

THE JOINT EVALUATION REPORT  
ON  
THE JAPANESE TECHNICAL COOPERATION  
FOR  
THE PRIMARY HEALTH CARE PROJECT IN NEPAL  
PREPARED JOINTLY  
BY  
THE JAPANESE EVALUATION TEAM  
AND  
HIS MAJESTY'S GOVERNMENT OF NEPAL

The Japanese Evaluation Team (hereinafter referred to as "the Team"), organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA"), headed by Dr. Makoto Doi, visited the Kingdom of Nepal from the 23rd of May to 31st of May 1997 for the purpose of evaluation of the activities of the Primary Health Care Project in Nepal (hereinafter referred to as "the Project") under the Record of Discussion (hereinafter referred to as "R/D") signed on the 25th of December 1992.

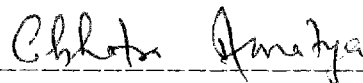
During its stay in the Kingdom of Nepal, the Team held a series of discussions, observations and exchanged views with His Majesty's Government of Nepal (hereinafter referred to as "HMG").

As a result of the discussions, both parties agreed upon the matters referred to in the document attached hereto.

Kathmandu, 30th of May, 1997



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## **I OBJECTIVE OF THE JOINT EVALUATION**

- 1. To evaluate the overall Project activities concerning improvements in the health status of the population in the model districts (Bhaktapur, Nuwakot).**
- 2. To recognize the obstacles identified during the implementation of the Project activities in the model districts.**
- 3. To make recommendations for improvements in the health status of the rural population.**

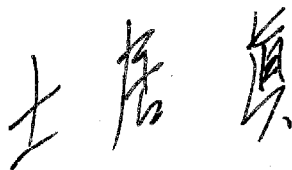
## **II METHODOLOGY OF EVALUATION**

### **1. Materials Used as Reference**

In order to evaluate the past performance and achievements both in quantity and quality, the following materials were used as a basis of reference.

- (1) The Record of Discussions (R/D)**
- (2) Tentative schedule of implementation**
- (3) The Minutes of Discussions agreed upon by both authorities concerned in course of the implementation of the Project**

### **2. Discussions and Observations**



### III PROJECT GOAL

#### 1. Overall Goal

The overall goal of the Project is to improve the health status of the population in the model districts, that is Bhaktapur and Nuwakot in the Kingdom of Nepal, through intensification of Primary Health Care (PHC) services.

Emphasis will be placed on an effective Management Information System (MIS), participatory community health planning and evaluation, strengthening the functions of the District Health Offices (DHOs), the district hospitals and the Health Posts (HPs) in the model districts, and reinforcing cooperation among these institutions.

#### 2. Specific Objectives

- (1) To develop MIS for PHC which allows timely and effective resource management
- (2) To promote participatory community health planning through activities in nutrition, health education, and community organization
- (3) To increase the access of the rural population to health care services through upgrading of health facilities and training of health personnel
- (4) To strengthen the functional cooperation between the DHOs and the District Hospitals for providing comprehensive health care services to the target population

Approaches and target levels of attainment in the respective districts reflect differences in existing conditions.

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## IV PROGRESS OF THE PROJECT ACTIVITIES (April 1993 - April 1997)

The Project implemented the following activities to achieve the specific objectives specified in R/D from April 1993 to April 1997, in the spirit of community participation, self-reliance and self-determination which is mentioned in the declaration of Alma-Ata.

### 1. ACTIVITIES

#### 1.1 Baseline Survey

The Project conducted baseline surveys in Bhaktapur and Nuwakot District to gain an understanding of the present health situation. In addition, the Project also conducted a baseline survey in the pilot Village District Committee (VDC), Bageswori VDC. The survey reports were published and disseminated in both the English and Japanese languages.

#### 1.2 Improvement of Health Institutions

Under the improvement plan decided by the Hospital Management Committee, the Project renovated Bhaktapur Hospital, including the renovation of the X-ray room, the laboratory unit and operation theater, to intensify the service delivery system and to improve the quality of health services.

Furthermore, the Project provided necessary equipment and technical support including the assignment of a consultant on medical records based on the recommendation made by the Hospital Medical Recording System (MRS) Committee to develop an effective and efficient MRS in Bhaktapur Hospital for preparing clinical and administrative statistics of patients by keeping medical records in a systematic manner (ANNEX 1).

Likewise, the Project constructed Bode and Bageswori HP and renovated Nagarkot, Changunarayan and Nangkhel HP. In addition, the Project provided necessary construction materials to Tathali and Dadhikot HP to construct their HP buildings with the cooperation of the local people (ANNEX 2).

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The Project has also provided basic medical equipment and instruments to nine (9) HPs and twelve (12) Sub-Health Posts (SHPs) in Bhaktapur District.

At the request of HMG, JICA completed the construction of the Kakani Primary Health (PH) Center in Nuwakot District Constituency No. 1 and provided necessary equipment to upgrade the quality of health services for the local community which it covers.

Moreover, the Project renovated the X-ray room at Trisuli Hospital including installation of a new X-ray machine and provided necessary medical equipment and instruments for the improvement of the health services.

The Project also provided basic medical equipment and instruments to ten (10) HPs and seventeen (17) SHPs in Nuwakot District.

### 1.3 Improvement of the MIS

The Project supported the renovation of the computer room at Bhaktapur District Public Health Office (DPHO) to include a statistical section in order to develop the MIS at the district level. Two (2) staff members from both Bhaktapur DPHO and Nuwakot DHO were trained in a basic computer course supported by the Project. JICA provided the necessary equipment for the statistical section in Bhaktapur DPHO (ANNEX 3).

The Project also provided some office equipment to the Central Regional Health Directorate (CRHD) to improve the MIS on the regional level.

### 1.4 Drug Scheme

To identify the appropriate drug scheme, the Project implemented a drug scheme at Nangkhel, Changunarayan and Bageswori HP based on the decision made by the local community, the HP Development Committee and the HP. In the first stage, the Project provided the startup medicine, furniture and stationary supplies to the above-mentioned HPs for executing the community-based drug scheme.

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In the second stage, the Project mobilized people in the community and encouraged them to participate actively in applying this scheme to the remaining HPs by themselves without startup medicine. The Ministry of Health (MOH) provided some medicine in addition to the regular medical supply to use as startup medicine. As a result, the Project could expand this scheme to all the HPs in the Bhaktapur District.

This drug scheme program has been expanded to SHPs in Bhaktapur District based on a decision made by the local community and the HP Development Committees. Ten (10) SHPs have started drug schemes by their own efforts by applying the same scheme (ANNEX 4).

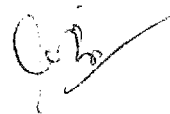
The Project introduced the same type of drug scheme at Kakani PH Center and Gorshyang SHP in Nuwakot District by providing some medicine for pediatric use and necessary supplies in order to reduce the problem of unavailability of medicine in the local market.

#### 1.5 Maternal and Child Health (MCH)

The Project started child health activities under the guidance of the Japanese experts and strengthened them at all nine (9) HPs in Bhaktapur District by adding ante natal and postnatal examinations. In addition to this, an MCH clinical operation system manual was produced to standardize the systematic examination system (ANNEX 5).

Auxiliary Nurse Midwives (ANMs) and Community Health Volunteers (CHVs) can play a vital role for the smooth operation of the MCH activities in the community. Therefore, the Project supported a CHV refresher training cum literacy program for the CHVs of Bageswori VDC for twenty-four (24) days in order to develop their knowledge and skill to support clinical activities as well as health services at the grassroots level in their area. An ANM refresher training course was also held with the support of the Project.

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ANMs are the key persons in the MCH clinical activities at the HP level. The Project has been organizing a monthly ANM meeting in Bhaktapur District to identify the problems related to the MCH clinic and to stimulate them to work hard for the clinic. In addition to the above mentioned activities, the Project produced a poster to make the local people aware of the uses and importance of the HPs.

Likewise, the Project has introduced an MCH clinic at the Kakani PH Center in order to provide basic MCH services, including monitoring of child growth and pregnancy, to the local community more reliably.

## 1.6 Health Education

### 1.6.1 Field Level Activities

To improve health services in the model districts by making them smoother and more effective, the Project made a plan to establish a Joint Coordination Committee for health education at the district level. A monthly HP incharge meeting has been organized at Bhaktapur and Nuwakot Districts (ANNEX 6).

The Project has been operating "the health education car" equipped with audio-visual equipment to inform the local community about health at HPs (ANNEX 10).

To strengthen the health education program, the Project supported a health education cum literacy program to CHVs and Traditional Birth Attendants (TBAs) of seven (7) VDCs covered by Bode, Changunarayan and Nangkhel HP with the support of a local Non-Government Organization (NGO).

The nutrition program is a key component of health education. Therefore, the Project has conducted a nutrition survey to learn about basic nutritional factors and eating habits, such as, nutrition related knowledge, attitudes and practices of the local people of Nagarkot VDC and its basic ecological factors.

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### 1.6.2 Study Tour

The Project organized and supported four (4) observation and study tours for HP incharge and ANMs in Bhaktapur District. The HP incharge, staffs of Bhaktapur DPHO and CRHD visited Pokhara in December 1995 with the JICA experts to study the health care activities provided by the different health institutions, namely, Western Regional Hospital, Western Regional Health Laboratory, Western Regional Health Directorate (WRHD), Kaski DHO, Bairani HP and Gajuri PH Center. Similarly, ANMs of the HPs and Matron of Bhaktapur Hospital visited Makawanpur and Parsa Districts in March 1996 to study the health care activities provided by Bhandara HP and Birgunj Hospital. Two (2) more study tours, one (1) to Dharan and another to Pokhara, were also conducted in March 1997.

### 1.6.3 Technical Exchange Program

The Project conducted a technical exchange program in July 1994 with the Thailand Public Health Project by JICA. Three (3) HMG health personnel visited the Project at Khon Kaen in Thailand and exchanged ideas and views on health activities with relevant health personnel of the Government of Thailand and JICA medical experts in Thailand.

### 1.7 Other

- (1) Out-patient survey in Bhaktapur Hospital
- (2) Collection of data from HPs
- (3) Survey of the local environment to find out the quality of drinking water which is actually used by the local people of Bageswori VDC
- (4) Publication of the Project annual reports
- (5) Production of the Project calendar from Nepalese Year 2051 to promote public relations for the Project activities
- (6) Production and dissemination of an MCH handbook, leaflet on Project activities and video on MCH activities

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## 2. INPUT BY JICA

### 2.1 Dispatch of Japanese Experts

Twelve (12) long-term experts (ANNEX 7-1) and twenty-eight (28) short-term experts (ANNEX 7-2) have been dispatched to transfer their knowledge and skill to Nepalese counterparts in various fields.

### 2.2 Counterpart Training in Japan

A total of ten (10) counterparts have been received for training in Japan during the last four (4) years (ANNEX 8). The nomination of counterpart personnel for training in the Japanese Fiscal Year 1997 has not been finalized.

### 2.3 Annual Provision of Equipment

The equipment under the technical cooperation of JICA worth about US \$1.29 million and equipment accompanying the experts worth about US \$0.13 million in the last four (4) years were donated (ANNEX 9).

The above-mentioned equipment are expected to be used effectively in the respective health institutions. The list of equipment for the Japanese Fiscal Year 1997 has not been finalized yet.

### 2.4 Local Cost Support

#### (1) Renovation of the health institutions at Bhaktapur and Nuwakot Districts

- |                          |                |
|--------------------------|----------------|
| 1) Kakani PH Center      | 10,000,000 Rs. |
| 2) Bageswori and Bode HP | 7,000,000 Rs.  |
| 3) Other five (5) HPs    | 3,690,000 Rs.  |
| 4) Bhaktapur Hospital    | 1,150,000 Rs.  |

#### (2) Improvement of MIS in CRHD

#### (3) Improvement of MRS at Bhaktapur Hospital

#### (4) Production of a Project calender

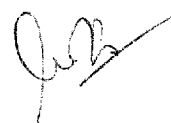


**3. Input by HMG of Nepal**

**3.1 Necessary manpower for the health institutions in both Bhaktapur and Nuwakot Districts**

**3.2 Necessary budget for covering running costs and maintenance costs for the health institutions of Bhaktapur and Nuwakot Districts**

**3.3 Necessary budget for the customs clearance of the equipment provided by JICA**



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## V RESULT OF ACTIVITIES

1. To develop MIS for PHC which allows timely and effective resource management,

The project provided the necessary equipment and support, including basic training, to the related personnel of DPHO and DHO to improve the MIS at the district level. At the beginning of the Project, the statistics section of DPHO and DHO calculated the data manually. During the period of four (4) years, the statistics section can process the data into computers by using existing formats which are used by MOH.

At present, the statistics section is capable to report the data to the HP incharge meeting every month as the feed-back of the monthly report to the HPs.

2. To promote participatory community health planning through activities in nutrition, health education, and community organization,

The Project organized an incharge meeting every month in Bhaktapur and once every two (2) months in Nuwakot District for promoting community participation. Moreover, the Project also organized an ANM meeting to identify the problems regarding the provision of better quality health services to people in the local community by utilizing their experiences.

The Project realized the need of health education for mothers, CHVs and TBAs to make them aware of the importance of MCH. Hence, the Project organized health education activities by utilizing a mobile video car for mothers. Furthermore, the Project organized some literacy cum health education classes for CHVs and TBAs as well as made them more conscious of family health. As a result, they have been participating more actively in health activities launched by their neighboring health institutions for the community.

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At the beginning of the Project, almost all of the HPs had faced the problem of an inadequate drug supply for a year in providing services to the community. Therefore, the Project introduced an innovative drug scheme to the community for their benefit by having them participate in their own health activities. This scheme has been appreciated widely by the local community and almost all HPs and SHPs of Bhaktapur District have implemented it by themselves.

At the beginning, the village people expected almost all support to come from the donor agencies or NGOs. However, after four (4) years of the Project the VDCs and the HP Development Committees realized that self-reliance and self-effort were more important than asking help from other organizations. As a result, some VDC and the HP Development Committees made plans to construct their own HPs by active local community participation physically and financially. As a result, three (3) HPs, Changu, Nagarkot and Nangkhel have been already constructed and Tathali and Dadhikot are now under construction. This has been made possible through construction materials provided by JICA.

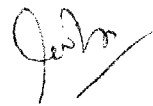
In addition, the Katunje SHP has been constructed by the village people themselves without getting any help from the outside. This is certainly a result of community participation.

3. To increase the access of the rural population to health care services through upgrading of health facilities and training of health personnel,

In order to upgrade health facilities the Project improved the physical facilities, such as construction of HPs, a PH center, renovation of Bhaktapur Hospital, supply of equipment and instruments, etc. Similarly, the Project organized different types of training for health personnel, such as on the job training, regular meetings, study tours, technical exchange programs, counterpart training in Japan, etc.

4. To strengthen the functional cooperation between the DPHO and DHO and the District Hospitals for providing comprehensive health care services to the target population,

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The doctor of Bhaktapur Hospital was involved in the operation of an MCH clinic at the HP level with close cooperation of the HP staff. This clinic was expanded to all nine (9) HPs under the DPHO of Bhaktapur by effective support of Bhaktapur Hospital. Furthermore, Bhaktapur Hospital established an MCH section with the support of the Project for strengthening and improving the quality of health services to the community.

Moreover, Bhaktapur DPHO organizes regular HP incharge meetings to improve communication between HPs, SHPs and DPHO regarding an improved health service delivery system. Bhaktapur Hospital participates in the meetings to transfer new ideas and technology to the incharge of HPs and SHPs through lectures and discussions. As a result of this functional cooperation among the health institutions of Bhaktapur District, the health service delivery system of the HPs and SHPs have been upgraded.



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## VI CONCLUSION

1. Community participation is indispensable to develop the PHC activities. Therefore, the Project made an effort to activate to the local people toward better health. However, community participation in the Nuwakot District is inadequate.

2. The Team found that the statistic sections were capable to smoothly analyze data on morbidity every month for individual HPs and provide feed-back to the HPs through the HP incharge meeting. However, the DPHO and DHO have to strengthen the statistics section through continuous manpower assignments and by making them able to process the data according to the needs of the DHOs in a short span of time. Moreover, more training and motivation are required of the concerned personnel for them to conduct their jobs effectively.

3. The community has recognized the better use of health institutions. MOH is also concentrating its effort to establish SHPs in each VDC.

The Project conducted both the drug scheme and the staff training, which contributed to increasing the reliability of health institutions to the community.

Although the physical facilities and condition of equipment availability have been improved in the health institutions in both Bhaktapur and Nuwakot Districts, the system for their proper utilization and maintenance should be improved to increase reliability.

4. Functional cooperation between Bhaktapur Hospital, HPs and SHPs has been improved significantly. However, active participation of Bhaktapur DPHO is strongly expected to link the health institutions of Bhaktapur District for a better service delivery system to the community. In contrary to this, it has not been functioning as well as it should be in Nuwakot District.

Functional cooperation between CRHD and DPHO and DHO is highly expected to provide comprehensive health care services to the target population.

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Finally, the Team has concluded that the MOH, the Project and local community are contributing their joint efforts for the betterment of the local community health and hygiene including improvement of health facilities under limited available resources.

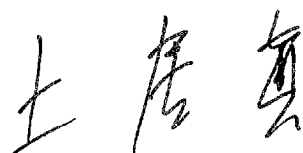
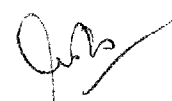
5. The review of the Project activities and evaluation by the Japanese side confirm the Ministry of Health's view that significant achievements have been realized by the Project over the four (4) years period, April 1993 - April 1997. It is specifically those achievements for which the Project can be justifiably proud, that raise the dual concerns of sustainability and institutionalization of systems, processes and procedures that have led to the Project achievements in the areas of improvements of health institutions, MIS, community drug schemes, MCH and health education. Though the necessary information is most probably available in greater detail in the various project documents and reports, it would be necessary to specifically identify:

what specific actions have been taken to assure the sustainability of project advances and;

the specific plans for the gradual phasing out of the current Project activities.

With the Ministry's desire to replicate the Project's achievement in other districts, it would be useful for the Project staff to report on the lessons' learned in implementing the various project components, to learn what approaches worked and which did not, what specific factors lead to differences in success between the two (2) districts.

HMG, MOH is going to have National Community Drug Program (NCDP). Drug scheme run with JICA support has given interesting results. This will help us to choose the appropriate scheme for the community. However, when the NCDP guideline will be introduced, all the various drug schemes will come under the umbrella of NCDP.



## VII CONTENTS OF DISCUSSION IN JOINT COORDINATION COMMITTEE

1. From the Japanese side, the following recommendations were presented.

- (1) Extension of time frame of the Project by one (1) year at most
- (2) Establishment of PHC section in DPHO and DHO
- (3) Improvement of training for AMNs and CHVs
- (4) Clarification of the function of Kakani PH Center

2. The Nepalese side made comments and recommendations as follows.

(1) As for the Japanese recommendation (1), HMG fundamentally agreed with the one (1) year's extension of the Project. However, it desired to expand the target area in the future.

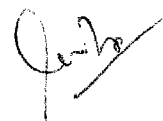
(2) As for the Japanese recommendation (2), HMG responded that it is mandatory duty for DPHO and DHO to supervise HPs and SHPs. However, HMG and the Government of Japan agreed to strengthen their functions.

(3) As for the Japanese recommendation (3), HMG answered that it had already had training system for AMNs and CHVs.

(4) As for the Japanese recommendation (4), HMG answered that Kakani PH Center's rule and function have been clearly defined as other PH Centers.

(5) HMG evaluated that the Project have actualized significant achievement over the four (4) years of the Project period. Furthermore, HMG recommended that a detailed report from the Government of Japan was desirable so that it could replicate achievement of the Project in other districts.

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As for the drug scheme conducted by the Project, HMG mentioned that it would be integrated with the National Community Drug Program after introducing its guidelines.

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## VII RECOMMENDATION

The Project turned out to be successful to substantial extent to establish community participational health administration systems such as MCH, drug schemes and health education.

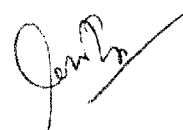
However, the Joint Coordination Committee noticed several Project activities were yet to be implemented and also that there is need to strengthen administrative system, prior to the take-over by HMG.

Likewise, there is room to promote community participation in the Nuwakot District, which is described in the conclusion.

Based on this recognition, the Joint Coordination Committee recommends both HMG and the Government of Japan to start discussions about the following two (2) matters.

1. To extend the Project term by one (1) year at most as a follow-up in the basis of the framework of the present R/D
2. To consider the specific plans for the gradual phasing out of the current Project activities

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ANNEX 1

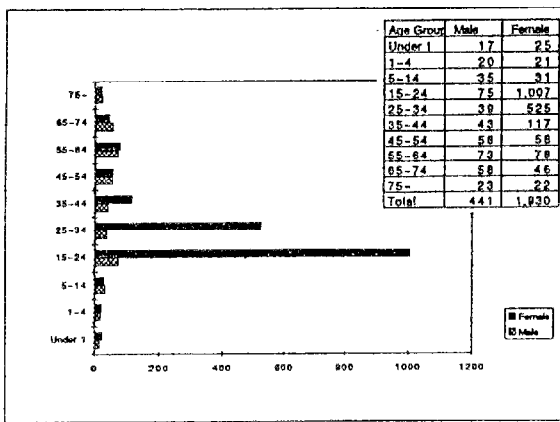
Medical Record of Bhaktapur Hospital  
(Patients Care Summary)

Year : 2053

1. No. of Patients Admitted and Discharged

Sex	Admitted	Discharged
Male	441	353
Female	1,930	1,823
Total	2,371	2,176

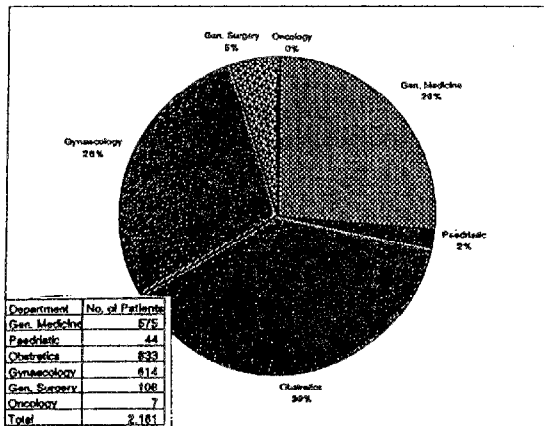
2. Distribution of In-Patients by Age Groups



3. No. of Operation Record

Major	0
Minor	330
Total	330

4. Type of Care Provided by Hospital



5. Types of Deliveries

Normal	1,075
Complicated	293
Total	1,368

6. No. of Babies Born by Sex

Babies	Male	Female	Total
Live Birth	517	542	1,059
Still Birth			16
Sets of Twin			4

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**7. No. of Out-Patients and Emergency by Sex**

Patients	Out Patient		Emergency	
	New	Old	New	Old
Male	9,494	2,683	3,791	0
Female	9,189	2,908	2,148	0
Total	18,683	5,591	5,939	0

**8. In-Patients Mortality  
(From 2053/01/01 To 2053/12/30)**

1	Bronchitis, Emphysema & Other COPD	10
2	Pneumonia	3
3	Respiratory, Tuberculosis, Confirmed	2
Total Death People		15

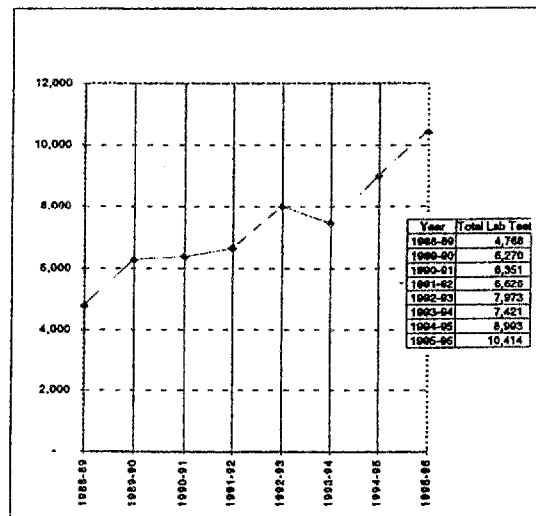
**In-Patients Morbidity  
(From 2053/01/01 To 2053/12)**

1	Single Spontaneous Delivery	1,074
2	Bronchitis, Emphysema & oth.COPD	140
3	Pneumonia	105
4	Spontaneous Abortion	69
5	False Labor	65
Total Cases		2,266

**9. Patients Care Report in Bhaktapur Hospital  
(Fiscal Year 1988/89 To 1995/96)**

SN	Particulars	1988-89	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96
1	New Patients COP	16,503	20,939	19,692	16,505	20,112	20,095	18,852	16,809
2	Old Patients (OP)	3,027	2,316	1,445	1,153	4,784	7,945	6,660	4,305
	Total Patients	21,530	23,255	21,138	17,658	24,896	27,950	25,512	21,114
3	Patients Admitted	2,837	2,948	2,775	2,806	2,597	2,341	2,566	2,477
4	Patients Discharge	2,765	2,875	2,708	2,550	2,553	2,161	2,467	2,389
5	Referral Cases	34	57	51	35	36	58	67	73
6	Death Cases	28	18	16	14	17	40	44	34
7	Child Births	664	678	574	795	895	968	959	1,077
8	Emergency Cases	445	4,396	3,729	6,033	10,764	7,552	7,462	6,847
9	Dental Cases	1,423	-	-	-	-	4,000	2,917	3,683
10	Operation Cases	3,029	144	138	172	105	110	108	146
11	Police Cases	168	157	141	392	443	473	388	690
12	Post Mortem Case	18	26	24	22	23	28	46	70
13	X-Ray	5,266	1,247	1,354	1,599	2,228	2,790	3,342	3,901
14	Stool Tests	2,000	1,687	1,385	1,207	1,746	1,118	1,365	1,446
15	Sputum Tests	268	475	372	174	133	260	312	511
16	Blood Tests	1,075	2,826	2,326	2,107	2,002	2,657	2,306	2,778
17	Urine Tests	1,123	1,765	1,892	1,684	2,469	2,315	1,981	3,374
18	Pregnancy Tests	-	116	103	313	184	222	255	-
19	VDRM Tests	-	53	-	75	-	253	366	439
20	Bio-Chemical Test	-	148	162	1,017	439	296	978	1,325
21	Bacteriology	-	-	-	-	-	-	747	-
22	Crow Machine	-	-	-	-	-	-	189	200
23	Grouping	-	-	-	-	-	-	494	341
	Total Lab Test	4,768	6,270	6,351	6,626	7,973	7,421	8,993	10,414

**10. Lab Test Report by Year**



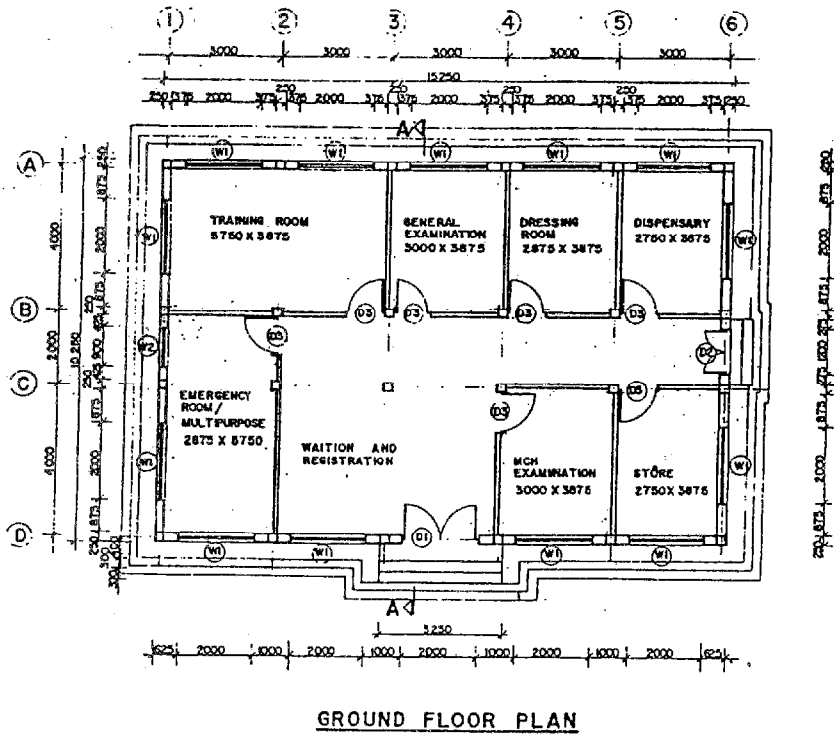
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ANNEX 2

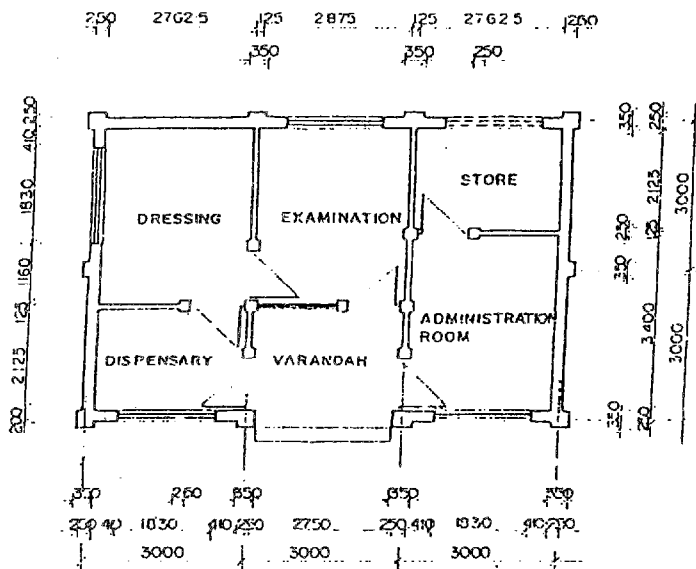
MODEL OF HEALTH POST IN BAKTHAPUR DISTRICT

Type I



GROUND FLOOR PLAN

Type II

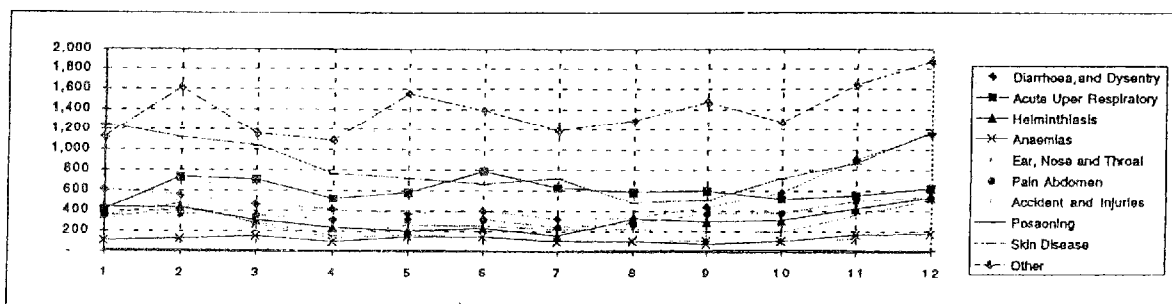


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ANNEX 3

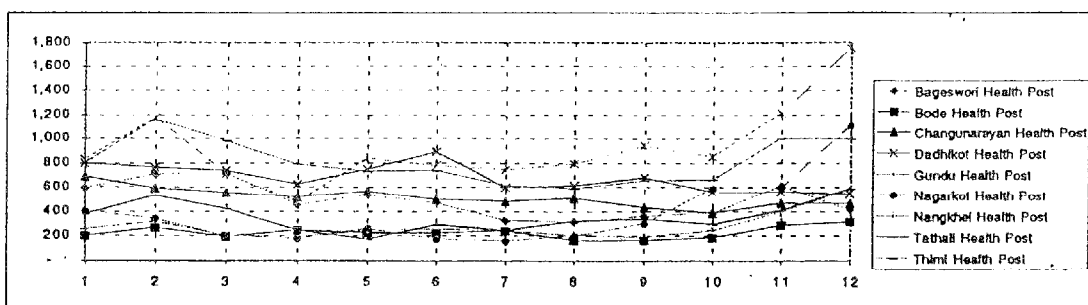
Monthly Morbidities Recorded in Bhaktapur District (1994/95)

S.No	Name of Disease	Shrawan	Bhadra	Aswin	Kartick	Manshr	Poush	Magh	Falgun	Chaitra	Baisakh	Jestha	Ashad	Total
1	Diarrhoea and Dysentery	610	553	459	408	367	394	315	324	429	576	900	1,142	6,477
2	Acute Uper Respiratory	401	727	704	517	579	781	628	587	594	511	550	623	7,202
3	Helminthiasis	426	426	301	228	196	225	162	313	288	299	413	524	3,791
4	Anaemias	104	122	142	91	138	141	93	84	73	95	163	167	1,423
5	Ear, Nose and Throat	343	462	257	126	159	147	100	113	104	100	118	203	2,232
6	Pain Abdomen	346	361	349	307	309	306	235	273	367	371	490	539	4,253
7	Accident and Injuries	309	424	280	151	254	247	213	215	201	185	347	498	3,324
8	Poisoning	10	10	11	8	11	9	5	10	12	18	15	10	129
9	Skin Disease	1,239	1,114	1,037	762	714	665	716	477	500	715	864	1,164	9,967
10	Other	1,122	1,610	1,150	1,086	1,549	1,379	1,179	1,284	1,465	1,268	1,640	1,868	16,600
Total		4,910	5,809	4,690	3,684	4,276	4,294	3,636	3,690	4,033	4,138	5,500	6,738	55,398



Monthly Morbidities Recorded at Health Posts in Bhaktapur District (1994/95)

S.No.	Name of Disease	Shrawan	Bhadra	Aswin	Kartick	Mangshir	Poush	Magh	Falgun	Chaitra	Baisakh	Jestha	Ashad	Total
1	Bageswori Health Post	591	704	715	452	530	466	324	313	358	382	608	411	5,855
2	Bode Health Post	195	265	191	244	223	225	238	164	164	182	285	314	2,690
3	Changunarayan Health Post	690	586	552	514	559	495	478	505	428	385	466	466	6,124
4	Dadhkot Health Post	796	760	731	621	741	886	596	611	679	556	554	542	8,073
5	Gundu Health Post	823	1,170	706	474	832	776	741	788	933	847	1,206	1,742	11,039
6	Nagarkot Health Post	399	337	199	178	257	174	158	199	300	588	594	1,104	4,487
7	Nangkhel Health Post	251	311	202	176	241	251	243	204	185	245	390	577	3,276
8	Tathali Health Post	373	524	418	242	166	286	244	320	333	291	403	585	4,185
9	Thimi Health Post	792	1,152	976	783	727	735	614	586	652	662	994	997	9,670
Total		4,910	5,809	4,690	3,684	4,276	4,294	3,636	3,690	4,033	4,138	5,500	6,738	55,398

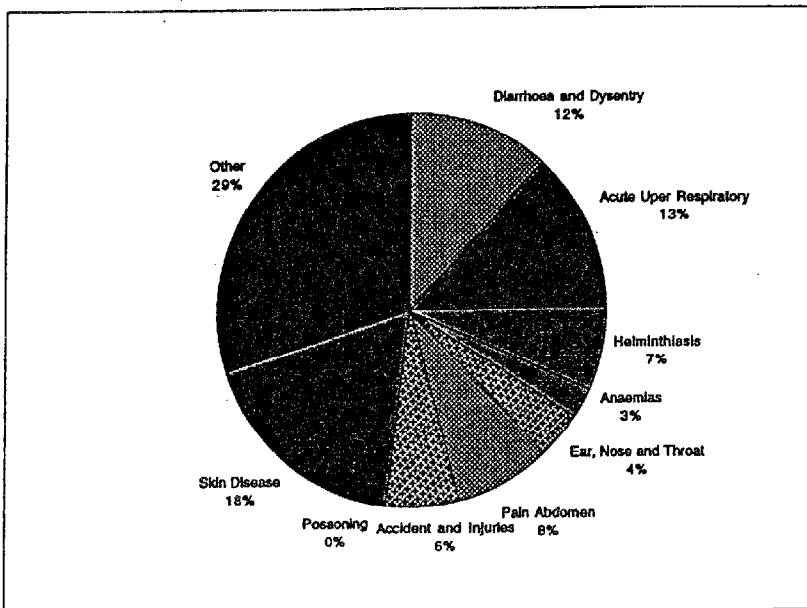


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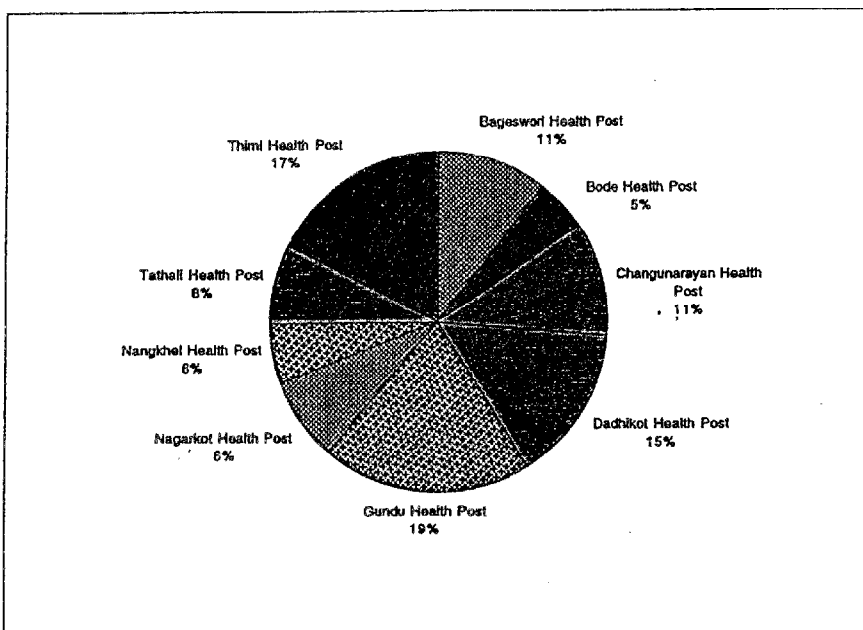
### Distribution of Morbidities at Bhaktapur District (1994/95)

S.No	Name of Disease	Total
1	Diarrhoea and Dysentery	6,477
2	Acute Uper Respiratory	7,202
3	Helminthiasis	3,791
4	Anaemias	1,423
5	Ear, Nose and Throat	2,232
6	Pain Abdomen	4,253
7	Accident and Injuries	3,324
8	Poisoning	129
9	Skin Disease	9,967
10	Other	16,600
Total		55,398



### Number of cases handled by the Health Posts in Bhaktapur District (1994/95)

S.No.	Name of Disease	Total
1	Bageswari Health Post	5,855
2	Bode Health Post	2,690
3	Changunarayan Health Post	6,124
4	Dadhikot Health Post	8,073
5	Gundu Health Post	11,038
6	Nagarkot Health Post	4,487
7	Nangkhel Health Post	3,276
8	Tathali Health Post	4,185
9	Thimi Health Post	9,670
Total		55,398



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## Drug Scheme in Bhaktapur District

Health Post	Sub HP	Provision of Drug Amount	Drug Scheme Start Date	Type of *1 Introduction
Nagarkot			Oct 18, 1995	c
	Chhaling			
Bageswori		Rs. 77,385.01	Jan. 1, 1995	a
	Sudal		Nov. 17, 1995	b
Tathali			Nov. 17, 1995	c
	Chitapol		Jan. 10, 1996	f
Nangkhei		Rs. 78,499.36	Oct. 23, 1994	a
	Slpadol		Jul. 1, 1995	f
Gundu			Nov. 17, 1995	c d
	Katunje		Jun. 16, 1996	c e
Dadhikot			Oct. 18, 1995	c
	Balkot		Apr. 22, 1996	b
	Sirutar		Jun. 1, 1996	b c
Thimi			Nov. 17, 1995	c
	Balkumari		Apr. 8, 1997	e
	Lokanthali		Jul. 28, 1996	b c
Bode			Nov. 17, 1995	c e
	Nagadesh		Jan. 23, 1996	c
Changu		Rs. 75,960.67	Nov. 1, 1994	a c
	Duwakot			
	Jhaukhei		Apr. 13, 1997	b

\*1 a ; Accepted seed drug from PHC

b ; VDC gave seed money

c ; Government medicine use for seed medicine

d ; VDC people's donation

e ; Medicine credit from whole sale

f ; Seed money from NGO



## ANNEX 5

MCH Clinic Operation Record  
in  
Bhaktapur District (1995/96, 1996/97)

Name of Health Post	No. of Children 95/96	Sub Total	No. of Children 96/97	Sub Total	Grand Total
Bageswori	58	177	20	64	241
	25		12		
	33		15		
	61		17		
Changunarayan	9	54	21	94	148
	8		12		
	9		27		
	28		34		
Nangkhei	18	99	16	43	142
	50		22		
	20		5		
	11		Cancelled		
Thimi	20	60	23	89	149
	18		33		
	22		13		
			20		
Bode	13	63	17	62	125
	13		28		
	37		10		
			7		
Tathali	29	51	13	58	109
	10		8		
	12		37		
			Cancelled		
Gundu	75	137	13	37	174
	36		12		
	26		12		
			Cancelled		
Dadhikot	30	50	18	71	121
	20		15		
			29		
			9		
Nagarkot	61	74	40	122	196
	13		8		
			62		
			12		
Total		765	Total	640	1405

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## ANNEX 6

## OPERATION OF IN-CHARGE MEETING

## 1) Operation in Bhaktapur district

	Bhaktapur District			
Year	1994	1995	1996	1997
No. of Meeting	4 times	11 times once / month	12 times once / month	5 times once / month
Participant	HP/SHP In-charge BKT Hosp.	HP/SHP In-charge DHO, BKT Hosp.	HP/SHP In-charge DHO, BKT Hosp.	HP/SHP In-charge DHO, BKT hosp.

## 2) Operation in Nuwakot District

	Nuwakot District			
Year	1994	1995	1996	1997
No. of Meeting	None	2 times	3 times	1 times
Participants	-----	HP In-charge, DHO	HP In-charge, DHO	HP In-charge, DHO

## 3) Contents of Lecture in the meeting by Japanese

Year	Place	Contents
1994	BKT	Care of Jaundice in Babies
	BKT	Definition of Ictrometer
	BKT	Basic Cardiology & Congenital Cardiac Diseases
	BKT	Arrhythmia
1995	BKT	HIV Infection
	BKT	Iron Deficiency Anemia
	BKT	Immunization

Year	Place	Contents
1995	BKT	Pediatric Health Care
	BKT	How to use ophthalmoscope & Otoscope
	BKT	M C H Manual
1996	BKT	Mental and physiological changes of children and medical correspondence about mental problems after great disaster
	BKT	The importance of Pregnant women examination
	BKT	Pediatric Clinical examination
	NWT	Pediatric Clinical examination
	BKT	Poisoning and its treatment {with BKT Hosp. Doctor}
	BKT	Primary genetic care for everybody
	BKT	What causes disabled children
	BKT	Developmental milestones : How can we find ?
	NWT	Infectious gastroenteritis
1997	NWT	Otitis media and how to use the Otoscope
	BKT	Otitis media and how to use the Otoscope
	BKT	The meaning of MCH Clinic and how to see the seemingly health child

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## ANNEX 7-1

## LIST OF JAPANESE EXPERTS (LONG TERM EXPERTS)

No.	Name	Field	Duration
1	Mr. Y. TAKAMATSU	Coordinator	Apr.19, 1993 - May 18, 1996
2	Mr. T. TAKI	Health Education	May 18, 1993 - Mar.31, 1995
3	Dr. T. HONMA	Leader	May 19, 1993 - May 18, 1996
4	Ms. E. SHIBAYAMA	Public Health Nursing	Sep.21, 1993 - Mar.31, 1995
5	Mr. M. YATAKE	Pharmacy Management	Sep.21, 1993 - Mar.31, 1995
6	Mr. T. FURUKAWA	Health Education	Mar.14, 1995 - Mar.31, 1997
7	Mr. T. FUKUSHIMA	Drug Management	Mar.14, 1995 - Mar.31, 1997
8	Ms. S. ASAI	Public Health Nursing	Mar.14, 1995 - Mar.13, 1998
9	Dr. T. OMURA	Leader	May 09, 1996 - Mar.31, 1998
10	Mr. S. NODA	Coordinator	Aug.02, 1996 - Mar.31, 1998
11	Mr. T. HASEGAWA	Health Education	Mar.14, 1997 - Mar.31, 1998
12	Mr. K. SHAMURA	Pharmacy Management	Apr.02, 1997 - Apr.01, 1998




## ANNEX 7-2

## LIST OF JAPANESE EXPERTS (SHORT TERM EXPERTS)

No.	Name	Field	Duration in Nepal
1	Dr. K. JOH	Pediatrics	Jun.09, 1993 - Jan.14, 1994
2	Mr. T. KANIKAWA	Medical Equipment	Jun.09, 1993 - Aug.06, 1993
3	Mr. A. SAITO	Statistics	Nov.22, 1993 - Mar.19, 1994
4	Dr. S. AKASHI	Pediatrics	Jan.07, 1994 - Mar.18, 1994
5	Dr. T. ONO	Pediatrics	Apr.08, 1994 - Jul.03, 1994
6	Dr. S. YAMAGUCHI	Pediatrics	Jul.06, 1994 - Oct.12, 1994
7	Mr. H. YAMAMOTO	Medical Equipment	Aug.24, 1994 - Oct.31, 1994
8	Dr. T. OISHI	Pediatrics	Oct.05, 1994 - Jan.13, 1995
9	Mr. T. FURUKAWA	Nutrition	Oct.26, 1994 - Dec.28, 1994
10	Mr. K. FUKUSHIMA	Environmental Sanitation	Oct.26, 1994 - Dec.28, 1994
11	Dr. M. ADACHI	Nutrition	Dec.03, 1994 - Dec.09, 1994
12	Mr. N. YAMAMOTO	Statistics	Jan.06, 1995 - Mar.24, 1995
13	Dr. K. OGAWA	Pediatrics	Jan.06, 1995 - Apr.14, 1995
14	Dr. K. YAMAMOTO	Pediatrics	Apr.06, 1995 - Jul.14, 1995
15	Ms. A. AOKI	Statistics	May 31, 1995 - Jul.30, 1995
16	Dr. M. MATSUNAGA	Pediatrics	Jul.08, 1995 - Oct.20, 1995
17	Dr. S. KAGIMOTO	Pediatrics	Oct.13, 1995 - Jan.12, 1996
18	Mr. T. NISHIDA	Medical Equipment	Oct.13, 1995 - Dec.13, 1995
19	Dr. S. HOSONO	Pediatrics	Jan.05, 1996 - Apr.04, 1996
20	Ms. Y. ODA	Health Education	Feb.09, 1996 - Apr.01, 1996
21	Dr. M. OKAZAKI	Pediatrics	Apr.07, 1996 - Jul.13, 1996
22	Dr. K. JOH	Pediatrics	May 02, 1996 - May 30, 1996
23	Dr. H. OHASHI	Pediatrics	Jul.04, 1996 - Oct.10, 1996
24	Ms. Y. SAITO	Nutrition	Aug.08, 1996 - Oct.07, 1996
25	Dr. T. NARA	Pediatrics	Oct.04, 1996 - Jan.12, 1997
26	Ms. C. FUJIKAWA	Health Education	Nov.05, 1996 - Dec.26, 1996
27	Dr. T. OISHI	Pediatrics	Jan.07, 1997 - Apr.14, 1997
28	Dr. H. MOTIZUKI	Pediatrics	Apr.04, 1997 - Jul.10, 1997

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## ANNEX 8

## LIST OF NEPALESE COUNTERPARTS TRAINED IN JAPAN

No.	Name	Expert on	Duration
1	Dr. S. SHREATHA	Medical Officer Bhaktapur Hospital	Jan.25, 1994 - Mar.30, 1994
2	Ms. D. SHARMA	Matron Bhaktapur Hospital	Jan.25, 1994 - Mar.30, 1994
3	Dr. K. N. SHAKYA	Pediatritian Bhaktapur Hospital	Oct.29, 1994 - Dec.29, 1994
4	Ms. M. SHRESTHA	Senior Public Health Officer CRHD	Jan.17, 1995 - Mar.15, 1995
5	Dr. L. R. PATHAK	Director CRHD	Mar.20, 1995 - Apr.31, 1995
6	Dr. S. KHAKUREL	Senior Physician Bhaktapur Hospital	Jan.16, 1996 - Mar.19, 1996
7	Mr. P. L. SHRESTHA	Senior Auxiliary Health Worker CRHD	Jan.16, 1996 - Mar.19, 1996
8	Mr. B. B. RAYA	Senior Public Health Officer Bhaktapur DHO	Jan.12, 1997 - Mar. 11, 1997
9	Dr. A. RAYAMAJHI	Medical Officer Kakani PH Center	Jan.12, 1997 - Mar. 11, 1997
10	Dr. S. S. JHA	Director CRHD	Feb.10, 1997 - Mar. 11, 1997

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## LIST OF MAJOR EQUIPMENT

NO.	Name of Equipment	Quantity
1	Air Conditioner	4 Units
2	Anesthesia Apparatus	1 Set
3	Auto Crave (Electric)	1 Unit
4	Auto Crave (Smaller)	2 Units
5	Auto Crave for Laboratory	2 Units
6	Auto Focus 35 mm Camera	2 Sets
7	Bed Side Monitor (Electro Cardiac) "DYNASCOPE"	1 Set
8	Bed with Crank	2 Sets
9	Camping Gear	2 Sets
10	Cart for Washing Clothes	1 Unit
11	Case for Medicine	1 No.
12	Centrifuge	1 Set
13	Caesarean Section (Minor)	1 Set
14	Clamp, Payr Pylorus	6 Pcs.
15	Clinic Bag	1 No.
16	Copy Machine, NP-1215	2 Units
17	Delivery Bed	1 Unit
18	Dentist Chair and Scaler	1 Set
19	Diagnostic Set (ENT)	10 Sets
20	Diagnostic Set (Universal)	3 Sets
21	Dilatation and Curette	2 Sets
22	Dresser	1 Set
23	Echo Copier for Ultrasonic Tomogram	1 Lot
24	Electro Cardio Graph (ECG)	1 Unit
25	Electrolyte Analyzer	1 Unit
26	Examination Operation Table	1 Set
27	Facsimile Machine	2 Units
28	Generator 1200VA	1 Unit
29	Generator 125KVA	1 Unit

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John Doe

NO.	Name of Equipment	Quantity
30	Generator 1KVA	1 Unit
31	Generator 5KVA	1 Unit
32	Glass Ware Dryer with Stand	1 Doz.
33	Heart Monitor, Doppler Fetal	1Set
34	Heart Monitor and Defibrillator	1 Set
35	HF Transceiver	4 Sets
36	HONDA Motorcycle	3 Units
37	Infant Warmer	1 Unit
38	Infusion Pump	2 Sets
39	Instrument Cabinet for CSSD W Caster	1 Unit
40	Laser Printer (J)	2 Sets
41	Laser Writer (Pro 630)	2 Units
42	Laser Writer 16/600	4 Units
43	Light Unit	1 Unit
44	MACINTOSH Software	1 Set
45	Microscope Binocular	3 Units
46	Mobil Cart for Ultrasonic Tomogram	1 Unit
47	Monitor TV 16"	1 Unit
48	NISSAN PATROL, Station Wagon	1 Unit
49	O.T.Lamp, HE System	1 Unit
50	OHP with Spare Lamps	2 Sets
51	Operation Lamp Set	3 Units
52	PAJERO	3 Units
53	Parasite Model	4 Sets
54	PAULSE Oximeter with Spare Parts	1 Set
55	Personal Computer (Lap Top) Damaged	1 Unit
56	Personal Computer, Centris 650	1 Unit
57	Personal Computer, IIVX	1 Unit
58	Personal Computer, LC575	5 Units
59	Personal Computer, LC630	2 Units
60	Photocopier, NP1010	3 Units

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NO.	Name of Equipment	Quantity
61	Pregnancy Model	4 Sets
62	Radiology System (X-Ray Machine)	2 Units
63	Refrigerator, 250L	2 Units
64	Refrigerator, 350L	1 Unit
65	Refrigerator, 245L	1 Unit
66	Refrigerator, 305L	2 Units
67	Refrigerator, 355L	2 Units
68	Refrigerator, KE	4 Units
69	Scale Infant (10kg)	14 Units
70	Screen and Blackout Curtain	1 Set
71	Shadowless Light for Operation	1 Unit
72	Slide Projector	1 Unit
73	Stand Lamp (Examination)	7 Units
74	TV Projector	1 Unit
75	Tent	2 Sets
76	TV Monitor	1 Unit
77	Ultrasonic Bath with Transformer	1 Unit
78	Ultrasonic Tomogram	1 Set
79	UPS	2 Units
80	UPS, 1KVA	5 Units
81	Vacuum Extractor	2 Units
82	Vasectomy Set	1 Set
83	Ventilator, Portable	1 Set
84	Video Camera	1 Unit
85	Video Deck	1 Unit
86	Video Deck (Multi Recording Type)	1 Unit
87	Washer/Dryer (Semi-Automatic)	1 Set
88	Watch Bath	1 Unit
89	WBC Differential Counter	1 Unit
90	Welghing Scale	1 Unit

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ANNEX 10  
HEALTH EDUCATION BY AUDIO-VISUAL CAR

Health Post	1 time	2 times	3 times
	Educational Video	Educational Video	Educational Video
BAGESWORI	Govn, Visit	Immunaization	Polio
BODE	JICA Introduction	Immunaization	
CHANGUNARAYAN	JICA Introduction	Immunaization	Polio
DADHIKOT	JICA Introduction	Immunaization	
GUNDU	JICA Introduction	Immunaization	Polio
NAGARKOT	JICA Introduction	Immunaization	
NANGKHEL	JICA Introduction	CHV's activities	Immunaization
TATHALI	JICA Introduction	Immunaization	Polio
THIMI	JICA Introduction	Immunaization	Polio
Sub- Health Post			
BALKOT	Immunaization	Polio	
BALKUMARI	Immunaization		
CHALING	Immunaization		
CHITAPOL	JICA Introduction	Immunaization	
DUWAKOT	Immunaization		
JHAUKHEL	Immunaization 1	Immunaization 2	
KATUNJE	Immunaization 1	Polio	Immunaization 2
LOKANTHALI	Immunaization 1	Polio	
NAGADESH	Immunaization 1		
SIPADOL	Immunaization 1	CHV's activities	Polio
SIRUTAR	Immunaization 1	Immunaization 2	Polio
SUDAL	Immunaization 2		

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ANNEX 10

Others	1 time	2 times	3 times
	Educational Video	Educational Video	Educational Video
KAKANI PH CENTER	Immunization, CHV's activities, TBA	Governors visit	Immunization
ANN Meeting	First child		
NKT HDHO	Governors visit		
In-charge meeting NKT	CHV's activities-1	CHV's activities-2	
In-charge meeting BKT	CHV's activities-1	CHV's activities-2	CHV's activities-3

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