**Summary of the Evaluation of the Contraceptive Security Strategic Planning Process in Togo**

From 2004 to 2005, the government of Togo and its implementing partners[[1]](#footnote-1) designed a contraceptive security (CS) strategy to increase the population’s access to family planning products and services. In 2006, POLICY evaluated the strategic planning process to identify the lessons learned, which can be applied to other countries in the region, and to establish a baseline assessment of program achievements.

#### Background

Use and demand for contraceptives has increased steadily in Togo, but unmet need for family planning is still high; the supply of contraceptives is unreliable; and the government is dependent on donors to fulfill their contraceptive requirements. With donors reducing their financial support for contraceptives, the government of Togo considered it a priority to design a CS strategy and to significantly increase its own financial contribution to contraceptives. The goal of the CS strategy is to ensure that *every woman and man in Togo can choose, obtain, and use high-quality contraceptive products whenever they need them.*

**Description of the Process**

The Division of Family Health (DFH) within the Ministry of Health led the strategic planning process, using a process known as SPARHCS—the Strategic Pathway to Achieving Reproductive Health Commodity Security. The SPARHCS framework is a tool that can be tailored to help guide countries through a participatory assessment of areas affecting reproductive health commodity security. Various stages of the SPARHCS process include information gathering, situation analysis, priority setting, strategy development, implementation, and evaluation.

**Evaluation of the Process**

All interviewees agreed that the SPARHCS methodology was highly useful for the strategic planning process. Stakeholders cited the following strengths of the process:

* Using SPARHCS was an easy process and helped to identify the strengths and weaknesses of the reproductive health/family planning program. The approach helped to link the situation analysis to the strategy development process.
* The SPARHCS application process engaged participants from multiple sectors.
* The assessment was useful in highlighting powerful advocacy messages regarding the mobilization of funds, and the results actually helped to increase funding for contraceptives.
* Engaging the Ministry of Finance and development partners in the process helped these partners understand the magnitude of the resource gap, and this knowledge triggered a response from the Ministry of Finance to allocate funds to the Department of Family Planning in the Ministry of Health even before the strategy was finalized. As a result, the government created a budget line item for contraceptives.
* The commitment of the Ministry of Health to this activity was so high that participants fully committed to the process.
* Development partners (including USAID) provided significant technical and financial support to the process.
* The situation analysis was based on scientific data.
* The team from the Division of Family Health was available throughout the process

The main challenge in completing the process was the political crisis that took place around elections, which caused interruptions and delays. Stakeholders also felt that insufficient time was allotted to the various components of the process. Another disadvantage was that not all stakeholders who should have been involved were available.

### Changes to the Program since the SPARHCS Workshop

As little time has passed since the workshop and drafting of the strategy, it is difficult to determine whether SPARHCS has resulted in changes, and it is too early to identify the impact on family planning indicators. However, there is evidence that shows positive impacts in some areas.

***Political environment.*** The government has increased its interest and financial commitment to CS. The most obvious change since SPARHCS is the new budget line item for contraceptives. Even before the strategy was finalized, the government of Togo made its first financial contribution for contraceptives in the amount of 50 million FCFA. However, there is still opposition to family planning, or to specific methods, from Muslim and Christian groups.

***Collaboration.*** According to interviewees, collaboration among development partners in the field is limited. USAID and UNFPA conduct complementary activities and hold regular meetings with the government, but there is no true coordination. It is too early in the process to know if SPARHCS will affect the way these organizations collaborate or coordinate.

***Quality of data and information.*** Available data on family planning in Togo are of good quality but not updated regularly, and information from newspapers and the mass media regarding family planning is not always reliable. Interviewees reported the lack of a communication or advocacy strategy for channeling information.

***Private sector participation.*** The private sector participated in the planning workshop, but the commercial sector’s participation was limited. It is too early to tell if the private sector will remain engaged in the activities after the initial workshop or whether changes in the policy environment will take place to facilitate the involvement of the private sector. Thus far, no changes have taken place, and there are still obstacles restricting the private sector’s involvement (e.g., custom charges and taxes and free provision of contraceptives in the public sector). Little has been done to look at opportunities for the private sector.

**Recommendations**

The interviewees who participated in the SPARHCS process recommended the following priority actions for implementing the strategy:

***Policy.*** Put in place laws and regulations that promote family planning; register a line item for contraceptives in the national budget; create messages that help increase knowledge of family planning; improve access to family planning for the poor; advocate for increased funding for implementation of the strategy; and engage the private sector in family planning and identify the benefits of private sector involvement.

***Coordination.*** The committee should play a lead role in overseeing the strategy’s implementation and should meet regularly.

***Physical and financial access to services and products.*** Improve management of drugs and implement a drug-pricing policy to maintain the cost of drugs; advocate increased resources for contraceptives; put in place a system that exempts the poor from paying for contraceptives; and create and expand family planning clinics.

***Finance.*** Conduct ongoing advocacy to increase financial contributions from donors; and identify alternate sources of funds for family planning (e.g., increased tax revenues).

***Information.***Put in place networks of community health agents; create key messages to inform the public through various media channels; and involve the decisionmakers of family planning programs in developing communication strategies.

1. USAID-funded projects: POLICY, AWARE-RH, and DELIVER. [↑](#footnote-ref-1)