



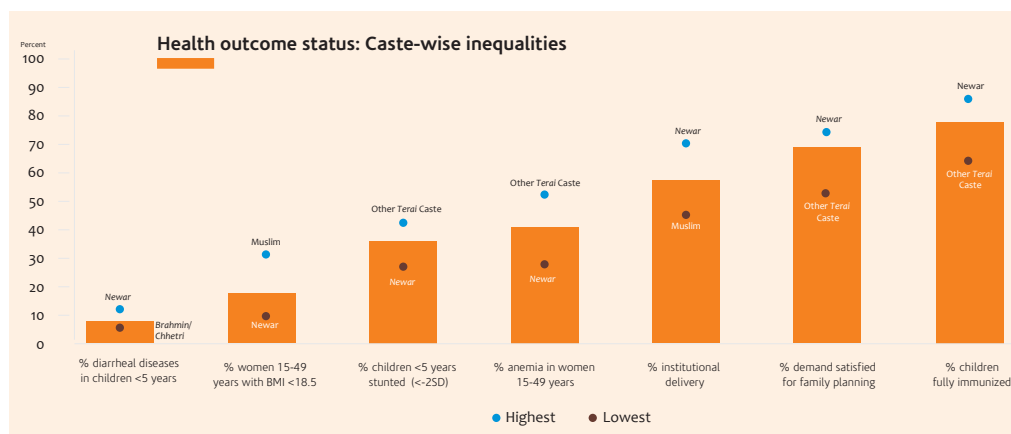
Mind the gap

Despite the efforts of the government and support of development partners, challenges abound in the effort to render health care truly universal across the divides of caste, ethnicity, gender and region that characterize Nepal's diverse demographic profile

Persistent equity gaps in access to and utilization of health services, and health outcomes, across different population sub-groups in Nepal continue to remain a challenge on the country's bid for universal health coverage. The Health Policy 2014, as well as the Nepal Health Sector Strategy (NHSS) 2015-2020, place special emphasis on ensuring that the many ethnic and caste groups¹ that characterize Nepal's diverse demographic profile, further stratified by gender, socio-economic and geographical factors, enjoy improved access to quality healthcare. Indeed, the Ministry of Health and Population has adopted this as its priority agenda.

Still, although average performance on national health outcome indicators might be gaining ground in the country, it is important to note that this does not necessarily reflect the actual situation for all population sub-groups. And so, despite considerable exertions by the government, with the support of development partners, to eliminate these inequities and leave no one behind, progress to that end has been consistently waylaid by a variety of challenges.

In this context, this policy brief—based on data from the Nepal Demographic and Health Survey 2016²—analyses the disparities seen in the achievement of NHSS' goals and outcome-level indicators across caste groups, and seeks to propose measures to minimize those gaps. In this way, it will inform and guide policy interventions that contribute to a more equitable health system in the country.



The numbers reveal

- Only six out of 10 (64 percent) children from Other Terai Caste groups have received all eight basic vaccinations as compared to Newar (89 percent).
- Among children under five years of age, stunting (<-2SD) is most common in Other Terai Caste (42 percent), followed by Dalit (40 percent), Muslim (38 percent) and Newar (27 percent).
- Nearly one-third (31 percent) of Muslim women aged 15 to 49 years of age have a low Body Mass Index (BMI) of less than 18.5.
- Prevalence of anemia in women aged 15 to 49 is highest among Other Terai Castes (56 percent) and Muslim (52 percent).
- Although 57 percent of Nepali women are found to be delivering their babies in health facilities overall, the figure drops to 45 percent when considering Dalit women.
- Nearly six in 10 Dalit children die before reaching their fifth birthday while about 4 in 10 die before completing the first month of their lives.
- Total fertility rate is highest among Muslim (3.6), Other Terai Caste (3.0) and Dalit (2.7) and lowest in Newar (1.6).

Caste Group	Under 5 mortality rate (per 1000LB)	Neonatal mortality rate (per 1000LB)	Total fertility rate	% children <5 yrs. stunted (<-2SD)	% women 15-19 yrs. with BMI <18.5	% children fully immunized	% institutional delivery	% demand satisfied for family planning	% diarrheal diseases in children <5 years	% anemia in women 15-49 years
Dalit	63	43	2.7	40	21.1	73.2	45.4	63.3	7.6	38.4
Janajati	42	24	2.1	32	12.4	82.9	57.9	70.8	6.7	39.7
Other Terai caste	51	27	3.0	42	27.9	64.3	48.1	72.2	9.7	55.6
Muslim	47	25	3.6	38	31.4	68.1	51.6	52.9	11.2	51.8
Newar	33	9	1.6	27	9.4	88.7	74.6	73.8	12.2	26.4
Brahmin/Chhetri	39	23	2.0	35	15.2	87.3	68.4	68.7	5.6	36.5
National	39	21	2.3	36	17.3	77.8	57.4	68.9	7.6	40.8

What next

- Develop a mechanism to use routinely-available data to identify population groups that have been left behind at the local level, and regularly monitor both their service coverage and utilization of health services.
- Design evidence-based interventions to be targeted at addressing the health needs of these identified groups.
- Tailor multi-sectoral nutrition programmes to tackle the nutritional deficiencies found among Terai castes in particular.
- Ensure each mother and child are counted, deaths are recorded and appropriate action taken against preventable deaths in the future.
- Incorporate information about the impact of fertility on health outcomes in health education sessions.

REFERENCES

- Ministry of Health and Population. Nepal Health Sector Strategy 2015-2020. Kathmandu, Nepal: MoHP, 2015.
- Ministry of Health and Population, New ERA, ICF. Nepal Demographic and Health Survey 2016. Kathmandu, Nepal: MoHP, 2017.