

FP2020 Commitment Update Questionnaire 2018-2019 SRI LANKA



The questionnaire includes 1) the elements of Sri Lanka's commitment made in 2018, and 2) 6 standard questions to all FP2020 commitment-making countries.

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

- **Progress made and key challenges or barriers** you faced, during the **August 2018 - June 2019 period**.
- Please also include information on **any key upcoming commitment-related milestones**.
- Lastly, we invite you to reflect on progress per commitment through a **self-assessment**.

SECTION I: QUESTIONNAIRE FOR COMMITMENT UPDATE

COMMITMENT OVERVIEW

Objectives to achieve by 2025 include:

- To increase the percentage of eligible families* who have their need for family planning satisfied with modern methods, from 74.2% (DHS 2016) to 79.0% by 2025.
- Reduce the unmet need for family planning from 7.5% (DHS 2016) to 5.7% by 2025
- Increase the contraceptive prevalence rate (CPR) from 64.6% (DHS 2016) to 66.4.% by 2025
- Increase the mCPR from 53.6% (DHS 2016) to 57.2% by 2025

**Government of Sri Lanka currently tracks family planning data of eligible families, and the provision of FP services do not exclude clients by their marital status, age or gender.*

Financial commitment

COMMITMENT 1.1: Ministry of Health, Nutrition and Indigenous Medicine commits to make available adequate financial allocation for existing as well as new family planning interventions in order to cater to increasing demands.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Adequate funds were made available for all family planning activities in August 2018 – June 2019.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked “In-Progress” OR “Off-Track” in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

COMMITMENT 1.2: Inclusion of a budget-line on Reproductive Health in the Government budget in 2019

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Initiative taken to include this in the Government budget 2020.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track () / In-Progress OR Off-Track (X)

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

The proposal by Ministry of Health, Nutrition and Indigenous Medicine for the budget line on reproductive health was not included in the Government budget 2019.

COMMITMENT 1.3: Ministry of Health, Nutrition and Indigenous Medicine commits to procure the required amounts of contraceptive commodities through the allocation for maternal and child health service commodities

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The required stocks of commodities procured for the period August 2018 – June 2019.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

Policy commitment

COMMITMENT 2.1: Family planning program has been integrated with maternal and child health services since 1960's, and covered in the broader National Maternal and Child Health Policy of Sri Lanka. Ministry of Health, Nutrition and Indigenous Medicine is planning to develop a National Family Planning Strategy in 2018, in order to improve family planning performance, which is stagnant at present, as well as address newly emerging issues and challenges. This will be achieved through a consultation process.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The multi-year costed implementation plan/ family planning strategy developed during August 2018 – June 2019.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

COMMITMENT 2.2: A multi-year costed implementation plan for the National Family Planning Program will be drafted in 2018 through a consultation process

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The multi-year costed implementation plan/ family planning strategy developed during August 2018 – June 2019.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

COMMITMENT 2.3. Ministry of Health, Nutrition and Indigenous Medicine intends to engage the education sector in disseminating sexual and reproductive health education, including age appropriate family planning awareness, to adolescents, in order to address the issue of teenage pregnancies, which has been stagnant in the recent present

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

A module on adolescent reproductive and sexual health (ASRH), including family planning, drafted for upper secondary school children.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

COMMITMENT 2.4: The current policy of free family planning services in the government sector will continue for all temporary and permanent methods

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

There has been no change in the current policy.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

COMMITMENT 2.5: Wider access to family planning services will be achieved through engagement of the private sector through public private partnership

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

This is planned for 2020.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

Programmatic commitment

Still a significant proportion of maternal deaths in Sri Lanka are associated with the unmet need for family planning. The proportion of maternal deaths due to septic abortions also remain unchanged, and available evidence suggests a high number of induced abortions taking place in the country.

Necessary interventions will be implemented to address the above issues, as well as to ensure the right of all reproductive age women for quality family planning services. This will include:

COMMITMENT 3.1: Increasing service delivery points and improving facilities in them to meet the norms

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Sixty five new family planning clinics were opened and equipment were provided to 47 existing family planning clinics.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

COMMITMENT 3.2: Availability of a specially trained health care worker in every registered family planning clinic. Overall capacity building of a family planning service providers will be achieved

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

During the period August 2018 – June 2019, two hundred and two district level trainers were trained at National level. They are supported to train rest of the staff at district level.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

COMMITMENT 3.3: Availability of updated guidelines and protocols on family planning for service providers and service delivery settings

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The process to update the guidelines is currently underway.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (**X**) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

COMMITMENT 3.4: Utilization of widespread private sector infrastructure networks in family planning service delivery.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

This activity is planned for 2020.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

COMMITMENT 3.5: Utilization of advancements in information technology for service provision, as well as for monitoring and supervisions

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Electronic dashboard on family planning indicators developed.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

COMMITMENT 3.6: Strengthening of post-partum and post-abortion family planning services

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The pilot project on postpartum IUD concluded. Capacity building on postpartum family planning commenced for Ministry of Health staff.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

COMMITMENT 3.7: Focusing on special groups such as teenagers, women in high age groups, working females, etc. Service delivery points will be made youth friendly, and all temporary methods will be made accessible to them

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Family planning service delivery in Well Woman Clinic programmes further strengthened, targeting women in higher age groups.

Training of Trainers programmes were conducted targeting health staff from youth health centres. Family planning is included as a part of the service package in these centres.

National Strategic Plan on Adolescent and Youth Health was launched, which address family planning as well.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

COMMITMENT 3.8: Ensuring equity through focusing more on low performing areas

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Fifty new service delivery points established in low performing areas.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (**X**) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

COMMITMENT 3.9: Ensuring availability and quality of contraceptive commodities

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

The policy of providing only WHO pre-qualified products continued, to ensure quality of contraceptive commodities.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

COMMITMENT 3.10: Promoting a rights-based approach in family planning service delivery

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Rights based approach in already incorporated into and promoted in capacity building programmes.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

COMMITMENT 3.11: Monitoring a quality of care provided and continuous improvement of same

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Quality of care is incorporated into and promoted in capacity building programmes. It is monitored during routine supervisions.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

COMMITMENT 3.12: Introduction of new family planning methods to the National Programme, as and when necessary

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

There was no recommendation for introduction of new family planning methods.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

SECTION II: STANDARD QUESTIONNAIRE

Please respond to all parts of the following 6 questions:

- 1. How has your country integrated adolescents and youth representatives, and/or representatives from marginalized groups (e.g. lowest-income, people with disabilities, out of school, minority groups, remote or displaced populations, etc.) into the FP2020 Focal Point team and/or country's FP technical working group or country engagement working group? Please see below.**

- a. If yes, how has this engagement influenced achieving your FP2020 commitment? Please also share successes and/or lessons learned from these engagements.

- b. If not, what challenges have you faced in working with these groups? (Please give examples)

They are not in the working group, but their inputs will be obtained during the reorientation of the family planning communication strategy.

A youth representative will be selected in due course.

- 2. How is your Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered? What specific actions were taken in the past year surrounding integration?**

As a part of maternal and child health services, family planning services are provided free of charge to the entire population.

- 3. Has your Government organized the 2019 data consensus workshop?**

This could not be conducted due to the recent incidents in the country.

- a. If yes, did the FP2020 Focal Points participate in your country's 2019 data consensus workshop? If so, what insights were gained?

- b. Were domestic expenditure data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

4. In the past year, were any efforts made to improve resilience and/or emergency preparedness of family planning systems in country?

Family planning is already a part of the health sector response to emergencies.

5. Have you worked to improve quality of care/rights based family planning in your programs?

- a. Do your family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Do you provide comprehensive information and counseling on all available methods, including information on any risks or side effects?

This is an essential part of family planning counseling and promoted in capacity building programmes.

- b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?

Client feedback mechanisms have been introduced as a part of quality improvement initiatives.

- c. Are your clinics open to improve accessibility and availability of services?

Minimum standards have been stipulated to ensure accessibility. All hospitals are instructed to provide family planning services daily and field clinics are expected to function at least twice a month.

6. FP2020 and partners are currently gathering input to build a shared vision for family planning post-2020, in consultation with stakeholders at the country and global level. Have you had an opportunity to participate in any way in this consultation process (e.g. online survey, consultative calls, etc.)?

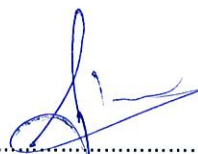
No.

Please provide the following information for the Government's point of contact for this update

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- Date of Self-Report:

2019/07/11



Secretary

Wasantha Perera
Secretary
Ministry of Health, Nutrition & Indigenous Medicine
"Suwasiripaya"
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FP2020 Commitment 2019 Update Questionnaire ANNEX



Sri Lanka Commitment 2018	Commitment Update 2018-2019 (v. July 19)	Questions & Comments	Response
1.1. Ministry of Health, Nutrition and Indigenous Medicine will commit to make available adequate financial allocations for existing as well as new family planning interventions in order to cater to increasing demands	1.1. Adequate funds were made available for all family planning activities in August 2018-June 2019	Could you please specify the amount of budget allocated for family planning for August 2018 – June 2019?	There is no separate budget line for FP/RH. FP activities were conducted with funds received from different sources. Therefore it is not possible to specify the exact amount allocated for FP. All the planned activities were conducted during August 2018-June 2019 with adequate funding.
1.2 Inclusion of a budget-line on Reproductive Health in the Government Budget in 2019	1.2. Initiative taken to include this in the Government budget 2020	Could you please confirm that a budget line on RH was not included in the Government budget 2019? If so, could you share what was the main challenge to realize it? This will help us brainstorm how FP2020 can support for Sri Lanka's budget advocacy efforts for 2020.	There was a sincere effort by Ministry of Health to get a separate budget line for family health activities, but was not included in the Government budget 2019. Due to political changes, the 2019 budget could not be presented as planned during the last quarter of 2018. New budget was presented in April 2019, but did not have a separate budget line for family health. Your offer to help with advocacy efforts is very much appreciated.
1.3 Ministry of Health, Nutrition and Indigenous Medicine will commit to procure the required amounts of contraceptive commodities through the allocation for maternal and child health service commodities	1.3. The required stocks of commodities procured for the period August 2018-June 2019	Could you please add more specificity on the procurement of commodities for 2018-2019? (e.g. amounts, kinds of commodities, etc.)	Commodities received from August 2018-June 2019 – September 2018 – OCP one million packets December 2018/January 2019 – Condoms 6.5 million March 2019 – Single rod hormonal implants 30,000. All these were procured with government funds.

2.3. MoH/NMIS intends to engage the education sector in dissemination of sexual and reproductive health education, including age appropriate family planning awareness, to adolescents, in order to address the issues of teenage pregnancies which has been stagnant in the recent present	2.3. A module on adolescent reproductive and sexual health (ASRH), including family planning, drafted for upper secondary school children	Excited to read that a module of ASRH has been drafted for upper secondary school children: has it been disseminated to schools already? If so, how many schools were/plan to be covered?	The module is still being piloted. It includes a teacher guide, a teacher training manual and supplementary reading material. Once approved and published, it will be circulated to all the schools with upper secondary (GCE Advanced Level) classes in Sri Lanka.
2.4. The current policy of free family planning services in the government sector will continue for all temporary and permanent methods.	2.4. There has been no change in the current policy	Could you please specify the kinds of methods being provided free of charge?	The methods provided free of charge in the government sector include: IUD Hormonal implant (both single rod and two rod) DMPA OCP Condoms LRT Vasectomy
3.3. Availability of updated guidelines and protocols on family planning for service providers and service delivery settings	3.3. The process to update the guidelines is currently underway	Could you please tell us more on this; any specific subjects / target groups (e.g. midwives, nurses, etc.) for those guidelines and protocols, if any?	The guidelines are targeted at medical, nursing and midwifery staff members. The topics covered include – 1. Organizing and Managing a Family Planning Clinic 2. Counselling in Family Planning 3. Family Planning Methods 4.1 Oral Contraceptive Pills 4.3 Progestin Only Injectables 4.3 Implants 4.4 Intrauterine Contraceptive Devices

3.3. Availability of updated guidelines and protocols on family planning for service providers and service delivery settings. ctd;	3.3. The process to update the guidelines is currently underway. Ctd;	Could you please tell us more on this; any specific subjects / target groups (e.g. midwives, nurses, etc.) for those guidelines and protocols, if any?. Ctd;	<p>4.5 Female Sterilization</p> <p>4.6 Male Sterilization</p> <p>4.7 Natural Family Planning Methods</p> <p>4.8 Barrier Methods –Male Condoms</p> <p>4.9 Emergency Contraceptive Pills</p> <p>5 Subfertility Management</p> <p>6 Family Planning for Special Groups</p> <p>7 Family Planning in Post abortion Care</p> <p>8 Infection Prevention in Family Planning Clinics</p> <p>9 Management Information System pertaining to Family Planning</p> <p>10 Logistics management</p> <p>Annexes</p> <p>Anaphylaxis Management</p> <p>Definitions and examples of conditions that make some family planning methods not suitable</p> <p>How to Exclude a Pregnancy</p> <p>Check list to assess for medical eligibility</p> <p>Medical Conditions that make pregnancy specially risky</p>
3.5. Utilization of advancements in information technology for service provision, as well as for monitoring and supervisions	3.5. Electronic dashboard on family planning indicators developed	Could you specify at what level of authorities/facilities the Electronic Dashboard will be installed and used, and the timeline for roll-out of this dashboard?	<p>1. Family Planning dashboard in eRHMS is available for Divisional, District, Provincial and National level users.</p> <p>2. Family planning dashboards are already created and currently in use.</p>

<p>3.7. Focusing on special groups such as teenagers, women in higher age groups, working females etc. Service delivery points will be made youth friendly, and all temporary methods will be made accessible to them</p>	<p>3.7. FP service delivery in Well Woman Clinic Programs further strengthened, targeting women in higher age groups. Training of Trainers programs were conducted targeting health staff from youth health centers, FP is included as a part of the service package in these centers. National Strategic Plan on Adolescent and Youth Health was launched, which address family planning as well</p>	<p>Could you please tell us more on:</p> <ul style="list-style-type: none"> • ToTs for health staff from youth health centers: how many health staff were trained? • What kind of FP methods/services are available at youth health centers? Are they attached to local health facilities? Or Well Woman Clinics? • How <i>National Strategic Plan on Adolescent and Youth Health</i> plans to engage with education sector • We are also happy to post the document of 'National Strategic Plan on Adolescents and Youth Health on Sri Lanka country page as a key document, please send it over to us. 	<p>TOTs for hospital adolescent and youth health centers- One TOT on Adolescent and Youth Health health and one TOT on adolescent sexual and reproductive health-60 officers trained(Medical officers and nursing officers)</p> <p>TOTs for staff of adolescent and youth friendly health service clinic of the field at medical officers of health office-4 TOTs conducted 135 officers trained</p> <p>All modern temporary methods are available at adolescent and youth friendly health service clinic at the Medical officer of health areas-Field clinic</p> <p>Hospital centers provide condoms, oral contraceptives, emergency contraception through hospital pharmacy or hospital family planning clinic and refer needy adolescents for implants to family planning clinic at hospital or field.</p> <p>Training of vocational trainees on adolescent sexual and reproductive health module.Training teaching instructors and skill development of trainees</p>
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3.8. Ensuring equity through focusing more on low performing areas	3.8. 50 new service delivery points established in low performing areas	<p>Could you tell us more on:</p> <ul style="list-style-type: none"> • What measures do you take to ensure equity in low performing areas? • How many areas have been covered? In total, how many SDPs across the country? • Is the focus on client satisfaction as well as on commodities? How are providers trained? If outreach services are also provided for service delivery, does it include follow-up visits or referrals? 	<ul style="list-style-type: none"> • We have selected the 3 districts with the lowest CPR according to the DHS 2016, and focus on improving their performance. • The main strategies adopted to improve performance in areas with low CPR include: <ul style="list-style-type: none"> - Capacity building of staff - Opening new SDPs - Regular review of performance • Teams of healthcare workers from districts are trained as district level trainers at national level. They train rest of the district level staff that includes medical, nursing and midwifery categories. • There is one FP clinic per 10,000 population, where at least 4 modern temporary methods are provided. Public Health Midwives follow up the clients during their domiciliary visits, and refer for higher level of care if necessary.
3.10. Promoting a rights-based approach in family planning service delivery	3.10. Rights based approach is already incorporated into and promoted in capacity building programs	<p>Could you tell us more on:</p> <ul style="list-style-type: none"> • How is a rights-based approach defined in the capacity building programs? What elements are included? 	<p>The elements included:</p> <ul style="list-style-type: none"> - Non-discrimination - Availability of and accessibility to information and services - Privacy and confidentiality - Acceptability of services and information - Quality of information and services - Informed decision making - Participation - Accountability

3.10. Promoting a rights-based approach in family planning service delivery. Ctd;	3.10. Rights based approach is already incorporated into and promoted in capacity building programs. ctd;	<ul style="list-style-type: none"> Are providers trained in comprehensive counselling? 	The participants of capacity building programmes are given inputs regarding counseling in general and specifically trained (including practical clinical based training) on GATHER steps and counseling skills.
3.11. Monitoring a quality of care provided and continuous improvement of same	3.11. Quality of care is incorporated into and promoted in capacity building programs. It is monitored during routine supervisions. Client feedback mechanisms have been introduced as a part of quality improvement initiatives	<p>Could you tell us more on:</p> <ul style="list-style-type: none"> Is a quality of care checklist being used for routine monitoring and capacity building programs? What level of facilities/SDPs have introduced client feedback mechanisms? 	<p>In the Training of Trainers programme there is a lecture on Quality of Care, which includes inputs from WHO 'Quality of care in contraceptive information and services, based on human rights standards A checklist for health care providers'. In addition the participants are educated about Donabedian and Bruce Judith frameworks. Since FP is integrated with other MCH services, quality of FP services is assessed together with other MCH components and there is no separate checklist on quality of FP services.</p> <p>Divisional level and other facilities that serve clients directly have client feedback mechanisms.</p>

In addition, FPASL has requested following information to be included:

FPASL hopes to conduct youth camps in five Provinces for adolescents on rights based family planning and modern contraceptive methods. FPASL will also be conducting TOT's on modern contraceptives with civil society trainers so they could reach women in higher age groups and working females. The TOT's will begin in October of this year and will continue over the next 3 years. The youth camps will begin in January next year and will continue for a period of three years.