

# Country Worksheet: Prioritized Action Planning 2019-2020 Zambia



## Introduction

The purpose of this worksheet is to support each country to: 1) identify gaps and challenges to achieving FP2020 commitments and Costed Implementation Plans (CIPs) priorities; 2) prioritize actions and interventions for the next 18 months using a solution-focused approach; and 3) strengthen coordination and stakeholder engagement within the country.

This worksheet should be developed through consultation and engagement with multiple stakeholders in-country and will provide critical input that will inform discussions at the Anglophone Africa Regional Focal Point Workshop in May. Each country focal point team is requested to fill out this worksheet and submit it to the Secretariat by **April 19, 2019** to: Krista Newhouse, Anglophone Africa Manager at: [Knewhouse@familyplanning2020.org](mailto:Knewhouse@familyplanning2020.org).

This worksheet is structured as follows:

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

### **Exercise 1: Identification of Challenges & Priority of Actions**

### **Exercise 2: Country Priority Actions 2019-2020**

### **Exercise 3: Interest in Learning from Other Countries on the Implementation of Best Practices**

## Suggested references

- Country FP2020 commitment
- 2018 commitment self-report questionnaire
- Costed Implementation Plan (CIP) (if applicable)
- Previous country action plan 2017-2018
- High Impact Practices (HIPs) analysis sheet
- High Impact Practices (HIPs) briefs (<https://www.fphighimpactpractices.org/briefs/>)
- Data sets
  - Core indicators (mCPR, unmet need, method mix, FP expenditure, etc.)
  - Latest survey data (for example: data from DHS, PMA2020, etc.; disaggregated by age, wealth quintile, marital status, ethnicity, urban/rural, etc.) - if available at the national level
  - Track20's in-depth analysis:
    - Exploring opportunities for mCPR growth in Zambia
    - Postpartum family planning brief
    - Youth contraceptive use brief

**Zambia Profile: FP2020 Focal Point Team & In-Country Coordination**

<b>List of Focal Points</b>	<b>Government</b>	Ministry of Health
	<b>Civil Society</b>	Churches Health Association of Zambia
	<b>Youth</b>	Copper Rose
	<b>Donor</b>	UNFPA
		USAID
<p><b>FP Stakeholders</b> (institutional and/or individual)</p> <p><u>Note:</u> Please list key FP stakeholders e.g.:</p> <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>	<p><b>Government agencies</b></p> <ul style="list-style-type: none"> <li>● General Nursing Council</li> <li>● Health Professional Council of Zambia</li> <li>● Medical Stores Limited</li> <li>● Zambia Medicines Regulatory Authority (ZAMRA)</li> <li>● Zambia Bureau of Standards (ZABS)</li> <li>● Ministry of Health</li> <li>● Ministry of National Development Planning</li> </ul> <p><b>Civil society organizations</b></p> <ul style="list-style-type: none"> <li>● Planned Parenthood Association of Zambia (PPAZ)</li> <li>● Society for Family Planning (SFH)</li> <li>● Churches Health Association of Zambia (CHAZ)</li> <li>● Medicines Transparency Alliance Zambia (MeTA)</li> <li>● PATH</li> <li>● AMREF Zambia</li> <li>● Child Fund</li> <li>● Zambia Association of Gynecologist and Obstetrician (ZAGO)</li> <li>● Population Council (PC)</li> <li>● Family Health International (FHI360)</li> <li>● JHPIEGO</li> <li>● John Snow, Inc. (JSI)</li> <li>● Marie Stopes International (MSI)</li> <li>● Midwives Association of Zambia</li> <li>● Clinton Health Access Initiative (CHAI)</li> <li>● Center for Reproductive Health Education (CRHE)</li> <li>● Ipas</li> <li>● Chemonics</li> </ul>	

	<p><b>Multi-lateral and donor</b></p> <ul style="list-style-type: none"> <li>• United States Agency for International Development (USAID)</li> <li>• United Nations Population Fund (UNFPA)</li> <li>• DFID</li> <li>• WHO</li> <li>• SIDA</li> <li>• European Union</li> <li>• The World Bank</li> </ul> <p><b>Youth organizations</b></p> <ul style="list-style-type: none"> <li>• Copper Rose (Education SRH women and Girls)</li> <li>• Young Men Christian Association (YMCA)</li> <li>• Young Women Christian Association (YWCA)</li> </ul>
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CURRENT MEETINGS FOR IN-COUNTRY COORDINATION of FP work (beyond Focal Points)				
MEETINGS	Convening/ Coordinating body	Members	Frequency <i>(monthly, quarterly, semi-annually, etc.)</i>	Notes on efficacy <i>(How efficient &amp; effective are these?)</i>
FP TWG	MOH	MOH, FP Stakeholders	Monthly	All meetings held in 2018 Action points formulated and executed with feedback Subcommittee reports on tasks given Successfully supported MoH to introduce new innovations e.g. DMPA SC
FP - Annual Review Meeting	MOH	MOH, Sub national levels (PHO, DHO,	Annually	Three Annual meetings held so far (2015,2016,2017)

		Community, Youth), all FP TWG Members		resulting in formation of sub national FPTWG. Progress against FP2020 goals is discussed and actions agreed. Key technical updates on FP are provided.
Interagency Coordinating Committee (ICC) Multi-stakeholder consultations	MOH	Main agency for all TWGs issues	Quarterly	All meetings were held in 2018. Also serves as RMNCAH&N Steering committee and chaired by the permanent secretary.
In-country FP2020 focal points meeting	MOH	USAID, UNFPA, CHAZ, MOH	Quarterly	All meetings held
Cooperating partners on health	Rotating Chairs - Currently SIDA	All health CPs	Monthly	Strong advocates and funders to the health sector
In-Country ECHO Steering Committee Meeting	MOH	MOH (RH & HIV Units), UNC, UNFPA, USAID, SAFE, NAC, SFH, WHO	As necessary and agreed in preparatory meetings - In preparation for ECHO results	Meetings have commenced and action plan developed for engagements to prepare stakeholders for ECHO results

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

1. Replicating national level TWGs structures at subnational level
2. **Liaising with** existing Line ministries associated with population dynamics, early marriages and teenage pregnancy such as Ministry of National Development Planning, Ministry of Education, Ministry of Chiefs and Traditional Affairs, and Ministry of Gender.
3. Improve on ongoing dialogue with Policy makers, Religious Leaders, Traditional leaders, and parliamentarians on FP issues
4. Strengthen existing Supply Chain Coordination platform
5. Opportunities exist for coordination with other TWGs e.g. Adolescent Health TWG, HIV TWG, Procurement and Supply Chain TWG etc
6. Place FP as an agenda item on National, Provincial, and District Development Coordination Committee meetings

## EXERCISE 1: IDENTIFICATION OF CHALLENGES & PRIORITIZING ACTIONS

### Zambia FP2020 Commitments

- 1. COMMITMENT:** Increase domestic financing for the procurement of contraceptives by:
  - 1.1. Increasing its minimum contribution to contraceptive commodities to at least \$1m in the 2018 financial year, and ensuring that this increases by a minimum of 50%, from the average annual contribution of US\$1,090,000 between 2013 and 2016, to at least \$1.5 Million annually by 2020.
  - 1.2. Improving the predictability and multi-year nature of financing for contraceptive services into the National Health Financing Strategy, the costed National Health Strategic Plan, and the proposed National Social Health Insurance scheme; and
  - 1.3. Leveraging support from its donors for the procurement of contraceptive commodities to sustain the gains made so far, with the development of a financial sustainability plan for gradual reduction of donor financing.
  
- 2. COMMITMENT:** Commits to addressing policy barriers that adversely impact the delivery of sexual and reproductive health services for adolescents and young people. The government commits to facilitating an enabling policy environment for rights-based sexual and reproductive health service delivery by addressing all policy barriers and exploring best practices across the country. This will include its Ministry of Health:
  - 2.1. Deepening the focus on adolescents through cross sectoral working, collaboration among the Ministries of Health, Education, Youth & Sport, and Community Development to ensure **age appropriate information and services are provided and creating referral systems for appropriate service delivery;**
  - 2.2. Addressing the data gap related to adolescents within national information systems
  - 2.3. Leading cross-government collaboration to advance policy directives to remove barriers and enhance access to rights based SRH services for adolescents and young people for rapid progress toward significant demographic dividend; and
  - 2.4. Tasking the HMIS working group to reconvene and pilot/scale up options for improving the relevance and reliability of adolescent data in HMIS, commencing in 2017.
  
- 3. COMMITMENT:** The Government with its partners will scale up access to rights-based family planning through improving the method mix and strengthening task shifting to community based volunteers to improve availability in hard to reach communities. This will include the scale-up of all methods including BTL and subcutaneous depo medroxyprogesterone acetate (DMPA SC) to reach all parts of the country by 2020.
  - 3.1. The Ministry of Health will revise guidance on the use of DMPA SC following the completion of the 2017 pilot.
  - 3.2. The Ministry of Health will revise manuals to include provision of DMPA SC for both health facility providers and community based distributors (2019).
  - 3.3. Other stakeholders will support the revision of training manuals and training of providers in DMPA SC, this will be coordinated through the Family Planning Technical Working Group (2019).
  - 3.4. The Ministry of Health, USAID and UNFPA will be responsible for procurement of commodities according to the national forecast.

## Summary of Zambia's Costed Implementation Plan (CIP) or RMNCAH strategy, etc.

List your country's CIP priorities here (from existing documentation)

### Priorities:

- 1. FP demand generation and behaviour change communication:** To strengthen demand for family planning services by repositioning FP as a key driver in development and providing targeted, easily-accessible and accurate information to the population.
- 2. Adolescents and youth:** To more effectively target and serve adolescent and youth with quality accessible sexual and reproductive health information and services in and out of school.
- 3. Staff and training:** To build capabilities of providers and increase the health system capacity to deliver high quality contraceptive services, including long-acting reversible contraceptives.
- 4. Rural and underserved access to FP services:** "To increase coverage and access to quality integrated FP services available to those living in rural and underserved areas"
- 5. Supply Chain:** "To improve the last mile distribution, availability and security of family planning commodities from the central level to service delivery points, including both contraceptives and consumables"
- 6. FP governance structure and program coordination:** "To strengthen the central, provincial and district-level FP structures to better coordinate and monitor government and partner activities, in order to deliver services efficiently"

**Step 1. From the above commitment(s) and/or CIP priorities which one is your country having the greatest difficulty in making progress?**

*The table below can be extended if you need to cite more than three. Please reference your 2018 commitment progress self-report, if needed (see attached).*

<p><b>1. Addressing the data gap related to adolescents within national information systems;</b></p> <ul style="list-style-type: none"> <li>●</li> <li>● Conversations on incorporating adolescent specific age disaggregated data into the HMIS have been initiated and data elements for incorporation identified, however the process is slower than anticipated as changes to HMIS often take long.</li> <li>● Furthermore, this will require training/orienting of staff on additional data sets, updating and printing data collection tools for the facilities in 10 provinces.</li> </ul>
<p>2. INSERT Commitment or CIP priority</p> <p><b>CIP Priority: Rural and underserved access to FP services: “To increase coverage and access to quality integrated FP services available to those living in rural and underserved areas”</b></p> <ul style="list-style-type: none"> <li>● Postpartum Family Planning (PPFP)/Post abortion Family Planning (PAFP) <ul style="list-style-type: none"> <li>○ Making PPFP/PAFP a reportable data set in the HMIS is still a challenge.</li> <li>○ Lack SBC for PPAFP/PAFP</li> </ul> </li> <li>● Community based volunteers – Limited number of community volunteers due to limited funding for the initiative.</li> </ul>
<p>3. INSERT Commitment or CIP priority</p> <p><b>Commitment: Increase domestic financing for the procurement of contraceptives</b></p> <ul style="list-style-type: none"> <li>● Inconsistent GRZ funding to FP commodity procurement</li> <li>● Very tight national fiscal space with various competing national priorities making it difficult to achieve significant increase in domestic financing for FP</li> <li>● Changes in donor priorities may affect support to the procurement of contraceptive commodities and reverse the gains made so far in the FP program.</li> <li>● Sustainability of the CIP Priorities beyond FP 2020</li> </ul>
<p>4. CIP Priority: <b>Supply Chain: “To improve the last mile distribution, availability and security of family planning commodities from the central level to service delivery points, including both contraceptives and consumables”</b></p> <ul style="list-style-type: none"> <li>● Frequent FP commodity stock outs at facility level have continued despite good stock levels at national level. There is need to improve timely ordering and delivery.</li> </ul>

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

*Suggested references: Current work on 2019 commitment progress self-report; 2018 commitment progress self-report (attached); and any available data in country (e.g. FP2020 Progress Report 2017-2018, DHS report, materials of the recent data consensus meeting, etc.).*

1. Progress on commitment/CIP priority x

**Commitment: Increase domestic financing for the procurement of contraceptives - Domestic Resource Mobilization**

**Progress**

- Managed to get the Government to increase its contribution to FP commodities to \$1,500,000 in the 2018 budget. Government spent USD 1,400,000 in 2018 and has planned to spend USD 2,600,000 in 2019 thereby exceeding the FP2020 commitment.
- Held advocacy and dialogue meetings with key government institutions and cooperating partners on the current and foreseen global and local financing landscape for contraceptive commodities and the need for increased domestic financing.
- Developed a concept note to initiate the process of developing an investment case for increased domestic financing for contraceptive commodities
- Conducted budget tracking on domestic expenditure on contraceptives by both government and cooperating partners.
- Electronic logistics information system (eLMIS) installed in all district to collect consumption data from facilities to inform commodity quantification and procurement

2. Progress on commitment/CIP priority

**Commitment: Addressing policy barriers that adversely impact the delivery of sexual and reproductive health services for adolescents and young people.**

**Progress**

- Process started for addressing the gap in disaggregated related to adolescents within national information systems;
- The Country managed to formulate Multisectoral ASRH strategy and disaggregated data on adolescent HIV and 1st antenatal. Currently working towards disaggregating data on HIV, STI, FP data sets for adolescents.
- Annual FP review meetings held every year for the last 5 years -2016,2017 and 2018 involving all key stakeholders and sub national levels
- FP Technical working group monthly coordination meetings held consistently for the last 5 years and chaired by MoH. FPTWG provides technical guidance on measuring progress toward FP2020's goal, addressing policy barriers and identifying gaps in the evidence needed to improve family planning programs and policies. The Ministry of Health regards the FP TWG as a key technical advisory team on matters related to Family Planning.

- The Ministry of Health is working with partners in a fast-tracking scale-up of contraceptive implants in all the 10 provinces of Zambia.
- Collaborating with partners to develop policy briefs from various studies such as the RH commodity security surveys, subnational analysis of data on teenage pregnancy and child marriage in Zambia, and other maternal and child health surveys conducted in the last five years to highlight policy gaps and guide program design and implementation.
- Total market approach study piloted in 2018 and government is discussing family planning information with regard to market segmentation and equitable service delivery in line with sustainable financing mechanisms for FP.

### 3. Progress on commitment/CIP priority z

**Commitment: Scale up access to rights-based family planning through improving the method mix and strengthening task shifting to community based volunteers to improve availability in hard to reach communities.**

**Progress:**

- Disseminated findings from pilot on introduction of postpartum LNG IUS and developed a plan for scale-up plan.
- Integrated PFP in all existing RMNCAH services at health facility level and at community level.
- Included PFP/PAFP in the pre-and in-service curriculum.
- HIV Fully integrated with family planning services and data elements incorporated into DHIS2
- Task shifting of injectable contraceptives to community volunteers approved, and the country introduced and rolled out provision of DMPA SC and IM by CBDs nationally to reach underserved populations, especially in rural areas. Purpose was to increase choice by expanding FP method mix and access with the hope of increasing mCPR.
- Introduced Implanon NXT in 2013 in addition to Jadelle Implant providing choice of implants in Public sector facilities.
- The Ministry of Health has been conducting annual surveys on availability of FP commodities and maternal health medicines at service delivery points since 2014. This is aimed at identifying and correcting gaps in last mile distributions. The survey also measure availability of a wide FP method mix at service delivery points.
- MoH has rolled out eLMIS to improve the use of consumption data for family planning commodities to inform accurate quantification and procurement

### Step 3. Detailed analysis of the selected priorities

Please populate the table on the following page, from left to right: first with the **identified priorities**, then with the **challenges, root causes and actions** per priority.

Please consider the following:

**3.1** What are the key **challenges or obstacles** that arise when trying to accelerate progress in these priority areas? (second column on table below)

**3.2** What are the **root causes** of those challenges or obstacles? *Where is the greatest opportunity to influence the system, overcome resistance to change and accelerate changes?* (third column on table below)

### Guidance for Step 3.2

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

Community based health workers (CBWs) are not yet in place at the district level (the challenge)

- a. CBWs have not received a basic training yet (1<sup>st</sup> why)
- b. District health offices have not yet received the updated training manual from the central level (2<sup>nd</sup> why)
- c. Budget cuts for the training department at the Ministry of Health delayed training manual development at the central level (3<sup>rd</sup> why)
- d. The Health Minister decided to allocate more budget to nutrition programs, because this is not a priority for expenditure this year (4<sup>th</sup> why)
- e. Nutrition advocates at the national level were more successful in their advocacy efforts OR the Health Minister was more compelled by the data presented by nutrition advocates. (5<sup>th</sup> why)

**After going through each of the why questions, the last one is usually the root cause.**

### 3.3 What **actions** are required to tackle the root causes for the identified challenges?

*Based on your assumptions about what will work and what will not, think about all possible actions/interventions.* (fourth column of the table below)

### 3.4 In the last column, let's explore the links between the actions in the table and the following three themes of the workshop: engagement with adolescent & youth; engagement with faith leaders & faith community; and financing for family planning. To what extent are they related to the themes? Please map them to **the three themes**. (fifth column of the table below)

Step 1: Priority	Step 3.1: Challenge(s)	Step 3.2: Root Cause(s)	Step 3.3: Actions	Workshop themes
<b>Example of thinking process from Step 1 through Step 3.3:</b>				<p><i>This workshop's focused themes are</i></p> <p><b>THEME A: Adolescent &amp; youth engagement</b></p> <p><b>THEME B: Faith leaders/community engagement</b></p> <p><b>THEME C: Financing for family planning</b></p> <p><i>Per each theme, please list below any relevant specific subtopics that you would like to see covered or discussed throughout the workshop.</i></p>
<p><i>e.g. Deployment of community-based health workers capable of providing FP information and methods</i></p>	<p><i>e.g. Community-based health workers (CBWs) are not yet in place at the district level</i></p>	<p><i>e.g. Health Minister decided to allocate extra budget to nutrition programs as she/he was more compelled after hearing from other program's (e.g. nutrition) advocates</i></p>	<p><i>e.g. 1.1 Develop a policy brief with a data visual highlighting the urgent need of CBWs to increase the access to FP services and information</i></p> <p><i>1.2 Develop a multi-step deployment strategy to introduce to trained CBWs to cover all districts</i></p>	
<p><b>Priority 1 Increased Domestic Resource Mobilization</b></p>	<p><b>Challenge 1:</b> Inadequate Budgetary Allocation to FP commodities in national budget</p> <p><b>Challenge 2:</b> Gradually Reducing donor funding for FP</p> <p><b>Challenge 3, etc.</b></p>	<p><b>Root Cause:</b> Tight fiscal space with competing priorities</p> <p><b>Root Cause:</b> Zambia now a low middle income country expected to finance its social services</p> <p><b>Root Cause</b></p>	<p><b>Action 1.1:</b> Develop an investment case/ Business case for increased domestic financing for FP Commodities with a gradual stepwise increase in government funding for FP commodities.</p> <p><b>Action 1.2:</b> Sustained evidence based advocacy for sustainable financing for FP both by government and donors.</p>	<p>Financing for family planning</p>
<p><b>Priority 2 Reaching youth and adolescents</b></p>	<p><b>Challenge 1:</b> Policy barriers that hinder adolescent's access to FP services</p> <p><b>Challenge 2:</b> Lack of clear Service Delivery standards and</p>	<p><b>Root Cause 1:</b> Conflicting Legal provision for consent to health services, sex, marriage etc</p>	<p><b>Action 2.1</b> Engagement of Harmonization of policies relating to sex, marriage and legal provision for consent and access to services</p>	<p>Adolescent &amp; youth engagement</p>

	<p>guidelines that facilitate adolescent's access to FP services</p> <p><b>Challenge 3:</b> Lack of age disaggregated data to track adolescents utilisation of family planning services</p>	<p><b>Root Cause 2:</b> Unclear guidelines on service provision for adolescents</p> <p><b>Root Cause 3:</b> Lack of disaggregation in the HMIS from the onset of the implementation of the program</p>	<p><b>Action 2.2:</b> Review guidelines to indicate standards for services to adolescents</p> <p><b>Action 2.3:</b> Follow up of the HMIS review to ensure that disaggregation of adolescent data is completed and incorporated in DHIS2</p>	
<p><b>Priority 3</b></p> <p><b>3. COMMITMENT:</b></p> <p><b>Scale up access to rights-based family planning through improving the method mix and strengthening task shifting</b></p>	<p><b>Challenge 1:</b> Not enough CBDs on the ground to provide FP in hard to reach locations</p> <p><b>Challenge 2:</b> Poor reporting of PFP/PAFP</p>	<p><b>Root Cause No1:</b> committed financing to the CBD program. Currently, the CBD program is donor dependent</p> <p><b>Root Cause No2:</b> No data elements on PPAFP/PAFP in HMIS</p>	<p><b>Action 3.1:</b> Resource mobilization and Increased resource allocation to FP to include recruitment, training, and deployment of CBDs</p> <p><b>Action 3.2:</b> Making PFP/PAFP a reportable data set in the HMIS.</p>	<p>Faith leaders/community engagement</p>

## EXERCISE 2: ZAMBIA'S PRIORITIZED ACTIONS 2019-2020

\*Actions prioritized from the Exercise 1 (Step 3)

**Note: This template can be modified/adjusted based on country needs and preference.**

**Please use the following template to capture any activities that have emerged as a part of your preparatory consultations. This exercise will be used for discussion during the Anglophone Africa Regional Focal Point Workshop.**

Actions for Focal Point and in-country stakeholder	Institution/person responsible <i>Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person</i>	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
<b>Priority: Increased Domestic Resource Mobilization</b>							
1.1: Develop an investment case/ Business case for increased domestic financing for FP Commodities with a gradual stepwise increase in government funding for FP commodities.	MoH/UNFPA/USAID	X	X	X	X		
1.2: Sustained evidence based advocacy for sustainable financing for FP both by government and donors.	UNFPA/CHAZ/USAID	X	X	X	X		

Actions for Focal Point and in-country stakeholder	Institution/person responsible <i>Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person</i>	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
<b>Priority: Reaching youth and adolescents</b>							
2.1 Engagement of Harmonization of policies relating to sex, marriage and legal provision for consent and access to services	MoH/UNFPA/Copper Ross	X	X	X	X	X	X
2.2 Review guidelines to indicate standards for services to adolescents	MoH/UNFPA/Copper Ross	X	X				
2.3 Follow up of the HMIS review to ensure that disaggregation of adolescent data is completed and incorporated in DHIS2	MoH/USAID	X	X	X	X	X	

Actions for Focal Point and in-country stakeholder	Institution/person responsible <i>Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person</i>	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
<b>Priority: Scale up access to rights-based family planning through improving the method mix and strengthening task shifting</b>							
<b>3.1</b> Resource mobilization and Increased resource allocation to FP to include recruitment, training, and deployment of CBDs	<b>MoH/USAID/UNFPA</b>	x	x	x	x	x	x
<b>3.2</b> Making PFP/PAFP a reportable data set in the HMIS	<b>MoH</b>	x	x	x	x	x	

**EXERCISE 3: INTEREST IN LEARNING FROM ANOTHER COUNTRY ON THE IMPLEMENTATION OF BEST PRACTICES**

*Please use the table below to list areas of follow up with countries and/or partners that you would like to connect with at the workshop and beyond.*

<b>What do you want to learn from [country/partner] that it has done successfully and has been a challenge for your country?</b>	<b>Country/partner that you want to connect with during and after the focal point workshop.</b>	<b>By which mode of communication do you prefer? (webinar, skype call, email, etc.)</b>
Disaggregation of Adolescent data in HMIS	TBD	TBD
Implementation of DMPA SI	TBD	TBD
Develop an investment case/ Business case for increased domestic financing for FP	Kenya/Nigeria/Any other country	Webinar or Skype Call