

FAMILY PLANNING IN NEPAL: SAVING LIVES AND IMPROVING HEALTH

Photo by Jacob Kasell, Health Policy Project, RTI International



Sarita lives in Nuwakot district, and her husband works in Kathmandu.

"My husband is from Kavre district. He [works for] a trekking [company] in Kathmandu, and I see him about once every three months. We are planning on having another child soon."

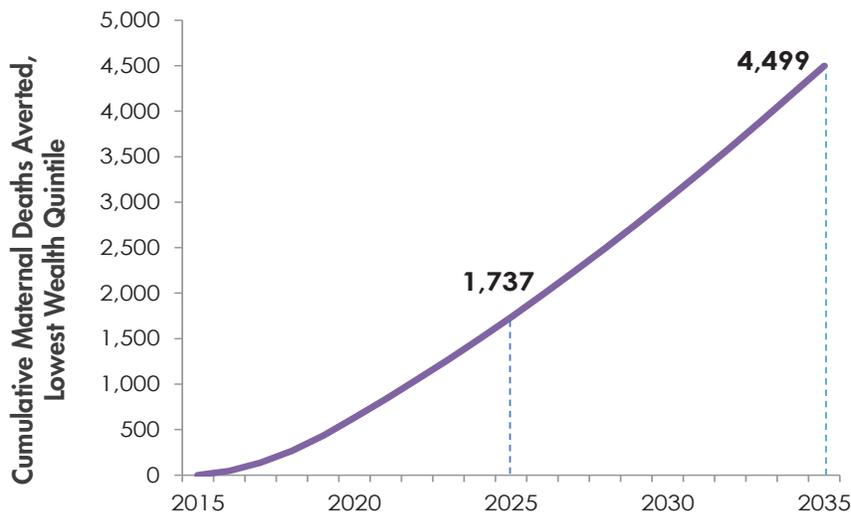
In March 2015, as part of the FP2020 global partnership to increase access to family planning, the government of Nepal made the following commitments to improve its family planning (FP) program by 2020:

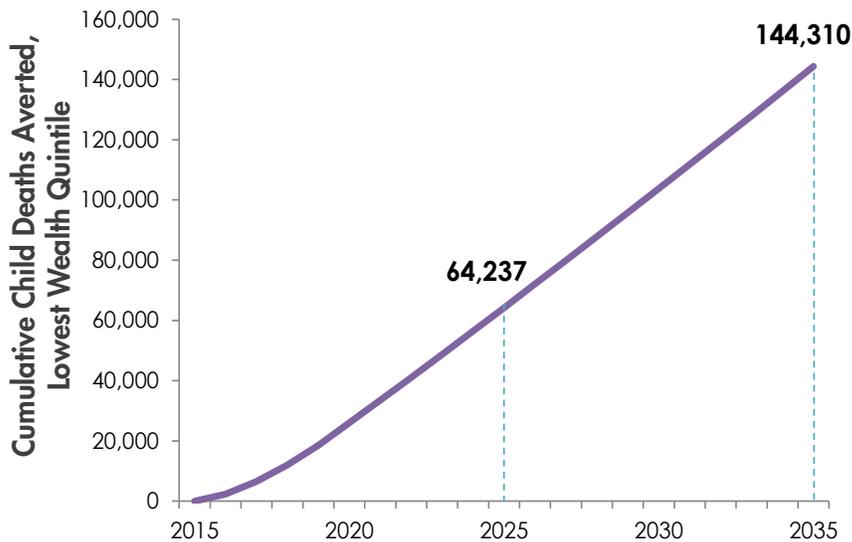
- Increase funding for family planning programs by at least 7 percent annually
- Identify barriers to accessing family planning services and formulate policies to address them
- Expand and strengthen family planning service delivery and support mobilizing resources from non-health sectors

Family planning has many benefits for individuals and society. If Nepal achieves its FP2020 and Costed Implementation Plan (CIP) goals for family planning, it will save the lives of women and children and improve the health of families. These health improvements can have great impacts on the lives of the poorest and most disadvantaged women, as well as the national economy.

Family Planning Saves the Lives of Women and Children

Family planning prevents unintended pregnancies, reduces high-risk births, and protects the health of women and children. In Nepal, 1 in 200 women will die from pregnancy- or delivery-related causes in her lifetime (World Bank, 2015). The risks are higher for poor, rural, and disadvantaged women, who face more challenges accessing family planning and maternal healthcare. Use of family planning is lower among poor women compared to the national average, and their unmet need for family planning is higher. By helping women avoid high-risk pregnancies and births, meeting Nepal's FP goals—while also increasing investments in education and gender equity—could save



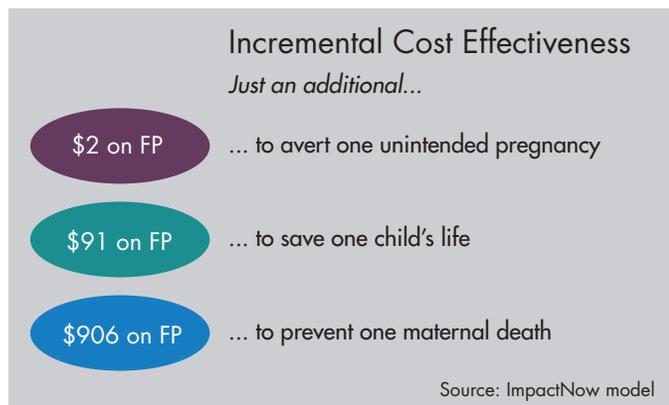


the lives of a projected 4,500 mothers among the lowest wealth quintile by 2035 (RAPIDWomen, 2015).

Currently, 38 in every 1,000 children in Nepal die before their fifth birthday (Central Bureau of Statistics, 2014). When women can decide the number and spacing of their births, they are better able to avoid high-risk pregnancies and care for their newborn children. Improving access to family planning among the poorest women could save the lives of an additional 144,000 children in the lowest-income group by 2035 (RAPIDWomen, 2015).

Expanding Access to Family Planning Yields Many Benefits

Investing in family planning now can see an impact within five years. Increasing the use of modern FP methods could avert an additional 100,000 unintended pregnancies annually by 2020. Reaching the CIP's contraceptive prevalence rate (CPR) goal



of 57.2 percent by 2020 could increase the number of intrauterine device users by 35,000 and implant users by 50,000 (ImpactNow, 2015).

Expanding FP services, particularly for long-acting reversible contraception, can increase female life expectancy, decrease maternal and infant mortality rates, and reduce the number of high-risk pregnancies among disadvantaged women (RAPIDWomen, 2015). Family planning is a cost-effective investment. Each additional unintended pregnancy prevented through increased use of family planning costs only US\$2 (ImpactNow, 2015).

Call to Action

To achieve its FP goals and reap the related health benefits, Nepal should prioritize investments in voluntary and high-quality FP information, services, and supplies. Additionally, FP investments can increase the effectiveness of investments in other sectors, such as education and the economy. To meet these goals, the government of Nepal should

- Increase and improve access to high-quality FP services—especially among disadvantaged and marginalized women—to achieve a CPR of 57.2 percent
- Provide a diverse range of contraceptive methods to increase use of long-acting reversible contraception
- Meet the commitment of increasing funding for FP programs by at least 7 percent annually

References

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