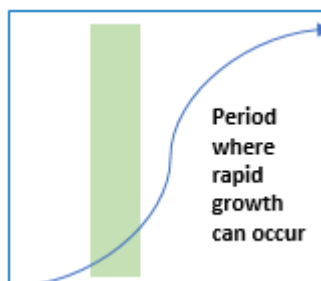
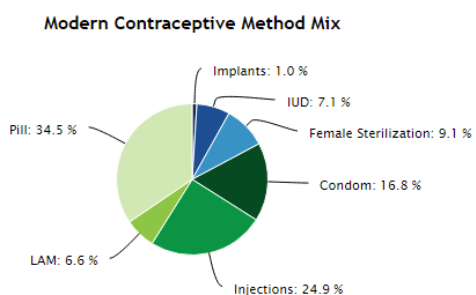


# Afghanistan Actions for Acceleration



## Country Snapshot



mCPR (MW) (2016)	22.5%
FP2020 mCPR goal	30% by 2020
Unmet need (AW)	27.5%
Demand satisfied (MW)	45%
Data from 2015 AfDHS	

## FP2020 Commitment

Commitment objective	Reducing unmet need for family planning by 10 percent by 2020; and increasing the modern contraceptive prevalence rate to 30 percent by 2020.
Policy commitment	The government of Afghanistan—as outlined in the Global Strategy for Women’s and Children’s Health—commits to adhering to the agreements made in the Reproductive, Maternal and Newborn Health Strategy (2017-2020) and the Kabul Declaration for Maternal and Child Health (2015). Through collaboration with the Family Planning 2020 Country Coordination Committee, the government pledges to increase access to reproductive health services by 2020. It also commits to ensure commodity security and increase method mix in Afghanistan, with a focus on long-acting and reversible methods and postpartum family planning. The Ministry of Public Health will finalize and operationalize the RHSC Strategic Action Plan. The government also pledges to ensure accountability through review of performance—led by the Ministry of Public Health—of the reproductive, maternal, newborn, and child health program using RMNCH quarterly scorecards.
Financial commitment	The government of Afghanistan pledges to increase the portion of the national budget dedicated to health and specifically the budget allotted to the reproductive, maternal, newborn, child and adolescent health program. It also pledges to advocate for the increasing the government’s allocation to health and nutrition services from 4.2 percent in 2012 to <b>8 percent</b> by 2020. The government also commits to allocating 25 percent of the health budget specific to reproductive health and for creating a specific budget line in the Ministry of Public Health’s annual budget for the promotion of family planning and procurement of contraceptives.
Programmatic commitment	The government of Afghanistan commits to developing a family planning national costed implementation plan (2017-2020); strengthening community-level family planning services through the training of community health workers; and providing sufficient stock of contraceptives. Afghanistan also pledges to expand access to long-acting and reversible methods as well as training at least one male and one female health worker in each health facility in conducting family planning counseling and the appropriate administration of contraceptive methods. In addition, the government will strengthen community mobilization and increase advocacy about family planning among religious and community leaders, civil society, and youth as well as develop information, education, and communication and behavior change communication campaigns to address barriers to accessing family planning and reproductive health services. Afghanistan will also strengthen coordination, commitment, and collaboration between the public and private sector to improve reproductive health and family planning services, training, supplies, equipment, and commodities. In addition, the government will roll out a youth health line to five major cities to provide counseling and information to youth on reproductive health and family planning. The government will also include implants on the Ministry of Public Health’s essential medicines.

### Strategic Priorities from the National RMNCAH Strategy (2017-2021)

1. Equity of access
2. Quality of care
3. Effective
4. Scaled-up
5. Affordable and sustainable
6. Integrated approach
7. Continuum of care

### Country Priorities

Priorities: *please outline 4-6 clear priorities for the next 18 months. These priorities should be in-line with existing agreed focus areas, whether those be in a Costed Implementation Plan (CIP), an RH Strategy, a Health and Development Strategy, or the like.*

1. **Promote family planning through advocacy and policy dialogue**
2. **Generate demand through information, education, and communication (IEC) and social and behavior change communication (SBCC) for wider use of birth spacing/family planning**
3. **Strengthen community-based birth spacing/family planning approaches (focusing on the most marginalized, rural and youth populations)**
4. **Improve provision of expanded choice of contraceptives (focusing on LARC and PFP)**
5. **Strengthen the capacity of health service providers to provide rights-based FP services through public and private sectors**
6. **Strengthen evidence based decision making (including M&E, CIP, etc.)**

### Focal Point, Secretariat and Partners Actions

#### Priority #1: Promote family planning through advocacy and policy dialogue

Focal Point Actions	Who	Timeline
1a. Advocate for increasing FP supply and demand during the national maternal health campaign in the high priority provinces based on AfDHS-2015 findings.	MOPH	2017-2018 (ongoing)
1b. Promote the use of existing training packages for religious leaders on FP in close collaboration the Ministry of Haj and Islamic Affairs.	UNFPA	Q3 2017
1c. Support the engagement of communities, civil society organizations, and the media in providing information and promoting FP programs.	UNFPA	Q2, Q3 and Q4 2017

1d. Maintain and improve FP inter-sectorial collaboration and coordination mechanism through holding national FP inter-sectorial committee quarterly meeting (improvement: clear action plans developed to ensure follow-up, engage high-level advocacy, etc.)	MOPH/RMNCAH Directorate	2017 (quarterly, next one in June)
4g. Conduct private-sector FP Coordination Committee meeting on quarterly basis to improve coordination and collaboration.	MOPH	Quarterly base

Secretariat Actions	Who	Timeline
1a. Work with London Summit organizers and Focal Points to invite First Lady to London FP event	Secretariat	Q2 2017
1b. London Summit satellite session support	Secretariat	Q2-Q3 2017
1c. Letter from Secretariat to First Lady about FP2020 and links to RMNCAH (connected to maternal survival campaign)	Secretariat	Q3-Q4 2017(will send once campaign is launched)
1d. Provide presentation on RB FP for high-level meeting (ex. multisectoral meeting or respectful maternity care)	Secretariat	Q3 2017
1e. Secretariat to share Afghanistan successes, challenges and experiences with global partnership through FP2020 platform	Secretariat	Ongoing

Partner Actions	Who	Timeline
1a. Mobilize social institutions, community influencers and media outlets to increase demand and enable environment for FP in low CPR provinces.	ASMO, MSI-A	By the end of 2017

**Priority #2: Generate demand through information, education, and communication (IEC) and social and behavior change communication (SBCC) for wider use of birth spacing/family planning**

Focal Point Actions	Who	Timeline
2a. Ensure the FP/BS is part of RMNCAH provincial action plan and ensure its implementation of focusing on low CPR provinces.	MOPH	During the given timeline (2017- June 2018)

2b. Print and distribute the updated FP IEC (brochure, flip cards, wall posters) materials for health facilities (HFs) to 23 provinces including public and private HFs	HEMAYAT/ USAID	End of September 2017
2c. Broadcasting FP video and audio spots via national and local radios and TV	HEMAYAT/ SHOPS Plus USAID	End of September 2017
2d. Develop, print and distribute job aids on FP with focus on LARC in four UNFPA focus provinces (Bamyan , Saripul , Samangan and Parwan provinces.	UNFPA	End of June 2017
2e. Promote FP services through celebration of international women day with the close coordination with MoWA.	AFGA	By March 2018
2f. Increase awareness of adolescent and youths on FP methods through Youth Help Line (YHL).	AFGA/UNFPA	By June 2018
2g. Provide awareness on FP for 10,000 adolescent and youth through Youth Health Corners, Peer Education Program and Family life education.	AFGA/UNFPA	By June 2018
2h. Distribution and promotion the use of existing IEC/BCC materials particularly the FP and Islam booklet.	UNFPA	By the end of year 2017 (based on UNFPA workplan)
2i. Establish family planning corner in six private health facilities (two per province) of Balkh, Kandahar and Nangarhar provinces to promote FP awareness and visibility.	HEMAYAT/ USAID	End of September 2017
2j. Provide one day FP workshop to 8000 men and 2000 young male scholars in Madersa and 2640 female pupils within 12 months in 5 provinces.	MSIA	Every Quarter 2,000 men, 500 young male and 660 Female Pupils 2017

<b>Secretariat Actions</b>	<b>Who</b>	<b>Timeline</b>
2a. PPFM Manager and team support with execution of PPFM plan, including implants.	Secretariat	Q4 (TBC)
2b. Secretariat to connect Afghanistan Focal points with other country Focal Points that have particular success in reaching young married women, including with PPFM services.	Secretariat	Q4 (TBC)

<b>Partner Actions</b>	<b>Who</b>	<b>Timeline</b>
2a. Airing of TV/audio spots on promotion of contraceptive products.	ASMO	By September 2017
2b. Promotion of ASMO products and MCH messages including family planning during special national events like Nowruz, Orange flower, Arghawan Flower, Pomegranate flower...picnics in Balk, Nangarhar, Parwan, Kandahar provinces.	ASMO	By September 2017
2c. Distribution of printed FP IEC/BCC materials (poster, leaflets, brochure, banner, etc.).	ASMO	By September 2017
2d. Distribution of point of sales material (Pen, Plastic Bag & Prescription Pad etc.) on FP methods.	ASMO	By September 2017
2e. Conduct community events to raise awareness on FP/MNCH in 23 provinces.	ASMO	2017-2018
2f. Create community-based health video library for individual and household messaging.	ASMO	2017-2018
2g. Broadcast FP video and audio spots via national and local radios and TVs.	MSIA	During 2017
2h. Print updated FP, PAC, Implant, IEC (brochure, flip cards, wall posters) materials for MSIA health facilities of 5 provinces including public and private HFs in the mentioned provinces.	MSIA	During 2017
2i. Conduct FP awareness workshops for public medical universities in Bakh, Hirat, and Kabul provinces.	MSIA	During 2017
2j. Establish FP corners in 6 private facilities.	ASMO	During 2017-2018

**Priority #3: Strengthen community-based birth spacing/family planning approaches (focusing on the most marginalized, rural and youth populations)**

<b>Focal Point Actions</b>	<b>Who</b>	<b>Timeline</b>
3a. Strengthen linkages and referral system between the community health supervisor and community midwives at health facilities and the CHWs, Shuras, and FHAGs in the community for promotion of BS/FP through participation in relevant forums (community based forum, BPHS quarterly coordination meeting).	RMNCAH-D	During 2017-2018
3b. Ensure regular supply of contraceptives by BPHS-implementing NGOs to health posts by monitoring	MOPH/GCMU and FP department	During 2017-2018

visits, quarterly report and BPHS quarterly coordination meetings.		
3c. Mobilize social institutions and community influencers to increase demand and enable environments for family planning in low CPR provinces.	MOPH/RMNCAH Directorate /UNFPA	During 2017
3d. Distribute CHWs' decision-making tool for CHWs to improve their FP counseling skills.	UNFPA	During 2017

<b>Secretariat Actions</b>	<b>Who</b>	<b>Timeline</b>
3a. With support from the HIPs Advisor, share best practices on mobile outreach	Secretariat	Q4 2017

<b>Partner Actions</b>	<b>Who</b>	<b>Timeline</b>
3a. Expansion of community based PFP through providing training and IEC material for 25% of active CHWs (2600 HPs, or 5300 CHWs) in 23 provinces.	Jhpiego-HEMAYAT, USAID funded project	End of May 2017
3b. Conduct FP refresher training to existing CHWs in Jawzjan and Balkh provinces.	MSIA	End of 2017

**Priority #4: Improve provision of expanded choice of contraceptives (focusing on LARC and PFP)**

<b>Focal Point Actions</b>	<b>Who</b>	<b>Timeline</b>
4a. Assist MOPH in registration of Emergency contraception on the National drugs list.	RMNCAH-D, WHO , MSI-A , UNFPA	End of 2017
4b. Procure contraceptives for MOPH to prevent stock out of contraceptives in government funded health facilities.	UNFPA	End of the year
4c. Introduction of Implants for 5 Private hospitals.	AFGA	By end of June 2018
4d. Introduce and include Uniject contraceptive (Sayana Press) into the Essential Medicine List.	MOPH, HEMAYAT/ USAID, UNFPA	By June 2018
4e. Strengthen coordination with Department of EPR of MOPH to ensure EC for populations in humanitarian situations.	RMNCAH-D, MOPH	During 2017-18

4f. Increase numbers of signed partnership MOUs with private health facilities from 9 to 40 for FP services.	MOPH	By end of 2017
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Secretariat Actions	Who	Timeline
4a. Provide information and updates from the global community on Sayana Press.	Secretariat	Q2 2017-Q2 2018XX
4b. Connect Focal Points with International Consortium on Emergency Contraception to share information on country experiences and advocacy techniques.	Secretariat	Q3 2017
4c. By supporting the MSIA team through the RRM, train and certify 450 providers, including midwives and doctors in implant insertion and removal (in Kabul, Balkh, Herat, Kandahar and Nangarhar).	Secretariat and MSI Afghanistan	Q2 2017-Q2 2018

Partner Actions	Who	Timeline
4a. Procurement of implant contraceptive supplies for social marketing and MSIA centers in seven provinces.	MSIA	End of 2017

**Priority #5: Strengthen the capacity of health service providers to provide rights-based FP services through public and private sectors**

Focal Point Actions	Who	Timeline
5a. Further expansion of PPIUCD services through providing PPIUCD training, IEC materials, required kits for 304 health care providers in public and private health facilities	Jhpiego-HEMAYAT, USAID funded project	End of May 2017
5b. Train 92 provincial Balance Counseling Strategy Plus (BCS+) trainers and 800 health care providers from 23 provinces (as part of RMNCAH counseling package trainings)	Jhpiego-HEMAYAT, USAID funded project	End of September 2017
5c. Train 11 provinces health program managers on RHCS and Pharmaceutical and Logistic Information System (PLIS) and ensure functional PLIS.	UNFPA	End of the Year
5d. Train 40 health service providers from AFGA and government staff on FP counselling.	AFGA	By June 2018
5e. Develop a long-term action plan for training of private-sector health providers based on result of RMNCAH TNA.	HEMAYAT/USAID	By end of 2018



5f. Conduct FP technical orientation one-day workshops for private medical universities in Balkh, Nangarhar, and Kandahar.	HEMAYAT/ USAID	End of September 2017
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<b>Secretariat Actions</b>	<b>Who</b>	<b>Timeline</b>
5a. Share resources and best practices on RB FP service provision and counseling.	Secretariat	Q2-Q3 2017

<b>Partner Actions</b>	<b>Who</b>	<b>Timeline</b>
5a. Conduct finalization workshop on update to the National FP Service Delivery guideline based on WHO Guideline and reference to make sure it is within a RB framework.	WHO	By End of July 2017
5b. Review, update and translate Decision Making Tool for family planning client and providers and make sure it is within a RB framework.	WHO	By end of August 2017
5c. Update FP Learning Resource Package (Trainer's and Participant's guide, and presentations), and translation and print the training package and make sure it is within a RB framework.	WHO	By end of December 2017
5d. Support two batches of the RMNH/FP counselling training for 40 healthcare providers at regional level.	WHO	By end of September 2017
5e. Train 400 religious leaders and 500 service providers on FP on PAC in seven provinces.	MSIA	Annually 100 RLs, starting from 2018, annually 167 Service providers 2020
5f. Design, translate in local language and print out 500 PAC guidelines to MoPH.	MSIA	End of 2017
5g. Conduct FP awareness workshops for private medical universities in Bakh, Hirat, and Kabul provinces.	MSIA	During 2017

**Priority #6: Strengthen evidence based decision making (including M&E, CIP, etc.)**

<b>Focal Point Actions</b>	<b>Who</b>	<b>Timeline</b>
6a. Organize and conduct consensus building workshop	MOPH	Sept, 2017 (?)

6b. Incorporate the FP module into the DHIS-2 (advocacy needed to the General Directorate of EHIS) (to be discussed at consensus building workshop).	MOPH	End of 2017
6c. Develop FP Costed Implementation Plan.	UNFPA	End of Q3 2017

Secretariat Actions	Who	Timeline
6a. Support focal point and CSO participation in consensus building workshop.	Secretariat	Q3 2017
6b. Virtual support on the CIP development process (review, connect Focal Points with costing experts, etc.).	Secretariat	Q2-Q3 2017
6c. Provide two National Technical Assistants to RMNCAH department of MOPH to strengthen FP M&E and data management system.	Secretariat (Track20)	Q4 2017- end of 2018

Partner Actions	Who	Timeline
6a. Support development of consensus building workshop.	Track20	Q3 2017
6b. Conduct KAP survey for new trained religious leaders in Jawzjan province.	MSIA	End of 2017
6c. Provide information and expertise on costing FP portion of the RMNCAH strategy.	Palladium	Q3/Q4 2017

### Looking Ahead

*Based on your understanding to date, are there any upcoming milestones, events, elections, or important moments coming up in the next 18 months? This forecasting will be useful to understand as activities are planned and also to identify potential Rapid Response Mechanism opportunities in your country.*

Main occasion during the given timeframe will be:

- BPHS/EPHS revision
- Transition of System Enhancing for Health Actions in Transition (SEHAT) contract modality
- Parliamentary elections
- Returnees from Pakistan and Iran
- Internally displacement population from unsecure to partially secure places.

## Funding Opportunities

*Based on the current FP budget and/or costing exercises done for your country's CIP, where do you anticipate there are going to be funding gaps in 2017/2018? And for which activities?*

We initiate costing exercise for the RMNCAH strategy 2017-2021, we aim to finalize at least the family planning portion by the end of June 2017. This will provide solid information on funding gaps issues in FP. Anyhow, from the current situation specially change in the US government policy, we face limitation in supporting the RMNCAH services by our key partners including UNFPA and USAID. For instance:

- Limitation in support of NTAs to family planning and maternal health programs by UNFPA
- Procurement of FP commodities by UNFPA for MOPH and AFGA
- Program review activities and studies
- Closing of Youth Health Centers supported by HEMAYAT project
- Reduction in FP capacity building activities for health services providers and community health works by UNFPA
- Reduction in FP social mobilization and Socio behavioral change communication activities by UNFPA