

SUPPORTING THE LOCAL LEVEL FOR STRENGTHENING THE DELIVERY OF BASIC HEALTH SERVICES IN POKHARA LEKHNATH METROPOLITAN CITY

(SEP 2017 - DEC 2018)



The Constitution of Nepal states that every citizen shall have the right to seek basic health services (BHS). Urban Health Policy (UHP) 2015 aims to increase access to and utilisation of quality health services with a focus on urban marginalised people. Despite these, delivering quality health services particularly in urban areas through the government health service delivery networks is an issue. Various challenges hinder the implementation process, especially human resource issues which directly affect the quality of health services. Hence, there was a need to develop a locally appropriate capacity enhancement model for health workers in urban health centres through supportive supervision, coaching and mentoring and mechanisms.

METHODOLOGY EMPLOYED

This was a programme embedded implementation research, using a mixed method approach to develop and assess a supervision, coaching and mentoring model for the UHC. The study was conducted in Pokhara Metropolitan city where two urban health centres (UHC) and one health post were chosen as intervention sites. Selection of these health facilities was done in consultation with officials from the Pokhara metropolitan health division officials on the basis of their location, patient flow, availability of human resources and coverage of these health facilities.

The intervention included contracting a group of visiting team of experts for on-site mentoring and provide on the job training to the health workers in the selected health facilities at monthly intervals. Capacity enhancement was done in the areas of clinical diagnosis and treatment, enhancement of soft skills to promote patient centred care and strengthening the recording and reporting.

Quality improvement(QI) checklist tools were used at the baseline of the study to identify the gaps in the clinical skills of the health workers. The intervention was tailored according to the gaps identified. The outcome of the intervention was measured by the changes noted in the QI tool at the end of the study.

KEY FOCUS

- Technical Assistance: Mapping of all health facilities and pharmacies using GIS tool
- Community Engagement: Identification of the vulnerable group: (women, marginalized, disabled)
- Develop Evidence-based Health Action Plan
- Community Strengthening: Addressing demand side (Community) issues for health service delivery
- Support to develop a Health Facility Improvement Plan - Municipality Health Unit
- Develop and assess capacity Enhancement model