

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 to the following.

The Government of Sierra Leone will diversify the family planning resource base through sustainable financing by 2020. Specifically, it commits to:

- 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;
- Review its goals for CPR and unmet need following a new Demographic Health Survey (DHS) in 2018;
- 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);
- Announce 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; and
- 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.

The Government of Sierra Leone is committed to improve access to family planning commodities through supply chain reforms and improved data visibility by 2020. Specifically, it commits to:

- 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;
- Address 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);
- Explore the interoperability of the national e-LMIS system, 'mSupply', within the wider Global Visibility Analytics Network (VAN);
- Improve quantification, supply planning and reporting from facilities through capacity building on LMIS and Logistics Management Systems;
- Instituting a robust monitoring system and follow-up with districts on data quality and commodity availability; and
- Using the information derived to make informed decisions and address stock imbalances.

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.* Specifically, it commits to:

- The finalization of the revised Teenage Pregnancy Strategy by August 2017;
- 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);
- 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;
- 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;
- 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);
- 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;
- Improve the completeness and timeliness of the collection and collation of gender and age disaggregated data and
- Prioritize Post-Partum Family planning (PPFP) services to adolescents and young persons.

The following text is the commitment made 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 in order 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.