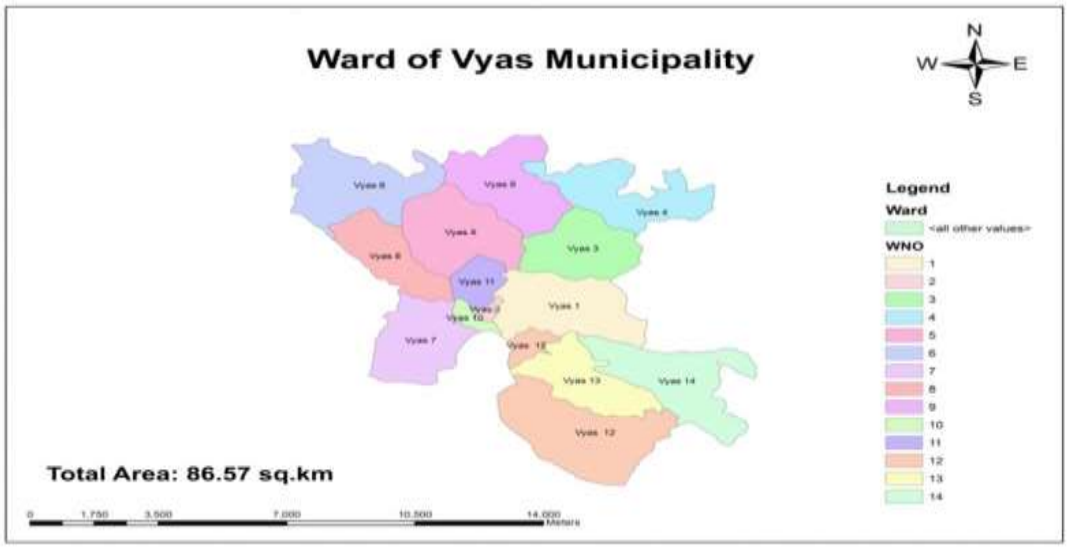

Figure 4: Map of Vyas Municipality

2.2.2 Geographical Location

Total Area: 248 sq.km

Altitude: 250 -1120 meters from sea level

Boundaries

Table 8: Boundaries of Vyas Municipality

East	Bhanu Municipality and Bandipur Rural Municipality
West	Suklagandaki Municipality and Myagde Rural Municipality
North	Lamjung and Kaski districts
South	Devghat Rural Municipality and Rishing Rural Municipality
Altitude	250-1120 meters from sea level

2.2.3. Demography

Table 9: Demographic structure of Vyas Municipality

S.N.	Details	Census 2011
1	Total population	70,335
2	Female	39,075
3	Male	31,260
4	Sex Ratio (Number of males per 100 females)	80
5	Number of households	18,339
6	Average family size	3.84
7	Area (per sq. km.)	248
8	Population density (per sq. km.)	283.60
9	Average growth rate	5.132

2.2.4. Total Health Institutions in Vyas Municipality

• Ward no 1-4: No Health institutions

• Ward no 3: Hospital-1(Damauli Hospital)

Ward no 5: CHU-1 (Ranitari Community Health Unit)

• Ward no 6: HP-1 (Shyamgha Health Post), CHU-1 (Madibesi CHU)

• Ward no 7: No any Health institutions

• Ward no 8: HP-2 (Risti, Risti 2 Health post)

- Ayurveda Ausadalaya- 1
- CHU -1

• Ward no 9: Health post -3 (Kartikechaur, Satiswara, Gajure)

- Ward no 10: UHC-2 (Dumsichaur, Dumsi)
- Ward no 11: Health Post- 1(Tanahusur)
- Ward no 12: Health Post -1 (Ghansikuwa)
- Ward no 13: UHC- 1 HP-1 (Pokhaibhangyang, Chabdi)
- Ward no 14: HP- 1(Keshavtar Health Post)

CHAPTER III
OVERVIEW OF HEALTH SYSTEM OF TANAHUN DISTRICT/ VYAS MUNICIPALITY

3.1. Introduction

Health System of Tanahun consists of a large variety of interrelated elements contribute to health in homes, schools, workplace and communities and is multicultural in orientation. It includes self-care and all health care workers and facilities whether governmental and non-governmental including private clinics and the appropriate supportive services such as laboratory, diagnostic and logistic support.

The main thrust of district health services as per National Health Policy1991 is to bring about improvement in the overall health status of people through extending the PHC services to rural population so that they benefit from modern medical facilities and trained health care providers Ayurveda practitioners playing a dominant role in the provision of health care. Modern health care system is the major system of health care delivery in government and private run institutions.

Health Management System in Tanahun was dynamically proceeding through various efforts and activities. Health system in Tanahun is a composite arrangement of various components that has direct or indirect contribution to the health status of people. There are various heath and non-health organizations, institutions and different practitioners in the district. Along with modern health care system which is managed by Health division of the municipality and HO, there are also many NGOs, INGOs, GOs, private and indigenous system of medicine playing important role in health system for the health and wellbeing of people.

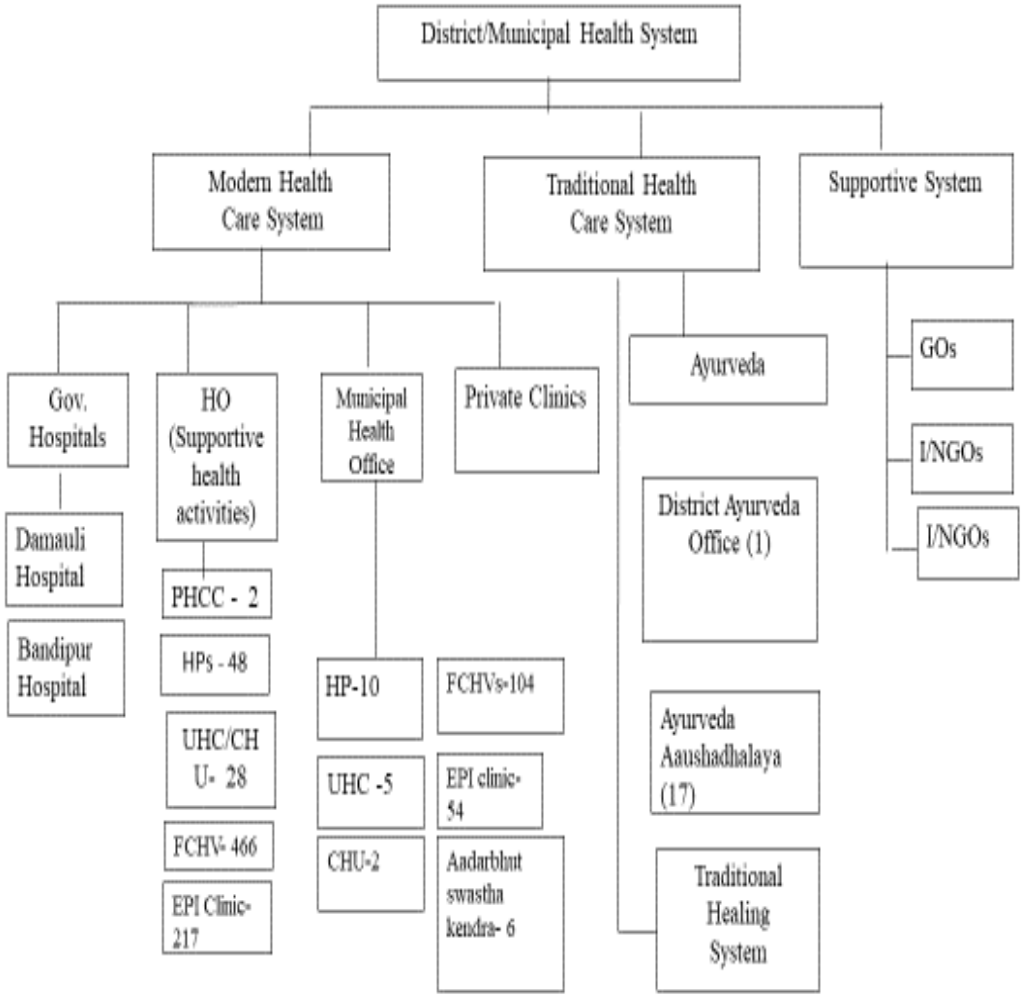

Figure 5: Organizational Structure of District/Municipal Health System

3.2. Modern health care delivery system

Government health system is dominantly occupied by modern health care system. Health office is the authorized body of government health system in the district. It is focal point of all health institution providing health service in the district. It consists of following institutions providing modern health care to the people:

Governmental hospital-2

PHCC-2

Health posts- 48

UHC/CHU-28

Along with these government agencies, medical halls, dental clinics and laboratories from private sectors are also providing modern health care services in Tanahun district. Recently due to the federal system applied in Nepal, all the authority of the HO inside

the Municipality was transferred to the Municipal Health office, which is responsible for the management of HP, PHCC, CHC, and UHC inside the respected municipality.
Vyas Municipality consists of following institutions providing the Health care services to the peoples.

1. HP-10
2. UHC-8
3. CHU-2
4. FCHVs-104

3.3. Traditional health care delivery system

Among various health care institution of Tanahun district, here are 11 Ayurveda health institutions:

- District Ayurveda Health Centre (1)
- Ayurveda dispensaries (17)

3.4. Traditional Healers

There was no registered statistics about Traditional Healer in the district. However, there is a practice of such traditional healers in the district. In the district, Traditional Healers were oriented to TB Control Program, Leprosy Control program, EPI, Safe motherhood but no exact statistics were found because of poor recordings of trainings conducted. Thus referral practice was found to some extent from them to the Health institution. There was no provision to include Traditional Healers formally in the system.

3.5. Government or Public sectors

There was an integration of district hospital and public health office. All peripheral health institutions as PHCC, HP and UHC and others were running under Municipal Health office with the supportive collaboration with the HO.
Although HO and Municipal Health office is the main authorized governing body for the health system in the district and Municipality respectively, there were various other governmental line agencies which coordinate with the HO and Health division of the Vyas municipality and helped it in the various aspect of the health system. They were

directly or indirectly contributing for the health and wellbeing of the people in the Tanahun District.

The major governmental line agencies are:

- District Administrative Office (DAO)
- District Coordination Committee (DCC)
- District Drinking Water and Sanitation Division Office
- District Women and Children Office
- District Agriculture Office
- District Police Office
- District court

Major Private Sectors

Private organization that supports the health care system of the Tanahun districts and Vyas municipality falls under the private sectors of Health care. It consists of

1) Private hospitals (Under municipality)

- Apollo hospital
- Vyas hospital

2) Private medicals and dispensaries

There were no formal statistics about the total number of private medical in the Tanahun district and Vyas municipality. In Damauli, Bhimad, Dulegaunda, there were private medical halls, dental clinics, private labs and Ayurveda clinics providing health service to the people. However, exact data about the health services they were providing was lacking because of no proper recording and reporting systems. Coordination was lacking among each other and District Health Office, Tanahun.

Non-Governmental sectors in Vyas Municipality

There are various Non-governmental organizations (NGOs), who are working on the Vyas Municipality; they were working on the projects that directly contribute to improve the Health status of the people of the municipality. Those were:

1. Red cross society, Tanahun
2. NGO Network
3. Kosis (Mentally illness causing disabilities)
4. RECEDE

CHAPTER IV

DISTRICT/MUNICIPAL HEALTH MANAGEMENT IN TANAHUN DISTRICT

4.1 Introduction

The overall structure of HO and MHO was studied in the framework of input, process and output model. The relationship among the input, process and output of different health programs running under HO Tanahun was analyzed during this field study. Input like infrastructure, human resource, trainings, logistics and budget when go through various processes like planning, organizing, staffing directing etc. give output in the form of morbidity, mortality and other indicators.

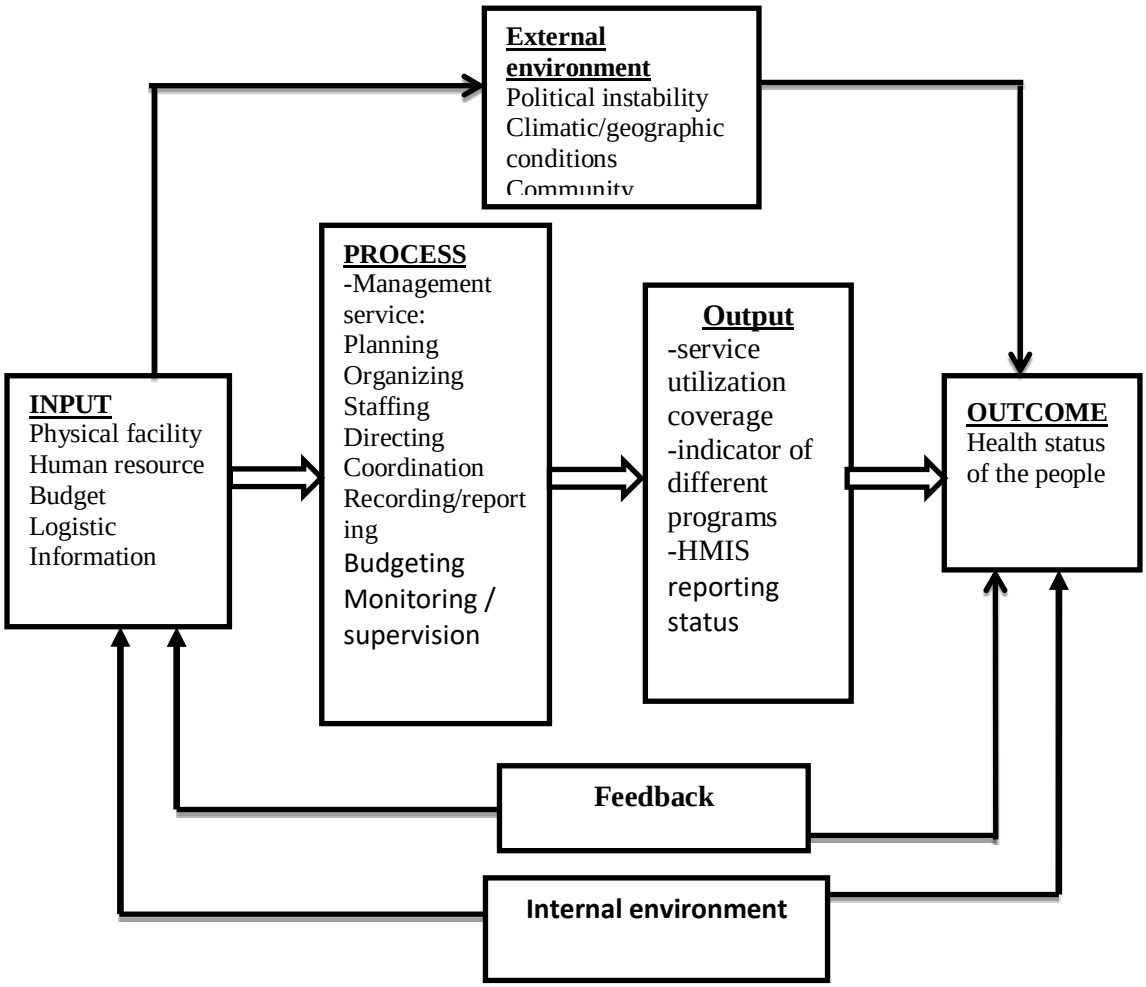

Figure 6: IPO Model

4.2. Input

4.2.1. Infrastructure

Health office

Health office of Tanahun district currently using the building of the Health training center, but the new building of the health office is in construction process.

Municipal Health Section

Municipal health office is located inside the own building of the municipality, although, Municipal health office has not the own building, It is situated in one room of the municipality which is very congested and seems too difficult to work in regular manner.

4.2.2 Human Resources

In Health office of Tanahun district, there is one chief District health officer of seventh level, who is the main person for general planning, directing, leading and general controlling of the overall staffs.

Table 10: Human Resources of Health Office, Tanahun

SN	Post	Level	Sanctioned	Fulfilled	Vacant
1	District Health officer(Chief)	9/10	1	-	1
2	Public Health officer (BPH/MPH)	7/8	1	1	-
3	Public Health officer	5/6/7	3	3	-
4	Account Officer	6	1	-	1
5	Statistics officer	6	1	-	1
6	Administrative Officer	6	1	1	-
7	Light Vehicle Driver	-	1	1	-
8	Cold chain officer	6	1	1	-
9	Public Health Nurse	5/6	1	1	-
10	Lab Technician	-	1	-	1
11	Office Helpers	-	2	2	-
12	Total		14	9	5

Table 11: Human Resources of Health Section, Vyas Municipality

SN	Post	Level	Sanctioned	Fulfilled	Vacant
1	Health Coordinator	7/8	1	1 (6^{th} level)	-
2	Public Health Nurse	5/6	1	1 (AHW)	-
3	Ayurveda Officer	5/6	1	1	-
	Total		3	3	-

4.2.3. Budget

The total released budget for the Health Office of Tanahun in fiscal Year 2075/76 was fourteen crore, twenty one lakhs, twenty eight thousand, three hundred and twenty three only (14,21,28,323).

The total released budget for the Health section at Vyas Municipality in fiscal Year 2075/76 was four crore, fifty three lakhs, and one thousands (4,53,01,000).

4.2.4. Information System

Information is needed for the rational decision making. The information obtained on different programs of HO and municipality from different heath institutions is used to monitor and evaluate performance of programs under the DoHS .The information systems therefore affects the policy, programs and activities of DoHS. Health Office and Municipal Health Section plays an important role in collecting progress reports form peripheral service outlets; compiling it, sending it to the center, getting feedback and providing feedback to the peripheral health institutions regarding the different aspect of the programs. There are 5 management information systems currently practiced by HO of Tanahun and Vyas municipality. They are:

1. Health Management Information System (HMIS),

2. Logistic Management Information System (LMIS),

3. Human Resource Management Information System (HuRDIS),

4. Financial Management Information System (FMIS),

5. Early Warning and Reporting System (EWARS)

4.2.5. Logistics

An effective Logistics Management System is the backbone for the effective health care delivery services from all levels of the health institutions and achieving the anticipated health indicators in the country.

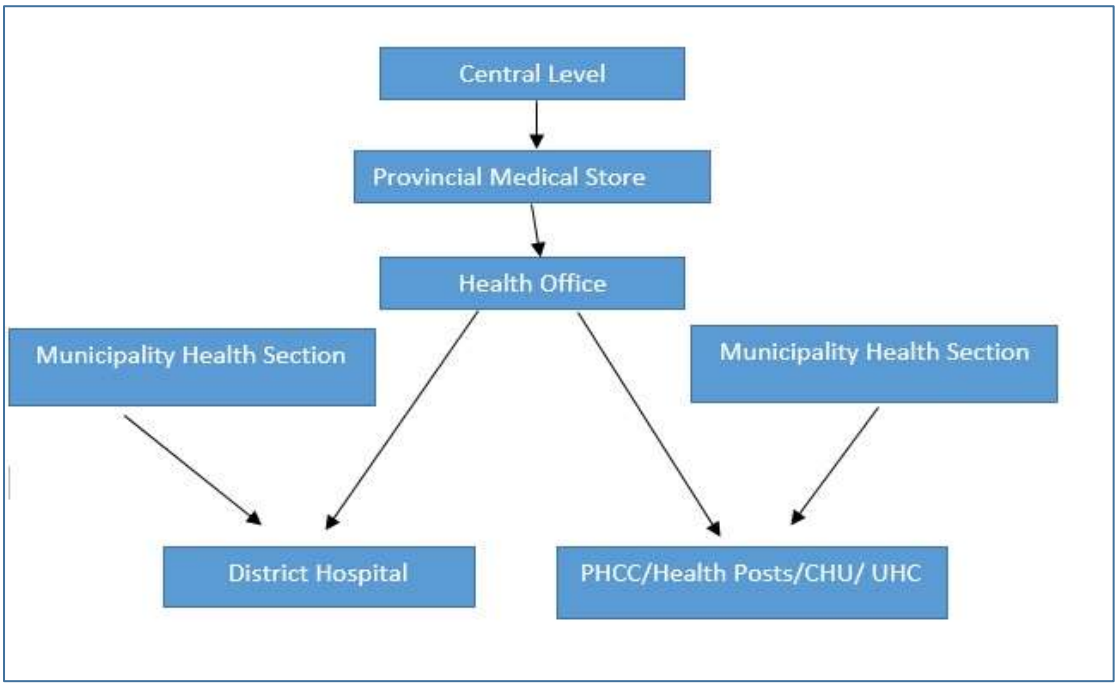

Figure 7: Flow of Logistics

4.3. Process

4.3.1. Planning

Planning is the primary function of management. It is the process of setting goals and choosing the actions to achieve these goals. Health service planning is the comprehensive process of identifying key objectives and choosing the best alternative means of achieving them.

Planning is the continuous process which includes the series of activities including defining the health problems, identifying the unmet needs and corresponding resources to address the problem establishing the priority goals and objectives and execution of the planned activities to accomplish the purpose of the planned programme. In health management, planning is a cross cutting issue which involves in each and every component of management. Effective planning ability is a necessary tool for manager to determine what is to be done and how it is to be done.

4.3.2. Organizing

Organization is any group of individuals, large or small that is operating under the direction of executive leadership in accomplishment of certain common objectives to achieve the general and specific goals of the organization.

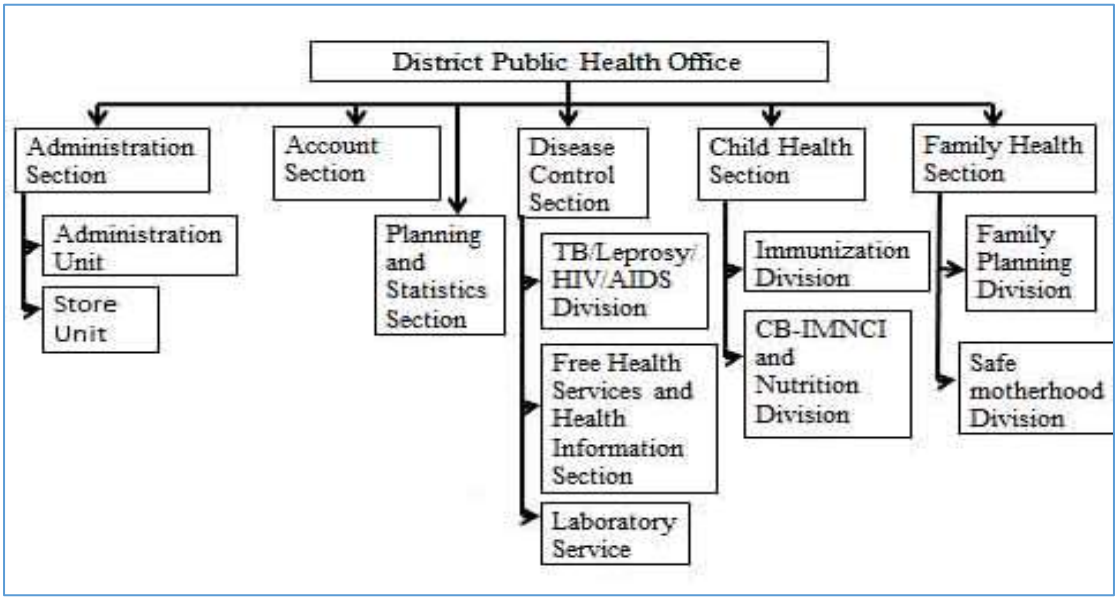

Figure 8: Organogram of Health Office

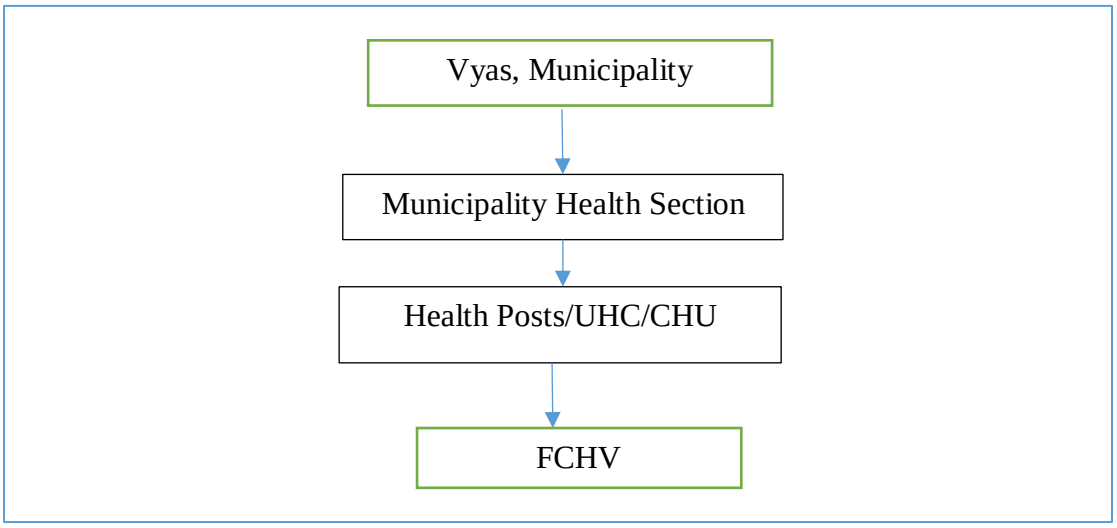

Figure 9: Organogram of Health Section of Vyas Municipality

4.3.3. Directing

The leadership of the DHO is found to be contextual considering democratic and participatory approach. In HO Tanahun, at recent context, HO is not the principal body for direction of other Governmental health institution like HP, PHCCs. HO only conducts supportive supervision to these institutions. Internally, focal persons of each

programme of HO are directed by DHO. Decision is made according to nature of the problems in staff meetings. The staff meeting is conducted as per the need. Annual Review meeting was conducted.

In Municipality, the decision making regarding health programs is done after, discussion with the Mayor, Chief Administrative officer, Account officer, Administrative personnel, and focal person of health in the Vyas municipality. At current situation after decentralization, Municipality is the main responsible body for directing, coordinating, and leading other governmental health institution such as HP, PHCCs, CHU, and UHC. The health coordinators direct, Co-ordinate and lead the programme of Health under municipality.

4.3.4. Staffing

Staffing is a process of filling the organization structure with competent people, through selection and development of personnel to fill the roles designed. The organization chart in connection with job descriptions and job specifications will specify the numbers and types of workers needed to fill the various positions. Staffing activities result in the appointment of individuals to vacant or newly created organization positions either by attracting them as candidates for empowerment from outside the organization or by moving them into the position by promoting or transferring them from within the organization. Staffing pattern of HO of Tanahun district and Vyas Municipality is given in table no. 8 and 9 respectively.

4.3.5. Coordination

Coordination is the process of linking together the activities of various departments and people. It achieves unity of action and harmonization of efforts for attaining organizational goals. It integrates work efforts to achieve goals. Coordination of HO can be explained in two forms. One vertical co-ordination with subordinate and peripheral health institution through staff meeting conducted once a month or through trimester or annual meeting according to program. Another is horizontal coordination that is co-ordination of HO with other GOs, NGOs and INGOs.

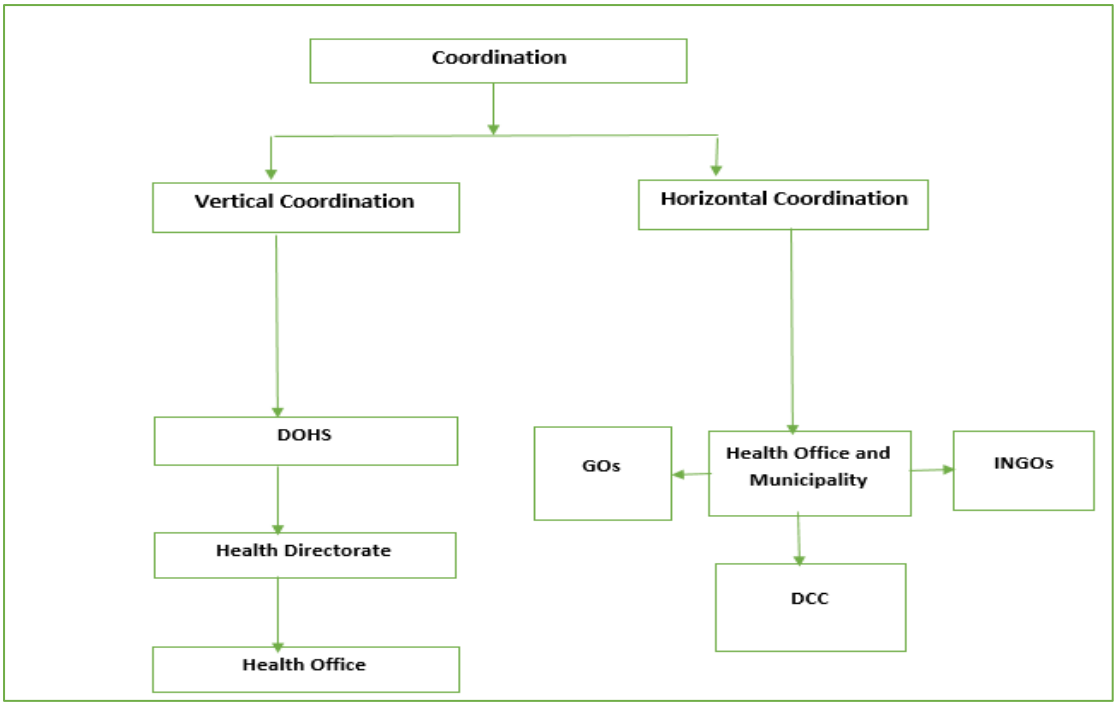

Figure 10: Coordination Mechanism of District Health System

4.3.6. Recording and Reporting

Recording is the system of documentation of information regarding the program activities including the problems and progress. The information is kept in registers, forms etc. Reports are written for communication to the higher level about the program activities, problems and suggestions for improvements. HMIS is running under the district health system Tanahun for recording and reporting.

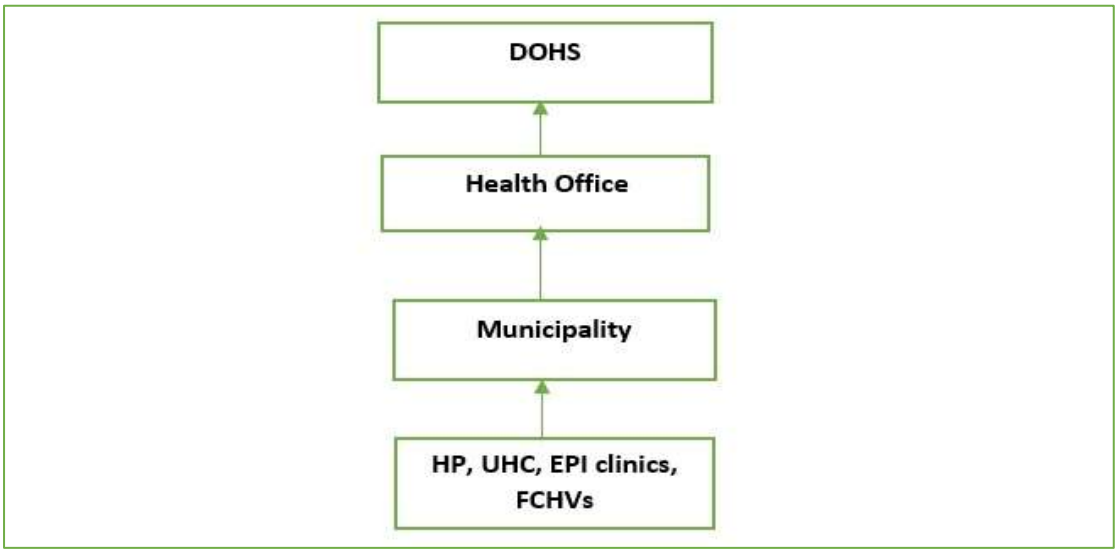

Figure 11: Recording and Reporting of District Health System

4.3.7. Budgeting

Budgeting is the important functions and statement of intended expenditure. In HO, finance section was responsible and the entire budget was controlled by the treasury office. An effective financial support system is imperative for the effective management of health services. Budgeting is the vital tools of management which should reflect the overall plans of an organization. Estimation of the annual budget, releasing the budget from treasury office of the district, recording, reporting and auditing are the financial management functions that are necessary for the implementation of all health programs. An effective financial support system is imperative for the efficient management of health services. Budgeting/ financial management is one of the important functions of HO for which finance section is responsible in the district and all the budget is controlled by the treasury office.

In Health office annual budget come from the Provincial Government according to the programme and activities.

In Municipality annual budget was estimated and separate by Municipality office, center government and some are come from provincial government according to the health programme and activities.

Figure 12: Budgeting Process of Health Office

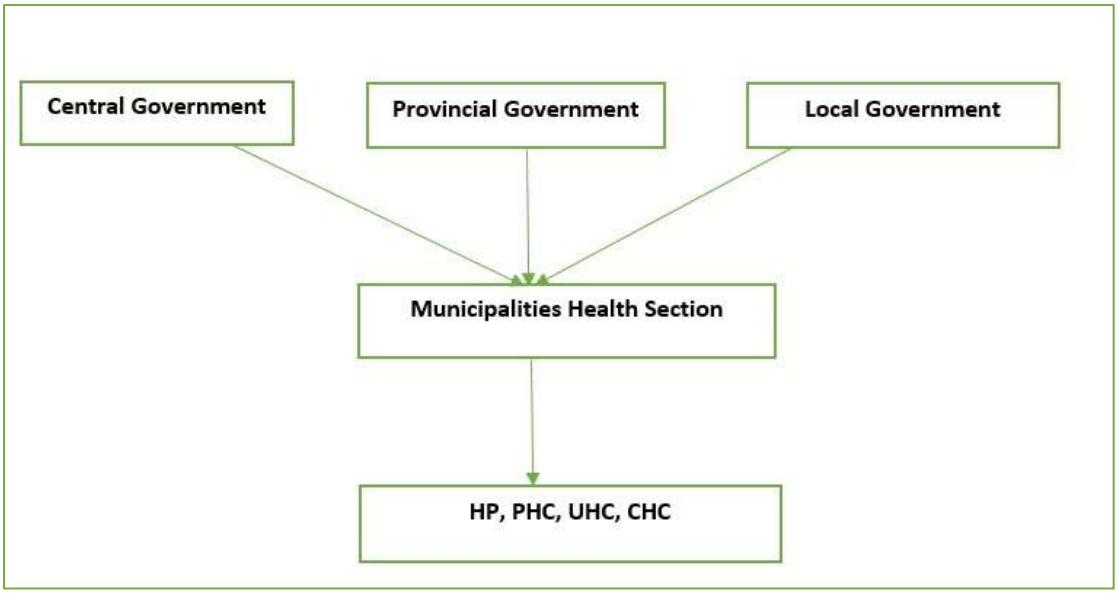

Figure 13: Budgeting Process of Municipality

4.4. Output

Output in system model is the indication of different program indicators, mortality and morbidity indicators and service utilization statistics of different institutions under HO, Tanahun and Vyas Municipality.Major running programs are as follows:

Major Health Programs under HO/Municipality

1. Child Health

- National Immunization Program
- Nutrition Program
- CB-IMNCI

2. Family health and reproductive health

- Family planning Program
- Safe motherhood Program
- FCHV Program
- Primary Health Care Outreach Clinic Program

3. Disease control

- Tuberculosis control
- Leprosy control
- HIV/AIDS and STIs control
- Malaria Control

- Epidemiology and outbreak management Program
- Curative Services

4. Supporting programs

- Health Trainings
- Health education information and communication
- Logistic management
- Laboratory services
- Administration and management
- Financial management
- Health service management
- Primary Health Care Revitalization

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CHAPTER V

HEALTH PROGRAMME OF HEALTH OFFICE AND VYAS MUNICIPALITY

5.1 Child Health Programme

For the aim of reducing exceptionally high infant and child mortality rate, the Child Health Division of the Ministry of Health and Population (MoHP) has launched several child survival intervention strategies including Expanded Program on Immunization (EPI), Community Based Integrated Management of Childhood Illness (CB-IMCI) program, a micronutrients supplementation program, vitamin A and deworming campaign and the Community-Based Management of Acute Malnutrition program. These child survival interventions were initially launched as vertical programs under the MoHP but were subsequently integrated and brought under the Child Health Division in 1995.These programs have further been strengthened to meet the millennium development goals and corresponding targets. The progress, constraints and weakness of these programmes in Tanahun district have been focused here.

5.1.1 Expanded Programme of Immunization

National Immunization Program (NIP) of Nepal (Expanded Program on Immunization) was started in 2034 BS and is a priority 1 program. It is one of the successful public health programs of Ministry of Health and Population, and has achieved several milestones contributing to reduction in morbidity and mortality associated with vaccine preventable diseases.

The EPI has covered 4 Municipality and 4 Rural Municipality of Tanahun District and all wards of Vyas Municipality.

Routine Immunization Coverage

Table 12: Immunization Coverage Rate

Antigens	FY 2073-74		FY 2074-75		FY 2075-76		Annual Report (2017/18) (%)
	Tanahun (%)	Vyas (%)	Tanahun (%)	Vyas (%)	Tanahun (%)	Vyas (%)	
BCG	63	81	58	76	51	56	92
DPT-HepB-Hib1	73	83	72	91	69	85	88.3
DPT-HepB-Hib2	72	83	72	91	72	85	85.4
DPT-HepB-Hib3	70	79	69	88	65	75	81.8
Measles1	69	80	67	88	64	73	81.3
Measles2	58	67	66	86	70	84	66.
JE	66	81	78	99	70	79	79.5
TD and TD2+	44	55	46	73	38	54	62

In Tanahun district, BCG coverage had decreased by 5% in the FY 2074-75 than the FY 2073-74 while it has again decreased by 7% in the FY 2075-76 which is still very low in comparison to national level. The Coverage of DPT-HepB-Hib had decreased in 2075-76 than the FY 2074-75 and it is also very low in comparison to national level. Similarly the coverage of Measles 1 dose, JE and TD2 and TD2+ are also in decreasing trend in FY 2075-76 than FY 2074-75.

The coverage of all vaccines was quiet low in comparison to regional and national level.

Vaccine Wastage Rate

Table 13: Vaccine Wastage Rate

Antigens	FY 2073-74		FY 2074-75		FY 2075-76		Annual Report (2017/18) (%)
	Tanahun (%)	Vyas (%)	Tanahun (%)	Vyas (%)	Tanahun (%)	Vyas (%)	
BCG	88	81	89	81	89	80	77
DPT	39	29	38	23	35	21	21
JE	64	51	64	50	61	52	44
MR	65	58	63	53	61	52	49
PCV	22	14	25	14	23	13	10

Finding

In Tanahun, the vaccine waste rate of BCG was in increasing trend than FY 2073-74 while it is same in FY 2074-75 and FY 2075-76 which is 89%. Overall the vaccine wastage rate of BCG is higher in Comparison to National Data. The wastage rate of DPT-HepB-Hib was also in decreasing trend than 2074-75.

In Vyas Municipality the vaccine wastage rate of BCG was same in FY 2073-74 and FY2074-75 which was 81% and in FY 2075-76 it was decreased to 80%. The vaccines wastage rate of DPT-HepB-Hib was also decreased in FY 2075-76 than previous year.

Drop Out Rate

Table 14: Drop-out rate of Vaccines

Antigens	FY 2073-74		FY 2074-75		FY 2075-76		Annual report (2017/18) (%)
	Tanahun (%)	Vyas (%)	Tanahun (%)	Vyas (%)	Tanahun (%)	Vyas (%)	
BCG vs MR 1st	-8	-8	-16	5	-26	25	11.7
DPT-HepB-Hib 1 vs 3	4	-15	4	4	5	12	7.4
MR 1st vs 2nd	4	-20	14	12	24	-1	-

5.2. Nutrition Program

The overall goal of national nutrition program is to achieve nutritional wellbeing of all people to maintain a healthy life to contribute in the socioeconomic development of the country, through improved nutrition program implementation in collaboration with relevant sectors. Compared to improvement in macronutrient deficiency status, Nepal is globally recognized in reducing the high rate of micronutrient deficiencies (IDA, IDD and VAD) through its successful community based supplementation programs**.**

Being part of global SUN movement, Nutrition is high on the Government of Nepal's priority as demonstrated with the adoption of the Multi Sector Nutrition Plan (MSNP).

Major activities on nutrition program are:

• Growth monitoring and promotion

• Infant and young child feeding

• Integrated management of acute malnutrition

• Prevention of VAD

• Prevention and Control of Iron Deficiency Anaemia and iodine deficiency

• School health program

Suaahara supports the Government of Nepal's multi-sectoral nutrition plan (MNSP) by working in nutrition, agriculture, WASH and health services delivery as well as community mobilization, social and behavior change communications and gender equity and social inclusion to improve the lives of 1,000 days mothers and families.

Service Statistics of Nutrition Programme:

Table 15: Service Statistics of Nutrition program

Indicator	FY 073/74 (%)	FY 074/75 (%)	FY 075/76 (%)	NDHS (2016) (%)
Malnourished among new growth monitored among <5 children (%)	0.12	0.17	0.42	3.6
% of pregnant mother who receive 180 iron tablets	21	24	15	42
% of pregnant mother supplemented by anti-helminthic tablet.	46	46	31	69
% of post-partum mother receiving vit.A	20	19	10	39

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

Community Based Integrated Management of Childhood Illness (CB-IMCI) Program is an integrated package of child-survival interventions and addresses major childhood killer diseases like Pneumonia, Diarrhea, Malaria, Measles, and Malnutrition in 2 months to 5 year children in a holistic way. CB-IMCI 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. The ultimate goal of the IMCI program is to reduce the morbidity and mortality among children under-five age.

CB-IMCI program started in Tanahun district in the FY 062/63. Similarly, CB-NCP was started in 2012 AD by Child Health Division of DoHS. CB-IMNCI program has been initiated in Tanahun district from FY 073/74 and training is being conducted on CB-IMNCI to health workers of the district. However, all the health facilities have been providing CBIMCI services till date.

The Vision of CB-IMNCI program is to contribute to survival, healthy growth and development of under five years' children of Nepal. Similarly, the goal is to improve newborn and child survival and healthy growth and development. The objectives of CBIMNCI program are listed below:

1. To reduce neonatal morbidity and mortality by promoting essential newborn care services.
2. To reduce neonatal morbidity and mortality by managing major causes of illness
3. To reduce morbidity and mortality by managing major causes of illness among under 5 years' children.

The major interventions in CB-IMNCI include essential newborn care, management of newborn complications includes and identification, classification and management of major killer childhood diseases.

5.3.1 Acute Respiratory Tract Infection (ARI)

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

1. Severe pneumonia or very severe pneumonia
2. Pneumonia
3. No pneumonia- cough and cold.

Table 16: Indicators of ARI Control Programme of Tanahun District

S.N.	Indicator	FY 2073/74	FY 2074/75	FY2075/76	Annual Report 2074/75
1.	Incidence of new ARI cases per 1000 in under five children	139.95/1000	124.93/1000	118.08/1000	592/1000
2.	% of new ARI cases per 1000 in under five children	23.6%	17%	13.4%	10.47%
3.	% of severe pneumonia or very severe disease among total cases	0.2%	0.1%	0.2%	0.29%

Table 17: Indicators of ARI Control Programme of Vyas Municipality

S.N	Indicator	FY 2073/74	FY 2074/75	FY 2075/76	Annual Report 2074/75
1.	Incidence of new ARI cases per 1000 in under five children	104.57/1000	84.11/1000	98.92/1000	592/1000
2.	% of pneumonia among new ARI cases	13.4%	14.6%	8%	10.47%
3.	% of severe pneumonia or very severe disease among total cases	Not found	0.1%	0	0.29%

5.3.2. Control of Diarrheal Disease (CDD)

Diarrheal diseases remain still a major public health problem in Nepal causing childhood morbidity and mortality in U5 children. Improvement in diarrhea case management has been used as a primary strategy for the reduction of mortality due to diarrhea among children U5 years of age. All health facilities and FCHVs serve as the primary health providers in the treatment of diarrhea with ORS and Zinc.

Table 18: Various indicators of Diarrhoea among children under 5 years in Tanahun

S.N	Indicator	FY 2073/74	FY 2074/75	FY 2075/76	Annual Report 2074/75
1.	Incidence of new diarrhoea cases per 1000 in under five children	43.17/1000	46.42/1000	35.35/1000	3,12.006
2.	% of dehydration among new diarrhoea cases	10.6%	7.1%	5.7%	16.6%
3.	% of severe dehydration among total cases	4.9%	5.1%	7.3%	0.46%

Table 19: Various indicators of Diarrhoea among children under 5 years in Vyas Municipality

S.N	Indicator	FY 2073/74	FY 2074/75	FY 2075/76	Annual Report 2074/75
1.	Incidence of new diarrhoea cases per 1000 in under five children	33.78/1000	22.9/1000	21.87/1000	3,12.006
2.	% of some dehydration among new diarrhoea cases	12%	4.85%	3.8%	16.6%
3.	% of severe dehydration among total cases	6.5%	6.7%	3.8%	0.46%

5.4. Family Health Programme

Family health program further encompasses series of the programs that bring about the overall welfare of the family through addressing key issues of women health in the reproductive health cycle. These programmes are:

- Safe Motherhood Program
- Family planning
- FCHV program

5.4.1. Safe motherhood Programme

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

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

Activities

- Antenatal care
- Delivery care
- Postnatal care
- Newborn care
- Safe abortion services
- Birth Preparedness Package (BPP)
- Human resource development
- AamaSurakshyaProgramme
- Co-ordination of RH activities

Table 20: Status of Safe Motherhood Programme in Tanahun District

S.N	Indicators	FY 2073/74 (%)	FY 2074/75 (%)	FY 2075/76 (%)	NDHS, 2016 (%)
1.	ANC 1st visit as % of expected pregnancies	48	49	35	66
2.	% of 4 ANC visits	22	23	15	50
3.	% of deliveries conducted by SBA	97	97	97	52
4.	3 PNC check of as Protocol	8	9	7	16

In Tanahun district, the coverage of ANC 1 visits in FY 2075/76 was 35% and the coverage of 4 ANC visits in FY 2075/76 was 15% which was low in comparision with national data.

Similarly, the coverage of 3 PNC Visits was also in decreasing in comparision to National data.

Table 21: Status of Safe Motherhood Programme in Vyas Municipality

S.N	Indicators	FY 2073/74 (%)	FY 2074/75 (%)	FY 2075/76 (%)	NDHS, 2016 (%)
1.	ANC 1st visit as % of expected pregnancies	71	63	16	66
2.	% of 4 ANC visits	46	39	7	50
3.	% of deliveries conducted by SBA	99	99	99	52
4.	% of 3 PNC check of as Protocol	28	23	18	16

In Vyas Municipality, the coverage of ANC 1 Visits as well as 4 ANC visits in FY 2075/76 was also very low as compared to the National Data.

Similarly, the coverage of 3 PNC Visits was increased as compared to National data.

5.4.2. Family Planning Programme

The main thrust of the National Family Planning Programme is to expand and sustain adequate quality family planning services to communities through the health service network such as hospitals, primary health care (PHC) centers, health posts

(HP),primary health care outreach clinics (PHC/ORC) and mobile voluntary surgical contraception (VSC) camps. Besides this, the programme also aims to encourage public private partnership NGOs, social marketing organizations, as well as private practitioners to complement and supplement government efforts. Family planning services were provided through different health institutions at various levels by conducting static services as well as mobile camps in Tanahun district. Family planning services were provided through all level of health facilities, including involvement of private medical clinics. FCHVs were mobilized to promote condom distribution and resupply of oral pills.

Activities

The family planning activities carried out in district were:

Spacing methods

- Depo-Provera, Oral Pills and Condoms were available up to community level through health institution and PHC/ORC.
- Distribution of Oral pills and condoms were made through female community health volunteers at the ward level.
- Spacing methods (Depo-Provera, Oral Pills and Condoms) were also made available through private practitioners, contraceptive retails sales (CRS) outlets and pharmacies
- VSC services were made available through district hospital and mobile camps

FP Counseling

Counseling is an important activity for assisting clients to make informed choices regarding an appropriate family planning method. FP Counseling services are provided to potential clients by front line FP providers.

Referral services:

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

Table 22: Status of output of Family Planning Programme in Tanahun District

S.N.	Indicators	FY 2073/74 (%)	FY 2074/75 (%)	FY 2075/76 (%)	NDHS, 2016 (%)
1.	Contraceptive Prevalence Rate (CPR) as % MWRA	27.92	28.83	23.26	43
2.	CPR method mix- Condoms	2.67	2.11	1.65	4.2
3.	CPR method mix- Depo	3.53	2.99	2.18	8.83
4.	CPR method mix- Pills	2.01	2.01	1.23	4.56
5.	CPR method mix- Implant	2.02	3.39	1.68	3.29
6.	CPR method mix- IUCD	2.72	3.36	1.56	1.4
7.	CPR method mix- Sterilization	14.96	14.96	14.96	20.7

Table 23: Status of output of Family Planning Programme in Vyas Municipality

S.N.	Indicators	FY 2073/74 (%)	FY 2074/75 (%)	FY 2075/76 (%)	NDHS, 2016 (%)
1.	Contraceptive Prevalence Rate (CPR) as % MWRA	33.44	29.89	23.60	43
2.	CPR method mix- Condoms	2.10	1.27	0.86	4.2
3.	CPR method mix- Depo	4.16	2.38	1.34	8.83
4.	CPR method mix- Pills	2.21	1.45	0.74	4.56
5.	CPR method mix- Implant	1.91	1.87	0.77	3.29
6.	CPR method mix- IUCD	4.51	3.40	0.37	1.4
7.	CPR method mix- Sterilization	19.52	19.52	19.52	20.7

5.5. FCHV Programme

FCHV programme was initiated as women's participation in promoting health of community people and the program was started in Nepal since FY 2045/46. The FCHVs are selected by local mother's group members with the help of local health personnel and provided eighteen days basic training on selected primary health care component.

The major roles of FCHVs are to motivate and educate local mothers and community members for the promotion of safe motherhood, family planning and community health. FCHVs distributes Vitamin A capsules, ORS packets, pills and condoms. They also assist health workers as well as treat and refer ARI cases. Thus they are backbone of health care system and most of the health programme.

There were 466 FCHVs in all over Tanahun district. As well as 103 FCHVs in Vyas municipality. Each municipalities of Tanahun districts distributed ORS, contraceptive pills, condoms, iron tablets through the mobilization of FCHVs by the co-ordination from health office Tanahun.

Table 24: FCHV Programme

Indicators(Vyas Municipality)	**FY 2073/74**	**FY 2074/75**	**FY 2075/76**
Average service of each FCHVs/ month	9	11	8
Meeting conducted by the mothers group per year	843	1293	1773
Percentage of reports received from FCHVs	99	96	98

Average service of FCHVs under Vyas municipality had a fluctuating trend and slightly decreased in 2075/76. But meeting of FCHVs with the mothers group was gradually increasing every year respectively. Percentage of reports received from FCHVs had been slightly reduced gradually.

Table 25: Services Provided by FCHV

Indicators	**Tanahun District**		**Vyas Municipality**	
	FY 2074/75	FY 2075/76	FY 2074/75	FY 2075/76
Iron tablet distribution	4345	652	4540	681
Pills distribution	6045	1129	6299	911
Condom distribution	39967	8549	39090	4467

As per the above table, the iron tablet distribution pattern was in increasing trend, whereas other indicators like pills distribution, condom distribution were in decreasing trend as compared as previous year.

5.6. Diseases control programme

5.6.1. Tuberculosis control programme

Tuberculosis (TB) is a public health problem in Nepal that affects thousands of people each year and is one of the leading cause of death in the country. WHO estimates that around 45,000 people develop active TB every year in Nepal. Nearly fifty percentage of them are estimated to have infectious pulmonary disease and can spread the disease to others during this reporting year.

National Tuberculosis Programme (NTP) registered 32,474 all forms of TB cases, which includes 31,723 incident TB cases (new and relapse). Among all forms of incident TB cases (new and relapse) 18,000 (57%) were bacteriologically confirmed (PBC) incident TB cases, 4,411 (14%) were pulmonary clinically diagnosed (PCD) incident TB cases and 9,312 (29%) were extra pulmonary incident TB cases reported during the reporting year. Out of total registered cases in NTP, there were 11,889 (37%) female and 20,585 (63%) male.

Table 26: Indicators of Tuberculosis Control Programme

SN	Indicators(Tanahun)	FY 2073/74 (%)	FY 2074/75 (%)	FY 2075/76 (%)	National data(Annual Report 74/75) (%)
1	Case finding rate	78.10	81.76	59.06	112
2	Smear conversion rate	85.7	86.6	79.4	-
3	Treatment success rate	90.7	79.5	89.7	91

5.6.2. Leprosy control programme

The establishment of the Khokana Leprosarium in the nineteenth century was the beginning of organized leprosy services in Nepal. Key leprosy control milestones since 1960 are:

1960	Leprosy survey by Government of Nepal in collaboration with WHO

1966	Pilot project to control leprosy launched with Dapsone monotherapy
1982	Introduction of multi-drug therapy (MDT) in leprosy control programme
1987	Integration of vertical leprosy control programme into general basic health services
1991	National leprosy elimination goal set
1995	Focal persons (TB and leprosy assistants [TLAs]) appointed for districts and regions
1996	All 75 districts were brought into MDT programme
1999/2000 –2001/02	Two rounds of National Leprosy Elimination Campaign (NLEC) implemented
2008	Intensive efforts made for achieving elimination at the national level
2009 and 2010	Leprosy elimination achieved and declared at the national level
2011	National Leprosy Strategy (2011–2015)
2012-2013	Elimination sustained at national level and national guidelines, 2013 (2070) revised
2013-2014	Mid-term evaluation of implementation of National Leprosy Strategy (2011-2015)
2014-2015	Ministry of Health designated LCD as the Disability Focal Unit
2017	Policy, Strategy and 10 Years Action Plan on Disability Management (Prevention, Treatment and Rehabilitation) 2073-2082 developed and disseminated
2018	National Leprosy Strategy 2016-2020 (2073-2077) develop and endorsed. Revised leprosy guide line in line with national leprosy strategy and global leprosy strategy

Table 27: Leprosy key indicators in Tanahun District

S.N.	**Indicators**	**FY 2073/74**	**FY 2074/75**	**FY 2075/76**	**Annual Report 2074/75**
1.	Registered Prevalence Rate per 10,000	3/10000	3.27/10000	1.54/10000	0.99/10000
2.	New Case Detection Rate per 100,000 population	0.21/10000	0.18/10000	0.03/10000	1.119/10000
3.	Total leprosy cases	97	106	50	2882

As per leprosy cases in Tanahun district, fluctuating trend has been found between comparison of 3 last years, however, prevalence of leprosy in 2075/76 had been

subsequently reduced when compared to last two years. As elimination status of leprosy has not been achieved in Tanahun districts so prevalence rate of leprosy is high in Tanahun as compared to National level.

5.6.3. HIV AIDS and STI control programme

With the first case of HIV identification in 1988, Nepal started its policy response to the epidemic of HIV through its first National Policy on Acquired Immunity Deficiency Syndrome (AIDS) and Sexually Transmitted Diseases (STDs) Control, 1995 (2052 BS). Taking the dynamic nature of the epidemic of HIV into consideration, Nepal revisited its first national policy on 1995 and endorsed the latest version.

National Policy on Human Immunodeficiency Virus (HIV) and Sexually Transmitted Infections (STIs), 2011. A new National HIV Strategic Plan 2016-2021 is recently launched to achieve ambitious global goals of 90-90-90. By 2020, 90% of all people living with HIV (PLHIV) will know their HIV status by 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART) and by 2020, 90% of all people receiving antiretroviral therapy will have viral suppression

Table 28: Indicators of HIV AIDS Programme in Tanahun District

SN	Indicators	FY 2073/74	FY 2074/75	FY 2075/76	Annual Report 2074/75
1.	Cases per 10000 population	5.10/10000	5.56/10000	6.09/10000	-
2.	New HIV positive cases	16	31	27	835
3.	Death due to HIV/AIDS(cumulative)	29	33	37	3201
4.	ART Enrollment	257	284	312	22045

As per HIV/AIDS programme, cases per 10000 population was in gradually increasing trend on Tanahun district in comparison with previous years, as well as new HIV cases in Tanahun district is in quite fluctuating trend but in Vyas Municipality, new HIV cases was in increasing trend.

Death due to HIV is similar in this year and last year. ART enrollment in Tanahun district is in increasing trend because of active case detection.

5.7. Supportive Programmes

Besides regular programmes under HO like child health, reproductive health and Disease control, there are other supportive programs like Health education information and communication, curative services of Hospitals, trainings, logistics management which basically touch different aspect of the health programs such as community awareness, financial sustainability, community participation etc. and boost up their effectiveness and efficiency. Some of these programs were described here in context to Tanahun district.

5.7.1. Health Training

Skilled human resource for health is the main component to cater quality health services to the people. Ministry of Health (MOH) thus accord high priority for the development of competent human resource through quality training program for improved health care service delivery.

Table 29: Topics of training by HO and Municipality

S. N.	Programme
1.	HMIS Training
2.	Prevention of Essential Non-communicable Diseases (PEN)
3.	Pesticide
4.	Obstetrics first aid
5.	TB modular training
6.	PMTCT etc.

5.7.2 Health Education, Information and Communication

In 1991, MoHP had formulated new health policy, following this policy, National Health Education, Information and Communication Centre (NHEICC) was established under the MoHP in 1993. MoHP improved its structure in 2002 with giving mandate to support for health promotion, education and communication to Department of Drug Administration and Department of Ayurveda. Similarly, recently cabinet endorsed "National Health Communication Policy, 2012 is the milestone for health Promotion, Education and Communication program in the health sector.

NHEICC is responsible for planning, implementation, monitoring and evaluation of health promotion, education and communication program of all health services and program under the MoHP. It also develops, produce, and disseminate messages and materials to promote and support health programs and services. For the achievement of this purpose all of the districts have HEIC programs since fiscal year 2051/52. According to the program, Health Education and Communication section in the regional health directorates and Training & Health Information section in the DH/PH Offices implement Health Promotion, Education and Communication activities utilizing various media and methods according to the needs of the local people in the district.

NHEICC is one of the important programs of HO Tanahun and Vyas Municipality. The IEC unit in HO was working to carry out the HEICC activities by utilizing various methods and media as per the need in district. There is no practice of producing IEC material in local language but local language is used while providing health education and there is good collaboration between local NGOs to increase the coverage of Health educational message.

Activities

Activities conducted by Health Office in FY 2075/76 are as follow:

- Strengthen district IEC corner by supporting electronic equipment.
- Sensitization program for prevention and control of epidemics.
- Production of need based IEC materials.
- Distribution of IEC materials in health facilities.
- Production and airing of health radio programs and messages through local FM radio.
- Exhibition to promote health services and programs.
- Publication of health messages in print media.
- Community interaction program for health service promotion.
- Establishment and management of IEC corner in each health facility.
- IEC program on anti-tobacco and non-communicable diseases control.
- Supervision and monitoring of IEC activities.
- Celebration of different health days.

5.7.3. Primary Health Care Revitalization

Free health service

The interim constitution of Nepal 2063 has emphasized that every citizen of Nepal has right to basic health services free of cost as provided by the law.

Objective

The main objective of free health service programme is to secure the right of the citizens to the health services and to increase access of health services especially for the poor, ultra-poor, destitute, disabled, senior citizens and FCHVs.

Target group

Government of Nepal decided to provide essential health care services free of charge to poor, destitute, disabled, senior citizens (>60 years) and FCHVs.

Table 30: Category of target group

1.	Poor and Ultra Poor	Code 1
2.	Destitute Citizen	Code 2
3.	Disable Citizens	Code 3
4.	>60 Years Citizens (senior citizen)	Code 4
5.	FCHVs	Code 5

Activities

In Tanahun district, free health service was provided through 2 district hospital, 2 PHCCs, 48 HPs and 28UHC/CHU. As well as in Vyas municipality the service was provided by 10 HP, 5 UHC and 2 CHU.

5.7.4. Curative Services

Curative services are a highly demanded component of health services. It aims to provide appropriate diagnosis, treatment and referral through the network of PHC outreach to specialized hospitals. Government of Nepal is committed to improving the health status of rural and urban people by delivering high quality services throughout the country.

In Tanahun district, the curative services were provided through district hospital, 2 PHCCs and 48 HPs at government sector and through various private and community run clinics.

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

Table 31: Top 10 Disease of Damauli Hospital in FY 2075/76

S.N	**Diseases(Total Cases=26311)**	**Percentage (%)**
1.	Fever Under Evaluation	15.65
2.	UTI	4.65
3.	Pneumonia	8.18
4.	COPD	3.94
5.	Hyperemesis	1.97
6.	AGE	1.9
7.	Burn	1.97
8.	Anemia	0.42
9.	Abscess	0.28
10.	Others	2.67

CHAPTER VI
PERIPHERAL HEALTH INSTITUTIONS

Lists of Periphery Health Institution

- Damauli Hospital
- Tanahunsur Health Post
- Ghasikuwa Health Post

6.1. Damauli Hospital

Introduction

Damauli hospital is the first public hospital in Tanahun District. Damauli hospital has its own two buildings. The design of building is so made that it creates disable friendly environment. Separate buildings for the OPD services, indoor services, emergency services, store, administration etc. Functional in the status of 50 Bed District Level Hospital. The water supply, electricity and communication facilities like telephone and internet were well conditioned. Waste disposal system of hospital was not well maintained.

Catchment Area: Tanahun, Gorkha, Lamjung as well as Nawalparasi.

Staffing Pattern: The staffing pattern of Damauli hospital are as follow:

Service Provided: The service provided by Damauli hospital are as follow:

• 24 hour emergency service	• Dental checkup services
• Indoor services	• Safe abortion care
• OPD services	• X-ray/video x-ray services
• High technology laboratory	• Health education
• ECG	• Skin and sexual diseases
• Immunization	• 24 hour pharmacy
• Birth checkup and birth center	• 24 hour ambulance service
• Tuberculosis/ Leprosy services	• Minor operation services
• Family planning services	• Eye disease
• STDs and HIV AIDS	• Mental Health Clinics etc.

Table 32: Staffing Pattern of Damauli Hospital

S.N	Posts	Sanctioned post	Fulfilled	Vacant
1.	Medical Superintendent	1	1	0
2.	Medical officer	2	0	2
3.	Health assistant/SAHW	1	1	0
4.	Medical recorder	1	1	0
5.	Staff nurse	2	2	0
6.	Lab technician (Officer)	1	1	0
7.	Radiographer	1	0	1
8.	AHW	3	3	0
9.	ANM	3	3	0
10.	Counsellor	-	-	-
11.	Lab Assistant	1	1	0
Total		**16**	**13**	**3**
Administrative Division				
1	Section Officer	-	-	-
2	NayabSubba	1	1	0
3	Kharidar	1	1	0
4	Accountant	1	1	0
5	Office Assistant	13	13	0
6	Dress Washer	1	1	0
Total		**17**	**17**	**0**
Grand Total		**33**	**30**	**3**

Logistic Management

Damauli Hospital has a proper building for storing logistics and records of logistics supply were maintained. Store is present in its own building.

Before Federalism all the logistic material are come from Ministry of Health and Population.

After Federalism logistic material are managed by Hospital Development committee and some are come from Provincial Government.

6.2. Tanahunsur Health Post

Introduction

Tanahunsur Health Post is one HP out of 10 of Vyas Municipality of Tanahun district which was situated about 6 Km from Prithivi Highway.

Catchment Area: Beltari, Farkachour, Badel, Archalchour, Ramthumki and Mulpani.

Physical Infrastructure

This Health Post has not its own building so used a school building for Health Facility. There was the provision of 24 hours electricity and water supply.

Planning

Tanahunsur HP had to carry out the activities according to the programs and targets given by Vyas Municipality. Monthly meeting was conducted to access the need and plan the activities for next month. Overall planning for the programme was done by HPs in-charge himself annually.

Staffing

Total number of staff was 3. (1 Sr AHW, ANM, 1 Helper)

Coordination

There was good coordination between HO, Municipality and HP**.**

Monitoring and supervision: There was frequent routinely supervisions from Vyas Municipality which was documented on HMIS registers along with name, designation of the supervisor and suggestions provided for necessary actions to be taken and date of supervision.

Recording and Reporting: Recording and reporting systems was done according to HMIS and LMIS tools. Recording and reporting tools were adequately provided by the Health Office and Municipality.

Services/Facilities:

- OPD Services
- EPI Services
- PHC/ORC Facilities
- Health Education Program
- Minor Surgery, Dressing and Suturing
- General Essential Medicine Distribution.

Waste Management: Proper management of the wastes especially syringes and needles. Waste was collected and deposited in pit and was burnt.

Strength

- Drugs and logistics supply for the people
- Basic first line services for needed one
- Presence of Refrigerator for Cold Chain Maintenance.

Weakness

- Health Post has not its own building.
- No Facilities of Birthing Center.
- No Manpower for VIA, Pap smear test.
- Difficult geographical structure to reach the health post.

6.3. Ghasikuwa Health Post

Introduction

Ghasikuwa HP is located far from the Prithivi Highway Side. It was running under own building.

Catchment area: Ghasikuwa area.

Physical Infrastructures

The health post had its own building and have 2 room, 1for OPD services, 1 for storage. There was good provision of toilet and drinking water facility.

Logistic management

The Ghasikuwa health post had adequate logistics. There was syringe/injections, ORS stock, sufficient buffer stock for FP devices, and IEC materials in accordance with program insufficient amount.

Planning

Ghasikuwa HP had to carry out the activities according to the programs and targets given by Vyas Municipalities. Monthly meeting was conducted to access the need and plan the activities for next month. Overall planning for the programme was done by HPs in-charge himself annually.

Staffing: Total number of staff was 3 (1 sr AHW, 1 AHW and 1 Helper)

Coordination

There was good coordination between HP, Vyas Municipalities and HO.

Monitoring and supervision

There was frequent routinely supervisions from Vyas Municipality which was documented on HMIS registers along with name, designation of the supervisor and suggestions provided for necessary actions to be taken and date of supervision.

Recording and Reporting

Recording and reporting systems was done according to HMIS and LMIS tools. Recording and reporting tools were adequately provided by the district.

Services/Facilities

- OPD Services
- EPI Services
- PHC/ORC Facilities
- Health Education Program
- Minor Surgery, Dressing and Suturing
- General Essential Medicine Distribution.

Waste management: No proper management of the wastes especially syringes and needles. Waste was collected and deposited in pit and was burnt.

Strength

- Emergency care for the needed ones
- Immunization services
- Drugs and Logistic supply for the people.

Weakness

- HP was devoid of fair electricity
- Insufficient IEC materials
- Difficult geographical structure to reach the health post
- Poor Infrastructure and Building.

CHAPTER VII
NGOs/INGOs WORKING IN HEALTH SECTOR AT DISTRICT/MUNICIPAL LEVEL

List of NGO/INGOs working in health sector at District level

- KOSHISH
- Resources Center for Right and Development (RECED)
- Nepal Red Cross Society
- NGO Network

7.1. KOSHISH

Introduction

Kosish is a non-governmental organization working in the field of mental health. Currently, the organization has been conducting Community Mental Health Project (2015-2019) under joint collaboration with DHO, Tanahun.It's central office is located in Bagdol, Lalitpur.This project is being extended in three more districts namely Kavre, Bhaktapur and Lalitpur. This project is funded by Christian Blind Mission (CBM).In Tanahun the project is implemented at Vyas Municipality.The target group of this project are psycho-socially disabled people and their family members.

General Objective

To ensure integrated primary health care service to psycho-socially disabled people.

Specific Objective

- To enhance the psycho-socially disabled people for seeking mental health services at community level.
- To uplift the capacity of existing primary health care centers working on providing integrated and accountable mental health services.
- To create Self- Help Group among psycho-socially disabled people and empower them to speak for their rights.

Vision

We envision mental health and psychosocial well-being for all.

Targets

1. To increase the number of psycho-socially disabled people who seek mental health services.

2. To uplift the capacity of existing primary health care centers working on providing integrated mental health services.

3. To uplift the life standard of psycho-socially disabled people through sustained mobilization and integrated economic activities

4. To increase awareness on mental problems, reduce stigma as well as increase community participation on mental health programs.

Activities

- Co-ordination with various organizations.
- Celebration of mental health day and disability day.
- Psycho-social and psycho education programs at school levels.
- Advocacy on providing disability cards.
- Capacity buildup training to health workers.
- Radio Program.
- Out Patient Service and medication in mental health.
- Psycho-social counseling and Client follow-up
- Interaction program with stake holders.
- Three days training program to health workers working in district level.
- Three days training to FCHVs, MCHWs and Traditional healers to increase the skills on psycho-social counseling.
- Create Self-help Group and empower them.
- Increase life skills of psycho-socially disabled people and their family members.
- Economic support to psycho-socially disabled people.
- Advocate including mental health drugs in essential medicines list.

Achievements

- Psychiatric ward is being run two times in a month at DHO.
- Total 164 people are utilizing this service.
- Around 25 needy clients are having medication support.
- Counseling services at counseling center, hospital ward and at home.
- Around 60-64 people are having follow-up.
- One self-help has been established in Vyas municipality.
- Basic Counseling and referral service to women violence cases.
- Conduction of psycho-education programs at school levels.
- Conduction of training on basic cases identification and medication to FCHVs and Traditional healers.

Program Constraints

- Limited resources.
- Political Instability

7.2. Resource Centre for Rights and Development (RECED)

Introduction

Resource Centre For Rights and Development of PWDS (RECED) was established in 2002 with the mission of ensuring rights of disabled people. RECED has grown into one of the leading organizations working for the empowerment of disabled people along with prevention of disability in the country. It is implementing services free of cost which includes providing wheelchair, white stick, clutches, counseling, psychological support ,PRT (Primary Rehabilitative Therapy) .

Based on the experience gained from previous project and the need of community, RECED decided to expand the "Reducing Poverty for Disabled People of Western Nepal" project on Tanahun district.

Vision

"Ensuring rights of disable people "

Objective

The objective of the project is to:

- Providing supporting aids to disabled people
- Empowering disabled people financially

Program/Activities

- Strengthening disable people by involving them in income generating activities
- Lobbying, Advocacy and mainstreaming in national plans and policies
- Orientation of FCHVs and teachers for referral of disabled people to the organization and then to hospital
- Awareness programs through radio program

7.3. Nepal Red cross Society, Tanahun Branch

The Nepal Red Cross society in Tanahun district was established in 2027 B.S. It is a humanitarian organization. Though it emphasized in disaster management, it is involved in developmental work as well. Overall 1 district chapter and 25 sub chapters are established at Tanahun district.

Objectives

With the primary objective of alleviating or reducing human suffering without discrimination on grounds of religion, race, sex, class, caste, tribe, nationality or political belief, the society shall have the followings functions:

1. To organize Junior and Youth Red Cross as an integral part of Nepal Red Cross Society and to conduct activities promoting their active participation.
2. To establish disaster management and first aid unit and to provide immediate services.
3. To establish the rules and regulations for providing effective ambulance services.
4. To establish the blood bank formulation in different planning activities.
5. To create working environment for the development of women and child linked with different organizations and implement those women.
6. To contribute in the promoting and improving health conditions, preventing of diseases and reducing suffering.

7. To serve war-victims, both civilians and army personal, in times of armed conflict, and to work in the fields identified by the Geneva Conventions, including tracing, in times of peace.

Activities

- Relief and rescue
- Community based first aid
- Major Emergency first aid
- Safe drinking water and sanitation awareness program
- Women empowerment program
- Blood bank
- Ambulance
- Mapping of disaster affected areas
- Meeting with governmental and other collaborative organizations
- Community based disaster preparedness programmes
- Community based disaster disaster preparedness programmes
- Disaster management training
- First-aid training (e.g. recently at Surya Tobacco Company)
- Search and recovery training
- Management of emergency fund
- Early warning of landslide
- Health camps

7.4. NGO Network, Tanahun

NGO Network is one of the Non-governmental organization of Vyas Municipality. Since 2007, it is actively participated on improving the socioeconomic situation of the community peoples. The projects of NGO Network is funded by European Union and Practical action.

General objective of the organization is "to improve the socioeconomic situation of the community of six remote VDC (at that period) of Tanahun districts by delivering improved alternative transport technologies i.e. gravity ropeway and improved tuins, which will enhance people's mobility and access to other essential services.

The NGO network set 3 criteria for the construction of ropeway, improved tuins and Jholunge Bridge:

- The bridge should help people to get health facilities earlier

- The bridge should improve the socio-economic condition of the community peoples.
- The bridge should connect those students who are unable to go their school in rainy season.

Any of the above criteria should be fullfilled for the construction of the bridge and ropeway. But recently NGO network had started to work in other field like environmental sanitation, Biodiversity protection and tree planting.

Vision

Create a peaceful society where people are esteemed and have equal prospect through mobilization of NGOs/CBOs and implementation of community development activities.

Mission

Ensure a positive and sustainable future of society through Active participation of people at the all level of community development activities.

Goal

Support for reduction of district's poverty by empowering community people through programme initiation and institutionalization of Community Based Organizations and local NGOs.

Objectives

1. Establish viable linkages and coordinate among all member NGOs, national/International NGOs throughout the district and outside to address new challenges and issues.
2. Extract contemporary and appropriate solution through participatory appraisal on capacity building of Local NGOs/CBOs
3. Reduce district poverty through conduction of income generation activities based on agriculture and livestock development.
4. Organize campaigns on Human rights, child rights, women rights at the district level.
5. Conduct non formal education programme in coordination with District Education Office and other organizations.

At recent time, the activities of NGO network is listed as below:

- Construction of ropeway and Jholunge bridge
- Tree planting (recently planted 100000 plants of Chap)
- Make artificial ponds in the jungle where there is lack of water for animal.
- Environmental sanitation
- Awareness programme
- Helps to protect the endangered animal species

CHAPTER VIII
EPIDEMIOLOGICAL STUDY

Epidemiological study on HIV/AIDS

8.1. Introduction

Human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS) is a spectrum of conditions caused by infection with the human immune deficiency virus (HIV). The Human Immunodeficiency Virus (HIV) targets the immune system and weakens people's defense systems against infections and some types of cancer. As the virus destroys and impairs the function of immune cells, infected individuals gradually become immune-deficient. Immune function is typically measured by CD4 cell count.

The most advanced stage of HIV infection is Acquired Immunodeficiency Syndrome (AIDS), which can take from 2 to 15 years to develop depending on the individual. AIDS is defined by the development of certain cancers, infections, or other severe clinical manifestations.

8.2. Global scenario

According to WHO Fact sheet 2018, since the beginning of the epidemic, 75 million people have been infected with the HIV virus and about 32 million people have died of HIV. Globally, 37.9 million [32.7–44.0 million] people were living with HIV at the end of 2018. An estimated 0.8% [0.6-0.9%] of adults aged 15–49 years worldwide are living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions. The WHO African region remains most severely affected, with nearly 1 in every 25 adults (3.9%) living with HIV and accounting for more than two-thirds of the people living with HIV worldwide.

8.3. Epidemiological Agent

Agent: Human Immune Deficiency Virus is the agent of HIV/AIDS. It is a protein capsule containing two short stand of genetic material (RNA) and enzyme. It is of two types' i.e.HIV-1 AND HIV-2

Host: Most cases 20-49 years (sexually active), Male>female (in Nepal)

Reservoir: Cases and carriers

Source: Greatest concentration in blood, semen, CSF. Lower concentration in tears, saliva, breast milk, urine, cervical and vaginal secretions. Only blood and semen shown to transmit virus.

Mode of Transmission: The mode of transmission are as follow:

- Sexual
- Blood Contact
- Maternal-featal transmission

Incubation Period: Few months to 10 years or more

Risk Factor

The risk factors of HIV/AIDS are:

- Sex Worker
- IDUs
- Clients of sex workers
- Partners of migrants
- Street children
- Health care workers etc.

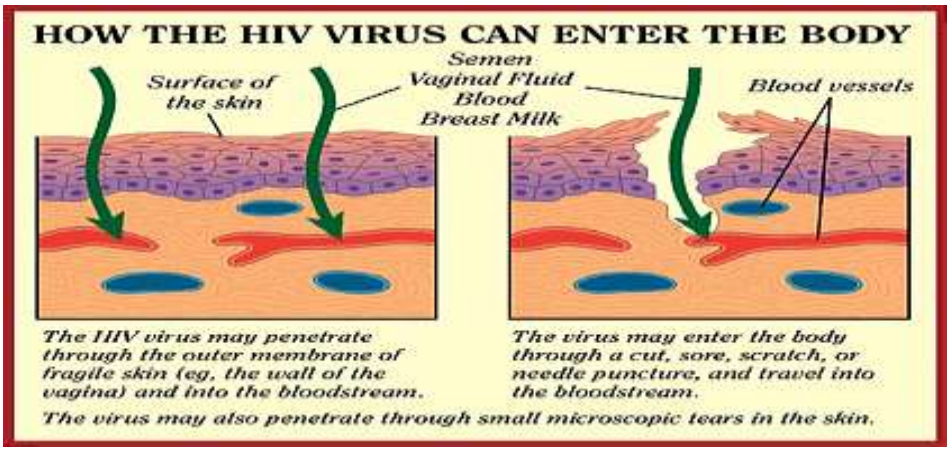

Figure 14: Mode of Transmission of HIV/AIDS

8.4. Rationale

- HIV/AIDS one of the Priority Programme of government of Nepal,
- Disease incidence and Prevalence is higher in Tanahun District,
- Data easily available in Hospital.

8.5. Objectives

General Objective

To study the epidemiology distribution of HIV AIDS in Tanahun District.

Specific Objectives

- To study the 3 years trends of HIV AIDS,
- To study the distribution of HIV AIDS in terms of age, sex and ethnicity,
- To study the place distribution of HIV AIDS.

8.6. Methodology

Study Type: Descriptive Cross-sectional type of study.

Study Area: ART Center of Damauli Hospital

Study Duration: 7 days

Study Population: Total HIV Infected Patients

Study Technique: Secondary data review

Study Tools: Format for secondary data review

8.7. Study Variables

Time Variables: - Yearly

Place variable: - Tanahun District

Person Variable: - Age, Sex and Ethnicity.

8.8. Finding

8.8.1. Time Distribution

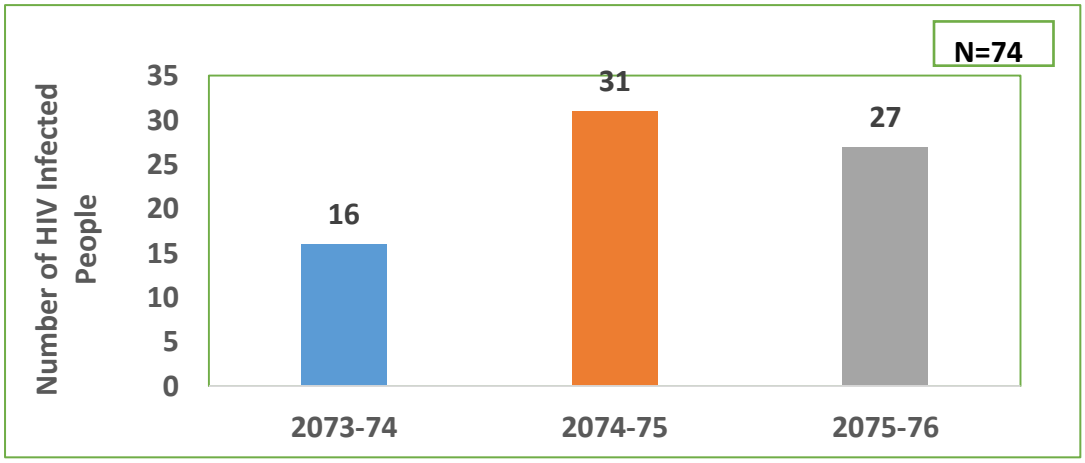

Figure 15: Time-wise Distribution of HIV AIDS

From the above figure, the HIV Cases was in decreasing trend in FY 2075/76 i.e.27 than FY 2074/75 i.e. 31.

8.8.2. Place wise Distribution

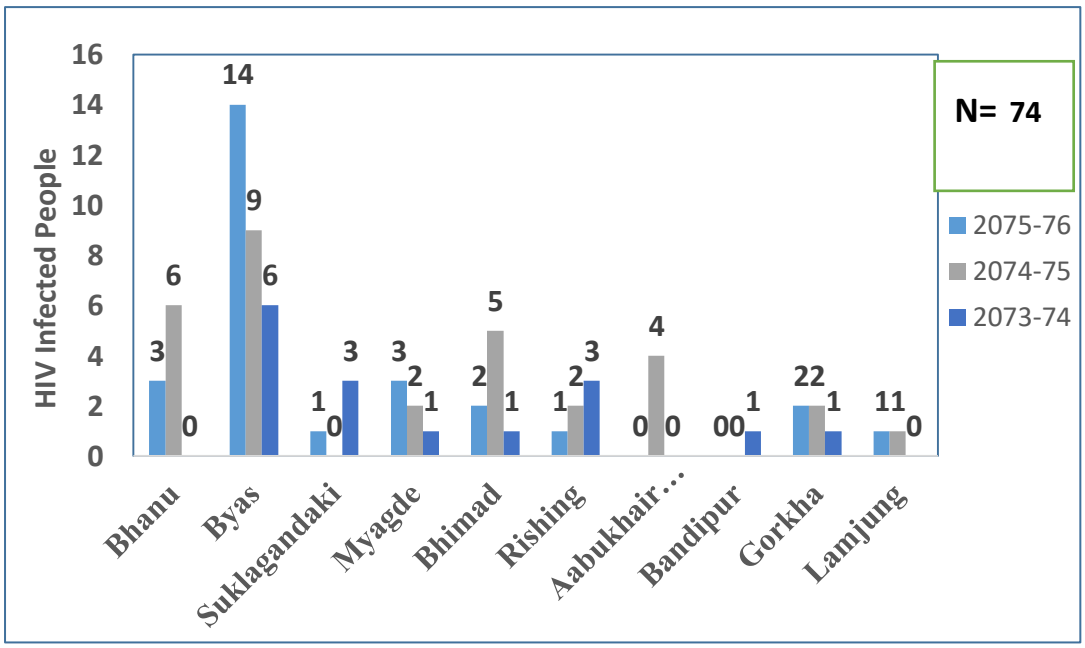

Figure 16: Place-wise Distribution of HIV AIDS

The figure indicates that the HIV/AIDS cases were highest found in Vyas Municipality in FY 2075/76 i.e. 14

8.8.3 Person wise Distribution

A. Age wise Distribution

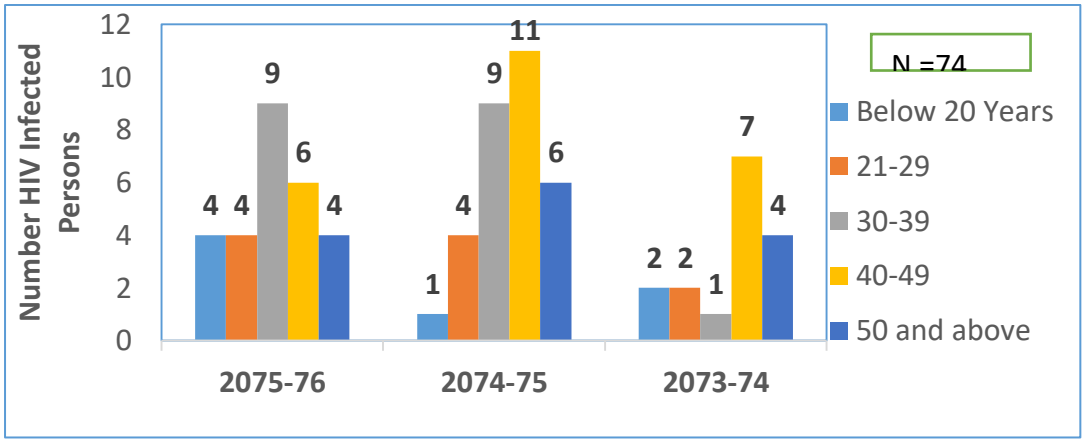

Figure 17: Age-wise Distribution of HIV AIDS

The figure above showed the age wise distribution of HIV/AIDS cases. Various age groups have differential prevalence of HIV/AIDS. Among 74 cases, highest prevalence was seen in 40-49 age group i.e.7 in FY 2075/76.

B. Sex wise Distribution

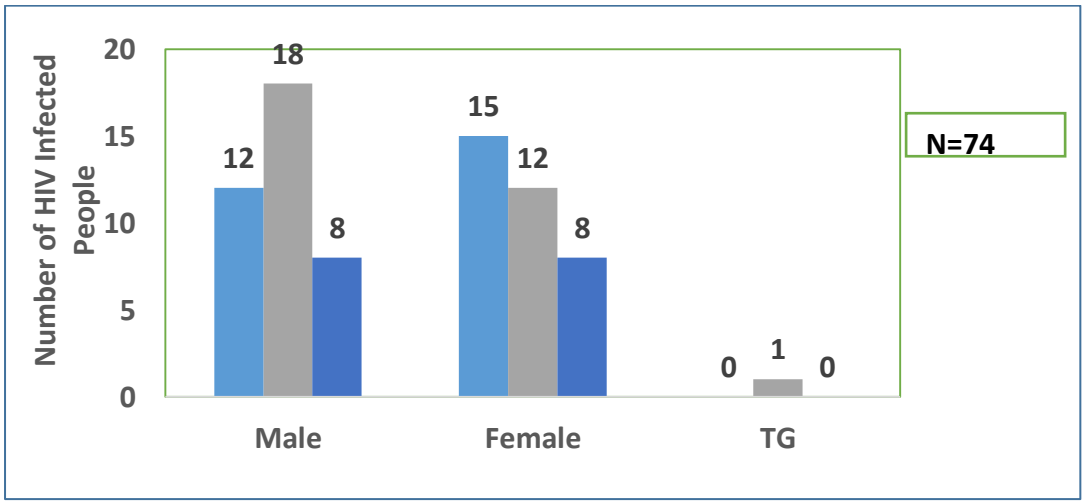

Figure 18: Sex-wise Distribution of HIV AIDS

Sex wise distribution of HIV cases in Tanahun district showed that the highest case was female i.e. 15 than male i.e. 12 in FY 2075/76.

C. Ethnicity wise Distribution

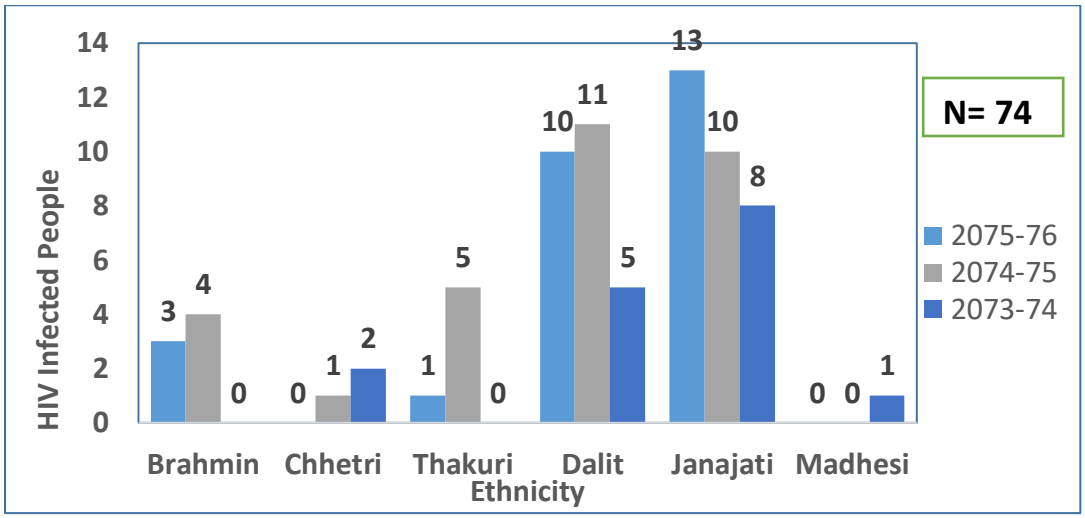

Figure 19: Ethnicity-wise Distribution of HIV AIDS

The figure above shows the ethnicity wise distribution of HIV cases in Tanahun district. Among the total 74 cases, the highest case was found among Janajati followed by Dalit, Brahmin/Chhetri, Takuri and others.

8.8.4. Limitation

The study was done based on registered cases of HIV/AIDS of all age in OPD register of Damauli Hospital, Tanahun. The data may not represent all the characteristics of HIV/AIDS of whole district because this study was done in ART Center of Damauli Hospital.

8.8.5 Recommendations

- The clinical diagnosis should follow the standard classification of disease for uniformity and completeness.
- Adequate maintenance of recording about patient information and treatment is necessary.

CHAPTER IX
CRITICAL ANALYSIS

9.1 Recording and Reporting System of Tanahun

✍**Sandesh Paudel**

Introduction

Recording and Reporting System is one of the most important part of Health Management Information System (HMIS) of Government of Nepal under Department of Health Service.

In Heath Management System, recording is the process of putting such health related information into temporary or permanent physical medium while reporting is the process of presenting or describing an account, health related event etc.

Purpose of recording and reporting

1. To supply data which is essential for Programme planning and evaluation.
2. Effective health records shows the health problems of the people and the factors that affects the health status.
3. A records indicates plans for future.

Rationale of the study

1. It is the important part of the health information management system.
2. Errors reported in recording and reporting, impacting on actual calculation of health indicators.
3. Arising of errors in reporting mechanism.
4. Issues seen in the proper operation of DHIS II.

Objectives of the study

General Objectives

- To analyze the recording and reporting system of Vyas Municipality and Tanahun District.

Specific Objectives

- To find out the strength, weakness, threats and opportunities recording and reporting status,
- To identify the problems on recording and reporting,
- To recommend the way to improve the recording and reporting system.

Methodology

Study area: Tanahun district

Study design: Cross sectional, Descriptive

Study duration: 3 days

Study techniques

- Interview with Public Health Officer and other focal person
- Observation at HP & Municipality
- Secondary data review

Study tools

- Observation checklist,
- Interview guideline
- Secondary data review

Strength, Weakness, Opportunity and Threat (SWOT) Analysis

Strength	**Weakness**
1. Provision of HMIS and DHIS II software for recording and reporting. 2. Registers for initial recording and software use for final recording and reporting made available to all health facilities. 3. Monthly reporting is done. 4. HMIS and DHIS II training for new recruited health personnel 5. Provision of mobile phone to FCHV for emergency reporting.	1. Although training was given, but many of the Health system employees lack knowledge and skill to operate recording and reporting software due to inadequate training. 2. Lack of distribution of electrical devices to all health institution for proper recording and reporting. 3. Untrained and unskilled manpower caused high errors in recording and reporting. 4. Lack of Medical recorder in hospital.
Opportunities	**Threat**
1. Government provided High concern in proper recording and reporting to find out the actual and real indicators of the country. 2. All the Municipalities and rural municipalities are under the coverage of national electricity supply enhancing the practice of electronic recording and reporting. 3. Coordination of Municipalities to Peripheral health institution.	1) Natural calamities 2) Communication barriers.

Conclusion

The situation of recording and reporting system of Tanahun district was very poor and there is presence of many errors during recording and reporting due to the lack of

trained manpower, lack of supervision and monitoring, improper maintenance of health related record. So, improvement in recording and reporting system is important in Tanahun District.

Recommendation

To solve these problems following activities should be done:

- Adequate and proper training of HMIS should be given to all new as well as all untrained staffs.
- Distribution of electronic devices to all health institution for recording and reporting.
- Health Office as well as Municipality should do the timely supervision and monitoring to the health institutions and correct the deviations seen.
- Proper training should be given to FCHV about recording and reporting system and mobile phone distribution programme should be strengthened.

2. Effectiveness of Health Insurance Programme in Tanahun District

✍**Sudeep Khanal**

Health insurance is the one of the priority programme of the government of Nepal to provide the health services for all Nepalese peoples without any kind of discrimination.

Social Health security programme is the comprehensive social contributory scheme with subsidy to the poor and specialized group of peoples for the Universal health coverage.

Table 33: Health Insurance Utilization in Tanahun District (2074/75)

S.N.	Name of local level	No. of family	Total no of insurees	Total insurees/family
1	Bandipur Municipality	1105	4005	3.62
2	Abu khaireni rural municipality	620	2622	4.22
3	Bhanu municipality	1251	4128	3.29
4	Bhimad Municipality	2451	9030	3.68
5	Vyas municipality	2635	9795	3.70
6	Devghat Rural municipality	1191	4860	4.08
7	Ghiring rural municipality	507	2880	5.68
8	Myagde rural municipality	831	3465	4.16
9	Rishing rural Municipality	386	1650	4.27
10	Suklagandaki Municipality	3387	14415	4.25

Table 34: Health insurance renewal of Tanahun District

SN	Number of family in 2074	No of family in 2075(New)	No of family in 2075(renewed)	Percentage of renewal
1	8728	4016	4975	57%

Rationale

- As Health insurance is the priority programme of the Government of Nepal, it has very low renewal rate i.e. only 57%.
- Less renewal rate of priority programme like health insurance questions on the quality of the service and satisfaction of the patients.

General Objective

- To find the strength, weakness, opportunities and threat of health insurance program in Tanahun district.

Specific objectives

- To find out the activities related to the program
- To find out the process of being involved in the program
- To explore the problems as well as possible solutions of the problems between service providers and the consumers.

Methodology

Study Type: Descriptive and cross – sectional

Study Area: Health Insurance Office of Tanahun

Study Duration: 5days

Study Techniques: Interview and Secondary Data Review

Study Tools: Interview guidelines

Strength, Weakness, Opportunity and Threat (SWOT) Analysis

Strength	**Weakness**
1) Priority programme of the Government of Nepal. 2) Workers of Health insurance office are trained and enthusiastic. 3) Budget allocation by federal government of Nepal. 4) Good and well managed infrastructure, and availability of all logistic required to perform the regular task.	1. Only 2 hospitals provide services which are city centered, so difficult for rural people. 2. Inadequate number of insurance agents for reaching all rural community peoples having low socio-economic condition. 3. Ineffective communication to all rural community people about the facilities and subsidies given by government of Nepal through health insurance.
Opportunities	**Threat**
1. Formulation of Health insurance act 2007 2. Technical assistance from Different international INGOs, e.g. Save the Children, WHO etc. 3. Enthusiastic participation and involvement of community peoples.	1) Chance of misusing the facilities 2) Moral hazard 3) Less outside Help (Inconsistent donor agencies

Conclusion

After critically analyzing the Health insurance programme, renewal, and Health services under the Health insurance of Tanahun district, we explore that the health Insurance programme of Tanahun district Need to be improved, we found that the low rate of yearly renewal can be improved and uplifted, by using the different strategies, which is mentioned above. But it needs the consistent support from Government and private sectors.

Recommendation

As a student of Public Health, We recommend following technique to increase the effectiveness of Health insurance in Tanahun district.

- Health insurance programme of Tanahun should distribute extreme poverty identity card, chronic disease identity card, and senior citizens identity card for easily distinguishing the subsidized group.
- Extending the Health insurance programme in private hospitals making mandatory involvement of private hospital in social health security programme.
- Including all medicines and health services under health insurance programme (general package) so that people get maximum benefit of the health insurance programme.
- Fulfilling the required medicines to the hospital pharmacy; follow the good practice of inventory management so that, the compulsion of the patient to buy the medicine, from outside will be removed.
- To improve the patient's satisfaction, strict following of above guidelines are recommended.
- To increase the insurance coverage in Tanahun district, advocacy and awareness about the Health Insurance is required.
- There should be no discrimination between the patients who use health insurance facility or out of pocket payment.

3. Implementing Federalism in the Health System

Thaneshor Paneru

Introduction

With the promulgation of its constitution in 2015, Nepal replaced a unitary government with a federal system of government. The progress of federalization in Nepal is also considered in light of the experiences of other countries that have implemented federalism, and these remarks may be pertinent to progressively guide the management of the health sector federalization.

This process has made Nepal a federal democratic republic governed with three levels of government: a federal level, seven provinces and 753 local government. The federal governance redistributed the decision making power and resources among the central, provincial and local governments in all sectors including health. In juxtaposition to the political scenario, health system in Nepal is currently functioning under a new governance with Ministry of Health and Population (MoHP) at the central level, Ministry of Social Development at the provincial level and health section or health department under the local level governments.

As federalism accelerates, the national health system can also speed up its own decentralization process, reduce disparities in access, and improve health outcomes. The turn towards federalism creates several potential opportunities for the national healthcare system. This is because decision making has been devolved to the federal, provincial and local governments, and so they can make decisions that are more representative of their localized health needs. The major challenge during the transition phase is to ensure that there are uninterrupted supplies of medical commodities and services. This requires scaling up the ability of local bodies to manage drug procurement and general logistics and adequate human resource in local healthcare centers.

Rationale

1. The concept of federal governance, and implementation practice for health in federal system, in context of Nepal is new and in the transitional state.
2. There are problems, comparatively high, in comparison to previous years, in recording and reporting, which possibly leads to the gradual fluctuation in analysis and comparison of various health indicators.
3. Unclarity about the roles and responsibilities among the local government and provincial government, regarding the various aspects of administrative management as well as in the implementation of various health related programmes.

Objectives of the Study

1. To explore the challenges and opportunities, in implementing the federalism in health in both the local and district level.
2. To analyze the different administrative and technical issues in effective operation of the health system at local and provincial government.
3. To identify the potential opportunities for the national healthcare system through federalism.
4. To apply SWOT analysis for the current healthcare practice in the local level.

Methodology

Study Type: Descriptive and cross – sectional
Study Area: Health Office of Tanahun and Health Section of Vyas Municipality
Study Duration: 7 days
Study Techniques: Interview and observation
Study Tools: Interview guidelines and observation checklist

SWOT Analysis

Strength	Weakness
• The authority of procurement is delegated to local and province level as per the federal system. • 60% of the procurement is done by local level. • Community Health Unit are expanded at ward level considering geography and population which makes the easier healthcare delivery. • Effective and easier controlling mechanism for the local government for its peripheral health institutions. • Direct disbursement of budget to local level by central level. • Planning of the health programmes by participatory bottom up approach.	• Lack of its own separate building for both HO and health section at municipality. • Insufficient staffs at health section of municipality. • Lack of physical infrastructures at health section. • Duplication of programmes due to lack of proper coordination between provincial government and local government. • Lack of clear policies and programmes for the implementation of the health programmes. • Question on the sustainability of health office. • Dependency of health section of municipality to health office such as vaccines, drugs, HMIS tools etc. • Insufficient training to the human resource at health section. • Lack of employee satisfaction. • Recording and reporting issues. • Un-managed monitoring • Unmanaged monitoring and supervision. • Managing mismatched budget and programme • Enhancing Budget utilization, especially in early phase • Timely procurement and supply of quality drugs and equipment • Timely completion of ongoing construction of health infrastructure.

SWOT Analysis

Opportunities	Threats
• The formulation of Local Government Operation Act, 2017 • Due to the proximity of the local government to the people, the federal context provides fertile ground for more effective budgeting and needs-based and evidence-based planning. • The health system of Nepal is currently guided by Constitution of Nepal 2015, National Health Policy 2014 and Nepal Health Sector Strategy (2015-2020). • Health as development agenda	• Interest deviation by local government showing more interest in infrastructure development like roads, electricity and water supply. • Change in government system • Failure of federalism • Natural calamities • Political instability

Conclusion

Federalism is an important opportunity for Nepal to achieve UHC. Enacting it in the health sector must be backed by legislation and quality standards, along with sound financing, logistics, human resources, and an emphasis on empowering and capacitating local and provincial governments through strengthening leadership and governance mechanisms. This context, federalism and resulting increases in healthcare accessibility and financing options present a strong prospect to strengthen the health system in Nepal.

Recommendation

- Inadequate capacity among province and local level governments in health sector planning can be improved by empowering local decision makers to invest in health, engaging them in making healthy public policies and promoting accountability towards health in addition to devolution of authority and resources.
- Greater capacity for management of drugs and supplies, and outbreak management will also be required at these levels.
- Effective coordination and communication channels need to be there between different levels of governments for ensuring the provision of basic health services, increasing population coverage in health insurance and other social security measures, and in providing quality and equitable health services.
- Role sharing between different levels of government should be clearly identified with proper distribution of power and financial autonomy. While there should be check and balance from the center, this should however not disorganize the functioning of health system of province and local level.
- Speed up the construction activities through the implementation of integrated health infrastructure development project.
- It is necessary for the federal government to finalize the BHCS package and to develop necessary legislation for effective delivery. Moreover, at present there are number of fragmented health policies thus, it would be useful to form an umbrella health policy to create a streamlined service. An umbrella health policy would standardize health reform and also allow provincial and local governments to craft their policies compatible with their needs.
- Capacity development mapping and policy for the development of capacity per the changed structure and function including an institutional arrangement is needed.
- As Nepal considers a framework for transition, a transition plan on health sector management is needed until the policy and legislative framework is fully in place.

CHAPTER X
MINI ACTION PROJECT

10.1 Introduction

Mini action project is a miniature project, which is conducted in a short period with the maximum utilization of locally available resources and technique in the district. The project is implemented either in the area of service or in the area of management.

On the priority basis for solving the problems and strengthen the management issue. This type of exercise is beneficial in developing skills in real situation of problem where the required resources may not be available, and it also helps to develop consistence and self-reliance of an individual.

Recording and reporting

Recording is the system of documentation of information regarding the programme of activity including the problem and progress. The information is kept in registers, forms etc. Reports are written for communication to the higher level about the program activities, problem and suggestions for improvement. Different information system is running under the district Health system of Tanahun districts which are as follows:

1. Health Management information system (HMIS)

Different 50 recording and reporting tools are used in this system. According to the record kept, report was prepared and forwarded to the higher level every month.

10.2 Criteria for selection of a problem

• Magnitude of the problem
• Resource available
• Advice from DHO and focal persons
• It is the essential part of Health management and information system

10.3 Rationale

- Weak recording and reporting by the health institutions to the HO/Municipality.
- Errors reported in recording and reporting, impacting on actual calculation of health indicators.

- Suggested by DHO sir, focal persons of the HO and health coordinator of municipality.
- Priority problem on the basis of magnitude, severity, and availability of resources.
- Small effort may cause the drastic change in recording and reporting practice of the related health institution.

10.4 Objective

To improve the recording and reporting practices of the Health institution and avoiding further mistakes in future practices.

10.5 Methodology

Duration: 3 days,

Day first: Planning of MAP

Day 2: Conduction of MAP

Day 3: Evaluation of MAP
Approach: Participatory
Methods: Presentation, Group discussion.
Venue: Tanahunsur HP, Ghasikuwa HP
Participants: HP incharge, staffs of Health posts

Tools used: Laptop, paper, pen.

10.6 Planning of Mini Action Project

Mini Action Project was planned by following all the steps of planning cycle. It took full day to find out the HP with error recording and those who exclude zero in the filling cells with the focal persons of the respective department of the HO. Then we choose the Health posts for the improvement of the recording and reporting practices of the HPs.

10.7 Implementation of Mini Action Project

We choose two health posts by considering the factor like magnitude of problem, location of HP, feasibility and distance from HO. The health facilities were:

1. Tanahunsur Health post

2. Ghasikuwa Health post

Steps of implementation of Mini Action Project

1. **Tanahunsur HP**

- Meeting with HP incharge Mr. Manoj Kumar Pandit and with staffs of HP
- We asked the reason for not leaving the cells empty in DHIS II software and he said that their trainers trained them that no need of for including zero and they should keep blank records.
- After listening him, we discussed about the importance filling all the cells and other deviations occurred in recording and finally he agreed that HP should report zero number also and cross validation also should be done for effective reporting.

2. **Ghasikuwa HP**

- Meeting with HP incharge Anju Pokharel and staffs asked about the current situation of recording and reporting practices of Ghasikuwa health post.
- Showed her DHIS data of Ghasikuwa HP and errors occurred and likely to occur for DHIS data and inquired the reasons.
- She replied that she is not well trained in recording and reporting practices and she actually don't know about mentioning zero number in the empty cells, then we discussed about why it important to report complete information is and she told us she will record zero number also from next record and check for possible deviations.
- At last we returned to the HO, by completing our mini action project.

10.8 Outcome of Mini Action Project

- Respective health post in-charge were made aware about importance of complete filling of DHIS II cells allocated and possible errors that might occur in recording and reporting.

- Realization of importance of proper recording and reporting and seriousness during record keeping promising that they will help in proper recording and reporting.
- Promised that they will correct the error data and helps in error management.

10.9 Discussion

In the programme, there were altogether 13 participants including group members. The participants were HP in-charge, and staffs of the HP. The programme was started with introduction and objectives of programme, discussed about the recording and reporting system, importance of minimizing the error in recording and reporting, its importance, reason of excluding zero in the filling cells and other subjects.

10.10 Evaluation of MAP

Pre-and post-discussion question and answer.

CHAPTER XI
FIVE YEAR PLAN ON HIV AIDS

11.1 Introduction

The five year plan in HIV/AIDS programme is mainly prepared as the partial fulfillment of the objectives of comprehensive district health management fieldwork. After the detail analysis of the statistics of various programs and services and the views and suggestions of respective and responsible persons of the district and study group, the HIV/AIDS was prioritized.

Especially, this plan will help to continue the focus on behavior change and safe sexual practices among the general population, especially youth aged 15 to 24, while scaling up the interventions for key vulnerable populations; the Voluntary Counseling and Testing (VCT) model; greater integration of HIV prevention and treatment in the health services; developing a comprehensive HIV information system; reducing stigma and discrimination. The plan will help to launch the programme in integrated manner with the participation of HO and other sectors to increase the accessibility of services related to HIV/AIDS targeting to especially vulnerable groups in promotive, preventive and curative manner.

11.2 Current situation of the disease in Tanahun District

The Incidence and prevalence of HIV/AIDS was very high in Tanahun district. All the patients of Tanahun was detected, recorded, and Treated by the ART Department of the Damauli Hospital.

Out of 312 patients ever enrolled in HIV care in Damauli hospital ART Department, HIV related death till 2076 was 37, 66 patients (21.2%) had been transferred out on the basis of decision of patients. Total 10 patients were lost during the follow-up process (LFU). 2 New cases had been detected on the year 2075/76. After induction and deduction of above cases, total 197 patients are taking service on ART section of the hospital.

11.3 Rationale

- HIV/AIDS programme is the priority programme of the Government of Nepal.

- Disease incidence and prevalence is proportionally higher in comparison to the other districts.
- Many disease cases are still far from the detection, treatment, recording and reporting.

11.4 Goal

To reduce the HIV related deaths and lower the new HIV cases by the year 2024.

11.5 Objectives

General Objective

- To increase coverage and effectiveness of prevention interventions and care, support and treatment interventions.

Specific Objectives

- To determine the potentially risk groups for HIV through HCT and expand ART services in Tanahun district,
- To expand blood screening camps for HIV case detection among HIV risk population,
- To reduce mother to child transmission of HIV/AIDS through PMTCT approach,
- To increase awareness on HIV/AIDS by using different mass and media of communication through BCC approach,
- To increase the surveys and researches for identification of risk population.

11.6 Targets

Table 35: Targets for Five Year Plan

SN	Indicators	Current figure(2075/76)	Target to be achieved till 2024
1	New cases	2	0
2	Total detected cases	312	600
3	ART service centers	1	3
4	No of ART using patients recorded	196	450
5	Total cases screened for HIV	2576	6500

11.7 Strategies

- Provide special emphasis to those Rural Municipalities which have more number of labor migrants as well as vulnerable population.
- Strengthen and promote services in equitable manner.
- Provide strong emphasis in supervision, monitoring and evaluation of HIV/AIDS services.
- Special focus on the collaboration with other sectors for supportive programme.
- Strengthen human resource, their capacities and capabilities involving HIV/AIDS programme
- Implement HIV/AIDS control activities in respective areas in effective way.
- Strengthen HCT service center to provide 24 Hour delivery services.
- Promoting research on HIV/AIDS to improve planning, quality services, and more cost effective interventions.
- Standardizing HCT, ART and PMTCT service at the appropriate levels of district health care system.
- Priority will be given to the research in the matters of HIV/AIDS and its situation.
- All health workers will be enabled to work effectively in the matters of HIV/AIDS through the training and career development opportunities.

11.8 Areas of five year plan

- HCT service expansion
- ART service Expansion
- PMTCT service Expansion
- Promotion of Safe sex practice
- Condom distribution coverage
- Monitoring and supervision of HIV/AIDS programme
- Health education and awareness programme
- Counseling To High risk population

11.9 Logical Framework Matrix for Five Year Plan

Table 36: Logical Framework Matrix

S.N	Narrative summary	Objectively verifiable indicators	Means of verification	Assumption/Risks
1	Goal			
	The goal of this five year plan in HIV/AIDS programme is to stop the new HIV cases, to reduce the HIV related death by the year 2024.	✚ Incidence rate ✚ HIV/AIDS mortality rate	Recorded data of HIV and AIDS cases in ART Department of Damauli Hospital, HO	• Political stability • Effective implementation • Talented, skillful, and motivated human resource
2	**Objectives**			
2.1	**General objective**			
1.	Increase coverage and effectiveness of prevention interventions.	Condom distribution rate, No of people counseled, No of HIV suspected cases screening	ART Department of Damauli Hospital, Data of HO and Municipal data	Political stability Effective plan implementation and evaluation policy, Governmental plan and policies related to HIV
2.	Increase coverage and effectiveness of care, support and treatment interventions.	No of ART using patients, expansion of ART service centers, NO of patients involved in HIV care	ART Department of the hospital, annual report of HO, Municipal report	Political stability, skilled human resources, support from local level, active community participation

Table 37: Logical Framework Matrix

SN	Specific objectives		
1 2	To reduce the HIV transmission and expand ART services in Tanahun district . To expand blood screening camps for HIV case detection among Sex workers.	New HIV cases, No. of HIV infected newborn babies, No. of organizations having ART services, Total number of people screened, total number of screening camps	Annual Report of the HO, Municipal report, data from ART department of Damauli Hospital
	Activities 1) Fulfillment of vacant post by technically competent and skilled staffs 2) Awareness program on safe sexual practices and other method of transmission. 3) Expansion and strengthen PMTCT programme so that all HIV positive pregnant women can be detected and treated. 4) Provide new syringes to the Drug users. 5) Increase the number of Health institution for HIV detection and ART treatment. 6) Compulsory HIV testing to High risk group in timely manner.	Number of staff selected, Rate of transmission, Number of people participated in Awareness programme, No. of mother tested and detected, Number of mothers taking PMTCT services, No of New cases of HIV to Drug users, Number of people screened, detected and treated	Municipal annual report, annual report of health office, data from ART department of hospital. HMIS monthly monitoring records

Table 38: Logical Framework Matrix

3 4	To reduce mother to child transmission of HIV and AIDS Increasing awareness on HIV and AIDS through BCC approach.	Number of pregnant women receiving PMTCT, number of persons ever enrolled in HIV care	From ART department of hospital. HMIS monthly monitoring records
	Activities: Expansion and strengthen of PMTCT services by providing technically competent staffs, adequate logistics and Budget. Adequate IEC Materials and BCC intervention and other required logistics for the successful implementation of the awareness programme.	No of mother tested and detected HIV, Number of mothers taking PMTCT services, comparison of all PMTCT related activities of previous year and this year. Number of IEC materials distributed, number of peoples in awareness programme, pre-and post-evaluation records, number of awareness activities.	HMIS monthly record of monitoring, annual reports of HO and municipality, ART and PMTCT department of the hospital.

Output: Transmission of HIV/AIDs from mother to child has been reduced.		
5)Increasing safe sexual Behaviours 6) Increasing number of people taking ART by screening and case detection	Number of total condom distributed, Number of awareness programme on safe sexual practices, total number of current patients on ART	Annual report of HO, Data from ART section of hospital, HMIS monthly monitored file

Table 39: Logical Framework Matrix

	services, number of people engaged and detected.	
Activities: 1. Conduction of awareness programme on society on safe sexual behaviors, 2. Mobilize FCHVs for the awareness on safe sexual behavior and its importance to maintain privacy. 3. Incentives to the peoples attending awareness programme. 4. Expand and strengthen the number of HIV screening camps and services 5. Identify the High risk group and "compulsory HIV testing" strategy for high risk group on timely manner. 6. Providing sufficient logistics and medicines to ART service center.	Number of awareness programme camps per year, FCHVs reports, and units of incentives distributed, Number of screening camps added, number of HIV screening of High risk group, Number of ART drugs consumption.	HMIS monthly monitoring report, data from HO and municipality, Data from ART section of hospital
Output: number of patients taking ART by screening and case detection has been increased.		

11.10 Budgeting sheet for Five year plan on HIV/AIDS Programme (Amount in thousands)

Table 40: Budgeting of Five Year Plan

SN	Activities	Unit	FY 2075/76		
			Target	CPU (Rs.)	Budget(Rs.)
1	Fulfillment of vacant post	Person	8	240	1920
2	Conduction of awareness programme	No. of programme	4	25	100
3	Construction of ART/PMTCT service center, Buildings	No. of service centers	1	250	250
4	Training for ART/PMTCT staffs	Persons	15	5	75
5	Recruitment of AHW on contract	Persons	8	156	1248
6	Printing IEC/BCC materials	No. of informative material	1200	0.005	6
7	New syringes for drug users	No. of syringes	64240	0.002	128.4
8	Core identification of High risk group	Persons	24000	0.002	48
9	Screening camps for HIV detection for High risk group	Number of camps	12	20	224
10	Logistics for recording and reporting	HMIS register	25	0.12	3
11	Distribution of condoms through FCHVs	Pieces of condoms	1825000	0.001	1825
12	Training for FCHVs on safe sexual activities, HIV/AIDS, prevention and treatment	Persons	466	3	1398
13	Incentives for Trainers and trainees	Persons	494	2	988
14	Incentives for people participated in awareness programme	Persons	600	0.5	300
15	Logistics and medicines for HIV detection and treatment	Centers	13	44.66	580.58
16	Supervision	Times	4	3	12
17	Review meeting	Times	15	126.5	1898
18	Motivational Rewards	Persons	8	2.2	17.6
19	Launch and Breakfast for Meeting and awareness programme	Persons	1350	0.05	67.5
20	Trainings for Trainers	Persons	15	5	75
21	Miscellaneous	-	-	-	50
22	Total				1,12,13,000

Table 41: Budgeting of Five Year Plan

SN	Activities	Unit	FY 2076/77		
			Target	CPU(Rs.)	Budget(Rs.)
1	Fulfillment of vacant post	Person	4	240	960
2	Conduction of awareness programme	No. of programme	4	25	100
3	Construction of ART/PMTCT service center, Buildings	No. of service centers	0	0	0
4	Training for ART/PMTCT staffs	Persons	15	5	75
5	Recruitment of AHW on contract	Persons	0	0	0
6	Printing IEC/BCC materials	No. of informative material	900	0.006	5.4
7	New syringes for drug users	No. of syringes	52560	0.002	105.12
8	Core identification of High risk group	Persons	30000	0.002	60
9	Screening camps for HIV detection for High risk group	Number of camps	12	20	224
10	Logistics for recording and reporting	HMIS register	25	0.12	3
11	Distribution of condoms through FCHVs	Pieces of condoms	2555000	0.001	2555
12	Training for FCHVs on safe sexual activities, HIV/AIDS, prevention and treatment	Persons	50	3	150
13	Incentives for Trainers and trainees	Persons	73	2	146
14	Incentives for people participated in awareness programme	Persons	600	0.5	300
15	Logistics and medicines for HIV detection and treatment	Centers	13	46	598
16	Supervision	Times	4	4	16
17	Review meeting	Times	15	135	2025
18	Motivational Rewards	Persons	8	2.2	17.6
19	Launch and Breakfast for Meeting and awareness programme	Persons	1380	0.07	96.6
20	Trainings for Trainers	Persons	15	5	75
21	Miscellaneous	-	-	-	57
22	Total				75,68,720

Table 42: Budgeting of Five Year Plan

SN	Activities	Unit	FY 2077/78		
			Target	CPU(Rs.)	Budget(Rs.)
1	Fulfillment of vacant post	Person	2	250	500
2	Conduction of awareness programme	No. of programme	3	30	90
3	Construction of ART/PMTCT service center, Buildings	No. of service centers	1	300	300
4	Training for ART/PMTCT staffs	Persons	10	5.5	55
5	Recruitment of AHW on contract	Persons	10	165.6	1656
6	Printing IEC/BCC materials	No. of informative material	1650	0.006	9.9
7	New syringes for drug users	No. of syringes	43800	0.003	131.4
8	Core identification of High risk group	Persons	36000	0.002	72
9	Screening camps for HIV detection for High risk group	Number of camps	12	22	264
10	Logistics for recording and reporting	HMIS register	35	0.13	4.55
11	Distribution of condoms through FCHVs	Pieces of condoms	3728000	0.001	3738
12	Training for FCHVs on safe sexual activities, HIV/AIDS, prevention and treatment	Persons	42	3	126
13	Incentives for Trainers and trainees	Persons	60	2	120
14	Incentives for people participated in awareness programme	Persons	450	0.5	225
15	Logistics and medicines for HIV detection and treatment	Centers	14	50	700
16	Supervision	Times	4	4.5	18
17	Review meeting	Times	15	135	2025
18	Motivational Rewards	Persons	8	2.5	20
19	Launch and Breakfast for Meeting and awareness programme	Persons	1380	0.1	138
20	Trainings for Trainers	Persons	15	5.5	82.5
21	Miscellaneous	-	-	-	60
22	Total				1,03,35,350

Table 43: Budgeting of Five Year Plan

SN	Activities	Unit	FY 2078/79		
			Target	CPU(Rs.)	Budget(Rs.)
1	Fulfillment of vacant post	Person	2	250	500
2	Conduction of awareness programme	No. of programme	3	30	90
3	Construction of ART/PMTCT service center, Buildings	No. of service centers	0	0	0
4	Training for ART/PMTCT staffs	Persons	8	5.8	46.4
5	Recruitment of AHW on contract	Persons	0	0	0
6	Printing IEC/BCC materials	No. of informative material	1000	0.007	7
7	New syringes for drug users	No. of syringes	37960	0.003	113.88
8	Core identification of High risk group	Persons	42000	0.002	84
9	Screening camps for HIV detection for High risk group	Number of camps	12	22	264
10	Logistics for recording and reporting	HMIS register	45	0.15	6.75
11	Distribution of condoms through FCHVs	Pieces of condoms	4194000	0.001	4194
12	Training for FCHVs on safe sexual activities, HIV/AIDS, prevention and treatment	Persons	45	3	135
13	Incentives for Trainers and trainees	Persons	53	2	106
14	Incentives for people participated in awareness programme	Persons	450	0.5	225
15	Logistics and medicines for HIV detection and treatment	Centers	14	51	714
16	Supervision	Times	4	5	20
17	Review meeting	Times	15	140	2100
18	Motivational Rewards	Persons	8	2.5	20
19	Launch and Breakfast for Meeting and awareness programme	Persons	1400	0.1	140
20	Trainings for Trainers	Persons	15	5.5	82.5
21	Miscellaneous	-	-	-	68
22	Total				89,16,530

Table 44: Budgeting of Five Year Plan

SN	Activities	Unit	FY 2079/80		
			Target	CPU(Rs.)	Budget(Rs.)
1	Fulfillment of vacant post	Person	1	260	260
2	Conduction of awareness programme	No. of programme	2	30	60
3	Construction of ART/PMTCT service center, Buildings	No. of service centers	1	320	320
4	Training for ART/PMTCT staffs	Persons	38	6	228
5	Recruitment of AHW on contract	Persons	10	172.8	1728
6	Printing IEC/BCC materials	No. of informative material	2000	0.0072	14.4
7	New syringes for drug users	No. of syringes	29200	0.003	87.6
8	Core identification of High risk group	Persons	45200	0.003	135.6
9	Screening camps for HIV detection for High risk group	Number of camps	12	23	276
10	Logistics for recording and reporting	HMIS register	60	0.15	9
11	Distribution of condoms through FCHVs	Pieces of condoms	4194000	0.001	4194
12	Training for FCHVs on safe sexual activities, HIV/AIDS, prevention and treatment	Persons	466	3.5	1631
13	Incentives for Trainers and trainees	Persons	494	2	988
14	Incentives for people participated in awareness programme	Persons	300	0.5	150
15	Logistics and medicines for HIV detection and treatment	Centers	15	52	780
16	Supervision	Times	4	5	20
17	Review meeting	Times	15	142	2130
18	Motivational Rewards	Persons	8	2.6	20.8
19	Launch and Breakfast for Meeting and awareness programme	Persons	1400	0.1	140
20	Trainings for Trainers	Persons	15	6	90
21	Miscellaneous	-	-	-	80
22	Total				1,33,42,400

SN	Fiscal year	Budget(Nrs.)
1	2075/76	1,12,13000
2	2076/77	75,68,720
3	2077/78	1,03,35,350
4	2078/79	89,16,530
5	2079/80	1,33,42,400
6	Total	5,13,76,000

11.11 Monitoring and Evaluation

Monitoring and Evaluation are the important part of planning and implementation of the programme. Monitoring is the collection of information on a regular basis. Monitoring can be defined as a continuing function that aims primarily to provide the management and main stakeholders of an ongoing intervention with early indicators of progress, or deviations in achievement of results. Evaluation is a systematic and objective assessment of an on-going or completed project at one point in time. Evaluation is a selective exercise that attempts to systematically and objectively assess progress towards and the achievements of an outcome. Monitoring and evaluation helps to make programme effective. It directs inputs, process, output and impact of an ongoing or completed programme to make effective. Indicators should develop accordingly to monitor and evaluate the input, process, output and impact.

Monitoring and evaluation of five year planning on HIV/AIDS program will be done on a regular basis as specified below. For the monitoring and evaluation of results of HIV/AIDS

Programme logical framework approach will be used. District health office will be primarily responsible for the monitoring and evaluation of programme. Recording and reporting of HIV/AIDS programme will be maintained and the indicators listed below will be the basis for the evaluation.

11.12 Indicators of Monitoring and evaluation

Input Evaluation indicators

1. Conduction rate
2. Cent percent fulfillment of the sanctioned post.
3. No. of locally recruited Health workers per HF

4. Budget absorption capacity on HIV/AIDS program
5. Mutual co-ordination and collaboration with , GOs, I/NGOs
6. Availability of necessary equipment in HFs
7. Availability of medicines and supplies round the year
8. No. of room available at HFs
9. No. of community awareness program conducted.
10. No. of screening camp conducted
11. No of Review meetings
12. No of Training programme conducted for FCHVs, staffs, and trainers.
13. No of ART/ PMTCT services expanded and strengthened.
14. No of New syringes distributed to the drug users

Output Evaluation Indicators

1. No of new death by HIV/ AIDS is drastically reduced by 95% by the year 2080.
2. No of screening and case detection for High risk peoples is increased by 80%.
3. People's participation in awareness programme has been increased by 72% by the year 2080.
4. By the year 2080, Total no of condom utilization has been drastically improved due to the awareness programme and timely distribution through female community health volunteers.
5. By the year 2080, No of asymptomatic hidden case of HIV/AIDS detection has been improved by 78%.
6. By the year 2080, Quality of PMTCT and ART services has been improved due to strengthening and expansion of services.
7. By the year 2080, Motivation among the ART/ PMTCT staffs has been improved due to reward and trainings.
8. Attitude of the general people on HIV has been positively changed due to wide range of awareness programme conduction.
9. By the year 2080, new cases of HIV among drug users are drastically reduced by 88%.
10. By the year 2080, HIV patients participated in HIV enrollment programme and ART has been increased by 68% due to detection and treatment of hidden asymptomatic cases among High risk groups.

CHAPTER XII
LEARNING REFLECTIONS

District/Municipal Health Field Practice is a field based learning process which basically helps to supplement the theoretical knowledge that we have learnt during classes with practice skills from real field situation. We gained a lot of new experiences and learnt a lot. Some of the things that we learnt are as follows:

- We learned different aspects of health management system of Tanahun district and Vyas Munucipality.
- Study the health problem from the epidemiological perspective.
- We got chance to prepare Five year Plan, MAP, Critical Analysis practically and thereby strength our practical skill.
- We got chance to visit different NGO's and peripheral health institutions and learn about their work and management aspect.
- Knew the gap between theory and practice
- Became – pragmatic , proactive , tactful , diplomatic and enthusiastic
- Learned : Negotiating skill ,interpersonal skill and time management
- Learned to plan, conduct and manage program.
- We got chance to take part PMTCT training.
- Our learning became broad by attaining PEN package, and pesticide programme.
- School health programme on ASRH also enhanced our learning skills.

CHAPTER XIII
CONCLUSION AND RECOMMENDATIONS

13.1 Conclusion

District/Muncipal health system is a complex of interrelated elements that contribute to health in various levels. Tanahun district lies in Gandaki Province consisting of 2 District hospital, 1 District Ayurvedic Office, 2PHCCs, 48 HPs and so on. HO and Municipality was the key agency to improve efficiency and effective health system delivery in Byas Municipality, address disparities and improve the health status of the population assuring equitable access to quality health care services with full community participation, inter-sectoral co-ordination and gender sensitization. Areas like institutional delivery, ANC and PNC coverage, family planning, recording and reporting need to be improved. Top down approach of planning system was on practice on Health Office and in Municipality both Top down as well as Bottom up approach of planning system was on practice.

The organization of health facilities were as per the policies. Effective communication, dynamic, creative and participative leadership was present. The inter-sectoral co-ordination and intra-sectoral co-ordination was very good. Recording and reporting system from peripheral health institutions was not satisfactory due to the transitional phase of health system after the implementation of federalism in health and lack of sufficient training on HMIS and DHIS and skilled manpower.

CPR of the district was 23.26%. Reporting of family planning programme was poor, especially from the private sectors. There were total 466 FCHVs in the district. National Tuberculosis Control programme, Leprosy Control programme, HIV/AIDS and STI Control programme and Epidemiology and disaster management programme were running in the Tanahun district under the disease control programme.

An epidemiological study on HIV/AIDS was done and the study helped us analyzing the person, place and time distribution of the disease. Some aspects of the health system were critically analyzed. Critical analysis was conducted on Recording and Reporting System, Health Insurance and Implementing Federalism in the Health System. The major findings of the reviews are: Poor recording and reporting status of various programme.

Mini Action Project was done on Recording and Reporting System which was found to be priority management issue in the district/Municipality. One day workshop was conducted in this topic with coordination with HO and others staff of Health Post. A five year plan on HIV/AIDS was prepared in Logical Framework Analysis model with the goal "To reduce the HIV related deaths and reduce all new HIV cases by the year 2024" with budget of R 5, 13, 76,000. Altogether two presentation were done in the district ,first presentation was done to share our objectives with DHO staffs and final presentation was done to share our overall findings and learning during field program with all stake holders and valuable suggestions/ feedback were obtained.

13.2 Recommendation

To The HO/Byas Municipality, Tanahun

- Need to focus on monitoring for quality recording/reporting of both the governmental and private sectors.
- Immediate action should be taken to fulfill vacant posts in the HO.
- Effective co-ordination should be done with Municipal health section so that duplication of the programme will be managed.
- Adequate and proper training of HMIS should be given to all new as well as all untrained staffs.
- Distribution of electronic devices to all health institution for recording and reporting.
- Proper training should be given to FCHV about recording and reporting system and mobile phone distribution programme should be strengthened.
- Health institutions should be updated by latest and appropriate technologies for the effective healthcare delivery system.

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ANNEXES

ANNEX 1: Work Plan

Work Plan of District/Municipal Health System Management Field Practice (BPH 3rd year, 2016 Batch, GMC, Pokhara														
Tanahun District and Vyas Municipality- 2076														
Month	**Ashar**								**Shrawan**					
Date	**01**	**02**	**03-11**	**12-17**	**18-20**	**21-23**	**24**	**25-30**	**01-10**	**11-16**	**17-22**	**23-25**	**26-29**	**30**
Activities														
Departure from college														
Rapport building and informal meeting with HO members and municipality staffs														
Reading annual report of Tanahun														
Questionnaire development														
Visit to HP														
Data collection and review														
Visit to Damauli Hospital														
Visit to NGOs, INGOs and GOs														
Critical review														
Epidemiological study														
Preparation of five year plan														
Planning, implementation and evaluation of MAP														
Preparation for final presentation														
Conduction of final presentation and Departure from Tanahun														

ANNEX 2: Interview Guidelines

A. Interview Guidelines for District Public Health Officer at Health Office

1. General Introduction

- Name:
- Position:

2. Panning

- Process of Planning
- Preparation of district health plan

3. Organization

- Organizational Structure of Health Office
- Organogram of Health Office
- Working Mechanism
- Delegation of Authority

4. Staffing

- Identification of human resource and gaps
- Placement
- Orientation
- Training and development
- Performance appraisal
- Transfer, promotion and demotion Incentives

5. Directing

- Decision Making Pattern
- Strategy for establishing healthy human relation

6. Coordination

- Among District Hospital, HP and Municipality
- Other GOs, INGOs
- Problem facing during Coordination

7. Supervision and Monitoring

- Supervision mechanism
- Responsible Person for supervision and monitoring
- Routine of supervision and monitoring

8. **Recording and Reporting**
    - HO, I/NGOs, HPs
    - Tools used
9. **Budgeting**
    - Budgeting Mechanism of Health office for different programme
10. **Logistic Management**
    - Logistic Management Cycle
    - Flow of Logistics
    - Stock Management

B. Interview guideline for focal persons of different programmes of HO

A) Job description

- What is your post/ designation/ level in the office?
- What are your roles and responsibilities?
- To whom you are accountable for?

B) Supervision, Monitoring and Feedback

- Do you have any schedule for supervision and monitoring?
- How often do you conduct supervision and monitoring?
- What are the tools of supervision?
- Is there any feedback system to the sub-ordinates? If yes, how?

C) Recording and Reporting

- What is the mechanism of recording and reporting?
- To whom are the reports submitted?
- Do other related organizations report to the HO?

D) Coordination

- What is the mechanism of inter-organizational and intra-organizational coordination?

E) Budgeting

- What are the basic components of budgetary allocation?
- What steps do you follow?
- How do you plan budgeting in the district?
- Who controls the finance of the district?
- Is there any problem or constraint?
- Is there any recommendation to solve the problems?

- Is there any problem or constraint?
- Is there any recommendation to solve the problems?

C. Guidelines for HP visits

- Location of Health facility.
- Catchment areas of the health facilities
- Building (own or rented)
- Equipment maintenance and Drug management system.
- Staffing pattern (sanctioned, vacant and filled post).
- Service provided by the institutions.
- PHC- ORC conducted in ward levels.
- Community involvement/ participation in health program.
- Recording and reporting practices of health information.
- Supervision and monitoring practices on health facilities.
- Leadership, motivation & communication practices
- Health Logistics, training and financial management practices in facilities
- Coordination with ward office, NGOs, Health management Committees and community health volunteers, mothers' group.
- Problems and constrains faced on conducting programs.

D. Guidelines for GOs/NGOs

- Introduction of organization
- Goal and objectives of organization
- Activities (areas of conducting programs)
- Focus group of implemented programs
- Co-ordination with HO, DCC, Municipality and others organization
- Target, achievement and reporting system of program
- Duration of programs
- Community participation in programs
- Problems and constrains of program

E. Guidelines for Health Coordinator of Municipality

A) Job description

- What is your post/ designation/ level in the office?
- What are your roles and responsibilities?
- To whom you are accountable for?

B) Supervision, Monitoring and Feedback

- Do you have any schedule for supervision and monitoring?
- How often do you conduct supervision and monitoring?
- What are the tools of supervision?
- Is there any feedback system to the sub-ordinates? If yes, how?

C) Recording and Reporting

- What is the mechanism of recording and reporting?
- To whom are the reports submitted?
- Do other related organizations report to the HO?

D) Coordination

- What is the mechanism of inter-organizational and intra-organizational coordination?

E) Budgeting

- What are the basic components of budgetary allocation?
- What steps do you follow?
- How do you plan budgeting in the district?
- Who controls the finance of the district?
- Is there any problem or constraint?
- Is there any recommendation to solve the problems?

ANNEX 3: Observation Checklist

Observation Checklist of HP Visits

Observation	Yes	No
• Well-constructed building • Adequate ventilation/lighting • Adequate furniture/tables • Adequate laboratory equipment's. • Separate rooms for separate services. • Comfortable waiting place for the patients. • Daily diary maintenance. • Complete registers maintenance • Condition of the stores. • Presences of dispensary rooms • Cold chain maintenance • Presence of IEC corners. • Presence of ORT corner • Proper use of safety box • Healthful environment institution • Good water supply system • Proper use of toilet • Proper waste disposal system		

Physical Environment	**Yes**	**No**
Well-Constructed Building		
Adequate Lightening and Ventilation		
Cleanliness		
Adequate Space		
Furniture Adequacy		
Fire Extinguisher		

Maintenance of Stock		
Updating of Records		
Reporting to HO and Municipality		
FEFO maintained		
Cold Chain		
No of Refrigerator		
Generator		
Temperature maintained		
Vaccines Stock		
Separate Place to store open and unopened vials		
Waste Management		
Hazardous(Syringe, Needles, Blades)		
Non Hazardous(Cartoons, Paper)		
Incinerators		

ANNEX 4: List of Indicators

Immunization

Main Indicators	Numerators and Denominators
Immunization Coverage	No of children under one years of age immunized with specific dose of antigen * 100
	Total estimated number of children under one year of age
Immunization coverage for TT2+ vaccine	Number of pregnant women immunized with TT2+ x 100
	Total estimated number of Pregnant Women.
Measles drop-out rates (BCG vs. Measles vaccine)	Number of children received BCG - Number of children received measles vaccine x 100
	Number of children received BCG
Vaccine Wastage Rate	Number of vaccine doses received - Number of vaccine doses used x 100
	Number of Vaccine dose received

Nutrition

Growth-monitoring coverage	Number of visits x 100
	Number of targeted visits
Proportion of malnourished children (weight for age)	Number of children (0-36 months) under low growth curve for 1st visit x 100
	Number of children (0-36 months) new cases
Vitamin A mass distribution coverage	Number of children (6-59 months) who received vitamin A capsules x 100
	Target Population (6-59 months)
Postpartum Vitamin A coverage	Number of Postpartum women supplemented with vitamin A capsule x 100
	Total number of Expected pregnancies

Deworming coverage	Number of children (1-5 years) receiving deworming tablets twice a year x 100
	Number of children of 1-5 years

Control of Diarrheal Diseases

Morbidity rate due to diarrhea	Total diarrheal new cases in specified time x 1000
	Target population (under-fives)

ARI

Under-five child mortality due to ARI-related causes	Total deaths due to ARI in one year x 100
	Total <5 year population in the same year
Annual incidence of ARI among under-five children	Total no. of ARI cases in one year x 100
	Total no. of <5 year population in the same year
Annual incidence of pneumonia among under-fives	No. of pneumonia cases in a specified year x 100
	Total no. of <5 yr. population in same year

Family Planning

Contraceptive Prevalence Rate (CPR)	Number of current users of modern FP methods x 100
	Married Women of Reproductive Age (MWRA)
Couple Years of Protection (CYP)	VSC=13 CYPs, Norplant=7 CYPs, IUCD=12 CYPs, 13 pill cycles=1 CYP, 4 doses Depo=1 CYP, 150 Condoms=1 CYP
Method-specific new acceptors as a percent of MWRA	Number of method specific New Acceptors x 100
	Married Women of Reproductive Age (MWRA)

Safe Motherhood

ANC service coverage	No. of ANC first visits x100
	Expected no. of pregnancies
Percentage of 4 ANC visit	No. of 4 time ANC visit x100
	No. of 1st ANC visits
Delivery service coverage health by Workers	Total no. of delivery services provided by health workers x100
	Total no. of expected pregnancies
Postnatal service coverage	Total no. of first postnatal visits x100
	Total no. of expected pregnancies
Maternal mortality ratio	Total maternal deaths x 100,0
	Total live births

Tuberculosis

Treatment outcomes Cure rates Completion rates Failure rates Death rates	The number of new smear- positive cases having that outcome x100
	The number of new smear- positive cases registered in that quarter
Smear conversion rate at 2 (3) months for new smear-positive cases, relapses, and failure cases	The number of smear- positive cases (new, relapse or failure cases) which are smear negative at 2(3) months of treatment x 100
	The number of smear- positive cases (new, relapse, or failure cases) registered during the quarter
Case detection ratio of new pulmonary smear- positive cases	The number of new smear- positive cases registered during a year x 100
	The number of new smear- positive cases estimated to occur during the year in that population
Positive rate for smear positive cases	The number of smear- positive cases detected during a quarter x100
	The number of TB suspects examined by smear microscopy in that quarter

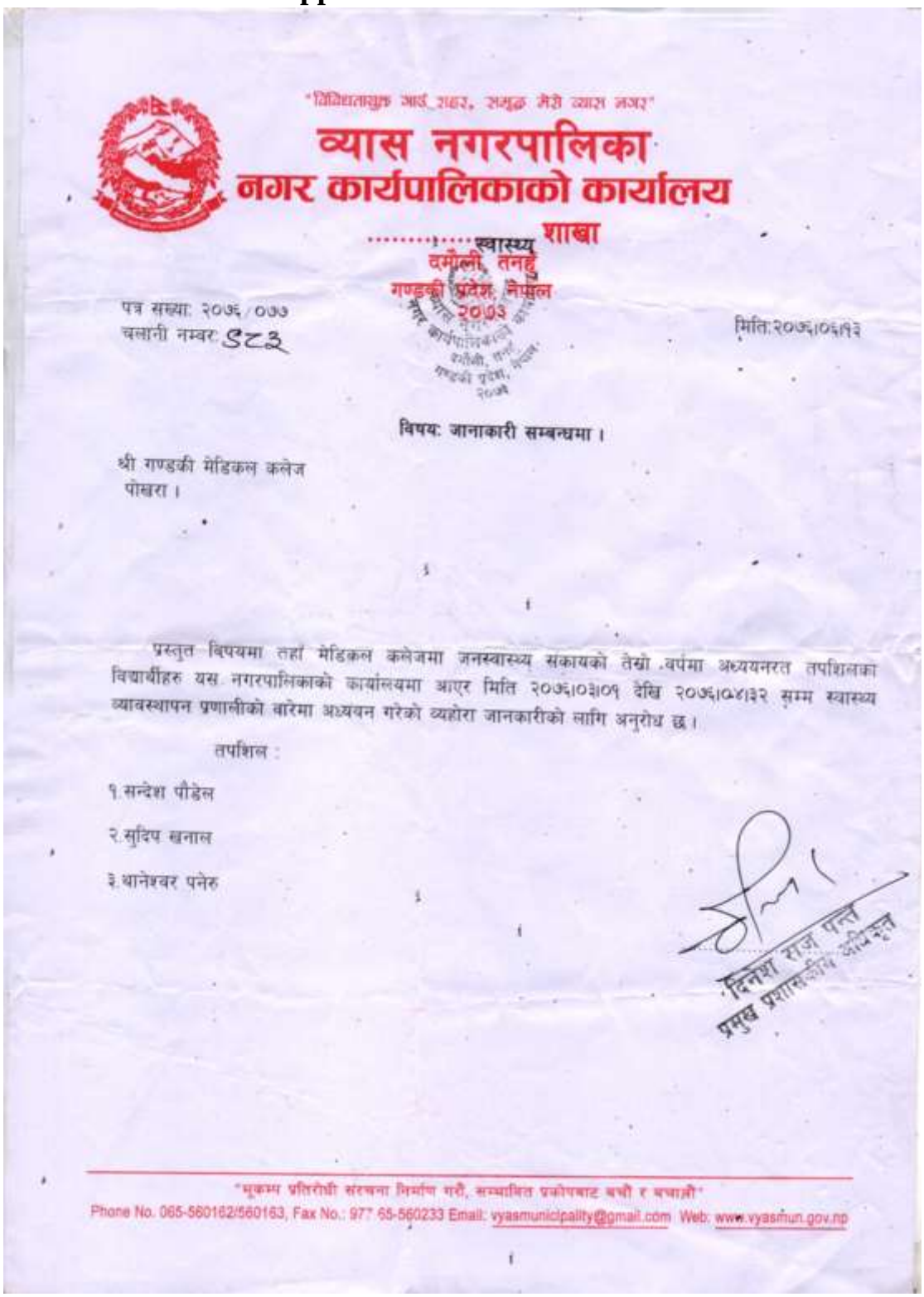
Leprosy

Registered Prevalence Rate	Total number of leprosy cases registered at the end of year x 100
	Total Population
New Case Detection Rate (NCDR)	Total number of new cases detected for leprosy x100
	Total population
Disability grade II rate (%)	Total no. of new cases with disability grade II x 100
	Total no. of new cases detected per year
Regularity percentage	Total number of leprosy cases on regular treatment *100
	Total number of registered leprosy cases

Others

Average no of people served by FCHV	No of people served by FCHV
	Total no of FCHV
% of PHC/ORC clinics held by month	Total number of clinics held x 100
	Total number of clinics to be held
No. of people served per clinic	Number of people served by clinics x 100
	Total no. of clinics held

ANNEX 5: Letter of Appreciation



"विविधतायुक्त भाई, शहर, समृद्ध मेरो व्यास नगर"

व्यास नगरपालिका
नगर कार्यपालिकाको कार्यालय
स्वास्थ्य शाखा
वर्मौली, तनहु
गण्डकी प्रदेश, नेपाल

पत्र संख्या: २०७६ / ०७७
चलानी नम्बर: ९८३

मिति:२०७६।०६।१३

विषय: जानाकारी सम्बन्धमा ।

श्री गण्डकी मेडिकल कलेज
पोखरा ।

प्रस्तुत विषयमा तहाँ मेडिकल कलेजमा जनस्वास्थ्य संकायको तेस्रो वर्षमा अध्ययनरत तपशिलका विद्यार्थीहरु यस नगरपालिकाको कार्यालयमा आएर मिति २०७६।०३।०१ देखि २०७६।०४।३२ सम्म स्वास्थ्य व्यावस्थापन प्रणालीको बारेमा अध्ययन गरेको व्यहोरा जानकारीको लागि अनुरोध छ ।

तपशिल :

१.सन्देश पौडेल

२.सुदिप खनाल

३.थानेश्वर पनेरु

दिनेश राज पन्त
प्रमुख प्रशासकीय अधिकृत

"मूलभूत प्रतिरोधी संरचना निर्माण गरौं, सम्भावित प्रकोपबाट बचौं र बचाऔं"
Phone No. 065-560162/560163, Fax No.: 977 65-560233 Email: vyasmunicipality@gmail.com Web: www.vyasmun.gov.np

समाज कल्याण परिषद् आबद्धता नं. २५६७६
जि.प्र.का. दर्ता नं. ०८६/०६५

कोशिश

राष्ट्रिय मानसिक स्वास्थ्य स्वावलम्बन संगठन

पो.ब.नं. ८९७५, इ[illegible], बागडोल, ललितपुर, नेपाल
फोन नं. ०१-५१९०१०३ (मुख्य कार्यालय), ईमेल: info@koshishnepal.org, वेबसाइट: www.koshishnepal.org

च.नं. ०६६/०७-७८

मिति :२०७६।०४।१७

श्री प्रमुख ज्यु
गण्डकी मेडिकल कलेज
पोखरा कास्की

बिषय : कार्य सम्पन्न गरेको सम्बन्धमा ।

महोदय,

उपरोक्त सम्बन्धमा त्यस मेडिकल कलेजबाट BPH तेस्रो बर्षका बिद्यार्थीहरु यस कार्यालयमा आई Health system management का बिबिध बिषयमा अध्ययन गरि कार्य सम्पन्न गरेको व्यहोरा अनुरोध गर्दछु ।

.....
बसन्त भट्ट
परियोजना संयोजक
कोशिश

नेपाल सरकार

स्वास्थ्य बीमा बोर्ड

तमाली, काभ्रे
स्था : २०७४

पत्र संख्या:०७५/०७७
च.नं. ७१

फोन नं.०११-५६२६४९
ईमेल: iboardtanahun@email.com

श्री गण्डकी मेडिकल कलेज ,
पोखरा, कास्की ।

मिति:२०७५/०४/२४

विषय: जानकारी सम्बन्धमा ।

प्रस्तुत विषयमा तहाँको कार्यालयबाट मिति २०७५/०२/२३ च.नं. १८७ को पत्र अनुसार BPH तृतिय वर्षका विद्यार्थीहरु District Health System Management (DHSM Field) अन्तर्गत स्वास्थ्य बीमा सम्बन्धि अध्ययनको लागि यस कार्यालयमा आउनु भएको जानकारी गराईन्छ ।

नवराज भट्टराई
दर्ता अधिकारी

"तपाईको स्वास्थ्य हाम्रो बढोट"

प्रदेश सरकार

भौतिक पूर्वाधार विकास मन्त्रालय

खानेपानी तथा सरसफाई डिभिजन कार्यालय

तनहुँ

गण्डकी प्रदेश

पत्र सं.: ०७६/०७७

चलानी नं:

मिति: २०७६/०४/२४

विषय: जानकारी सम्बन्धमा ।

श्री गण्डकी मेडिकल कलेज,

कास्की, पोखरा ।

प्रस्तुत विषयमा न्यस कलेजको जनस्वास्थ्य संकायको तेश्रो वर्षमा अध्ययनरत विद्यार्थीहरू यस जिल्लाको स्वास्थ्य व्यवस्थापन प्रणालीको बारेमा अध्ययन गर्न यस कार्यालयमा आई विभिन्न जानकारीहरू लिएको व्यहोरा जानकारी गराइन्छ ।

(हरि प्रसाद तिमिल्सिना)

डिभिजन प्रमुख

जि.प्र.का. ४००

"हामीले गर्ने सबै विषय र क्रियाकलापहरू वातावरणमैत्री बनाऔं"

"काम योजनाबाट होइन, संकल्पबाट आरम्भ गर्नुपर्छ ।" माइटिकेल

स.क.प. ४४११

NGO NET-WORK, TANAHUN

गैर सरकारी संस्था समन्वय समिति

तनहुँ

पत्र संख्या *Ref. No.*:

मिति *Date*: २०७५/०४/२०

श्री गण्डकी मेडिकल कलेज
कास्की पोखरा

विषय: **जानकारी संबन्धमा ।**

प्रस्तुत विषयमा त्यस कलेजको जनस्वास्थ संकायको तेश्रो वर्षमा अध्ययन विद्यार्थीहरु यस जिल्लाको स्वास्थ व्यवस्थापन प्रणालीको बारेमा अध्ययन गर्न यस कार्यलयमा आई विभिन्न जानकारीहरु लिएको व्यहोरा जानकारी गराईन्छ । जानकारी लिने सन्दर्भमा यस संस्थाले संचालन गरेको सामुदायिक सरसरफाई सहित वन वातावरण तथा बन्यजन्तु संरक्षण आदि कार्यक्रम बारे छलफल भयो ।

प्रताप सिं गुरुङ
अध्यक्ष

"तनहुँको पहिचान एक घर एक चर्पी अभियान"

PHONE No. 00977-65-560560, 562560 E-MAIL : nwtanahu@gmail.com

श्री गण्डकी मेडिकल कलेज.
बालकोट, पोखरा.

मिति : २०६६/४/२२

विषय : स्वास्थ्य व्यवस्थापन प्रणाली अन्तर्गत स्वास्थ्य चौकी भ्रमण सम्बन्धमा.

उपरोक्त सम्बन्धमा यस गण्डकी मेडिकल कलेजमा, पोखरा का जनस्वास्थ्य तेस्रो वर्षमा अध्ययनरत विद्यार्थीहरु स्वास्थ्य व्यवस्थापन प्रणाली अन्तर्गत हाम्रो यस श्री धाँसीकुवा स्वास्थ्य चौकी, वडा - १२ मा भ्रमण एवं जाँचबुझ गर्नका लागी आएर स्वास्थ्य चौकी भ्रमण गर्नुभएकोमा हार्दिक धन्यवाद ज्ञापन गर्दछु ।

Anju

अञ्जु पोखरेल बराल
(स्वास्थ्य चौकी इन्चार्ज)
निस्वास्थ्य चौकी प्रमुख

मिति: २०७३/०४/२२.

श्री गण्डकी मेडिकल कलेज
कास्की, पोखरा

विषय:- स्वास्थ्य व्यवस्थापन प्रणाली अन्तर्गत
स्वास्थ्य चौकी भ्रमण गरेको

उपरोक्त सम्बन्धमा, यस गण्डकी मेडिकल कलेज, पोखरा को जनस्वास्थ्य तेस्रो वर्षमा अध्ययनरत विद्यार्थीहरू स्वास्थ्य व्यवस्थापन प्रणाली अन्तर्गत हाम्रो यस लमडुँडर स्वास्थ्य चौकी मा भ्रमण शिविर आयोजना गरेको लागि उक्त स्वास्थ्य चौकी भ्रमण गर्नु भएकोमा हार्दिक धन्यवाद ज्ञापन गर्दछु।

स्वास्थ्य चौकी प्रमुख
(मनोज कुमार [illegible])
इन्चार्ज

प्रदेश सरकार
सामाजिक विकास मन्त्रालय
स्वास्थ्य निर्देशनालय

फोन: ०६४६१०२०३

दमौली अस्पताल

गण्डकी प्रदेश

तनहुँ

पत्र संख्या : ०७६ / ०७७
चलानी नं.: ११६

मिति : २०७६ / ०४ / २६

श्री गण्डकी मेडिमल कलेज ,
गण्डकी प्रदेश पोखरा ।

विषय : जानकारी सम्बन्धमा

उपरोक्त विषयमा यस गण्डकी मेडिमल कलेज पोखराका बि.पि.एच तेस्रो वर्षमा अध्ययनरत तपसिल बमोजिमका विद्यार्थीहरु मिति २०७६।०३।०१ देखि मिति २०७६।०४।२६ सम्म स्वास्थ्य व्यवस्थापन प्रणाली अन्तर्गतमा रहि यस अस्पतालमा अभ्यास गर्नु भएको व्यहोरा अनुरोध छ ।

०६५।४।२६

तपसिलका विद्यार्थीहरु

१) सुदिप खनाल

२) सन्देश पौडेल

३)धानेश्वर पनेरु