

A unique model of health institution for a developing country: Experiences from Dhulikhel Hospital, Nepal

Nepal is a land-locked country of about 27 million people in an area of 147,181 sq.km. It is one of the least developed countries with GDP per capita of only US \$ 294. The health status of the country is also very poor and some of the major health indicators are amongst the worst in the world. The maternal mortality rate is 281 per 100.000 live births, the infant mortality is 48 per thousand live births and the under 5 mortality is 61 per thousand live births.

The health system of the country is struggling to have sufficient qualified health workforce. This is further aggravated by the poorly maintained government health systems and the low morale of the people working in government sectors. As a result, health services inequity is still strikingly high and very few people who can afford get quality health services through the expensive private institutions. No doubt there has always been a dire need of a health service provider that emphasizes on the quality services and at the same time is oriented to the deprived people and endeavors to minimize the inequity in health systems as well. Dhulikhel Hospital was conceived with similar essential principles and agendas.

Dhulikhel Hospital was started in the year 1996 as a non-governmental, not-for-profit community based hospital dedicated for quality health services based on the principles of social equity.

The community of Dhulikhel was very much involved in the beginning and provided land and also arranged local resources to start the construction of the hospital which was initially 15 bedded. Now also the community plays important role as advisors and local facilitators. The international support, initially started from Nepalimed Austria (which does not exist now) continued to grow. Nepalimeds in Switzerland, Luxembourg, Germany and Holland, Namaste-Stiftung (Germany) and other numerous individuals and institutional well-wishers continue to support the hospital through different ways. The Government of Nepal has also been very positive to the institution and is cooperating in different ways, e.g., by tax exemption to the imported equipments, etc)

Since the inception, the hospital grew steadily with a rapid expansion of infrastructures and



Dhulikhel Hospital.

the development of human resources and services. In the year 1998, in collaboration with Kathmandu University, it also started health sciences academic programs in the field of General Medicine, Physiotherapy, Nursing, Laboratory Technology and Ophthalmology. In the year 2004, it entered into partnership with Kathmandu University to run medical school and thus became the University Hospital. It is now running the School of Medical Sciences of the University as a partnership program with the University and is responsible for numerous medical colleges and different health sciences and medical programs in the country and abroad. Through this, the institution is producing qualified human resources in the health.

At present the hospital is a 317 bedded tertiary level hospital and provides almost 400,000 treatments in a year through different specialized departments. The hospital charges nominal fee (comparable to other governmental institutions of similar nature) with the patients. However, patients who are not able to pay are not deprived of services. As a result, every year a huge sum is spent in charity, which still is one of the major challenges of the institution.

As a community based organization, from the very beginning, it has given high priority in supporting rural level community initiatives in health care. The outcome now is that currently it is running 10 community-based primary level

health centers in different rural locations of the country. These centers follow the holistic approach to health and are involved in activities ranging from skills training to the people to microfinance programs. Each of these centers is directly linked to the hospital and the overall technical management of these centers is done by the hospital. This simplifies the problem of getting motivated staffs in the peripheral centers and also ensures that proper quality control measures are taken because the staffs before being sent to the outreach centers, have months of supervised and guided rotations in the different departments of the hospital. Each of these centers has weekly doctor visit day. These visits are designed for regular supervision and also as opportunities to provide specialist level care to the people of the locality. All the departments of the hospital have specific responsibilities towards these community programmes ranging from related training of the staffs of the outreaches, school health programmes, community based health care programmes, awareness programmes, specialist care programmes through regular camps etc. Since the staffs of the outreaches are also well acquainted with the departments in the hospital, there is a great ease in referring and also consulting, based on which, initiatives on telemedicine have also been taken between the centers and the hospital. The academic activities are also based on community based learning, which involves the students in various



Das Team des Dhulikhel Hospitals.

learning activities in the community, and also for occasion to serve the community.

One of the notable features of the institution is the sustainability. For the new initiatives in infrastructure development, equipments and other technical set-ups, it is still totally dependent upon the donors. However, the institution is now self-sustainable in running the regular functions. One of the greatest challenges of philanthropic organizations in health services all around the world is the issue of sustainability. The experience from Dhulikhel Hospital shows that a good leadership, clarity of vision, transparency of management, efficiency in activities, community based approach and fostering partnership can ultimately lead to a sustainable model. Investments in such settings also prove to be very encouraging as the institution develops its own running and maintenance cost management. This also creates a scenario of trust for international and national donor communities. Although the hospital still faces challenges in maintaining the pace of development, fulfill the increased expectations of people and developing a long term leadership and manpower, the experiences so far show that the prospect is bright. It can be a unique model for other developing countries as well, where very often the hopelessness and the pessimism forms a cloud that may well be hiding a clear sky behind.

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NepaliMed Deutschland

Am 7. Mai 1998 wurde der Verein „NepaliMed Deutschland“ zur Förderung der medizinischen Versorgung Nepals mit Sitz in Feldkirchen-Westerham gegründet. Der Verein hat zum heutigen Zeitpunkt 135 Mitglieder.

Die Arbeit des Vereins bestand in den ersten Jahren ausschließlich im Verschicken von Containern mit der Grundausstattung von Betten, Medizinschränken, medizinischen Geräten und Verbrauchsmaterial an das Hospital. Die Container wurden über Hamburg nach Kalkutta verschifft und auf dem Landweg nach Dhulikhel gebracht. Die Transporte werden aus Spendengeldern bestritten. Seit 1998 beteiligt sich der Verein an verschiedenen Märkten und verkauft Kunsthandwerk aus Nepal.

Das Hospital errichtet seine ersten Außenstationen

1997 wurde Dhading eröffnet, das mit einem Einzugsgebiet von zirka 40.000 Einwohnern 50 Kilometer westlich von Dhulikhel liegt. Im Jahr 2000 erhielt der Verein von der Stadt Wissen eine größere Spende und konnte damit Dhading zu einem kleinen Krankenhaus ausbauen. Es ist mit einem Operationssaal, einem Labor, Apotheke, Entbindungszimmer und Patientenzimmer ausgestattet. Im Januar 2001 wurde es mit einer großen Zeremonie eingeweiht. Jedes Jahr nehmen hier zirka 4.000 Menschen Hilfe in Anspruch und werden medizinisch versorgt. Das ständig anwesende und wachsende Personal aus dem Dhulikhel Hospital benötigt dringend ein neues Personalhaus. Für den Bau sammelt der Verein Spenden, um das Hospital auch darin zu unterstützen.

Im Jahr 2001 kam ein neues Ziel für den Verein dazu: die Ausbildung von Personal. Im Hospital wurde in Zusammenarbeit mit der Kathmandu-Universität die Ausbildung von Nepalesen zur Krankenschwester, Assistenten, Physiotherapeuten und Labor-Technikern begonnen.

Seit 2001 werden in verschiedenen deutschen Krankenhäusern nepalesische Studenten als Praktikanten angelernt.

2002 bekam der Verein NepaliMed Deutschland mit dem Projekt „Hope Spital“ eine neue Aufgabe. Olaf Kretschel und Michael Faustmann bestritten in sechseinhalb Wochen 3.600 km mit dem Fahrrad von Peking, Lhasa zum Dhulikhel Hospital, um zu der Hilfe für das Dhulikhel Hospital mit Kilometercents beizutragen. 6.000 Euro und viele Sachspenden gingen an das Hospital.

2008 wurde das zehnjährige Bestehen des Vereins mit Professor Dr. Ram K. M. Shrestha und vielen Gästen und Mitgliedern gefeiert.

Die jährlichen Besuche von Vereinsmitgliedern aus Deutschland im Dhulikhel Hospital bringen immer wieder neue Aufgaben, aber auch die Motivation mit, dieses Projekt weiter zu unterstützen.

Weitere Informationen:

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