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# ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT: NEPAL

**July 2015**

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## **The Health Finance and Governance Project**

USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, \$209 million global project increases the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

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*Photo: Children with their mother and grandfather in Baglung District, Nepal.  
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# ACRONYMS

<b>BCC</b>	Behavior change communication
<b>EPHS</b>	Essential Package of Health Services
<b>MARPs</b>	Most-At-Risk Populations
<b>RMNCH</b>	Reproductive, maternal, newborn and child health



# ABOUT THE ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Package of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011 (PMNCH 2011), and a profile of health equity in the country.



# THE ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN NEPAL

The government of Nepal first published an EPHS, called the “Essential Health Care Services package,” in 1999 as part of the second *Long Term Health Plan*, which included 20 broad health areas. The government’s *Health Sector Strategy (2004)* acknowledged that the original EPHS was not affordable for the government to provide, given the country’s current resource availability. The 2004 *Health Sector Strategy* proposed to focus on delivering four main areas of essential care across all districts: safe motherhood and family planning, child health, control of communicable disease, and strengthened outpatient care, which the *Nepal Health Sector Programme Implementation Plan 2004–2009* sought to do.

The subsequent *Nepal Health Sector Programme Implementation Plan 2010–2015* updated and expanded the EPHS to include new services under the reproductive health and child health areas, and new programs on mental health, oral health, environmental health, and community-based newborn care, and a community-based nutrition care and support program. In addition, the update adds a noncommunicable disease control component to address changes in demographics and diseases. The government has made clear that the EPHS is a tool it is using to work towards universal health coverage in Nepal. For the full list of services, see Annex A.

## Priority Reproductive, Maternal, Newborn and Child Health Interventions

To see a comparison of Nepal’s EPHS and the priority reproductive, maternal, newborn and child health (RMNCH) interventions (PMNCH 2011), refer to Annex B.

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included.	36
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	1
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	0
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	23

The following priority RMNCH intervention was explicitly excluded from Nepal’s EPHS:

- ▶ Routine immunization plus *H. influenzae*, meningococcal, pneumococcal, and rotavirus vaccines

## Use of Selected Priority Services

The table below presents the country’s data on common indicators. Empty cells signify that these data are not available.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)				
Births attended by skilled health personnel (in the five years preceding the survey) (%)	2011		72.7	32.3
BCG immunization coverage among one-year-olds (%)	2013	97		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	92		
Median availability of selected generic medicines (%)—private				
Median availability of selected generic medicines (%)—public				

Source: Global Health Observatory, World Health Organization.

## How the Health System Delivers the EPHS

RMNCH services from the EPHS are delivered through:

- ✓ government-sponsored community health workers
- ✓ public sector primary care facilities
- ✓ public sector referral facilities

A policy change in 1991 prompted the mass construction and upgrading of public sector health facilities, and has improved access to care in some parts of the country. The number of health facilities expanded dramatically from less than 1,000 to 4,000 in recent years (Ministry of Health and Population et al. 2014).

Public sector health facilities are arranged in a referral hierarchy, which includes sub health posts, health posts, primary health care centers, district zonal and regional hospitals, and specialty tertiary care centers in Kathmandu. Additionally, the government sponsors Female Community Health Volunteers, skilled birth attendants, and midwives (Ministry of Health and Population 2015). The government of Nepal and its partners are also implementing several public health programs at different levels of the health system. For example, the government has focused on making contraceptives available at all levels of health facilities, and at the community level through female community health volunteers. Programs in Nepal targeting child health have been intentionally community-based (Ministry of Health and Population et al. 2014).

In addition, Nepal has also seen rapid expansion of the private sector, contributing to improved access to health care.

## Delivering the EPHS to Different Population Groups

The government's strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations; these include:

- ✓ women,
- ✓ the indigent, and
- ✓ rural populations.

See Annex C for the World Health Organization's full health equity profile of Nepal based on data from a 2011 Demographic and Health Survey.

Key findings from the health equity profile include:

- ▶ Health equity of service coverage appears to vary by type of service. Generally, immunization coverage is quite high across all wealth quintiles, education levels, and places of residence. Reproductive health service coverage is slightly less equitable, but still relatively so, across those dimensions. However, maternal health service coverage is strongly associated with wealth quintile, education level, and rural versus urban place of residence.
- ▶ 37 percent of births among rural residents are attended by a skilled health professional, compared to 79 percent of births among urban residents.

The government of Nepal has stated that the "aim of the health sector reform envisaged in 2003 was to develop an equitable, high quality health care system for Nepal" (Ministry of Health and Population 2009). This message is echoed in the structure of the *Nepal Health Sector Programme Implementation Plan 2010-2015*. The mission statement of this implementation plan reads, "The Ministry of Health and Population will promote the health of Nepal's people by facilitating access to and utilization of essential health care and other health services, emphasizing services to women, children, the poor and excluded, and changing the dangerous lifestyles and behavior of the Most-at-risk Populations (MARPs) through Behavior Change Communication (BCC) interventions."

The prioritization of several programs underscores this mission. Most programs included in the EPHS aim to improve health care access and equity for a specific population, including: Adolescent and Reproductive Health, Safe Motherhood, Expanded Program on Immunization, Community-Based Integrated Management of Childhood Illness, Child Nutrition, Community-Based Newborn Care, and Rehabilitation of the Disabled. The increase in health facilities has also contributed to the government's ability to deliver the EPHS to people in rural areas.

## Providing Financial Protection for the EPHS

- ✓ Community-based insurance is available in parts or all of the country.
- ✓ Some services included in the EPHS are legally exempt from user fees on a national scale.

The interim constitution developed in 2007 declared the state's commitment to, and responsibility for, the health of its people for the first time in Nepal's history. It guarantees that "every citizen will have the right to have free basic health care services as provisioned by the State," and thus has established health as a fundamental right of every person (Ministry of Health and Population et al. 2014).

Prior to the *Nepal Health Sector Programme Implementation Plan 2010-2015*, the government had started financing free provision of family planning and some maternal and child health services. In 2005 the Ministry of Health and Population started providing demand-side cash assistance to women to encourage them to give birth in a health facility rather than at home. Currently, the expanded *Aama Surakshya Karyakram* program provides demand-side cash incentives for women completing four antenatal care visits; demand-side incentives including free delivery care and a cash payment to cover transport costs to a health facility to give birth; supply-side incentives to health staff for attending a delivery; and supply-side funding to health facilities to cover the costs of delivery services and to enable investment in service quality (Ministry of Health and Population et al. 2014).

In the *Nepal Health Sector Programme Implementation Plan 2010-2015*, government financing of the EPHS has gradually expanded beyond the free provision of family planning and maternal and child health services to include a broader range of preventive and curative services that are free of charge or highly subsidized. The government abolished user fees at district-level peripheral facilities and is planning further expansion of free services to district hospitals. Finally, one of the major strategies of the *Nepal Health Sector Programme Implementation Plan 2010-2015* is to develop policies for, and implement, social health protection/social health insurance to improve financial protection against catastrophic costs.

In a World Bank supported-program, the government is implementing a pilot program for subsidized, social health insurance. The scheme will be carried out in three districts, and the results of the pilot scheme and evaluation will be used to inform the scale-up of this program to the national level (World Bank 2012).

Community-based health insurance exists in Nepal. Some schemes are self-sustained economically but most of them are supported by government or international donor agencies. Schemes are available in different parts of Nepal and cover almost 50,000 people (Ghimire 2013).



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# ANNEX A. NEPAL'S EPHS



# Nepal Health Sector Programme-2 IMPLEMENTATION PLAN

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2010-2015



**Government of Nepal**

**Ministry of Health and Population (MoHP)**

## Essential Health Care Services Package for NHSP-2

(New programmes and services in italics)

Programme	Service	Status	Implementation Modality
1. Reproductive Health	1.1 Family planning	Scaling up	Partnerships with the Family Planning Association of Nepal (FPAN), Marie Stopes International (MSI), Contraceptive Retail Store company (CRS), Population Services International (PSI), Nepal Fertility Care Centre (NFCC) and others
	1.2 Safe Motherhood (SM), including newborn care (free institutional deliveries nationwide for all)	Scaling up	Expanding to medical colleges and private hospitals
	<i>1.3 Medical safe abortion</i>	<i>Piloting and scaling up</i>	<i>Partnerships with I/NGOs (MSI, FPAN and others) and private clinics and hospitals</i>
	<i>1.4 Prevention and repair of uterine prolapse</i>	<i>Piloting and scaling up</i>	<i>Partnerships with medical colleges and private hospitals</i>
2. Child Health	2.1 Expanded programme on immunisation	Scaling up	Government
	2.2 Community-based Integrated Management of Childhood Illness (CB-IMCI)	Maintaining	
	2.3 Nutrition	Scaling up	
	2.3.1 Growth monitoring and counselling	Scaling up	
	2.3.2 Iron supplementation	Maintaining	
	2.3.3 Vitamin A supplementation	Maintaining	
2.3.4 Iodine supplementation	Maintaining		
2.3.5 De-worming	Maintaining		
<i>2.4 Community-based newborn care (emerging as a separate component)</i>	<i>Piloting and scaling up</i>	<i>Partnerships with local governments and inter-sectoral coordination (schools)</i>	
<i>2.5 Expanded nutritional care and support (added to community-based nutrition care, community nutrition rehabilitation with institutional care, and School Nutrition Programme)</i>	<i>Piloting and scaling up</i>		

<b>Programme</b>	<b>Service</b>	<b>Status</b>	<b>Implementation Modality</b>
3. Communicable Disease Control	3.1 Malaria control 3.2 Kala-azar control 3.4 Japanese Encephalitis (JE) control 3.5 Prevention and treatment of snakebites and rabies control 3.6 Tuberculosis control 3.7 Leprosy control 3.8 HIV/AIDS/STI control	Scaling up Elimination Maintaining Maintaining  Maintaining Elimination Scaling up	Government Partnerships with International Nepal Fellowship (INF) and other INGOs Partnerships with INGOs
4. NCD Control	4.1 <i>Community-based Mental Health Programme*</i> 4.2 <i>Health promotion for NCD control</i>	<i>Piloting and scaling up</i>	<i>Partnerships with local governments and Community-based Organisations (CBOs)</i>
5. Oral Health	5.1 <i>Promotive and preventive oral health care</i>	<i>Piloting and scaling up</i>	<i>Partnerships with schools and private clinics and hospitals</i>
6. Eye Care	6.1 Promotive and preventive 6.2 Examination, correction and surgery	Scaling up	Partnerships with Nepal Netra Jyoti Sangh (NNJS) and Tilganga Eye Hospital
	6.2 Trachoma (SAFE Programme)	Scaling up	Partnerships with NNJS, Department of Water Supply and Sewerage (DWSS) and International Trachoma Initiative (ITI)
7. Rehabilitation of the Disabled	7.1 <i>Promotive and preventive</i> 7.2 <i>Rehabilitation, surgery and therapy</i>	<i>Piloting and scaling up</i>	<i>Partnerships with Hospital and Rehabilitation Centre for Disabled Children (HRDC and Khagendrad Nawa Jeevan Kendra</i>
8. Environmental Health	8.1 <i>Promotive and preventive (water, air quality, sanitation, hygiene, waste disposal, etc.)</i>	<i>Piloting and scaling up</i>	<i>Inter-sectoral partnerships</i>
9. Curative Care	9. 1 Outpatient care at district facilities	Increasing access and use	Partnerships with local governments, NGOs and medical colleges

\* Including Gender-based Violence (GBV) Services

Source: NHSP-2, MoHP, 2010.

### **Strategies to Achieve the Objectives**

This section details actions and activities under NHSP-2. Implementation of these activities will collectively result in achieving the NHSP-2 objectives. The programme activities fall into three types:

1. Entirely new actions/activities
2. Strengthening or restructuring existing activities
3. Continuing existing activities.



## ANNEX B. COMPARISON BETWEEN THE EPHS AND THE PRIORITY RMNCH SERVICES

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
<b>Adolescence and pre-pregnancy</b>	<b>Level: Community Primary Referral</b>		
	Family planning (advice, hormonal and barrier methods)	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	Prevent and manage sexually transmitted infections, HIV	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	Folic acid fortification/supplementation to prevent neural tube defects	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i> ; under the nutrition program, one of the strategies is, "Pilot weekly IFA supplementation to adolescent girls" for purposes of preventing and controlling anemia.
	<b>Level: Primary and Referral</b>		
	Family planning (hormonal, barrier and selected surgical methods)	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	<b>Level: Referral</b>		
	Family planning (surgical methods)	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
<b>Pregnancy (antenatal)</b>	<b>Level: Community Primary Referral</b>		
	Iron and folic acid supplementation	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	Tetanus vaccination	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	Prevention and management of malaria with insecticide treated nets and antimalarial medicines	Unspecified	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i> ; while there is a malaria control program in Nepal, the program does not appear to specifically target pregnant women. Other guidelines do not appear to include malaria prevention and management under antenatal care services.
	Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	Calcium supplementation to prevent hypertension (high blood pressure)	Unspecified	This service was not specified in reviewed documents

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Interventions for cessation of smoking	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	<b>Level: Primary and Referral</b>		
	Screening for and treatment of syphilis	Unspecified	This service was not specified in reviewed documents
	Low-dose aspirin to prevent pre-eclampsia	Unspecified	This service was not specified in reviewed documents
	Anti-hypertensive drugs (to treat high blood pressure)	Yes	Source: <i>National List of Essential Medicines 2011</i>
	Magnesium sulphate for eclampsia	Yes	Source: <i>National List of Essential Medicines 2011</i>
	Antibiotics for preterm prelabour rupture of membranes	Unspecified	This service was not specified in reviewed documents
	Corticosteroids to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Safe abortion	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	Post abortion care	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	<b>Level: Referral</b>		
	Reduce malpresentation at term with External Cephalic Version	Unspecified	This service was not specified in reviewed documents
	Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	Unspecified	This service was not specified in reviewed documents
Childbirth	<b>Level: Community Primary Referral</b>		
	Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth)	Unspecified	This service was not specified in reviewed documents
	Manage postpartum haemorrhage using uterine massage and uterotonics	Unspecified	This service was not specified in reviewed documents
	Social support during childbirth	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	<b>Level: Primary and Referral</b>		
	Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage (as above plus controlled cord traction)	Yes	Source: <i>National Policy on Skilled Birth Attendants 2006</i>

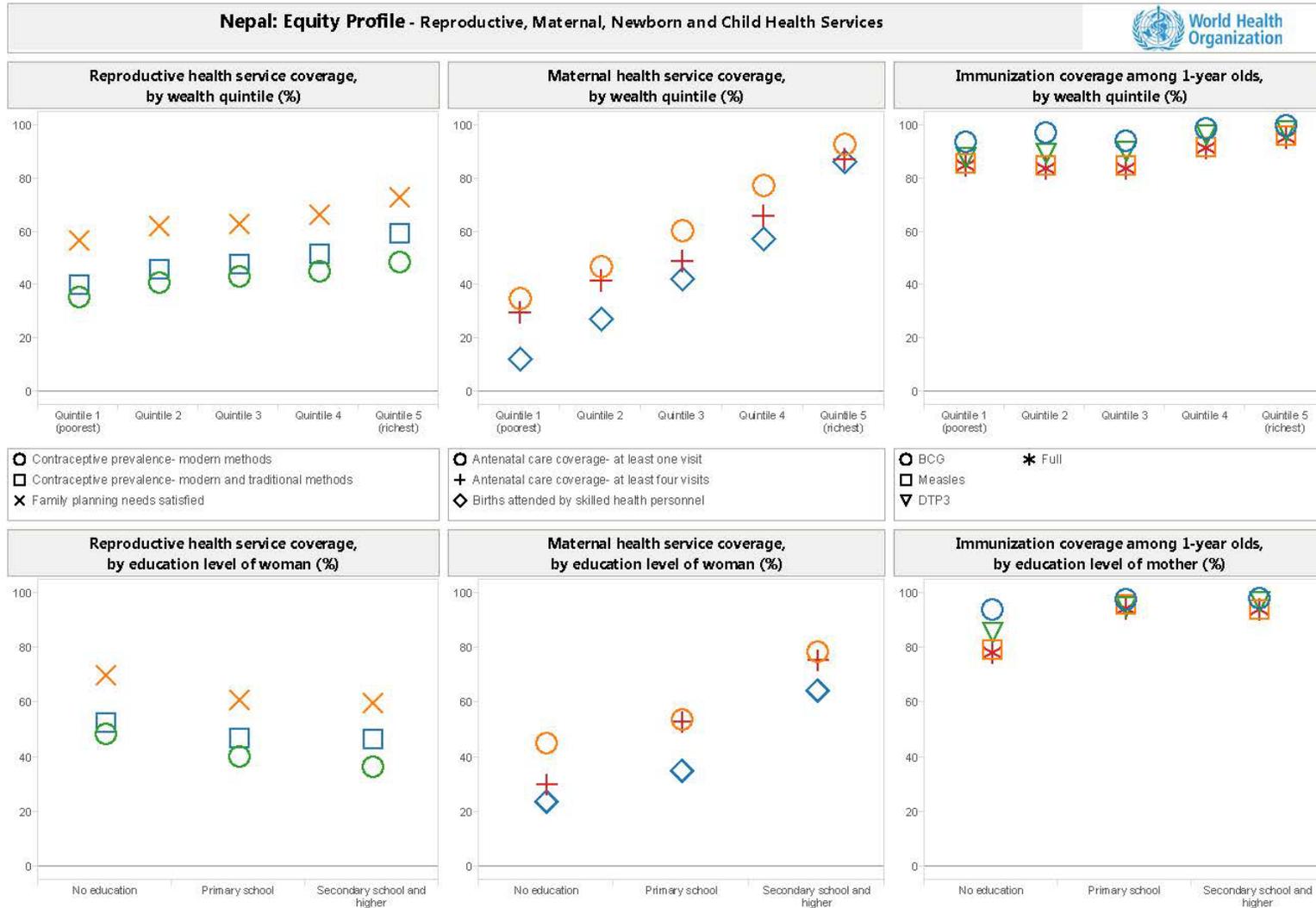
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Management of postpartum haemorrhage (as above plus manual removal of placenta)	Unspecified	This service was not specified in reviewed documents
	Screen and manage HIV (if not already tested)	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	<b>Level: Referral</b>		
	Caesarean section for maternal/foetal indication (to save the life of the mother/baby)	Unspecified	This service was not specified in reviewed documents
	Prophylactic antibiotic for caesarean section	Unspecified	This service was not specified in reviewed documents
	Induction of labour for prolonged pregnancy (initiate labour)	Unspecified	This service was not specified in reviewed documents
	Management of postpartum haemorrhage (as above plus surgical procedures)	Unspecified	This service was not specified in reviewed documents
<b>Postnatal (Mother)</b>	<b>Level: Community Primary Referral</b>		
	Family planning advice and contraceptives	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	Nutrition counselling	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	<b>Level: Primary and Referral</b>		
	Screen for and initiate or continue antiretroviral therapy for HIV	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	Treat maternal anaemia	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	<b>Level: Referral</b>		
	Detect and manage postpartum sepsis (serious infections after birth)	Unspecified	This service was not specified in reviewed documents
<b>Postnatal (Newborn)</b>	<b>Level: Community Primary Referral</b>		
	Immediate thermal care (to keep the baby warm)	Yes	Source: <i>Nepal Community-Based Neonatal Care Package (no date given)</i> includes, "Prevention and management of hypothermia" in newborns
	Initiation of early breastfeeding (within the first hour)	Yes	Source: <i>National Nutrition Policy and Strategy 2004</i>
	Hygienic cord and skin care	Yes	Source: <i>National Policy on Skilled Birth Attendants 2006</i>

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	<b>Level: Primary and Referral</b>		
	Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth)	Yes	Source: <i>National Policy on Skilled Birth Attendants 2006</i>
	Kangaroo mother care for preterm (premature) and for less than 2000g babies	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	Extra support for feeding small and preterm babies	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	Management of newborns with jaundice ("yellow" newborns)	Unspecified	This service was not specified in reviewed documents
	Initiate prophylactic antiretroviral therapy for babies exposed to HIV	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	<b>Level: Referral</b>		
	Presumptive antibiotic therapy for newborns at risk of bacterial infection	Unspecified	This service was not specified in reviewed documents
	Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	Unspecified	This service was not specified in reviewed documents
	Case management of neonatal sepsis, meningitis and pneumonia	Unspecified	This service was not specified in reviewed documents
<b>Infancy and Childhood</b>	<b>Level: Community Primary Referral</b>		
	Exclusive breastfeeding for 6 months	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	Continued breastfeeding and complementary feeding from 6 months	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	Prevention and case management of childhood malaria	Unspecified	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i> ; while there is a malaria control program in Nepal, the program does not appear to specifically target children.
	Vitamin A supplementation from 6 months of age	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	Routine immunization plus <i>H. influenzae</i> , meningococcal, pneumococcal and rotavirus vaccines	No	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i> gives evidence that the EPHS currently excludes pneumococcal and rotavirus vaccines but may be introduced in the future. Exclusion of <i>H. influenzae</i>

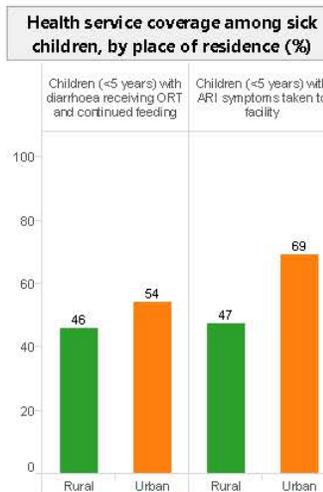
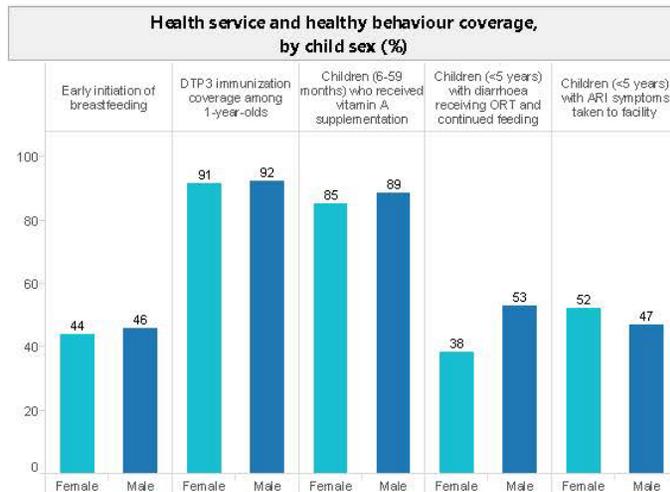
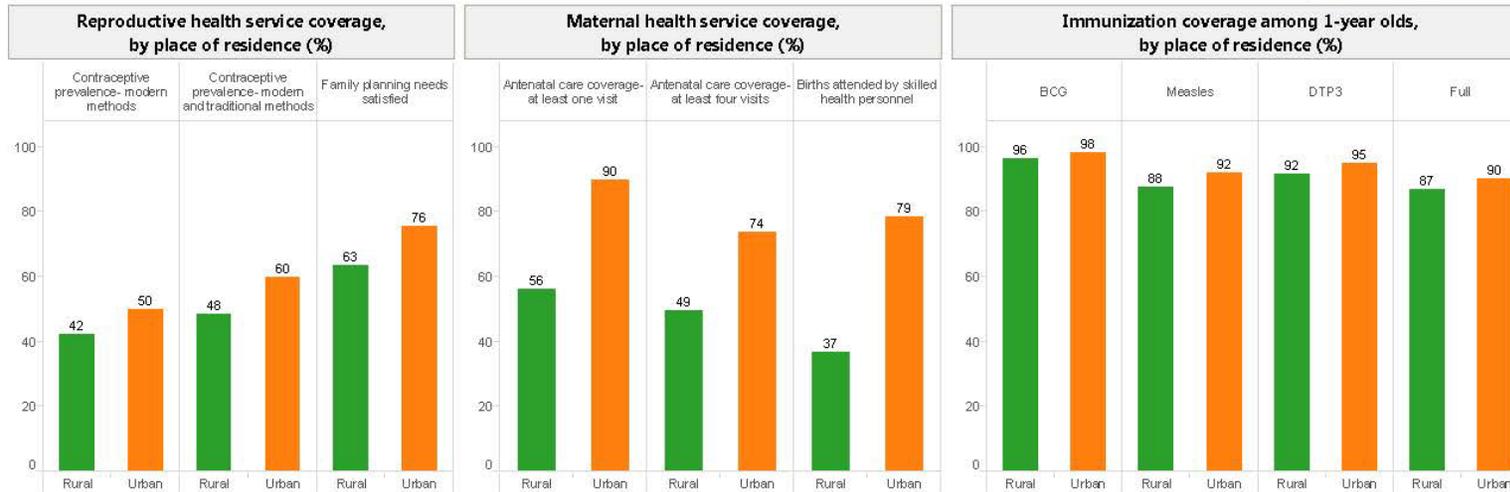
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Management of severe acute malnutrition	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	Case management of childhood pneumonia	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	Case management of diarrhoea	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	<b>Level: Primary and Referral</b>		
	Comprehensive care of children infected with, or exposed to, HIV	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	<b>Level: Referral</b>		
	Case management of meningitis	Unspecified	This service was not specified in reviewed documents
<b>Across the continuum of care</b>	<b>Level: Community Strategies</b>		
	Home visits for women and children across the continuum of care	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>
	Women's groups	Yes	Source: <i>Nepal Health Sector Programme Implementation Plan 2010 - 2015</i>



# ANNEX C: NEPAL HEALTH EQUITY PROFILE



Nepal: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services



Contraceptive prevalence- modern methods	43
Contraceptive prevalence- modern and traditional methods	50
Family planning needs satisfied	65
Antenatal care coverage- at least one visit	59
Antenatal care coverage- at least four visits	52
Births attended by skilled health personnel	41
Early initiation of breastfeeding	45
BCG immunization coverage among 1-year-olds	97
Measles immunization coverage among 1-year-olds	88
DTP3 immunization coverage among 1-year-olds	92
Full immunization coverage among 1-year-olds	87
Children (6-59 months) who received vitamin A supplementation	87
Children (<5 yrs) with diarrhoea receiving ORT and continued feeding	47
Children (<5 yrs) with ARI symptoms taken to facility	49

Source: DHS 2011

Antenatal care coverage at least 1 visit, antenatal care coverage at least 4 visits, births attended by skilled health personnel, and early initiation of breastfeeding are based on data from the five years prior to survey.

For more information, please see Global Health Observatory "Health Equity Monitor" page: [www.who.int/gho/health\\_equity/en/index.html](http://www.who.int/gho/health_equity/en/index.html)





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