Strategic Plan 2016-2019

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Family Planning Association of Nepal
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Introduction

This Family Planning Association of Nepal's Strategy has been developed in line with IPPF's Strategic Framework for 2016-2022. This is the result of a series of interactive meetings held with FPAN volunteers and Senior Management Team. The strategy is focused on sexual and reproductive health and rights as espoused by IPPF federation.

The strategy includes background information on FPAN, Nepal country context, overall strategy, vision, mission, goal, objectives, belief, outcomes and an implementation strategy.

Background

The Family Planning Association of Nepal, established in 1959 and a member of IPPF, is the pioneer leading national Non-Government Organization working in sexual and reproductive health. Currently FPAN's SRH services stand at about 25% of the country's total population (**Annex I**). Nepal is a landlocked country surrounded by India to the south, east and west and with Tibetan region of China to the north. Three distinct ecological regions - ***Mountain***, the ***Hill*** and the ***Terai*** (plain land) run east to west. Nepal is primarily a rural country with about 86% of the total population residing in rural areas (CBS. 2012).

The total population of 26.5 million in 2011 is composed of an estimated 7.1 million women of reproductive age which is expected to increase by 25.4% by 2022 with a resulting increase in demand for RH services. Nepal has made remarkable progress on health front; life expectancy at birth has increased from 54 years in 1991 (Karki, Y. B. 1992) to 67 years in 2011(Joshi, P. L. 2014); maternal mortality ratio has decreased from 539 in 1996 (MOHP, New ERA, and Macro International Inc., 2007) to 281 in 2006 (MOHP, New ERA, and ICF International Inc., 2012) and further too 177 per 100,000 live births (Karki, Y. B. et al 2015), both under-five and infant mortality rates have declined. Total fertility rate is at 2.6 per woman (MOHP, New ERA, and ICF International Inc., 2012). Nepal has been one of the best performers in the Millennium Development Goals and is on track to meet most of the MDG targets on health. Despite this, health challenges remain and poor and disadvantaged women face more challenges in accessing healthcare, and higher risks. Reducing MMR to 70 as envisaged in the Sustainable Development Goals of which Nepal is a signatory, is more challenging for Nepal in the next 15 years or by 2030.

Meeting Nepal's family planning goals would benefit women and their families. In March 2015, the government of Nepal made several commitments to improve its family planning program by 2020 and accordingly committed to increase funding for family planning programs by at least 7% annually; identify barriers to accessing family planning services, and formulate policies to address them and expand and strengthen family planning service delivery and support mobilizing resources from non-health sectors including NGOs and the private sector. An exercise shows if Nepal meets its FP commitment to achieve CPR of 57.2% by 2020 and increases the share of long-acting and reversible contraception within the method mix more than 100,000 unintended pregnancies would be averted each year compared to a scenario of slower CPR growth and no change in method mix. If Nepal invests in the economic and education sectors and simultaneously invests in FP, there would be significant economic growth reaching over GDP per capita of USD 3,600 (NR 384,000) (Karki, Y. B. 2015).

With strategic investments and policies, Nepal could achieve the demographic dividend which is the accelerated economic growth that may result from a decline in a country's mortality and fertility and the subsequent change in the age structure of the population. With fewer births each year, increasingly working-age population would outnumber the dependent population. With fewer people to support, a country has a window of opportunity for rapid economic growth if the right social and economic policies developed and investments made. In Nepal, the young age population is declining and the working age population is increasing. In 1991, the working age population defined as aged 15-64 was 54.1% of the total population and the corresponding figure after 10 years

in 2011 was 59.8%. Change in population age structure alone is not sufficient to cause a dividend to happen. Additional investments have to do with human capital: investments in health to keep children from dying and investment in reproductive health to allow women to have the number of children they want to have. Investments in education serve multiple purposes: by keeping girls in school, fertility will drop. Education also contributes to more critical thinking and better analytic skills so that people are capable to take on more complex higher-paying jobs. Due to low employment opportunities in the country many youths leave for Middle Eastern and South East Asian countries for work. The young need to be well equipped with comprehensive sexuality education.

Also "governance" has to improve so that it leads to efficiency and effectiveness of governments—to give confidence to investors that a given country is a good place to invest. And of course economic policies must also be in place—policies that create jobs, promote trade, foster investments, and provide access to financing just to mention a few aspects of the economy. Together these four components contribute to an enabling environment for a demographic dividend. And it's a challenge to keep these four components moving in the right direction. But for a country to achieve some type of dividend, each one needs to be addressed.

Nepalese is a patriarchal society where women and girls need to be empowered although in recent years several policies and laws attempt to address this anomaly. That females are discriminated in Nepalese society is evident from literacy data which shows gradual improvement of female literacy rate but compared to males it is always behind by some percentage points. For instance, literacy rate for female population 5 years of age and over was 25 per cent in 1991 which improved to 43 per cent in 2001 while the corresponding figures for males were 40 per cent and 54 percent (Karki, Y. B. and S. Singh. 2008). The last census of 2011 showed female literacy rate at 58 per cent and male at 67 per cent (G. C. Radha Krishna and Shrestha, N. B. 2014).

Nepalese religious and cultural practices are threatening sexual and reproductive health and rights of women. Women do not have full control of their body system although Nepal government legalized abortion in March 2002 and has made safe abortion service as an integral component of the Safe Motherhood Program of the government of Nepal since March 2004 (MOHP. 2003). This has given benefit to increasing number of women but it must be ensured that people do not take abortion as an alternative to contraceptive method. Also studies have shown that in the context of prevailing son preference (Karki, Y. B. 1988) increasing number of couples is resorting to sex selective abortion (Channon, M., et. al. 2015).

According to the Nepal Living Standard Surveys (NLSS) conducted in 1995/96, 2003/04 and 2010/11 the incidence of poverty has declined from 42 percent in 1995/96 (CBS 1996) to 31 percent by 2003/04 (CBS. 2004) and further to 25.2 per cent in 2010/11 (CBS. 2011). Unfortunately, over the years the gap between the rich and the poor has further widened. During the last 15 years, nominal income of the poorest 10 percent increased by 375 percent while that for the richest 10 percent of population is 512 percent (CBS. 2011).

Improvements on communication front or technological advances are praiseworthy. Telephone / mobile penetration ratio is about 82 per cent in 2014 (NPC. 2014) and by the end of 2015 the number of mobile users in Nepal is reported as 26.8 million (Gorkhapatra, Dec 28, 2015) which is more than 100 per cent of the projected total population aged 10 and over (22.4 million, CBS. 2014) in 2015. This means that every adult in Nepal can now be communicated by telephone or mobile set. In addition, other communication channels such as television, print media, FM radio system, internet etc are widespread. The number of internet users is also very high – 11.25 million in Nepal (Gorkhapatra, Dec 28, 2015). In urban areas social network is widespread. These developments can be used to educate and interact with intended audiences for mass communication and education in RH and other related matters such as child marriage, trafficking of women and young girls, SGBV, high unmet SRH needs of young people, SRH in humanitarian settings, limited engagement of private providers in SRHR and so on.

Although the legal age at marriage for both males and females is 20 years in Nepal the proportions of males and females getting married before age 18 or "child marriage" is high. Using 2011 census data Bajracharya and Bhandari (2014) found high incidence of child marriage for both males and females. Among ever-married populations 10 and above the incidence of child marriage for males was 21 per cent and for females 53 per cent. Journalist regularly report about early marriage especially among females. A 35-year old woman has already become grandmother and she was married at age 12 and by age 16 she had two children (Kantipur, April 17, 2016).

Nepal is notorious for girl trafficking and it is said that in recent times due to earthquake and economic crisis this activity has intensified. Closely related to it is SGBV which originates at home because a wife is harassed and physically assaulted by husband (MOHP, New ERA, and ICF International Inc., 2012). In addition, a female is constantly under fear of being physically assaulted anywhere she travels be it going to school or a market place (Karki, Y. B. and S. Singh. 2008).

Unmet need for SRH reflected in the form of family planning is estimated at 27% but at young ages it is the highest – 42% among women aged 15-19 in 2011 (MOHP, New ERA, and ICF International Inc., 2012)**.** Further analysis of NDHS 2011 and earlier data shows that the percentage of currently married women age 15-24 with unmet need for family planning has changed little in the last 15 years. In 1996, 40% of currently married women age 15-24 had an unmet need for family planning; in 2011 the level of unmet need was 38% (Khatiwada et al. 2013).

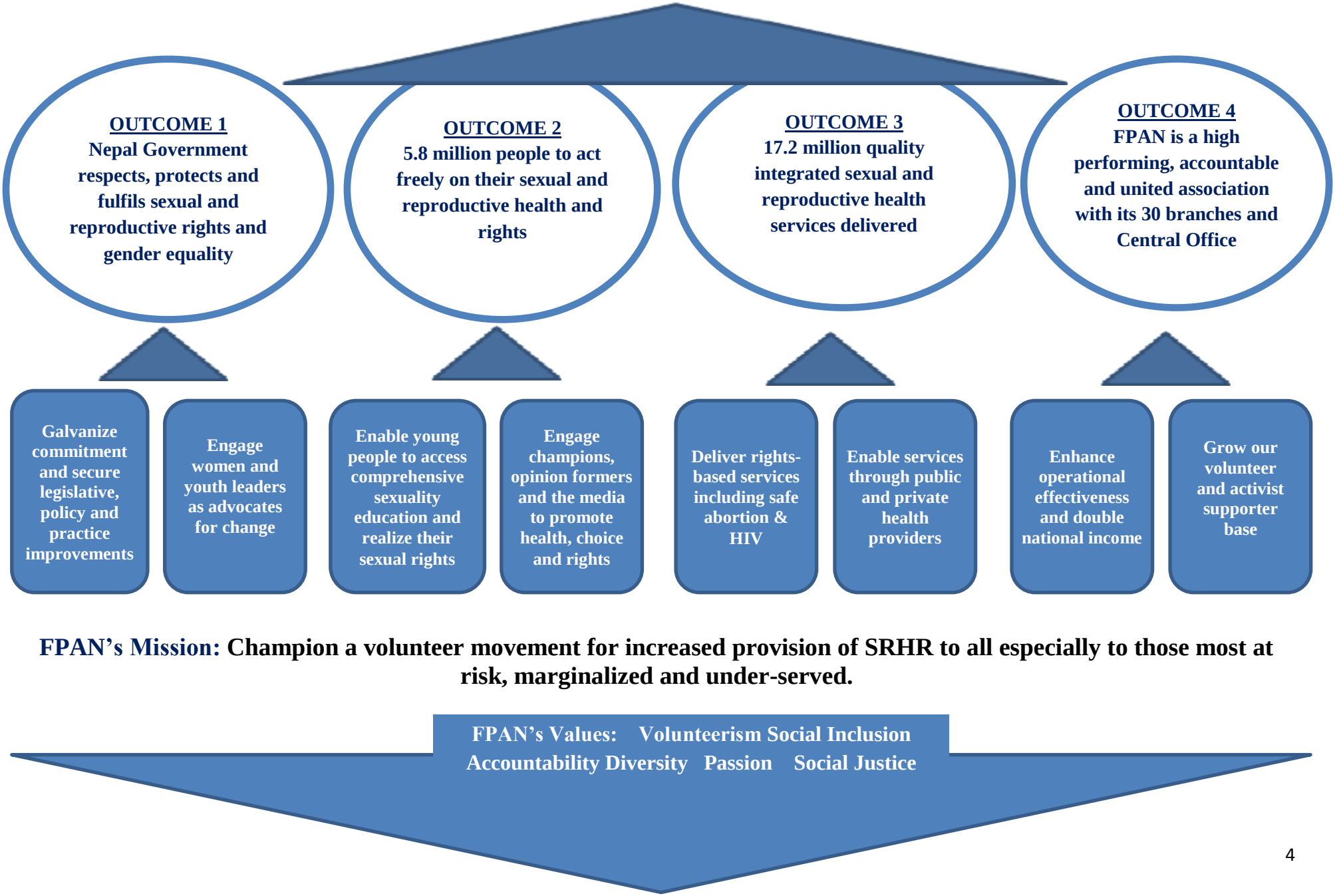
SRH situation during humanitarian crisis such as earthquake, landslides, fire and flooding is beyond imagination. During such calamities the most affected are women and children (Karki, et al. 2015). Therefore there is an urgent need to prepare for disasters.

The private sector providers are engaged in SRHR activities but it is costly for the poor and needy. There is a need for a judicious blending of the private and the public sectors to address the SRHR needs.

Overall Strategy

- FPAN has consolidated and solidified the organization for the coming years to better position the organization for growth, and advance its on-going activities to serve even larger number of clients.
- The IPPF recently granted FPAN …..
- FPAN works through 28 district branch offices providing sexual and reproductive health services and rights in the country. The Central Office is located in Kathmandu.
- Two additional districts will be upgraded to a regular branch of the organization.
- FPAN provided RH services to approximately 1.22 million women of reproductive age which represents 26.3% of WRA in FPAN working areas and 15.6% of the total WRA in the country.
- In the next 4 years, namely, 2016-2019, FPAN plans to provide 20.1 million services including safe abortion, HIV and humanitarian response services.
- This strategy following IPPF framework has developed Expected Result Indicators for the next 4 years which will ensure that the intended audience benefits from the programme.
- FPAN plans to double its resource base in the next 4 years.
- FPAN will continue its strategic relationship with UN organizations, bilateral agencies and INGOs and the corporate sector to expand its programmes to more geographic areas and the poor and marginalized.
- Develop the internal working of the organization accountable to the people it serves and make it transparent.
- Inspire volunteerism and attract more professional volunteers to join the organization.
- Strengthen relationship with the Central Government of Nepal and its federations and seek partnership.
- Develop a timeline for self-funding revenue realization.

FPAN Vision: All Nepalese people are free to make choices about their sexuality and wellbeing without any discrimination.



FPAN's Mission: Champion a volunteer movement for increased provision of SRHR to all especially to those most at risk, marginalized and under-served.

Values: FPAN believes:

- in the significant contribution FPAN's volunteerism delivers across a range of roles as activists inspiring all to advance its mission;
- in inclusion with a commitment to enable the rights of the most underserved and oppressed to be realised
- in accountability which is demonstrated through high performance, ethical standards and transparency
- in diversity, respecting all regardless of caste, ethnicity, creed, religious belief, political ideology, age, gender, status, identity, sexual orientation or expression and
- its passion and determination inspire others to have the courage to challenge and seek social justice for all.

Year wise expected result indicators 2016-2019

This strategy focuses on four outcomes.

Outcome 1: Nepal government respects, protects and fulfils sexual and reproductive rights and gender equality

Compared to many governments in the developing world Nepal government has been more flexible and adaptive to changing times. Curbing fertility through family planning was adopted by the government of Nepal as early as 1968; couples particularly women are encouraged to plan their family size by practicing birth control measures. Also as mentioned earlier abortion has been legalized. Consequently there is high degree of sexual and reproductive freedom in Nepal. Gender equality is also gaining ground in Nepal. The government of Nepal does respect sexual and reproductive rights and gender equality but still it needs to formulate more policies and enact laws to protect and fulfill sexual and reproductive rights and gender equality. Government high level strategies are needed to strengthen and expand efficient and cost effective service delivery in reaching out to more clients with more services in hard to reach locations where poor and vulnerable people reside. The strategies should include implementation of IPES in static and outreach services, ensuring quality of care, rights based programming, task shifting and sharing, comprehensive provision and integrated SRH services.

Outcome 2: Nepalese people empowered to act freely on their sexual and reproductive health and rights

Despite all positive trends on sexual and reproductive rights and gender equality fronts because of age old value system sexual and reproductive rights and gender equality need to be promoted and strengthened. Couples particularly the wife does not enjoy freedom of sexual rights and reproduction as she is under pressure to give birth to the desired number of children, desired by husband or in-laws or friends and neighbours. In addition she has to have the right sex composition of children. Girls are forced to get married early in age despite the fact the law prohibits marriage before 18. Similarly spacing cannot be done as desired by wife. FPAN is well recognized as a strong agency in addressing dominant social and gender norms and autonomy and agency through comprehensive sexuality education and positive messaging on SRHR and most importantly empowerment of women and young girls. FPAN will continue its social transformation approach to target the structural causes as well as the symptoms of gender inequality leading to a lasting change in the power relations and choices women have over their own lives. Many young populations still lack knowledge on sexual and reproductive health and rights and this is much more so in rural hinterlands.

Outcome 3: A high quality integrated sexual and reproductive health services delivered

In many parts of the country basic sexual and reproductive health services are not available let alone quality integrated sexual and reproductive health services. Therefore the health service delivery

points need to be extensively improved to address quality integrated sexual and reproductive health services.

Outcome 4: A high performing, accountable and strong FPAN

In order to accomplish the above three outcomes, FPAN, as a leading and pioneer NGO in population and reproductive health sector needs to upgrade it to a high performing, accountable and strong organization.

Outcome	Priority	Number	Expected Result Indicators	2016	2017	2018	2019
Outcome 1	Priority 1	1	2 Policy initiatives and/or legislative changes in support of SRHR.	0	1	1	1
		2	Track records regarding improvement of SRHR Post 2015 commitments such as SDGs, ICPD and MPoA	FPAN on track	FPAN on track	FPAN on track	FPAN on track
	Priority 2	3	200 Youth/ women's organizations take a public action on SRHR.	20	30	30	35
Outcome 2	Priority 3	4	0.385 million young people completed a quality assured CSE programme (delivered by volunteers or staff and partners) by type (in/out of school)	90000	95000	100000	105000
		5	75%of those who completed CSE increase their SRHR knowledge and ability to exercise sexual rights.	75%	75%	75%	75%
	Priority 4	6	23.6 million people reached through multimedia channels (radio and traditional media , social media, website and mobile technology)	5.5m	5.7m	5.9m	6.5m
Outcome 3	Priority 5	7	20.1 million services including safe abortion, HIV and humanitarian response services provided	4.6 m	4.8 m	5.2 m	5.5 m
		8	1.75 million couple years of protection (CYPs) provided	0.4 m	0.425 m	0.45 m	0.475 m
		9	85% of clients would recommend our services.	85%	85%	85%	85%
	Priority 6	10	3.2 million RH services enabled.	0.65 m	0.75 m	0.85 m	0.95 m
Outcome 4	Priority 7	11	New and up-to-date systems are in place that are demonstrated to enhance performance efficiency, effectiveness and accountability at the Central Office and all branches	Yes	Yes	Yes	Yes
		12	Income generated by FPAN is doubled to USD$10 million	5 m	7 m	8 m	10 m
		13	FPAN's income generated from national sources (clinic fees/ local fundraising/ social enterprise etc.) is approximately doubled to $1 million.	0.5 m	0.7m	0.8 m	1.0 m
	Priority 8	14	50,000FPAN volunteers mobilized to support FPAN's vision and mission	25000	35000	42000	50000
		15	50,000 activists.	25000	32000	42000	50000

FPAN Goal: Ensure universal access to comprehensive sexual and reproductive health for all.

Implementation Strategies: Below an indicative implementation strategy is described. It talks about how FPAN intends to achieve the outcomes, where it will focus its resources and how much it will invest. This strategy is divided into six sections, viz., prioritization of activities to achieve the outcome, model or approach of programming, target group or target area, activities that will be stopped or reduced in order that a new element of the strategy can be focused, whether restructuring of the organization is needed and physical and human resources

Implementation Strategies

Strategic Outcomes	Outcome 1: Nepal government respects, protects and fulfils sexual and reproductive rights and gender equality					Outcome 2: Nepalese people empowered to act freely on their SRHR		Outcome 3: A high quality integrated sexual and reproductive health services delivered			Outcome 4: A high performing, accountable and strong FPAN				
Objectives	Obj. 1: To ensure inclusion of comprehensive sexuality education in curriculum from grade 9 to 10 in all public and private schools.	Obj. 2: To advocate for second trimester abortion from Selected NGO run health facilities and university run teaching hospitals.	Obj. 3: To ensure national family planning budget increased by 7% based on the commitment of Nepal Government in FP 2020 Pledges; to ensure allocation of 30% of health budget in sexual and reproductive health programs including reproductive health commodities.	Obj. 4: The proposed youth information center under Ministry Youth and Sports include SRHR information and education	Obj. 5:Increase meaningful participation of women and youth leaders in promotion of SRHR	Obj. 6: To scale-up comprehensive sexuality education in educational institutions including schools and universities.	Obj. 7 Increase meaningful participation of champions, women and youth leaders and media people in promotion of SRHR	Obj. 8: Provide comprehensive SRH services including safe abortion, HIV and STI services through all service delivery points of FPAN's static clinics.	Obj. 9: Increase IPES services through all Service delivery points of FPAN.	Obj 10: To increase access to SRH services through public and private health providers	Obj. 11: Improve organizational learning & evaluation system of FPAN	Obj. 12: Strengthen system including communication/ICT system, documentation of organizational learning and disseminate through website	Obj. 13: Develop FPAN as information and knowledge base resource organization	Obj. 14: Generate financial and material resources for program expansion, sustainability and consolidation of the Association	Obj. 15: Develop professional culture among volunteers at all levels of governance for effective advocacy, resource mobilization and image building of the Association at local, national and international level.
Approach/ Models of programming [1]	1. Hold brainstorming session on burning SRHRs issues with government and other stakeholders and initiate a policy dialogue 2. Prepare a review report on MDGs, SDGs and ICPD PoA					1. Prepare mass communication programme to put in mass media channels 2. Along with mass media channels conduct interactive sessions with adolescents and youth		1. Enable all service providers to provide RH services of all kinds or service of choice of clients from all service points 2.Increase service access by expanding service to every ward, ensure continuity of supply of commodities and services; if needed organize mobile outreach programme			1. Do advocacy and interactive programmes so that new people are inspired to join FPAN as volunteers; find ways to seek support from volunteers to enhance professional output 2. Develop team spirit between volunteers and staff to accomplish the goals set for the organization				
Target groups/ Geographical areas of functioning	Government and stakeholders Professionals					Women and men of reproductive age Adolescents and youth both in school and out of school		RH clinic professionals RH clinic professional in district branches and administrators			Volunteers and potential volunteers Volunteer & staff				
Key Activities to be	• Advocacy • Workshop					• BCC programme • BCC and inter-		• Training • Increase	•		• Interaction programme • Joint programmes of volunteers and staff				

[1] Here you should in a snapshot be able to provide the overall models of programme you propose to use to ensure achievement of your stated outcomes/ objectives (select examples could include – in house/ outsource/ use static clinics/ outreach (mobile units/ private practitioners/ community based distributors)/ CSE for out of school and CSE for in school children/ working with women's/ men's groups to empower (economical, cultural, societal, etc))

undertaken	• Review reports	personal com programmes	service delivery points • Logistics		
Overall composition of teams (human resources) required	• Volunteers & SMT • SMT & other professionals	• Communication professionals • Communication professionals	• RH trainers • Mid level manpower	•	• Volunteers and potential volunteers • Volunteer and staff
High level cost of each priority objective and each approach/ model of programming	• FPAN needs to work this out				
What will we stop / reduce to implement this strategy?	1.	2.	3. Review human resource requirement and if needed introduce golden handshake programme to save resources on administration and management. 4. Aim for equal proportions of male and female staffs. 5. Get rid of old vehicles and generate some funds.		
Organizational implications?	1.	2.	3. FPAN shall focus on areas and communities where the need is the highest and accordingly some branches will be dissolved while programme will be expanded to some new districts. 4. Programme division will be expanded to carry out more programmes 5. A strong monitoring and evaluation division needs to be established to ensure continuous flow of programme information. 6. Administration and accounts divisions will be trimmed to give way for programme division. Profiles of volunteers will be developed and up dated every year. The potential experienced professionals and /or young people will be inspired to make FPAN vibrant.		

Annex I

FPAN established in 1959, is the first and a leading national NGO committed to SRHR. FPAN started family planning and SRH programs in Nepal, become a Member Association of the International Planned Parenthood Federation (IPPF) in 1969. FPAN has been complementing and supplementing the national health and population programmes after the government launched its own Family Planning and Maternal and Child Health Project in 1969. FPAN has 480 full-time professionals and 11,000 volunteers at community level. It produces 4,300 peer educators every year and has already produced and recruited 14,160 Peer educators. FPAN's current programs are part of Strategic Plan (2010-2015), which are focused on 5As: Adolescent, Safe Abortion, HIV/AIDS, Advocacy and Access. Gender is a cross cutting issue in all 5As.

Strategic plan has always been a base of FPAN's short term plans and programs. Before 1990s, FPAN had practiced developing rolling strategic plan for three years. After 1990s, FPAN started developing fixed three year plan. FPAN had developed strategic plan for 10 years in 1994. At the same time FPAN started to develop district wise strategic plan for the branches, however, the practice of district wise plan could not be continued for several reasons. FPAN developed seven year strategic plan in 2004. The strategic plan 2005-2009 and 2010-2015 has been focused on five As (**A**dolescents and youth; Safe **A**bortion; HIV and **A**IDS; **A**ccess and **A**dvocacy).

FPAN develops strategic plan with the aim to address the needs and demand of Nepalese people. Strategic plan is a long-term plan which would support to bring changes or show impact among the target participants. Strategic Plan also helps to show its contribution at national level. Strategic plan helps to forecast supply of resources such as money (grant/budget), materials (contraceptives, medicines/supplies, equipment), and human resources.

The current strategic plan (2010-2015) will end in the December 2015. This strategic plan with its revised version - the Changed Goals-2012 (Unite, Deliver and Perform) has significant focus on scaling up the SRH service delivery; doubling services by 2015 against 2010. At the same time IPPF has developed strategic framework for seven year 2015-2022). In this regard, this is appropriate time to develop new strategic plan, which would be aligned with IPPF Global Strategic Framework as well as to respond to the changing environment in the country

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