

## Rural health, medical camps and Karnali Academy of Health Sciences

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Health care is largely inaccessible to most people living in rural Nepal. If one goes through the structure of the health-care delivery system of Nepal, it is actually very impressive. The smallest units of the system are the sub-health posts, one for each village development committee (VDC). Then there is a health center for each electoral area and a doctor runs it. Paramedics run the sub-health posts and the health posts. In the next tier is the district hospital where there is a medical doctor. There is also a district public health office to look after the statistics and the preventive aspects of medicine. Then the next level is the zonal hospitals and then to the big sophisticated hospitals in the major cities including teaching hospitals. The level of care to be provided is also specified for each unit of the health-care delivery system. The government provides certain medications and other supplies for each of these units, many of which are free for the patients, e.g., iron tablets are free and so are some antibiotics like cotrimoxazole. It is very an impressive plan but only if it works.

There are some very important factors as to why the health-care delivery in Nepal is in the present situation. One is the geography. It is scenic to the eyes but it presents many challenges for those who live here. Let me cite an example. Suppose somebody has abdominal pain. Let us say that person has to be carried to the health post. It will take a few hours to gather people for carrying the patient in a relay fashion in an improvised stretcher through the hilly terrain and possibly in the dark. In addition, even if everything goes well, the health post could be at a day's walking

distance. If that person has acute appendicitis or perforated duodenal ulcer, he certainly would be beyond help when he is finally at the doorsteps of the health post. There are neither facilities nor personnel to do that kind of surgery in a health post anyway. Then he will have to be carried to the nearest road to be transported in a vehicle in one of the fair weather roads of Nepal. What about the cost factor? Well, the story goes on.

Education and awareness is another major problem in Nepal. On the other hand, maybe less than half of all the intended supplies reach the health posts or the sub-health posts. Many of the times, they do not even have some intravenous catheters for intravenous fluids, which are lifesavers in a country like ours where diarrhea is a major killer disease.

Medical camps have been our culture for a long time. Previously, medical clinics or 'camps' were mostly limited to the government-sponsored 'vasectomy, 'tubal ligation' and vaccination clinics in the remote villages. There are many nongovernmental organizations (NGOs) registered in Nepal. These NGOs could be from the Red Cross to a small local youth club. Many of these NGOs have incorporated health issues in their objectives. To address their health-care objectives, these NGOs conduct some health camps locally in their areas. Some of the health camps could be very sophisticated like ENT surgeries but most of them would be general medical clinics where they hire a doctor or two to consult the walk-in patients. The villagers are generally very excited about these health camps. In many places, these

camps are the only occasions when the villagers see a doctor or that the health care is the closest to where they live. There is participation of a huge number of people in these clinics. These camps are usually free, and generally, they have free medicines to distribute. At the end of the camp, the villagers are very thankful and the organizers return with a sense of satisfaction. It may not be of long-term benefit but these camps do help screening for disease conditions and in creating some awareness. Generally, they conduct these clinics in a season when the villagers are not very busy in the fields.

A lot has changed in the recent past. After the dawn of democracy in 1990, the numbers of NGOs and private hospitals have increased significantly. An apparent rise in the level of political awareness was also felt in Nepal around that time because of a lot of private newspapers and democratic space in the country. The frequency of free medical camps in rural Nepal also increased accordingly. However, many of these camps had no clear vision and objectives and many had hidden agenda including political interests. These clinics were not based on facts of perceived needs or real needs of the villagers.

The general thinking of the laypeople also have changed with time. After witnessing some of the camps, many people feel that their problems will not be cured with that visit alone. So rather than concentrating on relating their real problems, they simply are on the lookout for securing some of the free medicines. Tablets are invaluable to them. They come up with all the different complains possible thinking that the more problems you have, the more medicines you will get. That has left the health-care providers frustrated and it forms a vicious cycle, which keeps the provider as well as the consumer from sticking to the primary objective of the whole campaign in the first place.

Consequently, the popularity and validity of the so-called free medical clinics have gone down and these days' people look at it cynically. Nevertheless, some are genuinely interested in helping the underprivileged.

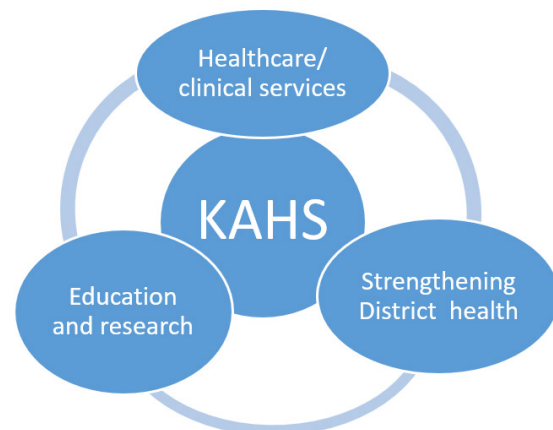
Coming to the health status of Jumla or the entire Karnali region and so called 'backward' region in

general, there were nominal health-care facilities at only a few places. Houses were dark with minimal ventilation and Tuberculosis used to be rampant.

Karnali Academy of Health Sciences (KAHS) was established as an autonomous institute in 2011 AD in Jumla, with the aim to provide health services in rural and backward districts namely Humla, Jumla, Kalikot, Dolpa, Mugu, Jajarkot, Bajura, Bajhang and Achham; to produce skilled health professionals by running various academic programs; and to conduct high-quality research. KAHS plans to accomplish its mission through educational excellence, innovative research, evidence-informed patient-centered care, public health advocacy, and collaborative community engagement.

## Achieving Goals of KAHS

KAHS is working to achieve its goal through a combined approach of clinical, education, research, and community development programs.



### 1. Clinical services:

KAHS is providing various clinical services through its 100-bed hospital at present. A teaching hospital with 300-inpatient capacity is at its final stage of construction and will be operational in two months. This modern and fully equipped hospital will be a milestone in achieving the goal of providing quality curative healthcare services to the people of this area.

### 2. Education and research:

KAHS is running Proficiency Certificate courses in Nursing and General Medicine at present. The academic council is preparing to start Bachelor of

Midwifery course in this fiscal year and is working on developing Bachelor in Medicine and Bachelor in Surgery (MBBS) and Bachelor in Public Health (BPH) curricula with the aim of starting MBBS and BPH program as soon as possible. These academic activities will help to achieve the goal of training technically competent and socially responsible physicians, nurses and other health-care professionals who will be recognized locally, regionally, and internationally, who have the willingness and capacity to become inspiring leaders in their respective fields and deal with the existing and emerging health-care challenges in Nepal.

The School of Medicine is preparing to publish the 'Journal of Karnali Academy of Health Sciences' which will help to meet the goal of contributing to the advancement of medical and health sciences knowledge and practice through its support of research activities conducted by its faculty and students.

### **3. Public health and community participation**

KAHS is working comprehensively to achieve the goal of providing preventive as well curative health care to the people of the districts under its mandate. A comprehensive District Health Development Program (DHDP) will facilitate active participation of every community in understanding their health needs and behaviors. This program will be another milestone for KAHS, which will promote public health advocacy and collaborative community engagement and lead in activities like reaching the underserved people through its various preventive and curative health package, identify the hidden problems in the rural communities like pelvic organ prolapse and cervical pre-cancer and cancer. It plans to promote interactions and partnership

with community and other governmental as well as non-governmental organizations, which will help to identify the problems of public health interest and their integrated management.

Although these districts of Karnali and backward region have many health centers and hospitals, many of them are not equipped with emergency lifesaving surgical facilities. All of these facilities are backed up by referral centers like district hospitals or the KAHS Teaching Hospital. However, these centers are so far apart in distance that the primary problem of access is still the biggest hurdle. People who can afford can fly to Nepalgunj or Kathmandu but for many, it is a death sentence. Solution to the problem? We could arrange air ambulances or build roads. That is not going to happen for many years. Another solution would be to make 'primary health care' available to most villagers in their locality with smaller aid posts and make good arrangements for referral and transportation. Moreover, KAHS should plan to strengthen the capacity of primary health care centers and district hospitals of this region by running residency-training program. This actually could be feasible and will be a good solution to the problem. Health camps then could bring in specialty care from time to time. For example, eye clinics, gynecology clinics, surgical clinics and other services depending upon the need of the population. That would provide the villagers with the basic health care and a reasonable specialty care. All the components of the primary health care needs activation to achieve these goals and it should be a long-term commitment from all the stakeholders involved, including government institutions and KAHS with active participation from the public in directing the entire mission.