

PRIORITY AREA 1: HEALTH CARE DELIVERY SYSTEM

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A Comparative Study of Government Hospital and Private Nursing Home (Private Hospital) Utilization in Kathmandu valley Nepal (1996)

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Background

The New National Health Policy, 1991 has opened the door for private sector involvement in health services. Since then numbers of private hospitals have been established inside and outside of Kathmandu valley. People have much faith in these private hospitals for quality of services they provide. Whereas due to various reasons government hospitals have always become the subject of private criticisms. So this study was conducted to determine the factors which affect the utilization of these two types of hospitals.

Methods

Three government and seven nursing homes were selected inside Kathmandu valley according to their service availability. 201 patients each from government hospitals and private hospitals were interviewed with pre-constructed questionnaire. Patients who had been admitted in hospitals for at least three days were chosen for this study. Editing and coding was done and data was entered and analyzed using Epi-info program.

Results

Data showed that the economically productive age groups 25-65 years of age and inhabitants of Kathmandu valley and housewives have been predominantly occupying both types of hospitals. Ethnicity, education status, occupation, means of transportation and types of health problems, days advice to stay, days stayed inside and outside, cost paid, reasons of selection, persons advice and satisfaction levels were found to be significantly different between the two types of hospitals.

Conclusions

Quality of services in both types of hospitals needed to be improved to make patients more satisfied. Government should correct the brain drain problem of qualified and experienced doctors from government hospitals to private hospitals in order to attract patients to government hospitals.

Keywords: government hospitals; private hospitals; utilizers.

A Study of the Effectiveness of Pulse Polio Immunization Programme (PPIP) - 2053 B.S. (1998)

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Background

Pulse Polio Immunization Programme-2053 was observed for the first time in Nepal on 21st Mangsir and 4th Magh, 2053 with the objective of eradicating the wild strains of polio virus from the community. This programme is supposed to be of immense help in the WHO goal of eradication of poliomyelitis by the year 2000 A.D.

Methods

All children below 5 years of age irrespective of their primary immunization status were included in this programme. The study was conducted during the months of April-October '97 in four Village Development Committees nearby Dharan Municipality. A total of 506 households were surveyed on the questionnaire basis.

Results

The study found out that 96.05% children were immunized. Regarding the sex-wise distribution, 367 males out of 381 and 339 females out of 354 were immunized. Percentage of children not immunized during the programme was found to be 2.95%. The reasons being the ignorance while a few complained of distance being too far. Not a single case of poliomyelitis or its residual effects was seen in the area.

Conclusions

The coverage of the program and the participation of the population were found to be satisfactory. To carry out programmes of such kind in the future in these areas, spreading awareness among people seems to be the key to success and good coordination and dedication of the authority is vital.

Keywords: children; coverage; immunization; primary immunization; pulse polio immunization programme.

An Evaluation of the Workshop Training Programme of the Nepal Health Research Council (1998)

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Background

Nepal Health Research Council (NHRC) is one of the biggest autonomous institutions established for the promotion of health researches by various ways. It organizes the training-workshops for Health System Research methodology to different persons willing to and has been involved in the research field. It also has the strong component of Essential National Health Research to promote national health research system.

Methods

Questionnaire was use as a tool to collect information. 100 sets of the questionnaires were posted outside Kathmandu valley via express delivery. Some questionnaires were filled by the investigator with participants in the Kathmandu valley while some were filled up by participants themselves.

Results

The participants were satisfied with the training-workshop conducted by the NHRC. They found it more knowledgeable and had used skill oriented procedures, curricula and scientific sessions. They found the workshop as scientific training (48.3%), comprehensive (44.9%) and below expectation and useful (3.4% each). After the training the participants felt independent and competent to do research, write proposal and report with data analysis, incorporation in health field etc.

Conclusions

The training-workshop conducted by the NHRC has set a greater priority has positive impact, raised curiosity and interests of different scholars to participate in training-workshops, comprehensive and integrated involvement subjects, has done researches scientifically and on uniform basis. It needs more training-workshops of such type for national development.

Keywords: health system research methodology; Nepal health research council; research; training-workshop.

Development of Status Paper on Health Related Research Papers Published in National and International Journal (2000)

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Background

A great wealth of literature generated in the field of health science at a considerable cost of time and energy is lying scattered almost unknown and unused. There is hardly any bibliographic control especially in the field of periodic literature. Unnecessary duplication of work occurs for the want of proper bibliographic control. Scientific periodic literature is however, highly significant for the study of the development of scientific ideas in as much as contribution of Nepali health professionals to the growth and development of health literature can be determined to a large measure on its basis. Hence this study is proposed to undertake a bibliometric study of periodical literature in health science in Nepal.

Methods

This study was conducted using scientrometric analysis. Each journal undertaken in this study was scanned and the bibliographic information from the relevant articles was noted down on the data sheets. For contents, each article was pursued and various subject headings from the article were noted down on the data sheets. Apart from this, MEDLINE and POPLINE database were also used for this study.

Results

The study found that the top authors contributed most of the articles. Mapping of the subjects revealed that most of the authors concentrated on basic subjects which Nepal is facing like respiratory diseases, biopsy, immunization, bacterial study etc. Regarding the authorship, the trend has moved from single authorship towards multiple authorship. The authors in the Nepalese journals are in decreasing trend. The main reason being the articles published in Nepalese journals are not indexed in INDEX MEDICUS so the research type articles are published in foreign journals.

Conclusions

The growth of literature in health science requires further investigation from the point of view of mathematical modeling.

Keywords: authors; health science; periodic literature; research journals.

Evaluation of Health System Research Training Workshops Undertaken by Nepal Health Research Council in the period 1998- 1999 (2000)

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Background

In Nepal, Nepal Health Research Council (NHRC) is responsible to conduct training and workshops in different level under the framework of Health System Research. In this context, NHRC Nepal has arranged several trainings and workshops in different time period. So this evaluation is carried out to check the effectiveness of trainings and to ensure that acquired knowledge is implemented by the participants. Besides, it also aims to promote, coordinate and disseminate research findings at all level so that they can be implemented in best way.

Methods

The methodology for conducting evaluation included reviewing Nepal Health Research Council's proceedings of the training workshop held between 1998-

1999. Participants and resource persons were interviewed by using confidential questionnaire using telephone and postal media.

Results

Most of the participants were satisfied with training workshops (89.4%). Most of the participants have gained abundant knowledge on research methodology and acquired experience and skill in developing research proposals. Most important outcome from these workshops was the keen interest and enthusiasm of participants during the entire period of the workshop.

Conclusions

The training workshop of NHRC has set positive impact, raised curiosity and interests of different scholars to participate in training workshops. It requires more training workshop for national development.

Keywords: evaluation; health system research; Nepal Health Research Council; research training and workshop.

Evaluation of Causes of Visual Impairment in Students of Blind Schools in Kathmandu Valley (2001)

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Background

Nepal has recently launched the global initiative of Vision 2020: The Right to Sight. Childhood blindness and low vision have been given utmost importance in the global initiative. But not a single study on visual status of blind students and very few studies on childhood illness have emerged from Nepal. In this context, this study is conducted to determine the causes of visual impairment and the visual status of students of blind schools.

Methods

A total of 39 blind students from three integrated schools for the blind in Kathmandu valley were included in the study. A thorough history followed by

visual acuity assessment, refraction, ocular examination and visual field assessment was conducted for each blind student and recorded separately in a special pro-forma especially designed for that particular purpose.

Results

Corneal opacity (35.90%) was the commonest cause of visual impairment. On the basis of World Health Organization classification of visual impairment, 89.7% were blind and the remaining 10.3% visually impaired. Approximately 31% of the blind students had been visually impaired due to acquired causes. It was estimated that 17.9% of the subjects would have benefited from low vision devices if intervention had been done at the proper time.

Conclusions

Most of the causes of visual impairment were due to infections. Early detection and management of the cause of visual impairment would have prevented the severity of visual impairment for those individuals.

Keywords: blindness; blind students; childhood blindness; visual impairment.

A Comparative Study on Level of Knowledge of Nursing Personnel (ICU, CCU, Emergency/general ward) Regarding Cardio-Pulmonary Resuscitation in BPKIHS, Dharan, Nepal (2001)

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Background

More than 90% of the sudden cardiac arrest is due to ventricular fibrillation. A lot of sudden deaths can be avoided with the arrival of automatic external defibrillator, so all health personnel should have the skill and recent knowledge in Cardiopulmonary Resuscitation (CPR) to save lives. This study is thus conducted to compare the level of knowledge between nursing

personnel working at critical area and nursing personnel working at general ward regarding Cardiopulmonary Resuscitation.

Methods

The study design is basically analytical and comparative in nature. The study population included 25 nursing personnel working in Intensive Care Unit, Coronary Care Unit, Emergency and 25 nursing personnel working in general ward. The data was collected randomly using semi-structured questionnaire. The collected data were compiled and tabulated in master chart manually and then analyzed on the basis of different statistical techniques i.e. numbering, percentage, Z value etc.

Results

The findings of this study revealed that staff nurses who were working at critical area were more knowledgeable than staff nurses working in general ward. In critical area 4% had high knowledge, 48% had medium knowledge, 28% had low knowledge and 16% had no knowledge. Similarly in general ward, 40% had medium knowledge, 48% had low knowledge, 8% had no knowledge and 4% didn't answer at all. In critical area, 84% and in general ward 60% wanted the training on Cardiopulmonary Resuscitation.

Conclusions

Staff nurses who were working at critical area were more knowledgeable than staff nurses working in general ward. Nursing personnel having less knowledge are in need of further training to improve the quality of service.

Keywords: cardiopulmonary resuscitation; critical area; general ward; knowledge; staff nurses.

A Study of the Factors Due to Which Doctors Do Not Go and Work in the Periphery (2001)

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Background

In Nepal only 20% of rural physician posts are filled compared to 96% in the urban areas. More than half of the doctors registered in Nepal are practicing inside the Kathmandu valley. This imbalance in distribution clearly reveals the picture that the rural people are destined to live a life of misery as there is no one to cure their wounds and save them from dying due to illness. In

this context, this study has been designed to investigate upon the factors that made the doctors uninterested to work in the periphery.

Methods

The study was cross-sectional in nature and was conducted using stratified random sampling technique. Questionnaire was distributed to the doctors of various levels. A total of 81 doctors were enquired.

Results

The main reasons that made the doctors uninterested to work in the periphery were inadequate development of their career, faulty government policy and their unfair implementation, underutilization of their qualifications, their establishment in Kathmandu, family problems, no vacancy announcement.

Conclusions

An initiation should be taken by the government first to create a sound working environment in the periphery area.

Keywords: doctors; factors; government policy; periphery.

Training Workshop on Rational Use of Anti-Microbial for House Officers and Fresh Medical Graduates (2002)

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Background

Antibiotics are one of the most important therapeutic discoveries in the history of medicine. Its effectiveness in killing microorganisms has led to their misuse and overuse. Due to its widespread use, bacteria responded with different ways to resist the killing power of antibiotics. The situation is becoming dangerous everyday. To curb development of antimicrobial

resistance and its spread, one of the important weapons is to use antibiotics judiciously. In such background training workshop on rational use of antimicrobials becomes highly significant in order to improve prescribing, dispensing and use.

Methods

Fresh medical graduates and house officers from 9 hospitals and medical colleges were selected. A total of 19 participants took part in the training. Lectures and discussions were used in the training. The training was evaluated before and after training to assess participant's knowledge on prudent use of antibiotics. The answers were coded and analyzed manually. Test of significance was done by chi-square test at 95% confidence limit.

Results

There was a significant increase in knowledge on factors contributing to the emergence of drug resistant microbes (pre-22.2%, post-83.3%), development of resistance (pre-5.6%, post-77.8%), multi-drug resistance (pre-50%, post-88.9%) and communicable diseases from animal food products.

Conclusions

The training workshop was effective in improving the knowledge of the participants on the prudent use of antibiotics.

Keywords: antibiotics; antimicrobial resistance; knowledge; prudent use; resistant; training workshop.

Patients' Opinion of Nursing Care in BPKIHS (2002)

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Background

Patient's opinion towards nursing care has been the subject of interest in health care for many years. It has also become one measure of quality of nursing care. Therefore, it is now increasingly used as the basis for quality

management and improvement. In this background, such studies are important as they provide feedback on the quality of nursing care and ultimately help in improving the quality of nursing care.

Methods

A total of 140 patients, 20 from each of the seven units of B.P. Koirala Institute of Health Sciences were interviewed using an instrument: a 28 item likert scale. The instrument also consisted of two open ended questions. Suitable statistical methods, descriptive statistics and ANOVA test were applied for the analysis.

Results

The study revealed that the patient's opinion varied among the three aspects of nursing care: technical, interpersonal and communication skill. The mean of the percent score for the technical and interpersonal aspects of nursing care was relatively higher than the communication aspect. The patient's opinion varied with age and geographical region. More than half of the respondents (52.85%) said that they were satisfied with all aspects of nursing services in B.P. Koirala Institute of Health Sciences. The aspects they disliked included the nurses were less attentive to them and they don't give clear and concise explanation.

Conclusions

Among the three aspects of nursing care, communication aspect requires more focus to further improve the quality of nursing care.

Keywords: communication; interpersonal; nursing care; patient's opinion; quality of nursing care; technical.

Study on Antimicrobial Resistance and its Correlation with Antimicrobial Use (2003)

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Background

With the advent of antimicrobial agents, many deadly and crippling infectious diseases were treated and cured. But due to irrational use of antimicrobial agents the microbes were able to develop the antimicrobial resistance in the early stage than the expected time and frequency. This study was done with the objective of finding out the pattern and extent of antimicrobial usage and the extent of antimicrobial resistance in hospital out-patient department.

Methods

The study was done in Tribhuvan University Teaching Hospital from January to December 2001. The antimicrobial usage pattern was studied by analyzing 100 prescriptions in every two months for one year duration and the drug consumption was calculated in Defined Daily Dose for each drug. The antimicrobial resistance study was done by studying the antimicrobial resistance pattern of approximately 100 isolates in every 2 months for one year. The antimicrobial sensitivity test was done by using the disc diffusion method.

Results

The study revealed that for every prescription 0.8 antimicrobial agents was prescribed and of the total prescribed drugs 32% were antimicrobial agents. Amoxicillin was the most frequently prescribed antimicrobial agent. Among the most frequently isolated organisms, 59.3% of Staphylococcus was resistant to amoxicillin, 12.9% to ciprofloxacin and 12.9% of isolates were MRSA but only 7.9% of isolates were resistant to erythromycin. Among the gram-negative bacteria, 67.8% escheriachia coli were resistant to amoxicillin, 24% to ciprofloxacin and 45.6% to norfloxacin. In contrast, only 6.6% isolates of Salmonella typhi were resistant to Amoxicillin and all the isolates were sensitive to ciprofloxacin and ceftriaxone.

Conclusions

There must be a hospital antimicrobial policy to treat the infections and physicians need to be educated on the local antimicrobial resistance pattern for rational prescribing.

Keywords: antimicrobial agents; antimicrobial resistance; antimicrobial usage; infections.

Knowledge and Practice Regarding Precautions of Cytotoxic Drug Administration among Nurses Working in BPKMCH Chitwan (2003)

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Background

Chemotherapy is one of the important aspects of cancer treatment. Although many team members including physicians, nurses and other health workers are involved in cancer chemotherapy. Nurses are in the central position to administer the cytotoxic drugs so they are more vulnerable for the hazardous effects of these drugs. Research studies have shown that the cytotoxic drug is highly hazardous and may have mutagenic, teratogenic and carcinogenic properties. Good knowledge and practice of nurses can prevent them from the danger of cytotoxic drugs. This study in this context, aims to assess the knowledge and practice of nursing personnel regarding precautions during cytotoxic drug administration.

Methods

The study was cross-sectional descriptive in nature. Altogether 50 nurses working in B.P.Koirala Memorial Cancer Hospital were selected through purposive sampling technique. Self administered questionnaire was used to collect data from the respondents.

Results

Seventy percent of nurses had good knowledge and 76% of nurses had good practice in all areas regarding safety precautions of cancer chemotherapy. The most prevalent knowledge deficit was on drugs (62% answered correctly) and practice deficit was on spillage management (30% answered correctly). The study showed that educational background affected the

knowledge and practice of nurses. The nurses with special training had higher knowledge than others ($P=0.0002$)

Conclusions

The overall knowledge and practice of nurses were found to be good. Nursing curriculum should include specific content on cancer and training should be provided to them before exposure.

Keywords: knowledge; nurse; practice; precaution.

Human Resource for Health Development Policy in Nepal (2003)

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Background

The health policy of 1991 of His Majesty's Government was responded well with large number of health training institutions established in the private sector and production of large number of health personnel every year. Private sector has become the largest producer of all categories of health personnel. Quality assurance in education is a major issue especially with private health science schools. The human resource for health is an important and specialized area in comprehensive health planning process and it is high time to assess the HRH development policy.

Methods

The methodology adopted was field visits, policy document study, annual report study, record review and interaction with the concerned authorities of Ministry of Health, Ministry of Education, Planning Commission and Department of Health Services. Projection and simulation exercises were done on the basis of sanctioned posts, service needs and trends of health service and current HRH production situation. The information included in this document is up to the 30th October, 2003.

Results

The human resource for health development policy is not present in Nepal, but human resource for health decisions are guided by the national health policy 1991, second long term health plan (1997-2017), health service act

and regulations, forecasting and projection studies and occasionally adhoc decisions for single cases. The human resource for health has increased significantly for physicians, nurses, pharmacists, auxiliary health worker, lab assistant and traditional medicine workers with over production of some category of health personnel. The production of paramedical subjects such as health laboratory technology, radiography and physiotherapy is very low in comparison to demand and has affected the services. The production policy of different category of health personnel is not present, so the mismatch on production has occurred. Inter university difference in courses has also appeared within country in subjects such as dentistry and nursing. Similarly the ratio of general physician to specialist physician is not clear. Several policy problems seen in management and utilization of health personnel. The management problems were exaggerated by the vacancy announcement policy of the public service commission.

Conclusions

The situation of human resource for health development has improved significantly in last ten years at all levels. The private sector has significantly contributed and emerged as the big partner in the human resource for health production in many subjects. Mismatch of production has already started with oversupply of auxiliary health workers three times more than the recruitment while severe lack of radiographer, lab technician and physiotherapy assistants has affected the delivery of health services. Quality assurance has become a national agenda in human resource for health production along with the privatization of medical education. Several policy level confusions and no policy decisions at all found on human resource development.

Keywords: development; distribution; human resource; management; policy; production; utilization.

Study on Practice of Antibiotic Prophylaxis in Cesarean Section in Two Hospitals of Kathmandu Valley (2003)

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Background

The potential for the prophylactic antibiotics to reduce maternal morbidity after cesarean section is well established. But the inappropriateness of the antibiotic prophylaxis is still a worldwide problem. There is variation in the dose regimen and duration of prophylaxis. The main objective of this study was to compare the prophylactic antibiotic regimen used in two different hospitals of Kathmandu valley.

Methods

A prospective follow up study was used to evaluate the patients undergoing cesarean section. Total of 100 patients, 50 each from Prasuti Griha and Tribhuvan University Teaching Hospital were taken for the study. The outcome measured were development of any postoperative complications: fever, urinary tract infection, wound infection, endometritis. Data on dose, duration and time of administration of prophylactic antibiotics were taken.

Results

Prophylactic antibiotics were prescribed to all patients. But there was a practice variation of prophylaxis in both hospitals. Groups of antibiotics used for prophylaxis were fluoroquinolones and penicillin in Prasuti Griha and cephalosporins in Tribhuwan University Teaching Hospital. Though the single dose of antibiotic intraoperatively was sufficient as prophylaxis, the duration was longer in both hospitals and administered postoperatively in 92% of cases. There was no significant difference in total duration of antibiotic therapy in Prasuti Griha and Tribhuwan University Teaching Hospital (6.8 vs.6.7; $P>0.05$). The proportions of development of postoperative complications in both hospitals were insignificant ($P>0.05$). There were no significant difference in the effectiveness of regimen measured in terms of postoperative complications ($P=0.545$). But the total cost of therapy of all regimens differ significantly ($P=0.00$) and also within the same hospitals ($P<0.05$).

Conclusions

The practice of prophylactic antibiotics was inappropriate in both hospitals. They were prescribed unnecessarily for longer duration though single dose of prophylaxis was sufficient.

Keywords: cesarean section; postoperative infections; prophylactic antibiotics; prophylaxis; utilization.

Public Health Care Expenditures in Nepal: Review, Analysis and Assessment (2003)

Maskay NM, Adhikari SR, Sharma BP

Background

Public health expenditures in Nepal have not been effective for improving the health indicators of the country's population. As such, the main objective of this study is to provide information to policy makers in formulation of appropriate public health sector policies in Nepal by reviewing the history of public expenditure activities, analyzing their shortcomings and assessing how present plans attempt to address the deficiencies.

Methods

The methodology for this study is through a health production function which looks at health indicators viz. infant mortality, child mortality, crude birth rate, crude death rate, life expectancy rate as a dependent variable against the contribution of health expenditure and a number of control variables

such as literacy, annual immunization and agricultural contribution to Gross Domestic Product (the proxy for economic structural change).

Results

Health expenditure did not have a statistically significant effect on health indicators. This suggests that there can be greater inter-linkages between health sector input (health care expenditure) and health sector output (health indicators). Lack of absorptive capacity is seen in the percentage unspent of development budget which had been over 25% in 1999/00 and fluctuated from over 10% to over 40% of the development budget. The regular budget has, in general been more utilized, which may reflect inflexible spending on health personnel.

Conclusions

There is a need to move from simple recommendation to concrete implementation. An important first step would be to implement a system of National Health Accounts.

Keywords: gross domestic product; health expenditure; health indicators; input; output; public health expenditure.

Willingness of Community People to Pay for Health Insurance in Nepal (2003)

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Background

Nepal is one of the poorest countries in the world where majority of the people earn less than one US dollar a day. Due to the low income, more than 60% of the household annual income is spent for food and there would be less income left for health care and other needs. However, His Majesty Government, Nepal is planning to implement community based health insurance scheme where people are expected to pay for the health services.

The key question comes whether or not community people would be willing to pay for it. This study endeavors to find out the willingness of community people to pay for the health insurance.

Methods

The study was done in Lalitpur, Morang and Sunsari Districts. These districts where Lalitpur Medical Insurance Scheme and Social Health Insurance have been implemented were purposively selected for the study. This is a qualitative descriptive study. Total seven Focus Group Discussions were conducted in these districts. Reporting of the various focus group transcriptions were done in an organized way. The transcriptions were verified to check the discrepancy while reporting. The FGD findings were tabulated based on the FGD guidelines and variables.

Results

The participants in Lalitpur Medical Insurance Scheme have good knowledge of the scheme and have high-level of satisfaction to the scheme since the essential health care services are available locally through the scheme. The people in the scheme think that the premium is affordable and are willing to pay for the scheme. Although, there is limited participation from the general members of the scheme, the scheme has strengthened the local Health Posts and has established the good referral system in the health care system of the district. The participants in the Social Health Insurance have good knowledge of the scheme and are generally satisfied with the access to the health care services in the hospital through the scheme. They are able and willing to pay for the scheme. However, they have comments on the quality of the services and benefit packages. The people in the area where the schemes are not implemented are also able and willing to pay for the health care services.

Conclusions

People are willing to pay for the health insurance schemes if it's affordable and quality care is made available. Therefore, the schemes could be

implemented in Nepal. The Lalitpur Medical Insurance Scheme is especially appropriate for the primary health care level.

Keywords: community-based health insurance; knowledge; participation; quality health care; satisfaction; schemes; willing to pay.

**Public-Private-NGO Partnership in Health Services: Review,
Assessment and Recommendations from a Focused Study in the
Central Region of Nepal (2004)**

Sharma BP, Maskay NM, Adhikari SR

Background

The government of Nepal has felt the need for a clear cut policy for public-private-NGO collaboration in the health sector for maximizing the access to health services. The public-private-NGO mix should be oriented towards addressing the fundamental questions of how to uplift the health status of the people by mixing the public-private-NGO and how to improve access to all types of health services to the poor. This study is thus carried out to review the existing situation of public-private-NGO partnership in the provision of health services in the central region of Nepal.

Methods

The study was based on both primary and secondary data. Both qualitative and quantitative information were collected through administration of pre-tested questionnaire in two public hospitals and five private hospitals in Kathmandu and Lalitpur. Data processing was performed using excel. Qualitative information obtained was coded and organized in accordance with appropriate themes to facilitate analysis and recommendations.

Results

The share of expenditure made out of pocket to purchase services from the private sector providers was 35% in Nepal in 1996. The share of the expenditure of development partners and donors was about 14%. Starting from two private hospitals and nursing homes in 1985, the number had increased to 104 by 2004 in Nepal with 71% of them in Kathmandu. The percentage of I/NGO working in health sector was 8% of the total I/NGOs which fell to 2.2% in 2001. The four United Mission to Nepal hospitals alone claimed of providing 29% of all outpatients and 22% of all inpatient care in Nepal. The patient load was 4.24 and 2.55 times higher in public hospitals compared to private hospitals for outpatient and inpatient category. The cost of services was high in private hospitals compared to public hospitals. It was found that several I/NGOs are providing health services to the people in the rural and urban areas of Nepal however it was not mandatory for them to operate in regions allocated to them by the government.

Conclusions

The role of public sector in provision of health services is changing. There is need to recognize the two aspects of public-private-NGO partnership: firstly collaboration for the improvement in the health status of the population, secondly collaboration in health system (working under one roof)

Keywords: health services; partnership; private sector; public-private-NGO collaboration; public sector.

Diffusion of High Cost Medical Equipments in Nepal: Implication to Utilization and Access (2004)

Gnawali DP, Karki DP

Background

The government policy on health is favoring investment of private sectors in health services and the service of private sector is focused on high cost services. Also, the investment in these services is increasing and still no regulatory frame is developed. So, it is of great need to measure the implications of diffusion of high cost medical devices and provide ground on evidence-based policy recommendation.

Methods

This was a cross-sectional study conducted in both public and private hospitals where the Computerized Tomography Scanners and Magnetic Resonance Imaging services were available. Eight consumers were taken for interview and 10 in-depth interviews with the service owners, physicians, radiologists and policy makers at the concerned authorities were made. Data were documented and managed systematically in the database created in Microsoft Access and imported into Statistical Package for Social Sciences 11.5 for Windows for analysis. The information of health facility was prepared in the spreadsheet of Microsoft Excel and analyzed. A more straightforward general inductive approach for analysis of qualitative data was adopted.

Results

MRI service is found concentrated only in capital city while it was about 60% of Computerized Tomography scanning devices of public and private sector installed in Kathmandu valley only. Computerized Tomography scanning service was started by private sector from Blue Cross in 1993. And the gradual increase in diffusion was observed till 2001 with the sharp increment in the trend of Computerized Tomography diffusion observed after 2001. The diffusion was dominated by private ownership as expected (72% of total 20). Magnetic Resonance Imaging service has the same pattern and trend of diffusion as that of Computerized Tomography scanner but in a bit slower pace. These services were found to be diffused with concentration in small

and medium sized health facilities in private sector, while it was observed the trend to be engulfed in the bigger sized hospitals in the public sector.

Conclusions

There is no any formal process of technology assessment in Nepal so no effective mechanisms to control kick-backs and irrational use of medical devices from both ethical and economic background.

Keywords: Computerized Tomography scanners; diffusion; medical technology; Magnetic Resonance Imaging services; private sector; public sector.

Role of Prostate Specific Antigen in differentiating various Prostatic Pathology (2004)

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Background

The pathologic processes which affect the prostate gland with sufficient frequency to merit discussion are inflammation, benign prostatic hyperplasia, Prostatic Intraepithelial Neoplasia and malignancy. Many of these pathologic processes are associated with elevated serum Prostate Specific Antigen levels. Serum Prostate Specific Antigen can detect twice as many as prostate cancers digital rectal examination can and approximately 70% of these cancers are potentially curable. In our country many elderly men are unaware that something can be done for their troublesome urinary symptoms.

Methods

Fifty prostatectomy specimens were studied during a study period from 1st January 2003 to 30th December 2003 at Department of Pathology, Tribhuwan University Teaching Hospital, Institute of Medicine. Patients with history of enlarged prostate were studied. Blood samples were collected pre-operatively at the time of admission and detail clinical history was obtained along with USG findings. Histopathological sections were stained by Haematoxylin and Eosin for microscopic features. Total serum Prostate Specific Antigen level estimation was done using Prostate Specific Antigen serozyme kit, manufactured by adaltis Italia S.P.A via Magnanelli, 2, Italy.

Results

The study highlighted that 51.2% cases of benign lesions had values less than or equal to 4ng/ml, 48.8% had values between 4.1-10ng/ml, sensitivity of 100% and specificity 51.2%. 77.8% of the prostatic carcinoma showed

elevated serum Prostate Specific Antigen values ($>10\text{ng/ml}$) with $p\text{-value}=0.000004$ and serum Prostate Specific Antigen values ($>50\text{ng/ml}$) in 44.4% of cases with significant $p\text{-value}=0.001$. The total serum Prostate Specific Antigen values in all cases of Prostatic Intraepithelial Neoplasia were found to be in between 0.4-10ng/ml. Similarly the weight of the prostate did not correlate with elevated serum Prostate Specific Antigen values, $p\text{-value}=0.761$ and Karl Pearson Correlation (r) =-0.044.

Conclusions

The test has a high sensitivity and specificity, is rapid and inexpensive and is minimally invasive. Therefore, serial annual Prostate Specific Antigen may provide an alternative means of screening men over 50 years of age.

Keywords: prostate cancer; prostate intraepithelial neoplasia; prostate specific antigen levels; sensitivity; specificity.

Attitude of Doctors of Bir Hospital towards the Harmonization of Ayurveda and Modern Medicine (2005)

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Background

In present context of Nepal, some allopathic doctors are strongly opposing the traditional medicine even though the patients get relief by using Ayurvedic medicine whereas some doctors are in favor of Ayurvedic medicine and are prescribing those medicines in their practice. This study was thus designed to assess the attitude of doctors of Bir hospital towards the harmonization of Ayurveda and Modern medicine.

Methods

This study was conducted from 7th November 2004 to 27th May 2005 in different departments of Bir Hospital. A total of 102 questionnaires were distributed to doctors. The questionnaires were completed in the ward or in the Out Patient Department. Coding of the collected data was done using number, entered in Microsoft Excel and analyzed.

Results

The result of the survey showed that the attitude of the doctors of Bir hospital towards harmonization of Ayurveda and modern medicine on the whole was highly favorable. There was consistently positive attitude towards the Ayurveda medicine, its harmonization with modern medicine and whole Ayurveda Medical system of Nepal.

Conclusions

Most of the doctors had highly favorable attitude towards the harmonization of Ayurveda medicine and modern medicine.

Keywords: attitude; ayurveda medicine; doctors; harmonization; modern medicine.

Effect of Training Programme Regarding First-Aid Management among the High-School Students (2005)

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Background

The victims of trauma and injury are increasing day by day. The cost of treatment and the complications after trauma can be decreased if first aid support is given in proper time. If the students are equipped with the knowledge and skills they can help victims, motivate family members and educate other people and peer groups.

Methods

It was quasi experimental single group, pre-test post-test research design conducted among all the students studying in class 9 and 10 in the selected high schools namely Harinagra, Kaptangunj and Amahibelha. It was a census study and a total of 696 students were included. Pre-test survey was done to maintain validity and reliability of the tool. The training programme was conducted for two days and post-test was done after two weeks.

Results

After the education intervention there was a marked increase in the knowledge regarding first aid management of individual problems from 8.8% to 55%. The maximum increment in knowledge is on cut injury or bleeding (55%). 87.2% students reported that the training programme was very useful. The students replied that the heading/topics covered were adequate (64.2%), content is adequate (75.1%), teaching learning methods were good

(73.7%), time allocated was adequate (69.1%) and overall management was good (78.2%).

Conclusions

The training programme was highly effective and it can be implemented for all high school students.

Keywords: disability; effectiveness; first aid management; high school students; injury; training.

Impact Assessment of the Training Conducted in the Past on Health Care Waste Management (2005)

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Background

Nepal Health Research Council (NHRC) has conducted various activities like workshop, seminar, research, training etc related to medical waste management. In the past it had organized two trainings regarding health care waste management. As a follow up of those past trainings, NHRC carried out this study to evaluate the impact of these past trainings.

Methods

For this study two sectors were chosen i.e. health care waste management staff and health care institution. Ten health care institutions were selected out of 23 health care institutions which covered government hospital, teaching hospital, nursing home, missionary hospital and some specific hospitals like maternity, eye and tropical disease. In each health care institution, a study was conducted within 10 each trained and non-trained staff to evaluate the knowledge, their attitude and practice. Similarly another survey was done with trained staff to find the past and present situation of waste management practice in health care institutions.

Results

The impact of training was found to be positive on both to increase the knowledge of the staffs as well as in the waste management practice in the health care institutions. After the training, there was positive improvement in waste segregation, collection, inside transportation and safety precautions however there was not much improvement found in offside transportation and collection, treatment, disposal and record keeping sectors.

Conclusions

The training should cover more detail and complete process for the management of all categories of waste. Health care institution committee staff should be invited as they are the decision-maker to change or improvement in any system in the institution.

Keywords: assessment; attitude; health care waste management; impact; knowledge; Nepal health research council; practice; training.

Capacity Building through National Trainings and Workshop to Promote the Implementation of Environmental Health Impact Assessment Procedural Guidelines (2006)

Devkota B, Shrestha S

Background

On the initiation of Nepal Health Research Council, Ministry of Health and Population through a high level National Steering Committee has recently endorsed the National Environmental Health Impact Assessment guideline 2002 which was prepared by the Nepal Health Research Council with support of World Health Organization. For effective implementation of this guideline and to adequately address the health issues during the process of assessment, the capacity should be developed at different levels.

Methods

The training-workshops were categorized into three phases: first phase for policy makers on sensitization of the guidelines; second phase for present Environmental Impact Assessment practitioners and future practitioners; and last phase for Environmental Impact Assessment Implementers working in

departments of different line agencies and organizations. The training was mainly based on giving practical knowledge on environmental health issues while reviewing the Environmental Impact Assessment report. The meeting of the National Steering Committee was organized at the end of this activity to discuss on the achievements of three training workshops and on the future plan and policy regarding the implementation of these guidelines. Finally the detail report of the activity was submitted with overall evaluation and recommendations.

Results

All the training-workshops were conducted successfully. Constructive remarks and recommendations were collected during group works and presentations. Good and quality papers on Environmental Impact Assessment related with health issues were presented by experts. Finally third national Steering Committee was conducted under the chairmanship of Secretary of Ministry of Health and Population. All the activities, work progress and achievements were summarized and presented in the meeting. The chairman assures that the national Steering Committee would be given continuity in the future and Environment health Unit of the ministry would be strengthened with more coordination with all members of National Steering Committee especially with Ministry of Education, Science and Technology. Ministry of Education, Science and Technology showed positive towards these guidelines and sent positive comments through secretarial level decision making.

Conclusions

Need of amendment of these guidelines, establishment of these guidelines as Sectoral guidelines for health sector, development of process manual, capacity building in the Environmental Health Unit of Ministry of Health and population, active representation of the ministry in review committee of the Ministry of Education, Science and Technology, active leadership of the ministry and need of giving continuity to National Steering Committee.

Keywords: capacity building; environmental health impact assessment; environmental impact assessment; national steering committee; training-workshops.

Evaluation Study of Decentralized Health Facilities in Nepal (2006)

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Background

After the enactment of Local Self Governance Act (LSGA) and its regulation 1999, Government of Nepal decided to decentralize management responsibility to its lower authorities. Although the government and its stakeholders who are involved in health sector decentralization have produced different studies, the comprehensive study covering the wider

community coupled with literature review, self-observation and alongside the international experience was yet to be carried out. It was realized that a review of all related documents on decentralization of health facilities and handover status with the verification of SHPs with empirical data need to be carried out. This study is the one that has been carried out to realize those needs.

Methods

Retrospective review coupled with cross sectional descriptive study was conducted. Information was basically collected from primary sources while literature review served the secondary source of information. Purposive sampling technique was applied putting the geographic regions into strata. Five districts, each representing each development region were selected. They were Jhapa, Lalitpur, Kaski, Banke and Kanchanpur. In-depth interviews and focused group discussions were carried out covering 30 SHPs (20% of the total handed over SHPs). Besides, on-site observation of few SHPs per district was also carried out. The data received were triangulated with other respondents. For in-depth interviews, key informants of central, district and village level were contacted. This research also reached out to the health management committee, SHP In-charges and exit clients level.

Results

All categories of respondents and Sub-health post stakeholders were found positive towards the current effort of government in decentralizing its health services to local communities and emphasized the need of decentralized management of health services. However, this has also many weaknesses. Such weaknesses were found to be related with policy, process and most importantly with the mentality shift. The role at managerial level were found to be somewhat functioning. The health workers were not committed and motivated, health facilities lack required necessities, and there was no proper mechanism for staff professional development. Supply systems have always suffered from weak management. At the client level, very less amount of work was done to improve their service utilization part.

Conclusions

The effort of government to decentralize its health services to local communities is most exciting and encouraging thing. In order to exploit the potentials of the decentralization in a full manner, the government, in particular the Ministry of Health and Population should document the impacts to date, learn from its experience and must demonstrate commitment to decentralization endeavors.

Keywords: community; decentralization; health facilities; local self governance act; sub-health posts.

**Evaluation of Essential Health Care Delivery Services in Nepal
(2006)**

Devkota B

Background

The Government of Nepal, Ministry of Health and Population is determined and committed to provide quality health services to all the populations of Nepal. The national healthy policy 1991 provided a policy framework to guide health sector development. Based on this, Ministry of Health and Population formulated the second long-term health plan, 1997-2017. The vision of health and development envisaged by the proposed plan is to put in place a health system in which there is equitable access to quality health care services. But the coverage of services has fluctuated over the years, with improvement in some programs and failing to meet the targets in others. Obviously, there is a need to make improvement in programs that failed to meet the targets. In order to make an improvement in programs; an evaluation for essential health care delivery services need to be carried out.

Methods

A descriptive cross-sectional research design with a combination of qualitative and quantitative methods was employed. The study covered a total of 10 districts from all five development regions and three ecological zones, comprising mountain, hill and terai. A multi-stage probability sampling was applied in selecting the sample districts, village development committees and households from the cross-section of the country. Key informants and individual interviews, focused group discussions and record reviews from the health facilities and organizations were the main techniques for data collection. The quantitative data for the study was analyzed by using Statistical Package for Social Sciences software. The qualitative data was analyzed manually.

Results

In most of the districts, programs that are given priority and are regular and effectively functioning are immunization, family planning services, safe motherhood (antenatal care check up), and nutrition and general treatment of common diseases. Problems that have not been addressed so far in community level health post, sub-health post and primary health care centre are reported as dental and oral health problems, mental disorders, injuries of

bones, fractures (orthopaedics) and treatment of non-communicable diseases like diabetes, and gynaecological problems such as uterus prolapse. Pathology and radiography services like x-ray are also not available at community level health institutions, including in primary health care centres due to lack of technical manpower. As for example, in Mustang and Doti it was starkly evident.

Conclusions

The district and below level health system has been delivering the services as usual through different tiers of health facilities. However, the system is yet to be responsive to the ecological and district specific health problems and to provide specialized services such as mental health, laboratory and radiography, treatment of non-communicable diseases and gynecological problems.

Keywords: efficiency; equity; essential health care services; health problems; health system; quality of care.

A Final Report on BCC/IEC Programs and Their Impacts on Knowledge and Behavior of People in Nepal (2006)

Bhatta BN

Background

According to the Nepal Family Health Survey 1996, the maternal mortality rate is 539 per 100000 live births that are higher than other countries of the world. Similarly, a very sensitive health indicator, the infant mortality rate has been 64 per 1000 live births in 2001. The diarrhea and acute respiratory infection contribute much to the larger number of deaths of infants and under five children in Nepal. Smoking and drinking are also creating problems in public health. It is assumed that the lack of knowledge and practice about healthy behavior have led to these problems. In this context, public health awareness programs can play a vital role for disseminating message addressing to these problems.

Methods

The study is based on empirical data and information collected from sample of 400 households from 10 village development committees of 4 districts representing hill and terai regions of Nepal. In addition, District Health/Public Health Officers, in-charge of health posts/sub-health posts, paramedics and traditional healers were also interviewed. Focused group discussion, case study and community key informant interviews were also organized and conducted in selected districts.

Results

Very few local publications were observed and collected in selected District Health/Public Health Offices. There were no any materials found published in local language. The study found that 79.3% respondents were exposed to posters on anti-smoking. 86% of respondents reported that they have heard of anti-alcohol radio advertisement. Nearly 40% people were found defecating in toilet and nearly 50% use soap after defecation/dirt handling. More than 80% people reported that they have practiced home delivery. 65% respondents had knowledge on STD/HIV/AIDS.

Study on Pricing Method and Price of Top Selling Eight Medicines from Nepalese Manufacturers (2007)

International Network for Rational Use of Drugs (INRUD), Nepal.

Background

Pharmaceuticals are a valuable and often critical tool in effort to provide quality health care to patients. However, one-third of the world's population lacks reliable access to the medicines they need-primarily because they cannot afford to buy them. Serious concerns are being raised as to the high costs of health services including pharmaceuticals and the impact of those high costs on patient access and affordability. Though prices may vary considerably within a country, people do not have information on the price structure or where to find the best prices. The same is often true of government authorities and health care managers.

Methods

This study was cross-sectional. Manufacturers were listed and purposively categorized into three groups: a. World Health Organization-Good Manufacturing certified industries b. Industries in process of World Health Organization-Good Manufacturing Practice implementation c. Industries with no significant achievement in World Health Organization-Good Manufacturing Practice implementation. Data on prices of key medicines both local pharmaceuticals and imported product in the market from 101 retailers from Kathmandu, Bhaktapur and Lalitpur districts. Data was entered using Microsoft Excel and median, range and variation were calculated. Data related to pricing methods were synthesized and final report was prepared based on quantitative information, synthesized information and document review.

Results

National Drug Policy and Drug Act has provision of price regulation and there is Drug Price Monitoring Committee to advise Government of Nepal to protect the national interest and making drugs available to consumers in affordable prices and determining of prices of drugs imported or manufactured within country, they are not very effective in achieving the price control. In some case the actual selling price of the drug was found to be higher than the Maximum Retail Price. In determining the production cost of the drugs which is the basis for determining the Maximum Retail Price of the drugs there has been considerable variation in the factors. The frequent change in prices of the market was found to be guided by different factors which varied from one to another. Looking into the international price of drugs as well there exist a great variation in high/low ration of the drug price.

Conclusions

Government policy does not clearly guide the pricing mechanism for pharmaceutical manufacturers. There is drug pricing monitoring committee but it meets occasionally. There is considerable variation in retail price of drugs. Besides, there is variation in selling price of the same brand in different retailers. In some cases, this exceeds to Maximum Retail Price set by manufacturers.

Keywords: actual selling price; domestic; drug price; imported; retail price; manufacturers; maximum retail price; variation.

Variation in Prices of Common Drugs: Case Study from Two Remote Districts of Nepal (2007)

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Background

In remote areas of the Nepal, where poverty prevails, essential medicines are out of reach for one third of the population. People who do not have some access to such medicines need to pay higher prices compared to the people living in the centrally locate urban or semi-urban areas of the country. Normally the price of medicine is uniform throughout country but due to transportation costs, medical prices tend to be higher in the remote areas. There is lack of information regarding the price difference.

Methods

The research was designed as descriptive study. Humla and Okhaldhunga districts were purposively selected. The duration of study was from September-December 2006. The study included all the pharmacies existed in the headquarters of the two districts. The list of price of common drugs of these districts was obtained through different approaches-surrogate customer, observation of drug sell and interview with the customer. The retail price of the drugs was compared in different ways.

Results

The result showed that price of the common drugs are higher in Humla and Okhaldhunga compared to the price in Kathmandu. There was a wide variation in price between the same drugs produced by different manufacturers in both districts. It was found that price varied among pharmacies for the same drug and brand.

Conclusions

There is great variation in the prices of medicines in these two districts. Prices charged seemed to be very high as compared to the Maximum Retailing Price.

Keywords: drugs; maximum retailing price; pharmacies; price variation.

Evaluation Study of Cost Recovery of Hospital Development Committee in Nepal (2007)

Karki DK

Background

Different levels of public hospitals represent important health care outlets in Nepalese context. At the same time, the government of Nepal is going to handover its all health care facilities to local bodies by making them more autonomous through health care reform strategies. However, there is very little understanding from evidence whether these health institutions will be able to stand autonomously. Virtually, no or very less information is available regarding the efficiency status as well as the cost recovery status of public hospitals in Nepal.

Methods

This study applied quantitative and qualitative research methods for data collection and analysis. Step-down approach was used to distribute costs into three major cost centres: overhead, intermediate and final service departments. Hospitals were selected conveniently based on the variety of

services components. Altogether 16 hospitals - 3 central, 1 regional, 3 zonal and 9 district level hospitals - were studied. A total of 367 in- and out- vii patients enrolled for semi-structured interviews. Focus group discussions in 6 hospitals and 23 in-depth interviews were conducted in different hospitals. Quantitative data were expressed through descriptive statistics whereas qualitative information were collected and analyzed based on the grounded theory approach with native reflections.

Results

Budget allocated by the government was the major source of income for all levels of hospital. Income from the different services provided by the hospital was another major source of income for almost all hospitals. Cost recovery rate of the hospitals as a whole was not found satisfactory. Among all hospitals, Solu hospital had the best cost recovery status whereas BP Koirala Memorial Cancer Hospital had the lowest cost recovery rate in 2003. Qualitative findings suggested that hospitals are not financially sustainable. Frequent transfer of staff, a lot of vacant posts and hospital development board without autonomy were the major hindrances for the smooth functioning of those hospitals.

Conclusions

The hospitals could grow to gain cost recovery status and financial sustainability if the hospital development boards are provided adequate decision space for its autonomy. The role of government should be facilitating and monitoring the quality of hospital services rather controlling the hospital management activities directly.

Keywords: autonomy; cost recovery; expenditure; hospitals; income.

Mobilization of Cured Patients to Improve TB Control Programme in Sarlahi District of Nepal (2007)

Mandal RN

Background

Tuberculosis is a growing problem in Nepal and Case Detection Rate is largely limited by pre-existing social and cultural determinants of patient's behavior in tuberculosis. Population predominantly rural, prevailing superstitions, the social stigma attached to the tuberculosis and low community participation limited the betterment of treatment and control of tuberculosis. The present study on revealing the role of cured patients in increasing Case Finding Rate and Cure Rate in local condition will be valuable feedback for finding the

effectiveness of Directly Observed Treatment Short Course on tuberculosis control.

Methods

Twelve of Directly Observed Treatment Short Course centers/Sub centers were randomly selected for intervention and other twelve of Directly Observed Treatment Short Course centers/Sub centers were selected for control sites. Ten household of the each of Directly Observed Treatment Short Course center were interviewed to know the knowledge on TB and of Directly Observed Treatment Short Course and their perception disease. Data was collected using interviews, focused group discussions, In-depth interviews as well as reviewing the records from the Directly Observed Treatment Short Course Centers. Data Collection took place from in Oct. 2006 and in April 2007.

Results

Mobilization of the cured patients was effective in increasing Case finding Rate, Cure Rate and Sputum Conversion Rate and in decreasing Defaulter Rate in comparison with control sites. Most of the respondents were illiterate (40.4 %) and 34.2% were involved in agriculture. Ninety three percent of the respondents had heard Tuberculosis. Nearly 3/4th of them (72.3 %) thought Tuberculosis is curable and 92 % thought appropriate place for treatment was government health institutions. Seventy two percent knew its preventive measures. More than half of the respondents (58 %) had heard of Directly Observed Treatment Short Course and all knew that of Directly Observed Treatment Short Course can completely cure disease. Almost all cases had been diagnosed by Sputum test and X-ray and most of them were diagnosed in private clinics. Nearly 39 percent knew the treatment course schedule and almost all (97.3 %) knew that medicines were available free of cost in government health institutions.

Conclusions

Mobilization of cured patients seems to be effective to control Tuberculosis in Sarlahi district. Many people were visiting private clinics as laboratory services seem to be less satisfactory in government health institutions.

Keywords: control program; cured patients; directly observed treatment short course; tuberculosis.

**Healing Systems and Practices: An Anthropological Study of
Chhatara VDC in Bajura District, Nepal (2007)**

Chapagain KP

Background

In Nepal, most of the medical doctors prefer to work in urban areas where they get more opportunities. Traditional healing practices play a strong role

in maintaining psychological and physical well being of the majority of rural people who do not have access of satisfactory modern health services.

Methods

Out of 528 households, 15 percent (i.e. 80 households) were selected by using proportional stratified random sampling Procedure. Data was collected from the selected household head using questionnaires. Data were tabulated in a chart to prepare analytical tables under different headings and sub-headings. Interpretation was made on the basis of percentage, causes count and comparing with other variables.

Results

Majority of people (60%) had positive attitude on traditional healing practices. In their opinion, it was cheap, locally available and regular service, that's why they went to the traditional healing practitioners for their treatment. The study also revealed that significant numbers of people (45%) were not satisfied with modern health care only 22.5 percent people were highly satisfied.

Conclusions

The training program should be conducted by the government to traditional healing practitioners to be well trained in some aspects of modern approaches of health care. The professional health workers should be encouraged to give the regular service to the people

Keywords: modern health care; traditional healing practices; traditional healing practitioners.

Cost-benefit Analysis of Pesticide Use from Farmers' Health Perspective (2008)

Dahal KP, Mishra AK, Pokhrel P

Background

On the eve of modernization of agricultural sector to increase agricultural production in the developing world, rampant use of chemical pesticides, not only deteriorate the human and environmental health, but also a threat to soil health and productivity. Effect of irrational/over use of pesticide leads to decline in productivity in long run which may further increase the problem of food insecurity resulting in poorer health status and increased health and social costs of pesticide use. The first step towards promoting eco-friendly agricultural modernization with protection of human health and assurance of benefit to the farmers, as proposed by this study, is to conduct cost-benefit analysis of pesticide use from farmers' health perspective.

Methods

This is an Analytical Study using quantitative data collected from panel survey. Shantinagar village development committee was selected as the study area. A total of 90 households were selected using quota sampling method. Microsoft Excel and Statistical Package for Social Sciences 13 were used for analyzing data. Stepwise multiple regression analysis and logistic regression analysis were used to identify factors associated with variation in the health problems, costs and benefits.

Results

Cost of pesticide use (cost incurred for pesticide purchase and application and health cost resulting from increased number of sufferings) was increased in increased level of pesticides use without bringing about a significant increase in production level. Such relation of costs and benefits has suggested decreasing return from increasing level of pesticide use.

Conclusions

Pesticide use is a detrimental to human health without compensating increase in productivity leading to reduced level of return to increased level of investment in pesticide.

Keywords: benefit to cost ratio; cost and benefit; farmers; pesticides; pesticide use.

Study on Status of Free Health Services at Primary Health Care Centers and District Hospitals in Selected Districts of Nepal (2009)

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Background

The free essential health service policy was envisioned to put in action in all districts in phase wise manner to increase the access and utilization of health care services. Ministry of Health & Population is in operation with frequent monitoring and supervision to free health service sites. However, there is lack of evaluation studies to guide policy makers in identifying the status of free essential health services and accessibility of poor people, and to assess the extent and intensity of the use of free essential health services in Nepal. So, this study aims to describe the status of targeted free essential health services for poor, helpless, disable, vulnerable and elderly people with special emphasis on preparing reference documents for policy makers.

Methods

Six districts incorporating all eco-development regions were selected purposively. The study adapted both quantitative and qualitative methods of data collection. Qualitative analysis included transcription of the interviews, typing of the transcriptions, color coding and grouping in matrices with main domains whereas the quantitative data was coded for computer entry and processed in Excel software program.

Results

The implementation of free health care policy is not consistent. Most of the process and procedures are implemented as per the policy guideline in Dang and Dolakha, partially implemented in Chitwan and Sunsari whereas in Bajhang and Taplejung, people are getting free services but the policy guideline was not followed. In Taplejung poor patients, elderly and disabled

patients are getting free service as per support of Women Development Office and district hospital fund as per patient's verbal request and doctor's personal discretion. The service utilization and management of policy is better in Dang and Dolakha compared to other study districts.

Conclusions

The free health care service for target groups should be promoted at district and primary health care centre.

Keywords: free health service; free health care policy; policy guideline; service utilization.

Report Identification of Scaling up Strategies for Health Services leading to Universal Health Care Kathmandu, 2009 (2009)

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Background

At the district hospitals, only some targeted groups can access the free health care services. In the light of this prevailing scenario, it is now absolutely necessary to scale up the current free health care services so as to ensure and expand the accessibility and affordability of these services for the poor and the vulnerable groups. This study is, therefore, aimed at identifying the strategies and on the basis of which to make suitable recommendations with the hope that these would help the planners at the central level to scale up the free health care services at district level hospitals and also at the same time help them undertake the time-suited situation analysis of the possible referral hospitals.

Methods

The study was conducted in three designs 1) Study and cost analysis of district-level hospitals 2) study of referral hospitals on free health care and 3) Study of cooperative- based hospitals on health finance policy and its actual implementation. The study period was between July to October 2009. The study was conducted in the District Hospitals-6, Referral hospitals-3 and Cooperative Hospitals-2.

Results

The universal free care at District Hospitals is a relatively resource demanding strategy requiring around Rs.14 million per District Hospitals and a total program cost of Rs. 824 million. For this purpose an additional Rs. 189 million at 2010/11 price above without program scenario will be required under medium demand projection if this scaling up strategy is implemented. The other alternative is the free care to children below five years and requires an additional budget of Rs.0.5 million per District Hospital and an additional program cost of Rs. 29 million under medium demand scenario. The third scaling up strategy of providing free care at District Hospitals in the mountain districts requires an additional Rs. 3.4 million per District Hospital and an additional program cost of Rs. 55 million for implementation under medium demand scenario.

Conclusions

The scaling up of free health care at district hospitals is necessary as a first step toward providing universal access to health care but it should be preceded by sound planning to develop institutional capacity and infrastructures. If the government really wants to implement and scale up free health care effectively, then the new Division and section of free health care under social security program must be established and operationalize without further delay.

Keywords: affordability; availability; district hospitals; free health care; free health care policy; scaling up strategies.

Study on Free Care Implementation Program: Interaction between Service Providers and Recipients with regard to Free Health Services at Community Level (2009)

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Background

Periodical interaction and discussion between Community, Service Providers and Health Facility Management Committee can play a vital role to create common understanding and shared responsibility for implementing effective health services. The government should initiate such interaction program before and during the process of implementing new health policy and program with a view to increase community participation in health service delivery. However, such interaction was neither initiated by the government nor organized by the community and concerned stakeholders. Therefore, it is essential to conduct this interaction program, which enables us to reduce the gap and to promote understanding between service providers and service users.

Methods

Two districts Morang from Terai belt and Kavre from Hill region were selected purposively for conducting interaction program. Three health facilities (one

primary health care center and two sub-health posts) and four health facilities (one primary health care center and three Ssub-health posts) were selected purposively from Morang and Kavrepalanchowk districts respectively. A total of 295 participants took part in the interaction program. Voices of the interaction were tape-recorded with consent of the participants. The recorded audiotapes were transcribed and combined with the scratch notes taken from the interaction and further expanded the notes to prepare a detail transcripts of the interactions.

Results

There was no established mechanism for communication/interaction between health service providers and recipients about existing health care facility and services at the health facility. A considerable number of the population mainly from the marginalized and poor sections of the community were still deprived of free health care services although there have been substantial increase in number of patients/clients at health facilities after implementation of free health care services. Despite of no major socio-cultural barriers, some people particularly poor and marginalized sections of the community prefer to consult traditional healers.

Conclusions

Most marginalized and poor living far from the health facilities is still seen deprived from free health care services one of the reasons being the lack of information regarding the services. In order to strengthen the free services, joint effort is needed from the side of service providers and receivers as well.

Keywords: free health care services; health service providers; hill and terai; implementation; interaction program; poor and marginalized; recipients; utilization of health service.

**A Study Report on Document Learning from Emerging Experiences
in Universal Free Health Care, Particularly those Primary Level
Health Workers and Citizens from Marginalized and
Disadvantaged Communities (2009)**

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Background

Since the beginning of the free health care policy implementation process, several concerns over implementation problems have been raised among the policy makers and implementers. There is a need to understand how other health reform policies (such as decentralization, public private partnership, Community Drug Program) influence the policy of free health care services. This evaluation can help assess the integrity of the established monitoring system and fulfill the information gaps on the process of implementation and impact of the policy. Nepal's experience in implementing free health care services could be an evidence for other countries to start such initiatives.

Methods

The study adopted both qualitative and quantitative method of data collection. Dolakha district is selected for the study since it is one of the low HDI district. District hospital, both of the primary health care centers, four health posts and three sub-health posts were purposively selected for the study. Qualitative data analysis included transcription of the interviews and focused group discussion, typing of transcription, colour coding and grouping in matrices with main domains. Similarly, the quantitative data was coded for computer entry and processed in Statistical Package for Social Sciences software program.

Results

Review of health register from the health facilities as well as experience of health facility in-charge showed that flow of the patient have increased with the implementation of Free Health Care Policy. The study showed that the trend of cases attending at district hospital and primary health care center is cyclic and increasing. Although majority of the people were aware of the free drugs and services, some do not prefer to go to government health centers because of the long distance and limited services and drugs provided by the government health centers.

Conclusions

After implementing free health care services, flow of patients has been increased in government health facility. However, most marginalized and poor living far from the health facilities is still seen deprived from such services, because of lack of information regarding the services and difficult access to the health services.

Keywords: Dolakha district; ethnicity; gender; free medicines; free health care policy; free health care services; service utilization.

Develop and Apply Gender and Ethnic Group Disaggregated Data Based Monitoring Tools of Access to Primary Health Care (PHC) Services and Analyze Access to Primary Health Care by Gender and Ethnic Group in Terai Districts of Nepal (2009)

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Background

The concept of social inclusion and social exclusion has been taken in great consideration recently in approaching main government policy in Nepal. The issues of exclusion and inclusion of vulnerable people have been strongly tackled by the Government of Nepal explicitly during recent years by means of a number of strategies. The Nepal Government has currently made a very high level political commitment in order to increase access to the health services to the poor and disadvantaged in Nepal. This study thus tries to

analyze the inclusion of gender and ethnicity for accessing health services from primary health care centers, health posts and sub-health posts in terai region of Nepal after the implementation of free health care program.

Methods

This was a comparative descriptive study. Two terai districts, Morang from Eastern Development Region and Rupandehi from Far-western Development Region were selected for the pilot study. From each district, one primary health care center, one health post and one sub-health post were selected. The data were collected through quantitative and qualitative methods. For quantitative data, record review was done from selected health facilities and qualitative data were collected through in-depth interview and focused group discussion. Qualitative data analysis included-transcription of the interviews and focused group discussion, typing of transcription, color coding and grouping in matrices with main domains for analysis and summarization. Similarly the quantitative data were coded for computer entry in Excel sheet and processes in Statistical Package for Social Sciences Windows version 13 for analysis.

Results

Qualitative findings of the study showed that there is no social exclusion from health service providers for both gender and ethnicity. Interaction with community people showed that for almost all health programmes provide by health facilities, there is equal access of male and female as well as for all ethnic groups. The preliminary analysis of quantitative data also revealed the similar findings.

Conclusions

There is inclusion of gender and ethnicity on health services provided from health facilities.

Keywords: ethnicity; gender; health facilities; interaction; poor and marginalized; social exclusion; social inclusion.

Report on Status on Nurses in Nepal (2010)

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Background

Around the Globe the problems and challenges of nurses are found to be identical. The shortage of nurses is not only in quantity but also in quality. In South-East Asian Regions nursing is found to be full of problems and shortages including insufficient skills in respect to quality health care services which is a result of unmet health care facilities, high workload,

unsafe workplaces and lack of professional advancement opportunities etc. Hence this study concentrates on the overall status of nurses in Nepal.

Methods

The study was a descriptive study. Key informant interviews were conducted for the purpose of primary data collection whereas available records and reports were reviewed for secondary data collection.

Results

A specific nursing policy has not been formulated by the Government of Nepal till date. In government sectors there are many vacant posts left without care, whereas in some private institutions few nurses are placed with work overloads. Most of the nurses have started leaving the country in search of better jobs abroad and further study. Though the nursing demands is high globally, majority of Nepali nurses are just working as a caretaker in domestic settings not being recognized as nurse practitioner because they do not fit with the standards of other countries due to minimal standard and mix task oriented curriculum.

Conclusions

New areas are to be explored to recruit the nurses. Moreover, the problems encountered that need to be addresses are unemployment, insecurity, workloads, professional disempowerment, globalization, privatization, low pay, exploitation in job setting, lack of attractive policies, lack of government monitoring, insufficient in-service education and brain drain.

Keywords: Nepal; nursing; status of nurses; quality of care.

Report on Rapid Assessment of Emergency Preparedness Response in Nepal (2011)

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Background

Nepal has had numerous programs in emergency preparedness which have been running for a number of years. Despite of the number of programs, no comprehensive assessment has been done of the health sector to fully

understand its level of readiness and the impact of the different programs. The overall objective of this rapid assessment is to identify the level of preparedness of the health sector of Nepal in responding to disasters.

Methods

A generic tool has been already developed by WHO SEARO to assess the level of emergency preparedness in a country of South East Asian Region Member States. The preparation process included adapting the tools to the national context, conduction of the assessment and dissemination of the findings.

Results

Natural Disaster Management Act is waiting for endorsement since 2008. Multi-sectoral coordination committees for emergency preparedness response are in place but the coordination system is not fully functional. Sub-national level does not have emergency budget. Private-Public partnership in emergencies is still weak and the code of conduct for international organizations in emergencies is not included in the national policies for Emergency Preparedness Response. Simulation and mock drill are not conducted for community health workers and community peoples. Surveillance system for water quality, food safety and security, sanitation and waste management is not developed and lack of data dissemination exists.

Conclusions

Nepal still needs to do a lot to strengthen its capacity and capability to prepare and response to disaster situation.

Keywords: emergency preparedness response; emergency preparedness; rapid assessment.

Study on Prescribing Practice of Antibiotic Prophylaxis for Surgeries in Different Hospitals of Pokhara Valley (2004)

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Background

Clinical surgery has witnessed a remarkable reduction in postoperative wound infection due to improvements in aseptic and surgical techniques and to the use of antibiotics as prophylactic agents. In spite of extensive knowledge about the effectiveness of antibiotic prophylaxis, administration regimens are often inappropriate in practice. One main problem concerning the regimen is the duration of prophylaxis, which is often longer than recommended.

Methods

The study was descriptive, quantitative and retrospective. The study was conducted in two hospitals of Western Region viz; Western Regional Hospital and Manipal Teaching Hospital. Total of 950 patients, 450 from Western Regional Hospital and 500 from Manipal Teaching Hospital were taken for the study. Data was collected using the data collection tool developed and modified by a pilot testing. The collected data were coded and entered in Microsoft Excel. Data were analyzed using SPSS-PC statistical software.

Results

Antibiotic prophylaxis was given preoperatively in Manipal Teaching Hospital and Western Regional Hospital by 87% and 79.5% respectively. Antibiotic prophylaxis was given intraoperatively in 1.2% cases of Manipal Teaching Hospital. In Manipal Teaching Hospital, the total antibiotic duration in all surgeries is higher than Western Regional Hospital, significant difference was found only in cholecystectomy ($p < 0.05$). In both hospitals Amphi+Cloxa was the most commonly used regimen, 12.4% in Western Regional Hospital and 34% in Manipal Teaching Hospital. In Western Regional Hospital Cipro/Cefotaxim was also used by 12.4%. More than 79.1% of the patients were exposed to, at least, two antibiotics as a prophylaxis in Western Regional Hospital where as more than 63% in Manipal Teaching Hospital. Penicillin was found to be mostly used in both hospitals.

Conclusions

The hospitals infrequently met the international published guidelines for antibiotic prophylaxis and compliance varied by type of procedure and also within procedure.

Keywords: antibiotic; antimicrobial; cesarean section; penicillin; postoperative infection; prophylaxis.

District Health Systems Assessment within Intersectoral Context (2013)

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Background

In Nepal, some districts are found to be better in terms of its health indicators and coverage whereas some are still struggling hard to achieve its better health indicators and coverage. This study tried to identify and analyze the factors that are responsible to major four key functions of the health system as well as other contributors such as inter-sector coordination that may have equally important role in improving the function of health system.

Methods

The design of the study was descriptive. The study was carried out from June-November, 2012. Six districts were selected purposively based on the performance indicators. Majority of data was collected using qualitative methods.

Results

The main components in the district health system that needs an immediate attention are number of new posts to be created to fulfill the deficit, provision of area specific incentives and benefit packages. The major constraint for inter-sectoral coordination to be effective is lack of its planning and enforcement. The key areas where inter-sectoral coordination could be important are preventive and promotive health care, waste management, water supply and sanitation, health service utilization, pesticides and human health, agriculture and nutrition, air pollution.

Conclusions

Bottom up approach should be enhanced for effective planning and management. Key areas need to be identified which will have significant impact on public health system by promoting inter-sectoral coordination. Inter-sectoral effort should be initiated from the central level and implemented in all the levels.

Keywords: assessment; district health system; health system; inter-

sectoral coordination.

Assessment of Medical / Health Agencies Designated as Research Centers in Nepal (2011)

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Background

Most of the organizations/individuals that are conducting health research in Nepal have been violating the rights and safety of the study participants. They are not interested to submit their research proposal for ethical approval from any recognized review boards/committees. Moreover, most of medical/health agencies (hospitals, polyclinics, NGOs etc.) designated as research centers were reluctant to collaborate and networking with each other. In this context, NHRC would like to update and assess the number of Medical/Health Agencies (Hospitals, Polyclinics, NGOs etc.) designated as Research Centers established since 15 July 2005 to 31 December 2010.

Methods

For the evaluation, 23% research centers were selected by simple random sampling method. The information was collected using semi-structured questionnaire. A data management system was developed which incorporated a system of editing and documentation at all level of the study.

Results

The study found that 44% of districts in Nepal have health related research centers. Twenty percent of research centers were found to conduct health research but very less percent (5-7%) of research centers actually submitted their research proposal to authentic review board/committee for ethical approval. It was interesting to know that 15% of research centers have written the word "research" in their signboard without prior knowledge on it.

Conclusions

There were 370 research centers in Nepal till 31 December 2010 but very few of them conducted research after obtaining ethical approval. So, surveillance system should be strengthened for monitoring these research centers.

Keywords: evaluation; health related research centers; research; research centers.