



## [QUESTIONING THE EXISTENCE: COMMUNITY URBAN HEALTH CLINICS IN KATHMANDU]

*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 revolves around the persisting problems of health service delivery in urban health care clinics and overall policy complexities surrounding urban health in Nepal.*

## ***Clinics exist but where are they located?***

When we say clinic, anyone will imagine a fully equipped centre providing comprehensive health service. However, upon visiting the Community Urban Health Clinic (CUHC) at Dillibazar Pipalbot, Kathmandu the scene is completely different. The clinic is currently being operated from a small room at the two-storey building of the Kathmandu Metropolitan Ward Office with only two employees, seeing which the urban dwellers remark, “Can we call it a clinic?”.

Hardly five to seven patients visit the clinic on a daily basis. “Some people visit the clinic for pregnancy test, immunisation and TB treatment under DOTS programme. However, the number of people seeking treatment here is very low”, informed Goma Khatiwada, Clinic In-charge, CUHC Dillibazar.

The situation of the CUHC at ward no. 8, Jayabageswari is no different. It is limited to the four walls at the building of Pashupati Area Development Trust besides the ward office. Only two staffs have been appointed at the clinic which has four sanctioned positions. Earlier, the clinic was being operated at the small room near Shifal, and the number of patients was quite low, now the number has decreased further. Pregnant women and TB patients are seen at the clinic but very rarely.

The situation of all the CUHCs in Kathmandu Metropolitan City (KMC) is similar. It is very difficult to find patients at these clinics which is run under the management of KMC with the financial support from Ministry of Health and Population (MoHP). As the clinic has not been prioritised by the concerned bodies, it has been important to provide serious treatment to the clinics which has been introduced to facilitate patients.

According to the statistics of KMC, the number of people seeking service at those clinics is very low, which is 5 to 7 patients per day. Among the 27 CUHCs, almost all the clinic is functioning from a single room while every clinic lacks human resource. The situation has occurred because of the lack of interest of the bodies running it.

“The number of people visiting the clinic rises during the national immunization program, vitamin A programme and elephantiasis campaign; otherwise it is 5 to 7 per day”, informed *Rajya Prakash Pradhananga*, Chief of Social Welfare Department at KMC. “The number rises as the patients are traced and asked to receive the treatment” he added. “But the number in other days is displeasing”.

He informed, “Of the total, the flow of patient is more at the clinics situated at ward no. 35, Koteshwor; ward no. 4, Dhumbrahi, Pipalbot and ward no. 7, Mitrapark i.e. 10 persons per day”. He added, “The immunisation programme is run effectively at clinics of ward 16 and 36”.

The CUHCs must provide services similar to primary health care centres, according to DB Chataut, Former Director General at the Department of Health Services. “The urban clinics have only become a source of expending money” he said, “Either a doctor should be appointed at each clinic or it should be closed. As there are a lot of options in the city, it should be run in such a way that the poor population is attracted”.

### ***From Policy to Practice***

*Dr Ramesh Kharel, Director at the Primary Health Care Revitalization Division (PHCRD) of the Department of Health Services (DoHS) shares his views:*

CUHC has been established at various metropolitan city as well as municipalities throughout the country. A lot of problems have been detected in the absence of policy and attention from various bodies. To improve the condition of the clinic and to minimise the health problems caused by increasing urbanisation, urban health policy has been developed. The policy is currently under discussion. After receiving feedback from the concerned bodies, it will be submitted to the council of ministers. As soon as the policy is passed, it will be easier to run the program and produce act for solving various urban health issues.

The urban health policy has been developed as the government has

realised that even though 17 per cent of the total population live in urban areas, their reach is very low at the government health centres. After the policy is implemented, the patients will not only receive genuine treatment but the government will also make the provision of referring them to hospitals. In the policy, metropolitan, sub metropolitan, all the municipalities will be expanded and standardised, awareness programmes for various diseases will be launched and it has further stressed on delivering qualitative service to each and every citizen.

### ***Providing service at the damaged building***

*Rajendra Shrestha, CMA at CUHC, Mitrapark shares the forced condition to provide health services in damaged building:*

The people are aware about the clinic as it was run by doctors earlier. But the number of patients has been decreasing gradually. As the medicines are not available in adequate amount, the patients have started visiting hospitals. The building has also been damaged because of the earthquake and the people are scared of visiting the clinic. We have been taking risk by providing service in this damaged building.

### ***Neighbours Unaware***

Numerous people at KMC are unaware about the free service available at CUHC in their neighbourhood. When the team of *Swasthya Khabar Patrika* talked to

the locals, it was revealed that they had no idea about the clinic. The team interacted with the locals of Dillibazar, Naxal, Dhumberahi, Hadigaun, Mitrapark, Shantinagar, Jayabageswari, Ombahal, Kuleswar and New Bus Park area. Almost 90 per cent of the respondents were unaware about the clinic.

According to Chief of Social Welfare Department at KMC “The clinic has been introduced to facilitate the poor and backward urban population, but the lack of advertisement have forced them to visit private clinics and hospitals”.

According to an economic survey published by the government last year, almost 85 per cent of the total poor population is deprived of services at the hospital. 6,521,200 people are below poverty line, which indicates 23.8 per cent of the total population. The survey further reveals that 5,503,000 people have not received health services yet. The urban poor also belong to this category. They have been deprived of the services as they are unaware about CUHC run by the government.

“Even though the clinics were established years ago, the government couldn’t inform the public as the result they went to private pay clinics”, said Pradhananga. He informed that the government is planning to gear up the awareness campaigns run by Female Community Health Volunteers (FCHVs).

“The government established CUHC but failed to inform people, as a result the

targeted population is deprived its service”, said Arbinda Kumar Shahi, AHW, Clinic In-charge Kathmandu-23, Ombahal.

Pradhananga further informed, “Although the clinic has targeted poor population, anyone can receive treatment”. He believes that the reason behind less people seeking treatment at those clinics is the establishment of various health centres in numerous places.

### ***Service Expansion***

*Rajya Prakash Pradhananga, Chief of Social Welfare Department at KMC opines:*

CUHC has not been as effective as it should have been. Poor service delivery might be one of the reasons towards the lack of public interest of seeking care through CUHCs. With the rapidly increasing population the need of such centres has also increased. The centre is very useful to provide primary service to the poor and community people, to inform them about new diseases and to refer patients in appropriate hospitals. So, it is important to focus on increasing the capacity of such clinics and providing qualitative service. The services should be at least similar to the health posts. Instead of providing service from 10 am to 5 pm, the services should be made available 24 hours. It is also necessary to train the workers and add services, equipment, human resource and infrastructures.

KMC can manage human resource and provide other assistance. The problem has roused because the questions like what is needed, which medicine and equipment, how many human resources, have not been clear. The monitoring mechanism of MoHP has not been effective enough. KMC is ready to expand the services if MoHP makes the provision and guideline of the clinic clear.

### ***Where are the clinics?***

KMC has been running clinics at Naxal, Dhumbarahi, Maharajgunj (Gajendrabasti), Hadigaun, Bouddha Pipalbot, Mitrapark, Jayabageswari, Naya Baneshwar, Hyumat, Tankeswari, Teku, Nardevi, Balkhu, Kuleswar Aabas, Syambhu, Balaju bypass, Khusibu, Marudhoka Kankeswari Temple, Ombahal, Makhan, Na:Ghal, Bangemuda, Lainchaur, Inbahal, Dillibazar Pipalbot, Bagbazar (old buspark), Shantinagar and Koteshwor area. But no such clinics have been established at ward number 2, 9, 11, 20, 21, 22, 24, 26, 27 and 33. At ward number 12, Acupuncture centre is being run along with three CUHCs.

KMC had begun free health service at the city in 1995 by opening 5 CUHCs. The number was gradually increased to 27. KMC has prepared to run such clinic in every ward office. Among CUHC's currently operated, DOTS programme is available at ward no 3, 23, 17, 34, 31 and 14.

### ***No outcome, only expenses***

According to KMC, the government spends 28 million rupees on CUHC annually. Nali Bajracharya, Public Health Officer at KMC informed, the clinic will be fruitful in minimising maternal and child diseases, reducing maternal and infant death, increasing knowledge regarding family planning among urban youth as well as to tackle pregnancy related problems. The services like dressings for minor injuries, regular check-up for pregnant women, free distribution of medicines like vitamin and iron tablets and regular immunization as well as nutrition facilities for children is available at CUHC.

Even though some patients with common cold, TB and fever visit the clinic, the outcome is not satisfactory as per the investment, according to Sri Krishna Bhatta, Chief of District Public Health Office (DHO), Kathmandu. "The service is very frail compared to the investment". He pointed that the failure in informing people about the clinic has led toward misutilisation of the asset.

### ***People are amazed seeing condition of the clinic***

"We are forced to ask TB patients not to visit the clinic on days when other immunization programmes are run as all services are provided in the same room. If the area is expanded, human resource is added and people are informed then numerous people can get

benefitted by the free service.”- Goma Khatiwada Incharge, CUHC Dillibazar.

### ***Clinic at crisis***

Guideline for Health Institutions Establishment and Upgrading Standard 2013 states, “At the clinic OPD service, laboratory, X-ray, physiotherapy, family planning, immunisation along with other health facilities and counselling should be provided, for which it is necessary to have enough human resource, infrastructure and necessary management at the clinic”. But the urban clinic does not have any of the above mentioned requirements.

Various CUHC In-Charges informed that the risk of transmission of diseases has increased as the immunization for children, pregnant women and TB patient is run in the same room. The clinic not just lacks the infrastructure and equipment’s but also human resource. Although KMC has sanctioned four positions HA, AHW, Clinic Assistant and Office Assistant each for the clinic, none of the clinic has appointed employees as stated.

Some CUHCs have only one human resource since years. Arina Maskey, AHW at CUHC, Hadigaun who has been running the clinic alone since last two years said, “How can a single person run the entire clinic? The services are not effective as I have to check the patients and clean the floor as well. She pointed that the lack of water and preventive measures required while treating

patients has increased the risk of transmission of various diseases.

“The clinics which are meant to provide services in a clean environment, due to the lack of resources, have failed to provide effective services” said Bel Bahadur Sinjali, Clinic In-charge Kuleshwar.

### ***Patient Perspectives***

“I am here to treat minor injury as it costs more at private clinic. I had heard about the clinic earlier so visited for treatment” - Ayasha Jyoti Singh.

“I am visiting the clinic because I am suffering from TB. I had heard about the clinic earlier but hadn’t seen this place. I had a lot of difficulty tracing the place. Earlier I went to another clinic, as they had run out of medicine they referred me to this CUHC” - Adesh Sahi

### ***Risk of transmission***

*Sabitri Khadka, ANM at CUHC Jayabageswari shares her concern about limited space in the CUHCs:*

Two of us are providing service at the same room, it is very difficult. Labourers come for treatment. Pregnant women look for privacy while conducting check-up. But in the absence of another room it is difficult to provide service and there is also a high risk of transmission. We get some workload on Vitamin A campaign and other campaigns. The public is also unaware of the services available here. Some people come for DOTS treatment.

## **One person providing service since two years**

*Arina Maskey, ANM, CUHC, Hadigaun shares her plight of work overload due to lack of fulfillment of sanctioned posts:*

The clinic has three sanctioned positions, but for the last two years I have been looking after the clinic all alone. Sometimes the FCHV helps me but it is not possible to stay on leave for personal reasons. I have been sending letters demanding another employee but haven't received any answer yet. How can we provide qualitative service at such a situation?

## **Ineffective monitoring**

*Nali Bajracharya Public Health Officer at Kathmandu Metropolitan City shares about the necessity of effective monitoring of the CUHCs.*

It is the responsibility of MoHP to monitor the effectiveness of such health institutions. Because of the lack of clear policy, the clinic has been having various problems. Better services can be provided but due to the lack of advertisement and human resources the

service has not been satisfactory. People have the tendency to buy medicine without expert opinion. For such people the clinic would be very productive. But it is necessary to monitor the condition of clinic; how it is being operated and it is also necessary to address the existing problems.

## **A messy situation**

Experts have pointed that the CUHCs led by KMC with economic support from MoHP for medicines and human resource, has become messy due to the lack of coordination among the bodies. They have been pointing fingers at each other for CUHCs condition. Even the employees at the clinic admit the fact that KMC has paid no attention to the clinic.

KMC has only focused at the areas where tax can be collected, informed Rishi Prasad Bhusal, Health Assistant at CUHC, Old Bus Park. "KMC never paid attention towards capacity building at the service oriented centres". He further said, "MoHP too is responsible for the situation; the thought that their responsibility is fulfilled by providing medicines has worsened the situation even more".

Link of the Nepali article: <http://swasthyakhabar.com/2015/07/31431.html>

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