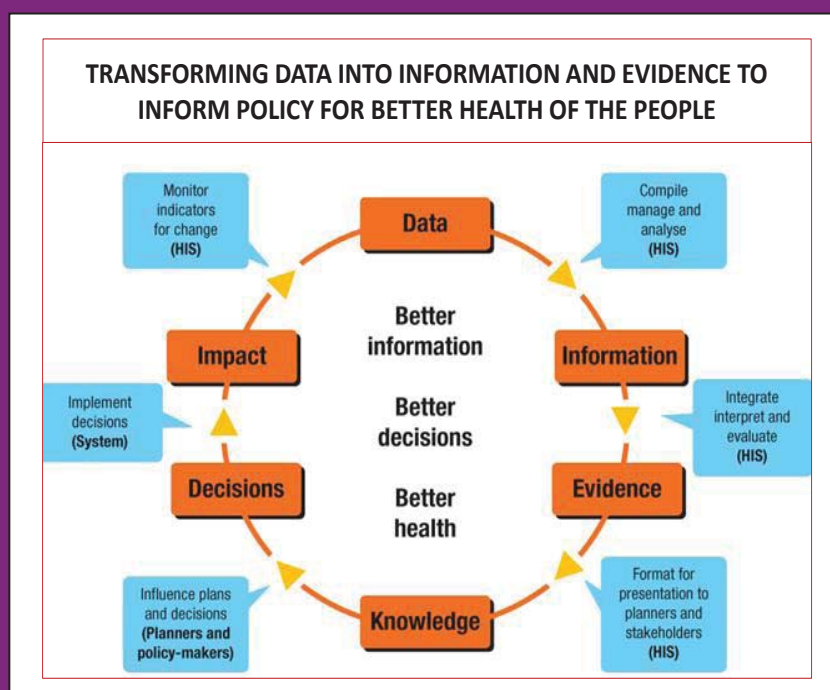


Health Management Information System [HMIS]

HMIS Indicators, 2070



Government of Nepal
Ministry of Health and Population
Department of Health Services
Health Management Information Section
Teku, Kathmandu

प्रथम संस्करण :

चैत्र, २०७०

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व्यवस्थापन महाशाखा,

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आर्थिक तथा प्राविधिक सहयोग :



नेपाल स्वास्थ्य क्षेत्र सहयोग कार्यक्रम (NHSSP)

स्वास्थ्य तथा जनसंख्या मन्त्रालय, रामशाह पथ, काठमाडौं, नेपाल

Health for Life (H4L)

हेल्थ फर लाईफ

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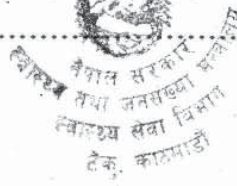


नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
महाशाखा

४-२६१७१२
४-२६१४३६
फ्याक्स: ४-२६२२३८

पत्र संख्या:-

चलानी नम्बर:-




पचली, टेक
काठमाडौं, नेपाल ।

मिति :

विषय : **भूमिका**

स्वास्थ्य सेवा विभाग व्यवस्थापन महाशाखाद्वारा स्वास्थ्यसंग सरोकार राख्नेहरूका लागि स्वास्थ्य सूचकको गणना गर्ने तरिका र हाल सञ्चालित स्वास्थ्य कार्यक्रमहरूको अनुगमन गर्न आवश्यक पर्ने सूचकहरूको संगालोको रूपमा **Revised HMIS Indicator** पुस्तिका तयार गरिएको छ । स्वास्थ्य कार्यक्रमलाई प्रभावकारी रूपमा सञ्चालन गर्न गराउन गुणस्तरीय तथ्याङ्क अपरिहार्य हुन्छ । योजना तर्जुमा, अनुगमन एवं मूल्याङ्कन गर्न गुणस्तरीय तथ्याङ्कको सुनिश्चितताका लागि तथ्याङ्कीय कार्यमा संलग्न कर्मचारीहरूको सूचक सम्बन्धि ज्ञान तथा सीप अभिवृद्धि एवं दैनिक कार्य संचालनमा समेत यो पुस्तिका सहयोगीसिद्ध हुने विश्वास लिएको छु ।

अन्तमा, यस **Revised HMIS Indicator** पुस्तिका तयार पार्ने क्रममा प्रमुख भूमिका निर्वाह गर्नुहुने व्यवस्थापन महाशाखाका निर्देशक डा. भीम आचार्य तथा व्यवस्थापन सूचना शाखा (HMIS) का प्रमुख मुक्तिनाथ खनाल लगायत सम्पूर्ण कर्मचारीहरू एवं विभिन्न सरकारी तथा गैर-सरकारी संस्थाका प्रतिनिधिहरूलाई धन्यवाद दिन चाहन्छु ।


डा. लखन लाल साह
महा-निर्देशक



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
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पयली, टेकू
काठमाण्डौं, नेपाल ।

पत्र संख्या:-

चलानी नम्बर:-

मिति:.....

विषय : **दुई शब्द**

स्वास्थ्य प्रणालीका सूचनाहरु बढी व्यापक र बिस्तृत (Comprehensive) पादै विभिन्न तहका स्वास्थ्य कार्यक्रमहरुको व्यवस्थापनमा सूचनाको प्रयोग बढाउन अभिलेख प्रतिवेदन फारामहरुमा समयानुकूल परिमार्जन तथा सुधार गरिएको छ । परिमार्जित अभिलेख प्रतिवेदन फारामको प्रयोगले अस्पताल, प्राथमिक स्वास्थ्य केन्द्र, स्वास्थ्य चौकी, उपस्वास्थ्य चौकी लगायत गैरसरकारी एवं निजी स्वास्थ्य संस्थाहरुले प्रदान गरिएको स्वास्थ्य सेवाको अभिलेख तथा प्रतिवेदन गर्न सहयोगका साथै स्वास्थ्य क्षेत्रका विभिन्न तहका योजना निर्माण, कार्यान्वयन, अनुगमन तथा मूल्याङ्कन कार्यका लागि गुणस्तरीय सूचना प्राप्त हुने विश्वास लिएको छ । सबै कार्यक्रम संग सम्बन्धित स्वास्थ्य सूचकहरुको संगालोको रुपमा यो **Revised HMIS Indicator** पुस्तिका तयार गरिएको छ ।

स्वास्थ्य व्यवस्थापन सूचना प्रणालीका अभिलेख प्रतिवेदन फारामहरु परिमार्जनमा आवश्यक सल्लाह सुझाव प्रदान गर्नु हुने स्वास्थ्य तथा जनसंख्या मन्त्रालय तथा स्वास्थ्य सेवा विभाग अन्तरगतका विभिन्न महाशाखा तथा केन्द्र प्रमुखहरु र अन्य मित्रहरु प्रति कृतज्ञता व्यक्त गर्दछु ।

अन्तमा, HMIS Indicator लाई परिमार्जन तथा अद्यावधिक गर्न अहोरात्र लागि पर्नु भएका स्वास्थ्य व्यवस्थापन सूचना शाखाका प्रमुख मुक्तिनाथ खनाल लगायत सम्पूर्ण कर्मचारीहरु तथा अन्य सरकारी तथा गैरसरकारी संस्थाका प्रतिनिधिहरुलाई हार्दिक धन्यवाद ज्ञापन गर्दछु

डा. भीम आचार्य
निर्देशक



नेपाल सरकार
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पचली, टेकु
काठमाडौं, नेपाल।

मिति :

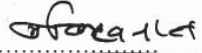
भूमिका

विषय :

स्वास्थ्य कार्यक्रमहरूको व्यवस्थापनका लागि गुणस्तरीय र विश्वसनिय सूचना आवश्यक पर्दछ। आ.व. २०५१/०५२ मा एकीकृत स्वास्थ्य व्यवस्थापन सूचना प्रणालीको शुरुवातसंगै स्वास्थ्य क्षेत्रमा गरिने योजना तर्जुमा, कार्यक्रमहरूको अनुगमन तथा मूल्यांकन तथा पूर्णयोजना कार्यका लागि उपयुक्त सूचना गणना गर्नु आवश्यक रहन्छ। उक्त सूचनाहरूलाई सरल तरिकाले गणना गर्न एवं स्वास्थ्यका सूचकहरूसंग जानकारी राख्न चाहानेहरूका लागि स्वास्थ्य सूचकहरूको संगालोको रूपमा यो **Revised HMIS Indicator** पुस्तिका तयार गरिएको छ। यस पुस्तिकाको मद्दतले देशभरका स्वास्थ्य सूचक गणना गर्ने विधिमा एकरूपता आउने आशा लिइएको छ।

स्वास्थ्य व्यवस्थापन सूचना प्रणालीका सूचक तथा अभिलेख प्रतिवेदन फारामहरू परिमार्जनमा आवश्यक सल्लाह सुझाव प्रदान गर्नु हुने स्वास्थ्य तथा जनसंख्या मन्त्रालय तथा स्वास्थ्य सेवा विभाग अन्तरगतका विभिन्न महाशाखा तथा केन्द्रहरू प्रति कृतज्ञता व्यक्त गर्दछु।

अन्तमा, यस पुस्तिका तयार गर्ने कार्यमा उल्लेखनीय योगदान दिनुहुने स्वास्थ्य व्यवस्थापन सूचना शाखाका सम्पूर्ण कर्मचारीहरू लगायत सरकारी तथा अन्य गैरसरकारी संस्थाका प्रतिनिधिहरूलाई हार्दिक धन्यवाद ज्ञापन गर्दछु।



मुक्तिनाथ खनाल

प्रमुख

स्वास्थ्य व्यवस्थापन सूचना शाखा (HMIS)

CONTENTS

CONTENTS

ACRONYMS

INTRODUCTION	1
1. Safe Motherhood	3
2. Family Planning	6
3. Female Community Health Volunteers (FCHV)	6
4. Primary Health Care Outreach Services	7
5. Immunization	7
6. Integrated Management of Childhood Illnesses (IMCI)	9
7. Nutrition	11
8. HIV/AIDS	13
9. Tuberculosis	15
10. Epidemiology and Disease Control	17
11. Leprosy	18
12. Curative Services	19
13. Health Facilities	21
Annex 1: List of revised HMIS recording and reporting tools	23
Annex 2: NHSP2 logical framework indicators in HMIS	24
Annex 3: HMIS indicators disaggregated by caste/ethnicity	25
Annex 4: Caste/Ethnic Group	26

ACRONYMS

ABER	Annual Blood Examination Rate
AEFI	Adverse Events Following Immunization
AES	Acute Encephalitic Syndrome
AFP	Acute Flaccid Paralysis
ANC	Antenatal Care
ANM	Auxiliary Nursing Midwife
APH	Ante Partum Hemorrhage
API	Acute Parasite Incidence
ARI	Acute Respiratory Infection
ART	Antiretroviral Therapy
ARV	Antiretroviral
BC	Birthing Centre
BEONC	Basic Emergency Obstetric and Neonatal Care
BF	Breast Feeding
C/S	Caesarean Section
CABA	Children Affected By AIDS
CAC	Comprehensive Abortion Care
CB-IMCI	Community Based – Integrated Management of Childhood Illnesses
CEONC	Comprehensive Emergency Obstetric and Neonatal Care
CMI	Clinic Malaria Incidence
COPD	Chronic Obstructive Pulmonary Disease
CPR	Contraceptive Prevalence Rate
CRD	Chronic Respiratory Disease
CYP	Couple Years of Protection
DH	District Hospital
DHO	District Health Office
DPHO	District Public Health Office
DPT	Diphtheria Pertussis Tetanus
Dr	Doctor
DR	Drug Resistance
EOC	Emergency Obstetric Care
EP	Extra Pulmonary
EPI	Expanded Program on Immunization
FCHV	Female Community Health Volunteer
FHD	Family Health Division
FP	Family Planning
HC	Health Center
Hep B	Hepatitis – B
HF	Health Facility
Hib	Hemophilus Influenza – Type B
HP	Health Post
ICD	International Classification of Diseases
IDU	Intravenous Drug Users
IFA	Iron Folic Acid
IMCI	Integrated Management of Childhood Illnesses
IUCD	Intra Uterine Contraceptive Device
IV	Intravenous
JE	Japanese Encephalitis
KA	Kala-azar
KATFR	Kala-azar Treatment Failure Rate
LBI	Localized Bacterial Infection
MA	Medical Abortion
MB	Multi Bacillary

MCHW	Maternal and Child Health Worker
MDR	Multi Drug Resistance
MNP	Micro-multi Nutrient Powder
MSC	Matri Surakchya Chhikki
MSM	Men who have sex with men
MVA	Manual Vacuum Aspiration
MWRA	Married Women of Reproductive Age
NCASC	National Center for AIDS and STDs Control
NGO	Non-Governmental Organization
NHSP2 LF	Nepal Health Sector Programme 2 Logical Framework
NHTC	National Health Training Center
NRH	Nutrition Rehabilitation Home
NSP	Needle and Syringe Programme
NT	Neonatal Tetanus
NTP	National Tuberculosis Program
OC	Outcome
OP	Output
OPD	Out-Patient Department
OPV	Oral Polio Vaccine
ORC	Outreach Clinic
ORS	Oral Rehydration Solution
ORS	Oral Rehydration Solution
OST	Opioid Substitution Therapy
OTP	Outpatient Therapeutic Center
PAC	Post Abortion Care
PAL	Practical Approach to Lungs Health
PB	Pauci Bacillary
PCV	Pneumococcal Conjugate Vaccine
PHC	Primary Health Care
PHCC	Primary Health Care Centre
PLHIV	People Living with Human Immunodeficiency Virus
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Postnatal Care
PPH	Postpartum Hemorrhage
PSBI	Possible Severe Bacterial Infection
PWID	People Who Inject Drugs
RFT	Released From Treatment
RHD	Regional Health Directorate
SAG	Sodium Astivo Gluconate
SAM	Severe Acute Malnutrition
SBA	Skilled Birth Attendant
SHP	Sub Health Post
SPR	Slide Positivity Rate
TAD	Treatment after Default
TAF	Treatment after Failure
Td	Tetanus Diphtheria
TT	Tetanus Toxoid
VHW	Village Health Worker
VVM	Vaccine Vial Monitor
WRA	Women of Reproductive Age

INTRODUCTION

Nepal's health sector needs accurate, comprehensive and disaggregated data to gauge its performance, identify disparities between social groups and geographic areas, and plan future interventions. The Health Management Information System (HMIS), based within the Department of Health Services (DoHS), has played an important role to date in providing health service data. Realizing the need to strengthen HMIS to meet current demands the Management Information System (MIS) Section, Management Division, Department of Health Services (DoHS), under the guidance of Ministry of Health and Population (MoHP), with support from development partners has revised the HMIS.

The revised HMIS has been designed to:

1. ensure indicators and tools meet the current needs of NHSP2 and the programmes (family health, child health (including nutrition), epidemics and disease control, HIV/AIDS and STD, leprosy, tuberculosis, public health laboratory and curative services)
2. integrate vertical reporting systems (Aama programme, emergency obstetric care monitoring, community based neonatal care programme, nutrition/integrated management of acute malnutrition, HIV/AIDS and tuberculosis programmes) into HMIS
3. bring HMIS in line with the HSIS National Strategy, in regards to:
 - enabling selected indicators to be disaggregated by caste/ethnicity
 - revising the reporting process to enable facility level data reporting
 - ensuring data from all health facilities across the country including police and army hospitals, mission hospitals, teaching hospitals and all non-public facilities are collected
4. make the tools more user-friendly
5. ensure the reporting process is efficient and effective to minimise the burden on staff and any duplication of work
6. ensure the same recording and reporting tools and reporting processes are used in all 75 districts
7. enable electronic data entry at district and hospital level and web-based reporting to central level
8. disaggregate hospital mortality and morbidity data by age, sex and cause
9. support use of data for review, planning, monitoring and evaluation at different levels
10. provide evidence to inform strategic and policy level decisions, such as the design of the sectoral plan

The following process has been followed for revision of HMIS:

- Revision of indicators
- Revision of recording and reporting forms
- Field-testing of the revised HMIS forms and reporting process
- Development of HMIS database – porting the revised HMIS in DHIS2 environment
- Strengthening IT system nationwide
- Preparation of comprehensive guidelines/manuals
- Modular training to staff at all levels of system across 75 districts
- Printing and supply of revised tools to all levels of health facilities across the country
- Implementation of revised system across 75 districts simultaneously

This booklet presents the revised HMIS indicators by programme. There are 13 sections with a total of 280 indicators. Each indicator is defined with its numerator and denominator. It also explains the level and type of disaggregation available for each indicator.

SN	Programme	No. of indicators	%
1	Safe motherhood	36	13.6
2	Family planning	2	0.8
3	Female community health volunteers	10	3.8
4	Primary health care outreach services	4	1.5
5	Immunization	28	10.6
6	Integrated management of childhood illnesses	31	11.7
7	Nutrition	25	9.4
8	HIV/AIDS	24	9.1
9	Tuberculosis	18	6.8
10	Epidemiology and disease control	21	7.9
11	Leprosy	12	4.5
12	Curative services	26	9.8
13	Health facilities	28	10.6
	Total	265	100.0

Annexes:

Annex 1: List of revised HMIS recording and reporting tools

Annex 2: NHSP2 logical framework indicators in HMIS

Annex 3: HMIS indicators disaggregated by caste/ethnicity

Annex 4: Caste/Ethnic Group

1. Safe Motherhood

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
A ANTEPARTUM					
1.1	% of pregnant women who had at least one ANC checkup	Number of pregnant women who had at least one ANC checkup	Estimated number of live births	100	Age: <20 yrs, ≥20 years
1.2	% of pregnant women who had four ANC checkups as per protocol (4th, 6th, 8th and 9th month)	Number of pregnant women who had four ANC checkups as per protocol (4th, 6th, 8th and 9th month)	Estimated number of live births	100	
1.3	% of women who received a 180 day supply of iron folic acid during pregnancy	Number of women who received a 180 day supply of iron folic acid during pregnancy	Estimated number of live births	100	Area: Urban, rural
1.4	% of pregnant women who received anthelmintics	Number of pregnant women who received anthelmintics	Estimated number of live births	100	
B DELIVERY					
1.5	% of institutional deliveries	Number of deliveries conducted in health facilities	Estimated number of live births	100	Sector: Govt., non Govt. institutions Level of facility: Higher level hospitals, district hospitals, PHCCs, HPs, SHPs Type of facility: CEONC, BEONC, BC, Aama programme implementing facility Caste/Ethnicity Area: Urban, rural
1.6	% of births attended by a skilled birth attendant (SBA)	Number of deliveries conducted by a skilled birth attendant (SBA)	Estimated number of live births	100	Sector: Govt., non Govt. Place: Institution, home Area: Urban, rural
1.7	% of births attended by a health worker other than SBA	Number of deliveries conducted by a health worker other than SBA	Estimated number of live births	100	Sector: Govt., non Govt. institutions Type of facility: CEONC, BEONC, BC
1.8	% of women who had four ANC checkups as per protocol (4 th , 6 th , 8 th and 9 th months) and delivered in a health facility	Number of women who had four ANC checkups as per protocol (4 th , 6 th , 8 th and 9 th months) and delivered in a health facility	Estimated number of live birth	100	Sector: Govt., non Govt. institutions Type of facility: CEONC, BEONC, BC, Aama programme implementing facility
1.9	% of normal deliveries	Number of normal deliveries	Number of reported deliveries	100	Sector: Govt., not Govt. Level of facility: Higher level hospitals, district hospitals, PHCC, HP, SHPs Type of facility: CEONC, BEONC, BC
1.10	% of assisted (vacuum or forceps) deliveries	Number of assisted deliveries	Number of reported deliveries	100	Sector: Govt., non Govt. institutions Level of facility: Higher level hospitals,

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
1.11	% of deliveries by caesarean section	Number of caesarean section deliveries	Number of reported deliveries	100	district hospitals, PHCC, HP, SHPs Type: CEONC, BEONC, BC
C	POSTPARTUM				Sector: Govt. non-Govt institutions Type: Higher level government hospitals, district hospitals
1.12	% of postpartum women who received a PNC checkup within 24 hours of delivery	Number of postpartum women who received a PNC checkup within 24 hours of delivery	Estimated number of live births	100	
1.13	% of women who had three postnatal check-ups as per protocol (1st within 24 hours, 2nd within 72 hours and 3rd within 7 days of delivery)	Number of postpartum women who received three PNC checkups as per protocol (within 24 hours, on 3 rd day and 7 th day)	Estimated number of live births	100	
1.14	% of postpartum women who received a 45 day supply of iron folic acid (IFA)	Number of postpartum women who received a 45 day supply of IFA	Estimated number of live births	100	
1.15	% of postpartum women who received Vitamin A supplementation	Number of postpartum women who received Vitamin A supplementation	Estimated number of live births	100	
D	MATERNAL COMPLICATIONS				
1.16	Met need for emergency obstetric care [% of women with a direct obstetric complication who were treated at a EONC (basic or comprehensive) site]	Number of women with a direct obstetric complication who were treated in a EONC (basic or comprehensive) site	Estimated number of women with a direct obstetric complication (15% of estimated number of live birth)	100	Level of facility: Higher level hospitals, district hospitals, PHCC, HP, SHPs Type of facility: CEOC, BEOC, BC
1.17	Number of women treated for haemorrhage				Type: APH, PPH Blood: With and without blood transfusion Level of facility: Higher level hospitals, district hospitals, PHCC, HP, SHPs
1.18	Number of women treated for ectopic pregnancy				
1.19	Number of women treated for prolonged/obstructed labor				
1.20	Number of women treated for ruptured uterus				
1.21	Number of women treated for pre-eclampsia				
1.22	Number of women treated for eclampsia				
1.23	Number of women treated for retained placenta				Method: MRP

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
1.24	Number of women treated for puerperal sepsis				
1.25	Number of women treated for abortion complications				Type: Surgical, medical Blood: With and without blood transfusion
1.26	% of women treated for an obstetric complication who received a blood transfusion	Number of women treated for an obstetric complication who received a blood transfusion	Number of women treated for an obstetric complication	100	
1.27	Number of blood units used for treating obstetric complications				
1.28	% of births by caesarean section	Number of women having given birth by caesarean section	Estimated number of live birth	100	
E	MATERNAL MORTALITY				
1.29	Maternal mortality ratio per 100,000 live births	Number of maternal deaths in the community and facilities	Estimated number of live births	100,000	Place: Facility, Community
1.30	Facility maternal mortality ratio per 100,000 live births	Number of maternal deaths in facilities	Number of live births at facilities	100,000	
1.31	Direct obstetric case fatality rate	Number of maternal deaths due to direct obstetric complications in health facilities	Number of women treated for direct obstetric complications in health facilities	100	
F	NEONATAL				
1.32	% of neonates who received a check-up within 24 hours of birth	Number of neonates who received a checkup within 24 hours of birth	Estimated number of live births	100	
1.33	% of neonates who received three check-ups as per PNC protocol (within 24 hours, on 3 rd day and 7 th day)	Number of neonates who received three checkup as per PNC protocol (within 24 hours, on 3 rd day and 7 th day)	Estimated number of live births	100	
G	ABORTION				
1.34	% of pregnancies terminated by induced procedure at health facility	Number of pregnancies terminated by induced procedure at health facility	Estimated number of pregnancies	100	Age: <20 yrs, ≥20 years Method: Surgical/Medical
1.35	% of women who received contraceptives after induced abortion (surgical or medical)	Number of women who received contraceptives after abortion care at health facility	Number of women who received abortion care at health facility	100	Timing: Induced, PAC FP method: short-acting methods, long-acting methods Age: <20 yrs, ≥20 years
1.36	% of women of reproductive age (15-49) with complications from induced abortion (surgical and medical)	Number of women with complications after receiving induced abortion care at health facility	Number of women of receiving induced abortion care at health facility	100	Age: <20 yrs, ≥20 years

2. Family Planning

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
2.1	Contraceptive prevalence rate (CPR) (modern methods) among women of reproductive age (WRA)	Number of WRA currently using a modern method of family planning	Estimated number of WRA	100	Age: 15-19 yrs, 20-49 yrs Area: Urban, rural Method: Condom, pill, injectable, Implant, IUCD, Sterilization
2.2	% of postpartum mothers using a modern family planning method (implant, IUCD)	Number of postpartum mothers (who delivered within last one year) using a family planning method	Total number of delivery (Home + Institutional)	100	

3. Female Community Health Volunteers (FCHV)

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
A	FCHV				
3.1	Number of Female Community Health Volunteers (FCHVs)				Age: <60, ≥60 years Area: Urban, rural
3.2	% of mothers group meetings held	Number of mothers group meetings held	Estimated number of mothers group meetings		Area: Urban, rural
3.3	% of women of reproductive age utilizing FCHV fund ^a	Number of women of reproductive age utilizing FCHV fund	Estimated number of women of reproductive age	100	Area: Urban, rural
3.4	Amount of money invested from the FCHV fund				Area: Urban, rural
B	Programme specific indicators				
3.5	% of pregnant women visited by FCHVs	Number of pregnant women visited by a FCHV	Estimated number of live births	100	Area: Urban, rural
3.6	% of postpartum women visited by FCHVs	Number of postpartum women visited by a FCHV	Estimated number of live births	100	Area: Urban, rural
3.7	Number of oral contraceptive pill cycles distributed by FCHVs				Area: Urban, rural
3.8	Number of condoms distributed by FCHVs				Area: Urban, rural
3.9	% of FCHVs who participated in PHC outreach clinics	Number of FCHVs who participated in PHC outreach clinics	Number of FCHVs	100	Area: Urban, rural
3.10	Average number of times FCHVs participated in PHC outreach clinics	Total number of times FCHVs participated in PHC ORC	Number of FCHVs		Area: Urban, rural

4. Primary Health Care Outreach Services

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
4.1	% of planned primary health care (PHC) outreach clinics conducted	Number of PHC outreach clinics conducted	Number of PHC outreach clinics planned	100	
4.2	Average number of clients served per PHC outreach clinic	Number of clients served at PHC outreach clinics	Number of outreach clinics conducted		
4.3	% of women who received a contraceptive injectable at PHC outreach clinic	Number of women who received a contraceptive injectable at PHC outreach clinic	Number of women who received a contraceptive injectable at PHC outreach clinic and health facilities	100	
4.4	% of women who received ANC check-up at PHC outreach clinic	Number of women who received ANC check-up at PHC outreach clinic	Number of women who received ANC check-up at PHC outreach clinic and health facilities	100	

5. Immunization

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
A	CHILDREN				
5.1	% of children under one year immunized with BCG	Number of children under one year immunized with BCG	Number of children under one year	100	
5.2	% of children under one year immunized with DPT-HepB-Hib1	Number of children under one year immunized with DPT-HepB-Hib1	Number of children under one year	100	
5.3	% of children under one year immunized with DPT-HepB-Hib2	Number of children under one year immunized with DPT-HepB-Hib2	Number of children under one year	100	
5.4	% of children under one year immunized with DPT-HepB-Hib3	Number of children under one year immunized with DPT-HepB-Hib3	Number of children under one year	100	
5.5	% of children under one year immunized with Polio 1	Number of children under one year immunized with Polio 1	Number of children under one year	100	
5.6	% of children under one year immunized with Polio 2	Number of children under one year immunized with Polio 2	Number of children under one year	100	
5.7	% of children under one year immunized with Polio 3	Number of children under one year immunized with Polio 3	Number of children under one year	100	
5.8	% of children under one year immunized with PCV 1	Number of children under one year immunized with PCV 1	Number of children under one year	100	
5.9	% of children under one year immunized with PCV 2	Number of children under one year immunized with PCV 2	Number of children under one year	100	

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
5.10	% of children under one year immunized with PCV 3	Number of children under one year immunized with PCV 3	Number of children under one year	100	
5.11	% of one-year-old children immunized against measles/rubella	Number of children under one year immunized with measles/rubella	Number of children under one year	100	Age: 9-11 months, 12-23 months Area: Rural, urban Caste/Ethnicity
5.12	% of children aged 12-23 months immunized with JE	Number of children aged 12-23 months immunized with JE	Number of children aged 12-23 months	100	
5.13	% of children under one year fully immunized as per NIP schedule (BCG, DPT-Hep B-Hib-3, Measles/Rubella and PCV3)	Number of children under one year fully immunized as per NIP schedule (BCG, DPT-Hep B-Hib-3, OPV-3 and Measles/Rubella, PCV3)	Number of children under one year	100	
5.14	% of children under one year not immunized against DPT-Hep B-Hib3	Number of children under one year <i>minus</i> number of children immunized against DPT-HepB-Hib3	Number of children under one year	100	
5.15	DPT-HepB-Hib drop-out rate (DPT-HepB-Hib 1 vs 3)	Number of children immunized with DPT-HepB-Hib1 <i>minus</i> number of children immunized with DPT-HepB-Hib3	Number of children immunized with DPT-HepB-Hib1	100	
5.16	Measles/rubella1 dropout rate (DPT-HepB-Hib1 vs measles/rubella 1)	Number of children immunized with DPT-HepB-Hib1 <i>minus</i> number of children immunized with Measles/Rubella 1	Number of children immunized with DPT-HepB-Hib1	100	
5.17	% of VDCs/districts with 90% coverage of DPTHepBhib3	Number of VDCs/Municipalities/districts with 90% coverage of DPTHepBhib3	Number of VDCs//municipalities/districts	100	
B	WASTAGE RATE				
5.18	Vaccine wastage rate for of BCG, Measles, DPT-HepB-Hib, Td, JE, Polio, PCV	Number of doses expended <i>minus</i> number of doses used for BCG, Measles, DPT-HepB-Hib, Td, JE, Polio, PCV	Number of doses expended for BCG, Measles, DPT-HepB-Hib, Td, JE, Polio, PCV	100	Antigen: BCG, Measles, DPT-HepB-Hib, Td, JE, Polio, PCV
C	TITANUS DIPHThERIA				
5.19	% of pregnant women who received Td2	Number of pregnant women who received Td2	Estimated number of live births	100	
5.20	% of pregnant women who received Td2+	Number of pregnant women who received Td2+	Estimated number of live births	100	
D	IMMUNIZATION CLINICS				
5.21	% of planned immunization clinics conducted	Number of immunization clinics conducted	Number of immunization clinics planned	100	
5.22	% of planned immunization sessions conducted	Number of immunization sessions conducted	Number of immunization sessions planned	100	
E	ADVERSE EVENTS FOLLOWING IMMUNIZATION (AEFI)				

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
5.23	% of adverse events following immunization (AEFI) cases reported, by antigen	Number of AEFI cases reported, by antigen	Number of children immunized by antigen	100	By antigen: BCG, DPT-HepB-Hib3, OPV-3 and Measles By type: Serious and minor
F	VACCINE PREVENTABLE DISEASES				
5.24	Acute flaccid paralysis (AFP) rate per 100,000 children under 15 years	Number of children under 15 years with AFP	Number of children under 15 years	100,000	
5.25	Neonatal tetanus rate per 1000 live births	Number of neonatal tetanus cases	Estimated number of live birth	1,000	
5.26	Acute encephalitis syndrome (AES) rate per 100,000 population in high risk districts	Number of acute encephalitis syndrome cases in high risk districts	Total population of high risk districts	100,000	
5.27	Measles like illness rate per 100,000 population	Number of measles like illness cases	Total population	100,000	
5.28	Rubella like illness rate per 100,000 population	Number of rubella like illness cases	Total population	100,000	

6. Integrated Management of Childhood Illnesses (IMCI)

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
A	CHILDREN UNDER FIVE YEARS: DIARRHOEA				
6.1	Diarrhoea incidence rate among children under five years	Number of children under five years with a new case of diarrhoea	Estimated number of children under five years	1,000	
6.2	% of children under five years with diarrhoea suffering from dehydration (facility, outreach and community)	Number of children under five years with diarrhoea suffering from dehydration (facility, outreach and community)	Number of children under five years with diarrhoea (facility, outreach and community)	100	Severity of dehydration: some, severe
6.3	% of children under five years with diarrhoea suffering from dysentery (blood in stool)	Number of children under five years with diarrhoea suffering from dysentery (blood in stool)	Number of children under five years with diarrhoea	100	
6.4	% of children under five years with diarrhoea treated with ORS only (facility, outreach and community)	Number of children under five years with diarrhoea treated with ORS only (facility, outreach and community)	Number of children under five years with diarrhoea (facility, outreach and community)	100	
6.5	% of children under five years with diarrhoea treated with zinc and ORS	Number of children under five years with diarrhoea treated with ORS and zinc (facility, outreach and community)	Number of children under five years with diarrhoea (facility, outreach and community)	100	Health facility, CHW, FCHV
6.6	% of children under five years with diarrhoea treated with IV fluid	Number of children under five years with diarrhoea treated with IV fluid	Number of children under five years with diarrhoea	100	
6.7	Diarrhoea mortality rate among children under five years (per 1,000)	Number of deaths due to diarrhoea among children under five years (facility and community)	Estimated number of children under five years	1,000	

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
6.8	Diarrhoea case fatality rate among children under five years (per 1,000)	Number of deaths due to diarrhoea among children under five years occurring at health facilities	Number of children under five years with diarrhoea treated at a health facility	1,000	
B	CHILDREN UNDER FIVE YEARS: ARI				
6.9	ARI incidence rate among children under five years (per 1,000)	Number of children under five years with a new case of ARI	Estimated number of children under five years	1,000	
6.10	Incidence of pneumonia among children under five years (per 1,000)	Number of new cases of pneumonia (pneumonia or severe pneumonia, or very severe pneumonia) among children under five years	Estimated number of children under five years	1,000	
6.11	% of children under five years with ARI suffering pneumonia	Number of children under five years with ARI suffering pneumonia	Number of children under five years with ARI	100	Severity: Severe pneumonia, very severe pneumonia
6.12	% of children under five years with pneumonia, who received antibiotics	Number of children under five years with pneumonia, who received antibiotics	Number of children under five years with pneumonia	100	Antibiotic type: Paediatric cotrim, Other antibiotics Place: Health facility, community (FCHV - Cotrim)
6.13	% of children under five years with pneumonia counselled for home care management (facility, outreach and community)	Number of children under five years with pneumonia counselled for home care management (facility, outreach and community)	Number of children under five years with ARI (facility, outreach and community)	100	
6.14	% of children under five years with ARI managed at a health facility	Number of children under five years with ARI managed at a health facility	Number of children under five years with ARI (facility, outreach and community)	100	Health facility, CHW, FCHV
6.15	ARI mortality rate among children under five years (per 1,000)	Number of deaths due to ARI among children under five years	Estimated number of children under five years	1,000	
6.16	ARI case fatality rate among children under five years (per 1,000)	Number of deaths due to ARI at a health facility among children under five years	Number of children under five years treated for ARI at a health facility	1,000	
D	CHILDREN UNDER FIVE YEARS: VITAMIN A				
6.17	% of children 6-59 months treated with Vitamin A	Number of children 6-59 months treated with Vitamin A	Number of children 6-59 months reported in CB-IMCI	100	
E	CHILDREN UNDER FIVE YEARS: MULTIPLE CLASSIFICATION				
6.18	% of multiple illness classification cases reported in CB-IMCI	Number of multiple illness classification cases reported in CB-IMCI	Number of cases reported in CB-IMCI	100	
F	COMMUNITY BASED NEONATAL CARE PROGRAMME (CB-NCP)				
6.19	% of newborns who had skin-to-skin contact immediately after birth	Number of newborns who had skin-to-skin contact immediately after birth	Number of reported live births	100	Place: Facility, Community

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
6.20	% of newborns who had chlorhexidine ointment applied immediately after birth	Number of newborns who had chlorhexidine ointment applied immediately after birth	Number of reported live births	100	Place: Facility, Community
6.21	% of newborns with low birth weight kept in KMC	Number of newborns with low birth weight kept in KMC	Number of newborns recorded with low birth weight	100	
6.22	% of newborns who initiated breastfeeding within an hour of birth	Number of newborns who initiated breastfeeding within an hour of birth	Number of reported live births	100	Place: Facility, Community
6.23	% of infants aged 0-2 months with possible severe bacterial infection (PSBI)	Number of infants aged 0-2 months with possible severe bacterial infection (PSBI)	Number of infants aged 0-2 months reported in CB-IMCI	100	Age: ≤28 days, 29-59 days
6.24	% of infants aged 0-2 months with PSBI receiving a first dose of Gentamycin	Number of infants aged 0-2 months with PSBI receiving a first dose of Gentamycin	Number of infants aged 0-2 months reported with PSBI	100	
6.25	% of infants aged 0-2 months with PSBI receiving a complete dose of Gentamycin	Number of infants aged 0-2 months with PSBI receiving a complete dose of Gentamycin	Number of infants aged 0-2 months reported with PSBI	100	
6.26	PSBI case fatality rate among infants under one month old (per 1000)	Number of newborn deaths due to PSBI at a health facilities	Number of infants aged 0-2 months reported with PSBI	1000	
6.27	% of infants aged 0-2 months with localized bacterial infection (LBI)	Number of infants aged 0-2 months with localized bacterial infection (LBI)	Number of infants aged 0-2 months reported in IMCI	100	Age: ≤28 days, 29-59 days
6.28	% of infants aged 0-2 months with hypothermia	Number of infants aged 0-2 months with hypothermia	Number of infants aged 0-2 months reported in IMCI	100	Age: ≤28 days, 29-59 days
6.29	% of infants aged 0-2 months with low weight for age	Number of infants aged 0-2 months with low weight for their age	Number of infants aged 0-2 months reported in IMCI	100	Age: ≤28 days, 29-59 days
6.30	% of infants aged 0-2 months who had feeding problems	Number of infants aged 0-2 months who had feeding problems	Number of infants aged 0-2 months reported in IMCI	100	Age: ≤28 days, 29-59 days
G	Others				
6.31	% of children under five years enrolled in CBIMCI programme	Number of children under five years enrolled in CBIMCI programme	Number of children under five years	100	Caste/ethnicity

7. Nutrition

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
A	GROWTH MONITORING				
7.1	% of newborns with low birth weight (<2.5kg)	Number of newborns who were weighed less than 2.5 kg	Number of live births at health facilities and home who were weighed	100	Place of birth: Health facility, Home
7.2	% of children aged 0-12 months registered for growth monitoring	Number of aged 0-12 months registered for growth monitoring	Estimated number of children age 0-12 months	100	
7.3	Average number of visits among children aged 0-24 months registered for growth	Sum of number of visits among children aged 0-24 months registered for growth monitoring	Number of registered visits for children age 0-24 months		Age: 0-11 months, 12-23 months, Annual

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
	monitoring ^a		registered for growth monitoring		
7.4	% of children aged 0-24 months registered for growth monitoring who were underweight	Number of children aged 0-24 months registered for growth monitoring who were underweight	Number of children age 0-24 months registered for growth monitoring	100	Severity: Moderate, Severe Age: 0-11 months, 12-23 months Caste/Ethnicity
B	INFANT AND YOUNG CHILD FEEDING				
7.5	% of newborns who initiated breastfeeding within 1 hour of birth	Number newborns who initiated breastfeeding within 1 hour of birth	Number of recorded live births	100	
7.6	% of children aged 0- 6 months registered for growth monitoring, who were exclusively breastfed for the first six months	Number of children aged 0- 6 months and registered for growth monitoring who were exclusively breastfed for first 6 months	Number of children age 6-11 months	100	
7.7	% of children aged 6-8 months registered for growth monitoring who received solid, semi-solid or soft foods	Number of children aged 6-8 months registered for growth monitoring who received solid, semi-solid or soft foods	Number of children age 6-11 months	100	
C	MICRO-NUTRIENTS AND ANTHELMINTHICS				
7.8	% of children aged 6-59 months, who received Vitamin A supplements	Number of children aged 6-59 months who received Vitamin A supplementation	Estimated number of children aged 6-59 months	100	Age: 6-11 months, 12-59 months
7.9	% of children aged 12-59 months who received anthelmintics	Number of children aged 12-59 months who received anthelmintics	Estimated number of children aged 12-59 months	100	
7.10	% of children aged 6-23 months, who received Baal Vita (MNP)	Number of children aged 6-23 months, who received Baal Vita (MNP)	Estimated number of children age 6-23 months	100	Age: 6-11 months, 12-17 months, 18-23 months
7.11	% of children aged 6-23 months, who received all 3 cycles of Baal Vita (MNP)	Number of children aged 6-23 months, who received all 3 cycles of Baal Vita (MNP)	Estimated number of children age 6-23 months	100	
7.12	% of adolescents girls aged 10-19 years who received iron supplementation for 13 weeks	Number of adolescents girls aged 10-19 years who received iron supplementation for 13 weeks	Estimated number of adolescent girls aged 10-19 years	100	Age: 10-14 and, 15-19 years
D	MANAGEMENT OF ACUTE MALNUTRITION (MAM)				
7.13	Number of cases admitted at outpatient therapeutic centers (OTPs)				
7.14	% of cases admitted at OTPs with moderate acute malnutrition (MAM)	Number of cases admitted at OTPs with MAM	Number of cases admitted at OTPs	100	
7.15	% of cases admitted at OTPs with MAM who recovered	Number of cases admitted at OTPs with MAM who recovered	Number of cases admitted at OTPs with MAM	100	
7.16	% of cases admitted at OTPs with MAM who died	Number of cases admitted at OTPs with MAM who died	Number of cases admitted at OTPs with MAM	100	
7.17	% of cases admitted at OTPs with severe acute malnutrition (SAM)	Number of cases admitted at OTPs with SAM	Number of cases admitted at OTPs	100	

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
7.18	% of cases admitted at OTPs with SAM who recovered	Number of cases admitted at OTPs with SAM who recovered	Number of cases admitted at OTPs with SAM	100	
7.19	% of cases admitted at OTPs with SAM who died	Number of cases admitted at OTPs with SAM who died	Number of cases admitted at OTPs with SAM	100	
7.20	Number of SAM cases admitted at nutrition rehabilitation homes (NRHs)				
7.21	% of cases admitted at NRHs with SAM who recovered	Number cases admitted at NRHs with SAM who recovered	Number of cases admitted at NRHs with SAM	100	
7.22	% of SAM cases at NRHs who died	Number of cases admitted at NRHs with SAM who died	Number of cases admitted at NRHs with SAM	100	
E	SCHOOL HEALTH AND NUTRITION				
7.23	% of public schools that received a first aid kit box	Number of public schools that received a first aid kit box	Number of public schools	100	
7.24	% of students in grade 1-10 who received anthelmintic	Number of students in grade 1-10 who received anthelmintic	Number of students in grade 1-10	100	Sex: Male, Female
F	FOOD SUPPLEMENT				
7.25	% of children aged 6-23 months who received monthly food supplements	Number of children aged 6-23 months who received monthly food supplements	Estimated number of children age 6-23 months	100	

8. HIV/AIDS

Code	Indicators	Numerator	Denominator	Multiplier	Disaggregation by:
A	HIGH RISK GROUPS				
8.1	% of high risk groups who received an HIV test (e.g. through an outreach service, drop-in centre or sexual health clinic)	Number of high risk groups who received an HIV test (e.g. through an outreach service, drop-in centre or sexual health clinic)	Target population	100	High risk group: Sex workers, men who have sex with men, male labor migrants, PWIDs
8.2	% of high risk groups who received an HIV test and know their results	Number of high risk groups who received an HIV test and know their results	Number of high risk groups who received an HIV test	100	High risk group: Sex workers, men who have sex with men, male labor migrants, PWIDs
8.3	% of people who inject drugs (PWIDs) currently on opioid substitution therapy (OST)	Number of people who inject drugs (PWIDs) currently on opioid substitution therapy	Estimated number of PWIDs	100	
8.4	% of diagnosed sexually transmitted infections (STIs) treated	Number of STIs diagnosed that are treated	Number of STIs diagnosed	100	High risk group: MSM, IDUs, Sex Workers, Male labor migrants Age: 0-14, >14 years Sex: Female, male
8.5	% of active syphilis among high risk population diagnosed and treated for syphilis	Number of active syphilis among high risk population diagnosed and treated for syphilis	Number of high risk population diagnosed and	100	

Code	Indicators	Numerator	Denominator	Multiplier	Disaggregation by:
8.6	% of people who inject drugs (PWIDs) who have been on Opioid Substitution Therapy (OST)	Number of people who inject drugs (PWIDs) who have been on OST	treated for syphilis	100	
B	MOTHER TO CHILD TRANSMISSION				
8.7	% of women screened for syphilis at an antenatal care (ANC) check-up	Number of women who were screened for syphilis at an ANC check-up	Estimated number of pregnancies	100	
8.8	% of women screened for syphilis at an ANC check-up and tested positive	Number of women who were screened for syphilis at an ANC check-up and tested positive	Number of women who were screened for syphilis at an ANC check-up	100	
8.9	% of women who tested positive for syphilis at an ANC check-up and were treated	Number of women who tested positive for syphilis at an ANC check-up and were treated	Number of women who tested positive for syphilis at an ANC check-up	100	
8.10	% of HIV positive pregnant women enrolled in PMTCT service	Number of HIV positive pregnant women enrolled in PMTCT service	Estimated number of HIV-positive pregnant women	100	
8.11	% of infants born to HIV positive women who received an HIV test within two months of birth	Number of infants born to HIV-positive women who received an HIV test within two months of birth	Number of infants born to HIV positive women	100	
8.12	% of infants born to HIV positive mothers who were exclusively breastfed for first six months	Number of infants born to HIV infected women who were exclusively breastfed for first 6 months	Number of infants aged 6 months born to HIV positive mothers	100	
8.13	% of infants born to HIV positive mothers who had received replacement feeding for first six months	Number of infants born to HIV infected women who had received replacement feeding for first six months	Number of infants aged 6 months born to HIV positive mothers	100	
8.14	% of infants born to HIV positive mothers who had received mixed feeding for first six months	Number of infants born to HIV infected women who had received mixed feeding for first six months	Number of infants aged 6 months born to HIV positive mothers	100	
C	TREATMENT: ANTIRETROVIRAL THERAPY				
8.15	% of people with HIV who initiated antiretroviral therapy and are known to have been on it continuously for at least 12 months ^a	Number of people with HIV who initiated antiretroviral therapy and are known to have been on it continuously for at least 12 months	Number of people who initiated antiretroviral therapy	100	Age: 0-14 years, >14 years
8.16	% of people with HIV who initiated antiretroviral therapy and are known to have been on it continuously for at least 24 months	Number of people with HIV who initiated antiretroviral therapy and are known to have been on it continuously for at least 24 months	Number of people who initiated antiretroviral therapy	100	
8.17	% of people with HIV who initiated	Number of people with HIV who initiated	Number of people who	100	

Code	Indicators	Numerator	Denominator	Multiplier	Disaggregation by:
	antiretroviral therapy and are known to have been on it continuously for at least 36 months	antiretroviral therapy and are known to have been on it continuously for at least 36 months	initiated antiretroviral therapy		
E	TREATMENT AND CARE				
8.18	% of people enrolled in HIV care/ treatment who received cotrimoxazole prophylaxis	Number of people enrolled in HIV care/ treatment who received cotrimoxazole prophylaxis	Number of people enrolled in HIV care / treatment	100	Age: 0-14 years, >14 years
8.19	% of people living with HIV currently enrolled in HIV care, who received opportunistic infection (OI) services	Number of people living with HIV currently enrolled in HIV care, who received opportunistic infection (OI) services	Estimated number of people living with HIV infection	100	Age: 0-14 years, >14 years
8.20	% of people living with HIV infection who received antiretroviral therapy in accordance with the nationally approved treatment protocol	Number of people living with advanced HIV infection who received antiretroviral therapy in accordance with the nationally approved treatment protocol	Estimated number of people with advanced HIV infection	100	Age: 0-14 years, >14 years
8.21	% of people who started antiretroviral therapy and picked up all prescribed antiretroviral drugs on time for two consecutive drug pickups	Number of people that started antiretroviral therapy and picked up all prescribed antiretroviral drugs on time for two consecutive drug pickups	Number of people who started antiretroviral therapy	100	
F	HIV – TB TREATMENT				
8.22	% of people enrolled in HIV care who had their TB status assessed and recorded during their last visit)	Number of people enrolled in HIV care who had their TB status assessed and recorded during their last visit	Number of people enrolled in HIV care	100	Age: 0-14 years, >14 years
8.23	% of PLHIV positive TB cases who received treatment for both TB and HIV (antiretroviral combination therapy)	Number of people with HIV positive TB cases who received treatment for both TB and HIV (antiretroviral combination therapy)	Estimated number of HIV positive TB cases	100	Age: 0-14 years, >14 years
8.24	% of people newly enrolled in HIV care who started treatment for latent TB infection (isoniazid preventive therapy)	Number of people newly enrolled in HIV care who started (given at least one dose) treatment of latent TB infection	Number of people newly enrolled in HIV care	100	

9. Tuberculosis

Code	Indicators	Numerator	Denominator	Multiplier	Disaggregation by:
9.1	Case notification rate (New PBC and Relapse TB case)	Number of new bacteriologically confirmed TB cases (New PBC and Relapse TB case) registered in a defined period	Estimated population at mid-year in defined area (district, region, country)	100,000	
9.2	Case notification rate (all forms of TB cases)	Number of all forms of TB Cases (PBC and PCD and EP) registered in a defined period	Estimated population at mid-year in defined area (district, region, country)	100,000	
9.3	Case finding rate (%)	New bacteriologically confirmed pulmonary	Presumptive pulmonary TB	100	

Code	Indicators	Numerator	Denominator	Multiplier	Disaggregation by:
		cases registered in NTP in defined time and area	cases in specific duration in defined area*		
9.4	Sputum conversion rate (%)	Number of new bacteriologically confirmed TB cases who converted to smear negative after 2 (3 month for retreatment cases] month of treatment	Total number of new bacteriologically confirmed pulmonary cases registered in NTP in defined time and area	100	
9.5	Proportion of PBC cases among new cases	All the PBC TB cases in defined time & place	All forms of new TB cases in defined time & place	100	
9.6	Loss to follow up rate (%)	Number of all type of TB cases who interrupted treatment for more than 2 consecutive months	Number of all type of TB cases registered during the same period	100	
9.7	Death rate (%)	Number of all type of TB cases registered for treatment who died from any cause during treatment	Number of all type of TB cases registered during the same period	100	
9.8	Mortality rate	Number of all type of TB cases registered for treatment who died from any cause during treatment	Estimated population at mid-year for that defined population	100,000	
9.9	Cure rate (%)	Number of new bacteriologically confirmed TB cases who were smear negative in the last month of treatment and on at least one previous occasion	Number of new bacteriologically confirmed TB cases registered during the same period	100	
9.10	Treatment success rate	[(Number of new positive cases (bacteriologically confirmed) who smear negative in the last month of treatment and on at least one previous occasion) + (Number of new positive cases registered who completed treatment but did not meet the criteria for cure or failure)]	Number of new bacteriologically confirmed TB cases registered for treatment during the same period	100	
9.11	Positivity rate	Total number of pulmonary TB cases bacteriologically confirmed	Total no of presumptive TB cases examined in the lab in defined time period	100	
Note: * Presumptive pulmonary TB cases (in defined time and place) is estimated by NTC					

10. Epidemiology and Disease Control

Code	Indicators	Numerator	Denominator	Multiplier	Disaggregation by:
A	MALARIA				
10.1	Annual blood examination rate (ABER) of malaria in high risk districts ^a	Number of slides examined in high risk districts	Population in high risk districts	100	
10.2	Slide positivity rate (SPR) of malaria in high risk districts	Number of positive slides in high risk districts	Number of slides examined	100	Level of facility: District Hospital, PHC, HP, SHP
10.3	Malaria annual parasite incidence (per 1,000 population in high risk districts) ^a	Number of positive cases in high risk districts	Population in high risk districts (*1000 population)	1,000	
10.4	Clinical malaria incidence (CMI) in high risk districts	Number of new cases of clinical malaria in high risk districts	Population in high risk districts	1,000	
10.5	% of P. Falciparum (PF) cases in high risk districts	Number of PF cases in high risk districts	Number of positive cases in high risk districts	100	
10.6	% of imported cases among positive cases of malaria	Number of imported cases	Number of positive cases (suspected + confirmed)	100	
10.7	% of malaria cases by target group	Number of malaria cases by target group	Number of positive cases (suspected + confirmed)	100	Age: Children <5 Sex: Girls, Boys Client: Pregnant women
10.8	Case fatality rate of malaria	Number of deaths due to malaria (suspected and confirmed)	Number of positive cases (suspected + confirmed)	100	Cases: Suspected, confirmed
10.9	% of pregnant women receiving a LLIN from an ANC clinic	Number of pregnant women receiving a LLIN from an ANC clinic	Number of pregnant women	100	
10.10	% of confirmed cases of uncomplicated malaria treated with antimalarials as per national guidelines	Number of confirmed cases of uncomplicated malaria treated with antimalarials as per national guidelines	Number of confirmed cases of uncomplicated malaria	100	
10.11	% of confirmed cases of severe malaria treated with antimalarials as per national guidelines	Number of confirmed cases of severe malaria treated with antimalarials as per national guidelines	Number of confirmed cases of severe malaria	100	
10.12	% of blood slide collected that were examined and tested positive	Number of blood slides examined + slide positive	Target for malaria slide collection	100	
10.13	Number of health facilities designated at sentinel surveillance sites that are functioning as sentinel surveillance sites ^a	Number of health facilities designated as sentinel surveillance sites that are functioning as sentinel surveillance sites	Number of health facilities designated as sentinel surveillance sites		
B	KALA-AZAR				
10.14	Number of kala-azar cases in at risk districts				
10.15	Incidence of kala-azar (KA) per 10,000 population in at risk districts	Number of new KA cases in at risk districts	Population in at risk districts (*10,000)	10,000	
10.16	% of kala-azar cases that were treated by Sodium Activo Gluconate (SAG) in at risk districts	Number of kala-azar cases treated by SAG in at risk districts	Number of kala-azar cases in at risk districts	100	

Code	Indicators	Numerator	Denominator	Multiplier	Disaggregation by:
10.17	% of kala-azar cases that were treated by Fungizone in at risk districts	Number of kala-azar cases treated by Fungizone in at risk districts	Number of kala-azar cases in at risk districts	100	
10.18	Kala-azar case fatality rate in at risk districts	Number of deaths due to kala-azar in at risk districts	Number of kala-azar cases in at risk districts	100	
10.19	Kala-azar treatment failure rate (KATFR) in at risk districts	Number of kala-azar cases not responding to miltefosin/ fungizone in at risk districts	Number of kala-azar cases in at risk districts	100	
10.20	Prevalence of Kala-azar in at risk districts per 10,000 population	Number of kala-azar cases in at risk districts	Population in at risk districts (*10,000)	10,000	
C	LYMPHATIC FILARIASIS				
10.21	Prevalence of lymphatic filariasis in at risk districts per 10,000 population	Number of cases of lymphatic filariasis in at risk districts	Population in at risk districts	10,000	

11. Leprosy

Code	Indicators	Numerator	Denominator	Multiplier	Disaggregation by:
11.1	New case detection rate of leprosy [Pausi Besilli (PB) and Multi Besilli (MB)]	Number of new leprosy cases (PB and MB)	Total population	100,000	
11.2	Prevalence of leprosy per 10,000 population	Number of leprosy cases (PB and MB)	Total population	10,000	Age: <15 years, ≥ 15 years Sex: Female, male
11.3	Incidence of leprosy per 10,000 population	Number of new leprosy cases (PB and MB)	Total population	10,000	
11.4	% of new leprosy cases presenting with a grade-2 disability	Number of new leprosy cases (PB and MB) presenting with a grade-2 disability	Number of new leprosy cases (PB and MB)	100	
11.5	% of new leprosy cases that are MB	Number of new leprosy cases that are MB	Number of new leprosy cases (PB and MB)	100	
11.6	Treatment compliance rate for PB cases	Number of new PB cases who completed the treatment on time	Number of PB cases who started treatment in the same batch/year		
11.7	Treatment compliance rate for MB cases	Number of new MB cases who completed the treatment on time	Number of MB cases who started treatment in the same batch/year		
11.8	% of PB and MB cases who started treatment but defaulted	Number of PB and MB cases who started treatment but defaulted	Number of leprosy cases (PB and MB)	100	
11.9	% of leprosy cases released from treatment (RFT)	Number of leprosy cases (PB and MB) released from treatment	Number of leprosy cases (PB and MB)	100	
11.10	% of multi-drug resistant (MDR) leprosy cases	Number of MDR leprosy cases	Number of leprosy cases (PB and MB)	100	
11.11	% of relapse cases of leprosy	Number of relapse cases of leprosy	Number of leprosy cases (PB and MB)	100	

Code	Indicators	Numerator	Denominator	Multiplier	Disaggregation by:
11.12	% of leprosy cases under rehabilitation	Number of leprosy cases under rehabilitation	Number of leprosy cases (PB and MB)	100	

12. Curative Services

Code	Indicators	Numerator	Denominator	Multiplier	Disaggregation by:
A	OUTPATIENTS				
12.1	Number of outpatients				Type: New, old Target group: Ultra poor, Poor, FCHV, disabled, senior citizen
12.2	% of population utilizing outpatient services	Number of new outpatients	Total population	100	Sector: Govt., non Govt. Level of facility: Higher level, district hospitals, PHCC, HP, SHP Type of facility: AFHS facility, other HF Sex: Female, male Caste/ethnicity Target group: Ultra poor, Poor, FCHV, disabled, senior citizen Age: 0-9, 10-14 Yrs, 15-19 Yrs, >= 20 Yrs
12.3	Outpatient sex ratio	Number of new male outpatients	Number of new female outpatients		Level of facility: Hospitals, PHCC, SHP, HP Target group: Ultra poor, Poor, FCHV, disabled, senior citizen Sex: Female, male
12.4	% of outpatients who were referred in	Number of new outpatients who were referred in	Number of new outpatients	100	Sex: Female, male
12.5	% of outpatients who were referred out	Number of new outpatients who were referred out	Number of new outpatients	100	Sex: Female, male
12.6	% of top ten diseases among outpatients	Number of outpatients by top ten diseases	Number of new outpatients	100	Ecological zone: Mountain, Hill, Terai
B	INPATIENTS				
12.7	% population utilizing inpatient services at hospitals	Number of inpatient cases	Total population	100	Sector: Govt., non Govt. Level of facility: Higher level hospitals, district hospitals Sex: Female, male Target group: Ultra poor, Poor, FCHV, disabled, senior citizen Age: 0-9, 10-14 Yrs, 15-19 Yrs, >= 20 Yrs
12.8	Inpatient sex ratio	Number of male inpatients	Number of female inpatients		Sex: Female, male
12.9	% of inpatients who were referred in	Number of inpatients who were referred in	Number of inpatients	100	Sex: Female, male

Code	Indicators	Numerator	Denominator	Multiplier	Disaggregation by:
12.10	% of inpatients who were referred out	Number of inpatients who were referred out	Number of inpatients	100	
12.11	% of top ten diseases among inpatients	Number of inpatients by top ten diseases	Number of inpatients	100	
12.12	% of top ten diseases among population	Number of outpatients by top ten disease	Total population	100	
12.13	Average length of stay in hospital	Total length of stay of discharged patients	Number of discharges and deaths		Level of hospital: Higher level government hospital, district hospital
C	EMERGENCY SERVICES				
12.14	% of population utilising emergency services at hospitals (Number at facility level and % at national level)	Number of people utilizing emergency services at hospitals	Total population	100	Level of hospital: Higher level government hospital, district hospital Sex: Female, male
D	HOSPITAL BEDS				
12.15	Number of hospital beds per 5,000 population	Number of hospital beds	Population	5,000	Level of hospital: Higher level government hospital, district hospital
12.16	Bed occupancy rate	Number of inpatient days	Number of inpatient beds available in hospitals x 365 days	100	Level of facility: District, zonal, sub-regional, regional, central Ward: Maternity
12.17	Number of maternity beds				Annual
12.18	Average length of stay	Total inpatients days stay	Total number of discharge		Level of facility: Higher level hospitals, district hospitals
12.19	Throughput	Number of inpatient admissions	Number of inpatient beds available		Level of facility: Higher level hospitals, district hospitals
12.20	Bed turnover interval	365 (days) – Average length of stay x Throughput	Throughput		Level of facility: Higher level hospitals, district hospitals
E	MORTALITY				
12.21	Disease specific case fatality rate	Number of deaths, by disease	Number of cases of disease registered in the same year	100	
12.22	Hospital death rate, by duration of admission	Number of deaths in the hospital, by duration of admission	Number of inpatients	100	Duration: Within 48 hours, after 48 hours of admission
F	SURGERY				
12.23	Infection rate among surgical cases	Number of infected surgical cases	Number of surgical cases	100	
12.24	Surgery related death rate	Number of deaths among surgical cases	Number of surgical cases	100	
H	DIAGNOSTIC SERVICES				
12.25	Average number of radiographic images per day	Number of radiographic images/x-rays	Number of days		Type: X-ray, ultrasound, USG, MRI, CT Scan
12.26	Average number of laboratory tests per day	Number of laboratory tests	Number of days		

13. Health Facilities

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
A	CEONC				
13.1	% of hospitals that are certified CEONC sites ^a	Number of hospitals that are certified CEONC sites	Number of hospitals	100	Sector: Govt., non Govt. Level of facility: Higher level hospitals, district hospitals Ecological zone: Mountain, Hills, Terai
13.2	Number of CEONC facilities per 500,000 population ^a	Number of CEONC facilities	Total population	500,000	
13.3	% of districts with at least one CEONC public facility ^a	Number of districts with at least one CEONC public facility	Number of districts	100	
13.4	% of districts with at least one public facility providing all CEONC signal functions ^a	Number of districts with at least one public facility providing all CEONC signal functions	Number of districts	100	
B	BEONC				
13.5	% of district/district level hospitals and PHCCs that are certified BEONC sites ^a	Number of district/district level hospitals that are BEONC	Number of District and district level hospitals and PHCCs	100	Level of facility: District/district level hospitals, PHCCs Ecological zone: Mountain, Hills, Terai
13.6	Number of BEONC facilities per 100,000 population ^a	Number of BEONC facilities	Total population (*100,000)	100,000	
13.7	% of PHCCs providing all BEONC signal functions 24/7 ^a	Number of PHCCs providing all BEONC signal functions	Number of PHCCs	100	Availability: 24/7, not 24/7
C	BIRTHING CENTRES				
13.8	% of PHCCs, health posts and sub-health posts that are certified birthing centers ^a	Number of PHCCs, health posts and sub-health posts that are certified birthing centers	Number of PHCCs, health posts and sub-health posts	100	Level of facility: PHCCs, HPs, SHPs Availability: 24/7, not 24/7
D	SAFE ABORTION SITES				
13.9	% of government health facilities that are certified safe abortion sites ^a	Number of government health facilities that are certified safe abortion sites	Number of government health facilities	100	Level of facility: Higher level hospitals, district hospitals, PHCCs, HPs, SHPs Method: Surgical, medical
13.10	% of safe abortion (surgical and medical) sites with long acting family planning services ^a	Number of safe abortion (surgical and medical) sites with long acting family planning services	Number of safe abortion (surgical and medical) sites	100	Level of facility: Higher level hospitals, district hospitals, PHCCs, HPs, SHPs Method: Surgical, medical
E	PHCCS				
13.11	Number of PHCCs per 50,000 population ^a	Number of PHCCs	Population (* 50,000)	50,000	
13.12	% of PHCCs with long acting family planning services ^a	Number of PHCCs with long acting family planning services	Number of PHCCs	100	
F	HEALTH POSTS				
13.13	Number of HPs per 5,000 population ^a	Number of HPs	Population (*5000)	5,000	
13.14	% of health posts with at least five family planning methods ^a	Number of health posts with at least five family planning methods	Number of health posts	100	
13.15	% of health posts with long acting family planning services ^a	Number of health posts with long acting family planning services	Number of health posts	100	

Code	Indicator	Numerator	Denominator	Multiplier	Disaggregation by:
G	HEALTH CLINICS				
13.16	Number of urban health clinics				
13.17	Number of community health clinics				
G	REPORTING TO HMIS				
13.18	% of health facilities (public and private) reporting to HMIS (by type or level)	Number of health facilities (public and private) reporting to HMIS	Number of health facilities (public and private)	100	Sector: Govt., non Govt. Level of facility: Higher level, district hospitals, PHCCs, HPs, SHPs Level of facility: Tertiary, secondary
13.19	% of tertiary and secondary hospitals (public and private) implementing ICD 10 and reporting coded information to HMIS	Number of tertiary and secondary hospitals implementing ICD 10 and reporting coded information to HMIS	Number of tertiary and secondary hospitals	100	
13.20	% of health information systems implementing (using) uniform standard codes	Number of health information systems implementing (using) uniform standard codes	Number of health information systems	100	
H	LABORATORY				
13.21	% of health facilities with a laboratory ^a	Number of health facilities with a laboratory	Number of health facilities, by level	100	Availability: 24/7, not 24/7 Level of facility: District Hospital, PHCC
I	FAMILY PLANNING SERVICES				
13.22	% of health facilities providing IUCD services, by type of facility	Number of health facilities providing IUCD services	Number of health facilities	100	Type of facility: SHPs, HPs, PHCCs and district clinics
13.23	% of health facilities providing Implant services, by type of facility	Number of health facilities providing Implant services	Number of health facilities	100	Type of facility: SHPs, HPs, PHCCs and district clinics
J	HIV/AIDS				
13.24	% of health facilities that provide HIV testing and counseling services ^a	Number of health facilities that provide HIV testing and counseling services	Number of health facilities	100	Service: Testing and counseling Level of facilities: Higher level, district hospitals, PHCC, HP, SHP
13.25	% of health facilities that provide PMTCT services ^a	Number of health facilities that provide PMTCT services	Number of health facilities	100	Level of facilities: Higher level, district hospitals, PHCC, HP, SHP
13.26	% of health facilities that provide ART services ^a	Number of health facilities that provide ART services	Number of health facilities	100	Level of facilities: Higher level, district hospitals, PHCC, HP, SHP
13.27	% of health facilities dispensing antiretroviral therapy that experienced a stock-out of at least one required antiretroviral drug	Number of health facilities dispensing antiretroviral therapy that experienced a stock-out of at least one required antiretroviral drug	Number of health facilities dispensing antiretroviral therapy	100	Level of facilities: Higher level, district hospitals, PHCC, HP, SHP
K	Adolescent sexual and reproductive health services				
13.28	% of health facilities with adolescent friendly services ^a	Number of health facilities with adolescent friendly services	Number of health facilities	100	Sector: Govt., non govt. Level of facility: Higher level govt. hospitals, district hospitals, PHCCs, HPs, SHPs

Note:

Indicators shaded in orange color are NHSP2 Log Frame indicators.

a = Indicators to be reported annually

Annex 1: List of revised HMIS recording and reporting tools

SN	HMIS No	HMIS Tools
	1	Common Tools
1	1.1	Master Register
2	1.2	Health Service Card
3	1.3	Outpatient Register
4	1.4	Referral/Transfer Slip
5	1.5	Defaulter/Discontinuation Tracing Slip
6	1.6	Open Tally Sheet
	2	Infant and Child Health
7	2.1	Child Health Card
8	2.2	Immunization Register
9	2.3	Nutrition Register
10	2.4	IMCI Register
11	2.5	IMAM Child Health Card
12	2.6	IMAM Register
13	2.7	IMAM Register – Hospital
	3	Family Health
14	3.1	FP Face sheet
15	3.2	Pills, Depo Service Register
16	3.3	IUCD/Implant Service Register
17	3.4	Sterilization Register
18	3.5	Maternal and Newborn Health Card
19	3.6	Maternal and Newborn Health Service Register
20	3.7	Safe Abortion Service Register
	4	Community Services
21	4.1	ORC Register
22	4.2	FCHV Service Register
23	4.3	Vitamin A Register
	5	Malaria, Kalazaar and Leprosy
24	5.1	Malaria, Kalazaar & Leprosy Sample Collection Form
25	5.2	Malaria, Kalazaar & Leprosy Laboratory Register
26	5.3	Malaria and Kalazaar Treatment Register
27	5.4	Leprosy Examination and Treatment Card
28	5.5	Leprosy Treatment Register
	6	Tuberculosis
29	6.1	Sputum Sample Collection Form
30	6.2	Tuberculosis Laboratory Register
31	6.3	Tuberculosis Treatment Card (Health Facility)
32	6.4	Tuberculosis Treatment Card (Patient)
33	6.5	Tuberculosis Treatment Register
34	6.6	PAL: Smoking Cessation Register
35	6.7	DR Tuberculosis Laboratory Register
36	6.8	DR Tuberculosis Treatment Register
	7	HIV/AIDS and STI
37	7.1	HIV Testing and Counseling Register
38	7.2	Sexually Transmitted Infection (STI) Treatment Register
39	7.3	Prevention of Mother-To-Child Transmission (PMTCT) Of HIV (PMTCT) Service Register

SN	HMIS No	HMIS Tools
40	7.4	HIV Treatment and Care Register
41	7.5	HIV Patient Treatment Card
42	7.6	Opioid Substitution Therapy (OST) Register
	8	Hospital
43	8.1	Admission Register
44	8.2	Discharge Register
45	8.3	Emergency Service Register
	9	Monthly Reporting Form
46	9.1	FCHV Reporting Form
47	9.2	ORC Reporting Form
48	9.3	PHCC, HP and SHP Reporting Form
49	9.4	Public Hospital Reporting Form
50	9.5	Private and NGO Health Facility Reporting Form

Annex 2: NHSP2 logical framework indicators in HMIS

The following 35 indicators in the NHSP-2 logical framework are monitored by revised HMIS:

NHSP-2 LF Code	Logical framework Indicators
G8	Malaria annual parasite incidence (per 1000 population)
P3	% of one-year-old children immunized against measles
P4	% of children aged 6-59 months that have received vitamin A supplements
P7	Contraceptive Prevalence Rate - modern methods (%)
P8	% of pregnant women attending at least four ANC visits
P9	% of pregnant women receiving IFA tablets or syrup during their last pregnancy
P10	% of deliveries conducted by a skilled birth attendant
P11	% of women who had three postnatal check-ups as per protocol (1st within 24 hours of delivery, 2nd within 72 hours of delivery and 3rd within 7 days of delivery, as % of expected live births)
P12	% of women of reproductive age (15 - 49) with complications from safe abortion (surgical and medical)
P13	Prevalence rate of Leprosy (%)
P14	Obstetric direct case fatality rate (%)
OC1.2	% population utilising outpatient services at SHP, HP, PHCC and district hospitals - disaggregated by sex and caste/ethnicity
OC1.3	% population utilising inpatient services at district hospitals (all level of hospitals)
OC1.4	% population utilising emergency services at district hospitals (all level of hospitals)
OC1.5	Met need for emergency obstetric care (%)
OC1.6	% of deliveries by Caesarean Section
OC1.7	Tuberculosis treatment success rates (%)
OC2.1	% of children under 5 with diarrhoea treated with Zinc and ORS
OC2.2	% of children under 5 with pneumonia, who received antibiotics
OC2.4	% of institutional deliveries
OC2.5	% of women who received contraceptives after safe abortion (surgical or medical)
OC2.7	Tuberculosis case detection rate (%)
OP1.1	% of women utilizing FCHV fund (among women of reproductive age)
OP3.4	Number of Female Community Health Volunteers (FCHVs)
OP4.2	Number of HPs per 5,000 population
OP4.3	Number of PHCCs per 50,000 population
OP4.4	Number of district hospital beds per 5,000 population
OP4.5	% of districts with at least one public facility providing all CEONC signal functions

NHSP-2 LF Code	Logical framework Indicators
OP4.6	% of PHCCs providing all BEONC signal functions
OP4.7	% of health posts with birthing centre
OP4.8	% of safe abortion (surgical and medical) sites with long acting family planning services
OP4.9	% of health posts with at least five family planning methods
OP6.2	% of health information systems implementing (using) uniform standard codes
OP6.3	% of tertiary and secondary hospital (public and private) implementing ICD 10 and reporting coded information to health information system
OP6.4	% of health facilities (public and private) reporting to national health information system (by type or level)

Annex 3: HMIS indicators disaggregated by caste/ethnicity

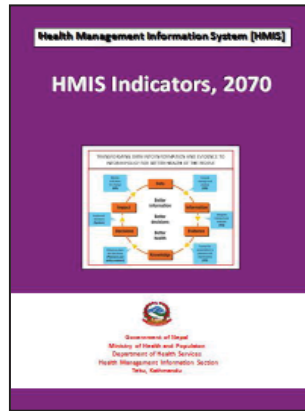
Indicators	
1	% of fully immunized children
2	% of underweight children below 2 years
3	% of children enrolled in IMCI
4	% of institutional deliveries
5	% of abortion cases
6	% of outpatients utilizing health services
7	% of inpatients utilizing health services
8	% of HIV positive cases
9	% of Leprosy patients
10	% of Tuberculosis patients
11	% of gender based violence cases registered in health facility

Annex 4: Caste/Ethnic Group

Code	Group	Caste/Ethnic Group
1	Dalit	Hill 1. Biswokarma (Kami, Sunar, Od, Chunara, Parki, Tamata), 2. Pariyar (Damai, Darjee, Suchikar, Nagarchi, Hudrake), 3. Sarki (Mijar, Charmakar, Bhul), 4. Gandharwa (Gaine), 5. Badi
		Terai 6. Kalar, 7. Kakaihiya, 8. Kori, 9. Khatik, 10. Khatwe (Mandal, Khadga), 11. Chamar (Ram, Mochi, Harijan, Rabidas), 12. Chidimar, 13. Dom (Marik), 14. Tatma (Tati, Das), 15. Dushad (Paswan, Hajara), 16. Dhobi (Rajak) Hindu, 17. Pattharkatta, 18. Pasi, 19. Batar, 20. Mushahar, 21. Mestar (Halkhor), 22. Sarbhanga (Sarbariya) 23. Sonar, 24. Lohar, 25. Natuwa
2	Janajati	Hill 1. Sherpa, 2. Bhote (Bhutia), 3. Thakali, 4. Byansi, 5. Wallung, 6. Chhaintan, 7. Dolpo, 8. Tangbe, 9. Tin Gaule Thakali, 10. Topkegola (Dhokpya) 11. Bara Gaunle Thakali, 12. Marphali Thakali, 13. Mugali, 14. Lhopa, 15. Lhomi (Shingsawa), 16. Siyar (Chumba), 17. Thudam, 18. Magar, 19. Tamang, 20. Newar 21. Rai, 22. Gurung, 23. Limbu 24. Bhujel, 25. Sunuwar, 26. Chepang, 27. Thami, 28. Yakkha, 29. Pahari, 30. Chhantyal, 31. Jirel, 32. Dura, 33. Lepcha, 34. Hayu, 35. Yehlmo, 36. Kushbadia, 37. Kusunda, 38. Phree (Free), 39. Bankaria, 40. Baramo/ Baramu, 41. Larke, 42. Surel, 43. Kumal, 44. Majhi, 45. Danuwar, 46. Darai, 47. Bote, 48. Raji, 49. Raute
		Terai 50. Tharu, 51. Dhanuk (Rajbanshi), 52. Rajbansi (Koch), 53. Satar/Santhal, 54. Jhagar/Jhangar, 55. Gangai, 56. Dhimal, 57. Tajpuriya, 58. Meche (Bodo), 59. Kisan
3	Madhesi	1. Yadav, 2. Teli, 3. Kalwar, 4. Sudhi, 5. Koiri, 6. Kurmi, 7. Kanu, 8. Haluwai, 9. Hajam/Thakur, 10. Badhae, 11. Rajbhar, 12. Kewat, 13. Mallah, 14. Nuniya, 15. Kumhar, 16. Kahar, 17. Lodha, 18. Binna (Bing/Binda), 19. Gaderi/Bhediya, 20. Mali, 21. Kamar, 22. Dhunia, 23. Barae, 24. Munda, 25. Badai, 26. Panjabi, 27. Bangali, 28. Marwadi, 29. Nurang, 30. Kayastha, 31. Rajput, 32. Jaine, 33. Brahman (Terai) 34. Baniya, 35. Amat, 36. Kathawaniya, 37. Rajdhob, 38. Kushbaha
4	Muslim	1. Muslim, 2. Churaute
5	Brahman/Chhetri	1. Brahman (Hill), 2. Chhetri (Hill)
6	Others	1. Thakuri, 2. Sanyasi/Dasnam, etc.,

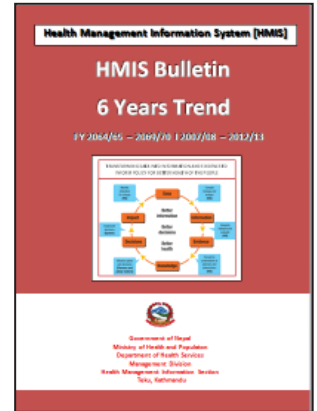
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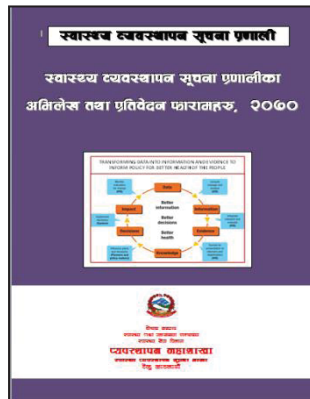


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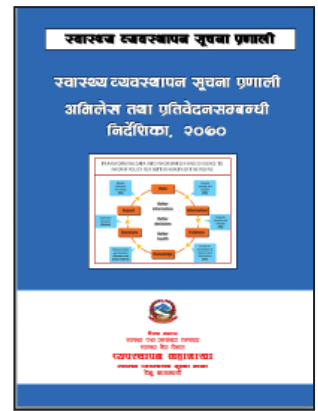
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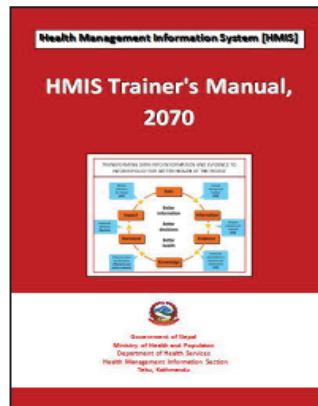
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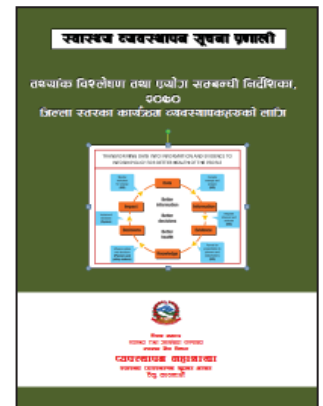
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