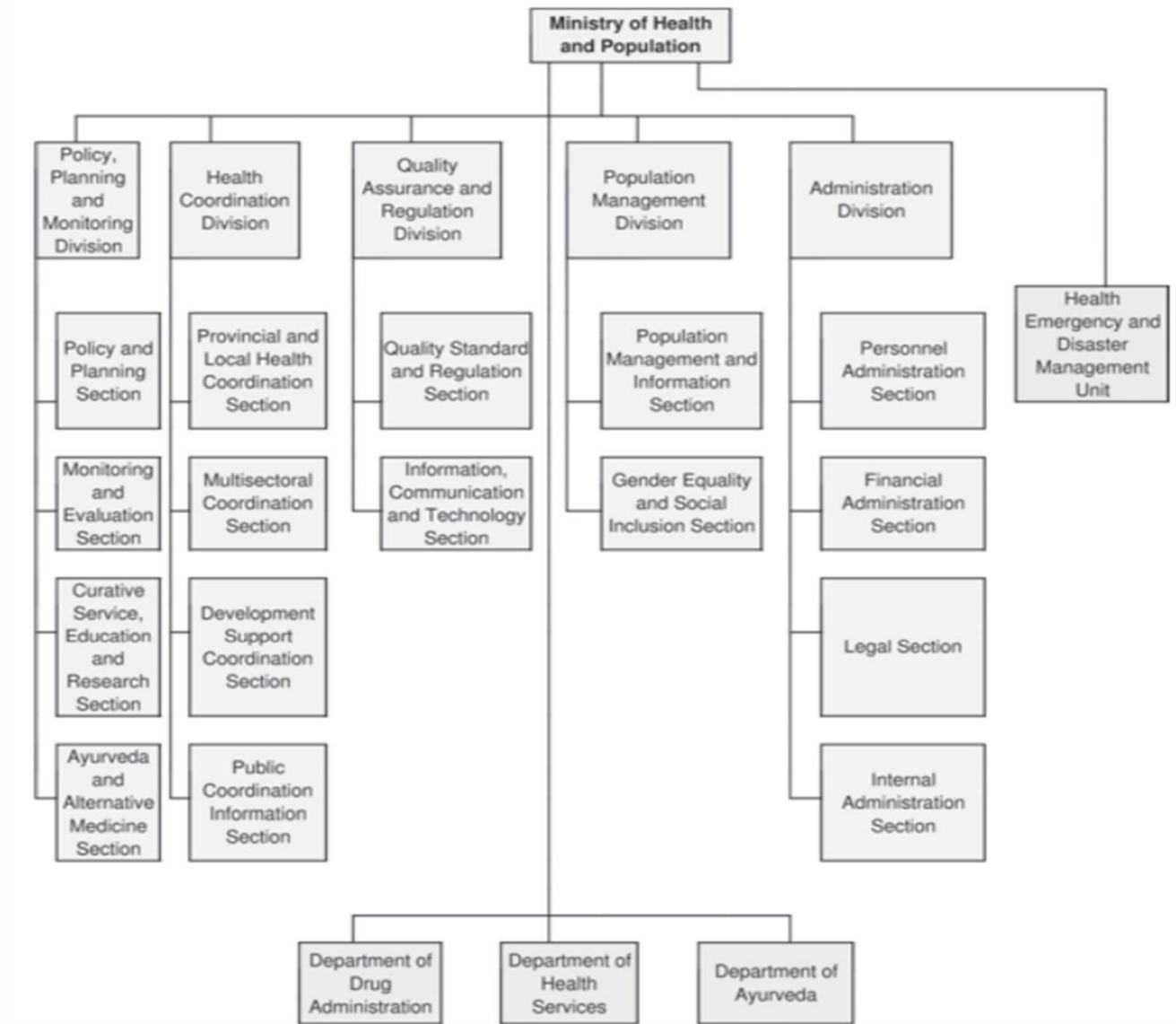


# HEALTH SYSTEM MANAGEMENT OF NEPAL



Department of Health Services (DoHS): Estd in 1990 BS/1933AD

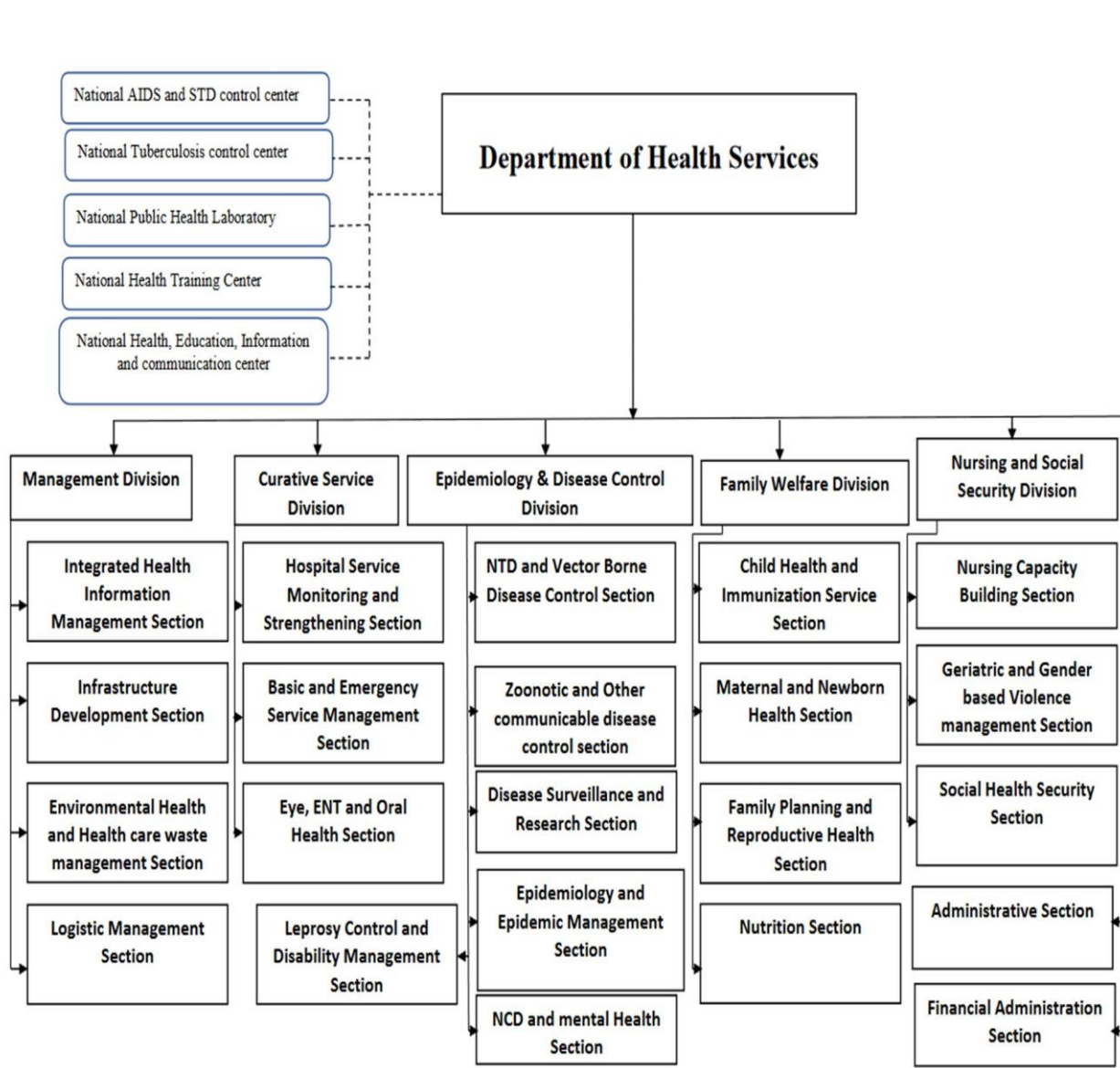
Dissolve: 2044/3/30BS and RHD Estd: 2044/4/1, Again DoHS Estd. in 2050/4/1

Divisions= 5, Centers=5 and Sections=3 Divisions of DoHS

are:

1. Management Division
  2. Family Welfare Division
  3. Curative Service Division
  4. Nursing and Social Security Division
  5. Epidemiology and Diseases Control Division
- Three sections of DoHS are:
- Leprosy Control Program/section
  - Personnel Administration Section
  - Administration Section

- Centers of DoHS are:
1. National AIDS and STD control Center.
  2. National TB control Center.
  3. National Public Health Laboratory
  4. National Health Training Center.
  5. National Health Education, Information, Communication Center.



## Provincial Health organogram

Figure 1.3: Organogram of the health system at province Level



Nepal, Total Health Post=3806, PHCC=196

Bagmati Provincane Total Health Post=641, PHCC=41

:jff:Yo ;+:yf	:t/ (Level)	Pattern of staffing
---------------	-------------	---------------------

Primary health care centre (PHCC) k fylds ;jf:Yo ;]jf s]Gb	lgjf{rg If]q :t/ -k'/fgf] lgt @)\$*_ k To]s @) xhf/ hg;+Vofdf Ps k fylds ;jf:Yo s]Gb  -goff lgt @)&!_	<ul style="list-style-type: none"> <li>✓ Incharge = 1 (MO) 8<sup>th</sup> Level</li> <li>✓ HA =1 (5/6/7<sup>th</sup>)</li> <li>✓ Staff nurse =1 (5/6/7<sup>th</sup>)</li> <li>✓ AHW/SAHW-3</li> <li>✓ ANM/SANM-3</li> <li>✓ LA = 1</li> <li>✓ Peon -3 or 2 s/f/ hDdf !# jf !@ hgf</li> </ul>
Health post	VDC level xfn k To]s j8df	<ul style="list-style-type: none"> <li>✓ Incharge =1 (PHIO/HA/SAHW 6<sup>th</sup>)</li> <li>✓ SAHW/AHW(5<sup>th</sup>/4<sup>th</sup>) = kxf8df 2, t/f0{df 3</li> <li>✓ SANM/ANM(5<sup>th</sup>/4<sup>th</sup>) =2</li> <li>✓ OA=1 s/f/</li> <li>✓ hDdf kxf8df ^ / t/f0{df &amp; hgf</li> </ul>
PHC-ORC/EPI Clinc	Community level (;d'bfo :t/df)	Responsible staff, AHW & ANM
FCHV	Community level (;d'bfo :t/df)	
Hospital	k To]s Ps nfv hg;+Vofsf] nflu @% z}ofsf] Ps c:ktfnsf] :yfkf ug]{ of]hgf -goff lgt @)&!_ / xfn k To]s kflnsfdf	Head of hospital = medical superintendent

## H samiti

### Management information system (Aoj:yfkg ;'rgf k|0fnL)

- HMIS = Health management information system
- LMIS =Logistical management information system
- HURIS =Human resource information system
- TIMS = training information management system
- FMIS=Financial Management Information System
- HIIS= Health Infrastructures Information System
- ARS=Ayurveda Reporting System
- DIN=Drug Information network
- GIS=Geographical Information System
- Integrated health management system was established in 1993
- HMIS started in Nepal from 1995 (2052/53) from 2 pilot district (Kaski and Dang)
- HMIS throughout the country 1996 /1997 in 75 district
- Recently HMIS tool was revised in 2014 AD 2071/72BS, HMIS Latest Revision 2071/72BS
- HSIS = Health sector information system (piloting was started in 2065/66 in 3 districts Lalitpur, Parsa and Rupandehi)
- HSIS national strategy was developed in 2005, HMIS is one of the P1 program
- Components/Groups =9, Total Forms/Tools=50
- @ Com-In-Farm-Com1-MaKaLe-Tu-Hi-Ho-More

S.N.	HMIS No.	Forms/Tools
	1	Common tools (;femf kmf/fdx?) = 6
1	1.1	Master Register (d'n btff /lhi6/)

2	1.2	Health service card (:jf:Yo ;]jf sf8{)
3	1.3	Outpatient register (alx/+u ;]jf /lhi6/)
4	1.4	Referral/transfer slip (k if]0f, :yfgfGt/Of k'hf{)
5	1.5	Defaulter/Discontinuation tracing slip (18kmN6/, clgoldttf vf]h k'hf{)
6	1.6	Open tally sheep (v'Nnf ;dfof]hg kmf/fd)
	2	Infant & child health (gjlzz' tyf afn:jf:Yo) = 7
7	2.1	Child health card (afn:jf:Yo sf8{)
8	2.2	Immunization Register (vf]k /lhi6/)
9	2.3	Nutrition Register (kf]if0f /lhi6/)
10	2.4	IMCI Register (Plss[t afn/f]u Joj:yfkg ;]jf /lhi6/)
11	2.5	IMAM child health card (lz3  s'kf]if0fsf] Plss[t Joj:yfkgM afn :jf:Yo sf8{)
12	2.6	IMAM Register lz3  s'kf]if0fsf] Plss[t Joj:yfkg /lhi6/
13	2.7	IMAM Register- Hospital lz3  s'kf]if0fsf] Plss[t Joj:yfkg /lhi6/, c:ktfn
	3	Family health (kl/jf/ :jf:Yo) =7
14	3.1	FP face sheet (kl/jf/ lgof]fhg ;]jf sf8{)
15	3.2	Pills, Depo service Register (lkN,, l8kf] ;]jf /lh:6/)
16	3.3	IUCD/Implant service Register
17	3.4	Sterilization Register (aGWofs/Of ;]jf /lhi6/)
18	3.5	Maternal and newborn Health card (dft[ tyf gjlzz' :jf:Yo sf8{)
19	3.6	Maternal and newborn Health Register (dft[ tyf gjlzz' :jf:Yo /]lhi6/)
20	3.7	Safe Abortion service Register (;'/lft ue{ktg ;]jf /lhi6/)
	4	Community services = 3
21	4.1	ORC Register (uffp3/ lSnlgS /lhi6/)
22	4.2	FCHV Register
23	4.3	Vitamin A Register
	5	Malaria, kala-azar and Leprosy =5
24	5.1	Malaria, leprosy and kalaazar sample collection form (cf]nf], s'i7/f]u sfnfhf/ /f]usf] नममना सँकलन ु फारम _
25	5.2	Malaria, leprosy and kalaazar Laboratory Register (cf]nf],s'i7/f]u sfnfhf/ /f]usf] k of]uzfnf /lhi6/)
26	5.3	Leprosy and Kala Azar classification and Treatment Register (cf]nf], s'i7/f]u sfnfhf/ /f]usf] juL{s/Of tyf pkrf/ /lhi6/
27	5.4	leprosy examination and Treatment card (s'i7/f]u /f]usf] kl/lf0f tyf pkrf/ sf8{ _
28	5.5	leprosy Treatment Register
	6	Tuberculosis =8

29	6.1	Tuberculosis sample collection form (Ifo/f]usf] gd'gf ;+sng kmf/fd)
30	6.2	Tuberculosis Laboratory Register (Ifo/f]usf] gd'gf kl/Ifof /lhi6/)
31	6.3	Tuberculosis treatment card (Health Facility) (Ifo/f]u pkrf/ sf8)
32	6.4	Tuberculosis treatment card (patient) Ifo/f]u pkrf/ sf8{
33	6.5	Tuberculosis Treatment Register
34	6.6	PAL : smoking cessation Register (kfn w'd kfg kl/Tofu /lhi6/)
35	6.7	DR Tuberculosis Laboratory register
36	6.8	DR Tuberculosis Treatment register
	7	HIV /AIDS and STI =6
37	7.1	HIV testing and counseling Register
38	7.2	Sexually transmitted infection treatment register (of]ghGo ;+s dof pkrf/ /lhi6/)
39	7.3	PMTCT service register
40	7.4	HIV treatment and care register
41	7.5	HIV patient treatment card
42	7.6	Opioid substitution therapy (OST) register
	8	Hospital.=3
43	8.1	Admission register
44	8.2	Discharge register
45	8.3	Emergency service register
	9	Monthly reporting form (dfl;s k ltj]bg) = 5
46	9.1	FCHV reporting collection form (d=:jf=:jod \ ;]ljsf dfl;s k ltj]bg) reporting : 1 <sup>st</sup> day of next month
47	9.2	Community level health service monthly reporting form (immunization clinic, PHC-ORC) uffFp3/, vfk lSnlgsf] k ltj]bg (Reporting: 1 <sup>st</sup> day of next months)
48	9.3	PHCC, HP reporting form (k Zfs], :jf= rf]sL, sf] dfl;s k ltj]bg) (HP/PHCC=Within 7 days of next month)
49	9.4	Public hospital health facility reporting form (;/sf/L c:ktfn k ltj]bg kmf/d)
50	9.5	Non-public health facility reporting form (u} / ;/sf/L :jf:Yoo ;+:yf k ltj]bg kmf/d)

#### Logistic Management

- Logistic Management Division had been established under the department of Health services (DOHS) in 2050 /51BS (1993)
- Logistic management information system (LMIS) unit was established in 1994 (2051/52) piloted in 4 district of eastern region with support of JSI and USAID in LMD, DoHS Nationwide LMIS expanded in 1997.
- Pull system started from 2003 AD (2061/62 BS) with 6 districts
- Pull system throughout the country 2009 (2066/2067)
- 8 key commodities: condom, pills, DMPA, iron, Amoxycilline (contrimp), vita.A, ORS, Tab. zinc
- Web based LMIS started from 2008 june

- LMD has initiated and implemented telemedicine program in 25 hill & mountain districts in 2065/66
- 6 Rights of Logistics management: (Good Question Copy Paste **ubf{ Take Care ug}**)
- i. Right goods ii. Right quantities iii. Right cost iv. Right place v. Right time vi. Right condition
- LMIS has total 12 page, Color: White, Green & Yellow
- ASL (Authorized stock level) = 5 **dlxgf sf] nflu ePsf] df}hft / EOP (Emergency order point) = 1 dlxgfsf] nflu ePsf] df}hft . o;af6 pull system (dfu cg';f/ lbg] k4lt\_ sf] sfof{Gjog x'G5 .**

Health Facility	EOP (Emergency order point)	ASL (Authorized stock level)
HP/PHCC	1 month	5 month
District	3 month	10 month

Mainly used LMIS forms are: 7

- LMIS -1 = Quarterly (every three monthly) for central store
- LMIS -2 = Quarterly (every three monthly) for district store (within 14 days of the next month)
- LMIS -3 = Quarterly (every three monthly) for PHCC store (Brown)
- LMIS -4 = Quarterly (every three monthly) for HP reporting within the 7th day of next month (Green)
- LMIS -5 = Quarterly (every three monthly) for SHP store (X)
- LMIS -6 = Quarterly (every three monthly) for NGOs store
- LMIS -7 = Quarterly (every three monthly) for Central Hospital Store. **df=n]=k=kmf=g=**
- **Vl/b cfb]z = 45 (df=n]=k=kmf=g=)**
- **bflvnf = 46 (df=n]=k=kmf=g=)**
- **vr{ gx'g] ;dfg lhG;L /lhi6/ = 47 (df=n]=k=kmf=g=)**
- **x:tfGt/Of kmf/d = 48 (df=n]=k=kmf=g=)**
- **lhG;L lgl/IfOf kmf/d = 49 (df=n]=k=kmf=g=)**
- **ldgxf kmf/d = 50 (df=n]=k=kmf=g=)**
- **dfu kmf/d = 51 (df=n]=k=kmf=g=)**
- **vr{ x'g] ;dfg lhG;L /lhi6/ = 52 (df=n]=k=kmf=g=)**
- inventory management (**d;nGb Joj:yfkg**): **o;df, cf}jflw, sfu kq, ;/;dfg cGo ;a} ;dfu|Lsf] Joj:yfkg kb{5**  
**FEFO (First Expiry First out) FIFO = First in first out**
- LMIS = Logistic management information system **o;df medicine, cf}hf/, cGo ;dfu|Lx?sf] Joj:yfkg x'G5 .**
- **:jf= rf}sL, klf= :jf s]Gb[n] q]dfl;s ;dfKt ePsf] csf]{ dlxgfsf] ;ft -&\_ ut] leq k|ltj]bg k7fpg" kb{5 .**
- **]df3, kmfNu'g, r}tsf] j}zfv & ut] leq, rf}yf] q]dfl;s j}zfv, h|i7 / c;fbsf] >fjg & ut] leq cyf{t LMIS k|To]s 3/3 dlxgdf :jf= ;+:yfn] k7fpg' k5{ .**

Leaves (labf)

**P]gsf] kl/R5]b -!!, bkmf \*^= sd{rf/Ln] kfp] labf M**

**lgodfjnLsf] kl/R5]b -&, s\_e}k/L cfp] ljb → ^ lbg, kj{ ljb ^ lbg Ps jif{el/df**

- **cfwf lbg klg lng kfp]**
- **of] ljb ;+lrt ug{ g;Sg]**
- **df}lvs cg'/f]wsf] cwf/df klg lbg ;Sg] v\_ 3/ ljb M**
- **12 lbg sfd u/] jfkt ! lbg ljb kfp] ;Sg]**
- **o;/L 1 dlxgdf 2 lbg / 1 jif{df 30 lbg ljb kfp] ;S5 .**
- **180 - lbg ;Dd ;+ro ug{ ;lsG5 .**
- **jif{ sf] & lbg 3/ ljb lnO{ 3/ hfbf af6f] Dofb kfOG5 .**

- ;a}eGbf a9L kfOg] u\_ lj/fdL labf M
- k|To]s jif{ !@ lbg kfOg] , 1 dlxgdf 1 lbg
- sd{rf/L & lbg a9L cjlwsf] lj/fdL ljbf dfu ubf{ ;jLs[lt lrlsT;ssf] k|df0f k|z ug' { kg}{ of] ljbf hlt klG ;+lrt ug{ ;Sg] 3\_ k; 'lt labf
- ^) lbg -;'Ts]/L cl3 kl5 u/L\_ t/ xfn lghfdlt sd{rf/Ln] (\* lbgsf] ljbf kfO/x]sf] 5g .
- ;jif cjlw e/Ldf @ k6s dfq

- \* (सरि तु माततवृ तथा जनन व थ आधकार ऐन २०७५/०६/०२) आनसारु
- \* वा य सेवा का महला कमचार C/S भाई सूत भएमा कत दन स म तलबी सूत बदा पाइ छ? = 98+30+128 दन
- \* वा य सेवा का महला कमचार सूत भएमा कत दन स म बेतलाबी सूत बदा पाइ छ? = 360 दन

3\_! k|;'lt, lzz' :ofxf/ ljbf M k"?if sd{rf/Lsf] kTgL ;'Ts]/L x'g uPdf To:tf] sd{rf/Ln] ;'Ts]/Lsf] cl3 jf kl5 u/L !% lbg k|;'lt :ofxf/ ljbf kfpG] 5 . a\_ lsl/of ljbfM !% lbg

r\_ cWoog ljbfM Ps} k6s jf k6s u/L al9df ^ jif{ ;Dd cWoog ljbf kfpG ;Sg] 5 . clt b"u{ddf ! jif{ / b"u{ddf @ jif{ u/L # jif{ ;Dd ;jif gu/L cWoog ljbf kfpG] 5}g .

5= c;fwf/Of ljbfM g]kfn ;/sf/n] Ps k6sdf Ps jif{df gj9fO{ / ;jif cjlwe/df # jif{df ga9fO{ c=ljbf lbg ;Sg] 5 . cyft{ Ps hgf sd{rf/L c= ljbf al9df # jif{ ;Dd dfq lng ;S5 . ;jif cjlw % jif{sf] gk'uL c;wf/Of ljbf kfpG] 5}g . t/ lglh k|of;df cWoog ug{ rfxg] sd{rf/Ln] @ jif{sf] ;jif cjlw k"/f u/]kl5 Ps} k6s jf k6s k6s u/L \$ jif{ ;Dd c;wf/Of ljbf kfpG ;Sg]5 . h\_ ;6\6f ljbfM ;fj{hlgs labfsf] lbg sfd u/]df ;66\f ljbf kfpG ;Sg]5g . To:tf] ljbf csf]{ tLg dlxgfleqdf kfn] ldnfO{ a:g' kg}{ 5 . kfn] ldnfO{ ljbf lng g;s]sf] v08df ;f] cjlwsf] tna a/fa/sf] e'QmfgL lbOg]5 .

em\_ cltl/Q ;jif ljbfM xfktdf \$) 3G6f eGbf abL sfd u/]jft

-gf]6 M cWoog / c;fwf/Of ljbf g]kfn ;/sf/ afsL ;a} ljbf ;DaGlwt sfof{nosf] k|d'v n] ;jLs[t ul/G5 .

Ps hgf :jf:Yo ;jifsf] sd{rf/Ln] hDdf !) j6f ljbf kfp5g .-

Nepal Health Service Act, 2053 (g]kfn :jf:Yo ;jif P]g, @)%#)

It is endorsed in (k|dflofs/Ofldlt): 2053 /11/15 (व थ सवा दवस यह दन मनाइ छे) o;df kl/R5]b (section) = 11 / bkmf -dafa) = 96 /x]sf] 5 .

- g]kfn :jf:Yo ;jif (klxnf] ;+zf]wg) amendment) P]g, 2055 2055/10/27
- g]kfn :jf:Yo ;jif - bf]>f] ;+zf]wg) P]g, 2058 2058/7/22
- g]kfn :jf:Yo ;jif - t]>f] ;+zf]wg) P]g, 2063 2063/8/22
- g]kfn :jf:Yo ;jif - rf]yf] ;+zf]wg) P]g, 2070 2070/12/12
- there are altogether 12 level in the health service of Nepal
  - ☑ assistant (;xfos tx) : 4<sup>th</sup> level to 5<sup>th</sup> level (bkmf 4) t/ 3 level df s'g} sd{rf/L g/x]sf])
  - ✓ officer level (clws[t tx) : 6<sup>th</sup> to 12<sup>th</sup> level

bkmf \* :jf:Yo ;jifsf] k|k'lt{

kb	v'Nnf k ltof]lutf	sfo{ lfdtfsf] d'Nof+sg	cfGtl/s k ltof]lutfTds k/Liff	sfo{;Dkfbg tyf cg'ejsf] d'Nof+sgaf6 x'g] ;dfof]hg
Rf}yf} -c=x]=j, c=g=dL=_	100%	-	-	-
kfFr} - x]=c=:6fkm g;{_	65%	-	20%	15%
;ftf}	65%	-	20%	15%
cf7f}	100%	-	-	-

- v'Nnf k|ltof]lutf4f/f k'lt{ x'g] kbx?d Wo] 45% kb 5'6\ofO{ ;f]nfO{ zt k|ltzt dfgL b]xfo adf]lhdsf - dfq k|lt:kwf{ u/fO{ kkb'lt{ ul/g]5 s\_ dlxnf =33%,v\_ cflbf;L, hghft =27%, u\_ dw]zL =22%, 3\_ blnt =9%, a\_ ckf+u =5%, lk5l8Psf] =4%
- :jf:Yo ;]jfsf] :yfoL kbdf gofF lgo'lQm ubf{ dlxnf sd{rf/Lsf] xsdf ^ dlxgf / k'?if sd{rf/Lsf] xsdf Ps jif{sf] k/Llf0f sfm /xg] 5 .
- Z'? lgo'lQm\_c=x]=j=, c=g=ld=\_ rf]yf]af6 kfrf]df :t/j[14 x'g kfFr jif{ / kfFr]af6 5}6f] :t/j[14 x'g cf7 jif{ ;]jf u/]sf] x'g' kb{5, h;dWo] sDtLdf Ps jif{ clt b'u{d jf b'O{ jif{ b'u{d If]qdf sfd u/]sf] x'g' kb{5 .
- थाई नजामती कमचार ६० बष पगु पछ अनवाय आवकश हे छु
- थाई नजामती कमचार येक वष 1 महना बराबर को चाडपव खच पाउछ

नपाल व थ से वा नयमावले २०५५ माणीकरण मती : २०५५/९/ 19  
o;df kl/R5]b (section) = 16 , lgod = 132 / cg';'lr 20 /x]sf] 5 .

नपाल व थ से वा (पहलो संसोधन) नयमावल २०६०/१/८ नपाल व थ से वा (दो  
ो संसोधन)नयमावल २०६१/११/१२ नपाल व थ से वा (ती संसोधन)नयमावल  
२०६१/११/१२ पोसाक स बि ध य व था :

राष्ट्रसेवक निजामती कर्मचारीहरूको पोशाकको किसिम, रङ र अन्य व्यवस्था देहायबमोजिम हुने -

क) पोशाकको रङ र किसिम:

अ) पुरुष निजामती कर्मचारीको हकमा नेपाली राष्ट्रिय पोशाक (दौरा, सुरुवाल, कोट, नेपाली टोपी र कालो जुत्ता) वा कोट (गाढा निलो Blue Black) , पाइन्ट (कोटअनुसारको), सर्ट (सेतो), जुत्ता (कालो) ।

आ) महिला निजामती कर्मचारीका हकमा कोट, पाइन्ट, सर्ट (पुरुषको अनुसारको रङ), कालो जुत्ता/स्यान्डल वा सारी ( आकासे गाढा निलो), सारीको पारी (गाढा बैजनी), ब्लाउज (सारीको पारी अनुसारको) वा कुर्ता सलवार (कुर्ता आकासे गाढा निलो तथा सलवार र सल गाढा बैजनी रङको सादा) ।

ख) अन्य व्यवस्था

अ) हिमाली क्षेत्रको हकमा कोटको सट्टा सोही रङको ज्याकेट तथा स्पोर्ट्स जुत्ता प्रयोग गर्न सकिने । टाइ र टोपी स्वैच्छिक हुने ।

आ) जाडो समयमा कोट/ ज्याकेटभित्र स्विटर प्रयोग गर्न सकिने । तराईका जिल्लाहरूमा कोटको प्रयोग अनिवार्य नहुने ।

इ) कार्यालय समयमा तोकिएको पोशाक अनिवार्यरूपमा लगाउने । साताको एक दिन शुक्रवार कर्मचारीहरूले आफूखुसी स्वैच्छिक पोशाक लगाउन पाउने ।

यो व्यवस्था २०६८ साल साउन १ गतेदेखि कार्यान्वयनमा आउने ।

नपाले व थय यवसायी परषद ऐन (Nepal Health Profesional Council Act) २०५३

It is endorsed in (k|df]0fs/Of ldlit): 2053 /11/3

सद य सं या = १३, पदावध =3 वष

नपाले व थय यवसायी परषद नयमावल (Nepal Health Profesional Council Regulation) २०५६

➤ It is endorsed in (k|df]0fs/Of ldlit): 2056 /4/27

➤ klxnf] ;+zf]wg 2059/8/25

बा मती देशको देश वा य नयमवाल २०७६

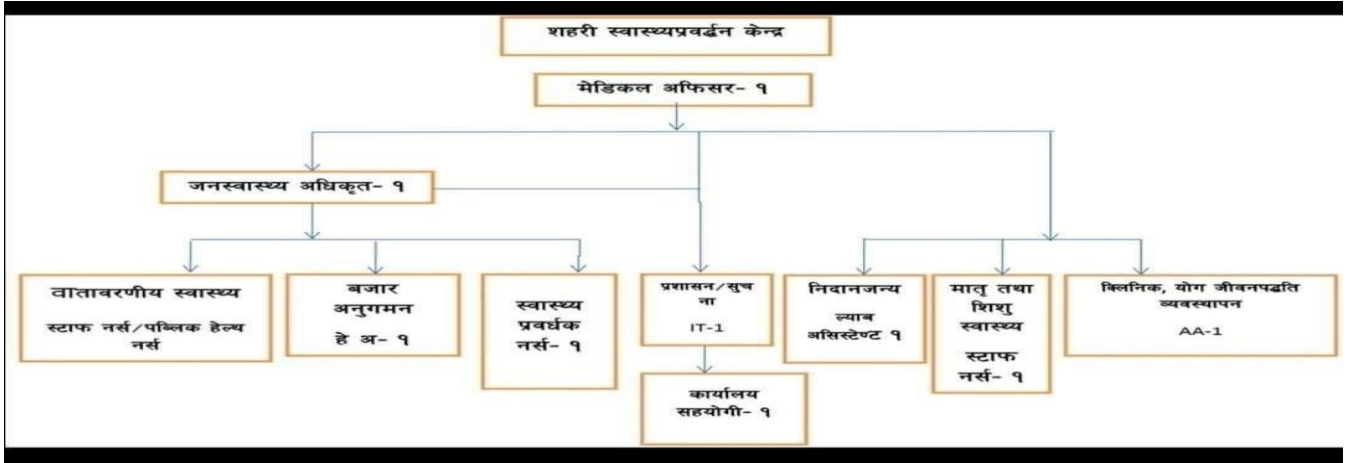
माणीकरण मती :२०७६।०९।२७

o;df kl/R5]b (section) = ९ , lgod = 48 / cg';'lr १४ /x]sf] 5 .

जनवा य सवाे ऐन, २०७५

माणीकरण मती :२०७५।६।२ o;df kl/R5]b

(section) = ९ / bkmf-dafa) = ६४ /x]sf] 5 .



## Different Organizations: World

Health Organization (WHO)

- Originated in April 1945
- Established in 7 April 1948
- Nepal Got Membership in 2 Sep 1953
- Head Quarter = Geneva (Switzerland)
- Nepal Lies in South East Asia Region: (Total 11 Countries in SEAR)
- Head Quarter of SEAR in New Delhi

United Nations International Children's Emergency Fund (UNICEF)

- Established in 11 December 1946
- Head Quarter in New York (USA)
- Working Areas in Nepal are Child Health, Maternal and New Born Health, Nutrition, HIV/AIDS, Adolescence Health etc

United Nation Development Program Established in 1966 AD

- ★ UNFPA (United Nations fund for population activities)
- ★ JICA (Japan international co-operation Agency): It supports eye care system
- ★ KOICA (Korea international co-operation Agency)

PAHO: Pan American Health Organization Estd. In 2 Dec 1992

## History/milestones of Health sector in Nepal:

- Ministry of Health was established in 1956 AD (2011 BS)
- DoHS was established in 1933 AD (1990 BS)
- Kanti Children Hospital was Established in 2019 BS
- Paropakar Maternity and Women's Hospital was started its services From 2016 BS

- Gangalal National Heart Centre was established in 2052 BS
- Human Organs Transplantation center was established in 2007 BS
- Vector Borne Disease Control and Training center was established in 2035 BS in Hetauda.
- Primary Health Care Revitalization Division established on 2066/02/08
- Regional Health Directorate were established in 2044BS
- Department of Drug Administration was established in 1979AD
- Bir Hospital was established in 1889 AD (1947BS)
- Global hand washing day is celebrated on 15<sup>th</sup> October
- Nepal Nursing council was established in 2053 BS

Nepal Demographic and Health Survey 2016.

Nepal demographic Health Survey 2016 is the 5<sup>th</sup> version of NDHS in Nepal.

The other surveys were

NDHS 1996, NDHS 2001, NDHS 2006, NDHS 2011, and NHDS 2016

### Key Indicators

- TFR (15-49)=2.3 TFR: Total fertility rate expressed per woman
- GFR =88 General fertility rate expressed per 1000 women age 15-44
- CBR=32 CBR, (expressed per 1000 population)
- Access to health facility: 49%

### Family planning program

- (CPR) Any method=52.6
- Any modem method=42.8
- Any traditional method=9.8
- Female sterilization=14.7
- Male sterilization= 5.5
- Pills =4.6%
- IUCD=1.4%
- DMPA=8.9%
- Implant= 3.3%
- Condom=4.2%
- Unmet Need of Family Planning=23.7%
- Received all 8 basic vaccinations/Fully immunized children=78.8%



- Receiving antenatal care(ANC) from a skilled provider=83.6% (84)%
- Percentage with +4 ANC visits=69.4%
- Percentage delivered by a skilled provider=58%
- Percentage delivered in a health facility=57.4%
- Home delivery=41%
- Td vaccination=89%

### Nutrition

	(NDHS 2016)	(NDHS 2011)
Stunting	36	41
Underweight	27	29
Wasting	10	11

- Initiation of breastfeeding within one hour=55%
- Average Breast Feeding Duration=30.5 months
- Exclusive breast feeding=66%

- Anemia in child (6-59 month) =53%
- Anemia in child (6-23 month) =68%
- Anemia in women aged (15-49yrs) =41%
- Anemia in pregnancy=46%

#### Infant and child mortality

Indicators	(NDHS 2016)	(NDHS 2011)
Neonatal mortality(NMR)	21	33
Infant mortality(IMR)	32	46
Under 5 mortality	39	54

#### Key Findings of National Multi Indicator Cluster Survey (NMICS) 2019 Child mortality

Indicator	NMICS 2019	NMICS 2014
Neonatal mortality	16 (deaths per 1,000 live births), Highest in Sudurpaschim=25 , Lowest in Bagmati =9	23 (deaths per 1,000 live births)
Infant mortality	25 (deaths per 1,000 live births) Highest in Provincance 5 =35 , Lowest in Provincance 2 =15	33 (deaths per 1,000 live births)
Under 5 mortality	28 (deaths per 1,000 live births) Highest in Provincance 5=40 , Lowest in Prv2 and Bagmati =19	38 (deaths per 1,000 live births)

#### Reproductive and maternal health

- 4 ANC visit=77.8% of women aged 15–49 years
- 77.5% delivered at a health facility, 79.3 % were delivered by a skilled health personnel(SBA), and 15.3% were delivered by caesarean section (C-section).
- The adolescent birth rate has been reported to be 63 births per 1,000 women aged 15–19 years.
- Early childbearing is relatively common, with about one in six (13.8%) women aged 20–24 years having had a live birth before the age of 18.
- One in every two (46.7%) of women age 15-49 years who are currently married, are reported to have been using (or whose partner is using) a (modern or traditional) contraceptive method
- Three out of five (61.9%) women age 15-49 years currently married had their need for family planning have been satisfied with modern contraceptive methods. Child health, nutrition and development

Indicator	NMICS 2019	NMICS 2014
Stunting	31.5	37.5
Underweight	24.3 (Highest in karnali =37.4 Lowest in Bagmati= 11.1% )	30.1
Wasting		
Wasting		

- In 2019, exclusively breastfed (EBF)= three out of five (62.1%)
- Of all infant under six months of age who were exclusively breastfed Province 2 reported the highest 69.9% followed by Karnali Province (68.3) and Province 5 (63.2). However, Bagmati Province 51.1 reported the lowest of them all.
- Although immunization coverage in Nepal has improved over the past five years, 70.2% of children aged 12–23 months had received all basic vaccinations by their first birthday.
- 28.9% of children under-five were treated with oral rehydration salts (ORS) and zinc.

- 61.9 aged 36–59 months were attending early childhood education programmes.
- Overall, 65.2% of children aged 36–59 months were developmentally on track according to the early child development index (ECDI).

#### Tobacco and alcohol use

- In Nepal, 6.1 % of women and 45.2 % of men aged 15–49 years have reported that they had smoked cigarettes or used other (smoked or smokeless) tobacco products at any time during the last one month.
- 2.2% of women had smoked a whole cigarette as compared to 5.5% of men before the age of 15 years.
- 9.1% of women aged 15–49 years had at least one alcoholic drink at any time during last one month as compared 40.6% of the men from the same age group.
- 5.% of women and 7.9 % of the men for the same age group reported that they had drunk alcohol before the age of 15 for the first time.

#### Education

- 5.6% of children from Primary school (Grade 1-5), 4.3% of children from lower secondary school (Grade 6-8) and 15.1% of children from upper secondary school (Grade 9-12) are reported to be out-of-school.
- 39.8% of children of school-entry age reported to enter the first grade of primary school.
- 81.8 % of children from Primary school (Grade 1-5), 73.1% of children from Lower Secondary school (Grade 6-8), and 27.2% of Upper secondary school (Grade 9-12) children have reported to have completed their respective grade.

#### Water, Sanitation and Hygiene (WASH)

- 97.1% of household members used drinking water from an improved water source. However, 85.1% of household members were at the risk of E. coli concentration in their household drinking water.
- 93.80 % of the population of Nepal is living in households using improved sanitation facilities. However, only 79.2% of the household members reported using improved sanitation facilities that are not shared.
- 80.7% of the household members reported to have handwashing facilities where water and, soap or detergent were present.

#### Health insurance coverage

- 5.8 % of women age 15-49 and 5.2 % of men age 15-49 have reported to have health insurance. Similarly, 4.4% of children 5-17 years and 3.7% of children under-five have reported health insurance coverage.

#### Life satisfaction

- 62.4% of women 15-49 years and 64.7% of men 15-49 years reported to be very or somewhat happy, while that remained 68.0% of women age 15-24 years and 69.6% of men reported to be very or somewhat happy.
- 45.4% women and 52.5% men aged 15-49 year have reported to have life improved during the last one year and have expected that their life will be better in another one year. Similarly 50.1 % of women and 56.4% of men aged 15-24 year have reported to

have life improved during the last one year and have expected that their life will be better in another one year.

#### Twit

- The infant mortality rate in Nepal has decreased from 33 to 25 (deaths per 1,000 live births), and the under-five mortality rate has also significantly declined for the same period from 38 to 28. Similarly, the neonatal mortality rate also declined from 23 to 16. #NMICS2019
- 5.8 % of women age 15-49 and 5.2 % of men age 15-49 have reported to have health insurance. Similarly, 4.4% of children 5-17 years and 3.7% of children under-five have reported health insurance coverage. #NMICS2019
- The adolescent birth rate has been reported to be 63 births per 1,000 women aged 15–19 years. Early childbearing is relatively common, with about one in six (13.8%) women aged 20–24 years having had a live birth before the age of 18.#NMICS2019
- In 2019, almost three out of five (62.1%) of infants under six months of age were exclusively breastfed. #NMICS2019



**Department of Health Services**  
**Trend of Health Service Coverage Fact Sheet**  
 Fiscal year 2073/74 to 2075/76 (2016/17 to 2018/19)

Programme Indicators	National			FY 2075/76 (2018/19) by Province							National Target	
	2073/74 (2016/17)	2074/75 (2017/18)	2075/76 (2018/19)	1	2	Bagmati	Gandaki	5	Karnali	Sudur Paschim	2020	2030
<b>NUMBER OF HEALTH FACILITIES</b>												
Public hospitals	123	125	125	19	13	35	16	17	12	13		
PHCCs	200	198	196	40	32	41	23	30	14	16		
HPs	3808	3808	3806	647	745	641	491	570	335	377		
Non-public facilities	1715	1822	2168	150	203	1417	119	156	74	49		
<b>HEALTH FACILITIES &amp; FCHVs REPORTING STATUS (%)</b>												
<b>Public facilities:</b>												
Public hospitals	93	96	88	100	97	64	91	94		99	100	100
PHCCs	98	98	99	100	100	97	100	100	100	100	100	100
HPs	100	98	99	100	100	99	99	100	100	100	100	100
<b>Non-public facilities:</b>												
FCHVs	72	72	95	91	94	94	93	99	94	97	100	100
<b>IMMUNIZATION STATUS (%)</b>												
BCG coverage	91	92	91	87	107	81	72	98	102	84		
DPT-HepB-Hib3 coverage	86	82	86	83	105	71	72	90	99	82	90	>95%
MR2 coverage (12-23 months)	57	66	73	75	71	60	77	84	78	75		
Fully Immunized children*	73	70	68	71	71	54	61	74	79	71	90	95
Dropout rate DPT-Hep B-Hib 1 vs 3 coverage	4.7	7.4	4.3	2.9	7.9	3.2	2	4	2.4	2.7	< 10 %	< 5 %
Pregnant women who received TD2 and TD2+	64	73	64	59	83	48	52	73	69	63		
<b>NUTRITION STATUS (%)</b>												
Children aged 0-11 months registered for growth monitoring	85	84	84	78	78	69	92	100	117	86	100	100
Underweight children among new GM visits (0-11m)	3.5	3.6	3.0	1.7	4.2	2.1	0.9	3.0	5.0	4.0		
Children aged 12-23 months registered for growth monitoring	54	56	58	49	59	44	69	64	80	58	100	100
Underweight children among new GM visits (12-23m)	5.7	5.7	4.5	2.9	5.6	1.8	1.5	5.4	8.5	7.2		
Pregnant women who received 180 tablets of Iron	44	45	81	39	5.7	30	62	61	61	68		
Postpartum mothers who received vitamin A supplements	72	66	65	57	91	41	46	65	98	68		
<b>IMNCI STATUS</b>												
Incidence of pneumonia among children U5 years (per 1000) (*HF and PHC/ORC only)	66	54	83	116	65	55	58	76	159	110		
% of children U5 years with Pneumonia treated with antibiotics	156	165	136	128	203	111	145	127	120	113		
% of children U5 years with Pneumonia treated with antibiotics (Amoxicillin)	na	102	136	128	203	145	127	116	114	111	100	100
Incidence of diarrhea per 1,000 under five years children	400	385	375	351	347	240	268	404	683	624		
% of children under 5 with diarrhea treated with ORS and zinc	92	95	95	90	102	93	97	94	99	94	100	100
<b>SAFE MOTHERHOOD (%)</b>												
Pregnant women who attended first ANC visit (any time)	102	103	110	114	118	106	108	110	127	90		
Pregnant women who attended four ANC visits as per protocol	53	50	56	61	41	51	70	65	62	58	70	90

Programme Indicators	National			FY 2075/76 (2018/19) by Province							National Target	
	2073/74 (2016/17)	2074/75 (2017/18)	2075/76 (2018/19)	1	2	Bagmati	Gandaki	5	Karnali	Sudur Paschim	2020	2030
Institutional deliveries *	55	54	63	62	53	62	48	79	73	71	70	90
Deliveries conducted by skilled birth attendant*	52	52	60	61	51	61	47	73	59	61	70	90
Mothers who had three PNC check-ups as per protocol*	19	16	16	9	15	14	13	9	24	31	50	90
<b>FAMILY PLANNING (%)</b>												
Contraceptive prevalence rate (CPR-unadjusted)*	43.6	40.0	40	41	47	33	34	43	35	39	56	60
CPR (Spacing methods)	21	18	19	19	9	17	17	28	21	23		
<b>FEMALE COMMUNITY HEALTH VOLUNTEERS (FCHV)</b>												
Number of FCHVs	49416	51420	51420	8990	7534	9004	5709	8795	4108	6060		
% of mothers' group meeting held	86	98	95	92	95	95	93	99	94	98	100	100
<b>MALARIA AND KALA-AZAR</b>												
Annual blood slide examination rate (ABER) per 100	0.79	1.3	1.6	2.6	1.8	1.2	1.0	2.6	1.0	1.6	4.0	
Annual parasite incidence (API) per 1,000 population at risk	0.08	0.08	0.09	0.01	0.03	0.02	0.03	0.1	0.2	0.2	0.05	
% of PF among Malaria Positive case	13.1	7.1	5.4	26.3	16.7	30.8	17.2	4.6	0.4	3.1		
Number of new Kala-azar cases	225	239	216	34	19	25	4	42	50	39		
<b>TUBERCULOSIS</b>												
Case notification rate (all forms of TB)/100,000 pop.	111	112	109	89	112	123	90	127	78	110	NA	NA
Treatment success rate	91	91	91	90	91	91	94	90	94	88	>90	>90
<b>LEPROSY</b>												
New case detection rate (NCDR) per 100,000 population	11	11	11	10	24	3	4	14	5	9	10	7
Prevalence rate (PR) per 10,000	0.9	0.9	0.9	0.9	1.9	0.5	0.4	1.1	0.5	1.1	0.1	0.4
<b>HIV/AIDS and STI</b>												
Number of new positive cases	1781	2101	2298	287	373	583	165	552	25	313		
<b>CURATIVE SERVICES</b>												
% of population utilizing outpatient (OPD) services	72	74	78	76	58	85	106	81	92	72		
Average length of stay at hospital	3	4	4	3	2	4	4	5	3	3		
Note: *NHSS RF and/or SDG indicators												

## Policy Words in Nepali

Vision: प रक ना/ी  
 Mission: िमसन/ग Goal: मुलभूत ल /ेय  
 Target: ल  
 Objectives: उदे ह  
 Policy: नीित  
 Strategies: रणनीित  
 Activities: ि याकलापह  
 Tools: साधनह  
 Supervision: सुप रबे ण  
 Monitoring: अनुगमन Feedback: पृ पोषण

Cooperative and health (सहकारी र व थ) नेपालमा सहकारी सबभ दा पिहला BS २०१३ चै २० गते िचतवनमा बखान नामको सहकारी स था थापना भएको िथयो Q नेपालमा सहकारी िदवस किहले मनाइ छ? क. हरेक वष चै २० गते

ख. हरेक वष बैशाख २० गते

ग. हरेक वष असार २० गते

घ. हरेक वष असोज २० गते

सहकारी स था को िवशेषताह :

1. Community Based(समदायमाु आधा रत)
2. Ownership(सद य ह को वािम व)
3. Participative(सहभािगतामलक)ु
4. Equality(समानता)
5. Responsiveness(जवाफदेिहता)
6. Autonomous(वायतता)
7. Team Sprit(सामिहकु भावना)
8. Integration(एिककृ त/ साझापन)
9. Voluntary(एि छक सद यता)
10. Economic and Social Interest (आिथक तथा सामािजक िहित)
11. Self managed ( व. बेवाि थत) बागमती देशको पिहलो आविधक योजना२०७६/२०७७ दि ख २०८०/८१ आनसारु सहकारी स था को सया ं =११५७७

Health provisions in current periodic plan of Bagmati Province (बागमती देश को पिहलो आविधक योज्मामा व थ स बि ध वेवा था)

बागमती देशको पिहलो आविधक योजनाको समयाविध २०७६/२०७७ देिख २०८०/८१ स म रहके ो छ

बागमती देशको औसत जनसया वं थी ृ दर : १.९१ % , नेपाल १.३५%(NDHS २०१६)

िदघकािलन सोचको प रणा मक ल य आनसार आ. वु २१००/१ स म बागमती देशको MMR

१० ितलाख जीिवत ज म झान ल य रािखएकोछ ? SDG= 70

बागमती देशको २०७४/७५ मा औसत आयु ७२ वष रहके ो छ,

बागमती देशको पिहलो आविधक योजनाको २०७६/२०७७ देिख २०८०/८१ स म को आ तमा औसत आय कित पु याउने ल य ु रािखएकोछ? ७४.४ वष

	DOHS २०७५/७६ नेपाल	DOHS २०७५/७६ बागमती	पिहलो आविधक योजनामा
सरकारी आ पताल	१२५	३५	२७

Privateआ पताल	२१६८	१४१७	२५४४
Phcc	१९६	४१	४३
HP	३८०६	६४१	६४४
नगर व थ के			१३९
सामदायिक व थु इकाई			११४
बिथग से टर			३९८
खोप के	१६४२८	NA	२४८२
गाउघर ि लिनक	१२५३२	NA	१९४३
FCHV	५१४२०	९००४	९५६१
TFR	२.३ NDHS २०१६		१.८ ित मिहला

दसितकिमको सहयोगमा गराइएको ज मह को आनु पात ु ९०% पयाउने ु

MMR ितलाख जीवित ज म २३९ बाट ७० मा झान

नवजात िशश मु यृदर ितहजार िजिवतज म ु १७ बाट ९ मा झान

सबै बालबालिकाले आवासक खोप िलएको हनपन ु

थािनय तहमा आ पताल अ थापना भएको  
हने औसत ित यि उमरे ७४.४ वष पयाउने

Tourism and Health:

विशव पयटन िदवश किहले मनाइछ ? September  
२७ व थ पयटन (Health/ Medical Tourism) भ नाले  
के बिझ छु ?

- िबरामी भएर आ नो व थय को उपचारको लागि आ नो देश भ दा बाहिर जानलाई ु व थ पयटन (Health/ Medical Tourism) भिन छ
- कु नैपिन रोग रोकथाम लागि तथा रोग लागिसके पिछ यसको उपचारको लागि आ नो देश भ दा बाहिर ग रने मण नै व थ पयटन (Health/ Medical Tourism) हो नेपालमा व थ पयटन (Health/ Medical Tourism) मा आखाको िबरामीह बाहयता देखि छ .

रायि वाय नीति - २०७६ का मह वपणू बदाहु

नीति पा रत भएको िमित: २०७६ जे १०

२५ कारका नीतिह समावेश ग रएको

१. सबै तहका वाय सथाह बाटं तोकि एबमोजिम िनःशकु आधारभूत वा य सेवा सिनि तु ग रने छ।

२. वाय िबमामाफत िवशेष सेवाको सलभु पहुँच सिनि तु ग रने छ।

३. सबै नागरकलाई आधारभूत आकि मक वाय सेवाको पहुँच सिनि तु ग रने छ।

४. वाय णालीलाई सघीयं सरचनाअनं पु सघं, देश र थानीय तहमा पनसरचनाु , सधारु एव ं िवकास तथा िव  
तार ग रने छ।

५. वायमा सव यापी पहुँचको अवधारणाअनपु वधना मक, ितकारा मक, उपचारा मक, पन थापना कु तथा शामक सेवालाई एक कृ त पमा िवकास तथा िव तार ग रने छ।
६. वा ये मा सरकारी, िनजी तथा गैरसरकारी े बीचको सहकाय तथा साझेदारीलाई वधन, यव थापन तथा िनयमन गनकाु साथै वाय िशा, सेवा र अनस धानकाु े मा िनजी, आ त रक तथा बा लगानीलाई ो साहन एवं सर णं ग रने छ।
७. आयवदु, ाकृ ितक िचिक सा, योग तथा होिमयो यािथक लगायतका िचिक सा णालीलाई एक कृ त पमा िवकास र िव तार ग रने छ।
८. वा य सेवालाई सवसलभु, भावकारी तथा गण तरीयु बनाउन जनसयां, भगोलू र सघीयं सरचनाअनं पु सीप िमि त द वा य जनशि को िवकास तथा िव तार गद वा य सेवालाई यवि थत ग रने छ।
९. सेवा दायक यि तथा सथाबाटं दान ग रने वाय सेवालाई भावकारी, जवाफदेही र गुण तरीय बनाउन वाय यवसायी प रषदह को सरचनाको िवकास, िव तार तथा सधारु ग रने छ।
१०. गण तरीयु औषिध तथा िविधज य वा य साम िको आ त रक उ पादनलाई ो साहन गद, कु शल उ पादन, आपितू, भ डारण, िवतरणलाई िनयमन तथा भावकारी यव थापनमाफत पहचँ एवं समिचतु योग सिनि तु ग रने छ।
११. स वा रोग, िकटज य रोग, पशपछीज यु रोग, जलवायु प रवतन र अ य रोग तथा महामारी िनय णलगायत िवपद यव थापन पवतयारीू तथा ितकायको एक कृ त उपायह अवल बन ग रने छ।
१२. नसन रोगह को रोकथाम तथा िनयणका लागि यि, प रवार, समाज तथा स बि धत िनकायलाई िज मेवार बनाउँदै एक कृ त वा य णालीको िवकास तथा िव तार ग रने छ।
१३. पोषणको अव थालाई सधारु गन, िमसावटयु तथा हािन्कारक खानालाई िन साहित गद गण तरीयु एवं वा यवधक खा पदाथको वधन, उ पादन, योग र पहुँचलाई िव तार ग रने छ।
१४. वा य अनस धानलाई अ तराि य मापद डअनपु गण तरीयु बनाउँदै अनस धानबाटु ा माण र त यह लाई नीिति िनमाण, योजना तजमाु तथा वा य प ितको िवकासमा भावकारी उपयोग ग रने छ।
१५. वाय यव थापन सचनाू णालीलाई आधिनक करणु , गण तरीयु तथा िविधमै ि बनाई एक कृ त वा य सचनाू णालीको िवकास ग रने छ।
१६. वायस ब धी सचनाकोू हक तथा सेवा ाहीले उपचारस ब धी जानकारी पाउने हकको याभितू ग रने छ।
१७. मानिसक वाय, मखु, आँखा, नाक कान घाँटी वाय सेवालगायतका उपचार सेवालाई िवकास र िव तार ग रने छ।
१८. अ पताललगायत सबै कारका वा य सथाबाटं दान ग रने सेवाको गण तरु सिनि तु ग रने छ।
१९. वाय े मा नीितगत, संगठना मक तथा यव थापक य सरचनामां समयानकु ल प रमाजन तथा सधारु गद सशासनु कायम ग रने छ।
२०. जीवनपथको अवधारणाअनपु सरि तु मातवृ, बाल वा य, िकशोर-िकशोरी तथा जनन वा य, ौढ तथा जे नाग रकलगायतका सेवाको िवकास तथा िव तार ग रने छ।
२१. वाय े को िदगो िवकासका लागि आव यक िव िय ोत तथा िवशेष कोषको यव था ग रने छ।
२२. बद्दो सहरीकरण, आ त रक तथा बा बसाइँसराइज ता िवषयह को समयानकु ल यव थापन गद यसबाट हने जन वा यस ब धी सम याह लाई समाधान ग रने छ।
२३. जनसांि यक त याकं यव थापन, अनस धानु तथा िवेषण गरी िनणय ि या तथा काय म तजमासँगु आब ग रने छ।
२४. ितजैविक ितरोधलाई यनीकरणू गद सामकं रोग िनय ण तथा यव थापनका लागि एक ार वा य प ितको िवकास तथा िव तार ग रनकाु साथै वायु दषणू, विन दषणू , जल दषणलगायतकाू वातावरणीय दषणकाू साथै खा ा न दषणलाई वै ािनिक ढंगले िनयमन तथा िनय ण ग रने छ।
२५. आ वासन ि याबाट जन वा यमा उ प न हनस ने जोिखमलाई यनीकरणू गन तथा िवदेशमा रहेका नेपाली नाग रकह को वा य सर ाकाु लागि समिचतु यव थापन ग रने छ।

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## COVID-19 (कोरोना)

SARS- CoV Seen in China in 2003  
 MERS- CoV Seen in Saudi Arabia in 2012 SARS-  
 CoV-2 in China in 31 December 2019 First  
 outbreak: Wuhan, Hubei, China

Virus strain: SARS-n-CoV-2, RNA Virus

IP= 5-6 days (1-14 Days) High

risk Groups:

- Older People
- Chronic respiratory disorder
- Obesity
- Diabetes
- Heart Disease
- Cancer

CFs:

- Very mild to sever
- Some may be asymptomatic
- cough
- sore throat
- shortness of breath
- high fever
- fatigue
- Respiratory Symptoms: Pneumonia,
- Loss of taste
- Skin rash
- Organ Failure
- 80% recover without treatment Dx:

RT-PCR (Reverse Transcriptase Polymerase Chain Reaction) based on Genetic Finger Print

Blood test-Serology Rx:

Supportive Treatment

Prevention:

?

?

?

Covering mouth and nose during Coughing

?

Hand Wash

?

Maintain Physical distance

?

Vaccine: Covisheild (Recombinant) 5ml, 10 Dose

?

Starts from: 2077/10/14

?

First person: Dr Sagar Raj Bhandhari

?

Dose: 2 Dose 1 months apart, 0.5 ml IM left upper arm

?

Quarantine: Healthy Contacts 14 days

?

Isolation: Symptomatic parson. 10-15 days( until report become -VE)

#### Information and Communication

Two Call Centers 1115 (from 6 am to 10 pm) and 1133 (24 hours) have been operationalized since 30th Falgun, 2076 (13 March 2020) to provide counselling service regarding COVID-19 prevention and treatment. People are requested to call these Call Centers for any queries related to COVID-19.

?

People with symptoms of COVID-19 are requested to contact the hotline 1133 or mobile number 9851255839, 9851255837 for inquiries

?

#### Index case in Nepal: Kathmandu, Bagmati Province

The first case in Nepal was confirmed on 23 January 2020(9 Magh 2076BS) when a 31 year- old student, who had returned to Kathmandu from Wuhan on 9 January 2020 (24 paush 2076BS), tested positive for the disease (Index Case).

?

It was also the first recorded case of COVID-19 in South Asia.

?

Public Health emergency declared in 30 January 2020 by WHO.

?

Nepal's first case of local transmission was confirmed on 4 April in Kailali District.

?

The first death occurred on 14 May 2020 (1 Jestha 2077) from Sindhupalchock.

?

A country-wide lockdown starts on 24 March 2020 (11 Chaitra 2076), and ended on 21 July 2020(6 Shrawan 2077)

?

World wide Pandemic:11 march 2020

?

As of 21 January 2021, the Ministry of Health and Population (MoHP) has confirmed a total of 268,646 cases, 262,868 recoveries, and 1,979 deaths in the country.

?

Fatality rate: Negative increase: 0.74% (21 January)

?

Territories: Active cases in 77 out of 77 districts;

# NOVEL CORONA VIRUS (COVID-19)

जनचेतनामुलक संदेश

## COVID-19 का मुख्य लक्षणहरू



ज्वरो

( $100.4^{\circ}F$  भन्दा माथि)



सास फेर्न गाह्रो



खोकी

COVID-19 प्रभावित देशहरूबाट आउने मानिसहरूमा दुई हप्ता भित्र खोकी लागेमा,  
ज्वरो आएमा, घाँटी/टाउको दुखेमा, सास फेर्न गाह्रो भएमा  
तुरुन्त नजिकको स्वास्थ्य संस्थामा सम्पर्क गर्ने।

## COVID-19 कसरी आफू र अरूलाई बचाउने ?

नियमित रूपमा साबुन-  
पानीले हात धुने।



खोकदा र हाँक्युं गर्दा नाक  
र मुख छोप्रे।



ज्वरो सहितको खाकीको  
लक्षण देखिएमा स्वास्थ्य  
कर्मीसँग परामर्श लिने।



फ्लू जस्तो लक्षण देखाउने जो  
कोहीको सम्पर्कबाट टाढा  
रहने।



जंगली तथा  
घरपालुवा पशुपन्छी सँगको  
असुरक्षित सम्पर्कबाट टाढा  
रहने।



माछा मासु तथा अन्डा  
राम्रोसँग पकाएर मात्र  
खाने।



नेपाल सरकार

स्वास्थ्य तथा जनसंख्या मन्त्रालय

स्वास्थ्य सेवा विभाग

इपिडिमियोलोजी तथा रोग नियन्त्रण महाशाखा

# NOVEL CORONA VIRUS (COVID-19)

Preventive messages

## The common symptoms of COVID-19



Fever  
(38°C and higher)



Difficulty in breathing



Cough

**"Watch your health for 14 days after leaving the country where the novel corona virus is circulating . If you develop a fever, cough, or have difficulty in breathing, seek medical care in nearest health centers"**

## How to Protect yourself from COVID-19?

Clean hands with soap and water or alcohol based hand rub



Cover nose and mouth when coughing and sneezing with tissue or flexed elbow



Avoid close contact with anyone with cold or flu-like symptoms



Avoid close contact with those who show signs of flu



Avoid unprotected contact with live wild or farm animals



Thoroughly cook meat and eggs



# कोभिड-१९ को सन्दर्भमा पालना गर्नुपर्ने जनस्वास्थ्यका अत्यावश्यक मापदण्ड

सबै सार्वजनिक स्थल तथा कार्यालयहरूमा देहायअनुसारका जनस्वास्थ्यका मापदण्डहरू अनिवार्य रूपमा पालना गर्ने गराउने व्यवस्था मिलाउनु पर्नेछ:

सबै किसिमका जमघट र भेलाहरूमा कम्तीमा २ मिटर (६ फीट) को दूरी अनिवार्य रूपमा कायम गर्ने (S),



घरबाहिर जाँदा मास्क (सर्जिकल वा ३ तहको कपडाको मास्क) को प्रयोग अनिवार्य रूपले गर्ने (M),



सबै सार्वजनिक स्थल तथा कार्यालयहरूले आफ्नो परिसरमा हात धुने साबुनपानी वा सेनिटाइजरको अनिवार्य व्यवस्था मिलाउने र भवन प्रवेश गर्दा अनिवार्य रूपले साबुनपानीले हात धोएको वा सेनिटाइजर प्रयोग गरेको सुनिश्चित गर्ने (S) ।



# आधारभूत



१

अनावश्यक वस्तु तथा सतहहरू नछुने,

२

अनुहारको टी क्षेत्र - आँखा, नाक र मुखलाई अनावश्यक रूपमा नछुने,

३

खोक्दा वा हाटिछिउँ गर्दा रुमाल वा टिश्यु पेपरले मुख छोप्ने, उक्त सम्भव नभएमा कुहनाले छोप्ने,



४

सार्वजनिक स्थलमा जथाभावी नथुक्ने,

५

सम्भव भएसम्म पैसाको कारोबार गर्दा विद्युतीय कारोबार गर्ने,

६

ज्वरो, खोकी तथा श्वासप्रश्वासको समस्या भएका व्यक्तिहरूले सकभर जनसम्पर्कमा नआउने, आउने परेको खण्डमा अनिवार्य रूपमा मास्क प्रयोग गर्ने ।



# संस्थागत-१

१

प्रत्येक दिन कार्य प्रारम्भभन्दा पहिला अनिवार्यरूपमा थर्मामिटरबाट ज्वरो जाँच गर्ने र १००.४ डिग्री फरेनहाइटभन्दा बढी तापक्रम भएमा काममा नलगाउने,



२

दैनिक हाजिरी राख्ने कार्यालयहरूले फेस रिडिङबाट हाजिर गर्ने व्यवस्था मिलाउने, सो सम्भव नभएको हकमा सुपरिवेक्षकले अभिलेख राख्ने,



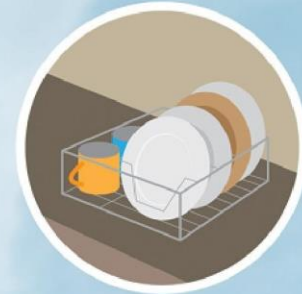
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रखेकी तथा श्वासप्रश्वास सम्बन्धी समस्या भएका व्यक्तिहरूलाई काममा नलगाउने र आवश्यक निदान, उपचार वा आरामको व्यवस्था मिलाउने,



४

खानपानको व्यवस्थापनमा विशेष सावधानी अपनाउने र प्रयोग गरिएका भाँडाहरू राम्रोसँग सफा गर्ने र सुकेपछि मात्रै पुनः प्रयोग गर्ने,



५

स्नानघर र शौचालयलाई दैनिक कठतीमा २ पटक नियमित रूपमा सफा गर्ने,



६

हात धुने बेसिनहरू संक्रमणको श्रोत हुनसक्ने भएको हुँदा दाँत माभने ब्रस लगायतका सामानहरू बेसिनमा राख्न निरुत्साहित गर्ने,

# संस्थागत-२

६

धेरै प्रयोग हुने चीजहरू (जस्तै ढोका, मेसिनका ह्यान्डल, टेबल तथा अन्य सामग्रीहरू) डिसइन्फेक्टेन्ट प्रयोग गरी नियमित सफा गर्ने,



७

हात धुने साबुन र पानीको पर्याप्त व्यवस्था गर्नुपर्ने,



८

कुनै स्वास्थ्य समस्या देखिएमा चिकित्सकहरूबाट नियमित स्वास्थ्य जाँच



९

होटल, रेस्टुरेन्ट तथा क्यान्टीनले माथि उल्लिखित प्रावधानहरूका अतिरिक्त निम्नानुसारका मापदण्डहरू समेत अनिवार्य रूपमा पालना गर्ने:

- उच्च जोखिमयुक्त क्षेत्रहरूका रेस्टुरेन्ट तथा क्यान्टीनले खाना प्याकिङ गरी लैजान सक्ने व्यवस्था गर्ने,
- कम जोखिमयुक्त क्षेत्रहरूमा एक सिट अर्को भन्दा २ मिटरको दूरीमा रहने गरी बस्ने, खाने व्यवस्था मिलाउने,
- होटल तथा रेस्टुरेन्टले तोकिएको भौतिक दूरी र अन्य मापदण्ड कायम हुने गरी मात्र ग्राहकहरूलाई सेवा दिने,
- खाना पकाउने भाँडामा समेत मीडमाइड नहुने र २ मिटरको दूरी कायम हुने व्यवस्था मिलाउने,
- एक व्यक्तिले प्रयोग गरेको भाँडाकुँडा राम्रोसँग साबुनपानीले धोई सुकाई मात्रै प्रयोगमा ल्याउने,
- होटलमा रुम सेचर जस्ता श्रीमान श्रीमती र परिवारका एकदमै निकटका व्यक्तिबाहेक अन्यलाई सेचर गर्न नदिने व्यवस्था मिलाउने ।



# अन्य

१

अत्यावश्यक सेवा प्रदान गर्नुपर्ने कार्यालयहरू लगायत अन्य क्षेत्रमा हुने कार्य निरन्तरताका लागि सकेसम्म भर्चुअल प्लेटफार्म प्रयोग गर्ने,



२

व्यक्तिहरूको शरीरलाई छोएर सेवा दिनु पर्ने (जस्तै: स्वास्थ्य सेवा, दन्त सेवासमेत, ब्युटी पार्लर, कपाल काट्ने) अवस्थामा सेवा प्रदायकले अनिवार्य रूपमा मास्क, पञ्जा लगाउने र साबुनपानीले हात धुने व्यवस्था मिलाउने,



३

स्वास्थ्यकर्मीले सामान्य सेवा दिँदा मेडिकल मास्कको प्रयोग गर्ने र मुख वा घाँटीको परीक्षण गर्दा N95 मास्क प्रयोग गर्ने,



४

सेवाग्राहीको व्यक्तिगत विवरण पुरै खुल्ने गरी (मोवाइल वा फोन नं समेत) दैनिक अभिलेख



५

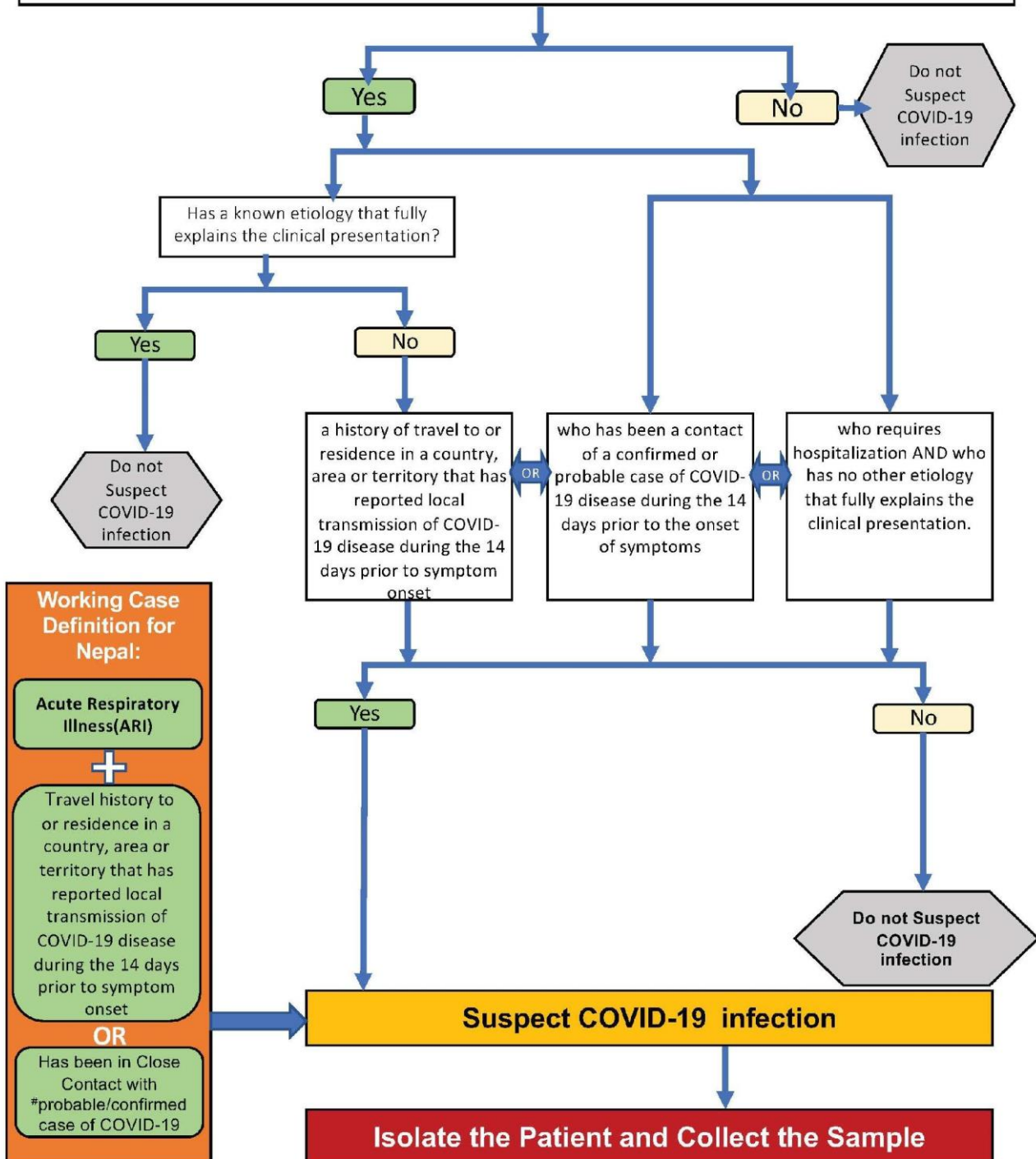
सार्वजनिक यातायात सञ्चालन गर्ने अवस्थामा एक पङ्क्तिको सिटमा एकजना ऋस गरेर बस्ने व्यवस्था मिलाउने, स्यानिटाइजरको व्यवस्था गर्ने र सबैले मास्क प्रयोग गर्ने।



**Algorithm to suspect COVID-19 infection based on the WHO Surveillance Case Definition\***

**Does the person/patient have Acute Respiratory Illness (ARI)?**

ARI: Fever and at least one sign or symptoms of respiratory disease (cough or shortness of breath)



**#Probable case:** A suspect case for whom the report from laboratory testing for COVID-19 is inconclusive.