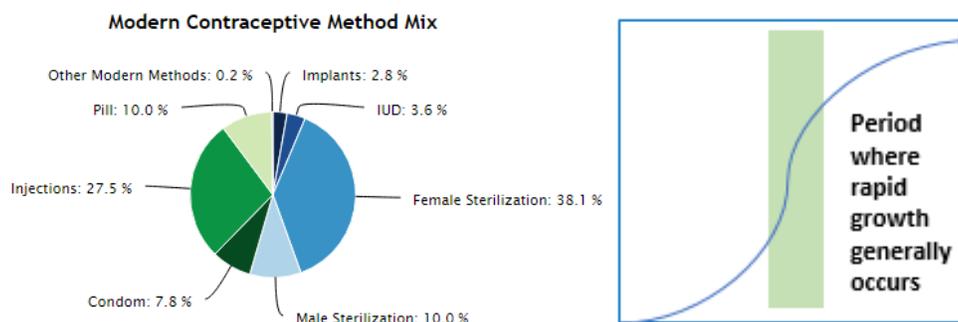


Nepal

Actions for Acceleration



Country Snapshot



mCPR (AW/MW) (2016)	37.8%/49%
FP2020 mCPR/CPR goal	N/A
Unmet need (MW)	22.2%
Demand satisfied (MW)	68.8%
*Source: FPET run based on 2014 MICS data	

FP2020 Commitment (revitalized in July 2017)

Commitment Overview	<p>Nepal is committed to maintaining and sustaining the efforts already initiated including through the implementation of the FP2020 commitments made in March 2015, one month before the devastating earthquake. As such, Nepal reiterates that it will continue to increase government budget in Family Planning by 7% each year up to 2020.</p> <p>Nepal is committed to “leaving no one behind” and “reaching the unreached” to accelerate the progress of increasing the number of additional users of family planning by an estimated 1 million by 2020, provided the proportion of demand satisfied increases to 71% by then. With a special focus on meeting the family planning need of adolescents and youth, Nepal will strive to increase the method mix with suitable FP methods of their choices.</p>
Commitments	<ol style="list-style-type: none"> 1.1. Nepal commits to continue raising financial resources and promoting local level budgetary allocations for FP that meets on-going policy and programmatic commitments 1.2. Nepal commits to continue raising the annual government allocations for FP by 7% each year up to 2020. Furthermore, Nepal will engage with external development partners including donors to raise additional commitments <ol style="list-style-type: none"> 2.1. Identify barriers to accessing FP services among individuals and couples belonging to special groups including adolescents and youth and formulate policies and strategies to address them 2.2. Strengthen and gradually scale up Adolescent Friendly Services to cater for the needs of adolescents in all HFs 2.3. Improve regulatory framework to promote public-private partnership and expand health service delivery points to increase access to quality FP information and services <ol style="list-style-type: none"> 3.1. Strengthen enabling environment for family planning, including advocacy to mobilize resources from non-health sectors 3.2. Strengthen capacity of health institutions and service providers to expand FP service delivery networks, to respond to the needs of marginalized, rural residents, migrants, adolescents with special focus during the time of emergencies/humanitarian settings 3.3. Increase availability of a broader range of modern contraceptives and improve method mix at different levels of the health care delivery system 3.4. Increase health care seeking behavior among populations with high unmet need for modern contraception by raising awareness on the importance of FP through various communication methods and media focusing on special groups like ethnic minorities, marginalized and disadvantaged groups 3.5. Strengthen evidence based/informed learnings for effective program implementation through research and innovations 3.6. Approve the Reproductive Health (RH) bill <ol style="list-style-type: none"> 4.1. Introduce eLMIS at the district and gradually to the HFs level by end of 2019 4.2. Effective procurement functions in place for timely procurement of commodities 4.3. Proportion of HFs with “no stock out of FP commodities” increases from 70 to 95% by the end of 2020

CIP Strategic Priorities

1. Enabling Environment: Strengthen enabling environment for family planning
2. Demand Generation: Increase health care seeking behavior among population with high unmet need for modern contraception
3. Service Delivery: Enhance FP service delivery including commodities to respond to the needs of marginalized, rural residents, migrants, adolescents, and other special groups.
4. Capacity Building: Strengthen capacity of service providers to expand FP service delivery network.
5. Research and Innovation: Strengthen evidence base for effective program implementation through research and innovations

Country Priorities 2017-2018

1. Increase advocacy for family planning both at national and local level with all levels of stakeholders ranging from parliamentarians, key government officials at National Planning Commission, Ministry of Finance, Ministry of Health and related ministries to sub national level stakeholders. As the country progresses in devolving powers to local units as part of the new federal structure, the stakeholders list and the strategy might need to be reviewed
2. Expand and ensure availability of Long Acting Reversible Contraceptives (LARC) services at the lowest service delivery points with focus on LARC training along with Voluntary Contraceptive Services from district hospitals and PHCCs.
3. Reaching adolescents, youth and women from marginalized and disadvantaged groups with FP messages and services using innovative approaches to increase access and utilization of FP services.
4. Ensure contraceptive security through timely procurement and distribution by Logistics Management Division (LMD) in coordination with Family Health Division (FHD).
5. Generate evidence through operational research to promote innovations in Family Planning and identify possible bottlenecks

Focal Point, Secretariat and Partners Actions

Priority #1: Increase advocacy for family planning both at national and sub national level with all levels of stakeholders ranging from parliamentarians, key government officials at National Planning Commission, Ministry of Finance, Ministry of Health and related ministries to local level stakeholders

Focal Point Actions	Who	Timeline
1.a. Convene National Family Planning Day on Sept 18	Government, donor & FP Sub-Committee members/CSOs	18 September 2017
1.b. Dissemination meeting with key stakeholders on the FP2020 and the action plan sharing	Government focal point	June 2017 and when relevant
1.c. Continue to work with National Forum of Parliamentarians on Population and Development (NFPPD) and other influential leaders to carry out advocacy work on FP and RH	Government, donor & CSOs	2017/2018
1.d. Organize FP sub-committee meeting on regular basis	Government focal point	Throughout 2017/2018
1.e. Advocate for and provide capacity building on the Minimum Initial Service Package (MISP) for reproductive health; pre-positioning of RH kits in selected hospitals	Government and IPs	Throughout 2017/2018
1.f. Collaborating with Chaudhary Foundation to support implementation of the FP commitment made during the London Summit	Government, donor focal points, CF	Throughout 2017/2018

Secretariat Actions	Who	Timeline
1.a. Technical support to organize advocacy meetings with different levels of stakeholders	FP2020 Secretariat	2017/Jan/Feb/2018
1.b. Support country to develop country specific advocacy materials (especially targeting non-health stakeholders), info graphics on FP and evidence based practices (High Impact Practices) on Galvanizing Commitment: Creating a supportive environment for family planning programs, and Policy: Building the foundation for systems, services, and supplies	FP2020 Secretariat	Throughout 2017/2018
1.c. Support country to formulate a resource mobilization plan for implementing the CIP (2015-2020) and possibly help update the CIP as part of the 2018 NHSS mid-term review	FP2020 Secretariat	2017/2018
1.d. Clarify role of FP2020 co-conveners and ensure that relevant information on training opportunities and any other development (including RRM submissions, etc.) is disseminated promptly	FP2020 Secretariat	2017/2018

Partner Actions	Who	Timeline
1.a. Support and continue to participate in FP Sub-committee meetings	FP Sub-committee members	Throughout 2017/2018
1.b. Share work of partners in relevant meetings and forums.	FP Sub-committee members	Throughout 2017/2Fp 018
1.c. Help prepare for the July FP summit in terms of generating good practices, prepare key messages, advocate on the importance of FP at country level, etc. Disseminate the information and agree on follow-up actions after the Summit	FP Sub-committee members (coordinated by DFID, UNFPA and USAID)	Before and after the 2017 July summit

Priority #2: Expand and ensure availability of Long Acting Reversible Contraceptives (LARC) services at the lowest service delivery points with focus on LARC training along with Voluntary Contraceptive Services from district hospitals and PHCCs

Focal Point Actions	Who	Timeline
2.a. Expand visiting providers and roving ANM approach to ensure quality LARC and FP services	Government and donor focal points	Throughout 2017/2018
2.b. Procure FP commodities and equipment on time so as to avoid stock outs of FP commodities	Government focal point	Throughout 2017/2018
2.c. Support the government in its procurement reform and support with emergency procurement of FP commodities as extreme ratio and as part of UNFPA Supplies global programme of UNFPA.	Donor focal points	Throughout 2017/2018
2.d. Increase the number of health service providers receiving LARC and PM training	Government, UNFPA, USAID, DFID, FPAN, MSI	Throughout 2017/2018
2.e. Expand method of choice through introduction of methods like one rod Implanon & Sayana Press	Government, focal points, IPs	Through 2017/2018 and beyond

Secretariat Actions	Who	Timeline
2.a. Share experiences from other parts of world on “what worked well and how” in terms of scaling up LARC services and information on evidence based practices (High Impact Practices) on Supply Chain Management and Financing Commodities and Services	FP2020 Secretariat	Throughout 2017/2018

Partner Actions	Who	Timeline
2.a. Partners work in expansion of LARC services in coordination with government and donors.	All FP Sub-committee members	Throughout 2017/2018

Priority #3: Reaching adolescents, youth and women from marginalized and disadvantaged groups with FP messages and services using innovative approaches to increase access and utilization of FP services

Focal Point Actions	Who	Timeline
3.a. Launch of mobile app for adolescents and continue investing on its use and dissemination	Government, UNFPA, GIZ and H4L, CG Foundation	June/July 2017 and throughout 2017/2018
3.b. Strengthen, train service providers and certification for quality adolescent sexual and reproductive health services	Government and donor focal points	Throughout 2017/2018
3.c. Identify additional potential partners to support programmes targeting specifically Adolescents (financial support for training to scale up in 5 more districts in 2017)	Government, donors	Throughout 2017/2018
3.d. Carryout demand generation activities to increase the uptake of FP methods among special groups with high unmet needs especially adolescents and youth	Government and IPs	Throughout 2017/2018
3.e. Capacity building of HWs to scale up ASRH services	Government, and IPs	Throughout 2017/2018

Secretariat Actions	Who	Timeline
3.a. Provide innovative ideas and solutions in the Asian context to reach adolescents, youth and women with FP&RH activities - evidence based practices (High Impact Practices) on Adolescent-friendly contraceptive services, mHealth, Mobile outreach services, Health Communications, and Community group engagement, including information and lessons learned from other app related outcomes	FP2020 Secretariat	Throughout 2017/2018
3.b. Support in identifying additional potential partners to support programmes targeting specifically adolescents	FP2020 Secretariat	2017/2018

Partner Actions	Who	Timeline
3.a. Develop, design and implement on-going adolescent related activities	FPAN, MSI ADRA, SAVE, GIZ, UNFPA and others	Throughout 2017/2018

Priority #4: Ensure contraceptive security through timely procurement and distribution by Logistics Management Division (LMD) in coordination with Family Health Division (FHD)

Focal Point Actions	Who	Timeline
4.a. Procure FP commodities and equipment on time to avoid stock outs of FP commodities	Government focal point	Throughout 2017/2018
4.b. Provide government and NGOs (FPAN, MSI and PSI) with FP commodities as part of UNFPA Supplies programme	UNFPA	2017/2018
4.c. Continue engaging with the Supply Chain Management WG and the procurement WG to strengthen SCM	Government and donors	2017/2018
4.d. Pilot eLMIS in the first phase and expand in the second phase	LMD & USAID	2017/2018
4.e. Capacity building of Health Work force on eLMIS and online inventory management system	LMD, USAID and UNFPA	2017/2018

Secretariat Actions	Who	Timeline
4.a. Provide relevant information on new types of contraceptives and their prices, and information on evidence based practices (High Impact Practices) on Supply Chain Management, and Financing of Commodities and Services	FP 2020 Secretariat	2017/2018
4.b. Share findings from other countries so as to introduce new FP methods in the country (SP, one rod implant)	FP2020 Secretariat	2017/2018

Partner Actions	Who	Timeline
4.a. Discuss and share contraceptives situation in meetings and manage contraceptives in the SDPs in coordination with district stores	FPAN, MSI, ADRA, PSI	Throughout 2017/2018

Priority #5: Generate evidence through operational research to promote innovations in Family Planning

Focal Point Actions	Who	Timeline
5.a. Carry out FP-EPI integration assessment/study	Family Health Division	March/Sept 2017
5.b. Undertake FP-Micro planning assessment/Study	UNFPA	July/Dec 2017
5.c. Sharing of findings from one rod Implanon pilot	UNFPA/MSI	Already disseminated and will continue doing so in relevant fora
5.d. Facility based assessment of Reproductive Health Commodity and Services (FBARHCS)	UNFPA	July/Dec 2017
5.e. Carry out study on FP discontinuation	UNFPA/MSI	2018
5.f. Undertake study on emergency contraception	USAID	2017/2018

Secretariat Actions	Who	Timeline
5.a. Connect with Track20 and support to carry out FP related M&E training to build the capacity so as to provide quality and timely M&E related reports to FP2020	FP2020 Secretariat	Nov/Dec 2017
5.b. Ensure proper coordination mechanism with country level donor focal points while undertaking capacity building related activities	FP2020 Secretariat	Throughout the period
5.c. Support to organize follow-up consensus meeting and other consultations & support as required.	FP2020 Secretariat	2017/2018

Partner Actions	Who	Timeline
5.a. Share relevant findings from assessment/study by partners	FP Sub-committee members	As relevant

Looking Ahead

Election:

- Nepal is holding three level of elections.
- The first tier (local) was split into two parts. Half of the country was completed on 14 May 2017 while the remaining half will be completed on 28 June. Other two tiers of elections (provincial and national) should be completed between September and January 2018 as per the Constitution however, the dates are not fixed. This is a major transition for the country with a significant devolution of powers and authority to the local level. It will require substantial capacity building of the newly-elected officials and may be fraught by uncertainty and possibly some disruption in regular services and distribution of commodities during the transition period.

Monsoons:

- The monsoon season is fast approaching (generally June-August) and there is a need to remain vigilant as the country is prone to floods and landslides and this might disrupt several activities.

Festivals:

- Nepal celebrated two big festivals during September and October 2017. There are 10 days public holidays during that period. However some more working days are affected because of early celebration mood.

Funding Opportunities

Based on the current FP budget and/or costing exercises done for your country's CIP, where do you anticipate there are going to be funding gaps in 2017/2018? And for which activities?

There exists funding gap in all five strategic action areas of CIP. The five strategic areas and funding gaps are:

- a) Enabling environment – Funding gap exists for advocacy related works
- b) Demand generation – There is huge need for demand generation activities especially in marginalized ethnic and other cultural minorities, hard to reach areas and poor settlements.
- c) Service delivery – The gap exists to scale up innovative approaches to strengthen service delivery from lower level SDPs
- d) Capacity building – There are gaps in strengthening capacity of training institutions moreover more resources are needed to meet the raising demand of capacity building on Long Acting and Permanent Method.
- e) Research and Innovation – It has been clearly noted wide gap in research and evidence related works.