The most important health development in Nepal during the year has been the initiation of the malaria eradication programme. There has also been an increasing awareness of the need for the development of health programmes. Certain autonomous bodies have been set up under the Nepal Development Act and have been delegated wide powers by the Government for the management, development and expansion of certain institutions like the Bir Group of Hospitals, other curative services and the maternity and child welfare centre at Kathmandu.

Important basic measures for organizing the health services, streamlining the administration and relations between the Directorate of Health Services and the Ministry of Health and forming a health cadre have been proposed and are under study.

Seventeen new health centres have been opened in rural areas. The building of a 50-bed hospital at Birganj is nearing completion. A maternity and child welfare home has also been constructed, and certain additions and alterations have been sanctioned by the Government to convert it into a regular maternity and child welfare centre. Sufficient posts to absorb all the health assistants who graduated in 1958 have been created, and an additional seventeen posts have been sanctioned for the employment of those who will graduate this year. The training of nurses is progressing satisfactorily.

Cholera broke out in an epidemic form in Kathmandu valley in July 1958. It was brought under control with the assistance of WHO, ICA, the Indian Aid Mission and the Indian Red Cross Society. At the request of the Government, a WHO epidemiological team was sent to Nepal to make a study of the situation and suggest preventive measures.
<table>
<thead>
<tr>
<th>Project No.</th>
<th>Source of Funds</th>
<th>Co-operating Agencies</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nepal 1</td>
<td>R</td>
<td>MESA</td>
<td>Malaria Eradication* (June 1954 - )</td>
</tr>
</tbody>
</table>

Aim of the project. To achieve eradication of malaria throughout the country in progressive stages.

Assistance provided by WHO during the year. (a) Three malariologists, three entomologists, two sanitarians and two auxiliary workers; (b) Supplies and equipment; (c) A twelve-month international fellowship and a six-week regional fellowship; (d) Transport vehicles, supplies and equipment.

Probable duration of assistance. Until 1966.

Work done during the year. In the malaria control programme in the Rapti Valley DDT spraying was changed from 1 gm/m² twice a year to 2 gm/m² once a year.

The control programme has now been converted into one of eradication. For this purpose the country has been divided into three zones. To begin with, the work on malaria eradication was started in the central zone, which has been further sub-divided into three sectors - northern, middle and southern - with headquarters at Kathmandu, Amlekganj and Birganj, where three WHO teams have started operations.

Equipment transport and supplies, including insecticides (DDT) for spraying the Indo-Nepal border areas, are under procurement.

The project is being assisted by the ICA, with which close collaboration is being maintained.

The training of personnel has continued.

A.fluviatilis has been incriminated as an additional vector in one area in Nepal, and A.minimus remained absent.

The Government has appointed an autonomous National Malaria Eradication Board and under it a National Malaria Eradication Organization.

Nepal 2    | Training of Nurses, Kathmandu (Nov. 1954 - ) |

Aim of the project. To train nurses for institutional, domiciliary and public health work.

Assistance provided by WHO during the year. (a) Three nurse tutors; (b) Supplies and equipment.

*Previous title: Malaria Control, Rapti Valley
Probable duration of assistance. Until the end of 1962.

Work done during the year. The training programme was interrupted for several weeks during August and September 1950 on account of the cholera epidemic, when the students were asked to assist in immunization work. To relieve the hospital staff for duties in the Cholera Hospital, two additional wards of 30 beds were temporarily staffed by the students. Six students who were assigned to anti-cholera work acquired experience in the immunization programme, home-visiting and follow-up of hospitalized cases in the city as well as in the villages.

The lecture programmes for all the students were resumed in October. The junior examination for first-year students was held in February 1959; nine out of eleven students were successful. Eighteen new students were admitted for the fourth PPS course in April.

A central linen supply scheme was established; this seems to be having some effect in controlling losses. To assist with the clinical teaching programme, a small reference library for the staff of the School is being established in the hospital.

In the absence of facilities for midwifery training in Nepal, arrangements were made with the Government of India to provide this training in Delhi for the third-year students who had completed their three years of training in general nursing. They started this twelve-month course at the Irwin Hospital, New Delhi, in April 1959.

Nepal 3

Training of Health Assistants, Kathmandu

(Aim of the project. To establish a school for health assistants in Kathmandu for theoretical and practical training; to plan a programme of rural health services which will make the best use of the health assistants.

Assistance provided by WHO during the year. (a) A medical officer (public health specialist) and a sanitarian; (b) A regional five-year fellowship in basic medicine and fourteen regional one-month fellowships in rural health; (c) Supplies and equipment.

Probable duration of assistance. Until the end of 1964.

Work done during the year. Regular training of both the first and second-year classes was interrupted until November 1950, as the students and staff were detailed to cholera epidemic control work. The second semester examination therefore had to be cancelled. Some supplementary lectures were arranged for the second-year group so that they might complete the course in each subject before the final examinations. The final Health Assistants' Certificate examination of the second-year class and the promotion examination of the first-year class were held in January. Twelve health assistants who qualified in the 1959 examination and one previously qualified were sent to the Orientation and Training Centre at Najafgarh, India, on WHO fellowships, for a month's field training.
Film shows and lectures were provided once in every fortnight. The WHO sanitarian arranged weekly demonstrations and field visits for the first and second-year classes, to show them methods of disinfecting water, chlorinating wells, etc.

A proposal was made for the establishment of a public health practice field at Bhaktapur. A public health museum is being started, and estimates for the setting up of a demonstration centre in the school were prepared.

At the time of recruiting a fresh group of trainees for the school, wide publicity was given by the Directorate of Health Services, and the intake of new students to the school increased from twenty to thirty. This is viewed with some concern since it is felt that the training facilities available are inadequate for such a large number.

The national counterpart to the WHO public health officer has left to take up a two-year fellowship under the Colombo Plan.

Nepal Assistance to Central Health Directorate (Aug. 1937 - )

Aim of the project. To organize the work of the Central Health Directorate and to develop short-term and long-term health plans to meet the country's basic health and medical problems.

Assistance provided by WHO during the year. (a) A public health adviser and an administrative assistant; (b) Supplies and equipment.

Probable duration of assistance. Indefinite.

Work done during the year. The public health adviser submitted certain long-term and short-term proposals regarding the cholera epidemic which broke out in the Nepal Valley towards the end of 1958. These proposals included suggestions for combating the epidemic and for machinery for organizing future prophylactic and control measures. He also made suggestions to the Health Ministry for a reorganization in the office of the Health Ministry and the Directorate of Health Services. These have been accepted and are likely to be implemented soon.

At the request of the Bir Hospital Development Board, he submitted a tentative list of the equipment necessary for the Panch Shri Lakshmi Maternity and Child Welfare Centre at Kathmandu. Owing to the urgent necessity of developing a public health practice field, consideration is being given to starting a semi-urban public health practice, creating posts of demonstrators in the Health Assistants' Training School, and concentrating on better training facilities for multi-purpose health auxiliaries.

Although there has been little abatement of the administrative and financial problems which have hindered the rapid progress of health projects, on the whole there is an increasing awareness of the necessity for effecting improvements in the health status of the people.
Nepal 5  
R  
Fellowships  

Basic Medicine: A twelve-month fellowship for study in India.  

Nursing: Fourteen twelve-month fellowships for study in India.  

Nepal 7  
R  
Cholera Control  
(Aug. 1958)  

Aim of the project. To make an epidemiological investigation of the cholera outbreak in Nepal.  

Assistance provided by WHO during the year. (a) A consultant for two weeks, assisted by the Regional Advisers on Communicable Diseases and Environmental Sanitation; (b) Supplies and equipment.  

Work done. At the request of the Government of Nepal, an epidemiological team consisting of a specialist consultant and the Regional Advisers on Communicable Diseases and Environmental Sanitation visited Nepal from 17 to 28 August 1958 in order to investigate and report on the cholera situation in the Kathmandu Valley, which had been notified officially on 23 July 1958. Bacteriological confirmation of the outbreak was established, and practically all the isolated cultures of Vibrio cholerae were agglutinated by Ogawa serum. The municipalities of Kathmandu and Patan were most affected. A total of 1,356 cases had been admitted to the Infectious Diseases Hospital from 23 July to 21 September 1958, and of these 213 patients had died. The epidemic was of a smouldering rather than of an explosive nature, indirect contact (e.g. transmission of the infection through contaminated well water, contaminated food, flies and fingers) playing a preponderant role in the spread of the infection. Recommendations for cholera prevention were made by the team.  

The graduates and students of the WHO-aided Health Assistants' Training School played an important part in mass vaccinations and in undertaking other preventive measures.  

A total of 2,706 cases and 364 deaths were reported during 1958. No cases have been officially reported, however, since 1 December 1958.  

9. PORTUGUESE INDIA  

Portuguese India 5  
R  
Fellowships  

Tuberculosis: A twelve-month fellowship for study in Denmark, United Kingdom and West Africa.  

Portuguese India 6  
TA  
Fellowships  

Anaesthesiology: A twelve-month fellowship for study in Denmark.