HEALTH AND HEALTH CARE IN JIRI

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Introduction

Naramaya came from Kopche, a small village southeast of Jiri Valley, in eastern Nepal (Kopche village is part of the Chuchure Village Development Committee, Ward Number 7 of Ramechhap District). She was 35 years old, married with two children and due to give birth to a third child. Her labor pains started early one morning in January 1996, and her husband summoned the local *Suduni* (midwives). However, it appeared that the birth was a breach, i.e., somehow the baby lay side-wise inside the womb. At around 10 a.m., when the *Suduni* could not deliver the baby, local folks advised Naramaya's husband to take her to the Health Post in Thhose. This involved a two-hour steep climb by foot. Her husband carried her on his back in a *Doko* (a big basket made of straw). When he arrived at the Thhose Health Post with his two other children, he found the clinic closed, and no one was there except a "peon" (*piun*), an official term for a person who does menial tasks. The individual in charge of the hospital was out of town.

About noon, Naramaya's labor pains intensified and the baby's hand began to emerge from the vaginal cavity. Immediate surgery was required to save both infant and mother. At this time, her husband was told to go to the Jiri Hospital. Due to the lack of a motorable road, Naramaya would once again have to be carried in a *Doko*. Her husband arrived at the Jiri Hospital around 4:00 p.m., only to find the facility closed and no staff available. Desperate and tired, he was advised to take his wife to Kathmandu. With no bus service (two/three buses leave for Kathmandu in the morning every day), taxi or any other available transportation is not available, it would take him a few weeks to get to Kathmandu by foot, while carrying Naramaya on his back in a *Doko* (it takes five to seven days to get to Kathmandu for a normal healthy person). On learning that the Jiri Technical School owned two Toyota Land Cruisers, Naramaya's husband

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went to the authorities and begged them to help transport his wife to Kathmandu. He promised to sell his land on return to pay for the cost of the trip. His pleas went unheeded. Naramaya died along with the unborn child the next morning around 4:30 a.m. Such incidents are not uncommon in Jiri and other rural areas of Nepal.

Health Care in Jiri: The Jiri Hospital

Jiri is located about 190 kilometers northeast of Kathmandu, nestled in a small valley at 7,000 feet above the sea level. The local inhabitants of Jiri, known as the Jirels, are the indigenous population of this valley, numbering about 3,500-4,000 people. They speak a Tibeto-Burman language and make a living by farming and herding animals. At present, Jiri has access to electricity and tap water. A few houses have radios and television sets as well (Williams-Blangero et al., 1998)

Historically, almost all health care was provided by indigenous folk healers (for detail information regarding the term "folk" see: Subedi, Andes and Subedi, 1995). In 1957, the Jiri Hospital was established through the combined efforts of the Governments of Switzerland and Nepal. The hospital was part of an enormous project that sought to develop the infrastructure of Jiri by furthering education, improving transportation (by building roads), water supply, agriculture, and the overall health care system. For all these endeavors, Nepal supplied land and manual labor, while the Swiss provided financial and technical resources.

Within three years of its inception as a health clinic in 1957, the Jiri Hospital expanded into a full-fledge regional healthcare facility with a 25-bed capacity. Facilities expanded to include pathology, laboratories, operating rooms, an X-ray machine, inpatient wards, an outpatient clinic, and physician and staff quarters. As a result of this expansion, people from rural communities all around Jiri and beyond came to seek treatment at the Jiri Hospital. According to Hospital records, the facility was fully staffed by competent Swiss and Nepali personnel, consisting of one Swiss surgeon, two Nepali physicians, three nurses, one auxiliary health worker and six custodians. These health care providers treated approximately 15,000 patients suffering from a wide range of illnesses, including Tuberculosis, each year. Patients in need of general treatment, as well as those requiring specialized care and surgery, no longer had to travel to Kathmandu. In fact, people from various urban areas, including Kathmandu, came to Jiri for treatment (Sharma,1996).

The operation of the Jiri Hospital remained primarily the responsibility of the Swiss Government until 1975, when it was handed over to His Majesty's Government of Nepal (HMG). At this time, Nepal's government

was based on the Panchayat, or party-less system. A visit by the present King in the early 1980s considerably enhanced the reputation of the Jiri Hospital and elevated its status from a district hospital to a regional medical center. The Nepali government ran the Jiri Hospital efficiently for almost fifteen years. Hospital records indicate that it continued to operate successfully through 1988-89 fiscal year. On average approximately 10,000 patients were provided with health care services each year. By 1989, the hospital had expanded to include 30 patient beds, with a full time staff of 48 individuals (see Table1).

In 1988-89, there was a movement against the Panchayat system and it was replaced by the Multiparty system. The new political structure brought with it numerous problems. Due to constant infighting, competition, nepotism, and rampant corruption, no single party or individual was accountable for implementing policies and ensuring that they were carried out efficiently.

Under the new political system, regional hospitals were placed under the supervision of the district health authorities, who were more interested in maintaining their political power rather than in running the Jiri Hospital. Consequently, the daily operations of the Jiri Hospital were ignored. As a result of such neglect, the budget declined and so did the number of qualified health personnel. Those physicians and healthcare workers who were appointed to provide medical services abandoned their posts and went to live in Kathmandu, where they could enjoy the modern amenities.

Table 1
Number of Allocated and Vacant Staff Positions During the Panchayat and Multiparty System at The Jiri Hospital

	Panchayat System (1975-1989)		Multiparty System (1989-2000)	
	Allocated	Vacant	Allocated	Vacant
Physician	3	0	2	1
Health Assistant	0	0	1	0
Nurse	13	0	5	3
Lab Technician	2	0	2	2
X-Ray Technical	2	0	1	1
A. H. W. *	3	0	2	1
Administration	4	0	2	0
Peon	21	0	9	0
Total	48	0	24	8

Source: Jiri Hospital, Jiri, Dolakha. January, 2000
A.H.W.= Auxiliary Health Workers*

Since 1990, the government has changed hands frequently and the Jiri Hospital has continued to decline even further. The budget for the hospital has decreased and so has the number of physicians and other staff members. During the Panchayat period, 1.4 million rupees were allocated annually for the hospital, whereas since the advent of the Multiparty system, the annual budget for running the hospital dropped to a mere one million rupees. This decline is exacerbated by inflation and currency devaluation. As a result, the hospital staff has been cut in half, from 48 to 24 (see Table-1) and of the 24 allocated positions, 16 are staffed, while 8 remain vacant. Even these 16 filled positions reflect neglect by the political system. They are mainly non-technical positions. Eleven out of the 16 are either "peons" or administrators (see Table 1). Most of the time the physician and other technical staff are on leave or absent. Thus, incidents like the one involving Naramaya are not unusual at facilities such as the Jiri Hospital. Most district health posts and hospitals, even when in operation, remain ill equipped, ill staffed, ill funded, and often completely shut down (Subedi and Subedi, 1995).

Current Health Care in Jiri

As it stands today, the Jiri Hospital is no longer able to adequately provide for the health care needs of the local people. With no physicians, few medical professionals, and a budget devoted to administration, providing health care seems to be low on its list of priorities. Due to inadequate funding, patients are themselves forced to purchase the necessary medicines, which few can afford. Also, because patients have to travel to the hospital on foot, they fail to seek help when they are either too ill to travel, and, like Naramaya, must be carried to the hospital in a *Doko* by a family member. Even for emergency situations no ambulance is available to carry patients to Kathmandu.

The Jirels suffer from a variety of ailments, mostly acute, that can easily be treated in most developed countries. Aside from the Jiri Hospital, Jirels have very little access to modern health care. Many local folks turn to the indigenous folk healers, who have been providing health care services to people from all over the Jiri region (for details refer to Williams-Blangero et al., 1995).

Recently, however, a small clinic providing basic modern health care services has been established privately. The Jiri Health Clinic, as it is known, was established in September, 1995 by a team of U.S. researchers who were in Jiri to conduct biomedical research. Appalled at the plight of the Jirels, the researchers along with two Nepali physicians from Kathmandu established this clinic which provides a variety of preventive and

curative services free of charge. In 1997, the team of researchers was able to organize a fund-raiser in the United States to help the Jiri Clinic. With the money, the "Naramaya Ambulance" was bought to serve the emergency travel needs of the local people.

According to clinic reports, as of December 1999, 35,000 patients have been treated in the Jiri Clinic, some of them with life-threatening conditions. The leading causes of diseases in Jiri are mainly gastrointestinal and respiratory in nature, followed by a number of other acute illnesses (see Table 2).

Table-2
Leading Diseases in Jiri Valley

Leading Disease System	Ratings	Leading Disease within the System
Gastrointestinal System Diseases	1	Diarrhea due to Protozoa
Respiratory System Diseases	2	Acute Respiratory
Skin Diseases	3	Non-infectious
Ear, Nose, and Throat Diseases	4	Pharyngitis
Musculoskeletal System Diseases	5	Backache
Accidents	6	Wounds
Opthamological Diseases	7	Acute Conjundivitis
Nervous System Diseases	8	Headache
Abscesses	9	Acute Simple
Gynecological & Obstetrical Diseases	10	Pelvic Inflammatory
Genitourinary System Diseases	11	Urinary Tract Infection
Dental Diseases	12	Dental Carrier
Nutritional Deficiency Diseases	13	Protein Energy Malnutrition
Cardiovascular System Diseases	14	Hypertension
Psychiatric Disorders	15	Generalized Anxiety Disorder
Others	16	Non Specific Cough

Source: Jiri Helminth Project, Haat Danda, Jiri, Dolakha. 1999.

The free clinic depends upon donations made by the U.S. researchers and their families and friends, both in the United States and in Nepal. It seems that the time is not far away when the clinic will be forced to shut its doors

due to the fact that once the research project is over, the researchers will leave Jiri. With no financial assistance and no one to continue staffing and maintaining the Jiri Clinic, the health services available to Jirels will be in serious jeopardy.

Discussion

It is a well known fact that there is tremendous disparity in health status and health care delivery parameters between developed and developing countries in general (see Table 3). Within developing countries, health care is much more available in urban areas rather than rural areas. This rural-urban disparity has a concomitant negative effect on the health status of rural people. This is especially significant because most developing countries are comprised mainly of rural areas. This is certainly the case with Nepal (Subedi and Subedi, 1995; Subedi, Andes, and Subedi, 1995; Subedi and Subedi, 1993)).

Table-3
Illustrative Comparison of Developing and Developed Societies on Health Care System Parameters

			Population Per:	
	Per Capita GNP (1995)	Hospital Bed (1996)	Physician (1996)	Nurse (1995)
Developing Societies				
Nepal	$190.00	3,898	12,623	2,300
Honduras	$600.00	900	1,586	1,300
Developed Societies				
United States	$24,740.00	218	391	160
Japan	$31,490.00	74	570	310

Source: Gallagher and Niroula (1995).

In short, even at present there is a dire shortage, if not total absence of trained physicians, other medical personnel, medicines, and equipment in rural hospitals and health posts in Nepal. According to Dixit (1999), in Nepal there is an average of six physicians per every 100,000 population. In rural areas, this ratio is probably 1: 100,000. He feels that given the current situation, it is unlikely that this ratio will change.

Subedi (1995) asserts that recent changes in the political system have exerted a devastating effect on the health care system of Nepal as a whole.

This is because major decision-making power lies in the hands of corrupt politicians, many of whom are elected due to factional support rather than on the basis of their education, expertise or ideas for societal development. This malignant growth of "politicalization" is evident everywhere and has led to a system-wide dysfunction.

Nowhere is this more apparent than in the rural areas of Nepal, such as Jiri. The demise of the Jiri Hospital and the reasons for its demise are a clear indication of the present nature of the government. When getting elected and remaining in power exceeds all other concerns, one can expect that decisions and behaviors to improve social and economic conditions will be subordinate to the selfish agendas of corrupt politicians.

With no accountability and no checks and balances in place, the urban-rural disparity such as in health care continues to grow and become worse. The emphasis of the present Multiparty Government is to encourage profit-making enterprises, partially for the benefit of the elite, who share in the profits. Thus, within recent years, Nepal has seen the establishment of various private nursing homes (small hospitals), mainly in Kathmandu that cater exclusively to the needs of the rich and powerful. In addition, and four private medical schools have been established, where admission and success have more to do with one's ability to pay, than academic capabilities. Because money guarantees admission into these schools, children from elite families in other countries who are not qualified for admission into local medical schools are now seeking admission into these schools through heavy financial donations.

In short, it is through the efforts of some concerned folks such as those running the Jiri Clinic, and perhaps others elsewhere, that some health care is being provided to the rural Nepali population. However, with severe financial and other constraints it is evident that such provisions of health care are temporary. Unless drastic measures are undertaken to improve health services, thousands of Naramayas are destined to lose their precious lives in rural Nepal.

References

Dixit, Hemang. 1999. *The Quest for Health.* Kathmandu: Educational Enterprise (P) Ltd.

Gallagher, Eugene B. and Nirmal Niroula. 1995. "Modernization of Health Care and the Improvement of Health: An Economic and Political Exploration," *Nepal Political Science and Politics,* Vol. 4: 5-18.

Sharma, T. N. 1996. "Demise of an Institution, Death of a System," *Telegraph.*

Subedi, Janardan. 1995. "Politics and Health in Nepal". *Nepal Political Science & Politics* 4: 1-4.

Subedi, Janardan; Andes, N. and Sree Subedi. 1995. "Society and Indigenous Health Care: The Case of Nepal and Alaska". In *Global Perspectives on Health Care*. E. B. Gallagher and J. Subedi (eds.). NJ: Prentice Hall. Pp. 268-276.

Subedi, Sree and Janardan Subedi. 1995. "Dominance and Eltism: The Modern Health care System in Nepal". In *Global Perspectives on Health Care*. E. B. Gallagher and J. Subedi (eds.) NJ: Prentice Hall. Pp 73-82.

Subedi, Janardan and Sree Subedi. 1993. The Contribution of Modern Medicine in a Traditional System: The Case of Nepal. In *Health and Health Care in Developing Countries: Sociological Perspectives.* Philadelphia: Temple University Press. P. Conrad and E. B. Gallagher (eds.). Pp. 110-121.

Williams-Blangero, Sarah; Janardan Subedi, R. P. Upadhayay, D. B. Manral, K. Khadka, S. Jirel, E. S. Robinson, and J. Blangero. 1998. Attitudes towards Helminthic Infection in the Jirel Population of Eastern Nepal," *Social Science & Medicine* 47 (3): 371-379.

Williams-Blangero, Sarah, Sree Subedi, and Khadka Kamala. 1995. "Indigenous Healers and Treatment of Helminthic Infections in the Jiri Population of Eastern Nepal," *Nepal Political Science & Politics,* Vol.4: 24-31.