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An Organic Model for Community Health Service Development: Empowering Rural Ruby Valley with Himalayan Health Care

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Abstract

The three-pillar model of primary healthcare, community education, and income generation opportunities forms the foundation for comprehensive development efforts in the rural village of Dhading. Even though there's been some improvement, Nepal still faces problems with healthcare, education, and job opportunities. To make things better, we need to keep investing in these areas. This means making healthcare, and education better, creating more jobs, and protecting the environment. We also need to involve communities and work with others. By doing this, Nepal can keep improving, with healthier communities, better education, and more chances for success for everyone. Himalayan Health Care initiatives embracing a collaborative and sustainable approach in the rural village of Dhading Nepal can persist in its journey toward holistic community development, enhancing quality of life, and fostering greater opportunities.

Key Words: Community Health, Organic Model, Rural development, Service Development

Declaration: There is no any conflict of interest.

Disclaimer: The views expressed in this article are those of the authors and not an official position of the institution or HHC staff and co-founder.

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Background

Poverty in Nepal is concentrated in rural villages and among ethnic minorities and lower castes (Thing et al., 2018). The 20.27% of the population lived below the national poverty line in 2023, a decrease from 25.16% in 2011 (National Statistics Office, 2024). The under-5 mortality rate in 2022 was 27 per 1,000 live births, highlighting ongoing challenges in child health and survival. With over 60,000 Non-governmental organizations (NGOs) operating in Nepal and handling billions of dollars in resources, a grassroots approach is crucial. By dividing the country strategically and focusing on 753 Gaunpalika (Rural municipality (RM)) and municipality further divided into 6,743 wards, NGOs can work collaboratively and transparently with each other and the government, ensuring more effective and targeted support for local communities (Bhul, 2021).

Himalayan Health Care (HHC) is one of the over 60,000 NGOs co-founded in 1992 by Anil Parajuli, with a medical background, and Lisa Gomer, a lawyer from the United States. Himalayan Health Care has been dedicated to serving Nepal for over three decades. They began their mission with medical treks to raise funds. The HHC partners with some of the most impoverished and marginalized people in the world, focusing on the remote and isolated villages of the Ruby Valley Rural Municipality in northern Dhading. Central to their efforts are women, as well as members of the indigenous Tamang and Dalit communities. Since 1992, HHC has been serving the remote communities of Tipling, Sertung, and Lapa in Nepal's northern Dhading District, Ruby Valley RM. These villages, previously accessible only on foot and some requiring a three-day walk from the nearest road, now finally have a dirt road.

HHC working Modality (Author named as Organic model)

Himalayan HealthCare follows an organic model focused on sustainable development to improve the quality of life in the villages of Ruby Valley. This tri-pronged approach consists of:

Primary Healthcare
Community Education
Income Generation Opportunities

These programs empower villagers to become self-supporting over the long term. The details of these 3 pillars are:

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1. Primary healthcare initiatives

The primary healthcare situation in Nepal has seen improvements over the years, but significant challenges remain, particularly in rural and remote areas. While access to primary healthcare services has expanded in Nepal, geographical barriers and limited infrastructure still hinder accessibility, especially in rural and mountainous regions (Karki et al., 2017). Nepal faces shortages of trained healthcare professionals, particularly in remote areas. Nepal had only 0.7 physicians and 3.1 nurses and midwives per 10,000 population in 2020, well below the WHO's recommended minimum threshold for healthcare workforce density (Zapata et al., 2021). Only 35% of health facilities in Nepal had all the essential medicines available at the time of the survey (Sharma et al., 2022). The communicable diseases such as diarrheal diseases, respiratory infections, and vector-borne diseases remain major health challenges in Nepal (Ong et al., 2023). Non-communicable diseases (NCDs) are also on the rise due to changing lifestyles and aging populations (Schumacher et al., 2024).

1.1 Maternal and Child Health Initiatives

Through the efforts of HHCs, the under-five mortality rate in certain villages has dramatically decreased from 225 per 1,000 births to 31 per 1,000. Additionally, regular women's empowerment workshops are conducted, focusing on disease prevention, nutrition, literacy, and domestic violence prevention. Over the past 22 years, Village Clinics has served 180,000 patients and conducted 65 international medical and dental treks. These clinics provide a range of services, including medical and dental care, nutrition support, voluntary family planning, vaccinations, and patient referrals, all facilitated by HHCs.

1.2 Public Health Initiatives by HHC

750+ Efficient Cook Stoves Installed: HHC has installed over 750 efficient cook stoves, creating smoke-free environments, and improving indoor air quality, which reduces respiratory problems and enhances overall health. **1,200+ Permanent Latrines Constructed:** HHC has also constructed more than 1,200 permanent latrines, contributing to Open Defecation Free (ODF) status (Pandey, 2024). This initiative has significantly improved sanitation and hygiene, reducing the spread of waterborne diseases and promoting healthier communities in Nepal.

1.3 Medical Treks Initiatives

Since 1992, Himalayan Health Care (HHC) has organized 65 international medical and dental treks, serving over 175,000 people in remote areas. These treks have mobilized more than 750 healthcare professionals, including doctors, dentists, nurses, physician assistants, and other specialists. During these treks, international healthcare providers collaborate with local health workers to deliver much-needed medical and dental care, conduct health education sessions, and provide training to local health providers. This partnership not only addresses immediate health needs but also builds local capacity for sustainable healthcare. Additionally, 12 U.S. medical residents have participated in these treks, gaining valuable experience, and contributing to the healthcare mission. Through these efforts, over 1,700 patients have been referred for specialized care, ensuring continuity and comprehensive treatment for complex health issues.



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1.4 Dr. Megh Bahadur Parajuli Community Hospital in Ilam

The Nepalese Civil War, which lasted from 1996 to 2006, was a conflict between the government and the Communist Party of Nepal (Maoist). This decade-long war caused significant disruption to the country, leading to thousands of deaths, widespread displacement, and severe impacts on infrastructure and public services, including healthcare. In 2004, amidst the turmoil of Nepal's civil war, HHC significantly improved healthcare accessibility by opening the Dr. Megh Bahadur Parajuli Community Hospital in Ilam. Before this, Ilam had only one doctor to serve its entire population of 250,000. This severe shortage of medical professionals left villagers without adequate healthcare, forcing many to travel long distances to clinics in the lowlands or across the border to Indian towns for medical attention. The establishment of the community hospital by HHC marked a critical development in providing accessible and quality healthcare to the residents of Ilam. This initiative not only addressed the immediate healthcare needs during a period of conflict but also laid the foundation for sustained medical support and development in the region.

1.5 Mega-Earthquake Response

On April 25, 2015, a magnitude 7.9 earthquake devastated Nepal, taking more than 8,000 lives, injuring over 17,000, and leaving countless others without shelter or livelihood (Pandey, 2016). The villages served by HHC in northern Dhading were severely affected by the earthquake and its aftermath. Homes, schools, and health clinics were leveled, disrupting the long-term income-generation and disease-prevention programs that HHC had implemented over the past two decades.

1.5.1 Immediate Earthquake Response: Power Supply and Medical Equipment:

Within 10 days of the earthquake, HHC donated essential power supplies and medical equipment to the district government. a) **Relief Supplies:** HHC delivered 40 metric tons of food, 1.5 metric tons of medicines, and 3 metric tons of non-food supplies to the northern Dhading region. b) **Medical Assistance:** HHC treated patients in two isolated and badly hit villages, providing critical healthcare services amidst the devastation. c) **Damage Assessment and Community Organization:** HHC assessed the damage in northern Dhading villages and organized communities in four villages to begin rebuilding efforts.

1.5.2 Post-Earthquake Reconstruction (2018): Hospital and Staff Quarters:

HHC constructed a hospital outpatient department (OPD) and staff quarters to serve 60,000 patients, ensuring continued healthcare access in the region. a) **Health Posts:** Eight health posts were established to cater to the healthcare needs of 45,000 patients. b) **School in Lapa Village:** A school was built in Lapa village, providing education for over 500 children, and helping to restore a sense of normalcy and hope for the future.



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2. In Education

Nepal has made significant progress in expanding access to education recently, with notable improvements in enrollment rates and infrastructure development. However, challenges such as disparities in access based on geography, gender, and socio-economic status persist. Economic constraints, geographical isolation, and the lack of educational facilities further exacerbate the situation, making it difficult for children to receive a quality education.

2.1 School Education Initiatives

HHC's Contributions to Rural Education: The HHC has made significant strides in improving the education landscape in rural Nepal through various initiatives: a) **School Construction:** HHC has constructed 18 village schools, providing educational facilities for 2,500 children who otherwise might not have access to schooling. b) **Teacher Training and Support:** To ensure quality education, HHC has trained 12 teachers and has funded the salaries of 7 teachers for the past 20 years. This sustained support has helped maintain a stable and skilled teaching workforce in these rural areas. c) **Infrastructure Development:** In addition to constructing new schools, HHC has built 3 new schools and renovated several others, enhancing the learning environment and ensuring that students have safe and conducive spaces for education. d) **Libraries and Educational Resources:** HHC has established 4 basic libraries, supplying books and computers to these facilities.

2.2 HHC's Youth Training Initiatives

Himalayan Health Care has been instrumental in empowering the youth of rural Nepal through comprehensive training programs. HHC has trained over 100 professionals across various fields, including a) **Education:** Training teachers to ensure quality education for future generations. **Healthcare:** Training doctors, dental hygienists, medical technicians, and other health providers to improve healthcare services in underserved areas. b) **Agriculture and Technology:** Training agro-technicians and veterinary technicians to support local agriculture and livestock management. c) **Craftsmanship:** Training carpenters, cobblers, tailors, weavers, and more to preserve and promote traditional crafts while creating job opportunities. Through these initiatives, HHC has provided over 100 job opportunities, enabling trained individuals to apply their skills in their respective fields. This not only enhances their livelihoods but also contributes to the overall development and resilience of their communities.



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2.3 Women & Adult Literacy Initiatives

Women's literacy in Nepal is critical for fostering gender equality and empowering women to participate fully in economic, social, and political life. However, many women in rural areas face barriers to education, including traditional gender roles and limited access to schooling. Himalayan Health Care has significantly contributed to improving literacy rates by teaching 4,600 women and men to read and write. Additionally, several hundred women have participated in empowerment learning programs, enhancing their skills and knowledge in various areas. These efforts have empowered women, enabling them to take on more active roles in their communities and improving their overall quality of life.

2.4 Stipends Assistance Initiatives

In Nepal, access to education is often hindered by financial constraints, particularly for marginalized groups such as orphans and Dalit children. Recognizing this challenge, stipend programs play a crucial role in supporting underprivileged students to pursue their academic aspirations. Since 1995, HHC has been providing stipends to support 40 orphans and Dalit children each year. This financial assistance has enabled these disadvantaged students to access education and continue their schooling. Over the years, more than 80 beneficiaries have graduated from this program, equipped with the knowledge and skills to pursue their dreams and break the cycle of poverty in their communities. These stipends not only alleviate the financial burden on families but also empower students to unlock their full potential and contribute positively to society.

3. Income Generation Opportunities

In Nepal, initiatives promoting income generation play a vital role in poverty alleviation and economic empowerment, particularly in rural and marginalized communities (Khadka et al., 2017; Thing et al., 2019). These efforts create sustainable livelihoods, empower women, and foster entrepreneurship, contributing to overall socio-economic development.



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3.1 Micro-Enterprise Support

Himalayan Health Care (HHC) has been instrumental in supporting various micro-enterprises, providing opportunities for income generation and skill development: a) **Artisan Support:** Over 1,000 artisans have been supported by HHC in eco-friendly handicraft production through training and promotion. This initiative not only preserves traditional craftsmanship but also opens up markets for their products. b) **Microfinance Assistance:** HHC has assisted 400 women with micro-saving and lending programs, enabling them to start or expand small businesses and improve their financial stability. c) **Women in Agriculture:** Eighty-four women farmers have received support in organic vegetable farming, empowering them with sustainable agricultural practices and access to markets for their produce. d) **Blacksmith Support:** Sixteen blacksmiths, including Dalit women, have been provided with materials, training, loans, and access to markets, fostering entrepreneurship and skill development within the community. e) **Sertung Farming Center:** The Sertung Farming Center supports hundreds of farmers with organic vegetable and cash crop cultivation, providing training, seeds, and access to markets. Additionally, initiatives such as *ANGORA*, pig, goat, potato, fruit cultivation, *AMRISO*, *RAADI*, *ALAINCHI*, tea, coffee, and *JADIBUTI* (medicinal herbs) offer diverse income opportunities for communities.

3.2 Training and promotion of handicrafts

Handicrafts hold significant cultural and economic importance in Nepal, representing centuries-old traditions and craftsmanship. However, artisans often face challenges such as limited access to markets, resources, and training opportunities. Initiatives promoting training and promotion of handicrafts play a crucial role in preserving traditional skills and empowering artisans to generate sustainable livelihoods. Himalayan Health Care recognizes the value of handicrafts in supporting local economies and preserving cultural heritage. Through training and promotion initiatives: a) **Artisan Empowerment:** HHC provides training and support to artisans, empowering them with skills and resources to create high-quality handicrafts. For instance, artisans are trained in handwoven crafts, utilizing innovative materials such as recycled snack wrappers collected from the streets of Kathmandu. b) **Supporting Marginalized Communities:** HHC extends support to marginalized communities, including Dalits, by facilitating workshop construction, providing materials, and offering training in craft-making techniques. This inclusive approach not only empowers Dalit artisans but also fosters social inclusion and economic equality. c) **Diversification of Livelihoods:** In addition to handicrafts, HHC supports artisans in diversifying their livelihoods through activities such as vegetable and goat farming. This holistic approach enhances income opportunities and ensures economic resilience for artisans and their families. d) **Empowering Women:** HHC facilitates land purchase initiatives specifically for women, enabling them to engage in handicraft production and farming activities. By addressing gender disparities and promoting women's economic empowerment, HHC contributes to broader social and economic development goals.



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Conclusions

Himalayan Health Care has implemented a comprehensive three-pillar model encompassing primary healthcare, community education, and income generation opportunities. These pillars address critical aspects of community development and empowerment in the rural village of Ruby Valley, Dhading. In the realm of primary healthcare, while progress has been made, Rural villages of Nepal still face challenges in healthcare infrastructure, workforce development, and health promotion. Continued investment in these areas is essential to achieve universal health coverage and address existing disparities. In community education, HHC has significantly contributed to improving educational infrastructure and enriching educational experiences for children in rural Nepal. These efforts not only enhance individual opportunities but also foster long-term community development and empowerment. Through income generation initiatives, HHC has provided job opportunities, improved livelihoods, and promoted economic resilience in communities. By fostering entrepreneurship and sustainable practices, these initiatives create pathways for long-term prosperity and empowerment. Additionally, HHC's support for handicrafts preservation not only preserves traditional craftsmanship but also creates sustainable income opportunities for artisans, contributes to community development, and promotes cultural heritage conservation in Nepal. Overall, HHC's three-pillar organic model demonstrates a holistic approach to community development, addressing healthcare, education, and economic empowerment needs. Continued support and investment in these areas are crucial for sustainable development and improved quality of life for all rural Nepalese citizens.

Way forward

It is imperative to build upon the progress made by HHC and chart a path toward comprehensive community development in the rural community of Nepal. Here are key strategies for the way forward:

- a.** Ensure sustained investment in healthcare infrastructure, workforce development, and health promotion programs to address existing challenges.
- b.** Emphasize the importance of education for all, particularly for marginalized groups such as girls and children from low-income families.
- c.** Expand income generation opportunities and entrepreneurship support programs to promote economic resilience and self-reliance in communities. This includes providing training, access to resources, and market opportunities for artisans, farmers, and other micro-entrepreneurs.
- d.** Promote environmentally friendly approaches, conservation of natural resources, and resilience to climate change impacts (Pandey & Gautam, 2020).
- e.** Empower communities to take ownership of their development agenda and work collaboratively towards shared goals.
- f.** Encourage collaborations and coordination among stakeholders to avoid duplication of efforts and maximize efficiency.



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Policy Implications

The three-pillar approach (Organic model) to community development, centered on community empowerment and mobilization, has led to significant changes in how communities engage in the process of developing collective health services. This model, after refinement in consultation with its co-founders, should be recognized as a suitable framework. This model must be integrated into local, provincial, and federal policies for community health service development in Nepal. Both public and private organizations should adopt and replicate this model across the country. Furthermore, efforts should be made to share this model with global audiences and policymakers involved in community health service development worldwide.

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