

June 2021

Karnali Health Profile



Karnali Province Government
Ministry of Social Development
Birendranagar, Surkhet
2021



कर्णाली प्रदेश सरकार
सामाजिक विकास मन्त्रालय



सचिवालय : ०८३-५२५६१२
प्रशासन शाखा : ०८३-५२३६७२
फ्याक्स : ०८३-५२२०२५

11 Bhadra 2078

Message

This is my pleasure to share a summary health situation of Karnali province in a single report as the name of 'Karnali Health Profile'. The profile illustrates the health and other determining factors of health and well being in a systematic direction. It contained on geographical situation, population density, health service institutions, human resources, diseases pattern, morbidity mortality, current key health indicators of this province by continued efforts of Ministry of Social Development.

This information might be important for policy makers, planners, academicians and other fellow who wants to know the current health situation of Karnali province. We have considered that this is a live document to be amended every year by the reference of current health and other important indicators changes. In order to provide accessible quality health services particularly for the poor and disadvantaged people will be advantageous for evidence-based planning. I appreciate MoSD health division team members who were continuously engaged to develop this document with your valuable efforts.

Finally, I recommend revising and continuation of publication every year for everyone.



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कृष्णा प्रसाद कर्परी
सचिव
Krishna Prasad Kapri
Secretary

Table of Contents

Acronyms	4
1. Introduction	5
1.1 Geographical Situation	5
1.2 Administrative Division	5
1.3 Health Facilities in Karnali Province	5
2. Demographic Situation	6
2.1. Total Number of Households and Total Population by Sex.....	6
3. Economic Situation	8
3.1 Macro-Economic Indicators (Total Domestic Production, Per Capita Income, Employment Rate) 8	
3.2 Health Financing Related Indicators- Out of Pocket Expenditure, Share of Health Budget in Province.....	9
3.3 Population below Poverty Line	9
4. Educational Situation	9
4.1. Educational Status by Sex	9
5. Water Supply and Sanitation.....	10
5.1 Source of Water Supply by Household	10
5.2 Type of Toilet by Household	11
6. Nutritional Status of Children and Women	11
7. Organizational Structure and Health Facilities	12
7.1 Administrative Division of Health	12
7.2 Organizational Structure of Ministry of Social Development	12
7.3 Organizational Structure of Health Service Directorate	12
7.4 Health Facilities by Local Level in Number	13
7.5 Name of Federal and Provincial Hospitals.....	13
7.6 Type of Health Facilities by Local Level (Annex Table 2)	14
8. Community Health Services.....	14
9. Human Resource for Health	15
9.1 Health Worker Post and Fulfillment.....	15
10. Overall Public Health Status.....	16
10.1 Total Fertility Rate and Life Expectancy at Birth	16
10.2. Mortality.....	16
10.3. Situation of Non-Communicable Disease	16
10.4 Situation of Communicable Disease	17
11. Health Services Situation.....	18

12. External Development Partners working in Provincial Level 19
 12.1 Priority of Development Partners in Karnali Province 21

13. Budget Allocated for Health Sector in Karnali Province 22

14. Name of Local Levels which are at Risk of Natural Disaster 22

15. Contact Details of the Officials 22

16. Remarkable Implication of Province 23

17. COVID -19 (Till Mid February 2021) 24
 17.1 Quarantine Sites 24
 17.2 COVID- 19 Test 24
 17.3 The COVID-19 Case Recovered and Death 25

Annexes 26

Acronyms

AHW	:	Auxiliary Health Worker
ANM	:	Auxiliary Nurse-Midwives
APD	:	Acid Peptic Diseases
BMS	:	Bachelor of Medical Sciences
CMA	:	Community Medical Assistant
COPD	:	Chronic Obstructive Pulmonary Disease
CPR	:	Contraceptive Prevalence Rate
CTEVT	:	Council for Technical Education and Vocational Training
EPI	:	Expanded Program for Immunization
FCHV	:	Female Community Health Volunteers
FY	:	Fiscal Year
HA	:	Health Assistant
HDI	:	Human Development Index
HKI	:	Helen Keller International
HMIS	:	Health Management Information System
HSD	:	Health Service Directorate
HW	:	Health Worker
KAHS	:	Karnali Academy of Health Sciences
KIRDARC	:	Karnali Integrated Rural Development and Research Centre
KTS	:	Karnali Technical Institute
LRTI	:	Lower Respiratory Tract Infection
MD	:	Doctor in Medicine
MoSD	:	Ministry of Social Development
MWRA	:	Married Women with Reproductive Age
NER	:	National Educational Report
OOP	:	Out of Pocket
PCL N	:	Proficiency Certificate Level Nursing
PHC-ORC	:	Primary Health Care-Out Reach Clinic
PHO	:	Public Health Officer
RI	:	Routine Immunization
SAC	:	Social Awareness Center
SEDA	:	Surkhet Education Development Academy
SSBH	:	Strengthening System for Better Health
TB	:	Tuberculosis
URTI	:	Upper Respiratory Tract Infection
WHO	:	World Health Organization

1. Introduction

1.1 Geographical Situation

Karnali province is the largest province among the seven provinces of Nepal with a total area of 27,984 m² (i.e. 19% of the total area of Nepal). This province occupies 60% of the area with higher mountain land expanded to the northern 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 is located in this province. The longest river in the country, the Karnali river also lies in the province.

Figure 1 Geographical Map of Karnali Province



The major tourist destinations in Karnali province are Rara Lake, Phoksundo Lake, Chandannath Temple, Jwala, Kuvinde Daha, Bulbule (Bulbultal), Kankre Bihar, Deutibajai Temple, etc.

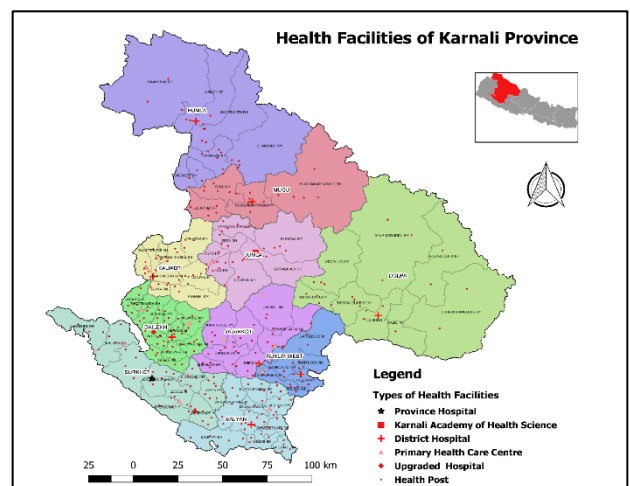
1.2 Administrative Division

Karnali province has been divided into 10 districts, 79 municipalities and 718 wards located in the western part of Nepal. The province comprises 12 house of the representative constituency and 24 provincial constituency assemblies through direct election. The above figure shows the districts are further divided into 25 municipalities and 54 rural municipalities. Wards are the lowest administrative unit for governance. The capital of the Karnali province is Birendranagar, which is the highest populated municipality in the province and Chharka Tangsong is the lowest populated rural municipality located in the Dolpa district. Bheri and Karnali are the main running rivers in the province from the southeast and southwest direction of the province.

1.3 Health Facilities in Karnali Province

The figure shows the distribution of health facilities in Karnali province is quite different from other provinces. The province has only one provincial-level hospital and a health science academy including 10 secondary and 7 primary hospitals, 14 primary health centers and 333 health posts. Besides them, one Ayurvedic Hospital and another 10 Ayurvedic Centers are in different districts of the province. Amongst the 718 wards in the province, more than 200 wards still do not have health posts. The private sector involvement is mostly concentrated in Birendranagar, Surkhet.

Figure 2: Health Facilities in Karnali Province



2. Demographic Situation

2.1. Total Number of Households and Total Population by Sex

According to the population census 2068, the total number of households is 298,174 and the population is 1570,418 comprising 802,495 females and 767,923 males in Karnali province.

Table 2.1 District wise Population in Karnali Province

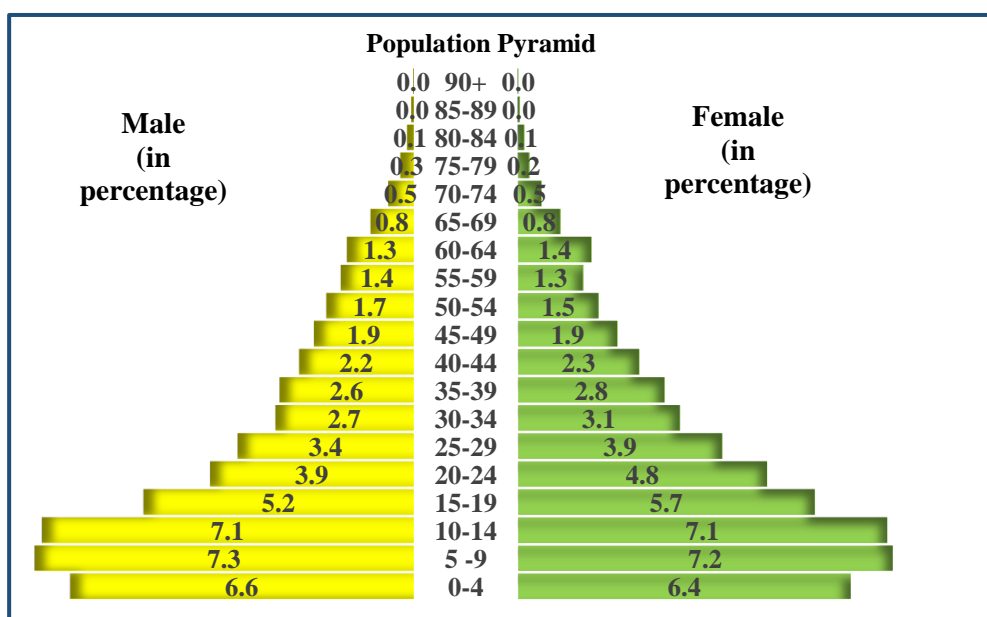
SN	Districts	Households	Population		
			Total	Male	Female
1	Rukum West	30,462	155,383	74,179	81,204
2	Salyan	46,556	242,444	115,969	126,475
3	Surkhet	72,863	350,804	169,421	181,383
4	Jajarkot	30,472	171,304	85,537	85,767
5	Dailekh	48,919	261,770	126,990	134,780
6	Dolpa	7,488	36,700	18,238	18,462
7	Jumla	19,303	108,921	54,898	54,023
8	Kalikot	23,013	136,948	68,833	68,115
9	Mugu	9,619	55,286	28,025	27,261
10	Humla	9,479	50,858	25,833	25,025
Total		298,174	1,570,418	767,923	802,495

Karnali province belongs the lowest population having 5.93% of the total population despite the geographical coverage by 19.74% of the country. The population density of the province is 56 people per square kilometer; however, it varies in different districts. The population sex ratio between male and female is 96:100 in which 49% population is male and 51% are female across the province. The highest and lowest household size and population are in Surkhet and Mugu

districts, respectively. Every year large number of populations migrate to India and other parts of Nepal for seeking seasonal employment. The current projected population is 18,24,131 according to the HMIS FY 2077/78-year wise projection. Surkhet, the capital of Karnali province is also an agreeable destination for better employment opportunities. Ninety-five percent of Hindu believers live in this province than other religious groups.

Figure 3: Population Pyramid by Age and Sex

This Figure 3 the age-sex -pyramid" is a graphical illustration of the distribution of a population as the reference of population census 2011. The female population size is slightly higher than the male population. Mainly below 15 years population size is larger both male and female than other age ratios. Then another sex range between 15-49 years population is almost



50% which is also the economically active population. The older aged population ratio above 65 is less than other aged population distribution.

Figure 4 shows the sex-wise population in Nepal

Figure 4: Population Distribution by Sex

Nepal comprising 51% are female and 49% of them are male. According to the population census 2011, the total population in Karnali population was 1,563,464. Out of them, there were 764679 male and 799155 females. It shows the population of female is higher than male. It shows that the population of the female is higher than male. It is the lowest population rank than the rest of the six provinces. Population dynamics always affect the development of the country. The following table 2.2 shows the total projected population of HMIS FY 2077/78 comprising 1,824,131 in the province which varies on the growth rate of population year by year. Mainly, 0-6 months, 12-23 months, < 5 years age and MWRA are the key populations that are important for health service delivery for calculation of different outcome indicators as well as measuring the morbidity and mortality of under 5 years children and 19-49 years aged women.

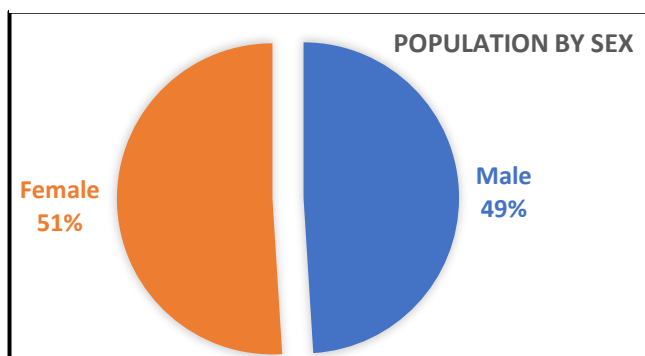


Table 2.2: Target Population for Health Program

Table 2.2: Target Population by Age			
SN	Population	Total Number	%
1.	Total Population	1824131	-
2.	Children 0 to 6 months of age	18888	1.04
3.	Children Under 1 year of age	36958	2.03
4.	Children 6 months to 59 months of age	165002	9.05
6.	Children Under 5 years of age	183481	10.06
7.	Adolescent of 10 to 19 years of age	349207	19.14
8.	Women with reproductive age group 15 to 49 years	522883	28.66
9.	Married women with reproductive age group 15 to 49 years	396345	21.73
10.	Elderly person above 60 years of age	157078	8.61
11.	Expected Live Births	38073	
12.	Expected Pregnancies	44897	

Source: HMIS Target Population of Year 2077/78

The following table 2.3 shows the different ethnic communities and sex of the population residing in Karnali province. Among the different ethnicities Chettri and Dalit are the largest populations followed by Magar, Thakuri, Brahmin-Hills are prominent in this province.

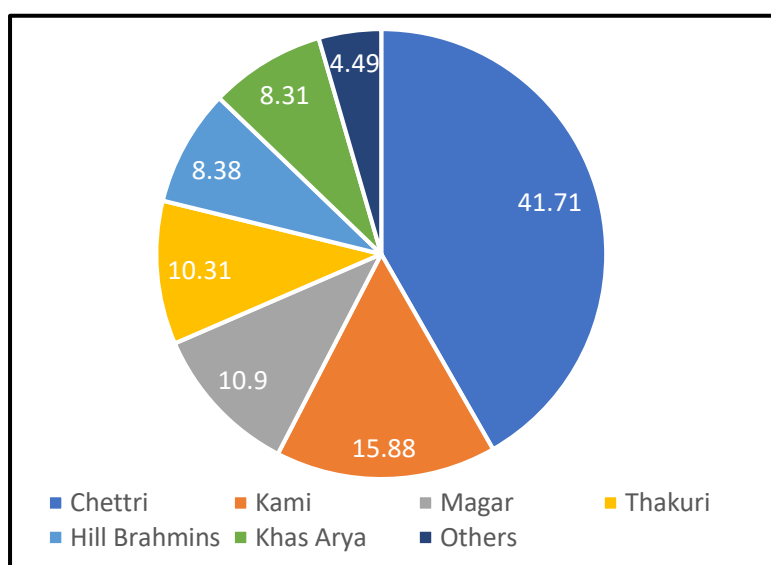
Table 2.3 Population by Ethnicity and Sex

S.N.	Ethnicity	Total	Female	Male
1	Chettri	653379	333615	319764
2	Kami	248761	128162	120599
3	Magar	170797	88251	82546

S.N.	Ethnicity	Total	Female	Male
4	Thakuri	161556	81941	79615
5	Brahmin-Hills	131288	66379	64909
6	Damai	62464	32181	30283
7	Sarki	41230	21184	20046
8	Sanyari/Dasnami	26513	13707	12806
9	Tamang	13832	7013	6819
10	Gurung	11042	5551	5491
11	Others	45556	22277	23279
	Total	1566418	800261	766157

Source: Population Census 2068

Figure 5: Ethnic Groups in Karnali Province



Karnali province is called the origin of the Khas Arya ethnic community since the primitive era. The chart expresses the population size by ethnicity in the province. As in the figure, Chettri (41.71%), Kami (15.88%), Magar (10.9%) and Thakuri (10.3%) are the highest ethnic population than other ethnic groups reside in this province. A large number of Dalit population is in Kalikot and neighboring districts. The social and economic situation among Dalits is much deprived.

3. Economic Situation

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

Karnali province is moving ahead with a long-term vision "Prosperous Karnali, Happy Karnali People. The Constitution of Nepal created a federal structure with seven provinces, with significant socioeconomic differences among them. For example, Bagmati Province contributes 41.4 percent of GDP, while the share of Karnali Province is 3.4 %. In fiscal year 2018-19 Karnali Province lagged at 5.7% lowest of economic growth among seven provinces according to Human Development Report 2020. The province government has estimated to increase the current lowest 5.7% economic growth to 14.9% within the same period. The growth rate is estimated at 3.6% in FY 2019/20 in the province. The provincial planning commission has pledged to increase the per capita income from 606 to 1147 US dollars by 2022/23. The average life expectancy of people in Karnali province is 67 years which is less than the national level is 69.7 years. Productive employment is an essential element for sustainable development. The economically active population in this province is 41.4% and the unemployment rate of 11.4% is a higher unemployment rate. There are highest disparities of income than existing human resources. The Province government has introduced the employment scheme program for unemployed citizens. COVID-19 pandemic greatly impacted growth targets. Every year large number (85%) of the household population leaves home for seeking job and out of them, average 50% of people migrate to India for seasonal employment.

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

Nepal government has promised to reach universal health coverage increasing enough infrastructures and human resources for accessible health quality services. To reach the health services, the government has developed the reaching to unreached strategy targeting the people who are still left behind from primary and emergency health services. It is also important to reduce the catastrophic expenditure among the poor family. The share of the health budget has been increasing every year and the current FY budget is 9.6 % of the total budget at the province level however, the expenditure is not satisfactory. There is not exact household spending OOP expenditure at the province level. According to WB Report 2018 (AD) the OOP is 50.79% at the national level. The National Health Accounts the OOP expenditure as 57.9% in 2016/17 compared to 55.4% in 2015/16 (AD).

3.3 Population below Poverty Line

Karnali is the largest province among the seven provinces of Nepal. According to Ministry of Social Development (MoSD) 2019. The Human Development Index of the province is 0.427 is less than national level. Among the 10 districts in Karnali province, Kalikot with HDI 0.37 and Surkhet with HDI 0.47 are the lowest and highest HDI in the province. According to National Planning Commission (NPC) 2018, the multidimensional poverty is 51.2% which is highest in comparison to 28.6% at the national level. Average 39.8% of people are still living below the poverty line in this province. According to Provincial Planning Commission (PPC), the poverty rate among 10 districts Kalikot is highest and Rukum West is lowest by 58.7% and 26.6% respectively. Total 74% of households are dependent on agriculture.

4. Educational Situation

4.1. Educational Status by Sex

Table 4.1: Educational Status by Sex (in percentage)				Source
Level	Female	Male	Total	
Literacy Rate (15-24 YRS)	92.8%	96.4%	94.3%	MICS, 2019
NER – Secondary Level (G 9-12)	45.7%	46.5%	46.1%	FLASH Report 2019
NER Basic Level (G 1-8)	93.5%	95.9%	95.1%	FLASH Report 2019
NER - Primary Education (G 1-5)	96.5%	97.9%	97.2%	FLASH Report 2019
Informal Education	NA	NA	NA	
Literacy rate (5 years and above)	53.21%	72.88%	62.77%	CBS, 2011
Illiterate	46.79%	27.12%	37.23%	CBS 2011

Source: FLASH Report, Ministry of Education 2076

Table 4.1 illustrates the educational situation in Karnali province. The average literacy rate in the province is 62.7% in which the male literacy rate is 72.88 and female is 53.21 percent. It shows that the large share of the female population is still illiterate in Karnali province. The data shows the school dropout in a higher class is increasing compared to primary education. However, it's good that the literacy among 15-24 Yrs. age population is 94.3 percent.

Table 4.2. Health/Medical Educational Institutions

Institution	GON	NGO/Private	Total
Medical College	1	0	1
Nursing college	2	1	3
Health Professional Institutions	2	1	3

Source: Ministry of Social Development, Karnali Province 2077

Table 4.3. Health Professional Institutions by Cadre

Institutions	Health Professionals by Cadre						
	#PCL N	HA	Pharmacy	BMS	Anesthesia	BPH	MD
SEDA*	120	120	0	0	0	0	0
KAHS	120	120	0	10	30	60	6
KTS*	0	0	40	0	0	0	0

Source: *CTEVT Provincial Office, KAHS 2077

Table 4.2 and subsequent table 4.3 shows the current status of the medical and professional institution in Karnali province. Karnali Academy of Health Science (KAHS) is the largest government institution of medical science located in Jumla. Karnali Technical Institute (KTS) is another government institute is schooling pharmacist cadres and planning for nursing and health assistant. Previously they have Auxiliary Nurse Midwives (ANM) and Community Medical Assistant (CMA) courses but the program is phased out since this fiscal year because of recent government policy. Finally, a private college Surkhet Educational Development Academy (SEDA) is delivering 40/40 nursing and health assistant professionals every year is running at full capacity.

5. Water Supply and Sanitation

5.1 Source of Water Supply by Household

Indicator	Tap water	Tubal or Handpump	Cover well	Open well	Source Water	Running water	Other	Not Mentioned
Number	182981	1453	21590	5277	71865	11803	1472	1733
%	61.4	0.5	7.2	1.8	24.1	4.0	0.5	0.6

Sources: OCMCM, Karnali at a Glance 2076,

The total number of households in Karnali province is 298174. The following figures present the information on sources of drinking water and sanitation facilities in Karnali province. It shows the different sources of water available in Karnali province. Almost 60% households have tap water access as an improved source of drinking water in Karnali province. The next common source of

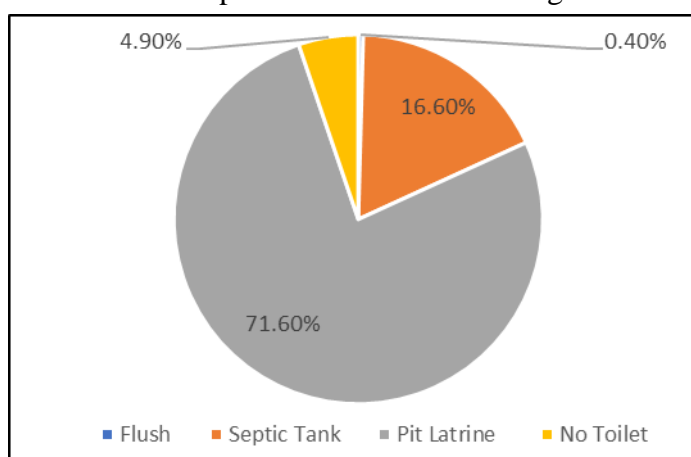


Figure 6: Types of Toilet in Karnali

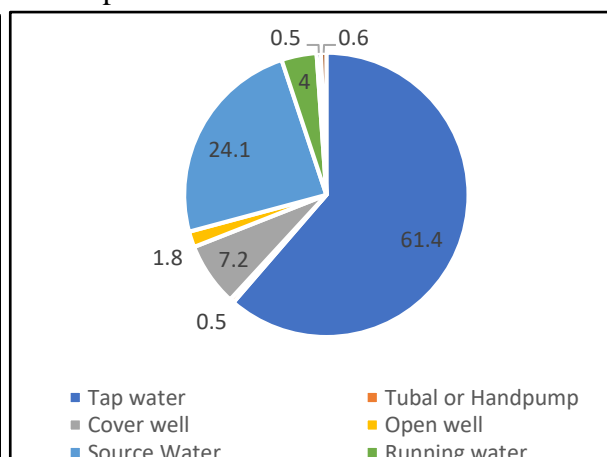


Figure 7: Source of Water Supply by Household

drinking water is acquired from source water that covers 24.1% and 7.2 % of households are using water from covered well. Another part of sanitation that improved toilet facilities helps to reduce the transmission of communicable diseases such as cholera, typhoid and other water-born diseases.

Overall, 71.6 % of households have a pit latrine, 16.6% of households belong septic tank toilets and 4.9% of households have no toilet facilities in Karnali province.

5.2 Type of Toilet by Household

Total Household	Flush	Septic Tank	Pit Latrine	No Toilet
298,174	0.4%	16.6%	71.6%	4.9%

Sources: National Multi Indicators Survey Report 2076

Table 5.2 shows the available type of toilet at the household level. More than two-third of the population uses pit latrine in Karnali province while only 0.4% of households have the flush type of toilet.

6. Nutritional Status of Children and Women

Indicators	Status		Source
	National	Province	
Percentage of stunted children among under 5 years of age	31.5%	47.8%	NMICS 2019
Percentage of wasted children among under 5 years of age	10%	9%	NDHS 2016
Percentage of underweight children among under 5 years of age	24.3%	37.4%	NMICS 2019
Percentage of overweight children among under 5 years of age	2.6%	3.7%	NMICS 2019
Percentage of anemic children among under 5 years of age	53%	48%	NDHS 2016
Percentage of Exclusive Breastfeeding among 6 months of Infant	65.2%	56%	NDHS 2016
Percentage of complementary feeding after 6 months of age of Infant	71%	84% (NMICS 2019)	NDHS 2016
Percentage of Anemia among 15 to 49 years age of Women	41%	35%	NDHS 2016
Percentage of Low BMI among 15 to 49 years of age Women	11%	21.3%	NDHS 2016
Percentage of Fatty Women among 15 to 49 years of age	22%	10.3%	NDHS 2016

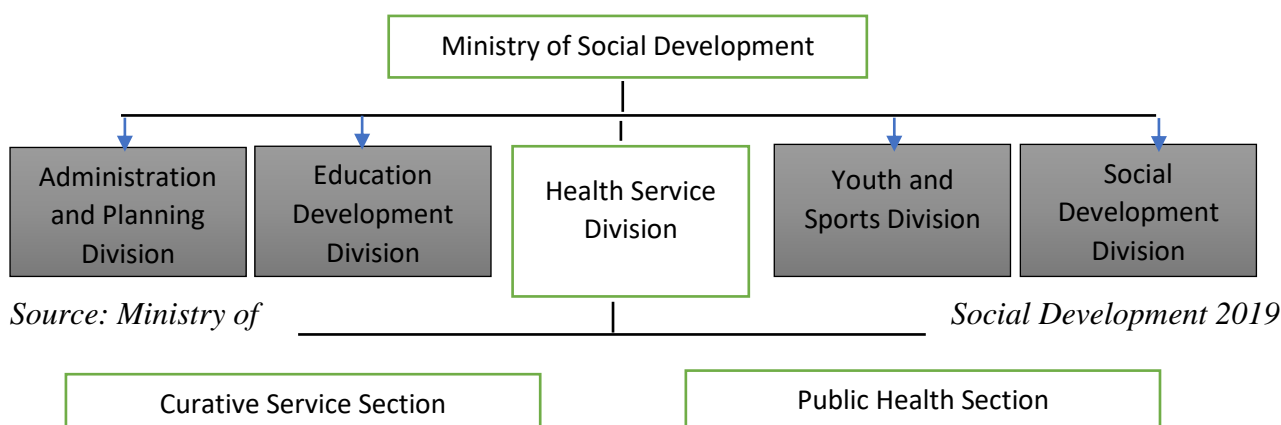
According to the above table, the nutritional indicators among children and women seem poor compared to the national level. Both stunting and underweight among < 5 years children is 47.8% and 37.4%, respectively, which is higher than the national level. The exclusive breast-feeding among 6 months children is 56%, also less than national coverage. The Anemia among 15-49 aged women in Karnali province is 35% compared to the national level 41 percent. The percentage of low BMI among 15 to 49 aged women is higher (21.3%) compared to the national level (11%) however, overweight of the same aged women is 10.3% which is almost 2 times less than the national status of 22 percent.

7. Organizational Structure and Health Facilities

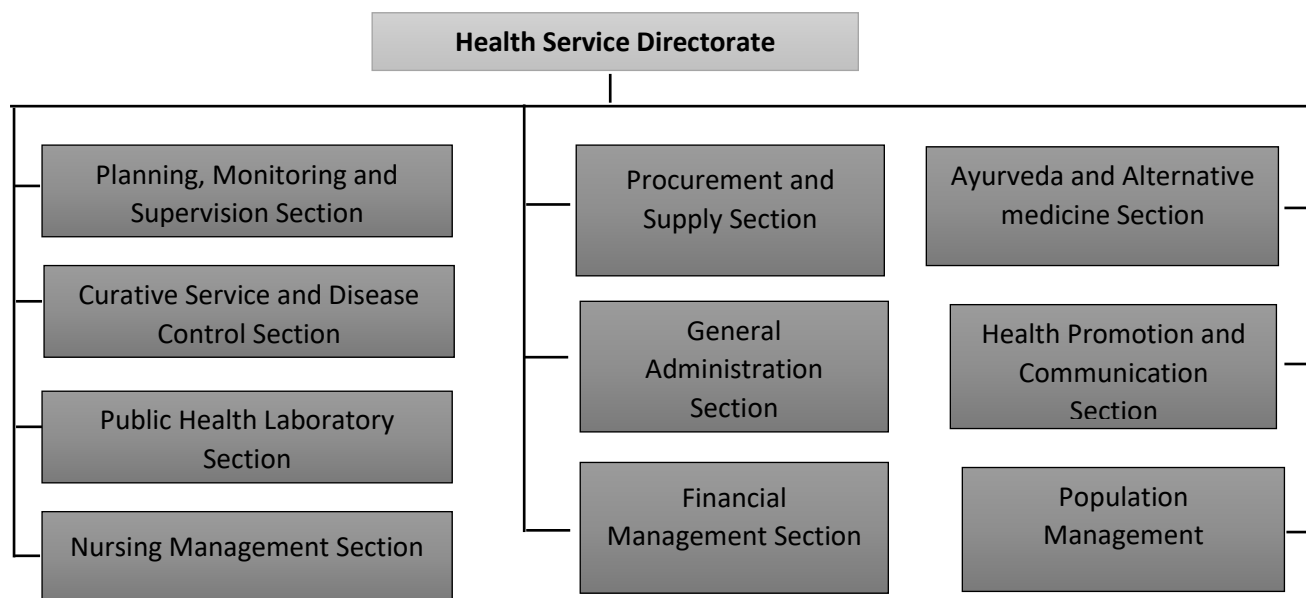
7.1 Administrative Division of Health

The Ministry of Social Development (MoSD) of Karnali province has cumulative role in policy development, planning, human resource management, financial management and monitoring and evaluation functions. According to the new restructuring of MoSD, Karnali Province, there are 5 Divisions, and Health Service Division directly oversees the health system of the province. This division is further subdivided into two sections as the curative service section and the public health section which pay attention of curative health and public health activities in provincial level respectively.

7.2 Organizational Structure of Ministry of Social Development



7.3 Organizational Structure of Health Service Directorate



Source: Ministry of Social Development 2019

The above charts show the administrative division of health in MoSD Karnali. The structure is different than rest of the other provinces Health Service Directorate (HSD) is implementing body of health established under the Ministry of Social Development (MoSD) of Karnali Province. There are 10 sections under Health Service Directorate. The function of the Health Service Directorate is to provide technical backstopping as well as program supervision to the Public/Health Service Offices and Hospitals.

7.4 Health Facilities by Local Level in Number

Table 7.1: Health Facilities by local Level (Number)

Institutions	Rural Municipality		Municipality		Sub-Metropolitan city		Metropolitan city		Total	
	GON	NGO/Private	GON	NGO/Private	GON	NGO/Private	GON	NGO/Private	GON	NGO/Private
Tertiary Level Hospital	0	0	2	0	0	0	0	0	2	0
Secondary Level Hospital	1	0	9	4	0	0	0	0	10	4
Primary Level Hospital	6	3	8	8	0	0	0	0	14	11
PHCC	5	0	9	0	0	0	0	0	14	0
HP	214	0	119	0	0	0	0	0	333	0
Basic Health Center	107	0	111	0	0	0	0	0	218	0
Ayurvedic Hospital	0	0	0	0	0	0	0	0	0	0
Ayurvedic Health Center	1	0	9	0	0	0	0	0	10	0
Ayurvedic Aushadalaya	11	0	7	0	0	0	0	0	28	0
Neuropathy Health Facilities	0	0	0	0	0	0	0	0	0	0
Palliative care Center	0	0	0	0	0	0	0	0	0	0
Others specify	0	0	0	0	0	0	0	0	0	0

Source: Provincial Health Directorate, 2076

The above table shows the current status of health facilities in Karnali province. The projected population is 1824131 for FY 2021 for Karnali province, but the number of health institutions is less than the national average. We have a total of two tertiary level hospitals, 14 primary hospitals, and 14 primary health care centers including 333 health posts scattered in different municipalities and rural municipalities. We have only two tertiary level hospitals in Jumla and Surkhet as the academic and province hospitals also are referral hospitals. Per 100,000 population, 0.10 (almost zero) proportion of the population has access to tertiary level health services showing that there is the highest load of patients into these two hospitals. Likewise, the average proportion/100,000, seven people have access to the primary health center in Karnali province that almost all the population has to rely on health posts and other health facilities. There is not any ayurvedic hospital or Aushadalaya in Karnali province yet.

7.5 Name of Federal and Provincial Hospitals

Table 7.2. Name list of Federal and Provincial 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

Hospitals	District	Local level	Ward No.
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: DoHS HMIS Annual Report 2076/77

7.6 Type of Health Facilities by Local Level (Annex Table 2)

The government health facilities such as hospitals, primary health centers, health post, basic health unit, urban health center and community health units are available in the Karnali province. Apart from them, Ayurvedic centers/hospitals are alternative unit for health services in the province. District level ayurvedic hospitals are merged with district health offices. The details of Health Facilities are illustrated in the Annex.

8. Community Health Services

Service Outlet	Rural Municipality	Municipality	Sub-Metropolitan city	Metropolitan city	Total
Urban Health Center	0	22	0	0	22
Community Health Unit	97	0	0	0	97
PHC-ORC	602	412	0	0	1014
EPI clinics	812	558	0	0	1370
FCHVs	2616	1725	0	0	4341

Source: Health Service Directorate, DHIS-2 FY 2076/77

The detailed information by municipalities is mentioned in Annex-2. Considering the difficult geography, the distribution of service units is increasing by local government too. Now, the province has 14 primary hospitals struggling to expand primary and emergency health services. The above table 8.1 shows the service outlets in Karnali province. Urban Health Center, Community Health Unit, PHC-ORC and EPI Clinics are the key service providing center and FCHVs are health volunteers at community level.

9. Human Resource for Health

9.1 Health Worker Post and Fulfillment

Table 9.1: Health worker post and filled

S.N.	Type of Health Worker	Provincial Hospital		Local Level Hospitals		Primary Health Center		Other Health Facilities under local level (HP/BHU/UHC/CHU)	
		Post	Vacant	Post	Vacant	Post	Fulfilled	Post	Vacant
1.	Directors	3	0	0	0	0	0	0	0
2.	Consultant Doctors	84	60	0	0	0	0	0	0
3.	Medical Officer	75	52	6	0	14	11	0	0
4.	Nurses	235	159	0	0	56	48	736	112
5.	Paramedics*	90	37	0	0	56	53	1213	19
6.	Lab	47	31	0	0	0	0	0	0
7.	Chief PHA (11 th)	1	0	0	0	0	0	0	0
8.	Sr/Public Health Administrator (9/10 th)	7	6	0	0	0	0	0	0
9	Sr/Public Health Officer	13	10	0	0	0	0	0	0
8.	Ayurveda Doctors	13	8	0	0	0	0	0	0
9.	Kabiraj Baidya	11	2	0	0	0	0	18	4
10.	Dental	3	3	0	0	0	0	0	0
11.	Pharmacy Officers	3	2	0	0	0	0	0	0
12.	Pharmacy Assistant	12	10	0	0	0	0	0	0
13.	Hospital Administrator	1	1	0	0	0	0	0	0
14.	Physiotherapist	4	4	0	0	0	0	0	0
15.	Anesthesia	12	12	0	0	0	0	0	0
16.	Miscellaneous	75	52	0	0	0	0	494	28

Note: * HA, AHW, Lab, Radiographer, Dental Hygienist, Physiotherapist etc.

Source: Ministry of Social Development 2077

The table above shows the current sanctioned versus vacant positions at Karnali province. Now the provincial government has been hiring mainly the medical officer and paramedics (Health Assistant) on contract basis. Large number of doctors and nurses' positions are vacant in Karnali province, however, many of them are recruited in contract basis. Still 71% of medical officer and 67% of nurse's positions are vacant in different health institutions throughout the province. But we could not find the actual number of paramedic's position working at local level.

Table 8.2. Health Worker working in Province as of Population Ratio

Health Worker	Number	Population Ratio
Doctors	305	1: 5922
Nurse	1155	1: 1579
Paramedics	1700	1: 1073

Source: Health Service Directorate, Karnali Academy of Health Sciences, Karnali Province 2077

Though the SDGs target, 4.45 HWs (Doctor and Nurse)/1000 population has been estimated by 2030, the present situation of Karnali province is a bit different than the estimation. Currently, total 3160 HW have been sanctioned however the total HW position seems more than sanctioned through

contract basis gives 1.7/1000 population if we calculate the all type health workers which is very less than estimation must rise the positions to reach the access and quality health services.

10. Overall Public Health Status

10.1 Total Fertility Rate and Life Expectancy at Birth

The total fertility rate of Karnali province is 2.7 as the reference of Nepal Multi Indicators Survey (NMICS 2019) while the average Life expectancy of the province is 67 years.

10.2. Mortality

Indicators	Status		Source
	National	Province	
Neo Natal Mortality Rate	16	11	NMICS 2019
Infant Mortality Rate	25	27	NMICS 2019
Under 5 Children Mortality Rate	28	30	NMICS 2019
Maternal Mortality Ratio	186	NA	WHO, UNICEF, WB and UNICEF 2017

According to the recent published report of MICS 2019, the information above indicates the mortality newborn, infant and under 5 year's children. Karnali province has better position in neo natal death rate than national level but rest of two indicators as infant and < 5 years mortality is bigger than national level, which indicates to strengthen quality health service for those populations.

10.3. Situation of Non-Communicable Disease

Disease	National		Province	
	Number	Per 1000 Population (Prevalence Rate)	Number	Per 1000 Population (Prevalence Rate)
Cancer	17110	0.6	24	0.01
Cardiovascular	831294	27.9	73586	9.1
COPD	265893	8.9	23773	13.2
Diabetes	300665	10.1	5995	3.3
Mental Health	261045	8.8	11147	6.2

Source: NCD Prevalence Survey, NHRC 2076

Non communicable diseases have been big issue in public health. The burden of diseases in increasing than previous years. The prevalence of NCD STEPs survey 2019 result was conducted between 2016 and 2018 across the country. The data concludes the prevalence of COPD, Diabetics and Mental Health is 11.7%, 8.5% and 11.3% at National level. The prevalence of NCD diseases at provincial level in the same was 25.1%, 3.2% and 13.5% respectively. Among the diseases, the prevalence of COPD is highest in Karnali province. Likewise, the table 10.2 shows the prevalence of non communicable diseases at National and Provincial level retrieved the OPD data of FY 2076/77. Among them the share of cardiovascular is highest in National level and COPD is highest in Karnali province. The diabetes is also high in national level.

10.4 Situation of Communicable Disease

Disease	National		Province	
	Number	Prevalence Rate	Number	Prevalence Rate
Tuberculosis (NCR/ 100000)	27607	93/100000	1241	79/100000
HIV/10000 (PLHIV on ART)	19417	6.5/100000	601	38/100000
Malaria (API/1000)	710	.03/10000	51	0.32/10000
Leprosy (PR/10000)	2921	0.99/10000	67	0.42/10000
Kala-azar/10000	216	0.007/10000	36	0.22/10000

Source: Annual Health Report, DOHS FY 2076/77

The above table represents the communicable diseases pattern at national and provincial level in five subsequent fiscal years in National and provincial level. The prevalence of communicable diseases is estimated based on total population of FY 2076/77 and proportion of 100,000 population. The prevalence of Tuberculosis and HIV is higher in National level than Karnali province, but the prevalence of malaria is higher in Karnali province than national level. Increment of slide testing to confirm the suspected malaria and Kala-zaar cases identifying the hot spot areas across the province is needed onwards.

Table 10.4 Top Ten Diseases of OPD visit in FY 2076/77

Disease	National		Disease	Province	
	Number	%*		Number	%*
1. Upper Respiratory Tract Infection (URTI)	1547418	8.0	Upper Respiratory Tract Infection (URTI)	161134	19.67
2. Gastritis (APD)	1535017	7.9	OPD-Morbidity-Other Diseases & Injuries-Gastritis (APD)	132169	16.14
3. Headache	1289917	6.7	OPD-Morbidity-Other Diseases & Injuries-Headache	129671	15.83
4. ARI/Lower Respiratory Tract Infection (LRTI)	1072764	5.6	ARI/Lower Respiratory Tract Infection (LRTI)	92028	11.23
5. Falls/Injuries/Fractures	1010352	5.2	Problems-Falls/Injuries/Fractures	73732	9.00
6. CV. Diseases/ Hypertension	740544	3.8	Water/Food Borne-Presumed Non-Infectious Diarrhea	56663	6.92
7. PUO	719586	3.7	Water/Food Borne-Typhoid (Enteric Fever)	51549	6.29
8. Fungal Infection (Lichen Planus)	687813	3.6	OPD-Morbidity-Other Diseases & Injuries-Abdominal pain	43936	5.36
9. Backache (Musculoskeletal Pain)	661120	3.4	Backache (Musculoskeletal Pain)	42735	5.22
10. Non-Infectious Diarrhea	621386	3.2	Injuries-PUO	35503	4.33
Total OPD Visits	19311366			819120	

Source: HMIS, Annual Report 2076/77

Note: * - Percentage among total new patient

The above table shows the morbidity of different diseases registered in outpatient department (OPD) in Karnali province. It shows the situation of morbidity of different diseases. Gastritis, URTI, LRTI

and diarrhea, injuries are common diseases in Karnali province. Injuries, water born diseases, abdominal pain are common and needs different strategies to prevent those morbidities.

11. Health Services Situation

Table 11.1. Health Services Delivery				
Indicators	National	Province		
	2076/77	2074/75	2075/076	2076/77
Percentage of under 1-year age children Vaccinated with third dose of DPT-Hep B and Hip	78	78	99	89
Percentage of 12 -23 months children Vaccinated with second dose MR	71	73.1	78.1	78
Percentage of 12 -23 months children having Full Immunization	65	86.7	78.8	74.4
Children age 0 to 23 months registered for growth monitored	65.2	106	98.4	91.7
Incidence of pneumonia among children U5 years (per 1000)	43	170.7	158.4	149.0
% of children U5 years with Pneumonia treated with antibiotics	136	NA	56.7	67.0
Incidence of diarrhea per 1,000 under five years children	350	709.1	683.4	627.0
% of children under 5 with diarrhea treated with ORS and zinc	95	96.4	98.6	95.8
Pregnant women who attended four ANC visits as per protocol	53	54.8	61.9	65.6
Institutional deliveries as percentage of expected delivery	66	67.3	73.2	77.5
Deliveries conducted by skilled birth attendant as percentage of Expected Deliveries	62	55.7	59.4	62.7
Contraceptive Prevalence Rate (CPR)	37	36	35	35.5
TB Case notification rate (all forms of TB)/100,000 pop.	93	89	78.3	68.8
TB Treatment success rate	89	86	92.2	88.5
Leprosy Prevalence rate (PR) per 10,000	0.7	0.65	0.54	0.43
Annual parasite incidence (API) per 1,000 population at risk	0.05	0.30	0.14	0.03
Total Patients of Kala-azar	186	NA	43	36
Total Patients of Lymphatic Filariasis	NA	NA	16	14
Total Patients of Dengue	10808	0	62	133
Total OPD visit as percentage of total Population	84	76	92	101
Total Indoor Patients as percentage of total Population	NA	NA	42085 (2.3)	42334 (2.3)

Source: Health Service Directorate, FY 2076/77

The above table shows the situation of health service delivery in Karnali province. While talking about the proportion of immunization, the percentage of 12-23 months children with 2nd dose MR is 78% in FY 2076/77 is better than national record. The full immunization in Karnali province is 74.4 which is reduced than previous year though it is better than national level is 65 percent. The growth monitoring 0-23 months children is 91.7 in FY 2076/77 is reduced than previous years and better than national level. Next the incidence of pneumonia per 1000 among under five years children is

149 in FY 2076/77 is reduced than previous years but it is highest than national level. The incidence of diarrhea per 1,000 under five years children is 627 nearly double the national average. Similarly, the diarrheal cases of U5 year children treated by ORS and zinc is 65.6 which is better than national level. The institutional deliveries as percentage of expected delivery is 77.5% in increased than previous year and it is also good than national average which is 66 percent. The deliveries conducted by skilled birth attendant is increased which is almost equal to national level is 62.7 percent. The CPR is almost stagnant by 35 percent in latest both fiscal years. But the TB Case notification rate (all forms of TB)/100,000 population in Karnali province is 68.8 irrespective of the successful treatment rate of tuberculosis is most likely the same at the national level. Dengue cases are dramatically increased to other provinces than preceding fiscal year shows increased dengue cases both national and province level. The indoor patients as percentage of total population is almost similar with previous fiscal years too.

12. External Development Partners working in Provincial Level

Table 12.1 External Development Partners and NGOs working in Provincial Level Health Sectors

SN	Organization	Health Area of intervention	Project/Program areas	Focal person with contact details
1	USAID/System Strengthening for Better Health	Health System Strengthening Information System, Family Planning, Maternal, Newborn and Child Health	Karnali Province	Hom Nath Subedi, Team Lead, Mobile: 9851092214 Homnath_subedi@ssbhnepal.org
2	Helen Keller International (HKI)	Multi-sector Nutrition	5 Districts of Karnali Province	Mr. Suraj Sharma, Province Coordinator, 9851149173 sksharma@hki.org
3	Save the Children	RMNACH, Nutrition, TB, Malaria and HIV/AIDS	Karnali Province	Ms. Dhana Bhusal, Associate Director, 9857062877, 083-525756, 525611 dhana.bhusal@savethechildren.org
4	UNICEF	Health, Nutrition and WASH	Karnali Province	Ms. Indra Kala Tamang, Health Officer Mobile: 9858085514 iktamang@unicef.org Mr. Prakash Chandra Joshi, Nutrition Officer, Mobile: 9858085511 pcjoshi@unicef.org
5	World Health Organization	Health System Strengthening, Health Emergency and Vaccine-Preventable Diseases	Karnali Province	Dr. Md Khurshid Alam Hyder Public Health Administrator UN House Pulchowk P.O Box: 108 Tel. +977-1-5523200 Fax: +977-1-5527756, Mob. +977-9801246683 Email: hyderk@who.int Mr. Pradeep Adhikari, Provincial Health Officer, Mobile: 9860779811, Email: adhikarip@who.int

Table 12.1 External Development Partners and NGOs working in Provincial Level Health Sectors

SN	Organization	Health Area of intervention	Project/Program areas	Focal person with contact details
				Ms. Sabita GC. SRHR Officer, Mobile: 9860802305 Email: bcs@who.int
6	World Food Program	Nutrition and Logistics	Karnali Province	Purna Bahadur Nepali, Head of Sub Office, Mobile: 9857061313 purna.nepali@wfp.org
7	INF International	TB/Leprosy	Karnali Province	Mangal Bdr. Tharu, Manager Mobile: 9848026947 mangal.tharu@nepal.inf.org
8	Nick Simon Institute	Hospital System Strengthening	Karnali Province	Mr. Janardan Pathak, Province Coordinator Mobile: 9843712846, Email: janardan@nsi.edu.np
9	United Nations Development Program (UNDP)	Disaster Preparedness and Livelihood	Karnali Province	Rafeeqe Siddiqui, Head, Mobile: 9851100779 rafeeqe.siddiqui@undp.org
10	AIDS Health Care Foundation (AHF)	HIV/AIDS	Province Hospital	Mr. Sanjay Kumar Poudel, Coordinator, Mobile: 9851182107, sanjaya.paudel@ahf.org
11	SNV Nepal (SWACHHATA)	WASH	Salyan, Surkhet	BB Thapa, 9849773817 bthapa@devworks.org
12	Plan International in Nepal	Early Childhood Development	Jumla and Kalikot	Ms. Meena Parajuli, Regional Manager 9802020469, Email: mina.parajuli@plan-international.org Birendranagar Surkhet
13	TPO Nepal	Mental Health and Counseling	Surkhet, Jumla, Kalikot	Pitamber Koirala, Head, Mobile: 9851246325, Email: pkoirala@tponepal.org.np
14	Center for Mental Health and Counseling (CMC)	Mental Health and Counseling	Rukum West, Jajarkot and Salyan	Mr. Ram Lal Shrestha, Director, Mobile: 9849391535, Email: ramlal@mos.com.np
15	Nepal Red Cross Society	Health Emergency and WASH	Karnali Province	Mr. Govinda Acharya Sr. Program Officer Mobile: 9858052326, Email: govind.acharya023@gmail.com
16	Water AID Nepal	Hygiene promotion and RI	Karnali Province	Mr. Khakindra Bhandari, 9841551929 khakindrabhnadari@wateraid.org
17	PHASE Nepal	RMNACH	Mugu	Mr. Rudra Neupane, Head, Ph.#: 6634038, 6634089, Email: rudra.n@phasenepal.org
18	Handicapped International	Rehabilitation of disabled people	Karnali Province	Mr. Gaetan Mareschal Chief of Party PRA Project Ph. # 4378482, g.maraschal@hi.org Maharajgunj Mr. Prakash Upadhayaya, Program Officer, 9856040142, email: p.upadhayaya@hi.org
19	KIRDARC	WASH,	Karnali Province	Humla, Jumla, Kalikot, Mugu,

Table 12.1 External Development Partners and NGOs working in Provincial Level Health Sectors				
SN	Organization	Health Area of intervention	Project/Program areas	Focal person with contact details
		Climate Change, Health, etc.		Surkhet and Dolpa Phone: 5548040, 5548321, Sanepa Lalitpur; Mr. Nabin Kumar Shahi
20	SAC Nepal	Disaster, HIV/AIDS, Climate Change	Salyan and Surkhet	Phone: 083-512282 Birendranagar Surkhet
21	SUNDER Nepal	Health, Climate Change, etc.	Dailekh, Jajarkot Surkhet	Phone: 083-520926 Birendranagar Surkhet infoe@sundarnepal.org.np

Source: Health Service Directorate, 2077

The above table shows the existence of different external development partners working in Karnali

province in various aspects of health and nutrition. According to the notice and registered in the provincial health coordination team, a total of 18 development partners are scattered (figure below) with different focused programs and activities in Karnali province. Among them, some are working for strengthening the health system and few others are working for issues and declared national priorities and commitments. Service delivery of child and maternal health, adolescent health, nutrition, water and sanitation, diseases control and rehabilitation are the key thematic areas for health and population.



Figure 8: Partners working in Karnali Province

12.1 Priority of Development Partners in Karnali Province

The socio-economic situation of Karnali province is not better than other provinces. The share of GDP is also lowest less than 5% at the national level. Geography is the main barrier to development in Karnali. Scattered population, hard to -reach areas, socially and economically poor populations are the basic tragic of Karnali province. However, it is good that several development partners have chosen to raise the people's health, education, livelihood, etc in the province. Different bilateral, multilateral, INGOs and NGOs are working within different priority locations of the province. They are working coordinately to optimize the resources and avoid duplication. Health, education, climate change, disaster risk reduction, livelihood, promotion of agriculture, etc. are the key working areas in

Karnali province. Strengthening System for Better Health (SSBH) funded by USAID, WHO, UNICEF, WFP, UNDP Save the Children, USAID/SUAAHARA are the valued partners working for the betterment of mothers and children health with provincial and local government.

13. Budget Allocated for Health Sector in Karnali Province

Level	Conditional Grant		Allocated from Province government		Total		Percentage of Health Sector Budget out of Provincial Budget	
	2075/76	2076/77	2075/76	2076/77	2075/76	2076/77	2075/76	2076/77
Province Level	847317	677533	646292	2013947	1493609	2691480	5.28	7.83

Source: MoSD, 2077

The above table shows the budget allocation in Health Sector in Karnali province. The percentage of health sector budget out of the total budget is increasing every year from 5.28 to 9.01 percent; however, the conditional budget in three consecutive years is in decreasing trend.

14. Name of Local Levels which are at Risk of Natural Disaster

SN	Type of Disaster	Local Levels (Name of District)
1	Flood	Jajarkot (Barekot) Salyan, Surkhet (Chingad, Simta, Birendranagar) Kalikot (Narahari Nath, Sanitribeni)
2	Landslide	Jajarkot, Surkhet Mugu, Kalikot
3	Snake Bite	Surkhet, Rukum West
4	Airstream	Jajarkot, Surkhet, Mugu, Humla, Jumla Dolpa, Rukum West
5	Disease epidemic	Jajarkot (Barekot), Kalikot, Mugu (Khatyad)
6	Thunder	Jumla, Humla, Salyan, Jajarkot, Rukum West

Source: Ministry of Internal Affairs and Law, Karnali Province FY 2076/77

The risk of natural disasters in Karnali province mainly is flood, landslide, airstream, diseases epidemic, thunder and snake bites. The natural disaster risk is therefore considered as the combination of the severity and frequency of a hazard, the numbers of affected people. Response of emergency health service, drug supply, reduce the potential risk of diseases outbreak and resumption of health services is important after the disaster.

15. Contact Details of the Officials

Table 15.1 Contact Details of Karnali Province

Organization / Institution	Chief of the organization	Contact details
Ministry of Social Development (MoSD)	Krishna Prasad Kapri Secretary	Mobile: 9858089600 Email: mosd@Karnali.gov.np

Provincial Health Directorate	Dr. Rabin Khadka, Director	Mobile: 9851196000 Email: khadkarabin6000@gmail.com
Provincial Procurement and Supply Office	Mr. Dharmendra Neupane	Mobile: 9867594834 Email: dharmendra17neupane@gmail.com
Human Resource Development Center	Mr. Dharmajit Shahi, Director	Mobile: 9848304752 Email: dharmajitshahi123@gmail.com
Provincial Hospital	Dr. Dambar Khadka, Medical Director, Provincial Hospital	Mobile: 9851062785 Email: dambarkhadka27@gmail.com
Provincial Laboratory	Mr. Om Acharya, Lab Technologist	Mobile: 9848050774 Email: omrajacharya@gmail.com
World Health Organization	Focal point	Contact details
HSS – Health System	Mr. Pradeep Adhikari Provincial Health Officer	Mobile: 9858079811, 9860779811 Email: adhikarip@who.int
	Ms. Sabita G.C. SRHR Officer	Mobile: 9860802305 Email : gcsabita@who.int
WHE – Health Emergency	Dr. Roman Ranjit Field Medical Officer	Mobile: 9843347135 Email: rranjit@who.int
IPD - Immunization Preventable Diseases	Dr. Soniya Bhagat Surveillance Medical Officer	Mobile: 9858020245 Email: sbhagat@who.int
	Dr. Smirti Lama, Surveillance Medical Officer	Mobile: 9858023245 Email: lamas@who.int

16. Remarkable Implication of Province

Geographical structure is the biggest challenge of Karnali province. As per rule there should be at least one health post in a ward but above 200 wards of local government are without health in Karnali. The remarkable health implication of this province is elaborated as below.

- The sanctioned positions are vacant in district/province hospitals since many years and contract process has been applied for recruitment every year which is also not enough than required,
- Enough infrastructure in health facilities/hospital is gap for quality health services,
- DHIS2 has not roll out to all health facilities. Insufficient connectivity of internet network is also the challenge for timely and complete reporting,
- Cases of communicable diseases is increasing every year. Mental health issues due to COVID-19 pandemic has been another increasing problem,
- Stunting among < 5 years children is highest than other provinces i.e. 54.5% and the percentage of underweight is also 37.4% among the same aged population,
- Incidence of diarrheal diseases and pneumonia among ARI cases is also highest at national level.
- TB case notification is less by 68.8% that is lowest than rest of other six provinces,
- According to the recent STEP survey in 2019 COPD is highest (29%) than other provinces. Among several risk factors indoor pollution is challenging,
- Full immunization coverage trend is decreasing than preceding years,

- Capacity development for local level health workers for planning, information management, procurement and specialized health service for disadvantaged people are other major issues in Karnali province,
- Budget expenditure is also decreasing every year that also might be due to priority to COVID-19 pandemic.

17. COVID -19 (Till Mid February 2021)

The first case of COVID-19 in Nepal was diagnosed on 23 Jan 2020 in a male student who had arrived from China. The first case of COVID-19 was detected on 18 May 2020 in Karnali province. In order to prevent, control and treatment of COVID-19 cases ministerial level meeting was held in 19 May 2021 at MoSD in the presence of recent Hon. Minister Dal Bahadur Rawal, MOSD. Till the date of 15 February 2021, the of COVID -19 cases and major indicators are as follows.

Number of Quarantined	-	3136
Number of Tested	-	98260
Number of Positive Cases	-	7534
Number of Death	-	31
Positivity Rate	-	7.66%
Case Fatality Rate	-	0.0041

17.1 Quarantine Sites

In the beginning there were above 600 quarantine sites at local level. In collaboration with Nepal army, the Ministry of Social Development (MoSD) Karnali established first 400 bedded quarantine center in Birendranagar municipality where 86 people arrived from India were quarantined. Later, this center was handed over to Birendranagar municipality.

17.2 COVID- 19 Test

In the beginning the Karnali province used to send sample of the COVID 19 to Kathmandu for the PCR test. Since 2nd April 2020 a PCR lab was established at Karnali Province at Province Hospital for testing. Later other three laboratories were established at Dailekh, Karnali Academy of Health Sciences and Chaurjahari municipality. Currently four laboratories are running for both Antigen and PCR tests in the province

Table 17.1 PCR Test in Karnali

Total PCR Test	Total PCR Test Positive	Total PCR test Positive		Positivity %
		Male	Female	
98260	7534	5490	2044	7.66

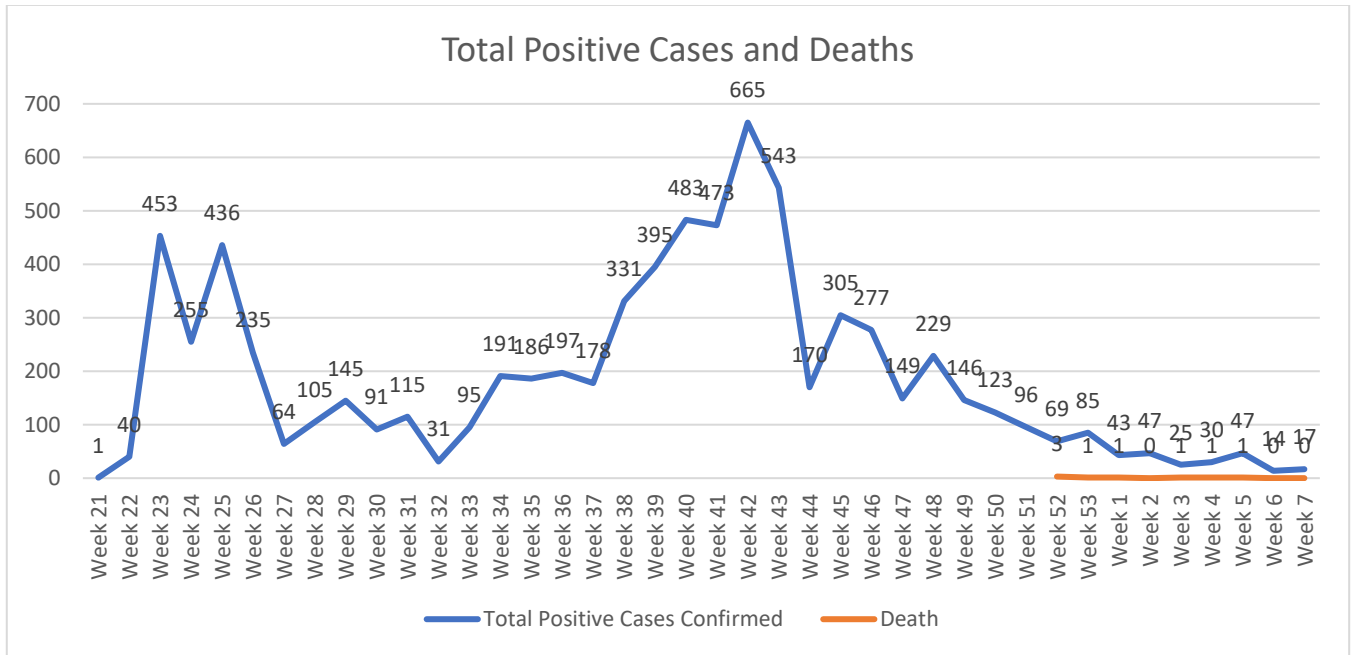
Source: PHEOC, Karnali Province 2077/78

The above table shows that the positivity rate of PCR test is 7.66% among the total test 98260 till mid of February 2021.

The positive cases increased gradually every week from 21 week of May 2021. After week 42 tend to decrease steadily.

17.3 The COVID-19 Case Recovered and Death

Of the total 7534 COVID 19 cases 7233 (97.3%) were recovered. Unfortunately, 31 (0.41%) cases could not save till mid February 2021. As of mid February, the total death of male was more than doubled (22) than female (9) deaths.



The above line diagram shows the comparative number of COVID-19 cases and death from the epidemiological week of 21 effective from 18th May 2020. There were total of 7534 confirmed positive cases till mid of February 2021, among them 96% were recovered. It has increased steadily and reached highest in week 42 the cases 665 as well as declined thereafter but the death was low and almost conventional in the entire week.

Annexes

Annexes 1 Table 2.1 Household and Population by Local Levels						
S.N.	Local Level	District	Number of households	Population		
				Female	Male	Total
1.	Dolpo Buddha Rural Municipality	Dolpa	468	1,157	969	2,126
2.	Shey Phoksundo Rural Municipality	Dolpa	730	1,587	1,512	3,099
3.	Jagadulla Rural Municipality	Dolpa	433	1,172	1,101	2,273
4.	Mudkechula Rural Municipality	Dolpa	926	2,533	2,596	5,129
5.	Tripurasundari Municipality	Dolpa	1,944	5,138	4,966	10,104
6.	Thulibheri Municipality	Dolpa	1,903	4,174	4,196	8,370
7.	Kaike Rural Municipality	Dolpa	780	1,919	1,657	3,576
8.	Chharka Tangsong Rural Municipality	Dolpa	282	767	684	1,451
Total			7,488	18,462	18,238	36,700
9.	Mugumkarmarog Rural Municipality	Mugu	1,029	2,798	2,598	5,396
10.	Chhayanath Rara Municipality	Mugu	3,641	9,835	10,247	20,082
11.	Soru Rural Municipality	Mugu	2,109	6,123	6,115	12,238
12.	Khatyad Rural Municipality	Mugu	2,821	8,487	8,629	17,116
Total			9,619	27,261	28,025	55,286
13.	Chankheli Rural Municipality	Humla	963	2,729	2,788	5,517
14.	Kharpunath Rural Municipality	Humla	1,132	3,044	2,967	6,011
15.	Simkot Rural Municipality	Humla	2,566	5,589	5,968	11,557
16.	Namkha Rural Municipality	Humla	835	2,014	1,886	3,900
17.	Sarkegad Rural Municipality	Humla	1,794	4,891	4,977	9,868
18.	Adanchuli Rural Municipality	Humla	1,121	3,573	3,543	7,116
19.	Tanjakot Rural Municipality	Humla	1,026	3,016	2,948	5,964
Total			9,479	25,025	25,833	50,858
20.	Patarasi Rural Municipality	Jumla	2,537	7,283	7,288	14,571
21.	Kanaka Sundari Rural Municipality	Jumla	2,247	6,626	6,590	13,216
22.	Sinja Rural Municipality	Jumla	1,996	5,947	6,046	11,993
23.	Chandannath Municipality	Jumla	3,996	9,678	9,369	19,047
24.	Guthichaur Rural Municipality	Jumla	1,848	5,003	4,867	9,870
25.	Tatopani Rural Municipality	Jumla	2,704	7,291	7,347	14,638
26.	Tila Rural Municipality	Jumla	2,250	6,741	6,866	13,607
27.	Hima Rural Municipality	Jumla	1,713	5,330	5,223	10,553
Total			19,303	54,023	54,898	108,921
28.	Palata Rural Municipality	Kalikot	2,421	7,540	7,763	15,303
29.	Pachal Jharana Rural Municipality	Kalikot	2,002	6,083	6,260	12,343
30.	Raskot Municipality	Kalikot	2,685	8,196	8,076	16,272
31.	Sanni Tribeni Rural Municipality	Kalikot	2,105	6,468	6,378	12,846
32.	Naraharinath Rural Municipality	Kalikot	3,585	10,763	10,603	21,366
33.	Khandachakra Municipality	Kalikot	3,612	9,954	10,334	20,288
34.	Tilagupha Municipality	Kalikot	2,693	7,912	7,854	15,766
35.	Mahawai Rural Municipality	Kalikot	1,447	4,128	4,195	8,323
36.	Kalika Rural Municipality	Kalikot	2,458	7,054	7,026	14,080
Total			23,013	68,115	68,833	136,948
37.	Naumule Rural Municipality	Dailekh	3,708	10,757	10,045	20,802
38.	Mahabu Rural Municipality	Dailekh	3,553	10,344	8,933	19,277
39.	Bhairabi Rural Municipality	Dailekh	3,976	10,793	10,440	21,233
40.	Thantikandh Rural Municipality	Dailekh	3,327	9,507	9,389	18,896
41.	Aathbis Municipality	Dailekh	5,263	14,743	14,484	29,227
42.	Chamunda Bindrasaini	Dailekh	4,634	13,089	13,060	26,149

Annexes 1 Table 2.1 Household and Population by Local Levels						
S.N.	Local Level	District	Number of households	Population		
				Female	Male	Total
	Municipality					
43	Dullu Municipality	Dailekh	8,164	21,659	19,881	41,540
44	Narayan Municipality	Dailekh	5,791	14,392	12,645	27,037
45	Bhagawatimai Rural Municipality	Dailekh	3,359	9,782	8,996	18,778
46	Dungeshwor Rural Municipality	Dailekh	3,044	8,330	7,553	15,883
47	Gurans Rural Municipality	Dailekh	4,096	11,358	10,675	22,033
Total			48,919	134,780	126,990	261,770
48	Barekot Rural Municipality	Jajarkot	3,093	8,962	9,121	18,083
49	Kuse Rural Municipality	Jajarkot	3,590	10,214	10,407	20,621
50	Junichande Rural Municipality	Jajarkot	3,774	10,993	10,740	21,733
51	Chhedagad Municipality	Jajarkot	6,144	17,941	17,354	35,295
52	Shivalaya Rural Municipality	Jajarkot	2,556	7,726	7,543	15,269
53	Bheri Malika Municipality	Jajarkot	6,590	17,057	16,458	33,515
54	Tribeni Nalagad Municipality	Jajarkot	4,721	12,849	12,741	25,590
Total			30,472	85,767	85,537	171,304
55	Aathabisakot Municipality	Rukum West	6,421	16,978	16,623	33,601
56	Sanibheri Rural Municipality	Rukum West	4,129	11,661	10,533	22,194
57	Banphikot Rural Municipality	Rukum West	3,747	9,983	8,713	18,696
58	Musikot Municipality	Rukum West	7,307	17,523	15,416	32,939
59	Tribeni Rural Municipality	Rukum West	3,609	10,565	8,839	19,404
60	Chaurjahari Municipality	Rukum West	5,422	14,443	12,995	27,438
Total			30,647	81,204	74,179	155,383
61	Darma Rural Municipality	Salyan	3,460	10,220	9,746	19,966
62	Kumakh Malika Rural Municipality	Salyan	4,745	13,044	11,928	24,972
63	Banagad Kupinde Municipality	Salyan	6,763	18,670	17,382	36,052
64	Dhorchaur Rural Municipality	Salyan	2,404	7,089	6,504	13,593
65	Bagachour Municipality	Salyan	5,906	17,592	16,526	34,118
66	Chhatreshwori Rural Municipality	Salyan	4,408	11,690	9,762	21,452
67	Sharada Municipality	Salyan	7,391	18,069	15,661	33,730
68	Kalimati Rural Municipality	Salyan	4,343	11,705	11,300	23,005
69	Tribeni Rural Municipality	Salyan	3,447	8,898	7,726	16,624
70	Kapurkot Rural Municipality	Salyan	3,657	9,486	8,718	18,204
Total			46,556	126,475	115,969	242,444
71	Simta Rural Municipality	Surkhet	5,094	14,002	11,843	25,845
72	Chingad Rural Municipality	Surkhet	2,923	8,988	8,287	17,275
73	Lekabeshi Municipality	Surkhet	6,346	16,173	14,122	30,295
74	Gurbhakot Municipality	Surkhet	9,572	23,883	19,882	43,765
75	Bheriganga Municipality	Surkhet	8,825	22,262	19,145	41,407
76	Birendranagar Municipality	Surkhet	23,710	51,687	48,771	100,458
77	Barahatal Rural Municipality	Surkhet	5,448	13,816	12,986	26,802
78	Panchapuri Municipality	Surkhet	6,304	16,809	15,422	32,231
79	Chaukune Rural Municipality	Surkhet	4,608	13,026	12,214	25,240
Total			72,863	181,383	169,421	350,804

Source: Population Census 2068

Annexes 2 Table 7.5 Type of Health Facilities by Local Level											
SN	Local Level	Number of Wards	Tertiary level Hospital	Secondary Level Hospitals	Primary level Hospitals	PHCC	HPs	Basic Health Care Center	Urban Health Center	Community Health Unit	Non-Gov. Hospitals
1	Dolpo Buddha Rural Municipality	6	0	0	0	0	2	0	0	0	0
2	Shey Phoksundo Rural Municipality	9	0	0	0	0	3	0	0	0	0
3	Jagadulla Rural Municipality	6	0	0	0	0	3	0	0	1	0
4	Mudkechula Rural Municipality	9	0	0	0	0	3	0	0	0	0
5	Tripurasundari Municipality	11	0	0	0	0	5	0	0	1	0
6	Thulibheri Municipality	11	0	0	1	0	3	0	0	3	0
7	Kaike Rural Municipality	7	0	0	0	0	2	0	0	0	0
8	Chharka Tangsong Rural Municipality	6	0	0	0	0	2	0	0	0	0
Dolpa Total		65	0	0	1	0	23	0	0	5	0
9	Mugumkarmarog Rural Municipality	9	0	0	1	0	5	3	0	2	0
10	Chhayanath Rara Municipality	14	0	0	1	0	6	10	0		0
11	Soru Rural Municipality	11	0	0	0	0	7	4	0	3	0
12	Khatyad Rural Municipality	11	0	0	0	1	6	2	0	4	0
Mugu Total		34	0	0	0	1	24	19	0	9	0
13	Chankheli Rural Municipality	7	0	0	0	0	4	0	0	0	0
14	Kharpunath Rural Municipality	5	0	0	1	0	4	1	0	4	0
15	Simkot Rural Municipality	8	0	0	1	0	4	3	0	4	0
16	Namkha Rural Municipality	6	0	0	0	0	4	1	0	3	0
17	Sarkegad Rural Municipality	8	0	0	0	0	6	0	0	0	0
18	Adanchuli Rural Municipality	6	0	0	0	0	2	1	0	3	0
19	Tanjakot Rural Municipality	5	0	0	0	0	2	0	0	0	0
Humla Total		45	0	0	2	0	26	6	0	14	0
20	Patarasi Rural Municipality	7	0	0	0	0	4	0	0	0	0
21	Kanaka Sundari Rural Municipality	8	0	0	0	0	5	0	0	0	0
22	Sinja Rural Municipality	6	0	0	0	0	3	0	0	0	0
23	Chandannath Municipality	10	0	0	0	0	3	1	0	0	0
24	Guthichaur Rural Municipality	5	0	0	0	0	3	2	0	0	0
25	Tatopani Rural Municipality	8	0	0	0	0	4	0	0	0	0
26	Tila Rural Municipality	9	0	0	0	0	5	0	0	0	0
27	Hima Rural Municipality	7	0	0	0	1	2	0	0	4	0
Jumla Total		60	0	0	0	1	29	3	0	4	0
28	Palata Rural Municipality	9	0	0	1	0	3	6			0
29	Pachal Jharana Rural Municipality	9	0	0	0	0	3	6			0
30	Raskot Municipality	9	0	0	0	0	3	6			0
31	Sanni Tribeni Rural Municipality	9	0	0	0	0	3	6		1	0
32	Naraharinath Rural Municipality	9	0	0	0	1	4	4			0
33	Khandachakra Municipality	11	0	0	1	0	2	8			0
34	Tilagupha Municipality	11	0	0	0	0	5	6			0
35	Mahawai Rural Municipality	7	0	0	0	0	2	1		4	0
36	Kalika Rural Municipality	8	0	0	0	0	3	5		2	0
Kalikot Total		82	0	0	1	1	28	48	0	7	0
37	Naumule Rural Municipality	8	0	0	0	1	6	1	0	1	0
38	Mahabu Rural Municipality	6	0	0	0	0	5	0	0	1	0

Annexes 2 Table 7.5 Type of Health Facilities by Local Level

SN	Local Level	Number of Wards	Tertiary level Hospital	Secondary Level Hospitals	Primary level Hospitals	PHCC	HPs	Basic Health Care Center	Urban Health Center	Community Health Unit	Non-Gov. Hospitals
39	Bhairabi Rural Municipality	7	0	0	0	0	3	0	0		0
40	Thantikandh Rural Municipality	6	0	0	0	1	2	2	0	2	0
41	Aathbis Municipality	9	0	0	0	0	6	3	0	0	0
42	Chamunda Bindrasaini Municipality	9	0	0	0	0	3	6	0	0	0
43	Dullu Municipality	13	0	0	1	0	9	5	1	0	0
44	Narayan Municipality	11	0	0	1	0	6	4	2	1	0
45	Bhagawatimai Rural Municipality	7	0	0	0	0	6	0	0	1	0
46	Dungeshwor Rural Municipality	6	0	0	0	0	4	0	0	2	0
47	Gurans Rural Municipality	8	0	0	0	0	6	0	0	3	0
Dailekh Total		90	0	0	2	2	56	21	3	11	0
48	Barekot Rural Municipality	9	0	0	0	1	3	1	0	0	0
49	Kuse Rural Municipality	8	0	0	0	0	5	0	0	0	0
50	Junichande Rural Municipality	11	0	0	0	1	3	6	0	9	0
51	Chhedagad Municipality	13	0	0	0	0	7	8	0	0	0
52	Shivalaya Rural Municipality	9	0	0	0	0	3	6	0	0	0
53	Bheri Malika Municipality	13	0	1	0	0	5	7	0	0	0
34	Tribeni Nalagad Municipality	13	0	0	0	1	5	7	0	2	0
Jajarkot Total		76	0	1	0	3	31	35	0	11	0
55	Aathabisakot Municipality	14	0	0	1	0	4	9	0	0	0
56	Sanibheri Rural Municipality	11	0	0	1	0	3	7	0	0	0
57	Banphikot Rural Municipality	10	0	0	0	0	4	5	0	0	0
58	Musikot Municipality	14	0	0	1	0	5	8	1	0	4
59	Tribeni Rural Municipality	10	0	0	1	0	4	0	0	0	0
60	Chaurjahari Municipality	14	0	0	1	1	4	8	0	0	0
Rukum West Total		73	0	0	5	1	24	37	1	0	4
61	Darma Rural Municipality	6	0	0	0	0	3	3	0	2	0
62	Kumakh Malika Rural Municipality	8	0	0	0	0	5	2	0	2	0
63	Banagad Kupinde Municipality	9	0	0	0	0	7	4	2	0	0
64	Siddha Kumakh Rural Municipality	5	0	0	0	0	3	2	0	0	0
65	Bagachour Municipality	12	0	0	0	1	5	3	0	0	0
66	Chhatreshwori Rural Municipality	7	0	0	0	1	3	0	0	3	0
67	Sharada Municipality	15	0	0	1	0	7	7	2	0	0
68	Kalimati Rural Municipality	7	0	0	0	0	4	3	0	0	0
69	Tribeni Rural Municipality	6	0	0	0	0	4	2	0	0	0
70	Kapurkot Rural Municipality	6	0	0	0	0	4	2	0	0	0
Salyan Total		81	0	0	1	2	45	28	4	7	0
71	Simta Rural Municipality	9	0	0	0	0	8	0	0	5	0
72	Chingad Rural Municipality	6	0	0	1	1	4	0	0	6	0
73	Lekabeshi Municipality	10	0	0	1	1	4	5	0	3	0
74	Gurbhakot Municipality	14	0	1	0	0	6	6	5	0	0
75	Bheriganga Municipality	13	0	0	0	0	4	0	1	0	0
76	Birendranagar Municipality	16	0	1	0	0	7	0	8	0	2

Annexes 2 Table 7.5 Type of Health Facilities by Local Level											
SN	Local Level	Number of Wards	Tertiary level Hospital	Secondary Level Hospitals	Primary level Hospitals	PHCC	HPs	Basic Health Care Center	Urban Health Center	Community Health Unit	Non-Gov. Hospitals
77	Barahatal Rural Municipality	10	0	0	0	0	5	5	0	4	0
78	Panchapuri Municipality	11	0	0	1	1	4	0	0	6	1
79	Chaukune Rural Municipality	10	0	0		0	5	5	0	5	0
Surkhet Total		99	0	2	3	3	47	21	14	29	3
Karnali Province Total		718	0	3	14	14	333	218	22	97	10
<i>Source: HMIS – DHIS-2 2077/78</i>											



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