



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



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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
COPD	Chronic obstructive pulmonary disease
CVD	Cardiovascular Disease
HeRAMS	Health Resources and Services Availability Monitoring System
HP	Health Post
HSDU	Health Service Delivery Unit
NCD	Non Communicable Disease
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 sixth report of the **HeRAMS Nepal September 2024 floods and landslides - January 2025** series, focusing on the availability of Noncommunicable diseases (NCD) and mental health services. It is a continuation of the first report on the operational status of the health system¹ and should always be interpreted in conjunction with results presented in the first report. Additional reports are available covering essential general clinical and trauma care services², child health and nutrition services³, communicable disease services⁴ and sexual and reproductive health services⁵.

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

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

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

² HeRAMS Nepal September 2024 floods and landslides - January 2025 - 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>.

³ 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>.

⁴ 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>.

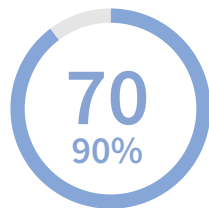
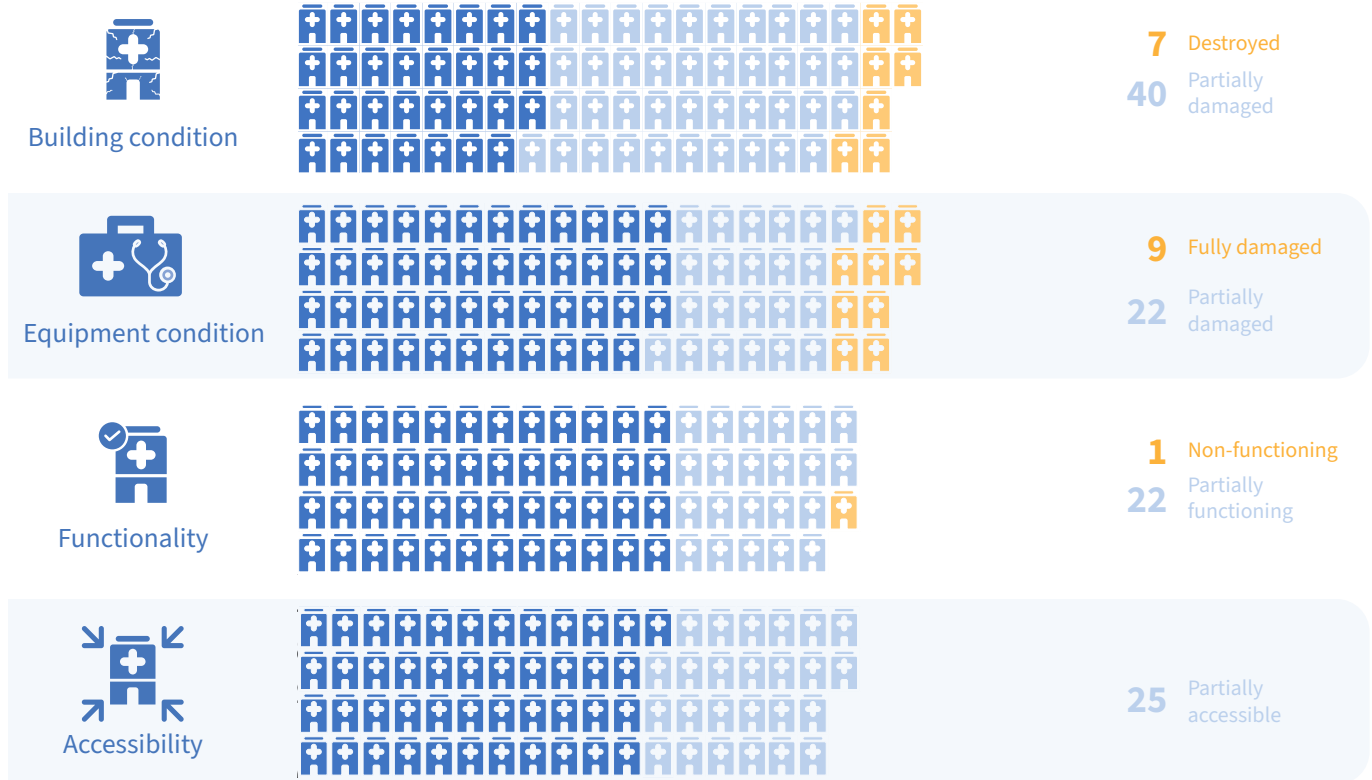
⁵ HeRAMS Nepal September 2024 floods and landslides - January 2025 - Sexual and reproductive health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-nepal-september-2024-floods-and-landslides-report-2025-01-sexual-and-reproductive-health-services>.



OVERVIEW OF HSDUs EVALUATED

Data collection summary

78 HSDUs assessed



HSDUs at least partially operational
(out of 78 HSDUs assessed)⁶

* Five of the assessed facilities were temporary structures.

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



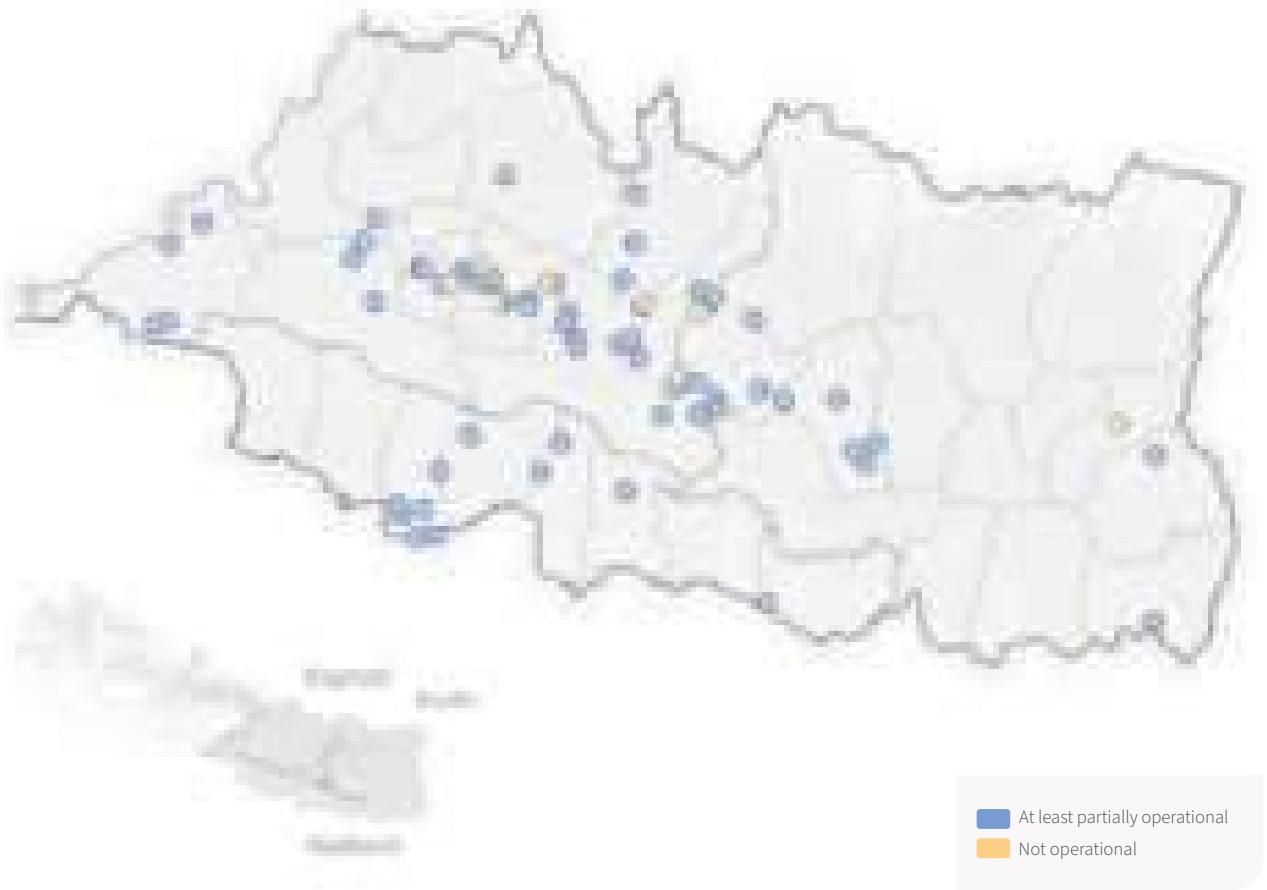
Reporting frequency and operational status by district

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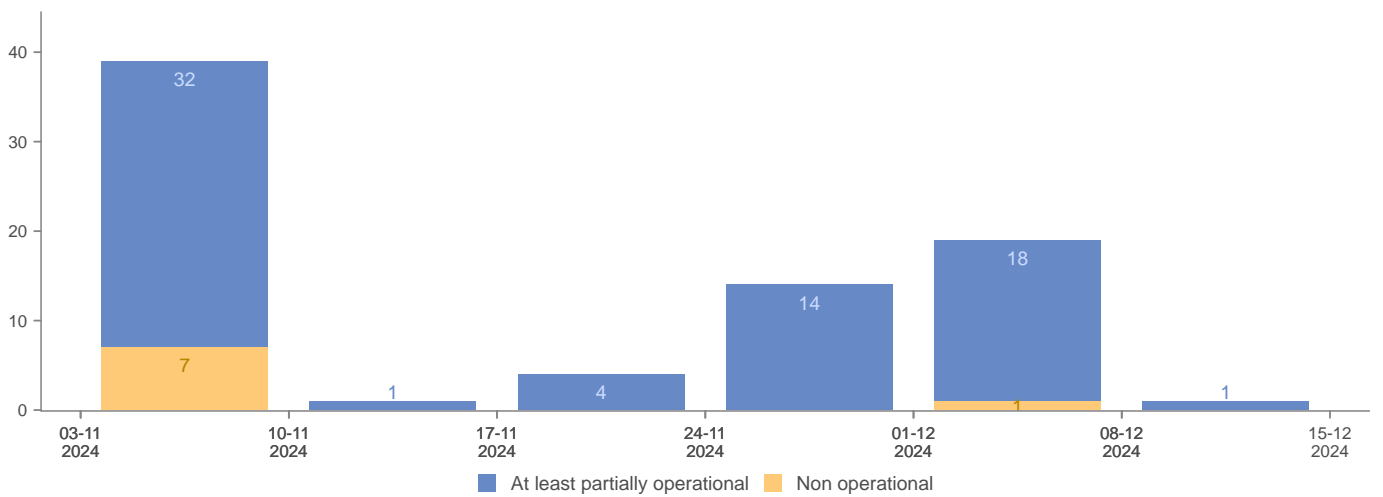
0 = At least partially operational - N/O = Not operational



Geographic distribution of HSDUs



Date of last update

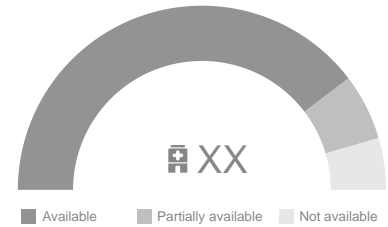




INTERPRETATION GUIDE

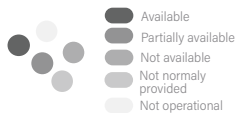
Service status

Arc charts provide an overview of the overall availability of a health service. The total number of HSDUs included in the analysis of a service is shown inside the arc chart. It should be noted that analysis of individual services was limited to operational HSDUs. (see page 3 for details) There are two numbers separated by a bar (“|”) inside the arc of the chart: on the left is the percentage of HSDUs, and on the right of the bar is the number falling into that category.



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

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



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



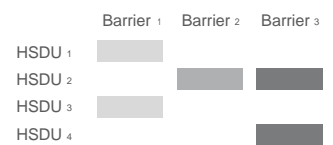
Barriers

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



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

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

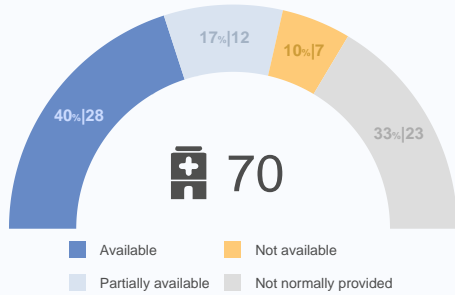


Important: The denominator for barrier charts excludes HSDUs where the service is fully available or not normally provided. It should further be noted that HSDUs can report up to three barriers for each service. Thus, the sum of all barriers may exceed 100%.



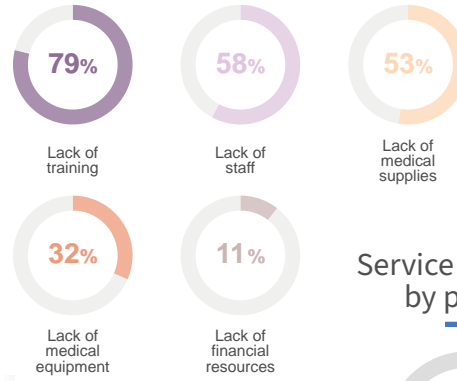
PROMOTE SELF-CARE

Service availability ⁷

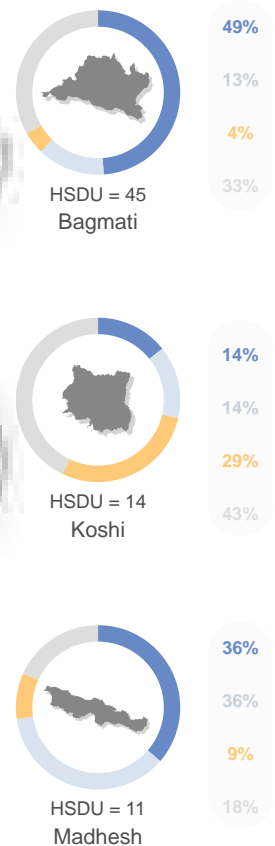


Main barriers impeding service delivery

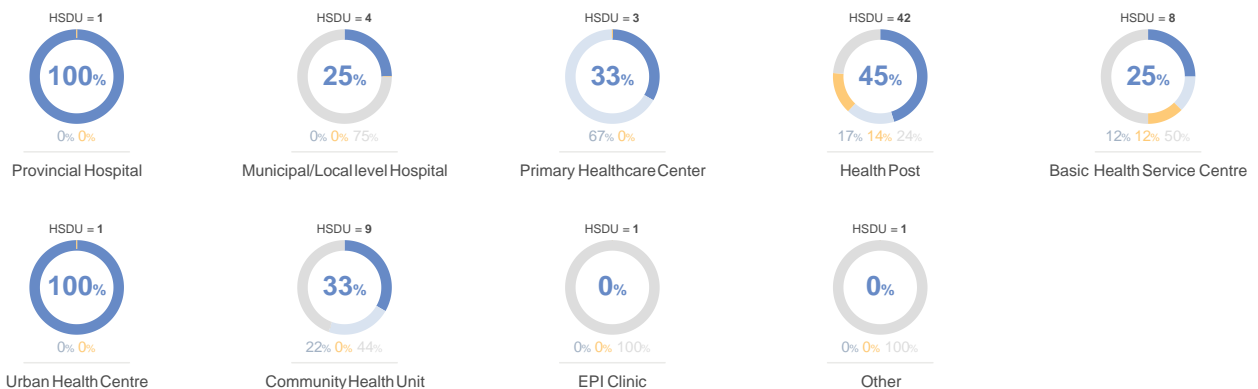
HSDU = 19



Service availability by province



Service availability by HSDU type



⁷ Promote self-care, provide basic health care and psycho-social support to identify and refer severe cases for treatment, provide needed follow-up to people discharged by facility-based health and social services for people with chronic health conditions, disabilities and mental health problems.



Bagmati

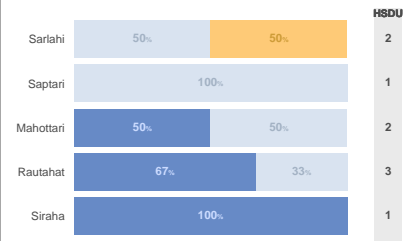
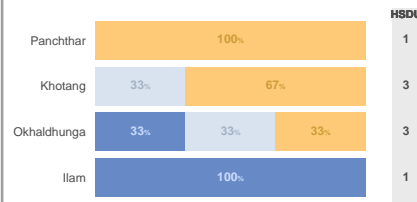
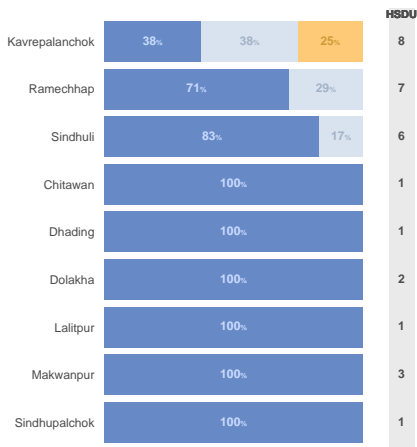


Koshi

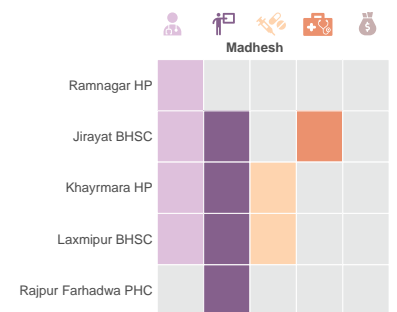
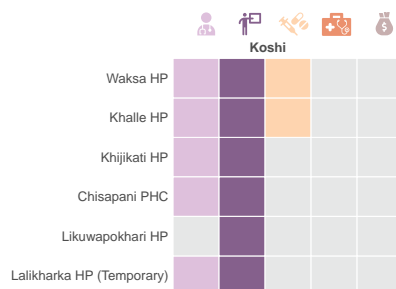
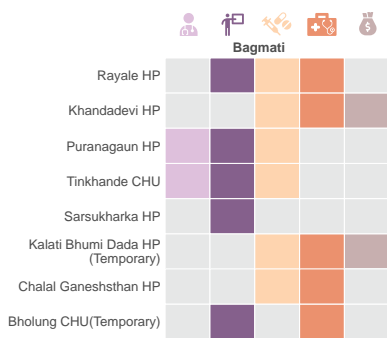


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



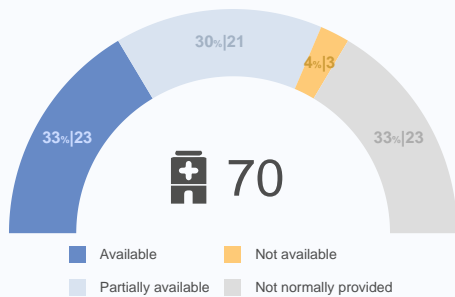
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



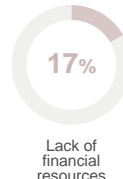
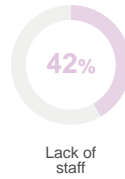
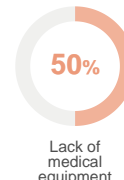
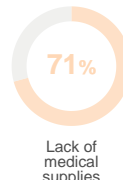
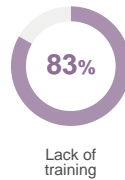
NONCOMMUNICABLE DISEASE CLINIC

Service availability⁸

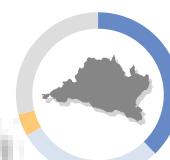


Main barriers impeding service delivery

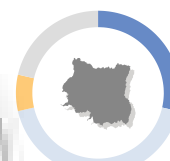
HSDU = 24



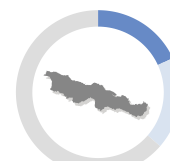
Service availability by province



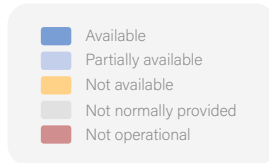
HSDU = 45
Bagmati



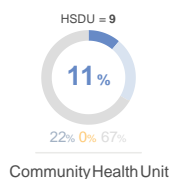
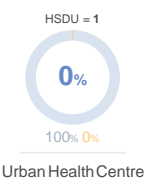
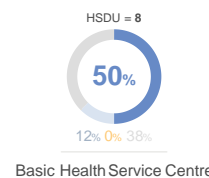
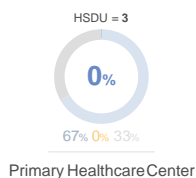
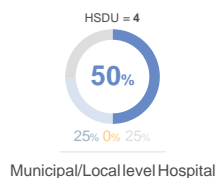
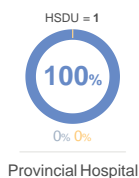
HSDU = 14
Koshi



HSDU = 11
Madhesh



Service availability by HSDU type



⁸ Brief advice on tobacco, alcohol and substance abuse, healthy diet, screening and management of risks of cardiovascular disease (CVD), individual counseling on adherence to chronic therapies, availability of blood pressure (BP) apparatus, blood glucose and urine ketones test strips, and essential NCD drugs as per national list⁸.



Bagmati

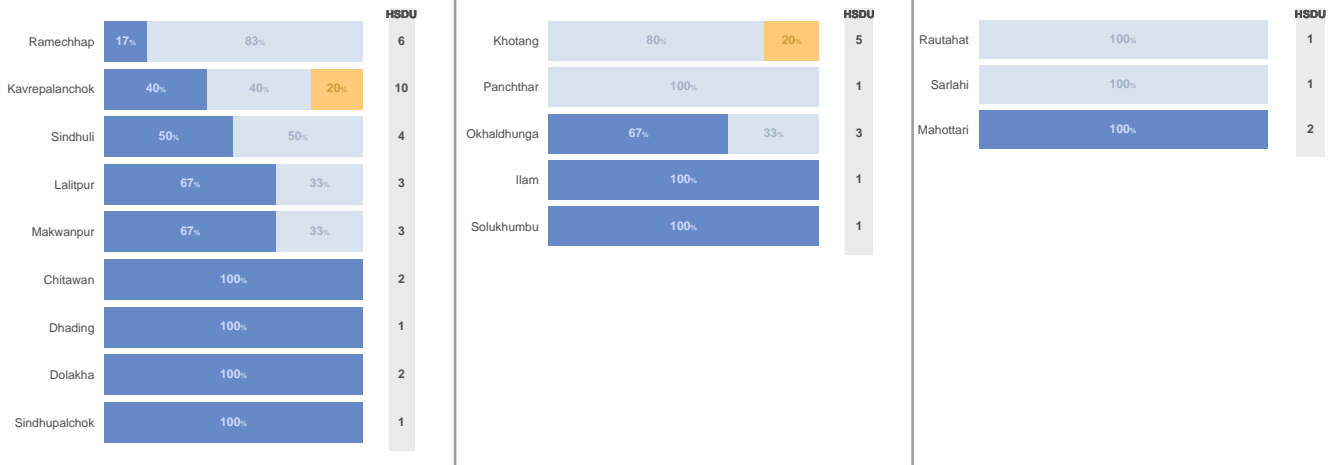


Koshi

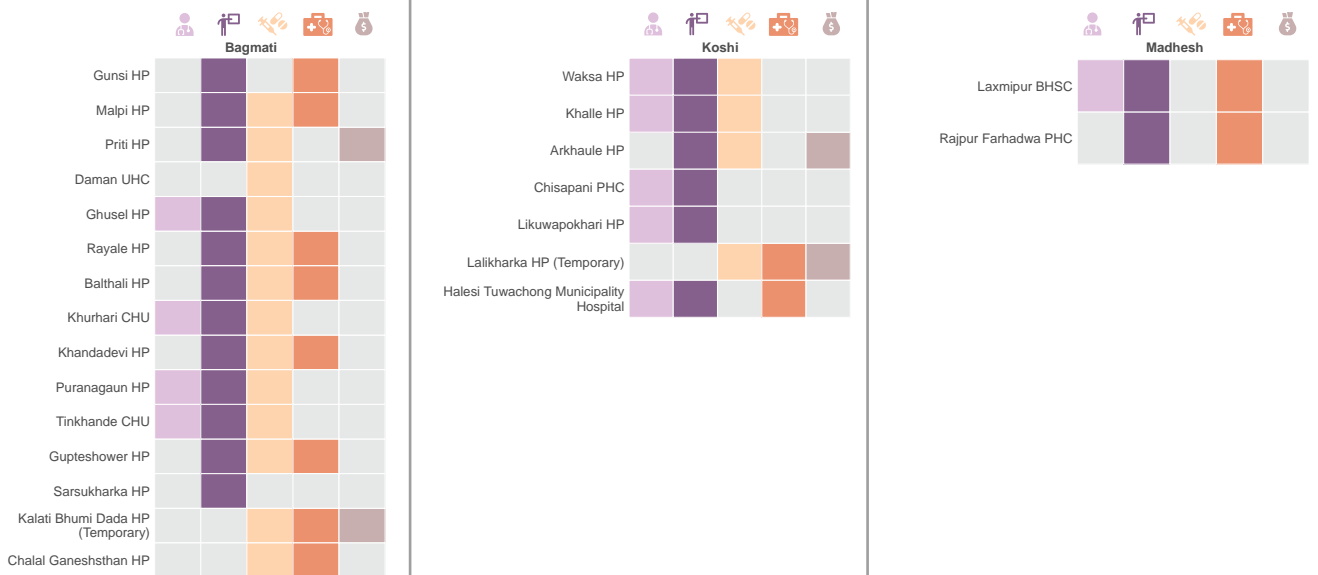


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



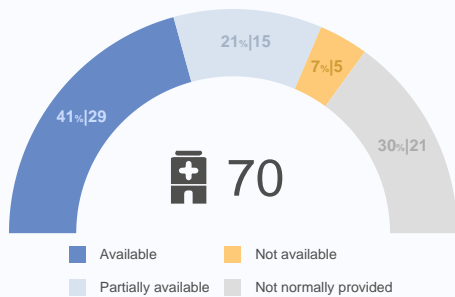
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



ASTHMA AND COPD

Service availability⁹

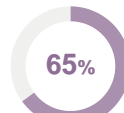


Main barriers impeding service delivery

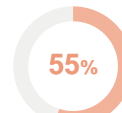
HSDU = 20



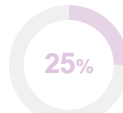
Lack of medical supplies



Lack of training



Lack of medical equipment

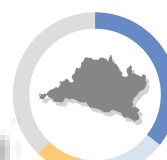


Lack of staff



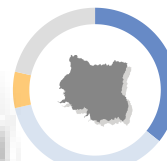
Lack of financial resources

Service availability by province



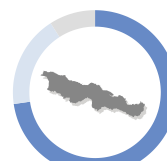
36%
18%
9%
38%

HSDU = 45
Bagmati



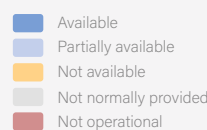
36%
36%
7%
21%

HSDU = 14
Koshi

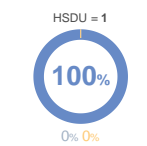


73%
18%
9%

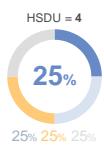
HSDU = 11
Madhesh



Service availability by HSDU type



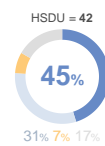
Provincial Hospital



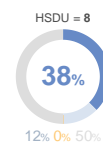
Municipal/Local level Hospital



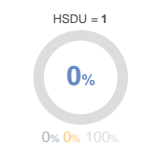
Primary Healthcare Center



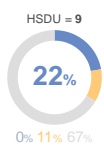
Health Post



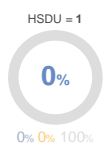
Basic Health Service Centre



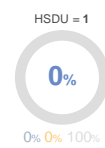
Urban Health Centre



Community Health Unit



EPI Clinic



Other

⁹ Classification, treatment and follow-up.



Bagmati

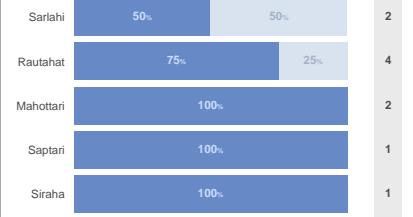
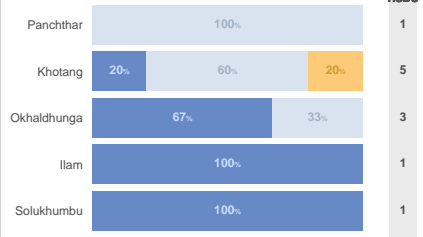
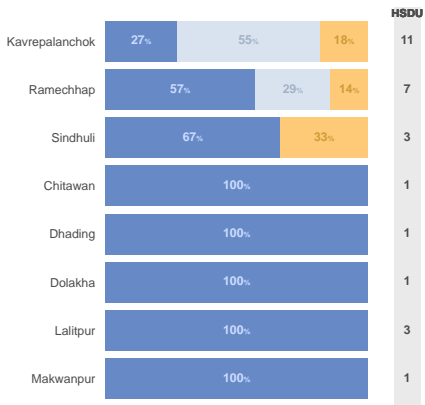


Koshi

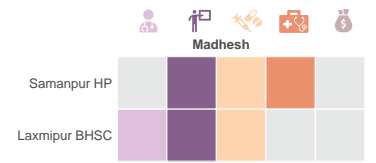
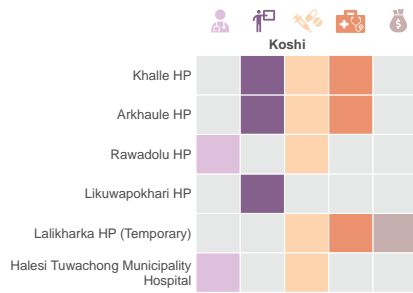
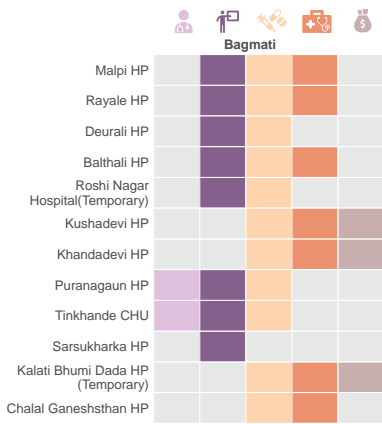


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



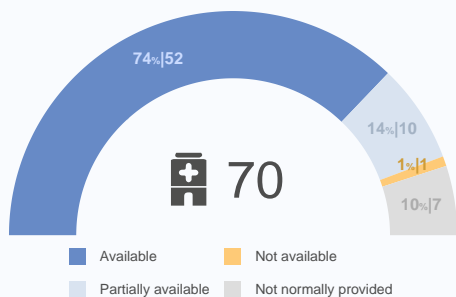
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



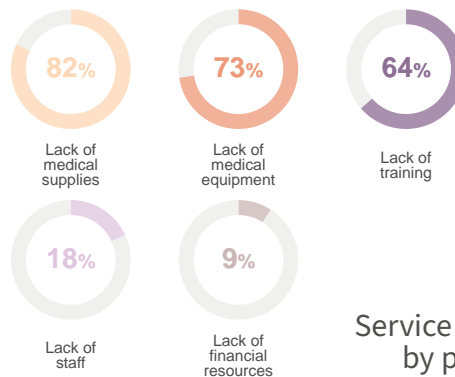
HYPERTENSION

Service availability ¹⁰

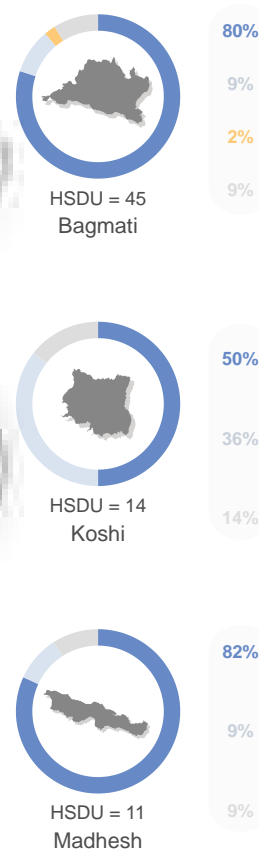


Main barriers impeding service delivery

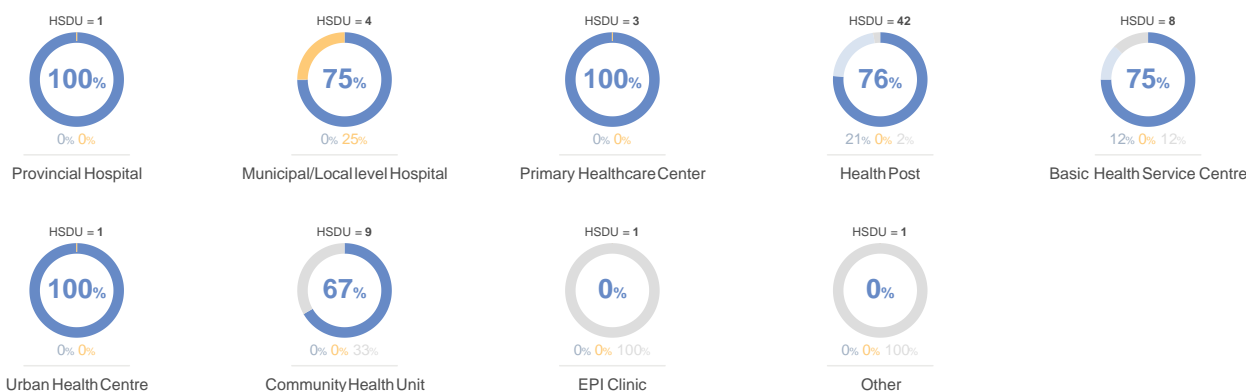
HSDU = 11



Service availability by province



Service availability by HSDU type



¹⁰ Early detection, management, and counseling (including dietary advice), follow-up.



Bagmati

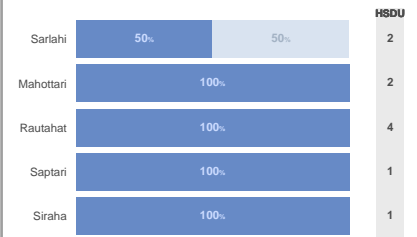
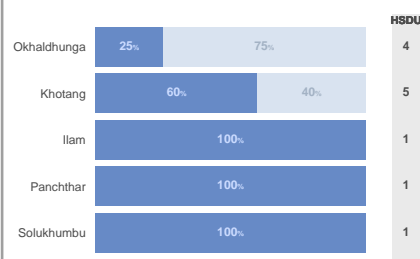
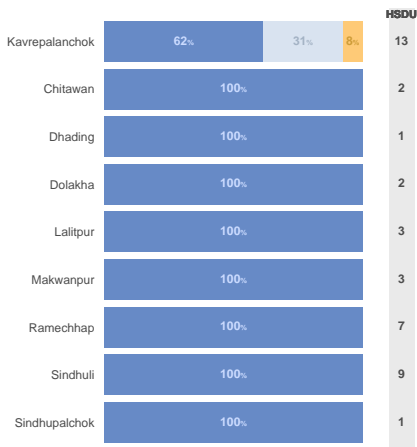


Koshi

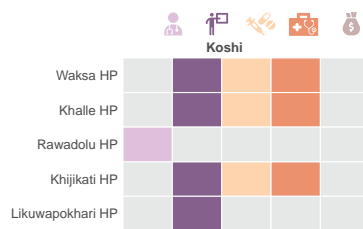
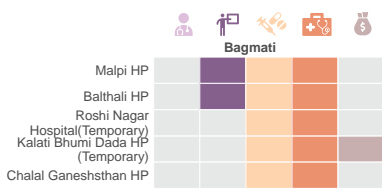


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



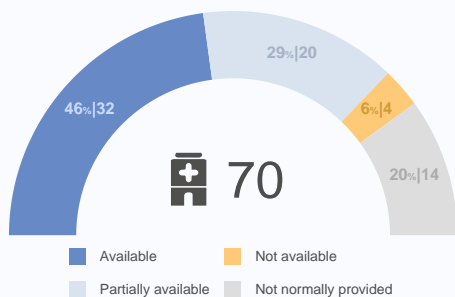
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



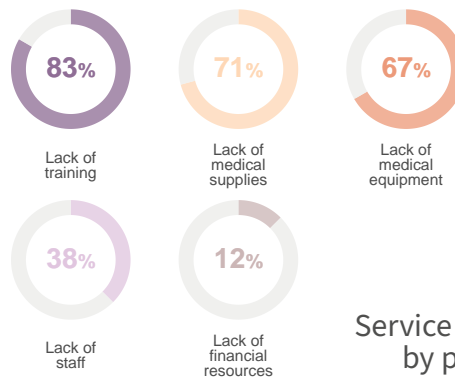
DIABETES

Service availability ¹¹

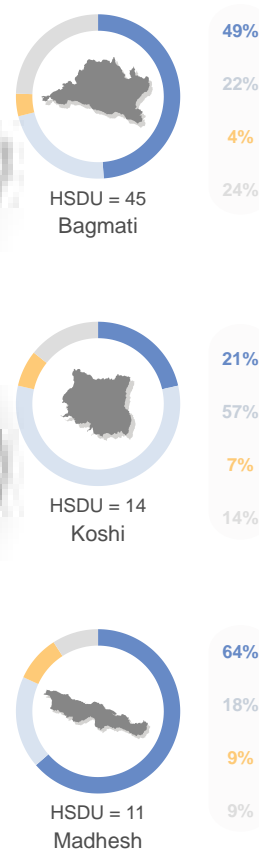
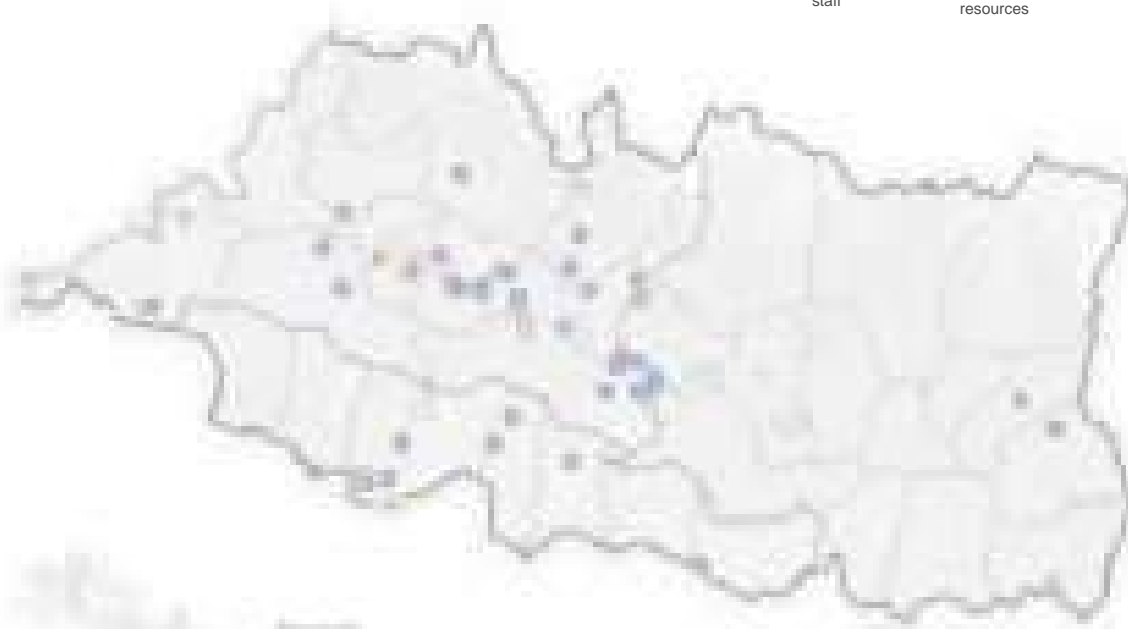


Main barriers impeding service delivery

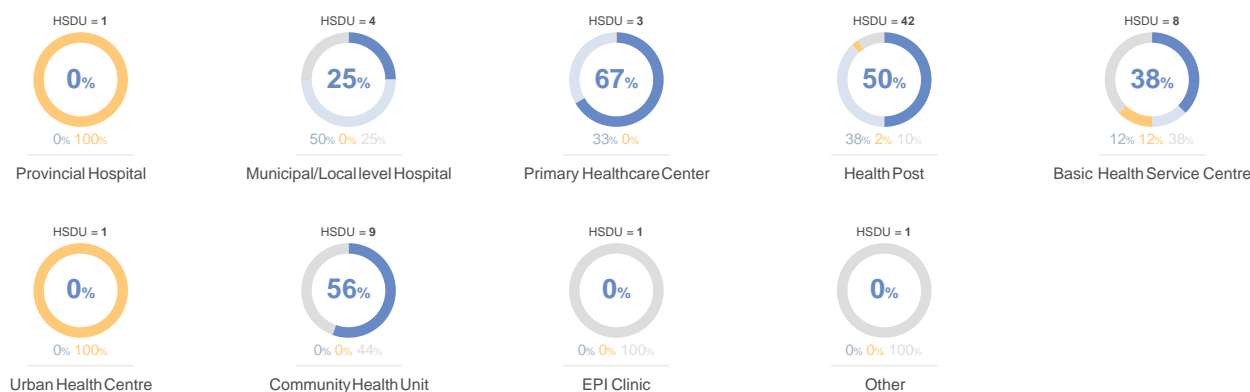
HSDU = 24



Service availability by province



Service availability by HSDU type



¹¹ Early detection, management (oral anti-diabetic and insulin available), counselling (including dietary advice), foot care, follow-up.



Bagmati

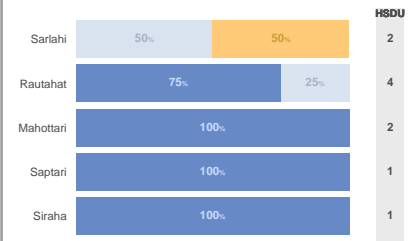
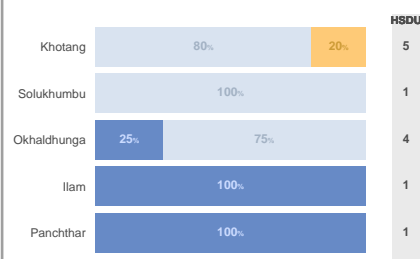
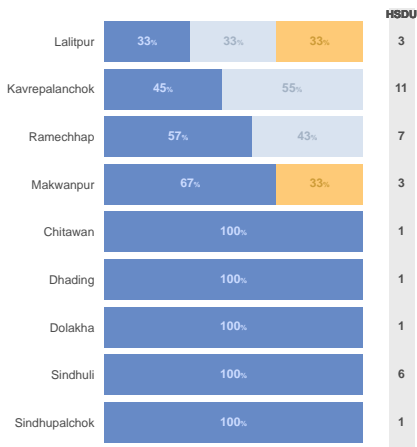


Koshi

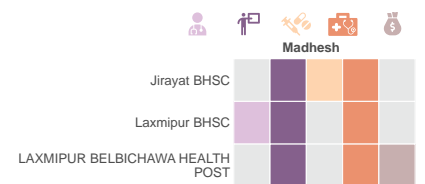
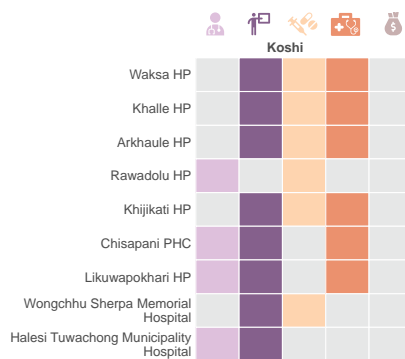
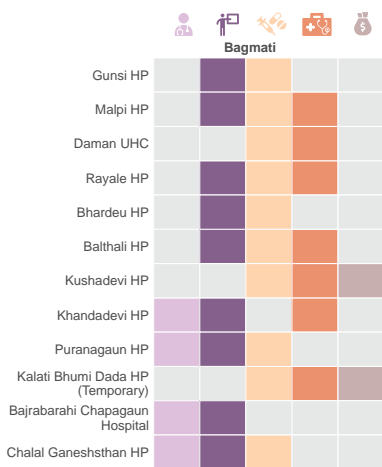


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



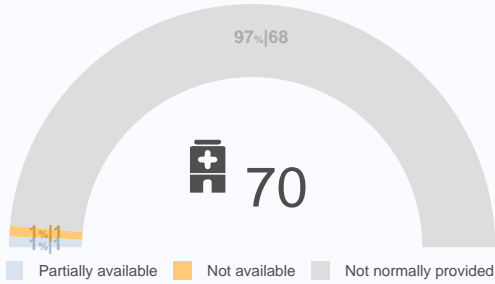
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



INPATIENT ACUTE REHABILITATION

Service availability ¹²



Main barriers impeding service delivery

HSDU = 2



Lack of staff

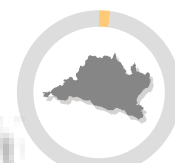


Lack of medical equipment

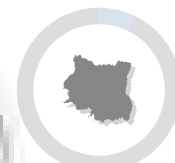


Lack of training

Service availability by province



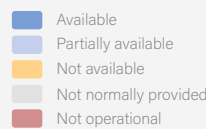
HSDU = 45
Bagmati



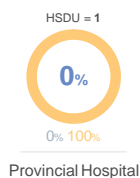
HSDU = 14
Koshi



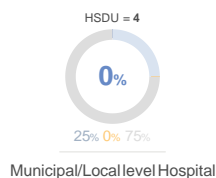
HSDU = 11
Madhesh



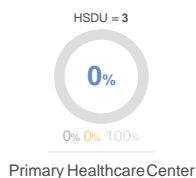
Service availability by HSDU type



Provincial Hospital



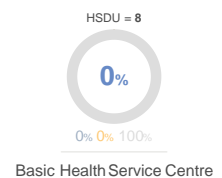
Municipal/Local level Hospital



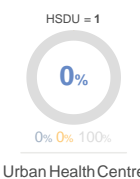
Primary Healthcare Center



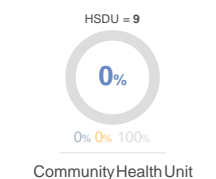
Health Post



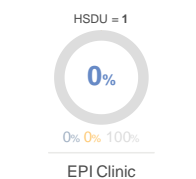
Basic Health Service Centre



Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹² Inpatient rehabilitation for people with acute injury or illness, delivered by rehabilitation professionals as part of multi-disciplinary acute care, including the provision of assistive devices such as crutches or wheelchairs.



Bagmati

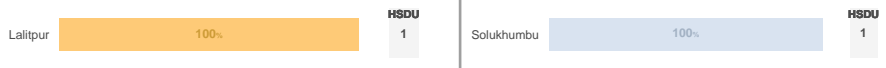


Koshi



Madhesh

Service availability by district



No reporting HSDU

Main barriers impeding service delivery by HSDU*



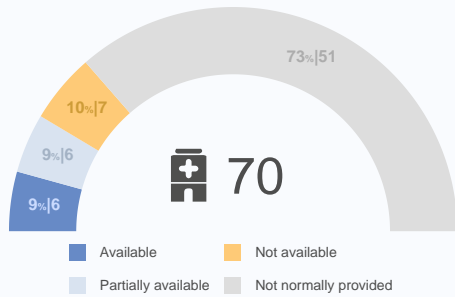
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



OUTPATIENT OR COMMUNITY LEVEL REHABILITATION SERVICES

Service availability ¹³

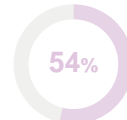


Main barriers impeding service delivery

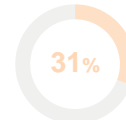
HSDU = 13



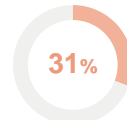
Lack of training



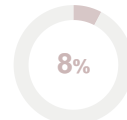
Lack of staff



Lack of medical supplies

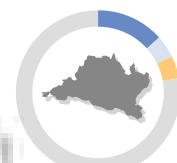


Lack of medical equipment



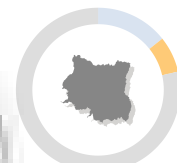
Lack of financial resources

Service availability by province



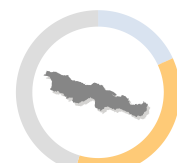
HSDU = 45
Bagmati

13%
4%
4%
78%



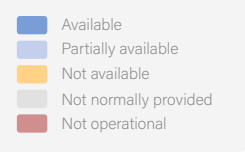
HSDU = 14
Koshi

14%
7%
79%

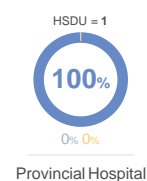


HSDU = 11
Madhesh

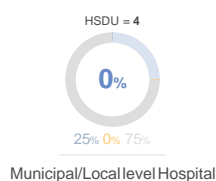
18%
36%
45%



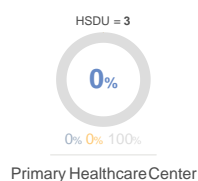
Service availability by HSDU type



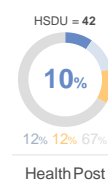
Provincial Hospital



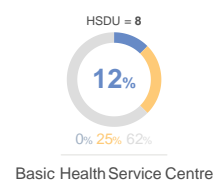
Municipal/Local level Hospital



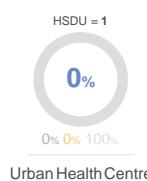
Primary Healthcare Center



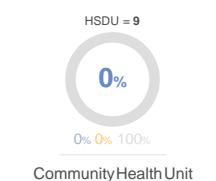
Health Post



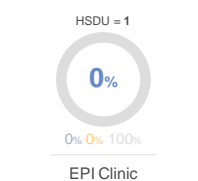
Basic Health Service Centre



Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹³ Rehabilitation provided by a professional via an outpatient, mobile, or post-acute inpatient rehabilitation service, often as part of follow up care, including assistive device provision or maintenance.



Bagmati

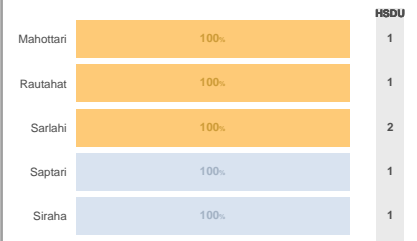
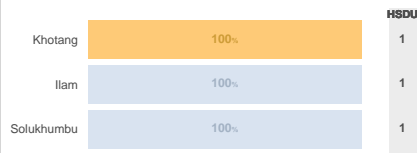
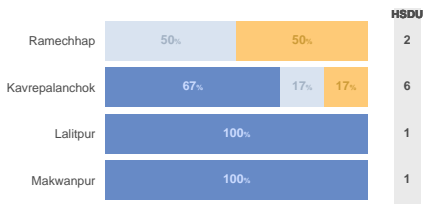


Koshi

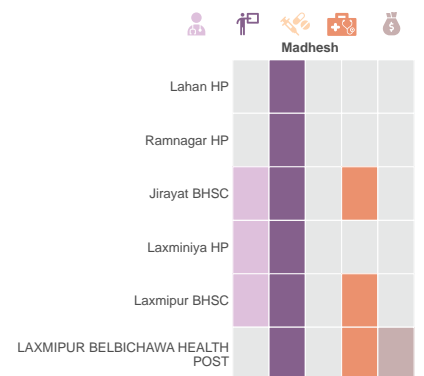
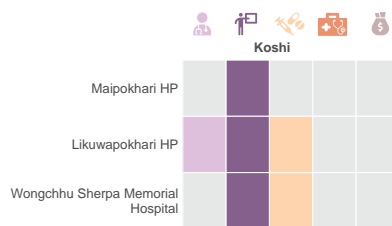
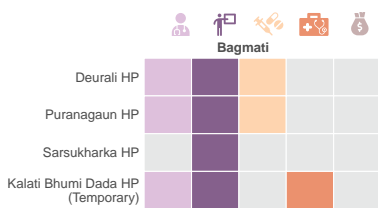


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



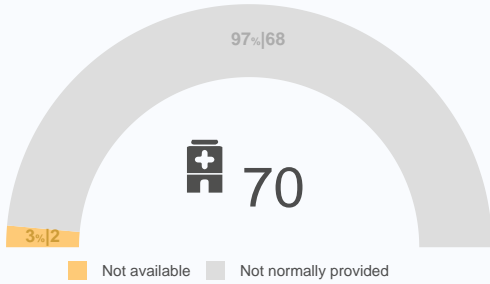
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



PROSTHETICS AND ORTHOTICS

Service availability ¹⁴



Main barriers impeding service delivery

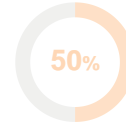
HSDU = 2



Lack of staff



Lack of training



Lack of medical supplies



Lack of medical equipment



Lack of financial resources

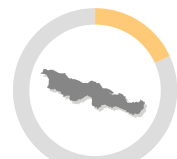
Service availability by province



HSDU = 45
Bagmati

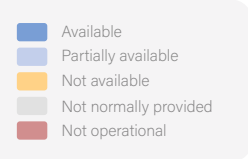


HSDU = 14
Koshi

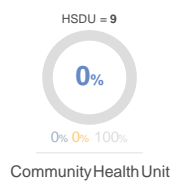
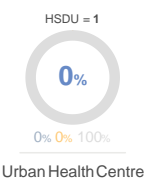
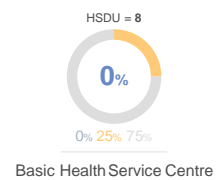
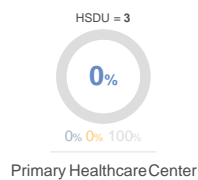
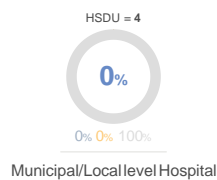
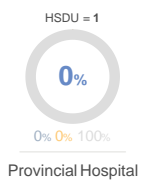


HSDU = 11
Madhesh

82%



Service availability by HSDU type



¹⁴ Manufacture, fitting and training to use prosthetic and orthotic devices.



Bagmati



Koshi



Madhesh

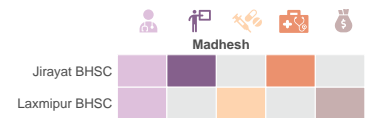
Service availability by district

No reporting HSDU

No reporting HSDU



Main barriers impeding service delivery by HSDU*



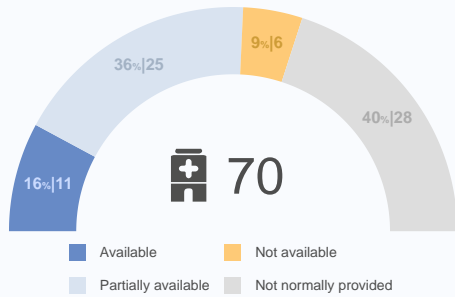
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



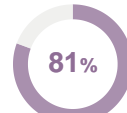
ORAL HEALTH AND DENTAL CARE

Service availability ¹⁵

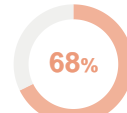


Main barriers impeding service delivery

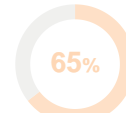
HSDU = 31



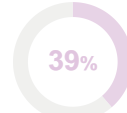
Lack of training



Lack of medical equipment



Lack of medical supplies

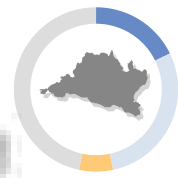


Lack of staff



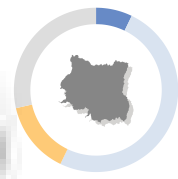
Lack of financial resources

Service availability by province



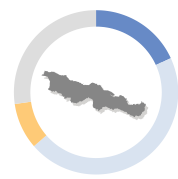
18%
29%
7%
47%

HSDU = 45
Bagmati



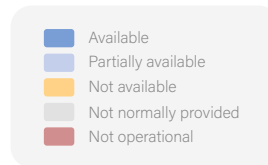
7%
50%
14%
29%

HSDU = 14
Koshi



18%
45%
9%
27%

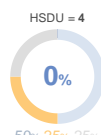
HSDU = 11
Madhesh



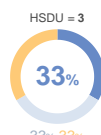
Service availability by HSDU type



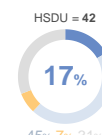
Provincial Hospital



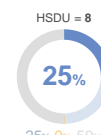
Municipal/Local level Hospital



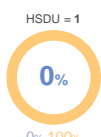
Primary Healthcare Center



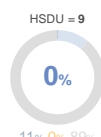
Health Post



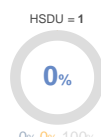
Basic Health Service Centre



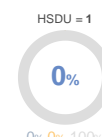
Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹⁵ Oral health and dental care.



Bagmati

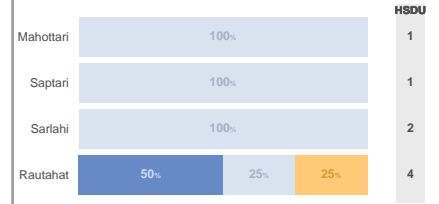
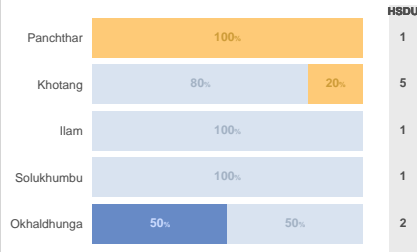
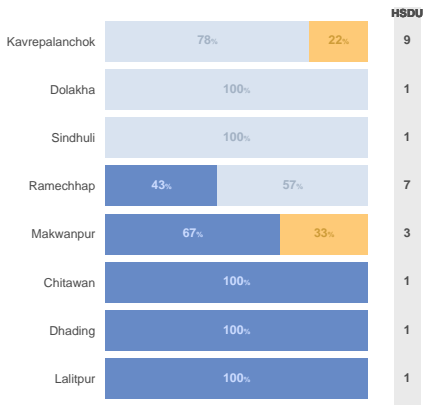


Koshi

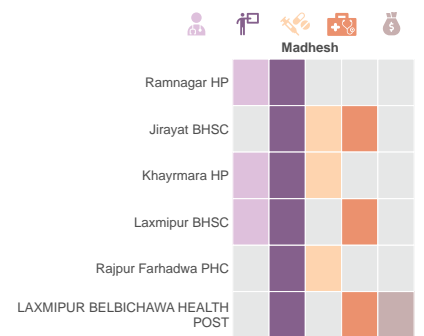
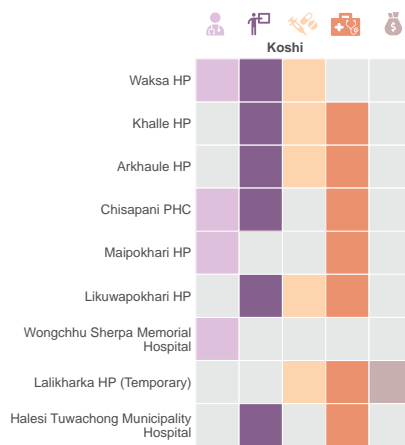
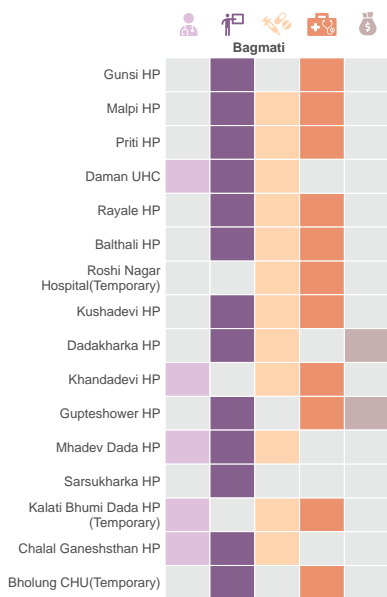


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



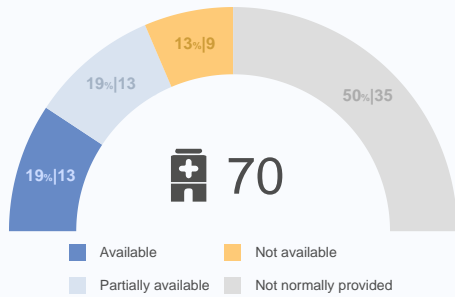
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



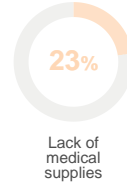
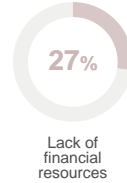
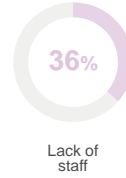
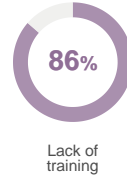
PSYCHOLOGICAL FIRST AID

Service availability ¹⁶

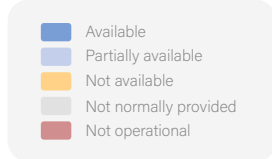
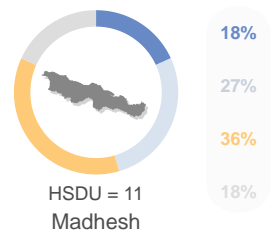
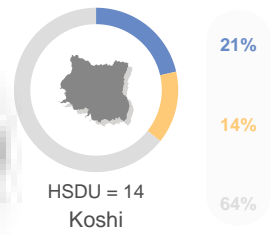
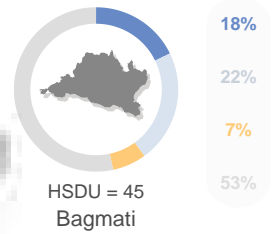


Main barriers impeding service delivery

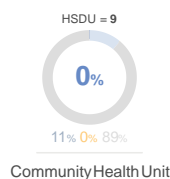
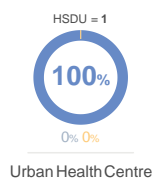
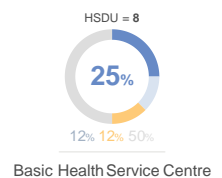
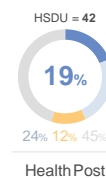
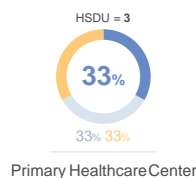
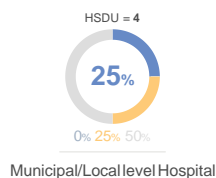
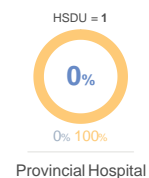
HSDU = 22



Service availability by province



Service availability by HSDU type



¹⁶ Psychological first aid for distressed people, survivors of assault, abuse, neglect, domestic violence, and linking vulnerable individuals/families with resources, such as health services, livelihood assistance etc.



Bagmati

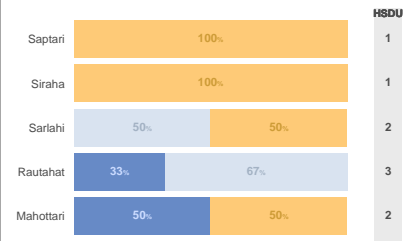
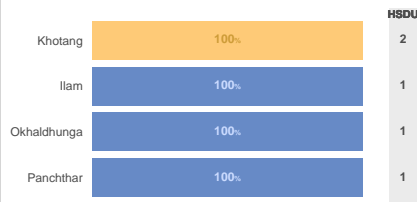
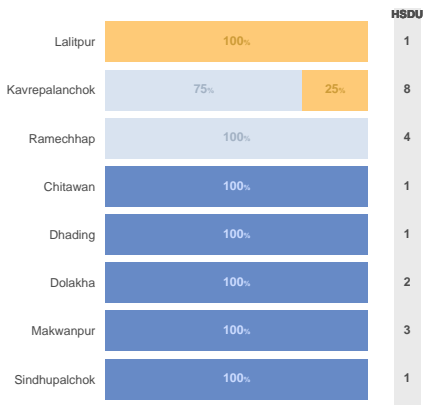


Koshi

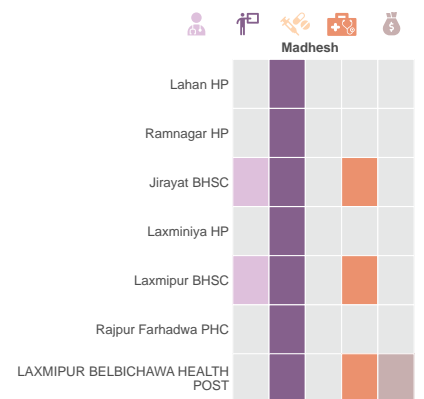
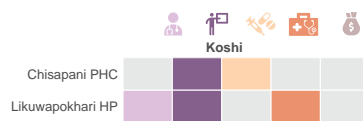
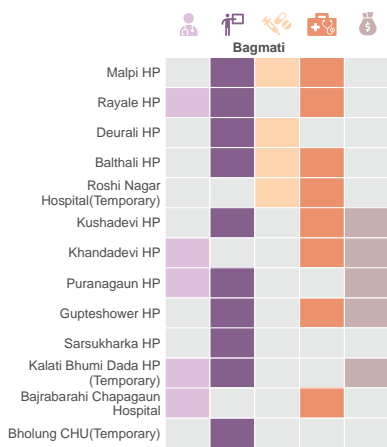


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



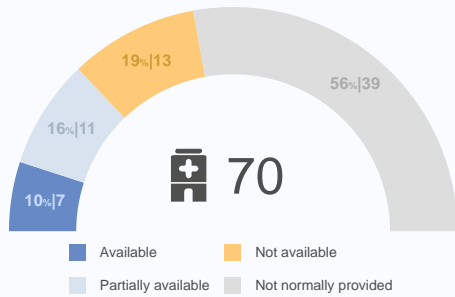
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



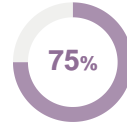
MANAGEMENT OF MENTAL DISORDERS

Service availability ¹⁷

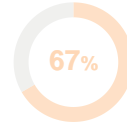


Main barriers impeding service delivery

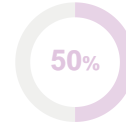
HSDU = 24



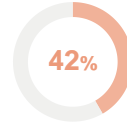
Lack of training



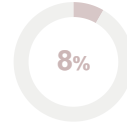
Lack of medical supplies



Lack of staff

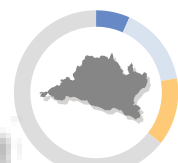


Lack of medical equipment



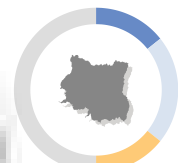
Lack of financial resources

Service availability by province



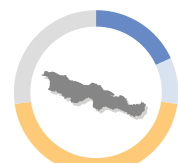
HSDU = 45
Bagmati

7%
16%
13%
64%



HSDU = 14
Koshi

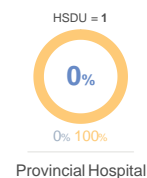
14%
21%
14%
50%



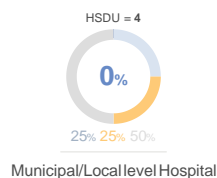
HSDU = 11
Madhesh

18%
9%
45%
27%

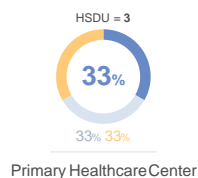
Service availability by HSDU type



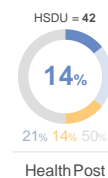
Provincial Hospital



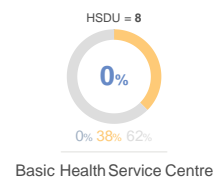
Municipal/Local level Hospital



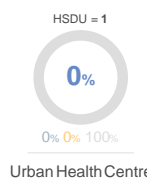
Primary Healthcare Center



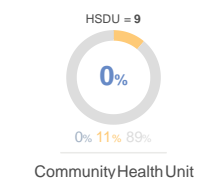
Health Post



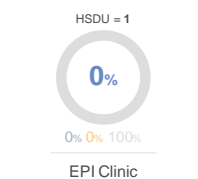
Basic Health Service Centre



Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹⁷ Management of mental disorders by specialized and/or trained and supervised non-specialized health-care providers, availability of fluoxetine, carbamazepine, haloperidol, biperiden, and diazepam.



Bagmati

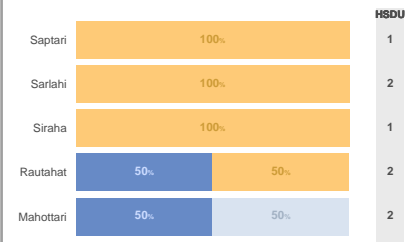
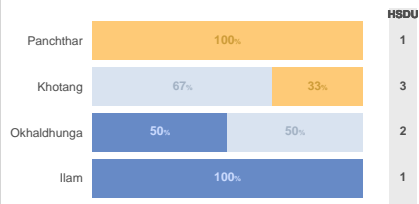
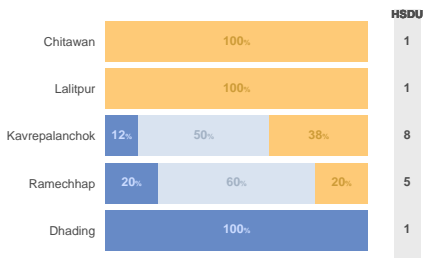


Koshi

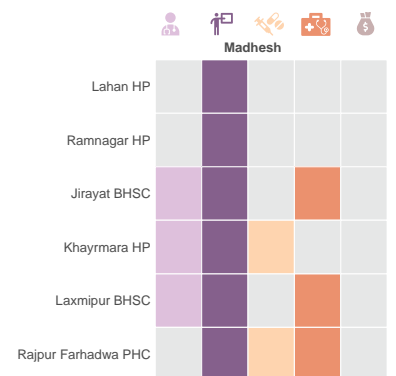
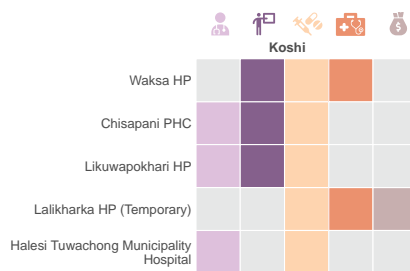
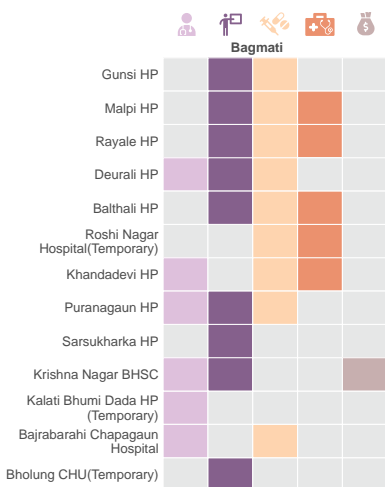


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



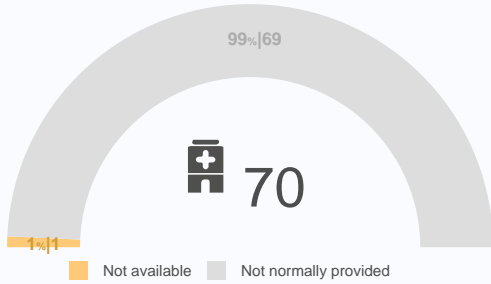
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



INPATIENT CARE FOR MENTAL DISORDERS

Service availability ¹⁸



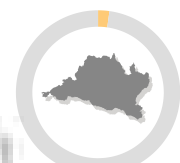
Main barriers impeding service delivery

HSDU = 1



Lack of staff

Service availability by province



HSDU = 45
Bagmati



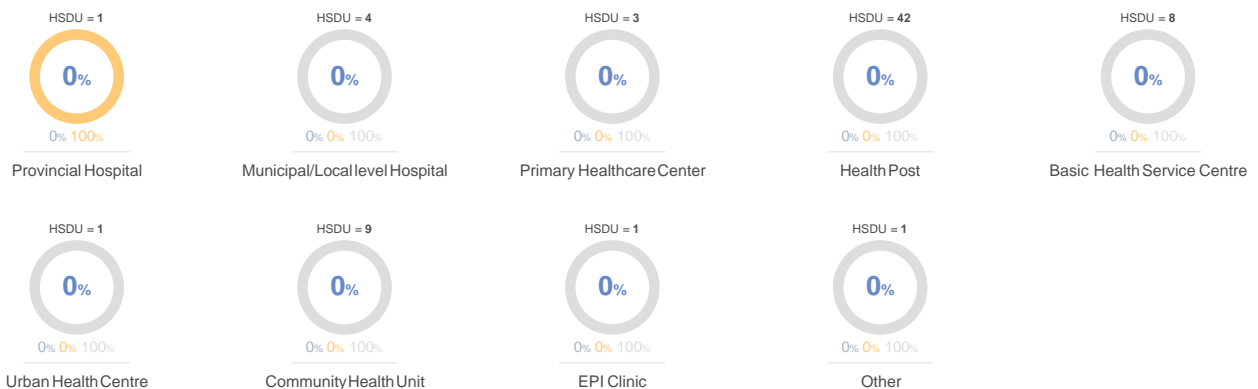
HSDU = 14
Koshi



HSDU = 11
Madhesh

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

Service availability by HSDU type



¹⁸ Inpatient management of mental disorders by specialized and/or trained and supervised non-specialized healthcare providers.



Bagmati



Koshi



Madhesh

Service availability by district



No reporting HSDU

No reporting HSDU

Main barriers impeding service delivery by HSDU*



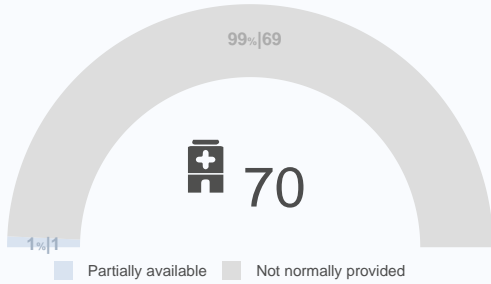
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



INPATIENT CARE FOR MENTAL DISORDERS BY SPECIALISTS

Service availability ¹⁹



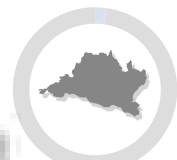
Main barriers impeding service delivery

HSDU = 1



Lack of staff

Service availability by province



HSDU = 45
Bagmati

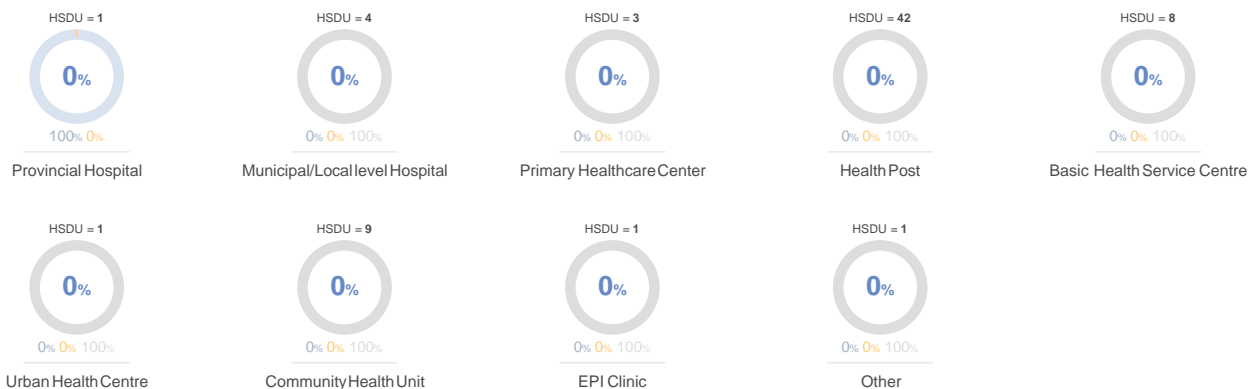


HSDU = 14
Koshi



HSDU = 11
Madhesh

Service availability by HSDU type



¹⁹ Inpatient management of mental disorders by specialized health-care providers.



Bagmati



Koshi



Madhesh

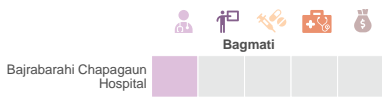
Service availability by district



No reporting HSDU

No reporting HSDU

Main barriers impeding service delivery by HSDU*



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

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

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>.

