



Health Information System (HIS) Data Report 2012



Department of Health
Central Tibetan Administration
Dharamsala, India

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A. Introduction:

One of the most important aspects of measuring health status of a population or community is the efficient collection of health data. The surveillance systems are the foundations of monitoring health status, identifying health gaps, developing interventions and formulating informed health policies. Thus, the importance of a strong and reliable health data system becomes imperative to maintain data of such crucial importance.

The Office of the United Nations High Commissioner for Refugees (UNHCR) and its partners have developed and implemented a standardized Health Information System (HIS) in many countries to monitor camp-based refugee health programs with the aim to improve the health status of refugees and other displaced persons through evidence-based policy formulation. There have always been complex challenges in providing effective public health interventions in refugee and displaced population settings due to various reasons.

The Tibetan community in India and Nepal, by the virtue of being refugees and displaced population, become especially vulnerable to a lot of health problems apart from obvious political hardships. With the influx of thousands of Tibetan refugees in India and Nepal in 1959 and thereafter, there existed overwhelming situations of dire health emergencies. However, over time, with resettlement and adaptation to life in the new host country and with immense humanitarian support of sympathizing governments and organizations, the situation improved. The Department of Health (DOH) of the Central Tibetan Administration (CTA) continues to look after the health of Tibetans in various refugee settlements across India and Nepal. However, the gap in understanding the overall health status of the Tibetan communities continues to exist. Beginning from the year 1990, efforts have been made in developing a health information system for all the Tibetan refugees in India and Nepal, but we have not been able to sustain the developments made.

The existence of an efficient and reliable health information system is of crucial importance in the Tibetan refugee community in India and Nepal so as to understand the distribution and burden of diseases, disease determinants, and to develop informed and evidence-based health interventions and policies to improve health. The department can also tackle any urgent health issues that may arise and work on their timely control and prevention. Such health information system can also be very informative in describing health conditions and problems specifically pertaining to the Tibetan community by the virtue of it being composed of refugees, stateless, displaced and a highly mobile population.

B. Background/ History:

A community-based data recording and analysis program was first launched in 1990 in an introductory phase. Further staff training and broader data collection was subsequently implemented in 1994 and the first analyzed report of the community-based health information system was released in the form of a book titled *"The Demographic and Health Surveillance of the Tibetan Refugee Population in India"* in 1998.

In 2005, the department of health collaborated with the Centers for Disease Control (CDC), Atlanta to enhance the existing data collection system and a new data collection format was implemented in 2008. However, since the data collection system was manually operated, the need for a more efficient electronic data collection system was imperative. Thus, as a component of the US Humanitarian Assistance grant in the FY 2009, the development of a new electronic Health Information System (HIS) was proposed to the Tibet Fund.

The electronic HIS was then started in 2009 and launched at two places in Bir and Dekyiling Tibetan refugee settlements on trial version at first. With voluntary initiatives by Mr. Nigel Griffith and Mr. Tenzin Lhadar, software experts from Australia, selective departmental staffs were trained in working with the system. Dr. Lobsang Tsering and senior-level epidemiologists from Johns Hopkins, Dr. Bill Weiss, Dr. Alex Wu, Dr. Tia Ling and Dr. Kiemanh Pham reviewed and provided technical assistance in strengthening and modifying the system in terms of creating new standard disease classifications, indicators for monitoring and reporting mechanisms within the CTA health system and providing epidemiological study of selective diseases. Thus, after the successful operation of this trial phase, HIS-2 was introduced in 16 health care centers across India, and in 9 health care centers in Nepal. In October, 2013, HIS-2 was upgraded to HIS-3, a new improved software version, after the need was felt for a more comprehensive health data collection.

The installation of the electronic HIS was a major milestone in understanding and in-depth analysis of the health status of Tibetan refugee community in India and Nepal, which will steer the department towards achieving the World Health Organization's goal of "Health for all" and UNHCR's mission to safeguard the rights and well-being of refugees.

The health data of HIS 2013 has been compiled by Tenzin Tseyang, Health Information System Coordinator and Data Analyst and Tenzin Sonam, HIS Dealing staff of the DOH, CTA. The data so compiled has been analyzed and report prepared for publication and dissemination of information to all stakeholders by Tenzin Tseyang, HIS Coordinator and Data Analyst and Dr. Lobsang Tsering.

C. Project Goal:

To develop a robust and sustainable health surveillance system for the Tibetan refugee community in India and Nepal so as to understand the overall health status, identify areas in health affecting the community and to develop strategies and interventions to improve and address specific needs and health issues pertaining to the Tibetan refugee community.

D. Target Population:

Tibetan refugees living in settlements administered by the Central Tibetan Administration (CTA) in India and Nepal covered by 54 health care centers; 7 hospitals, 5 primary health centers and 42 health clinics. A Tibetan Demographic Survey (TDS) conducted by the Planning Commission of CTA in 2009 released the total population count in India, Nepal and Bhutan to be 1,09,015 with Bhutan contributing 1,298 (or 1%) population count. Therefore, the Tibetan population in India and Nepal was released to be 1,07,717. (*Table 1*)

Table.A. Breakdown Total Tibetan Population in India, Nepal and Bhutan as per the TDS*,09

1	India		94,203
		Female	40,789
		Male	53,414
2	Nepal		13,514
		Female	6,971
		Male	6,543
3	Bhutan		1,298
		Female	656
		Male	642
Total			109,015

TDS: Tibetan Demographic Survey

Table B. Breakdown of the total Tibetan population (n=1,09,015) in India, Nepal and Bhutan under the Central Tibetan Administration according to age group and gender as per TDS*, 2009

Age group	Male Population	Female Population	Total population
0 to 4	2246	2238	4484
Total population Under 5	2246	2238	4484
5 to 9	3391	3241	6632
10 to 14	4743	4443	9186
15 to 19	6106	5267	11373
20 to 24	7533	5441	12974
25 to 29	8246	5103	13349
30 to 34	6407	4101	10508
35 to 39	4651	3317	7968
Total population under age group 5 to 40	41077	30913	71990
40 to 44	3150	2481	5631
45 to 49	2204	1955	4159
50 to 54	1664	1776	3440
55 to 59	1393	1634	3027
60 to 64	1279	1323	2602
Total population under age group 41 to 65	9690	9169	18859
65 to 69	1541	1359	2900
70 to 74	1805	1276	3081
75 to 79	1384	1014	2398
80 to 84	724	642	1366
85 to 89	348	362	710
90 to 94	79	87	166
95 to 99	37	42	79
Total population under age group 66-99	5918	4782	10700
Age not specified/not clear	1668	1314	2982
Total Population	60599	48416	109015

TDS: Tibetan Demographic Survey

E. Program Description:

Out of 54 health care centers administered by DOH currently, computerized HIS is functional only in 27 of these; 18 in India and 9 in Nepal (*Refer table*). At places where computerized HIS was not seen to be feasible due to lack of personnel, power or infrastructure, the department has listed 24 health care centers in India for the paper based HIS. The paper based HIS has been carefully designed to match with the computerized HIS. However, currently the paper based HIS is functional only in 17 health care centers (*Refer table*).

The HIS collects information about various disease classifications including infectious, non-infectious and chronic illnesses. It covers information about measurement of indicators like mortality and morbidity, basic vital statistics like birth and death reports and hospital data. Information on reproductive health and immunization coverage is also collected. The patient provider at the health centers can either be doctor, nurse, community health worker or nurse midwife. The nurses and the community health workers can make basic diagnosis based on symptoms of the medical condition whereas doctors make the advanced diagnosis of diseases. Trained dealing staff (nurses or community health workers) of each health care center has the responsibility of daily entering data into the HIS, and the report of information collected is sent to the DOH on a monthly basis. At the DOH, monthly reports received from various health care centers are gathered, compiled and updated in the central HIS computer.

The information collected from the paper based HIS forms from the health care centers are also sent to the DOH monthly by post from where the data is input manually by a trained dealing staff in the central HIS computer. Information collected by paper HIS is thus integrated into the system.

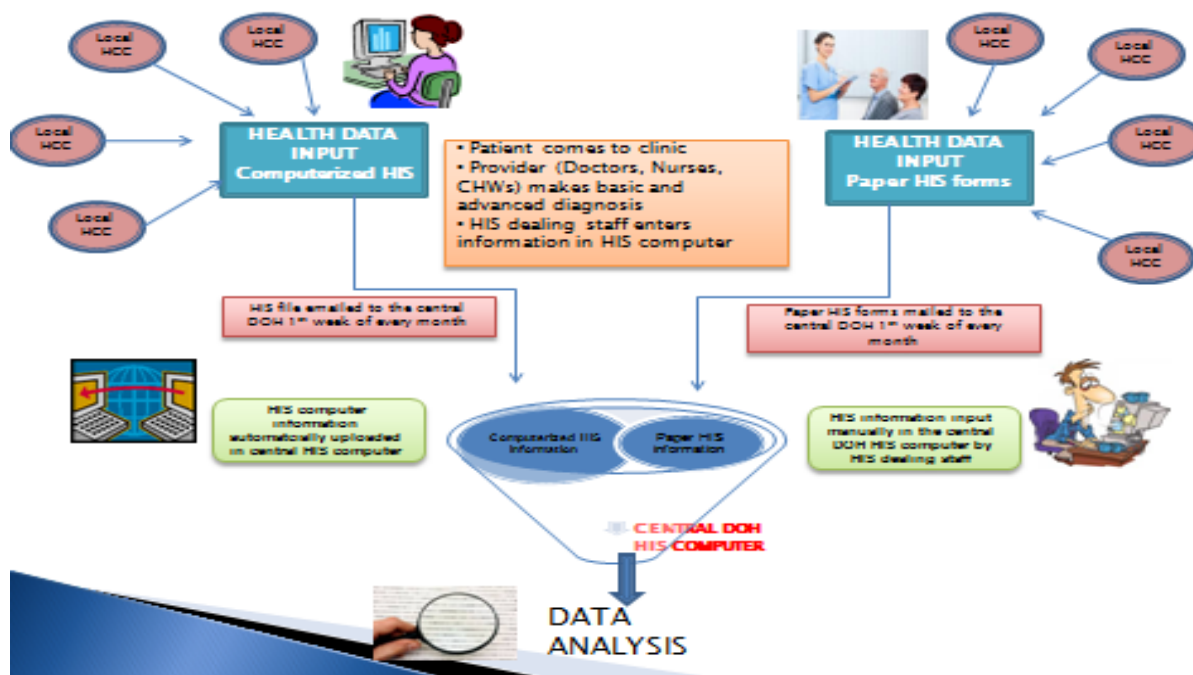


Table 3: Computer based Vs. Paper based HIS

Computer based HIS (Total=27)		Paper based HIS (Total=16)	
INDIA		INDIA	
A. North	1. Dekyiling ⁺ 2. Delek ⁺ 3. Bir ^p 4. Delhi ^p 5. Ladakh ^p 6. Poanta Sahib	A. North	1. Clement Town 2. Khera 3. Rajpur 4. Sataun 5. Chauntra 6. Dalhousie 7. Kamrao 8. Kullu 9. Manali 10. Puruwala 11. Herbertpur 12. Lingsang 13. Dolanji (no data) 14. Tashijong (no data) 15. Rewalsar (no data) 16. Varanasi (no data) 17. 15 mile (no data)
B. Central	7. Bhandara ^p 8. Mainpat ⁺ 9. Orissa ⁺		
C. South	10. Bylakupee ⁺ 11. Hunsur ⁺ 12. Kollegal ⁺ 13. Mundgod ⁺		
D. North-east	14. Miao ^p 15. Ravangla 16. Sonada 17. Tezu (No data) 18. Tenzingang (No data)		
NEPAL		Listed for paper based HIS	
	1. Bhoudha 2. Jampaling 3. Jawalakhel 4. Jorpati 5. Lo-Tserok 6. Paljorling 7. TashiPalkheil 8. Tashiling 9. Shyabru (No data)	B. North-east	18. Pondoh 19. Srinagar 20. Shimla 21. Tuting 22. Darjeeling 23. Kalimpong 24. Gangtok

+ (Hospital)

p(Primary Health Center)

F. Ideal Program Population Coverage:

This section talks about the ideal population coverage of HIS if we assume HIS to be 100% functional and effective in the settlement hospitals and clinics with optimum popularity and usage of health facilities by the people of the settlements. Of course, not every person living in a particular Tibetan settlement use the health facilities of the health clinics and hospitals under the department of health of the Central Tibetan Administration. Many choose to consult private Indian hospitals nearby either because of their popularity or because of lack of trust in the comparative smaller department of health clinics. Furthermore, not every Tibetan person belonging to a particular Tibetan settlement live in that particular settlement the entire year.

In India, HIS (computerized software as well as paper based HIS forms) is functional in 8 hospitals (including Delek Hospital in Dharamsala), 5 primary health centers and 22 health clinics. In Nepal, HIS is functional in 9 health clinics.

We refer to the Tibetan Demographic Survey (TDS), 2009 conducted by the Planning Commission of the Central Tibetan Administration for population count of the settlements covered by our health care centers.

<p>Table.3. Total population in India and Nepal= 107,717</p>
<p>Total population in Nepal= 13,514 Ideal population covered by computerized HIS= 9,265 (68.5%)</p> <p style="text-align: center;">Therefore, total ideal population covered by HIS in Nepal= 9,265 (68.5%)</p>
<p>Total population in India= 94,203 Ideal population covered by computerized HIS= 68,168 (72.4%) Ideal population covered by paper based HIS= 9,767 (10.4%)</p> <p style="text-align: center;">Therefore, total ideal population covered by HIS in India= 77,935 (82.7%)</p>
<p>Total population in India and Nepal= 107,717</p> <p>Therefore, total ideal population covered by HIS in India and Nepal= 87,200 (80.9%)</p>

NEPAL (Total 9 health care centers)		
Computer based HIS		
Settlement	DOH Health Care Center	Population Count of settlement
1. Bhoudha	Health Clinic	4846
2. Jampaling	Health Clinic	588
3. Jawalakhel	Health Clinic	984
4. Jorpati	Health Clinic	605
5. Lo-Tserok	Health Clinic	250
6. Paljorling	Health Clinic	329
7. TashiPalkheil	Health Clinic	794
8. Tashiling	Health Clinic	668
9. Shyabru	Health Clinic	201
Total		9265
Total Ideal Population Coverage by HIS in Nepal		9265

INDIA (Total 35 health care centers)			
Computer based HIS			
	Settlement	DOH Health Care Center	Population Count of settlement (TDS,09)
A. North	1. Dekyiling	Hospital	5686
	2. Delek(Dharamsala)	Hospital	13701
	3. Bir	Primary Health Center	3847 (BirDege+BirTib Society)
	4. Delhi	Primary Health Center	2568
	5. Ladakh	Primary Health Center	6769
	6. Poanta Sahib	Health Clinic	790
B. Central	7. Bhandara	Primary Health Center	876
	8. Mainpat	Hospital	938
	9. Orissa	Hospital	1885
C. South	10. Bylakupee	Hospital	9229
	11. Hunsur	Hospital	2413
	12. Kollegal	Hospital	3479
	13. Mundgod	Hospital	9847
D. North East	14. Miao	Primary Health Center	2091
	15. Ravangla	Health Clinic	1180
	16. Sonada	Health Clinic	546
	17. Tezu	Health Clinic	1602
	18. Tenzingang	Health Clinic	721
Total			68,168
Paper-based HIS			
	Settlement	DOH Health Care Center	Population Count of settlement (TDS,09)
A. North	1. Clement Town	Health Clinic	1357
	2. Khera	Health Clinic	(included in Herbertpur)
	3. Rajpur	Health Clinic	1415
	4. Sataun	Health Clinic	142
	5. Chauntra	Health Clinic	932
	6. Dalhousie	Health Clinic	660
	7. Kamrao	Health Clinic	129
	8. Kullu	Health Clinic	1616
	9. Manali	Health Clinic	(included in Kullu)
	10. Puruwala	Health Clinic	740
	11. Herbertpur	Health Clinic	1249
	12. Lingtsang	Health Clinic	276
	13. Dholanji	Health Clinic	378
	14. Tashijong	Health Clinic	333
	15. Rewalsar	Health Clinic	540 (Mandi area)
	16. Varanasi	Health Clinic	(included in Dekyiling)
	17. 15 Mile	Health Clinic	(included in Kullu)
Total			9,767
Total Ideal Population Coverage by HIS in India			77,935

G. Contents of Health Information System:

The health information system software (HIS-2) contain four main windows for collection of health data. These are:

- a) Patient Details
- b) Diagnoses/Events
- c) Immunization
- d) Reproductive Health

a) Patient Details:

Individual patient information and identifiers are collected. These include:

1. Patient name
2. Patient unique ID number
3. Date of birth
4. Date of death
5. Sex
6. Nationality

(Drop down menu choices include Tibetan, Indian and Others)

7. Blood type
8. Green book number
9. Address
10. Occupation

(Drop down menu choices include Animal husbandry, beautician/hairdresser, carpet industry, childcare, community health worker, doctor-Tibetan medicine, doctor-western medicine, driver, electrician, farming, government staff-Tibetan), government staff-other, handicraft, health worker, home maker, information technology, military, monk, nun, office staff, petty business, plumber, police/security guard, restaurant owner, restaurant/hotel worker, retired, shop owner, student, sweater seller helper, sweater seller, teacher, travel agent, guide, unemployed, others, not applicable)

11. Whether lived in area (as newborn)
12. Moved to area (with date)
13. Phone number
14. Medical history
15. General patient notes
16. Family information
(Names of spouse, father, mother and children)

b) Diagnoses/Events:

Disease classification has been made as simple as possible, especially for providers with limited health training,. Diseases are generally classified into:

- General
- Cardiovascular
- Dermatology
- Ear, nose and throat
- Endocrinology
- Digestive system
- Genitourinary system
- Diseases of the blood
- Neoplasms
- Respiratory system
- Infectious diseases
- Musculoskeletal
- Nervous system
- Obstetrics
- Ophthalmology
- Pediatrics
- Mental and behavioral disorders
- Injury
- Accidents
- Intentional harm

Disease diagnosis can be made either by community health workers, nurses and doctors. There are two types of disease diagnosis- basic diagnosis and advanced diagnosis.

Basic diagnosis is made by community health workers and nurses where doctors are unavailable. They are mostly symptom-based.

Advanced diagnosis is made by the doctors, and require specific knowledge to diagnose specific conditions.

Every patient encounter in a clinic or hospital would be recorded in the database. A single visit can have multiple diagnoses and events recorded. Therefore, the analysis of the data represent the total number of hospital visits and total number of events rather than the total number of patients itself. Therefore, it would be difficult from the data to determine actual disease incidence and prevalence, rather it reflects more on resource utilization. For example, multiple visits by the same patient for treatment of hypertension can be recorded in the database.

For the purpose of data analysis, we have included what is called the Watchlist Diagnosis.

Watchlist diagnosis is the disease classification of United Nations High Commissioner for Refugees (UNHCR) designed specifically for refugee health surveillance worldwide. While inputting disease diagnosis, health care workers either enter basic or advanced diagnosis in the database software. However, while analyzing the data, these basic and advanced diagnoses get converted correspondingly to the Watchlist diagnosis of UNHCR. This is done so that we can achieve uniformity in data analysis as per UNHCR standards. It must be noted here there are many basic and advanced disease diagnoses and conditions that are not listed in the Watchlist diagnosis. For example, services like wound injury dressing and injection are included in basic or advanced diagnosis but these are not listed in Watchlist diagnosis. Therefore, while converting basic and advanced diagnoses to Watchlist diseases, the total frequency count of clinic visits/encounters for data analysis purpose gets reduced.

c) Immunization:

The health information system also collects data on immunization of children under 5 years of age. The Indian government immunization schedule is followed for this purpose. There is a reminder system, which reminds the health care workers about all the immunization vaccinations that are due to be given soon.

d) Reproductive Health:

Reproductive information on prenatal services, delivery, post natal services and reproductive health complications are entered in this field.

The health information system software is equipped to generate summary reports of data for a given interval of time as well as generate immunization reminders for up to 30 days in advance for more efficient collection of health data.

Following are the detailed HIS report of individual settlements for the year 2012:

COMPUTER BASED HIS: INDIA

A. North

1. DEKYILING SETTLEMENT

Dekyiling settlement is located in Uttarakhand state in Northern India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the population of Dekyiling Tibetan settlement is 5,686. Of this, there are 2,937 (51.6%) males and 2,749 females (48.4%).

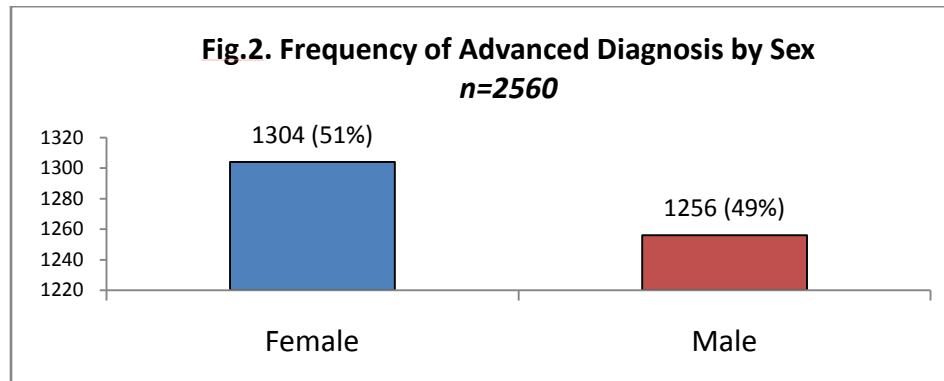
In the Health Information System (HIS), the total number of hospital visits recorded in the year 2012 is 2560. There were total 124 advanced diagnoses recorded. Since the health care center of Dekyiling settlement is a hospital, the advanced diagnosis was considered for data analysis. Figure 1 shows the top ten advanced diagnosis list of Dekyiling hospital. The diagnosis of Upper respiratory tract infection (12.97%) is the most common followed by Hypertension (9.06%) and Medical check/fitness evaluation (6.95%). Tuberculosis, confirmed constitutes 3.55% of total diagnosis whereas tuberculosis, suspected constitutes 3.24% of total diagnosis.

51% (count=1304) of total diagnoses are that of female patients whereas 49% (count=1256) are that of male patients (Fig.2). Amongst the diagnoses of female patients, the most common are upper respiratory tract infection (13.1%), hypertension (10.1%), medical check-up/fitness evaluation (6.7%), skin infection (5.7%), antenatal visit (3.6%) and lower respiratory infection (3.4%). Amongst the diagnoses of male patients, the most common are upper respiratory tract infection (12.8%), hypertension (7.9%), skin infection (7.2%), medical check-up/fitness evaluation (7.1%), tuberculosis, confirmed (5.1%) and tuberculosis, suspected (5%).

The month with most number of hospital visits is December (17.8%) followed by September (10.7%) and October (9.9%) (Fig.3). The months in the latter period of the year recorded more number of hospital visits than the previous months of the year. Subsequently, the advanced diagnoses of patients aged above 60 constitute the highest frequency with 29.4% followed by 24.4% in those aged 21-35 years (Fig.4). 11.3% of advanced diagnoses were that of children less than 5 years of age. In children less than 5 years of age, the most number of advanced diagnosis is that of the immunization vaccinations namely DPT vaccination (16.9%), Hib vaccination (13.4%), HBV vaccination (12.8%) followed by upper respiratory tract infection (10.3%). Diarrhoea constitute 2% of total advanced diagnosis. For agegroup above 60 years, the most number of advanced diagnosis is hypertension (26.6%) followed by upper respiratory infection (9.1%) and skin infections (5.5%). Diabetes mellitus type 2 constitute 4.5% of total advanced diagnosis in this agegroup.

Fig.1. Top Ten Advanced Diagnosis 2012 (Dekyiling)

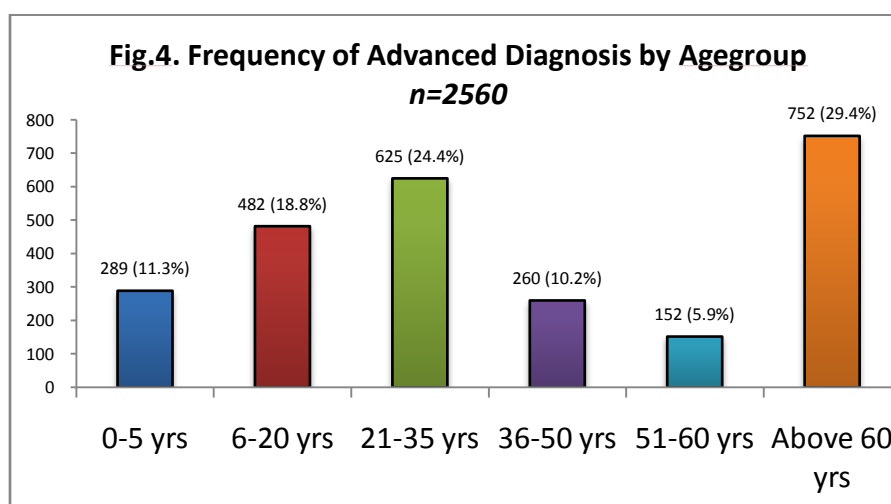
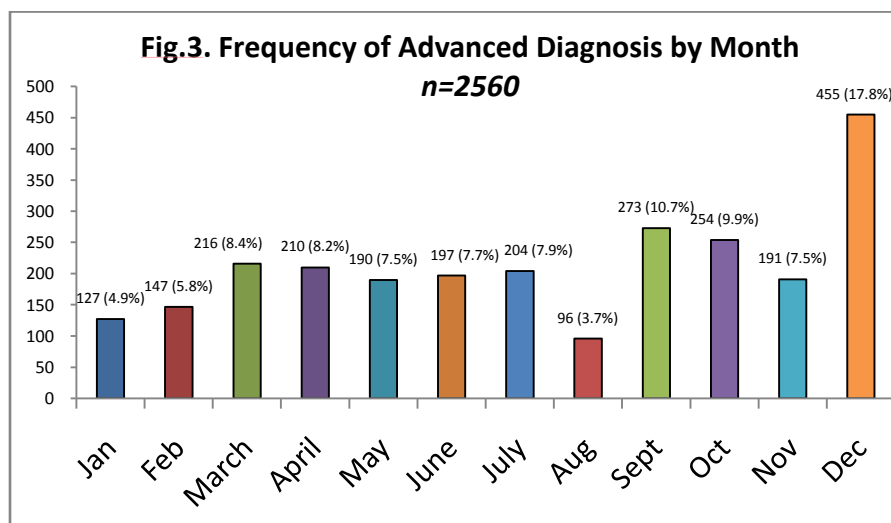
Advanced Diagnosis	Frequency	Percent	95% CI Lower	95% CI Upper
1 Upper respiratory tract infection	332	12.97%	11.70%	14.35%
2 Hypertension	232	9.06%	7.99%	10.26%
3 Medical check-up / Fitness evaluation	178	6.95%	6.01%	8.03%
4 Skin infection, not otherwise specified	165	6.45%	5.54%	7.48%
5 Lower respiratory tract infection	101	3.95%	3.24%	4.79%
6 Tuberculosis (confirmed smear negative)	91	3.55%	2.89%	4.37%
7 Tuberculosis (suspected)	83	3.24%	2.61%	4.02%
8 Other Services	77	3.01%	2.40%	3.76%
9 Skin disease, not otherwise specified	67	2.62%	2.05%	3.33%
10 DPT Vaccination	63	2.46%	1.91%	3.16%

**Fig.2. Frequency of Advanced Diagnosis by Sex
n=2560****Top Ten Advanced Advanced Diagnosis in Females**

Advanced Diagnosis	Frequency (%)
Upper respiratory tract infection	171 (13.1%)
Hypertension	132 (10.1%)
Medical check-up / Fitness evaluation	88 (6.7%)
Skin infection, not otherwise specified	74 (7.2%)
Antenatal visit	47 (3.6%)
Lower respiratory tract infection	45 (3.4%)
Skin disease, not otherwise specified	45 (3.4%)
Other Services	41 (3.1%)
Musculoskeletal and connective tissue disorders, not otherwise specified	38 (2.9%)
Diarrhoea, not otherwise specified	29 (2.2%)

Top Ten Advanced Diagnosis in Males

Advanced Diagnosis	Frequency (%)
Upper respiratory tract infection	161 (12.8%)
Hypertension	100 (7.9%)
Skin infection, not otherwise specified	91 (7.2%)
Medical check-up / Fitness evaluation	90 (7.1%)
Tuberculosis (confirmed smear negative)	65 (5.1%)
Tuberculosis (suspected)	64 (5%)
Lower respiratory tract infection	56 (4.4%)
DPT Vaccination	36 (2.8%)
Other Services	36 (2.8%)
Diarrhoea, not otherwise specified	33 (2.6%)



Advanced Diagnosis	0-5 yrs
DPT Vaccination	49
Hib Vaccination	39
HBV Vaccination	37
Upper respiratory tract infection	30
OPV Vaccination	24
MMR Vaccination	21
Skin infection, not otherwise specified	17
BCG Vaccination	11
Measles Vaccination	11
Diarrhoea, not otherwise specified	6

Advanced Diagnosis	Above 60 yrs
Hypertension	200
Upper respiratory tract infection	68
Skin infection, not otherwise specified	41
Lower respiratory tract infection	40
Diabetes mellitus type 2	34
Random glucose check	34
Musculoskeletal and connective tissue disorders, not otherwise specified	31
Skin disease, not otherwise specified	28
Other Services	20
Back conditions, not otherwise specified	19

2. Delek (Dharamsala)

Delek hospital is located in Dharamsala in Himachal Pradesh. Delek hospital looks after the health needs of the Tibetan population in and around Dharamsala area. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Dharamsala is 13,701. Of this, there are 7,616 (55.5%) males and 6,085 (44.5%) females.

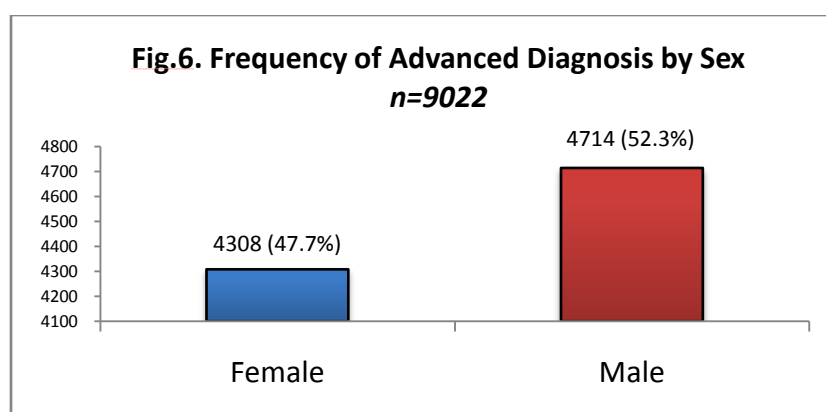
In the Health Information System (HIS), the total number of hospital visits recorded in the year 2012 is 9022. There were total 109 advanced diagnoses recorded. Since Delek Hospital is a hospital, the advanced diagnosis was considered for data analysis. Figure 5 shows the top ten advanced diagnosis list of Delek hospital.

47.7% (count=4308) of total diagnoses are that of female patients whereas 52.3% (count=4714) are that of male patients (Fig.6). Amongst the diagnoses of female patients, the most common are other services (20.9%), medical checkup/fitness evaluation (11.6%), diarrhoea (5.6%) and upper respiratory infections (4.3%). Tuberculosis confirmed and suspected combined constitute 8.4% of total advanced diagnosis recorded. Amongst the diagnoses of male patients, the most common are other services (21.2%), medical checkup/fitness evaluation (14.2%), tuberculosis confirmed (5.3%) and lower respiratory infections (4.5%). Tuberculosis confirmed and suspected combined constitute 8.7% of total advanced diagnosis recorded. Delek hospital being a bigger Tibetan hospital, numerous services other than disease diagnosis and consultation are provided due to which the HIS data has recorded high number of 'other services' in the advanced diagnosis choices.

The month with most number of hospital visits is March (12.9%) followed by May (12.2%), April (12.1%) and June (11.2%) (Fig.7). The advanced diagnoses of patients aged 21-35 years old constitute the highest frequency with 44.9% followed by 19.4% in those aged 36-50 years old (Fig.8). Most middle-aged people visited the hospital compared to children and old people. 1.9% of advanced diagnoses were that of children less than 5 years of age. In the agegroup 21-35 years old, the most common diagnoses are other services (20.5%), Medical checkup/fitness evaluation (14.6%), diarrhoea (5.7%) and tuberculosis suspected and confirmed constitute 9% of total advanced diagnosis recorded in the agegroup 21-35 years old. In the agegroup 36-50 years old, the most common diagnoses are other services (22.5%), medical checkup/fitness evaluation (7.8%), diarrhoea (4.3%) and tuberculosis confirmed constitute 4.2% of total advanced diagnoses recorded.

Fig.5. Top Ten Advanced Diagnosis 2012 (Delek)

Advanced Diagnosis	Frequency	Percent	95% CI Lower	95% CI Upper
1 Other Services	1903	21.09%	20.26%	21.95%
2 Medical check-up / Fitness evaluation	1172	12.99%	12.31%	13.71%
3 Diarrhoea, not otherwise specified	446	4.94%	4.51%	5.42%
4 Tuberculosis (confirmed), not otherwise specified	434	4.81%	4.38%	5.28%
5 Upper respiratory tract infection	386	4.28%	3.87%	4.72%
6 Lower respiratory tract infection	363	4.02%	3.63%	4.45%
7 Tuberculosis (suspected)	345	3.82%	3.44%	4.25%
8 Gastritis or duodenitis	303	3.36%	3.00%	3.76%
9 Hospital Admission	282	3.13%	2.78%	3.51%
10 Injuries to other body regions, not otherwise specified	279	3.09%	2.75%	3.48%

**Top Ten Advanced Diagnosis (Female)**

Advanced Diagnosis	Frequency (%)
Other Services	902 (20.9%)
Medical check-up / Fitness evaluation	500 (11.6%)
Diarrhoea, not otherwise specified	241 (5.6%)
Upper respiratory tract infection	185 (4.3%)
Tuberculosis (confirmed), not otherwise specified	184 (4.2%)
Tuberculosis (suspected)	184 (4.2%)
Lower respiratory tract infection	153 (3.5%)
Gastritis or duodenitis	150 (3.4%)
Abdominal pain, not otherwise specified	148 (3.4%)
Hospital Admission	127 (2.9%)

Top Ten Advanced Diagnosis (Male)

Advanced Diagnosis	Frequency (%)
Other Services	1001 (21.2%)
Medical check-up / Fitness evaluation	672 (14.2%)
Tuberculosis (confirmed), not otherwise specified	250 (5.3%)
Lower respiratory tract infection	210 (4.5%)
Diarrhoea, not otherwise specified	205 (4.3%)
Upper respiratory tract infection	201 (4.2%)
Injuries to other body regions, not otherwise specified	186 (3.9%)
Hypertension	163 (3.5%)
Tuberculosis (suspected)	161 (3.4%)
Hospital Admission	155 (3.2%)

Fig.7. Frequency of Advanced Diagnosis by Month

n=9022

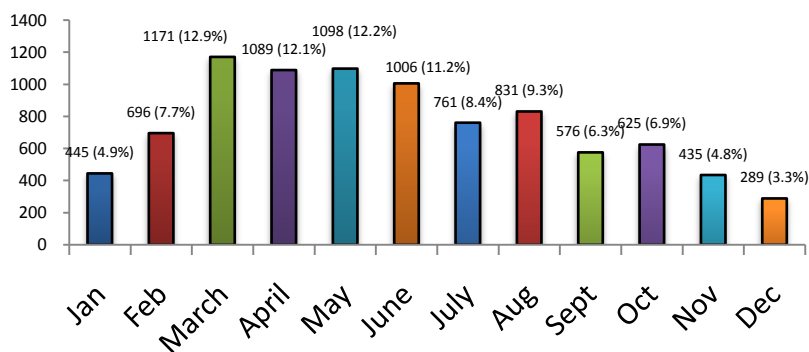
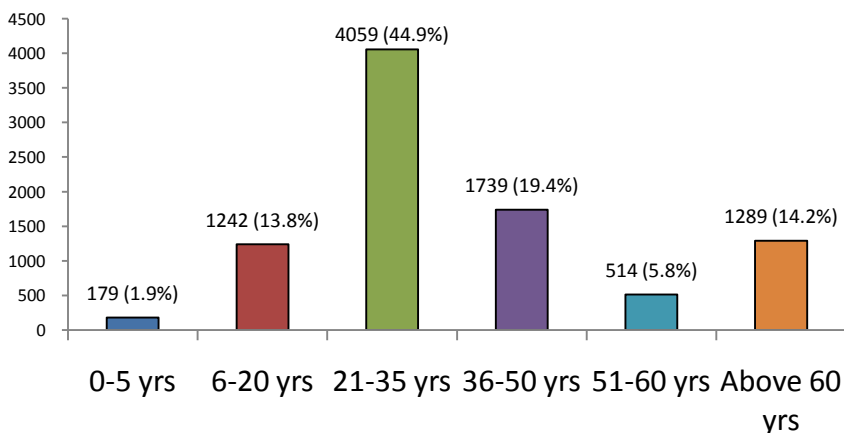


Fig.8. Frequency of Advanced Diagnosis by Agegroup

n=9022



Advanced Diagnosis	21-35 yrs
Other Services	833 (20.5%)
Medical check-up / Fitness evaluation	595 (14.6%)
Diarrhoea, not otherwise specified	233 (5.7%)
Tuberculosis (confirmed), not otherwise specified	201 (4.9%)
Upper respiratory tract infection	172 (4.3%)
Tuberculosis (suspected)	168 (4.1%)
Lower respiratory tract infection	156 (3.8%)
Gastritis or duodenitis	154 (3.7%)
Injuries to other body regions, not otherwise specified	129 (3.1%)
Abdominal pain, not otherwise specified	123 (3.0%)

Advanced Diagnosis	36-50 yrs
Other Services	392 (22.5%)
Medical check-up / Fitness evaluation	137 (7.8%)
Diarrhoea, not otherwise specified	75 (4.3%)
Tuberculosis (confirmed), not otherwise specified	74 (4.2%)
Viral hepatitis B (confirmed)	70 (4.0%)
Gastritis or duodenitis	68 (3.9%)
Upper respiratory tract infection	62 (3.5%)
Lower respiratory tract infection	61 (3.4%)
Hospital Admission	59 (3.3%)
Injuries to other body regions, not otherwise specified	57 (3.2%)

3. Bir

Bir settlement is located in Himachal Pradesh in Northern India. There are three subdivisions in Bir settlement namely Bir Derge, Bir Nangchen and Bir Tib Society. Bir Derge and Bir Tib Society are located closer to each other and share a common department of health primary health center. Bir Nangchen (Chauntra) has a separate department of health health clinic with separate HIS software. Therefore, HIS data for Bir settlement here include Bir Derge and Bir Tib Society. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Bir settlement (Bir Derge and Bir Tib Society) is 3847. Of this, there are 2348 (61%) males and 1499 (39%) females.

In the Health Information System (HIS), the total number of hospital visits recorded in the year 2012 is 5760. There were total 29 watchlist diagnoses recorded (Fig.9). Since Bir health care center is a primary health center, the watchlist diagnosis was considered for data analysis. Figure 10 shows the top ten watchlist diagnosis list of Bir settlement.

52.8% (count=3042) of total diagnoses are that of female patients whereas 47.2% (count=2718) are that of male patients (Fig.11). Amongst the diagnoses of female patients, the most common are chronic cardiovascular disease (22.3%), dental conditions (14.4%), chronic digestive system diseases (11.9%) and upper respiratory tract infections (9.2%). Amongst the diagnoses of male patients, the most common are chronic cardiovascular disease (21.9%), dental conditions (13.9%), skin diseases (9.9%) and upper respiratory tract infection (9.6%).

The month with most number of hospital visits is July (12.5%) followed September (11.5%) and August (10.1%) (Fig.12). The watchlist diagnoses of patients aged above 60 years old constitute the highest frequency with 41.8% of the total watchlist diagnoses (Fig.13). 3.7% of the watchlist diagnoses were that of children aged less than 5 years. In the agegroup above 60 years old, the most common diagnoses are chronic cardiovascular disease (40.7%) followed by chronic digestive system disease (11.5%) and chronic musculoskeletal disease (7.5%).

Seemingly, hospital visits are majorly ruled by chronic diseases in Bir settlement.

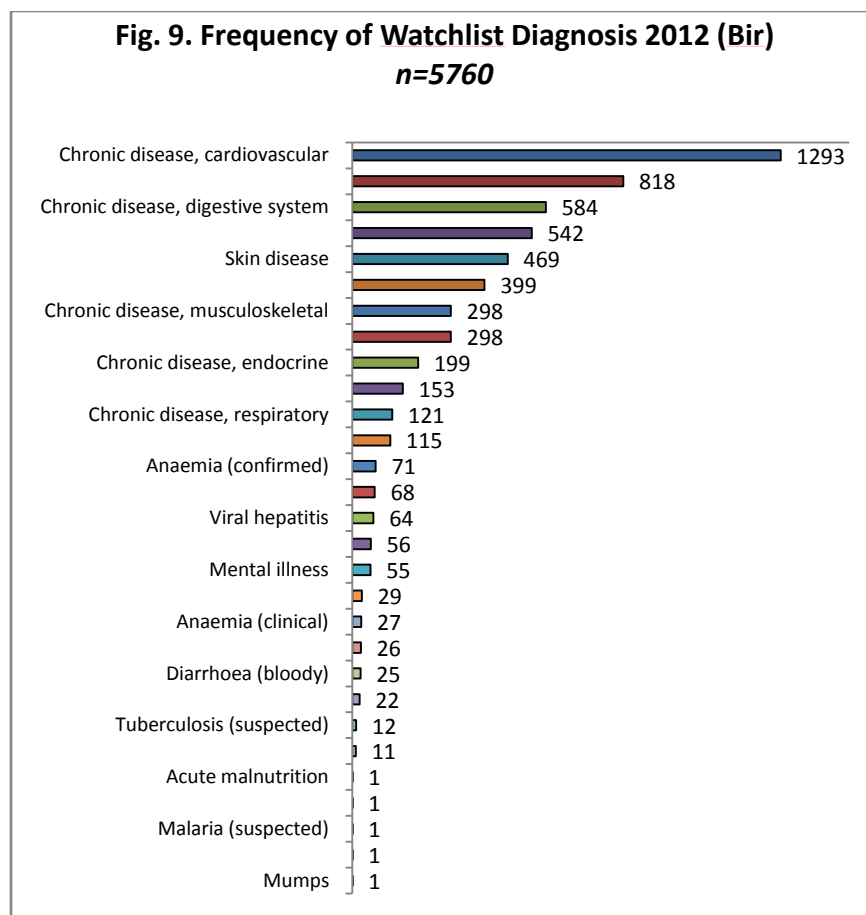
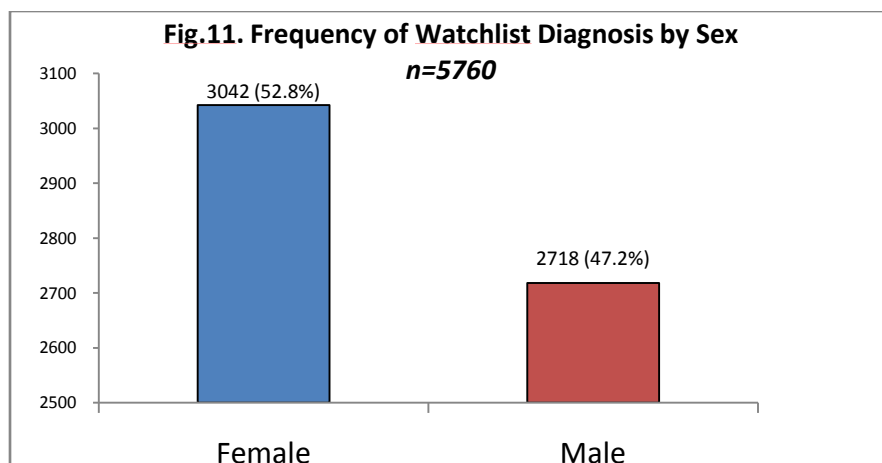


Fig.10 Top Ten Watchlist Diagnosis 2012 (Bir)

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Chronic disease, cardiovascular	1293	22.45%	21.38%	23.55%
2 Dental condition	818	14.20%	13.32%	15.14%
3 Chronic disease, digestive system	584	10.14%	9.38%	10.95%
4 Upper respiratory tract infection	542	9.41%	8.67%	10.20%
5 Skin disease	469	8.14%	7.46%	8.89%
6 Injury	399	6.93%	6.29%	7.62%
7 Chronic disease, musculoskeletal	298	5.17%	4.62%	5.79%
8 Lower respiratory tract infection	298	5.17%	4.62%	5.79%
9 Chronic disease, endocrine	199	3.45%	3.01%	3.97%
10 Chronic disease, nervous system	153	2.66%	2.26%	3.11%

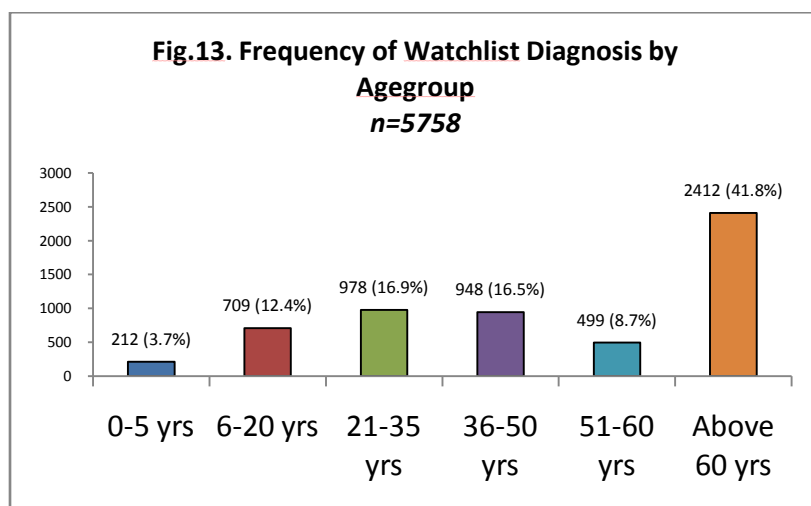
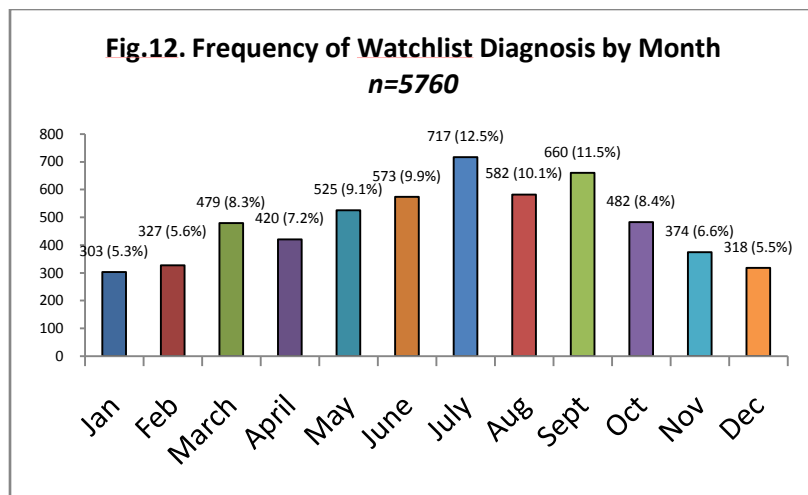


Top Ten Watchlist Diagnosis (Female)

Diagnosis Watchlist	Frequency (%)
Chronic disease, cardiovascular	697 (22.3%)
Dental condition	439 (14.4%)
Chronic disease, digestive system	363 (11.9%)
Upper respiratory tract infection	280 (9.2%)
Skin disease	198 (6.5%)
Chronic disease, musculoskeletal	168 (5.5%)
Lower respiratory tract infection	154 (5.0%)
Injury	142 (4.7%)
Chronic disease, endocrine	106 (3.5%)
Chronic disease, nervous system	97 (3.1%)

Top Ten Watchlist diagnosis (Male)

Diagnosis Watchlist	Frequency (%)
Chronic disease, cardiovascular	596 (21.9%)
Dental condition	379 (13.9%)
Skin disease	271 (9.9%)
Upper respiratory tract infection	262 (9.6%)
Injury	257 (9.5%)
Chronic disease, digestive system	221 (8.1%)
Lower respiratory tract infection	144 (5.3%)
Chronic disease, musculoskeletal	130 (4.7%)
Chronic disease, endocrine	93 (3.4%)
Chronic disease, respiratory	64 (2.4%)



Diagnosis Watchlist	Above 60 yrs
Chronic disease, cardiovascular	983 (40.7%)
Chronic disease, digestive system	278 (11.5%)
Chronic disease, musculoskeletal	181 (7.5%)
Chronic disease, endocrine	169 (7.0%)
Chronic disease, respiratory	117 (4.8%)
Lower respiratory tract infection	105 (4.4%)
Upper respiratory tract infection	89 (3.6%)
Dental condition	82 (3.4%)
Skin disease	78 (3.3%)
Chronic disease, nervous system	77 (3.2%)

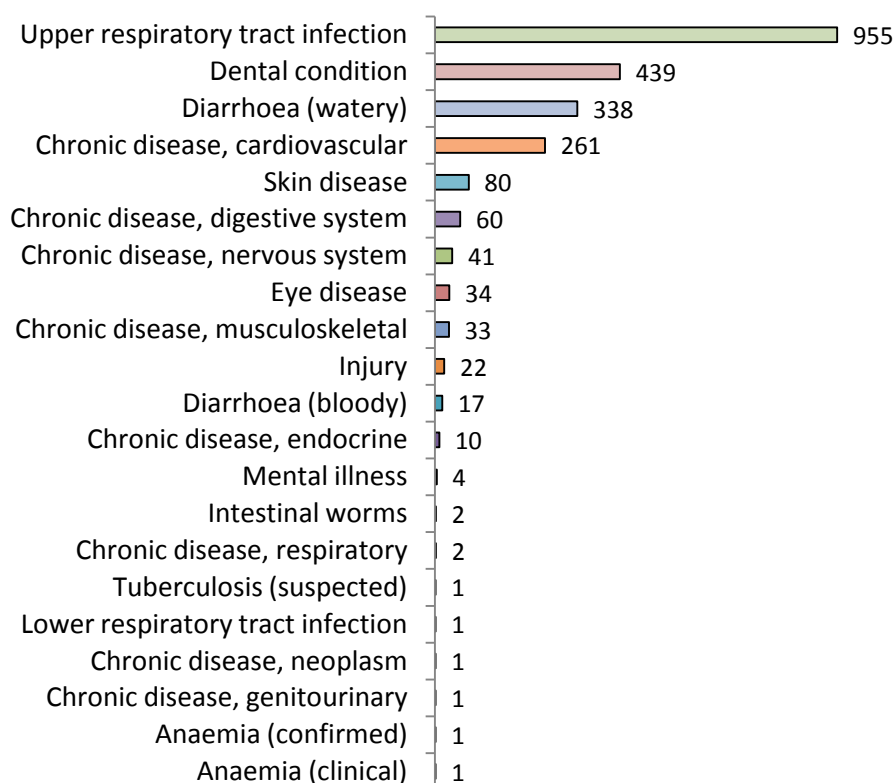
4. Delhi

Samyeling Tibetan settlement is located in Delhi. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Samyeling settlement in Delhi is 2,568. Of this, there are 1,355 (52.7%) males and 1,213 (47.3%) females.

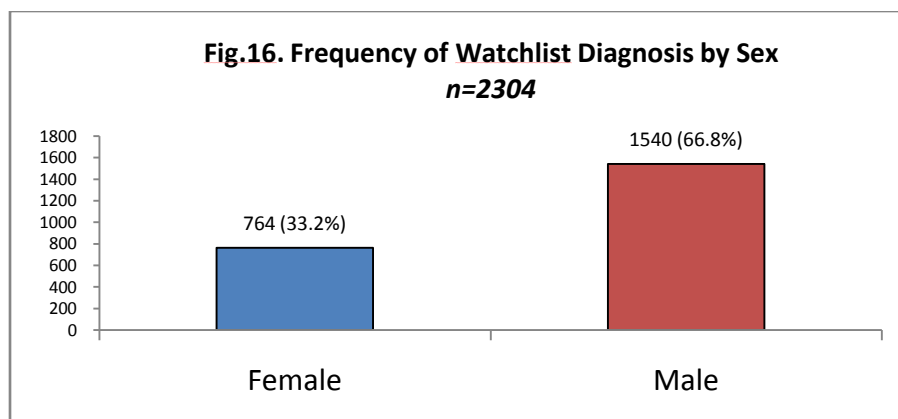
In the Health Information System (HIS), the total number of hospital visits recorded in the year 2012 is 2304. There were total 21 watchlist diagnoses recorded (Fig.14). Since the health care center is a primary health center, the watchlist diagnosis was considered for data analysis. Figure 15 shows the top ten watchlist diagnosis list of Delhi Samyeling.

33.2% (count=764) of total diagnoses are that of female patients whereas 66.8% (count=1540) are that of male patients (Fig.16). Amongst the diagnoses of female patients, the most common are upper respiratory tract infection (37.8%), dental conditions (23.2%) and chronic cardiovascular diseases (14.5%). Amongst the diagnoses of male patients, the most common are upper respiratory tract infection (43.3%), dental conditions (17.0%) and diarrhoea (15.7%). In both male and female patients, most diagnoses recorded are that of chronic diseases. Dental conditions also constitute a major entry in the hospital visits. This is due to the fact that the use of dental clinic of the primary health center in Delhi is quite popular amongst the local population of the settlement there. Another factor also is that Samyeling settlement being located in the metropolitan city of Delhi, dental procedures and dental consultations outside in the city is very hugely expensive. So people prefer to use the department of health's dental clinic for various dental procedures.

The month with most number of hospital visits is August (13.3%) followed April (9.9%) and June (9.8%) (Fig.17). There isn't a cluster of months together during which there is a higher number of hospital visits, rather the hospital visits throughout the months of the year are regular. The middle-aged patients (21-50 years old) visited the health center the most (68.6%) (Fig.18). The most common watchlist diagnoses in agegroup 21-35 years old are upper respiratory tract infection (43.6%), dental conditions (26.0%) and diarrhoea (14.2%). Similarly, the most common diagnoses in people aged 36-50 years old are upper respiratory tract infection (44.3%), dental conditions (19.3%) and diarrhoea (15.3%). 2.3% of the watchlist diagnoses are that of children aged less than 5 years. In all the agegroups, chronic diseases are more commonly seen.

Fig.14. Frequency of Watchlist Diagnosis 2012 (Delhi)**n=2304****Fig.15. Top Ten Watchlist Diagnosis 2012 (Delhi)**

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Upper respiratory tract infection	955	41.45%	39.43%	43.50%
2 Dental condition	439	19.05%	17.48%	20.73%
3 Diarrhoea (watery)	338	14.67%	13.26%	16.20%
4 Chronic disease, cardiovascular	261	11.33%	10.08%	12.71%
5 Skin disease	80	3.47%	2.78%	4.32%
6 Chronic disease, digestive system	60	2.60%	2.01%	3.36%
7 Chronic disease, nervous system	41	1.78%	1.30%	2.43%
8 Eye disease	34	1.48%	1.04%	2.08%
9 Chronic disease, musculoskeletal	33	1.43%	1.00%	2.03%
10 Injury	22	0.95%	0.61%	1.47%

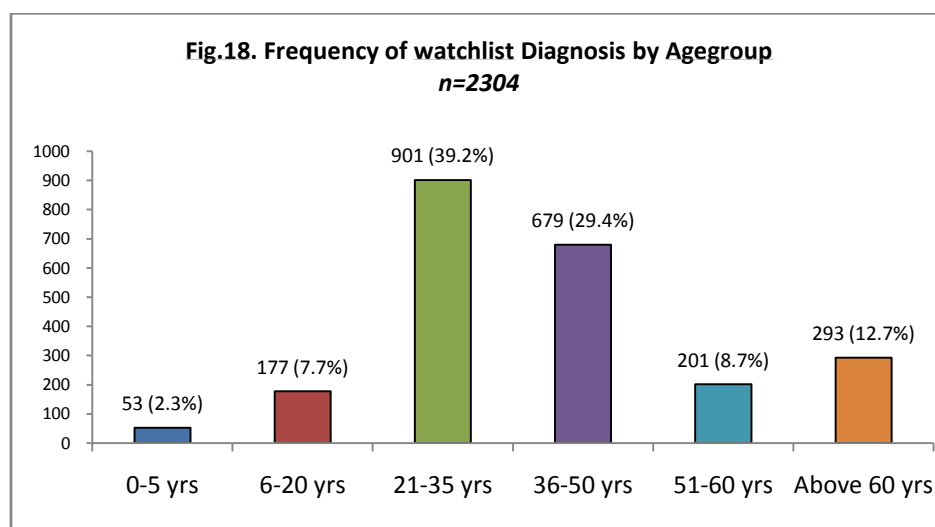
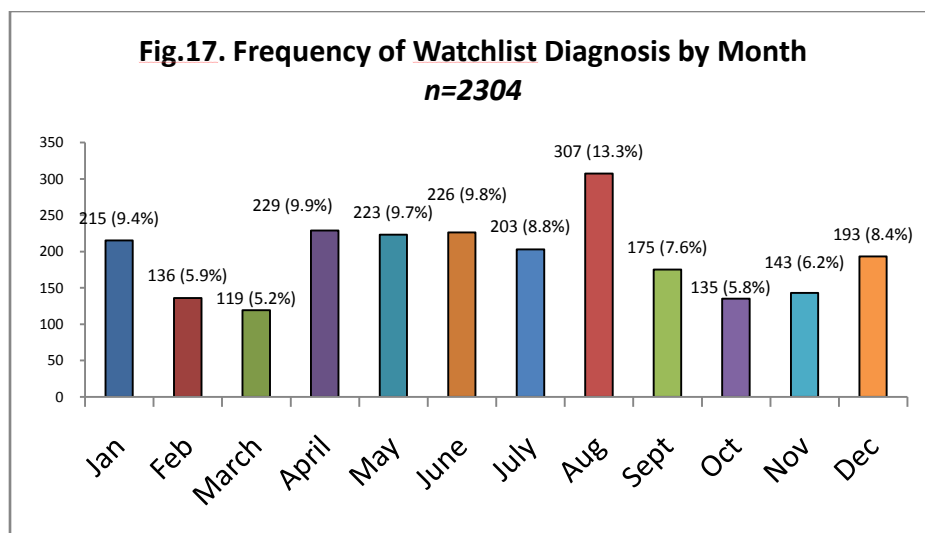


Top ten Watchlist Diagnosis (Female)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	289 (37.8%)
Dental condition	177 (23.2%)
Chronic disease, cardiovascular	111 (14.5%)
Diarrhoea (watery)	96 (12.6%)
Chronic disease, digestive system	23 (3.0%)
Skin disease	22 (2.8%)
Chronic disease, nervous system	12 (1.6%)
Eye disease	11 (1.5%)
Chronic disease, musculoskeletal	8 (1.0%)
Chronic disease, endocrine	5 (0.6%)

Top Ten Watchlist Diagnosis (Male)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	666 (43.3%)
Dental condition	262 (17.0%)
Diarrhoea (watery)	242 (15.7%)
Chronic disease, cardiovascular	150 (9.7%)
Skin disease	58 (3.7%)
Chronic disease, digestive system	37 (2.4%)
Chronic disease, nervous system	29 (1.8%)
Chronic disease, musculoskeletal	25 (1.6%)
Eye disease	23 (1.5%)
Injury	19 (1.3%)



Diagnosis Watchlist	21-35 yrs
Upper respiratory tract infection	393 (43.6%)
Dental condition	235 (26.0%)
Diarrhoea (watery)	128 (14.2%)
Skin disease	40 (4.4%)
Chronic disease, digestive system	27 (2.9%)
Chronic disease, nervous system	17 (1.9%)
Eye disease	17 (1.9%)
Injury	11 (1.3%)
Chronic disease, cardiovascular	10 (1.1%)
Chronic disease, musculoskeletal	9 (0.9%)

Diagnosis Watchlist	36-50 yrs
Upper respiratory tract infection	301 (44.3%)
Dental condition	131 (19.3%)
Diarrhoea (watery)	104 (15.3%)
Chronic disease, cardiovascular	61 (8.9%)
Skin disease	23 (3.4%)
Chronic disease, nervous system	14 (2.1%)
Chronic disease, digestive system	13 (1.9%)
Chronic disease, musculoskeletal	13 (1.9%)
Eye disease	6 (0.9%)
Injury	5 (0.7%)

5. Ladakh

According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population in Ladakh is 6,769. Of this, there are 3,417 (50.5%) males and 3,352 (49.5%) females.

In the Health Information System (HIS), the total number of hospital visits recorded in the year 2012 is 2314. There were total 20 watchlist diagnoses recorded (Fig.19). Since the health care center is a primary health center, the watchlist diagnosis was considered for data analysis. Figure 20 shows the top ten watchlist diagnosis list of Ladakh primary health center.

58.9% (count=1363) of total diagnoses are that of female patients whereas 41.9% (count=951) are that of male patients (Fig.21). Amongst the diagnoses of female patients, the most common are upper respiratory tract infection (27.4%), chronic musculoskeletal diseases (24.3%) and chronic cardiovascular diseases (12.5%). Amongst the diagnoses of male patients, the most common are upper respiratory tract infection (27.7%), chronic musculoskeletal disease (22.2%) and chronic cardiovascular disease (16.2%). In both male and female patients, chronic diseases are seen to be common.

The winter months of November and December recorded maximum number of hospital visits (11.2% and 11.1% respectively) (Fig.22). There is a uniform proportion of hospital visits throughout the year. Agewise, those above 60 years old visited the health center the most (43.3%) (Fig.23). The most common watchlist diagnoses in this agegroup are chronic musculoskeletal disease (40.3%), chronic cardiovascular disease (25.4%) and upper respiratory tract infection (15.6%).

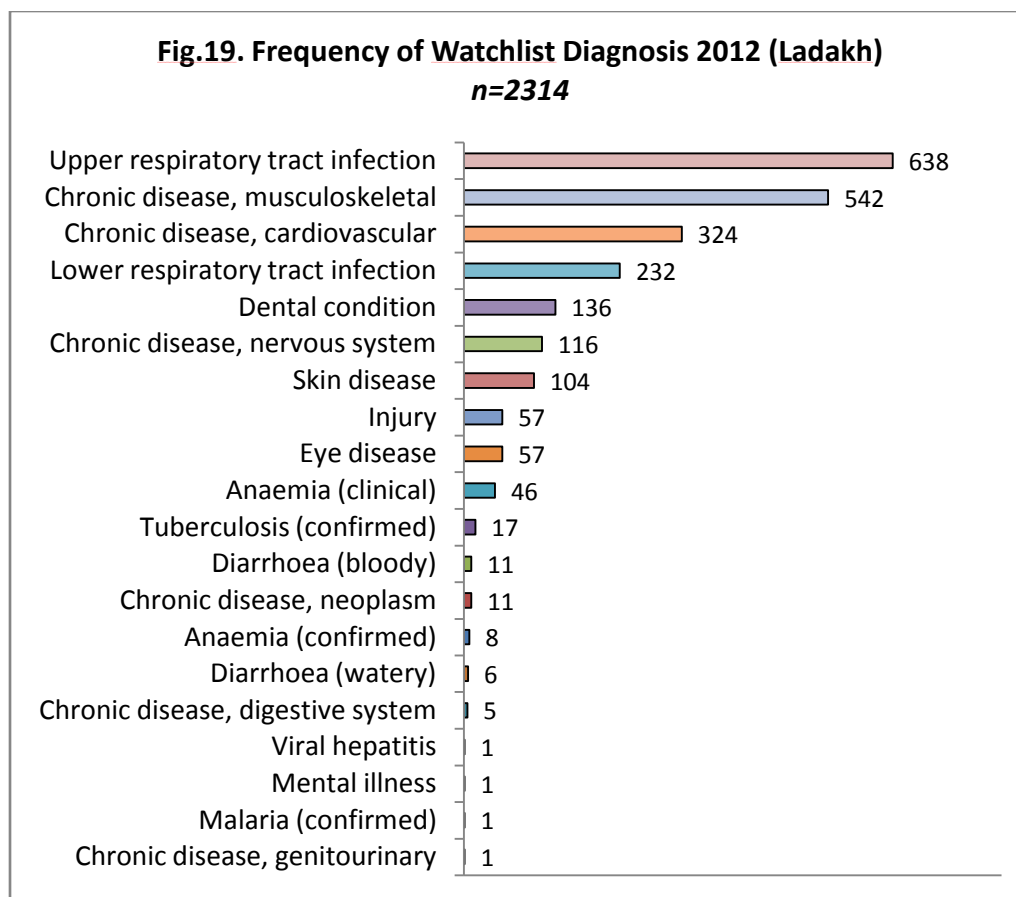
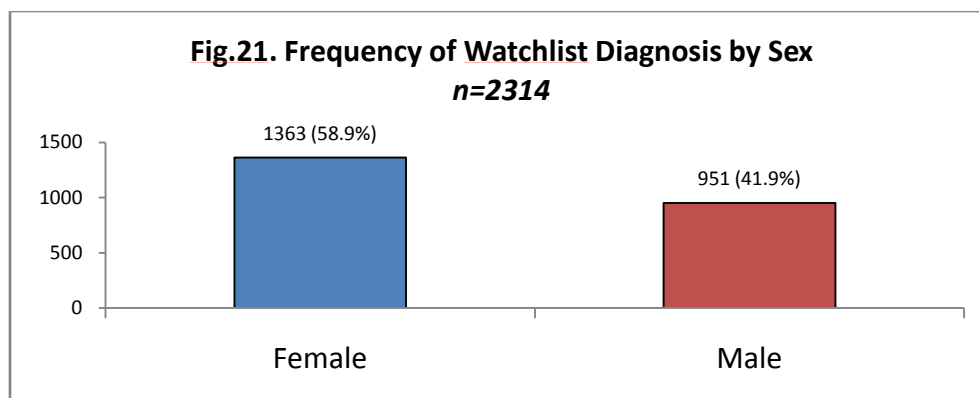


Fig.20. Top Ten Watchlist Diagnosis 2012 (Ladakh)

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Upper respiratory tract infection	638	27.57%	25.77%	29.45%
2 Chronic disease, musculoskeletal	542	23.42%	21.72%	25.21%
3 Chronic disease, cardiovascular	324	14.00%	12.63%	15.50%
4 Lower respiratory tract infection	232	10.03%	8.85%	11.34%
5 Dental condition	136	5.88%	4.97%	6.93%
6 Chronic disease, nervous system	116	5.01%	4.18%	6.00%
7 Skin disease	104	4.49%	3.70%	5.44%
8 Eye disease	57	2.46%	1.89%	3.20%
9 Injury	57	2.46%	1.89%	3.20%
10 Anaemia (clinical)	46	1.99%	1.48%	2.67%

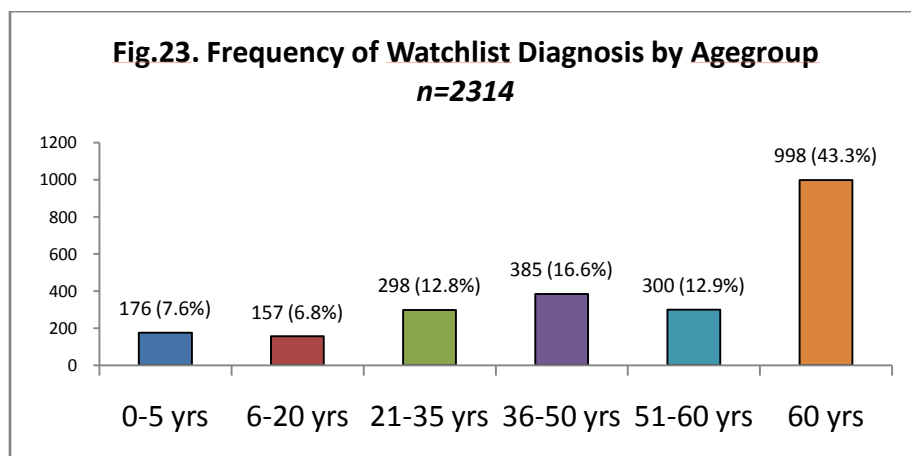
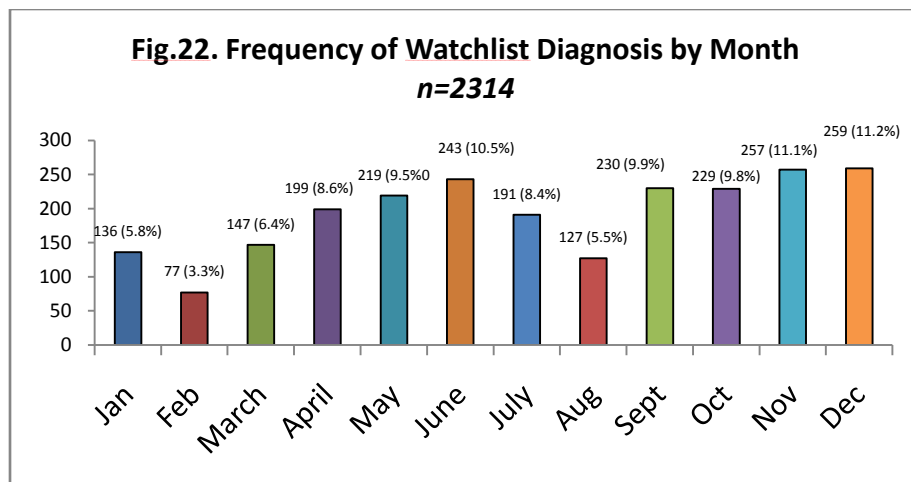


Top Ten Watchlist Diagnosis (Female)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	374 (27.4%)
Chronic disease, musculoskeletal	331 (24.3%)
Chronic disease, cardiovascular	170 (12.5%)
Lower respiratory tract infection	126 (9.3%)
Dental condition	88 (6.5%)
Chronic disease, nervous system	78 (5.7%)
Skin disease	57 (4.2%)
Anaemia (clinical)	43 (3.2%)
Eye disease	43 (3.2%)
Injury	22 (1.6%)

Top Ten Watchlist Diagnosis (Male)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	264 (27.7%)
Chronic disease, musculoskeletal	211 (22.2%)
Chronic disease, cardiovascular	154 (16.2%)
Lower respiratory tract infection	106 (11.2%)
Dental condition	48 (5.1%)
Skin disease	47 (5.0%)
Chronic disease, nervous system	38 (3.9%)
Injury	35 (3.6%)
Eye disease	14 (1.5%)
Tuberculosis (confirmed)	11 (1.2%)



Diagnosis Watchlist	Above 60 yrs
Chronic disease, musculoskeletal	402 (40.3%)
Chronic disease, cardiovascular	253 (25.4%)
Upper respiratory tract infection	156 (15.6%)
Lower respiratory tract infection	43 (4.3%)
Skin disease	41 (4.1%)
Chronic disease, nervous system	36 (3.6%)
Eye disease	20 (2.0%)
Dental condition	12 (1.2%)
Anemia (clinical)	10 (1.0%)
Injury	10 (1.0%)

6. Poanta Sahib

Poanta Sahib Tibetan settlement is located in Himachal Pradesh in Northern India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Poanta Tibetan settlement is 790. Of this, there are 409 (51.8%) male population and 381 (48.2%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 372. There were total 13 watchlist diagnoses recorded (Fig.24). Since the health care center is a clinic, the watchlist diagnosis was considered for data analysis. Figure 25 shows the top ten watchlist diagnosis list of Ladakh primary health center.

54.6% (count=203) of total diagnoses are that of female patients whereas 45.4% (count=169) are that of male patients (Fig.26). Amongst the diagnoses of female patients, the most common are upper respiratory tract infection (44.8%), skin disease (11.8%) and injury (10.8%). Amongst the diagnoses of male patients, the most common are upper respiratory tract infection (34.3%), skin disease (23.7%) and injury (15.9%).

August has highest recorded clinical visits (16.9%) (Fig.27). There are much lesser clinic visits during the latter months of the year. This could be due to mass outflow of settlement population on sweater selling businesses outside of the settlement in different parts of India. Due to shortage of health care worker (community health worker) in Poanta Sahib settlement, HIS data could not be recorded for the months of November and December. Age wise, those above 60 years old visited the health clinic the most (36.3%) (Fig.28). The most common watchlist diagnoses in this agegroup are upper respiratory tract infection (34.3%), skin disease (23.7%) and injury (15.9%).

Fig.24. Frequency of Watchlist Diagnosis 2012 (Poanta)
n=372

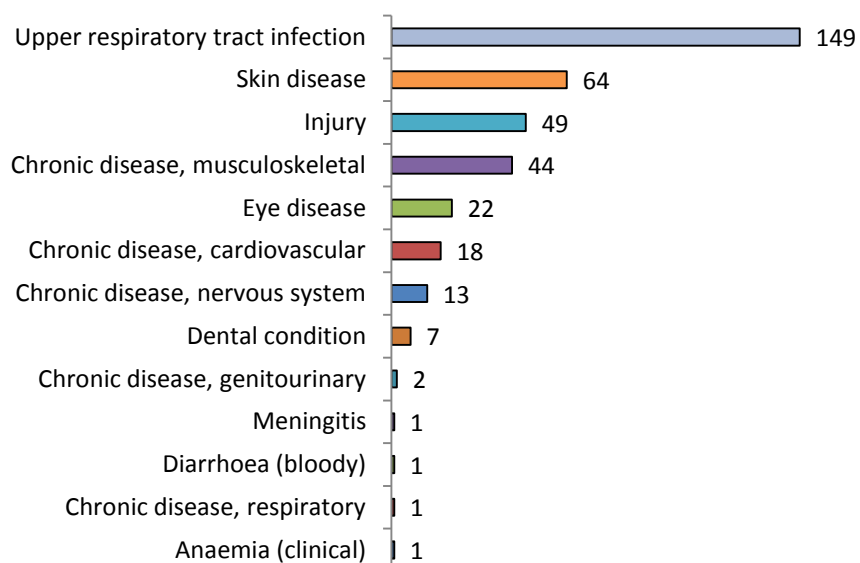
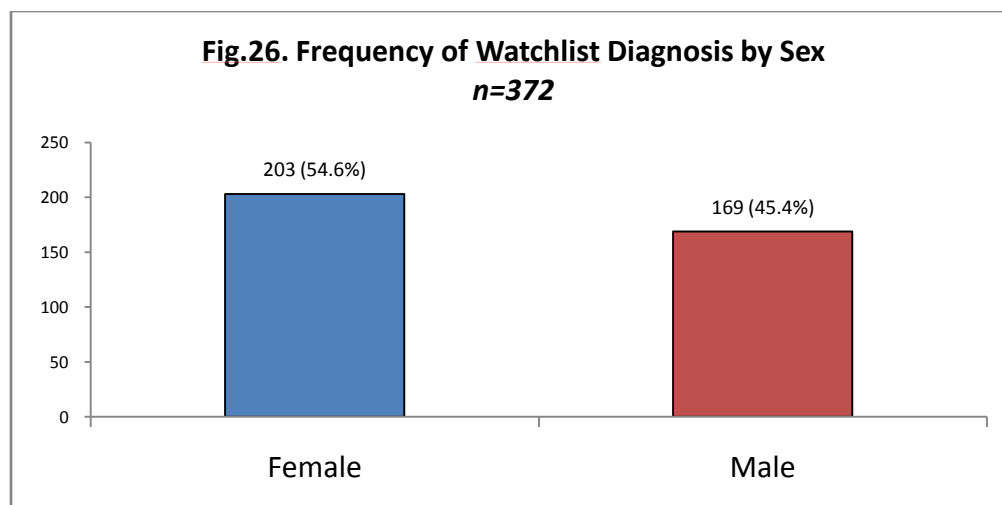


Fig.25. Top Ten Watchlist Diagnosis 2012 (Poanta)

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Upper respiratory tract infection	149	40.05%	35.07%	45.25%
2 Skin disease	64	17.20%	13.59%	21.51%
3 Injury	49	13.17%	9.99%	17.14%
4 Chronic disease, musculoskeletal	44	11.83%	8.81%	15.66%
5 Eye disease	22	5.91%	3.83%	8.95%
6 Chronic disease, cardiovascular	18	4.84%	2.98%	7.68%
7 Chronic disease, nervous system	13	3.49%	1.95%	6.05%
8 Dental condition	7	1.88%	0.83%	4.01%
9 Chronic disease, genitourinary	2	0.54%	0.09%	2.14%
10 Anaemia (clinical)	1	0.27%	0.01%	1.73%

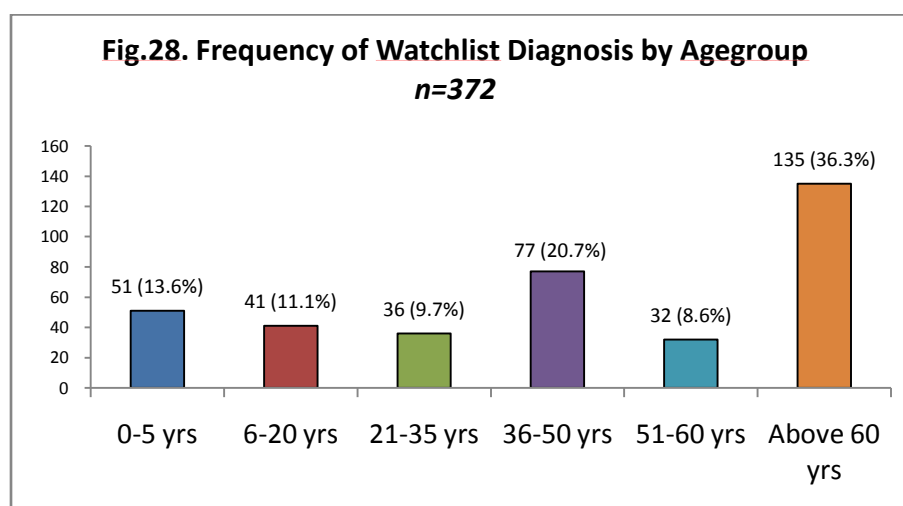
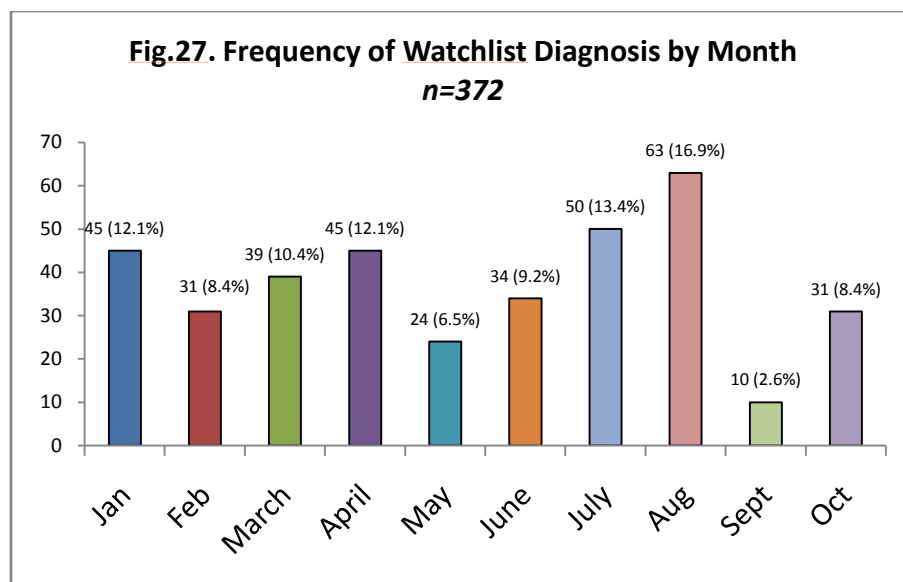


Top Ten Watchlist Diagnosis (Female)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	91 (44.8%)
Skin disease	24 (11.8%)
Injury	22 (10.8%)
Chronic disease, musculoskeletal	20 (9.8%)
Eye disease	20 (9.8%)
Chronic disease, cardiovascular	10 (4.9%)
Chronic disease, nervous system	9 (4.8%)
Chronic disease, genitourinary	2 (0.9%)
Dental condition	2 (0.9%)
Chronic disease, respiratory	1 (0.5%)

Top Ten Watchlist Diagnosis (Female)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	58 (34.3%)
Skin disease	40 (23.7%)
Injury	27 (15.9%)
Chronic disease, musculoskeletal	24 (14.2%)
Chronic disease, cardiovascular	8 (4.7%)
Dental condition	5 (2.9%)
Chronic disease, nervous system	4 (2.4%)
Eye disease	2 (1.2%)
Anaemia (clinical)	1 (0.6%)
Chronic disease, genitourinary	0 (0%)



Diagnosis Watchlist	Above 60 yrs
Upper respiratory tract infection	54 (40.0%)
Chronic disease, musculoskeletal	24 (17.8%)
Eye disease	17 (12.6%)
Chronic disease, cardiovascular	15 (11.2%)
Injury	8 (5.9%)
Skin disease	8 (5.9%)
Chronic disease, nervous system	5 (3.7%)
Dental condition	3 (2.3%)
Chronic disease, respiratory	1 (0.7%)
Anaemia (clinical)	0 (0%)

B. CENTRAL

7. Bhandara

Norgyalling Tibetan settlement of Bhandara is located in Maharashtra in central India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Norgyalling Tibetan settlement is 876. Of this, there are 464 (52.9%) male population and 412 (47.1%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 1,212. There were total 23 watchlist diagnoses recorded (Fig.29). Since the health care center is a primary health center, the watchlist diagnosis was considered for data analysis. Figure 30 shows the top ten watchlist diagnosis list of the primary health center.

51.3% (count=621) of total diagnoses are that of female patients whereas 48.7% (count=591) are that of male patients (Fig.31). Amongst the diagnoses of female patients, the most common are upper respiratory tract infection (29.6%), chronic musculoskeletal disease (16.9%) and skin disease (8.5%). Amongst the diagnoses of male patients, the most common are upper respiratory tract infection (32.5%), chronic musculoskeletal disease (12.8%) and skin disease (11.5%).

August (12.5%) and September (16.8%) have the highest recorded hospital visits (Fig.32). Patients of all agegroup have similar number of hospital visits (Fig.33).

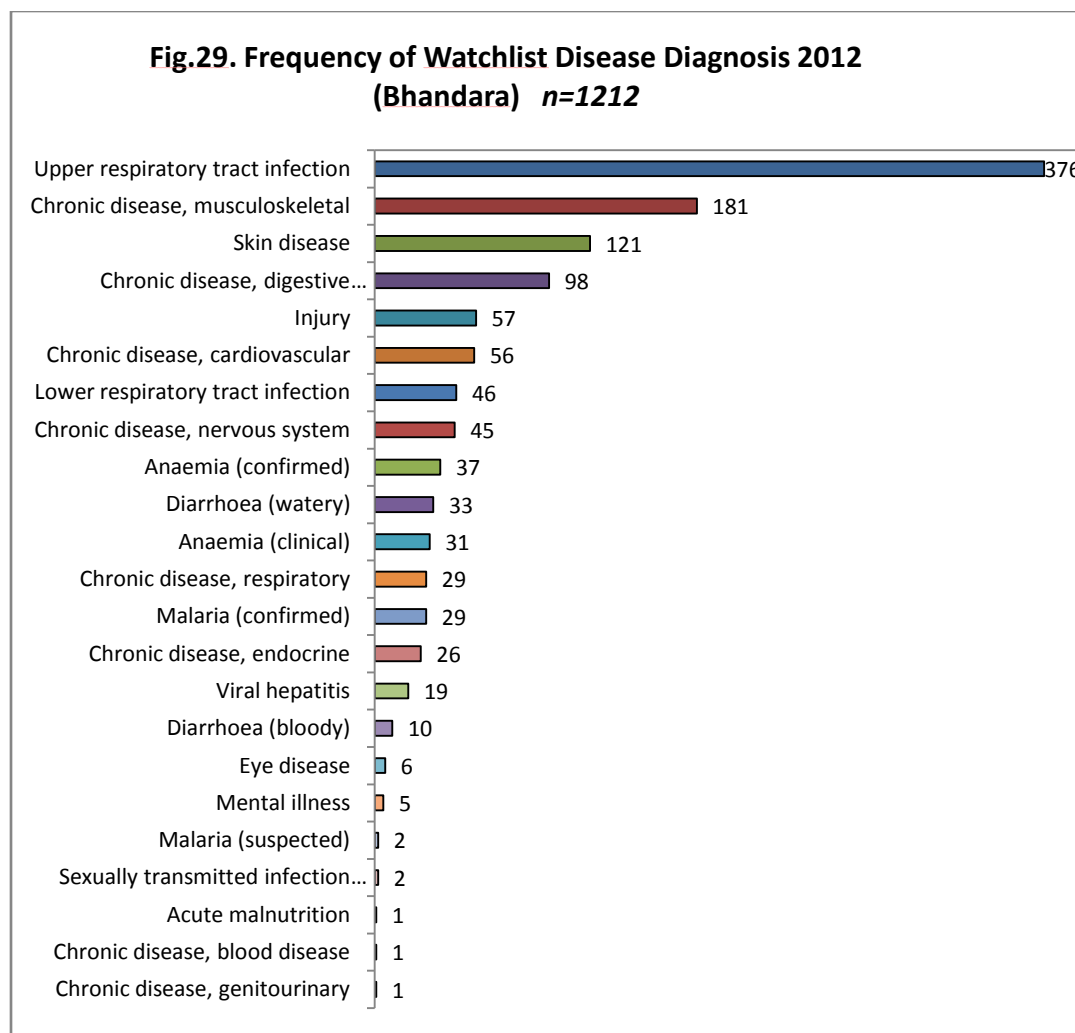
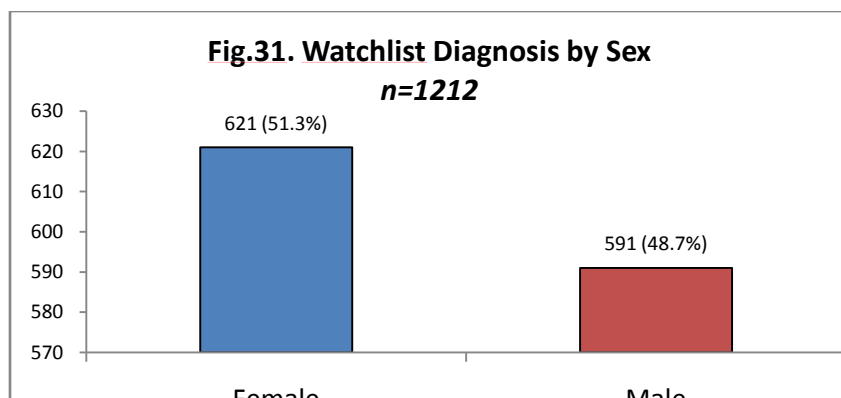


Fig.30. Top Ten Watchlist Diagnosis 2012 (Bhandara)

	Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1	Upper respiratory tract infection	376	31.02%	28.44%	33.73%
2	Chronic disease, musculoskeletal	181	14.93%	13.00%	17.09%
3	Skin disease	121	9.98%	8.38%	11.84%
4	Chronic disease, digestive system	98	8.09%	6.64%	9.80%
5	Injury	57	4.70%	3.61%	6.09%
6	Chronic disease, cardiovascular	56	4.62%	3.54%	6.00%
7	Lower respiratory tract infection	46	3.80%	2.82%	5.07%
8	Chronic disease, nervous system	45	3.71%	2.75%	4.98%
9	Anaemia (confirmed)	37	3.05%	2.19%	4.23%
10	Diarrhoea (watery)	33	2.72%	1.91%	3.85%

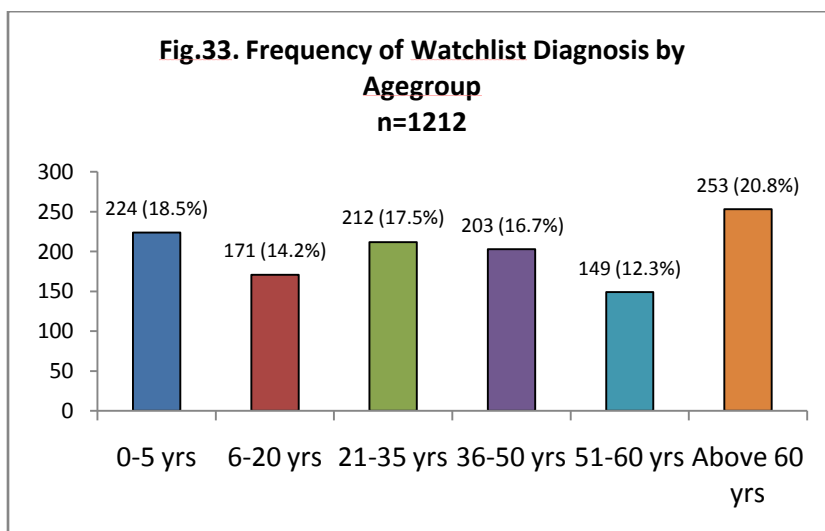
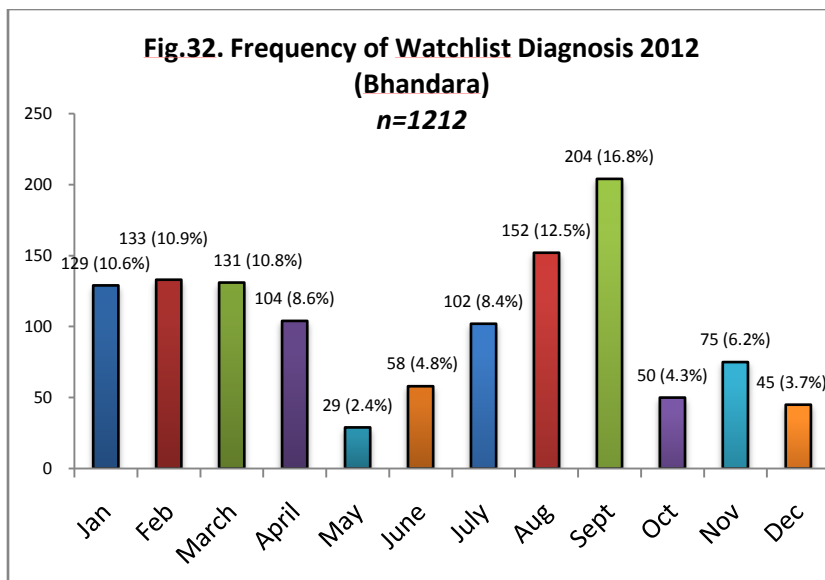


Top Ten Watchlist Diagnosis (Female)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	184 (29.6%)
Chronic disease, musculoskeletal	105 (16.9%)
Skin disease	53 (8.5%)
Chronic disease, digestive system	50 (8.0%)
Chronic disease, cardiovascular	36 (5.8%)
Anaemia (confirmed)	28 (4.5%)
Chronic disease, nervous system	28 (4.5%)
Anaemia (clinical)	27 (4.4%)
Injury	21 (3.4%)
Lower respiratory tract infection	20 (3.3%)

Top Ten Watchlist Diagnosis (Male)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	192 (32.5%)
Chronic disease, musculoskeletal	76 (12.8%)
Skin disease	68 (11.5%)
Chronic disease, digestive system	48 (8.2%)
Injury	36 (6.1%)
Lower respiratory tract infection	26 (4.4%)
Chronic disease, endocrine	24 (4.1%)
Diarrhoea (watery)	22 (3.7%)
Chronic disease, cardiovascular	20 (3.4%)
Chronic disease, nervous system	17 (2.8%)



8. Mainpat

Phendeling Tibetan settlement of Mainpat is located in Chattisgrah in central India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Mainpat Tibetan settlement is 938. Of this, there are 475 (50.6%) male population and 463 (49.4%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 1,317. There were total 28 watchlist diagnoses recorded. Even though the health care center is a hospital, since it is a small settlement, the watchlist diagnosis was considered for data analysis. Figure 34 shows the top ten watchlist diagnosis list of Mainpat hospital. Mainpat is a Malaria endemic area. Therefore, every year there are numerous cases of Malaria, especially during the Malaria season (mid-months).

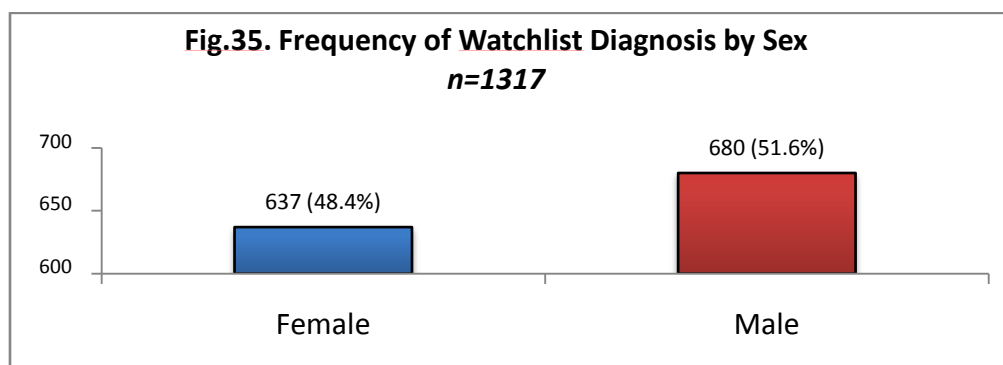
48.4% (count=637) of total diagnoses are that of female patients whereas 51.6% (count=680) are that of male patients (Fig.35). Amongst the diagnoses of female patients, the most common are upper respiratory tract infection (21.5%), chronic cardiovascular disease (10.9%) and Malaria (10.5%). Amongst the diagnoses of male patients, the most common are upper respiratory tract infection (20.0%), skin disease (13.5%) and Malaria (12.5%).

June (13.3%) and July (17.6%) have the highest recorded hospital visits (Fig.36). There was maximum hospital visits due to Malaria in July with 37 visits followed by 26 in June, 22 in April, 19 in August and 14 in May. The months from April to September are Malaria prone months.

Patients aged above 60 years visited the hospital the most (36.2%) (Fig.37). The most common diagnoses were chronic cardiovascular disease (18.9%), chronic musculoskeletal disease (15.4%) and upper respiratory tract disease (11.2%).

Fig.34. Top Ten Watchlist Diagnosis (Mainpat)

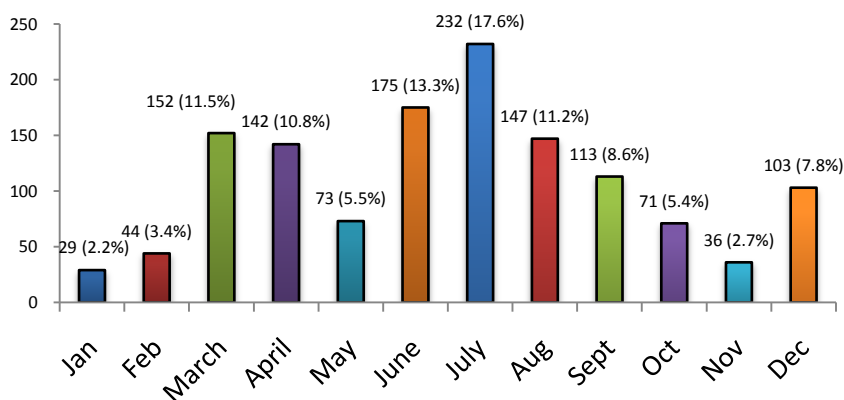
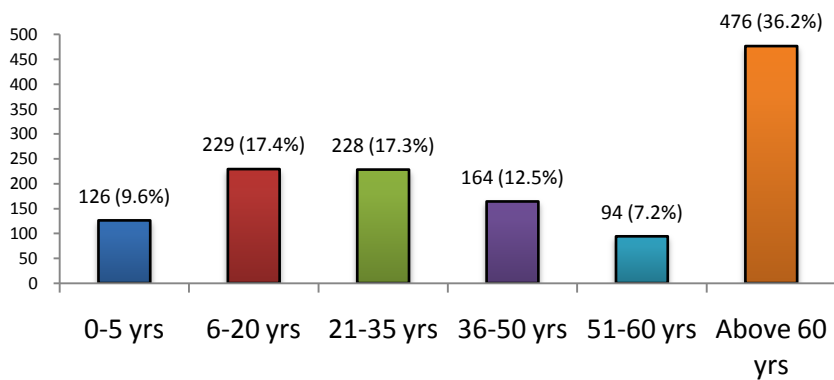
Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Upper respiratory tract infection	273	20.73%	18.59%	23.04%
2 Malaria (confirmed)	152	11.54%	9.89%	13.42%
3 Skin disease	147	11.16%	9.54%	13.02%
4 Chronic disease, cardiovascular	123	9.34%	7.85%	11.07%
5 Chronic disease, musculoskeletal	114	8.66%	7.22%	10.34%
6 Chronic disease, nervous system	97	7.37%	6.04%	8.94%
7 Chronic disease, digestive system	94	7.14%	5.83%	8.70%
8 Injury	70	5.32%	4.19%	6.70%
9 Lower respiratory tract infection	52	3.95%	2.99%	5.18%
10 Diarrhoea (watery)	36	2.73%	1.95%	3.80%

Fig.35. Frequency of Watchlist Diagnosis by Sex
n=1317**Top Ten Watchlist Diagnosis (Female)**

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	137 (21.5%)
Chronic disease, cardiovascular	70 (10.9%)
Malaria (confirmed)	67 (10.5%)
Chronic disease, musculoskeletal	63 (9.9%)
Skin disease	55 (8.6%)
Chronic disease, nervous system	53 (8.3%)
Chronic disease, digestive system	50 (7.8%)
Lower respiratory tract infection	26 (4.1%)
Diarrhoea (watery)	17 (2.7%)
Injury	17 (2.7%)

Top Ten Watchlist Diagnosis (Male)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	136 (20%)
Skin disease	92 (13.5%)
Malaria (confirmed)	85 (12.5%)
Chronic disease, cardiovascular	53 (7.8%)
Injury	53 (7.8%)
Chronic disease, musculoskeletal	51 (7.5%)
Chronic disease, digestive system	44 (6.5%)
Chronic disease, nervous system	44 (6.5%)
Lower respiratory tract infection	26 (3.8%)

Fig.36. Frequency of Watchlist Diagnosis by Month***n=1317*****Fig.37. Frequency of Watchlist Diagnosis by Agegroup*****n=1317***

Diagnosis Watchlist	Above 60 yrs
Chronic disease, cardiovascular	90 (18.9%)
Chronic disease, musculoskeletal	73 (15.4%)
Upper respiratory tract infection	53 (11.2%)
Chronic disease, digestive system	46 (9.7%)
Skin disease	35 (7.4%)
Chronic disease, nervous system	33 (7.3%)
Malaria (confirmed)	24 (5.0%)
Chronic disease, endocrine	18 (3.8%)
Diarrhoea (watery)	17 (3.6)
Eye disease	16 (3.4%)

9. Orissa

Phuntsokling Tibetan settlement is located in Orissa in central India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Phuntsokling Tibetan settlement is 1,885. Of this, there are 973 (51.6%) male population and 912 (48.4%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 1,665. There were total 23 watchlist diagnoses recorded. Fig.38 lists the counts of watchlist diagnoses recorded. Figure 39 shows the top ten watchlist diagnosis list of Orissa hospital. Orissa is also a Malaria endemic area. Malaria is the second most reason for hospital visit (16.1%).

53.8% (count=896) of total diagnoses are that of female patients whereas 46.2% (count=769) are that of male patients (Fig.40). Amongst the diagnoses of female patients, the most common are dental conditions (18.3%) and chronic cardiovascular diseases (15.2%). Malaria comes third with 13.9% of the total watchlist diagnosis. In male patients, the most common watchlist diagnosis is Malaria (18.5%).

The mid-months starting from April to September have high number of hospital visits recorded compared to the extreme months (Fig.41.) Malarial visits are recorded in all the months of the year with the highest number of Malarial visits in April, May, June and July (43,60,44 and 18 respectively).

Patients aged 6-20 years old made the most number of hospital visits (28.4%) followed by those aged above 60 years (26.4%) (Fig.42). Children less than 5 years of age constitute 9.5% of total diagnoses made. Malaria constituted the second most common disease in those aged 6-20 years (22.6%). In all agegroups except 51-60 years and those above 60 years, Malaria is seen to be either the most common cause or the second most common cause of hospital visits. In children less than 5 years of age, Malaria has been the most common cause of hospital visit as well (37.7%).

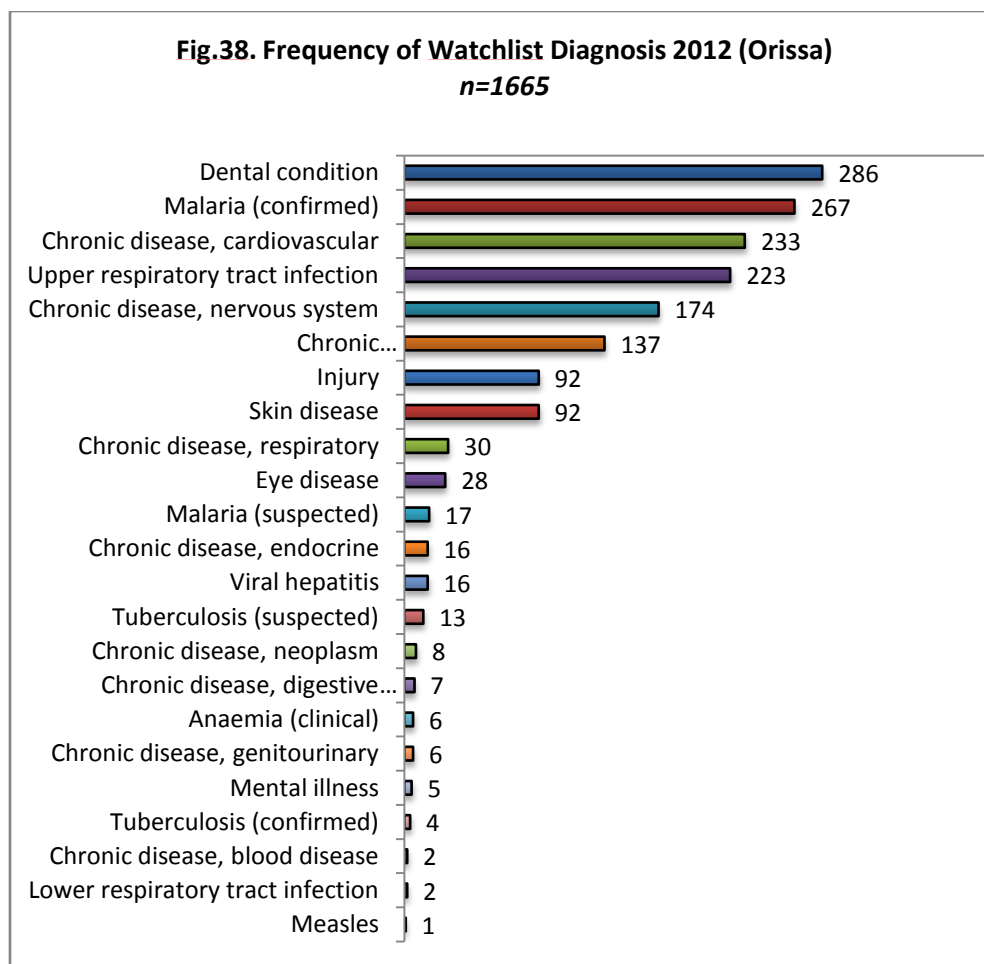
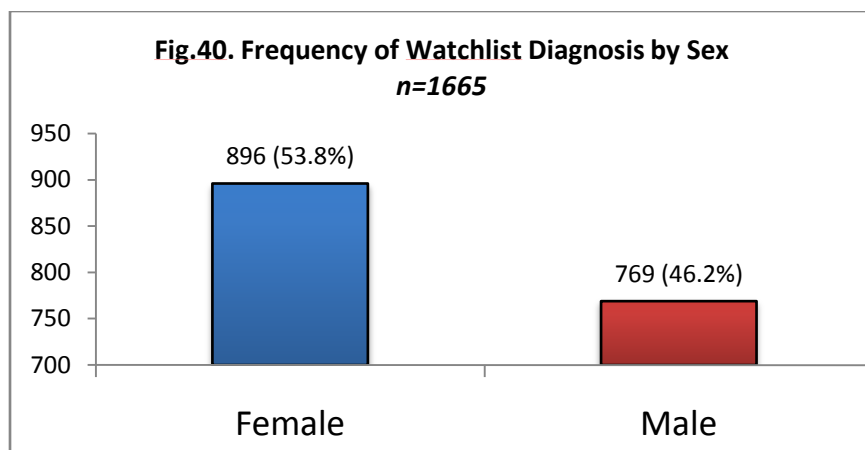


Fig.39. Top Ten Watchlist Diagnosis 2012 (Orissa)

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Dental condition	286	17.18%	15.41%	19.10%
2 Malaria (confirmed)	267	16.04%	14.32%	17.91%
3 Chronic disease, cardiovascular	233	13.99%	12.38%	15.77%
4 Upper respiratory tract infection	223	13.39%	11.81%	15.15%
5 Chronic disease, nervous system	174	10.45%	9.04%	12.04%
6 Chronic disease, musculoskeletal	137	8.23%	6.97%	9.68%
7 Injury	92	5.53%	4.50%	6.76%
8 Skin disease	92	5.53%	4.50%	6.76%
9 Chronic disease, respiratory	30	1.80%	1.24%	2.60%
10 Eye disease	28	1.68%	1.14%	2.46%

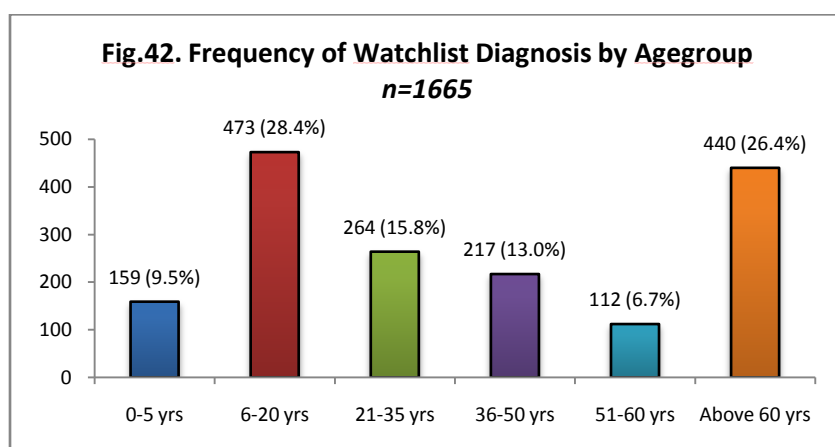
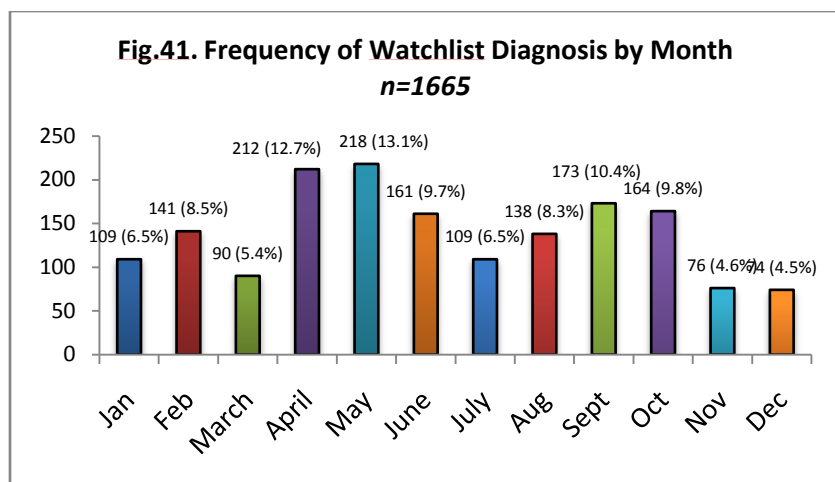


Top Ten Watchlist Diagnosis (Female)

Diagnosis Watchlist	Frequency (%)
Dental condition	164 (18.3%)
Chronic disease, cardiovascular	136 (15.2%)
Malaria (confirmed)	125 (13.9%)
Chronic disease, nervous system	112 (12.5%)
Upper respiratory tract infection	110 (12.3%)
Chronic disease, musculoskeletal	83 (9.3%)
Injury	40 (4.5%)
Skin disease	40 (4.5%)
Eye disease	16 (1.8%)
Chronic disease, respiratory	13 (1.5%)

Top Ten Watchlist Diagnosis (Male)

Diagnosis Watchlist	Frequency (%)
Malaria (confirmed)	142 (18.5%)
Dental condition	122 (15.8%)
Upper respiratory tract infection	113 (14.5%)
Chronic disease, cardiovascular	97 (12.6%)
Chronic disease, nervous system	62 (8.1%)
Chronic disease, musculoskeletal	54 (7.1%)
Injury	52 (6.7%)
Skin disease	52 (6.7%)
Chronic disease, respiratory	17 (2.2%)
Eye disease	12 (1.6%)



Diagnosis Watchlist	6-20 yrs
Dental condition	122 (25.8%)
Malaria (confirmed)	107 (22.6%)
Upper respiratory tract infection	57 (12.1%)
Skin disease	44 (9.3%)
Chronic disease, nervous system	36 (7.6%)
Injury	36 (7.6%)
Chronic disease, cardiovascular	16 (3.4%)
Eye disease	14 (3.3%)
Chronic disease, musculoskeletal	13 (3.2%)
Tuberculosis (suspected)	12 (3.1%)

C. SOUTH

10. Bylakupee

Bylakupee Tibetan settlement is located in Karnataka in southern India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Phuntsokling Tibetan settlement is 9,229. Of this, there are 6,501 (70.5%) male population and 2,728 (29.5%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 4,585. There were total 125 advanced diagnoses recorded. Figure 43 shows the top ten advanced diagnosis list of Bylakupee hospital.

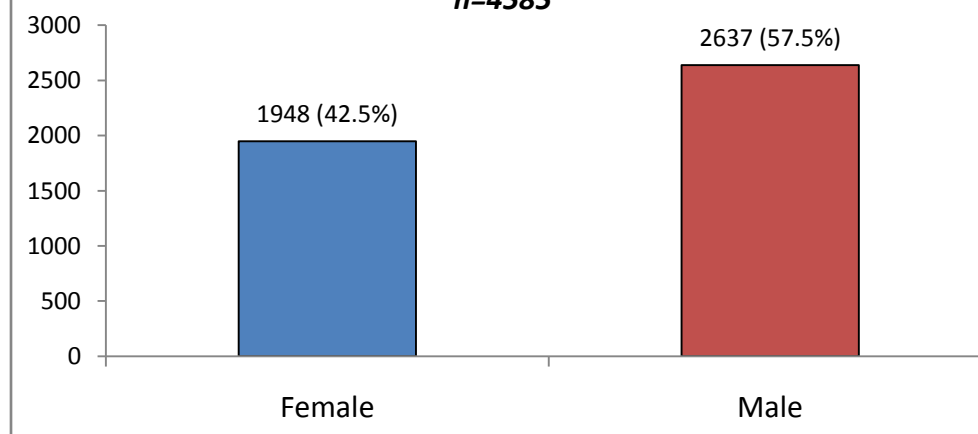
42.5% (count=1948) of total diagnoses are that of female patients whereas 57.5% (count=2637) are that of male patients (Fig.44). Amongst the diagnoses of female patients, the most common are upper respiratory tract infection (13.6%), hypertension (8.0%) and Diabetes mellitus (4.7%). Tuberculosis constitute 3.2% of total advanced diagnosis in the female patients. In male patients, the most common advanced diagnoses are upper respiratory tract infection (20.6%), skin infection (5.2%) and injuries (5.1%). Tuberculosis constitute 3.6% of total male advanced diagnoses.

May has the highest number of hospital visits recorded (13.3%) which decreases gradually along the further months (Fig.45.) Some of the common diagnoses observed throughout the months are diabetes mellitus, tuberculosis and the various immunizations.

Younger patients aged 6-20 years old and 21-35 years old form the bulk of the patients who visited the hospital (24.5% and 24.8% respectively) (Fig.46). Children less than 5 years of age constitute 15.5% of total diagnoses made.

Fig.43 Top Ten Advanced Diagnosis 2012 (Bylakupe)

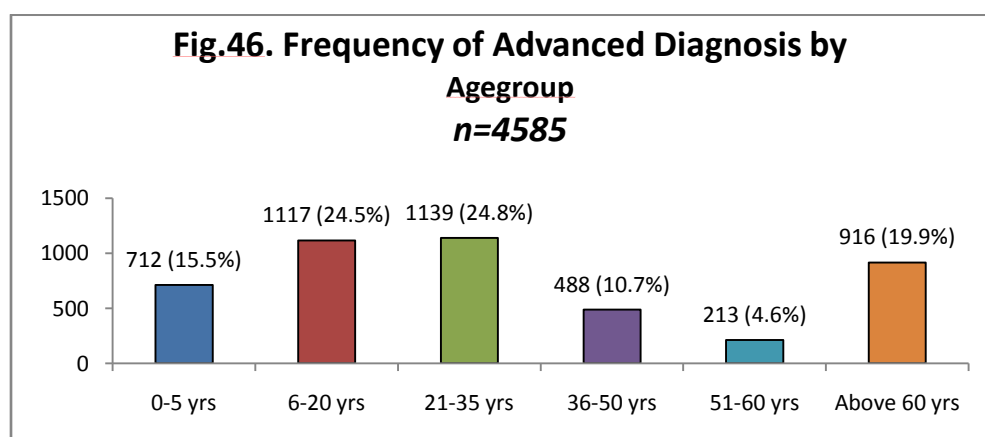
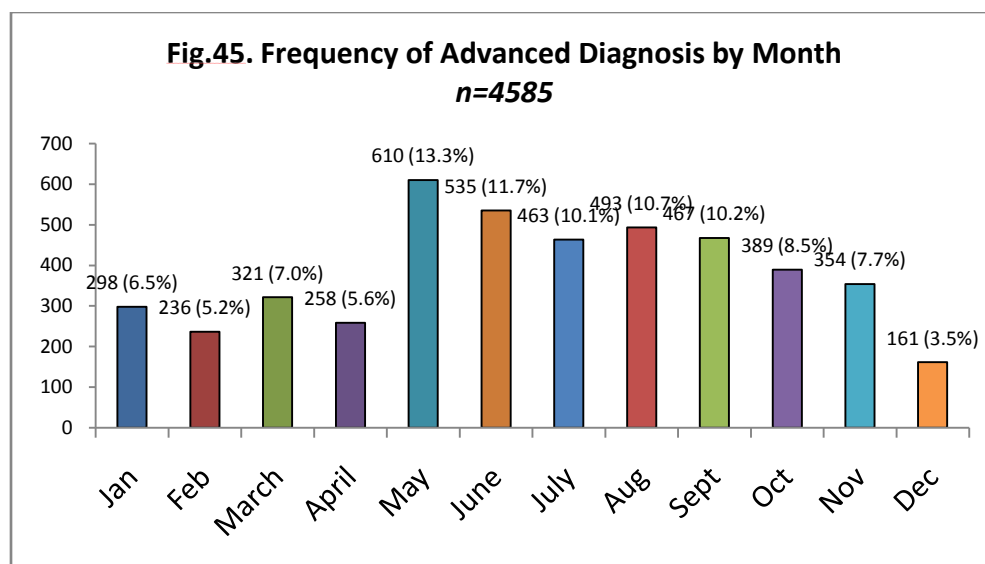
Advanced Diagnosis		Frequency	Percent	95% CI Lower	95% CI Upper
1	Upper respiratory tract infection	808	17.62%	16.54%	18.76%
2	Hypertension	288	6.28%	5.60%	7.03%
3	Other Services	212	4.62%	4.04%	5.28%
4	Injuries to extremities	188	4.10%	3.55%	4.73%
5	Skin infection, not otherwise specified	185	4.03%	3.49%	4.66%
6	Diarrhoea, not otherwise specified	166	3.62%	3.11%	4.21%
7	Diabetes mellitus type 2	157	3.42%	2.93%	4.00%
8	Tuberculosis (confirmed smear negative)	155	3.38%	2.89%	3.96%
9	Gastritis or duodenitis	145	3.16%	2.68%	3.72%
10	OPV Vaccination	143	3.12%	2.64%	3.67%

Fig.44. Frequency of Advanced Diagnosis by Sex*n=4585***Top Ten Advanced Diagnosis (Female)**

Advanced Diagnosis	Frequency (%)
Upper respiratory tract infection	266 (13.6%)
Hypertension	156 (8.0%)
Diabetes mellitus type 2	91 (4.7%)
Other Services	80 (4.1%)
OPV Vaccination	73 (3.7%)
Antenatal visit	61 (3.2%)
Tuberculosis (confirmed smear negative)	61 (3.2%)
Hib Vaccination	60 (3.1%)
Weakness / tiredness	59 (3.0%)
HBV Vaccination	57 (2.8%)

Top Ten Advanced Diagnosis (Male)

Advanced Diagnosis	Frequency (%)
Upper respiratory tract infection	542 (20.6%)
Skin infection, not otherwise specified	137 (5.2%)
Injuries to extremities	133 (5.1%)
Hypertension	132 (5.0%)
Other Services	132 (5.0%)
Diarrhoea, not otherwise specified	116 (4.4%)
Gastritis or duodenitis	107 (4.1%)
Tuberculosis (confirmed smear negative)	94 (3.6%)
OPV Vaccination	70 (2.6%)
HBV Vaccination	67 (2.5%)



11. Hunsur

Hunsur Rabgyaling Tibetan settlement is located in Karnataka in southern India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Hunsur Rabgyaling is 2,413. Of this, there are 1,422(58.9%) male population and 991 (41.1%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 5,685. There were total 139 advanced diagnoses recorded. Figure 47 shows the top ten advanced diagnosis list of hospital in Hunsur Rabgyaling.

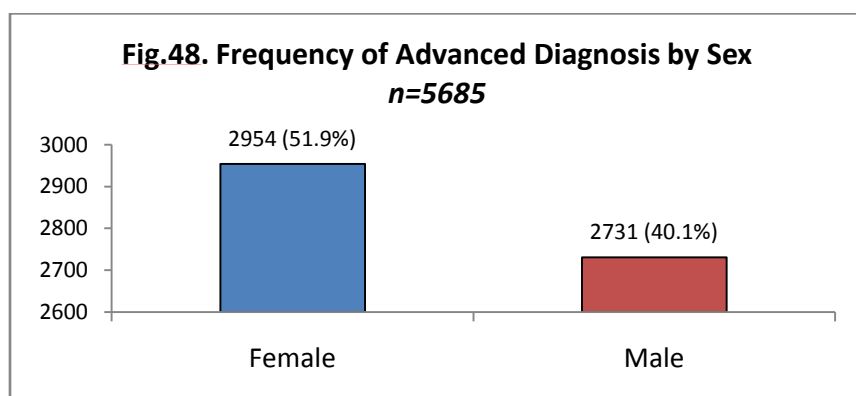
51.9% (count=2954) of total diagnoses are that of female patients whereas 40.1% (count=2731) are that of male patients (Fig.48). Amongst the diagnoses of female patients, the most common are hypertension (17.8%), upper respiratory tract infection (9.7%), and dental conditions (6.4%). In male patients, the most common advanced diagnoses are hypertension (16.8%), upper respiratory tract infection (13.3%) and dental conditions (5.9%).

There is almost equal number of hospital visits throughout the year in all the months. April has the highest number of hospital visits recorded (11.7%) (Fig.49).

People aged above 60 years old visited the hospital most (29.3%) (Fig.50). Children less than 5 years of age constitute 10.6% of total diagnoses made. In those aged above 60 years old, hypertension was most common (41.5%) followed by diabetes mellitus (5.9%) and upper respiratory tract infection (5.8%). In children aged less than 5 years, the most common causes of hospital visits are for the immunization purposes.

Fig.47. Top Ten Advanced Diagnosis 2012 (Hunsur)

	Advanced Diagnosis	Frequency	Percent	95% CI Lower	95% CI Upper
1	Hypertension	988	17.38%	16.41%	18.40%
2	Upper respiratory tract infection	650	11.43%	10.62%	12.30%
3	Dental condition	349	6.14%	5.54%	6.80%
4	Medical check-up / Fitness evaluation	215	3.78%	3.31%	4.32%
5	Diabetes mellitus type 2	209	3.68%	3.21%	4.21%
6	Skin infection, not otherwise specified	167	2.94%	2.52%	3.42%
7	Other Services	160	2.81%	2.41%	3.29%
8	Diarrhoea (watery), not otherwise specified	144	2.53%	2.15%	2.98%
9	Arthropathies	134	2.36%	1.99%	2.79%
10	Weakness / tiredness	133	2.34%	1.97%	2.78%

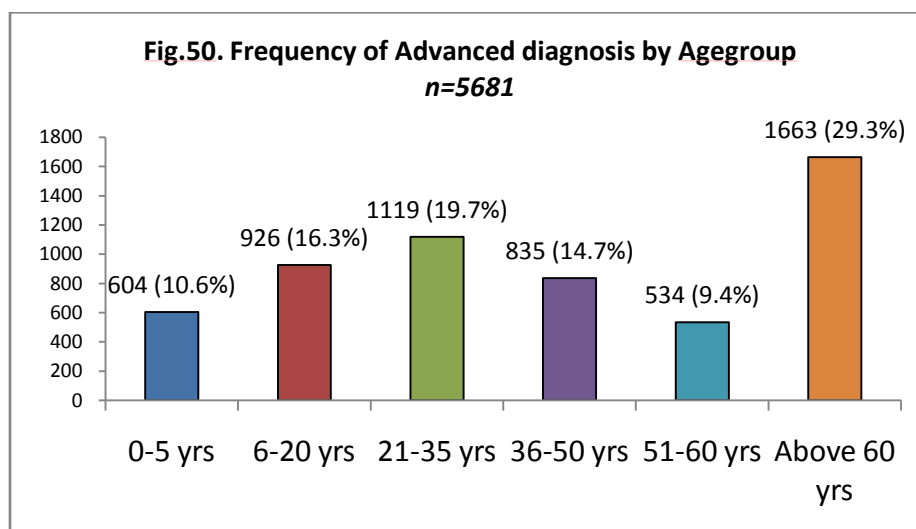
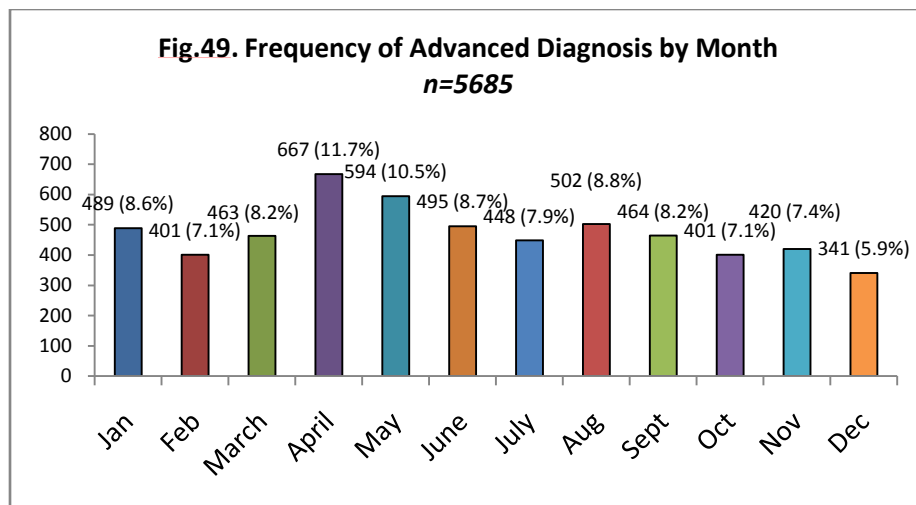


Top Ten Advanced Diagnosis (Female)

Advanced Diagnosis	Frequency (%)
Hypertension	528 (17.8%)
Upper respiratory tract infection	287 (9.7%)
Dental condition	187 (6.4%)
Medical check-up / Fitness evaluation	91 (3.1%)
Arthropathies	85 (2.8%)
Diabetes mellitus type 2	81 (2.7%)
Weakness / tiredness	81 (2.7%)
Abdominal pain, not otherwise specified	79 (2.7%)
Other Services	79 (2.7%)
Antenatal iron / folic acid supplementation	78 (2.6%)

Top Ten Advanced Diagnosis (Male)

Advanced Diagnosis	Frequency (%)
Hypertension	460 (16.8%)
Upper respiratory tract infection	363 (13.3%)
Dental condition	162 (5.9%)
Diabetes mellitus type 2	128 (4.7%)
Medical check-up / Fitness evaluation	124 (4.5%)
Skin infection, not otherwise specified	112 (4.1%)
Injuries to extremities	95 (3.5%)
Other Services	81 (2.9%)
Diarrhoea (watery), not otherwise specified	80 (2.8%)
Skin disease, not otherwise specified	69 (2.5%)



Advanced Diagnosis	Above 60 yrs
Hypertension	690 (41.5%)
Diabetes mellitus type 2	98 (5.9%)
Upper respiratory tract infection	96 (5.8%)
Dental condition	84 (5.1%)
Weakness / tiredness	75 (4.5%)
Abdominal pain, not otherwise specified	61 (3.7%)
Arthropathies	59 (3.5%)
Gastric or duodenal ulcers	41 (2.5%)
Medical check-up / Fitness evaluation	36 (2.2%)
Other Services	34 (2.1%)

12. Kollegal

Kollegal Dhondenling Tibetan settlement is located in Karnataka in southern India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Kollegal Dhondenling is 3,479. Of this, there are 1,784 (51.3%) male population and 1,695 (48.7%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 9,114. There were total 108 advanced diagnoses recorded. Figure 51 shows the top ten advanced diagnosis list of hospital in Kollegal Dhondenling.

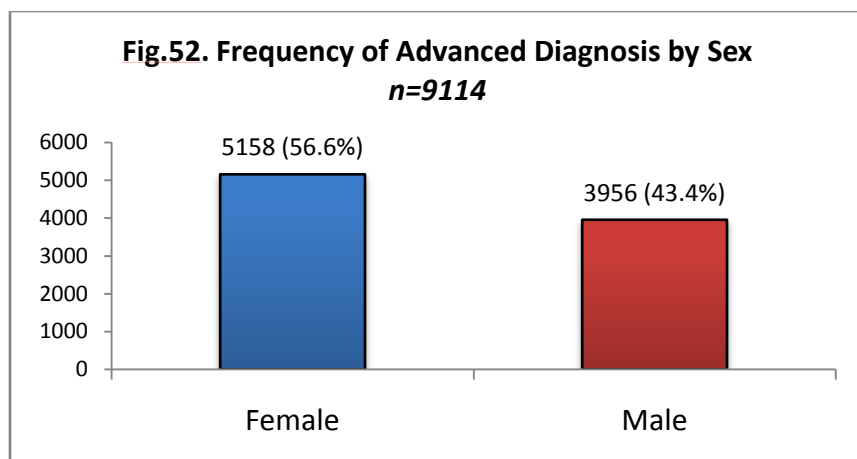
56.6% (count=5158) of total diagnoses are that of female patients whereas 43.4% (count=3956) are that of male patients (Fig.52). Amongst the diagnoses of female patients, the most common are hypertension (18.1%), upper respiratory tract infection (13.4%), and gastritis/ duodenitis (5.2%). In male patients, the most common advanced diagnoses are hypertension (16.6%), upper respiratory tract infection (15.1%) and diarrhoea (4.5%).

There is almost uniform number of hospital visits throughout the year in all the months. May has the highest number of hospital visits recorded (11.5%) (Fig.53).

People aged above 60 years old visited the hospital most (36.5%) (Fig.54). Children less than 5 years of age constitute 8.8% of total diagnoses made. In those aged above 60 years old, hypertension was most common (31.7%) followed by upper respiratory tract infection (7.2%) and gastritis/duodenitis (6.3%).

Fig.51. Top Ten Advanced Diagnosis 2012 (Kollegal)

	Advanced Diagnosis	Frequency	Percent	95% CI Lower	95% CI Upper
1	Hypertension	1589	17.43%	16.66%	18.23%
2	Upper respiratory tract infection	1286	14.11%	13.41%	14.85%
3	Gastritis or duodenitis	418	4.59%	4.17%	5.04%
4	Diarrhoea, not otherwise specified	374	4.10%	3.71%	4.54%
5	Other Services	344	3.77%	3.40%	4.19%
6	Fever (unexplained)	321	3.52%	3.16%	3.93%
7	Skin disease, not otherwise specified	300	3.29%	2.94%	3.68%
8	Eye disease	285	3.13%	2.78%	3.51%
9	Back conditions, not otherwise specified	281	3.08%	2.74%	3.46%
10	Arthropathies	268	2.94%	2.61%	3.31%

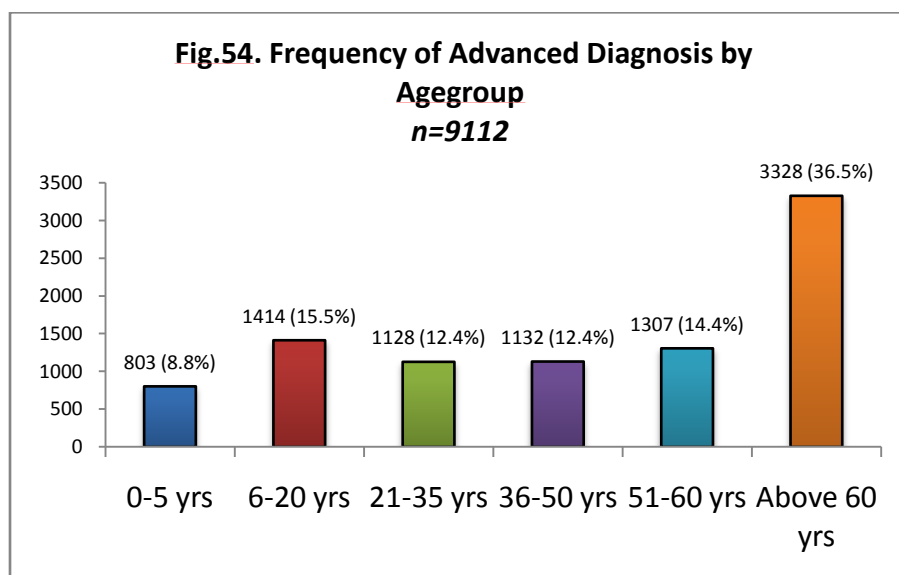
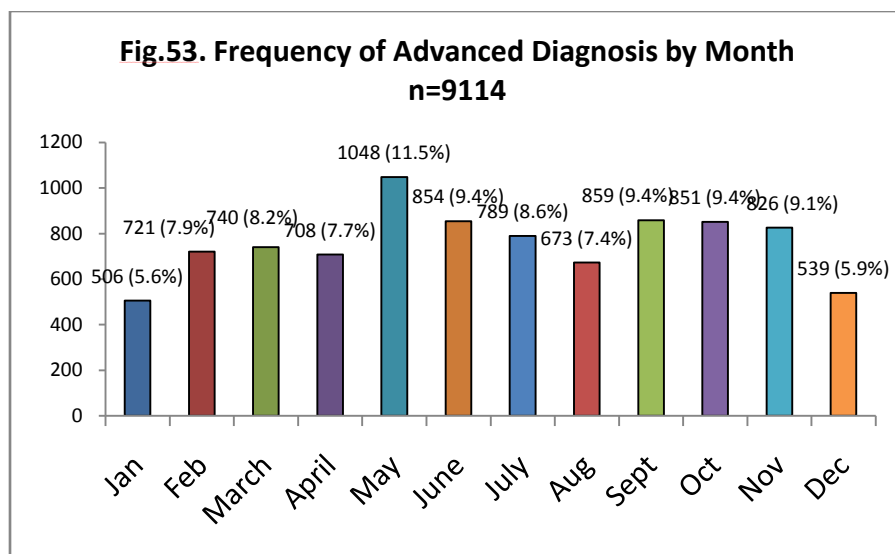


Top Ten Advanced Diagnosis (Female)

Advanced Diagnosis	Frequency (%)
Hypertension	931 (18.1%)
Upper respiratory tract infection	689 (13.4%)
Gastritis or duodenitis	264 (5.2%)
Diarrhoea, not otherwise specified	198 (3.8%)
Arthropathies	188 (3.6%)
Eye disease	174 (3.4%)
Other Services	173 (3.4%)
Back conditions, not otherwise specified	167 (3.3%)
Weakness / tiredness	161 (3.2%)
Skin disease, not otherwise specified	149 (2.9%)

Top Ten Advanced Diagnosis (Male)

Advanced Diagnosis	Frequency (%)
Hypertension	658 (16.6%)
Upper respiratory tract infection	597 (15.1%)
Diarrhoea, not otherwise specified	176 (4.5%)
Fever (unexplained)	174 (4.4%)
Other Services	171 (4.3%)
Gastritis or duodenitis	154 (3.9%)
Skin disease, not otherwise specified	151 (3.8%)
Diabetes mellitus type 2	141 (3.6%)
Infectious diseases, not otherwise specified	127 (3.2%)
Back conditions, not otherwise specified	114 (2.9%)



13. Mundgod

Mundgod Doeguling Tibetan settlement is located in Karnataka in southern India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Mundgod Doeguling is 9,847. Of this, there are 6,976 (70.8%) male population and 2,871 (29.2%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 6,814. There were total 132 advanced diagnoses recorded. Figure 55 shows the top ten advanced diagnosis list of hospital in Mundgod Doeguling.

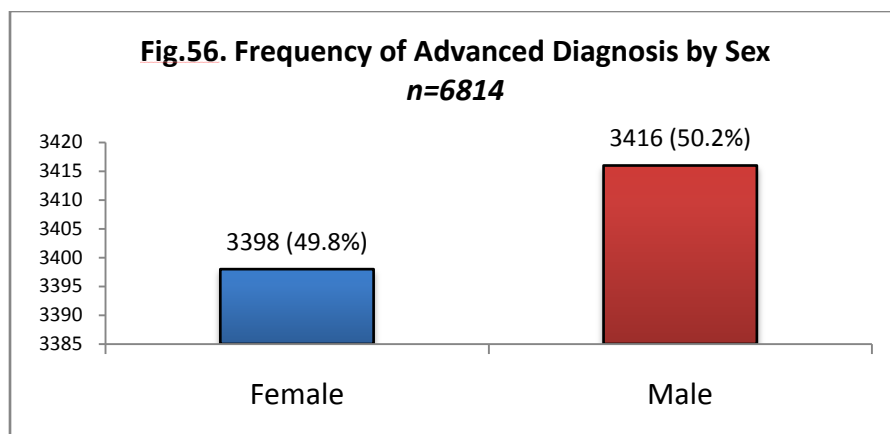
49.8% (count=3398) of total diagnoses are that of female patients whereas 50.2% (count=3416) are that of male patients (Fig.56). Amongst the diagnoses of female patients, the most common are hypertension (18.6%), upper respiratory tract infection (16.4%) and skin disease (5.5%). In male patients, the most common advanced diagnoses are upper respiratory tract infection (25.8%), hypertension (10.2%) and skin disease (9.2%).

There is almost uniform number of hospital visits throughout the year in all the months. September has the highest number of hospital visits recorded (11.1%) (Fig.57).

People aged above 60 years old visited the hospital most (38.1%) (Fig.58). Children less than 5 years of age constitute 6.4% of total diagnoses made. In those aged above 60 years old, hypertension was most common (30.3%) followed by upper respiratory tract infection (10.5%) and musculoskeletal and connective tissue disease (5.6%).

Fig.55. Top Ten Advanced Diagnosis 2012 (Mundgod)

Advanced Diagnosis	Frequency	Percent	95% CI Lower	95% CI Upper
1 Upper respiratory tract infection	1441	21.15%	20.19%	22.14%
2 Hypertension	981	14.40%	13.58%	15.26%
3 Skin disease, not otherwise specified	502	7.37%	6.76%	8.02%
4 Injuries to extremities	223	3.27%	2.87%	3.73%
5 Musculoskeletal and connective tissue disorders, not otherwise specified	206	3.02%	2.64%	3.46%
6 Diarrhoea (watery), not otherwise specified	199	2.92%	2.54%	3.36%
7 Gastritis or duodenitis	196	2.88%	2.50%	3.31%
8 Urinary Tract Infection	194	2.85%	2.47%	3.28%
9 Eye disease	189	2.77%	2.40%	3.20%
10 Skin infection, not otherwise specified	163	2.39%	2.05%	2.79%

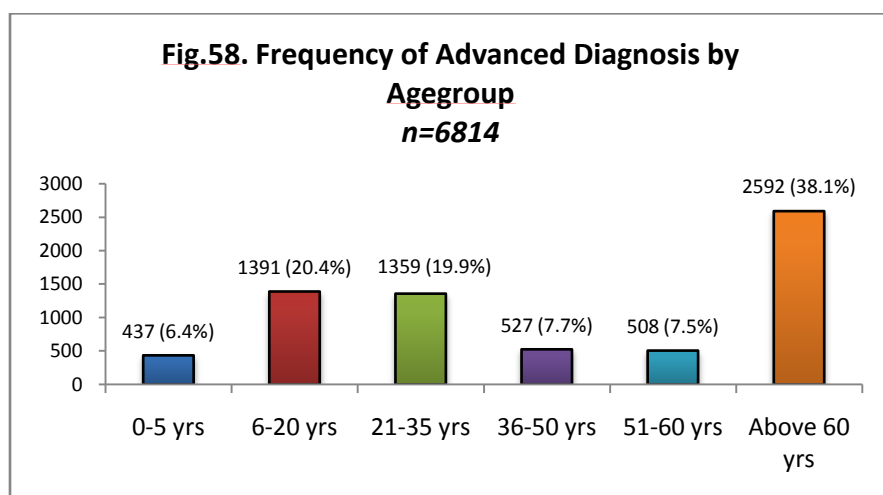
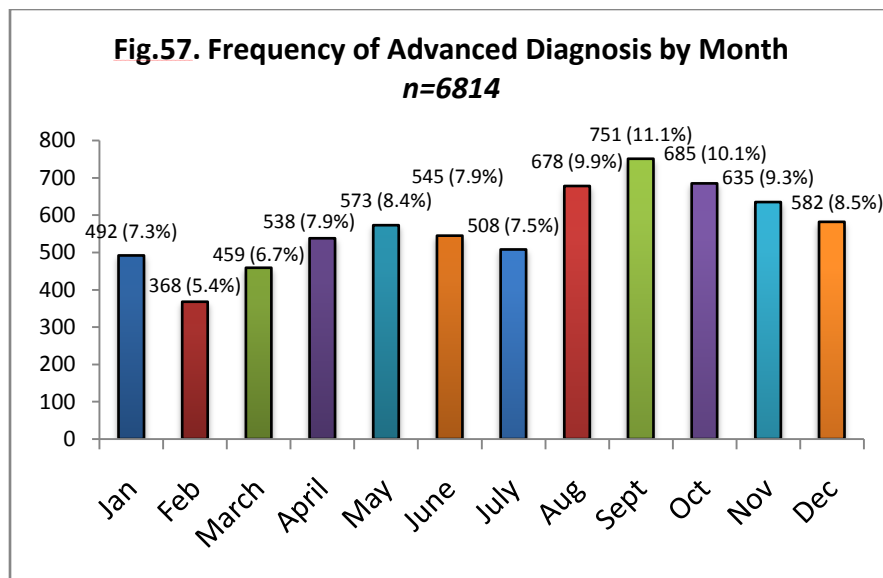


Top Ten Advanced Diagnosis (Female)

Advanced Diagnosis	Frequency (%)
Hypertension	633 (18.6%)
Upper respiratory tract infection	558 (16.4%)
Skin disease, not otherwise specified	188 (5.5%)
Musculoskeletal and connective tissue disorders, not otherwise specified	144 (4.3%)
Injuries to extremities	116 (3.4%)
Eye disease	97 (2.8%)
Urinary Tract Infection	91 (2.7%)
Gastritis or duodenitis	84 (2.5%)
Headache	81 (2.4%)
Diarrhoea (watery), not otherwise specified	77 (2.3%)

Top Ten Advanced Diagnosis (Male)

Advanced Diagnosis	Frequency (%)
Upper respiratory tract infection	883 (25.8%)
Hypertension	348 (10.2%)
Skin disease, not otherwise specified	314 (9.2%)
Diarrhoea (watery), not otherwise specified	122 (3.6%)
Gastritis or duodenitis	112 (3.3%)
Injuries to extremities	107 (3.2%)
Urinary Tract Infection	103 (3.1%)
Skin infection, not otherwise specified	99 (2.9%)
Eye disease	92 (2.7%)
Abdominal pain, not otherwise specified	91 (2.6%)



D. NORTH-EAST

14. Miao

Choepheling Tibetan settlement in Miao is located in Arunachal Pradesh in North-East India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Miao Choepheling is 2,091. Of this, there are 1,069 (51.2%) male population and 1,022 (48.8%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 3,378. There were total 26 advanced diagnoses recorded (Fig.59). Figure 60 shows the top ten watchlist diagnosis list of Miao primary health center.

65.4% (count=2209) of total diagnoses are that of female patients whereas 34.6% (count=1169) are that of male patients (Fig.61). Amongst the diagnoses of female patients, the most common are chronic cardiovascular disease (24.3%), upper respiratory tract infection (19.1%) and chronic musculoskeletal diseases (13.8%). Chronic diseases form major diagnoses in the top ten watchlist diagnosis list. In male patients, the most common advanced diagnoses are upper respiratory tract infection (20.1%), skin disease (18.6%) and chronic cardiovascular disease (18.4%).

The number of hospital visits throughout the year in all the months are uniform with similar number of visits (Fig.62).

The most number of people aged above 60 years old visited the hospital (33.1%) (Fig.63). Children less than 5 years of age constitute 10.4% of total diagnoses made. In those aged above 60 years old, most diseases recorded are the chronic diseases lead by chronic cardiovascular disease (32.3%), chronic musculoskeletal disease (21.9%), chronic nervous system disease (7.8%), chronic digestive system disease (7.7%), chronic endocrine disease (2.8%) and chronic respiratory system disease (1.5%).

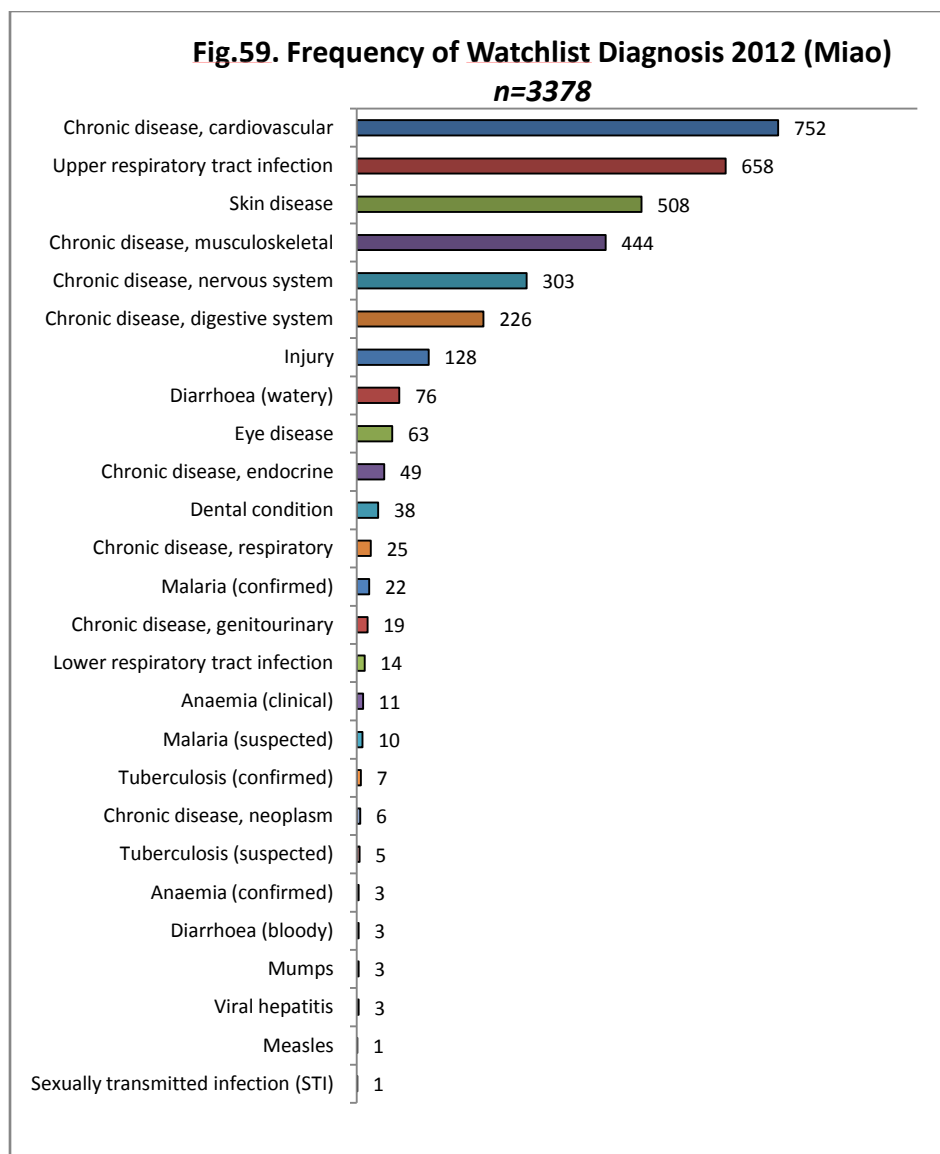
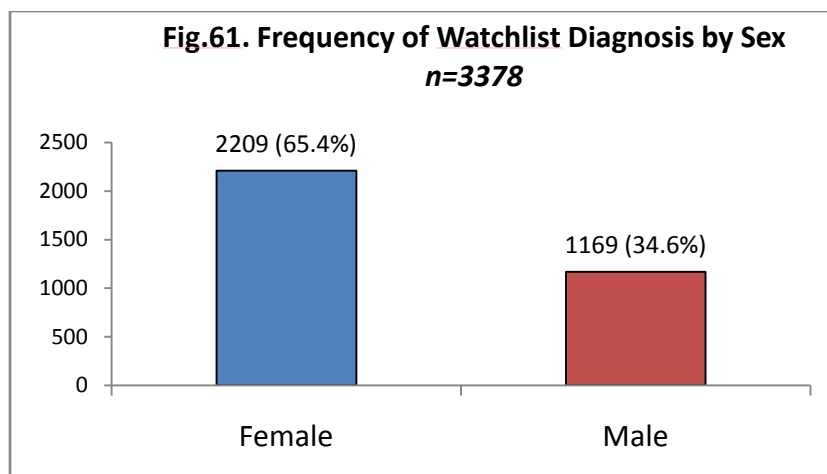


Fig.60. Top Ten Watchlist Diagnosis 2012 (Miao)

	Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1	Chronic disease, cardiovascular	752	22.26%	20.88%	23.71%
2	Upper respiratory tract infection	658	19.48%	18.16%	20.86%
3	Skin disease	508	15.04%	13.86%	16.30%
4	Chronic disease, musculoskeletal	444	13.14%	12.03%	14.34%
5	Chronic disease, nervous system	303	8.97%	8.04%	10.00%
6	Chronic disease, digestive system	226	6.69%	5.88%	7.60%
7	Injury	128	3.79%	3.18%	4.50%
8	Diarrhoea (watery)	76	2.25%	1.79%	2.82%
9	Eye disease	63	1.87%	1.45%	2.40%
10	Chronic disease, endocrine	49	1.45%	1.09%	1.93%

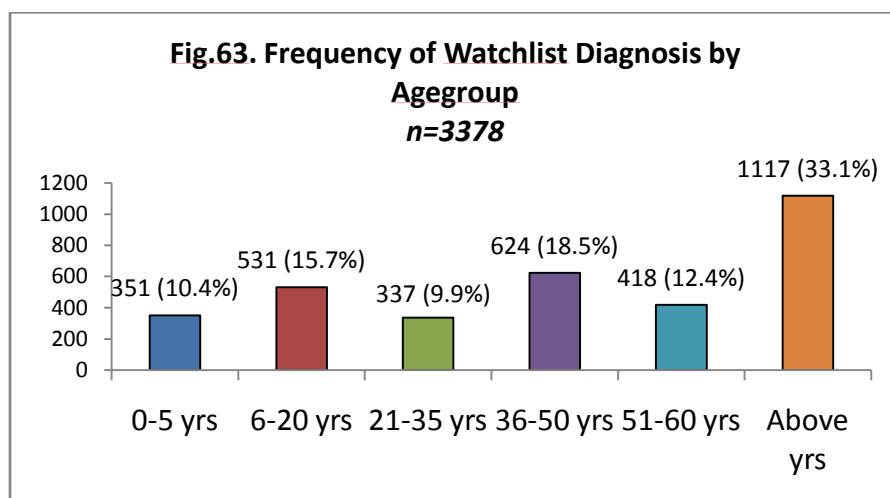
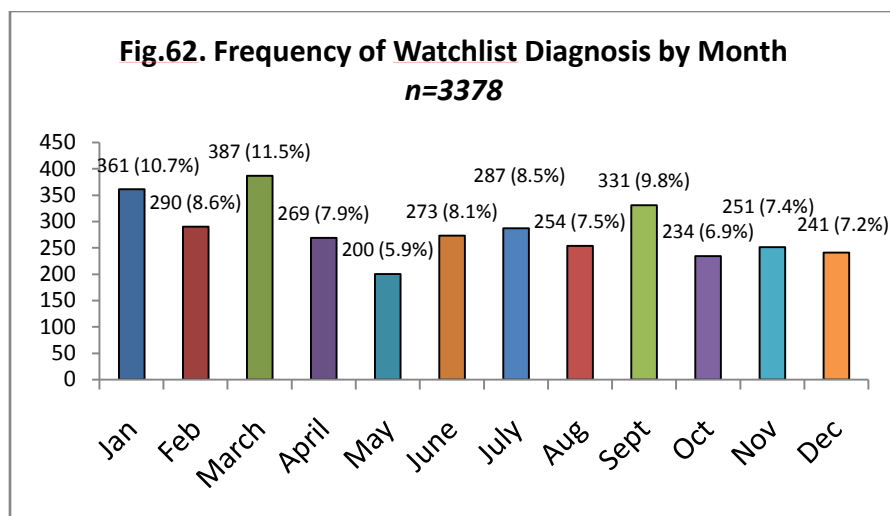


Top Ten Watchlist Diagnosis (Female)

Diagnosis Watchlist	Frequency (%)
Chronic disease, cardiovascular	537 (24.3%)
Upper respiratory tract infection	423 (19.1%)
Chronic disease, musculoskeletal	307 (13.8%)
Skin disease	290 (13.2%)
Chronic disease, nervous system	226 (10.3%)
Chronic disease, digestive system	152 (6.9%)
Injury	48 (2.2%)
Diarrhoea (watery)	47 (2.1%)
Eye disease	45 (2.0%)
Chronic disease, endocrine	35 (1.6%)

Top Ten Watchlist Diagnosis (Male)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	235 (20.1%)
Skin disease	218 (18.6%)
Chronic disease, cardiovascular	215 (18.4%)
Chronic disease, musculoskeletal	137 (11.7%)
Injury	80 (6.8%)
Chronic disease, nervous system	77 (6.6%)
Chronic disease, digestive system	74 (6.4%)
Diarrhoea (watery)	29 (2.5%)
Dental condition	19 (1.6%)
Eye disease	18 (1.5%)



Diagnosis Watchlist	Above 60 yrs
Chronic disease, cardiovascular	360 (32.3%)
Chronic disease, musculoskeletal	245 (21.9%)
Upper respiratory tract infection	133 (11.9%)
Chronic disease, nervous system	87 (7.8%)
Chronic disease, digestive system	86 (7.7%)
Skin disease	53 (4.7%)
Chronic disease, endocrine	32 (2.8%)
Injury	30 (2.7%)
Diarrhoea (watery)	21 (1.9%)
Chronic disease, respiratory	17 (1.5%)

15. Ravangla

Ravangla Tibetan settlement is located in Sikkim in North-East India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Ravangla is 1,180. Of this, there are 675 (57.2%) male population and 505 (42.8%) female population.

Due to remoteness of the area and due to other drawbacks like lack of personnel working in the health clinic, problems with the electricity to run the HIS software and lack of internet facility, the health clinic of Ravangla was unable to record proper, timely and complete data in the HIS.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 66. There were total 9 watchlist diagnoses recorded (Fig.64).

Even though this incomplete data is published here, it is to be noted that this data does not reflect the health conditions of the patients visiting the health clinic of Ravangla.

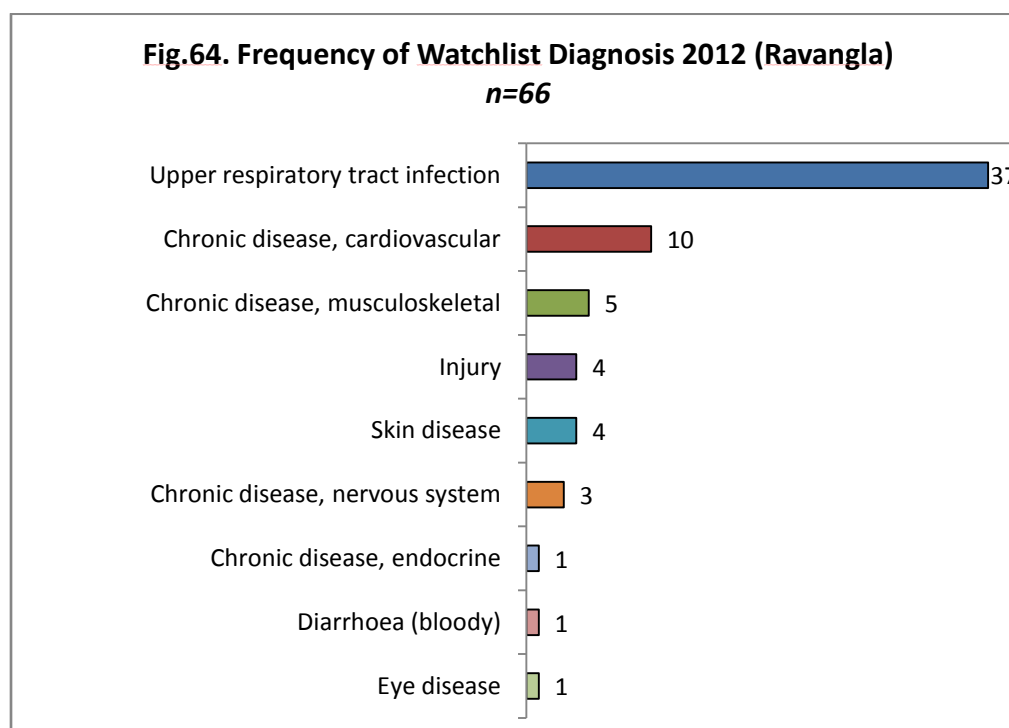


Fig.65. Watchlist Diagnosis 2012 (Ravangla)

	Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1	Upper respiratory tract infection	37	56.06%	43.30%	68.26%
2	Chronic disease, cardiovascular	10	15.15%	7.51%	26.10%
3	Chronic disease, musculoskeletal	5	7.58%	2.51%	16.80%
4	Injury	4	6.06%	1.68%	14.80%
5	Skin disease	4	6.06%	1.68%	14.80%
6	Chronic disease, nervous system	3	4.55%	0.95%	12.71%
7	Chronic disease, endocrine	1	1.52%	0.04%	8.16%
8	Diarrhoea (bloody)	1	1.52%	0.04%	8.16%
9	Eye disease	1	1.52%	0.04%	8.16%

16) Sonada:

Sonada Tibetan settlement is located in West Bengal State in North-East India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Sonada is 546. Of this, there are 257 (47.1%) male population and 289 (52.9%) female population.

Due to reasons similar to Ranvangla Tibetan settlement of remoteness of the area and other drawbacks like lack of personnel working in the health clinic, problems with the electricity to run the HIS software and lack of internet facility, the health clinic of Sonada was also unable to record proper, timely and complete data in the HIS.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 218. There were total 12 watchlist diagnoses recorded (Fig.66).

Even though this incomplete data is published here, it is to be noted that this data does not reflect the health conditions of the patients visiting the health clinic of Sonada.

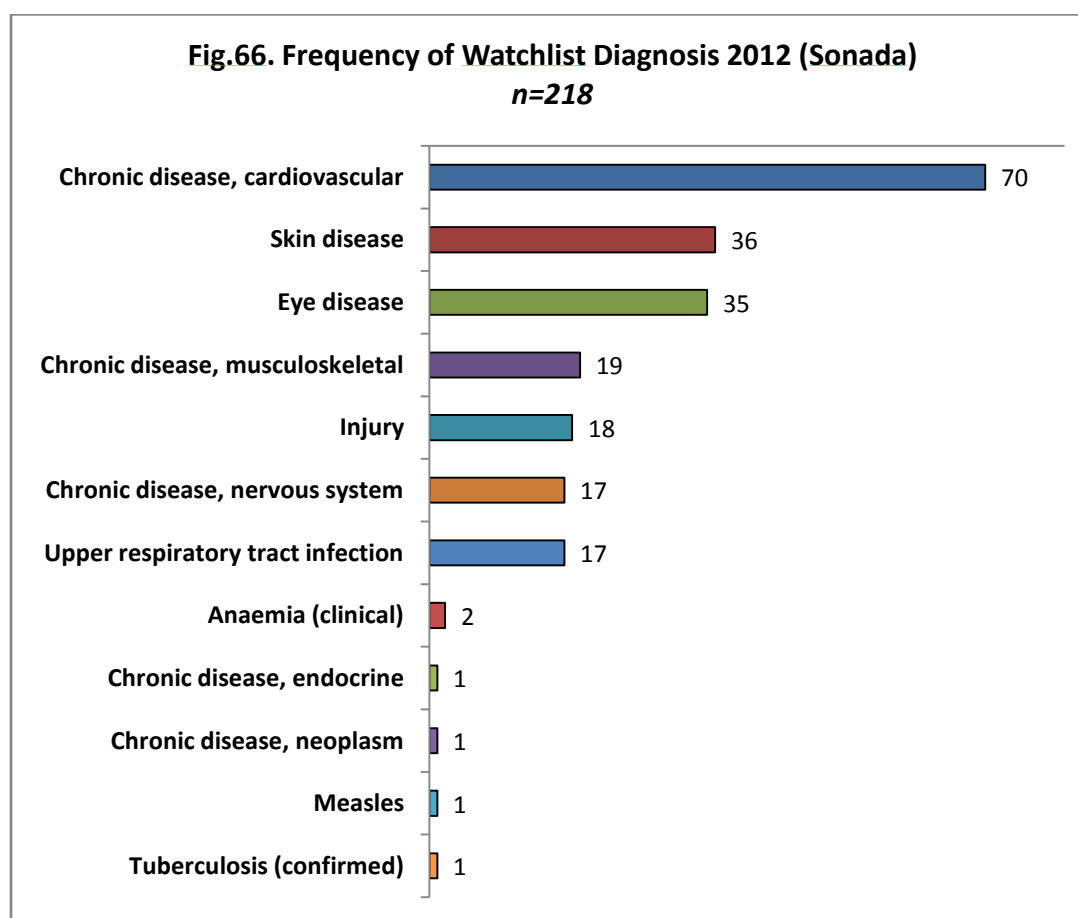


Fig.67. Watchlist Diagnosis 2012 (Ravangla)

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Chronic disease, cardiovascular	70	32.11%	25.96%	38.75%
2 Skin disease	36	16.51%	11.84%	22.12%
3 Eye disease	35	16.06%	11.44%	21.61%
4 Chronic disease, musculoskeletal	19	8.72%	5.33%	13.28%
5 Injury	18	8.26%	4.97%	12.74%
6 Chronic disease, nervous system	17	7.80%	4.61%	12.19%
7 Upper respiratory tract infection	17	7.80%	4.61%	12.19%
8 Anaemia (clinical)	2	0.92%	0.11%	3.27%
9 Chronic disease, endocrine	1	0.46%	0.01%	2.53%
10 Chronic disease, neoplasm	1	0.46%	0.01%	2.53%
11 Measles	1	0.46%	0.01%	2.53%
12 Tuberculosis (confirmed)	1	0.46%	0.01%	2.53%

17. Tezu and Tenzingang:

For Tezu and Tenzingang Tibetan settlement in Arunachal Pradesh in North-East India, even though the health clinics are provided with the HIS software and computer, due to various reasons, somehow no data was collected and recorded in the HIS database.

NEPAL

1. Bhoudha

Bhoudha is located in Kathmandu, the capital city of Nepal. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population in Bhoudha is 4,846. Of this, there are 2,390 (49.3%) male population and 2,456 (50.7%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 291. There were total 14 advanced diagnoses recorded (Fig.68). Figure 69 shows the top ten watchlist diagnosis list of Bhoudha health clinic.

Seemingly, it can be inferred that the health clinic of Bhoudha has not been efficient in health clinic data collection. For a comparative large population, the number of recorded clinic visit is seen to be low and on top of that, there has been no HIS data record at all for the months of November and December (Fig.71). The department is collectively aware of the many shortcomings with the functioning of the HIS data collection in Nepal. However, we have presented here the report of the available data on health clinic visits of Bhoudha.

66.7% (count=194) of total diagnoses are that of female patients whereas 33.3% (count=97) are that of male patients (Fig.70). Amongst the diagnoses of female patients, the most common are the chronic diseases of cardiovascular, musculoskeletal, digestive system, nervous system and respiratory system constituting 77.1% of total watchlist diagnoses recorded. Similarly, in the male patients, the chronic diseases also form the major number of diagnoses made constituting 73.3%.

The most number of people aged above 60 years old visited the hospital (78.0%) (Fig.72). Children less than 5 years of age constitute only 0.4% of the total diagnoses made. In those aged above 60 years old, most diseases recorded are the chronic diseases lead by chronic cardiovascular disease (42.3%), chronic musculoskeletal disease (19.8%), chronic digestive system disease (18.1%), chronic respiratory system disease (4.8%) and chronic nervous system disease (1.7%).

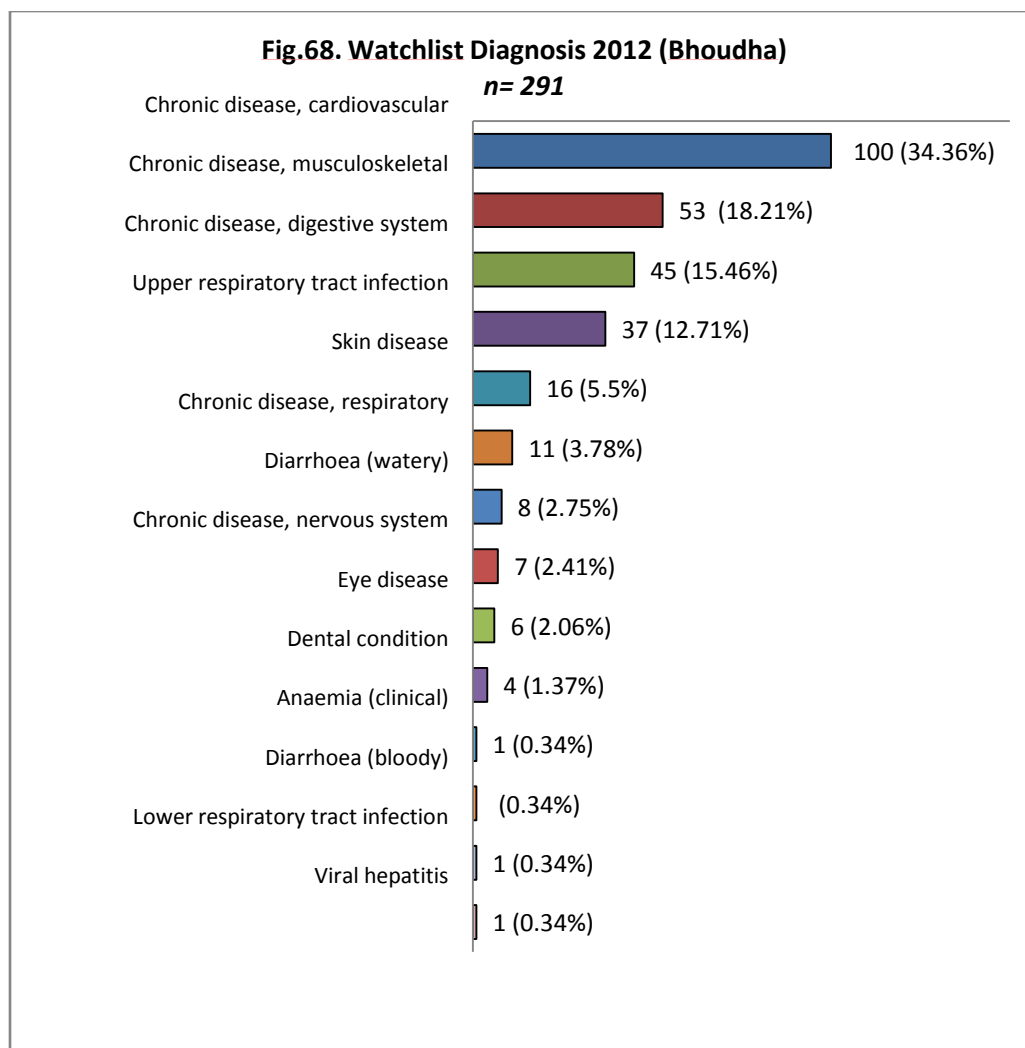
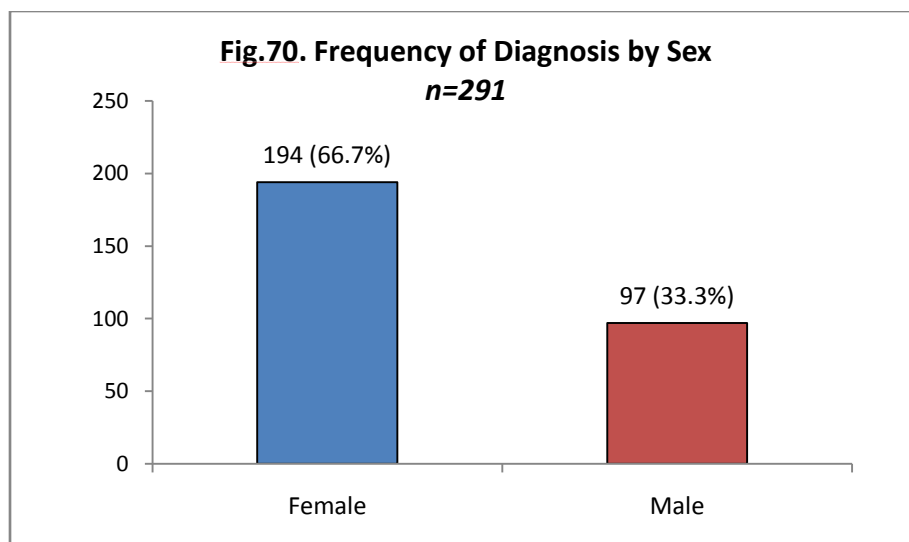


Fig.69. Top Ten Watchlist Diagnosis (BHOUDHA)

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Chronic disease, cardiovascular	100	34.36%	28.92%	40.13%
2 Chronic disease, musculoskeletal	53	18.21%	13.95%	23.14%
3 Chronic disease, digestive system	45	15.46%	11.51%	20.14%
4 Upper respiratory tract infection	37	12.71%	9.11%	17.10%
5 Skin disease	16	5.50%	3.18%	8.78%
6 Chronic disease, respiratory	11	3.78%	1.90%	6.66%
7 Diarrhoea (watery)	8	2.75%	1.19%	5.34%
8 Chronic disease, nervous system	7	2.41%	0.97%	4.89%
9 Eye disease	6	2.06%	0.76%	4.43%
10 Dental condition	4	1.37%	0.38%	3.48%

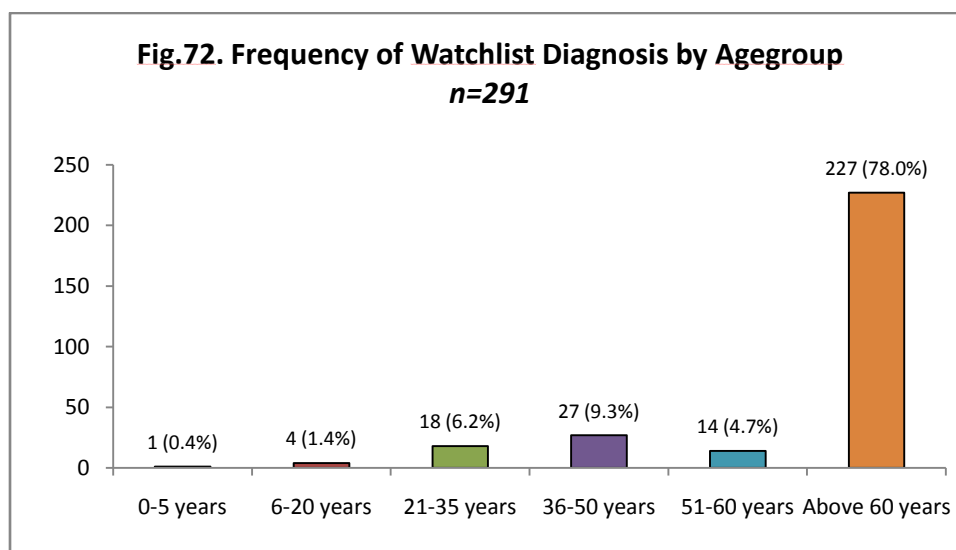
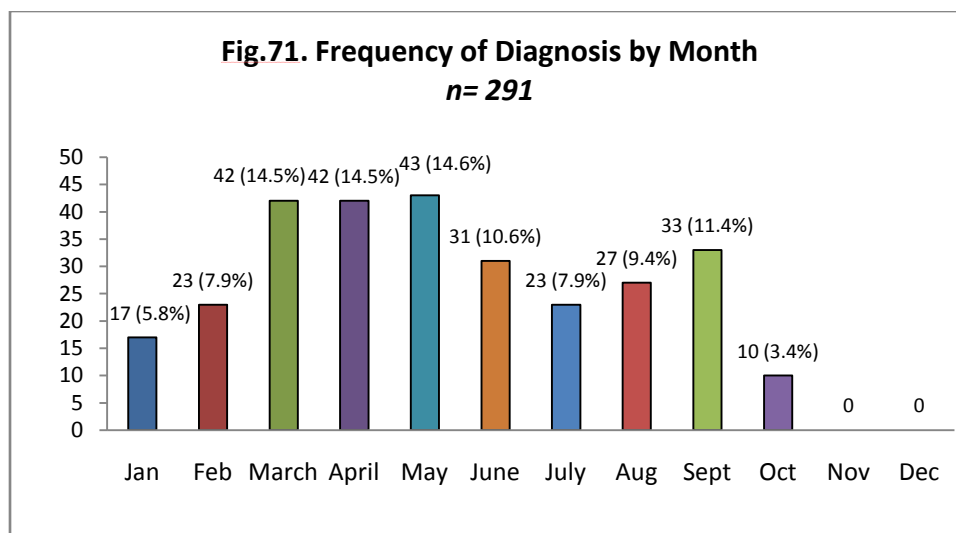


Top Ten Watchlist Diagnosis (Female)

Diagnosis Watchlist	Frequency (%)
Chronic disease, cardiovascular	62 (31.9%)
Chronic disease, musculoskeletal	46 (23.7%)
Chronic disease, digestive system	30 (15.5%)
Upper respiratory tract infection	29 (14.9%)
Skin disease	6 (3.1%)
Chronic disease, nervous system	5 (3.0%)
Eye disease	5 (3.0%)
Diarrhoea (watery)	4 (2.9%)
Chronic disease, respiratory	3 (2.8%)
Dental condition	3 (2.8%)

Top Ten Watchlist Diagnosis (Male)

Diagnosis Watchlist	Frequency (%)
Chronic disease, cardiovascular	38 (39.2%)
Chronic disease, digestive system	15 (15.5%)
Skin disease	10 (10.3%)
Chronic disease, respiratory	8 (8.3%)
Upper respiratory tract infection	8 (8.3%)
Chronic disease, musculoskeletal	7 (8.2%)
Diarrhoea (watery)	4 (4.1%)
Chronic disease, nervous system	2 (2.1%)
Anaemia (clinical)	1 (1.1%)
Dental condition	1 (1.1%)



Diagnosis Watchlist	Above 60 yrs
Chronic disease, cardiovascular	96 (42.3%)
Chronic disease, musculoskeletal	45 (19.8%)
Chronic disease, digestive system	41 (18.1%)
Upper respiratory tract infection	14 (6.2%)
Chronic disease, respiratory	11 (4.8%)
Diarrhoea (watery)	5 (2.2%)
Eye disease	5 (2.2%)
Chronic disease, nervous system	4 (1.7%)
Skin disease	3 (1.3%)
Anaemia (clinical)	1 (0.5%)

2. Jampaling

According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Jampaling Tibetan settlement is 588. Of this, there are 291 (49.5%) male population and 297 (50.5%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 831. There were total 15 advanced diagnoses recorded (Fig.73). Figure 74 shows the top ten watchlist diagnosis list of Jampaling Tibetan health clinic.

There is no HIS data record at all for the months beyond August (Fig.76). The department is collectively aware of the many shortcomings with the functioning of the HIS data collection in Nepal. However, we have presented here the report of the available data on health clinic visits.

54.1% (count=449) of total diagnoses are that of female patients whereas 45.9% (count=382) are that of male patients (Fig.75). Amongst the diagnoses of female patients, the most common are chronic cardiovascular disease (34.9%), upper respiratory tract infection (16.7%) and skin disease (15.2%) whereas among the diagnoses of male patients, the most common are chronic cardiovascular disease (41.9%), chronic musculoskeletal disease (18.1%) and upper respiratory tract disease (13.4%).

The most number of people aged above 60 years old visited the hospital (75.4%) (Fig.77). Children less than 5 years of age constitute only 0.9% of the total diagnoses made. In those aged above 60 years old, most diseases recorded are the chronic diseases.

Fig.73. Frequency of Watchlist Diagnosis 2012 (Jampaling)
n=831

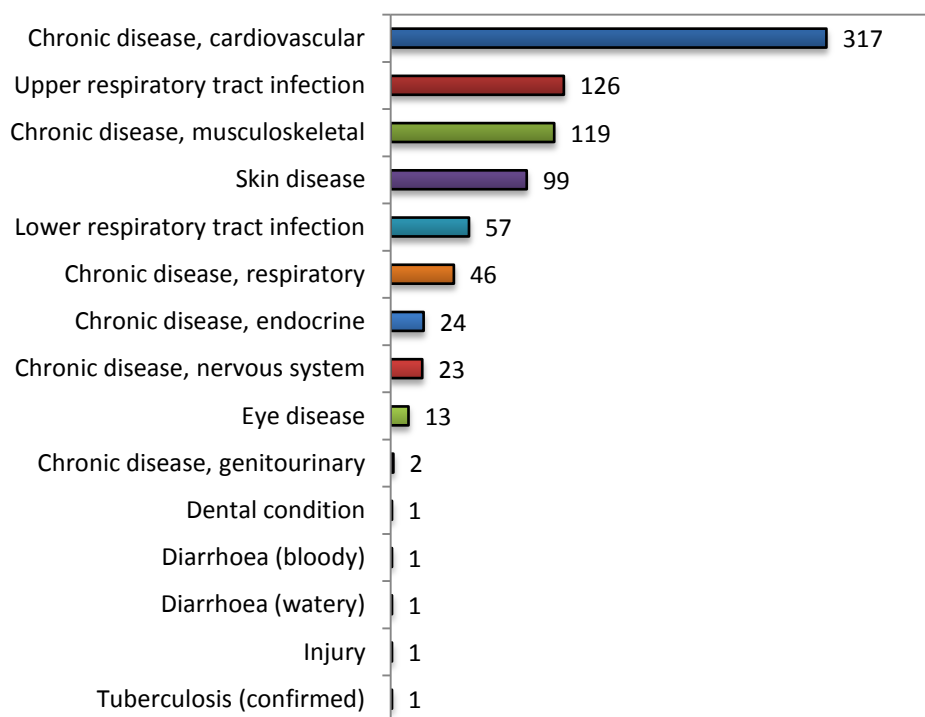
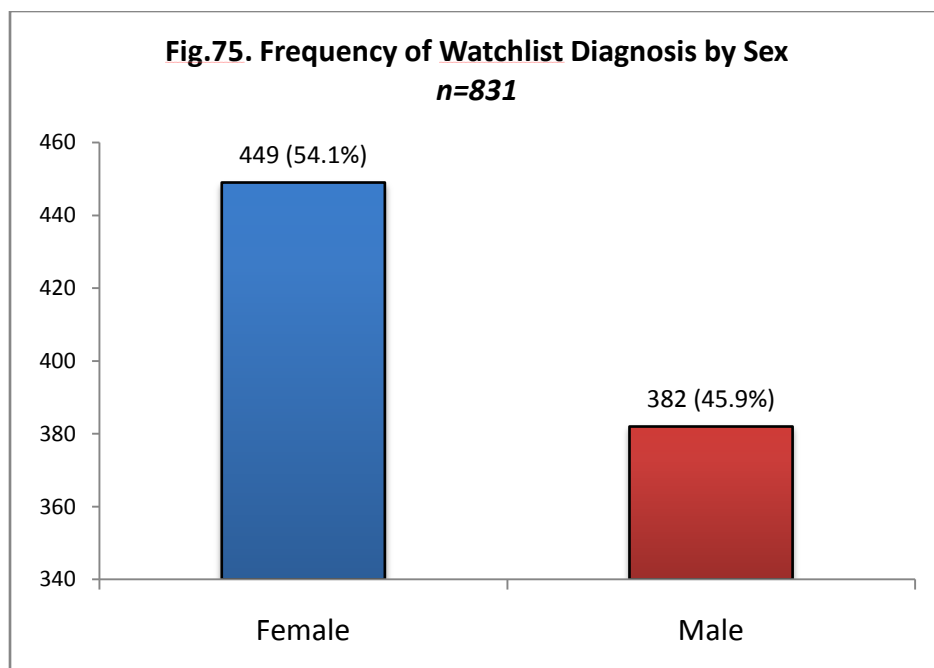


Fig. 74. Top Ten Disease Diagnosis (Jampaling)

	Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1	Chronic disease, cardiovascular	317	38.15%	34.85%	41.56%
2	Upper respiratory tract infection	126	15.16%	12.83%	17.82%
3	Chronic disease, musculoskeletal	119	14.32%	12.05%	16.93%
4	Skin disease	99	11.91%	9.83%	14.36%
5	Lower respiratory tract infection	57	6.86%	5.28%	8.85%
6	Chronic disease, respiratory	46	5.54%	4.12%	7.37%
7	Chronic disease, endocrine	24	2.89%	1.90%	4.33%
8	Chronic disease, nervous system	23	2.77%	1.80%	4.19%
9	Eye disease	13	1.56%	0.87%	2.73%
10	Chronic disease, genitourinary	2	0.24%	0.04%	0.97%

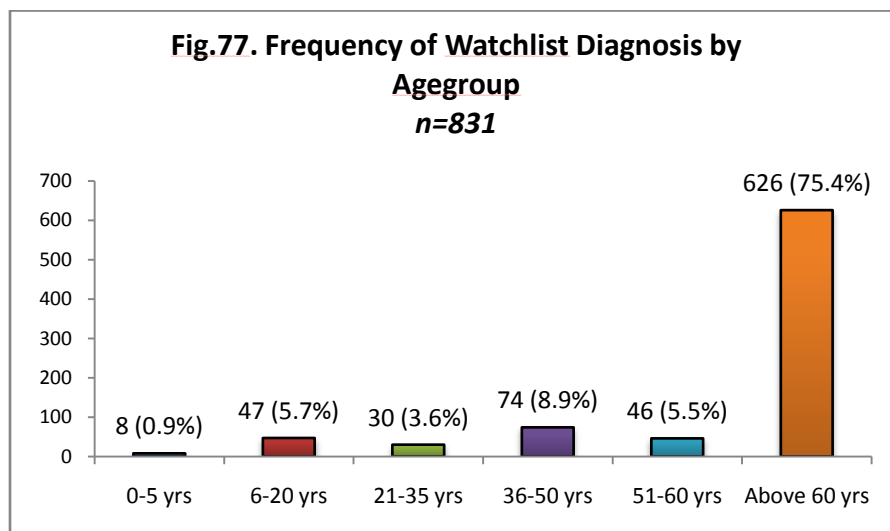
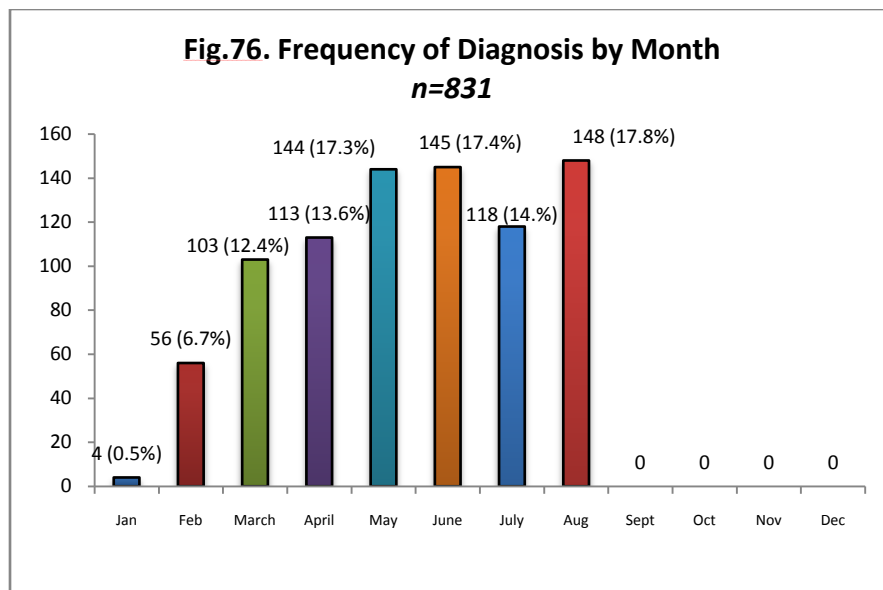


Top Ten Watchlist Diagnosis (Female)

Diagnosis Watchlist	Frequency (%)
Chronic disease, cardiovascular	157 (34.9%)
Upper respiratory tract infection	75 (16.7%)
Skin disease	68 (15.2%)
Chronic disease, musculoskeletal	50 (11.2%)
Lower respiratory tract infection	38 (8.5%)
Chronic disease, respiratory	22 (4.9%)
Chronic disease, nervous system	16 (3.6%)
Chronic disease, endocrine	9 (2.0%)
Eye disease	8 (1.8%)
Chronic disease, genitourinary	2 (0.5%)

Top Ten Watchlist Diagnosis (Male)

Diagnosis Watchlist	Frequency (%)
Chronic disease, cardiovascular	160 (41.9%)
Chronic disease, musculoskeletal	69 (18.1%)
Upper respiratory tract infection	51 (13.4%)
Skin disease	31 (8.2%)
Chronic disease, respiratory	24 (6.3%)
Lower respiratory tract infection	19 (4.9%)
Chronic disease, endocrine	15 (3.9%)
Chronic disease, nervous system	7 (1.8%)
Eye disease	5 (1.3%)
Diarrhoea (watery)	1 (0.3%)



Diagnosis Watchlist	Above 60 yrs
Chronic disease, cardiovascular	287 (45.8%)
Chronic disease, musculoskeletal	107 (17.1%)
Upper respiratory tract infection	75 (11.9%)
Chronic disease, respiratory	46 (7.4%)
Skin disease	40 (6.4%)
Lower respiratory tract infection	29 (4.6%)
Chronic disease, endocrine	17 (2.7%)
Eye disease	11 (1.7%)
Chronic disease, nervous system	9 (1.4%)
Chronic disease, genitourinary	2 (0.3%)

3. Jawalakhel

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 for Jawalakhel Tibetan settlement in Nepal is 1,537. There were total 18 advanced diagnoses recorded (Fig.78). Figure 79 shows the top ten watchlist diagnosis list of Jawalakhel Tibetan health clinic.

85.1% (count=1308) of total diagnoses are that of female patients whereas only 14.9% (count=229) are that of male patients (Fig.80). Amongst the diagnoses of female patients, the most common are chronic cardiovascular disease (24.9%), upper respiratory tract infection (21.6%) and chronic musculoskeletal disease (17.8%) whereas among the diagnoses of male patients, the most common are chronic cardiovascular disease (28.4%), injury (23.2%) and skin disease (17.5%).

There is similar uniform number of clinic visits throughout the months of the year with maximum clinic visit in June (14.5%) (Fig.81).

The most number of people aged above 60 years old visited the hospital (54.8%) (Fig.82). Children less than 5 years of age constitute 4.1% of the total diagnoses made. In those aged above 60 years old, the most common diseases recorded are chronic cardiovascular disease (36.9%), chronic musculoskeletal disease (21.9%) and upper respiratory tract infection (16.9%).

**Fig.78. Frequency of Watchlist Diagnosis 2012
(Jawalakhel)
n=1537**

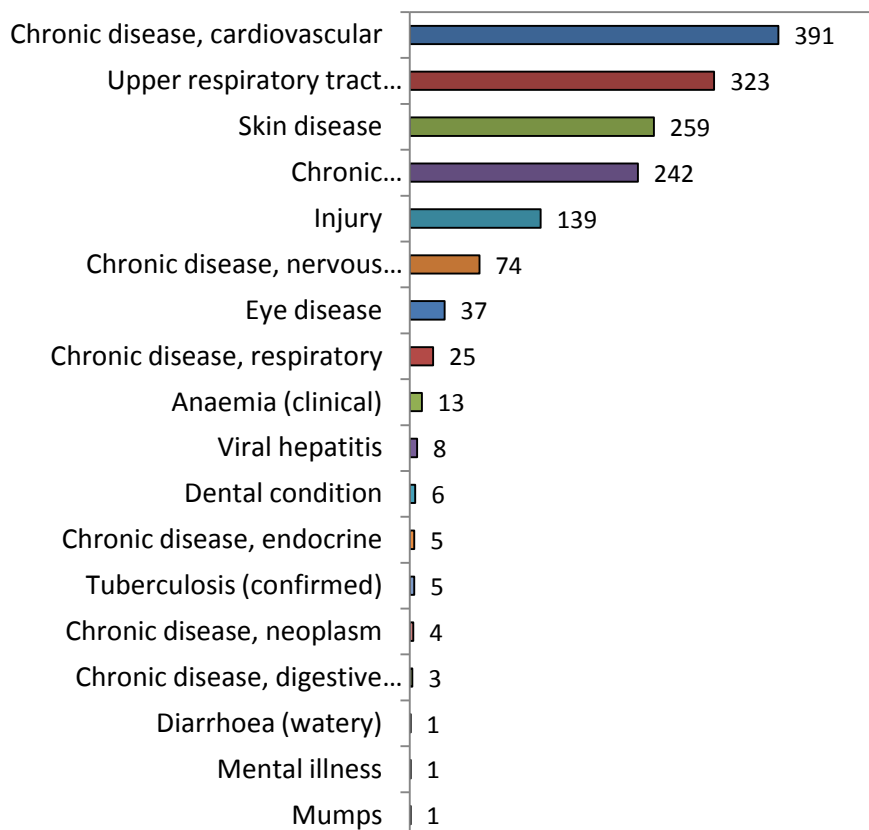
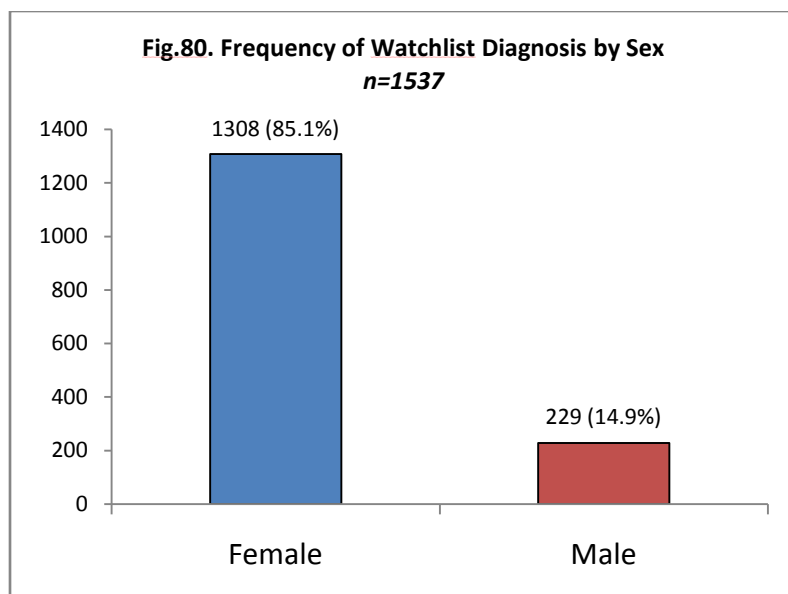


Fig.79. Top Ten Watchlist Diagnosis (Jawalakhel)

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Chronic disease, cardiovascular	391	25.44%	23.29%	27.71%
2 Upper respiratory tract infection	323	21.01%	19.02%	23.16%
3 Skin disease	259	16.85%	15.03%	18.84%
4 Chronic disease, musculoskeletal	242	15.74%	13.98%	17.68%
5 Injury	139	9.04%	7.68%	10.62%
6 Chronic disease, nervous system	74	4.81%	3.82%	6.04%
7 Eye disease	37	2.41%	1.72%	3.34%
8 Chronic disease, respiratory	25	1.63%	1.08%	2.43%
9 Anaemia (clinical)	13	0.85%	0.47%	1.48%
10 Viral hepatitis	8	0.52%	0.24%	1.07%

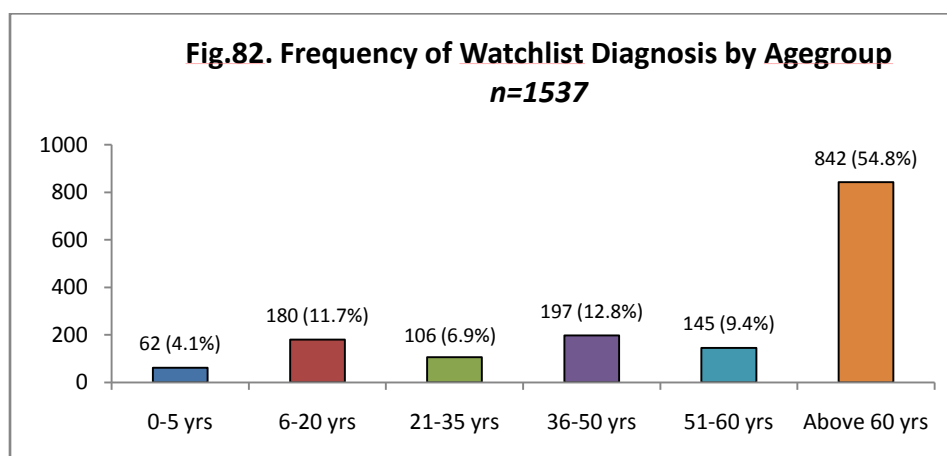
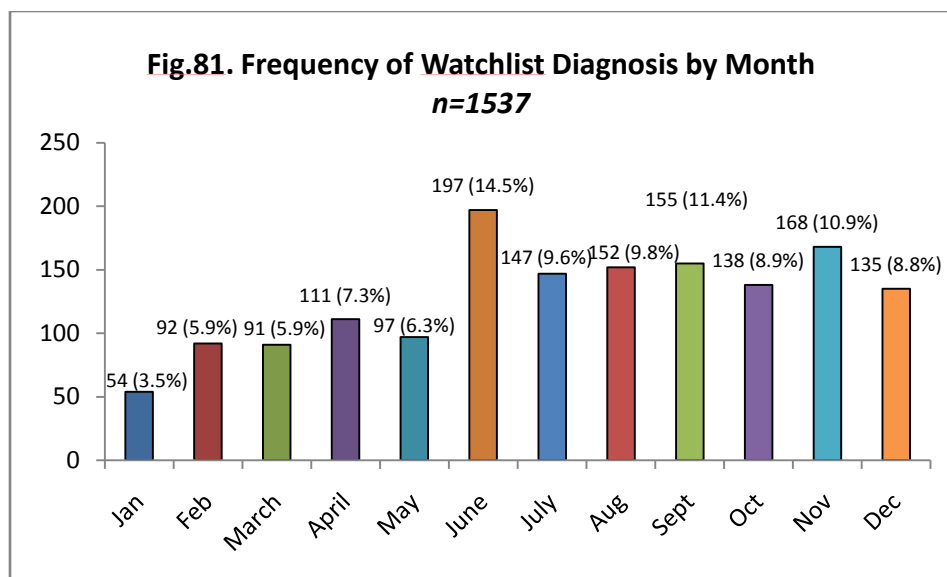


Top Ten Watchlist Diagnosis (Female)

Diagnosis Watchlist	Frequency (%)
Chronic disease, cardiovascular	326 (24.9%)
Upper respiratory tract infection	283 (21.6%)
Chronic disease, musculoskeletal	233 (17.8%)
Skin disease	219 (16.7%)
Injury	86 (6.6%)
Chronic disease, nervous system	69 (5.3%)
Eye disease	33 (2.5%)
Chronic disease, respiratory	25 (1.9%)
Anaemia (clinical)	9 (0.7%)
Viral hepatitis	7 (0.5%)

Top Ten Watchlist Diagnosis (Male)

Diagnosis Watchlist	Frequency (%)
Chronic disease, cardiovascular	65 (28.4%)
Injury	53 (23.2%)
Skin disease	40 (17.5%)
Upper respiratory tract infection	40 (17.5%)
Chronic disease, musculoskeletal	9 (3.9%)
Chronic disease, nervous system	5 (2.2%)
Anaemia (clinical)	4 (1.7%)
Chronic disease, neoplasm	4 (1.7%)
Eye disease	4 (1.7%)
Chronic disease, endocrine	1 (0.4%)



Diagnosis Watchlist	Above 60 yrs
Chronic disease, cardiovascular	311 (36.9%)
Chronic disease, musculoskeletal	185 (21.9%)
Upper respiratory tract infection	143 (16.9%)
Skin disease	82 (9.7%)
Chronic disease, nervous system	37 (4.4%)
Eye disease	28 (3.3%)
Chronic disease, respiratory	24 (2.8%)
Injury	16 (1.9%)
Anaemia (clinical)	4 (0.5%)
Chronic disease, endocrine	4 (0.5%)

4. Lo-Tserok

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 for Lo-Tserok Tibetan settlement is 339. There were total 18 advanced diagnoses recorded (Fig.83). Figure 84 shows the top ten watchlist diagnosis list of Lo-Tserok Tibetan health clinic.

There is no HIS data record at all for the months of January, August, September, October, November and December (Fig.86). The department is collectively aware of the many shortcomings with the functioning of the HIS data collection in Nepal. However, we have presented here the report of the available data on health clinic visits.

65.8% (count=223) of total diagnoses are that of female patients whereas 34.2% (count=116) are that of male patients (Fig.85). Amongst the diagnoses of female patients, the most common are upper respiratory tract infection (21.1%), eye disease (16.6%) and chronic cardiovascular disease (14.8%) whereas in the male patients, the most common diagnoses were upper respiratory tract infection (34.5%), eye disease (16.4%) and chronic musculoskeletal disease (10.4%).

The most number of people aged above 60 years old visited the hospital (33.1%) followed by equally high number of clinical visits made by those aged 6-20 years (22.7%) and those aged 36-50 years (23.9%) (Fig.87). Children less than 5 years of age constitute 2.6% of the total diagnoses made.

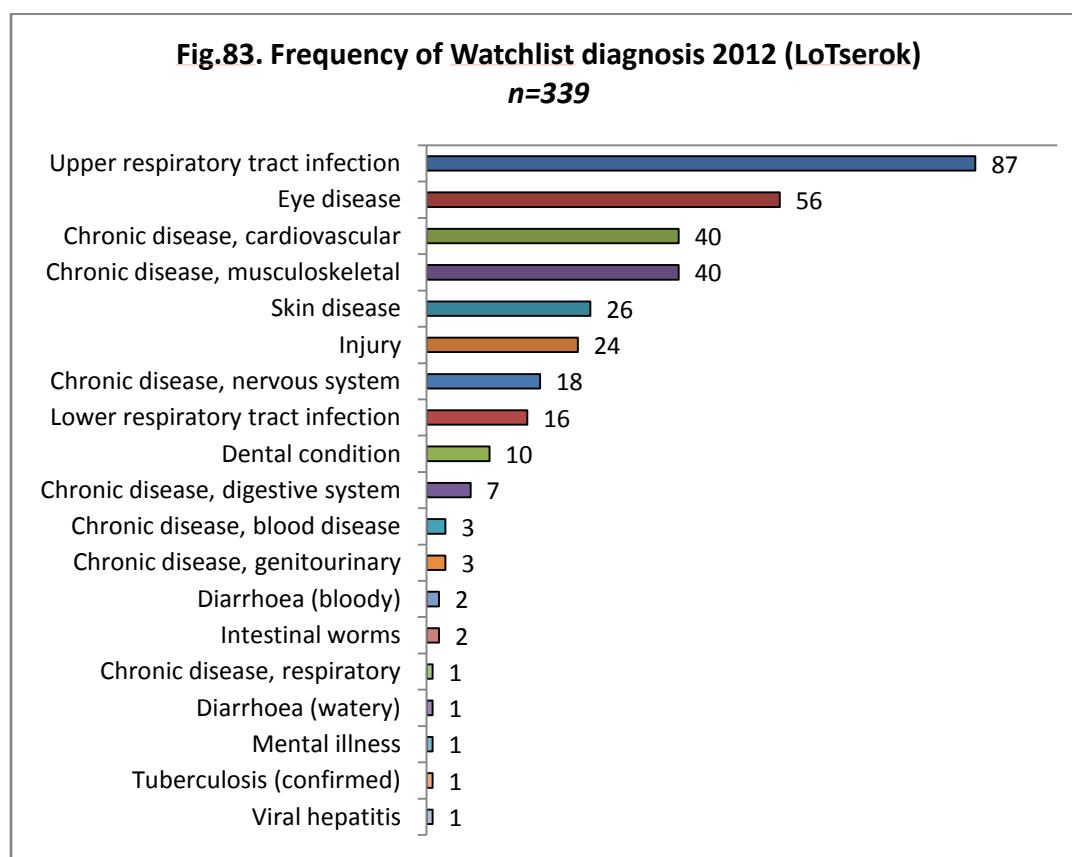
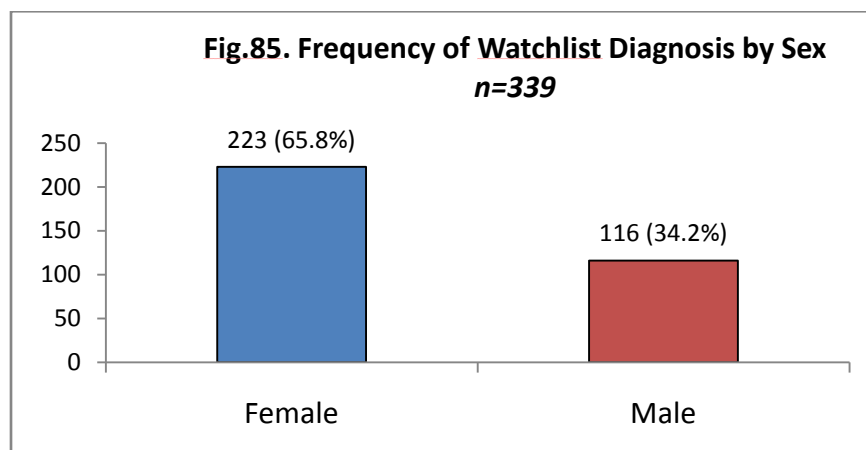


Fig.84. Top Ten watchlist Diagnosis (LoTserok)

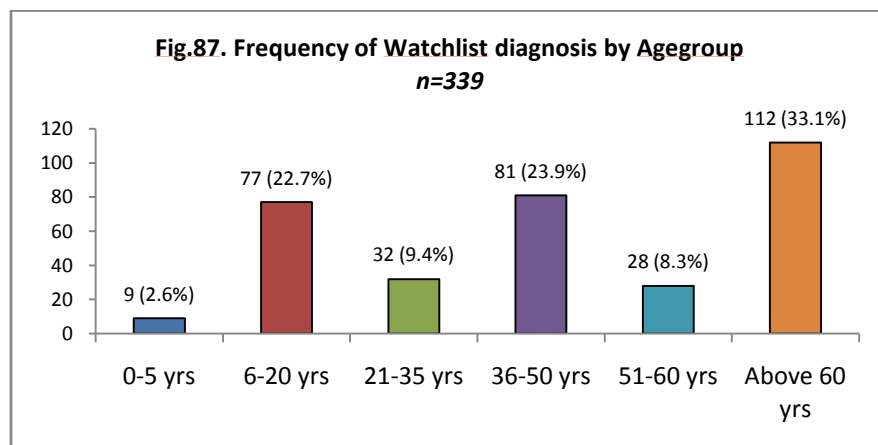
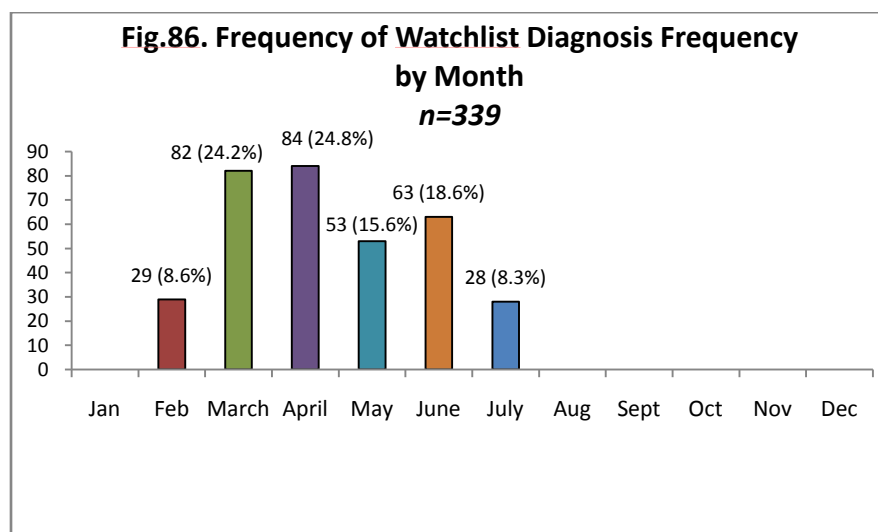
Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Upper respiratory tract infection	87	25.66%	21.17%	30.72%
2 Eye disease	56	16.52%	12.81%	21.00%
3 Chronic disease, cardiovascular	40	11.80%	8.66%	15.83%
4 Chronic disease, musculoskeletal	40	11.80%	8.66%	15.83%
5 Skin disease	26	7.67%	5.17%	11.17%
6 Injury	24	7.08%	4.68%	10.49%
7 Chronic disease, nervous system	18	5.31%	3.27%	8.41%
8 Lower respiratory tract infection	16	4.72%	2.81%	7.71%
9 Dental condition	10	2.95%	1.51%	5.53%
10 Chronic disease, digestive system	7	2.06%	0.91%	4.39%

**Fig.85. Frequency of Watchlist Diagnosis by Sex
n=339****Top Ten Watchlist Diagnosis (Female)**

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	47 (21.1%)
Eye disease	37 (16.6%)
Chronic disease, cardiovascular	33 (14.8%)
Chronic disease, musculoskeletal	28 (12.6%)
Skin disease	21 (9.4%)
Injury	13 (5.8%)
Chronic disease, nervous system	12 (5.4%)
Lower respiratory tract infection	10 (4.5%)
Dental condition	7 (3.2%)
Chronic disease, digestive system	4 (1.8%)

Top Ten Watchlist Diagnosis (Male)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	40 (34.5%)
Eye disease	19 (16.4%)
Chronic disease, musculoskeletal	12 (10.4%)
Injury	11 (9.5%)
Chronic disease, cardiovascular	7 (6.1%)
Chronic disease, nervous system	6 (5.2%)
Lower respiratory tract infection	6 (5.2%)
Skin disease	5 (4.3%)
Chronic disease, digestive system	3 (2.6%)
Dental condition	3 (2.6%)



5. TashiPalkheil

According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of TashiPalkheil Tibetan settlement in Nepal is 794. Of this, there are 399 (50.3%) male population and 395 (49.7%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 for TashiPalkheil Tibetan settlement is 2016. There were total 19 advanced diagnoses recorded (Fig.88). Figure 89 shows the top ten watchlist diagnosis list of TashiPalkheil Tibetan health clinic.

There is no HIS data record at all for January whereas there is only one entry recorded for the month of December (Fig.91). The department is collectively aware of the many shortcomings with the functioning of the HIS data collection in Nepal. However, we have presented here the report of the available data on health clinic visits.

54.8% (count=1105) of total diagnoses are that of female patients whereas 45.2% (count=911) are that of male patients (Fig.90). Amongst the diagnoses of female patients, the most common are upper respiratory tract infection (26.2%), chronic cardiovascular disease (18.8%) and chronic digestive system disease (17.1%) whereas in the male patients, the most common diagnoses were upper respiratory tract infection (30.3%), chronic cardiovascular disease (20.7%) and skin disease (15.3%).

The most number of people aged above 60 years old visited the hospital (54.7%) followed by almost equal number of clinical visits made by people aged lower (Fig.92). Children less than 5 years of age constitute 2.7% of the total diagnoses made. Among those aged above 60 years old, the most common diagnoses recorded for the clinic visits were chronic cardiovascular disease (31.3%), chronic digestive system disease (18.7%) and upper respiratory tract infection (18.1%).

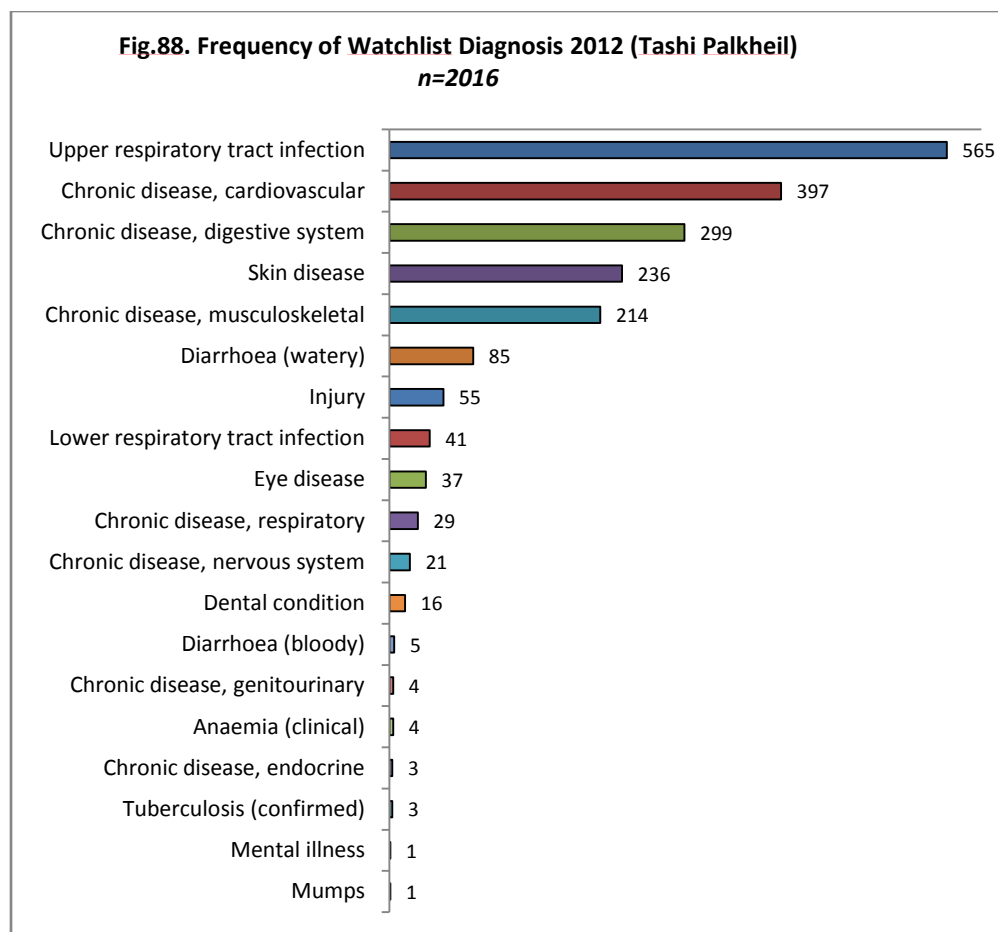
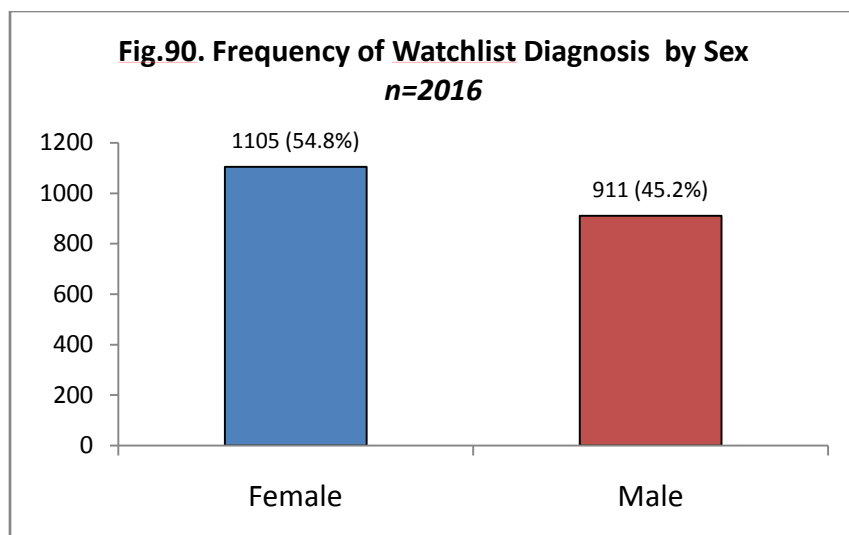


Fig.89. Top Ten Watchlist Diagnosis 2012 (Tashi Palkheil)

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Upper respiratory tract infection	565	28.03%	26.08%	30.05%
2 Chronic disease, cardiovascular	397	19.69%	17.99%	21.51%
3 Chronic disease, digestive system	299	14.83%	13.32%	16.48%
4 Skin disease	236	11.71%	10.35%	13.21%
5 Chronic disease, musculoskeletal	214	10.62%	9.32%	12.06%
6 Diarrhoea (watery)	85	4.22%	3.40%	5.21%
7 Injury	55	2.73%	2.08%	3.56%
8 Lower respiratory tract infection	41	2.03%	1.48%	2.78%
9 Eye disease	37	1.84%	1.31%	2.55%
10 Chronic disease, respiratory	29	1.44%	0.98%	2.09%

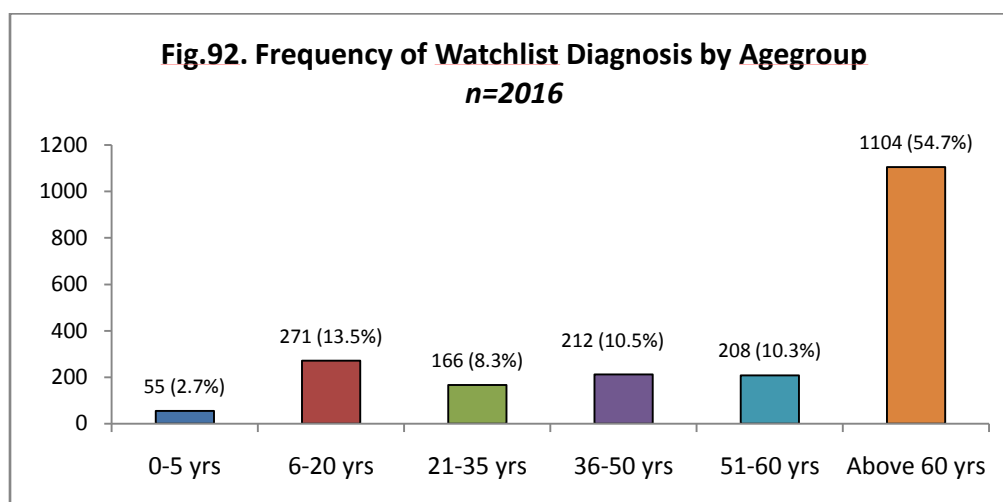
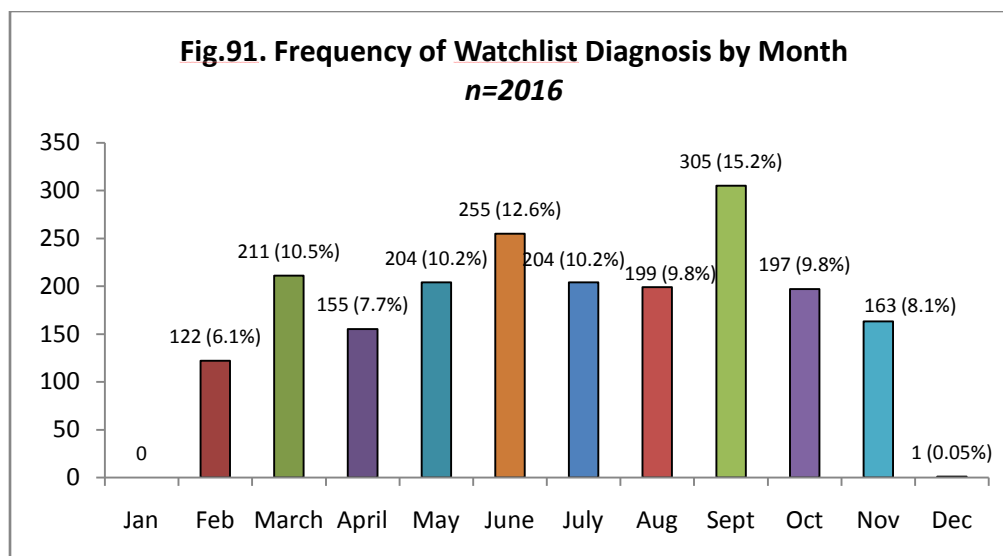


Top Ten Watchlist Diagnosis (Female)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	289 (26.2%)
Chronic disease, cardiovascular	208(18.8%)
Chronic disease, digestive system	188 (17.1%)
Chronic disease, musculoskeletal	139 (12.6%)
Skin disease	97 (8.8%)
Diarrhoea (watery)	58 (5.3%)
Lower respiratory tract infection	26 (2.4%)
Injury	23 (2.1%)
Eye disease	21 (1.9%)
Chronic disease, respiratory	20 (1.8%)

Top Ten Watchlist Diagnosis (Male)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	276 (30.3%)
Chronic disease, cardiovascular	189 (20.7%)
Skin disease	139 (15.3%)
Chronic disease, digestive system	111 (12.2%)
Chronic disease, musculoskeletal	75 (8.3%)
Injury	32 (3.5%)
Diarrhoea (watery)	27 (2.9%)
Eye disease	16 (1.7%)
Lower respiratory tract infection	15 (1.6%)
Chronic disease, respiratory	9 (0.9%)



Diagnosis Watchlist	Above 60 yrs
Chronic disease, cardiovascular	345 (31.3%)
Chronic disease, digestive system	207 (18.7%)
Upper respiratory tract infection	199 (18.1%)
Chronic disease, musculoskeletal	146 (13.3%)
Skin disease	68 (6.2%)
Diarrhoea (watery)	43 (3.9%)
Eye disease	24 (2.2%)
Chronic disease, respiratory	22 (1.9%)
Injury	12 (1.1%)
Chronic disease, nervous system	11 (0.9%)

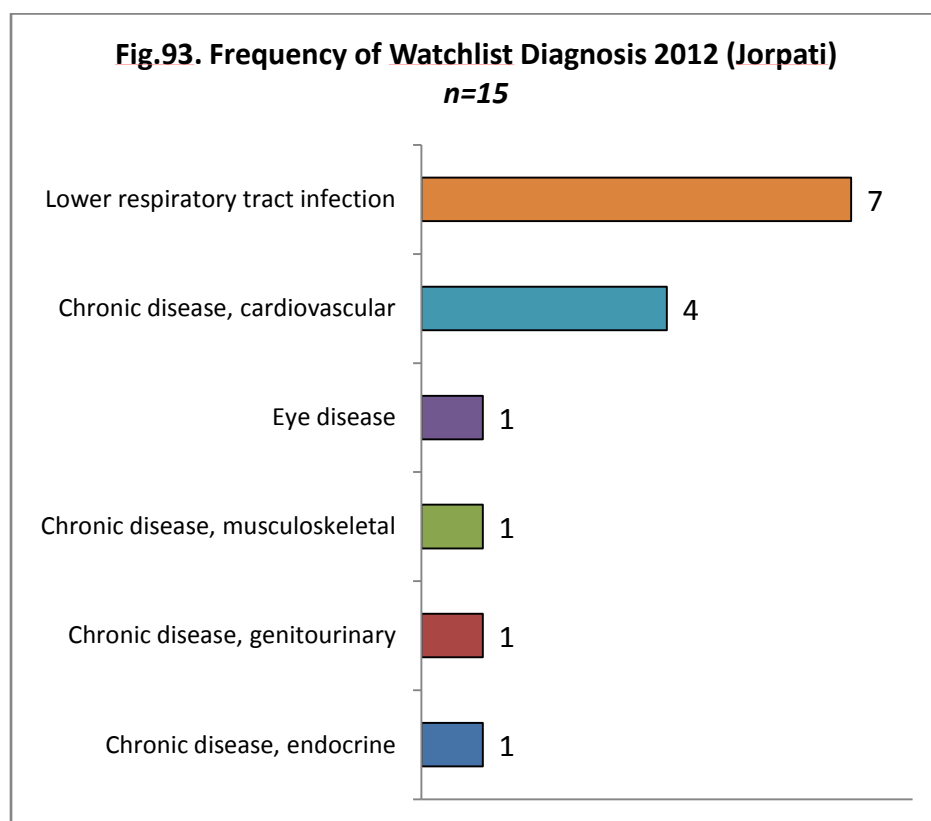
6. Jorpati

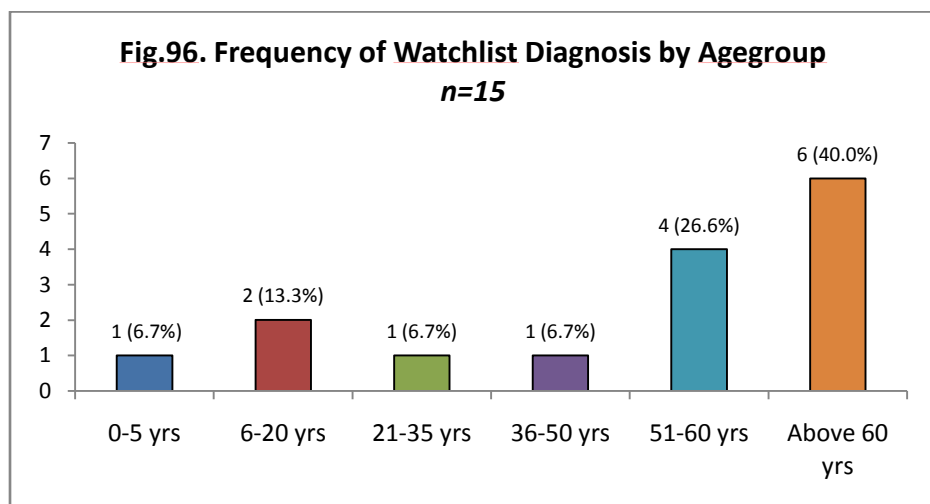
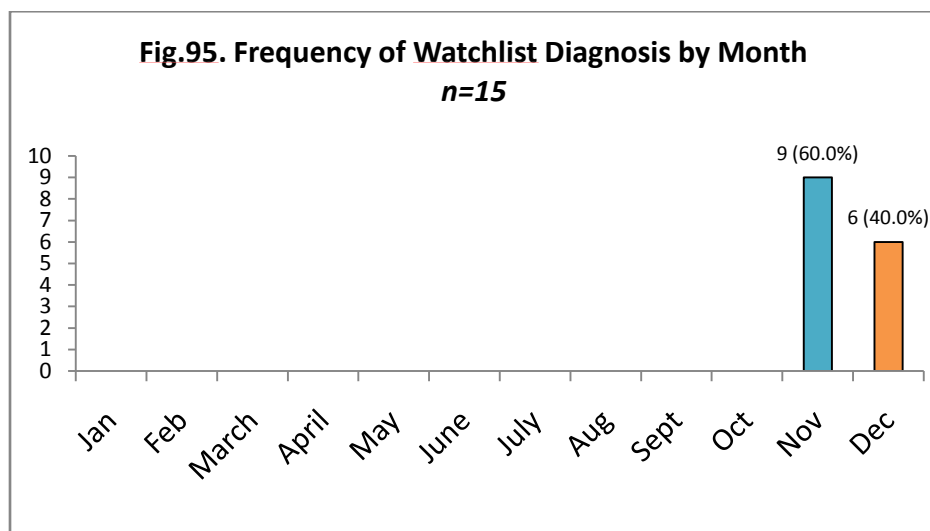
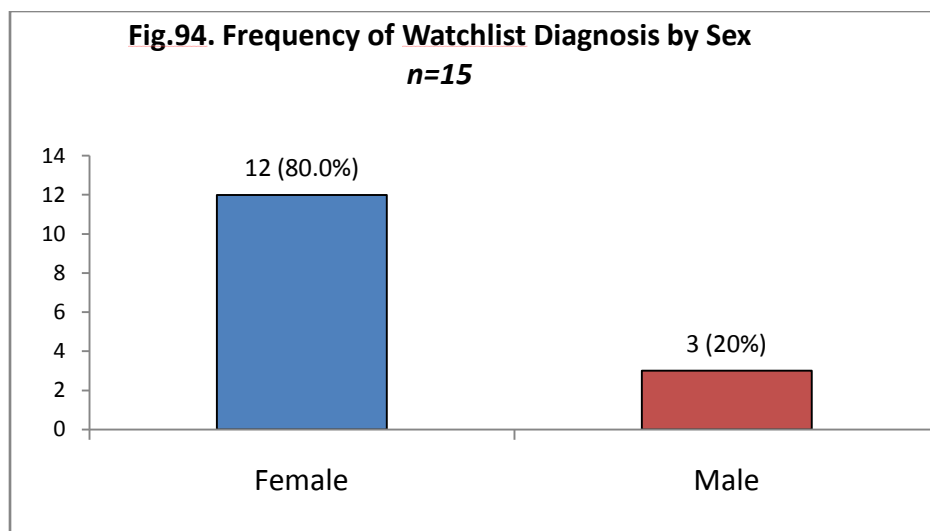
According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Jorpati Tibetan settlement in Nepal is 605. Of this, there are 317 (52.3%) male population and 288 (47.7%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 for Jorpati Tibetan settlement is only 15. There were only 6 watchlist diagnoses recorded (Fig.93).

Data is recorded only for the months of November and December (Fig.95). The HIS has not been functional properly at all in Jorpati due to various reasons. The department is collectively aware of the many shortcomings with the functioning of the HIS data collection in Nepal. However, we have presented here the report of the available data on health clinic visits.

80.0% (count=12) of total diagnoses are that of female patients whereas 20.0% (count=3) are that of male patients (Fig.94). Of the 15 clinic visits, 6 (40.0%) were of people aged above 60 years old.





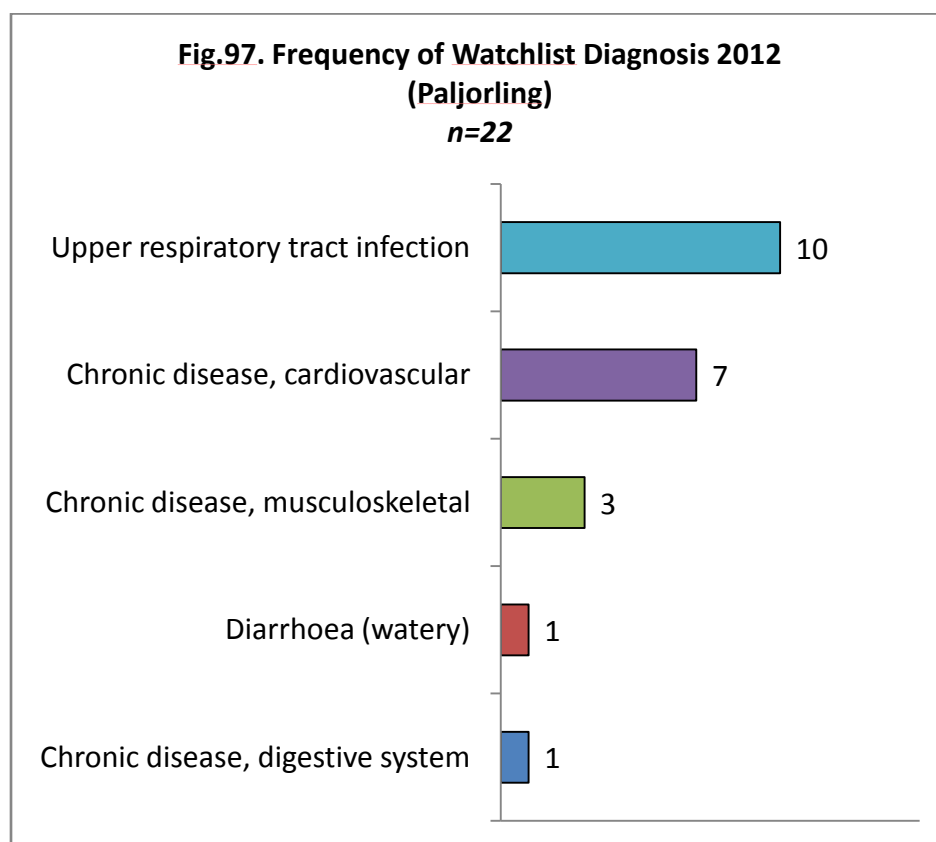
7. Paljorling

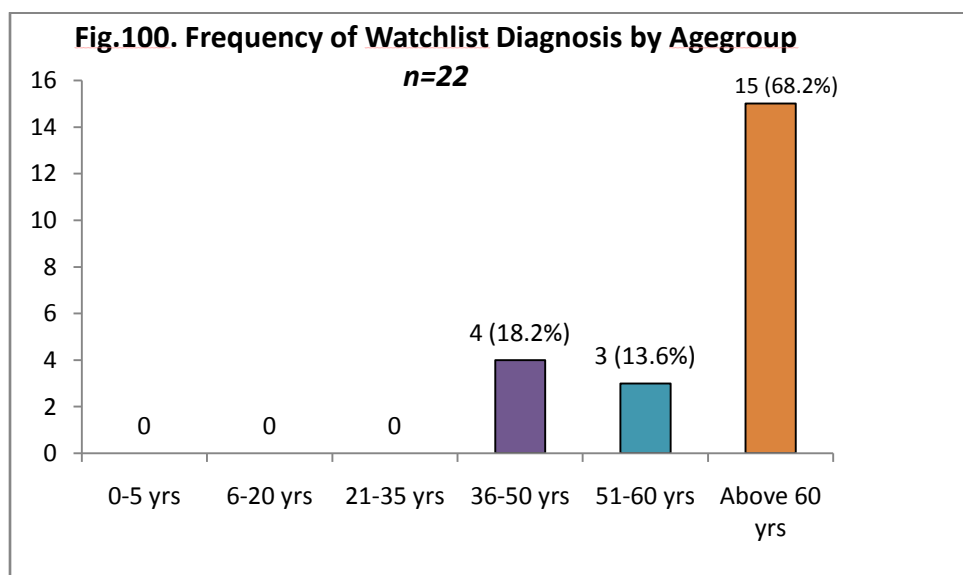
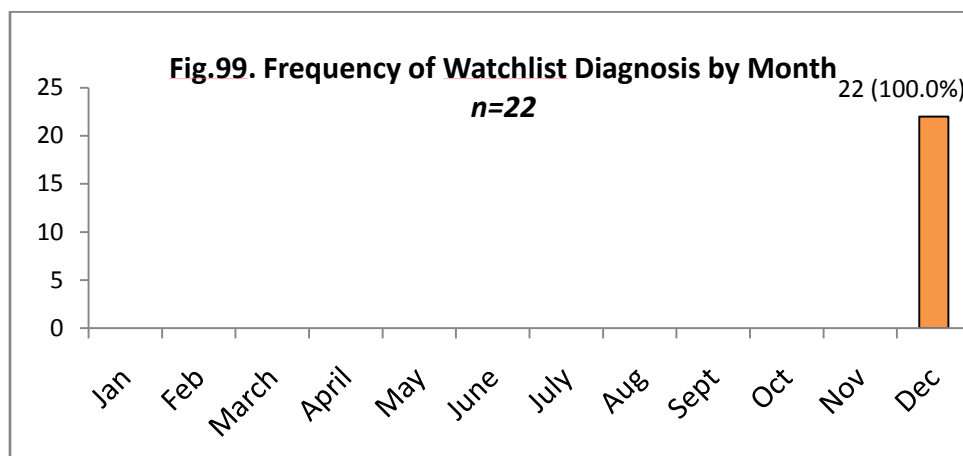
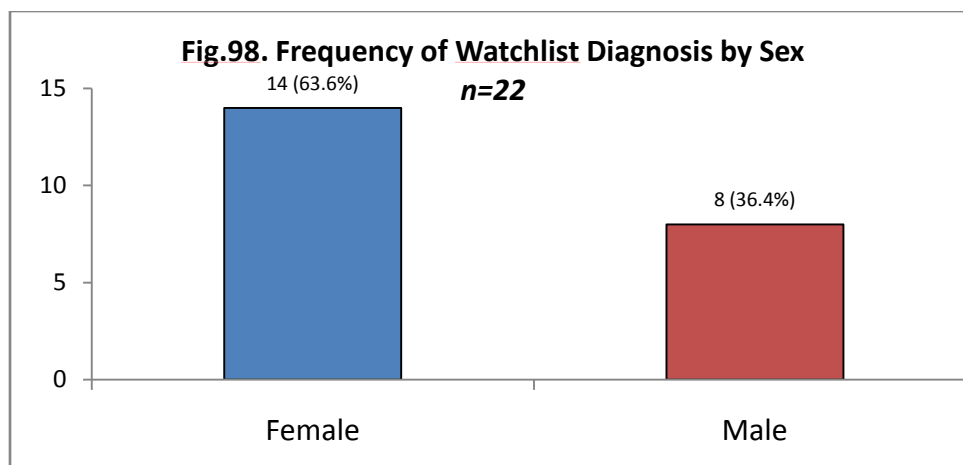
According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Paljorling Tibetan settlement in Nepal is 329. Of this, there are 177 (53.8%) male population and 152 (46.2%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 for Paljorling Tibetan settlement is only 22. There were only 5 watchlist diagnoses recorded (Fig.97).

This data is recorded only for the month of December (Fig.99). The HIS has not been functional properly at all in Paljorling due to various reasons. The department is collectively aware of the many shortcomings with the functioning of the HIS data collection in Nepal. However, we have presented here the report of the available data.

63.6% (count=14) of total diagnoses are that of female patients whereas 36.4% (count=8) are that of male patients (Fig.98). Of the 22 clinic visits, 15 (68.2%) were of people aged above 60 years old.





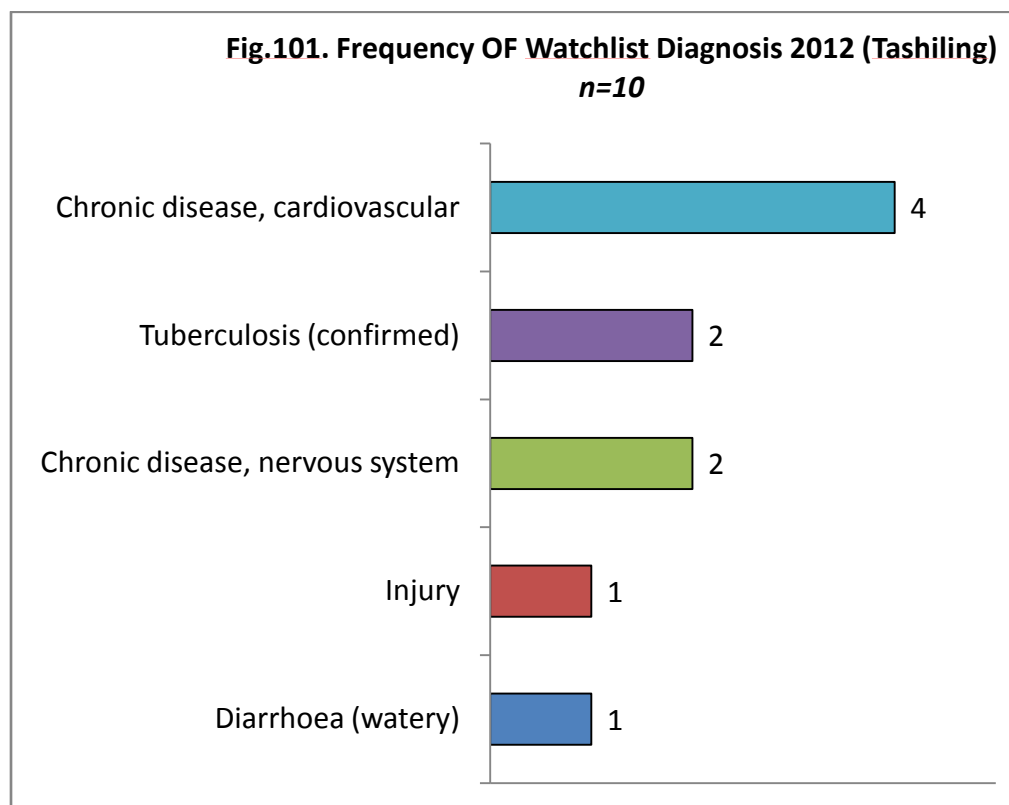
8. Tashiling

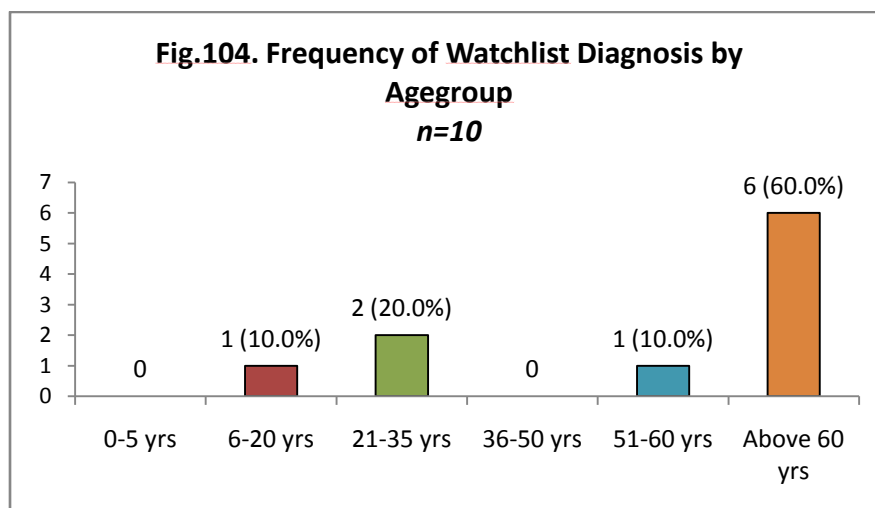
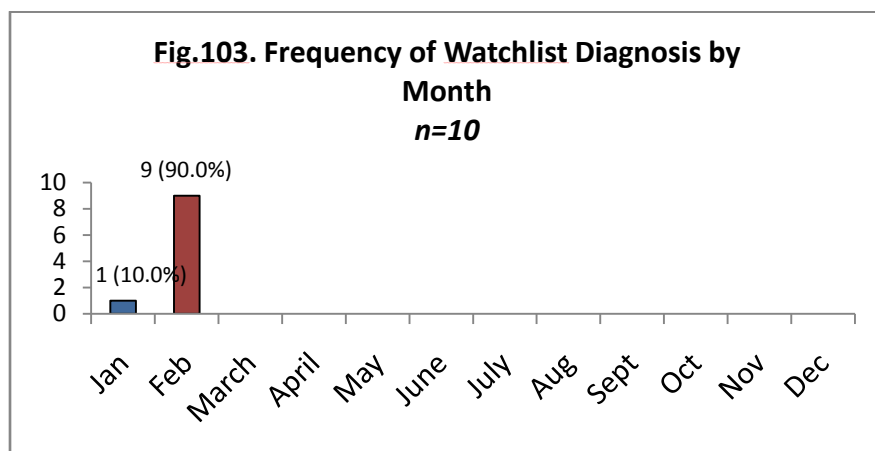
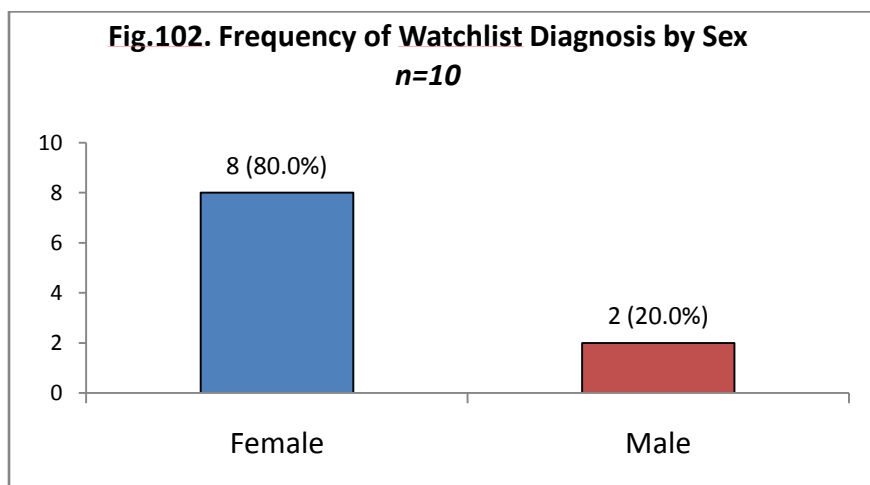
According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Tashiling Tibetan settlement in Nepal is 668. Of this, there are 317 (47.5%) male population and 351 (52.5%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 for Tashiling Tibetan settlement is only 22. There were only 5 watchlist diagnoses recorded (Fig.101).

This data is recorded only for the month of January and February (Fig.103). The HIS has not been functional properly at all in Tashiling due to various reasons. The department is collectively aware of the many shortcomings with the functioning of the HIS data collection in Nepal. However, we have presented here the report of the available data.

80.0% (count=8) of total diagnoses are that of female patients whereas 20.0% (count=2) are that of male patients (Fig.102). Of the 10 clinic visits, 6 (60.0%) were of people aged above 60 years old.





9. Shyabru

There is no data recorded in the HIS database from the health clinic of Shyabru.

PAPER-BASED HIS

INDIA

1. Clement Town

Clement Town (Dhondupling) is located in Uttarkhand state in Northern India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the population of Clement Town is 1,357. Of this, there are 822 (60.6%) males and 535 females (39.4%).

In the Health Information System (HIS), the total number of hospital visits recorded in the year 2012 is 69. There were total 9 advanced diagnoses recorded (Fig.105). Since the health care center of Clement Town is a health clinic, the watchlist diagnosis was considered for data analysis. Figure 105 shows the watchlist diagnosis list of Clement Town health clinic. The diagnosis of injury is the most common (36.3%) followed by chronic cardiovascular disease (18.8%) and skin disease (13.1%).

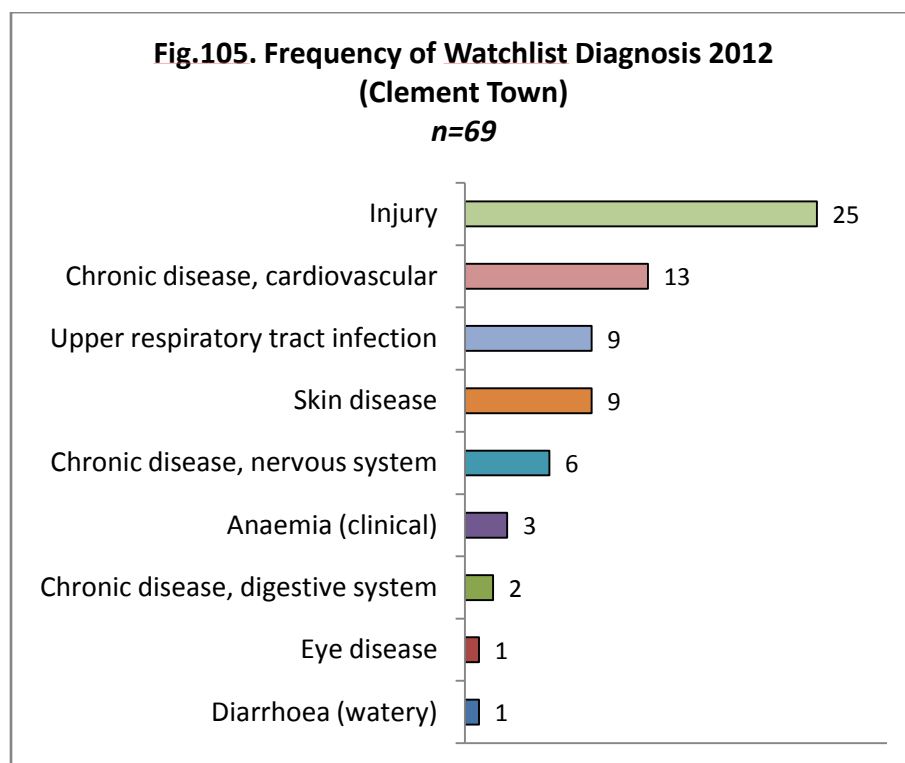


Fig.105. Watchlist Diagnosis 2012 (Clement Town)

Diagnosis Watchlist		Frequency	Percent	95% CI Lower	95% CI Upper
1	Injury	25	36.23%	24.99%	48.69%
2	Chronic disease, cardiovascular	13	18.84%	10.43%	30.06%
3	Skin disease	9	13.04%	6.14%	23.32%
4	Upper respiratory tract infection	9	13.04%	6.14%	23.32%
5	Chronic disease, nervous system	6	8.70%	3.26%	17.97%
6	Anaemia (clinical)	3	4.35%	0.91%	12.18%
7	Chronic disease, digestive system	2	2.90%	0.35%	10.08%
8	Diarrhoea (watery)	1	1.45%	0.04%	7.81%
9	Eye disease	1	1.45%	0.04%	7.81%

2. Herbertpur

Herbertpur (Doeggyugyalling) is located in Uttarkhand state in Northern India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the population of Clement Town is 1,249. Of this, there are 653 (52.3%) males and 596 females (47.7%).

In the Health Information System (HIS), the total number of hospital visits recorded in the year 2012 is 247. There were total 13 advanced diagnoses recorded (Fig.106). Since the health care center of Herbertpur is a health clinic, the watchlist diagnosis was considered for data analysis. Figure 107 shows the watchlist diagnosis list of the health clinic. Upper respiratory tract infection is the most common (21.2%) followed by chronic cardiovascular disease (19.8%) and chronic musculoskeletal disease (19.8%).

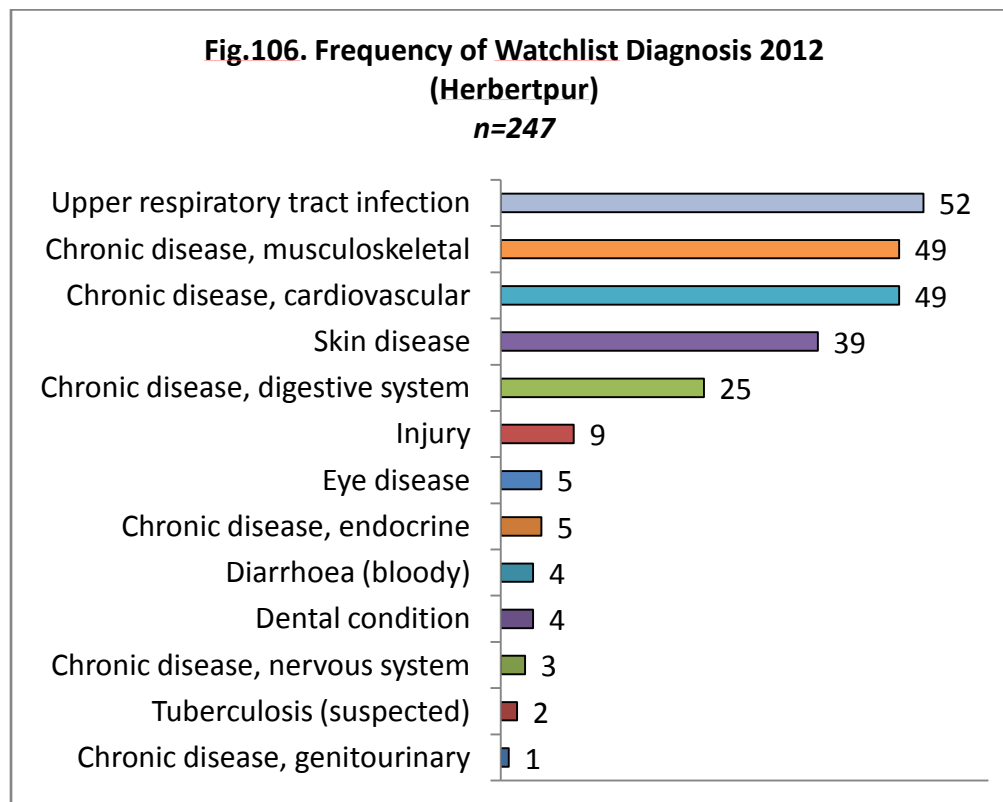


Fig.107. Top Ten Watchlist Diagnosis 2012 (Herbertpur)

	Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1	Upper respiratory tract infection	52	21.05%	16.14%	26.67%
2	Chronic disease, cardiovascular	49	19.84%	15.05%	25.36%
3	Chronic disease, musculoskeletal	49	19.84%	15.05%	25.36%
4	Skin disease	39	15.79%	11.48%	20.95%
5	Chronic disease, digestive system	25	10.12%	6.66%	14.58%
6	Injury	9	3.64%	1.68%	6.80%
7	Chronic disease, endocrine	5	2.02%	0.66%	4.66%
8	Eye disease	5	2.02%	0.66%	4.66%
9	Dental condition	4	1.62%	0.44%	4.09%
10	Diarrhoea (bloody)	4	1.62%	0.44%	4.09%

3. Khera

The population count of Khera Tibetan settlement is included in that of Herbertpur since it is a very small settlement. In the Health Information System (HIS), the total number of hospital visits recorded in the year 2012 is 222. There were total 12 watchlist diagnoses recorded (Fig.108). Since the health care center is a health clinic, the watchlist diagnosis was considered for data analysis. Figure 109 shows the watchlist diagnosis list of the health clinic. Chronic musculoskeletal disease (23.8%) is the most common diagnoses recorded followed by skin disease (15.8%) and chronic digestive system disease (1.4%).

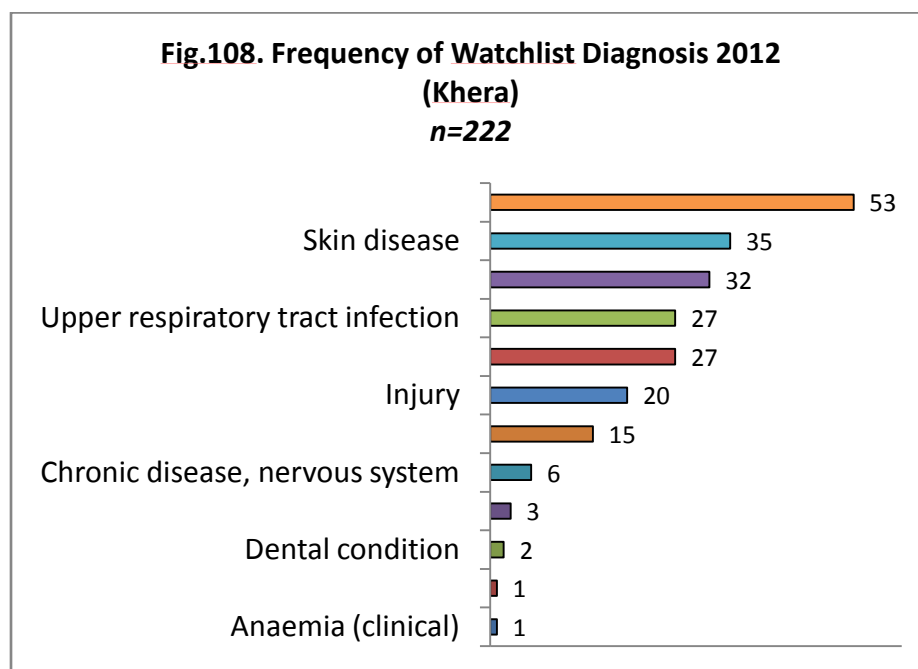


Fig.109. Top Ten Watchlist Diagnosis 2012 (Khera)

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Chronic disease, musculoskeletal	53	23.87%	18.42%	30.04%
2 Skin disease	35	15.77%	11.23%	21.24%
3 Chronic disease, digestive system	32	14.41%	10.07%	19.74%
4 Chronic disease, cardiovascular	27	12.16%	8.17%	17.20%
5 Upper respiratory tract infection	27	12.16%	8.17%	17.20%
6 Injury	20	9.01%	5.59%	13.57%
7 Chronic disease, respiratory	15	6.76%	3.83%	10.90%
8 Chronic disease, nervous system	6	2.70%	1.00%	5.79%
9 Eye disease	3	1.35%	0.28%	3.90%
10 Dental condition	2	0.90%	0.11%	3.22%

4. Rajpur

Rajpur Tibetan settlement is located in Uttarkhand in northern India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Rajpur is 1,415. Of this, there are 769 (54.4%) male population and 646 (45.6%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 326. There were total 11 watchlist diagnoses recorded (Fig.110). Figure 111 shows the top ten watchlist diagnosis list of Rajpur health clinic.

69.9% (count=228) of total diagnoses are that of female patients whereas 30.1% (count=98) are that of male patients (Fig.112). Amongst the diagnoses of female patients, the most common are upper respiratory tract infection (47.4%), chronic musculoskeletal disease (19.3%) and skin disease (13.2%). In male patients, the most common advanced diagnoses are upper respiratory tract infection (52.1%), chronic musculoskeletal disease (14.3%) and skin disease (12.3%).

There is similar number of clinic visits throughout the year in all the months except for June. August has the highest number of hospital visits recorded (17.5%) (Fig.113).

People aged above 60 years old visited the hospital most (31.6%) (Fig.114). Children less than 5 years of age constitute only 0.9% of total diagnoses made. In those aged above 60 years old, upper respiratory tract infection (37.8%) was the most common diagnoses followed by chronic musculoskeletal disease (25.3%) and skin disease (12.6%).

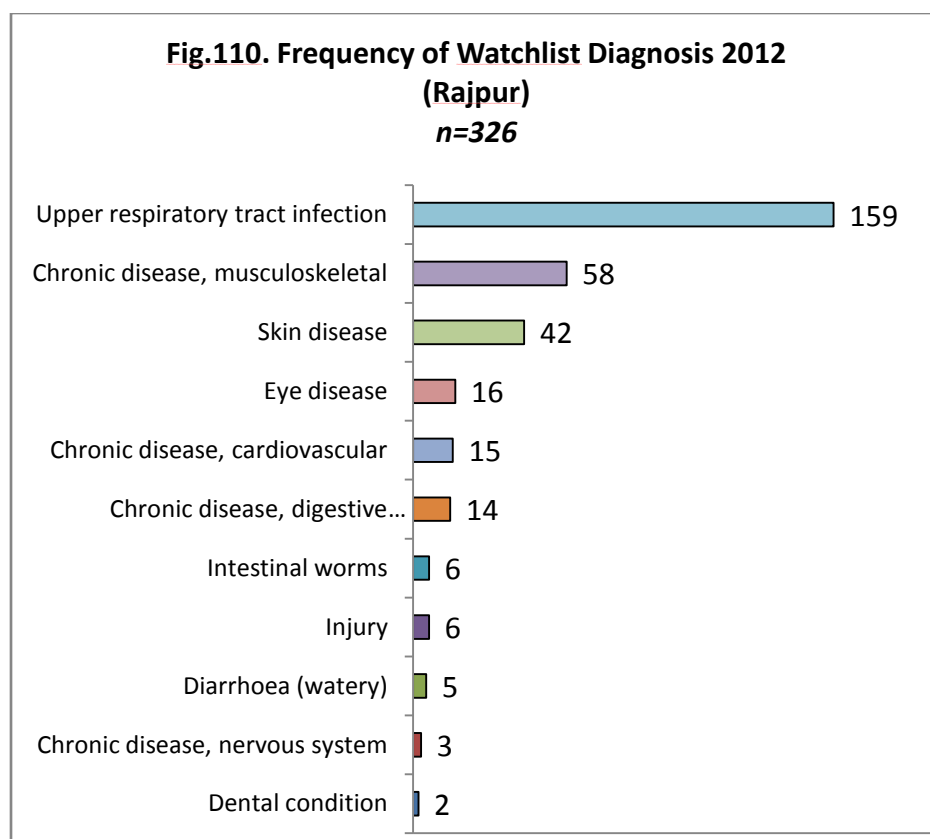
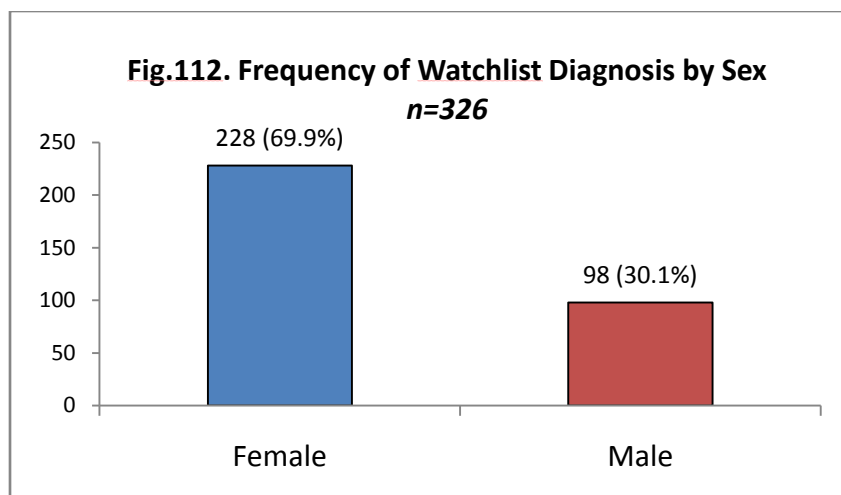


Fig.111. Top Ten Watchlist Diagnosis 2012 (Rajpur)

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Upper respiratory tract infection	159	48.77%	43.24%	54.33%
2 Chronic disease, musculoskeletal	58	17.79%	13.88%	22.48%
3 Skin disease	42	12.88%	9.54%	17.13%
4 Eye disease	16	4.91%	2.93%	8.01%
5 Chronic disease, cardiovascular	15	4.60%	2.69%	7.64%
6 Chronic disease, digestive system	14	4.29%	2.46%	7.27%
7 Injury	6	1.84%	0.75%	4.16%
8 Intestinal worms	6	1.84%	0.75%	4.16%
9 Diarrhoea (watery)	5	1.53%	0.57%	3.75%
10 Chronic disease, nervous system	3	0.92%	0.24%	2.89%

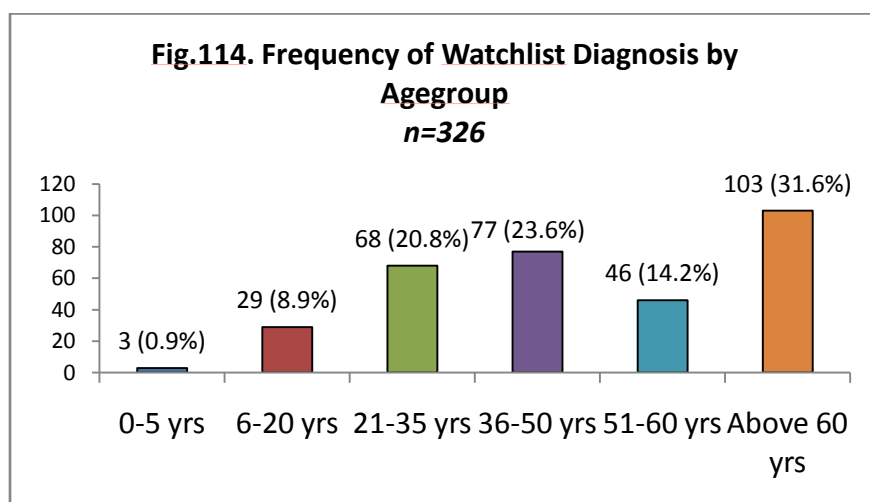
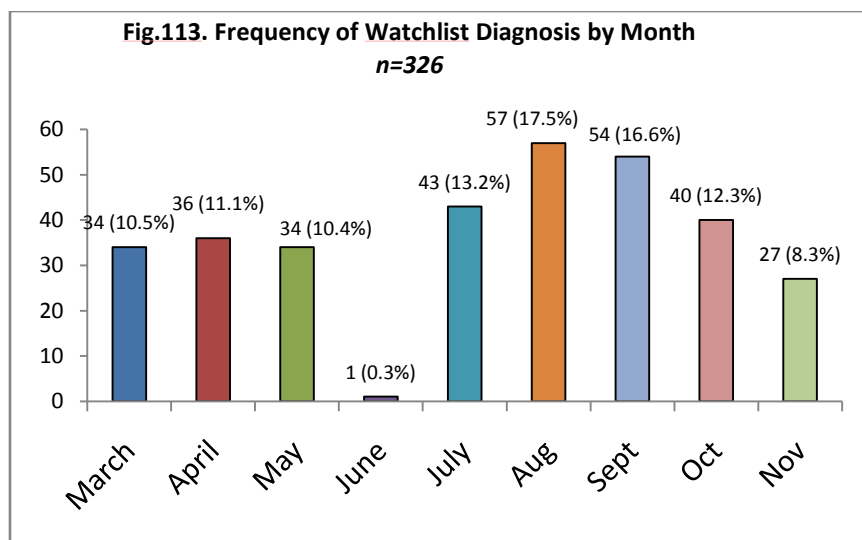


Watchlist Diagnosis (Female)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	108 (47.4%)
Chronic disease, musculoskeletal	44 (19.3%)
Skin disease	30 (13.2%)
Eye disease	12 (5.3%)
Chronic disease, cardiovascular	8 (3.5%)
Chronic disease, digestive system	8 (3.5%)
Injury	6 (2.6%)
Diarrhoea (watery)	4 (1.7%)
Intestinal worms	4 (1.7%)
Chronic disease, nervous system	2 (0.8%)
Dental condition	2 (0.8%)

Watchlist Diagnosis (Male)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	51 (52.1%)
Chronic disease, musculoskeletal	14 (14.3%)
Skin disease	12 (12.3%)
Chronic disease, cardiovascular	7 (7.2%)
Chronic disease, digestive system	6 (6.2%)
Eye disease	4 (4.1%)
Intestinal worms	2 (2.1%)
Chronic disease, nervous system	1 (1.1%)
Diarrhoea (watery)	1 (1.1%)



Diagnosis Watchlist	Above 60 yrs
Upper respiratory tract infection	39 (37.8%)
Chronic disease, musculoskeletal	26 (25.3%)
Skin disease	13 (12.6%)
Chronic disease, cardiovascular	10 (9.7%)
Chronic disease, digestive system	6 (5.8%)
Eye disease	5 (4.8%)
Injury	2 (1.9%)
Diarrhoea (watery)	1 (0.9%)
Intestinal worms	1 (0.9%)

5. Lingsang

Lingsang Tibetan settlement is located in Uttarkhand in Northern India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Lingsang is 276. Of this, there are 179(64.8%) male population and 97 (35.2%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 215. There were total 14 watchlist diagnoses recorded (Fig.115). Figure 116 shows the top ten watchlist diagnosis list of the health clinic.

40.0% (count=86) of total diagnoses are that of female patients whereas 60.0% (count=129) are that of male patients (Fig.117). Amongst the diagnoses of female patients, the most common are upper respiratory tract infection (34.9%), chronic digestive system disease (13.9%) and chronic musculoskeletal disease (13.9%). In male patients, the most common advanced diagnoses are upper respiratory tract infection (39.5%), skin disease (16.3%) and injury (13.2%).

There is similar number of clinic visits throughout the year in all the months. July has the highest number of hospital visits recorded (16.7%) (Fig.118).

There is similar number of clinic visits made by people of all age groups in the health clinic (Fig.119).

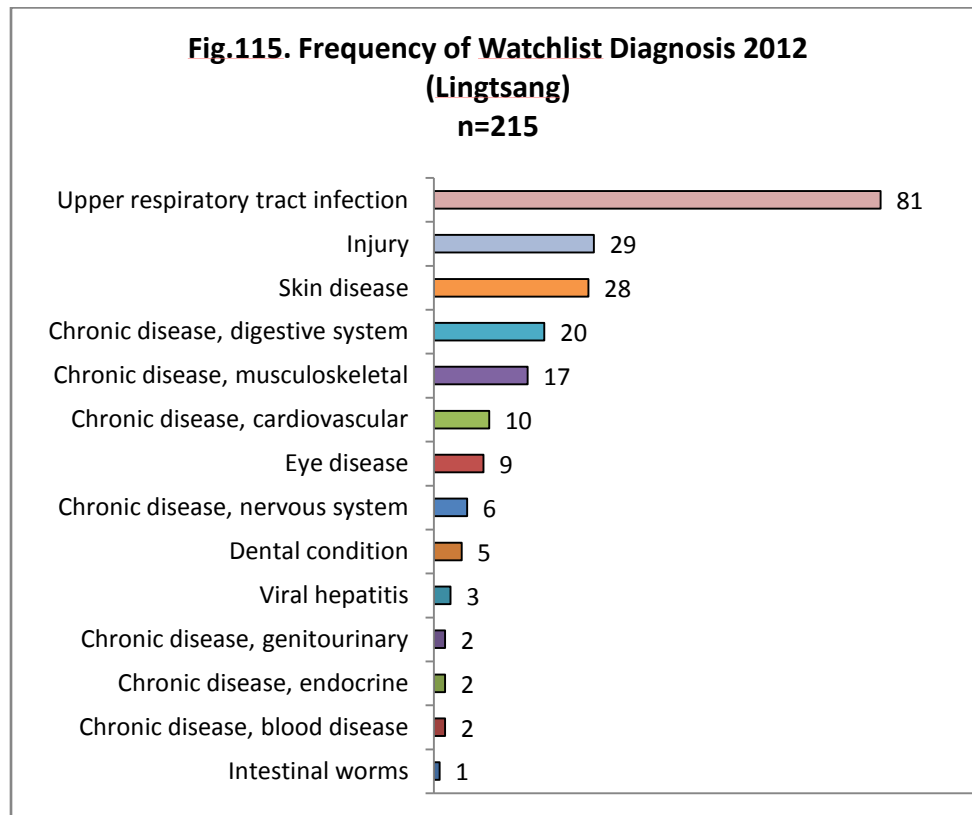
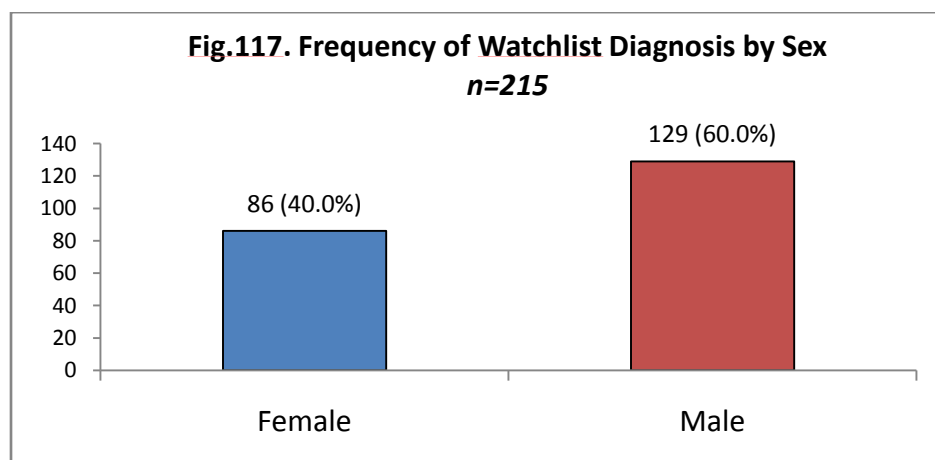


Fig.116. Top Ten Watchlist Diagnosis 2012 (Lingsang)

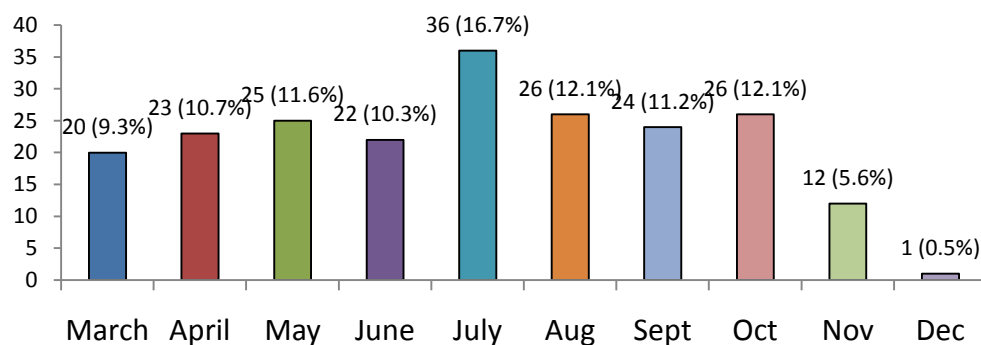
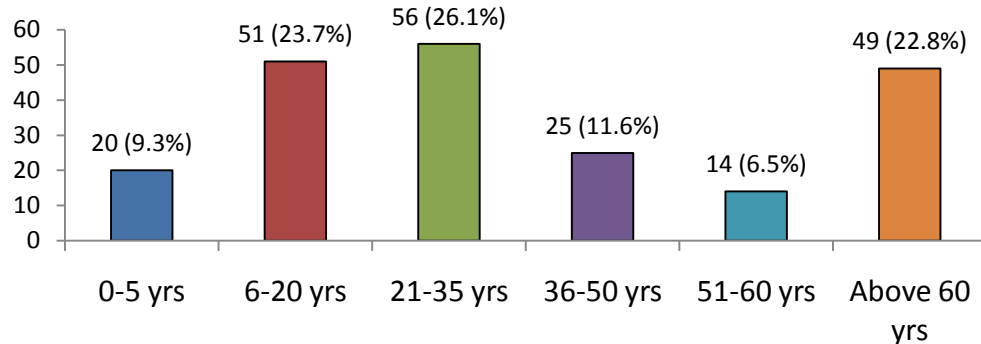
	Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1	Upper respiratory tract infection	81	37.67%	31.18%	44.52%
2	Injury	29	13.49%	9.22%	18.79%
3	Skin disease	28	13.02%	8.83%	18.27%
4	Chronic disease, digestive system	20	9.30%	5.78%	14.00%
5	Chronic disease, musculoskeletal	17	7.91%	4.67%	12.36%
6	Chronic disease, cardiovascular	10	4.65%	2.25%	8.39%
7	Eye disease	9	4.19%	1.93%	7.80%
8	Chronic disease, nervous system	6	2.79%	1.03%	5.97%
9	Dental condition	5	2.33%	0.76%	5.34%
10	Viral hepatitis	3	1.40%	0.29%	4.02%

**Fig.117. Frequency of Watchlist Diagnosis by Sex
n=215****Watchlist Diagnosis (Female)**

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	30 (34.9%)
Chronic disease, digestive system	12 (13.9%)
Injury	12 (13.9%)
Chronic disease, musculoskeletal	7 (8.2%)
Skin disease	7 (8.2%)
Eye disease	6 (6.9%)
Chronic disease, cardiovascular	4 (4.6%)
Chronic disease, blood disease	2 (0.9%)
Chronic disease, genitourinary	2 (0.9%)
Chronic disease, nervous system	2 (0.9%)
Dental condition	1 (1.2%)
Viral hepatitis	1 (1.2%)

Watchlist Diagnosis (Male)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	51 (39.5%)
Skin disease	21 (16.3%)
Injury	17 (13.2%)
Chronic disease, musculoskeletal	10 (7.7%)
Chronic disease, digestive system	8 (6.2%)
Chronic disease, cardiovascular	6 (4.6%)
Chronic disease, nervous system	4 (3.1%)
Dental condition	4 (3.1%)
Eye disease	3 (2.3%)
Chronic disease, endocrine	2 (1.6%)
Viral hepatitis	2 (1.6%)
Intestinal worms	1 (0.8%)

Fig.118. Frequency of Watchlist Diagnosis by Month*n=215***Fig.119. Frequency of Watchlist Diagnosis by Agegroup***n=215*

6. Chauntra

Chauntra Bir Nangchen Tibetan settlement is located in Himachal Pradesh in Northern India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Chauntra is 932. Of this, there are 478 (51.3%) male population and 454 (48.7%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 752. There were total 18 watchlist diagnoses recorded (Fig.120). Figure 121 shows the top ten watchlist diagnosis list of Chauntra health clinic.

HIS health data from the clinic was not collected for the months of January, February, March and December. The following report is only of the available HIS data for the remaining months (Fig. 123).

51.6% (count=384) of total diagnoses are that of female patients whereas 48.4% (count=368) are that of male patients (Fig.122). Amongst the diagnoses of female patients, the most common are chronic cardiovascular disease (26.1%), chronic digestive system disease (20.6%) and upper respiratory tract infection (16.2%). In male patients, the most common advanced diagnoses are chronic cardiovascular disease (38.8%), upper respiratory tract infection (16.3%) and chronic digestive system disease (11.4%).

People aged above 60 years old visited the clinic the most (67.3%) (Fig.124). Among the people aged above 60 years, the most common diagnoses were chronic cardiovascular disease (44.3%), chronic digestive system disease (15.8%) and chronic musculoskeletal disease (10.5%).

**Fig.120. Frequency of Watchlist Diagnosis 2012
(Chautra)**
n=752

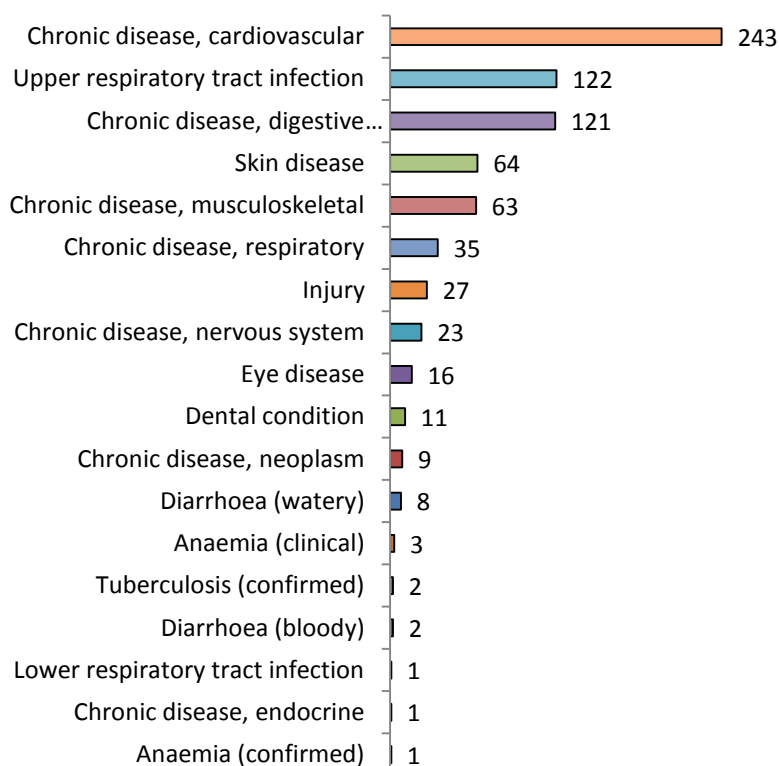
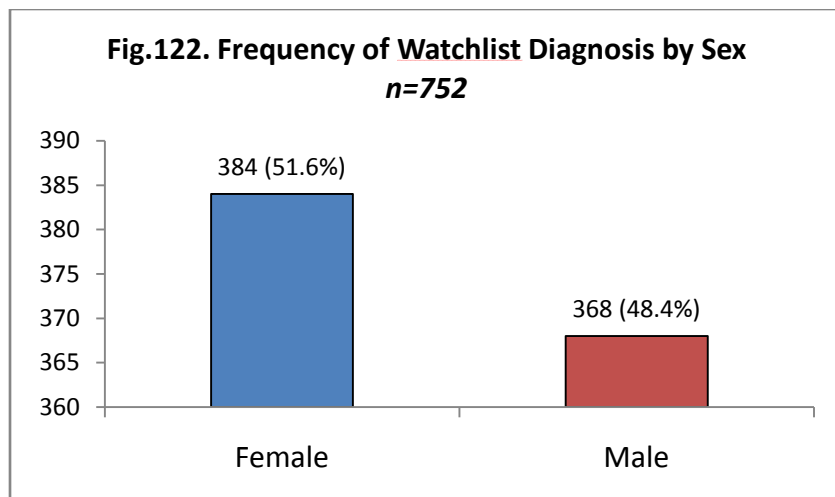


Fig.121. Top Ten Watchlist Diagnosis 2012 (Chautra)

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Chronic disease, cardiovascular	243	32.31%	29.00%	35.81%
2 Upper respiratory tract infection	122	16.22%	13.70%	19.10%
3 Chronic disease, digestive system	121	16.09%	13.58%	18.96%
4 Skin disease	64	8.51%	6.66%	10.80%
5 Chronic disease, musculoskeletal	63	8.38%	6.54%	10.65%
6 Chronic disease, respiratory	35	4.65%	3.31%	6.48%
7 Injury	27	3.59%	2.42%	5.25%
8 Chronic disease, nervous system	23	3.06%	1.99%	4.63%
9 Eye disease	16	2.13%	1.26%	3.51%
10 Dental condition	11	1.46%	0.77%	2.68%

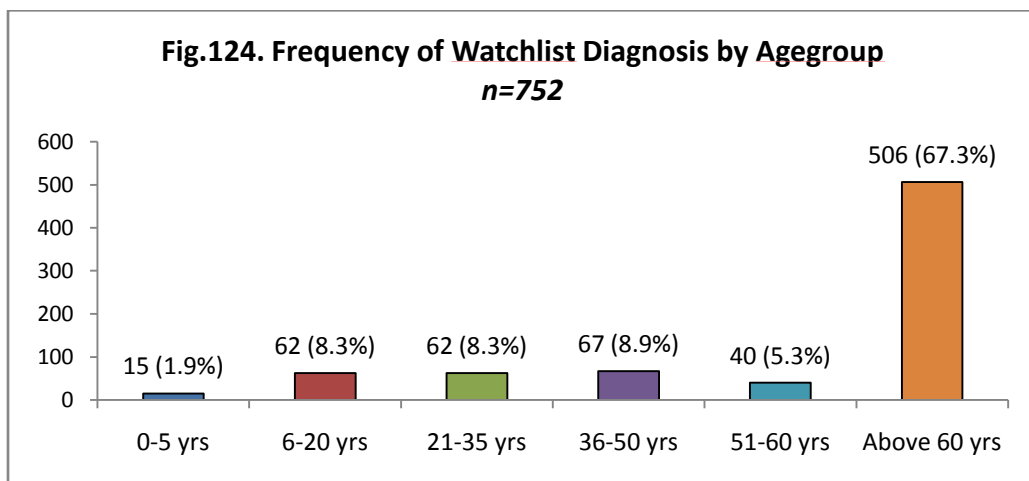
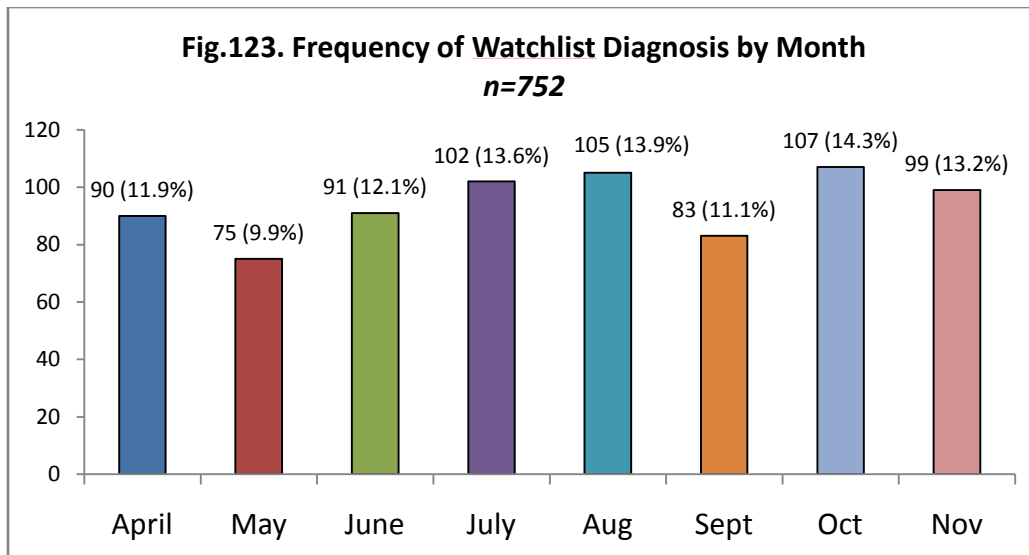


Top Ten Watchlist Diagnosis (Female)

Diagnosis Watchlist	Frequency (%)
Chronic disease, cardiovascular	100 (26.1%)
Chronic disease, digestive system	79 (20.6%)
Upper respiratory tract infection	62 (16.2%)
Chronic disease, musculoskeletal	34 (8.8%)
Skin disease	30 (7.8%)
Chronic disease, respiratory	28 (7.3%)
Chronic disease, nervous system	16 (4.2%)
Injury	10 (2.6%)
Eye disease	8 (2.1%)
Dental condition	6 (1.6%)

Top Ten Watchlist Diagnosis (Male)

Diagnosis Watchlist	Frequency (%)
Chronic disease, cardiovascular	143 (38.8%)
Upper respiratory tract infection	60 (16.3%)
Chronic disease, digestive system	42 (11.4%)
Skin disease	34 (9.3%)
Chronic disease, musculoskeletal	29 (7.9%)
Injury	17 (4.6%)
Chronic disease, neoplasm	9 (2.5%)
Eye disease	8 (2.2%)
Chronic disease, nervous system	7 (1.9%)
Chronic disease, respiratory	7 (1.9%)



Diagnosis Watchlist	Above 60 yrs
Chronic disease, cardiovascular	224 (44.3%)
Chronic disease, digestive system	80 (15.8%)
Chronic disease, musculoskeletal	53 (10.5%)
Upper respiratory tract infection	46 (9.1%)
Skin disease	38 (7.5%)
Chronic disease, respiratory	16 (3.2%)
Eye disease	11 (2.2%)
Chronic disease, neoplasm	9 (1.8%)
Chronic disease, nervous system	9 (1.8%)
Dental condition	6 (1.2%)

7. Dalhousie

Tibetan settlement in Dalhousie is located in Himachal Pradesh in Northern India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Dalhousie is 660. Of this, there are 335 (50.7%) male population and 325 (49.3%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 164. There were total 15 watchlist diagnoses recorded (Fig.125). Figure 126 shows the top ten watchlist diagnosis list of Dalhousie health clinic.

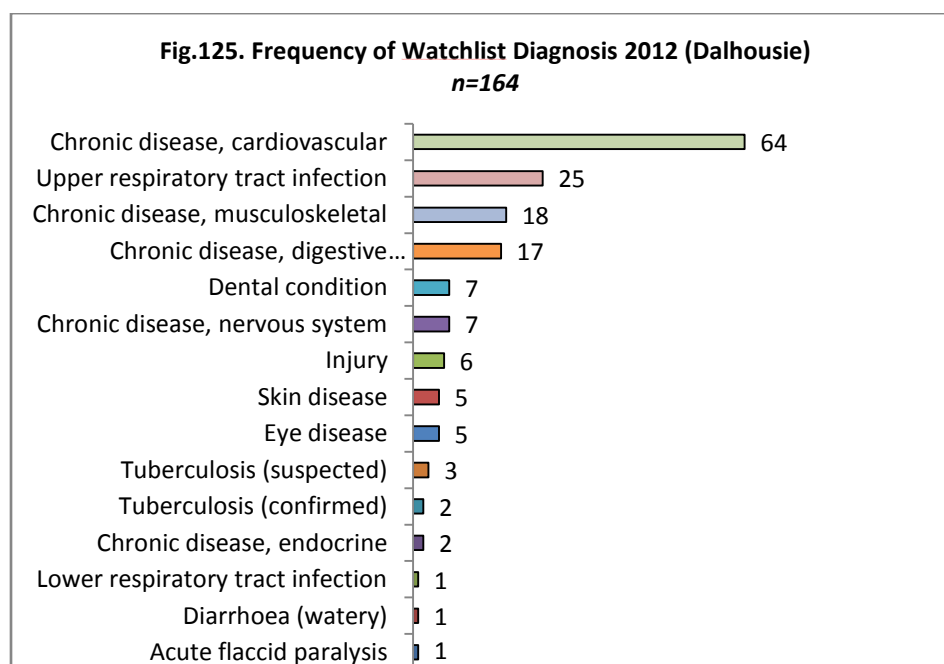


Fig.126. Top Ten Watchlist Diagnosis 2012 (Dalhousie)

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Chronic disease, cardiovascular	64	39.02%	31.51%	46.94%
2 Upper respiratory tract infection	25	15.24%	10.11%	21.68%
3 Chronic disease, musculoskeletal	18	10.98%	6.64%	16.79%
4 Chronic disease, digestive system	17	10.37%	6.16%	16.08%
5 Chronic disease, nervous system	7	4.27%	1.73%	8.60%
6 Dental condition	7	4.27%	1.73%	8.60%
7 Injury	6	3.66%	1.35%	7.79%
8 Eye disease	5	3.05%	1.00%	6.97%
9 Skin disease	5	3.05%	1.00%	6.97%
10 Tuberculosis (suspected)	3	1.83%	0.38%	5.25%

8. Kamrao

Tibetan settlement of Kamrao is located in Himachal Pradesh in Northern India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Kamrao is 129. Of this, there are 78 (60.5%) male population and 51 (39.5%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 108. There were 8 watchlist diagnoses recorded (Fig.127). Figure 128 shows the watchlist diagnosis list of Kamrao health clinic.

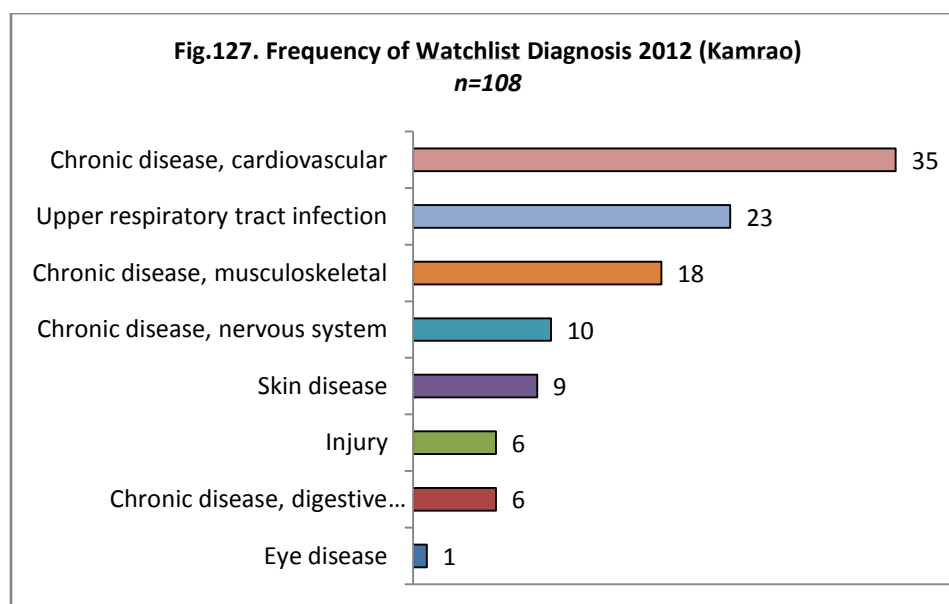


Fig.128. Watchlist Diagnosis 2012 (Kamrao)

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Chronic disease, cardiovascular	35	32.41%	23.72%	42.09%
2 Upper respiratory tract infection	23	21.30%	14.00%	30.22%
3 Chronic disease, musculoskeletal	18	16.67%	10.19%	25.06%
4 Chronic disease, nervous system	10	9.26%	4.53%	16.37%
5 Skin disease	9	8.33%	3.88%	15.23%
6 Chronic disease, digestive system	6	5.56%	2.07%	11.70%
7 Injury	6	5.56%	2.07%	11.70%
8 Eye disease	1	0.93%	0.02%	5.05%

9. Kullu

Tibetan settlement of Kullu is located in Himachal Pradesh in Northern India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Kullu is 1,616. Of this, there are 802 (49.6%) male population and 814 (50.4%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 136. There were 9 watchlist diagnoses recorded (Fig.129). Figure 130 shows the watchlist diagnosis list of Kullu health clinic.

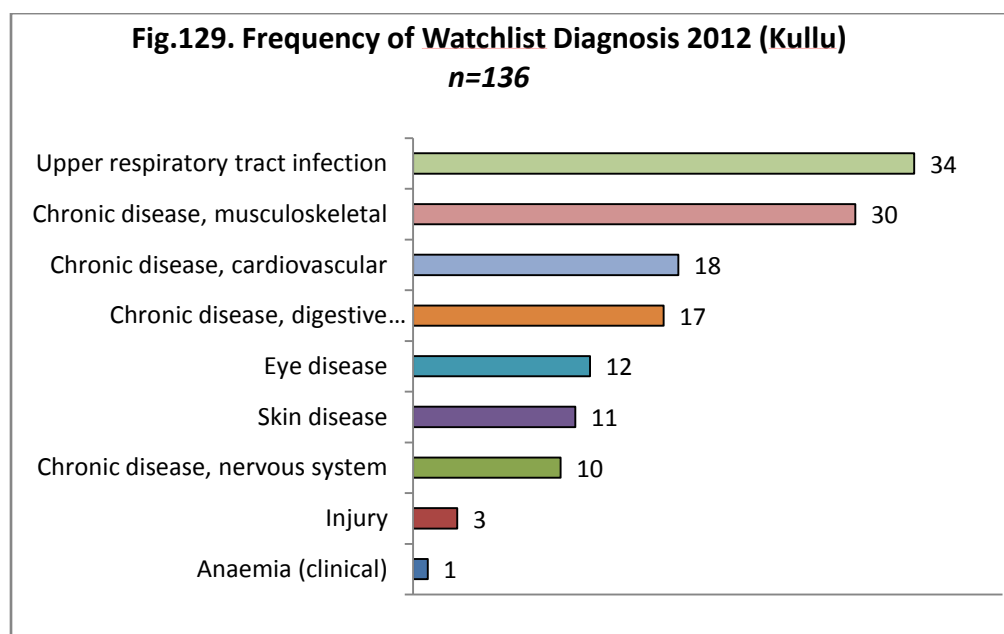


Fig.130. Watchlist Diagnosis 2012 (Kullu)

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Upper respiratory tract infection	34	25.00%	17.98%	33.14%
2 Chronic disease, musculoskeletal	30	22.06%	15.41%	29.97%
3 Chronic disease, cardiovascular	18	13.24%	8.04%	20.11%
4 Chronic disease, digestive system	17	12.50%	7.45%	19.26%
5 Eye disease	12	8.82%	4.64%	14.91%
6 Skin disease	11	8.09%	4.11%	14.01%
7 Chronic disease, nervous system	10	7.35%	3.58%	13.11%
8 Injury	3	2.21%	0.46%	6.31%
9 Anaemia (clinical)	1	0.74%	0.02%	4.03%

10. Manali

Tibetan settlement of Manali is located in Himachal Pradesh in Northern India. The population count of Manali is included in that of Kullu Tibetan settlement in the Tibetan Demographic Survey 2009.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 47. There were 11 watchlist diagnoses recorded (Fig.131). Figure 132 shows the watchlist diagnosis list of Manali health clinic.

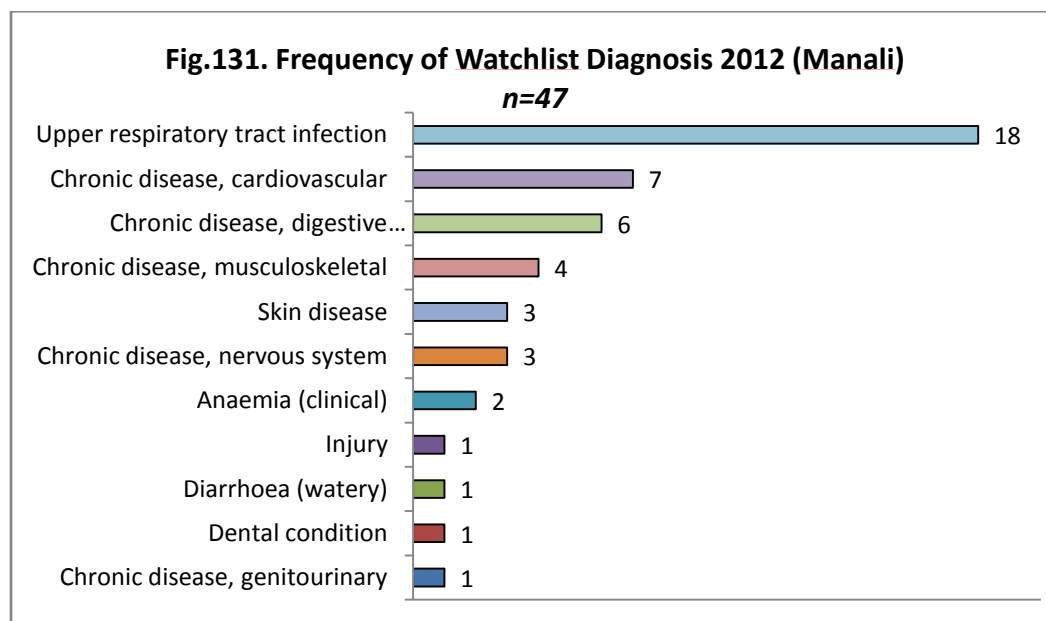


Fig.132. Top Ten Watchlist Diagnosis 2012 (Manali)

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Upper respiratory tract infection	18	38.30%	24.51%	53.62%
2 Chronic disease, cardiovascular	7	14.89%	6.20%	28.31%
3 Chronic disease, digestive system	6	12.77%	4.83%	25.74%
4 Chronic disease, musculoskeletal	4	8.51%	2.37%	20.38%
5 Chronic disease, nervous system	3	6.38%	1.34%	17.54%
6 Skin disease	3	6.38%	1.34%	17.54%
7 Anaemia (clinical)	2	4.26%	0.52%	14.54%
8 Chronic disease, genitourinary	1	2.13%	0.05%	11.29%
9 Dental condition	1	2.13%	0.05%	11.29%
10 Diarrhoea (watery)	1	2.13%	0.05%	11.29%

11. Sataun

Tibetan settlement of Sataun is located in Himachal Pradesh in Northern India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Sataun is 172. Of this, there are 91 (52.9%) male population and 81 (47.1%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 212. There were 13 watchlist diagnoses recorded (Fig.133). Figure 134 shows the watchlist diagnosis list of Sataun health clinic.

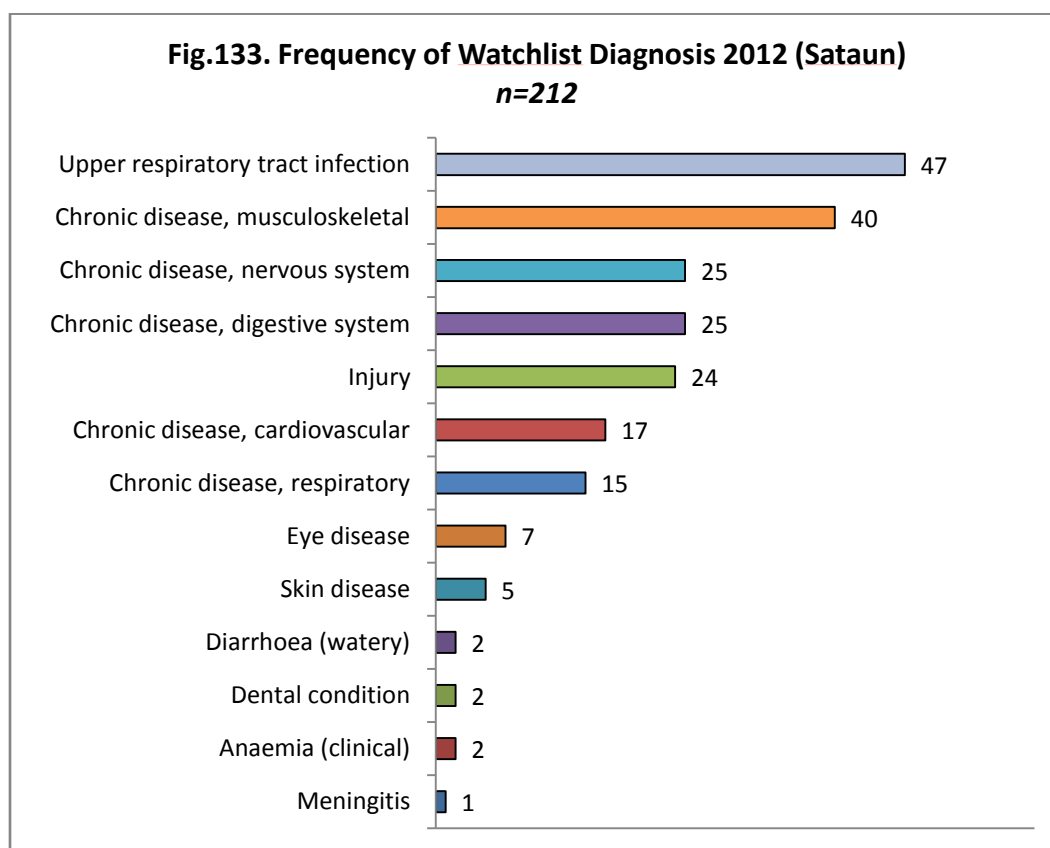


Fig.134. Top Ten Watchlist Diagnosis 2012 (Sataun)

	Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1	Upper respiratory tract infection	47	22.17%	16.77%	28.37%
2	Chronic disease, musculoskeletal	40	18.87%	13.83%	24.79%
3	Chronic disease, digestive system	25	11.79%	7.78%	16.91%
4	Chronic disease, nervous system	25	11.79%	7.78%	16.91%
5	Injury	24	11.32%	7.39%	16.37%
6	Chronic disease, cardiovascular	17	8.02%	4.74%	12.53%
7	Chronic disease, respiratory	15	7.08%	4.01%	11.40%
8	Eye disease	7	3.30%	1.34%	6.68%
9	Skin disease	5	2.36%	0.77%	5.42%
10	Anaemia (clinical)	2	0.94%	0.11%	3.37%

12. Puruwala

Puruwala Tibetan settlement is located in Himachal Pradesh in Northern India. According to the Tibetan Demographic Survey (TDS) of 2009 conducted by the Planning Commission of the Central Tibetan Administration (CTA), the Tibetan population of Puruwala is 740. Of this, there are 419 (56.6%) male population and 321 (43.4%) female population.

In the Health Information System (HIS), the total number of clinic visits recorded in the year 2012 is 423. There were total 12 watchlist diagnoses recorded (Fig.135). Figure 136 shows the top ten watchlist diagnosis list of Puruwala health clinic.

HIS health data from the clinic was not collected for the months of January, February, March and December. The following report is only of the available HIS data for the remaining months (Fig. 138).

53.2% (count=225) of total diagnoses are that of female patients whereas 46.8% (count=198) are that of male patients (Fig.137). Amongst the diagnoses of female patients, the most common are upper respiratory tract infection (45.4%), skin disease (14.7%) and chronic musculoskeletal disease (11.2%). In male patients, the most common advanced diagnoses are upper respiratory tract infection (44.5%), skin disease (16.2%) and injury (13.6%).

People aged above 60 years old visited the clinic the most (32.8%) (Fig.139). Among the people aged above 60 years, the most common diagnoses are upper respiratory tract disease (27.4%), chronic cardiovascular disease (16.5%) and chronic digestive system disease (16.5%).

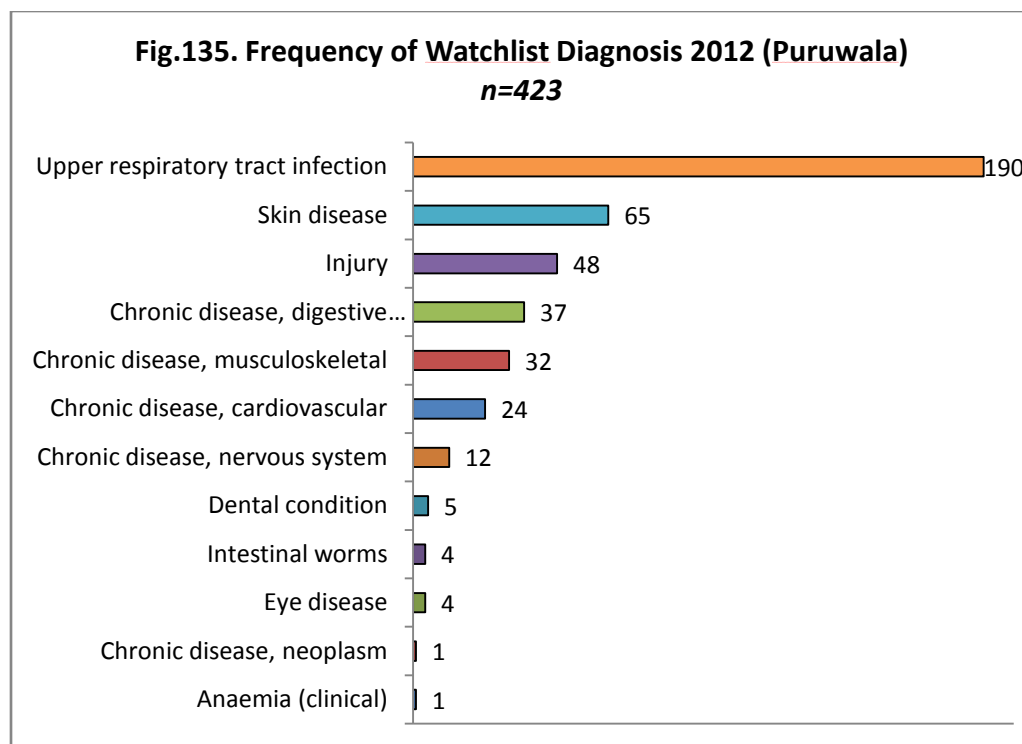
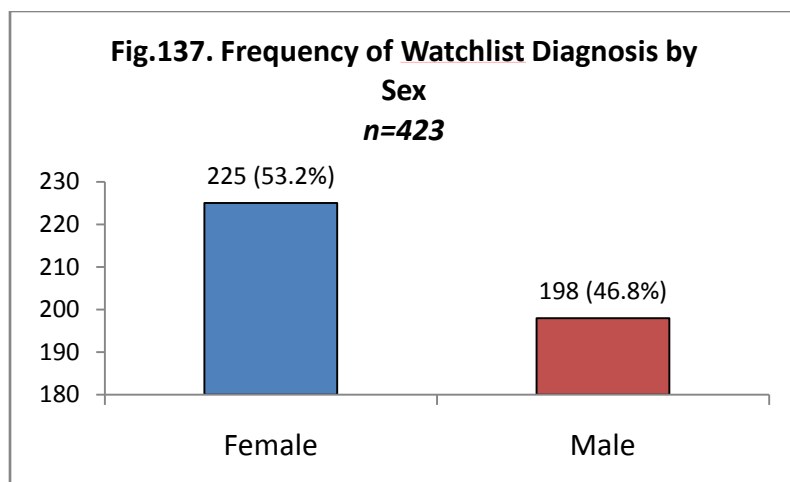


Fig.136. Top Ten Watchlist Diagnosis 2012 (Puruwala)

Diagnosis Watchlist	Frequency	Percent	95% CI Lower	95% CI Upper
1 Upper respiratory tract infection	190	44.92%	40.13%	49.80%
2 Skin disease	65	15.37%	12.14%	19.24%
3 Injury	48	11.35%	8.56%	14.85%
4 Chronic disease, digestive system	37	8.75%	6.31%	11.96%
5 Chronic disease, musculoskeletal	32	7.57%	5.31%	10.62%
6 Chronic disease, cardiovascular	24	5.67%	3.75%	8.44%
7 Chronic disease, nervous system	12	2.84%	1.54%	5.04%
8 Dental condition	5	1.18%	0.44%	2.90%
9 Eye disease	4	0.95%	0.30%	2.57%
10 Intestinal worms	4	0.95%	0.30%	2.57%

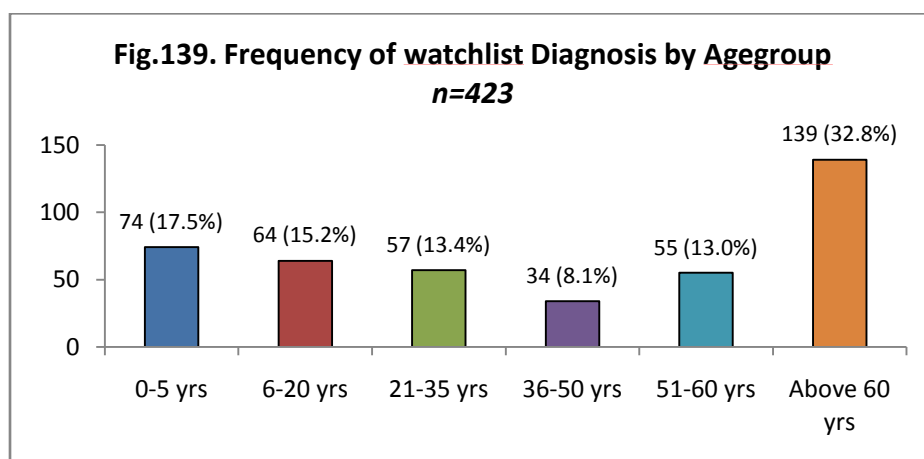
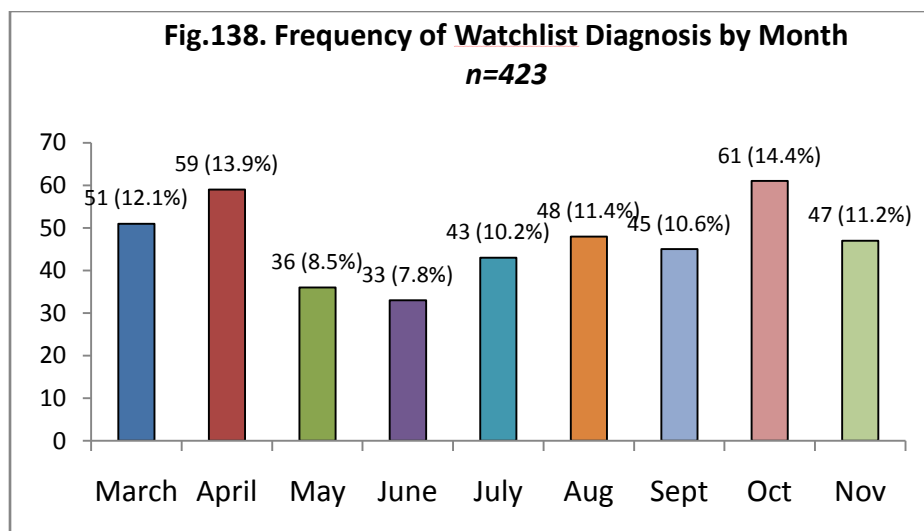


Watchlist Diagnosis (Female)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	102 (45.4%)
Skin disease	33 (14.7%)
Chronic disease, musculoskeletal	25 (11.2%)
Chronic disease, digestive system	22 (9.8%)
Injury	21 (9.4%)
Chronic disease, cardiovascular	9 (4.0%)
Chronic disease, nervous system	8 (3.6%)
Dental condition	2 (0.9%)
Anaemia (clinical)	1 (0.5%)
Eye disease	1 (0.5%)
Intestinal worms	1 (0.5%)

Watchlist Diagnosis (Male)

Diagnosis Watchlist	Frequency (%)
Upper respiratory tract infection	88 (44.5%)
Skin disease	32 (16.2%)
Injury	27 (13.6%)
Chronic disease, cardiovascular	15 (7.6%)
Chronic disease, digestive system	15 (7.6%)
Chronic disease, musculoskeletal	7 (3.5%)
Chronic disease, nervous system	4 (2.0%)
Dental condition	3 (1.5%)
Eye disease	3 (1.5%)
Intestinal worms	3 (1.5%)
Chronic disease, neoplasm	1 (0.5%)



Diagnosis Watchlist	Above 60 yrs
Upper respiratory tract infection	38 (27.4%)
Chronic disease, cardiovascular	23 (16.5%)
Chronic disease, digestive system	23 (16.5%)
Chronic disease, musculoskeletal	21 (15.1%)
Skin disease	17 (12.3%)
Injury	11 (7.9%)
Eye disease	2 (1.5%)
Anaemia (clinical)	1 (0.7%)
Chronic disease, neoplasm	1 (0.7%)
Chronic disease, nervous system	1 (0.7%)
Intestinal worms	1 (0.7%)

13. Dholanji (No data)

14. Manduwala (No data)

15. Tashijong (No data)

16. Rewalsar (No data)

HIS 2012**Total Number of Hospitals/Clinic Visits****Total number of hospital/clinic visits in India= 59,307**

- Information on gender available only for 36,740 (61.9%) hospital/clinic visits
[22,567 (38.5%) data on gender missing]

Female	10,781	29.40%
Male	25,959	70.60%

- Information on age group available only for 57,810 (77.4%) hospital/clinic visits
[1,497 (2.6%) data on age group missing]

0-5 yrs	4488	7.80%
6 to 20 yrs	9266	16.10%
21-35 yrs	12926	22.40%
36-50 yrs	8481	14.60%
51-60 yrs	5188	8.90%
Above 60 yrs	17461	30.20%

Total number of hospital/clinic visits in Nepal= 5,061

- Information on gender available for 5,061 (100%) hospital/clinic visits

Female	3,313	65.50%
Male	1,748	34.50%

- Information on age group available for 5,056 (99.9%) hospital/clinic visits
[5 (0.1%) data on age group missing]

0-5 yrs	136	2.70%
6 to 20 yrs	582	11.50%
21-35 yrs	355	7.10%
36-50 yrs	596	11.70%
51-60 yrs	449	8.90%
Above 60 yrs	2938	58.10%

CENTRAL INDIA:

Total hospital/clinic visits= 4,194

Gender	Frequency (n)	Percent (%)
Male	2040	48.60%
Female	2154	51.40%

S.No	Location	Sex	Frequency (n)	Total
1	Bhandara	Male	591	1212
		Female	621	
2	Mainpat	Male	680	1317
		Female	637	
3	Orissa	Male	769	1665
		Female	896	

Age group	Frequency (n)
0-5 yrs	509
6 to 20 yrs	873
21-35 yrs	704
36-50 yrs	584
51-60 yrs	355
Above 60 yrs	1169

SOUTH INDIA:

Total hospital/clinic visits= 26,198

Gender	Frequency (n)	Percent (%)
Male	12740	48.60%
Female	13458	51.40%

S.No	Location	Gender	Frequency (n)	Total
4	Bylakupee	Male	2637	4585
		Female	1948	
5	Hunsur	Male	2731	5685
		Female	2954	
6	Kollegal	Male	3956	9114
		Female	5158	
7	Mundgod	Male	3416	6814
		Female	3398	

Agegroup	Frequency (n)
0-5 yrs	2556
6 to 20 yrs	4848
21-35 yrs	4745
36-50 yrs	2982
51-60 yrs	2562
Above 60 yrs	8499

* 6 Data Missing for age group

NORTH INDIA:

Total hospital/clinic visits= 26,198

Gender	Frequency (n)	Percent (%)
Male	11179	50.90%
Female	10781	49.10%

S.No	Location	Gender	Frequency (n)	Total
8	Bir	Male	2718	5760
		Female	3042	
9	Dekyiling	Male	1256	2560
		Female	1304	
10	Delek	Male	4714	9022
		Female	4308	
11	Delhi	Male	1540	2304
		Female	764	
12	Ladakh	Male	951	2314
		Female	1363	

Agegroup	Frequency (n)
0-5	909
6 to 20	2767
21-35	6861
36-50	4011
51-60	1666
Above 60	5744

* 2 Data Missing for age group

DOON VALLEY:

Total hospital/clinic visits= 1,079

S.No	Location	Gender	Frequency (n)	Total
13	Clementown	Male	na	69
		Female		
14	Herbertpur	Male	na	247
		Female		
15	Khera	Male	na	222
		Female		
16	Rajpur	Male	98	326
		Female	228	
17	Lingsang	Male	129	215
		Female	86	

Gender	Frequency (n)	Percent (%)
Male	na	na
Female	na	na

Agegroup	Frequency (n)
0-5	23
6 to 20	80
21-35	124
36-50	102
51-60	60
Above 60	152

* 538 Data Missing for age group

HIMACHAL PRADESH:

Total hospital/clinic visits= 2,214

Gender	Frequency (n)	Percent (%)
Male	na	na
Female	na	na

S.No	Location	Gender	Frequency (n)	Total
18	Chauntra	Male	368	752
		Female	384	
19	Dalhousie	Male	na	164
		Female		
20	Kamrao	Male	na	108
		Female		
21	Kullu	Male	na	136
		Female		
22	Manali	Male	na	47
		Female		
23	Poanta	Male	169	372
		Female	203	
24	Puruwala	Male	198	423
		Female	225	
25	Sataun	Male		212
		Female		

Agegroup	Frequency (n)
0-5	140
6 to 20	167
21-35	155
36-50	178
51-60	127
Above 60	780

* 667 Data Missing for Agegroup

NORTH EAST INDIA:

Total hospital/clinic visits= 3,662

Gender	Frequency (n)	Percent (%)
Male	na	na
Female	na	na

S.No	Location	Gender	Frequency (n)	Total
26	Miao	Male	1169	3378
		Female	2209	
27	Ravangla	Male	na	66
		Female		
28	Sonada	Male	na	218
		Female		

Agegroup	Frequency (n)
0-5	351
6 to 20	531
21-35	337
36-50	624
51-60	418
Above 60	1117

* 284 Data Missing for age group

NEPAL:

Total hospital/clinic visits= 5,061

Gender	Frequency (n)	Percent (%)
Male	1748	34.50%
Female	3313	65.50%

S.No	Location	Gender	Frequency (n)	Total
1	Bhoudha	Male	97	291
		Female	194	
2	Jampaling	Male	382	831
		Female	449	
3	Jawalakhel	Male	229	1537
		Female	1308	
4	Lotserok	Male	116	339
		Female	223	
5	Tashiling	Male	2	10
		Female	8	
6	Jorpati	Male	3	15
		Female	12	
7	Paljorling	Male	8	22
		Female	14	
8	Tashi palkhei	Male	911	2016
		Female	1105	

Agegroup	Frequency (n)
0-5	136
6 to 20	582
21-35	355
36-50	596
51-60	449
Above 60	2938