

FP2020 Commitment 2019 Update Questionnaire SIERRA LEONE



The FP2020 Secretariat surveys FP2020 commitment makers annually to track progress made, activities undertaken, and challenges faced toward fulfilling commitments. We kindly ask you to complete the FP2020 Commitment 2019 Update Questionnaire for Sierra Leone by **5 July 2019**. Your responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share your responses on your country's dedicated country webpage (<http://www.familyplanning2020.org/sierra-leone>) so in-country and global stakeholders alike can follow Sierra Leone's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We hope this will be an opportunity for you to engage with your country focal point team, including youth focal point and family planning stakeholders in country to jointly review progress.

Please note that the self-reporting process complements the national family planning data consensus workshops that take place during the same time period. If the data consensus workshop for Sierra Leone is scheduled after **5 July 2019**, please let us know so we can discuss how to align the commitment reporting deadline to ensure results from each process are compatible.

Please complete the attached Word document and submit to Martyn Smith msmith@familyplanning2020.org and Krista Newhouse knewhouse@familyplanning2020.org with a copy to Onyinye Edeh oedeh@familyplanning2020.org. Should you have any questions or concerns, please contact Onyinye on oedeh@familyplanning2020.org.

Additionally, the Core Conveners of FP2020 are currently gathering input to build a shared vision for family planning post-2020. We look forward to learning from your response and appreciate your partnership in delivering on the promise that is FP2020.

Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

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The questionnaire includes 1) the 2017 revitalized commitment and elements of Sierra Leone's original commitment that still stand, and 2) seven 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 **July 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

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.

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

- 1.1. Finalize and launch the FP CIP, determining resource needs and gaps, for use for resource mobilization – Government – August 2017 (*Achieved*)
- 1.2. Enhance coordination for resource mobilization through the national Reproductive Health Commodity Security (RHCS) stakeholders' forum - Government and Partners – quarterly forum (*Achieved*)
- 1.3. 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 (*Not achieved*)
- 1.4. Finalize RMNCAH strategy to be used for making the GFF case - Government and partners – validation by August 2017 (*Achieved*)
- 1.5. Accelerate the finalization of the GFF Investment Case- Government and partners – December 2017 (*Achieved*)
- 1.6. Request for financial and Technical support from regional organizations like West African Health Organization (WAHO) (*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:

Check Points:

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)

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?

2. **COMMITMENT:** 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.
 - 2.1. 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 (*Achieved*)
 - 2.2. Act of Parliament to gain approval for the National Medical Supplies Agency (NMSA) - Government and partners – June 2017 (*Achieved*)
 - 2.3. Government and its partners commit to mobilize donors and domestic financing resources to fund focused and more efficient last mile deliveries – June- Dec 2017 (*On Track*)
 - 2.4. Introduction of a new e-LMIS- Government and partners – Jan 2018 (*On track. Roll out of new eLMIS [mSupply] done in 6 district and ongoing*)

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:

Check Points:

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

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?

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

3.1. 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 (*Achieved*)

3.2. Support development of the Comprehensive Sexuality Education (CSE) policy, strategy, and curriculum - Government and partners- Sept 2017 – March 2018 (*On track. Curriculum development in progress*)

3.3. Pilot innovative products like Sayana Press - Government, UNFPA, WAHO and partners – Jan-Dec 2018 (*On track. Sayana Press and Levoplant introduced in 2018 and now in use nationwide*)

3.4. Support Innovative approaches to deepen reach through use of data for demand creation and targeting – MOHS and CSOs (MSSL, PPASL) Sept 2017- Dec 2018 (*On track*)

3.5. Support outreaches to get services to the hard-to-reach areas for scale up and impact -MOHS and CSOs (MSSL, PPASL) Sept 2017- Dec 2018 (*On track*)

3.6. 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 (*On track*)

3.7. 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 (*On track. Now integrating Adolescent and Youth Friendly Services into mainstream service delivery*)

3.8. 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 (*On track*)

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:

Check Points:

Anticipated Impact:

- Increase CPR for adolescent girls (15-19 years) from 7.8% in 2013 to 20% in 2022

- Increase number of adolescent girls reached by modern contraceptive methods from 51,887 in 2016 (DHIS 2) to over 180,000 by 2022
- Reduce adolescent birth rates from 125.1/1000 (2013) to 74/1000 in 2021

Proposed Actions:

- 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
 - Support development of the Comprehensive Sexuality Education (CSE) policy, strategy, and curriculum - Government and partners- Sept 2017 – March 2018
 - Pilot innovative products like Sayana Press - Government, UNFPA, WAHO and partners – Jan-Dec 2018
 - Support Innovative approaches to deepen reach through use of data for demand creation and targeting – MOHS and CSOs (MSSL, PPASL) Sept 2017- Dec 2018
 - Support outreaches to get services to the hard to reach areas for scale and impact -MOHS and CSOs (MSSL, PPASL) Sept 2017- Dec 2018
 - 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
 - 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
- 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

b) Please mark (✓) 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 7 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? Yes**

- a. If yes, how has this engagement influenced achieving your FP2020 commitment? **Yes.** Please also share successes and/or lessons learned from these engagements. **The FP Technical Working Group has brought together civil society, inter-religious council, youth groups, donors and partners working in FP to discuss challenges related to FP service delivery and proffer strategies to address these challenges. The TWG has also improved coordination between partners.**

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

- 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?**

Yes the government of Sierra Leone has integrated FP into UHC oriented schemes by ensuring that FP services are provided free of cost in all public health facilities. Strategies for improving access to FP services through outreach schemes integration into a national school health scheme are also being explored.

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

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

The Data consensus workshop showed that the country is on track to achieve its FP2020 target. Service data shows significant increases in uptake of implants, exceeding even injectable DMPA, and further analysis of the data is required to verify these trends.

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

Challenges with data collection on domestic expenditure from private health facilities and private institutions or corporations was challenging and suggestions were made to engage these institutions beforehand to ensure their cooperation for future surveys.

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

Yes. Discussions on emergency preparedness including the UNFPA Minimum Initial Services Package (MISP) for emergencies were held between the MOHS, UNFPA and partners.

5. Has your country allocated GFF resources to your FP program? No. Discussions are ongoing. If so, how has this benefitted your work?

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

- a. Do your family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? **Yes**.

Do you provide comprehensive information and counseling on all available methods, including information on any risks or side effects? **Yes**

- 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?

Yes. Suggestion boxes are available at service delivery points. Plans are on track to start client satisfaction surveys.

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

Yes. FP services are available in all public health facilities and these are open round the clock. Several private facilities providing FP services are also open every day.

7. **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.)?**

Not yet

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