

# Nepal Prioritized Actions 2018-2020



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## 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
<b>Enabling Environment: Strengthen enabling environment for family planning</b>							
<ul style="list-style-type: none"> <li>• FP costed implementation plan (CIP) contextualization and adoption at the sub-national level.</li> </ul>	<b>MOHP and Provincial MOSD</b>		X	X	X	X	X
<ul style="list-style-type: none"> <li>• Formation of FP partners' forum at the Provincial Level.</li> <li>• Meaningful engagement of local government in FP programming.</li> </ul>	<b>Provincial MOSD</b>	X	X	X	X	X	X
<ul style="list-style-type: none"> <li>• Mobilizing champions at the Palika level- Deputy Mayors will be identified as Champions of FP at the Palika level. Social Development Ministry will serve as a secretariat for this task. PHD (Province Health Director) from Province 1 and Province 6 will start this movement.</li> </ul>	<b>Provincial MOSD</b>	X	X	X	X	X	X

<ul style="list-style-type: none"> <li>• Social Mobilization (mobilize local champions- adolescents, marginalized groups) for creating enabling environment and service demand generation.</li> </ul>	<b>MoHP/Focal Points</b>	X	X	X	X	X	X
<ul style="list-style-type: none"> <li>• Ensuring political accountability through joint monitoring visits on FP programs</li> </ul>	<b>MOHP/Focal points</b>	X	X	X	X	X	X
<ul style="list-style-type: none"> <li>• Tracking public expenditure on family planning through CSOs</li> </ul>	<b>Provincial MOSD</b>	X	X	X	X	X	X
<ul style="list-style-type: none"> <li>• Regularize coordination among FP stakeholders at national and sub-national level</li> </ul>	<b>MOHP</b>	X	X	X	X	X	X
<ul style="list-style-type: none"> <li>• Promoting public-private partnership</li> <li>• Documenting learning of public private partnership and develop a policy brief to advance PPP.</li> <li>• Improve private sector accountability on FP (reporting from private sectors, listing of institutions and service delivery outlets etc.)</li> </ul>	<b>All Focal Points</b>	X	X	X	X	X	X
<b>Demand Generation: Increase health care seeking behavior among population with high unmet need for modern contraception</b>							
<ul style="list-style-type: none"> <li>• Targeted programming tailored to marginalized groups including LGBTIQ+, living with HIV, people with disability, ultra-poor, Female Workers</li> </ul>	<b>Focal points</b>	X	X	X	X	X	X
<ul style="list-style-type: none"> <li>• Promotion of Comprehensive Sexuality Education for reaching adolescents and youth with FP services in school and out of school adolescents and youth.</li> </ul>	<b>Focal points</b>	X	X	X	X	X	X
<ul style="list-style-type: none"> <li>• Engage men and boys in RH &amp; FP programs</li> </ul>	<b>Focal points</b>	X	X	X	X	X	X
<ul style="list-style-type: none"> <li>• Promoting Rights based family planning at all level of health service delivery.</li> <li>• Promoting method-mix with focus on more effective methods.</li> </ul>	<b>Focal points</b>	X	X	X	X	X	X
<ul style="list-style-type: none"> <li>• Formation of watch group at the ward level consisting of elected female representatives as well as selected</li> </ul>							

active FCHVs – to promote rights based FP and to empower women.							
<b>Service Delivery: Enhance FP service delivery including commodities to respond to the needs of marginalized, rural residents, migrants, adolescents, and other special groups.</b>		X	X	X	X	X	X
<ul style="list-style-type: none"> <li>Scaling up electronic Logistics Management Information System (eLMIS) including the monitoring mechanism at all levels to track stock status</li> </ul>	<b>Focal points</b>	X	X	X	X	X	X
<ul style="list-style-type: none"> <li>Availability of standard guidelines, tools, protocols on FP at all level for ensuring quality of Care in line with national quality guidelines on FP)</li> </ul>	<b>MOHP/Focal points</b>	X	X	X	X	X	X
<ul style="list-style-type: none"> <li>Extension of service delivery sites (outreach/satellites) to reach hard to reach population</li> </ul>	<b>MOHP</b>	X	X	X	X	X	X
<ul style="list-style-type: none"> <li>Integrate to the sectoral approach rather than FP as a vertical program (FP- Immunization, FP- Nutrition, FP- Abortion services, post- partum as well as with other non- health programs</li> </ul>	<b>MOHP</b>	X	X	X	X	X	X
<b>Capacity Building: Strengthen capacity of service providers (and institutions) to expand FP service delivery network.</b>							
<ul style="list-style-type: none"> <li>Task shifting for NSVs (training will be given to Health Assistants)</li> </ul>	<b>MOHP</b>	X	X	X			
<ul style="list-style-type: none"> <li>Develop and implement training package based on National Adolescent Health Strategy 2075</li> </ul>	<b>MOHP</b>	X	X	X			
<ul style="list-style-type: none"> <li>Training Need Assessment (TNA) on HR capacity for FP (LARC) services</li> <li>Total Market Approach (TMA) on Family Planning</li> </ul>	<b>MOHP</b>		X	X	X		
<ul style="list-style-type: none"> <li>Ensuring sustainability and self-efficiency of LARC training sites</li> </ul>	<b>MOHP</b>	X	X	X	X	X	X

<ul style="list-style-type: none"> <li>Strengthening existing mechanism of Family planning and engaging CSOs (e.g. FPAN) for sustainability</li> </ul>	<b>MOHP</b>	X	X	X	X	X	X
<ul style="list-style-type: none"> <li>Coaching/Mentoring to LARC service providers</li> </ul>	<b>MOHP</b>	X	X	X	X	X	X
<ul style="list-style-type: none"> <li>Conduct monitoring of training sites for capacity assessment</li> </ul>	<b>MOHP</b>	X	X	X	X	X	X
<ul style="list-style-type: none"> <li>Expansion of capacity and number of FP training sites</li> </ul>	<b>MOHP</b>	X	X	X	X	X	X
<b>Research and Innovation: Strengthen evidence base for effective program implementation through research and innovations</b>							
<ul style="list-style-type: none"> <li>Evidence generation to guide decision making (conduct Facility Based RH and Commodity Security Survey, and Nepal Health Facility Survey)</li> </ul>	<b>Focal Points</b>		X	X	X	X	X
<ul style="list-style-type: none"> <li>Conduct operational research on 'what works on FP' and generating evidences for catering to a specific group</li> </ul>	<b>Focal Points</b>		X	X	X	X	X
<ul style="list-style-type: none"> <li>Periodic data quality audits for improving the quality of data on Family planning</li> </ul>	<b>MOHP</b>		X		X		X
<ul style="list-style-type: none"> <li>Assess the effectiveness of AFS services</li> </ul>							
<ul style="list-style-type: none"> <li>Linkages with academia (e.g. NIDI Survey led by Central Department for Population Studies, Tribhuvan University)</li> </ul>	<b>Focal Points</b>	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
<ul style="list-style-type: none"> <li>1.1 Strengthen In-country capacity on FP financing</li> </ul>	Core Conveners/FP2020	X	X	X			
<ul style="list-style-type: none"> <li>1.2 Capacity Building on FP in federal context</li> </ul>	Core Conveners	X	X				

• 1.3 Technical support for sub-national estimates on family planning	FP2020	X	X				
• 1.4 Contextualizing and adopting CIPs at local level	FP2020		X	X	X		

### Annex 1

### Country Profile: FP2020 Focal Point Team & In-Country Coordination

<b>List of Focal Points</b>	<b>Government</b>	Family Welfare Division (FWD), Ministry of Health and Population (MOHP), Nepal
	<b>Donor</b>	United Nations Population Fund (UNFPA)
		United States Agency for International Development (USAID)
		UK Government Department for International Development (DFID)
<b>Civil Society</b>	Family Planning Association of Nepal (FPAN)	
<b>FP Stakeholders</b> (institutional and/or individual)	Provincial Ministry of Social Development (MOSD) Rural and Urban Municipalities IPAS Nepal Marie Stopes International/Sunaulo Pariwar Nepal ADRA Nepal Save The Children International Nepal CRS Company Fairmed Nepal PSI Nepal Care International Nepal FHI360 Jhpiego USAID/Suaahara 2 (HKI & FHI360) DFID/Nepal Health Sector Support Programme (NHSSP) CREPHA USAID/SSBH USAID/BA (Breakthrough Action) Chaudhary Foundation Management Division, DOHS National Health Training Center (NHTC) National Health Education Information and Communication Center (NHEICC) USAID/GSC- Procurement Supply Chain Management (PSM) WHO GIZ Nepal Fertility Care Center (NFCC) Tribhuvan University/CDPS One Heart World wide UMN KFW	
<b>Note:</b> Please list key FP stakeholders e.g.: <ul style="list-style-type: none"> <li>- Government agencies with FP in their mandate</li> <li>- Civil society organizations (national and international) working on FP in country</li> <li>- Multi-lateral and donor agencies working in FP</li> <li>- Youth organizations</li> <li>- etc.</li> </ul>		

<b>CURRENT MECHANISMS FOR IN-COUNTRY COORDINATION of FP work (beyond Focal Points)</b>				
<b>Mechanism</b>	<b>Convening/ Coordinating body</b>	<b>Members</b>	<b>Frequency</b> <i>(monthly, quarterly, semi-annually, etc.)</i>	<b>Notes on efficacy</b> <i>(How efficient &amp; effective are these?)</i>
<ul style="list-style-type: none"> <li>FP subcommittee meeting</li> <li>ASRH subcommittee meeting</li> </ul>	Family Welfare Division, MOHP	FP stakeholders	Quarterly	Effective
FP2020 focal points meeting	Family Welfare Division, MOHP	UNFPA, USAID, DFID and FPAN	Quarterly	Effective
Health External Development Partners (EDP) meeting	WHO	All EDPs	Fortnightly	Effective
EDP Thematic groups on: <ul style="list-style-type: none"> <li>Quality of Care</li> <li>M&amp;E</li> <li>Financing</li> <li>Supply Chain</li> <li>Federalism</li> <li>HRH</li> </ul>	EDPs	EDPs	Monthly/Quarterly	Effective
National Quarterly Pipeline Report Review Meeting	Logistics Section, Management Division	Various government divisions, EDPs (DFID, USAID, UNFPA), CRS and selected FP stakeholders	Quarterly	Effective
Family Planning Project specific Partners meeting	USAID DFID	Family Planning (Project) Partners	Monthly/Bi-monthly	Effective

**Please list additional opportunities to improve coordination:**

*\*Government of Nepal has established Family Planning and Reproductive Health Section under Family Welfare Division, which will serve as a focal unit for all family planning activities in Nepal. Following are additional opportunities to improve coordination:*

- Annual Review of FWD programs, including family planning at national and subnational level.
- Joint Annual Review of Health Sector Program (Government and development partners).
- Joint monitoring of family planning programs at national and sub-national level.
- Partners coordination meetings at provincial and local governments.
- Family planning, FCHVs (female community health volunteers) and safe motherhood days.

**Exercise 1: Identification of Challenges & Prioritization of Actions**

**Nepal's FP2020 Commitments**

**COMMITMENT 1:**

- 1.1 Continue raising financial resources and promoting local-level budgetary allocations for FP that meets on-going policy and programmatic commitments
- 1.2 Continue raising the annual government allocation for FP by 7% each year up to 2020. Furthermore, Nepal will engage with external development partners including donors to raise additional commitments

**COMMITMENT 2:**

- 2.1 Identify barriers to accessing FP services among individuals and couples belonging to special groups including adolescents and youth and formulate policies and strategies to address them
- 2.2 Strengthen and gradually scale up Adolescent Friendly Services to cater for the needs of adolescents in all Health Facilities (HFs)
- 2.3 Improve regulatory framework to promote public-private partnership and expand health service delivery points to increase access to quality FP information and services

**COMMITMENT 3:**

- 3.1 Strengthen enabling environment for family planning, including advocacy to mobilize resources from non-health sectors
- 3.2 Strengthen capacity of health institutions and service providers to expand FP service delivery networks, to respond to the needs of marginalized, rural residents, migrants, adolescents with special focus during the time of emergencies/humanitarian settings
- 3.3 Increase availability of a broader range of modern contraceptives and improve method mix at different levels of the health care delivery system
- 3.4 Increase health care seeking behaviour among populations with high unmet need for modern contraception by raising awareness on the importance of FP through various communication methods and media focusing on special groups like ethnic minorities, marginalized and disadvantaged groups
- 3.5 Strengthen evidence based/informed learnings for effective programme implementation through research and innovations
- 3.6 Approve the Reproductive Health bill (RH bill)

**COMMITMENT 4:**

- 4.1 Introduce eLMIS at the district and gradually to the HFs level by end of 2019
- 4.2 Effective procurement functions in place for timely procurement of commodities
- 4.3 Proportion of HFs with “no stock out of FP commodities” increased from 70% to 95% by the end of 2020

## Summary of Costed Implementation Plan (CIP) – *if applicable*

### Prioritized areas:

Under the leadership of the MoHP a national Costed Implementation Plan (CIP) on family planning was developed in close consultation with all stakeholders. The purpose of the CIP is to articulate national priorities for family planning and to provide guidance at national and district levels on evidence-based programming for family planning so as to achieve the expected results, as well as to identify the resources needed for CIP implementation. In addition, the CIP is intended to serve as a reference document for external development partners including donors and implementing agencies to understand and contribute to the national priorities on family planning outlined in the Plan to ensure coherence and harmonization of efforts in advancing family planning in Nepal. To address the existing challenges and opportunities for scaling up rights based FP in the country, the CIP focuses on five strategic areas:

- Enabling Environment: Strengthen enabling environment for family planning
- Demand generation: Increase health care seeking behavior among population with high unmet need for modern contraception
- Service Delivery: Enhance FP service delivery including commodities to respond to the needs of marginalized, rural residents, migrants, adolescents and other special groups.
- Capacity building: Strengthen capacity of service providers to expand FP service delivery network
- Research and Innovation: Strengthen evidence base for effective programme implementation through research and innovations

### **Step 1. From the above commitment(s) and/or CIP priority area(s) which is country having the greatest difficulty in making progress on? (Reference from **2018 commitment self-report questionnaire**)**

Nepal is committed to maintaining and sustaining the efforts already initiated including through the implementation of the FP2020 commitments made in March 2015, one month before the devastating earthquake. As such, Nepal reiterates that it will continue to increase government budget in Family Planning by 7% each year up to 2020.

Nepal is committed to “leaving no one behind” and “reaching the unreached” to accelerate the progress of increasing the number of additional users of family planning by an estimated 1 million by 2020, provided the proportion of demand satisfied increases to 71% by then. With a special focus on meeting the family planning need of adolescents and youth, Nepal will strive to increase the method mix with suitable FP methods of their choices.

#### **Commitment 1:**

Increase advocacy for family planning both at national and local level with all levels of stakeholders ranging from parliamentarians, key government officials at National Planning Commission, Ministry of Finance, Ministry of Health and related ministries to sub national level stakeholders. As the country progresses in devolving powers to local units as part of the new federal structure, the stakeholders list and the strategy might need to be reviewed

#### **Commitment 2:**

Expand and ensure availability of Long Acting Reversible Contraceptives (LARC) services at the lowest service delivery points with focus on LARC training along with Voluntary Contraceptive Services from district hospitals and PHCCs.

**Commitment 3:**

Reaching adolescents, youth and women from marginalized and disadvantaged groups with FP messages and services using innovative approaches to increase access and utilization of FP services.

**Commitment 4:**

Ensure contraceptive security through timely procurement and distribution by Logistics Management Division (LMD) in coordination with Family Health Division (FHD).

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

*Reference from 2018 commitment self-report questionnaire (attached) as well as other 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.*

**COMMITMENT 1:**

1.1 Continue raising financial resources and promoting local-level budgetary allocations for FP that meets on-going policy and programmatic commitments

1.2 Continue raising the annual government allocation for FP by 7% each year up to 2020.

Furthermore, Nepal will engage with external development partners including donors to raise additional commitments

**Progress:**

- Nepal is committed to raising financial resources for family planning. The government of Nepal has been continuously allocating its own domestic resources for family planning commodities and programme.
- Increment of national health budget (From NPR 41 billion in FY2017/2018 to NPR 56 billion in FY2018/2019 which is 4.3% of the total budget)
- Government of Nepal has increased its budget by 32% in FY 2016/2017 and 22% in FY 2017/2018 in family planning programs.

**COMMITMENT 2:**

1.3 Identify barriers to accessing FP services among individuals and couples belonging to special groups including adolescents and youth and formulate policies and strategies to address them

1.4 Strengthen and gradually scale up Adolescent Friendly Services to cater for the needs of adolescents in all HFs

1.5 Improve regulatory framework to promote public-private partnership and expand health service delivery points to increase access to quality FP information and services

**Progress:**

- This is ongoing activity and government of Nepal, Family Welfare Division is committed to identifying various barriers to accessing FP services among the most marginalized and adolescent groups.
- National Adolescents Health and Development Strategy 2075 has been introduced

- A study to understand factors associated with accessing FP services among adolescent and youth in the leadership of Family Welfare Division is being planned in the FY 2018. This study will give insight to various factors and help policy makers design programme to targeted groups adolescents and youth.
- Adolescent Friendly Services are being scaled up and health facility staff are trained in providing services in adolescent friendly manner. A total of ,1134- Adolescent Friendly Sites in Nepal have been established. Those health facilities being certified as adolescently friendly are being monitored and strengthened to provide services to adolescents.
- The work with private sector is ongoing however there has not been much progress in the regards.

**COMMITMENT 3:**

- 1.6 Strengthen enabling environment for family planning, including advocacy to mobilize resources from non-health sectors
- 1.7 Strengthen capacity of health institutions and service providers to expand FP service delivery networks, to respond to the needs of marginalized, rural residents, migrants, adolescents with special focus during the time of emergencies/humanitarian settings
- 1.8 Increase availability of a broader range of modern contraceptives and improve method mix at different levels of the health care delivery system
- 1.9 Increase health care seeking behavior among populations with high unmet need for modern contraception by raising awareness on the importance of FP through various communication methods and media focusing on special groups like ethnic minorities, marginalized and disadvantaged groups
- 1.10 Strengthen evidence based/informed learnings for effective programme implementation through research and innovations
- 1.11 Approve the Reproductive Health bill

**Progress:**

- Family Planning is a priority program of Nepal Government.
- Various advocacy efforts like Family Planning day celebration, discussion with parliamentarians, advocacy with local elected bodies etc. have been done to create conducive environment for the family planning programme.
- Health institutions and service providers are capacitated to expand the range of family planning services and expand service delivery. Health workers are trained on LARC and PM (Long acting reversible contraceptives and Permanent method).
- Highly effective mechanisms like visiting service providers approach to reach the most marginalized women and girls have been up scaled in 30+ districts. In addition to this another approach called roving ANM is also scaled up for effective RH service delivery.
- Country is committed to increase the range of contraceptives. One rod Implanon (Implanon NXT) has been registered in the country and pilot study has been completed. There is ongoing discussion for the introduction of DMPA SC (Sayana Press) in the country from the public health facilities.
- Various mechanisms and programme supported reaching the farthest behind with awareness messages in Family Planning.
- The much awaited Safe Motherhood and Reproductive Health Rights Bills has been approved by the House of Representatives on August 15, 2018
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- A study on Emergency Contraception pills about the current patterns and perception is being done to inform the policy makers and stakeholders for better planning for FP programming.

**COMMITMENT 4:**

- 1.12 Introduce eLMIS at the district and gradually to the HFs level by end of 2019
- 1.13 Effective procurement functions in place for timely procurement of commodities
- 1.14 Proportion of HFs with “no stock out of FP commodities” increased from 70% to 95% by the end of 2020

**Progress:**

- eLMIS is being introduced in the country gradually. Central and regional medical stores have eLMIS introduced and district stores of some districts have initiated the process. The roll out in some of the health facilities have been started and there is a plan of scaling up of the eLMIS in whole country soon. The government is serious about the timely procurement issues. Mechanisms like consolidating annual procurement plans, meeting regularly to review procurement status and keeping track of procurement orders are in place.

**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?**

<b>3.1. KEY CHALLENGES AND BLOCKAGES (e.g. operational, technical, political)</b>
<b>1. Demand generation:</b> Increase health care seeking behavior among population with high unmet need for modern contraception
<ul style="list-style-type: none"><li>• <b>Challenge 1:</b> Limited/scattered FP demand generation activities among hard to reach group (adolescents, marginalized population, urban slum population).</li><li>• <b>Challenge 2:</b> Significant variations in FP service use by age, geographic region, ethnicity, wealth quintile, migration status.</li><li>• <b>Challenge 3:</b> FP related advocacy: in particular, at provincial and local governments.</li></ul>
<b>2. Capacity building:</b> Strengthen capacity of service providers to expand FP service delivery network
<ul style="list-style-type: none"><li>• <b>Challenge 1:</b> Effectiveness of the training need assessment and the capacity enhancement plan</li><li>• <b>Challenge 2:</b> Limited number &amp; capacity of FP training sites and inadequate post training follow up</li></ul>
<b>3. Service Delivery:</b> Enhance FP service delivery including commodities to respond to the needs of marginalized, rural residents, migrants, adolescents and other special groups.
<ul style="list-style-type: none"><li>• <b>Challenge 1:</b> Stock out of FP supplies at Service Delivery Points (SDPs)</li><li>• <b>Challenge 2:</b> Service Delivery Points not offering LARC services</li></ul>
<b>3.2. ROOT CAUSES PER CHALLENGE LISTED ABOVE</b> <i>(i.e. What are the root causes of the challenges faced in accelerating progress towards the listed commitments? Please reference the guidance note below.</i>

**1. Demand generation: Increase health care seeking behavior among population with high unmet need for modern contraception**

Challenges		Root causes
<ul style="list-style-type: none"> <li><b>Challenge 1:</b> Limited/scattered FP demand generation activities among hard to reach group (adolescents, marginalized population, urban slum population).</li> <li><b>Challenge 2:</b> Significant variations in FP service use by age, geographic region, ethnicity, wealth quintile, migration.</li> </ul>	↔	<ul style="list-style-type: none"> <li>Less community and social awareness on FP and SRH</li> <li>Socio-cultural barriers limit the participation in SRH program planning/ implementation</li> <li>Inadequate access to and availability of SBCC materials/activities tailored for hard to reach group</li> <li>Unavailability of FP commodities (method choice)</li> <li>Trained Health Workers not available</li> <li>HR retention in remote areas is a problem</li> <li>Poor access of LARC and post-partum FP services</li> <li>Missed opportunities to integrate family planning with other programs (e.g. EPI)</li> </ul>

**2. Capacity building: Strengthen capacity of service providers to expand FP service delivery network**

Challenges		Root causes
<ul style="list-style-type: none"> <li><b>Challenge 1:</b> Effectiveness in training need assessment and capacity enhancement plan.</li> <li><b>Challenge 2:</b> Limited number &amp; capacity of FP training sites and Inadequate post training follow up</li> </ul>	↔	<ul style="list-style-type: none"> <li>No clear program manager guideline in training need assessment</li> <li>Capacity enhancement plan for service providers not available</li> <li>No skill update of trainers</li> <li>Low clients flow in training sites</li> <li>Strategic location of the training sites</li> </ul>

**3. Service Delivery: Enhance FP service delivery including commodities to respond to the needs of marginalized, rural residents, migrants, adolescents and other special groups.**

Challenges		Root causes
<ul style="list-style-type: none"> <li><b>Challenge 1:</b> Stock out of FP supplies at Service Delivery Points (SDPs)</li> <li><b>Challenge 2:</b> Service Delivery Points not offering LARC services</li> </ul>	↔	<ul style="list-style-type: none"> <li>Long bureaucratic policies and procedures to purchase commodities.</li> <li>Delay in procurement process.</li> <li>Lack of trained health staff to provide FP services and as a result no request for the commodities</li> </ul>

**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?**

<p><b>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.</b></p>	
<p><b>1. Demand generation: Increase health care seeking behavior among population with high unmet need for modern contraception</b></p>	
<p><b>Root causes</b></p>	<p><b>Actions/interventions to be taken</b></p>
<ul style="list-style-type: none"> <li>• Less community and social awareness on FP and SRH</li> <li>• Socio-cultural barriers limit the participation in SRH program planning/ implementation</li> <li>• Inadequate access to and availability of SBCC materials/activities tailored for hard to reach group</li> <li>• Unavailability of FP commodities (method choice)</li> <li>• Trained Health Workers not available</li> <li>• HR retention in remote areas is a problem</li> <li>• Poor access of LARC</li> <li>• Inadequate post-partum and Post abortion services</li> </ul>	<ol style="list-style-type: none"> <li>1.1. Promotion of Comprehensive Sex Education (CSE) using wide range of methods/media.</li> <li>1.2. Ensuring participation of adolescent and youths in program design and implementation.</li> <li>1.3. Mobilize local champions on FP.</li> <li>1.4. Engaging social, political leaders and ensuring male participation in reproductive health activities.</li> <li>1.5. Adopt HIPs in national context.</li> <li>1.6. Training based on need identification.</li> <li>1.7. Need based deployment of trained Health workers</li> <li>1.8. Evidence based social and behavior change and communication activities.</li> <li>1.9. Focus on cost effective LARC/IUCD intervention.</li> <li>1.10. Integrate family planning with other programs (e.g. EPI)</li> <li>1.11. Availability of trained LARC providers on safe abortion sites</li> </ol>
<p><b>2. Capacity building: Strengthen capacity of service providers to expand FP service delivery network</b></p>	
<p><b>Root causes</b></p>	<p><b>Actions/interventions to be taken</b></p>
<ul style="list-style-type: none"> <li>• No clear program manager guideline in training need assessment</li> <li>• Capacity enhancement plan for service providers not available</li> <li>• No skill update of trainers</li> <li>• Low clients flow in training site</li> <li>• Strategic location of the training site</li> </ul>	<ol style="list-style-type: none"> <li>2.1. Development of clear manager guidelines.</li> <li>2.2. Update Training manuals as 'Training of Trainers' Manual based on recent development on FP.</li> <li>2.3. Post training follow up including coaching and mentoring of the service providers.</li> <li>2.4. Ensuring 'quality of care' at SDPs based on national guidelines on FP/RH.</li> <li>2.5. Establishment of service and training sites based on accessibility and population.</li> </ol>
<p><b>3. Service Delivery: Enhance FP service delivery including commodities to respond to the needs of marginalized, rural residents, migrants, adolescents and other special groups.</b></p>	
<p><b>Root causes</b></p>	<p><b>Actions/interventions to be taken</b></p>

<ul style="list-style-type: none"> <li>• Long bureaucratic policies and procedures to purchase commodities.</li> <li>• Delay in procurement process.</li> <li>• Lack of trained health staff to provide services and as a result no request for the commodities</li> </ul>	<p>3.1. Strengthening eLMIS and scaling up to the SDPs.  3.2. Ensuring availability of trained health staff to provide quality FP services.  3.3. Strengthening measurement and monitoring system, including use of technology  3.4.</p>
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**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:** Using evidence and high impact practices on family planning for program design and implementation.  
**Action 1.2:** Promotion of Comprehensive Sex Education (CSE) and ensuring participation of adolescent and youths in program design and implementation.  
**Action 1.3:** Update Training Resource Package based on National Adolescent Health and Development Strategy 2075 (MoHP, EDPs).  
**Action 1.4:** Expanding the capacity and number of training sites of Family Planning  
**Action 1.5:** Ensuring 'quality of care' through follow up, coaching/mentoring of service providers in line with national guidelines on FP/RH.

**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.**

<p><b>1. Strengthening leadership / improving political will</b></p>	<ul style="list-style-type: none"> <li>• FP program in the federal context</li> <li>• Building political commitments and accountability on Family Planning: Success stories from the Asia Region</li> </ul>
<p><b>2. FP financing</b></p>	<ul style="list-style-type: none"> <li>• Budget allocation and role division on FP at three tiers of government in the federal context</li> <li>• Effectiveness and practicability of adopting FP costed implementation plan (CIP) at the sub-national level</li> </ul>
<p><b>3. Reaching youth and adolescents and hard to reach population</b>  a. Adolescents  b. Youth</p>	<ul style="list-style-type: none"> <li>• Challenges and opportunities in reaching Adolescents and Youth with FP information and services</li> <li>• High impact practices (HIPs) on reaching adolescents with FP program</li> <li>• migration and family planning.</li> </ul>