

Country Worksheet: Prioritized Action Planning 2019-2020 Sierra Leone



Introduction

The purpose of this worksheet is to support each country to: 1) identify gaps and challenges to achieving FP2020 commitments and Costed Implementation Plans (CIPs) priorities; 2) prioritize actions and interventions for the next 18 months using a solution-focused approach; and 3) strengthen coordination and stakeholder engagement within the country.

This worksheet should be developed through consultation and engagement with multiple stakeholders in-country and will provide critical input that will inform discussions at the Anglophone Africa Regional Focal Point Workshop in May. Each country focal point team is requested to fill out this worksheet and submit it to the Secretariat by **April 19, 2019** to: Krista Newhouse, Anglophone Africa Manager at: Knewhouse@familyplanning2020.org.

This worksheet is structured as follows:

Country Profile: FP2020 Focal Point Team & In-Country Coordination

Exercise 1: Identification of Challenges & Priority of Actions

Exercise 2: Country Priority Actions 2019-2020

Exercise 3: Interest in Learning from Other Countries on the Implementation of Best Practices

Suggested references

- Country FP2020 commitment
- 2018 commitment self-report questionnaire
- Costed Implementation Plan (CIP) (if applicable)
- Previous country action plan 2017-2018
- High Impact Practices (HIPs) analysis sheet
- High Impact Practices (HIPs) briefs (<https://www.fphighimpactpractices.org/briefs/>)
- Data sets
 - Core indicators (mCPR, unmet need, method mix, FP expenditure, etc.)
 - Latest survey data (for example: data from DHS, PMA2020, etc.; disaggregated by age, wealth quintile, marital status, ethnicity, urban/rural, etc.) - if available at the national level
 - Track20's in-depth analysis:
 - Exploring opportunities for mCPR growth in Sierra Leone
 - Postpartum family planning brief
 - Youth contraceptive use brief

Sierra Leone Profile: FP2020 Focal Point Team & In-Country Coordination

List of Focal Points	Government	Ministry of Health and Sanitation
	Civil Society	Health Alert Sierra Leone
	Youth	PPASL
	Donor	UNFPA
		DFID
USAID		
FP Stakeholders (institutional and/or individual)	<p><u>Government</u> Ministry of Health and Sanitation Ministry of Basic and Secondary Education Ministry of Social Welfare, Gender and Children’s Affairs Ministry of Finance Ministry of Youth Affairs Parliamentary Committee on Health</p> <p><u>Civil Society</u> Health Alert Sierra Leone (HASiL) Health for All Coalition (HFAC)</p> <p><u>Multilateral and Donor Agencies</u> UNFPA DFID USAID WAHO</p> <p><u>NGOs</u> Marie Stopes Sierra Leone (MSSL) Planned Parenthood Association Sierra Leone (PPASL) Helen Keller International DKT Clinton Health Access Initiative (CHAI) Care International Sierra Leone Social Marketing and Development Agency (SLaDA)</p> <p><u>Youth Organizations</u> Youth Action Movement Sierra Leone (YAMSL) Youth and Adolescents Reproductive Health and Nutrition Network (YARHNET)</p>	
Note: Please list key FP stakeholders e.g.:	<ul style="list-style-type: none"> - Government agencies with FP in their mandate - Civil society organizations (national and international) working on FP in country - Multi-lateral and donor agencies working in FP - Youth organizations - etc. 	

**CURRENT MEETINGS FOR IN-COUNTRY COORDINATION of FP work
(beyond Focal Points)**

MEETINGS	Convening/ Coordinating body	Members	Frequency <i>(monthly, quarterly, semi-annually, etc.)</i>	Notes on efficacy <i>(How efficient & effective are these?)</i>
e.g. Multi-stakeholder consultations	Ministry of Health and Sanitation Family Planning Technical Working Group	Government, CSOs, NGOs, UNFPA	Monthly	Effective and Efficient
e.g. FP2020 focal points meeting	Ministry of Health and Sanitation FP2020 Focal	MOHS, UNFPA, PPASL, HASiL	Quarterly	Effective
Multi-stakeholder consultations	RHFP Supply Chain TWG	Government, CSOs, NGOs, UNFPA	Quarterly	Effective and Efficient
Multi-stakeholder consultations	Reproductive Health Commodity Security TWG	Government, CSOs, NGOs, UNFPA	Quarterly	Effective and Efficient
Multi-stakeholder consultations	RCH Technical Coordination Committee	Government, CSOs, NGOs, UNFPA	Quarterly	Effective and Efficient

Please list additional opportunities to improve coordination:

- DFID Saving Lives Project Work stream Meetings for outcome 1 on commodities
- Weekly Free Healthcare Supply Chain Coordination Meeting
- Monthly District Health Management Teams In-Charges Meetings
- Quarterly RMNCAH CSO Coalition Meetings
- YAMSL Monthly Community Outreach Meetings

EXERCISE 1: IDENTIFICATION OF CHALLENGES & PRIORITIZING ACTIONS

Sierra Leone FP2020 Commitments

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
- 1.2. Enhance coordination for resource mobilization through the national Reproductive Health Commodity Security (RHCS) stakeholders' forum - Government and Partners – quarterly forum
- 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
- 1.4. Finalize RMNCAH strategy to be used for making the GFF case - Government and partners – validation by August 2017
- 1.5. Accelerate the finalization of the GFF Investment Case- Government and partners – December 2017
- 1.6. Request for financial and Technical support from regional organizations like West African Health Organization (WAHO)

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
- 2.2. Act of Parliament to gain approval for the National Medical Supplies Agency (NMSA) - Government and partners – June 2017
- 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
- 2.4. Introduction of a new e-LMIS- Government and partners – Jan 2018

3. COMMITMENT: The Government of Sierra Leone 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
- 3.2. Support development of the Comprehensive Sexuality Education (CSE) policy, strategy, and curriculum - Government and partners- Sept 2017 – March 2018
- 3.3. Pilot innovative products like Sayana Press - Government, UNFPA, WAHO and partners – Jan-Dec 2018
- 3.4. Support Innovative approaches to deepen reach through use of data for demand creation and targeting – MOHS and CSOs (MSSSL, PPASL) Sept 2017- Dec 2018
- 3.5. Support outreaches to get services to the hard-to-reach areas for scale up and impact - MOHS and CSOs (MSSSL, PPASL) Sept 2017- Dec 2018
- 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
- 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
- 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

Summary of Sierra Leone's Costed Implementation Plan (CIP)

List your country's CIP priorities here (from existing documentation)

Priorities:

- Strategic Priority #1:** Post-partum family planning (51.5%)
- Strategic Priority #2:** Stock out reductions (27.3%)
- Strategic Priority #3:** Community health workers (5.4%)
- Strategic Priority #4:** Public sector mobile outreach (4.4%)
- Strategic Priority #5:** Youth-focused interventions (3.5%)
- Strategic Priority #6:** Long Acting Reversible Contraceptives (LARC) via Primary Health Units (PHUs) (3.4%)
- Strategic Priority #7:** Private Sector Facilities (3.3%)

Step 1. From the above commitment(s) and/or CIP priorities which one is your country having the greatest difficulty in making progress?

The table below can be extended if you need to cite more than three. Please reference your 2018 commitment progress self-report, if needed (see attached).

Priority #1: Post-partum family planning (51.5%)
Priority #2: Stock out reductions (27.3%)
Priority #4: Public sector mobile outreach (4.4%)
Commitment #3: 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.

Step 2. What type of progress toward each commitment/CIP priority (listed in Step 1) has been made?

Suggested references: **Current work on 2019 commitment progress self-report; 2018 commitment progress self-report** (attached); and any **available data in country** (e.g. FP2020 Progress Report 2017-2018, DHS report, materials of the recent data consensus meeting, etc.).

<p>1. Progress on Priority #1: Post-partum family planning (51.5%)</p> <ul style="list-style-type: none"> - International consultant engaged to develop PPFPP Guidelines and train master trainers on PPFPP - 20 Master trainers and 25 service providers trained on PPFPP in Bo District Hospital - Some progress in data collection with PPFPP integrated into DHIS2 and health facility registers
<p>2. Progress on Priority #2: Stock out reductions (27.3%)</p> <ul style="list-style-type: none"> - FP Commodities integrated into mainstream quarterly Free Healthcare supply chain - Roll out of e-LMIS (mSupply) started in 3 districts (Bo, Kenema and Bombali) - New National Medical Supplies Agency (NMSA) in place and now coordinating a harmonized delivery system for commodities - Government and partners through the DFID Saving Lives Project now supporting a more efficient last mile distribution system
<p>3. Progress on Priority #4: Public sector mobile outreach (4.4%)</p> <ul style="list-style-type: none"> - FP Outreach now captured in district annual work plans - FP Outreach is now integrated with outreach for immunization and nutrition services - NGOs-PPASL and MSSSL supporting FP mobile outreaches in selected districts
<p>4. Progress on Commitment #3: 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.</p> <ul style="list-style-type: none"> - Development of the Comprehensive Sexuality Education (CSE) policy, strategy, and curriculum ongoing

- Training of healthcare providers in technical competencies for adolescent health, contraceptive methods, and to respect, protect, and fulfil adolescent's rights to information, privacy, confidentiality, non-discrimination, respect, and choice ongoing.
- Implementation of Adolescent Youth Friendly Health Services Standards and establishment of Adolescent and Youth Friendly health facilities is being rolled out across the country.
- Full range of contraceptive methods accessible to adolescents

Step 3. Detailed analysis of the selected priorities

Please populate the table on following page, from left to right: first with the **identified priorities**, then with the **challenges**, **root causes** and **actions** per priority.

Please consider the following:

3.1 What are the key challenges or obstacles that arise when trying to accelerate progress in these priority areas? (second column on table below)

3.2 What are the root causes of those challenges or obstacles? Where is the greatest opportunity to influence the system, overcome resistance to change and accelerate changes? (third column on table below)

Guidance for Step 3.2

Asking 5 'why' questions is a technique used to explore the cause-and-effect relationships underlying challenge. The primary goal of the technique is to determine the root cause of a challenge or problem by repeating the question "Why?" Each answer forms the basis of the next question. Here is an example:

Community based health workers (CBWs) are not yet in place at the district level (the challenge)

- CBWs have not received a basic training yet (1st why)
- District health offices have not yet received the updated training manual from the central level (2nd why)
- Budget cuts for the training department at the Ministry of Health delayed training manual development at the central level (3rd why)
- The Health Minister decided to allocate more budget to nutrition programs, because this is not a priority for expenditure this year (4th why)
- Nutrition advocates at the national level were more successful in their advocacy efforts OR the Health Minister was more compelled by the data presented by nutrition advocates. (5th why) **After going through each of the why questions, the last one is usually the root cause.**

3.3 What actions are required to tackle the root causes for the identified challenges? Based on your assumptions about what will work and what will not, think about all possible actions/interventions. (fourth column of the table below)

3.4 In the last column, let's explore the links between the actions in the table and the following three themes of the workshop: engagement with adolescent & youth; engagement with faith leaders & faith community; and financing for family planning.

To what extent are they related to the themes? Please map them to **the three themes**. (fifth column of the table below)

Step 1: Priority	Step 3.1: Challenge(s)	Step 3.2: Root Cause(s)	Step 3.3: Actions	Workshop themes
Example of thinking process from Step 1 through Step 3.3:				<p><i>This workshop's focused themes are</i> THEME A: Adolescent & youth engagement THEME B: Faith leaders/community engagement THEME C: Financing for family planning</p> <p><i>Per each theme, please list below any relevant specific subtopics that you would like to see covered or discussed throughout the workshop.</i></p>
<p><i>e.g. Deployment of community-based health workers capable of providing FP information and methods</i></p>	<p><i>e.g. Community-based health workers (CBWs) are not yet in place at the district level</i></p>	<p><i>e.g. Health Minister decided to allocate extra budget to nutrition programs as she/he was more compelled after hearing from other program's (e.g. nutrition) advocates</i></p>	<p><i>e.g. 1.1 Develop a policy brief with a data visual highlighting the urgent need of CBWs to increase the access to FP services and information</i> <i>1.2 Develop a multi-step deployment strategy to introduce to trained CBWs to cover all districts</i></p>	
<p>Priority 1 Post-partum family planning (51.5%)</p>	<p>Challenge 1 PPFP uptake is low Challenge 2 Inadequate number s of trained service providers for PPFP across the country Challenge 3, etc. Unavailability of equipment (specifically forceps) for PPIUCD insertion.</p>	<p>Root Cause PPFP is a new concept in SL and awareness on the part of both health service providers and clients is low Root Cause Inadequate funding for training of additional service providers on PPFP across the country Root Cause No funds available for procurement of equipment for PPIUCD insertion</p>	<p>Action 1.1 Organize mass sensitization on PPFP across the country Action 1.2 Advocate for additional budgetary support to training of PPFP service providers from both government and partners Action 1.3 Advocate for additional budgetary support to procurement of equipment for PPIUCD insertion. Action 1.4 Build institutional and human resource capacity for PPFP Action 1.5 Integrate PPFP and PAFP into services for first time adolescent mothers</p>	<p>THEME A: Adolescent & youth engagement Factors to be considered in improving adolescent and youth friendly services</p> <p>THEME B: Faith leaders/community engagement The role of religious leaders in advocacy for family planning</p>

			Engage Faith Based Organisations during FP advocacy and train Faith-Based health service providers to provide FP services and encourage healthy timing and spacing of pregnancy	THEME C: Financing for family planning Advocacy to government for prioritization of Family Planning and increase funding for prioritized FP interventions
Priority 2 Stock out reductions (27.3%)	Challenge 1 Frequent stock out of FP commodities at service delivery points Challenge 2 Last mile distribution to service delivery points is usually not timely Challenge 3 Poor coordination of delivery systems	Root Cause Commodities are supplied according to a 'push' system from central to service delivery point and not based on consumption due to poor LMIS and lack of automation of the system Root Cause No buffer stock of FP commodities maintained at district level Root Cause Transporters of drugs and commodities are not engaged and deployed on time to carry out last mile deliveries Root cause Insufficient government and partners resources to last mile distribution	Action 2.1 Ensure FP commodity supplies are determined by facility consumption data Action 2.2 Ensure a three-month buffer stock is available at district level Action 2.3 Ensure that last mile transporters are contracted on time Action 2.4 Roll out eLMIS at all health facilities Action 2.5 Allocate government and partner resources to support last mile distribution Action 2.6 Develop "plan B" last mile distribution mechanism to complement integrated commodity distribution	THEME C: Financing for family planning Advocacy to government for prioritization of Family Planning and increase funding for prioritized FP interventions

<p>Priority 3 Public sector mobile outreach (4.4%)</p>	<p>Challenge 1 Mobile outreach for FP is infrequent and irregular</p>	<p>Root Cause Inadequate logistics and funding to conduct mobile outreach Root Cause Difficult terrain render some hard-to-reach communities inaccessible during the rainy season</p>	<p>Action 3.1 Provide budgetary support to mobile outreach activities Action 3.2 Partner with private sector/NGOs to increase coverage during mobile outreach activities</p>	<p>THEME A: Adolescent & youth engagement Factors to be considered in improving adolescent and youth friendly services</p> <p>THEME B: Faith leaders/community engagement The role of religious leaders in advocacy for family planning</p> <p>THEME C: Financing for family planning Advocacy to government for prioritization of Family Planning and increase funding for prioritized FP interventions</p>
<p>Priority 4 Reduce unmet need for FP to adolescents (10-19 years) from about 30% in 2013 to 20% in 2021 and reduce adolescent birth rates from</p>	<p>Challenge 1 Roll out of AYFC training to service providers has been slow Challenge 2 No communication strategy for community engagement on FP and HTSP</p>	<p>Root Cause 1 FP uptake by adolescents still low due to myths and misconceptions Root Cause 2 FP service providers trained in AYFC not available in all health facilities</p>	<p>Action 4.1 Review existing AYFS guidelines to integrate AFCS into mainstream contraceptive services Action 4.2 Integrate program for first time adolescent mothers into ANC services Action 4.3 Develop a communication strategy for disseminating messages on Healthy Timing</p>	<p>THEME A: Adolescent & youth engagement Factors to be considered in improving adolescent and youth friendly services</p>

125.1/1000 (2013) to 74/1000 in 2021.		Community-based providers not available in all communities	and Spacing of Pregnancy and demand creation for PFP and PAFP services through engagement of community stakeholders, CSO, FBOs and youth groups	
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EXERCISE 2: SIERRA LEONE'S PRIORITIZED ACTIONS 2019-2020

*Actions prioritized from the Exercise 1 (Step 3)

Note: This template can be modified/adjusted based on country needs and preference. Please use the following template to capture any activities that have emerged as a part of your preparatory consultations. This exercise will be used for discussion during the Anglophone Africa Regional Focal Point Workshop.

Actions for Focal Point and in-country stakeholder	Institution/person responsible <i>Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person</i>	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
Priority 1: Post-partum family planning (51.5%)							
1.1 Organize mass sensitization on PPFPP across the country	MOHS, CSO, UNFPA, Youth Focal Point, CHASL, Inter-religious Council	xx	xx	xx	xx	xx	xx
1.2 Advocate for additional budgetary support to training of PPFPP service providers from both government and partners	CSO, MOHS, UNFPA	xx	xx	xx	xx		
1.3 Advocate for additional budgetary support to procurement of equipment for PPIUCD insertion.	MOHS, UNFPA, CSO	xx	xx				
1.4 Support training of service providers on PPFPP	MOHS, UNFPA, CSO	xx	xx	xx	xx		
1.5. Procure relevant equipment for selected district hospitals for PPFPP	MOHS, UNFPA, CSO		xx	xx			
1.6 Mobilize multi stakeholder resources to support PPFPP	MOHS, UNFPA, CSO	xx	xx				

Actions for Focal Point and in-country stakeholder	Institution/person responsible <i>Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person</i>	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
Priority 2 Stock out reductions (27.3%)							
2.1 Ensure FP commodity supplies are determined by facility consumption data	MOHS, UNFPA, Donors	xx	xx				
2.2 Ensure a three-month buffer stock is available at district level	MOHS, UNFPA, Donors	xx	xx				
2.3 Ensure that last mile transporters are contracted on time	UNFPA, UNICEF, MOHS	xx	xx				
2.4. Advocate for domestic resources allocation for last mile distribution	UNFPA, UNICEF, MOHS	xx	xx				
2.5. Advocate for automation of the paper based facility LMIS to eLMIS and VAN	UNFPA, UNICEF, MOHS	xx	xx				
2.6. Support NMSA in the harmonization of the distribution system for RH-FP commodities in line with review periods	UNFPA, UNICEF, MOHS	xx	xx				

Actions for Focal Point and in-country stakeholder	Institution/person responsible <i>Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person</i>	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
Priority 3 Public sector mobile outreach (4.4%)							
3.1 Provide budgetary support to mobile outreach activities	MOHS, UNFPA	XX	XX	XX	XX	XX	XX
3.2 Advocate for budgetary support for mobile outreaches	MOHS, UNFPA; CSO	XX	XX	XX	XX		
3.3 Support capacity building of CSO personnel for mobile outreaches	MOHS, UNFPA; CSO			XX	XX	XX	XX
3.4 Support community engagement of traditional and religious leaders for outreaches	MOHS, UNFPA; CSO			XX	XX	XX	XX
3.5 Advocate and support the training and use of community health workers for mobile outreaches	MOHS, UNFPA; CSO			XX	XX	XX	XX

Actions for Focal Point and in-country stakeholder	Institution/person responsible <i>Which focal point(s) and other stakeholder(s) are best positioned to leverage their influence to implement priority actions listed? Please indicate a leading institution/person</i>	Timeline					
		2019		2020			
		Q3	Q4	Q1	Q2	Q3	Q4
Priority 4: Reduce unmet need for FP to adolescents (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.							
4.1 Review existing AYFS guidelines to integrate AFCS into mainstream contraceptive services	MOHS, UNFPA, CSO, MOYA		XX	XX			
4.2 Integrate program for first time adolescent mothers into ANC services	MOHS, UNFPA;	XX	XX	XX	XX	XX	XX
4.3 Develop a communication strategy for disseminating messages on Healthy Timing and Spacing of Pregnancy and demand creation for PFP and PAFP services through engagement of community stakeholders, CSO, FBOs and Youth groups	MOHS, UNFPA; CSO, YFP		XX	XX	XX	XX	XX

EXERCISE 3: INTEREST IN LEARNING FROM ANOTHER COUNTRY ON THE IMPLEMENTATION OF BEST PRACTICES

Please use the table below to list areas of follow up with countries and/or partners that you would like to connect with at the workshop and beyond.

What do you want to learn from [country/partner] that it has done successfully and has been a challenge for your country?	Country/partner that you want to connect with during and after the focal point workshop.	By which mode of communication do you prefer? (webinar, skype call, email, etc.)
Business Case for Resource Mobilization	Rwanda	Email, Webinar
Engagement of Faith Based Organizations for FP	Ethiopia	Email, Webinar
Involvement of Community health workers in FP Service Delivery	Malawi; Ethiopia	Email, Webinar
FP social marketing	Kenya	Email, Webinar
Supply chain management	Ethiopia, Rwanda	Email, Webinar