

Scale-up infrastructure, specifically for gynecological and obstetrics care according to local Master Plan, Bakulahar Ratnanagar Hospital, Tandi, Chitwan, Nepal

Final Operational Report
ESTHER Start-Up Fund Program 16G3

Bakulahar Ratnanagar Hospital



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Contact information

Dr. med. Simone Kamm, MSc

Spital Limmattal

Frauenklinik

Urdorferstrasse 100

8952 Schlieren

Phone +41 (0)44 736 82 62

e-mail simone.kamm@spital-limmattal.ch

Mr. Devendra Kumar Shrestha

Address: Ratnanagar Municipality-2, Chitwan, Nepal

Contact: +977-9845023039

E-mail: devenji75@yahoo.com

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Content

1. Overview	4
2. Key Persons and Institutions	4
2.1. Mr. Devendra Kumar Shrestha (second from the left)	4
2.2. Dr. med. Ruth Gonseth.....	5
2.3. Dr. med. Arun K. Gurung	6
2.4. Leading midwives of Ratnanagar hospital.....	8
2.5. Bharatpur Government District Hospital (7.3.2017).....	9
2.6. Program Officer Social Development Section (NGO coordinator) and District Public Health Officer (9.3.2017).....	11
2.7. Cancer Hospital and private Laboratory (Capital Reference Lab) (10.3.2017)	11
3. Progress of Bakulahar Ratnanagar Hospital	12
4. Conclusions, achievements and suggestions of action plan.....	13
4.1. Achievements	13
4.2. Suggestions for steering board of "Verein Spitalpartnerschaft Ratnanagar - Spital Limmattal"	14
4.3. Ideas for the future.....	15

1. Overview

The Spital Limmattal (Verein Spitalpartnerschaft Ratnanagar – Spital Limmattal), Switzerland and the Bakulahar Ratnanagar Hospital, Nepal started a partnership following the ESTHER Charter and Principles in September 2016.

A first visit in March 2016 showed a great opportunity to establish a long-term partnership with a dedicated and passionate Hospital Committee in a leading position, with a small but well organized and quickly growing government hospital in a stable and safe environment. During that first visit the three main priorities stated by the different local stakeholders were “Female Health” (sexual and reproductive health), General Medicine and Management and Organization.

The scarce time during the first visit did not allow an in-depth analysis of the situation in and around Ratnanagar hospital. To further identify actions and plan the project Dr. Simone Kamm, founding member of the society “Verein Spitalpartnerschaft Ratnanagar- Spital Limmattal”, undertook a follow up visit in March, 2017 (26.2.-17.3.2017). This journey was funded by a Start-Up Grant of ESTHER Alliance Switzerland (Grant Approval December 13th, 2016).

The following list describes the objectives of the visit (copied from the Project Proposal/Start-Up Fund Application Form):

- visit nearby hospitals and health institutions and meet key health and public health persons
- contact Nepali teaching institutions (teaching hospital, nurse schools etc.)
- meet Health officials and discuss planned interventions
- identify priority needs and primary illnesses of the female population of Bakulahar Ratnanagar catchment area (according to stated first priority)
- investigate existing national and international programs in the area
- assess needs of junior medical doctors of Ratnanagar hospital (second priority)
- scale up infrastructure, specifically for gynecological and obstetrics care according to Master Plan
- learn about cultural aspects, attitudes and practices, accessibility and acceptability of health and health care
- discuss hiring of Gynecologist in addition to the Radiologist
- coordinate interventions with Shanti Med Nepal (Dr. Ruth Gonseth)
- prepare accommodation for future visitors

2. Key Persons and Institutions

2.1. Mr. Devendra Kumar Shrestha (second from the left)



- Newly elected President of Hospital Committee, new “Hospital Development Committee” second from the left, presenting a gift for the Spital Limmattal (token of love) in April 2016, on the very left, Past President of Hospital Committee Mr. Mohamed Jani
- Key responsible person of hospital partnership and ESHTER Alliance
- International Program Coordinator and Manager

Mr. Shrestha is the “informal CEO” of Ratnanagar hospital and the key responsible person for the hospital partnership and the ESTHER Alliance project. He has been a member of the Hospital Committee for several years and since 17.3.2016 he is the newly elected president. The Hospital Development Committee has substantial control over the management and finances of the hospital.

Mr. Shrestha is dedicated to make the partnership work. He organized the meetings with Health Officials and the Health Committee. He accepted no payment for any service, neither driving nor food.

2.2. Dr. med. Ruth Gonseth



- retired Swiss Dermatologist (here honored by the Nepali Doctor's Society for her outstanding accomplishments on March 3^{ed}, 2017)
- President of Shanti Med Nepal, a recognized international NGO (iNGO) in Nepal (shanti-med-nepal.ch)
- Associate Member of the Hospital Committee Ratnanagar hospital



Dr. Ruth Gonseth has been living and working in Nepal for many years, the past three in Ratnanagar. She is one of the main players in Ratnanagar Hospital attracting a considerable rising number of patients through a high quality dermatological department, support of infrastructure, material and management and organization. She is the “good soul” of Ratnanagar hospital and she is widely known throughout the district of Chitwan and Nepal.

Dr. Gonseth hosts many different volunteers from Europe and Switzerland in a comfortable house close to the hospital. I was able to stay there during my visit (however she would not accept any payment). She also offered accommodation for future visitors from the Spital Limmattal as a means to support the hospital partnership.



2.3. Dr. med. Arun K. Gurung

Since December 2016, Shanti Med Nepal has been hiring a local Gynecologist who works in the outpatient department (OPD) from 10-14h at the Ratnanagar hospital (official working hours in Nepal). Dr. Gurung finished his training as a Gynecologist and Obstetrician around two years ago. He did his bachelor’s degree in China and completed the medical studies in Nepal.



During the stay, Dr. Gurung and Dr. Kamm worked closely together. He sees between 10-20 patients a day. The patients suffer from the whole spectrum of gynecology and obstetrics.

Priority illnesses in his view are cervical cancer and pre-cancer, uterine prolapse, STIs and pregnancy related problems.

The diagnostic possibilities are extremely limited. The vaginal examination is performed on a simple stretcher, the patient moves to the end of the bed, no foot part is available. The specula were old and half broken. At the time the light was not working because the examination room in the outpatient department was cut off from electricity.



When arriving there was no possibility to do a PAP-smear due to organizational problems. According to Dr. Gurung the nationally proposed technique of cervical cancer screening by the government is VIA (Vaginal Inspection with Acid), probably due to affordability limitations of the general population. PAP-smear for cervical cancer screening however is one of the top priorities of any gynecological OPD, according to Dr. Gurung, and should urgently be offered in Ratnanagar hospital.

Smaller operations and interventions in local anesthesia such as suction curettage, dilatation and curettage (D&C) are possible in the newly established operation theater, but they are still rare. Patients often choose the Tertiary General Government hospital in Bharatpur (30 Min. drive from Ratnanagar).



The collaboration with the midwives seems to be occasional rather than structured. Ultrasound is performed by the Radiologist, not the Gynecologist in Nepal, therefore Dr. Gurung has no training in ultrasound. There is a Radiologist present once a week. During my stay, I was able to perform gynecological and obstetrical ultrasound, teaching Dr. Gurung the basic techniques.



According to Dr. Gurung, the hospital is very well organized and growing fast. He considers the standard of care to be good, for Gynecology at least similar to Bharatpur General Hospital. As the gynecological OPD newly started in December 2016 it still needs time to grow. He expects a rising number of patients and operations including elective cesarean section.

Proposed improvements:

- Introduction of PAP-smear
- better speculas, an examination light as well as a curtain for the room
- better availability of the Radiologist
- scale up of infrastructure (maternity ward, gynecological department)

2.4. Leading midwives of Ratnanagar hospital

There is midwifery-led obstetrics care in Ratnanagar hospital. There are around 70 births a year. Complicated cases are referred to Bharatpur General hospital. Most women from the catchment area choose to deliver at Bharatpur General Hospital, where emergency obstetrics care (possibility of urgent cesarean section) is available. Midwives also offer family planning and antenatal care services. There is a new postpartum/gynecological ward. The dental ward was moved downstairs, run very successfully by a dentist and a dental hygienist.



The collaboration with the Gynecologist is still marginal. At the moment, the services seem to coincide and compete each other. There is a noticeable mistrust towards change and “modern medicine”. For example, did the chief midwife comment on Doppler ultrasound, which helps to observe the health status of the fetus, “we don’t need that”.

When asked what the midwives need, they stated basic things such as “the birthing chair is broken, there is no oxygen available, we need a baby warmer and nobody fixes it”. There were no suggestions for the future planning of the Maternity ward apart from material and Infrastructure.

2.5. Bharatpur Government District Hospital (7.3.2017)

The aim of the visit was to study the standard and quality of care at a public hospital.

Bharatpur Government District Hospital is the main public and referral hospital in the district of Chitwan.



There are 12'000 deliveries per year. 20% are caesarean sections (CS). According to Dr. Gurung there is a total of 10-12 doctors sharing the duties of the maternity ward. The in-patient service and the delivery room offer no privacy at all, the postpartum and postoperative ward contains of one very big hall with around 40 beds. More privacy offer the private rooms (2 beds), which cost around 15 US\$ per day.



There are six operation theatres, three of which are for gynecological and obstetrical operations. The operation theatres are run daily (working days in Nepal Monday – Saturday) between 10 to 14h. Emergency interventions are possible around the clock. The observed

operations were uterine prolapse (vaginal hysterectomy with anterior and posterior repair, no Richter performed), Pfannenstiel laparotomy for ovarian tumor of benign aspect and one CS. Hygiene and sterility are very poor, patient positioning alarming. No elective oncological surgery is performed here. All cancer care and surgery is referred to the private “Cancer Hospital” in Bharatpur. Complex Trauma- and Neurosurgery is referred to the equally private “Chitwan Medical College”.



The vaginal operations were performed by one doctor and two nurses. According to Dr. Gurung the experienced nurses do the surgical teaching. If possible, any operation is performed in spinal anesthesia, including laparotomy. There are no laparoscopic interventions available. The gynecological OPD is very basic, similar to Ratnanagar, but there is PAP- smear available (wooden spatulas only). According to Dr. Gurung, who did most of his training here, the price per PAP-smear is 450 NPR (around 4.30 SFR).



2.6. Program Officer Social Development Section (NGO coordinator) and District Public Health Officer (9.3.2017)

The aim of the visit was to find out about the national priorities and interventions of women's health and to learn about other actors in the area (NGOs).

The Government offers free service for pregnant women including transport for 4 Antenatal Care visits (ANC) and delivery including Caesarean section. There is free treatment for uterine prolapse and VIA screening where available (and other services such as medication). PAP-smear is not free (between 350 and 800 NPR). For very poor people there is free treatment available, otherwise Operations have to be paid for out of pocket. According to the District Public Health Officer, there is no NGO active in the area with the aim to support women's health. There was no statistical data or maps available.

Stated, specific priorities and suggestions by the Health Officials are:

- Supporting infrastructure and material for Ratnanagar hospital, specifically for Maternity matters
- Introduction of PAP-smear at Ratnanagar hospital (top priority)
- Build a shelter for pregnant women from remote areas who are close to term to be able to wait for birth (Governments' aim is 100% births in institutions with skilled birth attendant)
- Outreach activities (mobile clinics or health camps) in remote areas specifically for family planning, cervical cancer and uterine prolapse screening)
- Diagnostic and treatment of breast cancer

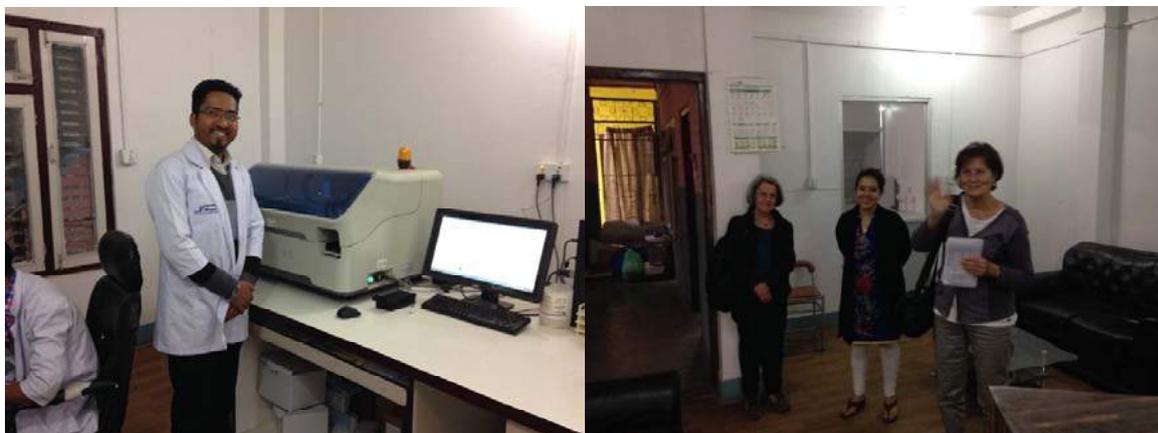
2.7. Cancer Hospital and private Laboratory (Capital Reference Lab) (10.3.2017)

The aim of the visit was to investigate a possible partner for the analysis of the PAP-smear (Gynecological Cytologist) and to visit the Cancer hospital which is the referral hospital in case of any cancer!

Dr. Moni is one of five pathologists in the cancer hospital. It is a private hospital which treats all cancer patients in the District (also patients who can't pay for the treatment – then the government pays for them). Like all doctors in Nepal, Dr. Moni also works in a private institution in the afternoon, a private Lab, which offers a wide range of laboratory tests, including histology and cytology. The cancer hospital does analysis of smears from external places, but it does not have any service of reporting or transport – which means, the patients have to collect the reports themselves. The cancer hospital is therefore no option as a partner for the PAP-Analysis.



Private laboratories such as the CRL Lab, in Bharatpur however offer a service of collecting the specimen and delivering the report directly in Ratnanagar hospital for a quite reasonable price (900 NPR on price list, offered price 700 NPR = 6.80 SFR) including transport vessel and liquid. The meeting with Mr. Pradip Ranabhat, Medical Lab Technologist, one of six owners of the Lab, together with Dr. Moni showed a possible partner. The quality of the lab is difficult to estimate – the quality control in Nepal is not organized by the state.



3. Progress of Bakulaha Ratnanagar Hospital

Construction work has started but is going very slowly. The Master plan is being revised and changed continuously, adapting to rising numbers of patients and demands.



Master Plan of Bakulahar Ratnanagar Hospital A.S.Engineering Consultant
Ratnanagar Municipality-2,Tandi,Chitwan Er.Shree Krishna Shrestha
Email:-consultant.asec@gmail.com



Since my last visit in April 2016, I observed positive changes. Step by step the standard and quality of service is rising.

One of the difficulties of the hospital management are the clerks payed by the Ministry of Health (MOH). Lack of motivation of staff seems to be a major problem and obstacle to change and development. The Hospital Development Committee together with Dr. Gonseth are working to improve the situation by introducing a check on attendance (fingerprint), giving incentives for good performance or by hiring the necessary personnel parallel to the MOH.

4. Conclusions, achievements and suggestions of action plan

The objectives of the follow-up visit were mostly met, again the shortness of the visit did not allow a deep insight of the cultural aspects of health and illness. Overall the need of the people and the poverty of some groups is enormous and the national health system is at its limit. Most key persons are happy to receive and accept anything at all, they demand little and are extremely thankful. The partnership is now stronger than before.

The following achievements and further suggestions were discussed at the final meeting with the Hospital Development Committee on 11.3.2017.

4.1. Achievements

1. Implementation of PAP-smear in Ratnanagar hospital (since April 2017)
 - a. In collaboration with private laboratory, including transport of specimen and patient report

- b. Offering the PAP-smear for 450 Rupees, like in Bharatpur General Hospital, the lab asks 700 NPR all included, for very poor patients, PAP-smear is offered for free (doctors notification)
 - c. Shanti Med Nepal and the Hospital Committee pay the difference of 250 Rupees per person to guarantee affordability of the test
 - d. Monthly Statistical data of number of patients with PAP-smear
 - e. Follow up treatment is guaranteed (Conization of cervix or hysterectomy, referral to Bharatpur General hospital or Cancer hospital)
 - f. Patient information sheet/poster has been developed
 - g. Advertising of newly offered Gynecological service at Ratnanagar hospital in Nepal media (radio etc., organized by Hospital Development Committee)
 - h. Buying of a modern Gynecological examination chair and additional urgent material (ESTHER budget)
 - i. Material for a scale up in quality of the gynecological exam is sent with the next transport in September (Specula, Cytobrush, Forceps, aso.) according to stock and financial possibilities
2. Accommodation of future visitors organized (offered by Dr. Gonseth/Shanti Med Nepal and a Nepali family, who offer their house for free)

4.2. Suggestions for steering board of "Verein Spitalpartnerschaft Ratnanagar - Spital Limmattal"

1. Support payment of PAP-smear (150 NRP) per patient instead of Shanti Med Nepal (payment directly to Shanti Med Nepal)
2. Support in construction planning – specifically Maternity ward
 - a. Master plan, concerning Maternity ward will be analyzed and proposal sent to the Hospital Committee (CD of Master plan available)
 - b. If financially possible, infrastructure will be supported by the Spital Limmattal
3. Sending of used but well-functioning material including gynecological instruments (specula, forceps aso.) with the next transport in autumn 2017
4. Visit of Mr. Thomas Brack, CEO of Spital Limmattal and President of Verein Spitalpartnerschaft Ratnanagar-Spital Limmattal in autumn 2017
 - a. Preparing of official documents and contracts

The Hospital Committee agrees with the stated prerequisites and requirements for collaboration concerning any financial support:

- Transparency and clear allocation of money
- Statistical and financial data available at any time in English
- Yearly Budget

4.3. Ideas for the future

- Building of shelter close to hospital for patients, especially pregnant women near term, who live far away
- Outreach activities/health camp for screening Cervical cancer and uterine prolapse
- Operation camp in Ratnanagar hospital with Swiss/Nepali team
- Work and teach at Bharatpur General Teaching hospital (introduction of laparoscopic surgery)



Dr. med. Simone Kamm, MSc
Spital Limmattal
Urdorferstrasse 100
8952 Schlieren
Switzerland
Email: Simone.Kamm@spital-limmattal.ch