

## Mission of UHRC Nepal

Provide technical assistance to local government and the Government of Nepal for poverty-mapping in the urban area, specifically for the purpose of providing basic minimum health needs.

Assist in developing human resource for quality urban health services.

Play coordinated role between Government of Nepal, local government, municipalities and local communities, to promote health of urban poor and for poverty alleviation.

Initiate a model program in selected municipalities, based on Urban Health Equity Assessment Response Tools (Urban HEART).

Assist concerned agencies in preparing and delivering information system on urban health.

Promote activities on health for urban poor and for poverty reduction, through strengthening public-private partnership.

Implement activities for promoting health among the urban poor through advocacy on pure drinking water, pollution control, personal hygiene and sanitation, preventive and promotive health services.

Provide technical assistance in managing medical waste from health facilities.

Provide technical assistance in managing canine population, including for rabies control in urban areas.

## Purpose

The main purpose of UHRC Nepal is to support to improve health condition of the urban poor as per initiated by the Government of Nepal, Ministry of Health and Population, Ministry of Local Development, concerned Municipalities and Line Agencies.

## Services

Advocacy for important aspect of urban health, through counselling and conduct research on urban public health issues.

Share experiences from national and international levels on urban health program.

Implement activities based on approved national policies and strategies through cooperation and coordination with governmental, non-governmental, international non-governmental organizations and other entities.

## Expertise

- Human Resource Development and Management
- Health Management Information Systems
- Health Systems Reform
- People Empowerment/Mobilization
- Institutional & Organizational Development
- Operational Research
- Monitoring and Evaluation
- Quality Assurance
- IEC/BCC, Advocacy, Social Inclusion
- Sexual and Reproductive Health, Safe Motherhood and Neonatal Health
- Disease surveillance and Health Programming, including Malaria, HIV/AIDS, TB, Mental Health, Dental Care, Eye Care

## Executives of UHRC Nepal

**Dr. Baburam Gautam**

Executive Director

**Prof. Jagat Man Shrestha**

Managing Director

**Advocate Sheshkant Gautam**

Administrative and Legal Officer

**Ms. Shrijana Joshi**

Program Officer

**Ms. Menuka Khand**

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Call upon us for technical assistance and capacity development at:

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*"All for Equity in Health  
Better Urban Health"*



**Urban Health Resource Centre Nepal**  
Tripureshwor Kathmandu, Nepal

## Background

The proportion of urban population in the world has reached almost 50 percent in the year 2007. By 2030, six out of every ten persons will be city-dwellers, and it will be seven out of every ten in 2050. One in three urban dwellers lives in slums.

South-East Asia (SEA) is home to more than 1.6 billion people. Among them, more than 500 million live in urban areas. Out of 500 million urban people, 25% live in poverty and the most vulnerable category is the urban poor.

Among the urban poor in the SEA region 80 million live in India, 27 million in Indonesia & 11 million in Bangladesh. Health of the urban poor recognized as major public health issue in the SEA region. There is increase in urban population due to natural growth and migration (both internal and external), as well as the reclassification of newer areas as 'urban'. Globally, 1 billion people live in urban slums.

There are many factors that widen the gap in health equity between different groups. These include socio-cultural determinants, economic and political issues, public policies, development of health literacy and environmental factors. Ultimately, the health inequities affect all city dwellers. Disease outbreak, social unrest, crime and violence affect all inhabitants. These threats can spread easily beyond a single neighborhood, endanger citizens everywhere, and also negatively affect a city's reputation.

The reasons for unplanned urbanization in the cities of developing countries have been well-documented. Most of the cities have concentrated populations explained by opportunities in employment and services, however this results in health risks and hazards for health.

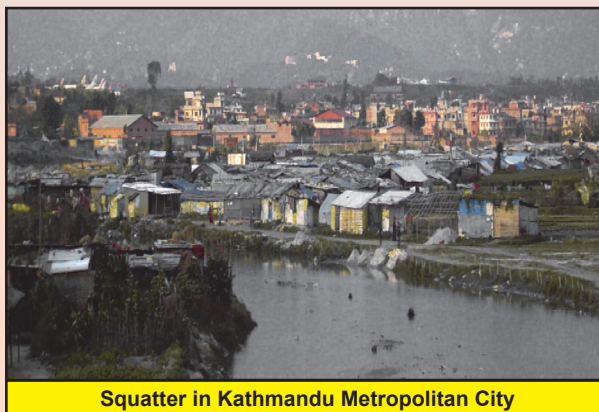
In the context of Nepal, rapid urbanization has been increasing in an unplanned way, creating many urban health problems. More than 17% people of the country live in urban areas, which is predicted to grow by 15 million by the year 2035. The urban poor comprise 25.4% of the total urban population, putting pressure on basic health service and resulting inequity in health. The common health and social challenges in urban areas include, overcrowding, air pollution, rising level of risk factors like tobacco and alcohol use, unhygienic food and sedentary lifestyles. Other challenges include



Over crowd in Lalitpur Sub-metropolitan City

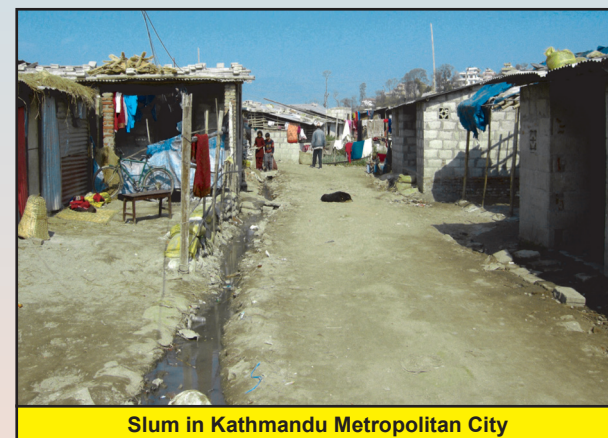
inadequate infrastructure, improper management of solid waste. All of which creates poor public health conditions and increases threat of diseases, including infectious diseases like HIV, tuberculosis, pneumonia and diarrheal infections, as well as non-communicable diseases & conditions such as heart diseases, cancer and diabetes. The growing problems of urbanization also lead to road traffic accidents and violence.

City dwellers living in slums and inner-city settlements lack knowledge on basic health needs and health services. The consequences of lack of health education are the use of unsafe drinking water, poor hygiene and sanitation, rise in vaccine-preventable diseases, water-associated and food-borne diseases. To access health services, people have to rely upon either the government hospitals or expensive nursing homes/private hospitals, even for minor treatment.



Squatter in Kathmandu Metropolitan City

The role and responsibilities of Municipalities, Ministry of Health and Population (MoHP), Ministry of Local Development (MoLD and District Public Health Office (DPHO) in delivering essential health care service to the urban poor is unclear. There is low priority given to municipalities when it comes to infrastructure development. Meanwhile, the Government of Nepal is yet to finalize the updated Urban Health Policy as of the spring of 2014. Although the presence of private sector is strong in the urban areas, it is uncoordinated, unregulated, and weak public private partnership (PPP). Very few municipalities are running urban health clinics, related to limited human resources and physical facilities, however many municipalities do not even have an established public health unit. The consequence is that there is also a lack of concrete health information system.



Slum in Kathmandu Metropolitan City

## UHRC Nepal

In this context, UHRC Nepal is to facilitate municipalities of the country in strengthening urban health services, for which this organization is established.

UHRC-Nepal is a non-governmental, non-profit making 'social company' established through the initiation of self-motivated public health specialists of long standing, social workers, health economist, epidemiologists as well as sociologists. It has been registered under the rules and regulations of the Government of Nepal to specifically address the existing inequity in urban health in Nepal.