

A PILOT STUDY IN THE DEVELOPMENT OF BASIC HEALTH SERVICES IN NEPAL

by

Dr. Gautam Man Sakya*

Dr. Prem Chandra Kumar Chhetri**

Dr Shankar Prasad Aryal***

1. INTRODUCTION

The Government Health Services in Nepal include Hospitals, Health centres, Health Posts and some specialised institutions. The zonal and district hospitals are expected to provide medical care for the people in their vicinity and referral services for peripheral Units. The health posts, although responsible primarily for preventive services, are engaged mostly in the medical care of the people around Basic Health Services, as such, with domicillary visit to each and every house of the district has not been organised and developed in Nepal till the beginning of this year 1972. The pilot project for the Development of Integrated Basic Health Services was declared open in Bara district by the Asst. Minister of Health. Further expansion of the integration activities in the country will depend upon the experience gained in this pilot study.

2. BARA DISTRICT

Bara is one of the five districts of Narayani Anchal. This district has been selected for the pilot project on the basis of priority which comprise the density of population, the

* Medical Officer In-charge Pilot Project.
*** Asst. Integration Officer.

** Medical Officer, Pilot Project.

accessibility of the area, the stages of malaria and smallpox eradication programmes. This district comprises mostly of plain cultivated land, except the foot hills and forest area in the northern part. The district headquarters is located at Kalaiya which is about nine miles east of Birganj. The district has 108 panchayats, 430 villages, 43,226 houses and 2,38,613 population according to the Census taken by the pilot project in April 1972.

3. PLAN OF ACTION

The plan of action for the pilot project was prepared in December 1972 in a meeting held at Birganj. The meeting was attended by the Director General of Health Services, Advisors from WHO and US/AID, Chiefs of the individual programme, Medical Officers of central and local level. A period of three months was given to prepare and train the staff for the integrated programme. The date of implementation was fixed as 1st Baishakh 2020 (13th April 1972) i. e. the new year day. The project will last for one year from the date of its implementation.

4. ORGANISATION

The Regional coordinator of Malaria Eradication Organisation, Central Region "B" has been assigned to be the project-incharge. He is assisted by a Medical Officer from Malaria Eradication Organisation and *Anchal* Malaria Officer (Asst. Integration Officer) from the Dept. of Health. This team will organise an Integrated Health Structure, utilizing the available resources within the district. This team will continue to work till such time when the Senior Medical Officer in Bara district will be able to take over. The Senior Medical Officer of Bara will also be responsible for the District Hospital. At present, the pilot project incharge has no responsibility over the hospital, its management being the responsibility of a Medical Officer assigned to it.

4.1 STAFFING

4.1.1 A health post is designed to cover a population of approximately 25,000. There are 11 health posts in the district. Each health post has the following staff :

1. Sr. Auxillary Health Worker1
2. Aux'lar Health Workers2
3. Jr. Auxillary Health Workers6
4. Asst. Nurse Midwife2
5. Mukhiya (Sr. Clerk)1
6. Peons3

NOTE :—The Post of Sr. Clerk has not been filled up as it seems to be not essential at this stage. The posts of A. N. M. are all vacant except two health posts due to lack of trained hands.

4.1.2 The district integration office has the following staff :

1. Asst. Integration Officer	1
2. Family Planning Officer.. . . .	1
3. Sr. Malaria Assistant.. . . .	1
4. District Supervisor (Smallpox).. . . .	1
5. Accountant.. . . .	1
6. Sr. Lab. Technician	1
7. Lab Technician	2
8. <i>Kharidar</i> (Head Clerk).. . . .	2
9. <i>Mukhiya</i> (Sr. Clerk).. . . .	1
10. Auxillary Health Worker.. . . .	1
11. Reserve J. A. H. W.	6
12. Spray-cum-Foremen (Malaria Field Worker).. . . .	2
13. Peon..	1
14. Watchman	1
15. Driver..	1

23

NOTE :—The strength of Reserve Jr. Auxillary Health Worker should be increased from 6 to 11 i. e. one for each health post as the turnover of this category of staff is quite high.

4.2. PERSONNEL PROBLEMS

In the beginning the District Chiefs of the vertical programmes were rather reluctant to follow the instructions issued by the Project Incharge. The Project Incharge transferred some of the staff working at the District Headquarters to the Health Posts. It was found out that the District Chiefs instead of transferring the staff to the Health post referred the matter to their Central offices. As a result, there was some delay in initiating the programme in some of the health posts.

At present, the authority has been delegated to the Project Incharge. The instructions issued have become more effective. A sense of integrated organisations has developed amongst the staff although they belong to different projects.

The table below shows the number of staff working in the pilot project at present and the parent organisations from which they come.

Level	Sl. No.	Designation	No. of staff working for B P P	Parent Organisation			
				Dept. of Health	Malaria Eradication	Family Planning	Small Pox
DISTRICT HEAD QUARTERS	1.	Asst. Integration Officer	1	1	—	—	—
	2.	Family Planning Officer	1	—	—	1	—
	3.	Sr. Malaria Asst.	1	—	1	—	—
	4.	District Supervisor	1	—	—	—	1
	5.	Accountant	1	—	1	—	—
	6.	Auxillary Health Worker	1	—	—	1	—
	7.	Sr. Lab Technician	1	—	1	—	—
	8.	Lab. Technician	1	—	2	—	—
	9.	Kharidar (H. Clerk)	2	—	1	1	—
	10.	Mukhiya (Sr. Clerk)	1	—	—	—	1
	11.	Reserve Jr. Auxillary Health Worker	6	—	6	—	—
	12.	Spray-Cum-Foremen	2	—	2	—	—
	13.	Peon	1	—	—	1	—
	14.	Driver	1	—	—	1	—
	15.	Watchman	1	—	1	—	—
Sub Total			23	1	15	5	2
HEALTH POSTS	16.	Sr. Auxillary Health Worker	11	11	—	—	—
	17.	Auxillary Health Worker (Curative)	11	11	—	—	—
	18.	Auxillary Health Worker (Preventive)	11	—	10	—	1
	19.	Asst. Nurse-Midwife... ..	2	2	—	—	—
	20.	Jr. Auxillary Health Worker	63	—	49	7	7
	21.	Mukhiya... ..	—	—	—	—	—
	22.	Health Aids (Female)	4	—	—	4	—
	23.	Peon	32	22	8	1	1
Sub Total			134	46	67	12	9
TOTAL			157	47	82	17	11

Note :—TB and Leprosy Asst has not been included here as they have not been posted permanently in the district.

4.3 FISCAL PROBLEMS

The fiscal management of the pilot project is rather a complex one at present. The parent organisations pay their staff according to their rules and regulations. This makes a difference in the pay scale of the staff belonging to the same rank. For example a Jr. Auxillary Health Worker from Family Planning receives a total amount of Rs. 165/- per month. Jr. Auxillary Health Worker from Malaria Eradication receives about Rs. 125/- and those from Smallpox about Rs. 130/- It also may be pointed out that the Auxillary Health Worker from Dept. of Health, who supervises the Jr. Auxillary Health Workers receive only Rs. 155/- (Rs. 10/- less than a Jr. Auxillary Health Worker from F. P. and M. C. H.). The Dept. of Health has been taking steps to pool the budget from different sources in the fiscal year 029/030 (16th July 1972-15th July 1973). However it is not known whether the pay scale can be made uniform to all the staff belonging to the same rank.

4.4 SUPPLIES

The supplies needed for the integrated health project are received from individual programme. For example, Camoquine and Primaquine are supplied by Malaria Eradication, while condoms and pills by Family Planning and so on. The supplies are received in the store of the district integration office (former N. M. E. O. Office) and distributed to the health post according to their needs.

4.5 TRANSPORT

One four wheel drive vehicle along with a driver was provided by Family Planning. Nepal Malaria Eradication Organisation bears the cost of fuel and maintenance. Smallpox programme is expected to provide two bicycles for each health post.

Couriers move from one health post to another health post and the district office twice a week. They carry letters, blood slides, drugs etc. back and forth. This has to be done as there is no other dependable means of communication.

5. TRAINING

A total of 101 staff received training prior to the implementation of the programme. It was conducted in two batches. The first batch received training for 10 days (26th March to 5th April 1972) and the second batch for two days (6th and 7th April 1972). The participants of training by batches are as follows :

FIRST BATCH**SECOND BATCH**

1. House Visitors (JAHW)	28
2. Spray-Cum-Foreman (JAHW)	4
3. Supervisor Recorders (JAHW)	23
4. Sr. Vaccinators (JAHW)	7
5. Health Aides (Male) (JAHW)	7
6. Asst. Supervisor (AHW)	1
7. Auxillary Health Workers	10
8. Malaria Inspectors (AHW)	6
9. Sr. Malaria Inspectors (AHW)	4
Total	90

1. Sr. Auxillary Health Worker

Total :—90+11=101

The training included one day practical demonstration at Nijgadh Health Post.

6. SEMINAR

A seminar for the Zonal and District Supervisory Staff was held on 10th and 11th April 1972. The objective of the seminar was to bring coordination and cooperation at various level. The Director-General of Health Services, Advisors from WHO, US/AID, Medical Officers from Central and Local level attended the Seminar.

7. The inauguration of the Basic Health Services in Bara done on 12th April 1972 by Asst. Minister of Health in a ceremony held at the district Panchayat hall, Kala Panchayat leaders, Govt. officials and local people attended the ceremony.

8. TECHNICAL SERVICES OF HEALTH POSTS**8.1. DOMICILIARY VISIT****8.1.1. FIRST ROUND**

The first round of the domiciliary visit by the J. A. H. W. under the health programme is designed to collect data on population, houses, families and sex composition and malaria situation. The first round of visit started on 1st April 1972 and completed on 15th May 1972.

8.1.2. SECOND ROUND

It is designed to complete the census, complete the grading of couples into A, B and C, detect malaria cases, make a smallpox scar survey and monthly registration of birth and death and migration of population. The second round of visit started on 14th May was completed on 13th July 1972.

8.1.3. THIRD ROUND

The third monthly round is designed to detect malaria cases, complete the smallpox scar survey and registration of birth and death, migration of population etc. Compilation of the data is on the way.

8.1.4. FOURTH ROUND

It is designed to carry out primary vaccination of smallpox, monthly malaria case detection, birth and death registration and migration of population.

8.1.5. SUBSEQUENT ROUNDS

The subsequent rounds will be dealing with family planning activities, tuberculosis and leprosy control measures, notification of other communicable diseases and other components of basic Health Services.

8.2. MEDICAL CARE

The health posts have been continuing the medical care of the people around them. In addition, some of them have built pit latrines in the health posts for demonstration purpose.

9. INTEGRATION OF CURATIVE SERVICES & PREVENTIVE SERVICES AT THE DISTRICT LEVEL

The integration of these inter-related health services has been achieved by the health posts while the district has not been able to do so. Steps are being taken to solve this problem as soon as possible.

10. CONCLUSION

It may be too early to come to a conclusion. However, the assessment of the first three months of the project indicates that the Integrated Health Services is not only viable but also can be developed according to a desired pattern in this country.

Reference

Plan of Action, Bara Pilot Project for the Development of Integrated Health Services.