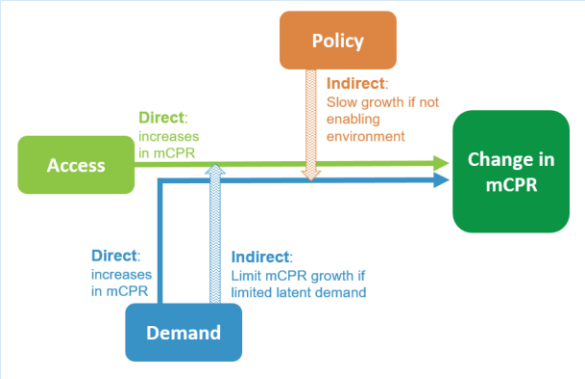
FP Goals in Sierra Leone

Overview of process and results

March 2017

FP Goals is an innovative model designed to improve strategic planning. The model combines demographic data, family planning program information, and evidence on the effectiveness of a diverse set of interventions to help decision makers set realistic goals and prioritize investments across different family planning interventions.

Learn more at track20.org.



Snapshot of FP Goals in Sierra Leone

Why? The FP Goals application in Sierra Leone was done to inform the development of their new Costed Implementation Plan (CIP).

Who? The application was led by Track20/Avenir Health, in partnership with the Ministry of Health and Health Policy Plus, who were supporting the wider CIP development process.

When? The application took place in March of 2017.

Where? The application was done nationally, with a segmentation by urban and rural areas.

How? The FP Goals application included the following steps:

Collection of Baseline Data
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Review of Baseline Findings
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Development of Initial Scenarios
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Review and Discussion of Scenarios
↓
Development of Final Scenario
↓
Final Results Agreed and Shared

Learnings from the baseline

A large amount of baseline data is collected for the FP Goals model from sources including:

- Household surveys (DHS 2013)
- Routine Service Statistics from DHIS2
- Facility-based surveys (UNFPA 2015)
- Reports from Ministry of Health
- Reports and data from partners
- Demographic projections (2015 Population and Housing Census, WPP 2015)

Key findings from the baseline results include:

- Public Health Units (PHUs) provide the majority of FP services in the country; this is made up primarily by injectables- the dominant methods in the country.
- Users of pills, the next most comment method, are fairly evenly split between the public and private sector, with private pharmacies serving as a key source.
- Post-partum FP uptake is extremely low in both urban and rural areas, representing a large opportunity.
- Contraceptive use is already fairly high among unmarried sexually active youth; but levels are quite low for married youth. Interventions to

reach young married women with messages relating to delaying first birth and birth spacing may have some impact.

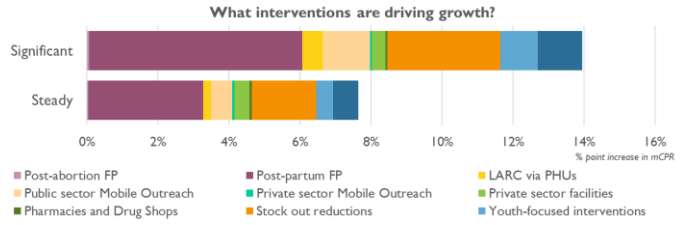
- In recent years there has been a steady increase in the proportion of PHUs providing LARCs; though IUD provision still remains low (10% of PHUs) when compared to Implants (63% of PHUs).
- Stock-out levels have been persistently high, with increases in 2016 for most methods.

Scale up scenarios

Two scenarios were initially developed, in line with approaches taken for other strategy work in the country—a "Steady" scenario to represent modest scale up based on continuing recent efforts, and a "Significant" scenario based on accelerated progress. Levels of scale up were defined for each intervention area as shown in the table below.

	Steady	Significant
Post-partum FP	25% of pregnant women reached by CHWs, 25% of facilities offering immediate PPFP services	50% of pregnant women reached by CHWs, 50% of facilities offering immediate PPFP services
Stock-out reductions	25% reduction in stock outs	50% reduction in stock outs
Public sector mobile outreach	2 outreach visits per month per PHU providing FP services (no LARC)	4 outreach visits per month per PHU providing FP services (no LARC)
CHWs	Half of CHWs trained/supported to provide women with FP information and services	All CHWs trained/supported to provide women with FP information and services
Adolescent interventions	20% coverage of comprehensive youth engagement + YFS (Pillar 2 + Pillar 5) Half of all schools provide comprehensive SRH education (Pillar 3)	40% coverage of comprehensive youth engagement + YFS (Pillar 2 + Pillar 5) All schools provide comprehensive SRH education (Pillar 3)
Increase LARC provision at PHUs	75% of PHUs provide implants, half on no-MCHS provide IUDs	All PHUs provide implants, all non-MCHS provide IUDs
Private sector strategies	Needs further discussion, overall impact may be limited for pharmacies since only offering pills/condoms, and private clinics since numbers are limited. Model based on increasing # women accessing FP via private sector; but need clarity on what interventions would lead to increases.	
Post-abortion FP	25% of facilities offering integrated FP/PAC services	50% of facilities offering integrated FP/PAC services

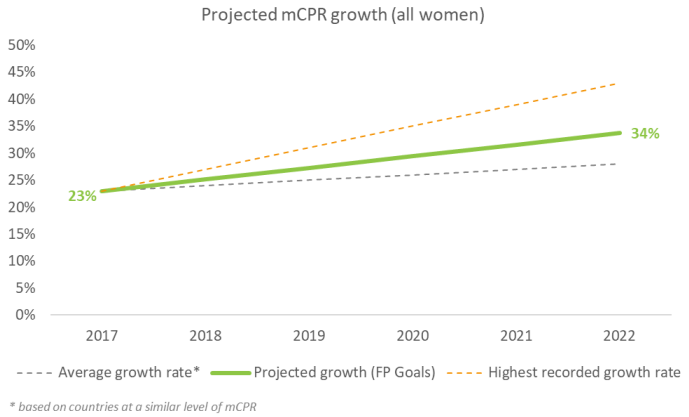
Building on the baseline findings, results showed that the two interventions contributing the most to mCPR growth were PPFP (purple) and stock out reductions (orange).



In recognition that achieving "Significant" levels of scale up for all interventions may not be possible, a combined scenario was created, taking "Significant" scale up levels for those interventions with the highest impact, and "Steady" scale up levels for lower-impact interventions. This prioritized effort in the areas that would result in the greatest impact.

	Steady	Significant
Post-partum FP		✓ prioritize because high impact
Stock-out reductions		✓ prioritize because high impact
Public sector mobile outreach	✓ PHU outreach should be prioritized to focus on high-impact areas, full scale up may not be needed everywhere.	
CHWs	✓ Given lower impact may be best to focus on those in areas where it is most needed (e.g. rural, under-served, low demand)	
Adolescent interventions for FP uptake	CIP should coordinate with Strategy for Reduction of Adolescent Pregnancy and Child Marriage. Interventions from that strategy will have some impact on FP use, but additional focused FP interventions for 15-19 may not be needed. CIP can complement Adolescent Strategy with a focus on birth spacing for married youth (20-24) via CHWs and other interventions.	
Increase LARC provision at PHUs	✓ (IUDs): demand for IUDS remains lower, so do not want to invest in training providers who will not have clients wanting the service	✓ (Implants): already rolled out trainings, should continue to meet high implant demands
Private sector strategies	Needs further investigation and discussion	
Post-abortion FP	✓ PAC provision levels are already low, and need for PAC services may be low	

The final combined scenario projected that mCPR (all women) would increase to 34% in 2020, representing an average annual increase of 2.1% points per year. This represents an ambitious, yet, realistic growth trend for the country.



In addition, the FP Goals model provided outputs related to the efforts needed each year to achieve this growth (e.g. # facilities trained on providing PPFP) that fed into the Costed Implementation Plan development.