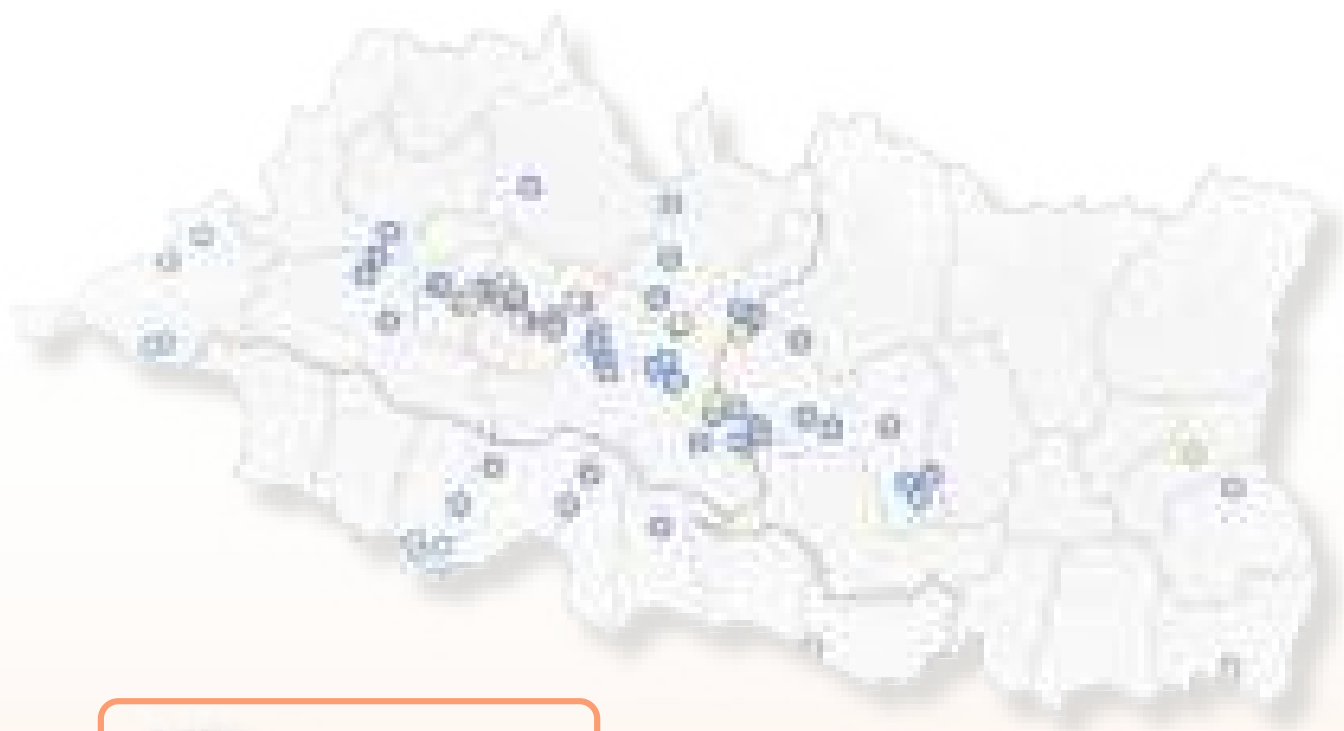




HeRAMS Nepal

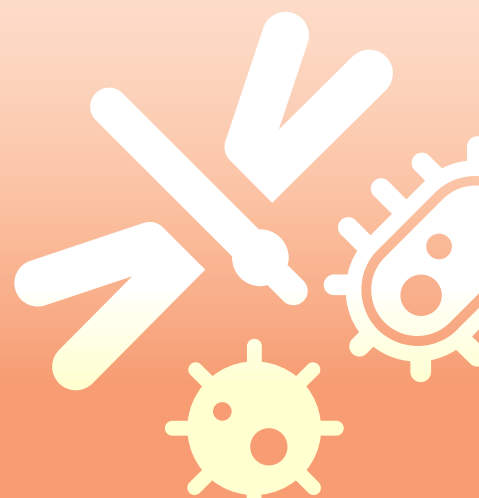
September 2024 floods and
landslides

January 2025



Communicable disease services

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



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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





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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

EPI Expanded Programme on Immunization

HeRAMS Health Resources and Services Availability Monitoring System

HP Health Post

HSDU Health Service Delivery Unit

IEC Information, Education, and Communication

MDRTB Multi-Drug-Resistant Tuberculosis

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 fourth report of the **HeRAMS Nepal September 2024 floods and landslides - January 2025** series, focusing on the availability of communicable disease 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 general clinical and trauma care service², essential child health and nutrition services³, sexual and reproductive health services⁴, and Noncommunicable disease and mental health services⁵.

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

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

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

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

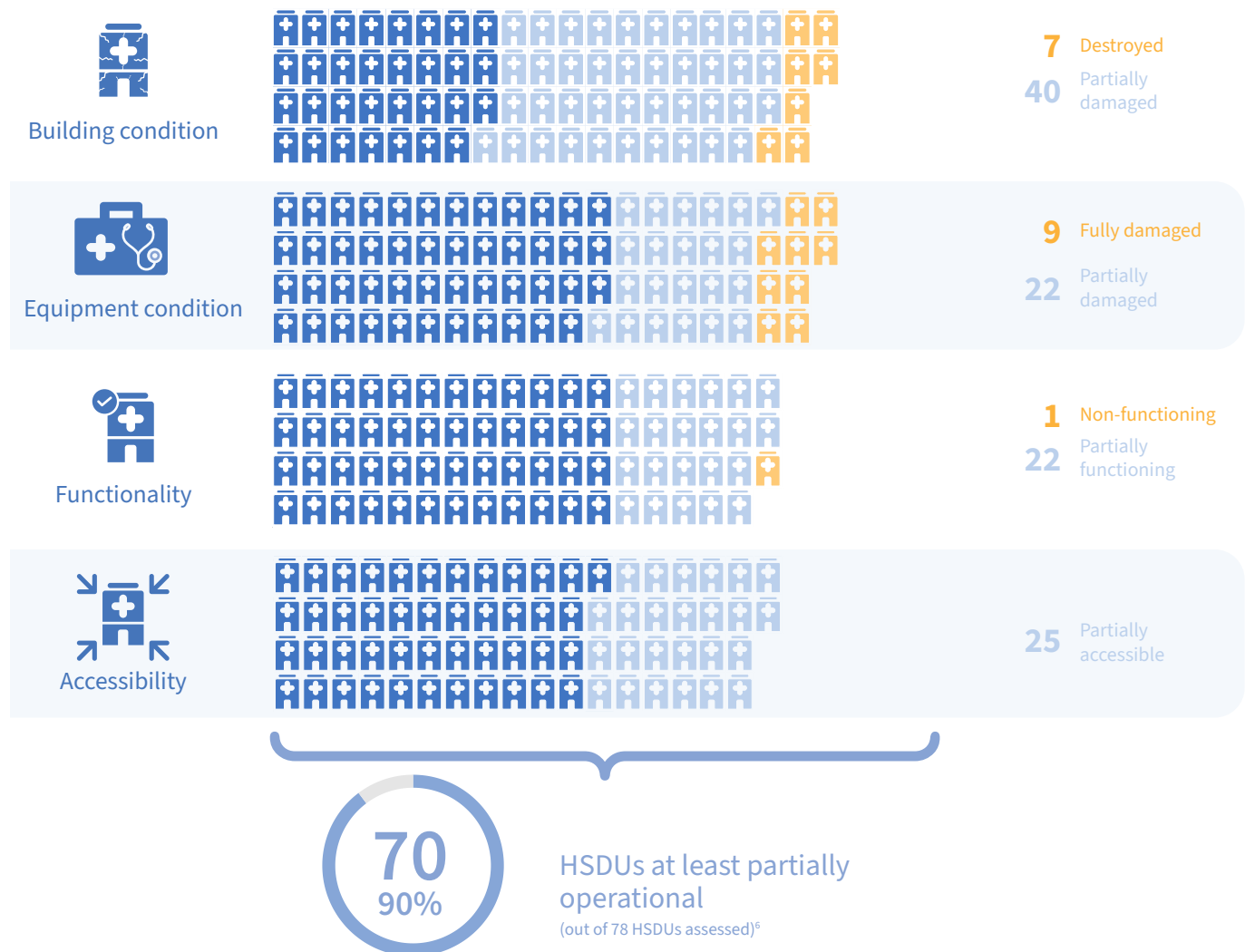
⁴ HeRAMS Nepal September 2024 floods and landslides - January 2025 - Sexual and reproductive health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-nepal-september-2024-floods-and-landslides-report-2025-01-sexual-and-reproductive-health-services>.

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

OVERVIEW OF HSDUs EVALUATED

Data collection summary

78 HSDUs assessed



* Five of the assessed facilities were temporary structures.

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

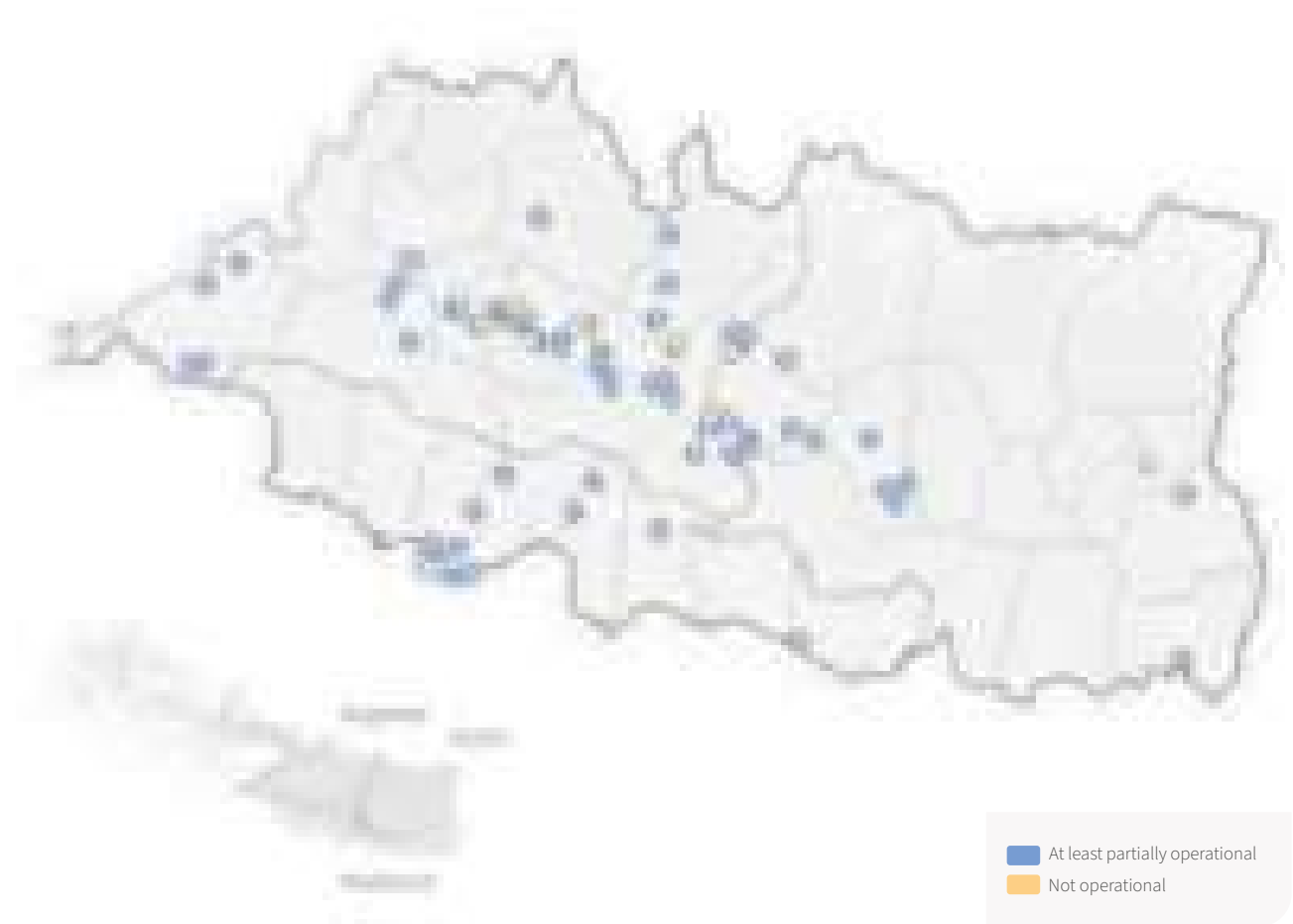


Reporting frequency and operational status by district

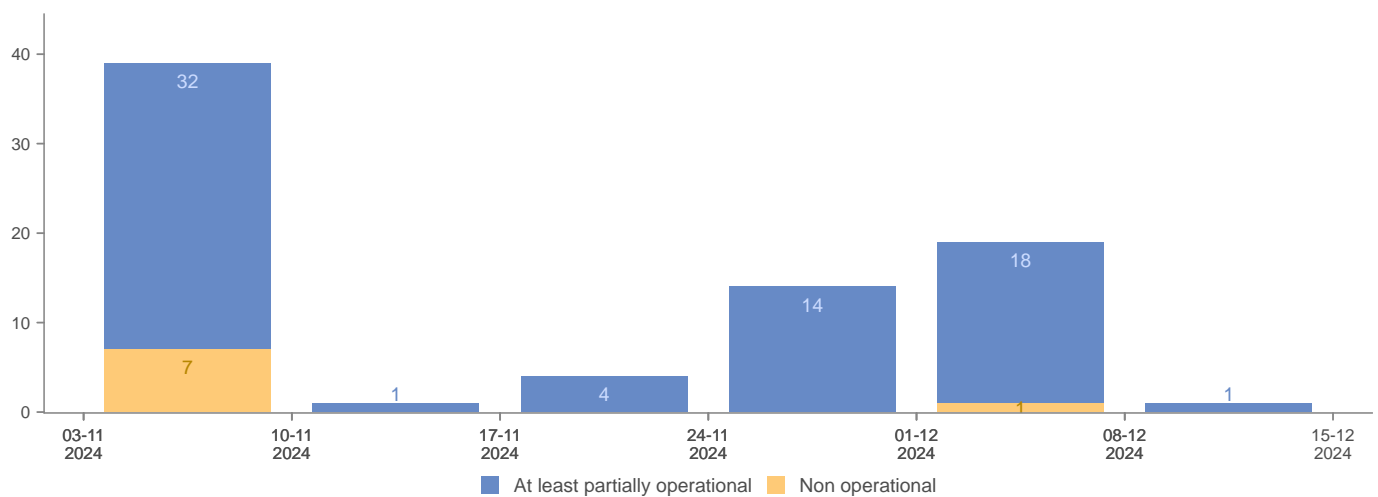
		Basic Health Service Centre		Community Health Unit		EPI Clinic		Health Post		Municipal/ Local level Hospital		Primary Healthcare Center		Provincial Hospital		Urban Health Centre		Other		Total	
		0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O
BAGMATI	CHITAWAN	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	4	-
	DHADING	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-
	DOLAKHA	-	-	1	1	-	-	2	-	-	-	-	-	-	-	-	-	-	-	3	1
	KAVREPALANCHOK	1	-	2	1	1	-	9	2	1	1	-	-	-	-	-	-	-	-	14	4
	LALITPUR	-	-	-	-	-	-	2	-	-	-	-	-	1	-	-	-	-	-	3	-
	MAKWANPUR	1	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	3	-
	RAMECHHAP	-	-	-	-	-	-	7	-	-	-	-	-	-	-	-	-	-	-	7	-
	SINDHULI	1	-	4	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	9	-
	SINDHUPALCHOK	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-
TOTAL		5	-	8	2	1	-	26	2	2	1	-	-	1	-	1	-	1	-	45	5
KOSHI	ILAM	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-
	JHAPA	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
	KHOTANG	-	-	-	-	-	-	3	-	1	-	1	-	-	-	-	-	-	-	5	-
	OKHALDHUNGA	-	-	1	1	-	-	4	1	-	-	-	-	-	-	-	-	-	-	5	2
	PANCHTHAR	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
	SOLUKHUMBU	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-
TOTAL		1	-	1	1	-	-	9	2	2	-	1	-	-	-	-	-	-	-	14	3
MADHESH	MAHOTTARI	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	2	-
	RAUTAHAT	-	-	-	-	-	-	3	-	-	-	2	-	-	-	-	-	-	-	5	-
	SAPTARI	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-
	SARLAHI	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-
	SIRAHA	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-
	TOTAL	2	-	-	-	-	-	7	-	-	-	2	-	-	-	-	-	-	-	11	-
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

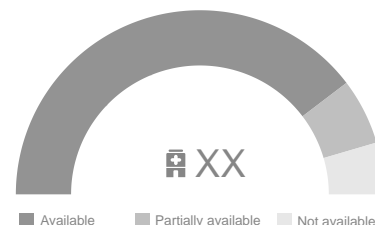




INTERPRETATION GUIDE

Service status

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



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

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



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

Barriers

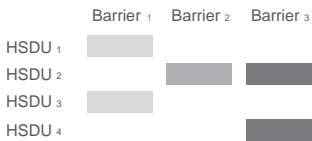
To gain a more comprehensive understanding of the challenges faced by HSDUs, whenever an service was not or only partially available, main barriers impeding availability were recoded. Similarly, questions on building and equipment conditions, functionality and accessibility gather information on the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



Barrier type

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

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

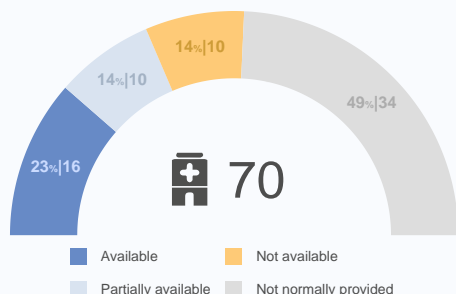


Important: The denominator for barrier charts excludes HSDUs where the service is fully available or not normally provided. It should further be noted that HSDUs can report up to three barriers for each service. Thus, the sum of all barriers may exceed 100%.



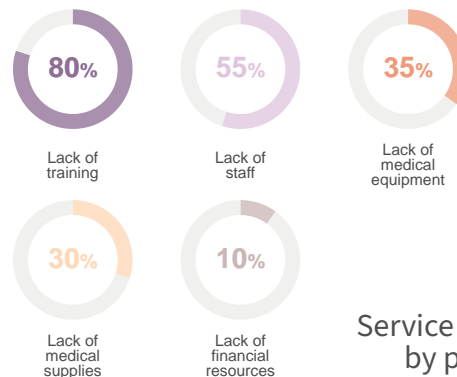
SYNDROMIC SURVEILLANCE

Service availability ⁷

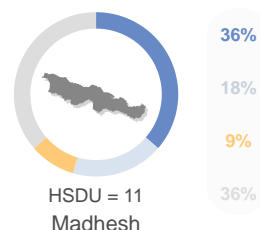
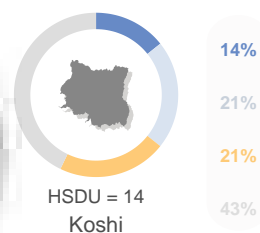
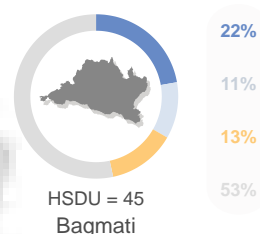


Main barriers impeding service delivery

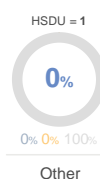
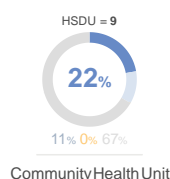
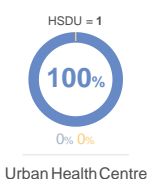
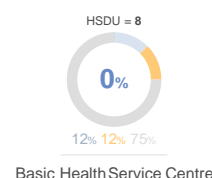
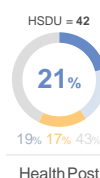
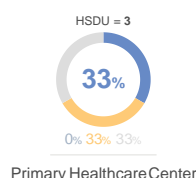
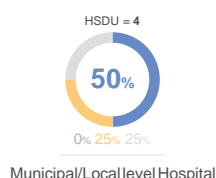
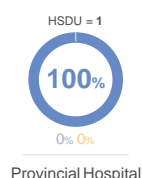
HSDU = 20



Service availability by province



Service availability by HSDU type



⁷ Regular reporting sentinel site for syndromic surveillance of local relevant diseases/conditions.



Bagmati

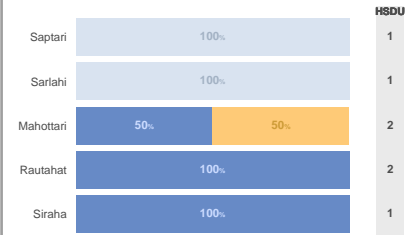
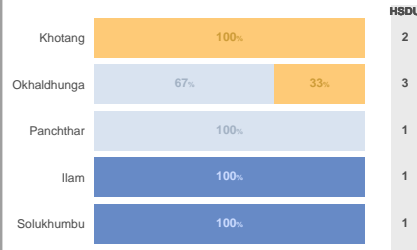
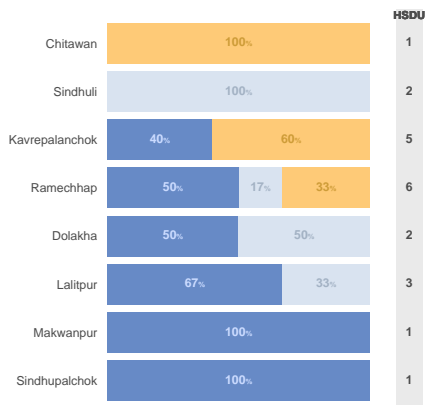


Koshi

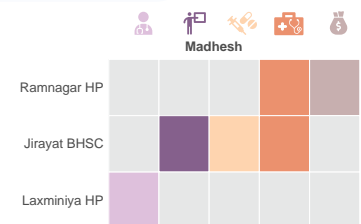
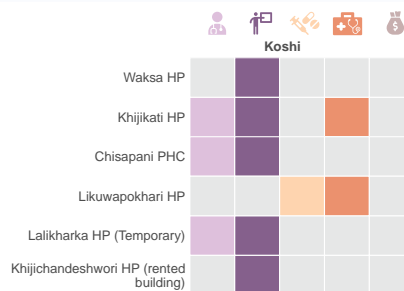
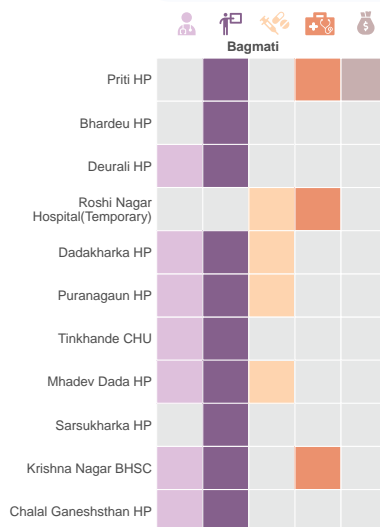


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



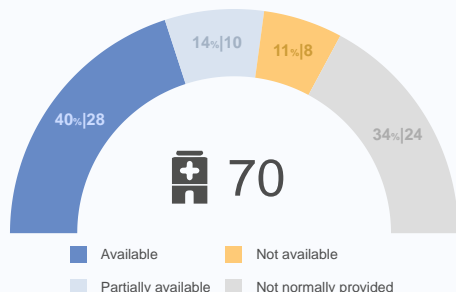
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



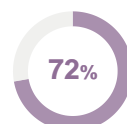
EVENT-BASED SURVEILLANCE

Service availability⁸

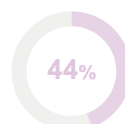


Main barriers impeding service delivery

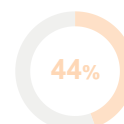
HSDU = 18



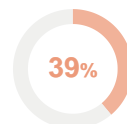
Lack of training



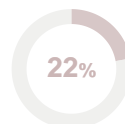
Lack of staff



Lack of medical supplies

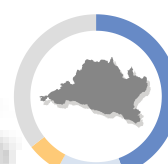


Lack of medical equipment

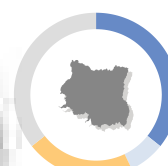


Lack of financial resources

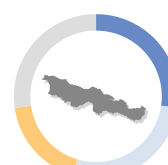
Service availability by province



HSDU = 45
Bagmati



HSDU = 14
Koshi

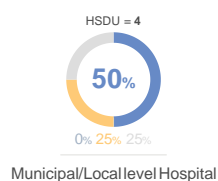


HSDU = 11
Madhesh

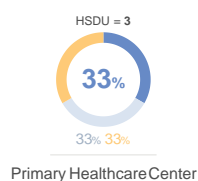
Service availability by HSDU type



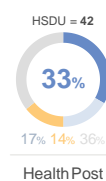
Provincial Hospital



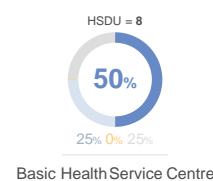
Municipal/Local level Hospital



Primary Healthcare Center



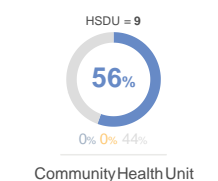
Health Post



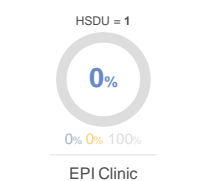
Basic Health Service Centre



Urban Health Centre



Community Health Unit



EPI Clinic



Other

⁸ Immediate reporting of unexpected or unusual health events through an event-based surveillance system.



Bagmati

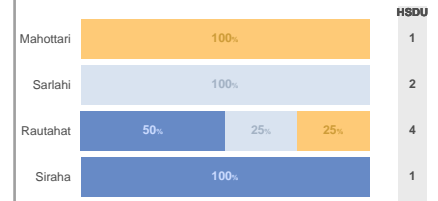
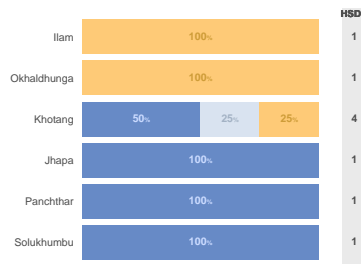
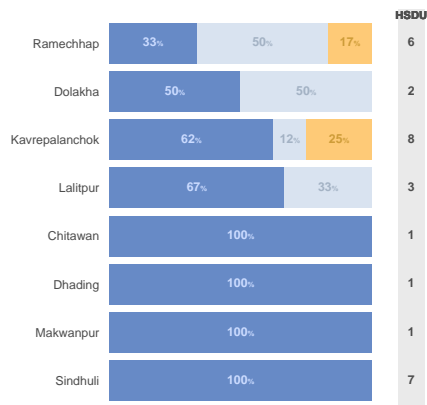


Koshi

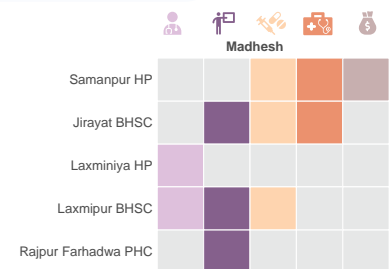
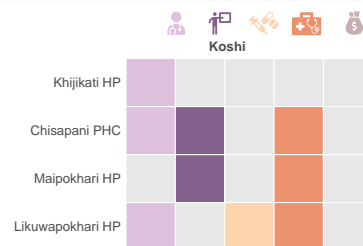
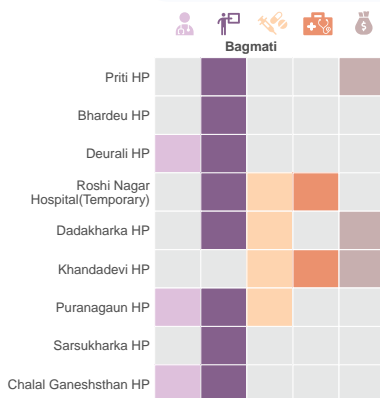


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



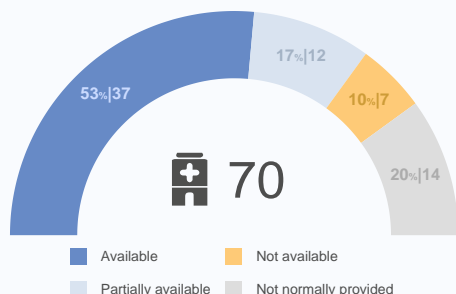
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



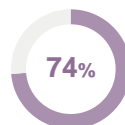
CASE BASED SURVEILLANCE

Service availability⁹

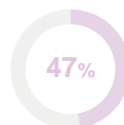


Main barriers impeding service delivery

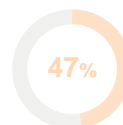
HSDU = 19



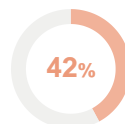
Lack of training



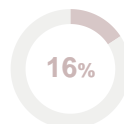
Lack of staff



Lack of medical supplies

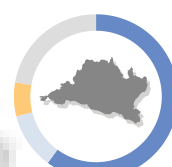


Lack of medical equipment

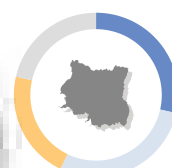


Lack of financial resources

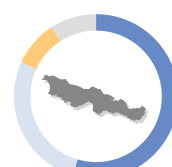
Service availability by province



HSDU = 45
Bagmati

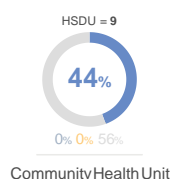
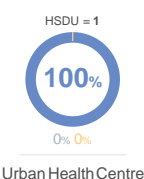
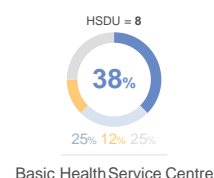
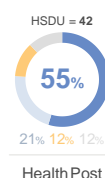
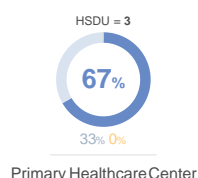
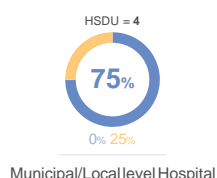
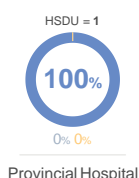


HSDU = 14
Koshi



HSDU = 11
Madhesh

Service availability by HSDU type



⁹ Active/ Passive case detection.



Bagmati

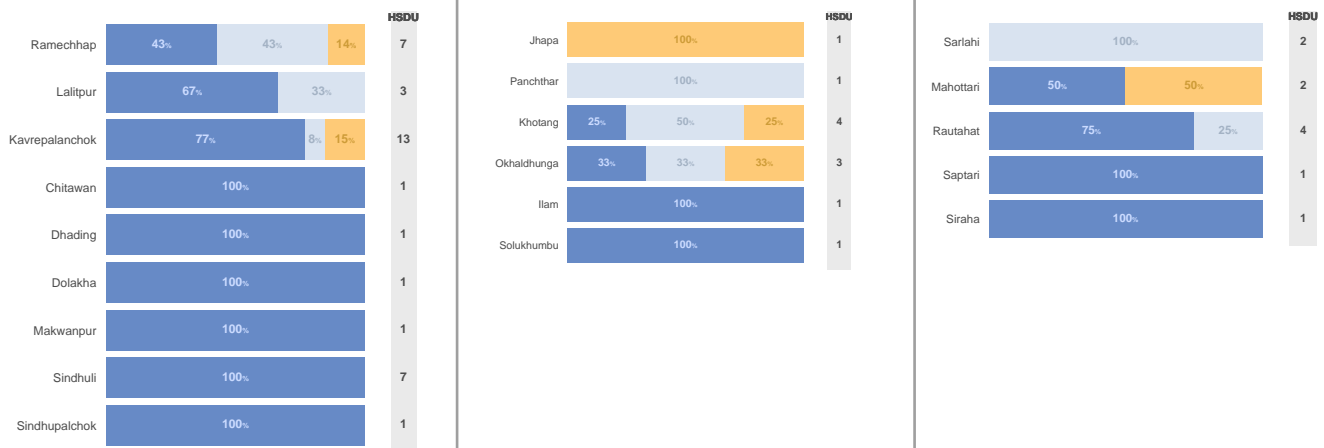


Koshi

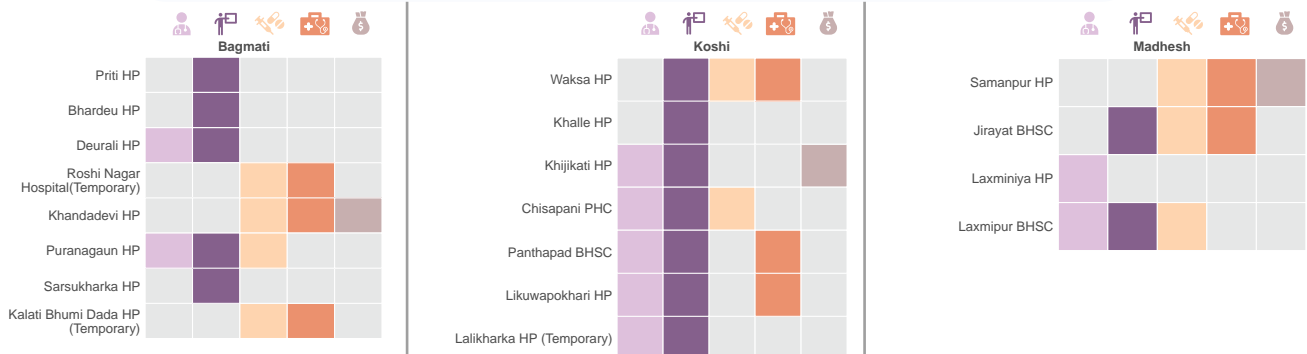


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



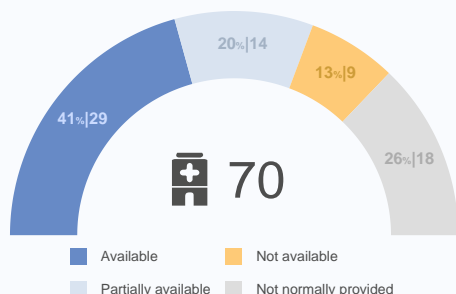
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



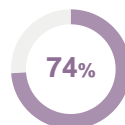
MALARIA AT THE COMMUNITY LEVEL

Service availability¹⁰

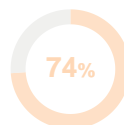


Main barriers impeding service delivery

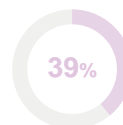
HSDU = 23



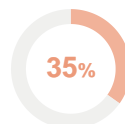
Lack of training



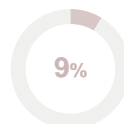
Lack of medical supplies



Lack of staff

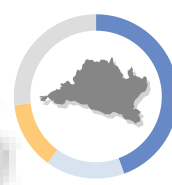


Lack of medical equipment

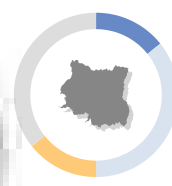


Lack of financial resources

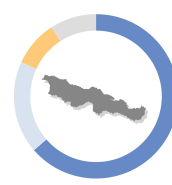
Service availability by province



HSDU = 45
Bagmati

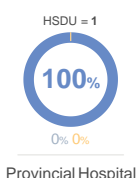


HSDU = 14
Koshi

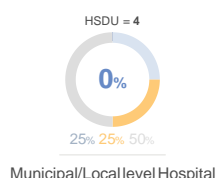


HSDU = 11
Madhesh

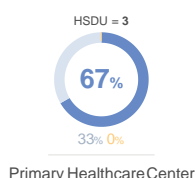
Service availability by HSDU type



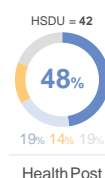
Provincial Hospital



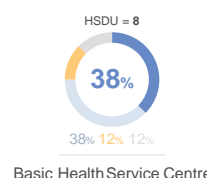
Municipal/Local level Hospital



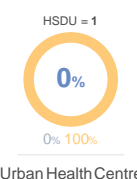
Primary Healthcare Center



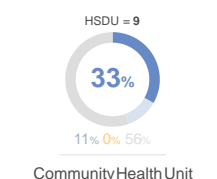
Health Post



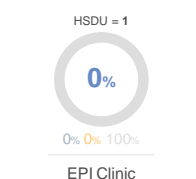
Basic Health Service Centre



Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹⁰ Diagnosis of malaria suspected cases with rapid diagnostic test (RDT) and treatment of positive cases, or detection and referral of suspected cases, and follow-up, at community level.



Bagmati

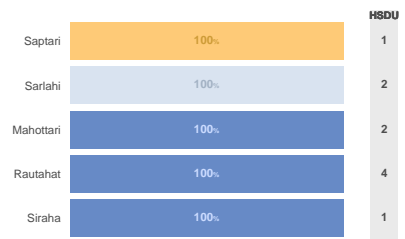
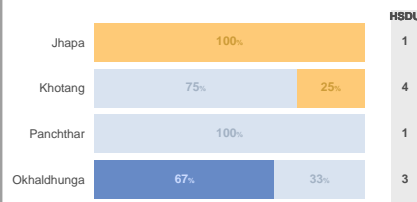
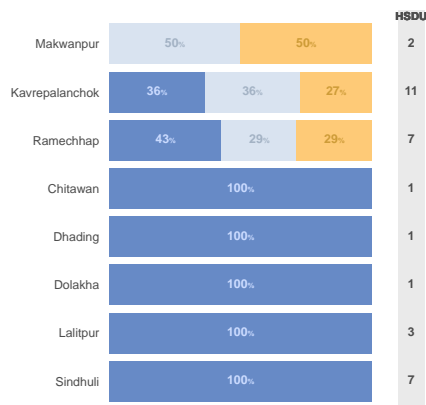


Koshi

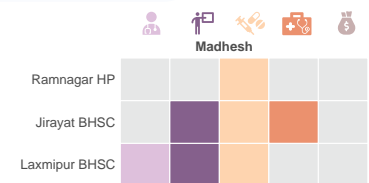
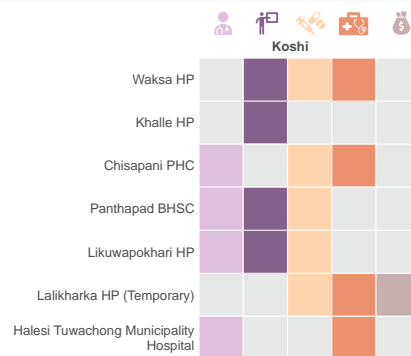
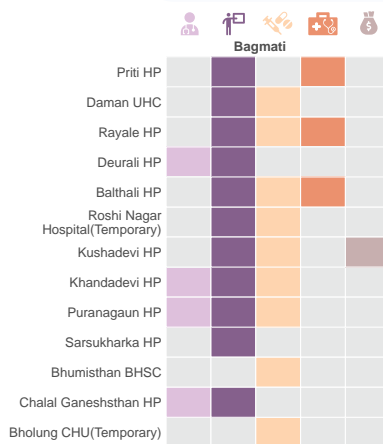


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



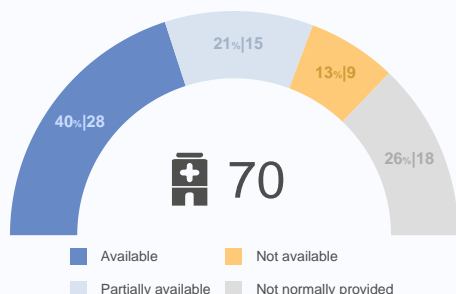
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



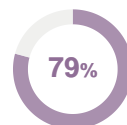
MALARIA AT THE PRIMARY CARE LEVEL

Service availability ¹¹

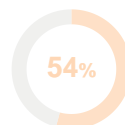


Main barriers impeding service delivery

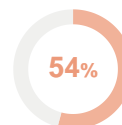
HSDU = 24



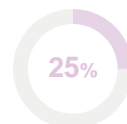
Lack of training



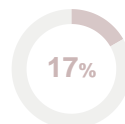
Lack of medical supplies



Lack of medical equipment

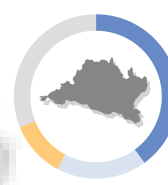


Lack of staff

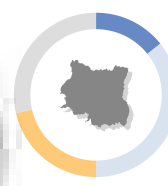


Lack of financial resources

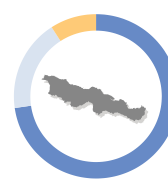
Service availability by province



HSDU = 45
Bagmati

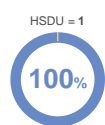


HSDU = 14
Koshi

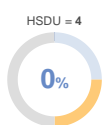


HSDU = 11
Madhesh

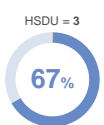
Service availability by HSDU type



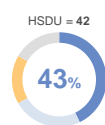
Provincial Hospital



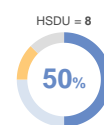
Municipal/Local level Hospital



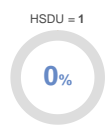
Primary Healthcare Center



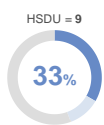
Health Post



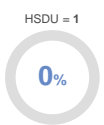
Basic Health Service Centre



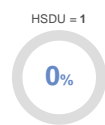
Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹¹ Diagnosis of suspected malaria cases with rapid diagnostic test (RDT) and treatment of positive cases, or detection and referral of suspected cases, and follow-up, at the primary care level.



Bagmati

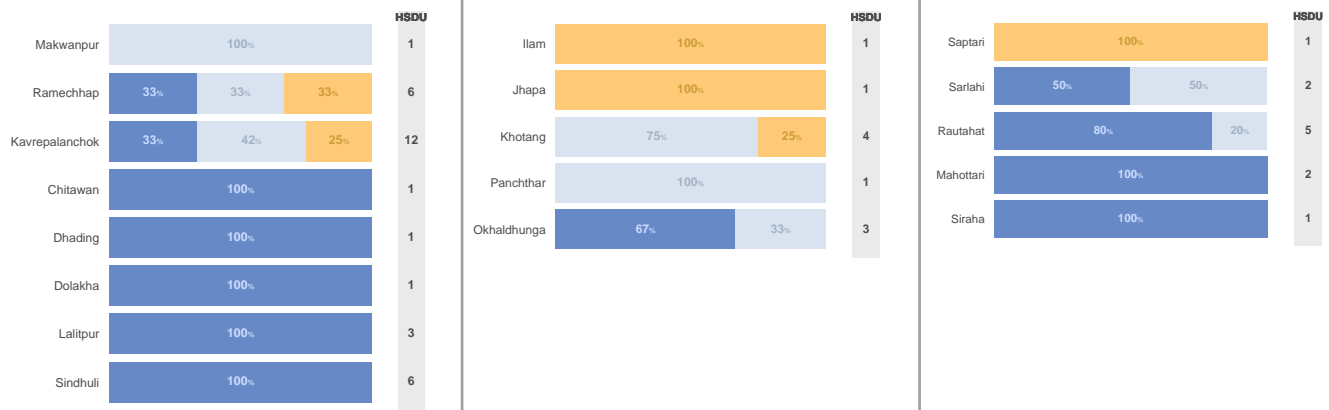


Koshi

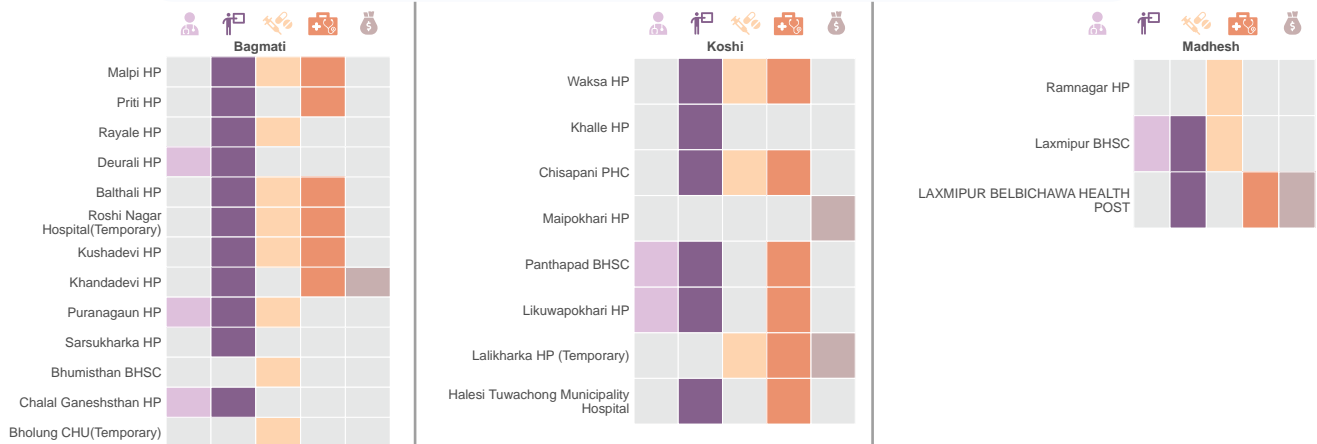


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



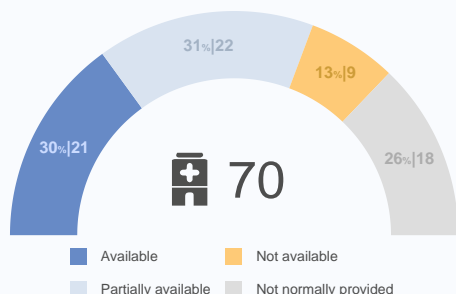
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



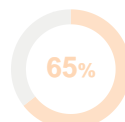
VECTOR CONTROL

Service availability ¹²

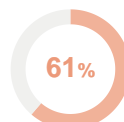


Main barriers impeding service delivery

HSDU = 31



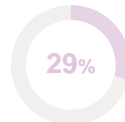
Lack of medical supplies



Lack of medical equipment



Lack of training

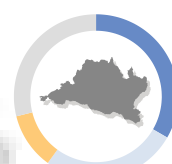


Lack of staff

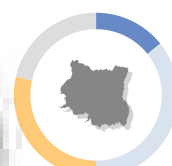


Lack of financial resources

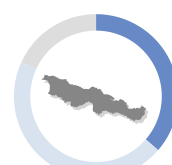
Service availability by province



HSDU = 45
Bagmati

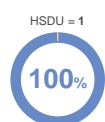


HSDU = 14
Koshi

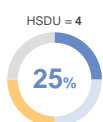


HSDU = 11
Madhesh

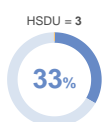
Service availability by HSDU type



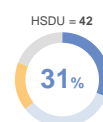
Provincial Hospital



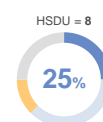
Municipal/Local level Hospital



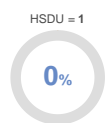
Primary Healthcare Center



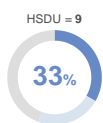
Health Post



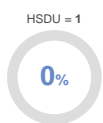
Basic Health Service Centre



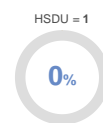
Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹² Support vector control interventions (distribution of impregnated bed nets, in/outdoor insecticide spraying, distribution of related IEC materials).



Bagmati

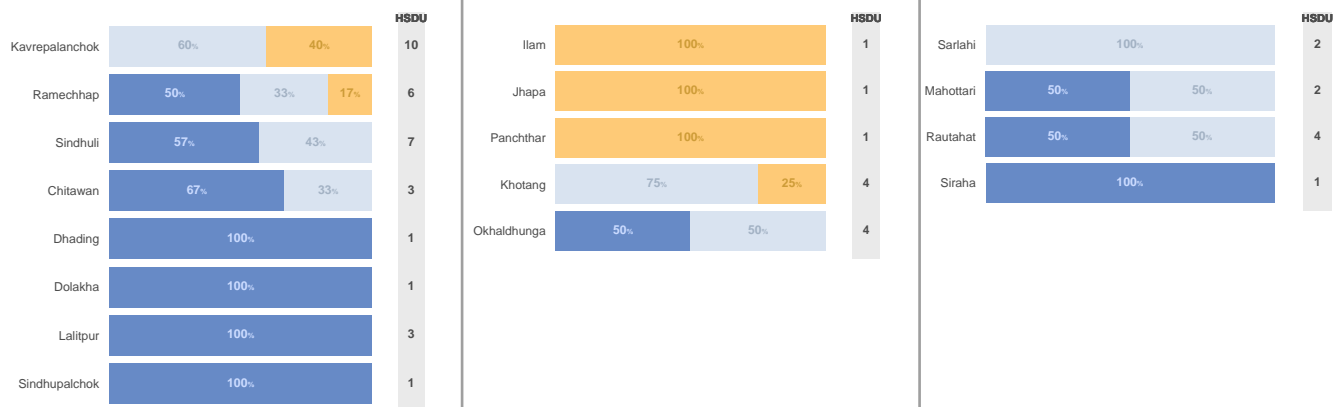


Koshi

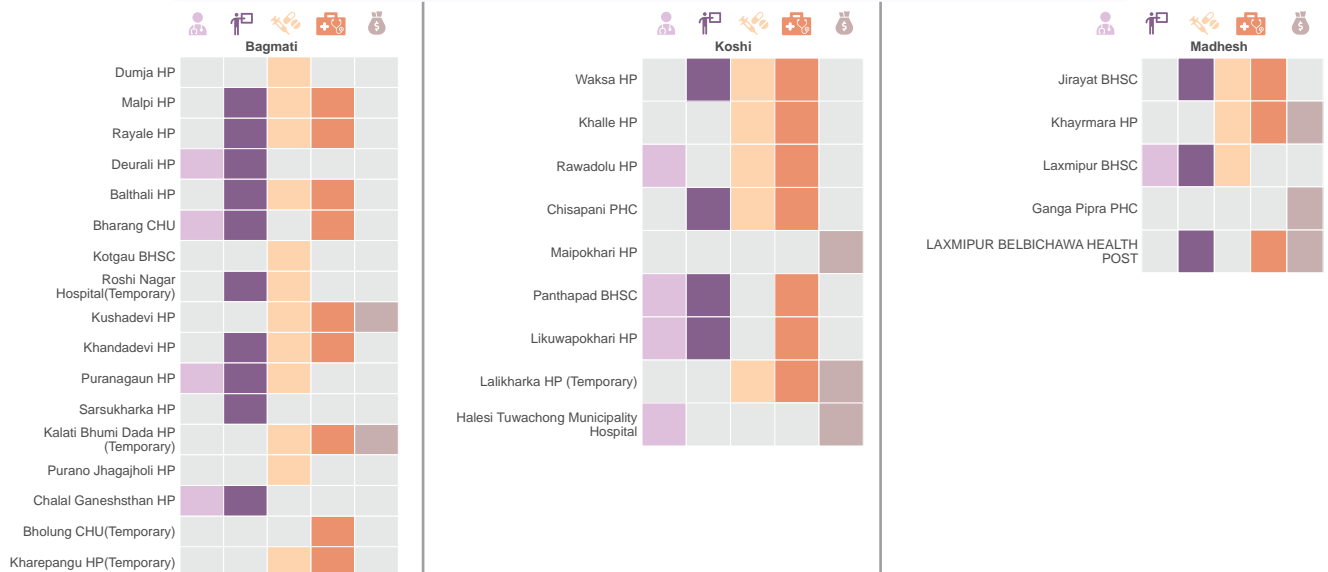


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



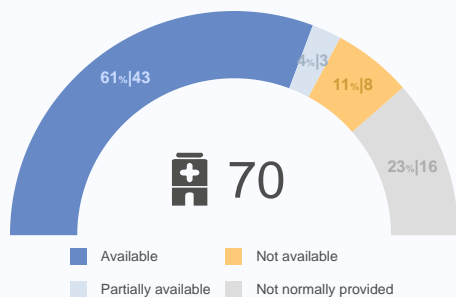
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



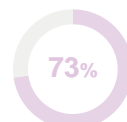
SUPPORT MASS DRUG ADMINISTRATION

Service availability ¹³

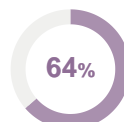


Main barriers impeding service delivery

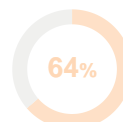
HSDU = 11



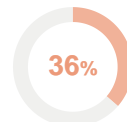
Lack of staff



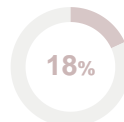
Lack of training



Lack of medical supplies

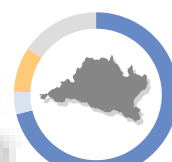


Lack of medical equipment

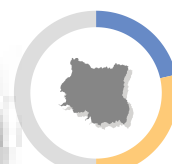


Lack of financial resources

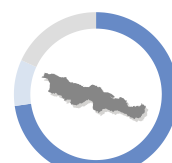
Service availability by province



HSDU = 45
Bagmati

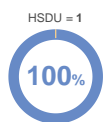


HSDU = 14
Koshi

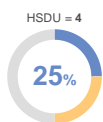


HSDU = 11
Madhesh

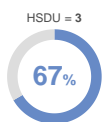
Service availability by HSDU type



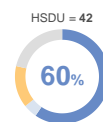
Provincial Hospital



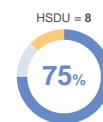
Municipal/Local level Hospital



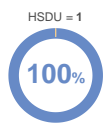
Primary Healthcare Center



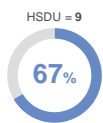
Health Post



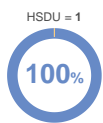
Basic Health Service Centre



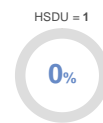
Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹³ Mobilize communities and support mass drug administration/treatment campaigns.



Bagmati

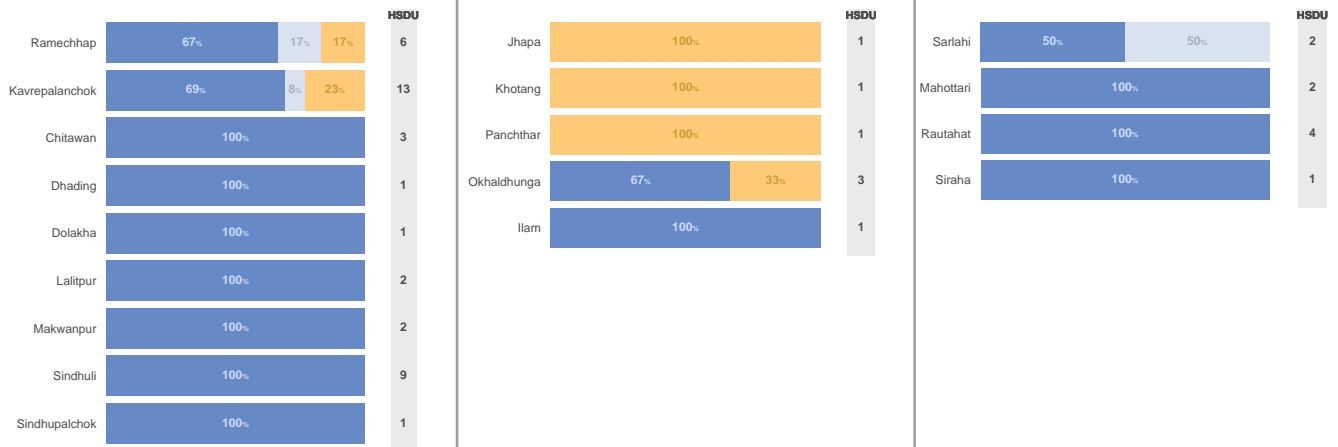


Koshi

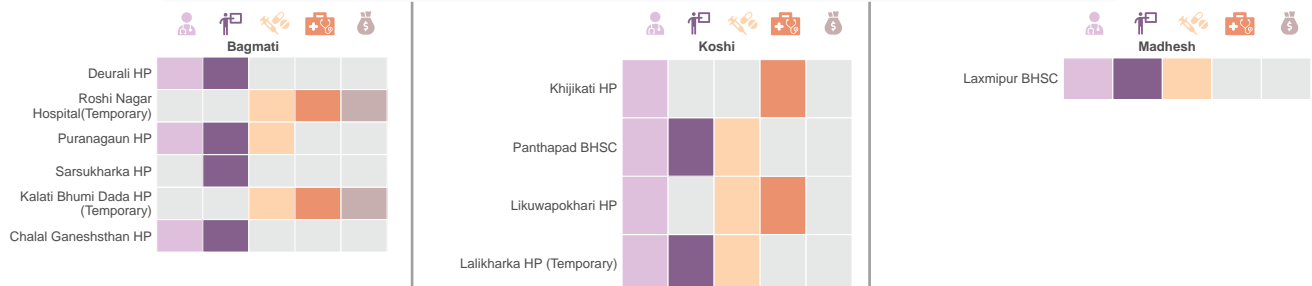


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



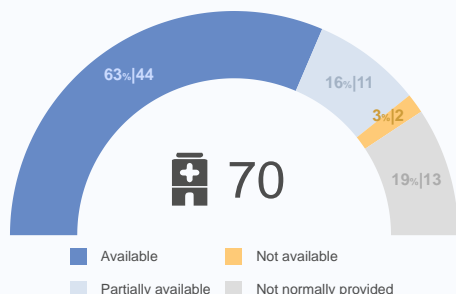
-  Lack of staff
-  Lack of training
-  Lack of medical supplies
-  Lack of medical equipment
-  Lack of financial resources

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



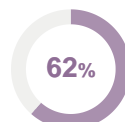
TUBERCULOSIS

Service availability ¹⁴

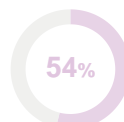


Main barriers impeding service delivery

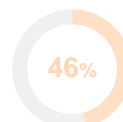
HSDU = 13



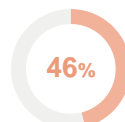
Lack of training



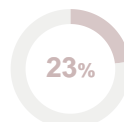
Lack of staff



Lack of medical supplies

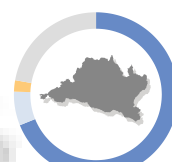


Lack of medical equipment

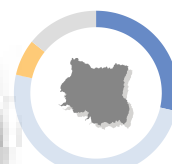


Lack of financial resources

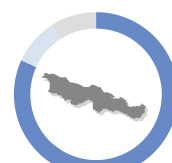
Service availability by province



HSDU = 45
Bagmati

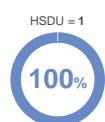


HSDU = 14
Koshi

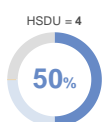


HSDU = 11
Madhesh

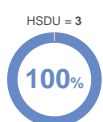
Service availability by HSDU type



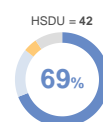
Provincial Hospital



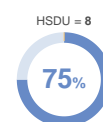
Municipal/Local level Hospital



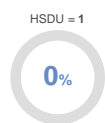
Primary Healthcare Center



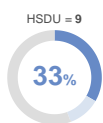
Health Post



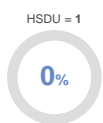
Basic Health Service Centre



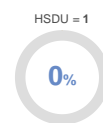
Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹⁴ Diagnosis and treatment of tuberculosis (TB) cases, or detection and referral of suspected cases, and follow-up.



Bagmati

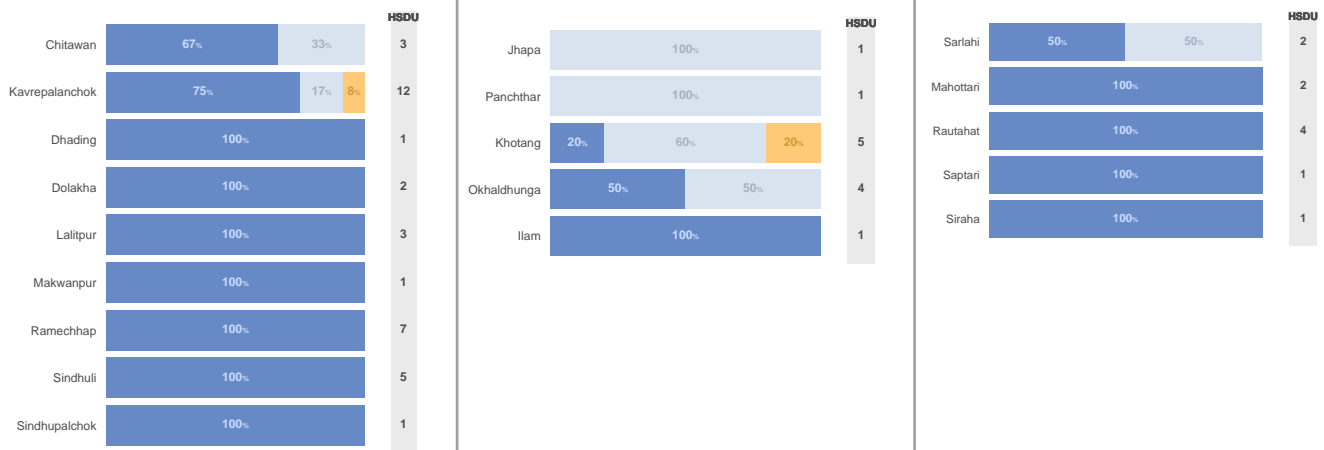


Koshi

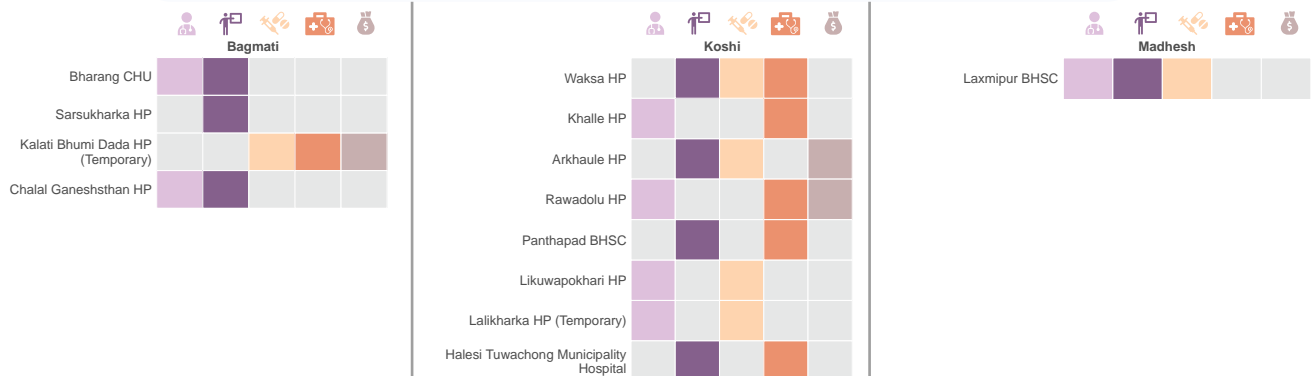


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



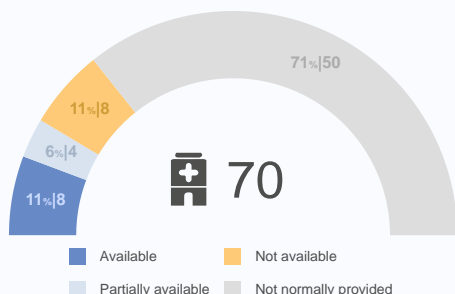
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



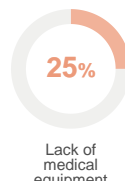
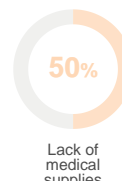
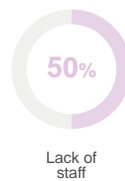
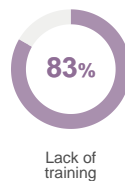
MULTI-DRUG-RESISTANT TUBERCULOSIS

Service availability ¹⁵

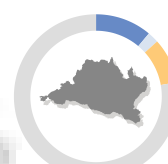


Main barriers impeding service delivery

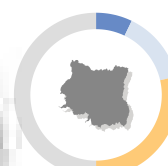
HSDU = 12



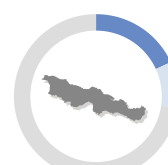
Service availability by province



HSDU = 45
Bagmati

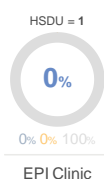
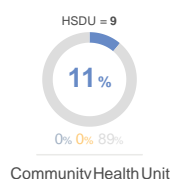
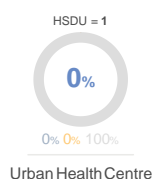
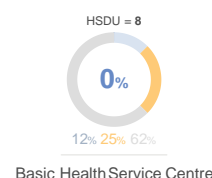
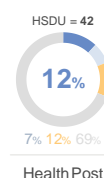
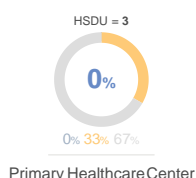
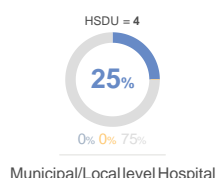
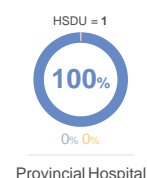


HSDU = 14
Koshi



HSDU = 11
Madhesh

Service availability by HSDU type



¹⁵ Diagnosis, management, and follow-up of multi-drug-resistant TB (MDRTB) patients.



Bagmati

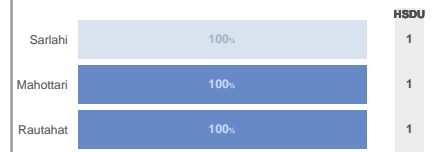
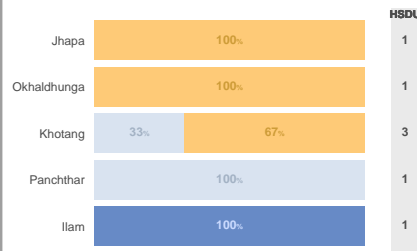
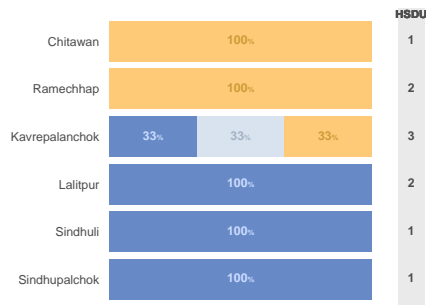


Koshi

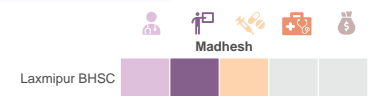
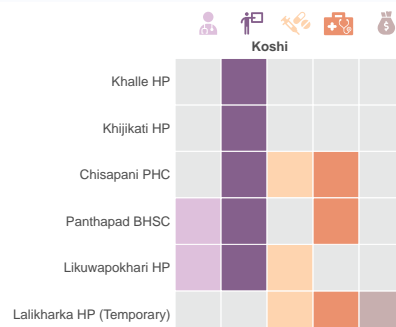
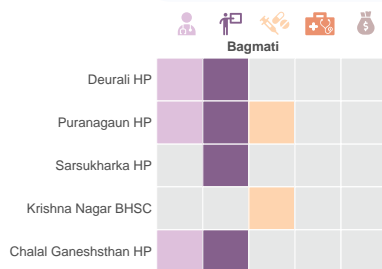


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



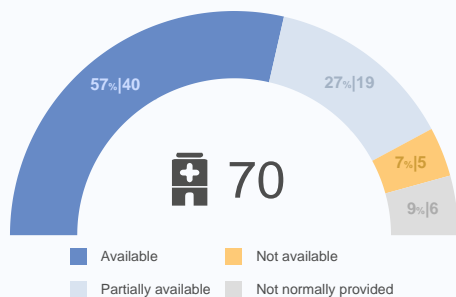
-  Lack of staff
-  Lack of training
-  Lack of medical supplies
-  Lack of medical equipment
-  Lack of financial resources

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



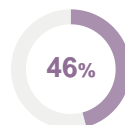
IEC ON LOCAL PRIORITY DISEASES

Service availability ¹⁶

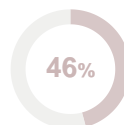


Main barriers impeding service delivery

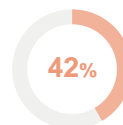
HSDU = 24



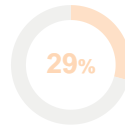
Lack of training



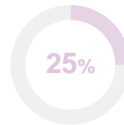
Lack of financial resources



Lack of medical equipment

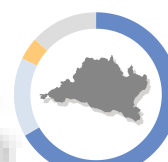


Lack of medical supplies

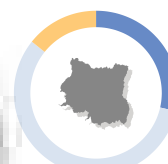


Lack of staff

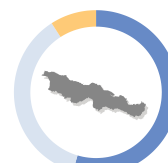
Service availability by province



HSDU = 45
Bagmati

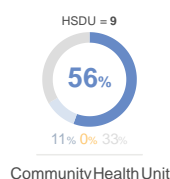
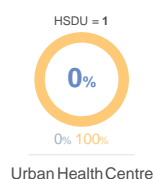
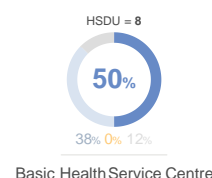
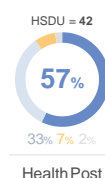
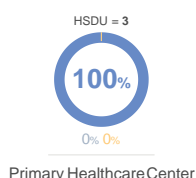
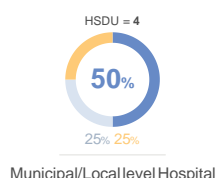
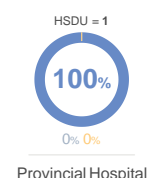


HSDU = 14
Koshi



HSDU = 11
Madhesh

Service availability by HSDU type



¹⁶ Information, Education, and Communication on the prevention and self-care of local priority diseases, such as dengue, acute diarrhea, others.



Bagmati

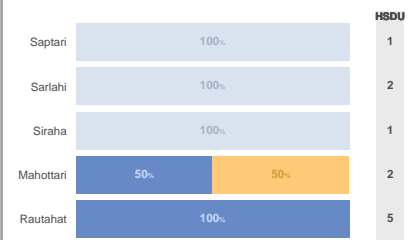
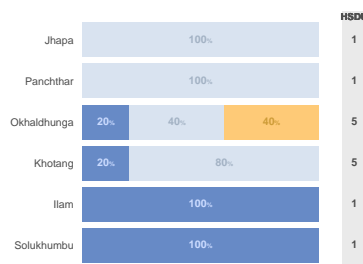
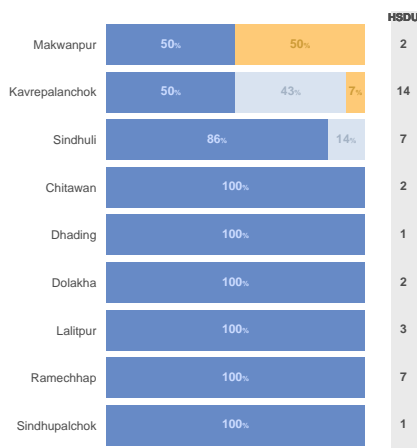


Koshi

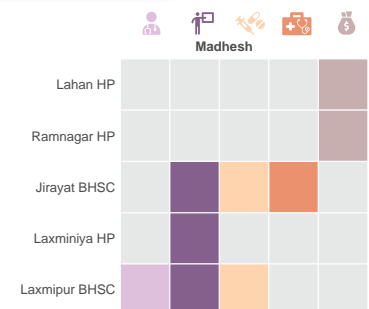
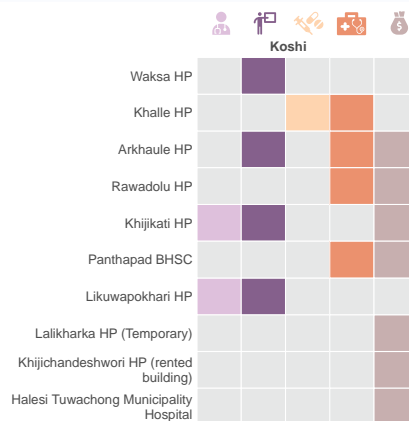
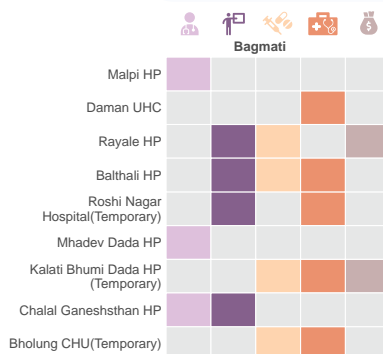


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



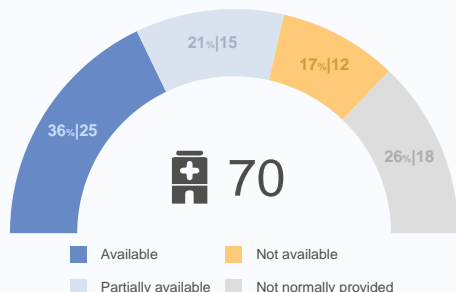
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



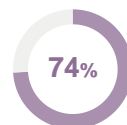
DIAGNOSIS AND MANAGEMENT OF OTHER LOCALLY RELEVANT DISEASES

Service availability ¹⁷

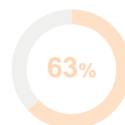


Main barriers impeding service delivery

HSDU = 27



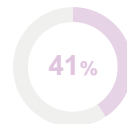
Lack of training



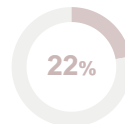
Lack of medical supplies



Lack of medical equipment

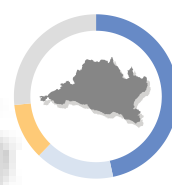


Lack of staff

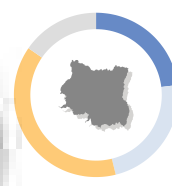


Lack of financial resources

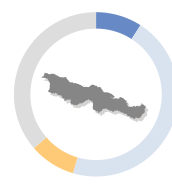
Service availability by province



HSDU = 45
Bagmati

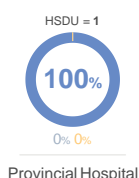


HSDU = 13
Koshi

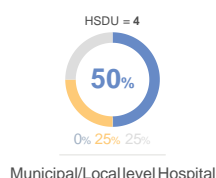


HSDU = 11
Madhesh

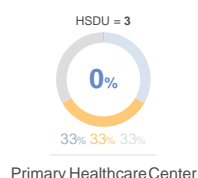
Service availability by HSDU type



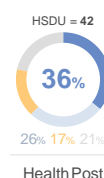
Provincial Hospital



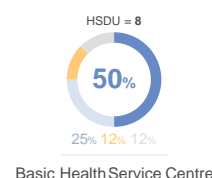
Municipal/Local level Hospital



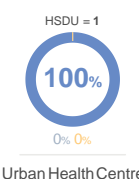
Primary Healthcare Center



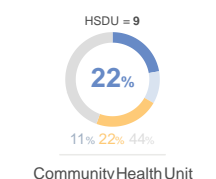
Health Post



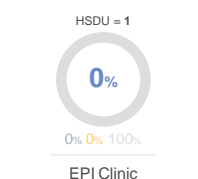
Basic Health Service Centre



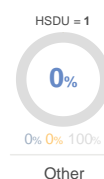
Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹⁷ Diagnosis and management of other locally relevant diseases such as dengue, with protocols available for identification, classification, stabilization and referral of severe cases.



Bagmati

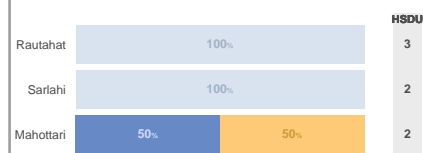
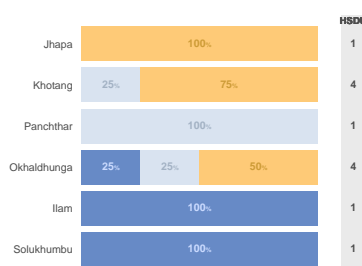
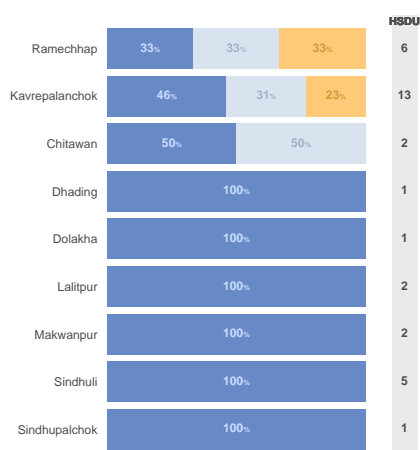


Koshi

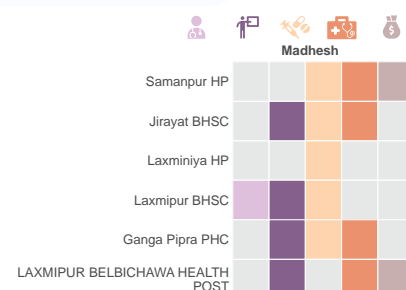
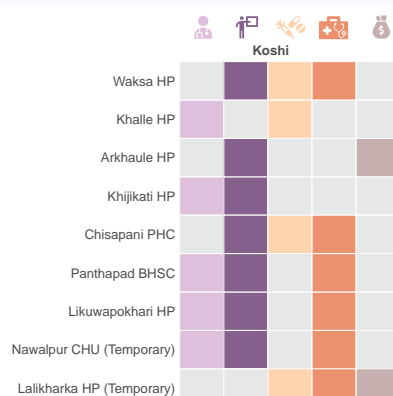
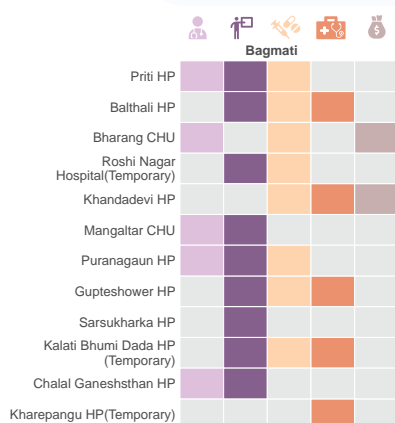


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



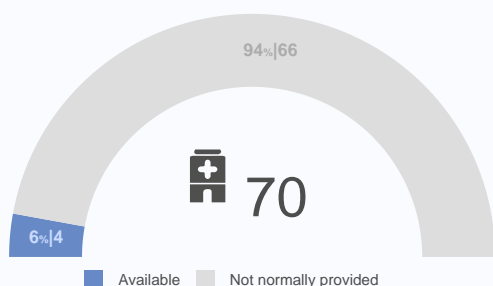
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



MANAGEMENT OF SEVERE AND/OR COMPLICATED COMMUNICABLE DISEASES

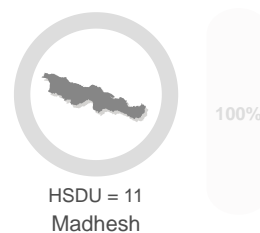
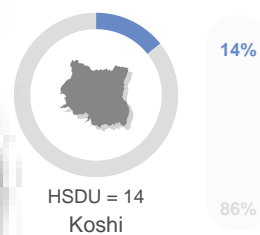
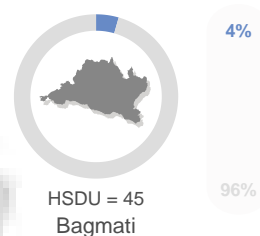
Service availability ¹⁸



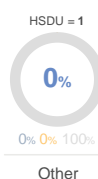
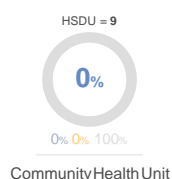
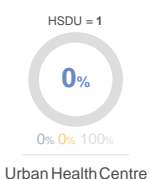
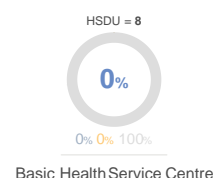
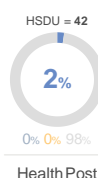
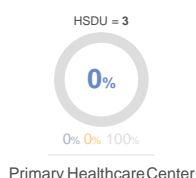
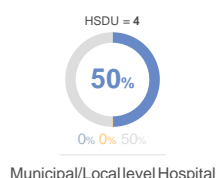
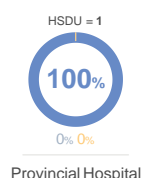
Main barriers impeding service delivery

No barriers reported

Service availability by province



Service availability by HSDU type



¹⁸ Management of severe and/or complicated communicable diseases such as severe dengue, measles with pneumonia, cerebral malaria, etc.

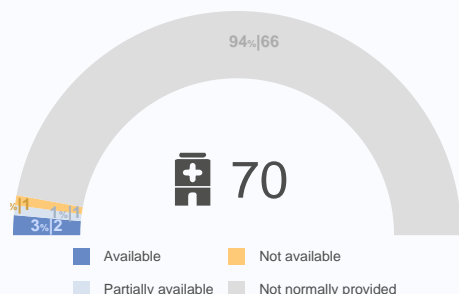


* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



ISOLATION UNIT OR ROOM

Service availability ¹⁹

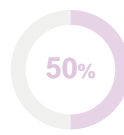


Main barriers impeding service delivery

HSDU = 2



Lack of financial resources

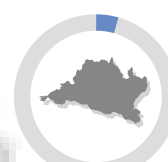


Lack of staff



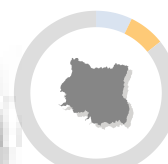
Lack of medical equipment

Service availability by province



HSDU = 45
Bagmati

96%



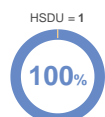
HSDU = 14
Koshi

86%

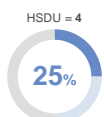


HSDU = 11
Madhesh

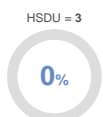
Service availability by HSDU type



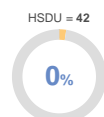
Provincial Hospital



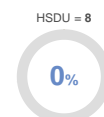
Municipal/Local level Hospital



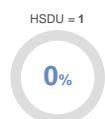
Primary Healthcare Center



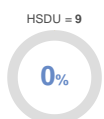
Health Post



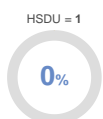
Basic Health Service Centre



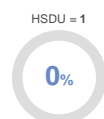
Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹⁹ Isolation unit or room for patients with highly infectious diseases.



Bagmati

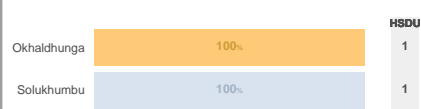
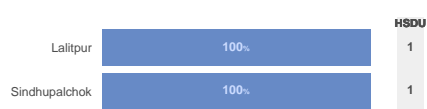


Koshi



Madhesh

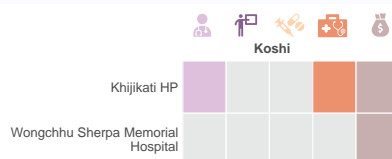
Service availability by district




No reporting HSDU

Main barriers impeding service delivery by HSDU*

No barriers reported



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

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

ANNEX





ANNEX I: PREVIOUSLY PUBLISHED REPORTS

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

