

# HOPE in Nepalese hospitals

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We live in the land of prayer and hope. We pray that we do not have to face a major disaster and we hope that our prayers are answered – more so as we have done so little to prepare ourselves for major disasters. Nepal has just celebrated the Earthquake day on 15<sup>th</sup> of January, on the same day the 1934 earthquake took place. This is the biggest earthquake experienced by Nepal and caused the maximum damage to the life and the property. Seventy-two years later we are still not prepared to deal with disaster of similar magnitude. It must be remembered that an earthquake of eight magnitudes in the Richter scale comes approximately every 80 years. It does not follow a strict timetable, so we may be in for one big one any day.

Three things can be done to prevent large scale loss of life at the time of disaster, like in an earthquake – prevent, predict and finally preparedness. Preventing an earthquake is quite impossible and will be so for many years. Although there are many anecdotal experiences on predicting earthquake by snakes or machines, it has not been proven to be of any use till yet. So, that leaves preparedness - long term and short term preparedness. Housing codes and moving from the earthquake area (if feasible) may be some long-term preparedness. This will take at-least 5 to 10 years, and that too if it strictly adhered to.

That leaves us to pray and do nothing or pray and prepare the best possible way we can now. The best way the country can prepare is to train in three tiers. First the government has to have the political will to prepare for disasters. All other agencies may try, but till the government takes the lead to coordinate the various preparedness programs, it will ultimately fail at the time when it is crucial.

Second is the community awareness and training. Unless the community is prepared, all the best policies will fail. It is well known that in times of disaster, it is YOYO 24 - 48, that is, you are on your own for the first, 24 to 48 hours. This is the most important tier and everybody in the country from the school children to housewives to the professionals,

should be aware of how to prepare and manage when disaster strikes.

The third tier is the hospital. In disaster, all the injured people will go to the nearest hospital for treatment. People will not take it lightly if the hospital were to say we are not prepared or we are of different specialty, so we cannot treat the victims. Thus, it is of great necessity for all hospitals to manage their emergency department well regularly (an emergency department that is like a disaster area at regular time will not be able to manage any type of disaster) and be fully prepared for the disaster. In this regard, to train hospital staff to prepare themselves and the hospital for disaster, Institute of Medicine has signed a Memorandum of Understanding with National Society for Earthquake Technology- Nepal (NSET) to conduct Hospital Preparedness for Emergencies (HOPE).

HOPE is a four-day course of the Program for Enhancement of Emergency Response. It was developed by the United States Agency for International Development through its Office of U.S. Foreign Disaster Assistance in collaboration with Johns Hopkins University, Asia Disaster Preparedness Center, National Society for Earthquake Technology - Nepal and a team of leading experts from throughout the Asia Pacific region. The course has been tested and delivered in Thailand, Indonesia, Nepal, India, Bangladesh and the Philippines. Recently, Pakistan after their devastating earthquake has joined this group and HOPE will be soon conducted in that country too. HOPE is a structured course and the instructors have to go through HOPE Training For Instructors (HOPE - TFI) and first train in various courses before they become full instructors.

In Nepal, it is being conducted at regular intervals, and in a short time of two years, it has produced 96 graduates in HOPE course (64 male and 32 female), 26 H-TFI graduates, out of which 14 are already qualified instructors and 5 assistant instructors. It has also produced 3 qualified course coordinators and 2 monitors. Besides this, 10 engineers

have also been trained in HOPE. Altogether staff from 16 medical institutes has been trained. This is not enough. What is required is that they go back and prepare their hospitals for disaster management. Fortunately, most of them have done just that. Hospitals have prepared hospital plans or brought it out from the cobweb and has implemented it. Some has even modified their emergency department according to HOPE. All this will assist in helping each other as everybody will be speaking the same language at the time of disaster.

There is more to do - train staff from the government hospitals and also the private hospitals. Help implement the disaster plans, organize drills and practice and practice. Finally, all this will lead to making our emergency a better department and also help in starting an Integrated Emergency Medical System (IEMS), which is so important not only at the time of disasters but also in our daily lives. To save even one more life regularly and to save as many lives as possible in disaster, is our goal. So, now we still live in the land of prayer but now we have HOPE.