

AFGHANISTAN COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage [\[http://www.familyplanning2020.org/entities/95\]](http://www.familyplanning2020.org/entities/95) on FP2020's website.

We request that you submit your response by **Friday, June 8, 2018**. Please complete the attached Word document and submit to Martyn Smith on msmith@familyplanning2020.org with a copy to Chonghee Hwang on chwang@familyplanning2020.org.

Should you have any questions or concerns, please contact Chonghee Hwang on chwang@familyplanning2020.org OR Sarah Meyerhoff on smeyerhoff@familyplanning2020.org.

Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.

AFGHANISTAN COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



Please note that in addition to addressing each element of the Government of Afghanistan's commitment to FP2020, this questionnaire also includes three standard questions we are requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

UPDATE QUESTIONNAIRE

COMMITMENT OVERVIEW

The government of Afghanistan commits to

- Reducing unmet need for family planning by 10 percent by 2020; and
- Increasing the modern contraceptive prevalence rate to 30 percent by 2020.

1. **COMMITMENT:** The government of Afghanistan—as outlined in the Global Strategy for Women's and Children's Health—commits to
 - 1.1. adhere to the agreements made in the Reproductive, Maternal and Newborn Health Strategy (2017-2020) and the Kabul Declaration for Maternal and Child Health (2015);
 - 1.2. increase access to reproductive health services by 2020;
 - 1.3. ensure commodity security and increase method mix in Afghanistan, with a focus on long-acting and reversible methods and postpartum family planning;
 - 1.4. finalize and operationalize the RHSC Strategic Action Plan; and
 - 1.5. 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.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- 1.1. The reproductive, maternal, newborn, child and adolescent health (RMNCAH) strategy developed in light of the government commitment for women, children and adolescent global strategy 2.0, Kabul Declaration as well as FP 2020 Commitment. To ensure successful implementation of the RMNCAH strategy, the strategy Costed Implementation Plan (CIP) developed, finalized and shared with all partners. In light of the developed strategy and CIP the MOPH approves partners plan and projects. In addition to that the MOPH is working on a mechanism to manage NGOs' contracts based on their performances against the set targets in the next three years SEHATMANDI project. In this mechanism the MOPH will be more objective-oriented and measures NGO performances based on 11 key indicators. Six out of 11 key indicators are related to the RMNCAH program including one for family planning.
- 1.2. Increasing access to reproductive health is one of the priority areas of the MOPH national strategy 2016-2020. To response to the need of population the MOPH increased number of health facilities from **2,500** to **2,792** by introducing **292** sub-health centers in late 2016 and also increased number of Family Health Houses (FHH) from 76 to 124 by now. The focus of the services (over 90%) in the newly established health facilities are on RMNCAH. In addition, engaging private sector in provision of reproductive health services is another strategy to increase access. Under the leadership of the RMNCAH Directorate of MOPH, the RMNCAH minimum standard guideline for private sector developed and introduced in beginning of 2017. About 40 MoUs signed with private hospitals and clinics to provide FP services free of cost for short methods and only charge 30% of the local market cost for IUD and Implant insertion. To increase access to SRH services Youth Friendly Health Services including Youth Health Line at national level and 10 Youth Health Centers at regional level established which mainly providing counselling services to adolescents with 60% of women users. Also, with the support of partners the MOPH introduced community-based ambulances (mini-ambulances) to increase access the marginalized and hard-to reach areas population to health care services.
- 1.3. Under the Birth Spacing/ Family Planning component of the RMNCAH Strategy, focus is on improving provision of expanded choice of contraceptives especially Long Acting Reversible Contraception (LARC) and Post-Partum Family Planning (PPFP). In 2016 Implant is included in the Essential Drug List. Following to that a national scale up plan for Implant developed and operationalized. The same the PPIUCD program is introduced and its implementation is ongoing. So far **437** health workers received training on PPIUCD and Implant.
- 1.4. The RHCS strategic Action Plan as part of RMNCAH Family Planning Department action plan has been developed and operationalized. The plan is updating on annual basis.
- 1.5. The RMNCAH Scorecard is regularly updating on quarterly basis that covers two indicators including 1) supply of family planning commodity at community and facility levels, and 2) CYP at both community and facility levels. This is a tool by which the program leaders and managers practicing culture of evidence-based decision-making also that is improving accountability and quality of healthcare services. The RMNCAH Directorate established a feedback mechanism to provide timely response to the RMNCAH Scorecard findings and the Provincial Reproductive Health Officers' reports. In addition, Semi-annual RMNCAH Review workshops organized and conducted at the regional level to review progress

against set targets and Annual Action Plan. Also, the RMNCAH Scorecard indicators status reviewed, analyzed and low-performances indicators discussed and separate Performance Improvement Action Plan for each province developed to achieve the desirable results in a short time.

2. **COMMITMENT:** The government of Afghanistan pledges to
- 2.1. 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;
 - 2.2. advocate for the increasing the government's allocation to health and nutrition services from 4.2 percent in 2012 to 10 percent by 2020;
 - 2.3. allocate 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.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

However, the MOPH is advocating to increase the government allocation to health and nutrition, but due to the government priority, especially to security there is no progress in this area. According to the National Health Account report 2014 which was published in year 2016, it has been estimated that 17.1 percent of the total MOPH annual expenditure is being spent on reproductive health. 4.5 percent of the total reproductive health expenditure is estimated that spend for family planning.

3. **COMMITMENT:** The government of Afghanistan commits to
- 3.1. develop a family planning national costed implementation plan (CIP) (2017- 2020);
 - 3.2. strengthen community-level family planning services through the training of community health workers; and provide sufficient stock of contraceptives;
 - 3.3. expand access to long-acting and reversible methods;
 - 3.4. train 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;
 - 3.5. strengthen community mobilization and increase advocacy about family planning among religious and community leaders, civil society, and youth;
 - 3.6. develop information, education, and communication and behavior change communication campaigns to address barriers to accessing family planning and reproductive health services;
 - 3.7. strengthen coordination, commitment, and collaboration between the public and private sector to improve reproductive health and family planning services, training, supplies, equipment, and commodities.
 - 3.8. roll out a youth health line to five major cities to provide counseling and information to youth on reproductive health and family planning; and
 - 3.9. include implants on the Ministry of Public Health's essential medicines.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- 3.1 The National FP-CIP developed and shared with related MOPH departments and partners for inputs. In addition, to observe the FP-CIP progress a monitoring plan developed.

- 3.2 For expansion and provision of family planning services at the community level following activities have been done:
- 15000 FP update IEC materials distributed to all public and private health facilities of five regional provinces including Balkh, Hirat, Nangarhar, Kabul and Kandahar. The distributed IEC materials were consisting of:
 - 5000 Brochures
 - 5000 family planning flip books
 - Six Posters and
 - 5000 green wallcharts
 - To promote FP products/messages in Parwan, Nangarhar, Kapisa and Panjshir provinces 88 community health meeting conducted. A total of 1,359 men and women of reproductive age attended those sessions (707 men & 652 women).
 - The Decision-Making Tool (DMT) distributed to 500 Community Health Workers (CHWs).
 - 6000 printed Post-Partum Family Planning (PPFP) pictorial guidelines were distributed to 23 provinces during training of 25% of active CHWs in close coordination with Community Based Health Care, Grant Contract Management Unit and SEHAT implementing NGOs.
 - 761 Community Health Supervisors (CHSs) from all active health facilities of 23 provinces received training on community based PPFP. The trained CHSs in turn cascaded the community-based PPFP training to CHWs.
 - 25% of active health posts including 4,879 CHWs from 23 provinces received two-day training on community based PPFP.
 - Family Planning commodities distribution by BPHS/EPHS NGOs is a quarterly based procedure. All CHWs under coverage area of BPHS/EPHS received their regular supply which includes Condom, IM/DMPA and Contraceptive Pills.
- 3.3 Expand access to long-acting and reversible methods:
- The Post-Partum Intra Uterine Contraceptive Device (PPIUCD) program revitalized and expanded to all 34 provinces.
 - 105 healthcare providers (61 doctors and 44 midwife) trained on Implant method.
 - 363 Healthcare providers trained on insertion of PPIUCD in 23 provinces.
 - Distribution of (105) Implant and (363) PPIUCD set to trainees at the end of each training course.
 - During the July 2017 to April 2018, 7,243 eligible women received (5,210) implant and (2,033) PPIUCD has been administrated.
- 3.4 Total of 296 healthcare providers trained on FP counselling and appropriate administration of FP methods.
- 3.5 Strengthen community mobilization and increase advocacy about family planning among religious and community leaders, civil society, and youth;
- 150 young people have been trained as a peer educator on SRHR including FP
 - 984 adolescents from 12 high schools trained on Life Skill Education sessions
 - 214 women leaders of Civil Society, from 12 provinces and 250 Journalists from across the country were sensitized and mobilized to promote family planning through orientation workshops
 - 15,120 youths, from universities and schools received family planning brushes and IEC/BCC material through one-day workshops.
 - 400 religious leaders trained on FP Maternal Newborn and Child health (FPMNCH) messages in four regional provinces including Balkh, Herat, Kandahar and Nangarhar

- 200 religious leaders from Kabul, Faryab, Balkh, Hirat and Jawzjan received awareness sessions and 1000 school's students from Balkh province received health education sessions.
 - One-day FP orientation workshops conducted for 352 participants of private medical universities in Balkh, Herat, Kandahar and Nangarhar.
 - 384 Behavior Change Communication sessions conducted for religious leaders' wives.
- 3.6 Develop information, education, and communication material; and behavior change communication campaigns launched to address barriers for accessing family planning and reproductive health services:
- Two new FP video spots in two languages (Dari and Pashto) developed and broadcasted for households through the video library program by trained CHWs.
 - The FPMNCH messages broadcasted through 15 radios and six national and local TVs channels in 23 provinces.
 - Different types (poster, brochures and flyers) of approved IEC materials in two local languages of Dari and Pashto printed and distributed.
 - 10 family planning spots broadcasted through local TV channels.
 - 210 times radio spots and 20 times TV spots broadcasted through national and local radios and TVs.
 - The FP Learning Resource Package (Trainer's guide, Participant's guide, and presentations) updated, translated and printed.
 - The Family Planning Decision-Making Tool for client and providers based on WHO guideline updated and translated into local languages.
 - 16 FP National Trainers received training on revised and updated version of FP Training Package
- 3.7 Strengthen coordination, commitment, and collaboration between the public and private sector to improve reproductive health and family planning services, training, supplies, equipment, and commodities.
- Public private partnership for provision of FP/BS services expanded through signed MoUs with 11 new private hospitals in Kabul and Herat cities.
 - Two coordination committee meetings conducted with private sector.
 - FP Commodities, IEC/BCC materials and FP guidelines distributed to those private hospitals they have signed MoUs with MoPH. In addition, regular supportive supervision had been done from those private hospitals
- 3.8 Roll out a youth health line to five major cities to provide counseling and information to youth on reproductive health and family planning;
- 2,524 youths and adolescents received Adolescent Sexual Reproductive Health (ASRH) training including FP information and counselling through Youth Help Line (YHL) in 5 provinces. This activity is ongoing and these centers provide information, counselling and referral service to youth and adolescents over the country.
- 3.9 A long-acting contraceptive, Implant included in the Essential Medicine List of MoPH and its scale up plan developed and operationalized during the year 2017- 2018.

Please respond to all parts of the following 3 questions:

1. How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?

Civil Society Organizations are close partners of the MoPH. They are involved in Family Planning program and activities. In Afghanistan, three Civil Society Organizations (MSIA, AFGA and ASMO) are mainly working on FP program. They are members of the Family Planning Technical Committees and involve in all decisions made by the MOPH and other activities like information sharing and advocacy for FP/ BS program at national and provincial levels. The ASMO, AFGA and MSIA organizations are working on promotion and expansion of FP program in Afghanistan. MoPH and CSOs are working on awareness raising activities, information sharing and right-based quality family planning services for youth and adolescence as well.

The MoPH expanded its services through establishing more than 300 sub-health centers as well as Family Health Houses program as new initiative in the area with difficult access to health facilities or to marginalized population.

a. What challenges have you faced in working with these groups? (please give examples)

- Socio-cultural barrier is one of the main challenges specially when working with youths and adolescences.
- Low level of awareness on sexual and reproductive health issues among youths and adolescences
- Lack of privacy to targeted clients in the health facilities due to limited space and high workload of the healthcare service providers mainly midwives and doctors.
- Low level of knowledge and skills of healthcare service providers on SRH program. In spite of receiving training on the subject, still they are with low level of confidence while providing counseling to youth and adolescence on SRH.
- Sham, taboo and rumors are also considered as main challenge to work with the youths and adolescent groups.

b. How has this engagement supported reaching your FP2020 commitment?

Adolescence and marginalized people are the target groups to reduce unmet need and teenage pregnancy and ultimately increasing access to right based, quality and voluntary FP services to these groups will contribute to increase CPR and achieve the set objectives.

Reaching to the target population is impossible without engaging CSOs, since the MOPH is engaged at the policy level. CSOs will support the MoPH to reach the goal of FP2020 by expanding program activities in low CPR area, raising awareness on FP/BS, providing information, education and communication activities. They are working with community influencer, religious leaders, scholars, teachers, schools and universities students, women leaders, youth and adolescence, associations and women

c. Please share successes and/or lessons learned from these engagements.

Providing counselling services through youth health line, enabled youths and adolescents to get proper counselling and information related to their sexual and reproductive issues. 60% of the users or women which they have limited access to information due to socio-cultural barriers.

2. How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?

To consider the UHC-oriented schemes, the MOPH is revising the Basic Package of Health Services (BPHS) and Essential Package for Hospital Services (EPHS) based on Disease Control Priorities-3 (DCP-3) tool. Part of this exercise the RMNCAH Directorate once again integrated and prioritized newly high-impact, cost-effective, quick-win and sustainable family planning services at all levels of health system starting from community to hospital care services.

3. Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?

a. If so, what insights were gained?

Yes, all of the FP2020 country focal points attended the data consensus building workshop that was conducted on May 13, 2018 and they provided valuable inputs on progress of the family planning program. One of the issue the participants were not agree with, was about the family planning expenditure surveys and its data sources. The survey did not give a complete picture of the family planning expenditures.

b. Were domestic expenditures data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data

Domestic expenditure data from both NIDI/UNFPA survey of FP resource flow and the data from recent NHA report were reviewed and discussed in detail. Challenges in using the NIDI survey was that some stakeholders had not responded to the consultant's request for provision of data for the survey and expenditures for non-respondents were not extrapolated to estimate the expenditure. Whereas the NHA report that included sub-accounts for reproductive health had better estimates for overall spending on FP but it was lacking further details on expenditure by different domains within FP expenditure. It was concluded that for the annual FP2020 report, it is better that we use the estimates from NHA instead of the NIDI/UNFPA survey.

Please provide the following information on the Government's point of contact for this update:

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