



ལྷ་ལྷོ་གསུམ་གྱི་ནད་རིགས་དང་བྱ་རིམ་གྱི་ཕྱོད་ལུ།

Quarterly Morbidity & Activity Report



Vol.III, Issue 4 (October — December 2010)

March 2011

IN THIS ISSUE:

EDITORIAL.....	1 -
Timeliness of the Report:	3 -
A. Morbidity Report.....	3 -
1. Infections.....	3 -
2. Viral, Protozoal & Helminthic Diseases.....	5 -
3. Blood diseases.....	6 -
4. Mental Disorder.....	7 -
5. Diseases of Nervous System.....	8 -
6. Eye & Ear Diseases.....	9 -
7. Diseases of Circulatory System.....	9 -
8. Respiratory Diseases.....	11 -
9. Diseases of the Digestive System.....	11 -
10. Genito-Urinary Diseases.....	13 -
11. Injuries & Trauma.....	14 -
B. Activity Report.....	15 -
1. Ante Natal Care, and Delivery....	15 -
2. Child Clinical Attendance.....	15 -
3. Immunization Coverage.....	18 -
4. Family Planning.....	21 -
5. Patient days.....	22 -
6. Non-Bhutanese seeking Medical Services.....	23 -

EDITORIAL

The Editorial Team and the Health Research and Epidemiology Unit are pleased to bring out the QMAR Volume 3 Issue 4 for our readers in the country. QMAR derives its data from the data collected by the Health Management and Information System (HMIS) which was established more than two decades ago, 1984. However, the feedback system loop was not there till the 2008 when QMAR quarterly issue started. The data that are collected at all level ideally needs to be translated into usable information for action.

QMAR intends to provide quarterly feedback on the data that are reported by the districts to the HMIS. We face increasing challenges and limitations of data inconsistencies that limit generation of information and realize issue related to collecting, reporting and verification of data at various levels of the healthcare facilities.

Nevertheless, the Health Research and Epidemiology Unit with guidance from the Editorial team for QMAR tried their best to present the available data in the most informative way despite the limitation of data being in absolute numbers.

The readers of the QMAR can take clues from the trends of the data presented here, contextualize to your own districts and further try and convert data into information, action and feedback in each districts since you know your district catchment better than the gross report you submit to HMIS.

There is a need to create the loop of Data collection-Information generation from the available Data-Feedback-Action at local level in order to use the data that are collected with such huge investments.

(Dr. Lungten Z. Wangchuk)

MBBS, MPH (Epidemiology and Public Health Research)

For the Editorial Team

Editorial Board:

Dr. Lungten Z. Wangchuk, HREU

Dr. Gampo Gorji, DoPH

Data Analysis:

Ms. Dorji Pelzom, HREU

Data Collection:

Mr. Rahar Singh Das, HMIS

Mr. Dopo, HMIS

Web Edition:

Mr. Tashi, ICT

Desktop Publishing:

Mr. Mongal S. Gurung, HREU

Timeliness of the Report:

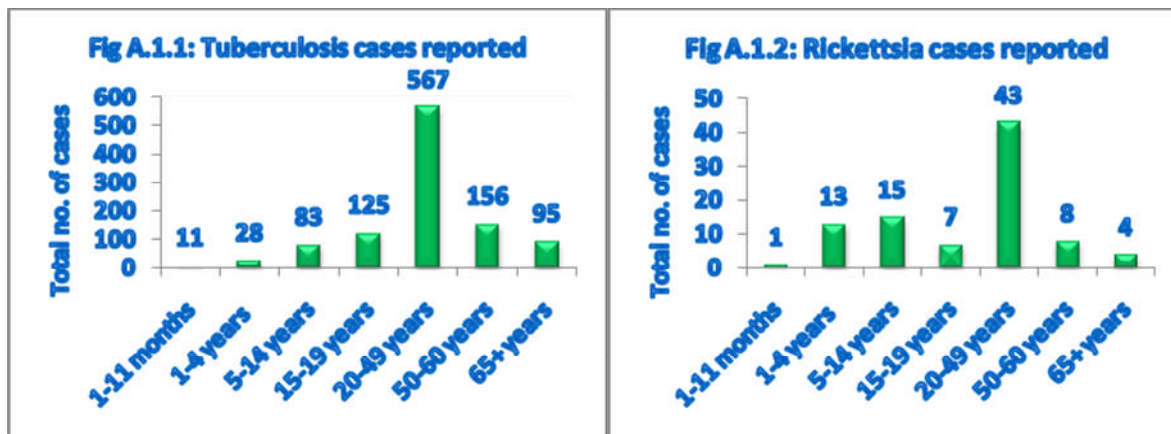
We are pleased to announce that all the districts have reported on time in this quarter (Oct-Dec 2010). This report will cover only the data received by Health Management and Information System (HMIS), namely, the morbidity and activity reports. There are many vertical reporting systems and the number varies from district to district. The data of such reporting systems are not included as its reliability and consistency is not assessed.

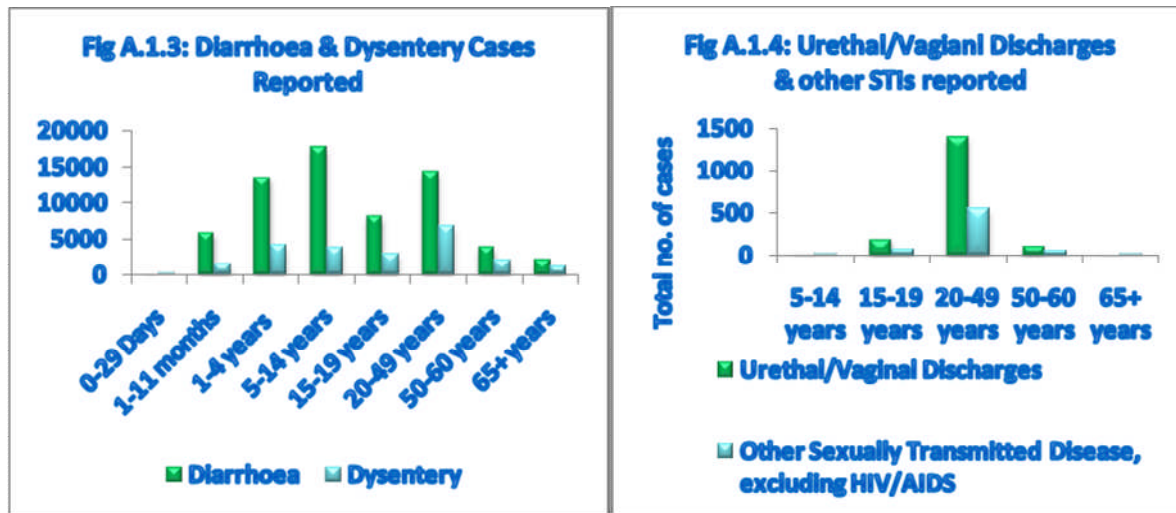
A. Morbidity Report

The Morbidity reports are divided into nineteen different sub-groups as per the ICD coding of the diseases; Infections, Viral, Protozoal & Helminthic Diseases, Neoplasm (data only from JDWNRH), Blood diseases, Endocrine, Metabolic & Nutritional, Mental disorder, Diseases of Nervous System, Eye & Ear Diseases, Diseases of Circulatory System, Respiratory Diseases, Diseases of the Digestive System, Skin Diseases, Diseases of Musculo-skeletal system & Congenital Deformities, Genito-Urinary Diseases, Pregnancy, Childbirth and Puerperium, Perinatal Conditions, Malformations, Injuries & Trauma, and other conditions. **This Morbidity Report includes only the total no. of cases reported at the different health facilities of Bhutan in the year 2010.**

1. Infections

Under sub-group A there are mainly six types of morbidity and mortality reported; Diarrhea, Dysentery, Tuberculosis, Urethral/Vaginal discharges, Other STIs excludg. HIV/AIDS, and the Rickettsial Diseases. The self explanatory figures below indicate the total no. of cases reported in the year 2010 stratified by age-group. Among these infections, Tuberculosis reports highest mortality with 38 deaths followed by diarrhea with 4 deaths. There was no mortality reported due to other infections in the year 2010.



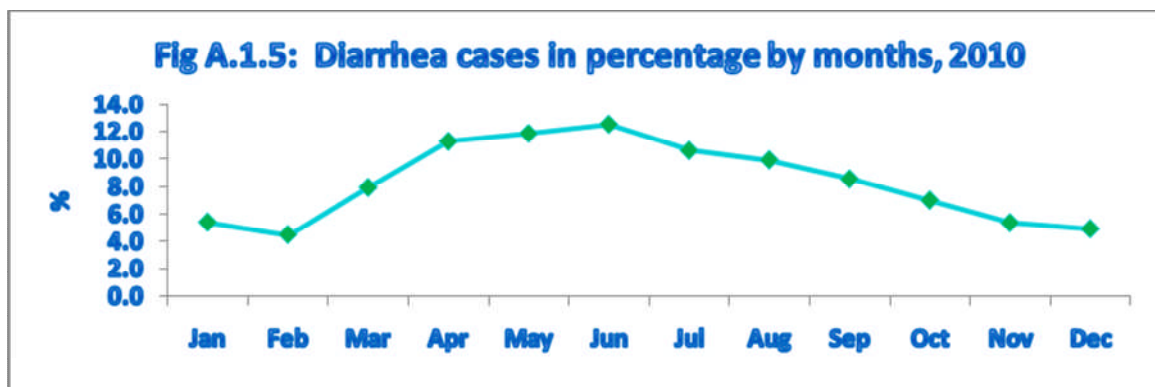


Since, Diarrhea was the highest in terms of the total no. of cases; it was further stratified by the district, population, and month to see where and when it was reported the most. When stratified by the district, Thimphu reported highest number of cases followed by Chukha and so on. However, it may be due to the population level, as indicated by Table A.1.1, the District with higher population level reports higher cases of diarrhea. Fig A.1.5 indicates that most of the diarrhea cases are reported in the months of April-July (summer season).

Table A.1.1: Diarrhea cases from highest to lowest reported by District in the year 2010

District	Diarrhea cases	Population* (2010)
Thimphu	7003	104214
Samtse	6458	65387
Chukha	6214	81363
Trashigang	5732	52538
Sarpang	5145	41300
Wangdi	5026	34320
Mongar	3483	40653
Punakha	3396	25650
SJongkhar	3390	37307
Paro	2976	39804
Dagana	2880	25070
Zhemgang	2594	20091
TrashiYangtse	2357	19314
Lhuentse	2017	16530
Pemagatshel	1629	23777
Trongsa	1560	14712
Tsirang	1460	20254
Bumthang	1275	17,547
Haa	1029	12586
Gasa	246	3404

*source "Dzongkhag population projection", National Statistical Bureau



2. Viral, Protozoal & Helminthic Diseases

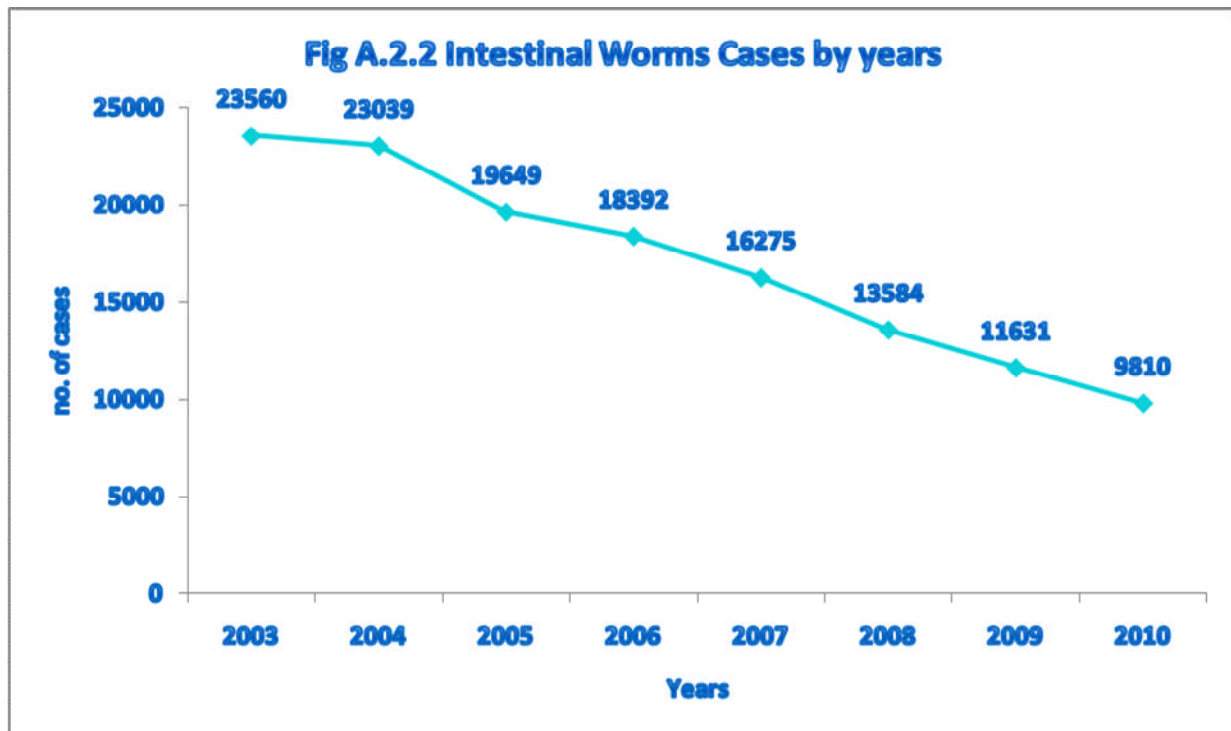
Under this sub-group B, HMIS collects information of nine different morbidities and mortality; Chicken Pox, Viral Hepatitis, Plasmodium Falciparum Malaria, Other Malaria, Visceral Leishmaniasis, Intestinal Worms, Scabies, Streptococcus Group A^B, and other infections (excluding ear, brain, STI). In the year 2010, highest number of cases reported under this sub-group was the Other Infections with 11859 cases, followed by Intestinal Worms with 9810 cases. Total of 51 deaths were reported due to viral, protozoal & helminthic diseases.

Fig A.2.1 indicates that when other infections were stratified with the districts; Samdrup Jongkhar reported the highest number of cases followed by the Chukha. This indicates that the southern part of the country see more of other infections cases. Fig A.2.2 indicates that despite being the second highest among this subgroup, the number of intestinal worms cases are declining over the years.

Table A.2.1: Summary of cases reported in sub-group B, 2010

Disease	0-29 Days	1-11 months	1-4 years	5-14 years	15-19 years	20-49 years	50-60 years	65+ years	Total no. of cases	Total no. of Death
Chicken Pox	1	57	272	1201	339	193	6	2	2071	0
Viral Hepatitis	132	42	65	171	81	281	40	11	823	3
Plasmodium falciparum malaria	0	3	10	57	19	104	24	6	223	3
Other Malaria	0	3	18	53	30	148	22	10	284	2
Visceral Leishmaniasis	0	1	18	12	1	24	6	0	62	0
Intestinal Worms	6	67	1699	2568	944	3283	903	340	9810	0
Scabies	3	99	682	2318	1398	1879	533	339	7251	0
Streptococcus Group A	1	2	11	43	9	52	9	1	128	0
Other Infections (excluding ear, brain, STI)	73	329	1273	3760	1279	3999	835	311	11859*	43
Total	216	603	4048	10183	4100	9963	2378	1020	32511	51

*This maybe because most of the Viral, Protozoal & Helminthic Diseases are not coded properly or is coded as other infections.



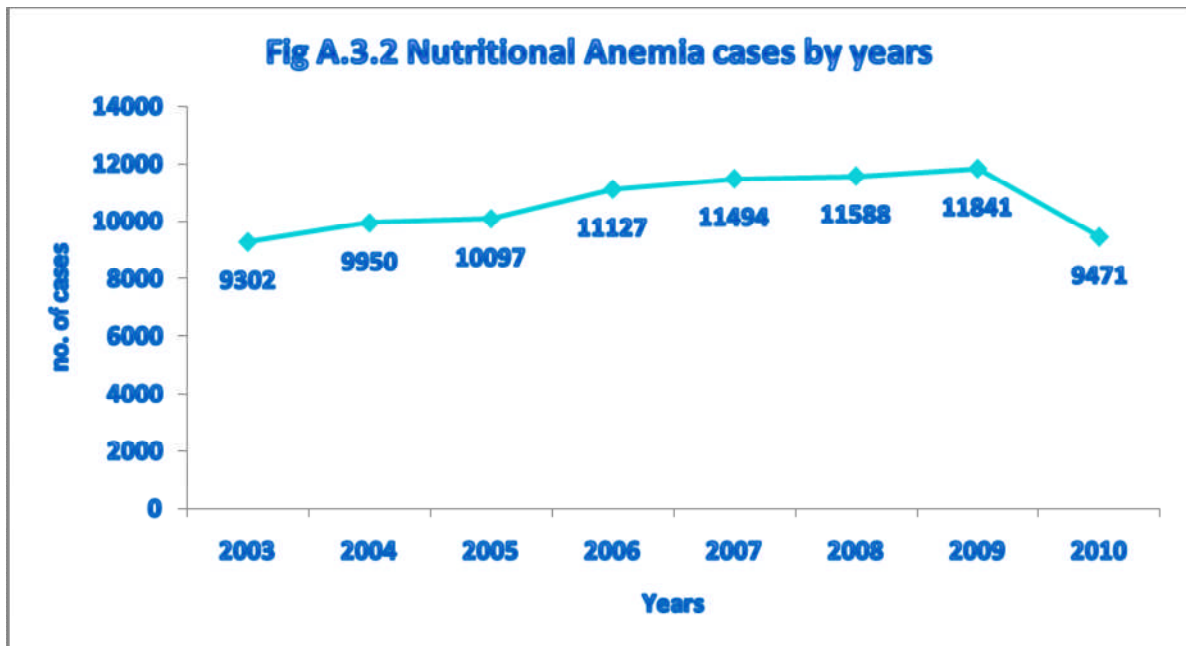
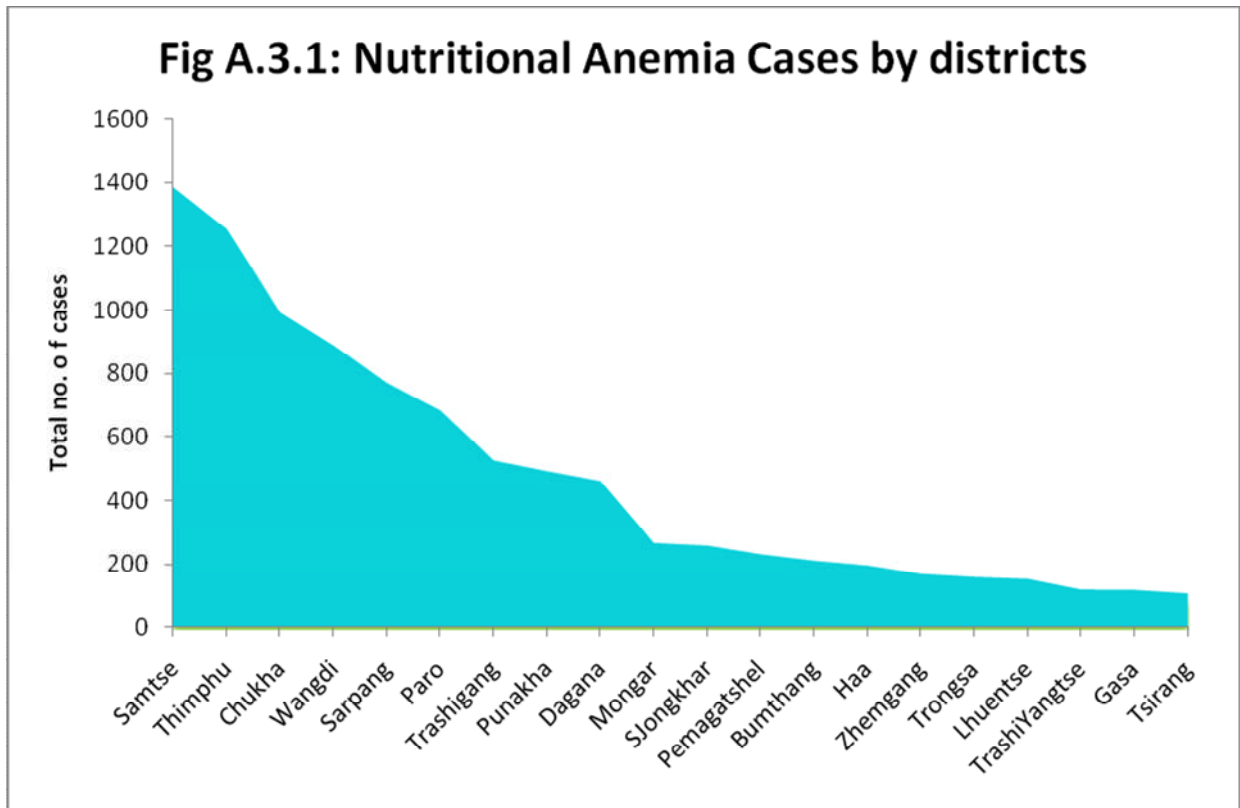
3. Blood diseases

In this sub-group, the morbidity and mortality of blood diseases; Neoplasm, Nutritional Anemia and Blood & Immune Disorders were reported. Table A.3.1 indicates that the maximum type of blood disease reported is Nutritional Anemia. Its stratification by age-group indicates that people in 15-60 years age-group are most affected.

Fig A.3.1 indicates that districts like Samtse, Thimphu, Chukha, Paro, and Sarpang reports most of the Nutritional Anemia Cases. Fig A.3.2 indicates that Nutritional anemia cases have constantly increased over the years; however a decrease is noticed in year 2010.

Table A.3.1: Summary of cases reported in sub-group of Blood diseases by age-group, 2010

Disease	0-29 Days	1-11 months	1-4 years	5-14 years	15-19 years	20-49 years	50-60 years	65+ years	Total no. of cases	Total no. of Death
Neoplasm (benign + CIS)	0	1	4	12	10	162	55	58	302	5
Nutritional Anemia	3	57	285	739	1268	5061	1360	698	9471	2
Blood & Immune Disorders	1	13	69	85	94	570	151	109	1092	29



4. Mental Disorder

Under this sub-group, mental disorders were reported to HMIS by the different health facilities in the year 2010 : Mental & behavioral disorders due to alcohol, Mental & behavioral disorders due to multiple drug use & other use of psychoactive substances, Psychosis, Depression, Anxiety, and other mental disorders.

Table A.4.1 indicates that the highest number of cases in the subgroup was the Other Mental Disorders followed by Depression. It also indicates that the middle aged group people (20-49 years) are the most affected in all types of mental disorders when compared to the other age groups.

Table A.4.1: Summary of cases reported in sub-group of Mental Disorder by age-group, 2010

Disease	1-4 years	5-14 years	15-19 years	20-49 years	50-60 years	65+ years	Total no. of cases
Mental & behavioral disorders due to alcohol	0	1	6	225	32	12	276
Mental & behavioral disorders due to multiple drug use & other use of psychoactive substances	0	0	8	64	2	0	74
Psychosis	1	2	12	84	16	5	120
Depression	7	16	75	502	112	39	751
Anxiety	5	41	126	329	33	19	553
Other Mental Disorders	20	150	168	604	108	50	1104

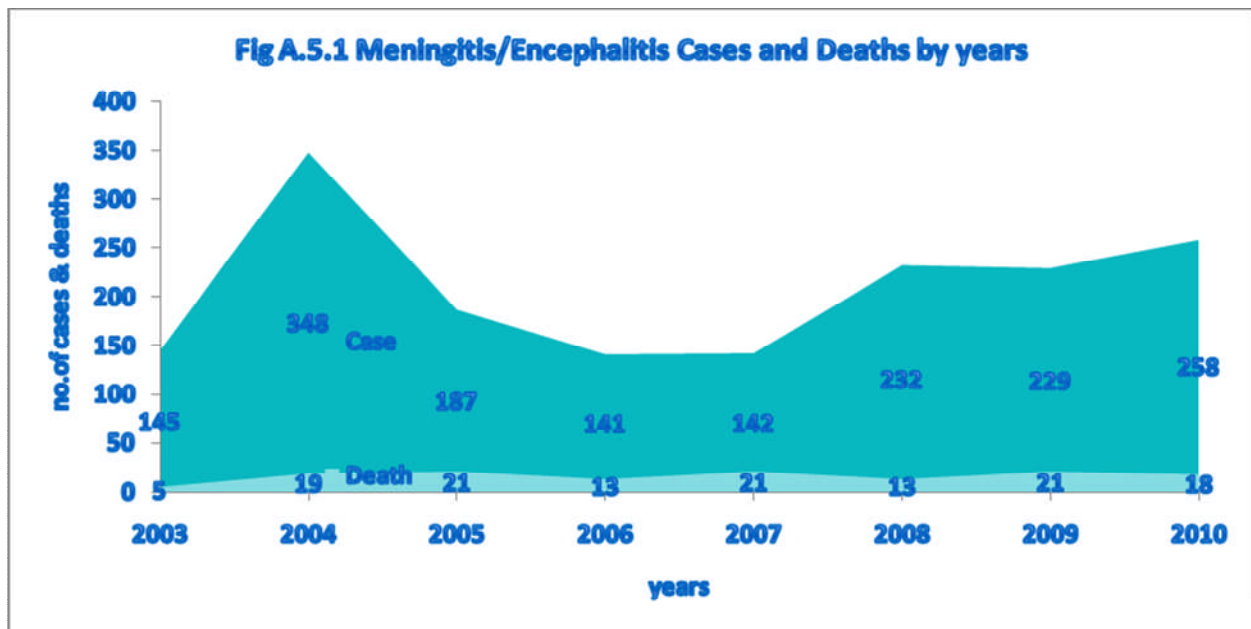
5. Diseases of Nervous System

Under this sub-group, Diseases of Nervous System were reported to HMIS by the different health facilities in the year 2010: Meningitis/Encephalitis, Epilepsy and Other Nervous Including Peripheral Disorders.

Table A.5.1 indicates that the highest number of cases in the subgroup was the Other Nervous Including Peripheral Disorders followed by Epilepsy. It also indicates that the highest deaths in this subgroup were reported due to Meningitis/Encephalitis even though it was the least reported number of cases. Fig A.5.1 indicates that Meningitis/Encephalitis cases have increased over a period of time.

Table A.5.1: Summary of cases reported in diseases of nervous system sub-group by age-group, 2010

Disease	0-29 Days	1-11 months	1-4 years	5-14 years	15-19 years	20-49 years	50-60 years	65+ years	Total no. of cases	Total no. of Death
Meningitis/Encephalitis	9	40	23	57	42	75	12	9	258	18
Epilepsy	1	16	57	190	290	730	91	21	1375	2
Other Nervous including Peripheral Disorders	5	98	431	5914	5805	23140	5263	2312	40656	13



6. Eye & Ear Diseases

Under this sub-group, Diseases of Eye & Ear were reported to HMIS by the different health facilities in the year 2010: Conjunctivitis, Cataract, Other Eye Disorders, Otitis Media, and Other Ear Disorders. Total of five deaths were reported under this subgroups, which were all due to Ear disorders.

Table A.6.1 indicates that the highest number of cases in the subgroup was the Conjunctivitis followed by Other Eye Disorders.

Table A.6.1: Summary of cases reported in diseases of Eye & Ear sub-group by age-group, 2010

Disease	0-29 Days	1-11 months	1-4 years	5-14 years	15-19 years	20-49 years	50-60 years	65+ years	Total no. of cases
Conjunctivitis	234	1641	3860	17496	11202	21828	6251	3462	62512
Cataract	0	3	12	44	30	100	186	295	375
Other Eye Disorders	69	540	1323	4707	5216	12286	4255	3240	28396
Otitis Media	21	1014	2412	4680	2262	3412	709	304	14510
Other Ear Disorders	25	297	964	3166	2187	4637	1147	594	12423

7. Diseases of Circulatory System

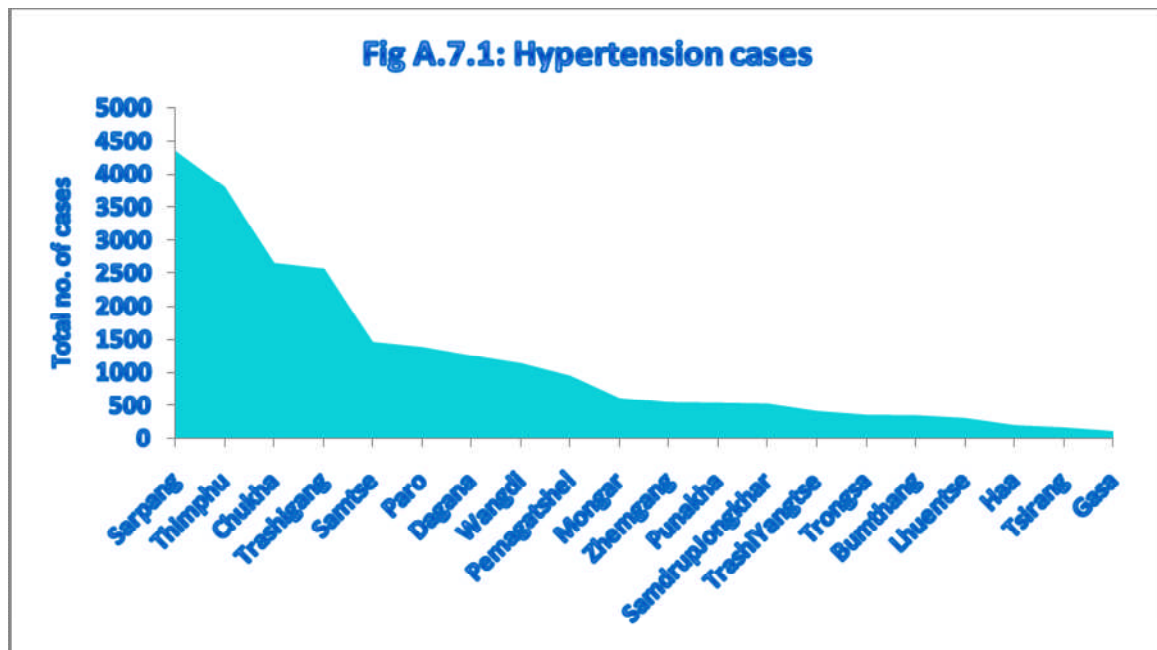
Under this sub-group, Diseases of Circulatory System were reported to HMIS by the different health facilities in the year 2010: Rheumatic Heart Disease, Hypertension, Ischemic Heart Disease, Cerebrovascular Diseases, and Other Circulatory Diseases.

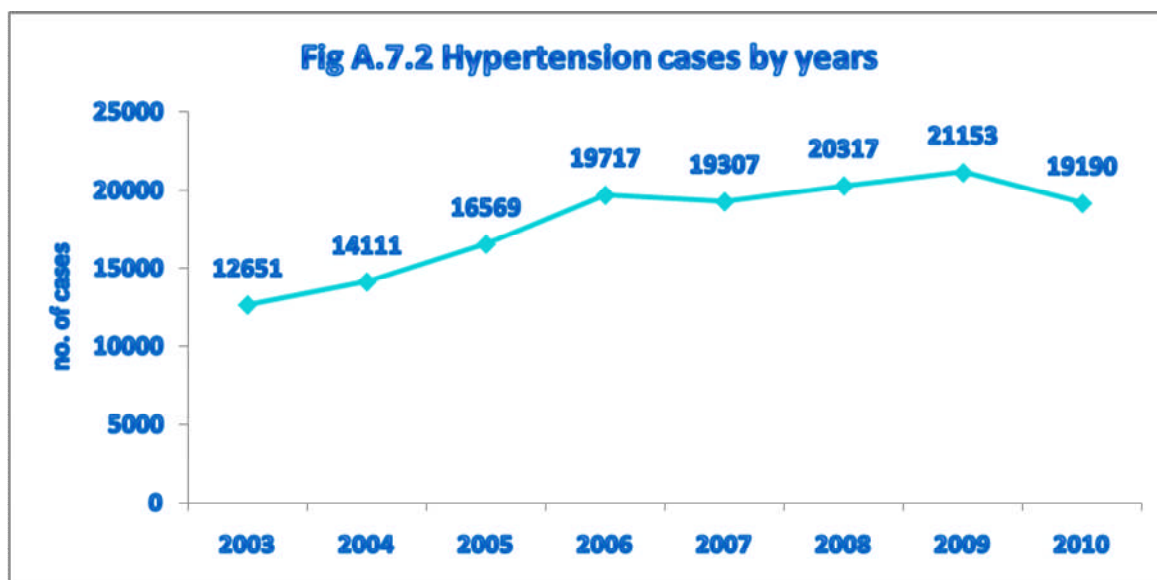
Table A.7.1 indicates that the highest number of cases in the subgroup was due to Hypertension followed by Other Circulatory diseases. Fig A.7.1 indicates that districts like Sarpang, Thimphu,

chukha and Trashigang (in highest to lowest order) reports most hypertension cases and Fig A.7.2 indicates that the hypertension cases have increased over a period of time.

Table A.7.1: Summary of cases reported in diseases of Circulatory System sub-group by age-group

Disease	0-29 Days	1-11 mons	1-4 years	5-14 years	15-19 years	20-49 years	50-60 years	65+ years	Total no. of cases	Total no. of Death
Rheumatic Heart Disease	2	39	37	67	101	347	185	121	778	17
Hypertension	0	0	0	86	562	11564	6978	4663	19190	20
Ischaemic Heart Diseases	0	0	0	8	4	118	68	70	198	9
Cerebro-vascular Diseases	0	3	2	9	11	88	103	138	216	66
Other Circulatory Diseases	15	60	164	674	669	2382	992	847	4956	72





8. Respiratory Diseases

Under this sub-group, Respiratory Diseases were reported to HMIS by the different health facilities in the year 2010: Common Cold, Acute Pharyngitis/Tonsillitis, Pneumonia and Other Respiratory & Nose Diseases.

Table A.8.1 indicates that the highest number of cases in the subgroup was due to Common cold followed by Acute Pharyngitis/Tonsillitis. It also indicates that highest number of deaths were due to Pneumonia.

Table A.8.1: Summary of cases reported in respiratory diseases sub-group by age-group, 2010

Disease	0-29 Days	1-11 months	1-4 years	5-14 years	15-19 years	20-49 years	50-60 years	65+ years	Total no. of cases	Total no. of Death
Common Cold	882	19737	43538	88034	42386	99757	20105	9270	314439	0
Acute Pharyngitis/Tonsillitis	40	1425	4926	19127	13054	29388	4744	1728	72704	2
Pneumonia	168	4019	5017	1383	361	938	335	352	12221	102
Other Respiratory & Nose Diseases	386	2626	5271	9413	6695	18482	5382	3606	48255	81

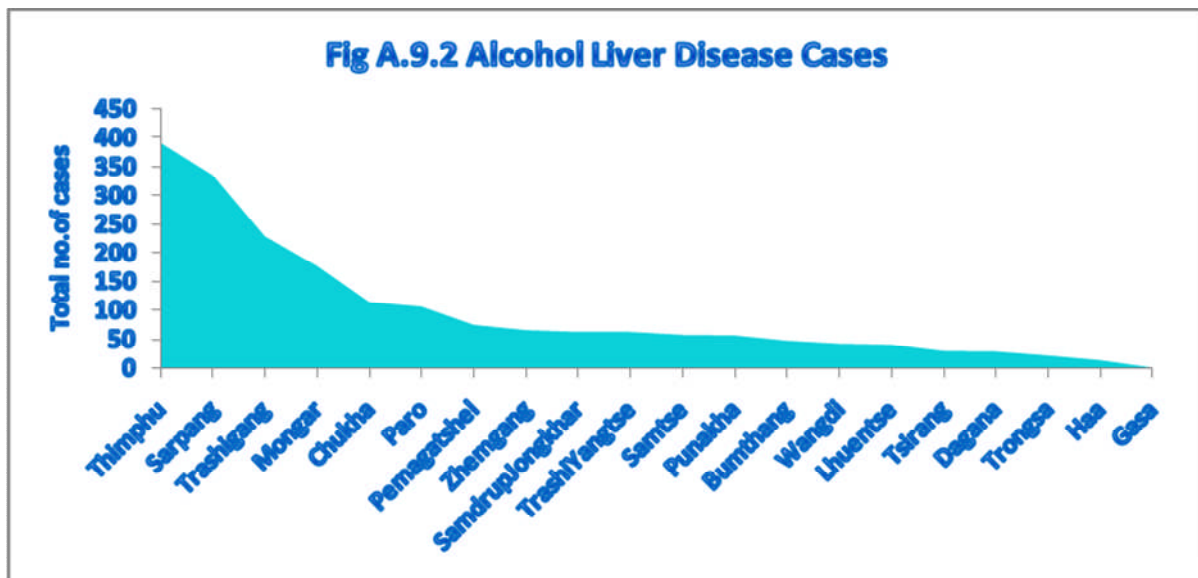
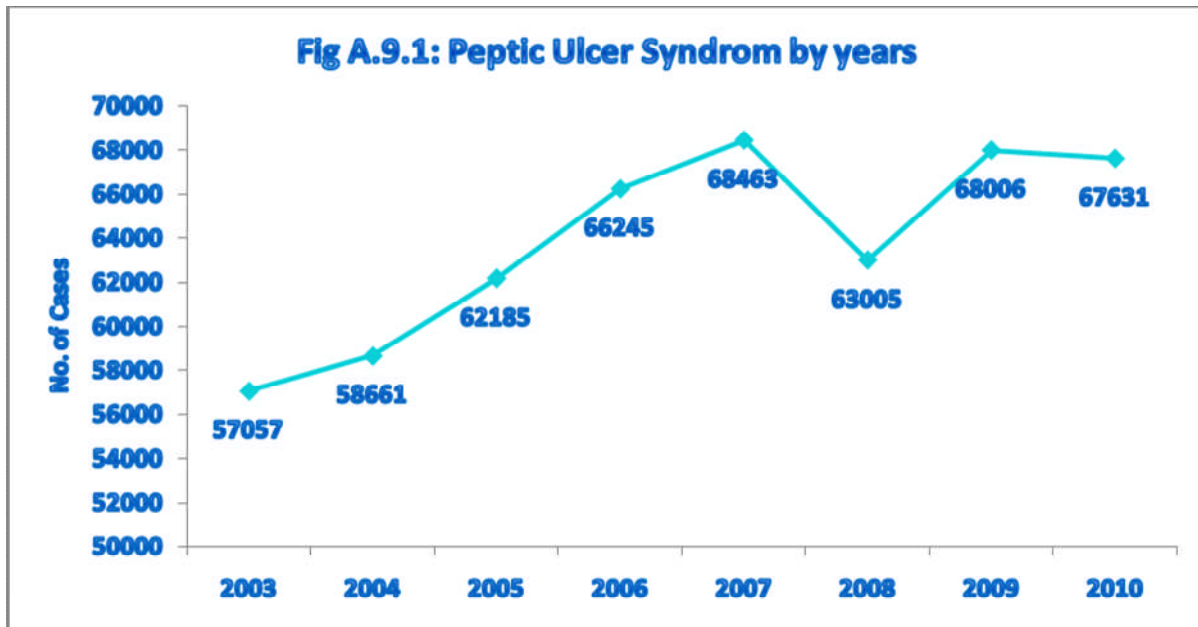
9. Diseases of the Digestive System

Under this sub-group, Diseases of the Digestive System were reported to HMIS by the different health facilities in the year 2010:

Table A.9.1 indicates that the highest number of cases in the subgroup was due to Peptic Ulcer Syndrome followed by Other Diseases of the Digestive System. It also indicates that highest number of deaths were due to Alcohol Liver Diseases. The trend analysis of Peptic Ulcer Syndrome (Fig A.9.1) indicates that the cases are on the rise and Stratification of Alcohol Liver Diseases by district (Fig A.9.2) indicates that Thimphu, Sarpang, Trashigang, and Mongar reported the highest number of cases.

Table A.9.1: Summary of cases reported in diseases of the digestive system sub-group by age-group

Disease	0-29 Days	1-11 months	1-4 years	5-14 years	15-19 years	20-49 years	50-60 years	65+ years	Total no. of cases	Total no. of Death
Diseases of Teeth & Gum	1	50	699	3794	2661	6644	1879	733	15728	1
Dental Caries	0	68	334	8347	6128	4770	4164	1645	34811	5
Peptic Ulcer Syndrome	0	24	371	4835	11486	40768	10147	4702	67631	3
Acute Appendicitis	0	1	7	80	80	392	73	52	633	4
Alcohol Liver Diseases	0	0	0	0	30	1087	581	245	1698	138
Gall Bladder Diseases	0	1	7	7	31	551	197	85	794	8
Other Diseases of the Digestive System	99	1352	4933	12943	10249	28429	6762	3449	64767	58



10. Genito-Urinary Diseases

Under this sub-group, Genito-Urinary Diseases were reported to HMIS by the different health facilities in the year 2010: Cystitis, Infections of the Breast, Inclg Puerperium, Other disease of the Breast, Pelvic Inflammatory Disease, Menstrual Disturbances and Other Kidney, and UT/Genital Disorders.

Table A.10.1 indicates that the highest number of cases in the subgroup was due to Other Kidney, UT/Genital Disorders followed by Acute Menstrual Disturbances. It also indicates that highest number of deaths were due to Other Kidney, UT/Genital Disorders.

Table A.10.1: Summary of cases reported in Genito-Urinary Diseases sub-group by age-group, 2010

Disease	0-29 Days	1-11 months	1-4 years	5-14 years	15-19 years	20-49 years	50-60 years	65+ years	Total Cases	Death
Cystitis	3	14	68	157	224	1374	207	92	2047	0
Infection of Breasts, including Puerperium	0	0	0	8	96	594	27	8	725	0
Other Disease of the Breast	1	1	1	19	185	1259	40	11	1506	1
Pelvic Inflammatory Disease	0	0	0	17	97	891	69	21	1074	1
Menstrual Disturbances	0	0	0	107	814	3795	212	22	4928	1
Other Kidney, UT/ Genital	21	166	869	2153	3006	20621	3044	1290	29880	39

11. Injuries & Trauma

Under this sub-group, Injuries and Trauma were reported to HMIS by the different health facilities in the year 2010: Mushroom poisoning, Transport accidents, Accidental falls, Other bites and sting, Dog bites, Drowning & submersion, Exposure to electric current, Contact with heat & hot substances and exposure to smoke, fire, flames, Snake bite, Contact with venomous animals, Intentional self arm, Work Related injuries and Others.

Table A.11.1 indicates that the highest number of cases in the subgroup was due to Work Related Injuries. It also indicates that highest number of deaths were due to Accidental falls.

Table A.11.1: Summary of cases reported in Injuries & Trauma sub-group by age-group, 2010

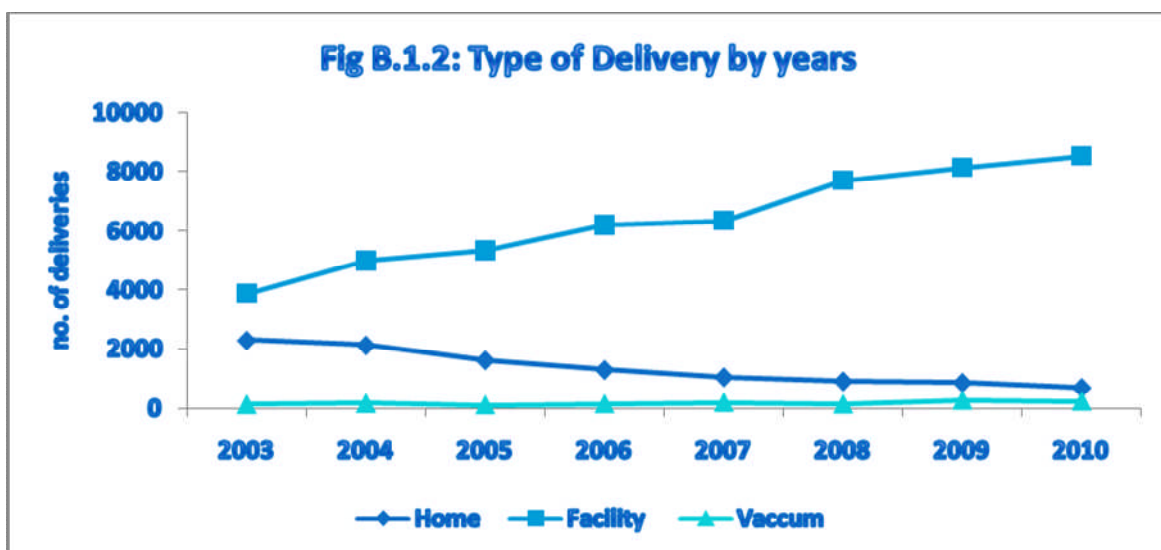
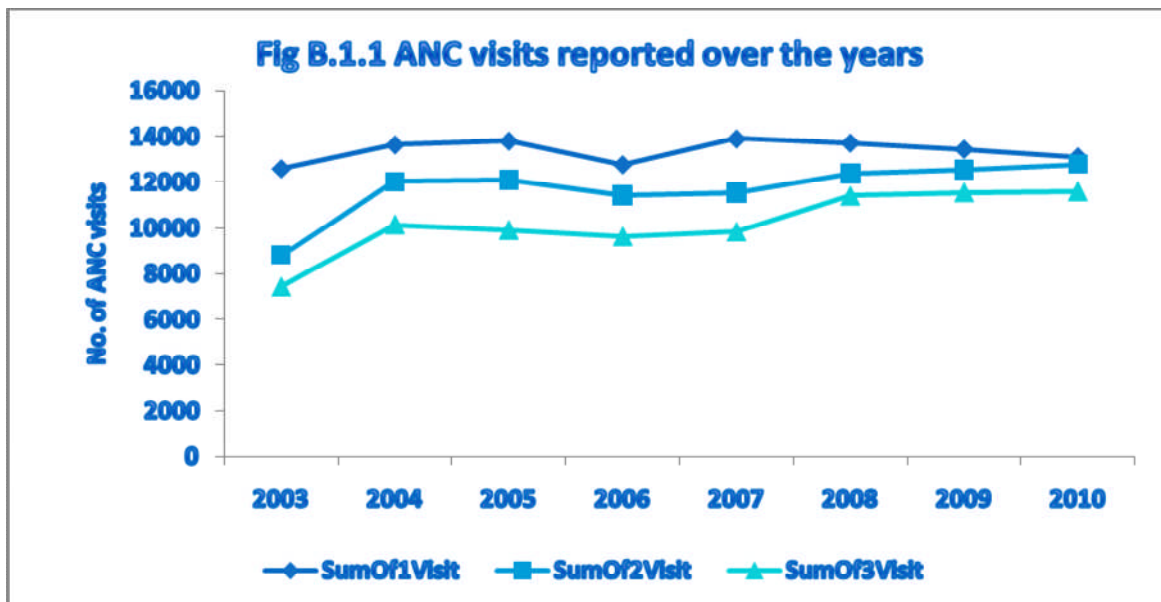
Disease	0-29 Days	1-11 months	1-4 years	5-14 years	15-19 years	20-49 years	50-60 years	65+ years	Total Cases	Deaths
Mushroom Poisoning (Toxic effect of other unspecified substances)	0	2	24	26	28	147	15	9	242	3
Transport Accidents	0	5	71	227	229	1126	186	44	1844	15
Accidental Falls	2	66	699	2258	1126	3090	902	405	8143	24
Other Bites & Stings	0	38	359	835	406	1218	287	102	3143	0
Dog Bite	0	14	355	1393	430	1602	477	237	4271	1
Drowning & Submersion	0	0	1	11	6	17	6	4	41	0
Exposure to Electric Current	1	1	13	19	2	45	3	1	84	0
Contact with Heat & Hot substances & exposure to smoke, fire, flames	1	105	626	594	243	731	154	74	2454	0
Snake Bite	0	2	3	22	17	107	31	9	182	0
Contact with Venomous animals (excluding Snake bite)	0	1	18	44	18	72	20	5	173	1
Intentional Self Harm	0	0	16	73	114	307	52	18	562	3
Work Related Injuries	0	35	559	4246	3659	12635	2756	855	23890	5
Others (injuries other than above & unknown cause of injury)	5	115	1293	4941	2843	8610	1726	686	19533	20

B. Activity Report

The Activity Report is divided into eleven different sections namely. ANC & Delivery, Child Clinical Attendance, Immunization, Family Planning, Stock-out of Essential Drugs, laboratory Examinations, Patient Days, Non-Bhutanese Seeking Medical Services, Surgical Procedures, Diagnostic Procedures, and Dental Services. Since Stock-out of Essential Drugs, laboratory Examinations, Surgical Procedures, Diagnostic Procedures, and Dental Services' data will be available from Annual health bulletin, therefore in this report ANC & Delivery, Child Clinical Attendance, Immunization, Family Planning, Patient Days, and Non-Bhutanese Seeking Medical Services will be discussed. **This Activity Report includes only the total no. of cases reported at the different health facilities of Bhutan in the year 2010.**

1. Ante Natal Care, and Delivery

Fig B.1.1 indicates that ANC visits (any visit) has remained constant over the period of years, and Fig B.1.2 indicates that the deliveries at facility is increasing while home deliveries are decreasing.



2. Child Clinical Attendance

a. Attendances

Table B.2.1: summary of New and Old cases of Children under 5 by District

District	<1 (New)	<1 (Old)	1-5 (New)	1-5 (Old)
Bumthang	283	3058	23	3330
Chukha	1329	10564	7	8687
Dagana	299	3498	43	4387
Gasa	27	453	4	368
Haa	136	1508	1	1832
Lhuentse	226	2326	5	2849
Mongar	1030	7406	94	9992
Paro	741	6918	0	5462
Pemagatshel	436	3724	134	5280
Punakha	391	3336	25	2491
SamdrupJongkhar	732	4710	73	5521
Samtse	901	7804	1	7792
Sarpang	845	6339	15	5548
Thimphu	3691	22113	240	12085
Trashigang	950	7306	85	7238
Trashiyangtse	375	3227	0	3157
Trongsa	238	2149	64	2090
Tsirang	296	3464	169	3303
Wangdi	583	5736	48	4602
Zhemgang	299	3232	27	3373
Total	13808	108871	1058	99387

b. Nutritional Status

Fig B.2.1 indicates that numbers of children with normal weight are increasing while children with overweight and Malnourished are decreasing.

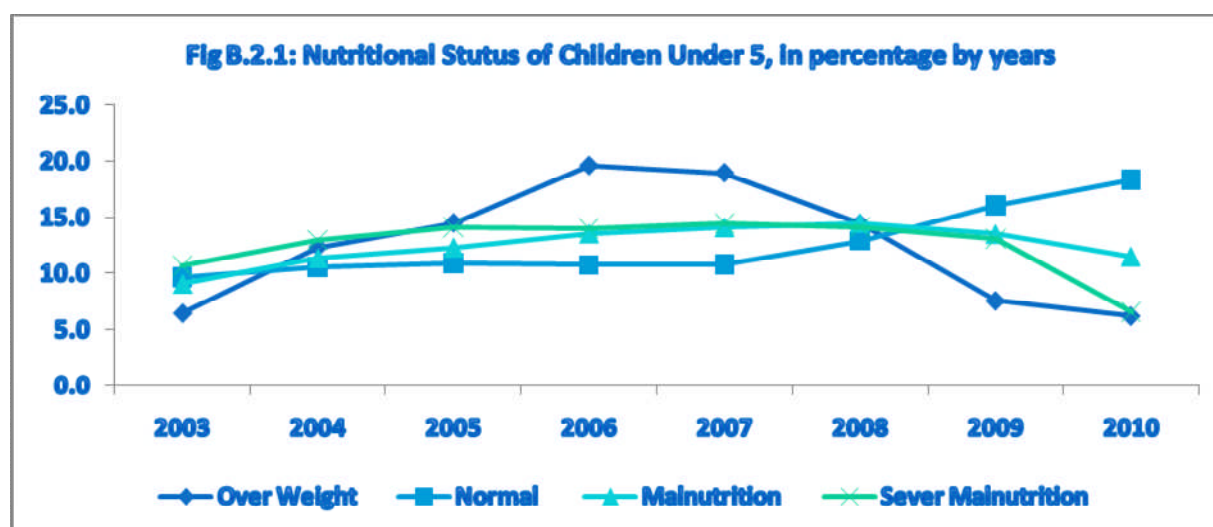


Table B.2.2: summary of nutritional status of children under five by district

District	Over weight	Normal	Malnourished	Sever Malnourished
Bumthang	5520	127180	2660	280
Chukha	14660	372040	14760	1840
Dagana	6380	145680	13340	900
Gasa	1060	13040	1100	140
Haa	1340	61440	2980	140
Lhuentse	4220	96540	7640	920
Mongar	15400	329680	21260	2340
Paro	9620	241120	10520	960
Pemagatshel	10740	154160	19240	1060
Punakha	3640	115680	3420	460
SamdrupJongkhar	7600	184820	14500	2120
Samtse	4460	302980	20000	2520
Sarpang	20200	226200	12400	1640
Thimphu	94120	640540	25440	3000
Trashigang	11160	279340	19340	1740
TrashiYangtse	8040	113420	12980	920
Trongsa	3860	82440	3960	500
Tsirang	9180	128080	9800	580
Wangdi	9440	198400	8280	680
Zhemgang	8220	116320	12000	660

3. Immunization Coverage

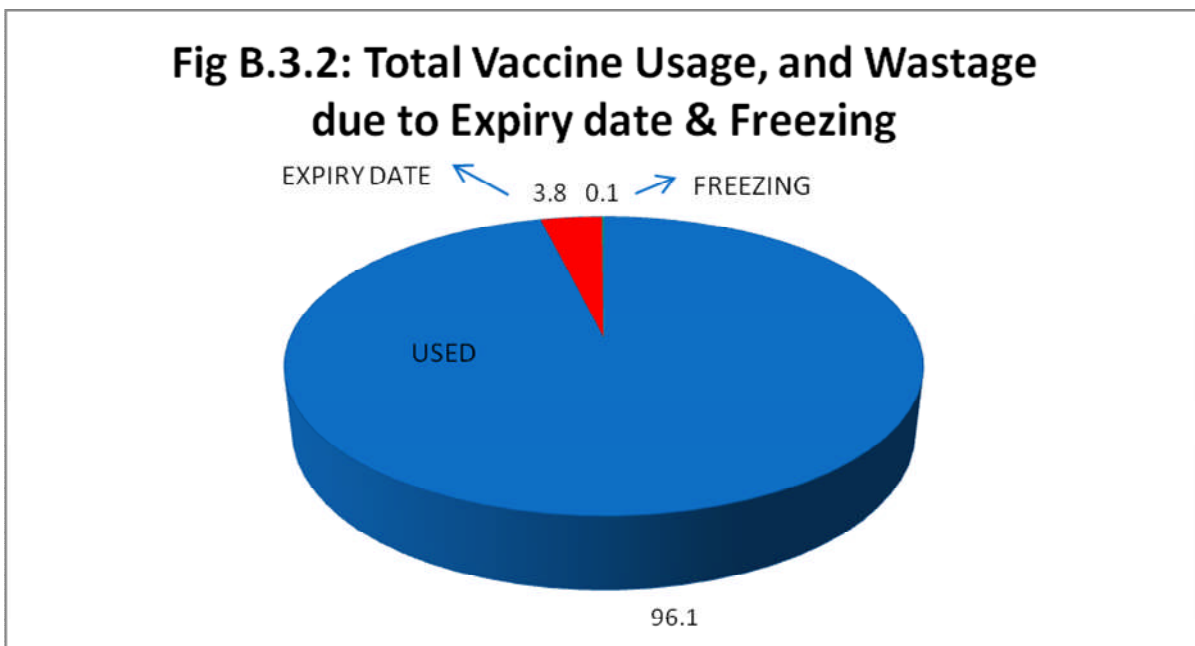
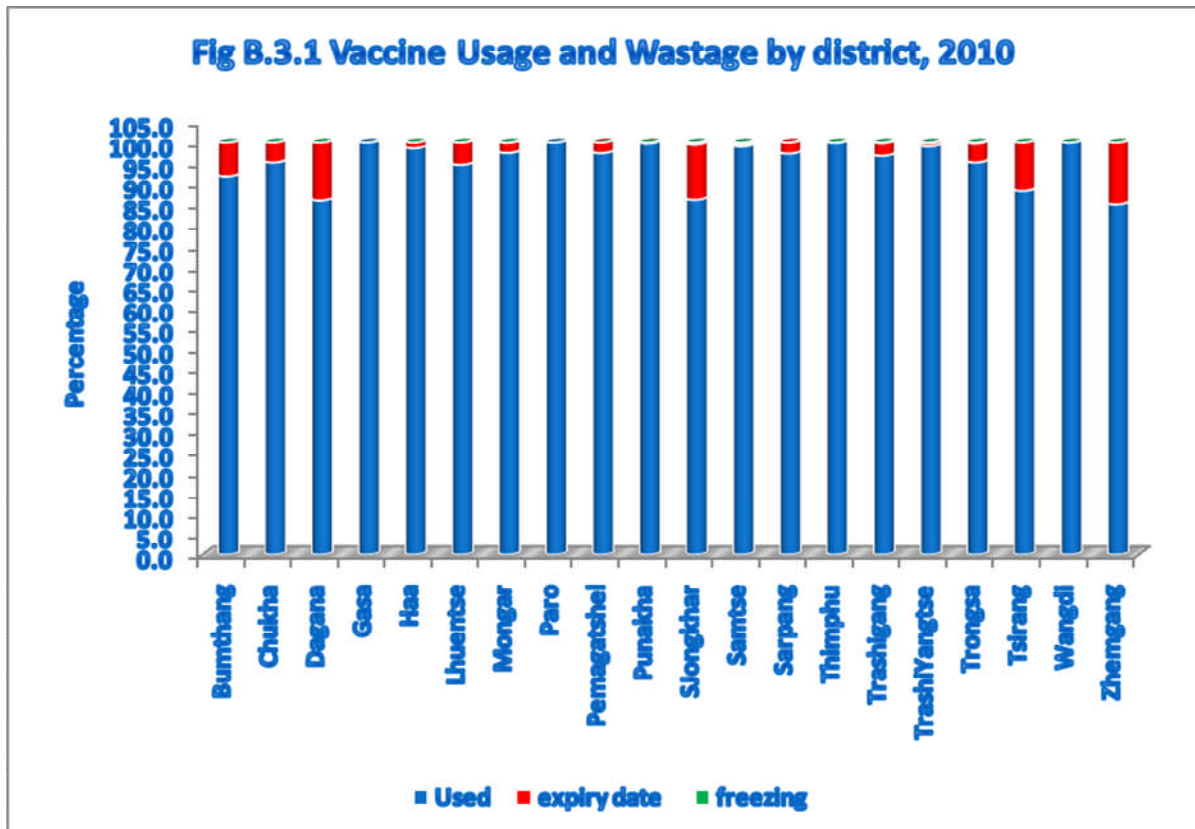
a. Infant Immunization (0-11 months)

Table B.3.1: Infant Immunization Coverage by Districts, 2010

District	OPV1	OPV2	OPV3	DPTHep 1	DPTHep2	DPTHep3	BCG	Polio0	MnR1	Fully Immunized
Bumthang	325	335	331	325	335	331	264	201	356	345
Chukha	1253	1280	1309	1252	1279	1319	1310	1164	1281	1262
Dagana	422	432	414	413	424	411	284	247	443	505
Gasa	49	54	48	49	56	48	25	22	54	50
Haa	170	184	167	245	184	167	125	115	187	187
Lhuentse	263	268	286	260	265	280	194	174	322	301
Mongar	828	823	796	821	810	781	977	898	806	805
Paro	749	738	731	735	718	703	737	709	736	718
Pemagatshel	411	441	421	411	443	417	389	318	438	432
Punakha	470	470	449	471	466	471	373	343	469	463
SJongkhar	715	670	668	700	659	663	729	565	653	755
Samtse	1116	1141	1110	1100	1114	1087	889	732	1158	1157
Sarpang	749	708	704	746	708	704	811	771	707	707
Thimphu	2435	2440	2422	2433	2431	2410	3569	3535	2592	2190
Trashigang	931	892	863	931	892	863	924	733	847	847
Trashiyangtse	393	398	398	367	362	368	367	328	374	386
Trongsa	308	258	266	281	258	266	213	173	251	244
Tsirang	351	358	333	349	354	329	291	280	330	328
Wangdi	722	730	669	685	683	623	527	441	689	671
Zhemgang	359	391	381	361	386	384	260	209	397	386
Total	13019	13011	12766	12935	12827	12625	13258	11958	13090	12739

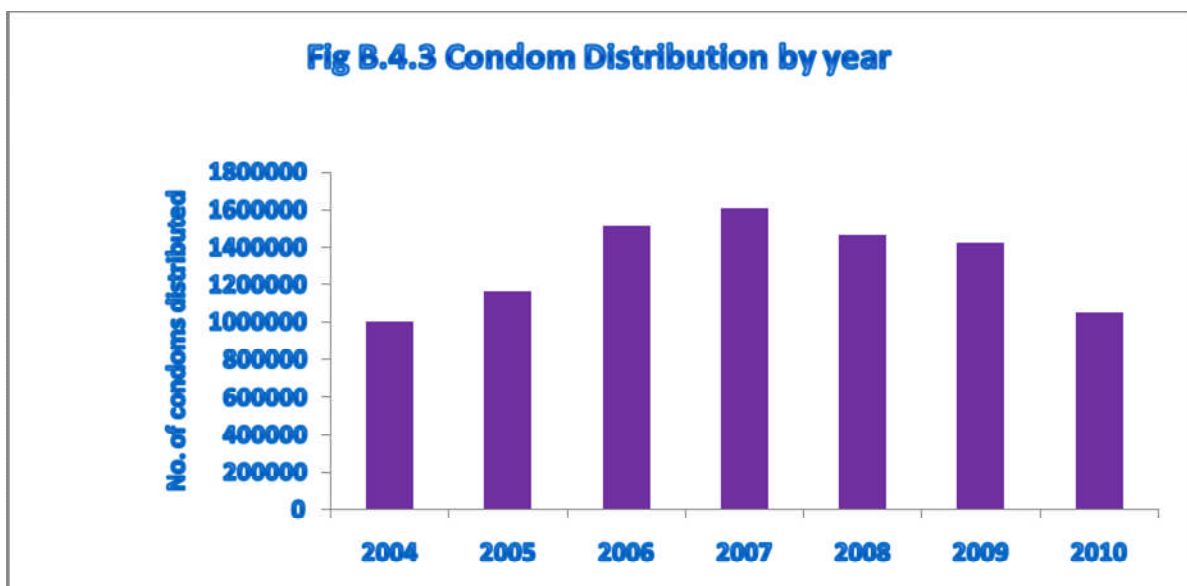
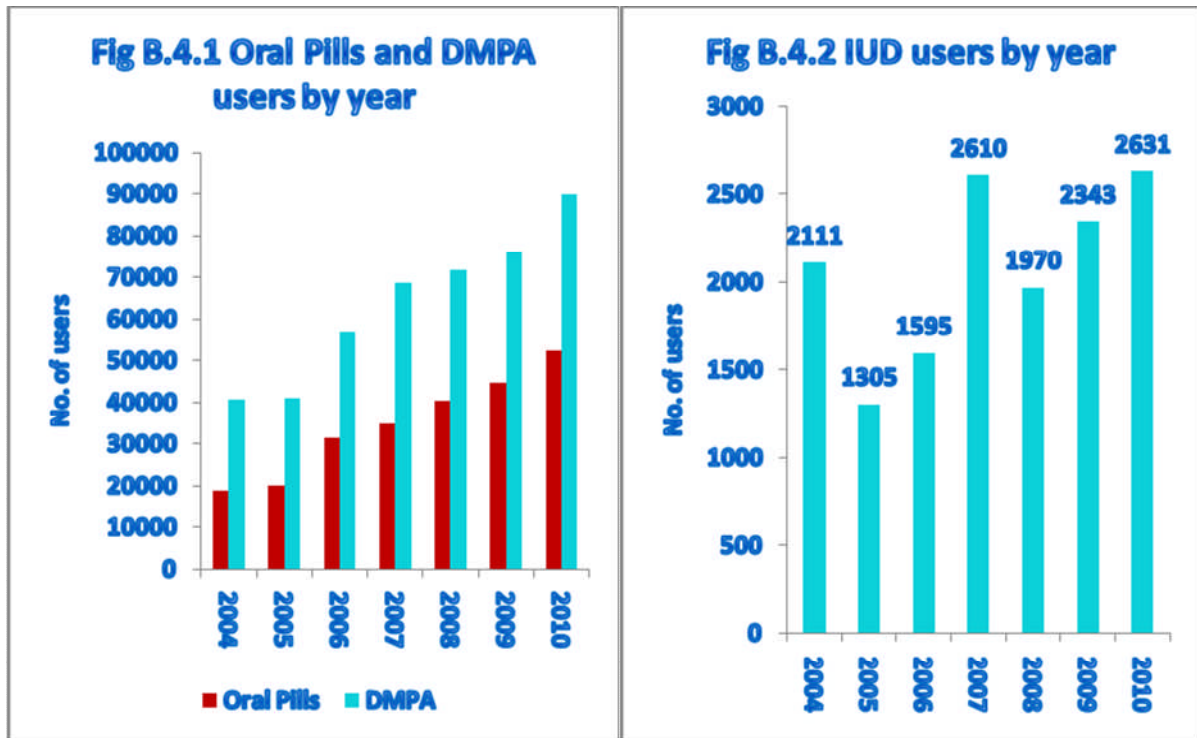
b. Vaccine Usage and Wastage

Fig B.3.1 indicates vaccine usage and wastage of the districts in the year 2010; it indicates that districts, Wangdi, Paro and Gasa reported 100% vaccine usage, while districts, Dagana, Sjongkhar, Tsirang, and Zhemgang reported 12-15% vaccine wastage due to expiry dates. The vaccine wastage due to freezing was very minimal (0.1-0.5%). Fig B.3.2 indicates that overall 96% of the vaccines were used while 3.8% were wasted due expiry dates and 0.1% due to freezing.



4. Family Planning

Fig B.4.1 & Fig B.4.2; Indicates that Oral Pills and DMPA users have increased over the years, while IUD users have remained fairly constant. Fig B.4.3 indicates that the condom distribution have started to decrease by year 2008.



5. Patient days

A separate trend analysis of average patient days indicated that it have remained constant over the years: 2003-2010 (4.2-5.4 days).

Table B.5.1: Summary of Total no. of patients, patient days and Average Patient days by district.

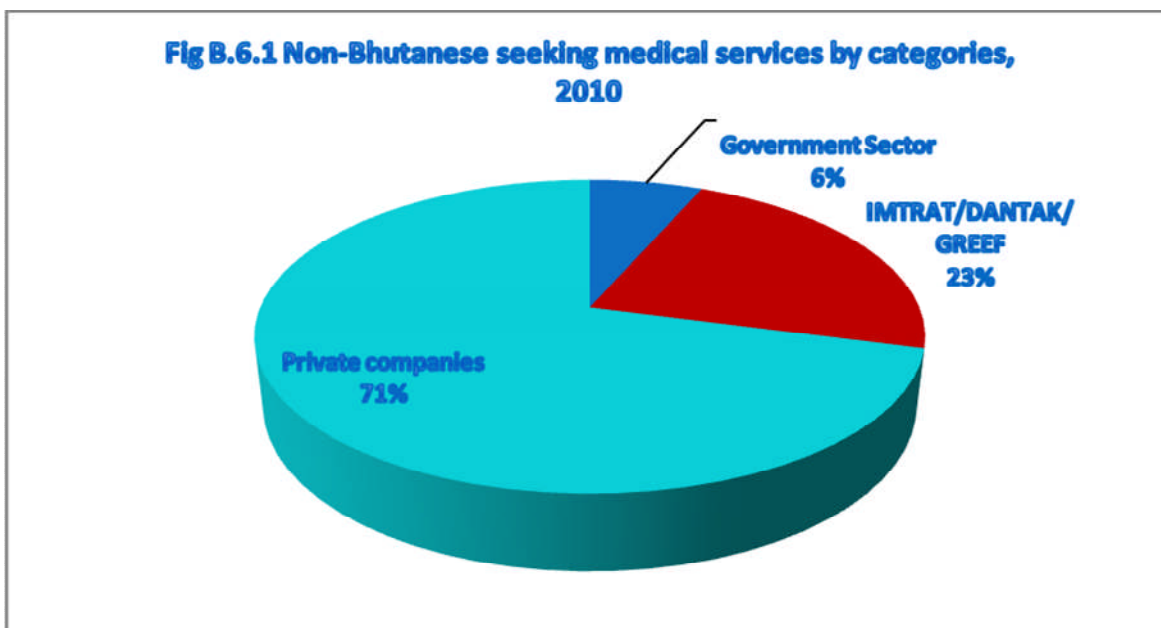
District	Total Patients	Absconded	Patient Days	Average Patient days
Bumthang	697	12	2789	4.0
Chukha	5223	25	9266	1.8
Dagana	593	1	982	1.7
Haa	407	2	1337	3.3
Lhuentse	1137	7	4423	3.9
Mongar	3758	7	23518	6.3
Paro	3195	15	8144	2.5
Pemagatshel	970	0	3186	3.3
Punakha	1878	22	8670	4.6
SamdrupJongkhar	1479	6	9081	6.1
Samtse	3304	8	13434	4.1
Sarpang	4135	12	18165	4.4
Thimphu	14532	19	113358	7.8
Trashigang	3508	14	15257	4.3
Trashiyangtse	699	1	3319	4.7
Trongsa	541	2	1768	3.3
Tsirang	1021	0	2016	2.0
Wangdi	1485	6	4258	2.9
Zhemgang	1269	7	4443	3.5
Total	49831	166	247414	5.0

6. Non-Bhutanese seeking Medical Services

Fig B.6.1 indicates that 70% of the non-Bhutanese seeking medical services belong to the private sectors group; 23% belongs to the IMTRAT/DANTAK/GREEF; and 6% belongs to the government sector. This information was collected from the year 2009.

Table B.6.1: Summary of Non-Bhutanese seeking medical Services by District

District_Name	Government Sector	IMTRAT/DANTAK/GREEF	Private companies
Bumthang	142	5	488
Chukha	356	2931	1021
Dagana	19	8	991
Gasa	0	0	0
Haa	0	145	0
Lhuentse	11	12	520
Mongar	115	0	1258
Paro	65	1042	1583
Pemagatshel	28	0	292
Punakha	93	1	590
Sjongkhar	48	750	729
Samtse	226	26	3271
Sarpang	183	694	2560
Thimphu	166	195	1166
Trashigang	66	1073	622
Trashiyangtse	29	1	168
Trongsa	158	1	793
Tsirang	200	0	52
Wangdi	13	9	4313
Zhemgang	69	0	1165
Total	1987	6893	21582



The Policy and Planning Division would like to solicit reviews and feedbacks for the betterment of the publication. Suggestions, views and constructive criticism are always welcome.

Any queries may be forwarded to address given below.

Health Research & Epidemiology Unit

Or

Health Management & Information System

Policy and Planning Division

Ministry of Health

PO Box no. 726

www.health.gov.bt/qmar.php

Phone: + 975 2 322602/328091/328092

Fax: + 975 2 322941

E-mail: hiru@health.gov.bt