

FP2020 Commitment Update Questionnaire 2018-2019 NEPAL



The FP2020 Secretariat surveys FP2020 commitment makers annually to track progress made, activities undertaken, and challenges faced toward fulfilling commitments. We kindly ask you to complete the FP2020 Commitment Update Questionnaire 2018-2019 for Nepal, by **5 July 2019**. Your 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 your responses on your country's dedicated country webpage - <http://www.familyplanning2020.org/nepal>- so in-country and global stakeholders alike 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 hope this will be an opportunity for you to engage with your country focal point team, including youth representative, and family planning stakeholders in country to jointly review progress.

Please note that the self-reporting process complements the national family planning Data Consensus Workshops that take place during the same time period. If the Data Consensus Workshop for Nepal is scheduled after **5, July 2019**, please let us know so we can discuss how to align the commitment reporting deadline to ensure results from each process are compatible.

Please complete the attached Word document and submit to Martyn Smith (msmith@familyplanning2020.org) and Chonghee Hwang (chwang@familyplanning2020.org).

Should you have any questions or concerns, please contact Chonghee Hwang at chwang@familyplanning2020.org.

Additionally, the Core Conveners of FP2020 are currently gathering input to build a shared vision for family planning post-2020. We look forward to learning from your response and appreciate your partnership in delivering on the promise that is FP2020. Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

FP2020 Commitment Update Questionnaire 2018-2019 NEPAL



The questionnaire includes 1) the 2017 revitalized commitment and elements of Nepal's original commitment that still stand, and 2) 6 standard questions to all FP2020 commitment-making countries.

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

- **Progress made and key challenges or barriers** you faced, during the **July 2018 - June 2019 period**.
- Please also include information on **any key upcoming commitment-related milestones**.
- Lastly, we invite you to reflect on progress per commitment through a **self-assessment**.

SECTION I: QUESTIONNAIRE FOR COMMITMENT UPDATE

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 July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Government of Nepal is committed to raising financial resources for family planning. The budget for family planning allocated by Family Welfare Division (FWD) has continuously increased over the period of years which is 32% increase in FY 2016/2017 and 22% increase in 2017/2018 (Source: FWD/MoHP). In regards to the fund allocated from GoN funds and Partners fund, the trend is shown below (Figure 1).

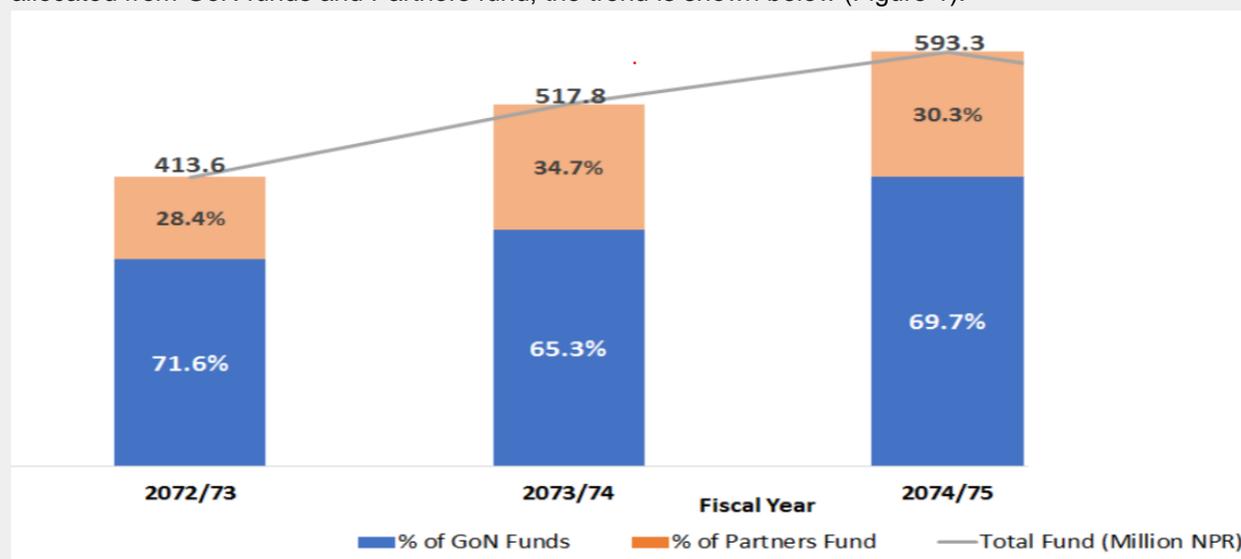


Figure 1: Budget Trend of Family Planning Services (Source, MoHP, PPMD)

The overall share of FP in total Health Budget is around 1% (Source: TABUCS) and this share hasn't gone up significantly since last three years (Table 1 below) thus there is further need to advocate on this part and increasing the budget.

Table 1: FP investment trend (Source: TABUCS, MOHP)

Fiscal Year	072/073	073/074	074/075	075/076
% FP budget in total health budget	1.20%	1.24%	1.41%	1.09%

In the context of federalization, the local government has prioritized family planning/ reproductive health. A total of three provinces (2, 5, 7) out of seven provinces has made provincial level commitments to adopt the FP2020 national commitments. Moreover, Palika government have been sensitized, and provided orientation on for prioritizing FP/RH agenda in the local-level budgetary allocations. Such orientation activities have been led by FWD nationally.

Ministry of Health and Population has been liaising and coordinating with external development partners, civil society organizations and private sector to mobilize and raise additional resources. There has been strong commitment by EDPs in the sector of Family Planning. DFID's ongoing commitment to FP as a technical and financial assistance through NFPP and NHSP3; USAID's Government to Government Redbook funding, direct projects funding as well as the anticipated program on Family planning and Adolescent Health, UNFPA's thematic fund UNFPA Supplies support to Supply Chain and Family Planning Commodity availability are some of

the key FP programs supported by EDPs, commitment to strengthen. In addition, WHO's SRHR component (Abortion and Family Planning) is an additional EDP commitment for this year on FP.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your 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 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Family welfare division is committed to identifying various barriers to accessing FP services among the most marginalized and adolescent groups, as well as taking necessary actions to address the need. There have been several studies carried out in-country to generate evidence on this namely: (i) Barriers Analysis study among the participants of NDHS in eastern Nepal; (ii) NDHS further analysis; (iii) Study on usage of Emergency Contraceptive Pills (led by USAID); (iv) Study on uptake of post-partum IUCD (led by CREPHA); (v) study on IUCD determinants among adolescents (led by Ipas); (vi) Factors affecting discontinuation of LARC (led by UNFPA/MSI).

Following are some of the key highlights of the policies, strategies and programs formulated to address the barriers related to FP/RH services:

- Development of Adolescent Sexual and Reproductive Health Strategy.
- Formulation of RH Act and RH Regulation
- Inclusion of Family Planning as a part of Basic Health Service package (Public Health Act).
- Capacity Building activities (ASRH, LARC training) – Data to be received from NHTC
- Innovative IEC/BCC tools, strategies (SBCC package) is being developed at local level
- Digital Technology: mHealth (NHSSP developing a app targeting FCHVs, Khulduli app of MOHP)
- Rupantaran Approach (Social and Financial Skills Package) for reaching out to the adolescents

- Expanding method choice through Sayana Press approved by FWD/MOHP for piloting
- Initiated Municipal Level Adolescent Fertility Hotspot mapping by USAID

Adolescent Friendly Services are being scaled up and health facility staff are trained in providing services in adolescent friendly manner. Those health facilities being certified as adolescently friendly are being monitored and strengthened to provide services to adolescents. There are 1331 adolescents' friendly services sites (increased from 1134 in last year), of which 75 are certified.

There is further need to develop framework and guidelines towards effectively engaging private and non-governmental sectors at the federal and provincial level.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your 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 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Nepal's policy environment on Family Planning is quite favourable. The Public Health Service Act has listed FP under the basic health service package. In addition to the PH act, there are supportive policies, acts, guidelines, and strategies for increasing access and utilization of quality of FP services namely (i) Reproductive Health Act, (ii) Adolescent strategy, (iii) Minimum Service Standards and Quality Improvement Tools. This priority has also been reflected in the strategic national documents like National 15th Long Term Plan as well as Nepal Health Sector Strategy. 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.

Likewise, the Ministry of Youth and Sports (MoYS), Ministry of Women, Child and Social Welfare (MoWCSW) along with UNFPA & UNICEF developed a Social and Financial Skills Package (SFSP) 'locally called 'Rupantaran' (Transformation) which aims at empowering adolescent girls (and recently being piloted for adolescent boys as well) through weekly sessions that are conducted by social mobilizers and facilitators over a period of nine months. SFSP provides the girls with practical skills and knowledge on gender equality and human rights (including child marriage related information), reproductive health (including family planning), gender-based violence, nutrition, communication, decision making and negotiation skills etc. These girls will also be linked to health centers that provide adolescent sexual and reproductive health services. The package not only helps expand networks among adolescent girls, it also capacitates them to be a change agent in their community. Still, there is still huge scope for advocacy to mobilize resources from non-health sectors.

It would be important to highlight that Nepal has hosted various national and international level advocacy events in between this period. The events like FP2020 Asia Pacific Regional Focal Point Meeting, RHCS Coalition Meeting, She decides – Flagship campaign to continue advocacy for investment in RH/FP, and first ever National Family Planning Conference in Nepal has been able to bolster Nepal's commitment on RH/FP agenda and aptly project Nepal as a country with progressive and right based FP programs. These events have been participated by wide range of stakeholders and representatives from beneficiaries' group, civil society, implementing partners, funders, and senior level policy makers. Though, the MOHP is still to endorse the 'partnership policy' to ensure involvement of various public and private sectors, government and EDPs acknowledge the important role the private sector is playing on FP and bringing them onboard.

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). Under the federalized context, each of the seven provinces will have a dedicated training centers to access the training needs at the local/provincial level and plan accordingly. Moreover, following are the key interventions taken in the last reporting period to broaden this method choice and availability:

- Declaration of Health Facilities with five modern methods available: This initiation has been started at Palika level in various provinces in the initiation of Palika Government and Family Welfare Division. There is a plan to gradually scale up it as a nation campaign.
- Roving ANM (Auxiliary Nursing Midwife), MS ladies and VSP (Visiting Service Providers) 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. UNFPA is supporting the participation of government officials and Muslim Religious leaders in a training on 'Strategic Partnership with Muslim Religious leaders' in Indonesia.

- Use of digital technologies to reach the unreached: for e.g. the Games (Youth focused, fertility awareness), and Naripaila app, cycle beads app, VIAMO 321 app, Mobile application named "Khulduli" was launched to provide information on FP and ASRH targeting adolescents.
- Post-partum family planning – This is identified as a missed opportunity and for which government has developed manager's guide on Postpartum family planning
- RRM FP2020 – project initiated by Blind Youth Association Nepal to reach people with disabilities.

The much-awaited RH bill (Reproductive Health Bill) Has been approved and enacted. To put the RH bill into action, a regulation is in the process of finalization.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your 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 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

eLMIS is being introduced in the country gradually. Central and regional medical stores have eLMIS introduced and district stores of some districts have initiated the process. Capacity building of Health Workforce in implementing eLMIS is currently ongoing 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 (30 health facilities but in total 57 centers including medical stores).

The government is serious about the timely procurement issues. Mechanisms like consolidating annual procurement plans, meeting regularly to review procurement status and keeping track of procurement orders are in place. The government organized 'Forecasting and Quantification workshop' in early 2019 in participation of all

stakeholders where the quantification and forecasting of health and family planning medicines and commodities was made for the year 2020.

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 X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

SECTION II: STANDARD QUESTIONNAIRE

Please respond to all parts of the following 6 questions:

- 1. How has your country integrated adolescents and youth representatives, and/or representatives from marginalized groups (e.g. lowest-income, people with disabilities, out of school, minority groups, remote or displaced populations, etc.) into the FP2020 Focal Point team and/or country’s FP technical working group or country engagement working group?**
 - a. If yes, how has this engagement influenced achieving your FP2020 commitment? Please also share successes and/or lessons learned from these engagements.

The Adolescent Health Strategy is a guiding document for integrating adolescents and youth representatives in the health sector. Furthermore, interventions like Rupantaran (Social and Financial Skills Package), and Y-Peer Interventions are reaching youths and adolescents. Family Welfare Division is working to bring marginalized groups in the FP/RH stakeholders forum and the recent success includes FP2020’s RRM mechanism which has awarded a family planning policy/advocacy project to an agency led by people with disabilities. GiZ has been supporting MoHP in program formulation, program piloting and roll out of National ASRH program. Likewise, in case of FP2020 Civil Society Agencies like FPAN, youth representatives are part of the board. The HFOMC (health facility operation and management committee) operational guidelines requires the participation of adolescents.

- b. If not, what challenges have you faced in working with these groups? (Please give examples)

Though government has initiated working in the group for e.g. implementation of National ASRH program, engagement of adolescent focal points during high level forums such as FP2020 Asia Regional Workshop, still there are a lot of challenges reaching out to these groups. The messages/information tailored to marginalization

group are not sufficiently available (for e.g. BCC materials related to FP for deaf community not available). There have been some small and sporadic interventions to reach the marginalized communities such as LGBTIQ community, implemented by non-government sectors, however, such intervention is not particularly developed in government sector. It is important to note that, to some extent, there is lack of technical expertise at the country level in reaching out to the communities like people with disabilities, LGBTIQ, Female Sex Workers, People Living with HIV etc. with FP related message and services.

2. How is your Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered? What specific actions were taken in the past year surrounding integration?

Family Planning is listed in the package of basic health service under the Public Health Act 2018 thus paving a way towards universal health coverage of FP services. The 15th National Plan (2018/2019- 2022/2023) of the Government of Nepal has pushed forward the agenda of Reproductive Health/Family Planning. In addition to the Public Health Act, the Reproductive Health Act, as well as the Safe Motherhood Roadmap (being finalized) emphasis in availability and accessibility of right based FP services.

3. Has your Government organized the 2019 Data Consensus Workshop?

- a. If yes, did the FP2020 Focal Points participate in your country's 2019 Data Consensus Workshop? If so, what insights were gained?

Consensus workshop was organized on 13 June 2019 and attended by FP2020 focal points (USAID, DFID, FPAN) and FP stakeholders. Moreover, a panel discussion was held with FP2020 focal points to discuss on FP progress, challenges, priorities and way forward. Following are some of the highlights and issues raised:

- There was consensus on the indicators however more clarity was requested for some indicators and values, a separate email will be shared by FWD/Track20 focal point to FP2020.
- Disaggregation of data is required (by province, by age group, disability status etc.) to ensure better planning. Provincial level data requirement and data adjustment (for e.g. DHS 2016 data is already outdated for the 2019 planning so might need so small estimates for being more accurate). Also, how to use the data when the reporting is below 80%?
- Linkages between TFR and CPR – Does Nepal really need focus on increasing them CPR when the TFR is already near replacement level fertility.
- Needs evidence on various issues like (a) the role of abortion in CPR in Nepal? (b) consequences of FP use as well as the consequence of using safe abortion and (c) role of provider's bias in FP uptake.

- b. Were domestic expenditure data reviewed as part of the Data Consensus Workshop? If so, please share insights and challenges you had in reviewing and validating these data.

The consultant from FP Resource Flow survey attended the Data Consensus Workshop. Though the FP resource flow data was not presented during that time, the domestic expenditures data was reviewed and discussed during other opportunities. As in the previous years, the challenge was getting/collecting data from different organizations. The fiscal year match is another challenge since the government has July – July fiscal year and development partners have January-December FY. It is also felt that the data is under reported. In addition to FP Resource Flow Survey, the data available from Government electronic financial system 'TABUCS' is also being used for the purpose of tracking domestic expenditure on FP.

4. In the past year, were any efforts made to improve resilience and/or emergency preparedness of family planning systems in country?

Capacity Building training to health service providers on Minimum Initial Service Package (MISP) has been provided and four municipalities developed disaster preparedness plans incorporating the MISP. Moreover, Preparedness and prepositioning of RH kits is ensured.

5. Have you worked to improve quality of care/rights-based family planning in your programs?

- a. Do your family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Do you provide comprehensive information and counseling on all available methods, including information on any risks or side effects?

Yes. This is a broader objective of the National Family Planning Program. This is also reflected in the RH Act and other key program guidelines/standards.

- 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?

There are mechanisms in place to ensure user-centered approach:

- Social Audit of Government (Independent facilitator hired for this task)
- Suggestion box and citizen charter is available across all health facilities
- National Health Facility Survey and Facility Based Assessment of RHCS survey – where exit interview was done with the client.
- Interaction in mothers group meeting by the FCHVs are also opportunity for direct feedback.

- c. Are your clinics open to improve accessibility and availability of services?

Yes. Government is committed to ensure accessibility of availability of services. The RH act identifies accessibility and availability of FP/RH service as a fundamental right. However, some challenge exists due to commodity availability, capacity of health service providers, geographic accessibility etc.

6. FP2020 and partners are currently gathering input to build a shared vision for family planning post-2020, in consultation with stakeholders at the country and global level. Have you had an opportunity to participate in any way in this consultation process (e.g. online survey, consultative calls, etc.)?

Yes. Government and FP partners have had the opportunity to participate in the consultation process. Such opportunities include the 'FP2020 Asia Focal Point Workshop' as well as the National FP conference. Stakeholders also filled in the online survey shared by FP2020 secretariat.

Please provide the following information for the Government's point of contact for this update

- ❑ Name: Ms. Kabita Aryal
- ❑ Title: Chief, Family Planning and RH section
- ❑ Department: Family Planning and RH section, Family Welfare Division
- ❑ E-mail: bitak006@gmail.com
- ❑ Phone: 9851227991
- ❑ Address: Family Welfare Division, Department of Health service, Teku, Kathmandu
- ❑ Date of Self-Report: 5th July 2019