



# 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



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# 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







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262987  
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# Ministry of Health & Population



Ramshahpath, Kathmandu

Nepal

Ref: .....

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

**HIV** Human immunodeficiency virus

**HP** Health Post

**HSDU** Health Service Delivery Unit

**IEC** Information, Education, and Communication

**PHC** Primary Health Center

**PMTCT** Prevention of Mother-To-Child HIV Transmission

**STI** Sexually transmitted infections

**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 fifth report of the **HeRAMS Nepal September 2024 floods and landslides - January 2025** series, focusing on the availability of sexual and reproductive health services. It is a continuation of the first report on the operational status of the health system<sup>1</sup> and should always be interpreted in conjunction with results presented in the first report. Additional reports are available covering general clinical and trauma care service<sup>2</sup>, essential child health and nutrition services<sup>3</sup>, communicable disease services<sup>4</sup>, and Noncommunicable disease and mental health services<sup>5</sup>.

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](mailto:herams@who.int)

<sup>1</sup> 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>.

<sup>2</sup> 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, <https://www.who.int/publications/m/item/herams-nepal-september-2024-floods-and-landslides-report-2025-01-general-clinical-and-trauma-care-services>.

<sup>3</sup> HeRAMS Nepal September 2024 floods and landslides - January 2025 - 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-september-2024-floods-and-landslides-report-2025-01-child-health-and-nutrition-services>.

<sup>4</sup> 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>.

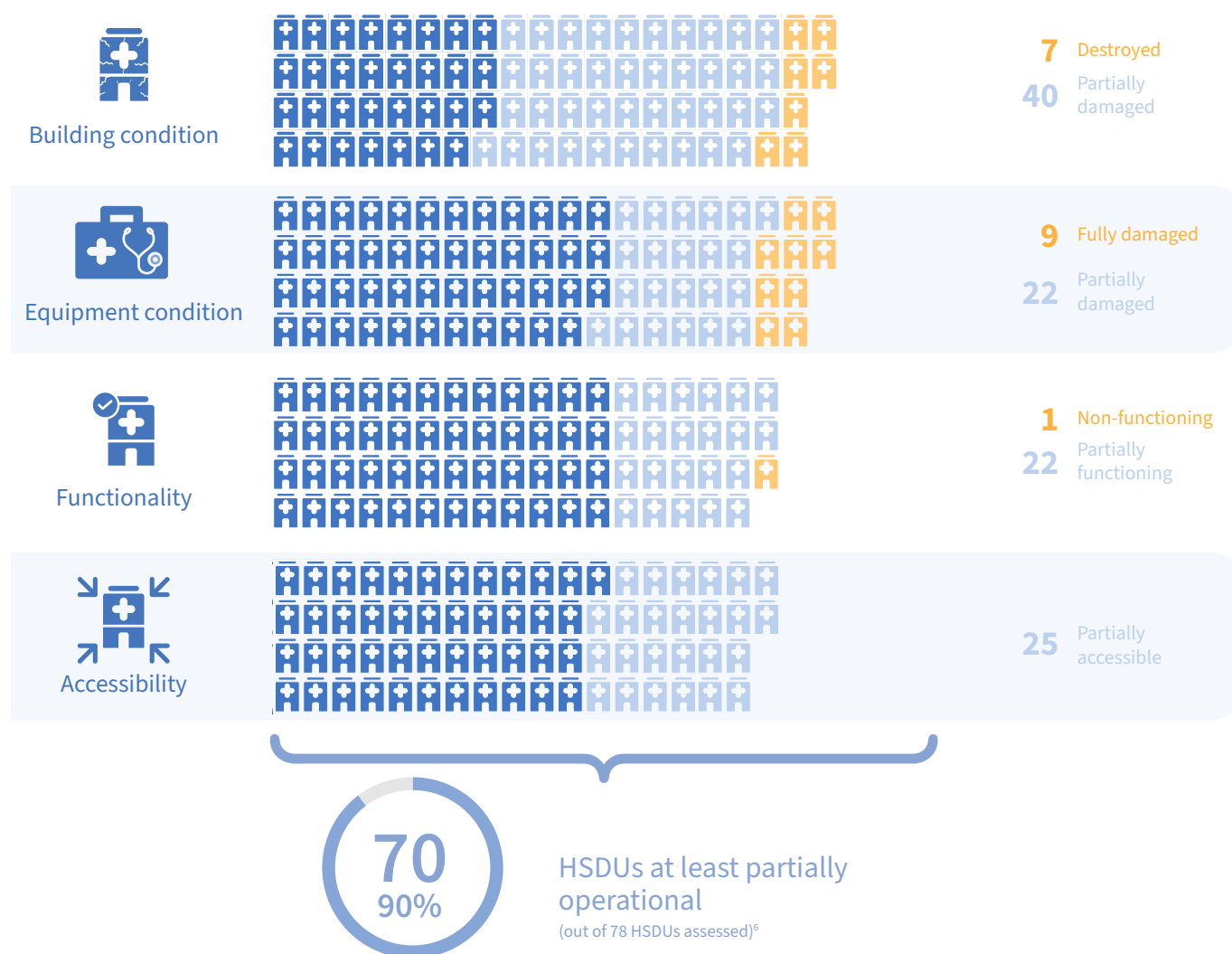
<sup>5</sup> HeRAMS Nepal September 2024 floods and landslides - January 2025 - Noncommunicable disease and mental health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-nepal-september-2024-floods-and-landslides-report-2025-01-ncd-and-mental-health-services>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



# OVERVIEW OF HSDUs EVALUATED

## Data collection summary

78 HSDUs assessed



\* Five of the assessed facilities were temporary structures.

<sup>6</sup> 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.



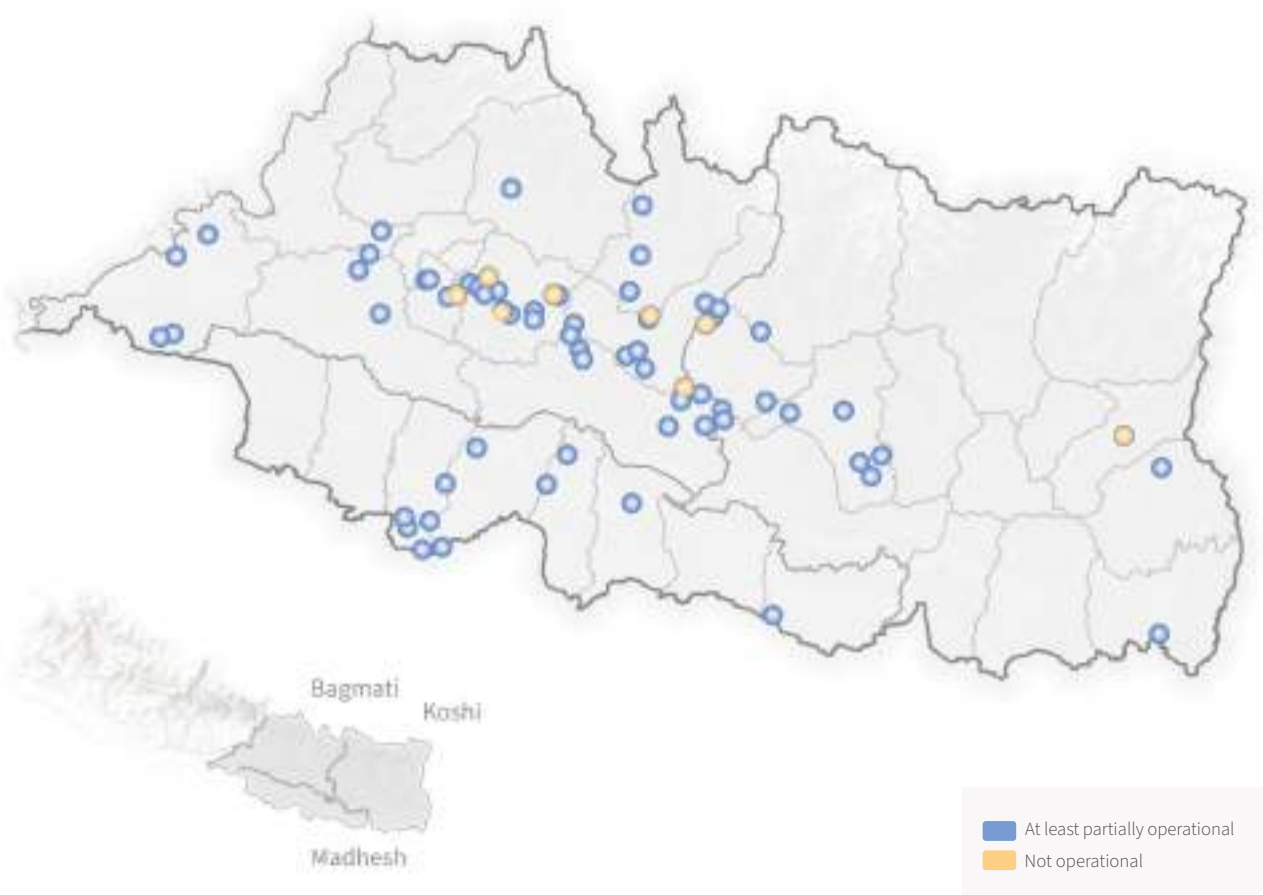
## Reporting frequency and operational status by district

		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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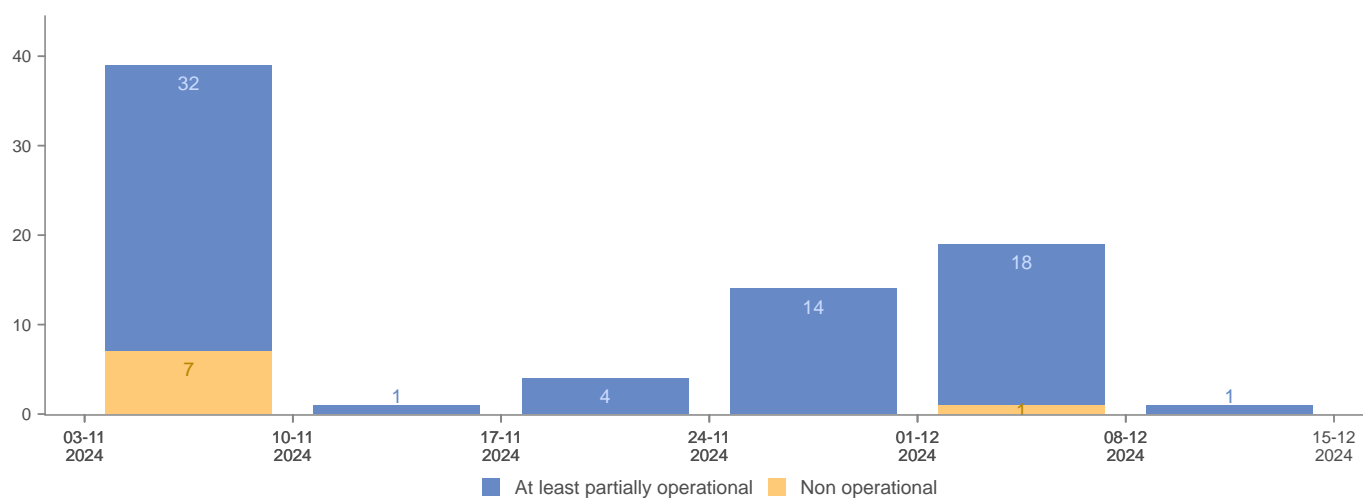
0 = At least partially operational - N/O = Not operational



## Geographic distribution of HSDUs



## Date of last update

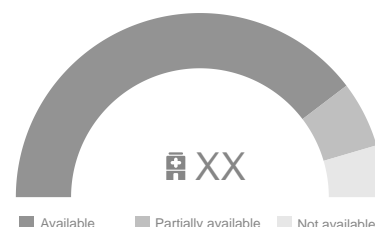




# INTERPRETATION GUIDE

## 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 3 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

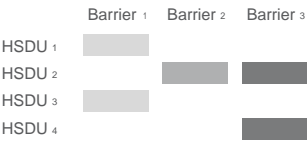
To gain a more comprehensive understanding of the challenges faced by HSDUs, whenever an service was not or only partially available, main barriers impeding availability were recoded. Similarly, questions on building and equipment conditions, functionality and accessibility gather information on the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



Barrier type

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.

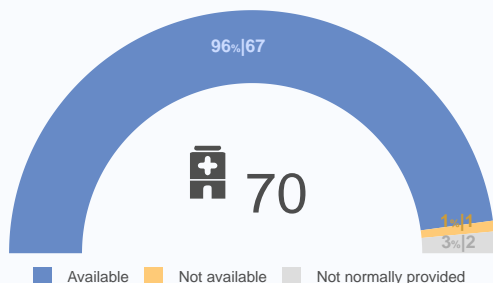


**Important:** The denominator for barrier charts excludes HSDUs where the service is fully available or not normally provided. It should further be noted that HSDUs can report up to three barriers for each service. Thus, the sum of all barriers may exceed 100%.



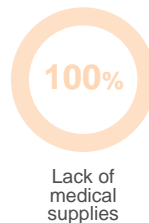
# FREE ACCESS TO CONDOMS

## Service availability <sup>7</sup>

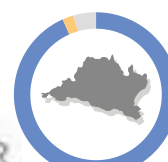
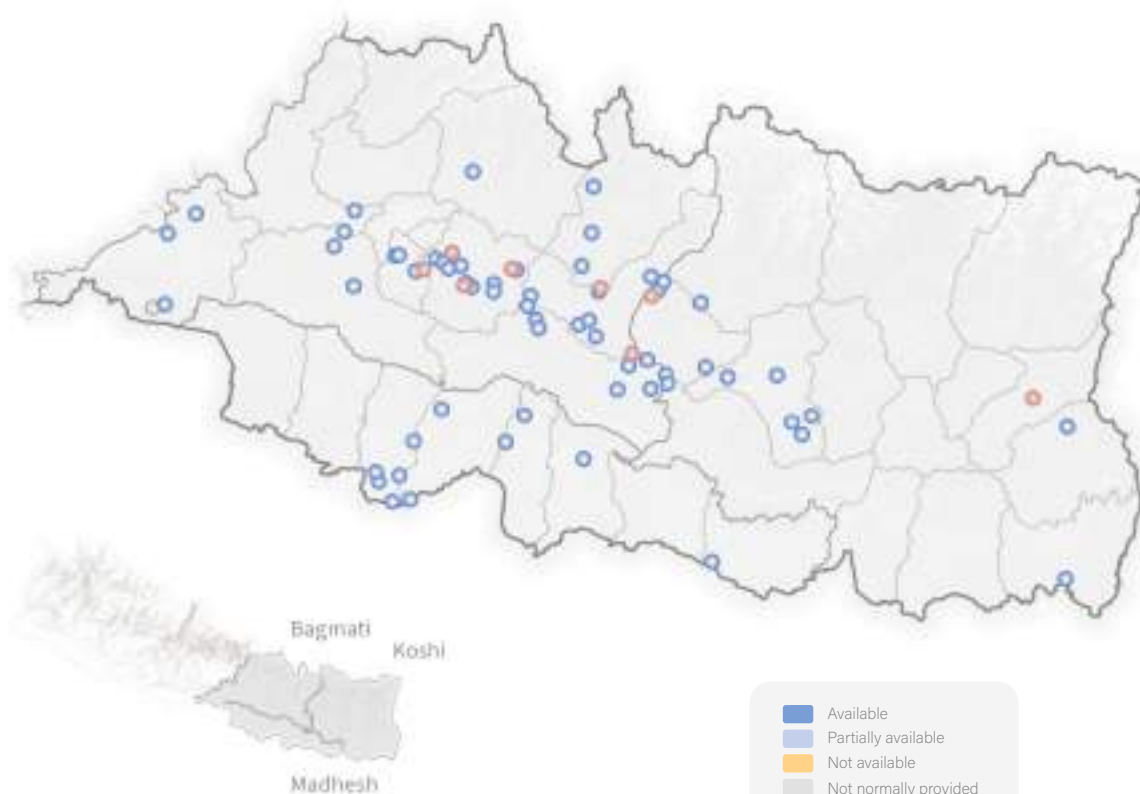


## Main barriers impeding service delivery

HSDU = 1



## Service availability by province



HSDU = 45  
Bagmati

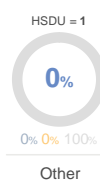
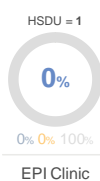
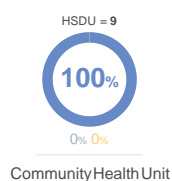
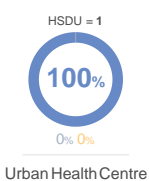
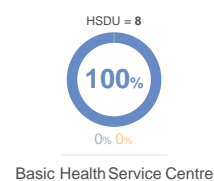
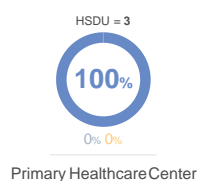
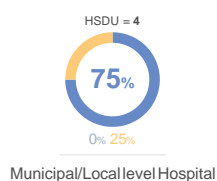
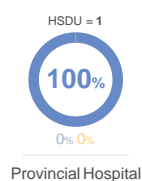


HSDU = 14  
Koshi



HSDU = 11  
Madhesh

## Service availability by HSDU type



<sup>7</sup> Availability of free condoms.



Bagmati

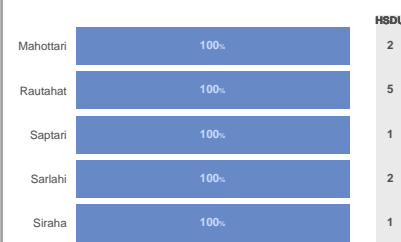
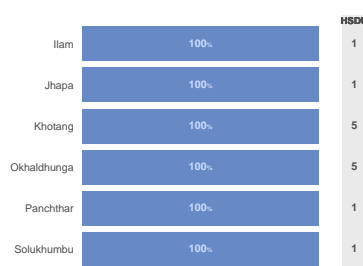
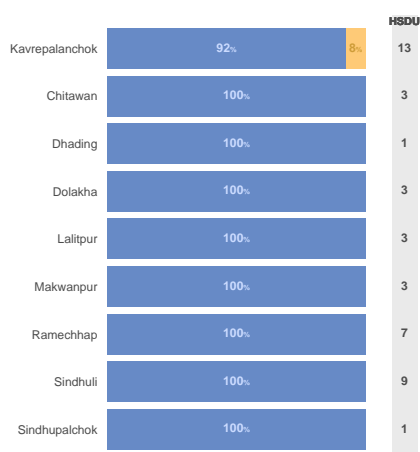


Koshi



Madhesh

## Service availability by district



## Main barriers impeding service delivery by HSDU\*



No barriers reported

No barriers reported

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

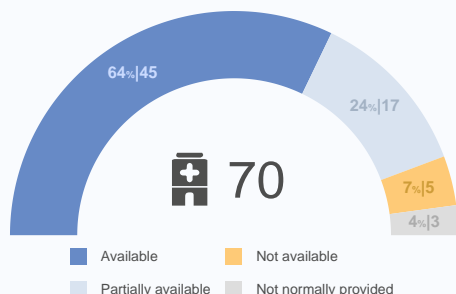
\* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.





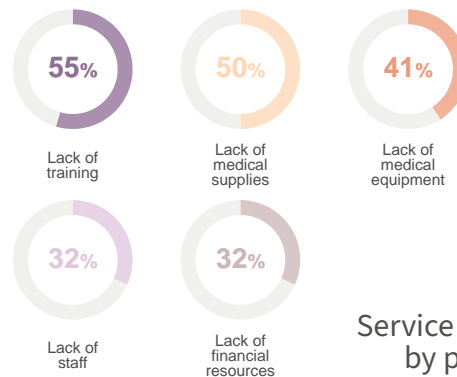
# INFORMATION, EDUCATION, AND COMMUNICATION ON STI/HIV

## Service availability<sup>8</sup>

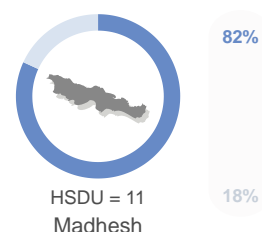
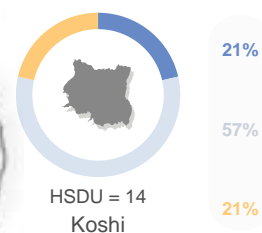
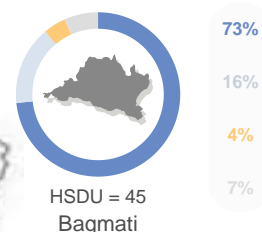
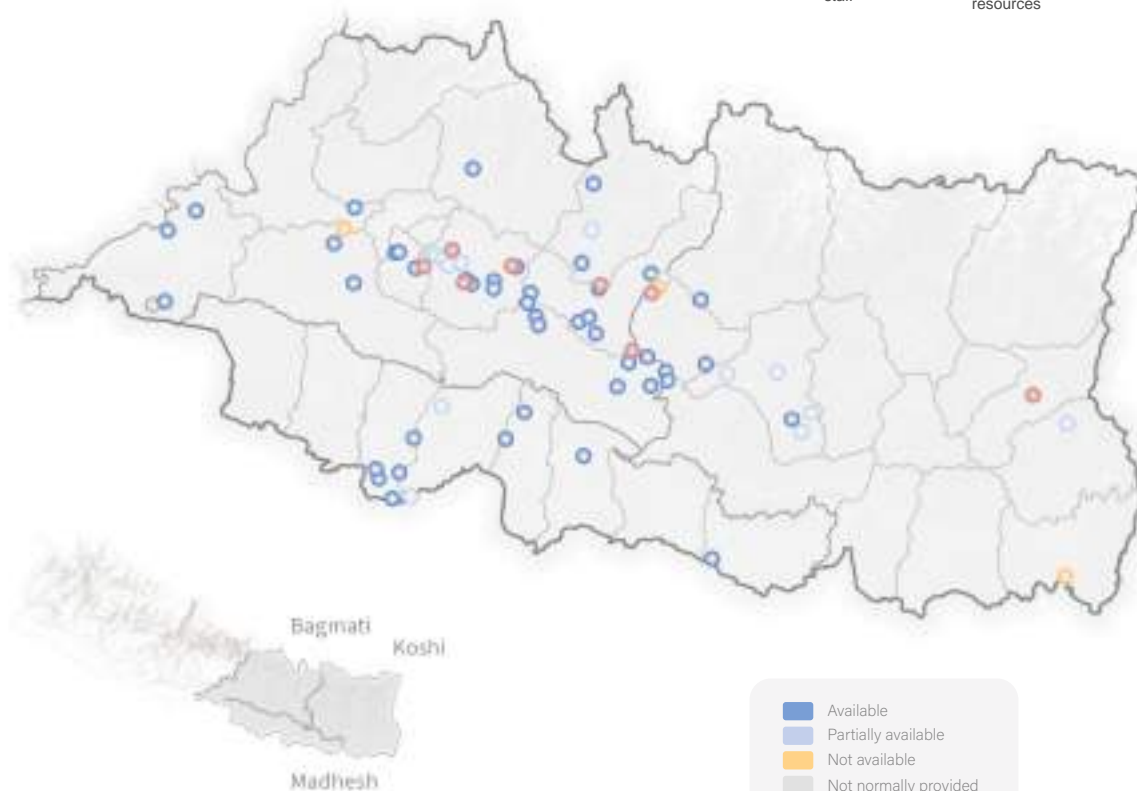


## Main barriers impeding service delivery

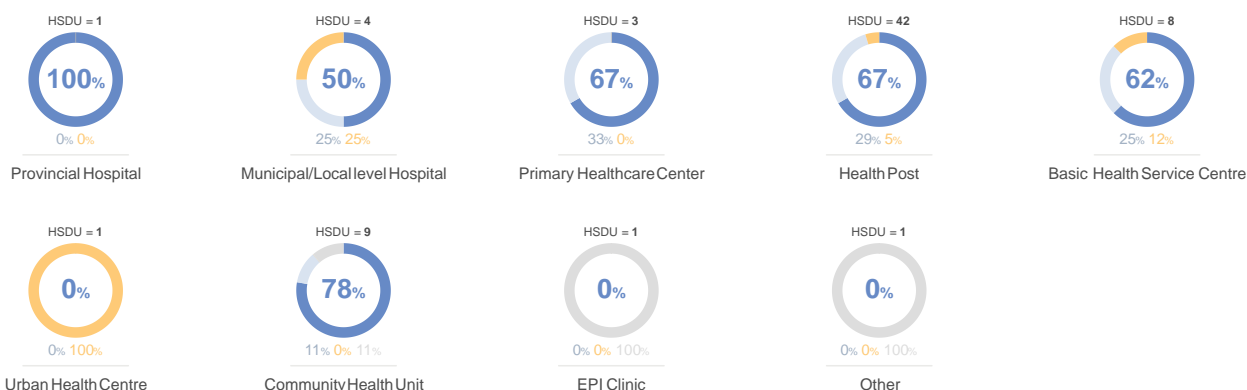
HSDU = 22



## Service availability by province



## Service availability by HSDU type



<sup>8</sup> IEC on prevention of STI/HIV infections and behavioral change communications.



Bagmati

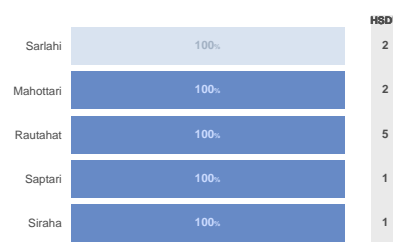
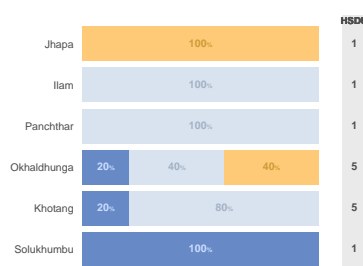
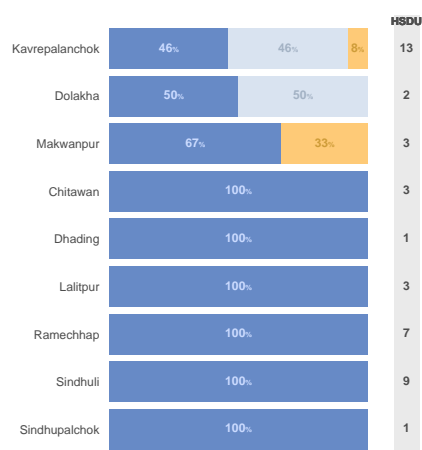


Koshi

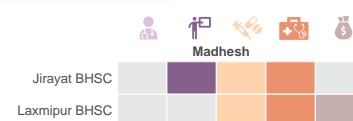
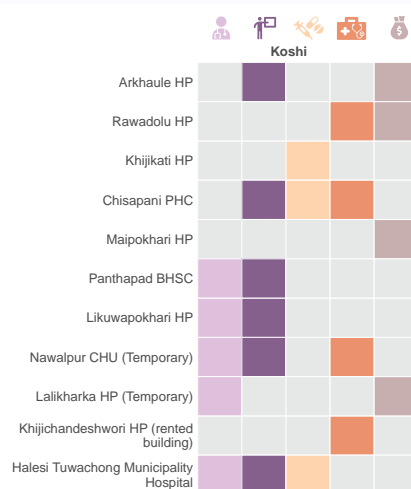
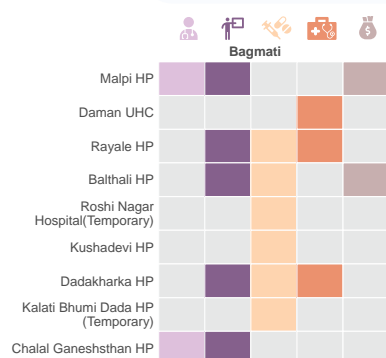


Madhesh

### Service availability by district



### Main barriers impeding service delivery by HSDU\*



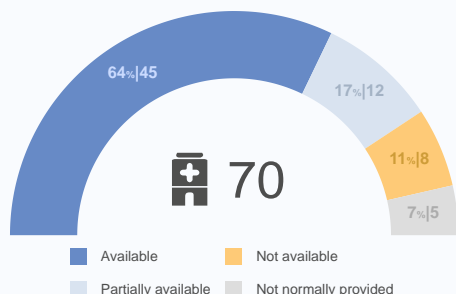
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



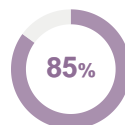
# STI/HIV ADVOCACY

## Service availability<sup>9</sup>

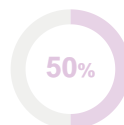


## Main barriers impeding service delivery

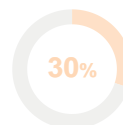
HSDU = 20



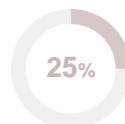
Lack of training



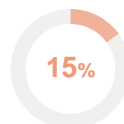
Lack of staff



Lack of medical supplies

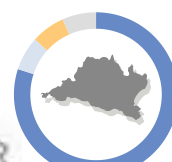


Lack of financial resources

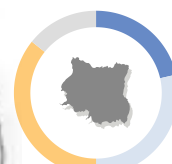


Lack of medical equipment

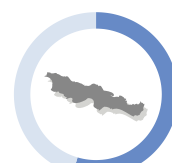
## Service availability by province



HSDU = 45  
Bagmati

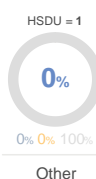
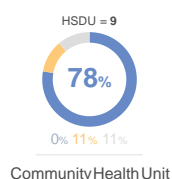
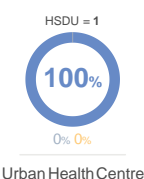
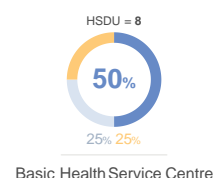
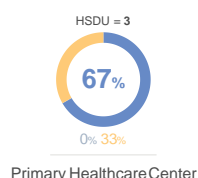
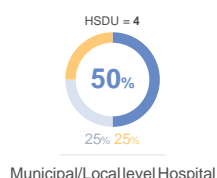
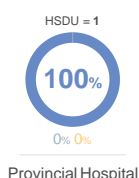


HSDU = 14  
Koshi



HSDU = 11  
Madhesh

## Service availability by HSDU type



<sup>9</sup> Advocacy for community leaders on STI/HIV risks.



Bagmati

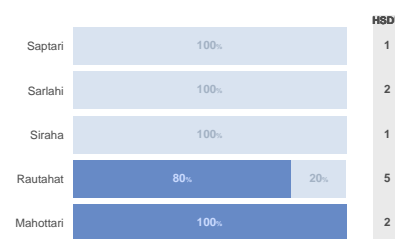
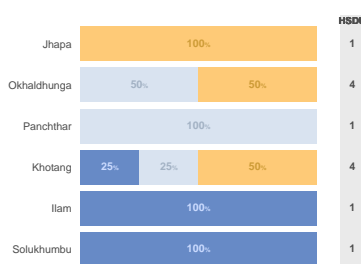
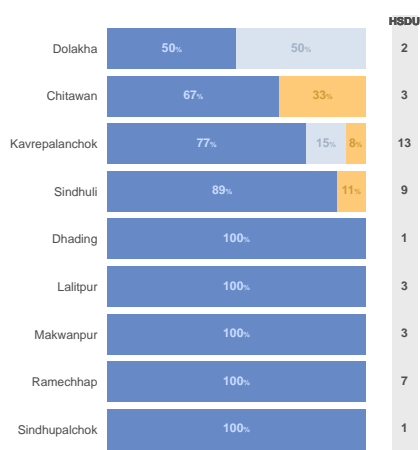


Koshi

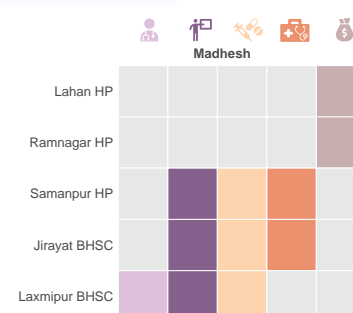
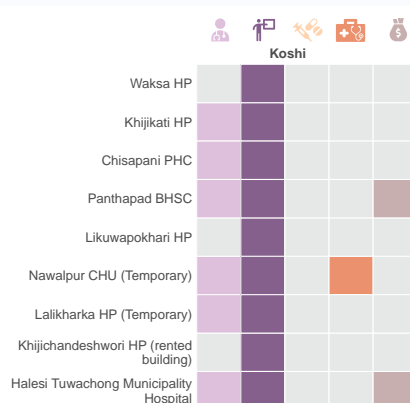
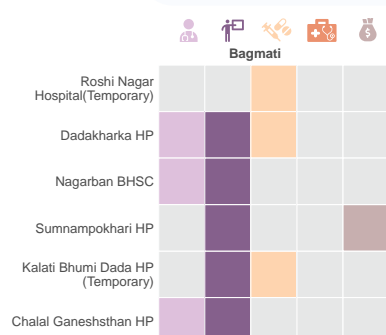


Madhesh

## Service availability by district



## Main barriers impeding service delivery by HSDU\*



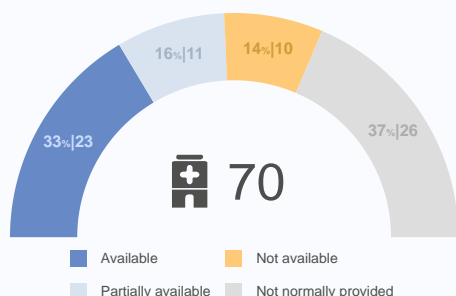
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



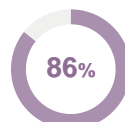
# SYNDROMIC MANAGEMENT OF STIS

## Service availability <sup>10</sup>

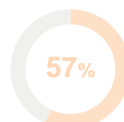


## Main barriers impeding service delivery

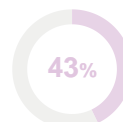
HSDU = 21



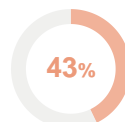
Lack of training



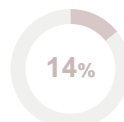
Lack of medical supplies



Lack of staff

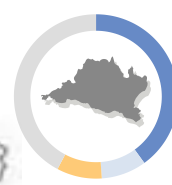


Lack of medical equipment

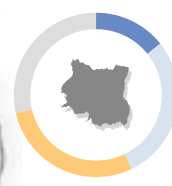


Lack of financial resources

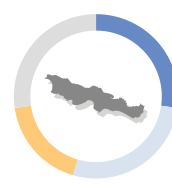
## Service availability by province



HSDU = 45  
Bagmati

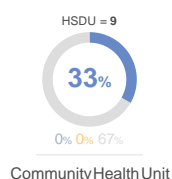
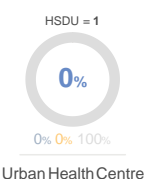
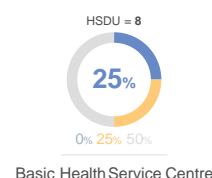
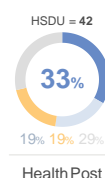
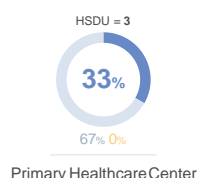
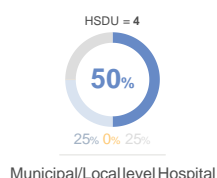
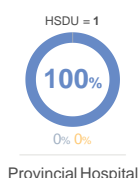


HSDU = 14  
Koshi



HSDU = 11  
Madhesh

## Service availability by HSDU type



<sup>10</sup> Syndromic management of STIs (sexually transmitted infections) means first-line antibiotics available nationally.



Bagmati

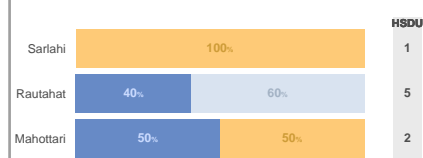
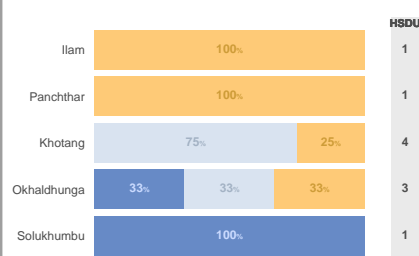
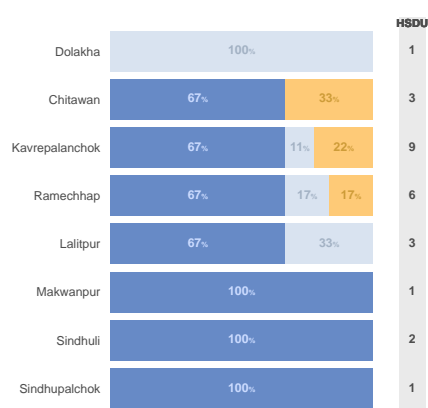


Koshi

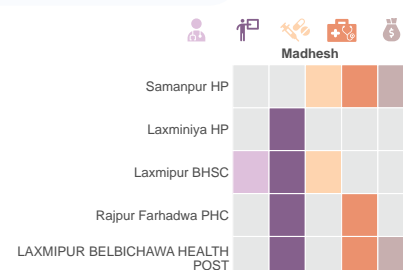
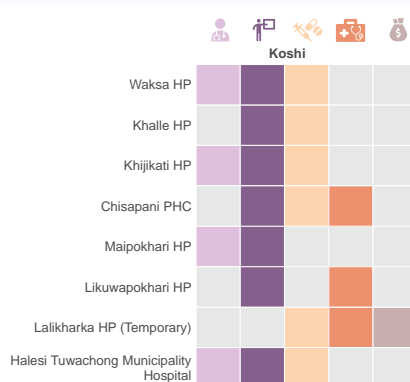
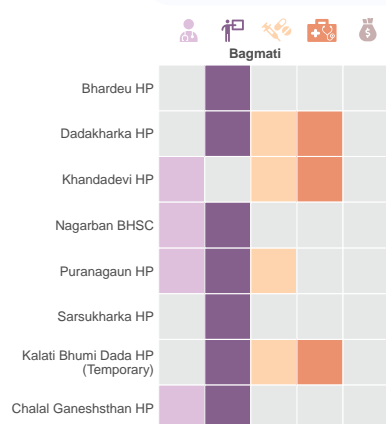


Madhesh

### Service availability by district



### Main barriers impeding service delivery by HSDU\*



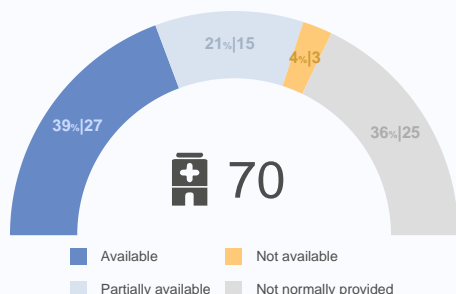
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



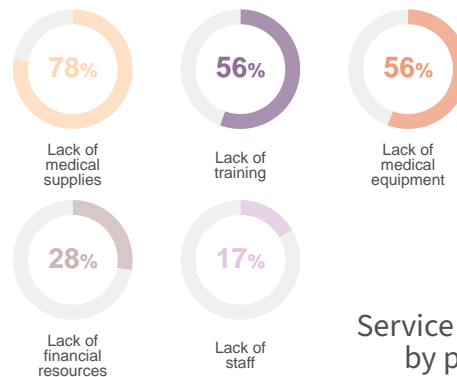
# HIV COUNSELLING AND TESTING

## Service availability <sup>11</sup>

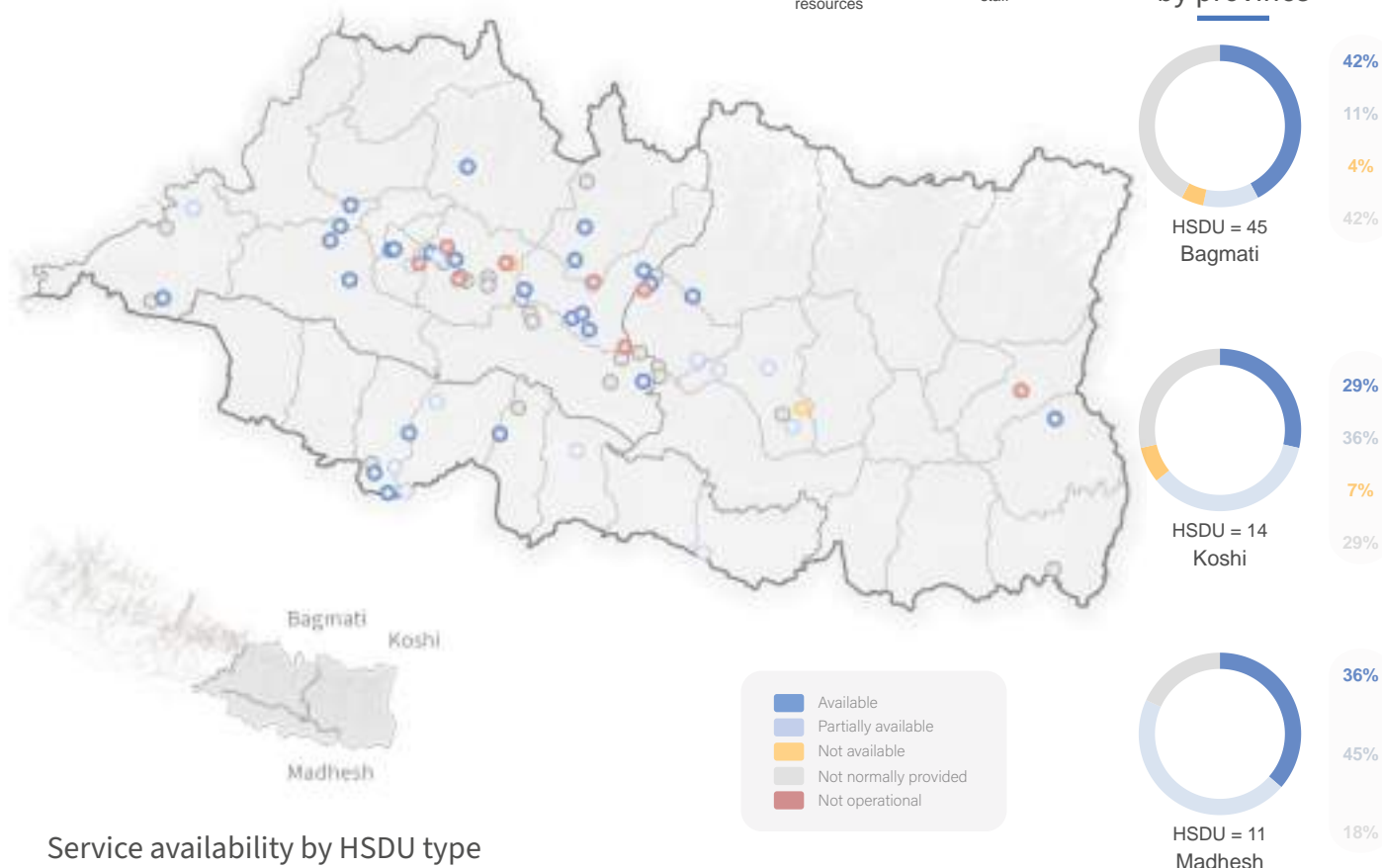


## Main barriers impeding service delivery

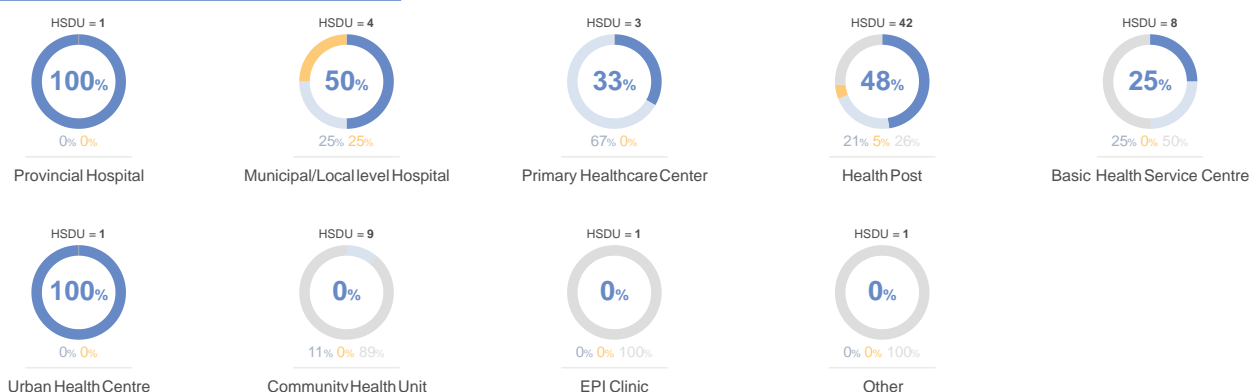
HSDU = 18



## Service availability by province



## Service availability by HSDU type



<sup>11</sup> HIV testing and counselling Counseling is provided to patients about the type of treatment being given and its consequences. Appropriate IEC/BCC materials on HIV/ AIDS.



Bagmati

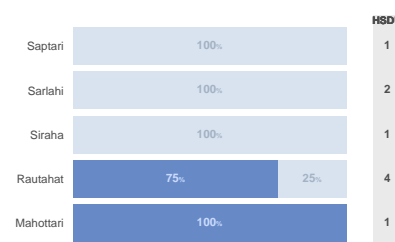
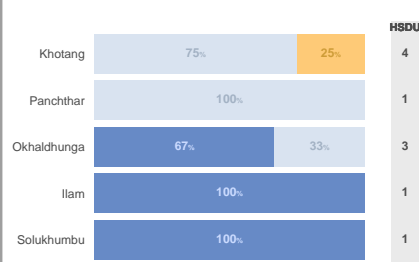
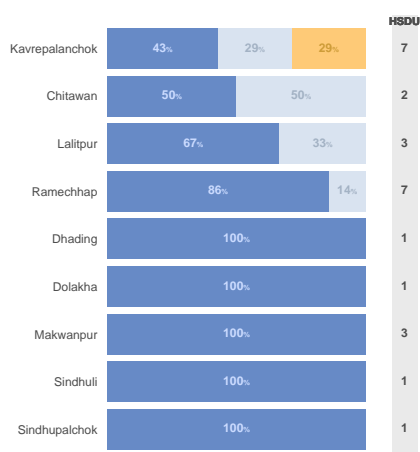


Koshi

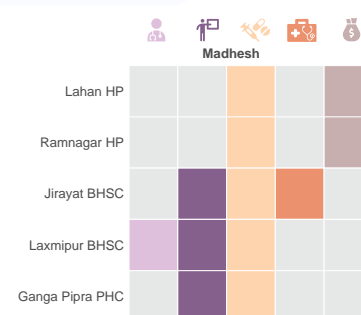
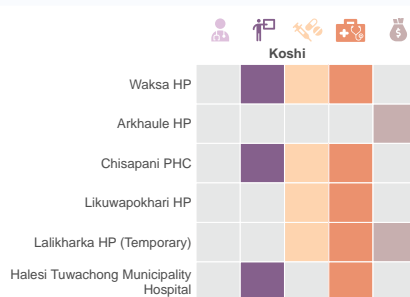
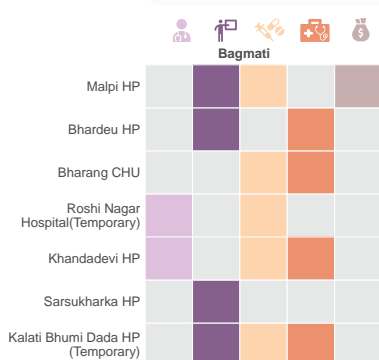


Madhesh

### 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

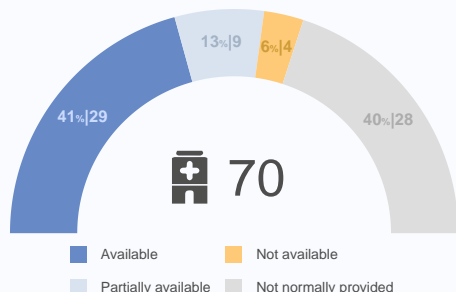
\* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.





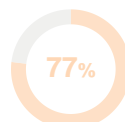
# PREVENTION OF MOTHER-TO-CHILD HIV TRANSMISSION

## Service availability <sup>12</sup>

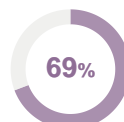


## Main barriers impeding service delivery

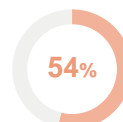
HSDU = 13



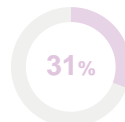
Lack of medical supplies



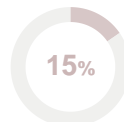
Lack of training



Lack of medical equipment

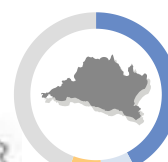


Lack of staff



Lack of financial resources

## Service availability by province



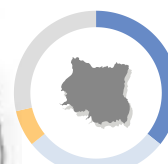
42%

7%

7%

44%

HSDU = 45  
Bagmati



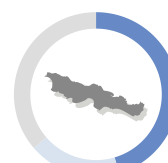
36%

29%

7%

29%

HSDU = 14  
Koshi



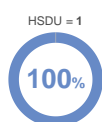
45%

18%

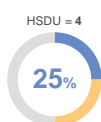
36%

HSDU = 11  
Madhesh

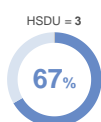
## Service availability by HSDU type



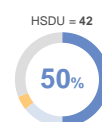
Provincial Hospital



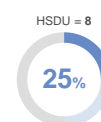
Municipal/Local level Hospital



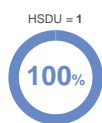
Primary Healthcare Center



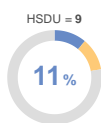
Health Post



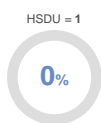
Basic Health Service Centre



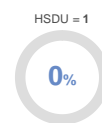
Urban Health Centre



Community Health Unit



EPI Clinic



Other

<sup>12</sup> Prophylaxis and treatment of opportunistic infections, prevention of mother-to-child HIV transmission (PMTCT).



Bagmati

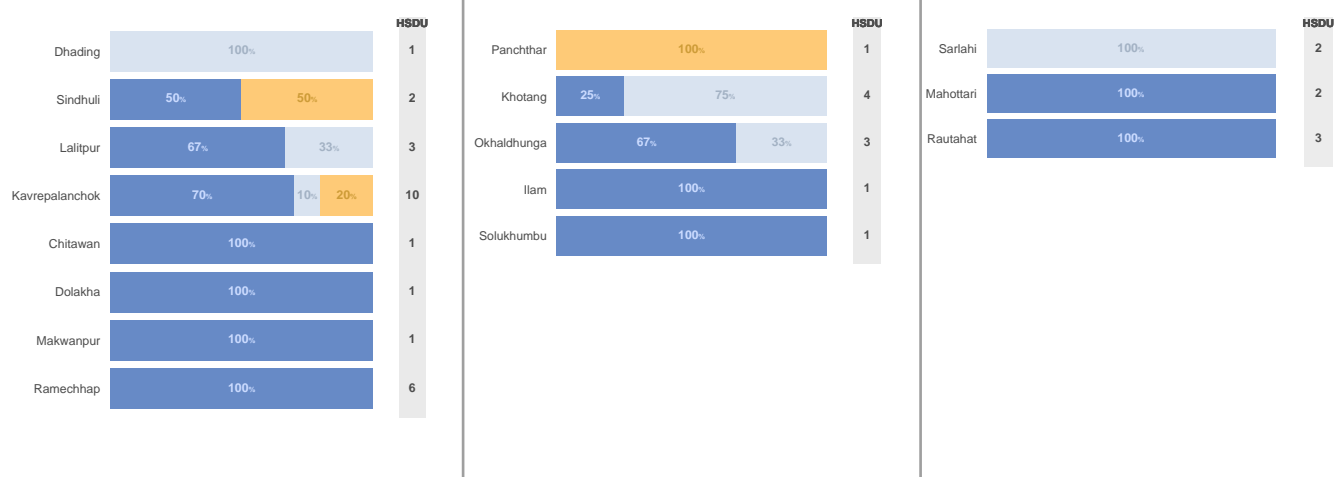


Koshi

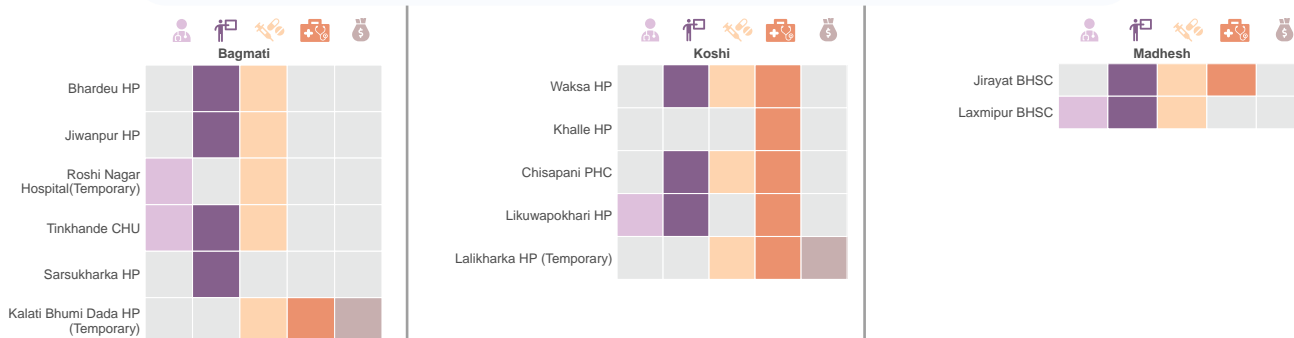


Madhesh

## Service availability by district



## Main barriers impeding service delivery by HSDU\*



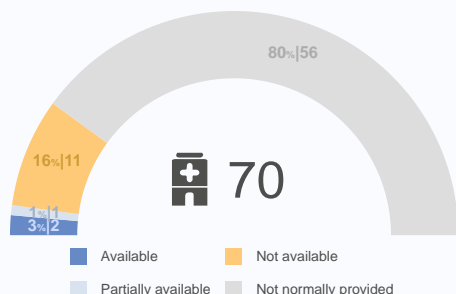
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



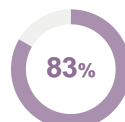
# ANTIRETROVIRAL TREATMENT

## Service availability <sup>13</sup>

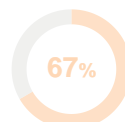


## Main barriers impeding service delivery

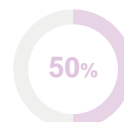
HSDU = 12



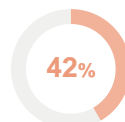
Lack of training



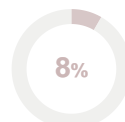
Lack of medical supplies



Lack of staff

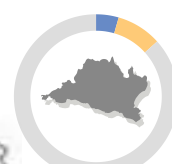


Lack of medical equipment

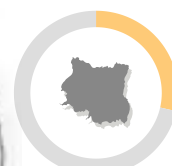


Lack of financial resources

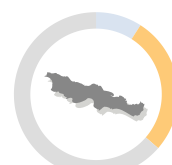
## Service availability by province



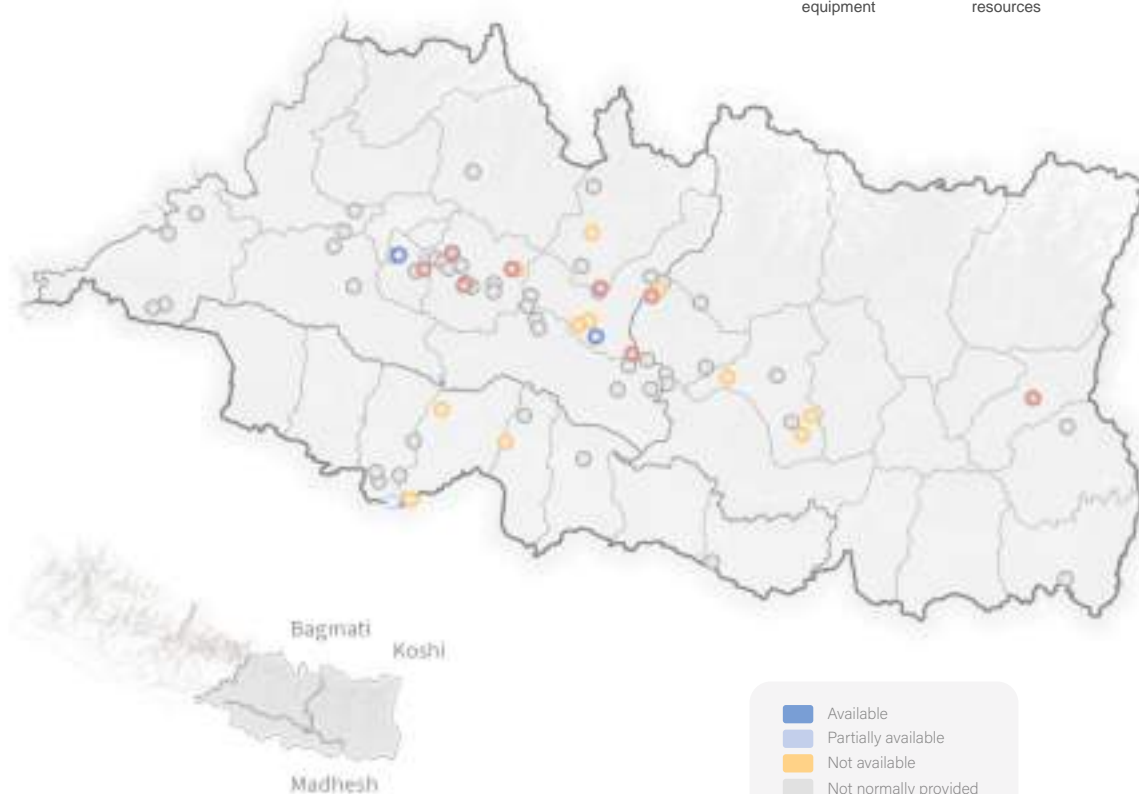
HSDU = 45  
Bagmati



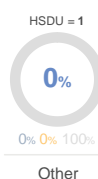
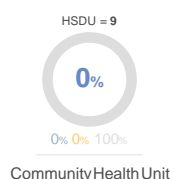
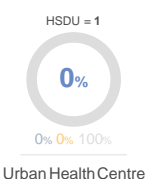
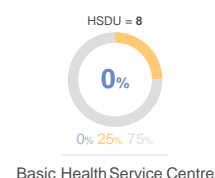
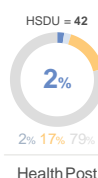
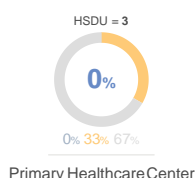
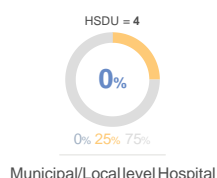
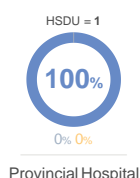
HSDU = 14  
Koshi



HSDU = 11  
Madhesh



## Service availability by HSDU type



<sup>13</sup> Antiretroviral treatment (ART).



Bagmati

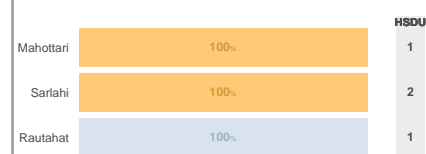
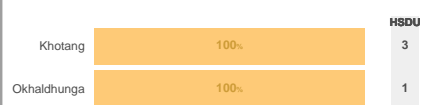
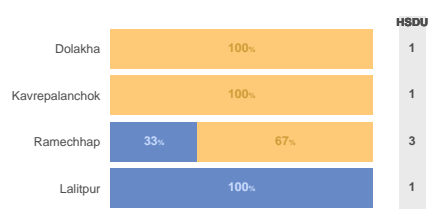


Koshi

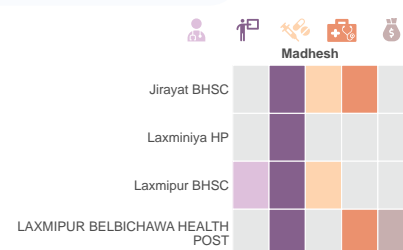
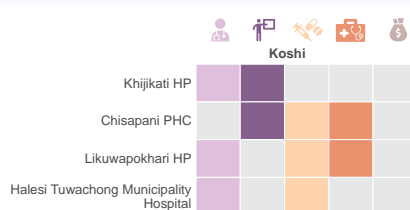
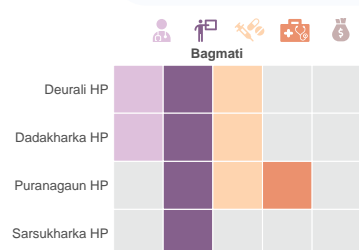


Madhesh

## Service availability by district



## Main barriers impeding service delivery by HSDU\*



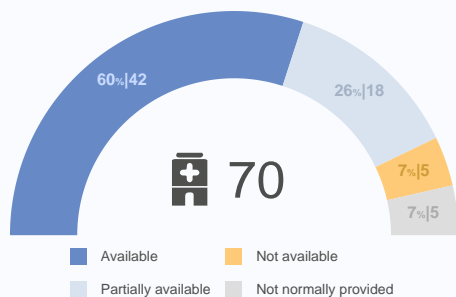
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



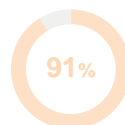
# FAMILY PLANNING

## Service availability <sup>14</sup>

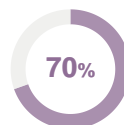


## Main barriers impeding service delivery

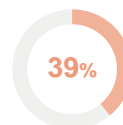
HSDU = 23



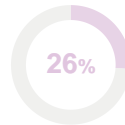
Lack of medical supplies



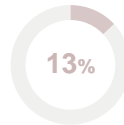
Lack of training



Lack of medical equipment

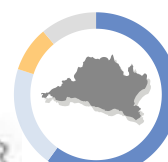


Lack of staff

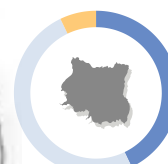


Lack of financial resources

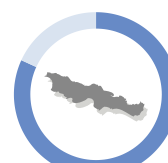
## Service availability by province



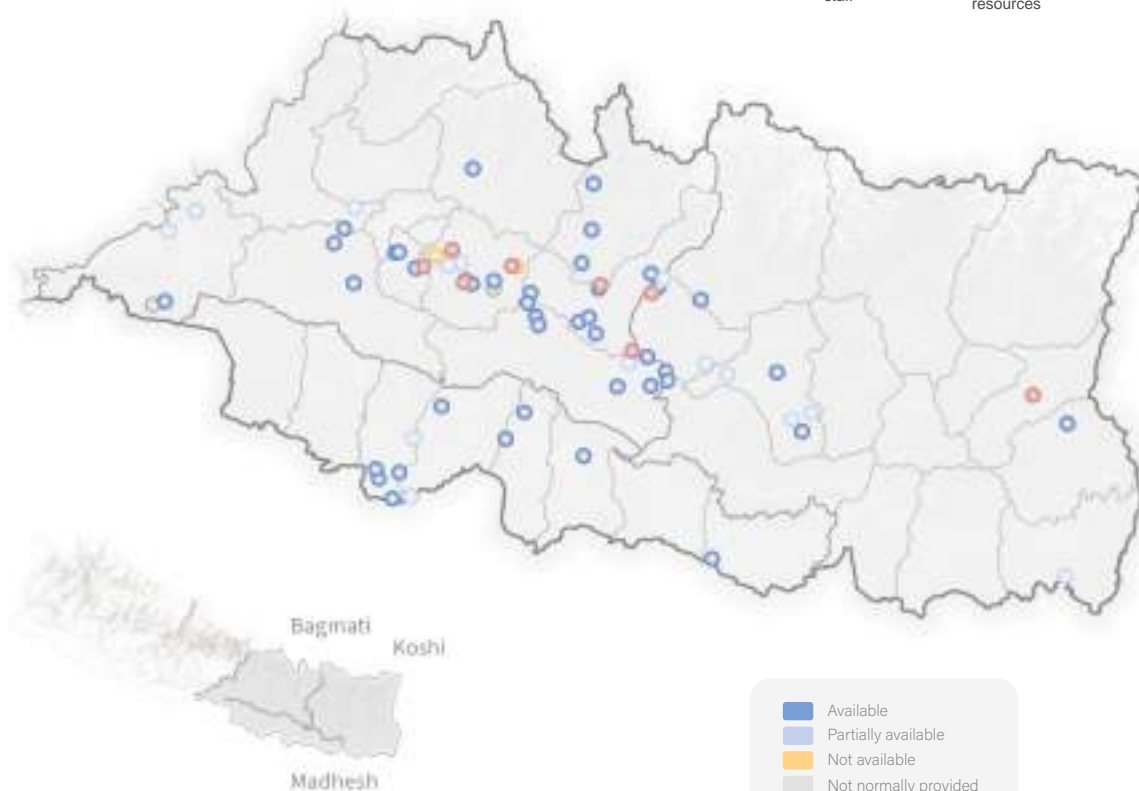
HSDU = 45  
Bagmati



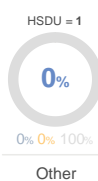
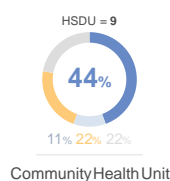
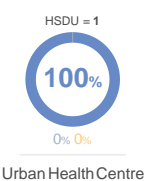
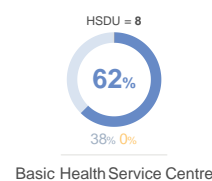
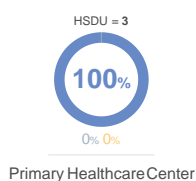
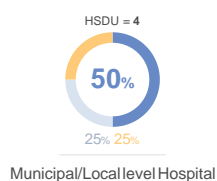
HSDU = 14  
Koshi



HSDU = 11  
Madhesh



## Service availability by HSDU type



<sup>14</sup> Availability of pregnancy test and contraceptive methods as per national guidelines.



Bagmati

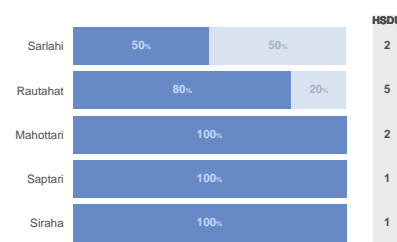
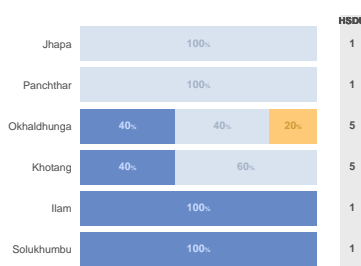
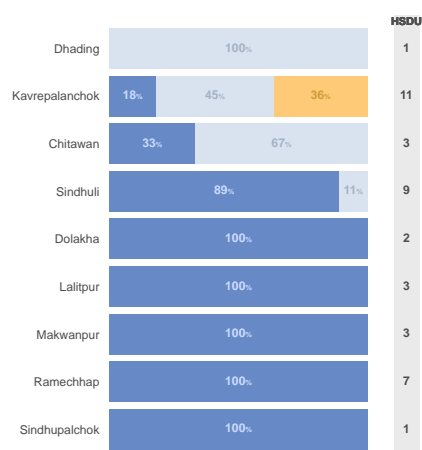


Koshi

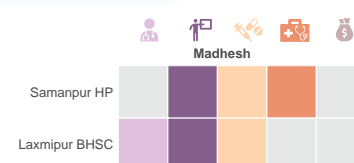
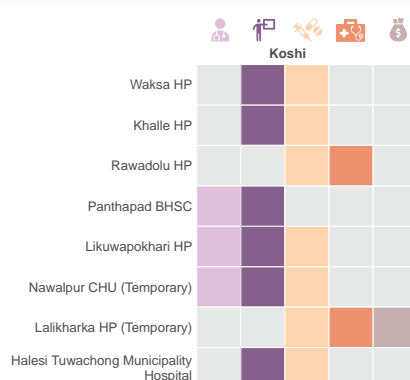
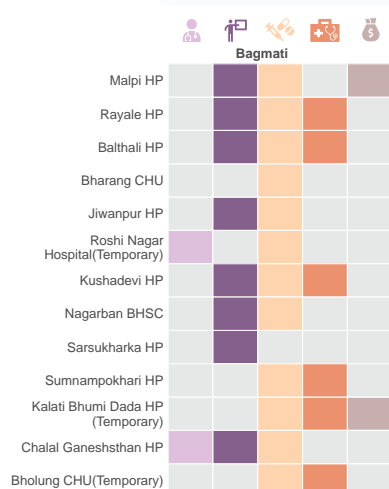


Madhesh

### Service availability by district



### Main barriers impeding service delivery by HSDU\*



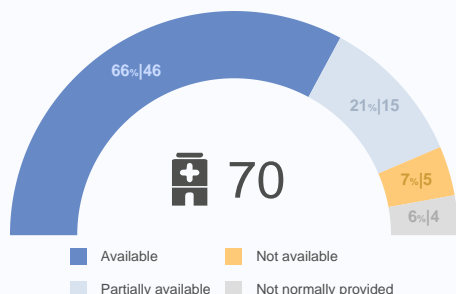
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



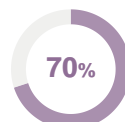
# ANTENATAL CARE

## Service availability <sup>15</sup>

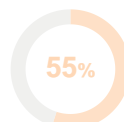


## Main barriers impeding service delivery

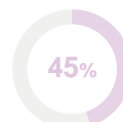
HSDU = 20



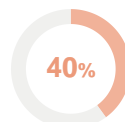
Lack of training



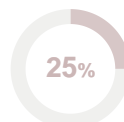
Lack of medical supplies



Lack of staff

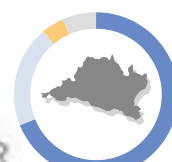


Lack of medical equipment

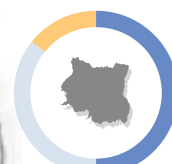


Lack of financial resources

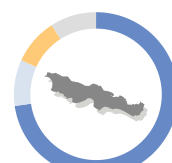
## Service availability by province



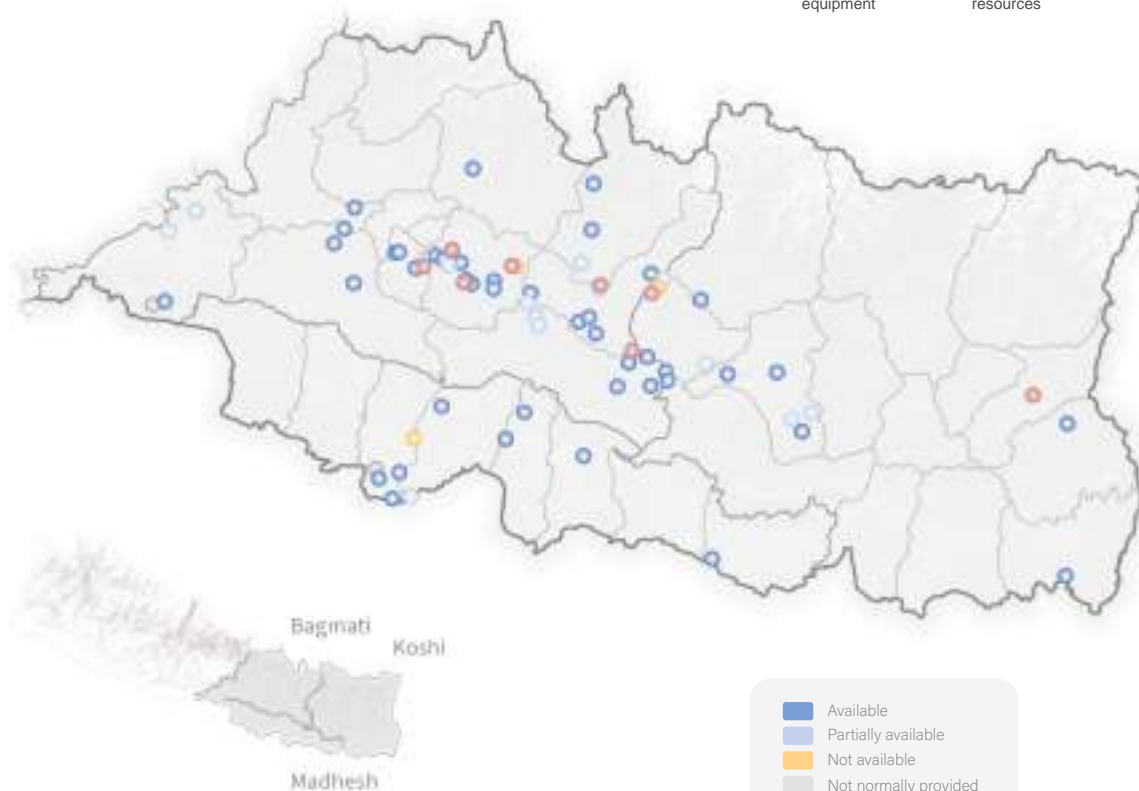
HSDU = 45  
Bagmati



HSDU = 14  
Koshi

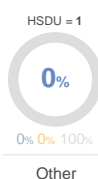
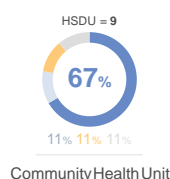
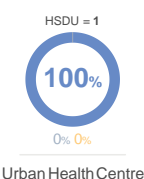
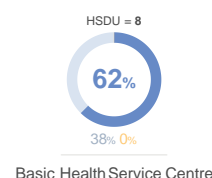
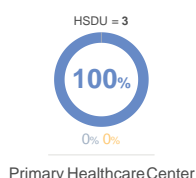
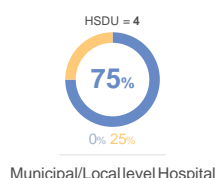
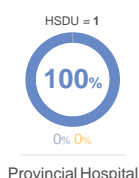


HSDU = 11  
Madhesh



Available  
Partially available  
Not available  
Not normally provided  
Not operational

## Service availability by HSDU type



<sup>15</sup> Antenatal care assess pregnancy, birth and emergency plan, respond to problems observed (urine protein test strips, Syphilis RDT) and/or reported STI, advise/counsel on nutrition and breastfeeding, self-care and family planning, intermittent iron and folate supplementation in non-anaemic pregnancy.



Bagmati

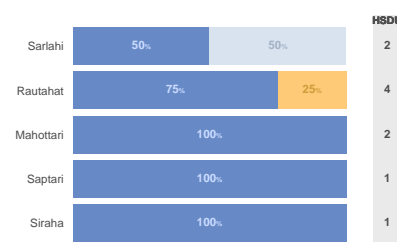
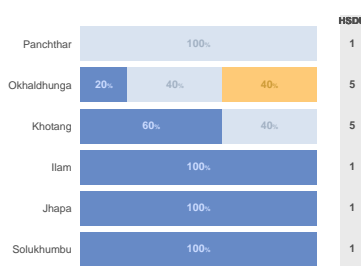
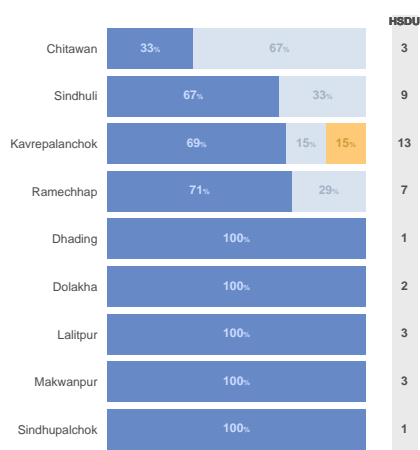


Koshi

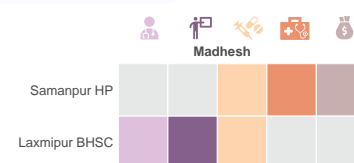
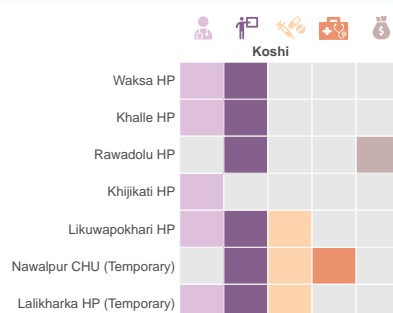
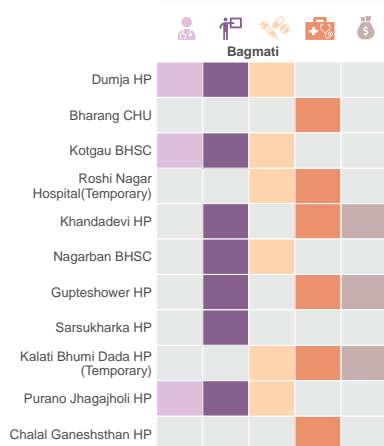


Madhesh

### 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

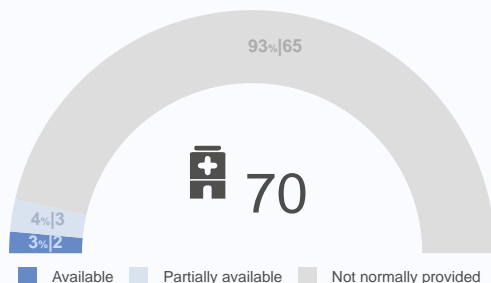
\* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.





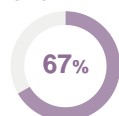
# CLEAN HOME DELIVERIES

## Service availability <sup>16</sup>

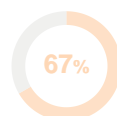


## Main barriers impeding service delivery

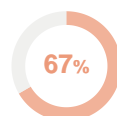
HSDU = 3



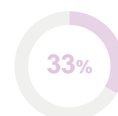
Lack of training



Lack of medical supplies

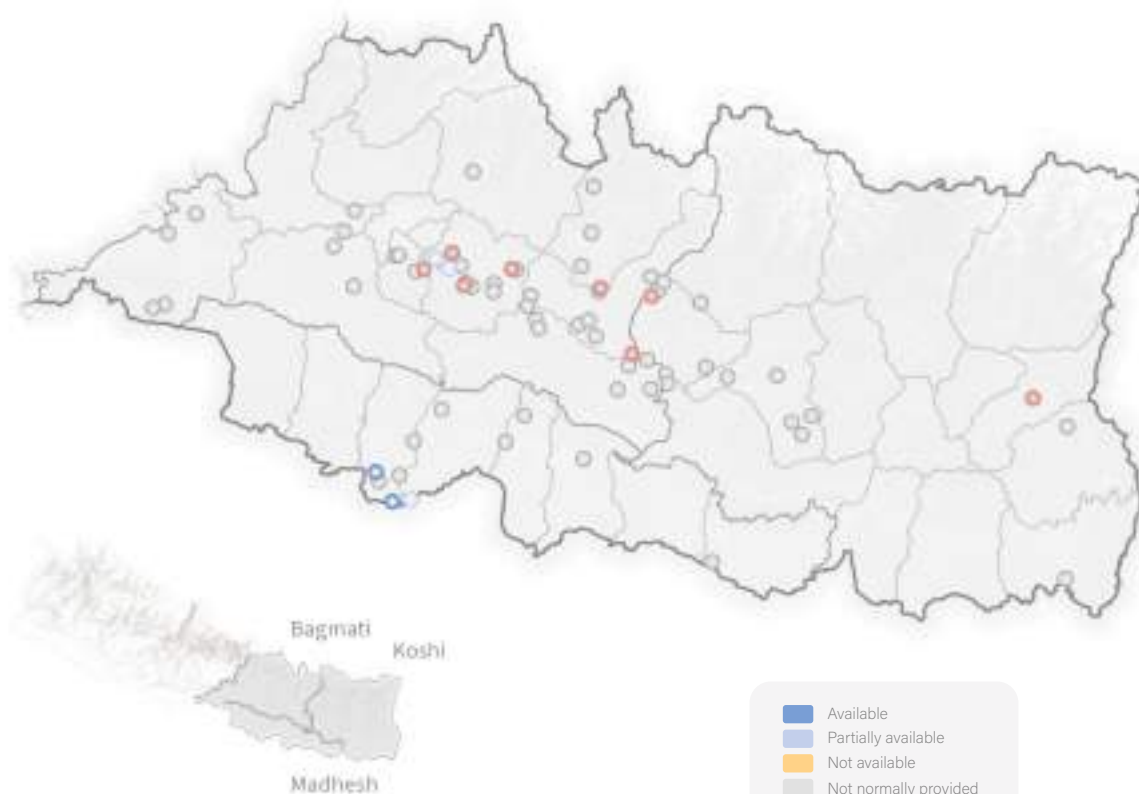


Lack of medical equipment



Lack of staff

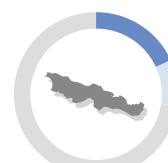
## Service availability by province



HSDU = 45  
Bagmati

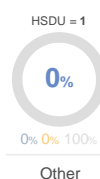
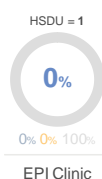
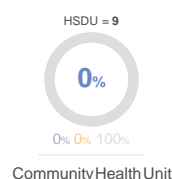
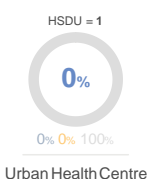
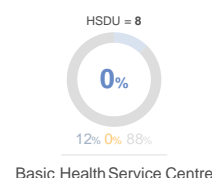
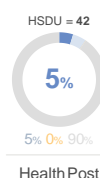
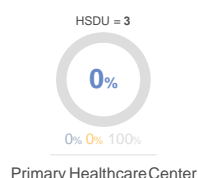
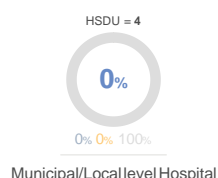
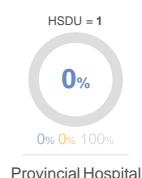


HSDU = 14  
Koshi



HSDU = 11  
Madhesh

## Service availability by HSDU type



<sup>16</sup> Clean home deliveries includes distribution of clean delivery kits to visibly pregnant women, IEC and behavioral change communications, knowledge of danger signs and where/when to go for help, promotion of exclusive breastfeeding, and IYCF practices.



Bagmati

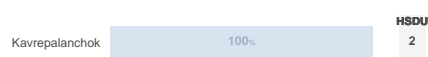


Koshi

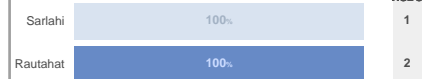


Madhesh

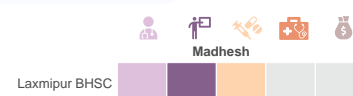
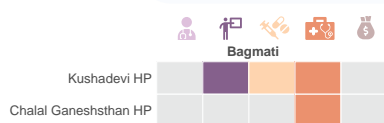
### Service availability by district



No reporting HSDU



### Main barriers impeding service delivery by HSDU\*



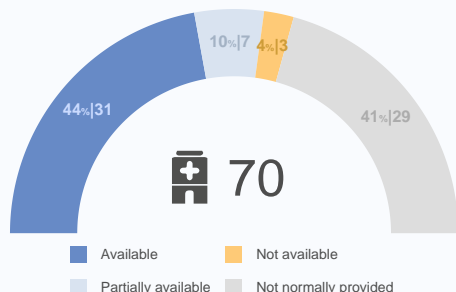
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



# SKILLED CARE DURING CHILDBIRTH

## Service availability <sup>17</sup>

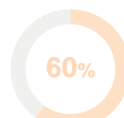


## Main barriers impeding service delivery

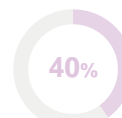
HSDU = 10



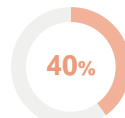
Lack of training



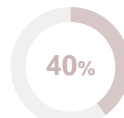
Lack of medical supplies



Lack of staff

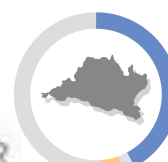


Lack of medical equipment

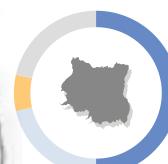


Lack of financial resources

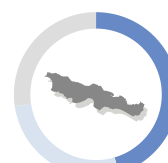
## Service availability by province



HSDU = 45  
Bagmati

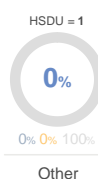
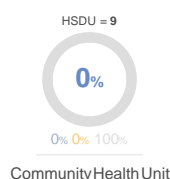
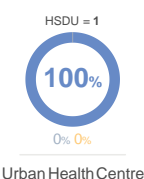
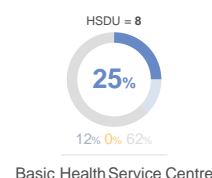
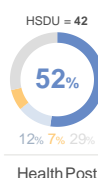
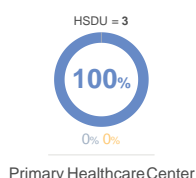
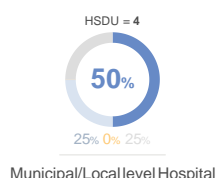
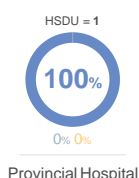


HSDU = 14  
Koshi



HSDU = 11  
Madhesh

## Service availability by HSDU type



<sup>17</sup> Skilled care during childbirth includes early essential newborn care: preparing for birth, assess the presence of labor, stage, fill WHO partograph and monitor, manage conditions accordingly, dry baby, clean cord care, basic newborn resuscitation, skin-to-skin contact, oxytocin, early and exclusive breastfeeding, eye prophylaxis (available magnesium sulphate and antenatal steroid).



Bagmati

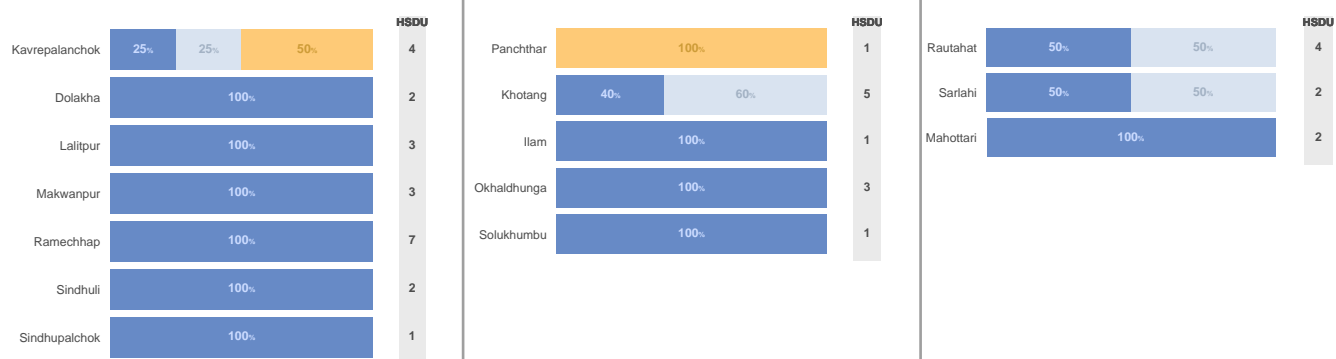


Koshi

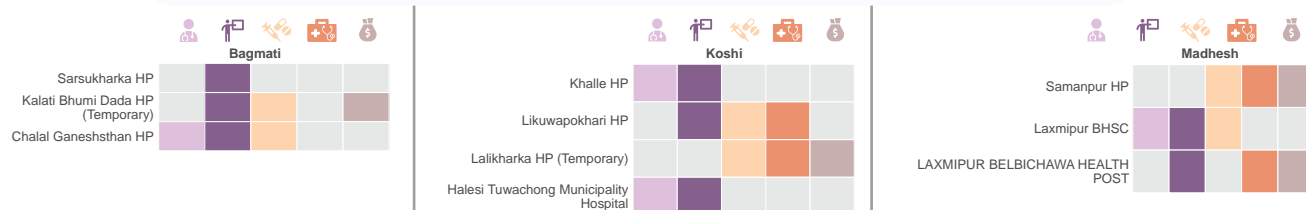


Madhesh

## Service availability by district



## Main barriers impeding service delivery by HSDU\*



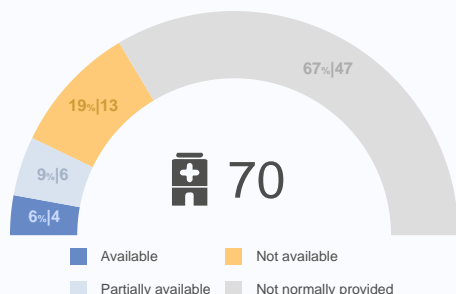
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



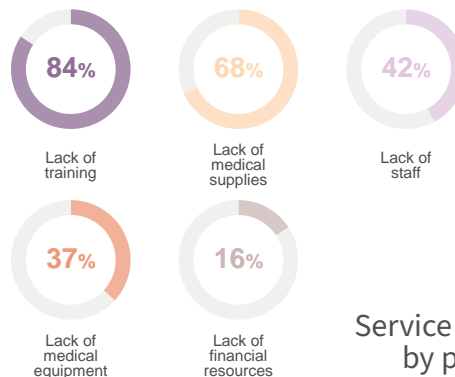
# BASIC EMERGENCY OBSTETRIC CARE

## Service availability <sup>18</sup>

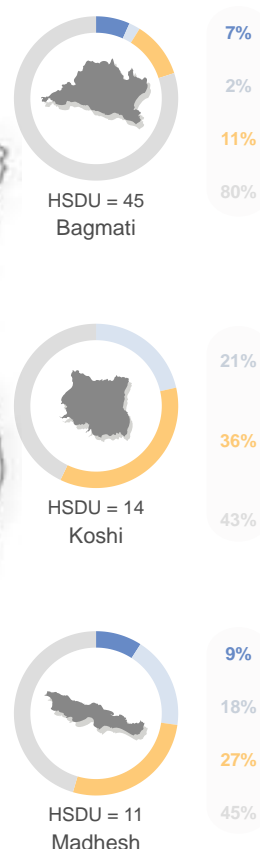


## Main barriers impeding service delivery

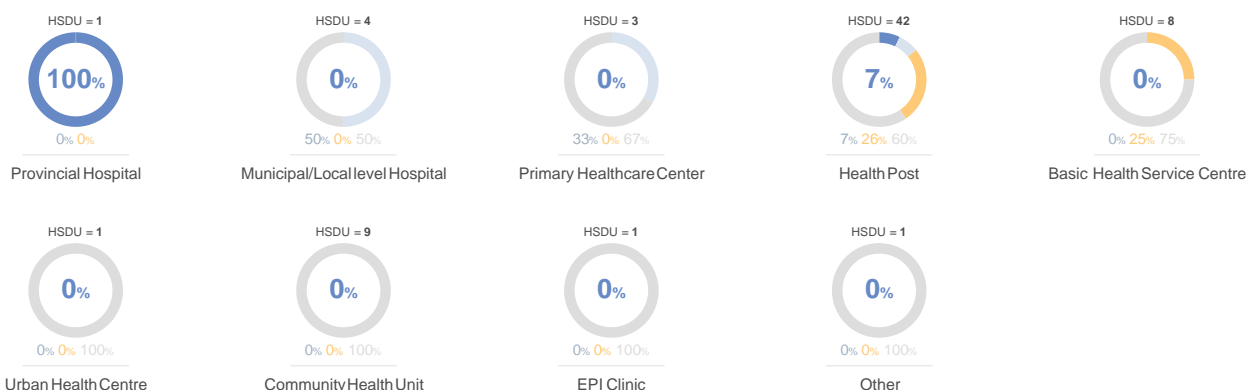
HSDU = 19



## Service availability by province



## Service availability by HSDU type



<sup>18</sup> Basic emergency obstetric care (BEmOC) means parenteral antibiotics, oxytocic/anticonvulsant drugs, antenatal steroid, manual removal of placenta, removal of retained products with manual vacuum aspiration (MVA), assisted vaginal delivery, health facility functioning 24/7.



Bagmati

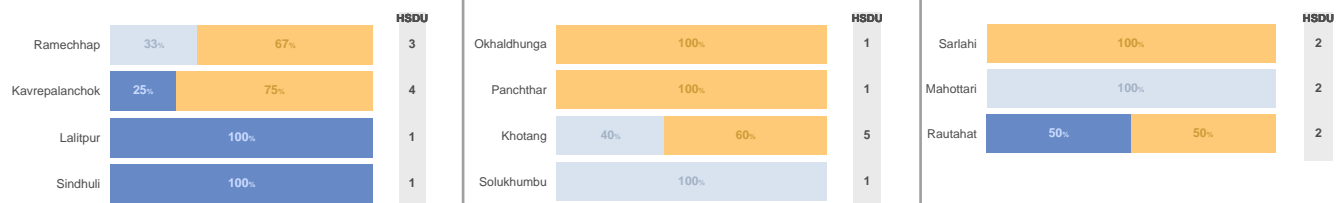


Koshi

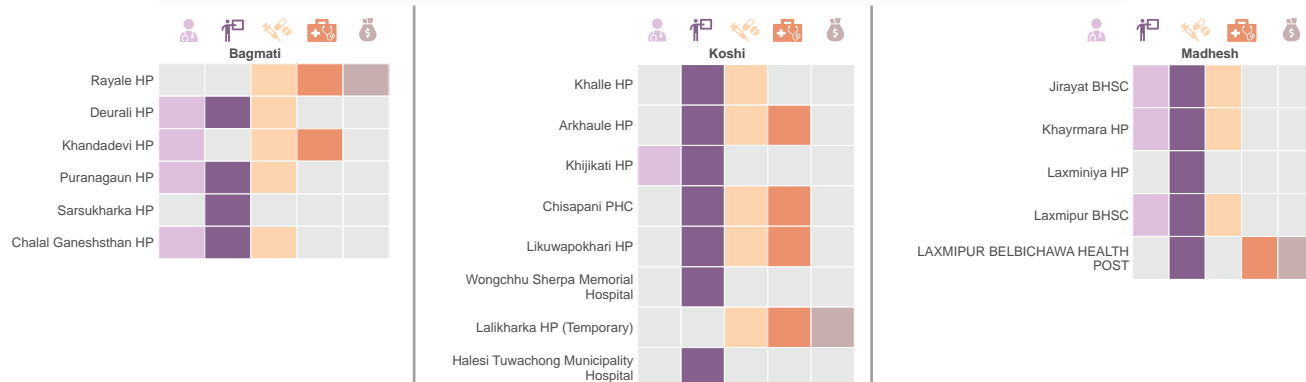


Madhesh

## Service availability by district



## Main barriers impeding service delivery by HSDU\*



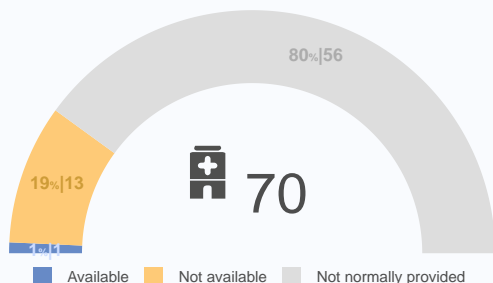
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



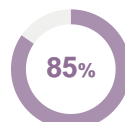
# COMPREHENSIVE EMERGENCY OBSTETRIC CARE

## Service availability <sup>19</sup>

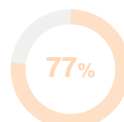


## Main barriers impeding service delivery

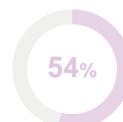
HSDU = 13



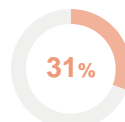
Lack of training



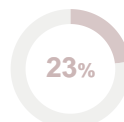
Lack of medical supplies



Lack of staff

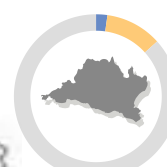


Lack of medical equipment

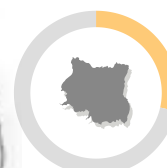


Lack of financial resources

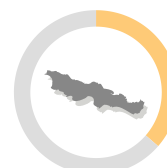
## Service availability by province



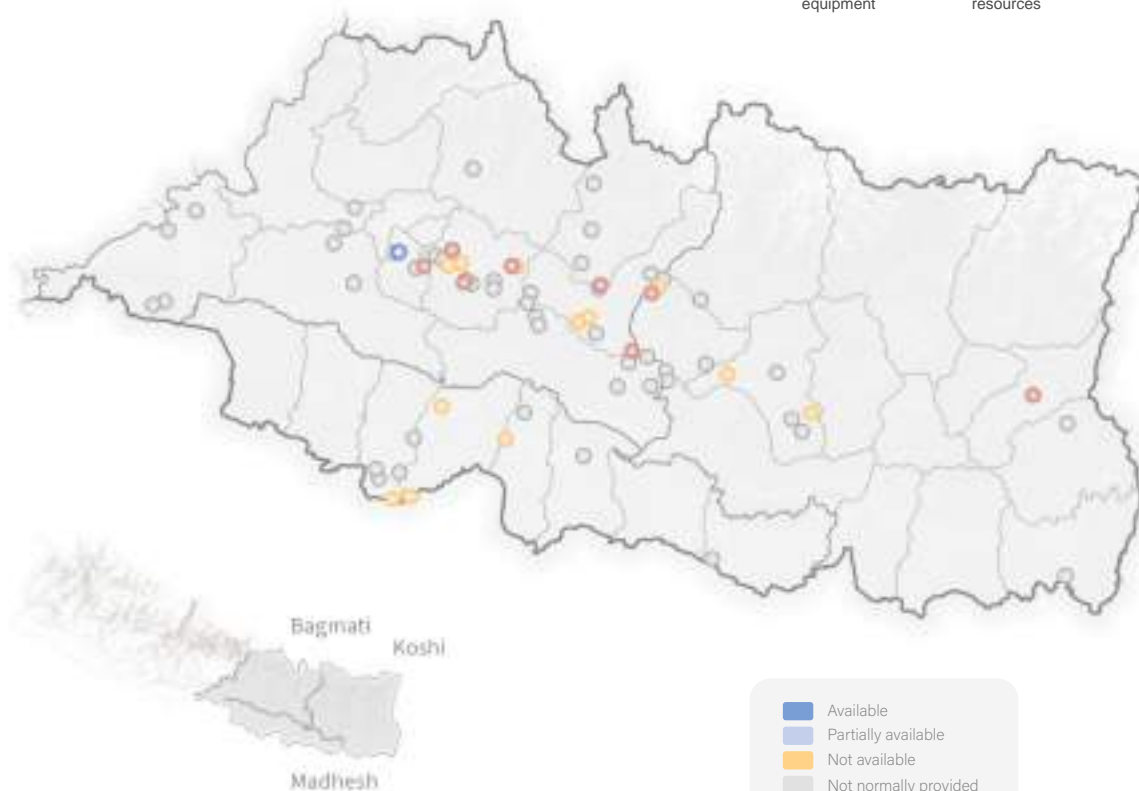
HSDU = 45  
Bagmati



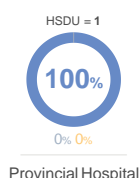
HSDU = 14  
Koshi



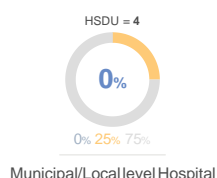
HSDU = 11  
Madhesh



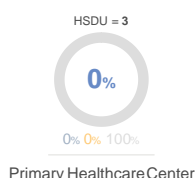
## Service availability by HSDU type



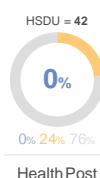
Provincial Hospital



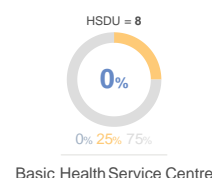
Municipal/Local level Hospital



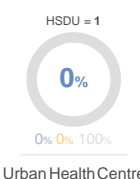
Primary Healthcare Center



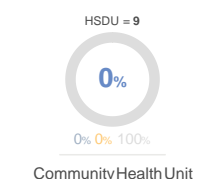
Health Post



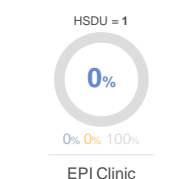
Basic Health Service Centre



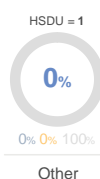
Urban Health Centre



Community Health Unit



EPI Clinic



Other

<sup>19</sup> Comprehensive Emergency Obstetric Care (CEmOC) includes BEmOC, caesarean section, safe blood transfusion.



Bagmati

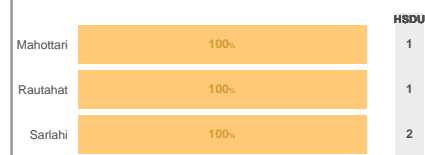
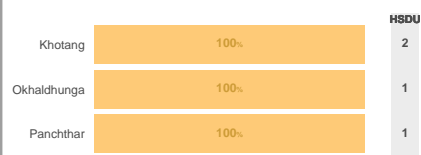
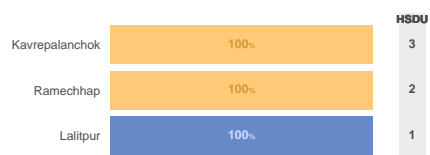


Koshi

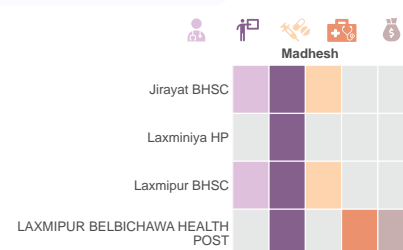
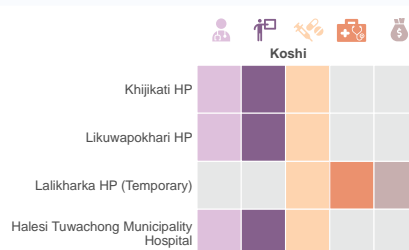
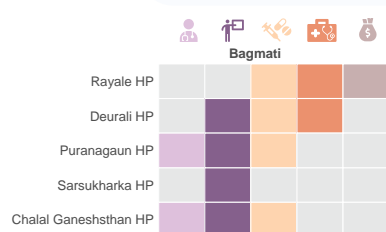


Madhesh

### 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

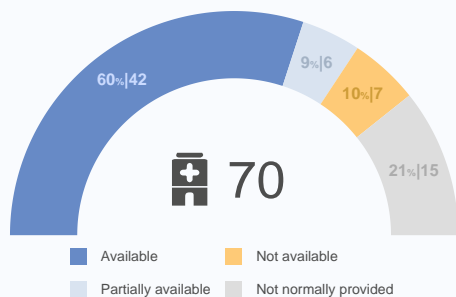
\* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.





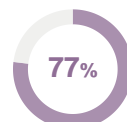
# POST-PARTUM CARE

## Service availability<sup>20</sup>

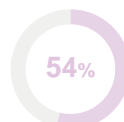


## Main barriers impeding service delivery

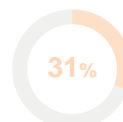
HSDU = 13



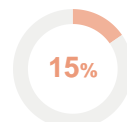
Lack of training



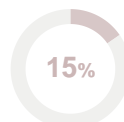
Lack of staff



Lack of medical supplies

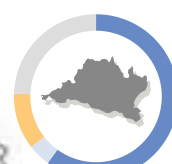


Lack of medical equipment

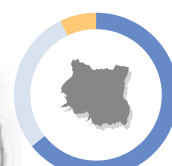


Lack of financial resources

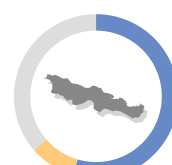
## Service availability by province



HSDU = 45  
Bagmati

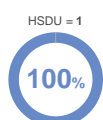


HSDU = 14  
Koshi

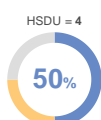


HSDU = 11  
Madhesh

## Service availability by HSDU type



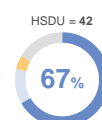
Provincial Hospital



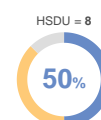
Municipal/Local level Hospital



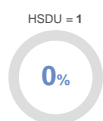
Primary Healthcare Center



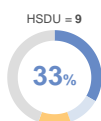
Health Post



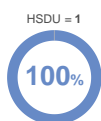
Basic Health Service Centre



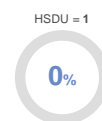
Urban Health Centre



Community Health Unit



EPI Clinic



Other

<sup>20</sup> Post-partum care includes examination of mother and newborn (up to 6 weeks), respond to observed signs, support breastfeeding, counsel on complementary feeding, and promote family planning.



Bagmati

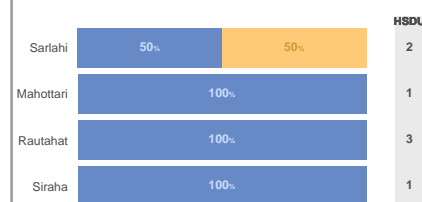
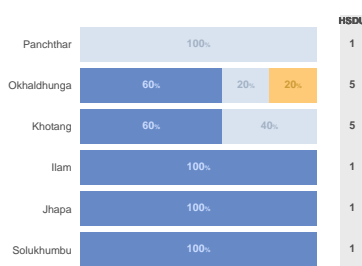
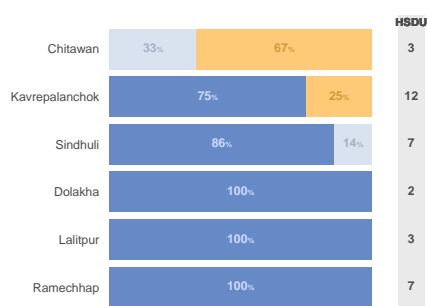


Koshi

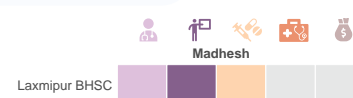
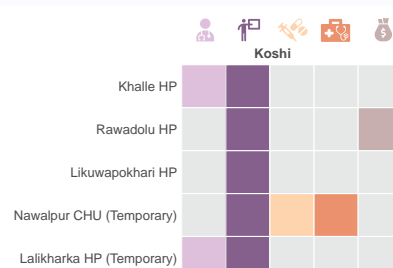
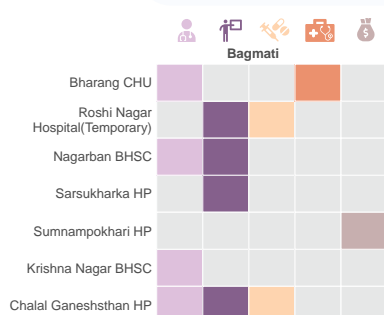


Madhesh

### Service availability by district



### Main barriers impeding service delivery by HSDU\*



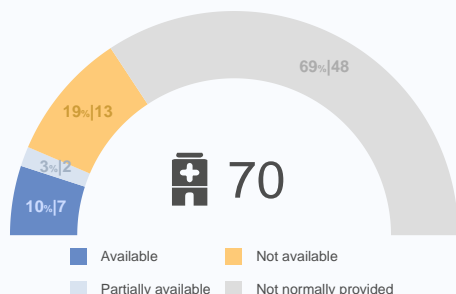
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



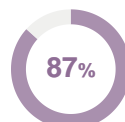
# COMPREHENSIVE ABORTION CARE

## Service availability <sup>21</sup>

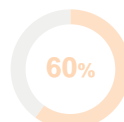


## Main barriers impeding service delivery

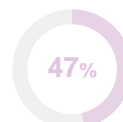
HSDU = 15



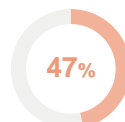
Lack of training



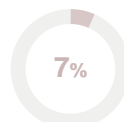
Lack of medical supplies



Lack of staff

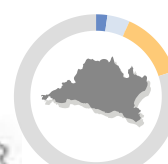


Lack of medical equipment

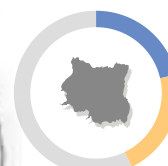


Lack of financial resources

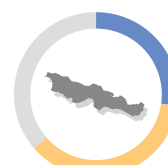
## Service availability by province



HSDU = 45  
Bagmati

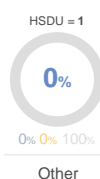
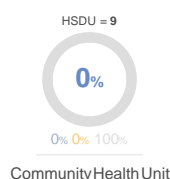
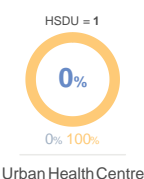
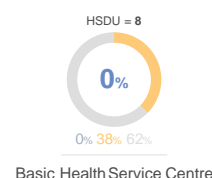
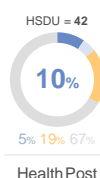
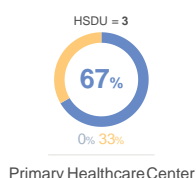
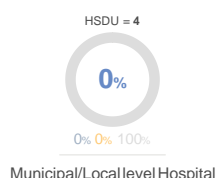
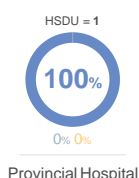


HSDU = 14  
Koshi



HSDU = 11  
Madhesh

## Service availability by HSDU type



<sup>21</sup> Comprehensive abortion care includes safely induced abortion for all legal indications, uterine evacuation using manual vacuum aspiration (MVA) or medical methods where applicable, antibiotic prophylaxis, treatment of abortion complications, counselling for abortion and post-abortion contraception.



Bagmati

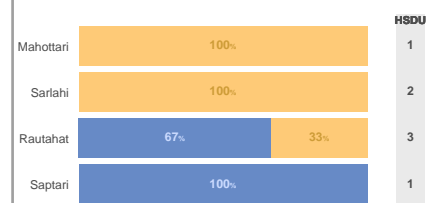
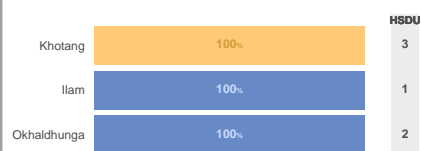
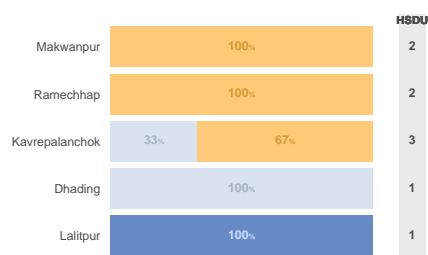


Koshi

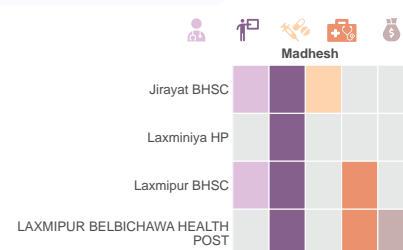
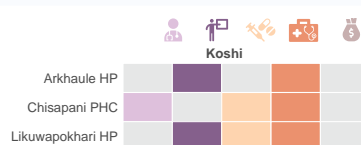
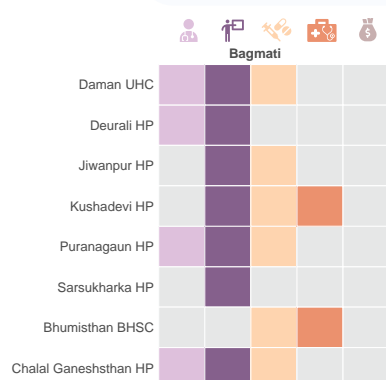


Madhesh

## 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



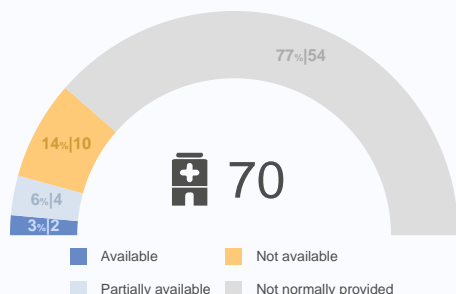
Lack of financial resources

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



# CLINICAL MANAGEMENT OF RAPE SURVIVORS

## Service availability <sup>22</sup>



## Main barriers impeding service delivery

HSDU = 14



Lack of training



Lack of staff

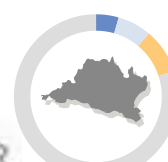


Lack of medical supplies

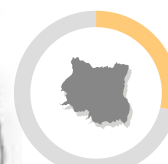


Lack of medical equipment

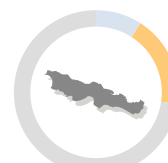
## Service availability by province



HSDU = 45  
Bagmati

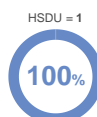


HSDU = 14  
Koshi

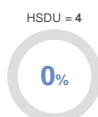


HSDU = 11  
Madhesh

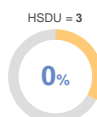
## Service availability by HSDU type



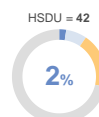
Provincial Hospital



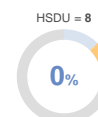
Municipal/Local level Hospital



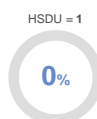
Primary Healthcare Center



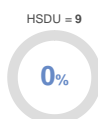
Health Post



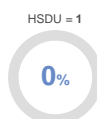
Basic Health Service Centre



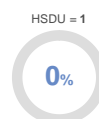
Urban Health Centre



Community Health Unit



EPI Clinic



Other

<sup>22</sup> Clinical management of rape survivors (including psychological support).



Bagmati

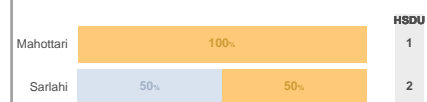
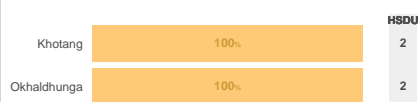
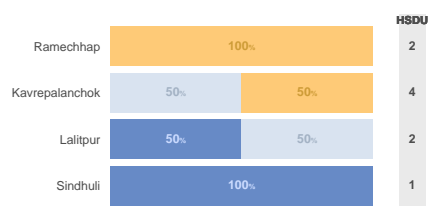


Koshi

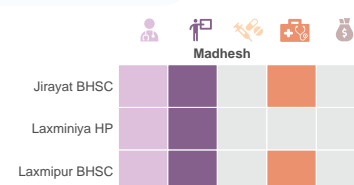
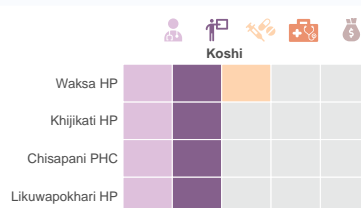
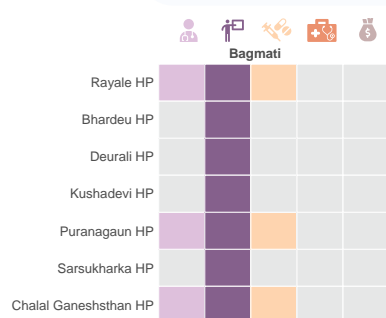


Madhesh

## Service availability by district



## Main barriers impeding service delivery by HSDU\*



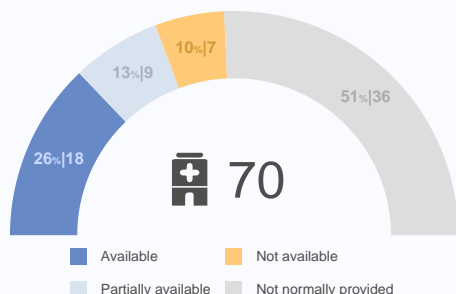
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



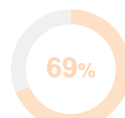
# EMERGENCY CONTRACEPTION

## Service availability <sup>23</sup>

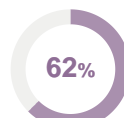


## Main barriers impeding service delivery

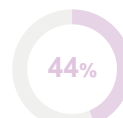
HSDU = 16



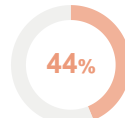
Lack of medical supplies



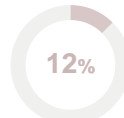
Lack of training



Lack of staff

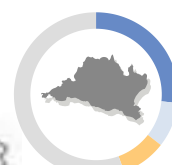


Lack of medical equipment

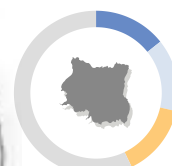


Lack of financial resources

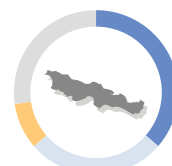
## Service availability by province



HSDU = 45  
Bagmati

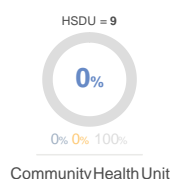
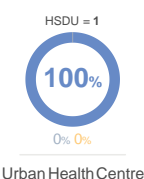
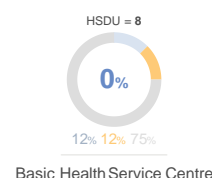
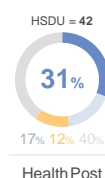
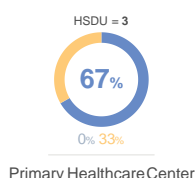
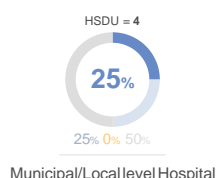
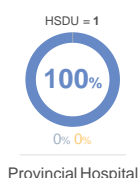


HSDU = 14  
Koshi



HSDU = 11  
Madhesh

## Service availability by HSDU type



<sup>23</sup> Emergency contraception Pregnancy test and emergency contraceptive services, tests for HIV/HBV



Bagmati

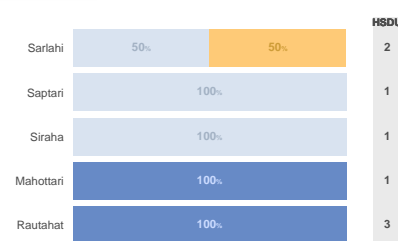
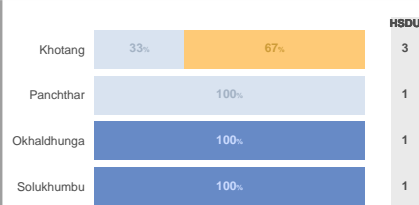
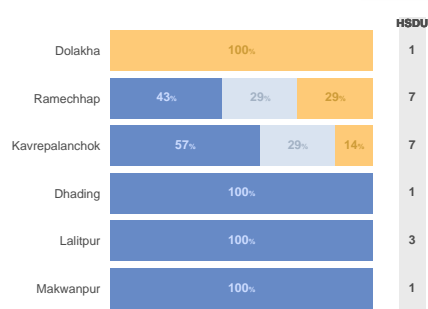


Koshi

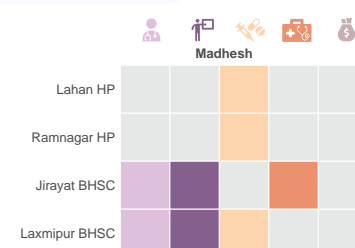
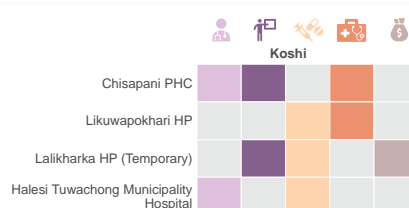
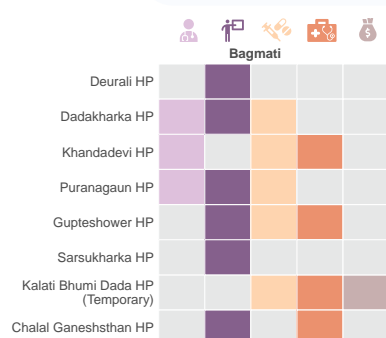


Madhesh

## 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

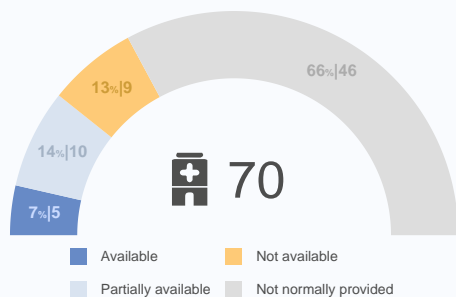
\* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.





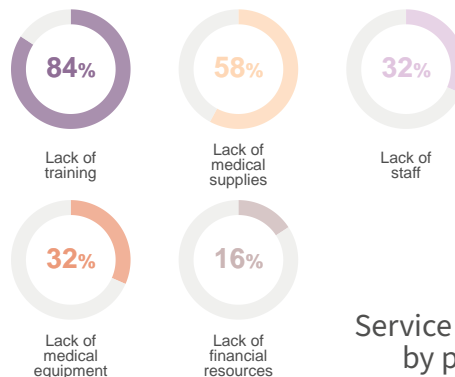
# POST-EXPOSURE PROPHYLAXIS

## Service availability <sup>24</sup>

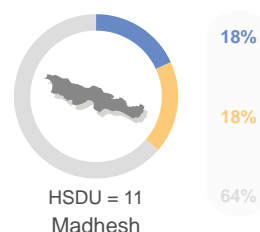
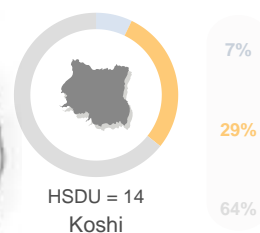
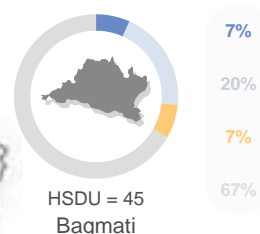


## Main barriers impeding service delivery

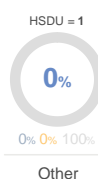
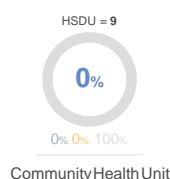
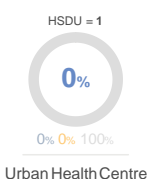
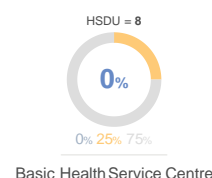
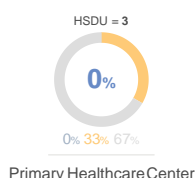
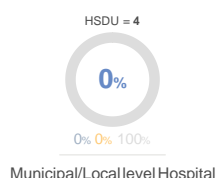
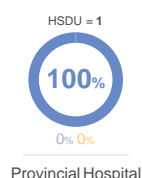
HSDU = 19



## Service availability by province



## Service availability by HSDU type



<sup>24</sup> Post-exposure prophylaxis (PEP) for STIs and HIV infections.



Bagmati

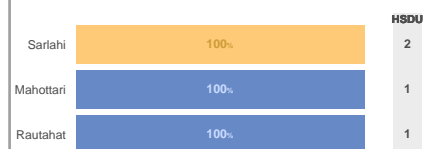
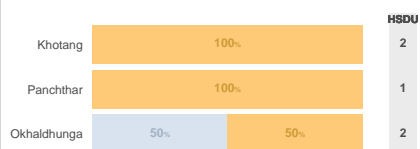
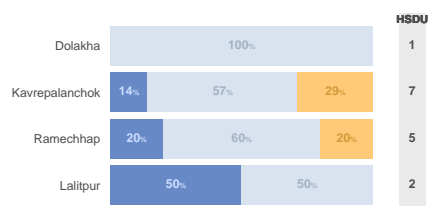


Koshi

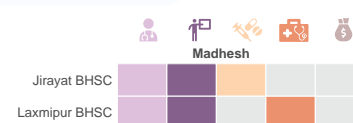
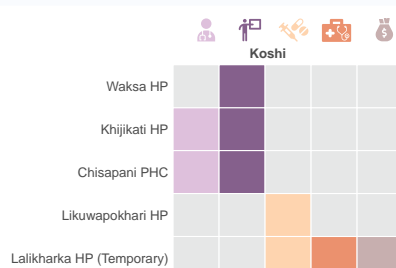
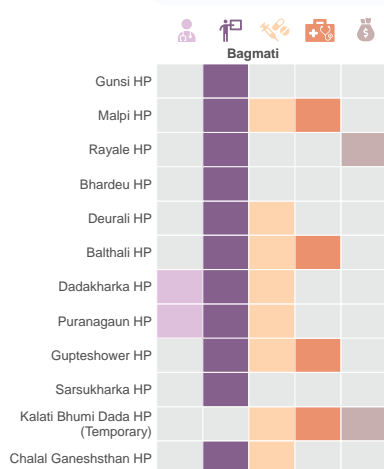


Madhesh

## 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.

# 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>.

