Afghanistan Prioritized Actions: 2018-2020

Contents

Prioritized Actions 2018-2020

Prioritized Actions for Focal Point and in-country stakeholder	Institution/person responsible	Timeline					
		'18	2019				'20
		Q4	Q1	Q2	Q3	Q4	Q1
Develop communication strategy and action plan for IPCC (IEC/BCC) of FP at national level with special focus on LARC	UNFPA / HEMAYAT, MSIA	X					
Strengthen community-based FP service delivery and CBD focusing on rural and remote area	UNFPA /WHO/ HEMAYAT / ASMO / AFGA, MSIA		x	x	x	x	x
Build capacity of provincial RH officers and stock manager on supply chain management and stock management to prevent the stock out of FP commodities	UNFPA/ ASMO / AFGA	x	x	x	X	X	X

Conduct TNA of FP service providers and develop capacity building plan for strengthening the capacity of FP service providers on FP counselling and services particular LARC.	RMNCAH/ MOPH training department with WHO support, MSIA		x	x			
Provision of update guidelines, job aids, protocols and training package on FP	WHO, UNFPA, HEMAYAT, MSIA	x	x	x		X	X
IEC/BCC campaign for promotion of newly introduced methods focusing on LARC	HEMAYAT, UNFPA, WHO, ASMO, MSIA	x	x	x	x	x	x
Develop inter-sectorial plan and follow up mechanism to integrate FP in other ministries priorities and plans	MOPH FP department, WHO and FP Partners		X				
Conduct national FP summit to renew the government and donor's commitment for FP	UNFPA, WHO, HEMAYAT, MOPH	X					
Develop three years training plan for all health workers based on TNA	Training dep of RMNCAH, WHO, MSIA				x		
Establish e-monitoring system for post training follow up training	RMNCAHD, WHO, MSIA			x	x	x	x
Advocate for earmarking of specific budget for FP capacity.	All FP partners	x	x	x	x	x	x
Improve the provincial RH officer's role to follow up the training plan	MSIA, WHO, UNFPA	x	x	x	x	x	x
Conduct training on LARC for private health facilities staff and provide them update job aids and counselling tools to facilitate their work	UNFPA, MSIA	x	x	x	x	x	x

Provide technical support on updating and revision of FP guidelines, tools, and training package	WHO, MSIA	x			x	x	x
Build capacity of Health care providers on FP based on update evidence-based guideline	RMNCAHD, WHO, MSIA	X	X	X	X	X	X
Provide technical support on integration of FP in Medical faculties curricula	RMNCAHD, WHO, MSIA		X	X	X	X	X
Build capacity of MOPH monitoring and FP department on FP data analysis and use	WHO, MSIA				X	X	X
Conduct small scale assessment of YHL and YHC to find out its effectiveness	AFGA , RMNCAH/ CHA Department , UNFPA, MSIA				x		
Promote the FP through school health service delivery package	AFGA , RMNCAH/ CHA Department , UNFPA	X	X	X	X	X	X
Promote the FP through peer education program	AFGA , RMNCAH/ CHA Department , UNFPA	X	X	X	X	X	X
Conduct cost benefit analysis of FP and use it as advocacy tool to improve the political well	UNFPA , FP WG	x					
Conduct exercise on FP modeling to defines different scenarios on FP and use it as advocacy tool to improve the intra-sectorial collaboration	HEMAYAT, UNFPA, WHO, MSIA,		X	X	X		
Conduct the prioritization exercise of CIP by FP WG	RMNCAHD, All FP Technical working group members		x	x			

Prepare the annual quantification of contraceptives for 2019 for MOPH running health facilities and private sector	RMNCAHD	x					
Conduct bi- weekly FP working group meetings	RMNCAHD/ All members	x	x	x	x	x	x
Conduct RHCS coordination meeting	RMNCAHD, UNFPA, HEMAYAT, MSIA, ASMO, AFGA, WHO	x	x	x	x	x	x
Conduct quarterly private sector coordination committee meeting	RMNCAH, UNFPA, HEMAYAT, MSIA, ASMO, AFGA, WHO	x	x	x	x	x	x
Conduct semiannual RMNCAH and FP2020 steering committee	RMNCAHD		x			x	
Develop and disseminate the IEC/BCC on LARC with focus on newly married couples	UNFPA, RMNCAHD/IYAFP, HEMAYAT, AFGA, ASMO, MSIA		X	X	X	X	X
Conduct post training follow up and supportive supervision visits to the field focusing on LARC	UNFPA, RMNCAHD/IYAFP, HEMAYAT, AFGA, ASMO, MSI-A	X	X	X	X	X	X
Include FP as agenda point in RMNCAH in Emergency Committee meeting.	RMNCAH	X	X	X	X	X	X
Train the RMNCAH in emergency service providers on FP counselling	UNFPA, AFGA, RMNCAHD, MSIA		X				
Introduction and scaling up of SC DMPA at facility and community level	UNFPA, HEMATAY, MSIA, ASMO	X	X	X	X	X	X

Prioritized Actions for Secretariat, Core Conveners & Global Partners	Institution/person responsible	Timeline					
		'18	2019				'20
		Q4	Q1	Q2	Q3	Q4	Q1
Conduct training on advocacy skill for country focal points	**FP2020 secretariat or other Global Partners**						
Provide technical support and provide NTA for improvement of FP data collection	**xx**						
Sponsor exposure visit of country focal points to countries they have successful FP program (PPIUCD, Adolescent, SC DMPA, Implant)	**xx**						
Advocate to include Afghanistan in UNFPA supplies countries	**xx**						
Build capacity of MOPH monitoring and FP department on FP data analysis and use	**xx**						
Build capacity of Afghanistan youth organizations and associations on how to advocate and promote FP program	**xx**						

Annex 1
Country Profile: FP2020 Focal Point Team & In-Country Coordination

<table>
<tr><td rowspan="3">List of
Focal Points</td><td>Government</td><td>Ministry of Public Health</td></tr>
<tr><td rowspan="2">Donor</td><td>USAID</td></tr>
<tr><td>UNFPA</td></tr>
<tr><td>Civil Society</td><td>Afghan Social Marketing Organization (AFGA),</td></tr>
<tr><td>FP Stakeholders
(institutional and/or individual)

<u>Note</u>:
Please list key FP stakeholders e.g.:
- Government agencies with FP in their mandate
- Civil society organizations (national and international) working on FP in country
- Multi-lateral and donor agencies working in FP
- Youth organizations
- etc.</td><td colspan="2">• USAID Funded HEMAYAT Project
• UNFPA
• WHO
• EU
• MSI- A
• Afghan Social Marketing Organization (ASMO)
• Afghan Family Guidance Associations (AFGA)
• JHPIEGO
• CARE International
• CBHC Department of MoPH
• Health Promotion Department
• Private Hospitals they signed MoU for provision of FP Service.
• AFSOG (Afghanistan Society of Obstetricians and Gynecologists)
• Afghan Midwives Associations (AMA)
• International Youth Alliance for Family Planning (IYAFP)</td></tr>
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CURRENT MECHANISMS FOR IN-COUNTRY COORDINATION of FP work (beyond Focal Points)				
Mechanism	**Convening/ Coordinating body**	**Members**	**Frequency** *(monthly, quarterly, semi-annually, etc.)*	**Notes on efficacy** *(How efficient & effective are these?)*
Family Planning Coordination Committee	Coordination, information sharing, decision making body at national level	FP Program partners, UN agencies, International and National NGOs, BPHS/EPHS Implementing NGOs, MOPH related Departments, CSOs, FP/ RHCS experts, and Youth Organizations	Bi- weekly	Strengthen coordination among FP stakeholders, review of FP guidelines and SOPs, review of FP HMIS data, improve partnership with Private sector, advocacy for new FP methods
FP2020 focal points meeting	Coordination body for coordinating, planning, leading and reporting of FP2020 Program among focal point and FP Partners at national level	RMNCAHD/ MOPH, UNFPA, USAID Funded HEMAYAT Project, AFGA, ASMO, MSI- A, WHO, and Youth Organizations	Bi- weekly during FP Coordination meeting/ as per need monthly, quarterly, skype call	Improved coordination among FP2020 Focal points, regular review of country action plan, Advocacy for FP program
RMNCAH Steering Committee	High level Coordination and decision making, body, information sharing	MoPH leadership, all RMNCAH Heath partners, donors, stakeholders, MoPH relevant departments, BPHS/EPHS Implementers	Every 6 months	Significant and important role on decision making on FP program Implementation and expansion, FP2020 is a main agenda of this committee at country level
FP Inter-Sectorial Coordination Committee	FP Coordination body for inter-ministerial/ sectorial	MoWA, MoF, MoE, MoHE, MoJustices, MoHRA, MoCIT,	Annually	Improved coordination among different ministries and

		MoI and Cultural Affairs, MoPH Professional associations, FP partners, UN agencies		organization for integration of FP in their annual plans for promotion of FP program
RHCS coordination committee	Coordination mechanism for RHCS program at country level	FP Partners, Donors, related MoPH Departments, some BPHS/EPHS Implementing NGOs	Quarterly	Improved supply chain management of contraceptives and introduction of new FP method, improved stock management practice and reporting of contraceptives
Private sector coordination committee	Coordination mechanism with Private health sector, information sharing, decision making	All Private facilities have signed MoUs with MoPH on FP free of charges services, FP partners who are working with private sector, MoPH related departments, s	Quarterly	Improved coordination between private and public sector for promotion of FP, strengthen technical capacity and reporting of private sector on FP

Please list additional opportunities to improve coordination:

- Presidential summit on health
- BPHS/EPHS Coordination committee
- Health Donor coordination committee
- CBHC task force
- RMNCAH in Emergency sub committee
- Public Private Partnership committee
- MNH technical committee
- MCH Hand Book Technical committee meeting
- Health cluster meeting
- MOPH Gender coordination committee meeting

Annex 2: Identification of Challenges & Prioritization of Actions

Afghanistan's FP2020 Commitments

COMMITMENT 1: 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 RHCS 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.

COMMITMENT 2: The government of Afghanistan pledges to

- 2.2 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;
- 2.3 advocate for the increasing the government's allocation to health and nutrition services from 4.2 percent in 2012 to 10 percent by 2020;
- 2.4 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

COMMITMENT 3: 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.

Summary of [Country's] Costed Implementation Plan (CIP) – *if applicable*
Insert your country's CIP priorities here (from existing documentation) **Prioritized areas**: **Commitment 1)** 1.3 Ensure commodity security and increase method mix in Afghanistan, with a focus on longacting and reversible methods and postpartum family planning; **Commitment 2)** 2.2 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; **Commitment 3)** 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;

Step 1. From the above commitment(s) and/or CIP priority area(s) which is your country having the greatest difficulty in making progress on? (*the table below can be extended, if you'd like to cover more than three*)

*Please reference your **2018 commitment self-report questionnaire**, if needed.*

1- Commitment 1.3: Ensure commodity security and increase method mix in Afghanistan, with a focus on long acting and reversible methods and postpartum family planning;
2- Commitment 2.2: 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;
3- Commitment 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;

Step 2. What progress toward each commitment/CIP priority *(listed in Step 1)*has been made? What efforts have been made?

*Please reference your **2018 commitment self-report questionnaire** (attached) as well as any **available data in country** (e.g. DHS report, materials of the recent Data Consensus Meeting, etc.) as evidence. Additional data summary will be shared by the Secretariat and Track20 in the next few weeks.*

1. Progress on commitment priority 1:

- Government expanded the coverage of RMNCAH services by establishing new health facilities and providing fund to BPHS implementing NGOs to implement their initiatives such as Sub Health Centers and FHH to improve access to RMNCAH services especially in remote area.
- Implant introduced to essential medicine list and integrated in health system also work is on progress to introduce the SC-DMPA at community level
- RHCS strategy is integrated in RMNCAH strategy of MOPH
- Regular analysis of RMNCAH score card and analysis of FP indicators and providing feedback to provinces showed weak performance on FP and conduct meeting with BPHS implementers of these provinces to provide support to improve their performance
- Suggest to Include FP as indicator for performance-based grant of BPHS/EPHS
- FP annual contraceptives forecast have been prepared and submitted to related entities and organizations
- Three new method of contraceptive (Implant, Emergency contraceptive LNG and SC DMPA (Sayana Press) included in Essential Medicine List
- Advocacy for allocation of budget for procurement of new FP commodities (IMPLANT, SC DMPA and EC)
- Develop Implant contraceptive method scale up plan
- Capacity building of health care providers on Implant contraceptive
- Revitalize PPIUCD program at national level
- Initiate partnership with Beauty parlor to generate demand and improve access to FP methods
- Provider detailing initiative to improve awareness and demand for FP through health care providers
- Increase access to FP services and information through women friendly outlets

2. Progress on commitment priority 2:

- Advocacy for increment of allocated budget for procurement of FP commodities
- Convince MoPH leadership to allocate a small amount for budget at first time for procurement of FP commodities (800000 Af/ 15000$)

4- Progress on commitment priority:

- Trained 363 health care provider on PPIUCD, 76 on FP counselling, 45 on RHCS, 47 FP CBT, 291 on Implant, 296 on FP Counselling (BCS+) and 150 Young people on Peer education
- 1252 HCP trained on FP counselling, PPIUCD and implant insertion in five provinces Kabul, Herat, Balkh, Nangarhar and Kandahar. (313 in FP counseling, 377 in implant insertion and 562 in PPIUCD insertion).
- 483 PPIUCD inserted, 16 Implant inserted in mentioned provinces.
- 6383 women received counselling on PPFP during ANC and PNC visits in communities of above provinces.
- 888 CHWs trained on how to provide PPFP counselling to women.
- The national FP CIP developed and endorsed by MOPH
- 12 provinces public health service providers trained on LARC
- 764 religious leaders, civil society leaders and youths mobilized and sensitized on FP program
- 1352 high schools and medical school students received awareness on FP Program
- Training package for religious leaders on FP developed
- 384 FP IEC/BCC session conducted community level
- The Youth health line coverage expanded to all provinces and number of counselors increased to13. The time of YHL operation extended from 08 AM to 8 PM in tow shift.
- 30 Private health facilities signed MOU with MOPH for free FP service delivery using MOPH donated contraceptives. 265 of private service providers trained on FP method.

Step 3. What are the key challenges or blockages faced when trying to accelerate progress towards the above selected commitments? Where does there seem to be resistance? What are the root causes of those *challenges and blockages*?

3.1. KEY CHALLENGES AND BLOCKAGES (e.g. operational, technical, political)
Commitment priority 1:
• Unavailability of new FP commodities in the market (SC DMPA, EC and Implant) • Stock out of FP Commodities in public and private sector • Long procurement lead time of FP commodities • FP service provider bias on LARC because of load of work and lack of skill • Weak infrastructure of health facilities and Low level of privacy of clients who need the LARC • Rumor and misconceptions about LARC (IUCD and Implant) in society • Weak counselling skill of service providers and shortage of counselling job aids and tools • Low attention of supervisors and monitors to FP services during the monitoring of health facilities also weak technical knowledge of monitors on FP commodities • Shortage of Female health staff in remote area for administration of LARC

- Inconsistency in IPCC and BCC campaigns and Less focus on LARC and PPIUCD in IEC/BCC and campaign
- Family members influence in decision making for making choice of contraceptive by women
- LARC not included in HMIS routine data collection tools and weak data collection from private sectors and weak reporting and recording system for LARC from public and private health facilities
- Lack of proper system for forecasting and tracking of contraceptive stocks, weak supply chain management

Commitment priority 2

- Politically there is less willingness to allocate budget for FP due to other national priorities
- The financial commitment of gov is not translated into action.
- Existence of other priorities at national level which under shadow the FP
- Weak inter sectorial coordination for FP from government institutions and private sectors
- Human resource problems on FP department of MOPH due to unavailability of Tashkil/ structure, discontinuation of financial support of NTA and turnover of technical staff
- Lack of regular supportive supervision, monitoring and evaluation of FP services

Commitment priority 3

- Lack of TNA and improper training plan for FP training
- Less focus on male health service providers training on FP
- Lack of proper training institutions at provincial level
- Weak coordination of NGOs and donors on training of FP
- Misconception and rumors on FP methods among community and society even health care providers
- Social taboo on condom IEC/BCC spots telecasting
- Shrinking donor fund for FP program support

3.2. ROOT CAUSES PER CHALLENGE LISTED ABOVE

(i.e. What are the root causes of the challenges faced in accelerating progress towards the listed commitments? Please reference the guidance note below.

Step 3.2. Guidance note: *This step can be done through asking 5 "why questions"*

5 WHY questions: *an iterative interrogative technique used to explore the cause-and-effect relationships underlying a particular challenge. The primary goal of the technique is to determine the root cause of a challenge or problem by repeating the question "Why?" Each answer forms the basis of the next question. Here is an example:*

- *Community based health workers (CBWs) are not yet in place at the district level (the challenge)*
  a. *Why? - CBWs have not received a basic training yet (First why)*
  b. *Why? - District health offices have not yet received the updated training manual from the central level (Second why)*
  c. *Why? - Budget cuts for the training department at the Ministry delayed training manual development at the central level (Third why)*
  d. *Why? - Health minister was not successful in budget negotiation with the Ministry of Finance for this fiscal year (Fourth why)*
  e. *Why? –According to feedback, supporting documents for budget negotiation were not sufficient (e.g. policy briefs, visualized data summary) to allow the Health Minister to show the impact and urgency of the program (Fifth why, a root cause)*

Commitment priority 1: Ensure commodity security and increase method mix in Afghanistan, with a focus on long acting and reversible methods and postpartum family planning;

Challenges		Root causes
• Unavailability of new FP commodities in the local market (SC DMPA, EC and Implant) • Stock out of FP Commodities in public and private sector • Prolonged Procurement lead time of contraceptives • FP service provider bias on LARC.	⇦	• The commodities newly introduced, risk for import of new product by private sector due to low demand • Poor supply chain management of contraceptives due to lack of standard stocks and reporting system and classic stock management and reporting system. • Long processes for procurement, many entities are involved in the process of importing
• Weak infrastructure of health facilities and Low level of privacy of clients who need the LARC • Rumer and misconceptions about LARC (IUCD and Implant) in society • Shortage of LARC method in market (Implant) • Weak counselling skill of service providers and shortage of counselling job aids and tools • Low attention of MOPH monitors to FP services during the monitoring of health facilities also weak technical		• load of work and weak capacity of FP service providers in administration of LARC • Geographic and cultural and financial challenges which limited access to contraceptives • Low earmarking of budget for IPCC and BCC campaigns and more focus on service delivery • Cultural barrier and misconception, and incomplete awareness of community regarding contraceptives

knowledge of MOPH monitors on FP commodities (cannot differentiate between COC and POP) ● Shortage of Female health staff in remote area for administration of LARC ● Inconsistency in IPCC and BCC campaigns and Less focus on LARC and PPIUCD in IEC/BCC and campaign ● Family members influence in decision making for making choice of contraceptive by women ● LARC not included in HMIS routine data collection tools Weak data collection from private sectors and weak reporting, recording system for LARC from public and private health facilities ● Lack of proper system for forecasting and tracking of contraceptive stocks, weak supply chain management ● Restriction to promote some FP methods through mass media (condom) ● Weak capacity of private FP service providers and lack of job aids and counselling tools in private FP service delivery points		• Less focus of private health facilities on staff capacity building and provision of job aids
Commitment priority 2: 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;		
Challenges		**Root causes**
● Less political willingness to allocate budget for FP due to other national priorities	⇦	● Other national priorities at national level and political focus

Commitment priority 3: 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;		
Challenges	⇦	**Root causes**
● Shortage of fund for training of health workers ● Lack of post training follow up and refresher training especially for kill competency training ● Lack of a comprehensive training plan for FP training ● Weak stewardship and leadership role of provincial RH officers		● Due to other burning health issues the capacity building budget focused reflected. ● Security issues which limited monitoring and supervision and post training follow up visits to the field ● Weak capacity of provincial RH officers and limited mobility of provincial staff due to security and lack of transportation.

Step 4. What actions are required to tackle the root causes (in 3.2 above) for the identified challenges? Where does the greatest opportunity stand to influence the system, overcome resistance and accelerate changes?

4.1. What is needed in order to tackle the root causes for the identified challenges/blockages (listed in 3.2 above)? Based on your assumptions about what could work well and what will not, think about all possible actions/interventions.	
Commitment priority 1: Ensure commodity security and increase method mix in Afghanistan, with a focus on long acting and reversible methods and postpartum family planning;	
Root causes	**Actions/interventions to be taken**
• The commodities newly introduced, risk for import of new product by private sector due to low demand • Poor supply chain management of contraceptives due to lack of standard stocks and reporting system and classic stock management and reporting system. • Long processes for procurement, many entities are involved in the process of importing • loud of work and weak capacity of FP service providers in administration of LARC • Geographic and cultural and financial challenges which limited access to contraceptives • Low earmarking of budget for IPCC and BCC campaigns and more focus on service delivery • Cultural barrier and misconception, and incomplete awareness of community regarding contraceptives • Less focus of private health facilities on staff capacity building and provision of job aids	• Develop communication strategy and action plan for IPCC (IEC/BCC) of FP at national level with special focus on LARC • Advocacy for promotion of newly introduced methods • provide awareness and capacity building program for new methods to health care providers and target groups • Conduct TNA of FP service providers and develop capacity building plan for strengthening the capacity of FP service providers on FP counselling and contraceptive technology particular LARC. • Build capacity of provincial RH officers and stock manager on supply chain management and stock management to prevent the stock out • Strengthen community-based FP service delivery and CBD focusing on rural and remote area • Provision of update guidelines and job aids and protocols and training package on FP • IEC/BCC campaign for promotion of newly introduced methods • Conduct training on LARC for private health facilities staff and provide them update job aids and counselling tools to facilitate their work

Commitment priority 2: 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;	
Root causes	**Actions/interventions to be taken**
Other national priorities at national level and political focus	• High level advocacy with policy makers and government to earmark budget for implementation of CIP • Advocacy with donors and INGOs to earmark budget and align their activities with CIP • Develop intra-sectorial plan and follow up mechanism to integrate FP in other ministries priorities and plans • Conduct national FP summit to renew the government and donor's commitment for FP
Commitment priority 3: 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;	
Root causes	**Actions/interventions to be taken**
• Due to other burning health issues the capacity building budget focused reflected. • Security issues which limited monitoring and supervision and post training follow up visits to the field • Weak capacity of provincial RH officers and limited mobility of provincial staff due to security and lack of transportation.	• Develop three years training plan for all health workers based on TNA • Establish e-monitoring system for post training follow up training • Advocate for earmarking of specific budget for FP capacity. • Improve the provincial RH officer's role to follow up the training plan

4.3. How can all focal points and other stakeholders best leverage their influence to support these interventions to accelerate progress?(Refer back to the stakeholder list above)	
Action 1.1: Strengthen coordination and cooperation at national level. **Action 1.2:** advocate for intra-sectorial coordination and cooperation for promotion of FP **Action 1.3:** Advocacy with national authorities (president office, parliament) to set FP as national priority. **Action 2.1:** Focus resources to implement the National FP costed Implementation Plan **Action 2.2:** Harmonize demand generation and IEC/BCC activities at country level to improve demand for FP	
4.4. To what extent are these interventions focused on the following three themes of the workshop? Please list those that you would like to discuss/learn more (from other countries' experiences and/or technical partners) at the October workshop.	
1. Strengthening leadership / improving political will	• How to advocate at national level to set FP as national priority • Learn from other countries experience on increase demand for FP particularly LARC • Advocacy technics and skill on how to sensitize and mobilize the political leaders and parliamentarians on importance of FP
2. FP financing	• experience of other countries on how to build consensus on FP CIP and inline all partners activities with FP CIP
3. Reaching youth and adolescents **a. Adolescents** **b. Youth**	• Experience other countries on how to improve access of youth and adolescents to FP services • Experience of other countries on how to reach newly married couples and young couples • Experience of other countries on how to integrate FP in school curricula