

HEALTH PROMOTION IN NEPAL

Dr. M. K. Chhetri
M.B.B.S; M.Ph (USA)
Medical Superintendent
BharatpurHospital Nepal.

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Background:

Nepal is a land locked country and lies between India and China. It has twenty million population and has 150,000 sq.km. in area. Only thirteen percent of the land is arable, but 90 percent of the population live in agriculture and rural areas. It has diverse ethnic group, religion and languages, although they live in harmony and many of them speak Nepali as a National language. Geographically the country has been divided into three region, from North to South, the Hill, the Mountain and the Tarai. The World's eight highest peaks of Himalaya including Mt. Everest are in Nepal.

For the purpose of Regional Administration and Development work, it has been divided into 5 Regions, 14 Zones, 75 Districts and 3995 Village Development Committees (VDC). The Country is a Democratic, where Prime minister has been elected every 5 years and King is the figure head Monarch as in U.K and Japan..

Due to difficult Geographical Terrain, lack of Supervision and Monitoring, Predominant Superstitious Traditional beliefs, Early Marriages, High Density Population in relation to arable land, Illiteracy, Poverty and poor sanitation of living, the Country is highly suffering from High Fertility Rate, Malnutrition, Infectious Diseases and so high Death Rates.

To promote health, Nepal also adopted Primary Health Care policy in its health service strategies from the beginning of Eighties, after the "Alma Atta Conference".

Health System In Nepal:

Organization:

The Department of Health Service is under the Ministry of Health and it constitutes 7 divisions and 5 centers and serves 20 million people of the country. Under this there are 5 Central Hospitals and 5 Regional Directorates. Each Regional Directorate has a provision of one Regional Hospital which will serve about 40,00,000 population. Under the 5 Regional Directorate there are 14 Zones and 75 Districts, each having provision of one Hospital.

The District has District Health Office, which supervises District Hospital, Primary Health Center (PHC) of each Electoral Constituency (3-4 in each district), 9 Health Post (HP) of 9 areas of the District and Sub Health Post (SHP) of each Village Develop Committee and serves 2 to 400,000 population.

PHC Center is the Referral Center of the PHC service where few emergency beds and one doctor with few Paramedics has been provisioned but in HP and SHP only Paramedics service is available.

S.H.P is the last unit of the Health Service in the Government Health Infrastructure and serves at the grass route level, it has been provisioned one for each VDC which may be about 50 in the District and constitutes one Auxiliary Health Worker (AHW), one Mother and Child Health Worker (MCHW) and one Village Health Worker (VHW). Each VDC has been divided into 9 wards of having population about 500 in each ward which constitutes one Female Community Health Volunteer (FCHV) and few Traditional Birth Attendants (TBAs)..

The AHW, MCHW and VHW provide Primary Health Care services eg .Family Planning and Mother & Child Health Services, Immunization, Nutrition, Health Education, Minor Disease treatment, Essential Drugs distribution, Environmental Sanitation programme etc. to the communities with the help of FCHVs, TBAs and local leaders and serves about 5000 village dwellers.

There are also eight Medical Colleges & Hospitals, 5-6 Mission Hospitals, many Nursing Homes, Private Practitioners, Traditional Practitioners, Faith Healers, NGO & INGO

Ministry Of Health has following:

Objectives:

- To extend the PHC services to all the villages of the country to improve the health status of the rural people.
- To raise the health awareness of the people as a means to promote Health
- To extend Family Planning & Mother & Child Health Services(FP&MCH) to the local level to make the Reproductive Health Programme more effective
- To develop the necessary health man power for the health in the country.
- To Develop the Specialized Services in order to provide high quality treatment in the Country

Target:

To be obtained by the year 2000 AD since the 1991 estimate:

- Infant Mortality:
will be reduced from 107 to 50 per thousand.
- Child Mortality:
will be reduced from 197 per thousand to 70 per thousand.
- Maternal Mortality:
will be reduced from 8.5 per thousand to 4 per thousand.
- Total Fertility:
will be reduced from 5.8 to 4.
- Life Expectancy:
will be raised from 53 to 65 years.

Strategies:

To meet the above objectives and target the Country has developed the following strategies:

1. One Sub Health Post in each VDC and one PHC center at each Electoral Constituency will be opened to deliver the quality PHC services in the country.
2. Community involvement, Participation and mobilization in the Community Financing and Essential Drugs will be done.

3. Referral Mechanism from grass root level to more specialized level will be developed as necessary
4. Strengthening of the Management at each level of the Health Infra Structure will be done.
5. Human Resource Development in the Country to meet the Country's Health Man Power, will be taken care.
6. Priority will be given in the development of Specialized Services and Operational Research in the Country.
7. Development of the Private and external sector support will be entertained

Program Implementation & Problem Identification:

1. Strengthening The Primary Health Care Centers:

Department of Health Services, under the Ministry of Health, Nepal has adopted the five year plan and Primary Health Care Strategy.

To strengthen the PHC:

One SHP in each VDC and one PHC center in each Electoral Constituency have been established to provide the PHC services at the grass root level of the whole country.

Site selection and building, Manpower recruitment and training are the main issues in the country, because of local group pressure and lack of training occupancy in the training center and even after training mostly they do not go in the rural areas.

For this local VDC center has been authorized to select the site of the center and licensed to Private body for the opening of the training center, has been given.

Distant Radio Program:

In some district Distant Radio Program has been implemented in which Radio has been provided to the Health Posts and educational program from National level has been operated to improve the knowledge and skill of the Health Workers. Here Health Workers listen the programme and send report and ask question if any. Similarly to educate the Community, Community Radio Service has also been arranged every week.

Community TV Programme:

Similarly in some VDC, TV has also been provided for the Community Education but from

different Organization .Here from the central level the script for, how to prevent Leprosy, TB, Diarrhea and other diseases, Importance of Family Planning and availability of methods and Service Centers etc. have been shown for the promotion of health.

Open Stage Programme:

Here local Artist makes script about Health and act in the field as a open stage where many people gather and get the messages for the promotion of their Health, But this programme are in ad hock basis, and not in regular.

Informal Literacy Programme:

In Nepal, mostly women work at home and men go to school and for job, so women literacy is very low and so many of the women are ignorant to take care of their health and their baby. For this, by some organization eg. Save the Children Fund USA and other have implemented 'Informal Literacy Programme' in some Districts. In this they make a group of village women, and teach them initially basic literacy for six months ie. how to write and read book, in which the health messages eg. importance of Breast feeding, ANC, Immunization, Bore Hole Latrine Nutritional values in Pregnancy etc. have been written. In the next 6 months they learn how to calculate and further in the six months, they do income generation work in group eg. Poultry, Animal Husbandry, Agriculture etc. For this they get loan from Agriculture Bank. But many of the distant women can't join because of their children and not many such school nearby.

School Health Programme:

From the Primary School level there is health science education in the general school by the Health Science Teacher and School visit programme from District Health Office (DHO) Health Educator for the personal hygiene, prevention of diseases and promotion of Health. In personal hygiene, many of the people take food and go toilet to open field and use their hand, instead of Fork and spoon and toilet pepper. Here they teach how to wash hand before and after food and toilet, how to make Bore Hole Latrine near their home and use it. They also teach how the diseases Ocur and can be prevented, and thus how to promote their health etc.

Here in the district, there is only one health educator and he cannot give much time to cover all the school for the Health Education.

Mothers Club & Field Visit Programme:

In the Mothers Club, Village women join and gather once a month in the VDC Community Hall or under the tree. Here the Village Health worker and Female Community Health Volunteer visit and provide many health services and health education. They can identify the health problem and give immunization to the mother and their children, advice to build Bore Hole Latrine for the excreta disposal and Developed Cooking Stove for the smokeless cooking by the wood, so that soil and water contamination will be prevented and smokes will not be inhaled by the mother and their children while cooking so that many Diarrhea diseases and Respiratory diseases will not occur. Nutrition education for the importance and prevention of Malnutrition eg. In Mountain & Hill mostly people eat high Carbohydrate and Vegetable but less protein but in Tarai high Carbohydrate and protein but less vegetable although they grow much vegetables but for selling purpose to different parts of the countries. So Hilly people suffer from Chronic Malnutrition and they are sort but Tarai people they suffer from micro-nutrient deficiency eg Vit A deficiency and Iron deficiency etc .In the Mountain, people take rock salt and less iodized salt so most of them, they suffer from Goiter Cretinism etc. is also given. They also refer to Health posts and other if necessary etc.

But many of the village they do not join because of distance and social problem eg. many household works, Mother- in- law they do not send their pregnant daughter- in- law etc.

For this, VHW are supposed to visit their house and talk at home interpersonally. But due to inaccessibility and lack of supervision & monitoring to find the real job done by VHW is difficult.

FCHV & TBA Programme :

The VDC selects one woman from each ward for FCHV, who is married, can read and write, active and willing to do social work voluntarily. They get training by the DHO and Regional Training Center in the PHC work for a month. They also receive developmental special training for few days to give more emphasized programme of the Department, in the villages eg. Vit. A training, Immunization training, Family Planning training etc. They help the VHW in providing the PHC service, distribute Contraceptives, Vit. A, Iron tablets and suggests as necessary to the Villagers eg in the rural areas women they do not breast feed their children for 3-7 days after delivery. They believe that the milk in the beginning is thick and cause harm to children and should be thrown out and they give their baby either goat or cows milk for the period. Here TBAs or FCHV educate the mothers about the importance of thick milk and Breast milk for the prevention of many diseases of the children.

More than eighty percent of birth occurs at home with the help of TBAs.

From the Maternal Mortality and Morbidity study (HMG 1998) it has shown that twenty

percent of the pregnant lady visit for the first Ante -natal check up. Eighty percent deliveries occurs at home in which 67.4 percent of the Maternal death occurs at the delivery place. and 11.4 percent on the way to hospital/Clinics. About 60percent death occurs after delivery in which 48 percent due to Postpartum Haemorrhage with or without Retained Placenta. and about 12 percent due to puerperal sepsis. In this study group, fifty percent of the women were under 30 years of age and about twenty percent were under 20 years of age.

So TBAs are the very important person for the Safe -motherhood programme in the village. They get training for the: Safe Normal Delivery, identifying Abnormal delivery, Postpartum Haemorrhage, Retained Placenta and timely refer to Hospital etc. They are also trained for the importance of late marriage (after 20 years of age of the women), Family Planning, Breast Feeding, ANC Checkup, Immunization Programme and Importance and distribution of Iron Tablets, and has been provided some sterilized delivery kit. This helps Prevent Puerperal Sepsis, Anemia in Pregnancy, Maternal and Neonatal Tetanus, and allows Birth Spacing, timely visit to hospital by the mother etc.

But in the country, there are about 40,000 wards but only about 13,000 trained TBAS. Mother in laws, who take part in the household decision making and in delivery of daughter-in-law also need to be trained which might help in Safe Mother hood.

Campaign, Rally Programme:

For Family Planning, AIDS, Immunization, Leprosy, Nutrition and other Health Programme, there are Campaign, Rally, Open stage programmes etc. which give the backup support for the service delivery.

District Community Board:

To get Community participation and political commitment at each level of the District Health System, there is Health Development Board in which local leaders, health workers, social workers, and important person of the Village or District becomes the member. They formulate plan and programmes according to target given and village needs and implement the programme. They are also oriented with National Health policy and Programme and give priority in their District/Villages.

But sometimes, due to opposite groups, there may be fight and political pressure, hence work may get hamper.

2. Essential Drugs and Community Drug Scheme:

The above board in the VDC may work for drug scheme and provide essential drugs to the villagers in the subsidy rate throughout the year. This helps meet the short supply of the drugs in the Health Post and Sub Health post.

3. Referral System:

To provide specialize service to the poor people of the village, there is referral system from the grass root level to HP, PHC center, District Hospital, Regional Hospital and Central Hospital.

But due to Poverty, Geographical Tarain, Far Distance service and Ignorance many do not get general and specialized service but visit to even Faith healers

4. Management Strengthening:

In the past few years, there were frequent transfer of the health personnel, Opening of the new health centers and SHPs, and recruitment of many new health personnel, cause the programme disturb, lack in monitoring and supervision and so did not meet the National Health Target eg. IMR reduced from 107 to 79 per thousand only, MMR from 8.5 to 5 only and Fertility rate from 5.5 to 4.5, according to HMG 96 survey.

But now due to Health act. implementation and stable government in the country many transfer has been controlled and programmes have been emphasized more.

But still to improve the knowledge and skill of the manpower, many health worker should be trained and oriented as soon as possible.

5. Human Resource Development:

To meet the country's human resource, many doctors have been sent to study Master in Public Health and Specialized Course in the country and to the foreign countries. Seven Medical college and Hospitals have been established in the country to produce medical doctors to meet the country's needs. But they do not produce Staff Nurse which makes deficit in the Government Hospitals and get problem in the patient care and hospital management.

Many private sector got license to produce Paramedics (Auxiliary Nurse Midwife, Auxiliary Health Worker, Community Health Worker, Lab Assistance etc.) But most of them are located

in the urban areas and Tarai.

6. Specialized Service and Operation Research:

For the specialized service, Cancer Hospital in Chitwan, Cardiology Hospital in Kathmandu have been established. but uptill now, the Institutions have not been functioned properly, due to lack of specialized manpower, facilities and equipment.

For Operation Research, no significant work has been done yet. There is Research Council which gives training to young Researchers for the Research Methodology and give permission to do the research work in the country..

7. Development of the Private Sector and External Support:

Due to liberalization of the private sector development, more than hundred Nursing Homes, many Hospitals and Health Institutions in the country have been established, but they are concentrated in the Urban areas and the Capital only.

About six Medical Colleges have been established on the Regional basis but due to high donation system, few Nepalese they get enrolled but many Foreign students get admitted.

Many Paramedics Training Center have been established in the country privately.

Many Specialized Health Services eg. Heart Surgery and Treatment, Kidney Transplantation etc. are highly needed because many Nepalese patient they go to India and Foreign countries for the treatment and invest more money in Foreign currencies. For this, external support from the Develop Country like Korea and USA is highly needed.

Conclusion & Recommendation:

Department of Health Services, under the Ministry of Health has adopted the five year plan and Primary Health Care as the main strategy to give Basic Health Services in the rural areas, in which FP & MCH Services have been given the highest priority to make the Reproductive Health programme more effective, prevent many deaths and promote health.

To meet the Community needs, PHC services have to be strengthened, for this many community based programme eg. Distant Radio Programme, Community TV programme, Open Stage Programme, Informal literacy Programme, School Health programme, Mothers Club and field visit programme, FCHVs & TBAs Programme, Campaign & Rally programme, Community Financing and Drug Scheme programme, Referral system mechanism etc. have

been introduced as a backup service to educate the people, mobilise the local resources, provide the accessible health service and information, develop the management skill etc. It has also given emphasis to involve many Private and External sectors for the opening of many Medical Colleges, Nursing Homes, Hospitals and PHC worker training centers.

But due to many, Social, Behavioral, Economical, Managerial, Geographical, constrain eg. Early marriage, Predominant Superstitious Traditional Beliefs, Poor Sanitation of living, Poverty, Illiteracy, Lack of Supervision & Monitoring, Difficult Terrain, High Density Population in relation to arable land, the Country is highly suffering from High Fertility Rate, Mal- Nutrition, Infectious Diseases and hence High Death Rates in the Country..

So, more strengthening in the PHC services, mobilization of local resources, development in the management skills, involvement in private and external sectors for Institutional development and Specialized Services opening are highly needed.

For this: Distant Radio Programme, Informal Literacy Programme, Mothers Club and Field Visits Programme, FCHVs & TBAs Training programme, etc. should be expanded to all villages of the country. Community Board Member should be selective from the very beginning. Ambulance service should be focussed more in the village based than the hospital based, so that accessibility to the hospital will be shortened. In Nepal still many joint family structures are prevalent and Mother in Laws plays a great role in the decision making, to give the Nutritious food, sending to Health Institutions for ANC Checkup and delivery of the Daughter in Law in the family. So, Mother in law should be oriented for the importance of ANC, Hospital delivery etc. So that PHC service will be strengthened more.

More Management Skill Development is needed too, so, more man power should be trained in Public Health. Communication media either of E-mail, Fax, Telephone service should be provisioned to the Sub Health Post level and Supervision, Monitoring and Programme Implementation should be more emphasized at each level of the Health Infrastructure and Health educator in the District should be increased for more school coverage and quality Health Education Service to the District.

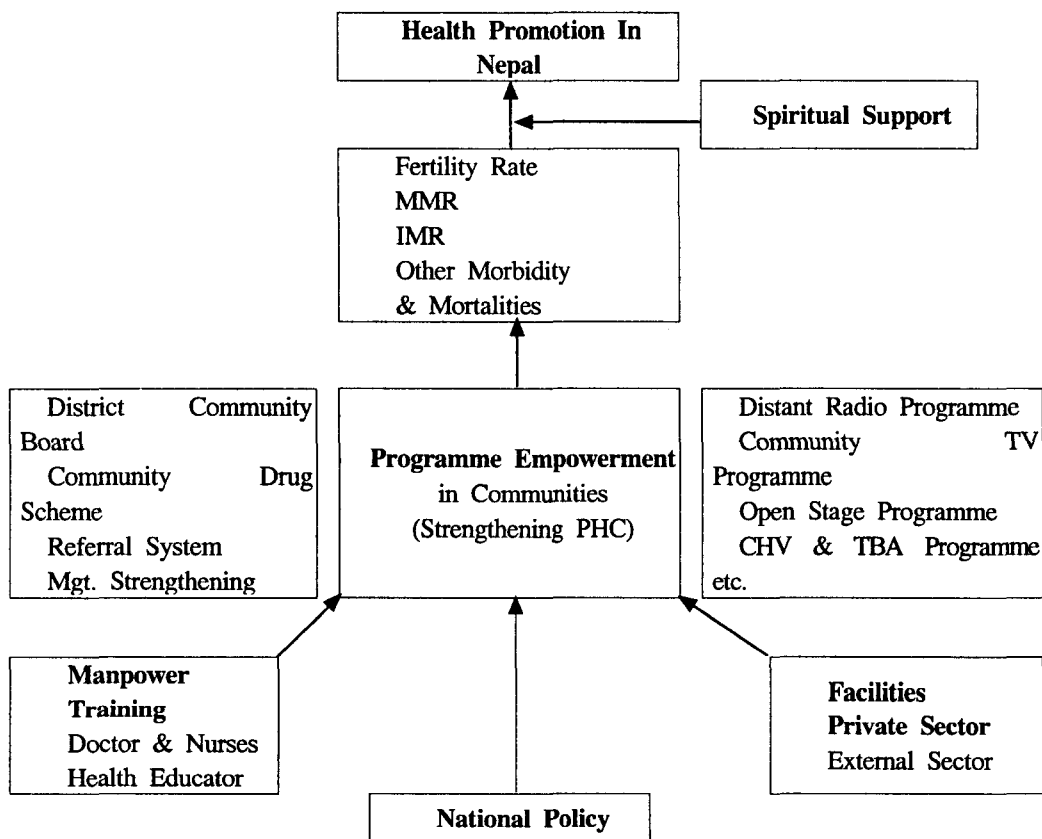


Fig. 1

For Private and External Sector encouragement, involvement and investment, Government should give more liberalization and subsidy preferably for the rural areas. Staff Nurse Training School, to meet the Country's need in the Regional basis should be established or give permission to Medical Colleges to produce requisite number of Staff Nurse needed for the country. Donation in the Medical Colleges for the admission should be lessen, so that average Nepalese students can afford it. Consultant should be hired from the external support in the beginning to run the specialized service and in the meantime Government should send more doctors abroad for the training of specialized subjects to be self reliant in the future.

Developed Country like Korea, USA and other can help in this matter so they should come front.

Last but not the least, Nepal is the birth place of Lord Buddha and like Jesus, Buddha said; " Do Love, Help each other, make peace and be happy". If this will be followed, Naturally, there will be less: Heart Attack, Psychosomatic disorder and other diseases and

health will be promoted more.

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〈Abstract〉

Department of Health Services, under the Ministry of Health, Nepal has adopted the five year plan and Primary Health Care service as the main strategy to provide basic health service at the rural areas. However, development of the Specialized Services in the Urban areas, Human Resource Development, Management Strengthening and Investment of Private and External Sector are also highly entertained through its Liberalization Policy.

But due to, Early Marriage, Superstitious Traditional Beliefs & behavior, Poor Sanitation of living, Poverty, Illiteracy, Lack of Supervision and Monitoring, High Density population in relation to arable land and Lack of Private and External Sector Investment, the Country is still suffering from high Fertility, Malnutrition, Infectious diseases and so high Death Rates.

So Primary Health Care Services should be more emphasized than before; Community Financing, Private and External Sector should be highly involved; Manpower Development and Specialized Services should be most taken care; Management Skills be more strengthened and Evaluating the previous work and avoiding the mistake for the future program implementation should be well done.

If these are improved, then the health will be definitely promoted to meet the Health Target of Nepal.

네팔의 건강증진

네팔의 보건부 산하 보건서비스부서에서는 5개년계획을 개우고 있으며, 지방에서 기본적인 보건의료서비스제공을 위한 주요 전략으로 일차보건의료사업을 하고 있다. 그러나 자유화 정책(Liberation policy)으로 인해 도시지역의 전문화된 서비스 개발, 인간자원 개발, 경영강화와 민간 및 대외 투자 등이 활발해졌다. 그러나 네팔은 아직도 높은 출산력, 영양결핍, 전염병, 높은 사망률 등을 겪고 있는 데 이는 조기결혼, 미신적인 전통신앙과 행동, 비위생적 생활, 빈곤, 문명, 감독과 모니터링의 결핍, 높은 인구밀도, 민간 및 대외활동에 더 많이 투자해야 하고; 인력개발 및 전문화된 서비스가 관리되어야 하며; 경영기술이 강화되고 이전사업의 평가를 통해 향후 사업수행상의 오류를 피할 수 있도록 해야 한다. 이러한 것들이 개선된다면 네팔주민의 건강목표는 달성될 것이다.