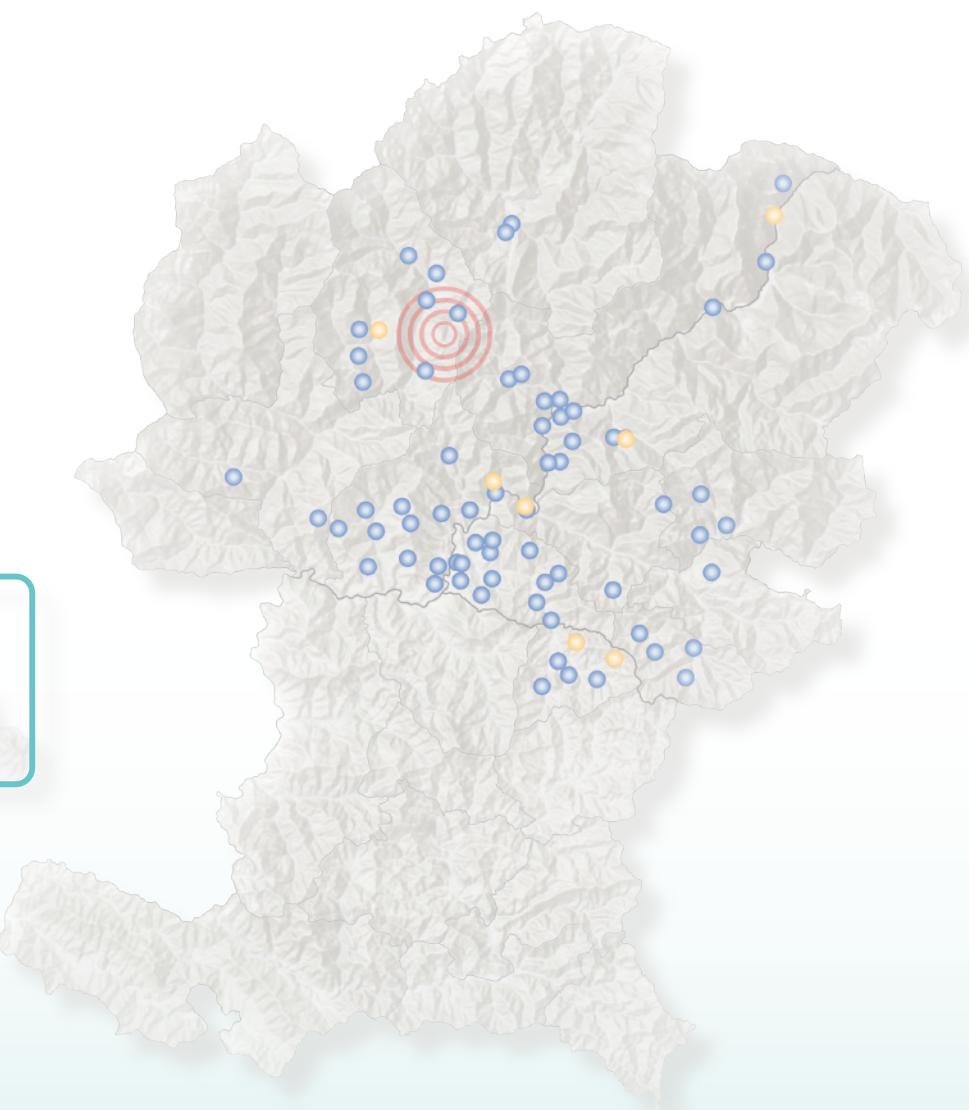




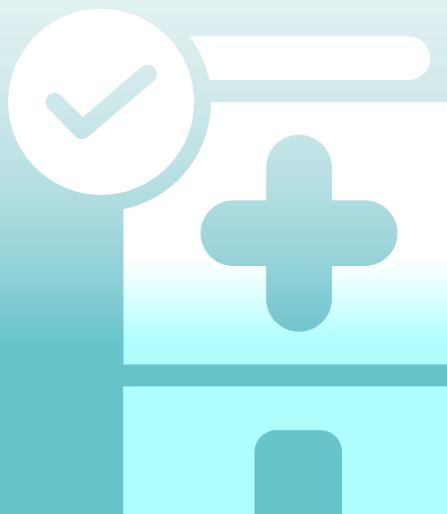
# HeRAMS Nepal

Post-Jajarkot earthquake report  
April 2024



## Operational status of the health system

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



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# 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 (HSDUs)



# ACRONYMS

**BHSC** Basic Health Service Center

**HER** Health Electronic Records

**HeRAMS** Health Resources and Services Availability Monitoring System

**HP** Health Post

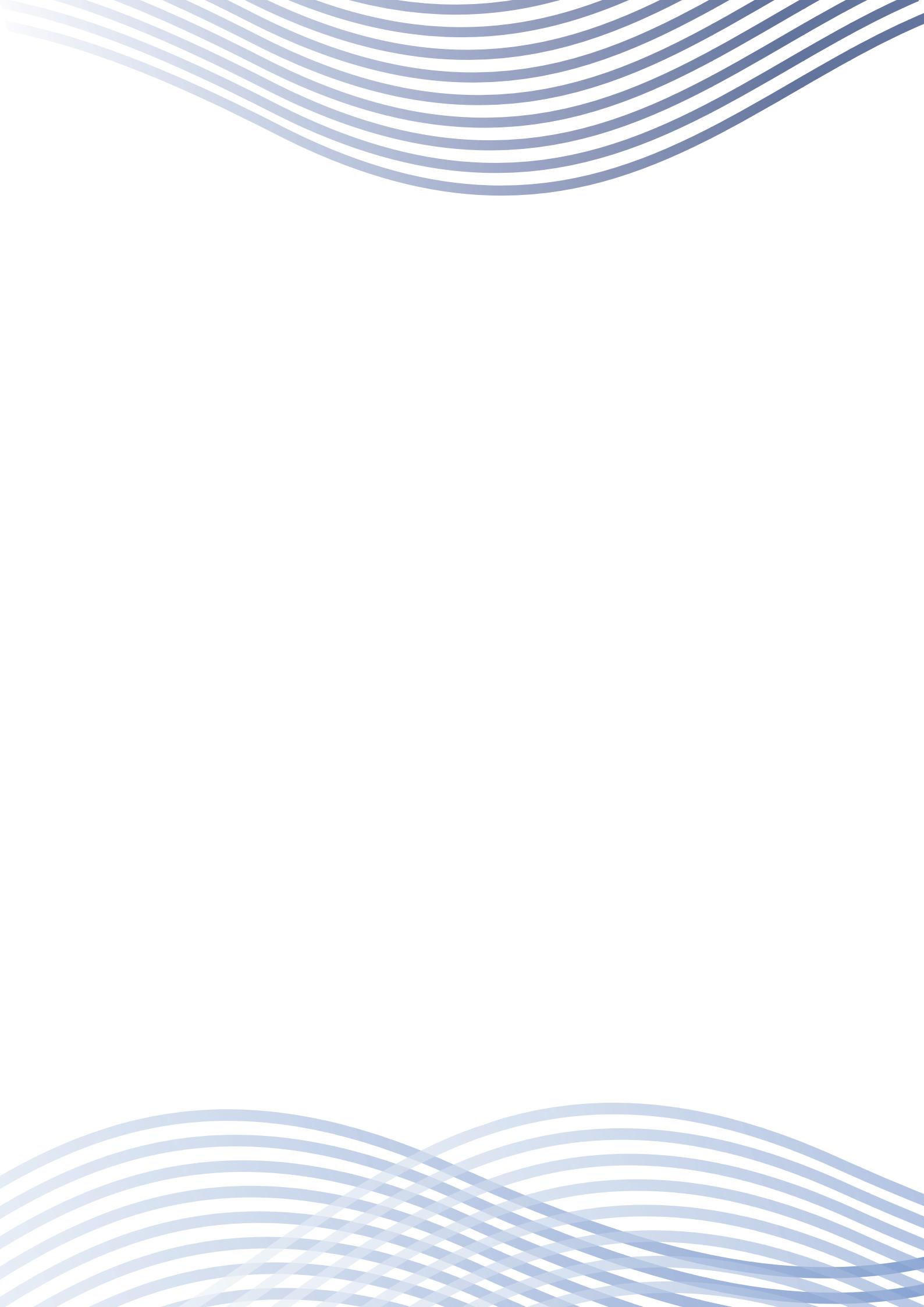
**HSDU** Health Service Delivery Unit

**ICU** Intensive Care Unit

**PHC** Primary Health Center

**UHC** Urban Health Centre

**WHO** World Health Organization



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# DISCLAIMER

Disruptions to health systems can impede provision of and access to essential health services. Communities' vulnerability to increased morbidity and mortality substantially increases when a lack of reliable information prevents sound decision-making, especially in rapidly changing environments that require continued assessment. The Health Resources and Services Availability Monitoring System (HeRAMS) aims to provide decision-makers and health stakeholders at large with vital and up-to-date information on the availability of essential health resources and services, help them identify gaps and determine priorities for intervention.

HeRAMS draws on the wealth of experience and knowledge gathered by the World Health Organization (WHO) and health sector actors, including nongovernmental organizations, donors, academic institutions and other technical bodies. It builds on a collaborative approach involving health service providers at large and integrating what is methodologically sound and feasible in highly constrained, low-resourced and rapidly changing environments such as humanitarian emergencies. Rapidly deployable and scalable to support emergency response and fragile states, HeRAMS can also be expanded to - or directly implemented as - an essential component of routine health information systems. Its modularity and scalability make it an essential component of emergency preparedness and response, health systems strengthening, universal health coverage and the humanitarian development nexus.

HeRAMS has been 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 first report of the **HeRAMS Nepal post-Jarjarkot earthquake report April 2024** series, focusing on the operational status of HSDUs, level and type of support provided by partners, and availability of basic amenities. For more in-depth information on availability of essential health services and main barriers impeding service delivery, specialized reports are available on essential clinical and trauma care services<sup>1</sup>, child health and nutrition services<sup>2</sup>, communicable disease services<sup>3</sup>, sexual and reproductive health services<sup>4</sup>, and non-communicable disease and mental health services<sup>5</sup>.

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](mailto:herams@who.int)

<sup>1</sup> 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>.

<sup>2</sup> 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>.

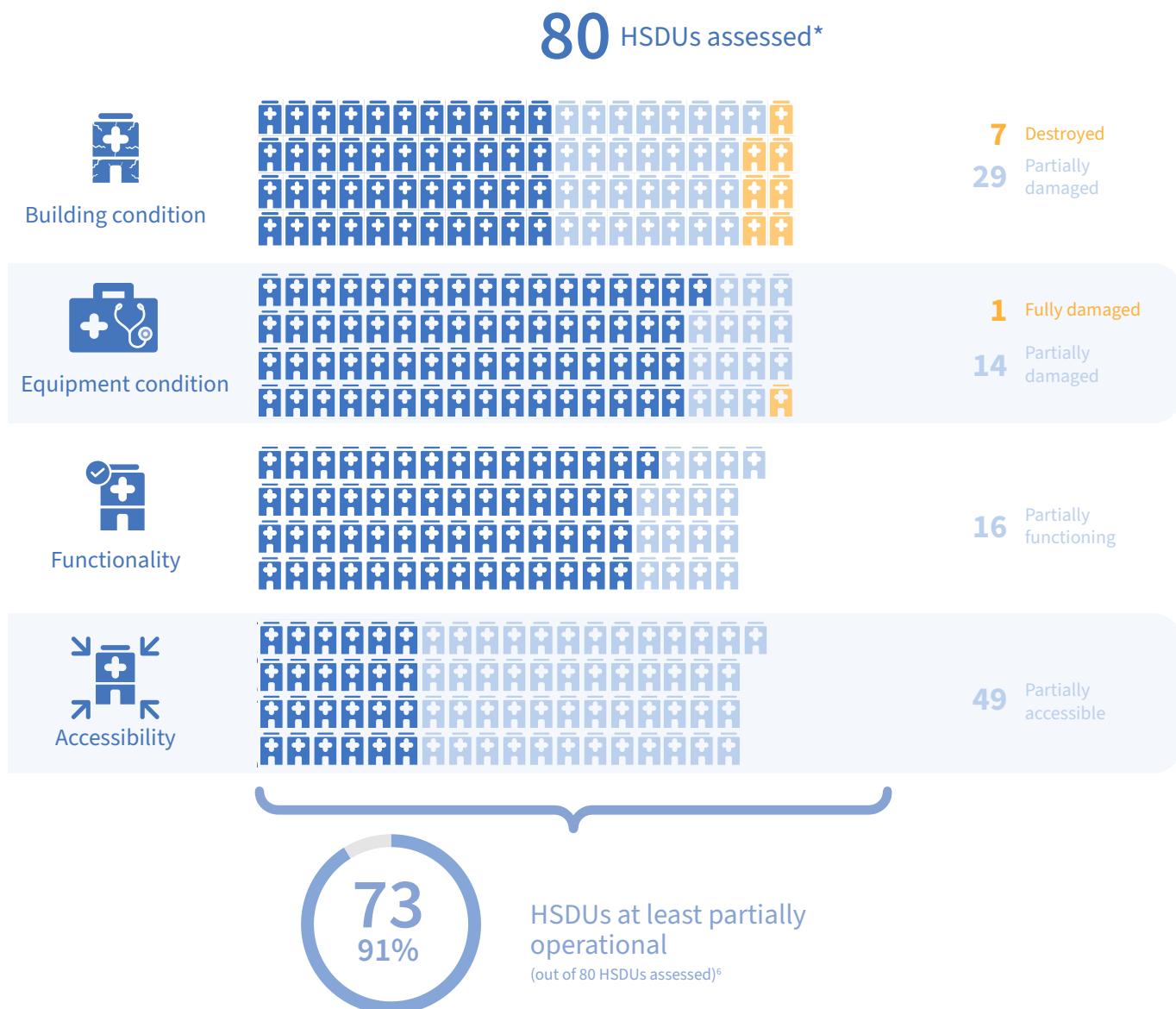
<sup>3</sup> HeRAMS Nepal post-Jarjarkot earthquake report April 2024 - Communicable disease services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-nepal-post-jarjarkot-earthquake-report-2024-04-communicable-disease-services>.

<sup>4</sup> 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>.

<sup>5</sup> 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.

<sup>6</sup> 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.



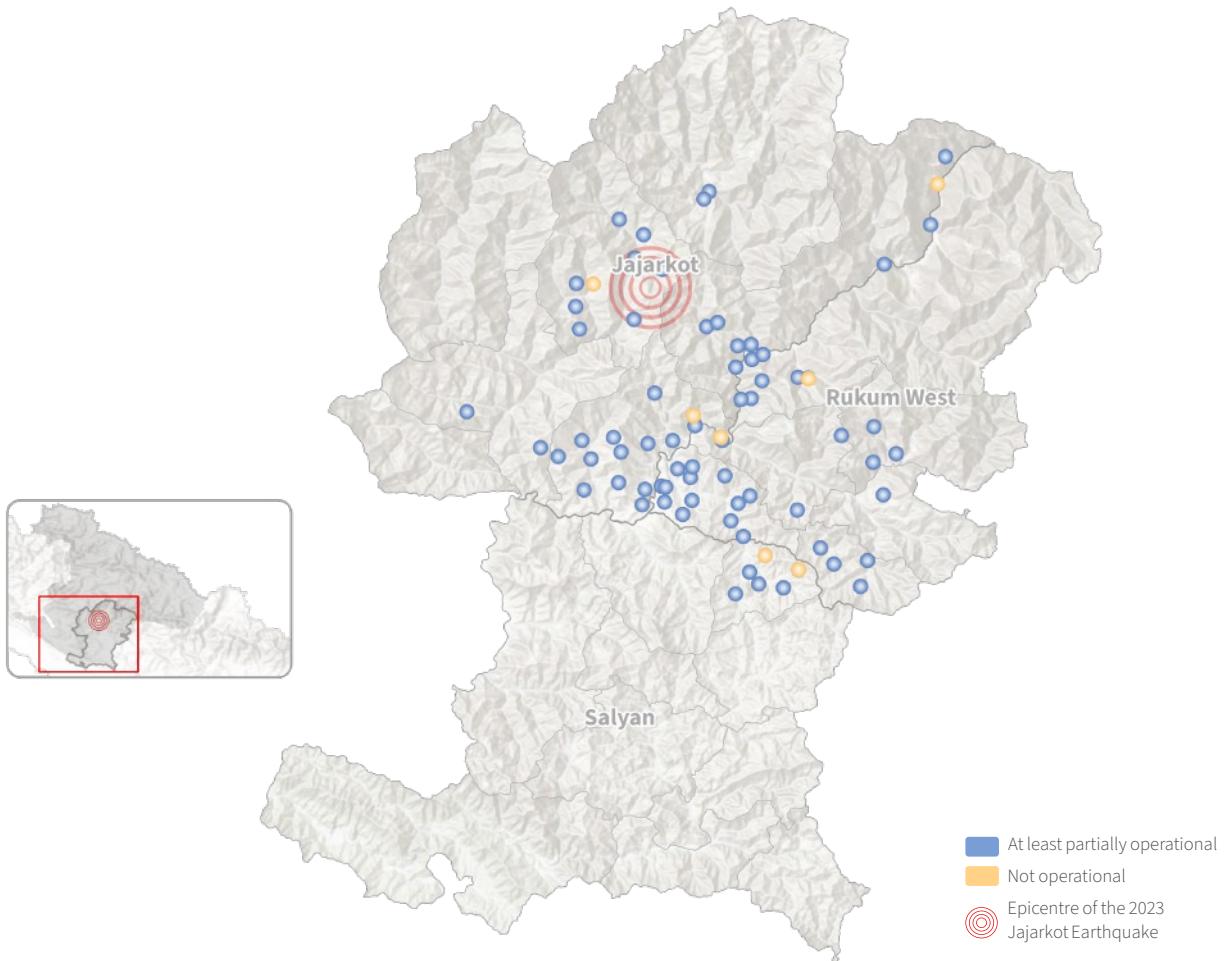
## Reporting frequency and operational status by municipality

	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
	<b>TOTAL</b>	<b>13</b>	-	<b>1</b>	<b>1</b>	<b>1</b>	-	<b>17</b>	<b>1</b>	<b>1</b>	-	<b>2</b>	-	-	-	<b>35</b>	<b>3</b>
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	<b>TOTAL</b>	<b>10</b>	<b>1</b>	<b>1</b>	-	<b>1</b>	-	<b>15</b>	<b>1</b>	<b>1</b>	-	<b>1</b>	-	<b>3</b>	-	<b>32</b>	<b>2</b>
	DARMA RURAL	2	-	1	1	-	-	3	1	-	-	-	-	-	-	6	2
	<b>TOTAL</b>	<b>2</b>	-	<b>1</b>	<b>1</b>	-	-	<b>3</b>	<b>1</b>	-	-	-	-	-	-	<b>6</b>	<b>2</b>
<b>GRAND TOTAL</b>		<b>25</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>2</b>	-	<b>35</b>	<b>3</b>	<b>2</b>	-	<b>3</b>	-	<b>3</b>	-	<b>73</b>	<b>7</b>

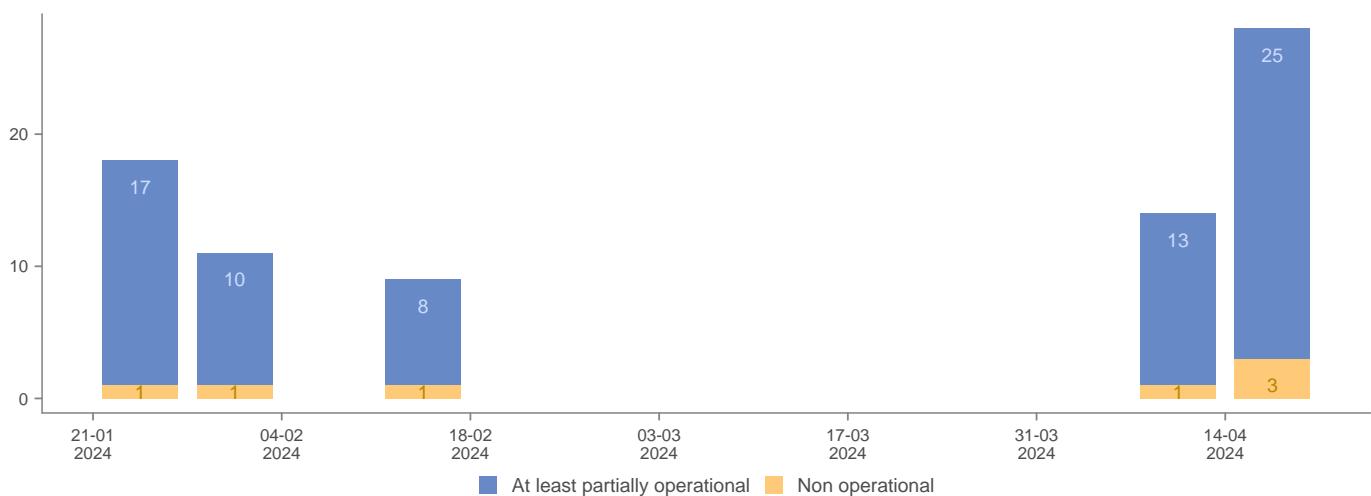
● = At least partially operational - N/O = Not operational



## Geographic distribution of HSDUs



## Date of last update\*



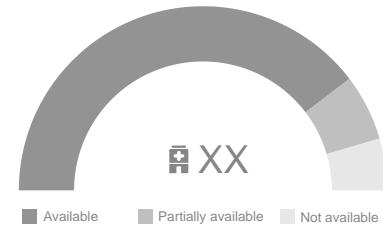
\* This analysis is based on the assessment and data collection between 20 – 30 Jan 2024 in Jajarkot district and between 1 - 8 April 2024 in Rukum West and Salyan districts.



# INTERPRETATION GUIDE

## Indicator status

**Arc charts** provide an overview of the overall status of an indicator (i.e. functionality, availability, etc.), hereafter referred to as “availability”. The total number of HSDUs included in the analysis of an indicator is shown inside the arc chart. It is important to note that the total number of HSDUs included in the analysis of an indicator can vary due to the exclusion of non-operational HSDUs from subsequent analyses ([see page 3 for details](#)). There are two numbers separated by a bar (“|”) inside the arc of the chart: on the left is the percentage of HSDUs, and on the right of the bar is the number falling into that category.



For further insights, **donut charts** break down indicator availability by HSDU type or 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 an indicator is available up to standard, the number may also be prominently placed inside the chart. Information on the total number of HSDUs included is clearly indicated above or below the respective donut.

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



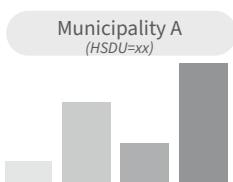
Each **donut chart** indicates the percentage of HSDUs having reported a specific barrier. The total number of HSDUs reporting at least one barrier is shown below the chart header.



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

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

## Basic amenity types



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



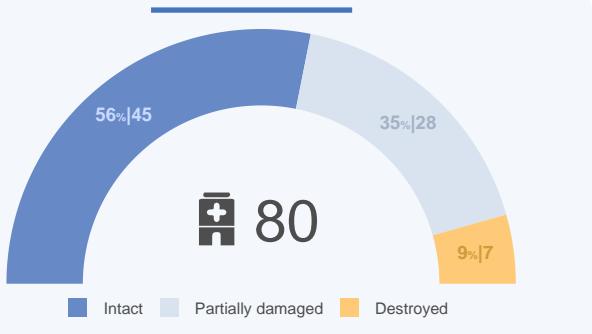
# OPERATIONAL STATUS AND ACCESSIBILITY



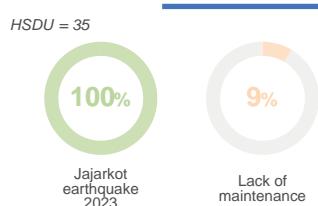


# BUILDING CONDITION

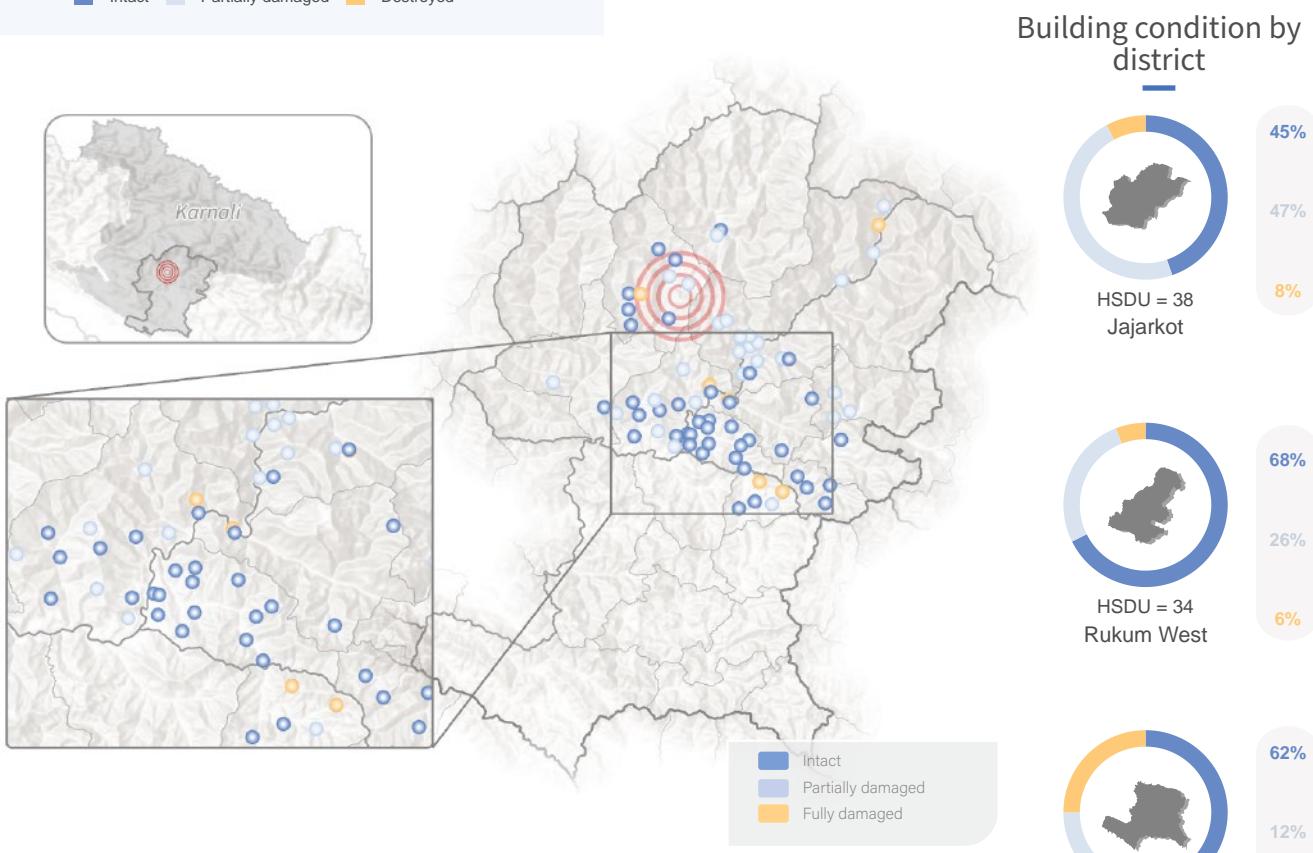
## Building condition <sup>7</sup>



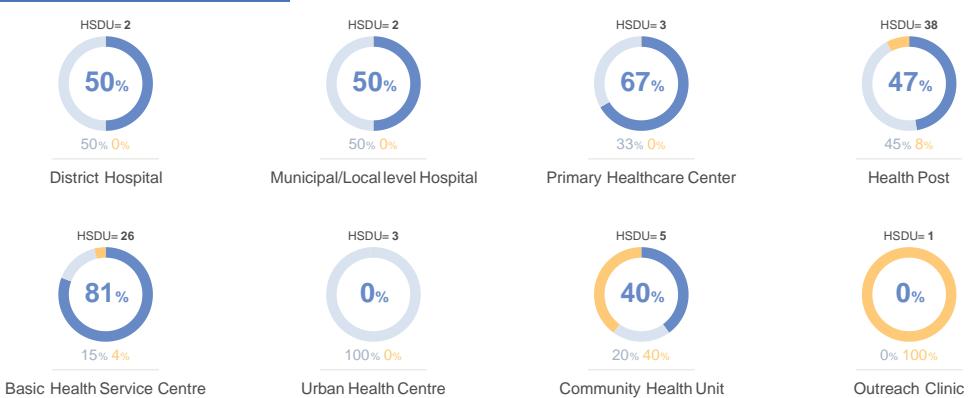
## Main causes of damage



## Building condition by district



## Building condition by HSDU type



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



## Jajarkot

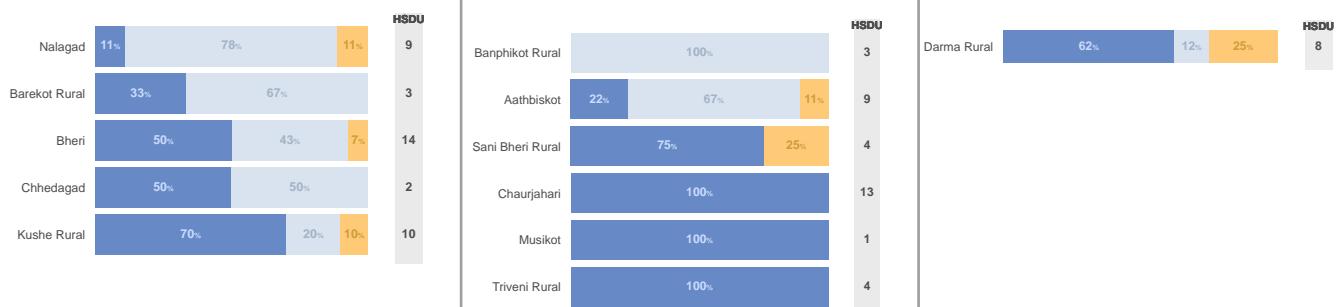


# Rukum West

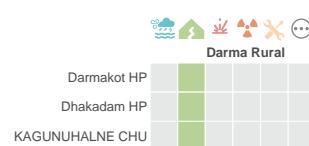
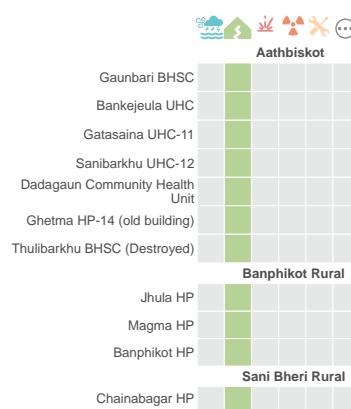
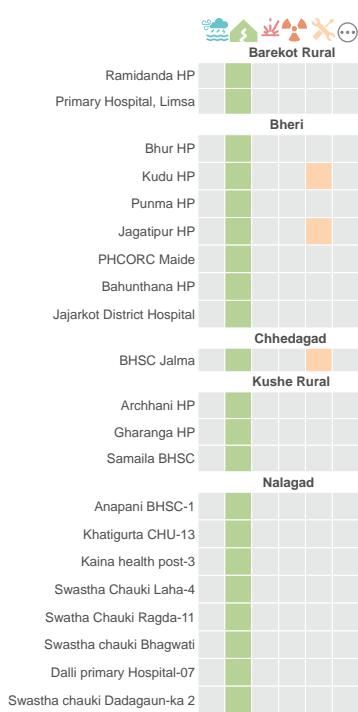


Salyan

## Building condition by municipality



## Main causes of damage by municipality and HSDU



## Meteorological and hydrological event



Jajarkot earthquake 2023



## Insecurity



## Industrial incidents

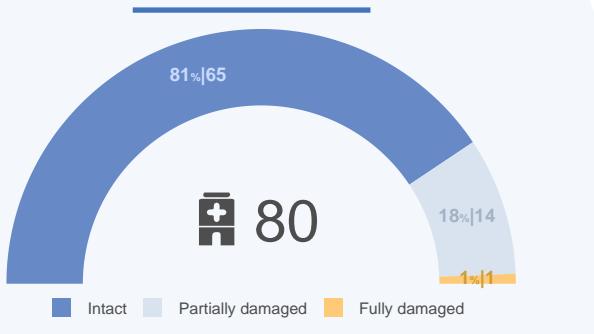


### Lack o



# EQUIPMENT CONDITION

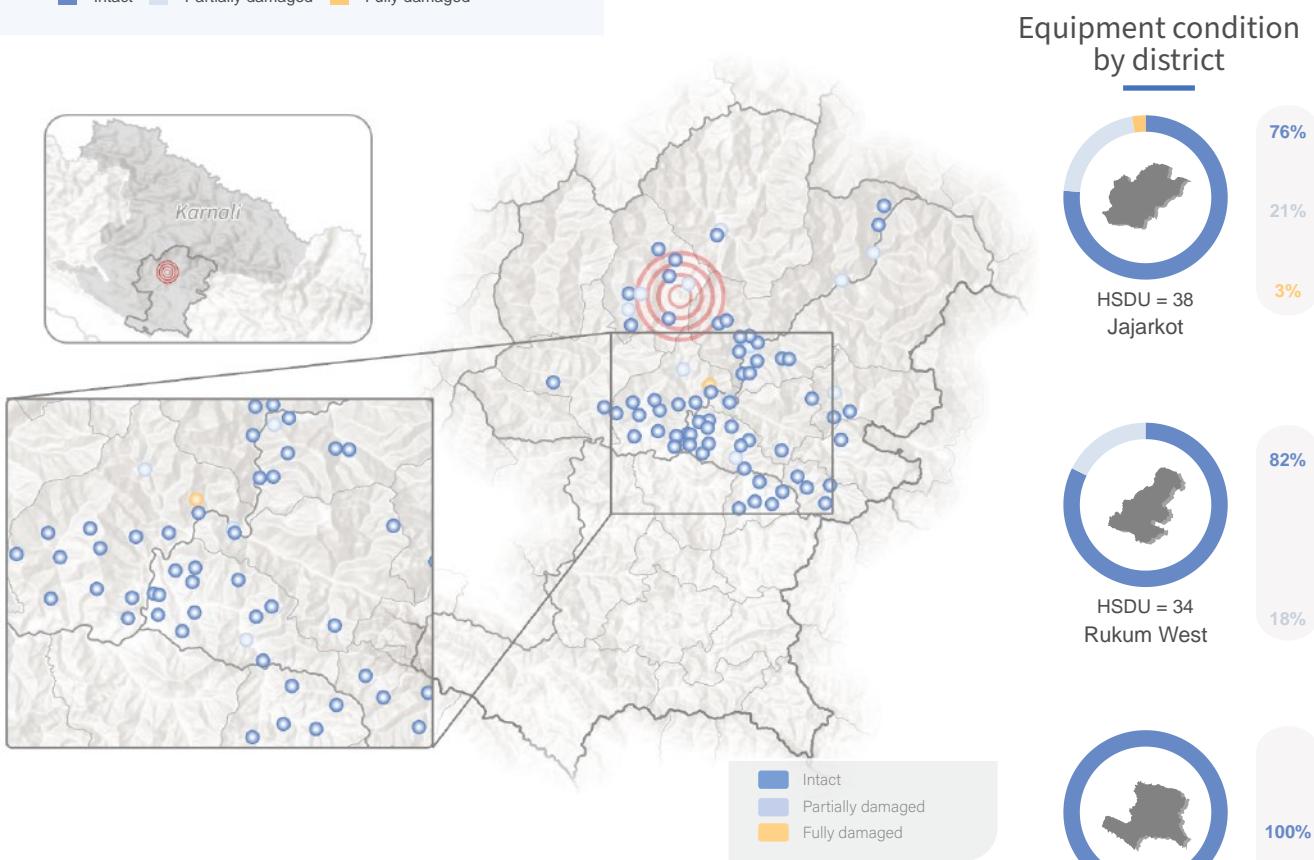
## Equipment condition <sup>8</sup>



## Main causes of damage



## Equipment condition by district



## Equipment condition by HSDU type



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



Jajarkot

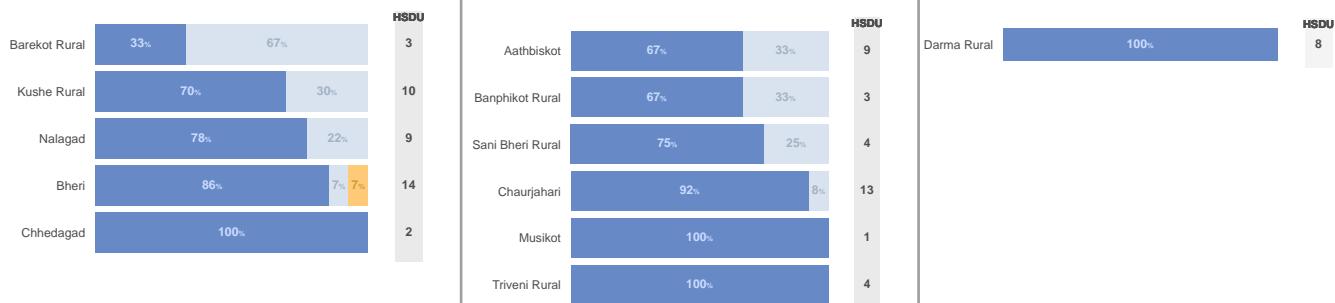


Rukum West

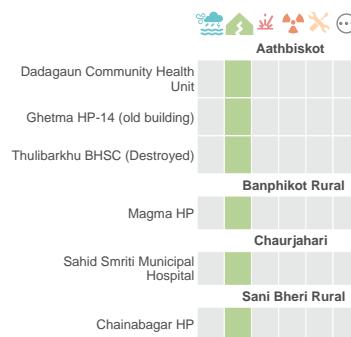
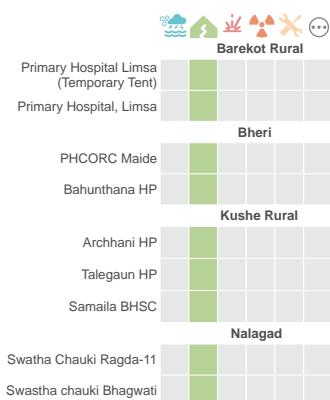


Salyan

### Equipment condition by municipality



### Main causes of damage by municipality and HSDU

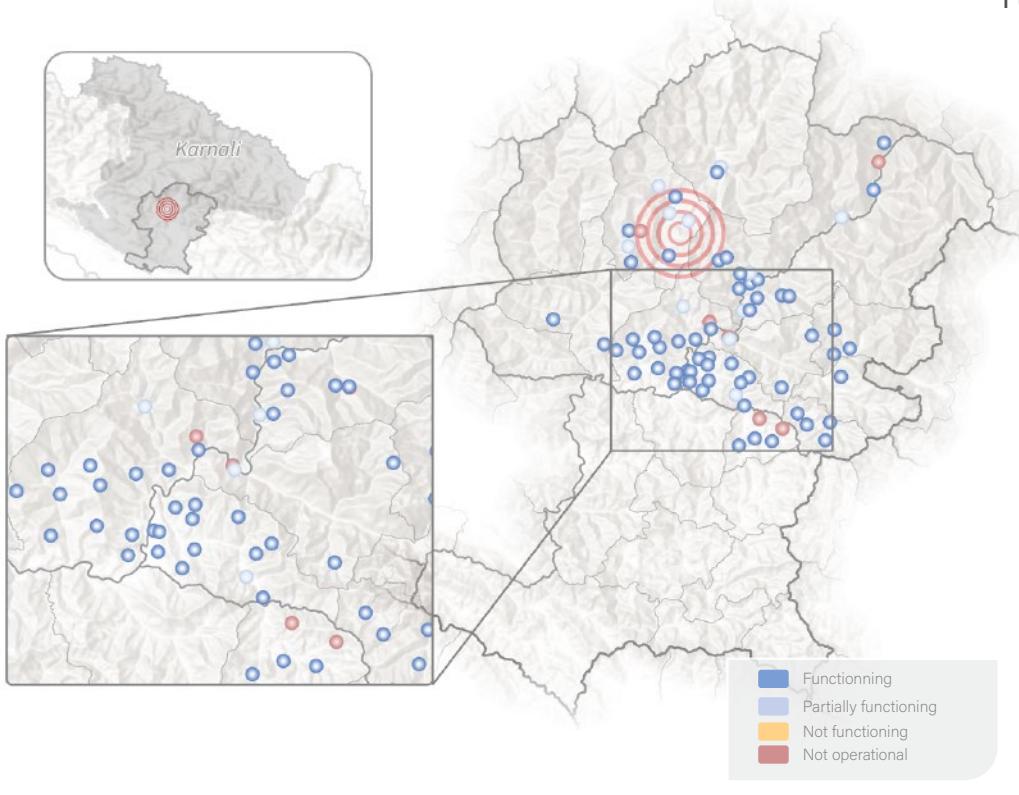
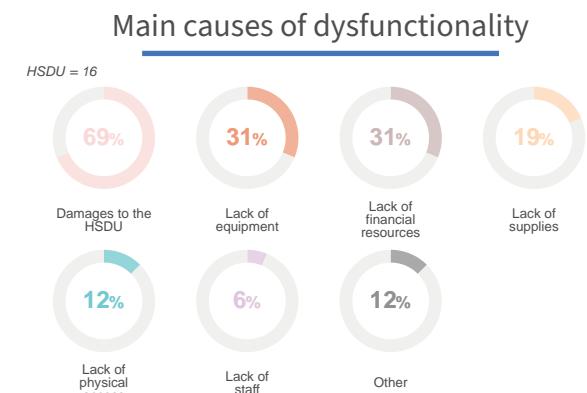
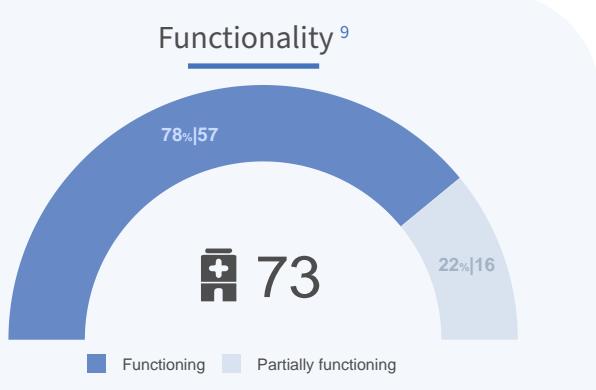


No barriers reported

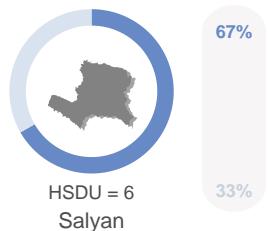
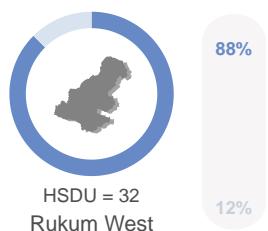
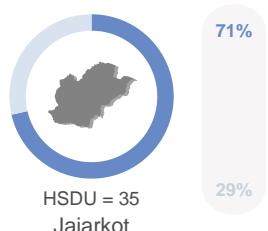
- Meteorological and hydrological event
- Jajarkot earthquake 2023
- Insecurity
- Industrial incidents
- Lack of maintenance
- Other



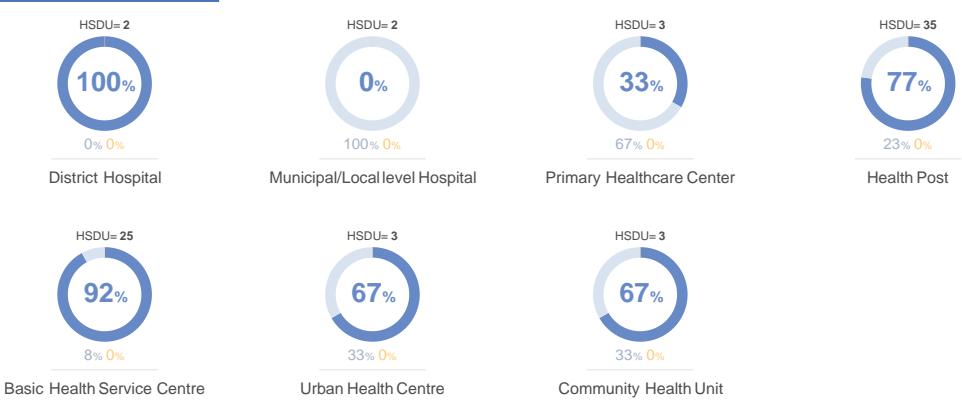
# FUNCTIONALITY



### Functionality by district



### Functionality by HSDU type



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



Jajarkot

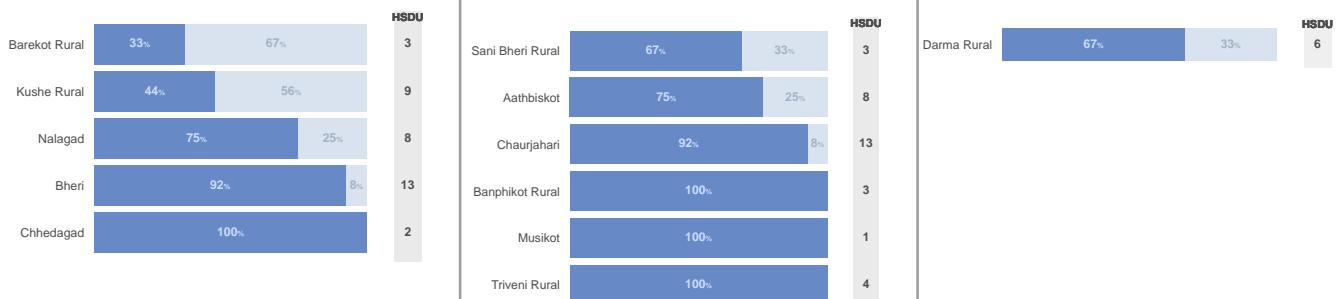


Rukum West

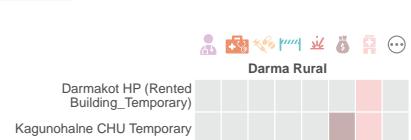
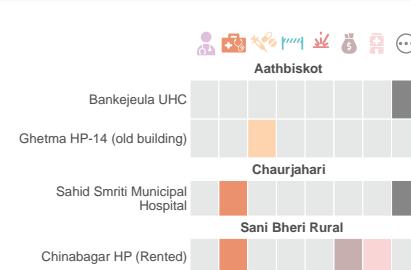
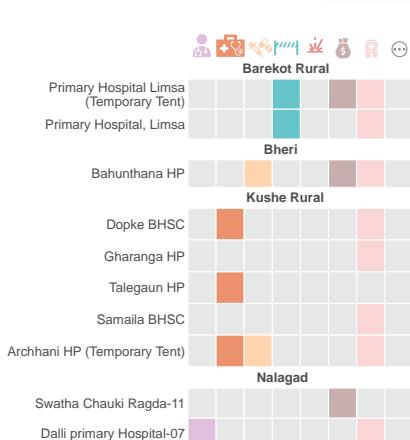


Salyan

### Functionality by municipality

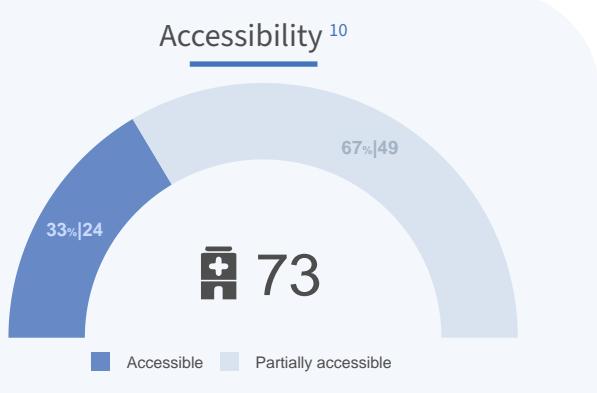


### Main causes of dysfunctionality by municipality and HSDU

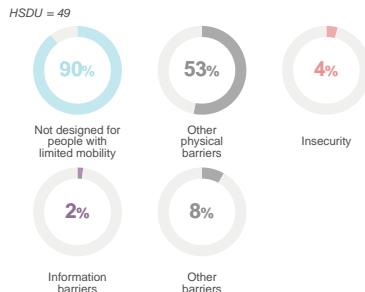


- Lack of staff
- Lack of equipment
- Lack of supplies
- Lack of physical access
- Insecurity
- Lack of financial resources
- Damages to the HSDU
- Other

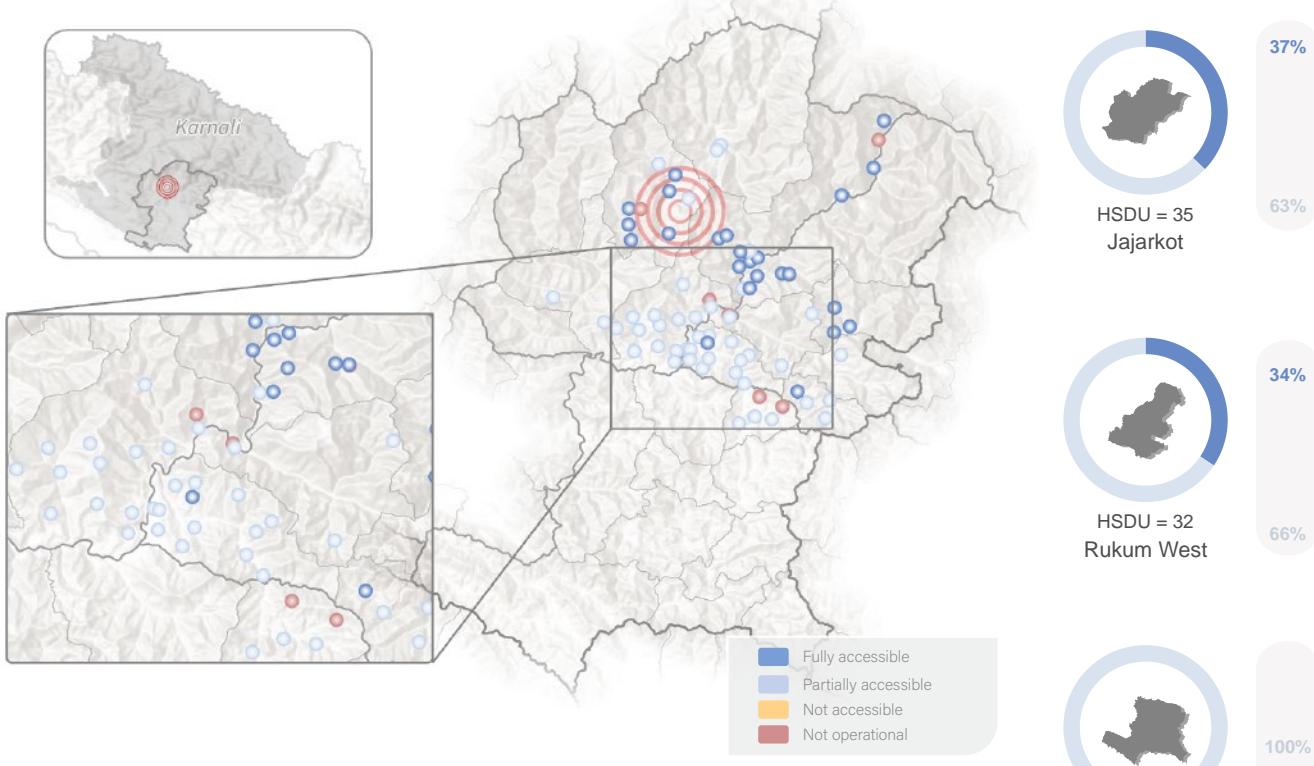
# ↗️ ACCESSIBILITY



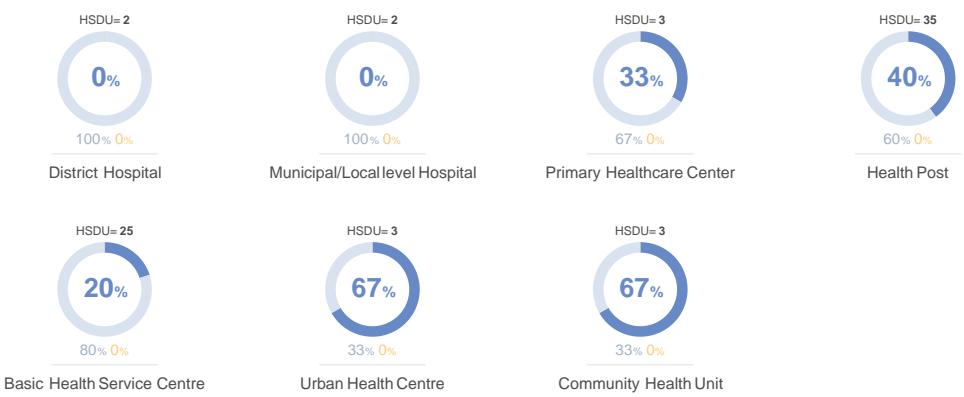
### Main causes of inaccessibility



### Accessibility by district



### Accessibility by HSDU type



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



Jajarkot

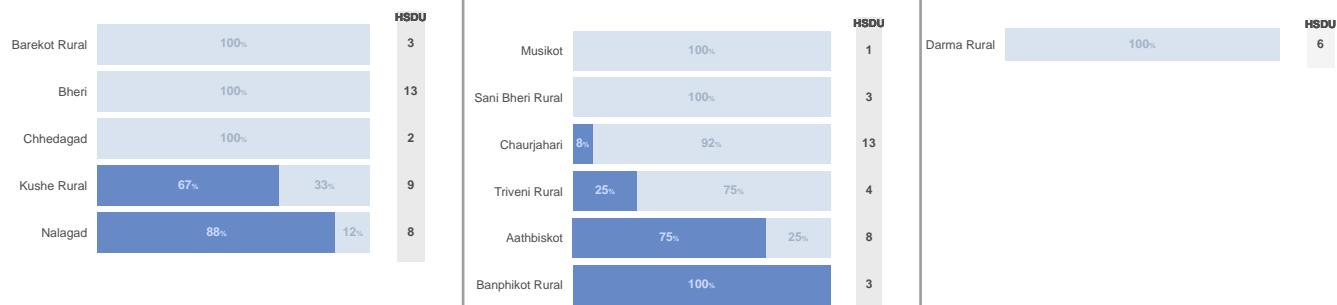


Rukum West

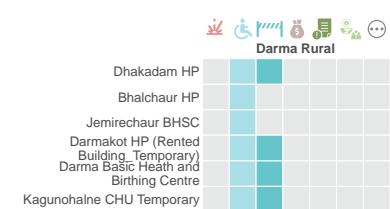
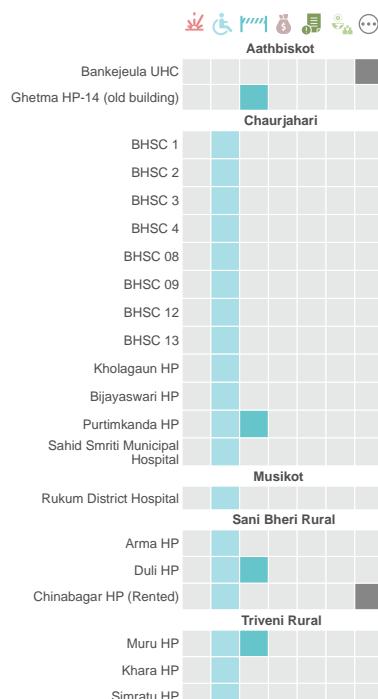
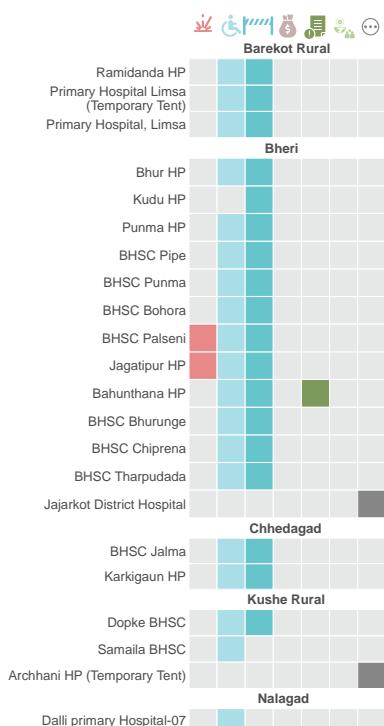


Salyan

### Accessibility by municipality



### Main causes of inaccessibility by municipality and HSDU

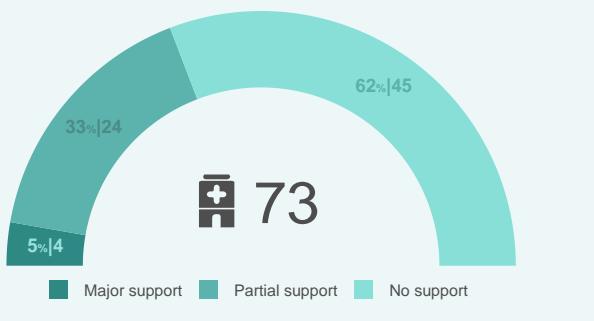


- Insecurity
- Not designed for people with limited mobility
- Other physical barriers
- Financial barriers such as user-fees
- Information barriers
- Acceptability constraints
- Other barriers

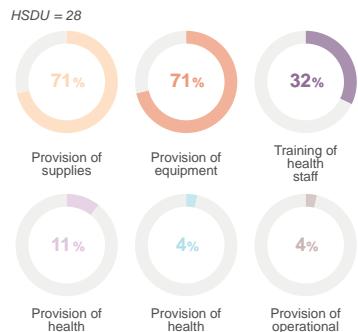


# PARTNER SUPPORT

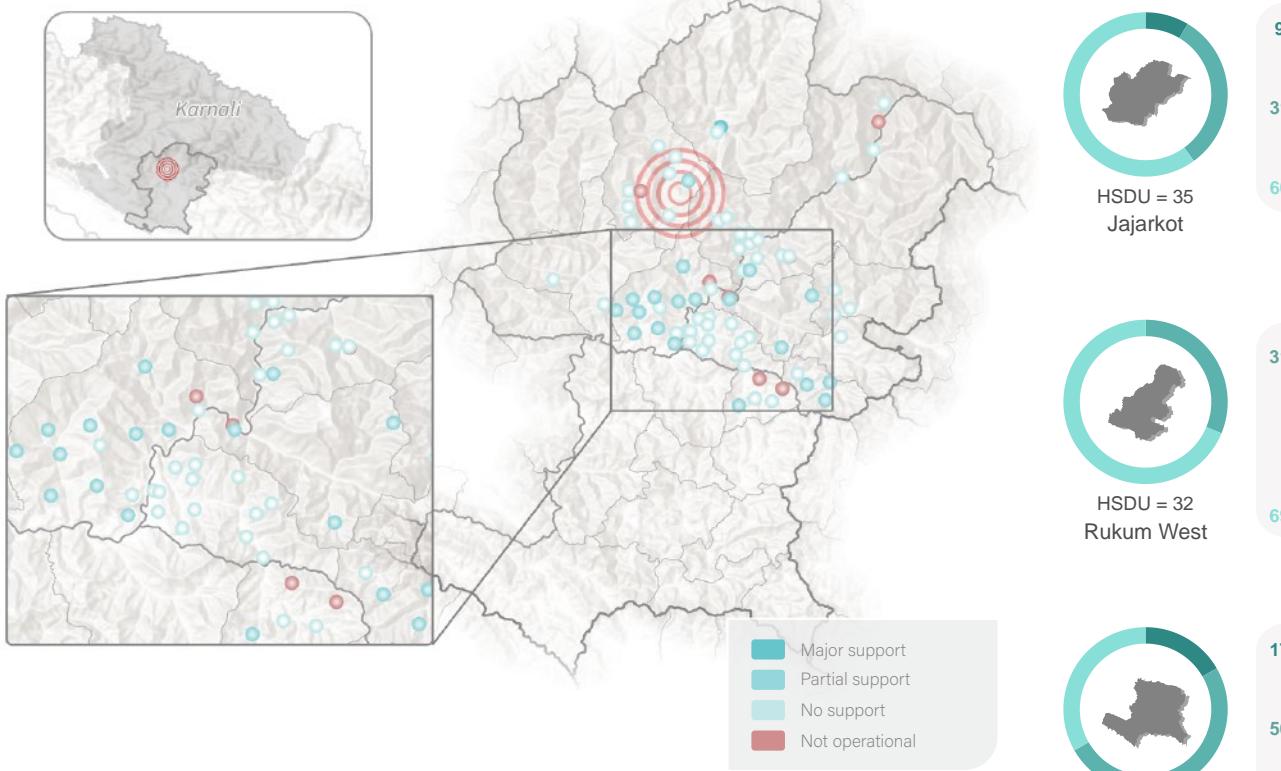
## Level of support provided by partners <sup>11</sup>



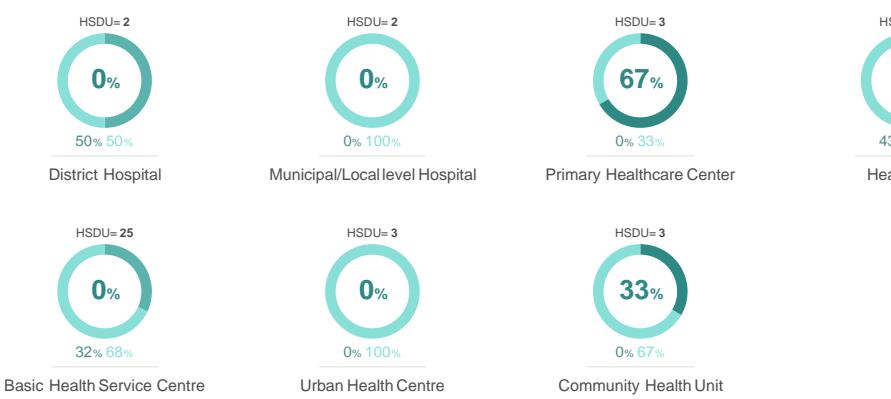
## Main types of support received by health facilities



## Level of support provided by partners by district



## Level of support provided by partners by HSDU type



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



Jajarkot

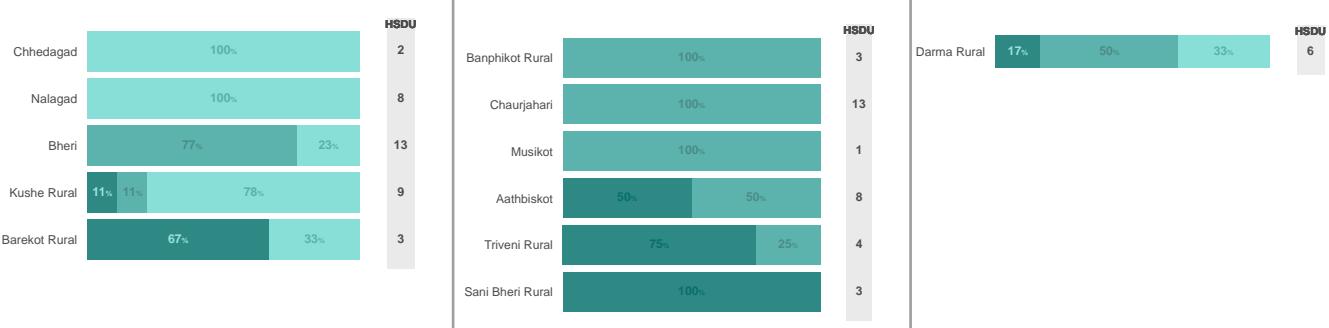


Rukum West

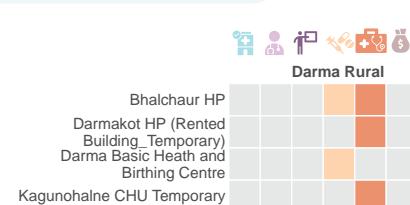
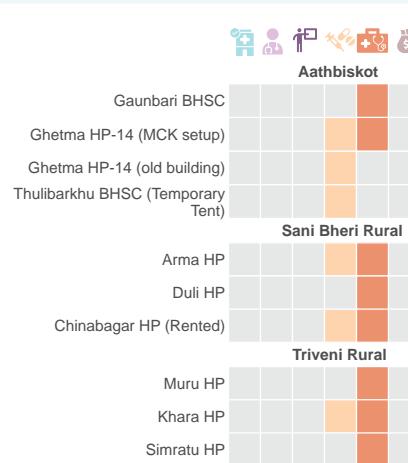
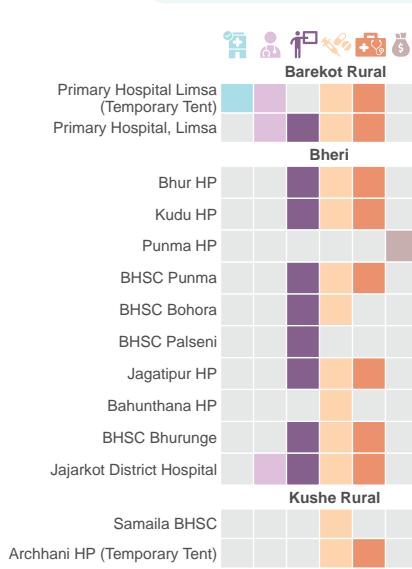


Salyan

## Level of support provided by partners by municipality



## Main types of support received by health facilities by municipality and HSDU

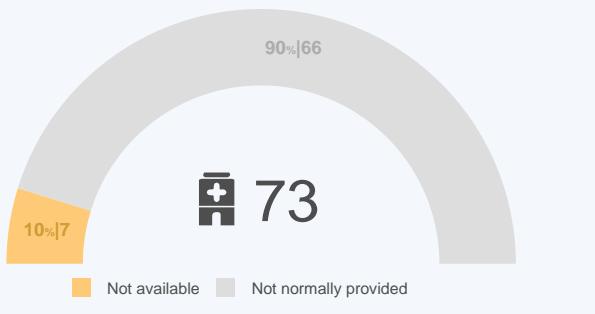


- Provision of health services
- Provision of health staff
- Training of health staff
- Provision of supplies
- Provision of equipment
- Provision of operational costs

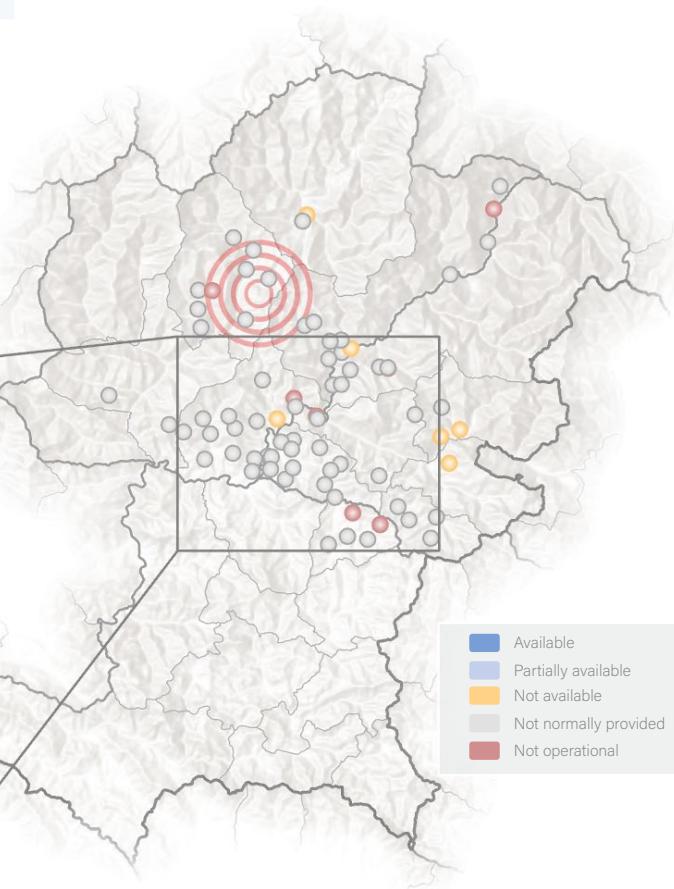
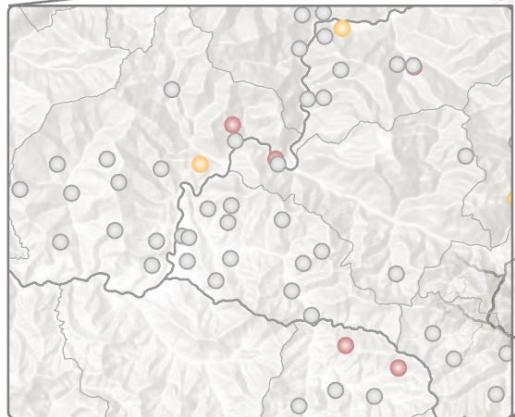
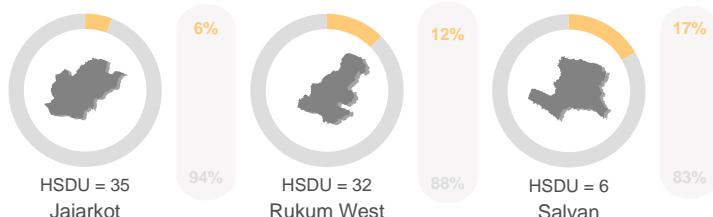
# INPATIENT BED CAPACITY

## Intensive care unit beds

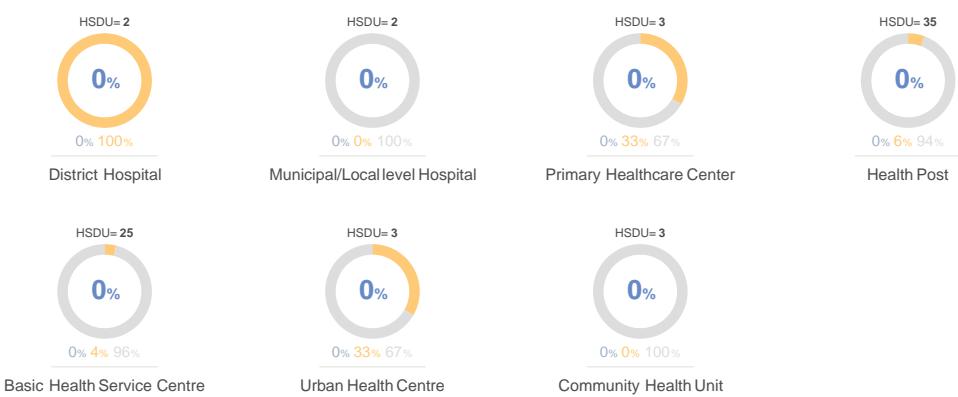
### Availability of ICU beds <sup>12</sup>



### Availability of ICU beds by district



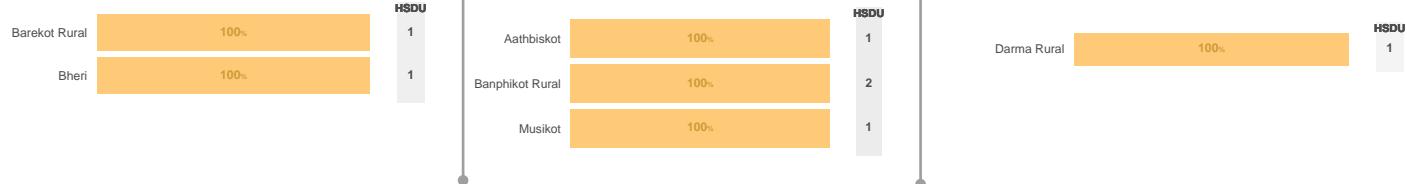
### Availability of ICU beds by HSDU type



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



#### Availability of ICU beds by municipality\*



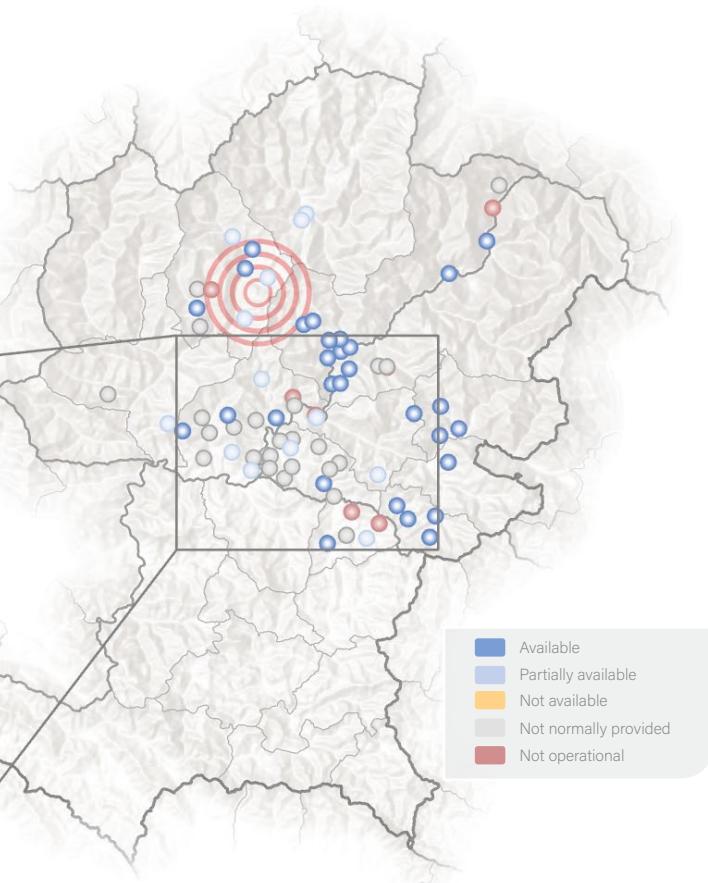
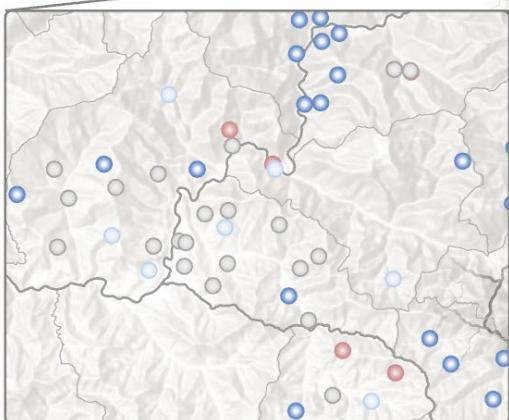
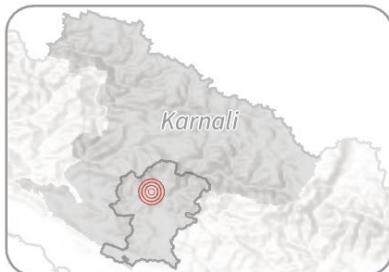
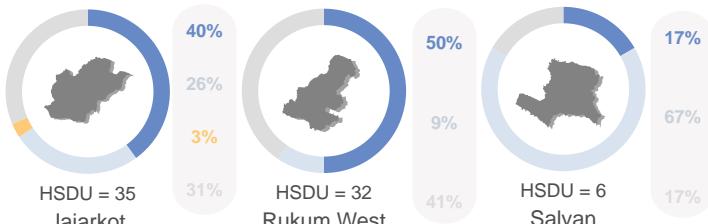
\* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

# Maternity beds

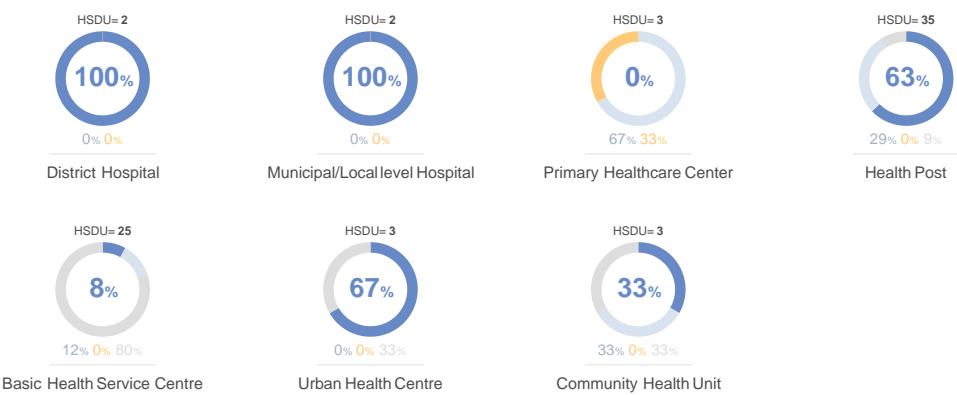
## Availability of maternity beds <sup>13</sup>



## Availability of maternity beds by district



## Availability of maternity beds by HSDU type



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



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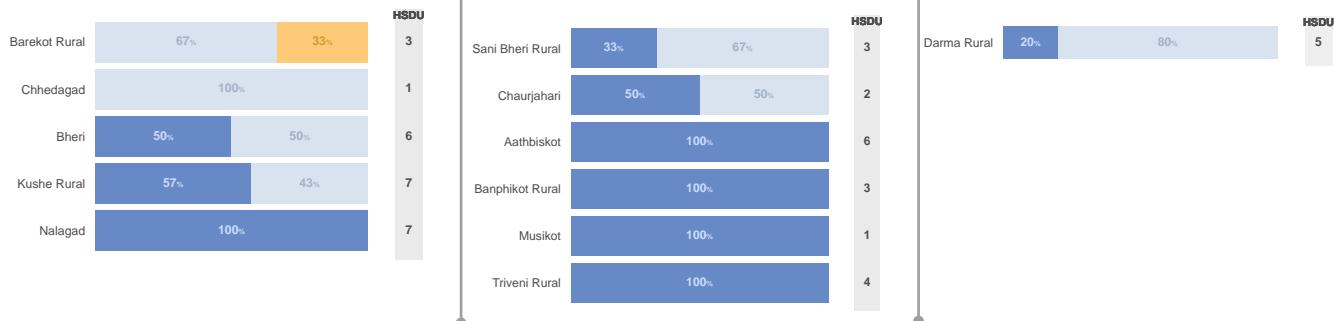


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### Availability of maternity beds by municipality\*



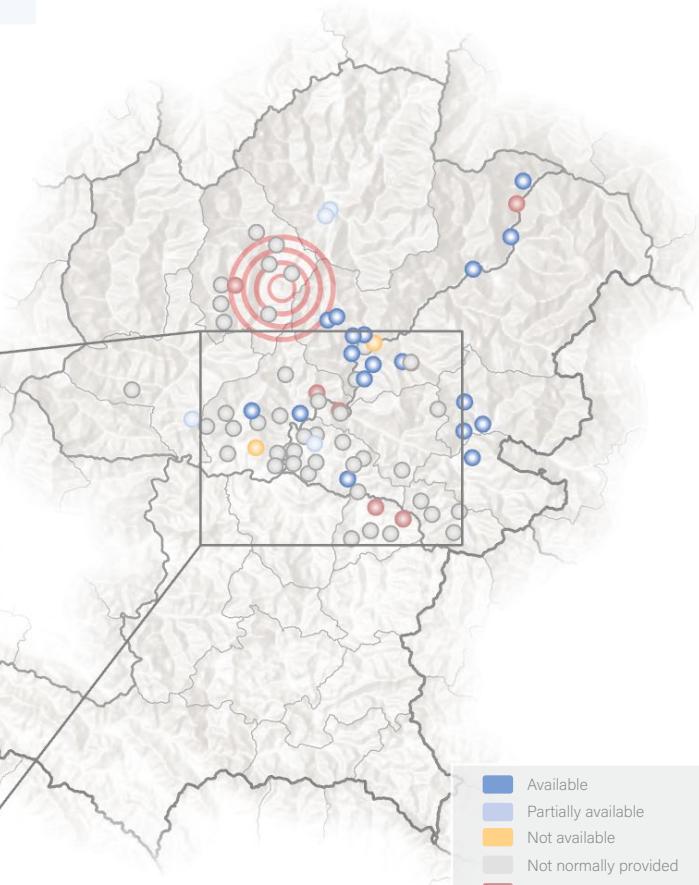
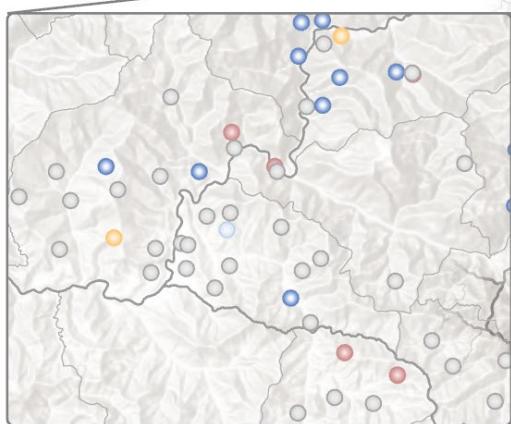
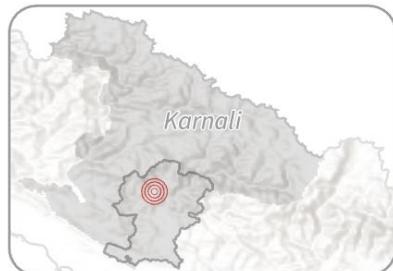
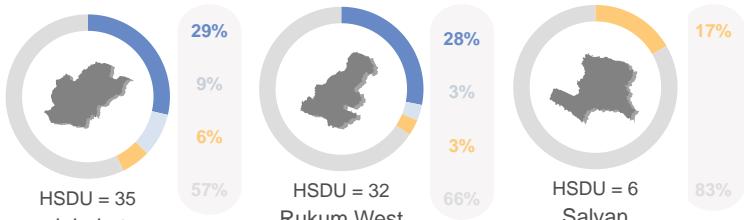
\* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.

# General inpatient beds

Availability of general inpatient beds <sup>14</sup>

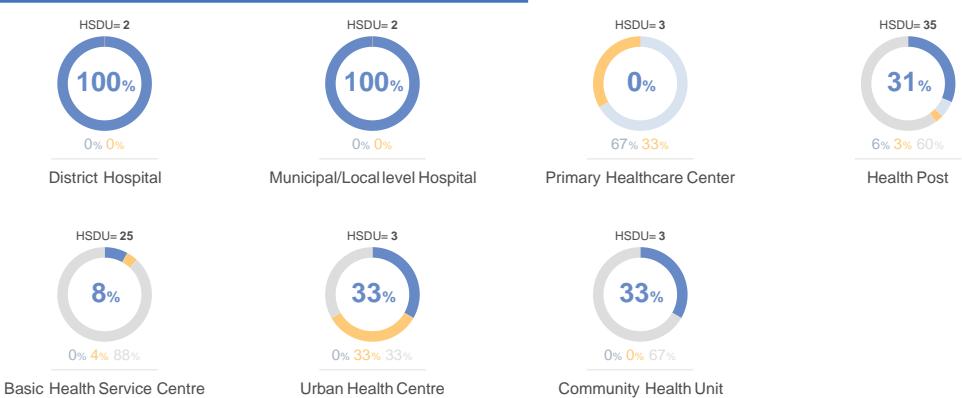


Availability of general inpatient beds by district



Legend: Available (blue), Partially available (light blue), Not available (orange), Not normally provided (grey), Not operational (red)

Availability of general inpatient beds by HSDU type



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



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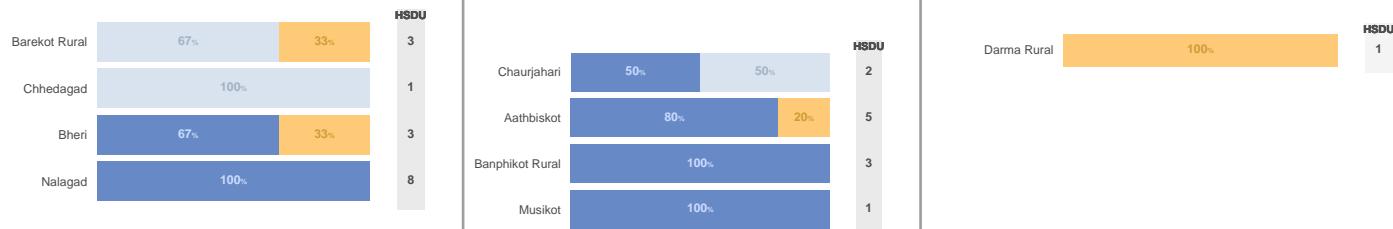


Rukum West

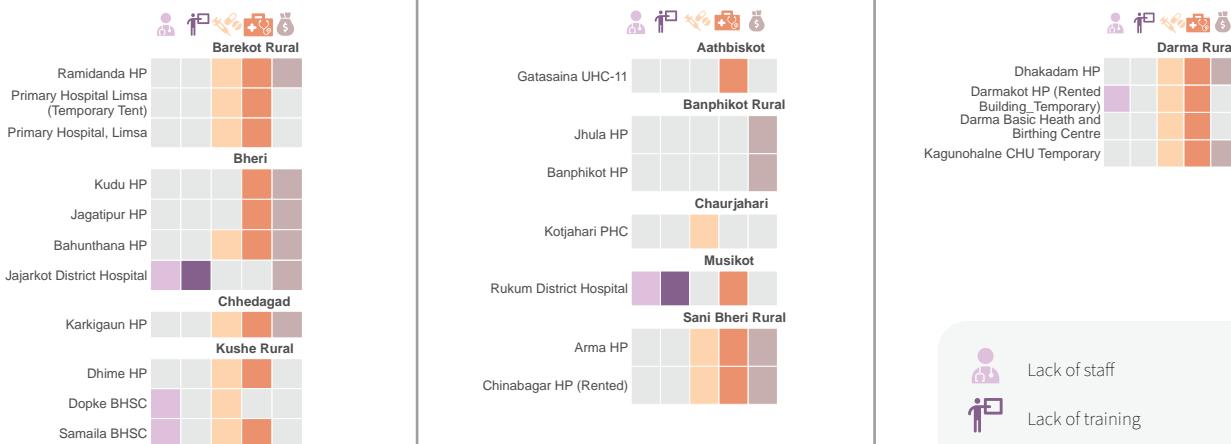


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### Availability of general inpatient beds by municipality\*



### Barriers impeding inpatient bed capacity\*\*



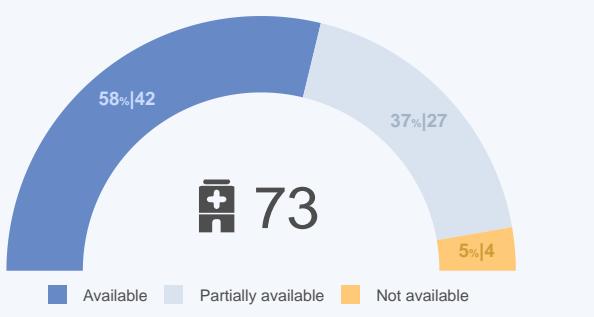
- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

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

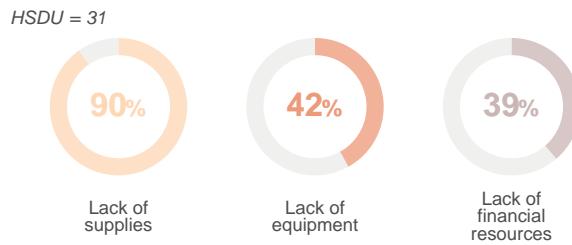
\*\* Graphs includes the barriers for all inpatient bed categories

# WATER

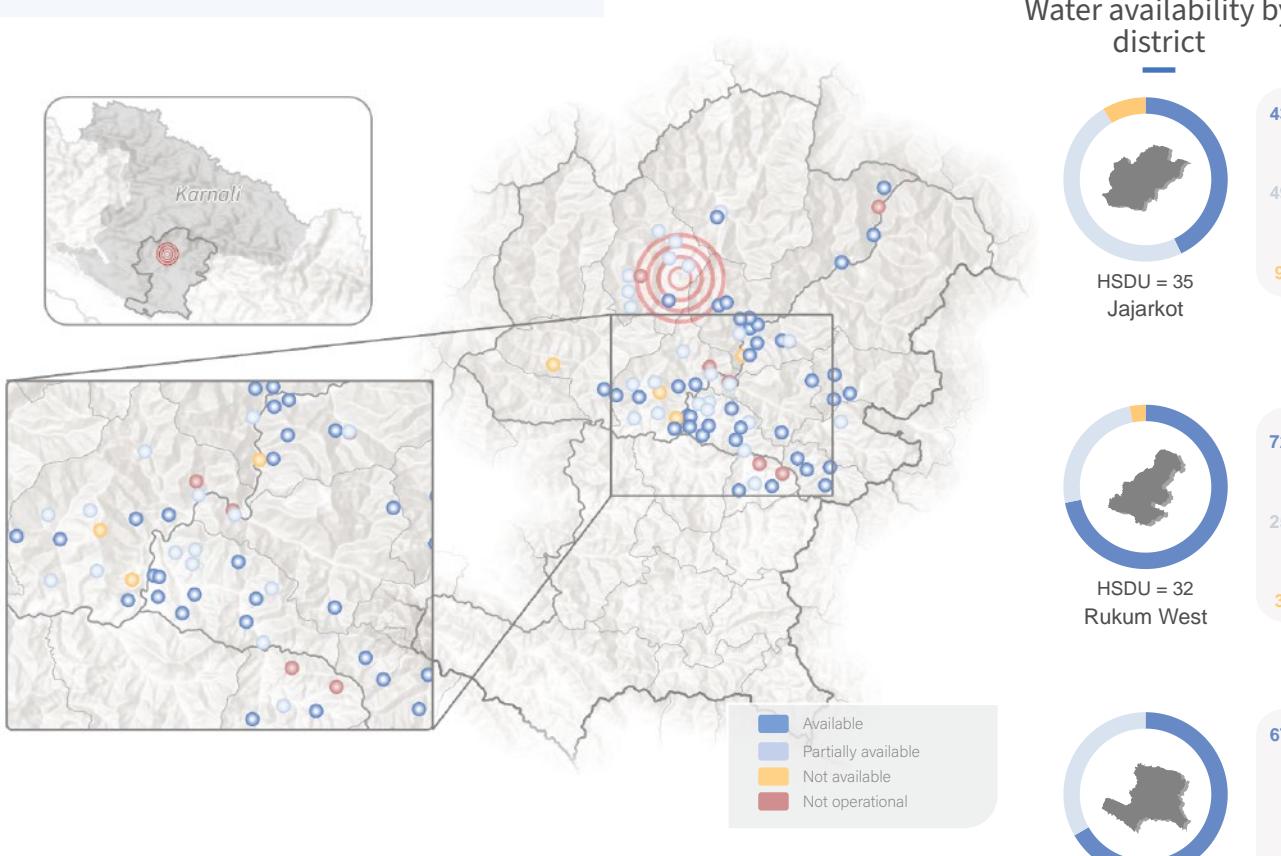
## Water availability<sup>15</sup>



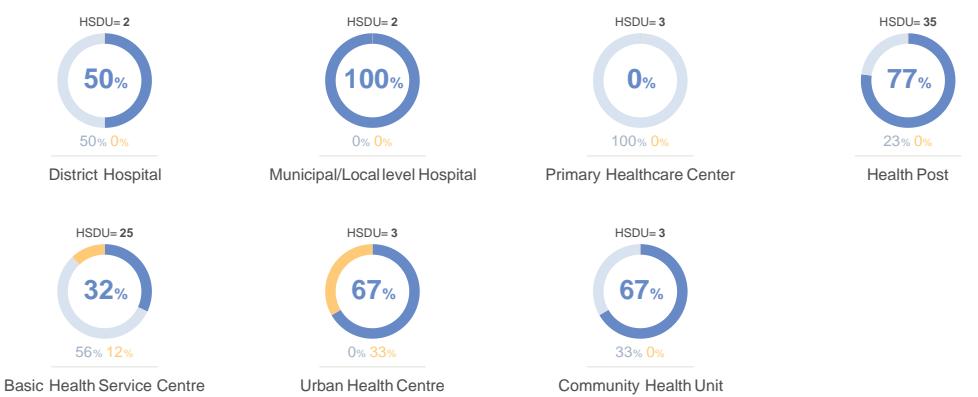
## Main reasons of unavailability



## Water availability by district



## Water availability by HSDU type



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



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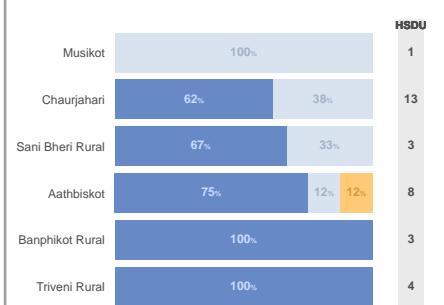
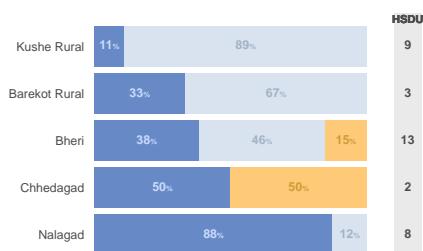


Rukum West

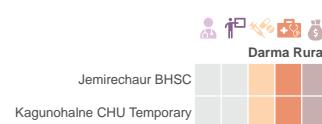
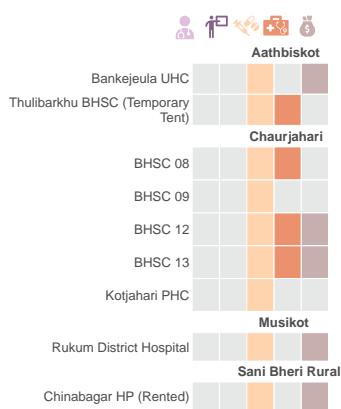
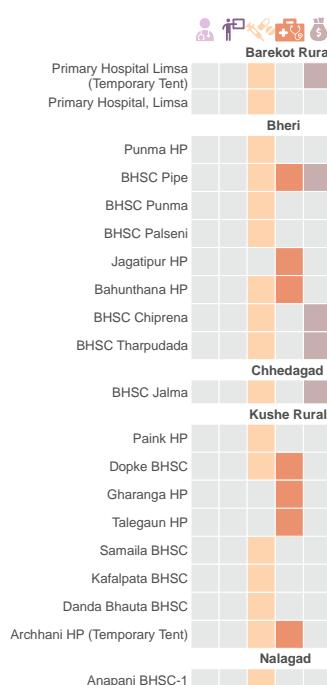


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### Water availability by municipality

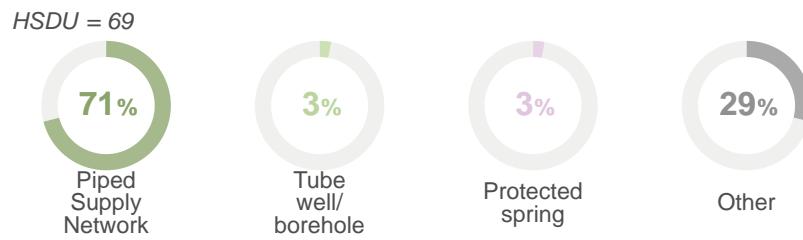


### Main reasons of unavailability by municipality and HSDU

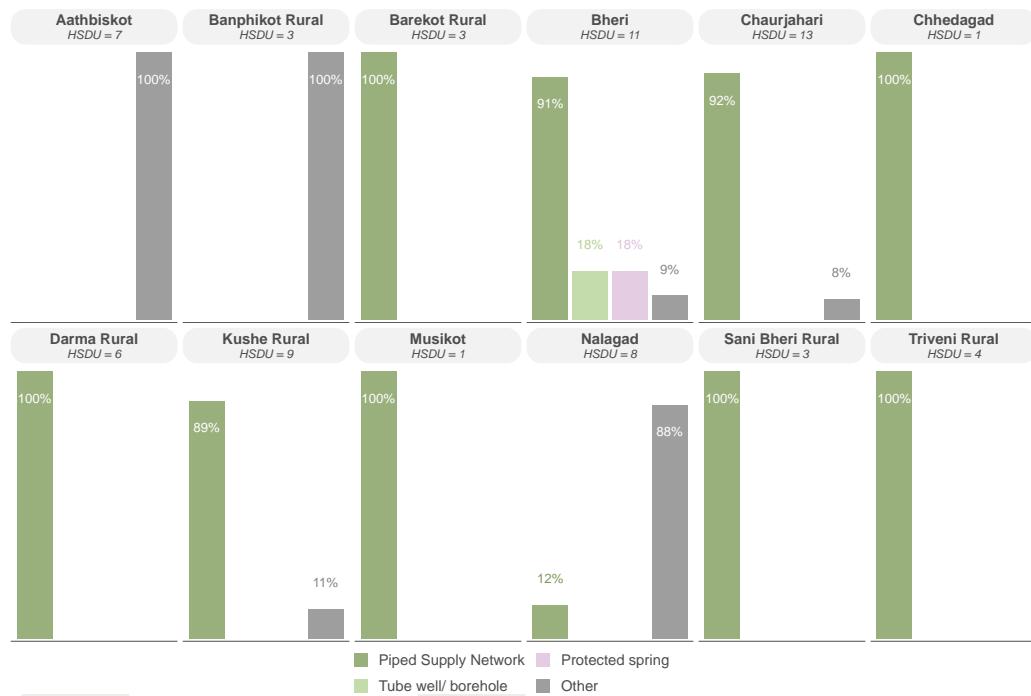


- Lack of staff
- Lack of staff training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

### Main water sources



### Main water sources by municipality

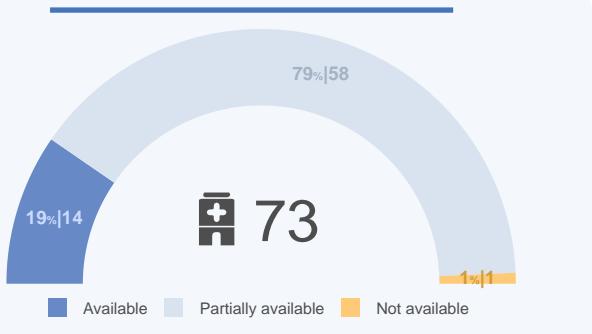




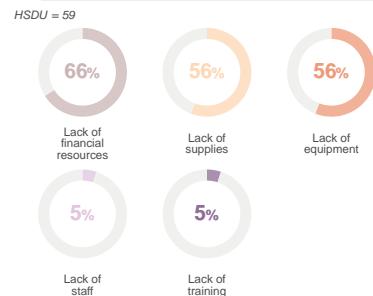


# SANITATION FACILITIES

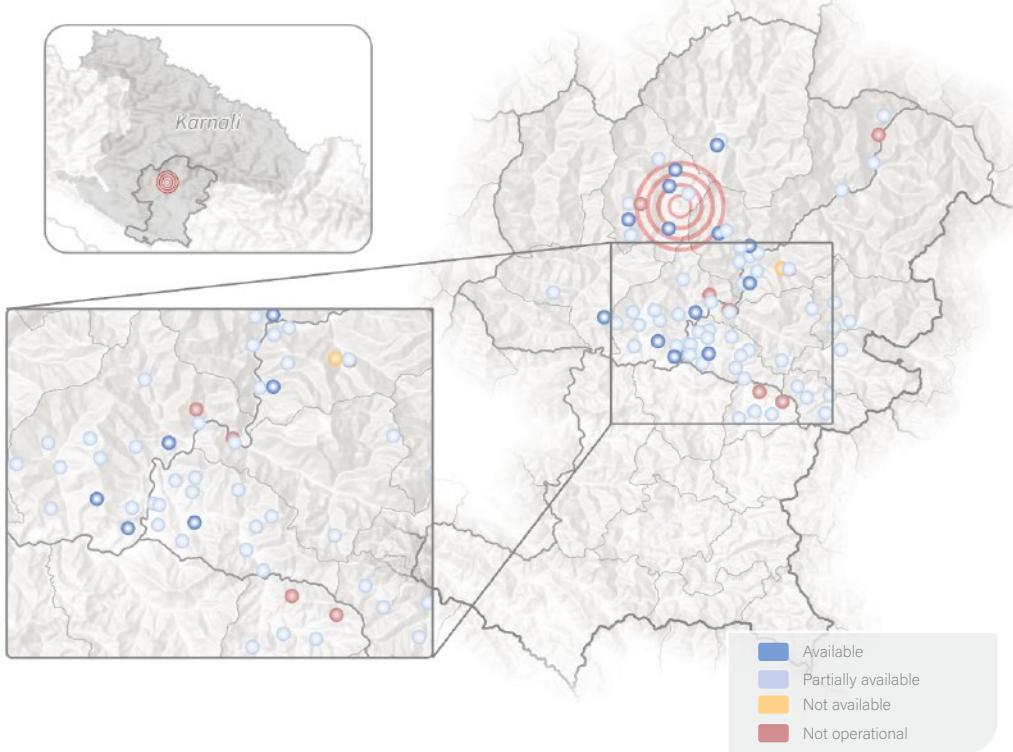
## Availability of sanitation facilities<sup>16</sup>



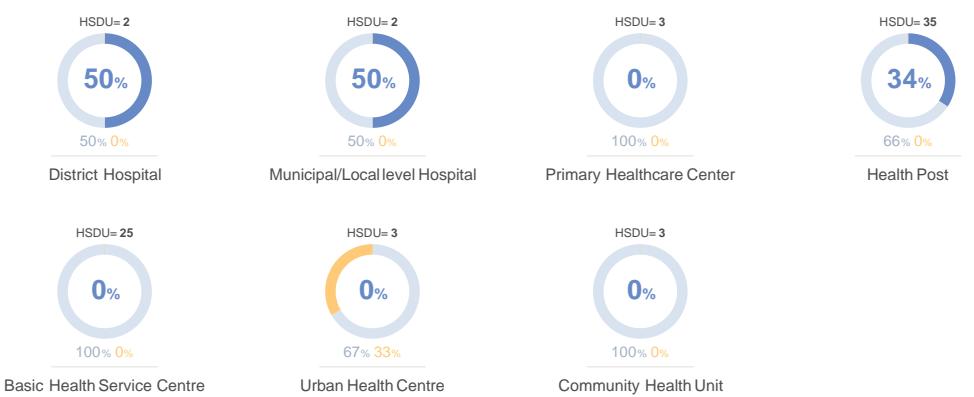
## Main reasons of unavailability



## Availability of sanitation facilities by district



## Availability of sanitation facilities by HSDU type



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



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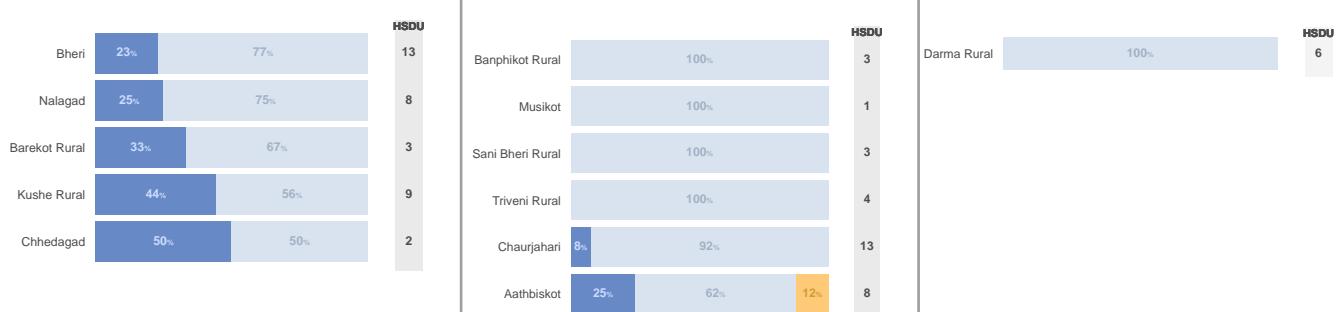


Rukum West



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### Availability of sanitation facilities by municipality

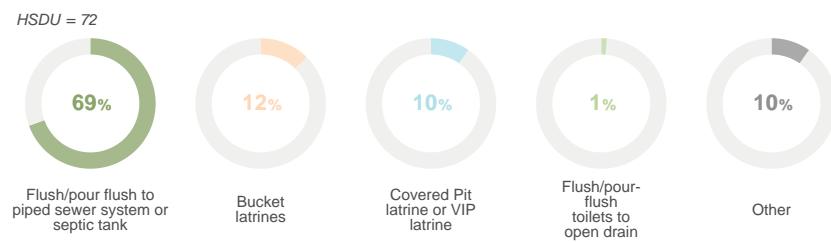


### Main reasons of unavailability by municipality and HSDU

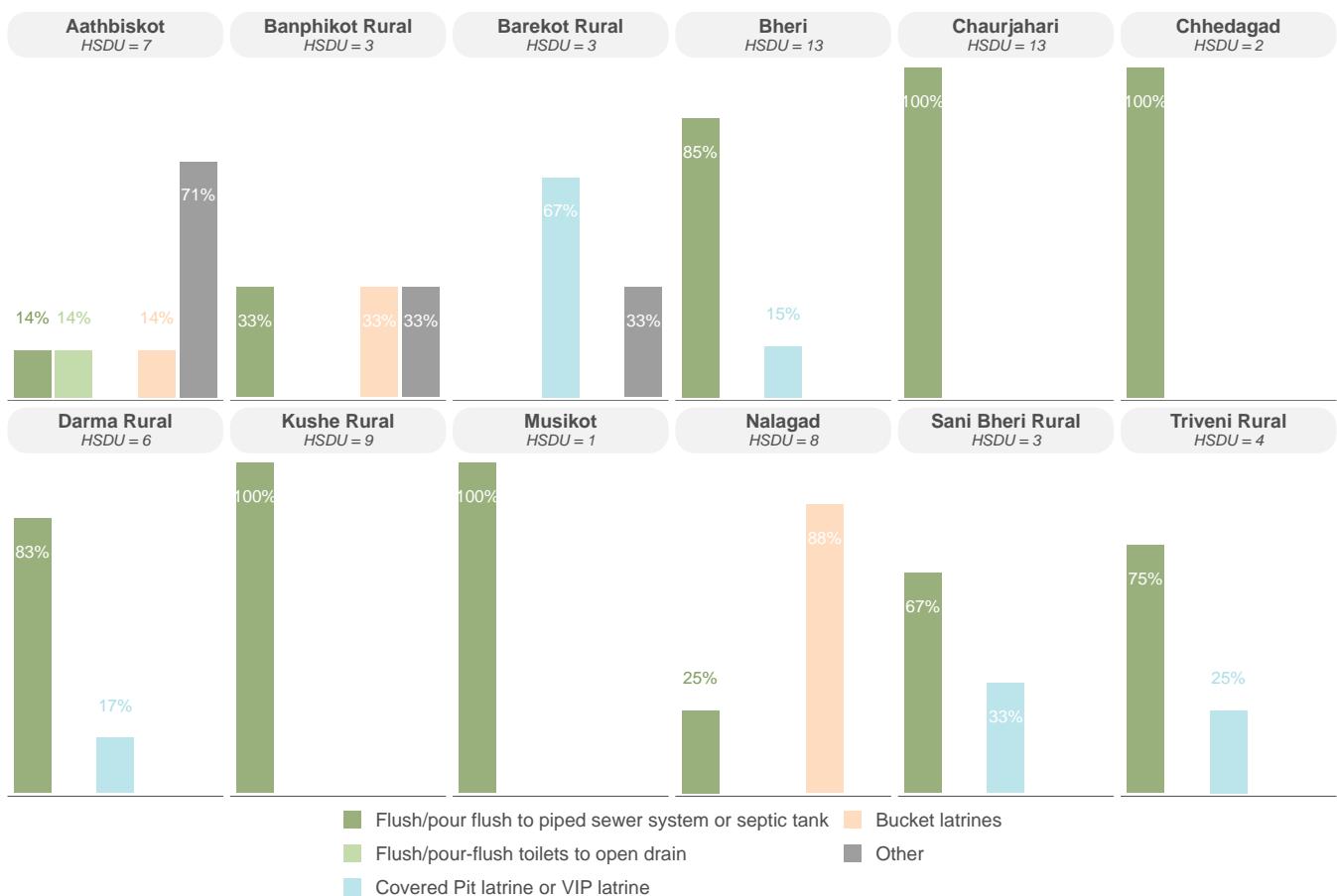


- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

### Types of sanitation facilities

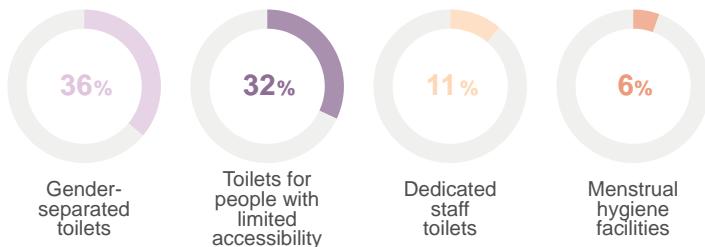


### Types of sanitation facilities by municipality



### Sanitation facilities accessibility

HSDU = 72



### Sanitation facilities accessibility by municipality

**Aathbiskot**  
HSDU = 7

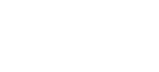
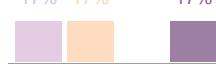
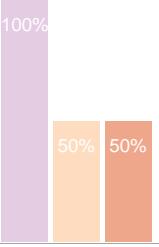
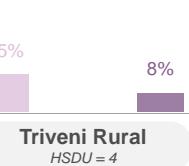
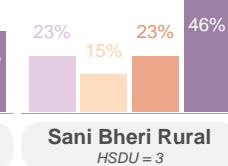
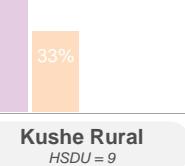
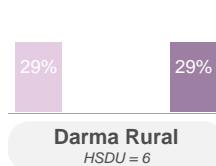
**Banphikot Rural**  
HSDU = 3

**Barekot Rural**  
HSDU = 3

**Bheri**  
HSDU = 13

**Chaurjahari**  
HSDU = 13

**Chhedagad**  
HSDU = 2



■ Gender-separated toilets ■ Menstrual hygiene facilities

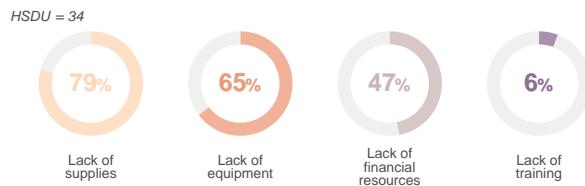
■ Dedicated staff toilets ■ Toilets for people with limited accessibility

# HAND-HYGIENE FACILITIES

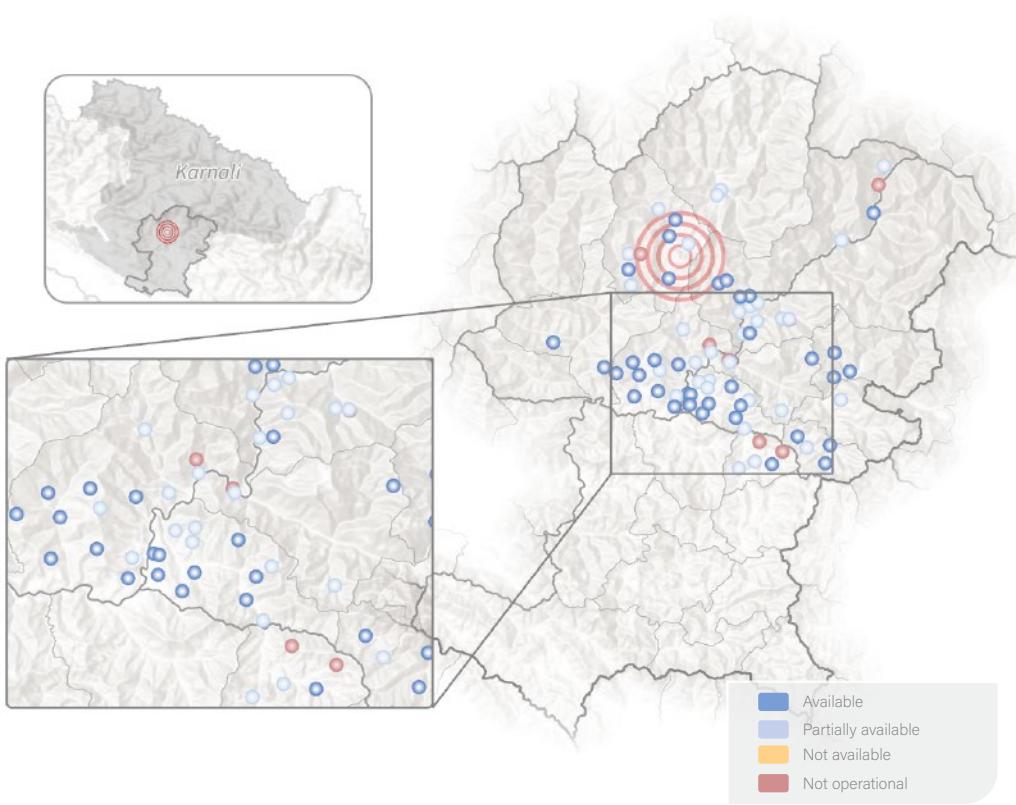
## Availability of hand-hygiene facilities <sup>17</sup>



## Main reasons of unavailability



## Availability of hand-hygiene facilities by district



## Availability of hand-hygiene facilities by HSDU type



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



## Jajarkot

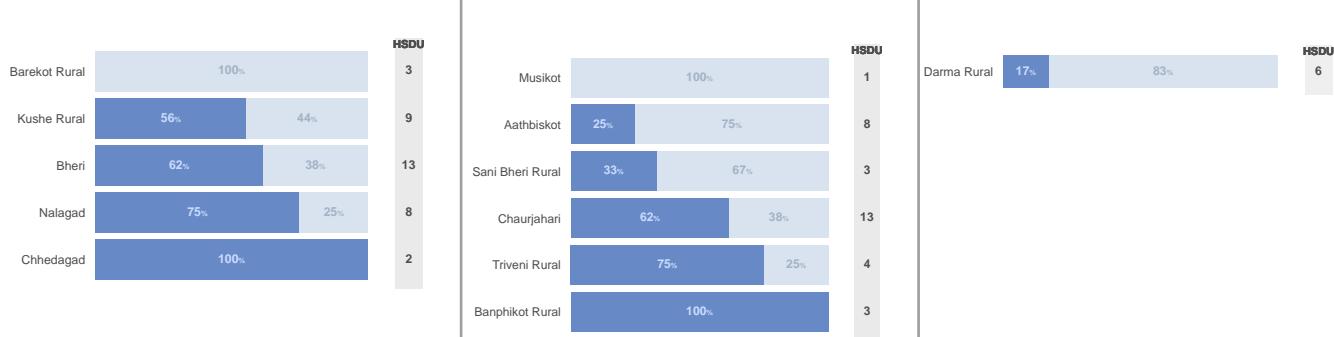


# Rukum West

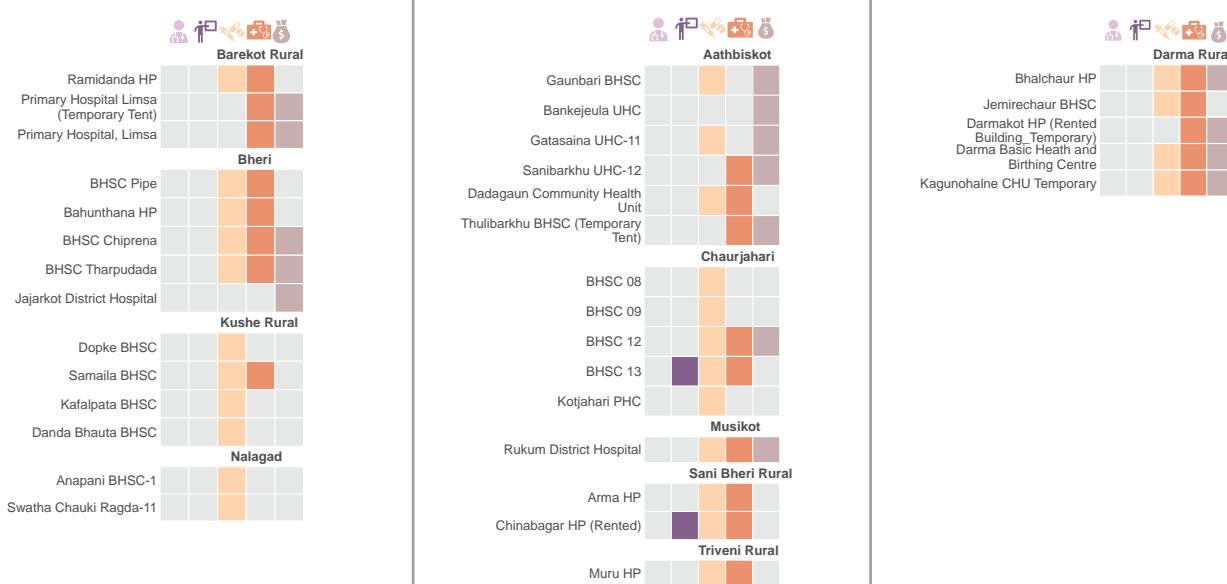


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## Availability of hand-hygiene facilities by municipality



#### Main reasons of unavailability by municipality and HSDU

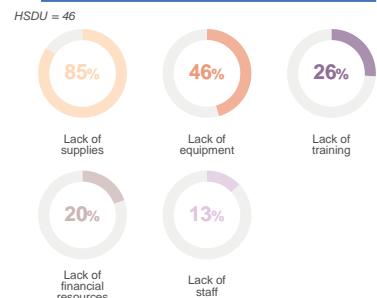


# CLEANING EQUIPMENT

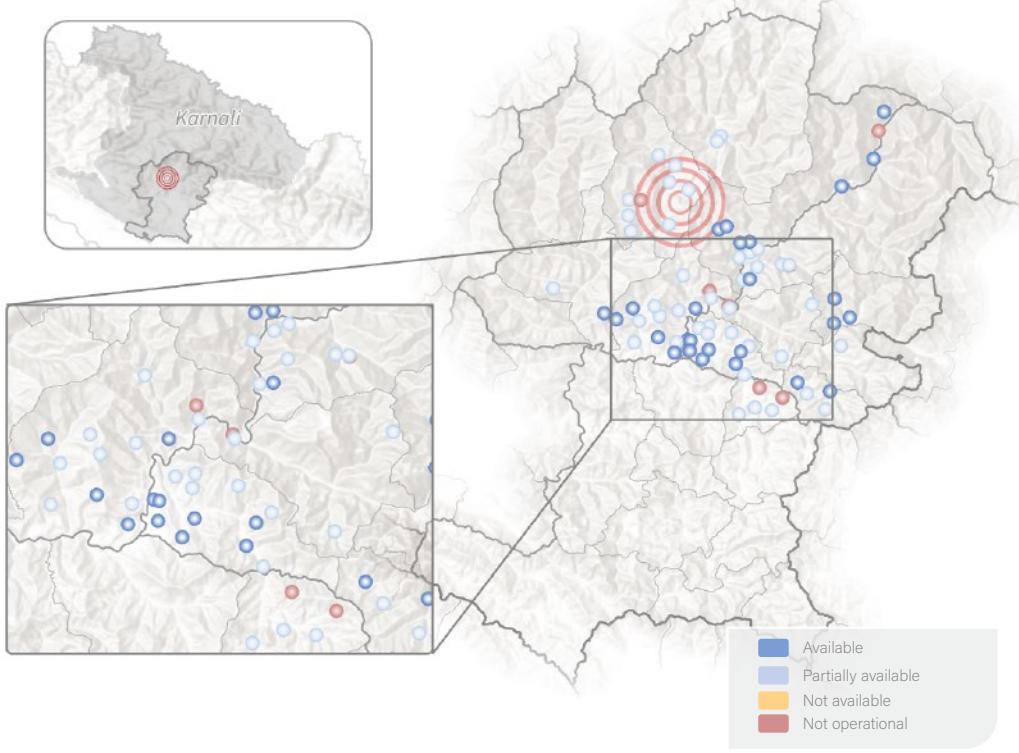
## Availability of cleaning equipment and supplies<sup>18</sup>



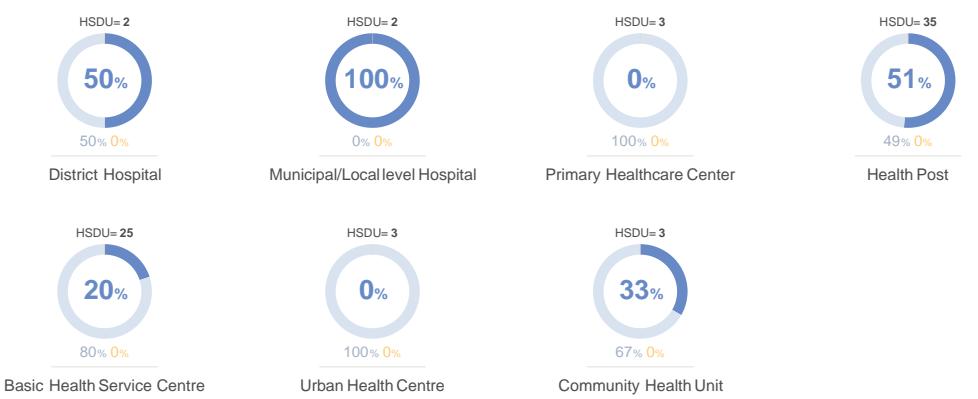
## Main reasons of unavailability



## Availability of cleaning equipment and supplies by district



## Availability of cleaning equipment and supplies by HSDU type



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



Jajarkot

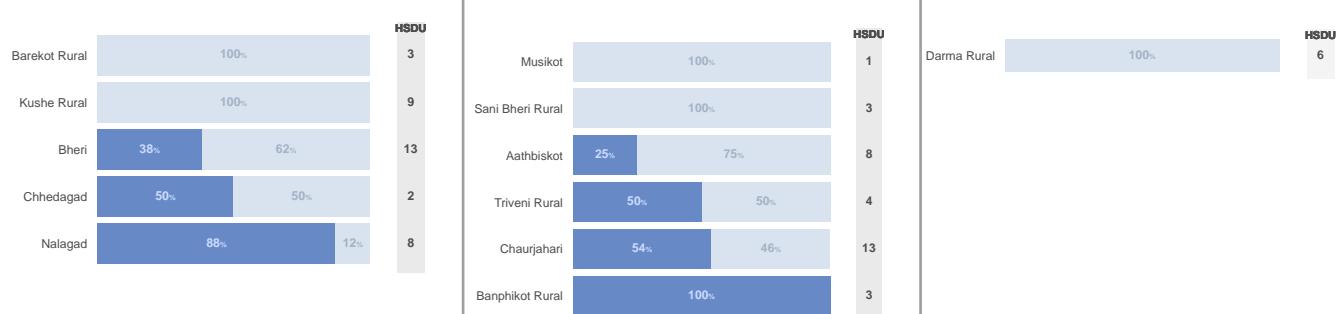


Rukum West

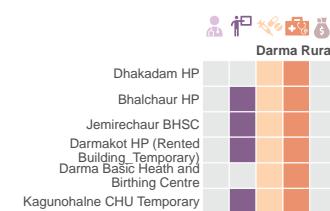
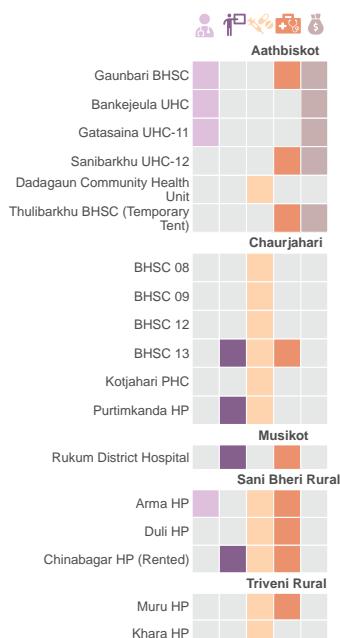
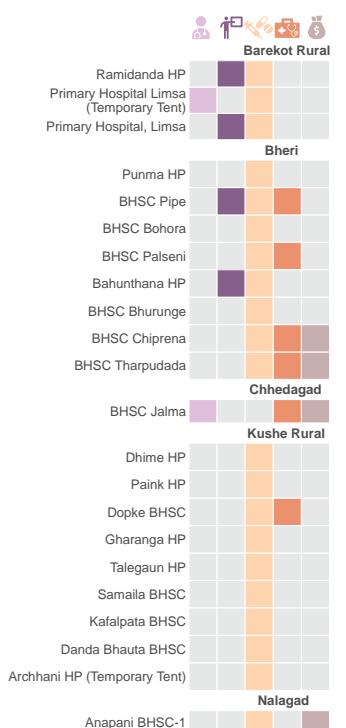


Salyan

### Availability of cleaning equipment and supplies by municipality

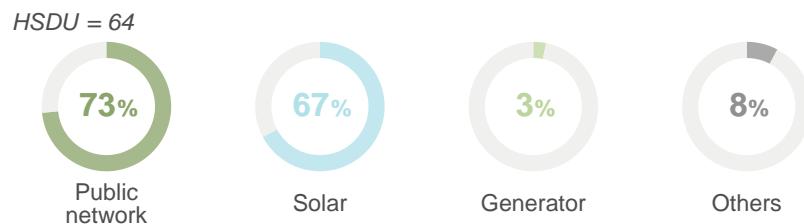


### Main reasons of unavailability by municipality and HSDU

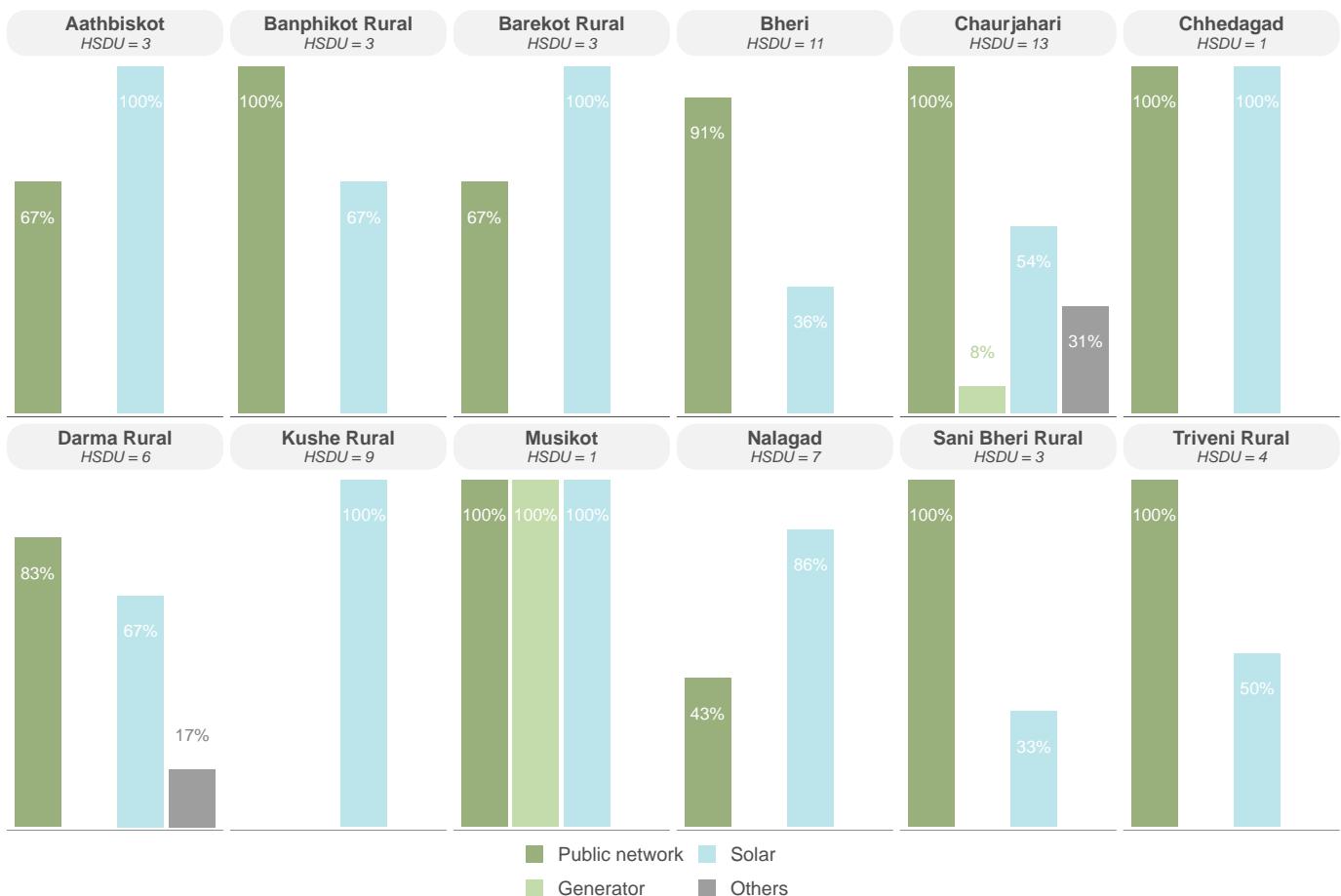


- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

### Main power sources



### Main power sources by municipality





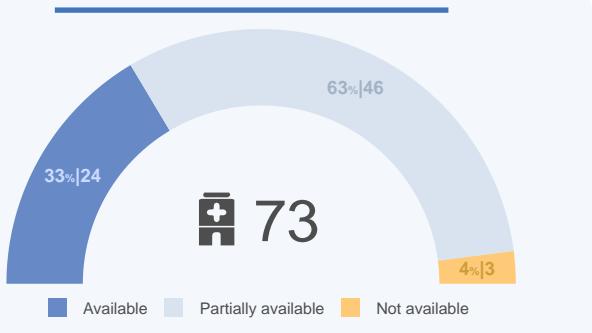


# WASTE MANAGEMENT

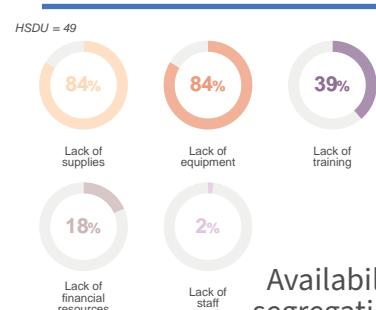


## Waste segregation

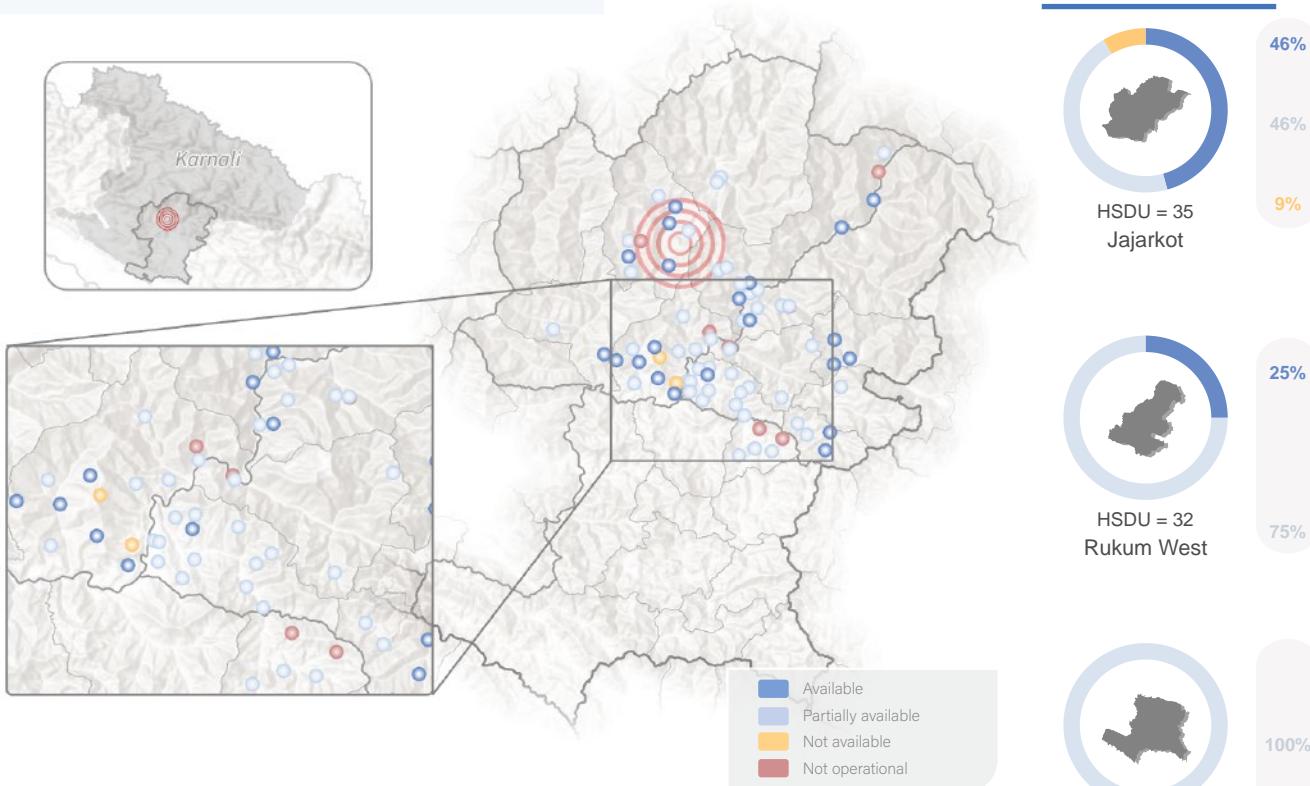
### Availability of Waste segregation <sup>19</sup>



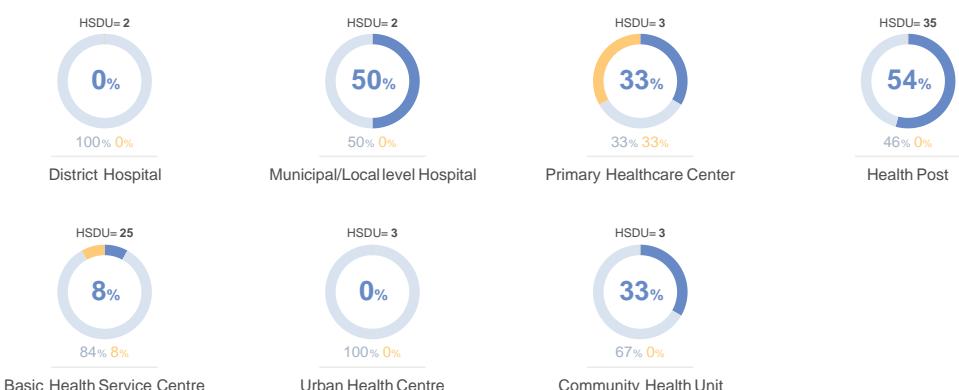
### Main reasons of unavailability



### Availability of Waste segregation by district



### Availability of Waste segregation by HSDU type



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



Jajarkot

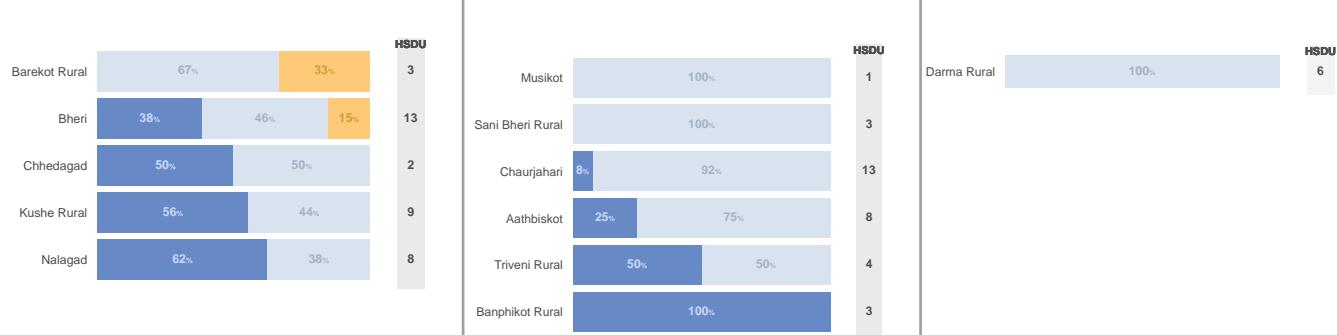


Rukum West



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### Availability of Waste segregation by municipality



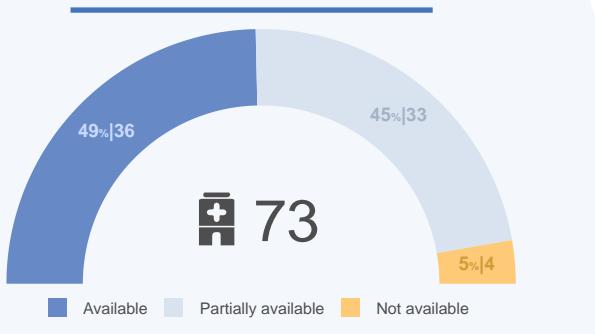
### Main reasons of unavailability by municipality and HSDU



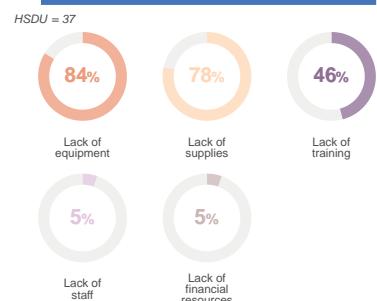
- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

## Final disposal of sharps

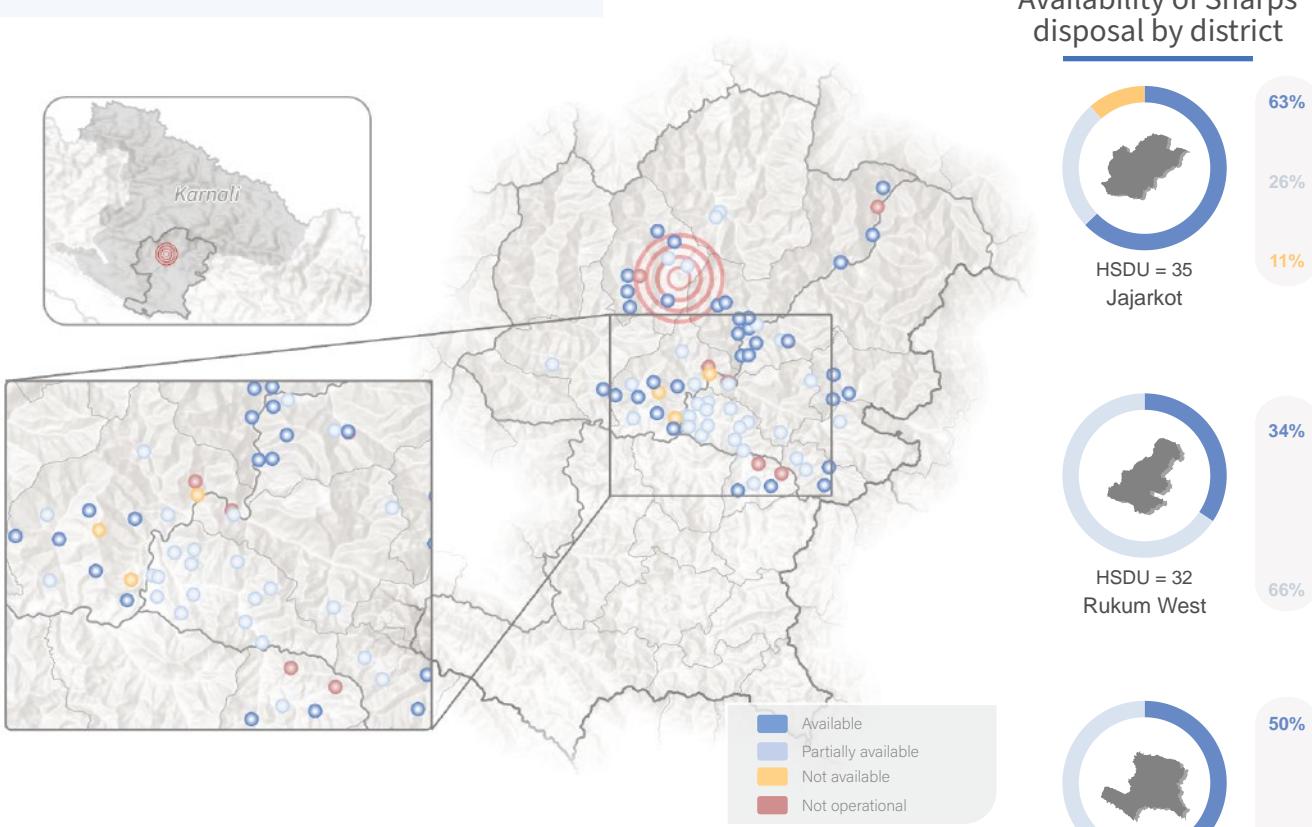
### Availability of Sharps disposal <sup>20</sup>



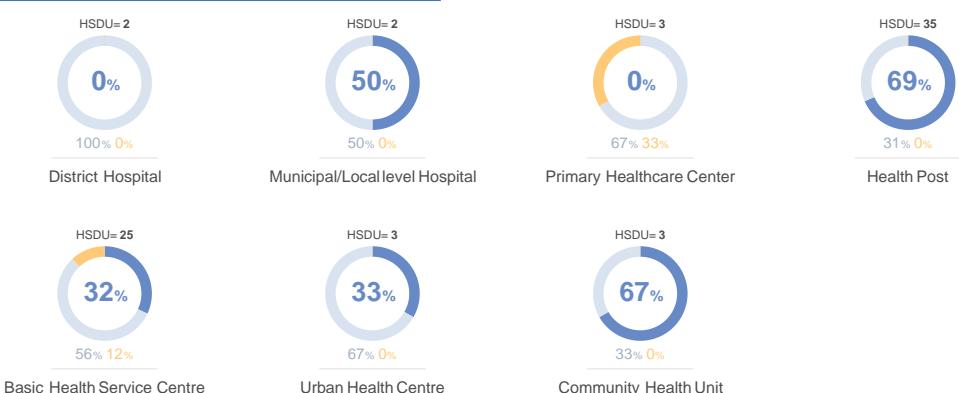
### Main reasons of unavailability



### Availability of Sharps disposal by district



### Availability of Sharps disposal by HSDU type



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



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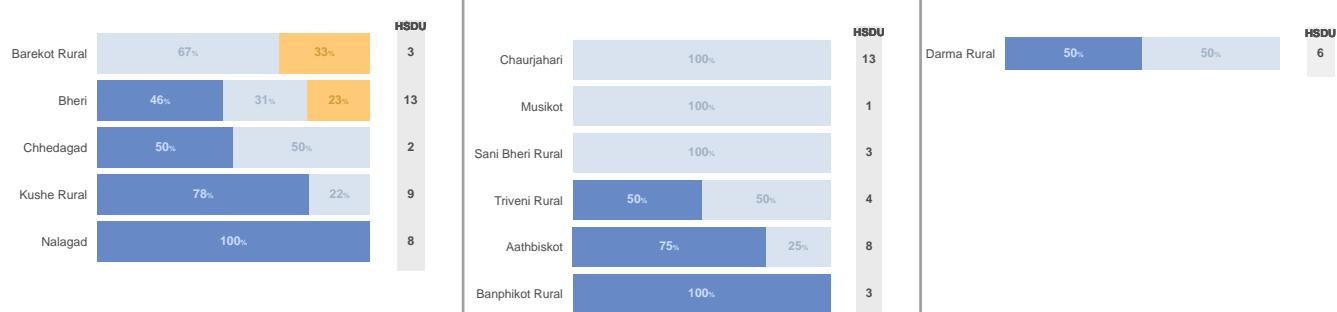


Rukum West

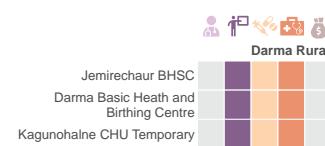
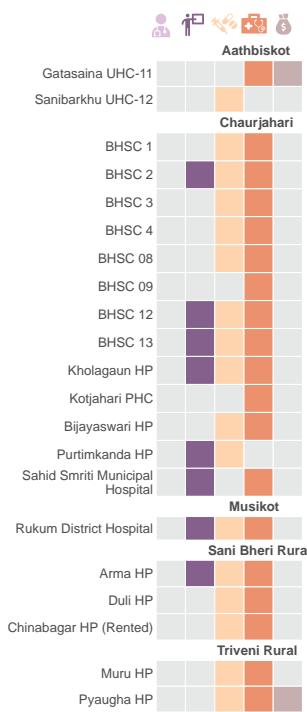
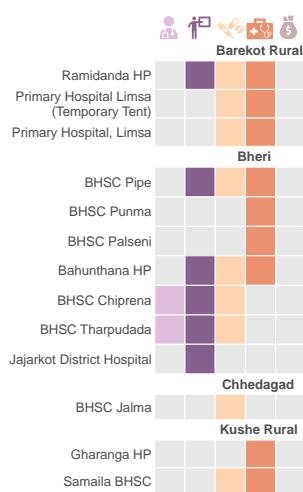


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### Availability of Sharps disposal by municipality



### Main reasons of unavailability by municipality and HSDU

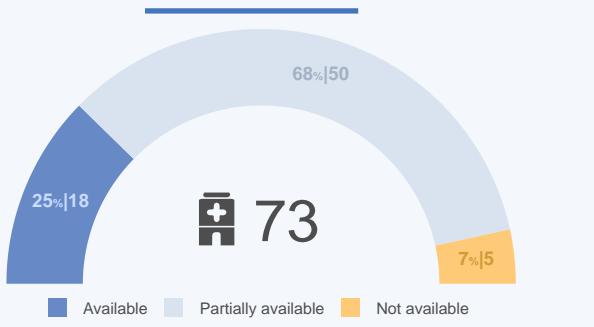


- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

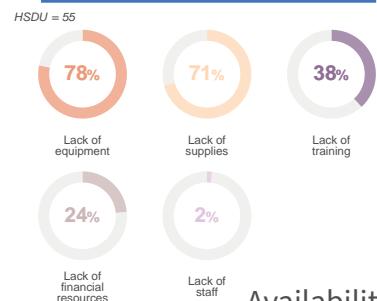


## Final disposal of infectious waste

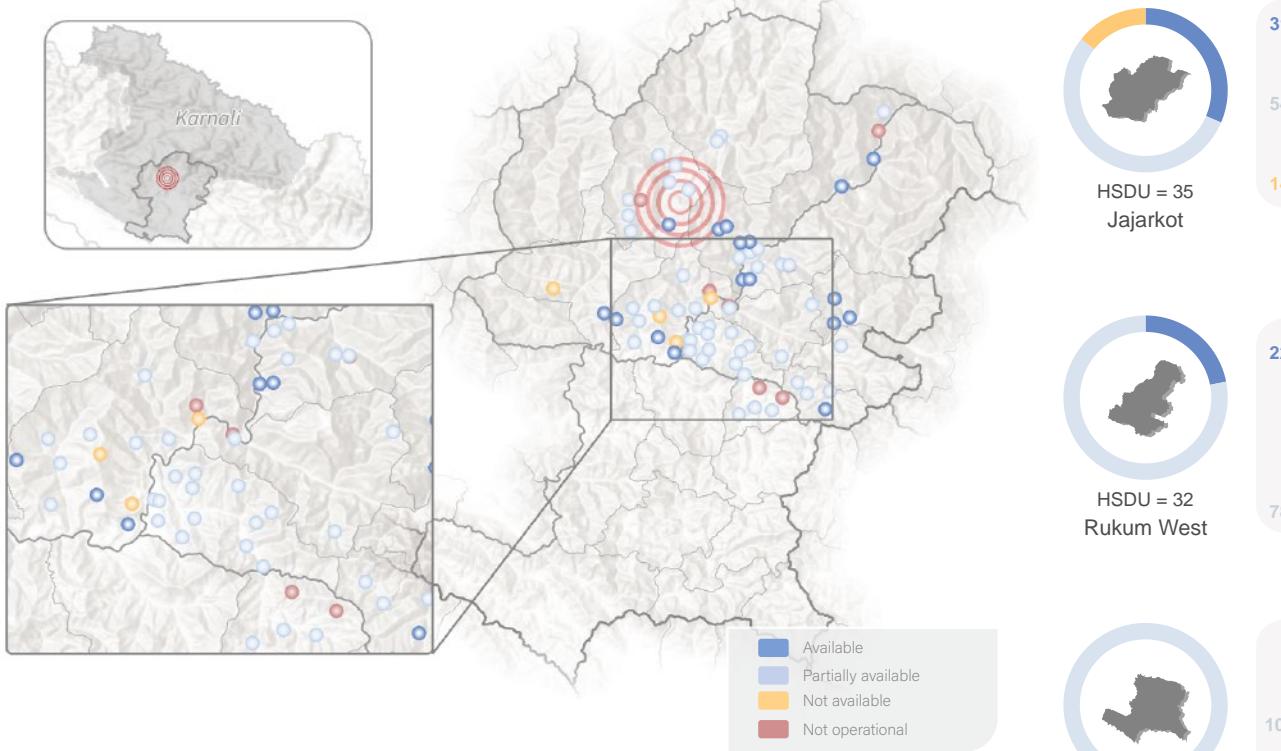
### Availability of methods for final disposal of infectious waste<sup>21</sup>



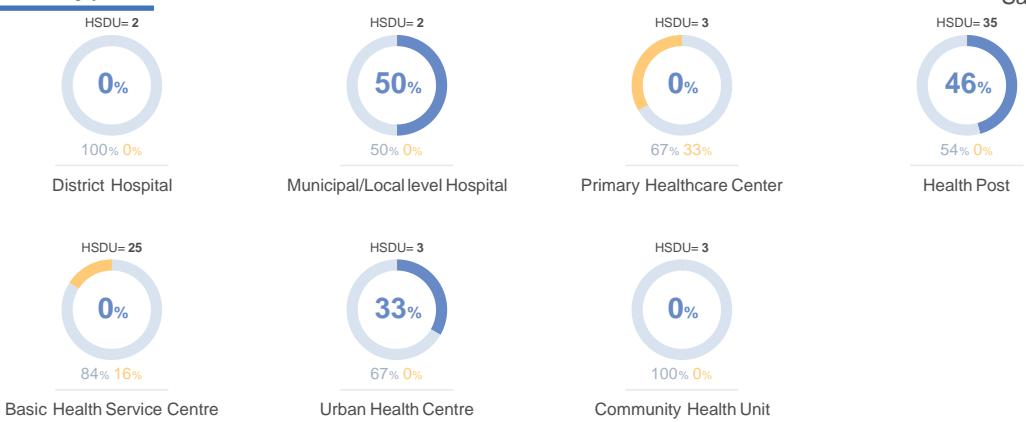
### Main reasons of unavailability



### Availability of methods for final disposal of infectious waste by district



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



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

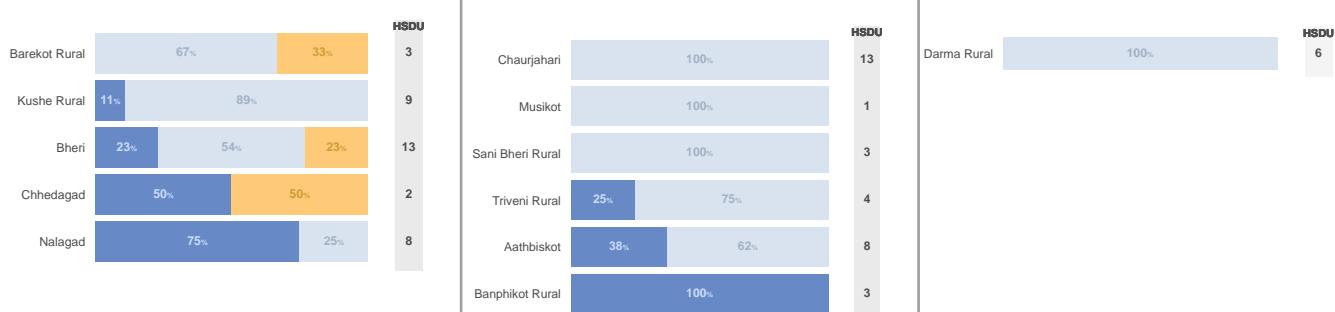


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# Rukum West

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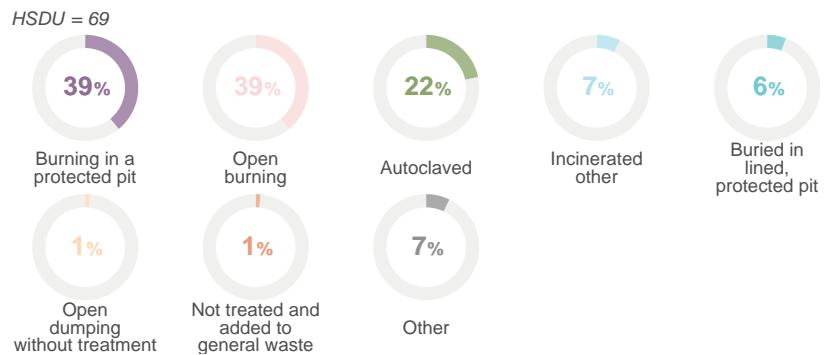
## Availability of methods for final disposal of infectious waste by municipality



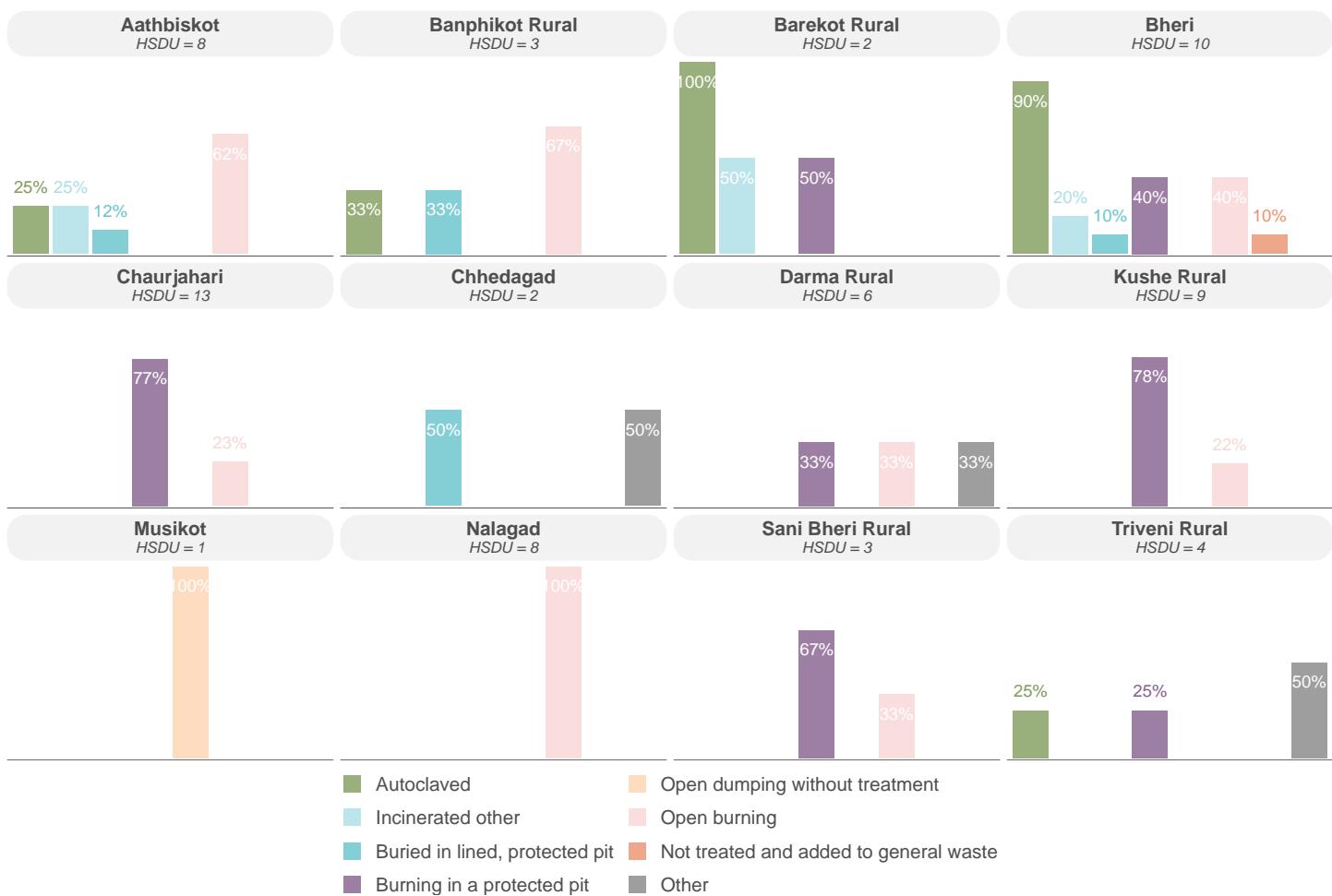
#### Main reasons of unavailability by municipality and HSDU



### Waste management methods



### Waste management methods by municipality

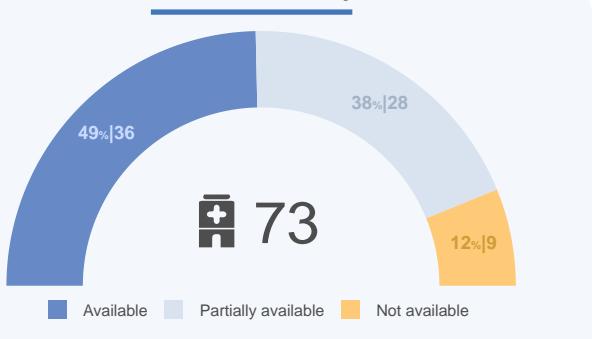




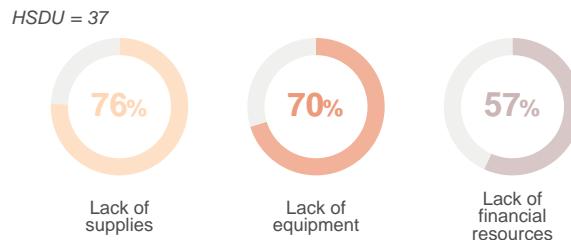


# POWER AVAILABILITY

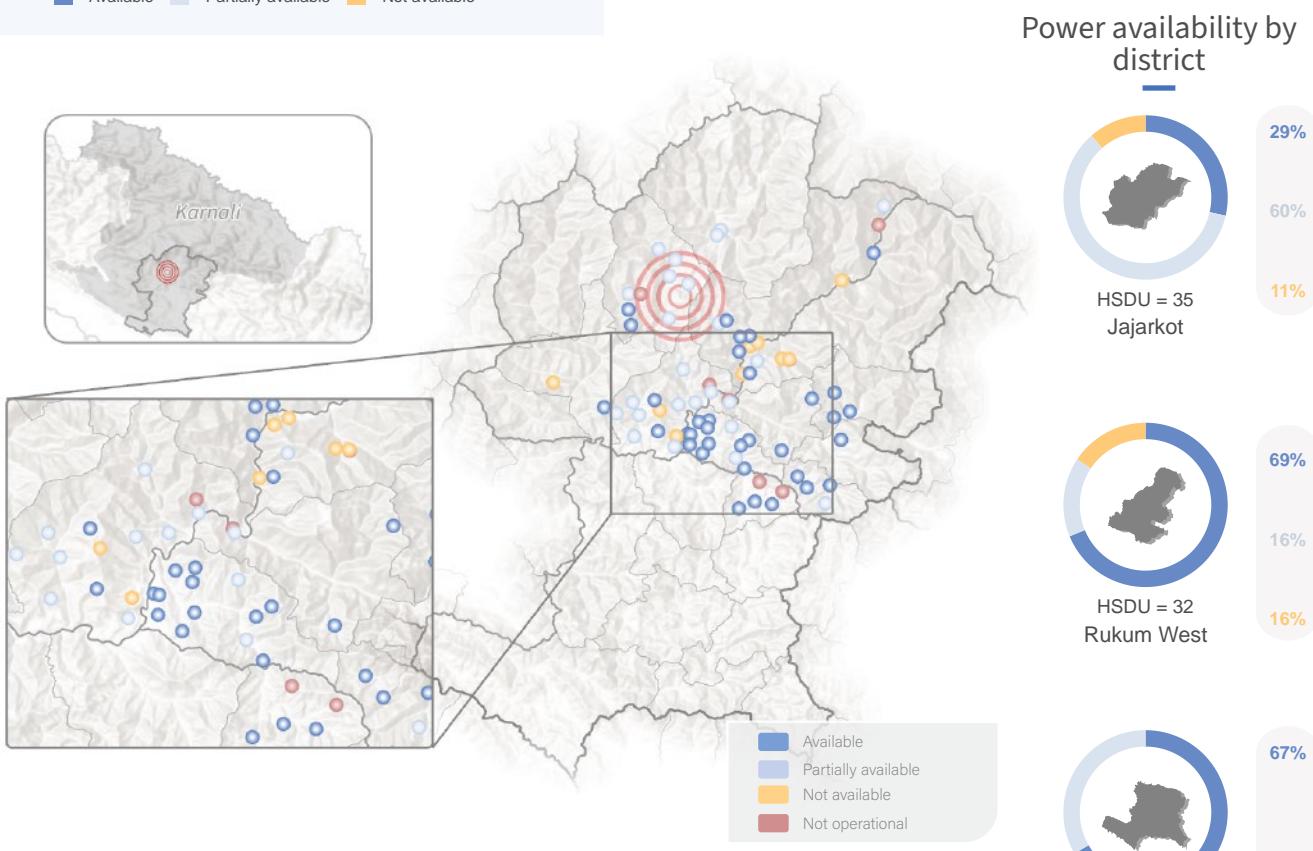
## Power availability <sup>22</sup>



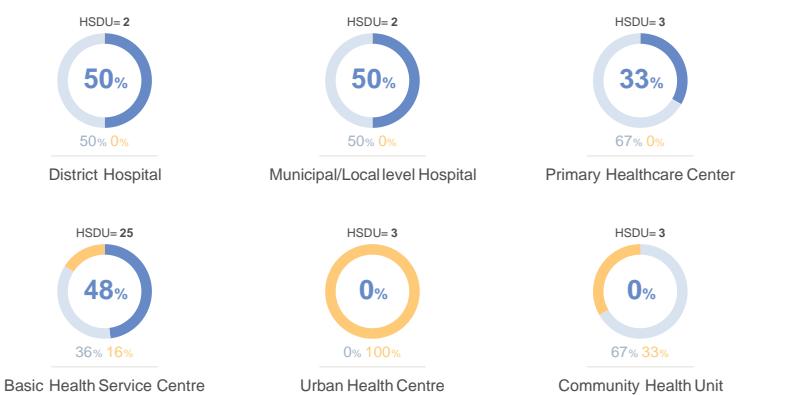
## Main reasons of unavailability



## Power availability by district



## Power availability by HSDU type



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



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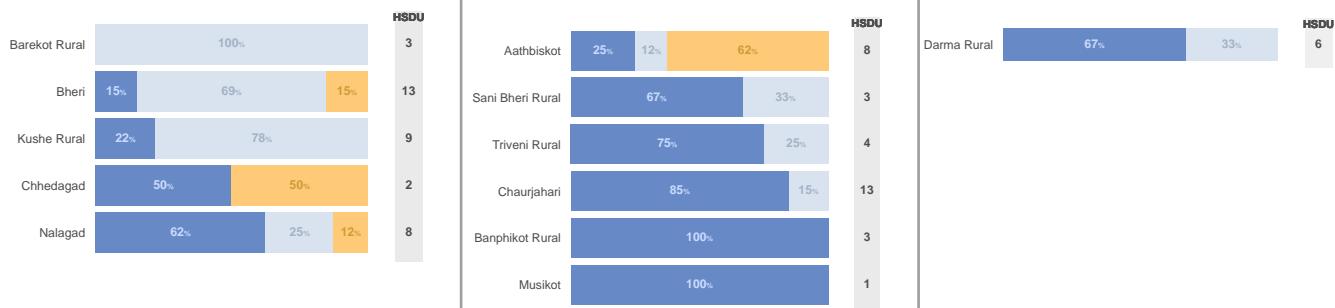


Rukum West

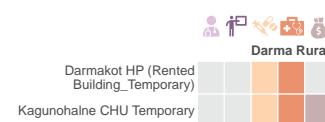
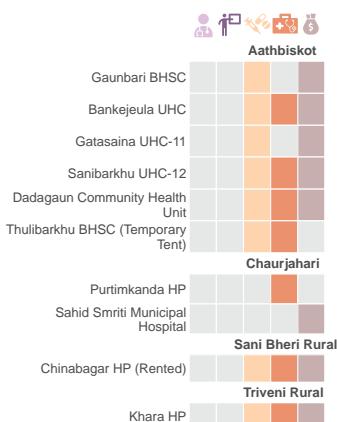
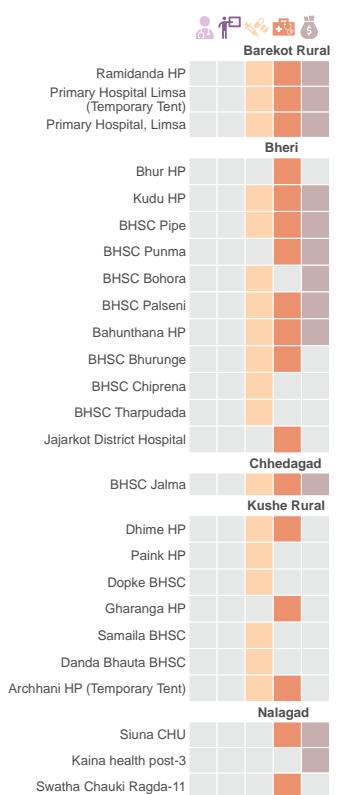


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### Power availability by municipality



### Main reasons of unavailability by municipality and HSDU

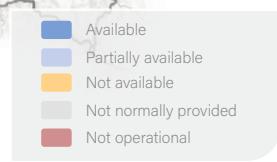
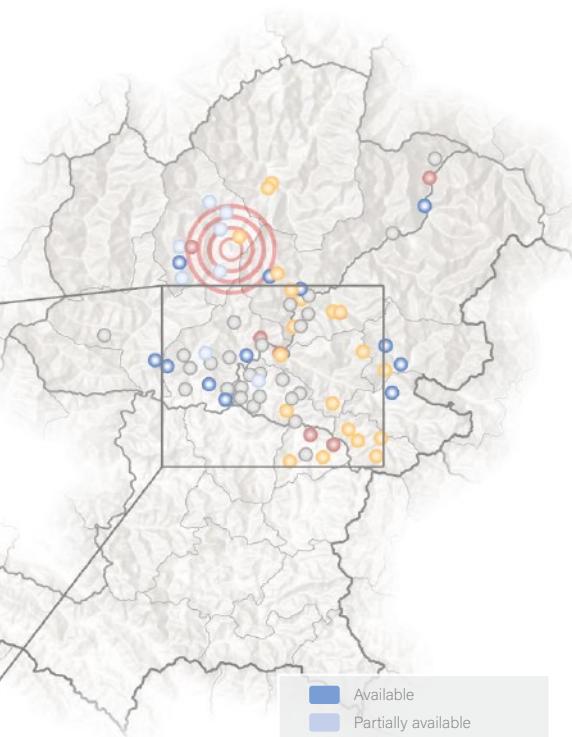
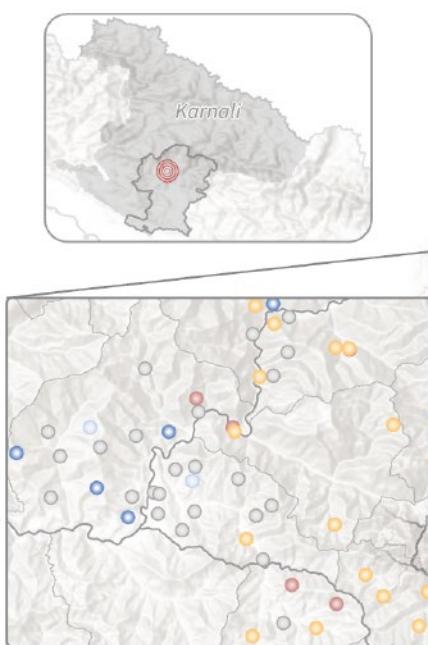


- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

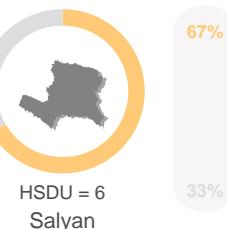
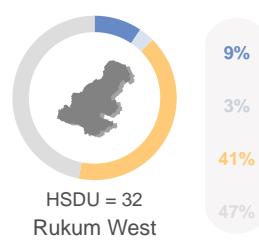
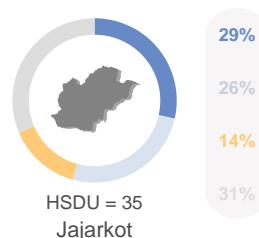
# 💉 COLD CHAIN AVAILABILITY



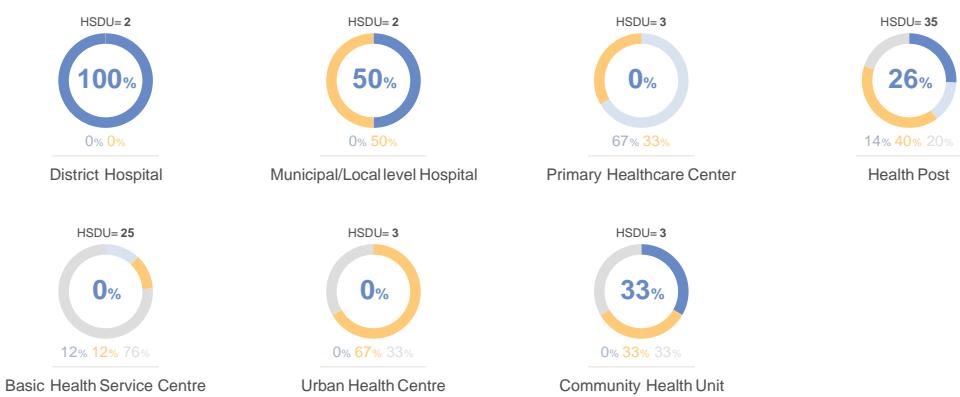
### Main reasons of unavailability



### Cold chain availability by district



### Cold chain availability by HSDU type



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



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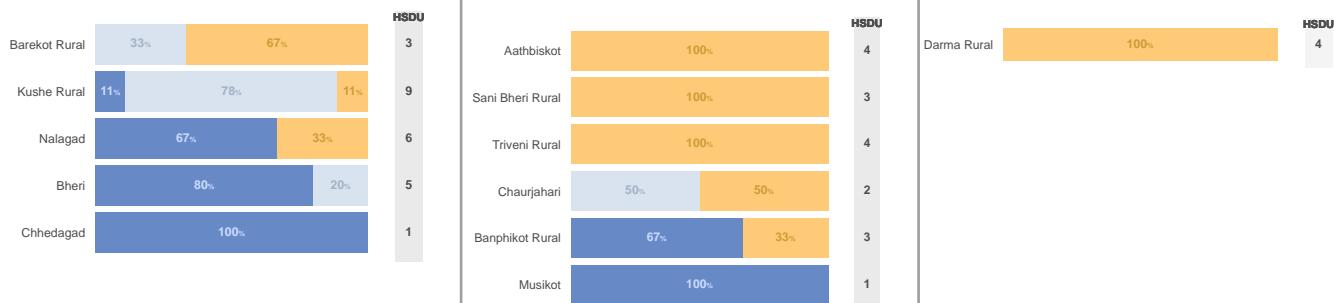


Rukum West

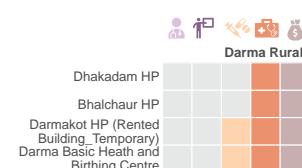
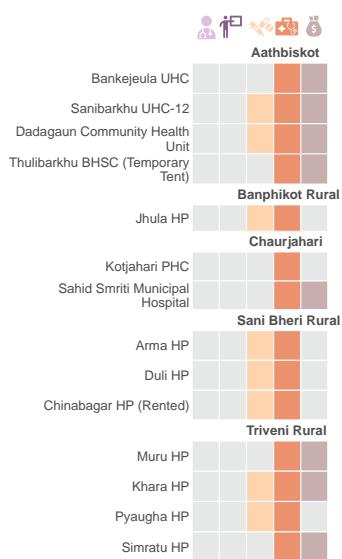
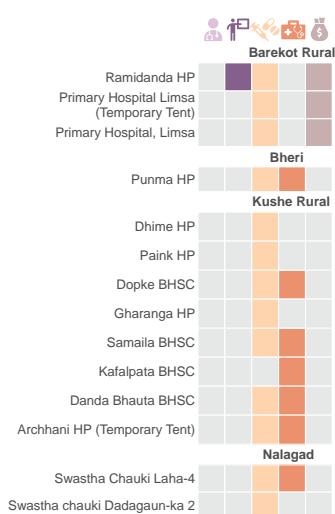


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### Cold chain availability by municipality\*

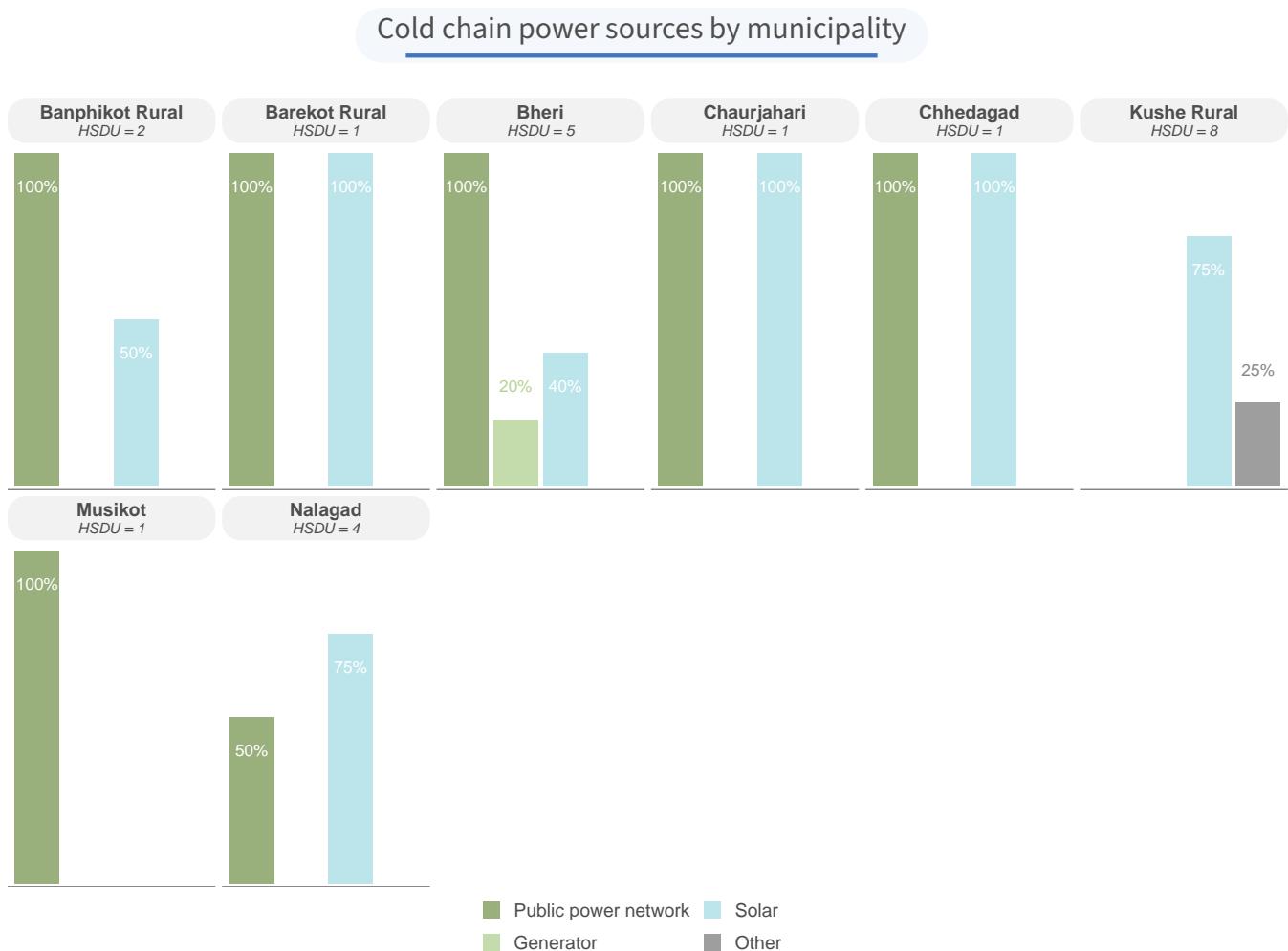
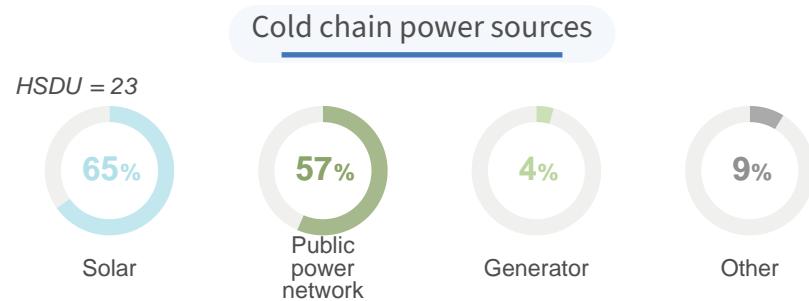


### Main reasons of unavailability by municipality and HSDU



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

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

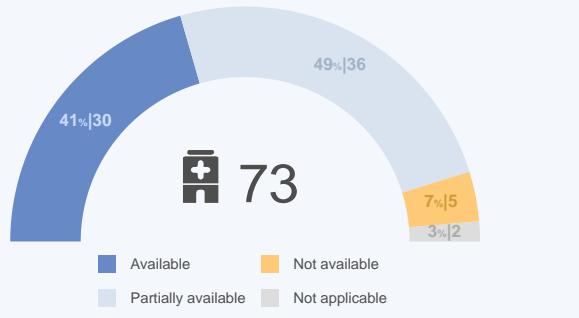




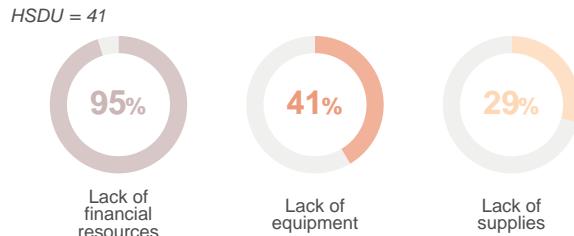


# COMMUNICATIONS EQUIPMENT SUFFICIENCY

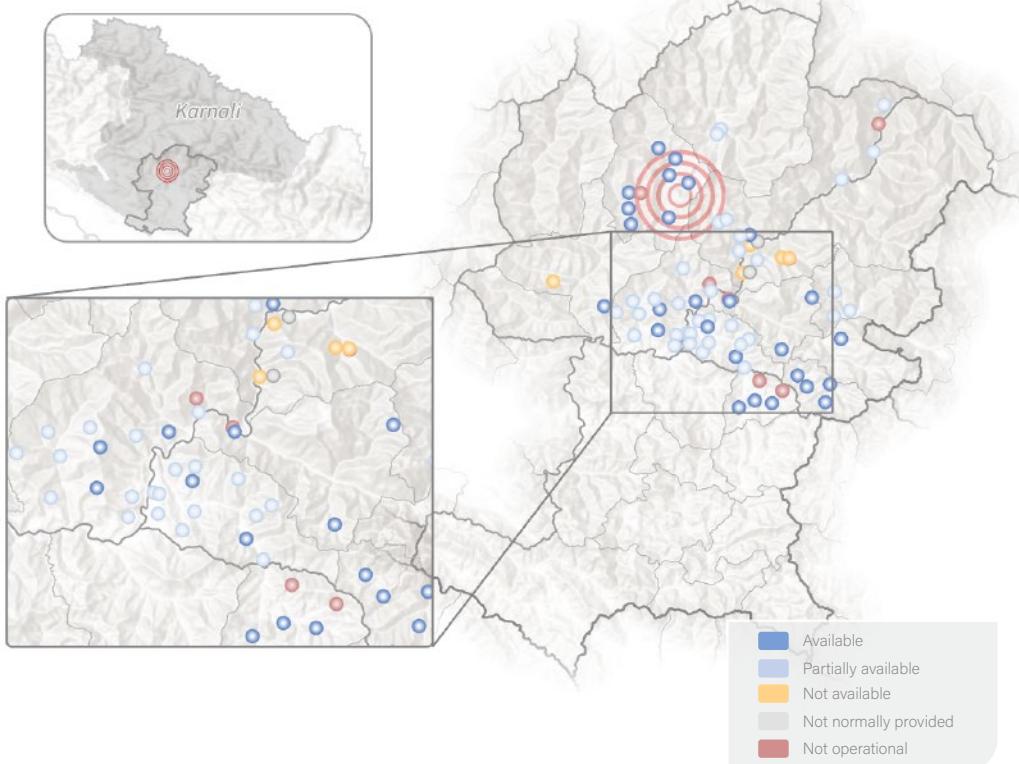
## Communication equipment availability<sup>24</sup>



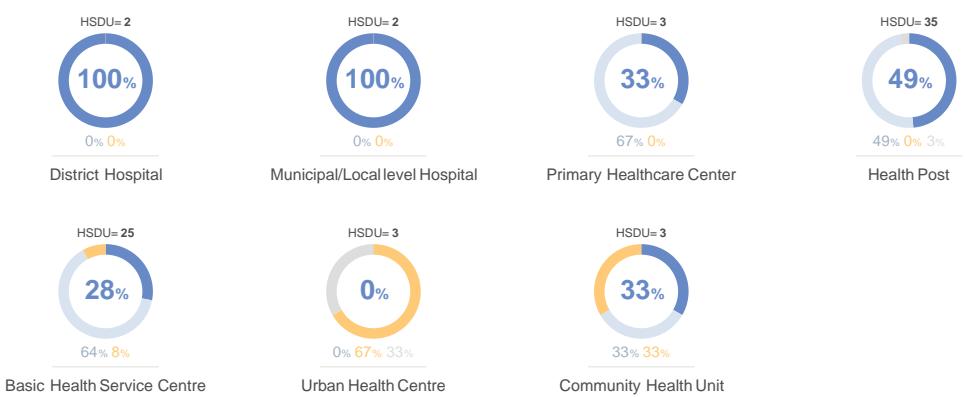
## Main reasons of unavailability



## Communication equipment availability by district



## Communication equipment availability by HSDU type



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



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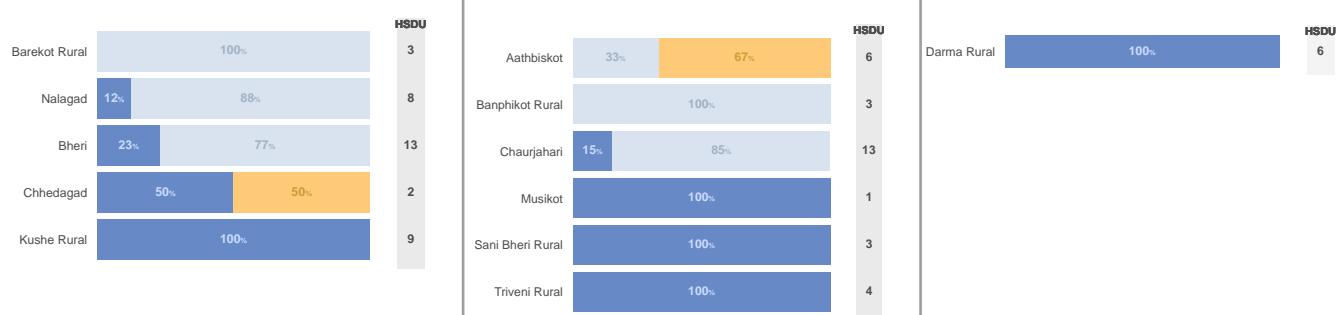


Rukum West

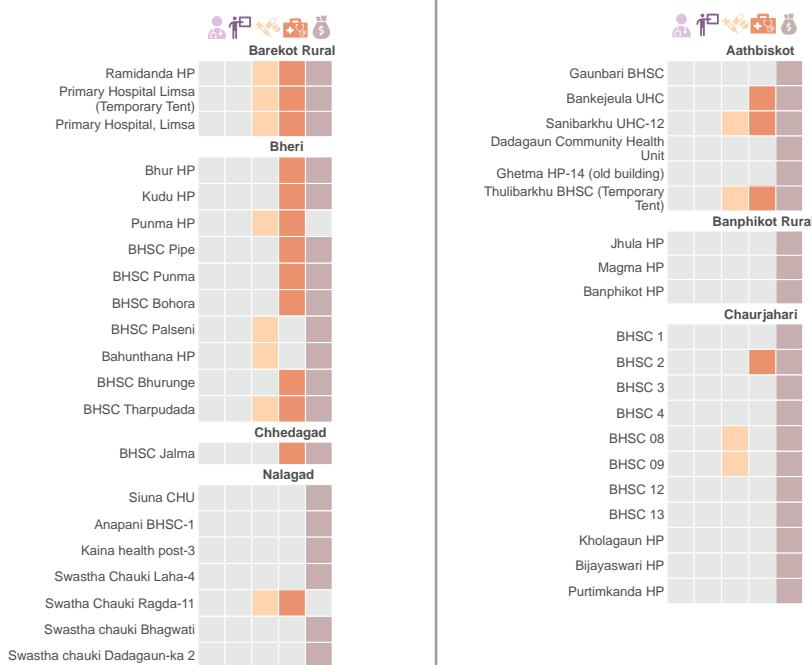


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## Communication equipment availability by municipality\*



## Main reasons of unavailability by municipality and HSDU



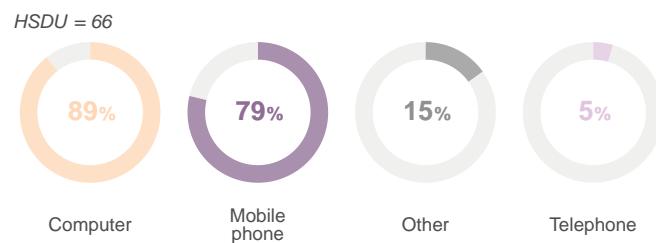
No barriers reported

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

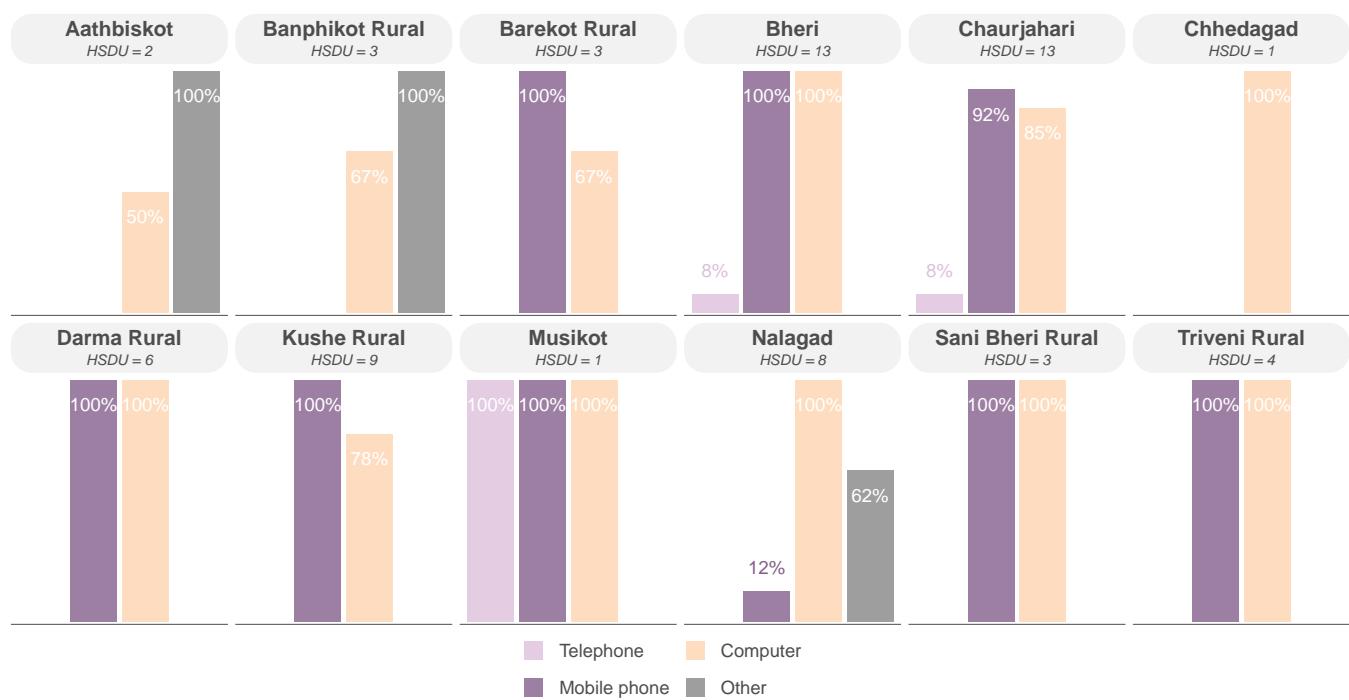
\* HSDUs that did not report any data or that do not normally provide the service are excluded from the analysis.



### Type of communication equipment available



### Type of communication equipment available by municipality



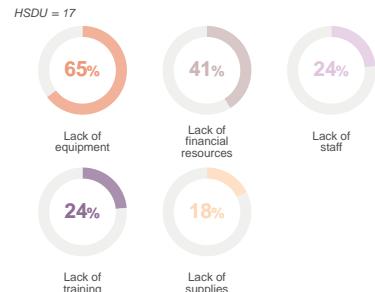


# HEALTH ELECTRONIC RECORDS

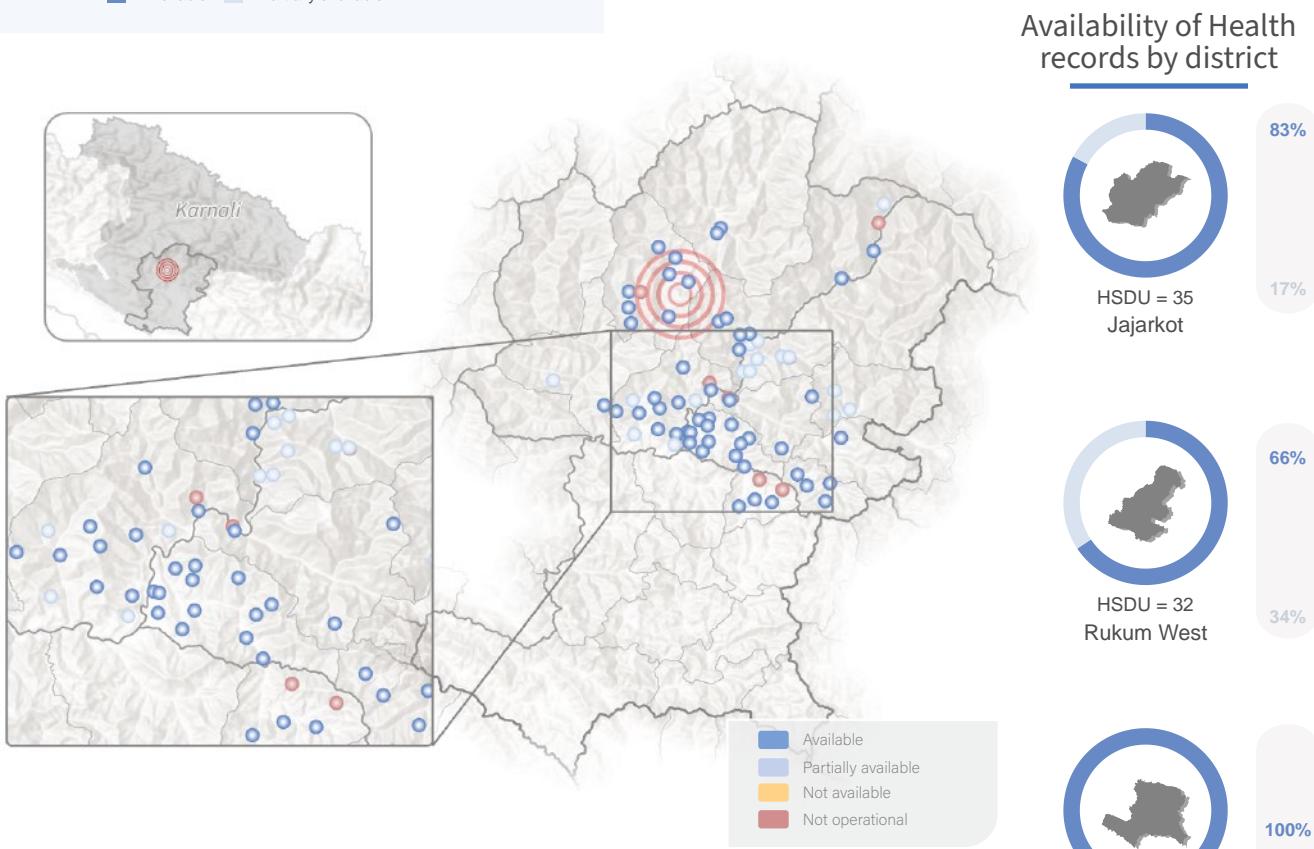
## Availability of Health records <sup>17</sup>



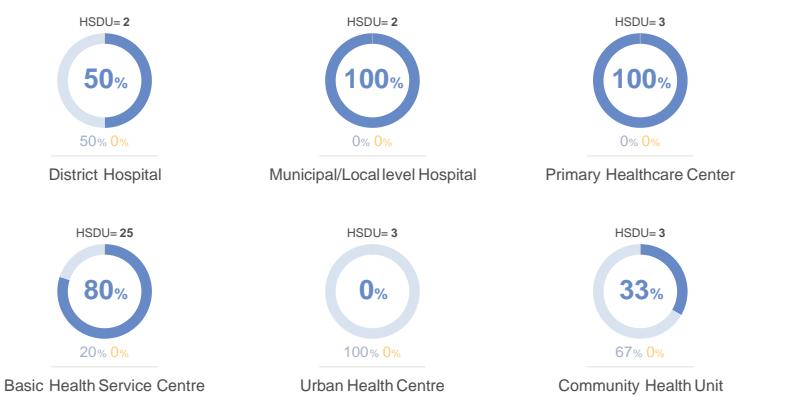
## Main reasons of unavailability



## Availability of Health records by district



## Availability of Health records by HSDU type



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



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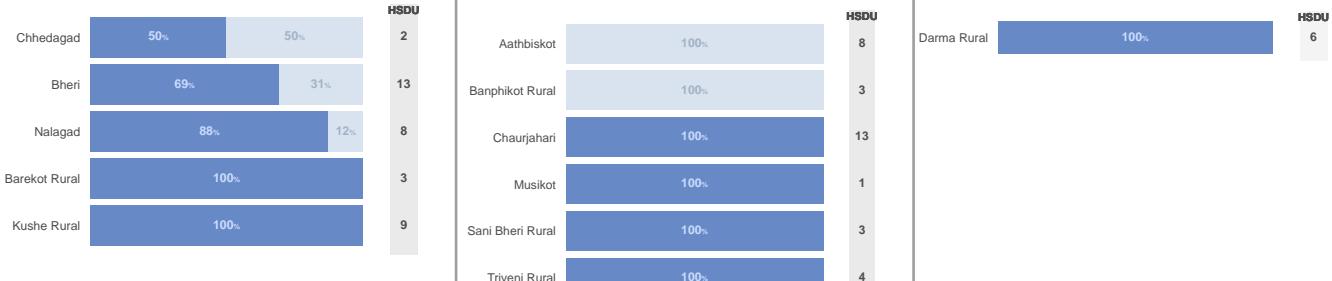


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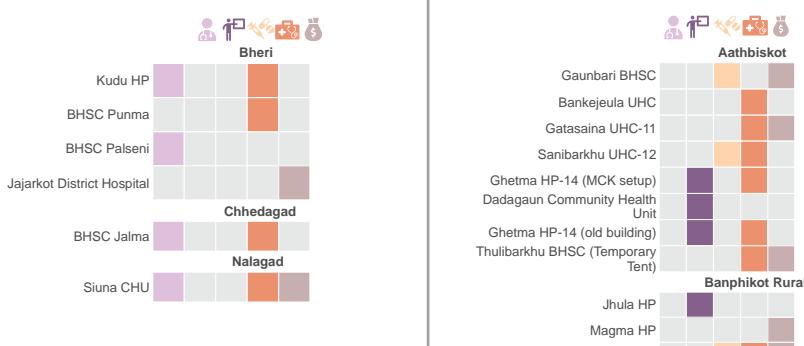


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### Availability of Health records by municipality



### Main reasons of unavailability by municipality and HSDU



No barriers reported

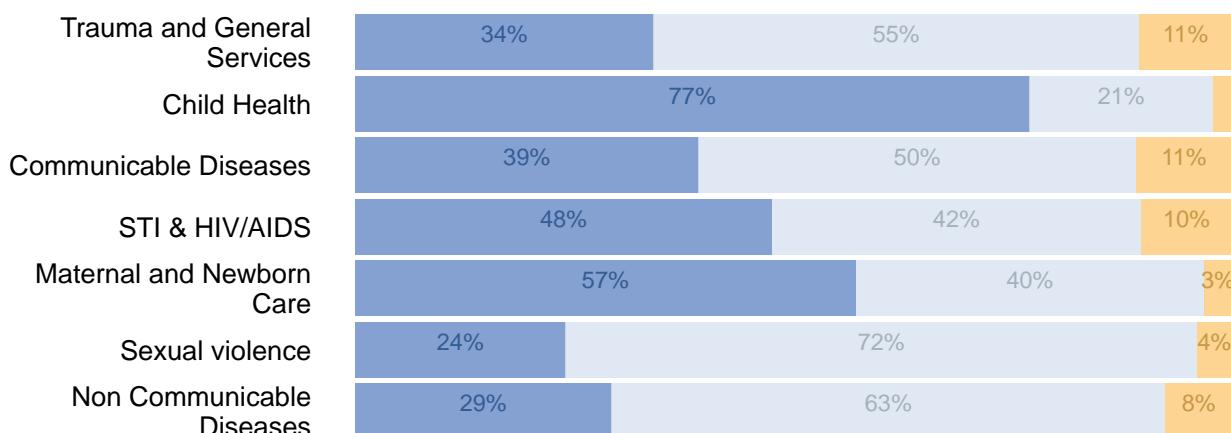
- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

# ESSENTIAL HEALTH SERVICES



# HEALTH SERVICE DOMAINS OVERVIEW

\*Availability of services by domains

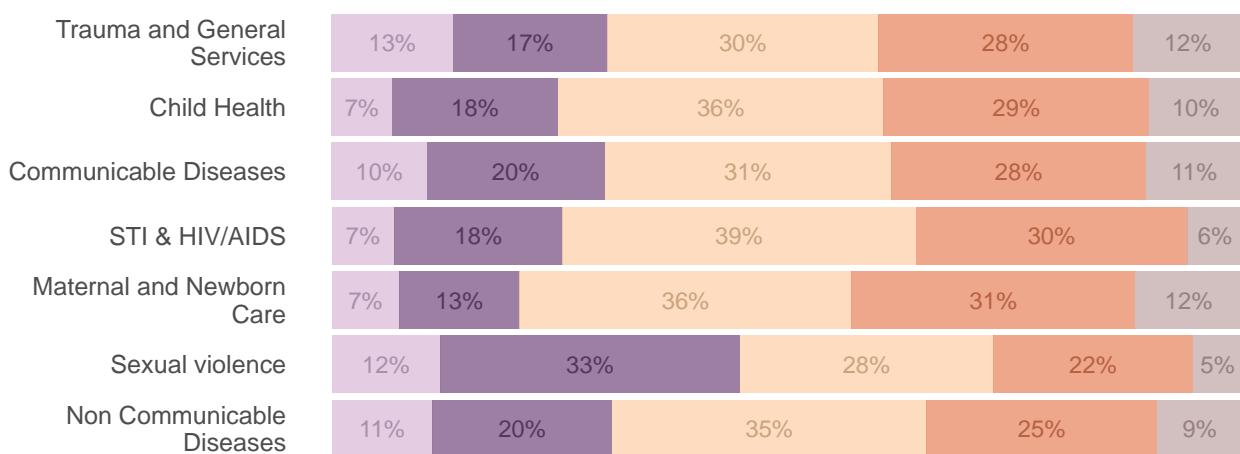


\*Availability of services by domains and HSDU type



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

## Barriers impeding service delivery by domain



## Barriers impeding service delivery by domain and HSDU type





**HeRAMS**

