The International Red Cross and Red Crescent Movement

National Societies
Red Cross and Red Crescent Societies carry out humanitarian work in their own countries and support each other in times of need.

The ICRC
The International Committee of the Red Cross is an independent humanitarian body of the Red Cross Movement. It has a special role as a neutral intermediary and endeavours to protect the victims of armed conflict and internal violence.

The International Federation
The International Federation of Red Cross and Red Crescent Societies co-ordinates relief in areas affected by natural disasters. It also assists National Societies with development and helps refugees and displaced persons in non-conflict areas.

The entire Red Cross and Red Crescent Movement is bound by seven Fundamental Principles - humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

Health Strategy
2016-2020

Nepal Red Cross Society
National Headquarters Red Cross Marg
Kailali, Kathmandu, Nepal
Phone: +977-01-4270500, Fax: +977-01-4279151
E-mail: nrcs@nrcs.org, Website: www.nrcs.org
Fundamental Principles of the Red Cross and Red Crescent Movement

Humanity
The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality
It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality
In order to continue to enjoy the confidence of all, the Movement must not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence
The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary Service
It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity
There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality
The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

The Fundamental Principles were adopted by the 30th International Conference of the Red Cross, in 1965. In 1986, the 300th Conference decided to include them in the Preambles of the Statutes of the Movement. The latter not only recall that every component of the Movement is bound by the Fundamental Principles, but also establish that States have to respect at all times the adherence of those components to the Fundamental Principles.
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbreviations</td>
<td>3</td>
</tr>
<tr>
<td>Foreword</td>
<td>5</td>
</tr>
<tr>
<td>NRCS Health Strategy 2016-2020 at a glance</td>
<td>7</td>
</tr>
<tr>
<td>Background and the context</td>
<td>7</td>
</tr>
<tr>
<td>Country context</td>
<td>11</td>
</tr>
<tr>
<td>Country Health context</td>
<td>11</td>
</tr>
<tr>
<td>NRCS context</td>
<td>15</td>
</tr>
<tr>
<td>Achievements and lessons (2011-2015)</td>
<td>17</td>
</tr>
<tr>
<td>Vision, mission and goal of Health Strategy 2016 – 2020</td>
<td>21</td>
</tr>
<tr>
<td>Health Policy</td>
<td>21</td>
</tr>
<tr>
<td>Policy statements</td>
<td>21</td>
</tr>
<tr>
<td>Values and guiding principles</td>
<td>21</td>
</tr>
<tr>
<td>Health Strategy</td>
<td>23</td>
</tr>
<tr>
<td>Strategic outcomes</td>
<td>23</td>
</tr>
<tr>
<td>Conceptual Framework of the Health Strategy</td>
<td>24</td>
</tr>
<tr>
<td>Strategic outcome 1 Health Promotion &amp; Prevention: Improved community health and reduced risks through integrated community-based health</td>
<td>27</td>
</tr>
<tr>
<td>Strategic outcome 2 Curative Care: Increased access and improved quality of facility-based health</td>
<td>29</td>
</tr>
<tr>
<td>Strategic outcome 3 Health in Emergencies: Saved lives and reduced risks through health in Emergencies</td>
<td>31</td>
</tr>
<tr>
<td>Strategic outcome 4: Well-functioning NRCS Health Department</td>
<td>32</td>
</tr>
<tr>
<td>Implementation strategy</td>
<td>33</td>
</tr>
<tr>
<td>Enabling actions</td>
<td>34</td>
</tr>
<tr>
<td>Annexes</td>
<td>35</td>
</tr>
<tr>
<td>Thematic Areas in the 7th Development Plan</td>
<td>35</td>
</tr>
</tbody>
</table>
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ASRH</td>
<td>Adolescent Sexual and Reproductive Health</td>
</tr>
<tr>
<td>BCC</td>
<td>Behaviour Change Communication</td>
</tr>
<tr>
<td>BTS</td>
<td>Blood Transfusion Services</td>
</tr>
<tr>
<td>CBFA</td>
<td>Community Based First Aid</td>
</tr>
<tr>
<td>CBHFA</td>
<td>Community Based Health and First Aid</td>
</tr>
<tr>
<td>CBS</td>
<td>Community Based Surveillance</td>
</tr>
<tr>
<td>CEC</td>
<td>Central Executive Committee</td>
</tr>
<tr>
<td>CEHP</td>
<td>Community Empowerment for Health Promotion</td>
</tr>
<tr>
<td>DAPS</td>
<td>Access, Participation and Safety Framework</td>
</tr>
<tr>
<td>DC</td>
<td>District Chapter</td>
</tr>
<tr>
<td>DM</td>
<td>Disaster Management</td>
</tr>
<tr>
<td>DP</td>
<td>Disaster Preparedness</td>
</tr>
<tr>
<td>DRR</td>
<td>Disaster Risk Reduction</td>
</tr>
<tr>
<td>EDP</td>
<td>External Development Partners</td>
</tr>
<tr>
<td>EFA</td>
<td>Emergency First Aid</td>
</tr>
<tr>
<td>FA</td>
<td>First Aid</td>
</tr>
<tr>
<td>FCHV</td>
<td>Female Community Health Volunteers</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
</tr>
<tr>
<td>GESI</td>
<td>Gender Equity and Social Inclusion</td>
</tr>
<tr>
<td>GoN</td>
<td>Government of Nepal</td>
</tr>
<tr>
<td>HIS</td>
<td>Health Information System</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HMIS</td>
<td>Health Management and Information system</td>
</tr>
<tr>
<td>ICRC</td>
<td>International Committee of Red Cross</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, education and communication</td>
</tr>
<tr>
<td>IFRC</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
</tr>
<tr>
<td>I/NGO</td>
<td>International Non-Governmental Organisation</td>
</tr>
<tr>
<td>J/YRC</td>
<td>Junior/Youth Red</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
</tr>
<tr>
<td>MoHA</td>
<td>Ministry of Home Affairs</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MIS</td>
<td>Management Information System</td>
</tr>
<tr>
<td>NCD</td>
<td>Non-Communicable Disease</td>
</tr>
<tr>
<td>NDHS</td>
<td>Nepal Demographic Health Survey</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>NPHL</td>
<td>Nepal Public Health Laboratory</td>
</tr>
<tr>
<td>NPC</td>
<td>National Planning Commission</td>
</tr>
<tr>
<td>NRCS</td>
<td>Nepal Red Cross Society</td>
</tr>
<tr>
<td>ODF</td>
<td>Open Defecation Free</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>PNS</td>
<td>Partner National Society</td>
</tr>
<tr>
<td>RMNCAH</td>
<td>Reproductive Maternal Newborn Child and Adolescent Health</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>ToT</td>
<td>Training of Trainers</td>
</tr>
<tr>
<td>VDC</td>
<td>Village Development Committee</td>
</tr>
<tr>
<td>VNRBD</td>
<td>Voluntary Non-remunerated Blood Donation</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WATSAN</td>
<td>Water and Sanitation</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
Foreword

It is our pleasure to present the Nepal Red Cross Society (NRCS) Health Strategy 2016-2020. This strategy is a product of a rigorous exercise engaging the headquarters of the NRCS and district chapters, government health officials, I/NGOs, the WHO, RCM partners and other health professionals. The strategy, apart from premising on National Health Strategy (2015-2020), also builds on the learning from the previous two NRCS strategies and strives to best accommodate emerging health challenges due to migration, climate change, mega earthquake 2015 and other natural disasters, as well as changing socio and cultural aspects like food behaviour, physical inactivity etc. This strategy is aligned with the Red Cross and Red Crescent Movement as well as NRCS’s policies, priorities and plans. It contributes to the United Nations Sustainable Development Goals (SDG), IFRC Strategy 2020, IFRC Health Plan, NRCS 7th Development Plan, as well as other NRCS plans and policies relating to disaster contingency planning, resilience, and youth engagement. The strategy consolidates the health interventions of NRCS and further clarifies the health priorities for the next five years.

The health intervention strategies of the NRCS need to be as diverse as the needs of the communities it serves. Therefore, the health interventions of the NRCS are clustered in three strategic areas, which are in line with global practice on the health care continuum such as preventive and curative health interventions, and emergency health assistance. All health interventions, no matter which department is leading the implementation, are consolidated in the strategy, which we believe will support the strengthening of the NRCS health response strategy. The strategy creates sufficient space for local initiatives and innovations, considering that while strengthening federal structures, local health systems will play a major role in improving the well-being of local people.

This health strategy will contribute to the Government of Nepal’s Health Policy and the Nepal Health Sector Strategy 2015-2020. Priorities and programmes of the NRCS health strategy are compatible with the Nepal government’s health sector strategy. We expect that this strategy will further enhance coordination with the government to enable the NRCS and the government to achieve national and international health commitments. Finally, we acknowledge the input provided by Government of Nepal Ministry of Health, NRCS governance, district chapters, staff members, ICRC, IFRC, partner national societies, and UN agencies. We thank Mr. Mahesh Sharma (consultant) for facilitating the strategy development process and we sincerely appreciate Dr. Ayham Alomari (Canadian Red Cross) for histechnical inputs.

Last but not least, we encourage all concerned to own this document and work towards achieving the stipulated targets, through which we will improve wellness among poor and vulnerable people, both in emergency and non-emergency settings.

Sanjeev Thapa
Chairman, NRCS

Dev Ratna Dhakhwa
Secretary General, NRCS
NRSC Health Strategy at a glance

Background and the context

The Nepal Red Cross Society (NRCS) Health Strategy 2016 – 2020 builds upon past health strategies and the framework set by Ministry of Health (MoH) the National Health Strategy 2016–2020 as well as stemming from the NRCS’s 7th Development Plan. The NRCS has a long-term commitment to reduce vulnerability and promote peace and solidarity in compliance with the Red Cross and Red Crescent Fundamental Principles. NRCS strength is its nation-wide networks comprising of district chapters in all the country’s 75 districts, many sub branches and a large pool of volunteers across the country.

National Demographic Health Survey 1996, 2001, 2006, 2011, and 2016 had witnessed, Nepal’s significant improvement in health indicators, particularly in child survival and maternal mortality. However, the overall progress in health outcomes do not truly reflect the equity gaps that continue to persist in Nepal. Disparity is reported by geographical regions, ethnicity, urban/rural settings, wealth, education status, age and sex. Nepal faces a triple health burden. Communicable diseases still account for a large proportion of deaths and disabilities. Non-communicable diseases (NCDs) are emerging as major public health concerns. These problems are further compounded by threats from natural disasters.¹

Health Strategy

In order to operationalize the eight thematic areas and activities defined in the 7th Development Plan, four strategic outcomes are defined (Figure above). These four broad strategic outcomes will guide NRCS departments and programme units to develop specific work plans using a result framework.

The strategic outcomes and thematic areas are also designed to align with the NRCS’s broader vision and as an expression of the willingness to take up health interventions as appropriate. Moreover, the strategy aims to offer broad avenues for Partner National Societies (PNS) and other partners to collaborate and enter into partnership with the NRCS. The health strategy is further guided and complemented by an eleven-point NRCS Health Policy and a nine-point Values and Guiding Principles.

**Strategic Outcome 1: Improved community health and reduced risks through integrated community-based health**

Address equity gaps and vulnerability through an integrated approach in health service delivery. It strives to expand and improve the quality of its ‘flag-ship’ programme viz. first-aid, blood bank, etc.

**Strategic Outcome 2: Increased access and improved quality of facility-based health**

Improve the quality of facility based health services (i.e. Eye hospitals, blood transfusion).

**Strategic Outcome 3: Saved lives and reduced risks through health in Emergencies**

Respond and break the vicious cycle natural disaster, suffering and increased vulnerability through health in emergencies programs including health emergencies and resilience.

**Strategic Outcome 4: Well-functioning NRCS Health Department**

Underscore the pivotal role of the Health Department in creating a conducive environment for building capacity, implementing and enabling activities, and coordinating for better results and synergy throughout all three strategic outcomes. It aims to ensure that information collection, analysis, monitoring, and reporting systems that demonstrate accountability are maintained. While implementing the health strategy, the Health Department in collaboration with the Gender Equity and Social Inclusion (GESI) Unit will ensure the IFRC Dignity, Access, Participation and Safety (DAPS) Framework is implemented and also adheres to the IFRC Child Protection policy.

**Results framework**

The results framework is intended to provide a set of broad indicators as a guidance while developing an operational plan and monitoring its performance. As the programme evolves and details of the plan are further defined (operational plan, partnership project design) the indicators will be elaborated and specified.
Background and the context

The NRCS Health Strategy 2016 – 2020 builds on past experiences in implementing the previous strategy 2011–2015, and seeks to connect with the framework set by GoN, MoH National Health Sector Strategy 2016–2020. Most importantly, the NRCS developed 7th Development Plan to guide overall operations for the period 2016 – 2020. The NRCS Health Strategy 2016 – 2020 is to guide the operationalization of the key themes stipulated under 7th Development Plan’s Aim 2, to “enable healthy, safer and resilient living”. Also, this strategy complies with commitments towards IFRC goals and strategies.

Federalism in Nepal is going through a restructuring process, which will have profound implications for the NRCS, particularly in aligning its functions and structure with the federal structure. Therefore, the frameworks and parameters set here in are purposely broad and flexible to accommodate change, as well as providing the NRCS the flexibility to respond to continuously changing contexts and needs.

Country context

The political transformation process remained under development in last 15 years, thus resulted in a profound impact on all sectors of country development including health. Nepal has undergone rapid demographic change over the last three decades, with a population of 31 million, of which 80% resides in rural areas, and a population growth rate of 2-2.5% which has declined to 1.35% in recent years.¹ The decline in population growth is attributed both to a decline in fertility rates and emigration of youth. Migration is becoming an important facet of Nepalese population dynamics. The absentee population in 2011 was 1,921,494 as compared to 762,181 in 2001 with an increasing rate of youth emigration.³ The proportion of the population is gradually declining in the regions of Mountain and Hill and steadily increasing in Tarai.⁴ The current life expectancy at birth is 68 years for women and 71 years for men.⁵

At least 2.2 million Nepalese are recorded to have migrated to Middle East countries, South East Asian countries, and Europe as labour migrants. Nepal’s Gross Domestic Product (GDP) is USD 710 per capita with remittances accounting for nearly 26% of GDP. Poverty has dropped from 42% in 1996 to 25% in 2010. The annual inflation rate of about 10% remains a challenge.⁶ Further, a heavy reliance on tourism and agriculture makes Nepal’s economy very sensitive to climate changes.

Health context

The National Health Policy of 1991 created a policy served to bring government services closer to the people and fostered community participation by promoting decentralised decision-making responsibilities to peripheral health units. It also provided an enabling environment for private sector partnership in the health sector. Further more, the National Health Sector Strategy 2015 – 2020 made a strong commitment to Universal Health Coverage with a renewed focus on Alma Ata principles of primary health care and equity. The current constitution of Nepal has recognised and guarantees health as a fundamental right of every citizen.

---

3. ibid
Nepal has made significant strides in improving health indicators, particularly in child survival and maternal mortality (Millennium Development Goals 4 and 5). The under-five child mortality has decreased by 72% from 142 per one thousand live births in 1990 to 40 in 2013. The infant mortality rate has also decreased by 67% from 99 per thousand live births to 32 in the same time period.

The immunisation coverage has remained consistently high, for DPT3 and polio3 (90%), and measles (88%). As a result, Nepal has achieved Polio Free Status, Measles Mortality Reduction Goal, Maternal/Neonatal Tetanus (MNT) elimination status, and control of Japanese Encephalitis. In terms of disease specific health outcomes, programs for tuberculosis (TB), HIV and malaria have shown progress in halting and reversing the trend of these diseases.

The overall progress in health outcomes do not truly reflect the equity gaps that continue to persist in Nepal. For example, 42.8% of deliveries were attended by Skilled Birth Attendants (SBAs) in the Terai region – which has flat topography allowing easier service access – as compared to a meagre 18.9% in the mountain region with its harsh terrains impeding access. Disparity is observed by geographical regions and ethnicity, urban/rural settings, wealth, education status, age and sex. There are many barriers in accessing quality health services such as economic, socio-cultural, geographical and institutional barriers.

Figure 1: Burden of disease 2012

Progress has been made in maternal and child nutrition (Table 1), though it remains a challenge for Nepal. The stunting rate of children under five has decreased from 57% in 2001 to 41% in 2011. Similarly, over the same period, the percentage of under weight children has decreased from 43% to 29%. However, the percentage of malnourished children is higher in the mountain region compared to hill and Tarai regions.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>2001</th>
<th>2006</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total fertility rate</td>
<td>4.1</td>
<td>3.1</td>
<td>2.6</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 live births)</td>
<td>64</td>
<td>48</td>
<td>46</td>
</tr>
<tr>
<td>Under-5 mortality rate (per 1,000 live births)</td>
<td>91</td>
<td>61</td>
<td>54</td>
</tr>
<tr>
<td>Contraceptive prevalence rate</td>
<td>9.4</td>
<td>8</td>
<td>50</td>
</tr>
<tr>
<td>Antenatal care (by skilled provider)</td>
<td>28</td>
<td>44</td>
<td>58</td>
</tr>
<tr>
<td>Delivery care (by skilled provider)</td>
<td>11</td>
<td>19</td>
<td>36</td>
</tr>
<tr>
<td>Stunting rate (children under age 5)</td>
<td>57.4</td>
<td>9</td>
<td>41</td>
</tr>
<tr>
<td>Underweight (children under age 5)</td>
<td>43</td>
<td>39</td>
<td>29</td>
</tr>
<tr>
<td>Use of improved water supply (percentage)</td>
<td>-</td>
<td>-</td>
<td>89</td>
</tr>
</tbody>
</table>


9. Disability Adjusted Life Years (DALYs) are the sum of years of life lost due to premature mortality (YLL) and years of healthy life lost due to disability (YLD) – source: WHO
Despite these improvements, Nepal faces a triple health care burden. Communicable diseases still account for a large proportion of deaths and disability. The prevalence of non-communicable diseases (NCDs) is growing and emerging as a major public health problem. These problems are further compounded by threats from natural disasters, the adverse effects of climate change, and accidents and injuries. 

These burdens are further exacerbated by rising health care costs that have resulted in high out-of-pocket expenditure (55% in 2008/09) despite increasing government expenditure on health. While there has been a remarkable increase in the number of health facilities, existing challenges associated with the quality of care, availability of human resources, physical infrastructure, etc. hamper effective health care services.

NRCS context

The NRCS has a long-term commitment to reduce vulnerability and promote peace and solidarity in compliance with Red Cross Fundamental Principles. It has completed six Development Plans since 1984 and is now in the process of implementing the 7th Development Plan 2016 – 2020. The NRCS seeks to complement and supplement government efforts in health services as an auxiliary to the government. As such, the NRCS strives towards and has an opportunity to contribute to the goals set by government plans, the SDGs, and goals set in the MoH National Health Sector Strategy 2015 – 2020, and the target of IFRC Strategy 2020.

Table 2: Top ten causes of death

<table>
<thead>
<tr>
<th>Deaths due to</th>
<th>No. of deaths (000s) 2012</th>
<th>Change in 2000 – 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic obstructive pulmonary disease (9.2%)</td>
<td>17.2</td>
<td>▲</td>
</tr>
<tr>
<td>Ischaemic heart disease (9.2%)</td>
<td>17.1</td>
<td>▲</td>
</tr>
<tr>
<td>Stroke (8.2%)</td>
<td>15.3</td>
<td>▲</td>
</tr>
<tr>
<td>Lower respiratory infections (7%)</td>
<td>13.1</td>
<td>▲</td>
</tr>
<tr>
<td>Diarrhoeal disease (3.3%)</td>
<td>6.2</td>
<td>▼</td>
</tr>
<tr>
<td>Self-harm (3%)</td>
<td>5.6</td>
<td>▲</td>
</tr>
<tr>
<td>Tuberculosis (3%)</td>
<td>5.5</td>
<td>▲</td>
</tr>
<tr>
<td>Diabetes mellitus (2.8%)</td>
<td>5.3</td>
<td>▲</td>
</tr>
<tr>
<td>Road Injury (2.7%)</td>
<td>5.0</td>
<td>▲</td>
</tr>
<tr>
<td>Preterm birth complications (2.5%)</td>
<td>4.7</td>
<td>▼</td>
</tr>
</tbody>
</table>

14. ibid
15. Daniels et al., “Nepal Health Sector Programme II Mid-Term Review.” (as cited in Nepal Health Sector Programme III, Ministry of Health).
The NRCS has a strong partnership within and outside of the Red Cross Movement (RCM) partners through which the Development Plan provides a space to work together for a common purpose: to save lives and promote dignity of vulnerable people.16

Since inception of NRCS on 4th September 1963, it has provided humanitarian and development services in the country. The NRCS has a national network of district chapters in all 75 districts, more than a thousand sub chapters, and a large pool of volunteers.

The NRCS is one of 190 member states in the IFRC, seeking to capitalize on expertise, technical support, and to cultivate mutual respect with movement partners at the global and local levels. The NRCS promotes shared leadership with RCM partners with a standard process that includes but is not limited to the use of technology, human resources, logistic management, information management and transparent financing policy and guidelines to ensure the ability to deliver services to the most vulnerable. The NRCS will also collaborate and coordinate with its partners in programme implementation to eliminate service duplication.

Achievement and lessons (2011-2015)
Over its long history, the NRCS has implemented many health-related interventions of varied length and scope, and it has played a significant role in improving outcomes in several critical health areas. The NRCS has distinctive characteristics and patterns in its health services, reflecting its ability to garner wider local support, attract national and international partners, and work hand in hand with government authorities at all levels. Moreover, the 2015 earthquake was a great challenge and opportunity for the Red Cross to respond to health needs during an emergency, thereby building capacity and resources for future responses.

Core Health Programme
The Core Health Programme primarily consists of ‘flag ship’ interventions that the NRCS pioneered and excelled in. People generally associate the NRCS with its flag-ship interventions, and this has allowed for greater local support and local engagements. Core activities include: Ambulance Services, Blood Transfusion Services, Emergency Blood Services, First Aid, Emergency First Aid, Psychological First Aid.

http://www.nrcs.org/sites/default/files/resources/7th%20development%20plan.pdf
Resilience Health Programme

The Resilience Health Programme is a programme with a long-term impact on health and development, and it is often run with a specific time frame and budget. The programme is not necessarily implemented by the Health Department directly, but by other departments (i.e. Junior/Youth Department, WASH programme). The Health Department played a critical role in coordination, fostering synergy and harmony with other health programmes, and monitoring and documenting the progress.

Local initiatives and innovations in health

NRCS nation-wide networks of district chapters and sub chapters allow a large number of members, volunteers, youth, and local people the opportunity to engage in NRCS activities. District chapters and sub chapters often initiate innovative activities to respond to local needs with limited or at times no involvement from central HQs. The current NRCS framework offers greater opportunities for local initiatives and community engagement. Apart from regular down streamed programmes from HQs, district chapters and sub chapters are encouraged to raise and mobilize locally available resources to address the local needs (for example refer Box 2).

Experiences and achievements (2011-2015)

The NRCS made great contributions to sustainable development through community resilience initiatives by helping people to be as healthy as possible and to reduce their vulnerability. The NRCS expanded its programming to increase people’s access to primary and public health.

A large number of school children and community members directly benefitted from quality drinking water, and sanitation and hygiene promotion activities. Additionally, among school children through J/YRC water, sanitation and hygiene (WASH) activities. NRCS volunteers, district chapters, sub chapters, and Junior/Youth Red Cross circles worked collectively with the District Public Health offices and Female Community Health Volunteers (FCHVs) on immunisation campaigns to ensure the vaccination of all children. This joint effort was very successful in reaching a large number of children with vaccinations. The Adolescent Health Programme, Sexual and Reproductive Health and HIV and AIDS preventions activities increased knowledge and safer behaviours among youth and vulnerable people.

Box 1: NRCS Earthquake Recovery Operation

- 4,847 Health Facilities damaged (4,144 completely destroyed and 703 partially) by April 2015 Earthquake
- 27 Health facilities reconstructed by the Red Cross (1 district hospital, 26 health post)
- 2 Partially damaged health posts renovated by the Red Cross
- 48 participants were trained in two Masters of Training of Trainers (MToT) in Community Based Health and First Aid (CBHFA) accomplished to develop the resource pool
- 662 participants were trained in District training in CBHFA at the district level: Lalitpur – 17, Kathmandu – 24, Bhaktapur – 24, Nuwakot – 87, Makwanpur – 86, Rasuwa – 85, Okhaldhunga – 46, Sindhuli – 92, Ramechhap – 24, Dhading – 8, Gorkha – 8, Dolakha – 8, Sindhupalchowk – 104 and Kavrepalanchowk - 24
- 720 participants were trained in basic first training from 14 districts
- 662 volunteers conducted 1760 sessions in health promotion and disease prevention
- 52,809 communities participated in 1760 community session in health promotion and disease prevention
- 3,297 Long Lasting Insecticide Treated Mosquito Net distributed to pregnant and lactating mothers
- 20 VDCs and 1 Municipality declared as totally immunized VDC/Municipality
- 15,615 mother and baby warm kit distributed to newborn, pregnant and lactating mothers
Key Achievements

- Gradual increase in voluntary blood donation and expansion of BTS (72 districts, 2015 Blood transfusion units).
- Eye Health programme expanded (2 hospitals, 15 eye care centres), 170,000 people received eye care services including over 1500 cataract surgeries.
- Ambulance service quality improved (first aid kits and oxygen, IV kits, warm blankets, mandatory training for ambulance drivers) and services expanded.
- Significant expansion of the First Aid programme: training of volunteers and other activities; standardised first aid training package; promotion of first aid expanded; Road Safety programme conducted for students in schools along the high ways; stretchers distributed to local communities.
- Active and effective role in measles rubella campaign in all 75 districts.
- WASH programme implemented during an emergency at the schools in different districts and actively promoted Open Defecation Free (ODF) campaign.
- Worked on arsenic mitigation and supplied arsenic free water.
- Provided urban waste management systems in response to local needs (septic tank slug detached to sewerage).

Cross-Cutting Issues

- Institutional development efforts continued with training, commercial first aid and other support activities such as expanding Red Cross membership, sub-chapter offices and governance roles and responsibilities.
- Volunteers trained on emergency health and WASH, social auditing practices, health volunteer roster.
- Nutrition and gender training curriculum prepared.
- GESI interventions promoted at all level of NRCS structures i.e. beneficiaries, volunteers, staffs, and governance members.
- Women participation improved in health programme by 40% with regular GESI awareness intervention among all NRCS structures.
- FCHVs engagement in health programme improved.

Gaps and Lessons Learned

- An integrated approach to health programming (including in emergencies), WASH and disaster management is more cost effective.
- Effective documentation, information and knowledge management system is crucial for programme development, monitoring results, and decision making.
- External funding was often project specific with limited contributions to overall system strengthening of the health department in specific and district chapters in general.
- NRCS is the sole blood transfusion service provider in the country, support from government would enhance the service and effectiveness to scale up.
- Limited success in resource mobilisation (internally and externally) for the health sector in general.
Health Policy
Policy statements

1. Focus on unmet needs and demands.
2. Contribute to the reduction of the burden of disease focusing on public health that affects the majority of the people in the country.
3. Ensures the quality of health services through accountable, well-coordinated and robust monitoring arrangements.
4. Coordinates and collaborates with government, PNS, EDPs, civil societies and other stakeholders for effective and efficient health service delivery.
5. Mobilise resources internally and externally for cost effective interventions, and accord priority to the health programme during internal resource allocation.
6. For sustainability and quality health services, expand health financing arrangements including cost sharing approaches, fundraising, and other alternative financing arrangements.
7. Provision of free and subsidised health services for those in need of it.
8. Integrated approach to community based health services.
9. Introduce an appropriate institutional mechanism at all levels including appropriately qualified health professionals at centre and districts as appropriate.
10. Engage volunteers (districts chapters, sub chapters, J/YRC) for the health programme.
11. Strengthen the PMER Department and establish a robust information system that embraces all health programme management information.

Values and guiding principles
Recognising ‘Health as a Human Right’, as entrusted by the Constitution of Nepal and appreciating the role of the state in ensuring health services, NRCS seeks to complement and supplement government efforts in health services. The NRCS shall also endeavour to scale up health interventions in order to contribute to the achievement of health-related SDGs.

1. Addressing Vulnerability
One of the overriding principles that will guide the design and delivery of NRCS health services will be vulnerability reduction and its health services targeted to the most vulnerable people. While providing health services, the NRCS will prioritise the needs of the socially marginalized, neglected and economically deprived communities irrespective of the underlying causes of their deprivation.
2. Auxiliary to Government Services
The NRCS believes that providing health services is the primary responsibility of the government. As an auxiliary to government, all health services offered by the NRCS will be supplementary and complementary to the government health services, and will be designed to meet the gaps in the health services in the country or strengthen already existing services. This will also include advocacy for appropriate and relevant national health policies and plans.

3. Partnerships and Collaboration
One of the guiding principles of this policy is to partner, collaborate and coordinate with government, NGOs, and civil society actors to achieve the NRCS health vision. The NRCS considers the need of a well-coordinated and comprehensive approach that includes health, WASH and disaster management which improves the well-being of the most vulnerable population.

4. Integration of Health Services
The NRCS shall focus on preventive and promotive health services, except in cases where it is mandated to supplement and complement national curative health services. Preventive and promotive health services will be integrated with disaster management and other humanitarian services for larger coverage and better impact.

5. Community Ownership
The NRCS firmly believes that effective community participation in planning, designing, delivery and monitoring of its health services is a prerequisite for community ownership. All its health services will be designed in such a way as to engage the community in which it is working, and thereby instil community ownership.

Box 2: Local initiatives and innovations – few examples

Snake bite response
NRCS District Chapters operate community based snake bite treatment service by mobilizing local resources. Annually, over 1200 lives are saved through this service. Anti-venom treatment is provided in coordination with the Ministry of Health. Subchapter manages volunteers, who transport victims of snake bites from their communities to treatment centres. Such local initiatives are supported by local organizations and government hospitals.

Partnership for Thalassemia
Thalassemia is reported among some of the poorest communities in Chitwan district. NRCS Chitwan district chapter, in partnership with Chitwan Aid Trust (CAT Belgium) - an organization of diaspora from Chitwan who live in Belgium - is supporting regular blood supply to about 150 Thalassemian patients.

Community mobilization for Health Promotion
The Junior Red Cross Circle and subchapters throughout the country organize health and hygiene promotion activities on their own initiatives. Some of the initiatives include a community cleanliness campaign, ODF campaign, clean Bagmati campaign, and organization of various types of health camps including eye examinations, diabetes tests, uterus prolapses screening, blood group screening etc.
6. Sustainability
In the design and delivery of health services, the NRCS shall focus on health programmes that result in sustainable health services. Sustainable health services are those which are technically appropriate, cost effective, and owned by the community.

7. Health as a Human Right
This policy firmly believes in a right based approach to health, in accordance with the Government of Nepal’s policy to consider basic health needs as health rights. For the NRCS this means that health promotion goes beyond being a charitable gesture, but is also a question of social justice and equity.

8. Flexibility and Innovations
The NRCS, as a voluntary organisation, grows as the number of volunteer and local institutions increase (district chapters and sub chapters, J/YRC) while embedding flexibility and innovation in responding to humanitarian needs. The NRCS strives to remain dynamic and effective through a flexible and innovative implementation modality.

9. Fundamental Principles of the Red Cross and Red Crescent Movement
The NRCS, as an active member of the RCM, is committed to the Fundamental Principles and will continuously strive to ensure that these are integrated within all health services provided.

---

Health Strategy

In order to operationalize the eight thematic areas and activities defined in 7th Development Plan, four strategic outcomes are defined. These four broad strategic directions will guide NRCS departments and programme units to develop specific work plans and multi-year operational plan. A number of health thematic interventions will be implemented. Given the nature and mandate of the organisation, proposed health interventions often overlap with other strategic outcomes while cross-cutting across the outcomes.

Strategic outcomes
NRCS health interventions at local, district and at central levels by various departments will be designed and implemented to contribute in four strategic outcomes:
1. Improved community health and reduced risks through integrated community-based health
2. Increased access and improved quality of facility-based health
3. Saved lives and reduced risks through health in Emergencies
4. Well-functioning NRCS Health services and programmes
Contributing to health system strengthening:
- Capacity Building of Trauma management in emergencies care
- Re-construction and rehabilitation of health facilities

Strategic Outcome 4:
Well-functioning NRCS Health services and programs

Guidelines, tools, competences, staff, partnership, coordination, quality, PMER, advocacy

GESI, PLWD, Youth, Volunteers, Local chapters/sub-chapters capacities, Local initiatives, Innovation
Strategic Outcome 1: Improved community health and reduced risks through integrated community-based health

Community and vulnerable people remain the focus of the NRCS health strategy. Overcoming inequity and addressing vulnerability requires a multi-pronged, well-coordinated and integrated approach in health service delivery. Nepalese communities face many health problems that demand a wide variety of health interventions. The NRCS strives to continue its ‘flag ship’ programmes like first aid and road safety, blood transfusions services, as well as other need based health interventions like reproductive and maternal, new born, child adolescent health (RMNCH), communicable and non-communicable disease interventions, mental health, WASH, climate change, urban health and so on.

Box 3 : First Aid and Road Safety

First Aid
People get injured in many places - while working on the farm, fetching fire wood or water in rural areas, during road construction, houses and other such activities. Injuries due to road traffic incidents are increasing at an alarming rate in Nepal.

- 1.47 million – fall injuries in Nepal (2015)
- 16,600 deaths annually are due to falls in Nepal and 14,130 deaths from fall injuries could have been averted
- 28-35% of people aged 65 and over suffer fall injuries annually
- After cardiac arrest, with each minute that passes, the likelihood of survival decreases by 10%, with permanent brain damage occurring within four to six minutes after cardiac arrest
- More than 50% of deaths from traffic incidents occur in the first few minutes after the crash
- More than 9,000 traffic incidents occur throughout the country per year
- Nepal road traffic incident fatalities: 879 in 2001; 1816 in 2013
- Nepal fatality rate is 17 per 10,000 registered vehicles (one of the highest in the world)
- One of the most common causes of death for road crash casualties is anoxia - a lack of oxygen supply caused by a blocked airway
- 85% of traffic incidents occur due to driver negligence

- More than 18,000 deaths occur per year
- 5/6 death cases are recorded per day

First Aid Facts and Figures

- 1,038 first aid trainers throughout the country (ratio: 13 trainers per district)
- 22,900 first aid volunteers throughout the country

Clearly, having someone trained in first aid on the scene, makes a real difference and saves lives

NRCS builds the capacity in road safety by mobilizing trained volunteers to promote educational awareness towards road safety.

Strategic Outcome 2: Increased access and improved quality of facility-based health

Facility-based health services play a significant role in improving the health of people and complements community based health interventions. The results and experiences of current facility based health services (i.e. eye hospitals, blood transfusion centres) have been encouraging. The NRCS strives to improve the quality of existing facility based health services as well as initiate the process to set up a general hospital.

The Health Department will be enabled and empowered to set quality standards for NRCS health interventions, and provide guidance and capacity support to ensure the quality of its service outlets are improved. The NRCS also coordinates with government and other stakeholders to strengthen the health system within the Society, and to work towards improving the government health system at various levels with focus at the community level.

Box 4: Blood Saves Lives

<table>
<thead>
<tr>
<th>Blood Transfusion Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>105 Blood Transfusion Centres in 72 districts of Nepal</td>
<td></td>
</tr>
<tr>
<td>231,000 Unit of Blood collected</td>
<td></td>
</tr>
<tr>
<td>310,623 Unit of Blood supplied</td>
<td></td>
</tr>
<tr>
<td>3627 Mobile blood collection camps</td>
<td></td>
</tr>
</tbody>
</table>

A system of regular and voluntary non-remunerated blood donation (VNRBD) is critical for high-quality blood service delivery.

There is a high demand for fresh blood throughout the country. Most of the blood is used to save the lives of mothers and new born during delivery, for managing emergency cases caused by road traffic incidents, during emergencies (e.g. earthquake, flood victims) and other surgeries.

Promoting equity, access, quality and safety of blood and blood components is indispensable.
Strategic Outcome 3: Saved lives and reduced risks through health in Emergencies

Nepal is prone to many natural disasters. In recent years, the loss of lives and suffering due to natural disasters such as floods, landslides and earthquakes has increased. The regular occurrence of natural disasters has pushed many people into a vicious cycle of suffering and loss of livelihoods, resulting in increased vulnerability. Health is a critical intervention to break this vicious cycle and uplift people by reducing risks. Factors such as disrupted water and sanitation infrastructure, and insufficient health-care resources may contribute to an increased susceptibility to communicable diseases, impaired maternal and newborn health, and poorly managed chronic diseases.

Box 5: WASH
Water, Sanitation and Hygiene (WASH)

Water borne diseases are a major health problem in Nepal. Diarrhoea, worms, typhoid, cholera and jaundice are the top five water borne diseases. Over 22% of the population under 5 years of age suffers from water borne diseases every year.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>88%</td>
<td>of the population has access to drinking water from improved sources (2012)</td>
</tr>
<tr>
<td>37%</td>
<td>of the population has access to improved sanitation facilities (2012)</td>
</tr>
<tr>
<td>15%</td>
<td>of the population has access to high quality water supply (2014)</td>
</tr>
<tr>
<td>70%</td>
<td>of households have access to safe toilets (Sanitation coverage)</td>
</tr>
<tr>
<td>69%</td>
<td>of schools have separate toilets for girls (of the 29,000 community schools). On average, one toilet serves 166 girl students in Nepal.</td>
</tr>
</tbody>
</table>

An inadequate water supply and shortage of accessories like wash basins and soap have challenged the functionality and sustainability of existing facilities. Many schools do not have adequate resources and systems to clean and maintain toilets.

Community WASH for resilient and sustainable communities including skills and resources for maintaining the existing toilets in schools can be the effective intervention

19. ibid
Strategic Outcome 4: Well-functioning NRCS Health Service Department

NRCS district and sub chapters, along with HQs initiatives, collectively strive to achieve Strategic Aim 2 in the 7th Development Plan through the implementation of the Health Strategy. While district and sub district chapters, and NRCS departments are responsible for planning the scope and size of the health services to be delivered within their own contexts, the Health Department will act as a resource and facilitator, ensuring synergy and harmonisation within NRCS programmes and government health services. Furthermore, the Health Department ensures that necessary information collection and analysis, and monitoring and reporting systems that demonstrate accountability, are maintained. While implementing the Health Strategy, the Health Department in collaboration with the GESI unit will ensure the implementation of the IFRC DAPS Framework, and that the strategy adheres to the IFRC Child Protection policy.

Moreover, the NRCS and its chapters require the ability and systems to respond to such diversity and vulnerability. As such, the Health Department will take a lead in strengthening the capacity of district chapters, ensuring monitoring, analysing and reporting on interventions including collecting gender and disability sensitive data.

Box 6: Pioneer in Ambulance service
The NRCS pioneered non-governmental ambulance service in Nepal

<table>
<thead>
<tr>
<th>210</th>
<th>number of NRCS ambulances in 67 districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>55,000+</td>
<td>beneficiaries from the Red Cross Ambulance Service in a year</td>
</tr>
<tr>
<td>Approx. 12%</td>
<td>Share of NRCS in total ambulance services in country</td>
</tr>
</tbody>
</table>

All Red Cross ambulance drivers have received first-aid training and some ambulances contain oxygen services.

The government has an ambulance policy that categorises ambulances into three categories based on the type of and the level of services, equipment and materials it offers. Many local organisations, clubs, and private hospitals run ambulatory services with varied quality and costs. Most ambulances act as a ‘patient taxi services’ for quick and cheap transport.

Implementation strategy

Health related interventions are a key focus of many departments and district chapters in the NRCS, and are often implemented through an integrated approach. This strategy aims to provide a framework within which NRCS departments and chapters plan, implement and monitor the health programme in a more coherent and coordinated manner. Though the departments and the district chapters are responsible for implementing the health programme, the Health Department has the additional responsibility of facilitating the smooth implementation of the strategy and ensuring the strategic aims and results are achieved.

Therefore, in order to ensure the smooth implementation of the Health Strategy, the Health Department will ensure some critical enabling activities are implemented.

NRCS Health Department Leadership and coordination

<table>
<thead>
<tr>
<th>Volunteers Mobilisation</th>
<th>Excellency in implementation through NRCS staff and volunteers at HQ, chapter, sub chapters and communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration and Coordination</td>
<td>With NRCS Departments (DM, CDD, YD, OD, JYRC, GESI)</td>
</tr>
<tr>
<td>Innovation and local initiatives</td>
<td>Chapters’ local initiatives and innovation Research and innovations</td>
</tr>
</tbody>
</table>
| Partnership | - Ministry of Health  
- Local and National Partners  
- RC Movements Partners  
- International Partners |
Enabling actions

In order to achieve the strategic outcomes, a number of enabling actions are anticipated to be initiated by the Health Department, as well as to foster synergy with enabling activities implemented by other departments.

A. Enabling Actions of Health Service Department:
- Prepare guidelines and tools to standardise the quality of services delivered by district chapters and other departments.
- Strive for better coordination at the central level, particularly with the Ministry of Health, as well as support coordination at the district level. Moreover, the Health Department plays an important role in coordinating with PNS’s for better health programming and resource mobilisation.
- Establish/strengthen the health management information system. The Health Department will be a repository of health-related information (in close collaboration with the PMER team), and will ensure that district chapters and subchapters benefit from this wealth of information. The Health Department will work in knowledge brokering for all concerned.
- Build health programming capacity of the centre and district offices.
- Strengthen organisational capacity at all levels by expanding the use of the Organisational Capacity Assessment and Certification (OCAC) tool at selected district chapters.
- Incorporate GESI principles in health programming. The Health programme will make special efforts in promoting GESI throughout its health programme in close coordination with the GESI unit.
- Mobilize resources by leading and facilitating internal and external resources for the implementation of health activities by other departments and district chapters.

B. Enabling Actions of Other Departments:
- J\YRC engagement strategy for increased youth involvement for responding to emerging humanitarian challenges through capacity building in the areas of health and DRR, including first aid and WASH.
- DM department’s integration approach of health and DP/DRR in project design and implementation, both in emergency as well as development programmes (i.e. first aid, CBHFA, and emergency health training).
- Organizational Development Department’s volunteer recruitment and mobilization guideline which can be useful for health volunteer recruitment and capacity building.
Annexes

Annex-1

Thematic Areas in the 7th Development Plan

7th Development Plan (2016-2016 - 2020)
Strategic Aim2: Enable Healthy, Safer and Resilient Living

2.1. Enhancing well-coordinated and streamlined health programmes, health services and other interventions
2.2. Enhancing community and public health systems including blood, first aid and ambulance services, etc.
2.3. Reducing exposure and vulnerability to natural and human induced health hazards in communities
2.4. Promoting environmentally sustainable health and WASH services.

2.1 Provide an integrated Health Service Package for Developing Resilient Communities

Basic First Aid Services:

- Community-Based Health and First Aid (CBHFA) programme
- Promotional first aid
- School health and sanitation programme
- Road safety
- Psychosocial support, and
- Social and financial literacy
2.2 Provide Primary Health Care Services
- Immunisation campaigns
- Maternal and child care services
- Nutrition education
- Health outreach services
- Health infrastructure construction

2.3 Increase Access to Reproductive Health Services
- Awareness generation on sexually transmitted infections including HIV/AIDS
- Increase access to adolescent reproductive health information and services
- Promote family planning
- Sexual health rights of adolescents and youths

2.4 Take into account Non-communicable Diseases as Emerging Threats
- Raise awareness on non-communicable diseases
- Improve service seeking behaviours

2.5 Curative Health Services
- Eye care services
- Establish a general hospital
- Alternative medicine (acupuncture)

2.6 Enhance Emergency Health Services
- Ambulance services
- Emergency blood services
- Epidemic control
- Red Cross Emergency Clinic
- Emergency first aid
- Psychological first aid

2.7 Strengthen Blood Transfusion Services (BTS)
- Promote voluntary non-remunerated blood donation
- Enhance BTS for quality blood service
- Expand services in the most needed areas

2.8 Expand Water, Sanitation and Hygiene (WASH) Services
- Expand emergency WASH
- Promote WASH facilities including urban sanitation and biodigester,
- Mainstream disaster risk reduction with WASH
- Increase people’s access to disable friendly toilets and water taps in community and schools
- Promote child friendly toilets and taps at school and communities
- Enhance waste disposal (syringe and blood bags) systems
Fundamental Principles of the Red Cross and Red Crescent Movement

Humanity
The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality
It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality
In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage in any activity in opposition to the principles of the Movement.

Independence
The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary Service
It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity
There can be only one Red Cross or one Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality
The International Red Cross and Red Crescent Movement, in which all Societies have equal status and share equal responsibilities and duties in helping each other, is worldwide. The Fundamental Principles were adopted by the 30th International Conference of the Red Cross, in 1965. In 1986, the 300th Conference decided to include them in the Preamble of the Statutes of the Movement. The latter not only recall that every component of the Movement is bound by the Fundamental Principles, but also establish that States have to respect at all times the adherence of those components to the Fundamental Principles.
The International Red Cross and Red Crescent Movement

**National Societies**
Red Cross and Red Crescent Societies carry out humanitarian work in their own countries and support each other in times of need.

**The ICRC**
The International Committee of the Red Cross is an independent humanitarian body of the Red Cross Movement. It has a special role as a neutral intermediary and endeavours to protect the victims of armed conflict and internal violence.

**The International Federation**
The International Federation of Red Cross and Red Crescent Societies co-ordinates relief in areas affected by natural disasters. It also assists National Societies with development and helps refugees and displaced persons in non-conflict areas.

The entire Red Cross and Red Crescent Movement is guided by seven Fundamental Principles - humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

---

**Nepal Red Cross Society**
National Headquarters: Red Cross Marg, Kailali, Kathmandu, Nepal
Phone: +977-01-4270850, Fax: +977-01-4271915
E-mail: nrcs@nrcs.org, Website: www.nrcs.org

---

**Health Strategy 2016-2020**