**Health Care Delivery and Community Development in Rural Nepal**

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**ABSTRACT**

The barriers to health delivery and access to care in the developing world have numerous origins. From poverty and education, to environmental and cultural factors, the immense complexity of the problem demands innovative, dynamic, and comprehensive treatment models. Through a 5 week research and observational internship at Dhulikhel Hospital, in Dhulikhel Nepal, I was able to observe how the public health and community outreach arm of the hospital engaged in an effective model of delivery incorporating community participation, economic development, an innovative collaboration.

**INTRODUCTION**

- Nepal – Nestled between the Himalayas and the Terai region of India. A country of incredible beauty and culture.
- Population – 27,000,000
- 80% of population live off subsistence agriculture
- Dhulikhel Hospital Department of Community Programmes
  - 13 owned and operated outreach centers in rural communities throughout Nepal
  - Another 13 partner institutions
  - Programs include: 24 hour basic care, microfinance, microinsurance, and educational programs.

**METHODS**

- Spent 5 weeks in Dhulikhel.
- Traveled to 7 of the 13 outreach centers
- Visited 1 of the partners institutions
- Assisted with clinic activities
- Assisted with research and publication
- Interviewed DCP staff
- Surveyed members of rural communities
- Visited government facilities

**RESULTS**

- Dhulikhel Hospital currently serves 2.7 million residents of rural Nepal.
- Improved access to care.
- Greater patient enrollment and participation
- Success in economic incentive programs
- Challenges in physician recruitment and financial sustainability

**CONCLUSION**

The model of community centered service and comprehensive, holistic care that Dhulikhel Hospital has embraced is one that has immense potential for replication in other parts of the developing world. It is my belief that with time the methodology employed by the DCP will become more widely recognized and employed in areas where socioeconomic progress and health improvement hinge on effective community outreach and holistic care.

**REFERENCES**

1. Dr. Biraj Kamacharya Dhulikhel Hospital Department of Community Programs
3. World Health Organization Regional Office for Southeast Asia: Nepal Country Health Profile: [http://www.searo.who.int/en/Section313/Section1523_6856.htm](http://www.searo.who.int/en/Section313/Section1523_6856.htm)