

FAMILY PLANNING 2020 COMMITMENT

GOVT. OF LIBERIA

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The Government of Liberia updated its commitment at the [Family Planning Summit in London, UK](#) on July 11, 2017:

COMMITMENT OVERVIEW

During the London Summit on Family Planning on July 11, 2012, Liberia planned to increase the modern contraceptive prevalence rate (CPR) from 10% to 16% by 2015 and to 20% by 2021. However, after the Demographic Health Survey of 2013, the result showed the CPR of Liberia to be at 20%, which indicates the country achieving far beyond the set target for 2020.

Approximately 63% of the 4.1 million population of Liberia is below the age of 25 years and as such, the Government of Liberia is committed to scale up youth friendly health services and family planning 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 family planning methods among private sector users from 30.3% (DHS, 2013) to 40.3% by the year 2020.

Reproductive Health Commodity Security to ensure that essential life-saving drugs and reproductive health commodities are at all service delivery points at all times is one of the commitments of the Government. This will be achieved by reforming the supply chain system for delivering safe health care commodities in an efficient and effective way to reduce stock-outs by 2020.

In creating an innovative and sustainable mechanism for financing, Liberia plans to commit 5% of the national health budget to ensure the availability of family planning commodities and services free of charge to improve access nationwide.

Anticipated Impact

1. Increased CPR among adolescent from 16.4% to 20% by the year 2020 with an expected reduction of adolescent birth rate by 27% (from 177/1000 live births to 150/1000 live births) and a 5% reduction of teenage pregnancy.
2. Increased percent of women and men aged 15-49 who use private sector source for family planning methods from 30.3% to 40.3% with an accompanying policy environment enhanced to expand family planning services in the private sector.
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4. Reduced stock outs of essential drugs and family planning commodities from 56% of facilities reporting no stock outs of tracer drugs including family planning commodities to 80%.
5. Increased Government financial contribution by 5% per annum.
6. Increased CPR by 100% with significant reduction of unmet family planning needs.

COMMITMENT 1: Adolescents: The government of Liberia commits to scale up Youth Friendly Health services to health facilities and Family Planning Services 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.

Anticipated impact

1. CPR among adolescent increased from 16.4 percent to 20 percent by 2020.
2. Reduce adolescent birth rate by 27 percent (from 177/1000 live births to 150/1000 live births).
3. 5% reduction in Adolescent pregnancy rate by 2020.
4. 10% increase in the number of Health facilities providing integrated adolescent-friendly health services by 2020.

Proposed actions

The key interventions planned to achieve this commitment will be implemented in phases (5 out of 15 Counties per annum) over a five-year period starting 2017 -2020 2021. The estimated cost for the proposed interventions is US\$ 15,000,000 including:

1. Extending the training of existing community health assistants thru curriculum to become proficient in family planning counselling and procedures (Injectable, oral concluding emergency contraceptives);
2. Establishing separate private, family planning-friendly rooms in selected health facilities for adolescents and young people;
3. Increasing the coverage of voluntary family planning and maternal, neonatal, and child health services at the community level through the scaling up of existing, successful community-based interventions, such as the Community-Based Distribution Programme;
4. Mapping and focusing on high-burden communities with total fertility rate greater than 4.7, unmet need greater than 31 percent, and CPR 20 above percent;
5. Conduct formative research to inform the development and adaptation and field-testing of IEC materials including local vernaculars; and
6. Pilot youth-friendly service counselling rooms—separate from the maternal, neonatal, and child health unit—and in selected health facilities.

COMMITMENT 2: 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.

Anticipated Impact

1. Increased percent of women and men aged 15-49 who use a private sector source to obtain modern family planning method from 30.3% (2013 LDHS) 40.3% by 2020
2. Policy environment enhanced to promote expansion of family services by private sector
3. Data on contraceptives from the private sector available and integrated within the LMIS to inform national quantification and forecasting

Proposed actions

Interventions:

1. Strengthen coordination mechanisms to include the private sector. Cost = USD 6,000.00
2. Capacity building for FP service provision by the private sector Cost = USD 1,000,000.00
3. Standardization of materials and tools for both the public and private sector. Cost = USD 900,000.00
4. Monitoring and supervision including quality assurance for standard of service. Cost = USD 1,000,000.00
5. Inclusion of family planning as a part of the Pre-Service curriculum. Cost = USD 90,000.00
6. Provide duty free privileges for family planning commodities procured by the private sector. Cost = USD 75,000.00
7. Public private partnership agreement for collaboration and coordination for implementation. Cost = USD 15,000.00

COMMITMENT 3: 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.

Anticipated Impact

1. Through the placement of budgetary control with county health teams (CHTs), and taking advantage of cost savings and efficiencies available through shared procurement, warehousing, and distribution services, stock outs will be reduced from 56% of facilities reporting no stock out of tracer drugs (including family planning commodities) (MOH Annual Report 2016) to 100% of facilities reporting no stock out of tracer drugs (including family planning commodities).

Proposed actions

Interventions:

1. One system, integrated from top to bottom, harmonized across multiple distribution streams for ALL health products
2. ensuring a single chain of accountability.
3. Provides product availability
4. Establishment and Passage of the Liberia Medicines and Health Regulatory Authority Act
5. Heighten the visibility of the supply chain among key donor partners and increase the commitment to support improvements.
6. Reduce the burden on healthcare workers at the lowest levels.
7. Restoring, or constructing where there is none, county depots to improve storage capacity at county level (considering storage of cold chain items
8. Develop HR capacities to enable proper functioning of supply management system, ensure last mile distribution from county depots to facilities through the availability of enough and particularly assigned vehicles for emergency supply distribution.
9. Assess and implement, if the initiative is endorsed, a drug revolving fund to improve financial sustainability of essential medicines and supplies consistent with the Bamako Initiative
10. Improving information system to get accurate information about stocks and consumption at all levels; we will test new technologies aligned and interrelated with other data collection systems such as HMIS and LMIS.
11. Improving capacity of adequate medical waste management by centralizing waste destruction at the LMHRA, and installing appropriate technology for the destruction of all expired, counterfeit, and damaged medicines.

COMMITMENT 4: Innovative Financing for Commodities: Liberia Plans to commit \$\$\$\$\$\$ in her effort to keeping all Family Planning commodities and services free of charge to improve access nationwide.

Anticipated Impact

1. 100 percent of women and girls will have free access to family planning services nationwide

Proposed actions

Intervention:

1. Source Donor commitments for the procurement, storage, and distribution of reproductive health commodities

The following text summarizes the commitment made by Dr. Bernice Dahn on behalf of the government of Liberia at the London Summit on Family Planning on July 11, 2012.

Liberia plans to increase CPR to 16 percent by 2015, and 20 percent by 2021 (current rate is 10 percent).

POLICY & POLITICAL COMMITMENTS

Liberia commits to keeping all family planning services free of charge to improve access. Family Planning is currently included in various health documents:

- Road Map for Accelerating the Reduction of Maternal and Newborn Morbidity and Mortality in Liberia,
- National Reproductive Health Commodity Security Strategy and Operational Plan, which identifies critical needs and specifies the interventions required to ensure continuous availability of contraceptives and vital RH medicines at all health services delivery and commodity distribution points. UNFPA and USAID are the principal partners in addressing the supply chain issues related to family planning commodities in Liberia,
- 10-year National Health Plan, and
- Essential Package of Health Services, which emphasizes the uptake of family planning services through innovative strategies and by training general community health workers to conduct counselling, distribution of family planning commodities and appropriate administration of contraceptive methods.

The MOHSW will continue to advance key support systems for family planning and devise policies as needed. For example, the revised Health Information System (HIS) now integrates family planning and family planning commodities into monitoring and HIS tools at each level of the health system.

FINANCIAL COMMITMENTS

Per the Road Map for Accelerating the Reduction for Maternal Mortality and Morbidity in Liberia, Liberia plans to commit the following to family planning intervention costs:

- 1st year: \$893,697
- 2nd year: \$1,161,308
- 3rd year: \$1,355,104
- 4th year: \$1,556,541
- 5th year: \$1,765,743
- Total: \$6,732,393

PROGRAM & SERVICE DELIVERY COMMITMENTS

In addition to public-sector facilities, the private medical sector also provides family planning services. In Liberia, this includes the Planned Parenthood Association, faith-based health institutions, private hospitals and clinics, pharmacies, private doctors, and private donors. The following objectives are included in the Liberian national reproductive health strategy:

1. Expand availability, access to, and choices of safe, effective, acceptable, and affordable contraceptive methods by using integrated approaches at both facility and community levels to minimize missed opportunities.
2. Increase the number and capacity of health workers at the facility and community level to deliver safe, effective, and acceptable family planning services.
3. Strengthen the contraceptive commodity supply chain to ensure adequate supply at all levels of facility- and community-based services.
4. Strengthen key systems and infrastructure, including management, monitoring, evaluation, and supervision to support family planning services at the facility and community levels.
5. Strengthen and expand family planning through the private sector, including NGOs, faith-based organizations, social marketing, the commercial sector, private clinics, and pharmacies.
6. Engage in advocacy and increase demand for and utilization of family planning and reproductive health services to decrease unmet need for family planning and increase the CPR.
7. Improve the health system's capacity to increase utilization of family planning and RH services among underserved and/or vulnerable populations, including adolescents, young adults, victims of sexual exploitation, rape survivors, refugees, and men