



Government of Nepal
Ministry of Health and Population
EASTERN REGIONAL HEALTH DIRECTORATE
DHANKUTA



Acknowledgement

It is my great pleasure to write a few words regarding the publication of Annual Report of Eastern Regional Health Directorate for fiscal year 2069/70. This comprehensive and analytical performance report is useful document that presents the summary of achievements of all health programs carried out in the eastern region. It is the outcome of series of monthly, quarterly, half yearly and annual performance review meetings conducted at SHPs, HPs, PHCs, districts and regional levels. The report also includes major issues, problems, constraints and recommended actions. Therefore, the information provided in this report will be of immense help to all health planners, services providers and stakeholders for the betterment of the health of all.

In the one hand, the satisfactory progress has made in key health indicators though we have many challenges to achieve Millennium Development Goals by 2015. For this, I firmly perceive there is a need to focus the programs that remained behind the targets. In this regard, the concept of gender equality and social inclusion will be of vital importance for an effective and efficient health services particularly to the poor and excluded population.

I take immense pleasure in having the guidance and future direction by Secretary for Health and Population, Dr. Praveen Mishra during annual regional review meeting. I would like to heartily thank to the Director General of Department of Health Services, Dr. Ram Lakhan Shah, Director of Management Division, Dr. BhimAcharya and other Directors of respective divisions/centers for clarifying lots of issues raised during annual regional review meeting.

Further, I would like to express my sincere gratitude to Mr. NawarajSubba, DPHO for his valuable support particularly for preparation and presentation of the regional achievements during regional review meeting. In addition, I would take this opportunity to appreciate all DHOs/PHOs and statistical officers/assistants who deserve special mention for their contribution to make this endeavor a success. All the regional staffs also deserve special appreciation for their helping hands in providing the relevant information and technical support for preparation of the review meeting.

I would further express my heartfelt gratitude to the Regional Health Coordination Team (RHCT)- NLR, WHO-IPD, UNICEF, BNMT, Save the Children, PSI, Plan Nepal, AMDA Nepal, UMN,IOM,UNHCR, World Vision International, Karuna Foundation, Regional Safe Motherhood Network, Action Aid, Micronutrient Initiative and other development partners for their commendable contribution and support during annual regional review meeting..

Finally, I would like to extend my appreciation to Mr. Keshav Gyawali (Statistics Officer), and Mr. Dipak Chaudary, PHO of EHRD for their thorough effort in preparing the report.

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Executive Summary (FY 2069/70)

The annual report of Eastern Regional Health Directorate (ERHD) for the fiscal year 2069/70 (2012/2013) reflects the performance of different programs and compare with the progress made over the preceding three years.

This report was prepared by a technical team of ERHD considering all the information coming from different sources. Moreover, the report was verified by the representatives from different hospitals, DHOs/DPHOs, ERHD and supporting partners. Therefore, it is hoped that this comprehensive and analytical report will be a useful document for MoHP (DoHS, DHOs, DPHOs and hospitals), health planners, researchers, and academic institutions, students, supporting partners, interested organizations and individuals.

It consists of different chapters and sections. Every chapter includes background, major activities carried out in fiscal year 2069/70, analysis of achievements, interpretation and discussion of key findings, conclusion, major issues, problems, constraints and finally actions to be taken.

Data used in this report were generated, compiled and verified both at periphery and district level. In addition, there was district level annual performance review meetings in all 16 districts and concluded in regional review meeting. The data source of this report is Health Management Information System (HMIS) in which 19 - government hospitals (13 district hospital; three other hospitals-*Lahan, Rangeli and Katari*, three Zonal hospitals) and one 700-bedded tertiary level medical college teaching hospital-BPKIHS, 49 Primary Health Care Centers (PHCCs), 255 Health Posts (HPs) and 608 Sub-Health Posts (SHPs) reported in this fiscal year. It also included the service coverage of 2919 Primary Health Care/Outreach Clinics (PHC-ORCs), 3807 EPI clinics and 10876 Female Community Health Volunteers (FCHVs). In addition, 8 EDPs, 16 INGOs, 15 national NGOs, 40 local NGOs & CBOs are working in this region, and 218 Private Health Institutions-PHIs (private hospitals/nursing homes/ polyclinics & diagnostic center/health center/eye care center) were recorded in the region.

National Immunization Programme (NIP)

The national immunization coverage of all antigens in the regular NIP program in 2069/70 has improved compared to last fiscal years. All the antigens met the national target of > 90% except measles which stood at 89%. There has been 98 percent coverage for BCG, 93 percent for Polio-3, DPT-Hep B-Hib 3, 89 percent for Measles and 82 percent for TT-2 to pregnant women. BCG vs Measles dropout rate slightly increased from 2 percent in 2068/69 to 2.8 percent in 2060/70. The vaccine wastage rate for DPT-HepB-Hib has increased tremendously to 20.9 percent in FY 2069/70 from 5.8 percent in FY 2068/69 which is higher than the recommended wastage rate of five percent (single dose vial) and for OPV it was 23.8 percent which is higher than the recommended wastage rate of 15 percent.

Nutrition

There has been increase in growth monitoring coverage by 3 percent from 37 percent in 2068/69 to 40 percent in 2069/70. The percent of less than 5 years children among new growth monitored having malnourished status has almost constant 2 percent in last year to 2.1 percent this year. Two rounds of Vitamin A capsules were distributed to children aged 6 to 59 months. Almost three fourth (77%) of the pregnant women received Anti-helminthic treatment and 80 percent received iron tablets.

CB-IMCI

The total number of less than 2 months cases are in increasing trend compared to the past two years, an increment from 12,295 in 2067/68, 14124 in 2068/69 and 82003 in this year. There was also an increment in the number of cases treated for Possible Severe Bacterial Infection (PSBI), Local Bacterial infection (LBI), Low weight and feeding problems. Incidence of Pneumonia per 1,000 under-five year children has increased to 1117 in FY 2069/70 from 531 in 2068/69. However cases of 'Severe pneumonia or VSD' remained almost constant compared to last fiscal year.

Diarrhoea cases per 1,000 under-five population increased to 614 in 2069/70 from 531 in FY 2068/69. The percentage of severe dehydration has remained constant over last two fiscal years. Treatment of diarrhoea by Zinc+ Oral Rehydration Salt (ORS) has increased over the last two years.

Safe motherhood

ANC first visit has risen to 91% in FY 2069/70 from 76% in FY 2068/69. However, 4th ANC as percent of first ANC has decreased to 53 % in FY 2069/70 from 56% in FY 2068/69. Moreover, there has been reduction in the gap between 4th ANC visits (53 percent) and institutional deliveries (51 percent). Similar gap was also observed between institutional deliveries and PNC first visit (58 percent). High CS rate particularly in private hospitals was identified as a major issue despite of the fact that there was need of further strengthening institutional deliveries, fulfillment of trained human resources and proper adherence of protocol.

The delivery conducted by SBAs as percentage of expected live births was 52 percent in fiscal year 2069/70 which was increased by 9 percent compared to fiscal year 2068/69. Further, the delivery conducted by other than SBAs decreased to 4.5 percent in FY 2069/70 from 5.4 percent in fiscal year 2068/69. The institutional deliveries among expected live births was increased by 9 percent in fiscal year 2069/70(51%) compared to 42.3 percent in fiscal year 2068/69

Family Planning

The Contraceptive Prevalence Rate (CPR) of the region was 51 which has increased from 47 in FY2068/69. The common choice of spacing contraceptive method was Depo-Provera. Decreasing male participation in sterilization, quota based supply of long term spacing methods and low reporting status of the private health institutions were some key issues in family planning programme.

The achievement against target for sterilization was 119.5 in FY 2069/70 which was 87 percent in fiscal year 2068/69 .The contribution of NGOs in new acceptors among total sterilization in fiscal year 2069/70 was 34 percent.

FCHVs Programme

The regional trend of proportion of ORS and pills cycles distribution by FCHVs has dropped over the last three years' period. Mothers' group meetings as targeted have been also decreased during the reporting period. However, reporting from FCHVs has increased for the last three years. FCHVs were overwhelmed with multiple tasks and mandatory retirements of FCHVs as per age bar limitation were some key issues.

PHC Outreach Programme

The percentage of PHC ORCs conducted against the target was slightly increased to 89 in fiscal year 2069/70. However there was low attention in quality assurance in services provided by PHC ORCs. The reasons were insufficiency of kit boxes, lack of PHC ORCs management committee and irregular

presence of health workers. The average number of people served per PHC ORC per month was 22 which is constant over three years period. Lack of electoral bodies at local level to accelerate efficient management of PHC ORC remained as a key issue.

Disease control

Tuberculosis: The case finding rate of tuberculosis has increased to 67 percent in fiscal year 2069/70 from 62 percent in fiscal year 2068/69. Only two districts (Udayapur-88 percent & Solu-97 percent) in the region met the target of case finding as defined by WHO. Additionally, the case finding rate of seven districts in the region was less than 40 percent in fiscal year 2069/67. The regional achievement of TB case finding for the last one decade was less than 70 percent. The low case finding was one of the major issues in the region.

Leprosy: There were a total of 825 (new child-40, DGII new- 29) new leprosy cases recorded in the region at the end of fiscal year 2069/70. Out of 825, 423 were recorded as MB and 402 were PB. Regarding the case load of new cases, 11 districts of the region have a total of 44 cases whereas majority of the cases (781) are in 5 Terai districts

Malaria: The annual blood slide collection rate has been decreasing over last three consecutive years. It was 87% during FY 2067/68 and 75% and 73% in FY 2068/69 and 2069/70 respectively. However, the % of PF cases among total cases dropped significantly to 1.1% in FY 2069/70 from 30.4% in FY 2068/69 in the region.

Kala-azar: The Kala-azar cases were reported mainly from Terai districts of the region. Jhapa, Saptari, Siraha, Sunsari Morang and Udayapur are highly affected districts in the region. The incidence rate of Kala-azar/10,000 risk population has increased to 0.32 in fiscal year 2069/70 from 0.13 in previous year. There was four reported death due to Kala-azar in the region in fiscal year 2069/70.

HIV/AIDS & STDs A total of 14,250 clients (6970 males & 7280 females) received the HIV counseling in fiscal year 2069/70 and the reported number of HIV positive cases was 307 of which 198 were males and 109 were females. The issue of the region was partial reporting from private/NGOs run HIV counseling & testing centers.

Curative services

A total of 4,869,955 outpatients new visits were reported in 2069/70 in eastern region. The regional trend of outpatients' new visits has increased slightly compared to fiscal year 2068/69. The percentage of communicable diseases among total new outpatients' visits has slightly dropped compared to FY 2068/69.

Supporting program

Health Training: Training was delivered through the network of Regional Health Training Centre, district level training facilities in 16 districts and 4 Training Health Posts. A team of 5-7 district training members provides training to the concerning health worker of PHCC, HP and SHPs. In addition, 6 MCHW Training Centers provided basic training, short-term training, and refresher training for different level of staff. Besides this, there were 3 FP clinical training sites attached to Zonal hospitals and one in AMDA hospital for providing clinical competency based training in the area of FP, SM, and Clinical service Management. Training program achieved according to target however there is need of training to OT management,

SBA, CBIMCI training to new health workers, TB Leprosy modular training, HMIS training to focal person of private health institutions.

Health Education, Information and Communication: The health education and communication units in the district health offices implemented IEC activities utilizing various media and methods according to the needs of the local people in the district. Local media and languages were used in the district for dissemination of health messages. The main activities included health education programs in the schools and community; printed materials production and distribution; production and dissemination of regular, weekly and periodic radio programs; publication and dissemination of health messages through newspapers, social mobilization, advocacy, workshop/seminar, folk events, observation on special days and exhibitions.

Logistic supply: Regional medical store and district store were responsible for timely supply of drugs, equipment, contraceptives, vaccine and other commodities to the service outlets including storage and maintenance of inventory. The main functions of regional medical store included repacking of drugs & other goods, supply of drugs & other goods, repair & maintenance of vehicle, cold chain equipment & others, store supervision and medical store maintenance & construction.

Laboratory service: The goal is to provide quality health laboratory service which is accessible to every citizen at affordable cost. At present there are 3 zonal hospital based laboratories, 13 district hospital based laboratories, 3 other government hospital laboratories and 49 PHCC based laboratories. In addition, one tertiary level laboratory is in BPKIHS. The main activities included regular investigation of different lab services and lab test for emergency of influenza, encephalitis and dengue fever. A total of 1,587,806 people received laboratory services from the different health institutions of the region

Primary Health Care Revitalization: Primary Health Care Revitalization Division (PHCRD) works towards reducing poverty by providing equal opportunity for all to receive quality and affordable health care services. The major activities carried out during fiscal year 2069/70 were free health services to marginalized population and areas. Free Health Camp (Dental, ENT, General Surgery, and General Health Services) was conducted in Bhojpur district. A total of 4,208,503 people received free health services from different public health institutions across the region. A total of 114,548 disadvantaged people received free OPD, emergency, inpatients and referral services from the hospitals across the region. 837 FCHV had received different hospital services at free of cost from hospital during the same period.

Personnel administration: Regional Health Directorate is responsible for the effective management of the entire health programme by mobilizing the extensive network of health workers of the region. Altogether 76 percent (4313) posts were fulfilled out of 5663 sanctioned posts. Generally, mountain and hill districts were higher percentage of vacant posts compared to Terai. There is still a need of improving personnel record keeping and defining employee's roles and responsibilities.

Financial management; Of the total budget (Rs. 39,812,000.00), 77.6 percent (Rs. 30,904,000) was expensed in the eastern region during FY 2069/70. 90 percent achievement was achieved in program budget. Budget expenditure rate in most of the districts was above 80 percent. In fiscal year 2069/70, only 2.79 percent clearance was done out of total reported irregularities of Rs. 13,37,574.00. Most of the districts did not report about irregularities. Lack of information about district program and budget and linkages between district and regional finance team remained as major issue which is important for program planning and supervision.

Health Services Coverage Fact Sheet

Fiscal Year 2067/68 (2010/2011) to 2069/70 (2012/2013),ERHD,Dhankuta

1. REPORTING STATUS (%)		2067/68	2068/69	2069/70
1.1	District	100	100	100
1.2	Hospital	96	96	89
1.3	Primary Health Centre	99	100	102
1.4	Health Post	99	99	100
1.5	Sub-Health Post	98	99	100
1.6	PHC-ORC Clinics	91	90	90
1.7	EPI Clinic	NA	92	96
1.8	Female Community Health Volunteers	89	90	98
1.9	Non-Governmental Organizations	84	80	98
1.1	Private Health Institutions	78	67	63
2. IMMUNIZATION COVERAGE (%)				
2.1	BCG	93	91	98
2.2	DPT-Hep B-Hib 3	92	88	93
2.3	Polio	91	87	93
2.4	Measles	88	85	89
2.5	TT-2 and TT2+	83	74	82
3. NUTRITION				
3.1	Growth monitoring coverage as percentage of <5 children new visits	37	37	40
3.2	Proportion of underweight (Weight/Age) children among new visits	2	2	2.21
3.3	Percentage of pregnant women receiving iron tablets	79	67	80
3.4	Percentage of postpartum mothers receiving Vitamin A	61	59	64
3.5	Percentage of pregnant women receiving anthelmintic tablets	72	66	77
3.6	Iron Compliance	41	37	44
4. ACUTE RESPIRATORY INFECTION (ARI)				
4.1	Reported incidence of ARI per 1,000 <5 children new visits	917	985	1117
4.2	Percentage of pneumonia (mild + severe) among new ARI cases	32	30	30
4.3	Proportion of severe pneumonia among new ARI cases	0.3	0.3	0.3
5. DIARRHOEAL DISEASES				
5.1	Incidence of diarrhea/1,000 <5 children new cases	486	531	614
5.2	Percentage of severe dehydration among total new cases	0.7	0.2	0.2
6. SAFE MOTHERHOOD (%)				

6.1	Antenatal first visits as percentage of expected pregnancy	80	76	91
6.2	Antenatal fourth visits among first visits	60	56	53
6.3	Delivery conducted by SBA as percentage of expected live births	39	43	47
6.4	Delivery conducted by other than SBA as percentage of expected live births	9.6	5.4	4.5
6.5	Institutional delivery as percentage of expected live births	39.7	42.3	51.0
6.6	PNC first visit as percentage of expected live births	58	59	58
7. FAMILY PLANNING (%)				
7.1	Contraceptives Prevalence Rate (CPR)	46	47	51
7.2	Pills current users (as percentage of MWRA)	4.1	4.3	4.5
7.3	Depo-Provera current users (as percentage of MWRA)	10.3	10.1	10.7
7.4	IUCD current users (as percentage of MWRA)	1.4	1.7	1.98
7.5	Implant current users (as percentage of MWRA)	1.2	1.4	1.84
7.6	Sterilization current users (as percentage of MWRA)	26.7	26.7	15.8
7.7	New Acceptors total spacing method (as percentage of MWRA)	9.4	8.9	11.9
7.8	New Acceptors Method Mix as percentage of MWRA	9.4	9.0	10.3
8. TUBERCULOSIS (%)				
8.1	Case detection rate	63	62	67
8.2	Cure rate	86	89	90
8.3	Success rate	91	90	92
8.4	Sputum conversion rate	88	89	90
8.5	Slide positivity rate	10	9	7.3
8.6	Overall agreement rate	98	98	98
9. LEPROSY (%)				
9.1	New Case Detection Rate (NCDR)/10,000 population	1.3	1.3	1.4
9.2	Disability grade II among new cases	3.3	3.6	3.5
9.3	Prevalence Rate (PR)/10,000 population	0.9	0.9	0.9
10. MALARIA /KALAZAR (%)				
10.1	Annual Blood Slide Collection Rate	87	75	73
10.2	Annual Blood Slide Examination Rate (ABER)/100 risk population	0.8	0.7	0.7
10.3	Annual Parasite Incidence (API) per 1,000 risk population	0.2	0.1	0.06
10.4	Proportion of P. Falciparum	33.9	30.4	1.1
10.5	Clinical Malaria Incidence (CMI)/1,000 risk population	3.9	3.1	2.7
10.6	Incidence of Kalazar/10,000 risk population	0.6	0.1	0.32
11. CURATIVE SERVICES (%)				

11.1	Total OPD visits as percentage of total population	72	70	82
11.2	New Female OPD visit as percentage of total visit	55	54	
11.3	Number of people using free health services in hospitals' OPD			
	Ultra poor		33190	34292
	Poor		48436	48220
	Disable		2333	497
	Senior citizen		17300	10456
	FCHVs		2032	638
11.4	Number of people using free health services in PHCC's OPD		165848	203378

