

FAMILY PLANNING 2020 COMMITMENT

GOVT. OF SOMALIA

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The Government of Somalia updated its commitment at the [Family Planning Summit in London, UK](#) on July 11, 2017:

COMMITMENT OVERVIEW

Six commitments have been identified:

1. To ensure that legal policy and strategic frameworks for family planning (FP) in Somalia are in place by 2020.
2. To Increase understanding of barriers to access, demand, and uptake of FP services in Somalia by 2020.
3. To ensure access to quality reproductive health services including FP in emergency and crisis settings from 50% of facilities offering FP services in 2017 to 80% by 2020.
4. To decrease stock outs by 30% by 2020 by ensuring continuous availability of quality FP commodities at all levels of the pipeline.
5. To explore and leverage public-private partnerships in FP service delivery by 2018.
6. To strengthen the existing monitoring of FP program through routine HMIS and Demographic Health Survey (DHS).

Anticipated Impact

1. To reach 20,000 new users by 2020.

COMMITMENT 1: To ensure that legal policy and strategic frameworks for family planning in Somalia are in place by 2020.

Anticipated impact

1. Increased availability of, access to and utilization of reproductive health services and products by women of reproductive ages 15 to 49, including adolescent girls and women in crisis settings.

Proposed actions

1. Develop a National FP Strategy and costed implementation plan that includes a strategy on FP provision in humanitarian crisis by the end of 2018.
2. Strengthening Ministry of Health's commodity supply chain management system.
3. Develop a high-level advocacy plan to raise awareness and garner support for sexual and reproductive health rights including family planning among Ministers and women's political caucuses.
4. Revise guidelines and policies in place to allow for provision of n of family planning services through task-sharing among different levels of health care providers, especially in remote areas by the end of 2017.
5. Review existing FP guidelines and SOPS to include FP service provision in Humanitarian crises by end of 2017.

COMMITMENT 2: To increase understanding of barriers to access, demand, and uptake of FP services in Somalia by 2020

Anticipated Impact

1. Increased uptake of FP services leading to increased CPR from 2.6 to 5% by 2020

Proposed actions

1. Conduct evaluations and assessments to understand barriers to uptake of family planning services by end of 2017.

2. Identify interventions that effectively tackle such barriers to improve demand and uptake of these services by 2020. Develop a demand creation strategy for FP interventions in by end of 2018
3. Develop an advocacy strategy derived from the selected messages from “Family Planning in the Legacy of Islam”
4. Continue engaging key influencers (especially traditional and religious leaders, media, and legislators), champions and other stakeholders to create awareness on FP. The Ministry of Health with technical support from UNFPA and PSI will carry out these activities.

COMMITMENT 3: To ensure access to quality reproductive health services, including Family Planning in emergency and crisis settings from 50% of facilities offering FP services in 2017 to 80% by 2020.

Anticipated Impact

1. Increased no. of women and adolescent girls accessing and using modern FP methods

Proposed actions

1. Capacity building to health workers on contraceptive technology and employ task shifting approaches to increase number of health workers who can provide FP services.
2. Updating the national standards of practice according to recent WHO standards and build the capacity of service providers at all levels.
3. Improving the quality of counseling provided to clients through updating and widely disseminating FP counseling guidelines.
4. Upgrading the supervision system to monitor the quality of RH service provision and integration of family planning services into routine health service provision.
5. Scaling-up partnerships with the private health service providers and nongovernmental organizations through dissemination of FP national guidelines, training of service providers on updated standards of practice and provision of FP services.
6. Integrating family planning services with other primary health care services such as antenatal counseling and post-partum care, vaccination, and healthy child follow-up visits.
7. Increasing provision of family planning services through task-sharing among different levels of health care providers, especially in remote areas.
8. Increase access to FP services in hard to reach and marginalized populations such as nomads through integrated outreach services.
9. Ensuring availability of contraceptive commodities at all levels of service provision, expanding, and monitoring the use of short- and long-acting and reversible contraceptives.
10. Develop annual national plans to forecast FP commodity needs, procure, and distribute resources accordingly.

COMMITMENT 4: To decrease stock outs by 30% by 2020 by ensuring continuous availability of quality FP commodities at all levels of the pipeline.

Anticipated Impact

1. Enhanced availability of quality contraceptives throughout the programme.

Proposed actions

1. Proper forecasting of contraceptive requirements through capacity building and implementation of LMIS tools
2. Put in place proper quantification mechanisms and procurement planning.
3. Strengthen the Somali supply chain system through performance improvement interventions, including logistics management capacity building and data collection and reporting systems.

4. Develop an efficient distribution and transportation systems to adequately supply the end-users.

COMMITMENT 5: To explore and leverage Public and Private Partnership in FP service delivery by 2018.

Anticipated Impact

1. Increased number of women of reproductive age 15 to 49 years old accessing and receiving contraceptives.

Proposed actions

1. Ensure participation of private health facilities in all FP2020 coordination meetings: MOHs to lead on this starting in August 2017
2. Build the capacity of private health facilities to offer quality FP services.
3. Establish a network of private health facilities for social franchise and branding by putting the following in place:
4. Build the capacity of private clinics to provide quality FP services,
5. MOU between the partner and private health facilities to distribute free contraceptives with only a small service charge. UNFPA to lead on this starting in 2018
6. Initiate output-based approach to family planning through introduction of voucher system where the clients can have access to long acting reversible contraceptive(LARC) methods) from private clinics at a cost that is met by the partner. UNFPA to lead in this starting in 2018

COMMITMENT 6: To strengthen the existing monitoring of FP program through routine HMIS and Demographic Health Survey(DHS)

Anticipated impact

1. Availability of evidence based data to enhance decision making on Family Planning program

Proposed action

1. Continue integrating LMIS into Health Management Information System(HMIS).
2. Build capacity of health service providers to use LMIS.
3. Strengthen the government's capacity to ensure efficiencies of all FP program processes including data. collection for all FP users both new and old clients per method used to aid in determining the FP uptake.
4. Include FP in the DHS planned for 2018/2019 to identify Somalia's modern contraceptive prevalence rate

The following text summarizes the commitment made by Hon. Fawsiya Abikar Nur, Hon. Suleiman Essa Ahmed & Hon. Abdinasir Isse on behalf of the government of Somalia at the London Summit on Family Planning on July 11, 2012.

The government of Somalia commits to increase mCPR among women of reproductive age from 2.6 percent to 10 percent by 2016.

POLICY & POLITICAL COMMITMENTS

The government of Somalia commits to addressing barriers to accessing reproductive, maternal, neonatal and child health services—with a particular focus on the most vulnerable populations—by implementing the Campaign on Accelerated Reduction of Maternal Mortality in Africa and the Acceleration Plan on Mother and Child Health. Somalia also pledges to develop a regulatory framework to enhance collaboration between the public and private sectors.

FINANCIAL COMMITMENTS

The government of Somalia commits to engaging policy and decision makers from the parliament and other ministries, such as the ministry of finance, to advocate for more resources for family planning interventions.

PROGRAM & SERVICE DELIVERY COMMITMENTS

The government of Somalia commits to strengthening reproductive health commodity security by developing and implementing a strategy and action plan. In addition, Somalia pledges to establish a coordinated supply chain mechanism to ensure continuous availability of high-quality contraceptives and other essential reproductive and maternal health commodities. Furthermore, the government plans to increase institutional and workforce capacity in supply chain management and ensure the reproductive health supply chain is integrated with the emerging national health sector commodity supply chain. The government also commits to expanding community-based family planning by strengthening linkages between health facilities and the community; integrating community reproductive health outreach interventions; improving the quality of services provided by community health workers; and strengthening referral systems. Somalia also pledges to increase advocacy about family planning among communities, adolescents and young people, men and religious leaders and commits to strengthening coordination, commitment, and collaboration between the public and private sector to improve reproductive health services, training, supplies, equipment, and commodities