National Family Planning Costed Implementation Plan 2015-2021

Introduction

Nepal is aspiring to graduate from a 'Least Developed Country' to a 'Developing Country' by 2022 and is committed to improving the health status of its people through reduction in maternal, neonatal, infant and under-five mortality. In the area of Family Planning (FP), the Government of Nepal aims to enable women and couples to attain the desired family size and have healthy spacing of childbirths by improving access to rights-based FP services and reducing unmet need for contraceptives.

The Family Health Division (FHD)/Ministry of Health and Population (MoHP) revised the national FP program to devise strategies and interventions that will enable the country to increase access to and use of quality FP services by all—and in particular by poor, vulnerable and marginalized populations.

Purpose

Under the leadership of the MoHP a national Costed Implementation Plan (CIP) on family planning was developed in close consultation with all stakeholders. The purpose of the CIP is to articulate national priorities for family planning and to provide guidance at national and district levels on evidence-based programming for family planning so as to achieve the expected results, as well as to identify the resources needed for CIP implementation. In addition, the CIP is intended to serve as a reference document for external development partners including donors and implementing agencies to understand and contribute to the national priorities on family planning outlined in the Plan to ensure coherence and harmonization of efforts in advancing family planning in Nepal.

Vision

Healthy, happy and prosperous individuals and families through fulfillment of their reproductive and sexual rights and needs.

Goal

Women and girls - in particular those that are poor, vulnerable and marginalized – exercise informed choice to access and use voluntary FP (through increased and equitable access to quality FP information and services).

Strategic Directions

To address the existing challenges and opportunities for scaling up rights-based FP in the country, the CIP focuses on the following five strategic areas.

- *Enabling Environment:* Strengthen enabling environment for family planning
- *Demand Generation:* Increase health care seeking behavior among population with high unmet need for modern contraception.
- *Service Delivery:* Enhance FP service delivery including commodities to respond to the needs of marginalized, rural residents, migrants, adolescents and other special groups.
- *Capacity Building:* Strengthen capacity of service providers to expand FP service delivery network.
- *Research and Innovation:* Strengthen evidence base for effective programme implementation through research and innovations.

Through investment in these areas the country aims to increase demand satisfied for modern contraceptives from 56% (NDHS, 2011) to 62.9% and Contraceptive Prevalence Rate (CPR) for modern methods from 47% in 2014 (MICS) to 50% by 2020. Likewise it aims to reduce unmet need for FP from 25.2% in 2014 (MICS) to 22% which would allow the country to achieve a replacement level fertility of 2.1 births per women by 2021. These targets may appear relatively modest but were chosen to reflect the context of a country that has witnessed impressive gains in FP but has CPR that has been stagnant for some time in recent years.

There are also significant variations in FP service use by age, geographic region, wealth quintile and spousal separation. The target therefore reflects a FP strategy that aims to give individual and couples a choice of contraceptive methods with a special emphasis on reaching the poor, vulnerable and marginalized groups. The strategy also includes changes in the method mix over time, with a balance between permanent, long-acting reversible methods and short-acting methods.

Investment Required

The total resources required for scaling up FP in Nepal for the period 2015-2020 is NPR 13,765.2 million (corresponding to approximately USD 154 million) for six years The majority (57%) of this total is due to the costs that are directly incurred in delivering FP interventions (***Table 1***). One third (35%) is due to programme costs, or expenditures on activities at the wider population level that are required for FP interventions to be effectively implemented. The remainder (8%) is indirect costs, which predominately relate to health facility overhead costs such as administrative staff and utility bills.

Among the programme costs the largest planned expenditure category over the period is Enhancing Service Delivery (1,836.9 million NPR), followed by Demand Generation (738.4 million NPR), Capacity Building (793.8 million NPR) and Enabling Environment (679.2 million NPR). General Programme Management (303.1 million) and Research & Innovation (446.3 million NPR) constitute the remainder of the total projected expenditure of 4,797.7 million NPR (***Table 2***).

Costs and Benefits of Scaling up FP

Although the investment required are calculated for the period of 2015-2020, in line with the National Health Sector Plan III, the impact takes a longer time to materialize. Therefore benefits and return on investment from FP scale up are calculated for the period up to 2030.

Figure 1 shows the expenditure required to reach the FP scale-up scenario compared to the counterfactual scenario. Costs are in constant 2014 NPR, thus showing the results without inflation. Whereas additional total expenditure is estimated at 1,081.8 million NPR a year in 2015, because programme expenditure is front-loaded, the model projects additional costs declining to 671.7 million NPR a year in 2020.

Figure 1: Projected expenditure under the FP Scale-up and Counterfactual scenarios

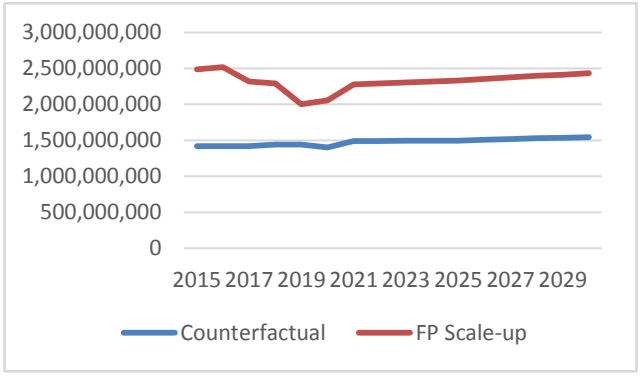


Table 1: Estimate of total resource requirements (in million)

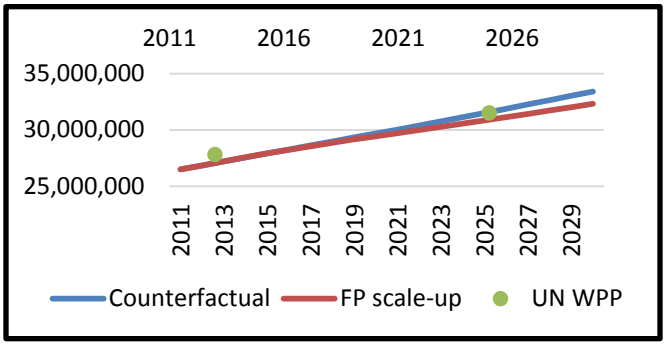
	2015	2016	2017	2018	2019	2020	Total NPR	Total USD
Direct intervention costs	1,229.6	1,258.9	1,289.3	1,336.1	1,365.8	1,363.6	7,843.3	87.9
							57%	
Programme costs	1,099.3	1,094.5	860.6	780.4	456.2	506.8	4,797.7	53.8
							35%	
Indirect costs	172.7	178.6	184.4	190.3	196.3	201.9	1,124.1	12.6
							8%	
Total	**2,501.6**	**2,531.9**	**2,334.3**	**2,306.8**	**2,018.4**	**2,072.2**	**13,765.2**	**154.2**
Year as % of total cost	***18%***	***18%***	***17%***	***17%***	***15%***	***15%***	***100%***	

***Source**: Multi-Year Costed Implementation Plan, OneHealth modeling and OPM calculations*

Demographic Impact

The projected demographic impacts of FP scale up include a smaller increase in total population - 32m by 2030 compared 33.5m under the counterfactual scenario (***Figure 2***) and a lower (total) dependency ratio that lead to achievement of 4.6% higher income per capita by 2030 (***Figure 3***) catalyzed by the demographic dividend.

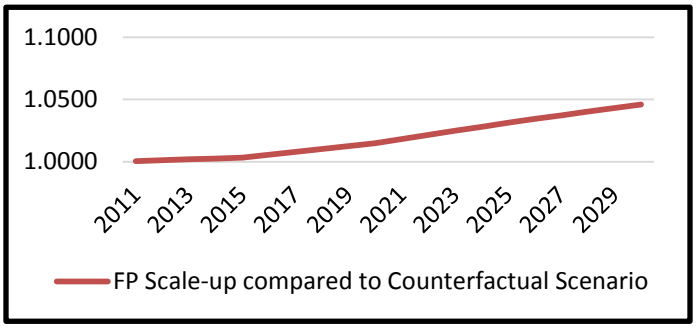
Figure 2: Nepal's total population projections (2011-2030)



Couple Years of Protection

The number of couple years of protection (CYPs), which is a function of both population growth and increased contraceptive use, is estimated at 2.9 million by 2030 under the FP scale-up scenario, which is 0.24 million more than under the counterfactual scenario.

Figure 3: Increase in income per capita



Health Benefits

The scale up of FP in Nepal will contribute to further reduction in maternal mortality as well as reduction in infant and child mortality rates. It is estimated that there will be 230 fewer maternal deaths a year and approximately 3,000 fewer infant deaths each year by 2030 in the FP scale-up scenario compared to the counterfactual scenario.

Social and Economic Benefits

Slower rates of population growth translate into cost savings to the government as there are fewer people who need social services. A cumulative cost savings of 46,569.9 million NPR is estimated to be achieved over the time period (2015-2030) under the FP scale-up scenario compared to the counterfactual scenario in primary education, child immunization, treatment of child pneumonia, maternal health services and improved water sources (*Figure 4*). The magnitude and timing of the cost savings in the different sectors varies. However, by 2030, cumulative cost savings are the largest for primary education.

Figure 4: Cumulative cost savings

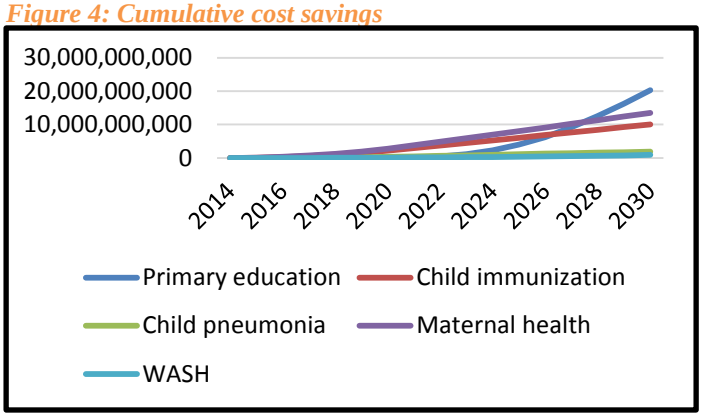


Table 2: Estimated costs for strategic areas and programme management (in million)

PROGRAMME COSTS	2015	2016	2017	2018	2019	2020	Total NPR	Total USD
1. Demand Generation	258.4	90.6	108.1	196.8	56.9	27.7	738.4	8.27
2. Enhancing Service Delivery	303.1	424.7	292.9	272.1	272.1	272.1	1,836.9	20.59
3. Capacity Building	188.6	207.8	183.6	71.8	71.3	70.8	793.8	8.89
4. Research & Innovation	150.8	103.5	91.5	98.5	2.0	0.0	446.3	5.00
5. Enabling Environment	147.9	217.4	134.0	90.7	3.4	85.8	679.2	7.61
6. General Programme Management	50.5	50.5	50.5	50.5	50.5	50.5	303.1	3.40
Total	**1,099.3**	**1,094.5**	**860.6**	**780.4**	**456.2**	**506.8**	**4,797.7**	**53.76**

Source: TWG estimates and OPM calculations

Return on Investment

Using the most commonly reported summary metric of a cost-benefit analysis, the Benefit-Cost Ratio (BCR), it is projected that over the time period 2015-2030, for every rupee spent on FP, Nepal will save 3.1 rupees in the five sectors mentioned above if the FP scale-up scenario is achieved.

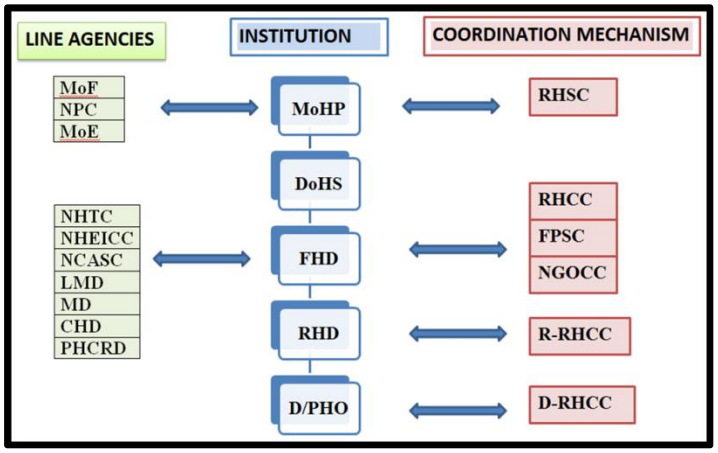
There are likely to be cost savings to other sectors not included here – those related to health sector (like improved pregnancy outcomes, reduced unsafe abortion from unwanted pregnancies and improved protection from HIV and other STIs) and those outside the health sector (like cost saving in providing social services, climate change benefits and improvements in women's right, empowerment and gender equality).

Institutional Arrangements for Implementation

Based on stakeholders' consultation, a streamlined coordination and management structure is proposed for CIP implementation (*Figure 5*). The purpose of the coordination mechanism is to ensure multi-sectoral approach; optimize financial and technical support to FP provided by donors/INGOs; ensure strong linkages and coordination with NHSP III; support effective implementation of the CIP and strengthen engagement of NGOs and other stakeholders, as well as to improve tracking/dissemination of results and lessons learned.

The coordination and management mechanism is built on the existing coordination structure. Implementation of the CIP will be steered by MoHP (policy level) and coordinated by DoHS, while the execution of CIP will be overseen and managed under the leadership of FHD.

Figure 5: CIP Coordination and Management Structure



This CIP was developed under the leadership of FHD through an extensive consultation and participatory process involving multiple stakeholders. The financial and technical support was provided by UNFPA, the United Nations Population Fund in 2014-2015. Oxford Policy Management (OPM), UK, though financial support from UNFPA, supported the development of this CIP by performing the costing exercise and assessing the impacts of scaling up FP services. USAID through H4L provided support on developing the key interventions and estimated budgets for capacity building section of the CIP. A copy of the full report will soon be available upon request by writing to UNFPA Registry Nepal (registry-np@unfpa.org).