

Delivering Essential Health Care Services To The Urban Poor In Nepal: Rapid Assessment of Services

Health Research and Social Development Forum (HERD) Nepal

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Background

The census of 2011 identified that 17% of Nepal's population live in urban areas. While Nepal may be less urbanised than its neighbours, it is also the most rapidly urbanising country in South Asia with 6.7% growth in urban compared to 2.3% growth in rural areas (Muzzini 2013). To understand how well these expanding urban communities can access health services, across six municipalities of Nepal:

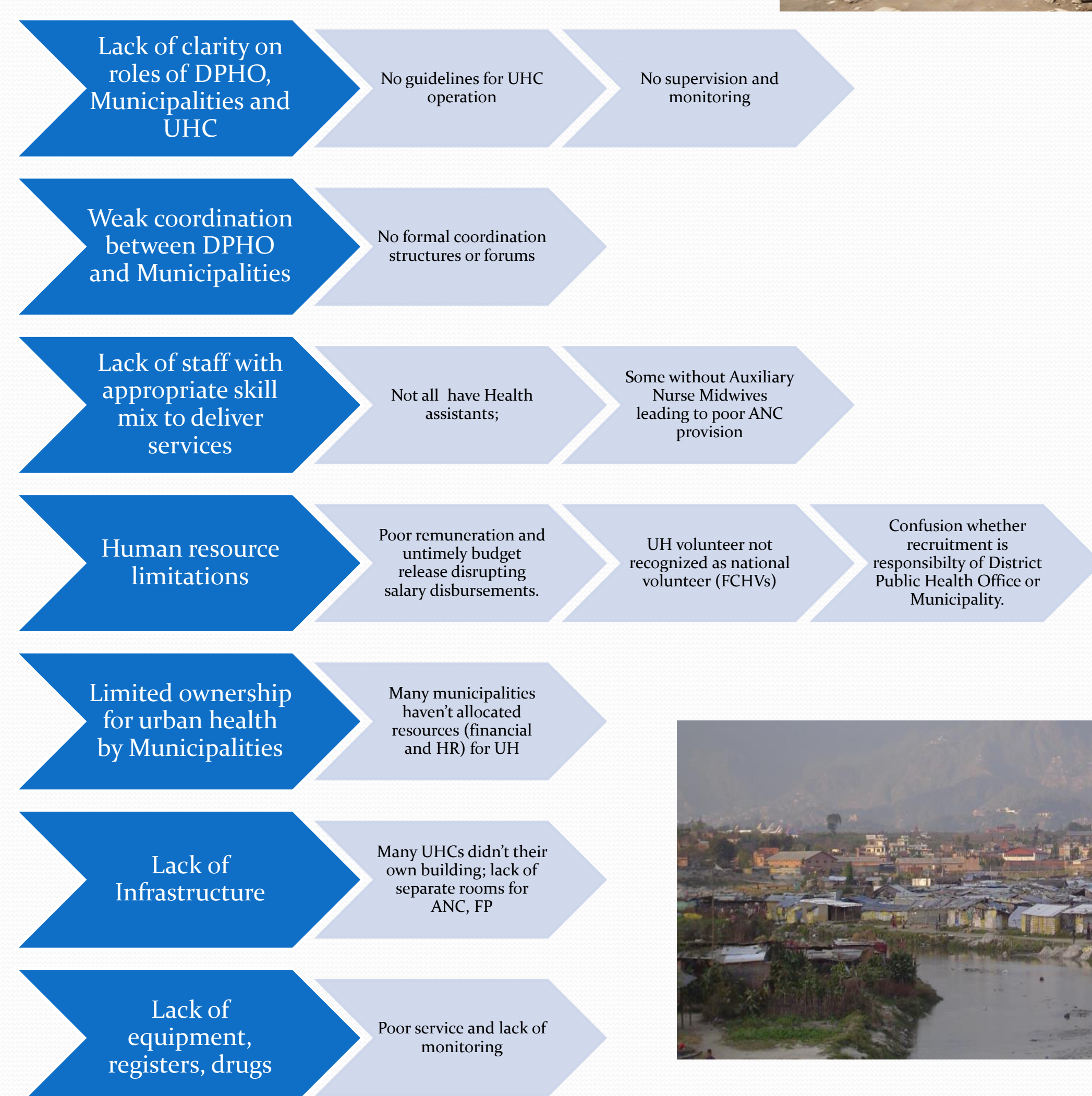
HERD have been providing essential health care through the Manohara Community Health Centre (MCHC) to an urban slum community in Kathmandu since 2008. To understand the feasibility of providing EHCS quantitative clinic data was analysed.

Objectives

- To understand current service provision of Essential Health Care Services (EHCS) to the urban poor
- To analyse service delivery in one clinic for the urban poor in Kathmandu



Key Findings from Municipality Assessment



Municipality	Municipal Population	UHCs	Staff working at UHCs
Birgunj	139,068	4	HA (3); ANM (4); AHW (4); Helper (4)
Bharatpur	143,836	4	HA (2); ANM (3); CMA (1); AHW (2); Helper (4)
Biratanagar	197,711	5	AHW (14); ANM (9)
Bhadrapur	18,607	2	HA (2); 1 (ANM)
Sidharthanagar	65,629	2	HA (4); ANM (4); AHW (4)
Butwal	118,462	4	HA (4); ANM (4); AHW (4)

Methods

Rapid Assessment of Municipalities:

HERD in conjunction with Primary Health Care Revitalisation Division (MoHP) visited six municipalities to conduct a rapid assessment of urban health facilities. Team members from HERD and PHCRD visited:

- Birgunj
- Bharatpur
- Biratanagar
- Bhadrapur
- Sidharthanagar
- Butwal



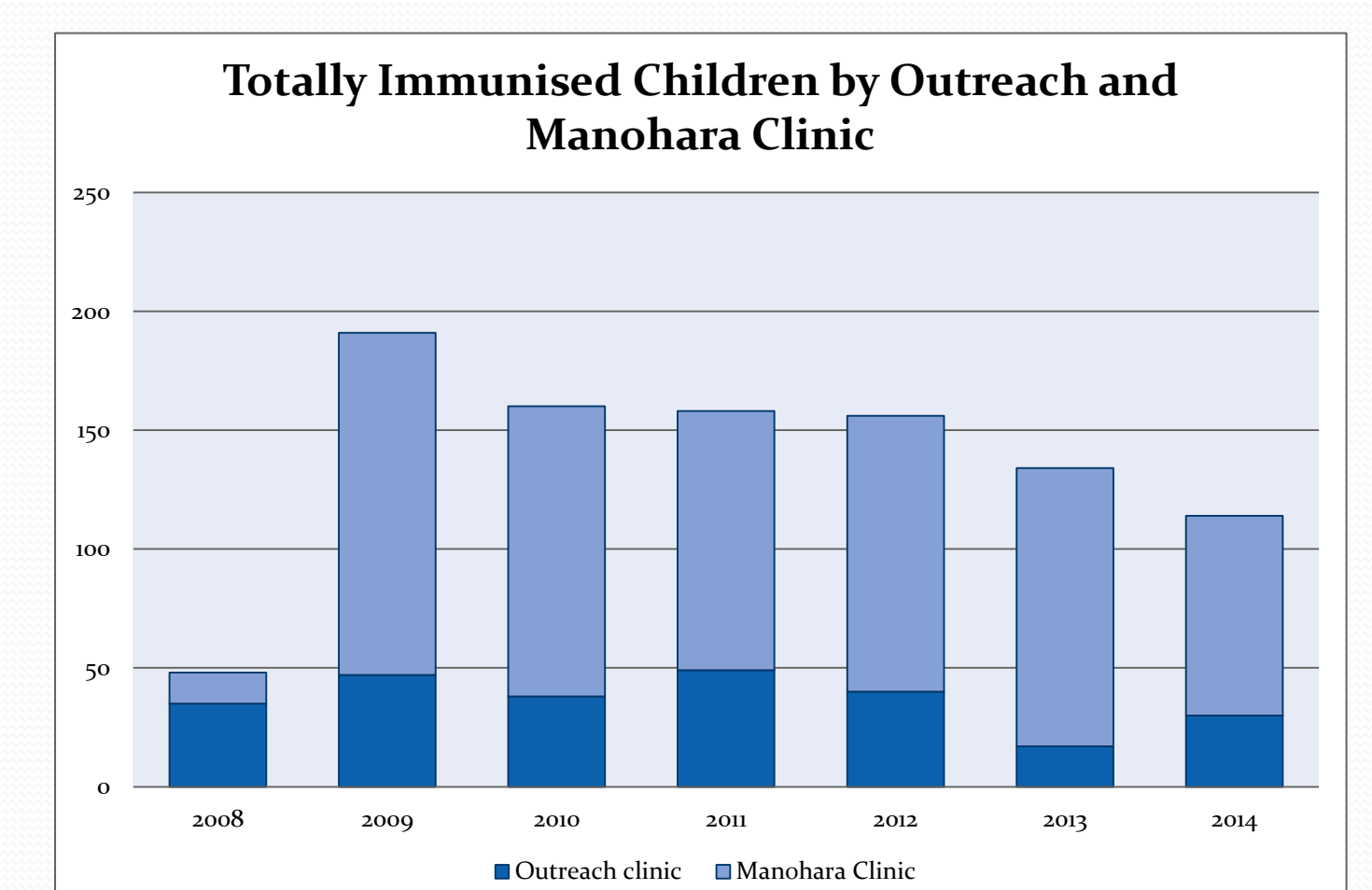
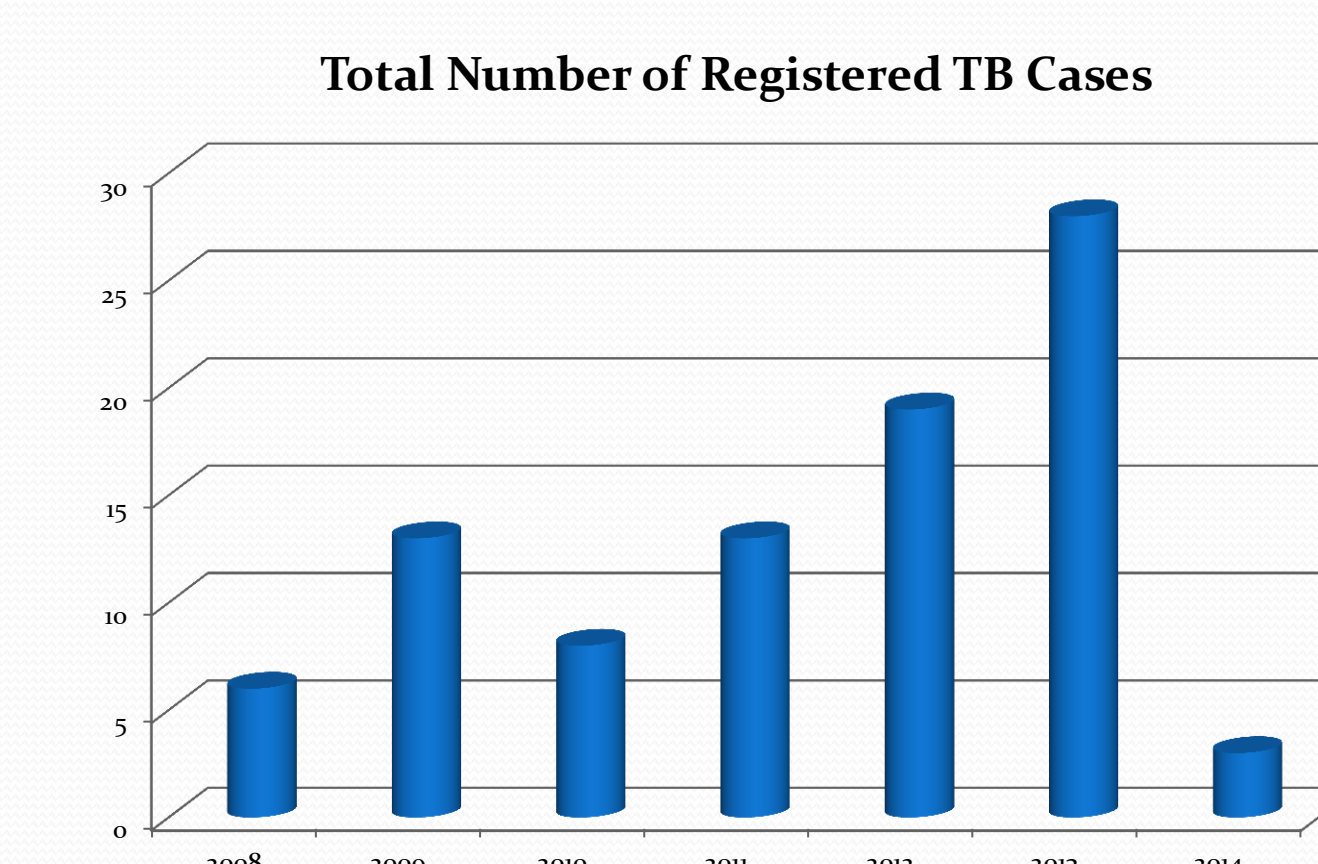
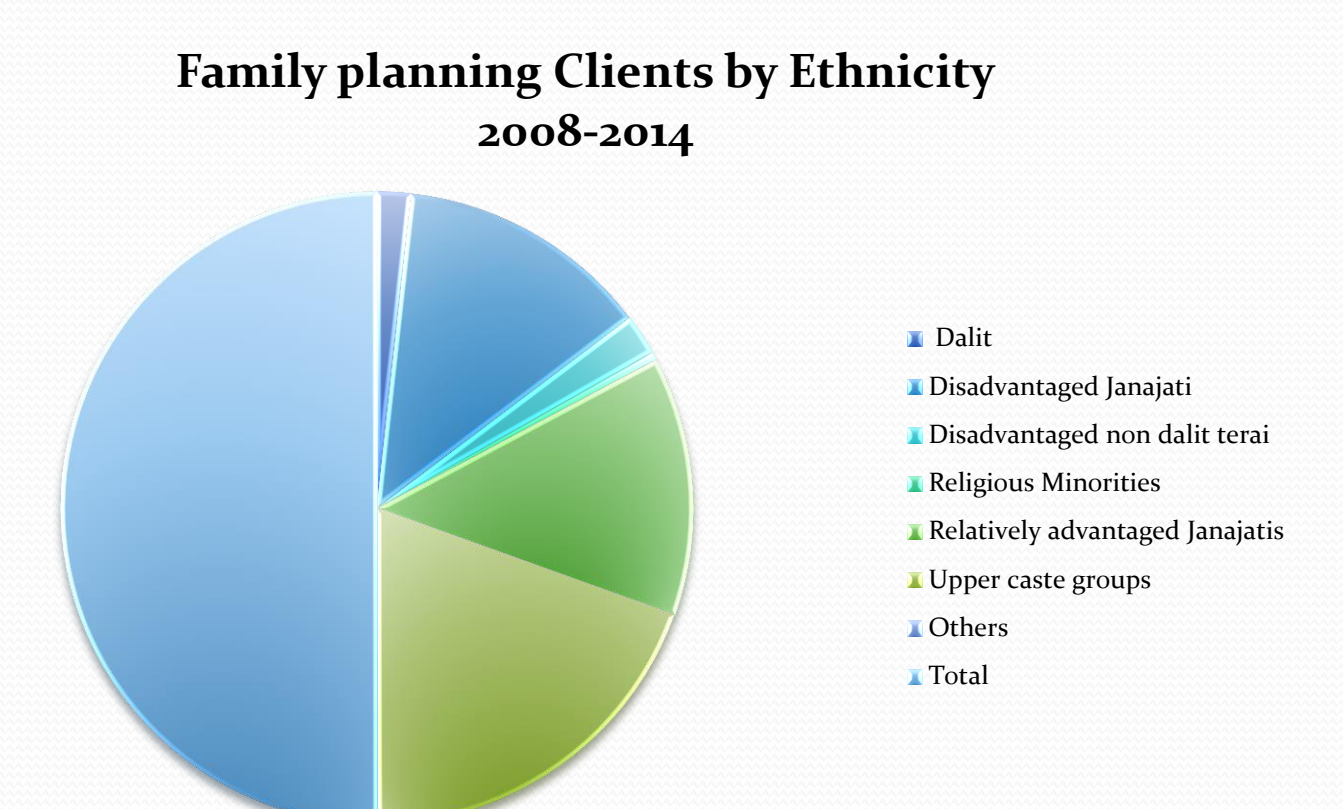
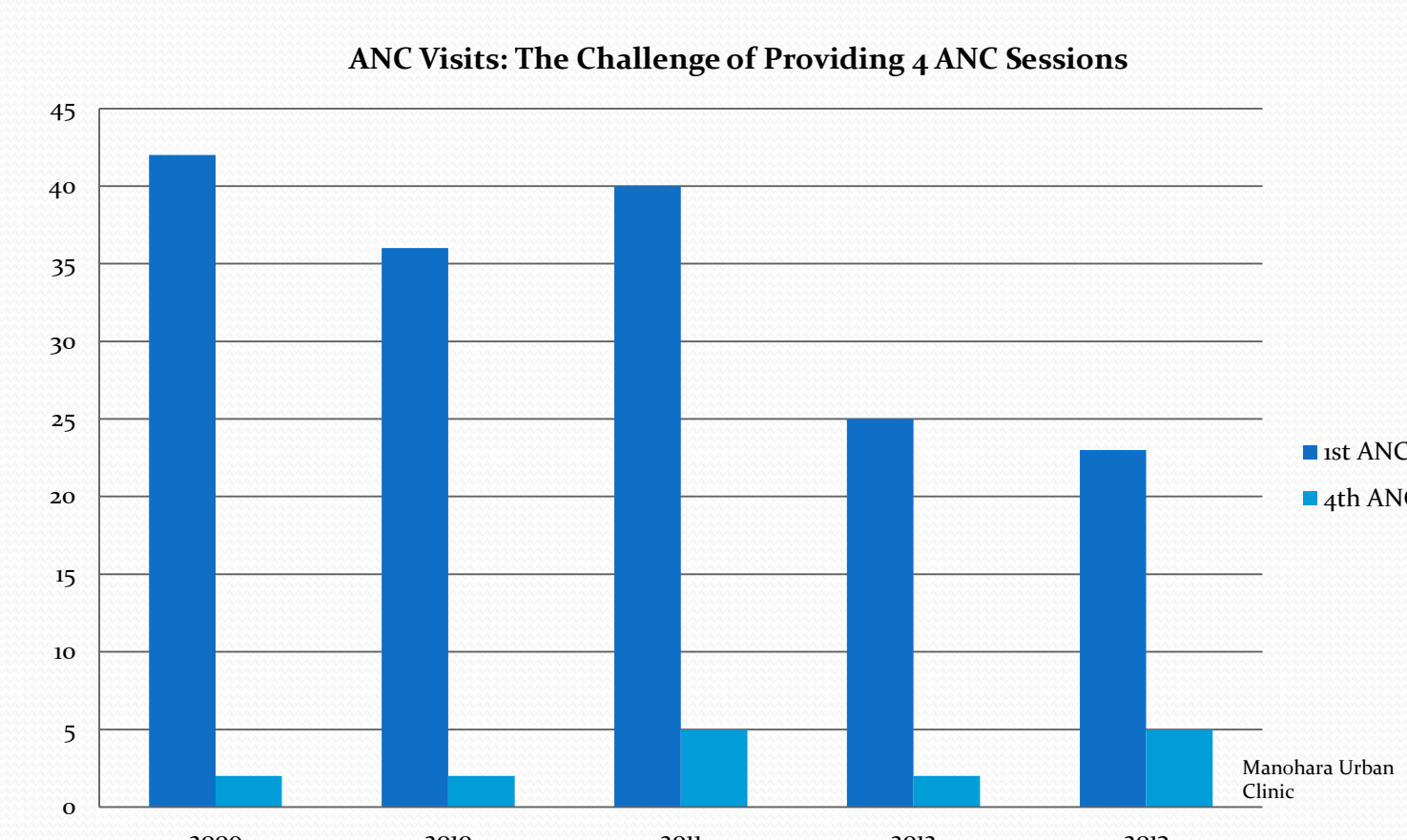
Meetings were conducted with district health officials, including the focal person for urban health in the municipality. Data was collected on the number of urban health centres, their management, level of coordination between district health offices and the municipalities, challenges faced by the UHCs and suggestions for improvement.

Manohara Community Health Centre (MCHC):

The data from the MCHC for a period 2008 to 2014 was collected and analysed. Services analysed included TB, Immunisation, Safe Motherhood and Family Planning

Results from Manohara clinic

The Manohara slum population is currently an estimated 4,500 population. The clinic sees an average of 10,000 patients per year.



Conclusions

This work has highlighted challenges to the provision of EHCS to the urban poor. There is a need for improvements in infrastructure and for greater coordination with clear lines of responsibility established. A health centre like Manohara Community Health Centre are important to provide EHCS to the urban poor. A national Urban Health Policy and guidance are essential to delivering EHCS to the urban poor with services targeted to marginalised communities.



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