

POLICY BRIEF

Access to family planning services in Nepal – barriers and evidence gaps

THE URBAN POOR

This policy brief is based on the findings of a literature review and a stakeholder consultation conducted as part of support to Family Planning in Nepal by DFID and USAID, in partnership with the Family Health Division, Ministry of Health.

The original study is one of a series commissioned in 2014 by DFID and USAID to better understand factors affecting access to, and use of family planning services among selected population groups in Nepal:

- **migrant workers and their spouses;**
- **the urban poor;**
- **young people;**
- **Muslim communities.**

Very significant evidence gaps

Despite the fast pace of urbanisation and the high proportion of poor people thought to be living in urban areas or urban slums, and an increasing policy focus on these population group, we know remarkably little about the availability of family planning services and commodities in the urban areas of Nepal, their use, and which specific barriers the urban poor may experience.

Suggestions for research

The present lack of data makes it impossible to offer recommendations on specific interventions.

What needs to be documented?

- Through research studies, the extent to which the urban population uses family planning, and is able to access family planning services, as well as the demand and supply side factors (or barriers) affecting access and use.
- The status of service provision: the documentation, classification and geographical mapping of service providers in a sample of urban areas would help to understand the supply situation, and back it with data which is currently missing.

What type of study should be conducted?

Standalone studies are an option, but these take time. Alternatively, they could be undertaken in the context of piloting specific interventions in a sample of urban areas across Nepal. At this stage **it is not possible to be specific about the types of interventions to be tested**, but these should be based on broadly acknowledged principles, such as:

- Where a network of family planning services is known to be in place, the focus should be on reducing access barriers and on demand side interventions to increase knowledge of, and demand for family planning.
- Where family planning service providers are not available in sufficient numbers or where service quality is suspected to be poor (or unknown) the focus should be on:
 - a) setting up the right incentives for providers to increase service delivery and service points; *combined with:*
 - b) efforts to strengthen accreditation and benchmarking for both public and private providers.

Building on the existing population based surveys

Some of the information gaps could be partly addressed through the **population based surveys** that are already conducted periodically,

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We know remarkably little about the urban poor in the Nepal family planning context.

It could be argued that for planning and programming purposes the urban poor in Nepal remain almost invisible.

for example the Nepal Demographic and Health Survey (NDHS), the Nepal Household Survey (NHS) or the Multiple Indicators Cluster Survey (MICS).

Their design could be adjusted to **collect additional data** from a sample of urban areas, for example by increasing the sample size and the number of questions to cover aspects of supply and demand for health and family planning services.

It would also be useful if surveys could capture the reasons for non use of family planning services, as a means to assess the relative contribution of factors such as personal choice, geographical access, affordability and service quality, for example.

Lessons exist from international experience

The lack of evidence and information from Nepal is in sharp contrast with the increasing volume of literature from neighbouring countries such as India, Bangladesh and Pakistan. These countries are also undergoing rapid urbanisation and have to deal with a range of service delivery challenges not dissimilar from Nepal. In these countries, urban health programmes using different combinations of approaches have already been developed and sometimes taken to scale. Their experience appears particularly relevant to the Nepal context, and can offer important lessons once the current information gaps are addressed.

This brief is based on: *Maharjan U, Shrestha N, Joshi D, Regmi S, Baral SC (2016). Access to family planning services by the urban poor in Nepal: barriers and evidence gaps. A review of the literature. HERD International and Mott MacDonald. Available at: www.herdint.com*

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