

A BIG CHILDREN'S HOSPITAL IS NEEDED, AND HOW TO MAKE ONE *

by

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The Stastical Bureau of His Majesty's Government, Nepal has revealed some interesting findings is the last Census held in the year 1960 :

1. The Total population of the country comes to 10 millions, and the total Childhood Population (i. e., 0-16 years) constitute 50% of the total population. In Kathmandu Valley alone therefore the total childhood population is 250,000 out of the total population of 500,000.
2. Whereas on one hand the population is said to be increasing more than 2% per year, on the other hand the Infant Mortality Rate is 244/1000 live-births. (Compare it with that of U. K. where I. M. R. (1962) was 22/1000).
3. In general *TOTAL DEATH* in the population of 0-14 years is greater than total death between 15-60 years and above. In particular, however, among the Childhood Population (see TABLE 1) *about 4 times more deaths occur in between 0-4 years than in between 5-14 years; or more than in between 0-14 years.*

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TABLE I

Age of Dead	Total	Male	Female
0-4 years	53, 998	28, 277	25, 711
5-14 years	15, 528	6, 679	5, 849
0-14 years	66, 516	34, 956	31, 560
15-60 years or above	55, 934	27, 998	27, 936

A BIG CHILDREN'S HOSPITAL IS A MUST

The above findings are further supported by the fact obtained over the 4 months period from the KANTI HOSPITAL (which was converted to the Children's Hospital about 2 years ago) which shows (see TABLE I) that as many as 100 Medical (not Surgical or Eye or ENT) patients per day have been examined in the Children's Outpatients (Bir and Kanti combined); 2 or 2½ times the number of outpatients are examined in Bir than that in Kanti Hospital.

TOTAL NUMBER OF CHILDREN OUT-PATIENTS EXAMINED OVER 4 MONTHS, PERIOD, (i e. from ASADH 2027 to ASWIN 2017 INCLUSIVE.) (See TABLE II)

TABLE II

HOSPITAL	NUMBER	TOTAL No.	AVERAGE No. PER DAY
KANTI	3321	10227	27. 7
BIR	6906		57. 5

Regarding in-patients (who are admitted only in Kanti Hospital) the total number admitted over 4-months' period was 566. Admission per month was 141.5 and per day 4. 7. At the moment the admission rate is only 1 in 20 because of FREE BEDS which are only 24. The nature of illness of the patients admitted till now may well be said Emergency. At

same time the doctor has to refuse admission almost daily to the patients who are serious in view of the lack of free beds. Out of the total 50 beds the remaining beds are PAYING BEDS which to the majority of Nepalese people, do not exist at all. It appears that the admission rate would have trebled the present number if hospital could provide more free beds.

In general therefore it is proved that we need NOW a sufficiently big CHILDREN'S HOSPITAL at least in Kathmandu valley. If we provide 1 bed for every 1000 children (which is minimal) the figure for Kathmandu Valley alone comes to 250 beds, that means a 250 bedded Children's Hospital should be ready AT THIS MOMENT. That being only possible with Aladdin's Lamp (which we regretedly don't possess) PHASING IS NECESSARY. Needless it is to mention that it is ridiculous to keep about 50% of available Children's Beds in Kanti Hospital as paying beds, As compromise, however, the number of paying beds may be kept to 10% of total beds. The total number of free beds may be increased from 26 to 45. Moreover about 10 beds can easily be accommodated by placing 2 cots in each Ward, the total going up 62 to 65.

Phase 2 should begin this year when beds should go up to 100. In Phase 3 (i. e. in the 2nd year) this should go up to 150 whereas in 4th Phase, at the completion of 3rd year, the beds should go up to 200, and in the last Phase (i. e. during the 4th and 5th years.) this should become 250.

The second prominent finding by the Statistical Bureau is that the age period between 0-4 years is particularly dangerous, in view of the fact that the death-rate at this period is greater than that in the age period 5-15 years or even beyond, so that 0-4 years should have priority in the Health Programming of the country. This may be tackled in two ways : 1) by Preventive Method which looks after the whole country in which the MATERNITY AND CHILD HEALTH PROJECT should take full charge, and 2) Curative Method in which the Hospital should try to cure preferably specific illness that afflict this age group.

The latter is discussed as follows :—

- (I) To work in collaboration with Maternity Hospital, so that every Paediatrician is attached to it where he visits regularly, and also attends emergency duties.
- (II) Those needing continuous care should be taken under NEO-NATAL Unit or PREMATURE BABY UNIT in the Maternity Hospital or in Children's Hospital Neonatal or Premature Baby Unit. This implies :—a) Special equipments eg. beds. Incubators, Exchange Transfusion set, Feeding tubes, I. V. tubes and Canulae, etc , and b) Specially trained Paediatric Nursing Personnel.
- (III) Special Outpatient Clinics,

The age-group patients (0-4 years) usually die primarily from Exanthemations diseases, such as Smallpox, Measles, Whooping Cough, Diphtheria, Tuberculosis, Malnutrition, & Gastroenteritis all of which can be prevented.

Thus the Special clinics should be opened either in the Maternity Hospital or Children's Hospital or both. The following Special Clinics should get priority :—

1. Immunisation Clinic in both Hospitals.
2. Antenatal Clinic in Maternity Hospital for painless labour, education of mother regarding baby-care, sewing session for baby-clothes, etc.
3. Toddlers' Clinic (for 2-3 years olds) in Children's Hospital.
4. Malnutrition Clinic, aided by UNICEF, WHO, FAO, etc.
5. Gastroenteritis Clinic and Ward.

For this two important things are must—Laboratory, & Transfusion Infusion & Unit.

The Laboratory involve mainly two aspects :—i) Biochemical investigations, e.g. serum electrolytes, blood Urea, blood sugar, and ii) Bacteriological section, for identifying the causative organisms. Further, the Infusion and Transfusion unit is a must for the Gastroenteritis patients who may need special fluids etc.

(6) ISOLATION WARD in the Children's Hospital.

A question may be raised here as to why should an Isolation ward is at all to be entertained in a Children's Hospital since the Infectious Diseases have been till now, treated in the Infectious Diseases Unit. This seems however shortsighted to think in that way. Which disease is infectious and which is not is practically hard to categorise in the light of recent WHO Classification. In other words, for example, Pneumonias may have to be treated in Infectious Disease Unit which however for all practical purposes is just impossible. Moreover, in developing countries, and especially in Nepal, as much as 95% of illnesses are infectious or infective. Even WHO has realised and hence the change in the definition of Infectious Disease. Therefore except Exanthematous Diseases eg. Smallpox, Chickenpox etc. the majority of so-called Infectious Disease should preferably be treated in the Isolation Ward of Children's Hospital.

Thus one must provide for and be able to treat such infectious diseases like Diphtheria, Whooping cough, Gastroenteritis, Tetanus and so on in a Children's Hospital.

- (7) Children's Chest Clinic either separately or in collaboration with Central Chest Clinic. Paediatricians should be allowed to run their own clinics specially those follow up cases discharged from Children's Hospital.

For all these more money and equipments are necessary. Clearly the H. M. Govt. has to consider about this crying need immediately and has to share at least some of the expenditure. On the other hand, there exist ways and means of obtaining help and aids from different sources. The following is the Agency or Organisation which could very well be tapped for the benefit of the poor children, so-called FUTURE OF NEPAL. These organisations or agencies—national or international or both—are ever ready to offer help. The only WAY IS TO CRY FOR HELP.

FINANCIAL RESOURCES TO BE TAPPED**I International Organisations :**

1. UNICEF
2. WHO
3. FAO

II. Voluntary Organisations**A. 'Foreign.'**

- eg. 1. Rotary Club
2. Red-Cross Society
 3. International Planned Parenthood Association.
 4. Womens' Volunteers' Corps.

B. Local.

6. 'Paropakar'
7. Children's Organisation.
8. Family Planning Association.
9. Family Planning and Maternity and Child Health Project.
10. Disabled Persons' Association.
11. Women's Organisation.

III. MCH Project.**IV. Embassies from different countries.****V. Private Enterprises.**

- eg. 1. Cinema
2. Cultural Programmes
 3. Flower shows.
 4. Exhibition.
 5. Fun Fairs.
 6. Lottery.

VI. Volunteers.

- eg. 1. Social Worker of Hospital Friends' Association (or Almoners)
2. FUND DRIVES from the public.

VII. Private Individuals.

- eg. 1. Chief Patron H. M. the King and Royal Family.
2. Businessmen and Entrepreneurs. Fund may be raised and a separate cot in the name of the donor may be put in the Hospital.

VIII. Propoganda Organs.

1. Radio.
2. Press for Articlcs, Songs, Pamphlets, Books.

IX. Childrens' Day Stamp. (or as First Day Cover)

- X. H. M. G. should give permission to the hospital to use the money obtained from paying beds for the Hospital itself.