



FP2030 GOVERNMENT COMMITMENT FORM

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1. Nepal's 2030 VISION STATEMENT

By the end of 2030, every individual and family will lead a healthy, happy and prosperous life, fully exercising their sexual and reproductive health and rights.

2. COMMITMENT OBJECTIVES POLICY/PROGRAMMATIC OBJECTIVES

Commitment Objective 1:	Strengthen health governance for the family planning program in the federalized context
Objective Statement	By 2030, the federal, provincial and local governments will have a strengthened health governance mechanism to take stewardship of the family planning program.
Timeline	2021 – 2030 Note: Capacity development of local and provincial government for stewardship will be a primary focus till 2025.
Rationale	<p>Family Planning is recognized as a basic human right in Nepal under the Right to Reproductive Health and Safe Motherhood act. FP is a concurrent responsibility of federal, provincial, and local governments and under the federal system, the governance structure at the provincial and local levels has increased opportunities for social welfare (e.g. health, education, and social sector being part of one entity).</p> <p>However, the local elected members and health coordinators, who are the managers and custodians of the family planning program at the local level, have inadequate capacity for managing health services including family planning, due to their lack of prior involvement in the program management, health prioritization, and financing^{1,2}. Likewise, the monitoring mechanism is not robust enough to ensure evidence-based program designing, and ensuring universal health coverage. Hence, there is a need to strengthen stewardship to ensure the provision of essential and basic health services such as family planning.</p> <p>The perception among some policymakers that investing in family planning is no longer necessary due to the decline in fertility in Nepal is very concerning as it does not take into account the high levels of unmet need for family planning, which currently stands at 24%, and the high rates of unintended pregnancies and unsafe abortions that take place because of the gaps in services. The situation is worse for</p>

¹ Adhikari, D. (2020). Nepal's Road to Federalism: From the Perspective of Grassroots Democracy. RTI International, NC. <https://www.rti.org/publication/nepal%E2%80%99s-road-federalism>

² Policy note for the Federalism Transition in Nepal, Aug 2019, The World Bank, UNDP. <https://elibrary.worldbank.org/doi/abs/10.1596/34153>

	<p>women and girls from disadvantaged groups, who face significant barriers including discrimination in accessing information and services</p> <p>Moreover, there is still a need for clarity regarding some aspects of family planning programs supported by the private sector which calls for strengthened monitoring of private sectors. In addition, providing guidance to both state and non-state sector (private and non-governmental) entities is vital in catering family planning services to all as per their choice. Coordination and collaboration amongst all tiers and sectors are vital for a successful family planning program.</p>
Strategies	<ol style="list-style-type: none"> 1. Strengthen the coordination mechanism amongst all three tiers of governments to ensure better harmonization in matters related to FP financing, national/international procurement, contraceptive production, logistic management, human resource management, service quality standards, and technical and managerial capacity building. 2. Sensitize local and provincial government policymakers and program managers on the importance of FP for improving maternal, child, and adolescent health, women empowerment; and benefit of family planning, and the importance of investing more in FP. 3. Build capacity of provincial and local policymakers and program managers to enable them to take stewardship of FP program design, implementation, and monitoring including quality assurance of FP services. 4. Conduct Social Audits at local level and Health Facility level for ensuring better accountability and participation of duty bearers, local gatekeepers, and community members in the family planning program. 5. Regularize local level review and planning meetings to ensuring adequate planning, monitoring and review of FP related performance and challenges. 6. Strengthen intersectoral communication and collaboration mechanisms through multi-stakeholder meetings. 7. Ensure full integration of the Minimum Initial Service Package (MISP) in Disaster Risk Reduction Plans at all level.

Commitment Objective 2:	Improve equitable access to a range of contraceptives to meet the contraceptive need of individuals and couples
Objective Statement	Increase the modern contraceptive prevalence from 44.2% in 2019 to 60% by 2030.
Timeline	2021-2030
Rationale	<p>Family Planning (FP) is the fundamental right of individuals and couples in Nepal. Family Planning helps to save the life of women, neonates, children, and adolescent girls. When women and girls have access to family planning, they are able to complete their education, create or seize better economic opportunities (through effective and timely use of the demographic dividends), and fulfill their full potential. FP contributes to achieving all SDG goals but more directly to SDGs 3 and 5. However, the use of modern contraceptives has stagnated in Nepal since 2006. There is a high unmet need for contraceptive methods (24.7%). The situation is concerning among certain groups like adolescents and youth, postpartum mothers, certain ethnic groups, Dalits, and people living in hard-to-reach areas. There is a high unmet need for contraceptives (32%, 18 spacing, and 14 % limiting) and low use of modern contraceptive services among postpartum mothers in Nepal as only 36% of women reported using a modern contraceptive method within 12 months of postpartum.</p> <p>Quality of care is a cornerstone of rights-based approach to FP. Aspects related to quality of FP services in Nepal is quoted as one of the key factors behind the highest contraceptive discontinuation (59% in 12 months), and unintended pregnancies³.</p>

³ DHS 2016

	Hence, it's crucial to increase access to quality FP services amongst the underserved groups.
Strategies	<p>Policy-related strategies</p> <ol style="list-style-type: none"> 1. Advocate at all levels to prioritize FP and ensure access to quality FP services as an approach to reduce maternal, neonatal, child, and adolescent mortality and morbidity, in the principle of HRBA (Human Rights-Based Approach). 2. Update existing policy documents on FP/SRH namely policies, guidelines, and plans (FP Implementation Guidelines 2011, RH Strategy 1998, RHCS Strategy 2015, FP CIP on Plan 2015-2020, and guidelines on Healthy Timing and Spacing of Pregnancy (HTSP), Post Pregnancy family planning (PPFP), Adolescent Friendly Health Services (AFHS), etc. 3. Develop new policies and guidelines related to Family Planning namely the guidelines on Self-Care, Digital/Telehealth, equity and quality of care improvement. <p>Program-related strategies</p> <ol style="list-style-type: none"> 1. Ensure that FP programs reach marginalized/vulnerable and underserved groups and geographies (such as adolescents, post-partum mothers, people with disabilities, religious and ethnic minorities, etc.) 2. Use innovative measures to reach clients up to the last mile (mobilizing community volunteers, on-call delivery of products at home/self-care, mobile applications, etc.) 3. Expand contraceptive choices and access at each service delivery point as per the national policies and guidelines. 4. Enhance integration of FP with other health services such as immunization, maternity care, nutrition, HIV, etc., and develop guidelines/action plans as appropriate. 5. Ensure quality of FP services including counseling services as per the national standard and guidelines by reducing provider biases, especially among unmarried, adolescents/youths, people with disability, and other marginalized groups. 6. Improve capacity and quality of SRH and FP training sites including the introduction of digital training and coaching in the FP program.

Commitment Objective 3:	Ensure Sexual and Reproductive Health services are responsive to the need of adolescents and youth
Objective Statement	Reduce the adolescent fertility rate from 63 to 30 per 1000 adolescents by 2030.
Timeline	2021-2030
Rationale	Nepal has one of the highest rate of adolescent birth in the region. There is a high unmet need (38.3%) and low use of modern contraceptive services (17.3%). Perinatal deaths are significantly higher in babies born to adolescent mothers than in those born to mothers aged 20–29 years, as are other problems such as low birth weight. Preventing adolescent pregnancy is a key strategy in improving maternal and child health and nutrition outcomes. FP reduces adolescent pregnancies, prevents pregnancy-related health risks, promotes education, raises the economic status of women, and leads to improved health outcomes and better quality of life.

Strategies	<p>Policy-related strategies:</p> <ol style="list-style-type: none"> 1. Advocate for incorporating adolescent-friendly services in policies, strategies, and guidelines of health services at the federal, provincial, and local levels. 2. Advocate at the community level to create enabling environment for receiving information, counseling, and services related to ASRH and contraception. 3. Coordinate with concerned authorities for implementation of the National Strategy on Ending Child Marriage, 2016. 4. Generate evidences for improved uptake of FP/RH services among adolescents. <p>Program-related strategies:</p> <ol style="list-style-type: none"> 1. Expansion of adolescent-friendly health services across the country through government and private sector, and ensure quality as per the national guidelines. 2. Ensure meaningful and inclusive adolescent and youth participation — from intervention designing to implementation and evaluation of FP services at all levels of government. 3. Engage private sectors in providing contraceptive services to adolescents through social marketing and social franchising approaches. 4. Equip service providers on value clarification and attitude transformation to provide non-judgmental services. 5. Develop and implement gender-transformative messages to reduce social stigma and foster supportive behavior for adolescents. Engage young men as supportive partners, contraceptive users, and agents of gender-transformative change. 6. Coordinate with concerned authorities at all level for effective implementation of comprehensive sexuality education for both in and out-of school adolescents.
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Commitment Objective 4:	Ensure round-the-year availability of family planning commodities in all service delivery points
Objective Statement	Reduce stock-out of all types of temporary contraceptive methods in all service delivery points (health facilities) from 25.33% ⁴ to less than 5 % percent by 2030.
Timeline	Reduce stock out of all types of temporary contraceptive methods from 25.33% in 2019 to 10 % by 2025 and less than 5% by 2030.
Rationale	<p>The regular supply of essential commodities including FP/RH commodities is an essential component of the national health system, which is also reflected in the slogan of the MoHP as ‘No Commodities, No Program’. Efficient management of logistics including family planning commodities is crucial for effective and efficient delivery of family planning services as well as for ensuring the rights of citizens of having quality health care services. In Nepal, only 58% of all Health Facilities provide the five temporary methods of contraceptives, and around 25.33% average stock out of all five methods of contraceptives was recorded in 2019/2020 (DoHS Annual Report).</p> <p>However, there is frequent interruption of commodity supplies due to issues related to procurement, supply chain bottlenecks, and poor supply management system. There is also a lack of knowledge about the commodity supply system at the local level after the devolution of all supply management systems to the local government.</p>

⁴ DoHS Annual Report 2019/2020

Strategies	<p>Policy-related strategies:</p> <ol style="list-style-type: none"> 1. Allocation of budget required for the timely purchase of commodities required for the country. 2. Develop a “Sustainability plan for FP commodities” including expansion of method choices in the principle of right-based FP services. <p>Program-related strategies:</p> <ol style="list-style-type: none"> 1. Ensure a smooth system of tracking stock status, commodity audit, and redistribution including a reverse logistics management system. 2. Enhance capacity for supply chain management at the provincial and local levels on stock monitoring, forecasting, quantification, and logistics management to strengthen LMA (Last-Mile Assurance). 3. Expand functional e-LMIS in all levels of health facilities including private sector entities, and enhance the capacities of managers and service providers on the use of LMIS data for service improvement. 4. Ensure real-time visibility of commodity transactions through the provision of electronic barcode systems in the warehouse. 5. Promote public-private partnership to strengthen the regular supply of FP commodities.
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Commitment Objective 5:	Implement tailored demand generation and strategic behavioral change interventions
Objective Statement	Improve the knowledge, capacity, and service-seeking behavior of the individuals for FP, especially among those with high unmet needs.
Timeline	2021-2030
Rationale	<p>Targeted behavior change interventions are key to increasing the family planning services across and addressing existing challenges among different groups such as adolescents, postpartum mothers, people with disabilities, and the migrant population. Key challenges remain in terms of dismantling social norms and stigma, and myths around family planning services. Though demand generation and SBC have been part of the FP intervention in Nepal, there is a critical need now to systematically and strategically address and integrate these (SBC/demand generation) as an integral, core component rather than a peripheral component of the FP national strategy.</p> <p>Investing in Social and behavior change (SBC) is effective in increasing FP uptake as the evidence shows SBC is effective in improving health outcomes, is a highly cost-effective intervention, and generates a positive return on investments.</p>
Strategies	<ol style="list-style-type: none"> 1. Ensure allocation of resources for FP demand generation, and design inclusive and user-friendly SBC initiatives. 2. Develop a family planning communication strategy to guide the managers and service providers at all levels in developing effective behavior change interventions. 3. Collaboration with different organizations and academia for strategy formulation, designing, conducting SBC and Demand generation campaigns, monitoring and iterations to ensure last-mile reach and access of FP services as desired by the beneficiaries/clients. 4. Extract existing FP SBC/Demand Generation knowledge and best practices available globally, regionally, nationally, and locally from Nepal’s own past practices and current program implementation. 5. Build capacity at all levels for the integration of SBC/Demand Generation to ensure all the potential clients are aware of the service availability and its importance.

	<p>6. Promote public-private partnerships including non-government organizations for demand generation and quality service delivery for specified communities, individuals, and groups.</p> <p>7. Promote male engagement in family planning using the various channels, build the capacity of health workers to engage men in family planning, and promote inter-spousal communication.</p>
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FINANCIAL OBJECTIVE:

Financial Commitment Objective:	Ensure incremental budget allocation required for family planning towards access to universal health coverage
Objective Statement	Ensure incremental and sustained investment in Family Planning by gradually increasing annual government allocation for FP each year as envisaged in the FP Sustainability Roadmap (2023-2030).
Timeline	The FP budget will increase as envisaged in the FP sustainability roadmap (2023-2030).
Rationale	<p>Investing in FP is considered a ‘best buy’ for development. Better reproductive health and newborn care, including voluntary family planning, can bolster economies and contribute to sustainable development by empowering women to complete their education, join the paid labor force, be more productive in their jobs, earn higher incomes and increase savings and investments. A recent report from Guttmacher Institute/CREHPA on <i>Costs and Benefits of Meeting the Contraceptive and Maternal and Newborn Health Needs of Women in Nepal</i> states that for every additional dollar spent on expanding modern contraceptive use, Nepal would save \$2 on maternal and new-born care.</p> <p>The report further states: <i>‘Satisfying all women’s need for modern contraception would increase the annual cost of services from an estimated \$17 million (in 2017 U.S. dollars) to \$30 million. However, if contraceptive services were to stay at current levels, providing all 1.2 million pregnant women each year with a comprehensive package of maternal and newborn health care would cost \$131 million—about one-fourth of which would cover care for women with unintended pregnancies. This represents more than a doubling of the current cost of care.</i></p> <p>Furthermore, several other pieces of evidence point toward the benefit of Family Planning beyond the health sector.</p> <p>Review of Nepal’s FP financing:</p> <ul style="list-style-type: none"> ● Based on the review of the trend of FP budget allocation over the period of the last five years, FP budget allocation within the health budget remained below 1.5 percent for the entire period. ● While comparing the government’s budget allocated for family planning over the years, the amount (in absolute numbers) of the family planning budget has increased in some of the years, but growth seems to be inconsistent, with significant fluctuation in the FP budget across the years. Moreover, the spending (budget execution) on family planning is very low (only 52% budget expenditure reported in FY 2019/2020). ● While the budget and expenditure from the Redbook can be tracked through the Sutra, LMBIS, and TABUCS, FP allocation and expenditure from other sources are not adequately tracked across the different tiers of government, including private and non-governmental sectors, thus, evidence gap exists on FP financing. <p>The pre-federalization context in which that CIP was endorsed in 2015 significantly differs from the current context of federalization, as well as the</p>

	context brought forth by the pandemic. To protect the gains achieved in the earlier period, the budget allocation in FP needs to be increased.
Strategies	<ol style="list-style-type: none"> 1. Integrate Family Planning Spending Assessment (FPSA), a new tool developed by FP2020/Track20, as a part of the MoHP/FWD annual program to track the flow of resources and expenditures for the implementation of family planning programming. 2. Develop costed FP sustainability roadmap to guide towards sustainability, and establish budget lines for different family planning components – service delivery, commodities, human resources, capacity building, SBCC and research and innovation, etc. 3. Generate evidence on FP budgeting and financing gaps by reviewing service demand, historical trend and future projections. 4. Ensure efficient utilization (spending) of allocated resources in line with the Public Procurement Strategic Framework and Public Financial Management Strategic Framework. 5. Ensure M&E of FP-related financing as a part of the Joint Annual Review. 6. Advocate for allocation of a dedicated budget for service quality – at all levels and by all governments (local, provincial and federal) and institutions. 7. Engage private service providers to diversify resources and capacity of the private sector for the provision of family planning services; 8. Develop a risk pooling strategy at the local level to decrease the out-of-pocket expenditures on family planning. 9. Advocate for allocation of resources for family planning beyond the health sector, through inter-ministerial discussions as well as discussions with the parliamentary committees. Development of evidence on cost benefit analysis and return on investment to make the case for concerned ministries and committees to allocate budgetary increases for family planning services.

3. COMMITMENT CONSULTATION PROCESS

The FP2030 commitment in Nepal has been produced through inclusive, engaging, and multisectoral coordination with diverse sectors. Series of small and larger consultations were conducted from March 2021 to September 2022 to make the process inclusive but also to ensure that the commitments receive adequate ownership from all the sectors.

In March 2021, during the annual review meeting, the members of the FP2030 committee reviewed the achievements of FP commitments, key lessons learned, and what aspects need to be propagated in the next iteration of the commitment. Building on the regional workshops organized by FP2030, the committee members formulated strategies, identified roles, and developed an action plan for the process. Five thematic working groups were formed and coordinators for each group were identified.

A steering committee was formed under the leadership of the Director-General of the Department of Health Services (DoHS) that includes government, donor communities, and civil society organizations. Similarly, a drafting committee was formed that included government and civil society actors. The coordination of the drafting process was led by the Family Welfare Division.

Provincial consultations were conducted and the outcomes from these consultations were presented in the national level Writeshop on FP2030 commitments. The Writeshop included government officials from national and sub-national levels, thematic experts, beneficiaries, etc. After multiple iterations through small working group meetings, the outcomes from the Writeshop were compiled into a draft commitment.

This draft was then widely disseminated to ensure that it reaches beyond the participants of the Writeshop. The draft commitments were shared in technical working group meetings, FP subcommittee meetings, and among provincial ministry-level officials. The commitments were finalized in consultation with a small group of experts under the leadership of the Family Welfare Division. After the incorporation of feedback and inputs on the draft, commitments were finalized and shared with MoHP for further review and approval process.

4. COMMITMENT ACCOUNTABILITY APPROACH

4.1.

Accountability tools and platforms:

The following existing and new platforms and tools will be utilized to track the commitments at various tiers of government:

Federal level

- FP sub-committee meetings
- FP2030 committee meetings
- RH coordination committee
- RH sub-cluster meetings

Provincial level

- Planning and review meetings
- RH coordination committee

Local-level

- Health Institution Operation and Management Committee
- Social development committee
- Social audit
- Citizen charter and suggestion box
- Quality improvement (QI) mechanisms

Similarly, budget tracking tool SUTRA and Family Planning Spending Assessment survey will be used to track financial commitments at the provincial and federal level.

Civil society engagement:

All the platforms mentioned above are multi-sectoral stakeholder's committee that has representation from the government, donors, private sectors, youth groups, civil society, community people, etc. Community interface and public hearings are practiced in social audits to review the availability and utilization of quality preventive and clinical services, the role of duty bearers, and community participation to ensure accountability and good governance to strengthen health and family planning services. These platforms are very essential to allow space for civil society engagement at various levels.

In the coming days, inclusivity in these platforms will be improved to include other marginalized groups in these meetings. Capacity enhancement opportunities to strengthen the voices of the marginalized groups will be explored. Strong CSO forums such as Reproductive Health and Rights Working Group (RHRWG) will be collaborated with for relevant agendas of FP2030 committee meetings.

Information sharing:

The information on FP2030 commitments and its progress will be shared through the annual report of the Department of Health Services, annual progress report of FP2030, social media pages and websites of MoHP, FWD, and provincial ministries, different press meets conducted by FWD, DoHS, and MoHP, other national level conferences and workshops, etc.

Alignment with other commitments:

FP2030 commitments have been formulated in line with other national programs such as NHSS III, Health policy 2019, and Population Policies; and international commitments such as SDG, ICPD+25, and CEDAW among others. The commitment and alignment of the commitments will be conducted in

coordination with the annual SDG monitoring mechanism, NHSS III's monitoring mechanism, provincial and local policies in the process of formulation, ICPD+25 annual tracking, etc.

4.2. Describe the country process for annually (or more frequently) reviewing data on progress and sharing that data with partners.

FP-related data will be tracked through HMIS, Nepal Demographic and Health Survey, Multiple Indicator Cluster Survey, Nepal Health Facility Survey, LMIS, etc. The FP-related progress is monitored annually at the federal level through an Annual review meeting organized by the Family Welfare Division. Similar review meetings are held at provincial and local levels quarterly where the progress and gaps in FP programs are analyzed.

4.3. Describe remedial actions to be taken at the country level if there is a lack of progress or if there are outright violations of sexual and reproductive health and rights in approximately 200 words:

The remedial actions to be taken in case of violation of SRHR are:

- The management team at the services sites will take remedial action immediately if there are any verbal or written complaints regarding violation of SRHR. Also, they will devise a remedial action plan each time during the review of the suggestion box in the health facilities.
- Citizen charters are placed at each health facility that elaborates on the rights of the clients, and also include information on the complaint mechanism. Site-related complaints will be discussed at a periodic review meeting of the site.
- Recurring site-related violations or violations at other places should be discussed and action is taken during the periodic review meetings and another social accountability platform at the local, provincial and federal level.
- Media will be sensitized to report any violations, disseminate information on remedial actions, and to serve as watchdogs.

4.4. Describe how the above accountability approach will be funded:

The above accountability approaches have been currently functioning, mostly with government funding. The accountability approaches will be funded with regular funding from the government, while resources from non-government agencies and donors, the private sector, community, and civil society will be explored.

4.5. Please define technical assistance needed to fully implement the above accountability approach:

The technical assistance required include:

- Sensitization of all levels of government
- Capacity building for utilization of the accountability mechanisms – such as facilitation skills, indicator development, digitalization of tools, etc.
- Capacity building, especially for youth and marginalized groups to support tracking the commitments and demand accountability.

4.6. Any additional information:

NA

5. COMMITMENT LAUNCH TIMELINE

As of June 2022, the draft commitment has been prepared after intensive consultation with stakeholders at the national and sub-national levels; which was circulated widely for feedback.

By end-July, the final draft undergoes final revision by experts and FP2030 committee members following which the draft will be reviewed and endorsed by the Family Welfare Division and then forwarded to the Ministry of Health and Population for the further approval process. The approval/endorsement was done on **10 November 2022** by the honorable Minister Bhawani Prasad Khapung, Ministry of Health and Population, Nepal.

The commitments will be launched formally. The commitments will be disseminated through press releases, social media pages, and websites of the Family Welfare Division and Ministry of Health and Population, as well as through the relevant social media channel of other health development partners.