# From Disparity to Dignity:

## (बिभेद बाट सम्मान तर्फ)

## A Narrative of Nepal's Health Systems on Equity

## नेपालको स्वास्थ्य प्रणालीमा समता - एक कथन

Authors: Sushil Baral, Bishnu Dulal, Bikram Adhikari, Saugat KC, Shreeman Sharma, Sulata Karki, Pabitra Neupane, Achyut Raj Pandey, Abriti Arjyal, Ghanshyam Gautam

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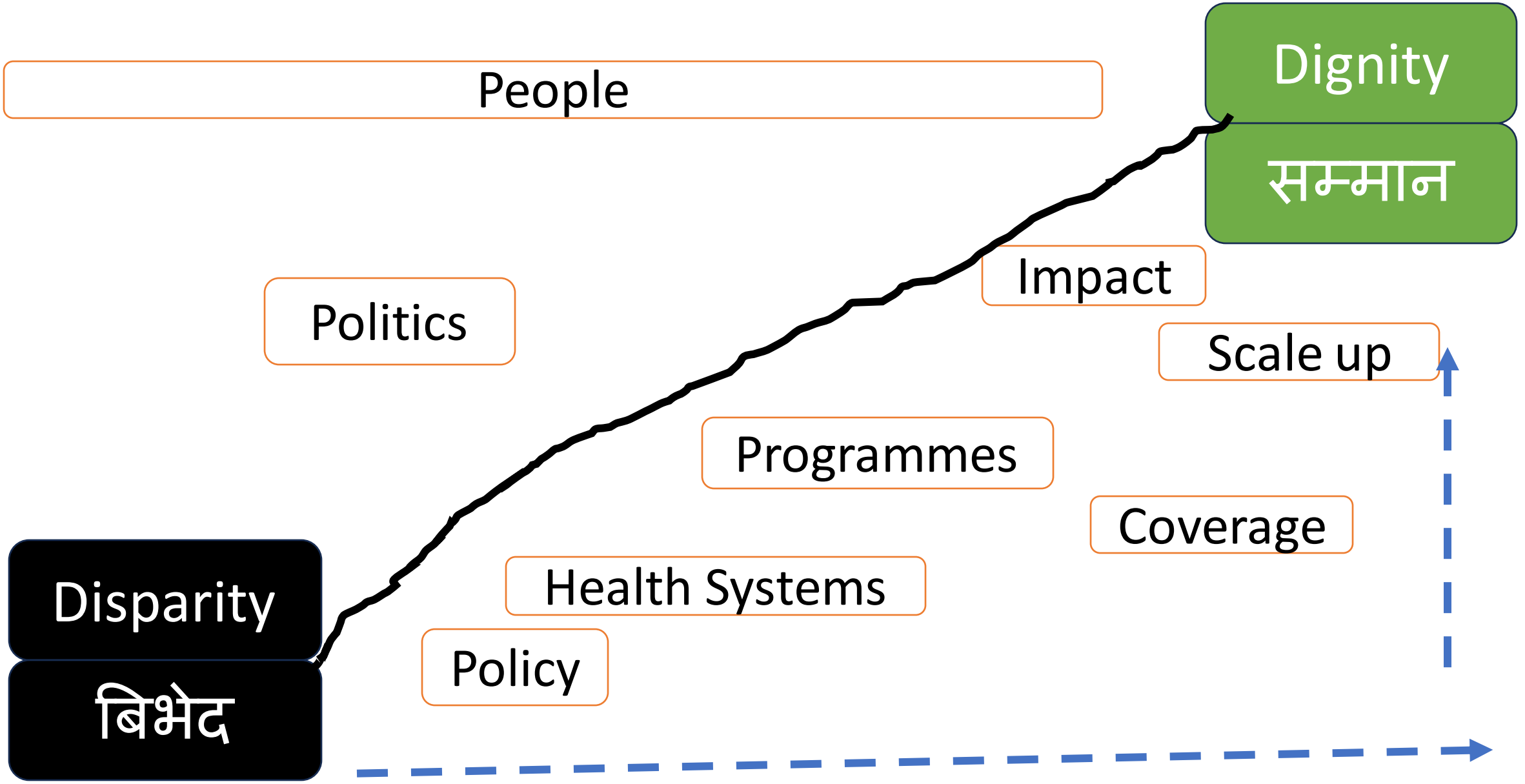
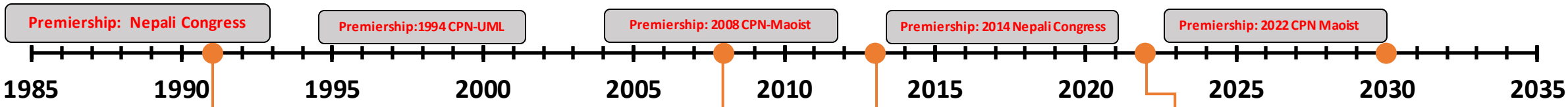

People
Dignity
सम्मान
Impact
Politics
Scale up
Programmes
Coverage
Health Systems
Disparity
बिभेद
Policy




# दलहरूको चुनावी घोषणापत्रमा स्वास्थ्य

## 1991

***प्रमुख राजनितीक दलहरु***

## Election 2008

***राजनितीक दल***

एचआईभी एड्सको बढ्दो प्रकोप रोक्न पूर्व सतर्कता, रोकथाम र उपचारको व्यवस्था गर्न राज्यले विशेष ध्यान दिनेछ ।

1. न्यून आय भएका जनता खासगरी ग्रामीण र दुर्गम भेगका जनता, बालबालिका र महिलाले सहजै स्वास्थ्य सेवा प्राप्त गर्न सक्ने गरी सरकारी अस्पतालको सञ्जाल र गुणस्तरीय सेवा, स्वास्थ्य वीमा सुनिश्चित गर्नु राज्यको दायित्व हुनेछ ।

***राजनितीक दल***

1. स्वास्थ्यलाई सबैको मौलिक अधिकारका रुपमा स्थापित गरिनेछ र सबैका लागि स्वास्थ्य को अवधारणा कार्यान्वयन गरिनेछ । सबैलाई आधारभुत स्वास्थ्यसेवा नि:शुल्क उपलब्ध गराइनेछ ।
2. प्रत्यक गाउँ विकास समितिमा कम्तिमा पनि एउटा एलोपेथिक स्वास्थ्य चौकि, आयुर्वेदिक चिकित्सा केन्द्र र प्राकृतिक चिकित्सा केन्द्र स्थापना गर्ने कार्यक्रम संचालन गरिनेछ ।

## Election 2013

***राजनितीक दल*** सबैलाई भरपर्दो, गुणस्तरीय र सुलभ स्वास्थ सेवा" भन्ने मूल लक्ष्यका साथ नेपाली कांग्रेसको स्वास्थ्य क्षेत्रका कार्यक्रम संचालित हुनेछन् ।

1. नेपालको भूभागभित्र बसोवास गर्ने कुनैपनि नेपालीको उपचार हुनसक्ने रोगले अकालमा मृत्यु नहोस् भन्ने स्वास्थ्य नीतिको मूल लक्ष्य हुनेछ ।
2. मातृ मृत्युदर शून्यमा झार्ने: मातृत्व संरक्षणको पूर्ण दायित्व राज्यले लिने र विकट क्षेत्रमा एयर एम्बुलेन्सको समेत व्यवस्था गरी सुत्केरी आमाहरूको संरक्षण गर्ने ।
3. आधारभूत स्वास्थ्य सेवालाई नागरिकको मौलिक हकका रूपमा ग्यारेन्टी गर्ने ।
4. पिछडिएका क्षेत्र र सामाजिक संरक्षणको घेराबाट बाहिर परेका आम जनतालाई सामाजिक सहायताका कार्यक्रमबाट राहत दिने ।

***राजनितीक दल***

सम्पूर्ण नेपालीका लागि प्रमुख ५० वटा रोगको स्वास्थ्य बिमा गरिनेछ ।

1. दलितलाई निःशुल्क स्वास्थ्य सेवाको व्यवस्था गरिनेछ ।
2. सबै बालबालिकाहरुलाई पोषण, शिक्षा, स्वास्थ्य र सामाजिक सुरक्षाको हक हुनेछ।

## Election 2022

***राजनितीक दल***

स्वास्थ्य बिमित हुने संख्या १००%

1. बाल कुपोषण (पुड्कोपना) २०%

***राजनितीक दल***

निजी, सहकारी तथा सामुदायिक क्षेत्रसँगको पहल, समन्वय र सहकार्यमा निर्मित अस्पतालद्वारा सुलभ र गुणस्तरिय स्वास्थ्य सेवा उपलव्ध हुने कुरा सुनिश्चित गर्ने।

1. प्रत्येक नागरिकको अनिवार्य स्वास्थ्य विमा गर्ने, जेष्ठ नागरिक, विपन्न, दलित, एकल महिला र अपाङ्गता सहितका व्यक्तिको स्वास्थ्य विमा निशुल्क गर्ने,

***राजनितीक दल***

स्वास्थ्य क्षेत्रको सेवालाई जनमैत्री, वैज्ञानिक र प्रभावकारी बनाउन एकीकृत राष्ट्रिय स्वास्थ्य गुरुयोजना बनाई लागु गरिने छ ।

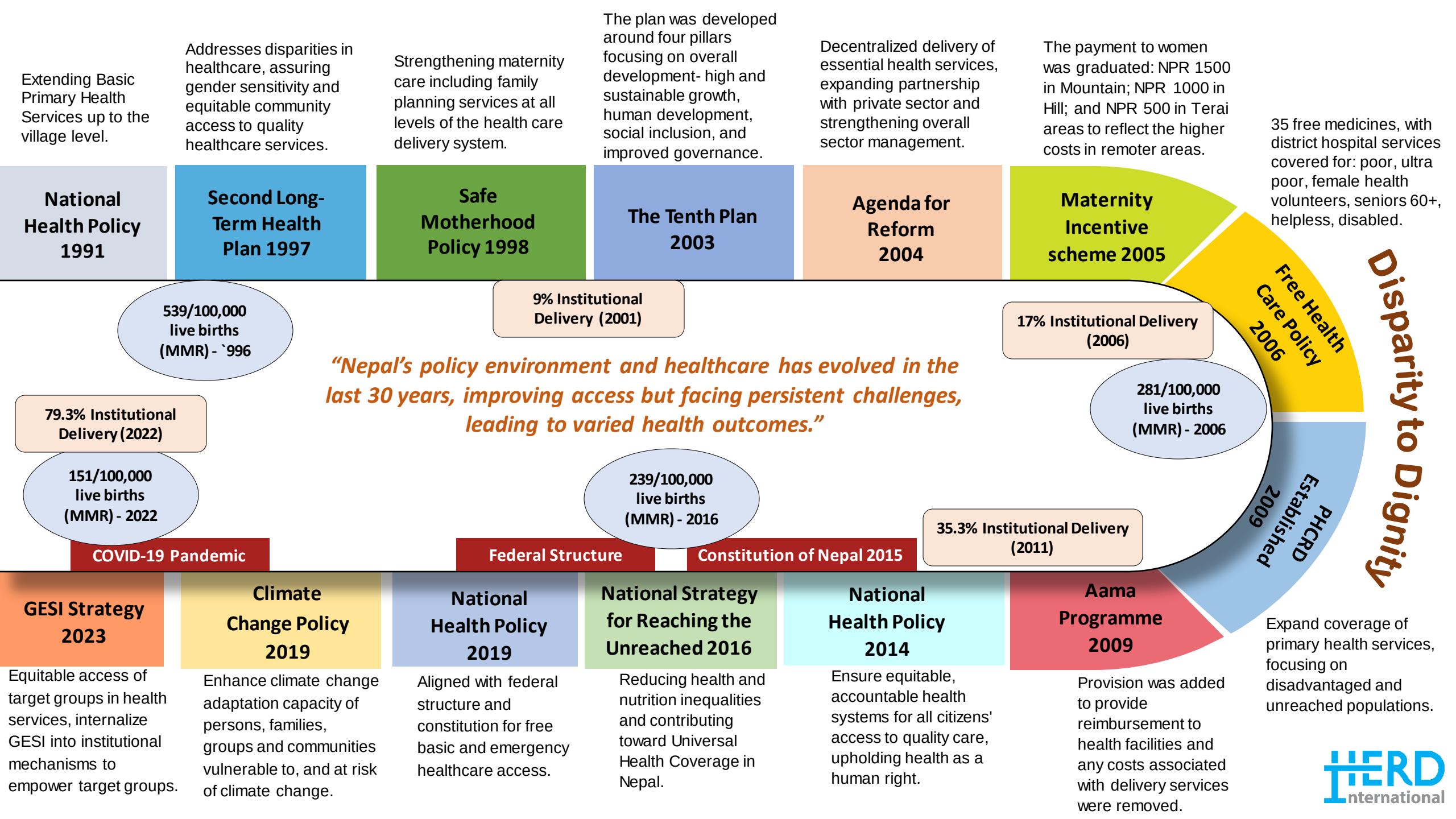
1. मुलुकको स्वास्थ्य सेवाको गुणस्तर वृद्धि र विशिष्टीकृत स्वास्थ्य सेवाको उपलब्धताबाट नेपाली नागरिक उपचारका लागि विदेश जानु नपर्ने र विदेशी नागरिक समेत उपचारका लागि नेपाल आउने वातावरण निर्माण गरिने छ ।

***रा राजनितीक दल***

पक्षघात भएका, अपांग तथा वृद्दहरूका लागि घरमै स्वास्थ्य सेवा

1. आकस्मिक मेडिकल उपचार तथा प्रसब ऐन बनाउने र आकस्मिक विभागमा आउने कुनै पनि विरामी वा गर्भवती महलालाइ शुल्क तिर्ने क्षमताको मतबल नराखी अनिवार्य स्वास्थ्य उपचार गर्ने।

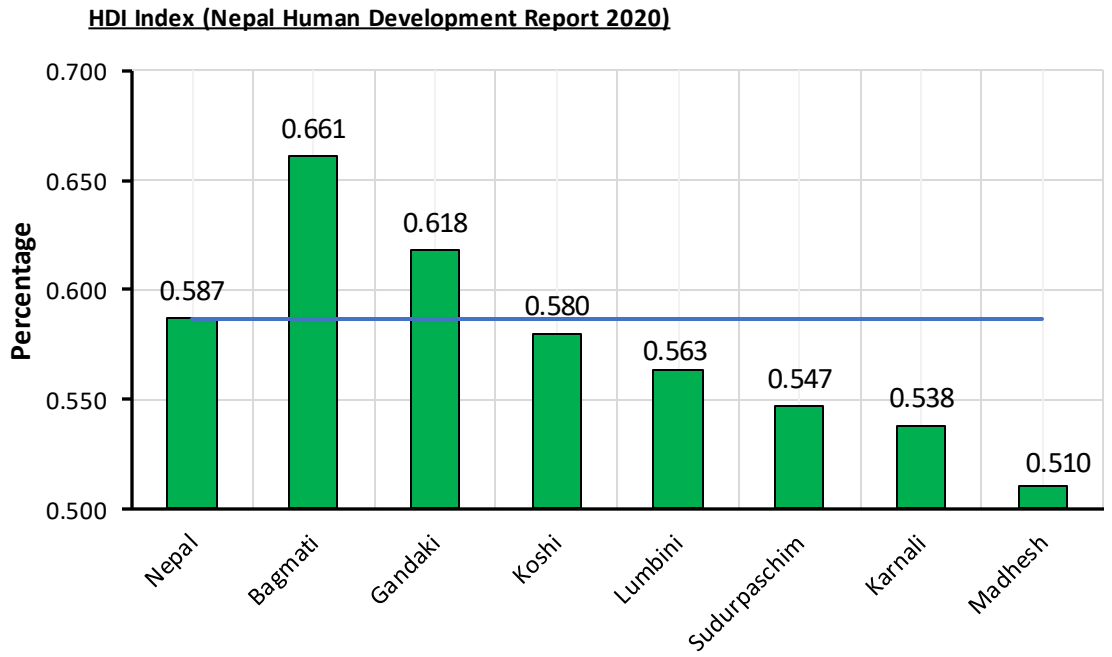
# Policy and Power


Extending Basic Primary Health Services up to the village level.
National Health Policy 1991
539/100,000 live births (MMR) - `996
Addresses disparities in healthcare, assuring gender sensitivity and equitable community access to quality healthcare services.
Second Long-Term Health Plan 1997
Strengthening maternity care including family planning services at all levels of the health care delivery system.
Safe Motherhood Policy 1998
9% Institutional Delivery (2001)
The plan was developed around four pillars focusing on overall development- high and sustainable growth, human development, social inclusion, and improved governance.
The Tenth Plan 2003
Decentralized delivery of essential health services, expanding partnership with private sector and strengthening overall sector management.
Agenda for Reform 2004
The payment to women was graduated: NPR 1500 in Mountain; NPR 1000 in Hill; and NPR 500 in Terai areas to reflect the higher costs in remoter areas.
Maternity Incentive scheme 2005
17% Institutional Delivery (2006)
35 free medicines, with district hospital services covered for: poor, ultra poor, female health volunteers, seniors 60+, helpless, disabled.
Free Health Care Policy 2006
281/100,000 live births (MMR) - 2006
"Nepal's policy environment and healthcare has evolved in the last 30 years, improving access but facing persistent challenges, leading to varied health outcomes."
Disparity to Dignity
79.3% Institutional Delivery (2022)
151/100,000 live births (MMR) - 2022
239/100,000 live births (MMR) - 2016
35.3% Institutional Delivery (2011)
Established PHCRD 2009
COVID-19 Pandemic
Federal Structure
Constitution of Nepal 2015
GESI Strategy 2023
Equitable access of target groups in health services, internalize GESI into institutional mechanisms to empower target groups.
Climate Change Policy 2019
Enhance climate change adaptation capacity of persons, families, groups and communities vulnerable to, and at risk of climate change.
National Health Policy 2019
Aligned with federal structure and constitution for free basic and emergency healthcare access.
National Strategy for Reaching the Unreached 2016
Reducing health and nutrition inequalities and contributing toward Universal Health Coverage in Nepal.
National Health Policy 2014
Ensure equitable, accountable health systems for all citizens' access to quality care, upholding health as a human right.
Aama Programme 2009
Provision was added to provide reimbursement to health facilities and any costs associated with delivery services were removed.
Expand coverage of primary health services, focusing on disadvantaged and unreached populations.
HERD International

# Health Systems
# Health Interventions
# Health Gains

# Disparities in demographic distribution

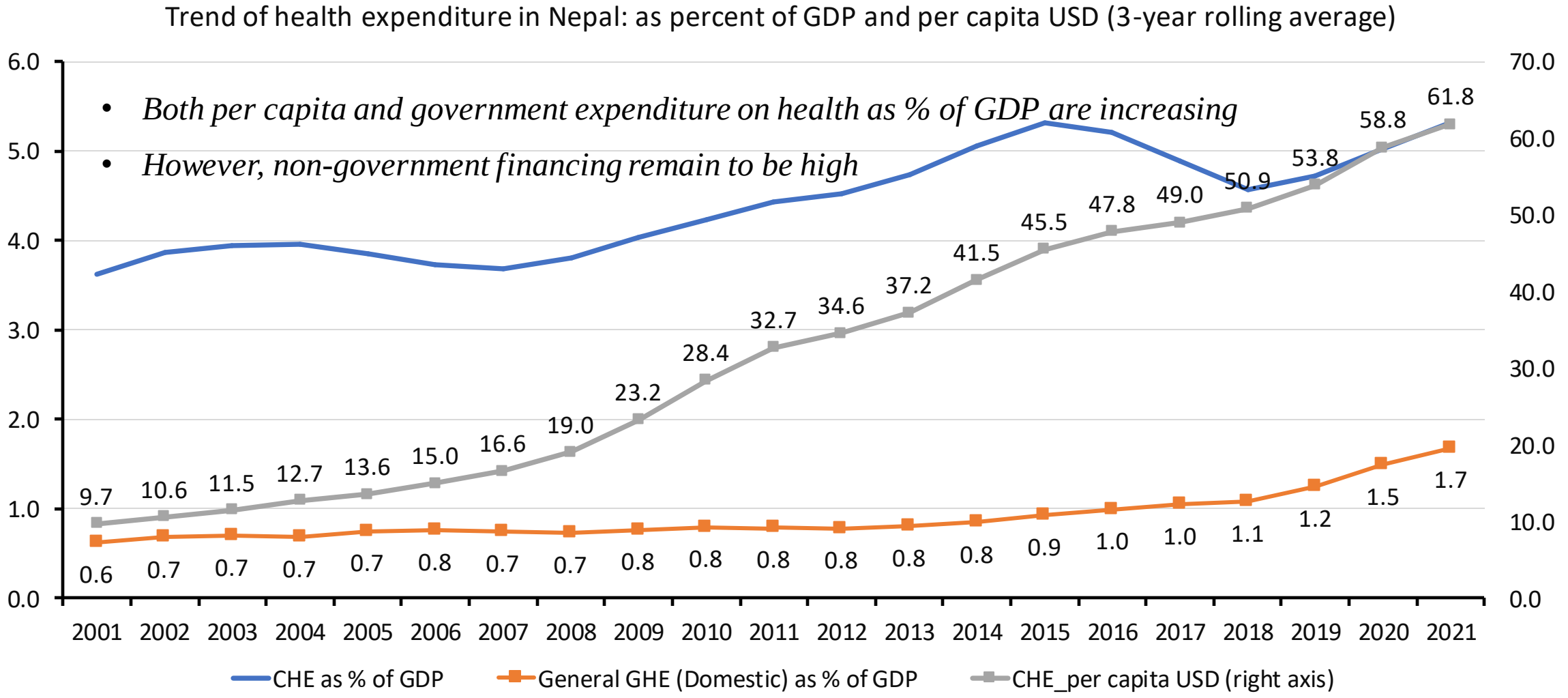
| Characteristics | Koshi | Madhesh | Bagmati | Gandaki | Lumbini | Karnali | Sudur- Paschim | Nepal |
|---|---|---|---|---|---|---|---|---|
| Total population | 4961412 (17%) | 6114600 (21%) | 6116866 (21%) | 2466427 (8.5%) | 5122078 (17.6%) | 1688412 (5.8%) | 2694783 (9.2%) | 29164578 (100%) |
| Sex ratio | 95.0 | 100.6 | 99.4 | 90.4 | 92.0 | 95.3 | 89.5 | 95.6 |
| Household size | 4.2 | 5.3 | 3.9 | 3.7 | 4.5 | 4.6 | 4.7 | 4.4 |
| Population density(people per sq km) | 192 | 633 | 301 | 115 | 230 | 60 | 138 | 198 |
| Annual population growth rate (%) | 0.86 | 1.19 | 0.97 | 0.25 | 1.24 | 0.7 | 0.52 | 0.92 |




- Population distribution and composition reveal unequal distribution across the nation.
- Human development status also varies within the same country during the same era.

*Data Source: CENSUS 2021; Human Development Report 2020*

# Trend of health expenditure in Nepal: as percent of GDP and per capita USD (*3-year rolling average*)

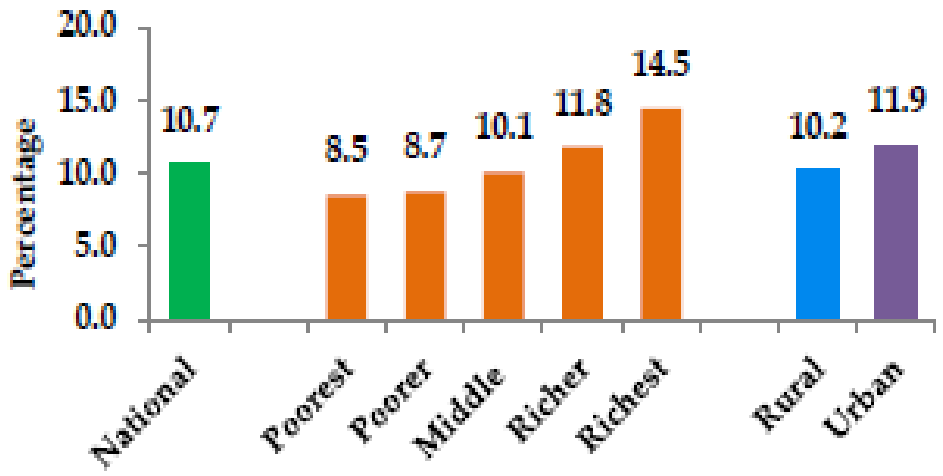



*Data Source: WHO database.*

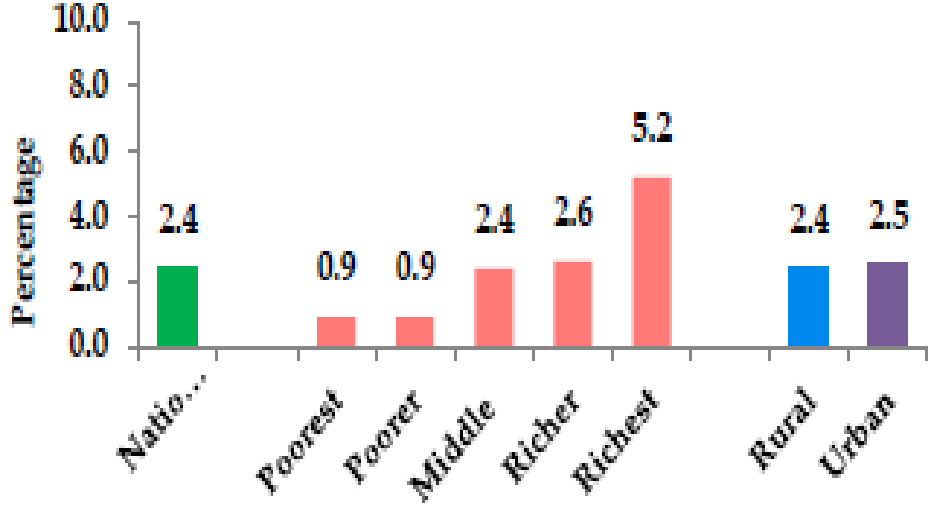
# Incidence of catastrophic expenditure and impoverishment due to OOP spending

## Incidence of catastrophic household OOPs on health, 2014/15

10% threshold, 2014/15

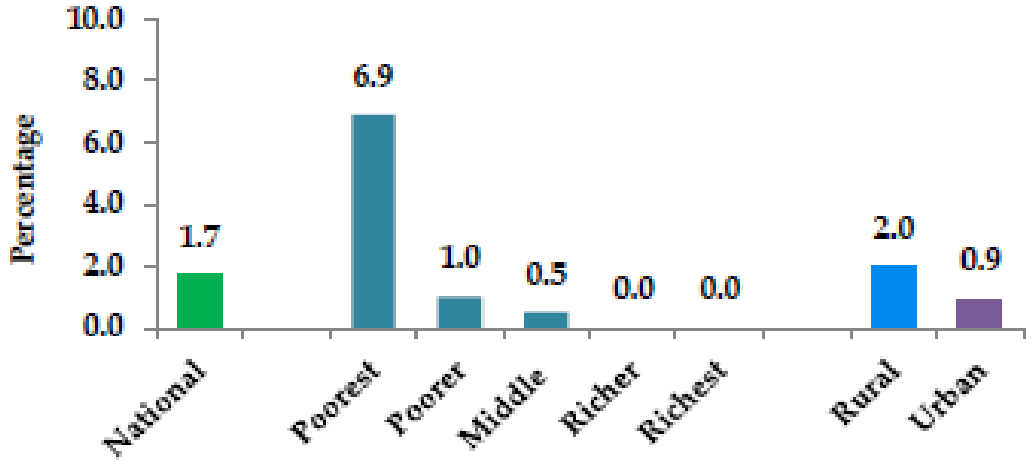



25% threshold, 2014/15

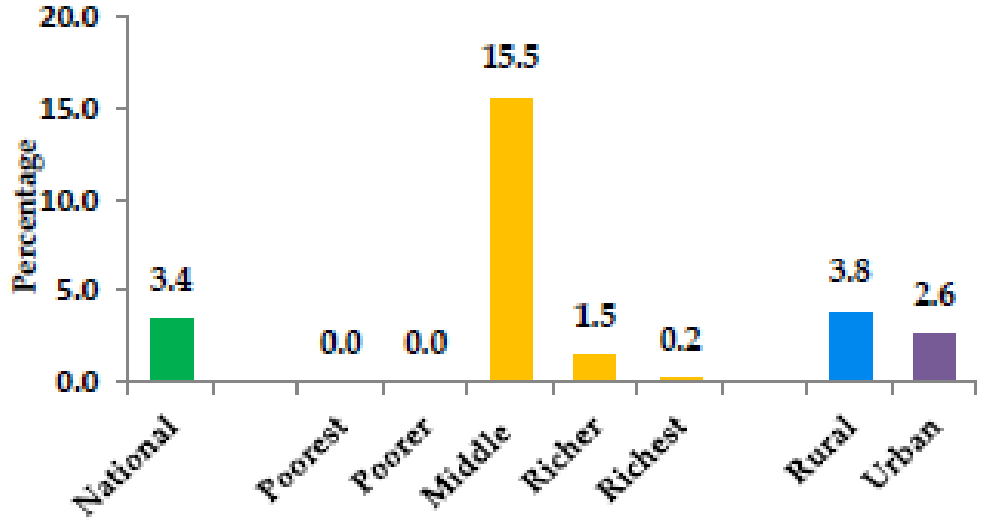



## Impoverishment due to household OOPs on health, 2014/15

At 3.10 Int $, 2014/15

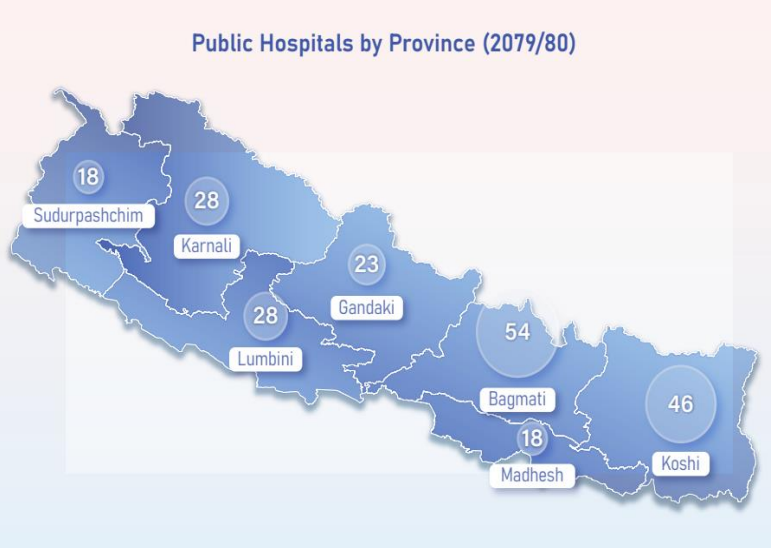


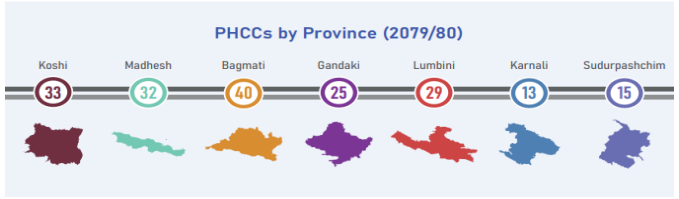

At 1.90 per day Int $, 2014/15

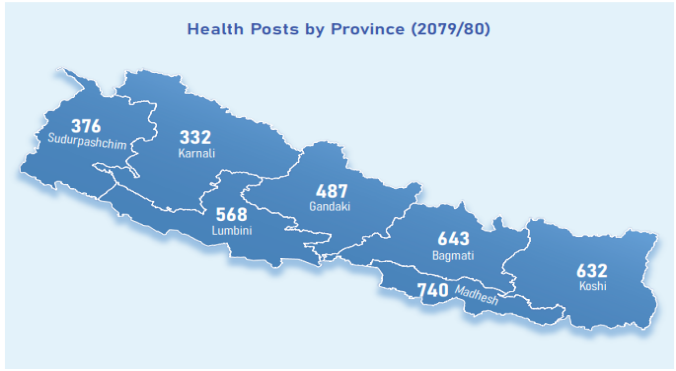


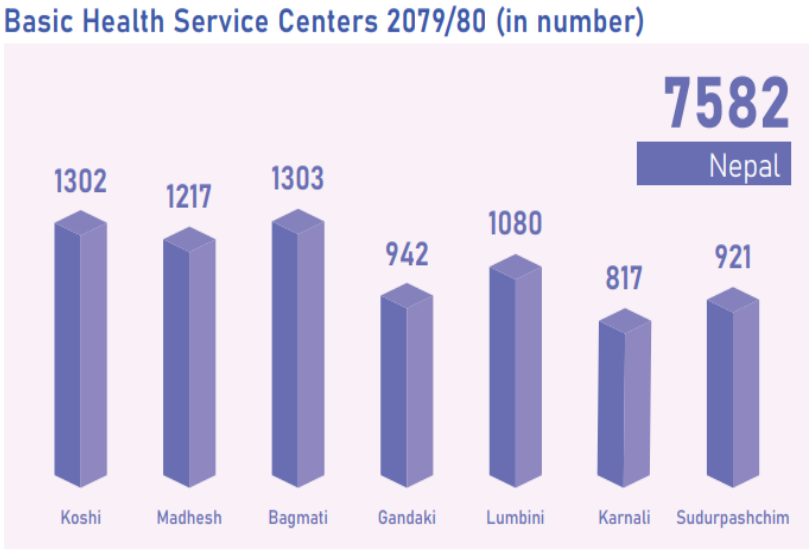

*Source: WHO, 2017: Financial protection in the South-East Asia region: determinants and policy implications.*

# Distribution of health institutions



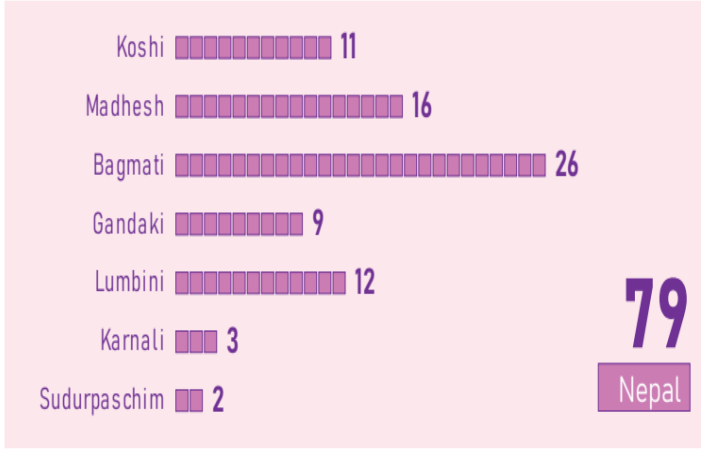




| | Koshi | Madhesh | Bagmati | Gandaki | Lumbini | Karnali | Sudur- Paschim | Nepal |
|---|---|---|---|---|---|---|---|---|
| Number of public Hospitals (per 1,000,000 population ) | 9.3 | 2.9 | 8.8 | 9.3 | 5.5 | 16.6 | 6.7 | 7.4 |
| Number of PHCCs (per 1,000,000 population) | 6.7 | 5.2 | 6.5 | 10.1 | 5.7 | 7.7 | 5.6 | 6.4 |
| Number of Health post (per 100,000 population) | 12.7 | 12.1 | 10.5 | 19.7 | 11.1 | 19.7 | 14.0 | 13.0 |
| Number of BHSC (per 100,000 population) | 26.2 | 19.7 | 21.3 | 38.2 | 21.1 | 48.4 | 34.2 | 26.0 |

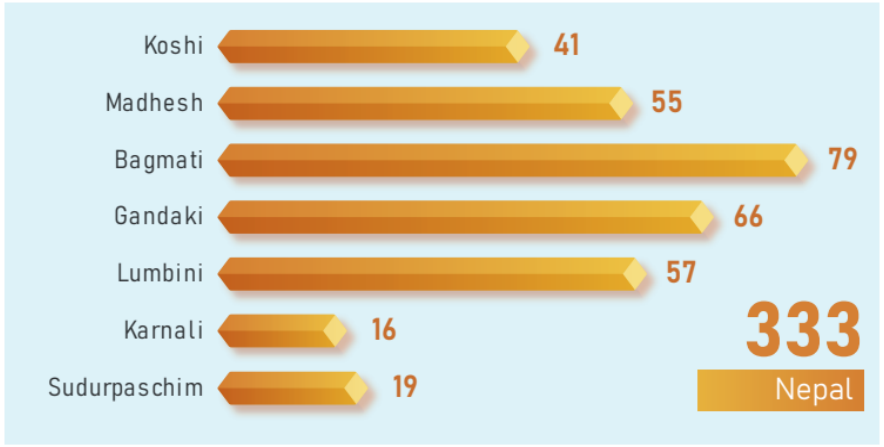
# Distribution of health facilities

## Specialized Hospitals* (100 beds and Above) 2079/80 (in number)


## General Hospitals (100 - 300 Beds) 2079/80 (in number)

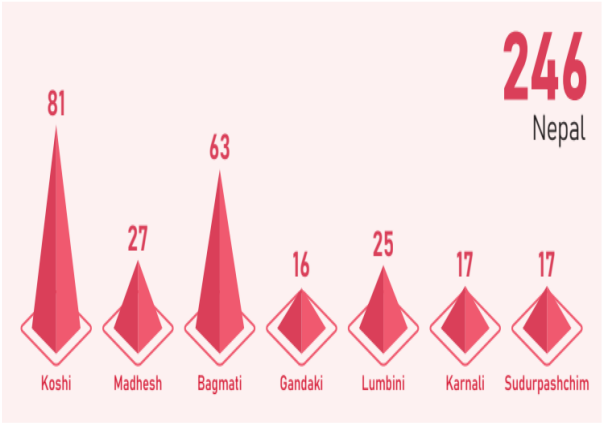



## General Hospitals (25 - 50 Beds) 2079/80 (in number)

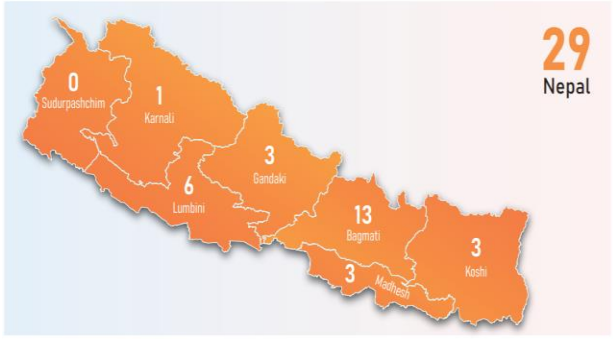



## Super Speciality Hospitals* (50+ Beds) 2079/80 (in number)

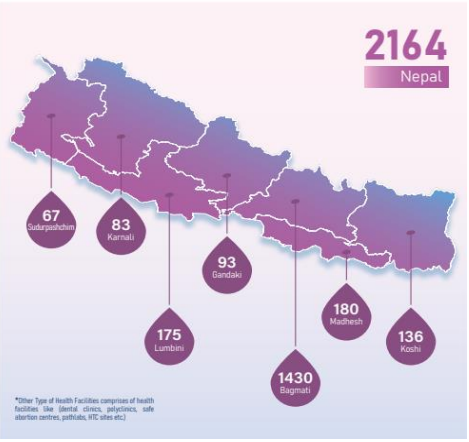

## Basic Hospitals (5 - 15 Beds) 2079/80 (in number)




## Academy and Teaching Hospital (300+ Beds) 2079/80 (in number)




## Other Type of Health Facilities* (in number)




Source: DoHS Annual Report 2079/80

# Health human resource

## Percentages of MoHP Sanctioned Posts Filled by Provider Category, Facility Type and Province

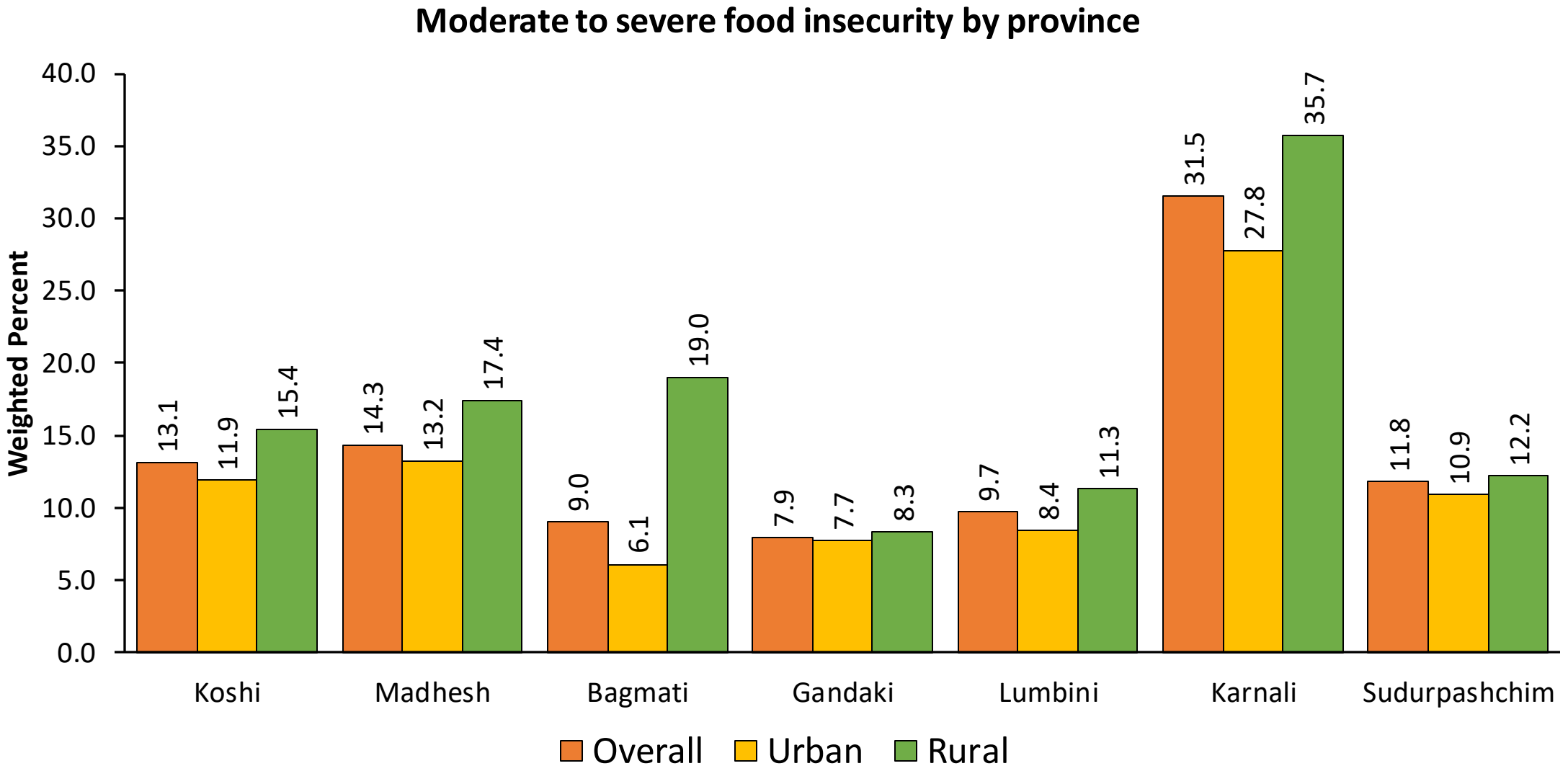
| Background characteristics | Consultants | Physicians/general practitioners | Medical officers | Nurses | Paramedics * | All providers** |
|---|---|---|---|---|---|---|
| **Province** | | | | | | |
| Koshi | 23.4 | 50 | 33.3 | 73.3 | 67.5 | 65.2 |
| Madhesh | 34 | 44.4 | 65.9 | 62.3 | 85.2 | 82.7 |
| Bagmati | 77.2 | 50 | 71.8 | 88.6 | 83.5 | 82.6 |
| Gandaki | 52.1 | 37.5 | 36.6 | 57 | 59.2 | 57.2 |
| Lumbini | 48.8 | 33.3 | 32.4 | 53.2 | 73.6 | 68.8 |
| Karnali | 0 | 0 | 23.8 | 58.6 | 71.8 | 69.7 |
| Sudurpaschim | 16.7 | 12.5 | 32.8 | 69.9 | 68.8 | 65.5 |
| **Total** | **53.9** | **37.9** | **53.2** | **74.3** | **75.7** | **73.4** |

Source: NHFS 2021

- Deployment on sanctioned posts is lower in Karnali, Sudurpaschim province
- Consultants and general practitioners are vacant in the sanctioned position at Karnali.

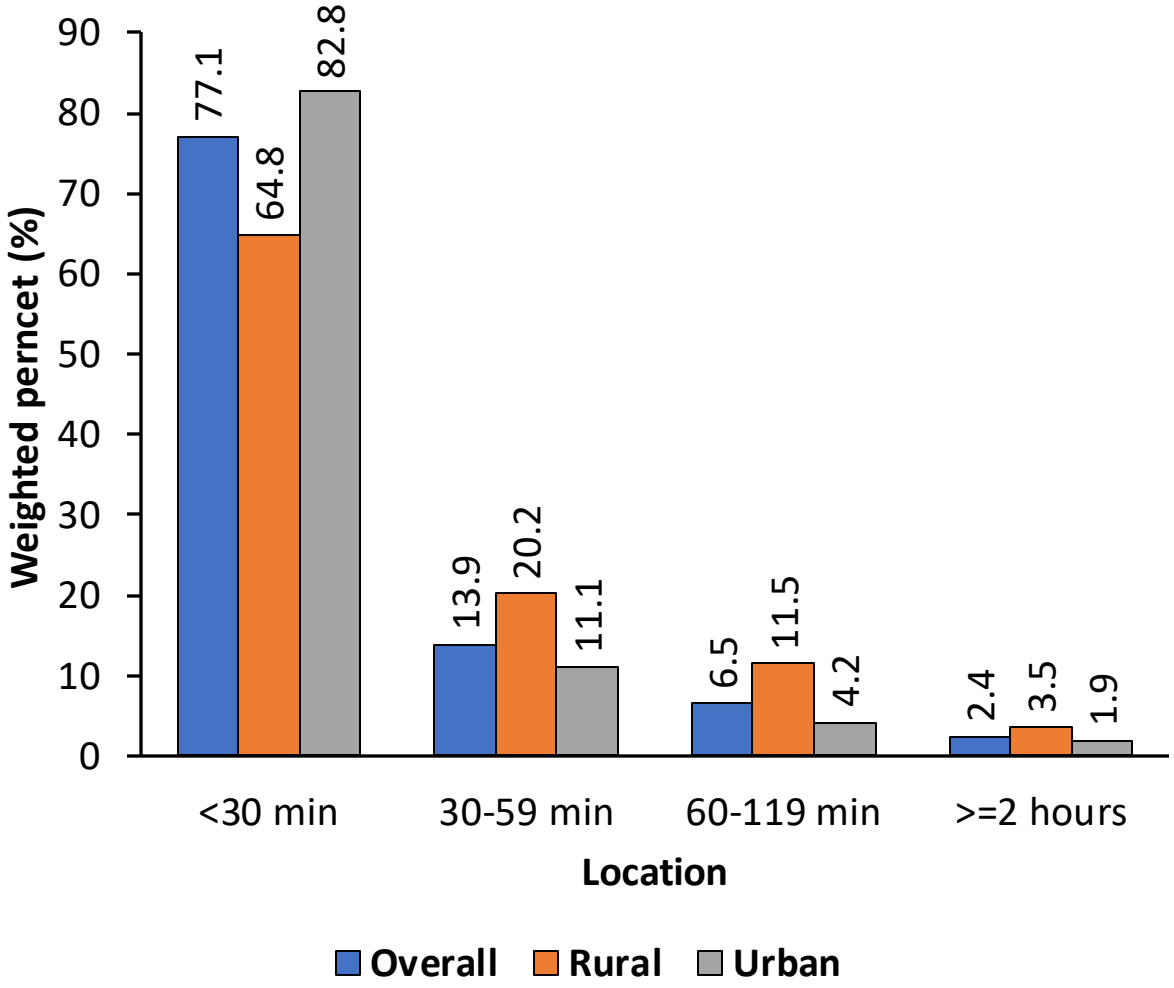
Source: DoHS Annual Report 2079/80

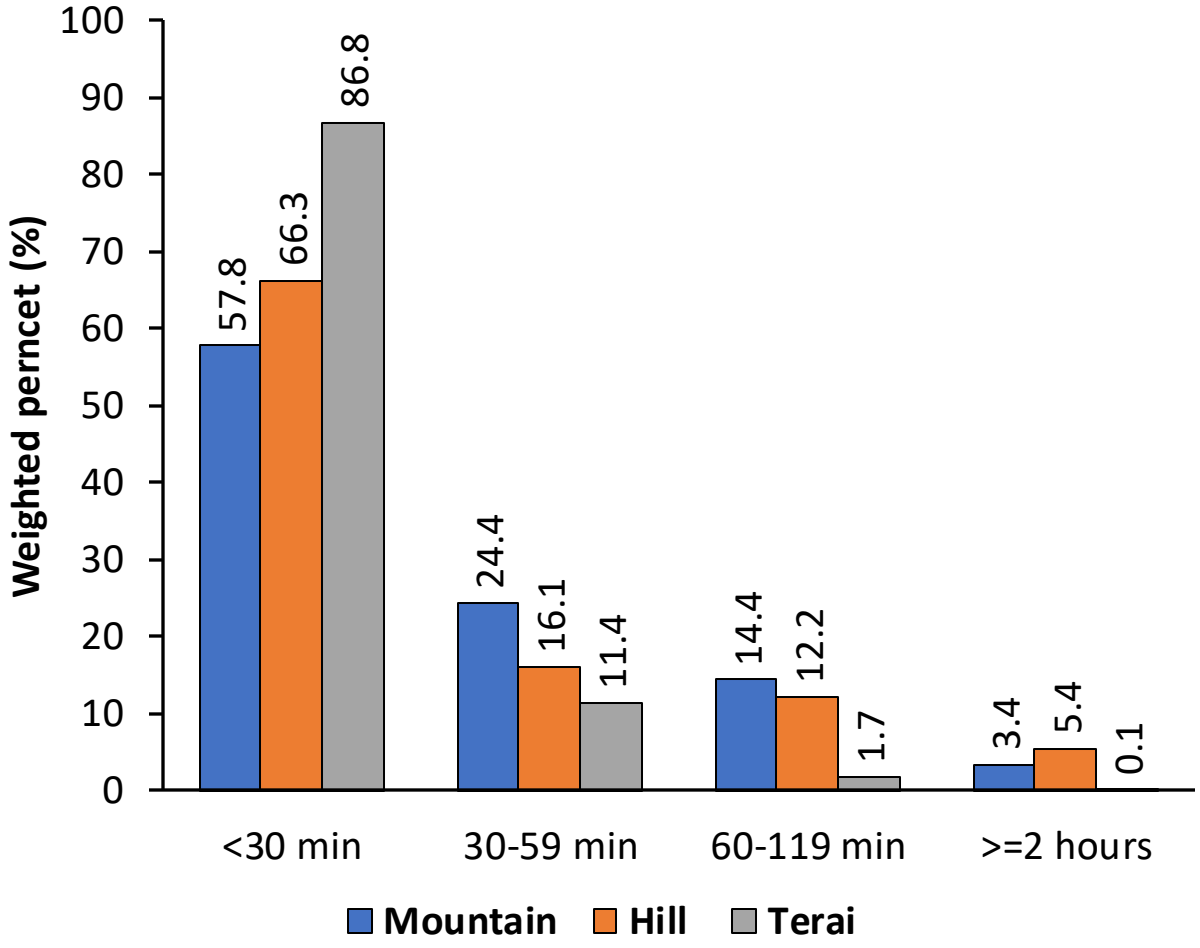
# Food insecurity in Nepal




*Source: Further analysis of NDHS 2022*

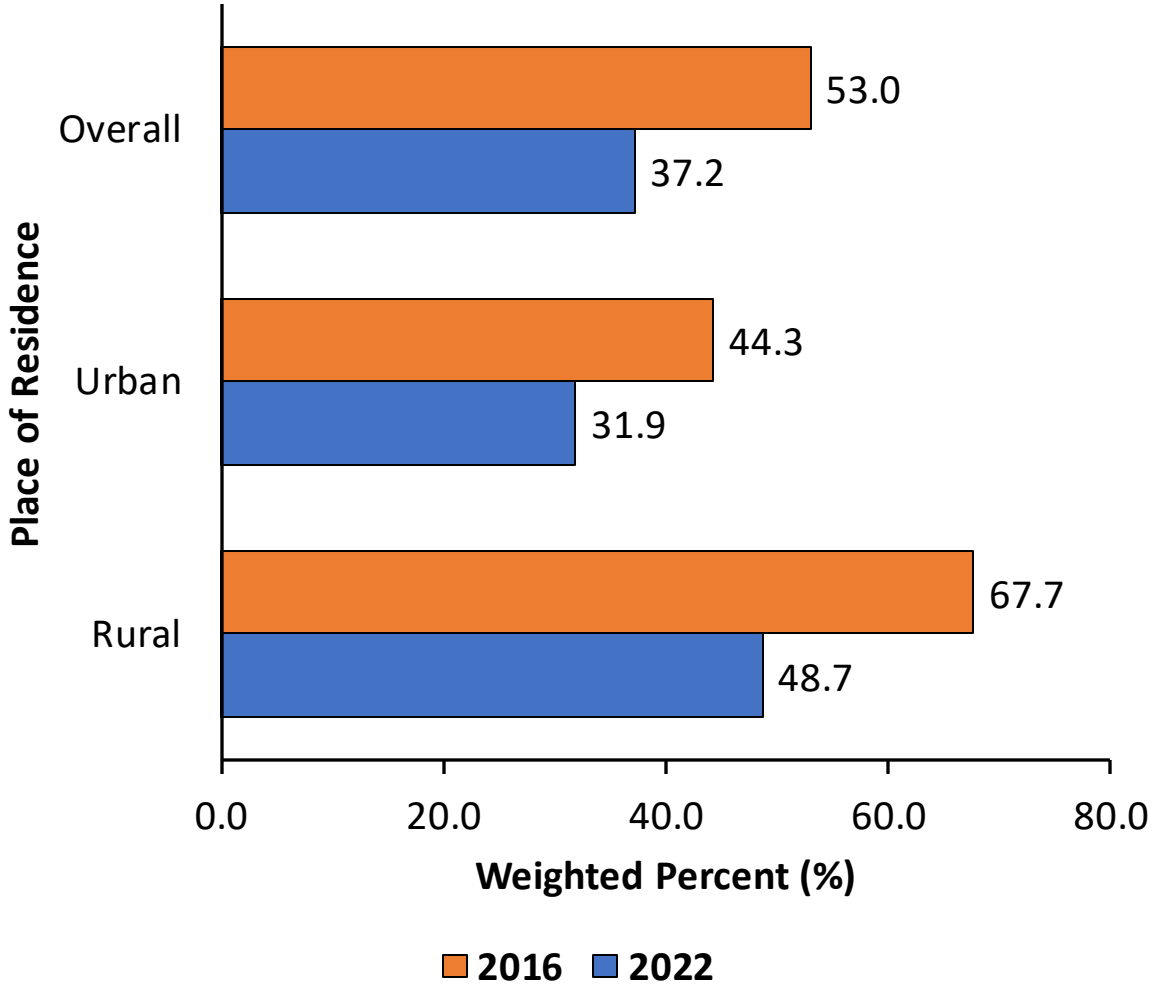
# Distance to nearest HF is still a problem

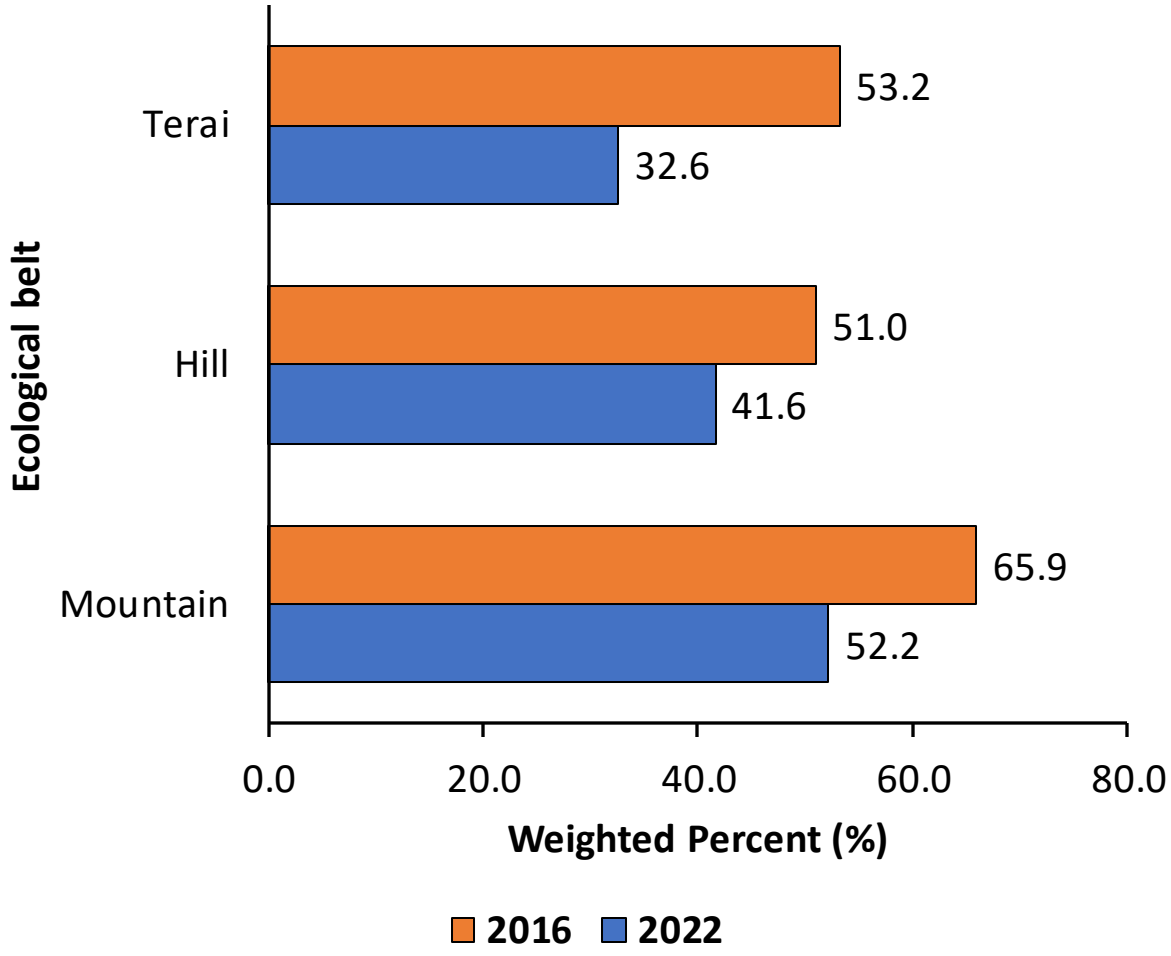



*Source: Further analysis of NDHS 2022*

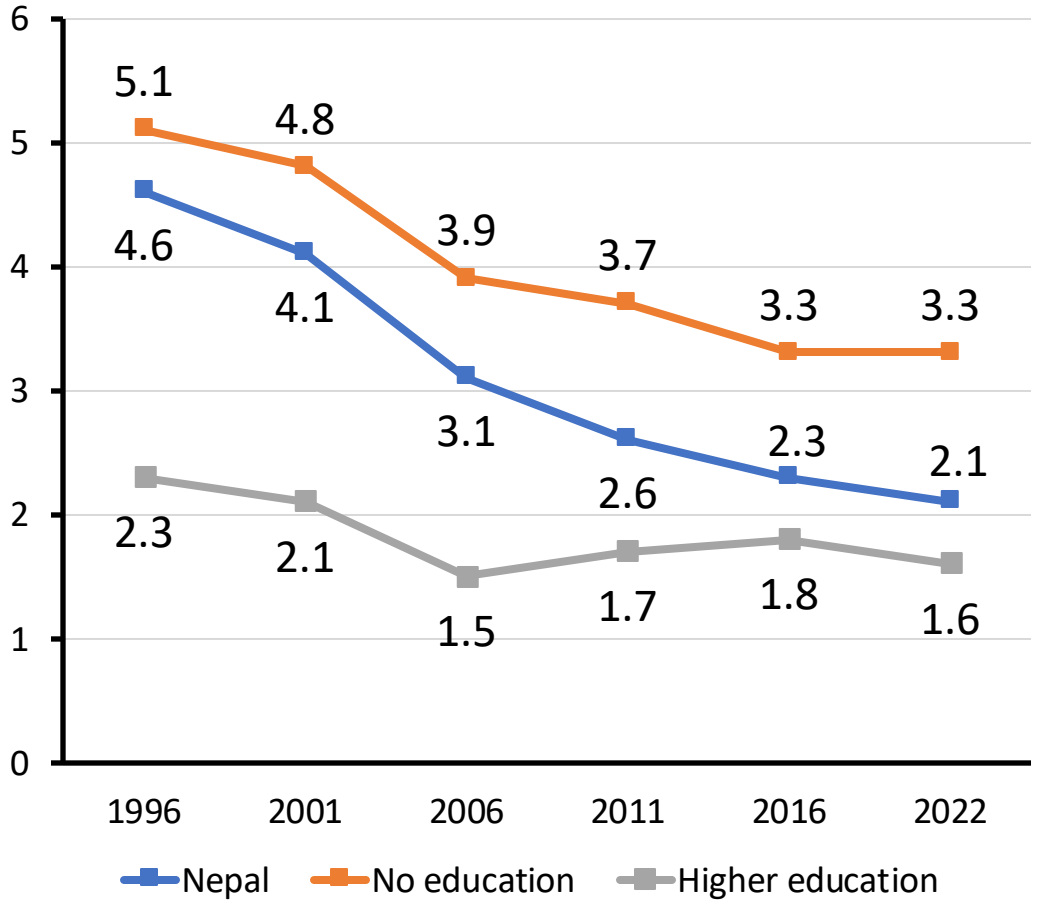
# Distance to HF as perceived barrier among reproductive aged women

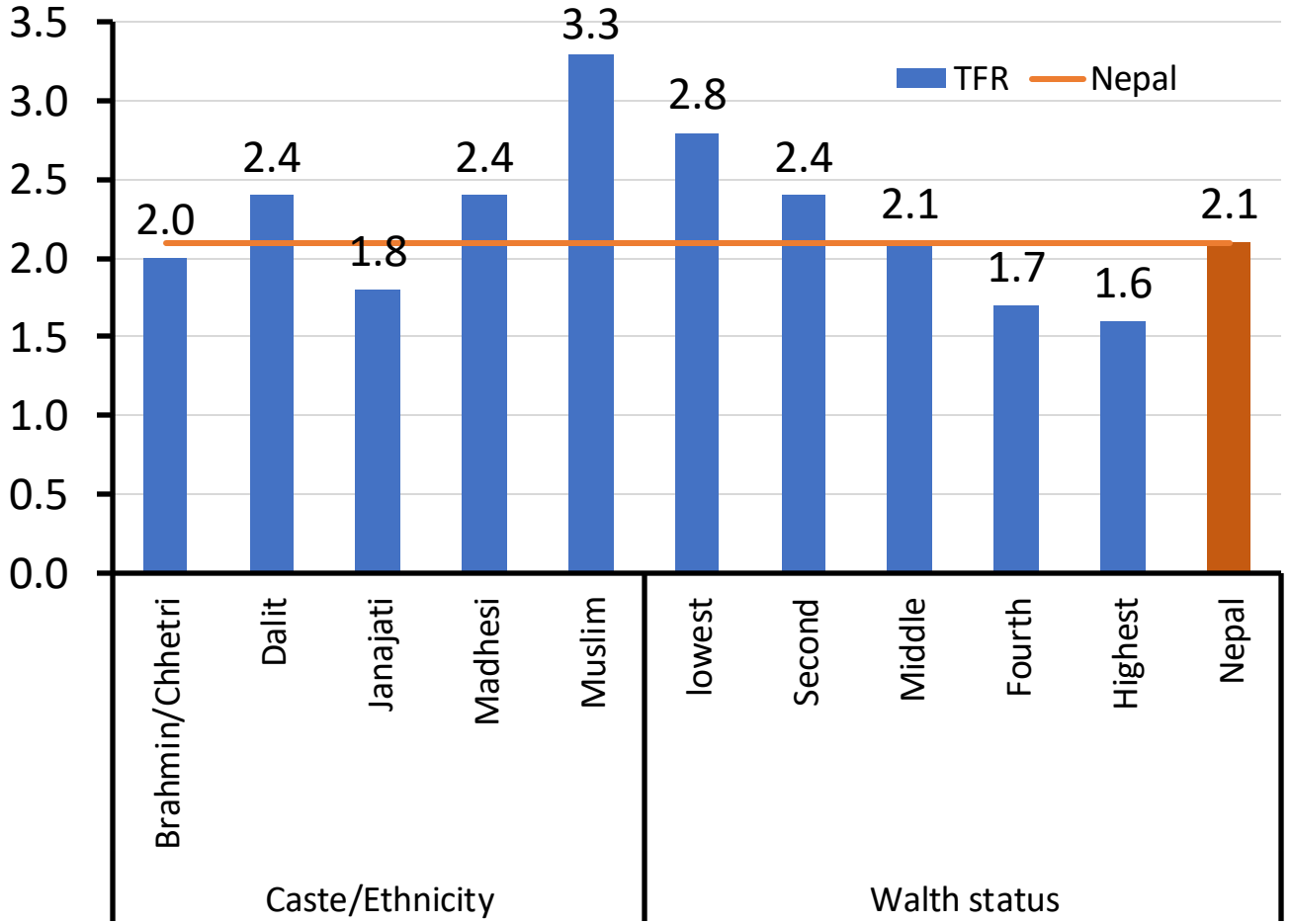



*Source: Further analysis of NDHS 2022*

# Total Fertility Rate

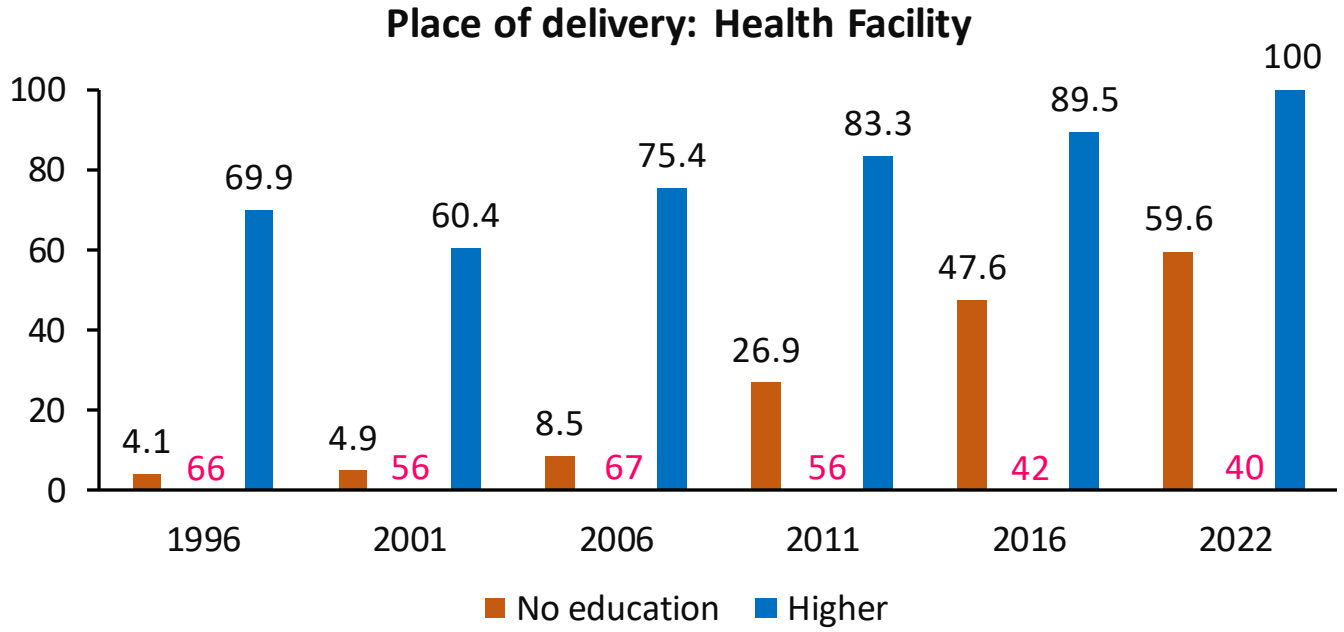


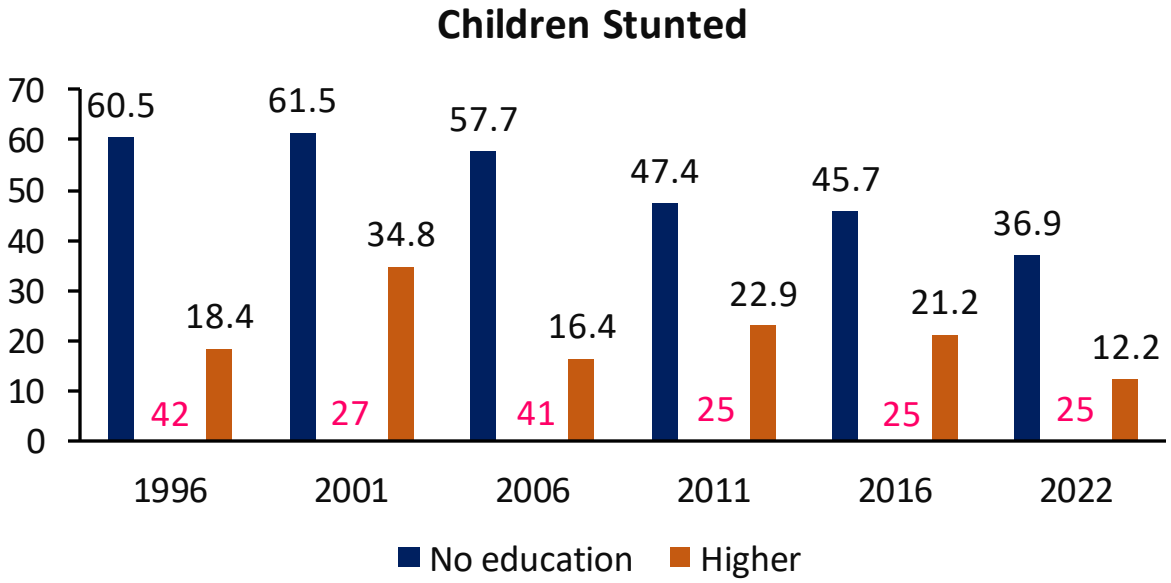



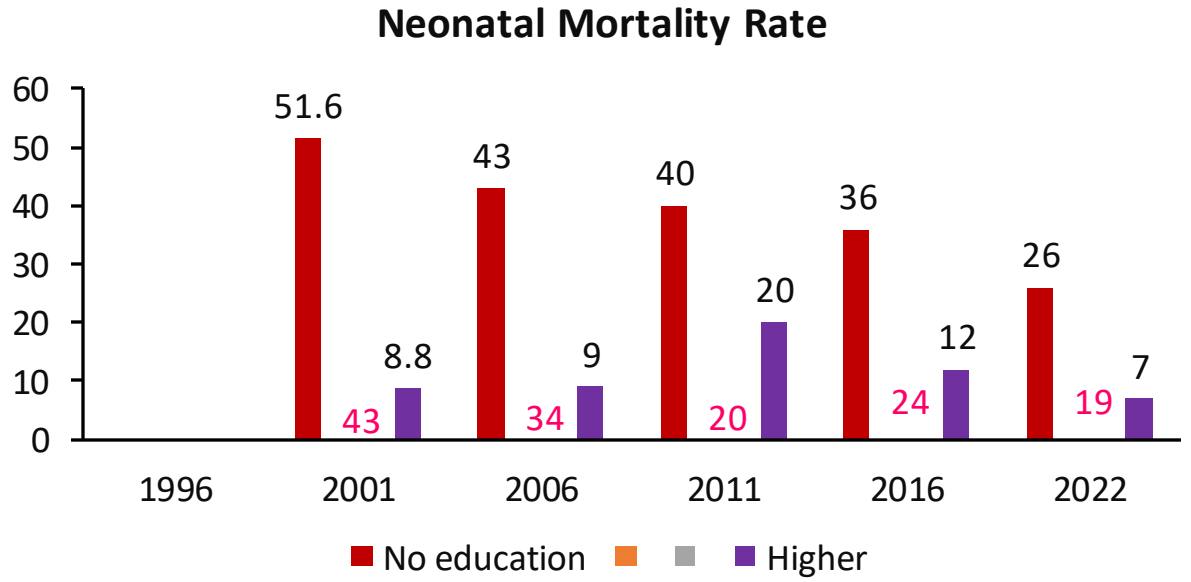

Nepal has successfully reduced the fertility rate from 4.6 in 1996 to 2.1 in 2022. However, there are disparities between educated and non-educated, Muslims and other caste, and families with the lowest wealth status compared to the wealthiest.

*Source: Further analysis of NDHS 2022*

# Prevalence between no educated and higher educated groups

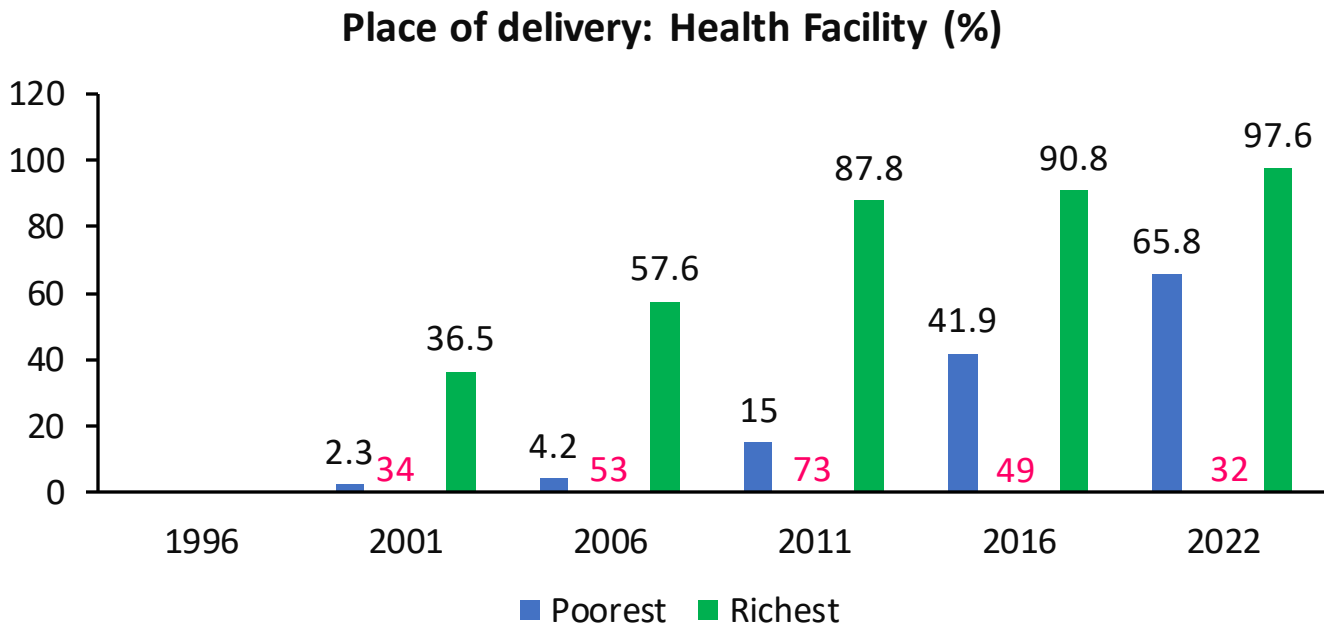


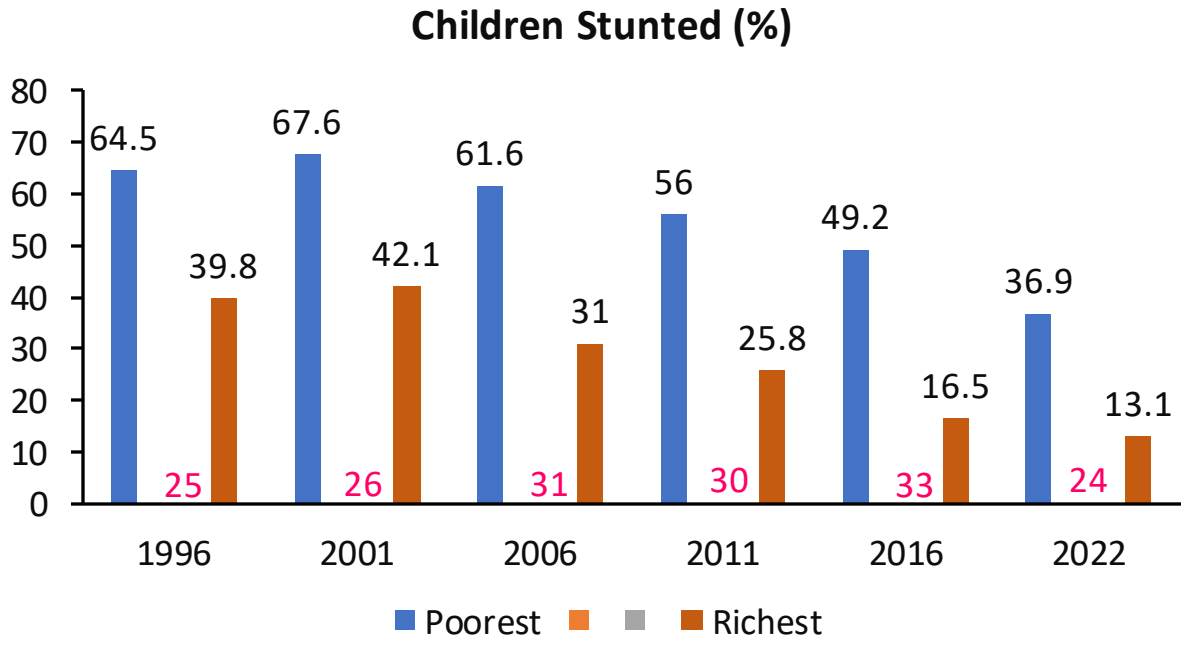



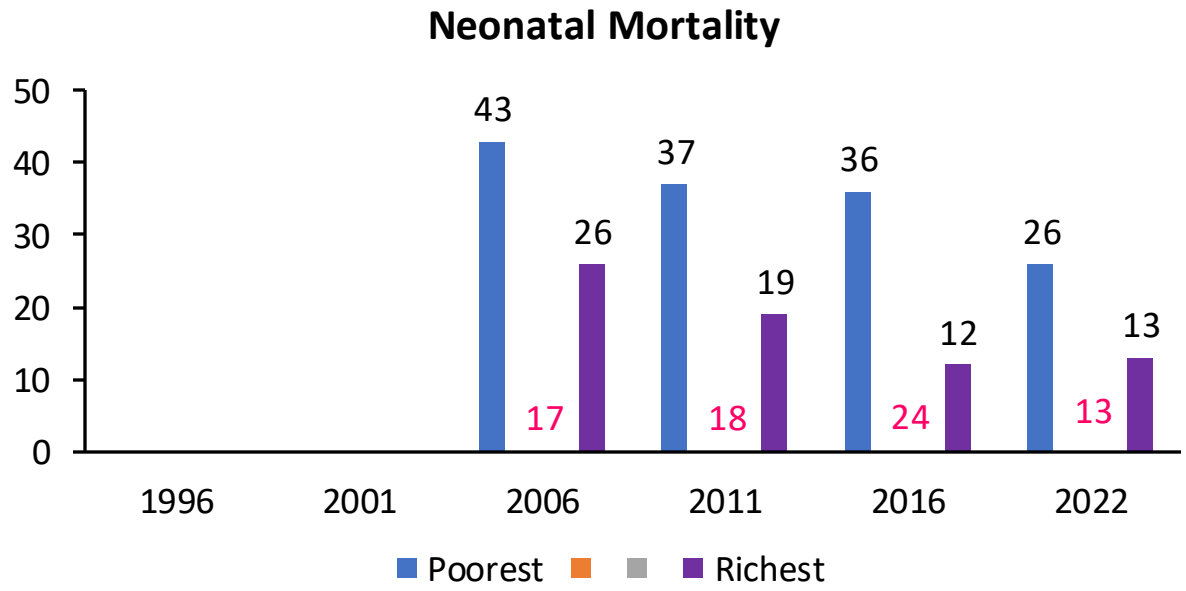




*Source: Further analysis of NDHS 2022*

# Prevalence between poorest and richest groups

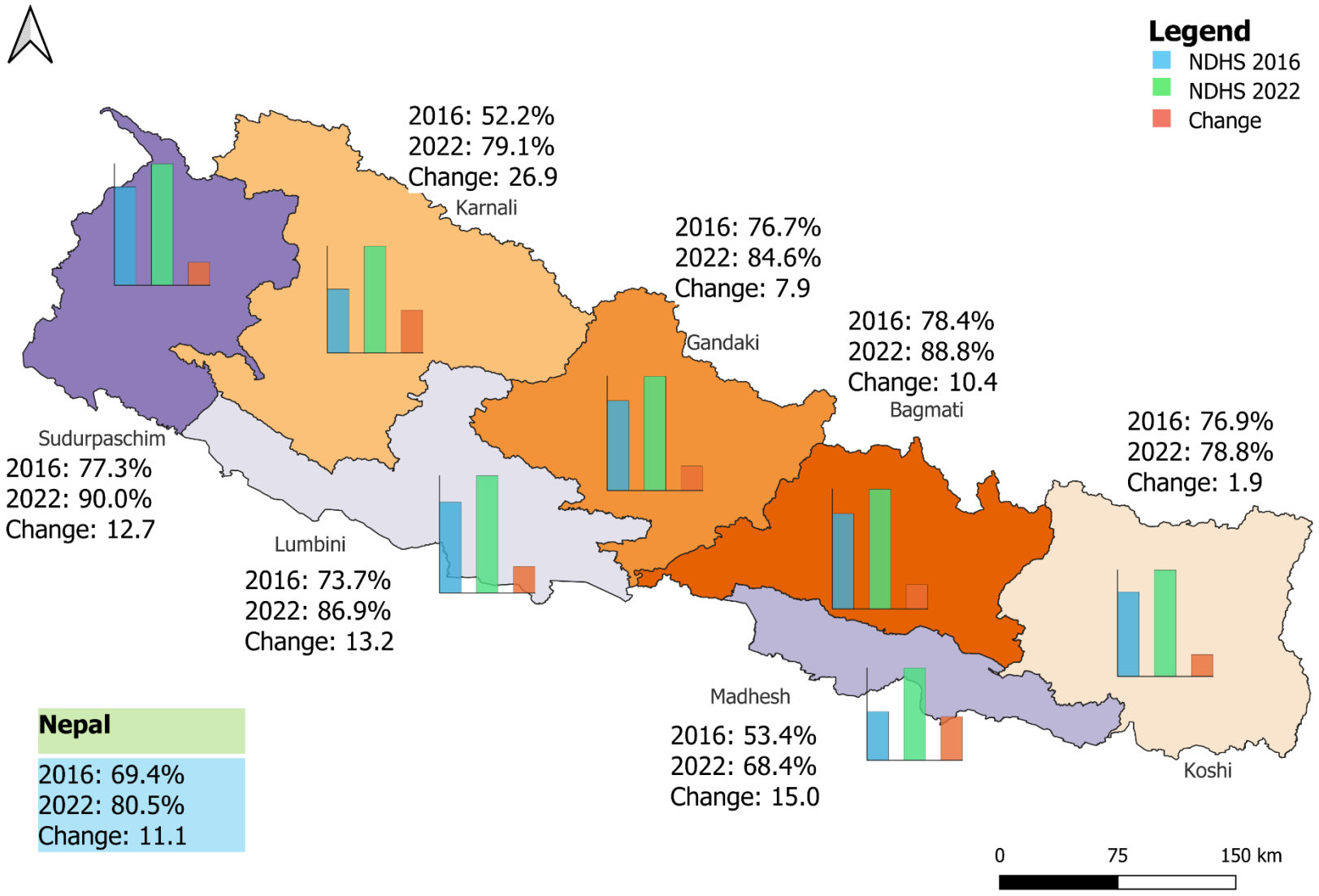



*Source: Further analysis of NDHS 2022*

# 4 or more ANC visits




**Nepal**

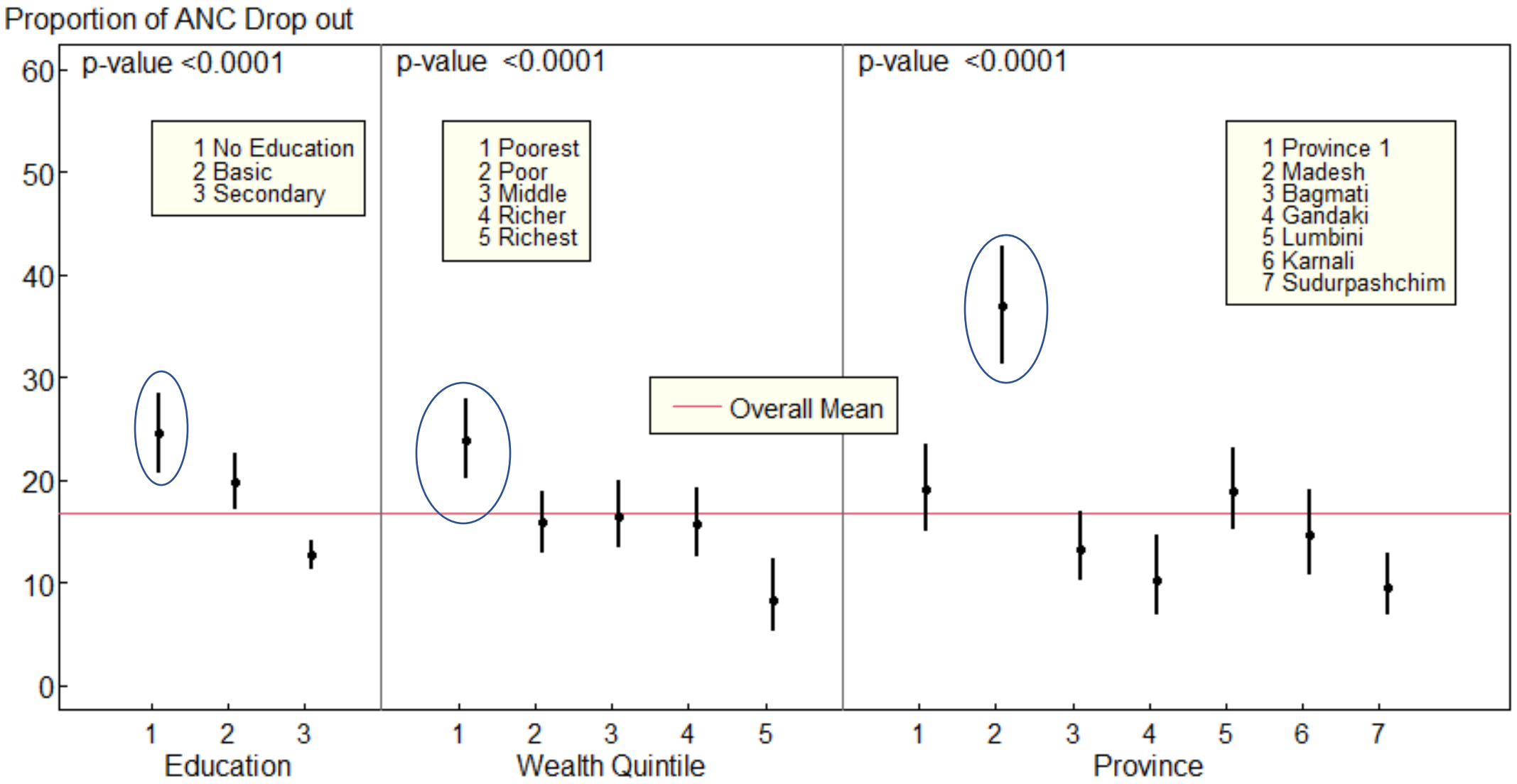
2016: 69.4%
2022: 80.5%
Change: 11.1

| Year | Lowest | Highest | Gap |
|---|---|---|---|
| 2016 | Karnali (52.2%) | Bagmati (78.4%) | 26.2 |
| 2022 | Madhesh (68.4%) | Sudurpaschim (90.0%) | 21.6 |

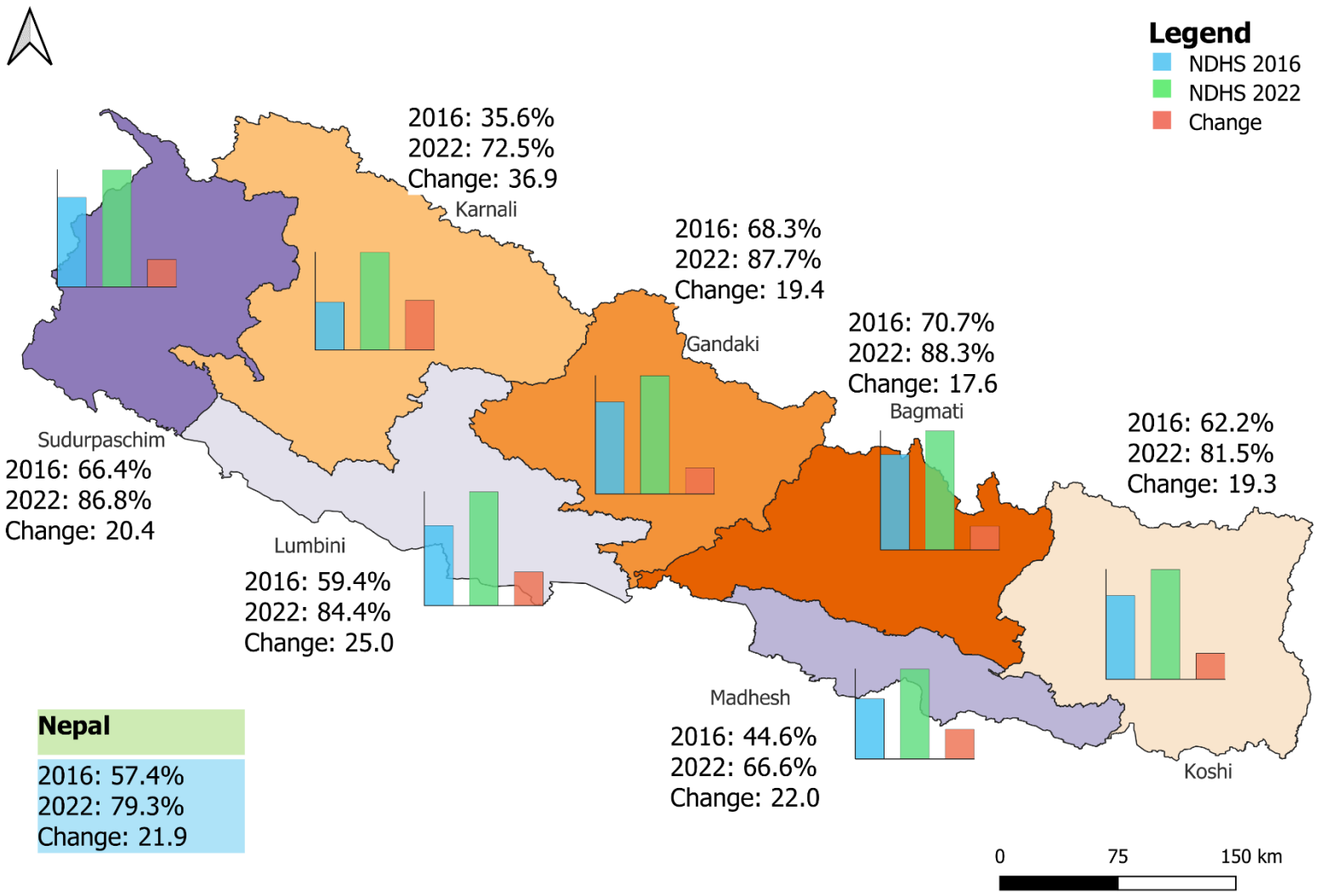
## Between 2016 and 2022

- Sudurpaschim has the highest 4+ANC visits in 2022 while Bagmati province had the highest 4+ANC visits in 2016
- Karnali province has the highest increase in 4+ANC visits with an increase of 26.9 percent points between 2016 and 2022

# Social Determinants associated with ANC Dropout in multivariate logistic regression



# Institutional delivery



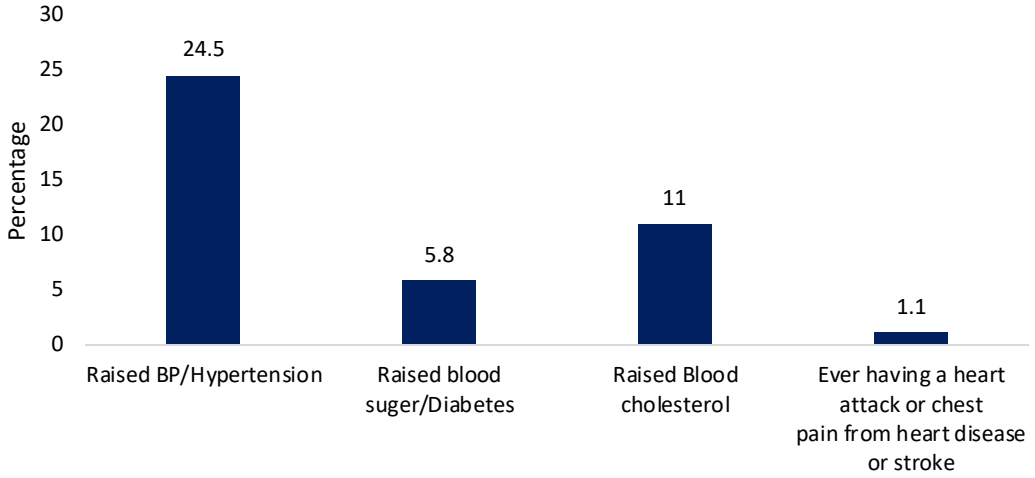

| Year | Lowest | Highest | Gap |
|---|---|---|---|
| 2016 | Karnali (35.6%) | Bagmati (70.7%) | 35.1 |
| 2022 | Madhesh (66.6%) | Bagmati (88.3%) | 21.7 |

- Overall, there has been an increase in the percentage of pregnant women delivering in health facilities from 57.4% in 2016 to 79.3% in 2022.
- The highest change occurred in Karnali province, where percentage of pregnant women delivering in health facilities increased by 36.9% per year.
- The lowest change occurred in the Bagmati province with only 3.2% increase.

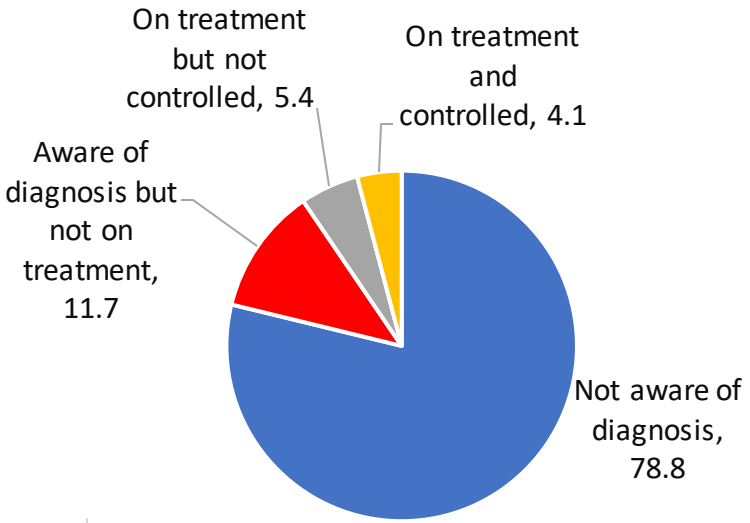
NDHS 2016, NDHS 2022

# Non-communicable disease

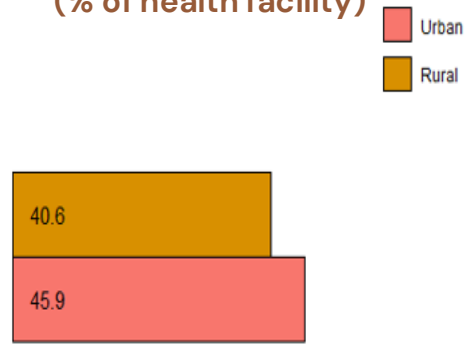
## Non communicable disease in key indicators in Nepal




## Treatment seeking status: Among those with raised BP

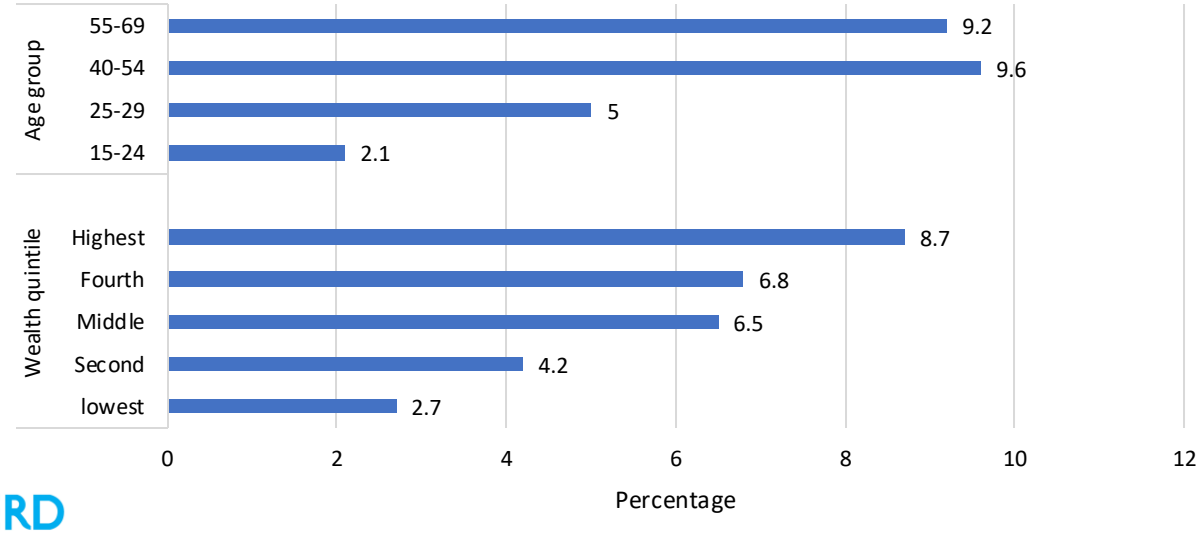



## Readiness for Diabetes Services (% of health facility)




Source: NHFS 2021

## Prevalence of raised blood sugar/Diabetes by age and wealth

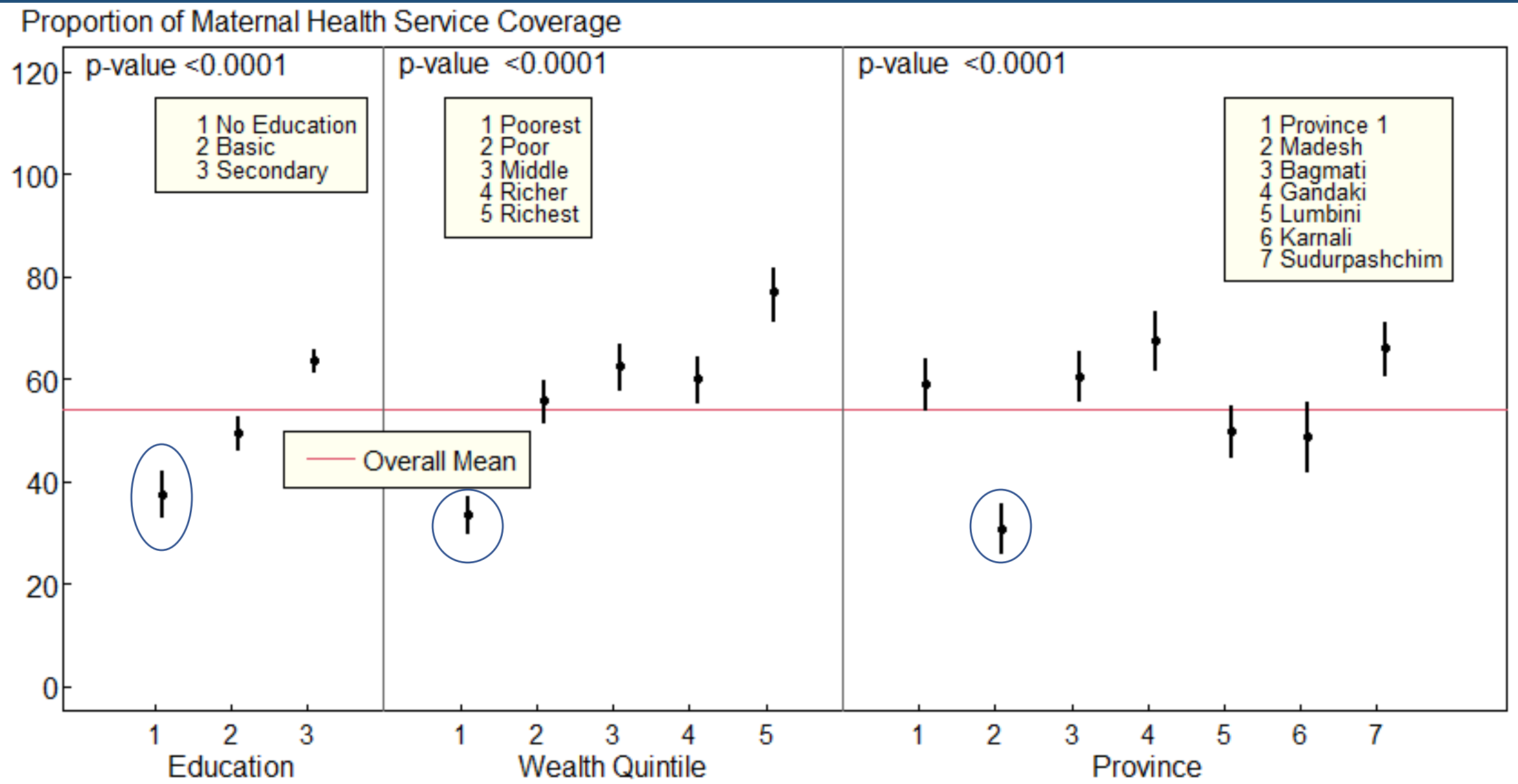



- The prevalence of hypertension is 24.5% in Nepal
- 5.8% people are suffering from raised blood sugar/diabetes
- Every one in ten people has raised blood cholesterol situation
- 79 % people with hypertension were not about of diagnosis and about 12% were aware but no on treatment
- The prevalence of diabetes among the higher age citizen questions the healthily ageing
- Population from highest wealth quintile were more vulnerable for diabetes
- Service readiness is poor for diabetes service in rural areas

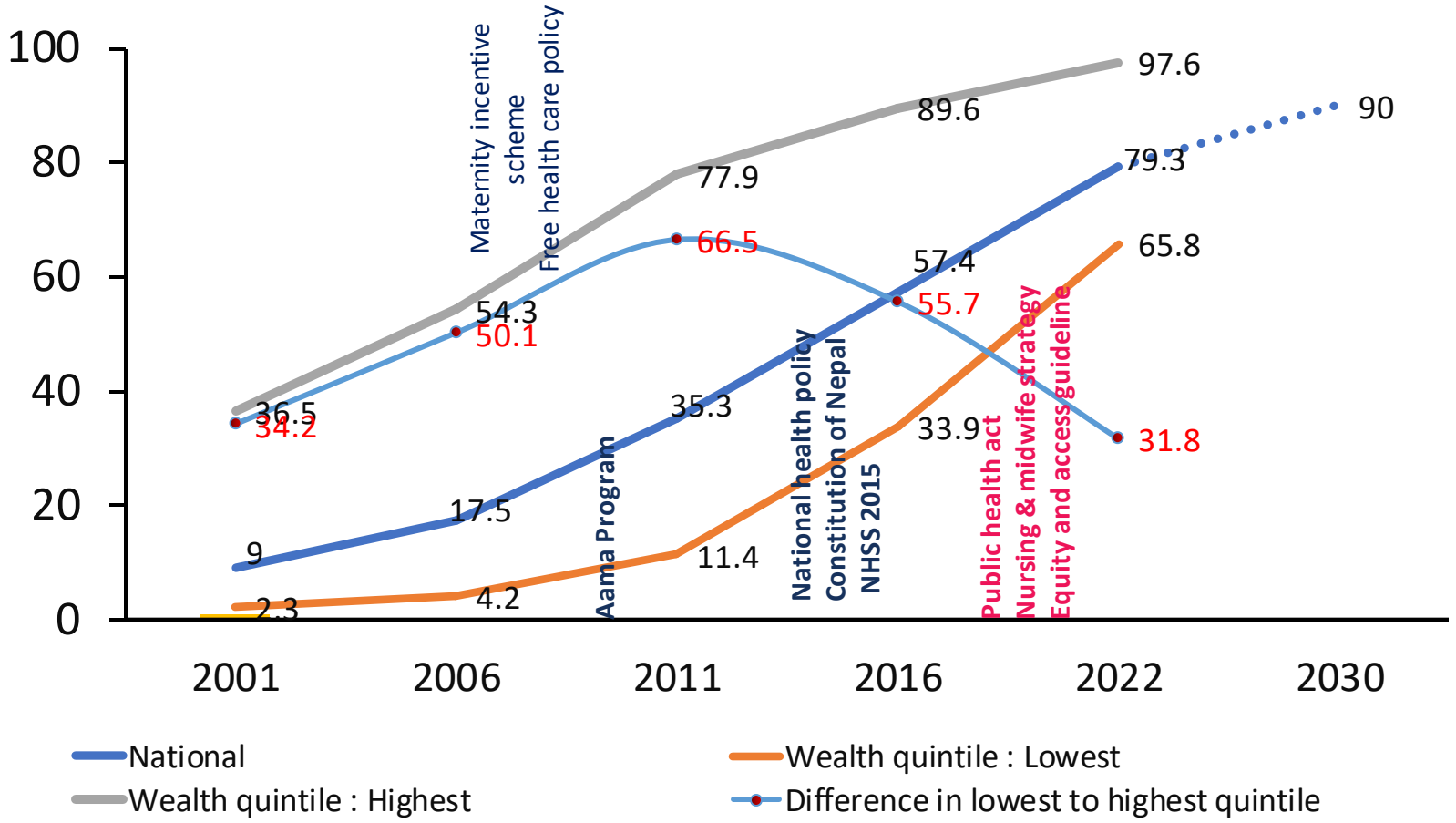
HERD international

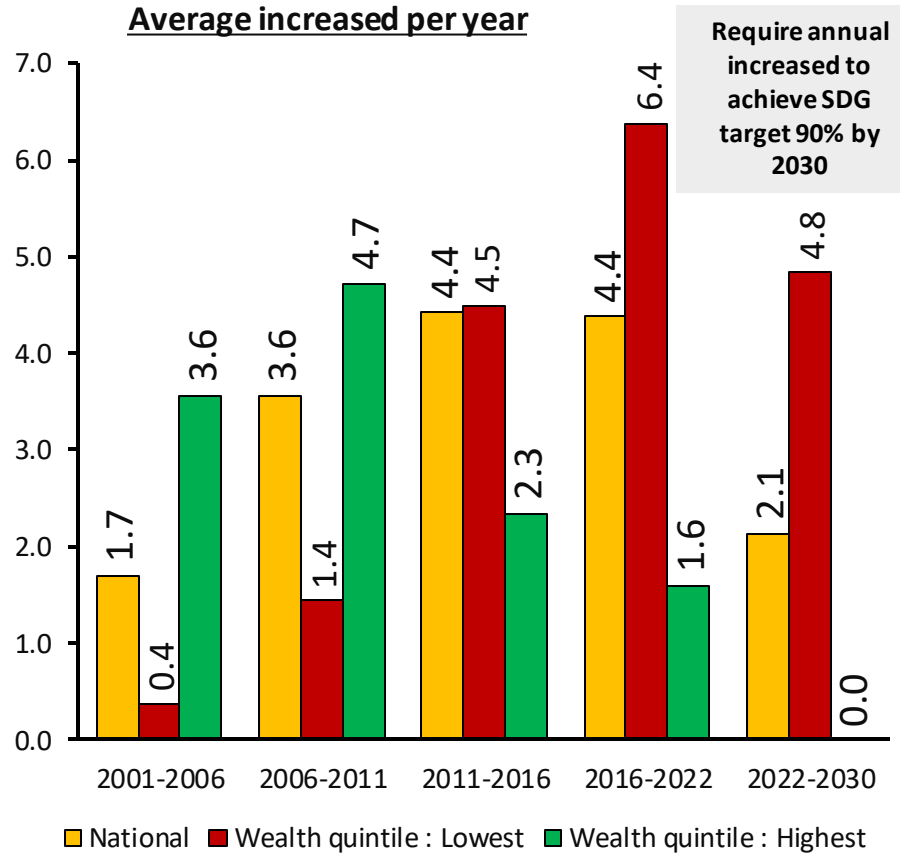
Source: STEPS Survey Nepal 2019

# Social Determinants associated with Maternal Health Service Coverage in multivariate logistic regression



# Institutional Delivery

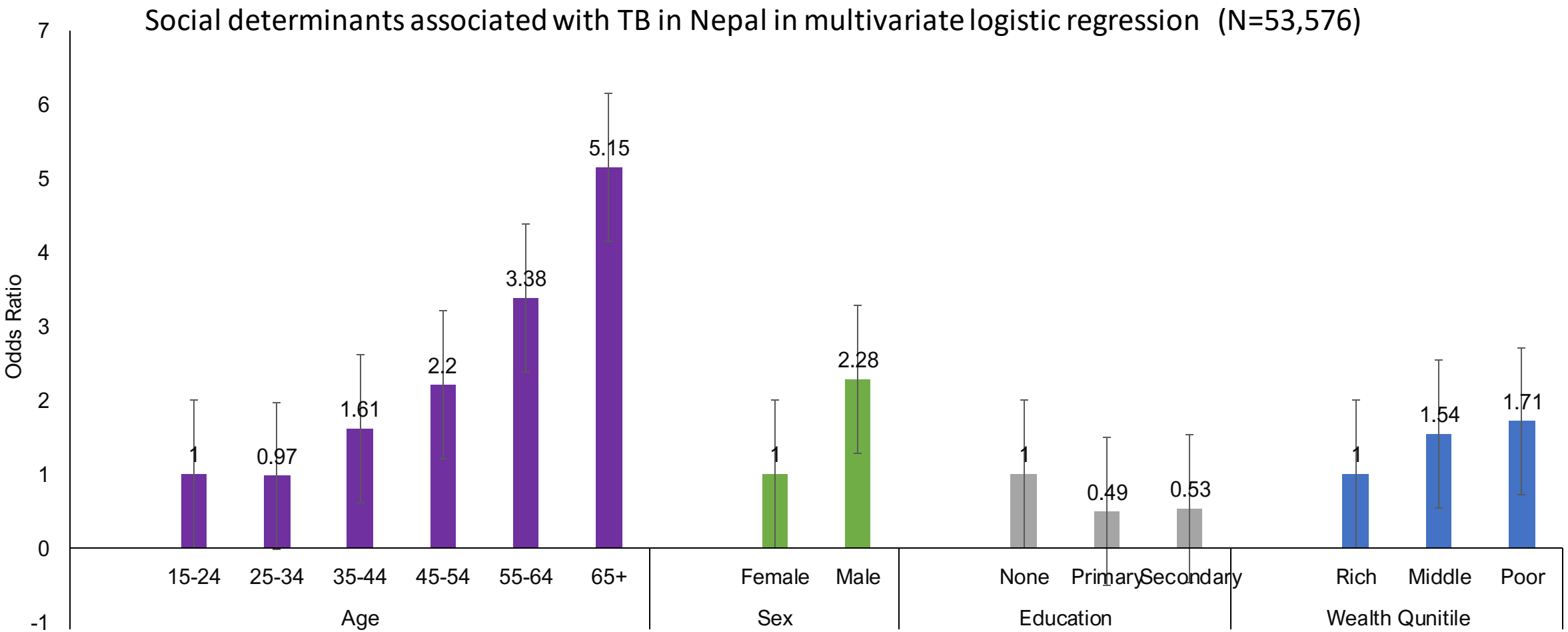



Institutional delivery is showing an increasing trend; however, there is a gap between the poorest and richest groups. A yearly increase of about 5% is necessary for the poorest to reach the SDG target by 2030

*Source: Further analysis of NDHS 2022*

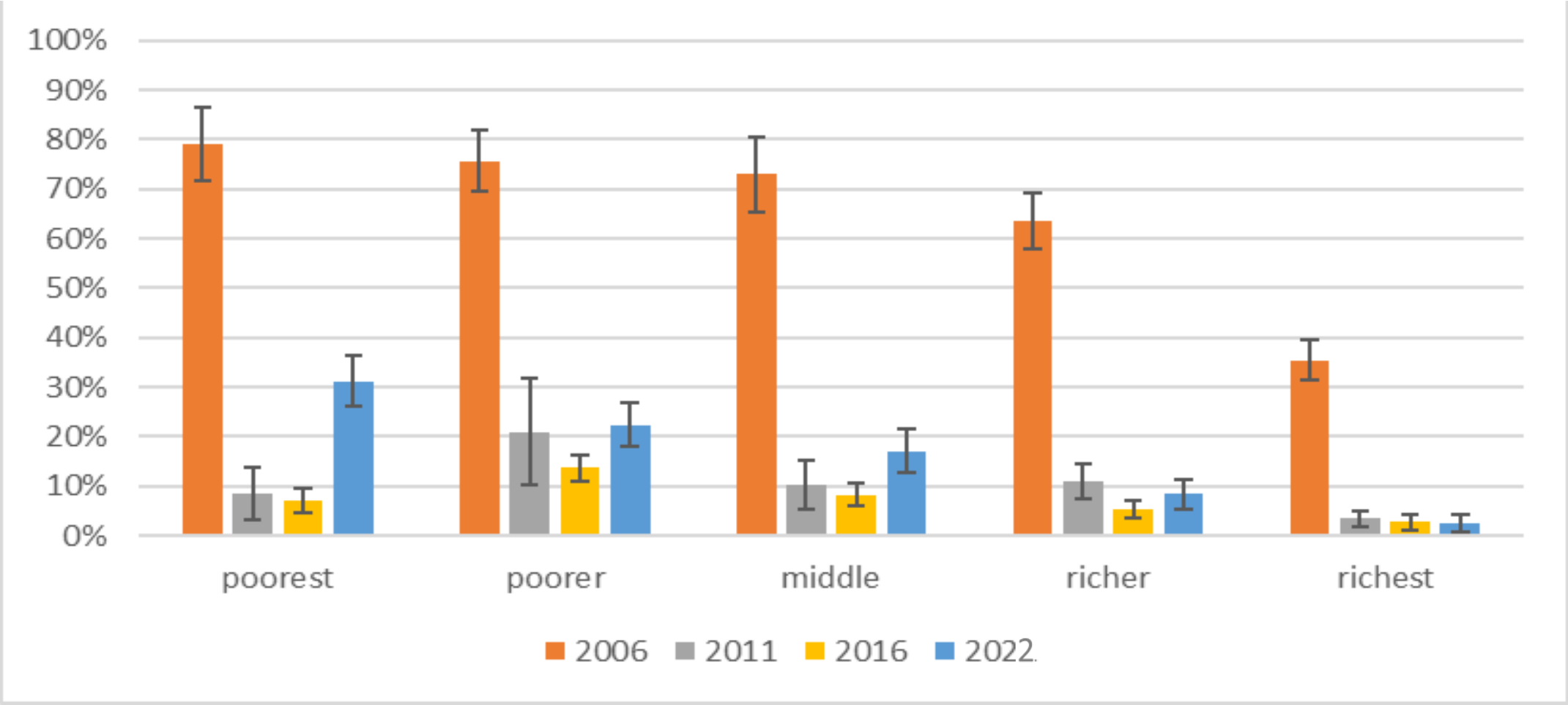
# Differences on Tuberculosis Status




- Tuberculosis prevalence is higher in the older age population
- Male are more likely to sufferer from TB and poor are more vulnerable for TB

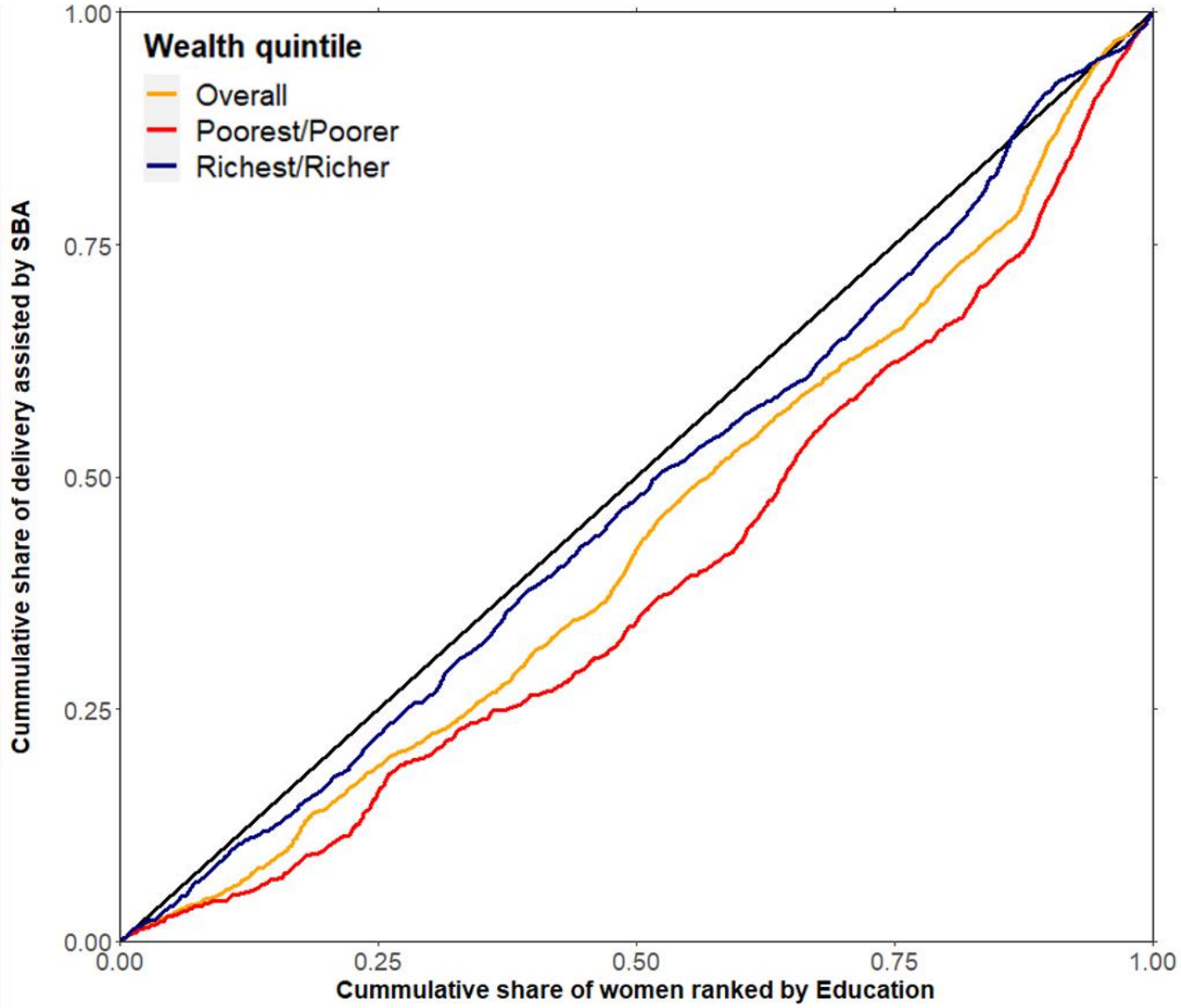
Source: Further analysis of National Tuberculosis Prevalence Survey 2020

# Crisis also hits the poorest: delivery at home increased in between 2016-22: within COVID-19 era




Sharp decline in home delivery over the period; however, it was adversely impacted during COVID-19 period. The impact is highest for the poorest segment

# Inequalities in delivery assisted by SBA (Nepal)

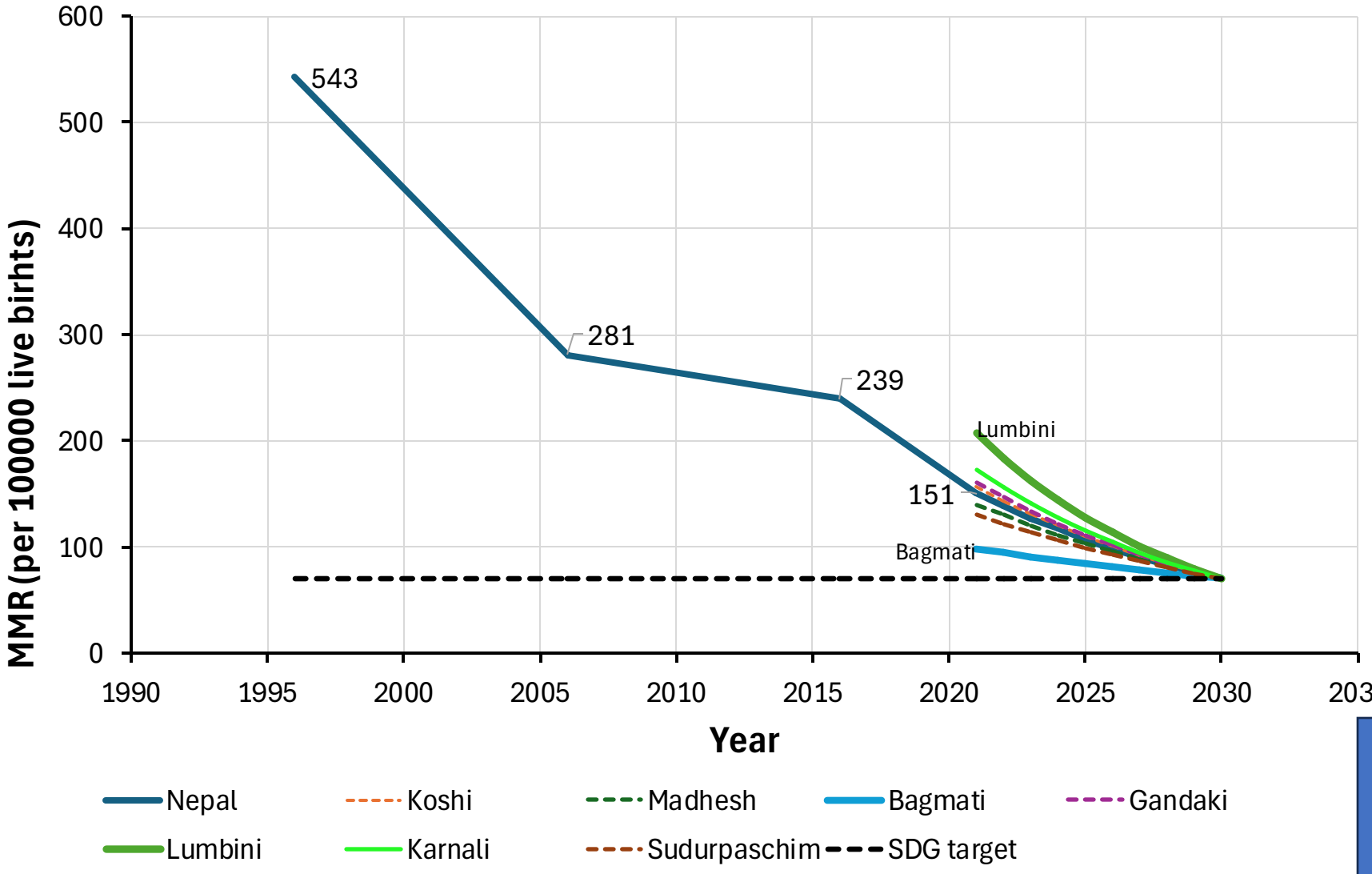



Among poorest wealth quintiles, SBA delivery is more concentrated towards educated

Among richer/richest wealth quintiles, SBA delivery is concentrated towards educated but less concentrated compared to poorest/poorer wealth quintiles

*Source: Further analysis of NDHS 2022*

# Maternal mortality ratio (per 100000 live births)



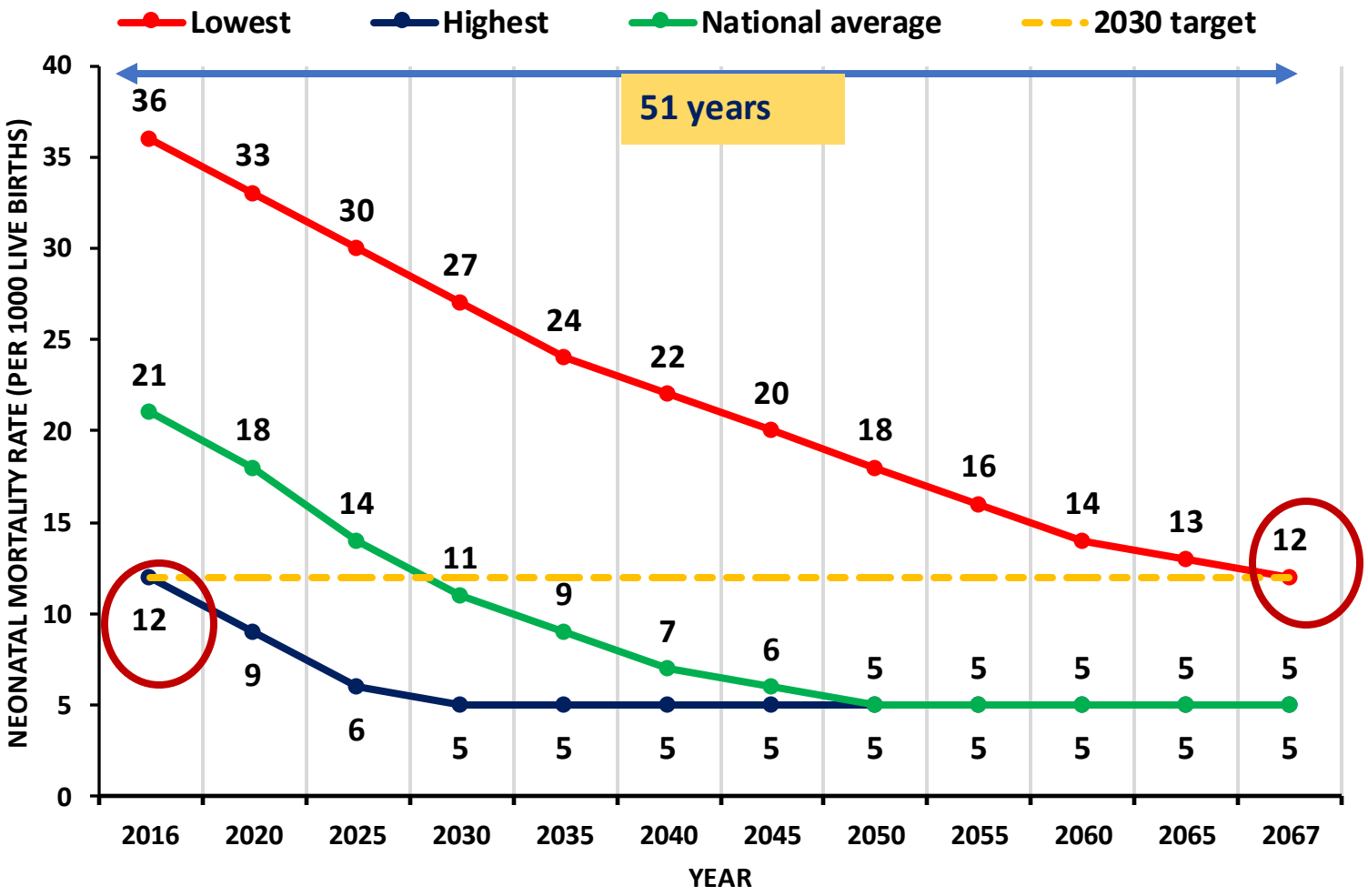

| Location | Required Annual rate of reduction to reach SDG |
|---|---|
| Nepal | -8.2 |
| Koshi | -8.6 |
| Madhesh | -7.4 |
| Bagmati | -3.7 |
| Gandaki | -8.8 |
| Lumbini | -11.3 |
| Karnali | -9.5 |
| Sudurpashchim | -6.6 |

Lumbini province has to provide more effort to achieve 2030 SDG target compared to other provinces.

*Source: NDHS-results from statcompiler*

# Trend and Pattern on Key Health Impact Indicators

Neonatal mortality rates



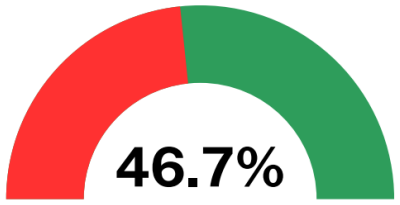

Source: NDHS 1996-2022

**Interpretation based on** Kc A, Jha AK, Shrestha MP, Zhou H, Gurung A, Thapa J, Budhathoki SS. Trends for neonatal deaths in Nepal (2001–2016) to project progress towards the SDG target in 2030, and risk factor analyses to focus action. Maternal and Child Health Journal. 2020 Feb;24(1):5-14.

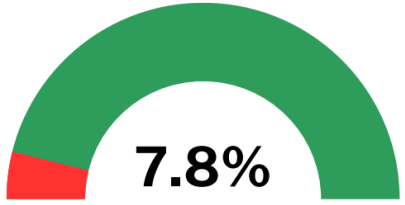
# Local level wise maternal mortality

| Province-wise MMR | |
|---|---|
| Bagmati | 98 |
| Sudurpashchim | 130 |
| Madhesh | 140 |
| Koshi | 157 |
| Gandaki | 161 |
| Karnali | 172 |
| Lumbini | 207 |

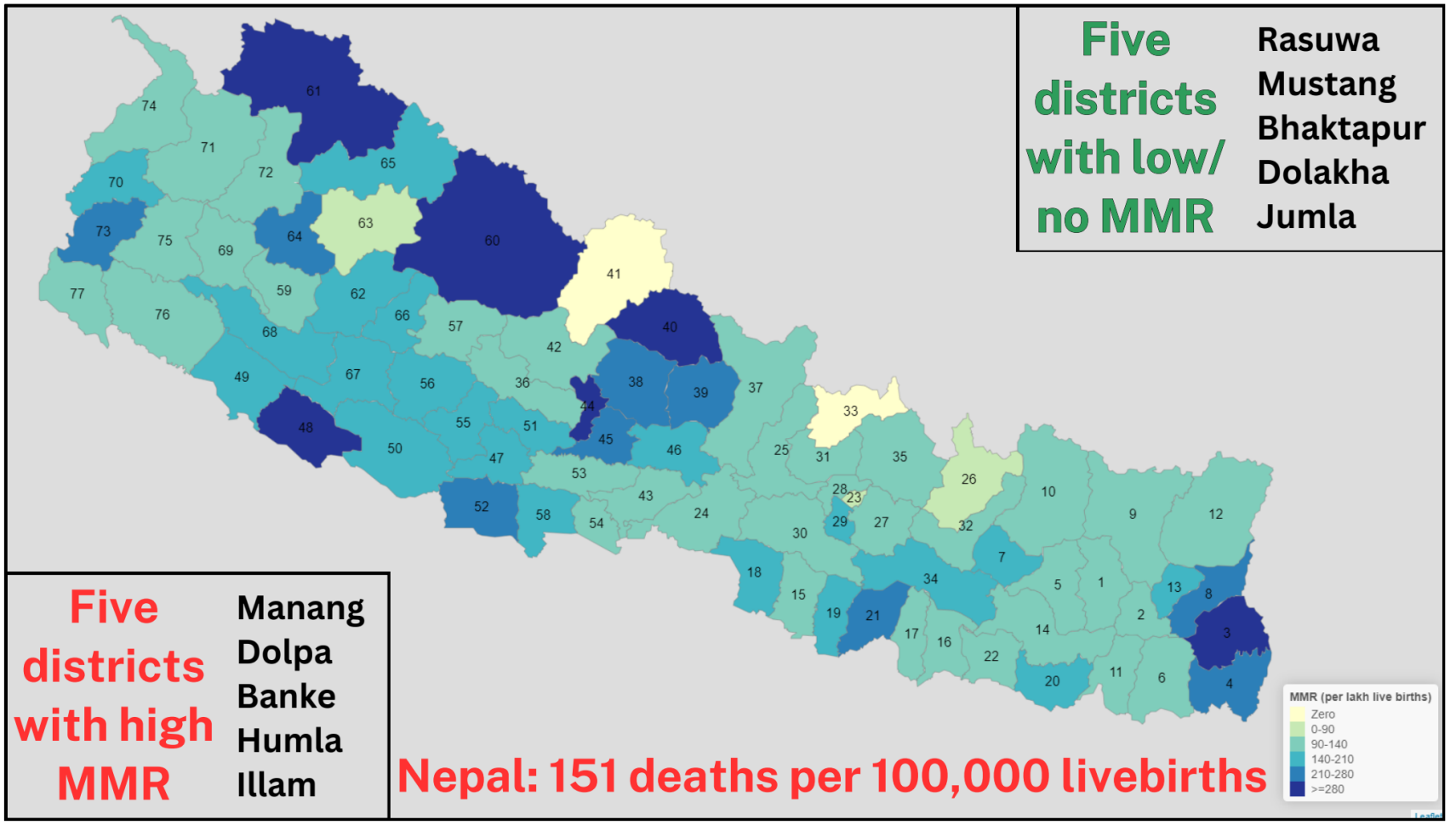
**MMR is highest in Lumbini and lowest in Bagmati**




46.7% of districts have MMR greater than or equal to 140




7.8% of districts have MMR greater than or equal to 280




1: Bhojpur, 2: Dhankuta, 3: Ilam, 4: Jhapa, 5: Khotang, 6: Morang, 7: Okhaldhunga, 8: Panchthar, 9: Shankhuwasabha, 10: Solukhumbu, 11: Sunsari, 12: Taplejung, 13: Terhathum, 14: Udayapur, 15: Bara, 16: Dhanusha, 17: Mahottari, 18: Parsa, 19: Rautahat, 20: Saptari, 21: Sarlahi, 22: Siraha, 23: Bhaktapur, 24: Chitawan, 25: Dhading, 26: Dolakha, 27: Kavrepalanchowk, 28: Kathmandu, 29: Lalitpur, 30: Makawanpur, 31: Nuwakot, 32: Ramechhap, 33: Rasuwa, 34: Sindhuli, 35: Sindhupalchowk, 36: Baglung, 37: Gorkha, 38: Kaski, 39: Lamjung, 40: Manang, 41: Mustang, 42: Myagdi, 43: Nawalparasi (Bardghat Susta East), 44: Parbat, 45: Shyanja, 46: Tanahu, 47: Arghakhanchi, 48: Banke, 49: Bardiya, 50: Dang, 51: Gulmi, 52: Kapilbastu, 53: Palpa, 54: Nawalparasi (Bardghat Susta West), 55: Pyuthan, 56: Rolpa, 57: Rukum East, 58: Rupandehi, 59: Dailekh, 60: Dolpa, 61: Humla, 62: Jajarkot, 63: Jumla, 64: Kalikot, 65: Mugu, 66: Rukum West, 67: Salyan, 68: Surkhet, 69: Achhaam, 70: Baitadi, 71: Bajhang, 72: Bajura, 73: Dadeldhura, 74: Darchula, 75: Doti, 76: Kailali, 77: Kanchanpur

*Source: CENSUS 2021*

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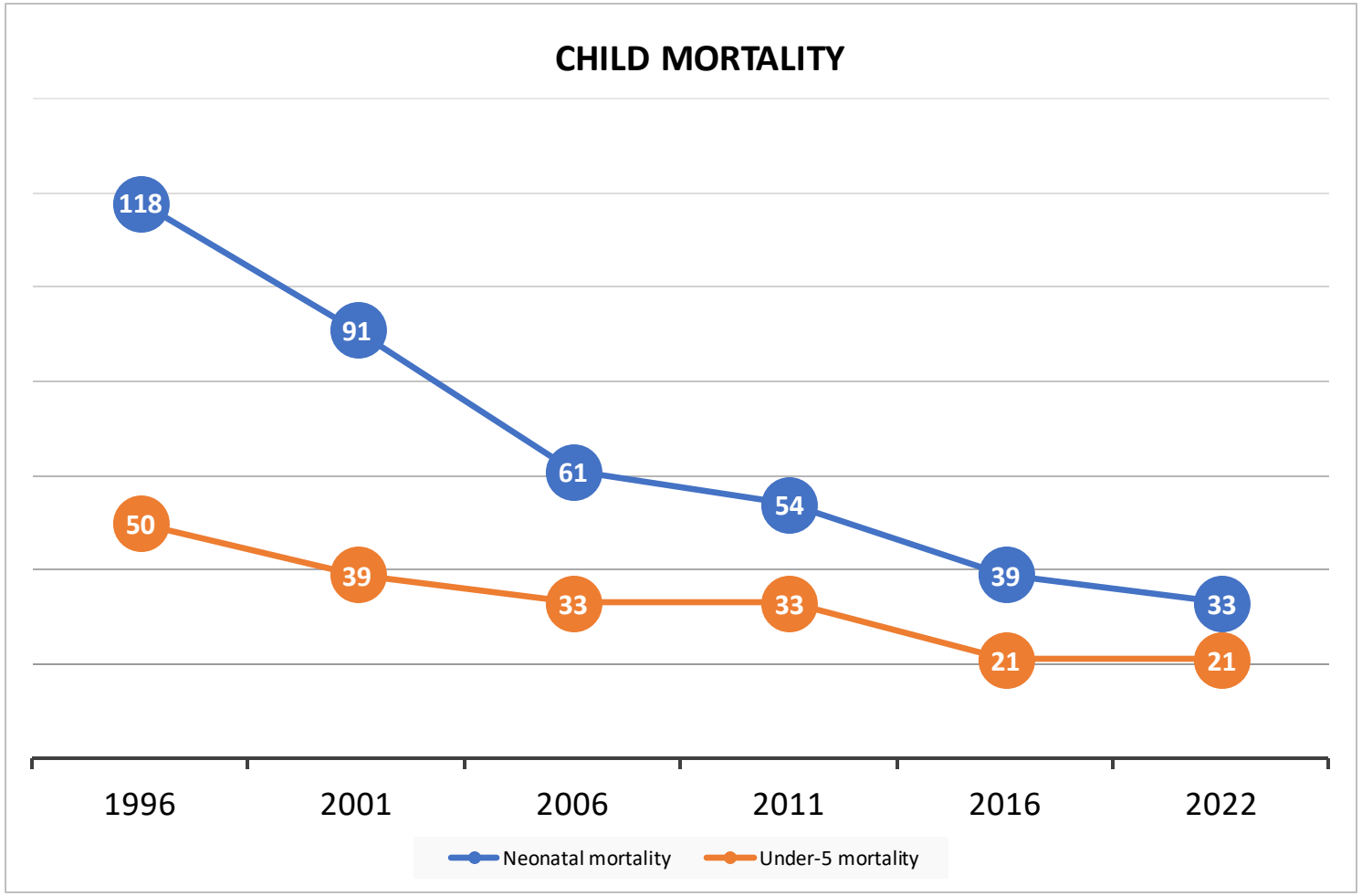
# Disparities in child mortality




| Child mortality | SDG target 2030 | C-ARR | R-ARR |
|---|---|---|---|
| NMR | 12 | -3.3 | **-6.8** |
| U5MR | 25 | -4.8 | -3.4 |

C-ARR: Current Annual Rate of Reduction
R-ARR: Required Annual Rate of Reduction

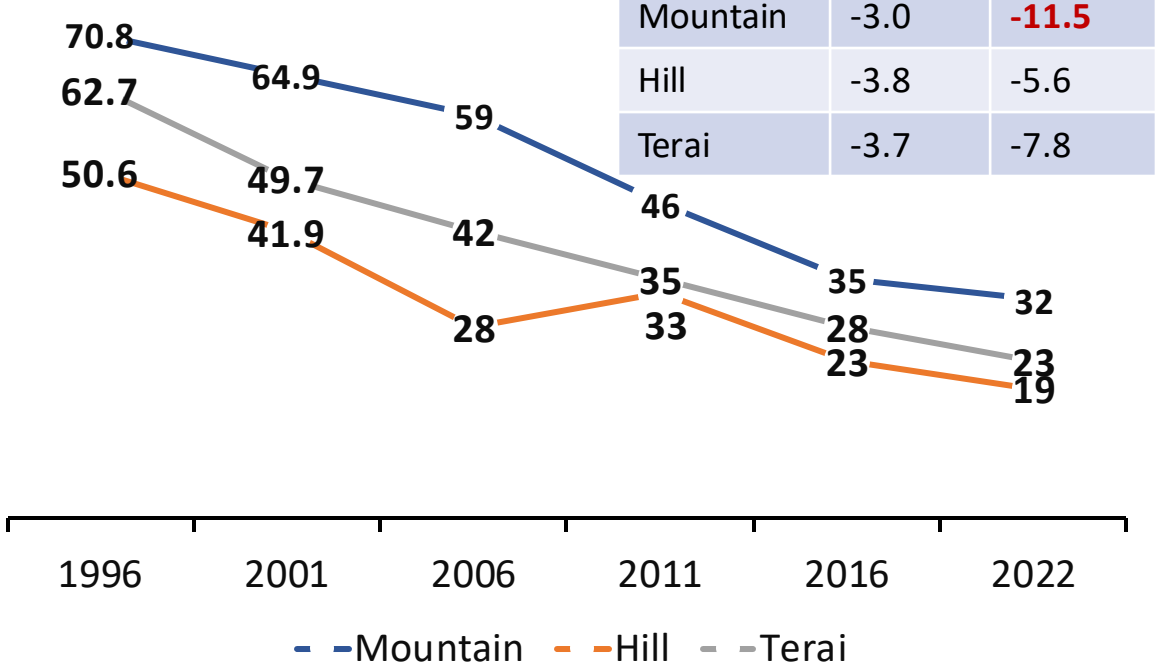
- Under-5 mortality is reducing but in the last 10 years, neonatal mortality couldn't reduce from 21.

*Source: NDHS 2022*

# Disparities in child mortality

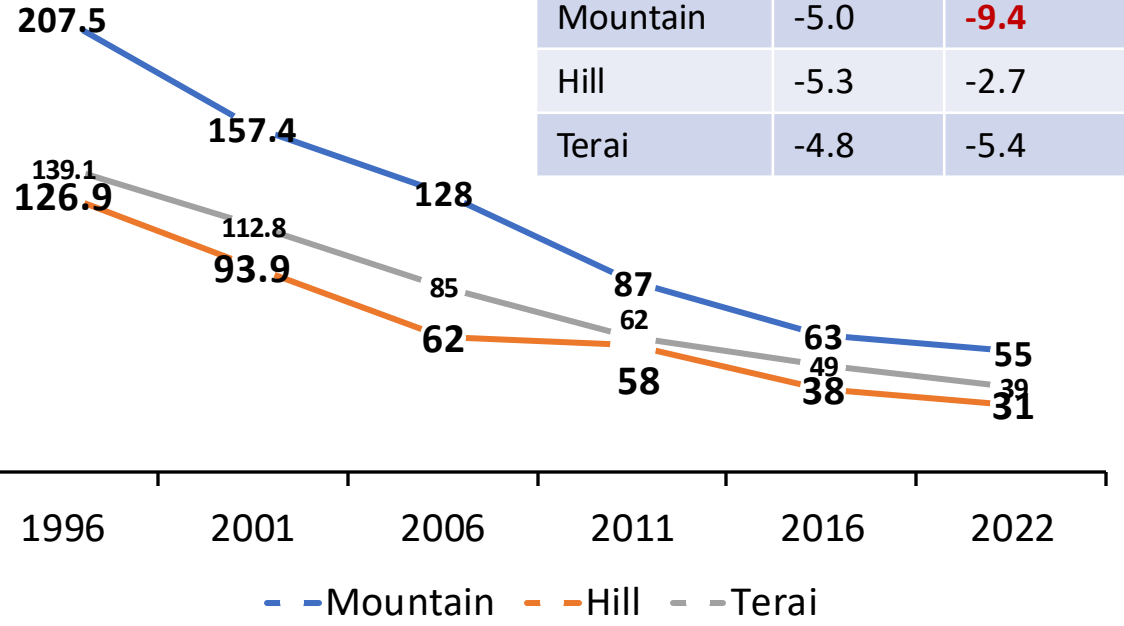
**NEONATAL MORTALITY**
**(NEONATAL MORTALITY RATES FOR THE 10-YEAR PERIOD)**

| Region | C-ARR | R-ARR |
|---|---|---|
| Mountain | -3.0 | -11.5 |
| Hill | -3.8 | -5.6 |
| Terai | -3.7 | -7.8 |




**UNDER-5 MORTALITY**
**(UNDER-5 MORTALITY RATES FOR THE 10-YEAR PERIOD)**

| Region | C-ARR | R-ARR |
|---|---|---|
| Mountain | -5.0 | -9.4 |
| Hill | -5.3 | -2.7 |
| Terai | -4.8 | -5.4 |



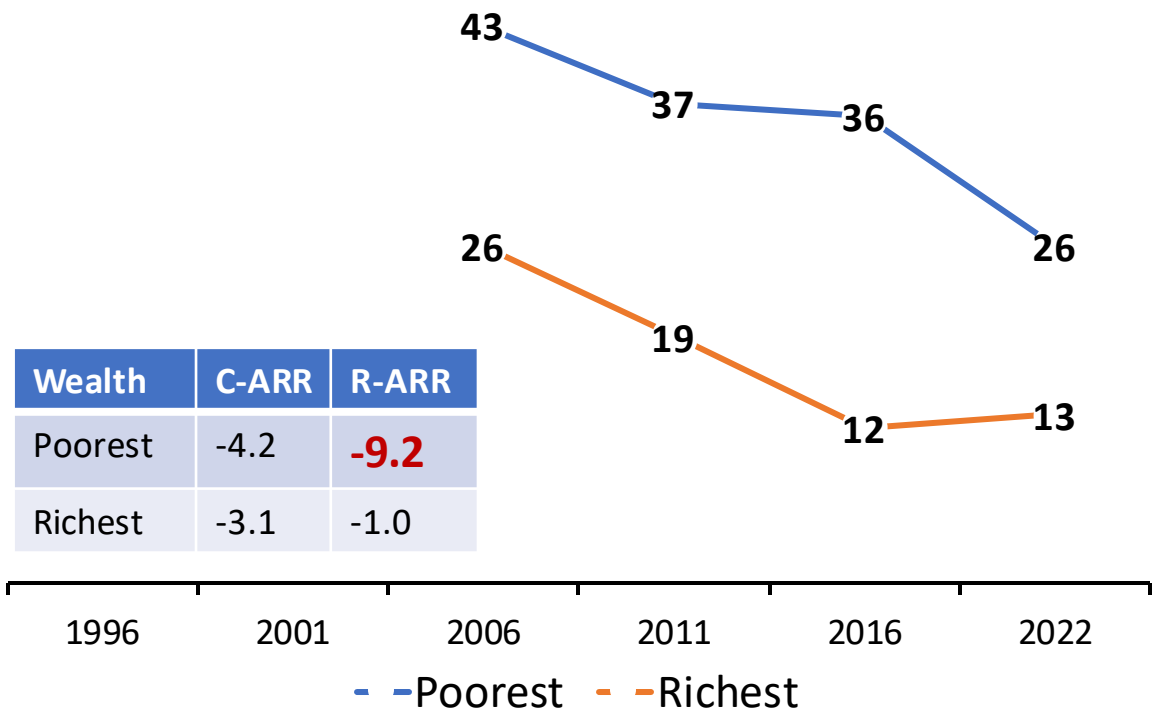

- Neonatal mortality is reduced but the rate is still remarkably higher for mountain region. The trend was similar for the under-5 mortality rate as well.
- Different accelerated intervention is required to reach the SDG target by 2030

*Source: NDHS 2022*

C-ARR: Current Annual Rate of Reduction
R-ARR: Required Annual Rate of Reduction

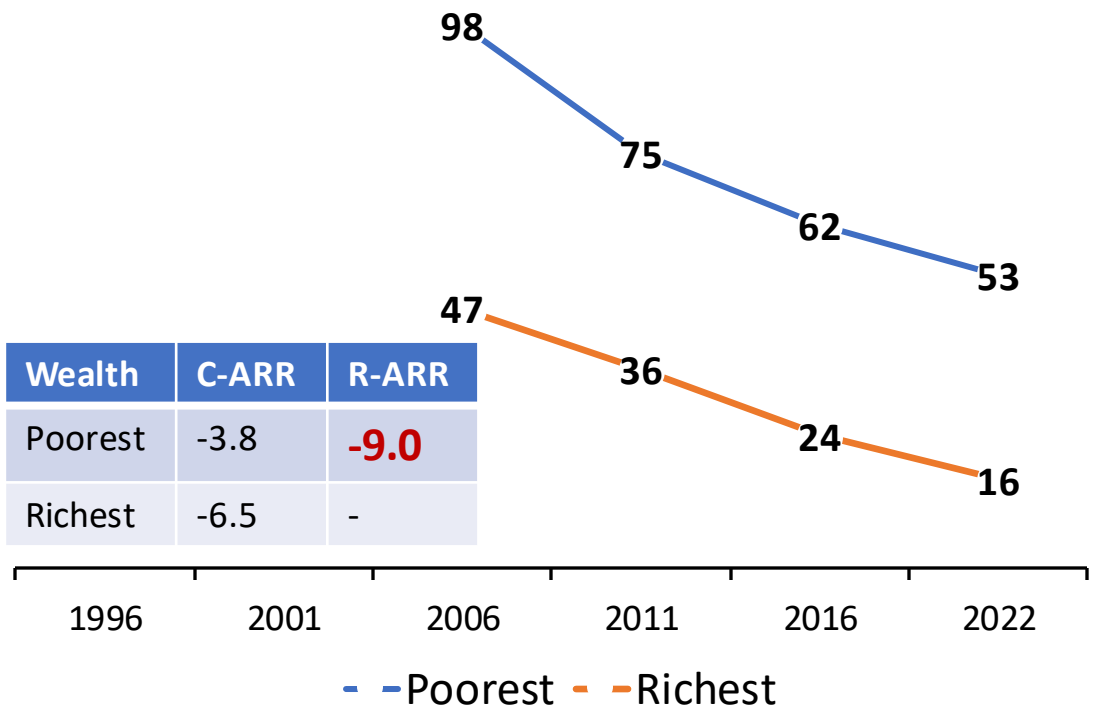
# Disparities in child mortality

**NEONATAL MORTALITY**
**(NEONATAL MORTALITY RATES FOR THE 10-YEAR PERIOD)**




| Wealth | C-ARR | R-ARR |
|---|---|---|
| Poorest | -4.2 | **-9.2** |
| Richest | -3.1 | -1.0 |

**UNDER-5 MORTALITY**
**(UNDER-5 MORTALITY RATES FOR THE 10-YEAR PERIOD)**




| Wealth | C-ARR | R-ARR |
|---|---|---|
| Poorest | -3.8 | **-9.0** |
| Richest | -6.5 | - |

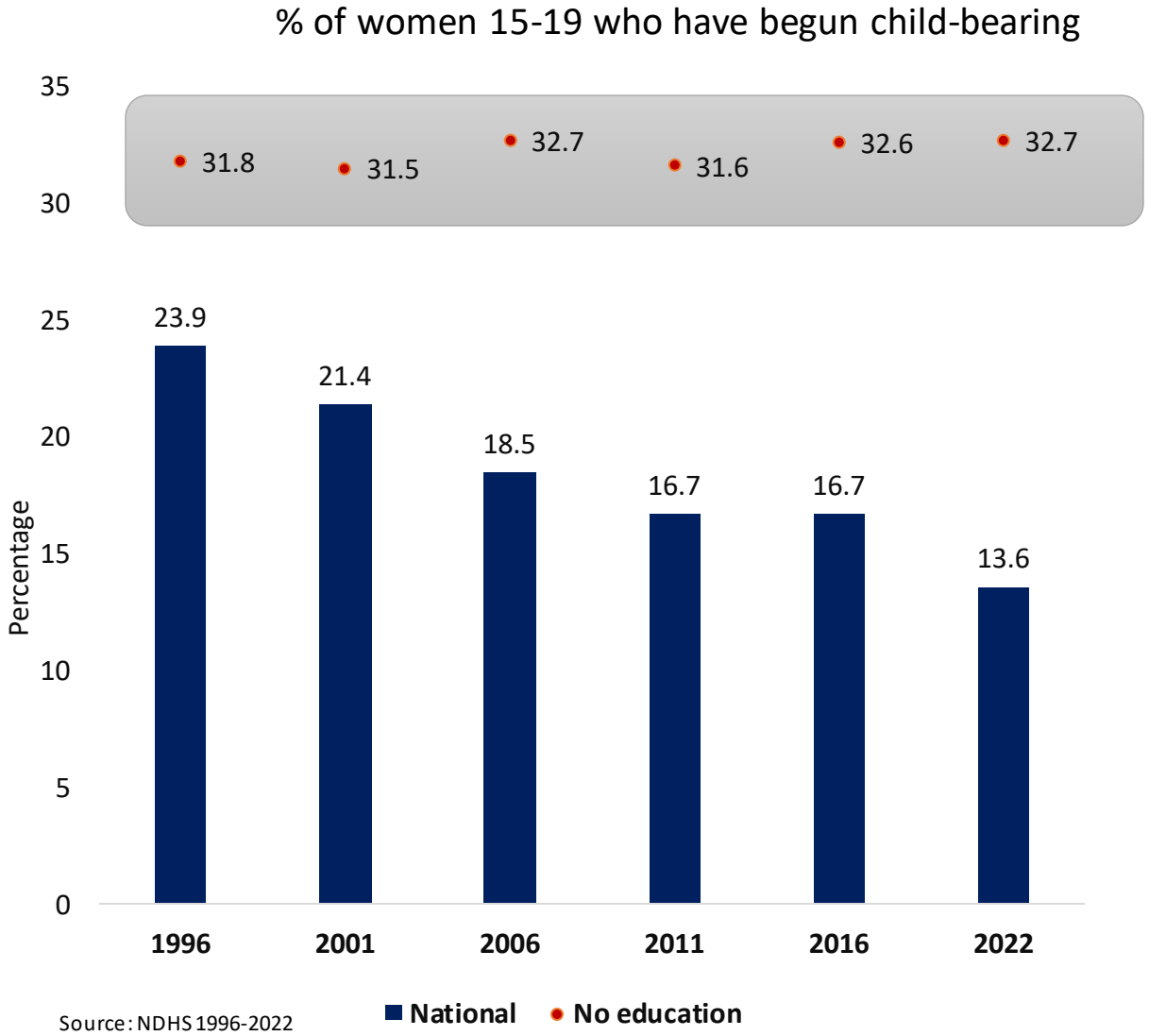
- Neonatal mortality is reduced but the rate is still remarkably higher for the poorest group. The trend was similar for the under-5 mortality rate as well.
- Different accelerated intervention is required to reach the SDG target by 2030

*Source: NDHS 2022*

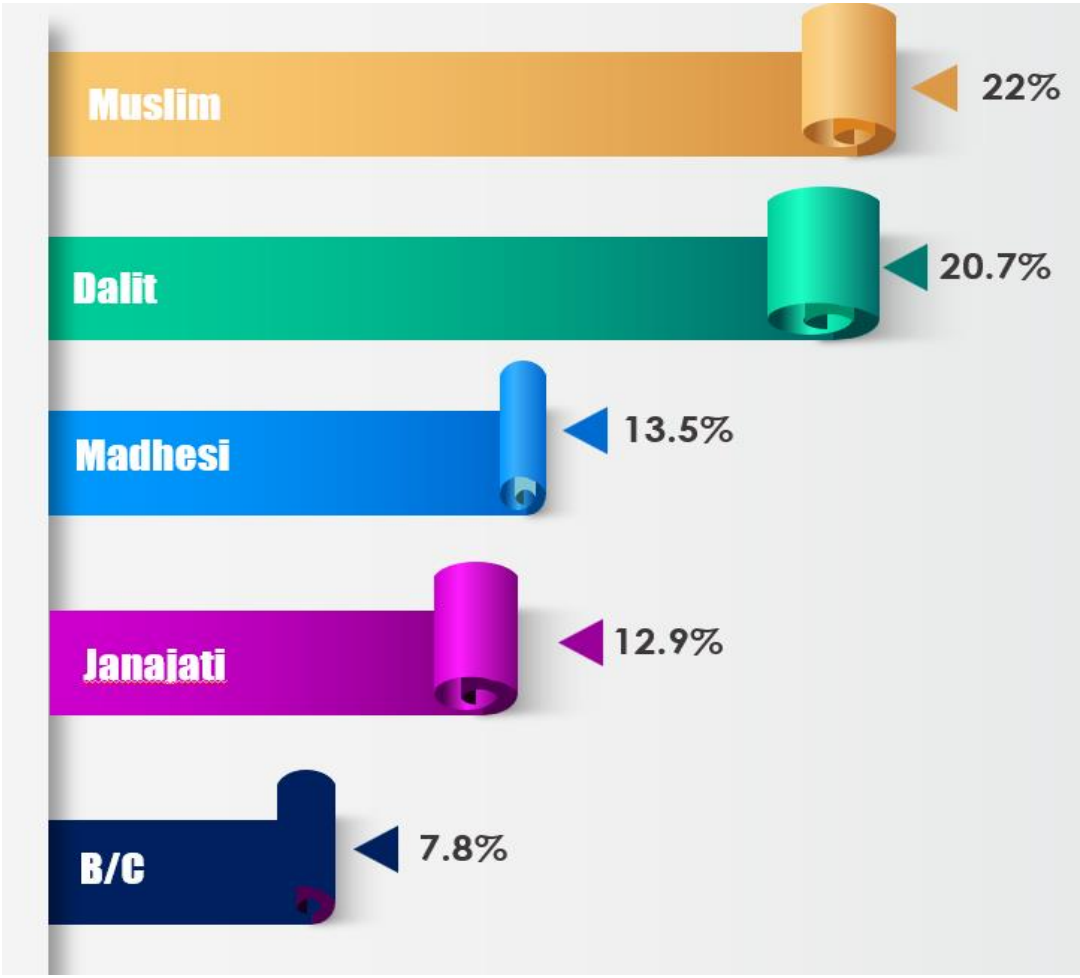
C-ARR: Current Annual Rate of Reduction
R-ARR: Required Annual Rate of Reduction

HERD international

# Teenage child-bearing: education and caste



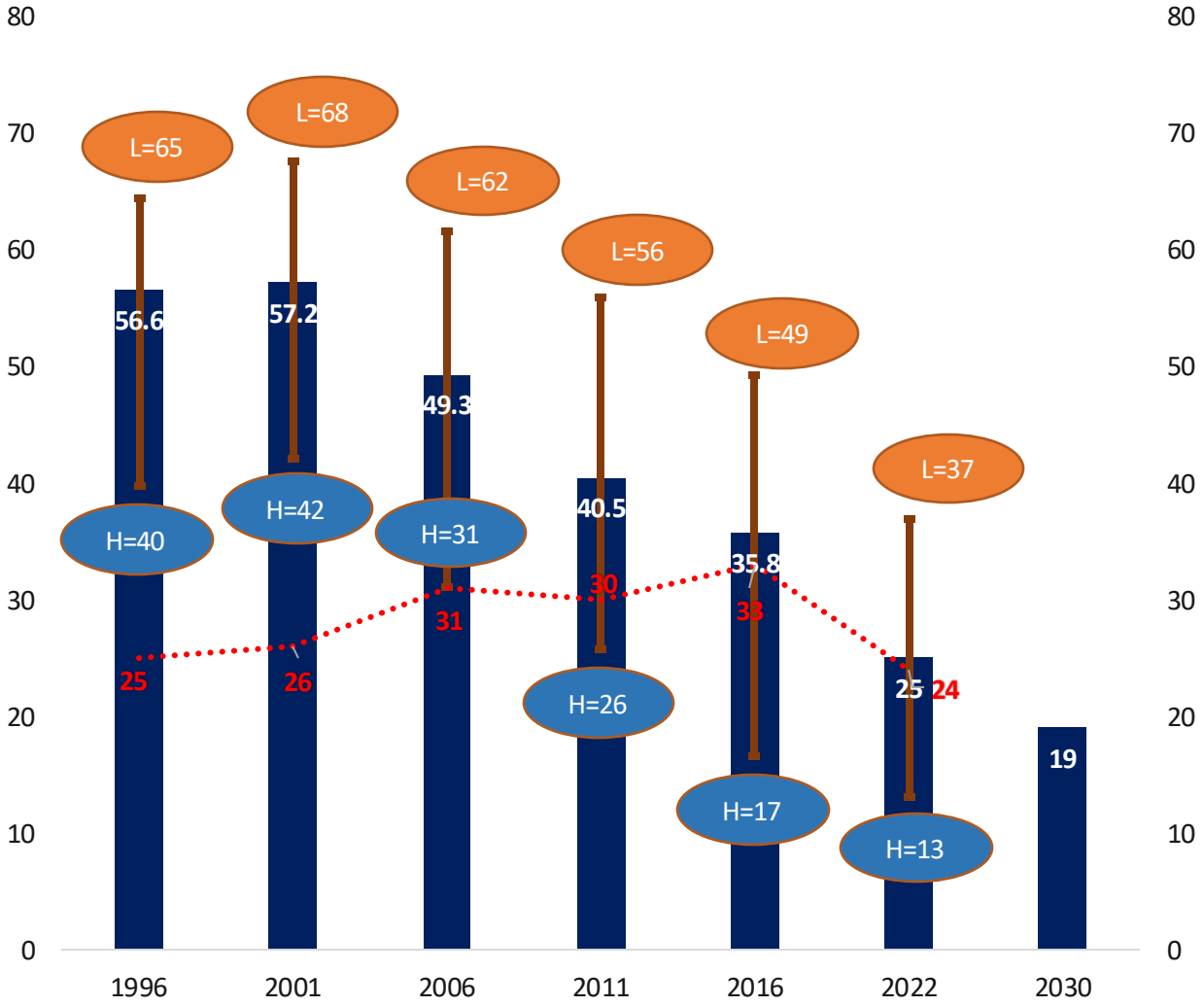

Source: NDHS 1996-2022




% of women 15-19 who have begun child-bearing by caste group in NDHS 2022

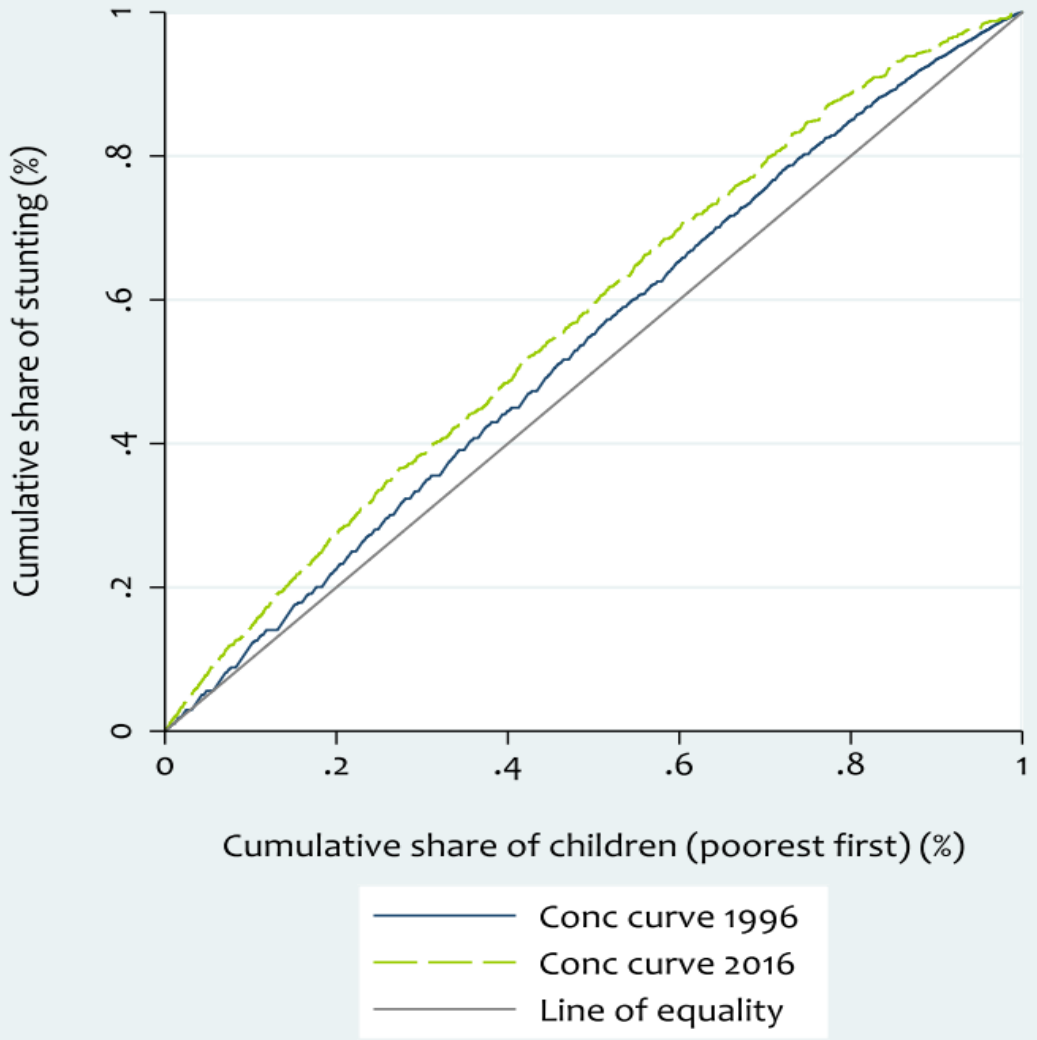
B/C=Brahmin/Chhetri

# Inequalities in Nutrition




... = percentage difference between highest and lowest quintile, L= lowest quintile, H=highest quintile

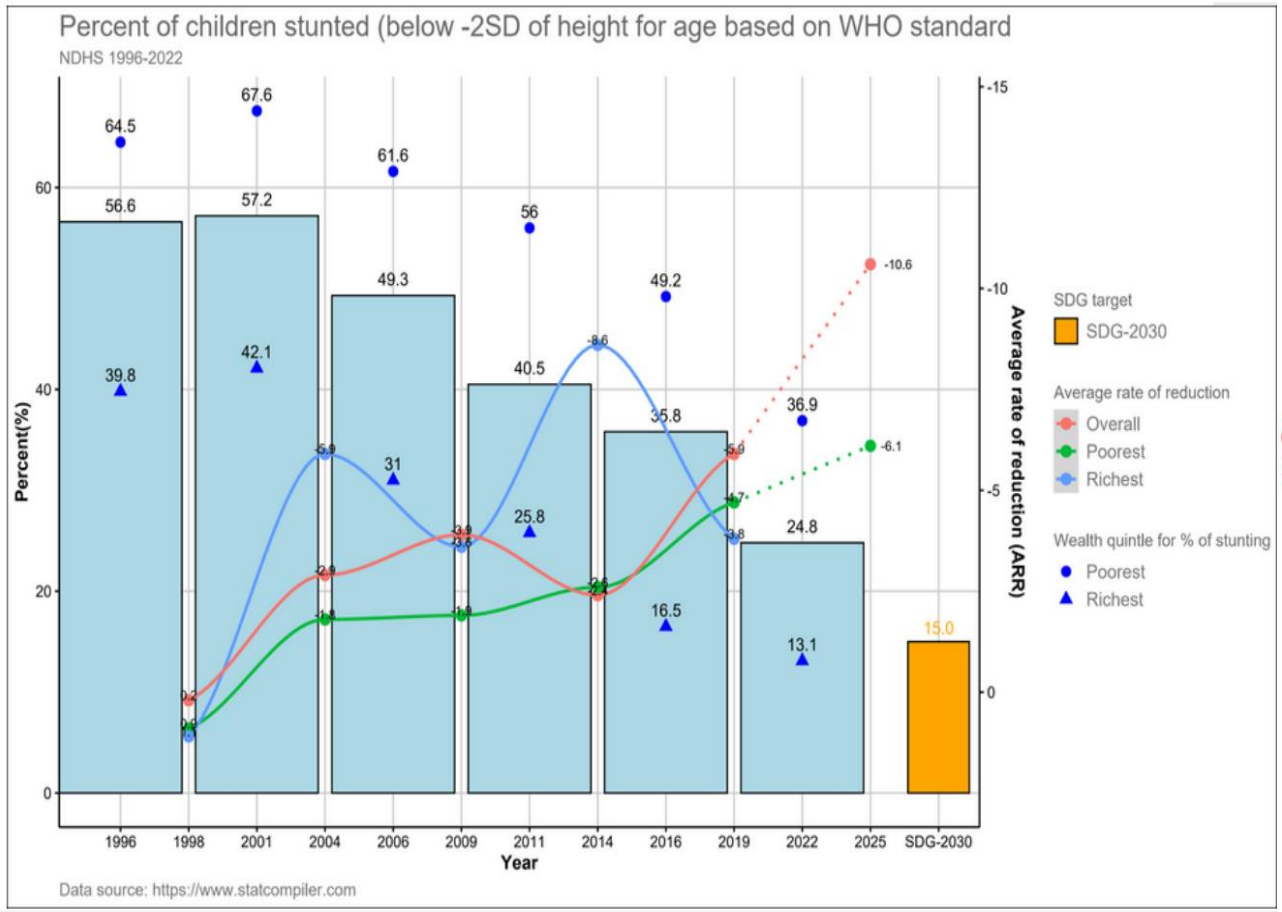
Source: NDHS 1996-2022

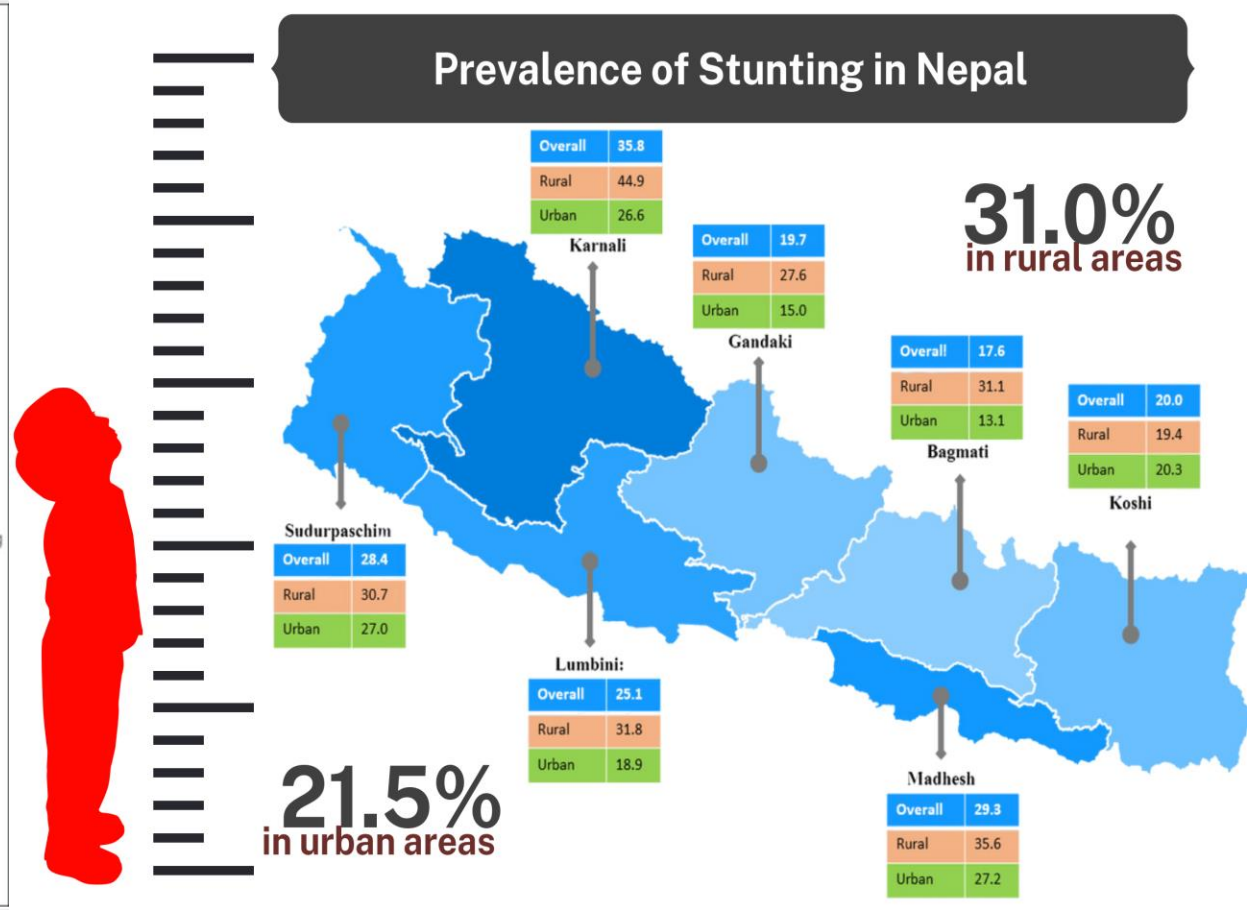



Concentration curve for stunting, 1996 and 2016 (Weighted N: - 1996: 3703; 2016: 2421)

Source: Angdembe, M.R., Dulal, B.P., Bhattarai, K. *et al.* Trends and predictors of inequality in childhood stunting in Nepal from 1996 to 2016. *Int J Equity Health* **18**, 42 (2019). https://doi.org/10.1186/s12939-019-0944-z

# Disparities in child nutrition

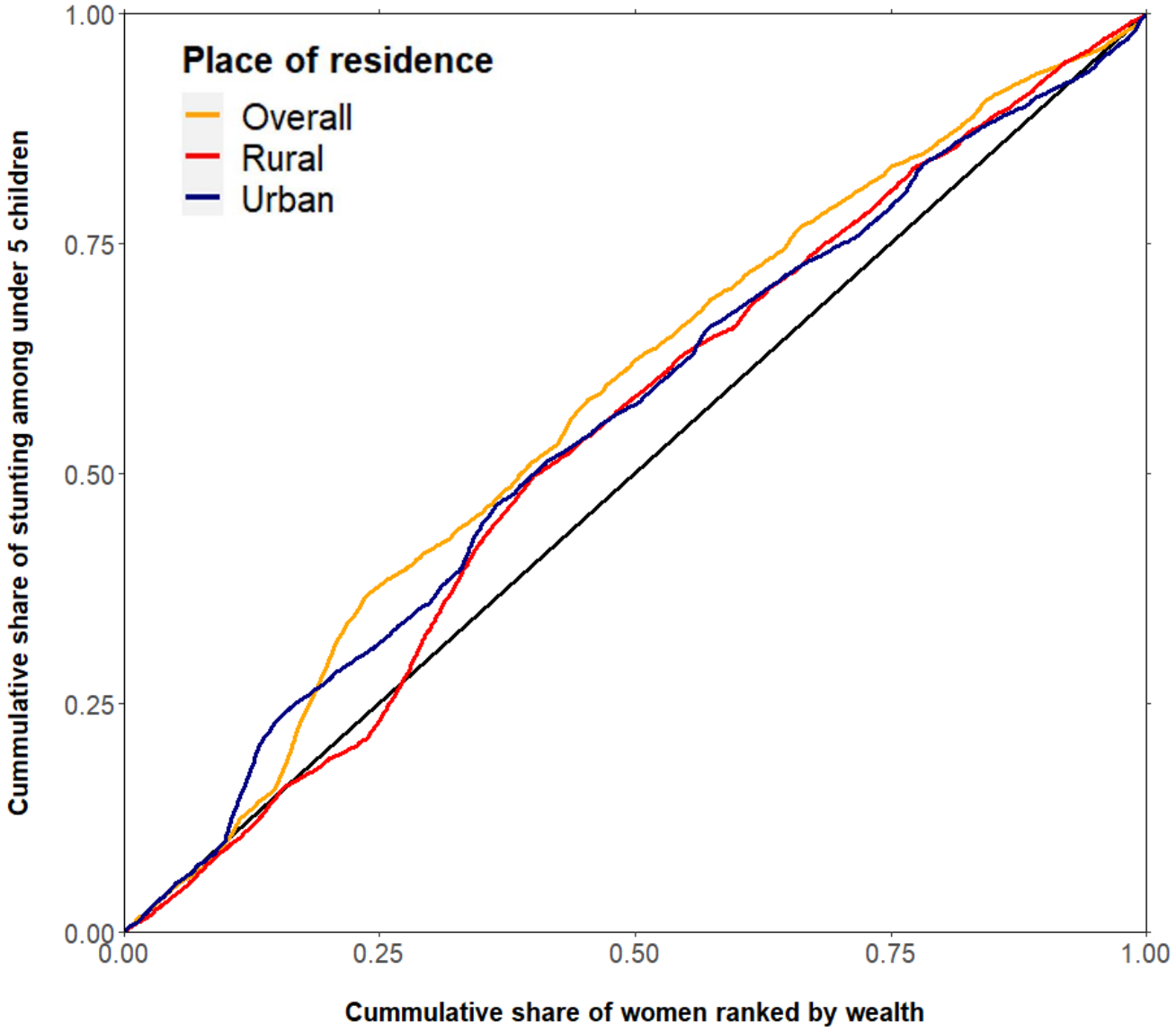



- Child Stunting are decreasing in Nepal, but a significant and accelerated reduction is necessary for the poorest groups to meet the SDG target by 2030.
- Disparities in stunting between rural and urban areas persist throughout the country.

*Source: Further analysis of NDHS 2022*

# Inequalities in child nutrition




Concentration index
Overall: -0.037
Rural: -0.017
Urban: -0.037

Stunting among under 5 children are concentrated towards poor wealth quintiles in both rural and urban area

Compared to rural area, urban area showed higher concentration of stunting among under 5 children in poor wealth quintiles

*Source: Further analysis of NDHS 2022*

# Health Insurance

- Approximately one-fourth of households are covered by the HI scheme.
- The proportion is lowest in Madhesh.
- The renewal rate in HI is increasing.
- Specific interventions are needed to address unequal coverage and enhance enrollment rates.

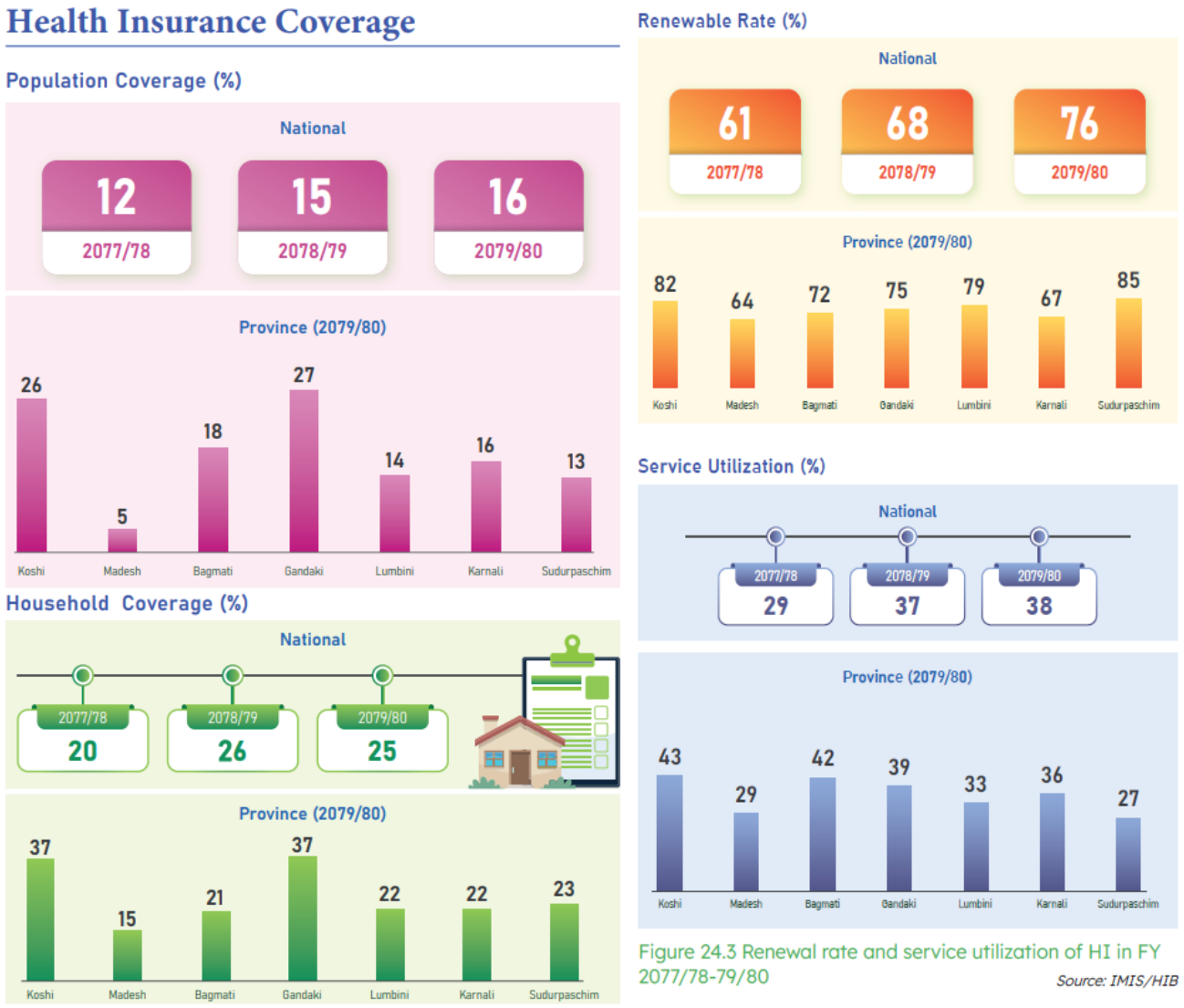
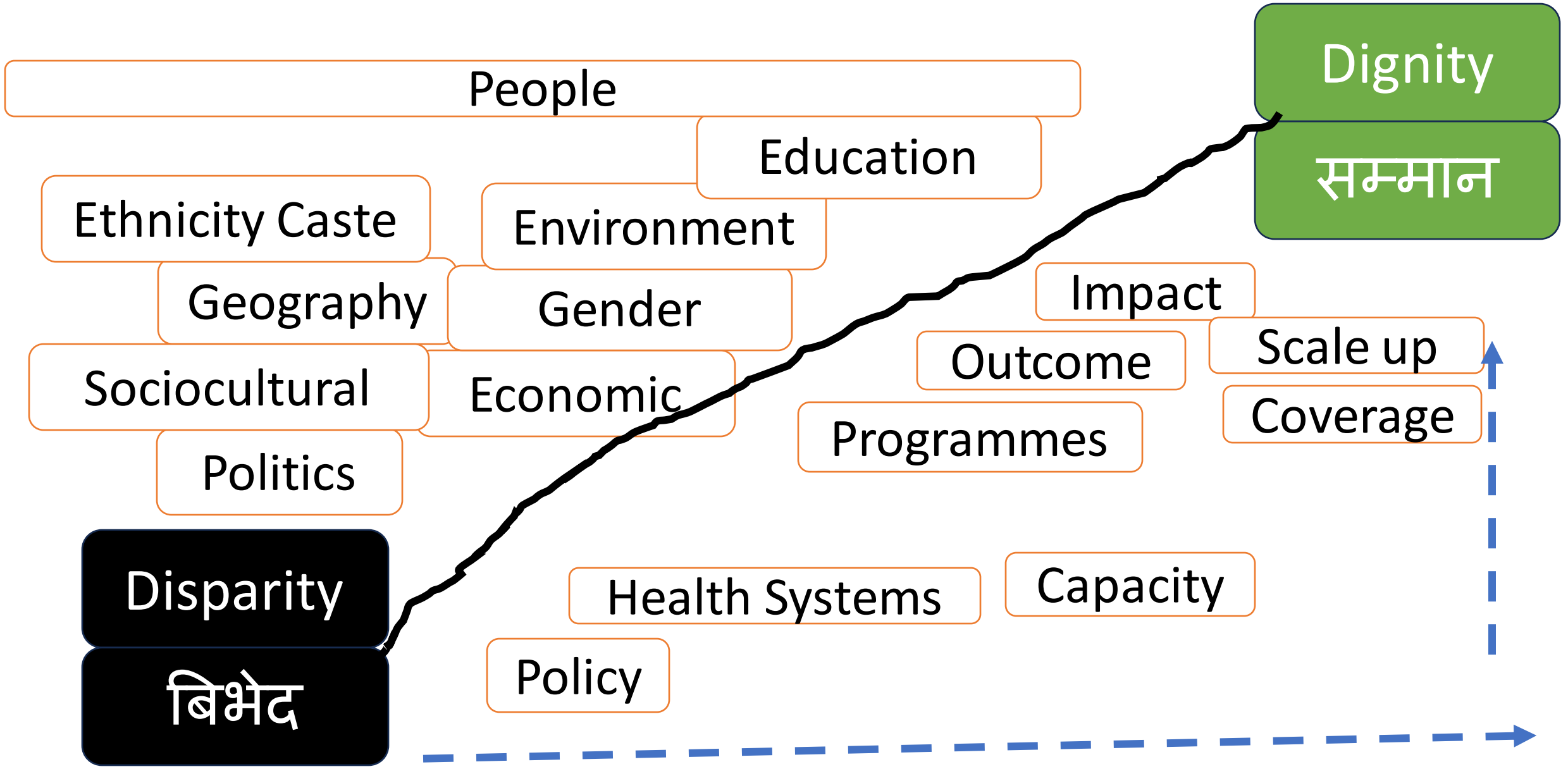



Figure 24.3 Renewal rate and service utilization of HI in FY 2077/78-79/80

*Source: IMIS/HIB*

# Key points

- Political commitment – progressive in nature
- Policy – increasing realization
- Health systems – progressive towards higher gains
- Health outcome – inequitable gains
- Interventions – yet to mainstreamed towards equitable gains


Dignity
सम्मान
People
Education
Ethnicity Caste
Environment
Geography
Gender
Sociocultural
Economic
Politics
Impact
Outcome
Scale up
Coverage
Programmes
Disparity
बिभेद
Health Systems
Capacity
Policy

# Thank you!

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