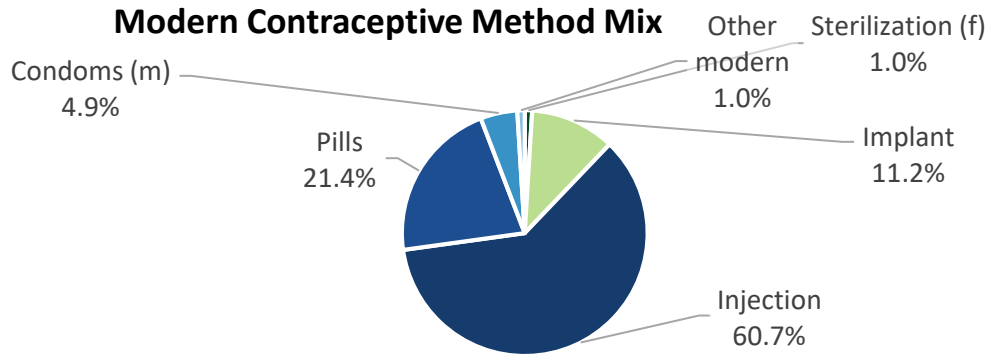


Liberia

Actions for Acceleration



Country Snapshot



Stage 2: Growth
 Length of period and speed of growth varies; but there is potential for rapid acceleration.

mCPR (AW vs. MW) (year)	25% vs. 24%
FP2020 mCPR/CPR goal	20%
Unmet need (MW)	31%
Demand satisfied (MW)	43%
*Track 20	

FP2020 Commitment

Commitment objective	
Policy commitment	<p>2012: Liberia commits to keeping all family planning services free of charge to improve access. Family Planning is currently included in various health documents:</p> <ul style="list-style-type: none"> ○ 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, ○ 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 counseling, distribution of family planning commodities and appropriate administration of contraceptive methods. <p>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.</p>
Financial commitment	<p>2017: Allocate 5% of its health budget for the provision of free family planning commodities and services nationwide.</p> <p>2012: 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:</p> <ul style="list-style-type: none"> ○ 1st year: \$893,697 ○ 2nd year: \$1,161,308 ○ 3rd year: \$1,355,104 ○ 4th year: \$1,556,541 ○ 5th year: \$1,765,743 <p>Total: \$6,732,393</p>

<p>Programmatic commitment</p>	<p>2017:</p> <ul style="list-style-type: none"> ○ Partnering optimally with the private sector, which currently provides services and methods to over 30% of contraceptive users ○ Increasing universal access to safe and affordable contraceptive services ○ Reducing stock-outs by reforming its supply chain system to ensure that essential life-saving drugs including reproductive health commodities are at all service delivery points at all times <p>2012:</p> <p>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.</p> <p>The following objectives are included in the Liberian national reproductive health strategy:</p> <ol style="list-style-type: none"> 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. <p>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.</p>
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CIP/RH Strategy Priorities

1. Increase advocacy to allocate 5% of the health budget for family planning commodities and services nationwide.
2. Scale up of youth friendly health services nationwide by 30% (baseline 22%).
3. Reform and strengthen supply chain management system for RH commodities.

Liberia's Priorities

Priorities: please outline 4-6 clear priorities for the next 18 months. These priorities should be in-line with existing agreed focus areas, whether those be in a Costed Implementation Plan (CIP), an RH Strategy, a Health, and Development Strategy, or the like. If you developed a previous action plan in 2016, please review it to see which priorities/actions you will include from it in this new action plan.

1. Advocate for the promotion of FP in country
2. Promote Youth Friendly Health Services
3. Strengthen supply chain management/quantification and forecasting
4. Advocate for the Government of Liberia to allocate 5% of health budget to provision of free FP commodity and services nationwide
5. Integrate FP into child immunization programs
6. Scale up community-based FP services

FOCAL POINT, SECRETARIAT, AND PARTNERS ACTIONS

PRIORITY #1: ADVOCATE FOR THE PROMOTION OF FAMILY PLANNING IN LIBERIA

FOCAL POINT ACTIONS	WHO?	TIMELINE
1.1 Finalize and launch FP CIP (all stakeholders should be aware of the process)	MoH/USAID	Feb. 5 – Pre-validation Feb. 13-15 – Validation & launch
1.2 Print and disseminate FP Strategy	MoH/UNFPA	January – March, 2018
1.3 Conduct National FP Conference (focus on the result expected from the conf.)	MoH/Partners	March, 2018
1.4 Print and disseminate CIP	MoH/USAID/UNFPA	April – June, 2018

PARTNER ACTIONS	WHO?	TIMELINE
1.1 Generate and package evidence for advocacy – DD, impactNow Model (Contact HP+ for technical support on this). Evidence to include gov't allotment, reductions in teenage pregnancy and maternal mortality	HP+, USAID	January – March, 2018 Needed prior to National FP Conference
1.2 Support FP Champions at all levels	UNFPA/USAID/CSOs	January – December 2018

PRIORITY #2: PROMOTE YOUTH FRIENDLY SERVICES

FOCAL POINT ACTIONS	WHO?	TIMELINE
2.1 Develop a National FP Training curriculum to include YFS	MoH/USAID/UNFPA	April - June, 2018
2.2 Integrate CSE into national teaching curriculum	MoH/UNFPA	April – June, 2018
2.3 Training of health care providers to provide effective and quality health services to adolescents	MoH/UNFPA/USAID	April – August, 2018
2.4 Champion the establishment of a coordinating mechanism/platform to facilitate a multi-sectoral programming for young people	MoH & Line Ministries/Partners	January – December, 2018

PARTNER ACTIONS	WHO?	TIMELINE
2.1 Provide an ideal sample curriculum to be utilized in the development of National FP Curriculum	UNFPA/PPAL	January, 2018
2.2 Support the development of National FP Training Curriculum that will include YFS	USAID/UNFPA	April – June, 2018

PRIORITY #3: STRENGTHEN SUPPLY CHAIN MANAGEMENT /QUANTIFICATION AND FORECASTING

FOCAL POINT ACTIONS	WHO?	TIMELINE
3.1 Provide technical support to the supply chain management unit of the Ministry of Health to improve quantification and forecasting of reproductive health commodities (Systematic Monitoring of reports—Make PPMR up to date with reliable data—at least two sessions of quantification per year)	USAID	Jan – Dec 2018
3.2 Identify and train a supply chain focal point in the Supply Chain Management Unit for FP commodities	MoH/USAID	Jan – Mar 2018
3.3 Pilot and scale up the mHERO to monitor service providers and FP stock levels at health facilities	MoH/UNFPA/USAID	Mar- Dec 2018

PARTNERS ACTIONS	WHO?	TIMELINE
3.1 Provide support to implement the piloting of mHero in seven counties	MoH/USAID/UNFPA	Mar – Dec 2018

PRIORITY #4: ADVOCATE FOR GOL TO ALLOCATE 5% OF HEALTH BUDGET TO PROVISION OF FREE FAMILY PLANNING COMMODITIES AND SERVICES NATIONWIDE

FOCAL POINT ACTIONS	WHO?	TIMELINE
4.1 Advocate first with the MoH especially the Minister to lead the process)	Minister of Health	Jan – June 2018
4.2 Advocate with the Minister of Health and parliamentarians to establish a dedicated budget line item for FP in the national budget	MoH and Partners	April – Dec 2018

4.3 Diversify donor-based beyond primary development partners	MoH and partners	Jan – Dec 2018
4.4 Generate and package evidence for advocacy – DD, impact Now Model	MoH/ Partners	Jan – Dec 2018

PARTNER ACTIONS	WHO?	TIMELINE
4.1 Provide AFP Smart Advocacy training to country team	AFP	Jan – Mar 2018
4.2 Train CSOs in advocacy for family planning and resource mobilization (AFP Smart Advocacy – request from secretariat)	AFP	Q1 2018
4.3 Provide lead support to the implementation of advocacy sessions and activities	PPAL/UNFPA/U SAID	Jan – Dec 2018
4.4 Generate and package evidence for advocacy – DD Impact Now Model	HP+	Jan – Dec 2018

PRIORITY #5: INTEGRATE FAMILY PLANNING INTO IMMUNIZATION (*Support effective and innovative FP service delivery strategies to reach rural populations, and adolescents and youth*)

FOCAL POINT ACTIONS	WHO?	TIMELINE
5.1 FHD engages with the immunization unit (EPI) to discuss and agree on a national operating model to support FP integration in immunization	FHD/EPI	Jan –Mar 2018
5.2 Integration of FP into immunization	FHD/EPI	July – Dec 2018
5.3 PFP and PAFP to be implemented on a gradual scale (It will require that FP IEC material and commodities to some extent be available at/during EPI outreach activities)	MoH and Partners	July – Dec 2018
5.4 National FP Week (1 week dedicated to FP) with a combination of activities: Advocacy, BCC, intensive service delivery, mobilizing all partners. A champion can also be identified for that activity. This kind of activity is very effective in increasing access and utilization of FP services.	MoH/Partners	Second week in November 2018

PARTNER ACTIONS	WHO?	TIMELINE
Provide support to the implementation of FP/EPI integration	USAID/Jhpiego/PPAL etc	Jan – Dec 2018

PRIORITY #6: SCALE UP COMMUNITY-BASED FAMILY PLANNING SERVICES NATIONWIDE

FOCAL POINT ACTIONS	WHO?	TIMELINE
6.1 Conduct mapping of CBD of FP commodities nationwide to inform expansion of services	MoH/Partners	Jan –March, 2018
6.2 Expand existing community based family planning through local market settings and the existing Community Health Assistants Program	MoH/Partners	Jan – Dec 2018
6.3 Pilot the use of sayana press as an injectable contraception method in two districts in one county	MoH/UNFPA	Jan – Dec 2018
6.4 Coordination and monitoring of community-based Family Planning services	MoH/Partners	Jan - Dec 2018

PARTNER ACTIONS	WHO?	TIMELINE
Support community-based implementation of family planning services	UNFPA/USAID/ Jhpiego/PPAL/ BRAC etc	Jan – Dec 2018

Looking Ahead:

Based on your understanding to date, are there any upcoming milestones, events, elections, or important moments coming up in the next 18 months? This forecasting will be useful to understand as activities are planned and to identify potential Rapid Response Mechanism opportunities in your country.

Funding Opportunities

Based on the current FP budget and/or costing exercises done for your country's CIP, where do you anticipate there are going to be funding gaps in 2017/2018? And for which activities?