

# NEPAL COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage (<http://www.familyplanning2020.org/entities/129>) on FP2020's website.

We request that you submit your response by **Friday, June 8, 2018**.

Please complete the attached Word document and submit to Martyn Smith on [msmith@familyplanning2020.org](mailto:msmith@familyplanning2020.org) with a copy to Chonghee Hwang on [chwang@familyplanning2020.org](mailto:chwang@familyplanning2020.org).

Should you have any questions or concerns, please contact Chonghee Hwang on [chwang@familyplanning2020.org](mailto:chwang@familyplanning2020.org) OR Sarah Meyerhoff on [smeyerhoff@familyplanning2020.org](mailto:smeyerhoff@familyplanning2020.org).

**Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.**

# NEPAL COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



This year we have modified the questionnaire to include 1) the 2017 commitment and elements of Nepal's original commitment that still stand, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

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## UPDATE QUESTIONNAIRE

### 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

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

Nepal is committed to raising financial resources for family planning. The government of Nepal has been continuously allocating its own domestic resources for family planning commodities and programme. However, the government has not been able to increase the financial resources as committed because of various factors like huge domestic had to be diverted to reconstruction and rehabilitation after the 2015 earthquake and now domestic resources are diverted to provincial and local government to functionalize federalism. In the outset, there has been increase in funding from external development partners to support family planning programme and commodities.

## **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

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

This is ongoing activity and government of Nepal, family health division is committed to identifying various barriers to accessing FP services among the most marginalized and adolescent groups. A study to understand factors associated with accessing FP services among adolescent and youth in the leadership of Family Health Division is being planned in the FY 2018. This study will give insight to various factors and help policy makers design programme to targeted groups adolescents and youth.

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. The work with private sector is ongoing however there has not been much progress in the regards.

## **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)

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

Family Planning has been a topic of discussion in many forums and fora to raise its importance in the development of the country. Various advocacy efforts like Family Planning day celebration, discussion with parliamentarians, advocacy with local elected bodies etc. have been done to create conducive environment for the family planning programme.

Health institutions and service providers are capacitated to expand the range of family planning services and expand service delivery. Health workers are trained on LARC and PM (Long acting reversible contraceptives and Permanent method). Highly effective mechanisms like visiting service providers approach to reach the most marginalized women and girls have been up scaled in 50 districts. In addition to this another approach called roving ANM is also scaled up for effective RH service delivery.

Country is committed to increase the range of contraceptives. One rod Implanon (Implanon NXT) has been registered in the country and there is a plan for its delivery from the public health facilities. There is ongoing discussion for the introduction of DMPA SC (Sayana Press) in the country from the public health facilities.

Various mechanisms and programme supported reaching the farthest behind with awareness messages in Family Planning. "Smart Jeevan" campaign helped spread FP messages. Furthermore, TV aids, street drama, and other communication campaign helped reach adolescents, women, men and girls. Mobile application named "khulduli" was launched to provide information on FP and ASRH targeting adolescents.

The much awaited RH bill (Reproductive Health Bill) is under discussion. And hopefully will be approved some time later.

#### **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

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

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. The roll out in some of the health facilities have been started.

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.



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*Please respond to all parts of the following 3 questions:*

**1. *How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?***

**a. *What challenges have you faced in working with these groups? (please give examples)***

Bringing together all the stakeholders at one place is challenge as they are scattered. However, civil society organizations, young people and women and girls are part of national FP programme. Consultation with these groups at different level is expected and done.

**b. *How has this engagement supported reaching your FP2020 commitment?***

This engagement has helped to FP 2020 goal of reaching more women and girls with family planning services. With this engagement we have been able to expand services and advocate for FP services. This has helped as an advocacy tool to work for FP programme.

**c. *Please share successes and/or lessons learned from these engagements.***

FP costed implementation plans have been developed and based on these plans programmes have been designed. Government is committed to allocating resources for family planning with is improving gradually. The country has expanded the method mix. Various targeted efforts have been designed to reach the most marginalized women and girls.

**2. *How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?***

Family Planning is under the basic health care package and the priority one programme of the government. The clients do not need to pay for family planning services. Family planning services are provided free of cost from public health facilities of the government to all citizens both married and unmarried, young or old, men or women despite of their race, religion, age and sex. Family Planning services are integrated with safe motherhood, HIV and with EPI (in some of the districts). Even nutrition programme has some of the component of family planning.

**3. *Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?***

**a. *If so, what insights were gained?***

The consensus workshop helped understand data generated for the country on yearly basis using service statistics and FP estimation tool. The workshop basically widened scope of horizon for the thinking in FP programme by analyzing various aspects of data generated.

**b. *Were domestic expenditures data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.***

The consultants from NIDI survey presented data on domestic expenditures. The challenge was getting/collecting data from different organizations. The fiscal year match is another challenge for us since the government has July – July fiscal year and development partners have January-December FY. It is felt that the data is under reported.

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

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