



HeRAMS Nepal

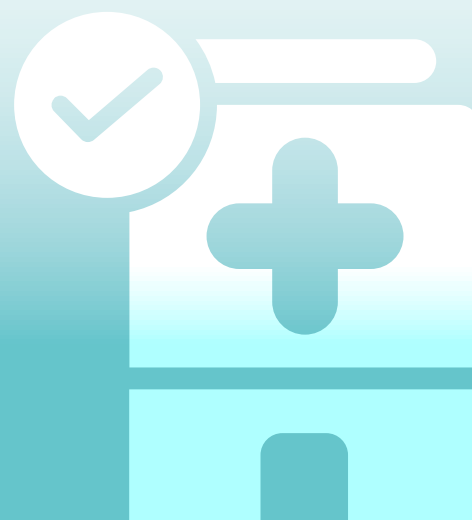
September 2024 floods and
landslides

January 2025



Operational status of the health system

A comprehensive mapping of the operational
status of health service delivery units



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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





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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

HER Health Electronic Records

HeRAMS Health Resources and Services Availability Monitoring System

HP Health Post

HSDU Health Service Delivery Unit

ICU Intensive Care Unit

PHC Primary Health Center

UHC Urban Health Centre

WHO World Health Organization

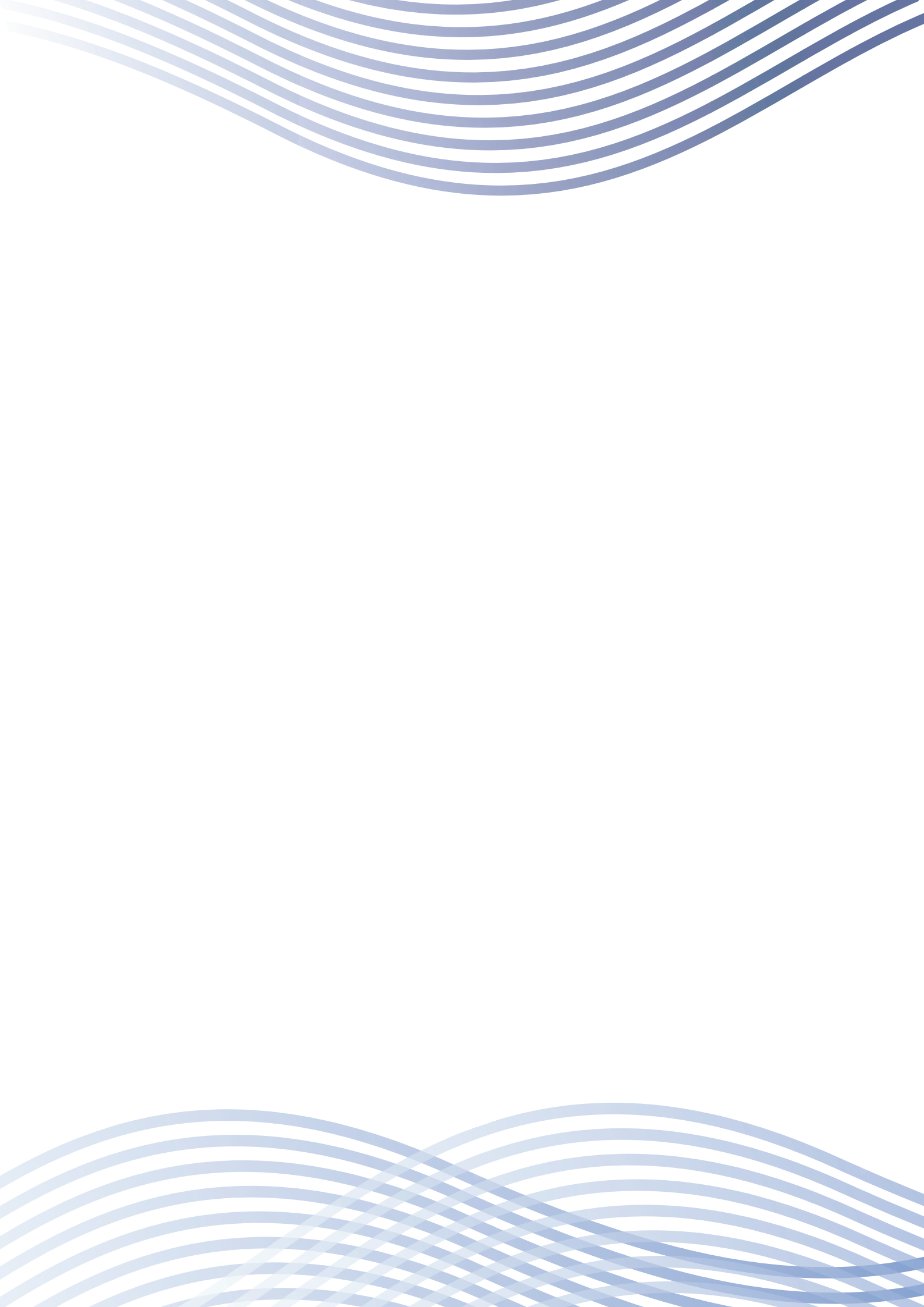


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DISCLAIMER

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 first report of the **HeRAMS Nepal September 2024 floods and landslides - January 2025** series, focusing on the operational status of HSDUs, level and type of support provided by partners, and availability of basic amenities. For more in-depth information on availability of essential health services and main barriers impeding service delivery, specialized reports are available on essential clinical and trauma care services¹, 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 - 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>.

² 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>.

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>.

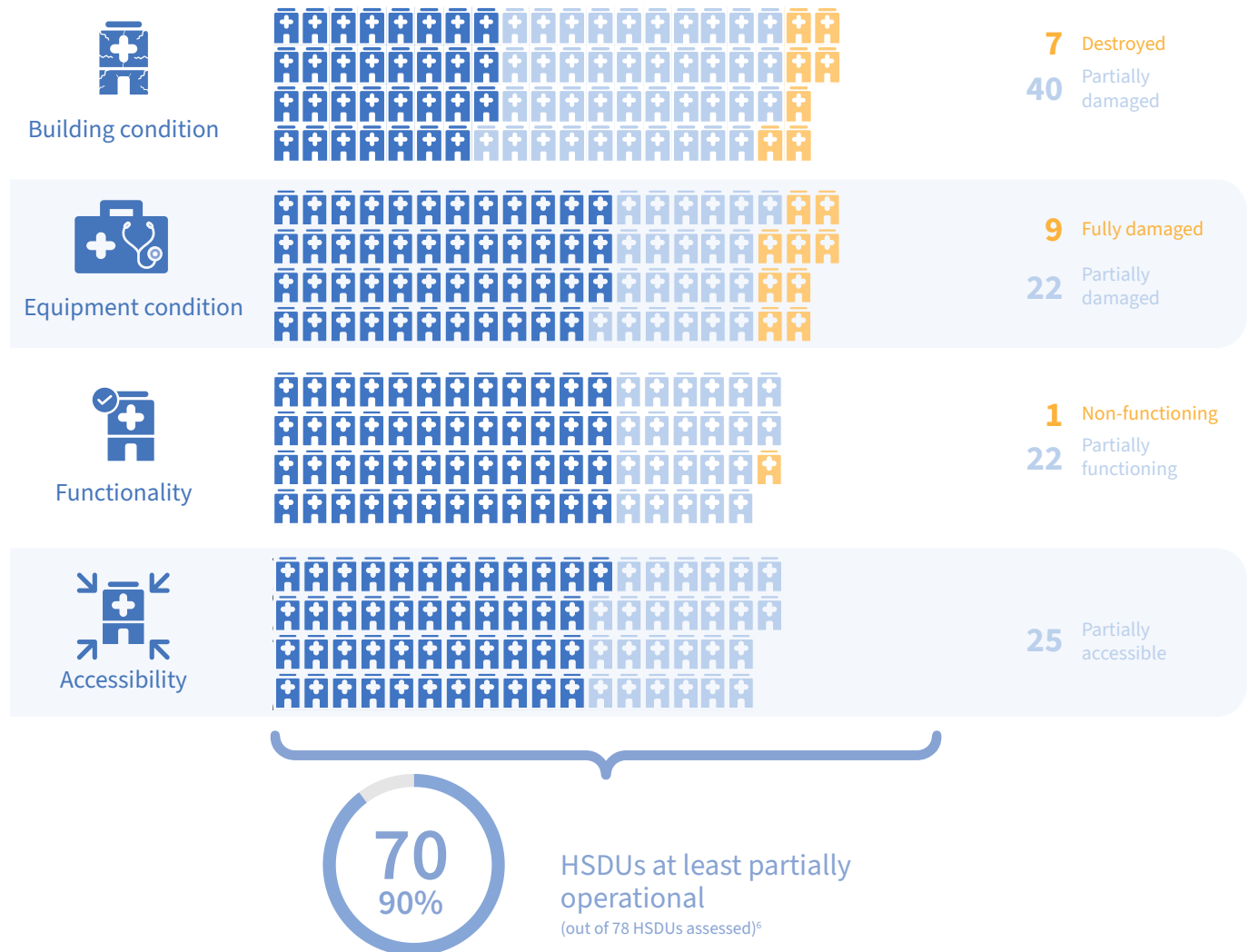
⁴ HeRAMS Nepal September 2024 floods and landslides - January 2025 - Sexual and reproductive health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-nepal-september-2024-floods-and-landslides-report-2025-01-sexual-and-reproductive-health-services>.

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



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.

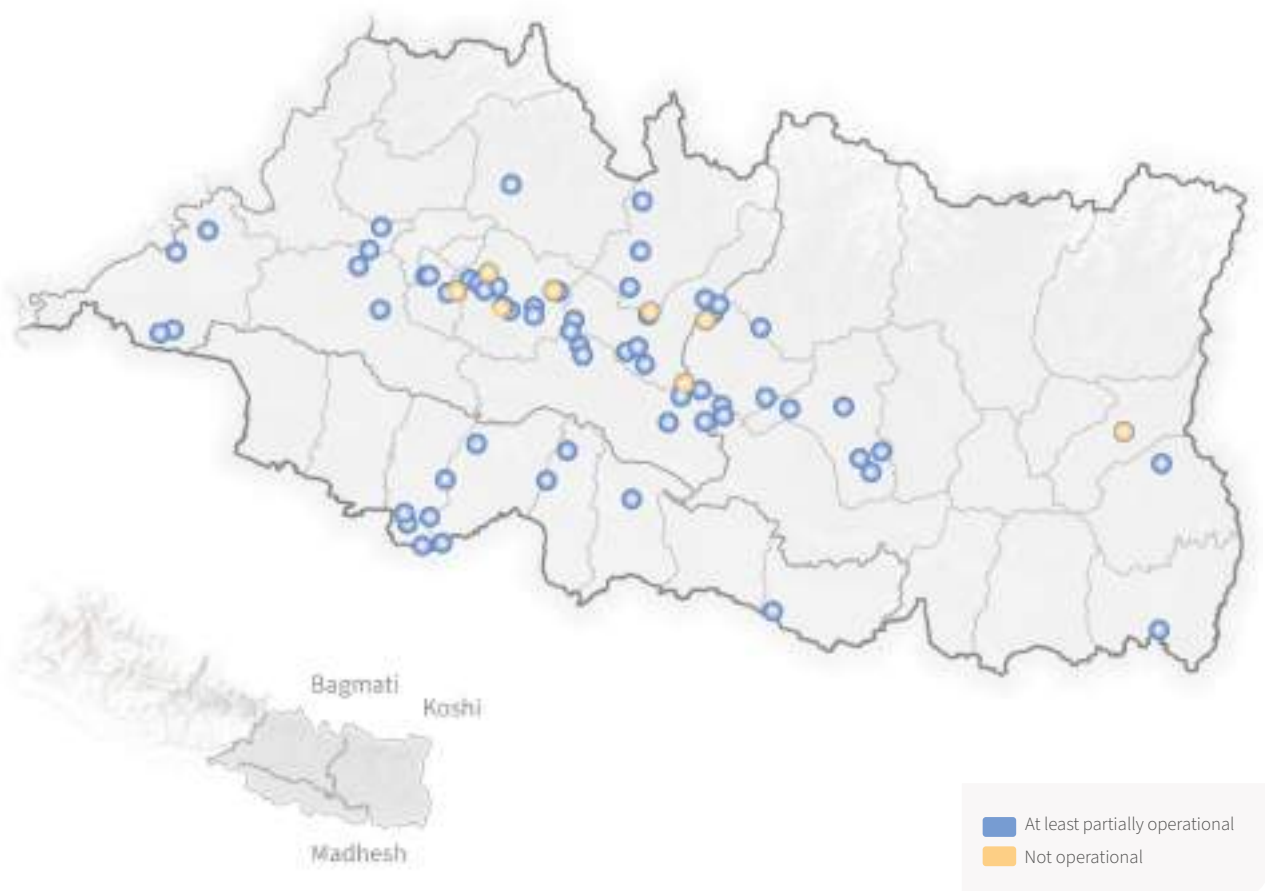


Reporting frequency and operational status by district

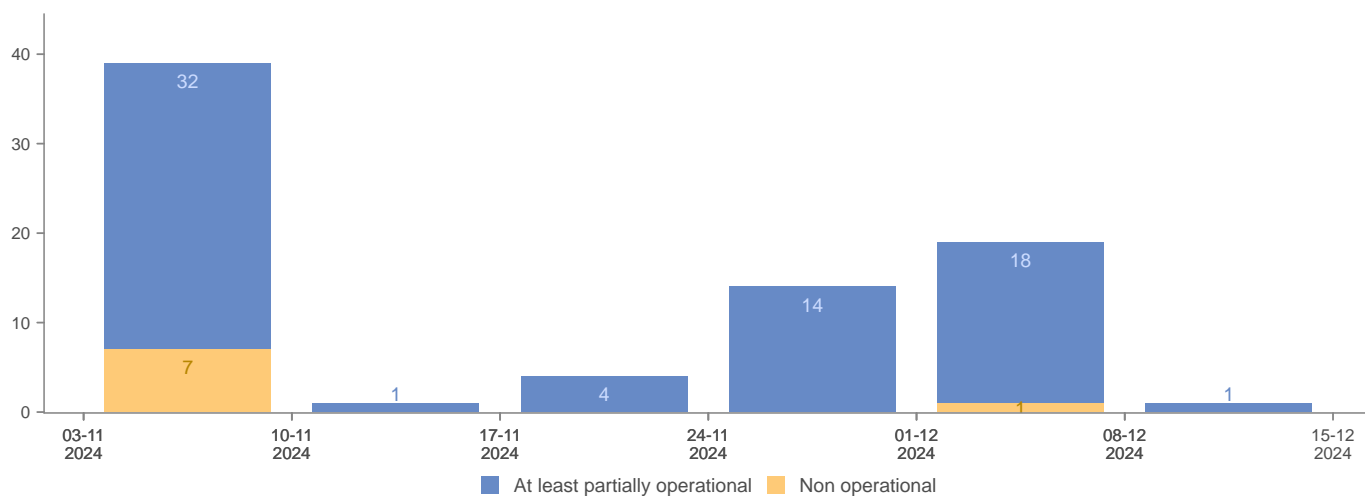
		Basic Health Service Centre		Community Health Unit		EPI Clinic		Health Post		Municipal/ Local level Hospital		Primary Healthcare Center		Provincial Hospital		Urban Health Centre		Other		Total	
		0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O
BAGMATI	CHITAWAN	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	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	-
TOTAL		8	-	9	3	1	-	42	4	4	1	3	-	1	-	1	-	1	-	70	8

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

Geographic distribution of HSDUs



Date of last update

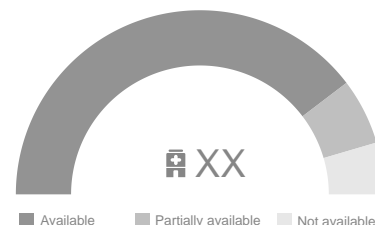




INTERPRETATION GUIDE

Indicator status

Arc charts provide an overview of the overall status of an indicator (i.e. functionality, availability, etc.), hereafter referred to as “availability”. The total number of HSDUs included in the analysis of an indicator is shown inside the arc chart. It is important to note that the total number of HSDUs included in the analysis of an indicator can vary due to the exclusion of non-operational HSDUs from subsequent analyses ([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 indicator 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 indicator 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 indicator 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

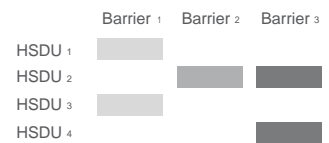
To gain a more comprehensive understanding of the challenges faced by HSDUs, whenever an indicator was not or only partially available, main barriers impeding availability were recoded. Similarly, questions on building and equipment conditions, functionality and accessibility gather information on the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



Barrier type

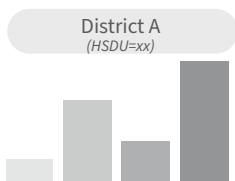
Each **donut chart** indicates the percentage of HSDUs having reported a specific barrier. The total number of HSDUs reporting at least one barrier is shown below the chart header.

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 indicator is fully available or not normally provided. It should further be noted that HSDUs can report up to three barriers for each indicator. Thus, the sum of all barriers may exceed 100%.

Basic amenity types



For some basic amenities additional information on main sources or types of amenities available were collected. The analysis of basic amenities follows the same logic as barriers (see above). Types of amenities were only evaluated if the amenity was at least partially available and focal point were allowed to report up to three main sources or types.

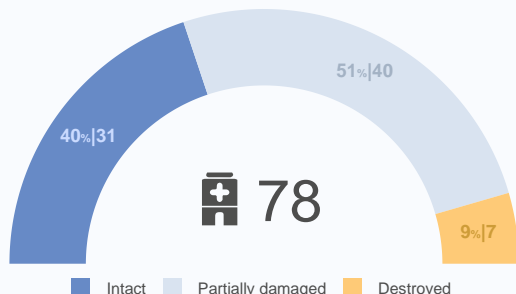
OPERATIONAL STATUS AND ACCESSIBILITY





BUILDING CONDITION

Building condition ⁷



Main causes of damage

HSDU = 47



Floods and
landslides
2024

11%

Geohazard
events

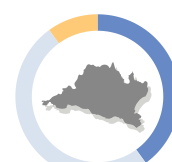
9%

Lack of
maintenance

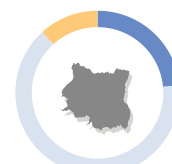
4%

Other

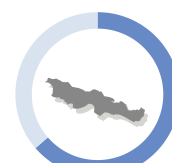
Building condition by province



HSDU = 50
Bagmati

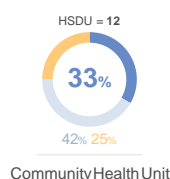
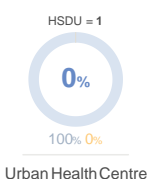
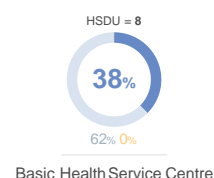
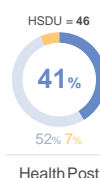
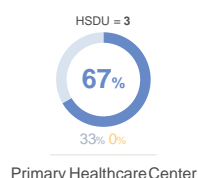
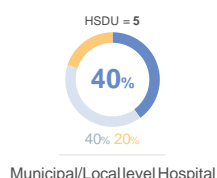
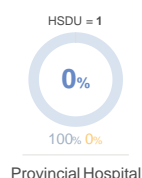


HSDU = 17
Koshi



HSDU = 11
Madhesh

Building condition by HSDU type



⁷ Refers to the HSDU's building such as walls, foundations, roof, windows, etc. It further includes connection to accessory infrastructure relevant to provide essential health services (e.g., sewerage, water tank). Minor maintenance issues not impacting the HSDU's ability to provide services (e.g., flaking paint) are not considered.



Bagmati

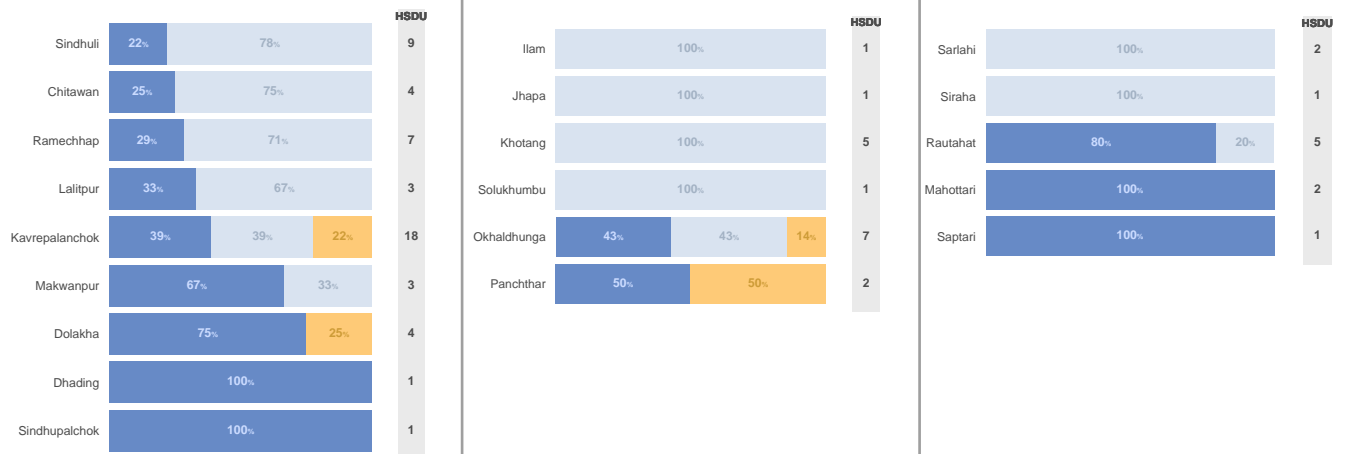


Koshi

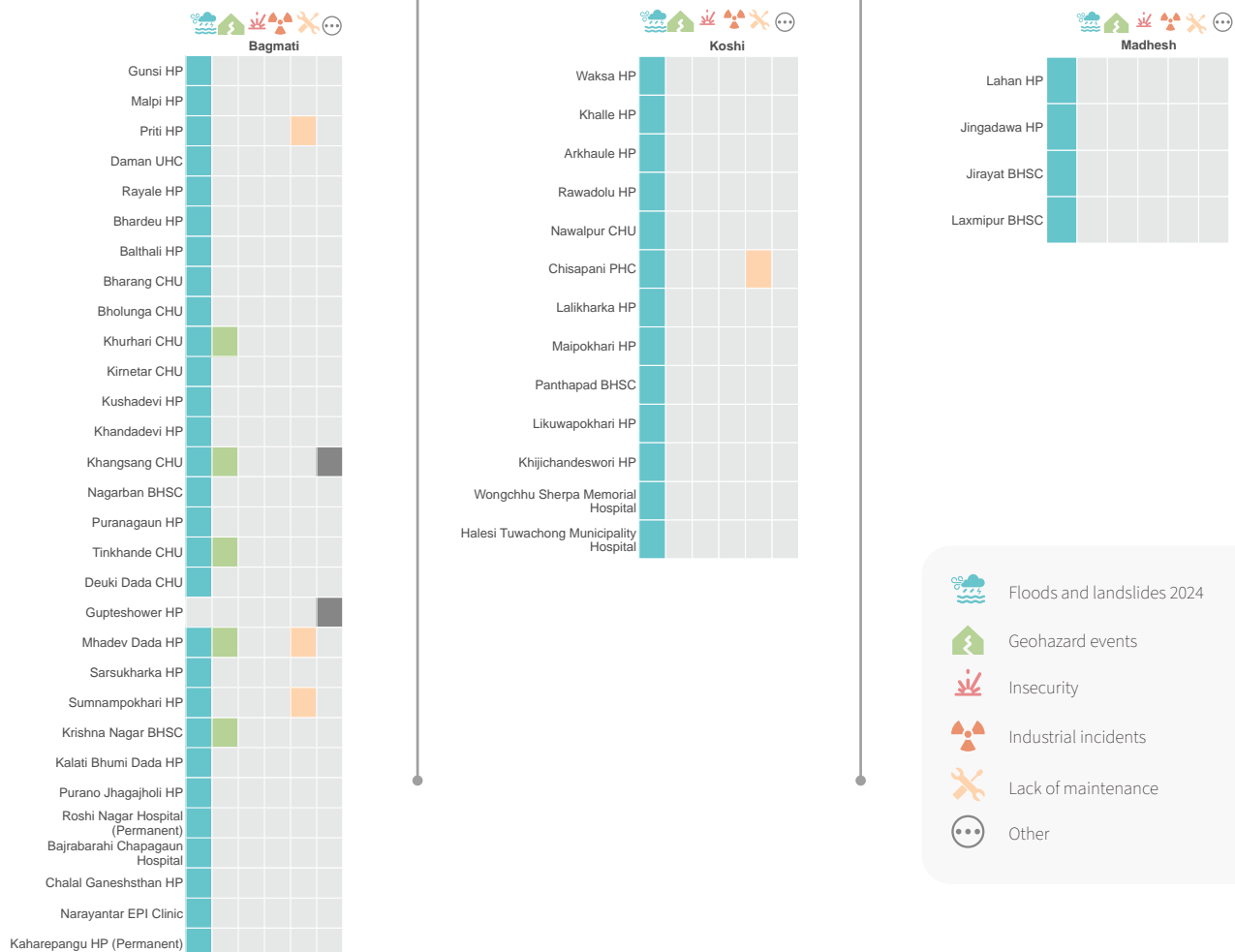


Madhesh

Building condition by district



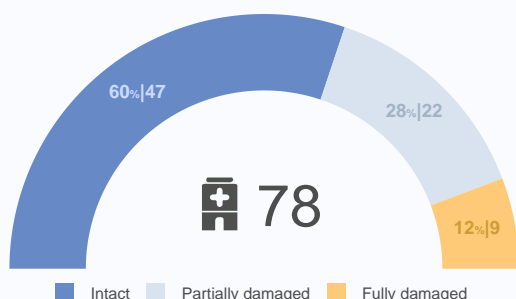
Main causes of damage by HSDU





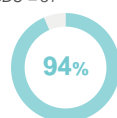
EQUIPMENT CONDITION

Equipment condition ⁸

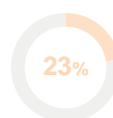


Main causes of damage

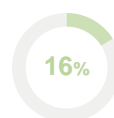
HSDU = 31



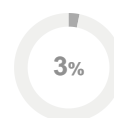
Floods and
landslides
2024



Lack of
maintenance

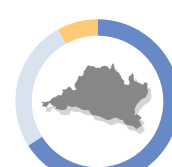


Geohazard
events

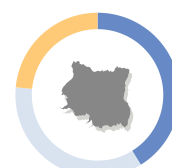


Other

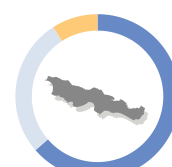
Equipment condition
by province



HSDU = 50
Bagmati

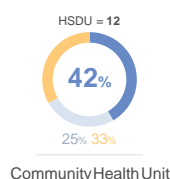
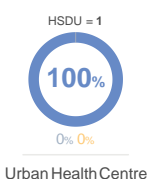
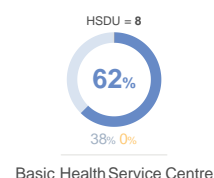
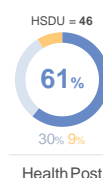
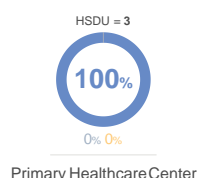
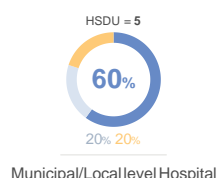
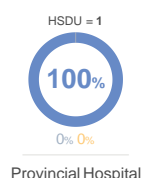


HSDU = 17
Koshi



HSDU = 11
Madhesh

Equipment condition by HSDU type



⁸ Refers to medical and otherwise critical equipment required by the HSDU to provide essential health services. Non-essential equipment not impacting the HSDU's ability to provide services as well as consumable and medicine are not considered here.



Bagmati

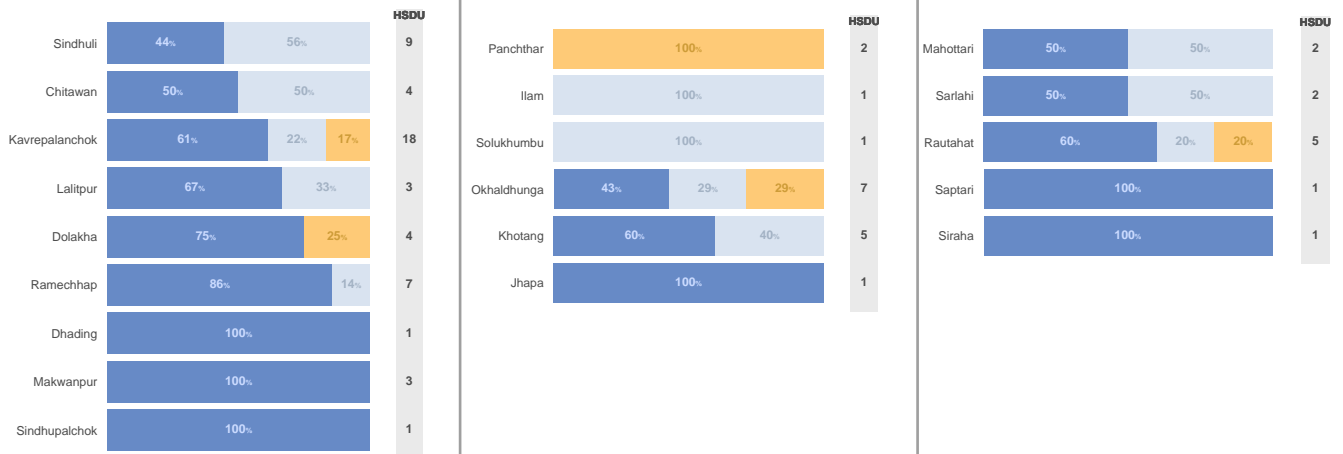


Koshi

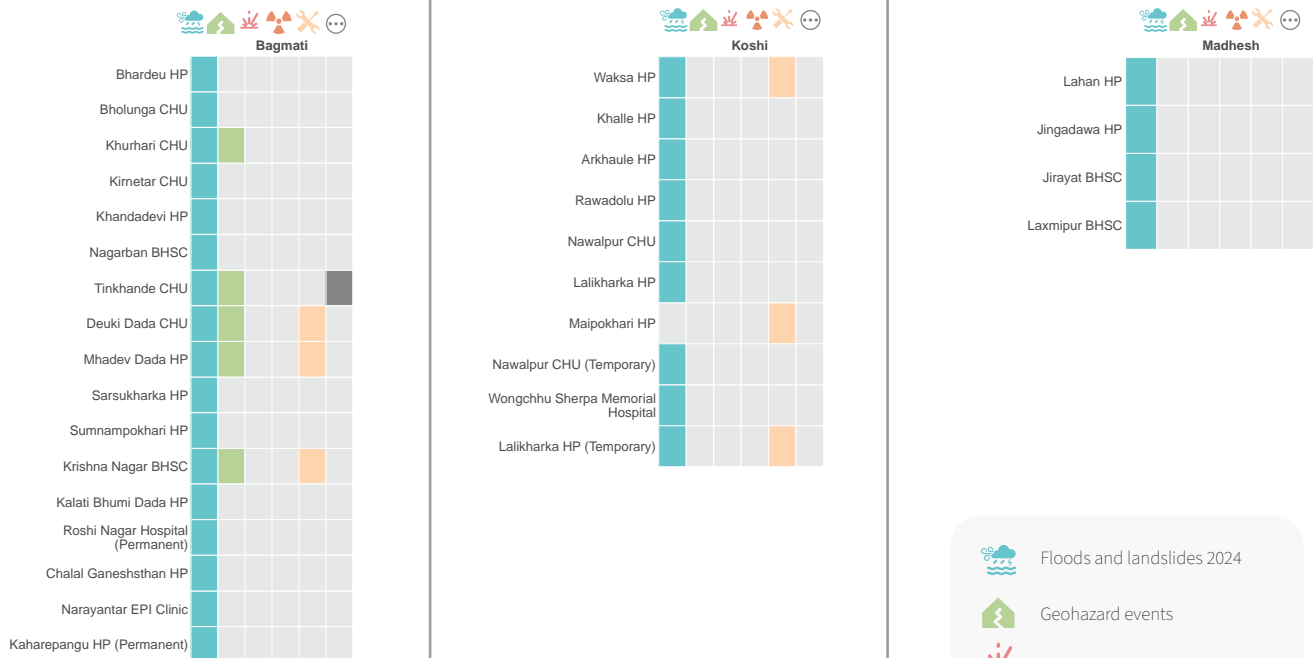


Madhesh

Equipment condition by district



Main causes of damage by HSDU

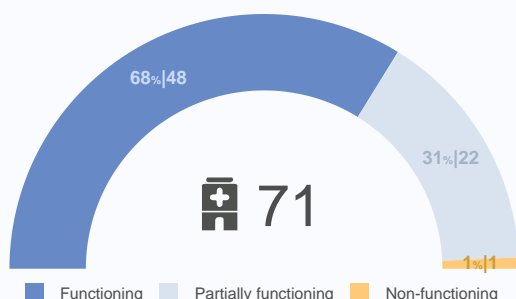


- Floods and landslides 2024
- Geohazard events
- Insecurity
- Industrial incidents
- Lack of maintenance
- Other

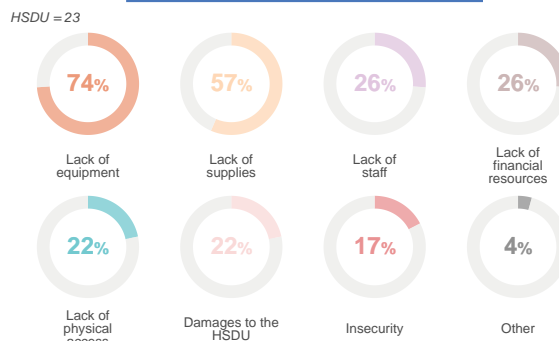


FUNCTIONALITY

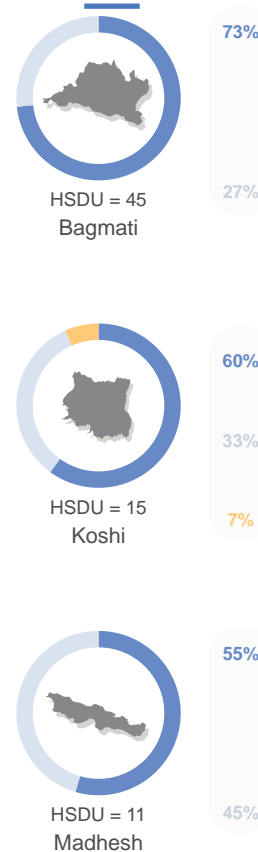
Functionality⁹



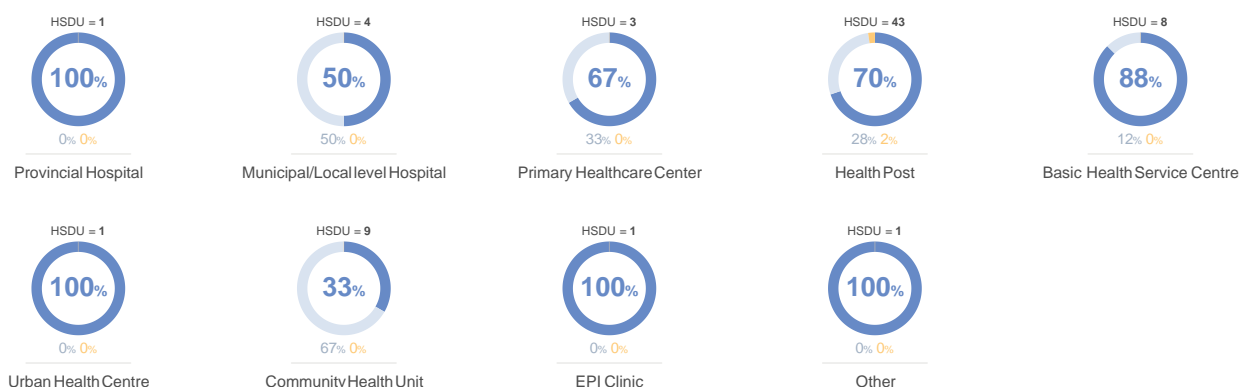
Main causes of dysfunctionality



Functionality by province



Functionality by HSDU type



⁹ Assesses the HSDU's overall ability to operate as expected. A fully functioning HSDU is characterized through the absence of systemic or major issues. The HSDU operates as expected and is able to provide the full range of expected services.



Bagmati

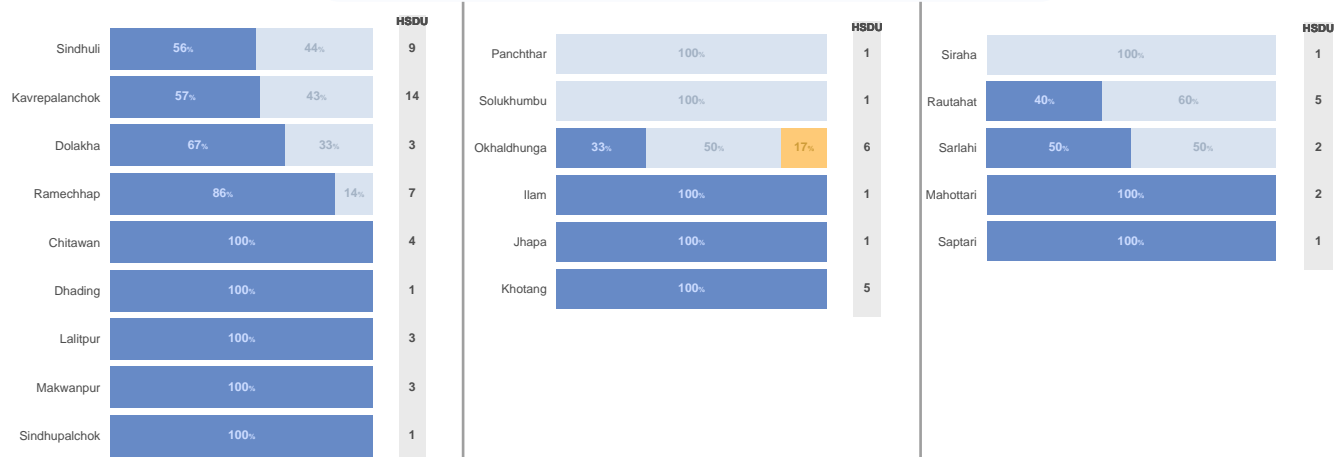


Koshi

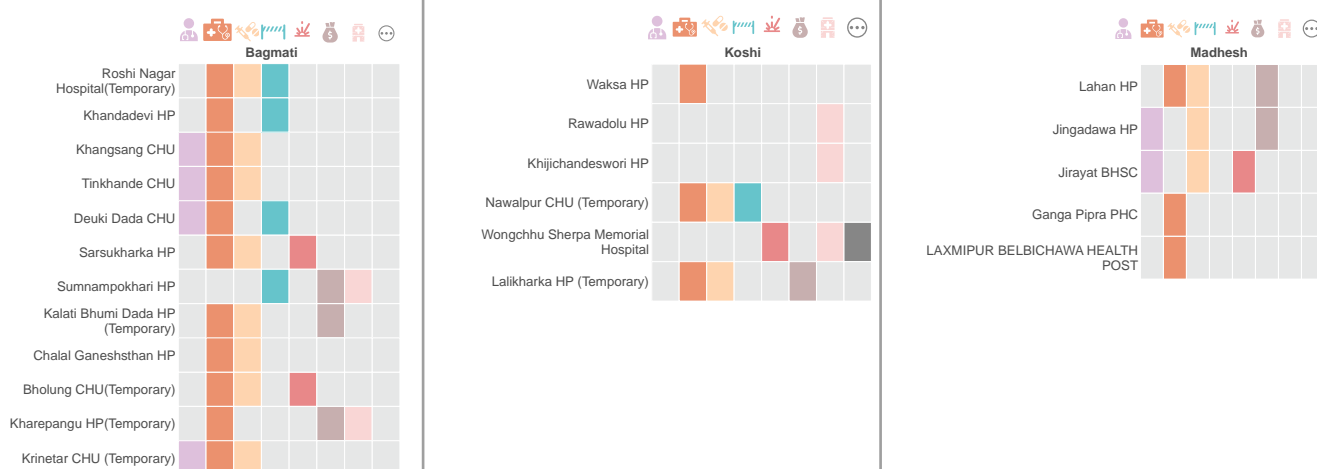


Madhesh

Functionality by district



Main causes of dysfunctionality by HSDU

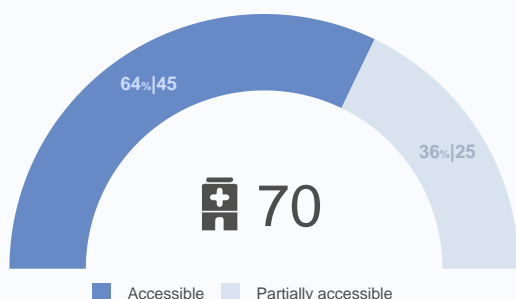


- Lack of staff
- Lack of equipment
- Lack of supplies
- Lack of physical access
- Insecurity
- Lack of financial resources
- Damages to the HSDU
- Other

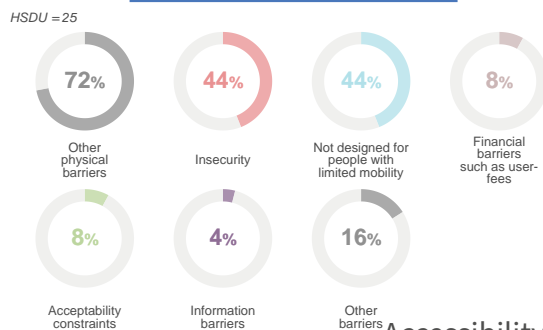


ACCESSIBILITY

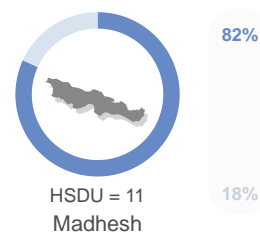
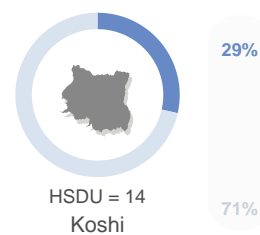
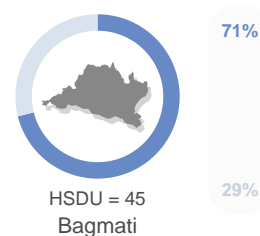
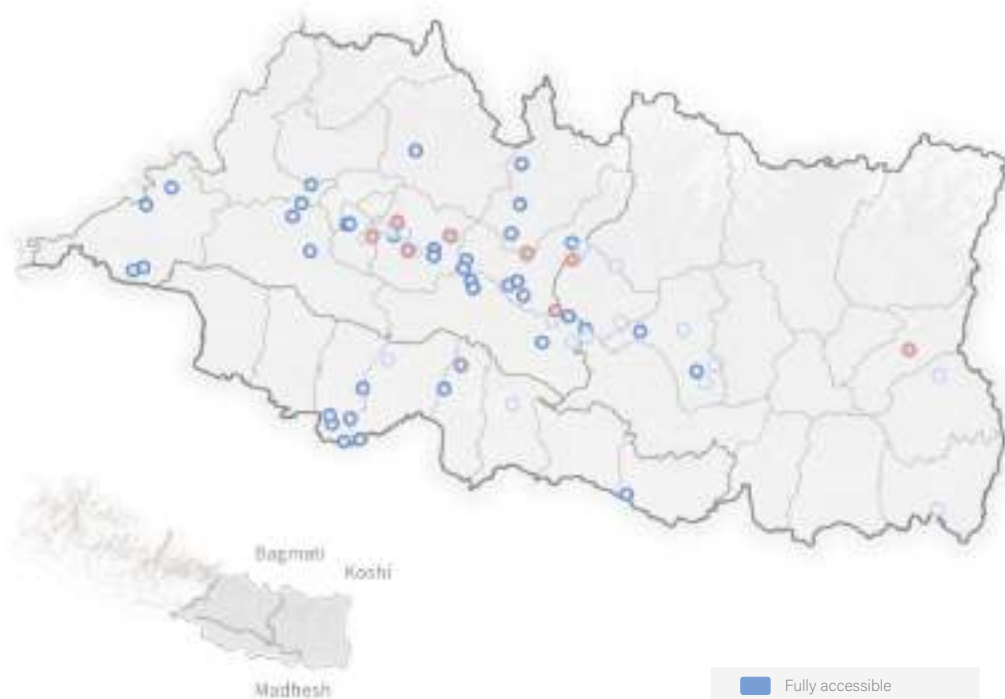
Accessibility¹⁰



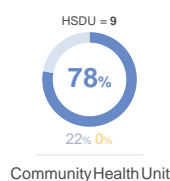
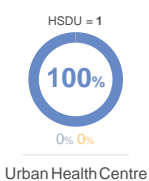
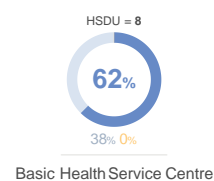
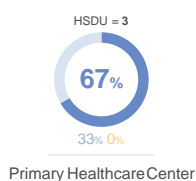
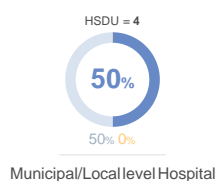
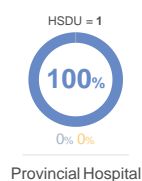
Main causes of inaccessibility



Accessibility by province



Accessibility by HSDU type



¹⁰ Ability of patients to access essential health services and includes both physical as well as socio-economic and cultural constraints.



Bagmati

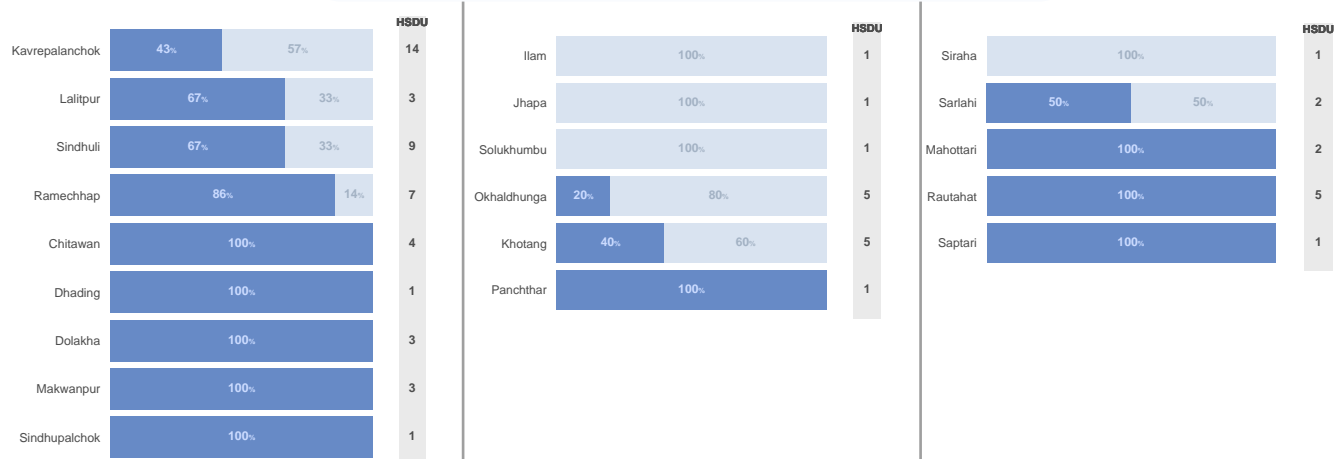


Koshi

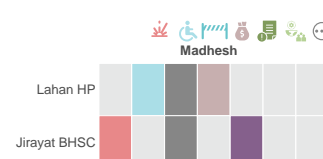
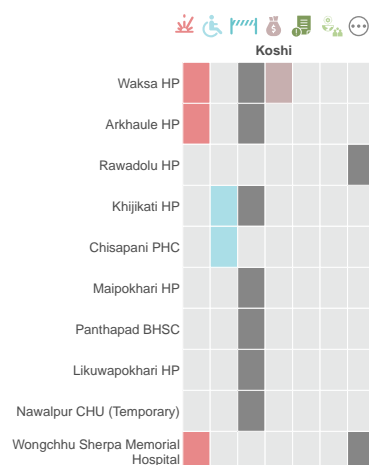
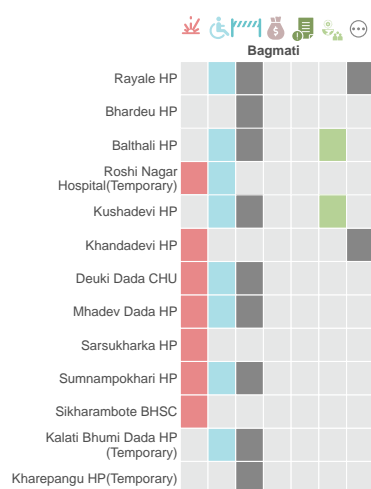


Madhesh

Accessibility by district



Main causes of inaccessibility by HSDU

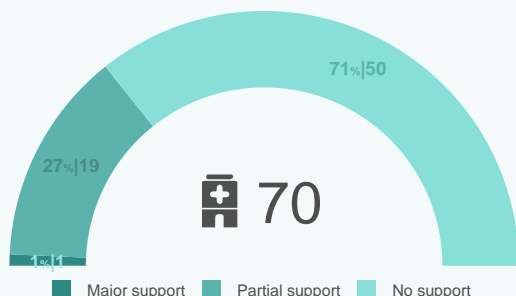


- Insecurity
- Not designed for people with limited mobility
- Other physical barriers
- Financial barriers such as user-fees
- Information barriers
- Acceptability constraints
- Other barriers

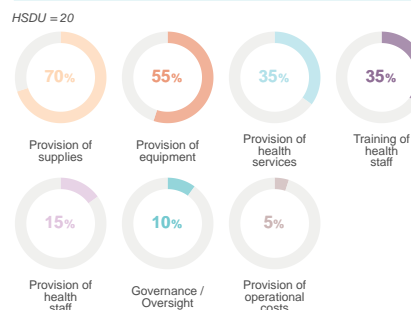


PARTNER SUPPORT

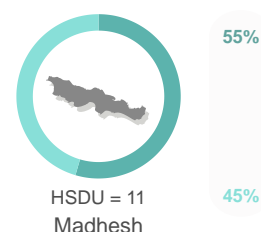
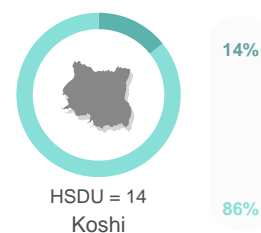
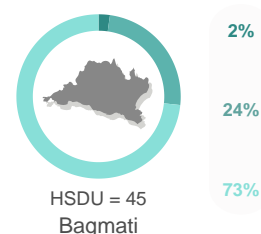
Level of support provided by partners ¹¹



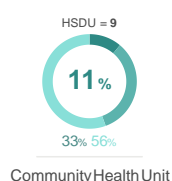
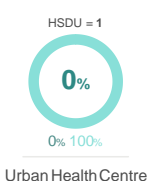
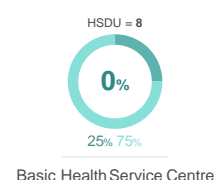
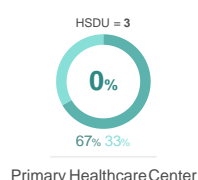
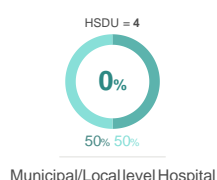
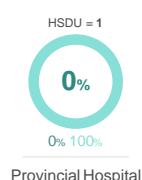
Main types of support received by health facilities



Level of support provided by partners by province



Level of support provided by partners by HSDU type



¹¹ Level of support provided by external partners. Major support indicates that an HSDU is unable to operate without the contribution made by partner(s).



Bagmati

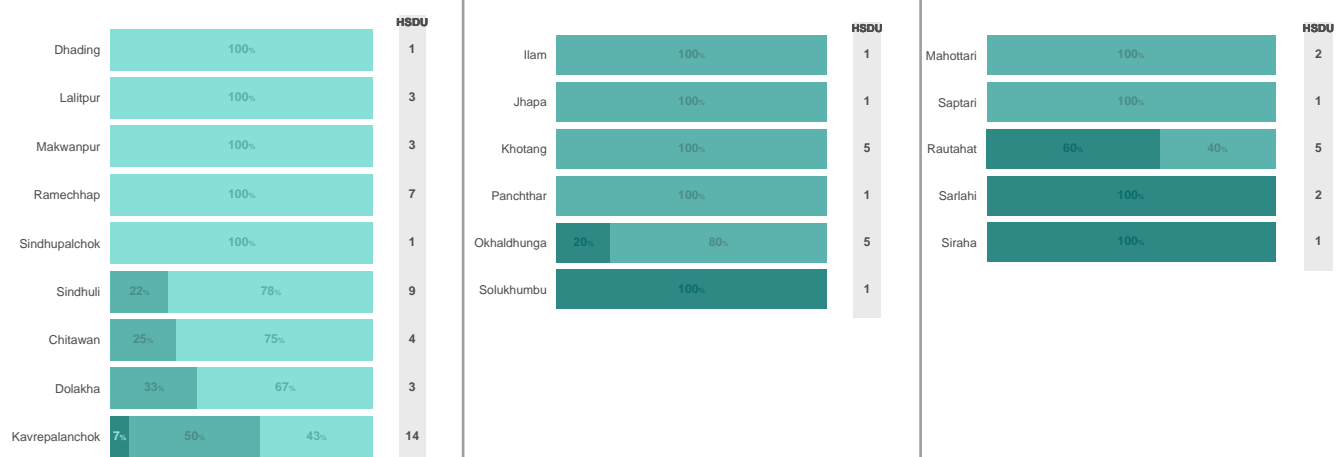


Koshi

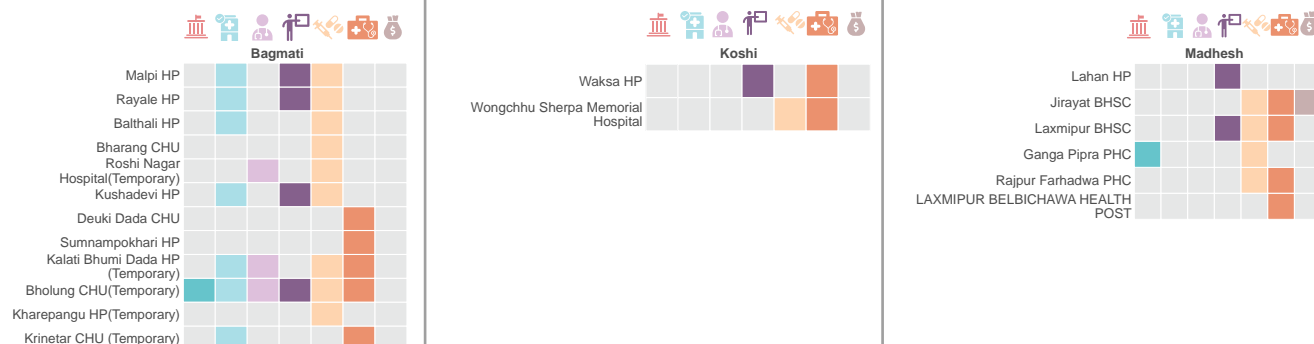


Madhesh

Level of support provided by partners by district



Main types of support received by health facilities by HSDU



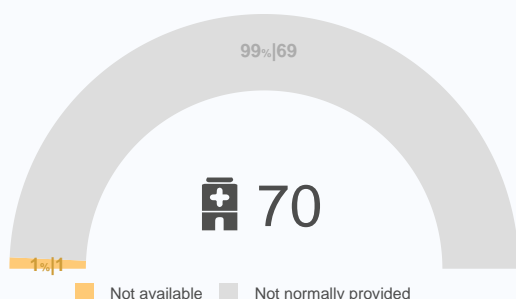
- Governance / Oversight
- Provision of health services
- Provision of health staff
- Training of health staff
- Provision of supplies
- Provision of equipment
- Provision of operational costs



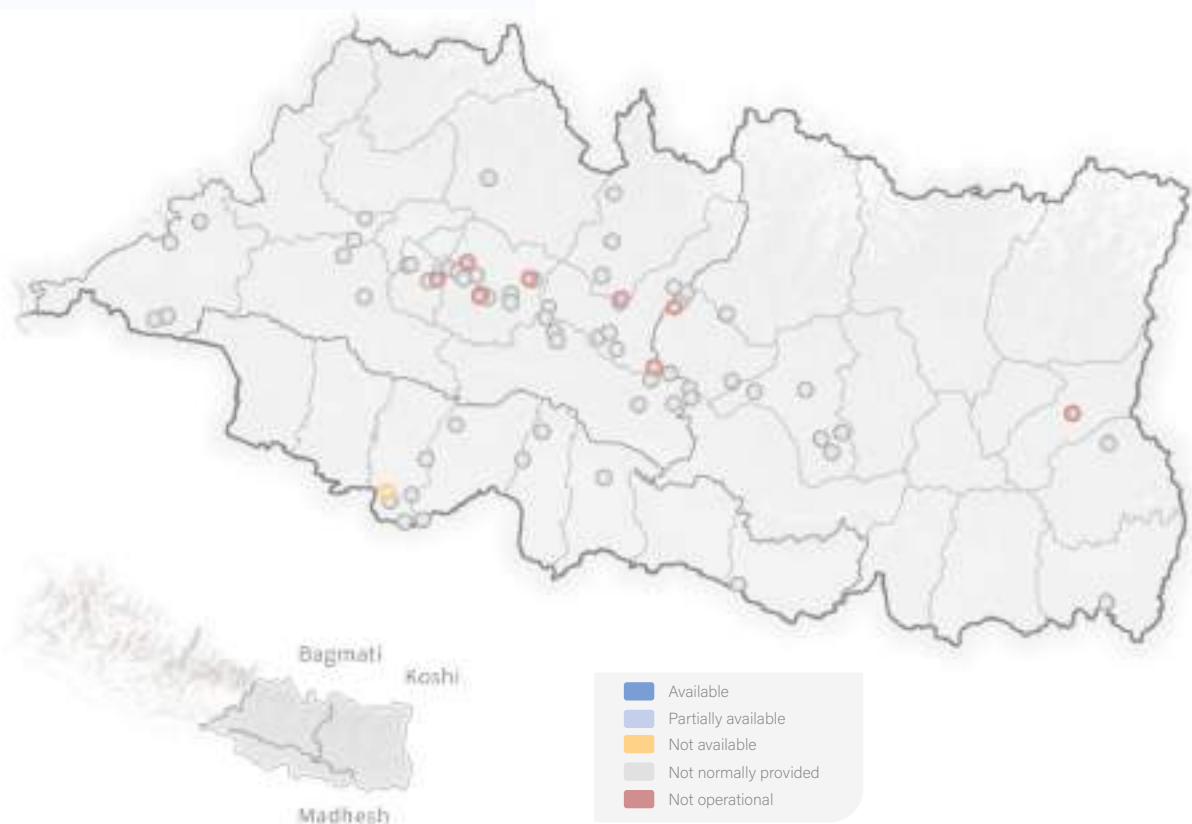
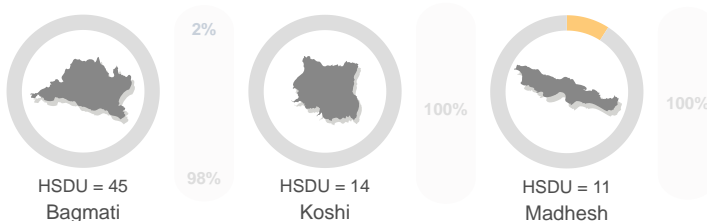
INPATIENT BED CAPACITY

Intensive care unit beds

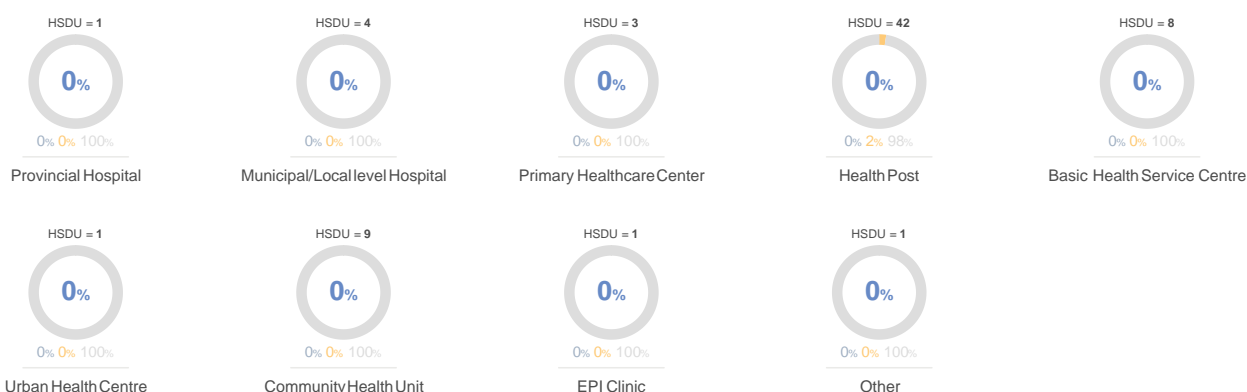
Availability of ICU beds¹²



Availability of ICU beds by province



Availability of ICU beds by HSDU type



¹² Availability of sufficient, functioning Intensive Care Unit (ICU) beds to meet the HSDUs demands. This include availability of relevant equipment, supplies and human resources to manage patient load.



Bagmati



Koshi



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Availability of ICU beds by district*

No ICU beds reported

No ICU beds reported



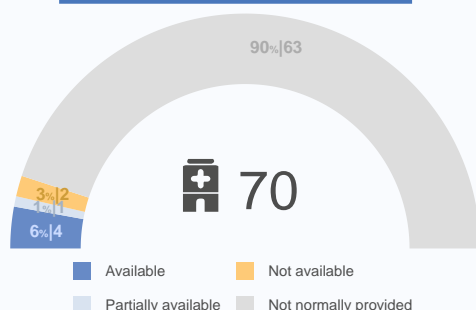
* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



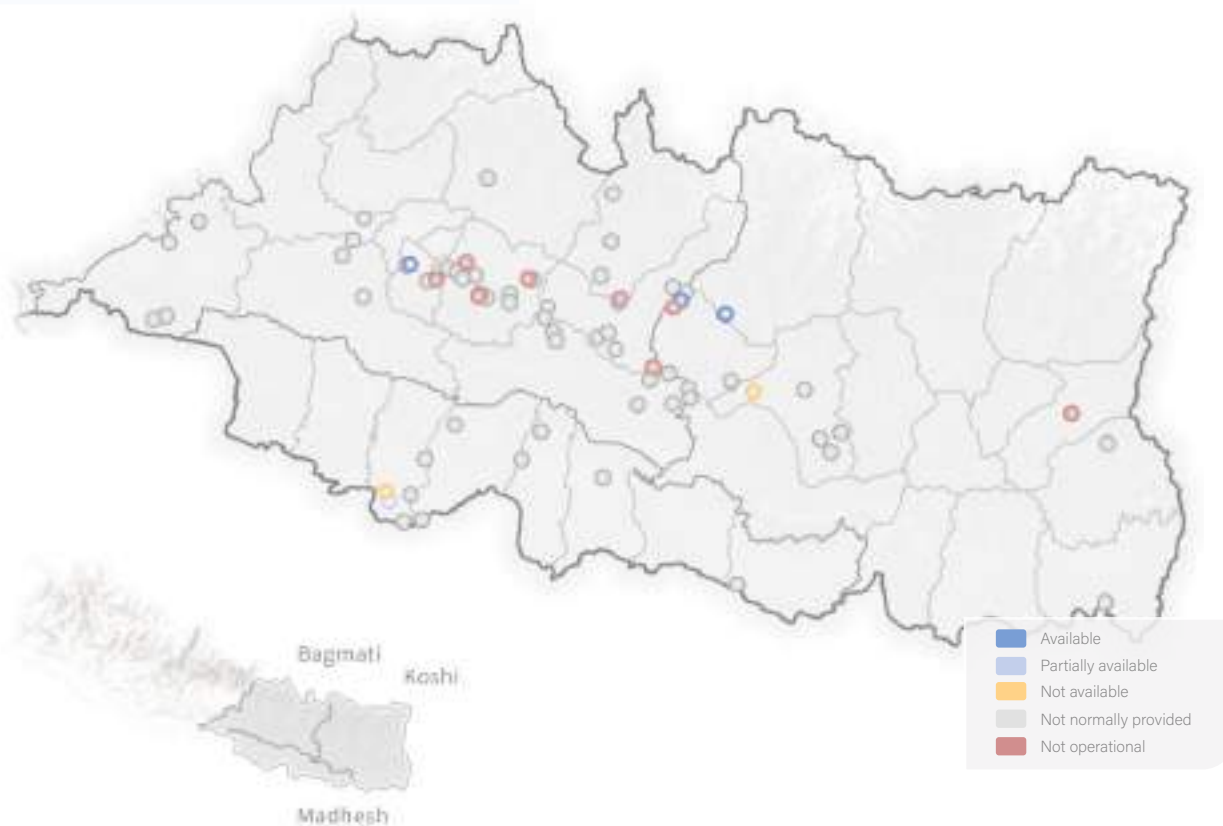
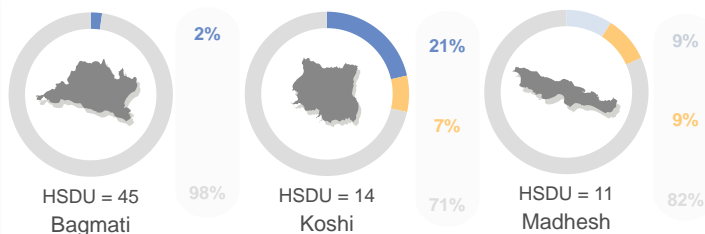


Maternity beds

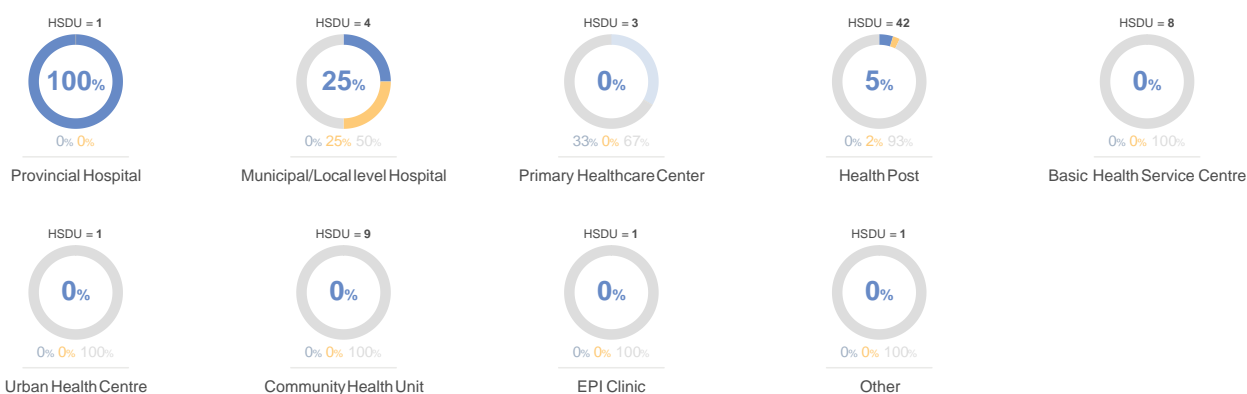
Availability of maternity beds ¹³



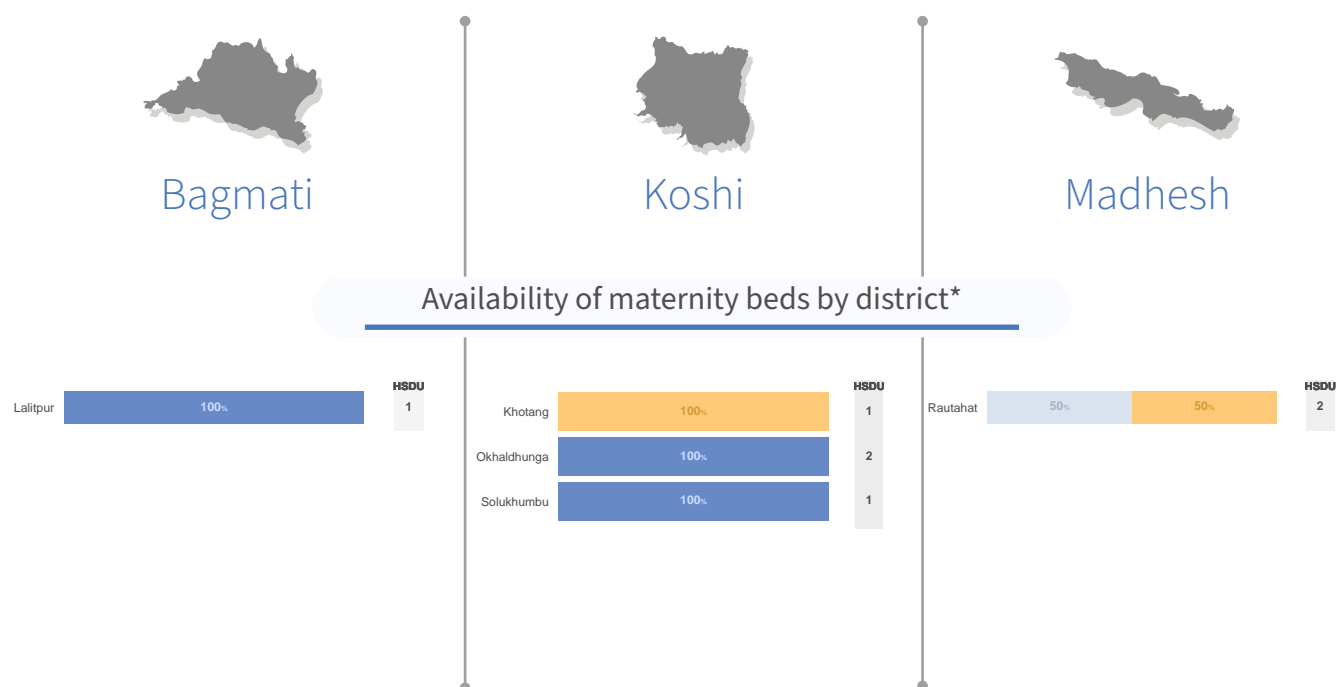
Availability of maternity beds by province



Availability of maternity beds by HSDU type



¹³ Availability of sufficient, functioning maternity beds to meet the HSDUs demands. This include availability of relevant equipment, supplies and human resources to manage patient load.

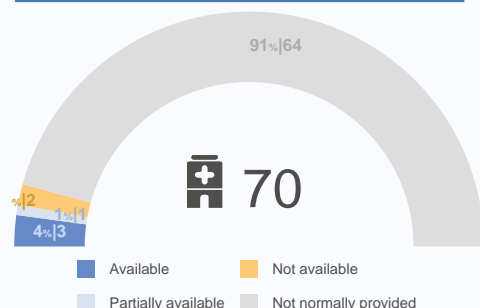


* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

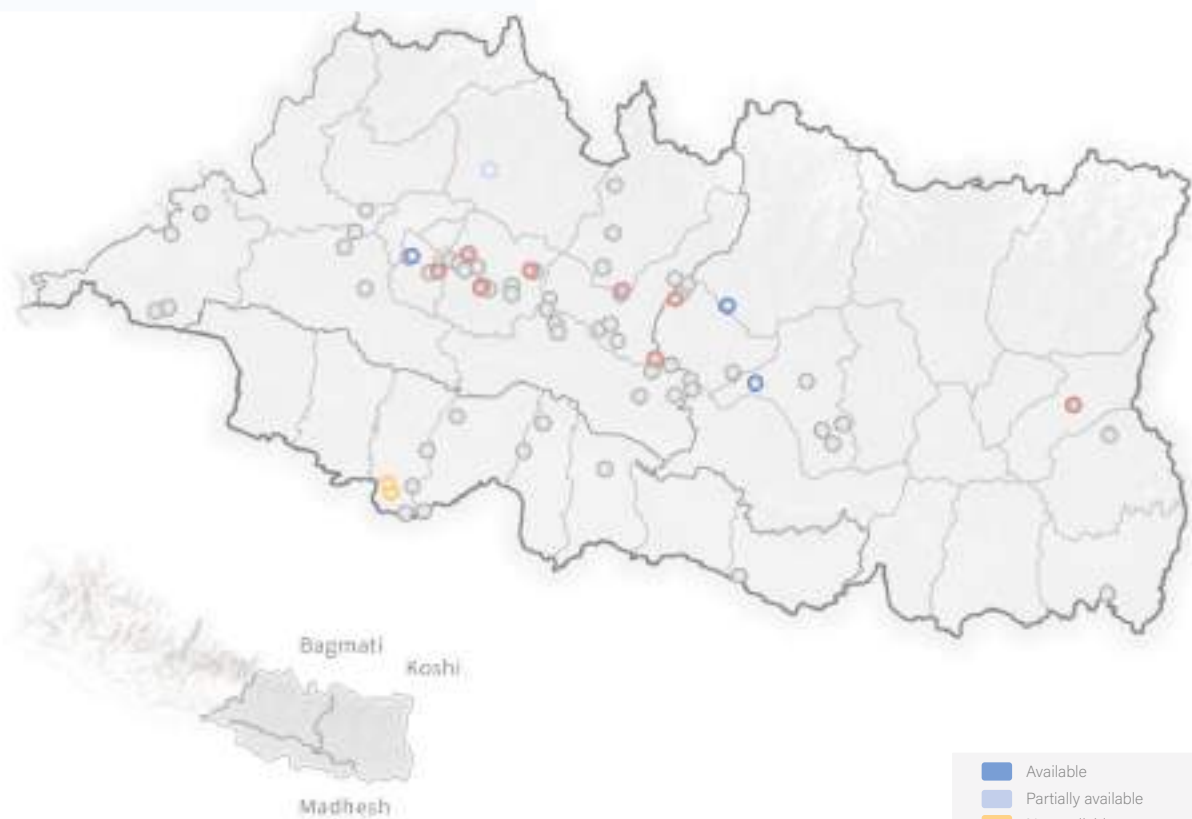
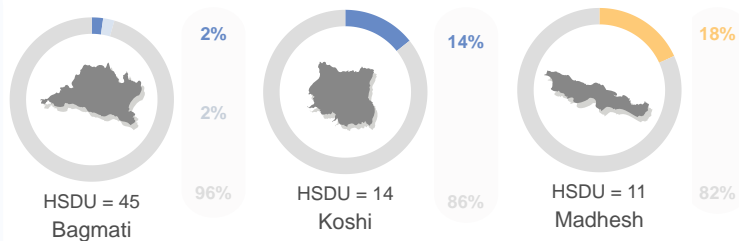


General inpatient beds

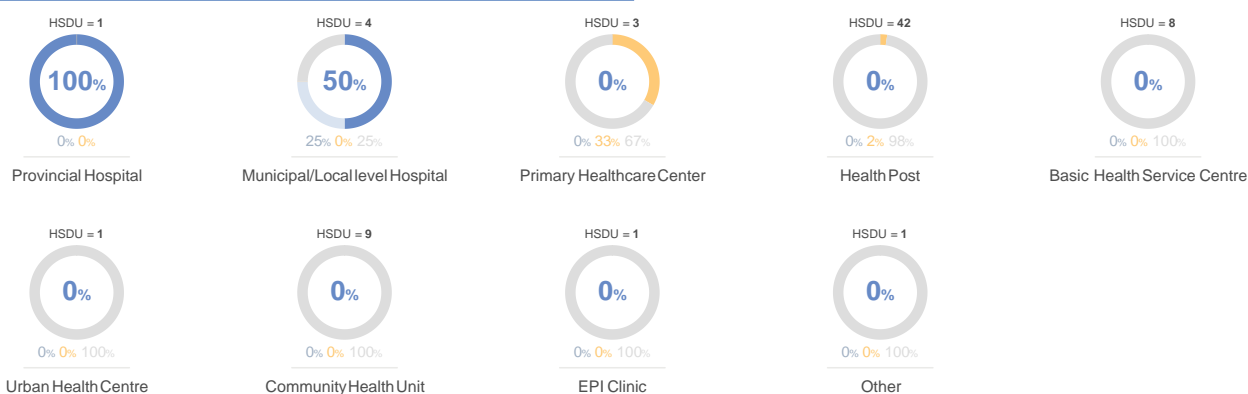
Availability of general inpatient beds ¹⁴



Availability of general inpatient beds by province



Availability of general inpatient beds by HSDU type



¹⁴ Availability of sufficient, functioning ICU beds to meet the HSDUs demands. This include availability of relevant equipment, supplies and human resources to manage patient load.



Bagmati

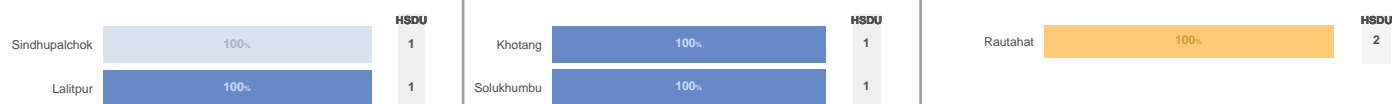


Koshi



Madhesh

Availability of general inpatient beds by district*



Barriers impeding inpatient bed capacity**



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

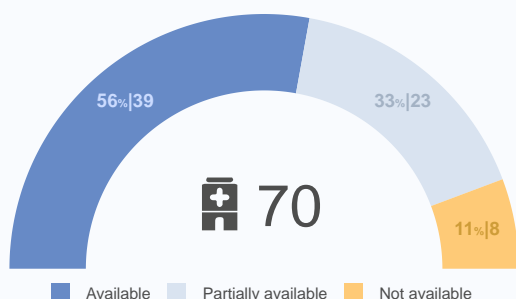
* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

** Graphs includes the barriers for all inpatient bed categories



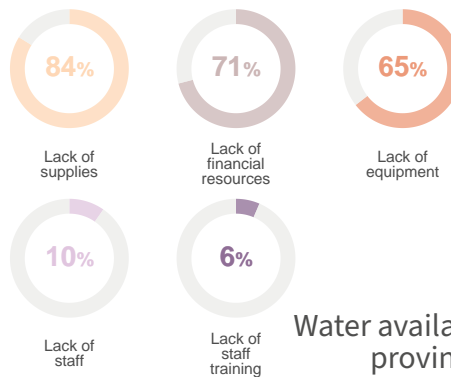
WATER

Water availability¹⁵

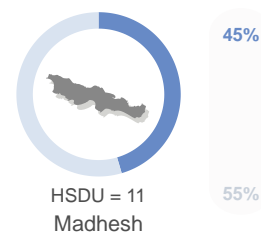
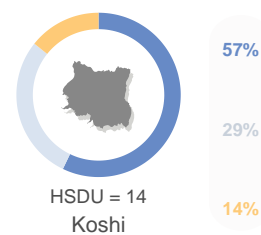
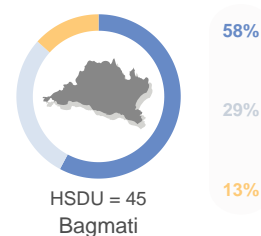


Main reasons of unavailability

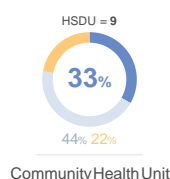
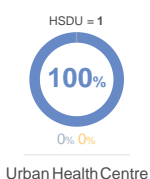
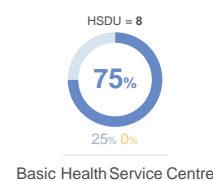
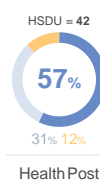
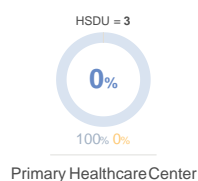
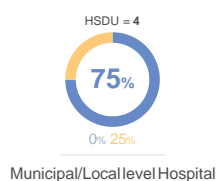
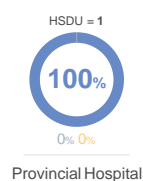
HSDU = 31



Water availability by province



Water availability by HSDU type



¹⁵ Availability of sufficient, reliable and safe water to meet the HSDUs daily demand. Water is considered "available" with available in sufficient quantities and qualities and comes from improved water sources or is treated on-site following national guidelines. Improved water sources include e.g., running water, tube or boreholes, protected wells, protected springs, rainwater, and bottled or distributed water.



Bagmati

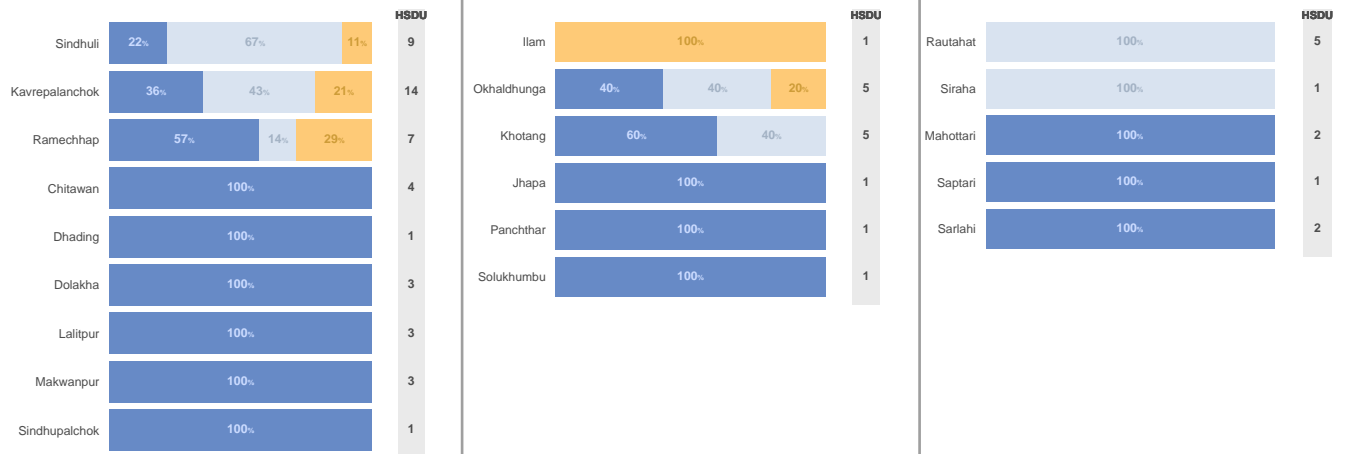


Koshi



Madhesh

Water availability by district



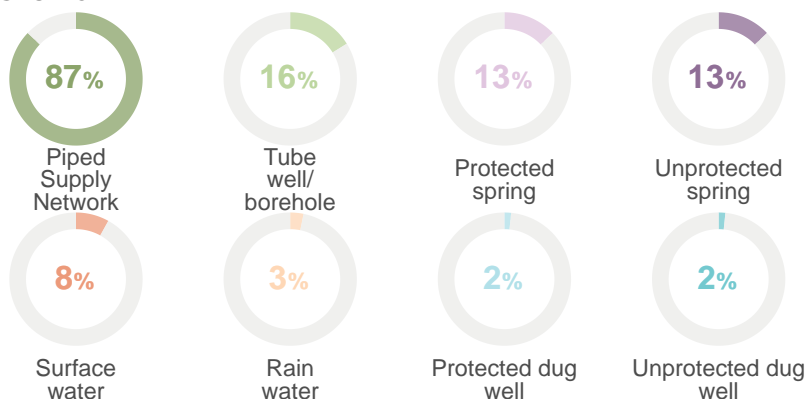
Main reasons of unavailability by HSDU



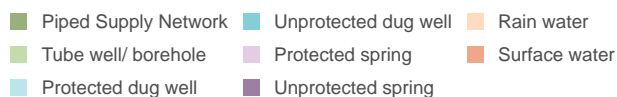


Main water sources

HSDU = 62



Main water sources by district

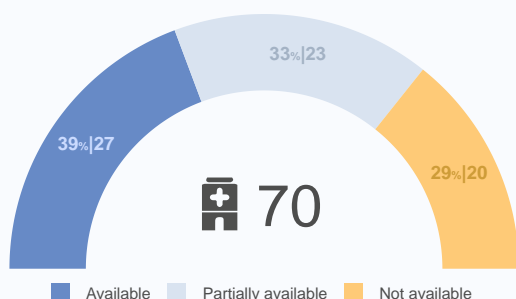






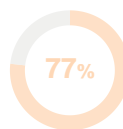
SANITATION FACILITIES

Availability of sanitation facilities ¹⁶

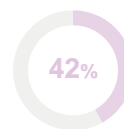


Main reasons of unavailability

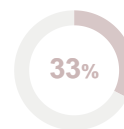
HSDU = 43



Lack of supplies



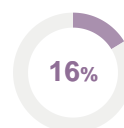
Lack of staff



Lack of financial resources

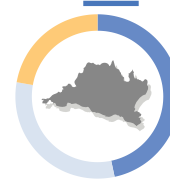


Lack of equipment

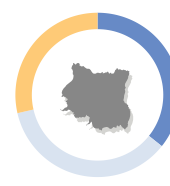


Lack of training

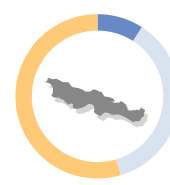
Availability of sanitation facilities by province



HSDU = 45
Bagmati



HSDU = 14
Koshi

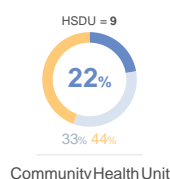
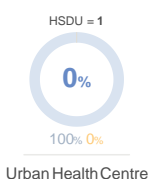
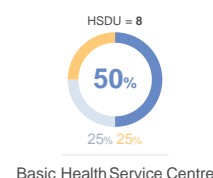
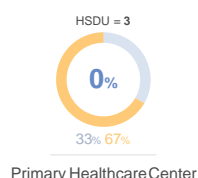
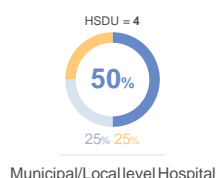
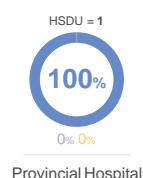


HSDU = 11
Madhesh



Available
Partially available
Not available
Not operational

Availability of sanitation facilities by HSDU type



¹⁶ Availability of sufficient improved and usable sanitation facilities with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for users with limited mobility. Improved sanitation facilities include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs.



Bagmati

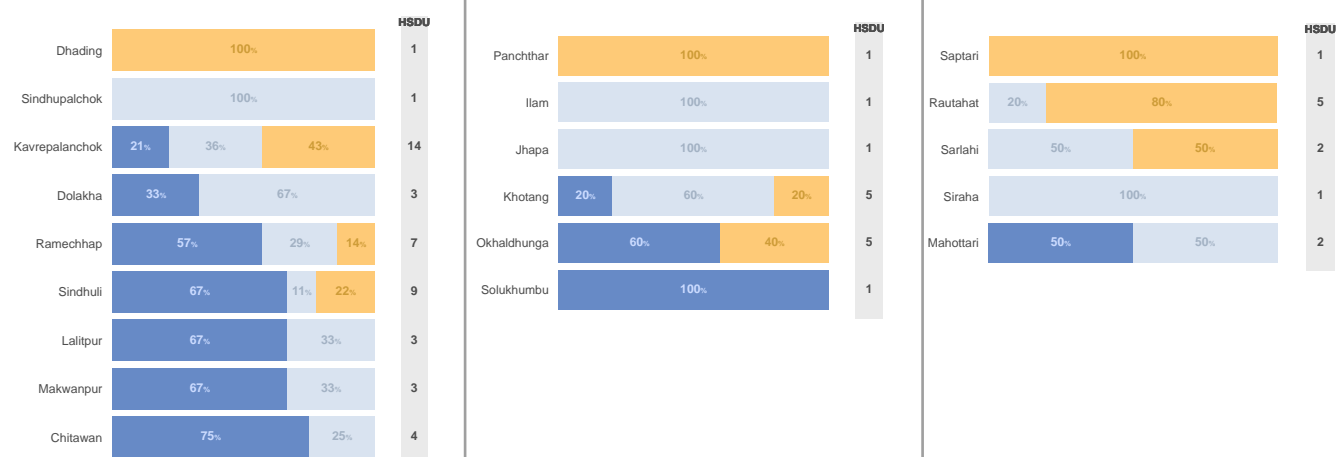


Koshi

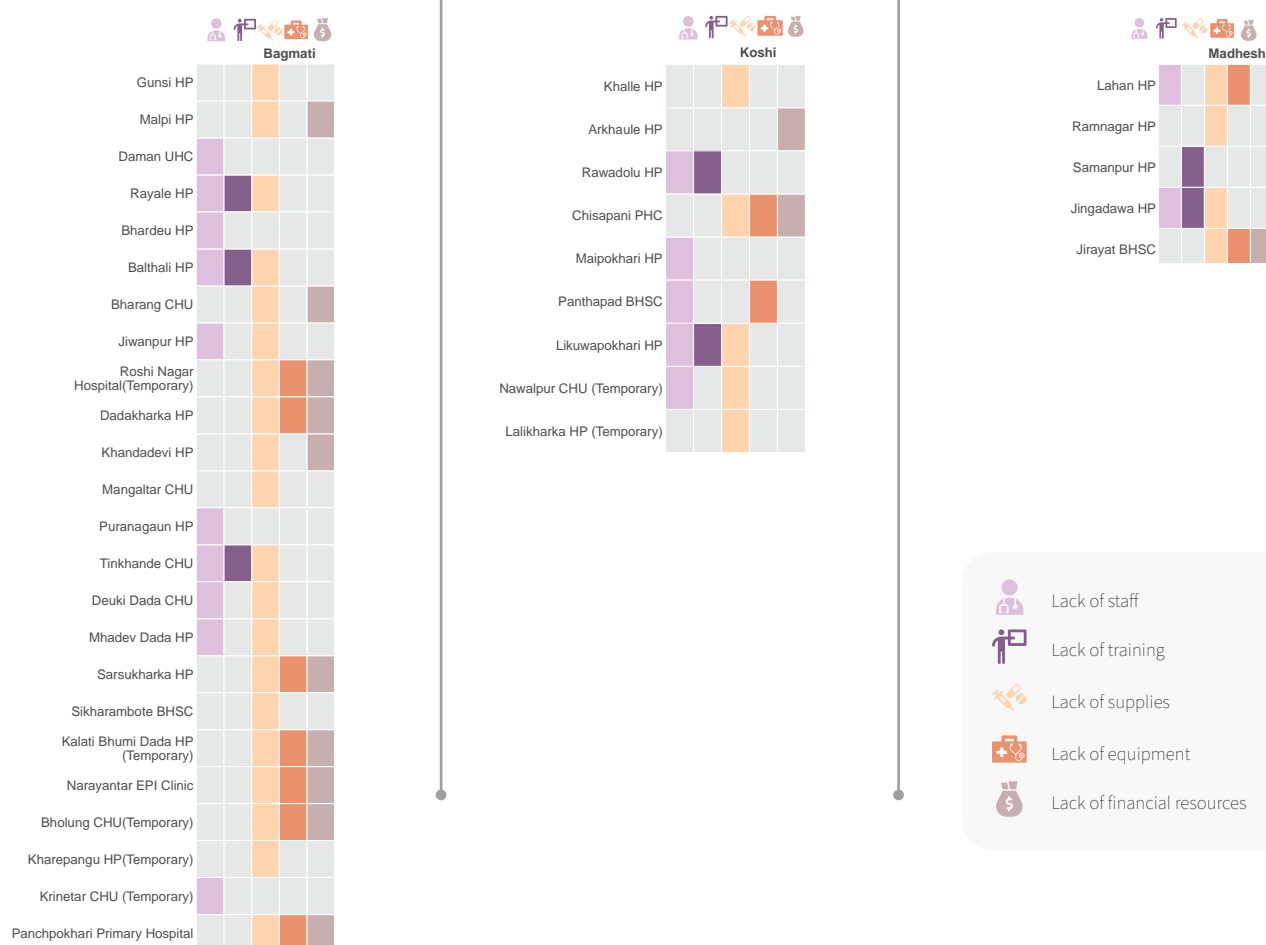


Madhesh

Availability of sanitation facilities by district

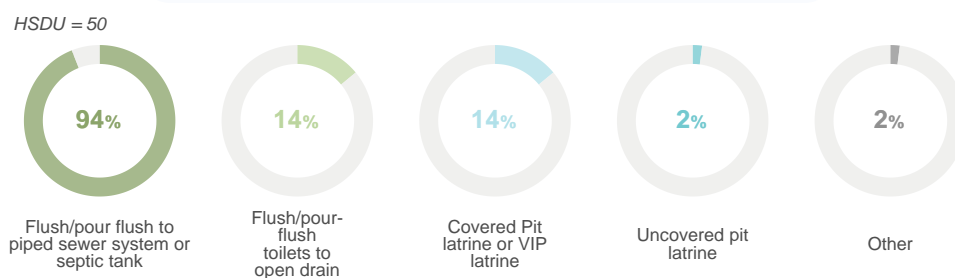


Main reasons of unavailability by HSDU

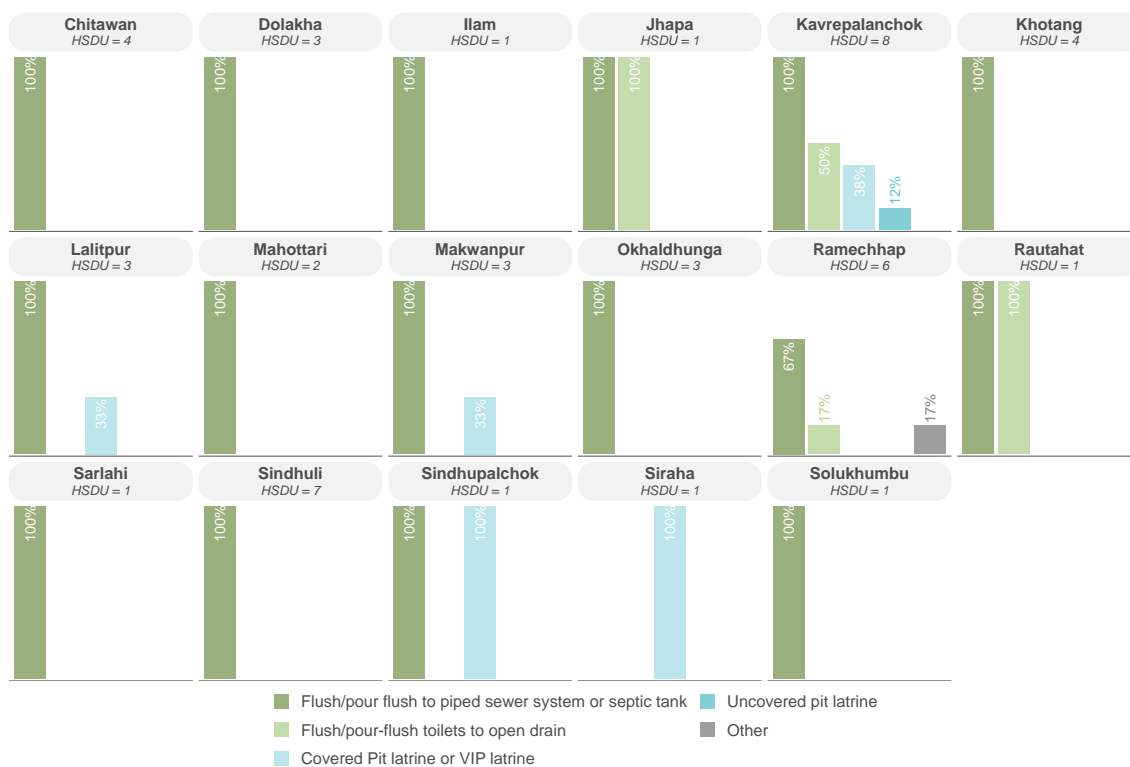




Types of sanitation facilities



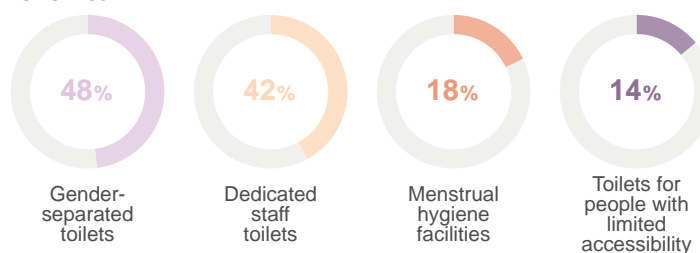
Types of sanitation facilities by district



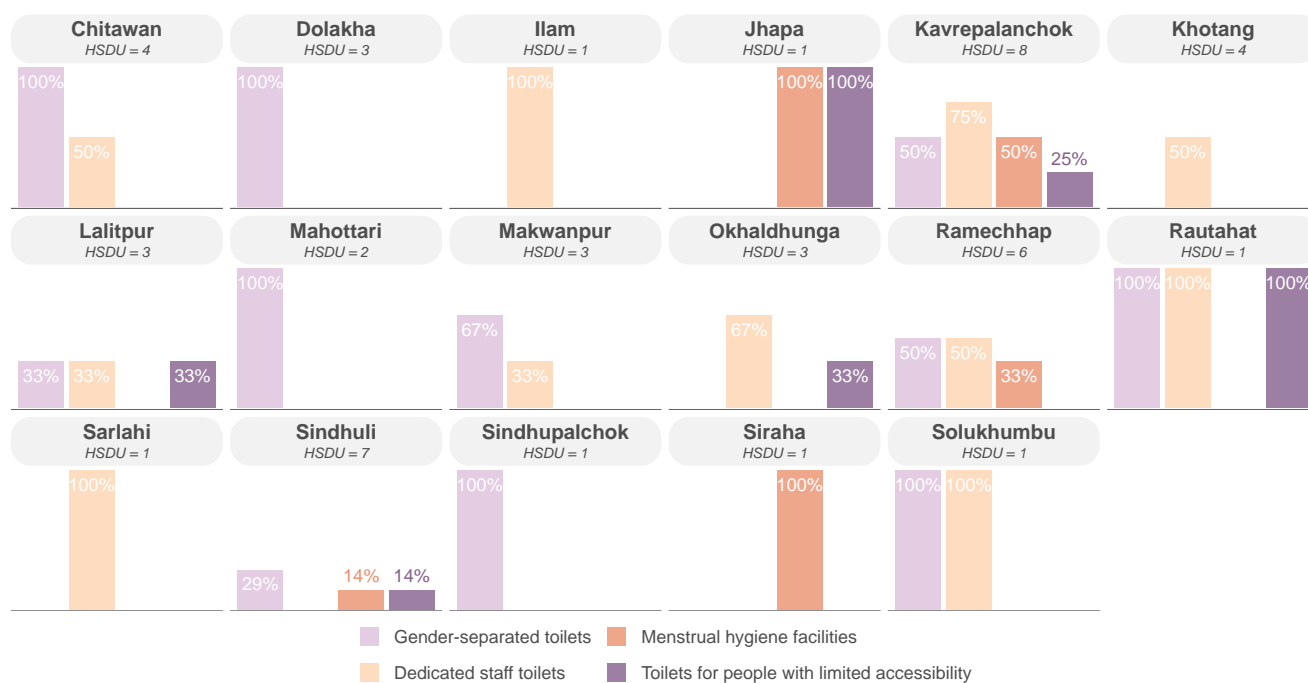


Sanitation facilities accessibility

HSDU = 50



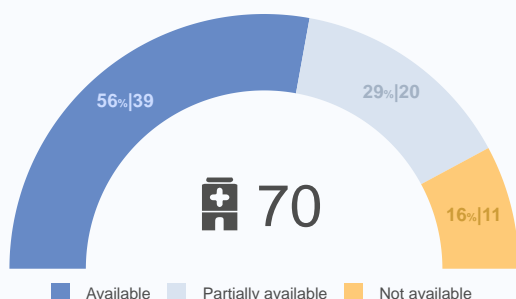
Sanitation facilities accessibility by district





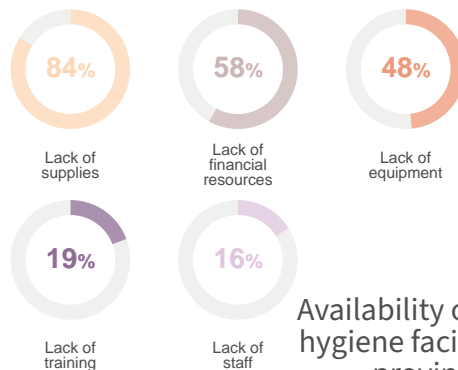
HAND-HYGIENE FACILITIES

Availability of hand-hygiene facilities ¹⁷

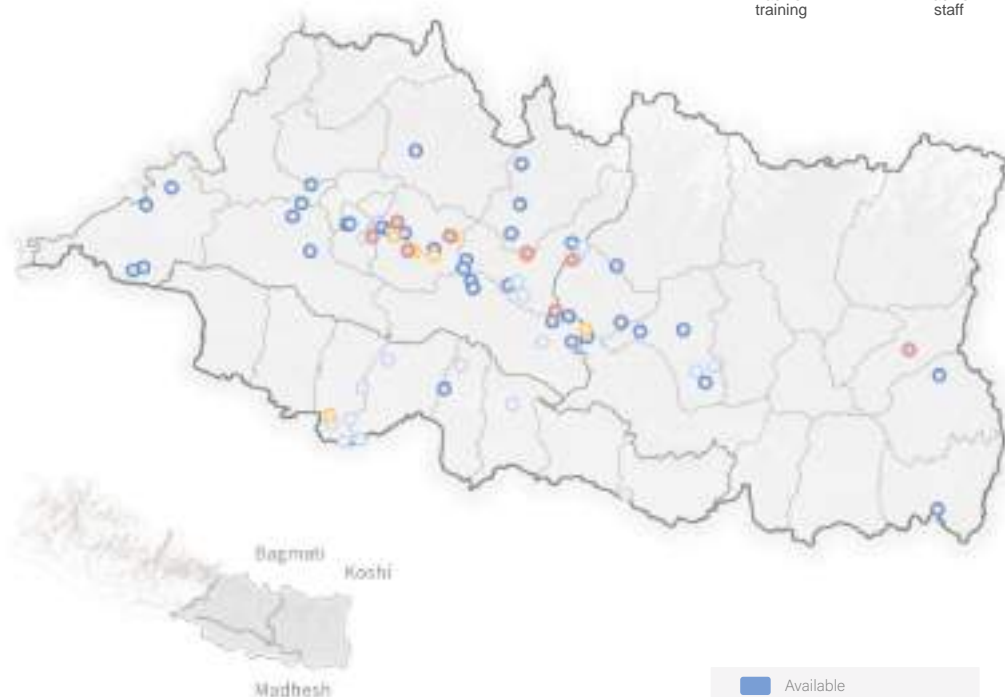
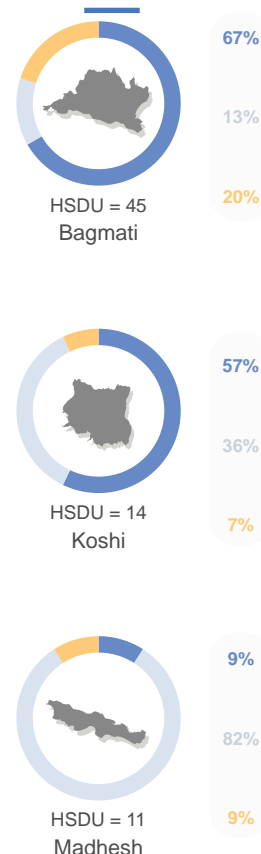


Main reasons of unavailability

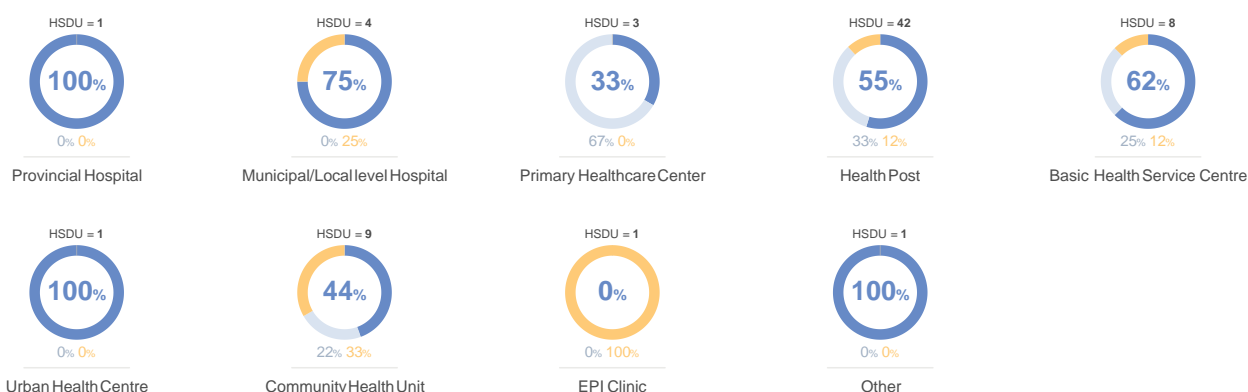
HSDU = 31



Availability of hand-hygiene facilities by province



Availability of hand-hygiene facilities by HSDU type



¹⁷ Availability of functioning hand-hygiene facilities at all critical locations within the HSDU, including required supplies such as water, soap and AHBR. All staff have complete training in proper hand hygiene practices.



Bagmati

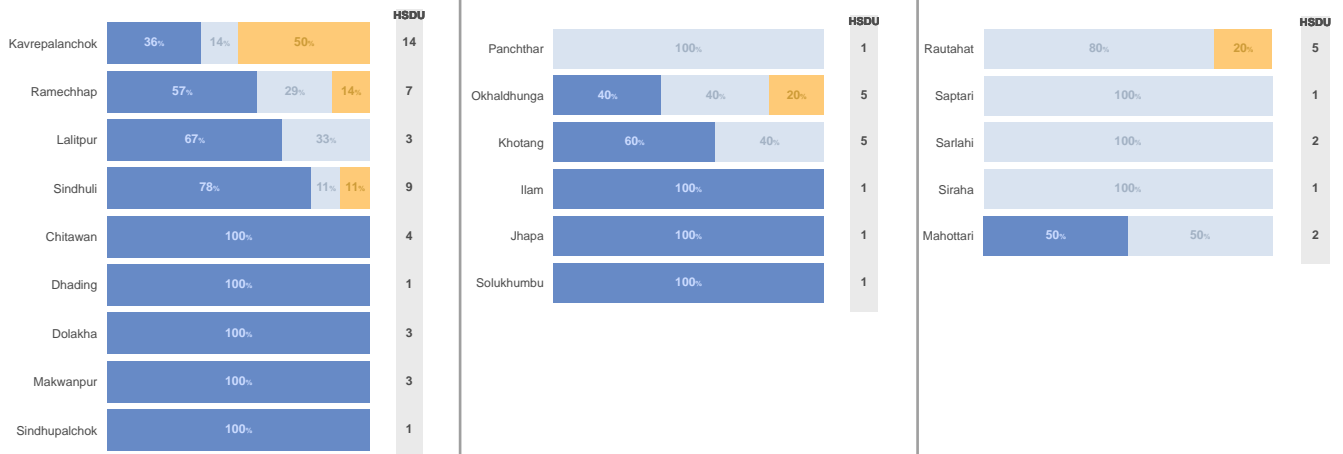


Koshi

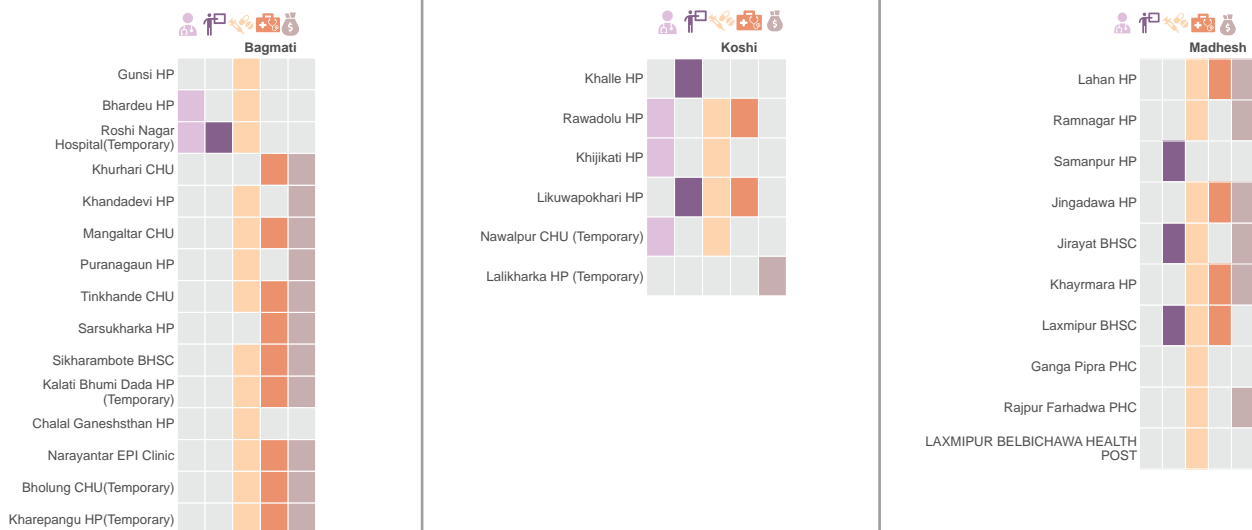


Madhesh

Availability of hand-hygiene facilities by district



Main reasons of unavailability by HSDU

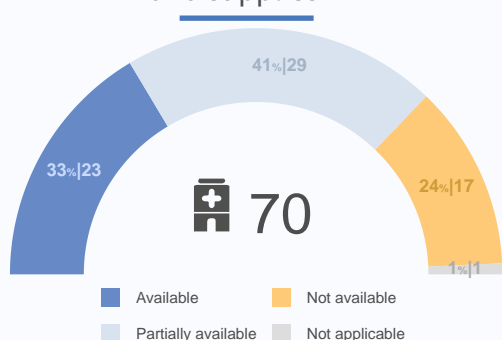


- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources



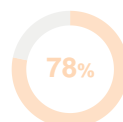
CLEANING EQUIPMENT

Availability of cleaning equipment and supplies¹⁸

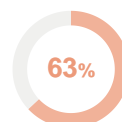


Main reasons of unavailability

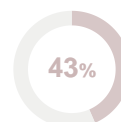
HSDU = 46



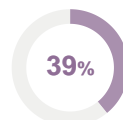
Lack of supplies



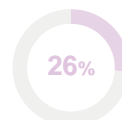
Lack of equipment



Lack of financial resources

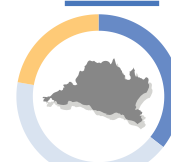


Lack of training

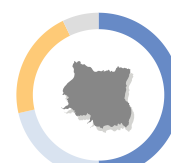


Lack of staff

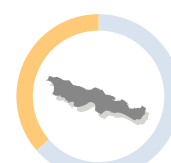
Availability of cleaning equipment and supplies by province



HSDU = 45
Bagmati

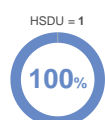


HSDU = 14
Koshi

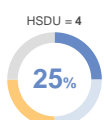


HSDU = 11
Madhesh

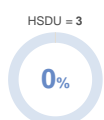
Availability of cleaning equipment and supplies by HSDU type



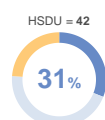
Provincial Hospital



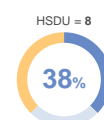
Municipal/Local level Hospital



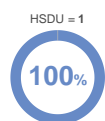
Primary Healthcare Center



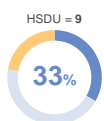
Health Post



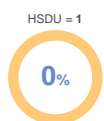
Basic Health Service Centre



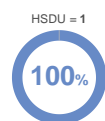
Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹⁸ The availability of means to ensure proper environmental cleaning in accordance with national guidelines. This includes the availability of sufficient resources (including equipment, supplies, and human resources), availability of cleaning protocols, and that staff has been adequately trained.



Bagmati

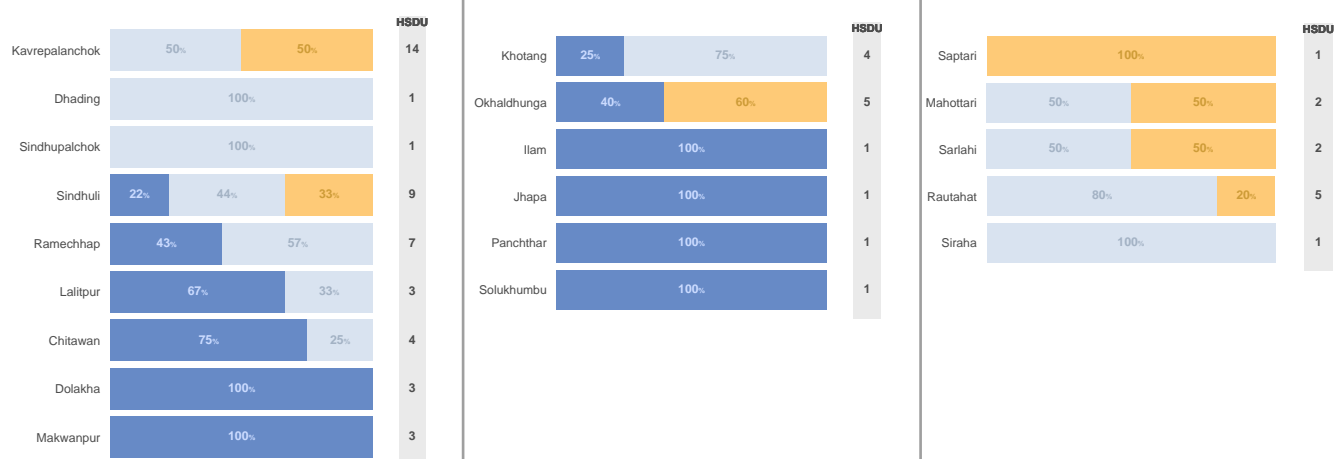


Koshi



Madhesh

Availability of cleaning equipment and supplies by district



Main reasons of unavailability by HSDU

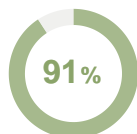


- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

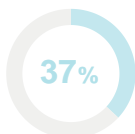


Main power sources

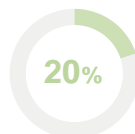
HSDU = 65



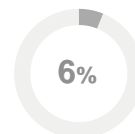
Public network



Solar

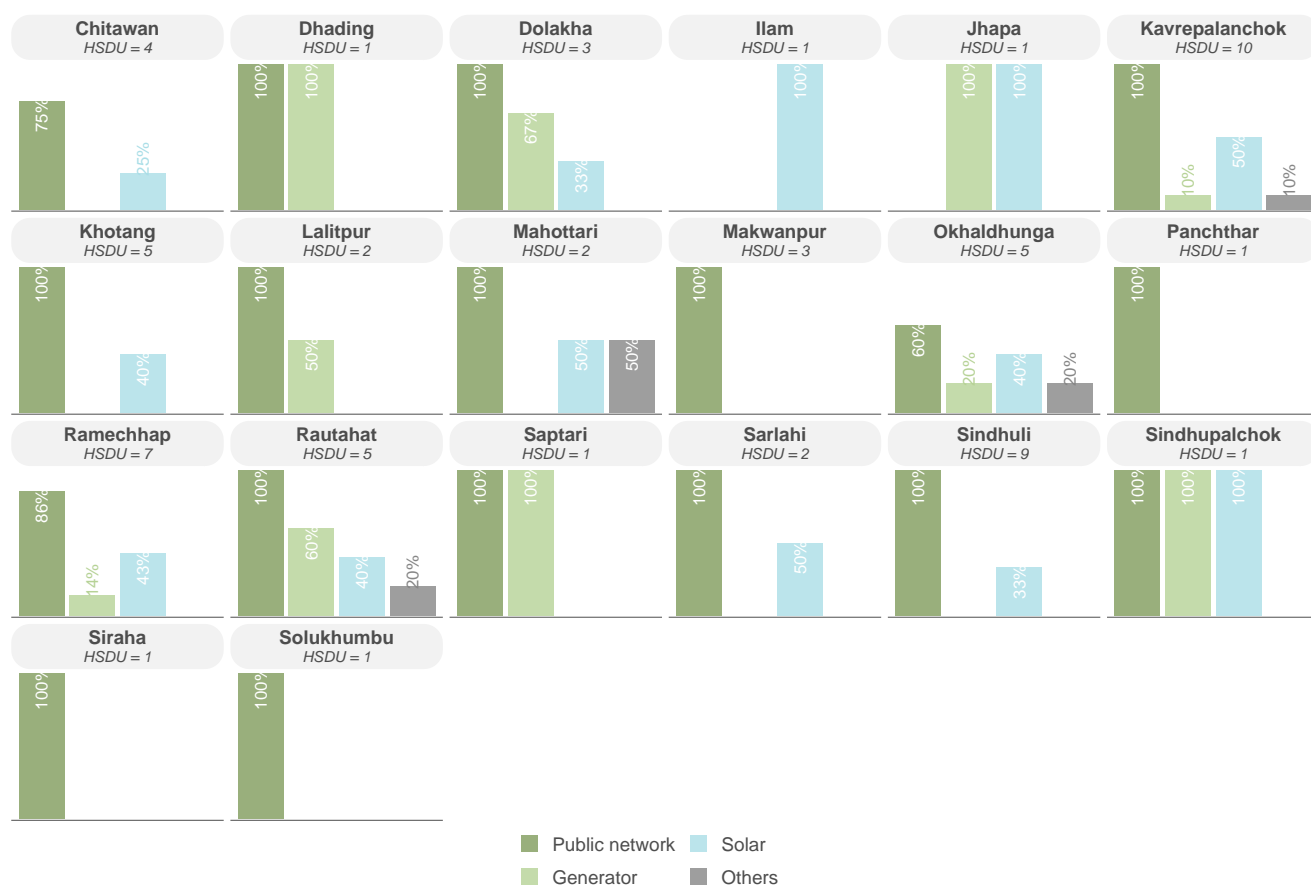


Generator



Others

Main power sources by district





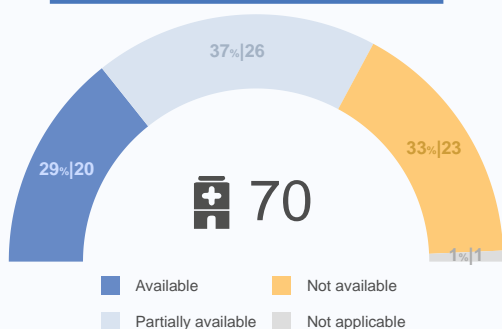


WASTE MANAGEMENT

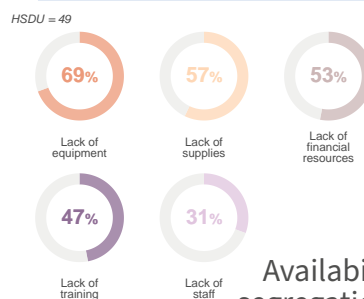


Waste segregation

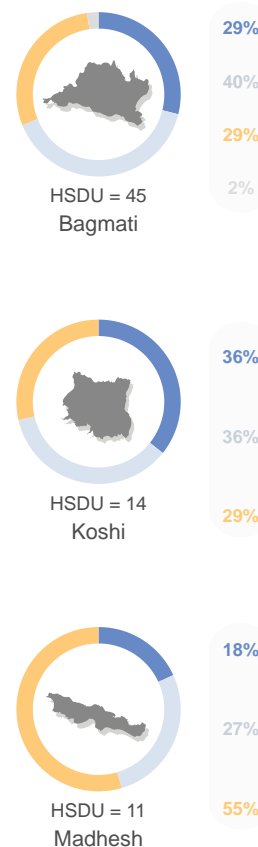
Availability of Waste segregation¹⁹



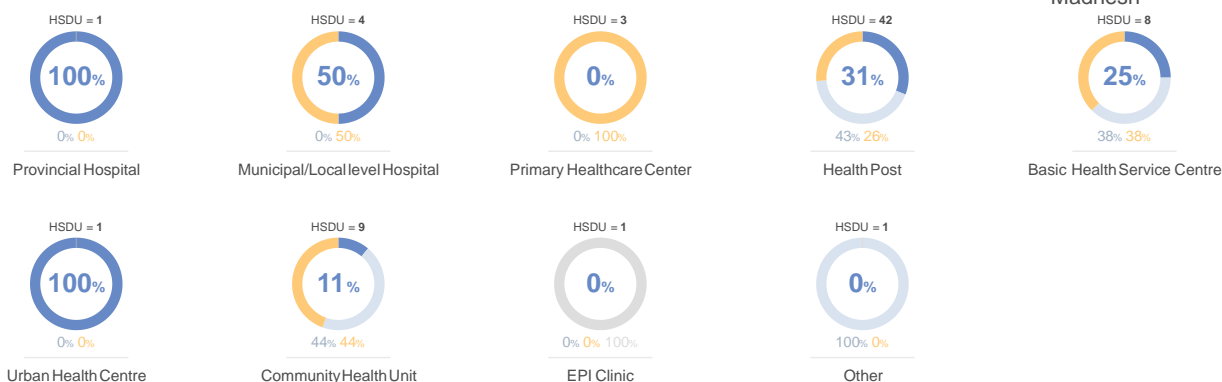
Main reasons of unavailability



Availability of Waste segregation by province



Availability of Waste segregation by HSDU type



¹⁹ The availability of means to adhere to proper waste segregation practices in accordance with national standards. This includes availability of sufficient resources, supplies and training of staff. Waste segregation practices includes specific measures, such as the utilization of at least three leak-proof bins in the consultation area for waste segregation. Sharps containers must be puncture-proof, and bins designated for sharps waste and infectious waste should be equipped with lids to ensure safe and secure disposal.



Bagmati

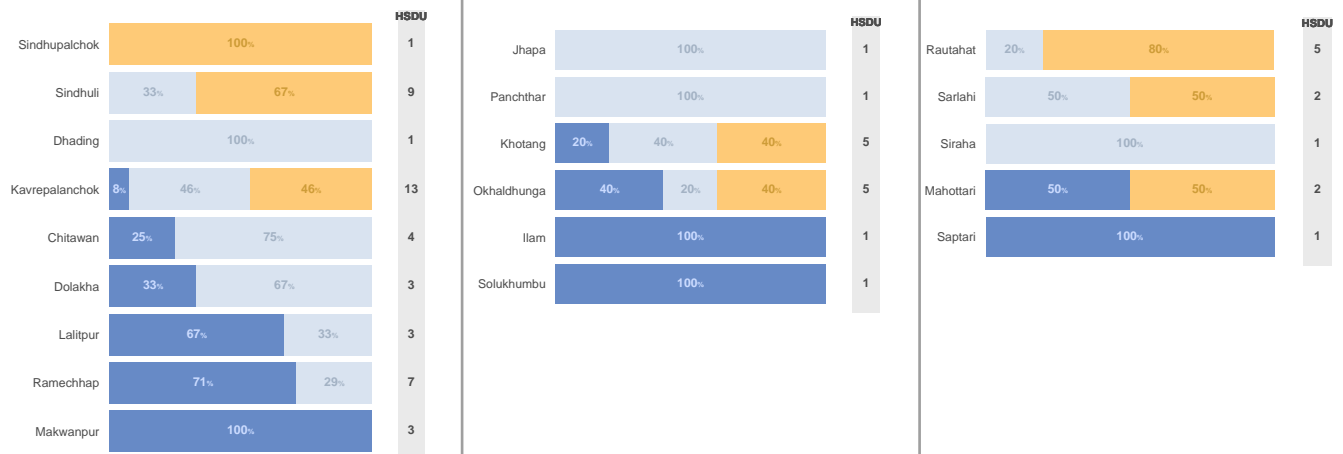


Koshi

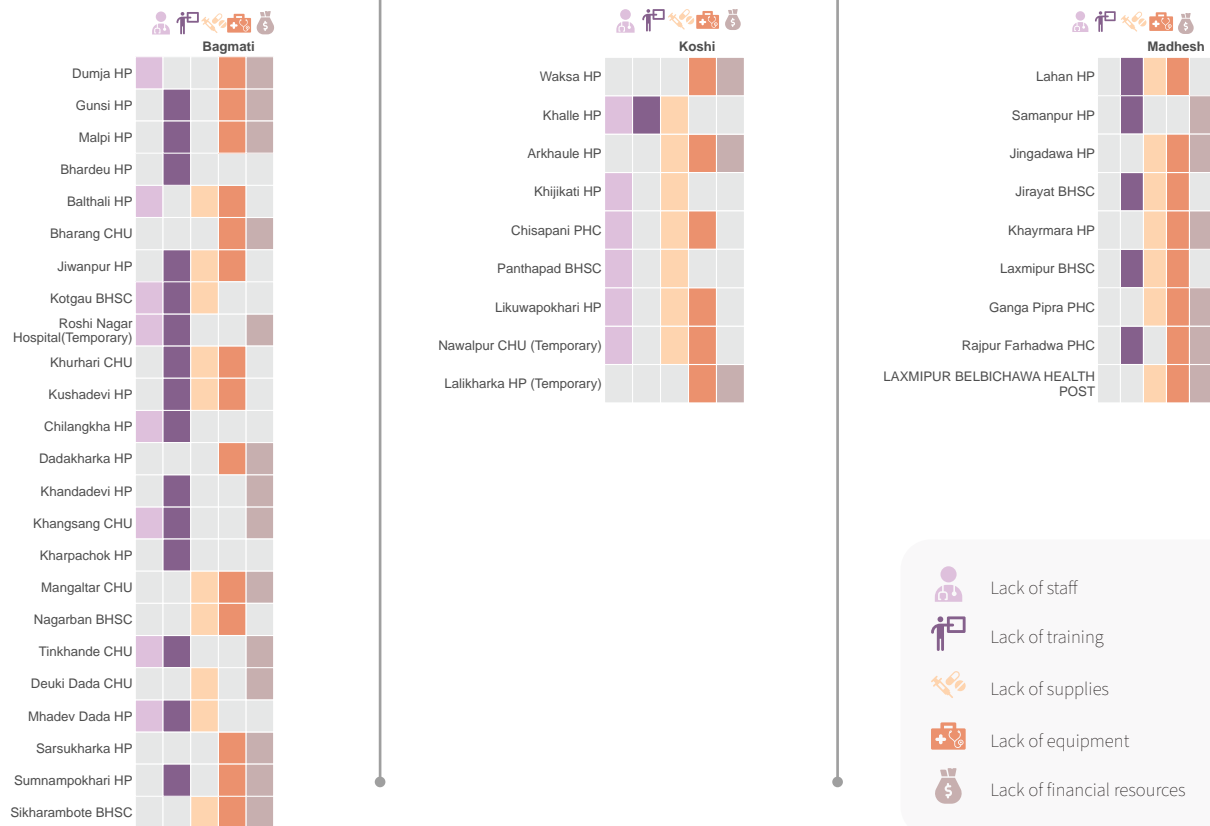


Madhesh

Availability of Waste segregation by district



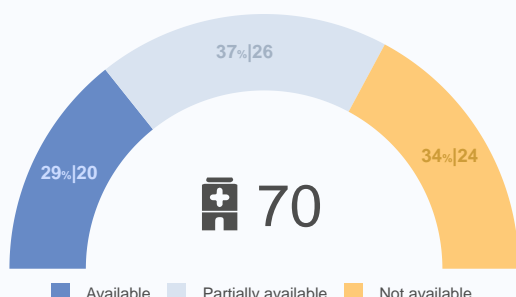
Main reasons of unavailability by HSDU





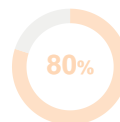
Final disposal of sharps

Availability of Sharps disposal²⁰

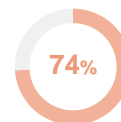


Main reasons of unavailability

HSDU = 50



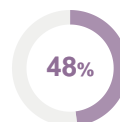
Lack of supplies



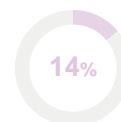
Lack of equipment



Lack of financial resources

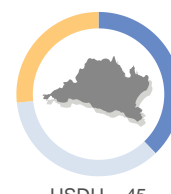


Lack of training

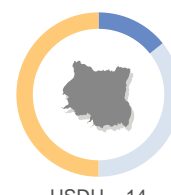


Lack of staff

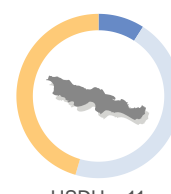
Availability of Sharps disposal by province



HSDU = 45
Bagmati

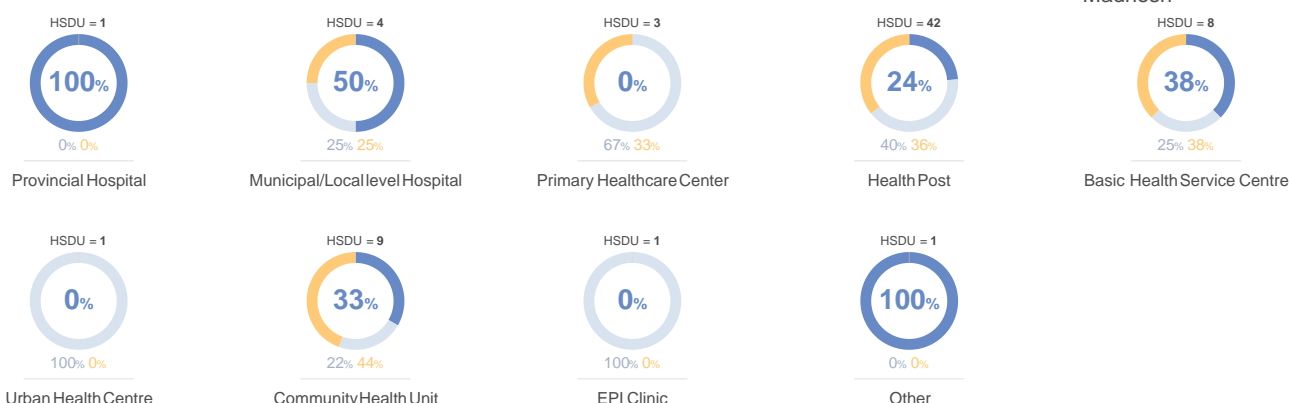


HSDU = 14
Koshi



HSDU = 11
Madhesh

Availability of Sharps disposal by HSDU type



²⁰ Availability of means to treat and safely dispose of all sharp waste. This includes availability of sufficient resources, supplies and training of staff. Safe treatment and disposal methods include incineration, autoclaving, and burial in a lined, protected pit. Sharps may also be collected and transported off-site for medical waste treatment and disposal.



Bagmati

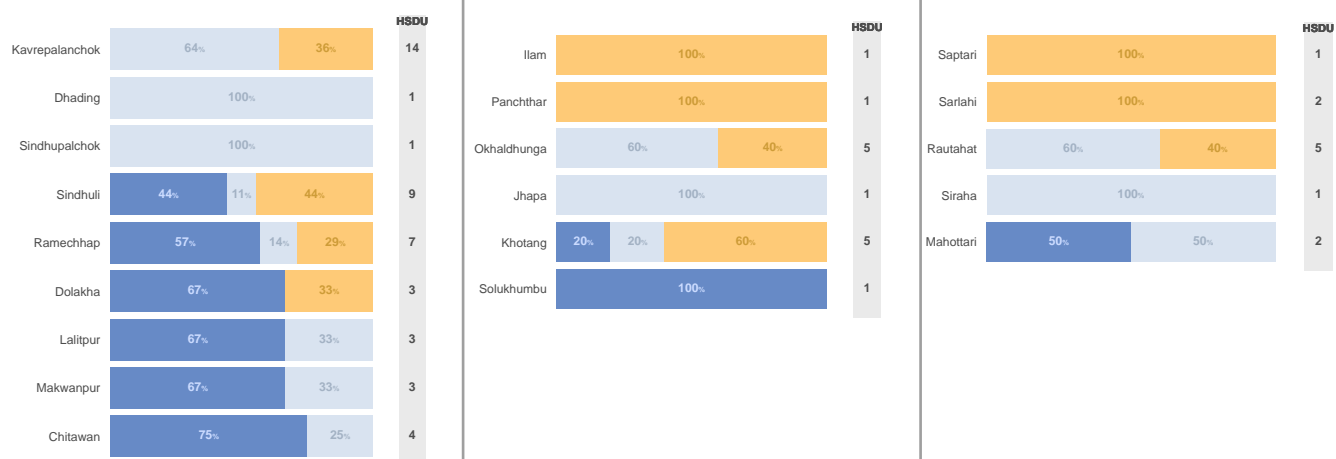


Koshi



Madhesh

Availability of Sharps disposal by district



Main reasons of unavailability by HSDU

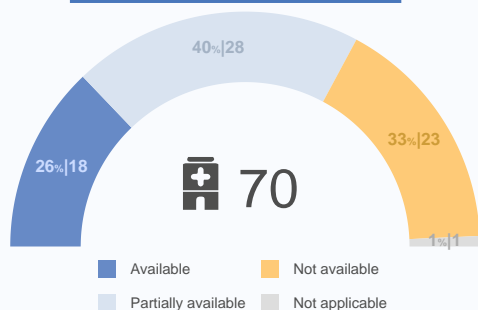


- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources



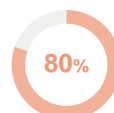
Final disposal of infectious waste

Availability of methods for final disposal of infectious waste²¹

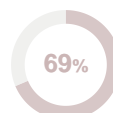


Main reasons of unavailability

HSDU = 51



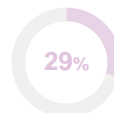
Lack of equipment



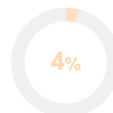
Lack of financial resources



Lack of training

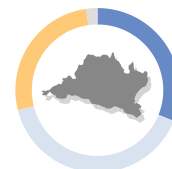


Lack of staff

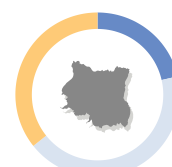


Lack of supplies

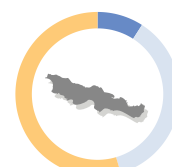
Availability of methods for final disposal of infectious waste by province



HSDU = 45
Bagmati

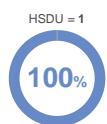


HSDU = 14
Koshi

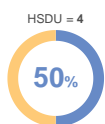


HSDU = 11
Madhesh

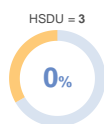
Availability of methods for final disposal of infectious waste by HSDU type



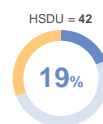
Provincial Hospital



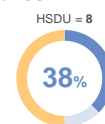
Municipal/Local level Hospital



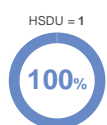
Primary Healthcare Center



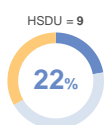
Health Post



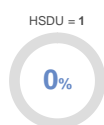
Basic Health Service Centre



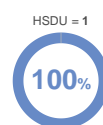
Urban Health Centre



Community Health Unit



EPI Clinic



Other

²¹ Availability of means to treat and safely dispose of all infectious waste. This includes availability of sufficient resources, supplies and training of staff. Safe treatment and disposal methods include incineration, autoclaving, and burial in a lined, protected pit. Infectious wastes may also be collected and transported off-site for medical waste treatment and disposal.



Bagmati

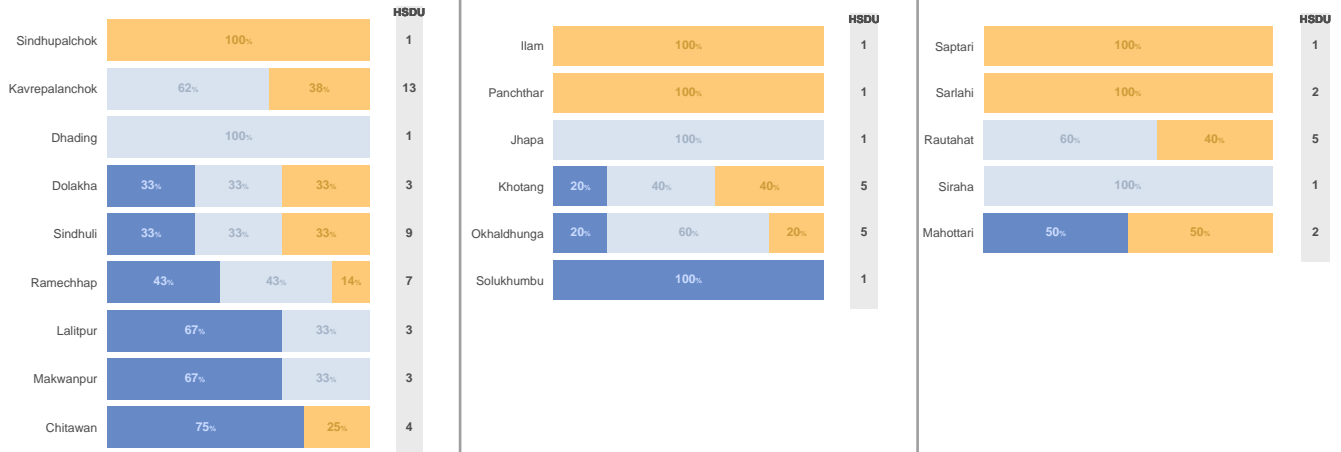


Koshi

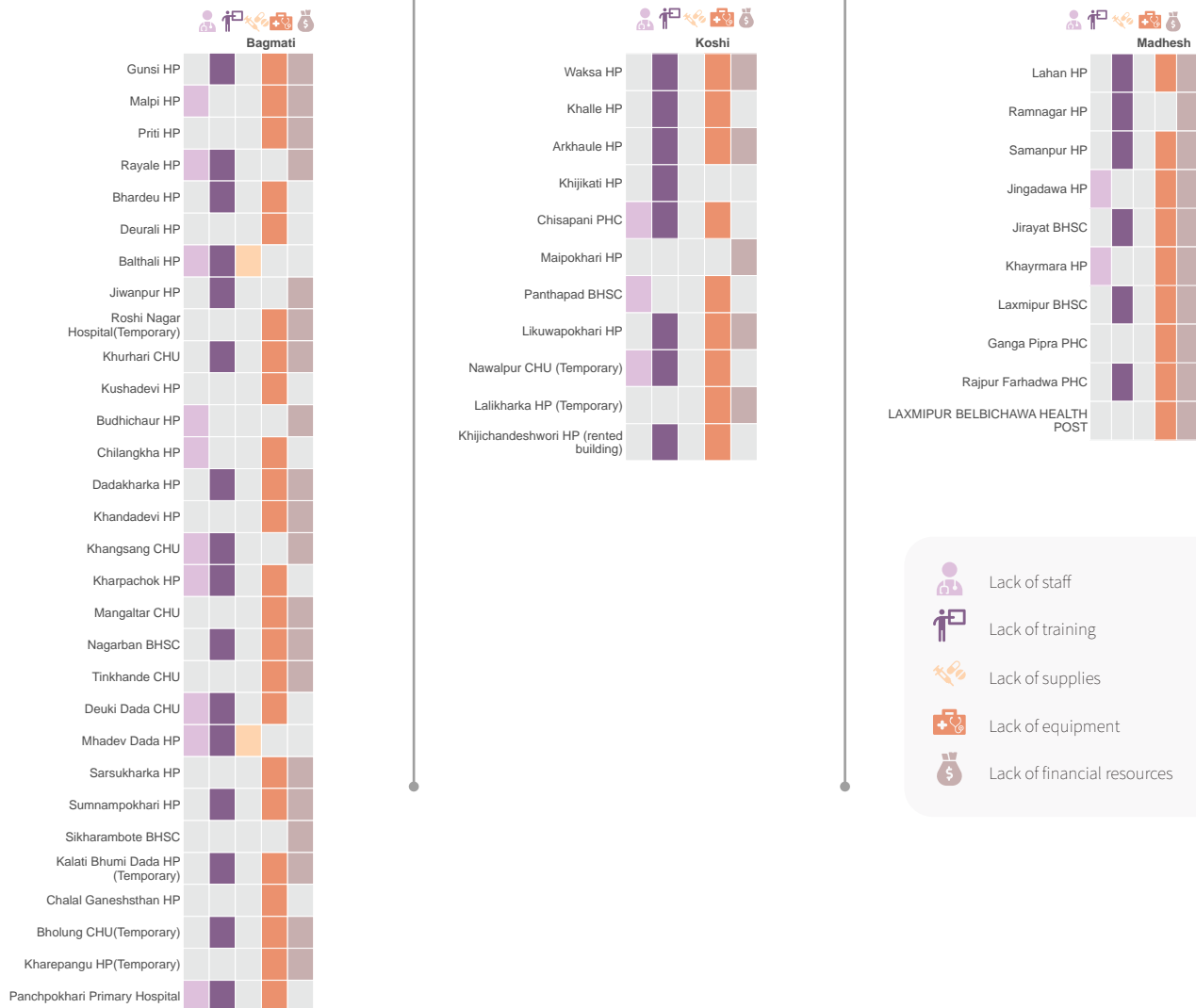


Madhesh

Availability of methods for final disposal of infectious waste by district



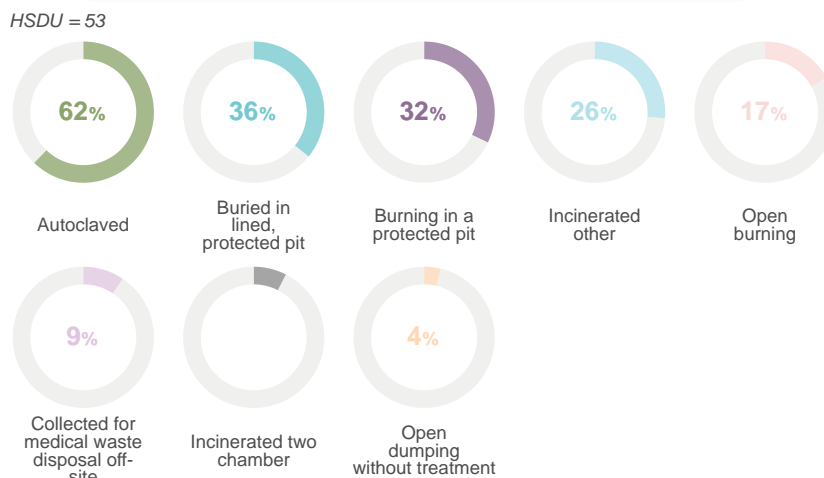
Main reasons of unavailability by HSDU



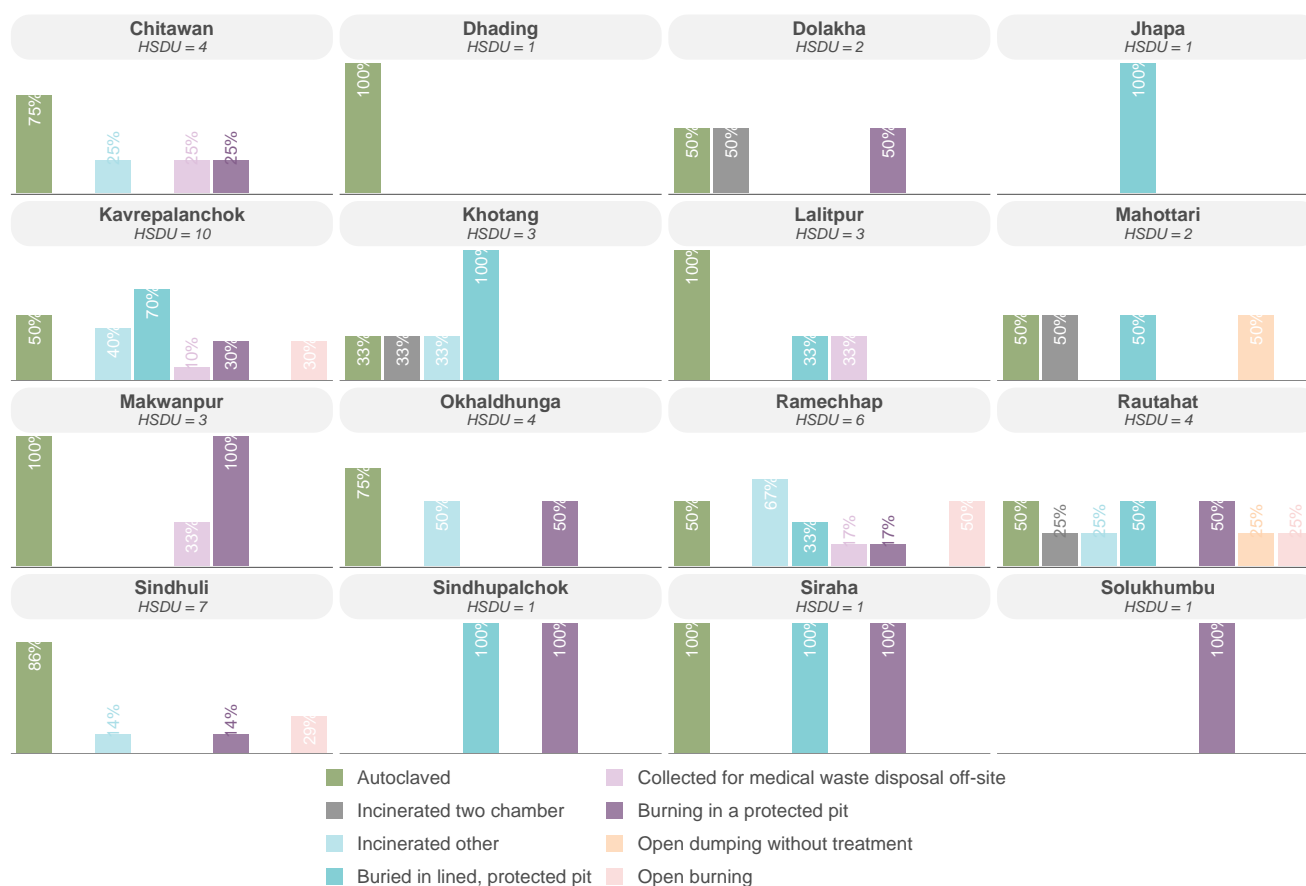
- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources



Waste management methods



Waste management methods by district

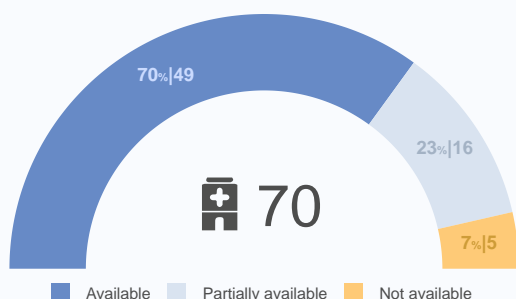






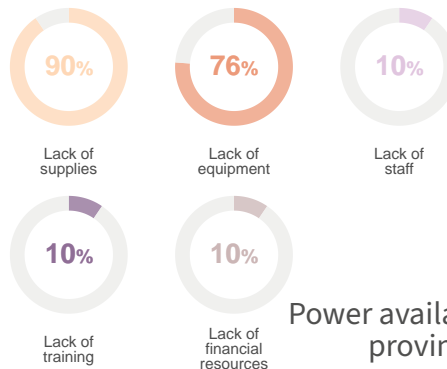
POWER AVAILABILITY

Power availability²²

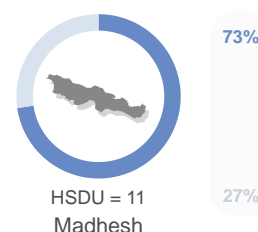
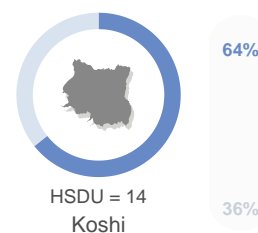
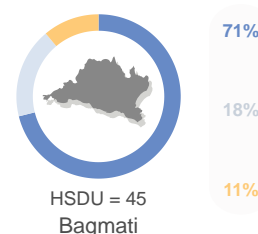


Main reasons of unavailability

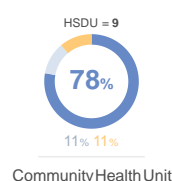
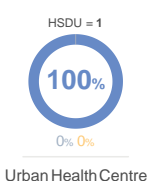
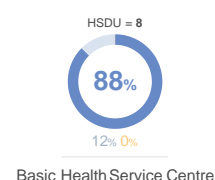
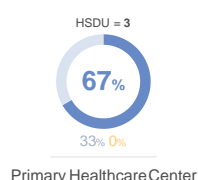
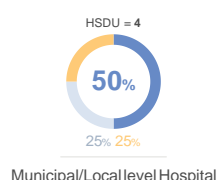
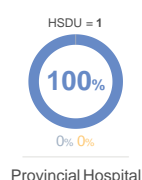
HSDU = 21



Power availability by province



Power availability by HSDU type



²² Availability of reliable and sufficient electricity to meet the daily demand of the HSDU. Note, disruptions or unreliability of national power networks is considered as a lack of supplies.



Bagmati

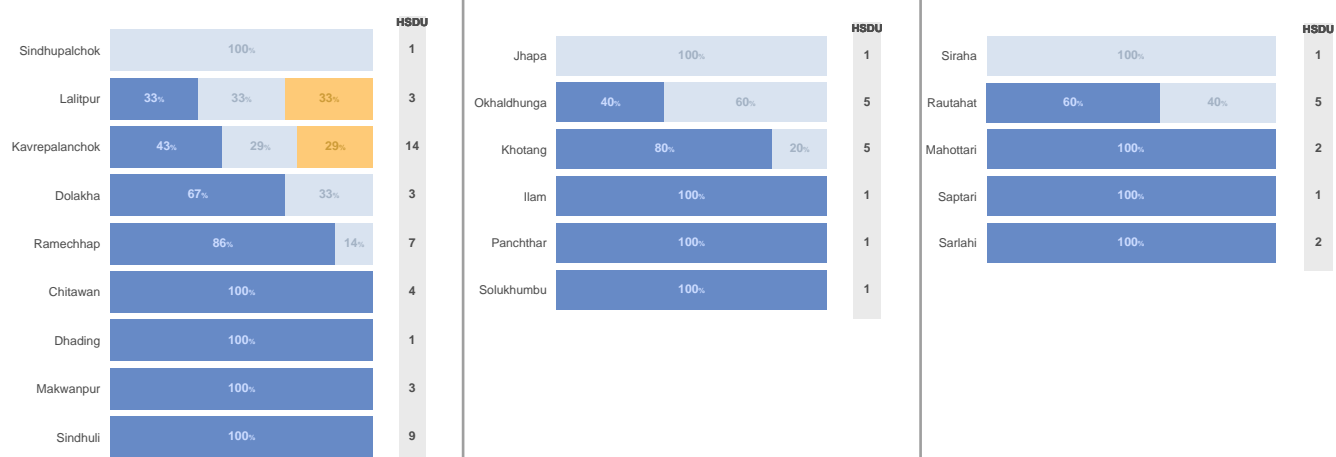


Koshi

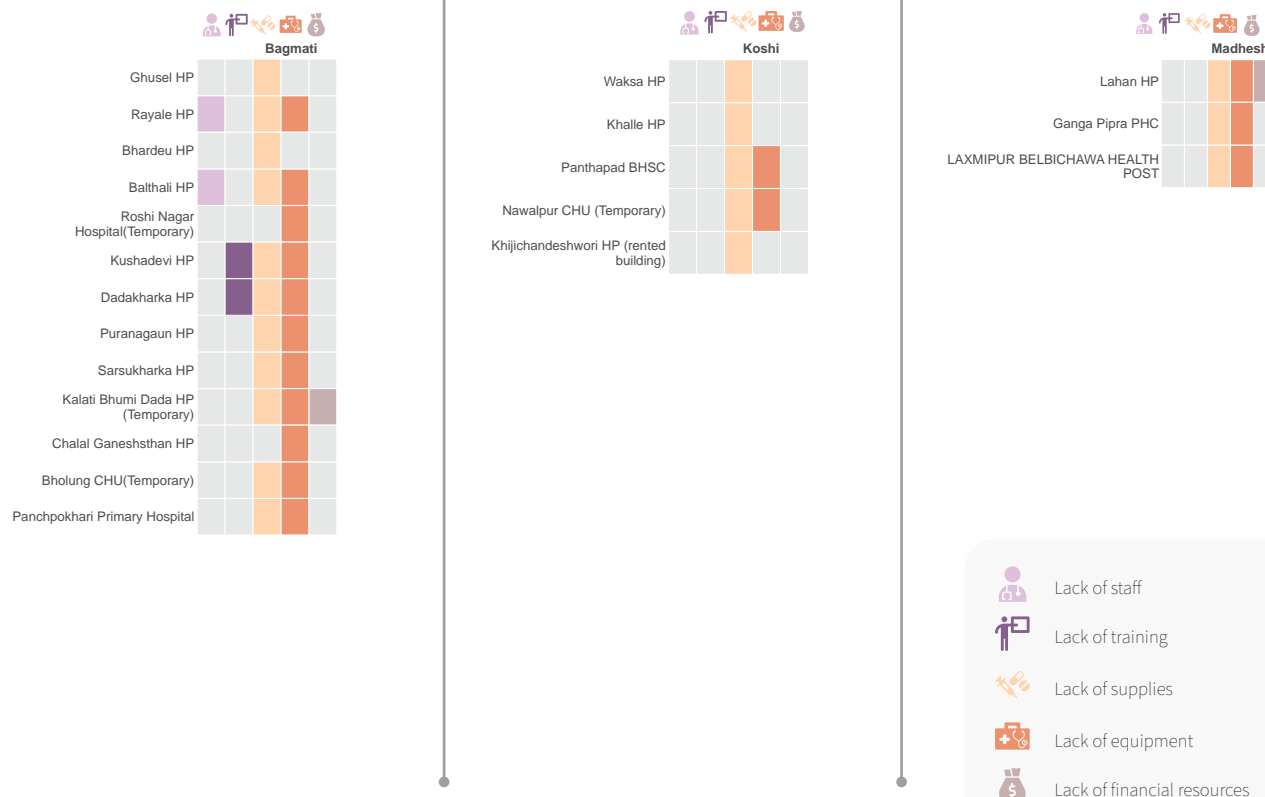


Madhesh

Power availability by district



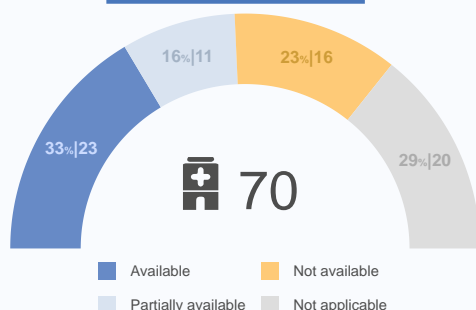
Main reasons of unavailability by HSDU





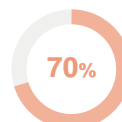
COLD CHAIN AVAILABILITY

Cold chain availability²³

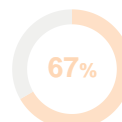


Main reasons of unavailability

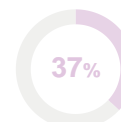
HSDU = 27



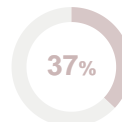
Lack of equipment



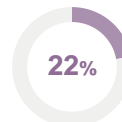
Lack of supplies



Lack of staff

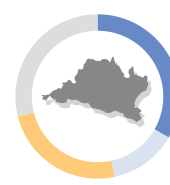


Lack of financial resources

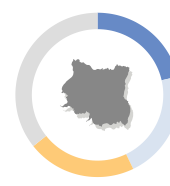


Lack of training

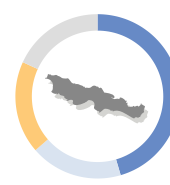
Cold chain availability by province



HSDU = 45
Bagmati



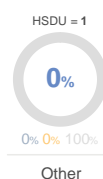
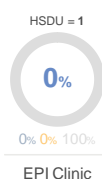
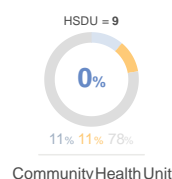
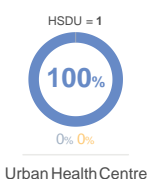
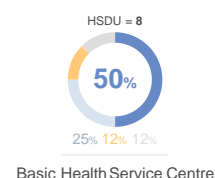
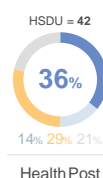
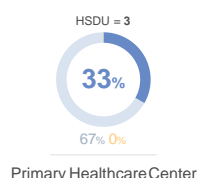
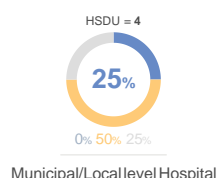
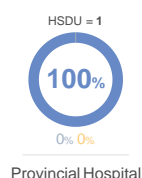
HSDU = 14
Koshi



HSDU = 11
Madhesh



Cold chain availability by HSDU type



²³ Availability of a functioning cold chain with sufficient capacity to meet the HSDUS demand. This includes the availability of sufficient equipment to store vaccines (e.g., refrigerators, cold boxes, vaccine carriers, etc.) and sufficiency and reliability of the power source.



Bagmati

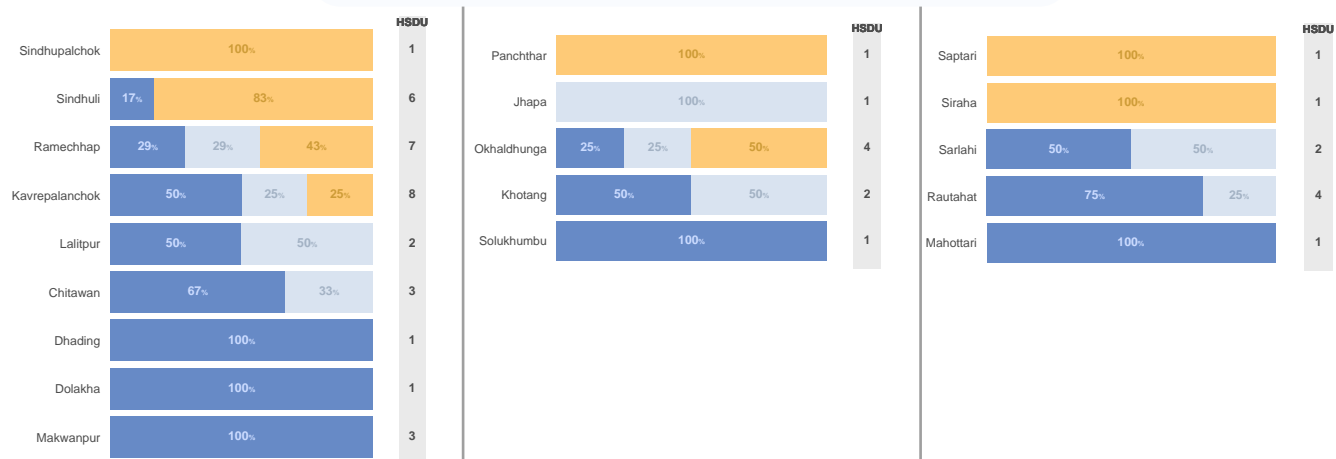


Koshi

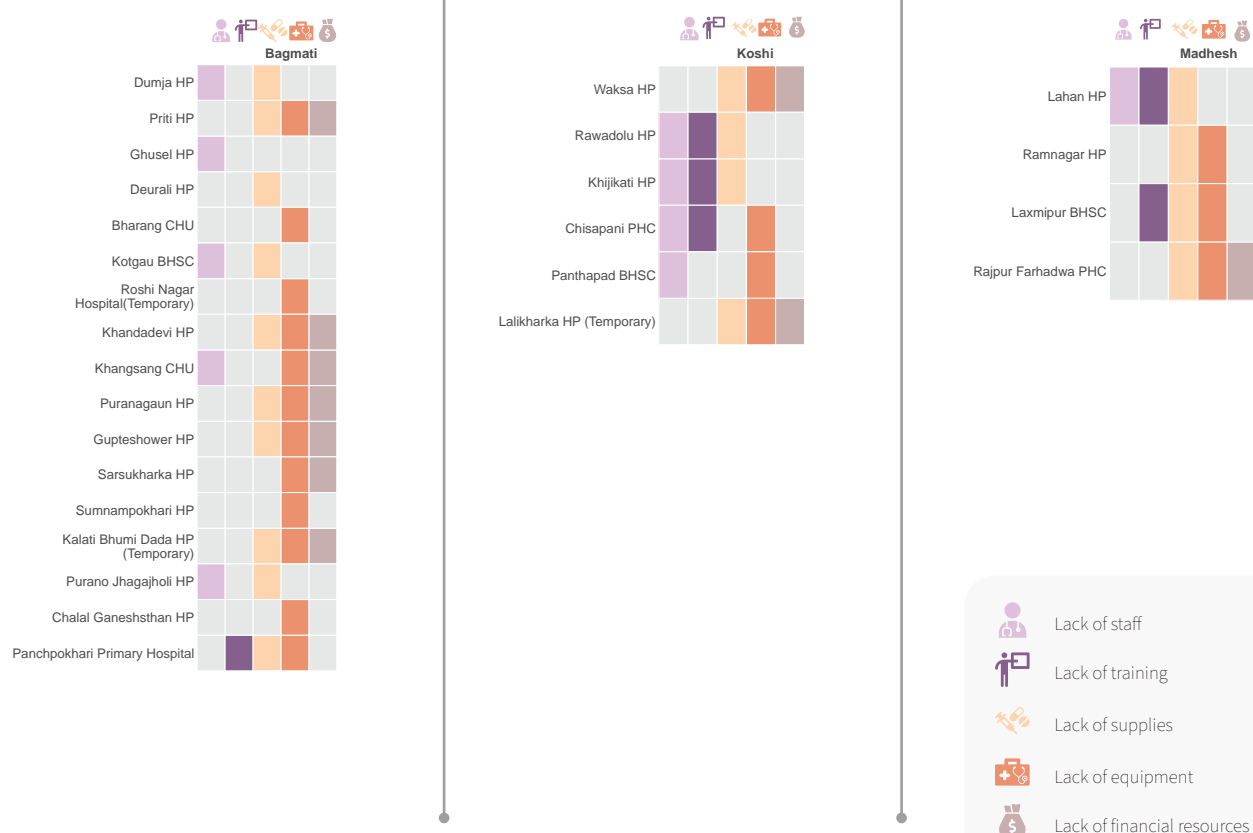


Madhesh

Cold chain availability by district*



Main reasons of unavailability by HSDU

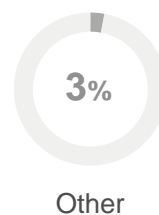
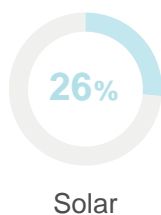
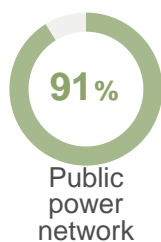


* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

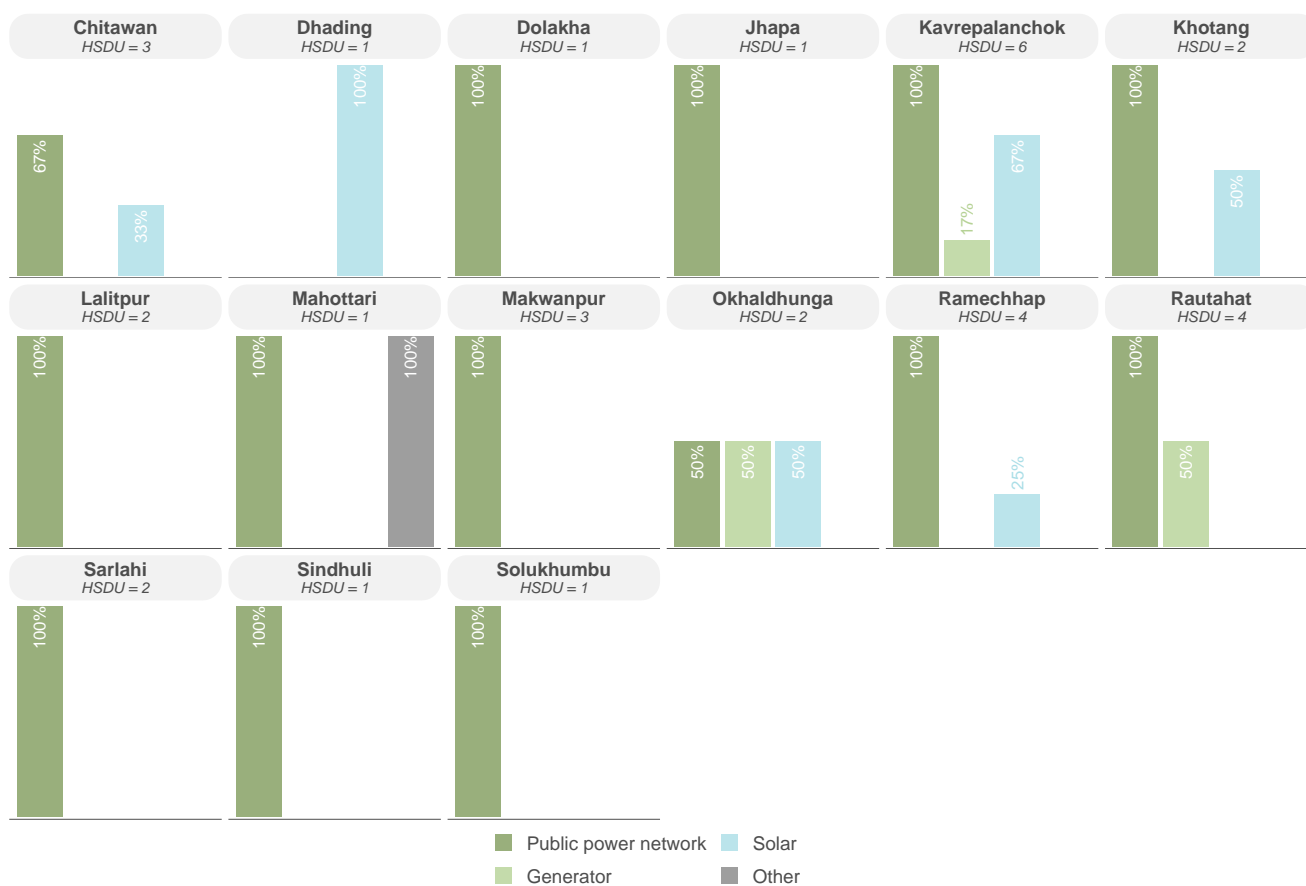


Cold chain power sources

HSDU = 34



Cold chain power sources by district

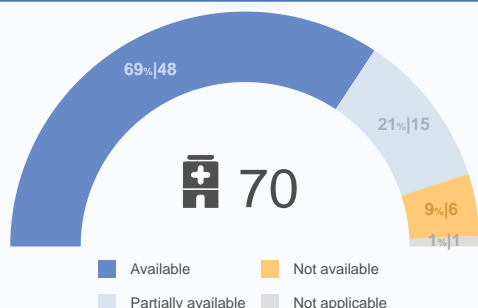






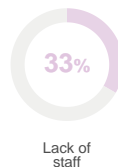
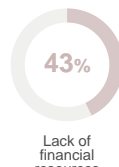
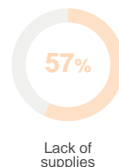
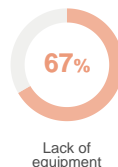
COMMUNICATIONS EQUIPMENT SUFFICIENCY

Communication equipment availability²⁴

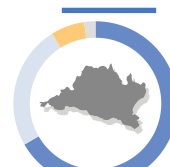


Main reasons of unavailability

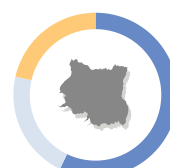
HSDU = 21



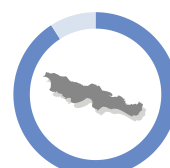
Communication equipment availability by province



HSDU = 45
Bagmati



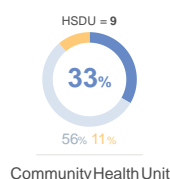
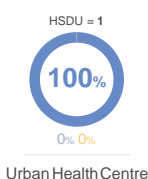
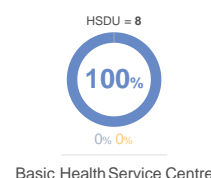
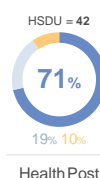
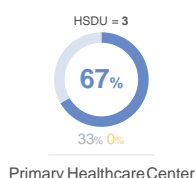
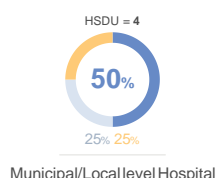
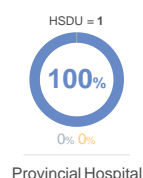
HSDU = 14
Koshi



HSDU = 11
Madhesh



Communication equipment availability by HSDU type



²⁴ Availability of means to communicate with other stakeholders. This includes availability and functionality of required equipment (phone, computer, etc.), required supplies (continuous network availability) and funds (e.g., to purchase mobile data). Note, disruptions or unreliability of power networks is reported under lack of supplies.



Bagmati

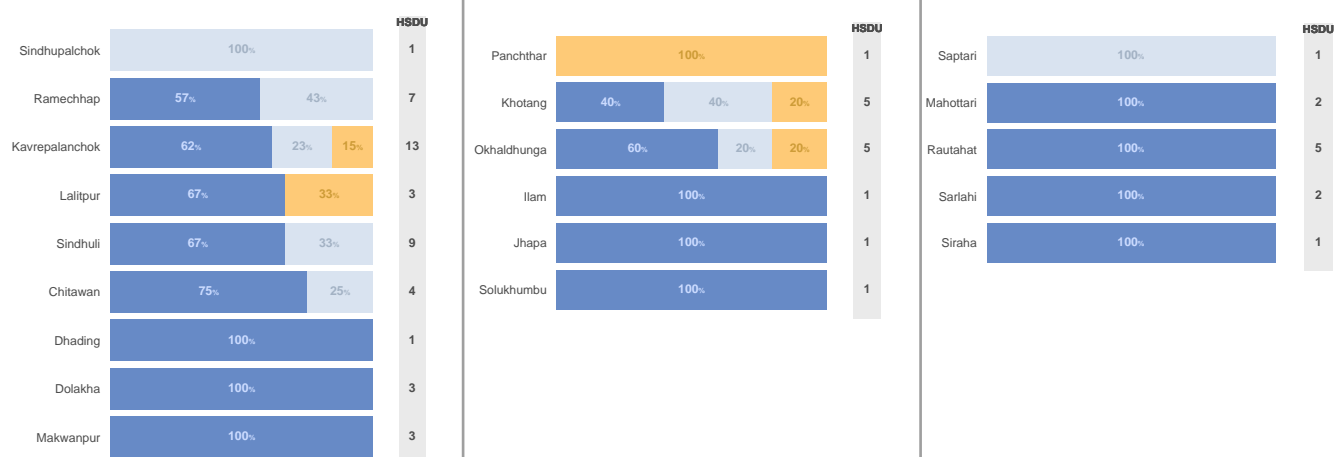


Koshi



Madhesh

Communication equipment availability by district*



Main reasons of unavailability by HSDU

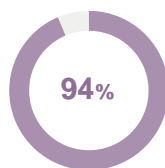


* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



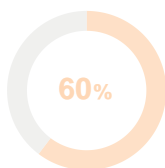
Type of communication equipment available

HSDU = 63



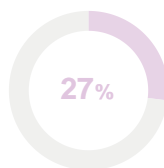
94%

Mobile phone



60%

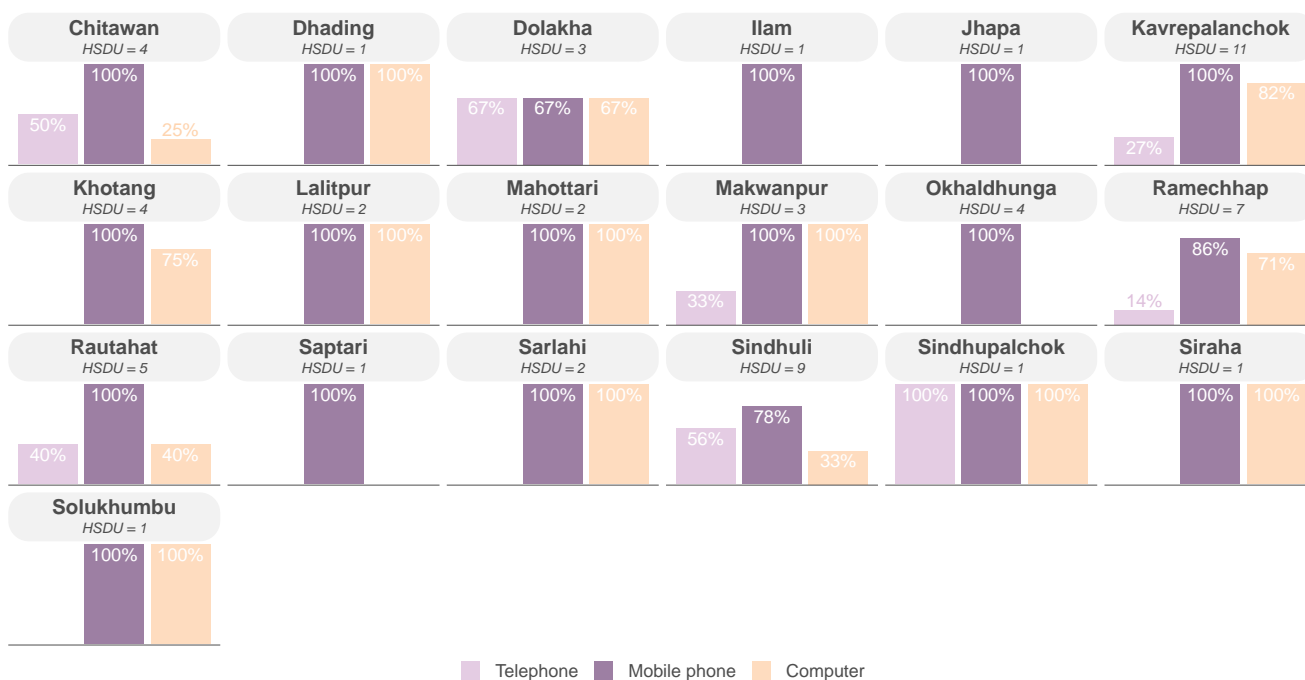
Computer



27%

Telephone

Type of communication equipment available by district

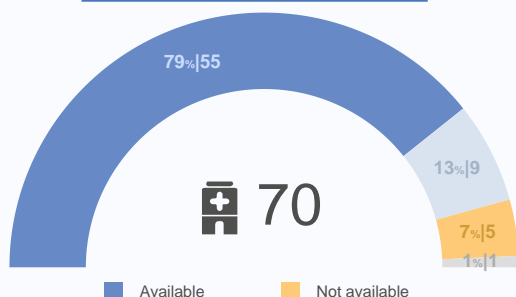






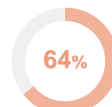
HEALTH ELECTRONIC RECORDS

Availability of Health records ¹⁷



Main reasons of unavailability

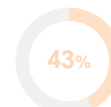
HSDU = 14



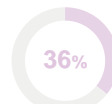
Lack of equipment



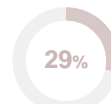
Lack of training



Lack of supplies

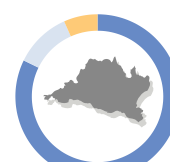


Lack of staff

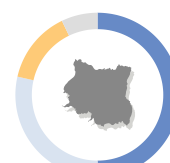


Lack of financial resources

Availability of Health records by province



HSDU = 45
Bagmati

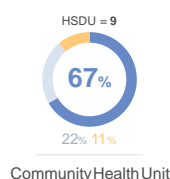
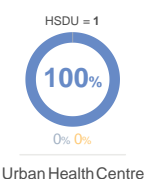
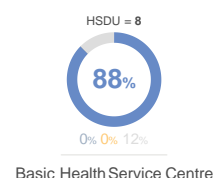
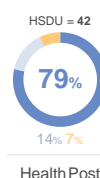
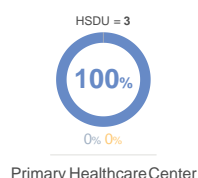
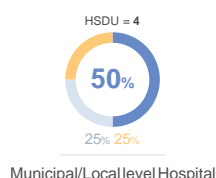
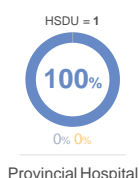


HSDU = 14
Koshi



HSDU = 11
Madhesh

Availability of Health records by HSDU type



¹⁷ Availability encompasses functionality, completeness, accuracy, and timeliness of reports. For an HSDU to effectively complete reporting duties, required resources such as equipment, supplies, and human resources must be available in sufficient quantity and quality.



Bagmati

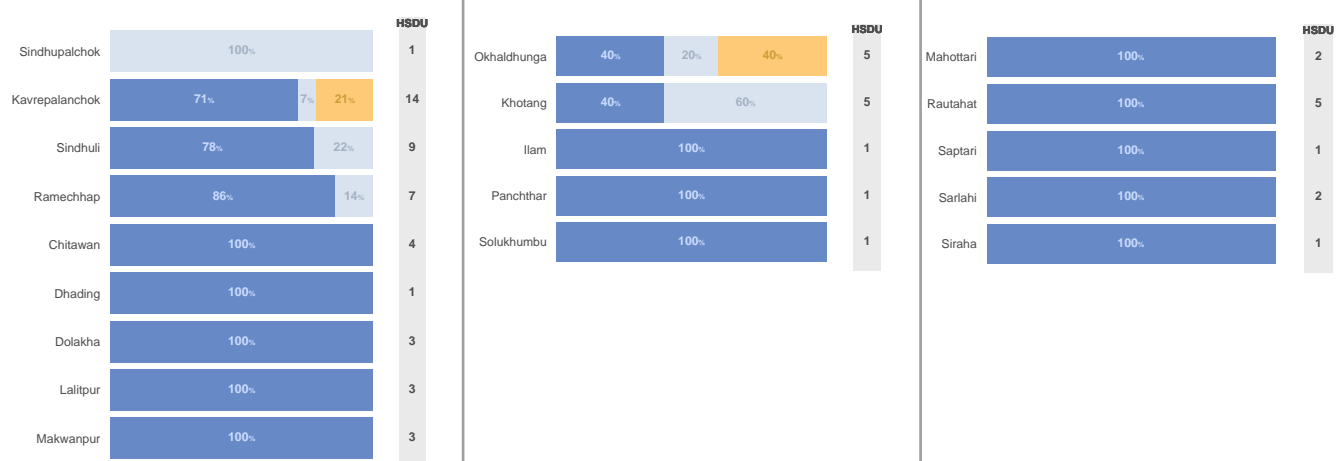


Koshi

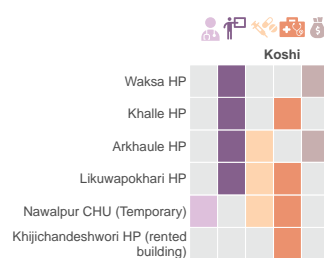
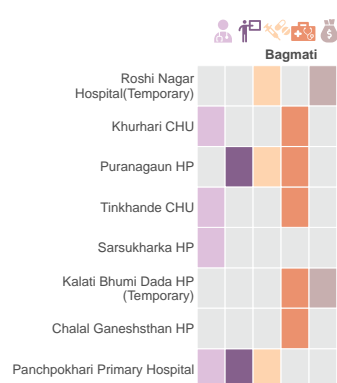


Madhesh

Availability of Health records by district



Main reasons of unavailability by HSDU



No barriers reported

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

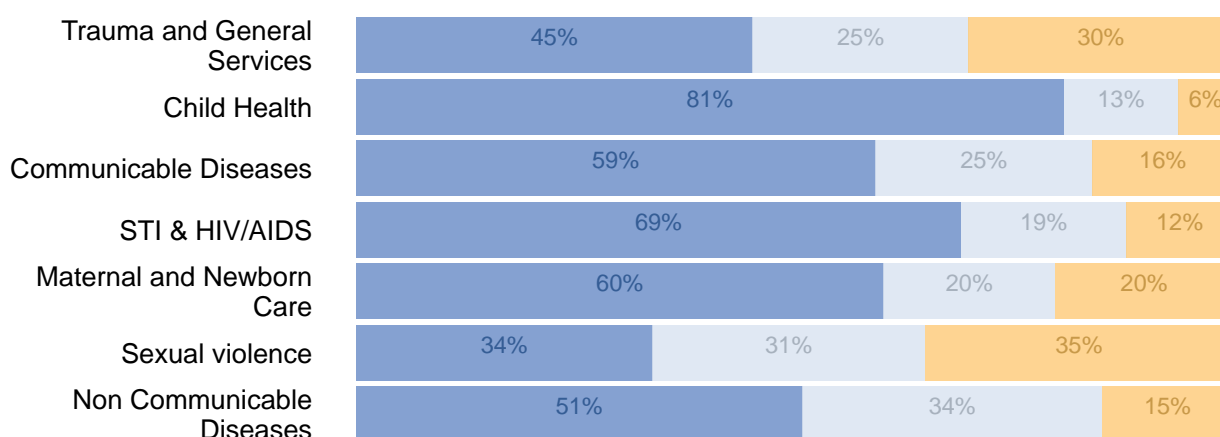
ESSENTIAL HEALTH SERVICES



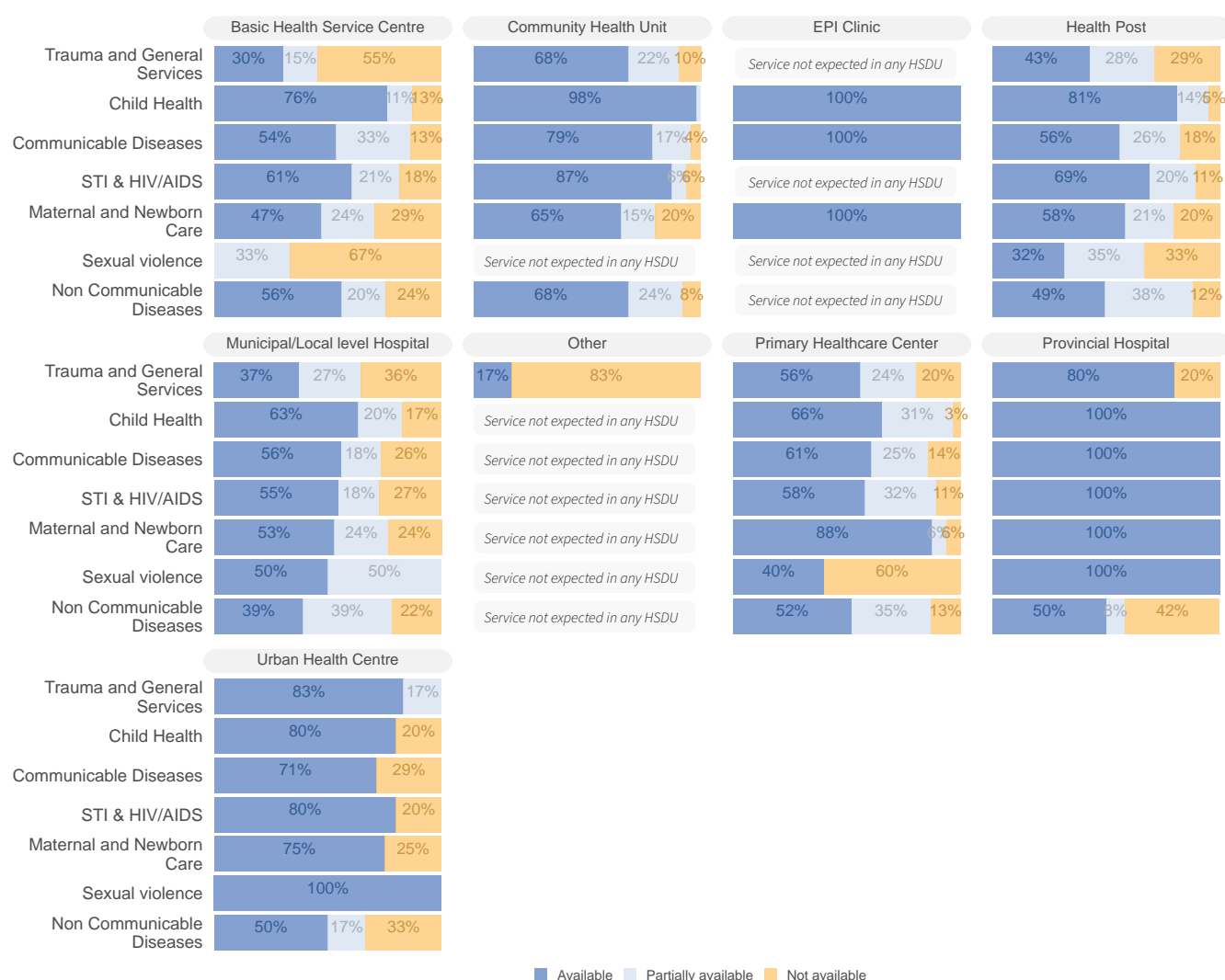


HEALTH SERVICE DOMAINS OVERVIEW

*Availability of services by domains



*Availability of services by domains and HSDU type

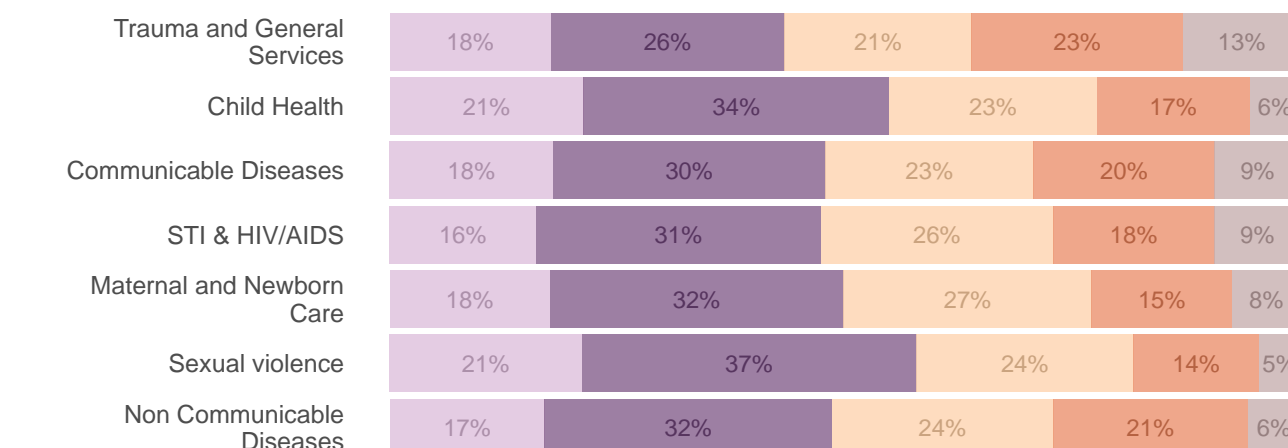


■ Available ■ Partially available ■ Not available

* Charts display an overview of all health services included in the respective domain. Inclusions was limited to health services expected to be provided by the HSDUs as indicated by key informants. For further details on the availability of individual health services, please refer to the dedicated health service domain reports available separately ([see page 2](#)).



Barriers impeding service delivery by domain



Barriers impeding service delivery by domain and HSDU type



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>.

