SUMMARY OF UNFPA NEPAL FAMILY PLANNING PROJECT ACHIEVEMENTS

Introduction:

The four-year (Dec 2016-Dec 2020) Nepal Family Planning Project started in December 2016 and ended in December 2021. The key objective of the project was to increase access to, and the utilization of, family planning (FP) services among excluded and marginalized women and adolescent girls across 15 districts of Province 1, Province 2, Lumbini Province, Karnali Province, and Sudurpaschim Province in Nepal.

The project was funded by UKaid with a total budget of GBP 4.7 million. The project was implemented in partnership with the Adventist Development Relief Agency, Marie Stopes International, and Jhpiego in collaboration with the Government of Nepal, Ministry of Health and Population.
Project Impacts:

Contraceptives provided through Nepal Family Planning Project had the potential to avert:

- **54,713** Unintended pregnancies
- **47** Maternal deaths
- **19,197** Unsafe abortions

Key Achievements:

The project adopted globally recognized high-impact practices in the project districts and municipalities to expand access to FP information and services for women and adolescents. And through these best practices, the project was able to achieve:

(i) A total of 27 health facilities integrated FP/immunization services and around 1,047 women received FP services at immunization clinics.

(ii) A total of 18,951 people were reached through FP demand generation activities.

(iii) A total of 3,733 adolescent girls were reached through social mobilizers and peer educators; among them, 983 were referred to FP services and 71 percent adopted a contraceptive method.

(iv) A total of 30,274 women adopted a long-acting reversible contraceptive (LARC); 56 percent were from marginalized ethnic groups.

(v) A total of 188 health facilities were assessed using quality improvement/minimum service standard (QI/MSS) tools.
(vi) A total of 144 Adolescent-Friendly Service (AFS) sites have been established at public health facilities in project districts and 24 have been assessed and certified under the project. From the AFS sites, 23,977 adolescents adopted a contraceptive method.

(vii) Capacity building activities developed the skills of health service providers to deliver quality health services to clients. Policy advocacy and orientations contributed to building support for FP programmes among elected members, religious and ethnic minority leaders and community members and generating demand and acceptance of the programme in communities.

(viii) Several studies and assessments were conducted to provide a better understanding of the context and factors influencing the effective utilization of FP services. A high-level Sexual and Reproductive Health and Rights Policy Dialogue was held at the Federal level – with a regional dialogue held a few days before informing discussions.

(ix) The project achieved 99 percent financial expenditure over the four years of the project – out of the total budget of GBP 4.7 million, GBP 4.6 million was spent (98.9 percent). The project also improved the value for money (VfM) indicators over the four years and consistently reduced the cost per LARC user against the planned cost.
Challenges

The project encountered various challenges during programme implementation, including:

- The COVID-19 pandemic in the last year of the project.
- The transition to federalism – and a lack of clarity about roles between federal, province and local government.
- Disruption to supply chains, particularly at the last mile.
- The low motivation of health workers.
- Inadequate infrastructure at health facilities.
- Barriers to the use of modern methods of contraception in Muslim/marginalized communities.

Lessons Learned

- Engaging with local government and community leaders is vital to creating a conducive service environment and increasing the uptake of FP services, including through training and demand generation activities.
- The assessment of health facilities using the MSS and QI tools helped service providers to identify gaps related to the quality of services. The availability of standards and medical protocols also improved the quality of service delivery.
- A close monitoring of contraceptive stock levels avoided stock-outs of FP commodities.
- Timely adaptations to the new context ushered in by the pandemic ensured that project activities were not disrupted.

Conclusion and Way Forward

Key FP health indicators have not improved as per the country’s expectations and Nepal will have to significantly accelerate progress to achieve the FP targets under the Sustainable Development Goals (SDGs).

In the new federal context, the FP programme should be scaled up in low-performing districts, with programme activities tailored to meet the local needs and contexts, and owned by local government to ensure that FP indicators improve significantly during the Decade of Action to deliver the SDGs and reach the furthest behind first.