

# FP2020 Commitment 2020 Update Questionnaire AFGHANISTAN



Since 2012, the Family Planning 2020 partnership has supported the rights of women and girls to decide freely and for themselves whether, when, or how many children they want to have. Together with our partners across the world, we have built global momentum to strengthen our focus on lessons learned and proven solutions, while broadening and deepening our network of partners to bring local actions and solutions to scale. Through the dedicated efforts of governments, policymakers, program implementers, service providers, donors, and family planning stakeholders, countries are better aligned to meet the needs of an ever-increasing number of women and girls. Our global community has developed a [shared vision for beyond 2020](#) through 2030 that builds on progress achieved to date and positions us to achieve the future women and girls around the world are seeking.

While we are eager to share more information about the new post-2020 partnership and re-commitment process in the coming months, we recognize that governments are presently mobilizing to secure the health of their citizens and respond to the global COVID-19 pandemic. We understand that these efforts will likely have an impact on the submission of the 2020 commitment update questionnaire. FP2020 has a suggested due date of July 31st for the questionnaire. This is a flexible deadline, given the current crisis. FP2020 is committed to working with all 47 commitment countries to ensure family planning programs remain operational and available to all women and girls who need them. We have created a [platform](#) with key information from global experts on family planning in the time of COVID-19.

The questionnaire process is scheduled to follow the annual national family planning data consensus meeting. This allows data that is discussed and validated during that process to inform this questionnaire. We are aware that these meetings are happening virtually this year, and FP2020 will coordinate with Track20 to ensure flexibility and responsiveness for this process.

The questionnaire responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share the responses on your country's dedicated FP2020 webpage — [www.familyplanning2020.org/afghanistan](http://www.familyplanning2020.org/afghanistan) so in-country and global stakeholders can follow Afghanistan's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We ask that you collaborate with your country focal point team, including civil society, and family planning stakeholders in-country to jointly review progress made and challenges faced.

Once completed, please submit to [msmith@familyplanning2020.org](mailto:msmith@familyplanning2020.org) and [jhatcher@familyplanning2020.org](mailto:jhatcher@familyplanning2020.org).

Should you have any questions or concerns, please contact Jordan Hatcher at [jhatcher@familyplanning2020.org](mailto:jhatcher@familyplanning2020.org). FP2020 is available to help you via teleconference as well, if needed.

Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

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The questionnaire includes 1) Afghanistan's commitment and 2) seven standard questions to all 47 FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- Major achievements, progress made and key challenges or barriers your country faced, during the July 2019 - June 2020 reporting period.
- Please include information on any key upcoming commitment-related milestones.
- Lastly, please reflect on progress per commitment through a self-assessment.

## SECTION I: COMMITMENT UPDATE QUESTIONS

### 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:

#### POLICY & POLITICAL COMMITMENTS

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);

- [The Ministry of Public Health is adhering to the commitment to RMNCAH Strategy 2017-2021, Kabul Declaration for Maternal and Child Health \(2015\), FP2020 commitment 2015, Call to Action 2015-, Women, Children and Adolescent Global Strategy 2017. The new commitment of MoPH on Family Planning is National FP Summit declaration 2019,](#)

1.1. Through collaboration with the Family Planning 2020 Country Coordination Committee, increase access to reproductive health services by 2020;

- Expand access to reproductive, maternal, newborn, child, and adolescents health services is a key element of the RMNCAH Strategy of MoPH and considering during the design of projects and intervention in Afghanistan. The MOPH increased the number of health facilities from **3485** in 2019 to about **4362** health facilities in 2020 they are functional and implementing the basic package of health services (BPHS) and the essential package of hospital services (EPHS) in all over the country. The main part of their activity is the provision of method mix and long-acting reversible contraceptives under the family planning services, including counseling at all categories of health facilities.

The engaging private sector for the provision of reproductive health, especially family planning services, is an effective intervention to expand access to FP services. The RMNCAH minimum standard guideline for the private sector developed and introduced. To strengthen the integration of private sector services, 35 MoUs signed with private hospitals and clinics to provide FP services free of cost for short methods and only charge 30% cost for IUD and implant insertion. To increase access to SRH services, Youth Friendly Health Services including Youth Health Line at the national level and Youth Health Centers at the regional level established. The MoPH introduced community-based ambulances (mini-ambulances) to increase access to the marginalized and hard-to-reach areas population to health care services.

Expansion of family health houses (FHH) in remote and hard to reach the geographical area is another effective intervention.

**1.2. Ensure commodity security and increase method mix in Afghanistan, with a focus on long-acting and reversible methods and postpartum family planning;**

Under the Birth Spacing/ Family Planning Strategic Area of the RMNCAH Strategy, intervention with direct focuses on improving the provision of an expanded choice of contraceptives, especially on Long-Acting Reversible Contraception (LARC) and Post-Partum Family Planning (PPFP) is highlighted. Development and operationalization of SC DMPA scale-up plan, working with new social marketing companies, and motivate them for opening their agencies in the county to ensure availability of method mix, especially Implant and POP that are not available in the commercial market have been taken place. Focusing on high impact interventions such as Post-Partum PPIUCD and Implant insertion, Post Abortion Family Planning and community-based intervention by expanding method choice (SCDMPA) at community and facility level are another activity to ensure commodity security in Afghanistan

Provision and expansion access to family planning services considering patient/ client contact points opportunity was a big element of the RMNCAH strategy and work plan. Establishment of PPFP/ PAFP corners in 25 selected health facilities in Kabul and Herat, where health facilities have high rete delivery utilization, and health care providers had knowledge and skill to provide quality postpartum family planning services as part of this intervention.

The availability of Progestin-only pill (POP) pills in the private sector is another opportunity for the women who are in their postpartum and breastfeeding periods. This opportunity provided by ASMO in February 2020, and so far, ASMO sold 135,180 cycles of POP.

- During the reporting period, HEMAYAT conducted learning sessions for a total of 994 health care providers which also assessed as competent in 53 targeted health facilities of 5 provinces in the following topics
  - PPFP counselling (270)

- Insertion of PPIUCD (270)
- Implant (282) and
- Sayana press (172).

Service utilization at the facility level for the mentioned period:

- PFP counseling provided to 262658 women
- Postpartum implant insertion 690
- PPIUCD insertion 7032

**1.3. Finalize and operationalize the RHSC Strategic Action Plan; and**

- The RHCS component is part of the RMNCAH Strategy 2017-2021, and it is reflected in Strategic Area seven as a cross-cut issue in the RMNCAH program. The RHCS strategic plan is part of the RMNCAH Strategy Implementation plan. This plan is updated on an annual base and revised every year
- Inclusion of Tranexamic acid and Calcium supplement in the Essential Medicine List during this period is other achievement that are helping women with heavy bleeding and prevention of hypertensive disorders during pregnancy.

**1.4. Ensure accountability and culture of data use through the use of the RMNCAH Scorecard every quarter.**

- Review, analyze and feedback on the performance of RMNCAH indicators in SEHATMANDI Project by verification of six RMNCAH indicators, which one of them is CYP, ensure six quality of care indicator of RMNCAH (two from FP), using RMNCH quarterly scorecards, and FP Dashboard (DHIS2).
- Using the RMNCAH Scorecard is one of the main activities of Provincial Reproductive Health Officers (RHOs) and Child Health Officer (CAHs) at provinces. They obtain information from HMIS, and after analysis, and discuss the status of the RMNCAH key indicators during the Provincial Health Coordination Committee (PHCC) meetings to decide for improving the situation.

**a) Please provide an update below on achievements made in the July 2019 - June 2020 reporting period in support of these elements of your commitment, including any key upcoming commitment-related milestones:**

**b) Please mark an X below on progress toward elements of the commitment:**

**Achieved ( ) In-Progress (x) Off-Track ( )**

**c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?**

Most of these activities are achieved or on track.

**Below are the challenges and barriers faced:**

- According to ASMO, the USAID's centralized procurement system (GHSC-PSM mechanism) leads to short shelf life and stock unavailability in the market.
- Suspension of air traffic due to conflicts between India and Pakistan leads to delays and cost escalations in commodity shipment from India.
- Since the end of April 2020, major disruptions in commodities' shipment occurred due to lockdowns and border closures, which in turn lead to stock disruptions in the market, delays in the launch of new products

## **FINANCIAL COMMITMENTS**

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 particular line of budget in the Ministry of Public Health s annual budget for the promotion of family planning and procurement of contraceptives.

**a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:**

Ministry of Public Health developed an advocacy plan, which shows and addresses government contribution to health. However, the government has so many preferences, which are security, governance, and infrastructure.

As per the Afghanistan National Health Accounts 2017 reports, expenditure on reproductive health is 28.71%, which is USD 695,266,349 of current health expenditure.

**b) Please mark an X below on progress toward elements of the commitment:**

Achieved ( ) In-Progress (x) Off-Track (x)

**c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?**

*The reason for being on progress audits was explained under the financial commitments*

## **PROGRAM & SERVICE DELIVERY COMMITMENTS**

**3. COMMITMENT:** The government of Afghanistan pledges to:

3.1. Develop a family planning national costed implementation plan (CIP) (2017- 2020);

The FP- CIP developed in close coordination and collaboration of key stakeholders, including donors, technical, and implementing partners. A monitoring tool developed to monitor the progress of FP-CIP implementation,

3.2. strengthen community-level family planning services through the training of community health workers; and provide sufficient stock of contraceptives;

- The National Scale-up plan developed for implementation of SC-DMPA in Afghanistan in close coordination with the FP partners.
- As per the government's commitment to strengthen the family planning services at the community level, 953 CHWs (male and female) in five provinces of Afghanistan trained on SC DMPA and family planning counseling.
- Service utilization for SCDMPA (Syanna Press) improved at the facility level and community levels as:
  - 14079 injections administrated by the health care provider at facilities level
  - 2528 injections self-administrated at the health facilities under the observation of midwives.
  - 4960 injections administrated by CHWs
  - 1820 injections self-administrated in the communities

3.3. Expand access to long-acting and reversible methods;

- During this reporting period, 84 health service providers from public health facilities of 34 provinces received training on the FP methods as:
  - 67 health care provider from public and private health facilities including doctors and midwives trained on long-acting reversible contraceptive methods (Implant and IUD)
  - 17 health care providers form 17 provinces received training on a 10-day FP Competency-Based package
  - 70 Implant and IUCD insertion kits, reporting tools, and contraceptive Implant distributed to each trained health worker to start practice after the training and as a result of the training 506 Implant inserted by these trained health workers.
  - 98 health care providers of 45 health facilities trained on SC-DMPA

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;

- 71 community outreach midwives in 6 provinces of Afghanistan reached have home visits to provided short term family planning methods.
- For the period of July-2019 to June-2020 SRH services provided to:
  - 330000 women and girls aged 0-24 years
  - 2.2 million SRH services to women and girls of age 0-49 years
  - 8898 referral services.
- During the mentioned period below FP method distributed and provided to the clients:
  - 125529 OCP
  - 51095 Injectable
  - 1652 implant,

- 1.6 million condom
- 8062 IUD
- 47776 EC pills
- Detailers pay regular visits to the provider's clinic, supply them with IEC materials and samples of FP methods as well as sensitize the potential patients in the providers' chamber on FP. Orientation sessions conducted for 207 health care providers (87 male and 120 female) in five regions and delivered key maternal and child health messages for a total of 69,404 provider's patients (8810 male and 60636 female).

3.5. strengthen community mobilization and increase advocacy about family planning among religious and community leaders, civil society, and youth;

- Meetings conducted at the mosques around the prayer times to promote family planning among men and women devotees with the active participation of religious leaders. The religious leaders are the key players to spread awareness, create demand for family planning products, and involve heads of families on maternal & child health programs. This intervention also helps to build the credibility of health messages and remove myths and misconceptions from the perspective of Islamic guidelines. It provides the opportunity for men to obtain information on family planning methods and other key maternal and child health products.
- From July 2019 through June 2020, bellow activities in this area carried out.
  - 1,204 (health education sessions conducted in the mosques, The messages reached to 7,059 male and 1948 female devotees.
  - Life Skill Education sessions provided to 28,500 school students
  - Life Skill Education orientation sessions conducted for 1500 out of school young boys and girls through Afghanistan YPEER Network.
  - 150 peer educators trained.
  - 385 orientation sessions conducted for the religious and community leaders on family planning
  - The Beauty Parlor (BP) intervention in three provinces (Balkh, Herat, and Kabul) of Afghanistan introduced, intending to reach women with key maternal and child health messages and improve social supports. From July 2019 to June 2020 1,048 beauticians from 435 Beauty Salon received. Also, 2,586 detailing sessions conducted for the beautician and their clients.
  - Orientation workshops conducted for 1,144 students (258 male and 886) of public and private universities in the five regional provinces

3.6. Develop information, education, and communication and behavior change communication campaigns to address barriers to accessing family planning and reproductive health services;

- 140,000 printed brochures and 90000 IEC/BCC materials distributed with a specific focus on FP messages for community and facility level.
- 156412 IEC material with positive SRH messages distributed through community outreach midwives.
- Radio drama on the focus of family planning myths and misconceptions broadcasted through six radio channels in seven provinces of Afghanistan. The drama reached to around 6.3 million listeners
- Mass media campaign conducted for FP 72 times Khoshi oral contraceptive spots (34 Dari spots through TOLO TV and 38 Pashto spots through Lemar TV) aired.
- FP Posters disseminated- during the reporting period the total number of 4,216 FP posters are

- installed nationally
- During the reporting period, five national/promotion events participated in addressing barriers to accessing family planning and reproductive health services. A total 44,100 (20,650 Male & 23,450 Female) visitors participated in the events.
- Facebook pages developed for FP, and this page focused on all categories of people to disseminate the FP messages around the country. 45 messages are focusing on FP methods posted through MoPH and ASMO facebook.

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.

- Contraceptives donation facilitated to Afghan Family Guidance Association (AFGA) to distribute it through their Community-Based Distribution program and health facilities
- Coordination meetings with private sector health facilities conducted, especially they have MoUs with MoPH for the provision of FP services free of cost.
- FP method distributed to private facilities; they have MoUs for the provision of FP services.
- A least one monitoring visits form private sector health facilities conducted during this reporting period.

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

- The Youth Health Line (YHL) is working in a structured unit with ten active lines. This unit has 16 staff; they are working on two shifts. They are receiving calls from all over the country and provide appropriate information, counseling and refer clients to the nearest health facilities for receiving health care services.
- More than 137000 young people received counseling through Youth Health Line, which includes all SRH components. 4831 clients have questions on family planning.
- More than 15000 counseling sessions in 25 youth health corners in 9 targeted provinces conducted for the porous of information sharing, referral, and services in different reproductive and family planning subjects.
- 175 School teachers trained on school health service delivery including reproductive health and FP.
- 40 health care providers trained on pre-marriage counseling (PMC)
- 67 health care providers trained in youth friendly health service (YFHS).
- In YHC 34027 clients received counseling and information
- 3862 clients received Pre Marriage Counselling in YHCs

3.9. Include implants on the Ministry of Public Health's essential medicines.

- The contraceptive Implant as a most effective, high impact and long acting reversible methods included in Essential Medicine list of MoPH. The RMNCAH department is working with GCMU to add this commodity in the procurement and supply list of NGOs they are implementing SEHARMANDI project in Afghanistan.
- The process of inclusion of the Implant method in the revised HMIS guideline and reporting tools at community and facility level completed.
- The cost for the provision of contraceptive Implant in five major provinces of Afghanistan estimated

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

b) Please mark an X below on progress toward elements of the commitment:

Achieved ( X ) In-Progress ( ) Off-Track ( )

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

*We are on track in most of these activities, and we achieved our goal, but in the above-mentioned activities, there is a need to go on and continuously work in related thematic areas during each year.*

*Since April 2020, COVID-19 adversely impacted the implementation of IPC and community mobilization activities significantly. Given government restrictions on mosque gatherings, other mass gatherings at the fairs and exhibitions, closure of universities, and challenges of holding training of social and behavior change, these activities were suspended indefinitely.*

## SECTION II: ADDITIONAL QUESTIONS

Please respond to all parts of the following 7 questions for the reporting period of July 2019 - June 2020.

- 1. Please tell us the challenges (if any) and successes your country is experiencing in keeping family planning (FP) as an essential service in your country's COVID-19 response. What are the main barriers and obstacles? Please share your successes as well.**

### Overall challenges during COVID-19.

- Beside the recommendation of MoPH for the continuation of routine activities during the lockdown, most of the health care providers were not available in their duty station to provide FP counseling and services.

- Shortage of FP commodities at health facilities
- Low clients are coming to health facilities for FP service during quarantine due to restriction of movements.
- In some health facilities, there is no specific area and health care provider to provide for quality FP services considering privacy and confidentiality during counseling
- Women fear to be contaminated at health facilities due to the crowded waiting area and close spaces
- The low commitment of health care provider during COVID-19 situation
- Low awareness of community for acceptance FP methods due to rumors and misconceptions. this challenge mainly exists in the area with low CPR
- Monitoring and supportive supervision visits were not conducted due to quarantine
- High usage of short-term methods (pills, condom) and facing with stock out of these commodities
- Unavailability of FP commodities at health posts and not enough supply by implementing NGO
- Low utilization of LARC during COVID-19 situation
- Unavailability/ shortage of PPE for health care providers

### Success

- To ensure the provision of FP Services at the beginning of COVID-19, RMNCAH sends a circular to Grant Contract Management Unit (GCMU) and SEHATMANTD project Office to announce BPHS/EPHS implementing NGOs to provide and distribute short term methods (Pills and Condom) to clients for three months. Focusing on PFP/ PAFP and considering IP standard during services.
- Exchange of health care providers from the area with high suspicion of COVID-19 cases to area with high utilization of FP clients where health care provider was not able to provide services due to COVID-19 infection/ illness

2. Has your country integrated representatives from any of the below marginalized groups into the country's family planning technical working group, country engagement working group, or other decision-making bodies? Below please check all groups that have been engaged

Adolescents and Youth

People with disabilities

Out of School Youth

Minority groups

Remote or displaced Populations

a. How has the engagement of the groups listed above-influenced progress towards the achievement of your country's FP2020 commitments? Also, please share successes and/or lessons learned from these engagements.

- Yes, the Adolescent Health Department of RMNCAH Directorate of MoPH and youth representative (International youth Alliance for FP) is part of the FP 2020 Focal points coordination committee. He is working as a volunteer with youth groups. By the involvement of them in this coordination forum, they received cooperation from FP2020 Coordination committee organizations. Their activity is on

capacity building, motivational interventions, and gathering for advocacy for youths. He is inviting in all related activities, but his participation is not visible.

- The Adolescent Health department represents all activities related to adolescents and youth in the country, and they are part of decision making, advocacy and implementation of YHL, YFHS, pre-marriage counseling, peer education, and school health program in the country.

b. If any of these groups have not been engaged in your country, what are the challenges working with these groups? (Please state-specific examples)

- The health policy in Afghanistan covers all peoples and communities. It includes displaced peoples, people living with disabilities, and minor groups like Nomads. All of them have the right to receive quality health services in the nearest health facilities, including FP counseling and services. All clients receive equal services without discrimination.
- For adolescents' clients, there are facilities to receive information, counseling, and referral services through Youth Help Line, Youth friendly service, and youth health corners.

c. Have any of these groups engaged or participated in completing this questionnaire?

- This questioner has already shred with the adolescent's health department and IYAFP representative. The Adolescent's health department had an active contribution while filling this questioner, but so far, we didn't received any feedback from IYAFP representative.

**3. How is your country integrating family planning into universal health coverage efforts and what is/are the mechanism(s) being used or considered? What specific actions were taken in the reporting period on the following points:**

a. Reduction in out of pocket costs for FP services

- To ensure Universal Health Coverage (UHC) the MoPH has developed an Integrated Package of Essential Health Services (IPEHS) Family planning program implemented free of cost for all women in reproductive age. This program covers a different category of IPEHS services. At the all level provision of method mix, LARC and sterilization are exists. Quality PFP and PAFP services, referral for LARC and sterilizations form community considered according to the category of health services

b. Expansion of FP services covered

- Family planning services are the main component of health services. It starts from the community level by the availability of functional health posts that distribute condom and pills and implements injectable methods. At the sub-center level, the mobile health team, Basic Health Centers, CHCs, DHs, PHs, and regional hospital variety of FP commodities and services exist and provided to clients.
- Expansion of Implant, SC DMPA, and Emergency contraceptive by inclusion in EML and HMIS system is part of these activities.
- Expansion of Post- Partum FP and Post Abortion FP services is part of this plan and will expand to all health facilities where delivery is performed.

c. Extension of population covered

- To have better coverage of population especially in remote and white area 877 new health facility established during the period or July 2019 till June 2020

**4. What efforts were made to improve resilience and/or emergency preparedness of family planning systems in-country? Has this been helpful during your country's COVID-19 response?**

- The RMNCAH in Emergency Technical Committee exists and conduct its coordination committee to respond to emergencies and crisis. This technical committee is under the umbrella of the Health Cluster meeting. The technical committee ensures the provision of RMNCAH services, including FP in the humanitarian setting, through adapting developed standards and guidelines according to the country context. During the epidemic, the COVID-19 committee established and working on to cover all needed response to the emergencies.

**5. What efforts were made to meet the FP needs of women who are postpartum or post-abortion or to improve family planning/maternal child health integration services?**

- Provision of PPF and PAFP is one of the focusing areas of the FP program, so don't miss the opportunity of being clients at the health facility. All women have institutional delivery consult on bringing spaces between their pregnancies by using a different method of contraceptives during the ANC visits and latent phase of labor.
- Establishment of postpartum FP and Post Abortion FP corner in 25 health facilities and ensure availability of FP commodities in delivery rooms were part of this activity.

**6. Has your country worked to improve the quality of care and rights-based family planning into programs?**

- a. Do family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short-acting)? Is comprehensive information and counseling on all available methods, including information on any risks or side effects provided?
- The third strategic area of RMNCAH strategy 2017-2021 is focusing on FP/ Birth Spacing. In the strategic Approach, 3.4 emphasized on "improve the provision of an expanded choice of contraceptives."
  - The RMNCAH Directorate works to increase the range of effective FP methods to meet the varying needs of both current and future users. At present, oral contraceptives (progesterone-only pills and combined oral contraceptives), injectable (DMPA), and condoms are the most commonly used contraceptives (15% of 20% mCPR). IUDs and implants contribute only 1.6% to the mCPR.
  - The RMNCAH Directorate promotes LARC implants as a cost-effective, high-impact modern FP intervention in Afghanistan. FP implants are effective and safe to use in the postpartum and post-abortion period. MoPH approval to include implants in the essential medicines list (EML). Inclusion of SC DMPA and Emergency Contraceptive in EML and scale-up of SC DMPA since 2019 is a significant achievement.  
Permanent method (Tubal ligation) perform at hospital setting (from DH to tertiary level hospital) 2% of 20% mCPR is belong to Tube ligation.  
Vasectomy rate is very rare and not reflected in HMIS.  
At all, health facilities counseling services provided by health care providers, but due to work loud, quality counseling is a big challenge of the FP program, which is not meeting the standards. To improve the quality of FP services as well as referral system from the community to the health facility and among different levels of health facilities, the FP working group finalized the Quality Improvement tools and a Referral Protocol; and both documents endorsed by the leadership.
- b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?
- There is a system for providing feedback on health facilities' activities/ performances. During monitoring visits from the health facilities, based on the RMNCAH monitoring checklist, the monitors ask the clients on the quality of RMNCAH/ FP service. In addition to that, the Balanced Score Card Assessment Tool is addressing questions related to client satisfaction. Currently, this tool is using on a semi-annual basis.
- c. After collecting client feedback, how is the data collected being used to improve the quality of care?
- Since shifting from contract management to performance management mechanism to ensure the quality of health services, 11 pay for

performances (P4P) indicators, including one indicator for FP selected. Health Shura also plays a key role in the satisfaction rate of community/clients. During the Health Shura meetings that conducted monthly or bi-monthly based, all challenges and gaps discussed and suggestions for solving these problems shared with health facilities and implementing NGOs.

**7. If applicable, has your country allocated GFF investment case resources to the family planning programs?**

**If yes, which elements of the program have been financed?**

**What were the challenges in prioritizing FP within GFF?**

- The process of inclusion of the FP component in the GFF investment case is going on, and besides other RMCAH activities, three FP program ICs are suggested (provision of Implant, SC DMPA, and CHW referral for Post-Partum Family Planning services). The documentation process finalized, and estimation cost calculated. Still, the process is not completed and implemented at the country level.

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