

# Nepal context analysis for accountability interventions to support the delivery of FP2020 commitments

*This country brief is part of a series of briefs produced by Action2020, a consortium led by Christian Aid and implemented by Christian Aid, Plan International UK and the HIV/AIDS Alliance. It follows an in-depth investigation into the context and opportunities for civil society-led accountability on family planning in 10 countries, with a focus on the commitments made by Governments as part of FP2020's global initiative to meet the need of an additional 120 million new contraceptive users by 2020. Each brief provides a country-specific overview of the context for family planning commitments - the power, politics and potential for accountability interventions related to these commitments – and proposes recommendations for accountability interventions related to these commitments<sup>i</sup>. A general note on Lessons Learned in FP Accountability accompanies this series<sup>ii</sup>.*

The right to enjoy full, free and informed access to contraceptive information, services and supplies is central to sexual and reproductive health and rights, as well as to the right to the highest attainable standard of health. These rights are universal, inalienable and indivisible, and States have a duty to respect, protect and fulfil these rights to the maximum of their available resources. There are a range of barriers and opportunities that either prevent or enable access to FP. Power, governance and accountability and women's participation and leadership all influence the outcomes and capacity of key actors to deliver for FP.

Nepal has made pledges as part of FP2020 to address these barriers, including to execute a Costed Implementation Plan on Family Planning (FP) (2015-2020) within the Nepal Health Sector Program III (2015-2020); to formulate policies and strategies to address barriers to FP access for adolescents, youth, those living in rural areas, migrants and other marginalised groups, and improving the regulatory framework to promote public-private partnerships.

Implementation of FP2020 commitments has the potential to transform family planning provision, extending high quality services at scale and reaching the most marginalised. But entrenched institutional challenges and competing priorities in Nepal are slowing progress. Accountability interventions can alter this trend by working with a range of actors so that governments and service



## Family planning context in Nepal

- Unmet Family Planning need: 28% (2011)
- Contraceptive Prevalence Rate: 50% (2014)
- Total Fertility Rate: 2.2 (2014)
- Maternal Mortality Ratio: 258 per 100,000 (2015)

Source:

<http://data.worldbank.org/indicator/SH.STA.MMRT>

providers are better able to meet the commitments they have made, leveraging a scale of impact which would be unachievable by alternative interventions.

To achieve this, social accountability programmes must be 'strategic': pursuing multiple pathways to change, creating an enabling environment for collective action and linking citizen mobilisation to agents within governments with similar incentives<sup>3</sup>. Interventions must link citizens to authorities with the necessary capacity to enforce agreements in

order to achieve substantial outcomes<sup>4 5</sup>. When applied in tandem, these strategies may increase political incentives to act, and facilitate oversight and reflexive evaluation of barriers, gaps and opportunities for FP by all stakeholders.

### FP2020 commitment:

*The government of Nepal pledges to increase funding for family planning programs by at least 7% annually from 2015 to 2020 and engage with external development partners to raise additional resources. Nepal pledges to strengthen the enabling environment for family planning by engaging in advocacy to mobilize resources from non-health sectors. Pledges have a focus on adolescents, improving method mix and access to quality services.*

### Progress to date:

Overall, 27.5% of women have an unmet need for family planning, compared with 24.4% percent in 2012. This figure is higher among 15-19 year olds (47.7%) and 20-24 year olds (39%). It is also higher in rural (28.1) v. urban (19.6) areas, for Muslims (39%), and among hill Dalits (35%) and hill Janajati (34%)(NDHS 2011). mCPR has declined slightly from 52.4% in 2012 to 49.7% in 2014.

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## Strategic accountability interventions in Nepal

Effective accountability rests on an enabling governance environment where the state has both the capacity and incentives to respond, and where citizens are able to mobilise collectively<sup>6 7 8</sup>.. There are numerous entry points for accountability interventions in Nepal and strong civil society networks to support this. The government has signaled its openness to participation and made wide ranging FP2020 commitments including for marginalized groups. However, a lack of transparency, corruption, vested interests, poor coordination and competing political priorities remain challenging with respect to full and effective accountability.

The key pathways to effective FP accountability in Nepal can be conceptualised as three overlapping components, outlined in figure 1. For interventions to be successful, they must start by identifying the prevailing drivers and political incentives/disincentives to develop smart, context specific strategies for securing change<sup>9 10</sup>. It is likely that

informal and technical channels will be most effective, alongside supporting nascent vertical accountability efforts.



Figure 1: Key Pathways to Effective FP Accountability

The following section explores the context and opportunities for action in Nepal using these three pathways as a framework for analysis.

### Enhanced citizens' voice and agency - problem analysis:

Opposition to contraception is relatively low in Nepal, and to some extent government policies act to encourage agency for ordinary citizens by formally protecting reproductive rights, freedom of speech, movement and the right to information. However, underlying norms can discourage citizen action, especially for a sensitive issue like FP, and for those with limited status. Women and girls hold a subordinate position in the family and in society, which impacts on the capacity and power of women to make decisions about how and which contraceptives to access and use<sup>11</sup>.

Nepal's social structure includes hundreds of castes and ethnic groups, many of which have been traditionally excluded from health and social services through institutionalized discrimination or neglect. Poor, vulnerable and marginalized groups in the country have very limited opportunity to hold duty bearers to account. Religion plays an

important part in the acceptability of FP, with Catholic priests and Muslim Mullahs being key norm setters. This results in higher rates of fertility and shorter intervals between pregnancies. In a study of women 0–23 months postpartum, 66% of Muslim women had an unmet need compared to a national average of 51.5%<sup>12</sup>.

Nepal has included a focus on youth and adolescents within its FP2020 commitment as this group has the highest unmet need and lowest CPR - although these figures vary significantly according to caste, ethnicity, religion, and among seasonal workers. Stigma and the relatively low status of young women and girls present a barrier to access and to accountability efforts by young people. This dynamic is replicated at the local level, where the tendency for Female Community Health Volunteer (FCHV) to be older women leaves adolescents feeling unable to access services.

### Recommendations for action:

- Use the emphasis placed within the CIP to hold the government to account to its focus on the most vulnerable groups, including by creating spaces where youth and rural populations can speak directly and with effect.
- Encourage the Nepali government to fulfil its commitment to engage in a range of communications and media activities focused on raising awareness of FP among those with a high unmet need, including by tackling myths, traditional beliefs such as son preference, and social and gendered norms that increase stigma and reduce access.
- Work with faith leaders to promote birth spacing and to foster new champions on FP.
- Work with local health facilities to improve youth friendly services including by incorporating young women and men in the governance of services.
- Explore current hiring practices for FCHVs and consider advocacy to alter job description and/or qualifications to ensure FCHVs are capable of attracting youth interest.

### Increased political space for state-citizen engagement - problem analysis:

The absence of formal local political representative and the domination of planning processes by elites results in weak political accountability at a local level. Service level commitments are often unclear to citizens, and despite numerous ‘invited spaces’ there is often no clear role for citizens to engage, particularly for young people and other marginalised groups. At the same time, there are a significant number of civil society organisations and networks actively engaging in FP and decades of successful civil society driven claimed spaces to build upon, particularly in the fields of health and education.

In the turbulent context of recent decades, several large, donor-supported programmes have sought to increase accountability. One of the largest is the Local Governance and Community Development Program (LGCDP)<sup>13</sup>, administered by the Ministry of Federal Affairs and Local Development, and partially supported by external donors. The current, 4-year \$1.3 billion program equips citizens to hold governments accountable, encourage local authorities to be more responsive, improve service delivery, and accelerate devolution. Importantly, LGCDP provides flexible resources to local governments that can, ostensibly, be controlled by citizens. But given the weak results of government “induced” participatory programs<sup>14</sup>, it is critical to cultivate authentic, citizen-driven demand from local communities themselves.

The World Bank-supported Program for Accountability in Nepal (PRAN)<sup>15</sup> focuses specifically on social accountability in public financial management, service delivery and municipal governance. PRAN provides CSOs with training, action learning opportunities, and networking events designed to increase capacity. While not focused specifically on health or FP, regular communications provide useful examples of successful social accountability approaches in Nepal and the broader region.

USAID's recently launched Family Planning Service Strengthening Program<sup>16</sup> provides FP commodities, supports services and capacity building for the FP workforce. In essence, it provides some "supply" designed to complement the "demand" stimulated by USAID's Health Communication Capacity Collaborative (HC3), a large FP behaviour change communication program<sup>17</sup>. The government's Equity and Access Program (EAP) provides a particular focus on ensuring poor, marginalized, and socially-excluded groups can make free and informed choices, and access SRH information, sexuality education and high quality services, including family planning. A further recent government initiative has been to include children in local planning processes through a session called "Balbhela". While this process is new, it demonstrates potential for further institutionalised inclusion of older children and young people.

Another invited space that can be utilised for FP accountability is the Governance Accountability Action Plan (GAAP) under the NHSP. The GAAP is a supply-side governance program designed to improve public financial management aspects of the health system and ensure internal accountability, with a focus on the poor and excluded<sup>18</sup>. But the Plan also fosters new coordination between the MOHP and the Ministry of Federal Affairs and Local Development through a collaborative framework. This framework supports the Local Health Governance Strengthening Program ("LHGSP"), which was piloted from 2010 to 2013 in 4 districts of mid and Far West Region of Nepal and is now being scaled up. LHGSP fosters the coordination from centre to local level and between MoHP and MoFALD, District Health Office, District Development Committee, Health Facilities, the Municipality and/or the Village Development Committee ("VDC").

The VDC allocates and mobilizes its resources (financial and human resources) for health, including FP. This last link to the VDC is important not only because it represents critical progress in decentralization, but also because the VDC includes opportunities for citizen engagement. VDCs and DDCs can mobilize, share and monitor the FP programme, thus giving citizens an opportunity to hold local government and service providers directly accountable. VDCs are especially critical for FP service accountability

in Nepal because local elections have not been held since 2002. Although political parties exercise influence, the Local Development Officer at DDC level and the VDC Secretary at village level wield the most executive power. These officials are still appointed by the government in Kathmandu, and are often perceived as unresponsive to local needs. Citizen engagement in VDCs can help to counteract unrepresentative executive power at the local level.

Ward Citizen Forums (created under the Local Self Governance Act) are a mechanism by which citizens can engage directly with VDCs. These bodies consist of 25 members with designated seats for ethnic groups, castes, and women. These fora act as a participatory planning and accountability mechanisms for citizens at the local level. WCFs are designed to operate in a complementary fashion with Village Development Committees. VDCs must "maintain coordination" with civil society and undertake a public audit of government-funded projects in which citizens, via WCFs, participate. In theory, these audits could function as a useful check on FP service delivery. In practice, recent data show that only 60% of households are aware of the audit process, and only 32% participate in it<sup>19</sup>. Unsurprisingly, a 2015 study of citizen perceptions found that elites dominate WCFs<sup>20</sup>. Youth, one of the most important demographics for contraceptive uptake, are especially reluctant to participate. Only 20% of local level planning meetings included youth (aged 15-24)<sup>21</sup>.

In addition to audits, citizens have two critical tools that they can deploy into VDC and WCF meetings to ensure effective service delivery. By law, service providers must publish a "citizen's charter" which includes a list of services provided, procedures to be undertaken by the service user, any fees, and a contact name and number for a manager<sup>22</sup>. Citizens can also use Nepal's Right to Information Act to compel disclosure of public records<sup>23</sup>. This Act has had some impact on transparency and government performance. On the "teeth" side, the Commission for the Investigation of Abuse of Authority<sup>24</sup> is the primary body charged with investigating corruption. The Commission is autonomous and empowered to receive complaints directly from citizens. In the past, it has wielded considerable power, for example by dismantling the local level "All Party

Mechanism” that became synonymous with clientelism and corruption.

Sections of Nepal’s media could play an increased role in creating claimed spaces and increasing public scrutiny of progress. Media access differs between urban and rural citizens, with newspapers and TV channels the dominant channels of mass communication in urban areas and radio having a greater reach in rural areas. Internet and social media is growing rapidly in Nepal though currently focused on urban areas. Mobile phone usage is widely prevalent. There is a high degree of trust in the media compared to courts, government and other public institutions, making it a valuable tool in promoting citizen engagement. Whilst a few media outlets can be considered as having a strong political bias, in general the media is considered to be non-partisan with journalists able to report freely. Civil society is able to secure coverage through developing relationships with journalists, organizing press events or visits. The capacity of journalists to report on SRHR issues is limited through a lack of knowledge and information on FP2020 commitments, especially at the district level. There are however several reporters specializing in reporting on gender and health topics who could be targeted to report on FP commitments.

### Recommendations for action:

- Recognizing the limitations of invited spaces, accountability interventions may be more effective if they balance participation in invited spaces with a focus on claimed spaces driven by civil society<sup>25</sup>.
- When properly matched, LGDCP and citizen demand programs might offer some of the best opportunities to align pro-accountability allies among government and civil society for FP accountability at the service delivery level.
- Explore the potential for a focused study of FP accountability with PRAN, perhaps in the context of the World Bank’s support to NHSP.
- Explore ways to build upon and learn from the Equity and Access program to increase equity.
- Identify program areas where HC3 is operating (these areas will likely have larger demand for FP) and target youth/rural populations for popular mobilization and participation in audits.
- Equip key target groups with accessible Citizen’s Charters highlighting FP entitlements.

- Strengthen the capacity of CSOs and youth reformers to engage with traditional and religious leaders, and bolster spaces within existing Ward Citizen Forums.
- The media could play a role in supporting the government to better communicate its FP2020 commitments, with civil society positioning itself as a source of information on progress towards achieving these commitments, including reporting on FP stockouts and their effects.

### Open, inclusive, responsive and accountable institutions - problem analysis:

Ongoing political instability and natural disasters in Nepal has led to a culture of centralized power bestowed to ruling elites who sets the ‘rules of the game’. The opportunity to expand the political base by influencing the hiring of local staff and appointing people serve as an incentive for many elites, and public procurement and infrastructure are particularly vulnerable to corruption with opportunities for public and private actors to divert public funds for private gain. This has led to widespread corruption among public officials<sup>26</sup> and weak service delivery and implementation systems. Local Government elections have not been held since 2002 and representative of political parties exert strong control of the local functions of political decision-making. State capacity to implement reforms and promote much needed coordination between the different levels of government is undermined by a political impasse<sup>27</sup>.

The delivery of FP2020 goals and the implementation of the CIP is the responsibility of the Population Division within the Ministry of Health and Population, however responsibility is split between the Population Division under the MoHP and the Department of Health Services through the Family Health Division: the latter being responsible for FP service provision. This split reduces the relative power and interests of FP stakeholders, and results in confusion and poor coordination. Decision making related to budgets is highly centralised and does not always adequately reflect district level plans. Current levels of budget transparency do not allow sufficient monitoring of family planning resource flows, and public procurement and distribution processes are also not sufficiently transparent.

To promote effective decentralisation, a collaborative framework for governance and accountability between the MoHP and Ministry of Foreign Affairs and Local Development has been introduced to the health sector. The intention with this framework is to strengthen systems through better coordination of actors, the use of government structures and processes and the promotion of local ownership through participatory planning, monitoring and management.

Alongside this mixed picture, FP2020 commitments are beginning to reach the Health Centre level. Mobile FP services are in operation and all sub-health posts are due to be upgraded to full health posts. Provisions for social audits and public hearings are in place, and there has been an increase in trained health workers able to provide implants and IUDs as part of the Human Resources for Health Strategy 2014. However, current challenges remain health worker capacity to administer a range of methods; health worker retention and deployment particularly to rural areas; and gaps between policy and resources resulting in vacant positions at health centres. Regional variations are high and illustrative of overarching challenges with coordination, infrastructure and distances to health facilities, as well as broader security concerns in some areas. Whilst the GAAP provides some entry points for citizen engagement, it is unclear whether it provides sufficient incentives for service providers to constructively engage with citizens' demand for quality services. And given the relatively low power of service providers and the complex nature of institutional barriers, accountability efforts aimed at service providers would need to work at multiple levels.

The Government of Nepal provides 69% of contraceptive methods although private sector provision of family planning services has increased (currently at 19.8% of all contraceptive provision), with NGOs providing a further 8.5% of contraceptives. Mechanisms to ensure private sector and NGO accountability for quality family planning services are unclear. The government has committed to providing 5 modern methods in each Health Post, and put in place a Multi-year procurement procedure for FP.

At present, the supply and demand of contraceptives remain poorly coordinated, impeding full, free and informed choices of clients. Stock-outs are a significant problem, with 13% of government facilities unable to provide a method of contraception on the day of inspection<sup>28</sup>. Although the government has instituted a Logistic Management Information System (LMIS), the lengthy and cumbersome procurement process tends to demoralize health workers and administrators. The system struggles to adapt to changing preferences among contraceptive users, and remains opaque and inaccessible to civil society, which deters third party monitoring. There is no regular tracking mechanism for FP commodities at the health facility level and Health Facilities frequently fail to conduct a performance audit, social hearing or audit for responding to supply and services as required by policy.

### Recommendations for action:

- Maintain focus on marginalized groups and regions that are consistently underserved.
- Work with UNFPA (who periodically monitors stock-outs) to coordinate monitoring among CSO groups interested in FP. Build evidence base of stock-outs. Use information about stock-outs as leverage to press for reform of LMIS, so that supplies are driven by demand from communities, rather than communities "getting" whatever is in stock.
- Ensure that region and district medical stores follow procurement policy, plans and procedures and also ensure monthly commodity tracking mechanism is in place.
- Catalyse systematic monitoring of FP services by working in coalition with other CSOs including "open data" CSOs to simplify data collection. Develop standardized monitoring indicators that allow the identification of patterns of service delivery failure that will respond to reform in FP strategy, approach and intervention.

## Conclusions and general recommendations

Making local government and state services such as family planning more sensitive to the needs and voice of children, women, Dalits, indigenous nationalities and other marginalised groups is challenging. The political realities of Nepal involve a weak local government system and a highly stratified society within which women and the disadvantaged groups of people have little access to power and development opportunities. This means that the power is tilted in favour of the elite who run public services and very often they both reflect and set the norms that govern the community's attitudes to family planning.

The deployment of social accountability approaches for family planning services will require a careful and iterative analysis of local level context. In Nepal, family planning services are often most important to a small, vulnerable, and/or politically powerless subset of the population. In contrast, almost all community members have an interest in well-functioning education or general health services. Similarly, taboos and cultural norms around contraception can undermine candid, public deliberation about government performance. One possible area of complementarity is incorporating FP advocacy into the participatory "micro-planning" processes that have been revitalised and become the norm in some sectors in Nepal<sup>29</sup>.

Although the government has institutionalized a variety of programmes designed to stimulate participation, and despite a strong history of civic engagement, accountability challenges remain in FP service delivery. The fast changing bureaucratic and economic environment in Nepal calls for adaptive accountability approaches that address the underlying incentive structures and power dynamics that underpin performance of FP sector. Increasing the emphasis on claimed spaces through the strengthened capacity and engagement of active citizens and civil society may yield quick wins alongside longer term projects to address supply side challenges that reach beyond the FP sector.

<sup>i</sup> This brief is based on a full Country Context Analysis, available on request from Christian Aid and Plan International UK.

<sup>ii</sup> Also available on request from Christian Aid and Plan International UK.

<sup>3</sup> Fox, J.A. (2007) The Uncertain Relationship Between Transparency and Accountability. *Development in Practice* 17(4): 663-671; and Fox, J.A. (2014) Social accountability: What does the evidence really say? GPSA Working Paper No. 1

<sup>4</sup> Mansuri, G., & Rao, V. (2012). *Localizing Development: Does Participation Work?* Washington, DC: World Bank

<sup>5</sup> World Bank (WDR) (2014) *World Development Report: Making Services Work for the Poor*. Washington, DC: World Bank

<sup>6</sup> Wales J. and F. Smith (December 2014) Initial review – Evidence on social accountability in fragile states

<sup>7</sup> Fox, J.A. (2007) The Uncertain Relationship Between Transparency and Accountability. *Development in Practice* 17(4): 663-671

<sup>8</sup> Mansuri, G., & Rao, V. (2012). *Localizing Development: Does Participation Work?* Washington, DC: World Bank

<sup>9</sup> O'Meally, S. C. (2013). *Mapping context for social accountability*. Washington DC: Social Development Department, World Bank

<sup>10</sup> World Bank (WDR) (2014) *World Development Report: Making Services Work for the Poor*. Washington, DC: World Bank

<sup>11</sup> Sharma, Verma et al. 2001

<sup>12</sup> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4066713/>

<sup>13</sup> See <http://www.lgcdn.gov.np/>

<sup>14</sup> <https://openknowledge.worldbank.org/handle/10986/11859>

<sup>15</sup> <http://documents.worldbank.org/curated/en/2011/10/16591855/accountability-social-accountability-pran-program-accountability-nepal>

<sup>16</sup> <https://www.usaid.gov/sites/default/files/documents/1861/HEO%20-%20FPSSP%20Factsheet%20-%206.18.2015.pdf>

<sup>17</sup> <http://healthcommcapacity.org/family-planning-makes-a-smart-life-campaign-launched-in-nepal/>

<sup>18</sup> <http://nhsp.org.np/Document/progress-report-on-governance-and-accountability-action-plan-gaap/>

<sup>19</sup> Baseline on Citizens' perceptions

[http://lgcdn.gov.np/phase2/sites/default/files/resource\\_docs/Draft-Report-III-on-Baseline-and-Citizens-Perception-on-LGCDP.pdf](http://lgcdn.gov.np/phase2/sites/default/files/resource_docs/Draft-Report-III-on-Baseline-and-Citizens-Perception-on-LGCDP.pdf)

<sup>20</sup> Baseline on Citizens' perceptions

[http://lgcdn.gov.np/phase2/sites/default/files/resource\\_docs/Draft-Report-III-on-Baseline-and-Citizens-Perception-on-LGCDP.pdf](http://lgcdn.gov.np/phase2/sites/default/files/resource_docs/Draft-Report-III-on-Baseline-and-Citizens-Perception-on-LGCDP.pdf)

<sup>21</sup> Baseline on Citizens' perceptions

[http://lgcdn.gov.np/phase2/sites/default/files/resource\\_docs/Draft-Report-III-on-Baseline-and-Citizens-Perception-on-LGCDP.pdf](http://lgcdn.gov.np/phase2/sites/default/files/resource_docs/Draft-Report-III-on-Baseline-and-Citizens-Perception-on-LGCDP.pdf)

<sup>22</sup> See <http://www.mohp.gov.np/index.php/2014-03-21-08-58-15/citizen-charter>

<sup>23</sup> See <http://www.moic.gov.np/acts-regulations/right-to-information-act.pdf>

<sup>24</sup> <http://ciaa.gov.np/>

<sup>25</sup> <https://openknowledge.worldbank.org/handle/10986/11859>

<sup>26</sup> Nepal ranked 116 out of 177 on the Corruption Perception Index in 2013

<sup>27</sup> Operational Plan 2011-2016 DFID Nepal -2014

<sup>28</sup> UNFPA. See <http://www.track20.org/pages/countries/all-countries/Nepal>

<sup>29</sup> See, e.g., <http://www.mfdr.org/sourcebook/6-91NepalEducationSector.pdf>