Health Status in Nepal: A Bird View

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शोध संचयन

Nepal have the highest disease burden and where many of the MDGs seem to be beyond reach, it is now accepted that HRH is not only strategic capital but also the most important resource for the performance of the health system. Approximately two-thirds of the health problems in Nepal are infectious diseases. Epidemics occur frequently with a high rate of morbidity and mortality and there are occasional outbreaks of infectious diseases of unknown aetiology. The rapid rate of HIV infection in the Indian sub-continent is likely to add a new dimension of opportunistic infections. Insufficient resources available for preventive and promotive medicine and the occurrence of non-infectious diseases such as cancer and cardiovascular diseases has been increasing. International development partners are providing technical and financial support to work on elements and issues related to Heath Care Sector. This article explores the over all Health states of Nepal and this effect done by Nepal in this regard

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Nepal is a small land locked Himalayan kingdom (Total area: 147,181 sq. km) located in South Asia between China in the north and India in the East, South and West. The population is 21.8 million (Male: 10.90 mill. and Female: 10.93 mill.)1). The average life expectancy at birth is 57.52 years, and the crude birth rate, the crude death rate, and the infant mortality rates are 36.9, 11.6 and 97, respectively. The literacy rate is 52.6 percent. The ethnic groups living in the country can broadly be divided into two groups; Tibeto-Burman and Indo-Aryan2). The country has been divided into three ecological regions (running east to west) — Mountains (3,000–8,848 m), Hills (1,000–3,000 m) and Terai (plain area) (less than 1,000 m). Administratively, Nepal is divided into 75 districts. The districts are regrouped into 14 Zones and the Zones are further regrouped into 5 Developmental Regions; Eastern, Central, Western, Mid-western and Far-western. The districts are divided into small areas; the Municipalities and Village Development Committees (VDCs) of which each VDC consists of approximately 500–700 households. The Municipalities and VDCs are regrouped to form Electoral Constituencies. About 90 percent of the people live in villages and depend on subsistence agriculture. The official language is Nepali written in Devanagari script.

Health System-

(i) Historical Background:

Until 1950, there were only a handful of doctors to treat the 8 million Nepalese3), and the first General Health Plan in Nepal was introduced as an integral part of the First Five Year (developmental) Plan in 1956. The Malaria Eradication Organization was established in 1955, and the Family Planning, the Leprosy and Tuberculosis, and the Smallpox Eradication programs were introduced in 1958, 1966 and 1968, respectively. The Family Planning Program was converted into the Family Planning and Maternal Child Health Board in 1968. Since the introduction of the General Health Plan in 1956, marked progress has been made in the health sector with the aim of providing basic health services to every Nepalese citizen. As a result, the majority of people now live within one or two hours walk of a Hospital, Health Center (HC).

(ii) Present National Health Policy:

In the new Health Policy announced in 1991 the goal for the 8th Five Year Plan (1992–1996) was

to strive for the'attainment of the highest possible level of health for all Nepalese people" and to reduce infant mortality to 50/1,000 from the 1991 estimate of 107/1,000, child mortality to 70/1,000 from the 1991 estimate of 197/1,000, the total fertility rate to 4 from the 1991 estimate of 5.8, and the maternal mortality rate to 4/1,000 from the 1991 estimate of 8.5/1,0004). It also aimed to increase the average life expectancy to 65 years by the year 1996 from the 1991 estimate of 53 years.

(iii) Health System: Health Care Delivery:

The present health care facilities and the organizational structure of the Ministry of Health Department of Health Services in Nepal are shown in Table 2 and Fig. 1, respectively. Of these, the Central and Regional Hospitals constitute the tertiary level and the Zonal and District Hospitals serve as the secondary level of health care system in Nepal. Primary health care is delivered through PHC-C, HC, HP and SHP at the Electoral Constituency and VDC level. Recently, private heath care institutions including Hospitals, Medical College Teaching Hospitals (Table 2) and Nursing Homes have also been founded. However, these are not sufficient to combat health problems in Nepal primarily due to the shortage of domestic resources, both manpower and supplies, poverty, rapid population growth and urbanization, and the rugged mountainous rural areas.

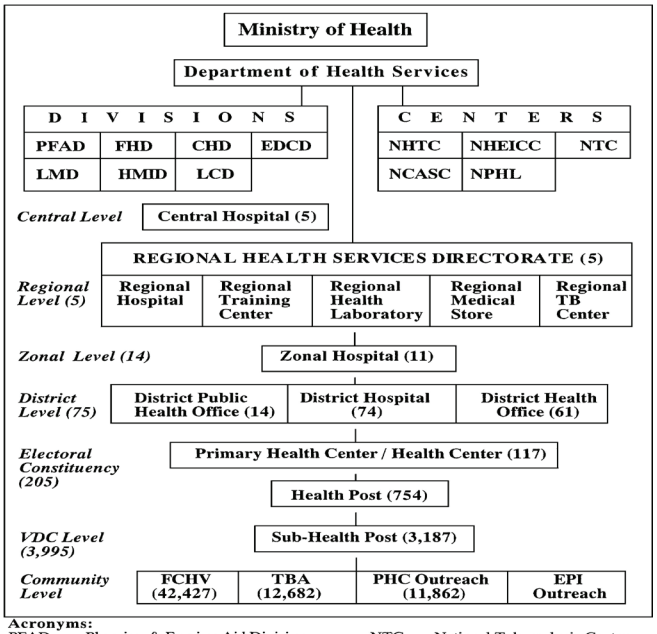
(iv) Health System: Administration:

At the central level, the Divisions, Central Hospitals and Centers as shown in Fig. 1 are administered under the Ministry of Health Department of Health Services. In the rural areas, at the VDC level, there is PHC-C, HC, HP or SHP. The HP and SHP are the basic units of the health system in Nepal. At the District level, there is a District Hospital (DH) with limited number of beds and all of the HC, PHC-C, HP and SHP including the District Hospital comes under the jurisdiction of District Health Office (DHO). Above this, there is a Zonal Hospital at the Zonal level with certain specialities. There are Regional Health Directorates in each of the five Developmental Regions under which come all ofthe health units under the jurisdiction of the DHO, including the Zonal hospitals in the Region. Health research is monitored and coordinated by the Nepal Health Research Council (NHRC), which is administered by the Ministry of Health.

(v) Health System: Preventive Measure:

Immunization coverage for children under one year with Polio, DPT, BCG and Measles vaccines is 80.6%, 80.4%, 100.0% and 87.8%, respectively5). As part of global program to eradicate polio from the world by the year 2000, a total of 3.38 million children aged under 5 years were immunised in the (fiscal) year 1996/1997 by observing a National Immunization Day. However, the full vaccine potency, particularly in the rural hilly and moun-tainous areas is in question because of difficulty in maintaining the'cold chain". In order to reduce diarrheal disease related morbidity and mortality, 120,000 school teachers have been trained in oral rehydration therapy (ORT). However, the sanitary/sewerage system in the rural areas is virtually non-existent and the rate of households having latrines in the VDCs in rural areas ranges from 0 to 25%. Safe drinking water is still not available in most areas and the drinking water is still highly contaminated even in the cap-ital city and other big cities in Kathmandu Valley. Preventive and promotive health measures are hampered by the shortage of health workers, lack of government resources, a lack of interest by health workers in Preventive and Promotive Medicine, poverty and lack of education, rapid population growth and unplanned urbanization.

Health System in Nepal-



Acronyms:

PFAD	Planning & Foreign Aid Division	NTC	National Tuberculosis Center
FHD	Family Health Division	NCASC	National Center for AIDS & STD Control
CHD	Child Health Division		
EDCD	Epidemiology & Dis. Control Division	NPHL	National Public Health Lab.
LMD	Logistic Management Division	FCHV	Female Community Health Volunteer
HMID	Human Manpower Institutional Develop.		
LCD	Leprosy Control Division	TBA	Traditional Birth Attendant
NHTC	National Health Training Center	PHC	Primary Health Care
NHEICC	National Health Education, Information & Communication Center	EPI	Expanded Program on Immunization

Source: The Health System in Nepal — An Introduction [Environmental Health and Preventive Medicine 6, 1–8, April 2001 by Shiba ,Ganesh and others

Health Problems-

About 70% of all health problems and 70% of all deaths in Nepal are attributed to infectious diseases. The major causes of morbidity and mortality as recorded at an Infectious Disease Hospital are shown in Table 3. Many children die of easily preventable and treatable diseases such as diarrhoea and/or dysentery and acute respiratory infections each year. Among the various types.

Health System in Nepal

Table-2 Health care facilities in Nepal

Government Sector	
Central Hospital	1
Specialized Hospitals	5
Military Hospital	1
Police Hospital	1
Regional Hospital	2
Zonal Hospitals	9
District Hospitals	74
Primary Health Care Centers (PHC-C)	100
Health Centers	17
Health Posts (HP)	754
Sub-Health Posts (SHP)	3,187
Teaching Hospitals	2
(Tribhuvan University Teaching Hospital, Kathmandu and BP Koirala Institute of Health Sciences, Dharan)	
Ayurvedic	
Naradevi Ayurvedic Hospital, Kathmandu	1
Shingha Durbar Vaidyakhana, Kathmandu	1
Zonal Ayurvedalaya	14
District Ayurveda Swastha Kendra	22

Central Bureau of Statistics, HMG, Nepal, 1991.

The present National Health Policy encourages the private sector to provide specialized and general curative health services in the country. Both national and international non-governmental organizations, private sector and foreign investors are encouraged to contribute to the development of health services in Nepal and as a result, several Medical Colleges and health care centers have been established.

Table-3 Major causes of morbidity and mortality (as recorded at an Infectious Disease Hospital, Kathmandu in 1989/90)

Morbidity	Gastro-enteritis	61.7%
	Enteric-fever	9.0%
	Dysentery	4.5%
	Hepatitis	2.3%
	Meningitis	0.9%
	Tetanus	0.5%
	Measles	0.3%
	Others	20.8%
Mortality	Hepatitis	22.8%
	Tetanus	12.5%
	Gastro-enteritis	11.5%
	Meningitis	6.3%
	Enteric-fever	1.1%
	Others	45.8%

Conclusion-

The government of Nepal has put considerable effort into the expansion of the health system so as to provide basic health ser-vices to every citizen. As a result, at present, every VDC in the country has either an SHP, HP or PHC-C. However, in spite of the comprehensive network from central level down to grass roots level, the health situation in Nepal has not improved as expected. As shown in Table 4, easily preventable and readily treatable infectious diseases pose a great challenge due to reasons that are beyond the scope of the health system itself. The most fundamental factors are poverty, rapid population growth and lack of education coupled with social factors such as gender discrimination (high priority for males), which is reflected in the use of health services. Maternal mortality rate is still very high (5.39/1,000 live births), and in the rural communities there is still a demand for traditional practice/ treatment from traditional healers. In addition, at the administrative level, the mal distribution of health resources and the allocation of priorities are also major problems; preventive medicine and health research do not receive sufficient attention. Most health workers are concentrated in the bigger cities and towns while many SHP, HP and PHC-C including some District Hospitals have insufficient health personnel or medical sup-plies. Furthermore, medicine is commonly prescribed under the brand-name71) rather than the generic name, which can be con-fusing to the patients.

Local participation not only in the health system but also in the developmental process as a whole has decreased recently, which may be due

to dependency on external support, without the participation of locals. Thus, to create a sustainable health sys-tem in Nepal the issues of the availability of domestic resources, both workers and supplies and local participation needs to be seriously considered. Very recently, the effect of intestinal helminhiasis in the loss of certain nutrients in rural areas has been noted which suggest the need to emphasize preventive medicine. It is expected that the newly established Medical Colleges will con-tribute significantly to providing the much needed various types of health personnel such as nurses, medical technologists, pharmacists and radiographers in future, although at present, these are producing only doctors. Although this report is not a detailed pic-ture of the health system in Nepal, it may give some kind of direction for all those concerned including the donor countries and/or agencies in designing the future health developmental programs for Nepal.

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पृष्ठ 32 का शेष

रक्षा बताया है, यही दृष्टिकोण रामचरितमानस और भगवद्गीता में भी है।

'भू भार हर्न निमित आज भगवान् यस् पृथ्वितलमा झरया।'

स्वयं राम बाली से धर्म की स्थापना हेतु अवतार लेने ही बात कहते हैं–

'धर्म स्थापन गर्नलाइत यहाँ औतार मैले लियाँ।'

भक्ति में 'नाम-जप' का विशेष महत्व बताया गया है। प्रत्येक काल में राम-नाम की महिमा प्रतिपादित हुई है। गोस्वामी तुलसीदास, असम के शंकरदेव और बंगाल के चैतन्य महाप्रभु ने नाम-जप की महत्ता निरूपित की है। नेपाली रामायण में भानुभक्त ने बाली के प्रसंग में नाम-जप की महत्ता बताते हुए कहा है– 'नामोच्चारणले फगल् सहजमा संसार सागर तरी।' अर्थात राम का नाम लेने मात्र से संसार सागर से तरा जा सकता है। विभीषण भी यहाँ राम के चरणों में निष्काम भक्ति माँगते हैं। इसी प्रकार नेपाली रामायण, भक्ति के क्षेत्र में 'सत्संग' और गुरूकृपा' पर विशेष बल देता है। भक्ति में जात-पात, ऊँच-नीच का भेद नहीं होता। जातिभेद, वर्गभेद मिटाने का प्रयत्न भक्ति के माध्यम से मध्यकाल के हिन्दी कवियों ने अधिक किया है। नेपाली रामायण में भानुभक्त ने शबरी के मुख से, हीन कुल और स्त्री जाति की होते हुए भी राम के चरणों में ही अपने सद्गति कहलवाई है–

'हे नाथ! हिन् कुल की स्त्रिजाति म गरीब् जान्दीन तिम्रोस्तुति
आधार् मात्र फगत् छ यै चरणमा यस्तै छ मेरो गति''

इस तरह अध्यात्म रामायण से प्रेरणा लेकर भानुभक्त ने नेपाली रामायण के प्रस्तुतीकरण में नेपाल के सामान्य जनमानस की मन:स्थिति को केन्द्र में रखा है। देश-विदेश में असंख्य रामकाव्य लिखे गए हैं जिसमें प्रत्येक ने स्थानीय विशेषताओं के अनुरूप ढलकर कुछ पृथकता बनाई। भारत और नेपाल सांस्कृतिक दृष्टि से एक हैं, दोनों देशों की सीमाएँ लगी हुई हैं। जनसाधारण रोजगार और व्यापार, शिक्षा आदि के लिए परस्पर आने-जाने के लिए मुक्त है, अत: नेपाल की रामायण किसी भी भारतीय भाषा के रामायण की तरह अतुलनीय है, वन्दनीय है।

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