This document reflects the country context, opportunities, challenges, and priorities developed by FP2020 focal points for Afghanistan in collaboration with the FP2020 Secretariat and other partners during the Asia Focal Point Workshop in Bali, Indonesia in January 2016. FP2020’s focal point representatives are from the government and two donor organizations, usually UNFPA and USAID, and serve as the key representatives of FP2020 in-country. They coordinate with each other, the government, partners and other stakeholders, and the FP2020 Secretariat to drive progress on the country’s family planning goals. These opportunities, challenges, and priorities serve as the foundation of the shared agenda of action across the next 12- to 18-month horizon.

COUNTRY CONTEXT

- **Demand**
  - The Afghanistan Demographic Health Survey (AfDHS) 2015 indicates that the modern contraceptive prevalence rate (mCPR) is 20% and the national family planning (FP) goal is 30% mCPR for married women by 2020.
  - Pills, injectables, and male condoms are the most commonly used methods.
  - The knowledge about at least one FP method is around 58% (2012 Afghanistan Health Survey), the estimated unmet need is 25%, and the Total Fertility Rate (TFR) is 5.3 (AfDHS 2015).
- **Supply**
  - The method mix is highly skewed toward short-term methods and the use of long-acting and reversible contraception (LARC) use is very limited.
  - In 2010, the contraceptive implant was introduced as a new FP method and in 2014 Postpartum Intrauterine Contraceptive Devices (PPIUCD) were expanded.
  - Currently, all public health facilities provide at least three FP methods.
  - There are 28,000 volunteer community health workers providing at least two methods of family planning in rural areas.
  - There is an emerging private health sector and the Ministry of Public Health (MoPH) has developed a partnership with the private health sector to provide FP services free of charge with the provision of commodities from the MoPH.
- **Enabling Environment**
  - The Minister of Health strongly supports FP and considers it a top priority.
  - As part of the United Nation’s Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030), the Government of Afghanistan has committed to allocating 25% of its overall health budget to reproductive health.
  - The MoPH has a strong partnership with other ministries, such as the Ministry of Religious Affairs; the Ministry of Women Affairs; the Ministry of Youth Affairs; and the Ministry of Education.
  - The MoPH works closely and productively with the media, religious leaders, and civil society.

OPPORTUNITIES

- There is a strong network of community health workers at the field level even in insecure areas.
- FP is integrated into the health system.
- There are four functional regional FP training centers and many community midwifery schools at the provincial level.
- Strong political support for FP exists, both from the Minister of Public Health and the President.
• Donors and international community interested to support FP program in Afghanistan.
• Capacity development opportunities through different partner organizations.
• Existence of inter-ministerial committee chaired by CEO on health and nutrition.
• There is a partnership between the MoPH and religious scholars for the promotion of FP.
• Cooperation among the MoPH, Ministry of Women’s Affairs (MoWA); Ministry of Haj and Religious Affairs (MOHRA), and other ministries.
• Non-Governmental Organizations (NGOs) such as Marie Stopes International (MSI); the Afghan Family Guidance Association (AFGA), which is the International Planned Parenthood Federation affiliate, Jhpiego, and the Afghanistan Social Marketing Organization (ASMO) are dedicated to FP work.
• Existing studies and work already done in FP includes the recently completed Family Planning Comprehensive Needs Assessment, National Workshop for Improving Family Planning and Birth Spacing Services in July 2015 and Secondary data analysis of Afghanistan Health Survey 2012 for Contraceptive Use.
• A Reproductive Health and Commodity Security (RHCS) action plan has been drafted.

CHALLENGES

• The ideal family size remains high and unmet need is high. Increased investments in demand generation are needed along with Social Behavior Change Communication.
• There are insufficiently trained female healthcare workers to administer Intrauterine Devices (IUD) and implants.
• There is a weak supply chain system and inadequate storage facilities.
• There are no targets at the health facility level for FP services because setting a target at the health facility level is against the “voluntarism and informed choice concept”, and also will violate the System Enhancing for Health Actions in Transitions (SEHAT) contract, an MOPH endorsed project with the World Bank, the EU and USAID.
• The country suffers from insecurity and a very low literacy rate among women at 32%.
• There is limited provision of FP services by private sector.
• Post-Partum Family Planning (PPFP) expanded at national level, but there is no any indicator of PPFP in HMIS.
• Limited access to quality family planning services, especially for LARCs, for example: insufficient privacy, work load, poor counselling, poor monitoring and supportive supervision, etc.
• Voluntarism concept is not well adopted by the community. Couples decision making power in choosing family planning is limited and influenced by certain family members.
• Low male involvement in all RMNCH services particularly in FP.
• Insufficient cross-sectorial collaboration and coordination for FP services.

PRIORITIES

1. Develop a costed RMNCAH National Strategy 2017-2020, with a family planning component as a key area.
2. Finalize the RHCS strategic action plan and build capacity of program managers and RH officers to ensure commodity security.
3. Strengthen existing MoPH FP monitoring, evaluation, supervision, and quality improvement mechanisms and promote evidence-based decision making.
4. Ensure quality FP services at community and facility level through Basic Package of Health Services (BPHS) by NGOs. Increase access to LARC methods by including implant into Essential and BPHS medicine lists and improve FP counselling skills of health care providers.
5. Establish an inter-sectorial collaboration and coordination mechanism for national FP activities and programs among different ministries and stakeholders, including the public and private sectors.
6. Promote FP by increasing awareness and address barriers through socio behavioral change communication activities.