Auxiliary Health Workers In Nepal

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In the field of public health the auxiliary health workers are as important as the nurses are in a hospital. Because they are the people who work actually in the field in any comprehensive health scheme of the country. Therefore, the contribution of the school of auxiliary health workers in Nepal towards bettering the health of the nation is no less significant than that of a fully-equipped first rate large hospital. For while clinical medicine only is concerned with the treatment of sick individuals, public health is concerned with the treatment of the nation as a whole to help them to achieve positive health.

The Auxiliary Health Workers School came into existence in 1962 as a result of the amalgamation of the Health Assistant Training School and the old Civil Medical School for training Compounders, Dressers etc. In fact the establishment of the W.H.O. assisted Health Assistant Training School in 1956 was the first positive step undertaken by H.M.G. of Nepal towards creating public health services in Nepal. Health services during the Rana's regime meant only curative services through hospitals, dispensaries etc.

Even to-day the school of the Auxiliary Health Workers, strictly speaking, is nothing but as improved and more practical version of its predecessor the Health Assistants Training School. It plays only a minor part of the functions of the former Civil Medical School which used to train the compounders. Today, the auxiliary health workers trained in the school is a much more complex, practical and versatile technician. He is
a multi-purpose functionary who can as easily fit into a hospital as into a health centre, and health post or in any public health scheme. He receives two years intensive and extensive training in the practical and theoretical aspects of:

1. Environmental Sanitation
2. Communicable Diseases
3. Maternity and Child Welfare
4. Health Education
5. Pharmacy and Dispensing
6. First Aid
7. Treatment of minor diseases both medical and surgical.

It is thus obvious that the Auxiliary Health Workers form, by virtue of their comprehensive training, integral personnel in the infrastructure of health which in Nepal at present consists of a network of health centres and health posts covering the whole country. In the present health setting of Nepal a health centre is a health unit in which a public health programme is carried out under the supervision of a doctor and a health post is the smallest unit of health under the supervision of a Senior Auxiliary Health Workers. It has been estimated that a total of 375 health posts are required to cover the entire population of the country at the ratio of 1 health post per 30,000 population. This roughly gives 5 health posts per district. There are 75 districts, in 14 administrative Zones of the country. Besides there should be at least one Health Centre in each district and in some populous and industrial district there should more than one.

In the third five-year plan of H.M.G. Nepal it was decided to admit each year 100 students for admission in the school.

1965— 24 qualified.
1966-'67 expected to be 20
1967-'68 60
1968-'69 100.

The success of this training programme will depend much on the facilities the Govt. is able to provide to the students by way of hostel
accommodation and the scope in service they get after they have received their training.

It requires a strong basic health infrastructure for strengthening the health services in Nepal and the strength of this infrastructure of health turn depends on the quality of the auxiliary health workers turned out from this school of Auxiliary Health Workers. No country’s health services can do without these auxiliary health workers, no matter how many hospitals, doctors and medical school it has. In a country like Nepal where there is such a shortage of doctors in the absence of a medical school the need of these auxiliary health workers is all the more and the health services of this country will have to lean heavily on them on whose performance will depend largely the quality of health services rendered to the public.

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