

FP2020 Commitment 2020 Update Questionnaire NEPAL



Since 2012, the Family Planning 2020 partnership has supported the rights of women and girls to decide freely and for themselves whether, when, or how many children they want to have. Together with our partners across the world, we have built global momentum to strengthen our focus on lessons learned and proven solutions, while broadening and deepening our network of partners to bring local actions and solutions to scale. Through the dedicated efforts of governments, policymakers, program implementers, service providers, donors, and family planning stakeholders, countries are better aligned to meet the needs of an ever-increasing number of women and girls. Our global community has developed a [shared vision for beyond 2020](#) through 2030 that builds on progress achieved to date and positions us to achieve the future women and girls around the world are seeking.

While we are eager to share more information about the new post-2020 partnership and re-commitment process in the coming months, we recognize that governments are presently mobilizing to secure the health of their citizens and respond to the global COVID-19 pandemic. We understand that these efforts will likely have an impact on the submission of the 2020 commitment update questionnaire. FP2020 has a suggested due date of July 31st for the questionnaire. This is a flexible deadline, given the current crisis. FP2020 is committed to working with all 47 commitment countries to ensure family planning programs remain operational and available to all women and girls who need them. We have created a [platform](#) with key information from global experts on family planning in the time of COVID-19.

The questionnaire process is scheduled to follow the annual national family planning data consensus meeting. This allows data that is discussed and validated during that process to inform this questionnaire. We are aware that these meetings are happening virtually this year, and FP2020 will coordinate with Track20 to ensure flexibility and responsiveness for this process.

The questionnaire responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share the responses on your country's dedicated FP2020 webpage—www.familyplanning2020.org/nepal—so in-country and global stakeholders can follow Nepal's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We ask that you collaborate with your country focal point team, including youth focal point, civil society, and family planning stakeholders in-country to jointly review progress made and challenges faced.

Once completed, please submit to msmith@familyplanning2020.org and chwang@familyplanning2020.org.

Should you have any questions or concerns, please contact Chonghee Hwang, Senior Manager, Asia, on chwang@familyplanning2020.org. FP2020 is available to help you via teleconference as well, if needed.

Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

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The questionnaire includes 1) Nepal's commitment and 2) six standard questions to all 47 FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- Major achievements, progress made and key challenges or barriers your country faced, during the July 2019 - June 2020 reporting period.
- Please include information on any key upcoming commitment-related milestones.
- Lastly, please reflect on progress per commitment through a self-assessment.

SECTION I: COMMITMENT UPDATE QUESTIONS

COMMITMENT OVERVIEW

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.

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.

1. COMMITMENT:

- 1.1. Continue raising financial resources and promoting local-level budgetary allocations for FP that meets on-going policy and programmatic commitments
- 1.2. Continue raising the annual government allocation for FP by 7% each year up to 2020. Furthermore, Nepal will engage with external development partners including donors to raise additional commitments

a) Please provide an update below on achievements made in the July 2019 - June 2020 reporting period in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Check Points (extracted from 2017 revitalized commitment):

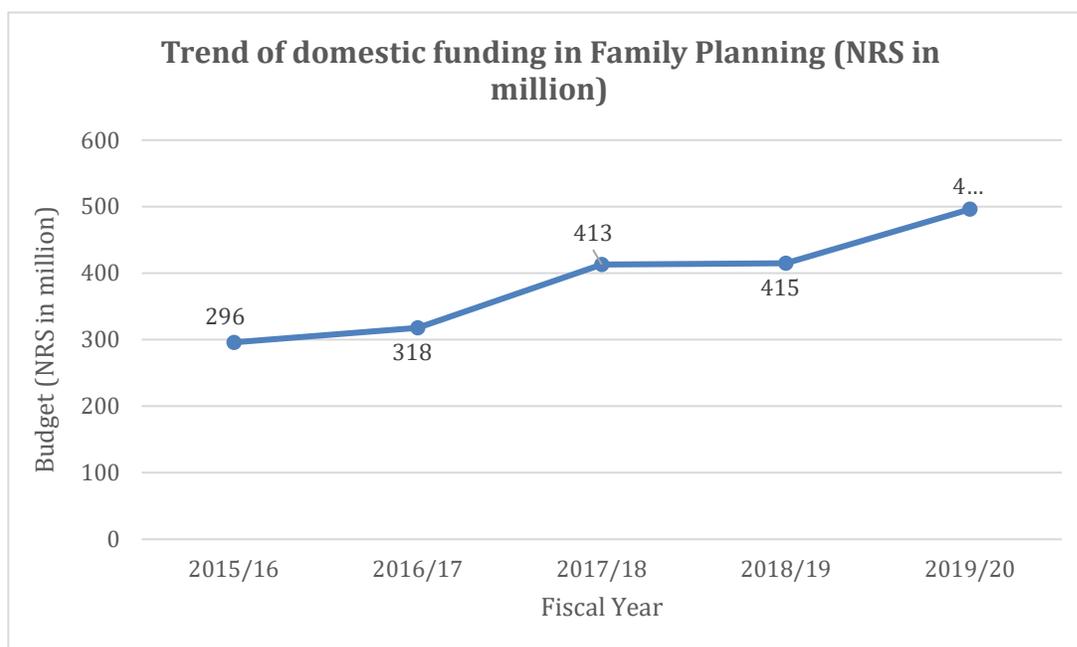
Anticipated Impact:

- Increased budgetary allocation for Family Planning

Proposed Actions:

- Continuous advocacy and coordination with officials from Ministry of Finance and other influential agencies like National Planning Commission, Ministry of Health and Office of the Prime Minister, along with state/province and local government bodies
- Ministry of Health will liaise and coordinate with external development partners, civil society organizations and private sector to mobilize and raise additional resources
- Government of Nepal, Ministry of Health, and Family Health Division – are responsible for these actions

- Government of Nepal is committed to increase the budget in family planning program in Nepal. Compared to year 2019, the domestic funding in family planning increased by 19% from 415 million to 496 million. Over the year, there has been significant rise in domestic funding in family planning program.



- In the present context of federal Nepal, along with the federal government, province and local government has prioritized the family planning program and allocated funding from their own sources. Family Welfare Division has taken leadership to sensitize and orient the provincial and local government on the importance of family planning program.

- Similarly, government engaged with development partners, civil society organizations, philanthropic organizations, private sector to garner the support in family planning program. Some of the ongoing efforts from the development partners in family planning program are: DFID's ongoing commitment to FP as a technical and financial assistance through NFPP and NHSP3; USAID's Government to Government Redbook funding and other direct projects such as Suaahara, Strengthening System for Better Health, Social Marketing, Procurement and Supply Chain Management, Municipal level Hot Spots Mapping of Adolescent fertility, direct projects funding as UNFPA's thematic fund, UNFPA Supplies support to Supply Chain and Family Planning Commodity availability, WHO's SRHR component (Abortion and Family Planning), funding from the CSO such as FPAN.

b) Please mark an X below on progress toward elements of the commitment:

Achieved (X) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

2. COMMITMENT:

- 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

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Check Points (extracted from 2017 revitalized commitment):

Anticipated Impact:

- *Reduced unmet need among the adolescents and youth*

Proposed Actions:

- *Carry out demand generation activities to increase the uptake of FP methods among special groups with high unmet needs especially adolescents and youth*
- *Capacity building of HWs to provide adolescent friendly services; sustaining and establishing adolescent friendly information corners in HFIs with appropriate IEC materials and relevant accessories*
- *Scale up adolescent friendly services by training HWs*
- *Policy and strategy will be developed towards increasing access and utilization of quality of FP information and services for adolescents and youth*
- *The Ministry of Health is finalizing a partnership policy which will support the work of private and social sectors*
- *Federal and provincial ministries will develop framework and guidelines towards effectively engaging private and non-governmental sectors*

- FWD is committed to generate evidence and link it with plans and program. In doing so, FWD allocated budget to conduct studies to understand the barrier in FP service uptake. The studies planned were: i) Functional analysis of ongoing AFS program and recommendation for the future program strengthening ii) Study on Status and determinants of FP method use on hard to reach population iii) effectiveness study of PHC/ORC, Satellite Clinic and micro planning in improving FP service uptake. However, due to pandemic and the lockdown, research projects were halted.
- Before the pandemic hit, several studies were conducted to inform the family planning status and barriers: (1) Impacts of protecting life in global health assistance policy in Nepal in its third year of implementation (2) Operational research - Effectiveness of *Sakcyam Kishorkishori* intervention on FP uptake among adolescent in selected districts of Nepal-baseline completed and started the interventions (3) Acceptability and feasibility of DMPA-SC in Sindhuli and Nawalpur (ongoing) (4) Municipal level adolescent fertility hot spot mapping (USAID)
- Likewise, during this reporting period (July 2019- June 2020), several strategies/policies were formulated to improve the access of family planning services. Some of them are listed below:
 1. NAHDS implementation plan drafted following the development of NAHDS
 2. Safe motherhood and newborn health roadmap endorsed – family planning
 3. National Medical Standard Volume I updated
 4. Orientation package on FP and RH developed for school health nurse
 5. RH protocol for doctor, nurses and paramedics updated
- Similarly, to increase the access of adolescents and youth in family planning, till date 1331 health facilities are listed as AFHS, 82 facilities (8 new facilities during this reporting period) received AFHS certification. Altogether new 73 Adolescent Friendly Information Corner (AFIC) were established in school. AFIC are equipped with ASRH related ASRH related IEC/BCC materials and different sensitization activities are carried out.

- Public partnership guideline has been developed to facilitate and regulate the family planning in the private sector. This guideline will help to foster the partnership with improve the access of the service among the hard to rich community
- Altogether, 91 service outlet “*Sangini*” are added from the private sector in social franchising model to provide the short acting contraceptives through USAID’s GGMS project. CSOs such as FPAN are mobilizing the peer educators in its working districts are FP related information and services (pills and condoms)
- In order to increase service uptake among the marginalized young people, CSOs like Visible Impact have trained young people with disability and rural youth as peer educator and advocates for FP2020, who have been advocating for inclusive SRHR policies.
- Advocacy with the private sector to include the family planning as service component.

b) Please mark an X below on progress toward elements of the commitment:

Achieved (X) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

3. COMMITMENT:

- 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 programme implementation through research and innovations
- 3.6. Approve the Reproductive Health bill (RH bill)

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Check Points (extracted from 2017 revitalized commitment):

Proposed Actions:

- *Country level programmes are designed to meet the above Programmatic Commitments by the government and supporting partners with reference to the FP-CIP*
- *For advocacy on FP, FP-CIP will be rolled out to the provinces and provincial government will be encouraged to prepare provincial FP-CIP*
- *Every year on the 18th of September, “National Family Planning Day” is celebrated throughout the country to raise awareness on the importance of FP*
- *Research, pilots and innovative programmatic interventions are being carried out to strengthen the broader evidence base for FP. Efforts are carried out to expand one rod Implanon and adding new modern methods like Sayana Press and fertility awareness based methods like Standard Days Method with Cycle Beads to increase the method choice*
- *Capacity building on the Minimum Initial Service Package (MISP) for Reproductive Health; pre-positioning of RH kits in selected hospitals*
- *Carry out demand generation activities to increase the uptake of FP methods among special groups with high unmet needs such as Muslim and other ethnic minorities, poor and women from remote locations*
- *Though the programmatic commitment is made by the government, it is also the responsibility of supporting partners to work collectively in supporting the FP programme to achieve these commitments in a coordinated and cohesive manner*

Key areas

- 3.1 In the federalized context, commitments have been made at the provincial and local level as well as the non-health sector to expand FP services for e.g. Inclusion of Comprehensive Sexuality Education in the Education Sector, and social campaigns like 'Educate girls, Protect Girls' or Beti Padhau Beti Bachau, being implemented by Province 2, which are regularly being continued at local and provincial level. In addition to that, Ministry of Youth and Sports (MoYS) and Ministry of Women, child and Social Welfare along with development partners has implemented Social and Financial Package (SFSP) locally called "Rupantaran" which aims to empower adolescent girls.
- 3.2 Under the federalized context, each of the seven provinces have a dedicated training centers to access the training needs at the local/provincial level and plan accordingly. Partners working on FP coordinate with FWD, training centres to strengthen capacity of health institutions. Government and partners have been implementing the post training follow up administering nationally developed QI/MSS tools.
- 3.3 To increase the range of contraceptives, as well as to increase the accessibility and availability of method choices Health institutions and service providers are capacitated to expand the range of family planning services and expand service delivery through trainings on trained on LARC and PM (Long acting reversible contraceptives and Permanent method). Moreover, following are the key interventions taken in the last reporting period to broaden this method choice and availability:
 - 3.4 Roving ANM (Auxiliary Nursing Midwife), MS ladies and VSP (Visiting Service Providers), Voluntary Surgical contraception plus (VSC+) approaches to reach the unreached with broader range of contraceptives.
 - Demand generation activities to increase the uptake of FP methods among special groups with high unmet needs such as Muslim and other ethnic minorities, poor and women from remote locations is being carried out by various partners. This includes tailor IEC materials developed for muslim communities, people with disabilities, and contextualised IEC materials in local language.
 - Government of Nepal has identified post-partum family planning (PPFP) as missed opportunity. As of now, programme managers guide has been developed and endorsed. The PPFP implementation guideline is in process of finalisation. ADRA Nepal has been implementing FP2020 PPFP
 - RANM, VSP, VSC+ and MS ladies approach used to reach out the ethnic and marginalised group.
 - MoHP led the Family planning discontinuation study which estimated the discontinuation/continuation rates of SARC and LARC at 6 and 12 months of use as well as factor associated with SARC and LARC discontinuation among women within 6 to 12 months of use.
 - Government of Nepal has prioritised generating evidence for effective planning and implementation. After federalisation there has been change in roles and responsibility among the three spheres of government. Family welfare division has allocated budget to study the effectiveness of the roles and responsibility of local spheres and how they are faring in federal context.
 - Blind Youth Association of Nepal disseminated the study on the policy framework on SRHR and FP access of persons with disabilities and accessible IEC materials. The project focuses on disability inclusive SRHR and FP polices and Programme in Nepal.
 - Adolescent fertility mapping for all 753 municipalities was conducted and disseminated to all FP stakeholders by USAID's PACE project.

- Healthy Timing and Spacing of pregnancy (HTSP) has been promoting in 42 districts of USAID's Suaahra working areas
- Capacity building of health workers/managers and FP system strengthening is being done in 13 districts of SSBH working area in Karnali and Province 5
- Social Marketing of SARC method of FP in all 77 districts of USAID's GGMS project. Post-partum family planning analysis: this includes desk review of the available evidences, further analysis of NDHS 2016
- 3.5 The reproductive health bill has been approved in 2018. RH regulations has been finalized and awaiting approval from cabinet.

b) Please mark an X below on progress toward elements of the commitment:

Achieved (X) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

4. COMMITMENT:

- 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" increased from 70% to 95% by the end of 2020

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Check Points (extracted from 2017 revitalized commitment):

Anticipated Impact:

- *Reduced stock outs of the drugs and commodities with the effective implementation of eLMIS*

Proposed Actions:

- *Pilot eLMIS in the first phase by the end of 2017*
- *Scale up eLMIS in the second phase 2018/2019*
- *Capacity building of Health Workforce in implementing eLMIS. Training to HWs on eLMIS will be provided jointly by LMD, USAID, UNFPA and other relevant organizations supporting Supply Chain Management*
- *FP Commodities are procured and distributed on time to reduce the shortfall*
- *DFID TA support in enhancing timely procurement of commodities*

- eLMIS is being gradually scaled up in the country. Central and regional medical stores have introduced eLMIS and district stores of some districts have initiated the process. Capacity building of Health Workforce in implementing eLMIS is currently ongoing with support of USAID's GHSC-PSM project and the roll out in some of the health facilities have been started. The eLMIS scale up has been decided nationally and completed in 22 districts
- The government is committed for the timely procurement of commodities. Procurement are on time with Forecasting and Quantification. Mechanisms like consolidating annual procurement plans, meeting regularly to review procurement status and keeping track of procurement orders are in place. UNFPA implemented the survey on "Facility Based Assessment of Reproductive Health Commodities in 2018". Regarding the modern contraceptives, majority of SDPs provided condoms, oral and injectable contraceptives however, only less than half of the primary level SDPs (44%) had been offering at least 5 contraceptive methods as a part their regular and normal service delivery.

b) Please mark an X below on progress toward elements of the commitment:

Achieved (X) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

SECTION II: ADDITIONAL QUESTIONS

Please respond to all parts of the following 6 questions for the reporting period of July 2019 - June 2020.

1. Please tell us the challenges (if any) and successes your country is experiencing in keeping family planning (FP) as an essential service in your country's COVID-19 response. What are the main barriers and obstacles? Please share your successes as well.

There are few challenges of service delivery during COVID 19 Pandemic.

- Government imposed lockdown since April, due to Lock down about 4 months, movement from one place to another place was restricted. People had difficulties in travelling through any vehicles except in case of emergency.
- Many people are/were confused about the availability of the services. Communication with people that SRHR services, including FP, is available as a fundamental service was challenging, that is reducing the service uptake Lack of adequate PPE and health worker concerns for procedures in service delivery in some health facilities.
- Due to the fear of COVID 19 transmission, women were reluctant to visit health facilities.

Successes:

- Interim guideline for Reproductive Maternal Neonatal Child and Adolescents Health, Family Planning and ASRH service delivery plan has been finalized and is being used in many places.
- Regular supply of Family planning commodities up to the health facilities. Also, government announced to provide at least of 3 months of FP temporary commodities: Pills or condoms to FP users and Regular monitoring and support by use of virtual/telephone call to ensure the FP commodities at district and local level.

2. Has your country integrated representatives from any of the below marginalized groups into the country's family planning technical working group, country engagement working group, or other decision-making bodies? Below please check all groups that have been engaged

Adolescents and Youth

People with disabilities

Out of School Youth

Minority groups

Remote or displaced populations

a. How has engagement of the groups listed above influenced progress towards the achievement of your country's FP2020 commitments? Also, please share successes and/or lessons learned from these engagements.

- People with disabilities (PWD) are not directly included in the working group but the youth focal point organization works closely with them, and they are also invited to major meetings. Young PWD who were not aware about SRH as their rights itself, are now advocating for inclusive SRHR and fulfillment of FP2020 at various platforms.

- Recent inclusion of Youth Focal Point has brought in young people's perspectives. Through youthful sessions, social media contests, peer education etc, young people are demanding youth friendly SRHR policies even at the provincial level too (eg: province 1).
- b. If any of these groups have not been engaged in your country, what are the challenges working with these groups? (Please state specific examples)
- c. Have any of these groups engaged or participated in completing this questionnaire?
- Yes, from Youth group, Visible Impact were participated in completing this questionnaire and provided inputs in this.

3. How is your country integrating family planning into universal health coverage efforts and what is/are the mechanism(s) being used or considered? What specific actions were taken in the reporting period on the following points?

- a. Reduction in out of pocket costs for FP services
- Raise of government national budget in family planning annually, local government and provincial government also allocate some budget in family planning program.
- b. Expansion of FP services covered
- Public Private Partnership (PPP) approach is building to expand family planning services throughout the country. Family Planning commodities are distributed by private organizations.
 - Outreach clinics are strengthening in the unreached areas and populations.
 - Trainings to FP service providers up to the health facilities are ongoing and expanded to insure the availability of family planning services.
 - Regular and timely supply of FP commodities to health facilities to avoid stock out of commodities.
- c. Extension of population covered
- Marginalized populations and unreached population are priority areas for family planning services. So, the government has focused to reach the program up to that population.

4. What efforts were made to improve resilience and/or emergency preparedness of family planning systems in-country? Has this been helpful during your country's COVID-19 response?

- a. Family Welfare Division has developed Reproductive Maternal Neonatal and Child Health program implementation guideline during COVID19 pandemic situation.
- b. Private sectors participation and involvement in service delivery points. Strong monitoring of Family planning commodities up to the health facility level and timely supply mechanism.
- c. Provision of providing at least of 3 months Family Planning methods: Condom and Pills to Family Planning service users.
- d. Virtual trainings and guidance on continuation of Family Planning services is ongoing to all service providers through Family Welfare Division up to the health facility level using implementation guideline.
- e. Regular monitoring of family planning user data and commodities supply through DHIS2 and eLMIS throughout the country.

5. What efforts were made to meet the FP needs of women who are postpartum or post-abortion or to improve family planning/maternal child health integration services?

- a. Post-partum Family Planning services are ongoing in different levels of maternity hospitals: PPIUCD, Implant services
- b. Different NGOs are working in birthing centers and hospitals, counseling is ongoing minimizing the risk of COVID-19 transmission by using PPE.
- c. Tracking the pregnant women and delivered women

6. Has your country worked to improve quality of care and rights based family planning into programs?

- a. Do family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Is comprehensive information and counseling on all available methods, including information on any risks or side effects provided?
 - i. Yes, family planning program is providing a broad range of contraceptive methods: long term, permanent, or short acting all over the country up to health facilities as per availability of services. Family Planning service providers are providing family planning services along with counselling including information on any risks or side effects provided.

- b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?
- Yes, they get chances to provide feedbacks after clinic visits through suggestions boxes.
- c. After collecting client feedback, how is the data collected being used to improve quality of care?
- After collecting the client's feedbacks, health service providers have a discussion and make decisions accordingly. In case if they need any technical assistance, program Divisions provide support in coordination with province, district and local level.

Please provide the following information for the government point of contact for this update

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