Nepal Red Cross Society
Health Policy 2005
### ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ARI</td>
<td>Acute Respiratory Infection</td>
</tr>
<tr>
<td>CBFA</td>
<td>Community Based First Aid</td>
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<tr>
<td>CB-IMCI</td>
<td>Community-Based Integrated Management of Child Illness</td>
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<tr>
<td>CDP</td>
<td>Community Development Program</td>
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<tr>
<td>DALY</td>
<td>Disability Adjusted Life in Years</td>
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<tr>
<td>DoHS</td>
<td>Department of Health Services</td>
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<tr>
<td>EDP</td>
<td>External Development Partners</td>
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<tr>
<td>EPI</td>
<td>Expanded Program on Immunization</td>
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<tr>
<td>GON</td>
<td>Government of Nepal</td>
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<tr>
<td>HIS</td>
<td>Health Information System</td>
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<tr>
<td>HRD</td>
<td>Human Resources Development</td>
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<tr>
<td>IEC</td>
<td>Information, education and communication</td>
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<tr>
<td>IFRC</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
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<tr>
<td>IMR</td>
<td>Infant Mortality Rate</td>
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<tr>
<td>INGO</td>
<td>International Non Governmental Organization</td>
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<tr>
<td>J/YRC</td>
<td>Junior/Youth Red Cross</td>
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<tr>
<td>MMR</td>
<td>Maternal Mortality Rate</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>NRCS</td>
<td>Nepal Red Cross Society</td>
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<tr>
<td>PHC</td>
<td>Primary Health Care</td>
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<tr>
<td>PNS</td>
<td>Participating National Society</td>
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<tr>
<td>RC/RC or RC</td>
<td>Red Cross and Red Crescent</td>
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<tr>
<td>STD/ST</td>
<td>Sexually Transmitted Disease/Infection</td>
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</table>
It is my great pleasure to congratulate NRCS health team for successfully bringing out this Health Policy and Strategic Plan (2006-10). Although health has always been an important component in all of our previous plans, NRCS has for the first time has come up with an exclusive health related strategic plan of this kind. The policy and strategic plan have identified health vision, mission, core action areas, expected outcomes and strategies and paved the way to sketch further sectoral operational plans for specific health services. The policy and strategic plan have been developed in line with the NRCS five year development plan and thus reduction of vulnerability has remained our continued priority. The plan accordingly, aims at improving health status of the vulnerable people. I would like to thank all the staff, volunteers and consultants of Nepal Red Cross Society and International Federation of the Red Cross and Red Crescent Societies, and GOs, I/NGOs and CBOs representatives for their valuable contributions without which it would not have been possible for this policy and strategic plan to come in this shape.

Since consensus has been built around the vision, mission, objectives and strategies and core action areas, I’m confident that there will be commitment of all concerned to translate the vision into reality.

Ramesh Kumar Sharma
Chairman
Foreword

I take this opportunity to present Nepal Red Cross Society’s Health Policy and Strategic Health Plan (2006-10). I believe this document will be instrumental in translating our vision on health into action. All contents of this document have been developed with participation of all organizational units of NRCS and also in consultation with stakeholders. While developing these documents, existing health activities have been thoroughly reviewed, present contexts examined in the backdrop of our mandate and capacities. Both traditional and emerging health services are repackaged considering the needs to respond ever increasing health needs of the people. The policy and strategy has also addressed the health problems caused by the conflict. Though the documents are self-explanatory, we can present their salient features as follows:

- Aims at improving health status of the vulnerable people by empowering communities
- Focuses on quality health services
- Defines health service package and role of all organizational units
- Defines outcomes, strategies, indicators and core action areas based on NRCS competence and potentiality
- Streamlines the health activities of NRCS
- Addresses emerging health issues of the country
- Positions NRCS in health sector
- Identifies areas for further partnership and collaboration
- Elaborates NRCS vision, mission and development plan towards action in health sector
- Defines roles and sets priorities for achieving national health goal
- Supplements strategy of the Federation (IFRC)

A due emphasis has been given to enable all units to carry out the policies and plan into action with the same spirit. Broadly, the policy also contributes to achieve Millennium Development Goal particularly in health sector.

I would like to thank International Federation of Red Cross and Red Crescent Societies for financial and technical support in drawing up these policies and the plan. My special thanks go to Dr. Ram K. Neupane, Dr. Manish Pant and Mr. Nick Russell, International Federation of Red Cross and Red Crescent Societies for facilitating the whole exercises to develop these documents. I am thankful to all staff and volunteers of Nepal Red Cross Society and governmental and non governmental partners for their valuable contributions without which it would not have been possible to bring about this policy and strategy plan in this form.

Finally, I am quite hopeful to get full support and cooperation from all the partners and units of Nepal Red Cross Society in implementing the policy and strategic documents.

Dev Ratna Dhakhwa
Secretary General
# Contents

Acronyms and Abbreviation I  
Message II  
Foreword III  
Contents IV-V  

1. Situation analysis of Nepal 1  
   1.1 General Country Situation and Main Problems 1  
   1.2 Main Public Health problems in Nepal 1  
   1.3 Ministry of Health Service Structures 2  
   1.4 Problems related to the performance of the health system 3  

2. Overview of health development in NRCS 4  
   2.1 Historical background of NRCS programs and services and Key Achievements 4  
   2.2 NRCS Health services infrastructure 4  
   2.3 Critical problems that can hinder the ability of the NRCS for delivery of quality health services in Nepal 5  

3. Preamble, vision, mission, and values of NRCS in health 6  
   3.1 Preamble 6  
   3.2 Scope of health policy 6  
   3.3 Vision 6  
   3.4 Mission statement 7  
   3.5 Objectives 7  

4. Health services and major interventions 9  
   4.1 Current Situation 9  
   4.2 Health services package 9  
      4.2.1 Principles and Policies 9  
      4.2.2 Service package 10  

5. Health financing 12  
   5.1. Current situation 12  
   5.2. Principles and Policies 12
5.2.1. With regard to sustainability; 12
5.2.2. With regard to efficiency and effectiveness 13
5.2.3. With regard to Vulnerability and Equity 13

6. Management structures and roles and Functions 14
6.1 Current Management Structures and functions 14
   6.1.1 NHQ Level 14
   6.1.2 District Level 14
   6.1.3 Below District Level 14
6.2 Principles and Policies regarding the roles and functions of different levels 15
   6.2.1 NHQ 15
   6.2.2 District Chapters 16

7. Collaboration and coordination with the government, external development partners and civil societies 17
7.1. Current Situation 17
7.2. Principles and Policies regarding collaboration, coordination and partnerships in health 17
   7.2.1 With Ministry of Health 17
   7.2.2 With External Development Partners 18
   7.2.3 With NGOs and Civil Societies 18

8. Monitoring and evaluation 19
8.1 Current Situation 19
8.2 Principles and Policies 19

9. Sectoral Policies, Standards and Guidelines 20

References 21
1. SITUATION ANALYSIS OF NEPAL

1.1 General Country Situation and Main Problems

Nepal, a mountainous country with a surface area of 147,181 sq.km is bordered in the north by the Chinese Autonomous Territory of Tibet and in the east, south and west by the India. The population mainly dominated by Aryan and Mongol ethnicity, is estimated at 23.5 million which is rising at an annual growth rate of 2.2 per cent. About 86 per cent of the population lives in the rural areas, and remote mountain regions are sparsely populated. Latest statistics indicate that 30% of Nepal’s inhabitants are living below the poverty line. With GNP estimated at US$ 249 per capita, Nepal remains one of the poorest countries in the world. Its economy was poised for significant change after 1990, however, a decade long political instability has caused a serious setback to the development potentialities of the country. The country which was struggling hard to ensure equitable access to development efforts to all districts due to combination of factors including rugged topography is further experiencing severe difficulties.

1.2. Main Public Health Problems in Nepal

Over the last twenty years, there has been notable success in some areas of the health service delivery in Nepal. However, IMR, MMR and life expectancy remain low compared to other developing countries in the region.

The main causes of death and disability are infectious and parasitic diseases, perinatal and reproductive ill health evident from the table below:

<table>
<thead>
<tr>
<th>Causes of Death Deaths</th>
<th>Cause-Specific as % of All Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infectious diseases and maternal, perinatal and nutritional problems.</td>
<td>49.7%</td>
</tr>
<tr>
<td>Non-communicable and congenital problems</td>
<td>42.1%</td>
</tr>
<tr>
<td>Injuries and accidents</td>
<td>6.9%</td>
</tr>
<tr>
<td>Unclassified</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Nepal: Deaths by Cause

There is evidence of an increase in newly emerging and re-emerging diseases e.g. HIV/AIDS, malaria, kala-azar, Japaneese encephalitis and tuberculosis. With improving health services and overall quality of life, prevalence of non-communicable diseases is on an increasing trend, though not to the same extent as in many other low-income countries.

The maternal mortality rate (MMR) 539 per 100,000 is one of the highest in the world. Infant mortality rate (IMR) of 64.1 per 1,000 live births is significantly high and water born diseases are widespread in the country. The highest risk groups are children under five, particularly females, who account for 52.5% of all female deaths, and women of reproductive age. Although
1.3. Ministry of Health Service Structures

The Government developed a health policy in 1991, which for the first time in Nepal created health service structures up to village development committees (VDCs) all over the country. The concept of central, regional, zonal, and districts hospitals was introduced and hospital facilities were upgraded or new hospitals established according to the defined parameters. Primary Health Centers (PHCs) with three bed facilities with a provision of a registered doctor were established in all 205 electoral constituencies, health posts (HPs) were set up to serve a population of about 25,000 and sub-health posts (SHPs) manned by paramedics created in all village development committees (VDCs) numbering more than 3,900. A trained workforce of more than 75,000 consisting of village health volunteers (VHVs), Maternal and Child Health (MCH) workers, Female Community Health Volunteers (FCHVs) was recruited and trained to provide outreach health education and promoting referrals to the health facilities.

However, the following key challenges to the health system still remain:

a) Find means of increasing overall resources for health care, both at the public and private sector
b) Ensure essential services (i.e. services which produce the greatest reduction in health burden) and the poorest people, receive the greatest share of public subsidies.
c) Improve the efficiency, acceptability and utilization of publicly provided services.
d) Improve the value (high quality at reasonable cost) of privately provided services.

2. SITUATION ANALYSIS OF NEPAL

Children under 5 years old represent only 16 percent of the population, they account for over 50% of the total DALYs lost from all causes, and 80% of the under-five deaths are due to first cause as listed above. Women 15 – 44 years old experience a 26% higher loss of DALYs than men in the same age group. Much of this excess loss is related to problems due to pregnancy.

Health disparities are most evident across the urban-rural divide and in the most hard to reach areas, the mountains, where access to health care and other services is particularly poor. High illiteracy rates (especially for women), limited human resource (HR) capacity and poor HR management are also associated with lower health status.

Recognizing these weaknesses, Government of Nepal (GON) has accorded high priority in the recent years, to increase the accessibility of basic health services along with improvement in utilization and quality of services, particularly in underserved areas.
1.4 Problems related to the performance of the health system

Government policies have been consistent in confirming its commitment to equity and meeting the needs of the poor through the delivery of essential health services. Second Long Term Health Plan (SLTHP) 1997–2017 puts special emphasis on improving the health status of the very poor and other vulnerable groups. The Medium-Term Expenditure Framework July 2002 categorized health budget in three prioritized health services and awarded first priority to Essential Health Care Services (EHCS). The Health Sector Strategy – Agenda for Change, 2002 sets out the agenda for health reform, which can be summarized as:

- a) implementation of priority health services package based on the burden of disease and mortality pattern,
- b) make local bodies responsible and accountable for management of health facilities
- c) recognize the role of private sector and NGOs in the delivery of health services
- d) coordinate sector management for planning, programming, budgeting, and financing

The basic feature of Nepal’s health system is not lack of policies, but lack of appropriate systems, procedures and practices to effectively manage health services. Changes in institutional arrangements and human resource management are among the most difficult to bring about in the Ministry of Health, and its central, regional, district and peripheral level structures. Unwillingness to delegate and decentralize human resource management and financial powers from the Central level (Ministry, Department/Divisions) to region, the Districts, and the sub-district level is one of the reasons for lack of effectiveness in service delivery directly attributable to lack of accountability of the staff responsible for provision of services. Handing over the SHPs to the local Village Development Committees without associated appropriate systems has not produced desired results. Retention of doctors in the district hospitals and primary health centres, particularly in the remote areas, remains a chronic problem which shows no signs of solution despite several monetary and non-monetary incentive packages introduced by the Government. Health facilities without required equipment and drugs are a regular feature. MoH invested significant resources borrowing from international financial institutions, to create health facilities infrastructures all over the country, however the management of health facilities and health workers remains a formidable challenge. Utilization of services offered by sub-health posts remains very low. Outreach health workers are not motivated to provide health education and refer the complicated cases to the health facilities. Thus, not much progress has been made in reduction of maternal and infant mortality.
2. OVERVIEW OF HEALTH DEVELOPMENT IN NRCS

2.1. Historical background of NRCS health programs and services and Key Achievements

The first activity of Nepal Red Cross immediately after its birth in 1963 was provision of emergency transport of the people through 4 ambulances provided by the Government. The first blood bank was established in 1966, and First Aid program was also introduced in the same year. It also provided health services to the people through mobile camps, which were discontinued in the late seventies. During the 80’s Nepal Red Cross expanded and consolidated first aid, blood and ambulance services; introduced acute respiratory infection services (ARI) implemented family planning, eye care and water sanitation programs in a large scale. During the 90’s family planning services were implemented in different models, and awareness program on HIV/AIDS was introduced targeting youth.

Retrospectively ARI, family planning, water sanitation and vitamin A programs were terminated with the cessation of external donor support; HIV/AIDS program continues to be diversified and expanded with the increased international funding. Ambulance services, First Aid and ambulance services, largely being self-supportive, continue to be expanded and consolidated in different forms since the very beginning, and have over the 40 years emerged synonymous with Nepal Red Cross identity. Eye care program (particularly the hospital) is fast becoming Red Cross identity particularly in Janakpur Zone and is poised towards becoming self-sustainable high quality curative services providing institution. Besides these services, District Chapters and Sub-chapters also disseminate messages on various aspects of health care and organize health camps in coordination with Government and other agencies.

2.2. NRCS Health services infrastructure

Nepal Red Cross is the only organization in the non-state sector in Nepal, which has institutional presence in all 75 districts. It has a network of 1,003 sub-chapters and cooperation committees and 3,282 JRC/YRC circles across the country. This institutional network is managed by members (92,000 adult and 697,000 junior/youth) who come from most of the villages in Nepal. All the districts have their building, office equipment and most of the district chapters have permanent staff (the number varies according to the capacity of the districts concerned). Nepal Red Cross operates one 100 bedded eye hospital, eight primary eye care centers, 56 blood transfusion services and 51 ambulance centers as of 2005. Community based services beyond district headquarters are mostly planned and managed by sub-chapters and cooperation committees represented by village-based volunteers. First Aid Trainers and service providers are active in the community, and are recognized as the key actors in providing health messages and basic treatment. This permanent institutional arrangement and community based network of volunteers is indeed unique and a major strength for delivery of health services.
2.3 Critical problems that can hinder the ability of the NRCS for delivery of quality health services in Nepal

NRCS recognizes that the following key factors could be detrimental to provide quality health services:

**Overstretching NRCS arms without common end**
From the experience NRCS has acquired in the last four decades, it has concluded that it should focus on those services which are potential of making impact on the improved health of the people nationwide, district or a specific location and which offer possibility of replication and expansion in a larger scale. Temptation to deliver health services it does not have basic competencies in may prove detrimental to its credible image in the long-run.

**Standardization of services**
Akin to other organizations largely dependent on external funding, NRCS may get into the dual system of following the service delivery approach and guidelines of the funding agency and systems it considers appropriate in the country context. Further, the approach to service delivery and service protocol may differ depending on the departments it is delivered through. Inability to standardize service delivery protocols for the entire organization irrespective of the funding source and service delivery mechanism may affect the standardization of the services.

**Lack of technical people in health**
Being a large network of volunteers across the country, NRCS has a vast potential to provide community-based health services. It must however be recognized that any health message whether delivered through highly skilled health professionals or community-based volunteers contains an element of technical dimension, and overdependence on volunteers without any technical guidance may affect the quality of the services, and thus detrimental to the credible image of the Society.

**Appropriate organization and management systems**
Health is a specialized function and needs functional integration that presents a unified approach to the outside world and service recipients. Scattered health functions within various departments and units without mechanism that assures accountability for technical standards, uniform service protocols and management may deter NRCS potentialities to scale up its health programs and provide quality services. Inability to identify the areas of technical deficiencies and forge partnership with technical organizations to avail the needed support may undermine the quality of the services.
3. PREAMBLE, VISION, MISSION, AND VALUES OF NRCS IN HEALTH

3.1 Preamble

Nepal Red Cross initiated to provide health services in 1964 beginning with ambulance, blood, First Aid and mobile health camps.

The health services have currently been diversified to include eye care, family planning, adolescent sexuality, HIV/AIDS, and safe water, and expanded in a large scale to many districts of Nepal.

The needs and aspirations of the people have changed over the years; the government has introduced health sector reform agenda, and defined priorities and health care package.

Many I/NGOs and private organizations in health have emerged over the years, and are making a significant contribution in improving the health status of the people in Nepal.

The International Federation has defined health and care as one of the core areas of RC interventions.

In the light of above, NRCS required defining its priorities and developing a common framework for its health package and key interventions, financing mechanisms, organizational structures and role of each of the constituents and long term sustainability.

Therefore the Central Executive Committee has approved the Health Policy 2005 that will guide NRCS (NHQ, District Chapters and Sub Chapters) to plan and implement health programs and deliver health services. This Policy supercedes the Health Service Policy 1997.

3.2 Scope of the Health Policy

This Health policy is based on the definition of health by the World Health Organization (WHO), which describes health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. NRCS affirms to this definition and considers health as an integral part of humanitarian work. NRCS health services therefore, will be directed towards achieving holistic well-being of the individuals and families. The Health Policy seeks to define NRCS role in the national context and, underlying values, principles and policies, and financing and management mechanisms to fulfill that role.

3.3 Vision

Health problems are not exclusively originated in health-related sources. NRCS is aware that that education, income, housing, food, water and sanitation are among the most important determinants of health. Given the level of poverty in Nepal, the health status of the population...
can't be improved without addressing the poverty situation, and NRCS believes that only a healthy community will be able to achieve poverty alleviation. Further NRCS, by virtue of its unique position in the country as well as international mandate, has special responsibility towards particularly, socially deprived and economically downtrodden population. Accordingly, it envisions:

<table>
<thead>
<tr>
<th>Vision</th>
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<tr>
<td>Improved health status of the vulnerable people.</td>
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### 3.4 Mission statement

Consistent with the vision statement, NRCS reaffirms that vulnerable people without any regard to race, religion, ethnic group or political belief deserve quality health services like any other members of the society. It strongly believes that its volunteers spread across the country who join NRCS committing to the principles of Red Cross Movement are capable of making the difference in the health of the vulnerable communities through working with them or developing linkages with other relevant external organizations for betterment of their health. Accordingly, the mission statement of Nepal Red Cross in health is:

<table>
<thead>
<tr>
<th>Mission Statement</th>
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<tbody>
<tr>
<td>Nepal Red Cross Society, guided by RC fundamental principles, is committed to deliver quality services for improving health status of the vulnerable people by mobilizing its nationwide network of volunteers and staff, and in partnership with communities and other stakeholders.</td>
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</tbody>
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### 3.5 Objectives

The main objective of this Health Policy is to define the health service package based on identified role and competencies of NRCS, and organizational, financial and other measures that will be taken to ensure delivery of quality health services to the vulnerable population.

### 3.5.1 Values/Guiding Principles

For Nepal Red Cross, the values underlying the above vision involve a great commitment to services to the vulnerable communities based on Fundamental Principle of RC Movement. (For elaboration of these principles, please refer to the last page of this Health Policy document). The following six guiding principles will guide the planning, design and delivery of the health services:

**Vulnerability:**
One of the overriding principles that will guide the design and delivery of health services will be vulnerability reduction and its health services will be targeted to the most vulnerable people. NRCS will attach priority to meeting the special needs of the socially marginalized,
neglected and economically downtrodden communities irrespective of the underlying causes of their deprivation.

**Supplementary and complementary to national health services:**
NRCS believes that providing health services to the citizens is the primary responsibility of the Government. It neither can nor intends to substitute for state responsibilities. Blood and First Aid services though are provided by NRCS alone in the country are complementary to government. All health services will be designed to meet the gaps in the health services in the country or strengthen the already existing services. This will also include advocacy for appropriate and relevant national health policies and plans. NRCS shall also endeavor to scale up health interventions in order to contribute towards the achievement of Millennium Development Goals related to health.

**Partnerships and Collaborations:**
One of the guiding principles of this Policy is partnership, collaboration and coordination with government, NGOs and civil society to achieve the NRCS health vision. NRCS considers the need of a well coordinated and comprehensive approach for improvement of the health status of the vulnerable population.

**Integration of health services:**
NRCS shall focus on the preventive and promotive health services except in cases of needs to supplement and complement national curative health services. The preventive and promotive health services will be integrated with disaster management and other humanitarian services for large coverage and better impact.

**Community ownership:**
NRCS firmly believes that effective community participation in planning, design, delivery and monitoring of the health services is prerequisite for community ownership. All of its health services will be designed in such a way so as to inculcate community ownership.

**Sustainability:**
In design and delivery of health services, NRCS shall focus on health programs that result into sustainable health services. Sustainable health services for NRCS means those which are technically appropriate, cost-effective and owned by the community.

**Fundamental Principles of RC movement:**
NRCS as an active member of international RC movement is committed to the Fundamental Principles and will continuously strive to ensure that these are integrated in all health services it provides.
One of the guiding principles of NRCS health policy is that it does not seek to substitute for state health services, but complement and supplement the national efforts. Therefore unlike government, its health services do not ensure greater coverage and assure all needed health services, but focused on making the difference on the life of people through their improved health condition.

NRCS is faced with five key challenges in deciding what kind of health services it should provide. First, what are the unmet needs and demands in health services in the country, particularly those of most vulnerable people, in view of government and other private sector (both for profit and not-for-profit) health services. Second, what contributes to reduction of burden of disease that afflicts the majority of the people of Nepal. Third, what institutional competencies it has and in what way the competencies can be developed over the period of time. Fourth, unique fundamental principles and mandates of the Movement, and services associated with its identity in the country. Last but not the least, for which services it can mobilize resources internally and externally.

In defining its role and translating the role in terms package of health services that consists of cost effective interventions to prevent and control or treat problems, NRCS has endeavoured to strike a balance between these five key challenges. Though it proved to be a daunting task, NRCS after a careful external and internal diagnosis has developed a service package that reflects its long-term policies on health interventions. For instance, primary health care and reproductive and child health emerges as one of the priority health services based on disease burden and vast unmet need.
4.2.2. Service Package

The guiding principle for the definition of the health service package of NRCS and therefore the choice of the services to be provided is underpinned by its identified role, low-tech cost-effective principle and its institutional ability to deliver health services.

The package of services will be a combination of public health, clinical, and rehabilitative services as presented below:

<table>
<thead>
<tr>
<th>A</th>
<th>Primary Health Care: Components</th>
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<tbody>
<tr>
<td>1</td>
<td>Education about health problems and methods of controlling them.</td>
</tr>
<tr>
<td>2</td>
<td>Promotion of food supply and proper nutrition</td>
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<tr>
<td>3</td>
<td>Supply of safe drinking water and basic sanitation</td>
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<tr>
<td>4</td>
<td>Maternal and child health care</td>
</tr>
<tr>
<td>5</td>
<td>Immunization</td>
</tr>
<tr>
<td>6</td>
<td>Prevention and control of locally endemic diseases (Japanese Encephalitis, Dengue, TB etc)</td>
</tr>
<tr>
<td>7</td>
<td>Treatment of locally endemic diseases (malaria etc)</td>
</tr>
<tr>
<td>8</td>
<td>Provision of essential drugs</td>
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<table>
<thead>
<tr>
<th>B</th>
<th>Reproductive and Child Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Family Planning</td>
</tr>
<tr>
<td>2</td>
<td>Safer Motherhood (ANC, safe delivery, PNC)</td>
</tr>
<tr>
<td>3</td>
<td>Child Survival</td>
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<tr>
<td>4</td>
<td>Sex Education</td>
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<tr>
<td>5</td>
<td>Reproductive Health (STI and RTI)</td>
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<thead>
<tr>
<th>C</th>
<th>Blood Services</th>
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<tbody>
<tr>
<td>1</td>
<td>Voluntary Non-remunerated blood donor recruitment</td>
</tr>
<tr>
<td>2</td>
<td>Blood Collection, Storage and Supply</td>
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<thead>
<tr>
<th>D</th>
<th>First Aid</th>
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<tbody>
<tr>
<td>1</td>
<td>Design different systems of First Aid (FA)</td>
</tr>
<tr>
<td>2</td>
<td>Training on First Aid</td>
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<tr>
<td>3</td>
<td>Basic treatment of injuries and common ailments</td>
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<table>
<thead>
<tr>
<th>E</th>
<th>HIV/AIDS Prevention and Control</th>
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<tbody>
<tr>
<td>1</td>
<td>Prevention</td>
</tr>
<tr>
<td>2</td>
<td>Care and Support</td>
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<td>3</td>
<td>Stigma and Discrimination</td>
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<thead>
<tr>
<th>F</th>
<th>Eye Care</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Primary Eye Care Services</td>
</tr>
<tr>
<td>2</td>
<td>High quality surgical services</td>
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<thead>
<tr>
<th>G</th>
<th>Health in Emergency</th>
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<tbody>
<tr>
<td>1</td>
<td>Appropriate Management Systems</td>
</tr>
<tr>
<td>2</td>
<td>Basic treatment during emergencies and disasters</td>
</tr>
<tr>
<td>3</td>
<td>Reliable and quality ambulance services</td>
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<tr>
<td>4</td>
<td>Control of communicable diseases during disasters</td>
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</table>
In planning and implementing the above service package and broad interventions:

a) Objective health needs of the most vulnerable people will be the main criteria for priority setting within the health services package,

b) Health service package is continuously adapted and updated to the current and future needs emerging in the country

c) Integrated community-based health programs will be the key principle in design and delivery of health services

d) Primary health care services, as far as possible, will be integrated into service delivery instead of planning and implementing separate projects for different components

e) Community-based health services will be integrated intra and inter health components to ensure larger coverage with limited resources and better impact
5. HEALTH FINANCING

5.1 Current situation

The NRCS health expenditures registered an erratic trend in the last 20 years. The ratio of health expenditure to total expenditure fluctuated in the range of 17% to 30%, the highest being during 1985-90. During 2003-05, it is estimated that ambulance services, blood, eye care and HIV/AIDS individually take more than 20% of the resources in health. First Aid is another service that is being continued for more than 40 years though resource allocation is modest, remaining below 5% of the total health expenditures.

While ambulance services and blood program are largely self-supportive in terms of operating costs, a large proportion of costs associated with ophthalmic surgical procedures are contributed by the service recipients. First Aid is one of the key service areas that generate income through training to the external agencies. Other health services, such as community-based first aid (CBFA), HIV/AIDS, adolescent sexuality, primary eye care services are delivered through programs and small projects funded externally. However, NRCS is unable to deliver many services that directly contribute to reduce the burden of disease though, they remain within the core competency areas of NRCS largely, due to lack of resources.

5.2. Principles and Policies

Health financing policies involve arrangements for raising funds, allocating, organizing, and managing health resources including alternative financing mechanisms. The broad policies and principles for financing health services are:

a) Mobilizing additional resources both nationally and internationally for the health sector (new sources for new interventions as elaborated in service package and reallocation of resources within the health sector)

b) Developing and implementing cost-recovery, fund raising and income generation strategies wherever feasible

c) Allocating internal financial resources to the health services synonymous with NRCS identity

d) Increasing efficiency by making better use of available resources

The following policy will guide the financing of NRCS health services:

The NRCS will seek to secure adequate funding for provision of package of health services and, to allocate and manage financial resources available to the health sector, in a way that will promote quality health services, sustainability, efficiency and equitable benefit to the most vulnerable people.

5.2.1. With regard to sustainability:

NRCS firmly believes that the following are the key elements of sustainability and in pursuing the above broad policy, the following specific policies will guide its health programs and services:

a) Appropriate institutional mechanism at the National Headquarters (NHQ), District Chapters (DCs) and Sub-chapters (SCs) to deliver health services will be introduced
and strengthened,
b) A cadre of volunteers and staff trained in planning, implementing, monitoring and evaluation of health programs, projects and services at all levels will be maintained. On-going human resources development and retention of trained human resources is an integral part of sustainability.
c) Specialized pool of technical staff for providing quality health services will be maintained.
d) Health programs and services will be designed, implemented and monitored in partnership with the communities and beneficiaries.
e) Cost sharing with the beneficiaries of health services, wherever possible, will be an in-built mechanism of health service delivery.

5.2.2. With regard to efficiency and effectiveness:
NRCS shall strive to ensure the efficiency and effectiveness of its health services by adopting following specific policies:

a) Health programs and services within the service package and related interventions defined in section 4.2.2 will be based on cost-effective and low-tech principles except those for curative interventions, rather than sophisticated medical interventions requiring high level of expertise and financial resources.
b) The public health programs and services will not be, either programmatically or geographically and in terms of the resources, thinned out, but will be focussed on interventions NRCS has core competencies in, and can make a bigger impact and/or has the potentialities for replication in a wider scale.
c) Enhancing knowledge and skills to raise efficiencies and effectiveness through appropriate management systems, cost-benefit analysis and other techniques will be introduced.
d) Collaborating with Governmental and Non-governmental sector in health service provision, particularly in the areas it does not have technical competencies will be a guiding principle of design of health service delivery systems.

5.2.3. With regard to Vulnerability and Equity
The following specific policies will guide the design and delivery of health services:

a) Increasing access to health services by most vulnerable people (geographically, ethnically, socially or economically for whatever reason) will be a key principle for design and delivery of health services.
b) A system will be developed for provision of subsidized and or free services to the people unable to pay.
6. MANAGEMENT STRUCTURES AND ROLES AND FUNCTIONS

6.1 Current Management Structures and Functions

6.1.1. NHQ Level

The Central Executive Committee (CEC) elected from the district committees (DCs) representatives’ acts on behalf of Central Council (CC) which is an apex policy making body of NRCS. Similar elected governing bodies exist in all the 75 districts and peripheries below district chapters called Sub-chapters (SCs) which number more than 1,000. At the National Headquarters (NHQ) level, a Health Coordination Committee chaired by member of CEC and represented by NRCS district chapters oversees the compliance with the policies approved by the CEC. Different sectoral health committees, such as HIV/AIDS Steering Committee are also active to provide technical assistance to NRCS program managers.

At the execution level, the health services are implemented through different departments and sections at the NHQ, more importantly Community Development, Junior/Youth Red Cross and Health Services. Health Services is being developed as a focal department to coordinate the health programs and services scattered under different departments. The NHQ formulates policies and long term plans, guidelines and working approaches. It has also raises funds externally and represents NRCS in external affairs.

6.1.2. District Level

At the District level, at the discretion of the DCs, different health related committees such as Blood Transfusion Sub-committee, FA Sub-committee, Ambulance Sub-committee etc are formed and they plan and implement various health related activities within their scope of work defined by DCs. Project staff (in case health projects funded externally) and core staff are engaged in day to day implementation of the health programs. The DCs have also been active in developing health proposals and directly negotiating with the donors in the past. DCs have been traditionally, encouraged to plan and implement health services on their own initiatives in addition to implementing the programs developed by the NHQ.

6.1.3 Below District Level

The Sub-chapters and cooperation committees at the village level are engaged in propagating the health messages and help communities to organize and participate in health activities. The network of more than 800,000 volunteers (many of them are active members) come from different nooks and corners of the districts, who are well positioned to foster community participation and disseminate health messages. The structures below the DCs are mainly involved in health service delivery or supporting the staff in delivering services.
6.2 Principles and Policies regarding the roles and functions of different levels

The management principles of NRCS health programs are based on ‘principle of subsidiarity’, i.e. the decisions should be taken at the level where best decisions can be made. While NHQ, DCs and SCs will work as a team in planning, and implementation of the health programs, they will have different roles within these responsibilities keeping in view the need to develop a unified policy and working standards. The role is defined and responsibilities of different organs are delineated in such a way that all of them work within the principle, mandates, policies and long-term plans of NRCS. The DCs and SCs will be developed as responsible and capable of managing health programs and services in a participative, accountable, transparent and sustainable manner with the effective support from the NHQ.

6.2.1 NHQ

The main role and functions of NHQ will be development and ensure the implementation of, interalia at all levels:

a) NRCS role in overall national health plans and programs while adhering to Fundamental Principles of RC Movement.
b) Health Policies and long-term plans in health
c) Service Delivery Standards and Guidelines that adheres to health promotion, disease prevention and treatment and control protocols officially promulgated by WHO and Ministry of Health
d) Curricula and Training Manuals
e) Monitoring and Evaluation Systems
f) Collaboration, partnership with MoH and external development partners in national policy formulation and national standard development particularly in the core health areas of NRCS as elaborated in this Policy document
g) Resource Development for health programs
h) Oversee the compliance with Federation, National and NRCS policies, standards, guidelines and protocols at all levels
i) Human Resources Plan in Health based on health care interventions defined by this Policy

NHQ will have a Health Services Department which will work as a focal and thus authorized and responsible for proper discharge of roles and functions illustrated above. In addition to these, it will oversee the discharge of roles and functions of DCs and peripheral levels NRCS structure as illustrated below, provide technical assistance on all areas of health to the DCs, SCs and staffs involved in service delivery, and issue statements and position papers on health related issues on regular basis in conjunction with professional organizations like Nepal Health Research Council and Nepal Medical Association.
6.2.2 District Chapters

The main roles and functions of District Chapters (DCs) will be the following:

a) Work within the mandate and guidelines approved by the NHQ
b) Ensure that NRCS policies and plans are implemented in practice
c) Ensure that the needs and aspirations of the vulnerable communities are reflected in all health programs and services delivered by the DCs and SCs
d) Develop collaborative linkages and partnership with District Health Offices (DHOs) and other local government agencies, and district based external development partners (EDPs)
e) Actively engage NGOs and civil society organizations for promoting the right to access to health services by vulnerable groups
f) Continuously strive to develop the institutional capacity of DCs and SCs to plan and implement health programs and deliver quality health services
g) Plan and implement resource development for health programs at the district level
h) Develop and implement systems to prepare the communities for public health emergencies and disease outbreaks
i) Monitor and evaluate the health services on regular basis to ensure that health services are delivered within the nationally approved standards
j) Provide technical assistance to SCs as and when needed

The District Chapters will actively engage SCs and volunteers to propagate the health messages in the communities.

In pursuing the above policy:

a) Recruitment, development and retention of the professionally qualified human resources in health at all levels will be attached high priority
b) Bottom-up planning and capacity building will be emphasized through more structured participatory process in national level and local-level planning
c) Community participation in health program management is an integral part of the strategic management systems
d) Strengthening the DCs and SCs to progressively assume responsibilities will be a key principle
e) NHQ will have responsibility for generation of national health information while districts will be involved in data collection, analysis and interpretation
f) Supervision as a monitoring tool will be performed at all levels of the system. The NHQ will have responsibility for developing performance benchmarks for health services.
7. Collaboration and Coordination with the Government, External Development Partners and Civil Societies

7.1. Current Situation

NRCS has been receiving significant support from participating national societies (PNS) and donors, particularly after 1990. Many health projects were implemented, in the past, with the support from many donors, particularly outside the Movement. NRCS has not been able to secure any financial and technical support from the Government in any of the health programs, including blood services for which it is mandated as a sole agency for recruitment of donors, testing, storage and supply. NRCS has developed strong collaborative linkage with Government district health office network, though it needs strengthening at the central level.

Collaboration and partnership with UN system and NGOs in health is informal and not structured so as to engage them complement the NRCS efforts or secure the technical assistance in the areas of NRCS need.

7.2. Principles and Policies regarding collaboration, coordination and partnerships in health

The following will be the key principles and policies regarding partnerships, collaboration and coordination with different organizations in health:

a) Building partnership with others agencies, particularly Ministry of Health (MoH) and WHO to get technical assistance in the areas NRCS does not have competencies on.

b) Developing coordination and collaboration with I/NGOs in health for joint advocacy for promulgating favourable national polices and plans on health and for health promotion, particularly of the most vulnerable people.

c) Coordination and collaboration with civil society organizations for furthering the NRCS objectives in health.

NRCS firmly believes partnerships, collaboration and coordination with relevant agencies are critical for better impact of its health services, and in pursuing the above broad policy it will strive to achieve the following:

7.2.1 With Ministry of Health

a) Identification and continuous adjustment of NRCS role in the national health program,

b) Participation of NRCS in national health policy and plan development, particularly
in areas of NRCS involvement as per identified role

c) Provision of annual financial grant to NRCS and required technical assistance in the health areas particularly those it is nationally mandated for or which are complementary and supplementary to government efforts

d) Joint working mechanism with all levels of Ministry of Health, including district and peripheral level health facilities.

The above will be translated into partnership framework through signing Memorandum of Understanding (MoU) with Ministry of Health and relevant divisions within Department of Health Services (DoHS), and putting this into practice through action plans.

7.2.2 With External Development Partners

a) National policy dialogue and policy influence on health services, particularly those within NRCS core areas

b) Joint working mechanism for implementing NRCS health service package,

c) Provision of resources, both financial and technical

d) Sharing of international and national experience, knowledge and materials

7.2.3 With NGOs and Civil Societies

a) Joint advocacy and lobbying with Government for promulgation of favourable regulations, policies and plans on NRCS core health areas as elaborated in service package

b) Active engagement of NGOs to implement health services particularly those for vulnerable people

c) Resource sharing and avoiding resource overlaps

d) Sharing of knowledge, skills, guidelines, and IEC materials
8. MONITORING AND EVALUATION

8.1 Current Situation

Over the period of last forty years, NRCS has acquired great deal of experience from the implementation of several health services. It is relatively easy to gauge the impact of some services, such as Vitamin A distribution and ARI programs, due to good monitoring system. However, as a whole, the impact the NRCS services have made on the life of particularly socially deprived and economically downtrodden people is difficult to substantiate in objective terms due to lack of appropriate monitoring system and documentation. Further, the best practice models that could be replicated in a large scale by NRCS or by other organizations are not easily available. Some surveys have been done in some districts providing very scattered evidence which however, are not very representative of the whole country.

8.2 Principles and Policies

The following policies and principle will guide the monitoring and evaluation of the health services:

a) NRCS will ensure that processes, outcomes, impact, and responsiveness of the health services is monitored and evaluated in order to know whether the strategies adopted are producing the expected results.

b) Monitoring and Evaluation are, for the NRCS, key elements to the health system allowing it to react to deviations in the planned intervention as well as to measure the impact and the process.

c) All health programs and interventions will provide indicators and benchmarks that allow the NRCS to monitor and evaluate their performance.

d) The Health Information System (HIS) will be also an important tool for monitoring the effect of the health interventions in terms of changes in the behavior or improved health status of the targeted beneficiaries.

e) At both NHQ and DC level, a set of indicators will be agreed, data and information collected and analyzed on periodic basis. Though reporting to NHQ by DCs and health Projects is necessary for generating consolidated national picture, much of the emphasis will be put in the local analysis of data and feedback to relevant levels.

f) Decision-making will be based on the information provided by the different levels of the system.
9. SECTORAL POLICIES AND STANDARDS AND GUIDELINES

a) The Central Executive Committee, may develop and issue, as it deems fit, specific policies on:

i) Primary Health Care
ii) Blood services
iii) First Aid
iv) Water Sanitation
v) Health in Emergencies
vi) Any other areas

b) The CEC may provide clarifications and from time to time, issue standards and guidelines for implementation of this Policy.
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