

Family Planning Resource Requirements in Liberia

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Introduction

Family Planning Costed Implementation Plans (CIPs) are multi-year roadmaps that outline concrete programs and actions to achieve national and global family planning goals and commitments. These plans present a unified strategy in which government and stakeholders articulate priority areas for investment, identify the necessary financial and human resources necessary to implement priorities, and estimate the impact of executing priority areas as planned.

In 2018, with support from the Health Policy Plus (HP+) project, funded by the U.S. Agency for International Development, the Liberia Ministry of Health and Social Welfare launched the Liberia Family Planning Costed Implementation Plan (2018–2022) to accelerate progress toward national, FP2020, and Vision 2030 family planning goals and commitments. The CIP details costed priority interventions to increase the modern contraceptive prevalence rate (mCPR) from 30.7 percent in 2016 to 39.7 percent by 2022, with the intent to ensure that couples, individuals, and adolescents have access to a full range of affordable and quality family planning commodities and services. Liberia’s CIP is organized around five thematic areas, as outlined in Table 1, along with anticipated outcomes and 2018 cost for each thematic area.

Table 1. Liberia’s CIP Thematic Areas

Thematic Area	Anticipated Outcome	2018 Thematic Area Cost
1. Service Delivery (SD)	Demand for modern methods satisfied among all women and men, including adolescents, is increased from 41.5 to 45.0 percent.	\$3,074,355
2. Commodity Security (CS)	Facilities with no stockouts of modern contraceptives in the last three months is increased from 33.8 to 75.0 percent.	\$2,108,387
3. Demand Creation (DC)	Women of reproductive age demanding family planning services is increased from 49.5 to 55.5 percent.	\$1,179,150
4. Youth (Y)	Teenage women who have begun childbearing is decreased from 31.0 to 25.0 percent.	\$2,195,452
5. Enabling Environment (EE)	Government of Liberia annual health budget allocated to family planning is increased from 0.0 to 5.0 percent.	\$368,486
All	--	\$8,925,829

To inform mobilization of resources for the CIP, HP+ worked with the government to conduct an analysis to determine the extent that planned activities are funded and to identify funding gaps. Such data on resource gaps can inform an evidence-based advocacy process to increase investment in family planning.

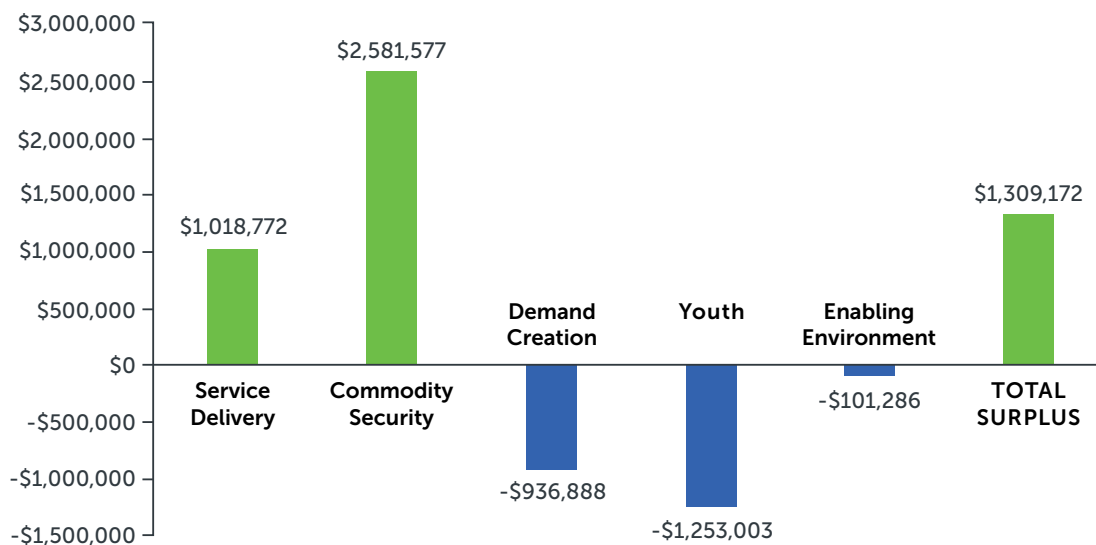
Methodology

To support Liberia in conducting a financial gap analysis for family planning CIP activities planned for the first year of the CIP (January to December 2018), HP+ collected data from 32 family planning partners through one-on-one consultations from October to November 2017 and validated data in April 2018. Partners were provided with a list of Liberia CIP planned activities for 2018 and asked to share information on which activities they planned to conduct for which funding had already been secured. Partner data was aggregated and entered into an Excel-based tool where partner activities were assigned a cost based on estimates obtained from a CIP costing tool. Projected costs of partner activities were then compared to projected costs of CIP planned activities to identify the funding gap by thematic area. Additionally, as part of data collection, partners were asked about geographic areas where they were working or planning to work to develop a GIS-based family planning partners map.

Results

The total cost of the 2018 CIP was \$8,925,829 (all currency is in U.S. dollars, unless noted otherwise). The total coverage by partners for 2018 CIP activities was \$10,235,035. This resulted in an overall partner funding surplus of \$1,309,172 (see Figure 1). However, while some activities had a funding surplus, others had a funding gap—the thematic areas of commodity security and service delivery both experienced a surplus in partner funding while the areas of enabling environment, demand creation, and youth activities experienced a funding gap. If analyzing only activities experiencing funding gaps (disregarding activities with surpluses), the total gap from underfunded activities was \$5,119,183. This demonstrates the significant variance in coverage and gaps both across and within thematic areas.

Figure 1. Funding Gap or Surplus by Thematic Area



Strategic Priority Gaps

The CIP includes 13 priority output-level results, outlined in Table 2. These priorities represent critical interventions to achieve CIP outcomes and ultimately meet family planning goals; they also represent areas for priority resource investment. Of these priority areas, one was adequately funded, four were overfunded, and eight were underfunded.¹ Of the underfunded priority activities, the gap in resources equaled \$2,840,608.

Table 2. Strategic Priorities

Output	Priority Intervention Strategy	2018 Cost	2018 Funding	Percent Coverage
SD1.1 The number and capacity of facilities offering a range of family planning services at acceptable levels of performance and quality, as per national standards, increased	<ul style="list-style-type: none"> Streamline and improve coordination of provider training Exploration of the possibility of physician assistants and/or registered nurses to provide tubal ligation services 	\$1,228,179	\$3,302,345	269%
SD1.2 Family planning services offered through community health assistants expanded and strengthened	<ul style="list-style-type: none"> Introduction of community-based distribution of injectables, particularly Sayana Press 	\$26,813	\$28,338	106%
SD1.4 Integration of family planning services with other health services, particularly reproductive, maternal, newborn, child, and adolescent health and HIV/AIDS services, strengthened and scaled	<ul style="list-style-type: none"> Scale-up of family planning integration into immunization services 	\$226,776	\$66,027	29%
CS2.1 Adequate contraceptive commodities and supplies procured to cover all country needs to meet the CPR goal by 2022	<ul style="list-style-type: none"> Reduce contraceptive stock-outs Improve the availability of data on consumption and stock-outs Reclassify emergency contraceptives as a family planning method for procurement and provision 	\$1,895,445	\$4,517,754	238%
CS2.2 Improved supply chain management system for family planning commodities	<ul style="list-style-type: none"> Same as CS2.1, above 	\$212,942	\$172,243	81%
DG3.1 People have accurate knowledge and self-efficacy to adopt positive behavior change to practice family planning	<ul style="list-style-type: none"> Increase coverage and consistency of mass media/social and behavior change communication 	\$259,350	\$34,910	13%

¹ Overfunded is defined as any funding over 100 percent coverage. Underfunded is defined as any funding under 100 percent coverage. Adequately funded is defined as exactly 100 percent coverage.

Output	Priority Intervention Strategy	2018 Cost	2018 Funding	Percent Coverage
DG3.2 Positive shifts in social norms and attitudes to foster healthier and more behaviors around contraception	<ul style="list-style-type: none"> Engage faith-based community to mobilize members to accept and use family planning services Engage males to be effective enablers and/or primary users 	\$919,800	\$207,352	23%
Y4.1 Existing facility-based service delivery points offer family planning services that meet youth-friendly standards to facilitate access and use by young people	<ul style="list-style-type: none"> Mainstream youth-friendly service delivery into existing health services (at all levels) at scale 	\$1,423,835	\$180,561	13%
Y4.5 A multisectoral approach to support holistic programming toward teenage pregnancy reduction is strengthened	<ul style="list-style-type: none"> Support scientifically accurate and comprehensive sexuality education programs within and outside of schools that include information on contraception and where to obtain it 	\$541,453	\$48,356	9%
EE5.2 At least 5 percent of the government of Liberia's annual health budget allocated to family planning commodities and services by 2021, in line with the country's FP2020 commitment	<ul style="list-style-type: none"> Advocacy to support allocation and funding under the dedicated budget line item for family planning in the national budget 	\$5,400	\$66,740	1,236%
EE5.3 Resources mobilized from nongovernment (i.e., foreign/ domestic donors) sources increased	<ul style="list-style-type: none"> Diversify donor base beyond primary development partner 	\$3,300	\$0	0%
EE6.1 Heightened and sustained political will and commitment toward family planning	<ul style="list-style-type: none"> Gain prominence, visibility, and support for family planning matters from the House of Representatives, senior Ministry of Health leadership, and the public 	\$52,750	\$52,750	100%
EE6.2 A conducive policy environment, with clear and transparent operational directives, to guide effective implementation of the family planning program	<ul style="list-style-type: none"> Develop and support use of the Family Planning/ Reproductive Health Policy Guidelines 	\$1,500	\$61,100	4,073%

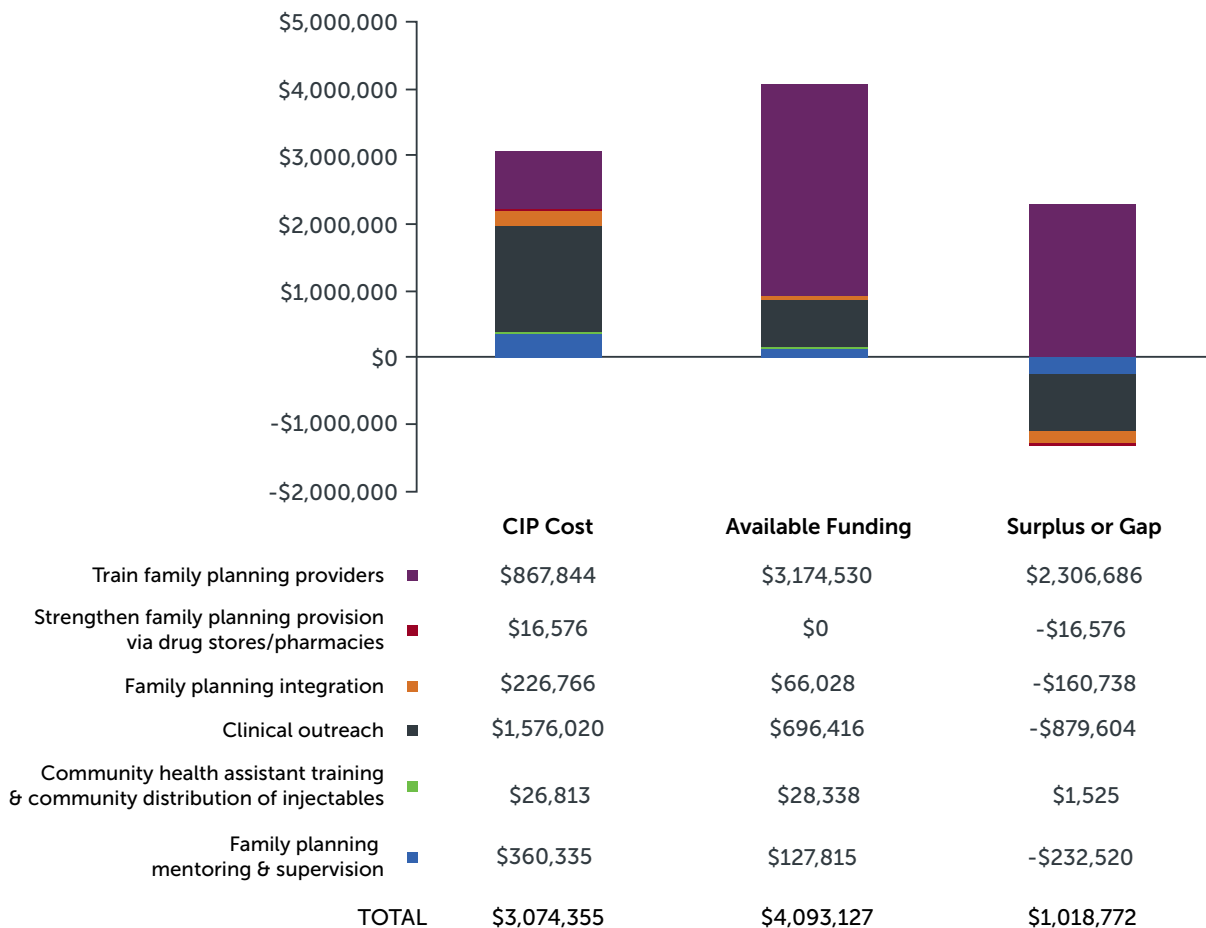
Service Delivery

Service delivery CIP activities include ensuring adequate, rights-based, facility- and community-based delivery of family planning commodities and services; training of skilled service providers; engaging the private sector; and integrating family planning service delivery with postpartum care and HIV/AIDS services. While there was a funding surplus of \$1,018,772 (133 percent coverage), some key activities were underfunded. These included providing family planning providers with supportive supervision, training, and mentoring, as well as conducting

clinical outreach. With 29 percent of all Liberians, and 60 percent of rural Liberians, living over a one-hour walk from the nearest health facility and inadequate skilled staff to provide long-acting and permanent methods, investment in adequate outreach services is critical to ensuring sufficient access to family planning services, especially for the most remote populations (Ministry of Health, 2016a).

Alternatively, there was a significant surplus in funding for training new family planning providers, with partners reporting to fund training for 1,655 providers (\$3,174,530), although the CIP target was only 148 providers (\$867,844). The resulting \$2,306,686 surplus from training family planning service providers alone could fund every other underfunded service delivery activity in 2018 (see Figure 2). Interestingly, one of the major challenges Liberia cited facing in the CIP was a lack of skilled providers; a 2016 service availability and readiness assessment stated that only 14 percent of facility-based providers had received training on family planning in the last two years (Ministry of Health, 2016b). Stakeholders indicated inefficiencies in training leading to an inadequate number of skilled family planning providers—some family planning providers were under-trained while others received multiple trainings on the same materials. Additionally, trained health workers who transfer health facilities take knowledge with them when they go, leaving gaps in adequate training in their previous facilities. Improving efficiency in training investments was cited as an area for improvement in the CIP, resulting in a two-year action plan based on a training needs assessment planned for each year. The training assessment should not only review effective resource allocation toward training family planning providers, but also consider innovative ways to tackle high attrition rates and turnover, especially in rural areas, so that funds invested in family planning training have a high rate of return.

Figure 2. Service Delivery Funding and Gaps

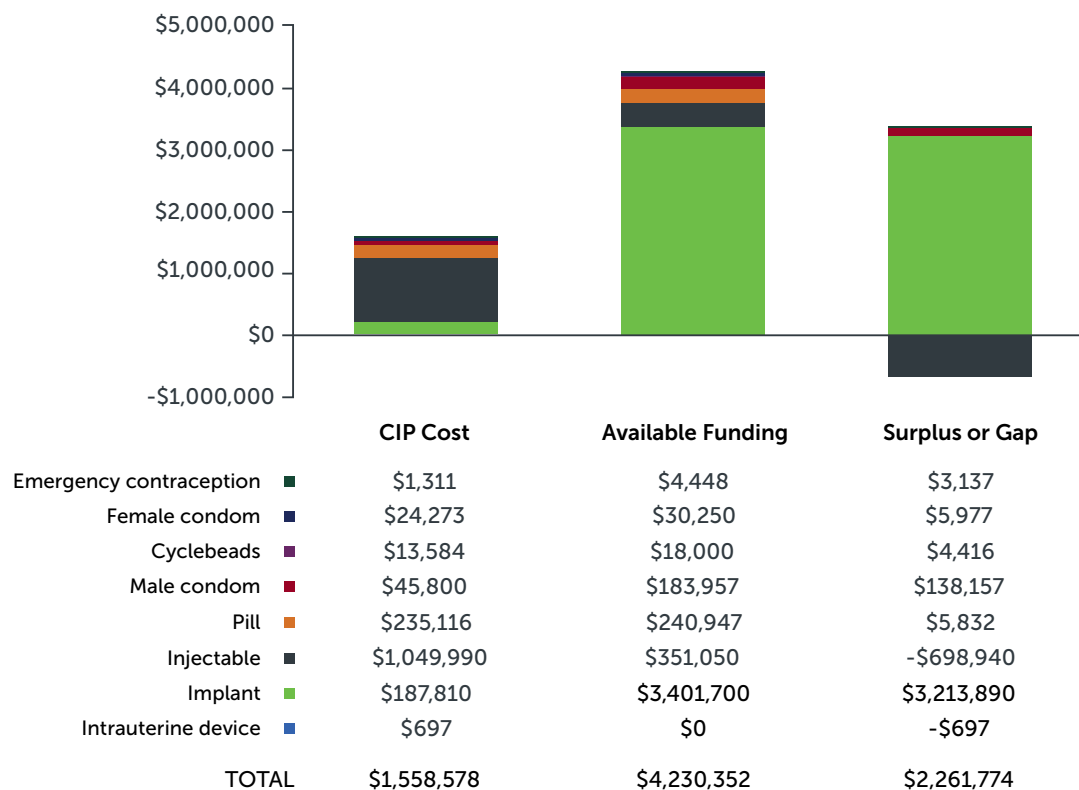


Commodity Security

Commodity security activities include providing high-quality contraceptives and supplies at all levels of the health system; ensuring adequate commodity storage and distribution; reducing stock-out rates; and ensuring a functioning logistics management information system. Available 2018 partner funding totaled \$4,689,997, translating to a commodity security surplus of \$2,581,577, or 222 percent coverage of CIP activities.

When looking specifically at contraceptive commodities, a large surplus existed for specific commodities such as implants, while some commodities such as injectables were underfunded (see Figure 3). The oversupply of implants signaled a need for improving coordination in forecasting and supply planning among stakeholders, and particularly between procurement partners. The CIP calls for a joint annual supply plan from multiple partners to achieve better coordination and efficiencies in procurement. Additionally, injectables are currently the most popular method in Liberia and are anticipated to continue to be the method of choice through 2020. In 2016, a United Nations Population Fund (UNFPA) survey found that 66.2 percent of health facilities had experienced a stock-out in the past three months. Ensuring an adequate supply of methods of choice in alignment with the CIP method mix is critical to ensuring rights-based provision of family planning services as well as preventing stock-outs in facilities. It is essential for family planning partners procuring commodities to work together to ensure they have a joint supply plan that meets the needs based on the CIP method mix and ensures effective resource allocation.

Figure 3. Contraceptive Commodity Funding and Gaps



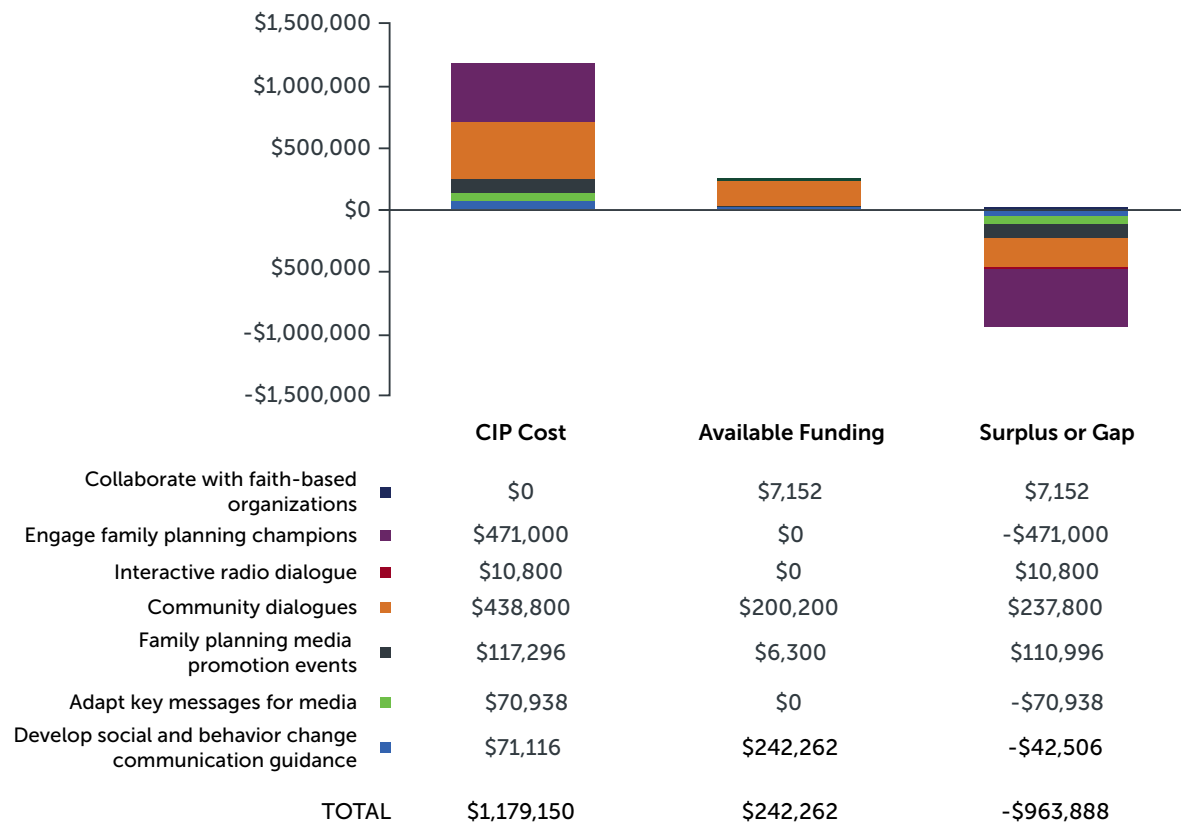
Demand Creation

Demand creation activities include providing information and education through mass media, at the community-level, and through interpersonal communication. Partner coverage for this thematic area was \$242,262, resulting in a funding gap of \$936,888 (only 21 percent coverage).

Of the six demand creation activities with associated costs, all were underfunded (one activity had no CIP cost but did have partner coverage due to funding carried over from a previous year). This makes demand creation the second most underfunded thematic area after youth.

Key underfunded interventions include use of family planning champions to support coordination in communities, supportive supervision to community health workers to conduct outreach, and developing print materials (see Figure 4). Additional growth in mCPR requires demand creation to address knowledge gaps and myths. This is especially crucial in rural areas, where women are half as likely to have been exposed to family planning messages compared to urban women (LISGIS et al., 2008 and 2014). It is strongly recommended that additional investments are directed to a dedicated family planning social and behavior change communication strategy. This strategy should focus on long-term change in behavior, norms, and attitudes to effectively implement guidance detailed in the National Policy and Strategy Plan on Health Promotion, 2016-2021 and National Health Communication Strategy, 2016-2021.

Figure 4. Demand Creation Funding and Gaps



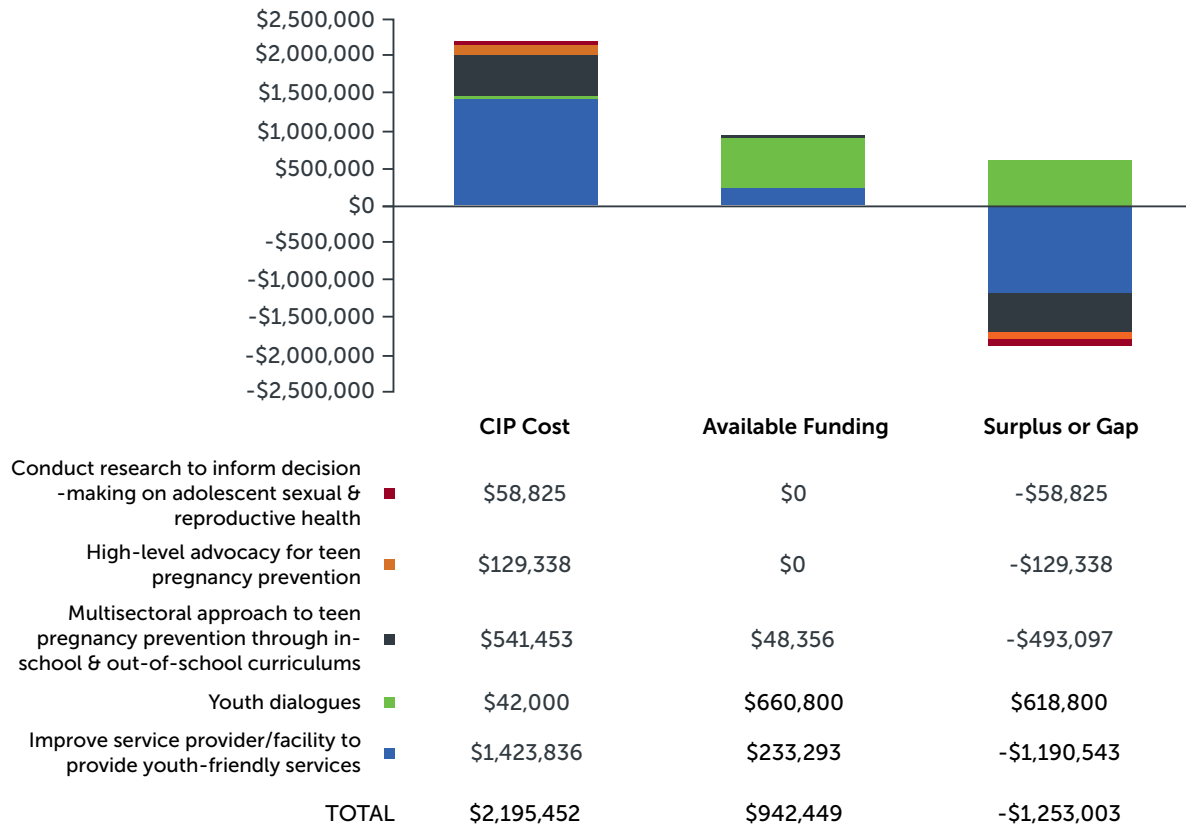
Youth

Youth activities include scaling up sexual and reproductive health interventions for adolescents in and out of school and promoting a multisectoral approach to family planning. Total partner coverage was \$942,449, resulting in a \$1,253,003 (57 percent) gap in funding. This makes youth the least funded CIP thematic area with only 43 percent of activities funded.

Youth ages 15–24 represent 40 percent of women of reproductive age in Liberia. Further, adolescents ages 10–19 (especially ages 15–19) experience high rates of teenage pregnancy. Underfunding of youth family planning activities is a critical area for increased attention given the potential to compromise achievement of Liberia’s family planning commitments as well as the demonstrated need to provide rights-based family planning information, commodities, and

services to this vulnerable age group. Notably, funding available for supporting a multisectoral approach to teenage pregnancy prevention was underfunded by 91 percent (see Figure 5). Liberia has many ministries addressing youth issues including the Ministry of Health, Ministry of Education, and Ministry of Youth and Sports, but in the past there has been a lack of a coordinated approach. It is advised that Liberia continue to invest in a multisectoral teenage pregnancy prevention approach, including implementation of the four-year Empower and Fulfill project (supported by UNFPA).

Figure 5. Youth Funding and Gaps

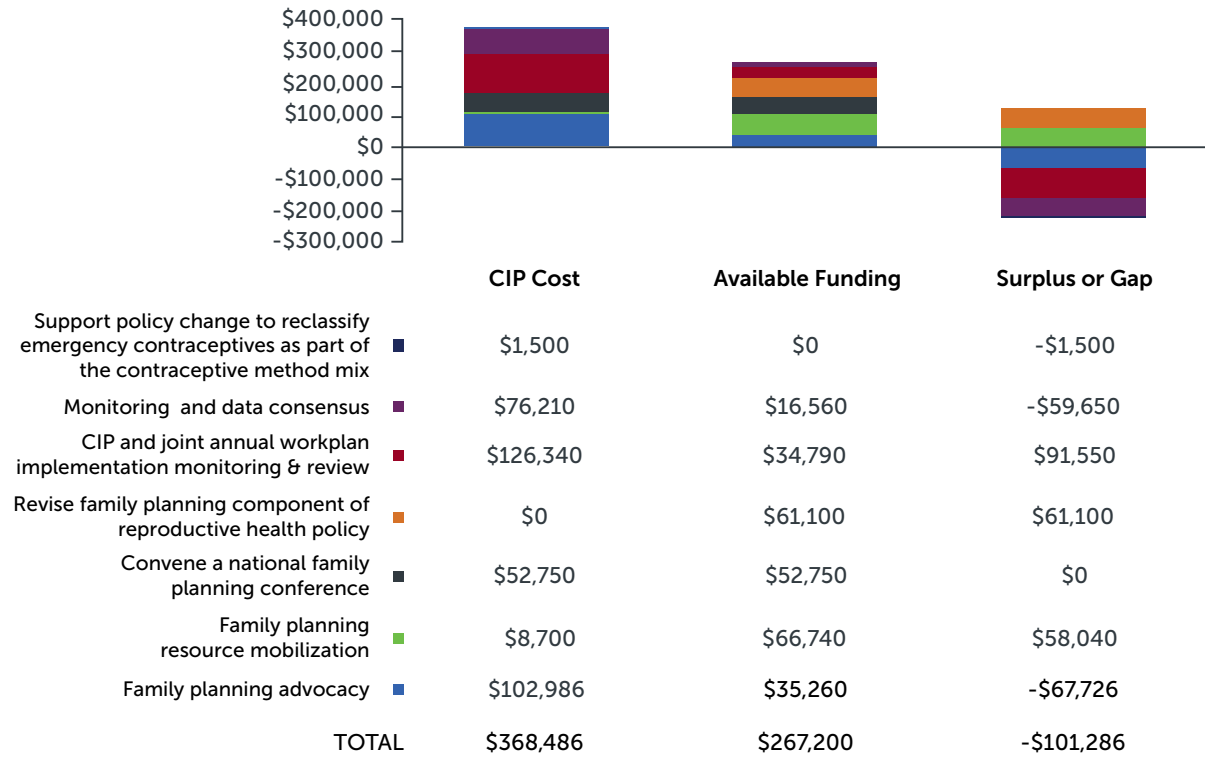


Enabling Environment

These activities include supporting policy that creates an enabling family planning environment; promoting leadership, governance, and coordination; and advocating for sustainable financing of the family planning program. Total partner coverage for enabling environment activities was \$267,200, resulting in a funding gap of \$101,286, or about 27 percent of the thematic area.

Key underfunded activities included family planning advocacy, CIP execution, and data monitoring and consensus (see Figure 6). Liberia has demonstrated strong political will to support a rights-based approach to family planning, being a signatory to multiple international and regional conventions including Every Woman, Every Girl; the UN Sustainable Development Goals 2030; and Every Adolescent Global Strategy, among others. To continue bolstering family planning visibility and investment, Liberia should increase investment in building robust civil society networks, supported by local leadership who can spearhead family planning advocacy agendas. Additionally, there is a need for improved operational policy guidelines and standards to dictate acceptable performance levels for family planning service delivery and program implementation. Increased investment in CIP execution and family planning performance monitoring can also aid the government of Liberia in making evidence-based decisions to further bolster the family planning program.

Figure 6. Enabling Environment Funding and Gaps



Family Planning Mapping

In addition to gathering partner information on activity funding, HP+ gathered information on geographic coverage of family planning activities. Figure 7 shows discrepancies in mCPR across different regions and Figure 8 captures the number of family planning partners working in each district. There appears to be a high concentration of partners working on family planning in districts within North Western regions including Bong, Gbarpolu, Grand Cape Mount, Lofa, Margibi, and Monrovia. Alternatively, family planning partner coverage is scarce in the South

Figure 7. Contraceptive Use by Region, 2016

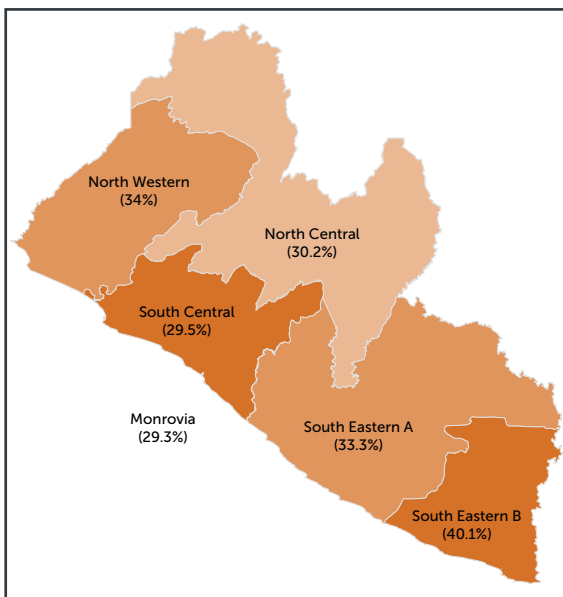
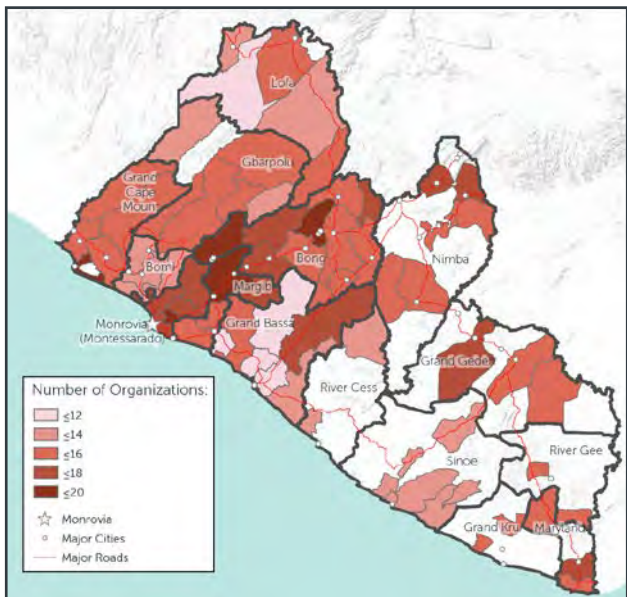


Figure 8. Family Planning Partners Map



Source: StatCompiler, Demographic and Health Surveys

Eastern counties of Grand Gedeh, Grand Kru, Nimba, River Cess, River Gee, and Sinoe. This may indicate a misalignment of resources in some counties.

Vast differences in CPR also exist across counties, ranging from 8.4 percent in Grand Bassa to 30.6 percent in River Gee, as estimated in the 2013 Demographic and Health Survey. Counties with both low CPR and low family planning partner presence include Bomi, with a CPR of 19.1 percent and low partner coverage; Grand Bassa, with a CPR of 8.4 percent and medium/low partner coverage; Nimba, with a CPR of 9.3 percent and medium/low partner coverage; and River Cess, with a CPR of 20.0 percent and low partner coverage. These counties may be considered priority areas for increased family planning partner programming.

Limitations

While every effort was made to ensure quality data collection and analysis, there were several limitations. First, because partners were not aware of funding beyond 2018, the analysis could only reliably assess one year of data, providing a limited perspective on the gap throughout the lifespan of the CIP. Second, the costs associated with partner data were based on CIP costing assumptions, which did not include indirect costs or salaries, and were not based on actual partner budgets or spending. As such, the resource levels needed to implement these activities were likely considerably higher than described in the CIP. Third, commodity coverage did not include any commodities that were already in the pipeline, which could partially account for low funding for injectables. Fourth, the methodology used looked at the entire cost of a CIP activity area minus the sum of all partner coverage for 2018 only. Because of this, some activities appear over/underfunded because they are not taking place in the year they were originally budgeted for. For example, if an activity was budgeted for in 2019, but took place in 2018, it would appear to be overfunded in 2018 and underfunded in 2019. Finally, data collection was cross-sectional, so additional funding obtained after data validation in April 2018 could not be accounted for.

Discussion and Recommendations

CIPs detail the costs of the family planning program, which are often times much higher than previous funding allocated to family planning. It is recommended the government of Liberia use findings from this analysis to mobilize additional resources for the family planning program. Additionally, in an environment with shrinking donor funding for global health, it is strongly recommended that the government of Liberia increase domestic resource allocation to the family planning program.

Two thematic areas emerged as least funded with a clear need for increased investment: youth and service delivery. Both thematic areas were underfunded across nearly all activities, resulting in a resource gap of nearly \$2 million. Breaking down gaps by activity demonstrated that specific activities within thematic areas can largely affect the total gap or surplus. For example, the overall surplus for service delivery was \$1,018,772, but a single activity, training of family planning providers, was overfunded by \$2,133,444. This over-allocation of resources hid large gaps across nearly all other activities within the service delivery area. Similarly, commodities were overfunded as a thematic area, but implants were significantly overfunded while injectables were significantly underfunded. As such, it is recommended that government, donors, and stakeholders use the findings from this analysis to review gaps between thematic areas, but also among different activities within thematic areas to ensure resources are being allocated most efficiently. Without improved coordination, the CIP is unlikely to be fully implemented, making it challenging to achieve national and international family planning goals and commitments.

Finally, because this exercise only assesses partner coverage of the family planning program for 2018, it is recommended that this exercise be repeatedly annually to ensure ongoing monitoring of program coverage and a continuous conversation to support the best use of limited family planning resources. Findings from this analysis can be used as part of the next CIP technical working group or strategy review meeting to provide data to inform decision making on resource allocation. It is also recommended that the government of Liberia monitor CIP implementation to ensure smooth transition from CIP development to execution, leading to a fully implemented plan. Ongoing monitoring will allow stakeholders to address programmatic bottlenecks and ensure resources are allocated across priority intervention areas.

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- International Rescue Committee
- Inter-Religious Council
- JHPIEGO
- Last Mile Health
- Liberia Board of Midwifery & Nursing
- Liberia Prevention of Maternal Mortality
- Maternal and Child Survival Program
- Medical Team International
- Ministry of Education
- Ministry of Gender
- Ministry of Youth & Sports
- National AIDS and STI Control Program
- National Association of Harmful Traditional Practices Affecting the Health of Women and Children
- National Drug Service
- Partners in Health
- Plan International-Liberia
- Planned Parenthood Association of Liberia
- Population Services International
- Public Health Initiative Liberia
- Samaritans Purse
- Stop AIDS in Liberia
- United Nations Population Fund

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