



**Service quality and effectiveness of privately run
traditional medicine based health service providing
centers in Kathmandu Valley**



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Dr Rishi Ram Koirala
Vice-president/ Principal Investigator
Coordinator, TM Research Sub-committee

Bhupendra Nirajan Khaniya
Research Officer/Co-PI
Traditional Medicine Research Unit

Foreword

I am very much pleased to share this research report - *Study on quality and effectiveness of service delivered by privately run traditional medicine based health service centers in Kathmandu valley* - conducted by NHRC as a regular program of the council for the FY 2068/69. In a situation when country is lacking research activities in traditional systems of medicine, NHRC's effort to explore present situation of privately run traditional medicine based health service centers will certainly encourage individual researchers as well as organizations to continue such research independently as well as associating with other organizations as a joint venture in future.

Traditional medicine is one the prioritized sector of Nepal Health Research Council and every year we conduct at least one short term project feasible with the available budget. We all know that, traditional systems of medicine have its own strength and potentialities for human health but there are equal chances of malpractices, misuses and quackery in the name of natural, herbal, indigenous and century old knowledge and practices. In my opinion, such research activities are therefore important not only to capitalize the potentialities but also to control unethical practices that deteriorate human health and jeopardize the medical systems.

This short-term study, in fact a pilot study - probably very first effort of its kind in the country initiated by NHRC - is useful for the most of the stakeholders of traditional medicine sector, especially policy makers and planners of concerned agencies. It has emphasized to address some burning issues that should be incorporated in our national level documents.

I would like to thank *Mr. Bhupendra Nirajan Khaniya*, who has done tremendous job for this entire project. He prepared the proposal, developed data collection tools, directly involved in data and information gathering, analyzed and gave the final shape for this report. His tireless efforts made the project possible to be completed within time and budget limitations. I would like to thank *Dr RR Koirala* (Vice- chairman of NHRC), *Dr SP Singh* (Member-secretary), *Dr RK BC* (Research Advisor) and *Dr KK Aryal* (Senior Research Officer) for their contribution to make

it worthy. The entire NHRC staffs are thankful for their contribution from their position. Besides, I would like to thank Dr Shyam Mani Adhikary for reviewing this report.

As an Executive Chairman of NHRC, personally I suggest every organization which are working in the traditional systems of medicine to establish a Research Unit and initiate at least couple of research projects that may be a short term or may be a national level research project. A strong network can be developed among each research units to share financial as well as technical support as per need.

I am sure, NHRC as an apex organization of the country to facilitate as well as regulate research activities, is capable to coordinate any type of research activities as a joint venture since it has a long history of doing researches in health sector and rich in knowledgeable, experience enthusiastic researchers. We need a strong network among all the stakeholders, resolution, dedication and open-mind to share available resources for a common goal. A worthy research ultimately contributes for nation building only if done sincerely and scientifically.

Prof Dr Chop Lal Bhusal
Executive Chairman

Executive summary

This combine study - *Service quality and effectiveness of privately run traditional medicine based health service providing centers in Kathmandu valley* – explores the present situation of privately run traditional medicine based health service providing centers in the Kathmandu valley. Fulfillment of the basic requirements specified by the ministry of health and population was considered as the quality of the services and the perception of the services was considered as parameters for the measurement of effectiveness although these two parameters are not enough to assess the quality as well as effectiveness of the services.

Data and information were gathered through interview, observation, questionnaires. A format was prepared based on the Guideline-2061 prepared by Ministry of Health and Population as a tools to gather information regarding infrastructure, human resources, services, tools and equipments, drugs and other. Different 25 (five from each system- Ayurveda, Naturopathy, Homeopathy, Acupuncture and Amchi) registered hospitals or clinics were selected by simple random method and 132 patients were selected at convenient of the researchers ranging from 5-7 from each of 25 centers. These data and information were gathered between January and February of 2012, however interaction with some of the practitioners was continued until data were analyzed to get personal experience, knowledge and information in particular issues as per need for the research.

Traditional medicine based health service centers were found almost never monitored and evaluated once observed by the incumbents of concerned agencies at the time of establishment. This research is, therefore, an important step that assesses the present situation of health centers and the outcomes could be a strong input for policy makers and planners as well as other researcher to continue similar study in future.

Out of total 132 patients interviewed, 59.85% patients' first visit was the modern hospitals before visiting traditional medicine based health service centers, 64.4% believed modern

medicine could not cure their problems, 75% were suggested by relatives and other known persons to visit traditional medicine centers. Likewise, 55.33% believed that their problem had been improving, 43.18% said 'not yet but hopeful to be cured soon', 29% were fully satisfied by the treatment, 53% said 'treatment is satisfactory', and 60% said 'doctors are very good'. Nearly 27 types of diseases or problems were common that people visit all the systems.

Hospital level service centers were found only in Ayurveda and Naturopathy. Homeopathy and Unani services were found running by pharmacy and significantly few in numbers in comparison with Ayurveda and Naturopathy. Amchi clinics were found widely practiced by the Tibeto-burman people living in Bauddha and Swoyambhu area and yet to get and not so convenient for the people of other communities due to language restriction.

Basic physical infrastructures as specified by the ministry was found almost fulfilled by the most of the health centers but this research could not go through the details of quality and quantity of the available resources. Post-graduate human resources were seldom available in the centers. Even if available, they were providing general services rather specialized service as per their educational background. Referral systems from one to another systems or one to another physicians within the systems was found nominal. Treatments and therapies offered by the centers were almost general services rather specialized in the terms of quality. Except one reported in Ayurveda, almost none of the centers have prepared treatment protocols that guarantee consistency in service and quality.

Within the limited resources and without adequate state support, how the traditional medicine based health centers have been providing health services is obviously appreciable. Perception and experiences of both service providers and service users were positive and found satisfied. However, *satisfaction* always does not assure service quality and effectiveness. During the study, interviewed physicians agreed that health service centers in traditional medicine are not able to provide quality service that meet global standard because of lack of skilled human resources, quality drugs, modern tools and equipments which are basic necessity of health centers. Most of the centers were found struggling for sustainability since they were not able to provide specialized services.

Nation should be clear in recognition of traditional systems of medicine, adopt appropriate model for integration into national health care system, encourage private sector to import quality technology, facilitate private sectors to establish educational, research and development organizations, develop inter-sectoral networks and efficient monitoring and evaluation mechanism. Frequent discussion and interaction with the practitioners among various systems of traditional medicine is important not only to share knowledge and experience to each other but also develop harmonious relationship among them. At least, if the state focuses on what WHO has recommended to all the member country regarding to promotion and utilization of traditional medicine, all these systems hopefully can have a quantum leap in near future.

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Acronyms

ADAN	: Ayurveda Doctors' Association of Nepal
CAM	: Complementary and Alternative Medicine
CTEVT	: Council for Technical Education and Vocational Training
DoA	: Department of Ayurveda
GoN	: Government of Nepal
HAA	: Himalayan Amchi Association
IPD	: In-patient Department
IPR	: Intellectual Property Rights
LTHP	: Long Term Health Planning
MAP	: Medicinal and Aromatic Plants
MoHP	: Ministry of Health and Population
NAHP	: National Ayurveda Health Policy
NARTC	: National Ayurveda Research and Training Center
OPD	: Out-patient Department
PI	: Principal Investigator
TM	: Traditional Medicine
WHO	: World Health Organization
WIPO	: World Intellectual Property Organization

1.1. Background

Traditional medicine (TM) refers to the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness. Traditional medicine covers a wide variety of therapies and practices which vary from country to country and region to region.^[1] World Health Organization suggests that protection and preservation of traditional medicine (TM) knowledge is essential to ensure access to traditional forms of health care and respect for those who hold traditional medical knowledge.^[2]

The life of the patients is more precious, and it cannot be classified as an Ayurvedic and allopathic.^[3] It is the right of the patients to get appropriate and cost effective service, which is the most effective, appropriate within minimum cost and minimum dosage of the drugs.^[4] Exclusive reliance on the formal western system of medicine has been recognized as an inadequate solution to the problems of health care delivery today. Western science has become more interested in traditional and indigenous knowledge and practices, realizing that they may hold the key to finding useful solutions to current health problems.^[5]

Traditional Medicine is gaining popularity nationally and internationally, especially amongst the educated elite who are becoming aware of the limitations and hazard of modern medicine. If we see international scenario of health trends and demand of natural products, especially in developed countries, traditional medicine has a future. Proper commercialization of knowledge and its resources can play vital role to generate income for locals and support national economy.

Ayurveda, Naturopathy, Homeopathy, Unani, Acupuncture, Acupressure, Amchi, Tibetan Medicine, Moxibution, etc. are well practiced traditional systems of medicine in Nepal. Country has yet to recognize some of the systems among them but practitioners have been practicing

without legal obstacles unless their practices violate social and legal laws. Among these traditional systems, Ayurveda is well systematized in terms of development of national policy, has well functioning autonomous council, various guidelines and directories, flourishing drug manufacturing sector, initiations for research and development (R &D) activities, university level education, central and regional level hospitals, investment from private sectors, financial as well as technical support from the international agencies etc.

However rests of the systems are running without national policies, clear regularity systems and state support for promotion and development. In absence of national support by making effective policy, planning, strong regularity systems and justifiable resource allocation mechanism, ethical practices are jeopardized by several malpractices and quackery. Such situation deteriorates not only the human health but also defame the medical systems with negative impact on service users.

1.1.1. NHRC and research activities in traditional systems of medicine

Nepal Health Research Council, the apex organization of the country to facilitate as well as regulate health researches, has initiated some significant steps towards development of research in traditional medicine. In past it has conducted research on status of Ayurvedic medicines available in the Nepali markets,^[6] situation of raw material used for production of Ayurvedic medicines by manufacturing industries,^[7] status review of traditional medicine related organizations,^[8] preparation of guidelines for Intellectual Property Rights, initiation of development of traditional knowledge digital library and research on health service providing centers that offer traditional medicine based services.

1.1.2. Organization concerned with traditional systems of medicine

Ministry of Health and Population

Ministry of Health and Population is the central level state agency accountable for making national level policies, planning and regularity systems for the all the existing medical systems.

Organizational structure in the ministry shows that the higher level positions are always occupied by the biomedical experts since the history. Those positions play vital role in making decisions on policy making, planning and allocation of national resources for all existing systems of medicine in the country.

Major organizations in Ayurveda

Ayurveda and Alternative Medicine Unit in Ministry of Health and Population, although having only two Ayurveda practitioners till the date, is responsible to initiate all kinds of development activities in regards of all existing traditional systems of medicine in the country. Department of Ayurveda is the central level organization for administration and management of Ayurveda health service centers running by the state. There is Ayurveda College with 50 bedded Teaching Hospital as an educational institution under Institute of Medicine. Singhadurbar Vaidyakhana is the central level Ayurvedic medicines manufacturing pharmacy of the government of Nepal which is running by semi-autonomous development committee since last 15 years. Nardevi Ayurveda Chikitsalaya is central level referral hospital in Ayurveda running under semi-autonomous development committee. Similarly, a 30 bedded regional hospital has been running under semi-autonomous development committee in Dang, mid-western region of Nepal. National Ayurveda Research and Training Center has been established for research and training activities in Ayurveda sector. Besides these, professional organizations of Ayurveda doctors and paramedics, pharmaceutical companies and distributors etc. are established and functioning well.

Organizations in other systems

Pashupati Homeopathic hospital & Unani dispensary at Pulchok, Lalitpur is the only government institutions to provide health services by the government of Nepal through these systems in the country, which are functioning in the city for more than 6 decades. Naradevi Ayurveda hospital has incorporated acupuncture treatment service along with its regular services. Otherwise, nation has not yet established hospitals, research centers, and education and training centers to produce human resources, research and development activities

regarding these systems of medicine. In recent years, private sector and community level activities are involved and significantly contributing for the development and promotion of homeopathy, naturopathy, acupuncture and traditional medicine.

Professional organizations and their activities

Practitioners of each system have formed one or more professional organizations with the aims of development and promotion of these systems. Although there are debates, confusions and dilemma even within the practitioners regarding recognition of academic background of the practitioners and validity of the certificates, they are working rigorously for recognition, prioritization, resources allocation, policy making and support from the state.

1.1.3. WHO and other international agencies activities

WHO has suggested all the member-countries to recognize as well as incorporate existing traditional systems of medicine into the national health care system.^[2] Since WHO supports through the government agencies, among traditional systems of medicine, Ayurveda sector is comparatively benefitted more than other systems. Though very less in comparison to allopathic medicine, it has been supporting government officials for participation in regional and global conference, publication, capacity buildings of human resources, rural pharmacy and some national programs designed for lactating mothers and elderly people for their health management.

1.1.4. National level documents regarding traditional medicine

Almost all the national level documents address only Ayurveda medicine in the name of traditional systems of medicine. National level policy related documents- long term health plan, national health policy, five-years health plan etc.- at least address traditional medicine and have proposed for extension of health services, research medicinal plants, development of formularies, efficacy of herbal drugs, education and trainings etc. However, these activities

remain almost undone even in several decades. These documents hardly speak about traditional medicine other than Ayurveda and transferring agenda into actions remain weak and inadequate. The three year plan is considered comparatively more comprehensive, specific and furnished with need based planning and programs.^[9] It has recognized most of existing traditional systems of medicine in the country and proposed appropriate programs for development and utilization of each system.

The National Ayurveda Health Policy-1995 (NAHP) ^[10] and the Protocol of Infrastructure and Standard for Quality Ayurveda Drug Production-2005^[11] are the two major policy level documents on Ayurvedic drugs. NAHP has guaranteed effective health services with proper management of local resources, adequate supply of quality drugs and allocation of required budget through well equipped and strengthened Ayurvedic health centers; and the Protocol assures the production and supply of quality drugs. The Department of Ayurveda (DoA) has enlisted 121 types of essential drugs categorized under 54 different groups for distribution through Ayurvedic Ausadhalyas, district level health centers and hospitals.

1.2. Statement of problems and rationale

- Traditional medicine based health centers in the country are almost not able to provide quality services that meet global standards.^[13] Service quality and effectiveness of health service is therefore a huge challenge of health sector. Health centers are running without preparation of treatment protocols. There is lack of evidence based practices.
- State has not still recognized the contribution of private health practitioners in traditional systems of medicine, especially those who has been continuing their practices since generations as family traditions.
- Development is the outcome of existing national policies, plans and system related other documents and their implementation. No or poor development in traditional medicine sector despite having tremendous potentialities, could be either due to weak policy/planning or weak implementation of existing policy and planning.^[12]

- Each system has its own strength and limitations. General people, even educated and elite groups are not getting adequate information regarding effectiveness of health service in these systems.
- Research activities are almost not undertaken. Even if they are undertaken, do not follow proper technical and/or legal procedures¹. Arguments of traditional medicine practitioners therefore cannot convince outsiders since they fail to demonstrate systematic gathering of data and information, processing and analysis to justify their claims.

1.3. Objectives

General

- To assess the present situation of the quality and effectiveness of TM based private health service providing centers in Kathmandu valley

Specific

- To assess the quality of traditional medicine centers in terms of minimum standard (criteria) specified by MoHP
- To assess the effectiveness of TM based health service centers from the perspective of service users and providers
- To identify the diseases that are most effectively treated by the TM based health centers
- To review the national policy and other national level documents regarding health and traditional systems of medicine

¹ Approval from Nepal Health Research Council (NHRC)

2.1. Conceptual framework/Operational definition

This research study is based on an assumption that fundamental step to deliver a quality service is to fulfill the commitment that are made during the establishment of the health service centers to make service safe, effective and efficient. The guideline prepared by the Ministry of Health and Population clearly explains about basic infrastructure, human resources, lab and equipments needed for health service centers of different level. This study basically focuses on availability of human resources, physical infrastructures, tools and equipments, medicines and services in each center.

Satisfaction of the service provider and service users is considered as a parameter for assessment of service effectiveness. Practitioners' experiences and perception as well as service users' attitude, experience and perception towards the system, health center and individual practitioners; types of diseases and patient flow in the centers are considered as the major factors to measure effectiveness of the services

2.2. Research questions

- What is the present situation of service quality and effectiveness of traditional medicine based health centers in Kathmandu valley?
- What are the major diseases for which patients prefer traditional medicine and the service providers believe that they offer effective service?
- How is the attitude and experience of service users towards traditional medicine and particular health centers?
- What is the present situation of national policy, planning and regularity situation of traditional systems of medicine in the country?

2.3. Research design and methodology

Research methods: Mixed study (both qualitative and quantitative)

Study variables

Basic facilities for health service such as physical infrastructure, services, human resources, administration, lab, tools and equipments and fulfillment of other criteria as specified by the Ministry of Health and Population^[14] were considered as fundamental steps for quality services. Similarly perception of service users about services, process, cost, time, experience and attitude were considered as parameters to assess effectiveness of the service.

Study type

This study is explorative study. Both qualitative and quantitative data and information were collected within the fixed time period.

Study site

This study was conducted at Kathmandu valley. Kathmandu valley was preferably chosen due to the availability of a good numbers of centers required for the study. Numbers of traditional medicine based health centers have been significantly increasing in recent years in the capital city but are seldom monitored and evaluated by concerned agencies. This study is first of its type in traditional medicine sector.

Target health centers

Privately run or run-for-non-profit traditional medicine based health service providing centers of Ayurveda, Naturopathy, Homeopathy, Acupuncture and Amchi systems of traditional medicine.

Sampling methods

Health centers: A list of services centers that are providing health service was prepared with the help of experts in each system.

Patients: Convenient sampling method was applied. Researchers approached to the patients on first-met-first-priority and did request for his/her perception, comments and suggestion regarding the service of the concerned center as well as behavior of doctors and other staffs during treatment period.

Sample Size

Objective of the opinion collection of the patients was to know their experience and attitude with the health centers, physicians and the overall system they followed. And, service users' respond was planned to analyze putting in a same basket.

Hospitals: 25 health service centers (5 centers from each system of traditional medicine- Ayurveda, Naturopathy, Homeopathy, Acupuncture and Amchi). However, numbers of Ayurveda health centers studied are seven.

Patients: 5-7 from each center.

However, two more centers in Ayurveda were studied, which were not selected during the sampling. One was the newly established polyclinic and another was a Nepal-German joint venture. As this is not a comparative study among the systems, this additional numbers of centers did not affect analysis. In researchers' perception, these two centers and practitioners involved in the centers provided some additional information especially potentialities of attraction of foreigners in service quality assured.

Tools and Techniques for Data Collection

Data collection format: A format was prepared for each systems of medicine based on the guidelines [14] prepared by MoHP. Objective of the format was to gather data and

information available in the service centers as specified the ministry through the guideline.

Observation: On the spot (health centers) by the researchers, mainly, infrastructure set up, building, lab and equipments, out-patient/in-patient services, parking, water and sanitary etc. Based on information gathered by this method has been used for assessment of quality services.

Questionnaire: Some questions regarding the service being provided by the health centers has been asked to the service users to know their experience and attitude towards the service as well as the systems.

Interview: Based on the objective of the study, focused on the basic criteria set by the MoHP for establishment of health service centers in traditional medicine. Interview was conducted with the practitioners of young generation as well as who spent several years in a particular system of medicine.

Validity and Reliability of the Research

Finding of this report cannot generalize the overall situation of the country but provides strong evidence to analyze the present situation as well as estimate future of traditional systems of medicine in the country. Tools were prepared by the research-team with rigorous discussion that is based on the national level documents. Experts revised the tools, translated tools into Nepali and again back to English. Principle Investigator (PI) and other research team-members directly involved in data and information collection. So the outcomes of the research are reliable as well as valid to use.

Limitation

- It's a pilot study conducted in the Kathmandu valley. This study does not cover details investigation to explore the exact situation of quality and effectiveness of the services delivered by the traditional medicine based health centers.
- Service quality was assessed in terms of availability of basic requirements as specified by the guidelines and effectiveness in terms of personal experience, perception and attitude/opinion of service users and service providers.

2.4. Data Management and analysis

Gathered data and information was filed, computerized, codified and saved properly with application of SPSS software for quantitative data. PI analyzed the data and information based on the objectives and the nature of collected data and information. Present situation of each system was analyzed separately.

Some of the data of Homeopathy, Amchi and Acupuncture were merged in a table, since all the studied centers were of clinical level. At clinical level, basic infrastructure and specific tools used in therapy for all of these systems prescribed by the guideline are almost similar.

2.5. Ethical consideration

Research team met the site of the health service organization and did talk about the objective of the study, its purpose, benefits, and use of gathered information and rationale of the study. In this way, permission for visiting different departments, talking with the staffs as per need, taking photos was performed. In the same way, prior permission for questionnaire filling was taken from the patients.

Situation analysis

3.1. Policy and regulation

3.1.1. Recognition of traditional systems of medicine

Various national level documents in health sectors of Nepal have traditional systems of medicine differently. The Health Act (2053) of Nepal has recognized just two types of traditional systems of medicine in Nepal- Ayurveda and Homeopathy, and by notification in Gazette; Unani has been recognized in 2054.^[15] The guideline prepared by the MoHP (2061) has recognized Ayurveda, Naturopathy, Homeopathy, Acupuncture/Acupressure and Unani. In recent years, official documents of the ministry have been addressing Amchi system of medicine besides those systems, which is not mentioned in Act and guideline². A common National Policy on various systems of traditional medicine (except Ayurveda³) was drafted (in 2010, yet to be approved by the cabinet) that has recognized all existing systems of traditional medicines in the country.^[17] Practically, existing systems of traditional medicines have been practiced without legal obstacles unless they violate present laws and regularity systems and ethics of health practitioners.

3.1.2. Registration

Ministry of Health and Population approves grant for health service providing centers with capacity of 25 beds or above⁴. Department of Ayurveda (DoA) is responsible to register less than 25 bedded TM based health service providing centers. Practically, DoA grants approval even for all systems of traditional medicine including Ayurveda. The department has

Registration of clinics is rare.
- An Officer of DoA

² Workshop proceedings, new national policy drafting, protocol developing etc available in the MoHP

³ National Ayurveda Health Policy-1996 has been in operation since 1996.

⁴ No written document found, verbally informed by an incumbent of Ayurveda and Alternative Medicine/MoHP.

developed its own format that should be filled by the applicant to get approval. This format is basically the details of the infrastructure that should be assured by the entrepreneur to run the hospital.

3.1.3. Practices of guideline

Ministry of Health and Population has prepared a guideline for various levels of health service centers (clinics, hospitals, nursing homes etc.) by private and non-profit oriented organizations.^[16] Like in allopathic system of medicine, traditional medicine based health service centers are registered in Office of the Company Registrar (OCR) once the applicant obtains recommendation from DoA.

"I do not know that Ministry has prepared a guideline"
- A physician/owner of Ayurveda polyclinic

Besides, Department of Ayurveda has its own application form that should be filled up by the applicant to assure availability of minimum infrastructure, physical facilities, human resources, tools and equipments to offer safe, effective and quality health services by the health center.

Traditional medicine based hospitals in Kathmandu valley are running with 25 or less than 25 beds⁵. For this level of capacity, applicant need not go to ministry for approval to run the health center. So they follow the format given by the DoA rather prepared by the ministry. Practitioners of Naturopathy, Homeopathy, and Acupuncture/Acupressure have been intentionally opposing the guidelines and rigorously fighting against several provisions mentioned in the guideline. So, there is no exaggeration in saying that the guidelines prepared 8 years before by the ministry needs to be timely revised, as it is losing ownership and has not being properly applied by the concerned stakeholders⁶.

"I am not well aware about the guidelines prepared by the ministry, so cannot answer your question".
- A physician/owner of a polyclinic

⁵ During this study, no health service centers with more than 25 beds were reported.

⁶ Can be implied from the appendixes attached in a report.[17]

3.2. Present situation of health service centers

In general, clinics of all systems of traditional medicine are almost similar in the context of their legal status, infrastructure, service they provide and motive of running business. General types of tools or equipments, i.e.: thermometer, weighing machine, height-measuring tools, tongue depressor, BP set, stethoscope, syringe, torch, gloves, bucket as mentioned in the guideline ^[16] are available in the clinics. Additional tools and equipment that vary in different systems are also available to offer particular services. A pharmacy with a sales-person (with or without academic background in concerned medical sector), tables and chairs or benches, water-jar, etc are commonly available. Quality and quantity of the infrastructure basically depends on the number of patients visit, and the number of patients varies on the physician's knowledge and expertise as well as systems of medicine.

3.2.1. Homeopathy

In government sector, there is a (more than five decade old) hospital in Lalitpur, but private hospitals were not established in the valley. Homeopathy services in the city are of clinical level service either privately running or associating with non-profit making social organizations like Marwadi Sewas Samiti. A Doctor- educated in India- in Homeopathy registered in Nepal Health Professional Council is the sole human resources in each clinic. As the doctors say, nerve related, stomach related, sinuses, uterine related, cold, cough, arthritis, gastritis, piles are the common diseases that are treated successfully in this systems. Drugs are imported from India. Pathology tests are normally not recommended. Research activities are not conducted yet. Both service providers and service users are found satisfied during conversation at clinic.

3.2.2. Amchi

This type of indigenous medical knowledge practicing in the Himalayan region of the country is not new in Kathmandu valley (HAA established and working since 1998); however services are almost limited within the Tibetan language speaking communities.

Some centers- privately run or as an NGO (HAA) - has been running in the Kathmandu mostly in Bauddha and Swoyambhu area where native speakers of Tibetan language are settled⁷. Two types of human resources are involved in Amchi health service centers available in Kathmandu- institutionally trained either in China (doctor) or in Nepal (paramedics from CTEVT recognized institutions) and traditional healers following Gurukul system of education within the community. Certificate level (2 years) formal education in Amchi systems has been running in the remote villages of Himalayan region of western Nepal. Curriculum has been recognized by CTEVT. Even in Gurukul systems of medicine, the courses are categorized as different level equivalent to SLC to PhD. Name of the herbs, medicines, level of education etc. are available in native language. Practitioners are designated as Doctor once they complete the course from the Guru(s). Amchi clinics in Kathmandu are operating by both types of human resources- traditionally as well as institutionally trained human resources.

Table: 1

Situation of Homeopathy, Amchi and Acupuncture

Number of centers: 14	
Availability	Frequency
Physical facilities	
General tools as prescribed by guideline	14
Furniture	14
Toilets	12
Water supply	11
Electricity back-up	13
Computer	8
Internet	8
Fax	2
Special tools and equipments	8
Rooms occupied	1 to 8
Human recourses	
Availability of Doctors	14
Technical staffs	3
Others	1 to 35
Services	
Diagnosis	14
Therapeutic	9
Pharmacy	14
Pathology	0
Research	2

As per the practitioners, neurological disorders, ulcer, asthma, high BP, jaundice, liver disorders, kidney disorders, paralysis, fever, diabetes, sinusitis, GI disorders, cold, cough, arthritis, depression, gastritis etc. are the common health problems successfully treated in this system. All required drugs are prepared in

⁷ “Besides my quality and effective services, I can comfortably speak Nepali so my clinic is accessible even for other than Tibetan language speaking people and increasing the numbers of new visitors day by day”, says an Amchi practitioner in Swoyambhu.

Mustang, Dolpa and other district of high altitude using locally available herbs and minerals. Only a few species are imported from India only if not available in Nepal. Drugs are prepared following classical methodology and local devices. These days, simple machine for powdering, making paste and tablets are used. Pathological tests are normally not referred. Research activities have not been conducted yet but its necessity is realized now.

3.2.3. Acupuncture

In Acupuncture, practitioners provide therapeutic services and the clinics are generally providing OPD services. Acupuncture health services in Kathmandu are either running as an independent clinic or associated with other systems- Ayurveda, Naturopathy and Amchi. Some Naturopathy hospitals and Amchi practitioners are also providing Acupuncture service as a part of their health services. Normally, a diploma/ graduate in acupuncture is involved in therapy and supported by assistant with short-term training (formal training by institutions or in house training in the centers). Special devices like needles (made of gold, silver and iron), forceps, bath-tub, moxa, etc. are available which are deposable. Back-pain, neurological disorders, eye infections, arthritis, gastritis, piles, ear infections, sleeplessness, sciatica, migraine, sinuses, depression are commonly treated in the system. Normally, pathological tests are not referred. In physicians' experiences, service users' responses are positive. Unlike in Homeopathy and Amchi systems (who prescribe relevant drugs after diagnosis), Acupuncturists provide therapy for the patients. Required drugs are distributed from the clinics which are imported from abroad. Research activities have not been conducted.

We offer all types of Ayurveda health services, but we do not have separate divisions.
- A physician of a globally famous trust

3.2.4. Naturopathy

In Naturopathy, diagnosis is followed by therapeutic services within the center. Prescription of drugs is normally nominal. Therefore each center offers OPD or both OPD and IPD services.

Basic physical facilities like land and parking, waiting hall, reception, sitting chairs, electricity back-up, ventilation in each room, sunlight in each rooms, separate toilets for male and female patients as well as visitors, trolley, stretcher, patients checking rooms are available in all visited centers as the officers informed. Except a center that is running by a non-profit organization, all other have oxygen set, consultant rooms, yoga and meditation room, physiotherapy unit, water therapy, soil therapy, magnet therapy, massage therapy and laboratory services. All centers claim they offer therapeutic diets for the patients with the presence of nutritional experts except in one center. Similarly, bathroom, garden, steam bath tub, Kati-snan tub, Ridh-snan tub, bandage, enema, Seka-yantra, soil therapy tools are available in all four except the social organization run center. Likewise, Shatkarma tools, massage tools, local steam tools are available in three centers. General tools and equipment as mentioned in the guideline are available in all centers. Refresh training rooms for the staffs, single bed ICU, and special rooms, common beds (6 beds in a room) are available in 3-4 centers out of 5. These all centers offer diagnosis as well as therapeutic services. Bed capacity ranges from 10 (in three) to 25 (in two).

Doctors, Upacharak (therapists) and Sahayaka-upacharak (assistant therapists) are the major technical staffs involved in diagnosis and therapeutic activities. Depending upon the hospital services, number of technical-staffs range from less than 10 to 36. None of the centers has special care facilities for infectious diseases. Normally, drugs are not prescribed in Naturopathy unlike in Ayurveda but every center has pharmacy with almost sufficient drugs to offer in certain conditions. Pathological tests are generally not prescribed but are not ignored when needed. None of the centre has conducted any types of researches. Only one centre has own production unit that produces drugs under supervision of experts but there is no quality control mechanism specified.

3.2.5. Ayurveda

Normally, three types of Ayurvedic health service centers are available: (1) Diagnosis service in a pharmacy, (2) Panchakarma service center (clinic) with OPD service, and (3) Hospital with OPD and IPD services.

Most of the Ayurveda medicine manufacturing pharmacies offer health service associating with doctors or paramedics as a clinic but such centers are not registered as clinic. Panchakarma centers and hospitals are registered health service centers that offer only OPD or both OPD and IPD services.

Panchakarma centers provide five different services- Purva-karma (snehana, swedana, abhyanga, panda-sweda and pichu); Sansarjana and Rasayana-karma; Pradhana-karma (vaman, virechana, vasti, shiro-virechana, raktamokshana); Pashcat-karma and others. Various forms of drugs like churna, kwatha, avaleha, vati, tela, ghrita, rasa etc. are available. At least one doctor, one Ayurveda based paramedics and one assistant with in-house training under the experts are the minimum required human resources as guideline prescribed. However, the guideline does not speak about other provisions like tools and equipments, land and physical facilities, quality of drugs and so on. Ayurveda physicians associated with such Pancha-karma centers agree that centers are not able to offer all the services. Even available services do not meet standard quality due to lack of skilled human resources and tools and equipments.

*Table:2
Services in Ayurveda health centers*

Number of centers: 7 (Ayurveda)	
Services	Frequencies
OPD	8
IPD	4
Panchakarma	5
Ksharshutra	4
Drugs production/ distribution	5

In case of hospitals, eight wings of Ayurveda systems of medicine- Panchakarma, Kayachikista, Manodaihaka, Bala-roga, Rasayana, Vajikarana, Jadibuti-chikitsa, Kshara-sutra- are considered as eight departments. The guideline has prescribed 10 different departments and 5 different services. All those wings (Panchakarma, Kayachikista, Manodaihaka, Bala-roga, Rasayana,

Vajikarana, Jadibuti-chikitsa, Kshara-sutra) and medicine preparation and distribution are commonly offered services with OPD or IPD or both services in Ayurveda based health service centers in Kathmandu valley. These services are available in both Panchakarma centers and hospitals.

Post-graduate human resources are minimal in numbers and are mostly associated with government job in hospitals and medical colleges. Involvement in private hospitals therefore seems very minimal. Tools and equipments required for Ayurveda therapies are not available in Nepali markets, are costly to purchase from India and practitioners are not confident to design here to prepare locally.

Table: 3
HR in Ayurveda centers

Number of centers - 7	
HR	No. of centers
MD	2
BAMS	6
AHA	3
Panchakarma-sahayaka	3
Abhyanga-karta	4
BN/ B. Sc nursing	0
Lab technologist	2
Lab technicians	1
Lab assistant	2
Radiographer	3
ANM	3
AAHW	2
Computer operator	2

Note: this table shows how many centers have what kind of human resources but not the numbers of human resources.

3.3. Most common diseases that patients visit the health centers

Top ten diseases that Ayurveda treatment is found effective are Amalpitta (Gastritis), Udara-roga (abdominal diseases), Shwasana-vikara (respiratory diseases), Vatavyadhi (Vataja disease), Bala-roga (paediatric diseases), Stri-roga (gynaecological diseases), Karna-Nasa-Mukha-Danta and Kantha-roga (ENT, oral and dental diseases), Jwara (fever), Vrana (wounds, abscesses) and Atisara/Grahani (diarrheal diseases).[18]

Avipattikara Churna, Ashokarishta, Triphala Churna, Dashamularishta, Chyavanaprash Avaleha, Liv-52, Kasturi Bhushana, Yogaraja Guggulu, Shuddha Shilajit, Hingwashtak Churna, and Sitopaladi Churna are the top most highly salable Ayurveda drugs in Nepal.[7]

3.3.1. From the center's perspectives

Table: 4 Common diseases for which patients has visited various centers

Systems	Most common diseases	Common in all
Ayurveda and Naturopathy	Abdominal diseases, Ano-rectal diseases, Anxiety/depression, Arthritis, Asthma, Back pain, Baldness, Bell's palsy, Facial paralysis, Body-ache, Cervical adenitis, Cold, Constipation, CS, CVA, Depression, Diabetes, Headache, Ear infection, ENT, oral infection, dental, Spondylitis, Eye infection, Fever, Common cold, OA, Obesity, Parkinsonism, Piles, PID, Ulcer, Hepatitis B, HIV, Hydrocele, Foot drop, Fracture shoulder, Frozen shoulder, Gastritis, GIT, Gout, Gynecological, Hypertension, Hypotension, Indigestion, Insomnia, Jaundice, Kidney stone, Menopausal syndrome, Lumbago, Mental diseases, Migraine, Musculoskeletal, Myalsis, Neurological, Non-specific PPH.	Arthritis, asthma, back-pain, cold, cough, sinuses, stomach related, gastric, ulcer, piles, depression, diabetes, ear related, fever, Jaundice, liver, kidney, uterine related, nerve related, migraine, paralysis, sciatic, sleeplessness, hypo/hypertension
Homeopathy	Neurological, stomachache, sinusitis, uterine problems, cold, cough, arthritis, gastritis, piles	
Acupuncture	Back-pain, neurological (nerve related), eye related, arthritis, gastric, piles, ear related, sleeplessness, sciatic, migraine, sinuses, depression	
Amchi	nerve-related, ulcer, asthma, BP, Jaundice, liver, kidney, paralysis, fever, diabetes, sinuses, stomachache, cold, cough, arthritis, depression, gastritis	

3.3.2. From the service-users' perspectives:

Present study - from the service-users' perspectives shows total 29 different types of problems are identified as explained by the patients in their own words, technically, which may falls on same categories as reported by the ministry. Among them the most frequent problems were neurological (31), arthritis (25), headache (15), back-pain (17) and stomach-related (17)⁸ out of 132 patients.

3.4. Factors hindering service quality and effectiveness

3.4.1. Human resources

In traditional medicine sector, not all human resources designated as 'Doctor' have consecutive 5½ years' education (after certificate level completion in science) in the relevant system of medicine. In recent years, such problem does not exist in Ayurveda sector since a well functioning council scrutinizes/investigates original certificates and verifies from the concerned university at the time of registration. After proper scrutiny, one is registered by the council and separate designation is given as Ayurveda Chikitsaka, Ayurveda Swasthya-Sahayaka and Ayurveda Swasthya-Karyakarta, based on the course completed.

Human resources in other systems are registered in Nepal Health Professional Council. Since the council does not focus on any specific systems, submitted certificates are not always found comfortable to investigate as well as verify and categorize the human resources. In recent years, Naturopathy, Homeopathy and Acupuncture practitioners trained in Indian or Chinese universities recognized by the state are available in the health centers established in Kathmandu. However, academic background of majority of practitioners in Homoeopathy and Naturopathy has become a huge problem. The country still lacks autonomous agency to investigate on such issues, but as per the practitioners, a significant number of practitioners are fraud and fake.

⁸ (excluding gastritis and ulcers)

In homeopathy, a private college in Biratnagar, eastern Nepal produces graduates at local level where 'clinical exposure' has become a great problem. The new institution itself is still unable to attract significant numbers of patients to operate OPD and IPD. Homeopathy based health service centers are not available adequately in the city, and no other systems incorporate them for combined practice.

3.4.2. Tools and equipments

Tools and equipments used in traditional medicine especially in Ayurveda and Naturopathy are not available in Nepal. So, practitioners either have to design in Nepal or bring them from India. Purchasing tools and equipments from India is a huge investment and local manufacturers do not meet the quality. Those centers are therefore facing problems. As a result, most of the centers are not providing all possible services.

3.4.3. Drugs

Naturopathy mainly focuses on an individual's lifestyle change, diet and nutrition, meditation, yoga and other physical exercise rather than prescribing drugs. Acupuncture applies needling and seldom prescribes drugs. But drug is an important component of Ayurveda, Homeopathy and Amchi systems. In Homeopathy, all the required drugs are imported from abroad. In Amchi, required drugs are prepared locally using the local resources under the guidance of practitioners. Simple types of machine for powdering and making tablets are used these days.

Two types of Ayurveda drugs are distributed from the health centers: (1) classical drugs which are prepared following the classical texts, and (2) Patent drugs which are prepared by the pharmaceutical companies with their brand name well as trade-marks. Problems, especially quality of drugs, remain in both preparations but comparatively high in classical formulations where the practitioners get more opportunity to malpractice. Formulations and compositions are seldom exposed even with the patients in the name of personal intellectual knowledge, experience and expertise.

3.4.3. Limitation, misconception and misunderstanding:

Each system has its own strengths and weaknesses. Practitioners should explain about the probability as well as risks of the treatment they follow. Though herbal preparations have comparatively minimal adverse effects and some of them can be preserved for several years but how some of the practitioners as well as pharmacists are advertising- 'herbal drugs never expire and have no side effects'- is misleading wrong message that ultimately defames the systems.

3.4.4. Autonomous agency for regulation as well as facilitation

Except Ayurveda, no other systems have their own council to register human resources, recognize educational institution and to regulate health services as well as educational institutions. Ministry of Health and Population has already drafted document for the establishment of a common council for all the systems except Ayurveda but yet to get legal status to operate.

3.5. Service users' perception

The two important issues raised by the service users are *sarakari manyata ra sahayog* (state recognition and support) and *subidha sampanna sewa* (well equipped facilities and service). It simply implies that majority of the service users believe traditional medicine based health centers are not well equipped and services are limited due to lack of recognition and support from the state. Fifty-six patients (out of 132) did not comment or replied just *kehi chhaina* (nothing to complain) or *sabai thik chha* (all is well).

A forty-year old woman, first time visitor as she heard naturopathy can cure her problems, says, "Women staffs are more than male so the hospital is too noisy, should be gender balanced, lack of professional teams, less experienced staffs and lack of equipments, and ordinary Nepali cannot afford the cost". A 57-year male met in a naturopathy hospital said, "No big Doctors are available, even available doctors are providing just lip services".

Some other common complaints (by only one to five respondents) are: lack of well-ventilated rooms, long waiting time, non-professional staffs, less time given by the Doctors, inadequate conversation and consultancy by the doctors and so on. They suggested to make women-friendly with staff-nurse staffing, different dress for different level of technical person (so that they recognize who is approaching them), affordable for students, supporting staffs more sincere/serious etc. Those who are fully satisfied with the service recommended for opening new branches in new locations and suggested for advertisement so many people know it. A student and a Dalit suggest for making special consideration for students and Dalit people respectively.

3.6. Monitoring & Evaluation of health service centers

Traditional medicine based health service centers are almost never monitored and evaluated, after once visited by the incumbents of concerned agencies at the time of establishment. An Ayurveda physician says, “At the time of establishment, the newly borne center/hospital gets sympathy of monitoring team in the name of beginning even if basic infrastructure has not been prepared well, but they never visit again in future”. As an Ayurveda expert says, “National Ayurveda Health Policy and circulation of Ministry of Health and Population to Department of Ayurveda make clear that DoA is responsible for monitoring”. However, an officer of DoA says, “there is not clear provision in any documents”.

4.1. Selection of health care services

Why people visit traditional medicine based health service centers?

Anthropologist George M Foster (1976) explained two types of three-stage decision-making model to account for the choice of medical help.[19] In developing countries, the selection sequence is (1) home remedies (2) indigenous curer, and (3) the medical doctors, whereas in cases of developed countries, the sequence is: (1) home remedies (2) medical doctors, and (3) indigenous curer. In both sequences, the third one is followed if the first two choices failed to produce results. A Kathmandu based anthropological study suggested that medical pluralism is major contributing factors to delay to reach to the modern health care services, and educated youth reached to modern medical care earlier than older and women (Subedi, 1989).[20] It implies that access to modern education has contributed for selection of modern medical care. Durkin Longley (1982) found when family or friends are consulted for an illness problem, they help initially by providing home remedies. In the next stage, they select from multitude of therapeutic options (Subedi, 1989).[20]

Table: 4

Visit TM Based health centers

Respondents: 132	
First visit was to modern hospital	79
Modern systems failed to cure	85
Affordability is also a matter	16
First time visitors	96
Suggestion by relatives and others	99

The trend of seeking health care service in Kathmandu valley seems changing. Present study shows that significant numbers of respondents visit modern health care if home remedies failed to give expected result. People visit significant numbers among 82 respondents out of 132 say they visited traditional medicine center as the modern hospitals failed to cure their problems. Affordability is another contributing factor that influence or force the patients to reach to the traditional medicine based hospitals. Some physicians (Ayurveda and Naturopathy) agree that, “patients visiting in our hospital are satisfied even if we do not feel significant improvement because, in patients’ perspective, their health has not being managed or improving at significantly low cost in comparison with modern hospitals where they had already paid”.

Despite having none or little knowledge about traditional medicine, previous experiences, knowledge about the services of the centers, medicinal plants, none or seldom practice of home remedies, people visit traditional medicine based health centers and feel better or hopeful of better result. It shows **personal interaction**⁹ plays significant role to select the health care systems. Patients who sought treatment at health facilities used both traditional and modern medicine according to their own perceptions of effectiveness (Justice, 1981).[21] Present study shows, 72.72% are the first time visitors, 75% respondents visited the center following their relatives' suggestion (based on their own or person who know them) whereas for rest of them the reasons for visiting traditional medicine based health centers is either media or health personnel.

4.2 Satisfaction

Satisfaction, like many other psychological concepts, is easy to understand but hard to define.[17] Feeling 'satisfied' with a service does not indicate that it is necessarily a high quality service. The concept of satisfaction overlaps with similar themes such as happiness, contentment, and quality of life. Expectation of patient, age, illness, prior experience of satisfaction, patient-professional relationship, and choice of service provider, gender, ethnicity and socio-economic status are the factors that influence level of satisfaction of an individual.[22]

Respondents: 132	
Improved	73
Not yet but hopeful	57
Satisfied fully	39
Satisfactory	70
Dr's ... is very good	78
Dr is satisfactory	53

A 52 year old man suffering from neurological problems says, "I am satisfied and feeling good in this hospital (a naturopathy-based hospital) same as in the big hospital of modern medicine where I spent huge amount of my budget for a service not better than this". In couple of patients' opinion, "Doctors of this hospital (Ayurveda-based) are like god, they seriously hear my voice and respond. I am sure I

⁹ The term person interaction

will be cured very soon". Likewise, a person says, "I did mistake by not coming here in the beginning of my problem. What the big hospitals could not do in several years, the doctors did here". A 40 year old man says, "My friend and myself struck while playing football and got similar pain (as a radiographer suggested based on X-ray images) in ankle. He visited modern hospital where doctors plastered his leg and told to rest for 40 days. But I am getting treatment here (Amchi-based) and hopefully able to resume playing football from the next week".

Satisfaction, therefore in this study context, is 'an amalgamation of improvement in health condition, expenses, doctors and other staffs' behavior and other facilities' rather merely an expression of positive changes in health condition. As the modern hospitals failed (in patient's view) to cure and patients understood the nature and complications of their problems, sometimes they become satisfied even if the condition did not further deteriorate.

4.3. Referral system

Referring from modern to traditional systems or traditional systems to modern is common practice. However, referring among the traditional medicine practitioners- within the system or to other systems- is almost not reported. A young physician said, "Scaring if the patient never visits again in future" is the major reason. Another physician said, "PG doctors practice like a general physician rather than focusing on their own specialized subjects. This confused all other". Specialized (PG in Ayurveda) human resources in Nepal are still minimal and majority of them are associated either with Nardevi Ayurveda Hospital or Ayurveda College and Teaching hospitals. Private hospitals therefore lack highly qualified human resources.

4.4. Drugs

In any medical system, drugs are major components of overall health services. It is thus vital that the drugs are of high quality and an effective distribution system is in place. The drugs should also be available in needed quantities and health centers well equipped to dispense them. These factors not only improve the health status of the people but are also responsible for the survival of the medical system itself. Hence, continuous research and investigation should

be one of the regular activities of a particular kind of medical system. Unfortunately, all types of traditional medical systems in Nepal lack such extensive research and investigation.

4.5. Question of sustainability

Traditional medical practitioners of majority centers agree that health service centers are struggling to sustain their services. Though many hospitals and polyclinics in Ayurveda and Naturopathy (others are mainly clinical level only) have been running since long time back, they are still suffering from financial crisis. In 2011, couple of Ayurveda hospitals opened in the city and closed within a short time period as they could not even meet the breakeven of their investment for long time. The reason is lack of specialized treatment services in the centers. All the centers are providing general types of therapy that would not obtain same result in all cases. If the services are limited, obviously, centers have limited sources for gross collection.

4.6 An example of foreign investment

A Nepal-German joint venture that introduces itself as a first pioneer Pancha-karma Center with foreign investment in the city has been providing its service in Kathmandu since 2001. It shows that if a health center offers quality services, Ayurveda (even other traditional systems of medicine also) can attract people from Western and American countries.

This center has decade long history, one branch office in Pokhara, more than 10,000 patients mostly from Europe and USA during the last one decade, people from 106 countries have already visited, some of them are more than 5 time repeated, every treatment has its own module- more than 58 modules are prepared. The centre has occupied more than 2 ropani areas with 2 modern buildings in Kathmandu, well furnished, well equipped with European management systems of health care services, every activities follows its own protocol, guidelines and directory that assure consistency in service quality.

This is my third visit to this center. I came to know about the center from a leaflet that I found in a hotel. The first visit in Pokhara branch was 5-day program, second time in Kathmandu center was 8-day program and this time, I took 28-day treatment.

As I am from the allopathic medical background, I am quite clear about difference between modern and Ayurveda medicine, and the strength of both systems. The fundamental difference is - modern medicine focuses on the body parts where the problems persist, whereas Ayurveda medicine provides treatment in holistic approach. This is the beauty of Ayurveda system.

I am taking Ayurveda therapy for physical and mental fitness. I believe 'Ayurveda preserves health status and prevent from possible complications'.

In my perception, it offers quality services that can satisfy people from every corner of the globe. Services are effective. Basic means for security for the patients are managed.

-Dr Ingris Cozma/F/German

Both the practitioners as well as the services users of this center are insured as per international rules, annual business is around 3.5 core, pays significant amount of tax to the state, more than sixty staffs and specialized, problem (disease) based lodging and feeding prepared by the physicians.

Traditional medicine based health centers have been providing service to the significant portion of the total population of the Kathmandu city. At the time of conversation, both the service users and service providers express their satisfaction from their perspective. However, the numbers of the centers increased but quality of the service could not improved which the practitioners themselves believe and do agree, and is also the gist of the service users' comments and suggestions regarding the service quality, health centers and physicians.

Physical infrastructures, tools and equipments, skilled human resources, service varieties and drugs are the basic components of a health service center. From the service users' perspective, in some the health centers rooms are not spacious and well ventilated, lack of enough sunlight, light, lack of electricity back-up, problems of enough water and cleaned and separated toilet/bathroom for male and female. However, these basic facilities are to some extent well managed in privately run centers, though few service users complain.

Human resource is the big problem in all systems. Post-graduate physicians are not available except in few Ayurveda centers. Supportive technical staffs are mostly prepared by in-house training. Drugs are either prepared at the centers by purchasing raw materials from the markets or procured patent drugs. There is no proper quality control mechanism in the center to assess the quality of herbs and produce quality drugs. However, drugs are prepared under physician's guidance which is appreciable.

Research activities in traditional medicine based health centers are almost nominal. During this study, only 2 centers said they do research but they are not recognized by NHRC.

In general, one of the major problems of traditional medicine based health centers is lack of service varieties with specialized services. Limited physicians are providing limited services that are more general rather than specialized. Most of the health centers, therefore, face financial crisis and struggle for survival. Health centers need problem based or diseased based treatment

services. For this, they have to develop treatment modules and protocols that assure consistency in quality. More health services can generate more income.

Nation has not recognized all the existing systems of traditional medicine, does not facilitate private sector for the promotion of services and researches, and has not prepared regularizing provisions, mechanisms and networks for registration, monitoring and evaluation of health centers of all systems prevalent in the country. We do not have authentic data and information about human resources, health centers, their services and other activities, drugs and drug production and others.

6.1. Recognition and regulation: Consistency in national level documents

Nation should recognize all types existing traditional systems of medicine and should be consistent while addressing them in national level documents, since priority in national level planning and programs, and allocation of national resources depends on how the country has recognized the systems. Likewise, practices should be regulated by laws to control malpractices and misuses of knowledge and resources.

‘Proper guideline and directories are yet to be developed to make clear which organization is responsible for what, especially regarding registration, and evaluation and monitoring of health service centers.’ – Physicians.

6.2. Integrating model: which model is appropriate for Nepal?

The relationship between modern and traditional medicine can be explained in four broad forms. *Monopolistic*- where modern medical doctors have sole right, *tolerant situation*- where traditional practitioners are permitted unofficially, *parallel model*- where both are considered separate components and *integrated model*- where both are integrated at the level of education and practice.[23]

In country context, Nepal’s central level administration is integrated in nature as national level planning, policy making, Laws and Acts, national resource allocation etc. are decided by the same level. Following the suggestion and recommendations by WHO, as a member country, Nepal should adopt appropriate model for integration of traditional medicines into national health systems.

Some Examples of integration models:
Tolerate situation- USA, Parallel model- India, and integrated model- China

Rigorous conversation among the practitioners, academicians, researchers, policy makers and planners is the fundamental step for making appropriate decision about the model. Integrating model determines further policy and planning for the development and utilization of traditional medicine and its resources in the country.

6.3. Establishment of council

A council for the traditional systems other than Ayurveda is an urgent need. Council for each system may not be feasible at this stage but a common council with sub-committee that represents each system is possible as a study recommended for ministry in 2010.[16] That work-out can be reviewed and approved. Since the council strongly focuses on human resources and educational institutions, ethical practices can be ensured.

6.4. Monitoring and evaluation

Representatives of Department of Ayurveda and Ministry of Health and Population visit the proposed centers at the time of approval. At initial phases, monitoring team becomes more flexible so that private sector initiates to invest in establishment of health centers in traditional medicine. However, second time monitoring almost never happens in any centers. It should be a continuous process throughout the year. Lack or weak monitoring and evaluation system provides opportunities to various types of malpractice and misuses.

6.5. National policy

National Ayurveda Health Policy-1996 [11] is almost 16 years old which was once reviewed and amended nearly a decade ago. Similarly, national policy on other systems of traditional medicine (except Ayurveda) was drafted in 2009 [17] but yet to be approved by the cabinet. In the changing global scenario of global demands and trends in practices as well as commercialization of traditional medicine and its resources, the country should develop appropriate national policy and regulatory mechanism.

“Nowadays, MoHP invites private practitioners to present papers in their programs but just for a formality to make ‘participatory decision making process’ to impress international agencies”

- A naturopathy practitioner

6.6. Participatory decision making and policy making

There is a unit ‘Ayurveda and Alternative Medicine’ in the Ministry of Health and Population but representation of other systems of medicine does not exist. Active consultation and

participation in national level policy making and planning, decision making on resource allocation is almost nil. Ministry of Health and Population invites traditional medicine practitioners in open forum but their voices are almost never reflected in the actions. Individual experts as well as representatives of professional organizations of traditional medicine should be consulted and incorporated into the planning and policy making tasks force initiated by any state agencies.

6.7. Research and Development

Research and development in effectiveness of traditional systems of medicine is a must. Every organization working in the traditional systems of medicine should establish a **Research Unit** and initiate at least couple of research projects that may be a short term or a national level research project. A strong network can be developed among each research units to share financial as well as technical support as per need. NHRC, as an apex organization of the country to facilitate as well as regulate research activities, is capable to coordinate and facilitate any type of research activities as a joint venture since it has a long history of doing researches in health sector and rich in knowledgeable, experienced, enthusiastic researchers.

A strong network among all the stakeholders, resolution, dedication and open-mind to share available resources for a common goal is an urgent need. A worthy research ultimately contributes for nation building only if done sincerely and scientifically.

6.8. Education and training

Education in Ayurveda has been progressively spreading through the country. Private sector has been actively involved in this sector. However, in case of other systems, neither the state nor the private sector has taken step seriously. State should initiate with long term plan to provide education and training in traditional systems of medicine, especially attracting private sectors.

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Appendixes

Data collection tools

Appendix-1: Ayurveda

स्वास्थ्य संस्थाहरूको सेवाको गुणस्तर तथा प्रभावकारिता
अध्ययन

। नेपाल स्वास्थ्य अनुसन्धान परिषद्, रामशाहपथ, काठमाडौं ।

आयुर्वेद चिकित्सालयको विवरण

सामान्य विवरण

१. चिकित्सालयको नाम:
२. संस्थाको प्रकृति (नीजि/गै. स. स. अन्तर्गत /ज्वाइन्ट भेन्चर):
३. दर्ता मिति:
४. दर्ता हुँन स्वीकृति दिने संस्था:
५. दर्ता गर्ने निकाय:
६. पछिल्लो नविकरण मिति:
७. अनुमती प्राप्त शैया संख्या:
८. हाल संचालन भइराखेको शैया संख्या:
(अनुमति प्राप्त भन्दा कम वा बढि भए, किन:
९. ठेगाना:
१०. अन्यत्र शाखा भए, ठेगाना:
११. चिकित्सालय प्रमुख:
का. मु. भए:
१२. हालका चिकित्सालय प्रमुखले यस संस्थामा कार्य शुरु गरेको मिति:

अन्य विवरण

१. आयुर्वेद चिकित्सा सेवा अन्तर्गत विभाग वा शाखाहरू

क्र.सं.	विभाग वा शाखा	छ	छैन	कैफियत
१	कायचिकित्सा			

२	मनोदैहिक चिकित्सा			
३	बालरोग चिकित्सा			
४	प्रसूति तथा स्त्रीरोग चिकित्सा			
५	शल्य चिकित्सा			
६	शालाक्य			
७	रसायन			
८	वाजीकरण			
९	रसचिकित्सा			
१०	जडिवुटी (हर्बल) चिकित्सा			

२. भौतिक पूर्वाधार

क्र.सं.	ljj/Of	छ	छैन	कैफियत
१.	भौतिक पूर्वाधार			
	क. जग्गा सडकसँग जोडिएको			
	ख. सवारी साधन आवात जावत तथा पार्किङका लागि पर्याप्त ठाउँ			
	ग. प्रवेशद्वार र निकासद्वार(गेट छुट्टाछुट्टै)			
	घ. सञ्चार			
	ङ. खानेपानी			
	च. बिजुलीको वैकल्पिक व्यवस्था			
२	सेवा :			
	क. बहिरङ्ग सेवा (O.P.D)			
	ख. अन्तरङ्ग			
	ग. पञ्चकर्म			
	घ. क्षार सूत्र			
	ङ. औषधी निर्माण, वितरण			

३	जनशक्ति:	संख्या	दर्ता संस्था	कैफियत
	क. आयुर्वेद चिकित्सामा स्नातकोत्तर उपाधि प्राप्त ९।मर।ऋष्या०			
	ख. चिकित्सक ९द्याबः।क वा सो सरह०			
	ग. आयुर्वेद सहायक ९ब्ज भतआ ०			
	घ. पञ्चकर्म सहायक			
	ङ. अभ्यङ्गकर्ता			
	च= B.N. /Bsc. Nursing			
	छ. स्टाफ नर्स			
	ज. ल्याव टेक्नोलोजिष्ट			
	झ. ल्याव टेक्निसियन			
	ञ. रेडियोलोजिष्ट			
	ट. ल्याव असिसट्टेन्ट			
	ठ. रेडियोग्राफर			
	ड. सहायक रेडियोग्राफर			
	ढ. अ.न.मि			
	ण. वैद्य (AAHW)			
	त. वार्ड ब्वाई			
	थ. शाखा अधिकृत (प्रशासन)			
	द. नायव सुब्बा			
	ध. लेखापाल			
	न. कम्प्यूटर प्राविधिक			
	प. पियन/पाले			
	फ. भान्से टहलुवा			
	ब. माली			

	भ. ड्राइभर			
	म. हेल्पर			
	य. कुचिकार			
४	उपकरण:			
	क. स्टेथेस्कोप			
	ख. वी.पी.सेट			
	ग. ई.एन. टी. सेट			
	घ. थर्मामिटर			
	ङ. ह/च्वथ खभध वक्स			
	च. धमपनजप्लन :वअजप्लभ			
	छ. उचाई नाप्ने साधन			
	ज. टर्च			
	झ. गज,कटन,व्याण्डेज			
	ञ. :वकप			
	ट. ऋवउ			
	ठ. क्वप्लिभ कतवलमं इहथनभल ऋथप्लिमभच, काअतप्यल ऋवअजप्लभ			
	ड. Dressing Set			
	ण. Plastic Apron			
	त. Stitch set			
	थ. नयिखभक			
	द. Wheel Chair			
	ध. Sterilizers			
	ध. चार्ट/लकर/फाइल			
	न. वेड प्यान/ (शैया संख्याको आधारमा)			

प. कुरुवा बस्न टुल			
फ. चिकित्सक आराम गर्ने ठाउँ, कुर्ची			
ब. बिरामी ओसार्ने एम्बुलेन्स			
भ. औषधि स्टोरको लागि भेन्टिलेसन युक्त कोठा			
म. कम्प्युटर तथा प्रिन्टर			
य. बिरामीको पूर्जा दर्ता गर्ने टेबल कुर्च			
र. औषधी बनाउने टेबल			
ल. बिरामी पूर्जा दर्ता गर्ने रजिष्टर			
व.			
स. अन्तरङ्ग सेवा			
ष. वार्ड: पुरुष/ महिला			
श. चिकित्सक कोठा			
ह. नर्सिङ ड्यूटी रुम			
क्ष. शौचालय/वास भेशिन तथा पानी पर्याप्त			

थप जानकारी

- (१) संक्रामक रोग लागेका बिरामी आउँदा कुनै विशेष उपचार व्यवस्था छ?
- (२) यस चिकित्सालय/क्लिनिकको सेवा वारे बिरामीको प्रतिक्रिया (सन्तुष्ट भएको र गुनासो) कस्तो रहेको छ?
- (३) बिरामीको गुनासो सुन्ने र समाधान गर्ने कुनै व्यवस्था छ?
- (४) औषधीहरु बारे:

- (क) यस विधामा लगभग कति प्रकारका औषधिहरु हुन्छन?
- (ख) यस यस चिकित्सालय/क्लिनिकमा कति प्रकारका औषधि उपलब्ध छन?
- (ग) बिरामीलाई चाहिने सबै प्रकारका औषधि यस चिकित्सालय/ क्लिनिकमै उपलब्ध हुन्छ?
- (घ) सबै प्रकारका बिरामीलाई पर्याप्त छ?
- (ङ) औषधि खरिद गर्नुहुन्छ वा स्थानीय स्तरमै निर्माण हुन्छ?
यदि निर्माण हुने भए,
- (च) औषधि कहाँ निर्माण हुन्छ?
- (छ) कच्चा पदार्थ कहाँबाट संकलन हुन्छ?
- (ज) संकलित कच्चा पदार्थको गुणस्तरमापन विधि के कस्तो छ?
- (झ) औषधि निर्माण प्रकृया गुणस्तरीय बनाउन के व्यवस्था छ?
- (ञ) औषधिको प्रभावकारिता बारे कुनै अध्ययन भएको छ?

Appendix-2: Naturopathy

स्वास्थ्य संस्थाहरूको सेवाको गुणस्तर तथा प्रभावकारिता
अध्ययन

। नेपाल स्वास्थ्य अनुसन्धान परिषद्, रामशाहपथ, काठमाडौं ।

प्राकृतिक चिकित्सा अस्पतालका पूर्वाधारहरू

चिकित्सालयको विवरण

सामान्य विवरण

१. चिकित्सालयको नाम:
२. संस्थाको प्रकृति (नीजि/गै. स. स. अन्तर्गत /ज्वाइन्ट भेन्चर):
३. दर्ता मिति:
४. दर्ता हुँन स्वीकृति दिने संस्था:
५. दर्ता गर्ने निकाय:
६. पछिल्लो नविकरण मिति:
७. अनुमित प्राप्त शैया संख्या:
८. हाल संचालन भइराखेको शैया संख्या:
(अनुमति प्राप्त भन्दा कम वा बढि भए, किन:
९. ठेगाना:
१०. अन्यत्र शाखा भए, ठेगाना:
११. चिकित्सालय प्रमुख:
का. मु. भए:
१२. हालको चिकित्सालय प्रमुखले यस संस्थामा कार्य शुरु गरेको मिति:

अन्य विवरण

For official use only	
Serial no.	
Respondent	
Organization	
Address	
Date	
Enumerator	

सि.नं.	विवरण	छ	छैन	कैफियत
१.	अस्पताल भवन खुल्ला जग्गा			
२.	प्रवेश मार्ग: अस्पतालसम्म मोटर सजिलै जाने, फर्कने र पार्किङको सुविधा			
३.	प्रतिक्षालय सोधपुछ/सम्पर्क र सूचना/ टेलिफोन सेवा बस्ने ठाउँ पर्याप्त पानीको व्यवस्था प्रकाश वातायन (भेण्टिलेसन) विद्युत (वैकल्पिक व्यवस्था)			
	क. शौचालय महिला र पुरुषको लागि (अलग)			
	ख. ह्वील चियर/ टूली/ स्ट्रेचर			
४.	बहिरंग विभाग १९इएम०			
	क. विरामी जाँच्ने कोठा			
	ख. व्यवस्थापन कक्ष			
५.				
	क. अक्सिजन सेट			
	ख. क्षुब्ध			
	ग. आकस्मिक सेवामा आवश्यक अन्य उपकरण			
६.	प्रयोगशाला कोठा उपचारका सामग्री(माटो, पानी, आदि) को गुणस्तर जाँच गर्ने कोठा)			

७.	मनोपरामर्श एवं जीवनशैली र स्वास्थ्य परिक्षण कोठा			
८.	योगासन, प्राणायम, ध्यान आदिका लागि आवश्यक हल			
९.	एजथकष्यतजभचवउथ ग्लप्त			
१०.	उपचार सेवाका कोठ जल चिकित्सा, माटो चिकित्सा, सूर्यकिरण चिकित्सा, चुम्बक चिकित्सा, मालिस एवं अन्य			
११.	भोजनालय (चिकित्सकले दिएको भोजन तालिका अनुसारको भोजन दिन सक्ने भोजनालय,भोजन एवं पोषण विशेषज्ञका लागि आवश्यक कोठा)			
१२.	पुनर्ताजगी कक्ष- चिकित्सक, सहायक चिकित्सक आदिको लागि			
१३.	शैया कोठा			
	क. विशेष सघन उपचार कोठा(१ जना विरामी मात्र राख्ने)			
	ख.२/२ जना विरामी राख्ने सुविधा भएको कोठा			
	ग.४/४ जना विरामी राख्ने सुविधा भएको कोठा			
	घ.६/६ जना विरामी राख्ने सुविधा भएको कोठा			
१४.	शौचालय एवं स्नान कोठा			
१५.	फुल विरुवा प्रशस्त भएको बगैचा			
१६.				
	क. सम्पूर्ण शरीरको वाष्पस्नान यन्त्र			
	ख.स्थानीय वाष्पस्नान यन्त्र			
	ग.कटिस्नान टब			

	घ.रीढस्नान टब			
	ड. एनिमा(Enema)			
	च. विभिन्न प्रकारका पट्टिहरू(चिसो पट्टि)			
	छ. सेकका यन्त्रहरू			
	ज. माटो चिकित्सामा प्रयोग हुने उपकरणहरू			
	झ.सूर्यकिरण चिकित्सामा प्रयोग हुने उपकरण			
	ञ.षट्कर्ममा प्रयोग हुने उपकरणहरू			
	ट.मालिसमा प्रयोग हुने उपकरणहरू			
	ठ. पानीलाई विभिन्न तापक्रममा ल्याउने एवं वाफ बनाउने यन्त्र			
	ड.थर्मोमिटर(पानीको तापक्रम र शरीरको तापक्रम नाप्न)			
	ढ. रक्तचाप नाप्ने यन्त्र ९द्याए। कभत०			
	ण. नाक, कान, घाँटी जाँच्ने यन्त्र ९भलत कभत०			
	त. तौल नाप्ने यन्त्र ९धभ्जजप्लन :वअजप्लभ०			
१७.				
	क. चिकित्सक			
	ख. सहायक चिकित्सक			
	ग.उपचारक			
	घ. सहायक उपचारक			
	ड. लेखा अधिकृत			
	च. लेखापाल			
	छ. प्रशासकिय प्रमुख			
	ज. प्रशासकिय सहायक			
	झ. सुपरभाइजर			
	ञ. Receptionist			
	ट. कार्यालय सहयोगी (पियन)			

	ठ.माली			
	ड. चौकिदार			

थप जानकारी

- (५) संक्रामक रोग लागेका बिरामी आउँदा कुनै विशेष उपचार व्यवस्था छ?
- (६) यस चिकित्सालय/क्लिनिकको सेवा वारे बिरामीको प्रतिक्रिया (सन्तुष्ट भएको र गुनासो) कस्तो रहेको छ?
- (७) बिरामीको गुनासो सुन्ने र समाधान गर्ने कुनै व्यवस्था छ?
- (८) औषधीहरु बारे:
- (ट) यस विधामा लगभग कति प्रकारका औषधीहरु हुन्छन?
- (ठ) यस यस चिकित्सालय/क्लिनिकमा कति प्रकारका औषधि उपलब्ध छन?
- (ड) बिरामीलाई चाहिने सबै प्रकारका औषधि यस चिकित्सालय/ क्लिनिकमै उपलब्ध हुन्छ?
- (ढ) सबै प्रकारका बिरामीलाई पर्याप्त छ?
- (ण) औषधि खरिद गर्नुहुन्छ वा स्थानीय स्तरमै निर्माण हुन्छ?
- यदि निर्माण हुने भए,
- (त) औषधि कहाँ निर्माण हुन्छ?
- (थ) कच्चा पदार्थ कहाँबाट संकलन हुन्छ?
- (द) संकलित कच्चा पदार्थको गुणस्तरमापन विधि के कस्तो छ?

(ध) औषधि निर्माण प्रकृया गुणस्तरीय बनाउन के व्यवस्था छ?

(न) औषधिको प्रभावकारिता बारे कुनै अध्ययन भएको छ?

Appendix-3: Homeopathy, Acupuncture and Amchi

स्वास्थ्य संस्थाहरूको सेवाको गुणस्तर तथा प्रभावकारिता अध्ययन
। नेपाल स्वास्थ्य अनुसन्धान परिषद्, रामशाहपथ, काठमाडौं ।

प्रश्नावली

क्रम संख्या	
मिति	
संकलक	

नेपाल स्वास्थ्य अनुसन्धान परिषद्को २०६८-६९ को कार्यक्रम अनुसार परम्परागत चिकित्सामा आधारित विभिन्न प्राईभेट स्वास्थ्य संस्थाहरूको सेवाको प्रभावकारिता अध्ययन गर्न आवश्यक पर्ने तथ्याङ्क तथा जानकारी संबन्धित स्वास्थ्य संस्थाहरूबाटै संकलन गर्ने उद्देश्यले यो प्रश्नावली तयार पारिएको हो । यस प्रश्नावलीबाट संलित तथ्याङ्क तथा जानकारी यसै अध्ययन बाहेक अन्यत्र प्रयोग गरिने छैन ।

स्वास्थ्य संस्थाको नाम:

दर्ता:

पछिल्लो पटक नविकरण:

ठेगाना:

प्रमुखको नाम:

योग्यता:

(१) संस्थाको भौतिक अबस्था सम्बन्धी

१	स्थापना तथा संचालन मिति			
२	यातायातको नजिकको स्थानबाट दुरी			
३	भवन / कोठा सङ्ख्या			
४	पार्किङ	छ	छैन	
५	फर्निचर	पर्याप्त छ	पर्याप्त छैन	अवस्था

६	चर्पी			
७	धारा			
८	पानी			
९	बिजुली			
१०	टेलीफोन			
११	फ्याक्स			
१२	कम्प्युटर			
१३	ईमेल, ईन्टरनेट			

(२) स्टाफ तथा जनशक्ति सम्बन्धी

क्र सं	शैक्षिक योग्यता	दर्ता संस्था	संख्या	जिम्मेवारी
१				
२				
३				
४				
५				

(३) सामान्य उपकरण

क्र.सं.	नाम	छ	छैन	कैफियत

१	Thermometer			
२	Weighing Machine			
३	उचाई नाप्ने मेशिन			
४	Tongue Depressor			
५	BP Set			
६	Stethoscope			
७	ENT Set			
८	Proctoscope			
९	Probe			
१०	Syringe			
११	Torch Lights			
१२	Gloves			
१३	Mask/Apron			
१४	Kidney tray			
१५	Bucket			

(४) यस विधामा प्रयोग हुने विशेष उपकरणहरु

क्र.सं.	नाम	छ	छैन	कैफियत
१				
२				
३				
४				

५				
६				
७				
८				
९				

(५) बिरामीको संख्या बारे

	संख्या (लगभग)	कैफियत
दैनिक आउने बिरामी सख्या		
नयाँ बिरामी		
बढि संख्यामा आउने बिरामीको प्रकार		
१.		
२.		
३.		
४.		
५.		
६.		
७.		
८.		
९.		

(६) प्याथोलोजी सेवा छ?

भए,

(क) कुन योग्यता भएका जनशक्ति संलग्न छन्?

(ख) प्रायः परीक्षण गरिने रोग र टेष्ट

क्र सं	रोग	टेष्ट

थप जानकारी

(९) संक्रामक रोग लागेका बिरामी आउँदा कुनै विशेष उपचार व्यवस्था छ?

(१०) यस चिकित्सालय/क्लिनिकको सेवा वारे बिरामीको प्रतिक्रिया (सन्तुष्ट भएको र गुनासो) कस्तो रहेको छ?

(११) बिरामीको गुनासो सुन्ने र समाधान गर्ने कुनै व्यवस्था छ?

(१२) औषधीहरु बारे:

(न) यस विधामा लगभग कति प्रकारका औषधिहरु हुन्छन?

(प) यस यस चिकित्सालय/क्लिनिकमा कति प्रकारका औषधि उपलब्ध छन?

(फ) बिरामीलाई चाहिने सबै प्रकारका औषधि यस चिकित्सालय/ क्लिनिकमै उपलब्ध हुन्छ?

(ब) सबै प्रकारका बिरामीलाई पर्याप्त छ?

(भ) औषधि खरिद गर्नुहुन्छ वा स्थानीय स्तरमै निर्माण हुन्छ?

यदि निर्माण हुने भए,

(म) औषधि कहाँ निर्माण हुन्छ?

(य) कच्चा पदार्थ कहाँबाट संकलन हुन्छ?

(र) संकलित कच्चा पदार्थको गुणस्तरमापन विधि के कस्तो छ?

(र) औषधि निर्माण प्रकृया गुणस्तरीय बनाउन के व्यवस्था छ?

(ल) औषधिको प्रभावकारिता बारे कुनै अध्ययन भएको छ?

Appendix-4: Patients

प्रश्नावली

नेपाल स्वास्थ्य अनुसन्धान परिषद्ले आर्थिक वर्ष २०६८-६९ को कार्यक्रम अनुसार काठमाडौं उपत्यकाभित्र हाल संचालनमा रहेका बिभिन्न परम्परागत चिकित्साविधाका निजी चिकित्सालय वा क्लिनिकहरुको सेवाको गुणस्तर र प्रभावकारिता अध्ययन गर्दैछ । यस अध्ययनका लागि यस प्रकारका चिकित्सालयहरुमा गई सेवा लिने सेवाग्राहीहरुको अनुभव, गुनासो र सल्लाह सङ्कलन गर्न यो प्रश्नावली तयार पारिएको हो । यहाँबाट प्राप्त जानकारी यस परिषद्को कार्यालयमा सुरक्षित र गोप्य रहनेछ। यसै उद्देश्य बाहेक अन्यत्र प्रयोग गरिने छैन ।

बिरामीको सामान्य जानकारी			
नाम	:	उमेर	:
लिङ्ग	:	व्यवसाय	:
ठेगाना	:	निवास-अस्पताल दुरी	:

१. तपाईं कुन समस्याका कारण (के भएकोले) आउनुभएको हो?

२. यस समस्याबाट पिडित हुनुभएको कति समय भयो?

३. यहाँ उपचार शुरु गर्नुभएको कति समय भयो?

४. यहाँको उपचारपछि पहिलेको भन्दा अहिले सुधार भएको छ?

क. छ []

ख. छैन, तर होला जस्तो लाग्छ []

ग. भन्न सकिदैन []

५. चिकित्सकहरुको व्यवहार कस्तो पाउनुभयो?

क. राम्रो []

ख. ठिकै []

६. अन्य स्टाफको व्यवहार?

क. सहयोगी []

ख. सन्तोषजनक लागेन []

७. उपचार सेवाबाट सन्तुष्ट हुनुहुन्छ?

क. एकदमै सन्तुष्ट छु []

ख. ठिकै लागेको छ []

ग. सोचे अनुसार पाउन सकेको छैन []

घ. छैन []

८. यसभन्दा अघि यहि समस्याका लागि कतै उपचार गराउनु भएको थियो?

क. थिइन []

ख. थिएँ []

गराउनुभएको थियो भने,

८.१. कुन उपचार विधि अनुसारको अस्पतालमा / क्लिनिकमा ?

अ. परम्परागत []

आ. आधुनिक []

९. तपाईंलाई कसले सल्लाह दिएर यहाँ आउनुभएको हो?

क. बिभिन्न मेडियामा पढेर, सुनेर []

ख. छिमेकी, आफन्त वा अन्यले सल्लाह दिएर []

ग. स्वास्थ्यकर्मीले []

घ. अन्य (खुलाउने) []

१०. यस भन्दा अघि पनि यस संस्थामा आउनु भएको थियो?

क. थिइन []

ख. थिएँ []

गराउनुभएको थियो भने,

१०.१. यही समस्याको लागि हो कि अन्य?

क. यही समस्या हो []

ख. अन्य (फरक फरक) []

१०.२. कस्ता खाले समस्याका लागि यहाँ आउनुहुन्छ?

- क. पुराना समस्या (लामो समयदेखि दुःख दिईरहेका) []
ख. जुनसुकै (सबै खाले) []

१०.३. यस अघि यहाँको उपचारबाट रोग निको भएको थियो?

- क. थियो []
ख. थिएन []

११. आधुनिक अस्पतालहरु नजिकै हुँदाहुँदै यसै अस्पतालमा किन आउनु भएको हो?

- क. आधुनिक अस्पतालमा उपचार सफल हुन नसकेर []
ख. आधुनिक अस्पतालको महंगो उपचार खर्चको कारण []
ग. माथिका दुवै []
घ. अन्य (खुलाउने) []

१२. परम्परागत चिकित्सा विधाले कुन कुन खालका समस्याहरुको निदान गर्छ भन्ने जानकारी छ?

- क. छैन []
ख. छ []

१३. यस अस्पतालमा कुन कुन सेवा उपलब्ध छन भन्ने थाहा छ?

- क. छ []
ख. छैन []

१४. पटक पटक आएर पनि निको हुन नसकेको कुनै समस्या छ?

- क. छ []
ख. छैन []

१५. समग्रमा अस्पतालको बारे: -

विषय	राम्रो/उचित [1]	छ	सन्तोष जनक [2]	राम्रो लागेन [3]
भौतिक अवस्था				
सरसफाई				
भवन				
कोठाहरु				
पानी				
शौचालय				
पार्किङ				
यातायात				
एम्बुलेन्स				
संचार /टेलीफोन				
प्रकाश विद्युत				
प्रकासका लागि वैकल्पिक व्यवस्था				
वातायन (भेण्टिलेसन)				
खर्च				
दर्ता शुल्क				
कन्सल्टेन्सी फी				
प्याथोलोजी				
एक्स-रे				
औषधी				
अन्य खर्च				

अन्य			
औषधिको उपलब्धता			
एम्बुलेन्स सेवा			
औषधि खरिद, मात्रा, सेवन आदि बारे परामर्श वा सल्लाह			

१६. अस्पतालको सेवा, सुबिधा, औषधी, चिकित्सकको बारे कुनै गुनासो, सल्लाह वा सुझाव छन्?