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National Workshop For

Improving Family Planning and Birth Spacing Services

Report

26–27 July 2015 | Kabul Intercontinental Hotel

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1. Introduction/Background

Rationale for the Workshop

Due to its high importance and influence on families and society, family planning (FP) is one of the primary health care elements focused on by the Afghanistan Ministry of Public Health's (MOPH's) Reproductive Health Strategy (2012–2016). FP programs assist families to take appropriate reproductive decisions that suit their own circumstances to meet their needs and to achieve their reproductive health goals. The right to choose and hence control one's own fertility is one of the most important reproductive rights of individuals. In addition, from a public health perspective, increasing access to FP information, services and supplies provides dramatic health benefits for women and children. It is also a cost-effective intervention that has an immediate impact on maternal mortality (decreased by 35%) and the health and economy of the country. When couples can choose the number, timing and spacing of their children, they are better able to adequately feed and educate their children, potentially ending the cycle of poverty

Decades of conflict and political uncertainty in Afghanistan virtually ruined all sectors of the country, and Afghanistan's health sector has widely suffered from the country's unstable situation. Access to basic health care services and hospital services were almost inconceivably limited. After the establishment of the transitional government in 2001, the MOPH decided to increase equitable distribution of health care services throughout the country. To achieve this, the MOPH introduced a comprehensive strategic package: the Basic Package of Health Services (BPHS). The main purpose of the BPHS is to provide a standardized package for delivering basic health care with a greater focus on reproductive and child health care services. Fortunately, introduction of this package has considerably increased coverage and accessibility. Later on in 2005, another package was introduced as complementary to BPHS: the Essential Package of Hospital Services (EPHS).

The MOPH made considerable achievements in terms of health care services distribution and coverage by implementing the BPHS and EPHS. For instance, to compare trends in maternal and child health coverage over time in Afghanistan, antenatal care coverage has been generally increasing since 2003, when it was 9%, while the most recent estimate for Afghanistan was 48.5%. In the same way, skilled birth attendance and institutional deliveries were both rising from 9.0% and 6.0% to 40.5% and 32.4%, respectively. **Still, the level of contraceptive prevalence has remained very low, with only 13.8% of women using modern contraception in 2012.** This has been the case despite the fact that FP services, including counseling and distribution of modern methods (condom, oral pills, injection, intrauterine devices and female sterilization), have been provided free of charge by most BPHS and EPHS health facilities (HFs) since 2003. At the same time, FP continues to be a priority for the MOPH, with objectives of gradually reducing the population growth rate, promoting the concept of a small family norm to the population in general and the rural population in particular, increasing the availability of and demand for FP services, increasing the quality of FP services, reducing unmet need, expanding and sustaining adequate FP services at the community level by utilizing all HFs, and encouraging the private sector and nongovernmental organizations (NGOs) to promote FP services. In light of these aims, the Reproductive Health Directorate (RHD) of the MOPH, through technical and financial assistance of the Helping Mothers and Children Thrive (HEMAYAT) project,

initiated and conducted a national workshop for improving FP and birth spacing services in Afghanistan from 26–27 July 2015 at the Kabul Intercontinental Hotel.

The workshop was conducted by national FP technical work group of the RHD to obtain input from key internal and external stakeholders. Stakeholders include those who have roles and responsibilities within the FP services in Afghanistan. During the two-day workshop, 20 - stakeholders contributed to: an analysis of strengths, weaknesses, opportunities and threats (SWOT), strategic objectives, sub-objectives, and an action plan to improve FP and birth spacing services in Afghanistan.

Objectives of the Workshop

1. To explore programmatic ways for increasing coverage and utilization of high-quality FP services in Afghanistan through analysis of current status of service provision, and to propose evidence-based interventions.
2. To identify interventions for improving service utilization and further expansion of long-acting, reversible contraception (LARC) methods at community and facility levels in Afghanistan.
3. To come up with practical recommendations for improving FP services utilization.

1.1 Participants of the Workshop

The list of participants was determined in close consultation between the core FP working group members and the Reproductive Health Director to ensure participation of all stakeholders who are directly or indirectly involve in FP services provision at the national and provincial levels. A total of 200 people attended in the workshop. His Excellency the Minister of Public Health also attended the workshop opening session. The attendance sheets listing the participating stakeholders are presented in Annex D.

2. Activities

2.1 Proceedings of Day One

2.1.1 Opening remarks

Figure 1: Dr Zulaikha Anwari, Reproductive Health

Dr. Rashada Furmoli, FP Manager of the MOPH, welcomed the participating representatives from different organizations and ministries. Then His Excellency the Minister of Public Health officially opened the workshop. He elaborated the importance of FP and birth spacing in maternal and child health and their outcome on the wellbeing of the society and economic development of the country. He thanked from HEMAYAT project for providing technical assistance to the RHD and facilitating the workshop. He mentioned that it is essential to focus on further transparency and accountability of the partner organization to MOPH.

Next, Dr. Nasratullah Ansari, Country Director of Jhpiego, introduced the workshop agenda and acknowledged His Excellency the Minister of Public Health for his kind words and expressed that it was an honor for the Afghanistan/Jhpiego team to be given an opportunity to provide technical assistance at the workshop. He hoped that workshop facilitators would be able to learn from the participants' experiences and assist in providing direction.

He re-emphasized the need to improve inter-sectorial convergence and involving the private sector for provision of high-quality FP services. He added that it was critical to strengthen the linkage between the community and services to effectively reach rural, isolated, poor and vulnerable populations.

2.1.2 Presentation on current status of FP services in Afghanistan

As per the workshop schedule, Dr. Zulaikha Anwari, Reproductive Health Director of the MOPH, delivered the first presentation on *Family Planning in Afghanistan*. She described the rationale for FP and its outcome on maternal and child health, Afghanistan's contraceptive prevalence rate trend over the last decade, and the FP strategic objectives in the Reproductive Health Strategy for 2012–2016.

Following the Reproductive Health Director's presentation, the *FP Comprehensive Need Assessment Findings* was presented by the UNFPA international consultant, Dr. Saramma Thomas Mathai. She explained that the main objective of this assessment was to map the current status of FP in Afghanistan and determine the supply, demand and environmental needs/gaps that affect sustainable provision of high-quality FP services. She briefly presented the methodology of the assessment and key findings on an enabling environment, and the supply and demand sides for high-quality FP services.

Next, Dr. Rashada Furmoli, FP manager of the MOPH, presented the third presentation on *USAID FP compliance*. She briefed the participants on inclusion of this compliance in RHD's technical documents, its applicability in all System Enhancement for Health Action in Transition (SEHAT) projects, and the fundamentals of volunteerism and informed choice that are the foundation of compliance.

The last presentation*, Factor Influencing Conceptive Use among Women in Afghanistan*, was conducted by Ahmad Kamran Osmani, FP Advisor of HEMAYAT project. This presentation covered the findings of the secondary data analysis of the Afghanistan Health Survey (AHS) 2012. Dr. Osmani outlined that the objective of this study was to examine the factors influencing contraceptive use among women in Afghanistan, using the dataset collected by the AHS 2012. Based on the study findings, he briefly explained the socio-economic, demographic and reproductive factors affecting contraceptive use among women in Afghanistan and provided recommendations accordingly.

2.1.3: Group Work One: Analysis of the Current Situation of FP Services in Afghanistan

2.1.3.1 Group Structure:

In advance of the workshop, the core technical team had formed eight groups by region. Each group was made up of 15 to 20 members consisting of: Provincial Public Health Directors, NGO provincial project managers of related provinces within the region, and NGO Kabul-based office key staff. For instance, the North group members were Samangan,

Balkh, Jawzjan, Sur-e-pul and Faryab Provincial Public Health Directors and BPHS implementer provincial managers.

Figure 2: Current situation of FP was analyzed in work-in groups on the first day of the workshop.

2.1.3.2 Methodology

The first group work session took place following the presentations. To fully identify and then address all of the major issues related to FP, the WHO Six Building Blocks of health systems strengthening were utilized and adapted as the basis for the situational analysis of FP services. Two building blocks (Community, and Monitoring and Evaluation) were added to ensure these topics were given adequate consideration and to indicate the level of importance of these building blocks within FP services. The situation analysis regarding Afghanistan's FP services included the use of a SWOT analysis within the framework of the aforementioned building blocks. This group work continued for three hours. At the end, four out of the eight groups presented their group's results to other members of the workshop. The SWOT analysis result is in Annex A

2.2 Proceedings of Day Two

On the second day, Dr. Mohammad Masood Arzoiy, Service Delivery Team Leader, opened the workshop by welcoming the participants and asking one of them to review the activities of the first day. Dr. Faridon Habib, PHD of Jawzjan, summarized the activities of the first day of the workshop.

2.2.1 Presentations

As per the workshop schedule, Dr. Saramma Thomas Mathai from UNFPA delivered her presentation on *Framework for Rights-Based Family Planning Services Strategy*. The objective of this presentation was to provide an overview to participants on proposed Framework for Rights-Based Family Planning Services Strategy, elements of supply, demand, and enabling environment and 10 elements of a successful FP program. She guided the participants to consider the aforementioned points when developing their plan of action for improving FP and birth spacing services.

2.2.2 Group Work Two: Priority Setting and Recommendations

Ahmad Kamran Osmani, FP Advisor of the HEMAYAT project, provided instructions to all participants on group work. Next, all groups developed their priorities based on the SWOT analysis findings and FP/birth spacing component of the Reproductive Health Strategy for 2012–2016.

The MOPH Family Planning priority issues derived from the SWOT are as followings:

- Quality of FP counseling and services
- Access to FP services
- FP support system functionality
- Enabling policy environment for FP
- Efficiency of FP human resources management
- FP information systems functionality
- Effectiveness of FP community based initiatives
- Financial sustainability for FP program and commodities
- Improving community awareness and demand for FP
- Cross-sectorial collaboration and coordination for FP services

Following the identification of priorities areas, the assigned group provided their recommendations for improvement of family planning service utilization and finally, the group representatives from all groups presented their recommendations, which were followed by question answering sessions. Summary of provided recommendations is in Annex B.

2.2.3 Workshop Closing

The workshop commenced with closing speeches from Dr. Zulikha Anwari, Reproductive Health Director, and Dr Nasratullah Ansari, Country Director of HEMAYAT project. Through her speech, Dr. Anwari shared her appreciation of the project's efforts to provide opportunities for the participants and emphasized the use of the workshop's result for preparation of a comprehensive workshop to increase FP service utilization all over the country.

Dr. Anwari congratulated the workshop technical working groups for their active contribution in the SWOT analysis and for providing good recommendations for the development of the action plan for improving FP/birth spacing services. At the end of her speech, she extended a special word of thanks to the FP working group for their assistance in organizing the workshop.

Dr. Narat Ansari, chief of party of Jhpiego Afghanistan, in his closing remarks, thanked the FP working group for organizing the event, the HEMAYAT project for its funding, and the participants for attending and contributing in the process of group work.

At the end, the participants were asked to express their point of view on the contents of the workshop, and four participants used the opportunity to share their thoughts. The workshop was widely appreciated by them. The participants felt that the workshop covered most of the pertinent issues related to FP services, and was conducted in a comprehensive manner.

Annex A: SWOT Analysis

Strengths	Weaknesses
Family Planning Services • Availability of guidelines, standards, job aids, learning resource packages and IEC materials for FP • Availability of objectives and activities related to FP in the Reproductive Health Strategy for 2012–2016 • Existence of FP services in BPHS and EPHS • Availability information, education and communication (IEC) and behavior change communication (BCC) materials on FP • Supportive roles of NGOs and private sector • Availability of free services and supplies in all public HFs • Good geographic coverage of HFs and health posts (HPs) providing FP services • Pre-service and in-service training for FP • Political commitment • Availability and accessibility of new FP methods • Technical/financial interest of donors • Free-of-charge services at all level • Presence of FP vertical projects **Human Resources** • Existence of community midwifery education (CME) and community health nursing education (CHNE) schools • Presence of private medical institutes • Existence of FP services in midwives' job description • Availability of at least one female health care provider (HCP) in all HFs • Enough capacity building opportunities for HCPs • Provision of hardship incentives for female health workers • Availability of national trainers • Implementation of revised National Strategic Plan at BPHS level	**Family Planning Services** • Poor compliance of services providers with protocols and guidelines • Low number of trained female health workers on FP • Weak and irregular supervision and monitoring of FP services • Poor referral system • Limited access to long-acting contraceptives (e.g., IUDs) • Poor maintenance of equipment • Insufficient health education sessions conducted for clients • Lack of a post-training follow-up mechanism • Partial participation and involvement of public HFs • Lack of privacy room for FP • Weak counseling for FP • Poor focus of male health care providers on FP • Difficult access to health services in hard-to-reach areas (scattered population) • Privacy and confidentiality not properly considered • Lack of sufficient IEC materials including TV/radio spots in local languages, campaigns, mass media • No proper location for FP counseling in some HFs • Insufficient trained female doctors • Poor skills of skilled birth attendants, especially in BCC and counseling • Misconception of some service providers • Poor focus on FP during pre-service education (at medical training institutions) • Lengthy process of policy changes (inclusion of implants in essential drugs list of the MOPH) • No training for the private sector on FP • Poor involvement of private sector in FP • FP not on the agenda of the central government, MOPH, public health

• Having health posts with community health workers (CHWs) and Family Health Action Groups (FHAGs) **Leadership** • Availability of supportive rules, laws and protocols • Commitment of MOPH, donor agencies and other stakeholders for FP • Leading of RH services, including FP implementation, at all level by RHD • Chain of command and bottom of structure • Signed document (Ministry of Religious Affairs) **Information and Monitoring and Evaluation** • Availability of standardized user manuals and forms for FP • Uniform report and documentation system at HF level • Recent introduction of Pharmaceutical and Logistic Information System (PLIS) by MOPH • Survey results • Availability of quality assurance/quality improvement tools in the field of maternal and child health and FP • Standardized user manual and forms for maternal and child health • Good health management information system (HMIS) • Existence of a monitoring plan **Commodities and Finance** • Presence of three to four FP commodities/methods at HFs and community level • Supply of FP commodities to HF and HPs • Availability of all products in local market • Existence of CHWs • SEHAT projects and donor partners **Community** • PPFP knowledge among almost all CHWs and Shuras members and FHAGs • Vast network of CHWs across the country and involvement in FP services • Existence of Family Health Action Groups (FHAGs), Community Health Supervisors (CHS), community midwife and nurses • IEC materials (printed, audio and video) • Acceptance of FP by communities	coordination committees and other important forums as priority • No specific policy on adolescent health • Poor counseling skills of health providers • Improper use of IEC materials • Lack of BCC interventions at community level • Low/lack of tracking system of clients • Low use of modern technology such of mobile phones • Unsystematic on-the-job training • Low knowledge of provincial/center supervisors • Lack/insufficiency of pre-marriage/early marriage counseling • Improper use/implementation of developed policies/manual, guidelines • Poor management of implementing partners • Weak knowledge and skills of midwives on FP methods • Unavailability of FP guidelines in HFs • Less attention for FP services for male clients/lack of couples counseling approach **Human Resources** • Low interest of health workers in FP services • Limited number of qualified national trainers of FP, particularly in regions and particularly for implants and postpartum IUDs • Limited number of staff trained in FP services at private sector facilities • Lack of continuing education in FP for HF staff • Irregular post-graduation deployment for community midwives/community health nurses • High turnover of qualified staff • Weak counseling skills of HCPs • Lack of female health workers in some areas, including Reproductive Health Officer • Policy-level human resource gaps at HF level such as sub-health centers, basic health centers (BHCs) and comprehensive health centers (CHCs) (e.g., one midwife for BHC with overload of work, no provision of rest after night duty at CHC) • Inefficient performance appraisal system for HF staff • Low awareness and acceptance of medical ethics • Providers' poor attitude to clients • Poor involvement of nurses in provision of FP service

• Support of civil society • National and international support. • Increased private sector involvement in FP services • Support of community • Support of religious leaders • Demand of community • Discussion of FP issue in community shura	• Lack of male staff involvement in FP services • Lack of privacy for FP counseling and services • Unavailability of Reproductive Health Officers in some provinces • Lack of staff information on FP policies and strategies • Lack of reproductive health issue as a subject in curriculum of medical facilities in public and private institutions • Low commitment of midwives to their job and job location • Lack of backup (midwives) at HFs, especially during long-term leaves (delivery vacation) • Low capacity and skill of midwives who graduate from private sector institutes • Weak coordination on recruitment of community midwives/nurses at provincial level • Details of staff job descriptions not updated based on current service provision • No regular intervention for improving interpersonal communication, or BCC of HCPs **Leadership** • FP is not a key issue in MOPH strategy plan • FP is a small unit under RHD organogram which limits its capacity • Weak inter-ministerial and sectorial coordination • Inappropriate positioning of FP within MOPH structure • Insufficient coordination between partners in terms of FP activities and intervention • No strategy for male involvement in FP services • The stewardship role of MOPH still needs to be improved for better results and efficiency • Inappropriate interpretation about FP strategy in the level of implementation • Donor dependency • Poor government contribution (no specific budget allocation for FP) • Corruption • Lack of coordination between each department of MOPH • Lack of coordination between public and private sector • Weak inter-sectorial collaboration in some provinces

	Information and Monitoring and Evaluation • Insufficient monitoring and evaluation system for FP services • Insufficient dissemination and utilization of data for decision-making at all levels • Missed opportunities for conducting studies/research regarding FP services by MOPH • Only one performance indicator for FP in BPHS/EPHS facilities • No regular written feedback to provincial RH officers provincial public health directorate • Lack of frequent and regular supportive supervision for HFs and HPs by Provincial Health Officer due to transportation/per diem and insecurity in some areas • Lack of specific supervision and monitoring checklist (tool) for FP • Insufficient knowledge of RH Officers on HMIS • Discrepancy between different sources in reporting and recording • Poor analysis of FP data and information in RH committees • Lack of country-level survey on knowledge, attitudes and practices for FP **Commodities and Finance** • Limited choice for contraceptive methods • Shortage of FP commodities • Shortage of DMPA in HPs • Waste of costly FP commodities • Reliance on donors for implementing some areas of FP activities such as community-based activities, capacity building and marketing • Inappropriate logistic and stock management at HFs • Unavailability of LARC methods in all HFs • Limited governmental budget • Improper stocking of FP products • Supply of medicine including FP products to HFs as push system • Donor dependency for provision of FP products **Community** • Marketing and awareness challenges • Lack of sustainable community mobilization campaign • Socio-cultural barriers to use of FP services • Illiteracy

	• Lack of male client participation in FP program • Weak support from scholars and religious elders • Week referral between community and HFs • Denial by some religious leaders • Male dominated community in FP decision-making • Insecurity • Son preference • Lack of information about dangers of frequent delivery, especially among the family decision-makers (husbands and mothers-in-law) • Improper counseling by CHWs, which can cause discontinuation of FP methods • Religious/cultural barriers • Less access to mass media especially in remote places • Cultural and traditional barriers of community • Insufficient availability of FP services at community level • Less support from community health shura • No involvement of civil society • No learning resource packages or guidelines for religious leaders training and Molas for improving and advocacy • Community interests for utilization FP methods even if require payment • Support of some religious leaders
Opportunities	**Threats**
Family Planning Services • More than one institution or organization for providing and supporting FP services • Donor interest to support FP programs in Afghanistan • Support of Ministry of Religious Affairs and Haj for FP programs • Availability of international technical support • FP service delivery by private sector including Contraceptive Social Marketing **Human Resources** • Capacity development opportunities through different partner organizations • FP subject are included in CME and CHNE curricula • Availability of good number of female physicians in the private and NGO sector	**Family Planning Services** • Lack of coordination among organizations providing FP services, or supporting FP services • Low knowledge of the community • Very weak interest of male in FP program • Insecurity • Lack of community awareness about FP services • Geographic barriers • Limited provision of FP services in private sector **Human Resources** • High staff turn over from MOPH to private sector due to competitive market • Lack of health workers knowledge on FP in private sector

• Availability of qualified HCPs all over Afghanistan • Availability of public and private education institutions • CME, CHNE and other community-based training programs • Big network of CHWs • Availability of international and national experts • Taking part and interest to enroll eligible girls in CME school **Leadership** • Support from national and international organizations • Availability of supported documents and policies on the national levels • Support from national organizations and international projects. • Donor alignment in health service delivery **Information and Monitoring and Evaluation** • Availability of national monitoring tool like National Monitoring Checklist (NMC) • Third party evaluations such as Balance Score Card(BSC) • Availability of survey data and information like (AHS, Demographic and Health Survey, Afghanistan Mortality Survey, Catchment Area Annual Census) • National and international support, or interest to conduct studies and surveys on FP • Availability of much mass media for FP information sharing **Commodities and Finance** • Easy access to companies from which FP methods can be purchased • Contribution of NGOs in financing of FP commodities • Relatively cheap price • Availability of funds in donor organization • Donor interest **Community** • Good coverage of CHWs and FHAGs • Acceptance of FP services by community • Community demand and support • Availability of Shura-e-Sehi and other local council such as Community Development Councils	• Low salaries • Inappropriate structure (tashkil) in BPHS • Low counseling skills of services providers on FP methods • Poor quality of translated documents of FP **Leadership** • External projects are not well coordinated within the system • Long-term program sustainability is questionable • Implementation of FP services by unauthorized entities • Irrational distribution of HFs • Considerable decreasing budget in this field • Political and security problems **Information and Monitoring and Evaluation** • Lack of evidence-based data for decision-making • Low level of general public awareness on FP • Weak quality assurance of national data on FP • Very few FP studies • No usage of data and information • PPFP expanded at national level, but there is no any indicator of PPFP in HMIS • Weak use of mass media for promotion of FP services **Commodities and Finance** • Donor dependency • Limited and irregular supplies of FP methods • Maintenance of optimal temperature for FP commodities in some areas • Irrational use of contraceptives • Limited choices of FP method • High cost of LARC in private sector **Community** • Low literacy rate • Low support of ministry of Haj and Ministry of Women's Affairs • Linkage of FP to women • Misconception of religious leaders on FP at the community level • Voluntarism concept is not well adopted by the community

	• Cultural barriers of FP such as demand for big family size and son preferences • Low male involvement in FP program • Social stigma or taboo

Annex B: Summary of workshop Recommendations for improvement of family planning service utilization

1. **Increase involvement of community health workers, women's groups, religious leaders, youth, journalist, teachers in mobilizing support for FP and addressing barriers to FP utilization.**

    a. Develop family planning information package for community leaders.
    b. Based on family planning information package conduct orientation for:
        i. Community leaders including religious leaders, community gate keepers, health shura
        ii. High school male and female teachers
        iii. Civil society particular women lead groups, Journalists and youth groups
    c. Develop evidence based IEC/BCC materials for promotion of community involvement in improvement of family planning services.
    d. Implement MAMA messages for improvement of family planning service utilization.
    e. Conduct national campaigns for promotion of FP services utilization
        i. Conduct media campaigns on community involvement in improvement of family planning services.
        ii. Disseminate key massages of FP through local media
        iii. Transfer family planning messages through different celebration days
    f. Provide and distribute FP related IEC materials to facilities and community including FHA groups.
    g. Advocate for implants inclusion into essential drug list.

2. **Increase availability of affordable and quality FP services, with improved and equitable access through public and private sector providers.**

    a. Expand family planning method mixed at health facility and include Implant in BPHS/EPHS
    b. Engage private sector in provision of quality family planning services including LARC.
    c. Train pharmacist and program managers on RHCS
    d. Improve stock status of contraceptives at provincial and health facility level
    e. Ensure quality of contraceptives at local market through improving existing MoPH quality control mechanisms.
    f. Ensuring full implementation of FP policies, guidelines and standards at health facility and community levels.
    g. Increase the number of HFs providing expanded choices of conceptive methods and providing privacy for clients.
    h. Improve family planning referral system from community to facility and from facility to facility by introducing an ICT4D supported referral system.
    i. Develop, test and institutionalize IC4D family planning clients tracking system for facilities' health care providers
    j. Establish provincial center of excellence for PPFP and facilitate exposure visit of other facilities health providers from these centers for exchange best practices.
    k. Add family planning counseling and awareness component in existing MoPH call center (166)

3. Improve capacity of health care providers on provision of quality family planning services and counselling.

a. Update, translate and print family planning training material.
b. Conduct refresher family planning ToT training for existing national family planning trainers and initial family planning ToT for newly selected national family planning trainers.
c. Conduct assessment of existing regional training centers to gauge their capacity for family planning training programs and provide required support to strengthen their capacity.
d. Conduct regular training needs assessment of health care providers and identify the need for family planning trainings.
e. Develop annual national family planning capacity building plan based on family planning TNA results
f. Train health facilities service providers (male, female) on family planning especially LARC methods (including IUCD and Implant).
g. Train facilities health care providers on family planning counseling
h. Train Community Health workers on family planning counseling
i. Train health care provider on male involvement in family planning services.
j. Develop e-learning module (computer based, web-based, mobile applications) for family planning services and counseling and promote use of blinded learning approach for improvement of health provider's family planning knowledge and skills.
k. Establish mini training centers at health facilities to be used for replication of family planning trainings for facility health providers.
l. Improve family planning training data management system at national level.
m. Establish and implement a simple ICT4D post training follow up system for family planning trainings.

4. Strengthen existing MoPH family planning monitoring, evaluation, supervision and Quality improvement mechanisms and promote evidence-based decision-making.

a. Develop and advocate for incorporation of programmatic FP indicators into list of HMIS national indicators.
b. Revise the existing MoPH family planning monitoring, supervision and reporting tools/guidelines based on update FP guidelines
c. Ensure quality of family planning service through implementation and use of update family planning quality improvement standards at facility and community levels.
d. Establish recognition system for best performing health facilities and health posts.
e. Conduct regular monitoring and supervision visits from HFs and HPs and provide constructive feedbacks and on the job trainings accordingly.
f. Conduct joint monitoring visits from private sector family planning service and provide feedbacks and on the job training for improvement of provided services.
g. Train health care providers on data analysis, visualization and use for evidence based planning
h. Use ICT4D for improvement of monitoring, reporting and overall family planning data management systems.
i. Conduct family planning KAP survey of different layers including management, providers and community.
j. Ensure the family planning program research questions are reflected into the national MoPH studies and surveys.

5. Improve national family planning coordination mechanisms for better coordination of family planning programs at national level.

a. National level:
   i. Establish an inter-sectoral family planning mechanism for coordination of national family planning activities and programs amongst different ministries and stakeholders, including public and private sectors.
   ii. Improve current MoPH family planning coordination mechanisms for better coordination of family planning intervention within health sector.

b. Sub-national level:
   i. Ensure regular inclusion of family planning agenda in existing provincial technical and coordination meetings

c. Community level:
   i. Improve coordination of community level family planning activities through regular meetings held by community health shuras and CHWs etc.
   ii. Share family planning related information with community through Juma Prayers.

Annex C: Workshop Agenda

DAY 1, Sunday, 26, July, 2015			
TIME	**ACTIVITY**	**SPEAKER/FACILITATOR**	**NOTES/ACTIONS NEEDED**
8:30 – 8:45	Welcome Recitation of the Holy Quran	Dr.Rashada/ Dr.Kamran Osmani Dr. Nadem	
8:45-9:00	Opening remarks Review of the agenda	MOPH Minister Dr. Nasratullah Ansari/ HEMAYAT project	*Speech*
9:00 – 10:20	FP Services current situation in Afghanistan • FP services in Afghanistan (15 minute)	Dr. Zulikha Anwari, Acting RHD Director	*Rational for FP, CPR global and regional trend and FP in RH strategy 2012-2016*
	FP Services current situation in Afghanistan • USAID FP compliance (10 minute)	Dr. Rashada/ RHD	*A short background on USAID FP endorsement in SEHAT contracts and its requirement*
	FP Services current situation in Afghanistan • FP comprehensive need assessment findings (25 minute)	UNFPA	*Result of first comprehensive survey for need assessment of FP in Afghanistan*
	FP Services current situation in Afghanistan • Factors Influencing Contraceptive use among women in Afghanistan (20 minute)	Ahmad Kamran Osmani FP Advisor- HEMAYAT project	*This presentation is the result of a secondary study of Afghanistan Health Survey 2012*
10:20-10:30	**Tea break**		
10:30- 12:00	Group work on SWOT analysis of current FP services	All Facilitators	*Annex 1.*
12:00-1:00	**LUNCH BREAK**		
1:00– 2:20	Continue group work on SWOT analysis	All Facilitators	

2:20-2:30	***Tea break***		
2:30-4:00	Presentation group work	Group representative	
Day-2, Monday 27, July, 2015			
TIME	**ACTIVITY**	**SPEAKER/FACILITATOR**	**NOTES/ACTIONS NEEDED**
8:30-9:00	Welcome back. Opinions about Day .1 Review key issues brought up on Day 1.	Dr. Arzoiy	
09:00-10:15	Group work on Priority, objective sitting, and plan development for FP services	All facilitators	*Annex 2.*
10:15-10:30	***Tea break***		
10:30-12:00	Continue group work on Priority, objective sitting, and plan development for FP services	All facilitators	
12-1:00	***Lunch break***		
1:00-2:15	Continue group work on Priority, objective sitting, and plan development for FP services	All facilitators	
2:15-2:30	***Tea break***		
2:30-3:45	**Plenary**: Presentation of developed work plan	Group representative	
3:45-4:00	**Closing remarks**	Dr. Zulikha Anwari RHD acting Director	

Annex D: Workshop Participant List

#	Name	Organization	Position	# Of Participants
1	HE Dr. Ferozudin Feroz	MoPH	Minister	1
3	Dr. Sayed Attaullah Sayedzai	GDHIS/MoPH	Acting Director	1
4	Dr. Zelaikha Anwari	RHD/MoPH	Acting Director	1
5	Dr. Sohaila Ziaee Waheb	RHD/MoPH	Head of SMI Unit	1
6	Dr. Saied Alisha Alawi	CAHD /MoPH	Director	3
7	Dr. Wali Aziz	Provincial Liaison Directorate	Director	1
8	Dr. Ibn Amin	M&E/MoPH	Director	1
9	Dr. Mohammad Hassan	GCMU/MoPH	Head of Unit	3
10	Dr. Sied Yaqub Azemi	HMIS	Head of Unit	3
11	Dr. Homayoon Lodin	Nutrition Department	Head of Unit	1
12	Dr. Karima Mayar	IQHC/MoPH	Head of Unit	1
13	Dr. Saied Habib Arwal	CBHC/MoPH	CBHC Manager	2
14	Dr. Qadir	GDPP	General Director	1
15	Dr. Quraishi	GDPA	General Director	1
16	Dr. Amiri	Central Hospital	Director	1
17	Dr. Kemia Azizi	GIHS	Director	1
18	Dr. Salehi	HEFD	Director	1
19	Dr. Shafie Sadat	Private Sector	Director	1
20	Dr.Hemat	Health Promotion	Director	1
21	Dr.Haqmal	SM	Director	1
22	Munira Qarizada	Nursing & Midwifery	Director	1
23	Dr. Rasheda Formuly	RHD/MoPH	FP Manager	1
24	Dr. Farzana Qayumi	RHD/MoPH	RH Coordinator	1
25	Dr. Nezamuddin Jalil	RHD/MoPH	RH Coordinator	1
26	Dr. Ahmad Shakir Hadad	RHD/MoPH	Technical Advisor	1
27	Dr. Shekib Arab	RHD/MoPH	Newborn Manager	1
28	Saha Nasiri	RHD/MoPH	FP officer	1
29	Aemal	RHD/MoPH	Database officer	1
30	Asib Mangal	RHD/MoPH	FP Admin	1
31	Nilam	RHD/MoPH	Training Officer	1
32	PPHD, or representative (34 provinces)	MoPH		34
33	PRHOs, or RH focal pionts (34 provinces)	MoPH		34

34	BPHS-Project Managers(31 provinces)	NGOS		31
35	NGOs Directors-Kabul office	NGOS		15
36	Dr. Paata	WHO	MO-RMNCH	1
37	Dr. Adela Mubasher	WHO	NPO	1
39	Dr. Khaksar	UNICEF	Child Survival Officer	1
40	Dr. Mohira Boboheva	UNFPA	RH Advisor	1
41	Dr. Faizi	UNFPA	NPO	1
42	HEMAYAT Project	HEMAYAT Project	Team Leaders	5
43	Dr. Roshani	MSI	Coordinator	1
45	Dr. Aweed	AFSOG	Director	1
47	APHA	APHA	Director	1
48	Nahid Aman	AFGA	Manager	1
50	Kabul University			1
51	Ministry Haj			1
52	Academy Ulom and Ulam Councel			2
53	CHSs and CHWs			16
Total				**185**