# Develop and Apply Gender and Ethnic Group Disaggregated Data Based Monitoring Tools of Access to Primary Health Care (PHC) Services and Analyze Access to Primary Health Care by Gender and Ethnic Group in Terai Districts of Nepal

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**Background**

The concept of social inclusion and social exclusion has been taken in great consideration recently in approaching main government policy in Nepal. The issues of exclusion and inclusion of vulnerable people have been strongly tackled by the Government of Nepal explicitly during recent years by means of a number of strategies. The Nepal Government has currently made a very high level political commitment in order to increase access to the health services to the poor and disadvantaged in Nepal. This study thus tries to analyze the inclusion of gender and ethnicity for accessing health services from primary health care centers, health posts and sub-health posts in terai region of Nepal after the implementation of free health care program.

**Methods**

This was a comparative descriptive study. Two terai districts, Morang from Eastern Development Region and Rupandehi from Far-western Development Region were selected for the pilot study. From each district, one primary health care center, one health post and one sub-health post were selected. The data were collected through quantitative and qualitative methods. For quantitative data, record review was done from selected health facilities and qualitative data were collected through in-depth interview and focused group discussion. Qualitative data analysis included-transcription of the interviews and focused group discussion, typing of transcription, color coding and grouping in matrices with main domains for analysis and summarization. Similarly the quantitative data were coded for computer entry in Excel sheet and processes in Statistical Package for Social Sciences Windows version 13 for analysis.

**Results**

Qualitative findings of the study showed that there is no social exclusion from health service providers for both gender and ethnicity. Interaction with community people showed that for almost all health programmes provide by health facilities, there is equal access of male and female as well as for all ethnic groups. The preliminary analysis of quantitative data also revealed the similar findings.

**Conclusions**

There is inclusion of gender and ethnicity on health services provided from health facilities.

**Keywords:** ethnicity; gender; health facilities; interaction; poor and marginalized; social exclusion; social inclusion.