



[Plight of the Poor]

Urban poor finding hard to get health services when even managing two meals a day is a struggle!

This is a translated version of a feature story published in Swasthya Khabar Patrika, a monthly health magazine, publication of Help Publication Private Limited. This story was developed by the Swasthya Khabar team – through technical support from HERD team. This investigative story demonstrates the difficulty of urban dwellers to get health services due to low financial status and increased burden of out-of-pocket expenditure.

Kamala Thapa has been suffering from chronic lung disease, but for her, treatment has never been easy. She has been living in the squatter settlement at Thapathali and works as a cook in a school nearby. Her husband went out of contact when she was diagnosed with the disease. She has been struggling to meet the basic requirements of her three children. More than a million rupees have been spent on her treatment till now, which would never have been possible without the support of other slum dwellers. The community has been supporting her by collecting funds. Thapa says, "It is difficult for an ill person to earn more, I need to take regular medicines, receive injections in every three months which costs 15 to 20 thousand rupees".

She takes her children to Kanti Children's Hospital, Teaching Hospital, Bir Hospital and Patan Hospital (all government hospitals) when they are ill as the services are available at a cheaper rate compared to private clinics. When asked about Community Urban Health Centres and availability of free services, she replied "Is there anything like free health service?"

Residents at this squatter settlement have the belief that treatment at the hospital costs a lot. "The slum dwellers do not visit hospital for minor injuries and illnesses", informed Man Bahadur Magar who lives in the same settlement. Magar who has been working as a labourer to sustain livelihood of his family of five members said, "When we

go for treatment, they ask for more money. How will someone who does not have money go for treatment? [When my children get injured, we either urinate at the wound or use *Banmara* \(herb\)](#)".

The government has introduced free Community Urban Health Clinics (CUHCs) in urban areas targeting the population with low income, but the squatters are unaware about it. When informed they were surprised and said, "Where is it? If we were aware, we would have gone for treatment."

The urban poor residing at various squatters who have been working as a daily wage workers have been deprived of the services available at CUHC. To learn about the health condition of the urban poor, *Swasthya Khabar Patrika* organised a health camp at the squatter settlement in Thapathali of Kathmandu and also carried inspection of various other squatter settlements. It was revealed that even after residing in the heart of the city, they have not been able to access the health facilities.

At Thapathali squatter settlement, most of the people were found suffering from high blood pressure. Total 122 people did health check-up at the camp. Of the 227 households located in the banks of Bagmati River, 38 children and 87 elderly did the check-up. Most of the children had respiratory, skin and stomach problems. "Many people here are suffering from gastritis, respiratory problem, headache, body ache, leech, asthma", said Chandra Bahadur Lama, Chairperson of affected settlement

community. "As many people living here are daily wage workers, they cannot manage both time and money for treatment", he said. Lots of health problems are observed, as most of the people smoke, drink alcohol and neglect good food habits".

➤ "Our earning is hardly enough to buy our food. Even if we suffer from some disease, we cannot go for treatment. Many women here have problem of uterine prolapse. Due to of the fear of spending money on treatment many hide their health problems. Two females didn't visit the doctor during earlier stages of their problems and when they went seeking treatment, it was revealed that they had cancer. Till now we had no idea of clinics with treatment free of cost." - **Kamala Lama.**

➤ "We have been earning by running a tea shop. My husband is sick, but we have not been able to treat because of the lack of money. I am also unwell. When I started having serious health problems, I managed money somehow and went for treatment at the Kathmandu Medical College, Norvic Hospital and Patan Hospital. We spent whatever we hand but the disease wasn't cured so I threw all the papers." - **Mali Sherpa**

Dr Subash Pyakurel, Dr Biplav Sapkota, Dr Jamuna Kiran Poudel, Dr Suman Bhattarai, Prakash Banjade and Nurse Bimala Dhanal, Sridevi Sharma, Jwala Poudel, Rabina Shakya, Dikshya Acharya, Sajina Prajapati, Sajana Kasula and Shweta Shrestha facilitated the camp. The team also inquired about the health condition of the residents of the squatter settlements at Sinamangal, Tinkune and Manohara as well as urban labourers in the city. From the camps, it was revealed that most of the people didn't seek treatment as they couldn't afford to leave their work even for a day.

According to the Constitution, it is the fundamental right of every citizen to receive health services. The statistics shows that the number of health centres and hospitals established and available in the urban areas is more compared to rural areas. However, the reach of the urban poor to these centres is more critical than in the rural areas.

According to the Nepal Demographic Health Survey 2011, 77% of the urban poor children receive immunisation service, 38% women do regular ANC check-up and 80% of females give birth in the presence of skilled birth attendants. The same survey reveals that the children receiving immunization service is 87%, ANC check-up is 42% and delivery with skilled birth attendants is less than 80% in rural areas.

The urban dwellers are found to ignore minor health problems and when their problems get worse, they are forced to

treat it by taking loans. "No one treats for free, even if we go without any problems, they (health workers) ask us to perform various tests and buy medicines. We only go for treatment at the hospital if we have any serious cases", said Jeewan Lal Shrestha, who has been residing at Sinamangal squatter settlement. He even took some name of the people living in the community who have been under debts after they suffered from a serious disease.

With the aim of providing service to the urban poor population, the government had introduced 129 CUHCs in 58 municipalities across the country. However, due to the lack of awareness and information about general public, the urban dwellers are deprived of the services. As a result, they are forced to live with diseases or spend a lot of money at once. They are forced to go to private hospital for services like immunization, family planning devices, pregnancy check-up along with other basic health facilities.

The officials of the concerned bodies agree that these clinics operated with the support of the Ministry of the Health and Population and the municipalities, has not been able to make the service effective. Dr Ramesh Kharel, Director at the Primary Health Care Revitalization Division (PHCRD) of the Department of Health Services (DoHS) said that services have not reached targeted population, the result is not satisfactory compared to the investment.

➤ "Time and again I felt some pain in my stomach. Once I went for check-up at a medical (pharmacy shop) nearby and bought some medicine thinking it was gastritis. I came to know after check-up that I had blood pressure. But I didn't start the medicine as I came to know if I start it, I have to continue it throughout my life." - **Gita Lama**

➤ "My husband works as a daily wage worker to sustain our family of five members. But he also has a problem in the knee, he often complains of pain. We have not been able to get treatment. I also sustained bone injury some years ago. I did treatment by taking loan and now I have spinal problems." – **Ram Kumar Rai**

"We have not been able to attract the population for whom the clinic has been established. The problem has occurred because of the lack of proper policy to address such issue. Now the upcoming policy will address the issue", Dr. Kharel added. He opines that the lack of advertisement of the services has limited the access of the poor and marginalised population to basic health services.

Rajya Prakash Pradhananga, Chief of Public Health and Social Welfare Department at Kathmandu Metropolitan City said, because of the lack of information about the service

provided from 27 CUHCs of the capital, the urban poor population, women and children have been deprived of the basic health services. "As we have not been able to reach the daily wage labourers who sustain their life by working regularly they have been deprived of the services," he said, "But we cannot let the situation like this any more."

Increasing poverty in urban areas

The recent data revealed by the government shows the increasing number of urban poor, including squatter communities in the city. According to the Economic Survey 2014/15 conducted by the Ministry of Finance, the squatter settlements have been increasing because of the lack of safe and reliable settlement. The survey further released that more than 10% of the total urban population are the slum dwellers. In 2003/4, almost 10% of the urban population was below the poverty line, which is estimated to have increased to 15% in 2010/11.

Of the total population, 19% or more than 5.3 million people live in urban areas. Due to the increasing number of poor population and squatter communities, problems of sewage management and water resources is seen more in urban as compared to rural areas. The survey has revealed that in cities including Kathmandu cleanliness and sewage management is very critical. The situation of drinking water, sanitation and waste management is very weak.

➤ "I heard about the free service provided by the government. But they always take money when we go for treatment at the hospital. That is why we don't go to the hospital even if we are unwell. Sometimes when we have headache and stomach problems we go to medical (pharmacy shop) and get some medicines." - **Tol Bahadur KC**

➤ "It has been seven to eight years that I have lived here. As we live near the river, it is always dirty, but we are used to it. Drinking water is distributed through water tanks. We drink it directly. It is expensive to buy a filter and we don't want to use gas cylinders to boil water as they are also expensive." - **Ranjit Majhi**

➤ "It is difficult to find money for treatment. We eat food from the money we earn. Even when we get ill, we go to work. We care less about our illness as we need to work to manage our meals. If we get any cuts or minor injuries, we urinate on the wound." - **Chandra Bahadur Lama**

According to the Economic Survey, 56.1% urban households have access to proper sanitation. Almost 12% of the households do not even have toilets. The squatter settlements have very poor arrangement of toilet and sanitation. Similarly, the survey has demonstrated inadequate supply of drinking water in these areas to add to the poor quality of water.

Settlement itself prone to diseases

Lack of sanitation and safe drinking water has made the squatter settlements, which have been home for many poor, a breeding place for diseases. Located nearby the river and dirty surroundings, neither hygienic food nor safe drinking water is available in these settlements. It is found that the people drink water provided by the

municipality through the tanker without purifying. *As only few people boil water before drinking and most of them don't even filter the water, many suffer from waterborne diseases like worms, diarrhoea and typhoid.* The locals also informed that as the children swim in the dirty water and play around in the polluted surroundings, they suffer from allergies and skin infections.

They further informed that the people in the squatter settlements consume food which lacks nutritional value because of which malnutrition is also found in many of them. "Along with consuming food lacking nutritional value, most of the people smoke and drink alcohol", informed Shrestha of Sinamangal. When the people who have to work hard just for their regular meals don't eat properly and develop bad habits, they are suffering from various diseases.

Link of the Nepali article: <http://swasthyakhabar.com/2015/08/32573.html>

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