



HeRAMS Nepal

September 2024 floods and
landslides

January 2025



General clinical and trauma care services

A comprehensive mapping of availability of
essential services and barriers to their provision



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Date : 7 July 2025

Foreword



Foreword

In the face of escalating natural and human-induced hazards, ensuring the safety and resilience of healthcare facilities remains a critical public health priority. Hospitals are essential lifelines during emergencies and disasters, providing life-saving care and coordinating relief when communities need them the most. Recognizing the importance of robust disaster preparedness, the Ministry of Health and Population (MoHP) is unwavering in its commitment to enhancing the disaster resilience of health facilities across Nepal.

The Health Resources and Services Availability Monitoring System (HeRAMS) serves as a comprehensive framework to assess the availability, accessibility, and functionality of health facilities, resources, and services within specific regions. This system empowers decision-makers by offering detailed insights into facility conditions, enabling evidence-based interventions to strengthen health system preparedness and response.

In Nepal, the Health Emergency and Disaster Management Unit (HEDMU)/HEOC, with support from the World Health Organization (WHO), first implemented HeRAMS following the 2023 earthquake in West Nepal. This assessment covered 83 health facilities, including temporary setups, to evaluate the damage and service availability in the affected region. Subsequently, in 2024, HeRAMS was extended to assess 78 health facilities across the Koshi, Madhesh, and Bagmati provinces, in the aftermath of floods and landslides.

This report provides an overview of the outcomes of these assessments of 2024 Nepal's Flood and Landslide and outlines the subsequent actions to be taken at various levels. It is a result of the collaborative efforts between the MoHP, WHO, and local health institutions, ensuring that Nepal's health system remains prepared for future emergencies.

I would like to express my sincere gratitude to WHO Nepal, the Swiss Agency for Development and Cooperation and United Nations Resident Coordinator's Office, the WHO South-East Asia Regional Office (SEARO), the HeRAMS Team at WHO Headquarters, and all the contributing institutions, experts, and hospital teams for their invaluable support and dedication to this essential initiative.

Prakash B.C.

Dr Prakash Budhathoky

Chief

HEDMU/HEOC

ACRONYMS

BHSC Basic Health Service Center

HeRAMS Health Resources and Services Availability Monitoring System

HP Health Post

HSDU Health Service Delivery Unit

PHC Primary Health Center

UHC Urban Health Centre

WHO World Health Organization

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DISCLAIMER

Disruptions to health systems can impede provision of and access to essential health services. Communities' vulnerability to increased morbidity and mortality substantially increases when a lack of reliable information prevents sound decision-making, especially in rapidly changing environments that require continued assessment. The Health Resources and Services Availability Monitoring System (HeRAMS) aims to provide decision-makers and health stakeholders at large with vital and up-to-date information on the availability of essential health resources and services, help them identify gaps and determine priorities for intervention.

HeRAMS draws on the wealth of experience and knowledge gathered by the World Health Organization (WHO) and health sector actors, including nongovernmental organizations, donors, academic institutions and other technical bodies. It builds on a collaborative approach involving health service providers at large and integrating what is methodologically sound and feasible in highly constrained, low-resourced and rapidly changing environments such as humanitarian emergencies. Rapidly deployable and scalable to support emergency response and fragile states, HeRAMS can also be expanded to - or directly implemented as - an essential component of routine health information systems. Its modularity and scalability make it an essential component of emergency preparedness and response, health systems strengthening, universal health coverage and the humanitarian development nexus.

HeRAMS has been operational in Nepal since January 2024 with an initial focus on areas affected by the 2023 Jajarkot earthquake [Annex I](#). Following the devastating floods and landslides in September 2024, HeRAMS was expanded to “insert provinces”. This report presents the results of the assessment of 78 health service delivery units (HSDUs) across affected areas. It is important to note that the deployment of HeRAMS is ongoing, including data verification and validation. Hence, this analysis is not final and was produced solely for the purpose of informing operations.

This is the second report of the **HeRAMS Nepal September 2024 floods and landslides - January 2025** series, focusing on the availability of general clinical and trauma care services. It is a continuation of the first report on the operational status of the health system¹ and should always be interpreted in conjunction with results presented in the first report. Additional reports are available covering essential child health and nutrition services², communicable disease services³, sexual and reproductive health services⁴, and non-communicable disease and mental health services⁵.

Caution must be taken when interpreting the results presented in this report. Differences between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times are to be expected. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change.

For additional information, please see <https://www.who.int/initiatives/herams> or contact herams@who.int

¹ HeRAMS Nepal September 2024 floods and landslides - January 2025 - operational status of the health system: a comprehensive mapping of the operational status of health service delivery units, <https://www.who.int/publications/m/item/herams-nepal-september-2024-floods-and-landslides-report-2025-01-operational-status-of-the-health-system>.

² HeRAMS Nepal September 2024 floods and landslides - January 2025 - Child health and nutrition services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-nepal-september-2024-floods-and-landslides-report-2025-01-child-health-and-nutrition-services>.

³ HeRAMS Nepal September 2024 floods and landslides - January 2025 - Communicable disease services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-nepal-september-2024-floods-and-landslides-report-2025-01-communicable-disease-services>.

⁴ HeRAMS Nepal September 2024 floods and landslides - January 2025 - Sexual and reproductive health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-nepal-september-2024-floods-and-landslides-report-2025-01-sexual-and-reproductive-health-services>.

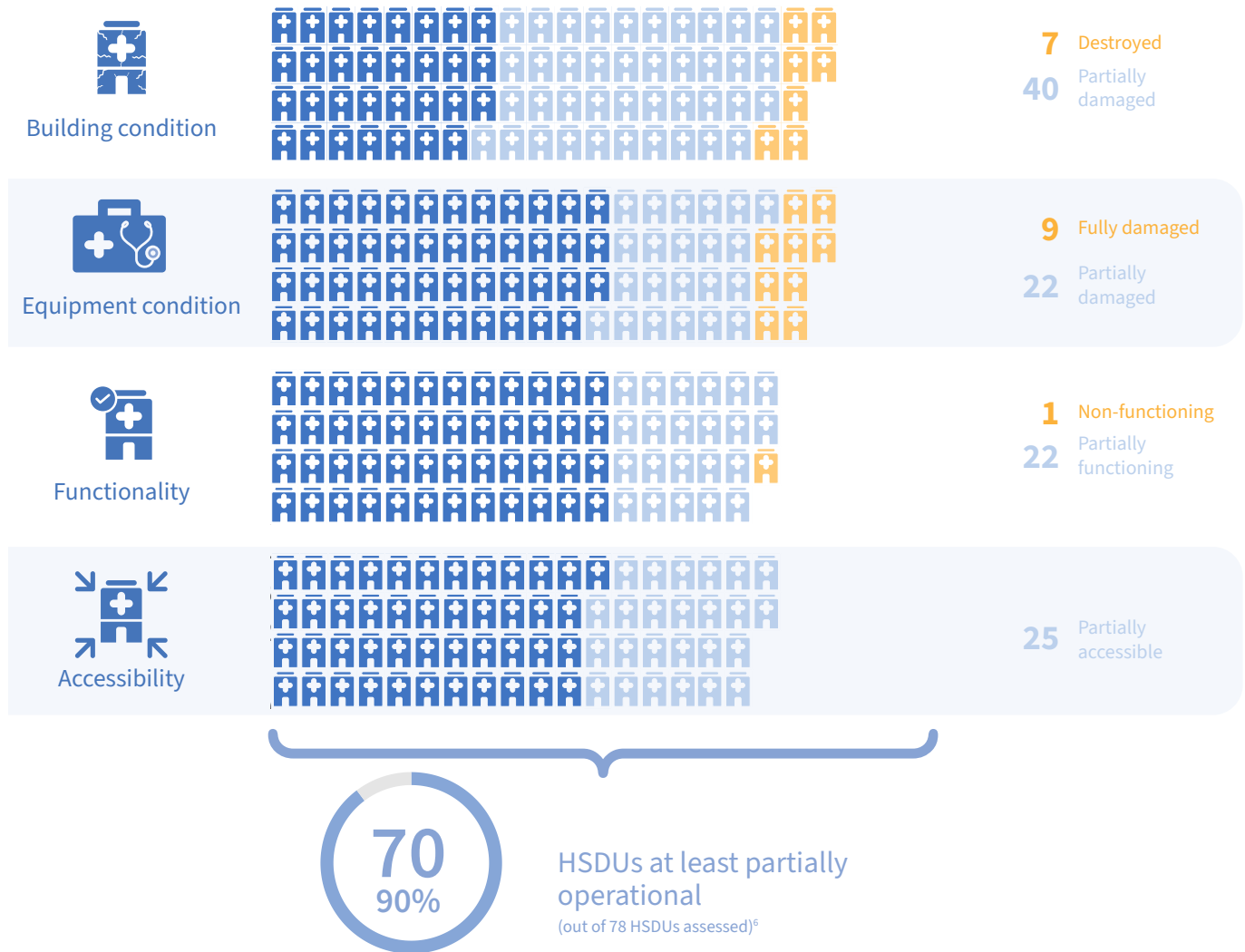
⁵ HeRAMS Nepal September 2024 floods and landslides - January 2025 - Noncommunicable disease and mental health services: A comprehensive mapping of availability of essential services and barriers to their provision. <https://www.who.int/publications/m/item/herams-nepal-september-2024-floods-and-landslides-report-2025-01-ncd-and-mental-health-services>.



OVERVIEW OF HSDUs EVALUATED

Data collection summary

78 HSDUs assessed



* Five of the assessed facilities were temporary structures.

⁶ HSDUs (Health Service Delivery Units) reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of an HSDU's non-operational status.

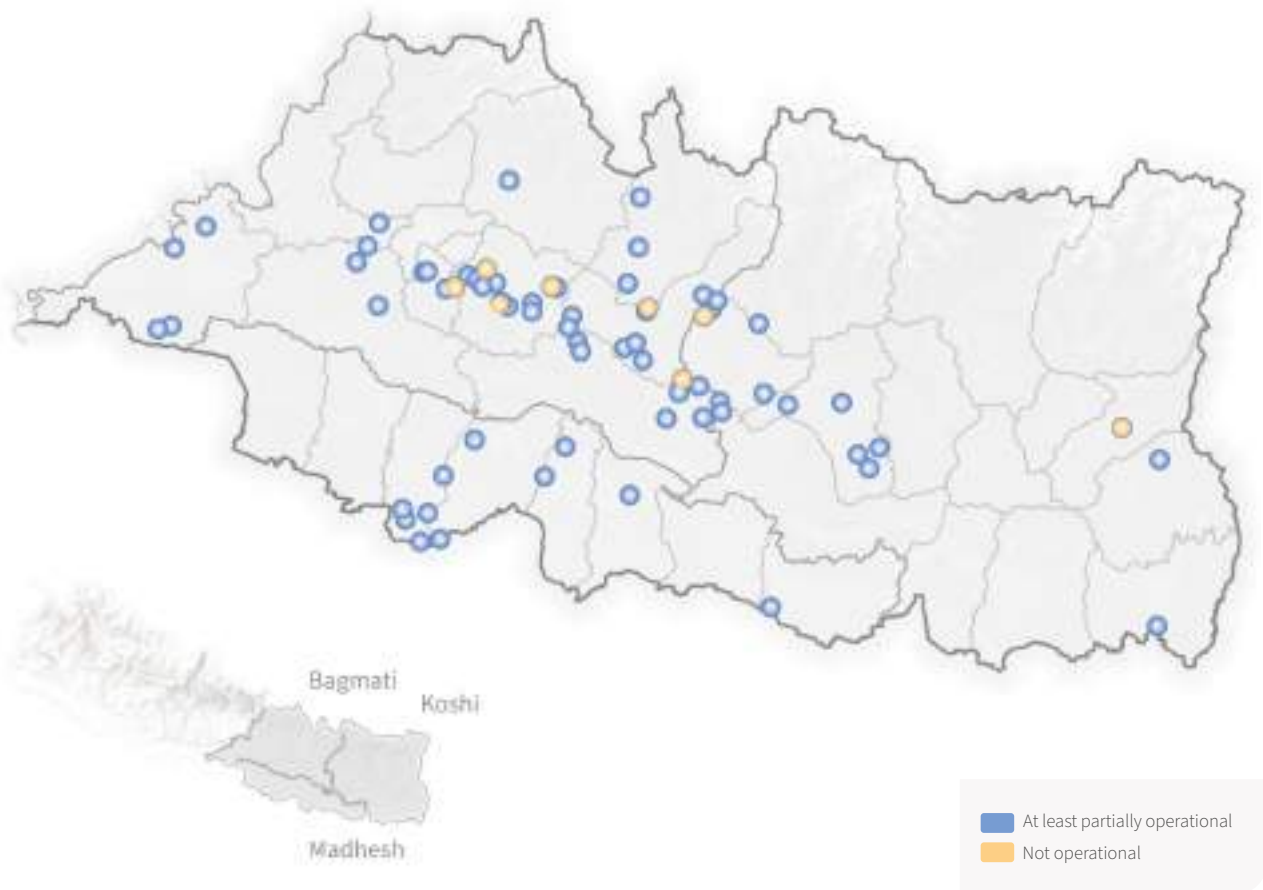
Reporting frequency and operational status by district

		Basic Health Service Centre		Community Health Unit		EPI Clinic		Health Post		Municipal/Local level Hospital		Primary Healthcare Center		Provincial Hospital		Urban Health Centre		Other		Total		
		0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	
BAGMATI	CHITAWAN	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	4	-
	DHADING	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-
	DOLAKHA	-	-	1	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	3	1
	KAVREPALANCHOK	1	-	2	1	1	-	9	2	1	1	-	-	-	-	-	-	-	-	-	14	4
	LALITPUR	-	-	-	-	-	-	2	-	-	-	-	-	1	-	-	-	-	-	-	3	-
	MAKWANPUR	1	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	3	-
	RAMECHHAP	-	-	-	-	-	-	7	-	-	-	-	-	-	-	-	-	-	-	-	7	-
	SINDHULI	1	-	4	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	9	-
	SINDHUPALCHOK	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-
TOTAL	5	-	8	2	1	-	26	2	2	1	-	-	1	-	1	-	1	-	45	5		
KOSHI	ILAM	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-
	JHAPA	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
	KHOTANG	-	-	-	-	-	-	3	-	1	-	1	-	-	-	-	-	-	-	-	5	-
	OKHALDHUNGA	-	-	1	1	-	-	4	1	-	-	-	-	-	-	-	-	-	-	-	5	2
	PANCHTHAR	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1	1
	SOLUKHUMBU	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-
TOTAL	1	-	1	1	-	-	9	2	2	-	1	-	-	-	-	-	-	-	-	14	3	
MADHESH	MAHOTTARI	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	2	-
	RAUTAHAT	-	-	-	-	-	-	3	-	-	-	2	-	-	-	-	-	-	-	-	5	-
	SAPTARI	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-
	SARLAHI	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-
	SIRAHA	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-
	TOTAL	2	-	-	-	-	-	7	-	-	-	2	-	-	-	-	-	-	-	-	11	-
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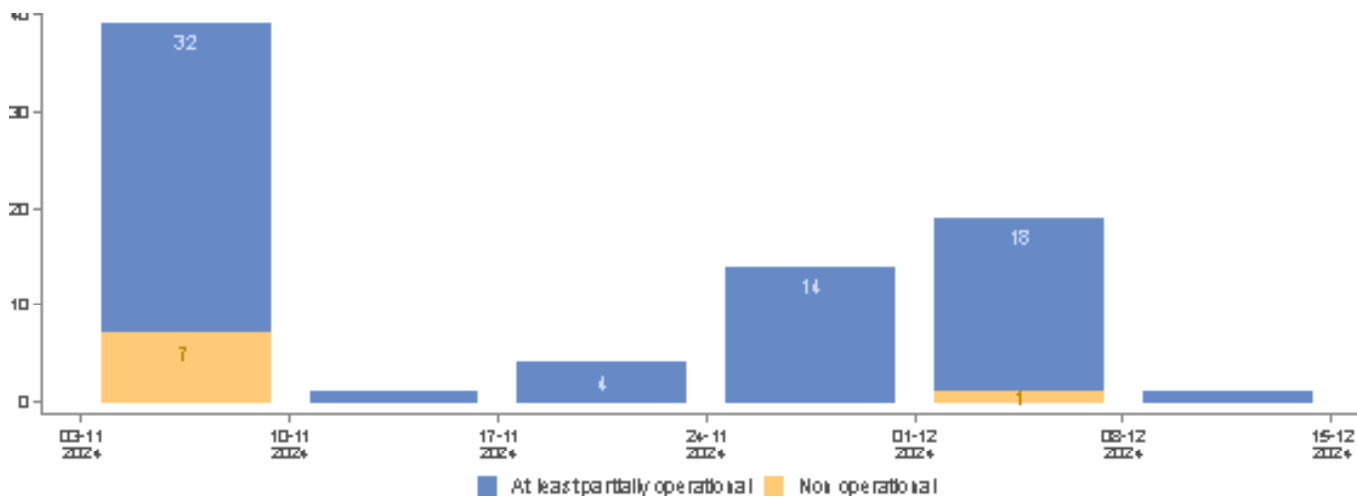
0 = At least partially operational - N/O = Not operational



Geographic distribution of HSDUs



Date of last update

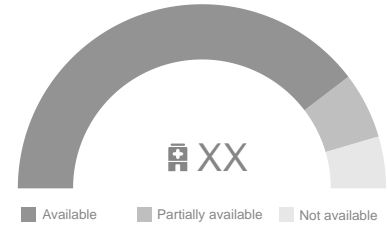




INTERPRETATION GUIDE

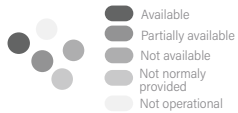
Service status

Arc charts provide an overview of the overall availability of a health service. The total number of HSDUs included in the analysis of a service is shown inside the arc chart. It should be noted that analysis of individual services was limited to operational HSDUs (see page 4 for details). There are two numbers separated by a bar (“|”) inside the arc of the chart: on the left is the percentage of HSDUs, and on the right of the bar is the number falling into that category.



For further insights, donut charts break down service availability by HSDU type or province. To improve readability, labels indicating the availability level for each category are provided either beside or below the chart. Additionally, to highlight the percentage of HSDUs where an service is available up to standard, the number may also be prominently placed inside the chart. Information on the total number of HSDUs included is clearly indicated above or below the respective donut.

Column charts offer a breakdown of availability by district. By default, these charts exclude HSDUs where an service was not applicable or the HSDU did not report on it. The total number of HSDUs included in each district is indicated to the right of the bar.



In contrast to charts, and to highlight areas not reporting, as well as the impact of non-operational HSDUs, **maps** depict all HSDUs targeted with HeRAMS. Each dot corresponds to an HSDU, with the colour indicating the availability level.

Barriers

To gain a more comprehensive understanding of the challenges faced by HSDUs, whenever an service was not or only partially available, main barriers impeding availability were recoded. Similarly, questions on building and equipment conditions, functionality and accessibility gather information on the underlying causes for non or partially operating HSDUs.



Each **donut chart** indicates the percentage of HSDUs having reported a specific barrier. The total number of HSDUs reporting at least one barrier is shown below the chart header.

Heat maps indicate the barriers that each HSDU listed face with a colored rectangle. When the rectangle is grey, the HSDU does not face this barrier.

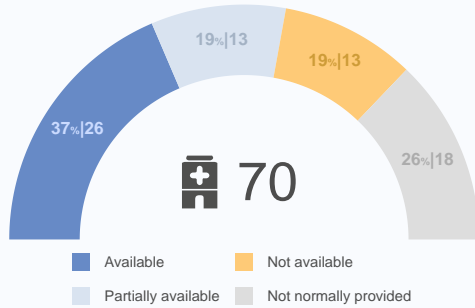


Important: The denominator for barrier charts excludes HSDUs where the service is fully available or not normally provided. It should further be noted that HSDUs can report up to three barriers for each service. Thus, the sum of all barriers may exceed 100%.



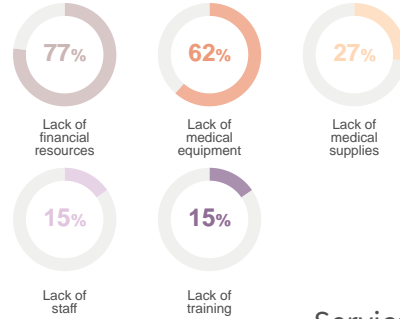
REQUEST FOR AMBULANCE SERVICES BY THE PATIENT

Service availability ⁷

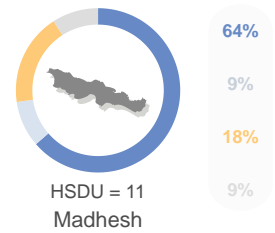
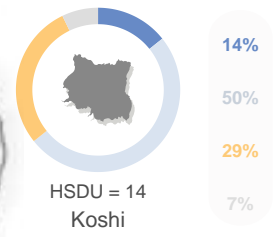
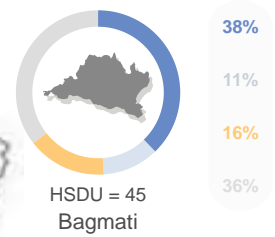
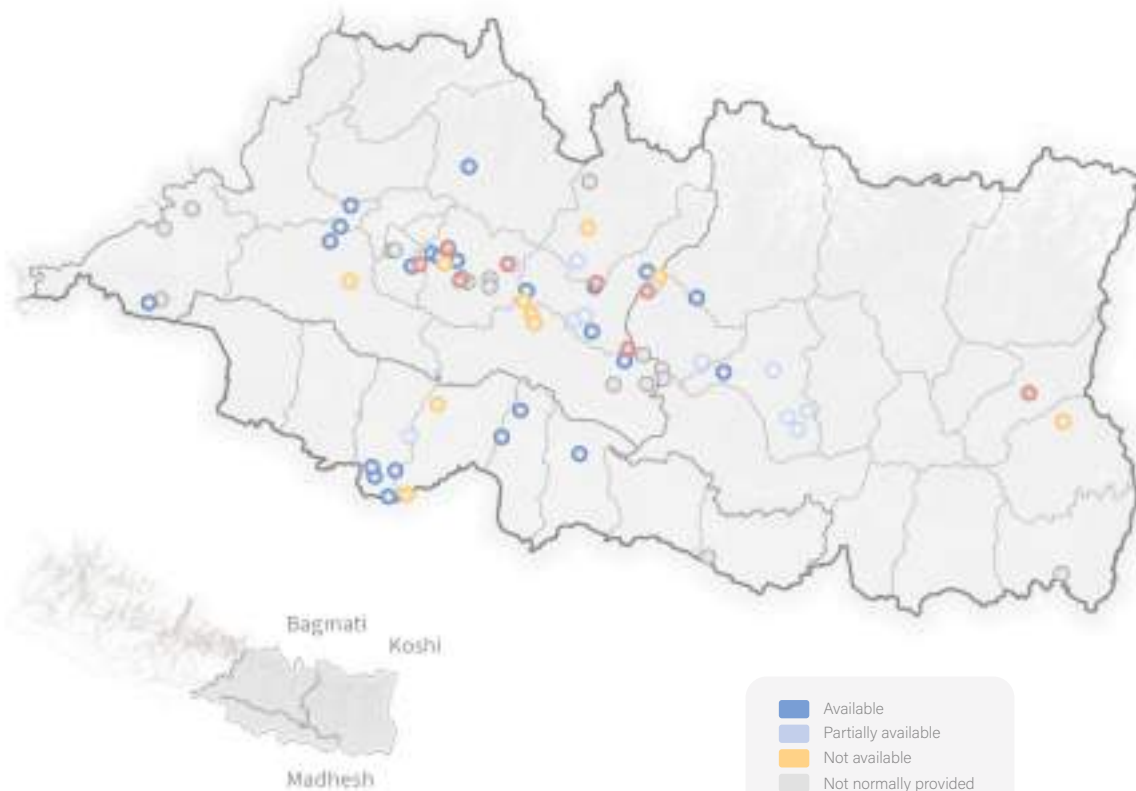


Main barriers impeding service delivery

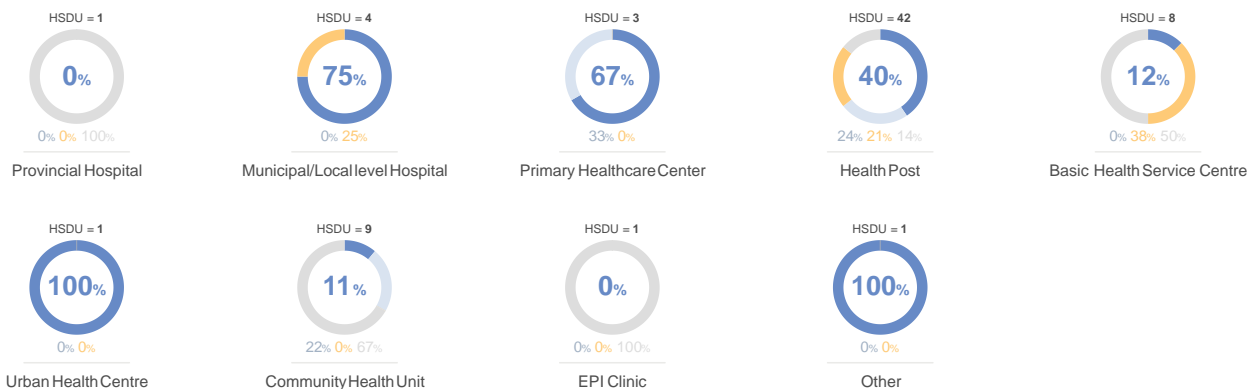
HSDU = 26



Service availability by province



Service availability by HSDU type



⁷ User-activated dispatch of basic ambulance services from district-level staging center (e.g., ambulance pool).



Bagmati

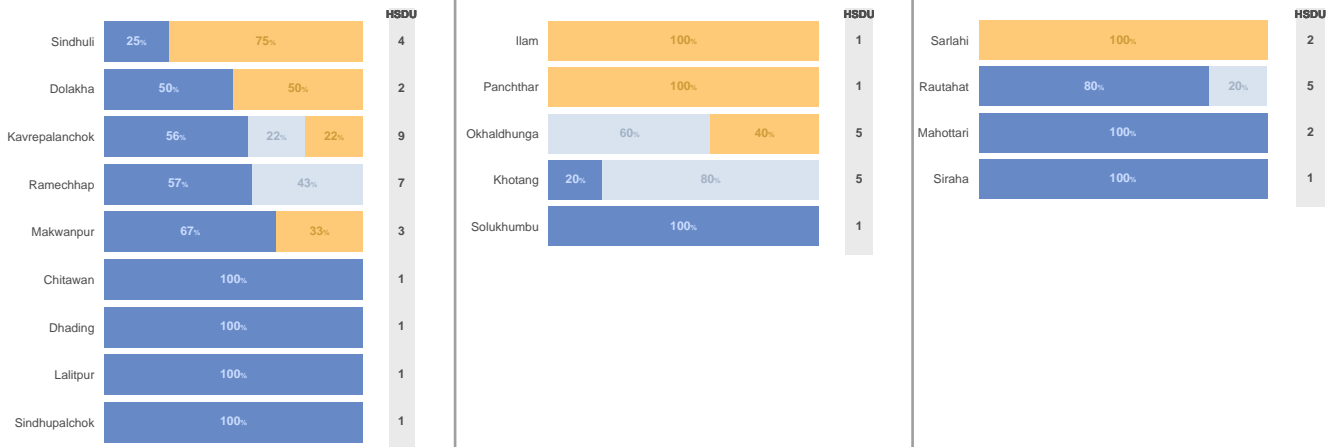


Koshi

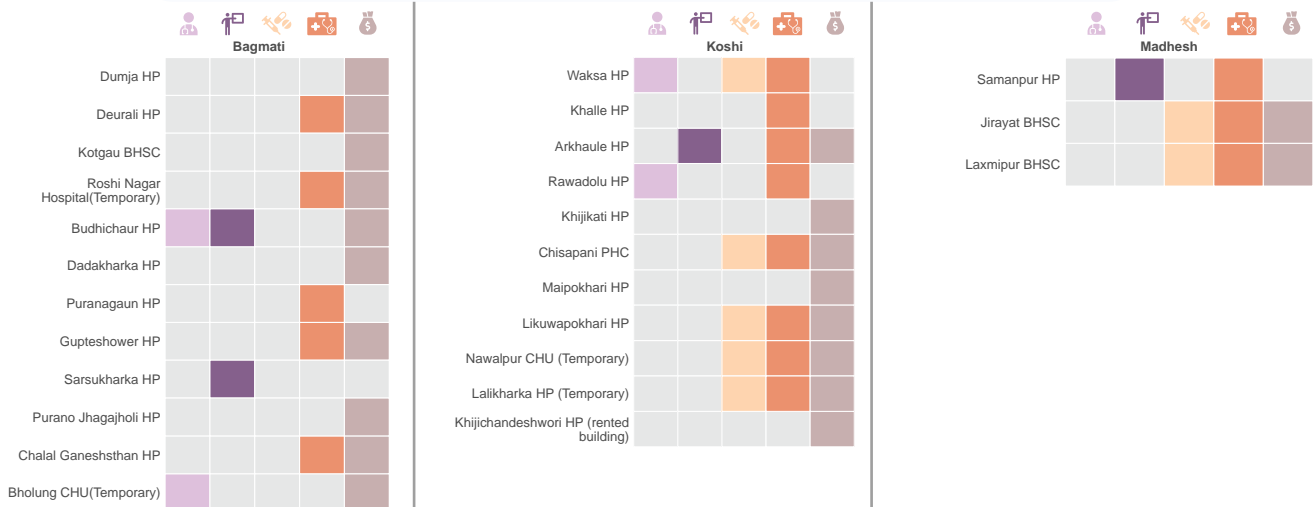


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



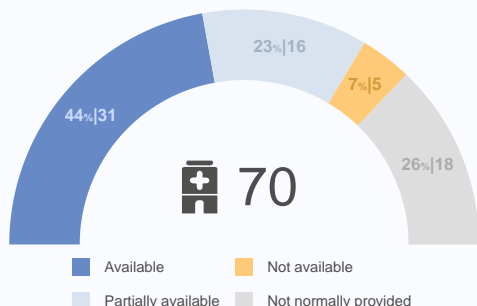
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



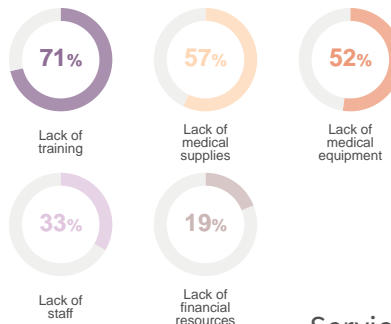
RECOGNITION OF DANGER SIGNS

Service availability ⁸

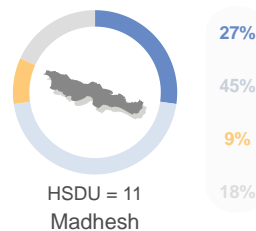
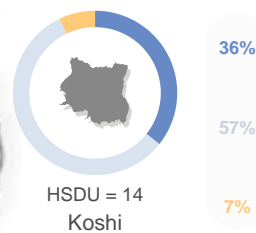
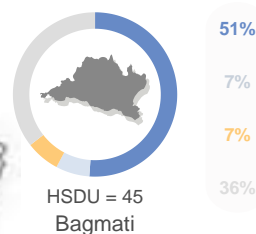
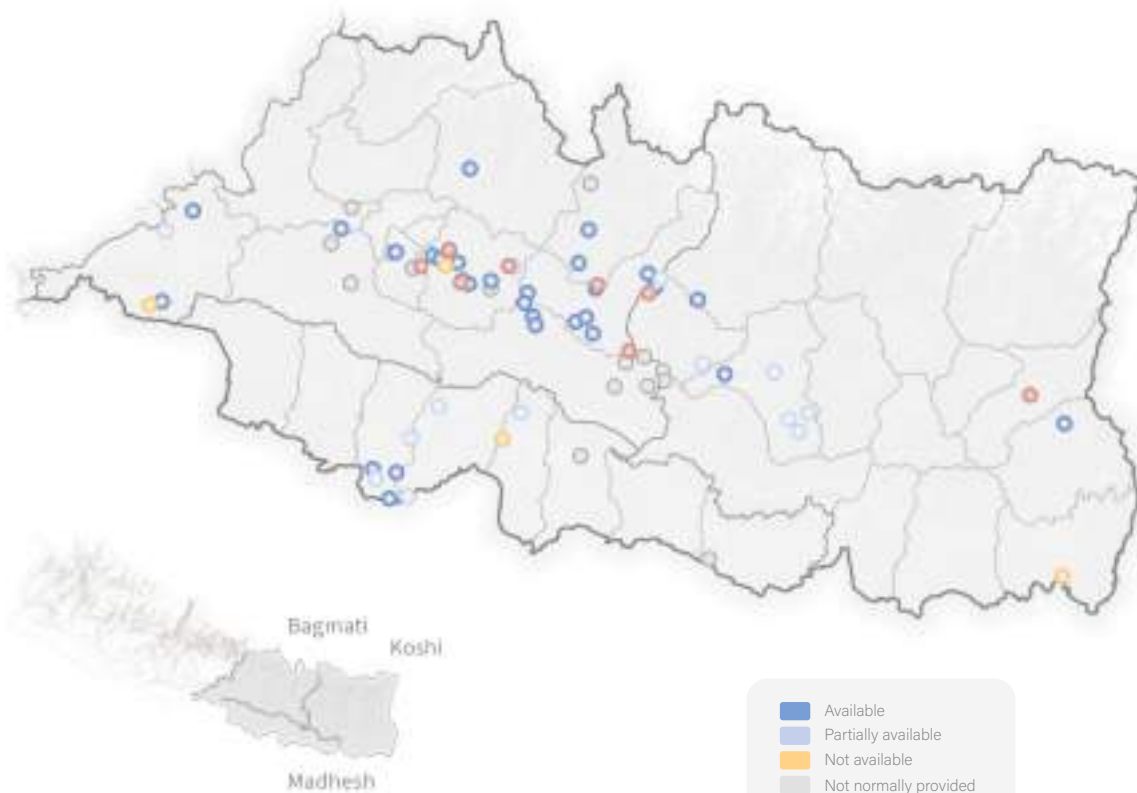


Main barriers impeding service delivery

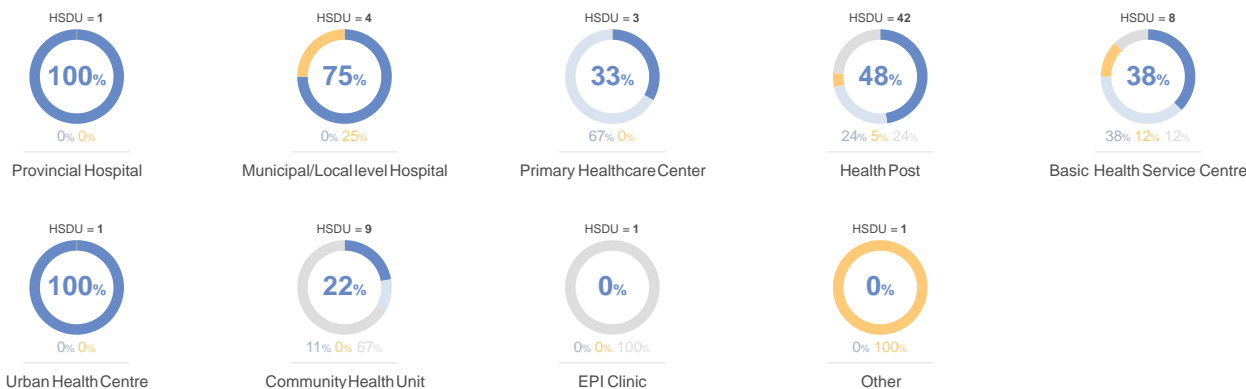
HSDU = 21



Service availability by province



Service availability by HSDU type



⁸ Recognition of danger signs in neonates, children and adults, including early recognition of signs of serious infection, with timely referral to higher-level care.



Bagmati

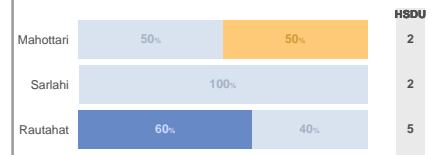
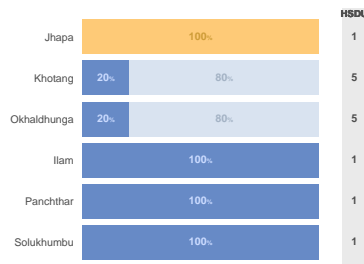
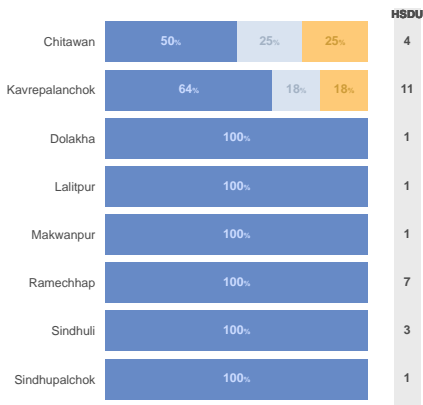


Koshi

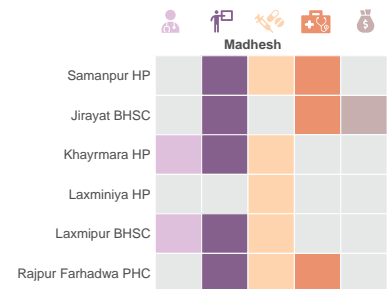
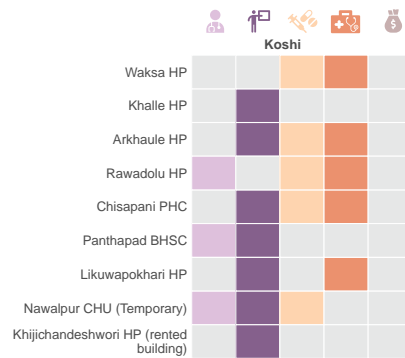
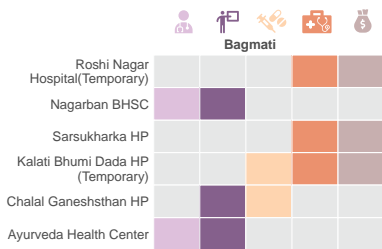


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



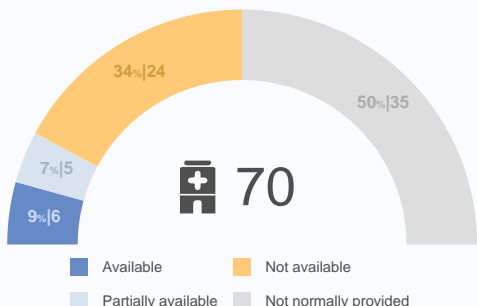
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



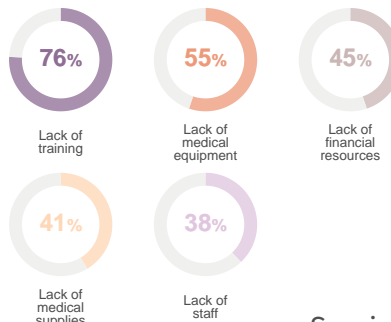
ACUITY-BASED FORMAL TRIAGE

Service availability⁹

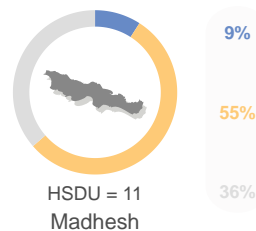
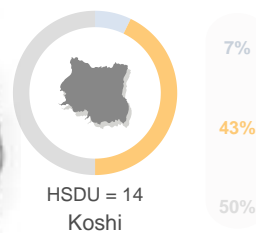
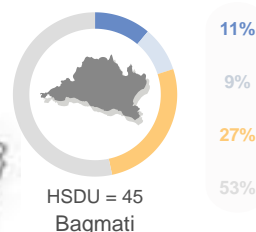
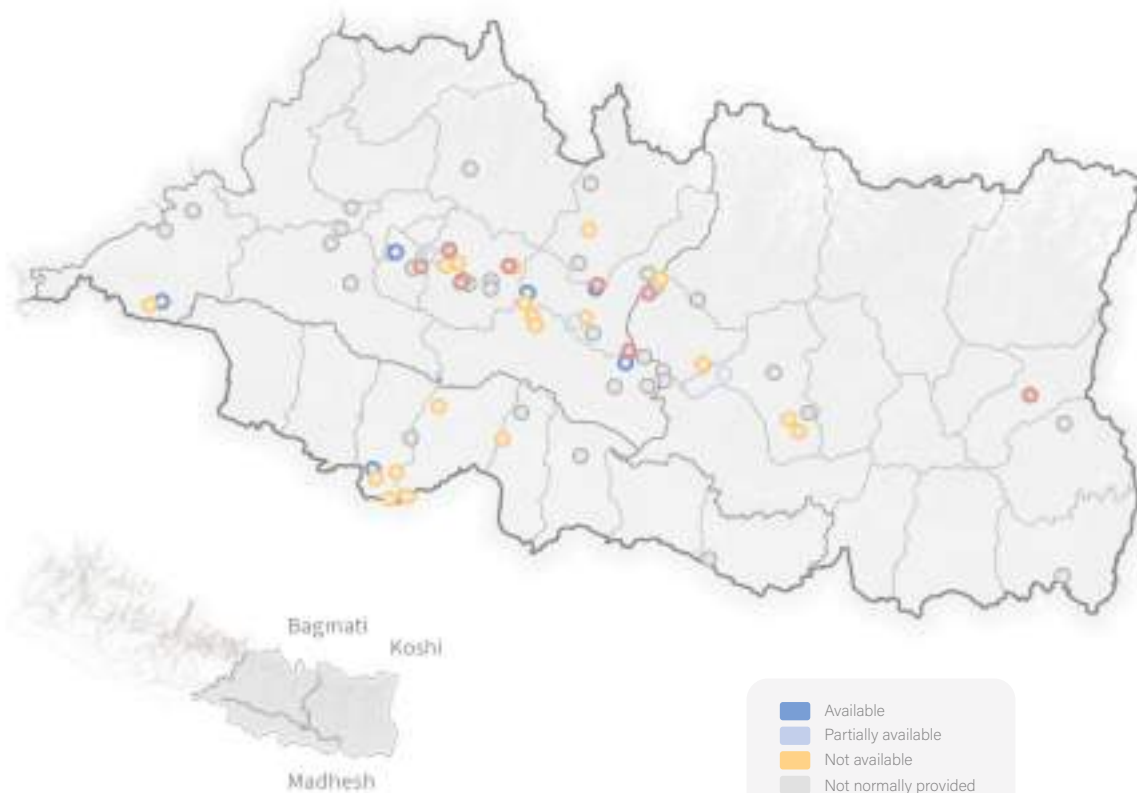


Main barriers impeding service delivery

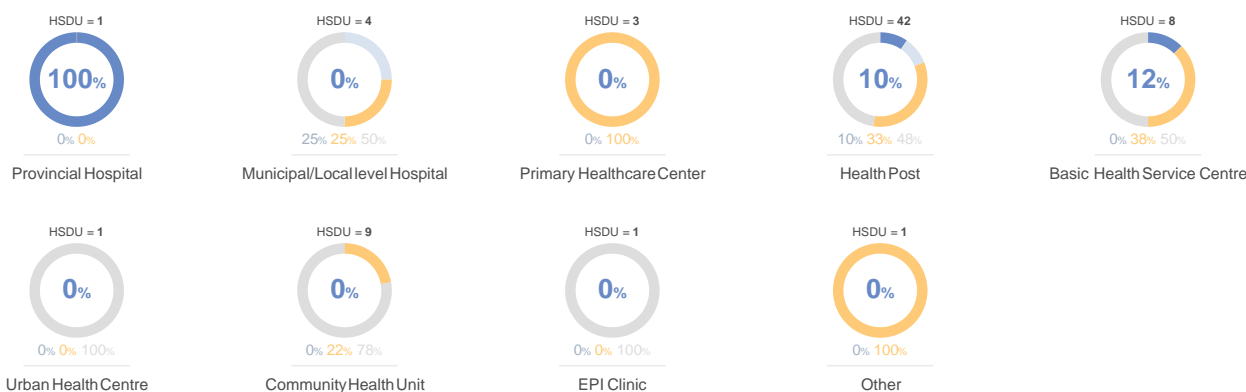
HSDU = 29



Service availability by province



Service availability by HSDU type



⁹ Acuity-based formal triage of children and adults at first entry to the HSDU (with a validated instrument such as WHO/ICRC Interagency Triage Tool).



Bagmati

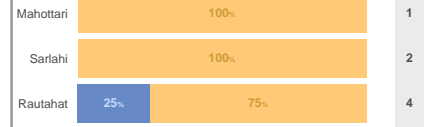
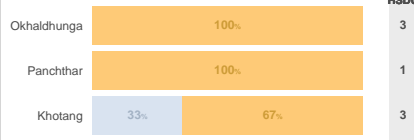
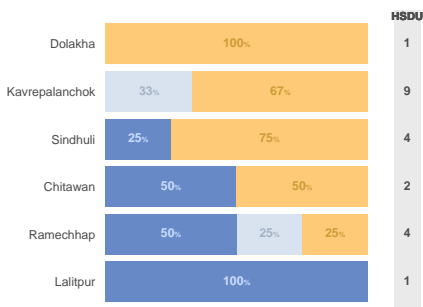


Koshi

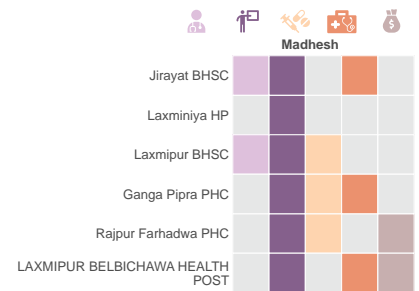
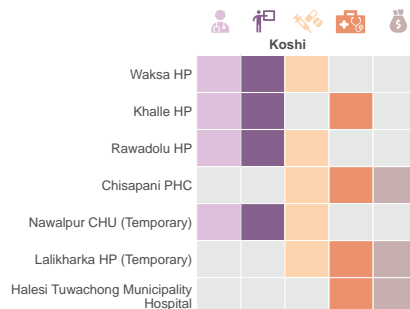
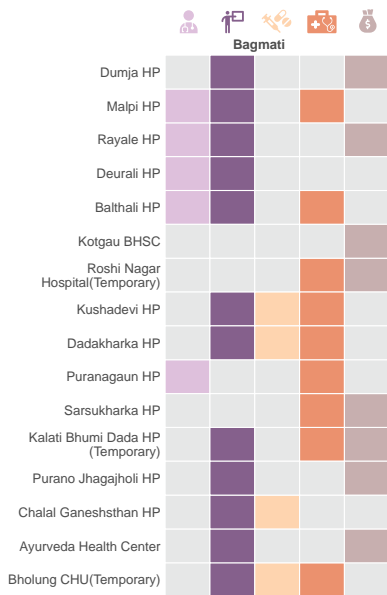


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



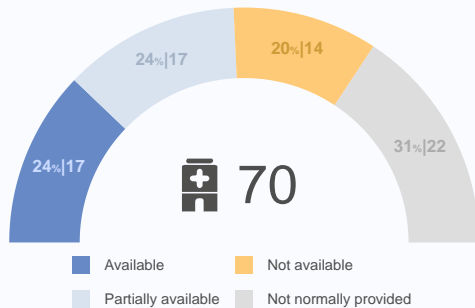
-  Lack of staff
-  Lack of training
-  Lack of medical supplies
-  Lack of medical equipment
-  Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



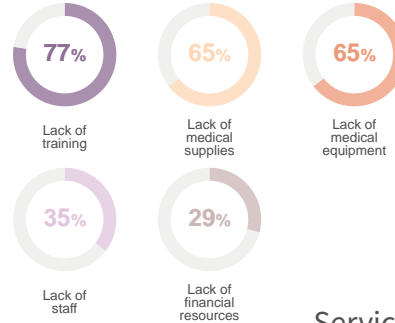
WHO BASIC EMERGENCY CARE BY PREHOSPITAL PROVIDER

Service availability ¹⁰

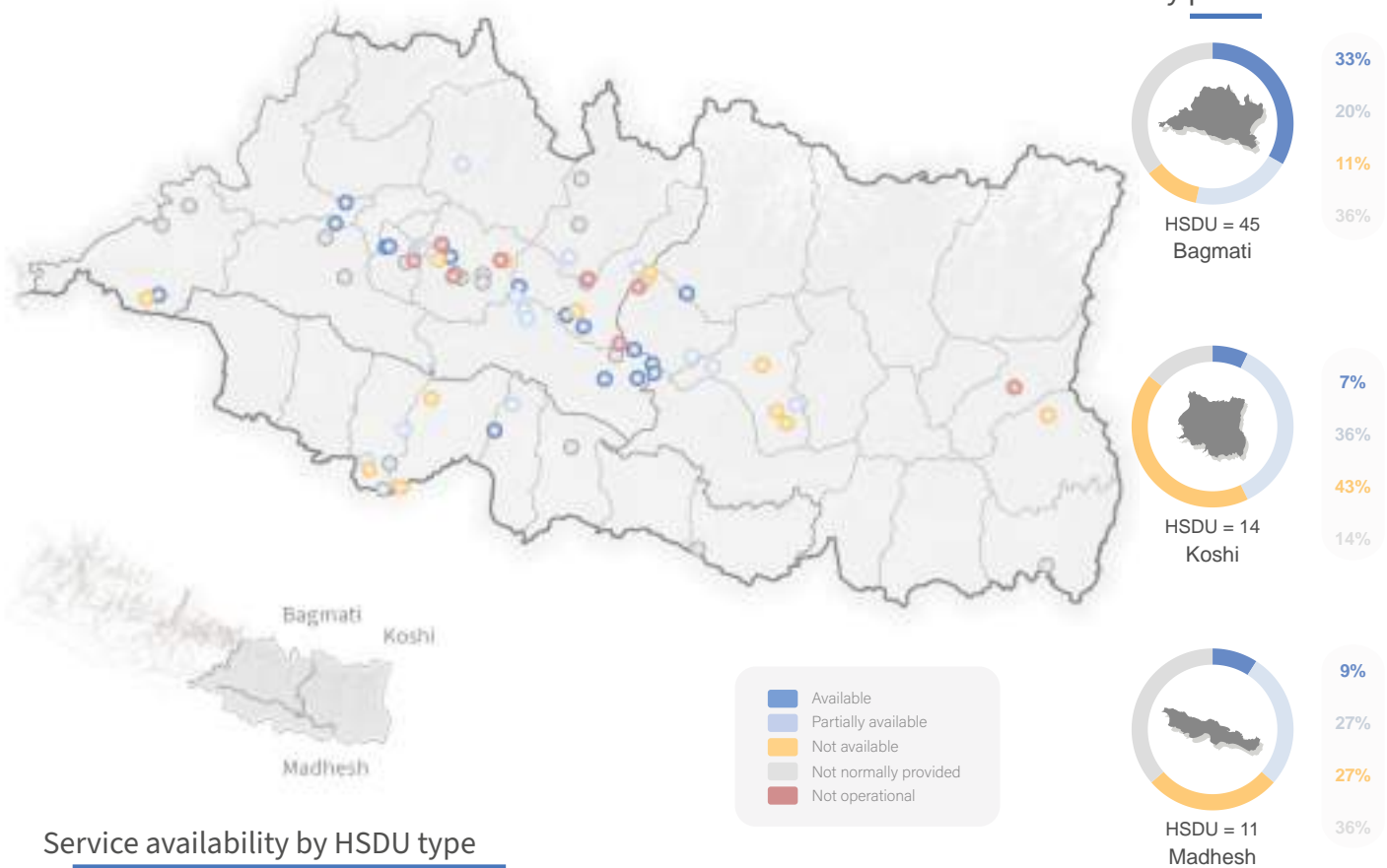


Main barriers impeding service delivery

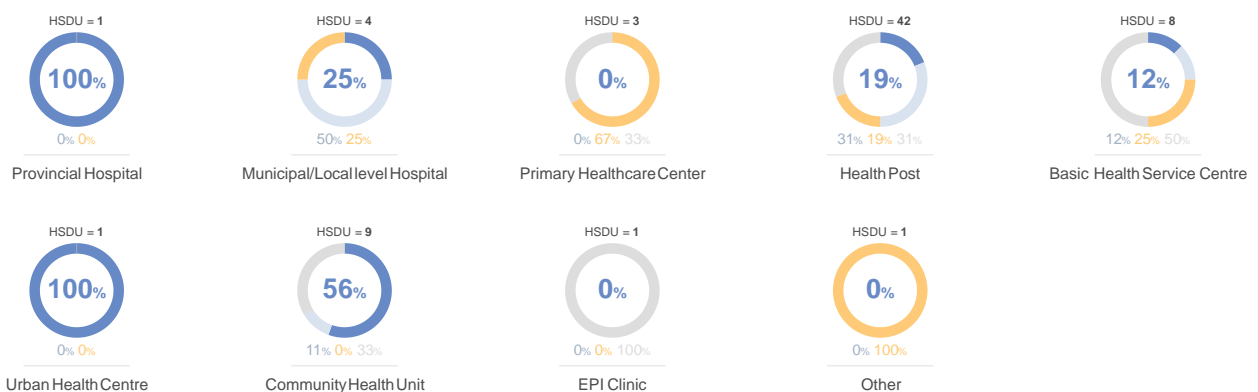
HSDU = 31



Service availability by province



Service availability by HSDU type



¹⁰ WHO Basic emergency care by prehospital provider: Initial syndrome-based management at scene by prehospital providers for difficulty breathing, shock, altered mental status, and polytrauma.



Bagmati

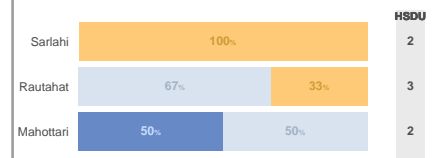
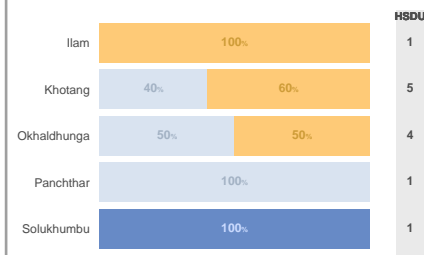
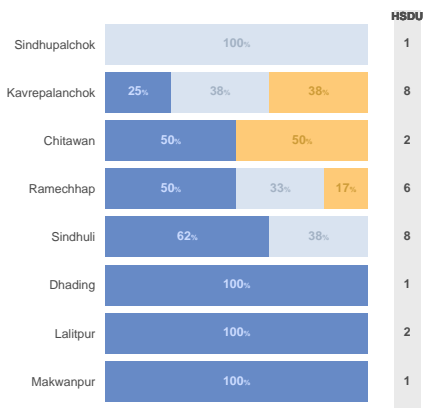


Koshi

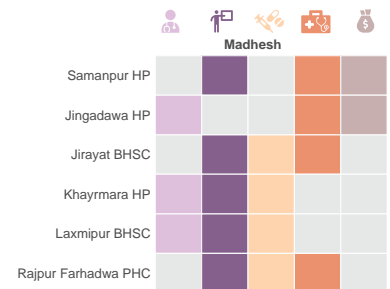
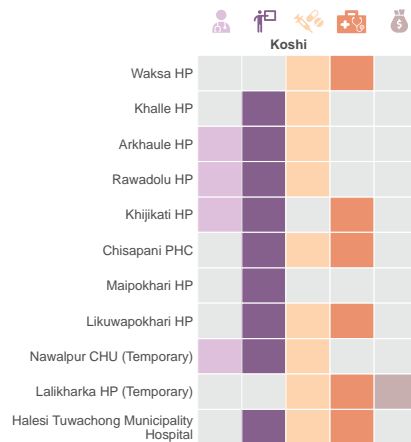
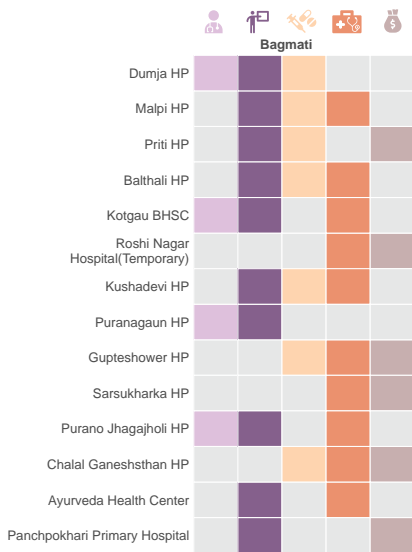


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



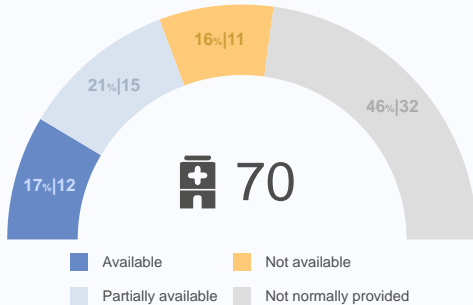
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



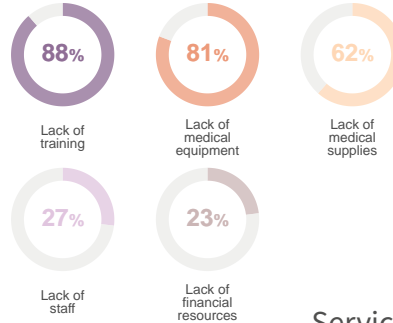
WHO BASIC EMERGENCY CARE

Service availability ¹¹

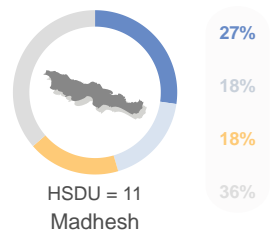
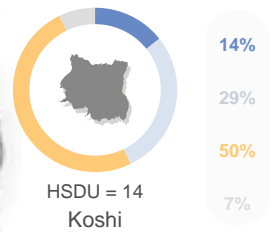
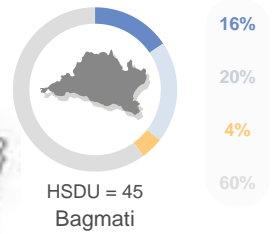
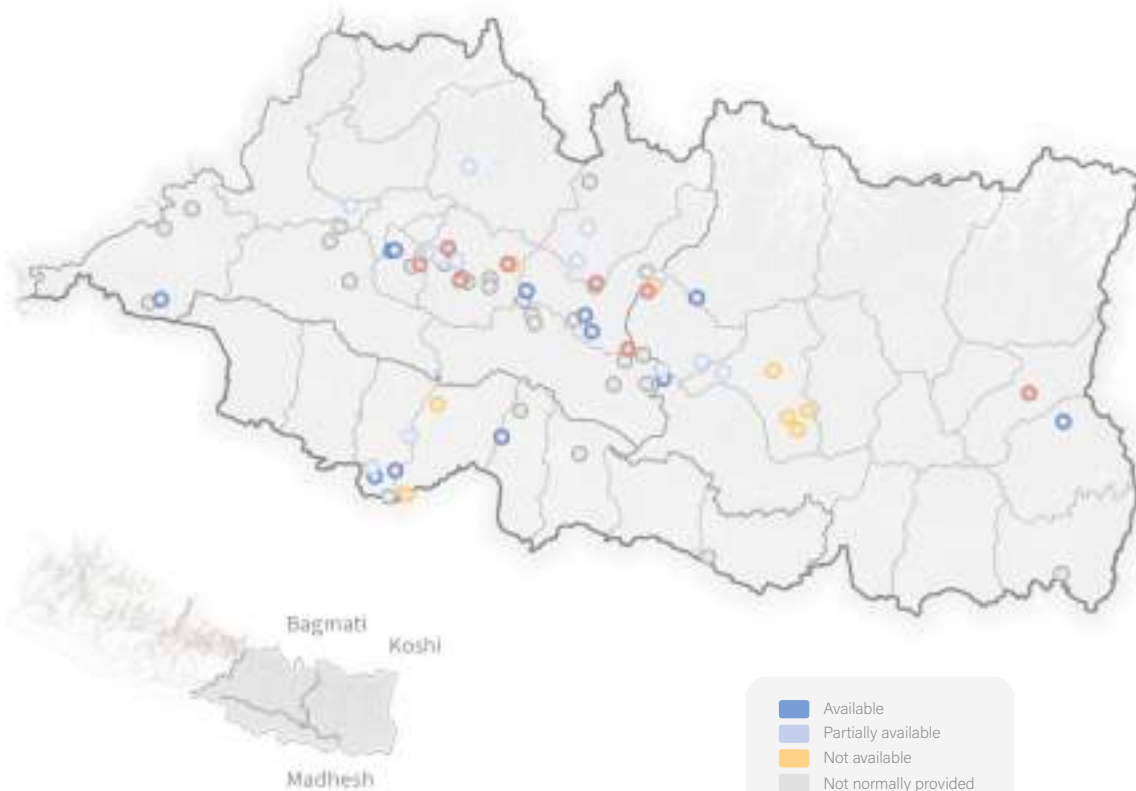


Main barriers impeding service delivery

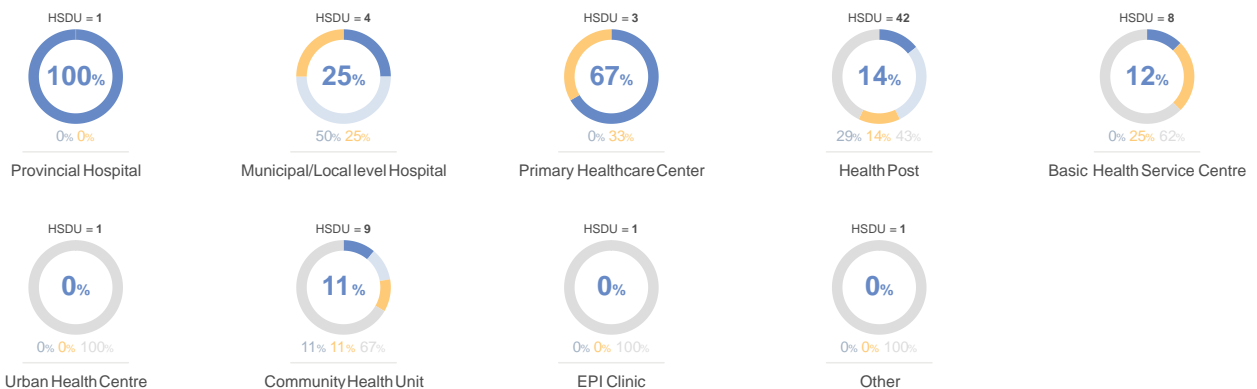
HSDU = 26



Service availability by province



Service availability by HSDU type



¹¹ Basic syndrome-based management of difficulty breathing, shock, altered mental status, and polytrauma for neonates, children and adults.



Bagmati

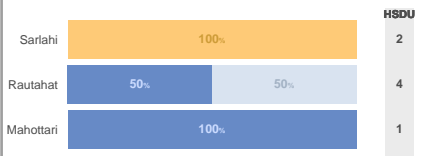
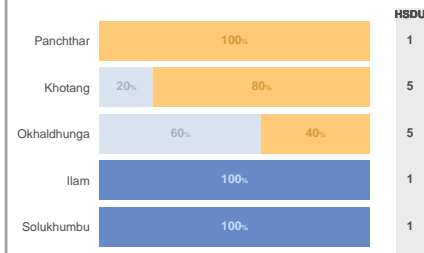
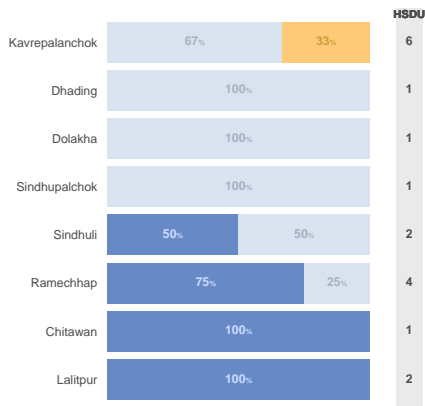


Koshi

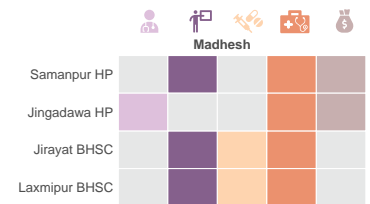
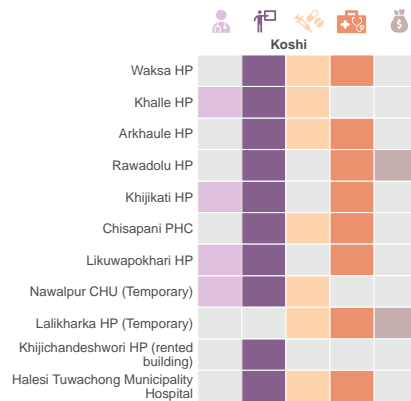
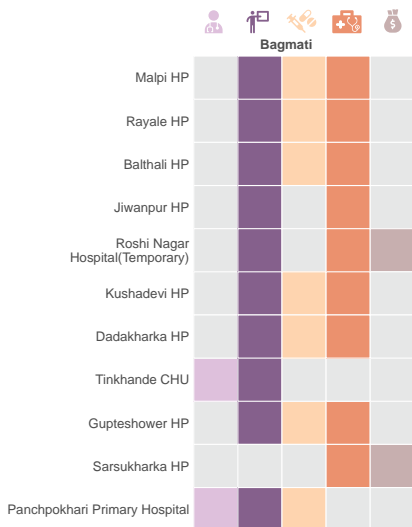


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



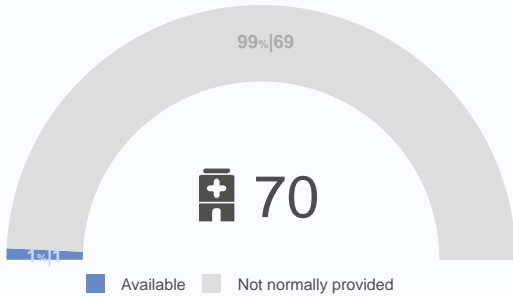
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



ADVANCED SYNDROME-BASED MANAGEMENT

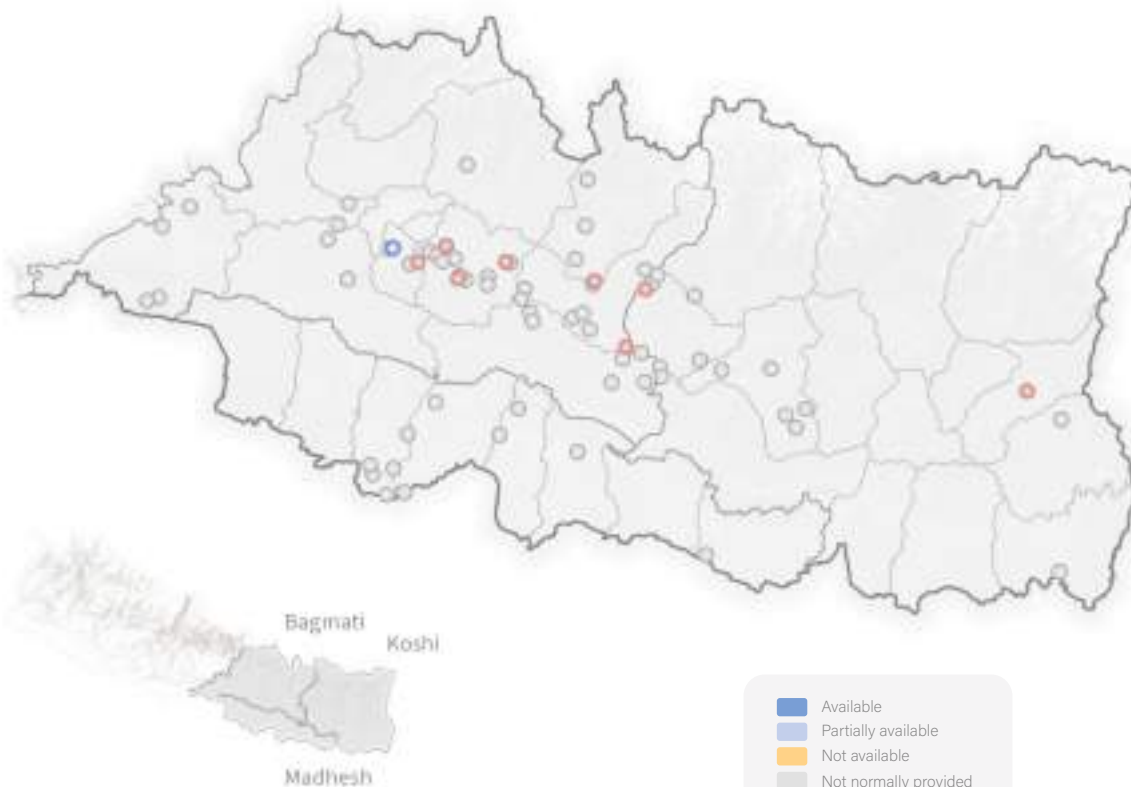
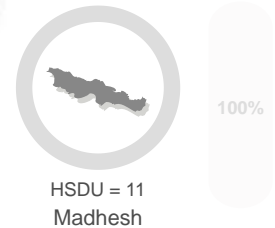
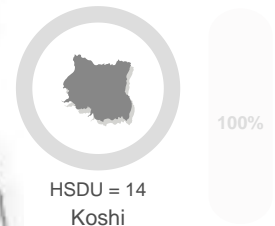
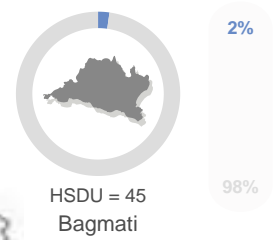
Service availability ¹²



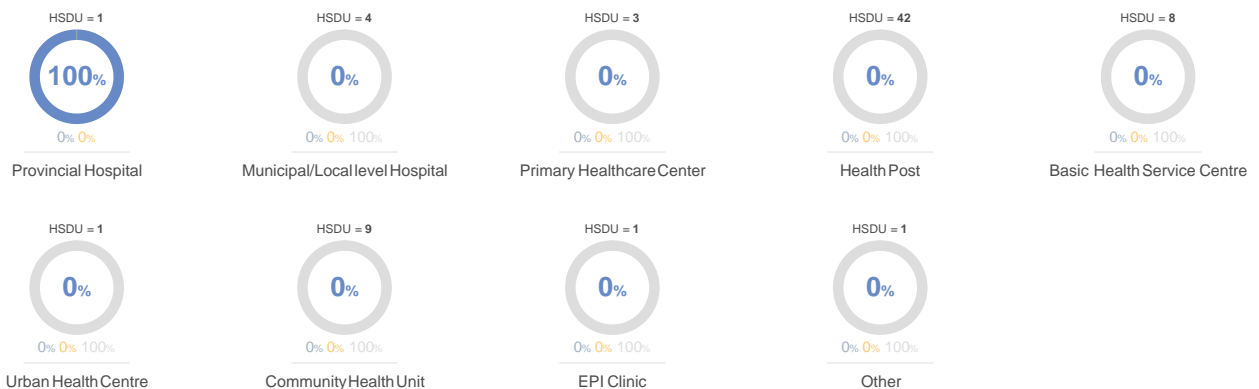
Main barriers impeding service delivery

No barriers reported

Service availability by province



Service availability by HSDU type



¹² Advanced Syndrome-based management of difficulty breathing, shock, altered mental status, and polytrauma in dedicated emergency unit, including for neonates, children and adults. Interventions include intubation, mechanical ventilation, surgical airway, and placement of chest drain, hemorrhage control, defibrillation, administration of IV fluids via peripheral and central venous line with adjustment for age and condition, including malnutrition; administration of essential emergency medications.



Bagmati



Koshi



Madhesh

Service availability by district



No reporting HSDU

No reporting HSDU

Main barriers impeding service delivery by HSDU*

No barriers reported

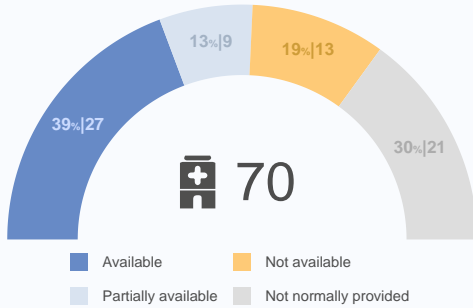
-  Lack of staff
-  Lack of training
-  Lack of medical supplies
-  Lack of medical equipment
-  Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



MONITORED REFERRAL

Service availability ¹³

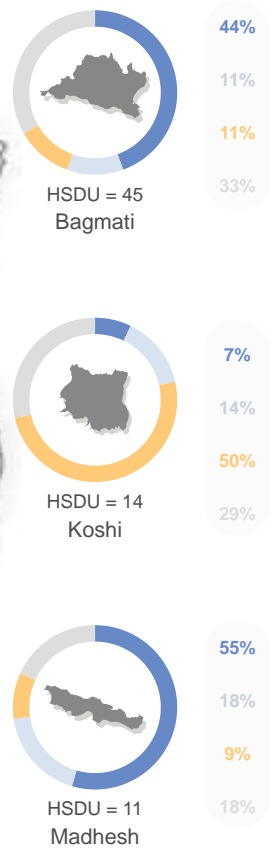
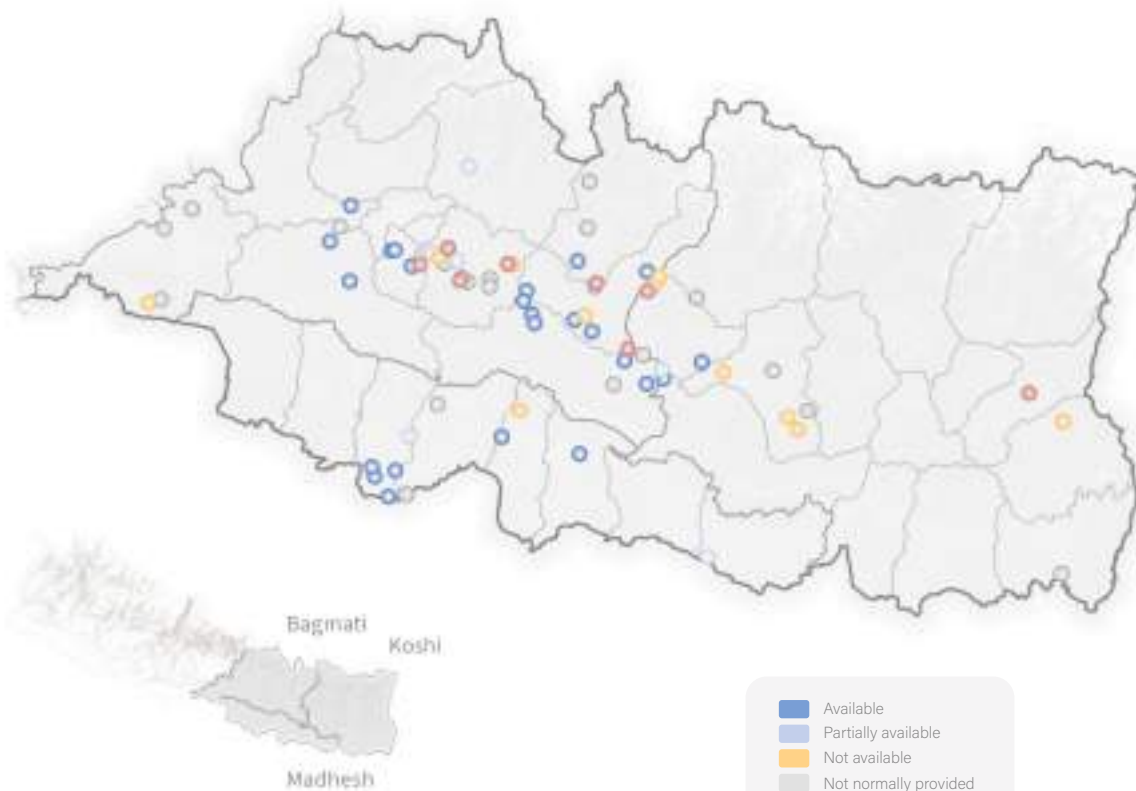


Main barriers impeding service delivery

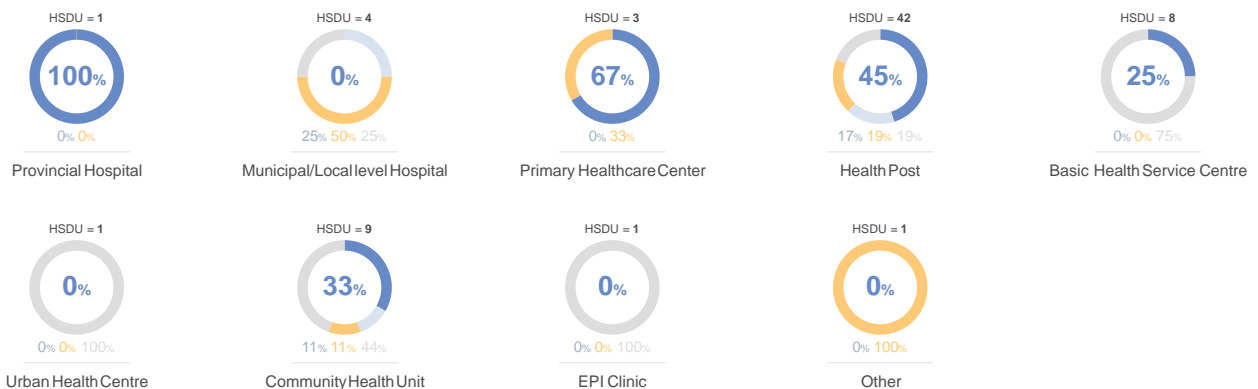
HSDU = 22



Service availability by province



Service availability by HSDU type



¹³ Direct provider monitoring during transport to appropriate healthcare facility and structured handover to facility personnel.



Bagmati

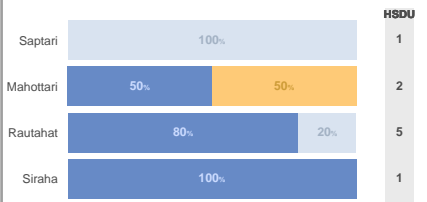
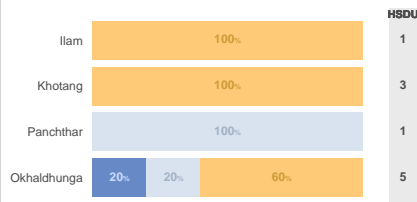
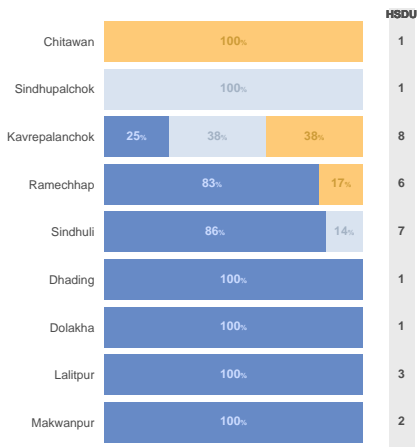


Koshi

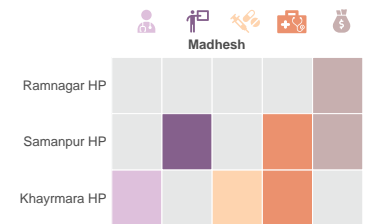
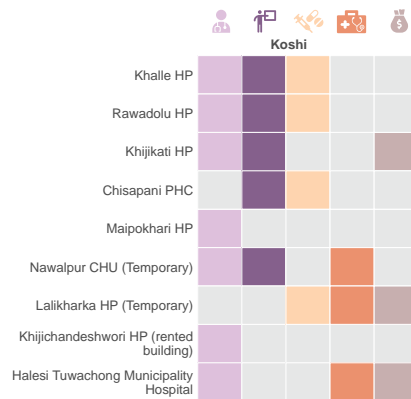
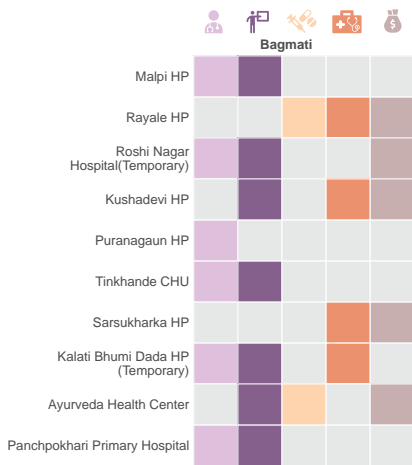


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



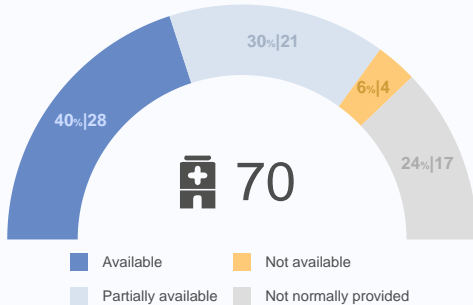
-  Lack of staff
-  Lack of training
-  Lack of medical supplies
-  Lack of medical equipment
-  Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



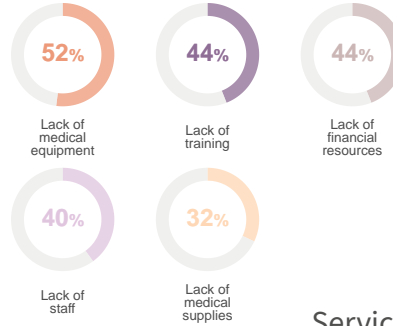
REFERRAL CAPACITY

Service availability ¹⁴

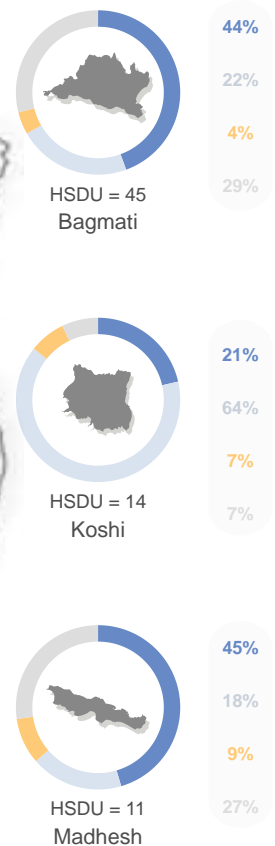
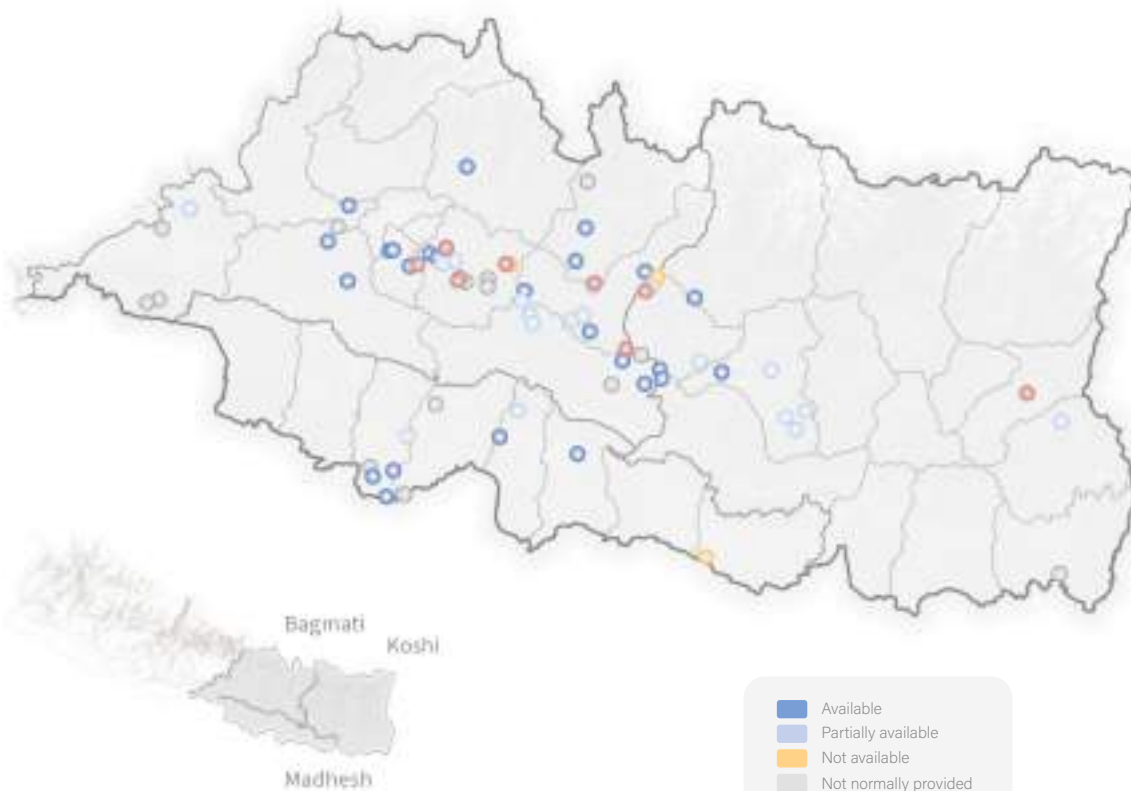


Main barriers impeding service delivery

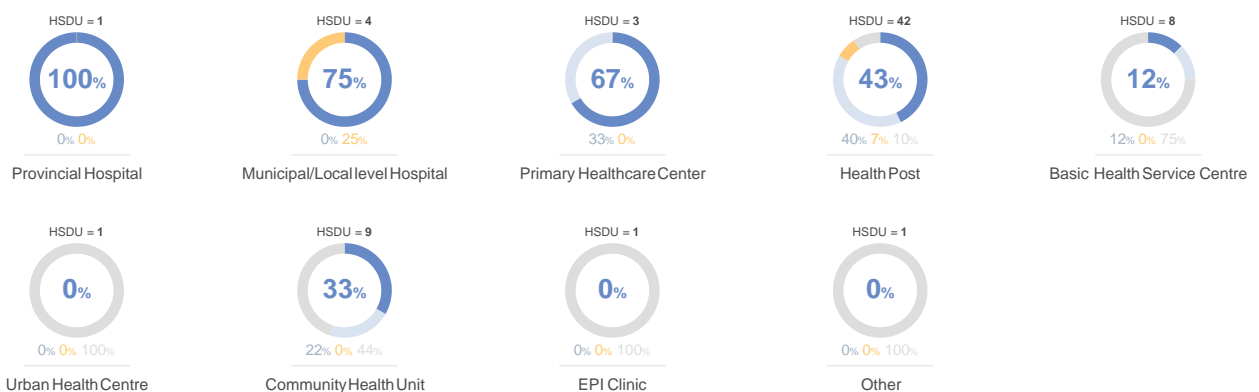
HSDU = 25



Service availability by province



Service availability by HSDU type



¹⁴ Referral procedures, means of communication, access to transportation.



Bagmati

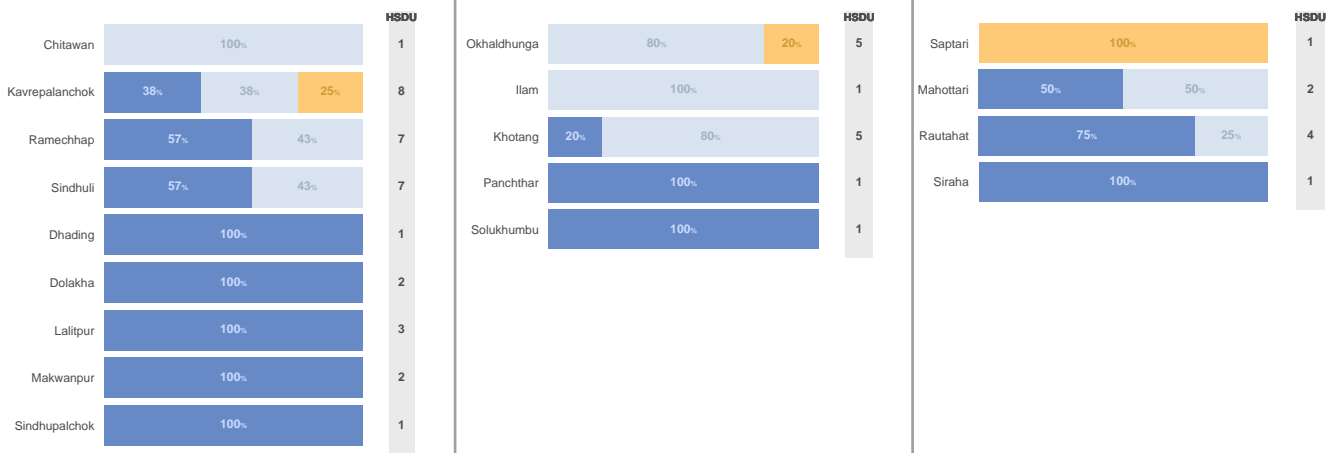


Koshi

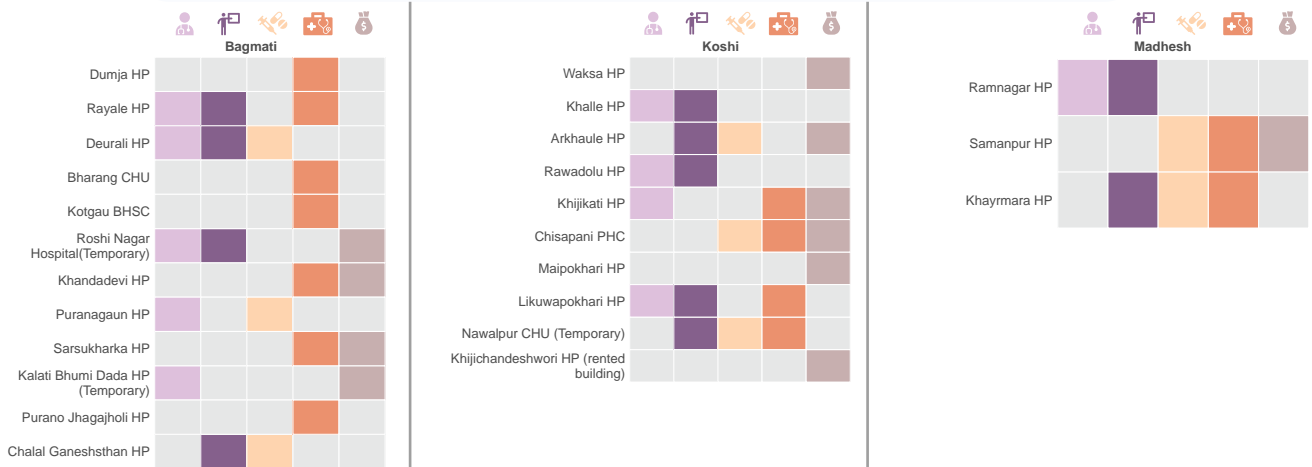


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



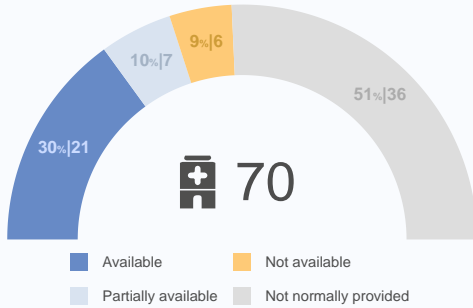
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



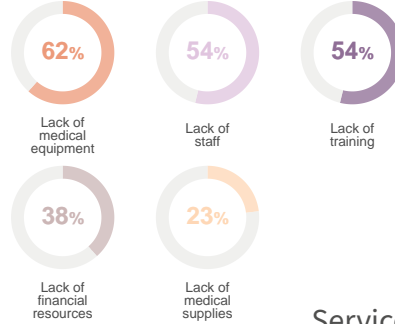
ACCEPTANCE OF REFERRALS

Service availability ¹⁵

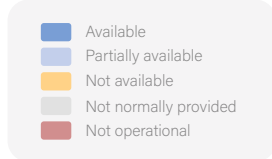
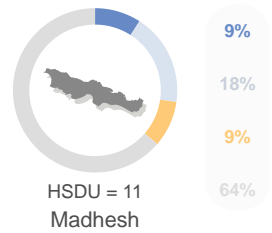
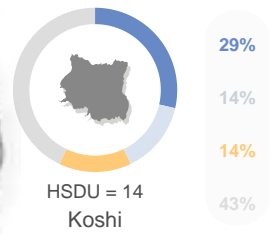
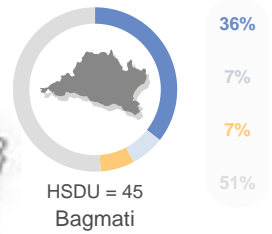
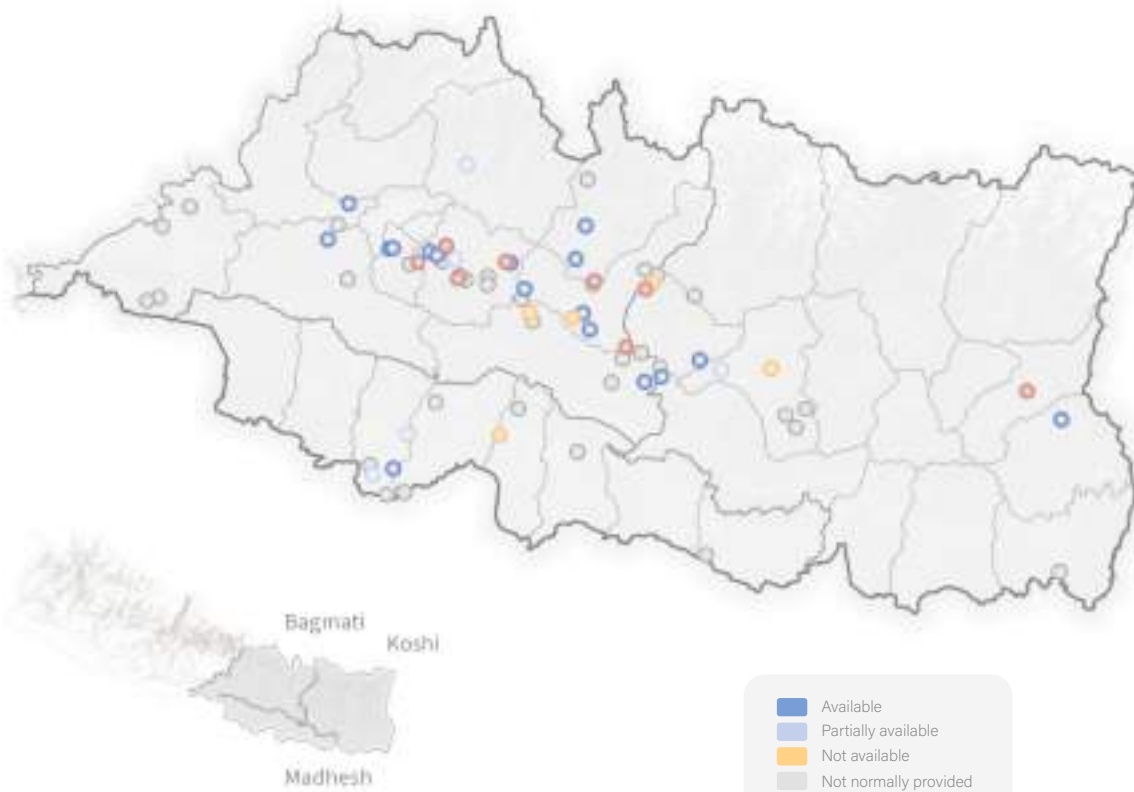


Main barriers impeding service delivery

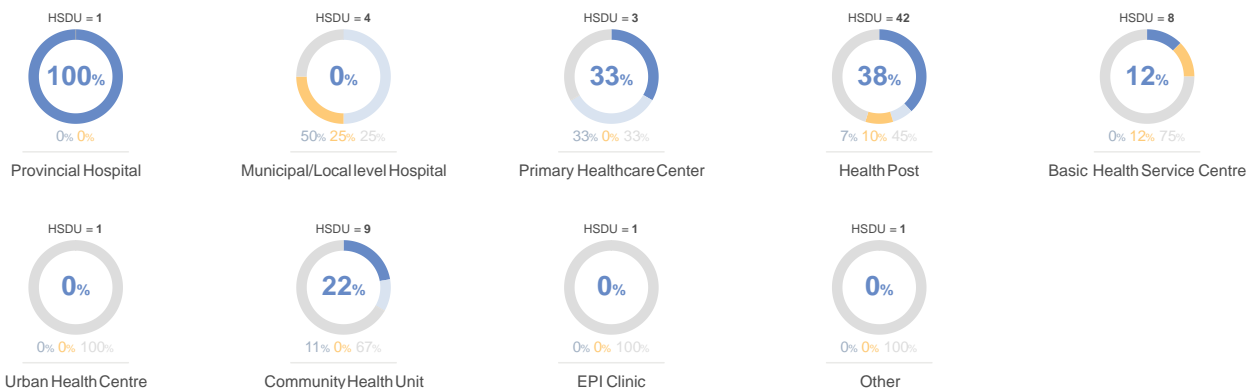
HSDU = 13



Service availability by province



Service availability by HSDU type



¹⁵ Acceptance of referral with remote decision support for prehospital providers and primary-level facilities, and condition-specific protocol-based referral to higher levels.



Bagmati

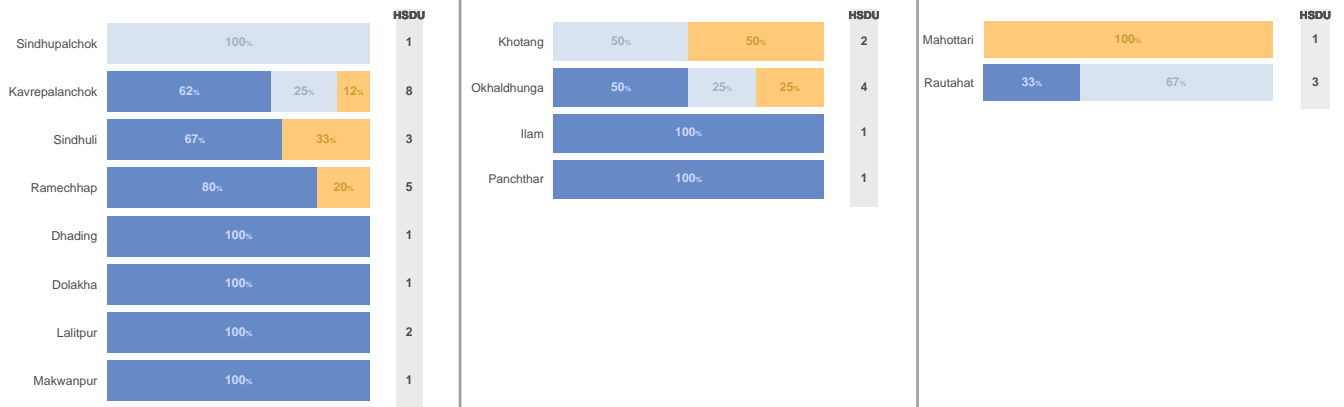


Koshi

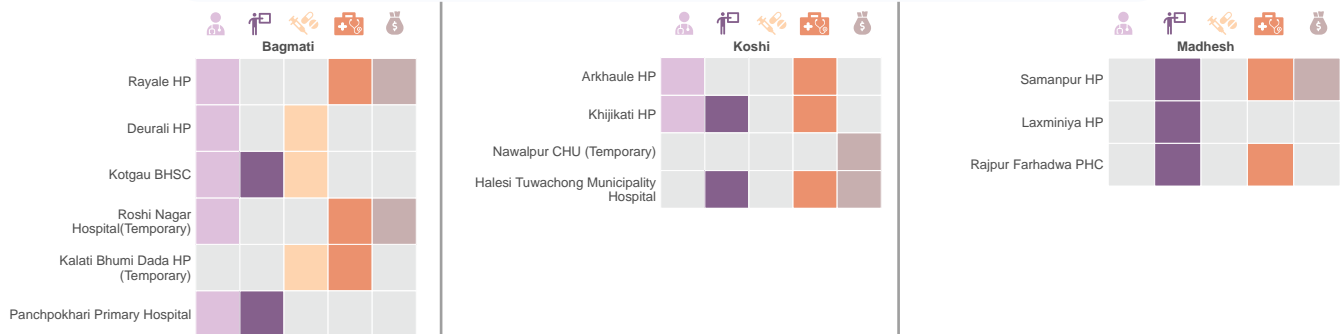


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



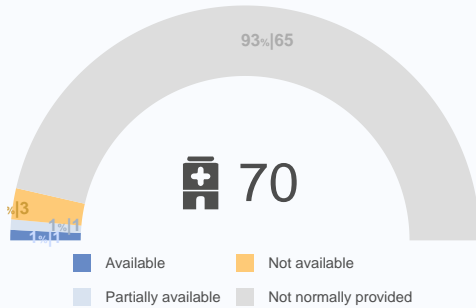
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



ACCEPTANCE OF COMPLEX REFERRALS

Service availability ¹⁶



Main barriers impeding service delivery

HSDU = 4



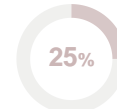
Lack of training



Lack of staff

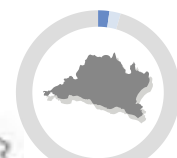
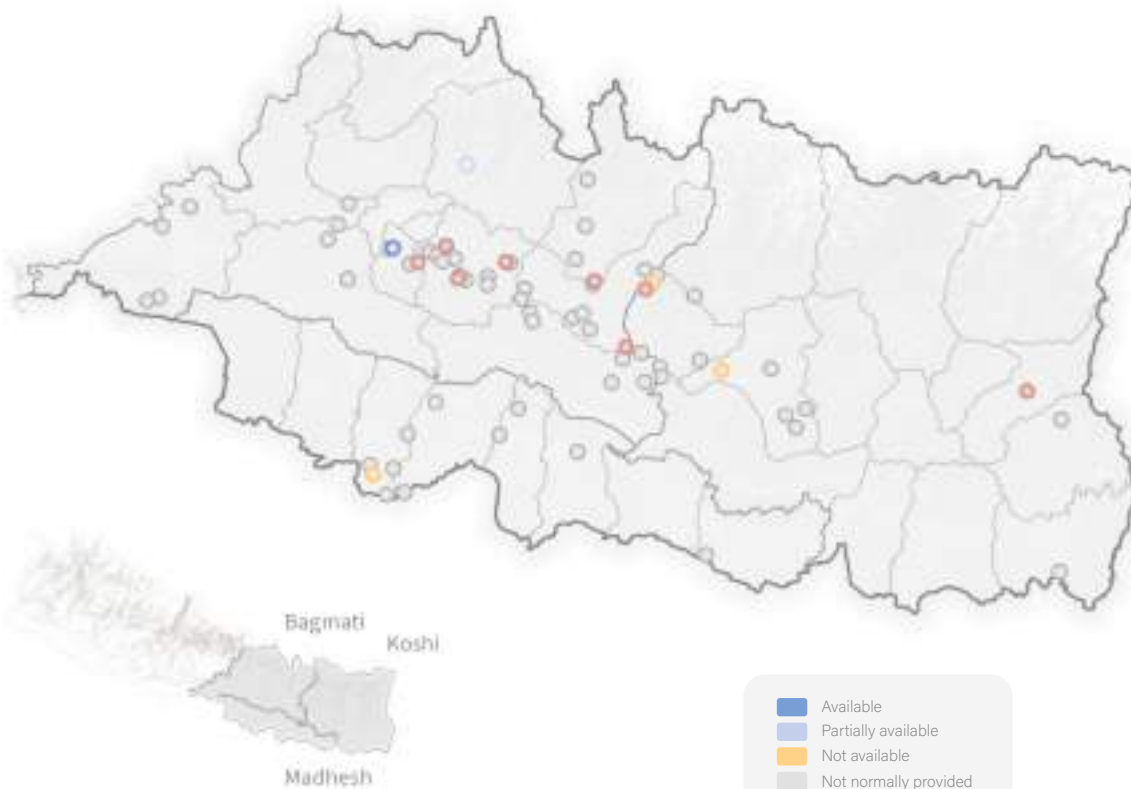


Lack of medical equipment



Lack of financial resources

Service availability by province

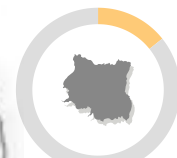


2%

2%

96%

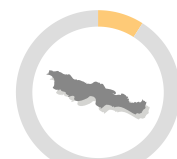
HSDU = 45
Bagmati



14%

86%

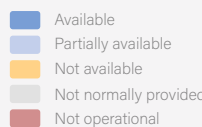
HSDU = 14
Koshi



9%

91%

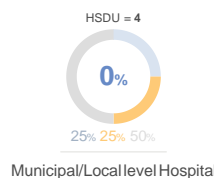
HSDU = 11
Madhesh



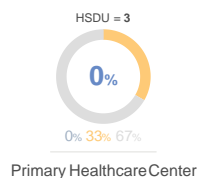
Service availability by HSDU type



Provincial Hospital



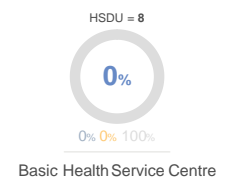
Municipal/Local level Hospital



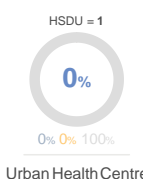
Primary Healthcare Center



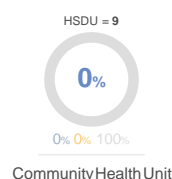
Health Post



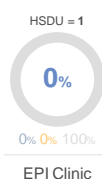
Basic Health Service Centre



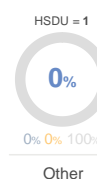
Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹⁶ Acceptance of complex referrals with remote decision support for prehospital providers and lower-level facilities.



Bagmati

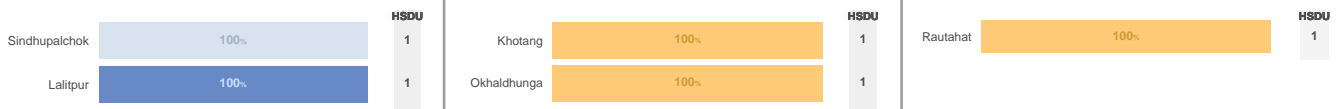


Koshi

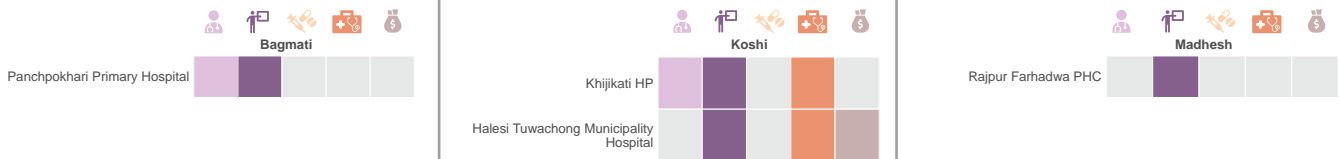


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



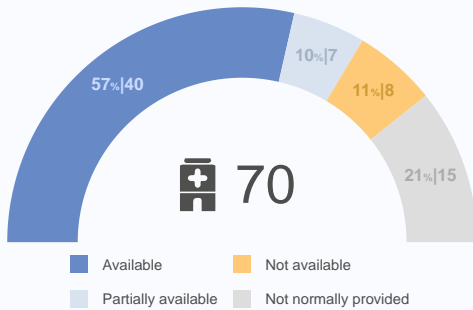
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



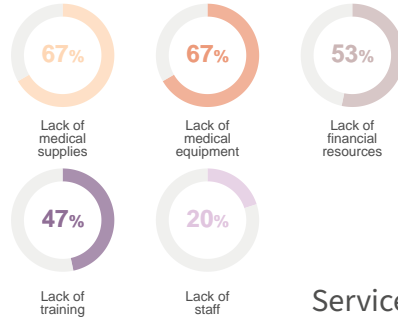
OUTPATIENT SERVICES FOR PRIMARY HEALTH CARE

Service availability ¹⁷

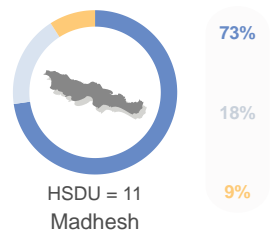
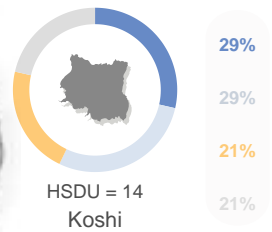
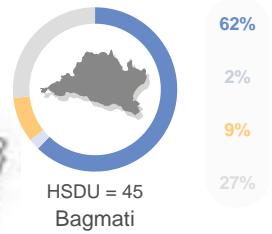
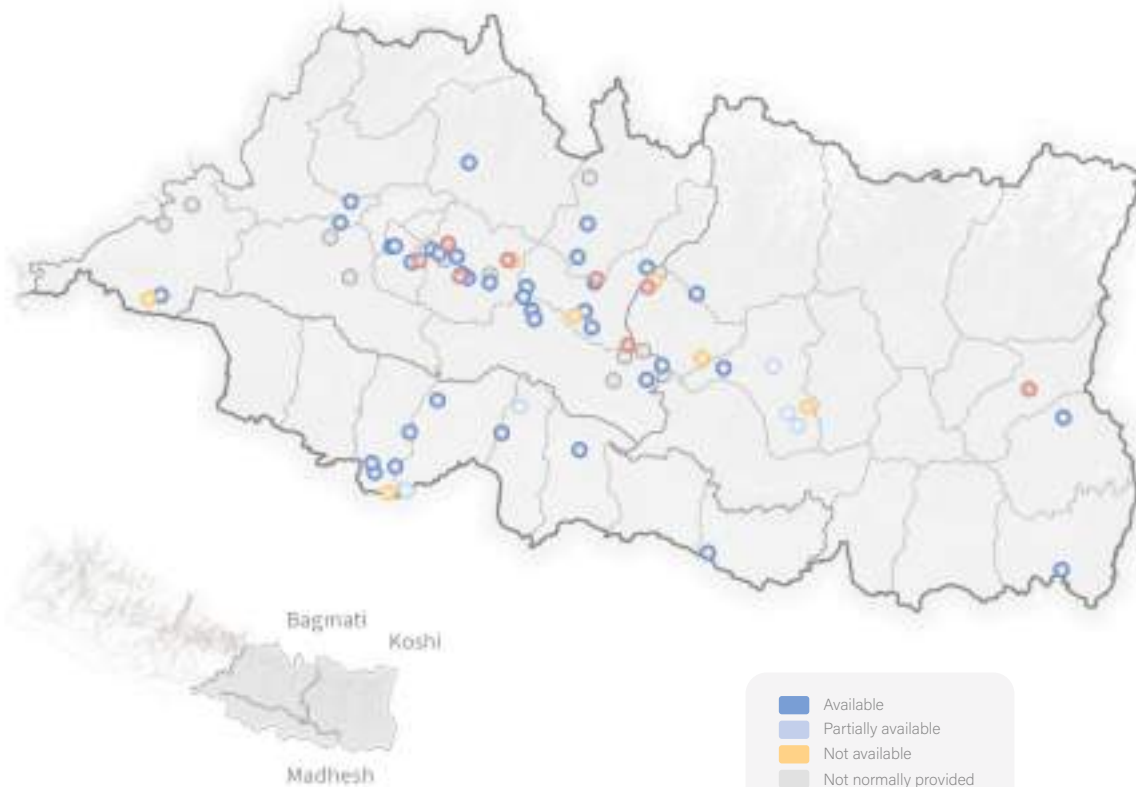


Main barriers impeding service delivery

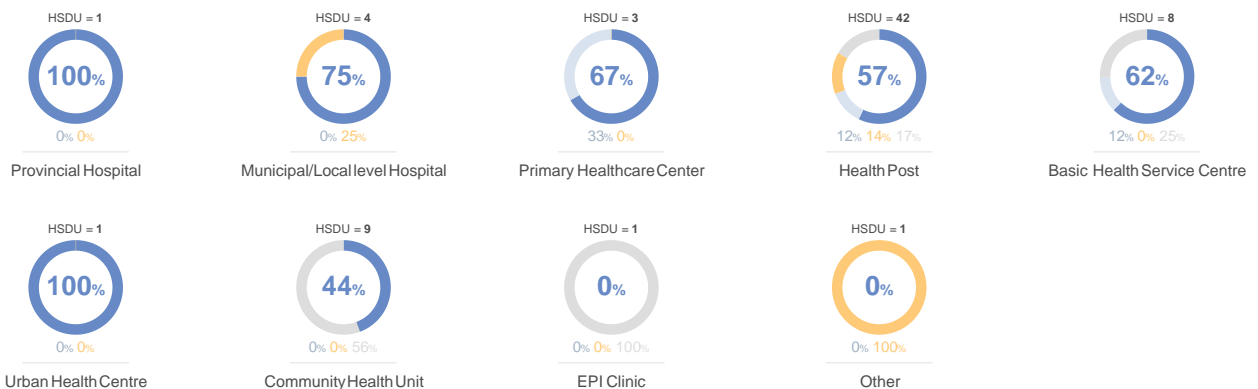
HSDU = 15



Service availability by province



Service availability by HSDU type



¹⁷ Outpatient services for primary care with availability of all essential drugs for primary care as per national guidelines.



Bagmati

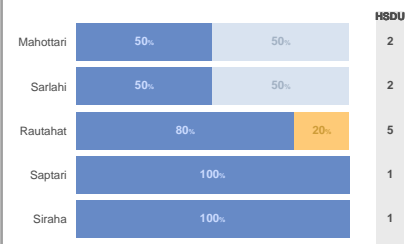
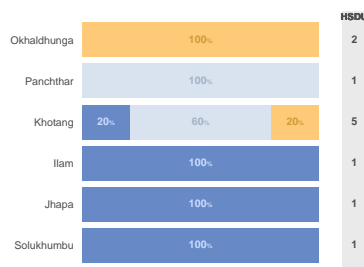
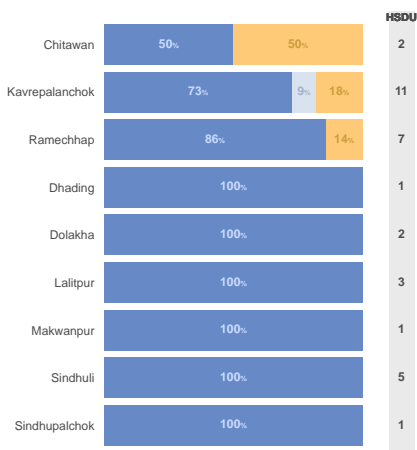


Koshi

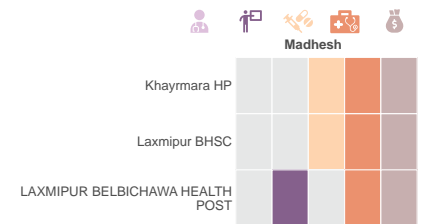
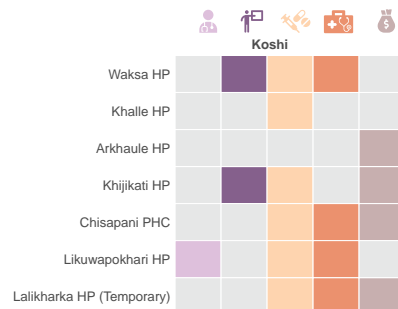
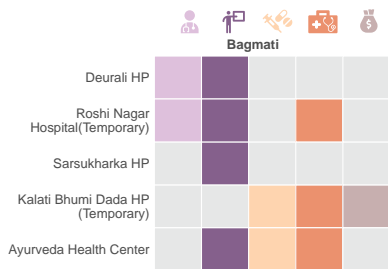


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



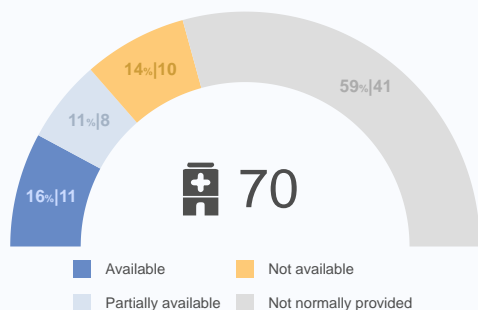
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



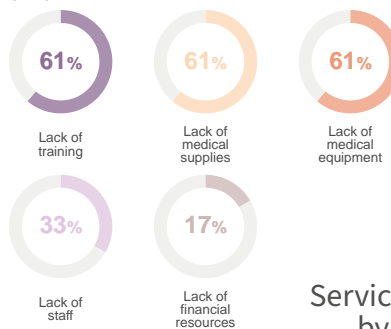
OUTPATIENT DEPARTMENT FOR SECONDARY CARE

Service availability ¹⁸

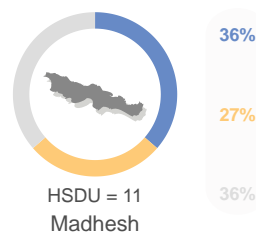
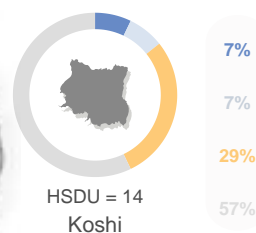
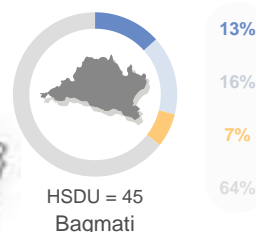
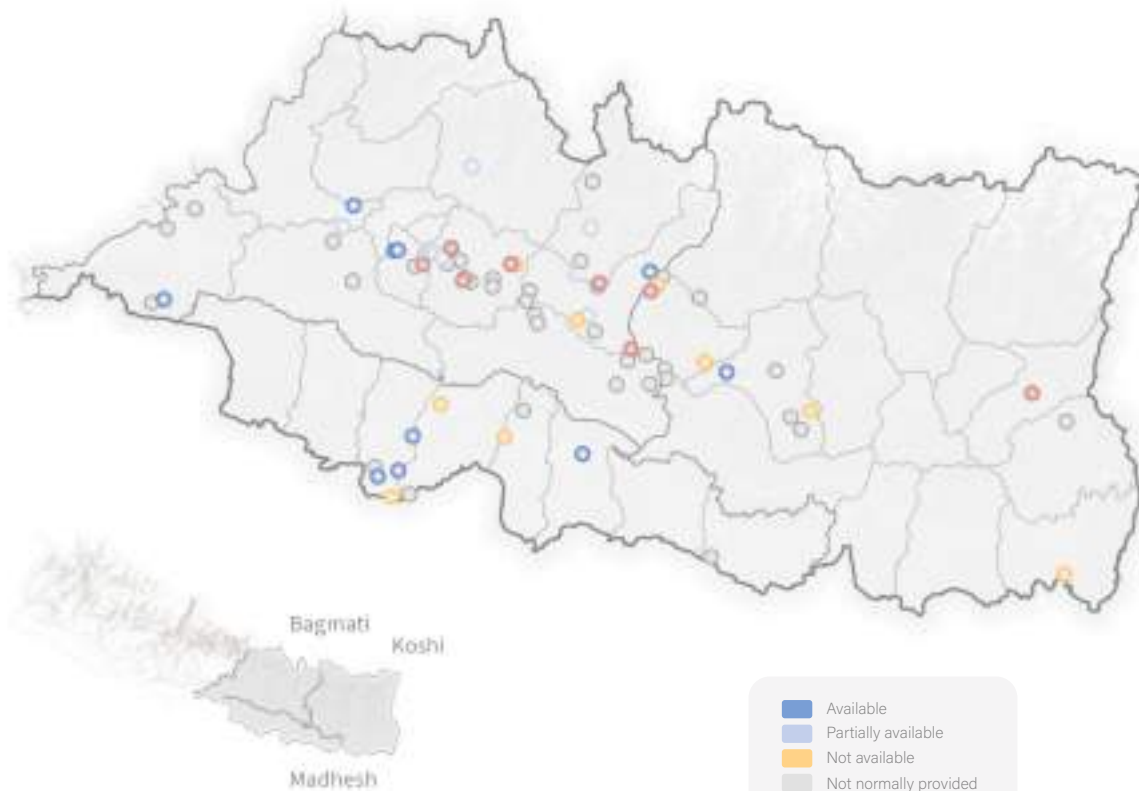


Main barriers impeding service delivery

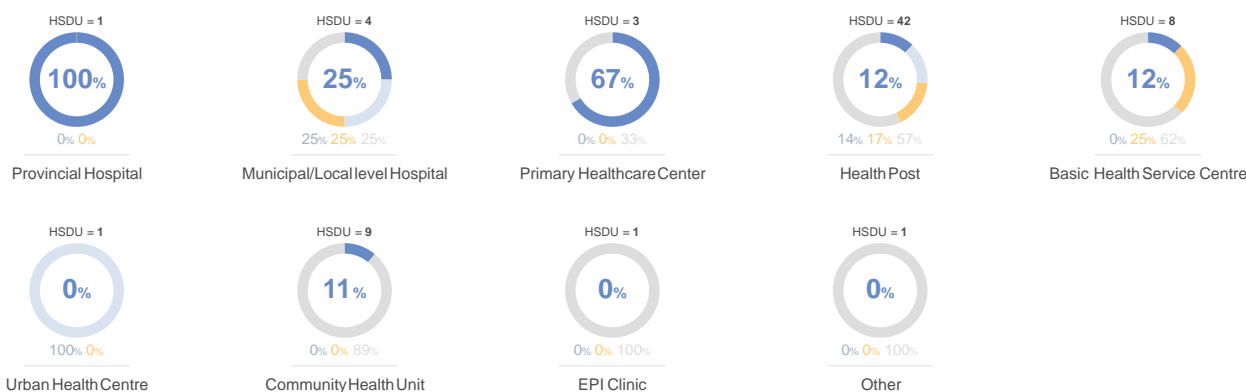
HSDU = 18



Service availability by province



Service availability by HSDU type



¹⁸ Outpatient department (OPD) for secondary care with availability of all essential drugs for secondary care as per national guidelines (including NCD and pain management), and at least one general practitioner.



Bagmati

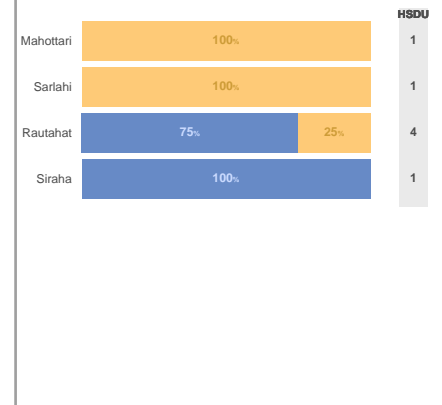
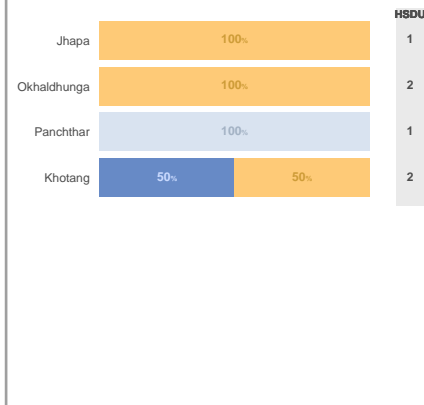
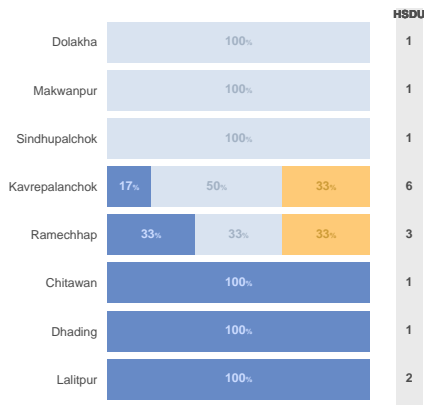


Koshi

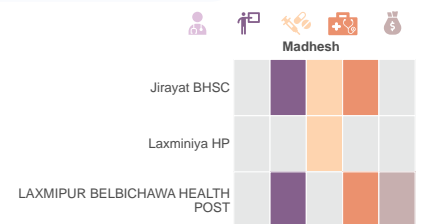
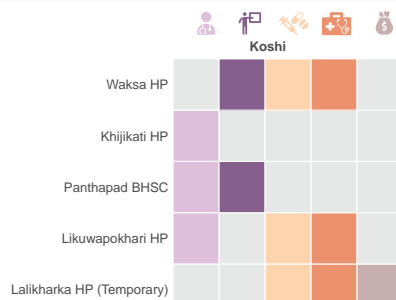
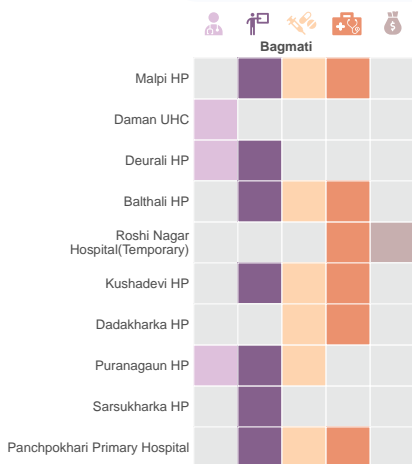


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



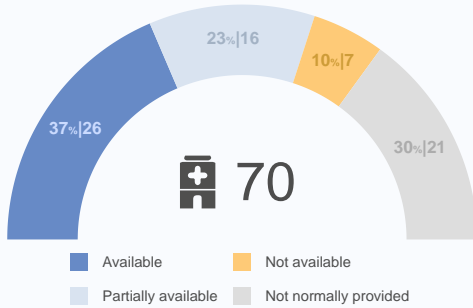
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



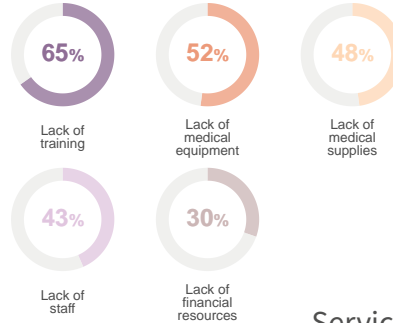
HOME VISITS

Service availability ¹⁹

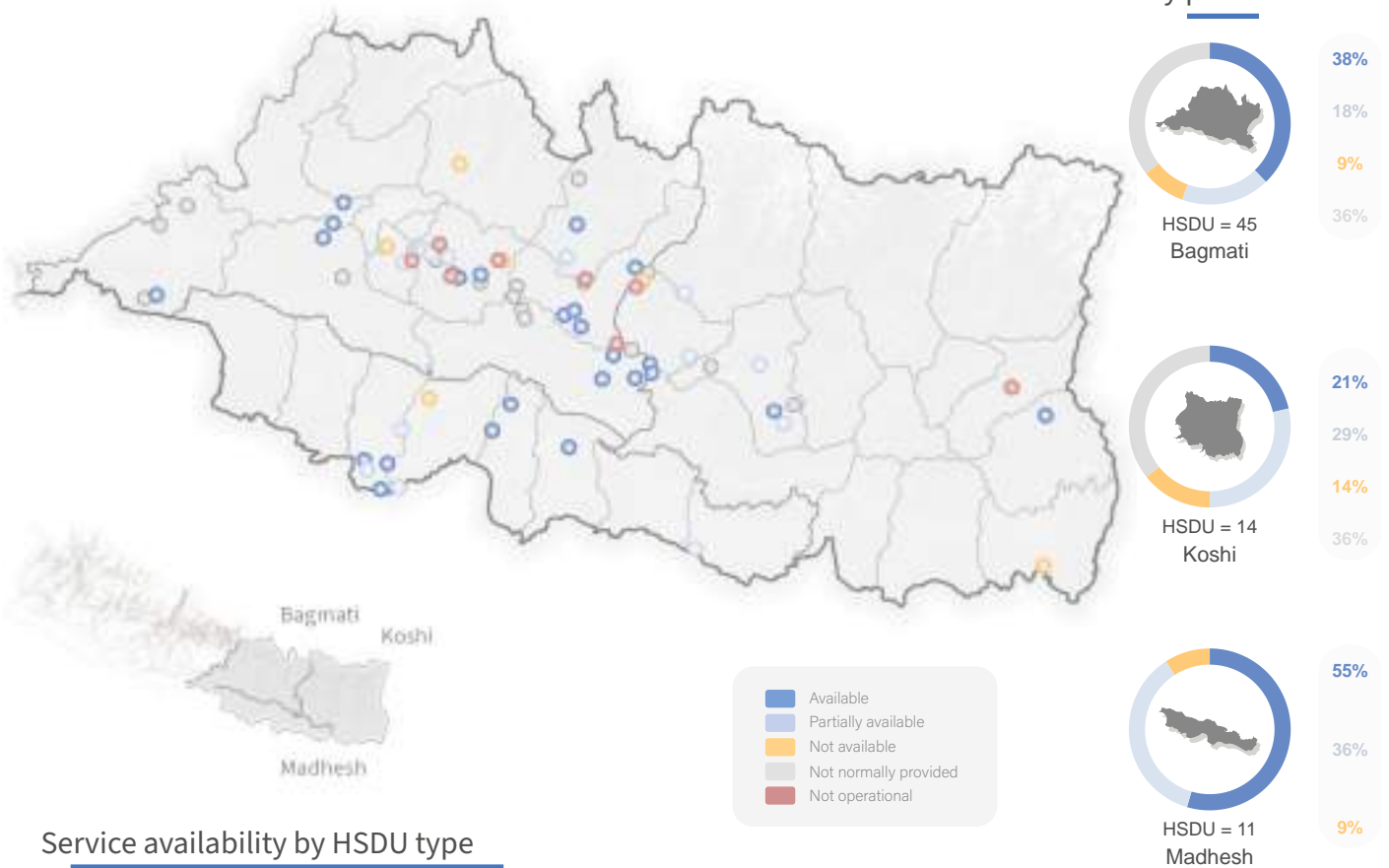


Main barriers impeding service delivery

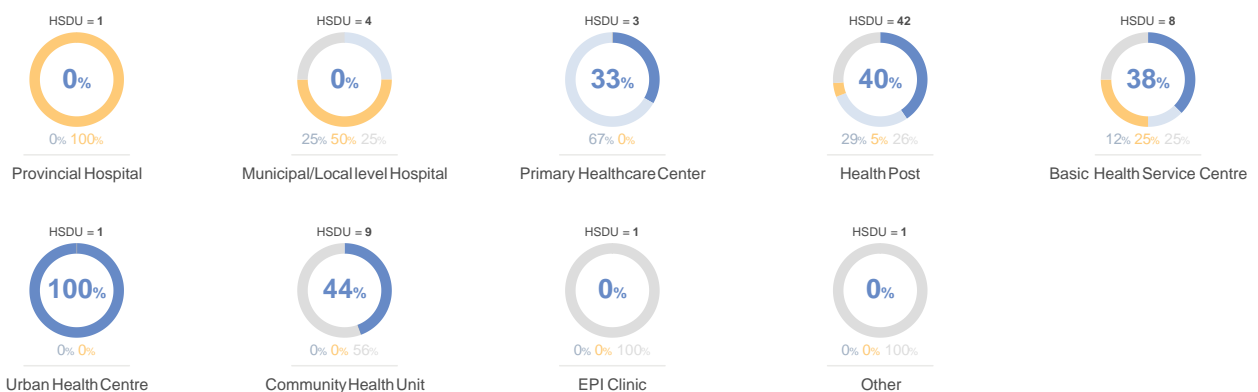
HSDU = 23



Service availability by province



Service availability by HSDU type



¹⁹ Home visits, including promotion of self-care practices, monitoring of noncommunicable diseases (NCD) medication compliance and palliative care.



Bagmati

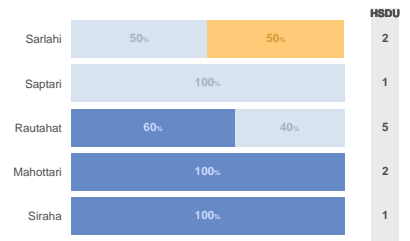
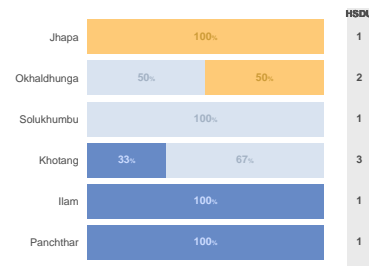
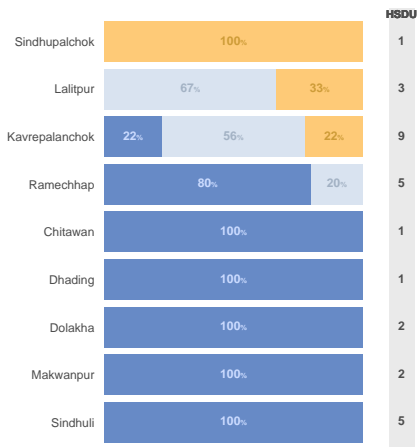


Koshi

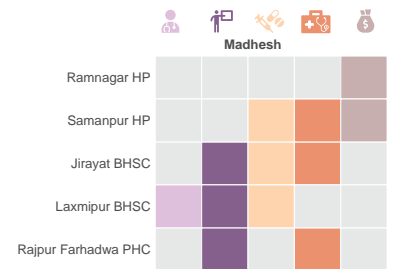
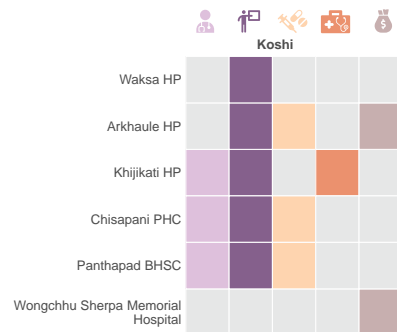
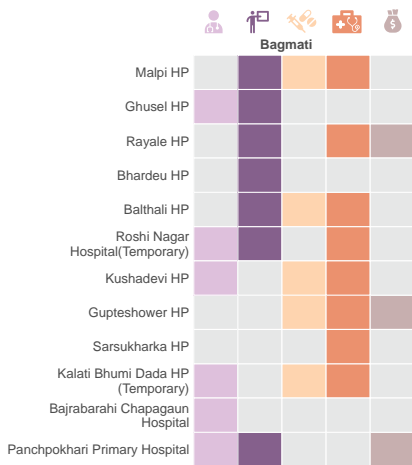


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



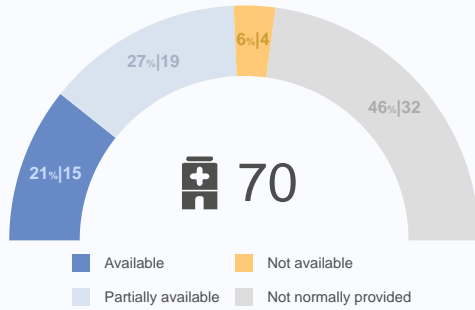
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



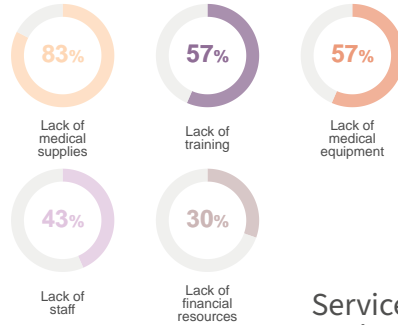
MINOR TRAUMA DEFINITIVE MANAGEMENT

Service availability ²⁰

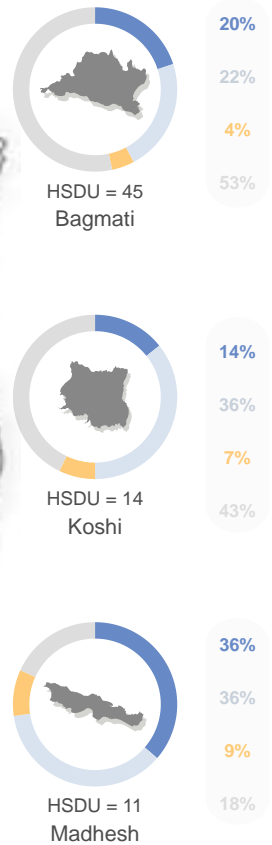
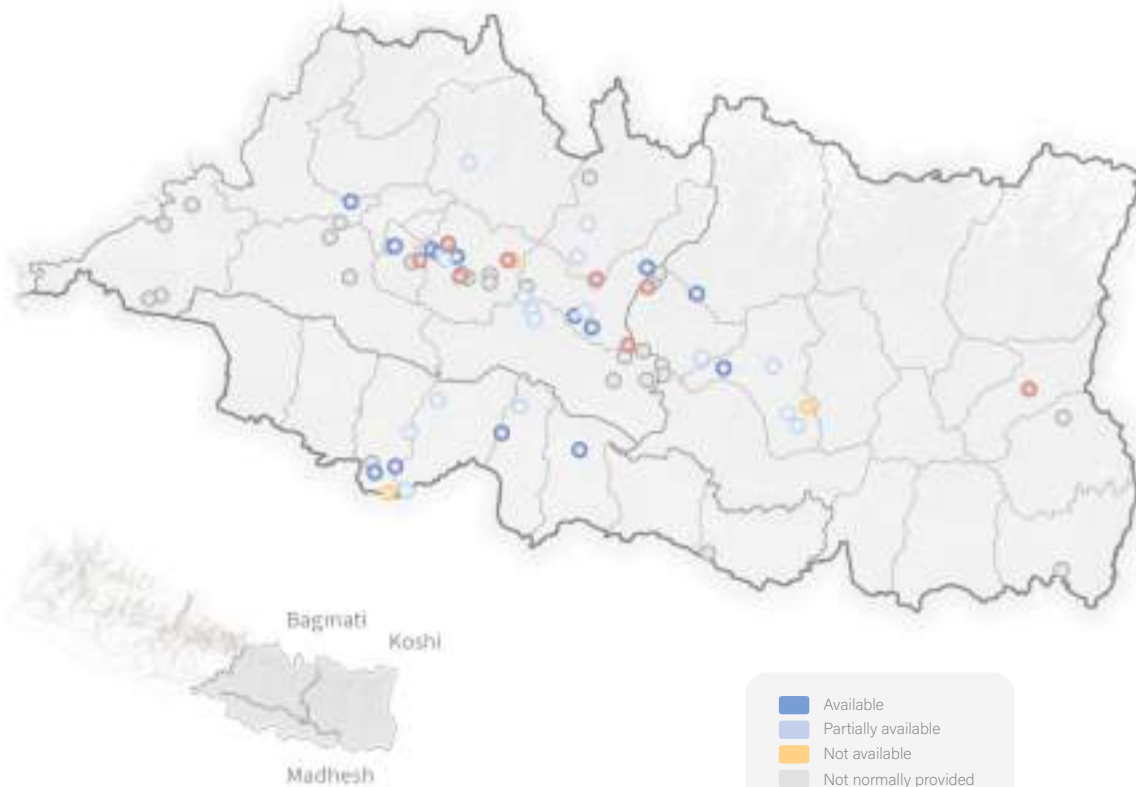


Main barriers impeding service delivery

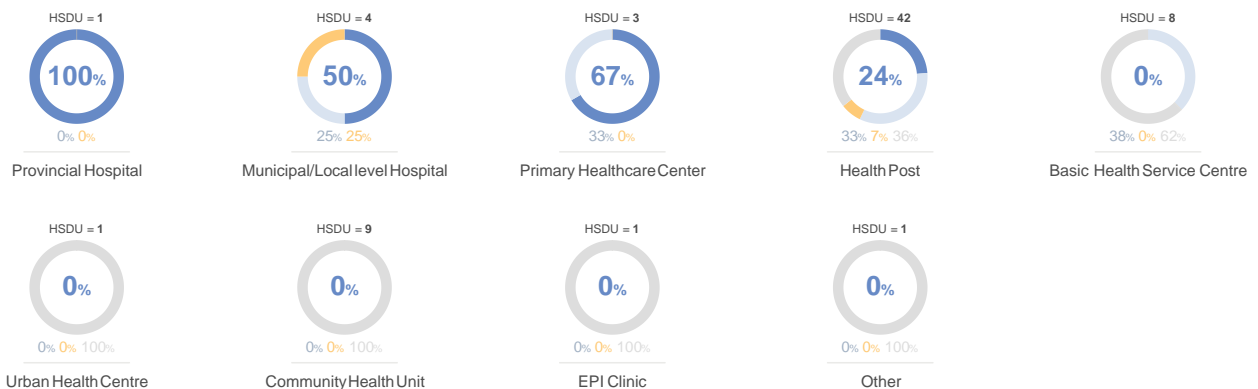
HSDU = 23



Service availability by province



Service availability by HSDU type



²⁰ Pain management, tetanus toxoid and human antitoxin, minor surgery kits, suture absorbable/silk with needles, disinfectant solutions, bandages, gauzes, cotton wool.



Bagmati

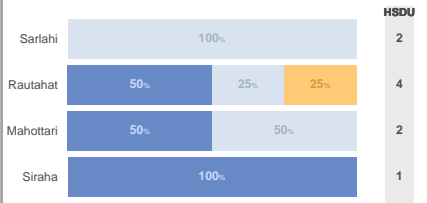
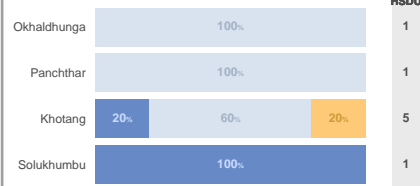
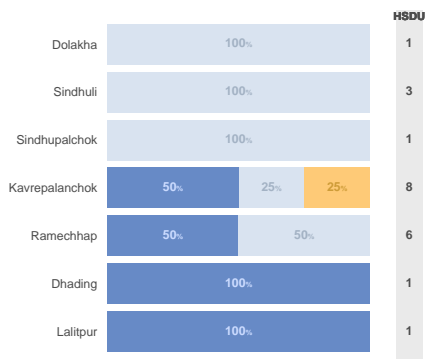


Koshi

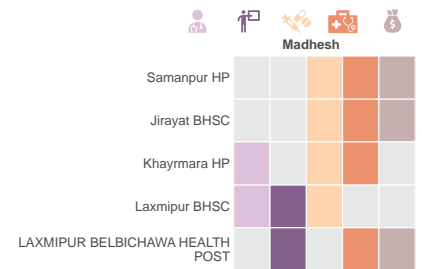
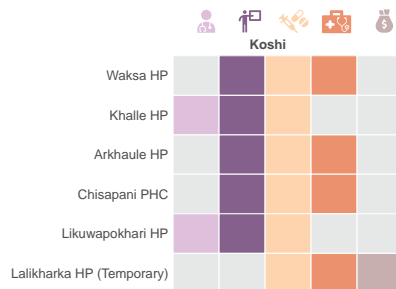
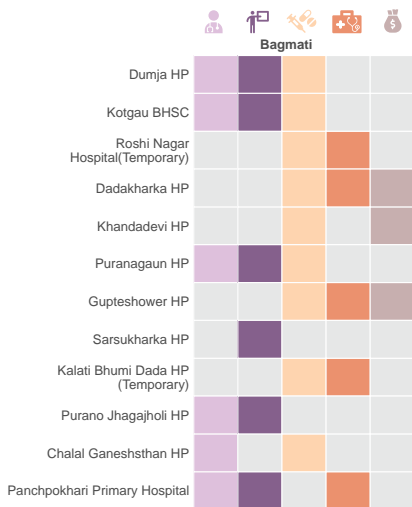


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



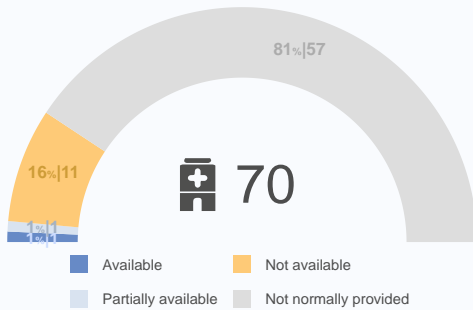
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



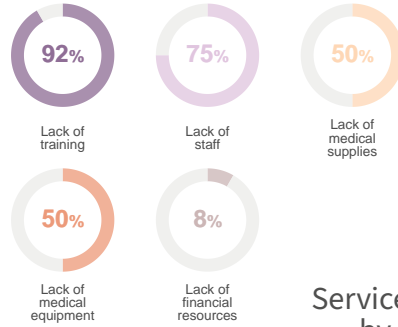
EMERGENCY AND ELECTIVE SURGERY

Service availability ²¹

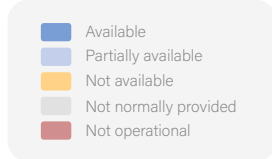
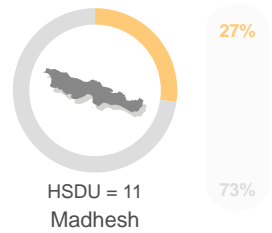
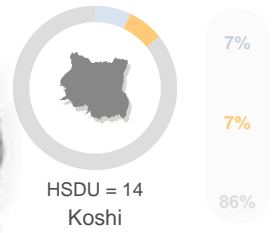
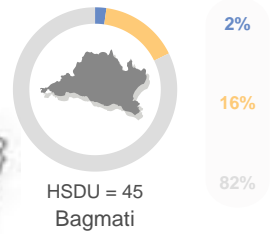
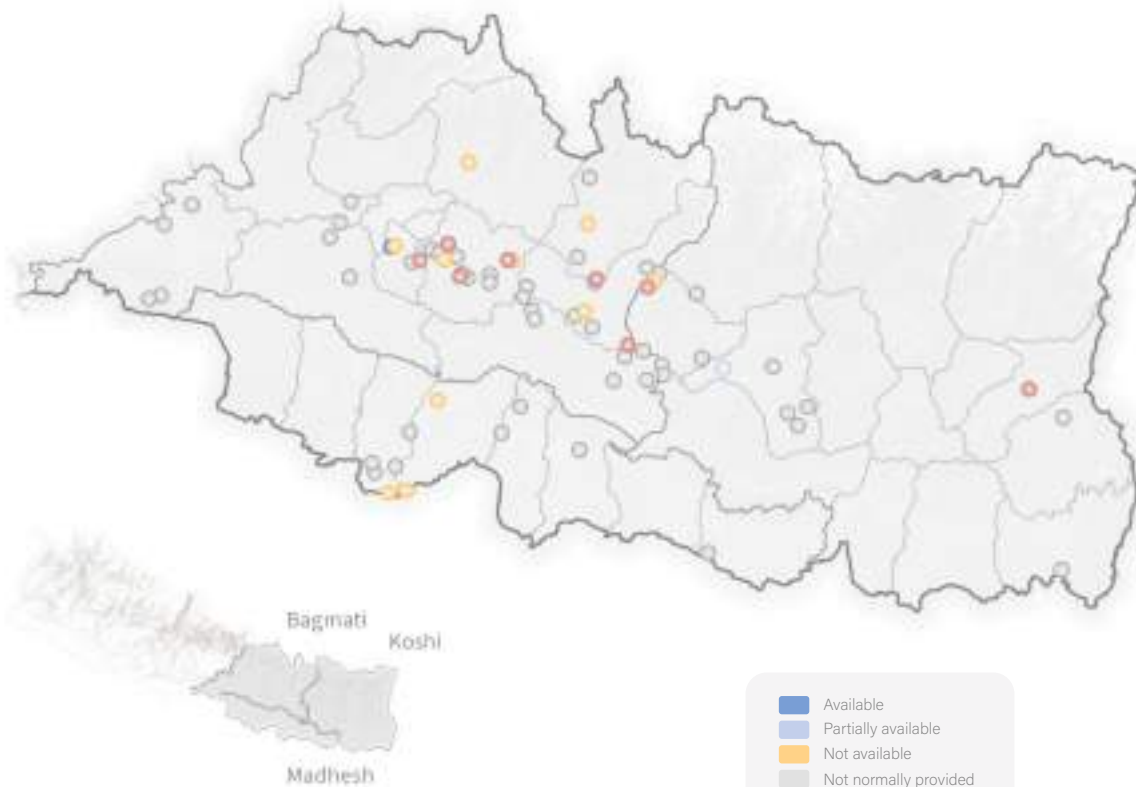


Main barriers impeding service delivery

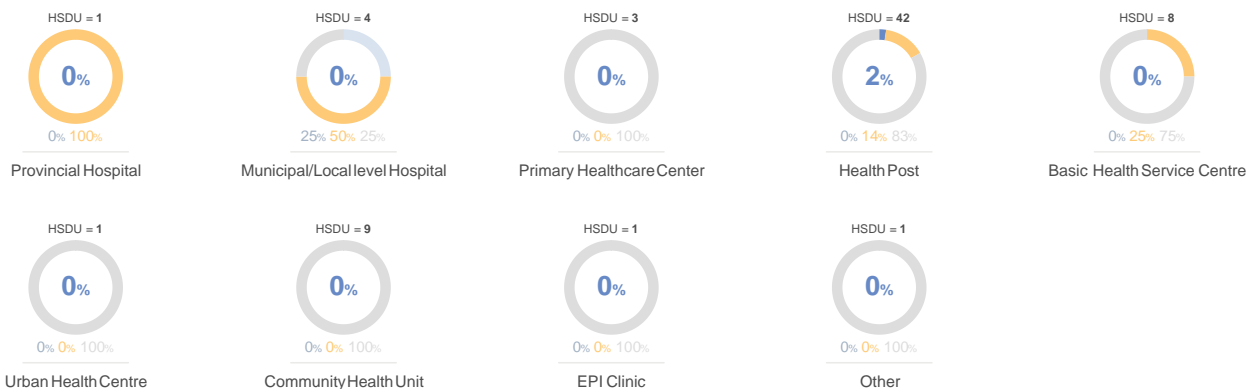
HSDU = 12



Service availability by province



Service availability by HSDU type



²¹ Full surgical wound care, advanced fracture management through at least one operating theatre with basic general anesthesia (with or without gas).



Bagmati

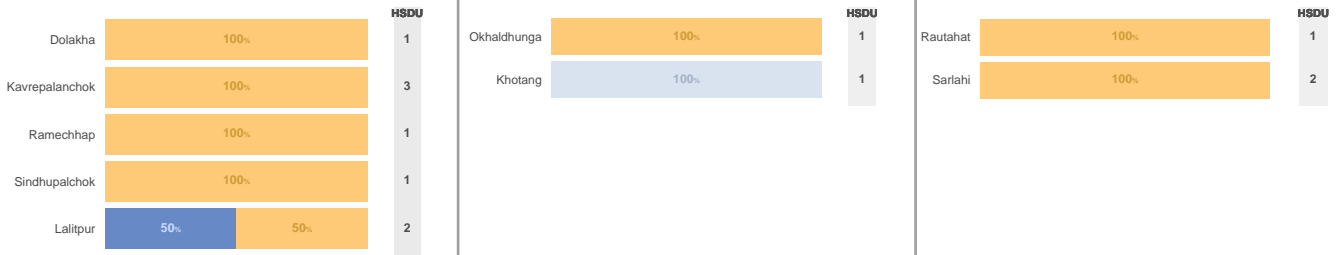


Koshi

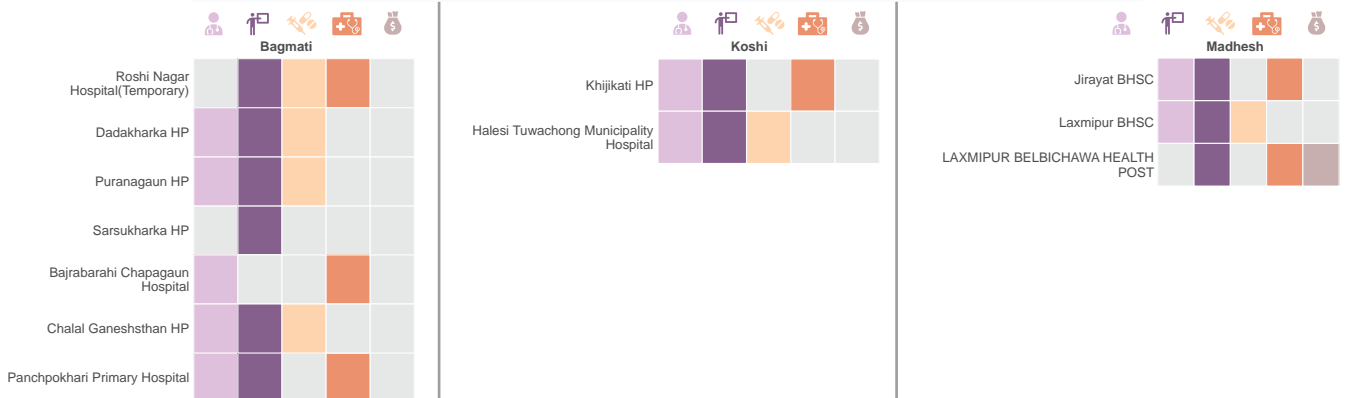


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



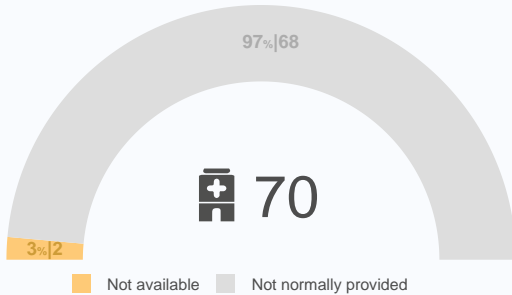
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



SURGERY WITH AT LEAST TWO OPERATING THEATRES

Service availability ²²



Main barriers impeding service delivery

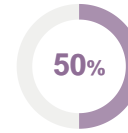
HSDU = 2



Lack of staff

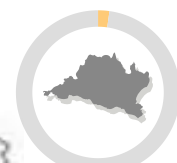
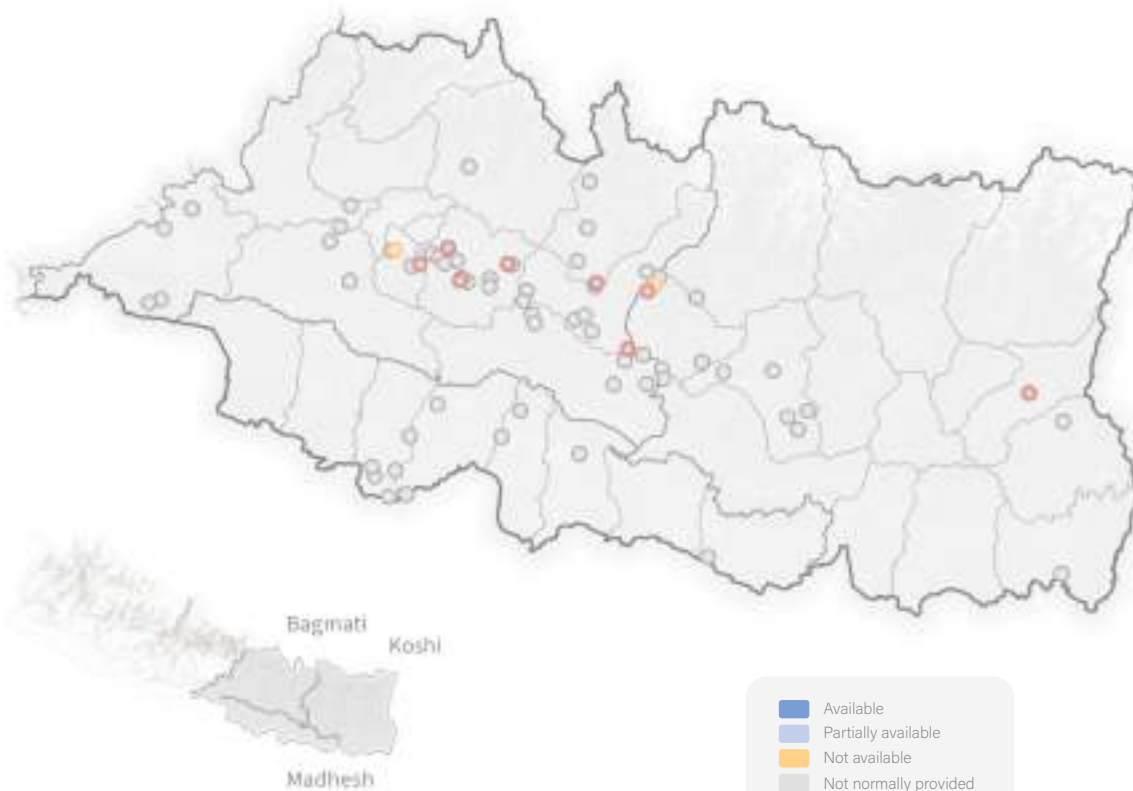


Lack of medical equipment

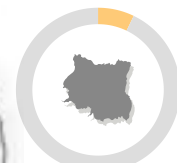


Lack of training

Service availability by province



HSDU = 45
Bagmati

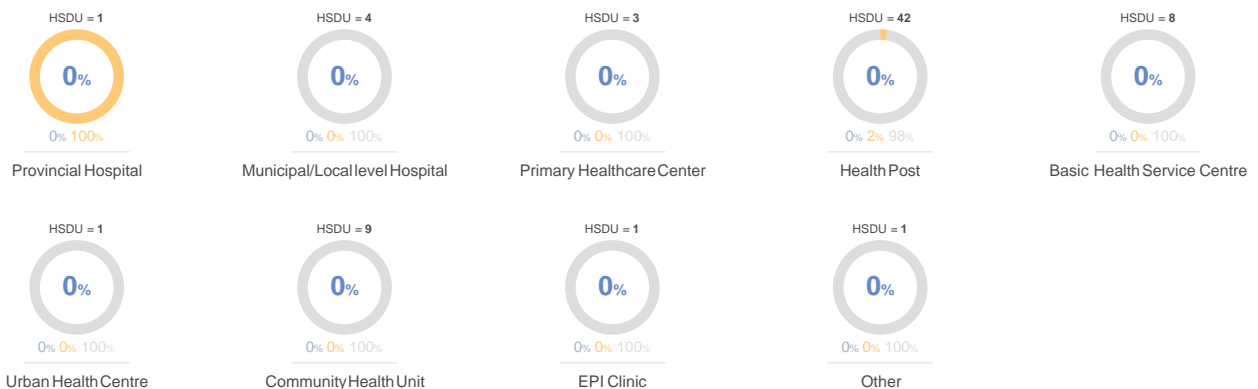


HSDU = 14
Koshi



HSDU = 11
Madhesh

Service availability by HSDU type



²² Emergency and elective surgery with at least two operating theatres with pediatric and adult gaseous anesthetic.



Bagmati



Koshi



Madhesh

Service availability by district



No reporting HSDU

Main barriers impeding service delivery by HSDU*



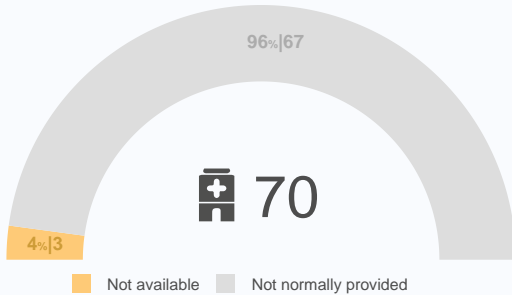
-  Lack of staff
-  Lack of training
-  Lack of medical supplies
-  Lack of medical equipment
-  Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



ORTHOPEDIC/TRAUMA WARD

Service availability ²³



Main barriers impeding service delivery

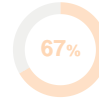
HSDU = 3



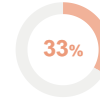
Lack of staff



Lack of training

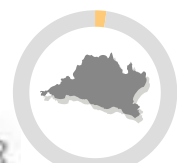
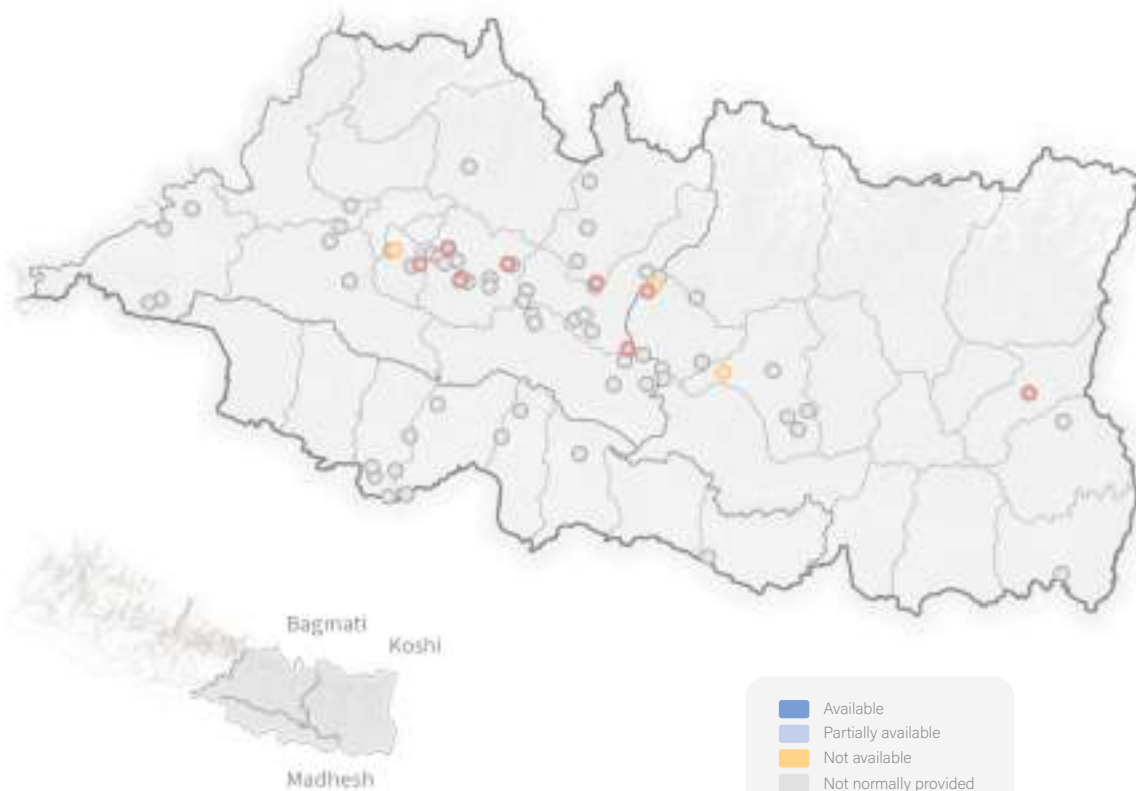


Lack of medical supplies

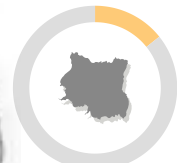


Lack of medical equipment

Service availability by province



HSDU = 45
Bagmati

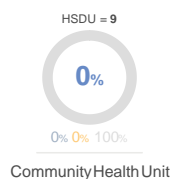
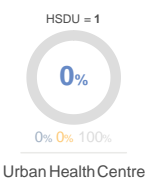
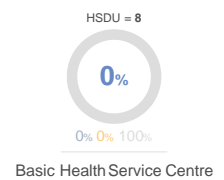
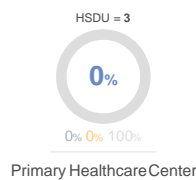
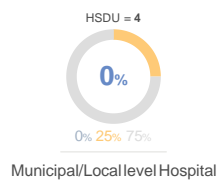
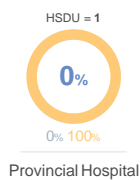


HSDU = 14
Koshi



HSDU = 11
Madhesh

Service availability by HSDU type



²³ Orthopedic/trauma ward for advanced orthopedic and surgical care, including burn patient management.



Bagmati

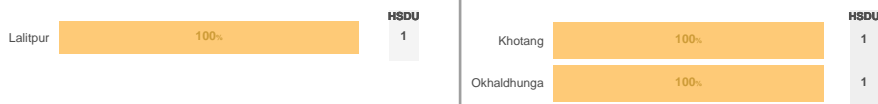


Koshi



Madhesh

Service availability by district



No reporting HSDU

Main barriers impeding service delivery by HSDU*



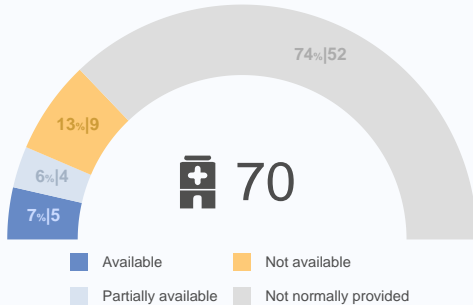
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



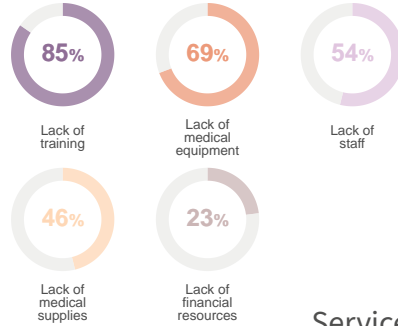
SHORT HOSPITALIZATION CAPACITY

Service availability ²⁴

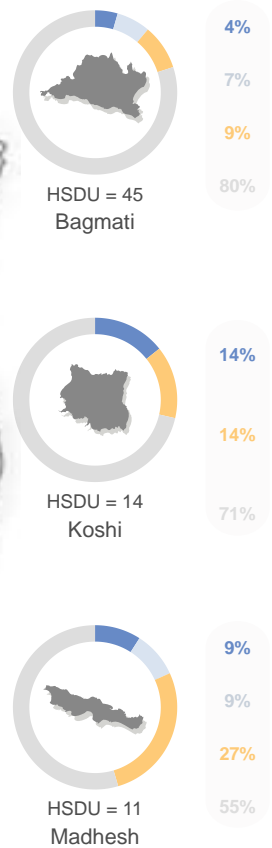
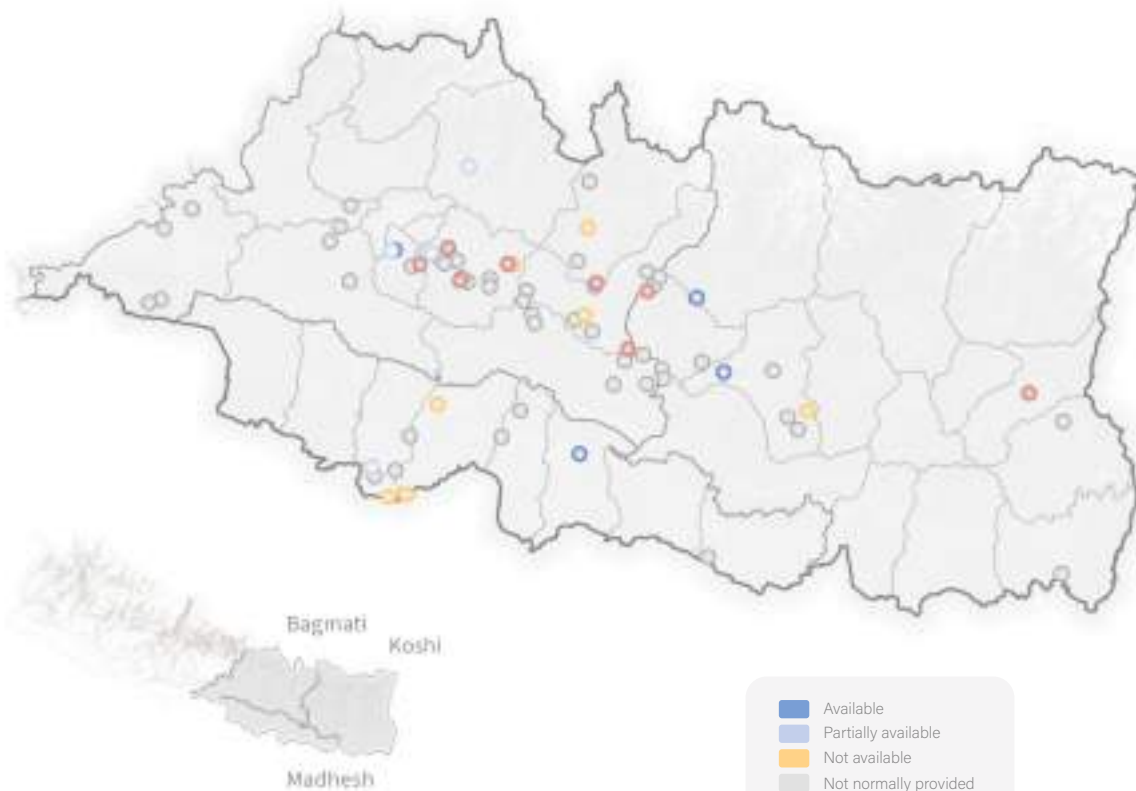


Main barriers impeding service delivery

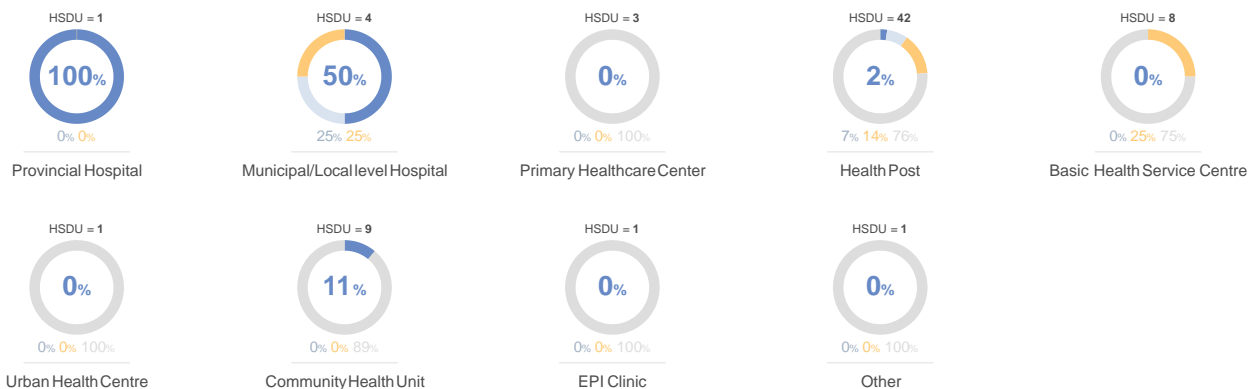
HSDU = 13



Service availability by province



Service availability by HSDU type



²⁴ Short hospitalization capacity (maximum 48 hours).



Bagmati

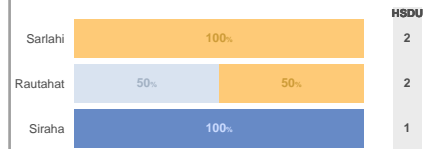
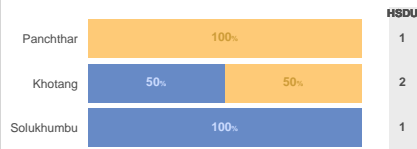
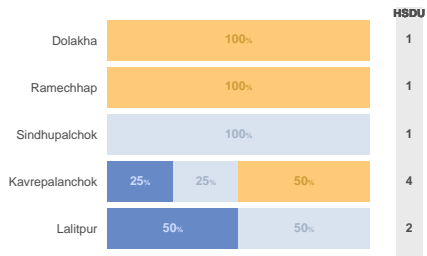


Koshi

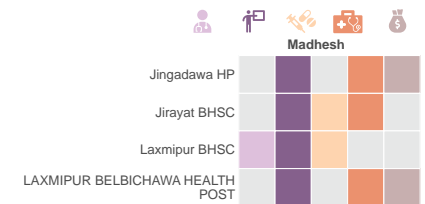
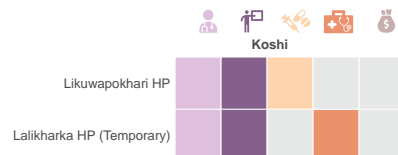
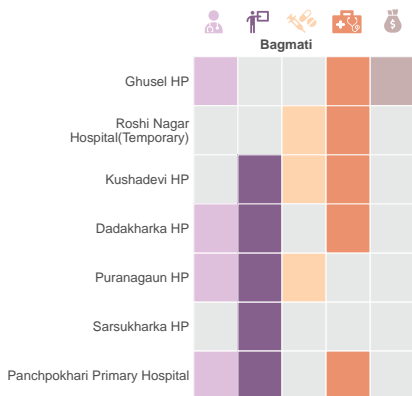


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



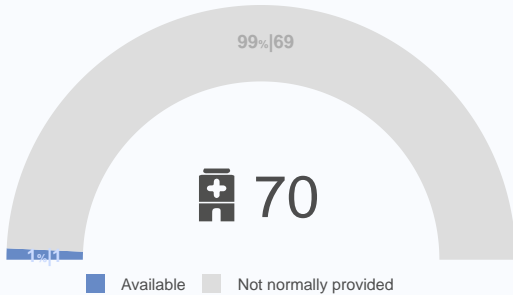
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



20 INPATIENT BED CAPACITY

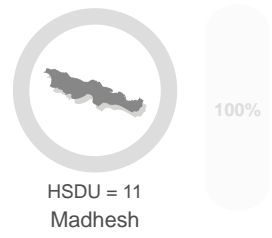
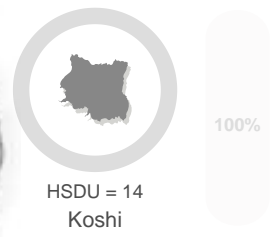
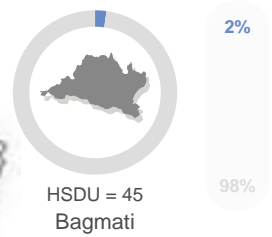
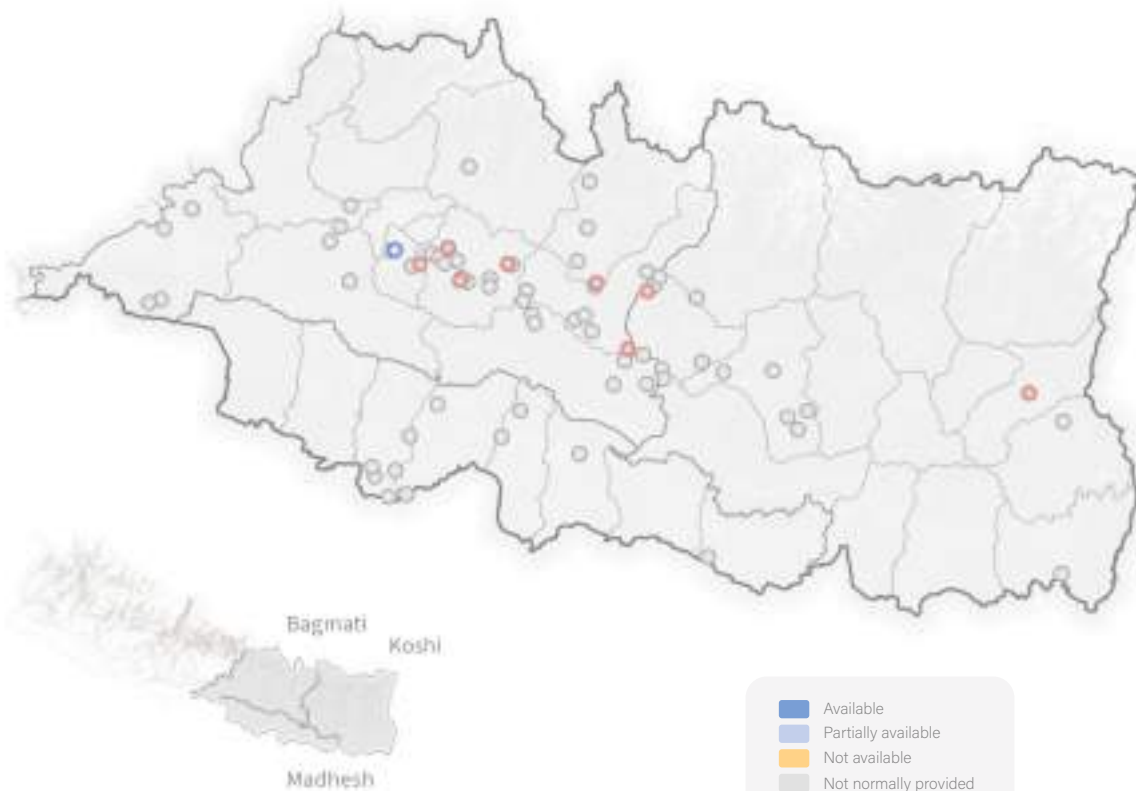
Service availability ²⁵



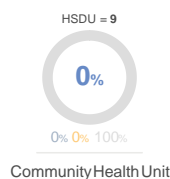
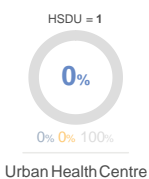
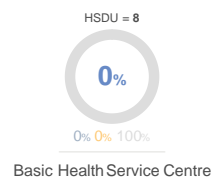
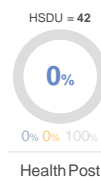
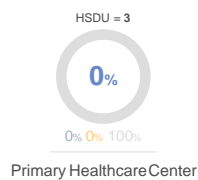
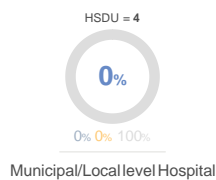
Main barriers impeding service delivery

No barriers reported

Service availability by province



Service availability by HSDU type



²⁵ At least 20 inpatient bed capacity with 24/7 availability of medical doctors (MD), nurses and midwives, and 4-5 beds for short observation before admission, or 24/48-hour hospitalization.



Bagmati



Koshi



Madhesh

Service availability by district



No reporting HSDU

No reporting HSDU

Main barriers impeding service delivery by HSDU*

No barriers reported

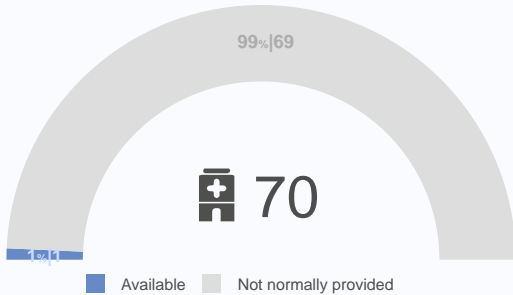
-  Lack of staff
-  Lack of training
-  Lack of medical supplies
-  Lack of medical equipment
-  Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



50 INPATIENT BED CAPACITY

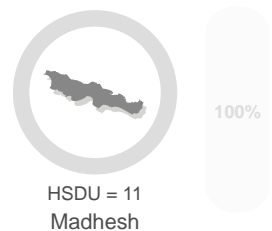
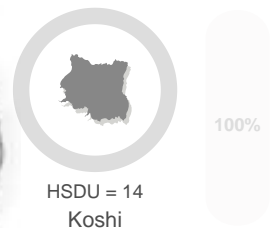
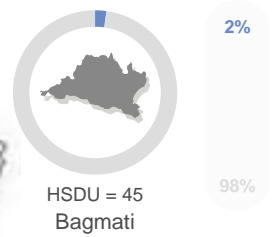
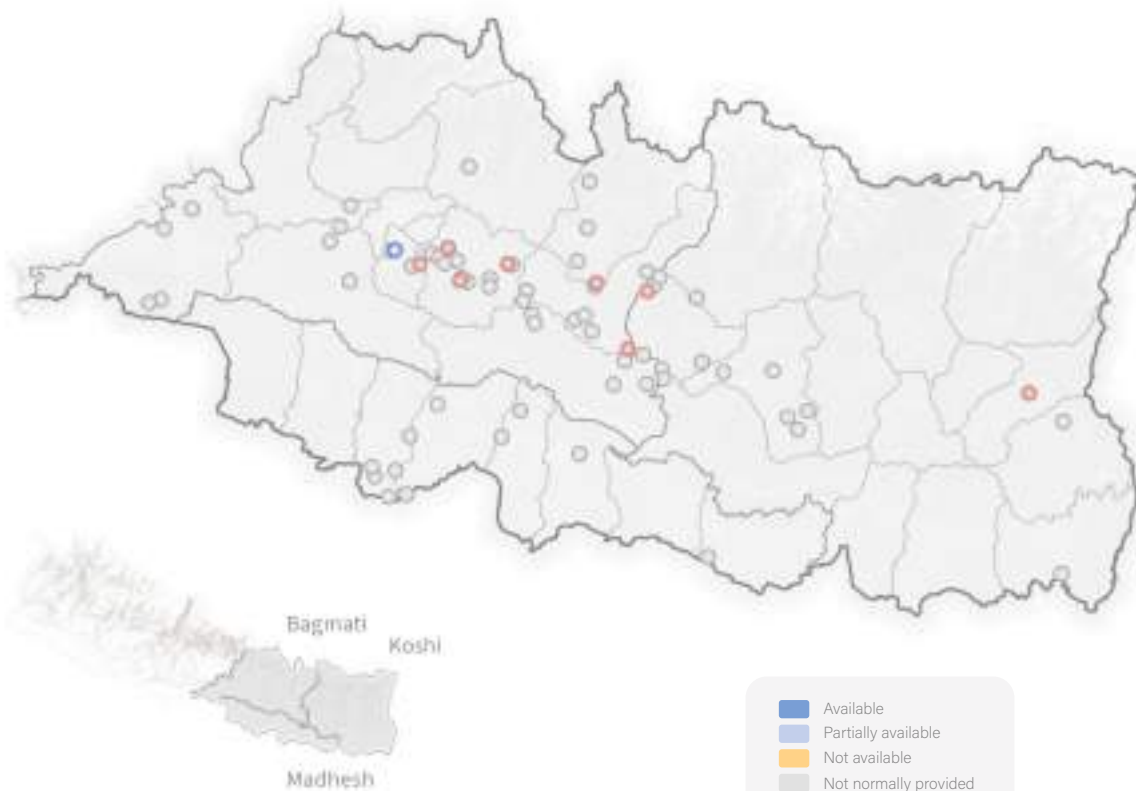
Service availability ²⁶



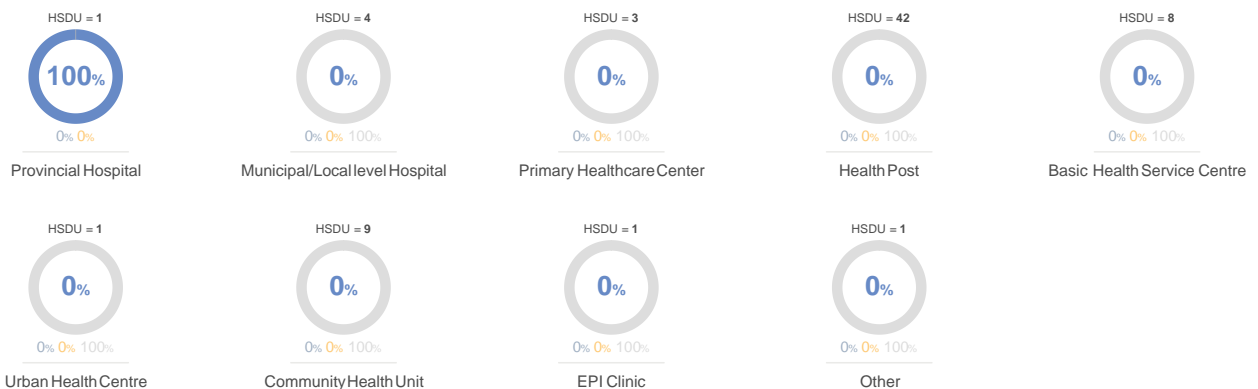
Main barriers impeding service delivery

No barriers reported

Service availability by province



Service availability by HSDU type



²⁶ 50 inpatient bed capacity with pediatric and ob-gyn wards with 24/7 availability of doctors and/or specialists (general surgeon, ob-gyn, pediatrician, others).



Bagmati



Koshi



Madhesh

Service availability by district



No reporting HSDU

No reporting HSDU

Main barriers impeding service delivery by HSDU*

No barriers reported

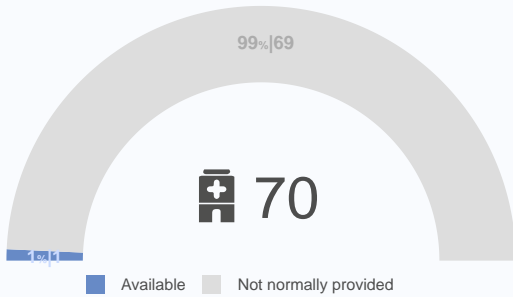
-  Lack of staff
-  Lack of training
-  Lack of medical supplies
-  Lack of medical equipment
-  Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



INPATIENT CRITICAL CARE MANAGEMENT

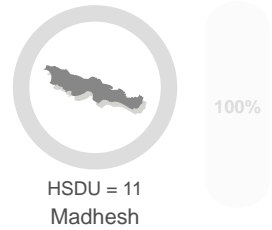
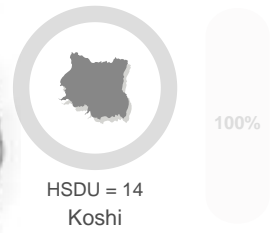
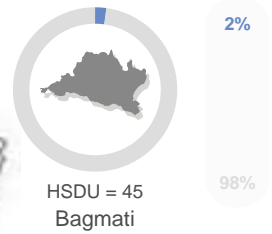
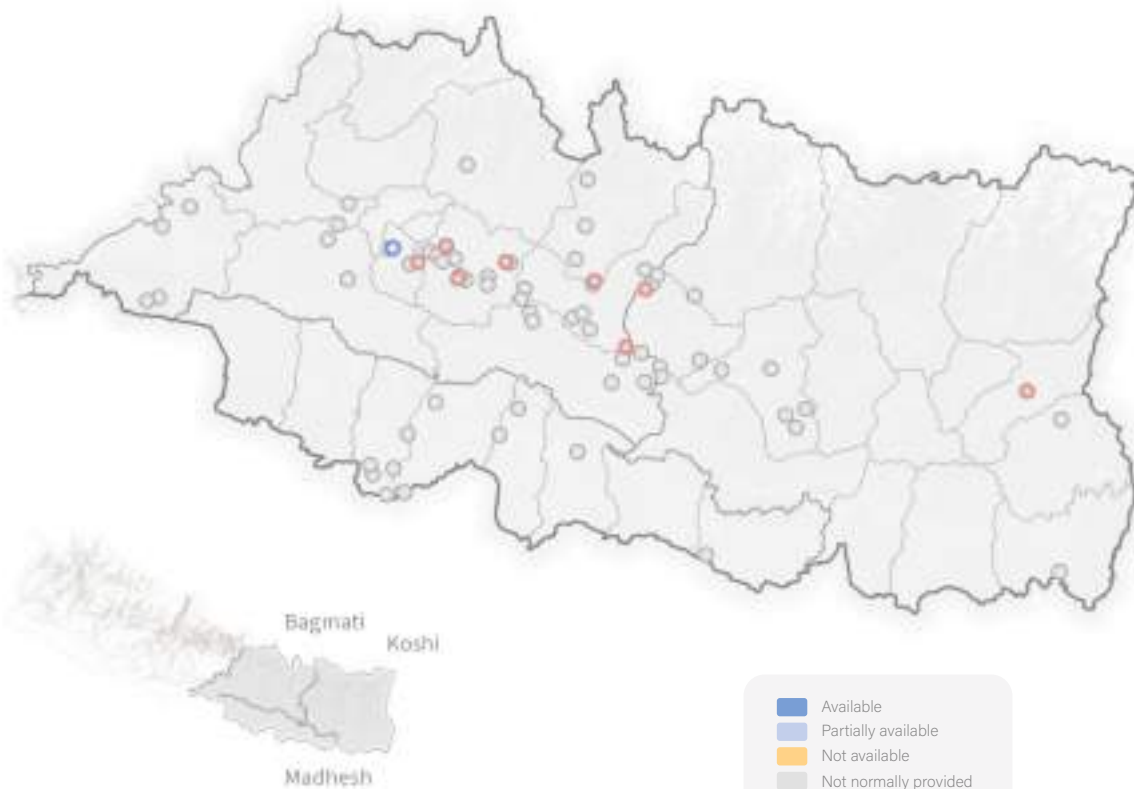
Service availability ²⁷



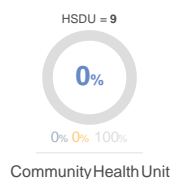
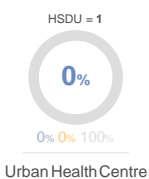
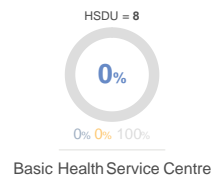
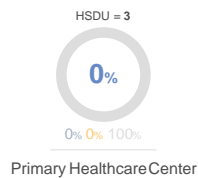
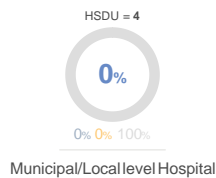
Main barriers impeding service delivery

No barriers reported

Service availability by province



Service availability by HSDU type



²⁷ Inpatient critical care management with availability of mechanical ventilation, infusion pumps, and third-line emergency drugs.



Bagmati



Koshi



Madhesh

Service availability by district



No reporting HSDU

No reporting HSDU

Main barriers impeding service delivery by HSDU*

No barriers reported

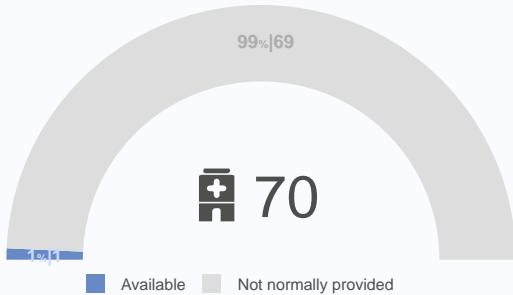
-  Lack of staff
-  Lack of training
-  Lack of medical supplies
-  Lack of medical equipment
-  Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



INTENSIVE CARE UNIT

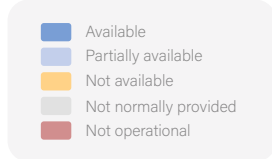
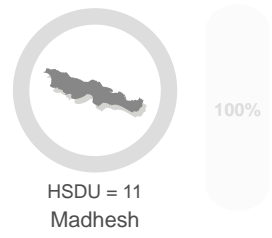
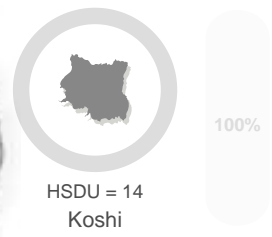
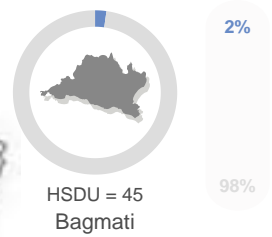
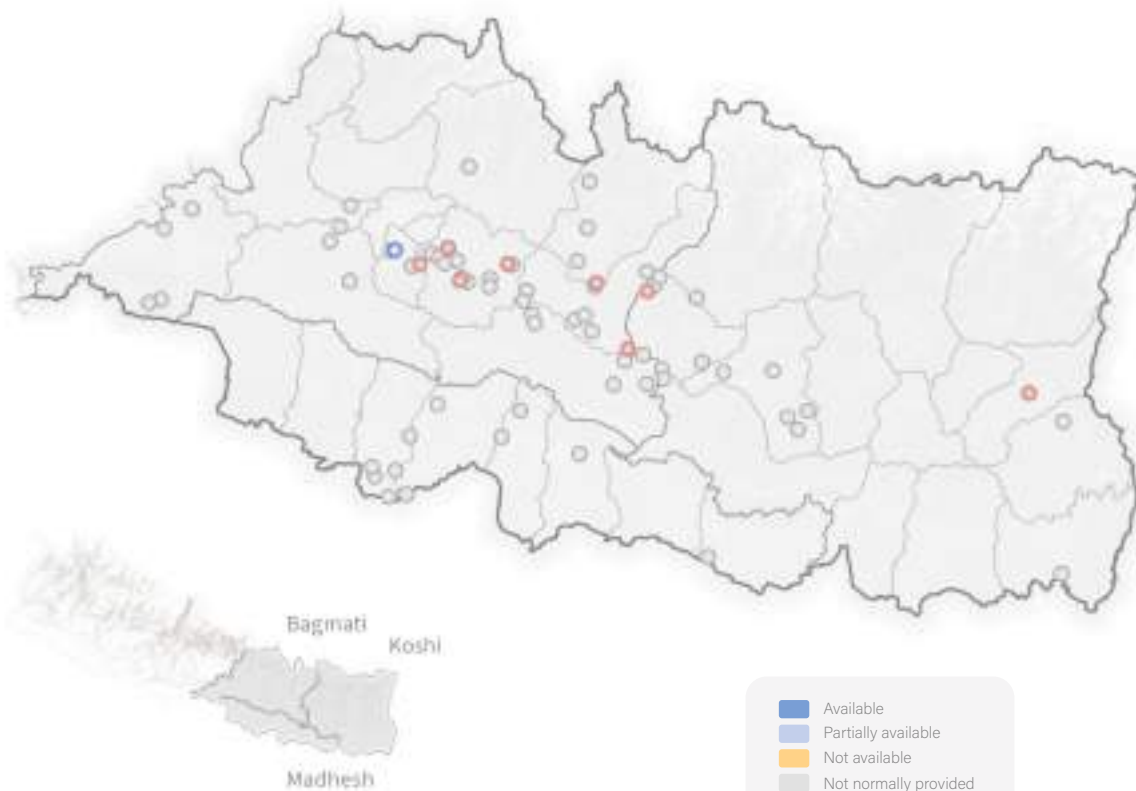
Service availability ²⁸



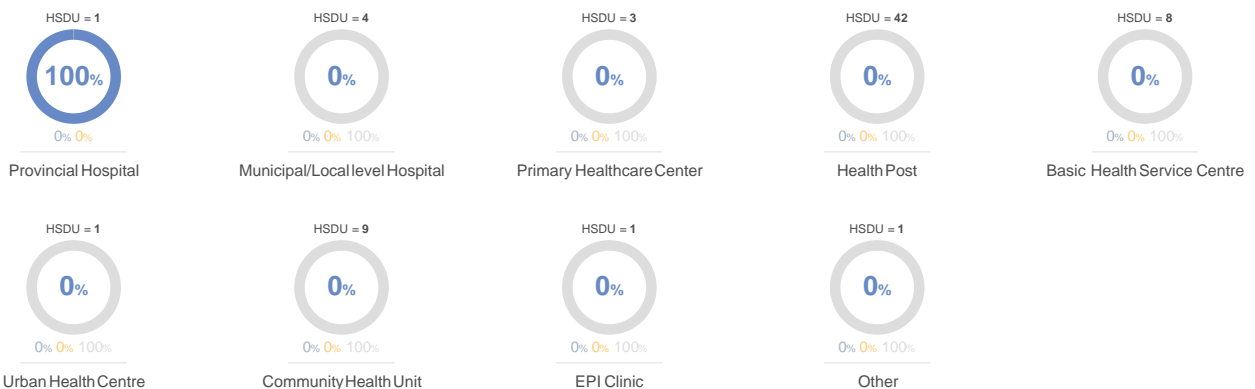
Main barriers impeding service delivery

No barriers reported

Service availability by province



Service availability by HSDU type



²⁸ Intensive care unit with at least 4 beds.



Bagmati



Koshi



Madhesh

Service availability by district



No reporting HSDU

No reporting HSDU

Main barriers impeding service delivery by HSDU*

No barriers reported

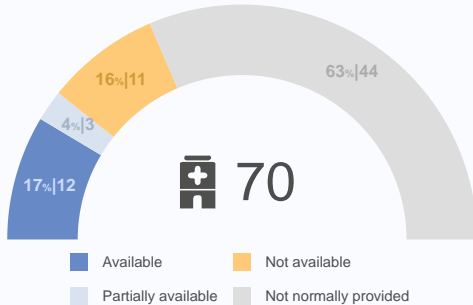
-  Lack of staff
-  Lack of training
-  Lack of medical supplies
-  Lack of medical equipment
-  Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



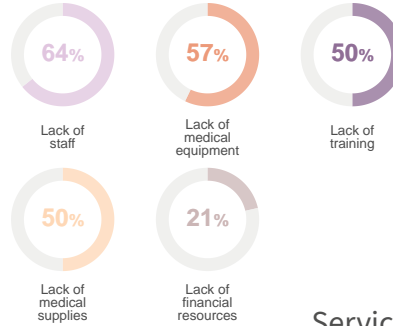
BASIC LABORATORY

Service availability ²⁹

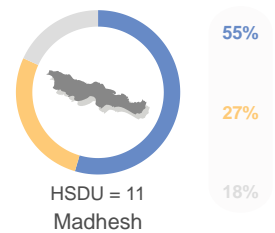
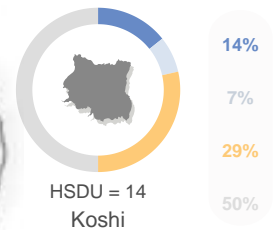
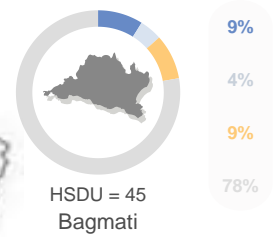
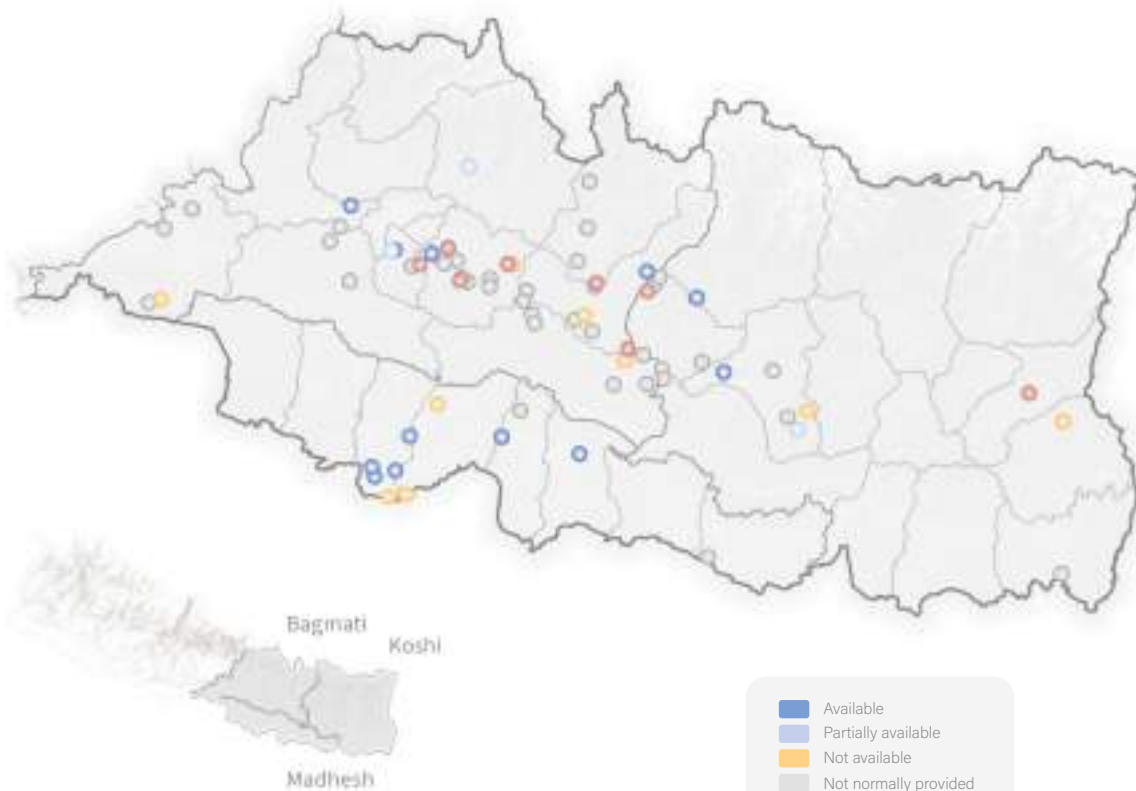


Main barriers impeding service delivery

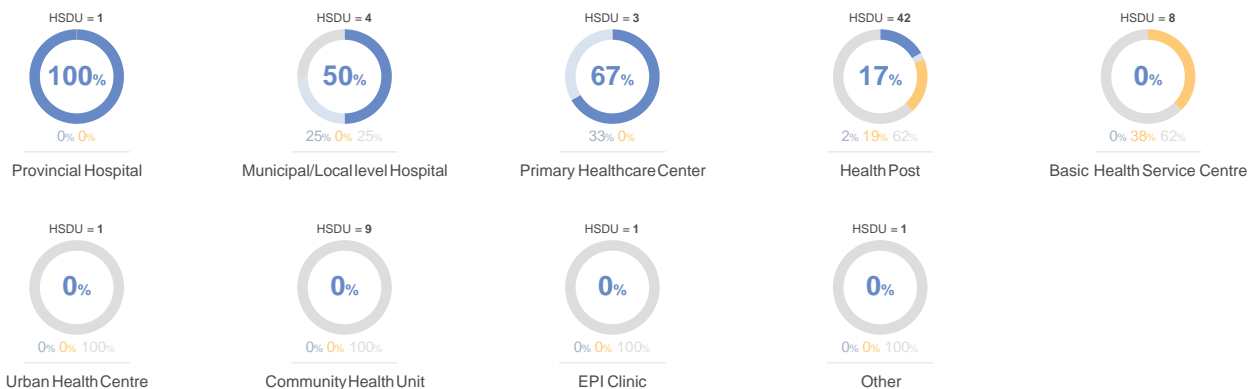
HSDU = 14



Service availability by province



Service availability by HSDU type



²⁹ Basic laboratory with general microscopy.



Bagmati

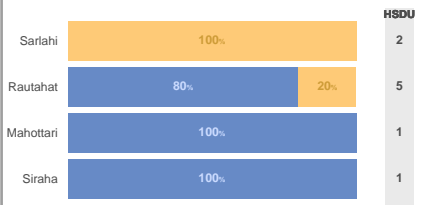
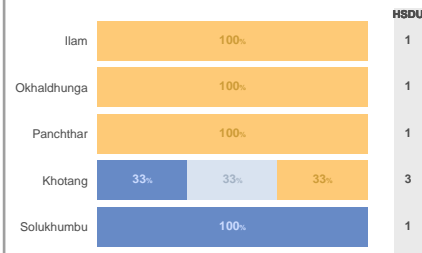
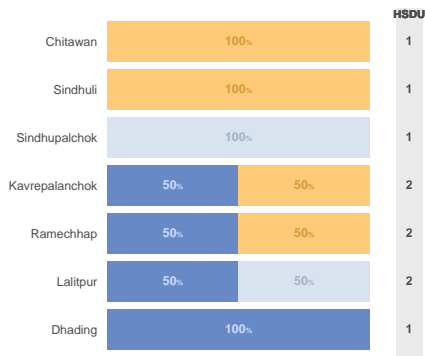


Koshi

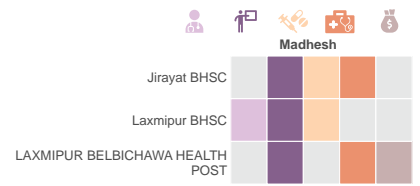
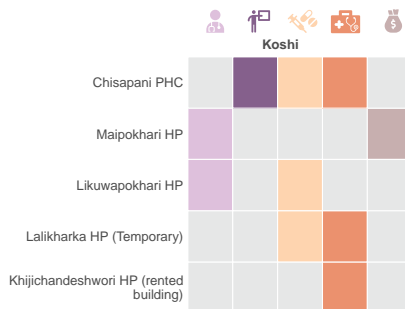
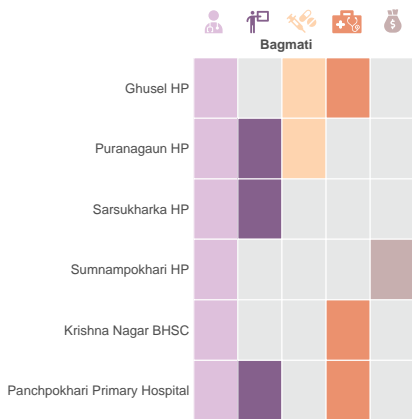


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



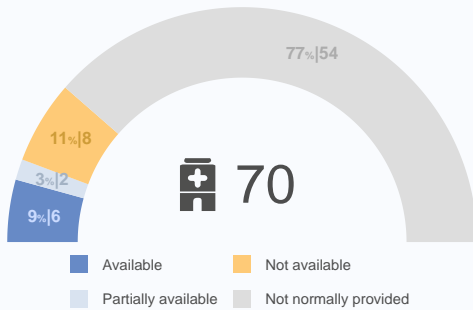
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



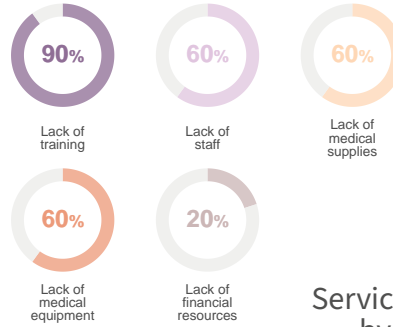
LABORATORY SERVICES SECONDARY LEVEL

Service availability ³⁰

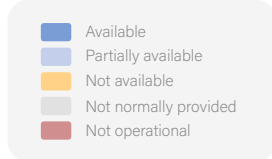
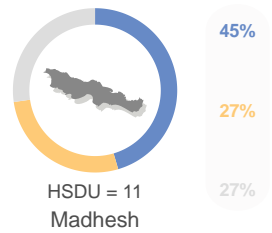
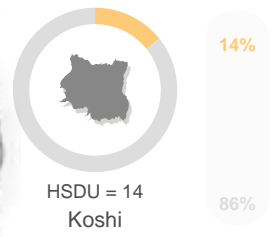
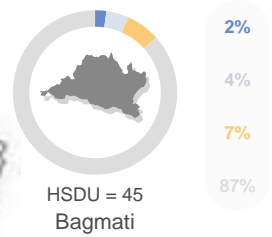
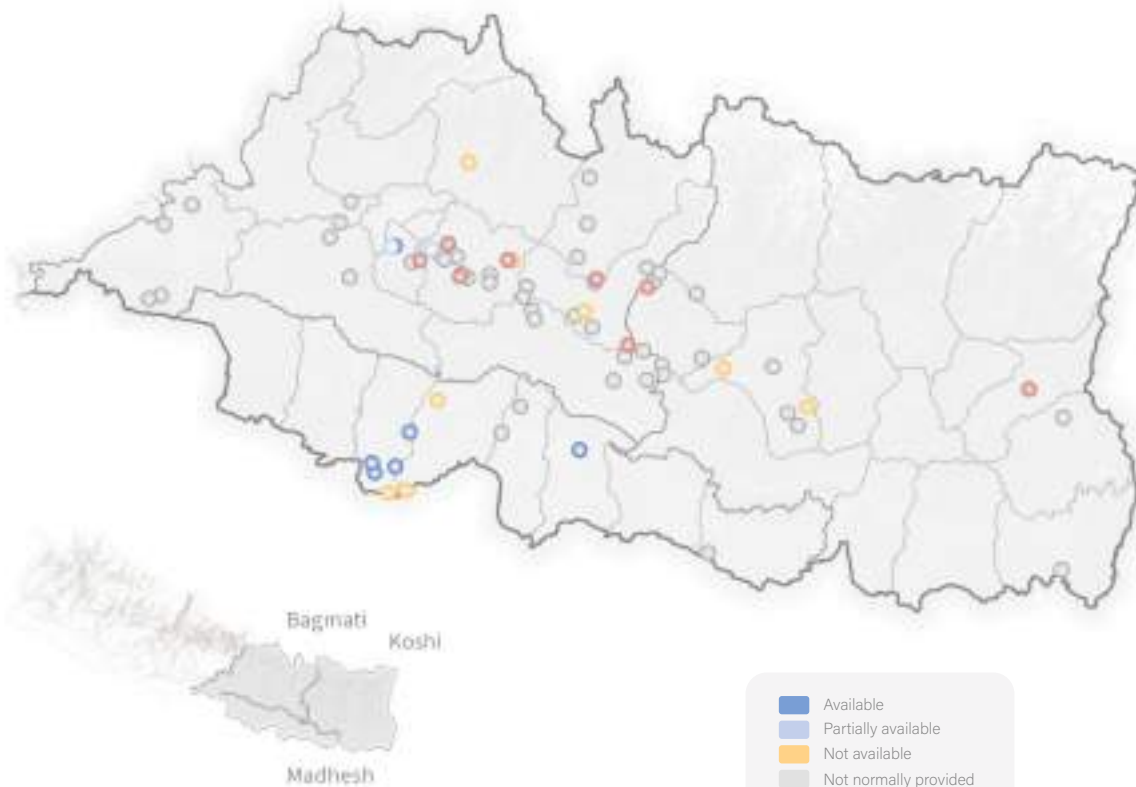


Main barriers impeding service delivery

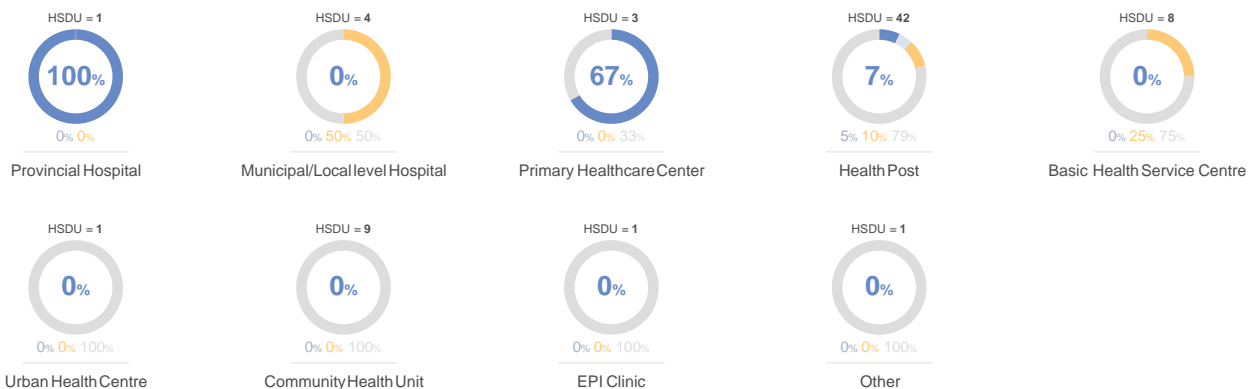
HSDU = 10



Service availability by province



Service availability by HSDU type



30 Laboratory services secondary level.



Bagmati

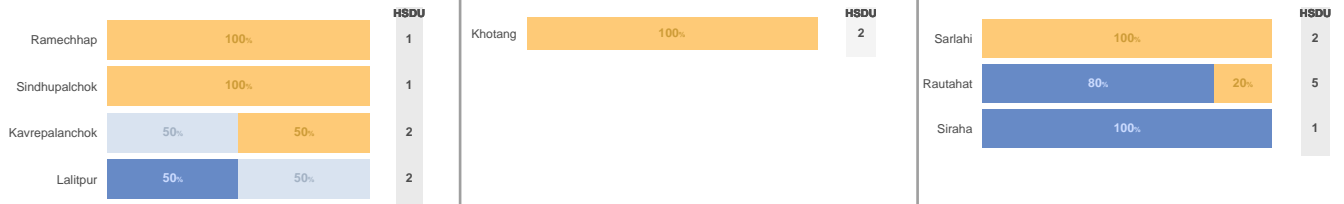


Koshi

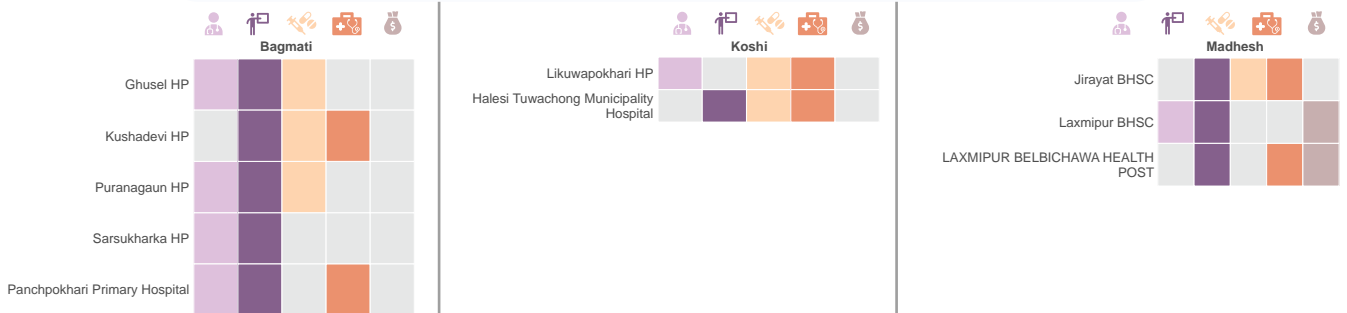


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



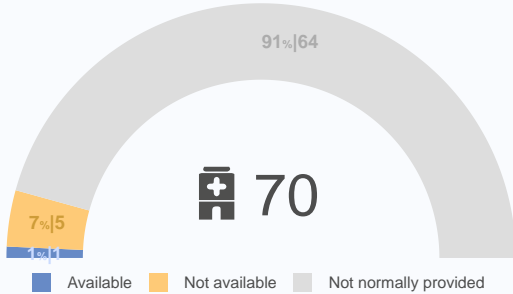
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



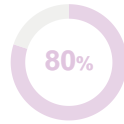
LABORATORY SERVICES TERTIARY LEVEL

Service availability ³¹

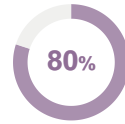


Main barriers impeding service delivery

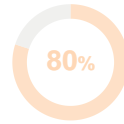
HSDU = 5



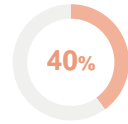
Lack of staff



Lack of training

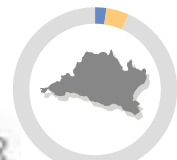
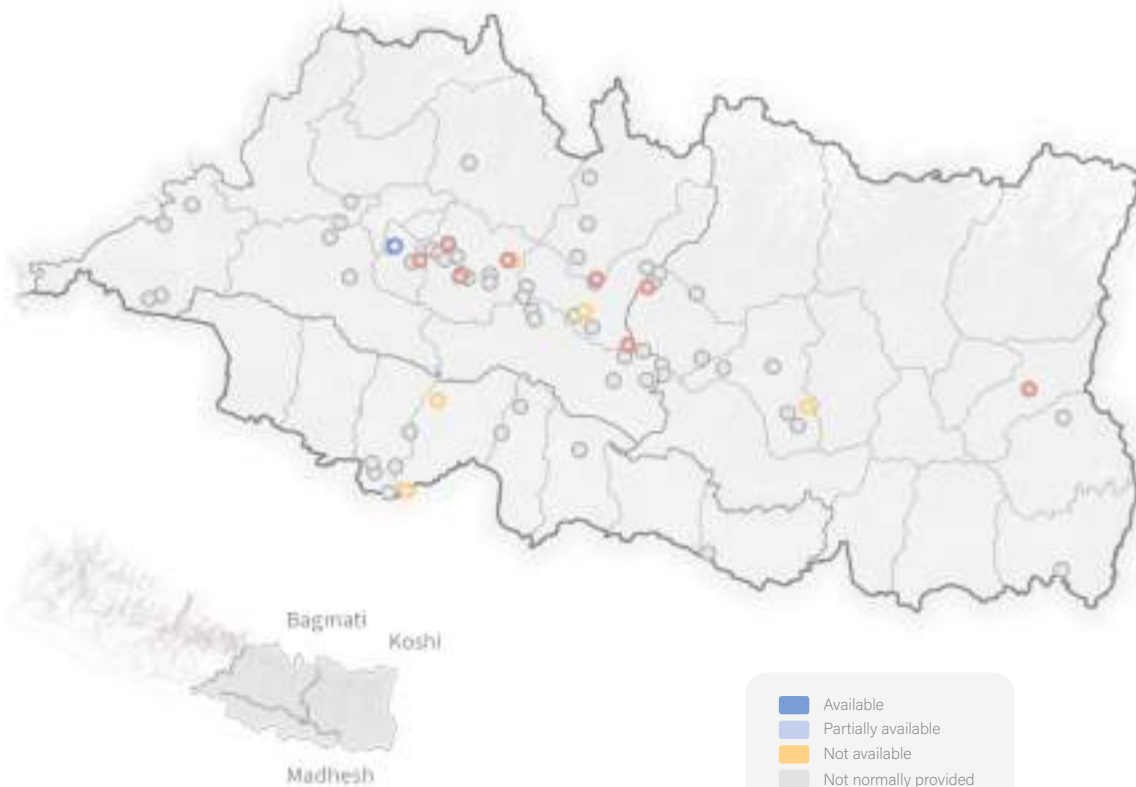


Lack of medical supplies



Lack of medical equipment

Service availability by province

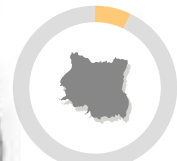


HSDU = 45
Bagmati

2%

4%

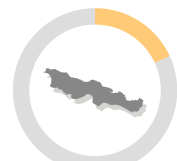
93%



HSDU = 14
Koshi

7%

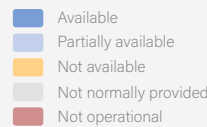
93%



HSDU = 11
Madhesh

18%

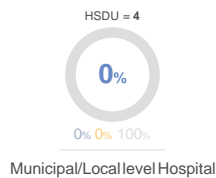
82%



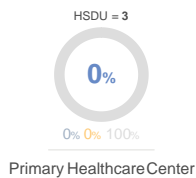
Service availability by HSDU type



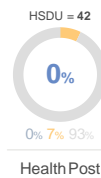
Provincial Hospital



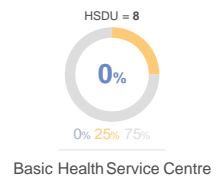
Municipal/Local level Hospital



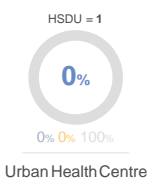
Primary Healthcare Center



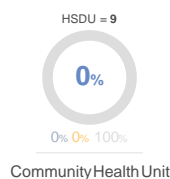
Health Post



Basic Health Service Centre



Urban Health Centre



Community Health Unit



EPI Clinic



Other

³¹ Laboratory services tertiary level including electrolyte and blood gas concentrations, public health laboratory capacities.



Bagmati

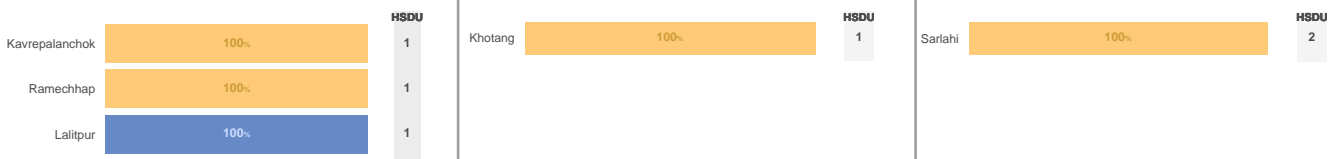


Koshi

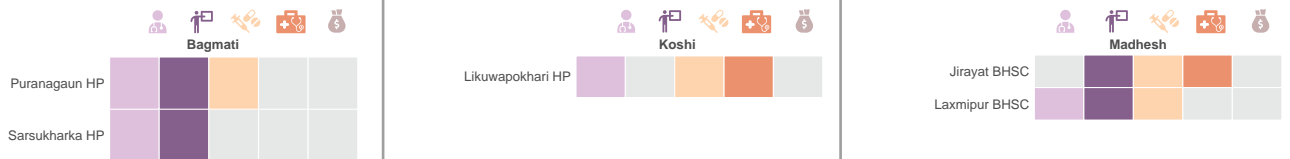


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



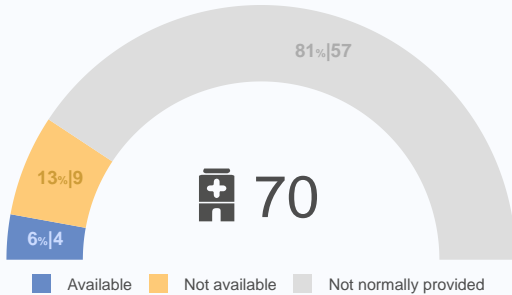
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



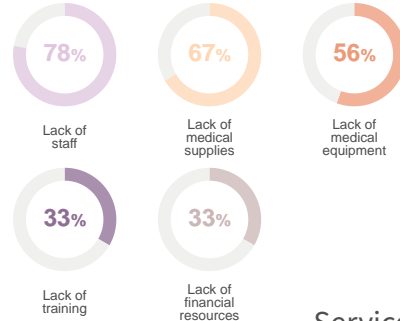
BLOOD BANK SERVICES

Service availability ³²

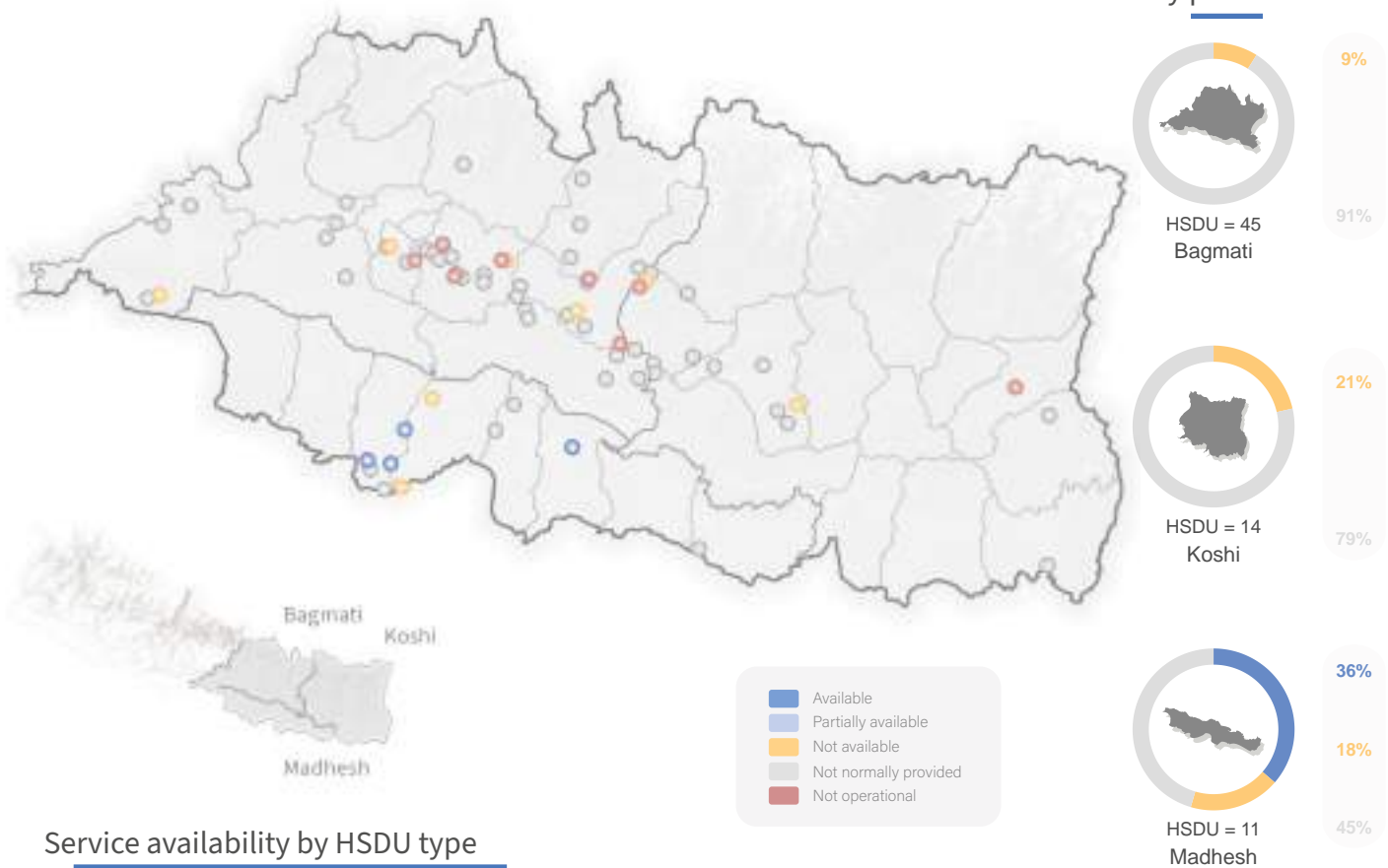


Main barriers impeding service delivery

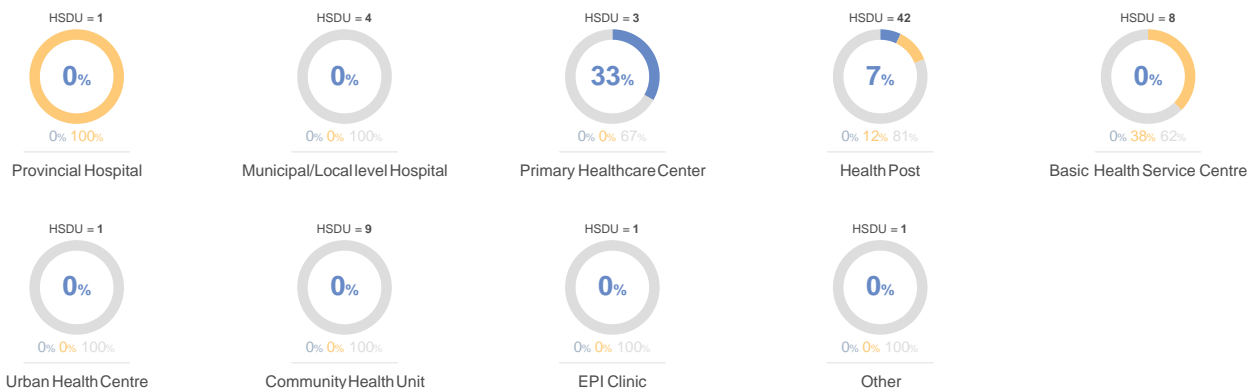
HSDU = 9



Service availability by province



Service availability by HSDU type



³² Blood bank services.



Bagmati

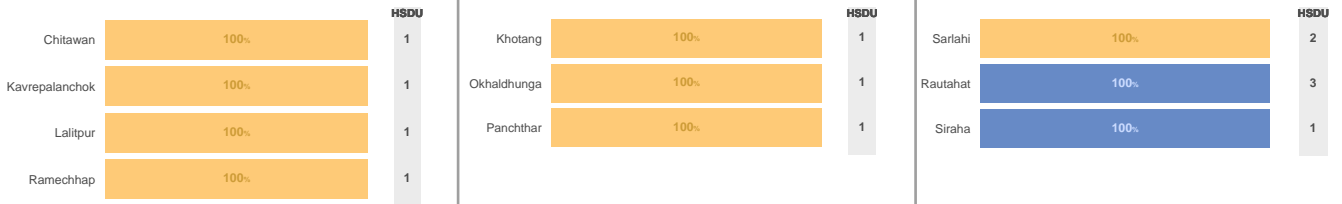


Koshi

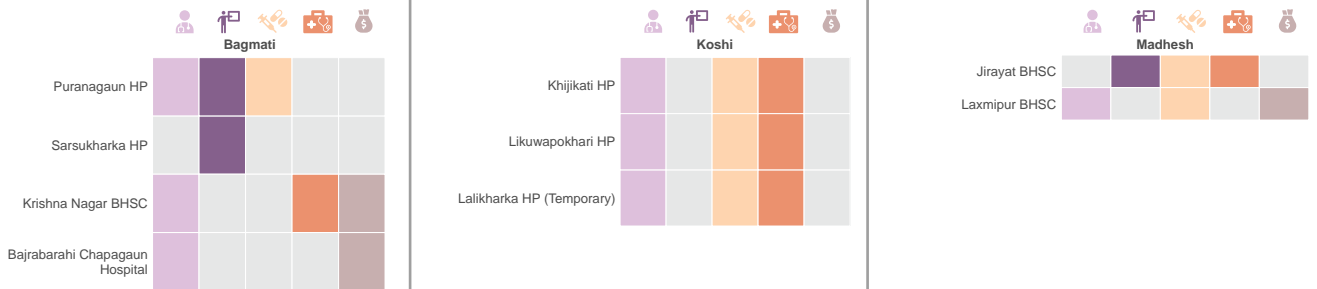


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



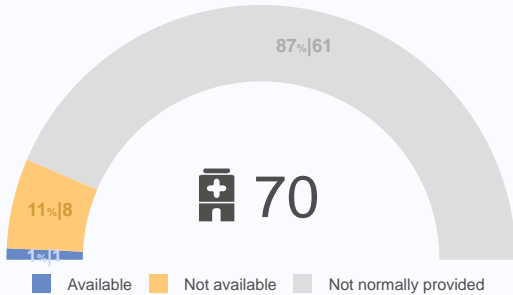
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



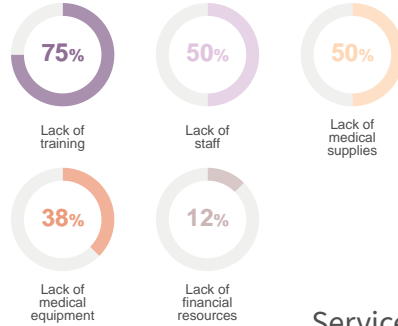
HEMODIALYSIS UNIT

Service availability ³³

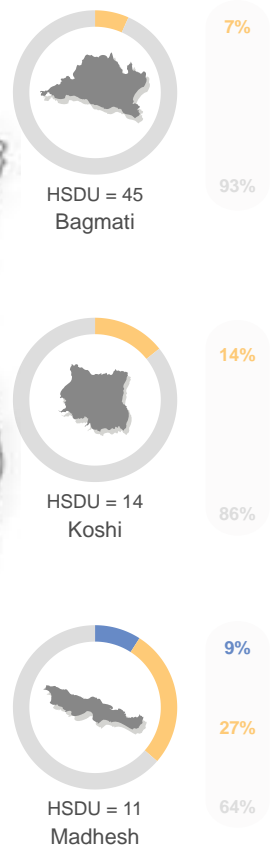
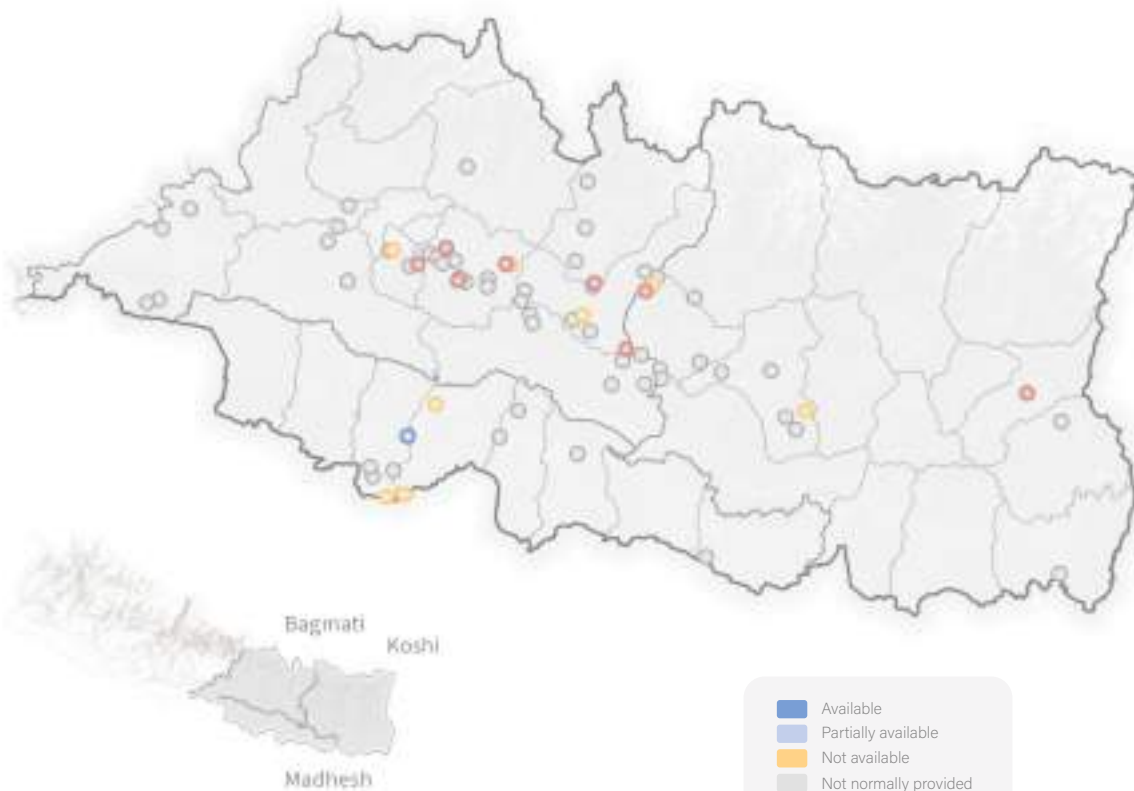


Main barriers impeding service delivery

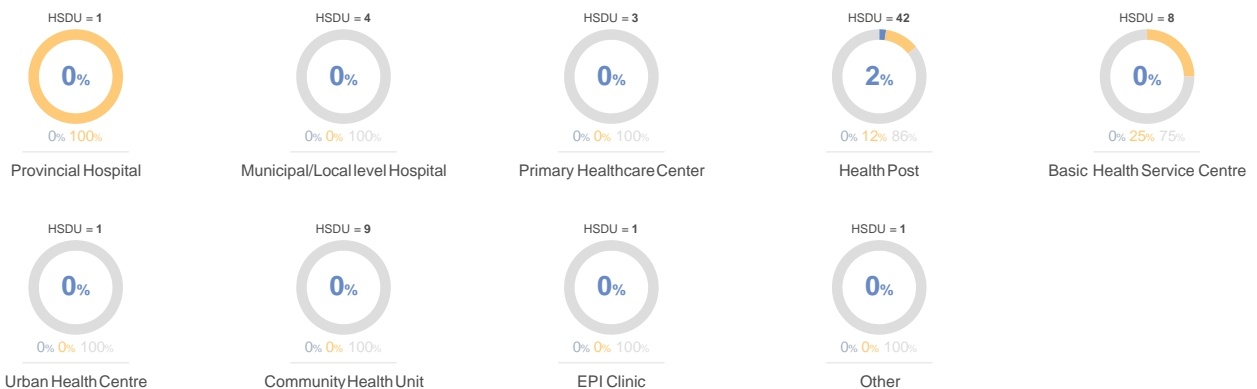
HSDU = 8



Service availability by province



Service availability by HSDU type



33 Hemodialysis unit.



Bagmati

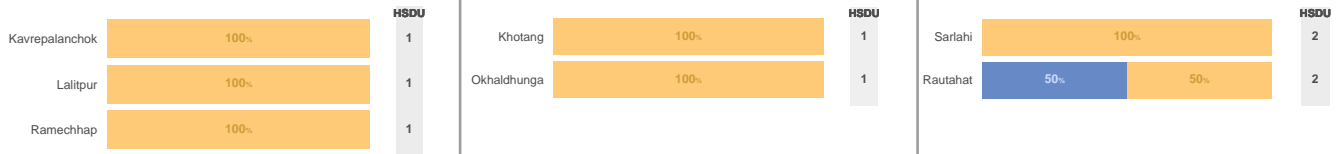


Koshi

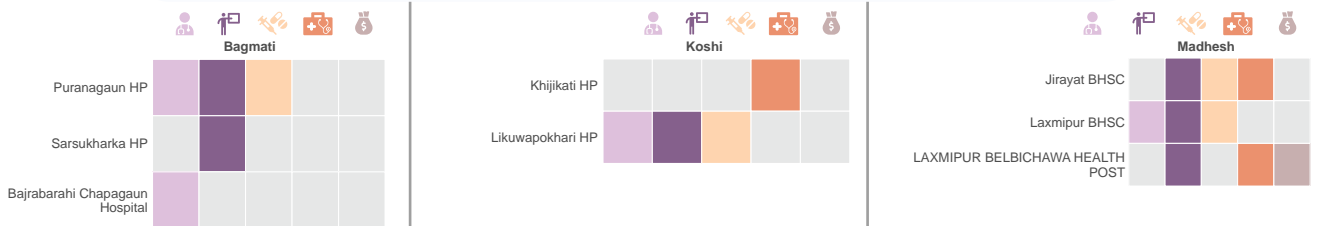


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



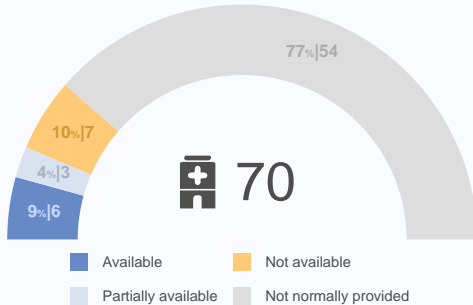
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



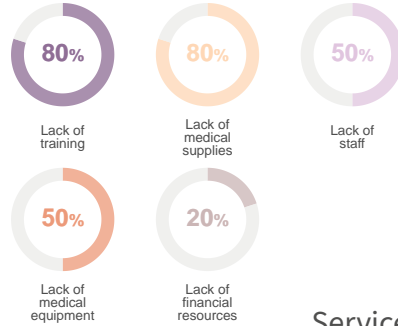
BASIC X-RAY SERVICE

Service availability ³⁴

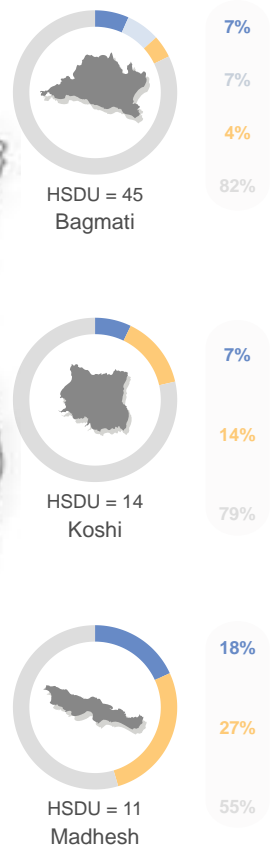
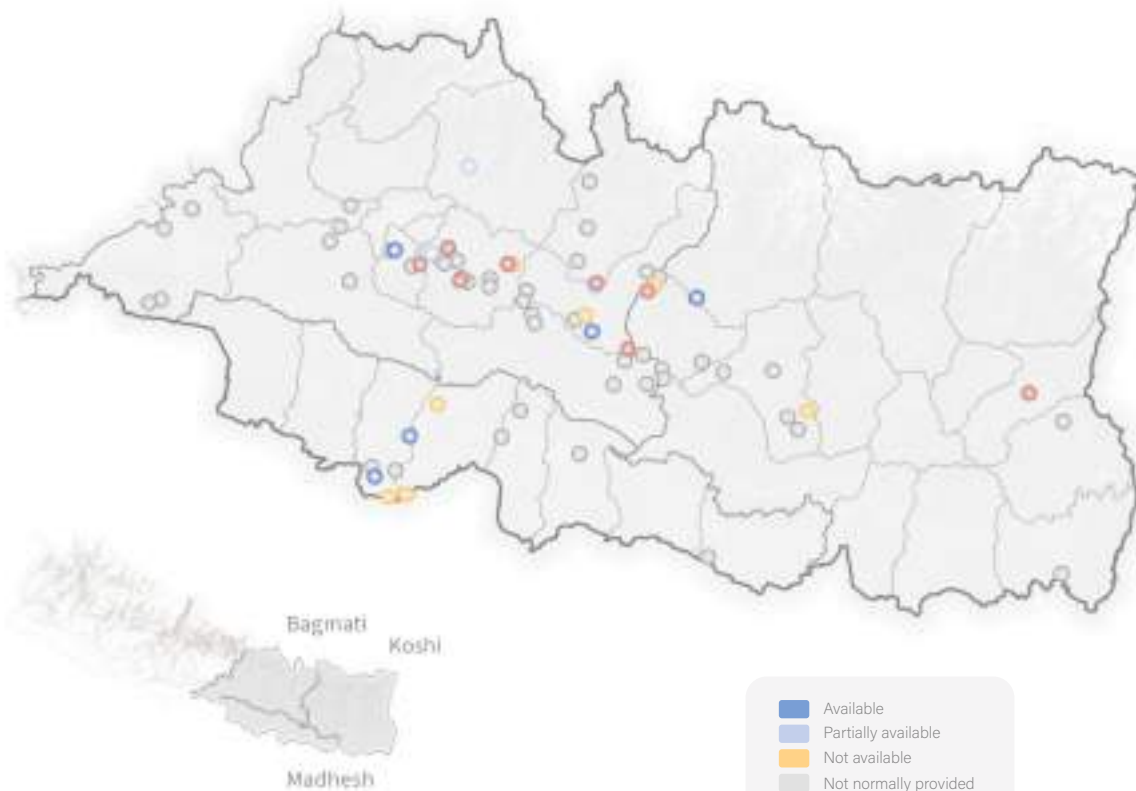


Main barriers impeding service delivery

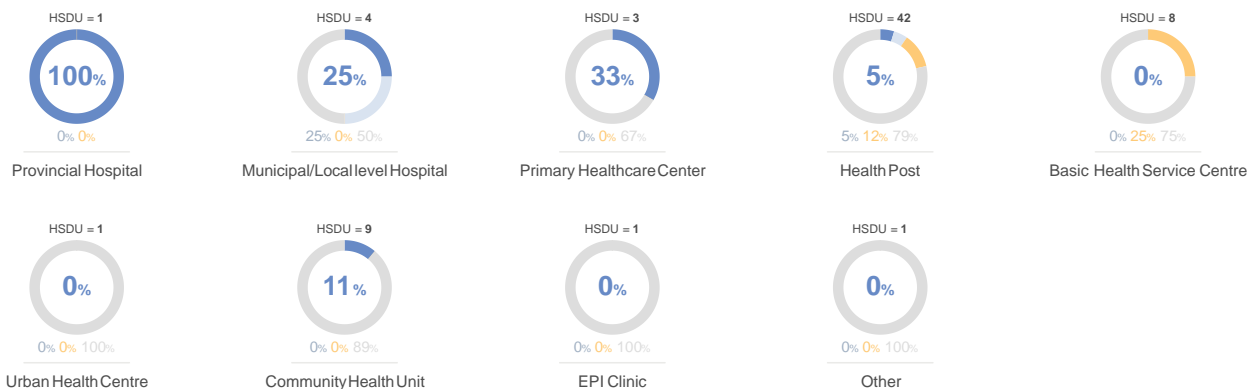
HSDU = 10



Service availability by province



Service availability by HSDU type



³⁴ X-ray service (basic radiological unit) and ultrasound.



Bagmati

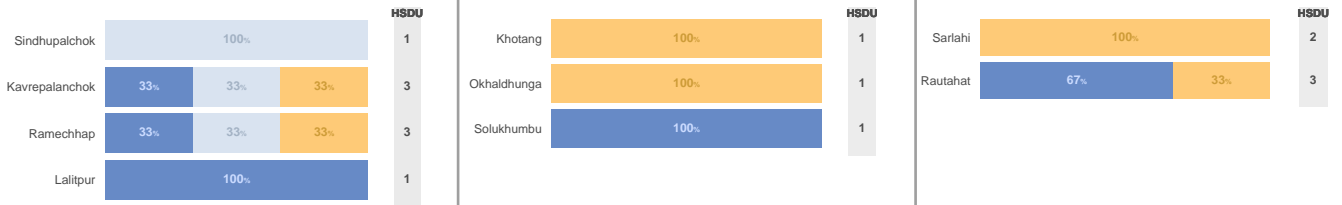


Koshi

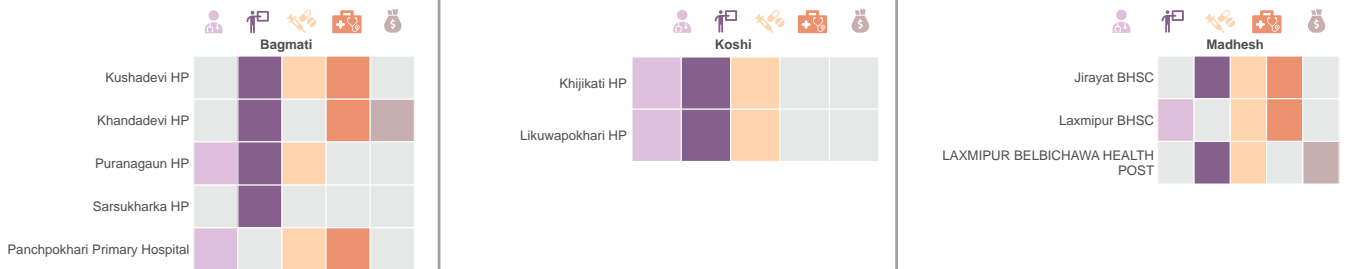


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



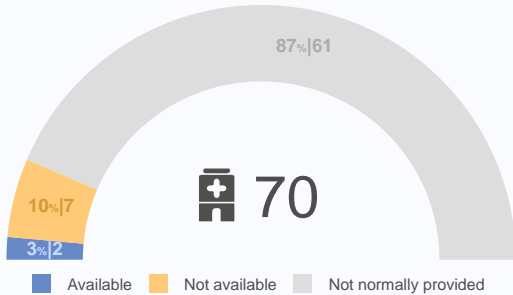
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



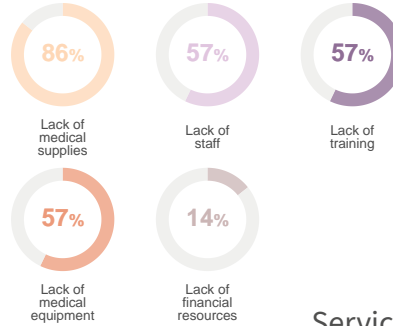
RADIOLOGY UNIT

Service availability ³⁵

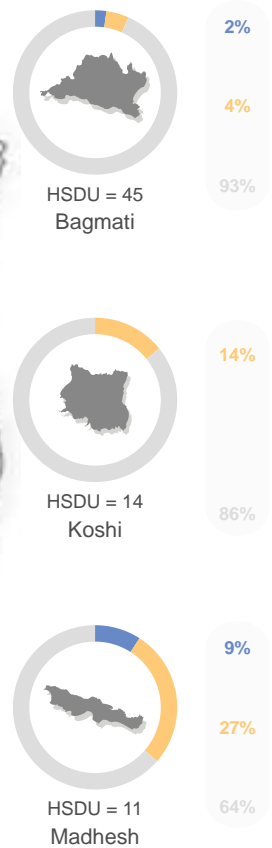
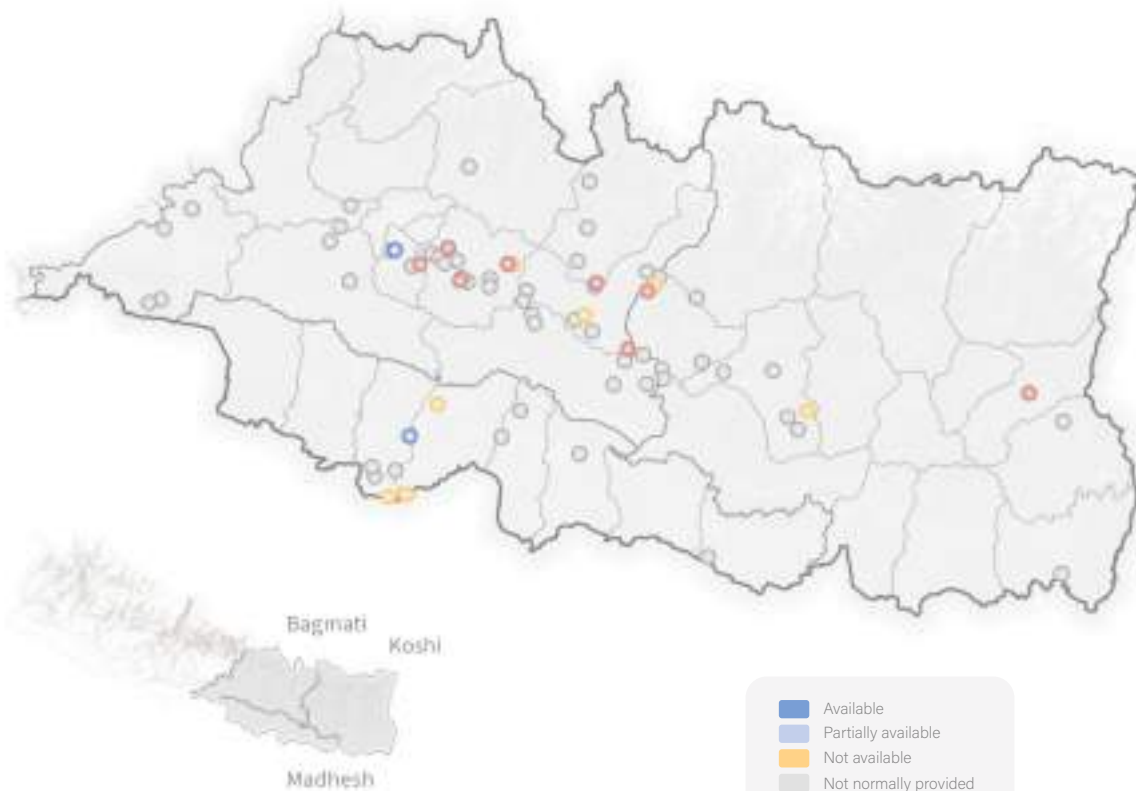


Main barriers impeding service delivery

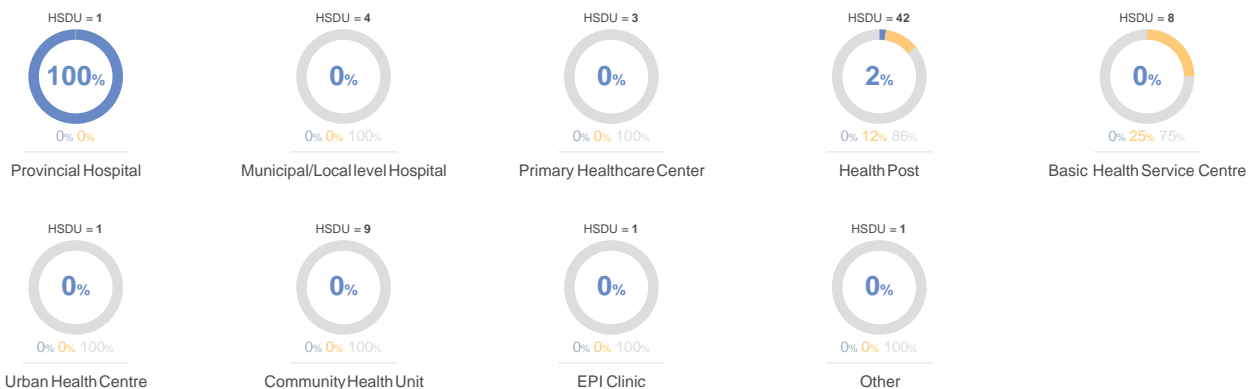
HSDU = 7



Service availability by province



Service availability by HSDU type



³⁵ Radiology unit with X-ray with stratigraphy, intraoperation X-ray intensifier, ultrasound, MRI and/or CT scan.



Bagmati

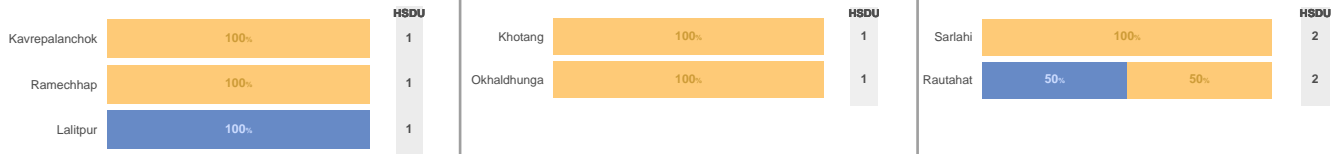


Koshi

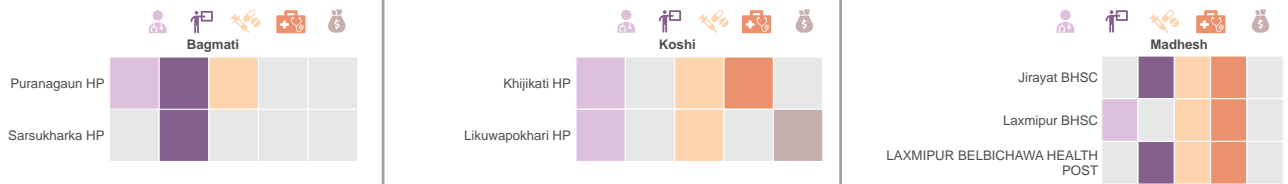


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



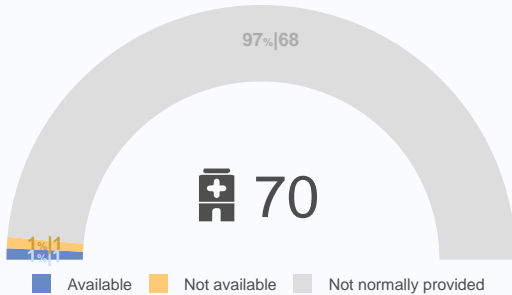
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



MEDICAL EVACUATION PROCEDURES

Service availability ³⁶



Main barriers impeding service delivery

HSDU = 1



Lack of staff

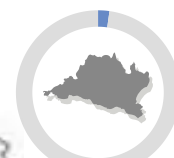
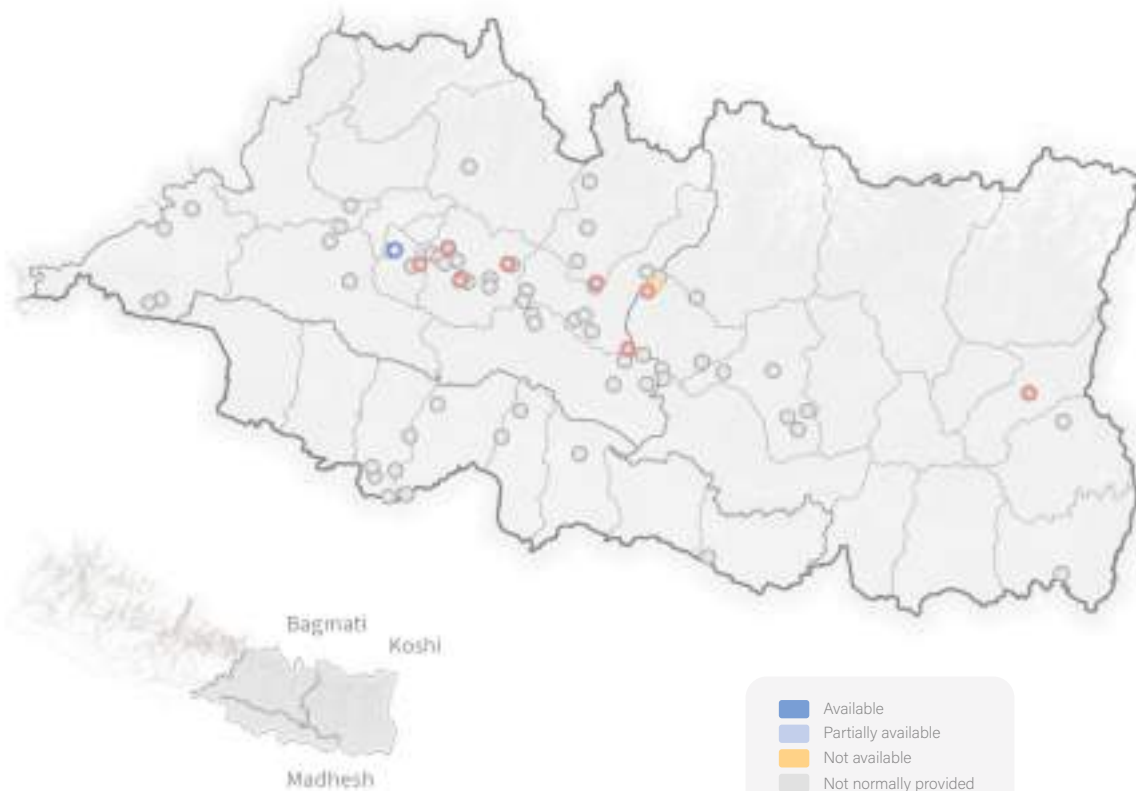


Lack of training



Lack of medical equipment

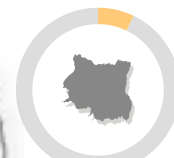
Service availability by province



2%

HSDU = 45
Bagmati

98%



7%

HSDU = 14
Koshi

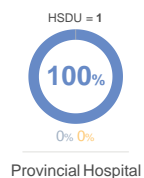
93%



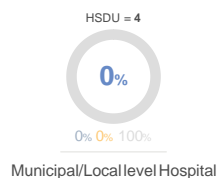
100%

HSDU = 11
Madhesh

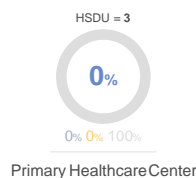
Service availability by HSDU type



Provincial Hospital



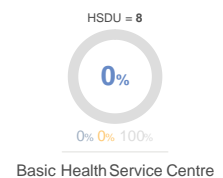
Municipal/Local level Hospital



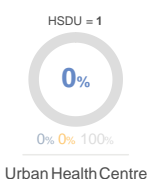
Primary Healthcare Center



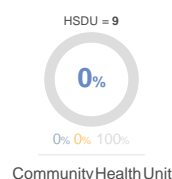
Health Post



Basic Health Service Centre



Urban Health Centre



Community Health Unit



EPI Clinic



Other

³⁶ Medical evacuation procedures (medevac) including means of transport and referral network for patients requiring highly specialized care.



Bagmati



Koshi



Madhesh

Service availability by district



No reporting HSDU

Main barriers impeding service delivery by HSDU*

No barriers reported



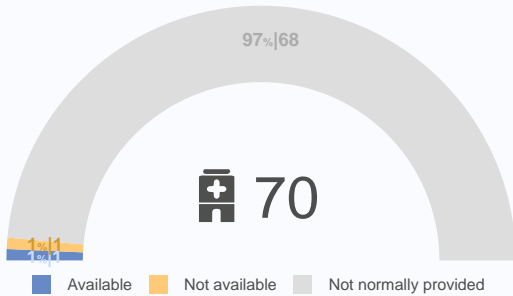
-  Lack of staff
-  Lack of training
-  Lack of medical supplies
-  Lack of medical equipment
-  Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



EARLY DISCHARGE IN MASS CASUALTY SCENARIOS

Service availability ³⁷

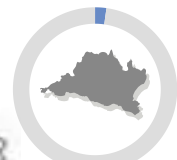


Main barriers impeding service delivery

HSDU = 1

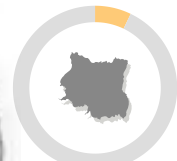


Service availability by province



2%

98%



7%

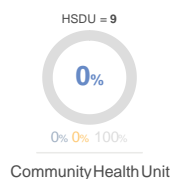
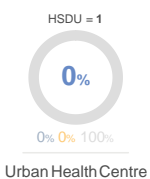
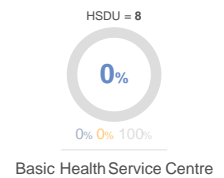
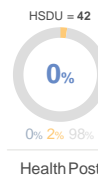
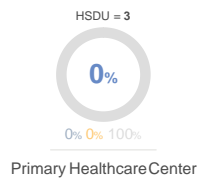
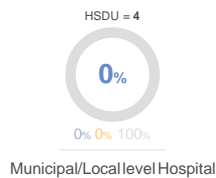
93%



100%

- Available
- Partially available
- Not available
- Not normally provided
- Not operational

Service availability by HSDU type



³⁷ Procedures in place for early discharge of post-surgery patients through referral to secondary hospitals, in mass casualty scenario.



Bagmati

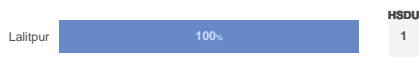


Koshi



Madhesh

Service availability by district



No reporting HSDU

Main barriers impeding service delivery by HSDU*

No barriers reported



- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

ANNEX





ANNEX I: PREVIOUSLY PUBLISHED REPORTS

1. HeRAMS Nepal post-Jarjarkot earthquake report April 2024 - General clinical and trauma care services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-nepal-post-jarjarkot-earthquake-report-2024-04-general-clinical-and-trauma-care-services>.
2. HeRAMS Nepal post-Jarjarkot earthquake report April 2024 - Child health and nutrition services: A comprehensive mapping of availability of essential services barriers to their provision, <https://www.who.int/publications/m/item/herams-nepal-post-jarjarkot-earthquake-report-2024-04-child-health-and-nutrition-services>.
3. HeRAMS Nepal post-Jarjarkot earthquake report April 2024 - Communicable disease services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-nepal-post-jarjarkot-earthquake-report-2024-04-communicable-disease-services>.
4. HeRAMS Nepal post-Jarjarkot earthquake report April 2024 - Sexual and reproductive health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-nepal-post-jarjarkot-earthquake-report-2024-04-sexual-and-reproductive-health-services>.
5. HeRAMS Nepal post-Jarjarkot earthquake report April 2024 - Noncommunicable disease and mental health services: A comprehensive mapping of availability of essential services and barriers to their provision. <https://www.who.int/publications/m/item/herams-nepal-post-jarjarkot-earthquake-report-2024-04-ncd-and-mental-health-services>.

