

ANNUAL REPORT
District Public Health Office
Morang

2062/63

Edited by

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Department of Health Services
Eastern Regional Health Directorate
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LIST OF ABBREVIATIONS

AHW	:	Auxiliary Health Worker
ANC	:	Antenatal Care
ANM	:	Auxiliary Nurse Midwife
ARI	:	Acute Respiratory Infection
ASAP	:	As Soon As Possible
BPP	:	Birth Preparedness Package
CB-IMCI	:	Community Based Integrated Management of Childhood Illness
CDD	:	Control of Diarrhoeal Diseases
CDP	:	Community Drug Program
CHW	:	Community Health Workers (VHWs and MCHWs)
CPR	:	Contraceptive Prevalence Rate
DDA	:	Department of Drug Administration
DDC	:	District Development Committee
DHS	:	Department of Health Services
DPHO	:	District Public Health Office
EDR	:	Eastern Development Region
EPI	:	Expanded Programme on Immunization
FCHV	:	Female Community Health Volunteer
HA	:	Health Assistant
HDI	:	Human Development Index
HF	:	Health Facility
HFMC	:	Health Facility Management Committee
HI	:	Health Institutions
HMIS	:	Health Management Information System
HP	:	Health Post
IEC	:	Information Education Communication
IMR	:	Infant Mortality Rate
LQAS	:	Lot Quality Assessment Survey
MCHW	:	Maternal and Child Health Worker
NA	:	Not Available
NMR	:	Neonatal Mortality Rate
PNC	:	Post Natal Care
RH	:	Reproductive Health
VDC	:	Village Development Community
VSC	:	Voluntary Surgical Contraception

A. Introduction: Morang

Geographical Location	Health Institutions
❖ Eastern Terai district	❖ Hospitals: 2 (Koshi Zonal, Rangeli Hospital)
❖ Adjoining districts: Panchthar, Ilam, Jhapa, Sunsari, Dhankuta	❖ Primary Health Care Centres: 7 (Jhorahat, Haraicha, Mangalbare, Letang, Bahuni, Jhurkia, Rani)
❖ Area (S.Km.) : 1,855	❖ Health Posts: 10 (Babiyabirta, Bayarban, Ranjani, Budhanagar, Dadarbairiya, Hasandaha, Kerabari, Madhumalla, Majhare, Tankisinwari)
❖ Total Population : 914,799	❖ Sub Health Post: 49
❖ Biratnagar Sub-metropolitan Population : 181,000	❖ FCHV: 655 (VDCs=585, Biratnagar S-metro=70)
❖ Number of VDCs : 65	❖ TBAs= 336, EPI-ORC= 303
❖ Sub-Metropolitan City : 1	❖ PHC-ORC= 281 (Fund raised Rs. 33,718.00)
❖ Number of Ilakas : 17	❖ Ayurvedic= 2, Nursing Home: 7, Pvt. Hospital =2
❖ Electoral Constituencies : 7	

Target Population (F.Y. 2063/64)

Population	957550
Under 1 year's population:	22895
Under 3 year's population:	70396
Under 5 year's population:	119862
MWRA:	183487
Expected Pregnancy:	36700

B. Objectives of Report

- Review, present and analyze public health programme through HMIS data
- Analyze trend of indicators
- Make recommendation for strengthening public health programme.

C. Methodology

- HMIS forms, data collection come from community level through monthly reports,

- Data verification at district, regional and central level.

D. Findings from HMIS

1. HMIS Reporting Status by Institutions (%) FY 2060/061-2062/063

2.

<i>FY</i>	<i>District</i>	<i>Hosp</i>	<i>PHC</i>	<i>HP</i>	<i>SHP</i>	<i>PHC /ORC</i>	<i>FCHV</i>	<i>NGO</i>
060/061	100	100	100	100	99	92	92	98
061/062	100	100	100	100	98	86	95	98
062/063	100	100	100	100	100	92	96	100

Table indicates that almost 100 percent reporting done from health institutions and NGOs. Reporting from FCHVs and PHC-ORC is above 92 percent, this is in increasing trend.

1.1 Status of number of Monthly Meeting conducted FY 2062/063.

<i>Number of monthly meeting conducted at district level based on the Monthly Monitoring sheets FY 2062/063</i>	<i>Name of District</i>	<i>Number of Meeting</i>
	Morang	12

Table shows that monthly regular meeting for reviewing programmes is being held.

1.2 Average number of People Served by type of health facilities per months during the Fiscal Year 2060/061-2062/063.

<i>FY</i>	<i>District</i>	<i>Hosp</i>	<i>PHC</i>	<i>HP</i>	<i>SHP</i>	<i>PHC/ORC</i>	<i>FCHV</i>	<i>NGOs</i>
060/061	57	187	1009	706	238	27	34	422
061/062	51	192	1311	584	248	29	43	432
062/063	64	10051	1035	622	275	30	38	484

Table shows that people served by institutions is in increasing trend.

1.3 LMIS Reporting Status by Institutions (%) FY 2061/062

<i>FY</i>	<i>District</i>	<i>PHCC/HC</i>	<i>HP</i>	<i>SHP</i>
2061/062	100	100	100	99
2062/063	100	100	100	100

Table shows that Logistic Management Information System (LMIS) which ensures logistic supply is 100 percent.

1.4 Health Management Information (HMIS) Targeted Activities: 2062/063

<i>Program/ Activities</i>	<i>Units</i>	<i>Target</i>	<i>Achiev ement</i>	<i>% Achieved</i>	<i>% expenditure wrt released budget</i>	<i>Reasons for not achieve 100%</i>
HMIS Training	Persons	20	20	100		

Table shows that HMIS training was conducted as per target given.

2. CHILD HEALTH

2.1 Expanded Program on Immunization (EPI)

<i>Program/ Activities</i>	<i>Units</i>	<i>Target</i>	<i>Achievement</i>	<i>% Achieved</i>	<i>% expenditure wrt released budget</i>	<i>Reasons for not achieve 100%</i>
BCG	Person	22550	22743	100		
DPT3	„	22550	23309	100		
Polio3	„	22550	23086	100		
Hep-3	„	22550	21812	97		
MEASLES		22550	20673	92		
TT2		35006	22025	63	86	
HB Review	Times	1	1	100		
Micro Planning/ DDC Orientation	„	1	1	100		

Table shows that all antigens except TT2 achieved above 92 percent coverage in district.

EPI Coverage

<i>Programme</i>	<i>Coverage%</i>		
	<i>2060/061</i>	<i>2061/062</i>	<i>2062/063</i>
BCG	100	94	100
DPT ₃	99	73	100
Measles	95	80	91
TT ₂ (Pregnant women)	60	62	63

Table shows that all antigens are in increasing trend in the district.

Antigens Dropout Rate

<i>Program</i>	<i>Coverage %</i>		
	2060/061	2061/062	2062/063
BCG Vs. Measles	5	11	9
DPT ₁ Vs. DPT ₃	0	13	-9

Table shows that drop out rate is in decreasing trend in the district.

Expanded Programme on Immunization

<i>Program</i>			
	2060/061	2061/062	2062/063
Number of reported Neonatal Tetanus Cases	1	-	3
Number of reported Measles Cases	153	11	41
Number of AFP Cases	-	-	1

Table shows that neonatal tetanus cases and measles cases reported more in number in FY 2062/63 than previous year.

2.2 Nutrition Program:

<i>Program/Activities</i>	<i>Unit</i>	<i>Target</i>	<i>Achievement</i>	<i>% Achieved</i>	<i>Expenditure wrt released budget (%)</i>	<i>Reasons for not achieve 100%</i>
Growth Monitoring	Person	64490	36740	53		
Worms Control	„	93862	103115	100		
Anemia	„	31505	23273	74		
Vita A distribution	„	105595	115323	100		
Supervision	Time	2	2	100	69	
Nutrition Review m	„	3	3	100		
Breast Feeding Prog	„	1	1	100		
Nutrition Week	„	1	1	100		
IDD Programme	Time	1	1	100		

Table shows that 53 percent of children less than three year were assessed their nutrition status by growth monitoring. Given targets regarding nutrition programme were achieved.

Coverage of Nutrition Programme

<i>Indicators</i>	<i>2060/061</i>	<i>2061/062</i>	<i>2062/063</i>
% OF <3Yrs children visited 1 st time growth monitoring	53	50	52
Average of visit per child (3yrs)	2.9	2.5	2.8
% of expected pregnant mother supplemented with iron tablets	81	71	65
% of Postpartum mother receiving vitamin "A"	56	52	52
% of pregnant mother supplemented by de-worming tablets	-	-	31
Vitamin "A" Mass Coverage (6-59months)	100	100	100

Table shows that percent of expected pregnant mother supplemented with iron tablets in FY 2062/63 are 65 percent which is lower than previous year. One major reason resulting this lower coverage was disruption in supply of iron tablets from centre.

2.3 Acute Respiratory Infection (ARI) Program:

<i>Program/ Activities</i>	<i>Unit</i>	<i>Target</i>	<i>Achievement</i>	<i>% Achieved</i>	<i>% expenditure wrt released budget</i>	<i>Reasons for not achieve 100%</i>
Treated of Pneumonia Cases	Person	11417	32368	100	76.	

Table shows that Pneumonia cases were treated more than target given.

Coverage

<i>Indicators</i>	<i>2060/061</i>	<i>2061/062</i>	<i>2062/063</i>
Incidence of ARI/1000	657	648	685
% of Severe pneumonia among new cases	0.8	0.8	1.0

Table shows that incidence of ARI and proportion of severe pneumonia is in increasing trend in district.

2.4 Control of Diarrhoeal Disease (CDD)

<i>Program/ Activities</i>	<i>Unit</i>	<i>Target</i>	<i>Achievement</i>	<i>% Achieved</i>	<i>expenditure wrt released budget (%)</i>	<i>Reasons for not achieve 100%</i>
Treated of Diarrhea cases/ Supervision	Person	20522	22034	100.0		
IMCI Medicine Purchase	Time	1	1	100.0	76	

Table shows that treated diarrhea was 22034 which were above than its target given.

Coverage of CDD

<i>Indicators</i>	<i>2060/061</i>	<i>2061/062</i>	<i>2062/063</i>
Incidence of Diarrhea/1,000	398	385	258
% of Severe Dehydration among new cases	0.4	0.5	0.5

Table indicates that incidence rate of diarrhea is in decreasing trend in district. The proportion of severe dehydration is 0.5 percent.

3. Reproductive Health Program:

3.1 Safe Motherhood Program

<i>Program/ Activities</i>	<i>Unit</i>	<i>Target</i>	<i>Achievement</i>	<i>% Achieved</i>	<i>% expenditure wrt released budget</i>	<i>Reasons for not achieve 100%</i>
ANC New visit (70%)	Person	19774	26477	100		
Delivery trend HW (22%)	„	4014	7677	100	--	
PNC first visit (32%)	„	4429	14160	100		

Table shows reported coverage of ANC first visits and delivery conducted by trained health workers is 70 percent and 22 percent respectively.

Coverage of Safe motherhood

<i>Indicators</i>	<i>2060/061</i>	<i>2061/062</i>	<i>2062/063</i>
ANC first visit as a % of expected pregnancies	72	77	74
% of women with 4 th visit among 1 st visit	54	35	44
% of delivery conducted at health institutions (Hospital/PHCC/HP/SHP)	16	17	17
Number of delivery conducted in Hospital	3050	4350	4536
Number of delivery conducted in PHCC	1045	1562	1692
% of home delivery attended by HW	7	5	5
PNC first visit as % of expected pregnancy	40	38	40

Table shows the institutional and home deliveries are static as 17 percent and 5 percent respectively.

Trend of Safe motherhood

<i>Indicators</i>	<i>2060/061</i>	<i>2061/062</i>	<i>2062/063</i>
No. of BEOC center established and functioning	-	1	2
No. of CEOC center established and functioning	-	-	-
No. of deliveries conducted at BEOC/ CEOC	-	688	754
Number of Obstetrics Complications	120	135	871
Number of CAC service Provided	-	-	1

Table shows that number of deliveries conducted at BEOC and CEOC is increased in this fiscal year. Number of obstetrics complications reported also increased in FY 2062/63.

3.2 Family Planning (FP)

<i>Program/ Activities</i>	<i>Unit</i>	<i>Target</i>	<i>Achievement</i>	<i>% Achieved</i>	<i>% expenditure wrt released budget</i>	<i>Reasons for not achieve 100%</i>
Current users	Person	150500	119363	79	31	
Sterilization	„	5300	6771	100		

Table indicates the number of sterilization is more than its target given. Remarkable number of sterilization is being conducted by NGOs. Therefore, it is found only 31 percent budget been spent.

Family Planning Programme Coverage

<i>Indicators</i>	<i>2060/061</i>	<i>2061/062</i>	<i>2062/063</i>
CPR (as % of MWRA)	63	63	70
Condom (%CPR Method Mix)	2.1	2.0	2.0
Pills (%CPR Method Mix)	3.16	3.1	3.5
Depo (%CPR Method Mix)	12.39	11.9	11.9
IUCD (%CPR Method Mix)	1.42	1.6	1.8
Norplant (%CPR Method Mix)	1.81	1.4	2.4
VSC (%CPR Method Mix)	42.0	44.7	48.0
Total number of VSC	8270	8160	6771
Male	167	120	115
Female	8103	8040	6656
Total number of VSC in GO sector	3622	3314	1747
Total number of VSC in NGO sector	4848	4846	5024

Table shows the CPR as 70 percent which is in increasing trend. But proportion of VSC for female is occupied remarkable size. It suggests the urgent need of male involvement in VSC in the district.

3.3 Female Community Health Volunteer (FCHV)

<i>Program/ Activities</i>	<i>Unit</i>	<i>Target</i>	<i>Achievem ent</i>	<i>% Achie ved</i>	<i>% expenditure wrt released budget</i>	<i>Reasons for not achieve 100%</i>
HFI quarterly meeting	Time	3	2	67		
FCHV's quarterly review meeting	Perso n	1755	1170	67		
TBA refresher meeting	„	405	342	84		
FCHV Day	Time	1	1	100		

Quarterly review meetings on FCHVs and TBAs held two times of three times targets given. It is due to delayed budget release and load with time constraints even resulted by piloting programmes conducted in collaboration with NGOs in district.

Service coverage of FCHVs

<i>Indicators</i>	<i>2060/061</i>	<i>2061/062</i>	<i>2062/063</i>
Average number of Mothers Group meeting held in a year per FCHV	11	10	9
No of Pills cycle distribution by FCHV	18436	26576	29451
No. of person receiving Condoms	54381	196584	216005
No. of ORS Pkt. distribution by FCHV	43824	48476	44155

Table noted the performance of FCHVs in a year. The service number is in increasing trend. Average number of mothers' group meeting is in decreasing trend which attracts attention to management.

3.4 PHC Outreach- clinic Programme.

<i>Program/ Activities</i>	<i>Unit</i>	<i>Target</i>	<i>Achievement</i>	<i>% Achieved</i>	<i>expenditu re wrt released budget %</i>	<i>Reasons for not achieve 100%</i>
Clinic conducted	time	3372	3122	93		

Table shows 93 percent of PHC-ORC are running and reporting.

Trend of PHC-ORC

<i>Indicators</i>	<i>2060/061</i>	<i>2061/062</i>	<i>2062/063</i>
% of PHC/ORC clinic conducted	92	86	93
Average number of clients served per clinic.	27	29	30

Table noted that percent of PHC-ORC conducted and average number of clients served per clinic is in increasing trend.

4. Disease Control Program.

4.1 Malaria Program

<i>Program/ Activities</i>	<i>Unit</i>	<i>Target</i>	<i>Achievement</i>	<i>% Achieved</i>	<i>% expenditure wrt released budget</i>	<i>Reasons for not achieve 100%</i>
Slide collection	No.	6000	9311	100	16	
Malaria Spraying	Time	2	2	100		
TOT for HWs.	No.	21	21	100		
HWs Training	No.	98	98	100		

Table shows the 100 percent achieved against targets given in malaria control programme management.

Coverage of Malaria programme

<i>Indicators</i>	<i>2060/061</i>	<i>2061/062</i>	<i>2062/063</i>
Annual Blood Examination Rate	1.5%	1.2%	1.4%
Malaria Parasite Incidence/1,000	0.2	0.1	0.21
Slide Positivity Rate	1.6%	1.2%	1.5%
% of PF	10	12	24
Clinical Malaria Incidence Per/1,000 risk population	5	6	10.0
Number of reported death cases due to malaria	-	1	-

Table noted that malaria parasite incidence rate and clinical malaria incidence rate is in increasing rate. But reported death is nil. It may be because programme intensification with activities and supervision and monitoring of programme.

4.2 Kala-azar Program

<i>Program/ Activities</i>	<i>Unit</i>	<i>Target</i>	<i>Achievement</i>	<i>% Achieved</i>	<i>% expenditure wrt released budget</i>	<i>Reasons for not achieve 100%</i>
Spraying	Times	2	2	100.0		

Table shows spaying against kala-azar conducted two times a year in Morang.

Coverage of Kala-azar programme

<i>Indicators</i>	<i>2060/061</i>	<i>2061/062</i>	<i>2062/063</i>
Number of Village/VDCs affected by Kala-azar	41	29	31
Case Incidence/100000 of Population	12	11	16
Number of death due to Kala-azar	1	2	3

Table shows that number of affected VDCs by Kala-azar is decreasing in number but number of deaths is increasing in district. It is observed that morbidity and mortality rate is higher in Dalits and indigenous people of Terai.

4.3 JE Program

<i>Program/ Activities</i>	<i>Unit</i>	<i>Target</i>	<i>Achieve ment</i>	<i>% Achieved</i>	<i>expenditure wrt released budget %</i>	<i>Reasons for not achieve 100%</i>
Spraying Fogging	time	-	-	-		

Coverage of JE Program

<i>Indicators</i>	<i>2060/061</i>	<i>2061/062</i>	<i>2062/063</i>
Number of Village/VDCs affected by JE	-	-	25
Case Incidence/100000	6	3	
Number of death due to JE	8	3	6

Above two tables indicates that despite mortality and morbidity rate of JE suggests as an endemic in the district. There are no still preventive measures taken against JE. However, public pressure is high and outbreaks occur every year which demand specific protection such as vaccination against JE in district.

4.4 Tuberculosis Control Program

<i>Program/ Activities</i>	<i>Units</i>	<i>Target</i>	<i>Achieve ment</i>	<i>% Ach</i>	<i>% expenditure wrt released budget</i>	<i>Reasons for not achieve 100%</i>
Sputum examination for Suspected cases.	Per.	6000	5859	98		
New sputum examination	Slide	18000	17348	96		
Follow up sputum examination	Slide	2670	2703	100		
New sputum +ve	Per.	600	547	91		
New sputum -ve	„	460	326	91		
Extra pulmonary	„	240	330	100		
Re-treatment case		90	82	91		
TB Pts to Pts family health Ed. on DOTS	„	150	120	80		
Dhami Jhakri orientation	„	20	20	100	31	
DOTS center evaluation Workshop	Time	6	4	67		
World TB day	„	1	1	100		
Supervision	„	60	60	100		
School Health programme	No.	25	25	100		
TB/DOTS orientation for social Workers	No.	20	20	100		
TB/DOTS orientation for Mothers group	„	20	20	100		

Coverage of TB programme

<i>Indicators</i>	<i>2060/061</i>	<i>2061/062</i>	<i>2062/063</i>
Case Detection Rate	64	63	58
Cure Rate on DOTS	88	89	89
Treatment Success Rate (Cured+ Completed)	88	90	90
Sputum Conversion Rate	87	93	86

Above two tables reflects TB programme of district. Targets for management activities are achieved. But case detection rate is in decreasing trend which attracts attention of

management. Cure rate and treatment success rate is around 90 percent which is satisfactory.

4.5 Leprosy Control Program:

<i>Program/ Activities</i>	<i>Unit</i>	<i>Target</i>	<i>Achievement</i>	<i>% Achieved</i>	<i>expenditure wrt released budget %</i>	<i>Reasons for not achieve 100%</i>
School Health education	Time	17	17	100		
Rapid inquiry survey	VDC	10	10	100	95	
Supervision	Time	40	40	100		

S. Indicators N.	MB			PB		
	2060/61	2061/62	2062/63	2060/61	2061/62	2062/63
1. New Case Detection Rate	2.6	1.1	1.8	3.1	1.3	2.5
2. RFT	87.0	98.9	100.0	94.0	100.0	100.0
3. Prevalence Rate	2.5	2.1	1.8	1.29	1.5	1.3
4. DG2	2.95	4.2	2.2	-	-	-

Above two tables reflects Leprosy programme of district. Leprosy prevalence rate and DG2 proportion are in decreasing trend which is encouraging. There is still to go ahead to achieve target of prevalence rate of 1 per 10,000 population.

4.6 Morbidity

Coverage of OPD services

<i>Indicators</i>	<i>2060/61</i>	<i>2061/62</i>	<i>2062/63</i>
Total OPD visits as % of total population	19	19	44

Table shows the number of OPD patients reported from health institutions. It is encouraging to note the remarkable increase in coverage that is 44 percent in 2062/63 from 19 percent in 2061/62.

5. Supporting Programmes

5.1 Training Programme Targeted Activities

<i>Program/ Activities</i>	<i>Unit</i>	<i>Tar get</i>	<i>Achie vement</i>	<i>% Achie ved</i>	<i>% expenditure wrt released budget</i>	<i>Reasons for not achieve 100%</i>
FCHV (Biratnagar Sub-metro city)	person	70	70	100	BRT M.	
Neonatal Health Review	HF	65	65	100	MINI	
CB-IMCI (VHW/MCHWs)	HW	120	120	100	Plan	
FCHV TOT for District Supervisor & HFI	HW	83	83	100	Plan	
CM Review to HFMC members	HF	66	65	99	SCF	

Table shows that training programmes which are essential for supporting primary health care services delivery were conducted in the collaboration with EDPs.

5.2 National Health IEC Programme Target Activities.

<i>Program/ Activities</i>	<i>Unit</i>	<i>Tar get</i>	<i>Achie vement</i>	<i>% Achie ved</i>	<i>expenditure wrt released budget %</i>	<i>Reason for not ach. 100%</i>
Health education strengthening Prog.	Dist.	1	1	100		
Health Education review & Planning	Time	1	1	100		
Health Improvement Demonstration	„	3	4	100		
IEC material production	Pc	30000	30000	100		
School Health Programme	Time	400	400	100		
Health education Corner Display	Day	280	280	100	78	
Health education promotive Interaction	Time	27	20	74		
Street drama	„	20	20	100		
Slide shows in cinema halls	„	438	438	100		
Gender awareness workshop for HWs	„	1	1	100		
H.Ed. Message Production in Press	„	17	17	100		
FM Radio programme	„	86	86	100		
H. Ed.Promotion campaign	„	50	35	70		

Table shows the targets given are almost achieved regarding IEC and training programme.

5.3 Laboratory Services Programme Targeted Activities.

<i>Fiscal Year</i>	<i>Unit</i>	<i>Target</i>	<i>Achievement</i>	<i>% Achieved</i>	<i>% expenditure wrt released budget</i>	<i>Reasons for not achieve 100%</i>
2060/061	Each	44693	11847	27		
2061/062	„	45440	9425	21		
2062/063	„	28090	9311	33		

5.3.1 Laboratory Services Examination by District 2062/063

<i>Name of District</i>	<i>Health Laboratory services</i>					
	<i>Blood Test</i>	<i>Urine Test</i>	<i>Stool test</i>	<i>Biochemistry test</i>	<i>Bacteriology test</i>	<i>Other test</i>
Morang	NA	NA	NA	NA	NA	NA

Above tables show the laboratory examination rate which is still low in comparison to its target given but it is coming up in increasing trend. It also attracts attention of laboratory management.

5.4 Logistic Management Programme Target Activities:

<i>Program/ Activities</i>	<i>Units</i>	<i>Target</i>	<i>Achievement</i>	<i>% Achieved</i>	<i>% expenditure wrt released budget</i>	<i>Reasons for not achieve 100%</i>
Logistic Supply	Times	3	3	100		

Trend in Logistic management Programme

<i>Indicators</i>	<i>2060/061</i>	<i>2061/062</i>	<i>2062/063</i>
Number of health facilities covered by CDPs	65	65	65
Stock out of key health commodities in health facilities	-	-	3
PULL system (Yes of No)	No.	No.	No.

Above two tables reflect logistic management programmes in the district. Supplies from district to periphery health institutions were undertaken three times a year. All 65 health institutions have adopted Community Drug Programme (CDP). More than Rs. 100,00,000

been collected by institutions so far this fiscal year which is balanced in respective committees.

5.5 AIDS and STDs Programme Targeted Activities.

<i>Program/ Activities</i>	<i>Units</i>	<i>Target</i>	<i>Achievement</i>	<i>% Achieved</i>	<i>% expenditure wrt released budget</i>	<i>Reasons for not achieve 100%</i>
HIV/AIDS day	time	1	1	100	NA	

<i>Indicators</i>	<i>2060/061</i>	<i>2061/062</i>	<i>2062/063</i>
Number of reported HIV/AIDS case	-	308	
Number of reported STI cases	244	269	497
Number of Counseling centers established and functioning	-	5	8
Number of DACC meeting conducted	-	2	4

Above two tables reflect HIV/AIDS programme in the district. DPHO Morang has played vital role in coordinating I/NGOs and GOs in the programme through DACC. AIDS day observation and other services and awareness activities were carried out by organizations in P&P approach in district. Number of HIV/AIDS laboratory diagnosed cases in district is more than 308 that is still under data collection and verification process in the district. It is estimated that more than 3,500 HIV infected people are in Morang district.

5.6 Construction, Maintenance and Renovation Target Activities:

<i>Program/ Activities</i>	<i>Units</i>	<i>Target</i>	<i>Achievement</i>	<i>% Achieved</i>	<i>% expenditure wrt released budget</i>	<i>Reasons for not achieve 100%</i>
SHP Building (Sorabhag, Sijuwa, Amahi)			3			
MCH Room construction			1			
PHC/ORC construction			3			
Renovation			3			
Compound wall			3			

<i>Indicators</i>	<i>2060/061</i>	<i>2061/062</i>	<i>2062/063</i>
Number of SHP having own building	43	43	45
Number of SHP within VDC building/ Others	6	6	4
Number of HP having own building	11	11	11

Number of PHCC having own building	-	-	-
Number of Health Facility's building destroyed by conflict	-	6	-

Above two tables reflect physical infrastructure of health facility. Health facilities construction and renovation taken place with the support from DDC and EDPs. Number of health institutions' buildings destroyed by conflict is 6.

5.8 Financial Management Programme Targeted Activities. 2062/063

<i>Programme /Activities</i>	<i>Allocated Budget</i>	<i>Budget Released</i>	<i>Budget Expenditure 2062/063</i>	<i>% of Irregularities Clearances</i>
Health Education	803	628	628	
Leprosy	66	63	63	
CDD/ARI	232	176	176	
Nutrition	426	293	293	
NHTC	1050	387	387	
Family Planning	6385	2005	2005	40.0
Integrated Supervision	952	482	482	
Malaria	6774	1056	1056	
TB	156	49	49	
EPI	499	429	429	
Community Health Insurance	1958	1956	1956	
Sub Total----->	19301	7522	7522	
DPHO (Administration cost)	34267	33271	33271	
Grand Total----->	53568	40793	40493	

(Note: Budget in thousand 000)

Above table is budgetary summary of DPHO in FY 2062/63. Total allocated budget could not have released due to delay in releasing process from centre. Delay release of budget obviously caused problems in conducting programmes in time. Forty percent of irregularities (*Beruju*) were cleared in FY 2062/63.

5.9 Human Resources Situation. 2062/063

<i>Category</i>	<i>DHO/DPHO</i>		<i>PHCC</i>		<i>HP</i>		<i>SHP</i>	
	S	F	S	F	S	F	S	F
DPHO/Officers	2	2	6	2
District Assistants	14	14	-	-	-	-	-	-
Nurse/ANM	-	-	24	21	11	11	-	-
HA/AHW	-	-	18	18	33	33	49	49
Lab. personnel	3	3	6	6	-	-	-	-
VHW/MCHW	-	-	6	4	11	9	98	97
Admin/ General staffs	12	12	12	11	22	22	-	-

Table indicates 4 medical officers are vacant in PHCC and 5 VHWs/MCHWs in PHCC, HP and SHP are vacant in district.

E. List of Partners working in Public Health

6.1. Governmental Organizations

1. District Administration Office
2. Women Development Office
3. Educational Development Office
4. Agricultural Development Office
5. Office for Drinking water supply
6. Biratnagar Sub-metro city
7. Koshi Zonal Hospital
8. Rangeli Hospital
9. Village Development Committees (65)

6.1 NGO working in Public Health

1. Merry Stopes Centre
2. Nepal Red Cross, BRT
3. Help Group
4. CBR Project, Biratnagar
5. Aama Milan Kendra, BRT
6. Sub Metropolitan city, BRT
7. Birat Nursing Home
8. NATA, BRT
9. FPAN, BRT
10. Adarsa Nirman Mandir, BRT

6.2 I/NGOs

EDPs

UNICEF BRT
UNFPA, BRT
Polio Eradication(WHO),
BNMT, BRT
NFHP, BRT
NLR , BRT
SCF(US), BRT
Plan Nepal, BRT
MINI, BRT

Supporting Areas

Immunization campaigns
HMIS, RH
Polio and disease surveillance
RH, ED, ID, TB
RH, IMCI
Leprosy
PHC-ORC, LQS, PDQ
CB-IMCI, Cold chain
Neonatal Health

6.3 List of Private Hospital/Nursing Homes.

1. Birat Nursing Home.
2. Eye Hospital
3. Abadh Narayan Nursing Home.
4. Koshi Nursing home
5. Purbanchal Nursing Home.
6. Neuro Hospital
7. MS Nursing Home.
8. Adarsa Nirman Mandir, BRT

F. Discussion

DPHO Morang has currently completed LQAS survey¹ 2006. It has verified many vital indicators collected by HMIS. Measles coverage, according to DPHO/HMIS 2006 is reported as 91 percent which is found 93 percent in LQAS survey 2006. CPR, according to DPHO/HMIS 2006, is reported as 70 percent which is found as 42 percent in LQAS 2006. *Letang, Jante, Bhogateni, Warangi, Kerabari, Pati, Yangsila, Singhadevi, Madhumalla, Tandi and Ramite* VDCs are having comparatively poor CPR. According to DPHO/HMIS 2006, ANC first visited reported is 74 percent which is found 92 percent in LQAS 2006. Similarly, according to DPHO/HMIS 2006, the percentage of women having four ANC by HWs is 44 percent which is found 45 percent in LQAS 2006. The percentage of women who had at least TT2 during last pregnancy by card is only 4 percent. The percentage of mothers who received iron tablets during last pregnancy is 80 percent. The percentage of mothers who received Vita A during last pregnancy is 55 percent. Complete Immunization taken that means completed measles vaccination according to by observing Card and by taking history is 92 percent. *Indrapur, Dulari, Mrigaulia, Tetaria, Hattimudha, Siswani Badahara, Baijanathpur, Tanki, Lakhantari, Dangraha, Katahari and Siswani Jahada* VDCs have got comparatively poor coverage in the district. The percentage of mothers who received iron tablets during last PN period is 38 percent. According to DPHO/HMIS 2006, percent of delivery conducted by health workers is only 23 percent which is found to be 56 percent as per LQAS 2006. It indicates that there is still under reporting of this indicator in HMIS.

DPHO Morang and MINI have jointly managed getting the NMR from the service indicators. Table shows that in Morang district, at the beginning of the intervention of MINI, it was grossly estimated the NMR as 30 per 1000 live births. After one year of intervention NMR has been estimated as 21 per 1000 live births in the district². At the same time assessment report on MINI has indicated that intervention VDCs are adversely affected by additional intervention programme in terms of coverage of EPI and coverage of PHC-ORC dropped comparatively.

G. Conclusion and recommendation

Service coverage indicators are going in positive trend which encouraging. But surveys have revealed that there is still heterogeneous coverage in programmes. EPI and reproductive health programme have taken better trend than disease control programme. TB programme is facing newer challenges even after adopting DOTS plus programme in the district. Similarly, Malaria, Kala-azar and Japanese Encephalitis have drawn interest of large population and media also. Endemic of kala-azar, malaria and epidemic of Japanese encephalitis do create also public pressure. Resources made available for malaria and kala-azar can address the present problem. But, regarding the JE, additional measure such as

vaccination may require in the disease control programme. Still service data from marginalized people are not been included so far. Social security and concept of social inclusion are needed to be included in public health.

References

¹ DPHO Morang, LQAS Survey, 2006

² DPHO Morang, Assessment of MINI programme, 2006