

+

HOSPITAL SERVICES

“There is virtually no limit to the amount of medical care an individual is capable of absorbing”

Powell, JE in Medicine and Politics (1)

Since 1950, the health care of the people has become the responsibility of the government. Though there are some health services provided by NGOs and the private sector, health care delivery is by and large a government affair. Whilst the health services are said to be free, the fact is that it is only for the doctors services and lodging that this is so. Most of the time, the patients have to pay for the medications or procure them before they are used as treatment. Besides the western oriented type of modern medicine there were also many Ayurvedic institutions within the country. It was perhaps for promoting the indigenous system of medicine that the Ayurvedic Department had been established in 1982 as a separate entity.

Up to the mid fifties the hospitals that were in existence were those under the government. Most of these were under the Ministry of Health, with the Tri-Chandra Military Hospital under the Defence Ministry being the exception. With the opening of hospitals and health posts by the missionaries, another type of hospital came into being viz. the NGO's semi-private hospital. This has led on to the forming of nursing homes also. The early eighties saw the setting up of the hospital under other ministries. With the starting of the out-patient services in July 1983 and the inpatient services at the Tribhuvan University Teaching Hospital as from 7th March 1986, the Education Ministry too was involved in the provision of health services (2). The establishment of TUTH and subsequent support over the years since then by the Japanese Government has been with the involvement of JICA. After the building to the Annex cabin block the bed capacity of the hospital is 401.

+

Similarly, the Birendra Police Hospital started with a modest number of 25 beds in April 1984 (3) under the Home Ministry.

Another category now are the hospitals which are going to be attached to the private medical colleges at Pokhara, Bharatpur, Nepalgunj, Bhairahawa and Kathmandu.

Thus the hospitals now existing in the country can be broadly categorised into three main groups:

1. Governmental
 - a. Civil
 - b. For Service Personnel
 - c. Educational
2. Non-Governmental, including mission and not for profit health institutions such as private medical schools
3. Private, for profit nursing homes/hospitals

Government Hospitals

a. Civil

On the civil side the Bir Hospital, established as long ago as 1889 AD, has the pride of place as the first institution for health care within the country. Because of its long history it has been shifted, added to and renovated periodically over the years. Following the end of Rana rule in 1951 major changes occurred in the different sectors. Renovation of Bir Hospital, construction of Surgical Block and nurses residence with support of USAID started in 1965 and was completed in a few years. New OPD facilities with help from India, opened in November, 1985. Following the 1986 decision to develop different super-specialities at the Bir Hospital, the ADRA Sydney Hospital Heart Project started there in 1987 as one such (4). Others are also now functioning. On 7th June, 1997 the Indian Prime Minister Mr. I.K. Gujral during the course of his three day visit unveiled the plaque for the construction of a 200 bedded Emergency and Trauma Centre to be built with the aid of the Indian government during course of the next three years. Announcement was also made about conducting both undergraduate and postgraduate medical education at the Bir Hospital. In 1998 it currently has 300 beds.

b. For Service Personnel

As already described, the first and foremost of these is the Tri-Chandra Military Hospital which had been built as a Memorial for those who had died in the World War I. It was opened in 1926 with 64 beds including cabins. Gradually over the years various specialist services have been added. Following the opening of the Birendra Military Hospital at Chowni, this health facility is only providing outpatient facilities to some of the veterans or their families. The concept of Veteran's Hospitals as in other countries has not been introduced in Nepal. Smaller army field hospitals exist in different parts of the country ie. at Itahari, Siddhartha Nagar, Nepalgunj and Dhangadi.

The Birendra Military Hospital at Chowni was opened on 20th Dec. 1990. It was initially increased to 240 beds and now in 1998 it currently has 300 beds. Besides looking after the service personnel it also provides emergency service plus serves as a trauma centre for use by the general public.

The Birendra Police Hospital was established on 27th Chaitra 2040 BS (1984) with a total of 25 beds. It has expanded over the years and currently at the end of 1994, has a total of 150 beds. Other smaller hospitals are planned in other parts of the country, the 15 bedded one at Dipayal being the first to start functioning as from mid May, 1996 has been upgraded to 25 beds and another similar one is being established at Nepalgunj.

c. Educational

The Tribhuvan University Teaching Hospital is the first. The B.P.Koirala Institute of Health Sciences, an autonomous institution has a mandate for education, service and research activities is the second government institution for the training of doctors. With the completion of the 350 additional beds, the hospital now 500 bedded, is the largest health institution in the country. Others, some of which are private, are in the process of being set up (see later). Speciality institutions for different areas of health eg. cardiac, paediatric etc. with facilities for Post Graduate Education are in the process of being set up.

Hospitals run by Non Governmental Organisations

The International Nepal Fellowship (INF) mission had started with the opening of the hospital at Pokhara under the very descriptive name of the Shining Hospital.

The work of the United Mission to Nepal started with the permission to start a Hospital at Tansen and a number of women's and children clinics in the Kathmandu valley (5).

The hospital at Tansen was started by Dr. Carl Friedericks and his helpers on 15th June, 1954. The maternity clinics in the Kathmandu valley became popular and overcrowded. The shared premises of the existing Cholera Hospital were not suitable to function on a more permanent basis. Ultimately in the following year, the maternity clinic which was being unmanageable was shifted to an old Rana palace at Jawalakhel and thus the Shanta Bhawan Hospital was born. Subsequent to this, some work started in 1957 with the object of starting a hospital at Bhadgaon on a wooded hill side known as Surya Binayak. This was to be a health institution looking specifically at the patient with tuberculosis. However with the building of a new government hospital at Bhadgaon, and with the object of keeping to the principle of not having duplication of services, the government asked the Mission to close its establishment at Surya Binayak. In the light of this government decision, both the government facilities at Tansen and Patan were closed and the mission institutions were given the task of providing the general services. The old government general hospital at Patan was made into the Mental Hospital and the Shanta Bhawan Hospital became the new Patan/Lalitpur Hospital run by the United Mission to Nepal. The Mission hospital at Tansen continues to function but the old government hospital has been reopened and functions at a low key as a result of popular demand.

In 1957 a Seventh Day Adventist Mission from the States opened a small hospital at Banepa, known as the Sheer Memorial. It has increased in size over the years and has currently 36 beds.

In 1957 the Mission to Lepers from India received permission to open leprosy hospital at a site some sixteen kilometres from Kathmandu. The Anandaban Leprosy Hospital has facilities for inpatient and also for ambulatory patients. There has been considerable research work done at this institution, including work on leprosy vaccine.

The Green Pastures Leprosy Hospital is at Pokhara is supported by a German mission. It started with outpatient facilities in 1957 but was officially opened with

inpatients in 1972 (6). Another INGO has built recently a leprosy hospital on the outskirts of Kathmandu at Sankhu. Yet another leprosy hospital has been built at Janakpur recently.

The Evangelical Alliance Mission (TEAM) group have opened hospitals at Doti and Dadeldhura and are building a third at Jajarkot.

There were some hospitals which were built and subsequently handed over to the government by the INGOs. One such was the 15-bedded Solokhumbu Hospital built at Phaplu and handed over to HMG/N by Sir Edmund Hillary in March 1980. The Kunde Hospital at Solokhumbu, also set up by Sir Edmund has 15 beds.

Hospitals attached to private medical colleges

These are at varying stages of development in different parts of the country:

- Manipal Colleges of Medical Sciences Hospital at Pokhara.
- Colleges of Medical Sciences Hospital at Bharatpur.
- Nepalgunj Medical College Hospitals at Nepalgunj and Kohalpur.
- Nepal Medical College Hospital at Attarkhel.
- Kathmandu Medical College Hospital at Jorepati and Tokha.

Private Nursing Homes and Hospitals

Because of increasing demand for better health care facilities a number of nursing homes were started in the capital and other urban centres of the country. After the initial years, to avail of increased facilities given by the government, the nursing homes changed their names to hospitals and research centres. A number of other specialised hospitals are also planned to be opened shortly - the Escort group of Delhi signed an agreement to this effect in Jan. '96 and the Apollo group did so soon after.

Present state of hospital beds

The present state of hospital beds in the country is negligible. At the end of the Seventh Five Year Plan period there were 12 districts without any hospital or health centre where there were facilities for admission. The number of hospitals -

Governmental, non-governmental and private at the end of 1990 were 123, with a total bed capacity of 4,717 beds (7). (This figure of hospitals number was subsequently corrected). In terms of a population of 19 millions it works out to just 2.4 beds for every 10,000 population. This statistic compares very poorly with the figures for other SAARC countries.

To have a reasonable state of affairs with one bed for one thousand population, it means that with the current population of 19 million it will mean a hospital bed strength of 19,000 beds, which is almost four times the present state. By the year 2000, 23,000 beds will be needed.

The hospital situation as of 1992 with the different categories of institutions was as follows:

District Hospitals. Of the 75 districts in the country only 54 had a district hospital as such with a capacity of 15 to 25 beds. An additional 11 districts however had inpatient facilities being provided by the zonal or regional hospitals sited there.

Zonal Hospitals. The nine in this category are at Mahendranagar, Dhangadi, Nepalgunj, Butwal, Birgunj, Janakpur, Rajbiraj, Biratnagar and Chandragadhi.

Regional Hospitals. There are two in existence. The Western Regional is currently functioning but the Eastern Regional at Dharan has now changed its identity to become the BP Koirala Institute of Health Sciences (BPKIHS). Some other hospital, most likely the Koshi Zonal will possibly be categorised as the Regional Hospital and other changes will then ensue. There are plans for a mid-West Regional Hospital at Birendranagar in Surkhet.

With the coming up of new medical colleges outside of the capital at Dharan, Bharatpur, Pokhara, Bhairahawa and Nepalgunj, one can expect that centres for tertiary health care will soon be established at these places.

Central Hospitals. These at present comprise of some sited in the urban areas of Kathmandu and Lalitpur :

Bir Hospital
Kanti Children's Hospital
Maternity Hospital
TU Teaching Hospital

Shukra Raj Tropical & Infectious Disease Hospital
Mental Hospital

There is also a tendency to refer to the “Valley Group of Hospitals” and plans are afoot to use these for Post Graduate medical teaching.

A specialized hospital in the process of construction is the BP Memorial Cancer Hospital at Yegyapuri, Bharatpur in Chitwan. This 100 bedded hospital is being built with Chinese aid and is due to be finished by the end of April 1999.

Similarly an agreement was done between the Shahid Gangalal National Heart Centre and ADRA Nepal for the establishment and operation of a National Heart Centre. As per this agreement a well-equipped 100 bedded hospital will be set up for heart patients within five years and facilities for open heart surgery will be provided at the earliest.

A new category of health institution with treatment facilities that is being introduced is the PHC Centre. Though health centres with bed facilities had been introduced years ago and numbered 33 at the end of the Fourth Five Year Plan they had over the years been reduced to a figure of 18 at the end of the Seventh Five Year Plan in 1990. This was because the policy during Panchayat days had been to either upgrade them to district hospitals or to downgrade them to health posts. Now with the policy of upgrading health posts or building a primary health care centre in each of the 205 election constituencies, providing the services of a doctor, it seems that we have come full circle.

Thus it was that mid-1992 saw the start of the Eighth Plan.

The plan regarding PHC Centres was that 1993 saw the building of new or upgraded health posts so that a figure of 20 was reached. Getting doctors to man these was a problem but the DoHS tried to solve it by appointing some of the Bachelor graduates of Ayurvedic medicine (BAMS) to man these PHC Centres. Yearly increases in the numbers of PHC centres is going to lead to 100 such by 1997 and then 205 by the year 2000.

Now six years have passed and there is just one year till the year 2000. As it is, “Health for All” is perhaps unlikely to be attained. Some objectives have, however, been set with this in mind, as given below.

An Austrian NGO supported hospital, with local community involvement, is nearing completion at Dhulikhel. A Women's and Children hospital, with community participation is planned too for Bhaktapur.

Table. 7.1 Hospitals & Hospital beds from 1975-1997

YEAR	FAR		MID		CENTRAL	EASTERN	ALL NEPAL
	WESTERN	WESTERN	WESTERN	WESTERN			
1975	H	4	5	13	25	13	60
	B	80	110	305	1273	356	2124
1980	H	6	6	15	28	17	72
	B	110	116	421	1498	455	2600
1985	H	9	6	15	29	20	79
	B	265	116	486	2111	494	3472
1987	H	12	8	17	32	22	91
	B	310	181	616	2211	524	3842
1989	H	12	13	19	34	23	101
	B	335	263	670	2364	697	4329
1990	H	13	14	24	50	22	123
	B	360	313	739	2602	703	4717
1991	H	13	13	23	40	22	111
	B	353	303	724	2663	725	4768
1992	H	13	13	24	41	23	114
	B	353	303	774	2678	740	4848
1995	H	10	16	18	23	15	85
	B						
1997	H	10	10	17	21	17	74
	B						
1998	H						
	B						

H = Hospital Number N = Beds Number

N.B. These figures include the hospitals and beds of TUTH, Mission Hospitals, private hospitals and NGO run hospitals. In 1990 the figures included the Nursing Homes which had only been approved to start providing health services. Thus there was a dramatic increase in the number of hospitals and hospital beds. This premature inclusion of figures has been corrected in subsequent years in that only functioning Nursing Homes are now included.

(Source (7): Health Information Bulletins, MOH, 1989 to 1995).

However all this seems odd when one sees that the Statistical Year Book of Nepal 1997 brought out by HMG/N gives the figures for the number of hospitals for six years between 1987 to 1992, the figures for the next four years vary greatly. These (government hospitals only) were at a standard 74 between 1993 to 1996 in spite of the fact that new district hospitals were being opened yearly. Furthermore the number of hospitals in 1995 as given in the Hospital Information Bulletin No 9 of HMG/N comes to 85, inclusive of 2 Ayurvedic and 1 Homeopathic Hospital !

The figures of 1993 listed the number of hospitals and the beds therein in a slightly different manner as shown below:

Table. 7.2 No. of Hospitals and Beds

Hospital Type	Hospitals Nos	Beds Nos
Zonal Hospitals	9(11)	682(...)
Regional Hospital	2(1)	217(...)
Central Hospital	3(1)	850(300)
Specialised Hospitals		
Paediatric Hospital	1(1)	150(250)
Maternity Hospital	1(1)	200(275)
Mental Hospital	1(1)	40(39)
Ayurved Chikitshalaya	1(1)	50(100)
Homeopathic Hospital	1(1)	6
District Hospitals	61(64)	1267
PHC Centres @ 3 beds	20(61)	60
Sub-total	100(143)	3522
Other Govt. Agency Hosp.	6	315
NGOs Eye Hospitals	15	973
NGOs Hospitals - (Others).	10	465
Sub-total	31	1753
GRAND TOTAL	131	5275

NB. Figures in brackets denote the number of MoH hospitals as stated in the Health Information Bulletin No 9 of 1995 and also the current estimate of beds.

Another source, the Hospital Based Information System (HOBIS) gives the figure of 84 Government Hospital with 4487 beds (including Nepal Eye and Prasuti Griha, but not Patan Hospital) at the end of 1996. Reviewing the information put out by government sources, one feels that as the Annual Reports of MoH becomes more flashy and heavier with sophisticated printing, the information within is either non-usuable or unreliable. One wonders as to for whom this repetitive, possibly unusuable data is reproduced at costs which are substantial. The funds utilised could certainly have been put to better use for some other purpose.

After 2050 BS it seems that whilst the calculation of the bed to population ratio is stated as being 1:3967 (Hosp.Bull. No.9. 1995), the number of beds on the basis of which this is calculated is not stated. Similarly as only the 1991 population is stated and no projections given, one wonders at the calculations done.

Ayurvedic and other health institutions

The **ayurvedic** institutions had been started with the objective of providing health services to the people on the basis of the traditional forms of treatment which used both herbs and also other ingredients such as precious metals etc. The **ayurvedic** department thus came into being. The hospital was established in 1873 BS (1916) as a Paropakar organisation and started inpatient services with four beds the following year. To meet with the requirement of the people it was envisaged that besides the Central Hospital at Kathmandu, there will be other hospitals and dispensaries in different parts of the country. Thus it came about that besides the **Ayurvedic** Training School, there were also the **Baidya Khana** and the various hospitals and dispensaries established over the years. In most areas of Nepal it is now accepted that the Ayurvedic system of medicine is best for the treatment of jaundice. Because sanitation in Kathmandu is poor it comes as no surprise that viral hepatitis due to faeco-oral route is very prevalent. Whilst many of the cases of jaundice thus recover as a result of the treatment provided by the **ayurvedic** physicians or **baidyas**, the fact remains that some of the cases are not diagnosed because of the lack of investigations. Then there is the fact that current thinking has no specific treatment for viral hepatitis (8).

In mid 1994 the number of **Ayurvedic** institutions were said to be two hospitals. The fifty bedded one at Kathmandu and the 15 bedded one at Bijauri, Dang. However this second hospital, the construction of which started with the boundary wall as long ago as 2039 BS, did not have the indoor facilities till April, 1994 as per the report in *Gorkhapatra*. There were also 14 Zonal **Ayurvedic** dispensaries supervising the 141 district level ones situated in 73 of the 75 districts of the kingdom.

The **Gorkhapatra** of 8th July, 1995 came out not only about the necessity of instituting massive corrections in the functioning of the **Ayurvedic** Hospital but also about the fact that no **ayurvedic** health personal were being trained in the country.

What is however a truth was reported by **Gorkhapatra** in its issue of 1st Aug. 1995. The point was that the Nardevi Ayurvedic Hospital was the only hospital in the whole country that was giving its services free to the needy and poor patients of Nepal.

Table. 7.3 Number of Ayurvedic Aushdhalayas (Dispensaries) by region and ecological belt (7).

Region	Mountain	Hill	Terai	Total
Eastern	5	13	8	26
Central	6	24	12	42
Western	2	32	5	39
Mid-Western	3	11	5	19
Far-Western	6	10	3	19
TOTAL	22	90	33	145

Source: Health Information Bulletin Vol. 8, 1992.

(The Statistical Year book 1997 puts the ayurvedic dispensaries at 175, for the fiscal year 1996/97). This is the figure given by the Department of Ayurved and includes the District Ayurvedic Health Centres).

The **Ayurvedic** Hospital at Nardevi, Kathmandu in the Central Region, utilised for training health manpower of different grades in this discipline has been increased to 100 beds. Another fifteen bedded **ayurvedic** hospital located at Dang is now functioning, as also the 25 District Swyastha Kendra (9). A medicine production unit exists in the form of the Singha Durbar **Baidya Khana** also at Kathmandu. More stress has been laid during the last couple of years on Ayurved.

A Homeopathic Hospital of six beds, initially at Ramghat, Pashupati area in Kathmandu, has now been shifted to Pulchowk, Lalitpur. There is a move to increase the number of beds to 25 and also to have a homeopathic hospital in each of the five regions of the country.

Hospitals Through Media Eyes

The health services as provided by the government are to a certain extent always under scrutiny. The need for the services is ever there and demand for the same is ever increasing. In short it is a never ending spiral. One has only to recall newspaper headlines about services provided by the hospitals to realise that all is not well. There seems to be much dissatisfaction of the health delivery system in the public sector. More recently nursing homes or even hospitals have been established in the private sector. Whilst it is but natural that some complaints are always present regarding charges for the services provided, what is definitely clear is that the services provided are not always upto the standards expected.

The Future

The myth that was propagated in the past was that there were not enough health workers of different categories to provide the health services. People at large, were lulled into a false sense of security with the assurance that there would be one health worker for 3000 of the population. What these various charts and tables of planning do not show or state is that there is no way that this is going to be true. The expected facilities that have been promised are not likely to come with the present state of affairs.

The reality is that the expansion of the health services has not occurred, neither in the government nor the private sector to the extent that is even required for the increase of the population. In the new health policy which has just been

brought out, the government proposes to encourage private institutions. If this policy is to succeed then the red tape, the paper work and the virtual standstill in the processing of the necessary papers and formalities must be done away with.

The outline of the policy which has been brought out gives ground for some hope. The aim is to provide a doctor in each of the 205 political constituencies that were created for the last election. This will be done through the medium of the primary health care centres. This would be justice to people in the rural areas for the current ratio between urban to rural population is 10:90. It means that services in the rural areas should improve. The supervision by the District Health Office and the services by the doctors there, will meet the local demands so that people do not have to go further afield. The existing and proposed Regional and Zonal Hospitals will widen and improve their services so that people living along our border areas do not have to go outside the country or even to the Central hospitals unless absolutely necessary. With this taking place, the load at the centre should decrease. The Central hospitals too will widen and increase the health services offered so that people do not have to go out of Nepal, thus saving both Indian and other foreign exchange. This also means that units like the new cancer and cardiac units at Bir Hospital are not allowed to get run down and continue to provide service of high standard. With a satisfactory “on site”, fully supervised health service and a functioning referral system it should lead to a “Health service that works.” This presumption simply means that :-

- i. People know about it.
- ii. People are educated about how/when to use it.
- iii. People have confidence in it and trust it.
- iv. People see that the staffing is committed.
- v. People see that the drugs and equipment are there and available for use by the people.

All very high sounding and in line with the Nepalese saying which says, “Hope for it but don’t depend on it.”

In an attempt to improve the standard of hospital services in the capital, HMG formed on 15th May, 1996 a 18 member Valley Hospitals Development and Management Co-ordination Committee under the chairmanship of the Health

Minister. Besides the directors of the various hospitals in Kathmandu Valley the Committee also has representation of social workers and the mayors of the municipalities of Kathmandu Valley on a rotating basis, starting first with the Mayor of Kathmandu.

References

1. Powell, JE. Medicine and politics. London, Pitman Medical, 1984.
2. TUTH Opening - Souvenir, 1986.
3. Birendra Police Hospital Bulletin, 2050 B.S.
4. Bir Hospital Centenary Souvenir, 1990.
5. Nepal and the Gospel of God. Jonathan Lindell, 1979. United Mission to Nepal.
6. Serving the people of Nepal for 40 years 1952-1992. INF.
7. Health Information Bulletins, MOH, Annuals 1989 - 1992.
8. Durkin M. Ayurvedic Treatment for Jaundice in Nepal. 1988. Soc Sci Med 27(5): 491-495.
9. Health in Nepal - Realities and Challenges. RECPHEC, Kathmandu, 1997.