The role of the Institute of Medicine in Nepal's Primary Health Care and some experience of the training of health post level workers.*

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If we are to understand primary health care as being first contact care, secondary health care as second contact health care and tertiary health care as third contact health care, then the village health worker will be rendering first contact health care. If a community member is referred by him to the Auxiliary Health worker or Assistant Nurse Midwife, she will be rendering second contact health care and the Health Assistant in turn will be rendering third contact health care. People living in the service area of a health post will thus receive primary, secondary or tertiary health care according to the location of their houses in relation to the health post.

We cannot take primary health care to mean just first aid, even though the translation of both terms is the same. With first aid, definitive care has to be available. In poor countries this will not be available all over the country in the near future.

If in Nepali we translate primary health care as basic health service, then it would be better for Nepal to use the term Basic Health itself instead of calling it Primary Health. The term Basic Health has been popularised in the country over the last 15 years and everyone is familiar with this term.

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see what we really mean by "Primary Health Care." Each country is divided on an administrative and geographical basis. The minimum health care within all such units of the country (e. g. within all the districts of Nepal) 'care'. Thus at the end of each plan period, there will be a different level of health care in Nepal. And the level of primary health care will by definition be the same in all countries. This is the only definition of primary health care which can equally apply to all countries of the world.

Long Term Health Service Plan of Nepal, the health care delivery system consists

Long Term Health Services

Health Services with specialists (Zonal and Regional Hospitals)

each district with its health services becomes the unit of primary health care. Each district health office and a hospital with non-specialist doctors function as the unit of primary health care. In the community hospital and peripherally there are health posts. In the Long Term Health Service Plan, an attempt has been made to improve the services based on a health posts.

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1. ANM (two year's training after the eighth grade).
2. Community Medicine Auxiliary— a one-year training after SLC which qualifies for the position of Auxiliary Health Worker.
3. Senior Auxiliary Health Worker (3 months' in-service training for them after 10 years of schooling, had 2 years of AHE training).
4. 6 different courses for the Medical Science Certificate —
  - (a) Nursing— 3 years training after SLC
  - (b) Ayurved—" " " " "
  - (c) General Medicine (duration 2½ years, qualifies them for the post of Health Assistant).
  - (d) Health laboratory
  - (e) Radiography
  - (f) Pharmacy
5. One year courses in Post-Basic Nursing either in midwifery or in community or in medical surgical nursing. It is the first year (specialty year) of our D in Nursing as a staggered course.

Thus only when the post graduate training of doctors will be started during the seventh five year plan, that training will produce specialists for secondary health care that would be our only training for something other than primary health care.

Since we believe that the personnel whom we are training now or will train in the future, are for primary health care, then the question which I took the liberty to raise at the beginning, "What is primary health care ?", can be entertained as being pertinent. Primary Health Care and Basic Health Service are not synonymous.

According to the provision for job-oriented adult education under the new Education Plan, the concerned ministries, departments and organizations can organize non-formal education in the field of health. The training of the village health workers and village health aides, mentioned in the Long Term Health Service Plan, and the training of Junior Auxiliary Health Workers and Health Aids carried out presently fall under the category of job-oriented adult education. In this connection His Majesty's Government of Nepal has constituted a committee to determine the policy and to maintain the necessary co-ordination, under the chairmanship of Honourable member of Nepal's National Planning Commission Mr. G. Prasad Lohani.

In formal education there is also a provision for vocational secondary education, just as there is for general secondary education and Sanskrit Secondary education, for people with 7th grade education and this vocational education can also be given in Nursing as well as other "health" subjects. Such vocational secondary schools are to be run under the Ministry of Education.

Therefore instead of converting the "2 years after 8th grade" ANM and AHW training into a "three years after 7th grade" vocational secondary education, efforts are being made to convert them into a "one year after SLC" training. The number of health workers presently trained each year, within our limited resources, is not enough. If it is converted into a one year course instead, the turn out will be even less. Furthermore it is the policy of His Majesty's Government to attract more of students with SLC towards vocational education. This can be implemented in the health sector through one year post-SLC courses for AHW and ANM positions because there is need for a larger number of AHW's and ANM's than health workers with Medical Science Certificate. Students with SLC, which is obtainable after the 10th grade, when given a one year's training would join service first and would be eligible after one year's service to enter Medical Science Certificate Courses in which they will be given credits for the one year training and would under this policy therefore be able to qualify for the Certificate in less time. This will be another incentive for students to join the one year courses. Furthermore, unlike the present ANM's and AHW's whose attention is often focused on how to pass SLC instead of being on their job, those with post-SLC one year training will be able to devote their attention more fully to the job at hand. Accordingly, one year training of Community Medicine Auxiliary was started and the first batch which completed training is already working for the Ministry of health. We are trying to introduce a similar pattern of community nurse-midwife auxiliary training for the position of ANM minus curative tasks.

There are increasingly larger number of applications for the Medical Science Certificate in Nursing. Within a year or two, while the best candidates will be admitted into the Certificate Course, the group next to the best will be taken into the one year community nurse-midwife training.

There are many reasons why in the past the emphasis has been more on the training in hospital nursing rather than on community nursing in the present ANM courses. The first reason is that for the next 13 years at least, ANM's will have to be deployed in hospitals, due to a shortage of Certificate nurses. Secondly, in the districts where our campuses are

located, health services providing domiciliary mid-wifery and health post services of required quality, in which our AMN students could learn while they provided services not available. Thirdly, it is difficult, at the level of competencies that ANM's are trained to train ANM's skilled in hospital nursing who are equally competent in, and inclined to, community nursing. Fourthly, would the Ministry of Health wish to have two separate categories of ANMs, one for the hospitals and the other only for the health posts. The Institute of Medicine has for some time constituted a Co-ordination committee of the Biratnagar Extension (ANM) Campus and the Biratnagar Hospital, under the chairmanship of the Hospital Civil Surgeon. When the present Director General of the Department of Health Services, Dr. Nagendra Dhoj Joshi, was Civil Surgeon of Biratnagar Hospital, the committee discussed this question and decided that only one category of ANM's should be able to work in hospitals.

For which service position should the training in nursing or other health subjects in vocational secondary schools, is not clear yet. It has been discussed even in the National Education Committee. When we know which jobs they will fill in after such training the Institute of Medicine will run the courses on an experimental basis, at one government school in Development Region under the supervision of a campus.

Of all the categories of manpower trained by the Institute of Medicine for the purpose of primary health care in Nepal, five categories (in the position of ANM, AHW, Health Assistants) give primary health care through the health posts. Another five categories provide primary health care of the district's health services through the district's health office, hospital, these categories being in the area of Nursing, Health lab, Radiography, Pharmacy and Post-Basic Nursing. In the near future physicians trained equally in general as well as community medicine will also help the primary health care provided, through appropriate leadership of health teams.

I would like to indulge in some loud thinking here about some of our experience in the process of training of primary health care manpower both for the community hospitals as well as the community health posts :

1. The health manpower cannot be properly trained by only teaching theory in the classroom. There have to be health posts providing, in practice, services of the same standard quality which we desire the students to acquire in the matter of skills* which we want to train the students for. Therefore to produce appropriate health teams

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*The Field Training Area should have those services ongoing

With care in the Nepalese context, good district health services should also be available in those districts where the campuses have been located.

In the absence of health posts providing the necessary services in the districts where campuses are located, there have been obstacles in our training programme.

The Education Plan has specifically made provisions, at least from the education co-ordination with the users of our training. Consequently official representatives of the Health Ministry have been nominated as members of the Faculty Board. Moreover in every Committee of the Institute of Medicine approves curricula or coordinates a campus with a hospital under the Ministry. Experts in the service of the Ministry have been included as members and Chairman. Obviously the aim is to have the views of users fully reflected in curricula prepared or approved. It is equally important that our teachers participate in discussions and reviews on the service side which would make them familiar with policies and needs of the employers and provide a feed-back for improving and their implementation. However since they have not so far been invited to meetings or discussions, under the Ministry or department, concerning health in the country, they do not get the necessary feed-back.

The Government has nominated the Health Services Dept. Director General as the planner of the planning cell of the Ministry of Health and a project chief as the member of the Faculty Board which for the Institute of Medicine approves courses and courses, after full participation and detailed discussion and from time to time evaluates the implementation of the curricula. Despite this, soon after the curricula are passed from the Institute of Medicine, nurses, health assistants, AHW's have been given repeat set of lectures at Pathlaiya, with UNICEF Funds and by the experts and USAID. We do not receive the annual reports which the consultants submit for these courses and which the international experts in Nepal receive. We really do not know anything more about the training. No one denies deficiencies in our curricula but if we are sincere about not wasting foreign aid by duplication about not wasting time and energy, suggestions for inclusion of anything left should be put forward through ministry representatives in the Faculty Board. As chairman of the Board, I want to repeat here the plea I have made in Faculty Board meetings to put forward such suggestions in the Faculty Board.

4. The policy of His Majesty's Government has been to encourage technical education but certain rules need to be brought up to date to reflect the letter and spirit of such a policy. For example, according to the plan of the National Education System, after STC, wants to study for a medicine degree, he or she enters the Institute of Medicine and if for an engineering degree, likewise enters the Institute of Engineering. Furthermore, in each subject, each Certificate or Diploma is terminal yet there are opportunities for higher studies. But while tremendous efforts are being made to orientate Certificate level students to medical care and public health, those that sincerely go and serve in remote posts in the nook and corner of the country, are by present rules required to serve about 3½-4 years before going for higher studies, whereas students in general science do not have a terminal level at the certificate and do not have to serve in outlying areas of the country even for one year, before being sent for medical degree education. This puts technical education at a disadvantage.

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