

MINISTRY OF HEALTH

**PUNTLAND GOVERNMENT OF SOMALIA
FAMILY PLANNING STRATEGY AND
COSTED IMPLEMENTATION PLAN
2020-2024**

July 2020



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Family Planning Strategy and Costed Implementation Plan, 2020-2024.**

Ministry of Health
Puntland Government of Somalia
Family Planning Strategy &
Costed Implementation Plan
2020–2024

July 2020

Acronym

FP	Family Planning
CPR	Contraceptive Prevalence Rate
IUD	Intra Uterine Device
LAM	Lactational Amenorrhea
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
TASS	Tadamun Social Society
SRCS	Somali Red Crescent Society
SCI	Save the Children International
WV	World Vision
MoH	Ministry of Health
RHC	Referral Health Center
PHU	Primary Health Unit
HC	Health Center
CIP	Costed Implementation Plan
PSI	Population Service International
PAM	Puntland Association of Midwives
ACF	Action Against Hunger

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FOREWORD

The Government of Puntland, a Federal Regional State in Somalia established in 1998, has prioritised the reduction of maternal mortality and morbidity and thus committed to ensuring widespread access to family planning as a measure to improve the quality of life of women and their families. Somalia, along with other countries, made commitments during the Family Planning Summit in London (FP2020) in 2015 and revised these in 2017 to ensure access to quality reproductive health services including family planning¹.

This plan will help the government of Puntland, Somalia to identify the gaps in reproductive and family planning needs and develop strategies to address the same. The comprehensive nature of this plan includes costed implementations built with an equitable and participatory approach. It's sectoral and socially led approach will ensure accountability in delivering quality reproductive healthcare services.

This plan was developed using a consultative process with the participation of stakeholders in health including civil society organizations, national and international organizations and line ministries. This Family Planning – Costed Implementation Plan (FP-CIP) is well-aligned with Puntland's new five-year development plan and details specific activities and packages with clear strategic priorities.

We are looking to all actors in the health sector to support this plan, thus ensuring that we move progressively towards the realization of the right to health and steer Puntland towards the desired health goals.

Hon. Dr. Jama Farah Hassan
Puntland Minister of Health

ACKNOWLEDGMENT

The development of this FP-CIP was accomplished by the Ministry of Health of Puntland, with support from Save the Children International. The FP-CIP document was financially supported by UN Foundation through FP2020. This document could not have been completed without guidance from all stakeholders and partners who contributed to its development.

Foremost, we thank the Minister of Health Hon. Dr. Jama Farah Hassan for his continued support and guidance in the development of this plan.

I also acknowledge the consultant, Mr. Mohamed Kalid Ali, for his guidance throughout the process, in addition to the health program team from Save the Children.

I call upon all partners involved to implement this plan in a coordinated and synergized manner to avoid duplication of efforts.

Dr. Abdirizak Hersi Hassan
Director General
Ministry of Health

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SECTION I: BACKGROUND AND INTRODUCTION

Somalia had one of the highest ratios of maternal mortality globally, at 692 deaths per 100,000 live births in 2019 (Directorate of National Statistics Federal Government of Somalia, 2020). The country became an FP2020 commitment country in 2015 and subsequently revised its commitment in 2017 to address barriers to accessing reproductive, maternal, neonatal and child health services – with focus on vulnerable populations (FP2020, 2017). The country has also implemented various campaigns to accelerate the reduction of maternal mortality. In 2013, the Somali government endorsed a national health policy and developed a comprehensive Somali Health Sector Strategic Plan (HSSP) aimed at the decentralization of health policies at the zonal level in South Central Somalia, Puntland and Somaliland (Federal Ministry of Health and Human Services, 2017).

Puntland, a regional federal member state of Somalia, located in the northeast of Somalia, was established in 1998. It is relatively stable compared to many parts of Somalia. The Puntland Ministry of Health has begun to review and update several key strategic plans in the health sector and identified the need to develop its first-ever costed implementation plan (CIP) for family planning (FP) to align its vision with its partner stakeholders and outline activities and timelines in achieving key milestones in its commitment to FP2020. However, the report has important limitations:

1. Lack of data on the number of women of reproductive age (WRA) for married and/or unmarried women.
2. Restrictions due to the COVID-19 pandemic, which has limited further consultations with many stakeholders.

Rationale for and Use of the Puntland FP-CIP

The Puntland FP-CIP for 2020-2024 details the plans to achieve a FP vision, and goals to improve the health and well-being of the population through access to information and services for FP. This FP-CIP will guide FP programming for Puntland across all sectors,

humanitarian partners and implementing partners. It details necessary program activities and the costs associated to achieve clear programme goals and information on the resources that Puntland must raise domestically and from partners. The FP-CIP also directs and addresses all components of successful programme operations in the budgets of Puntland government and its partners that are implementing FP service provision.

Specifically, the FP-CIP will be used to:

- **Ensure one unified state strategy for family planning is followed:** The FP-CIP articulates Puntland's consensus-driven priorities for FP, which have been developed through a consultative process and are therefore seen as a social contract for donors and implementing partners. The plan will ensure that all FP activities are aligned with Puntland's five-year development plan that covers strategic areas in security, justice, social, livelihood and Infrastructure. It will guide current and new partners in their FP investments and programmes. It is expected that the Puntland government and partner stakeholders will align and account their FP programming, funding and activities to the identified needs and priorities outlined by the strategy in this document.
- **Define key activities and an implementation roadmap:** The FP-CIP includes all necessary activities, with defined targets that are appropriately sequenced to deliver the outcomes needed to reach Puntland's FP goals by 2024.
- **Determine Impact:** The FP-CIP includes estimates of the demographic, health and economic impacts of the FP programme, providing evidence for advocacy and resource mobilisation.
- **Define a national budget:** The FP-CIP determines detailed commodity and programme activity costs associated with the entire Puntland FP programme. It provides concrete activity and budget information to inform the MoH budget requests for FP programmes that are aligned with Puntland's goals between 2020-2024. It also provides guidance to the ministry and partners to prioritise the funding and implementation of strategic priorities.
- **Mobilize resources:** The FP-CIP should be used by the Puntland Government and partners to mobilize internally needed resources, as well as those from development partners. The plan details the activities and budget required for the public sector to implement a comprehensive FP programme so the MoH and partners can systematically track available resources against those required as

stipulated in the FP-CIP and conduct advocacy to mobilize funds from development partners to support any remaining funding gaps.

- **Monitor Progress:** The FP-CIP performance management mechanisms measure the extent of activity implementation and help ensure that the country's FP programme is meeting its objectives, ensuring coordination, and guiding any necessary course corrections. Furthermore, the FP-CIP is a living document that will be updated periodically and as needed.
- **Provide a framework for inclusive participation:** The FP-CIP provides a clear framework for broader participation of stakeholders within and outside of the MoH.

The Development Process

The Puntland Government of Somalia initiated the development of the FP-CIP 2020-2024 in October 2019, with support from Save the Children International (SCI).

The Ministry of Health, implementing partners, civil society and other stakeholders pledged their full support and involvement through a technical working group.

The plan and activity matrix were designed through a participatory approach, and the process was presented to expert groups including various partners and Ministry of Health technical experts.

The costing has been developed through consultations and working sessions with expert groups and has been customized to the Puntland context. These active and focused sessions provided the government and other stakeholders with an opportunity to discuss and finalize the FP-CIP working document.

SECTION 2: SITUATIONAL ANALYSIS

The Global Context

The importance of consistent access to reproductive health, including family planning services, improves maternal survival during pregnancy and childbirth (Chola, McGee, Tugendhaft, Buchmann, & Hofman, 2015). Family planning interventions helped to achieve the Millennium Development Goals (MDGs) and are expected to help achieve the more newly established Sustainable Development Goals (SDGs). Family planning can prevent unintended pregnancy and thus reduce maternal deaths. It also indirectly contributes to positive health outcomes. For example, FP interventions help to reduce poverty, increase gender equity, prevent the spread of HIV and lower infant and child deaths (Chola et al., 2015). Currently, more than 200 million women in developing countries wish to space or limit pregnancies, yet they lack access to FP options. Amongst women of reproductive age in developing countries, 57% (867 million women) are in need of contraceptive access. Of them, 645 million women (74%) are using modern methods of contraception; the remaining 222 million are not, resulting in significant unmet need for modern FP methods (Singh, 2013)

Family Planning 2020 (FP2020)

The UK government, through the Department for International Development (DFID) and the Bill & Melinda Gates Foundation, partnered with the United Nations Population Fund (UNFPA) to host a gathering of leaders from national governments, donors, civil society, the private sector, the research and development community, and other interest groups to renew and revitalise global commitment to ensuring the world's women and girls, particularly those living in low resource settings, have access to contraceptive information, services, and supplies. The resulting event was the London Summit on Family Planning, held on 11 July 2012.

At the summit, implementers, governments, and FP stakeholders united to determine priorities and set forth commitments. The Government of Somalia made several significant commitments, which included state-level commitment in Puntland.

Somalia Country Commitments to FP2020:

- Ensure that legal policy and strategic frameworks for FP in Somalia are in place by 2020;
- Increase understanding of barriers to access, demand and uptake of FP services in Somalia by 2020;
- Ensure access to quality reproductive health services, including FP in emergency and crisis settings, from 50% of facilities offering FP services in 2017 to 80% by 2020;
- Decrease stock outs by 30% by 2020 by ensuring continuous availability of quality FP commodities at all levels of the pipeline;
- Explore and leverage public and private partnership in FP service delivery by 2018; and
- Strengthen the existing monitoring of FP program through routine HMIS and Demographic Health Survey (DHS Programme).

Sustainable Development Goals

Building on the commitments of the Millennium Development Goals, the global SDGs (De Onis et al., 2013) were proposed by the United Nations to address domestic and global inequalities by 2030. Goals 3 and 5 include direct and indirect outcomes related to family planning. Goal 3 specifically looks to “ensure healthy lives and promote well-being for all at all ages.” The sub-activities state:

- 3.1—By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- 3.7—By 2030, ensure universal access to sexual and reproductive health care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes

Goal 5 states “achieve gender equality and empower all women and girls,” and includes sub-activity 5.6: To ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development (ICPD) and the Beijing Platform for Action and the outcome

documents of their review conferences. Given the focus areas in family planning and equitable access, if the necessary resources, political will, advocacy, and in-country priorities are provided, the SDGs are set to achieve substantial impact outcomes (Leidman et al., 2017)

The Puntland Context

Overview

Somalia has some of the worst reproductive health indicators in the world. The contraceptive prevalence (CPR) is 10% among married women, with only 1% of married women using modern methods. Among the 15-19 year-olds, 11% are using contraceptives compared to 2% of those ages 40-44 (Directorate of National Statistics Federal Government of Somalia, 2020). Moreover, 37% of currently married women have an unmet need for family planning. The Somali Demographic and Health Survey has reported that the unmet need among women is slightly higher in rural areas (37%) than urban areas (36%) (Directorate of National Statistics Federal Government of Somalia, 2020). The same report also found that women with either only primary education or no education have higher unmet needs, at 37%. This is an increase of 11% over the past 14 years (UNICEF Somalia, 2006). There is limited access to skilled attendance at birth (30%), limited access to quality basic and comprehensive emergency obstetric care (the caesarean section rate is less than 2%) and a high fertility rate of six to seven children per woman. These indicators are among the main causes of the high Maternal Mortality Ratio in Somalia, which stands at 692 per 100,000 live births (Directorate of National Statistics Federal Government of Somalia, 2020).

The Puntland Government of Somalia is in northeast Somalia. Established in 1998, it has enjoyed relative peace for the past 22 years. It is bordered by Somaliland in the west, the Gulf of Aden in the north, the Indian Ocean in the southeast, the central Galmudug region of Somalia in the south and Ethiopia in the southwest. The Puntland government shares similar challenges to the rest of Somalia, such as high population growth, environmental degradation, desertification, frequent droughts and famines, poverty and a weak economy. This has created an unbearable burden of health problems that contribute to the region's weak health care system.

Save the Children International recently secured funding from FP2020 to support the Puntland government to develop an enabling policy environment that supports the delivery of quality family planning services. With the current modern Contraceptive Prevalence Rate (CPR) for

women estimated at 14.2% in Puntland and the projected population of women of reproductive age (WRA) to be 760,000 (Cooperation, 2015), we hope that over 107,920 women of reproductive age will potentially benefit from the full implementation of the proposed policy.

Contraceptive Use

In order to successfully deliver FP programmes, the current level of contraceptive use must be examined. The LAM, pill, injectables, implants and condoms are the most commonly known contraceptive methods among Somali women (Directorate of National Statistics Federal Government of Somalia, 2020). Approximately 63% of married women are familiar with at least one method of contraception in the country. The majority of Somali women (62% of previously and currently married women) have knowledge of modern contraceptive methods and 17% of previously and currently married women are only familiar with traditional methods. However, in practice, very few women use modern contraceptive methods. Knowledge of these modern methods are higher (90%) among women with higher education.

Unmet need

Unmet need refers to women of reproductive age who are sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child (Sedgh, Ashford, & Hussain, 2016).

The uptake of FP services has increased each year from 2015 onwards. Although the data in Figure 2 illustrates the uptake of FP services in some health facilities in Puntland, the coverage is yet to reach at its peak. Puntland has made significant improvement in FP service delivery and demand creation in Karkaar region as illustrated in Figure 3. An INGO is providing support to FP service delivery in selected facilities and working to increase knowledge and create demand for FP in this region.

Figure 1. Family Planning Uptake from 2015-2019

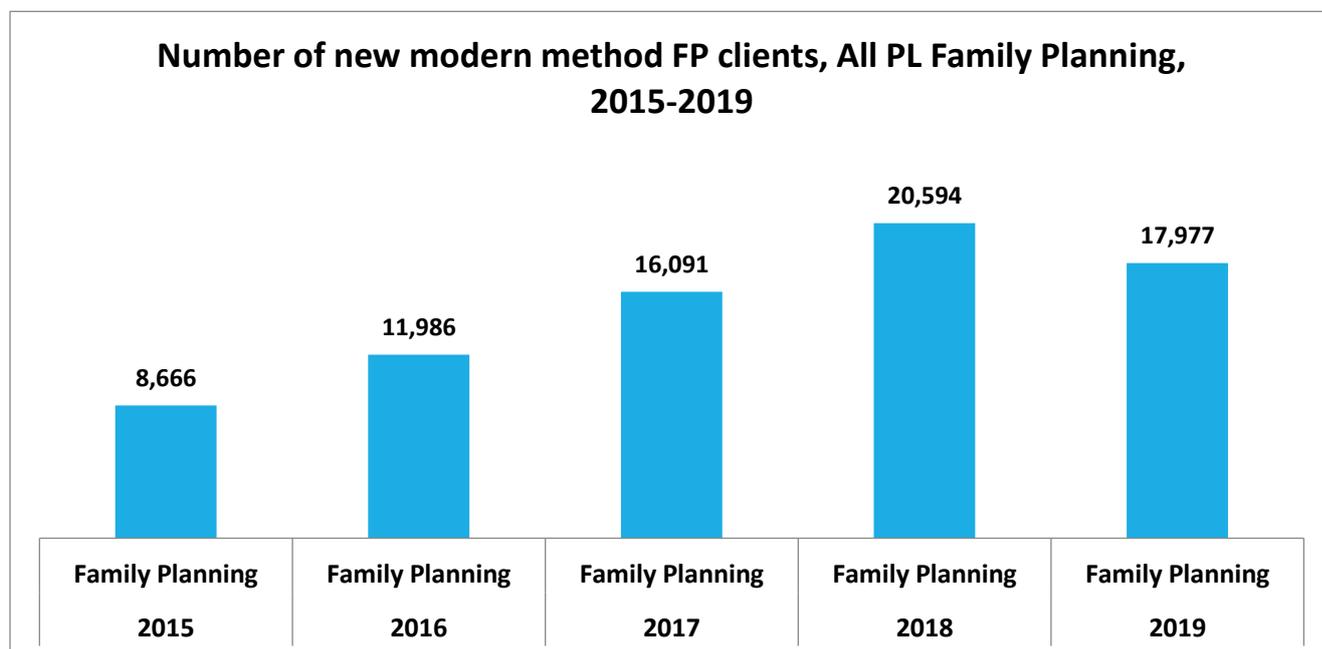
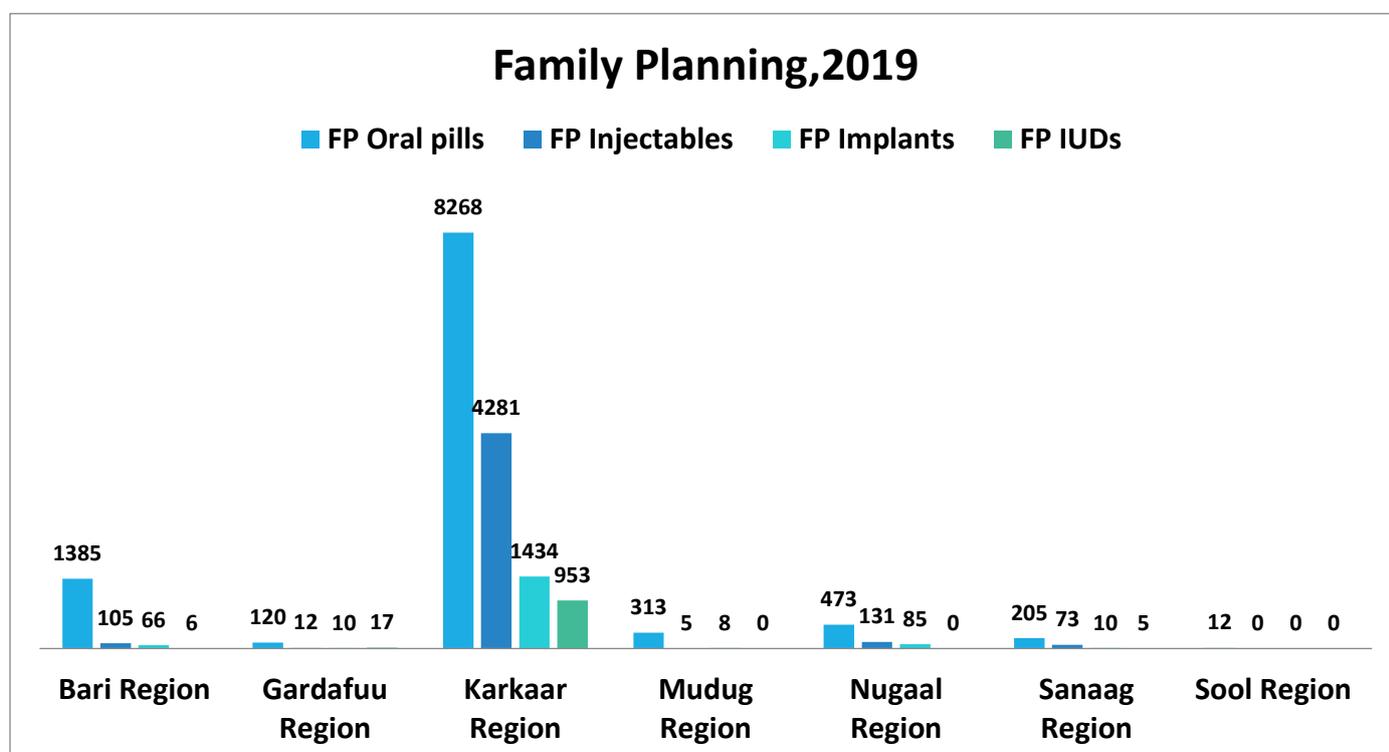


Figure 2 : FP Services in each region of Puntland – segregated by method



Key Issues and Challenges

Anticipated key challenges for rollout of the FP strategy in Puntland include:

Demand Creation

FP services are associated with increased welfare in both women and society in general. Uptake of FP services helps women to reduce the number of unwanted pregnancies and abortions (Muhammad Farhan & Pervaiz, 2019). The Government of Puntland, Somalia, together with its national and international partners, has been continuously working towards the provision of FP services to target beneficiaries. Information about FP services are widely disseminated through media such as radio, public workshops, trainings, and targeted tailored messages by community health workers. However, despite these efforts, FP demand remains low, in line with other federal state members of Somalia and indeed many other developing countries. Interestingly, the unmet need for contraception in Somalia was shown to be similar to unmet needs among Somalis in Europe (Gele, Musse, & Qureshi, 2019).

In order to increase FP demand, it is important to understand FP barriers and facilitators. Tailored training for healthcare providers that includes competency-based provision of services and quality counselling is an important boost for the demand and voluntary uptake of modern contraceptive methods. In addition, communication to both men and women is important to increase awareness and to reduce the high unmet need for contraception (Gele et al., 2019).

Individual bias is underpinned by concerns that birth spacing contradicts Islamic doctrine/teachings. Other Muslim nations have grappled with these concerns and interpreted the Quran to be supportive of birth spacing (including modern contraception) as a means of ensuring healthy timing and spacing of children and the well-being of the mother. It is recommended that a similar process of interpretation should be initiated with Somali Muslim leaders; these messages should be reiterated so that concerns are allayed and clear messaging in relation to birth spacing from a religious perspective is provided to all communities. Traditional and cultural barriers also pose challenges and need to be better understood and addressed, where feasible to do so. This should be married with efforts from other line

ministries, notably the Ministry of Women's Development and Human Rights Development, and reinforced through guiding documents such as the draft National Gender Policy.

Service Delivery and Access

Access and utilization of FP services were considered important in the Somali National Reproductive Health Strategy and Action Plan 2010-2015. Despite this priority, more than 90% of women continue to deliver at home and more than half are assisted by a traditional birth attendant (TBA), which further limits the chances of providing post-partum FP (Federal Ministry of Health and Human Services, 2017). Poor access to skilled delivery care and emergency obstetric care across Somalia was highlighted by WHO, UNICEF, SCI and other humanitarian organizations working in Somalia. Only some health facilities that are supported with FP interventions have trained nurses and midwives who can provide contraceptive methods such as short acting, natural methods and long acting reversible contraception methods. However, these trainings are limited and are not consistent. Despite these challenges, it is essential to counsel women about postnatal FP, including postnatal IUDS and implants and to work towards making a full range of postnatal contraceptive methods available.

Key barriers and enablers of FP services include access to services, perceptions and definitions of care and community participation in FP and contraceptive services (Kriel et al., 2019). Successful examples are shown in FP services provided by nurses and midwives at ten (10) SCI supported health facilities in Puntland, where it was found that the provision of master training to a small number of service providers increased access and use of FP services. However, in order to meet the need, a deliberate investment in training primary level health care providers is required to ensure improved access and utilization of FP services. Table I shows the level of contraceptive knowledge among currently married women and all ever-married women as an illustration of the degree of knowledge of contraceptives among Somali women (Source: Somali Health and Demographic Survey

Table 1 . Knowledge of contraceptive methods

Percentage of ever-married women, currently married women aged 15-49 who have heard of any contraceptive method, by specific method, SHDS2020		
Method	All ever-married women	Currently married women
Any method	62.6	63.0
Any modern method	62.0	62.3
IUDs	15.8	15.2
Injectables	31.3	31.1
Implants	25.4	25.0
Pills	35.0	34.7
Male condoms	17.3	16.9
Female condoms	10.3	10.1
Emergency contraception	11.5	11.2
Standard days method	12.1	11.9
Lactational Amenorrhea (LAM)	53.5	53.7
Other modern methods	1.0	0.9
Any traditional method	17.4	17.3
Rhythm	11.0	10.8
Withdrawal	14.1	13.9
Traditional methods	1.2	1.2
Mean number of methods known by women 15-49	2.4	2.4

Contraceptive Security

Procurement of commodities is important to meet the demand of services at the health facility. Challenges encountered in the provision of commodities jeopardises service delivery. This includes frequent stock-outs of FP commodities at health facilities. In Puntland, supplies are mainly procured by UNFPA and provided to the Ministry of Health (MoH) of Puntland, where the MoH then dispatches them to facilities that offer FP services. The MoH medical warehouse documents and files the available stocks at each facility. Facilities later report on usage and available stocks through their facility managers. Quantification is done periodically by medical warehouse managers and reproductive health team at MoH. Contraceptive methods that are available in the region include IUDs, Injectables, Implants and Pills. These are all procured by UNFPA for the Ministry of Health. However, all these methods are not provided at health facilities due to the shortage of qualified nurses, midwives and doctors who are sufficiently trained and experienced to offer birth spacing services. The private sector

does not procure any FP commodity services. There is an evidence gap in understanding obstacles that impede contraceptive use in the country. However, evidence suggests that factors such as misconceptions and fears, gender power relations, socio-cultural expectations, contradictions, short-term planning and health service barriers were shown to cause barriers to contraceptive use (Nalwadda, Mirembe, Byamugisha, & Faxelid, 2010).

Financing

Although Somalia has committed to allocate 15% of government expenditure to health in the “Abuja Target”, it has unfortunately not yet met its commitment (Noor, Rage, Moonen, & Snow, 2009). Health expenditure in Somalia remains very low and there is critical shortage of competent health workers. Nearly 50% of the Somali population pays their health expenses from their income. Almost all the population lack any form of financial protection and must make out-of-pocket payments when they seek health services. Those who do not have enough income borrow money from relatives and friends when seeking health services. Only 2% of the population are covered by health insurance (Directorate of National Statistics Federal Government of Somalia, 2020). The health system is mainly supported by financial support received from international partners. Thus, it is difficult to expect financial contribution towards birth spacing programs from government sources. Family planning services that are offered at public health facilities are free of cost and are supported by donors through humanitarian agencies.

Gaps in family planning implementation addressed through SWOT Analysis:

Interventions related to FP often experience challenges during implementation. The following table addresses FP implementation gaps through Health Sector Strategic Plan (HSSP) components and is aimed to address its improvement. A workshop that was held at the Ministry of Health and attended by a reproductive health working group comprising Puntland line ministries (Ministry of Health, Ministry of Women and Family Affairs, Ministry of Justice, Religious Affairs & Rehabilitation and humanitarian organizations like UNICEF, UNFPA, TASS, SRCS, WV, SCI) among others. Workshop participants conducted a SWOT analysis to Identify key family planning implementation gaps in Puntland (Table 2).

Table 2 . Strength, Weakness, Opportunities and Threats (SWOT) Analysis

Area of interest	Strength	Weaknesses	Opportunities	Threat
Leadership and Governance	<ol style="list-style-type: none"> 1. Political commitment 2. Existing government institutions, 3. Leadership of Puntland MOH 4. Enabling environmental (hospital and health centers) 5. Developed policies and strategies 	<ol style="list-style-type: none"> 1. Inadequate coordination of ministers, since the FP program is multifactorial 2. Insufficient policies and guiding laws 3. Poor implementation of existing policies and guidelines 	<ol style="list-style-type: none"> 1. Relative political stability 2. Strong partnership and stakeholders 	<ol style="list-style-type: none"> 1. Social and cultural barriers, 2. Opposition from key opinion leaders (religion, traditional leaders) 3. Competing priorities
Human Resources	<ol style="list-style-type: none"> 1. Engaged Human Resources department, 2. Existing skilled medical staff 3. Universities and medical colleges 4. Existing functional MoH training center 	<ol style="list-style-type: none"> 1. Lack of trained staff 2. Weakness in adaptation of using guidelines 3. Lack of task segregation of facility staffs 	<ol style="list-style-type: none"> 1. Production of human resources from universities and medical colleges 2. Engagement of private hospitals doctors and other medical professionals 3. More female health workers are engaged in services deliveries 	<ol style="list-style-type: none"> 1. Stereotypes of health professionals 2. High staff turnover of skilled personnel 3. Lack of human resources motivations 4. Inaccessibilities of skilled staff and hard-to-reach locations

Health Service Delivery

1. Availability of health service
2. Free health service
3. Availability of health staff
4. Existing health service structure

1. Low awareness
2. Lack of acceptance/ between partners
3. Inadequate maternity leave
4. Lack of law enforcement
5. Low supporting supervision
6. Poor co-operation on higher education and line ministers

1. Accessibility
2. Enough security
3. Availability of skilled staff
4. Huge demand of service within the community
5. Availability of trained female health workers to support awareness and service delivery at PHU level
6. Availability of trained health workers at HC and RHC
7. Availability academic institution that can participate training of health professionals in FPI

1. Cultural barriers
2. Health workers' poor attitudes about family planning
3. Difference perception of family planning

Commodity and supply chain management

1. Availability of different methods
2. Trained staff
3. Availability of pharmacy

1. Stock out of supply
2. Lack experts who can provide IUD
3. Lack of a referral system if complications are experienced

1. Accessibility
2. Security

1. Insecure supply chain - especially condoms
2. Lack of acceptance by religious and cultural groups

Health Information Systems Management

- | | | | |
|---|--|--|--|
| <ol style="list-style-type: none">1. HMIS coordination2. DHIS2 data system indicates FP indicators (CPR)3. Existing RHMIS officers in all regions4. Existing DHMIS officers in all regions5. LMIS files is developed6. Coordination and review meetings conducted at regional and central levels | <ol style="list-style-type: none">1. Limited funding for HMIS at districts level,2. Lack of FP data visual analysis at mid and annual review meeting3. Lack of expanding FP program in all districts, regions regarding to RHs, HCs and PHUs | <ol style="list-style-type: none">1. Existing RHC, HCs and as well as PHUs in all regionals2. Human resources | <ol style="list-style-type: none">1. Lack of policy and principles for FP regarding to confidentiality and safety data2. Lack of data protocols/guideline |
|---|--|--|--|

Health Financing

- | | | | |
|--|---|--|--|
| <ol style="list-style-type: none">1. Strong partner and MoH coordination2. Existing donors willing to fund health sector strategies | <ol style="list-style-type: none">1. Lack of allocation budget from government through MoH2. Lack of investment /support of public health care from local /diaspora community3. Donor dependent | <ol style="list-style-type: none">1. Government resources available; national /state budget are available2. Local /diaspora community resources are available (e.g ; business sector) | <ol style="list-style-type: none">1. Lack of advocacy allocation budget for FP either government nor civil society2. Lack of foster committee support to FP at the level of RHC, HCs, PHUs3. Advocacy (annual review meetings) for data coordination at national, subnational chapter levels through regional and national health forums to look at FP usage, including postpartum and post-abortion FP. |
|--|---|--|--|

SECTION 3: COSTING IMPLEMENTATION PLAN

The Government of Puntland, Somalia has conducted consultation meetings with stakeholders working in the family planning sector (Annex A) and has developed a FP-CIP strategy based on Somalia's commitment in the FP2020 pledges in 2012 and the subsequent revision of its commitment in 2017. The stakeholder engagement workshops aimed to refine FP-CIP priorities and activities for Puntland. Workshops also sought to define Puntland's vision, commitments, strategic priorities, activities, inputs and the estimated costs to achieve them. This FP-CIP will help the Government of Puntland and its national and international partners to meet the targets for CPR with the aim to contribute to the reduction of maternal morbidity and mortality in the region by 2024.

This FP-CIP document presents interventions and activities to be carried out with itemized financial and human resources needed to meet Puntland's FP goals. One of the main limitations in this FP-CIP is the lack of population figures for unmarried women of reproductive age and sexually active unmarried women of reproductive age. The availability of these figures could have enabled calculated associated cost splits in each of the program areas.

Strategic Priorities

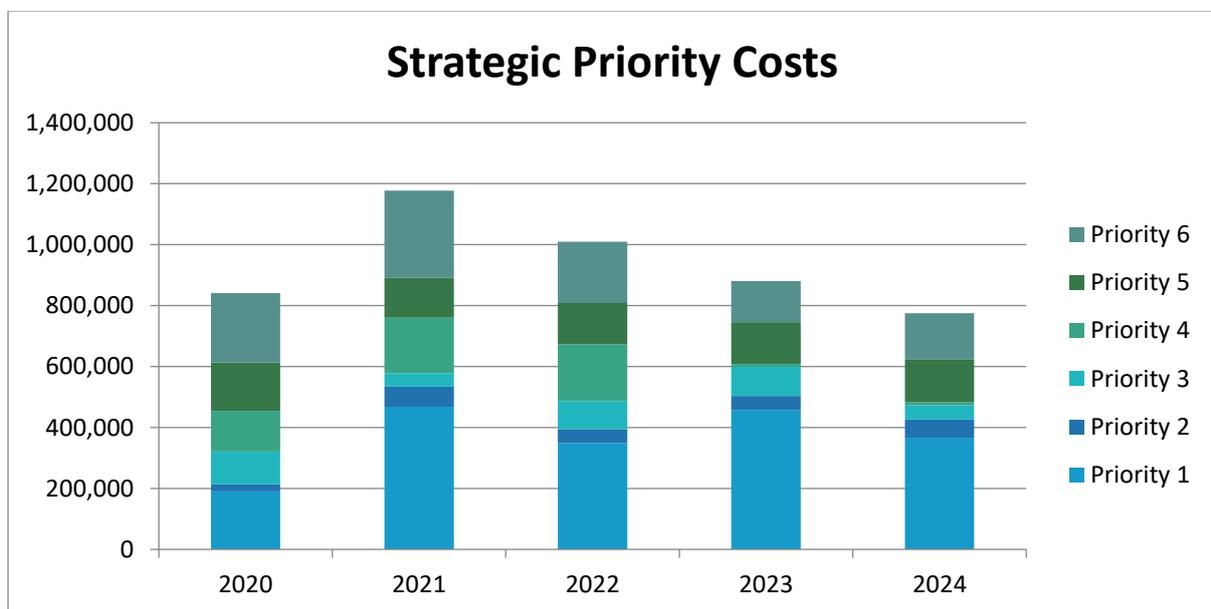
Puntland's FP-CIP 2020-2024 will be realized through implementation of activities that are aligned with seven result areas.

1. Demand Creation
2. Service Delivery & Access
3. Commodity Security
4. Monitoring and Coordination
5. Policy and Advocacy
6. Stewardship and Governance
7. Finance

These results are aligned with seven strategic priorities and were selected to represent financial resource allocation and implementation performance. The strategic priorities serve as a foundation of the thematic areas to reach Puntland's goals.

- **STRATEGIC PRIORITY 1:** To enhance demand creation interventions in favour of FP and ensure healthy birth spacing.
- **STRATEGIC PRIORITY 2:** To improve Logistics Management Information System (LMIS)
- **STRATEGIC PRIORITY 3:** To increase access and utilization of FP services in hard-to-reach areas in Puntland among all women and girls of reproductive age.
- **STRATEGIC PRIORITY 4:** To provide stewardship and governance at regional and national level
- **STRATEGIC PRIORITY 5:** To achieve sustainable financing for FP services
- **STRATEGIC PRIORITY 6:** Availability of evidence based data to enhance decision making on FP programmes

Figure 3. Costs under Strategic Priority



Thematic Areas

Thematic areas developed in this CIP have 14 strategic outcomes for implementing the FP program in Puntland. The CIP is detailed with various activities, sub-activities, inputs and timelines.

Demand Creation (DC) Strategy

Engagement of community members including women, youth, community leaders, religious leaders and other civil society organizations is deemed crucial for FP program implementation and increased demand in Puntland. These members of the society will be engaged through communication channels with messages targeting each sector of the community. A behaviour change communication (BCC) strategy will also be developed through consultation meetings and evidence-based assessments. For example, male role models will be trained to act as champions. These champions will conduct community outreach events and engage other role models for discussion on participatory methods and mobilization techniques.

Strategic Outcomes

- **DC1. Enhance demand creation interventions by engaging women, youth, community and religious leaders:**

To increase demand for FP, interventions targeting women, youth, community and religious leaders will be conducted. By engaging community members who are already working with other health programs, an integrated approach will be promoted with the aim to incorporate FP into these other programs. A conference will be organized with youth, women, community and religious leaders for extensive consultation and engagement. In that workshop, FP champions in the community will be identified through their willingness to participate in FP activities. Community leaders will also be sensitized and oriented in the areas birth spacing, child survival, maternal survival, and postpartum family planning. A special men's day event will be conducted in each region. A selection criterion will be developed, with targets to ensure the most appropriate people attend. Moreover, a training curriculum will also be developed as

guidance for a male role model program. These male role models will be trained to facilitate group session programs at community level.

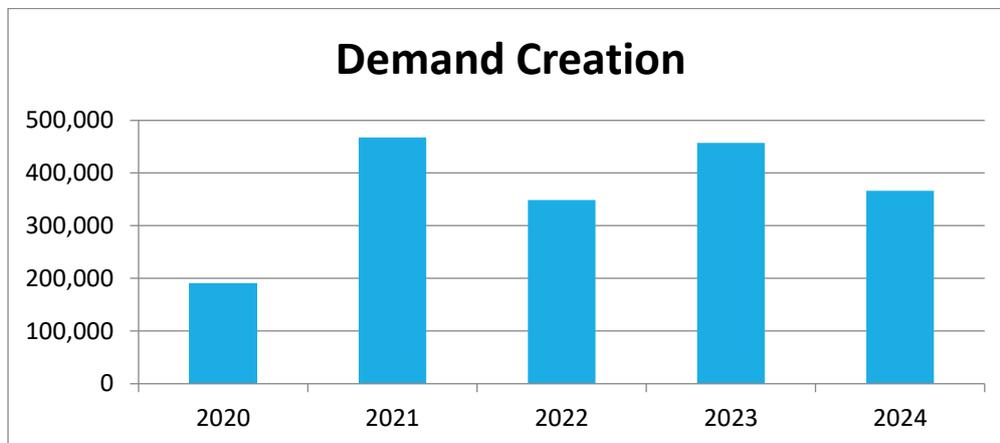
- **DC2. Integrate FP services with outreach mobile platforms.**

FP services will be integrated with mobile outreach platforms of other health programs. Women will be engaged at the community level through community leaders. A mass media campaign will be conducted during these outreach programs about the rights of women to make decisions about FP. Commercial radio programs will be developed focusing on women's FP rights. These will be supplemented with available SMS platforms that provide FP information to address myths and misconceptions through tips and stories and also inform where FP services can be accessed. Health information leaflets and posters about FP will be produced and distributed during mobile platforms.

- **DC3: Develop communication messages targeting various priority groups:**

Key messages will be developed as part of the communication strategy for target groups. The communication strategy will be developed by a consultant in consultation with key stakeholders. The final communication strategy will be printed and disseminated. New campaigns that are based on the communication strategy will be conducted. The messaging guideline will be updated in reference to the new communication strategy. Videos that are targeting youth will be developed for orientation about FP programming.

Figure 4. Costs under Demand Creation



Service Delivery and Access Strategy

The FP strategy in Puntland aims to provide a wide range of high-quality services that are freely available and accessible to all women and adolescents in communities and throughout the regions. The aim is to strengthen service delivery by increasing the number of FP service providers who can safely and appropriately counsel and deliver a full range of contraceptive methods. Various FP training programs will be implemented in different regions of Puntland, with a special emphasis given to hard-to-reach areas such as remote rural areas and IDP settings.

Activities will support strengthening the service delivery in both urban and hard-to-reach areas for expansion of service delivery. Activities include training of community healthcare workers on FP services and integration of FP services into outreach mobile clinics. If effective, the mobile clinics will be scaled up across hard-to-reach areas.

Strategic Outcomes

- **SDA I: Provision of training for service providers:**

Training in FP services will be conducted in geographical areas where no previous training has taken place. A Training of Trainers (ToT) training will be conducted on FP services, including rights-based approach and the full spectrum of FP methods. The trained master trainers will then cascade training to their health facilities and at sub-district level to reach the maximum number of health facilities and health providers in Puntland. This training will also emphasize counselling of service-seeking beneficiaries. Healthcare workers such as nurses, midwives, and physicians will all be trained in counselling, long- and short-acting methods and long-acting reversible and permanent contraceptive methods. Referral systems will be developed with feedback forms to facilitate good communication and quality services.

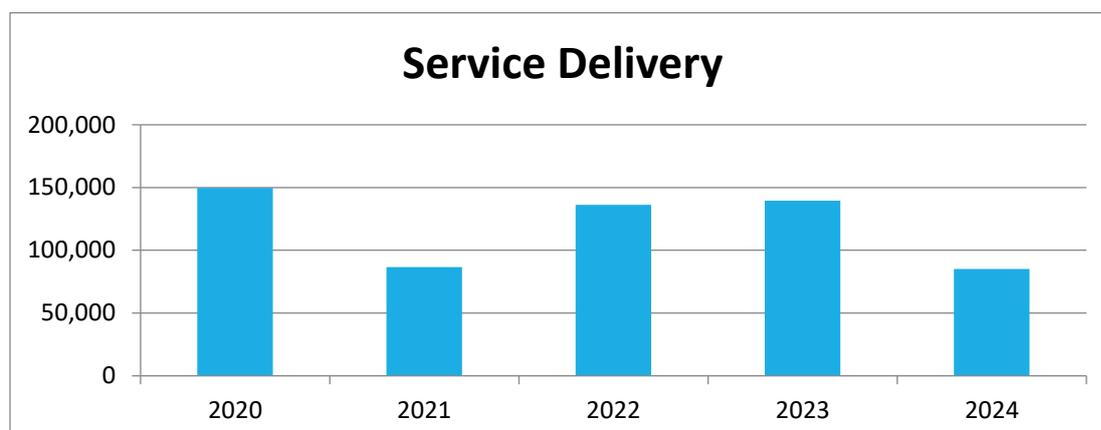
- **SDA 2: Services provision and integration with other health services:**

Nurses and midwives will be trained on the integration of FP with other services such as antenatal care, delivery services, postnatal care, postabortion care, immunization (EPI) programs, and nutrition programs. A guideline for integration will be developed, health staff will be trained and the integration matrix will be distributed across health care facilities. Protocols for FP service delivery will be developed, including postpartum contraception. Maternal and child health focal points will be trained on FP integration.

- **SDA 3: Train private providers on FP services**

Private sector health service providers will be trained on FP services. A state-level private sector service provision assessment will be conducted to understand the capacities of private sector service providers and willingness. Health service provider training will be based upon gaps identified in the assessment. FP training materials might be easily accessed at the private section and the training of private sector will ensure that informed consent and quality of care available to women is up to standard.

Figure 5. Costs under Service Delivery and Access



Commodity Security Strategy (CS)

FP commodities are usually procured for the MoH by its international partners. There are several challenges that effect their quantification, distribution and forecasting. This could be improved through the development of efficient systems and databases. Data management of these commodities is also necessary to provide accurate commodity forecasting. Specific activities outlining improvements and implementation will help strengthen the staff capacity at central and regional levels. The following are strategic outcomes that are derived from activities aimed to improve the procurement and supply system of FP commodities.

Strategic Outcomes

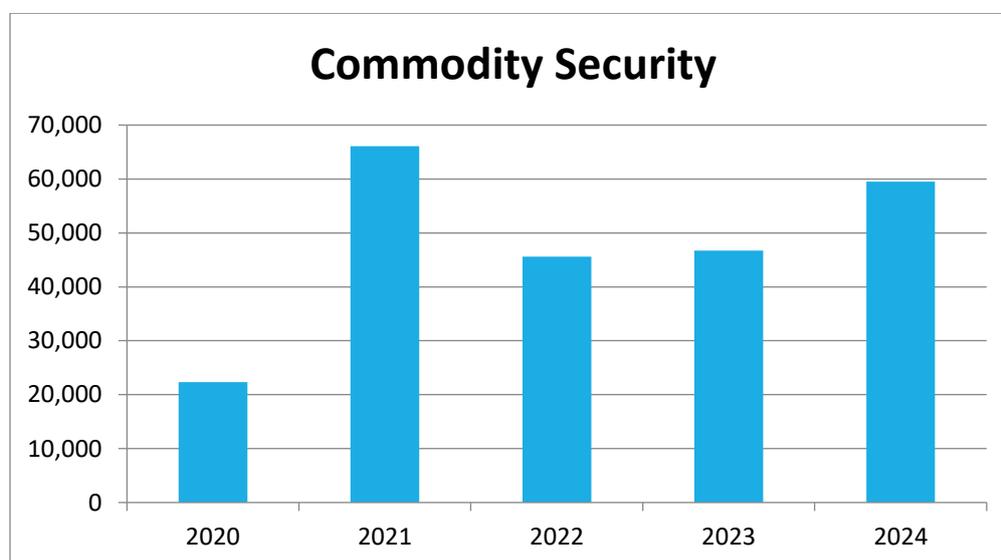
CS I: Ensure an efficient system of distribution of FP commodities:

Staff capacity will be strengthened at all levels – especially those at the regional level. Regional trainings will be conducted for healthcare workers who are responsible for reporting and ordering using the online database system, DHIS2. The training will focus on reporting and ordering of FP commodities and supplies according to forecast and demand by each health facility. This will prevent stock ruptures and ensure that mixed methods of modern contraception are available. Based on consumption reports the Ministry will also be able to calculate monitoring indicators such as CYP.

CS 2: Implement a quality assurance system for FP products

A quality assurance system of FP commodities will be implemented. Staff at the Puntland Ministry level in Garowe will be trained on quality check steps including checking for expiration data, appropriate storage systems and first-in-first-out system to ensure the appropriate usage of supplies to prevent expiration. This might require building storage facilities in major districts in Puntland.

Figure 6. Costs under Commodity Security



Monitoring and Coordination Strategy (MC)

Monitoring and coordination amongst government sectors will ensure that FP objectives and activities are tracked and aligned with government sectors. The Ministry of Health Puntland will lead coordination among FP stakeholders including local and international partners. Specific activities are outlined in this CIP to ease coordination between the public and private sectors and simultaneously monitor the progress of FP activities, based on the findings of regular monitoring. This FP-CIP document will be a living document that could be updated periodically.

Strategic Outcomes

MC 1: Operationalize performance management system

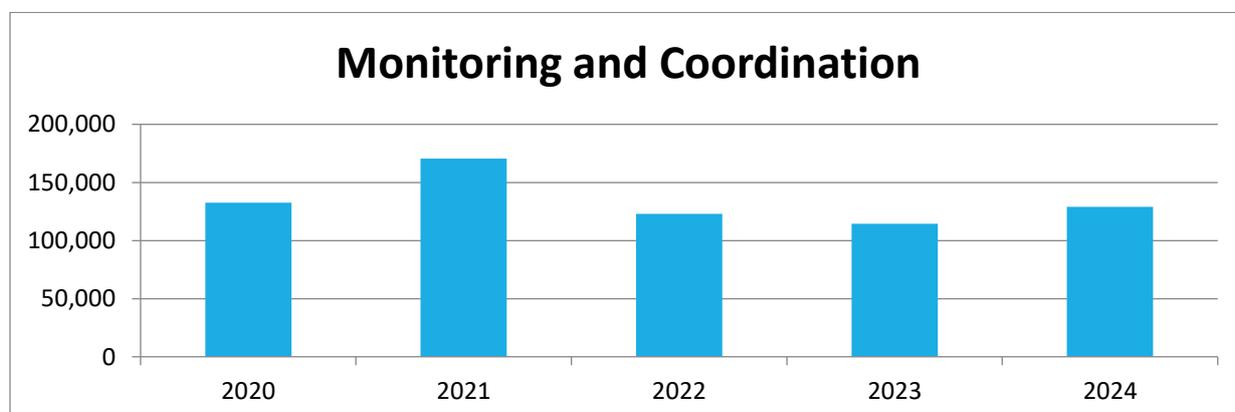
Evaluations will be conducted for staff to understand the gaps, barriers and challenges for FP implementation. A performance management system will be developed for FP services and this will be operationalized. A supportive supervision and on-the-job trainings will be conducted for staff at health facilities. This training will target DHOs and health centre managers on supervision and monitoring practices. The current DHIS system in Puntland does capture key indicators for FP. Further review will be done to ensure that health workers at the facility level send timely and complete reports to ensure use of data for action. We will engage FP2020 PMI team to also estimate CPR for Puntland and use the data to inform the CIP.

MC 2: Enhance coordination among implementing partners

Coordination of FP stakeholders will be enhanced through continuous engagement and coordination. All partners will be encouraged to update their reports through DHIS. Annual reviews will be conducted on the FP-CIP strategy documents. A quarterly progress meeting will be conducted to review and monitor progress and identify areas of collaboration between partners.

A private sector sub-committee will be established under the FP TWG group. It will work closely with FP TWG on a quarterly basis to update on progress and challenges.

Figure 7. Costs under Monitoring and Coordination



Policy and Advocacy Strategy (PA)

At present, most of the policy and planning documents across line ministries in Puntland do not have any inputs on FP programs. As such, to improve the policy environment for FP, government policies and strategies including but not limited to those of the Ministry of Women and Family Affairs, Ministry of Religious Work, Human Rights Commission will be reviewed to ensure FP integration with all other policies, strategies and planning documents. Commitments, priorities and activities in the FP-CIP document will be fed into Puntland's Health Strategic Plan as a cross-cutting intervention. Advocacy campaigns will be conducted to ensure FP policies and strategies are promoting FP service utilization and demand creation. There will be a special focus on conducting advocacy for IDPs and other marginalized communities.

Strategic Outcomes

PA 1: Development of FP advocacy strategy

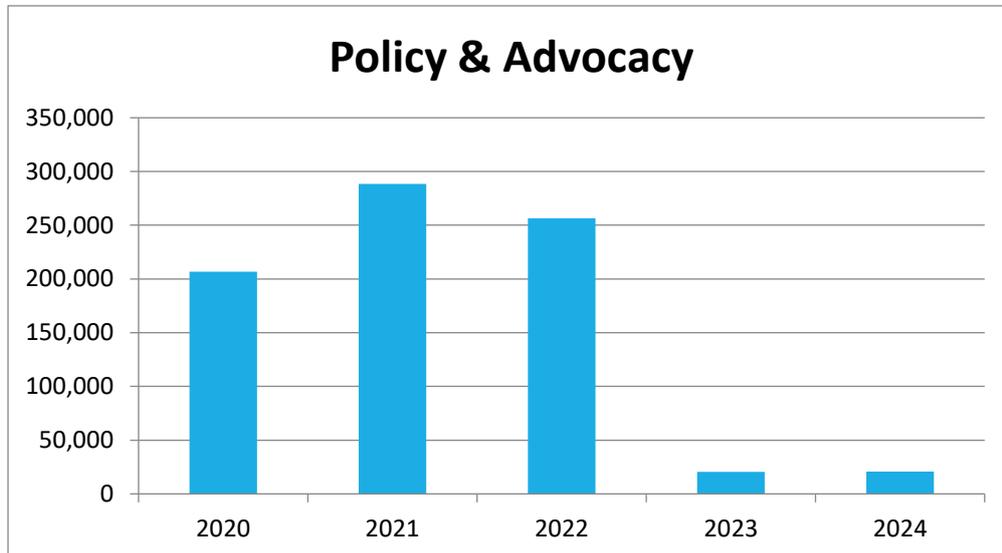
A FP advocacy strategy will be developed to determine clear steps for FP programs and advocacy. The scope of practice of other healthcare workers such as nurses, midwives, and other community healthcare workers will be reviewed to enable task shifting. This will enable healthcare workers to provide implants, postpartum FP methods, IUDs, pills and injectables (including self administered injectables such as sayana press) and increase access. Presently, trained nurses and midwives are able to provide implants and IUDs. We will explore options of community-based provision of short-acting methods (pills, injectables). Moreover, physicians will be trained on permanent methods such as vasectomy and minilap if needed. Advocacy messages will be developed to ensure that all partners are involved in the topics. Resources will be availed to provide skills-based trainings. Method mix will be reviewed as relevant indicators such as the percent of unmarried women who used available FP services are not available.

PA 2: Incentive Guidelines for Volunteers

A guideline for incentivising volunteers and other community healthcare workers will be developed to ensure a right-based approach to voluntary family services. Political and legal

frameworks will also be expanded to allow the provision of FP information and services to any person requesting them.

Figure 8. Costs under Policy and Advocacy



Stewardship and Governance Strategy (SG)

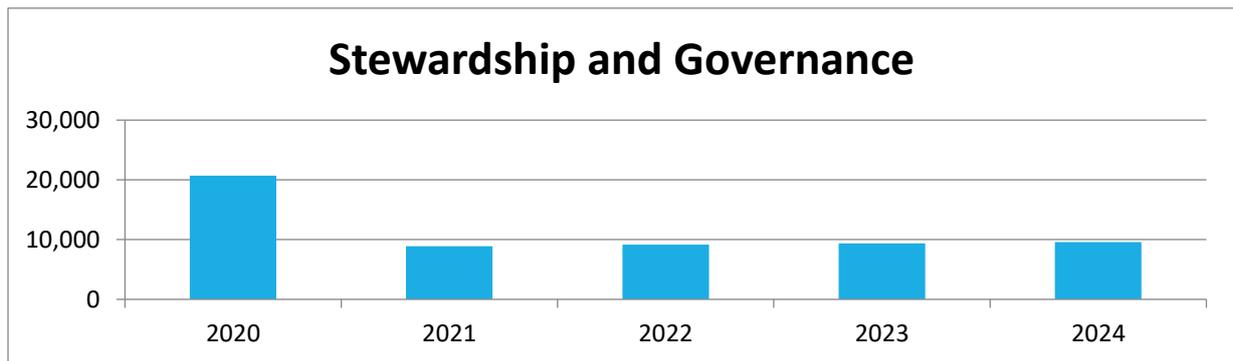
Effective management and governance of FP activities need to be strengthened to ensure efficient monitoring of FP-CIP activities. These activities will be monitored semi-annually through the use of a database. The activities will also be tracked for planning performance.

Strategic Outcomes

SG I: Tracking and monitoring of the FP-CIP

FP activities will be tracked across regional and at district levels and FP advocacy collation meetings will be developed. The Ministry of Health will coordinate bi-annual data sharing amongst implementing partners and identify gaps through partners' feedback. An annual data use for action consulting meeting and training will be conducted to understand gaps and challenges and agree on actions to take. A gap analysis will be performed to monitor progress.

Figure 9. Costs under Stewardship and Governance



Financing

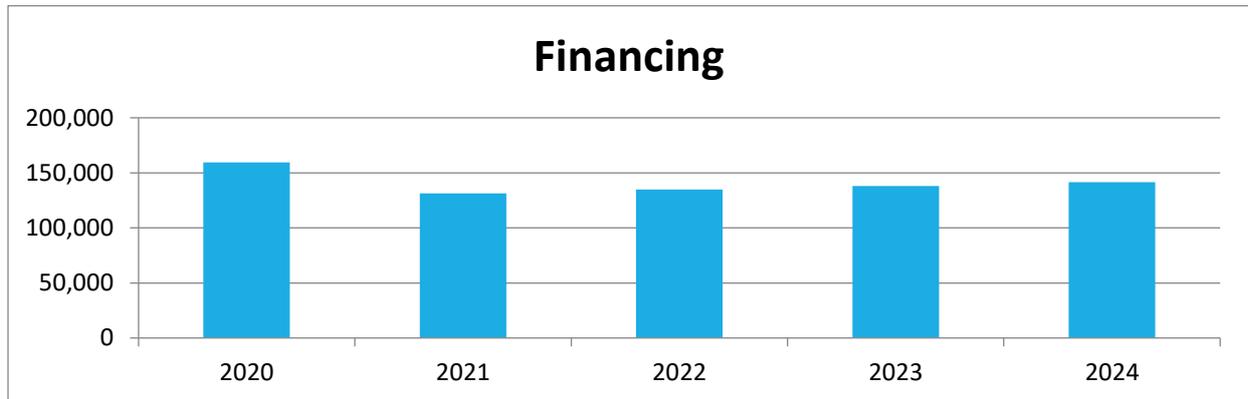
The Puntland government has not yet committed financially to FP. The Ministry of Health will establish advocacy campaigns to increase funding within national and international potential financial opportunities. The Puntland MoH, together with other line ministries of education, family affairs and women’s development, will cultivate FP advocates across the region. Members of parliament will be trained to understand the need for FP and its contribution to saving lives and overall maternal and child health when lobbying or through Values Clarification and Attitude Transformation (VCAT) workshops. We will advocate that future humanitarian strategies by the health cluster and partners include funding for FP in national and Puntland-specific appeals process. We will provide CIP with a yearly breakdown of costs to key stakeholders to facilitate resource mobilization.

Strategic Outcomes

F I: Advocate for increasing funding

The Puntland Ministry of Health will advocate for increased funding of FP programs and will gain buy-in from parliamentarians to support the development of a budget line item in the Puntland budget. The ministry will also advocate for funding from all stakeholders that are involved in FP services.

Figure 10. Costs under Financing



SECTION 4 : COSTING

The Costing Implementation Plan has been developed to determine the costs associated for implementing the activity plans. Activities in this CIP are broken down into individual cost elements (cost items), unit costs assigned, and number of units calculated based on the activity targets. The quantity, frequency and recurrence of activities over the CIP period (2020-2024) were each assigned for each activity line to estimate costs per year. The following sections summarise the costs of CIP activities that are broken down into thematic areas.

Costing Assumptions

Data of various unit costs were gathered from various sources, including the Puntland MoH, UNFPA, Save the Children and other implementing partners. A stakeholder meeting for those working with FP programs was held under the MoH's leadership to agree on various activities, sub-activities, and inputs. Commitments and priorities were mostly drawn from FP2020 Somalia chapter, with minor changes and/or additional input that applied specifically to the Puntland context. All costs are based on U.S dollar (US\$), as Somali currency is not stable for conversion. Table 4 shows the costs of contraceptive commodities for each method, based on UNFPA KIT provision costing in 2019.

Table 3: Contraceptive costs per couple-years of protection

Contraceptive Method	Unit Cost	Couple Years of Protection Provided (Units per Year)	Couple-Years of Protection Cost)
IUD	\$ 0.30	0.22	\$ 0.1
IUD Consumables	\$ 0.47		
Implants	\$ 8.90	3.3	\$ 29.37
Implants Consumables	\$ 2		
Emergency Contraceptive Pills	\$ 0.21	20	\$ 4.2
Progestogen Only Pills	\$ 0.41	15	\$ 6.15
Injectables	\$ 1.15	4	\$ 4.6

Costing Summary

The costing of FP-CIP was developed using a tool that was developed by FP2020. The methodology of the costing followed from other FP plan costing activities regionally. The CIP tool enables users to calculate the overall costs associated for each commitment and priorities. Costs can also be disaggregated by thematic area with its timeline.

The total CIP costs for Puntland is US\$ 4.5 million between 2020-2024 and is in conjunction with Puntland's five-year strategic plan. The demand creation costs contribute to nearly 60% of the overall costs. This is followed by service delivery costs (15.1%), monitoring and coordination costs (13.4%), financing (9%), policy and advocacy (3%), commodity security (3%). Stewardship and governance is costed at 1% of the total CIP cost.

Figure II. Program Area Costs

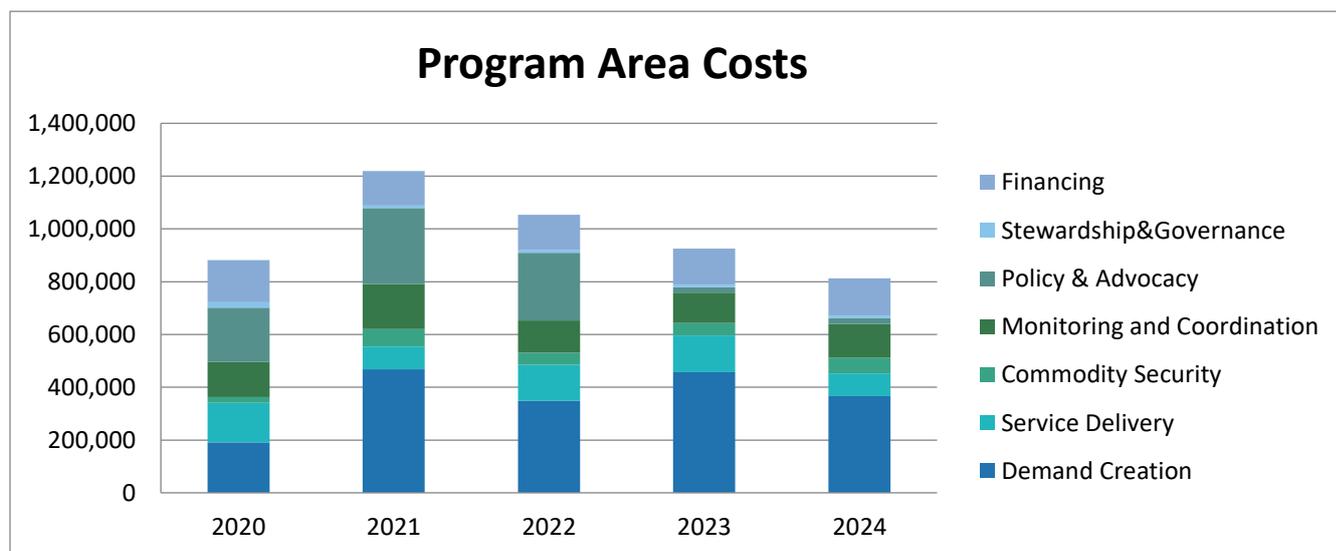


Table 4. Costs, by category, in millions US\$*

	2020	2021	2022	2023	2024	Total
	USD	USD	USD	USD	USD	USD
Program Areas						
Demand Creation	0.191	0.468	0.349	0.457	0.366	1.831
Service Delivery	0.150	0.087	0.136	0.140	0.085	0.597
Commodity Security	0.186	0.066	0.046	0.047	0.060	0.404
Monitoring and Coordination	0.132	0.170	0.123	0.115	0.129	0.669
Policy & Advocacy	0.551	0.288	0.256	0.020	0.021	1.137
Stewardship&Governance	0.021	0.009	0.009	0.009	0.010	0.058
Financing	0.159	0.131	0.135	0.138	0.142	0.705
Strategy 10	-	-	-	-	-	-
Program Areas Total	1.390	1.220	1.054	0.926	0.812	5.401

*Column totals may not be equal to the sum of the total column figures due to rounding.

Figure 12. FP Commitment Costs

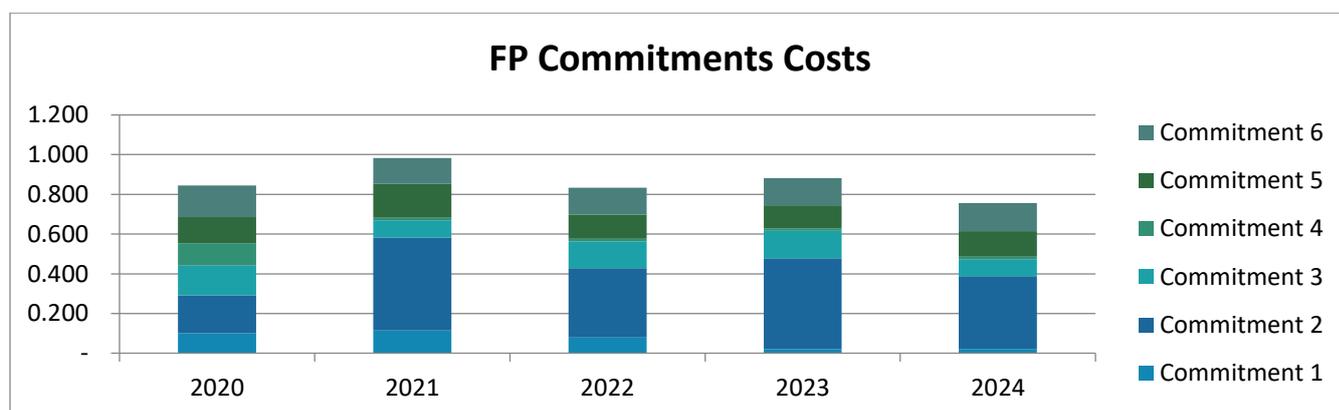


Table 5. Costs by FP2020 Commitment, by year, in millions US\$

Costs by FP Commitments		2020	2021	2022	2023	2024	TOTAL
		USD	USD	USD	USD	USD	
Commitment 1	To ensure that legal policy and strategic frameworks for family planning (FP) in Puntland are in place by 2024	0.101	0.115	0.079	0.020	0.021	0.336
Commitment 2	To Increase understanding of barriers to access, demand, and uptake of FP services in Puntland by 2024.	0.191	0.468	0.349	0.457	0.366	1.831
Commitment 3	To ensure access to quality reproductive health services including FP in emergency and crisis settings from 50% of facilities offering FP services in 2017 to 80% by 2024.	0.150	0.087	0.136	0.140	0.085	0.597
Commitment 4	To decrease stock outs by 30% by 2024 by ensuring continuous availability of quality FP commodities at all levels of the pipeline.	0.112	0.012	0.012	0.013	0.013	0.162
Commitment 5	To strengthen the existing monitoring of FP program through routine HMIS and Demographic Health Survey (DHS).	0.132	0.170	0.123	0.115	0.129	0.669
Commitment 6	To explore and leverage public-private partnerships in FP service delivery by 2024.	0.159	0.131	0.135	0.138	0.142	0.705
		0.845	0.984	0.834	0.882	0.756	4.301

Figure 13. Strategic Priority Costs

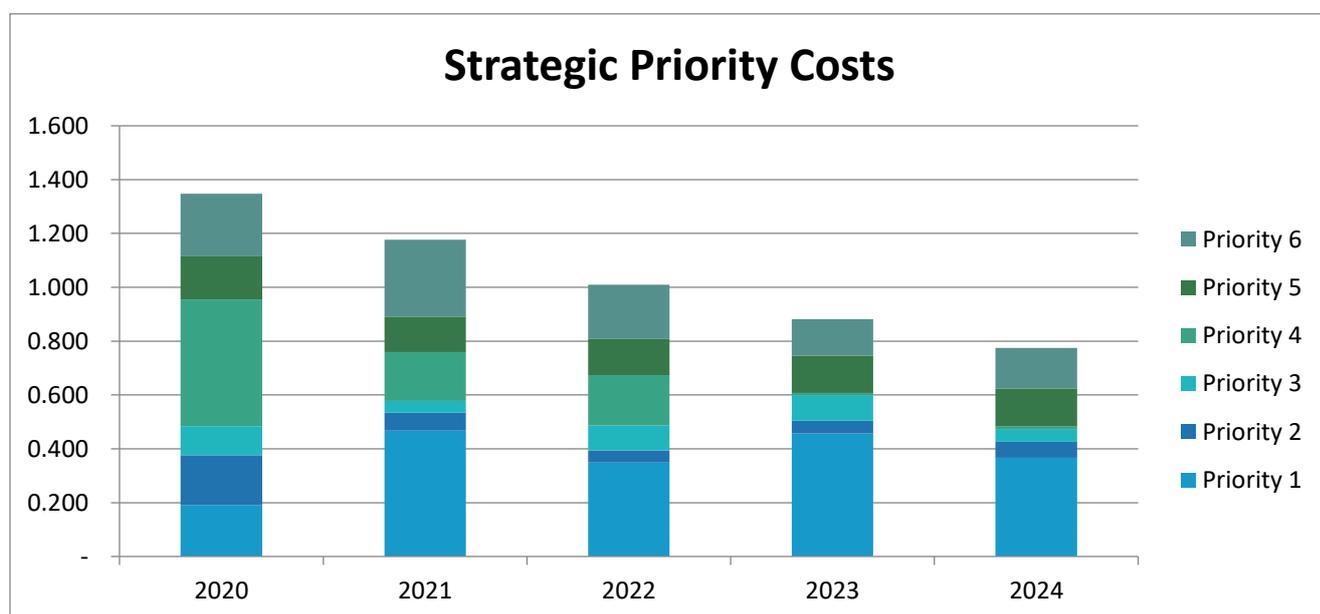


Table 6. Costs by Strategic Priority, by year, in millions US\$

Costs by Strategic Priority		2020	2021	2022	2023	2024	TOTAL
		USD	USD	USD	USD	USD	
Priority 1	To enhance demand creation interventions in favor of family planning	0.191	0.468	0.349	0.457	0.366	1.831
Priority 2	To improve Logistics Management Information System (LMIS)	0.186	0.066	0.046	0.047	0.060	0.404
Priority 3	To increase access and utilization of family planning services in hard-to-reach areas in Puntland among all women and girls of reproductive age.	0.108	0.044	0.092	0.095	0.047	0.387
Priority 4	To provide stewardship and governance at regional and national level	0.471	0.182	0.186	0.009	0.010	0.858
Priority 5	To achieve Sustainable financing for family planning services	0.159	0.131	0.135	0.138	0.142	0.705
Priority 6	Availability of evidence based data to enhance decision making on Family Planning program	0.233	0.286	0.202	0.135	0.150	1.006
		1.348	1.177	1.010	0.881	0.774	5.190

SECTION 5: INSTITUTIONAL ARRANGEMENTS FOR IMPLEMENTATION

Puntland Government of Somalia will take the leadership for governance and stewardship of the FP-CIP. The Puntland Ministry of Health will operationalize the implementation process through coordination and decentralized approach with its national and international partners. This system will create a more harmonized and cooperative involvement amongst all stakeholders.

The Puntland Ministry of Health will conduct semi-annual stakeholder coordination workshops to monitor progress against standards to assess the progress of FP-CIP implementation against Tract20 Indicators.

Based on the data generated from these indicators, the coordination and review meeting will serve as an opportunity to agree on priorities for the upcoming period and identify activities that require budget advocacy. The district and zonal FP coordinators will also attend these review meetings to share best practices and challenges and discuss progress in their districts. The meetings will therefore serve to assess FP-CIP outputs/outcomes as a key accountability mechanism to assess implementation. The meetings will also review the planning and programming process in order to make recommendations for the next annual work planning cycle or long-term strategic planning.

- Indicator 1a. Contraceptive prevalence rate, modern methods (mCPR), all women
- Indicator 1b. Percent distribution of users by modern method of contraception
- Indicator 2. Number of additional users of modern methods of contraception
- Indicator 3. Percentage of women with an unmet need for modern methods of contraception
- Indicator 4. Percentage of women whose demand is satisfied with a modern method of contraception
- Indicator 5. Annual expenditure for FP from government domestic budget
- Indicator 6. Couple-years of protection (CYP)

- Indicator 7: Number of unintended pregnancies
- Indicator 8: Number of unintended pregnancies averted due to modern contraceptive use
- Indicator 9: Number of maternal deaths averted due to modern contraceptive use
- Indicator 10: Number of unsafe abortions averted due to modern contraceptive use

The FP technical working groups (TWG) will meet frequently to monitor progress in implementing FP-CIP. All inputs, outputs and activities will be traced from a dashboard that will be developed in the last quarter of 2020 and will be updated by the Department of Planning Puntland, MoH. Progresses and setbacks will be reported at quarterly national meetings with other Somali regional FP TWG meetings.

ANNEX A. List of Organizations participating in the Puntland FP-CIP

S/N	People Participated	Organization	Title
1	Dr. Jama Farah Hassan	MoH	Minister of Health
2	Dr. Abdirizak Hersi Hassan	MoH	Director General
3	Abdirizak Abshir Hersi	MoH	Director of PHC
4	Su'di Hamid Isse	MoH	Reproductive Health Manager
5	Sundus Mohamud Abdalle	MoH	Family Planning Officer
6	Ali Dirie	MoH	DOPH
7	Abdiqani Hersi Shire	Save the Children	Reproductive Health Manager
8	Mohamed Hussein Kahow	Save the Children	Health Program Manager
9	Jama Mohamed Da'ar	Save the Children	Health Program Manager
10	Emily Monoghan	Save the Children	Reproductive Health Advisor
11	Sarah Ashraf	Save the Children	Reproductive Health Advisor
12	Ribka Amsalu	Save the Children	Senior Advisor, Emergency Health
13	Mohamed Khalid Ali	Consultant	Independent Consultant
14	Abdisalam Bahwal	BCC/FP Analyst	UNFPA
15	Dr. Fatima Abdalla Nor	Bosaso University	Head of Midwifery Department
16	Deka Muse Ahmed	MoH	Reproductive Health Advisor
17	Khadra Abdinasir Mohamed	MoH	Communication & Data officer
18	Hibak Abdirizak Kulmie	MoH	M&E Officer
19	Firdowza Ahmed sugulle	MoH	Midwifery Specialist
20	Sirad Adam	SRCS	National Health Officer/Puntland
21	Ismail Haji Abdi	MOJRAR	Director General
22	Mohamed Osman Moumin	ANPPCAN	Project Coordinator
23	Hamdi Abdikani Shire	PSI	Social & Behaviour Change Coordinator
24	Mohamed Abdinasir Sirad	TASS	Health and Nutrition Officer
25	Falastin Said Shire	PAM	Secretary
26	Yahya Mohamed Ali	ACF	Health Officer
27	Mohamed Heegane	YPEER	Manager
28	Madeline Leslie	Save the Children	Manager, Strategic Foundation Partnerships
29	Janet Meyers	Save the Children	Reproductive Health Emergency Advisor
30	Mohamed Abdi Arab	Save the Children	HMIS

ANNEX B: ACTIVITY MATRIX

Demand Creation				
FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
To increase understanding of barriers to access, demand, and uptake of FP services in Puntland by 2024.	To enhance demand creation interventions in favor of FP	Engage cultural, religious, and community leaders already working in health to integrate FP into their work	Conference with community and religious leaders	Stationary
				Allowance-Local Participant
				Allowance-Regional Participant
				Transportation
				Meeting room large - capitol
				Refreshments
				Facilitator
				Consultant Per Diem - Local
			Transport - bus	
			Orient/sensitize community health workers/female health workers working on HIV, gender-based violence (GBV), and maternal health to include FP in their current health work	Stationary
				Allowance-Local Participant
				Allowance-Regional Participant
				Transportation
				Meeting room large - capitol
Refreshments				
Facilitator				
Transport - bus				

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Conduct community outreach events to engage men in	Develop selection criteria, training curricula, and group leader	Stationary
				Meeting room large - capitol
				Refreshments
				Consultant Per Diem - Local

		FP. Select and train male role models to act as community leaders to guide group education sessions for men, including discussion sessions on participatory methods, community outreach, and mobilisation	guidance for male role model programme	Transport - bus
			Select and train male role models to lead group education sessions for men at the community level	Stationary Meeting room large - regional Refreshments Allowance - Campaigner Allowance-Regional Participant Transport allowance - regional Allowance - Volunteer

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Engage women at the community level through community leaders.	Engage on the topic of women's FHW empowerment and FP regionally.	Regional Participants Perdiem Stationary & Printing Poster printing - 24" X 36" poster Allowance-Local Participant Vehicle - 4X4 SUV (Prado)

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Utilise mobile platforms for FP outreach and information distribution and use health	Adapt available SMS platform that provides FP information, addresses myths and misconceptions	SMS per message Consultant Per Diem - Local

		facility as a key information source	through tips and stories, and shows where FP services can be accessed	
			Ensure that health facilities have leaflets and posters on FP	Brochure printing - 100 color Hotel per diem/person - regional Refreshments
			Leverage existing outreach	Central Participants per diem Refreshments Meeting cost- National

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Explore potential research on communication messages to different target groups	Define (MoH) the target groups and cross-cutting areas to focus the strategy, in consultation with FP TWG	Stationary Meeting room large - capitol Refreshments Travel per diem per person - Regional Transport - bus Allowance - Volunteer
			Obtain input from RHoS on messaging that works in their regions	Allowance Vounteer Meeting room large - capitol Radio - 30 second spot Refreshments

				Poster printing - 18" X 24" poster
				Transport - bus
				Allowance - Campaigner
				Travel per diem per person - Regional
				Allowance - Volunteer
			Review existing documentation	Stationary
				Meeting room large - capitol
				Refreshments
				Transport - bus
				Allowance - Campaigner
				Allowance - Volunteer

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input	
		Develop key messages for a tailored strategy	Develop key communication messages	Stationary	
				Hotel Per Diem - Capitol	
				Consultant Per Diem - Local	
				Allowance - Campaigner	
				Refreshments	
				Transport - train	
				Allowance - Volunteer	
				Meeting room large - capitol	
				Develop a communications strategy for selected target groups based on the messages	Extra item
					Poster printing - 18" X 24" poster
					SMS per message
					Website hosting page
					Meeting room large - capitol
				Refreshments	
				Allowance - Campaigner	
				Transport - bus	
				Stationary	

			Print and disseminate strategy	Meeting room large - capitol
				Refreshments
				Transport - bus
				Poster printing - 24" X 36" poster

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Campaign based on the new communications strategy and its updated message guide	Develop radio campaigns for public campaigns	SMS per message
				Radio - 30 second spot
				Travel per diem per person - Regional
				Hotel Per Diem - Outside Capitol
				Refreshments
				Transport - bus
			Develop five FP videos targeting youth	Stationary & Printing
				Poster printing - 18" X 24" poster
				TV - 30 second spot
				Website hosting page
				Meeting room small - capitol
				Refreshments
				Allowance - Campaigner
		Transport - bus		
		Consultant Per Diem - Local		
		Buy media space for FP messages	SMS hosting line	
			Radio - 30 second spot	

			Orient national and regional radio and television presenters etc.	Stationary
				Consultant Per Diem - Local
				Meeting room large - capitol
				Refreshments
				Allowance - Campaigner
				Transport allowance - regional
				Transport - bus

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Create communication materials and outreach opportunities targeting youth	Publish (MoH) annual youth magazine that describes youth FP activities that have or are going to occur throughout the year	Consultant Per Diem - Local
				Newspaper publication - color
				Allowance - Volunteer

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Collaborate (MoH and MoE) to build the capacity of parents, caregivers, and teachers to help children avoid teen pregnancy, including improving parent-child communication on sexual issues	Develop parent and teacher training materials in collaboration with the MoE	Central Participants per diem
				Capitol hotel conference package
				Refreshments
				Stationary & Printing
				Consultant Per Diem - Local
			Print parent and teacher training materials	Billboard - printing, installation and one year lease
				Regional Participants Per diem

			Conduct workshops with teachers and parents to orient them on how best to talk to youth about FP	Capitol hotel conference package
				Refreshments
				Stationary & Printing

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Identify national- and community-level advocates on FP	Hold awareness-raising	Regional Participants Perdiem
				Capitol hotel conference package
				Refreshments
				Stationary & Printing

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Develop a package to guide recruitment, orientation, and monitoring of FP champions	Develop an FP champion package	Consultant Per Diem - Local
				Central Participants per diem
				Refreshments
				Meeting room small - capitol
			Dissemination package	Allowance - Campaigner
				Pamphlet printing - 100 color
				Vehicle - 4X4 SUV (Prado)

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Engage cultural, religious, and community leaders already working in health to integrate FP into their work	Orient/sensitise community leaders working on HIV, gender-based violence (GBV), and maternal health to include FP in their health work	Regional Participants Perdiem Central Participants perdiem Refreshments Meeting room small - capitol

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Advocate with implementing partners to integrate FP into other women's empowerment	Hold meetings with implementing partners	Regional Participants Perdiem Central Participants perdiem Refreshments Meeting room small - capitol

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Conduct a mass media campaign about the rights women have to make decisions about FP	Develop radio commercials on women's FP rights	Radio - 30 second spot TV - 30 second spot

Service Delivery

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
<p>To ensure access to quality reproductive health services, including FP in emergency and crisis settings, from 50% of facilities offering FP services in 2017 to 80% by 2024.</p>	<p>To increase access and utilization of FP services in hard-to-reach areas in Puntland among women and girls of reproductive age.</p>	<p>Scale up training for service providers (nurses, midwives, doctors, and health officers) on FP methods, with a focus on next-generation implants</p>	<p>Conduct training-of-trainers (TOT) to the full spectrum of FP methods, with emphasis on counselling and long and short- acting methods</p>	<p>Facilitator Central Participants perdiem Meeting room small - capitol Stationary & Printing Refreshments Regional Participants Perdiem</p>
			<p>Conduct training of nurses and midwives on a rights-based approach to the full spectrum of FP methods, with emphasis on counselling and long-acting methods</p>	<p>Facilitator Refreshments Stationary & Printing Regional Participants Perdiem Meeting room small - capitol</p>
			<p>Conduct training of physicians and health officers on a rights-based approach to the full spectrum of FP methods, with emphasis on counselling and long-acting methods</p>	<p>Facilitator Refreshments Stationary & Printing Regional Participants Perdiem Meeting room small - capitol Central Participants perdiem</p>

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Orient nurses and midwives on the integration of FP with other services, such as antenatal care and delivery services	Develop a service delivery integration guideline	Stationary Allowance - Volunteer Hotel Per Diem - Outside Capitol Travel per diem per person - Regional Meeting room large - capitol Refreshments Lunch Consultant Per Diem - Local
			Train nurses and midwives on protocols and FP service delivery, including postpartum contraception	Stationary Allowance - Volunteer Hotel Per Diem - Outside Capitol Travel per diem per person - Regional Meeting room large - capitol Refreshments Lunch Consultant Per Diem - Local Consultant Per Diem - Local
			Increase awareness of RMNCH focal points on FP integration	Stationary Allowance - Volunteer Hotel Per Diem - Outside Capitol Travel per diem per person - Regional Meeting room large - capitol Refreshments

				Lunch
				Consultant Per Diem - Local
				Consultant Per Diem - Local

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Ensure that youth that are involved in sports like Puntland girls basketball team, other youth champions are informed about how to talk about FP services	Educate youth centre staff on SRH for youth, available FP options	Stationary
				Allowance - Volunteer
				Hotel Per Diem - Outside Capitol
				Travel per diem per person - Regional
				Meeting room large - capitol
				Refreshments
				Lunch
				Consultant Per Diem - Local

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Train private service providers on FP services, based on skills they lack and focus on geographical areas where private sector potential is yet to be maximized	Conduct a state level workshops for the private service providers	Stationary
				Allowance - Volunteer
				Hotel Per Diem - Outside Capitol
				Travel per diem per person - Regional
				Meeting room large - capitol
				Refreshments
				Lunch
				Consultant Per Diem - Local

Commodity Security

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
To decrease stock outs by 30% by 2020 by ensuring continuous availability of quality FP commodities at all levels of the pipeline.	To improve Logistics Management Information System (LMIS)	Quantify, forecast, and procure FP commodities and consumables (for IUDs, implants, Oral contraceptive pills, Injectable etc.) under medical consultation/Couple choice/ Demand	Prepare data for annual forecast	Stationary Allowance - Volunteer Hotel Per Diem - Outside Capitol Travel per diem per person - Regional Meeting room large - capitol Refreshments Lunch Consultant Per Diem - Local
			Forecast annual FP needs, including service provision by the private sector, in consultation with quality control Agency, MoH, and private pharmaceutical groups, implementing partners	Stationary Allowance - Volunteer Hotel Per Diem - Outside Capitol Travel per diem per person - Regional Meeting room large - capitol Refreshments Lunch Consultant Per Diem - Local
			Ensure budget availability to meet forecasted FP needs	Stationary Allowance - Volunteer Hotel Per Diem - Outside Capitol Travel per diem per person - Regional Meeting room large - capitol Refreshments

				Lunch
				Consultant Per Diem - Local
		Review current contraceptives and consumables' stock status and predicted needs; identify any commodities that may be low in stock and are urgently needed to arrive; remind partners responsible for them		Stationary
				Allowance - Volunteer
				Hotel Per Diem - Outside Capitol
				Travel per diem per person - Regional
				Meeting room large - capitol
				Refreshments
				Lunch
				Consultant Per Diem - Local
		Procure commodities and consumables based on the finalised annual commodity procurement plan		Stationary
				Allowance - Volunteer
				Hotel Per Diem - Outside Capitol
				Travel per diem per person - Regional
				Meeting room large - capitol
				Refreshments
				Lunch
				Consultant Per Diem - Local
		Ensure that all partners procure agreed-upon commodities and consumables, including budget line provided by MoH		Stationary
				Allowance - Volunteer
				Hotel Per Diem - Outside Capitol
				Travel per diem per person - Regional
				Meeting room large - capitol
				Refreshments
				Lunch

				Consultant Per Diem - Local

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Conduct quality assurance testing of contraceptive commodities and availability of contraceptives.	Support the quality control agency, MoH, WHO, LMIS logistic and procurement team through supervision, to ensure quality of contraceptives	Facilitator
				Central Participants per diem
				Regional Participants Per diem
				Stationary & Printing
				Refreshments
				Meeting room small - capitol
			Training logistic mangement team to manage and distribute contraceptives	Facilitator
				Central Participants per diem
				Regional Participants Per diem
				Stationary & Printing
				Refreshments
				Meeting room small - capitol

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Ensure that capacity is sufficient at all levels for the streamlined distribution of commodities safely from the central warehouse to regional warehouses, and then to health facilities	Conduct regional trainings of healthcare workers responsible for reporting and ordering of commodities and supplies at the hospital and health centre levels	Facilitator Central Participants perdiem Regional Participants Perdiem Stationary & Printing Refreshments Meeting room small - capitol
			Develop eLMS to track commodities	Consultant

Monitoring and Coordination				
FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
To strengthen the existing monitoring of FP program through routine HMIS and Demographic Health Survey (DHS).	Availability of evidence based data to enhance decision making on FP program	Operationalise the performance management system for FP healthcare workers	Conduct evaluation of the current performance management system to identify gaps and challenges and the barriers to implementation	Facilitator
				Central Participants per diem
				Vehicle - 4X4 SUV (Prado)
				Stationary & Printing
			Conduct supportive supervision and on-the-job training for health workers	Facilitator
				Vehicle - 4X4 SUV (Prado)
				Policy document printing - 100 black&white
			Train DHOs and health centre managers on supervision and monitoring	Refreshments
				facilitator
Central Participants per diem				
Meeting room large - capitol				
Transport - bus				
	Regional Participants Perdiem			

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Ensure that national annual and 5-year plans are progressing accordingly	Conduct annual review of the 5-year FP strategy CIP	Refreshments
				Meeting room large - capitol
				Transport - bus
				Stationary & Printing
				international consultant
				local consultant
				Regional Participants Perdiem
			Central Participants perdiem	
			Conduct quarterly progress review meeting to monitor progress and identify areas of collaboration between partners	Refreshments
				Central Participants perdiem
				Stationary & Printing
				Meeting room small - regional
		Transport - bus		
		Allowance - Campaigner		
		Allowance - Volunteer		
		Transport allowance - regional		

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Improve the public/private partnership on FP services delivery	Develop and support a private sector subcommittee under the FP TWG to meet quarterly	Refreshments
				Central Participants perdiem
				Meeting room large - regional
				Transport - bus
				Allowance - Campaigner
				Extra item
				Allowance - Volunteer
				Regional Participants Perdiem
				Allowance - Campaigner

				Vehicle - 4X4 SUV (Prado)
				Stationary & Printing
			Distribute service provision guidelines and reporting tools to private facilities	
			Train private sector facilities to provide FP services and complete reporting tools	Refreshments
				Central Participants perdiem
				Meeting room large - capitol
				Transport - bus
				Facilitator
				Stationary & Printing
				Regional Participants Perdiem

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Support coordination among implementing partners and the MOH in training of service providers	Develop a training database to track which facilities have providers trained to provide all methods and where trained providers are located	Consultant Per Diem - International
			Develop harmonised FP training manuals and translate in to local language	Consultant Per Diem - International
				Central Participants perdiem
				Regional Participants Perdiem
				Stationary & Printing
				Refreshments
				Meeting room small - capitol

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Increase the capacity of health facility staff to input accurate data into the HMIS/ DHISII in a timely manner	Conduct regional trainings on the HMIS/ DHISII	Refreshments
				Central Participants perdiem
				Facilitator
				Transport - bus
				Meeting room small - capitol
				Stationary & Printing
				Regional Participants Perdiem
				Allowance - Volunteer
				Ensure that trained staff maintain their knowledge and keep up with standards and protocols
				Vehicle - 4X4 SUV (Prado)
				Stationary & Printing

Policy and Advocacy

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
To ensure that legal policy and strategic frameworks for FP in Puntland are in place by 2024	Availability of evidence-based data to enhance decision-making on FP program	Develop advocacy strategy for FP that clearly determines various strategies for FP programs	Develop an FP advocacy strategy	Consultant Per Diem - International
				Central Participants perdiem
				Regional Participants Perdiem
				Stationary & Printing
				Meeting room large - capitol
			Develop a policy brief advocating for FP policy	Central Participants perdiem
				Regional Participants Perdiem
				Stationary & Printing
				Meeting room large - capitol
				local consultant
			Develop and draft harmonised policies that address identified gaps in individual ministerial policy documents based on international best practices	Central Participants perdiem
				Regional Participants Perdiem
Stationary & Printing				
Meeting room large - capitol				
local consultant				

			Update draft SRH/FP strategy to reflect policymakers' concerns, and feed up through SRH TWG for approval	Central Participants per diem
				Regional Participants Per diem
				Stationary & Printing
				Meeting room large - capitol
				local consultant
			Disseminate finalised SRH/FP strategy	Central Participants per diem
				Regional Participants Per diem
				Stationary & Printing
				Meeting room large - capitol
				Facilitator
			Identify FP champions in the community through continued engagement	Allowance - Volunteer
				Hotel Per Diem - Outside Capitol
				Refreshments
				Travel per diem per person - Regional
				Meeting room large - capitol
Allowance - Volunteer				
Consultant Per Diem - Local				
Transport - bus				

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
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		Draft documents to review scopes of practice for HSAs, community midwives, nurses, etc., and lobby the MoH to consider task shifting (community midwives provide implants, IUDs post- partum and provide implants and injectables)	Identify gaps in health workforce’s ability to provide adequate FP method mix	Central Participants perdiem
				Regional Participants Perdiem
				Stationary & Printing
				Meeting room large - capitol
				local consultant
			Review current scopes of practice related to FP	Central Participants perdiem
				Regional Participants Perdiem
				Stationary & Printing
				Meeting room large - capitol
				local consultant
			Convene an FP working group to review scopes of practices for health facility workers and community midwives. This FP working group will be comprised of professional associations and MoH representatives, and regulatory bodies	Central Participants perdiem
				Regional Participants Perdiem
				Stationary & Printing
				Meeting room large - capitol
				local consultant
			Present the guidelines to the regulatory bodies	Central Participants perdiem
				Regional Participants Perdiem
				Stationary & Printing
				Meeting room large - capitol
				local consultant

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Implement guidelines and incentives for volunteers, CHWs, etc.	Formalize and implement revised policy guidelines on volunteer incentives	Central Participants perdiem Regional Participants Perdiem Stationary & Printing Meeting room large - capitol local consultant
			Present volunteer guidelines to relevant stakeholders	Central Participants perdiem Regional Participants Perdiem Stationary & Printing Meeting room large - capitol local consultant

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
		Organise and host FP advocacy meetings	Annual coordinatination meetings for stakeholders from various line ministeries	Central Participants perdiem Regional Participants Perdiem Stationary & Printing Meeting room large - capitol local consultant
			Train civil service organizations and FP	Central Participants perdiem

			champions to advocate for FP/SRHR at community levels in sample of districts	Regional Participants Perdiem
				Stationary & Printing
				Meeting room large - capitol
				local consultant
			Conduct community advocacy forums with CBOs, FP champions, and CSOs on policies and laws related to FP/SRH. Invite youth and community members to attend.	Central Participants perdiem
				Regional Participants Perdiem
				Stationary & Printing
				Meeting room large - capitol
				local consultant

Stewardship and Governance				
FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
To ensure that legal policy and strategic frameworks for FP in Somalia are in place by 2024	To provide stewardship and governance at regional and national level	Engage policymakers from MoE, MoH, Ministry of Youth & Sports, Parliament members, civil society, religious leaders and others	Annual national conference to share and disseminate new research and best practices in scaling up FP.	Capitol hotel conference package
				T-shirt
				Billboard - printing, installation and one year lease
FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
To ensure that legal policy and strategic frameworks for FP in Somalia are in place by 2024	To provide stewardship and governance at regional and national level	To ensure the effective monitoring of FP-CIP activities	Hiring consultant to create FP-CIP dashboards to monitor plan implementation	Consultant Per Diem - Local
			Capacity for the RHD to effectively lead, manage, and coordinate the FP programme is strengthened	Consultant Per Diem – International
			Tracking and review of district FP efforts, by giving orientation on data management and advocacy semi-annually.	Facilitator
				Central Participants per diem
				Regional Participants Per diem
	Refreshments			

Finance

FP Commitments	Strategic Priority	Activity	Sub-Activity	Input
To explore and leverage public-private partnerships in FP service delivery by 2024.	To achieve sustainable financing for FP services	Advocate for increased funding for FP from the Puntland government and at federal government	Develop an FP budget advocacy strategy	Consultant Per Diem - International
			Central Participants per diem	
			Regional Participants Per diem	
			Stationary & Printing	
			Develop a policy brief advocating increase in FP line items to distribute to the parliamentary committee on health	Consultant Per Diem - International
			Newspaper publication - color	
			Dissiminate policy briefs	Stationary & Printing
			Central Participants per diem	
			Regional Participants Per diem	
			Stationary & Printing	

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