

UNIT-5
MANAGEMENT TO DELIVERY OF
HEALTH SERVICES

PREPARED BY:

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NURSING INSTRUCTOR

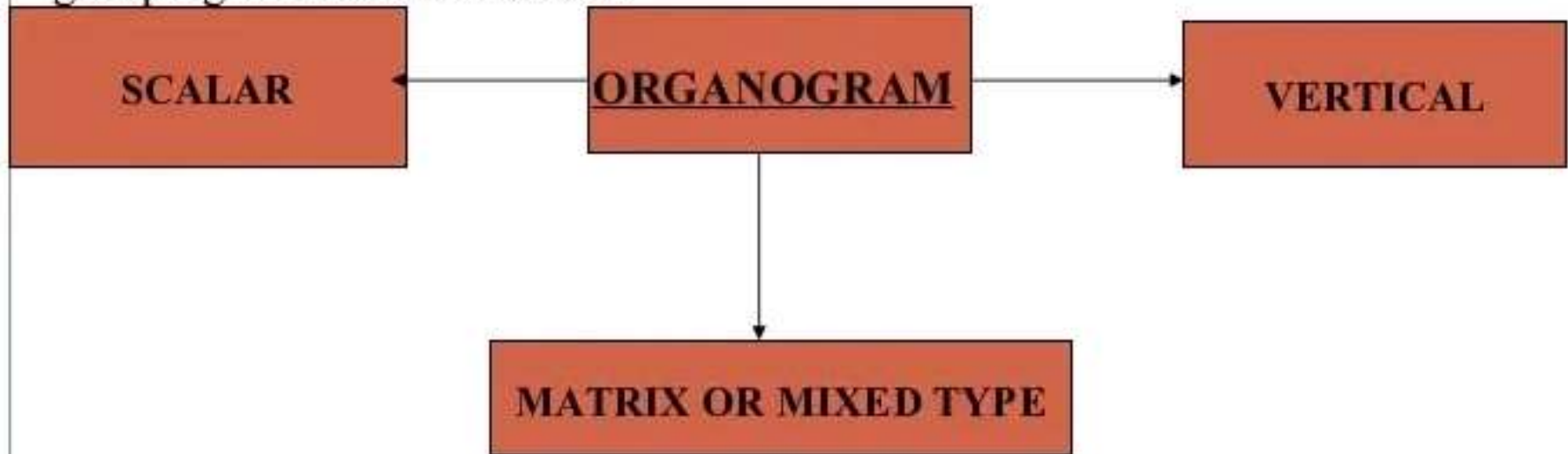
ORGANIZATION

- ✘ Organization is the group of people working together to achieve common goal.
- ✘ “Organization is the process of identifying and grouping the work to be done, defining and delegating responsibility and authority and establishing relationship among the people to work most effectively together to accomplish the goal.”

- Allen

ORGANOGRAM

It is a diagrammatic representation of the administrative set up which easily shows the line of command, control and responsibility ,staff relation,job grouping and communication.



**The structure of the organogram is like a pyramid, broader at base taper at apex.
Hospital has got a Matrix type of Organogram.**

ORGANOGRAM OR ORGANIZATIONAL STRUCTURE

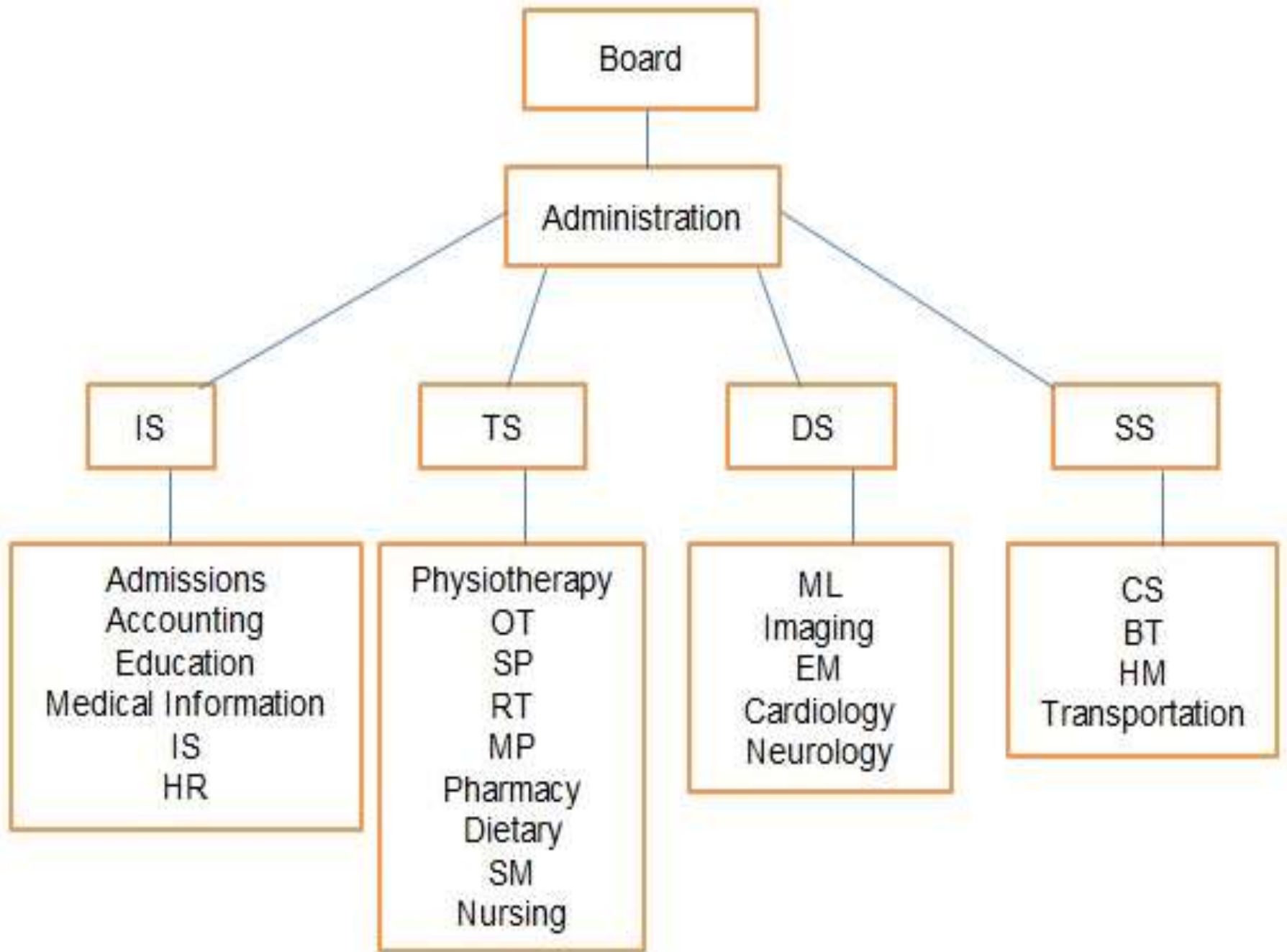
- ✘ An organization structure shows the authority and responsibility relationship between the various positions in the organization by showing who reports to whom.
- ✘ It is the set of planned relationship between physical factors and personnel required for the achievement of organizational goals.
- ✘ It represents the group of people with formal relationships, various tasks, activities and their positions within an organization.

ORGANIZATIONAL CHART

- ✘ It is a graphic representation of an organization structure. The connecting lines on the chart shows who is accountable to whom and who is in-charge of what department.
- ✘ It depicts the downward flow of authority and responsibility and the upward flow of accountability.

FUNCTIONAL ORGANIZATIONAL STRUCTURE

- ✘ This type of organizational structure design is the most widely used because of its simple logic and common sense.
- ✘ In this, organizational activities are grouped together by common function, then the function with authority are arranged in a hierarchical order, which gives pyramid shape to the organizational structure.



COMMON TYPES OF FUNCTIONAL ORGANIZATIONAL STRUCTURE

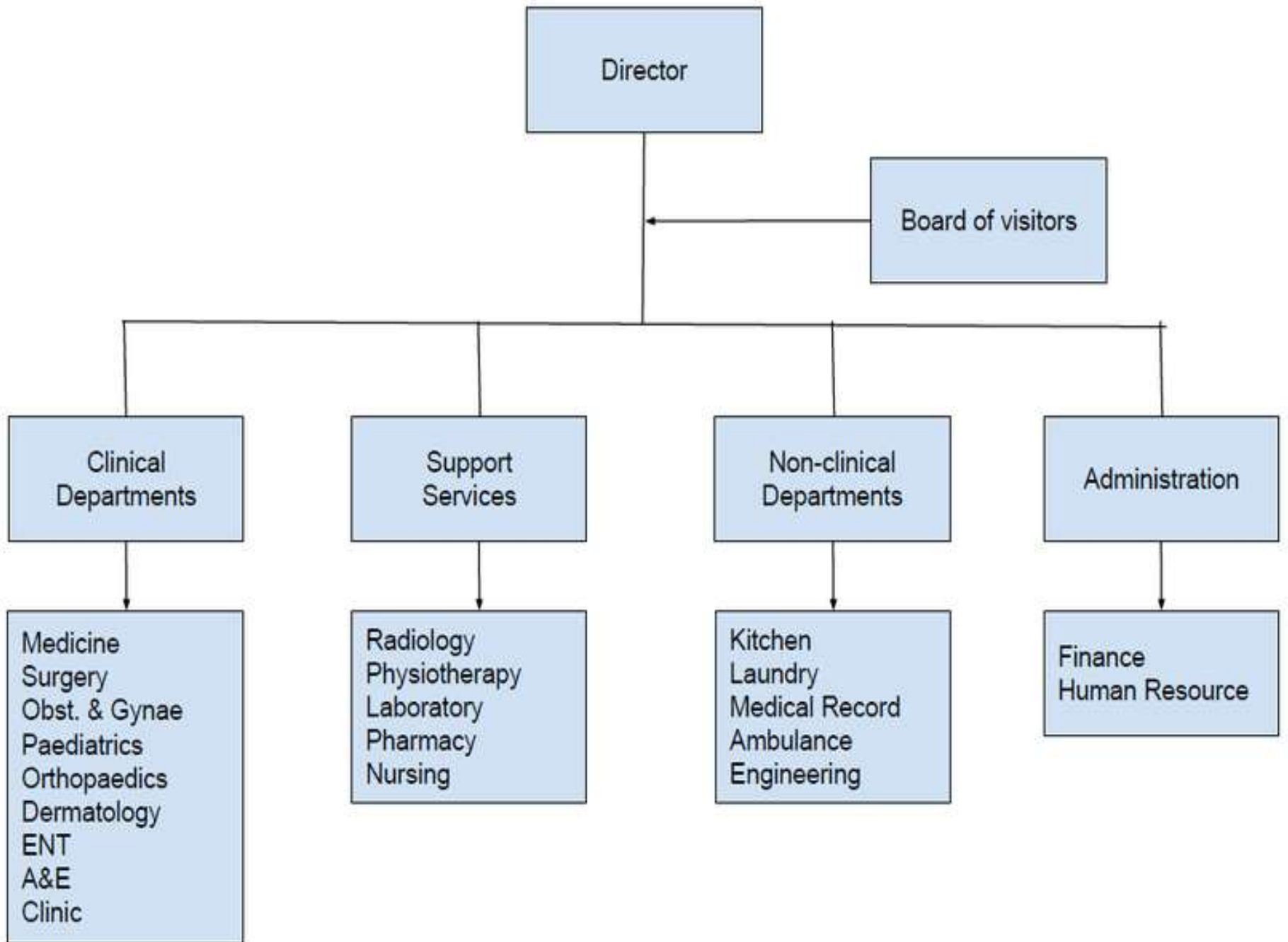
- ✘ Line organization
- ✘ Line and staff organization

LINE ORGANIZATION

- ✘ In a line organization, authority descends from the top of the hierarchy to its bottom level (down the channel of command) step by step through downward delegation of authority as in vertical organizational structure and responsibility runs from bottom to top (up the channel).
- ✘ As a result, all major decisions are taken and orders are given by the top executive and orders are passed down to their immediate sub-ordinate.

CONTD...

- ✘ When the authority flows from the top to the subordinate at the lowest level in a more or less straight line, subordinates are responsible to their immediate supervisors; it is known as line organization



FEATURES OF LINE ORGANIZATION

- ✘ Each manager has direct authority over his subordinates.
- ✘ Everyone in the organization reports to only one immediate supervisor(one man, one boss)
- ✘ Managers have complete authority in their own areas of operation.
- ✘ Authority flows downward through the organization and responsibility flows upward.

MERITS OF LINE ORGANIZATION

- ✘ Simple organization and can be defined and explained the rank/position easily.
- ✘ Economic and effective, makes the decisions rapidly, effective coordination, all the activities of unit/dept are controlled by one individual.
- ✘ Responsibilities are fixed and unified at every level therefore, every individual knows to whom he is responsible and who is responsible to him.
- ✘ Maintain discipline and greater control within an organization.

DEMERITS OF A LINE ORGANIZATION

- ✘ Executives are overloaded with day to day's activities. As a result, long term planning and policy formulation are often neglected.
- ✘ Does not make for specialization, one executive is required to do all the work (Jack of all master of none)
- ✘ One man management, may enhance dictatorship
- ✘ Distribution of work is not planned scientifically
- ✘ Only useful for small organization such as Health Post, Family Planning Clinic, MCH clinic etc.

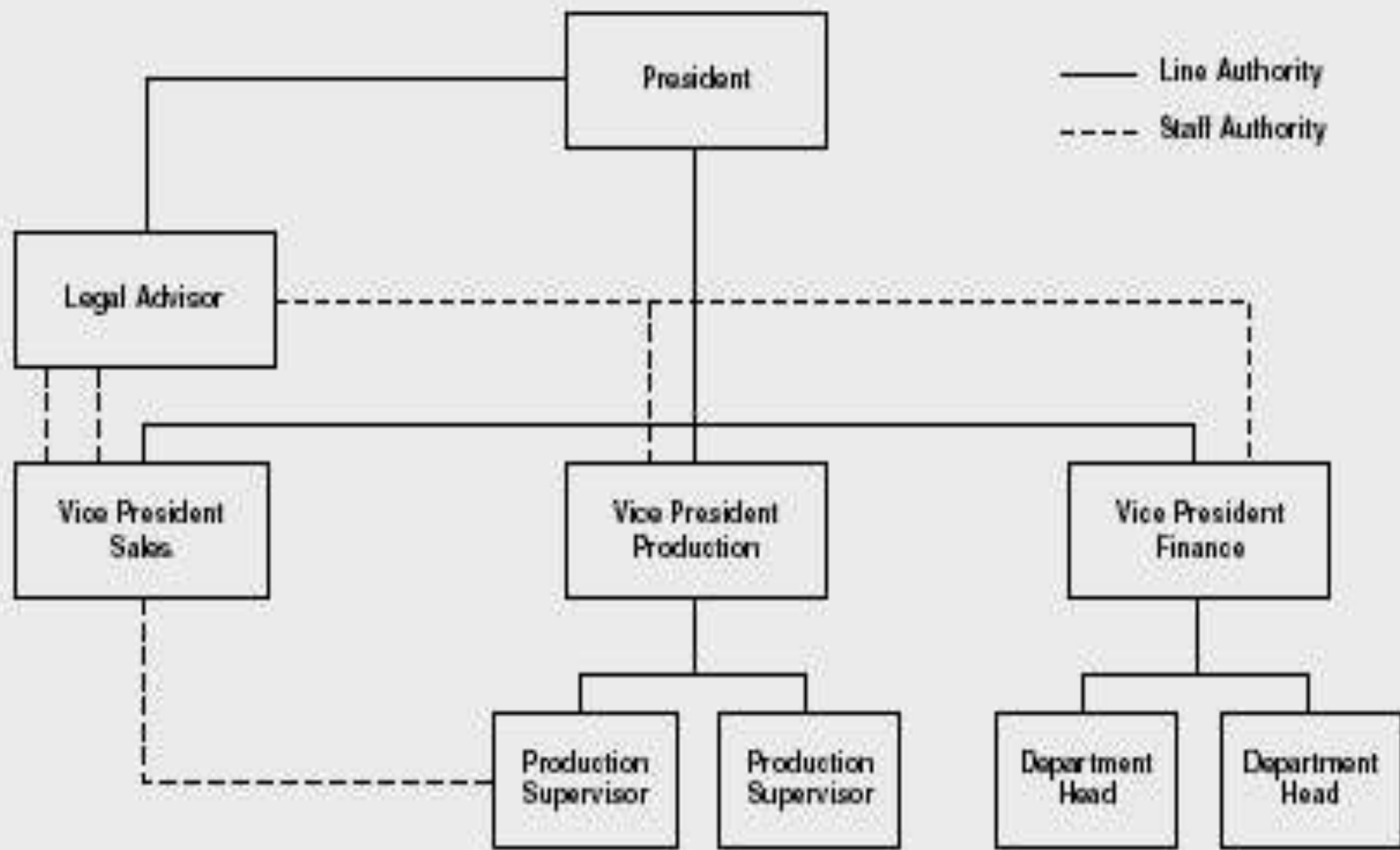
LINE AND STAFF

- ✘ Staff managers usually do not have direct authority over the line member because of their technical/professional knowledge and skills.
- ✘ Staff members usually provide assistance or advice to the line members, if special knowledge and skill requires but do not provide advice or suggestion for daily activities.
- ✘ Staff member provides service or carry out his/her job as an expert and also provide advice to the line manager.

CONTD...

- ✘ Line and staff organization is formed by blending of two types (line organization and staff organization) organization.
- ✘ The goal of line and staff organization is to achieve or complete task through systematic and efficient way.
- ✘ The popular concept of line and staff is that "line functions are those which have a direct responsibility to accomplish objective of an organization" and "staff refers to those elements of an organization which help the line staff to work most efficiently to accomplish primary goal of an organization.

Figure 1
Line-and-Staff Organization



MERITS OF LINE & STAFF ORGANIZATION

- ✘ Decisions can be taken easily.
- ✘ The system is flexible, for the new activity may be undertaken by the staff without forcing line manager for the adjustment.
- ✘ Provide adequate opportunity for the advancement of worker or possibility of staff development.

DEMERITS OF LINE & STAFF ORGANIZATION

- ✘ Line and staff officers may misconceive the relationship regarding particular activities(ill feeling)
- ✘ Certain staff officers may act as an irresponsible way because they are not directly responsible to operate the activities or implement the advisory option.
- ✘ More chance of misunderstanding and misinterpretation of staff managers opinion by line managers.
- ✘ Prestige problem for both line manager and staff manager(expert)

ORGANIZATIONAL STRUCTURE OF GOVERNMENT-AL HEALTH SERVICE BEFORE FEDERAL SYSTEM IN NEPAL

- ✘ Ministry of Health (MOH) of Nepal Before Federal System:
 - The ministry of Health played a leading role in improving the health of people. Therefore, MOH formulated policies and make necessary arrangements by maintaining international standards of health care policies which is declared by Government of Nepal.
 - The MOH was also responsible for effective delivery of preventive, promotive and curative as well as rehabilitative services through the primary health care system

✘ Following departments were constituent under the Ministry of Health Before Federal System:

- Department of Health Services
- Department of Drug Administration
- Department of Ayurveda
- Unani Dispensary
- Homeopathic Hospitals

✘ Similarly to regulate and maintain the standard of Health Service, Health Research and production of different specialty health professional(education), various councils are established under the Ministry of Health as mentioned below:

- Nepal Medical Council
- Nepal Nursing Council
- Nepal Research Council
- Nepal Health Professional Council
- Nepal Pharmacy Council
- Nepal Ayurvedic Medical Council

FUNCTIONS OF MINISTRY OF HEALTH

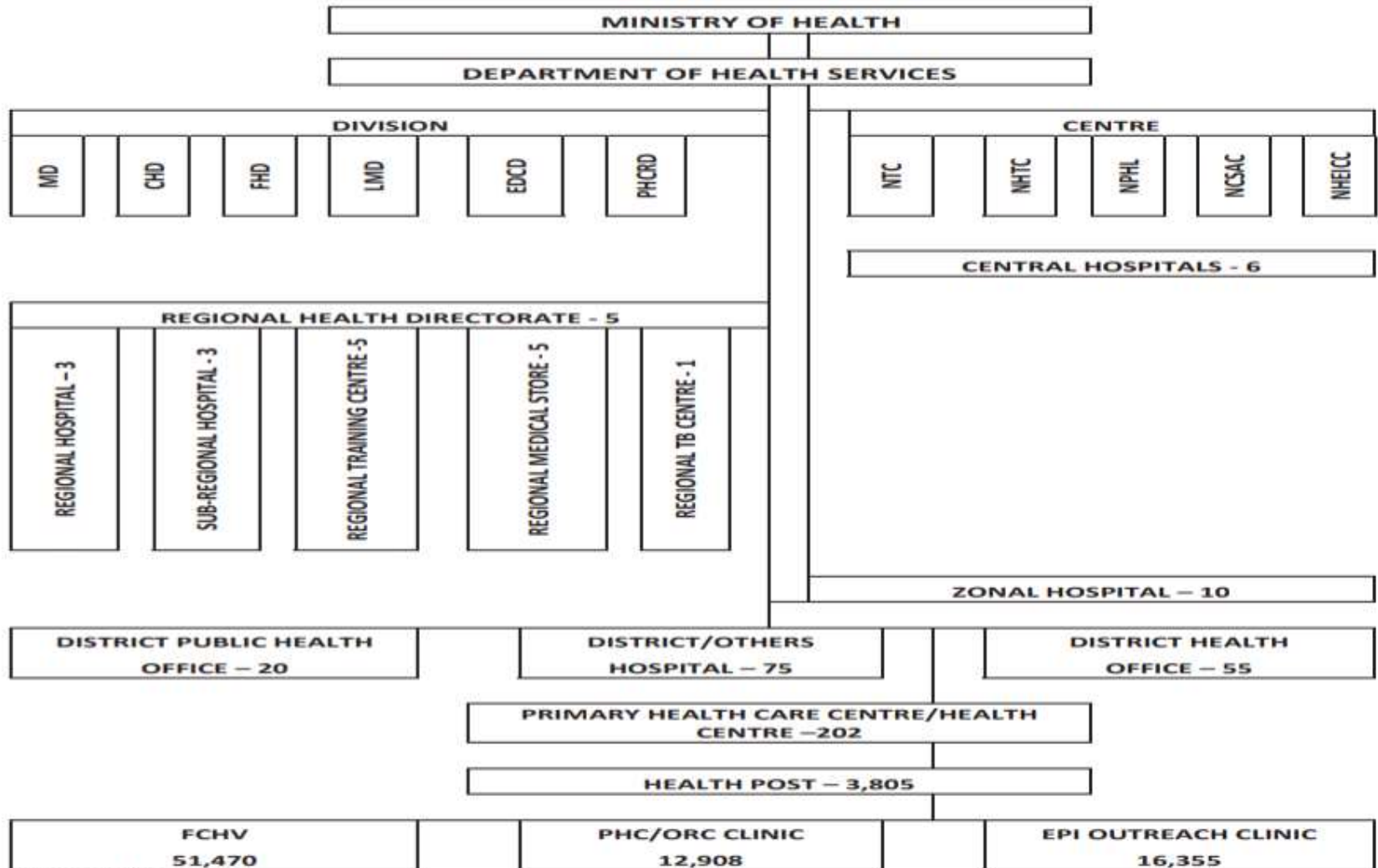
- ✘ Formulation of health policy, planning and implementation of that policy and planning.
- ✘ Encourage to conduct research for developing policies and planning to improve public sector health services.
- ✘ Enhance for research and development of preventive, promotive, curative and rehabilitative services related with Allopathic, Ayurveda, Homeopathy and Unani system of Medicine.

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- ✘ Provide training to health professionals.
 - ✘ Contact with non-governmental national and international health services related organizations and participate national, regional, and international conferences, workshops, seminars etc.
 - ✘ Encourage to conduct research related to drugs; production(quality control, price control and sales), distribution(control and sale of narcotic drugs, import and export of the drugs, use of unsafe and poor quality drugs).

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- ✘ Notify important epidemiological information to the WHO and other country as needed.
 - ✘ Provide health and nutrition education.
 - ✘ Formulate policy, planning, programming and implementation regarding family planning, maternal and child health and population.
 - ✘ Allocation of budgets to the hospital, DPHO, Medical Stores, Laboratories', training and Health Research.

ORGANIZATIONAL STRUCTURE OF DOHS

Fig. 1.1: Organogram of Department of Health Services (DoHS)



Source: HMIS, DoHS

DEPARTMENT OF HEALTH SERVICE(DOHS) OF NEPAL BEFORE FEDERAL SYSTEM

- ✘ The Department of Health Service(DoHS) was under the ministry of Health.
- ✘ The main purpose of the DoHS was to deliver preventive, promotive and curative as well as rehabilitative services to the people of Nepal through the Divisions, Centers, Hospitals(different levels), District Public Health Offices(DPHO), PHC and HP.

FUNCTIONS OF DOHS BEFORE FEDERALISM

- ✘ Provide GoN with necessary technical advice in formulating health related policies, develop and expand health institutions established in line with these policies;
- ✘ Determine requirement of human resource for health institutions and develop such human resource by preparing short and long term plans;
- ✘ Manage procurement and supply of drugs, equipment, instruments and other logistics at regional, district and below levels;
- ✘ Co-ordinate the activities and mobilize resources in the implementation of approved programs;
- ✘ Manage the immediate solution of problems arising from natural disasters and epidemics;

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- ✘ Establish relationships with foreign countries and international institutions with the objective of enhancing effectiveness and developing health services and assist the Ministry of Health and Population in receiving and mobilizing foreign resources by clearly identifying the area of cooperation;
 - ✘ Develop objectives of approved public health programme; family planning, child health, infectious disease control, eradication of malnutrition, control of AIDS and STD for effective implementation by mobilizing necessary assistance.

DOHS HAD SIX DIVISIONS

- ✘ Management Division
- ✘ Family Health Division
- ✘ Child Health Division
- ✘ Primary Health Service Revitalization Division
- ✘ Logistic Management Division
- ✘ Epidemiology and Diseases Control Division

DOHS HAD 3 SECTIONS

- ✘ Leprosy Control Program/section
- ✘ Personnel Administration Section
- ✘ Finance Administration Section

DOHS HAD FIVE CENTERS

- ✘ National Health Education, Information and Communication Centre
- ✘ Nation Health Training Center
- ✘ National Centre for AIDS and STD control
- ✘ National Tuberculosis Center
- ✘ National Public Health Laboratory

Department of Health Services (DoHS)

Division

Management Division

Family Health Division

Child Health Division

Epidemiology and Disease
Control Division

Logistics Management Division

Leprosy Control Division

Primary Health Care
Revitalization Division

Centres

National Health Training Centre

National Health Education,
Information and Communication
Centre

National TB Centre

National Centre of AIDS and STD
Control

National Public Health Laboratory

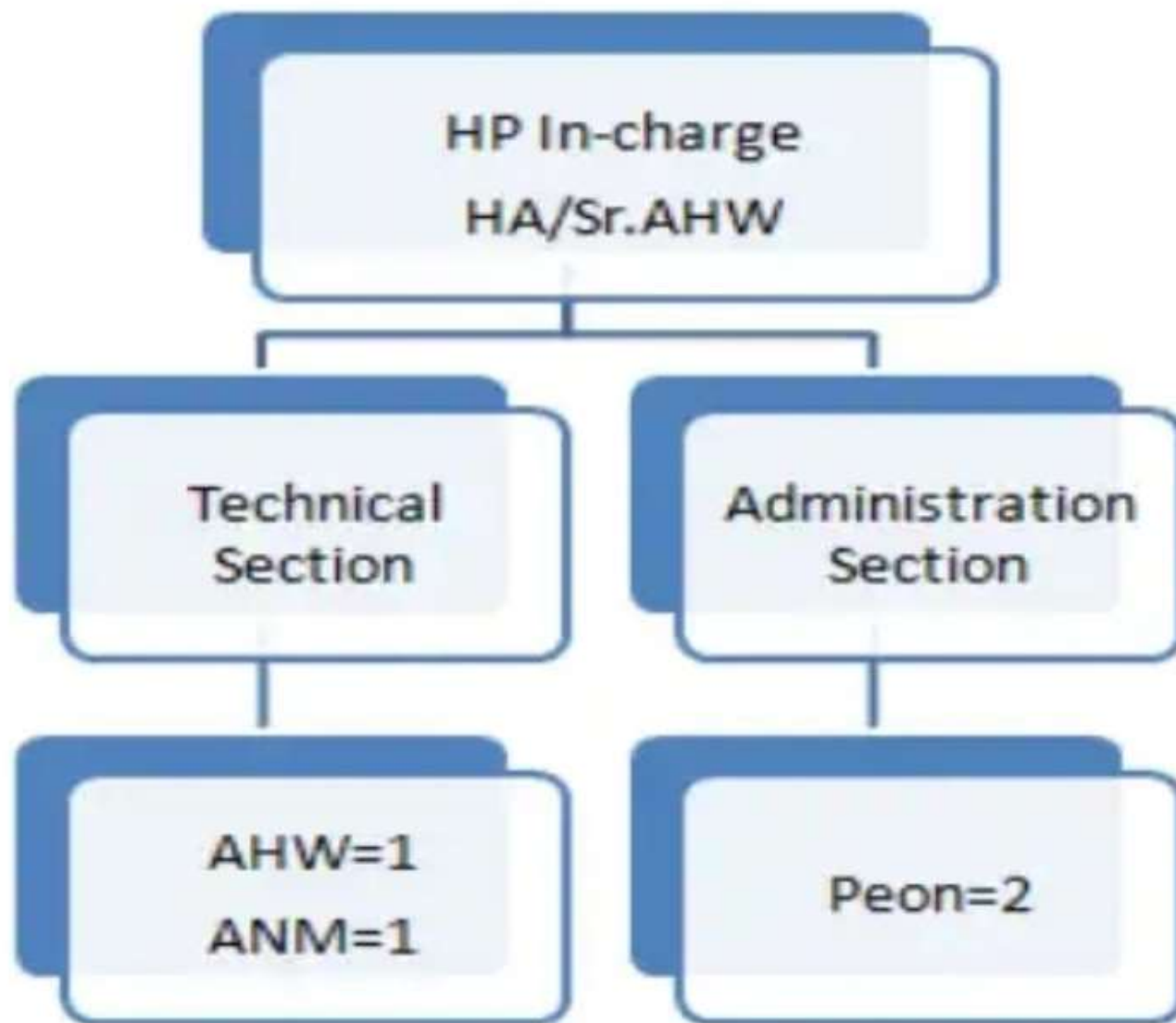
- The recent reorganization of the DoHS includes six Divisions:
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1. **Management Division** (infrastructure, planning, quality of care and management information system);
 2. **Family Health Division** (reproductive health care, SMH, FCHVs, neonatal health and FP)
 3. **Child Health Division covering** (nutrition, IMCI, and EPI)
 4. **Epidemiology and Disease Control Division** (controlling epidemics, Pandemic and endemic diseases as well as treatment of animal bites;
 5. **Logistics Management Division** covers procurement, supplies and management of logistics, equipments services required by DoHS and below levels
 6. **Newly formed Primary Health Care Revitalization Division**

HEALTH POST(HP) BEFORE FEDERAL SYSTEM IN NEPAL

- ✘ A Health Post was the first institutional contact point for basic health services.
- ✘ Health Post was the referral center of FCHVs and responsible to monitor the activities of FCHVS, PHC/ORC and EPI clinics.
- ✘ Each level above the Health Post is a referral point in a network from to PHCC, onto district, zonal, sub regional and regional hospitals and finally to the tertiary level hospitals.

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- ✘ This referral hierarchy has been designed to ensure that the majority of population receives public health and minor treatment in places accessible to them and at a price they can afford.
 - ✘ There were altogether 3805 number of Health Posts under the Department of Health Services(DoHS).

• Health Post (HP)

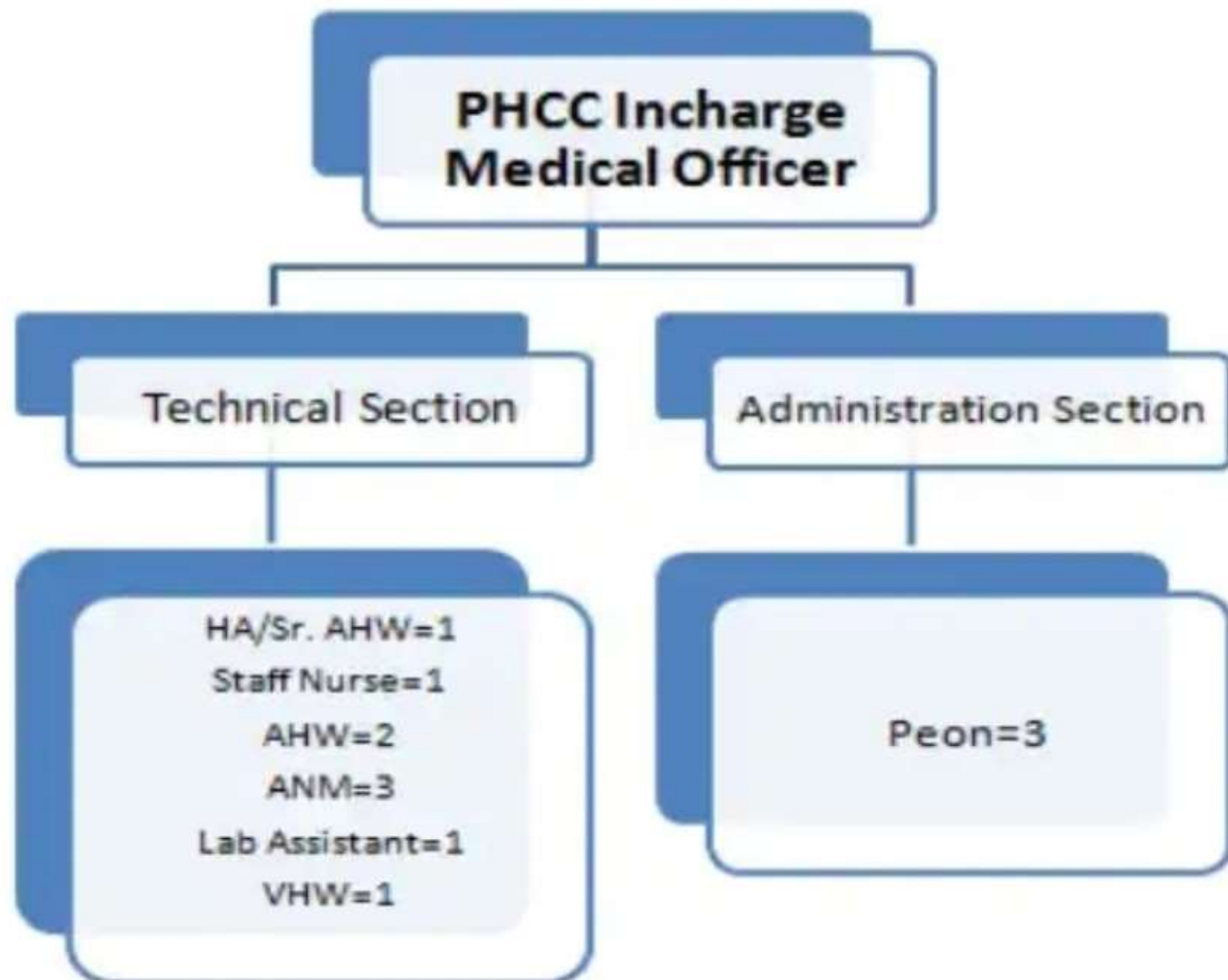


PRIMARY HEALTH CARE CENTER BEFORE FEDERAL SYSTEM IN NEPAL

- ✘ Primary Health Care Center(PHCC) was the highest level of grass root level health institution in Nepal.
- ✘ PHC reports to the District Public Health Office of that respective district.
- ✘ They were the part of government funded public health system in Nepal.
- ✘ PHCC provides basic health care services and community level maternity service along with facilities for minor surgeries.

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- ✘ Medical Officer is the In-charge of PHCC.
 - ✘ PHCC is open round the clock specially for maternity service. Therefore, there are 3 ANMs and 1 staff Nurse sanctioned position.

- **Primary Health Care Center (PHCC)**



DISTRICT LEVEL HEALTH ORGANIZATIONS BEFORE FEDERAL SYSTEM IN NEPAL

- ✘ In district level, there were 3 types of health service organizations: District Public Health Office(DPHO), District Health Office(DHO) and District Hospital(DH).
- ✘ DPHO/DHO had played a vital role in maintaining multi-sectoral coordination and optimal community participation in planning, implementation, monitoring, supervision and evaluation of different programmed relevant to meet the basic health needs.
- ✘ Similarly there were total 75 district hospitals(DH) in the country with a capacity of 15 to 25 beds. District Hospital was the referral center from Health Post and PHCC.

District (Public) Health Office (DHO/DPHO)

Public Health Officer

Medical Officer

Accountant

Technical

Administration

Peon

Health Assistant

Staff Nurse

Cold Chain Program

TB Program

Malaria Program

Health Education

FUNCTIONS OF DPHO

- ✘ DPHO was responsible to implement all the health programmes through integrated way based on National Health Policy and Plan with the coordination of different divisions, sections and regional directorates under DoHS.
- ✘ The functions of DPHO were as mentioned below:

a. **Planning:**

- Prepare the structure of district level health development plan within the budget as per national policy and directions.

Prepare detail work plan and work calendar for the chief of PHCCs, HPs and the technicians of the public health offices.

- Get the annual district level health plan and program approved by the district assembly and make arrangement to send it to the regional center and national center.

B. DIVISION OF TARGETS

- ✘ Make arrangements to hand over responsibilities of conducting programs for the fulfillment of various objectives of the district health services to PHCCs, HPs within the district on the basis of populations.

C. COLLECTION OF INFORMATION AND ANALYSIS

- ✘ Ensure the regular dissemination of information from various health institutions within the districts.
- ✘ Prepare graphs, charts on the basis of district health profile and display them.
- ✘ Identify and prioritize the main health problems of the district on the basis of the analysis of the information collected.
- ✘ Disseminate information regularly, send progress reports and provide feedback as directed by the District Public Health Office.

d. Family Planning Program

e. Safe Motherhood

f. Vaccination Programs

g. Nutrition Programs

h. Prevention, Control and Treatment of Diarrheal diseases, Emergency Respiratory Diseases, Malaria and Kalazar, Tuberculosis and Leprosy.

i. HIV/AIDS Prevention Program

j. Health Education and School Health Program

k. FCHVs Training and Program

l. Simple Treatment and Referral Service

m. Budget and supply of provisions.

n. Monitoring and Supervision

o. People's participation and Community Mobilization

p. Administrative management and Coordination

District Health Office

Public Health Office

Family Welfare Section

Statistical Section

Training and health Information Section

Health Promotion Section

Environmental, occupational, oral, school, mental health, control of deafness and blindness

Child Health Section

Diarrhea, Nutrition and ARI Section

Immunization Section

Disease Control Section

TB, Leprosy and AIDS

Malaria / Kalazar

District Hospital

Administration Section

Account Section

Store

Administration Section

Account Section

Store

Statistical

OPD

Indoor

Emergency

X-Ray

Laboratory

ZONAL HOSPITAL BEFORE FEDERAL SYSTEM IN NEPAL

- ✘ Zonal Hospital provided all curative care including surgery and referred from district and other health institution.
- ✘ These hospital had at least 50 inpatient beds up to a maximum of 200 beds.
- ✘ There were 10 zonal Hospital in the country as mentioned below:
 - Lumbini zonal hospital
 - Koshi zonal hospital
 - Mechi zonal hospital
 - Sagarmatha zonal hospital
 - Janakpur zonal hospital

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- Dhaulagiri zonal hospital
 - Karnali zonal hospital
 - Seti zonal hospital
 - Mahakali zonal hospital
 - Bheri zonal hospital

REGIONALS HOSPITALS BEFORE FEDERAL SYSTEM IN NEPAL

- ✘ There were 3 regional hospitals in existence
- ✘ The Western Regional Hospital Pokhara and Mod-Western Regional Hospital in Surkhet are currently functioning but the Eastern Regional at Dharan has now changed its identity to become the BP Koirala Institute of Health Sciences(BPKIHS).
- ✘ Similarly Hetauda Hospital may be the Regional Hospital for the Central Region.
- ✘ With the coming up of new medical colleges outside of the capital at Dharan, Janakpur, Dhulikhel, Bharatpur, Pokhara, Bhairahawa, Birgunj and Nepalgunj can expect that centers for tertiary health care at these places.

SUB-REGIONAL HOSPITALS BEFORE FEDERAL SYSTEM IN NEPAL

- ✘ Dadeldhura Sub-Regional Hospital
- ✘ Narayani Sub-Regional Hospital
- ✘ Rapti Sub-Regional Hospital

REGIONAL TRAINING CENTERS BEFORE FEDERAL SYSTEM

- ✘ Eastern Region- Dhankuta
- ✘ Western Region- Pokhara
- ✘ Central Region- Pathalैया
- ✘ Mid-Western Region- Surkhet
- ✘ Far Western Region- Dhangadi
- ✘ Sub- Regional Training Center- Janakpur

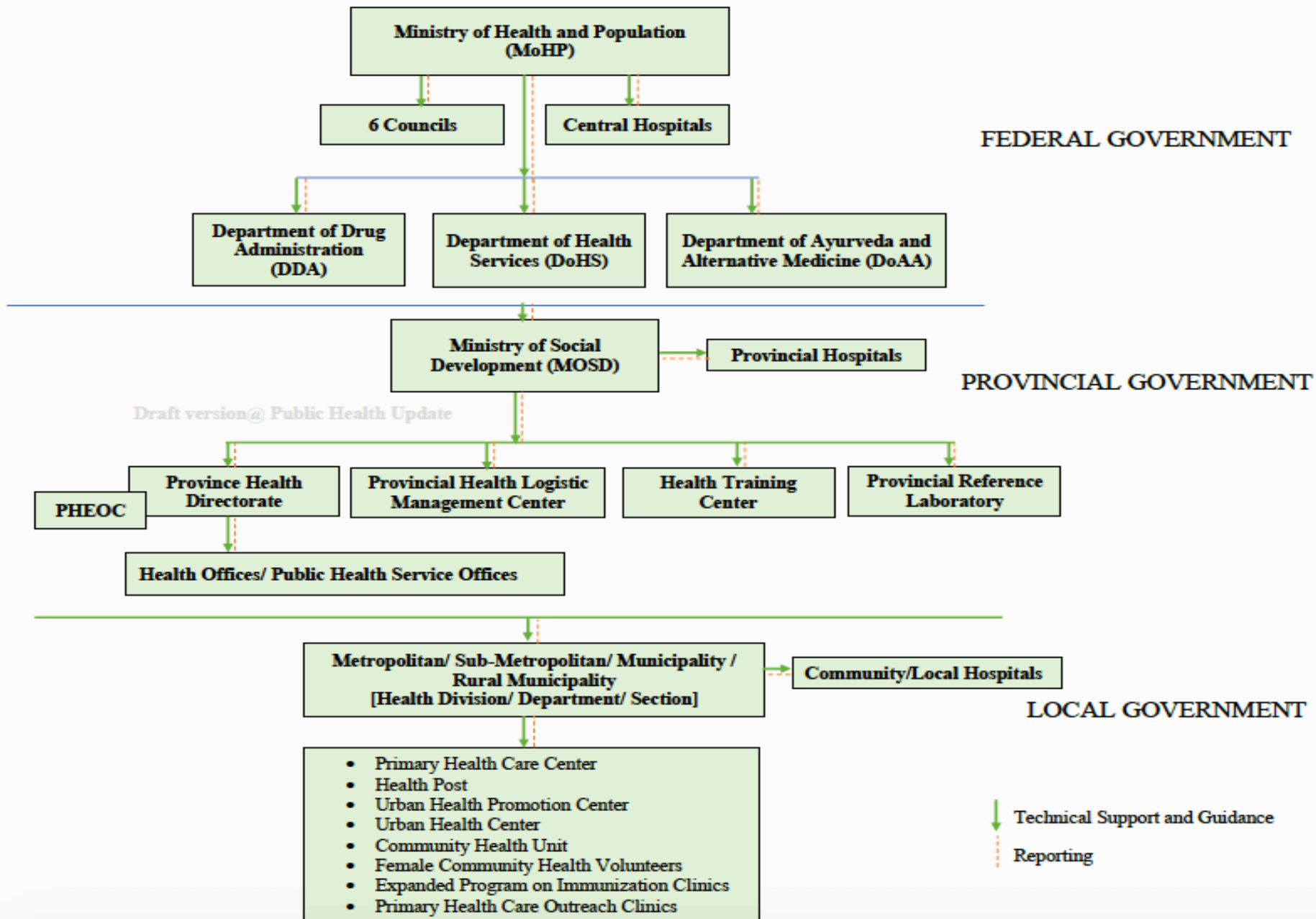
ORGANIZATIONAL STRUCTURE OF GOVERNMENTAL HEALTH SERVICE AFTER FEDERAL SYSTEM IN NEPAL

❖ Ministry of Health and Population(MoHP) after Federal System in Nepal:

- Constitution of Nepal 2015 has clearly mentioned health as a fundamental right of the citizen.
- Article 35 of this constitution further elaborates provision of free health care, information about health care, equal access to health care and access to clean drinking water and sanitation.

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- ✘ The Ministry of health and population(MoHP) provides guidance to DoHS as well as provincial and local governments to deliver promotive, preventive, diagnostic, curative and palliative health care services and carries out related policy, planning, human resource, financial management and monitoring and evaluation functions.
 - ✘ The goal of MoHP is to improve the health status of people living in the country.

FIG.ORGANOGRAM AND REPORTING MECHANISM OF NEPALESE HEALTH SYSTEM IN FEDERAL CONTEXT



- ✘ **Recently restructured MoHP organogram has five divisions namely:**
- ✘ **The Policy, Planning and Monitoring Division**(Policy and Planning Section, Monitoring and Evaluation Section, Curative Section and Research Section)
- ✘ **The Health Coordination Division**(Provincial and Local Health Coordination Section, Multisectoral Coordination Section, Development support coordination section, Public Coordination Information Section)
- ✘ **The Quality Assurance and Regulation Division**(Quality Standard and Regulation Section, Information Communication and Technology Section)
- ✘ **The Population Management Division**(Population management and information section, Gender Equity and Social Inclusion Section)
- ✘ **The Administrative Division**(Personal Administration Section, Financial administration section, Legal Section, Internal Administrative Section)

✘ **In addition, under MoHP there are six professional councils namely:**

- ✘ Nepal Medical Council
- ✘ Nepal Nursing Council
- ✘ Nepal Ayurvedic Medical Council
- ✘ Nepal Health Professional Council
- ✘ Nepal Pharmacy Council
- ✘ Nepal Health Research Council

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- ✘ **Similarly, restructured MoHP organogram has three departments:**
 - ✘ Department of Health Services(DoHS),
 - ✘ Department of Drug Administration(DDA)
 - ✘ Department of Alternative Medicine(DoAA)
 - ✘ **These three departments are responsible for formulating and implementing programmes, the use of financial resources and accountability and monitoring and evaluation.**

COMMUNITY HEALTH UNITS(JANA SWASTHA KENDRA) OR URBAN HEALTH PROMOTION CLINICS OR CENTER

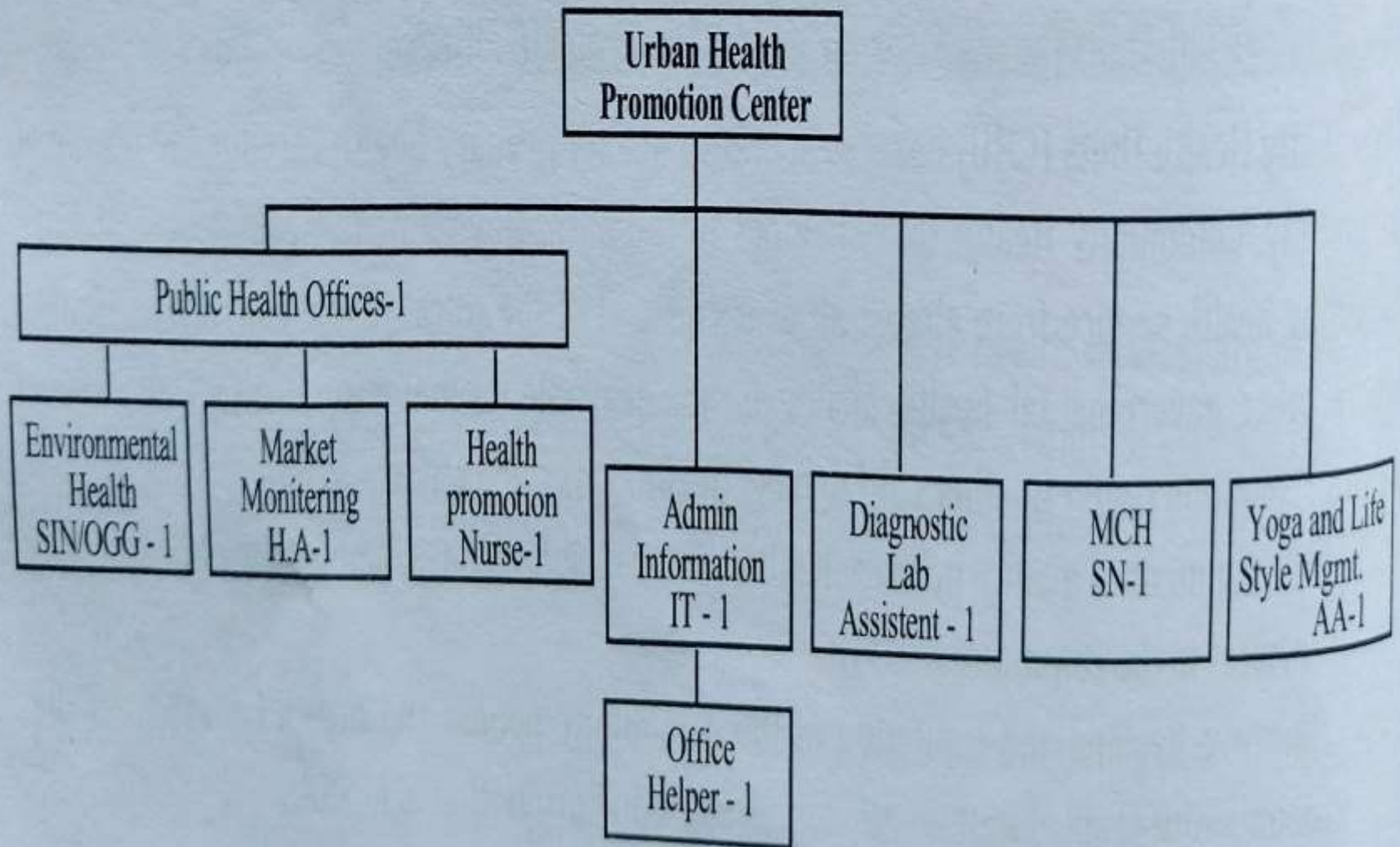
- ✘ Community Health Units(CHU) ensures access to quality primary health care for the people of community.
- ✘ At present, CHUs are providing health service from almost all of each ward of Rural Municipality/ Municipality where other governmental health facility is not available.

❖ **CHUs/ Urban Health Promotion Center or clinics aid to meet the following objectives:**

- ✘ Development of quality primary health center including basic emergency and maternity services in the community.
- ✘ Improve hygiene and sanitation of the community people and health behaviors of the community people for prevention of diseases and promotion of health.

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- ✘ Now, the Ministry of Health and Population is planning to establish Health Posts(HP) at ward level in the changed context.
 - ✘ It may takes time, therefore, community health units and urban health promotion center or clinics are being run by local government

Figure 7 : Organoqrem of Urban Health Promotion Center



PRIMARY HOSPITAL AFTER FEDERAL SYSTEM

- ✘ Up to 5 bedded hospitals, where promotive, preventive and curative health services are provided.
- ✘ It includes services extended Health Posts and Primary Health Care Centers, Primary Hospital belongs to Local Governments/authority.
- ✘ All PHCC are planned to be upgraded into Primary Level Hospital

SECONDARY HOSPITAL AFTER FEDERAL SYSTEM

- ✘ Up to 15 Bed hospitals, where promotive, preventive and curative health services as well as operative service(procedure) are provided.
- ✘ Secondary hospitals includes District Level Hospital and also belongs to local government.
- ✘ Nepal Government decided to establish "One Hospital(Primary/secondary) in each Palika(Rural/Urban Municipality)" on 26th of Baisakh, 2075.
- ✘ This decision was initiated to implement on 15th of Mangsir, 2077 by placing foundation stone(Seelanyas) for Primary/secondary(5-15 bedded) Hospital in 308 local level(Palikas) at different part of the country under the Federal Government.

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- ✘ Gradually, up to 15 bedded hospitals will be established in each 753 Local level/Palikas.
 - ✘ Similarly, on the same day foundation stone laid for 7 Communicable Disease control Hospital with ICU facilities(one in each province)
 - ✘ The construction process of all foundation laid hospitals would begin within this fiscal year. Therefore, 15th of Mangsir 2077 is considered as the starting day of revolution in Health care Delivery System.

TERTIARY(CENTRAL HOSPITALS), SPECIALIZED HOSPITAL

- ✘ Tertiary level hospitals that is equipped with all type of health services available in primary, secondary and provincial level hospitals including dermatology, orthopedics and psychiatry.
- ✘ Specialized hospitals have sophisticated facilities and provide specialized and Super- specialized services.
- ✘ It shall be operated at the central level, for example, Gangalal Heart Center, Sukraraj Tropical Disease Hospital, Mental Hospital, Kanti children Hospital, Maternity Hospital, Cancer Hospital and others.

- ✘ In 2075/76, curative health services were provided to outpatients, emergency patients, and inpatients including free health services.
- ✘ Inpatient services were provided by different level of hospitals including INGOs/NGOs, Private Medical College Hospitals, Nursing Homes and Private Hospitals.
- ✘ In this fiscal year 2075/76, 78% of total population received OPD services, 1333892 patients were admitted for hospital services and 2,126,600 patients received emergency services from hospitals.

Co-Operation/Collaboration and functions of different developmental partners in Nepal, Policies, rules and regulation in delivering the health services

WORLD HEALTH ORGANIZATION(WHO)

- ✘ The World Health Organization(WHO) is a specialized agency of the United Nations System and responsible for international public health.
- ✘ Its headquarter is in Geneva, Switzerland, with six semi-autonomous regional offices covering different regions of the world and 150 field offices worldwide.
- ✘ The South East Asia Regional Office, located in New Delhi, India, covers eleven countries; Nepal, Bangladesh, Bhutan, DPR Korea, East Timor, India, Indonesia, Maldives, Myanmar, Srilanka and Thailand.

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- ✘ The WHO was established by constitution on 7th April 1948, which is commemorated as World Health Day.
 - ✘ The WHO's broad mandate advocating for universal healthcare, monitoring public health risks, coordinating responses to health emergencies and promoting human health and wellbeing.
 - ✘ It provides technical assistance to countries, sets international health standards and guidelines, and collects data on global health issues through the World Health Survey.

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- ✘ The WHO has played a leading role in several public health achievements, most notably the eradication of smallpox, the near-eradication of polio and the development of an Ebola vaccine.
 - ✘ Its current priorities includes communicable diseases particularly HIV/AIDS, Ebola, malaria and tuberculosis; non-communicable diseases like heart disease and cancer; healthy diet, nutrition and food security; occupational health and substance abuse.

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- ✘ The main objective of WHO is to attain the highest possible level of health by all the people in the sense that “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”, as secure in the WHO Constitution as one of the basic principles.
 - ✘ WHO provides technical support to address the country’s priority health issues mostly in policy planning and program development, prevention and control of major communicable diseases, polio eradication, leprosy elimination; health promotion; healthy environment and health technology and pharmaceuticals.

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- ✘ The WHO and the Government of Nepal have been working closely to improve the health of the people of Nepal for many years.
 - ✘ The country Cooperation Strategy(CCS) provides a basis for all possible collaborations, including in-depth analysis of the strengths, opportunities, gaps and challenges, taking into account the strategic objectives of the Nepal Health Sector Strategic Plan(NHSSP) 2011-16 of the Ministry of Health and Population.

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- ✘ The six strategic priorities identified for WHO cooperation during 2013-2017 are as follows:
 - Achieving communicable diseases control targets.
 - Controlling and reversing the growing burden of non-communicable diseases.
 - Promoting health over the lifecycle focusing on interventions for underprivileged and vulnerable populations.

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- Strengthening health systems within the revitalized primary health care approach and support policy dialogue on health policies, strategies and plans for universal health coverage.
 - Reducing the health consequences of disasters.
 - Addressing environmental determinants of health.

UNICEF

- ✘ The United Nations Children's Emergency Fund promotes the rights and well-being of every child.
- ✘ Together with the partner, UNICEF works in 190 countries and territories to translate that commitment into practical action, focusing special effort on the most vulnerable and excluded children, to the benefit of all children, everywhere.

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- ✘ UNICEF has a history of more than four decades of work in Nepal and has contributed towards many of the development strides the country has taken; from the provision of basic services and immunization in the 60s and 70s; early childhood rights, education and protection in the 80s; empowering communities, more so women, to be more self-sufficient in the 90s and an emphasis on protection during the conflict period in the 2000s.

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- ✘ UNICEF mainly focuses in the 15 lowest performing districts of Nepal but the impact is nationwide especially in advocacy work with the Government of Nepal in developing legislations, plans, budgets, coordination and monitoring mechanisms that enable the survival, development, protection and participation of children, adolescents and women.

✘ The current five-year programme focuses on addressing the 3 main sets of inequity factors (policy, system and societal) so that all children, adolescents and women have access to basic and other services necessary to fulfill their rights to survival, development, protection and participation:

a. UNICEF provides technical assistance for quality gender-sensitive and equitable government policies and guidelines in maternal, newborn, child and adolescent health and nutrition as well as HIV prevention and treatment.

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- b. UNICEF supports the Government to provide quality health services through CB-IMCNI, Routine Immunization Programme, and CB-PMTCT programmes.
- c. UNICEF provides supports in promotion of positive health behaviors for the survival and health of children and women with active involvement of male, family and community members.

WFP

- ✘ The World Food Programme(WFP) is the leading humanitarian organization saving lives and changing lives, delivering food assistance in emergencies and working with communities to improve nutrition and build resilience.
- ✘ WFP is the UN agency focused on hunger alleviation and food security.
- ✘ Globally it responds to emergencies making sure food reaches where it is needed, especially in times of civil strife and natural disasters.

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- ✘ Development co-operation between WFP and the Government of Nepal dates back to 1964, even before the establishment of the WFP office in Kathmandu in 1967. WFP's current Country Strategy focuses on preventing hunger and improving nutrition for the most vulnerable and providing humanitarian response and preparation for increased environmental disasters.

UNFPA

- ✘ The United Nations Population Fund (UNFPA) is the leading United Nations Agency for delivering a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.
- ✘ UNFPA has been supporting Nepal since 1971 and has evolved in response to the changing national context.
- ✘ UNFPA partners with the Government of Nepal, development partners, NGOs and civil society to advance its mission.

✘ **Under the 7th Country Programme, UNFPA Nepal is working on these areas:**

a) **Sexual and reproductive health and rights:**

- UNFPA is supporting national efforts in Nepal to improve the sexual and reproductive health of the most marginalized adolescent girls and women.
- The Fund is largely focusing on youth aged 15-24 years and the most marginalized women addressing both the demand and supply sides of reproductive health services to improve access to information and services on maternal health, family planning and sexually transmitted infections, including HIV.

b) Gender equality:

- UNFPA's support the government of Nepal under this overarching theme seeks to ensure that vulnerable groups experience greater self-confidence, respect and dignity.
- It supports to build national capacity in the health sector to address gender-based violence(GBV), prevent child marriage and other harmful practices and working to enhance the knowledge and capacity of men, women and communities to GBV.

c) Population dynamics:

- UNFPA Nepal is working with the Government of Nepal to ensure that national, sectorial and decentralized policies and plans address population dynamics and the inter linkages with gender equality, poverty reduction, the needs of young people and reproductive health including family planning.
- Aftermath the April 2015th earthquake, UNFPA had coordinated with the Ministry of Health and Population, the Ministry of Women, Children and Social Welfare and many other partners, reached out the most vulnerable population in the 14 most affected districts to deliver Sexual and Reproductive Health(SRH) services, with a special programme for adolescents as well as prevent and respond to Gender-based Violence(GBV).

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- UNFPA's integrated RH and GBV response focused on conducting mobile Reproductive Health(RH) camps, supporting female-friendly spaces(FFS), delivering dignity kits, providing life-saving reproductive health equipment and supplies(RH kits) and building the capacity of the health service providers.

✘ **UNFPA Nepal is also supporting the Ministry of Health to achieve the Sustainable Development Goal-3 by following activities:**

- ✘ Ensuring family planning services
- ✘ Supplying contraceptives and life-saving medicines.
- ✘ Preventing and treating reproductive health morbidities like pelvic organ prolapse, obstetric fistula and cervical cancer
- ✘ Supporting on-going efforts towards midwifery education as per WHO or ICM standards.

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- ✘ Supporting the provision of adolescent-friendly services.
 - ✘ Preventing child marriage and empowering married young women and girls.
 - ✘ Upgrading adolescent sexual and reproductive health services.

d) Family Planning:

- Increasing availability and access to quality family planning services and addressing the unmet need for contraceptives among individuals and couples is a key priority of the work of UNFPA Nepal.

e. Gender equality and human right:

- In the 2011 Nepal Demographic and Health Survey(NDHS), more than one in five women reported a lifetime experience of physical violence and more than one in 10, a lifetime experience of sexual violence.
- Nearly one in 10 adolescents aged 15-49 experienced physical violence during pregnancy.
- So, UNFPA Nepal is working against such violence.

f. Youth leadership and participation:

- UNFPA will continue to focus on young people in Nepal, helping them participate in decisions affecting them, supporting the provision of comprehensive sexuality education, providing quality reproductive health services and strengthening their ability to advance human rights and development issues.

g. Child Marriage:

- UNFPA is pushing for a Nepal free of violence for all women and girls and to prevent harmful practices, including child marriage.
- In Nepal, 41% of women aged 20 to 24 are married before they turn 18. The country has the third highest child marriage prevalence in South Asia.

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- ✘ **In collaboration with the GON, the fund is used for:**
 - Strengthening national legal and policy frameworks on child marriage and marriage registration.
 - Empowering adolescent girls.
 - Supporting to ongoing revision on Comprehensive Sexuality Education
 - Mobilizing communities to promote public expressions of commitment and declare child marriage-free Municipality/Rural Municipality.

h) Population trend:

- Nepal has witnessed many important demographic changes since 1995 due to declining fertility and mortality rates, increasing life expectancy, increasing age at marriage and migration.
- New migration patterns within and outside the country have brought about structural changes in demography and human development.

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- ✘ UNFPA Nepal is working with the Government to address these dynamics by providing available data (by collecting data and analysis) for evidence-based decision making and policy formulation/programme planning as well as strengthening capacity of relevant Government ministries at national and sub national levels.

GERMAN TECHNICAL COOPERATION(GTZ)

- ✘ GTZ has been active in Nepal since 1975 on behalf of the German Federal Ministry for Economic Cooperation and Development and opened its own office in the Kathmandu, in 1979.
- ✘ The goals of GTZ work are to reduce poverty, to ensure inclusive development and to improve the country's economic and political framework.

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- ✘ The priority areas of Nepalese-German cooperation are sustainable economic development and trade, renewable energies and energy efficiency and health.
 - ✘ Technical assistance for the health sector by Germany started in 1994 as a Primary Health Care Project. Significant progress has been made with respect to the health status of the Nepalese population including a substantial reduction in maternal and infant mortality.

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- ✘ The quality, availability and the acceptance of essential health services is still inadequate among large segments of the population, especially among poor.
 - ✘ Therefore, GTZ implemented the health project "Support to the Health Sector Programme(S2HSP)".
 - ✘ The objective of this project is to improve equitable access to health services for the population in selected districts and municipalities.
 - ✘ The project is closely aligned with the Nepal Health Sector Strategy(NHSS; 2015-2020).

✘ **The project concentrates on 5 fields of activity:**

- Implementing a social health insurance system and strengthening hospital management,
- Raising the quality of health care services in sexual and reproductive health.
- Strengthening governance in health(including urban health)
- Upgrade existing health information systems networking.
- Improving the delivery of medical and psycho-social services for drug users.

JOHN SNOW, INC(JSI)

- ✘ JSI is a public health research and consulting firm in the United States and around the world, named after the English Physician John Snow.
- ✘ JSI with its non-profit partner JSI Research and Training Institute provides technical and managerial assistance to public health programs worldwide.
- ✘ JSI was founded in 1987 by Joel and Norbert.

ACTIVITIES OF JSI

- ✘ Through collaborating with local partners, JSI assists countries, governments, communities, families and individuals to develop their own skills and identify solutions that meet their public health needs.
- ✘ JSI works to improve access to and quality health care through management assistance, education, information and training.

IN NEPAL

- ✘ JSI is strengthening Nepal's health system to increase access to lifesaving services and commodities that improve the health and nutrition of women, children and communities.
- ✘ There are many approaches for designing and implementing community health service delivery systems to achieve universal health coverage, and in particular area to reach the most vulnerable populations.

❑ JSI has implemented projects in the following technical areas:

- ✘ Family planning and Reproductive Health**
- ✘ Health services delivery**
- ✘ Health system strengthening**
- ✘ Logistics services**
- ✘ Immunization**
- ✘ Maternal health**

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- ✘ Newborn and child health
 - ✘ Nutrition
 - ✘ Social and behavior change
 - ✘ After the devastating 2015 earthquake, JSI collaborated with groups working on education, WASH, and nutrition to provide immediate disaster relief for disadvantaged communities, homeless families and remote villages.