# Evaluation of Essential Health Care Delivery Services in Nepal

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**Background**

The Government of Nepal, Ministry of Health and Population is determined and committed to provide quality health services to all the populations of Nepal. The national healthy policy 1991 provided a policy framework to guide health sector development. Based on this, Ministry of Health and Population formulated the second long-term health plan, 1997-2017. The vision of health and development envisaged by the proposed plan is to put in place a health system in which there is equitable access to quality health care services. But the coverage of services has fluctuated over the years, with improvement in some programs and failing to meet the targets in others. Obviously, there is a need to make improvement in programs that failed to meet the targets. In order to make an improvement in programs; an evaluation for essential health care delivery services need to be carried out.

**Methods**

A descriptive cross-sectional research design with a combination of qualitative and quantitative methods was employed. The study covered a total of 10 districts from all five development regions and three ecological zones, comprising mountain, hill and terai. A multi-stage probability sampling was applied in selecting the sample districts, village development committees and households from the cross-section of the country. Key informants and individual interviews, focused group discussions and record reviews from the health facilities and organizations were the main techniques for data collection. The quantitative data for the study was analyzed by using Statistical Package for Social Sciences software. The qualitative data was analyzed manually.

**Results**

In most of the districts, programs that are given priority and are regular and effectively functioning are immunization, family planning services, safe motherhood (antenatal care check up), and nutrition and general treatment of common diseases. Problems that have not been addressed so far in community level health post, sub-health post and primary health care centre are reported as dental and oral health problems, mental disorders, injuries of bones, fractures (orthopaedics) and treatment of non-communicable diseases like diabetes, and gynaecological problems such as uterus prolapse. Pathology and radiography services like x-ray are also not available at community level health institutions, including in primary health care centres due to lack of technical manpower. As for example, in Mustang and Doti it was starkly evident.

**Conclusions**

The district and below level health system has been delivering the services as usual through different tiers of health facilities. However, the system is yet to be responsive to the ecological and district specific health problems and to provide specialized services such as mental health, laboratory and radiography, treatment of non-communicable diseases and gynecological problems.

**Keywords:** efficiency; equity; essential health care services; health problems; health system; quality of care.