



Preliminary Situation Analysis: Doweika Mansheit Nasser Slum Area

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Introduction

Egypt is currently facing the problem of the spread of slum areas; the result of rural-urban migration at a continuous and rapid pace without planning. As a result of this migration, slum areas have begun to appear in and around cities. This has led to numerous problems such as poverty, illiteracy, unemployment, and a lack of suitable social services and adequate housing. These slum areas range from high-density areas to spontaneous settlements at the edge of the city.

The expansion of these urban migrant areas caused population increases in cities ranging from 30% to 50% between 1986 and 2000. According to the health directorates in the governorates, the number of slum areas is estimated at 800. These areas are growing at alarming rates. The population varies from less than five thousand to more than two hundred thousand in one area. Many of these slum areas are concentrated in Cairo and Alexandria where there is high population density and low health service coverage.

These slum and squatter areas do not have:

- Basic municipal services such as water and sanitation
- Hospitals and clinics of adequate standards for health services
- Places for the community to meet and socialize
- Capacity to meet the unplanned increase in demand for services.
- Adequate job opportunities

These squatter and slum areas need a sustainable program to upgrade their standard of health services and to improve the quality of people's lives. Sustainability, a key priority, can be achieved by cooperation between different government sectors and the community. The benefit of upgrading is for their improved health quality and the creation of a more stable living environment for the community. Previous research provides evidence that slum-upgrading projects targeting health services will result in social and economic benefits for the community.

The overall objectives of TAHSEEN's proposed interventions in the slum and squatter areas are to:

- Improve the lives of squatter and slum area residents, especially mothers and children.
- Raise community awareness about suitable health practices.
- Identify specific health needs.
- Improve health services through specific interventions.
- Mobilize the community to utilize available services, through the active participation of NGOs.



- Build the capacity of community development associations (CDA) to provide better services to the public.



Criteria for the Selection of Doweika Slum Area

According to an agreement with the National Committee for Children and Motherhood (NCCM), a location was chosen to implement activities in collaboration with different partners who will be responsible for sustaining the efforts made in this area.

District Profile

Area	Manshiet Nasser Northern boundaries: Nasr City Southern boundaries: Mokattam, part of Cairo (El Kalifa) Western boundaries: Wayly, Be-ooth City Eastern boundaries: Nasr City, east of Cairo
Population	Manshiet Nasr Doweika: 64,000 Manshiet Nasr (entire area): 2,137,000
Government health service	Doweika Health Center
Nearest hospital	Hussein University Hospital
Birth rate for 2003	3,938/100,000
Death rate for 2003	565/100,000
Population increase	18/1000
Rate of contraception use	46.5%
Jobs for the people in the area	No specific criteria
Average family income	Low
Condition of health center facilities	The clinic is well equipped for the service it provides
Human resources	12 physicians, 15 nurses, 6 non-health workers 1 pharmacist, 1 raedat rifat, 8 dentists
Civil society organisation with relation to health activities	There are 5 NGOs working in the area. Three have health sector activities.
Hospitals and private centers for the area	Apart from the governmental center there are 8 private clinics. Mobile units visit the area 3 days a week.
Emergency unit	Exists in the Doweika Health Center with one ambulance
Availability of water, electricity and waste water	No total coverage. The health center itself has an inadequate water supply



A research study was conducted in Manshiet Nasser in the mid 1990s when the area's population was 500,000. The main findings at the time were:

- Morbidity conditions affecting children under five:
 - ▶ 49% had respiratory distress
 - ▶ 42% had diarrhea
 - ▶ 22% had respiratory distress and diarrhea
 - ▶ 18% were undernourished
 - ▶ About 90% of children had intestinal parasitic infestations and a quarter had had three or more types
- Care seeking:
 - ▶ About 55% of mothers had sought medical advice for diarrhea and 65% had sought help with the appearance of further clinical signs.
 - ▶ Home births accounted for 80% of deliveries and of those birth attendants (dayas) were responsible for 63%.
 - ▶ Almost total absence of antenatal care

These figures, among others, reflected the living condition and health status of children.



Doweika Health Center

Doweika Health Center is located in Herafeyeen, part of Doweika slum area. It is located in the first floor of a three-floor building with its own entrance. The place is U-shaped with 14 rooms allocated for different medical activities.

According to Ministry of Health and Population (MOHP) figures, the total population of Doweika in 2003 was estimated at 64,000, with the entire Manshiet Nasser area population at 2,137,000. The natural population increase during this time was approximately 3.37% (birth rate at 3.93% and death rate at 0.56%). Monthly income per family averaged LE 100. The area suffers from chronic unemployment, and for the few in employment, the work is not regular; main sources include tile-making, marble-working, wood-working, plumbing and car mechanics, body repairs and tires.

With respect to health services, there is one main government health center that provides basic health services in the area: Doweika Health Center (HC).

The two closest comprehensive public health care facilities that serve this area and act as referral centers are the Hussein University Hospital (3 km away) and Khalifa General Hospital (4 km away). Emergency referrals are generally directed to the Hussein Hospital, where there is no charge. There are no standard referral procedures or forms available at the health center. There is an ambulance center located in the facility with one ambulance that is not under the direct control of the doctors at the health center.

Doweika HC has recently been renovated. Below is a more detailed discussion of staffing and available services with specific attention to both the infrastructure and commodity status of the health center.

Staffing

Staffing levels in Doweika HC reported to the MOHP are as follows:

Table 1: Staffing Levels in Doweika HC

Staff available	No.
Doctor	12
Dentist	8
Pharmacist	1
Nurse	15
Health Inspector	1
Nutrition Inspector	2
Health Recorder	8
Lab Technician	2
X-Ray Technician	2



Health Educator	1
Social Worker	2
Dental Assistant	8
Worker	4

Available Services

Doweika HC provides a broad range of basic health care services. A list of the services available can be seen in Table 2 below.

Table 2: Available Services in Doweika HC

Service	Yes	No
Pre-marital checkup		X
Antenatal care (ANC)	X	
Private room for ANC	X	
Iron tablets for pregnant women	X	
Normal delivery		X
Family planning (FP)	X	
Private room for FP	X	
Immunizations	X	
Diarrheal diseases and oral rehydration therapy	X	
Radiology and ultrasound	X	
Family medicine	X	
Health education	X	
Dental clinic	X	
Lab	X	

The TAHSEEN staff site visit resulted in the following close observations about the work performed in the health center.

Family Planning and Reproductive Health Services

Doweika HC has a well-equipped and furnished FP/RH room. A female doctor, who graduated in 1990, works at the facility and is assisted by a recently graduated female doctor. The facility is clean and has good infection control procedures. It offers all FP/RH services and has an average of 15 new patients a day. There is a good record-keeping system and all patients have follow-up cards on file.

Antenatal Room

The center provides a good antenatal care service, with both a good record keeping system and good infection control procedures. All auxiliary lab services suitable for



this clinic, including all investigations and the ultra sonogram, are provided. The facility does not have a delivery table and does not offer a delivery service unless a client arrives during the actual delivery. Ordinarily, cases are referred to nearby facilities.

Family Medicine Services

The facility has a potential family medicine service but it is not yet fully functioning. The doctor responsible is not available most of the time. There are files for 688 families, serving approximately 3400 persons. Although not covering the total area population, this is a potential start for further improvement. This is an essential sector that needs further attention.

Dentistry Services

A very well-equipped facility that needs no extra equipment.

Laboratory Services

A clean and well-equipped facility with many basic investigations and adequate supplies.

Emergency Services

The services delivered here are of poor quality and upgrading is needed. The unit lacks essential equipment, and a staff that is knowledgeable about supplies and skills for proper emergency service delivery. There is no assigned doctor available, so technicians assess and treat emergency cases.

Pharmacy

There is one pharmacist, but a severe shortage of drugs. These drugs, if available, are only available for a limited period of time. The free drug supply usually finishes quickly and is limited in stock.

The remaining rooms are assigned to pediatrics, internal medicine, vaccination, dehydration and other managerial work.

Referral

There is no referral system at the health centre. Patients are referred alone, without any forms. Technicians, without a doctor's involvement, also make referrals. The doctors at the facility are not in direct control of the ambulance located at the center as they need authorization from the headquarters in the Galaa area (40 km away) before the service can be made available for clients.

Working Hours

The center opens daily from 9 a.m. until 2 p.m., and closes on Fridays. Medical staff is also required to be in attendance at the center after hours for evening and night



shifts. As is often the case in slum areas, the doctors worry about their security during evening shifts and this causes a decline in performance. The emergency unit suffers the most from this problem.

Infrastructure

As mentioned above, Doweika HC has undergone recent renovations. Consequently, the general infrastructure of the building is in good condition in terms of cleanliness, illumination, air circulation, electrical sockets, sinks and water heater. Water availability, however, is of major concern as there is frequently no supply.

Furniture

More chairs are needed in the facility.

Equipment

The emergency unit is the main department requires equipment.

Supplies

A few items on the supply list were missing, mainly gloves and chromic catgut with needles.

Drugs

A large portion of essential drugs is missing.



Current Planning Cycle

Situation Analysis

National Policy

Service Indicators

Health Status Indicators

Community Needs

Plan Development

Problem Identification

Objective Setting

Activities

Implementation

Provision of Inputs

Management processes

Ongoing Monitoring

Monitoring and Evaluation

Monitoring Indicators

Reviews

Evaluation Reports



Problem Identification and Proposed Interventions

The TAHSEEN team proposed the following interventions dependent on the scope of services offered.

Community Level

A community needs assessment of the medical services in the area has already been conducted. Four focus groups were used and discussions on the health delivery services took place. Results concluded that the community is fully aware of the health services delivered in the area and they prefer not to use them in the incidence of serious illness. The group discussions also explained the role of the private sector in the area.

The role of NGOs was part of the discussion. The issue of how to initiate a clinic that satisfies the needs of the community was discussed, taking into consideration the low socioeconomic status of its clients. This clinic should be accessible, affordable and provide a good quality of care services. It should be managed by a team of professionals to ensure good service and sustainability.

Health Service Delivery System Level

On the basis of the community's needs, the NGO Asheera Mohamedia will be responsible for the delivery of health care services. These services will be provided in an outpatient clinic, as the NGO will initially need to develop confidence and trust within the community.

According to the situation analysis and the present condition of the urban health center (UHC), improvements are needed in the field of emergency management reproductive health and procedures for proper referral to tertiary centers. Improving these capabilities will be addressed through tailored training for each sector.

Physicians will be trained in FP/RH to increase the level of services offered.

The newly renovated Asheera Mohamedia clinic will offer services during normal working hours as well as times when governmental services are often not available; as a religious organization, the medical staff in Asheera Mohamedia will not face the same hostilities as those in the local governmental centers.

The following tasks are necessary:

- Renovating the facility
- Providing proper equipment
- Assisting in staffing with the assistance of the MOHP
- Training the service providers in essential and basic needs



- Providing managerial training for directors of the clinic to maintain sustainability
- Providing public awareness about health education
- Promoting a gender-friendly environment

Non-governmental Organizations (NGO) Interventions

Manshiet Nasser area has five NGOs:

- Asheera Mohamedia
- Ezbet Bekheet
- Abnaa Barkook
- Shabab Kheregeen 
- Al Mubadara

Capacity-building training will be provided to the NGOs, as well as the opportunity to receive grants to assist in initiating their activities in the community.

The collaboration of TAHSEEN and these local NGOs will primarily target the problems that hinder the progress of the community.

Gender Issue Interventions

- Increase community awareness about the disadvantages of the female genital cutting (FGC).
- Increase the referral rate to the new clinic from different areas to serve the whole community, creating competition and reducing the price paid in the private sector.
- Introduce natural leaders to the community to help influence change.
- Conduct a workshop to provide training on initiating awareness building activities.

Management Interventions

Learning management skills is important for proper service delivery and program sustainability. This will be included in all aspects of training.

Environmental Interventions

The project includes measures to determine mechanisms to decrease environmental hazards.



Monitoring Activities

Different indicators will be collected before and after each intervention for the health sector or the community sector.

