

LIBERIA COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage—<http://www.familyplanning2020.org/liberia>—on FP2020's website.

We request that you submit your response by **Friday, June 8, 2018**. Please complete the attached Word document and submit to Martyn Smith on msmith@familyplanning2020.org with a copy to Holley Stewart on hstewart@familyplanning2002.org.

Should you have any questions or concerns, please contact Holley Stewart on hstewart@familyplanning2020.org OR Kelli Schmitz on kschmitz@familyplanning2020.org.

Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.

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This year we have modified the questionnaire to include 1) the 2017 commitment and elements of Liberia's original commitment that still stand, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

UPDATE QUESTIONNAIRE

COMMITMENT OVERVIEW

During the London Summit on Family Planning on July 11, 2012, Liberia planned to increase the modern contraceptive prevalence rate (mCPR) from 10% to 16% by 2015 and to 20% by 2021. However, the 2013 Demographic Health Survey showed that Liberia had surpassed its goal with an mCPR at 20%.

With approximately 63% of its 4.1 million population below the age of 25 years, the Government of Liberia is committed to scale up youth friendly health services (YFHS) and family planning (FP) services at all levels of the health care delivery system. The key interventions planned to achieve this commitment will be implemented in phases (5 out of 15 counties per year) over the period of five years starting from 2017-2021.

The involvement of the private sector in widening the array of safe and affordable contraceptive services is very essential. Liberia is committed to increasing the uptake of FP methods among private sector users from 30.3% (DHS, 2013) to 40.3% by the year 2020.

The Government commits to reproductive health commodity security to ensure that essential life-saving drugs and reproductive health commodities are at all service delivery points at all by reforming the supply chain system for delivering safe health care commodities in an efficient and effective way to reduce stock-outs by 2020.

The Government commits 5% of its health budget to ensure the availability of family planning commodities and services free of charge nationwide.

1. **COMMITMENT:** Adolescents: The Government commits to scale up YFHS in health facilities and FP services at community level to communities' levels to increase adolescent & young people access to sexual & reproductive health information & services to include comprehensive sexuality education, social marketing, community-based outreach, community engagement and mobilization and peer education nationwide by 2019.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

YFHS is currently integrated in 23 health facilities in seven Counties (Gbarpolu, Bassa, Grand Gedeh, Bomi, Bong, Margibi and Montserrado). With additional resources, there is a plan to scale up to include more facilities. These facilities are providing voluntary FP and other SRH services for adolescent and youth.

To further improve access to information for decision making, Comprehensive Sexuality Education (CSE) curriculum is being developed in closed collaboration with the Ministry of Education and other partners to be used for adolescents and youths in and out of schools. Once completed, will be included in the teacher training curriculum and school curriculum.

For improving access to FP services, with focus on increasing voluntary family planning uptake, community based clinical outreach services are conducted by public health facilities, CSO partner (e.g.: PPAL) and the Community Health Assistant programs (CHAs). CHAs have been trained to provide FP services (distribution of pills and condoms, counselling, referrals, etc.) at the community level. CHVs and mobile outreach teams provided information about voluntary family planning at community level – thus increasing access to information and referrals for services.

Also, women and girls are currently being trained for the provision of services in some markets. In selected markets, they serve as service providers and provide services free of charge to other clients (women, girls, boys, and men). Health clubs are also established in schools and members of these clubs are distributors of condoms.

2. **COMMITMENT:** Private Sector: Liberia commits to continuously widen the array of safe, accessible, effective, acceptable, and affordable contraceptives through the private sector by 10% at the end of 2020.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

While Liberia is committed to increasing access to voluntary FP services through the private sector, not much progress has been made so far. However, the national FP Costed Implementation Plan (CIP) includes strategies to strengthen coordination mechanisms, enhance the capacity of private sector providers, standardize tools/materials being used by both public and private sectors, monitoring and supervision as well as increase public-private partnership.

3. **COMMITMENT:** Supply Chain: Liberia commits to securing safe, accessible, effective, acceptable, and affordable contraceptives by configuring/reforming the supply chain system for delivering safe healthcare commodities in an efficient and effective way by 2020.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

To ensure commodity security, there has been procurement and delivery of commodities to the last mile for access by client. There are youth groups placed in 7 counties (Rivercess, Maryland, Grand Gedeh, River Gee, Grand Kru and Cape Mount and Gbarpolu) currently monitoring commodity stock at the county and facilities.

Unfortunately, Liberia Supply Chain system is currently faced with challenges for the availability of quality contraceptive commodities. During 2017, adequate stock was maintained at the central and county levels. Beginning 2018 to present Liberia experienced major stock out of family planning commodities at the central and county level. There has been gaps in the timely delivery of commodities to last mile amidst the demand creation efforts.

4. **COMMITMENT:** Innovative financing for commodities: The Government pledges to commit 5% of its health budget to ensure the availability of family planning commodities and services free of charge nationwide.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

The national government still maintains its “Free Health Policy” for both service provision and commodities. Unfortunately, due to funding constraints and change in national leadership the commitment to commit 5% of its national budget was not achieved.

Please respond to all parts of the following 3 questions:

1. *How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?*

Liberia has presented family planning as a cross-sectoral intervention that can hasten progress across the 5 SDG themes of People. Through coordination of FP services at the national level and sub national level, young people are to an extent engaged about their services. In addition, integration of FP services into other programs, e.g.: youth centers, market approach has contributed to improved access by young people and marginalized women. At these sites they make free choices about their services.

In addition, for the development of the National Costed Implementation Plan for Family Planning, Liberia did include CSOs who contributed to strategic options for implementation.

In addition, the Ministry of Health has a Youth Unit within the national Ministry. This Unit is representing the voices of the youths and has been included in several consultative discussions, the Reproductive Health Technical Committee (RHTC), and other policies and strategic development including the CIP. It remains evident that the capacity and skills of the unit needs to be improved to provide more technical information, participation and support that represents the huge youthful population (63%...LDHS 2013) of Liberia.

At the community level, young people, marginalized women, and girls are included in community dialogues for access to services. Adolescent forum (female and males) are held. For example, in one of the forums, the group recommended the below:

- That Ministry of Education and Internal Affairs developed strategies and implement those strategies gear towards encouraging community leaders and parents to allow them (adolescent and youths) have access to FP services instead of having a negative approach.
- That FP be taught in schools to enable them to have all the information required to access the services.
- Public Works address bad road conditions that contribute to stock out
- That adolescent and youths be included in the initial planning of the services provision package

- a. *What challenges have you faced in working with these groups? (please give examples)*

The country has challenges as it relates to the capacity (funding, Human resource, etc.) to lead the FP agenda. Amidst the coordination of the FP services, there is still challenge faced by the national program to coordinate all actors. There are at times duplication of services and data availability for decision making. The issue of FP

advocacy still needs to be strengthened. E.g.: CSO has limited capacity to advocate for FP services. There is a need to increase the geographical coverage as it relates to the voices of the poor, marginalized women, and girls. The issue of commodity stock out at the service delivery points, access of FP services by adolescent below the age of 18 years (age of consent) remains a major bottle neck. High teenage pregnancy and fertility rates are indication of limited access to FP services. One of the major contributions is limited funding for the provision of FP services. Family Planning champions have limited support from national government.

In addition, integration of YFHS at all facilities remains a major challenge. There is an issue directly linked to policy that allows all public offices (including health facilities) to close at 4PM. This timing does not work in the interest of the adolescent. These adolescents feel free and more confident to access services at later hours especially when older patients are not around. There is also the issue of long waiting time at the health facilities

b. How has this engagement supported reaching your FP2020 commitment?

These engagements have contributed to achieving the commitments due to the fact that more people have access to information and services. District contraceptive days, the use of Community Health Assistants and community engagements have increased access to services by reaching adolescents, youth, women and boys. There is improved senior management commitment for family planning services. Currently, there is commitment from Ministry of Health Senior management for the use of contraceptives injectable by the community Health Assistant at the community level.

They have information, evidence based choices, increase in the national mCPR however, the coverage for services is still low.

c. Please share successes and/or lessons learned from these engagements.

The below listed items includes information on successes:

- In 2013, the Liberia Demographic Health Survey reported increase in the prevalence of family planning services from 13% to 20% over a period of Increase access to services and utilization due to the fact that the market women are the service providers, providing services to fellow marketers and buyers alike.
- There is also the history of male taking their spouses for FP services and at time the male picks up the supplies on behalf of his wife.
- Additionally, some parents are bringing their children for services
- The issue of consent has improved and parents are allowing young adolescent to access services.

2. How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?

The GOL has developed the Liberia Health equity fund (LHEF) that aims to provide universal health coverage, including Family planning services to the population. However, this policy has not been rolled out. One of the mechanism that is being considered is the revolving drug fund. The government is planning to conduct a pilot study to test this mechanism.

Family planning is being integrated into other health services at a gradual scale.

The government with support from partners have made some strides with the introduction of task sharing for service provision.

There is also the EPI/FP integration as well as the Reach Every Pregnant Woman and Reach Every District (REP & RED).

On the other hand, we have not achieved a full integration into the UHC for several reasons: The health sector is heavily donor driven. Funding is not sustaining to deliver essential services, and to distribute the funding in an equitable and efficient manner. Liberia has not managed to essentially extend health coverage for the same cost over time, introduce new provider payment mechanisms, task shifting among health workers, and improved procurement and use of medicines and commodities.

3. Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?

Focal Points for the period under review did not participate in the data consensus meeting.

a. If so, what insights were gained?

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

This meeting was not held for national participation. Notwithstanding, there is discussion ongoing for regular review of data reported.

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

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