

Annual Report

FY 2063/64

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Ministry of Health and population
Department of Health Services
Eastern Regional Health Directorate
District Public Health Office Jhapa

District Public Health Office, Jhapa

Demographic Information

Population:-

1. Total Population :- 826522 (Adjusted population)
2. <1 Years population:-19362
3. <3 Years population:-58646
4. <5 Years population:- 99187
5. MWRA :-162016
6. Expected Pregnancy:- 32405

Health Institutions :-

1. Zonal Hospital :- 1
2. Private Hospital :- 5
3. Primary Health center :-6
4. Health Post :-6
5. Sub Health Post :-38

Out-Reach Clinics

6. PHC/ORCs :- 187
7. EPI Clinics :-221

Volunteers

8. FCHVs :- 527 (Including 84 additional FCHVs)
9. TTBAAs :- 272

1 HMIS Reporting Status by Institution(%) FY 2061/2062-2063/64

Fiscal Year	District	Hospital	PHCC/HC	HP	SHP	PHC/ORC	FCHV	NGOs
2061/62	100	100	100	100	100	82	98	86
2062/63	100	100	100	100	100	90	98	100
2063/64	100	100	100	100	100	90	96	100

1.1 Number of Monthly Meeting conducted FY 2063/64

Number of Monthly meeting conducted at district level based on the Monthly Monitoring Sheet FY 2063/64	Number of Meeting
	6

1.2 Average number of People Served by type of health facilities per months during the FY 2061/2062-2063/63 based on front page of HMIS -33

Fiscal Year	Hospital	PHCC/HC	HP	SHP	PHC/ORC
2061/62	4544	8097	5089	12299	2459
2062/63	4834	8320	4824	15240	3287
2063/64	4605	6595	3980	13250	3152

1.3 LMIS Reporting Status by Institutions(%) FY 2063/64

District	PHCC/HC	HP	SHP
100	100	100	100

2 Child Health Programme

2.1 Expanded Program on Immunization (EPI) Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Achieve.	% Achieved	% expenditure wrt released budget	Reasons for not achieve 100%
B.C.G.	Person	18027	20080	100	100	
D.P.T.3]	Person	18027	18938	100		
Polio 3	Person	18027	19217	100		
Hepatitis B 3	Person	18027	18938	100		
Measles (9-12 m)	Person	18027	19138	100		
T.T. 2 (Pregnant)	Person	29861	18563	62		
Review of EPI Program	Person	1	1	100		
Municipality Orientation	Dist	1	1	100		
Supervision	Time	3	3	100		

Expanded Programme on Immunization(EPI) Coverage %

Program	Coverage		
	2061/62	2062/63	2063/64
☞BCG	100%	100%	100%
☞DPT-3	87%	100%	98%
☞HB-3	96%	100%	98%
☞Measles (9-12 months)	97%	100%	99%
☞TT-2 (Pregnant)	55%	63%	57%
☞No. of Reported Measles	40	87	2

Expanded Program on Immunization(EPI) Dropout Rate :

Indicators	Dropout Rate		
	2061/62	2062/63	2063/64
☞ BCG Vs. Measles	9.1%	5.4%	4.7%
☞ DPTH 1 Vs. DPTH 2	7.7%	-2.45%	2.1%

2.2 Nutrition Program : Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Achieve.	% Achie.	% expenditure wrt released budget	Reasons for not achieve 100%
Growth Monitoring	Person	54067	38629	71	100	
Deworming (1-5 yrs)	Person	72700	101715	100		
Control of Anaemia	Person	26197	22262	85		
Control of Vitamin A Disorders	Person	81788	110354	100		
Supervision	Time	2	2	100		
Promotion of Breast feeding	Time	1	1	100		
Prevention and Advocacy of IDD	Time	1		0		
Review meeting of Nutrition program	Time	3	3	100		
Nutrition week	Time	1	1	100		
Training on nutrition package	Person	211	212	100		
School Health and Nutrition program	Time	1		0		

Indicators	2061/62	2062/63	2063/64
☞ % of <3 yrs children visited 1 st time for G.M.	69%	82%	66%
☞ Average No. of visit per child (3 yrs)	1.5	1.6	2.1
☞ % of E. Pregnant mother supplemented with FS	74%	78%	69%
☞ % of Postpartum receiving Vit. A	30%	47%	51%
☞ % of (12-60 months) Treated with De-worming	8.7%	8.5%	6.9%

2.3 Acute Respiratory infection(ARI) Program : Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Achieve .	% Ach	% expenditure wrt released budget	Reasons for not achieve 100%
Treatment of Under 5 children for Pneumonia	Person	8848	19553	100	100	
Purchasing of IMCI drugs	Time	1	1	100		
Indicators		2061/62	2062/63	2063/64		
☞ Reported Incidence of ARI/1000		683	730	713		
☞ % of severe pneumonia among new cases		1%	0.8%	0.52%		

2.4 Control of Diarrhoeal Disease (CDD) Program : Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Achieve.	% Achieved	% expenditure wrt released budget	Reasons for not achieve 100%
Treatment of under 5 children for Diarrhoea	Person	15904	26597	100	100	

Indicators	2061/62	2062/63	2063/64
☞ Incidence of Diarrhoea/1000 population	345	334	268
☞ % of Severe Dehydration among new cases	0.9%	0.1%	0.18%

3 Family Health Program :

3.1 Safe Motherhood Program : Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Achieve.	% Achieved	% expenditure wrt released budget	Reasons for not achieve 100%
First ANC for Pregnant	Person	13972	19678	100	100	
Delivery conducted by trained HWs	Person	8263	9763	100		
First PNC check up	Person	6925	13421	100		

Indicators	2061/62	2062/63	2063/64
☞ ANC 1 st visit as a % of expected pregnancy	59%	66%	61%
☞ % of women having at least 4th visits	44%	51%	52%
☞ % delivery conducted by health-workers	29%	26%	30%
☞ % delivery conducted at Health Institution (Hospital/PHCC/HP/SHP as of E.P.)	14%	16%	17%
☞ Number of delivery in Hospital only	2051	4003	4086
☞ Proportion of delivery conducted in Hospital as of total delivery	23%	49%	42%
☞ Number of delivery in PHCC only	848	604	1203
☞ Number of home delivery attend by health workers	4790	3077	4181
☞ PNC 1st visit as % of total delivery	29%	38%	41%
☞ PNC 1st visit as % of total delivery	100%	100%	100%

3.2 Family Planning Program : Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Achieve.	% Achieved	% expenditure wrt released budget	Reasons for not achieve 100%
FP contraceptive users	Person	95000	78432	83	100	
VSC	Person	3500	5198	100		
PHC/HP/SHP review meeting	Time	3	3	100		
Appointment of ANM	Person	2	2	100		

Indicators		2061/62	2062/63	2063/64
☞ CPR as of MWRA		56%	51%	50%
☞ CPR Method Mix :	(a) Spacing Method	28.8%	20.7%	20%
	(b) Permanent Method	28.2%	29.7%	30%
☞ Total number of VSC	(a) Male	269	205	207
	(b) Female	3680	4326	4991
☞ Total number of VSC in Government sector (static and mobile)		1577	1518	1041
☞ Number of VSC Performed in Static clinic only		2372	3039	3784
☞ Total number of VSC in NGO sector		2372	3013	4157

3.3 FCHV Program : Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Achieve.	% Achieved	% expenditure wrt released budget	Reasons for not achieve 100%
Celebrate FCHV day	Time	48	48	100	100	
Review of FCHVS	Person	1323	1581	100		

Indicators	2061/62	2062/63	2063/64
☞ Average number of Mothers Group held in year per FCHV	8	10	11
☞ No. Pills cycle distributed by FCHV	21899	27068	35969
☞ No. of person receiving Condoms	37267	42130	47229
☞ No. ORS pkt. distributed by FCHV	46243	42577	38744

3.4 PHC-ORC clinic Program :

Indicators	2061/62	2062/63	2063/64
☞ % of PHC-ORC clinic held	82	90	90
☞ Average number of client served per clinic	16	20	19

4 Disease Control Program :

4.1 Malaria Program : Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Achieve.	% Achieved	% expenditure wrt released budget	Reasons for not achieve 100%
Mobilization of RRT	Time	3	3	100	100	
Surveillance of Malaria	No.	8000	16513	100		
Spraying for Malaria	Time	2	2	100		
Production and distribution of IEC materials	No.	6000	6000	100		
Street Drama	Time	4	4	100		
Spraying for Kala-azar	Time	2	2	100		
Integrated training for promotion of Health Workers on MVBD, Snakebite, Rabies,	Person	100	100	100		

Indicators	2061/62	2062/63	2063/64
☞ Malaria Parasite Incidence/1,000	1.2	2.8	2.1
☞ Slide Positivity Rate	7.5	10.6	10.4
☞ % of PF	36%	52%	40%
☞ Clinical Malaria Incidence /1,000 risk population	10	13	7.8
☞ Reported No. of Death cases	0	0	0

4.2 Kala-azar Program : Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Achieve.	% Achieved	% expenditure wrt released budget	Reasons for not achieve 100%
Spraying for Kala-azar	Time	2	2	100	100	

Indicators	2061/62	2062/63	063/64
☞ Case Incidence /100,000 population	2.4	1.9	5.1
☞ Number of death due to Kala-azar	1	0	1

4.3 Japanese Encephalitis Program : Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Achieve.	% Achieved	% expenditure wrt released budget	Reasons for not achieve 100%
-	-	-	-	-	-	-

4.4 Tuberculosis Control Program : Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Achieve.	% Achieved	% expenditure wrt released budget	Reasons for not achieve 100%
Disease Control Program					100	
Sputum Examination of suspected	Person	7790	7321	94		
New Sputum Examination	Person	23370	21881	94		
Follow up of Sputum examination	Person	3350	2540	76		
New sputum positive	Person	779	699	90		
New Sputum Negative	Person	467	314	67		
Extra-pulmonary	Person	312	229	73		
No. of retreatment patients	Person	78	146	100		
Training and workshop						
FCHV workshop and orientation	Time	2	2	100		
Dots Committee Member Orientation	Time	15	15	100		
HP staff/HPI/HA/SAHW/ ANM	Person	15	15	100		

Refresher Training for Health Post Staff	Person	20	20	100	
Awareness on TB	No.	20	20	100	
Training on late patient tracing	Time	2	2	100	
Mothers groups program on TB	Time	1	1	100	
TB patient to patient,family Health Education	Person	150	150	100	
Dots orientation in Industries and Factories	Time	1	1	100	
Dhami/Jhakri, priest orientation	Person	20	20	100	
World TB day celebration	Time	1	1	100	
M/E of DOTs centres	Time	12	12	100	
4 Monthly Reporting and planning Meeting at Treatment Centre and District	Time	3	3	100	
Supervision					
District to treatment centre	Time	101	101	100	
Treatment centre to sub centres	Time	196	196	100	

Tuberculosis Control Program :

Indicators	2061/62	2062/63	2063/64
☞ Case detection Rate	89%	82%	85%
☞ Treatment outcome	90%	93%	94%
☞ Treatment Success Rate (cure+complete)	92%	94%	94%
☞ Sputum Conversion Rate	92%	95%	93%

4.5 Leprosy Control Program : Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Achieve.	% Achieved	% expenditure wrt released budget	Reasons for not achieve 100%
House to House Program	VDC	11	11	100	100	
School Health Program	School	9	9	100		
Supervision/Monitoring	Time	40	40	100		

Indicators	MB			PB		
	2061/62	2062/63	2063/64	2061/62	2062/63	2063/64
☞ New case detection rate	3.0	2.5	2.02	3.0	2.4	1.8
☞ % of RFT	98%	99%	99%	99%	100%	97%
☞ Prevalence Rate	2.9	2.5	2.0			

4.6 Morbidity :

Indicators	2061/62	2062/63	063/64
☞ Total visit as % of total population	31%	34%	29%

☞ Top 10 diseases by sex (Male/Female)(2063/64)			
Male		Female	
Diseases Rank	Diseases Code	Diseases Rank	Diseases Code
1. Skin Diseases	23	1. Skin Diseases	23
2. ARI	24	2. ARI	24
3. Diarrhoeal Diseases	14	3. Gastritis	34
4. Gastritis	34	4. Diarrhoeal Diseases	14
5. Pyrexia of Unknown Origin	35	5. Intestinal Worms	15
6. Intestinal Worm	15	6. Pyrexia of Unknown Origin	34
7. Ear Infection	25	7. Abdominal Pain	38
8. Falls/Injuries/Fractures	37	8. Sore Eye & Eye Complaints	26
9. Clinical Malaria	10	9. Ear Infection	25
10. Abdominal Pain	38	10. Urinary Tract Infection	27

5 Supporting Program :

5.1 Training Program : Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Achieve.	% Achieved	% expenditure wrt released budget	Reasons for not achieve 100%
FCHV review meting	Person	1323	1581	100	100	
CDP program						
VDC orientation	VDC	5	5	100		
HWs training	Person	20	20	100		
HFMC orientation	committee	5	5	100		

5.2 National Health Information Education & Communication Program : Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Ach	% Achieved	% expenditure wrt released budget	Reasons for not achieve 100%
H=Ed.Resource centre promotion	Place	3	3	100	100	
Dist level review of H.Ed. program	dist	1	1	100		
Exhibition	Time	3	3	100		
Production of IEC materials	Pc	34000	34000	100		
Supply of IEC materials	Time	1	1	100		
School Health Program	Time	308	308	100		
Conduct Health Education corner and resource centre	day	291	291	100		
Interaction on Essential health care	Time	14	14	100		
Cinema slide show in hall	Time	365	365	100		

Gender awareness VDC level	Time	1	1	100	
Printing H.Ed. messages	Time	20	20	100	
Production and broadcast of FM program	Time	70	70	100	
Awareness campaign on EHC at periphery level	Time	15	15	100	
H.Ed. for FCHV and motivation	Person	5	5	100	

5.3 Laboratory Services Program : Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Achieve.	% Achieved	% expenditure wrt released budget	Reasons for not achieve 100%
-	-	-	-	-	-	-

5.4 Laboratory Services Examination by District : FY 2063/64

Name of District	Health Laboratory Services(in total number)					
	Blood test for(TC/DC/ESR/HB%/MP/BTCT)	Urine Test	Stool Test	Biochemistry Test (Sugar/Uria/Cholesterol/Uric acid/L.E.T.S.Elec.	Bacteriology Test(Blood/s/Urin c/s/Pus/c/s/water c/s)	Other Test
Mechi Z. Hospital	18022	3604	1226	2519	1085	1379

5.5 Finance Management FY 2063/64

Programs	Allocated Budget	Budget Released	Budget Expenditure	% of Budget expenditure as of Allocated Budget	% of Irregularities Clearances
EPI	509524.00	496796.27	496796.27	98	0%
Nutrition	798000.00	611504.00	611504.00	77	
ARI/CDD	212006.00	211688.00	211688.00	100	
Family Planning Program/ Safe motherhood P.	6165000.00	2663271.37	2663271.37	43	
Malaria Control Program	1550000.00	1427627.83	1427627.83	92	
Tuberculosis Control Program	963715.00	832434.00	832434.00	86	
Leprosy Control Program	66000.00	66000.00	66000.00	100	
Training Program	670000.00	587052.00	587052.00	88	
IEC Program	635500.00	633580.00	633580.00	100	
Integrated Supervision P.	2037600.00	1994811.6	1994811.6	98	
Social Health Program	3228000.00	3100382.44	3100382.44	96	
Total	16835345.00	12625147.51	12625147.51	80	

5.6 Integrated Supervision & Logistic Management Program : Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Achieve	% Ach	% expenditure wrt released budget	Reasons for not achieve 100%
Dist level quarterly, half yearly and yearly review meeting	Time	3	3	100	100	
Integrated supervision	Time	330	874	100		
Integrated logistic supply	Time	3	3	100		
Drug supply locally	Time	1	1	100		
Health camps at each E. constituency	Time	6	6	100		

5.7 AIDS AND STDs Program: Targeted Activities FY 2063/64

Program/ activities	Unit	Target	Achieve.	% Achieved	% expenditure wrt released budget	Reasons for not achieve 100%
World AIDS Day celebration	Time	1	1	100	100	

5.8 Construction ,Maintenance and Renovation Targeted Activities : FY 2063/64

Program/ activities	Unit	Target	Achieve.	% Achieved	% expenditure wrt released budget	Reasons for not achieve 100%
-	-	-	-	-	-	-

5.9 Human Resource Situation : FY 2063/64

Category	DPHO		Hospital		PHCC		HP		SHP	
	S	F	S	F	S	F	S	F	S	F
Doctors	0	0			6	2	0	0	0	0
DPHO	1	1			0	0	0	0	0	0
District Assistants	11	11			0	0	0	0	0	0
Nurse/ANM	2	2			24	22	6	6	0	0
HA/AHW	2	2			18	16	18	18	38	37
Lab.personnels	4	3			6	6	0	0	0	0
VHW/MCHW	0	0			6	6	6	5	72	72
Adm/general staffs	10	10			18	16	18	18	0	0

Note :-S=sanction post, F=Filled post

Information of 9th NID Program 2063

NID 1ST ROUND(2063/6 /8)Achievement:- 131743 (99%)

NID 2nd ROUND (2063/8 /2)Achievement:- 131757 (99%)

NID 3rd ROUND(2063/9/8) Achievement:- 132367(99%)

Information of SNID Program 2064

NID 1ST ROUND(2064/ 2/12)Achievement:-127334(96%)

NID 2nd ROUND(2064/3 /16) Achievement:-128209(97%)

Nationl Vitamin A Program 2063/64

1st Phase (Kartik 2-3, 2063) :-

(1)Vitamin A Achievement :-114254(100%)

(2)De-worming Achievement :-102176(100%)

2nd Phase (Baisakh 6-7, 2064) :-

(1)Vitamin A Achievement:-110354(100%)

(2)De-worming Achievement:-101715(100%)

List of the I/NGO and Private Organizations:-

1. NFHP
2. Core-Polio
3. AMDA Hopital , Damak
4. Lifeline Pvt.Ltd. Hospital , Damak
5. Kanchanjangha Pvt. Ltd. Hospital, Birtamod
6. AMDA PHC , Birtamod
7. Nepal Family Planning Association , Chandragadi
8. NCDC , Bhadrapur
9. Nepal Redcross Socity , Bhadrapur
10. Mechi Eye Care Centre , Birtamod
11. Jhapa Polyclinic & Research Centre Pvt. Ltd. Birtamod
12. Meri Stopes Services , Birtamod
13. Meri Stopes Services , Damak
14. Night Chess Club, Kakarbhitta
15. Sahara Nepal, Kakarbhitta
16. Others

भापा जिल्लाको जनस्वास्थ्यको संक्षिप्त समीक्षा

नवराज सुब्बा*

नेपालको सबैभन्दा होचो स्थान 'केचना' रहेको भापा जिल्ला स्वास्थ्य क्षेत्रमा भने माथि नै छ । स्वास्थ्य तथा जनसंख्या मंत्रालयको मूल्याङ्कनमा समेत विगत वर्षहरूमा भापा जिल्लाले पूर्वाञ्चलमा अग्रणी स्थान हाँसिल गर्न सफल भएको छ । भापा जिल्लामा ४७ गा.वि.स. र ३ नगरपालिका छन् । भापा जिल्लामा कूल जनसंख्या आ.व. २०६३/६४ मा ८२६,५२२ पुगेको छ । यसका साथै यो जिल्लामा करिब १ लाख ७ हजार भूटानी शरणार्थी पनि रहेका छन् । र विगत वर्षदेखि माओवादीको प्रथम डिभिजन पनि यही जिल्लामा रहेको छ ।

स्वास्थ्य सेवालाई समुदाय स्तरसम्म पुऱ्याउनका लागि जिल्लामा ३८ उपस्वास्थ्य चौकी, ६ स्वास्थ्य चौकी र ६ प्राथमिक स्वास्थ्य केन्द्रहरू छन् । जिल्लामा २२१ खोपकेन्द्र र १८७ गाउँघर क्लिनिक छन् । महिला स्वास्थ्य स्वयंसेविका ५२७ जना र सूडेनी २७२ जना समेत समुदायमा कार्यरत छन् । गैरसरकारी संस्था र निजी स्तरका ५ स्वास्थ्य संस्थाहरू पनि जिल्लाका खासगरि नगर क्षेत्रमा संचालित छन् ।



बालस्वास्थ्यतर्फ हेर्दा भापा जिल्लामा खोप सेवाको पहुँच शतप्रतिशत छ । वर्षमा दुई पटक ५ वर्ष मुनिका बालबालिकालाई खुवाईने भिटामिन ए तथा जुकाको औषधि पनि शतप्रतिशत बालबालिकालाई खुवाइएको छ । विशेष पोलियो खोप कार्यक्रममा ९८ प्रतिशत बालबालिकालाई पोलियो थोपा खुवाइएको छ । जिल्लामा तीनवर्षे मुनिका दुईतिहाई बालबालिकाको बृद्धि अनुगमन गरिइको छ । जिल्लामा रूघाखोकी निमोनियाको प्रिभलेन्स दर प्रतिहजारमा ७१३ देखिन्छ, तर निमोनिया हुने दर चाहीं ०.५२ प्रतिशत मात्र छ । यसैगरि बालबालिकामा भाडापखाला देखापर्ने दर प्रतिहजार २६८ रहेकोमा जलवियोजन वा कडा जनवियोजन हुने दर केवल ०.१८ प्रतिशत मात्र छ । यसबाट के कुरा स्पष्ट बुझ्न सकिन्छ, भने बालबालिकामा रूघाखोकीको तथा भाडापखालाको समयमै उपचार भएको छ । यस कार्यमा समुदायमा कार्यरत महिला स्वास्थ्य स्वयंसेविकाहरू समेतको महत्वपूर्ण योगदान रहेको छ ।

सुरक्षित मातृत्वतर्फ गर्भवती महिलाहरूको पूर्व प्रसूती सेवा ६१ प्रतिशतमा पुगेको देखिन्छ । स्वास्थ्यकर्मीहरूबाट प्रसूती गराउने दर ३० प्रतिशत र स्वास्थ्य संस्थामा सुत्केरी गराउने दर १७ प्रतिशत रहेका छन् । सुत्केरी गराउने शतप्रतिशतले कमसेकम एकपटक उत्तरप्रसूती सेवा लिएका छन् । विवाहित दम्पतिमध्ये आधा अर्थात् ५० प्रतिशतले परिवार नियोजनको कुनै एक साधन प्रयोग गरेको पाइएको तथ्याङ्क छ । समुदाय स्तरमा घरदैलामै महिला स्वास्थ्य स्वयंसेविकाहरूले पनि

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परिवारका अस्थायी साधन वितरण गर्ने गरेका छन् । आमा समूहको बैठक वर्षमा ११ पटक बसेको देखिन्छ । भापा जिल्लामा ९० प्रतिशत गाउँघर क्लिनिक संचालन भएका छन् र एउटा गाउँघर क्लिनिकले सरदर १९ जना ग्राहकलाई सेवा पुऱ्याउने गरेको देखिन्छ ।

भापा जिल्ला पूर्वाञ्चलमा औलो रोगको सबभन्दा बढी प्रकोप भएको जिल्ला मानिन्छ । छिमेकी मुलुक भारतबाट बढी आवतजावत गर्ने भएको कारणले पनि समुदायमा र भूटानी शरणार्थी शिविरमा प्लाज्मोडियम फेल्सिफेरम मलेरियाको प्रकोप निकै देखिन्छ । विभिन्न प्रयासका फलस्वरूप यो रोग देखा पर्ने दर गत आ.व.२०६३/६४ मा विगत वर्षभन्दा केही कम भएको छ । औलो रोगको प्रिभलेन्स दर जिल्लामा प्रति १ हजार जनसंख्यामा २.१ रहेको र प्लाज्मोडियम फेल्सिफेरम दर कुल औलो रोगी मध्ये ४० प्रतिशतलाई भएको पाइएको छ । भापा जिल्लामा कालाज्वरको प्रकाप पहिले त्यति थिएन तर गत आ.व.२०६३/६३ मा अनारमनी गा.वि.स.का खासगरि सतार र राजवंशी समुदायमा यसले महामारीको रूप लियो । यसबाट ३० जना भन्दा बढी विरामी भएकामा एक जनाको मृत्यु समेत भएको थियो । त्यहाँ गएर प्रकोप नियन्त्रण गर्ने क्रममा बेलामा के थाहा भयो भने यो समुदायबाट रोजगारको सिलशिलामा भारतको कालाज्वरग्रस्त क्षेत्रमा आऊजाऊ गर्ने गरिन्छ । अशिक्षा र अंधविश्वासको कारण विरामीले उपचार गर्न समेत नमानेकाले समुदायमै एउटा उपचार व्यवस्थापन टोली बनाएर समुदाय र परिवारलाई सम्भाइबुभाइ गरेपछि मात्र उपचार गर्न मानेका थिए ।

भापा जिल्लामा क्षयरोगको सूचकाङ्क उत्साहजनक रूपमा रहेको पाइन्छ । जिल्लामा रोग पत्ता लगाउने दर ८५ प्रतिशत र निको हुने दर ९४ प्रतिशत रहेको छ । भापा जिल्ला पूर्वाञ्चलमै सबैभन्दा बढी कुष्ठरोग भएको जिल्ला हो । हाल भापामा प्रति १० हजार जनसंख्यामा २ जना कुष्ठरोगी छन् । माओवादी शिविरमा पनि छलारोगी तथा कुष्ठरोगीको दर देखा परेको छ । यसका लागि गैरसरकारी संस्थाहरूको सहयोग लिएर विशेष पहलहरू भइरहेका छन् ।

भापा जिल्लामा प्रायः वर्षैभरि प्रकोप र महामारी देखा पर्ने गरेको छ । गत फाल्गुन देखि बैशाक महिनासम्म अनारमनीमा माथि उल्लेख भएका कालाज्वर देखापऱ्यो । असार महिनादेखि भाद्र महिनासम्म प्राय सबै गा.वि.स.मा भाइरल ज्वरो देखापऱ्यो । तर राजगढ र धरमपुर गा.वि.स.मा यसले विशेष प्रभाव पाऱ्यो र जिल्लाबाट समेत यसको लागि विशेष पहल गर्नुपऱ्यो । यसैबीच बाढी आएर अस्तव्यस्त बनाए पछि केही गत भाद्र महिनामा धरमपुरमा एक जना विरामीको इन्सेफलाइटिसबाट मृत्यु भयो । साउन र भाद्र महिनामा भापामा बाढीले निकै असर पाऱ्यो । यसबेला प्राथमिक उपचार देखि भाडापखाला नियन्त्रणका प्रयासहरू गरिए । भाडाखालाबाट भाद्र र असोज महिनामा बालुवाडी र केचना गा.वि.स.लाई विशेष असर पाऱ्यो जसबाट बालुवाडीमा एकजना र केचनामा एकजना गरि दुई जनाको मृत्यु पनि भयो । लगभग ७० भन्दा बढी सिकिस्तलाई घरमै गएर तथा केहीलाई स्वास्थ्य संस्था ल्याएर उपचार गरियो । यस कार्यमा जिल्लामा रहेको रेपिड रेस्पन्स टिम आर आर टि र स्थानीय स्वास्थ्य संस्थामा रहेको टिमको व्यवस्था र समन्वय मिलाइएको छ । यसमा जिल्ला जनस्वास्थ्य तथा स्थानीय स्वास्थ्य संस्था, गा.वि.स. समेतको स्रोतसाधनको परिचालन गरि प्रकोप नियन्त्रणका प्रयास गर्ने गरिएका छन् ।

वास्तवमा जिल्ला स्वास्थ्य प्रणालीमा सरकारी तथा गैरसरकारी लगायत निजी क्षेत्रका प्रयास तथा पहललाई महत्वपूर्ण रूपमा लेखाजोखा गरिनु पर्दछ । जिल्लाको सही र समग्र रूपमा गरिने अध्ययन र विश्लेषणले नै यथार्थ तथा सही योजनाको ढोका खोल्दछ । भ्वापा जिल्लाको उल्लेखित प्रगति कुनै एक निकायको एक्लो प्रयासले मात्र सम्भव भएको अवस्थ होइन । यसमा उल्लेखित सबै क्षेत्रको योगदान रहेको मान्नुपर्दछ । यतिमात्र होइन माथिका प्रगतिको स्तर हाँसिल गर्नमा अन्य निकाय जस्तै कृषि, शिक्षा, खानेपानी, महिला विकास, घरेलु, बैकिङ क्षेत्र लगायत विकास र सम्पूर्ण सामाजिक क्षेत्रको योगदान छ । यसैले यही कुरालाई मनन् गरेर आगामी वर्षहरूमा पनि सबै क्षेत्र र निकायको सहयोगको स्वागत गर्दै जनताको स्वास्थ्यस्तर उकास्ने अभियानमा अनवरत प्रयासमा लाग्न जिल्ला जनस्वास्थ्य कार्यालय भ्वापा पनि प्रतिवद्ध छ ।

अन्तमा, भ्वापा जिल्लाको स्वास्थ्यस्थिति सुधारमा संलग्न स्वास्थ्यकर्मी, महिला स्वास्थ्य स्वयंसेविका, सूडेनी, बुद्धिजीवी, समाजसेवी, नागरिक समाज, शिक्षक, विद्यार्थी तथा विकासकर्मी सबैमा बधाई, आभार तथा धन्यवाद व्यक्त गर्दछु । साथै स्थानीय गा.वि.स., विद्यालय, सरकारी तथा गैरसरकारी संस्थाहरूमा पनि सहयोग र सहभागिताको लागि धन्यवाद दिन कर्तव्य ठान्दछु ।

धन्यवाद !