

Visit Report

Report of KAHS visit

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Summary

Purpose

1. Study and identify the local health issues to be addressed in MBBS curriculum (yet to be developed) and during its implementation (within the framework of national /NMC guidelines)
2. Create an impression/report (with BPKIHS experience) that may serve as a background for curriculum planning, development and implementation.

Objectives of the visit

1. To develop perception on KAHS status for starting MBBS program
2. To assess the background for developing MBBS curriculum

Method of situation analysis was

- Interaction with KAHS authority and employees
- Brief review of available public health data (KAHS hospital & DPHO, Jumla)
- Interaction with conveniently encountered general public

Observation

- The people of Jumla (especially Khalanga) have high expectation from KAHS. They are happy with establishment of KAHS and expansion of hospital services. However, they have a complaint that KAHS is expensive than the earlier government hospital.
- Major health issues that need to be addressed in MBBS curriculum are: respiratory tract illnesses

(COPD, bronchial asthma and others), injuries, gastrointestinal diseases, skin infections, eye diseases, hypertension, urinary tract infections, malnutrition, diseases of female population (utero-vaginal prolapse, pelvic tumors and inflammatory diseases, breast lumps, and other gynecological disorders), peptic ulcer, malnutrition, enteric fever, tuberculosis, gall bladder and urinary bladder stones, abdominal tumors, cysts in abdominal and pelvic organs, prostatic enlargement, hydrocephalous, spina bifida

- In general, public health problems are possibly grave: poor hygiene, malnutrition, prevalence of smoking among male and female, early marriage and delivery
- Poor radiology and pathology services including blood bank
- No microbiological services except AFB stain
- There has been significant improvement in recent years in faculty strength in some clinical disciplines but it needs to be further increased to meet the council standards for a medical college. It includes creating basic medical science departments with appropriate faculty members, technical and supporting staff with laboratories
- Over the few years, an increasing trend of patients attending KAHS has been seen. Female admissions were a little more than those of males. Perinatal deaths are alarming as compared to national level data

- Referral from KAHS and informal sectors to other hospitals (higher and specialized) seems high
- Academic programs currently run by KAHS are PCL general medicine and nursing. Teaching learning methods - mostly conventional.
- Teaching Hospital: KAHS Teaching Hospital of 300 beds is under construction

Geography and population

KAHS was established in 2011. It is situated in Jumla district. Geographically it ranges from temperate climate to trans-Himalayan. It has a population of

just above 109,000. The district is surrounded by four districts, three of them belong to Karnali zone. Population of the zone is 400,000. After restructuring of the country, province No 6 has been created adding four other districts to the zone. The population of the province is about 1,500,000.

BPKIHS was established in 1993. It is at the foothills of Chure-mahabharat range. It is in populous municipality - Dharan; the population of which was 142,000 in 2011 and that of Sunsari - 464,000 (1991) and 764, 000 (2001). Please see the table below for comparison.

Table. Population in catchment area (in the vicinity and surrounding areas)

Comparison with BPKIHS (figures in rounded to thousands)

KAHS				BPKIHS	
Chandannath municipality	Jumla district	Karnali zone	Province 6	Dharan municipality	Sunsari district
9,000 (2011)	1,09,000 (2011)	4,00,000 (2011)	15,00,000 (2011)	1,42,000 (2011)	7,64,000 (2011) 4,64,000 (1991)
	Neighboring districts are less populous & needs hours /days to reach				Populous neighboring districts within 2 h of reach: Morang, Saptari, Dhankuta etc

Comparing two institutions may not be very wise since background of their creation is different. Nevertheless, If we compare the district populations (as catchment), BPKIHS had more than four times during its inception than KAHS has now. Looking at the population to be served, if human and other resources are same, then the KAHS would be in comfortable ease and it would have ample time and space for its hospital services and academic activities. The population figure of Jumla and surrounding areas may not be producing sufficient patients for a large number of MBBS students. Health seeking behavior including bed occupancy at KAHS is unlikely to be as in populous area/city hospitals to start clinical PG courses. Strategically, while making curricula, a message has to go to public that KAHS provides quality hospital service. This way we earn their trust and confidence on our activity, which in turn helps our

students. The number of MBBS student intake can be kept up to 50 per year for initial years.

Other social aspects that are crucial to establish a medical school

❖ Jumla needs quality schools

- with plus two science and/ or health to get students for KAHS
- For general public and
- For children of faculty and staff coming from other parts of country and are going to serve KAHS and other institutions in Karnali. First question asked by postgraduates and faculty members outside KAHS was “Is there any good school for my children?” Similar case was during initial days of BPKIHS. For

children of Indian faculty members, a branch of Delhi Public School was established. The school became independent within the umbrella of DPS family of schools. Nepali faculty members and staff also took opportunity to admit their ward in the school.

- KAHS needs, in its initial days, at least two medical educationists (or health profession educationists) for proper functioning of academic programs and incorporating innovations in education.

❖ **Jumla needs road connectivity:** currently Jumla district is connected with Surkhet and Nepalgunj by an all-weather motorable road - Karnali highway. It is serving as lifeline of the district. Kalikot district is on the way.

The connectivity with other neighboring districts (Jajarkot, Mugu, Dolpa) is practically nonexistent. There are kachcha roads going from district headquarter to nearby settlements. These roads are not adequate for human transportation, only goods can be transported by powerful vehicles (trucks or four-wheeler). Good pitch road connectivity within the district and with neighboring districts is most essential for people for their accessibility to

hospital services and other spheres of their life.
KAHS needs to be change agent for overall development of the district and the region.

Perspectives

Curriculum Development: a team of medical educationist is ready to help KAHS.

KAHS is going to make MBBS curriculum: low population, local scholarship, .

This report maker could not find any existing curriculum. There are two certificate level programs being run by KAHS.

Orientation/training programs for faculty and other staffs - on curriculum.

Research

Jumla and surrounding areas have huge potential for bio-medical and public health research.

Training

Faculty and staff can be trained in existing national institutes at minimal cost on education, hospital service and system, and research.

Limitation: This report is based on scanty data; experience of the reporter at BPKIHS counted quite a lot in preparing the report.