

# Nepal

## Health Sector Needs Assessment

Major floods in 2008 and continued unrest in Central and Eastern Terai regions reconfirm the necessity to strengthen health sector emergency preparedness and response in Nepal. The combined impact of the internal conflict and natural disasters has led to increased health needs, while the overall capacity of the health care system has declined. The health system has been particularly affected in the mid and far western regions in Nepal. Health infrastructures have been damaged; security constraints have restricted movement; supply chains are inadequate; and health staff are poorly trained and have a high turnover rate, especially in peripheral health facilities.

The impact of the Koshi River flooding will continue to be felt in 2009. Access to, and quality of, public health services, including reproductive health services, remains inadequate, with the presence of acute diarrhoea, cholera, acute respiratory infections and measles.

Counselling services for trauma cases are insufficient, and there is virtually no patient referral system. Children under five and women of reproductive age remain most vulnerable in emergencies, as illustrated by maternal, infant and child mortality rates. Recent population-based estimates reveal that one in every ten women of reproductive age is suffering from uterine prolapse,<sup>1</sup> a curable reproductive health condition which severely impedes the lives of women. Civil unrest and different armed groups in Nepal are also associated with increased sexual violence and transmission of sexually transmitted infections including HIV/AIDS.<sup>2</sup> Physical and psycho-social care for survivors of sexual violence remains largely unaddressed.

In addition, the recent global food price crisis has further aggravated the health and nutritional status of people already affected by the conflicts and natural disasters. Higher food prices have led to the reduced use of health care services, as families use their scarce income to buy food and have no resources to pay for health care. A WFP vulnerability assessment indicated that 31% of surveyed households reported a serious illness in the family over the past twelve months.

As Nepal goes through an important political transition, peace building, recovery and reconstruction are a priority for all sectors including health. The Ministry of



Health and Population is under great pressure to reactivate health care facilities and increase the delivery of effective and equitable health services.

## Health Sector Priorities for 2009

- Expand delivery of essential HIV services to affected populations in emergency and transitional settings;
- Ensure health coordination between humanitarian and development partners during disaster response and recovery operations, including strengthening referral services;
- Ensure coordination between hospitals for timely health care services;
- Support the delivery of essential health care services, especially with regard to reproductive health, newborn care and HIV/AIDS prevention and treatment to reduce excess mortality and morbidity;
- Provide and pre-position essential emergency medicines, equipment and health kits;
- Improve access to physical rehabilitation services for disabled people affected by the conflict;
- Intensify the disease surveillance and reporting system.

## WHO Proposed Projects in the CAP 2009

Project titles	Requested funds *	Implementing partners
Emergency Health Preparedness and Response <b>NEP-09/H/H/23646/122</b>	1 942 050	MoHP, Nepal Red Cross Society, UN agencies, NGOs

\* Amounts given in US dollars.

**Total funds requested: US\$ 1 942 050**

**Notes:** 1) Uterine prolapse is a downward displacement of uterus from its normal location inside the pelvis. It ranges from first to third degree prolapse, when the uterus extends outside of the body. 2) In Nepal, there is considerable increase in the number of HIV infection since 1996 when conflict started. YOUANDAIDS (2005). Nepal at a glance: HIV Situation. <http://www.youandaids.org/Asia%20Pacific%20at%20a%20Glance/Nepal/index.asp#>. Scenario cited in *HIV and conflict in Nepal: Relation and strategy for response*, Karkee R, Shrestha DB, School of Public Health, BP Koirala Institute of Health Sciences, Dharan, Nepal Kathmandu University Medical Journal (2006), Vol. 4, No. 3, Issue 15, 363-367.