

IMPLEMENTATION AND SCALING UP
THE HIGH IMPACT PRACTICES
OF FAMILY PLANNING IN NEPAL

23-24 SEPTEMBER, 2024

SUPPORTED BY:



ORGANIZED BY:



Government of Nepal
Ministry of Health and Population
Department of Health Services
Family Welfare Division



National Family Planning Costed Implementation Plan (2024- 2030) and HIPs

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Rationale



- One of the strategic action plan of FP2030 commitment – development of costed implementation plan
- **Shifting priorities** – evidence from High Impact Priorities such as post pregnancy family planning, community-based distribution of commodities, interpersonal communication
- **Changing Fertility Dynamics** – based on recent census, DHS - focus on adolescent and youth, reaching urban population
- **Shifting paradigm to FP approach--** Human Right Based Approach on family planning services



Nepal's

FP2030 Commitment



**NEPAL'S FAMILY
PLANNING VISION
FOR 2030:**

Every individual and family will lead a healthy, happy and prosperous life, fully exercising their sexual and reproductive health and rights

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1. Strengthen health governance for the family planning program in the federalized context

Nepal will strengthen coordination mechanisms among all three tiers of government, sensitize and build capacity of provincial and local policymakers and program managers, conduct social audits at local and health facility levels, regularize local review and planning meetings, strengthen intersectoral communication and collaboration mechanisms and ensure that the Minimum Initial Service Package (MISP) is integrated into Disaster Risk Reduction Plans at all levels.



2. Improve equitable access to a range of contraceptives to meet the contraceptive need of individuals and couples

The government will advocate at all levels to prioritize FP and ensure access to quality FP services within a Human-Rights-Based Approach, update existing policies, and implement new ones to ensure that FP programs reach marginalized, underserved, and geographically isolated populations. Improved and expanded national policies and guidelines will expand contraceptive choices, improve capacity and quality of SRH and FP training sites, and enhance integration of FP with other health services.



5. Implement tailored demand generation and strategic behavioral change interventions

Nepal will integrate social and behavior change (SBC)/Demand Generation at all levels. Focuses include: increasing capacity of FP providers; creating an FP communications strategy; collaborating with organizations and academia across fields; developing and strengthening public-private partnerships; increasing male engagement in FP; and ensuring resource allocation for SBC/Demand Generation.



3. Ensure Sexual and Reproductive Health services are responsive to the need of adolescents and youth

Nepal will focus on advocating for enabling environments and the incorporation of adolescents into policies and and guidelines. Furthermore, the government, grounded in ensuring meaningful and inclusive adolescent and youth participation, will expand quality services for adolescents and youth, engage private sectors, train service providers, and coordinate with at all levels to implement comprehensive sexuality education.



4. Ensure round-the-year availability of family planning commodities in all service delivery points

To decrease the number of stock-outs to less than 5% in 2030 (from 25.33% in 2019), the government will increase logistics management systems surveillance of FP commodities, including strengthening capacity in use of these systems and expanding their implementation around the country. The government will also develop a Sustainability plan for FP commodities and increase allocation for the timely purchase of FP commodities under the national budget.



FP 2030 Commitment:

Vision

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.

FP 2030 intends to meet SDG targets

S.N.	SDG Indicators	2030 target	2022 Status
1	Family Planning Demand Satisfied by Modern Method	80	58
2	Modern Contraceptive Prevalence Rate	60	43
3	Total Fertility Rate	2.1	2.1
4	Adolescent Fertility Rate	30	71



Commitment Objectives

Objective 1

- Strengthen health governance for the family planning program in the federalized context

Objective 2

- Improve equitable access to a range of contraceptives to meet the contraceptive need of individuals and couples



Commitment Objectives

Objective 3

- Ensure sexual and reproductive Health services are responsive to the need of adolescents and youth

Objective 4

- Ensure round-the-year availability of family planning commodities in all service delivery points



Commitment Objectives

Objective 5

- Implement tailored demand generation and strategic behavioral change interventions

Objective 6

- Ensure incremental budget allocation required for family planning towards access to universal health coverage



CIP Development - Steps

- Review of documents – national and international documents
- Projection of targets, method mix and impacts based on HIPs
- Thematic groups formed mostly according to the priority areas of FP2030 Commitment

Service
Delivery

Demand
Generation

Governance &
Financing

Commodity
Security

Adolescent and
Youth

Training

Private Sector

Research,
Monitoring and
Evaluation

Population with
Special focus –
PWD, LGBTIQ+



Steps

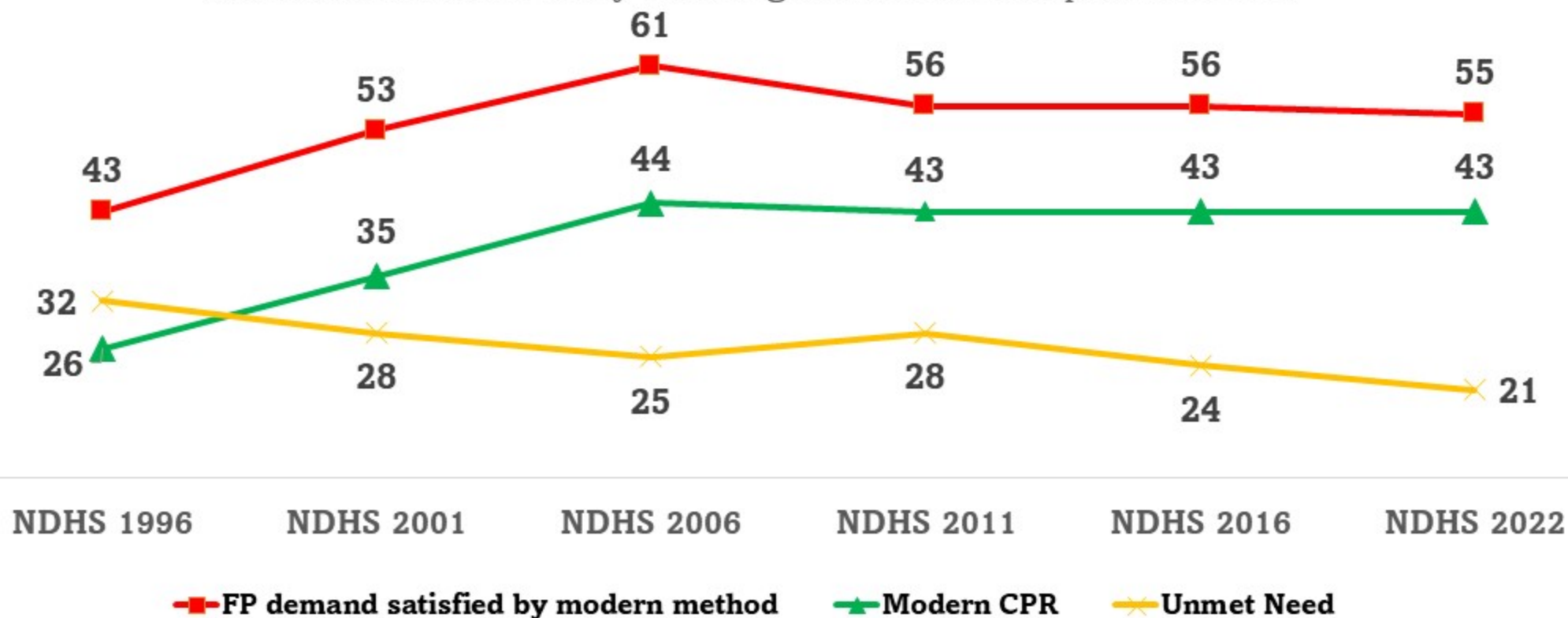
- **Review of documents, literatures**
- **Projection of FP targets**, method mix, impacts and high impact practices
- **Different round of meeting with thematic groups** to prepare draft activities based on HIPs.
- **Two Days workshop** with representatives from province and local level, beneficiaries, private sector, partners – Prioritization, costing of the activities.
- **Review and feedback** from different experts, international FP experts
- **Presentation** in FP subcommittee, feedback and finalization





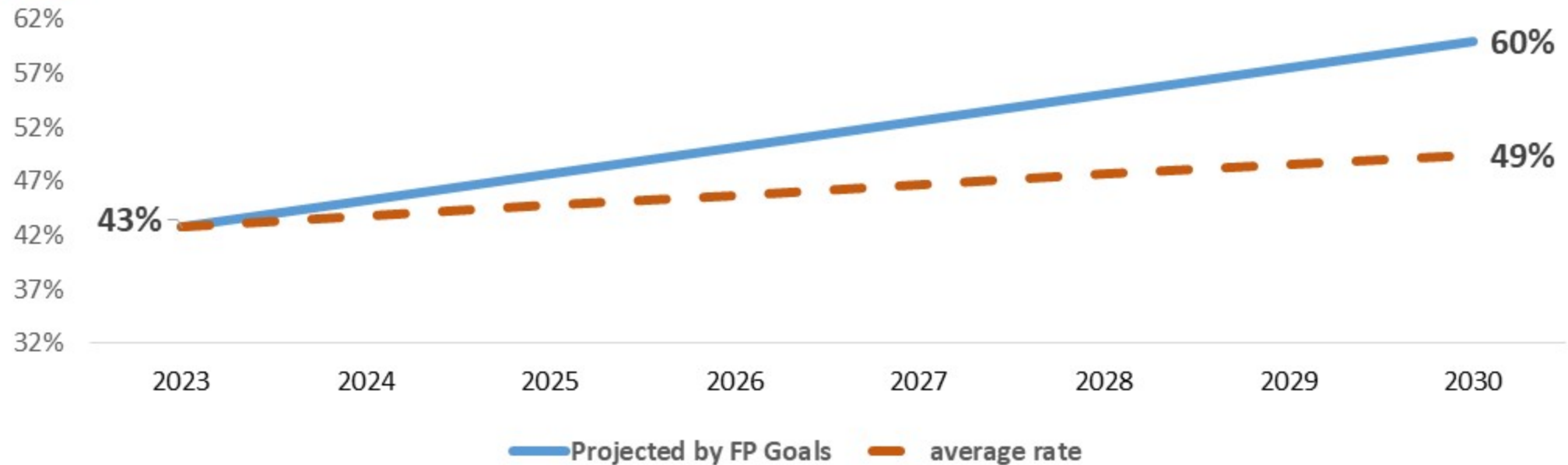
Current Scenario of FP in Nepal

Trends in selected Family Planning Indicators in Nepal 1996-2021





National Impact (mCPR Projection 2023- 2030)





Implementation Plan

Vision

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.

Goal

All individuals- in particular those that are poor, vulnerable and marginalized- exercise informed choice to access and use of voluntary family planning (through increased and equitable access to quality information and services).



High Impact Practices

Service Delivery Interventions

- Increase Method Availability
- Community Health Workers
- Mobile Clinical Outreach
- Integration: post-abortion/PAC
- Integration: increase use of MCH services
- Integration: Post Partum Family Planning
- Social Franchising
- Pharmacies and Drug Shops
- Vouchers

Youth-focused Interventions

- Multi-component youth programming (with or without YFS)
- Curriculum-based SHR education (peer education or in-school)
- Youth Centers/Youth Corners

Social & Behavior Change

- Mass Media
- Comprehensive Community Engagement (CCE)
- Interpersonal Communication (IPC)

Structural / System Change

- Reduce stock-outs
- Improve the policy environment



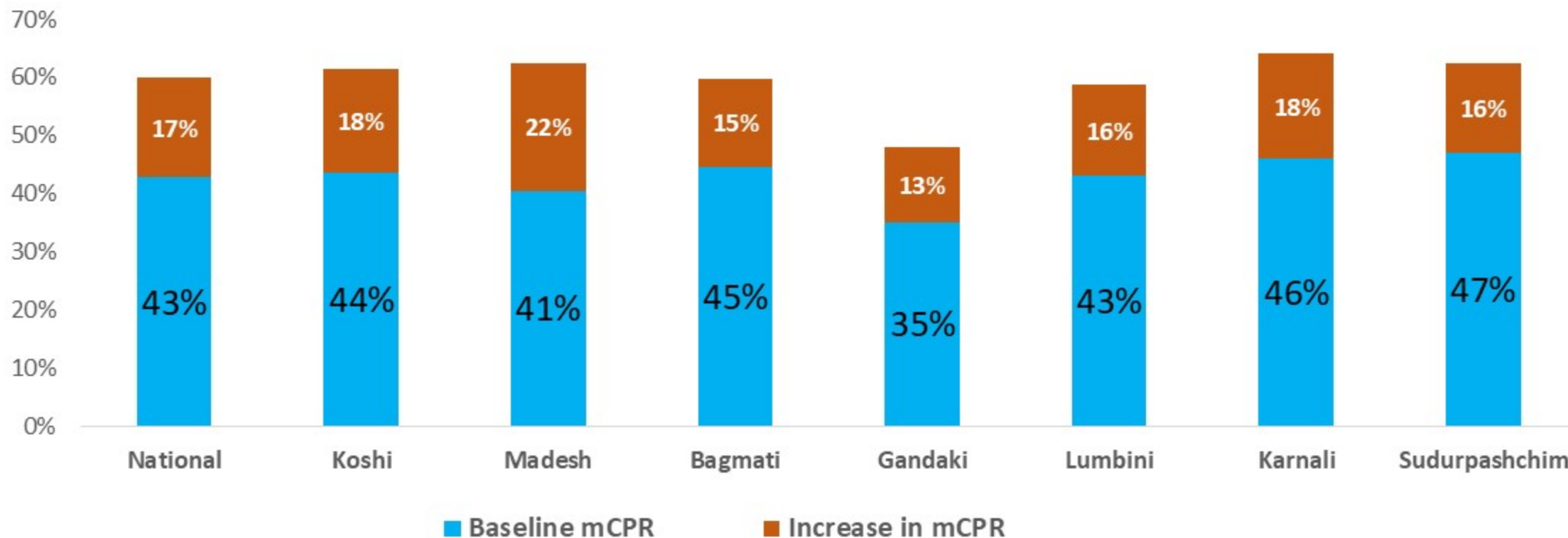
Priority Area	Scale-Up
Stockouts	<ul style="list-style-type: none">Reduce stockouts by 50% across all method types and provinces
Increase Access to LARCs	Basic health facilities (excluding CHUs): <ul style="list-style-type: none">60% availability of implants50% availability of IUDs Hospital levels: <ul style="list-style-type: none">100% availability for both
Universal Availability of SARC	<ul style="list-style-type: none">100% availability of pills and injectables at every facility level
FCHVs	<ul style="list-style-type: none">Increase % offering condoms and pills from 55% to 80%
Mobile outreach	<ul style="list-style-type: none">Satellite clinics: 3 clinics to be conducted quarterly in each of 753 municipalitiesPHC ORC clinicsLARC clinicsVasectomy (VSC)Comprehensive outreach clinics

Scale up plan of HIPs

Priority Area	Scale-Up
Post-Pregnancy FP Interventions	<p>PPFP Integration: 50% availability in lower-level facilities 100% availability at the hospital level</p> <p>PAFP: 100% availability at facilities offering safe abortions</p>
Demand Generation (IPC)	<ul style="list-style-type: none"> ▪ Increase % of non-users reached from 9.2% to 50% ▪ Increase % of non-users in a health facility that are reached with information about FP from 7% to 50%
Increased Access to Sterilization	<p>Basic hospitals:</p> <ul style="list-style-type: none"> • 75% availability of male vasectomy • 75% availability of tubal ligation <p>Provincial and federal hospital levels:</p> <ul style="list-style-type: none"> • 100% availability male vasectomy • 100% availability tubal ligation
Private Sector Interventions	<ul style="list-style-type: none"> ▪ Medical colleges: introduced FP services in medical colleges across all provinces (24 colleges in total) ▪ OBGYN network of private practice groups oriented in FP (200 total) ▪ Social franchising: increased number of social franchises by 30% in all provinces ▪ Mobile clinic outreach: doubled number of mobile outreach clinic teams (from 152 to 304) ▪ Pharmacies: increased availability of FP services (from 10,520 to 42,080)

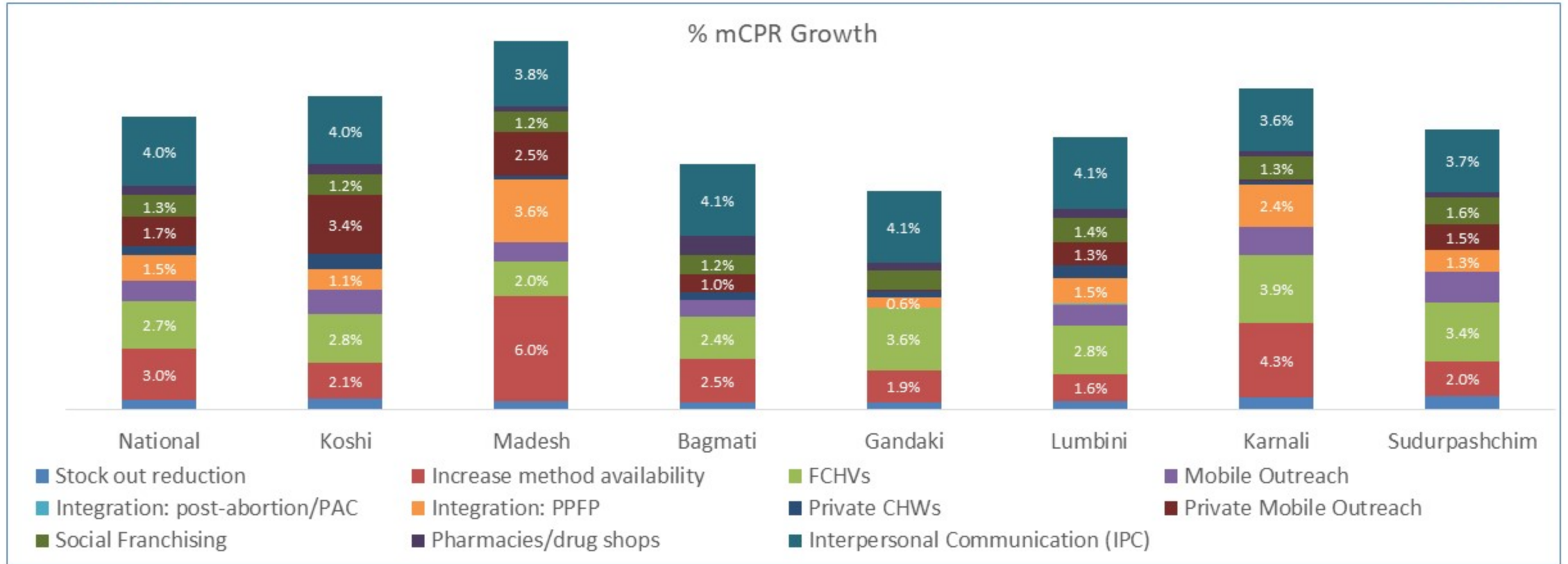


Total change in mCPR by province



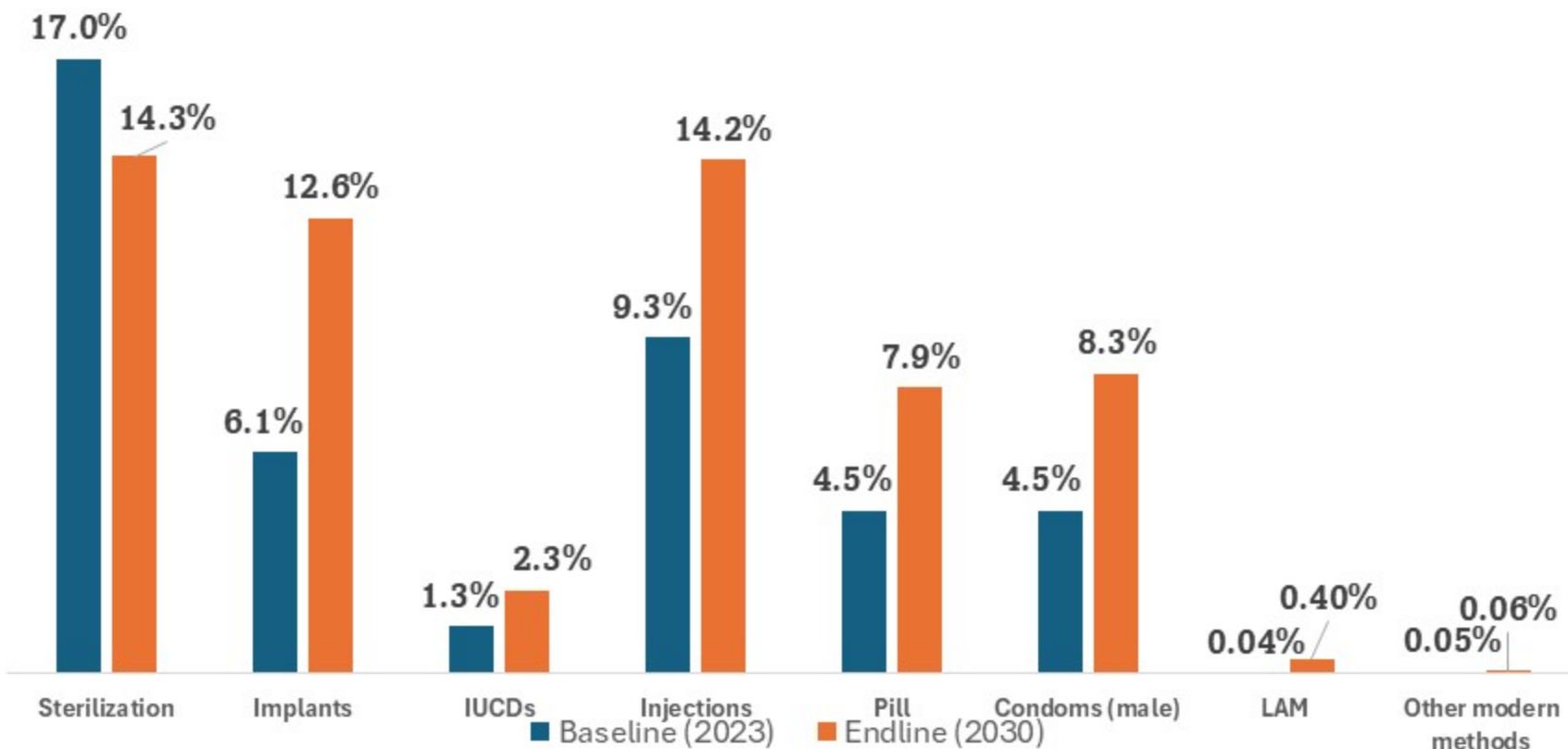


Where is growth coming from?





mCPR by Method



Assumptions

VSC : Maintain current level.

Implant: Most popular - will double

IUCD: Not as popular as implants but will increase

Injectable: Will increase about fifty percent from current level.

Pills: Will Double.

Male Condom: Almost double

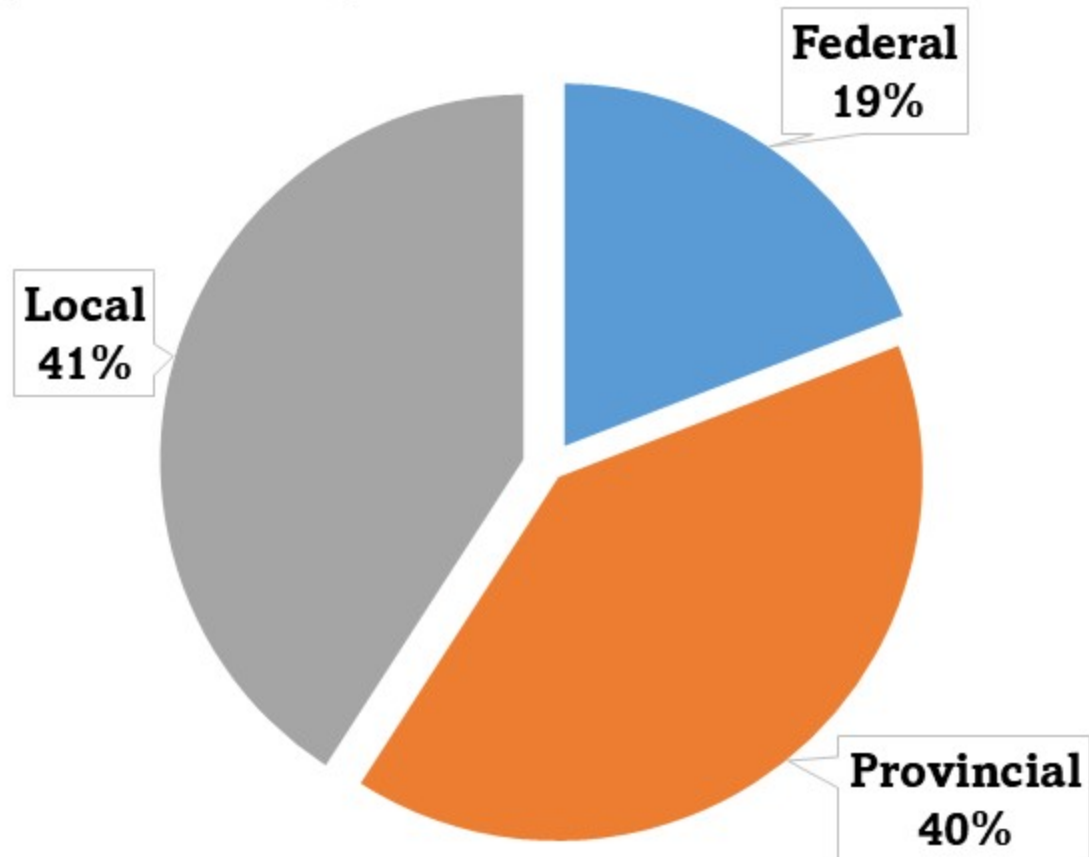
LAM: Will increase



Cost Required for FP Program

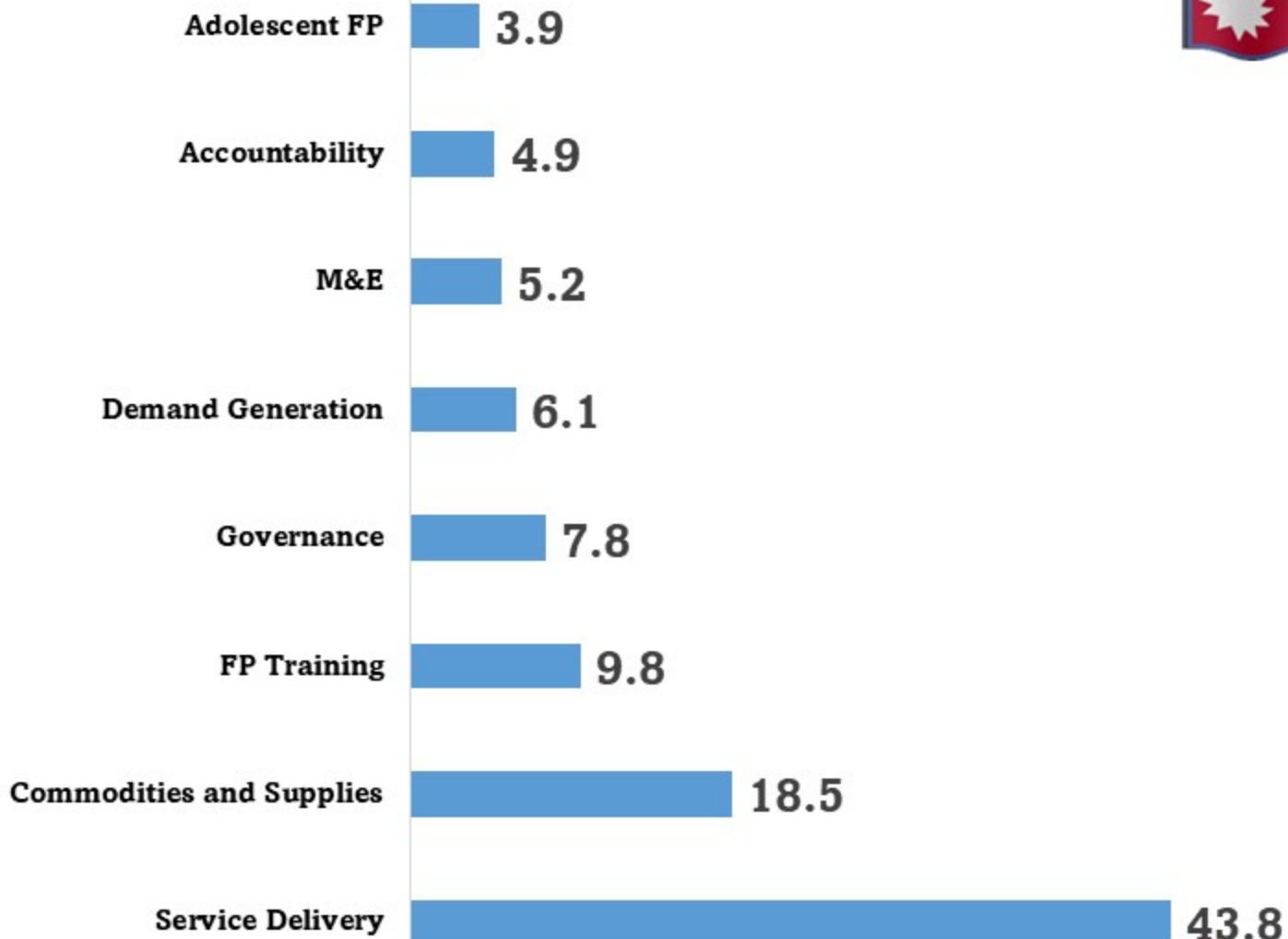


Distribution of FP cost by different spheres of governments (Total cost = NRs 23073 million)



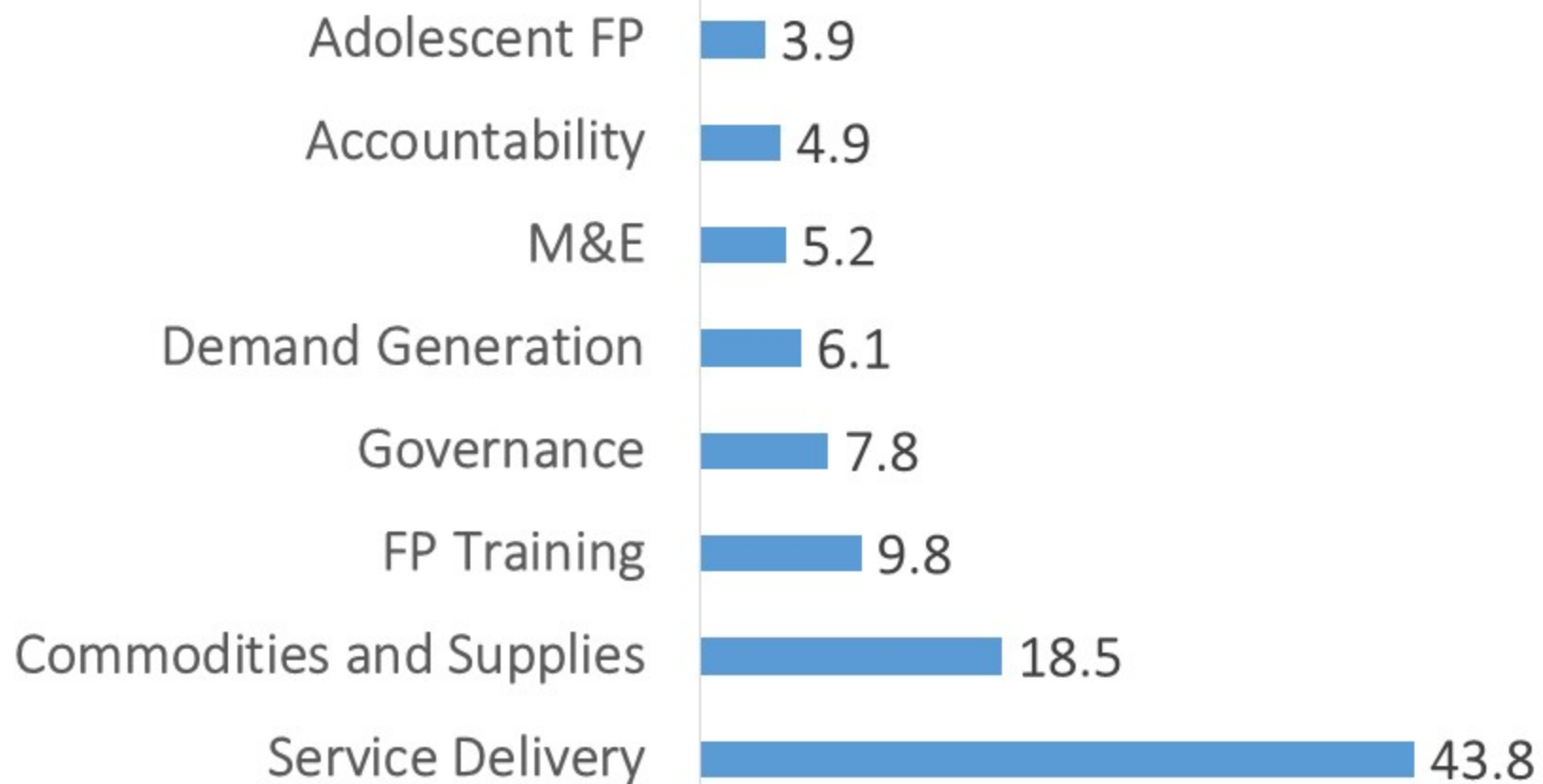


Percent
Distribution of
total cost by
thematic areas
(NPR 23073
million)



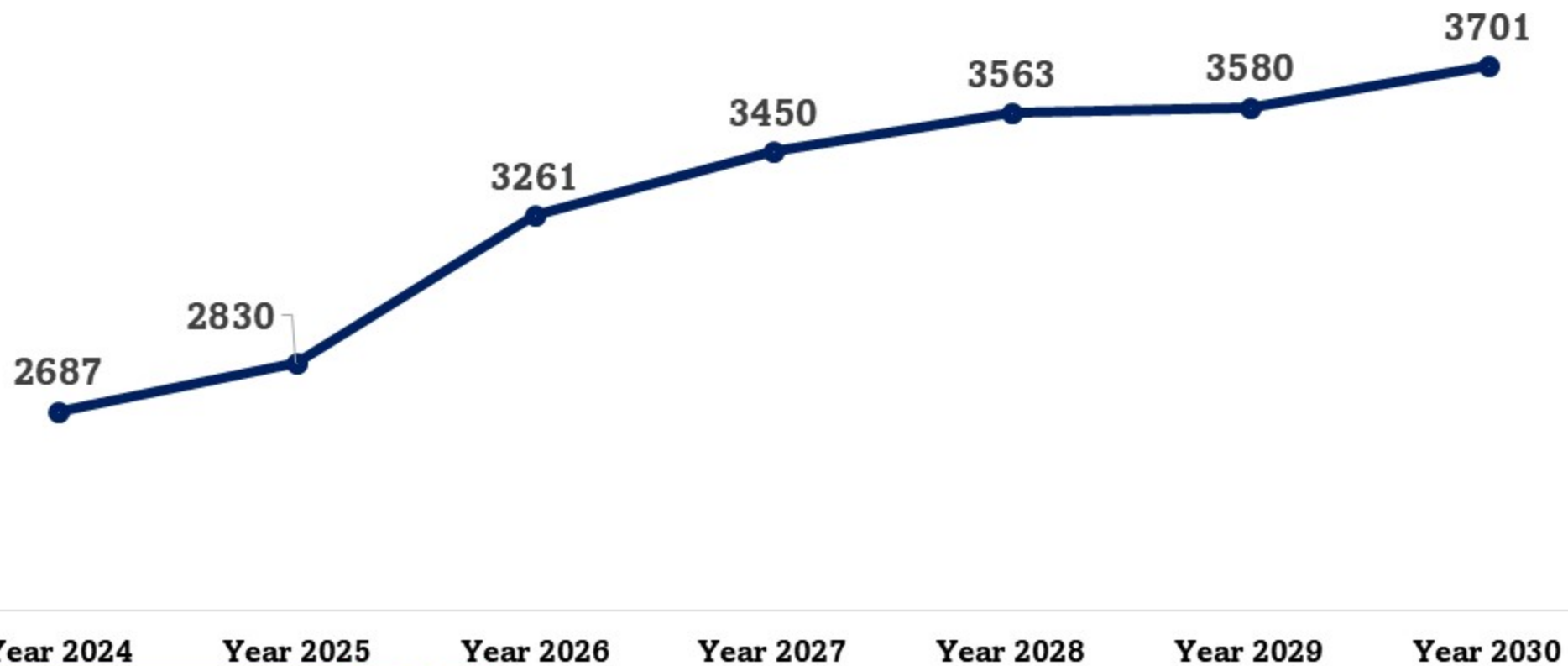


Percent Distribution of
total cost by thematic
areas (NPR 23,073 million)





Projection of total cost of FP budget 2024-2030 (Total Cost NPR 23073 million)





RESULTS AT A GLANCE

2024 to 2030



~ **2823** *maternal deaths averted*



US\$ 1: \$3.36 *Return on Investment*



~ **39,034** *child deaths averted*



Total 9.0 million *abortions averted*



Total 12.9 million *unintended pregnancies averted*

Investments to Reach the Goal:
60% CPR by 2030

Direct Maternal & Newborn Healthcare Costs averted:
less need
for antenatal, delivery and post abortion care

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Results of other cost-benefit analyses in Asia and the Pacific.....



Lao PDR

Papua New Guinea

Mongolia

Timor-Leste

Afghanistan

Pakistan



\$1

saves

\$7

\$1

saves

\$1.3

\$1

saves

\$3.2

\$1

saves

\$4.3

\$1

saves

\$3.5

\$1

saves

\$4

THANK YOU

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