

PROFILE – 2023



Himalayan Association Against STI-AIDS (HASTI-Nepal)

*Organization Information, Strategic Plan, and Management System for the implementation of STAR
(Services, Training, Advocacy, and Research)*

Section -1: Organization Information

1.1. Organization Background:

The Himalayan Association against STI-AIDS (HASTI-Nepal) is a distinguished Non-Governmental Organization (NGO) officially recognized by the Ministry of Health and Population (MOHP) of Nepal. It leads comprehensive health services by seamlessly integrating with community development programs under the 'STAR' initiative (Service, Training, Advocacy, and Research). With extensive experience in managing community development, HASTI-Nepal has successfully implemented numerous projects, often in collaboration with esteemed institutions such as the National Academy of Science & Technology (NAST), Healthy Heart Initiative (HHI)/Tufts University, Medipiece/Child Fund Korea, the World Bank, and UNDP/Global Fund/DFID.

Dedicated to Gender Equality and Social Inclusion (GESI), HASTI-Nepal upholds inclusive policies in its recruitment procedures. Presently, HASTI-Nepal concentrates on three main thematic areas: 'Community Development', 'Environmental Health', and 'Reproductive Health'. These focused approaches underscore its unwavering commitment to addressing vital issues within these core areas.

1.2. Legal Status:

HASTI-Nepal was officially registered with the Chief District Office (CDO)/ of Kathmandu under the Ministry of Home Affairs, Nepal Government, on 11-09-2058/2001 (Registration # 516/2058BS/2001) and holds PAN/VAT # 301740719. Additionally, it is affiliated with the Social Welfare Council (SWC) of Nepal (Affiliation # 16813/2004AD). Professionally, HASTI-Nepal maintains affiliations with key institutions, including the National Centre for AIDS & STD Control (NCASC), the National Health Training Centre (NHTC), the Drug Abuse & Crime Control Program (DACCP), and the National NGO Network Group against AIDS Nepal (NANGAN), facilitating coordination and alignment with national plans and programs in Nepal.

Since 2015, the Executive Committee of HASTI-Nepal has sanctioned the implementation of strategic activities across 13 districts spanning 4 provinces, namely Sudurpaschim (Achham, Darchula, Doti, and Kailali), Lumbini (Banke and Dang), Gandaki (Tanahu), and Bagmati (Bhaktapur, Chitwan, Dhading, Kathmandu, Kavre, and Lalitpur).

1.3. Vision, Mission, Goal, Objectives, Organizational activities, and Current projects

Vision:

To enhance the health and development outcomes of vulnerable and marginalized populations by implementing comprehensive and inclusive initiatives in selected municipalities across Nepal.

Mission:

HASTI-Nepal facilitates access to comprehensive health programs by seamlessly integrating with community development initiatives, employing efficient and effective interventions in designated municipalities across Nepal.

Values:

HASTI-Nepal executes its planned activities guided by principles of Accessibility, Effectiveness, Efficiency, Equity, Cultural Sensitivity, Collaboration, and Accountability, which uphold the organization's values, as outlined below:

- 1) **Accessibility:** Guaranteeing that comprehensive health services, integrated with community development programs, are readily accessible to all residents of designated municipalities, regardless of socio-economic status or geographic location.
- 2) **Effectiveness:** Implementing evidence-based interventions tailored to the specific needs of vulnerable populations, ensuring maximum impact on health and development outcomes.
- 3) **Efficiency:** Maximizing the utilization of resources to deliver services in a cost-effective manner, thereby ensuring the sustainability and scalability of health and development programs over time.
- 4) **Equity:** Advocating for fairness and justice in the allocation of resources and services, addressing disparities and inequities to enhance health and development outcomes for all individuals.
- 5) **Cultural Sensitivity:** Honoring and respecting the diverse cultural backgrounds and beliefs of the communities served, and ensuring that health interventions are culturally appropriate and sensitive.
- 6) **Collaboration:** Cultivating partnerships and collaboration among stakeholders at all levels, including local communities, government agencies, NGOs, and service providers, to leverage resources and expertise for collective impact.
- 7) **Accountability:** Upholding transparency, integrity, and accountability in all facets of work, and being responsible for the impact and outcomes of interventions.

Goal:

To enhance access to comprehensive healthcare services and community development programs for men, women, and youth in specific locations within designated municipalities across Nepal. This aligns with HASTI-Nepal's mission of facilitating access to comprehensive programs through efficient and effective interventions.

Main objectives:

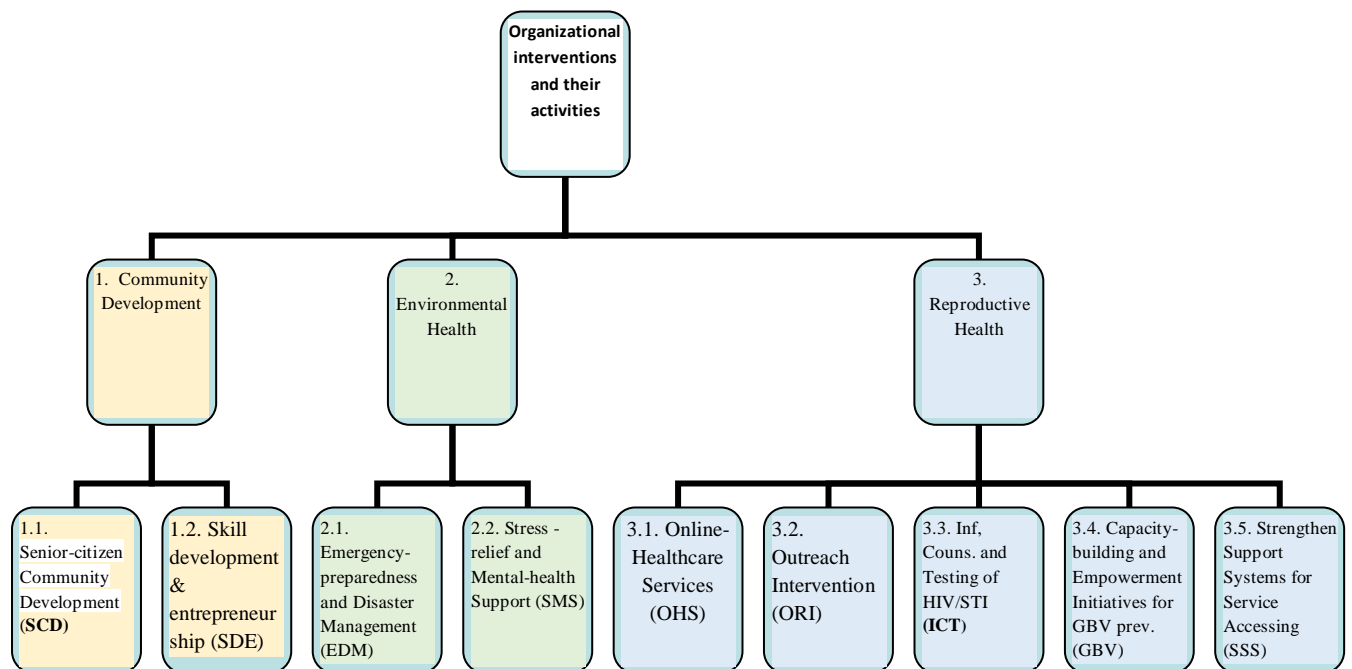
Objective No. 1: Integrate preventive, curative, promotive, and rehabilitative services to bolster the effectiveness of initiatives in health and development, with a particular focus on fostering self-sustaining livelihoods for men, women, and youth within designated municipalities of Nepal. This approach optimizes access to comprehensive health and development activities.

Objective No. 2: Enhance the capacity of service providers, including those in environmental health and community development, by broadening emergency preparedness, stress relief initiatives, and promoting interventions related to health-seeking behavior and community

development within targeted municipalities across Nepal. This ensures the establishment of efficient and effective service delivery outlets, in alignment with HASTI-Nepal's mission.

Objective No. 3: Advocate for reproductive health and rights, while combating HIV/STIs and Gender-Based Violence (GBV), with a special focus on migrant populations, women's groups, and youth. This advocacy aims to enhance social well-being within targeted communities of Nepal, thereby fostering improved health and development outcomes for vulnerable populations.

Brief in diagram of organizational activities:



Details of Activities:

- 1. Under the intervention of ‘Community Development’, the following activities will be undertaken:**
 - 1.1. Senior Citizen Community Development Program (SCCDP)
 - 1.1.1. Educational Workshops for Senior Empowerment:
 - Organize educational workshops for seniors, specifically designed to empower them with knowledge and skills on vital topics such as health and wellness, financial literacy, technology proficiency, local history and culture, and opportunities for lifelong learning, all within a recreational setting.
 - Provide accessible resources to accommodate diverse learning preferences and abilities among seniors, ensuring they remain informed, engaged, and active contributors within their communities.
 - 1.1.2. Community Engagement for Intergenerational Connection:
 - Initiate community engagement programs focused on fostering connections between different generations, benefiting both seniors and younger community members.
 - Facilitate mentorship programs that include intergenerational activities and volunteer opportunities, encouraging seniors to share their wisdom, skills, and life experiences with younger counterparts aimed to strengthen community bonds through meaningful interactions and collaborative platforms for mutual enrichment.
 - 1.2. Skill development and Entrepreneurship
 - 1.2.1. Customized Skill Development Training Programs:
 - Implement skill development trainings tailored to the needs and interests of the target population, focusing on practical skills essential to local industries and market

demands, such as agriculture, handicrafts, small-scale manufacturing, hospitality, IT, and business management.

- Ensure accessibility and inclusivity of training programs, accommodating individuals with diverse backgrounds and abilities.
- 1.2.2. Entrepreneurship Training and Support Services:
- Provide comprehensive support services for aspiring entrepreneurs looking to establish their own businesses or ventures. Offer guidance on vital aspects of business planning, market research, financial management, marketing strategies, and accessing funding opportunities such as microfinance or small business grants.
 - Foster a supportive environment where aspiring entrepreneurs receive mentorship and encouragement to pursue their entrepreneurial ambitions.
- 1.2.3. Ensuring Access to Resources and Infrastructure:
- Ensure access to essential resources and infrastructure crucial for business development, including workspace facilities, equipment, raw materials, and technology. Collaborate with local government agencies, NGOs, and private sector partners to address infrastructure gaps and create an enabling environment for entrepreneurship.
 - Promote equitable access to resources, particularly for marginalized or disadvantaged groups, to foster inclusive economic growth and empowerment.
- 1.2.4. Establishment of Monitoring and Evaluation Mechanisms:
- Establish robust monitoring and evaluation mechanisms to track the progress and impact of livelihood development initiatives.
 - Regularly assess strengths, challenges, and areas for improvement, facilitating informed decision-making and adjustments for enhanced effectiveness and sustainability. Utilize feedback from stakeholders and beneficiaries to refine program strategies and optimize outcomes over time.

2. Under the intervention of 'Environmental Health', the following activities will be undertaken:

- 2.1. Emergency Preparedness and Disaster Management
- 2.1.1. Community-Based Emergency Preparedness Training:
- Conduct comprehensive training sessions on emergency preparedness and disaster management, tailored to meet the specific needs and vulnerabilities of communities in Nepal. Engage community members, including local leaders, volunteers, and residents, in the training process to ensure local ownership and relevance.
 - Review training materials and methodologies to accommodate cultural and linguistic diversity within the communities. Collaborate with local stakeholders, including government agencies, NGOs, and community-based organizations, to leverage existing resources and expertise, monitoring them for effectiveness.
- 2.1.2. Integration of Essential Skills and Procedures:
- Review existing curriculum to incorporate essential topics such as first aid, evacuation procedures, search and rescue techniques, and coordination with local authorities and emergency services.
 - Provide hands-on practice sessions and simulations to reinforce learning and develop practical skills, emphasizing clear communication, teamwork, and leadership in emergency response efforts.
 - Collaborate with local emergency responders and healthcare providers to deliver specialized training components aligned with national protocols.
- 2.1.3. Empowerment for Effective Emergency Response:
- Empower community members with the knowledge and skills necessary to respond effectively to various emergencies and natural disasters. Provide ongoing support and resources to strengthen local capacities for disaster preparedness, response, and recovery.

- Facilitate community-led initiatives to identify and address specific vulnerabilities, such as retrofitting buildings, establishing early warning systems, and developing evacuation plans.
 - Foster a culture of resilience and mutual support within communities through awareness-raising activities and participatory decision-making processes. Promote the importance of sustainable practices and environmental conservation as part of disaster risk reduction efforts.
- 2.2. Stress Relief and Mental Health Support
- 2.2.1. Implementation of School-Based Mental Health Programs:
- Develop school-based mental health programs focusing on stress relief techniques, psychological first aid, and strategies for promoting mental well-being. Offer training sessions for teachers, school counselors, and staff members to equip them with the skills and knowledge to support students' psychosocial needs.
 - Incorporate age-appropriate activities and resources to engage students in learning about stress management and mental health. Collaborate with mental health professionals and community organizations to provide ongoing support and guidance to schools.
 - Monitor the implementation of the program and gather feedback from students, teachers, and parents to assess effectiveness and make necessary adjustments.
- 2.2.2. Promotion of Mental Health Awareness and Self-Care:
- Provide guidance to students, teachers, and parents on recognizing signs of stress, trauma, and mental health disorders. Offer practical strategies for self-care and coping mechanisms, emphasizing the importance of maintaining mental well-being.
 - Incorporate mental health education into the school curriculum, covering topics such as emotional regulation, mindfulness, and resilience-building.
 - Facilitate workshops and group discussions to promote peer support and the sharing of experiences related to mental health. Ensure access to resources and referral pathways for students in need of additional support or professional intervention.
- 2.2.3. Creation of a Supportive School Environment:
- Foster a supportive school environment where students, teachers, and staff feel comfortable discussing mental health concerns and seeking assistance. Implement anti-stigma campaigns and awareness-raising activities to reduce the stigma surrounding mental health issues.
 - Train school personnel to provide non-judgmental listening and support to students in distress. Enable effective responses to mental health crises by mobilizing peer supporter groups or buddy systems to encourage students to seek help from their peers and trusted adults.
 - Collaborate with community mental health services to ensure continuity of care and access to specialized support for students with more significant needs.

3. Under the intervention of 'Reproductive Health', the following activities will be undertaken:

3.1. Online- Healthcare Services

3.1.1. Telemedicine and Online Consultations:

- Establish Telemedicine and Online Consultations to offer remote access to healthcare professionals for medical advice, diagnosis, and treatment. Utilize digital communication technologies such as video calls, messaging apps, and teleconferencing to enable real-time interactions between patients and healthcare providers.
- Uphold patient information confidentiality and security through encrypted communication channels, ensuring compliance with data protection regulations. This approach eliminates barriers of distance and transportation, ensuring equitable access to healthcare services.

3.1.2. Remote Monitoring and Follow-up Technologies:

- Utilize Remote Monitoring and Follow-up technologies and digital health tools to remotely track patients' health indicators, medication adherence, and treatment outcomes. Offer follow-up consultation support services to patients with chronic conditions or requiring ongoing medical supervision to promote self-management skills.
- Ensure seamless coordination and referral pathways between virtual and in-person healthcare services to guarantee comprehensive and integrated care delivery. Empower patients to actively participate in their healthcare journey and improve health outcomes through remote monitoring and follow-up support.

3.2. Outreach Intervention (ORI)

3.2.1. Mobile Campaigns in Unreached Areas:

- Execute mobile campaigns targeting maternal and child health, immunization, hygiene, nutrition, and cardiac care.
- Utilize SMS, mobile apps, and social media for dissemination, incorporating interactive elements to encourage participation and engagement. Collaborate with local health authorities to provide accurate information and resources, implementing targeted messaging based on demographic and geographic factors.
- Monitor campaign performance to assess reach and effectiveness.

3.2.2. Community Engagement and Media Advocacy:

- Organize community events to raise awareness of preventive healthcare practices, partnering with local media to amplify messaging and reach a broader audience.
- Interacting workshop with community leaders and influencers to advocate for health-seeking behaviors, applying culturally relevant content for media platforms to resonate with the target population.
- Utilize storytelling and testimonials to illustrate the benefits of seeking healthcare, monitoring media coverage and community feedback to adjust advocacy strategies.

3.2.3. Door-to-Door Outreach and Education:

- Select and train community health workers (CHWs) to deliver personalized health education and screenings.
- Implement door-to-door outreach programs targeting underserved populations, providing referrals for further evaluation and management of health issues.
- Focus on early detection and prevention through proactive screenings, with tailored educational materials addressing specific health concerns within the community. Establish partnerships with local clinics for follow-up care and support.

3.3. Information, Counseling and Testing of HIV/STI (ICT)

3.3.1. Culturally Sensitive Sexual and Reproductive Health Education:

- Review educational materials on HIV/STI prevention, testing, and counseling, tailoring content and sessions to address the specific needs and cultural beliefs of migrant populations, women's groups, and youth.
- Incorporate interactive activities and group discussions to engage participants and facilitate learning. Collaborate with community leaders and organizations to ensure program relevance and acceptance.
- Provide information on available HIV/STI testing and counseling services, emphasizing confidentiality and support.

3.3.2. Comprehensive Information Delivery on HIV/STI Prevention:

- Offer comprehensive information sessions covering HIV/STI prevention methods, including condom use, regular testing, and safe sexual practices.
- Include discussions on contraception, family planning, and reproductive rights to empower individuals to make informed decisions about their sexual health. Emphasize the importance of consent, mutual respect, and communication in sexual relationships.

- Tailor information delivery to the specific needs and preferences of the target audience using survey outcomes. Provide access to resources and referrals for HIV/STI testing and counseling services.
- 3.3.3. Integration of Gender Norms and Human Rights:
- Integrate discussions on gender norms, power dynamics, and human rights into the curriculum to address underlying factors contributing to HIV/STI transmission and gender-based violence. Foster critical reflection on societal norms and stereotypes related to gender and sexuality.
 - Provide training for facilitators to create a safe and inclusive environment for discussions on sensitive topics by promoting gender equality and respect for human rights as essential components of healthy relationships and communities.
 - Collaboration with local organizations working on gender equality and human rights to amplify impact and promote social wellness.
- 3.4. Capacity Building and Empowerment Initiatives for Gender-Based Violence (GBV) Prevention.
- 3.4.1. Capacity-Building Workshops on GBV Prevention:
- Organize capacity-building workshops targeting community leaders, healthcare providers, and youth advocates, with a focus on preventing gender-based violence (GBV) and promoting reproductive health. This includes sessions on identifying signs of GBV, supporting survivors, and implementing effective prevention strategies.
 - Collaborate with experts in GBV prevention and reproductive health to provide comprehensive training, empowering participants to advocate for GBV prevention within their communities.
 - Incorporate interactive exercises and case studies to enhance learning and skill development.
- 3.4.2. Peer Education and Support Programs:
- Equip participants with the knowledge and skills to facilitate peer education programs on GBV prevention, reproductive health, and prevention of HIV, TB, and STIs.
 - Provide training on effectively supporting GBV survivors, including active listening, empathy, and referral pathways to relevant services. Encourage participants to advocate for the rights and needs of marginalized populations, including GBV survivors.
 - Foster a supportive environment for participants to share experiences, challenges, and best practices. Offer ongoing mentorship and supervision to peer educators to ensure the quality and effectiveness of their programs.
- 3.4.3. Empowerment of Women's Groups and Youth Networks:
- Provide women's groups and youth networks with opportunities for leadership development, access to resources, and networking platforms. Offer training sessions on leadership skills, advocacy strategies, and project management.
 - Facilitate access to funding opportunities, technical support, and other resources to support their initiatives. Create platforms for women and youth to amplify their voices and advocate for sexual and reproductive health rights at local, national, and international levels.
 - Foster collaboration and partnership between women's groups, youth networks, and other stakeholders to maximize impact and sustainability.
- 3.5. Strengthen Support Systems for Accessing Health Services**
- 3.5.1. Establishment of Supportive Health Networks:
- Develop health referral networks to facilitate access to need-based healthcare services, including HIV testing and counseling, STI treatment, education, contraception, and antenatal care. Ensure these networks are easily accessible and

widely promoted within the community, particularly targeting underserved populations.

- Collaboration with local health facilities, community organizations, and outreach teams to facilitate seamless referrals and continuity of care. Provide training for healthcare providers on sensitive and non-judgmental service delivery, encouraging individuals to seek care without fear of stigma or discrimination.
- Monitor and evaluate the effectiveness of the referral system to identify areas for improvement and ensure equitable access to health services for all.

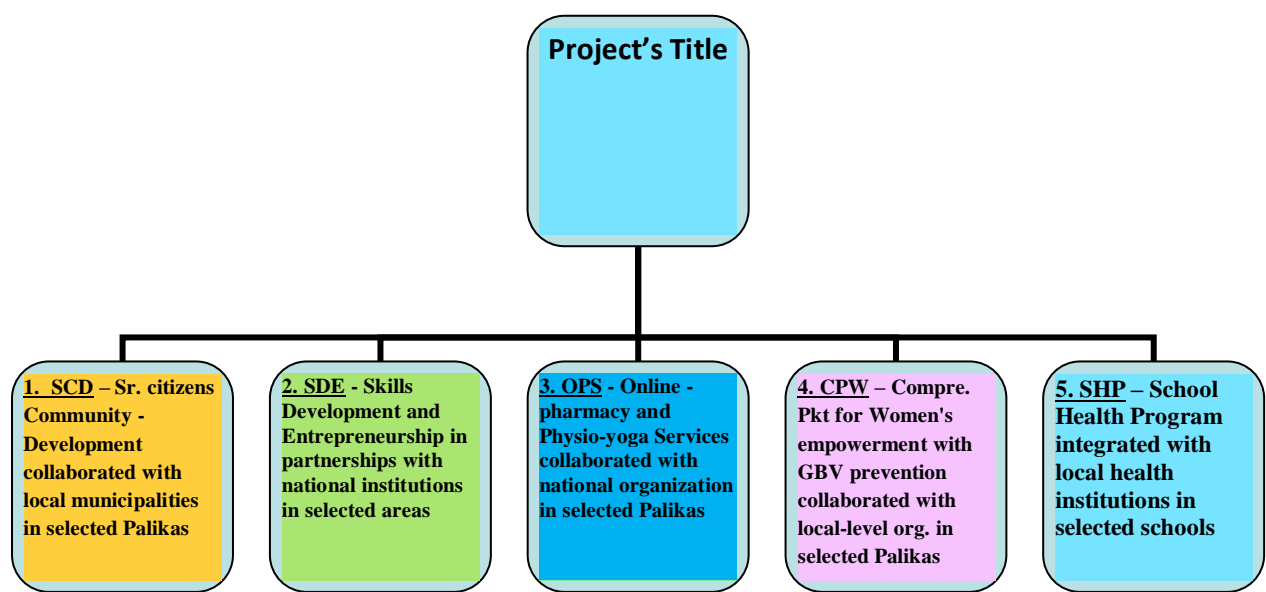
3.5.2. Enhancing Collaboration for GBV Survivors' Support:

- Strengthen collaboration between healthcare facilities, community-based organizations, and legal support services to create a comprehensive support system for survivors of gender-based violence (GBV).
- Ensure survivors receive services timely related to medical care, psychosocial support, and legal assistance as needed, following trauma-informed and survivor-centered approaches. Establish protocols and referral pathways to streamline the coordination of services and facilitate access for survivors.
- Provide training for healthcare providers, social workers, and legal professionals on GBV response protocols and survivor support strategies. Advocate for policy changes and resource allocation to strengthen GBV response services and address systemic barriers to accessing care.

3.5.3. Expansion of Outreach and Mobile Health Services:

- Implement outreach programs and mobile health clinics to extend healthcare services to those facing barriers to access.
- Identify underserved areas and populations through community assessments and engagement processes. Offer a range of services, including health screenings, consultations, and referrals, tailored to the specific needs of the community.
- Engage community health workers and peer educators to promote awareness of available services and encourage utilization. Address logistical and financial barriers to care by providing transportation support and offering services at convenient times and locations.

Current Projects:



1.4. Working Modality:

HASTI-Nepal has adopted a multiapproach involvement modality in the implementation of projects since 2020. HASTI-Nepal applies its Office Operating Manual (OOM) that guides about how to

implement the projects. Its Advisory Committee and SEVEN Sub-Committees (Planning, Finance, Capacity Building, ICT, Research, Senior-Citizen Social Security, and M&E support) provide technical support in required areas. In addition, HASTI-Nepal implements some activities through the consortium members with the following FIVE organizations:

- 1) Samudayik Swasthya Pratisthan Pvt. Ltd. (SSPPL) has been a consortium member for the implementation of Online Pharmacy and Physio-yoga Services and Skill-based Training (SBT) for as follows:
 - (i) Physical Rehabilitation Assistance
 - (ii) Care Giver
 - (iii) Dental Chair Side Assistant
- 2) Centre for Business Development Pvt. Ltd. (CEBUD) has been a consortium member for the Preparation of the Business Plan and conduction of the following SBT with related entrepreneurship:
 - (i) Assistant Plumber
 - (ii) Building Electrician
 - (iii) Mobile Phone repairer
 - (iv) Computer repair and maintenance Technician
 - (v) General cook.
- 3) Sagarmatha Institute for Technology & Medical Science Pvt. Ltd. (SITAMS) has been a consortium member for conducting the following SBT with related entrepreneurship:
 - (i) Dairy Product/Sweets Maker,
 - (ii) Community Livestock Assistant
 - (iii) Mushroom Producer
 - (iv) Poultry Farm Worker
 - (v) Off-Season Vegetable Producer
- 4) Himalaya Institute of Technology Pvt. Ltd. (HIT) is located in Chyasal of Lalitpur (near Sankhamul). The HIT has been a consortium member for sharing office rooms, labs, office premises, project bidding in joint venture and conducting the following SBT with related entrepreneurship:
 - (i) Computer System Administrator and Developer,
 - (ii) Professional Plumber,
 - (iii) Professional Building Electrician,
 - (iv) Electromechanical Technician.
 - (v) Mason,
 - (vi) Telecom Technician,
 - (vii) Assistant Welder.
 - (viii) TSLC in Civil, Mechanical,
 - (ix) Basic Surveying and Electrical
- 5) Management Innovation, Training and Research Academy (MITRA) (P) Ltd. has been a consortium member for providing technical assistance in research-related projects in social sector development.

1.5. Brief Experience of HASTI-Nepal:

- 1) 2021-2023: HASTI-Nepal conducted social interaction activities with the communities of Dhading through collaboration mechanisms, strengthening ACSM activities, and mobilization of peer volunteers to interlink the referral mechanism to the complement of efforts in the National Programs.
 - 2) 2020-2021: HASTI-Nepal conducted a survey on Assessment of Nutrition and Food Security (ANFS) in Dhading district in financial and technical support of the NAST. The HASTI has also conducted interaction programs with the communities in collaboration mechanisms, strengthening ACSM activities, and mobilization of peer volunteers to enhance referral mechanisms and link to the complement of efforts in the National Programs (See “Work Experience” for details).
 - 3) 2019-2020: HASTI-Nepal conducted "Surveys" and "Mobile Health Camps (MHC)" among government school students and their parents in Dhading district, supported by HHI/Tufts University/USA. Likewise, the HASTI has conducted a project entitled, "Prevention & Control of Tobacco Affects (PCT) in Kailali district in financial support of the Ministry of Health & Population (MOHP) of Nepal.
 - 4) 2016-2019: HASTI-Nepal conducted the "Integrated School Health Program (ISHP)" through mobile camps, first aid kits distribution, and trauma-related stress relief in Dhading district in the financial support of Medipiece/Child Fund Korea.
 - 5) 2015: HASTI-Nepal conducted “Disaster Relief Camps (DRC)” as “Disaster Relief Packages” in 15 sites of Lalitpur, Dolkha, and Sindhupalchowk districts in financial support of Medipiece, Child Fund Korea, and The Promise.
 - 6) 2010-2014: HASTI-Nepal implemented “Community Healthcare Program” in Darchula, “Comprehensive Package among Prisoners (CPP)” in Tanahu, and “Evaluation of PMTCT Program” in Achham, supported by AMDA-Hami Project/ Pool Fund of MOHP, UNDP/ DFID, and ICRW/UNICEF respectively;
 - 7) 2005-2009: HASTI-Nepal conducted “VCT/STI Services” as well as “Information & Communication Centers (ICC)” on HIV/STI Services and TB case referrals in financial support of UNDP/GF, UNDP/DFID, and World Bank in Achham, Doti, and Darchula Districts;
 - 8) 2001-2004: HASTI-Nepal developed an "Office Operating Manual (OOM)" including different policies and conducted competency-based training of "ICMSA", supported by IUSTI and NCASC/WHO in Kathmandu and Banke Districts.
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Section – 2: Strategic Plan, Approach, and Sustainability

2.1. Strategic Plan

HASTI-Nepal has developed its strategic plan in collaboration with beneficiary groups and local stakeholders, aiming to address community issues periodically. This plan emphasizes equitable access to the revised National Health Plan (NHP). Recognizing that approximately 90% of Nepali youths migrate abroad in search of employment opportunities, HASTI-Nepal aims to enhance local capacities to independently address community needs and update residents' life skills.

Based on past project outcomes and feedback from beneficiary groups, there is a demand for strengthening basic skills, providing on-the-job training, and facilitating job placements aligned with industrial requirements. Consequently, HASTI-Nepal is focused on contributing to national targets outlined in "Skilling Nepal for People's Prosperity." This strategic objective serves as a roadmap for implementing development projects aimed at addressing Nepal's existing challenges.

Therefore, HASTI-Nepal is committed to implementing innovative projects and building the capacity to effectively address the diverse needs of communities.

2.1.1. Strategic Plan of Senior Citizen Community Development Program (SCCDP)

The SCCDP primarily aims to achieve the objectives of "Enhancing self-sustainability for elderly individuals, transforming youth through skill development, and fostering local prosperity" through the following sub-activities:

- (i) Senior-Citizen Recreational Development
- (ii) Skill Development & Entrepreneurship Programs
- (iii) Health and Physio-Yoga Initiatives, including Health Camps

2.1.2. Strategic Plan of Integrated School Health Program (ISHP):

The ISHP primarily focuses on achieving the objective of "Enhancing the health system, Emergency preparedness, and Stress relief" through the following sub-activities:

- (i) Disaster Preparedness Initiatives
- (ii) First Aid and WASH (Water, Sanitation, and Hygiene)
- (iii) Trauma-related Stress Relief Programs

2.1.3. Strategic plan of Intensive Reproductive Health & Rights (IRHR):

The IRHR initiative primarily aims to achieve the objective of "Promoting awareness, interlinking existing facilities, and Enhancing social wellness" through the following sub-activities:

- (i) Comprehensive Package for Migrants
- (ii) Comprehensive Package for Women Addressing Gender-Based Violence (GBV)
- (iii) Impact Study and Publication of Research Outcomes

2.2. Approaches:

Drawing from its experience, HASTI has adopted a coordinated approach involving policy-makers, service providers, and beneficiary groups to address various challenges related to target groups, skill deficits, and community priority issues through Public-Private Partnerships (3Ps). This is facilitated by the following approaches:

2.2.1. Application of a 5-Step Model/Approach:

Step 1: Sensitization of concepts within agreed Palikas (local governments).

Step 2: Conducting Master Trainer of Trainers (MTOT) sessions for recommended trainers.

Step 3: Orientation on Situation Analysis with Skills Building Training (SBT) and Business Plan (BP) development in the concerned Palikas.

Step 4: Preparation of Situation Analysis/Detailed Project Report (DPR) and incorporation of donor inputs after feasibility surveys.

Step 5: Infrastructure development and project implementation.

2.2.1. Other approaches:

i. Coordination mechanism:

HASTI-Nepal arranges coordination meetings involving all stakeholders, experts, and beneficiary groups to share experiences and lessons learned from past projects. These meetings serve as coordination mechanisms to facilitate access to specialized services.

ii. Involvement of beneficiary groups:

HASTI-Nepal engages beneficiary groups and Community-based Organizations (CBOs) throughout the planning, implementation, and evaluation phases of projects. This collaborative approach creates an enabling environment for the successful implementation of project activities.

iii. Research for upcoming activities:

HASTI-Nepal conducts needs assessments or baseline studies and project evaluations of existing interventions both before and during the implementation of the strategic plan for upcoming programs.

iv. Influencing media people:

HASTI-Nepal establishes connections between project activities and media personnel in target districts to acknowledge their crucial and influential roles in communication and the adoption of government-prioritized services, fostering a positive environment.

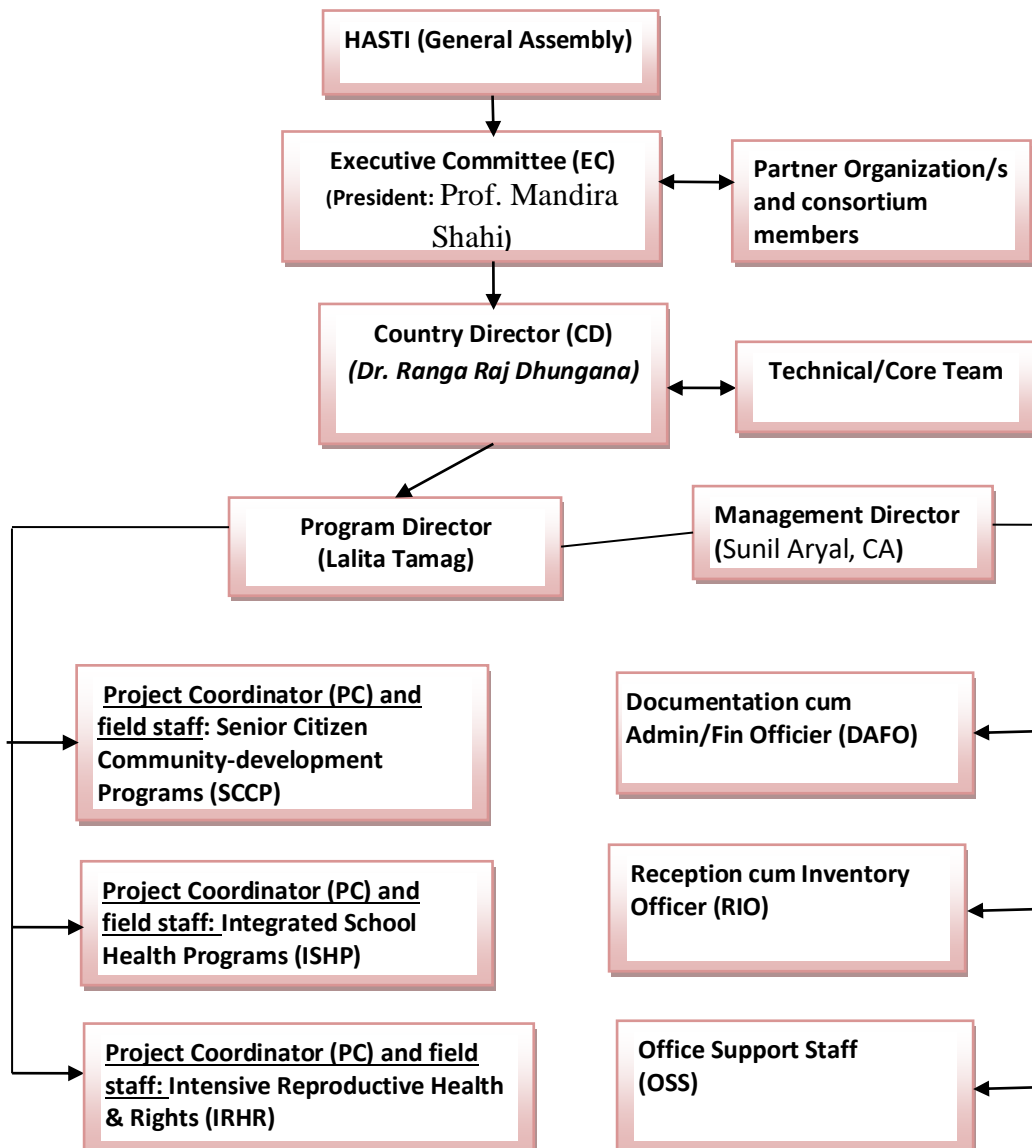
2.3. Sustainability:

The Nepal Government has prioritized implementing projects focused on sustainability to ensure vulnerable populations access quality services. Consent is sought to secure support from local authorities and beneficiary groups, preventing duplication of project activities in respective districts. Additionally, HASTI-Nepal has adopted a strategic plan to sustain project activities in target districts by strengthening existing systems and networking mechanisms among government authorities, partner organizations, and beneficiary groups. This aims to ensure continuity beyond the end of donor support. Mobilizing Peer Educators and involving Beneficiary Groups are key drivers of the projects, enhancing local knowledge and skills in delivering necessary components.

Section - 3: Management System

3.1. Organization Structure:

HASTI-Nepal has established human resources, financial management systems, and logistic supply systems to ensure the routine implementation of project activities. The Executive Committee formulates policies and presents them to the General Assembly Meeting (AGM) for approval, allowing for direct implementation overseen by the Country Director (CD). The CD devises project plans and offers Monitoring and Evaluation (M&E) support spanning from central to community levels. The organizational structure outlined below delineates the management system of HASTI, assigning specific roles and responsibilities to both board members and staff:



3.2. General Assembly (GA):

The General Assembly (GA) consists of 72 general members who contribute their expertise from various development sectors. These members play a crucial role in approving the main policy direction of the organization.

3.3. Committees:

1) Executive Committee:

Among the 72 General Assembly (GA) members, the Executive Committee (EC) consists of 7 individuals elected from this pool. The EC is responsible for approving and recommending organizational programs and projects in alignment with the policy direction. Additionally, it ensures legal document updates and organizational renewal according to Nepal Government regulations. Supporting the EC's functions are 7 sub-committees, each with designated roles and responsibilities that facilitate the Executive Committee's operations; such as Project (योजना उप-समिति), Finance (आर्थिक उप-समिति), Capacity Building (तालिम उप-समिति), ICT & Advocacy (सूचना तथा पैरवी उप-समिति), Research (अनुसन्धान उप-समिति), Senior-citizen Social Security (ज्येष्ठ-नागरिक सामुदायिक सुरक्षा उप-समिति), and M&E Support (मुल्यांकन उप-समिति):

S. No.	Position	Name	Qualification
1	President	Prof. Mandira Shahi	PhD in medical education
2	Vice Chairperson	Dr. Bishun Dayal Patel	BAMS and MD
3	Secretary-General	Dr. Ranga R. Dhungana	PhD in Public Health Mgt.
4	Treasurer	Ms. Barsha Subedi	MPH (UK)
5	Member	Er. Biraj Dhungana	Master in Engineering
6	Members	Ms. Enjila Neupane	Master in Political Science
7	Secretary	Mr. Paban Shahi	Bachelor in Social Science

Core Technical Team:

Name of Technical Team	Position	Name
Core Team	1) Team Leader	Dr. Pratap Jayavanth
	2) Co-Team Leader	Dr. Dil Prasad Shrestha
	3) Coordinator	Dr. Ashok Pandey
	4) Member	Mr. Krishna Prasad Nepal
	5) Member	Ms. Alena Nyapane
	6) Member	Prof. Dr. Mandira Shahi
	7) Member-Secretary	Er. Dil Chand Pandey

2) Sub-Committees:

Name of Sub-committee	Position	Name
1. Project (योजना उप-समिति)	1) Coordinator	Dr. Prasant Paudel
	2) Dy. Coordinator	Dr. Krishhari Prajapati
	3) Member-Secretary	Nandita Khadgi
2. Finance (आर्थिक उप-समिति)	1) Coordinator	Lata Shah/Chand
	2) Dy. Coordinator	Jeni Kayasta
	3) Member-Secretary	Sabita Sapkota
3. Capacity Building (तालिम उप-समिति)	1) Coordinator	Dr. Bishun Dayal Patel
	2) Dy. Coordinator	Gopi Paudel
	3) Member-Secretary	Prof. Sulochana Shrestha
4. ICT & Advocacy (सूचना तथा पैरवी उप-समिति)	1) Coordinator	Shanti Devi Dhami
	2) Dy. Coordinator	Padam Raj Pant
	3) Member-Secretary	Sagar Sapkota
5. Research (अनुसन्धान उप-समिति)	1) Coordinator	Dr. Ranga Raj Dhungana
	2) Dy. Coordinator	Dr. Milan Lopchan
	3) Member-Secretary	Amrita Chaulagain
6. Senior-citizen Social Security (जेष्ठ-नागरिक सामुदायिक सुरक्षा उप-समिति)	1) Coordinator	Prof. Saraswoti Gautam
	2) Dy. Coordinator	Krishna Nepal
	3) Member-Secretary	Bishnu Bdr, GC
7. M&E Support (मुल्यांकन उप-समिति)	1) Coordinator	Prof. Dr. Mandira Shahi
	2) Dy. Coordinator	Prof. Dr. Srijana Pandey
	3) Member-Secretary	Dr. Hari Prasad Dhakal

3.4. Central-level Key Staffs and Their Responsibilities:

For daily operations, we deploy experienced key personnel to enhance the capacity and ensure the quality of project staff within the organization. Alongside these duties, various levels of qualified personnel are involved in project activities. The Country Director (CD) holds a pivotal role in overseeing daily operations. Below are the key positions and their respective responsibilities:

Position	Name and qualification of existing staff	Responsibilities
3.4.1. Central-based key staff		
1) Country Director (CD)	Dr. Ranga Raj Dhungana, PhD with more than 25 Yrs experience in policy, programming, and M&E	<ul style="list-style-type: none"> • Ensuring compliance with rules and regulations • Facilitating coordination at national and international levels • Leading programming efforts • Conducting monitoring and supervision activities • Serving as the head of the organization • Representing and briefing outcomes to the Executive Committee (EC) and donors
2) Program Director	Lalita Tamang, Master's in Rural Development with more than 15 years of experience	<ul style="list-style-type: none"> • Reviewing Expressions of Interest (EOI)/Request for Proposals (RFP) and drafting proposals for feasible institutions; • Developing field schedules; • Implementing project activities; • Providing Monitoring and Evaluation (M&E) support to field staff; • Recording and reporting project progress; • Conducting other daily activities as required • Reporting to the Country Director
3) Admin and Fin Director	Sunil Aryal, CA	<ul style="list-style-type: none"> • Overseeing administrative and financial management tasks • Conducting training sessions for central and field-level staff on administrative and financial management practices • Providing training to staff on inventory management procedures • Ensuring financial management with internal control measures in place • Generating financial reports
4) Training Co-Ordinator	Mr. Arun Shrestha, Master in Health Science with 10 years' experience in management.	<ul style="list-style-type: none"> • Acts as the Team Leader overseeing training management, project execution, and office control systems • Functions as the Planning Officer responsible for identifying potential funding resources (EOI/RFP) • Coordinates with training organizations, experts, and line agencies • Reviews monthly timesheets and attendance records, ensuring accurate remuneration based on performance reports and attendance records • Sources EOIs/RFPs from various channels and disseminates

		<p>them to relevant stakeholders</p> <ul style="list-style-type: none"> • Drafts project plans • Manages payment of utility and phone bills • Prepares and submits monthly, quarterly, and final reports • Collects field data and prepares draft Progress Reports for timely submission to the respective supervisor/s • Updates websites and uploads relevant content weekly • Reports to the Executive Director
5) Coordinator (SCCP)	(Vacant)	<ul style="list-style-type: none"> • Coordinating with beneficiary groups, policymakers, the Ministry of Women and Jestnagarik, Palikas (local governments), and other stakeholders • Accessing EOIs/RFPs from various sources such as websites, news ads, and networks • Drafting EOIs/Proposals with detailed planning • Providing support during project implementation • Offering field supervision support and reporting on activities • Reporting to the Country Director
6) Coordinator (ISHP)	(Vacant)	<ul style="list-style-type: none"> • Coordinating with line agencies like the Ministry of Education (MOE), policymakers, and beneficiary groups • Providing support during project implementation; • Conducting orientations for staff members; • Offering field supervision support and reporting on activities; • Regularly updating reports on websites.
7) Coordinator (IRHR)	(Vacant)	<ul style="list-style-type: none"> • Coordinating with line agencies like the Department of Health Services (DoHS), policymakers, and beneficiary groups • Providing support during project implementation • Conducting orientations for staff members • Offering field supervision support and reporting on activities • Regularly updating reports on websites.
8) Admin/ Finance/ Inventory Officer	(Vacant)	<ul style="list-style-type: none"> • Ensuring accuracy and updating of financial records • Managing and updating the Country Director's schedule • Coordinating with field-level authorities and beneficiary groups in communities • Drafting Project Proposals and Work Plans (PP-WP) and conducting data collection by mapping services in targeted districts and engaging with government authorities • Assisting in the preparation of Monthly Work Plans (MWP) and Monthly Time Sheets (MTS), ensuring timely submission

		<p>for approval</p> <ul style="list-style-type: none"> • Preparing monthly material and drug requisitions and submitting them for approval • Overseeing inventory management • Managing logistics • Reporting to the Executive Director
Field-level Staffs (Project's field-based)		
Field-level Staffs (Project's field-based)	As per the project requirement in the targeted districts	<ul style="list-style-type: none"> • Coordinating and representing at the local level • Drafting Monthly Work Plans (MWP) • Carrying out tasks as required by respective projects • Providing support in technical areas • Assisting in the organization of health camps • Conducting client counselling • Screening health-seeking clients • Supporting research activities • Providing logistical support in the field • Fulfilling daily office and project requirements

3.5. Work Plan Template

HASTI prepares a Work Plan following the guidelines outlined in the Office Operating Manual (OOM) to execute planned activities. It provides orientation to staff members regarding the Work Plan and Reports, specifying reporting frequency periods for project activity performance. HASTI utilizes the following template (where Q=Quarter):

Major activity	Input/Resource	Indicators	Outputs/Outcome	MOV	Q 1	Q 2	Q 3	Q 4	Resp. position
1) Planning	Key staff	# Project plan	# Plans approved	# Records					EC
2) Implementation	Project staff and budget	# Activities	# People benefited	# Reports					CD
3) Auditing	Consultant fees	# Tasks	# Audit reports approved	# Audit reports					Treasurer
4) Updating	Gov. taxes	# Renewals	# Docs. Renewed	# Records					FD
5) Reporting	Core staff	# Reports	# Reports approved	# Reports					PD

3.6. Reporting Mechanism:

- 1) Field staffs maintain performance records and submit monthly PIF reports in the prescribed format.
- 2) Project Coordinators verify and compile these reports' data, submitting them to the central office for review and feedback before onward submission to concerned donors and local authorities to ensure implementation quality.
- 3) The Country Director (CD) submits the compiled reports to relevant authorities and donors.
- 4) Additionally, the Admin/Finance Officer compiles all financial and inventory reports from various projects, submitting them to the CD and respective agencies as required.
- 5) The CD presents the reports in Executive Committee meetings, collecting quarterly feedback to finalize them before submission to concerned donors.
- 6) The Executive Committee facilitates the CD annually in auditing implemented project activities through appointed auditors and addresses auditor findings for final approval;
- 7) Under the supervision of the CD, the Project Coordinators consolidate data from various project reports and submit them timely in the following Forms and Formats:
 - i. Monthly Performance Reports:
 - Target vs Achievements (TvsA)
 - Progress in Focus (PIF) or Monthly Progress Reports (MPR)
 - Monthly Financial Reports (MFR)
 - ii. Quarterly Performance Reports:
 - Narrative and Financial Reports
 - Physical Verification Reports
 - Copies of meeting/workshop attendance
 - Case studies/success stories
 - iii. Final Report:
 - Compilation of outcomes from all quarterly reports
 - Field visit reports
 - Client satisfaction reports
 - Focus group discussion and need assessment results
 - Meeting minutes/Photos.

3.7. Monitoring, Evaluation and Learning (MEAL) System:

HASTI-Nepal has established a comprehensive monitoring and evaluation system to oversee the implementation process, aiming to enhance the quality, efficiency, and effectiveness of project activities. Standard tools such as checklists, feedback forms, questionnaires, and monitoring & supervision matrices are utilized for this purpose. Additionally, rapid assessments, surveys/studies, and field visits are conducted quarterly, or more frequently if necessary. Client satisfaction forms are also utilized to continuously improve service quality. To ensure quality delivery within the required time frame, HASTI-Nepal has adopted the following formats:

1) Key Documents:

- Agreed project agreements with Terms of Reference (ToR) for deliverables
- Agreed work plans and approved budgets

- Office Operating Manual and Financial/Inventory Policies
 - Contract agreements with instructions
 - Curriculums, Manuals, and Resource Materials
- 2) Pre-Implementation Documents:
- Technical and Financial Proposals (TFP)
 - Annual Work Plan (AWP)
 - Budget Projection (BP)
 - Monthly Work Plan (MWP) / Field Plan
 - Supply Requisition Forms (SRF)
- 3) Monthly Performance Forms:
- Time Sheet (TS)
 - Target vs Achievement Sheet (TvsA) / Outreach Performance Sheet (OPS)
 - Monthly Progress Reports (MPR)
 - Monthly Financial Reports (MFR)
- 4) Quarterly/Trimester Performance Reports:
- Narrative and Financial Reports
 - Physical verification and Training/Event Reports
 - Meeting/workshop attendance records
 - Monitoring & Evaluation/supervision/feedback sheets, Case studies/success stories, and client interaction sheets
- 5) Final/Annual Report:
- Final project reports
 - Annual reports (Compiled from all projects)
 - Annual achieved records
 - Field visit reports
 - Client satisfaction reports
 - Focus group discussion and need assessment results
 - Meeting minutes
 - Performance appraisal reports

In addition to the mentioned formats, HASTI finalizes reports by adhering to the following Monitoring, Evaluation and Learning (MEAL) Framework to ensure quality.

Narrative Summary	Indicators	Definition (unpack) of keywords	Baseline value	Disaggregated by	Types of Data needed	Method of Data collection	Tools	Source of Data	Frequency/plan of reporting	Responsibility for data finalization	Data quality check	Timeframe of final data submission	Uses / Dissemination
Goal:													
Dev. objective:													
Activities													
1) SCD													
2) SDE													

3) OPS													
4) CPW													
5) SHP													

Contacts Business, completed projects in the Past:

Project title	Area for support	Project period	Contacts Business with their Addresses
Assessment of Nutrition Status and Food Security	2 Municipalities of Dhading	2019-2020	National Academy of Science and Technology (NAST), Kathmandu, Nepal (9841251534, Bhoj Raj Adhikari)
Prevention and Control of Tobacco and its Affects	1 Municipality of Kailali	2019	Ministry of Health and Population (MOHP), Ramsahapath, Kathmandu, Nepal (9845554791, Uday Limbu)
Rheumatic Heart Diseases	6 VDCs and I Municipality of Dhading	2018-2019	Healthy Heart Initiative (HHI)/Tuft University, USA Madhab.ray@tufts.edu, madhabray@gmail.com (Dr. Madhab Ray)
Integrated School Health Program (ISHP)	6 VDCs and I Municipality of Dhading	206 t0 2019	Medipeace/The Promise/Child Fund Korea South Korea rpd.office3@medipeice.or.kr (Enoch chang)
i) Title: Disaster Relief Camp (DRC) in collaboration with Medipeace, The Promise, Child Fund Korea and Dr. Khloeung Phally/Dr. Pratap Jayavanth for earthquake-affected people in Lalitpur, Dolakha and Sindhupalchowk	9 VDCs of Lalitpur, 1 VDC of Dolakha. and 2 VDCs of Sindhupalchowk	April to June 2015	Medipeace # 401, 30 Digital-ro, 32-gil, Guro-gu, Seoul, South Korea Tel : +82-070-7090-7838 E-mail: rpd.officer3@medipeace.or.kr Atten: Euncyeog Enoch Chang, Program Officer
ii) Title: Comprehensive Package among Migrants to Prevent, Treat and Care & support HIV/AIDS in Darchulla District, supported by UNDP/DFID	Services on HIV and AIDS Prevention, Treatment and Care & Support	Sept 2008 to February 2011	Anne-Isabelle Degryse-Blateau, Country Director C/O: Dr. Mohammed Siddig Abd Elgadir HIV/AIDS Program Manager, HIV/AIDS PMU, UNDP, Nepal Pulchok, Lalitpur Tel: 01-5010065
i) Title: Addressing HIV and AIDS-related Stigma & Discrimination (AHASD) through social, economic and institutional interventions in Achaam District, supported by SARDAM/World Bank (WB).	Research and services on HIV and AIDS-related Stigma and Discrimination	30 June 2008 to 31 December 2009	Dr. Mariam Claeson, Program Coordinator HIV/AIDS Human Development, South Asia Region World Bank; 1818 H Street NW, Washington DC 20433, USA

ii) Title: Integrated ICC and VCT/STI Services in Achham and Doti Districts, supported by UNDP/GFATM (R-2)	Services on HIV and AIDS Prevention, Treatment and Care & Support	1st August 2005 to 31 Dec 2008	Dr. Mohammed Siddig AbdElgadir HIV/AIDS Program Manager, HIV/AIDS PMU, UNDP, Nepal Pulchok, Lalitpur
iii) Title: Conduction of training on VCT, supported by UNDP/GFATM (R-2)	Training on VCT (Voluntary Counseling & Confidential HIV Testing)	2005 to 2006	Dr. Mohammed Siddig AbdElgadir HIV/AIDS Program Manager, HIV/AIDS PMU, UNDP, Nepal Pulchok, Lalitpur
iv) Title: Conduction of Basic HIV and AIDS as well as Peer Education Training Program	Training on HIV and AIDS & PE mobilization	2005 to 2009	Dr. Mohammed Siddig AbdElgadir HIV/AIDS Program Manager, HIV/AIDS PMU, UNDP, Nepal Pulchok, Lalitpur
v) Title: Conduction of training on STI Case Management (STICM), supported by UNDP/GFATM (R-2)	Training on MTOT of STI training procedure and STI Case Management (Syndromic and Etiological)	2005 to 2006	Dr. Mohammed Siddig Abd Elgadir HIV/AIDS Program Manager, HIV/AIDS PMU, UNDP, Nepal Pulchok, Lalitpur
vi) Title: Conduction of International Training Course on Case Management of STIs including HIV and AIDS (ICMSA)	Capacity building of Health Care Providers (HCP) on HIV and STI prevention and control programs	2002 to 2004	Dr. Verapol Chandeying, Regional Director, IUSTI Asia Pacific Branch C/o Dept of OB-GYN Faculty of Medicine Prince of Sangkla University Hat Yai, Thailand
vii) Title: Scaling up the Capacity of Non-Governmental Organizations Focused on HIV and STI-related Interventions in Nepal	Infrastructure and resource development	2001 to 2002	Dr. Ross Philpot, Past President, IUSTI C/O 135 Hutt Street, Adelaide, SA 5000, Australia

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