

Comments about

### **THE QUEST FOR HEALTH.**

Dr. Dixit ought to be commended for the output, which goes a long way in fulfilling the needs of the medical students in coming to a clear picture of the health services in the country. This book will be useful to those who take a keen interest in the health care related activities and for the general interested people as well.

- PNK in **The Rising Nepal.**

The cover is attractive, the inside well researched, but the facts (morbid, I may add); speak none too highly of the state of health care in the country. ....Almost every page pricks like the unsterilised needle of a physician. On the flip side, there is the reference to enterprising peons working in remote health posts who can beat the docs at their own game.

- Shanuj V C in **The Independent.**

Besides recounting the past, the learned author also ventures into the future prospects, giving the readers a fair idea about what challenges Nepal's health sector may have to face in times to come.

The Quest for Health may well be described as ending the readers' long quest for a good and comprehensive book on Nepal's health sector.

- A reviewer in **The Spotlight.**

"Quest" should prove to be useful reference material for medical students whose numbers one wishes should, like Abu Ben Adam's tribe, increase rapidly in the future.... "Quest" might even hold some attraction for medical instructors and those generally interested in social issues and/or modern Nepalese history.

- MRJ in **People's Review.**

A study of Nepal's health field, this book begins with a historical analysis and eventually covers contemporary issues such as health rights, primary health care, hospital services, family planning, insurance, diseases, policy-making and medical research. Dixit provides statistics but cautions the reader about their reliability. He ends with an appraisal of the current medical system in the Kingdom.

- **Himal.**

Dr. Dixit should be given due credit for having attempted to write a book such as this.

- MRB in **Health Alert.**

“After going through this book one can ask whether it is possible to cover so many facts and issues in such a small book like this. Written in a clear and simple language, I presume that it is a very useful and informative book to medical students, health professionals, planners, managers, and research fellows.”

-BR Marasini in **Journal of Nepal Medical Association.**

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### **OTHER BOOKS UNDER PSEUDONYM MANI DIXIT**

The Red Temple +

Come Tomorrow @

Over the Mountains #

Annapurna Fantasy \*

Conflict in the Himalayas #

Friends Colony &

### **FOR CHILDREN**

The Adventures of Chandra & Damaru

Two Boys of Nepal +

### **POEM**

The Avenging Ghost

Nonsense Verses from Nepal \$

### **Published by:**

# - Ekta Books

+ - Pilgrims Book House

@ - Sajha Prakashan

\* - Educational Enterprise

& - Rupa & Co.

\$ - Adarsha

**NEPAL'S QUEST FOR HEALTH.**

(The Health Services of Nepal).

**Dr. Hemang Dixit.**

**Educational Books Publishing (P) Ltd.  
Kathmandu.**

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## PREFACE

It is just over six years since the last edition of this book appeared as Quest for Health. First of all I would like to give an explanation regarding the change in title. It was simply because it was too vague and broad. The usual question that came up was as to where this quest was taking place. I have therefore changed it to “Nepal’s Quest for HEALTH” in the hope that a prospective reader looking for a book describing the health sector will pounce upon it. Hopefully this will increase the sales.

There have been over the course of the last fifteen years, following the formulation of the National Health Policy in 1991, a large number of changes in the health sector. The coverage has increased, mainly because of the increase in the number of care providers and the greater number of health care institutions. Besides this, there is a vast participation of the private sector in the form of Medical Colleges or Nursing Homes. This is the private / public mix at work in the health sector. However the indicators seem to be good. Whilst there is general despondency all around, there have been quiet changes in the health sector. This is very well presented in the “Public Expenditure Review of the Health Sector”, a document brought out by HMGN in 2003. It goes on to state:

“ The number of health institutions increased four-fold from 1,098 in 1991/92 to 4,439 in 2001/02”.

“ ..... significant improvement has been seen in the basic indicators of human development over the last decade. The life expectancy of males at birth has risen from 55 in 1991 to 60.8 in 2001 while for females the increase has been more dramatic, from 53.5 in 1991 to 61 years in 2001. The maternal mortality rate decreased from 850 in 1991 to 539 per hundred thousand live births in 1996. Similarly infant mortality declined from 97.5 per thousand live births in 1991 to 64.1 in 2001. The total fertility rate declined from 4.6 in 1996 to 4.1 in 2001.”

With these results in hand one can certainly expect that the coming decade from 2001/02 to 2011/12 will definitely see more impressive results. There is enough ground for optimism. However coming back to reality one sees in mid May 2005 that even district hospital such as the one at Jumla do not have the appointed number of personnel on duty. This shortage of staff or more correctly, the absence of those that have been posted there is a constant occurrence.

As far as this edition is concerned I would like to thank Prof. Iswar B Shrestha who has helped me immensely in the course of bringing out all the three editions of this book. I would like to thank Mr. Bishop Joshi for his help in getting the latest information. Also colleagues of Kathmandu Medical College viz. Prof. MR Baral, Dr. O.K. Malla, Dr. Chanda Karki and Dr. Sunil Joshi who have pointed out the necessity of having a good book detailing the community aspects of Health. I would like to thank Mr. Bhupendra Thapa of the DDA for his help regarding the essential drug scene and Pharmacy Council. Finally I would like to Prof. Md. Mazaherul Huq of WHO for his help and encouragement. Because of the large period between the 2<sup>nd</sup> and 3<sup>rd</sup> editions, I feel that I may have overlooked some

of the developments that have taken place over this period. Though collecting the latest information has been made easier because of the websites of various organisation I feel that there is still a lot can be improved in this book. The website: [www.moh.gov.np](http://www.moh.gov.np) of the Ministry of Health and Population, which has still been referred in this book as MoH is a case in point. I have tried by best in this regard and have revised the book extensively, there are still, I feel a lot of lacunae and would be thankful to all users of this 3<sup>rd</sup> edition to e-mail me their comments at the address given below. This will help me to make quick corrections.

Finally my thanks are to Ms. Bhagbati Dahal who helped me with secretarial assistance.

Hemang Dixit

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11<sup>th</sup> June 2005.

### **Introduction to the Second Edition**

"Only a fool learns from experience, the trick is to learn from the experience of others."

**Bismarck.**

The idea of writing this book has been with me for a number of years. Its start may be said as far back as 1965 when together with my father, the late Dr. Siddhimani, I did manage a history of sorts of modern medicine in Nepal. Subsequently during the following years I updated the information on two occasions, first in 1974 and then in 1987. The first edition of this book printed in 1995 was an attempt to recount the development or otherwise of medicine over the years. It was also an effort to try to forecast what may happen in the years to come, at least till the year 2000 AD.

After the starting of the MBBS course in Nepal in 1978 it was very imperative that a concise and comprehensive work be prepared for the sake of the medical students of this country so that they would be aware of the medical conditions of the past, the existing health services and the contemplated health services for the future. Following the establishment of a half dozen more medical colleges it became more urgent to bring out such a work.

Some of the initial research for this work was done during the time that I visited the India Office Library, at London in 1981. Later work was done at Kathmandu during 1994 when I took sabbatical leave for this purpose. My thanks are to many people who have encouraged and helped me in this work over the course of many years. However whilst acknowledging their help I must state that any mistakes that exist are due to my misunderstanding or wrong interpretation. My personal feeling that this book has some shortcomings and is thus incomplete. There is also a certain amount of repetition, which was unavoidable because of the necessity of making that particular aspect of health discussion clear without having to refer back to other parts of the book. My intention being to make this book more comprehensive, correct and up-to-date, I will be grateful for any corrections and suggestions to be sent to me at the under mentioned address. To make the flow and understanding easier, a list of acronyms plus operational definitions of service centres and

personnel has been included at the very start. In the matter of dates the references to Bikram Sambat, when used, are denoted by BS.

Feb 1 1999.  
18<sup>th</sup> Magh. 2055 BS.

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## LIST OF ABBREVIATIONS.

AIIMS	All India Institute of Medical Sciences.
AMS	Aide Medicals et Sanitaire.
BMHN	Basic Minimum Health Needs.
BPKIHS	BP Koirala Institute of Health Sciences.
CBS	Central Bureau of Statistics.
CDO	Chief District Officer.
CDPS	Central Department of Population Studies.
CHL	Community Health Leader.
CHRP	Community Health Resources & Priorities.
CHV	Community Health Volunteer.
CIDA	Canadian International Development Agency.
CPR	Contraceptive Prevalence Rate.
CTEVT	Council for Technical Education & Vocational Training.
DDA	Department of Drug Administration.
DDC	District Development Committee.
DHO	District Health Office.
DHS	Department of Health Services.
DPHO	District Public Health Office.
EDP	External Development Partners.
FCHV	Female Community Health Volunteer.
FP/MCH	Family Planning/Maternal Child Health.
FPAN	Family Planning Association of Nepal.
GDP	Gross Domestic Product.
GNP	Gross National Product.
GENETUP	German Nepal Tuberculosis Project.
HFA 2000	Health For All by year 2000.
HMGN	His Majesty's Government of Nepal.
HRH	Human Resources for Health.
HSS	Health Sector Strategy.
IBHS	Integrated Basic Health Services.
ICHP	Integrated Community Health Programme.
ICHSDP	Integrated Community Health Services Development Project.
IEC	Information, Education & Communication.

INF	International Nepal Fellowship.
INGO	International Non-Governmental Organisation.
IPPF	International Planned Parenthood Federation.
JICA	Japan International Cooperation Agency.
JIPMER	Jawaharlal Institute of Postgraduate Medical Education & Research.
JNSP	Joint Nutrition Support Programme.
KU	Kathmandu University.
LMP	Licensed Medical Practitioner.
LMS	Licentiate in Medicine & Surgery.
LTHP	Long Term Health Plan.
MBHN	Minimum Basic Health Needs.
MCHW	Maternal & Child Health Worker.
MDG	Millennium Development Goals.
MDT	Multiple Drug Therapy.
MIS	Management Information System.
MoEC	Ministry of Education & Culture.
MoF	Ministry of Finance.
MoH	Ministry of Health & Population.
NDAC	National Development Action Committee.
NDC	National Development Council.
NEB	Nepal Evangelical Board.
NEFAS	Nepal Foundation for Advanced Studies.
NESP	New Education Systems Plan.
NMC	Nepal Medical Council.
NMEO	Nepal Malaria Eradication Organisation.
NPC	National Planning Commission.
NTP	Nepal Tuberculosis Programme.
PBHW	Panchayat Based Health Worker.
PFA	Planning & Foreign Aid Division.
PPFAM	Policy, Planning, Foreign Aid & Monitoring Division.
PPM&SD	Policy, Planning, Monitoring & Supervision Division.
RHSD	Regional Health Services Directorate.
RTC	Regional Training Centre.
SAARC	South Asia Association for Regional Co-operation.
SATA	Swiss Association for Technical Assistance.
SCC	Short Course Chemotherapy.

SSNCC	Social Services National Coordination Council.
SWC	Social Welfare Council.
TA/DA	Travel Allowance/Daily Allowance.
TB	Tuberculosis.
TBA	Traditional Birth Attendant.
TBCP	Tuberculosis Control Project.
TEAM	The Evangelical Alliance Mission.
TFR	Total Fertility Rate.
TUTH	Tribhuvan University Teaching Hospital.
U5MR	Under Five Mortality Rate.
VDC	Village Development Committee.
VP	Village Panchayat.
VHW	Village Health Worker.

## **Operational Definitions of Service Centres, Personnel and some terms used.**

**AHW Programme.** - A programme for auxiliary health worker. Initially a 2 year programme with students who had done eight years of schooling it was subsequently changed. The new programme after ten years of schooling did a one year course and was designated as a Community Medicine Auxiliary (CMA), a basic level Auxiliary Health Worker (AHW).

**Alma-Ata.** - Capital of the former Soviet republic of Kazakhstan where the WHO international conference on Primary Health Care was held. Now renamed Almaty.

**Anchal.** - A zone. There are fourteen such in the country.

**Anchaladish.** - A local term for the Zonal Commissioner.

**ANM Programme.** - A programme for auxiliary nurse midwife, a basic level health worker. This programme was previously run by the IOM but is now run by the CTEVT.

**Aushadhalaya.** - Dispensaries for the selling or distribution of traditional or ayurvedic medicine.

**Awal.** - Local term for malaria.

**Baidya / Vaidya.** - Local term for a practitioner of the ayurvedic system of medicine.

**Bal Sangathan.** - Children's' Organisation.

**BCG.** - Bacillus Calmette Guerin, so named after the workers who did the work in field. This attenuated strain of tuberculous bacillus is given as a vaccine to start the production within the body of antibodies for protection against tuberculosis.

**BS.** - Stands for Bikram Sambat, an era started by King Vikramaditya. This started 57 years before the Gregorian Calendar. Whilst most of the dates are given as per the Gregorian Calendar the denotation of **AD** has not been written down in all such instances.

**DDT.** - Dichloro diphenyl trichloroethane, the insecticide used previously to kill mosquitoes for the objective of malaria eradication.

**Dharmashala.** - A lodging house, generally established by social organisations or individuals, where such facilities are provided free or at very nominal prices for travellers or visitors to the place.

**Dressers.** - Term used for those health workers whose job it was to "dress" wounds. Term originated from the days of the British in India when, local personnel were used to help in the running of health care posts.

**Guthi.** - The local term for trusts which were set up by benefactors with the aim that money or other resources so obtained would be utilised for the upkeep of the earmarked institution e.g. temple,

hospital or for certain acts e.g. special worships or giving scholarships.

**Hanuman.** - The Monkey God who in mythology is said to have carried Sanjeebini the magic cure from the Himalayas to Sri Lanka where a war was being fought between Ram and Ravana. As Hanuman could not identify the herb, he is depicted in the illustrations as carrying a whole hill on his palm.

**Health Assistant.** - A category of middle level health worker who is in charge of the health post.

**Health Centre.** - A health institution in-charge of a doctor which over the course of years was due to be done away with. The aim was to either upgrade these into hospitals or downgrade them into health posts.

**Health Development Project.** - A project run by the Institute of Medicine and University of Calgary at Surkhet district. The main objective was community development. The initial phase of the project was for 3 years and finished in June of 1995.

**Health Posts.** - There are supposed to be nine or one in each ward or ilaka of the district. There will be a total of 675 or 9 in each of the 75 districts of the kingdom.

**Ilaka.** - In the process of administration during the Panchayat days, each of the 75 districts of the country was divided into ilakas or wards.

**Jana andolan.** - The people's movement, which took place in early 1990.

**Janch Bujh Kendra.** - Literally "Investigation Centre" or office. This authority was had been specially established and had the authority to look into and investigate complaints against government offices.

**Julus.** - Crowd, in the act of staging a demonstration.

**Kaviraj.** - Local term for a category of ayurvedic practitioner.

**Ke garne.** - Term used as a form of exasperation querying as to what one should do.

**Lal Mohur.** - Red seal, signifying the fact that the Act, passed or proposed has been given the seal of approval by the reigning monarch or the de facto ruler.

**Malekshas.** - Usual term for foreigners from across the seas.

**Mana.** - A measure of volume equivalent to sixteen ounces formerly used to measure liquid or even grain.

**Mukhi.** - Literally "facing" but meaning in the context used as "looking towards the Western countries for help and support."

**Panchayat Days.** - The time (Dec. 1960 - April 1990) when the country was ruled with the concept of a Panchayat system of government.

**Primary Health Care Centre.** - A new health institution, which is in process of being created. The plan is to have one under the charge of a doctor and with three beds as inpatient facilities, in each electoral constituency.

**Rajakiya.** - That related to the king or royalty -- that under royal patronage.

**Sanad.** - Edict / Royal directive.

**Sanjeebini.** - The magical herbal cure for all ills.

**Sati.** - The act by which a living wife used to willingly be burnt on the funeral pyre of her dead husband.

**Seimei-kyo.** - One Meishusama started the origin of jorei or 'soul cleansing' in Japan. One Bhikshu Sumangal who had previously been to Japan to study this method of healing started this in Nepal in 1979. The diseased are said to be cured by rays with healing powers emanating from the palm of the healer.

**Shumsher.** - Jung Bahadur together with his brothers Bam Bahadur and Ranoddip Singh were the first three of the Rana prime ministers. Bir Shumsher and the subsequent prime ministers, also added "Shumsher" as a common name preceding their Rana surname. Hence some prime ministers have been referred to as Shumsher in historical records and thus also in this book.

**Singha Durbar.** - Literally "Lion Palace" or the former official residence of the Rana prime minister. After the political changes of 1951 it became the Government secretariat or the seat of the government.

**Unani.** - This is the "Greco-Arab" medicine based on the four-humour theory of Hippocrates but developed further by the Arab world. It assesses the patient's needs in terms of temperature and taking into consideration the body's natural powers of self preservation and adjustment, it aims to maintain a proper balance between the body and spiritual functions.

**Vaidyakhana.** - A place where ayurvedic medicines are made and sold.