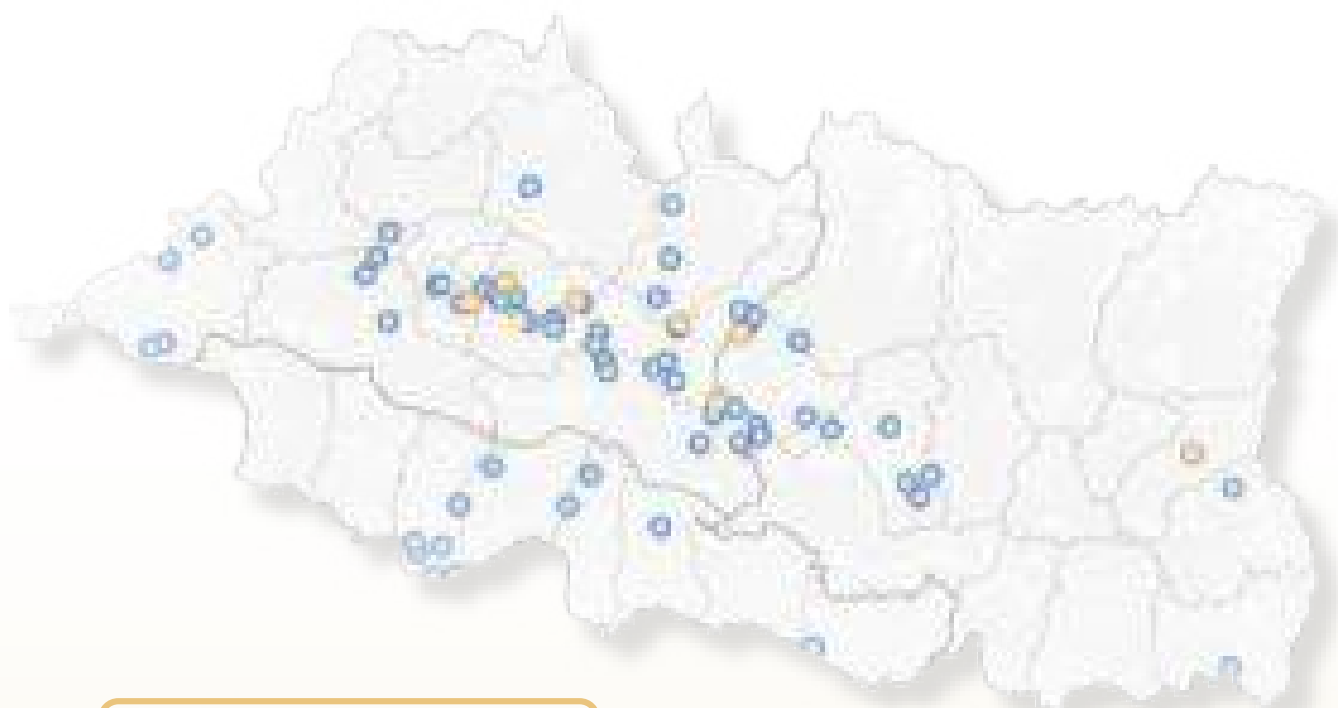




HeRAMS Nepal

September 2024 floods and
landslides

January 2025



Child health and nutrition services

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



© World Health Organization 2025

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation:

“This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition.”

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. HerAMS Nepal September 2024 floods and landslides - January 2025 - Child health and nutrition services: A comprehensive mapping of availability of essential services and barriers to their provision; 2025

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

HeRAMS Nepal

September 2024 floods and landslides

January 2025

Child health and nutrition services

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





Government of Nepal

Phone : 4.

262987
262590
262802
262706
262935
262862

Ministry of Health & Population



Ramshahpath, Kathmandu

Nepal

Ref:

Date : 7 July 2025

Foreword



Foreword

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

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

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

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

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

Prakash B.C.

Dr Prakash Budhathoky

Chief

HEDMU/HEOC

ACRONYMS

BHSC Basic Health Service Center

CMAM Community Management of Acute Malnutrition

EPI Expanded Programme on Immunization

HeRAMS Health Resources and Services Availability Monitoring System

HP Health Post

HSDU Health Service Delivery Unit

IMAM Integrated Management of Acute Malnutrition

IMCI Integrated Management of Childhood Illness

PHC Primary Health Center

SAM Severe Acute Malnutrition

UHC Urban Health Centre

WHO World Health Organization

TABLE OF CONTENTS

Acronyms	IV
Disclaimer	2
Overview of HSDUs evaluated	3
Interpretation guide	6
Community-based first aid	8
Community-based integrated management of childhood illness	10
IMCI under 5 clinic	12
Management of children with severe diseases	14
Community mobilization for expanded programme for immunization	16
Expanded programme for immunization	18
Infant, young, and child feeding	20
Screening for acute malnutrition	22
Growth monitoring	24
Community management of acute malnutrition	26
Integrated management of acute malnutrition	28
Stabilization center for severe acute malnutrition	30
Annex:	32
Annex I: Previously published reports	33



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

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

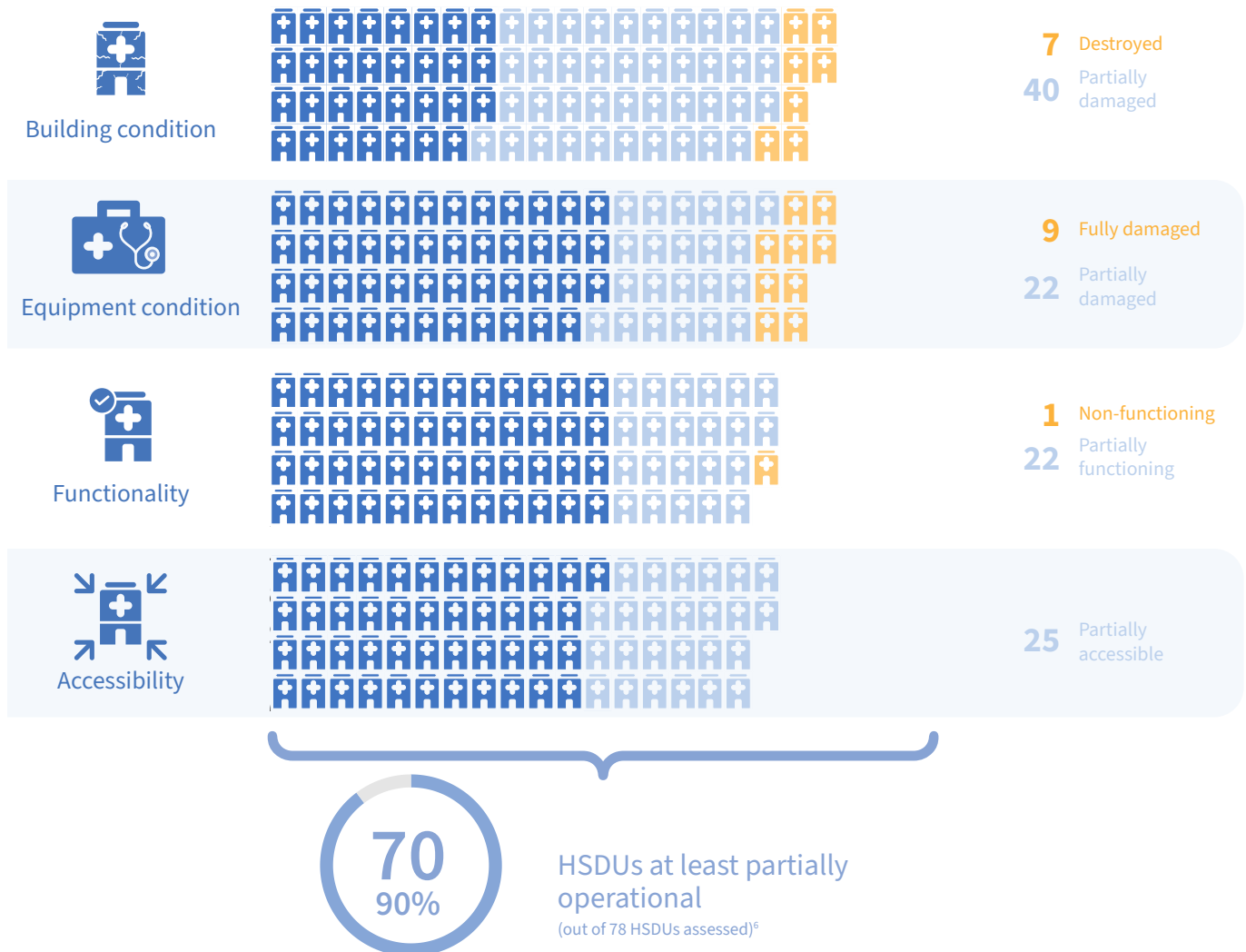
⁵ HeRAMS Nepal September 2024 floods and landslides - January 2025 - Noncommunicable disease and mental health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-nepal-september-2024-floods-and-landslides-report-2025-01-ncd-and-mental-health-services>.



OVERVIEW OF HSDUs EVALUATED

Data collection summary

78 HSDUs assessed



* Five of the assessed facilities were temporary structures.

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



Reporting frequency and operational status by district

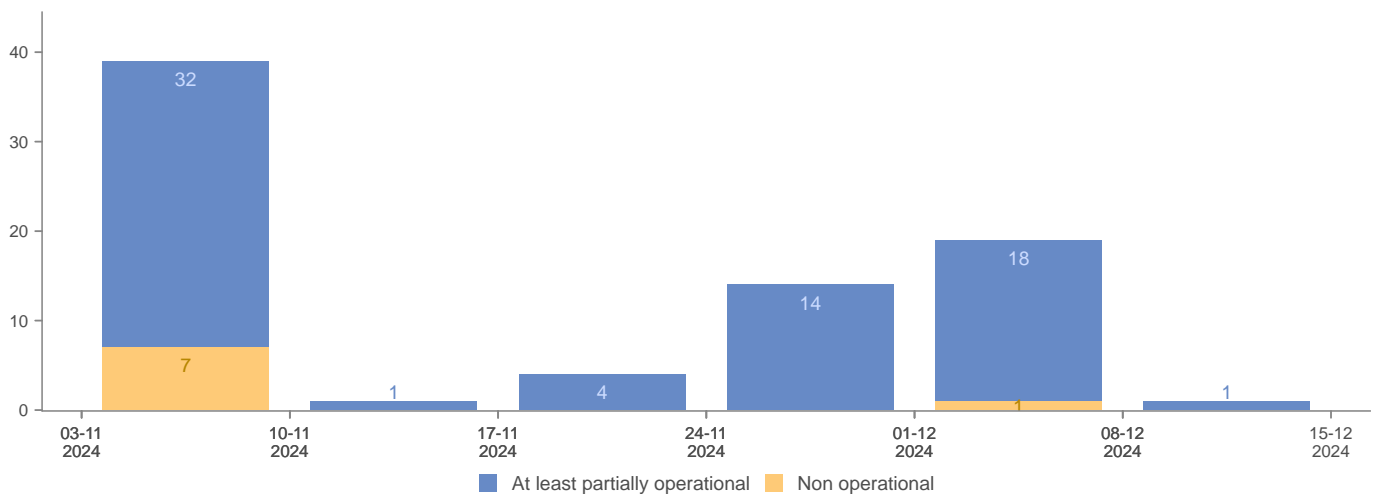
		Basic Health Service Centre		Community Health Unit		EPI Clinic		Health Post		Municipal/ Local level Hospital		Primary Healthcare Center		Provincial Hospital		Urban Health Centre		Other		Total	
		0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O	0	N/O
BAGMATI	CHITAWAN	2	-	1	-	-	-	-	-	-	-	-	-	-	-	-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

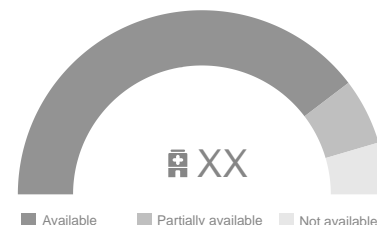




INTERPRETATION GUIDE

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.

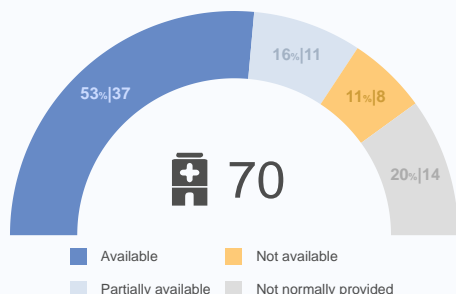
	Barrier 1	Barrier 2	Barrier 3
HSDU 1			
HSDU 2			
HSDU 3			
HSDU 4			

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%.



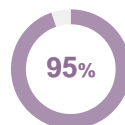
COMMUNITY-BASED FIRST AID

Service availability ⁷

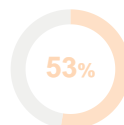


Main barriers impeding service delivery

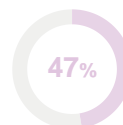
HSDU = 19



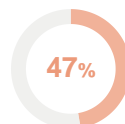
Lack of training



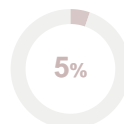
Lack of medical supplies



Lack of staff

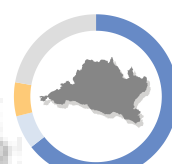


Lack of medical equipment

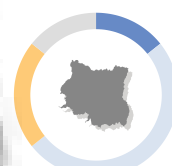


Lack of financial resources

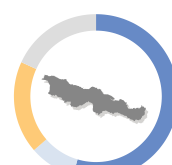
Service availability by province



HSDU = 45
Bagmati

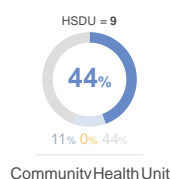
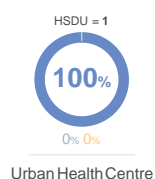
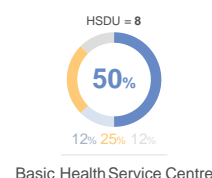
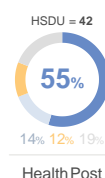
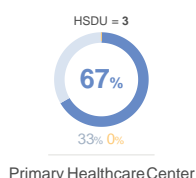
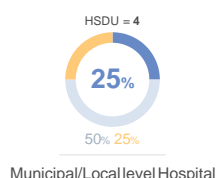
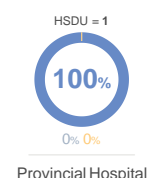


HSDU = 14
Koshi



HSDU = 11
Madhesh

Service availability by HSDU type



⁷ Community-based first aid interventions include airway positioning, choking interventions, and basic external hemorrhage control.



Bagmati

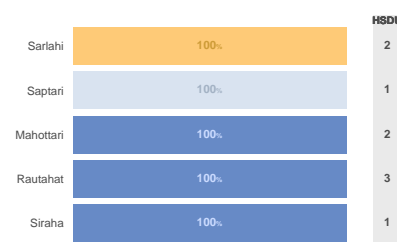
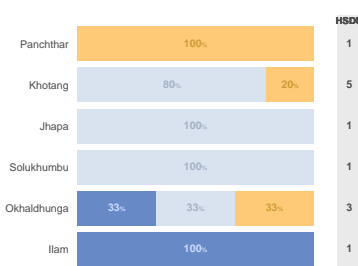
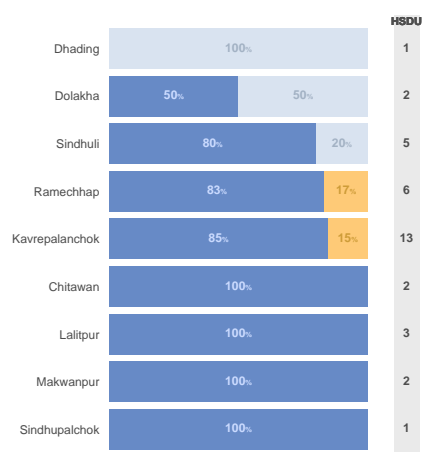


Koshi

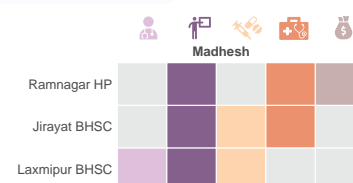
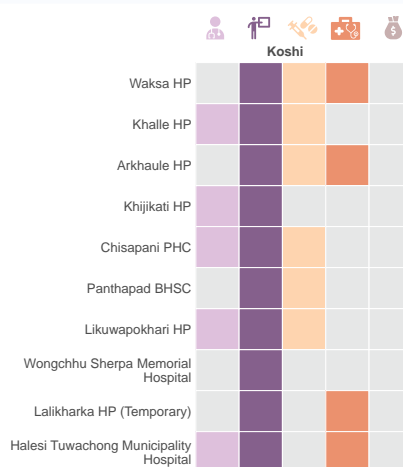
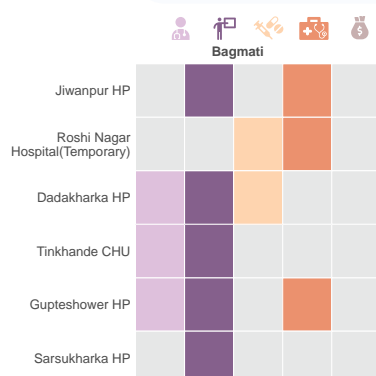


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



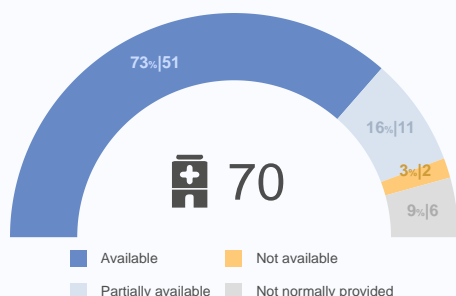
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



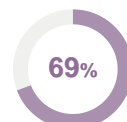
COMMUNITY-BASED INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

Service availability⁸

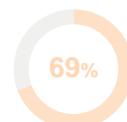


Main barriers impeding service delivery

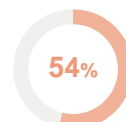
HSDU = 13



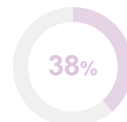
Lack of training



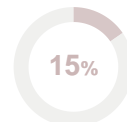
Lack of medical supplies



Lack of medical equipment

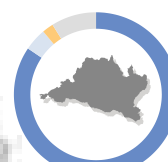


Lack of staff

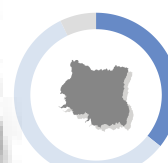


Lack of financial resources

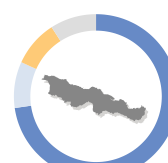
Service availability by province



HSDU = 45
Bagmati

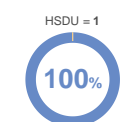


HSDU = 14
Koshi

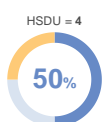


HSDU = 11
Madhesh

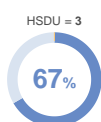
Service availability by HSDU type



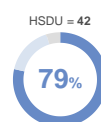
Provincial Hospital



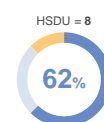
Municipal/Local level Hospital



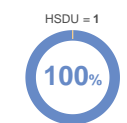
Primary Healthcare Center



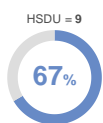
Health Post



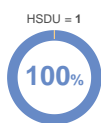
Basic Health Service Centre



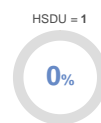
Urban Health Centre



Community Health Unit



EPI Clinic



Other

⁸ Community-based IMCI (Integrated Management of Childhood Illness) for acute respiratory infection (ARI), diarrhoea, and malaria by trained and supervised village volunteers or community health workers (CHW).



Bagmati

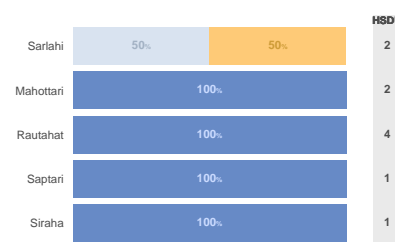
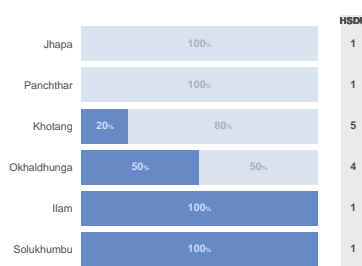
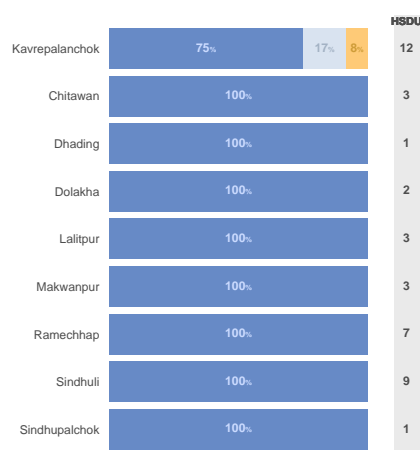


Koshi

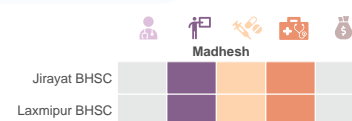
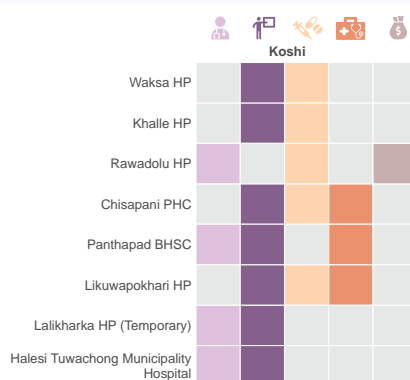
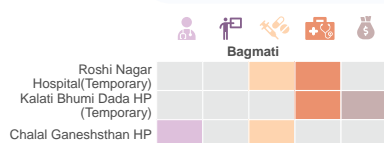


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



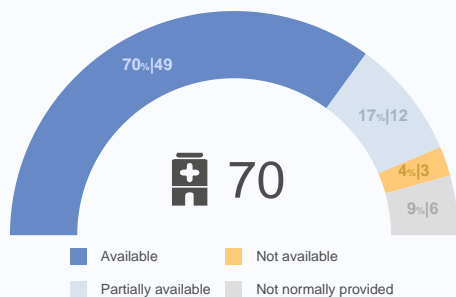
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



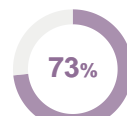
IMCI UNDER 5 CLINIC

Service availability⁹

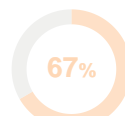


Main barriers impeding service delivery

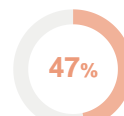
HSDU = 15



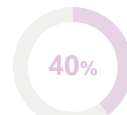
Lack of training



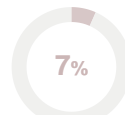
Lack of medical supplies



Lack of medical equipment

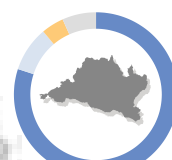


Lack of staff

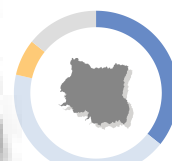


Lack of financial resources

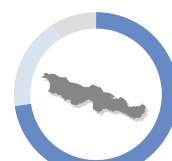
Service availability by province



HSDU = 45
Bagmati

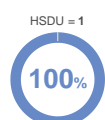


HSDU = 14
Koshi

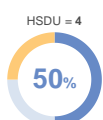


HSDU = 11
Madhesh

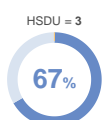
Service availability by HSDU type



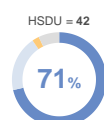
Provincial Hospital



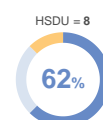
Municipal/Local level Hospital



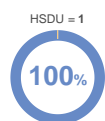
Primary Healthcare Center



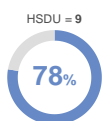
Health Post



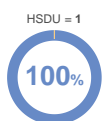
Basic Health Service Centre



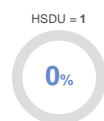
Urban Health Centre



Community Health Unit



EPI Clinic



Other

⁹ Under-5 clinic conducted by IMCI-trained health staff with available paracetamol, first-line antibiotics, Oral rehydration salts (ORS) and zinc dispersible tablets, national IMCI guidelines, and flowcharts.



Bagmati

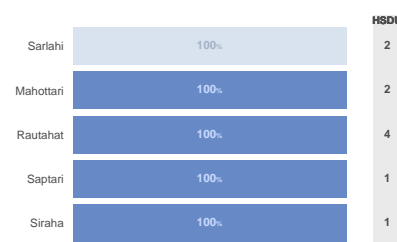
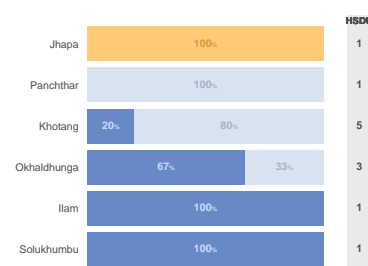
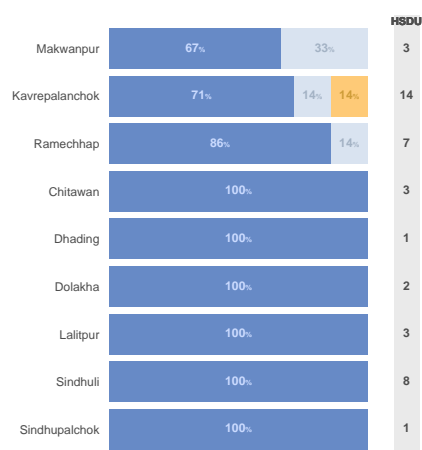


Koshi

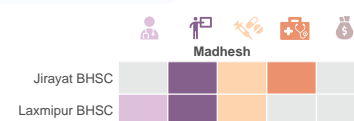
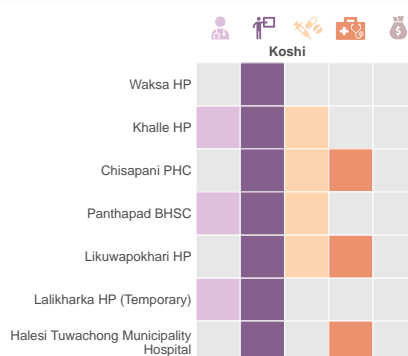
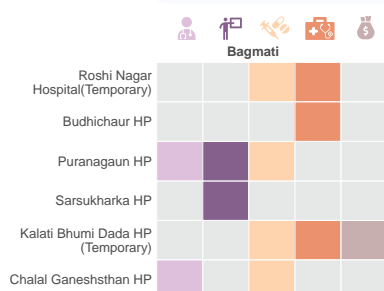


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



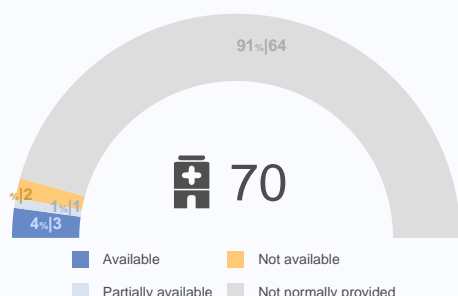
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



MANAGEMENT OF CHILDREN WITH SEVERE DISEASES

Service availability ¹⁰

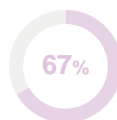


Main barriers impeding service delivery

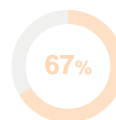
HSDU = 3



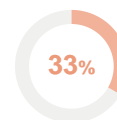
Lack of training



Lack of staff

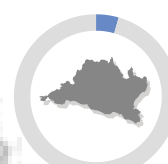


Lack of medical supplies



Lack of medical equipment

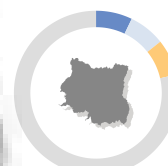
Service availability by province



4%

96%

HSDU = 45
Bagmati



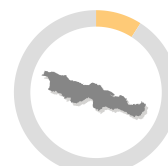
7%

7%

7%

79%

HSDU = 14
Koshi

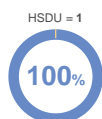


9%

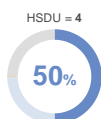
91%

HSDU = 11
Madhesh

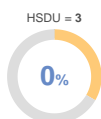
Service availability by HSDU type



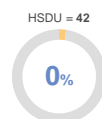
Provincial Hospital



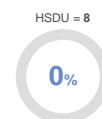
Municipal/Local level Hospital



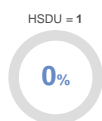
Primary Healthcare Center



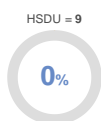
Health Post



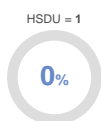
Basic Health Service Centre



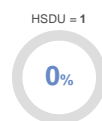
Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹⁰ Management of children classified as severe or very severe diseases (parenteral fluids and drugs, oxygen).



Bagmati

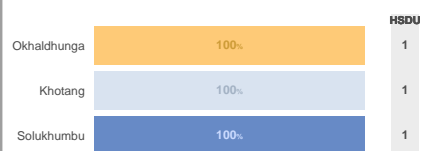
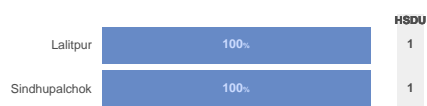


Koshi



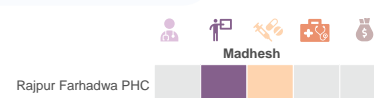
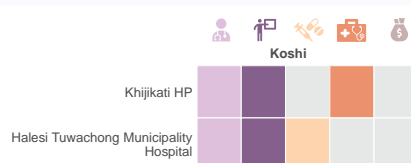
Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*

No barriers reported



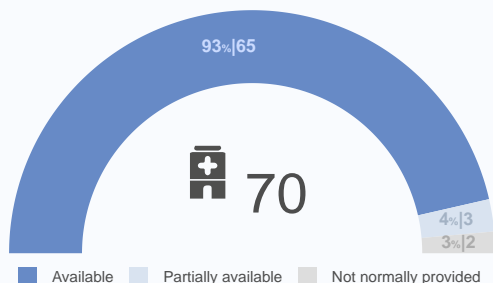
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



COMMUNITY MOBILIZATION FOR EXPANDED PROGRAMME FOR IMMUNIZATION

Service availability ¹¹



Main barriers impeding service delivery

HSDU = 3

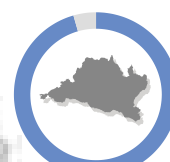


Lack of staff



Lack of training

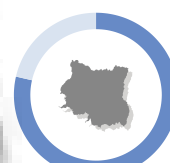
Service availability by province



96%

HSDU = 45
Bagmati

4%



79%

HSDU = 14
Koshi

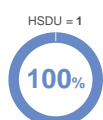
21%



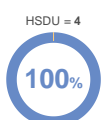
100%

HSDU = 11
Madhesh

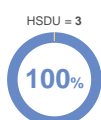
Service availability by HSDU type



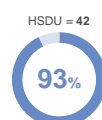
Provincial Hospital



Municipal/Local level Hospital



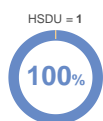
Primary Healthcare Center



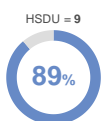
Health Post



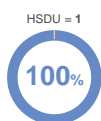
Basic Health Service Centre



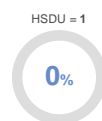
Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹¹ Community mobilization and support of outreach sites of routine Expanded Programme for Immunization (EPI), and/or mass vaccination campaigns.



Bagmati

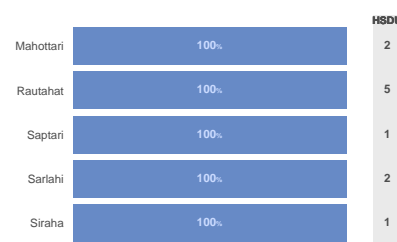
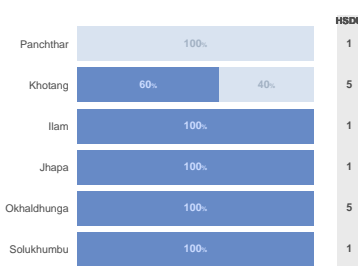
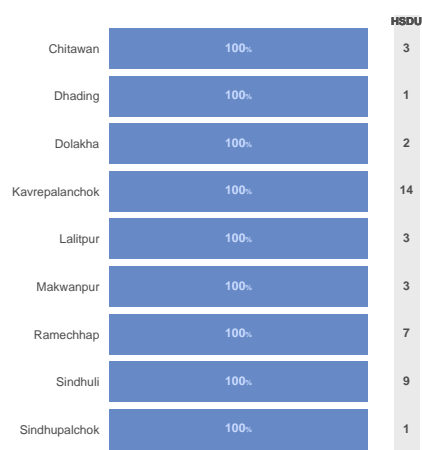


Koshi



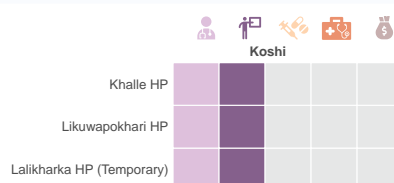
Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*

No barriers reported



No barriers reported

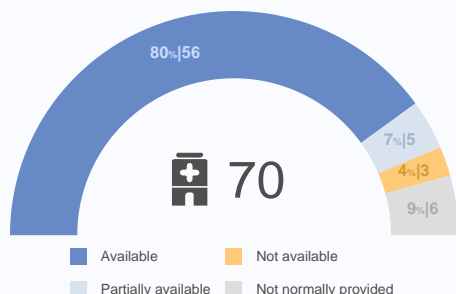
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



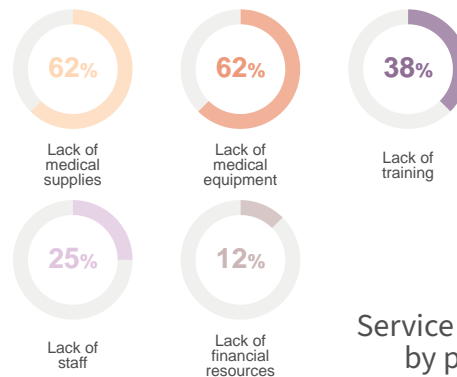
EXPANDED PROGRAMME FOR IMMUNIZATION

Service availability ¹²

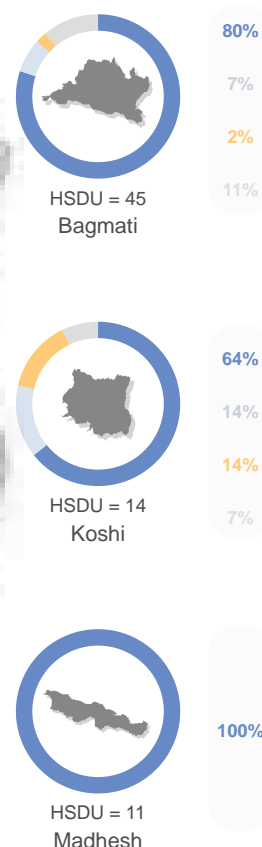


Main barriers impeding service delivery

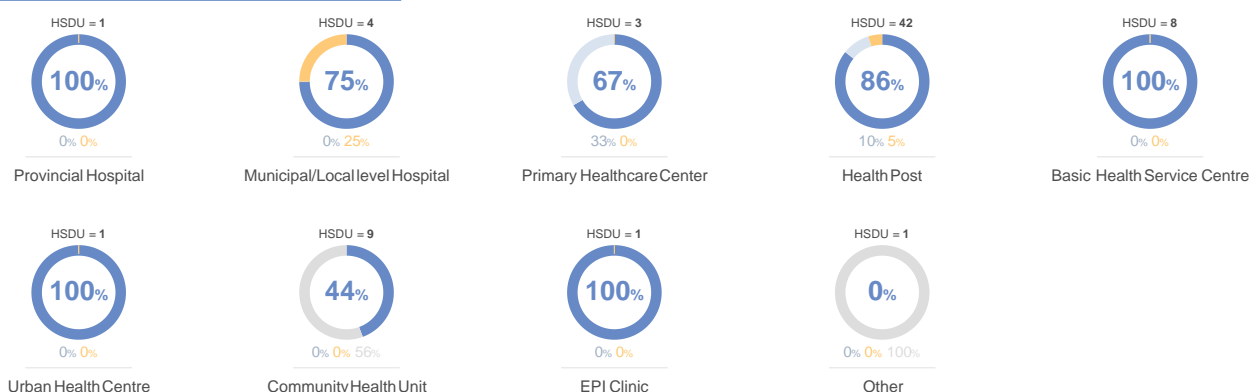
HSDU = 8



Service availability by province



Service availability by HSDU type



¹² Expanded Programme on Immunization (EPI) regular outreach site for routine immunization against all national target diseases or permanent site with functioning cold chain in place.



Bagmati

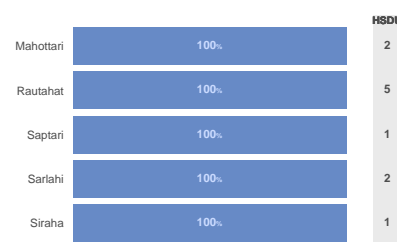
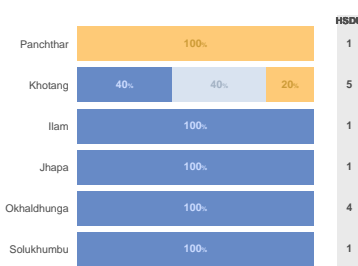
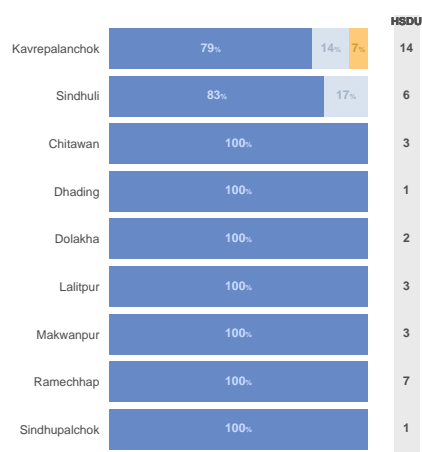


Koshi

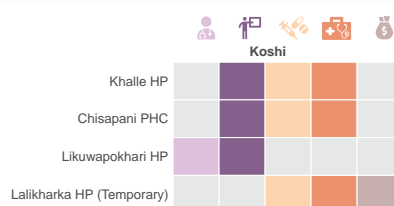
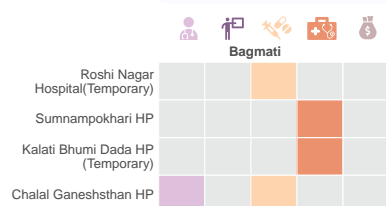


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



No barriers reported

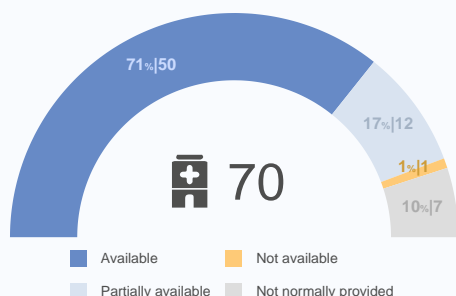
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



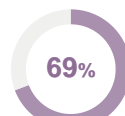
INFANT, YOUNG, AND CHILD FEEDING

Service availability ¹³

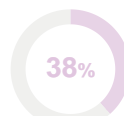


Main barriers impeding service delivery

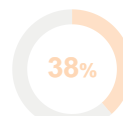
HSDU = 13



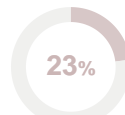
Lack of training



Lack of staff



Lack of medical supplies

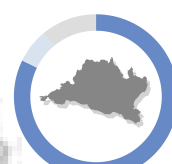


Lack of financial resources

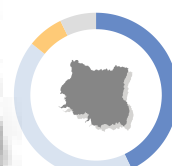


Lack of medical equipment

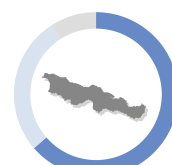
Service availability by province



HSDU = 45
Bagmati

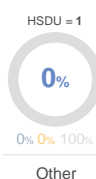
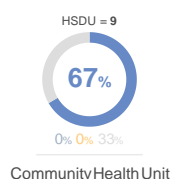
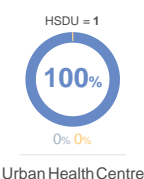
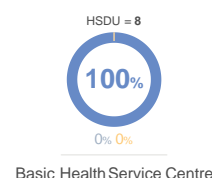
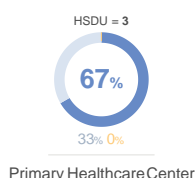
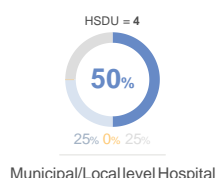
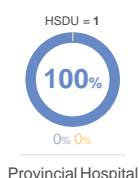


HSDU = 14
Koshi



HSDU = 11
Madhesh

Service availability by HSDU type



¹³ Information, education, and communications (IEC) of child caretaker, promotion of exclusive breastfeeding and Infant, Young, and Child Feeding (IYCF) practices, active case finding, and referral of sick children.



Bagmati

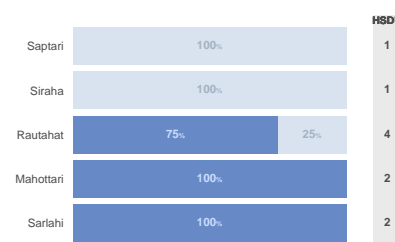
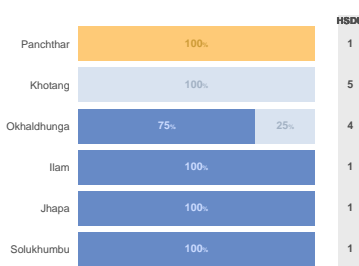
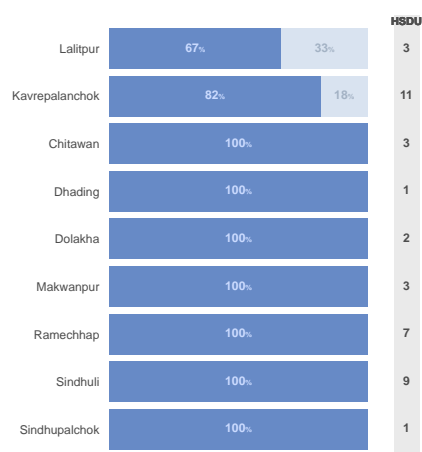


Koshi

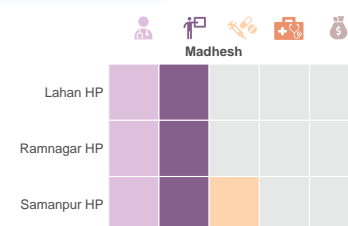
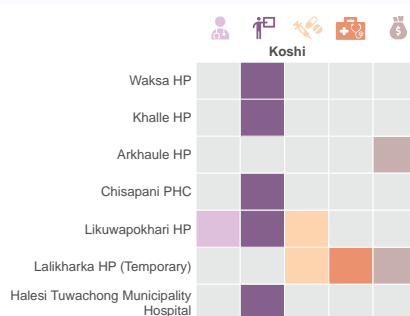
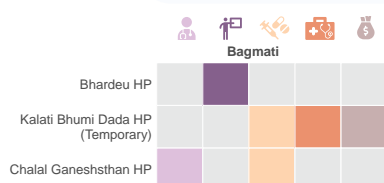


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



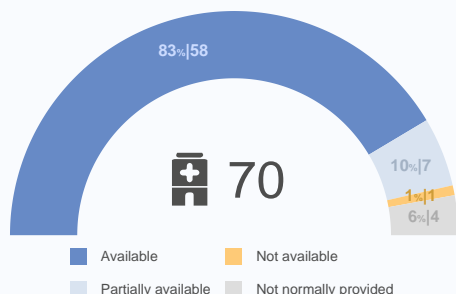
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



SCREENING FOR ACUTE MALNUTRITION

Service availability ¹⁴

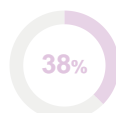


Main barriers impeding service delivery

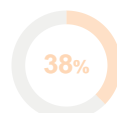
HSDU = 8



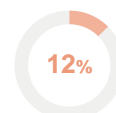
Lack of training



Lack of staff

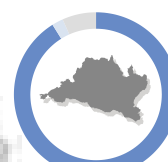


Lack of medical supplies



Lack of medical equipment

Service availability by province

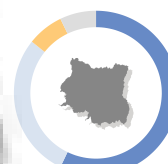


91%

2%

7%

HSDU = 45
Bagmati



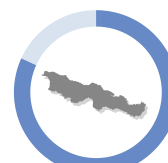
57%

29%

7%

7%

HSDU = 14
Koshi

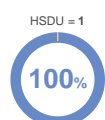


82%

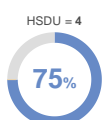
18%

HSDU = 11
Madhesh

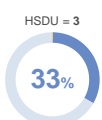
Service availability by HSDU type



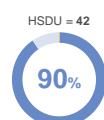
Provincial Hospital



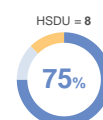
Municipal/Local level Hospital



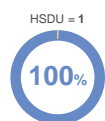
Primary Healthcare Center



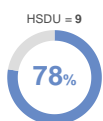
Health Post



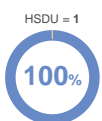
Basic Health Service Centre



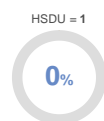
Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹⁴ Screening for acute malnutrition at the community level: using mid-upper arm circumference (MUAC).



Bagmati

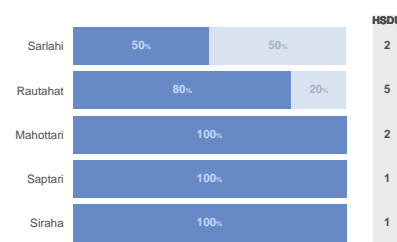
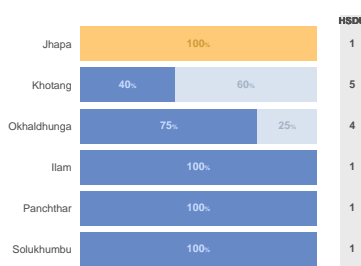
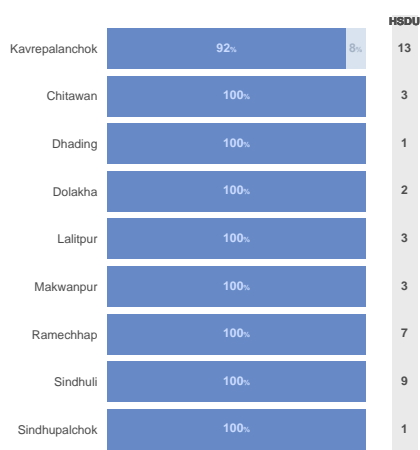


Koshi

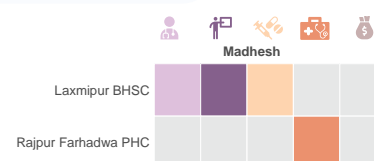
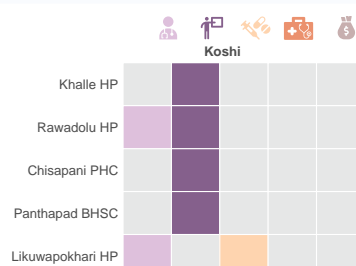
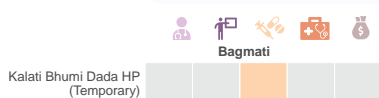


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



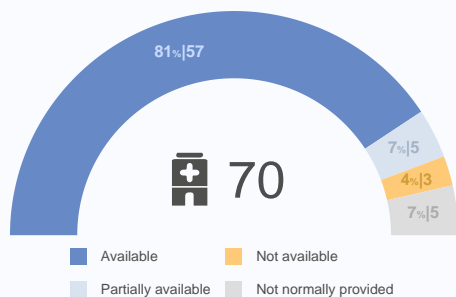
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



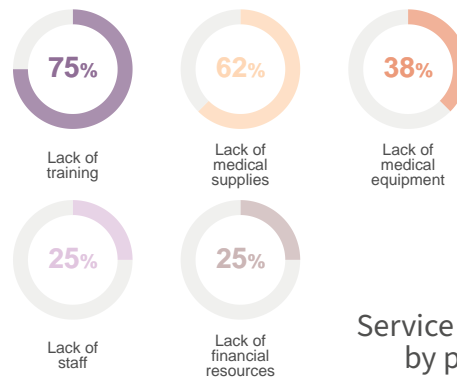
GROWTH MONITORING

Service availability ¹⁵

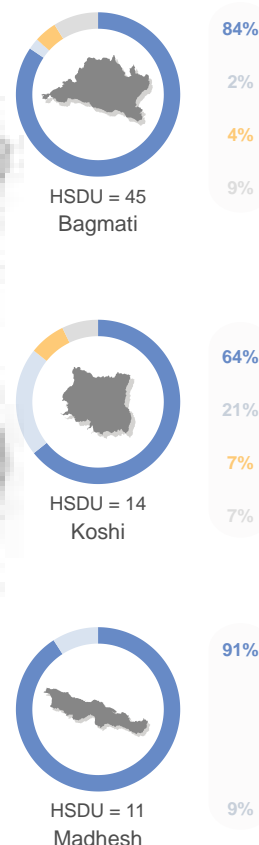


Main barriers impeding service delivery

HSDU = 8



Service availability by province



Service availability by HSDU type



¹⁵ Growth monitoring and/or screening of acute malnutrition (MUAC or weight-for-height (W/H)).



Bagmati

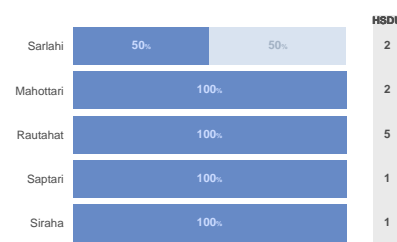
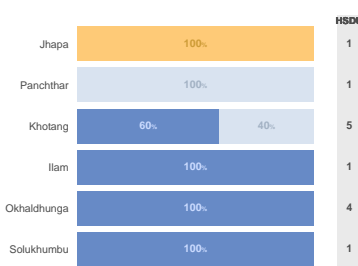
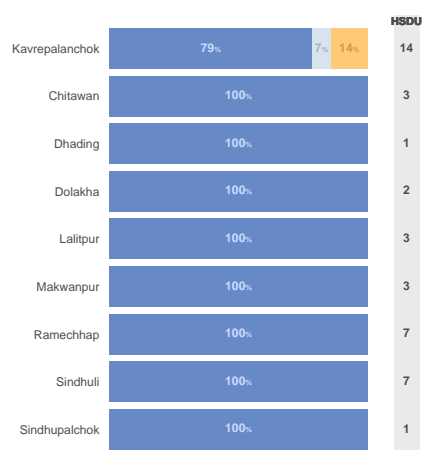


Koshi

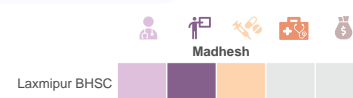
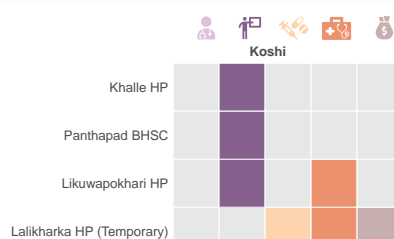
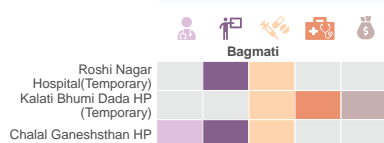


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



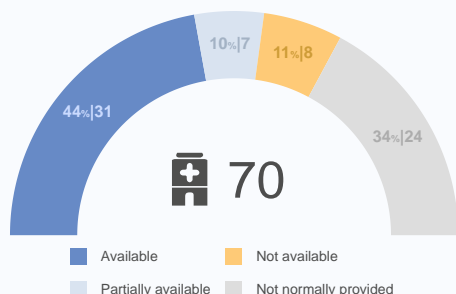
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



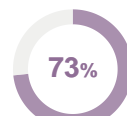
COMMUNITY MANAGEMENT OF ACUTE MALNUTRITION

Service availability ¹⁶

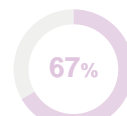


Main barriers impeding service delivery

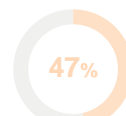
HSDU = 15



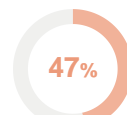
Lack of training



Lack of staff



Lack of medical supplies

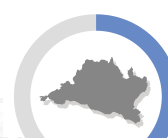


Lack of medical equipment



Lack of financial resources

Service availability by province



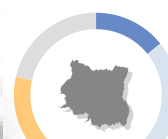
49%

2%

9%

40%

HSDU = 45
Bagmati



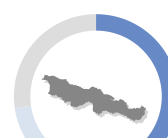
14%

36%

29%

21%

HSDU = 14
Koshi



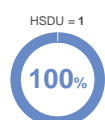
64%

9%

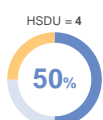
27%

HSDU = 11
Madhesh

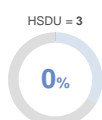
Service availability by HSDU type



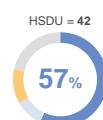
Provincial Hospital



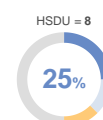
Municipal/Local level Hospital



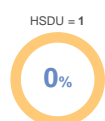
Primary Healthcare Center



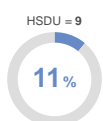
Health Post



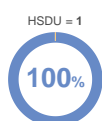
Basic Health Service Centre



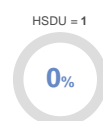
Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹⁶ Support community site for Community Management of Acute Malnutrition (CMAM) programme and/or follow-up of children enrolled in supplementary/therapeutic feeding.



Bagmati

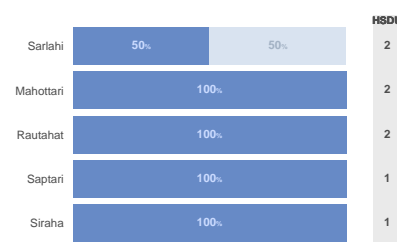
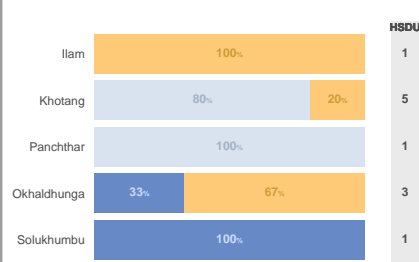
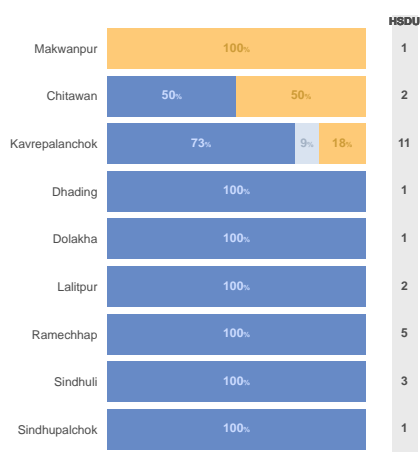


Koshi

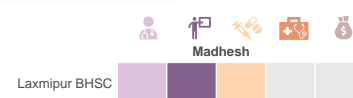
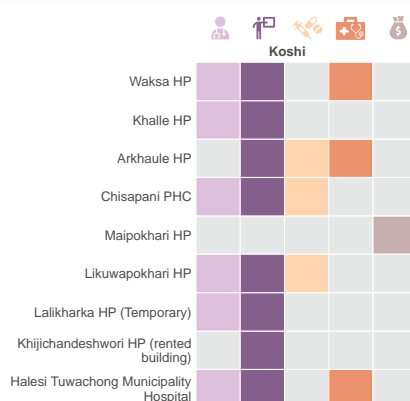
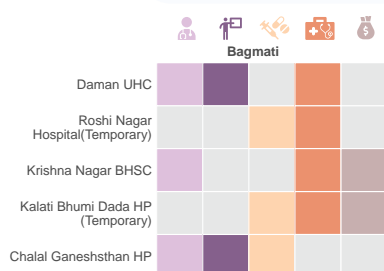


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



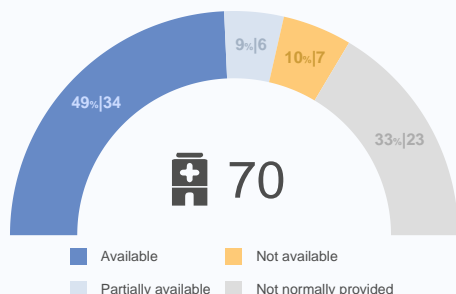
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



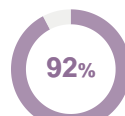
INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION

Service availability ¹⁷

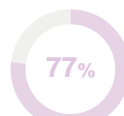


Main barriers impeding service delivery

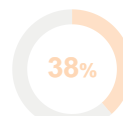
HSDU = 13



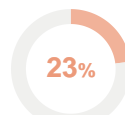
Lack of training



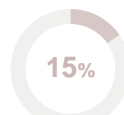
Lack of staff



Lack of medical supplies

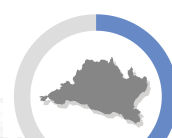


Lack of medical equipment



Lack of financial resources

Service availability by province



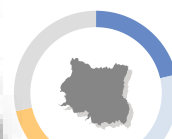
47%

2%

9%

42%

HSDU = 45
Bagmati



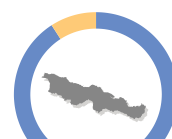
21%

36%

14%

29%

HSDU = 14
Koshi

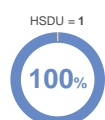


91%

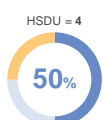
9%

HSDU = 11
Madhesh

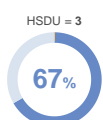
Service availability by HSDU type



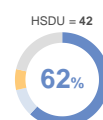
Provincial Hospital



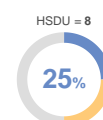
Municipal/Local level Hospital



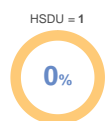
Primary Healthcare Center



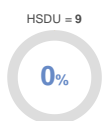
Health Post



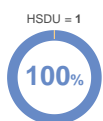
Basic Health Service Centre



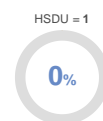
Urban Health Centre



Community Health Unit



EPI Clinic



Other

¹⁷ Integrated management of acute malnutrition (IMAM) with outpatient programme for severe acute malnutrition without medical complications with ready-to-use therapeutic foods available.



Bagmati

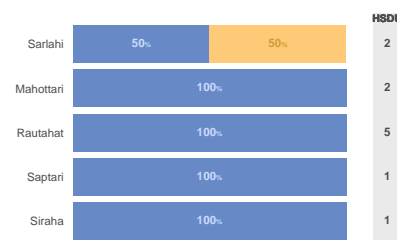
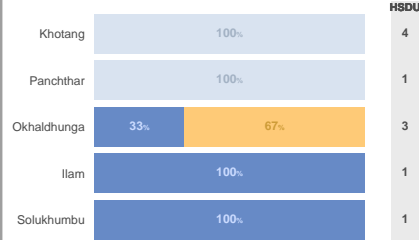
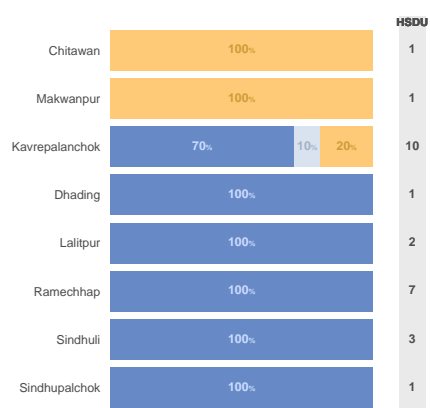


Koshi

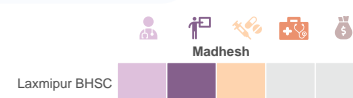
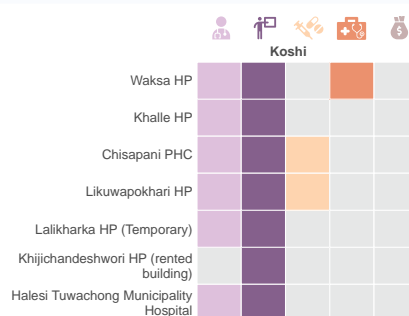
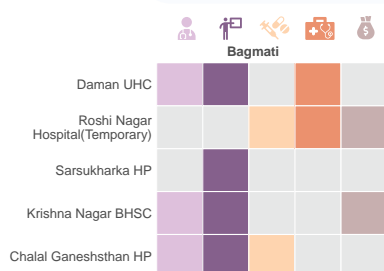


Madhesh

Service availability by district



Main barriers impeding service delivery by HSDU*



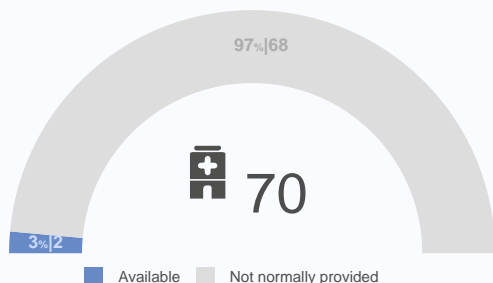
- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

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



STABILIZATION CENTER FOR SEVERE ACUTE MALNUTRITION

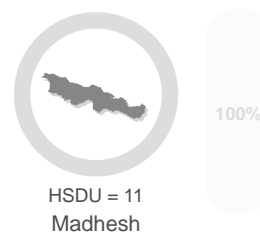
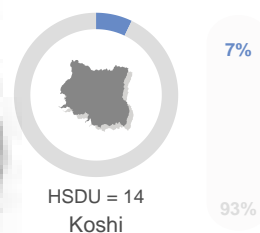
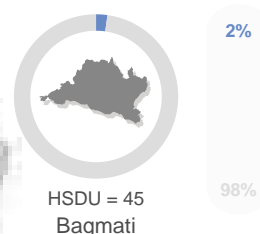
Service availability ¹⁸



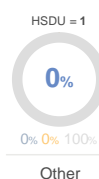
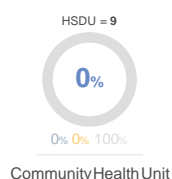
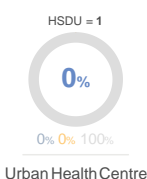
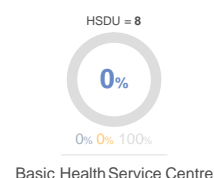
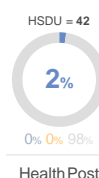
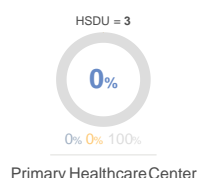
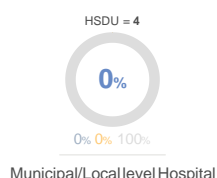
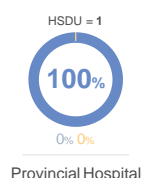
Main barriers impeding service delivery

No barriers reported

Service availability by province



Service availability by HSDU type



¹⁸ Stabilization center for SAM (Severe Acute Malnutrition) with medical complications, availability of F75, F100, ready-to-use therapeutic foods, and dedicated trained team of doctors, nurses, and nurse aids, 24/7.



Bagmati



Koshi



Madhesh

Service availability by district



No reporting HSDU

Main barriers impeding service delivery by HSDU*

No barriers reported

No barriers reported

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

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

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>.

