PRIVATE MEDICINE AND HEALTH INSURANCE

*They answered as they took their fees,*  
*There is no cure for this disease.*  

Hilaire Belloc

Private medicine of some sort has been present from the days of the Rana rule in Nepal. If one goes far back enough the concept of the fee for service was started by no less a person than Jung Bahadur when he utilised the service of the British legation doctor for vaccination. Then later, during the subsequent periods of Bir Shumsher and Chandra Shumsher’s premiership, a number of doctors, mostly from India were employed by the civil and military authorities in the health sector. Because of the fact that the scale of pay was meagre the personnel were allowed to practice with a “Fee for service” (FFS) concept. But even then the fees were not exhortative for the population at large was very poor. Coupled with this, some health workers were brought into the country from British India on short visits and it was customary too, to pay for their services.

During the time that the British were in India a number of missionary groups were working on the borders of Nepal. From there some went inwards to the western parts of Nepal, such as Dandeldhura whilst others went northwards from the Nautanwa area in southern Nepal. At the time of the last days of Rana rule in 1951, the United Mission to Nepal was officially able to enter Nepal. It all started following a six-months trip by Dr. Robert Fleming to study birds in Nepal (1). Dr. Carl Taylor was also present on that trip.

**Group Practice to Polyclinic concepts**

Sajha Swasthya Seva was a offshoot of the co-operative movement that had been introduced into Nepal in the sixties. The others were in transport, publications, domestic supplies and savings. The idea was to have in the major towns, chemist shops within the hospital compound or nearby it with
the object of selling medicines at reasonable prices. The conclusion from such developments is that people at that time were being overcharged, if not forced to pay exorbitant prices for life saving drugs which were in effect the final arbitrator of life and death. Because of the existing situation, these shops came into being but whether they achieved all their aims is another issue. Over the course of the years, other bodies such as the Chemists and Druggists Association has come into being and has attempted to try to standardise services and prices.

The main Sajha medicine shop tried to provide services during the hours that the hospital out patient services were not functioning. As the hospital services then and even now in the majority of the government hospitals only provide out patient services between 9.00 am and 14.00 pm the idea of having doctors provide service at other hours was seriously considered. Thus whilst some young doctors of Bir and other hospitals provided almost 24 hour consultation service, the specialists provided a consultative fee for service during the afternoon or evening. This was the start of group practice concept at Kathmandu. Following this, others such as Siddhi Polyclinic and Hargaans were also started. Up to this time some surgeons had some inpatient and operating facilities in their clinics. The pioneer in the development of admitting facilities and private medicine was the Kathmandu Nursing Home, established in 1986.

As more applications were made for the registration, availability of facilities and running of nursing homes, the ministry of health constituted in mid 2043 B.S. a special committee under the chairmanship of the Chief of the Planning division. Contacts were made with institutions in Bangladesh, India and Thailand with the idea of framing Rules and Regulations concerning nursing homes and their functioning. This activity, started on what may be termed ad hoc basis, was not sustained and it was not until 1994 that some regulations were framed.

In the succeeding years as many new doctors did not opt for government service, the development of nursing homes was more rapid. Many doctors, on retiring from government service became more active in private medicine whilst other even opted for it, leaving government or semi-government jobs. From July 1984 the TU Teaching Hospital started having both morning and afternoon sessions, and some fifteen months later there was notice of “no private practice” at TUTH. Many of the staff therefore opted out and started working in the various private medicine facilities that had sprung up in the capital. This has led to the TUTH being able to use the services of a number
of young doctors during the course of their early years. After a number of years at TUTH, the usual practice is for doctors to go into private medicine.

It was with the idea that the government in the developing countries would not be able to provide the desired or even the required health facilities that the concept of private medicine was put forward and encouraged. Whilst the developed countries had safeguards for the protection of the public, such facilities were either minimal and even non existent in Nepal. It was in this context that a workshop on “Quality Assurance in Health Care” was held at Kathmandu in the September of 1994 with the blessings of WHO. Following the seminar some recommendations were made regarding health care in this country. Legislation to protect and look after the interest of the public has still to be brought before parliament. At the same time, however, the standards laid down should be such that it is not just compulsory for the private institutions to follow, but that government institutions/undertakings are also subject to the same rules. The big danger is that too much paperwork may result in such a situation that implementation never takes place.

In the meantime however other nursing homes such as Himal Nursing Home, Everest Nursing Home and Om Nursing Home started in the capital. Others were opened in other centres such as Biratnagar, Janakpur, Birgunj, Bharatpur and Nepalgunj. Some other privately run hospitals also came into being such as the Model Hospital at Bagh Bazaar. A small district hospital, Bajrabarahi People’s Hospital, was started at Makwanpur during 1994 and by Feb. 1997 was running 25 beds inclusive of maternity services. Plans were announced by other NGOs to start Mother’s and Children’s or Women’s and Children’s Hospitals at Biratnagar and Bhaktapur respectively. Towards the end of 1997 the foundation was laid for the establishment of the Siddhartha Maternity and Child Hospital to be built with aid from AMDA at Butwal. The overall responsibility is being borne by AMDA-Japan and AMDA-Nepal. Whilst the first 50 beds are slated to be functional within the next six months, the long term objective is to increase it gradually to much more. More recently the various Nursing Homes have been converted into “Hospitals & Research Centres” to enable them to avail of facilities extended by the government.

The Kali Gandaki Hospital (KGH) is an example of a community based health care. KGH as an institution was started in 1989 at Rampur, Keladi Palpa by a group of social workers with their own resources and providing PHC services to a remote population. The 15 bedded hospital is in line with the District Hospital set up of HMG (2). As from mid August 1993 it has been shifted to Kawasaki, Nawalparasi.
Twentieth December, 1995 saw HRH Crown Prince Dipendra inaugurating the Lunkarandas-Gangadevi Chaudhari Charity Hospital at Duhabi. This 20-bedded hospital built and to be supported by an industrial house was the first of its kind from two different angles. Whilst it was the first hospital in the country to be run by an industrial house it was also one, which as per the name, was run on a charitable basis and not for the purpose of making money from the misfortunes of those afflicted with illness.

The Sushma Memorial Plastic and Reconstructive Surgery Hospital, an eight bed complex at Sankhu established with the aid of Interplast-Germany, was inaugurated on 7th Nov. 1997. Its objective is to provide free service to repair cleft lips and to correct post accident and burn deformities in the poor and helpless patients.

The foundation stone has also been laid on 30th Jan.'98 of the Hetauda Peoples Hospital to be constructed by the community. Mid Sept. 1998 saw too the foundation laying of Satya Sai Hospital at Kritipur with an objective of having it functioning in two years.

Whereas before with the limited resources on hand it was thought that there should be no duplication of services, things were changing. Then, in places where there was a Mission or other NGO hospital, the government did not start a hospital or even closed the existing one. Somehow this policy has not been successful and one prime example of this is the situation at Tansen.

A newspaper article (3) on private health care in Nepal has divided health care services into the four undermentioned categories:

a. Public sector ie. all government provided health institutions.

b. Not-for-profit sector: Voluntary, Missions and Trusts run health institutions.

c. Organised Private sector: Nursing Homes, Private Hospitals, and care provided by fee for service practitioners.

d. Private informal sector: Care provided by traditional healers such as dhamis, jhankris, jharphuks and others who have not had any formal training.

The National Health Policy 1991, goes on to state that there will be increasing opportunities for the private sector and the NGOs in the delivery of the health services (4). The suggestion has been made that, “we also need to strengthen existing public medical hospitals so that people are not forced to
go to private institutions due to lack of choice.” A plea has also been made for a Nursing Home Act so that effective monitoring of the growth and quality of the services provided by the nursing homes can be done.

The Private Nursing Homes Association has periodically held seminars and meetings with a view to improving the facilities offered to the public.

However the subject of the services provided were a matter of public concern and debate for the Gorkhapatra of 1st July, 1995 had personnel from the health ministry stating that “it is necessary to have legal provision for the setting up of nursing homes. However though some criteria have been set up for nursing homes to be opened by the Nepalese, nothing has been laid down for starting nursing homes with foreign investment.”

The criteria set so far are on the basis of the facilities being extended by the nursing homes and these must be accepted by the party concerned before registration can be done.

Criteria for hospitals / nursing homes are dependent on whether they are for:

a. Fifteen to twenty-five beds.
b. Twenty-six to fifty beds.
c. Fifty-one to hundred beds.
d. Hundred to two hundred beds.

The basic requirements for diagnosis are a laboratory and also a X-ray Department. On the curative side, a 24 hours emergency service must be provided including a minor theatre, major theatre, operation room and isolation room. Three essentials free services which must be catered for and for which related material will be supplied by the health ministry are:

1. Rehydration services
2. Family Planning & MCH services
3. Health Education services

It is also obligatory to have one free bed for poor patients for every fifteen beds being run by the hospital or nursing home. These rules are however being flouted for there are no provisions for effective implementation.
This registration for functioning is done by the Cottage Industries (Gharelu Udyog) on the basis of recommendation by the Health Ministry. The permission is usually given on a temporary basis for one year and there is no provision for making this either permanent or cancelling it.

There is no disputing the fact that the Nursing Homes have been responsible for the development of diagnostic facilities. Whereas tertiary care facilities of the government or the University for that matter did not do kidney transplant pleading the non-existence of a Human Organ Transplantation Act, the private medicine sector went ahead with and such an operation was performed for the first time in Nepal at the Everest Nursing Home on 27th May, 1995. It was the rush to do such operations at other places, with patients and donors from outside of the country that made the government constitute a special committee in the first week of July to look into all aspects of renal transplants. But even following the extensive brou-haha, the Human Organ Transplantation Act, supposed then to be hurriedly enacted as an ordinance, took over four years to be enacted.

That more investment is going to occur to provide more private medical facilities in Nepal is apparent with the announcement in the first half of 1996, that two parties from India viz the Escorts and the Apollo Group are in the process of setting up initially diagnostic and later inpatient facilities in Nepal.

However the tendency to have what may be termed “fly in and out operators”, with personnel coming in, doing surgical procedures and leaving the country without making proper arrangements for subsequent care, must be discouraged.

Escorts Heart Institute and Research Centre, New Delhi and the Chaudhary group signed a Memorandum of Understanding (MoU) for the setting up of a 150 bedded speciality hospital at Kathmandu. The first phase of this was completed by the starting of a Heart Command Centre by the Norvic Health Care and Research Centre at Thapathali, Kathmandu. Similarly Apollo Health Care and Research Centre Ltd was registered in Nepal to first set up City Polyclinic and Diagnostic Centre and subsequently also a 100 beds multi-speciality hospital to be named Siddhartha Apollo Hospital. Tenders have been called for building the 100 beds of the first phase of this hospital, in collaboration with the Apollo Hospitals Group of India, to be set up at Balaju by July 1999. The third phase of this hospital will be providing facilities with 300 beds.

The B & B Nursing Home in Lalitpur started functioning in November 1997 with the objective of providing specialized health services to the people.
NON GOVERNMENT ORGANISATIONS (NGOs)

Association for the Welfare of the Mentally Retarded (AWMR)

Founded in 1981 during the observance of the International Year of Disabled Persons (IYDP). It was registered with the SSNCC in 1985 and subsequently with the Social Welfare Council (SWC). The aims and objectives of the AWMR are to better meet the individual needs of people with mental retardation within the complexities of modern society. Besides the central office there are a number of branches in the districts. The association is currently working in 18 out of 75 districts of the kingdom and besides the central offices there are a number of branches outside the capital.

Family Planning Association of Nepal (FPAN)

This association was established at Kathmandu in 1958 with the help of the Nepal Medical Association and the Pathfinder Fund (5). It celebrates 18th September as FP Day. It became a member of the International Planned Parenthood Federation (IPPF) in 1960, and in 1992 has been providing about 25% of the family planning services plus supplementing those of the government. By mid 1997, the Association had extended its activities in 33 districts, 771 Village Development Committees (VDC) and provides services to nearly 1 million married women of reproductive age (MWRA) (6). The activities of FPAN comprise educational programmes, natural family planning programmes and sterilisation programmes that are conducted through its clinics and the rural family health projects. It’s estimated that 21% of married women practise contraception. Female sterilization is more popular than that of males (7). It has currently 3 static clinics and also runs mobile ones in five districts every year. FPAN also has activities to improve women’s status and is running training programmes for income-generating skills.

Friends of Shanta Bhawan

Formally founded in 1983, this organisation was registered in Nepal in 1984 and has been providing Outpatient Clinic Services in the Jorpati area Baudha. It is providing primary health care facilities to the poor and needy patients living under the poverty line. Its agreement with the Social Welfare Council was renewed in March 1997 for a period of five years.

Friends of the Disabled
This NGO has been working with the support of the Terres des Hommes which has its headquarters in Switzerland. Following shifting from its initial site at Jorepati it ran a hospital and rehabilitation centre for disabled children in a rented facility at Dhobighat, Jwalakhel. The permanent facility of the Hospital and Rehabilitation Centre for Disabled Children (HRDC), near Banepa was formally inaugurated by HM King Birendra on 17th April, 1998. This hospital has 36 beds for inpatients and a further 30 beds in the rehabilitation section.

**Heart Foundation**

This was founded in 1978 and has been active in making people aware about heart disease. It is also involved in anti-smoking campaign.

**Lions Club**

A branch of Lions International was formed on 7th May, 1971. The first Lions Club was that of Kathmandu which came into being in 1972. It was initially part of a district which also included parts of Bihar, but now it is a separate entity totally in Nepal, and referred to as District No. 325. The Lion movement then gradually increased in the country and now in 1994 there are about 60 Lion clubs. The number reaches 90 if one includes the Leo and Lionesses. The many clubs are involved in running a number of health clinics, plus periodic eye and ear camps in various parts of the country. The clinic at Naya Baneshwor, Kathmandu also has adjoining 15 bedded facilities. The various Lions, Lionesses and Leo Clubs are part and parcel of District 325. Increased stress is being laid on eye care too by this NGO.

On 11th Feb. 1995, Mr. Man Mohan Adhikari, then prime minister laid the foundation stone of the B.P. Koirala Lions Centre for Ophthalmic Studies (BPKLCOS) in the Teaching Hospital Complex at Maharajgunj. This started functioning in 1996 and has been doing eye surgery on outpatient basis.

**Maryknoll Nepal**

This organisation has been working in Nepal for many years in the field of providing help to the mentally retarded. It has been running a rehabilitation centre near Sundarijal. Under an agreement signed with JICA in Jan. 1998, Maryknoll Nepal will construct a 2 storey Mental Hospital at Nayapati. There will also be facilities to treat the ill on an outpatients basis by providing services such as occupational therapy and vocational activities.

**Mothers’ Club**
This local NGO operates in 19 districts with 59 local branches and its overall objective is to develop and promote women in general. It is involved in the social and economic upliftment of women from grass roots level.

**Mrigenda Samjana Medical Trust**

This local NGO was started by Dr. Mrigendra Raj Pandey, a physician and a social worker as Mrigendra Medical Trust in 1975. Its work is devoted to promotion of health services and social welfare activities in the backward rural areas of Nepal. Besides medical care the Trust also provides education, drinking water and income and employment generating facilities. It has been working in Sundarijal, Pharping, Dakshinkali and Jumla areas. It has been actively involved in anti-smoking campaign. The present name of the Trust has been in use since 1994.

**Nepal Anti Tuberculosis Association (NATA)**

This organisation came into being as a result of the efforts of its ten founding members in July, 1953 (4/4/2010 BS). It was initially known as Nepal Tuberculosis Association and had the then PM Matrika P. Koirala as its founder President. However its official inauguration by late King Mahendra only took place on 13th Mangsir, 2020 BS. The central chest clinic services were first started in 1966 at Kalimati and expanded over the years subsequently to Biratnagar, Birgunj and Palpa. A sanatorium with 25 beds had been opened at Kalimati, but now it has been converted into the Kalimati Chest Hospital.

**Nepal Cancer Relief Society**

This Society was formed on 31st Bhadra, 2039 BS with the four objectives of providing promotive, preventive, curative and rehabilitative services to the patients liable to suffer or suffering from cancer. In practical terms it means creating awareness in the people about cancer, its early detection and information about existing facilities for treatment plus rehabilitation.

As smoking has been a major cause of cancer, the society is also active in the anti-smoking campaign. Immediately after the jana andolan, it was involved in the renovation of the old building of Bhaktapur Hospital. This being converted, was made into the Cancer Care Centre at Bhaktapur. It is also planned to start Hospice facilities for cancer patients at Banepa.

NCRS has, besides its central office in Kathmandu a total of 19 branches scattered in different parts of the country.

**Nepal Disabled Association**
In 1969 the Nepal Disabled and Blind Association started institutional rehabilitation services at its “New Life Centre”, which in the course of time led to the starting of a rehabilitation centre at Jorpati. Later a separate building for disabled children was constructed and opened in the same compound with the support of SOS International.

In April of 1996 the construction of the Orthopaedic Hospital was completed with support of the Rotary International District 7090, World Community Service and Patan Rotary Club. The 20 bedded hospital is officially functioning since mid 1998.

**Nepal Epilepsy Association**

The Korean Epilepsy Association “Rose Club”, based at Seoul, helped in the founding of the Soon Pate Club on 26th Sept. 1986 with the object of providing treatment facilities for epilepsy. About two and half years later it was registered with the SSNCC as Nepal Epilepsy Association. Currently it is running the Gauri Shankar General Hospital at Dolakha Bazaar.

**Nepal Jaycees**

Nepal Jaycees, as a branch of Jaycees International, was established in 1964. This organisation has been functioning in Nepal for the past three decades. Kathmandu Jaycees was started in 1970. There are a number of branches all over the country and the members are involved in many social activities in the community field. The stress in the health field is in the control of diarrhoeal diseases.

**Nepal Leprosy Relief Association**

This organisation which came into being in 2026 B.S. is responsible for looking after plus running the Syanja based Malunga Leprosarium since 2033 BS and the Khokana Leprosarium since 2041 BS (1985). It has been looking after the children of leprosy patients from the very beginning and besides hostel facilities also gives stipends for study. Last but not least are the objectives of relocating former patients back in the community from which they initially came.
Nepal Netra Jyoti Sangh (NNJS)

The formation of this organisation was preceded by the setting up of the Nepal Eye Hospital in 1965 with a total of 12 beds. This capacity was however increased to 54 about a decade later when it was registered as an NGO to allow proper functioning. The NNJS came into being in 1977 the following year with a view to manage the Nepal Eye Hospital plus also to conduct all eye related activities (8). It was with the initiative of the members of this NGO together with HMG/N and WHO that the Nepal Blindness Programme was started in 1979 (9). This whole programme was turned over to NNJS for implementation.

A Nepal Blindness Survey was done in 1981 with the help of the Netherlands. The resulting estimate was that there were 117,623 blind in Nepal. It is with the active involvement of this organisation that an extensive eye care programme has been developed over the length and breadth of Nepal. The NNJS has branches in 23 districts and has activities in 13 of the 14 zones of Nepal.

Nepal Oral Health Society

This Society was formed on 15th Nov. 1983 but was registered in June of the following year. It’s aims and objectives are to:

“strive for the prevention, treatment and reduction of dental, oral and maxillofacial diseases, malfunctions and related conditions among the people of Nepal in a manner integrative with and supportive of His Majesty’s Government of Nepal’s (HMG/N) efforts to improve national oral health.”

It started actual functioning with the opening of the Free Oral Health Clinic in Nov. 1984 (10). Besides the Central Clinic, in Kathmandu, it has two clinics outside of the Valley viz. one at Sankhu and another at Namche Bazaar, in Solukhumbu District. It is active not only in Kathmandu but has done work outside of the valley. It has been especially active during the course of 1994, which has been celebrated as “World Year for Oral Health.” The society has been stressing that preventive programmes are more important in the oral health services sector. It has highlighted the fact that there is only one dental surgeon for 400,000 population and also the necessity for manpower in this field of health care.

Nepal Red Cross Society (NRCS)

The Nepal Red Cross Society was founded on 4th Sept. 1963, exactly a hundred years after Jean Henry Dunant had started the parent body in Geneva
Initially an ad-hoc committee under the Chairmanship of the Late Princess Princep Shah was functioning. The following year the executive committee was elected and on 1st October 1964, the Nepal Red Cross was officially given recognition by the International Committee of the Red Cross (ICRC). On the next day, i.e. 2nd Oct. the NRC became a member of the League of Red Cross Societies.

Whilst the initial work was with the Tibetan refugees, the Nepal Red Cross started within two years the first Blood Bank service in Kathmandu valley. Over the course of the years the Red Cross has opened District Chapters or branches in all the 75 districts of the Kingdom and other 2,777 units such as sub branches, cooperation committees. The Junior Red Cross Programme which was started in 1965 as an youth movement has expanded tremendously and had in 1994 as many as 1700 Junior Red Cross (JRC) Circles working mainly in the rural areas. These younger members of JRC are very active. The NRCS is also providing ambulance service plus relief at times of national disasters.

The Society completed its First Development Plan from 1984-90 and in the process built up an effective service delivery in the areas of Primary Health Care, Community Health and Disaster Relief Programmes. The Second Development Plan from 1992-1997 will be focusing on three inter-related and important issues for country viz. Disaster Preparedness, Health and Community Services (12).

Paropakar

This organisation was founded initially as “Paropakar Aushadhalaya” on Asoj 10th, 2004 B.S. (1948) by Mr. Dayabir Singh Kansakar. In course of time an orphanage and school were also started (13). The efforts of this organisation led to the foundation laying of a maternity hospital in April 1954. The Shree Panch Indra Rajya Laxmi Prasuti Griha, as it subsequently became known started functioning with 40 beds in 1959 (2016 BS). It has expanded gradually over the years first with the addition of gynaecological beds and baby unit in 1968. Subsequently the baby unit was expanded in 1980 (14). It is now the main centre for maternity care in the country and is currently functioning in 1994 as a 250-bedded maternity hospital.

Rotary International

Following the inauguration of its central branch at Thapathali, it has over the years opened a number of branches. In the health field, this INGO’s has through its many branches, been actively involved in social work in many
different fields such as the immunisation campaign, especially polio, eye care and rehabilitation work.

**Sushma Koirala Memorial Trust**

This Trust in partnership with Interplast Germany inaugurated in November, 1997 the Sushma Koirala Memorial Plastic and Reconstructive Surgery Hospital at Shankhu, Lalambutar, Kathmandu. The objective is to provide reconstructive surgical service to poor Nepalese.

**INTERNATIONAL NON GOVERNMENT ORGANISATIONS (INGOs)**

**Action Aid**

Working in Nepal since 1982, it has involved communities on its integrated programmes to address health care, education, agriculture, infrastructure and income generation. During the last 16 years it has worked in Sindhupalchowk, but from 1992 it started in Nawalparasi also. In recent years it has been involved in Sinduli, Kanchanpur and Jajarkot districts with a view to starting work in that area. Its area of involvement are in the agricultural, health, education and water sectors and its aim is to eradicate absolute poverty by facilitating the process of empowerment.

**Adventists Development Relief Agency (ADRA)**

This missionary group, as the Seventh Day Adventists went to Banepa in 1957 and opened a small hospital. This has over the years developed into the Scheer Memorial Hospital.

Later the ADRA - Nepal started work in this country in 1987. One year later a heart surgery team from Sydney Adventists Hospital, Australia and following an official agreement, the organisation extended help in setting up the Cardio Thoracic Unit at Bir Hospital with the object of developing heart surgery in Nepal. The first open heart surgery was done at Bir Hospital in 1989 with the aid of the ADRA team. It is being done on a more regular basis now. From 1991, ADRA - Nepal has been helping the TU Teaching Hospital at Maharagunj to set up a similar unit.

**Association of Medical Doctors of Asia (AMDA)**

This association with its base in Japan is involved in health work in different countries. The local AMDA-Nepal, established in 1990, has a team of 27 committed medical doctors working in and outside of Nepal. It has currently
been working with AMDA-Japan for the welfare of the Bhutanese refugees in Eastern Nepal. The Referral Health Centre it has been running in Damak of Jhapa district since 1992, was upgraded to a 30 bedded hospital in Jan. 1996. The official inauguration was done in mid April, 1996. Plans are afoot to make it into a 50-bedded hospital in the future. The slogan under which AMDA works is “Better Quality of Life for a Better Future.”

Following the agreement between AMDA-Japan, and AMDA-Nepal the foundation laying ceremony of the Siddhartha Children and Women Hospital at Butwal was done. It is hoped to have the hospital partly functioning by end of 1998.

**AMS Nepal: French Medical and Sanitary Aid in Nepal**

This NGO has been working in Nepal since 1983 with the Nepal Red Cross Society. Its main work in the community health sector are in the districts of Myagdi and Parbat in the Dhaulagiri zone. It helps to improve the health conditions by way of conducting training for community health workers and also providing support for health care facilities.

**Britain Nepal Medical Trust (BNMT)**

The BNMT was established in 1967 with the object to assist with the health problems of Nepal. This INGO, is based at Biratnagar, started functioning in May 1968 and has been involved in providing health services by way of the health posts in a number of districts in Eastern Nepal (15). The main programme areas have been in TB and leprosy control, the training and supervision of community health workers. Having accepted responsibility from HMG/N for TB control in the Eastern Region, BNMT has been able to put into place a treatment programme which achieves an 86% cure rate. This work was given recognition by WHO when a review of TB control in Nepal was undertaken. It has done pioneering work in the institution of Hill Drug Schemes (HDS) in various places so that medicines are available at reasonable and fair prices to the patients of these particular districts (16). These schemes have varied from the Self Financing Drug Schemes (SFDS) to the Cost Sharing Drug Schemes (CSDS). These schemes are being evaluated and hopefully will provide insight towards future drug scheme functioning in Nepal. The areas where BNMT is active are: Dhankuta, Khandbari, Bhojpur, Diktel, Phidim, Ilam, Taplejung, Terathum, and Morang.

**Co-operative for Assistance & Relief Everywhere (CARE)**

This INGO started work in Nepal in 1978 as CARE - Medico and stress was on the training of paramedical workers. Subsequently, however, efforts
shifted to building suspension bridges and agro forestry. Further work was on a community basis with stress on infrastructure development, community involvement and mobilising of the same in an attempt to meet the community felt needs. In 1991 it also started PHC activities in 2 districts of Nepal. The involvement of this INGO is in eight districts of Nepal.

**Centre for Development & Population Activities (CEDPA)**

This is a women-focused organisation founded in 1975 and has been working with local NGOs in Nepal since 1988. CEDPA / Nepal has been mainly involved with family planning activities. Its mission is to empower women at all levels of society to be full partners in development.

**Dooley Foundation/ INTERMED-USA**

This organisation signed an agreement with HMG/N in August 1963 to do a national health survey to supply baseline quantitative for future health work in Nepal. Together with the assistance of the University of Hawaii a health survey was done in 1965-66 (17). In the subsequent years it helped the Institute of Medicine in various programmes for the development of human resources for health mainly in nursing and physiotherapy.

**Helping Hands**

The Colorado based Helping Hands NGO was established in 1992 and started work in Nepal by establishing a health centre. With the active involvement of its various branches in Nepal it has in the last few years run a number of health camps mostly in Eastern Nepal. Health personnel especially brought from abroad for these camps have been helped by Nepali counterparts. The long term objective is to establish a well equipped hospital in each of the fourteen zones of the country (18).

**International Nepal Fellowship (INF)**

The International Nepal Fellowship started working in Nepal in 1952. Following permission to Dr. Lily O’Hanlon, the INF had initially opened a clinic at Ramghat in Nov. 1952. Hospital services were started the following year 1953 with the Shining Hospital, so named as the original prefabricated aluminium roofs shone brightly in the sun. Five years later saw permission being given for “new building at the existing hospital ..a TB Sanatorium and a Leper Asylum.” The Green Pastures Leprosarium was subsequently established in 1957.

The Shining Hospital functioned at the original site from 1957 to 1978 when in-patients and maternity cases were no longer admitted there. As per
agreement with HMG/N, the beds of this were amalgamated into the Gandaki Zonal Hospital, which in course of time became the Western Regional Hospital. Consequently, between 1978 and 1992 there has been considerable input into this institution. The Shining bit continued as an outpatient clinic and became the Shining Community Health Centre. Current plans are for the INF to be involved in district health services by way of the hospital at Beni. Besides the curative services, INF’s work has been broadened from just disease prevention and control to include areas of health promotion, health related development and training for health personnel. Activities centre on the community health project especially in areas of tuberculosis and leprosy in the western part of the country (19).

As from Nov. ‘94 the INF has been co-operating in the development of district health facilities by its involvement in the management of the Myagdi District Hospital at Beni Bazaar. Four other hospitals in the mid-Western region viz. Bheri Zonal, and the District Hospitals of Surkhet, Dang and Jumla have been targeted for upgradation and development in the coming years. This is in line with the current and INF’s own thinking of making the “District Hospital the fulcrum of the health care delivery system for the population in the rural areas.”

**Lutheran World Service/Nepal**

This INGO has been working in Nepal for a number of years. Initially it’s work concentrated on community development. It has been involved in looking after the Bhutanese refugees of Nepalese origin in the refugee camps of Eastern Nepal. With an office at Damak, Jhapa it is the implementing partner for the United Nations High Commissioner for Refugees (UNHCR).

**Netherlands Leprosy Relief Association (NSL)**

The major function of this INGO was to help with the establishment of the Eastern Leprosy Control Project in Eastern Nepal. The groundwork for this started in 1980, although the project started functioning in 1982 (19). It has built a number of district hospitals and handed them over to the government for running. Its objective is to help the government to reduce the total prevalence of leprosy so that it is no longer a major health problem.

**OXFAM**

OXFAM has been working in Nepal for almost a decade. Whilst programmes in the two districts of Jhapa and Sarlahi are conducted by this INGO itself, it usually works through the medium of local NGOs. The areas that it works in are in community development, adult literacy classes, income generation etc.
PLAN International Nepal

This INGO initially started working in Nepal as Foster Parents from 1978 in collaboration with the then existing SSNCC at Sitapaila on the outskirts of Kathmandu. It has an overall objective of human development with a focus on children, their families and their community. From this small beginning, PLAN International Nepal has expanded its activities to a number of different sites in the country and is thereby giving benefit to many families and communities in different parts of Nepal.

Save The Children Fund (UK)

SCF (UK) started work in Nepal in 1975 after having signed an agreement with the Nepal Children’s Organisation (NCO) and the Social Services National Coordination Council (SSNCC). The first Mother and Child Health project was at Surkhet in 1976, followed by Dhankuta in 1977 and Baglung in 1977. The Nutrition unit attached to the Clinic at Dhankuta has done remarkable work which has been reported in the medical journals. A fourth project on MCH, with special boarding facilities for students was started at Chautara, Sindupalchowk in 1982. All projects of SCF are run in close collaboration with MoH and the Institute of Medicine. An agreement regarding all four projects was signed with the MoH in 1983 and subsequently renewed for five year periods in 1986 and also in 1991.

Over the course of the years that the projects had been functioning a certain set pattern had emerged. There were in fact three interlinked components to each project:

i. A MCH Clinic which included a Nutrition Unit
ii. A Health Post Support Programme
iii. A Child Health Support Programme

Following the Bhutanese refugee influx into Nepal, SCF (UK) has been working in collaboration with the United Nations High Commissioner for Refugees (UNHCR) since mid 1992 to make conditions better and relieve suffering.

Since 1995 SCF had been slowly phasing out its direct MCH services and handing these over to the government. The process of handing over the four MCH clinics at Surkhet, Dhankuta, Baglung and Chautara was completed in mid 1996. The focus now is to continue working with the people and help them to develop systems that the community can support and sustain.
Redd Barna
This is the Norwegian name of the SCF based in Norway and started to work in Nepal from late 1983. Following an initial agreement with the SSNCC in July, 1984, Redd Barna has been working in Nepal with a long term aim of community development. Its main objectives are:

- improving the quality of life of the children and the disadvantaged in the areas where it is working
- increasing awareness of child issues on a national perspective and doing some activities on a national scale.

SCF (Japan)
This member of the SCF has only been working in community development in the Dhanusha area of Nepal for about two years.

SCF (USA)
Following an initial agreement with the SSNCC in November, 1980, SCF (USA) started work in the Gorkha district and gradually increased its area of activity. Though the work at first entailed only immunisation services, the scope has been broadened with the starting of a Child Survival Rural Social Marketing Project. It has also been involved in AIDS awareness programme in Nuwakot district. During 1993-95 it was coordinator of 17 NGOs involved in AIDS related work as a result of American Foundation for AIDS Research (AmFAR) grants in Nepal.

SATA/ Helvetas
Initially the health aspects of aid were handled by the Swiss Association for Technical Assistance. This started in the form of help at Jiri which took the form of a hospital, an ANM training school and help to the health posts of Dolakha district. Whilst SATA is coordinating all this technical work in Nepal, Helvetas is responsible for co-ordinating NGO’s activity.

The Himalayan Trust
This Trust was formed over a quarter century ago by Sir Edmund Hillary. It has over the years built two hospitals. The Kunde Hospital at Solokhumbu was built and handed over to HMG/N to function as a district hospital. The other built in 2030 BS at Phaplu is the 29 bedded hospital that it runs itself. More recently, this particular institution has not been expanded due to land dispute. Besides this, the Trust is helping to run 25 schools in the Solu region and is also involved in reforestation work.
The Mission to Lepers (UK)

In 1956, the Mission to Lepers (UK) was given permission by the government of Nepal to open a hospital, known as Anandaban at the edge of Kathmandu valley. As from Jan. 1999 there will be a total of 125 beds i.e. 113 for leprosy and the others for general patients. Thus the institution is providing Regional level leprosy and some PHC services to the surrounding area. Laboratory research has been going on for 20 years, and many papers published on immunology and drug resistance. A dispensary for lepers was opened at Dandeldhura in 1960 and later expanded into a hospital run by another mission group in 1968. As the group concerned is The Evangelical Alliance Mission this is sometimes referred to as the TEAM Hospital.

United Mission to Nepal (UMN)

This was one of the early Non Governmental Organisations (NGOs) coming from outside to work in Nepal. It’s work in this country started with the starting of the five women’s and children’s clinic in Kathmandu valley. The first of these was at Bhaktapur or Bhatgaon as it was also more commonly known then. The second clinic, or rather a fifteen bedded hospital started in half of the premises of the Cholera Hospital in February 1954 on the 3rd anniversary of the attainment of democracy in Nepal (1). The opening was done by the then Prime Minister Matra P. Koirala. Subsequently a dispensary was started in Tansen in June 1954 by Dr. Carl Friedericks with the objective of upgrading it into a hospital. In course of time it was felt that the siting of the mission hospital in a section of the Cholera Hospital was inappropriate (21). By January 1956 a bigger hospital was started in a former Rana palace, and retaining its original name came to be known as the Shanta Bhawan Hospital. It was in this building, of the 1920’s that the American Drs. Edgar and Elizabeth Miller came to work and thus were able to sensitise the local doctors with and about the modern curative medicine practised in the States. It was from this building and the nearby house of Surendra Bhawan where the maternity unit was sited, that the UMN continued to provide health services. The thought of building a new facility originated in 1963 and agreement to this effect was done in 1974 after much deliberation. This project was completed only when they shifted to the site of the new Patan Hospital at Lagankhel on 9th November, 1982. The Mission Hospital at Amp Pipal in Gorkha district started as a rural community programme, then became a dispensary and finally a hospital. The Mission Dispensary at Okhaldhunga functioned as such until 1972 when an agreement was signed with HMG to run a 25 bedded hospital on a joint basis. The bed strengths of these various institutions at the end of 1994 were as given (22).
Thus the UMN, over the course of the years opened a total of five hospitals. Four are still functioning but the initial attempt at Bhaktapur had to close down when the upgraded facilities of HMG/N started functioning there. Currently in 1988, the UMN Health Services Department supports activities in 12 districts of Nepal.

Besides the specific curative aspects of health, the UMN has also been involved in community development projects in various parts of Nepal. At these grassroots levels, it has been involved in the training of dhamis and jhankris in childhood malnutrition, oral rehydration for diarrhoeal diseases and in various other aspects of public health and hygiene. With increasing numbers of hospital deliveries and the ever present shortage of beds, the Patan Hospital has, as from January 1998 started what is termed the “Birthing Centre.” This new innovation was started by renovation of its former dharmashala. The idea is that women with normal obstetrical histories and experiencing routine antenatal care can be delivered in such places under the supervision of trained midwives (23). The UMN has also helped train basic health manpower such as ANMs and also AHWs at Tansen. It is currently running two nursing schools and helping to meet the great shortage of nurses that exists within the country.

**SOCIAL SERVICE NATIONAL CO-ORDINATION COUNCIL (SSNCC)**

An attempt at regularisation of social services was initiated with the formation of the Social Service Co-ordination Council (SSNCC), ostensibly to regulate the various social service organisations that were coming into the country to do welfare work. It was stated that most of the agencies were interested in working in areas which were easily accessible from the capital where their central office was situated. Failing that, it was in areas which were near urban centres or tourist attracting spots. Thus it led to a situation where there was an influx of such agencies in certain areas and none in others. Then there was the question that some of the organisations may be involved in proselytisation and that funds were utilised to make religious conversion financially
The Quest for Health

attractive. Last but not least were the requests to do such work in areas which were politically sensitive and so the request had to be turned down. Whilst various messages were read into these decisions and conclusions were made, the fact remained that social service work within the country needed to be regulated. It was this background that led to the formation of the Social Services National Coordination Council in 2034 BS with Her Majesty the Queen as the Chairperson. The work it would be involved in was divided into six main areas:

1. Health Services Coordination Committee (HSCC)
2. Child Welfare Coordination Committee (CWCC)
3. Disabled Welfare Coordination Committee (DWCC)
4. Women Services Coordination Committee (WSCC)
5. Community Services Coordination Committee (CSCC)
6. Youth Activities Coordination Committee (YACC)

Following the government decision, a number of the International NGOs decided that they had their commitment to the people who had provided them funds and so were not in a position to betray that trust by acting in the manner that was being demanded of them. The main objection was that funds could not be handed over to a semi-government body to carry out functions which were ostensibly that of the national government. They also desired more transparency in the method of working and so a number of the INGOs decided to quit Nepal.

After the first five years of working and experience it was decided to combine the activities of the DWCC with that of the HSCC and form a new sixth coordination committee (24) viz: Hindu Religion Services Coordination Committee (HRSCC).

As far as health was concerned a substantial amount of work was done by some of the agencies that were in the HSCC. Whist the Netra Jyoti Sangh was involved in setting up Eye Hospitals and providing eye care, the Save the Children Fund of the different countries such as UK, USA, Norway and Japan were involved in activities related to children or the community.

Following the induction of the interim government in 1990 this Council functioned under the chairmanship of the Hon. Minister for Labour and Social Service. The registration of NGOs and INGOs has been simplified and there has been a surge of activity in the social field. The number of NGOs and INGOs working in Nepal has increased appreciably since 1990, ie. after the
changeover in government. Whereas in the days of the SSNCC it was necessary to be registered to do social service there has now been a complete turnaround.

Those who operate at a local level and are not Western mukhi can be registered with the local administration or the CDO.

There has however been a lot of criticism in the local press in that many of the NGOs are not what they appear to be and have selfish individual interests. The charge is that many have been raking off the dollars meant for social service.

The Social Welfare Act 2049 B.S. (1992) was passed. Instead of the old SSNCC, a new Social Welfare Council was constituted under the new Act. It had the concerned Minister for Social Welfare as Chairperson and had representation from Parliament, National Planning Commission and from six related ministries. Representatives from NGOs doing social service of whom one at least should be female plus individuals doing social work were nominated to the Council.

The new Act made it a special point not to limit the activities of the Non Governmental Social Service Organisations to just social welfare and rehabilitation but also in developmental activities. The new Executive body did not come into being immediately and the Council functioned for almost one year with just some of the executive officers, there being always a permanent vacancy of one or the other posts.

<table>
<thead>
<tr>
<th>Areas</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare</td>
<td>164</td>
</tr>
<tr>
<td>Health Service</td>
<td>177</td>
</tr>
<tr>
<td>Handicapped/Disabled</td>
<td>203</td>
</tr>
<tr>
<td>Community/Rural Development</td>
<td>3641</td>
</tr>
<tr>
<td>Women’s Services</td>
<td>723</td>
</tr>
<tr>
<td>Youth Services</td>
<td>1619</td>
</tr>
<tr>
<td>Moral Development</td>
<td>197</td>
</tr>
<tr>
<td>Environmental Protection</td>
<td>470</td>
</tr>
<tr>
<td>Educational Development</td>
<td>63</td>
</tr>
<tr>
<td>AIDS/Drug Abuse Control</td>
<td>32</td>
</tr>
</tbody>
</table>
In fact in 2046 BS, there were said to be just 300 plus NGOs registered with the SSNCC. By the end of Asar 2055 or mid July 1998, there are said to be a total of 7,389 NGOs registered with the SWC for working in this country. There are also some others registered with the CDOs at the local level and these have not been included in these figures. The NGOs registered with the SWC have been categorised by their related activity (25) into the ten different groups as given in the table 13.1.

What must be realised is that this division is not and cannot be watertight. As examples, some NGOs dealing with deafness, blindness or even leprosy have been registered in the health group whilst others are in the handicapped/disabled one. Furthermore the fact that one NGO is registered with one group does not mean that it cannot work in another area. Most work in many areas/sectors and so the involvement is actually multi-sectoral. The breakdown of the 7,389 NGOs working in the districts of the five development regions of the country is as follows:

<table>
<thead>
<tr>
<th>Regions</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern</td>
<td>825</td>
</tr>
<tr>
<td>Central</td>
<td>4588</td>
</tr>
<tr>
<td>Western</td>
<td>1104</td>
</tr>
<tr>
<td>Mid-Western</td>
<td>544</td>
</tr>
<tr>
<td>Far-Western</td>
<td>328</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7389</strong></td>
</tr>
</tbody>
</table>

Though it is stressed that most of the NGOs should be rural oriented the agency concerned might go to an area for one of various reasons such as accessibility, donor visibility, political patronage etc. An example may be given of the fact that in the Sindupalchowk area which came into prominence because of the flesh trade and AIDS susceptibility, there are many NGOs working in this area. In such a situation the question then arises as to whether credit for work done is being claimed by each of the participating NGO as its own whilst in reality it was almost a combined effort. The other aspect of this is that the involved offenders, i.e. girl traffickers moved from this area of
intense scrutiny to areas where there was less interest and which were further afield.

With the frequent change in governments, there is great difficulty in proper functioning. One general complaint is that executive officers continue to run the SWC without any reference to the other members. In view of the frequent changes in executive members and the paucity of meetings it is doubtful as to how much can be really achieved.

One has therefore still to wait to see whether there will be any improvement in the functioning and the effectiveness of the body. Only time will let us know the answer.

References