

A photograph of two men in Nepal. The man in the foreground is looking directly at the camera with a serious expression. He has dark hair and is wearing a dark jacket. The man in the background is wearing a blue and black striped shirt and a blue and black checkered scarf. He is looking slightly to the side. The background is a solid red wall.

March 2021

MALE ENGAGEMENT IN FAMILY PLANNING

Understanding Policy Implementation Barriers and Enablers
in Nepal



Contents

| | |
|--|----|
| Introduction | 1 |
| Approach | 1 |
| Male Engagement Policy Framework..... | 1 |
| Methods..... | 3 |
| Findings | 3 |
| Text Analysis Findings: The Policy Framework | 3 |
| Key Informant Interview Findings | 5 |
| Recommendations..... | 8 |
| Conclusion..... | 10 |
| References | 11 |

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Introduction

Although family planning historically has been considered the sole domain of women, the paradigm is shifting. Recent research offers compelling evidence that young men and adolescent boys ages 15–24 (**referred to as “men and boys” in this brief**) have an important role to play in family planning, both to meet their own reproductive health needs and to support and facilitate their **partner’s** access and use (Box 1).

Countries around the globe face the need to engage men and boys in family planning, and Nepal is no different, as country data suggest. Nepal has high rates of child marriage and adolescent pregnancy and unequal social and gender norms that negatively influence family planning access (Government of Nepal and UNICEF, 2020; Kafle et al., 2019). In addition, Nepal has a young population—58 percent of the population is under the age of 25 (United Nations, 2019). Encouraging positive habits from an early age increases adherence to them, so reaching adolescent boys and young men increases the chances they remain engaged in protecting their own reproductive health and that of their family.

Policy is an essential lever for expanding demand for and access to family planning. Global and country efforts to prioritize male engagement in family planning need to look closely at policy-level barriers and identify key advocacy actions to build support and facilitate engagement of men and boys in three roles: as contraceptive users, as supportive partners for family planning, and as agents of change. The Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development (USAID), examined the policy environment for male engagement in family planning in Nepal, focusing on men and boys ages 15–24. The analysis examined how policies engage men and boys in family planning and explored how implementation of those policies influences male engagement. The analysis identified priority policy actions that strengthen a supportive environment for engaging men and boys in family planning programs and services. This work will inform future efforts to integrate adolescent-focused male engagement into family planning policies and strengthen their implementation.

Box 1. Male Engagement Roles

Male engagement in family planning refers to the involvement of men and boys across life stages as clients and users, supportive partners, and agents of change in ways that intentionally challenge unequal gender and power dynamics.

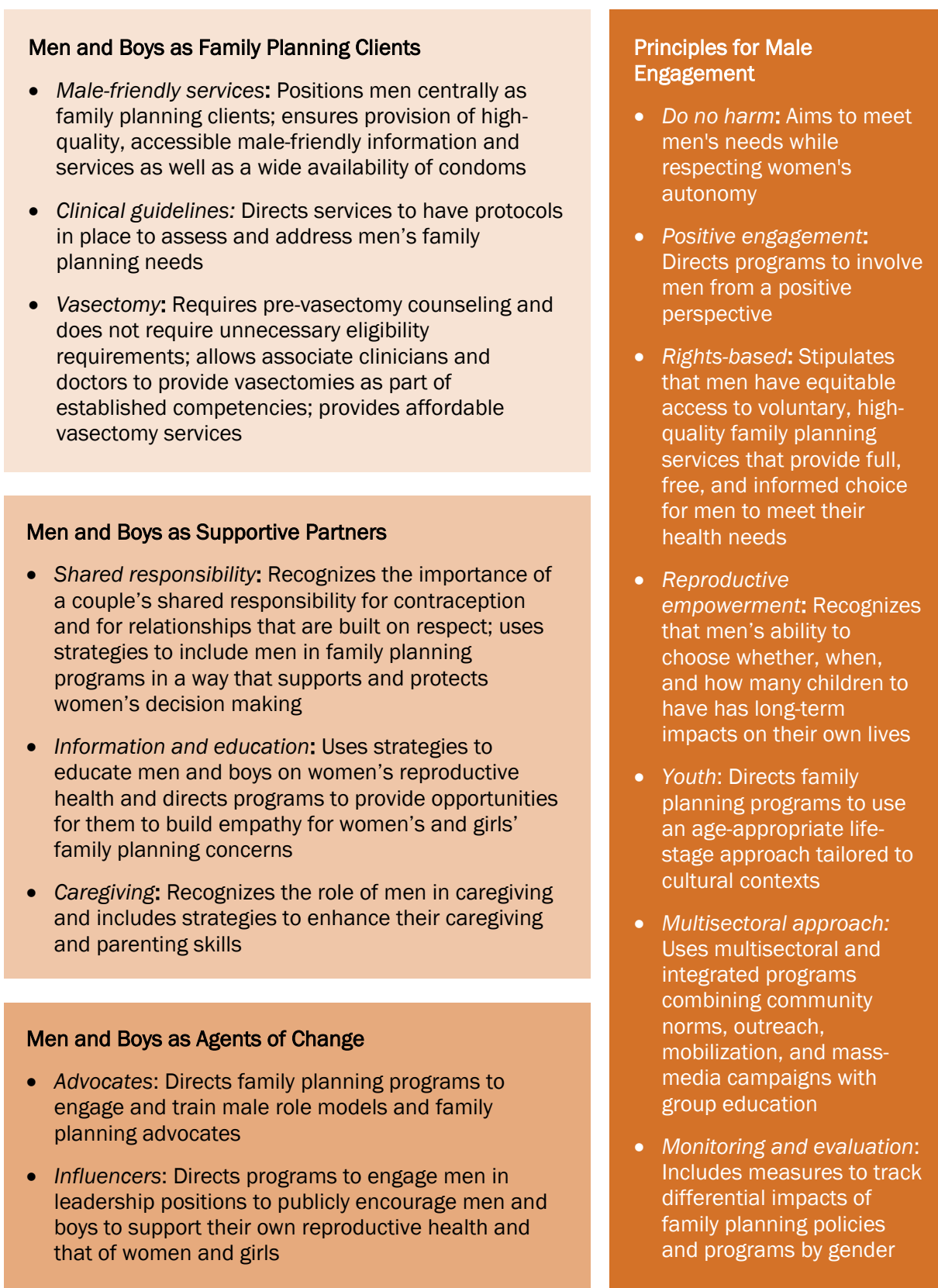
Source: Adapted from USAID, 2018, pg. 3

Approach

Male Engagement Policy Framework

To examine how policies **support or hinder men’s and boys’ involvement in family planning**, this analysis applies a male engagement policy framework (Degraw and Rottach, forthcoming). **The framework is organized around men’s and boys’ three overlapping roles.** It contains 27 evidence-based policy provisions that influence men’s and boys’ **participation** in family planning and seven principles for male engagement. It provides a framework against which family planning policies can be compared to understand the extent to which they support male engagement. Figure 1 provides a summary of the framework.

Figure 1. Policy Framework for Male Engagement



Methods

For this analysis, HP+ conducted a policy review and key informant interviews. HP+ **collected and reviewed 26 policies and guidelines that influence men's and boys' involvement** in family planning in Nepal, such as national health policies, adolescent health and development strategies, and family planning counseling guidelines. (See Annex A for the list of policies and guidelines reviewed). HP+ conducted a text analysis of the policies to assess the extent to which they adhered to the standards in the male engagement policy framework and to identify policy barriers and enablers.

After completing the policy review, HP+ conducted 30 key informant interviews with stakeholders in Kathmandu, Karnali Province, and Province No. 2 to identify key barriers to and enablers of effective implementation of family planning and male engagement policies. The rationale for selecting these provinces is based on USAID priorities, geographic and sociocultural diversity, and variation in modern contraceptive prevalence and migration rates. The interviews examined several dimensions of policy implementation (Bhuyan et al., 2010), including leadership, planning for both implementation and resource mobilization, socioeconomic context, operations and services, and feedback on both progress and results. Respondents included representatives from the federal Ministry of Health and Population (MOHP), provincial government, health providers, donors, and national and local civil society organizations working in family planning. HP+ did not interview clients of family **planning services nor did any interview questions explore an individual's use of family** planning.

Findings

The following sections summarize the findings from the policy review and the key informant interviews. The first section presents the findings of the text analysis and is organized **according to men's and boys' three overlapping roles in family planning**. The second section presents the findings from the key informant interviews and focuses on policy execution enablers and barriers.

Text Analysis Findings: The Policy Framework

The government of Nepal has positioned family planning as a health priority with an aim to enable women, men, couples, and adolescents to realize their desired family size and healthy childbirth **spacing**. **Nepal's** policy framework for family planning aims to reach all people with family planning information and services using both universal and targeted strategies to reach vulnerable and unreached populations, including adolescents. The government of Nepal recognizes that men and boys play an important role in couples' decision making about using contraceptive methods, and their engagement is crucial for reducing unmet need for family planning. While the government of Nepal has recognized the importance of male engagement, the text analysis did not find any policies that comprehensively addressed all three of **men's and boys' roles in family planning**. Policies largely **addressed men's and boys' role as family planning clients**, but they did not include strategies to engage men and boys in a meaningful way as supportive partners or agents of change. The review did not identify any **policy barriers that explicitly restrict men's and boys' engagement in family planning**. However, there are several male engagement policy provisions missing from the Nepal policy framework, that, if included, could help to create a more enabling environment for engaging men and boys in family planning.

Men and Boys as Family Planning Clients

Nepal's policy framework includes several policy provisions that address men and boys as family planning clients (see Box 2). For example, policies provide everyone free family planning, including condoms and vasectomy, with the aim of removing cost as a barrier to using services or obtaining contraceptives. The policies aim to further remove indirect costs of undergoing vasectomy by providing wage compensation as well as snacks and a transportation allowance. In addition, Nepal's *Costed Implementation Plan (CIP) for Family Planning 2015–2020* calls for training on task-shifting in non-scalpel vasectomy, which will enable more providers to effectively perform vasectomy and increase access to this method.

Policies such as the *CIP*, the *School Sector Development Plan 2016*, the *National Health Sector Strategy 2015–2020*, and the *National Adolescent Health and Development Strategy 2018* focus on reaching adolescents with family planning programs. For example, the government of Nepal has integrated comprehensive sexuality education (CSE) in the formal education curriculum, and the *School Sector Development Plan 2016–17 to 2022–23* recognizes that high-quality CSE that integrates gender and human rights perspectives can contribute to a reduction in unintended pregnancies. The *Nepal National Health Sector Strategy 2015–2020* aims to scale up integrated adolescent sexual and reproductive healthcare in all health facilities. The MOHP's Family Welfare Division developed a Quality Improvement and Certification Tool for Adolescent-Friendly Sexual and Reproductive Health Services, which can be used to certify health facilities as adolescent-friendly. In addition, the MOHP's Comprehensive Family Planning and Counseling Training curriculum includes guidelines for adolescent-friendly services as well as a values clarification exercise to help address biases that could influence the quality of services. While many of the principles of adolescent-friendly health services mirror those of male engagement, adolescent-friendly strategies and tools do not distinguish between adolescent girls and boys. This lack of distinction is a missed opportunity to better meet **girls' and boys'** different reproductive health needs and help them overcome gender barriers to family planning.

Box 2. Policy Provisions that Target Men and Boys as Family Planning Clients

- Provide counseling and male contraceptive methods free of charge
- Support health providers' capacity to counsel men on male-controlled contraceptive methods
- Train health workers on task-shifting or task-sharing in non-scalpel vasectomy
- Develop and implement programs focused on meeting family planning needs of migrants and their spouses
- Support integration and implementation of comprehensive sexuality education in schools
- Reach adolescents with family planning messages using innovative approaches

Men and Boys as Supportive Partners

Most policies in Nepal do not include provisions to engage men and boys as supportive partners in family planning. One exception is the Safe Motherhood and Reproductive Health Rights Act 2018, which provides male workers with 15 days of paid paternity leave, thereby promoting their role in caregiving. Another exception is the *CIP*, which recognizes that men play an important role in making decisions about family planning and therefore should be

engaged and educated in family planning to reduce unmet need. In addition, the *CIP* includes an indicator on the percentage of women who make family planning decisions alone or jointly with their husbands. While couples' counseling is mentioned in the *CIP*, the plan does not explicitly promote joint decision making or strategies for more effective communication between men and women around contraception. It also does not include measures to **protect women's autonomy and decision making**, which are critical policy actions that **enable men and boys to have a positive impact on their partners' family planning choices**.

Men as Agents of Change

Most policies in Nepal do not include provisions for engaging men as agents of change for gender equality, a significant gap in the family planning policy framework. The *FP2020 Nepal Prioritized Actions 2018–2020*, which prioritizes actions and interventions during an 18-month period, includes actions to mobilize champions, including adolescents, to create an enabling environment and service demand provision. However, it does not specifically target male champions. Policies could be strengthened by including policy provisions that encourage men to take public action to address barriers to family planning and promote gender equality.

Principles of Male Engagement

Nepal's family planning policies incorporate several male engagement principles, including those related to rights, multisectoral programming, youth, and monitoring and evaluation (Box 3). However, such policies do not adequately incorporate several principles, including do no harm, positive engagement, and reproductive empowerment. For example, policies did not include provisions to meet men's **and boys'** needs while safeguarding women's **and girls'** autonomy. They also did not direct programs to involve men and boys from a positive perspective or **recognize that men's and boys'** ability to choose whether and when to have children or how many has long-term impacts on their own lives. Incorporating these principles into family planning policies can help to strengthen the enabling environment **for men's and boys' involvement** while protecting **women's and girls'** autonomy and decision making.

Box 3. Principles of Male Engagement in Nepal's Policy Framework

Rights-based: Policies provide for the rights of people to make reproductive decisions free from coercion

Youth: Policies include actions to develop and implement comprehensive sexuality education in schools and for out-of-school youth; comprehensive sexuality uses an age-appropriate approach

Monitoring and evaluation: Policies require collection of sex-disaggregated data

Key Informant Interview Findings

This section presents findings from the key informant interviews, focusing on policy execution enablers and barriers.

Policy Execution Enablers

Policymakers and program managers hold positive attitudes toward men's and boys' role in family planning.

Attitudes of **policymakers and program managers** toward gender norms and **men's and boys'** role in family planning can influence how effectively male engagement policy provisions are implemented. All respondents recognized the importance of engaging men in family

planning, both to meet men's and boys' reproductive health needs as well as to enable **women's use of voluntary family planning**. They voiced support for policies and programs that integrate strategies for male engagement and noted that programs could do more to engage men **and boys**. A respondent from Kathmandu said, "Adolescent boys and young men also need to know about their family planning needs." Another respondent from Kathmandu noted that family planning is a reproductive health right according to Nepali law, and that **men and boys have a role in enhancing women's right to use family planning**. This openness around men's and boys' roles in family planning is an enabling factor for the development and implementation of male engagement policies and programs.

Availability of male methods of contraception supports policy implementation.

Availability of male-controlled contraceptive methods is critical for effective implementation of male engagement policies that target men as family planning clients. Respondents reported that condoms are usually available at health facilities and pharmacies, including in a box outside the facilities. Having condoms readily available in the community increases access for young men who, according to respondents, are often reluctant to talk to providers at the health facility because of shyness or stigma. Therefore, respondents noted, young men often obtain condoms from facilities but do so without counseling. One health worker said, "Young men and adolescents come to the health facility and take condoms themselves. But unmarried adolescents do not want to talk to us because of shyness. They ask for condoms **from the office assistant and go.**" The private and social marketing sectors provide easy and confidential access to condoms, and respondents reported that unmarried boys often buy condoms from private pharmacies. One respondent noted, "We provide...condoms from my pharmacy. I see adolescent boys buy condoms, but we don't talk much. They ask for a particular brand of condom, we give it to them. That's it."

Policy Execution Barriers

Male engagement policies are not adequately reflected in programs or budgets.

While respondents generally perceived policies to be supportive of male engagement, there is a gap in how policies are translated into programs and budgets. Respondents in Karnali Province and Province No. 2 noted that there are no provincial or local-level programs to engage men and boys in family planning, nor are funds allocated for male engagement activities. Respondents attributed this program and budget gap in part to a lack of leadership and capacity among policymakers and program managers.

Lack of leadership for male engagement. Strong leadership at central and local levels is necessary to put male engagement in family planning on the policy agenda and ensure such policies are adequately funded and implemented. However, respondents said there is no dedicated unit or person responsible for leading this issue in the Family Welfare Division within the MOHP, the provincial Ministry of Social Development, or at the *palika* (rural municipality) level. In addition, respondents did not identify any civil society organizations that are advocating for increased male engagement in family planning policies and programs. In the absence of strong advocacy and leadership, respondents said male engagement is a low priority when developing, funding, and implementing policies and programs. Moreover, respondents noted that male engagement is viewed as a cross-cutting issue; without an individual or a unit championing integration of male engagement strategies into policies and programs, the topic can, and does, get lost among other competing

priorities. For example, respondents noted that while there is adequate federal funding for family planning programs generally, federal funds are not allocated specifically for male engagement activities. At the provincial and palika levels, provincial and local governments have their own resources and decision-making powers. Allocation of funds, therefore, depends on the priority of the palika and whether family planning and male engagement will be a priority—which they often are not.

Lack of capacity for policy and program development. **With Nepal's transition to federalism, provinces and local governments have taken on increased responsibility for developing and implementing subnational health policies and programs.** According to respondents, the transition has created gaps in capacity for designing and implementing policies and programs for family planning generally and for male engagement specifically. For example, before federalism, districts had a family planning supervisor who was **responsible for overseeing the district's family planning programs. Now, this role does not exist, so family planning is one of several programs managed by provincial and palika health officers. As one respondent noted, "Previously we used to have a family planning supervisor in the district. Now the district has no such role....** Human resources are limited for the development of programs related to adolescent boys and young men in terms of family **planning in palikas. Provinces also do not have a specific person."** Strengthening the capacity of policymakers and program managers to develop and implement male engagement policies and programs is a critical task that remains unaddressed.

Effective provision of male-friendly family planning services is constrained by insufficient health worker capacity and socioeconomic barriers.

Despite the country's strong policy focus on scaling up adolescent-friendly health services and reaching vulnerable populations, family planning programs do not yet adequately serve men and boys. Men and boys have distinct service delivery preferences and face unique socioeconomic barriers, such as the constraint of rigid gender norms and demands of migrating to other countries or provinces for work, that must be taken into account when translating policies into practice.

Lack of capacity to provide male-friendly health services. Respondents reported that health services are not yet adolescent-friendly, and they noted issues related to stigma, confidentiality, privacy, and lack of infrastructure and trained staff. Health workers reported that men and boys prefer to seek services from male providers; more work is needed to increase the confidence of all providers, male and female, to provide male-friendly services. Respondents said that training for health workers on providing adolescent-friendly health services is needed, which could indicate a need to strengthen the Comprehensive Family Planning and Counseling Training curriculum and its implementation. Change agents in the community, such as community health volunteers, are often older women, so boys may not participate in campaigns led by them. Respondents noted the need to recruit young family planning volunteers. However, electing and retaining young male peer educators is challenging because they do not have the interest, they feel stigmatized, and they tend to migrate out of the districts for work.

Unequal social and gender norms. Social and gender norms that view family planning as a women's issue limit men's and boys' demand for family planning and make implementing male engagement policies challenging. A respondent from Karnali Province shared, **"Our society is patriarchal.... We have a common understanding that reproductive health and family planning is for the women. It is their problem and issue."** For adolescents, community norms disapprove of unmarried adolescent boys participating in sexual behavior.

As a result, they face social barriers and stigma when accessing family planning services. A health worker in Province No. 2 noted, “[O]ur context stigmatizes use of family planning. Communities perceive that if an unmarried adolescent asks for a condom, he does not have **good behavior. So adolescents don’t want to come to us openly.**” **Addressing the social and gender norms that reduce men’s and boys’** demand for family planning is critical for improving their service-seeking behaviors and ensuring policy goals are achieved.

Family planning programs that do not adequately reach migrant workers. Although the government of Nepal identifies migrant workers as a vulnerable group and a priority for family planning services, the study did not uncover large-scale family planning programs that cater to migrant workers. Respondents acknowledged that out-migration makes it challenging to reach those men with services and awareness-raising activities. In addition, the return of male migrants from abroad due to COVID-19 makes reaching male migrants with family planning increasingly important. More work is needed to identify and scale up promising interventions to target family planning outreach to male migrants. For example, a respondent from a nongovernmental organization in Karnali Province reported that their organization helps to connect newly returned male migrants to female community health volunteers or health facilities for family planning counseling. Testing such interventions and incorporating effective approaches into family planning policies could help to reach more men and boys with critical family planning information.

An inadequate system of monitoring and accountability for male engagement in family planning limits availability of data for decision making.

Quality and reliable data are necessary to support policy planning, monitoring, and accountability. However, **respondents noted that evidence around men’s and boys’** family planning needs, gaps, and preferences is missing, and there is not a strong evidence base on what works to engage men and boys in family planning in Nepal. The lack of data across the **health and education sectors limits decisionmakers’ ability to design male engagement** programs and services appropriate for their context, monitor how implementation of policies and programs affect men and boys, make course corrections when needed, and track progress toward achievement of results. For example, the health management information system (HMIS) in Nepal does not adequately disaggregate data by age. The system disaggregates data only by over/under age 20, which severely limits the ability of decisionmakers to tailor and monitor programs for men and boys. In addition, palikas use national-level HMIS data and do not have context-specific data about men and boys to develop their own health profiles. In the education sector, respondents reported a severe lack of data on CSE, even though it is a priority in national policies. In the absence of adequate data, decisionmakers cannot monitor how CSE is being implemented in schools across the country, and there is no system of accountability for ensuring CSE is implemented according to government guidelines.

Recommendations

This assessment identified several barriers to developing and implementing policies to engage men and boys in family planning. To address these gaps, HP+ suggests the following policy and program recommendations to strengthen development and implementation of family planning policies in Nepal.

Generate more evidence about what works for engaging young men and boys in family planning in Nepal. Globally, evidence is increasing around effective approaches for engaging men and boys in family planning (USAID, 2018). Nepal is seeing increasing availability of data around male engagement in family planning, including demographic and service statistics and pilot tests of interventions to engage men and boys in family planning (Lundgren et al., 2013; FACT, 2017). Researchers should consolidate and analyze such data to better understand the family planning preferences and needs of men and boys, including migrant workers. Researchers should also prepare evidence-based recommendations that can be used to strengthen male-friendly adolescent services and integrate male engagement more effectively into policies and programs.

Strengthen family planning policies to explicitly engage men and boys in family planning. Policymakers at central and subnational levels should update policies and plans to include strategies, activities, and indicators that specifically **support men's and boys'** three roles in family planning. Embedding male engagement strategies in national and provincial policies as well as operational policies and plans will elevate male engagement from a cross-cutting issue to a priority policy goal, thereby helping to create an enabling **environment for men's and boys'** involvement in family planning.

To increase demand and ensure services meet the needs of men and boys, policies should include approaches to strengthen male-friendly services. Such approaches should be combined with strategies to address the gender and demand-side barriers **that affect men's and boys'** involvement in family planning. In particular, the MOHP should update the *National Adolescent Health and Development Strategy* to clearly mention men and boys as important recipients of family planning services. The MOHP should require family planning programs to establish protocols for male-friendly adolescent services and regularly train health providers in implementing the protocols.

Strengthen capacity to develop and implement male engagement policies across all levels of the health system. The transition to federalism has created capacity gaps related to developing policies and programs at provincial and local levels. The MOHP and development partners should provide technical support to health officers in provinces and palikas to plan and manage family planning policies and programs. Such support should have **a technical focus on how plans and programs can enable men's and boys' involvement** in family planning according to their three roles. As strong leadership is a critical component of policy development and implementation, technical support should also focus on strengthening the capacity of decisionmakers and health officers to champion inclusion of male engagement in policies, plans, and budgets.

To strengthen health provider capacity, the MOHP should update the *Comprehensive Family Planning (COFP) and Counseling Facilitators Guide (Sixth Addition)* to add topics on provision of male-friendly counseling services, including how to use different approaches for counseling married and unmarried men and boys, and ensure all health providers receive regular training on the topic. For couples, providers should have the ability to involve men in the decision-making process (if a woman decides to involve her partner), while also **protecting women's autonomy and decision-making ability**. Providers should also have the capacity to recognize coercive and controlling behavior and make referrals to gender-based violence prevention and response services.

Engage young men in development and dissemination of family planning policies and programs. It is vital to include the voices of young men and boys in the policy formulation process in order to design strategies that meet their family planning

needs and help them to overcome barriers to accessing services. Policymakers should invite men and boys to join committees and working groups or should hold public consultations that specifically target men and boys. Policymakers should **work with men's and boys' groups** to develop appealing and easy-to-read infographics or tools that summarize information relevant to them and post such information in areas men and boys frequent, including the adolescent health corners at health facilities. Working with men and boys to disseminate such easily understood information will help increase awareness of their roles and rights related to family planning. This approach could also challenge norms that family planning is **a woman's issue** by promoting the role young men play.

Strengthen data management systems related to male engagement. The MOHP should strengthen the HMIS to disaggregate data by age and location. This action will **improve understanding of men's and boys' family planning needs and how well the health system is meeting those needs**. Having these data will help health planners and managers at the provincial and palika level to tailor programs to meet men's and boys' reproductive health needs.

The MOHP and Ministry of Education, Science, and Technology should collaborate to strengthen monitoring and accountability systems for CSE in schools by exploring the following options:

- Data could be collected on the number and location of teachers trained to better target training to the areas of most need.
- Pre- and post-training evaluations can be used to monitor the capacity for and attitudes toward delivering CSE in schools, as well as to collect feedback from teachers about support needed to adequately teach CSE.
- Data could be collected from students to monitor how the program affects their knowledge and attitudes about gender and family planning.
- Data should be disaggregated by sex, age (and/or grade), and geographic location to understand how the program affects girls and boys from diverse backgrounds differently and to inform funding decisions.

Conclusion

This analysis adapted male engagement and policy implementation frameworks to examine the policy environment for male engagement in family planning in Nepal, focusing on men and boys ages 15–24. The analysis explored barriers to policy execution and identified priority policy actions that strengthen a supportive environment for engaging boys and young men in family planning programs and services. Strengthening the policy environment for engaging men and boys will ensure women and men can access and use family planning, as well as contribute to improved gender equality. **Men's and boys' engagement improves not only women's and girls' health and well-being, but also their own and that of their children.**

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Annex A: Policies and Guidelines Reviewed

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