

KARNALI

HEALTH PROFILE

2082

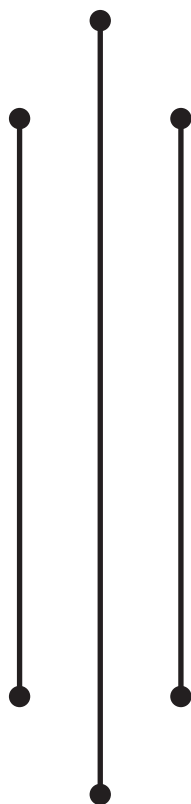


Province Government of Karnali
Ministry of Social Development
Birendranagar Surkhet

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Message

Nepal's constitution 2072, Article 27, has been provisioned the right to information, and also included in Right to Information Act and Regulations, every citizen has the right to request and receive information on matters of public concern. In accordance with that clause, I am pleased that the Ministry of Social Development, Karnali Province Government, has developed and published the health-related profile, which contains various types of health information that is very important for different health professionals.

Due to very difficult geography, poor socio-economic conditions, scattered human settlements, insufficient physical infrastructure, inadequate skilled human resources, lack of health governance, quality health services in Karnali Province is still behind to reach the universal health coverage to all citizens. This profile covers the health status of the province over the last three years, including strengths, weaknesses, and various challenges, and updated health service-related statistics have been compiled in a single document. Therefore, I believe this publication will help accelerate the health services and establish a robust health system.

Finally, I would like to extend my sincere thanks to all staff of the Ministry of Social Development, Health Division, including other divisions, as well as concerned stakeholders, for their significant contributions in preparing this important document. I also express my best wishes that the updated information might be useful for the improvement of health indicators and the well-being of the people.

Mr. Ghanshyam Bhandari
Honorable Minister
Ministry of Social Development
Karnali Province



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Message

Article 35 of the Constitution of Nepal, 2072, under the right to health, states that every citizen shall receive basic health services free of cost and that no one shall be deprived of emergency health services. Embracing the concept of universal access to health, the Ministry of Social Development, Karnali Province Government, which leads all health-related activities in the province, has published a comprehensive document titled "Karnali Health Profile," including various health and socio-economic indicators in a single document.

This profile presents a formal record of health services provided to the citizens in the province and the achievements made so far. I extend my deepest respect to the Health Services Division of the Ministry of Social Development, health service offices, public health offices, hospitals, health workers, female community health volunteers, and other local-level organizations that have directly or indirectly been involved in delivering health services in Karnali Province.

Various health indicators and factual conditions presented in this profile could be crucial information for policy formulation, progress evaluation, planning, monitoring, and assessment in the health sector. I believe this document will also be useful for policymaking in other ministries and concerned stakeholders beyond the health sector.

Finally, I extend sincere thanks and congratulations to Mr. Brish Bahadur Shahi, Chief of the Health Services Division, Ministry of Social Development, and his team members for making this valuable document. I look forward to the continuation of such initiatives in the future too.

Mr. Arjun Gautam
Province Secretary
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Acknowledgement

We consider the presentation of current social, economic, geographic, and administrative health indicators of Karnali Province through this profile to be a valuable and timely initiative. As the chief of the Health Services Division and coordinator of this publication, I extend my sincere gratitude to the Honourable Minister of the Ministry of Social Development, Mr. Ghanshyam Bhandari, and Province Secretary Mr. Arjun Gautam for entrusting me with the responsibility of leading the preparation and publication of this document.

This profile seeks to provide an analytical overview of key areas, including child health, nutrition, safe motherhood, family planning, disease control, disaster response, the health workforce, service accessibility and utilization, and the population-to-health-worker ratio, among others. Developed in both English and Nepali with an emphasis on the needs of target communities, this document aims to support evidence-based planning and policymaking. I would like to express special appreciation to all members of the task force for their diligent efforts in collecting and synthesizing data from diverse sources. I also wish to acknowledge the valuable input and guidance received, both directly and indirectly, from the Health Service Directorate, the Provincial Health Supply Management Center, the Provincial Ayurveda Hospital and Research Center, and the Provincial Hospital.

From the outset, Dr. Shankar Prasad Rijal, Mr. Mahesh Sharma, Ms. Samikshya Acharya, and Mr. Lalit Rokaya of the Health Services Division demonstrated outstanding commitment in data collection, analysis, and writing. Their contributions are deeply appreciated. I would also like to thank Mr. Pradeep Adhikari of the World Health Organization for his continued technical support throughout the development of this publication. Finally, I extend my gratitude to the staff across all divisions of the Ministry of Social Development. I welcome constructive feedback from readers as we continue to improve and enhance this profile in the future.



Brish Bahadur Shahi
Chief, Health Services Division
Ministry of Social Development

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List of abbreviations

| | |
|-----------|---|
| A.N.M. | Auxiliary Nurse and Midwife |
| ANC | Antenatal Care |
| API | Annual parasite incidence |
| ART | Antiretroviral therapy |
| BHSCs | Basic Health Service Centers |
| CHU | Community Health Unit |
| CMC-Nepal | Center for Mental Health and Counseling-Nepal |
| CNR | Case Notification Rate |
| COPD | Chronic Obstructive Pulmonary Disease |
| CPR | Contraceptive Prevalence Rate |
| DHIS-2 | District Health Information System-2 |
| DPT | Diphtheria, Pertussis Tetanus |
| ECED | Early Childhood Education and Development |
| FPAN | Family Planning Association of Nepal |
| FY | Fiscal Year |
| GDP | Gross Domestic Product |
| HA | Health Assistant |
| HDI | Human Development Index |
| HIV | Human Immunodeficiency Virus |
| HKI | Helen Keller International |
| HMIS | Health Management Information system |
| HPs | Health Posts |
| HSD | Health Service Directorate the Health Service Directorate |
| HSOs | Health Service Offices |
| INGOs | International Non-Governmental Organizations |
| KAHS | Karnali Academy of Health Science |
| MBBS | Bachelor of Medicine and Bachelor of Surgery |
| MCHN | Mother and Child Health Nutrition |
| MD | Doctor of Medicine |
| MoSD | Ministry of Social Development |
| MR | Measles Rubella |

| | |
|-----------|--|
| MWRA | Married Women of Reproductive Age |
| NA | Not Available |
| NCDs | Non-communicable diseases |
| NDHS | Nepal Demographic and Health Survey |
| NER | Net Enrollment Rate |
| NGOs | Non-Governmental Organization |
| NPHC | National Population and Housing Census |
| NPISH | Non-Profit Institutions Serving Households |
| NPR | Nepalese Rupee |
| NSI | Nick Simons Institute |
| OHWW | One Heart Worldwide |
| OPD | Outpatient Department |
| PHCCs | Primary Health Care Centers |
| PHN | Public Health Nurse |
| PHO | Public Health Officer |
| PHSOs | Public Health Service Offices |
| PPE | Pre Primary Education |
| SDGs | Sustainable Development Goals |
| TB | Tuberculosis |
| TPO-Nepal | Transcultural Psychosocial Organization Nepal |
| UHC | Universal Health Coverage |
| UHUs | Urban Health Clinics |
| UNDP | United Nations Development Program |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WASH | Water, Sanitation and Hygiene |
| WFP | World Food Program |
| WHO | World Health Organization |

1. Introduction

1.1 Geographic situation

Karnali province is the largest province among the seven provinces of Nepal with a total area of 27,984 Sq. Km (i.e. 19 percent of the total area of Nepal). This province occupies 60 percent of area with higher mountain land expanded to the north borders, Tibet, the Autonomous Region of China to the North, Gandaki province to the East, Sudurpaschim province to the West, and Lumbini province to the South. The largest National park of the country, the Shey Phoksundo National park with the Phoksundo Lake and the largest lake, the Rara Lake are located in this province. The longest river of the country, the Karnali river also lies in the province. The major tourism destinations in Karnali province are Rara Lake, Se Phoksundo Lake, Chandan Nath Temple, Jwala, Kuvinde Daha, Bulbule (Bulbultal), Kankre Bihar, Deutibajai Temple, etc.

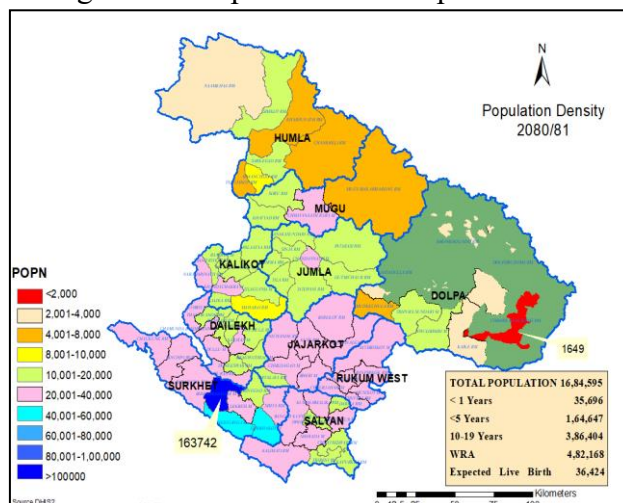


Figure 1: Geographical Map of Karnali Province

1.2 Administrative Division

Karnali Province is divided into ten districts, seventy-nine municipalities, and seven hundred eighteen wards and is located in the western part of Nepal. The province has twelve House of Representatives constituencies and twenty-four Provincial Assembly constituencies, determined through direct elections.

The districts are further subdivided into twenty-five municipalities and fifty-four rural municipalities. Wards are

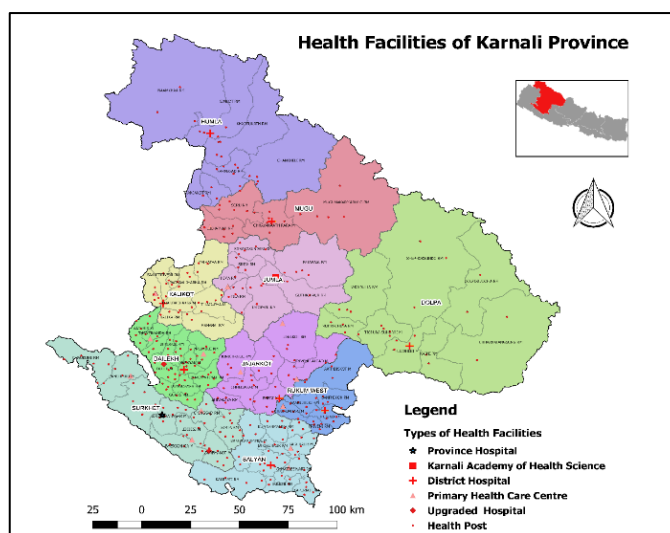


Figure 2: Health facilities of Karnali Province

the lowest administrative units for governance. The capital of Karnali Province is Birendranagar, the most populous municipality in the province. In contrast, Chharka Tangsong, located in the Dolpa district, is the least populated rural municipality. The Bheri River and Karnali River are the main rivers of the province, flowing from the southeast and southwest directions, respectively.

1.3 Health Facilities in Karnali Province

The health facilities in Karnali Province comprise a diverse range of service providers. According to District Health Information System-2 (DHIS-2), there are 892 functional health institutions in the province. The province is home to the Karnali Academy of Health Sciences, along with one Secondary Hospital (A), one Secondary Hospital (B), and a Provincial Ayurvedic Hospital. Health services are further extended through 8 Primary Provincial Hospitals, 23 Primary Local Level Hospitals, 13 Primary Health Care Centers (PHCCs), and 330 Health Posts. Additionally, the province has 149 Community Health Units, 10 Private Hospitals, and 3 Community Hospitals, which contribute to the overall healthcare system. These institutions play a crucial role in delivering healthcare services across the province, addressing both primary and specialized healthcare needs.

1.4 Demographic Situation

Total Number of Households and Total Population by Sex

According to the 2021 Population Census, Karnali Province has a total of 366,255 households and a population of 1,688,412, comprising 864,651 females and 823,761 males.

Table 1: District wise population in Karnali Province

| S.N. | Districts | Households | Population | | |
|--------------|------------|----------------|------------------|----------------|----------------|
| | | | Total | Male | Female |
| 1 | Rukum West | 37,303 | 166,740 | 81,091 | 85,649 |
| 2 | Salyan | 54,701 | 238,515 | 114,982 | 123,533 |
| 3 | Surkhet | 97,893 | 415,126 | 199,740 | 215,386 |
| 4 | Jajarkot | 37,466 | 189,360 | 94,063 | 95,297 |
| 5 | Dailekh | 54,610 | 252,313 | 120,774 | 131,539 |
| 6 | Dolpa | 9,398 | 42,774 | 21,371 | 21,403 |
| 7 | Jumla | 24,438 | 118,349 | 59,228 | 59,121 |
| 8 | Kalikot | 26,779 | 145,292 | 72,245 | 73,047 |
| 9 | Mugu | 12,439 | 64,549 | 32,381 | 32,168 |
| 10 | Humla | 11,228 | 55,394 | 27,886 | 27,508 |
| Total | | 366,255 | 1,688,412 | 823,761 | 864,651 |

The population density of Karnali Province was 60 persons per square kilometer in 2021, an increase from 56 in 2011. The density varies across districts, with Surkhet being the most populated district and Dolpa being the least populated. Despite covering 19.74%

Source: National Population and Housing Census-2021 (NPHC-2021)

of Nepal's total land area, Karnali Province has the lowest population share, accounting for only 5.79% of the country's total population. The sex ratio in the province is 95 males per 100 females, with 48.7% of the population being male and 51.2% female.

The highest and lowest household sizes and population in Karnali Province are found in Surkhet and Dolpa districts, respectively. Among local levels, Birendranagar Municipality is the most populated, while Chharka Tongsong Rural Municipality has the lowest population. The annual average population growth rate in the province is 0.70%. Each year, a significant number of people migrate to India and other parts of Nepal in search of seasonal employment. According to Health Management Information system (HMIS) Fiscal Year (FY) 2022/23 projections, the current estimated population of Karnali

Province is 1,725,340. As the capital of the province, Surkhet serves as a key destination for employment opportunities. Additionally, 95% of the population in Karnali Province follows Hinduism, making it the dominant religion in the region.

Age-Sex Pyramid is a graphical representation of the population distribution based on the 2021 Population Census. The data indicates that the female population is slightly higher than the male population.

The age group below 15 years has the largest population share among both males and females. Additionally, the 15-49 age group constitutes nearly 50% of the total population, representing the economically active population. In contrast, the population aged 65 and above is significantly lower compared to other age groups.

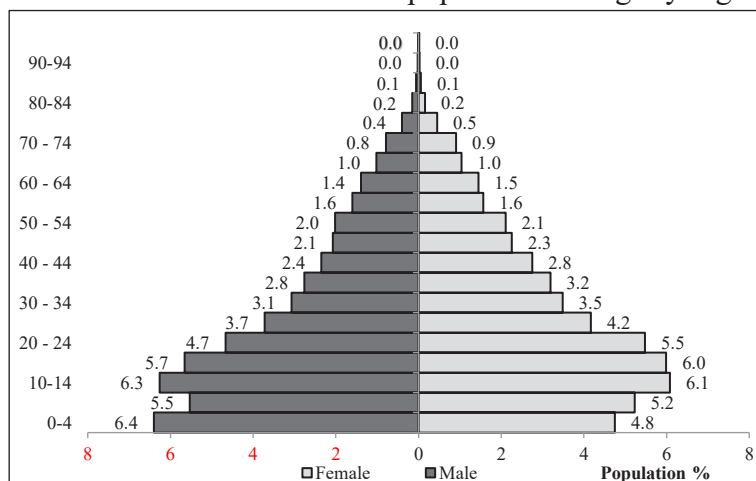


Figure 3: Population Pyramid by Age and Sex in Karnali Province

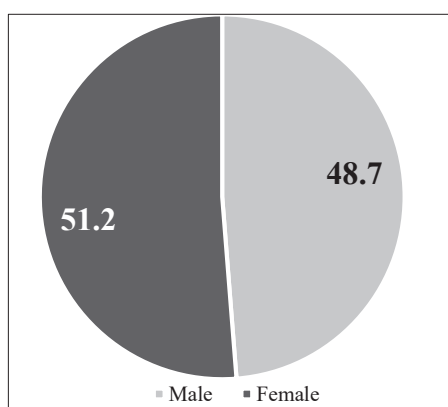


Figure 4: Population Distribution by Sex

Figure 4 illustrates the sex-wise population distribution in Nepal, where females comprise 51.2% and males 48.7% of the total population. According to the 2021 Population Census, Karnali Province had a total population of 1,688,412, with 823,761 males and 864,651 females, indicating a higher female population. Karnali has the lowest population among the seven provinces of Nepal. Population dynamics play a crucial role in shaping the development and economic progress of the country.

Table 2: Target Population for Health Program

| S.N. | Population | Total Number |
|------|--|--------------|
| 1. | Total Population | 1,704,172 |
| 2. | Children 0 to 11 months of age | 35,923 |
| 3. | Children 0 to 23 months of age | 70,903 |
| 4. | Children 6 months to 59 months of age | 147,699 |
| 5. | Children Under 5 years of age | 165,660 |
| 6. | Adolescent of 10 to 19 years of age | 389,489 |
| 7. | Women with reproductive age group 15 to 49 years | 485,125 |
| 8. | Married women with reproductive age group 15 to 49 years | 374,419 |
| 9. | Elderly person above 60 years of age | 146,027 |
| 10. | Expected Live Births | 36,658 |
| 11. | Expected Pregnancies | 57,024 |

Source: (HMIS) Target Population of Year 2023/24

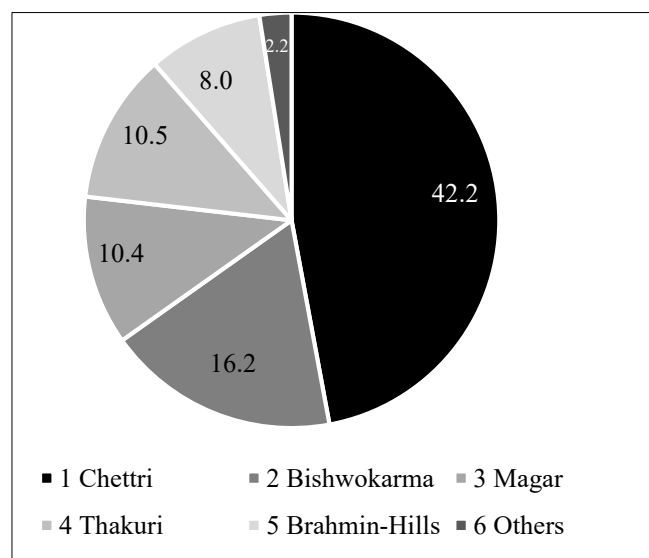
Table 2 above shows the total projected population for HMIS FY 2079/80, which is estimated at 1,704,172 for the province. This projection varies annually based on the population growth rate. Key population groups for health service delivery include those in the age categories of 0-6 months, 12-23 months, under 5 years, and Married Women of Reproductive Age (MWRA). These groups are critical for calculating various outcome indicators and for monitoring morbidity and mortality rates among children under 5 years and women aged 15-49 years.

Table 3: Population by Ethnicity and Sex

| S.N. | Ethnicity | Total | Female | Male |
|--------------|---------------|----------------|---------------|---------------|
| 1. | Chhetri | 711889 | 363220 | 348669 |
| 2. | Bishwokarma | 273962 | 141982 | 131980 |
| 3. | Magar | 176068 | 91167 | 84901 |
| 4. | Thakuri | 177179 | 89946 | 87233 |
| 5. | Brahmin-Hills | 135617 | 68632 | 66985 |
| 6. | Tharu | 8773 | 3919 | 4854 |
| 7. | Rai | 534 | 245 | 289 |
| 8. | Tamang | 4348 | 2269 | 2079 |
| 9. | Gurung | 12546 | 6588 | 5958 |
| 10. | Others | 11428 | 5516 | 5912 |
| Total | | 1512344 | 773484 | 738860 |

Source: Population Census 2021

Table 3 above illustrates the distribution of different ethnic communities and the sex of the population residing in Karnali Province. Among the various ethnicities, Chhetri has the largest population, followed by Bishwakarma, Magar, Thakuri, Brahmin-Hills, and others.



Karnali Province is considered the ancestral home of the Khas Arya ethnic community dating back to ancient times. The chart shows the population distribution by ethnicity in the province. According to the data, the largest ethnic groups in the province are Chhetri (42.2%), Bishwakarma (16.2%), Magar (10.4%), and Thakuri (10.5%),

Figure 5: population by Ethnicity

followed by Brahmin/Hill (8.0%) and others (2.2%). A significant portion of the Dalit population resides in Kalikot and neighboring districts, where their socioeconomic conditions remain highly disadvantaged (NPHC-2021).

2. Economic Situation

2.1 Macro-Economic Indicators (Total Domestic Production, Per Capita Income, Employment Rate)

Karnali Province is progressing toward its long-term vision of “Prosperous Karnali, Happy Karnali People.” However, the province continues to face serious poverty challenges due to the lack of basic services and economic hardships. According to the Nepal Living Standards Survey 2022-23, the annual per capita expenditure in urban Karnali is Nepalese Rupee (NPR) 110,309, whereas in rural Karnali, it is significantly lower at NPR 83,233.

In Karnali Province, economic disparity is evident across different income groups. The average annual expenditure of the poorest quintile (Q1) is NPR 50,570, while the richest quintile (Q5) spends NPR 227,197 annually. This results in a Q5/Q1 ratio of 4.49, indicating that the wealthiest urban residents spend 4.5 times more than the poorest. Similarly, in rural Karnali, the economic gap remains significant. The poorest quintile (Q1) spends an average of NPR 41,012 annually, whereas the richest quintile (Q5) spends NPR 144,898. Additionally, expenditure patterns vary by income level; the poorest households (Q1) in rural areas allocate 59% of their total spending on food, while the richest households (Q5) spend 47% on food.

Provincial planning commission has undertaken to increase the per capita income from 606 to 1147 US Dollar by 2022/23. According to the Economic Survey 2022/23, Karnali Province's share of the national Gross Domestic Product (GDP) was 4.1 lowest than other provinces despite the Economic Survey 2022/23, Karnali Province recorded the highest average economic growth rate in Nepal over the past five years, at 4.2 percent.

2.2 Health Financing Related Indicators- Out of Pocket Expenditure, Share of Health Budget in Province

According to the World Health Organization (WHO), the Universal Health Coverage (UHC) Index in Nepal stands at 53, indicating that nearly half of the population lacks access to adequate health services. As per the Nepal Demographic and Health Survey (NDHS) 2022, only 29% of the population in Karnali Province is currently enrolled in a health insurance package. Considering the Sustainable Development Goals (SDGs) aim to achieve 100% health coverage by 2030, this statistic highlights the urgent need to strengthen Nepal’s national health insurance program, particularly in terms of policy formulation, strategic planning, and effective implementation—both in Karnali Province and across the country.

According to the Nepal National Health Account 2019/20, households are the largest source of healthcare financing in Karnali Province, covering 48.4% of total health expenditures. Government and healthcare institutions contribute 23.3%, while provincial/territorial governments account for 9.5%. Businesses, including insurance providers, contribute a modest 2.0%, and the Department of Health and Human Services supports 6.2% of health costs. Other public institutions provide 4.3%, and Non-Profit Institutions Serving Households (NPISH) contribute 5.7% of the province’s healthcare funding. In terms of spending allocation, medical care accounts for 33.5% of total health service expenditure in Karnali, reflecting a significant focus on clinical services.

Meanwhile, medicines and medical supplies constitute 36.9% of health spending, indicating a substantial financial burden associated with pharmaceuticals.

2.3 Population below Poverty Line

Karnali Province faces a significant poverty challenge, ranking second highest in absolute poverty with a poverty rate of 26.69%. The per capita income stands at US Dollar 997, the lowest among all provinces, according to the Nepal Living Standards Survey 2022–23.

In terms of overall well-being, Karnali has the lowest Human Development Index (HDI) in the country, at 0.53. As reported by the National Planning Commission of Nepal, 39.5% of the province's population is multidimensionally poor, making Karnali the most deprived province in Nepal. Economically, 71.7% of the population is classified as economically active, while 7.5% are usually unemployed. Agriculture remains the primary source of livelihood, with 71% of households depending on it.

Migration is a common coping strategy for households facing economic hardship. Each year, about 85% of households have members who migrate for employment, with approximately 50% migrating to neighboring India for seasonal work. Key factors driving unemployment and migration in Karnali include persistent poverty, poor governance, limited economic opportunities, and low economic growth.

3. Educational Situation

Table 4: Educational Status by Sex in Karnali Province

| Level | Female | Male | Total |
|---|--------|------|-------|
| Literacy rate (5 years and above) | 69.4 | 83.3 | 76.1 |
| Net Enrollment in Early Childhood Education and Development (ECED) Center | 66.4 | 68.0 | 67.2 |
| Percent of Grade 1 students with ECED/ Pre-Primary Education (PPE) experience | 79.7 | 84.0 | 81.9 |
| Net Enrolment Rate (NER) – Secondary Level (G 9-12) | 58.7 | 60.5 | 59.5 |
| NER Basic Level (G 1-8) | 95.3 | 95.4 | 95.4 |
| NER - Primary Education (G 1-5) | 95.9 | 95.8 | 95.9 |
| Survival Rate to Grade 5 | 88.3 | 88.1 | 88.2 |
| Survival Rate to Grade 8 | 84.7 | 86.6 | 85.7 |
| Survival Rate to Grade 10 | 69.8 | 70.4 | 70.1 |
| Survival Rate to Grade 12 | 37.2 | 35.8 | 36.5 |

Source: FLASH Report 2023/204 and Central Bureau of Statistics 2021

Table 4 illustrates the educational situation in Karnali Province. The average literacy rate in the province is 76.1%, with the male literacy rate at 83.3% and the female literacy rate at 69.4%. This shows that a large portion of the female population is still illiterate in Karnali Province. The data also shows that the survival rate to Grade 5 is higher than in other grades.

Table 5: Health Professional Institutions by Cadre

| Health Professionals | Health Institutions | | | | | | | | | | |
|---|--|------------------------------------|--------------------------|---|--|---------------------------------------|-----------------------------|--|--------------------------------|---------------------------------|---|
| | Karnali Academy of Health Science (KAHS) | Aarati Technical Institute, Salyan | Dailekh Technical School | Deuti Technical Training Institute, Surkhet | Rastriya Pravidik Shikshalaya, Surkhet | Surkhet Education Development Academy | Surkhet Technical Institute | Yogi Narharinath Study and Research Academy, Surkhet | Jajarkot Polytechnic Institute | Karnali Technical School, Jumla | Sahid Yagyashwor Memorial Institute, Rukum West |
| Bachelor of Medicine and Bachelor of Surgery (MBBS) | 130 | - | - | - | - | - | - | - | - | - | - |
| Doctor of Medicine (MD) General Practice | 6 | - | - | - | - | - | - | - | - | - | - |
| Pediatrician | 2 | - | - | - | - | - | - | - | - | - | - |
| Orthopedics | 1 | - | - | - | - | - | - | - | - | - | - |
| Medicine | 1 | - | - | - | - | - | - | - | - | - | - |
| Anesthesia | 3 | - | - | - | - | - | - | - | - | - | - |
| Master's degree in public health | 5 | - | - | - | - | - | - | - | - | - | - |
| Bachelor's degree in public health | 87 | - | - | - | - | - | - | - | - | - | - |
| Bachelor of Science in Nursing | 20 | - | - | - | - | - | - | - | - | - | - |
| Bachelors in nursing | 52 | - | - | - | - | - | - | - | - | - | - |
| Bachelors of Midwifery | 13 | - | - | - | - | - | - | - | - | - | - |
| General Ayurvedic Medicine | - | - | - | - | 10 | - | - | 14 | - | - | - |
| B-Pharmacy | 61 | 40 | 40 | - | - | 40 | 40 | 40 | - | 40 | - |
| Medical Laboratory (Proficiency Certificate Level) | - | - | - | 6 | 14 | - | - | - | - | - | - |
| Total | 381 | 40 | 40 | 6 | 24 | 40 | 40 | 54 | 0 | 40 | 0 |

Source: Council for Technical Education and Vocational Training, Provincial Office, KAHS 2024

Table 5 shows the current status of medical and professional institutions in Karnali Province. The data for Karnali Academy of Health Sciences (KAHS) reflects the overall status since its establishment, while the figures for other institutions represent the most recent data. KAHS, located in Jumla, is the largest government medical institution in the province. It plays a major role in producing medical professionals, with 191 individuals trained in the MBBS program and other specialties such as MD in General Practice, Pediatrics, Orthopedics, and Anesthesia.

Other institutions such as Aarati Technical Institute, Dailekh Technical School, and the Surkhet Education Development Academy are important centers for training Health Assistants (HA), each with around 40 students in this program. Bachelor's programs in Public Health are also available in several institutions across the province. KAHS has produced 74 bachelor's degree in public health, while institutes in Jumla, Surkhet, and Rukum have also made notable contributions in this field.

4. Water Supply and Sanitation

Table 6: Source of Water Supply by Household

| Total Household | Tap/piped water | Tubal or Handpump | Cover well | Open well | Spout Water | River/stream | Jar/bottle | Other |
|-----------------|--------------------|-------------------|----------------|----------------|------------------|----------------|---------------|----------------|
| 366,037 | 130,565 (35.7%) | 1635 (0.4%) | 7573 (2.1%) | 9210 (2.5%) | 48699 (13.3%) | 4276 (1.2%) | 480 (0.1%) | 1080 (0.6%) |

Source: NPHC-2021

Table 6 shows the main sources of drinking water for the 366,037 households in Karnali Province. The majority of households (35.7%) rely on piped water as their main source, which includes 130,565 households. Fountains or spout water are the second most common source, used by 13.3% (48,699 households). Open wells and covered wells serve 2.5% (9,210 households) and 2.1% (7,573 households), respectively. A small number of households use rivers or streams (1.2%, or 4,276 households) and hand pumps (0.4%, or 1,635 households). Only 0.1% (480 households) use cans or bottles, and 0.6% (1,080 households) rely on other water sources.

These figures show that while many households have access to piped water, a considerable number still depend on less safe sources like wells and natural creeks.

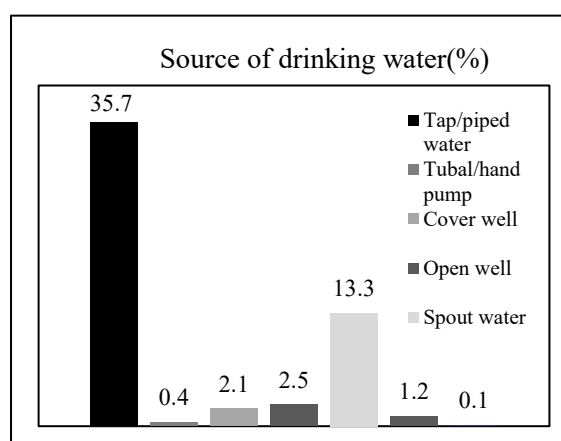


Figure 6: Sources of Water in Karnali

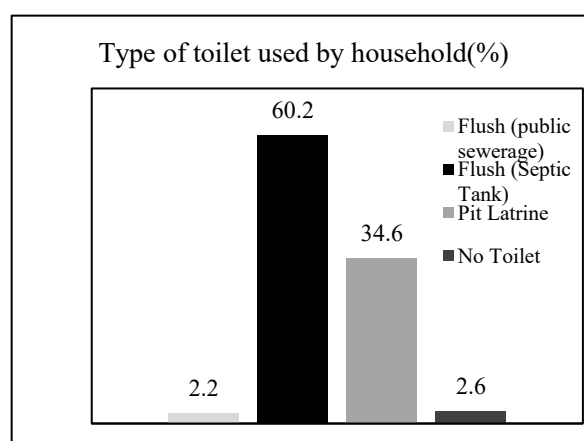


Figure 7: Type of toilets used by household

Figure 6 and Figure 7 illustrate the sources of drinking water and types of toilets used by households in Karnali Province. The majority of people (35.7%) use tap or piped water as their main source of drinking water, while only 0.1% use jar or bottled water. Regarding toilet facilities, the majority of households (60.2%) use flush toilets connected to septic tanks, but 2.6% of the population still does not have access to any toilet facility.

Table 7: Type of toilets by households

| Total Household | Flush (public sewerage) | Flush (Septic Tank) | Pit Latrine | No Toilet |
|-----------------|-------------------------|---------------------|-------------|-----------|
| 366,037 | 8,149 | 220,226 | 126,779 | 9,596 |

Sources: NPHC-2021

Table 7 shows the types of toilets available at the household level in Karnali Province. The majority of households use flush toilets connected to septic tanks (220,226), followed by pit latrines (126,779) and flush toilets connected to public sewerage systems (8,149). However, 9,596 people still do not have access to any toilet facilities.

5. Nutritional Status of Children and Women

Table 8: Nutritional Status of Children and Women

| Indicators | Status (%) | |
|--|------------|----------|
| | National | Province |
| Percentage of stunted children among under 5 years of age | 25 | 35.8 |
| Percentage of wasted children among under 5 years of age | 8 | 3.8 |
| Percentage of underweight children among under 5 years of age | 19 | 17.7 |
| Percentage of anemic children among under 5 years of age | 43 | 40 |
| Percentage of exclusive breastfeeding among 6 months of infant | 56 | 74 |
| Percentage of complementary feeding among 6-8 months of infant | 85 | 87.7 |
| Percentage of anemia among 15 to 49 years age of women | 34 | 21 |

Source: NDHS 2022

Table 8 presents data on the nutritional status of children and women, comparing national and provincial levels. Nationally, 25% of children under five are stunted, while the rate is higher in Karnali Province at 35.8%, indicating a more severe stunting problem. For wasting, the national rate is 8%, but Karnali has a lower rate of 3.8%. Similarly, 19% of children under five are underweight nationwide, slightly above Karnali's rate of 17.7%.

Regarding anemia, 43% of children under five are anemic nationally, which is close to Karnali's rate of 40%. The rate of exclusive breastfeeding for infants under six months is 56% nationally, whereas Karnali performs better at 74%. For complementary feeding among infants aged 6–8 months, the national rate is 85%, slightly lower than Karnali's 87.7%. Among women aged 15–49, 34% are anemic nationally, while the rate is significantly lower in Karnali at 21%.

6. Organizational Structure and Health Facilities

The Ministry of Social Development (MoSD) of Karnali Province has a comprehensive role in policymaking, planning, human resource and financial management, along with monitoring and evaluation of ongoing activities. Following the federal restructuring, the MoSD consists of five divisions: Administration and Planning; Education; Women and Social Development; Sports and Youth; and the Health Service Division. Among them, the Health Service Division directly oversees the province's health system. This division is further subdivided into two sections: the Curative Services Section and the Public Health Section.

MoSD is structured to provide comprehensive health services through an efficient and accessible framework. The Health Service Division acts as the central body under the MoSD, overseeing both public health and curative services. Within this structure, specialized units have been established to address various aspects of healthcare delivery. These units include the Health Service Directorate, which supervises decentralized offices and centers to enhance health service delivery at the local level, and the Province Health Logistics and Management Center, which is responsible for managing the supply chain and logistics essential for healthcare services.

In addition, the Provincial Public Health Laboratory plays a crucial role in disease diagnosis and monitoring, while the Human Resources Development Center is dedicated

to training and building the capacity of healthcare professionals. Key healthcare facilities, including the Province Hospital and the Province Ayurveda Hospital and Research Center, provide curative services by integrating both modern and traditional medicine. The healthcare system also comprises a network of Health Service Offices (HSOs), Public Health Service Offices (PHSOs), and Ayurveda Health Centers, which help to strengthen healthcare delivery at the community level

The organizational structure reflects a strategic approach to addressing the diverse healthcare needs of the population by utilizing specialized institutions, efficient resource management, and decentralized operations. The organizational structure of the MoSD in Karnali Province is outlined below.

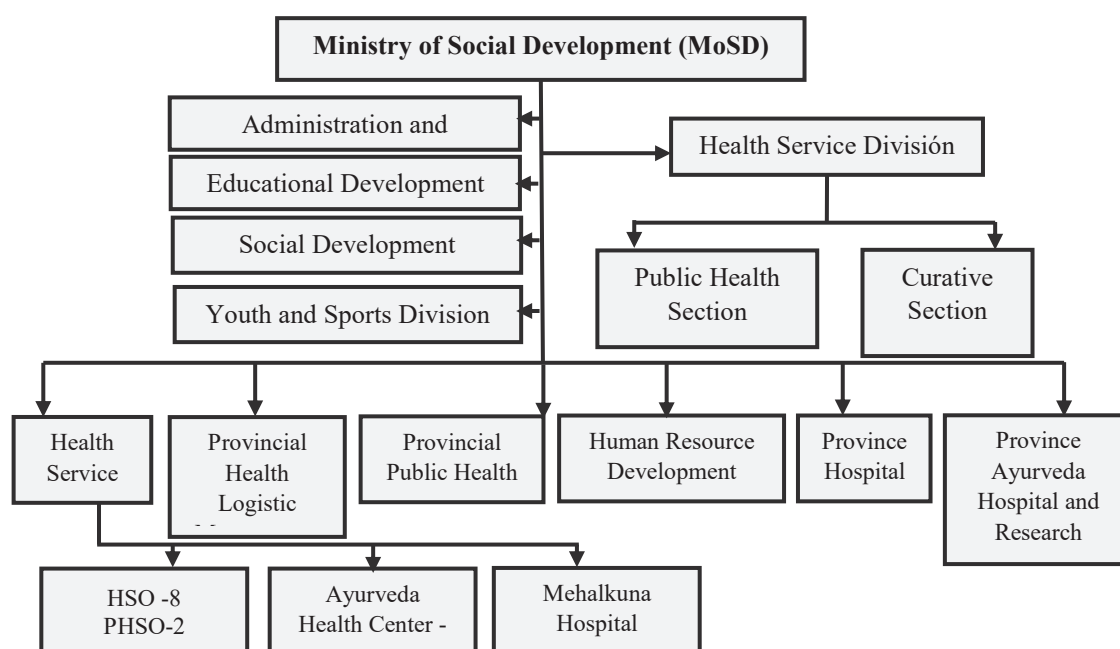


Figure 8: Organizational structure of MoSD

Organizational Structure of Health Service Directorate

The Health Service Directorate (HSD) is the implementing body of health services established under the MoSD of Karnali Province. There are 10 sections under the HSD. Its primary function is to provide technical support and program supervision to the PHSOs/HSOs and hospitals.

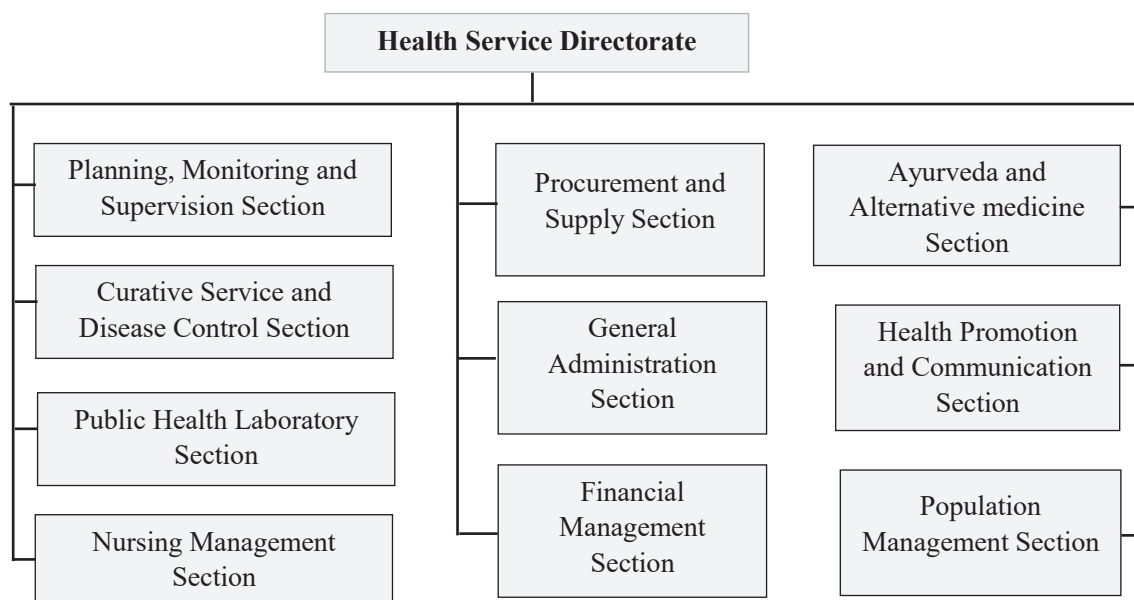


Figure 9: Organizational structure of Health Service Directorate

Table 9: Number of Health Facilities at Local Level

| S.N. | Districts | Institutions | Number |
|------|-----------|-----------------------------------|--------|
| 1 | Kalikot | Basic Hospital/Municipal Hospital | 7 |
| | | Private Hospital | 0 |
| | | PHCCs | 0 |
| | | Health Post | 27 |
| | | Basic Health Service Center | 50 |
| | | Community Health Unit (CHU) | 9 |
| | | UHU | 0 |
| | | Ayurveda institutions | 7 |
| | | Others | 0 |
| | | | |
| 2 | Dolpa | Basic Hospital/Municipal Hospital | 1 |
| | | Private Hospital | 0 |
| | | PHCCs | 0 |
| | | Health Post | 23 |
| | | Basic Health Service Center | 15 |
| | | CHU | 6 |
| | | Urban Health Clinics (UHCs) | 0 |
| | | Ayurveda institutions | 5 |
| | | Others | 0 |
| | | | |
| 3 | Mugu | Basic Hospital/Municipal Hospital | 1 |
| | | Private Hospital | 0 |
| | | PHCCs | 1 |

| S.N. | Districts | Institutions | Number |
|------|-----------|-----------------------------------|--------|
| | | Health Post | 23 |
| | | Basic Health Service Center | 23 |
| | | CHU | 13 |
| | | UHU | 0 |
| | | Ayurveda institutions | 5 |
| | | Others | 0 |
| 4 | Salyan | Basic Hospital/Municipal Hospital | 3 |
| | | Private Hospital | 5 |
| | | PHCCs | 2 |
| | | Health Post | 45 |
| | | Basic Health Service Center | 35 |
| | | CHU | 9 |
| | | UHU | 8 |
| | | Ayurveda institutions | 9 |
| | | Others | 112 |
| 5 | Humla | Basic Hospital/Municipal Hospital | 1 |
| | | Private Hospital | 0 |
| | | PHCCs | 0 |
| | | Health Post | 26 |
| | | Basic Health Service Center | 12 |
| | | CHU | 36 |
| | | UHU | 0 |
| | | Ayurveda institutions | 6 |
| | | Others | 55 |
| 6 | Jajarkot | Basic Hospital/Municipal Hospital | 4 |
| | | Private Hospital | 0 |
| | | PHCCs | 1 |
| | | Health Post | 30 |
| | | Basic Health Service Center | 44 |
| | | CHU | 17 |
| | | UHU | 0 |
| | | Ayurveda institutions | 7 |
| | | Others | 78 |
| 7 | Jumla | Basic Hospital/Municipal Hospital | 1 |
| | | Private Hospital | 1 |
| | | PHCCs | 1 |
| | | Health Post | 29 |
| | | Basic Health Service Center | 28 |
| | | CHU | 11 |
| | | UHU | 1 |
| | | Ayurveda institutions | 7 |
| | | Others | 91 |
| 8 | Surkhet | Basic Hospital/Municipal Hospital | 2 |
| | | Private Hospital | 0 |
| | | PHCCs | 3 |

| S.N. | Districts | Institutions | Number |
|----------------|------------|---|--------|
| | | Health Post | 47 |
| | | Basic Health Service Center | 47 |
| | | CHU | 40 |
| | | UHU | 0 |
| | | Ayurveda institutions | 10 |
| | | Others | 124 |
| 9 | Dailekh | Basic Hospital/Municipal Hospital | 6 |
| | | Private Hospital | 0 |
| | | PHCCs | 2 |
| | | Health Post | 54 |
| | | Basic Health Service Center | 31 |
| | | CHU | 20 |
| | | UHU | 14 |
| | | Ayurveda institutions | 9 |
| | | Others | 156 |
| 10 | Rukum West | Basic Hospital/Municipal Hospital | 5 |
| | | Private Hospital | 3 |
| | | PHCCs | 1 |
| | | Health Post | 24 |
| | | Basic Health Service Center | 45 |
| | | CHU | 12 |
| | | UHCs | 19 |
| | | Ayurveda institutions (Dispensary and Nagarik Arogya) | 6 |
| | | Others | 59 |
| Total | Province | Basic Hospital/Municipal Hospital | 31 |
| | | Private Hospital | 9 |
| | | PHCCs | 11 |
| | | Health Post | 328 |
| | | Basic Health Service Center | 330 |
| | | CHU | 173 |
| | | UHCs | 42 |
| | | Ayurveda institutions | 70 |
| | | Others | 675 |
| Total Province | | | 1625 |

Source: Provincial Annual Review, 2024

- Others=Birth centres, Dots centre, Designated Microscopy Centres, ART sites, Polyclinics, Private medicals/pharmacies,
- Diagnostic centres, Comprehensive Emergency Obstetric and Newborn Care and Basic Emergency Obstetric and Newborn Care

The table 9 provides an overview of health facilities at the local level across ten districts in Karnali Province. It categorizes the facilities into various types, including Basic/Municipal Hospitals, Private Hospitals, Primary Health Care Centers (PHCCs), Health Posts (HPs), Basic Health Service Centers (BHSCs), and other health facilities such as Community Health Units (CHUs), Urban Health Clinics (UHUs), and Ayurvedic institutions. Surkhet has the highest total count of health facilities, followed by Jajarkot,

with health posts and basic health service centers making up the majority of the infrastructure. Dailekh leads in Health Posts with 54, while Jajarkot has the highest number of Basic Health Service Centers, totaling 44.

Most districts show a minimal presence of private hospitals and PHCCs, highlighting a reliance on public health posts and basic health service centers for healthcare delivery. The table reports a total of 1,625 health facilities within the province, including 31 government or basic hospitals, 9 private hospitals, and 11 Primary Health Care Centers (PHCCs). Health Posts and Basic Health Service Centers represent the largest share, with 328 and 330 facilities, respectively, underscoring their critical role in primary healthcare. Additionally, there are 173 Community Health Units (CHUs), 42 Urban Health Clinics (UHCs), and 70 Ayurvedic institutions, reflecting the integration of both modern and traditional healthcare services. The "Others" category includes 675 facilities, indicating additional healthcare provisions. This distribution emphasizes the province's efforts to ensure accessible and comprehensive health services across various levels of care.

Table 10: Name list of Federal and Provincial Level Hospitals located in Karnali Province

| Hospitals | District | Local level | Ward No. |
|---|------------|-----------------------------|----------|
| Hospitals under Federal Level | | | |
| Karnali Academy of Health Sciences | Jumla | Chandan Nath Municipality | 02 |
| Hospitals under Province Level | | | |
| Provincial Hospital | Surkhet | Birendranagar Municipality | 04 |
| Mehalkuna Hospital | Surkhet | Gurvakot Municipality | 08 |
| Health Service Office (Jajarkot Hospital) | Jajarkot | Bheri Municipality | 03 |
| Health Service Office (Dailekh Hospital) | Dailekh | Narayan Municipality | 08 |
| Health Service Office (Salyan Hospital) | Salyan | Sarada Municipality | 02 |
| Health Service Office (Rukum West Hospital) | Rukum West | Musikot Municipality | 01 |
| Health Service Office (Kalikot Hospital) | Kalikot | Khadachakra Municipality | 01 |
| Health Service Office (Mugu Hospital) | Mugu | Chayanath Rara Municipality | 01 |
| Health Service Office (Humla Hospital) | Humla | Simkot Rural Municipality | 05 |
| Health Service Office (Dolpa Hospital) | Dolpa | Thuli Bheri Municipality | 03 |

Source: HMIS Annual Report 2080/81

7. Human Resource for Health

Table 11: Health Worker Post and Fulfillment (Province, District and Local level)

| S.N. | Districts | Posts | Sanctioned | Fulfilled | Contract | Vacant |
|------|-----------|---------------------------|------------|-----------|----------|--------|
| 1 | Dolpa | Health Service Manager | 1 | 0 | 0 | 1 |
| | | Doctors (Consultant) | 3 | 0 | 0 | 3 |
| | | Doctors (Medical Officer) | 4 | 4 | 4 | 0 |
| | | Dental surgeon | 1 | 1 | 0 | 0 |

| S.N. | Districts | Posts | Sanctioned | Fulfilled | Contract | Vacant |
|------|-----------|--------------------------------------|------------|-----------|----------|--------|
| | | Sr. Public Health Officer (PHO)/PHO | 1 | 1 | 1 | 0 |
| | | Nursing Officer | 1 | 0 | 1 | 1 |
| | | Paramedics | 84 | 60 | 26 | 24 |
| | | PHN/ Staff Nurse/Sr.A.N.M./A.N.M. | 60 | 36 | 30 | 24 |
| | | Other technical (Lab, X-ray, Others) | 1 | 0 | 4 | 1 |
| 2 | Salyan | Health Service Manager | 1 | 1 | 0 | 0 |
| | | Doctors (Consultants) | 6 | 0 | 0 | 6 |
| | | Doctors (Medical Officer) | 7 | 2 | 7 | 5 |
| | | Sr PHO/PHO | 1 | 1 | 0 | 0 |
| | | Dental surgeon | 3 | 0 | 2 | 3 |
| | | Paramedics | 166 | 148 | 47 | 18 |
| | | PHN/ Staff Nurse/Sr.A.N.M./A.N.M. | 122 | 96 | 90 | 26 |
| | | Other technical (Lab, X-ray, Others) | 34 | 17 | 37 | 17 |
| 3 | Mugu | Doctors (Consultant) | 3 | 0 | 0 | 1 |
| | | Doctors (Medical Officer) | 5 | 3 | 5 | 2 |
| | | Dental surgeon | 1 | 0 | 1 | 1 |
| | | Sr PHO/PHO | 1 | 1 | 0 | 0 |
| | | Nursing Officer | 1 | 0 | 1 | 1 |
| | | Paramedics | 73 | 63 | 29 | 10 |
| | | PHN/ Staff Nurse/Sr.A.N.M./A.N.M. | 58 | 35 | 52 | 23 |
| | | Other technical (Lab, X-ray, Others) | 1 | 0 | 1 | 1 |
| 4 | Dailekh | Health Service Manager | 1 | 1 | 0 | 1 |
| | | Doctors (Consultant) | 7 | 0 | 1 | 7 |
| | | Doctors (Medical Officer) | 12 | 2 | 19 | 10 |
| | | Dental Surgeon | 1 | 0 | 0 | 1 |
| | | Sr PHO/PHO | 5 | 2 | 1 | 3 |
| | | Paramedics | 217 | 185 | 47 | 40 |
| | | PHN/ Staff Nurse/Sr.A.N.M./A.N.M. | 169 | 138 | 117 | 32 |
| | | Other technical (Lab, X-ray, Others) | 62 | 26 | 49 | 36 |
| 5 | Kalikot | Health service manager | 1 | 0 | 0 | 1 |
| | | Doctors (Consultant) | 3 | 0 | 3 | 3 |
| | | Doctors (Medical Officer) | 5 | 2 | 12 | 3 |
| | | Dental surgeon | 1 | 0 | 1 | 1 |
| | | Sr PHO/PHO | 1 | 1 | 0 | 0 |
| | | Nursing Officer | 1 | 0 | 1 | 1 |
| | | Paramedics | 111 | 167 | 121 | 1 |
| | | PHN/ Staff Nurse/Sr.A.N.M./A.N.M. | 90 | 112 | 87 | 7 |
| | | Other technical (Lab, X-ray, Others) | 8 | 23 | 28 | 0 |

| S.N. | Districts | Posts | Sanctioned | Fulfilled | Contract | Vacant |
|------|------------|--------------------------------------|------------|-----------|----------|--------|
| 6 | Surkhet | Doctors (Hospital director) | 2 | 1 | 0 | 1 |
| | | Doctors (Consultant) | 61 | 8 | 44 | 53 |
| | | Nursing Officer | 1 | 0 | 0 | 1 |
| | | Public Health Administrator | 1 | 1 | 0 | 0 |
| | | Doctors (Medical Officer) | 25 | 18 | 20 | 7 |
| | | Sr PHO/PHO | 1 | 1 | 2 | 0 |
| | | Nursing Officer | 22 | 10 | 14 | 12 |
| | | Dental surgeon | 3 | 2 | 4 | 1 |
| | | Paramedics | 189 | 184 | 90 | 5 |
| | | PHN/ Staff Nurse/Sr.A.N.M./A.N.M. | 238 | 215 | 156 | 23 |
| | | Other technical (Lab, X-ray, Others) | 57 | 30 | 171 | 27 |
| 7 | Humla | Health service manager | 1 | 0 | 1 | 1 |
| | | Consultant | 3 | 0 | 0 | 3 |
| | | Doctors (Medical Officer) | 5 | 3 | 4 | 2 |
| | | Nursing Officer | 1 | 0 | 1 | 1 |
| | | Dental surgeon | 1 | 0 | 0 | 1 |
| | | Sr PHO/PHO | 1 | 1 | 0 | 0 |
| | | Paramedics | 95 | 76 | 47 | 19 |
| | | PHN/ Staff Nurse/Sr.A.N.M./A.N.M. | 68 | 50 | 42 | 18 |
| | | Other technical (Lab, X-ray, Others) | 8 | 6 | 5 | 2 |
| 8 | Jumla | Public Health Administrator | 1 | 1 | 0 | 0 |
| | | Sr PHO/PHO | 1 | 0 | 0 | 1 |
| | | Doctors (Medical Officer) | 31 | 3 | 19 | 28 |
| | | Nursing Officer | 15 | 3 | 9 | 12 |
| | | Optometrist | 1 | 1 | 1 | 0 |
| | | Physiotherapist | 5 | 0 | 2 | 5 |
| | | Paramedics | 144 | 88 | 36 | 56 |
| | | PHN/ Staff Nurse/Sr.A.N.M./A.N.M. | 75 | 69 | 139 | 6 |
| | | Other technical (Lab, X-ray, Others) | 38 | 12 | 109 | 31 |
| 9 | Rukum West | Health Service Manager | 1 | 0 | 0 | 1 |
| | | Medical Superintendent | 1 | 1 | | |
| | | Doctors (Consultant) | 8 | 5 | 0 | 3 |
| | | Doctors (Medical officer) | 13 | 11 | 5 | 2 |
| | | Sr PHO/PHO | 1 | 0 | 3 | 1 |
| | | Dental surgeon | 1 | 1 | 2 | 0 |
| | | Nursing Officer | 1 | 0 | 3 | 1 |
| | | Paramedics | 137 | 100 | 71 | 37 |
| | | PHN/ Staff Nurse/Sr.A.N.M./A.N.M. | 134 | 87 | 80 | 47 |
| | | Other technical (Lab, X-ray, Others) | 32 | 11 | 23 | 21 |

| S.N. | Districts | Posts | Sanctioned | Fulfilled | Contract | Vacant |
|------|------------------|--------------------------------------|------------|-----------|----------|--------|
| 10 | Jajarkot | Health Service Manager | 1 | 1 | 0 | 0 |
| | | Doctor (Consultant) | 6 | 0 | 0 | 6 |
| | | Doctors (Medical Officer) | 12 | 6 | 3 | 6 |
| | | Dental surgeon | 1 | 1 | 0 | 0 |
| | | Sr PHO/PHO | 1 | 1 | 0 | 0 |
| | | Paramedics | 157 | 129 | 61 | 28 |
| | | PHN/ Staff Nurse/Sr.A.N.M./A.N.M. | 134 | 72 | 91 | 62 |
| | | Other technical (Lab, X-ray, Others) | 65 | 10 | 76 | 55 |
| | Karnali Province | Health Service Manager | 7 | 2 | 1 | 5 |
| | | Doctors (Hospital Director) | 2 | 1 | 0 | 1 |
| | | Doctors (Medical Superintendent) | 1 | 1 | 0 | 0 |
| | | Doctors (Consultant) | 100 | 13 | 48 | 87 |
| | | Doctors (Medical Officer) | 119 | 54 | 98 | 65 |
| | | Public Health Administrator | 2 | 2 | 0 | 0 |
| | | Dental Surgeon | 13 | 5 | 10 | 8 |
| | | Optometrist | 1 | 1 | 1 | 0 |
| | | Physiotherapist | 5 | 0 | 2 | 5 |
| | | Sr. PHO/PHO | 14 | 9 | 7 | 4 |
| | | Nursing Officer | 43 | 13 | 30 | 30 |
| | | Paramedics | 1373 | 1200 | 575 | 238 |
| | | PHN/Staff Nurse/Sr.A.N.M./A.N.M | 1148 | 910 | 884 | 268 |
| | | Other technical (Lab, X-ray, Others) | 306 | 135 | 503 | 136 |
| | | Total | | | 3134 | 2346 |

Source: Provincial Annual Review 2023/24

The above Table 11 highlights major gaps in healthcare staffing in Karnali Province, with many districts struggling to fill the sanctioned posts. While positions such as paramedics and nurses are partially fulfilled, technical roles like lab technicians, X-ray technicians, and medical officers remain largely vacant. Districts like Surkhet, Jajarkot, and Dolpa have a high number of sanctioned posts but also many vacancies. These districts perform relatively better in filling paramedic and nursing positions. To manage the shortages, many healthcare facilities rely on contract workers. However, this heavy dependence on temporary staff shows the urgent need for long-term and permanent staffing solutions. Overall, the province faces serious challenges in ensuring enough skilled healthcare workers for sustainable health service delivery.

Table 12: Health Worker-to-Population Ratio in the Province (per 1,000 population)

| Health Worker | Number | Population Ratio |
|---------------|-------------|-----------------------|
| Doctors | 235 | 1:7252 |
| Nurse | 1837 | 1:928 |
| Paramedics | 1775 | 1:960 |
| Total | 3847 | 2.26(per 1000) |

Source: Annual Health Review 2024

The updated data reveals the distribution of health workers in Karnali Province relative to its HMIS target population of 1,704,172 for the fiscal year 2023/24. On average, each doctor serves approximately 7,252 people, indicating a significant shortage compared to other health worker categories. Nurses are the most accessible, with one nurse serving about 928 individuals, followed closely by paramedics, with one for every 960 people. The Sustainable Development Goals (SDGs) set a target of 4.45 health workers per 1,000 population. However, Karnali Province currently has only 2.26 health workers per 1,000 population nearly half of the required benchmark. This gap highlights the urgent need to address the shortage of health workers to enhance healthcare accessibility and quality in the province.

8. Ayurveda and Alternative Medicine

8.1 Background

Ayurveda is an ancient system of medicine that emphasizes achieving harmony between the body, mind, and spirit to promote overall well-being. It is founded on the concept of balance among the three doshas—Vata, Pitta, and Kapha—which are derived from the five elements: earth, water, fire, air, and ether. Ayurveda promotes the use of natural remedies, including herbs, oils, and minerals, alongside personalized dietary and lifestyle practices. It integrates holistic approaches such as yoga, meditation, and detoxification to prevent illness and maintain health. Deeply rooted in the understanding of the interconnectedness between nature and human life, Ayurveda offers a comprehensive and preventive approach to healthcare.

8.2 Number of Ayurvedic Service Centers in Karnali province

Figure 10 provides information about Ayurvedic service centers in Karnali Province. The province has a total of one Ayurvedic hospital, nine Ayurvedic health centers, eighteen Ayurvedic dispensaries, and forty-three Nagarik Arogya Centers involved in the delivery of Ayurvedic services. This distribution highlights the province’s ongoing efforts to integrate traditional medicine into the broader healthcare system.

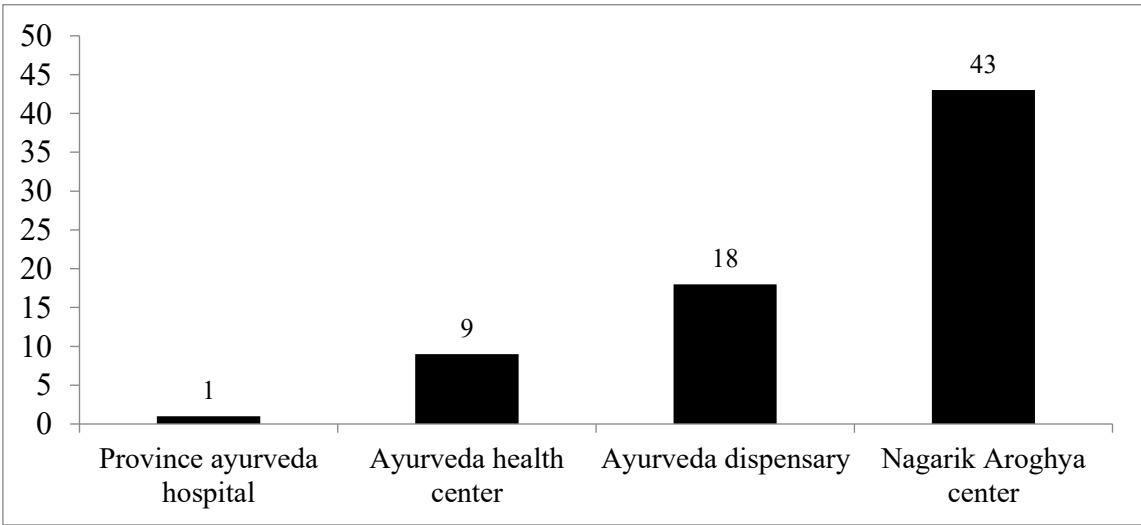


Figure 10: Ayurvedic Service Center in Karnali Province

9. Details of staffs

Figure 11 provides an overview of staffing in Ayurvedic centers across Karnali Province. Among the staff, there are 7 sanctioned positions for Doctors (Consultants), with only 1

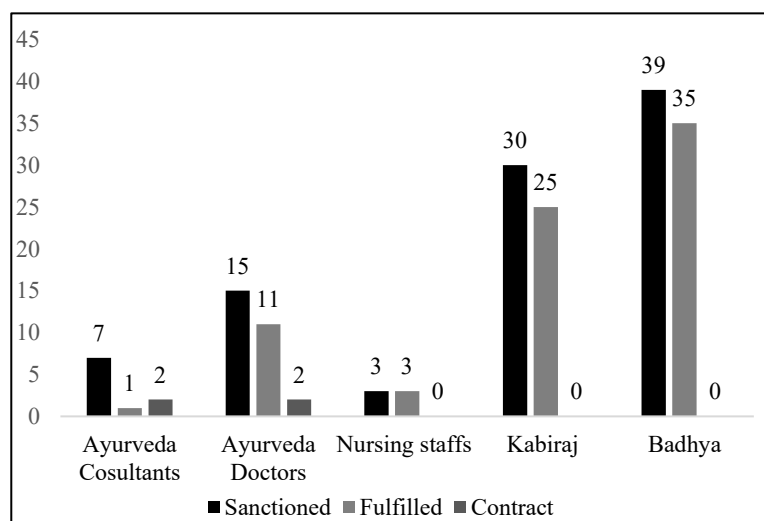


Figure 11: Details of staffs in Ayurvedic centers in Karnali province

position currently filled and 2 positions occupied by contract staff. For Ayurveda Doctors, 15 positions are sanctioned, of which 11 are fulfilled and 2 are filled on a contract basis. All 3 sanctioned positions for Nursing Staff are fully staffed. There are 30 sanctioned positions for Kabiraj, with 25 currently filled. The highest number of sanctioned posts is for

Baidya, with 39 positions, of which 35 are filled. This data indicates moderate staffing gaps in Ayurvedic centers, particularly in specialized roles such as Consultants.

9.1 Ayurveda Service Utilization in 3 Years

The figure 12 illustrates the utilization of Ayurveda services in Karnali Province over three

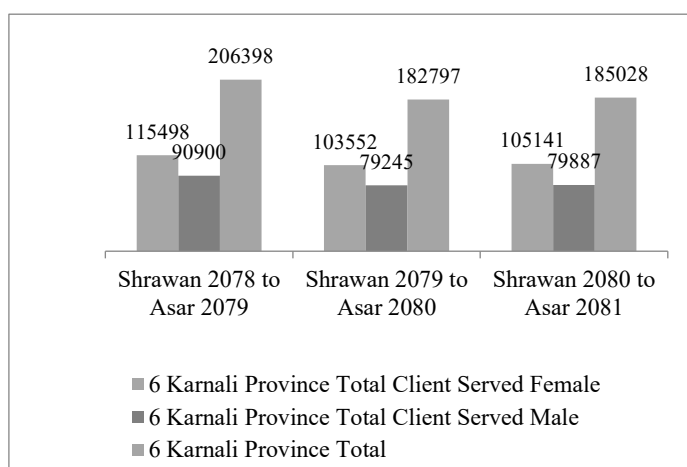


Figure 12: Ayurveda Service Utilization in 3 Years

years. In the fiscal year 2078/79, total service utilization peaked at 206,398, with 115,498 females and 90,900 males benefiting from the services. In FY 2079/80, total utilization decreased to 182,797, with 103,552 females and 79,245 males served. By FY 2080/81, total utilization slightly increased to 185,028, with 105,141 females and 79,887 males accessing the services.

10. Overall Public Health Status

10.1 Total Fertility Rate, Life Expectancy at Birth and Situation of Communicable and Non-Communicable Diseases

According to the Nepal Demographic and Health Survey (NDHS) 2022, the total fertility rate of Karnali Province is 2.1. Additionally, the average life expectancy in the province stands at 72.5 years, reflecting ongoing improvements in health outcomes and access to healthcare services.

10.2 Neo-Natal, Infant and Maternal Mortality

Table 13: Mortality

| Indicators | Status | |
|---------------------------------|----------|----------|
| | National | Province |
| Neo-Natal Mortality Rate | 21 | 26 |
| Infant Mortality Rate | 28 | 36 |
| Under 5 Children Mortality Rate | 33 | 46 |
| Maternal Mortality Ratio | 151 | 172 |

Source: NDHS 2022

The data in Table 13 presents a comparison of mortality rates—specifically neonatal, infant, under-five, and the maternal mortality ratio—between National and Karnali Province levels. All four indicators demonstrate that mortality rates in Karnali Province are higher than the national averages. This disparity highlights the urgent need to strengthen health policies and programs to reduce mortality and improve maternal and child health outcomes in the province.

10.3 Situation of Non-Communicable Disease

Table 14: Situation of Non-Communicable Disease (FY 2080/81)

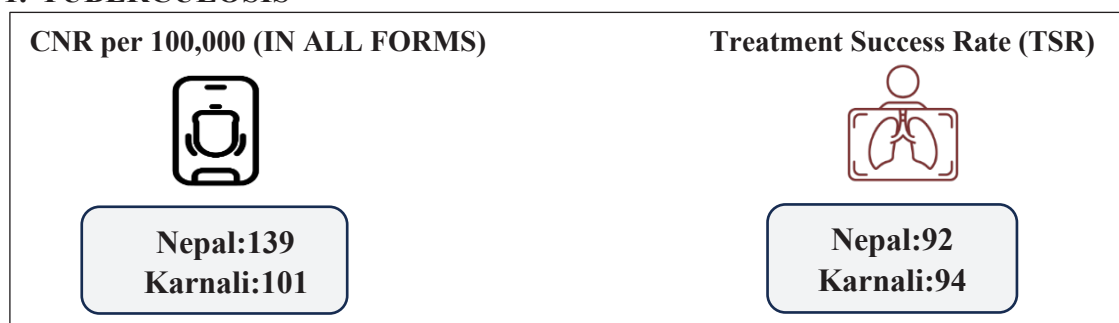
| Disease | National | | Province | |
|--------------------------|----------|--|----------|--|
| | Number | Prevalence rate (Per 1000 Population) | Number | Prevalence rate (Per 1000 Population) |
| Cardio-vascular diseases | 30,330 | 1.03 | 430 | 0.25 |
| Diabetes Mellitus | 584,347 | 20.04 | 17,978 | 10.65 |
| COPD | 259,110 | 8.9 | 21,095 | 12.5 |
| Cancer | 97,387 | 3.4 | 83 | 0.05 |

Source: Nepal Health Fact Sheet 2024

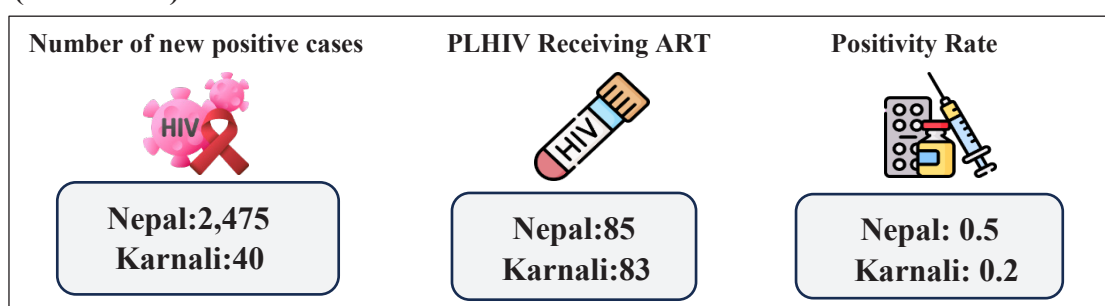
Table 14 provides an overview of the prevalence of non-communicable diseases (NCDs) in fiscal year 2080/81, comparing national and provincial data. At the national level, Diabetes Mellitus has the highest prevalence rate at 20.04 per 1,000 population, accounting for 584,347 cases, followed by Chronic Obstructive Pulmonary Disease (COPD) with a prevalence of 8.9 per 1,000 and 259,110 cases. Cardiovascular diseases and cancer show lower national prevalence rates of 1.03 and 3.4 per 1,000 population, respectively. In Karnali Province, the prevalence rates are comparatively lower, with diabetes and COPD recorded at 10.65 and 12.5 per 1,000 population, respectively. Cardiovascular diseases and cancer are notably less common at the provincial level, with prevalence rates of 0.25 and 0.05 per 1,000 population. This comparison highlights a heavier burden of NCDs nationally, with diabetes and COPD emerging as the most prevalent conditions across both levels.

10.4 Situation of Communicable and Vector-Borne Diseases

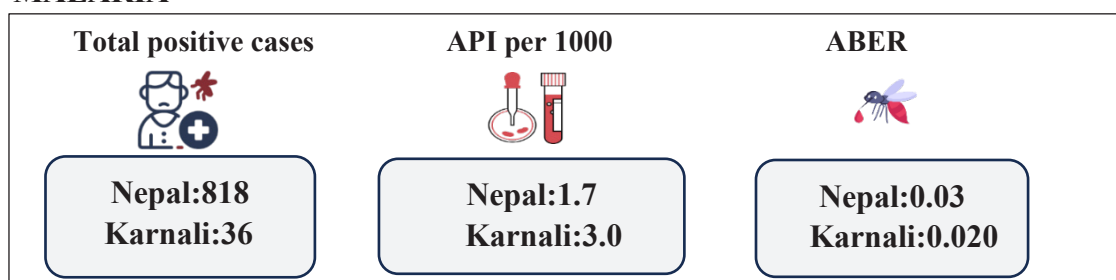
1. TUBERCULOSIS



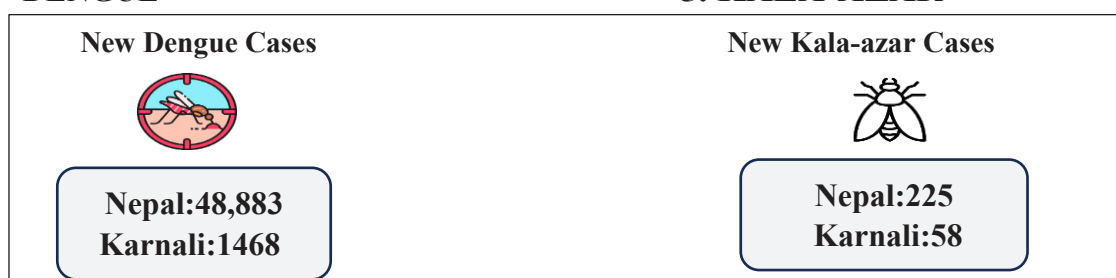
2. Human immunodeficiency viruses/ Acquired Immunodeficiency Syndrome (HIV/AIDS)



3. MALARIA



4. DENGUE



5. KALA-AZAR

Figure 13: Situation of important communicable and vector-borne diseases

Figure 13 highlights the situation of communicable diseases in Karnali Province in comparison to the national data for fiscal year 2080/81. Nepal reported a higher Case Notification Rate (CNR) for tuberculosis at 139 per 100,000 population, while Karnali had a lower CNR but a slightly higher treatment success rate (94% compared to the

national average of 92%). In terms of HIV/AIDS, Nepal recorded a total of 2,475 new positive cases, whereas Karnali reported only 40. For malaria, Karnali had significantly fewer cases (36) compared to Nepal's 818 cases. However, Karnali exhibited a higher Annual Blood Examination Rate (3.0% vs. 1.7%), despite having a lower Annual Parasite Incidence (0.020 vs. 0.03 per 1,000 population). Dengue continues to be a major public health concern, with 48,883 new cases reported nationwide and 1,468 cases in Karnali Province

10.5 Top Ten Diseases of OPD visit

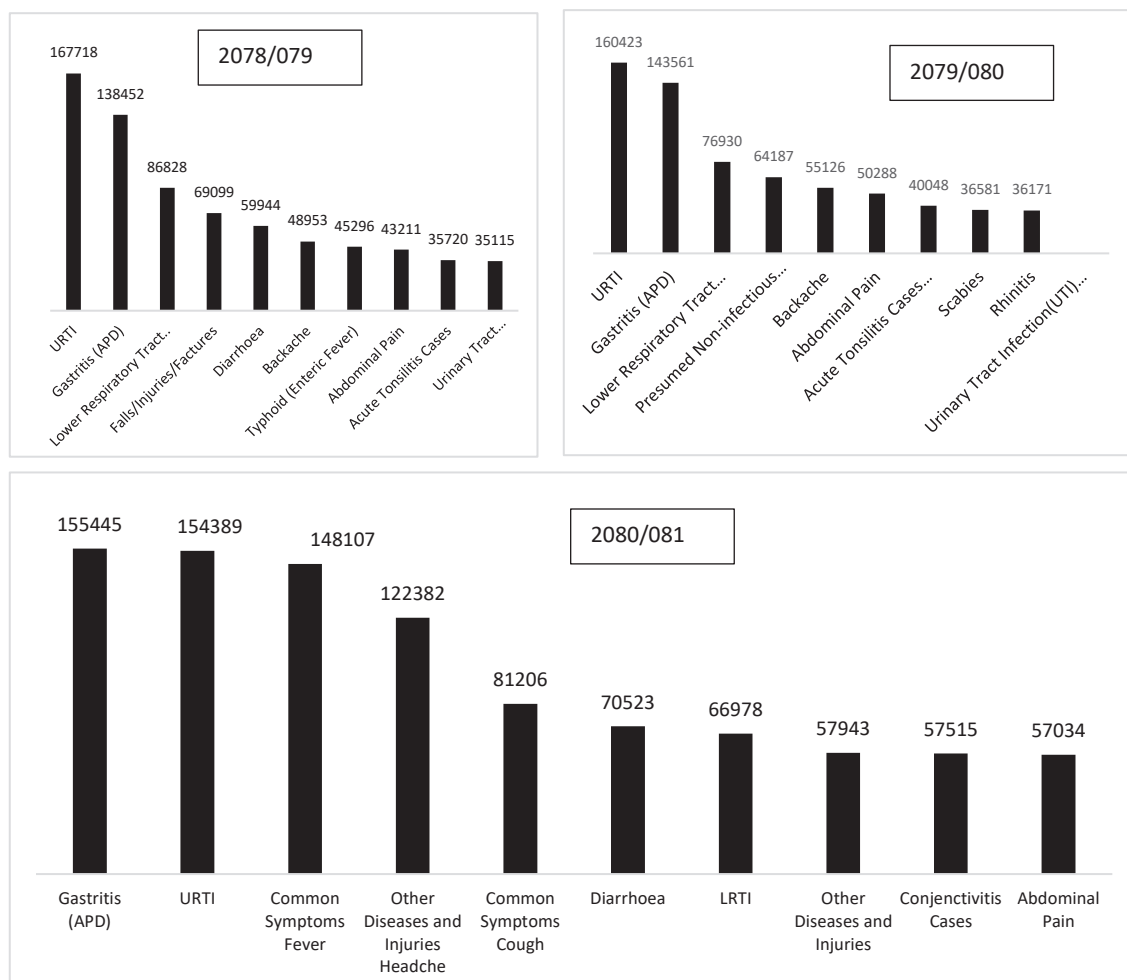


Figure 14: Top Ten Diseases of OPD visit in FY 2078/79, 2079/80 and 2080/81 respectively

The figure consists of three bar charts displaying the most common causes of outpatient visits or health conditions across different datasets (possibly health centers or time periods). Across all three charts, Upper Respiratory Tract Infections (URTI) and Gastritis (Acid Peptic Disease - APD) are consistently the top two leading causes of outpatient visits, each recording over 160,000 cases in at least one fiscal year. Other frequently reported conditions include Lower Respiratory Tract Infections (LRTI), diarrhea, abdominal pain, backache, acute tonsillitis, and urinary tract infections (UTI). Notably, symptoms such as common fever, cough, and injuries are also among the top ten in the FY 2080/81.

11. Rapid Assessment of Avoidable Blindness Survey Result 2019

Eye impairment is a significant concern in Karnali Province, affecting both children and adults. The burden of eye problems, largely due to non-communicable diseases, has been increasing daily. According to the 2019 Assessment of Avoidable Blindness Survey conducted in Karnali, the overall blindness rate is above 1%. Cataracts are the leading cause of blindness, accounting for 61% of cases, followed by refractive errors (15.7%), glaucoma (2.4%), retinal issues (12.2%), and other eye problems (14.6%). The cataract backlog stands at 0.5%. To address this issue, there is a need for comprehensive planning in eye care services to reduce and control avoidable and needless blindness, which remains the highest in Karnali Province compared to other provinces in Nepal.

12. Health Rehabilitation Services

According to the Nepal Demographic and Health Survey 2022, 29 percent of Nepalese people experience functional disability, with 6 percent being completely disabled and unable to manage their daily tasks. This highlights the urgent need for rehabilitation services across the country, particularly for a significant portion of the population. The 2078 National Census indicates that approximately 2.25 percent of Nepal's population is living with disabilities. In Karnali Province, this figure rises to 3.14 percent, with over 37 percent of these individuals experiencing physical disabilities. This underscores the pressing need for effective rehabilitation services to help individuals regain their ability to perform daily activities through a robust health system. To address these needs, the province has developed a rehabilitation strategy, which is currently being implemented. However, due to budget constraints, many individuals are not receiving the specialized rehabilitation services they require.

13. Health Services Delivery Situation

Table 15: Health Services Delivery

| Indicators | National | Province | National | Province |
|---|----------|----------|----------|----------|
| | 2080/81 | 2078/79 | 2080/81 | 2078/79 |
| Percentage of under 1-year age children Vaccinated with third dose of Diphtheria, Pertussis Tetanus (DPT), Hepatitis B and Hemophilus influenzae type b (Hib) | 96.18 | 94.1 | 88.6 | 87.22 |
| Percentage of 12 -23 months children Vaccinated with second dose Measles Rubella (MR) | 100.68 | 89.1 | 87.7 | 90.59 |
| Tetanus Diphtheria 2 nd and TD 2 nd + coverage | 68.07 | 66.3 | 65.2 | 61.75 |
| Children age 0 to 23 months registered for growth monitoring | 68.29 | 102.6 | NA | 63.3 |
| Incidence of pneumonia among children U5 years (per 1000) | 33.88 | 85.7 | 73.6 | NA |
| % of pneumonia cases treated with antibiotics | 100.84 | 101 | NA | 99.92 |

| Indicators | National | Province | National | Province |
|--|----------|----------|----------|----------|
| | 2080/81 | 2078/79 | 2080/81 | 2078/79 |
| Incidence of diarrhea per 1,000 under five years children | 127.11 | 216 | 216 | 250.59 |
| % of children under 5 with diarrhea treated with Oral Rehydration Therapy and zinc | 97.04 | 94.8 | 97.3 | 98.91 |
| % of pregnant women who attended four Antenatal Care (ANC) visits as per protocol | 88.42 | 72.3 | 85 | 76.68 |
| Institutional deliveries % | 80 | 69.8 | 83.4 | 71.98 |
| % of deliveries by caesarean section among reported deliveries | 27.61 | 6.6 | 7.9 | 8.73 |
| Contraceptive Prevalence Rate (CPR) unadjusted | 21.49 | 28.5 | 28.6 | 28.37 |
| Tuberculosis (TB) Case notification rate (all forms of TB)/100,000 pop. | 136.76 | 97.3 | 91.3 | 99.24 |
| TB Treatment success rate | 92.15 | 90.9 | 93.2 | 93.6 |
| Leprosy Prevalence rate per 10,000 | 0.84 | 0.49 | 0.53 | 0.47 |
| Annual parasite incidence (API) per 1,000 population at risk | 0.03 | 0.04 | 0.02 | 0.02 |
| Incidence of Kala-azar in high-risk districts/10000 population | NA | 0.66 | 0.39 | NA |
| % of OPD new visits among total Population | NA | 105 | 87.7 | NA |
| Average length of stay in hospital | 3.56 | 3 | 3.1 | NA |

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The table 15 presents an overview of health service delivery in Karnali Province. Regarding immunization, 87.22% of children under 1 year have received the third dose of DPT, Hep B and Hib vaccines. Additionally, 90.59% of children aged 12 to 23 months have received the second dose of the MR vaccine. However, the national coverage for these vaccines is higher, with 96.1% and 100.6%, respectively.

The incidence of diarrhea among children under five years in Karnali is 251 per 1,000, which is significantly higher than the national average of 127.11. Furthermore, the percentage of institutional deliveries in the province stands at 71.9%, which is lower than the national average of 80%.

14. Priority of Development Partners in Karnali Province

The nutrition. The socio-economic development indicators of Karnali Province lag behind those of other provinces. The province contributes only 4 percent to the national GDP. Factors such as a scattered population, difficult-to-reach areas, socio-economically deprived communities, and seasonal migration are significant barriers to development. However, it is encouraging that several development partners have prioritized sectors such as health, education, protection, food security, water supply, and other cross-cutting issues to improve the health and well-being of the people in Karnali. Bilateral and UN Agencies, along with International Non-Governmental Organizations (INGOs) and Non-Governmental Organization (NGOs), are actively working in various sectors, coordinating

with provincial and local governments to optimize resources and avoid duplication of efforts.

Organizations such as WHO, United Nations Children's Fund (UNICEF), World Food Programme (WFP), United Nations Development Program (UNDP), Save the Children, CARE Nepal, One Heart Worldwide (OHW), and Helen Keller International (HKI) have made significant investments in maternal, adolescent, and child health and nutrition.

15. Budget Allocated for Health Sector in Karnali Province

Table 16: Budget Allocated for Health Sector (in thousands)

| Level | Conditional Grant | | | Non-Conditional Grant | | | Special Grant | | | Total Budget in Health Sector | | | Percentage of Health Budget against Province Total Budget | | |
|------------------|-------------------|---------|---------|-----------------------|---------|---------|---------------|---------|---------|-------------------------------|---------|---------|---|---------|---------|
| | 2079/80 | 2080/81 | 2081/82 | 2079/80 | 2080/81 | 2081/82 | 2079/80 | 2080/81 | 2081/82 | 2079/80 | 2080/81 | 2081/82 | 2079/80 | 2080/81 | 2081/82 |
| Provincial Level | 897960 | 652140 | 628864 | 1716504 | 2543751 | 2143267 | 328500 | 400000 | 467500 | 3721014 | 3595891 | 3239631 | 11.4 | 10.8 | 10.3 |

Source: Ministry of Social Development 2081

The above table 16 shows the budget allocation for the health sector in Karnali Province. The percentage of the health sector budget relative to the total budget has decreased slightly in the current fiscal year, from 10.8% to 10.3%, along with a decline in the conditional budget over the past three consecutive years.

16. Natural Disaster Risk Areas- Districts and Local Levels

Table 17: Local Levels which are at Risk of Natural Disaster

| S.N. | Type of Disaster | Local Levels (Name of District) |
|------|------------------|---|
| 1 | Flash Flood | Kalikot, Dailekh, Salyan and Surkhet |
| 2 | Landslide | Jajarkot (Barekot) Salyan, Surkhet (Chingad, Simta, Birendranagar) Kalikot (Narahari Nath, Sanitribeni), Dailekh, Rukum West, Dolpa |
| 3 | Fire | Kalikot, Dailekh, Jajarkot, Rukum West, Salyan and Surkhet |
| 4 | Airstream | Jajarkot |
| 5 | Disease Outbreak | Jajarkot |
| 6 | Thunder | Dailekh, Jajarkot, Rukum West, Surkhet and Salyan |

Source: Ministry of Internal Affairs and Law, Karnali Province FY 2080/81

17. Issues and Challenges

The risk of natural hazards seems flood, landslide, airstream, diseases outbreak and thunder in Karnali province. The natural disaster risk is therefore considered as the

combination of the severity and frequency of a hazard. Prompt response during emergency is important for information gathering, emergency health service and resumption of essential health services targeting to children, pregnant and lactating mothers, geriatric population and adolescent girls is very important. Deployment of human resources, essential drug supply, reduce the potential risk of diseases outbreak and resumption and rehabilitation of health services is important after any kind of natural disaster.

Issues/Challenges of Karnali Province on Health Sector

1. Sanctioned Human Resources are not recruited in health facilities as per National Human Resource Strategy has persuaded to fulfil the HR gap through Organization & Development Survey,
2. General public are not convinced to enroll in Health Insurance Scheme due to several barriers both in demand and supply side,
3. Total health budget has not increased as per WHO recommendation that has increased out-of-pocket expenditure leading to impoverishment,
4. Sufficient budget has not been allocated for public health program for prevention and health seeking behaviors,
5. Ayurveda and alternative medicine are not priority yet wherever large scope exists,
6. Insufficient infrastructure of many health facilities because most of the HP, PHCCs are designated into primary hospital and still there is same condition,
7. Constant stock out of essential drugs including free drug at local level is still prevalent due to timely monitoring, evaluation, and timely requisition submitted,
8. Repair and maintenance of bio-medical equipment in hospital has increased the operational cost compromising timely diagnosis and quality health services,
9. Reconstruction of health facilities is not constructed collapsed due to Jajarkot earthquake,
10. National health facility is not completely followed as per establishment and operation guideline,
11. Continued coordination, collaboration and co-existence between province and local government in favor of strengthening basic health services,
12. Primary Health Service is the fundamental right of every citizen, but maternal mortality and acute malnutrition is not declining as expected,
13. Non-communicable diseases (NCD) and mental health, Road Traffic Accident (RTA) are increasing due to social disintegration of family, unhealthy food behavior, poor physical activities and violation or traffic rules,
14. Oversight through monitoring, supervision, and evaluation of current implementing program is not effective for problem solving and link into planning,
15. Public private partnership is not enough for resource mobilization and collective efforts as well as sharing of corporate responsibility,
16. Research is least priority for budget allocation and proper implementation is a single tool for identifying issues/problem in health sector,
17. Water Safety Plan quality surveillance, and water chlorination is not properly implemented to increase the safe drinking water target 2030.

18. Jajarkot Earthquake: Model of Collaboration

18.1 Background

On the night of November 3, 2023, a 6.4 magnitude earthquake struck the Jajarkot and Rukum West district of Karnali Province with its epicenter located in Ramidanda, Jajarkot district, at 11:47 PM. Following the initial earthquake, numerous aftershocks occurred, causing fear among the local population. The ongoing aftershocks had compelled residents to evacuate their homes and seek to stay in open areas. A total of 18 local governments are affected where Jajarkot and Rukum West are severely affected in terms of human casualties, and damage to houses in Karnali Province.

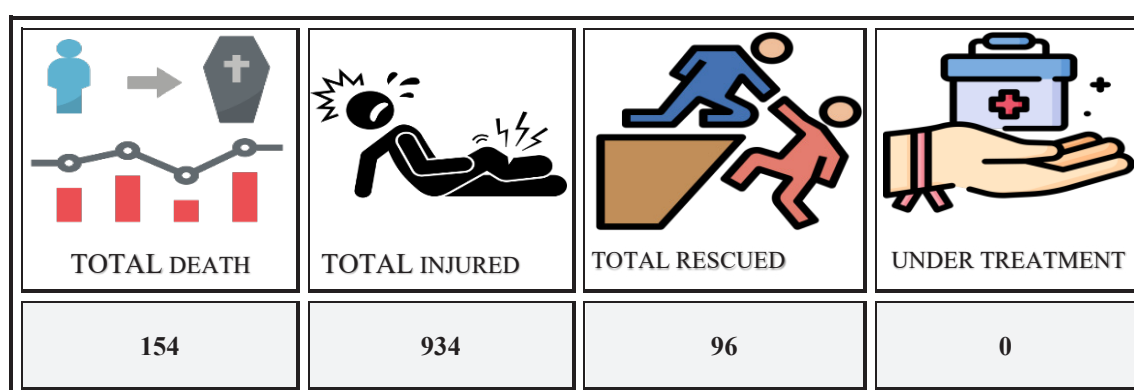


Figure 15: Situation Overview of earthquake

18.2 Damaged Status of health facilities and households

Table 18: Damaged status of health facilities and household

| District | Damaged Health Facility | Household | |
|--------------------|-------------------------|---------------|-------------------|
| | | Fully Damaged | Partially Damaged |
| Jajarkot | 39 | 9,794 | 24,707 |
| Rukum West | 31 | 9,468 | 13,428 |
| Salyan | 6 | 151 | 988 |
| Jumla | 0 | 5 | 116 |
| Surkhet | 0 | 4 | 32 |
| Dailekh | 0 | 1 | 5 |
| Kalikot | 0 | 0 | 93 |
| Grand Total | 76 | 19,423 | 39,369 |

Source: Provincial Health Emergency Operations Center, Health Service Directorate, Karnali Province

The above figure 17 and table 18 provide an overview of the impact of natural disasters on several districts in Karnali Province, including casualties, rescue efforts, and infrastructure damage. A total of 154 people lost their lives, 934 were injured, and 96 were rescued, with no reports of individuals remaining under treatment afterward. In Jajarkot, 39 health facilities were damaged, 9,794 households were completely destroyed, and 24,707 were partially damaged. In Rukum West, 31 health facilities were damaged, 9,468 households were fully destroyed, and 13,428 were partially damaged. In Salyan, 6 health facilities were damaged, with 151 households fully destroyed and 988 partially damaged. Surkhet, Dailekh, Kalikot, and Jumla reported minimal household damage, with no damage to health facilities in the Jajarkot earthquake.

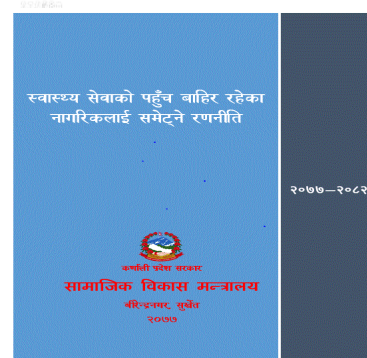
Overall, 76 health facilities were damaged across these districts, with 19,423 households fully destroyed and 39,369 partially damaged. Prompt response efforts and the deployment of emergency health teams helped prevent any post-earthquake epidemics or additional mortality.

19. Health Policy, rule, regulation, and strategic plan

Karnali Province has developed and implemented various health policies and strategies. The key health policies, rules, regulations and strategic plan in the province are as outlined below:

- Karnali Province Health Policy, 2076
- Health Service Act, 2078
- Health Service Regulation, 2080
- Reaching to unreached strategy, 2077-82
- Mental Health and Psychosocial Strategic Plan, 2079
- Health Sector Strategic Plan, 2080
- Health Rehabilitation Strategic Plan, 2080
- Eye Health Strategy, 2080
- Multi Hazard Health and Nutrition Contingency Plan, 2080

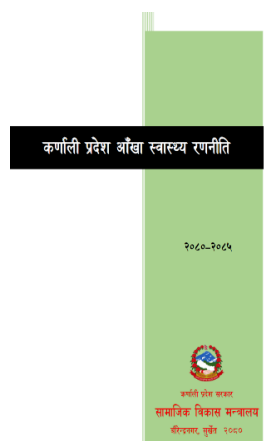
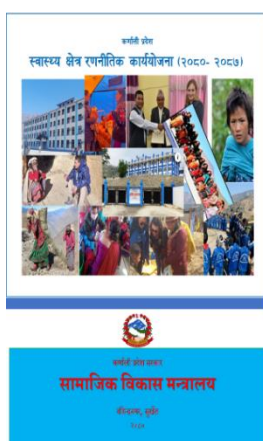
स्वास्थ्य नीति, २०७६



The documents have addressed the specific needs of target population in Karnali. Likewise other policies and strategies are under development to meet along with the evolving health requirements.

Karnali Province Health Sector Strategic Plan 2080-2087

Karnali province government has formulated Health Sector Strategic Plan 2080-2087 based on the national strategy, policy, national and international commitments, SDG goals and contemporary documents. The plan covers the ten strategic outcomes as mentioned.



- नतिजा १: स्वास्थ्य सेवामा सर्वव्यापी पहुँच तथा उपभोगको सुनिश्चितता
- नतिजा २: स्वास्थ्य सेवाको गुणस्तर बृद्धि
- नतिजा ३: औषधि तथा सामग्रीको आपूर्ति व्यवस्थापनमा सुधार
- नतिजा ४: स्वास्थ्य पूर्वाधारहरूको विकास तथा व्यवस्थापनमा सुधार
- नतिजा ५: स्वास्थ्य क्षेत्रको वित्तीय प्रणाली सुदृढीकरण
- नतिजा ६: स्वास्थ्य जनशक्तिको उपलब्धता, परिचालन तथा समयानुकूल क्षमता विकास
- नतिजा ७: जनस्वास्थ्य विपद् व्यवस्थापनमा सुधार
- नतिजा ८: सुदृढ स्वास्थ्य सूचना व्यवस्थापन प्रणाली तथा अनुसन्धान प्रवर्धन
- नतिजा ९: स्वास्थ्य क्षेत्रको नेतृत्व र सुशासन सुदृढीकरण
- नतिजा १०: प्रवर्धनात्मक क्रियाकलाप मार्फत स्वास्थ्य व्यवहार परिवर्तन

Annexes

Annex 1. External Development Partners and NGOs working in Provincial Level Health Sectors

| S.N. | Name of Organization | Province Head/ Coordinator | Scope of Work | Coverage | Contact | |
|------|---|----------------------------|---|---|---------------------------|--|
| | | | | | Contact Number | Email |
| 1. | World Health Organization | Mr. Pradeep Adhikari | Health System Strengthening, Health Emergency, Immunization Preventable Diseases, NCD and Mental Health, and Neglected Tropical Diseases, CDS and Kalazaar. | All 10 districts | 9860779811/ 9841418844 | adhikari@who.int bamb@who.int |
| 2. | UNICEF | Ms. Bindu Panthi | Maternal and Newborn Health, Immunization and Cold Chain, Mental Health, NCD, Health System Strengthening, Nutrition, Integrated Management Acute Malnutrition, Adolescent Health and Health Emergency. | All 10 districts | 9858085513 | bpanti@unicef.org |
| 3. | WFP | Mr. Purna Bdr. Nepali | Mother and Child Health and Nutrition (MCHN), Rice fortification and Emergency Nutrition | All 10 districts | 083-522575 9851373920 | purna.nepali@wfp.org |
| 4. | United Nations Population Fund (UNFPA) | Mr. Atma Ram Neupane | Family Planning, Safe Motherhood, Adolescent Health, Gender, Mental Health Counseling and Disability support | Surkhet, Dailekh, Kalikot, Dolpa, Rukum West & Jajarkot | 9851317426 | aneupane@unfpa.org |
| 5. | AIDS Healthcare Foundation Nepal | Mr. Sanjaya Kumar Poudel | Sustaining the Gain, strengthen HIV prevention, testing, treatment, and care services at ART clinics of Nepal | Surkhet | 9851182107 | sanjaya.paudel@ahf.org |
| 6. | Family Planning Association of Nepal (FPAN) | Mr. Shekhar Pd. Dhamala | Sexual and Reproductive Health, Immunization, Maternal and Newborn Care, Cancer Screening, etc. | Surkhet and Dailekh | 083-520257 9848022211 | fpansurkhet@fpan.org.np |
| 7. | Handicap International | Prakash Upadhyaya | Functional and Inclusive Disability, Physical Health Rehabilitation, Livelihood, Community Based Climate Change Adaptation and Resilience. | All 10 Districts | 9801975904 9856040142 | p.upadhyaya@hi.org |
| 8. | CBM Global | Ms. Parbati Acharya | Disability inclusion, Eye and Ear Health, Mental health, physical | Surkhet, Dailekh and | 9851216903 | parbati.acharya@cbm-global.org |

| S.N. | Name of Organization | Province Head/ Coordinator | Scope of Work | Coverage | Contact | |
|------|---|----------------------------|---|--|--------------------------|--|
| | | | | | Contact Number | Email |
| | | | rehabilitation, Disability Inclusive Livelihood | Rukum West | | |
| 9. | One Heart Worldwide | Mr. Rabin Joshi | Strengthening Maternal and Newborn Care, Health System Strengthening | Rukum West, Salyan, Jajarkot, Dailekh, Kalikot and Jumla | 083-590467 9857866000 | rabin@oneheartworldwide.org |
| 10. | Save the Children | Mr. Dipendra Thakuri | Adolescent and Reproductive Health, New Born Care, HIV/Tuberculosis, and Malaria – Surkhet, Dailekh, Jajarkot, Kalikot and Jumla | 5 Districts | 9848021810 | dipendra.thakuri@savethechildren.org |
| 11. | Ipas | Ms. Nirmala Bhandari | Sustainable Sexual and Reproductive Health Right Strengthening (Gender, Climate Change Resilient Health System) | Dailekh, Rukum West, Jajarkot, Salyan | 9848061213 | bhandarin@ipas.org |
| 12. | Phase Nepal | Ms. Urmila Adhikari | Primary Health Care (Preventive, Curative and Promotive), Maternal and Child Health, Nutrition, NCD, Mental health, Emergency service, Community awareness activities | Mugu & Humla | 01-6634038 9851176042 | info@phasenepal.org |
| 13. | Water Aid | Mr. Bishal Bhandari | Sanitation and Hygiene Promotion through Immunization | All 10 Districts | 9841584759 | bishalbhandari610@gmail.com |
| 14. | Plan International Nepal | Ms. Meena Parajuli | Comprehensive Sexuality Education, Education, Adolescent Friendly Toilet, Maternal Newborn Nutrition, Emergency Nutrition | Kalikot and Jumla | 083-523007 9802020469 | mina.parajuli@plan-international.org |
| 15. | Centre for Mental Health and Counseling- Nepal (CMC- Nepal) | Mr. Laxman Nath | Mental Health and Psychosocial Wellbeing and Mental Health System Strengthening – Surkhet, Jajarkot Salyan, Rukum West, Kalikot and Dailekh | 6 Districts | 083-590367 9849391535 | laxman@cmcnepal.org.np |
| 16. | Transcultural Psychosocial Organization Nepal (TPO- Nepal) | Mr. Prem Nath Bhattarai | Mental and Psychosocial Health- Kalikot, Dailekh, Salyan, Surkhet, Jajarkot and Rukum West | 6 Districts | 9841011176 | - |
| 17. | International Nepal Fellowship Nepal | Mr. Lalit Saru | Skin diseases, Leprosy, Obstetric Fistula, Disability Rehabilitation, and treatment | All 10 districts | 9844875236 | lalit.saru@nepalinf.org |
| 18. | Koshish Nepal | Mr. Surya Pd. Bhattarai | Mental and Psychosocial Disability | Surkhet | 9868445196 | mahesh.bhattarai@koshishnepal.org |

| S.N. | Name of Organization | Province Head/ Coordinator | Scope of Work | Coverage | Contact | |
|------|-----------------------------|----------------------------|---|------------------|--------------------------|--|
| | | | | | Contact Number | Email |
| 19. | Nick Simons Institute (NSI) | Mr. Suraj Shrestha | Rural Hospital Strengthening through Curative Service, Minimum Service Capacity Building and Scholarship program, Rural Health Worker's Conference/ Symposium | All 10 Districts | 01-5451978 9860104056 | surajshrestha@nsi.edu.np |

Source: Health Service Directorate, 2024

Annex 2: Contact Details of the Provincial Offices

| Organization / Institution | Chief of the organization | Contact details |
|--|--|---|
| Ministry of Social Development (MoSD) | Mr. Arjun Gautam, Province Secretary | Mobile: 9841244523 Email: |
| Provincial Health Directorate | Dr. Rabin Khadka, Director | Mobile: 9851196000 Email: dockhadkarabin6000@gmail.com |
| Provincial Health Logistic Management Center | Dr. Shakti Prasad Subedi, Director | Mobile: 9858075708 Email: sps2043@gmail.com |
| Provincial Hospital | Dr. Keshar Bahadur Dhakal, Hospital Director, | Mobile: 9851062785 Email: admin@karnalihits.com |
| Health Service Division, MoSD | Mr. Brish Bahadur Shahi, Sr. Public Health Administrator | Mobile: 9858032776 Email: brishg@yahoo.com |
| Human Resource Development Center | Mr. Dharmajit Shahi, Director | Mobile: 9848304752 Email: dharmajitshahi123@gmail.com |
| Provincial Public Health Laboratory | Mr. Kamal Kumar Thapa, Lab Technologist | Mobile: 9858043770 Email: kalamthapa@yahoo.com |

Annexes 3: Household and Population by Local Levels

| S.N. | Local Level | District | Number of households | Population | | |
|-------|-------------------------------------|----------|----------------------|------------|--------|--------|
| | | | | Female | Male | Total |
| 1. | Dolpo Buddha Rural Municipality | Dolpa | 543 | 1272 | 1148 | 2420 |
| 2. | Shey Phoksundo Rural Municipality | | 861 | 1856 | 1779 | 3635 |
| 3. | Jagadulla Rural Municipality | | 601 | 1315 | 1260 | 2575 |
| 4. | Mudkechula Rural Municipality | | 1190 | 2885 | 2918 | 5803 |
| 5. | Tripurasundari Municipality | | 2622 | 6153 | 6080 | 12233 |
| 6. | Thulibheri Municipality | | 2327 | 4914 | 4947 | 9861 |
| 7. | Kaike Rural Municipality | | 916 | 2113 | 1852 | 3965 |
| 8. | Chharka Tangsong Rural Municipality | | 320 | 853 | 819 | 1672 |
| Total | | | 9,380 | 21,361 | 20,803 | 42,164 |
| 9. | Mugumkarmarog Rural Municipality | Mugu | 1372 | 3259 | 2963 | 6222 |
| 10 | Chhayanath Rara Municipality | | 4952 | 12137 | 12390 | 24527 |
| 11 | Soru Rural Municipality | | 2581 | 7248 | 7029 | 14277 |
| 12 | Khatyad Rural Municipality | | 3525 | 9319 | 9513 | 18832 |
| Total | | | 12,430 | 31,963 | 31,895 | 63,858 |

| S.N. | Local Level | District | Number of households | Population | | |
|-------|-----------------------------------|----------|----------------------|------------|---------|---------|
| | | | | Female | Male | Total |
| 13 | Chankheli Rural Municipality | Humla | 1193 | 3289 | 3290 | 6579 |
| 14 | Kharpunath Rural Municipality | | 1437 | 3410 | 3326 | 6736 |
| 15 | Simkot Rural Municipality | | 2882 | 5888 | 6047 | 11935 |
| 16 | Namkha Rural Municipality | | 849 | 1839 | 1750 | 3589 |
| 17 | Sarkegad Rural Municipality | | 2205 | 5325 | 5363 | 10688 |
| 18 | Adanchuli Rural Municipality | | 1480 | 4227 | 4038 | 8265 |
| 19 | Tanjakot Rural Municipality | | 1158 | 3087 | 3005 | 6092 |
| Total | | | 11,204 | 27,065 | 26,819 | 53,884 |
| 20 | Patarasi Rural Municipality | Jumla | 3342 | 8568 | 8256 | 16824 |
| 21 | Kanaka Sundari Rural Municipality | | 2754 | 6891 | 6734 | 13625 |
| 22 | Sinja Rural Municipality | | 2354 | 6143 | 6413 | 12556 |
| 23 | Chandannath Municipality | | 5367 | 10637 | 10399 | 21036 |
| 24 | Guthichaur Rural Municipality | | 2444 | 5541 | 5381 | 10922 |
| 25 | Tatopani Rural Municipality | | 3318 | 7876 | 7699 | 15575 |
| 26 | Tila Rural Municipality | | 2667 | 7337 | 7202 | 14539 |
| 27 | Hima Rural Municipality | | 2176 | 6037 | 6154 | 12191 |
| Total | | | 24,422 | 59,030 | 58,238 | 117,268 |
| 28 | Palata Rural Municipality | Kalikot | 2834 | 8538 | 8808 | 17346 |
| 29 | Pachal Jharana Rural Municipality | | 2398 | 6787 | 6900 | 13687 |
| 30 | Raskot Municipality | | 3194 | 8881 | 8544 | 17425 |
| 31 | Sanni Tribeni Rural Municipality | | 2422 | 6903 | 6588 | 13491 |
| 32 | Naraharinath Rural Municipality | | 4290 | 11400 | 11058 | 22458 |
| 33 | Khandachakra Municipality | | 4101 | 11062 | 11212 | 22274 |
| 34 | Tilagupha Municipality | | 3154 | 8193 | 8004 | 16197 |
| 35 | Mahawai Rural Municipality | | 1615 | 4128 | 4049 | 8177 |
| 36 | Kalika Rural Municipality | 2762 | 7139 | 6634 | 13773 | |
| Total | | | 26,770 | 73,031 | 71,797 | 144,828 |
| 37 | Naumule Rural Municipality | Dailekh | 4223 | 10196 | 9491 | 19687 |
| 38 | Mahabu Rural Municipality | | 3968 | 9797 | 8262 | 18059 |
| 39 | Bhairabi Rural Municipality | | 4269 | 10183 | 8584 | 18767 |
| 40 | Thantikandh Rural Municipality | | 3840 | 9371 | 8930 | 18301 |
| 41 | Aathbis Municipality | | 6134 | 15842 | 15250 | 31092 |
| 42 | Chamunda Bindrasaini Municipality | | 5113 | 13538 | 13021 | 26559 |
| 43 | Dullu Municipality | | 9053 | 21038 | 18105 | 39143 |
| 44 | Narayan Municipality | | 6504 | 13906 | 12205 | 26111 |
| 45 | Bhagawatimai Rural Municipality | | 3550 | 9189 | 9017 | 18206 |
| 46 | Dungeshwor Rural Municipality | | 3399 | 7643 | 6890 | 14533 |
| 47 | Gurans Rural Municipality | | 4541 | 10787 | 10402 | 21189 |
| Total | | | 54,594 | 131,490 | 120,157 | 251,647 |
| 48 | Barekot Rural Municipality | Jajarkot | 3887 | 10970 | 11035 | 22005 |
| 49 | Kuse Rural Municipality | | 4401 | 11555 | 11503 | 23058 |
| 50 | Junichande Rural Municipality | | 4296 | 11936 | 11835 | 23771 |
| 51 | Chhedagad Municipality | | 7197 | 19179 | 18698 | 37877 |
| 52 | Shivalaya Rural Municipality | | 2806 | 7478 | 7298 | 14776 |
| 53 | Bheri Malika Municipality | | 8874 | 19516 | 18376 | 37892 |
| 54 | Tribeni Nalagad Municipality | | 5992 | 14556 | 14366 | 28922 |

| S.N. | Local Level | District | Number of households | Population | | |
|-------|----------------------------------|------------|----------------------|------------|---------|---------|
| | | | | Female | Male | Total |
| Total | | | 37,453 | 95,190 | 93,111 | 188,301 |
| 55 | Aathabisakot Municipality | Rukum West | 7553 | 18299 | 17618 | 35917 |
| 56 | Sanibheri Rural Municipality | | 5292 | 12745 | 12014 | 24759 |
| 57 | Banphikot Rural Municipality | | 4607 | 10859 | 10174 | 21033 |
| 58 | Musikot Municipality | | 8693 | 18020 | 16250 | 34270 |
| 59 | Tribeni Rural Municipality | | 4308 | 10704 | 9821 | 20525 |
| 60 | Chaurjahari Municipality | | 6837 | 14947 | 14009 | 28956 |
| Total | | | 37,290 | 85,574 | 79,886 | 165,460 |
| 61 | Darma Rural Municipality | Salyan | 4264 | 10384 | 9755 | 20139 |
| 62 | Kumakh Malika Rural Municipality | | 5491 | 12765 | 12094 | 24859 |
| 63 | Banagad Kupinde Municipality | | 7428 | 17202 | 15738 | 32940 |
| 64 | Siddha Kumakh Rural Municipality | | 2898 | 6869 | 6258 | 13127 |
| 65 | Bagachour Municipality | | 7498 | 17547 | 16474 | 34021 |
| 66 | Chhatreshwori Rural Municipality | | 5139 | 11223 | 10019 | 21242 |
| 67 | Sharada Municipality | | 8898 | 18275 | 16388 | 34663 |
| 68 | Kalimati Rural Municipality | | 4972 | 11265 | 10941 | 22206 |
| 69 | Tribeni Rural Municipality | | 4110 | 8746 | 7918 | 16664 |
| 70 | Kapurkot Rural Municipality | | 3974 | 9157 | 8369 | 17526 |
| Total | | | 54,672 | 123,433 | 113,954 | 237,387 |
| 71 | Simta Rural Municipality | Surkhet | 6062 | 13463 | 10620 | 24083 |
| 72 | Chingad Rural Municipality | | 3297 | 8233 | 7367 | 15600 |
| 73 | Lekabeshi Municipality | | 7441 | 16833 | 14877 | 31710 |
| 74 | Gurbhakot Municipality | | 11798 | 26033 | 22183 | 48216 |
| 75 | Bheriganga Municipality | | 11539 | 25665 | 22538 | 48203 |
| 76 | Birendranagar Municipality | | 38377 | 78734 | 75129 | 153863 |
| 77 | Barahatal Rural Municipality | | 6169 | 13478 | 12465 | 25943 |
| 78 | Panchapuri Municipality | | 7803 | 18609 | 17230 | 35839 |
| 79 | Chaukune Rural Municipality | | 5336 | 13714 | 13236 | 26950 |
| Total | | | 97,822 | 214,762 | 195,645 | 410,407 |

Source: Population Census 2021

Annexes 4: Type of Health Facilities by Local Level

| S.N. | Local Level | Nursing Home | Secondary A Hospital | BHSC | General Hospital | Primary Hospital | Academy | NGO | Urban Health Center | Health Post | District Hospitals | CHU | PHCCs | Private Hospital | PHCCs/Outreach Clinic | Tertiary Hospital | Secondary B Hospital | Others |
|--------------------|-------------------------------------|--------------|----------------------|-----------|------------------|------------------|----------|----------|---------------------|-------------|--------------------|-----------|----------|------------------|-----------------------|-------------------|----------------------|----------|
| 1 | Dolpo Buddha Rural Municipality | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | Shey Phoksundo Rural Municipality | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | Jagadulla Rural Municipality | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Mudkechula Rural Municipality | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Tripurasundari Municipality | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Thulibheri Municipality | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 3 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 1 |
| 7 | Kaike Rural Municipality | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Chharka Tangsong Rural Municipality | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dolpa Total | | 0 | 0 | 20 | 0 | 0 | 0 | 0 | 0 | 23 | 1 | 6 | 0 | 0 | 0 | 0 | 0 | 1 |
| 9 | Mugum karmarong Rural Municipality | 0 | 0 | 4 | 0 | 1 | 0 | 0 | 0 | 5 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 | Chhayanth Rara Municipality | 0 | 0 | 10 | 0 | 0 | 0 | 1 | 0 | 6 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 1 |
| 11 | Soru Rural Municipality | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | Khatyad Rural Municipality | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 6 | 1 | 0 | 0 | 0 | 0 | 0 |
| Mugu Total | | 0 | 0 | 22 | 0 | 1 | 0 | 1 | 0 | 24 | 1 | 15 | 1 | 0 | 0 | 0 | 0 | 1 |
| 13 | Chankheli Rural Municipality | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | Kharpunath Rural Municipality | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 4 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 | Simkot Rural Municipality | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 4 | 1 | 5 | 0 | 0 | 0 | 0 | 0 | 2 |
| 16 | Namkha Rural Municipality | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17 | Sarkegad Rural Municipality | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18 | Adanchuli Rural Municipality | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19 | Tanjakot Rural Municipality | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Humla Total | | 0 | 0 | 9 | 0 | 1 | 0 | 0 | 0 | 26 | 1 | 19 | 0 | 0 | 0 | 0 | 0 | 2 |

| S.N. | Local Level | Nursing Home | Secondary A Hospital | BHSC | General Hospital | Primary Hospital | Academy | NGO | Urban Health Center | Health Post | District Hospitals | CHU | PHCCs | Private Hospital | PHCCs/Outreach Clinic | Tertiary Hospital | Secondary B Hospital | Others |
|----------------------|-----------------------------------|--------------|----------------------|-----------|------------------|------------------|----------|----------|---------------------|-------------|--------------------|----------|----------|------------------|-----------------------|-------------------|----------------------|----------|
| 20 | Patarasi Rural Municipality | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21 | Kanaka Sundari Rural Municipality | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22 | Sinja Rural Municipality | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23 | Chandannath Municipality | 0 | 0 | 5 | 0 | 0 | 1 | 1 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 24 | Guthichaur Rural Municipality | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25 | Tatopani Rural Municipality | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 26 | Tila Rural Municipality | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27 | Hima Rural Municipality | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Jumla Total | | 0 | 0 | 24 | 0 | 0 | 1 | 1 | 1 | 29 | 0 | 6 | 1 | 0 | 0 | 0 | 0 | 2 |
| 28 | Palata Rural Municipality | 0 | 0 | 7 | 0 | 1 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 29 | Pachal Jharana Rural Municipality | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30 | Raskot Municipality | 0 | 0 | 6 | 0 | 1 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 31 | Sanni Tribeni Rural Municipality | 0 | 0 | 5 | 0 | 1 | 0 | 0 | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32 | Naraharinath Rural Municipality | 0 | 0 | 4 | 0 | 1 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33 | Khandachakra Municipality | 0 | 0 | 8 | 1 | 0 | 0 | 1 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 34 | Tilagupha Municipality | 0 | 0 | 6 | 0 | 1 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35 | Mahawai Rural Municipality | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 1 |
| 36 | Kalika Rural Municipality | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| Kalikot Total | | 0 | 0 | 48 | 1 | 5 | 0 | 1 | 0 | 27 | 1 | 9 | 0 | 0 | 0 | 0 | 0 | 2 |
| 37 | Naumule Rural Municipality | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 38 | Mahabu Rural Municipality | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| 39 | Bhairabi Rural Municipality | 0 | 0 | 4 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40 | Thantikandh Rural Municipality | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 0 |
| 41 | Aathbis Municipality | 0 | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 42 | Chamunda Bindrasaini Municipality | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| S.N. | Local Level | Nursing Home | Secondary A Hospital | BHSC | General Hospital | Primary Hospital | Academy | NGO | Urban Health Center | Health Post | District Hospitals | CHU | PHCCs | Private Hospital | PHCCs/Outreach Clinic | Tertiary Hospital | Secondary B Hospital | Others |
|-------------------------|----------------------------------|--------------|----------------------|-----------|------------------|------------------|----------|----------|---------------------|-------------|--------------------|-----------|----------|------------------|-----------------------|-------------------|----------------------|----------|
| 43 | Dullu Municipality | 0 | 0 | 4 | 0 | 1 | 0 | 2 | 3 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 44 | Narayan Municipality | 0 | 0 | 4 | 0 | 0 | 0 | 3 | 2 | 6 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 3 |
| 45 | Bhagawatimai Rural Municipality | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 5 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 46 | Dungeshwor Rural Municipality | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 4 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 1 |
| 47 | Gurans Rural Municipality | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 6 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dailekh Total | | 0 | 0 | 25 | 0 | 4 | 0 | 6 | 5 | 54 | 1 | 11 | 1 | 0 | 1 | 0 | 0 | 6 |
| 48 | Barekot Rural Municipality | 0 | 0 | 5 | 0 | 1 | 0 | 0 | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 49 | Kuse Rural Municipality | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 50 | Junichande Rural Municipality | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 11 | 1 | 0 | 0 | 0 | 0 | 0 |
| 51 | Chhedagad Municipality | 0 | 0 | 8 | 0 | 1 | 0 | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 52 | Shivalaya Rural Municipality | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 53 | Bheri Malika Municipality | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 5 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 34 | Tribeni Nalagad Municipality | 0 | 0 | 7 | 0 | 1 | 0 | 0 | 0 | 5 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jajarkot Total | | 0 | 0 | 44 | 0 | 3 | 0 | 0 | 0 | 30 | 1 | 16 | 1 | 0 | 0 | 0 | 0 | 1 |
| 55 | Aathabisakot Municipality | 0 | 0 | 9 | 0 | 1 | 0 | 0 | 8 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 56 | Sanibheri Rural Municipality | 0 | 0 | 7 | 0 | 1 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 57 | Banphikot Rural Municipality | 0 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 58 | Musikot Municipality | 0 | 0 | 9 | 0 | 0 | 0 | 1 | 3 | 5 | 1 | 0 | 0 | 5 | 0 | 0 | 0 | 3 |
| 59 | Tribeni Rural Municipality | 0 | 0 | 5 | 0 | 1 | 0 | 0 | 0 | 4 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60 | Chaurjahari Municipality | 0 | 0 | 8 | 1 | 1 | 0 | 0 | 0 | 4 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Rukum West Total | | 0 | 0 | 44 | 1 | 4 | 0 | 1 | 11 | 25 | 1 | 2 | 1 | 5 | 0 | 0 | 0 | 4 |
| 61 | Darma Rural Municipality | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| 62 | Kumakh Malika Rural Municipality | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 5 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| 63 | Banagad Kupinde Municipality | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 3 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 64 | Siddha Kumakh Rural Municipality | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| S.N. | Local Level | Nursing Home | Secondary A Hospital | BHSC | General Hospital | Primary Hospital | Academy | NGO | Urban Health Center | Health Post | District Hospitals | CHU | PHCCs | Private Hospital | PHCCs/Outreach Clinic | Tertiary Hospital | Secondary B Hospital | Others |
|-------------------------------|----------------------------------|--------------|----------------------|------------|------------------|------------------|----------|-----------|---------------------|-------------|--------------------|------------|-----------|------------------|-----------------------|-------------------|----------------------|-----------|
| 65 | Bagachour Municipality | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 66 | Chhatreshwori Rural Municipality | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 |
| 67 | Sharada Municipality | 0 | 0 | 7 | 0 | 0 | 0 | 1 | 2 | 7 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 68 | Kalimati Rural Municipality | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| 69 | Tribeni Rural Municipality | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 70 | Kapurkot Rural Municipality | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Salyan Total | | 0 | 0 | 33 | 0 | 2 | 0 | 1 | 5 | 44 | 1 | 11 | 2 | 0 | 0 | 0 | 0 | 2 |
| 71 | Simta Rural Municipality | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 8 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| 72 | Chingad Rural Municipality | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 8 | 1 | 0 | 0 | 0 | 0 | 0 |
| 73 | Lekabeshi Municipality | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 0 |
| 74 | Gurbhakot Municipality | 0 | 1 | 8 | 0 | 0 | 0 | 1 | 5 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| 75 | Bheriganga Municipality | 0 | 0 | 13 | 0 | 0 | 0 | 0 | 1 | 4 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| 76 | Birendranagar Municipality | 4 | 0 | 8 | 1 | 1 | 0 | 11 | 4 | 7 | 0 | 0 | 0 | 3 | 1 | 0 | 1 | 34 |
| 77 | Barahatal Rural Municipality | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 78 | Panchapuri Municipality | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 7 | 1 | 1 | 0 | 0 | 0 | 1 |
| 79 | Chaukune Rural Municipality | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| Surkhet Total | | 4 | 1 | 50 | 1 | 1 | 0 | 12 | 10 | 47 | 0 | 33 | 3 | 4 | 2 | 0 | 0 | 40 |
| Karnali Province Total | | 4 | 1 | 319 | 3 | 21 | 1 | 24 | 32 | 329 | 8 | 134 | 11 | 9 | 3 | 0 | 1 | 61 |

Source: HMIS – DHIS-2 2080/81



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