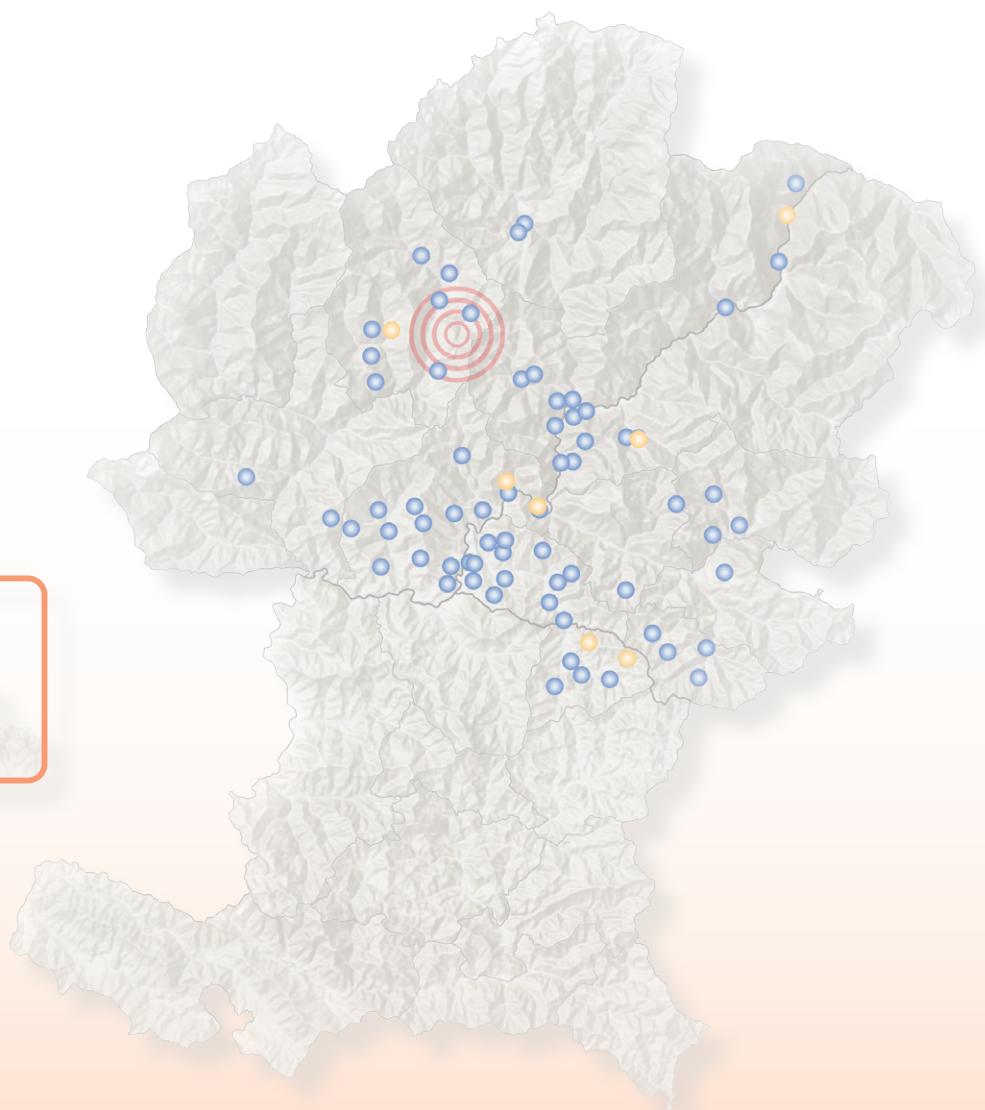




HeRAMS Nepal

Post-Jarjarkot earthquake report
April 2024



Communicable disease services

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



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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 deployed in Nepal since January 2024, allowing for the assessment of 80 health service delivery units (HSDUs), of which 5 were temporary structures, affected by the recent earthquake, which struck Jajarkot and neighboring districts on 3 November 2023. This analysis presented here is based on data collected up to 31 January for HSDUs in Jajarkot district and 8 April for HSDUs in Rukum West and Salyan districts.

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. Furthermore, the analysis was restricted to HSDUs directly affected by the earthquake. Thus, this report does not provide an exhaustive analysis of the operational status and the availability of health services and resources in the affected districts.

This is the fourth report of the **HeRAMS Nepal post-Jarjarkot earthquake report April 2024** 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 interpret 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 post-Jarjarkot earthquake report April 2024 - 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-post-jarjarkot-earthquake-report-2024-04-operational-status-of-the-health-system>.

² 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>.

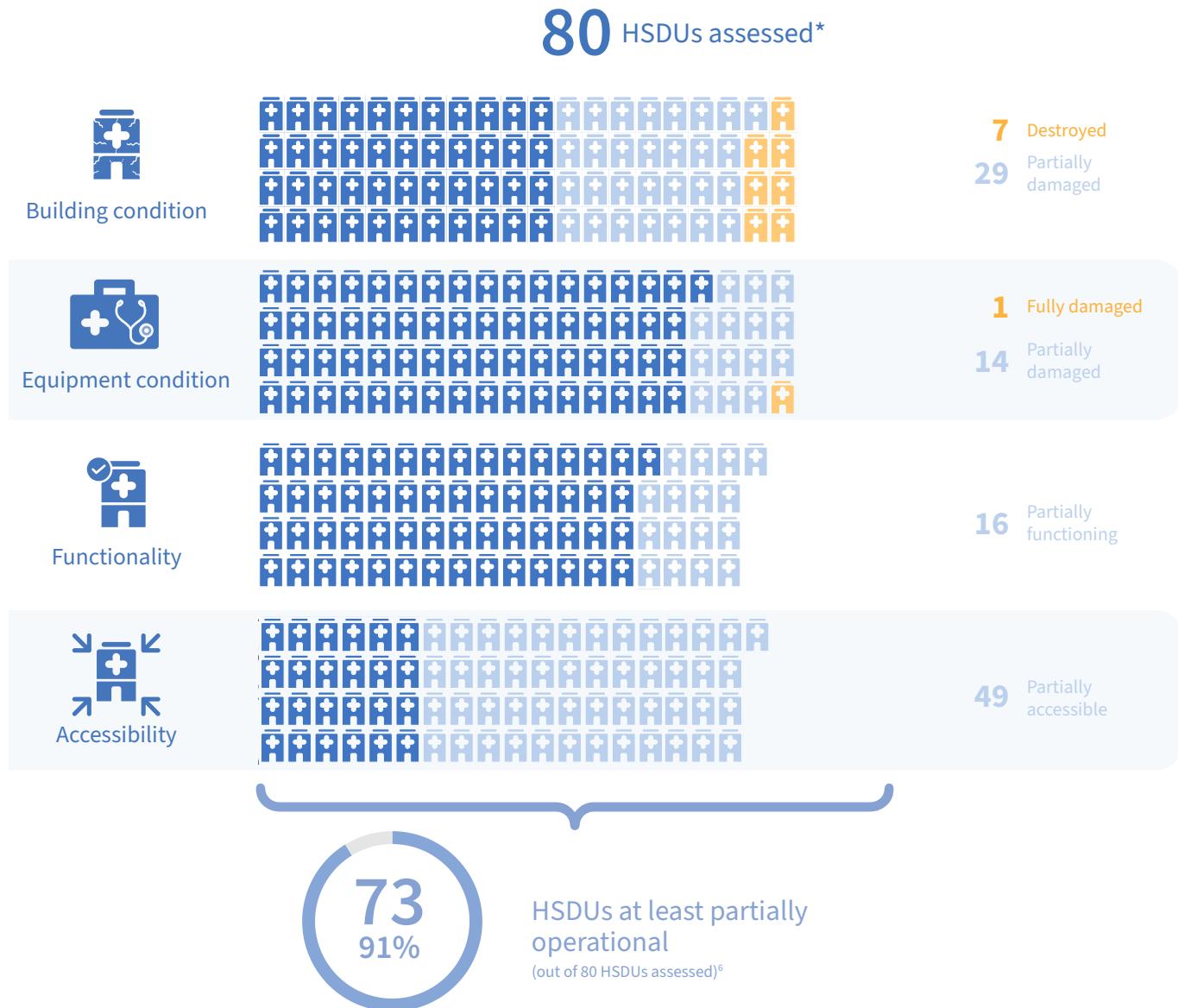
³ HeRAMS Nepal post-Jarjarkot earthquake report April 2024 - Child health and nutrition services: A comprehensive mapping of availability of essential services barriers to their provision, <https://www.who.int/publications/m/item/herams-nepal-post-jarjarkot-earthquake-report-2024-04-child-health-and-nutrition-services>.

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>.

OVERVIEW OF HSDUs EVALUATED

Data collection summary



* 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.

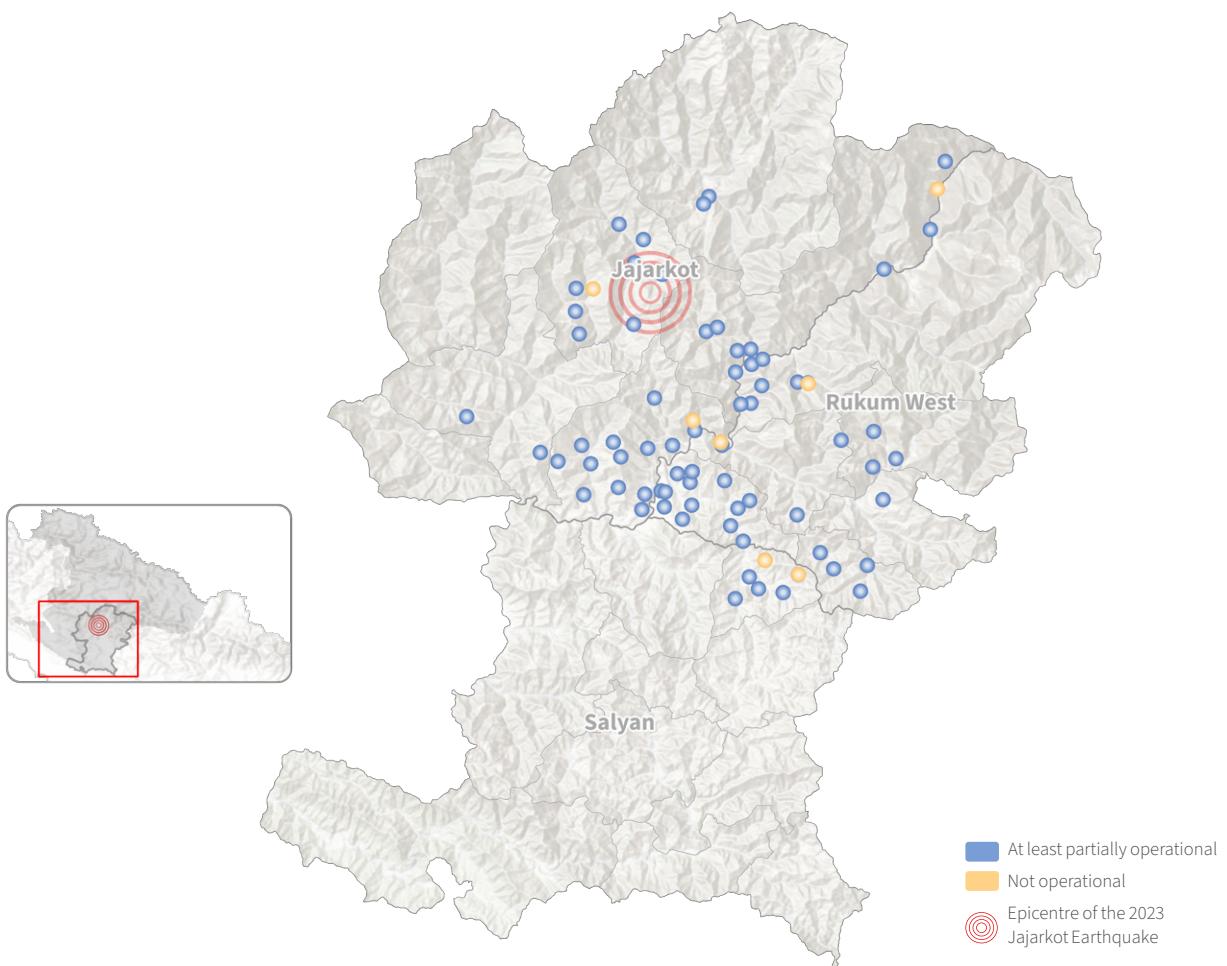


Reporting frequency and operational status by municipality

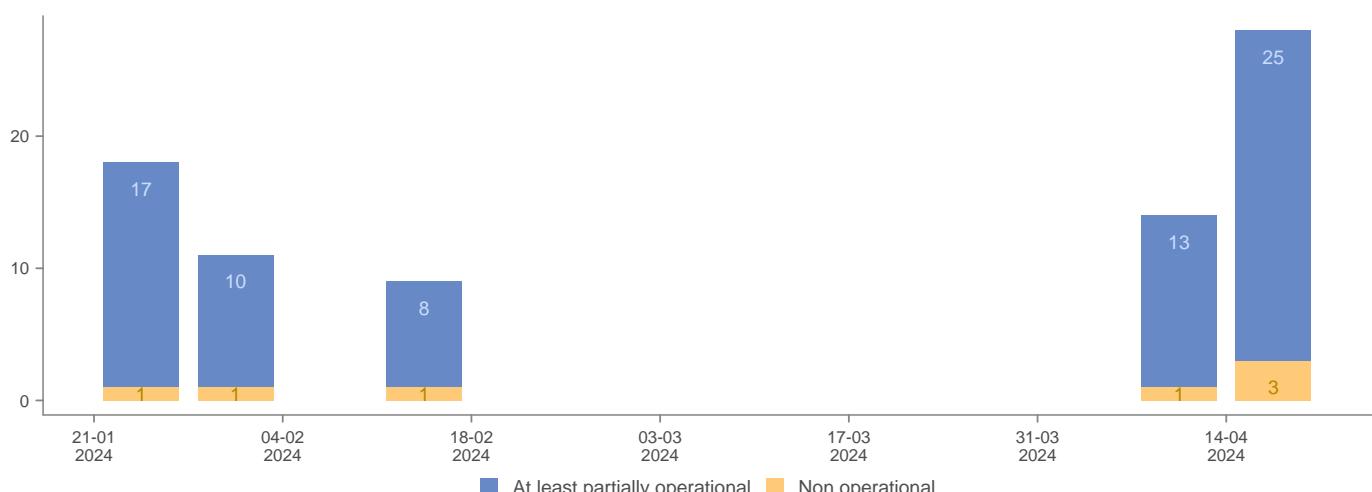
	Basic Health Service Centre	Community Health Unit		District Hospital		Health Post		Municipal/Local level Hospital		Primary Healthcare Center		Urban Health Centre		Outreach Clinic		Total	
		O	N/O	O	N/O	O	N/O	O	N/O	O	N/O	O	N/O	O	N/O	O	N/O
JAJARKOT	BAREKOT RURAL	-	-	-	-	1	-	-	-	2	-	-	-	-	-	3	-
	BHERI	7	-	-	-	1	-	5	-	-	-	-	-	-	-	13	1
	CHHEDAGAD	1	-	-	-	-	-	1	-	-	-	-	-	-	-	2	-
	KUSHE RURAL	4	-	-	-	-	-	5	1	-	-	-	-	-	-	9	1
	NALAGAD	1	-	1	1	-	-	5	-	1	-	-	-	-	-	8	1
	TOTAL	13	-	1	1	1	-	17	1	1	-	2	-	-	-	35	3
RUKUM WEST	AATHBISKOT	2	1	1	-	-	-	2	-	-	-	-	3	-	-	8	1
	BANPHIKOT RURAL	-	-	-	-	-	-	3	-	-	-	-	-	-	-	3	-
	CHAURJAHARI	8	-	-	-	-	-	3	-	1	-	1	-	-	-	13	-
	MUSIKOT	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-
	SANI BHERI RURAL	-	-	-	-	-	-	3	1	-	-	-	-	-	-	3	1
	TRIVENI RURAL	-	-	-	-	-	-	4	-	-	-	-	-	-	-	4	-
SALYAN	TOTAL	10	1	1	-	1	-	15	1	1	-	1	-	3	-	32	2
	DARMA RURAL	2	-	1	1	-	-	3	1	-	-	-	-	-	-	6	2
	TOTAL	2	-	1	1	-	-	3	1	-	-	-	-	-	-	6	2
GRAND TOTAL		25	1	3	2	2	-	35	3	2	-	3	-	3	-	73	7

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

Geographic distribution of HSDUs



Date of last update*



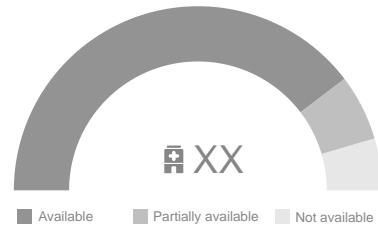
* This analysis is based on the assessment and data collection between 20 – 30 Jan 2024 in Jajarkot district and between 1 - 8 April 2024 in Rukum West and Salyan districts.



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 district. 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 a 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 municipality. By default, these charts exclude HSDUs where a service was not applicable or the HSDU did not report on it. The total number of HSDUs included in each municipality 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 a service was not or only partially available, main barriers impeding availability were recoded. Similarly, questions on building and equipment conditions, functionality and accessibility gather information on the underlying causes for non or partially operating HSDUs.



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

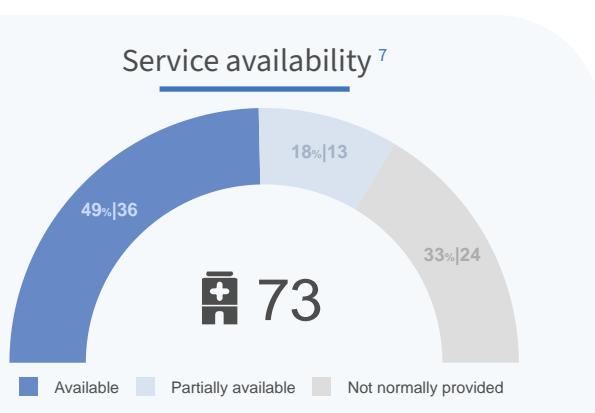


Heat maps indicate the barriers that each HSDU listed face with a colored rectangle. When the rectangle is grey, the HSDU does not face this barrier.

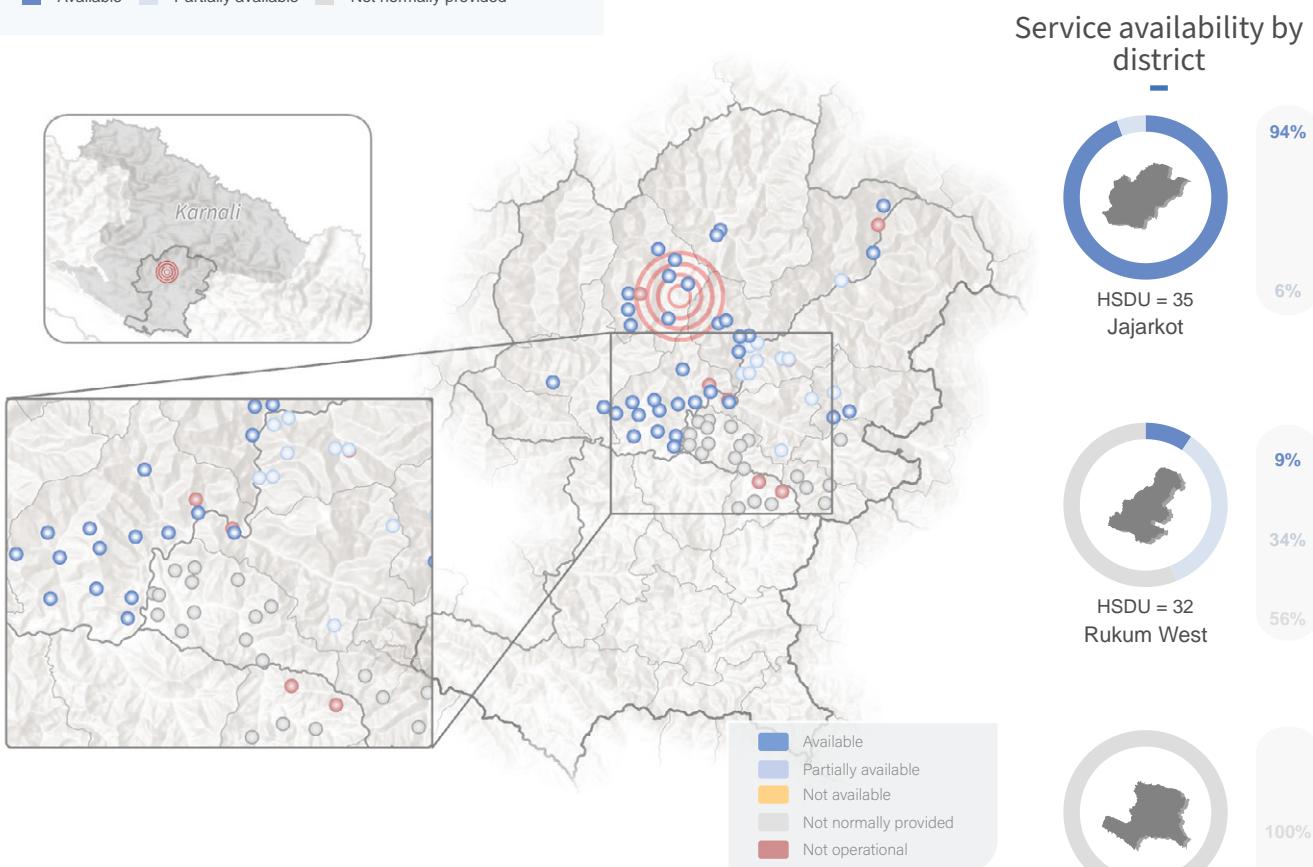
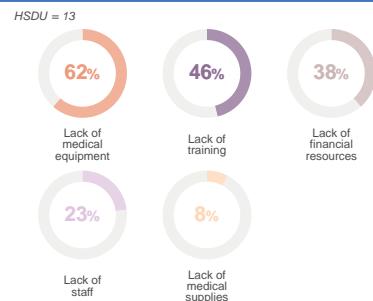
Important: The denominator for barrier charts excludes HSDUs where the service is fully available or not normally provided. It should further be noted that HSDUs can report up to three barriers for each service. Thus, the sum of all barriers may exceed 100%.



SYNDROMIC SURVEILLANCE



Main barriers impeding service delivery



Service availability by HSDU type



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



Jajarkot

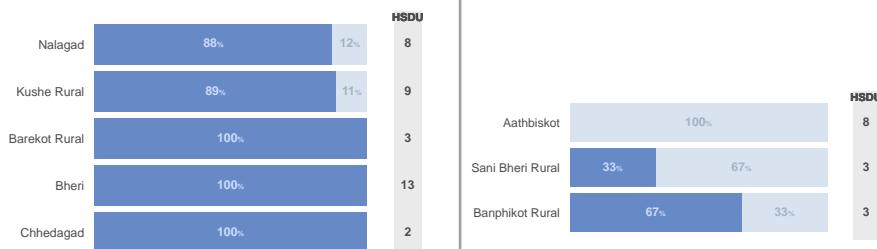


Rukum West



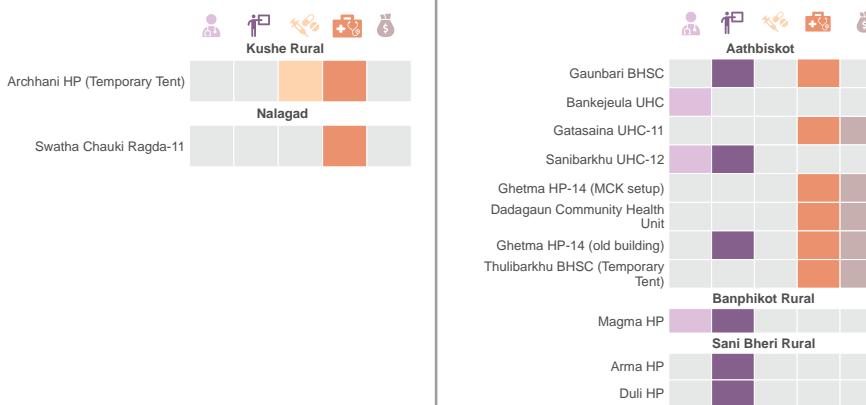
Salyan

Service availability by municipality*



No reporting HSDU

Main barriers impeding service delivery by municipality and HSDU

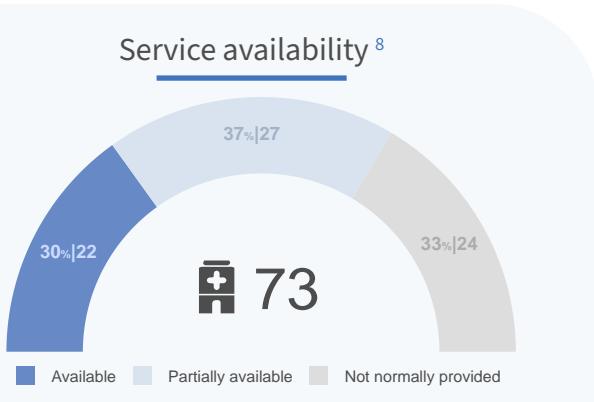


- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

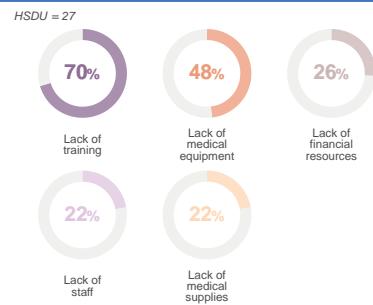
* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

EVENT-BASED SURVEILLANCE

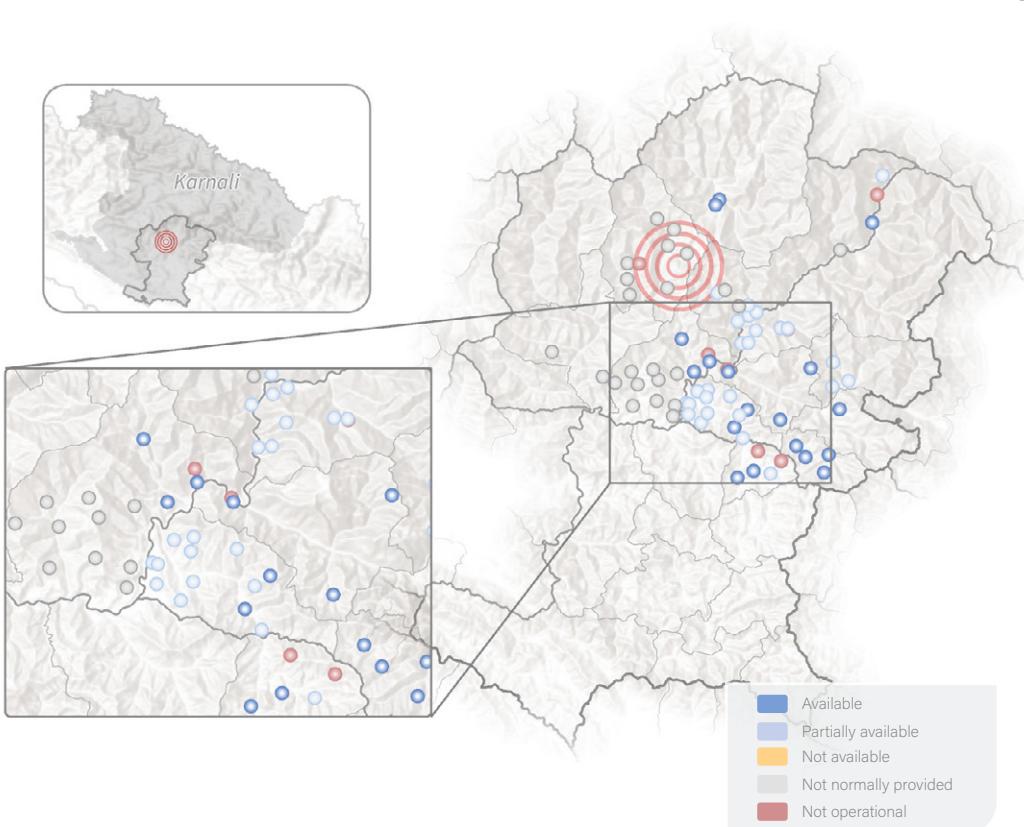
Service availability

⁸

Main barriers impeding service delivery



Service availability by district



Service availability by HSDU type



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



Jajarkot

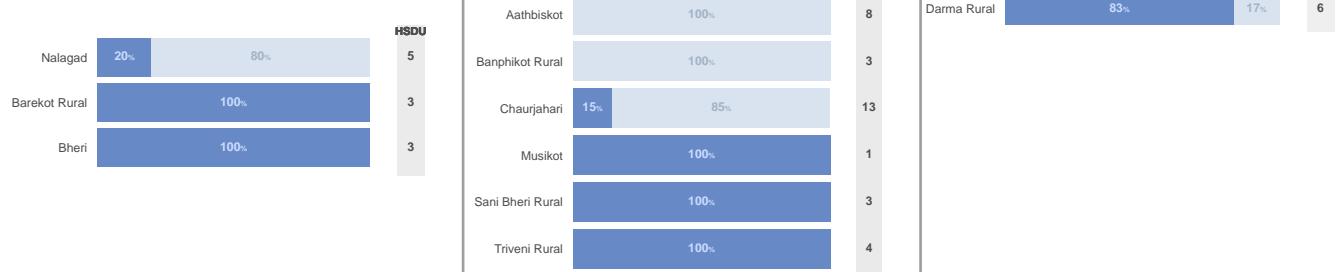


Rukum West



Salyan

Service availability by municipality*



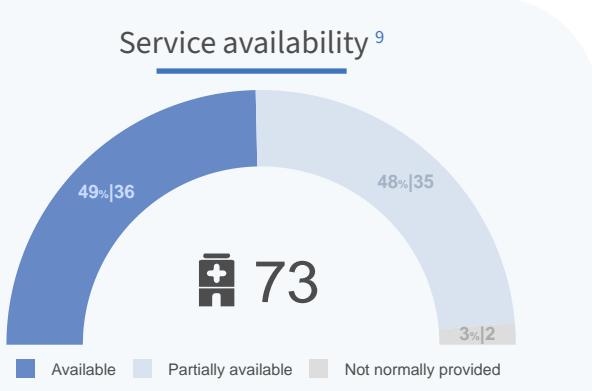
Main barriers impeding service delivery by municipality and HSDU



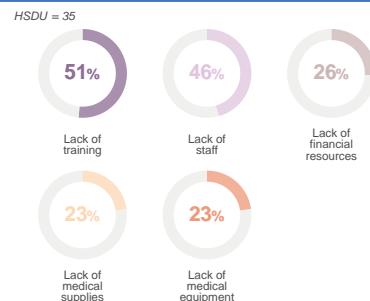
* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

CASE BASED SURVEILLANCE

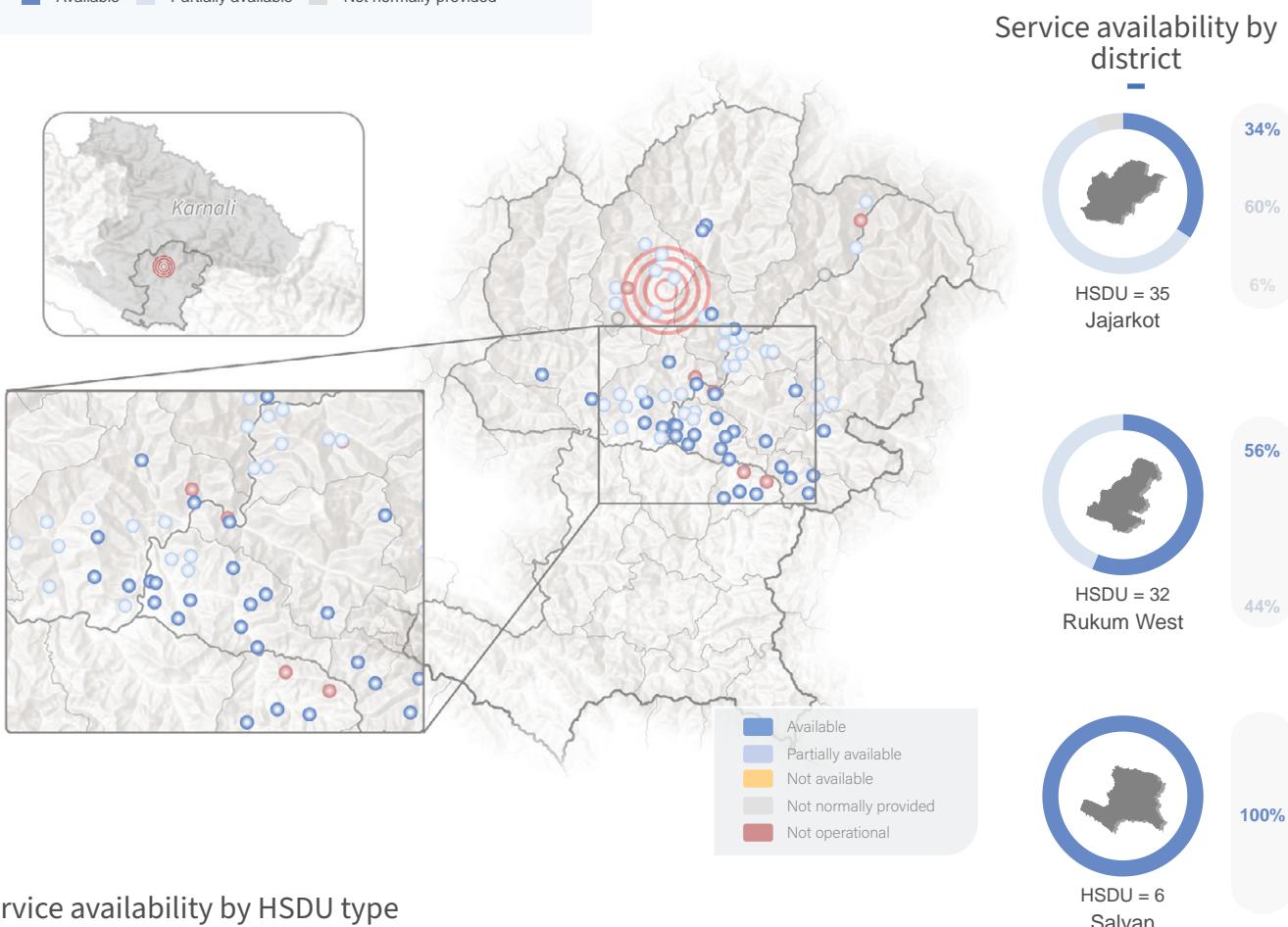
Service availability



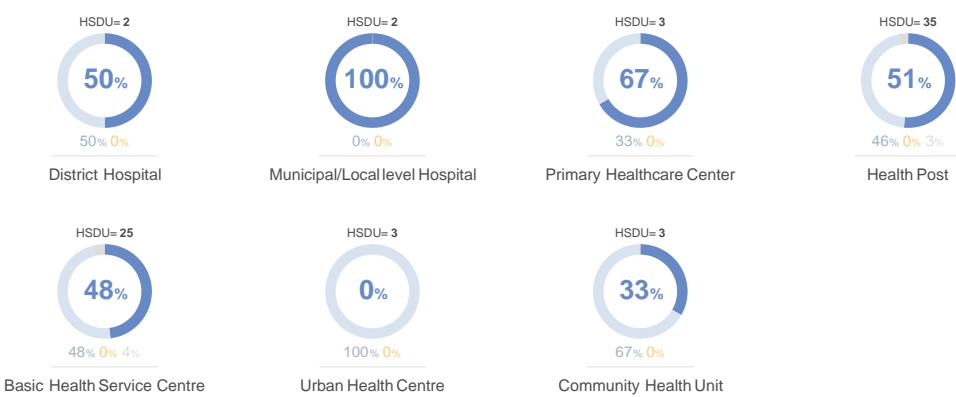
Main barriers impeding service delivery



Service availability by district



Service availability by HSDU type



⁹ Active/Passive case detection.



Jajarkot

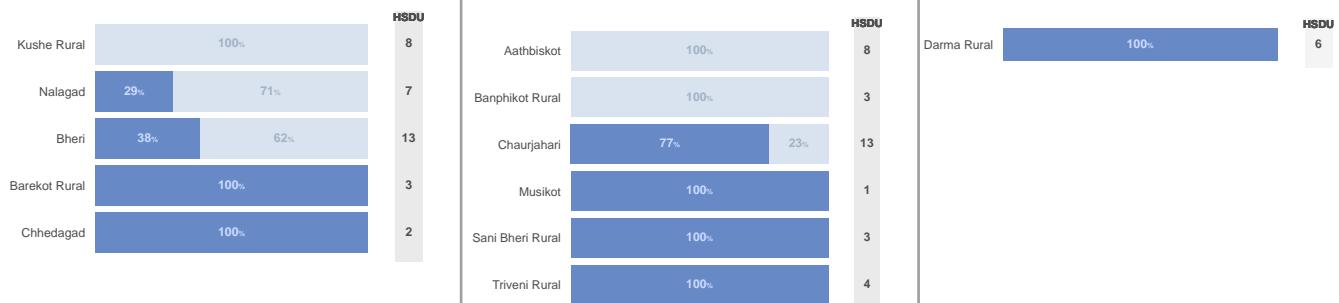


Rukum West

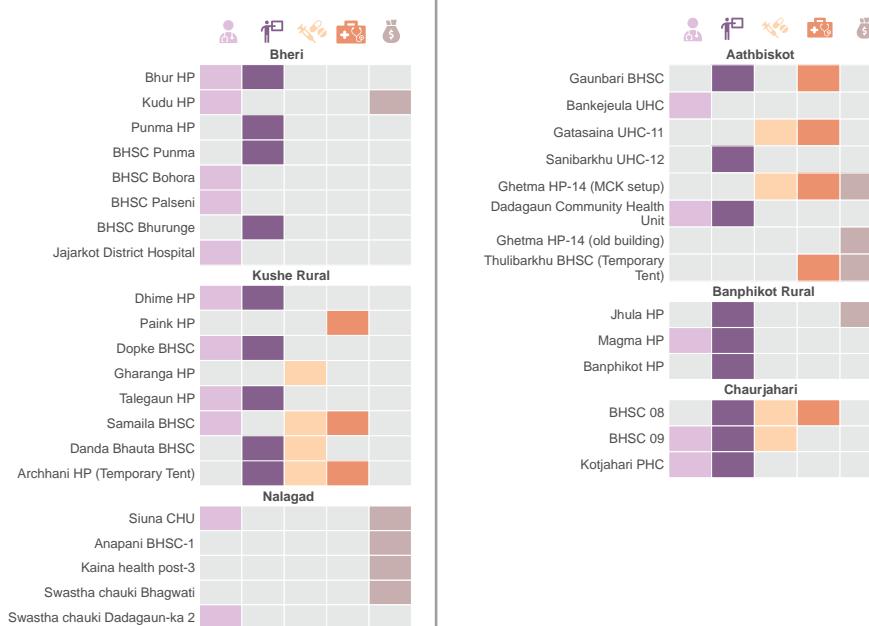


Salyan

Service availability by municipality*



Main barriers impeding service delivery by municipality and HSDU



No barriers reported

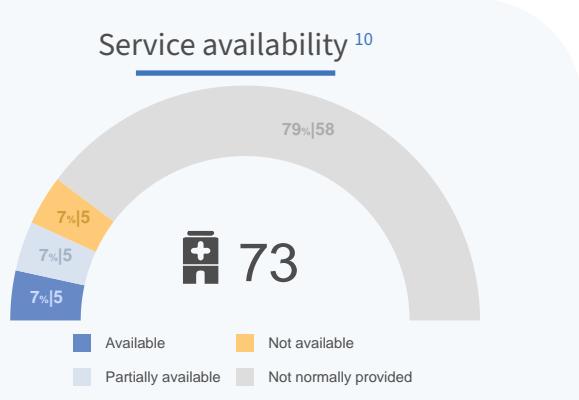
-  Lack of staff
-  Lack of training
-  Lack of medical supplies
-  Lack of medical equipment
-  Lack of financial resources

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



MALARIA AT THE COMMUNITY LEVEL

Service availability¹⁰



Main barriers impeding service delivery

HSDU = 10



Lack of medical supplies

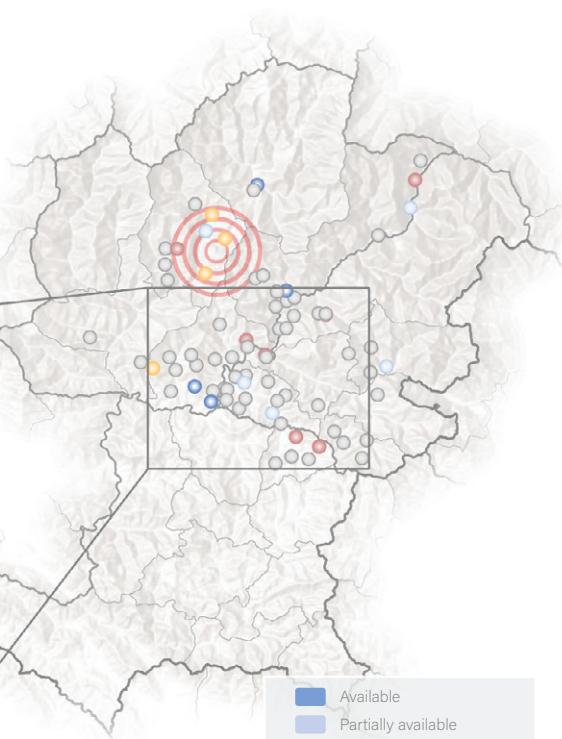
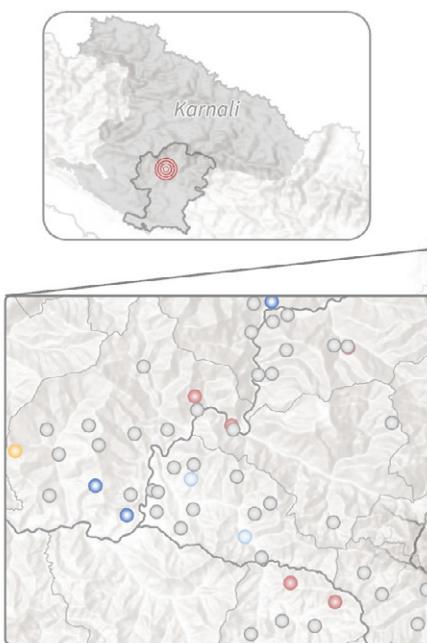
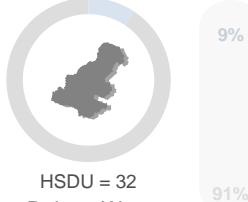


Lack of medical equipment



Lack of financial resources

Service availability by district

HSDU = 35
JajarkotHSDU = 32
Rukum WestHSDU = 6
Salyan

Service availability by HSDU type

HSDU= 2



District Hospital

HSDU= 2



Municipal/Local level Hospital

HSDU= 3



Primary Healthcare Center

HSDU= 35



Health Post

HSDU= 25



Basic Health Service Centre

HSDU= 3



Urban Health Centre

HSDU= 3



Community Health Unit

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.



Jajarkot

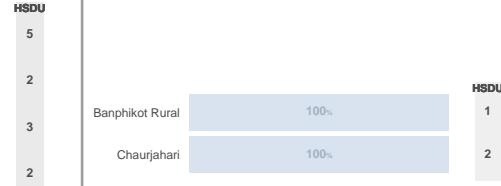
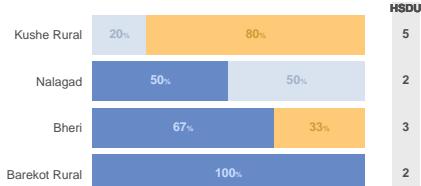


Rukum West



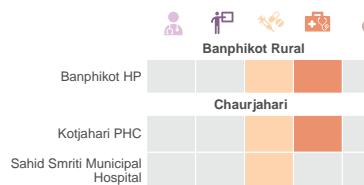
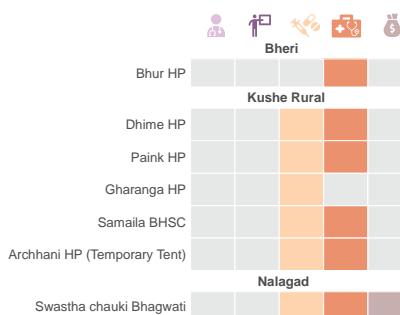
Salyan

Service availability by municipality*



No reporting HSDU

Main barriers impeding service delivery by municipality and HSDU

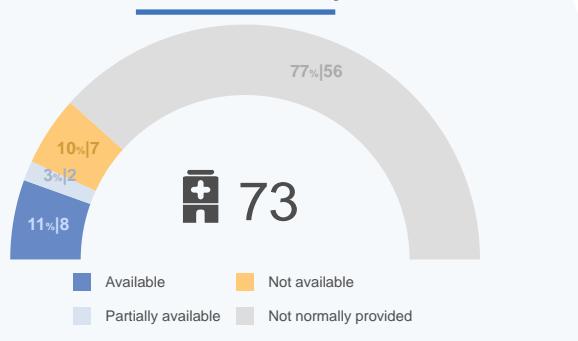


- Lack of staff
- Lack of training
- Lack of medical supplies
- Lack of medical equipment
- Lack of financial resources

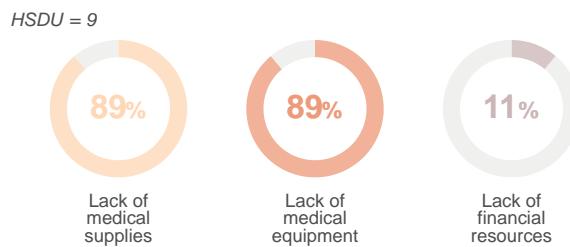
* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

MALARIA AT THE PRIMARY CARE LEVEL

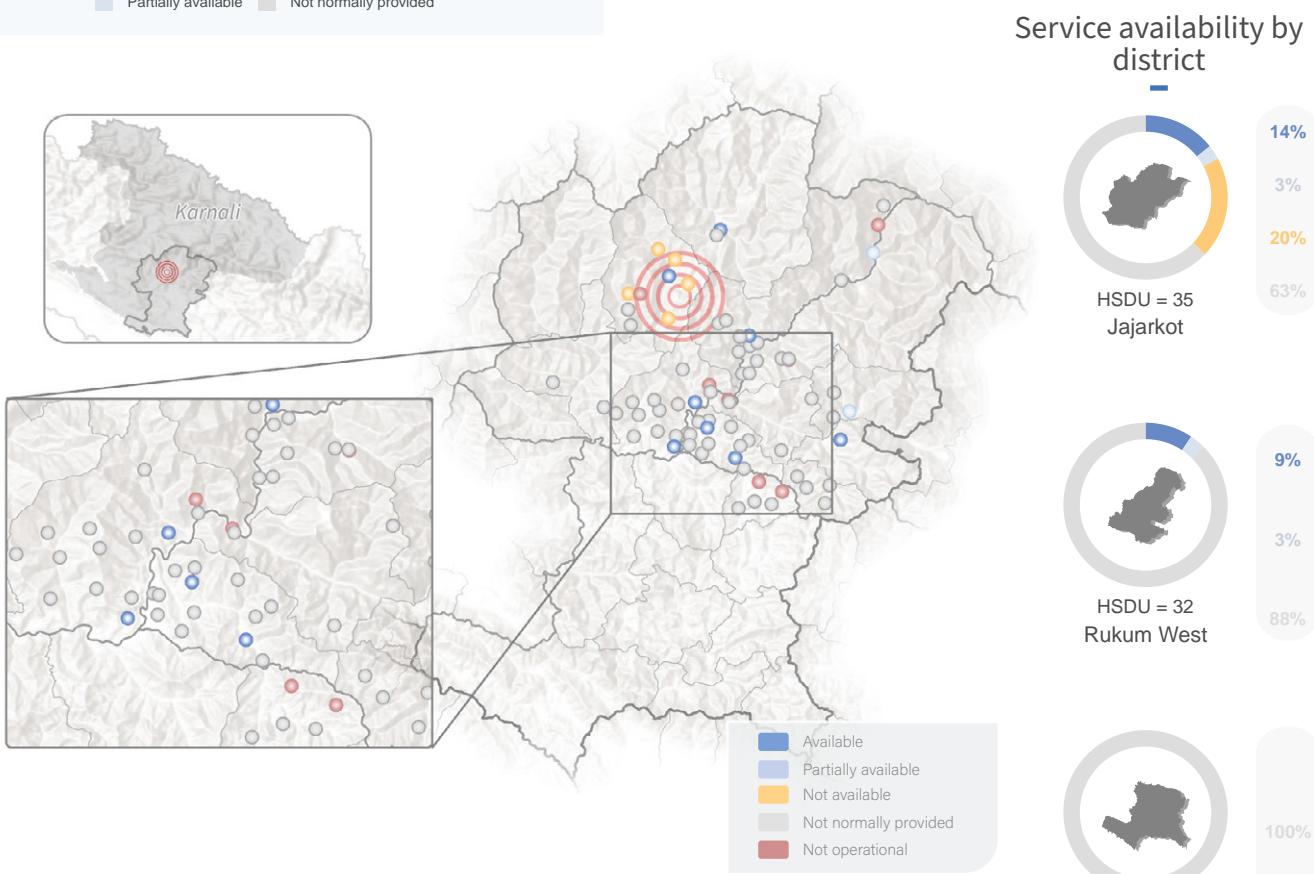
Service availability¹¹



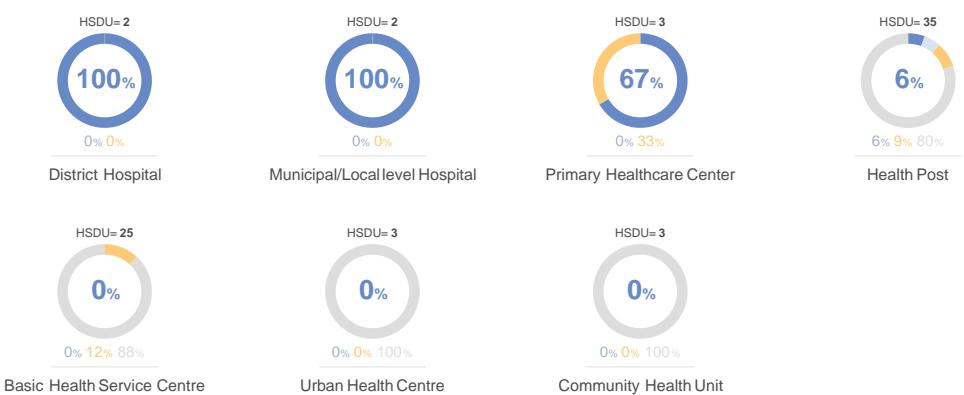
Main barriers impeding service delivery



Service availability by district



Service availability by HSDU type



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.



Jajarkot

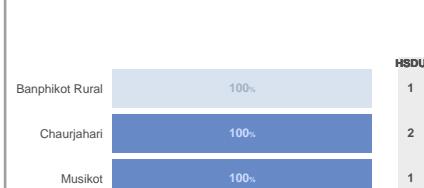
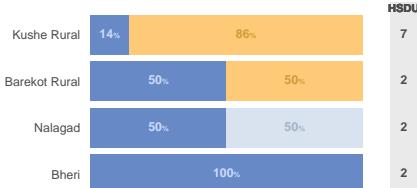


Rukum West



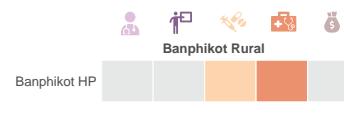
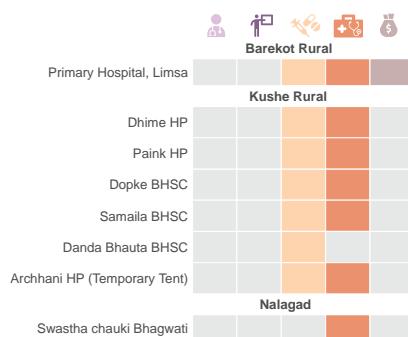
Salyan

Service availability by municipality*



No reporting HSDU

Main barriers impeding service delivery by municipality and HSDU

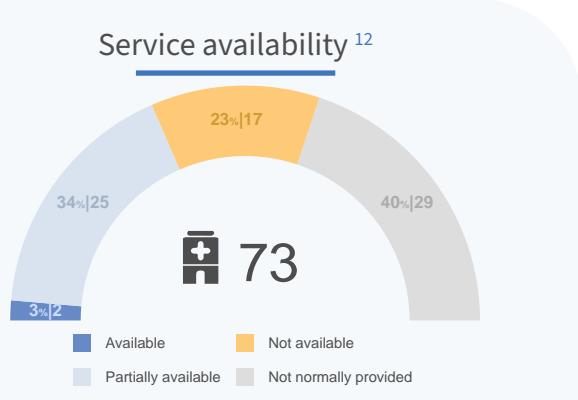


-  Lack of staff
-  Lack of training
-  Lack of medical supplies
-  Lack of medical equipment
-  Lack of financial resources

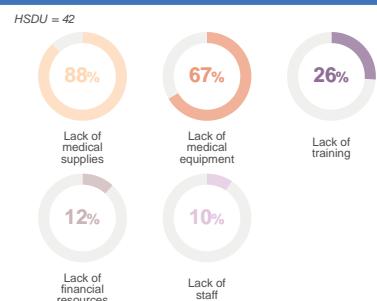
* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

VECTOR CONTROL

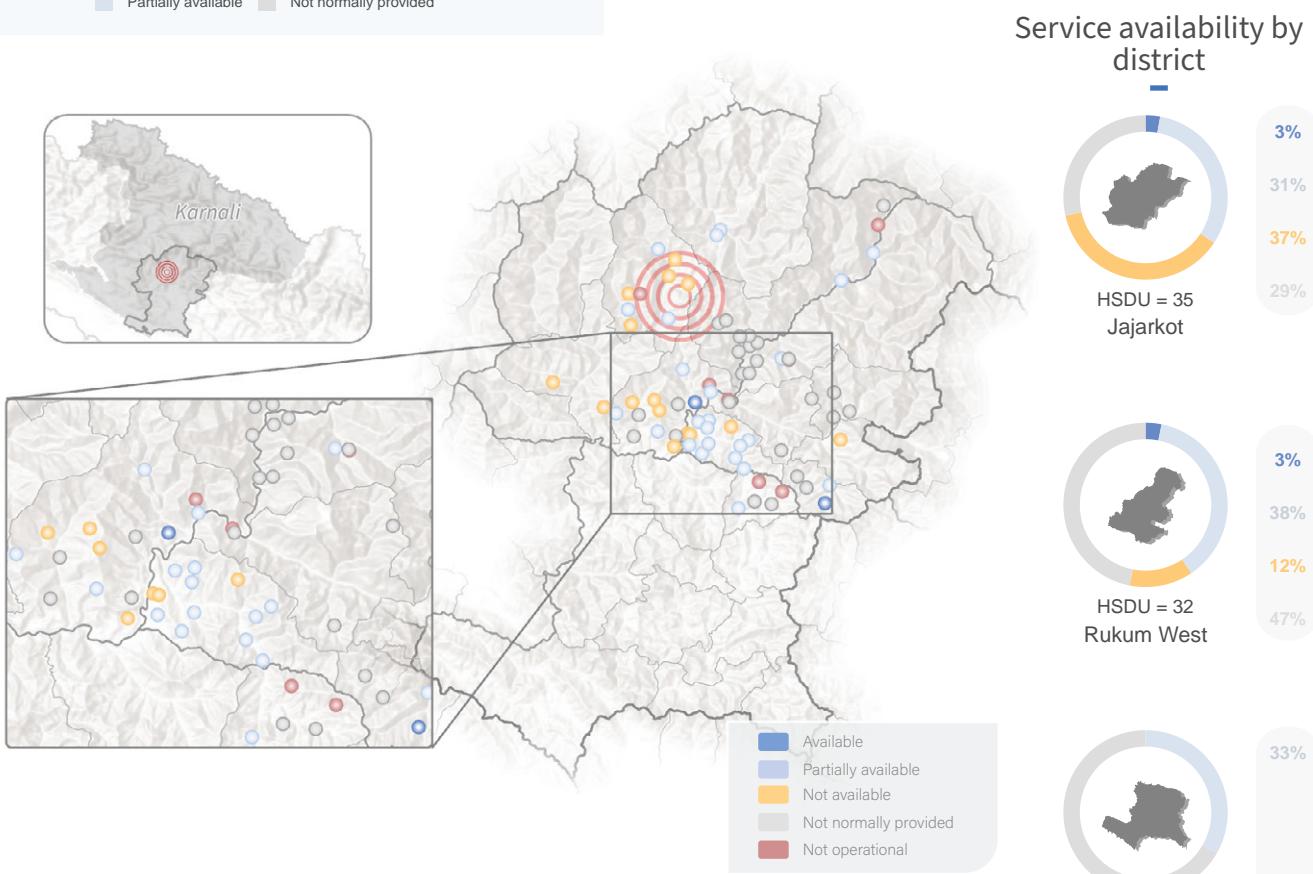
Service availability¹²



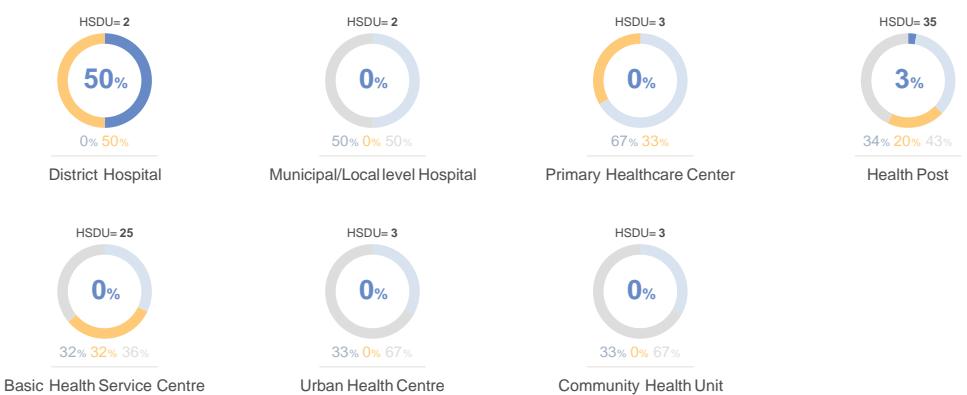
Main barriers impeding service delivery



Service availability by district



Service availability by HSDU type



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



Jajarkot

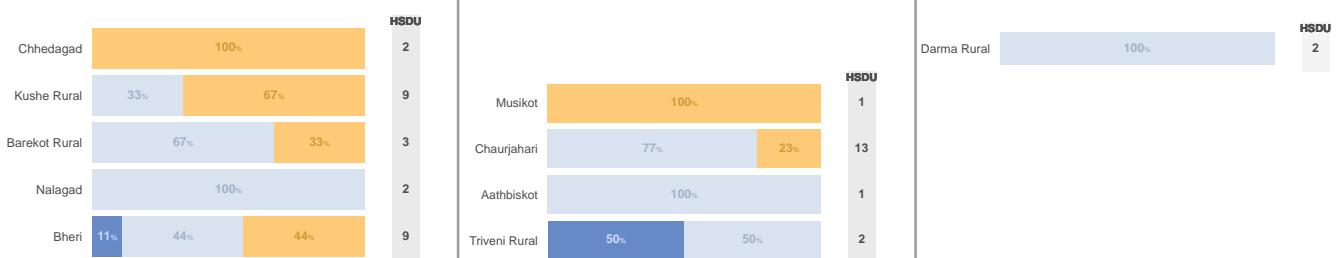


Rukum West



Salyan

Service availability by municipality*

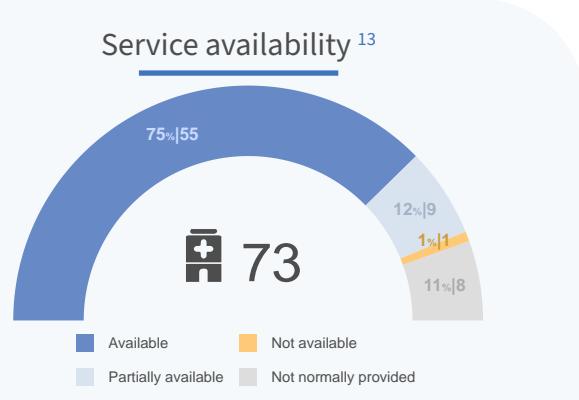


Main barriers impeding service delivery by municipality and HSDU

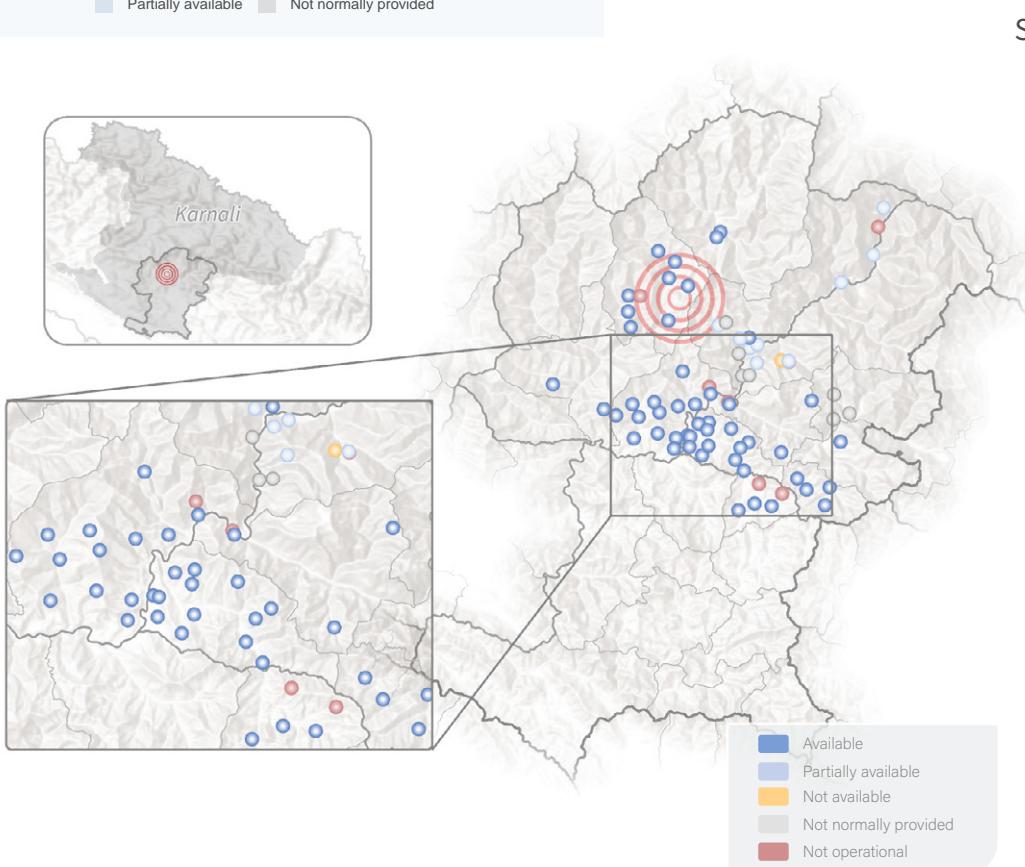
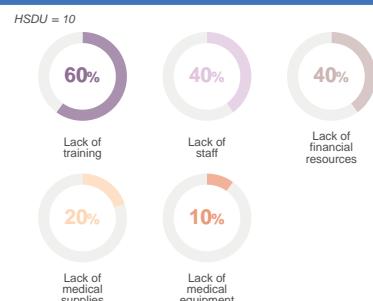


* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

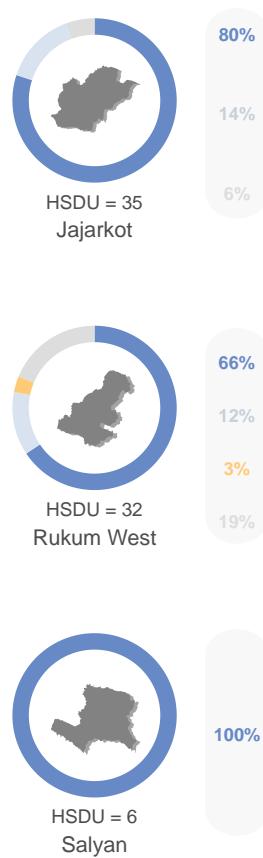
SUPPORT MASS DRUG ADMINISTRATION



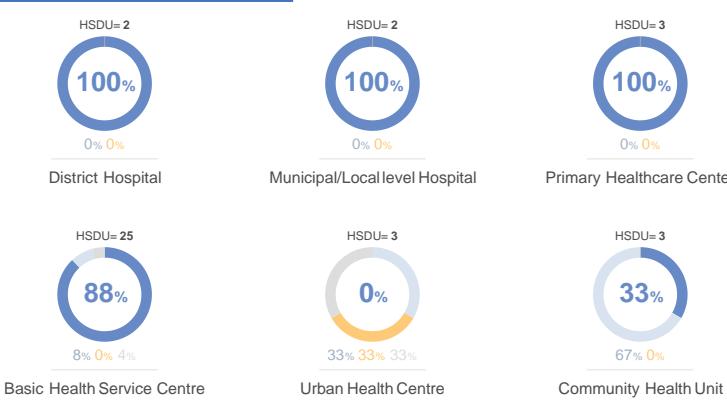
Main barriers impeding service delivery



Service availability by district



Service availability by HSDU type



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



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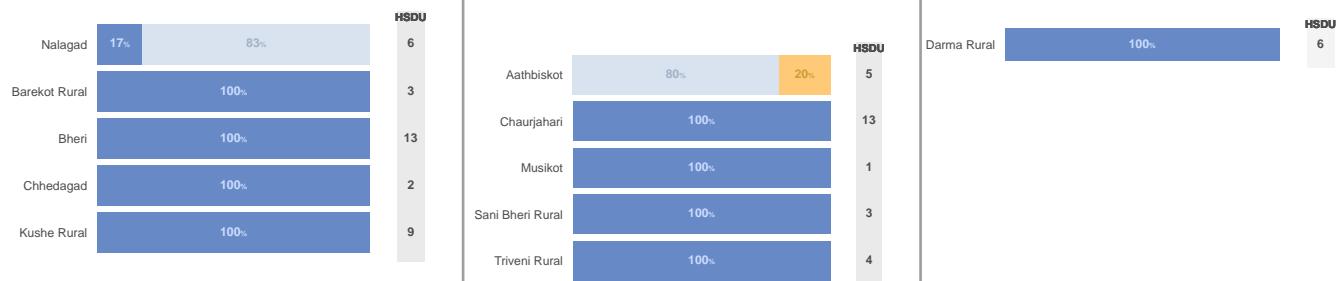


Rukum West

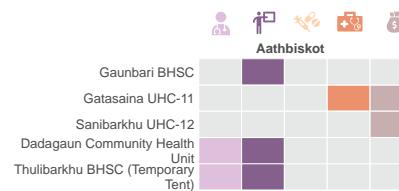
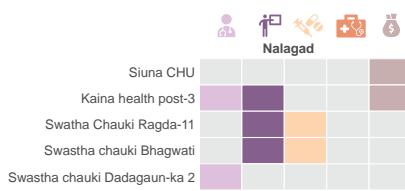


Salyan

Service availability by municipality*



Main barriers impeding service delivery by municipality and HSDU



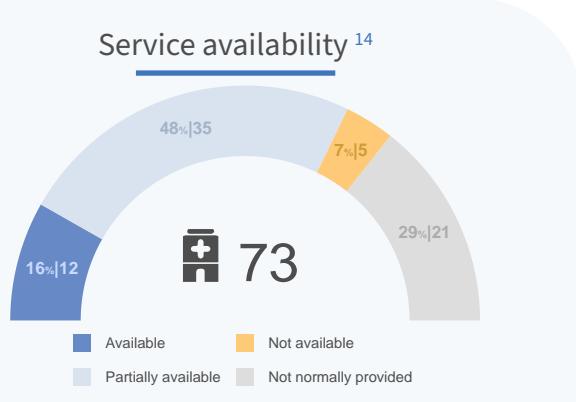
No barriers reported

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

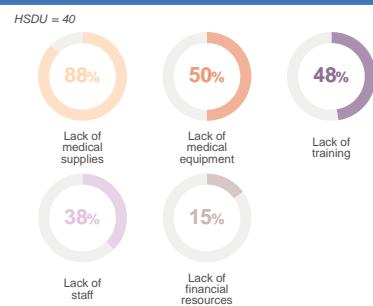
* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

TUBERCULOSIS

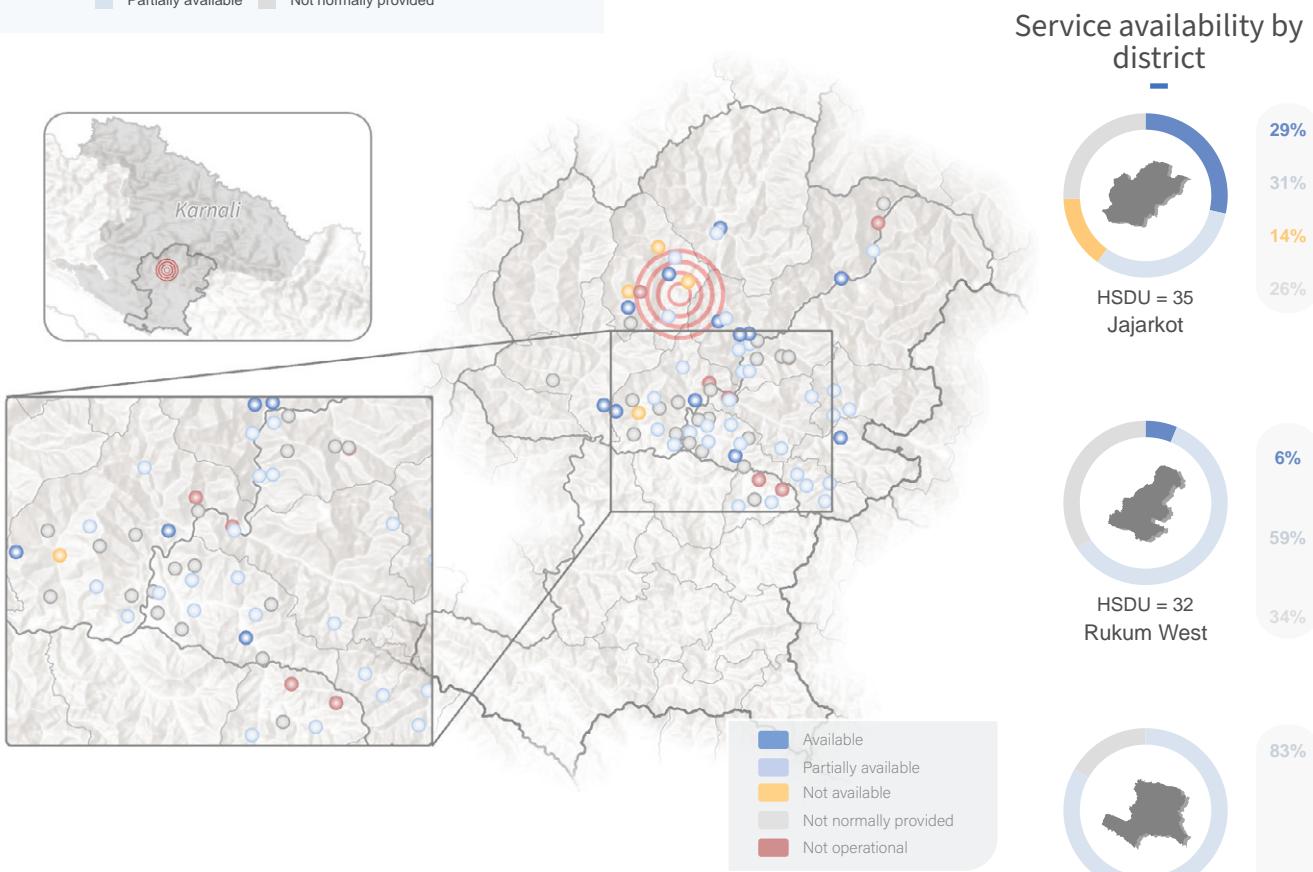
Service availability¹⁴



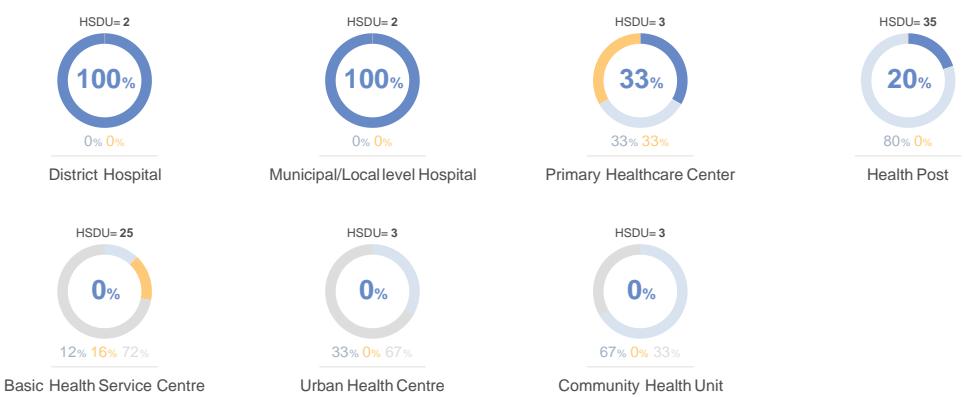
Main barriers impeding service delivery



Service availability by district



Service availability by HSDU type



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



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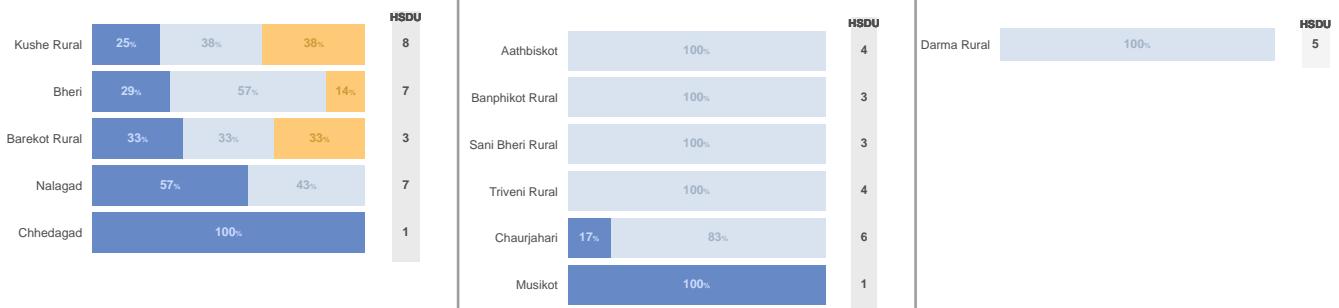


Rukum West

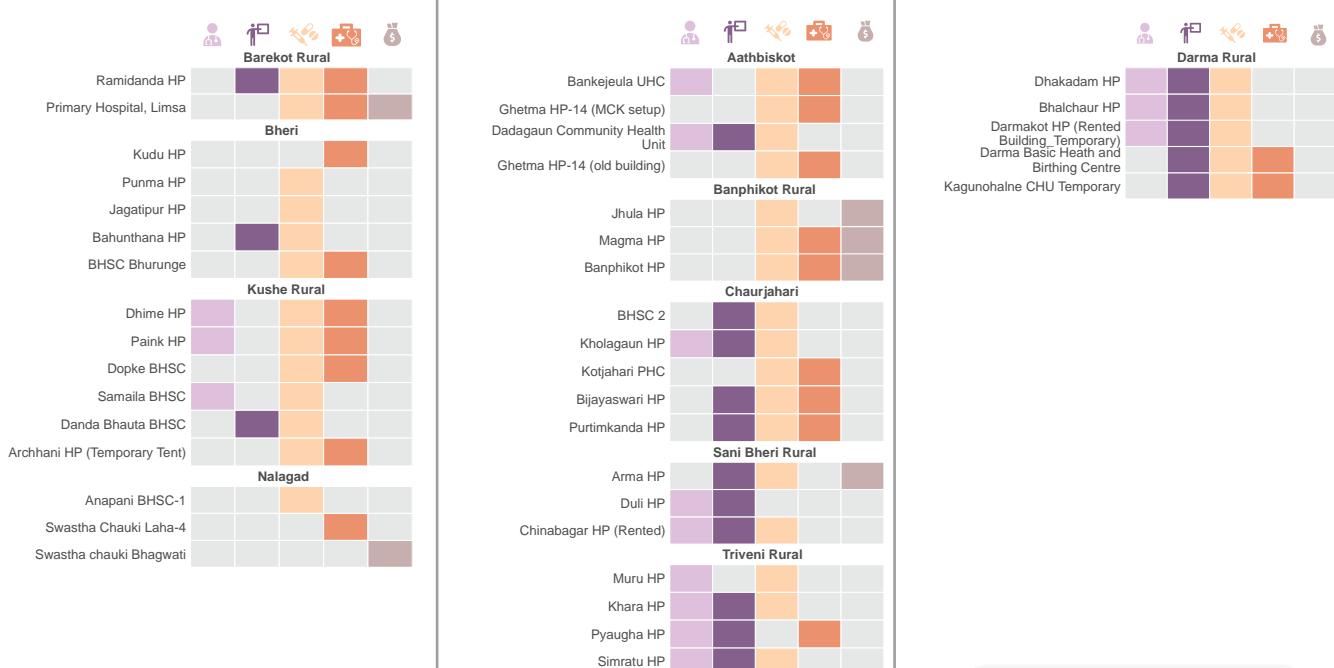


Salyan

Service availability by municipality*



Main barriers impeding service delivery by municipality and HSDU

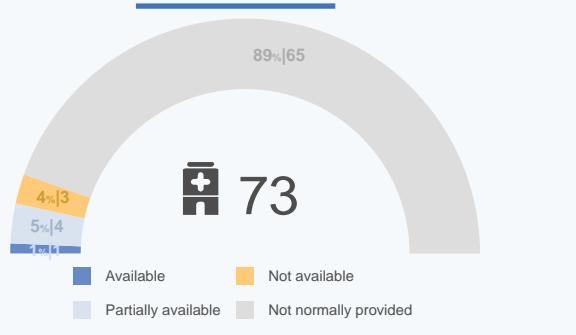


-  Lack of staff
-  Lack of training
-  Lack of medical supplies
-  Lack of medical equipment
-  Lack of financial resources

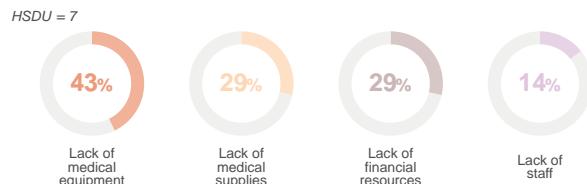
* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

MULTI-DRUG-RESISTANT TUBERCULOSIS

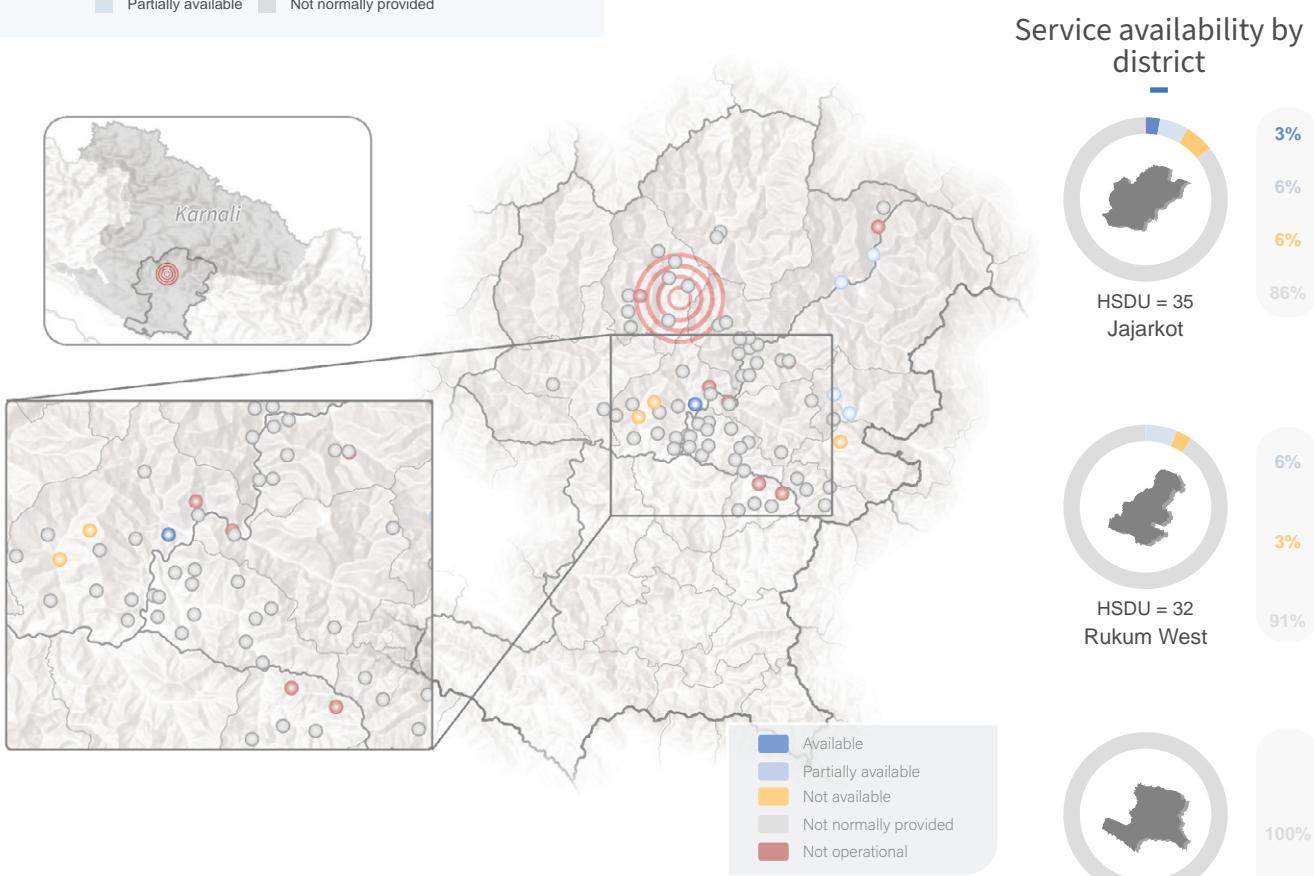
Service availability¹⁵



Main barriers impeding service delivery



Service availability by district



Service availability by HSDU type



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



Jajarkot

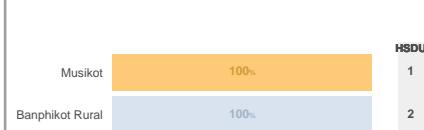
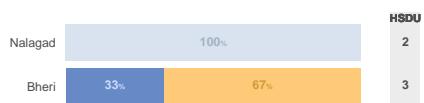


Rukum West



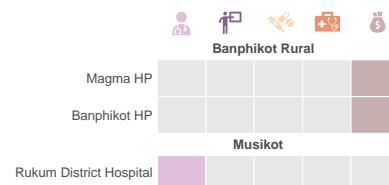
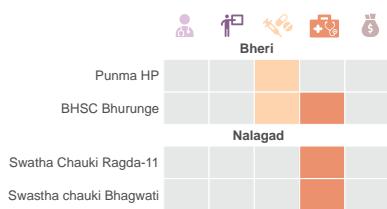
Salyan

Service availability by municipality*



No reporting HSDU

Main barriers impeding service delivery by municipality and HSDU



Lack of staff



Lack of training

Lack of medical supplies

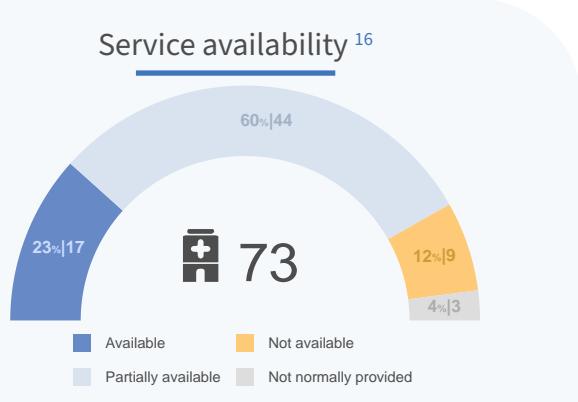


Lack of medical equipment

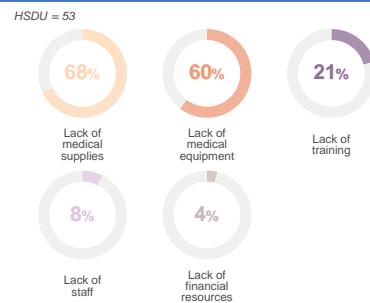
HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

IEC ON LOCAL PRIORITY DISEASES

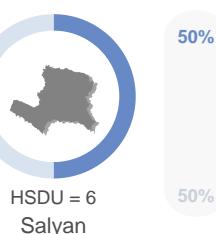
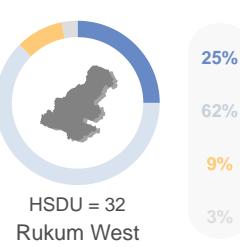
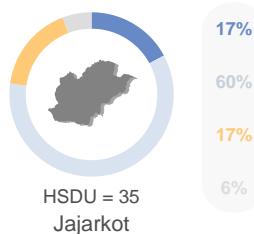
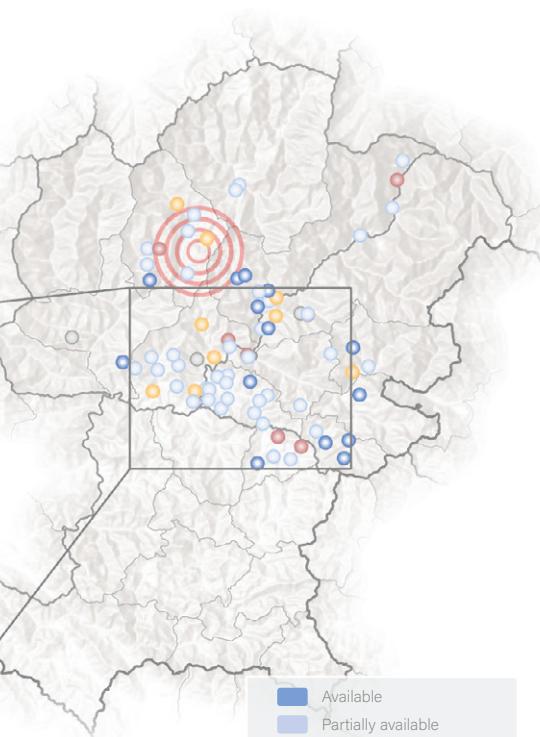
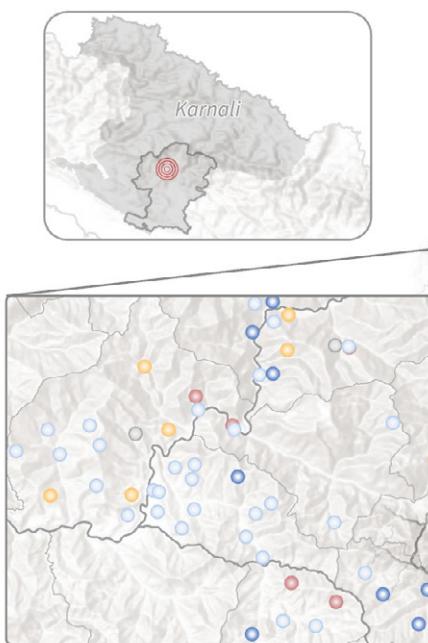
Service availability¹⁶



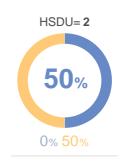
Main barriers impeding service delivery



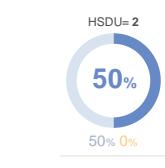
Service availability by district



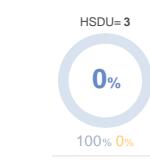
Service availability by HSDU type



HSDU = 2



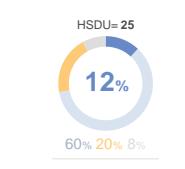
HSDU = 2



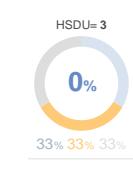
HSDU = 3



HSDU = 35



HSDU = 25



HSDU = 3



HSDU = 3

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



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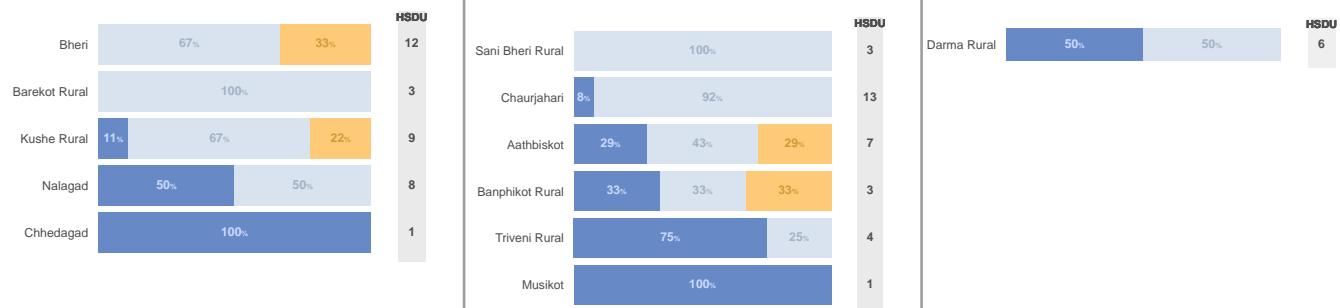


Rukum West



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Service availability by municipality*



Main barriers impeding service delivery by municipality and HSDU

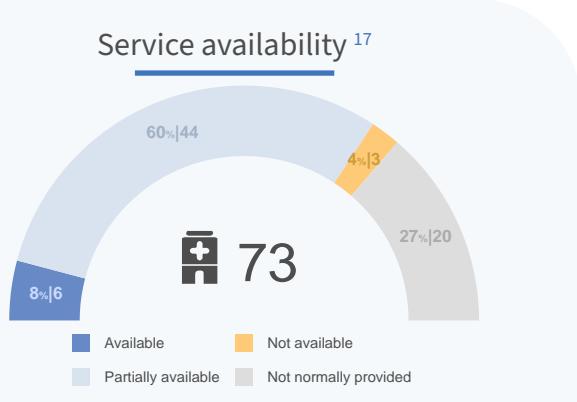


-  Lack of staff
-  Lack of training
-  Lack of medical supplies
-  Lack of medical equipment
-  Lack of financial resources

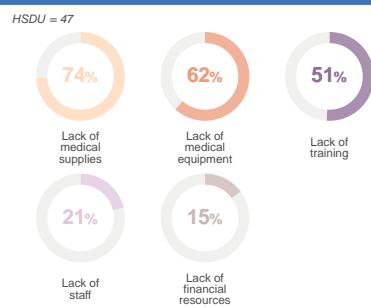
* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

DIAGNOSIS AND MANAGEMENT OF OTHER LOCALLY RELEVANT DISEASES

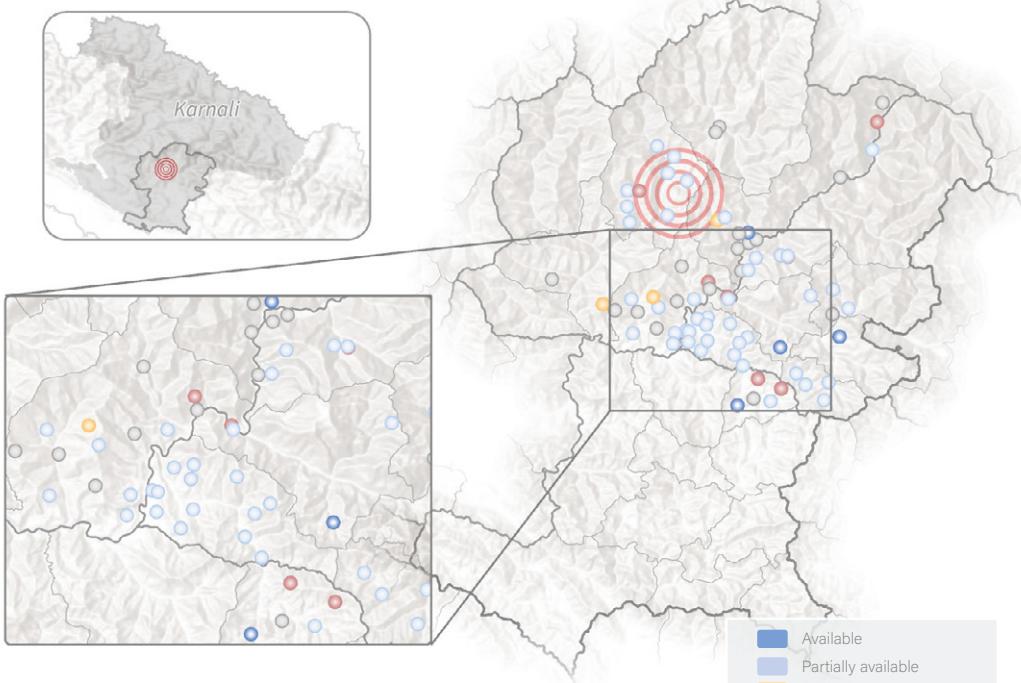
Service availability¹⁷



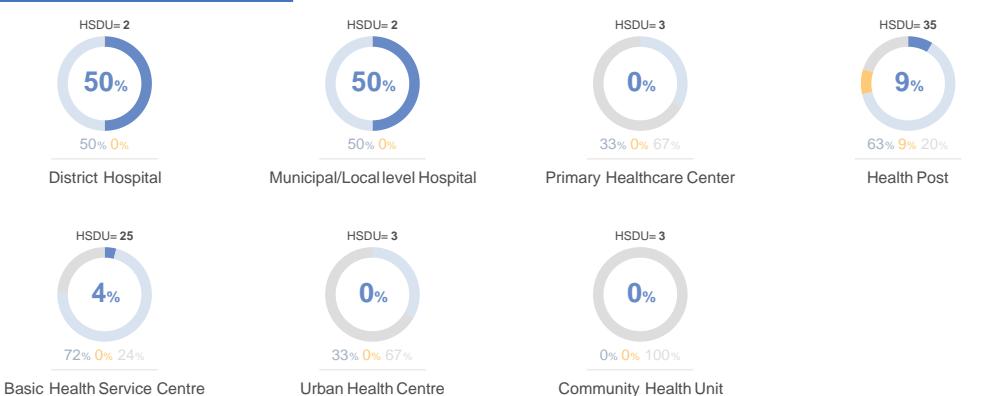
Main barriers impeding service delivery



Service availability by district



Service availability by HSDU type



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



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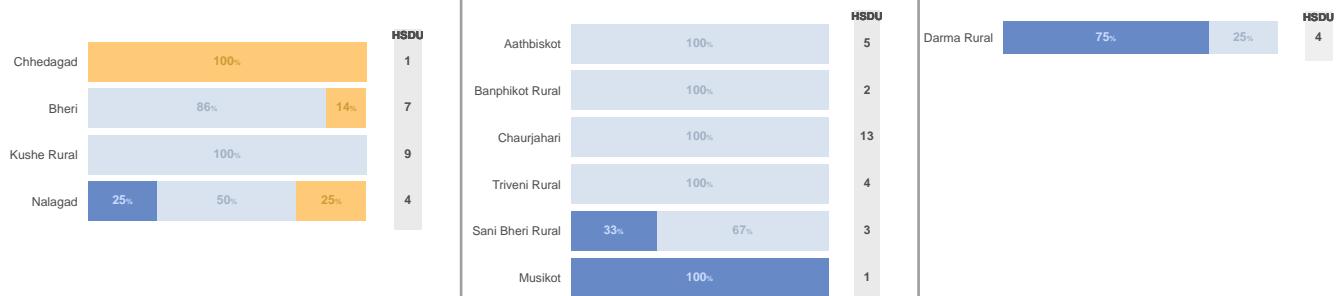


Rukum West



Salyan

Service availability by municipality*



Main barriers impeding service delivery by municipality and HSDU

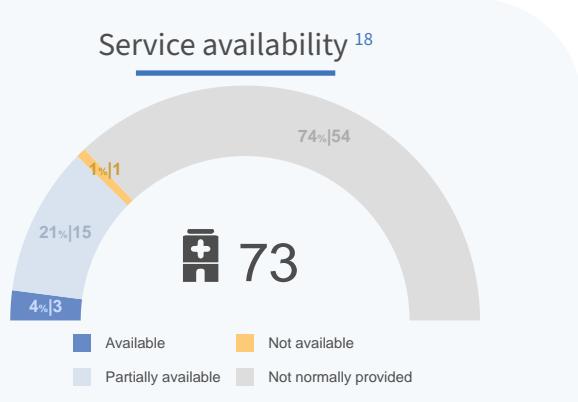


* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

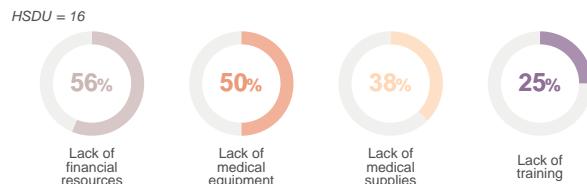


MANAGEMENT OF SEVERE AND/OR COMPLICATED COMMUNICABLE DISEASES

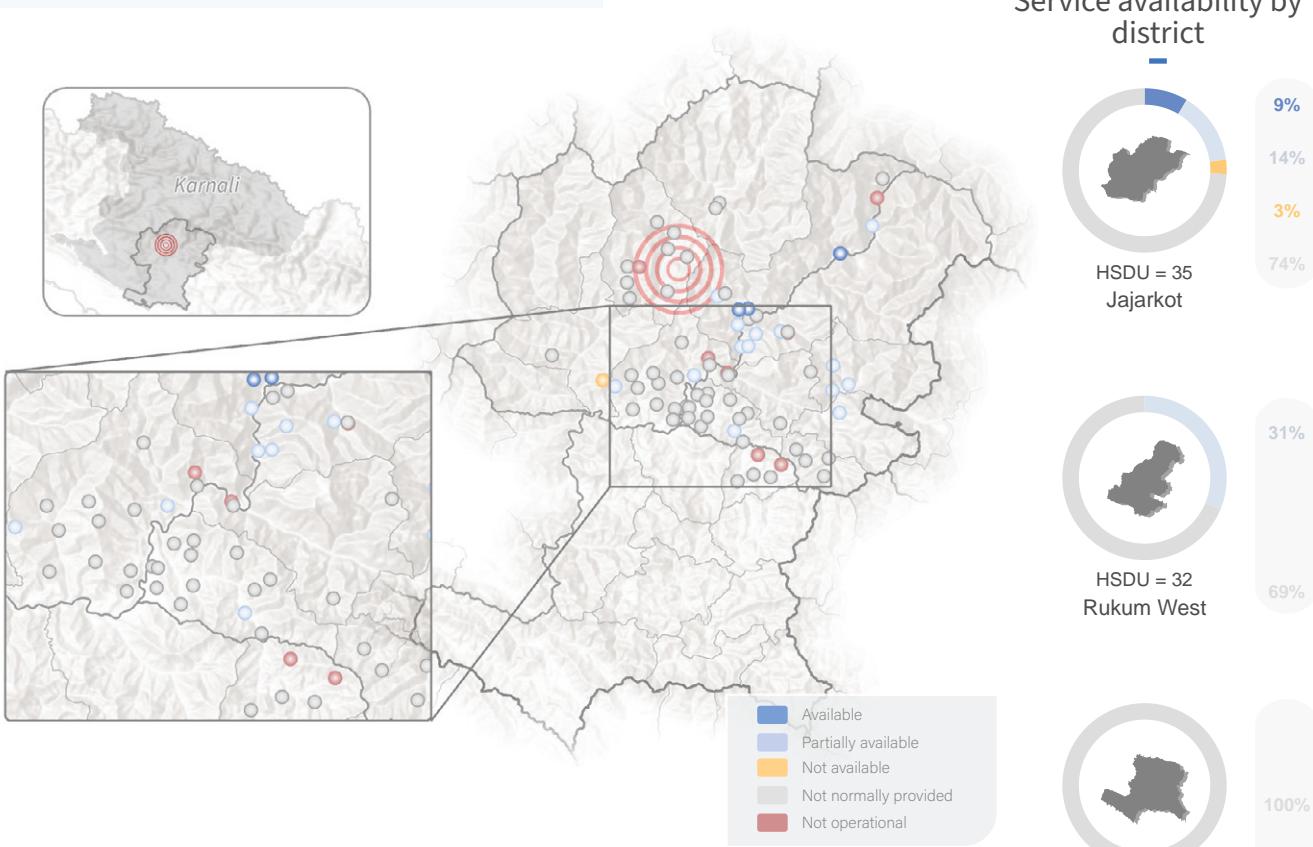
Service availability¹⁸



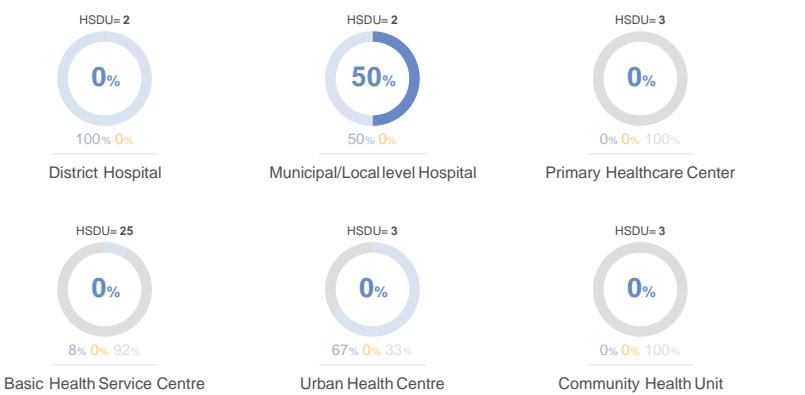
Main barriers impeding service delivery



Service availability by district



Service availability by HSDU type



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



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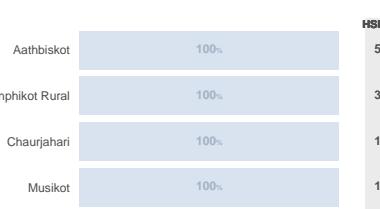
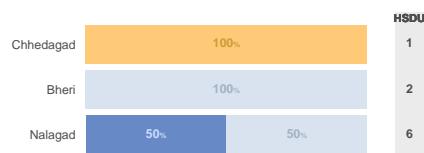


Rukum West



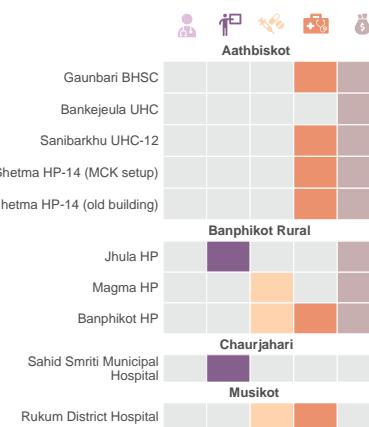
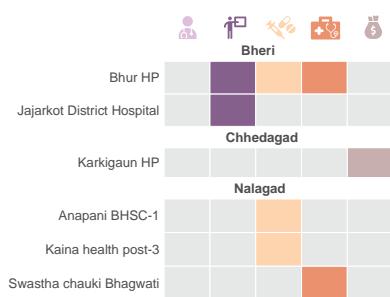
Salyan

Service availability by municipality*



No reporting HSDU

Main barriers impeding service delivery by municipality and HSDU

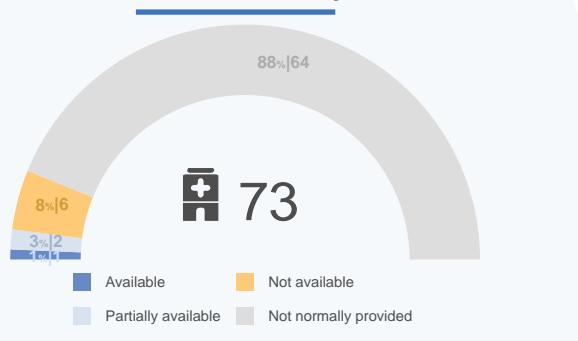


-  Lack of staff
-  Lack of training
-  Lack of medical supplies
-  Lack of medical equipment
-  Lack of financial resources

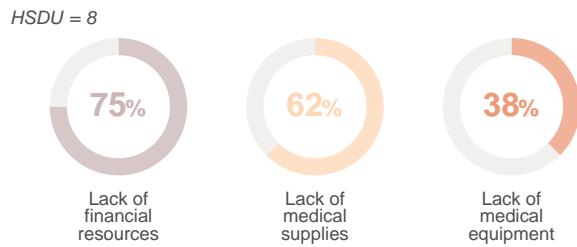
* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

ISOLATION UNIT OR ROOM

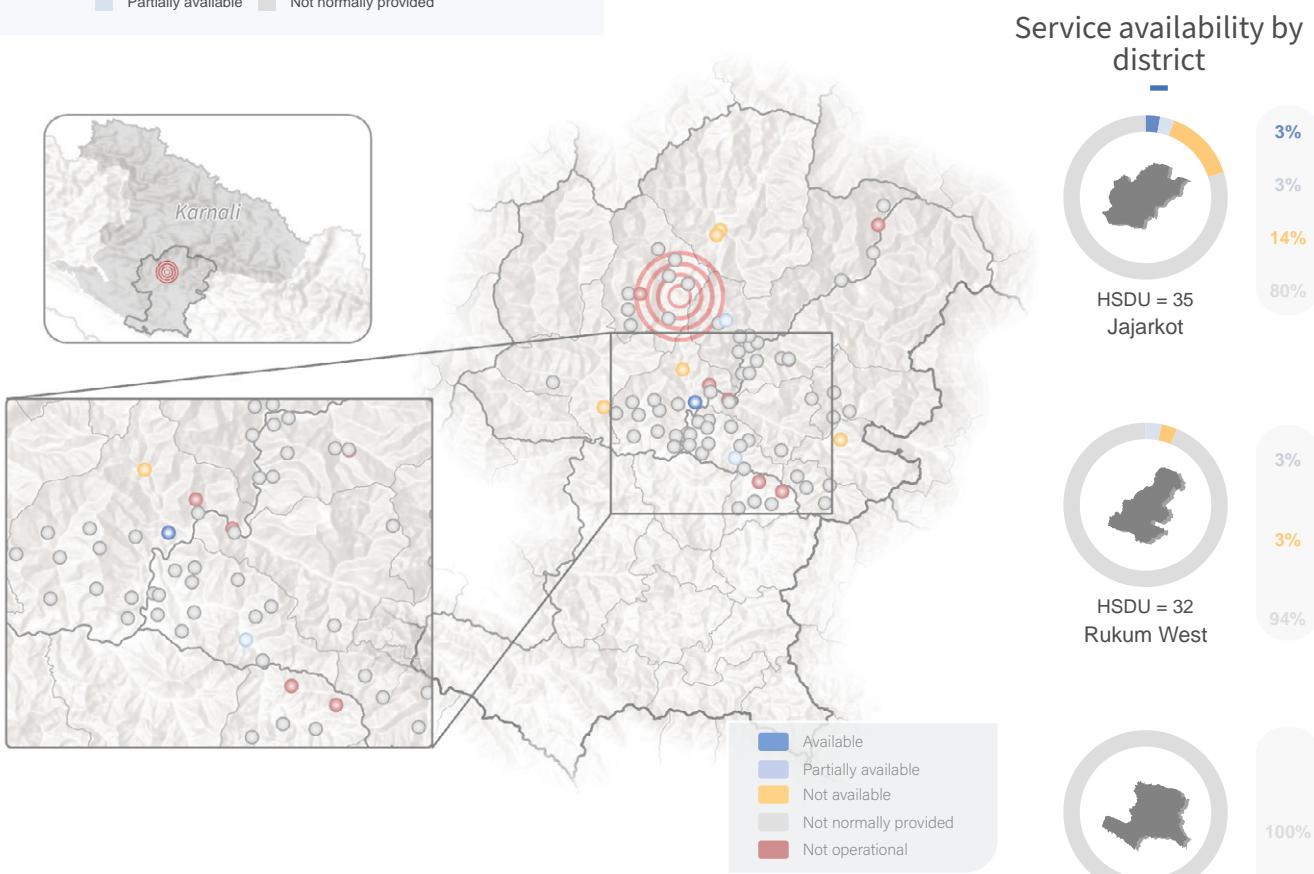
Service availability¹⁹



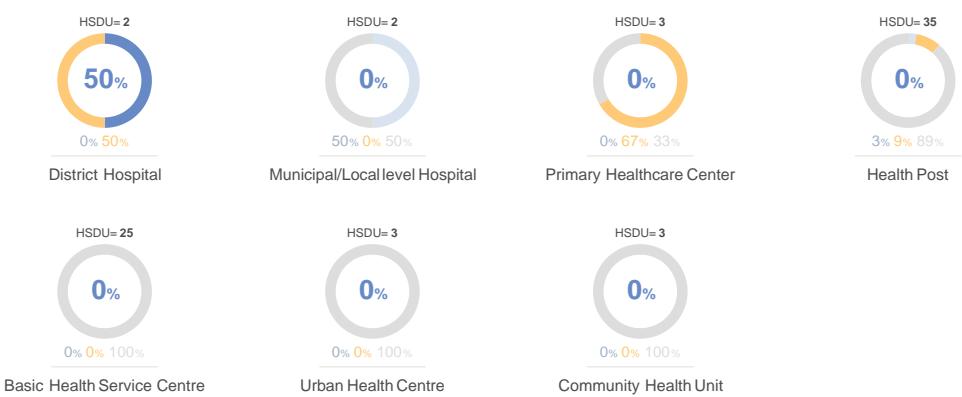
Main barriers impeding service delivery



Service availability by district



Service availability by HSDU type



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



Jajarkot

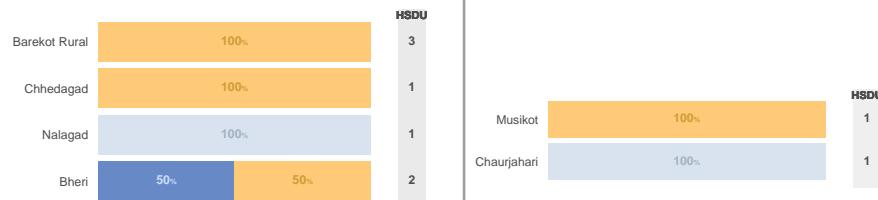


Rukum West



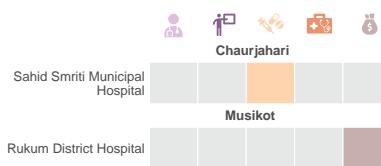
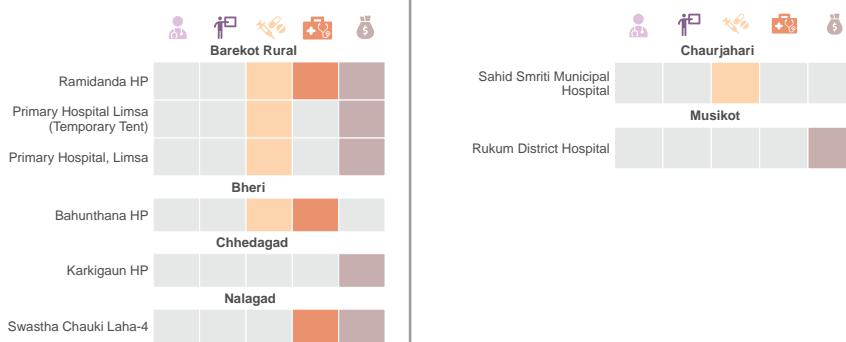
Salyan

Service availability by municipality*



No reporting HSDU

Main barriers impeding service delivery by municipality and 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.



HeRAMS

