

FAMILY PLANNING 2020 COMMITMENT

GOVT. OF SIERRA LEONE

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

COMMITMENT OVERVIEW

The 2017 Sierra Leone's FP2020 commitments are aimed at addressing strategic gaps in Family Planning (FP) programming that have hindered the accelerated increase in access to quality FP to the majority of its population. Through these commitments, the country hopes to increase the number of women reached with FP services annually to over 755,939 by 2022, and increasing its modern Contraceptive Prevalence Rate (mCPR) to 33.7% in the same year. Achieving these will require drastic reductions in the stock out rates which currently stand at over 85% and the targeting of adolescents and young people who constitute about 33% of the population.

Sierra Leone is therefore committed to reposition Family Planning and improve access to quality family planning services through a comprehensive approach addressed in the 3 outlined commitments. The three commitments address themes of financing, the supply chain, and adolescent health, and together they ensure that access to family planning is increased for women and girls in Sierra Leone. The first commitment focuses on the diversification of the family planning resource base, the second emphasizes improving access to family planning commodities through supply chain reforms and improved data visibility, while the third prioritizes improving adolescent health and reducing teenage pregnancy. The government of Sierra Leone, with the support of its family planning partners, is committed to ensuring that the actions proposed to meet these goals are sustainable and have a long-term positive impact on the people of Sierra Leone.

Anticipated Impact

1. Increase modern CPR from 23.0% in 2017 to 33.7% in 2022
2. Reduce stock-outs from 85.8% in 2016 to 40% by 2020
3. Increase number of women reached by modern contraceptive methods in a year from 445,074 in 2017 to 755,939 by 2022
4. Reduce adolescent birth rates from 125.1/1000 (2013) to 74/1000 in 2021

COMMITMENT 1: The government of Sierra Leone will diversify the family planning resource base through sustainable financing by year 2020.

- The government will announce in August 2017 the publication of its Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) Strategy and the Costed Implementation Plan (CIP) for Family Planning, using these as guides to identify resource gaps and leverage financing for Family Planning
- The government commits to reviewing its goals for CPR and unmet need following a new Demographic Health Survey (DHS) in 2018
- The government intends to diversify its resource base for Family Planning through a commitment to provide resources to the budget line for family planning and allocate a proportion of 1% of the health budget for this, as committed in 2012. The current spend on Family Planning is 1.28% of the National Health Budget in 2016
- The government announces progress towards its budgetary targets set at the 2012 summit and confirms it has increased the health budget to 9.8% in 2016 as it continues to work towards the Abuja target of 15% by 2020.
- The government will fast track the finalization of an investment case for the Global Financing Facility (GFF) prioritizing Family Planning by December 2017 and pursue other bilateral sources of funds including - Sweden, Canada, Denmark, Norway, and Australia.

Anticipated impact

1. Increase modern CPR from 23.0% in 2017 to 33.7% in 2022.
2. Increase number of women reached by modern contraceptive methods in a year from 445,074 in 2017 to 755,939 by 2022.

Proposed actions

1. Finalize and launch the FP CIP, determining resource needs and gaps, for use for resource mobilization – Government – August 2017
2. Enhance coordination for resource mobilization through the national Reproductive Health Commodity Security (RHCS) stakeholders' forum - Government and Partners – quarterly forum
3. Engage with Parliamentary Committee on Health to sensitize on previous government commitments to Family Planning and advocate for appropriate resource allocation for family planning – ahead of the 2018 budget
4. Finalize RMNCAH strategy to be used for making the GFF case - Government and partners – validation by August 2017
5. Accelerate the finalization of the GFF Investment Case- Government and partners – December 2017
6. Request for financial and Technical support from regional organizations like West African Health Organization(WAHO)

COMMITMENT 2: The government of Sierra Leone is committed to improve access to family planning commodities through supply chain reforms and improved data visibility by year 2020

- The government will establish the National Medical Supply Agency (NMSA) and pass an act integrating Family Planning commodities within the national supply chain structure, following the passing of the necessary legislation
- The government is committed to addressing the data visibility challenges for its supply chains through the adoption of a new electronic Logistic Management and Information System (e-LMIS). The government has signed a contract with a private provider to roll-out their software 'mSupply' by January 2018, which will result in greater efficiency and improved visibility
- The government is committed to exploring the interoperability of the national e-LMIS system, 'mSupply', within the wider Global Visibility Analytics Network (VAN)
- The government is committed to improve quantification, supply planning and reporting from facilities through capacity building on LMIS and Logistics Management Systems
- The government is committed to instituting a robust monitoring system and follow-up with districts on data quality and commodity availability
- The government is committed to using the information derived to make informed decisions and address stock imbalances

Anticipated Impact

1. Increase modern CPR from 23.0% in 2017 to 33.7% in 2022.
2. Reduce stock-outs from 85.8% in 2016 to 40% by 2020.

Proposed actions

1. Advocate for the integration of the RH supply chain with the national supply chain management system – Partners (DFID, UNFPA, MSSSL, PPASL) CSOs and Partners – Sept 2017
2. Act of Parliament to gain approval for the National Medical Supplies Agency (NMSA) - Government and partners – June 2017
3. Government and its partners commit to mobilize donors and domestic financing resources to fund focused and more efficient last mile deliveries – June- Dec 2017
4. Introduction of a new e-LMIS- Government and partners – Jan 2018

COMMITMENT 3: The government commits to reduce the unmet need for FP to adolescents (aged 10-19 years) from about 30% in 2013 to 20% 2021 and reduce adolescent birth rates from 125.1/1000 (2013) to 74/1000 in 2021.

- The government is committed to the finalization of the revised Teenage Pregnancy Strategy by August 2017.
- The government is committed to the implementation of Comprehensive Sexuality Education (CSE) and policies related to its implementation will be in the revised National Education Policy. Age appropriate CSE will be integrated in the curriculum through the main subject areas from Upper Primary School to Senior Secondary School.

- The government is committed to scale-up and strengthen the existing CSE training (Adolescent Sexual and Reproductive Health and Life Skills) to Primary School teachers and expand this to Upper Primary School (UPS), Junior Secondary School (JSS), Senior Secondary School (SSS), technical and vocational institutions, teacher training colleges and out of school learning Centres.
- The MoHS and Ministry of Education Science and Technology (MEST) will reach out of school adolescents through safe spaces, learning Centres in partnership with CSOs.
- The government is committed to improve access to a full range of contraceptives, including long-acting reversible contraceptives, through the establishment of an additional 100 adolescent friendly clinics by 2020
- The government is committed to working with CSOs on the engagement of youth through community-based outreach services for the provision of contraceptive information, counselling, as well as contraceptive services directly to youth, aiming to provide ongoing training to healthcare workers in adolescent-friendly services according to the Adolescent and Young People Friendly Health Services Standards (2011)
- The government is committed to working with the CSOs and the private sector to develop a social marketing strategy, to increase awareness of and access to contraceptive methods among youth
- The government is committed to improve the completeness and timeliness of the collection and collation of gender and age disaggregated data.
- The government is committed to prioritize Post-Partum Family planning (PPFP) services to adolescents and young persons

Anticipated Impact

1. Increase CPR for adolescent girls (15-19 years) from 7.8% in 2013 to 20% in 2022
2. Increase number of adolescent girls reached by modern contraceptive methods from 51,887 in 2016 (DHIS 2) to over 180,000 by 2022
3. Reduce adolescent birth rates from 125.1/1000 (2013) to 74/1000 in 2021

Proposed actions

1. Advocacy with key political, community and policy level stakeholders in the ministries of health; Education; Youth and Finance - CSO, donors and partners – June- Dec 2017
2. Support development of the Comprehensive Sexuality Education (CSE) policy, strategy, and curriculum - Government and partners- Sept 2017 – March 2018
3. Pilot innovative products like Sayana Press - Government, UNFPA, WAHO and partners – Jan-Dec 2018
4. Support Innovative approaches to deepen reach through use of data for demand creation and targeting – MOHS and CSOs (MSSL, PPASL) Sept 2017- Dec 2018
5. Support outreaches to get services to the hard to reach areas for scale and impact -MOHS and CSOs (MSSL, PPASL) Sept 2017- Dec 2018
6. Train healthcare providers in technical competencies for adolescent health, contraceptive methods, and to respect, protect, and fulfill adolescent's rights to information, privacy, confidentiality, non-discrimination, respect, and choice. July 2017-Dec 2018
7. Implement the Adolescent Youth Friendly Health Services Standards and Invest in Adolescent and Youth Friendly health facilities to ensure a clean, welcoming, private, and confidential environment with the right equipment, medicines, supplies and technology. Government and partners July 2017-Dec 2018
8. Ensure that adolescents can access a full range of contraceptive methods by ensuring that providers have been trained, commodities are available, and demand generation- Government and partners July 2017 and continuous

The following text summarizes the commitment made by Dr. Abu Bakar Fofanah & Mr. Momodu L Kargbo on behalf of the government of Sierra Leone at the London Summit on Family Planning on July 11, 2012.

Sierra Leone strives to increase CPR to 25 percent in 2015 and 30 percent in 2020 as well as decrease unmet need to 18 percent in 2015 and 10 percent by 2020 and decrease teenage pregnancy rates to 30 percent in 2015 and 15 percent in 2020.

POLICY & POLITICAL COMMITMENTS

A solid policy platform for family planning is already in place. This includes:

- The National Health Sector Strategic Plan
- The Reproductive, Newborn and Child Health Policy and Strategy
- The Reproductive Health Commodity security strategic Plan
- The Sexual and Reproductive Health Strategic Plan for Adolescents and Young People
- The Ministry's 5-year Results and Accountability Framework
- CARMMA
- IHP+ Sierra Leone

FINANCIAL COMMITMENTS

Sierra Leone commits to increasing the annual health budget from 8 percent to 12 percent by 2013 and gradually increase until the Abuja target of 15 percent is achieved. The Government of Sierra Leone will increase the family planning budget line from 0.42 percent in 2012 to 1 percent by 2020, recognizing that this will be 1 percent of a projected increasing budget for health overall and secure additional funding for family planning by partnering with donors.

PROGRAM & SERVICE DELIVERY COMMITMENTS

Sierra Leone will engage private sector providers and strengthen human resources for health to scale up family planning services and community outreach to marginalized populations, including young people. Other commitments include piloting voucher schemes to increase access for the poor, and partnering with CSOs for family planning advocacy and monitoring availability and access to voluntary family planning.