



**HEALTH
POLICY
PROJECT**

Funding Togo's Costed Implementation Plan for Family Planning, 2013-2017

OCTOBER 2015

This publication was prepared by Sarah Fohl and Elise Lang of the Health Policy Project.



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INTRODUCTION

Togo has made recent commitments to improve access to family planning, with a concrete Costed Implementation Plan (CIP) in 2013. Costed Implementation Plans outline specific activities and associated costs necessary to achieve a national family planning goal. The funding for this plan is strong and shows a long term commitment to family planning in Togo, allowing millions of women the opportunity to access family planning services.

The political environment for family planning in the Togolese Republic has improved since the 2007 Reproductive Health Law, which established the right of all citizens to access reproductive health services and information. Policies and programs focused on improving family planning access were developed every year thereafter including the National Strategy for Securing RH Products (2008–2012), the 2009 National Policy on Community-Based Interventions, the Accelerated Campaign for the Reduction of Maternal Mortality (CARMMA) launched by President Faure Gnassingbé in 2010, and the 2011 National Action Plan for Condom Use, which covers access to both male and female condoms.

The 2011 Ouagadougou Conference provided an additional opportunity for Togo to reposition family planning through improved and enhanced access to services. As a result, a notable commitment in Togo's CIP for family planning, 2013 to 2017, is to increase the number of health professionals trained and authorized to provide family planning and reproductive health services by 30%. This is a critical step towards meeting the country's goal of increasing the contraceptive prevalence rate by 50% (from 15.2% to 24.3%) in 5 years despite a current critical shortage of health workers. Togo has fewer than 0.33 health professionals per 1,000 people, much lower than the World Health Organization's recommended minimum of 2.28 healthcare professionals per 1,000 people¹. Togo's National Costed Implementation Plan (CIP) for family planning also includes a goal of reaching 154,033 additional contraceptive users in 2015 and almost doubling that number to reach 273,406 in 2017². The plan is organized around six thematic areas:

- **Contraceptive commodities:** The costs of procuring contraceptive commodities and directly-related supplies (e.g. surgical supplies for sterilization, contraceptive implants)
- **Demand creation:** The costs for activities to increase demand for FP services, including developing and implementing a targets, holistic and evidence-based socio-behavior change communication program
- **Service delivery and access:** The costs for training and equipping health care workers and facilities to ensure that FP service delivery is available, accessible, equitable, and voluntary throughout the country
- **Contraceptive security:** The costs for the processes, equipment and management to quantify, procure and distribute FP contraceptives and related supplies

¹ World Health Organization (WHO). 2006. "Working Together for Health: The World Health Report 2006." Geneva, Switzerland: WHO. Retrieved from http://www.who.int/whr/2006/whr06_en.pdf.

² Republique du Togo. (Février 2013). PLAN D'ACTION POUR LE REPOSITIONNEMENT DE LA PLANIFICATION FAMILIALE AU TOGO 2013 – 2017. <http://partenariatouaga.org/wp-content/uploads/2015/02/Plan-National-de-Repositionnement-de-la-PF-TOGO.pdf>

- **Policy and enabling environment:** The costs for activities to ensure that national and local policies and guidelines and policymakers are supportive of the goal of universal family planning access
- **Monitoring and evaluation and coordination:** The costs to ensure that coordination, management, and monitoring and evaluation efforts are in place at the national and district level to manage all FP activities

Activities in these six thematic areas were planned and costed in the CIP to reach the above objectives. The costs of the thematic areas are outlined in Table 1 below:

Table 1. Togo's Costed Implementation Plan for Family Planning (2013-2017) Annual Expected Expenditures in USD

Thematic Area	2013	2014	2015	2016	2017	TOTAL
Contraceptive Commodities	571,037	646,181	721,349	801,977	892,831	3,633,375
Demand Creation	766,675	655,910	650,588	650,588	650,588	3,374,349
Service Delivery and Access	1,145,091	1,021,103	781,711	851,440	851,440	4,650,785
Contraceptive Security	403,447	318,837	345,143	355,820	384,464	1,807,711
Policy and Enabling Environment	113,507	37,016	37,016	37,016	37,016	261,571
M&E and Coordination	319,636	171,607	180,247	175,637	180,247	1,027,374
TOTAL	3,319,393	2,850,654	2,716,054	2,872,478	2,996,586	14,755,165

*Amounts converted from local currency (595.62 Franc CFA to 1 USD)

In June 2015, the USAID-funded Health Policy Project conducted a financial gap analysis of Togo's CIP to compare the annual funding available from the government and partners for family planning compared to the CIP budget. In this study, funding available can be defined as any future funding that is promised, expected or estimated to be allocated to family planning or in the case of past years, actual funds spent on family planning, excluding overhead costs. The CIP Gap Analysis Tool, developed by Futures Group, was used to estimate additional resources needed to fully implement each thematic area identified in the CIP (contraceptive commodities, demand creation, service delivery and access etc.). The government and development and implementing partners³ provided information on their planned FP activities between 2015 and 2020. All funded thematic areas were then assigned the appropriate funds (without any associated overhead costs added), and compared to the costs of the CIP thematic areas. The results of this analysis can assist the government to identify thematic areas with high financial coverage and those that need additional resource mobilization. More information on the CIP Gap Analysis Tool is available at www.healthpolicyproject.com.

CIP Gap Analysis Methodology

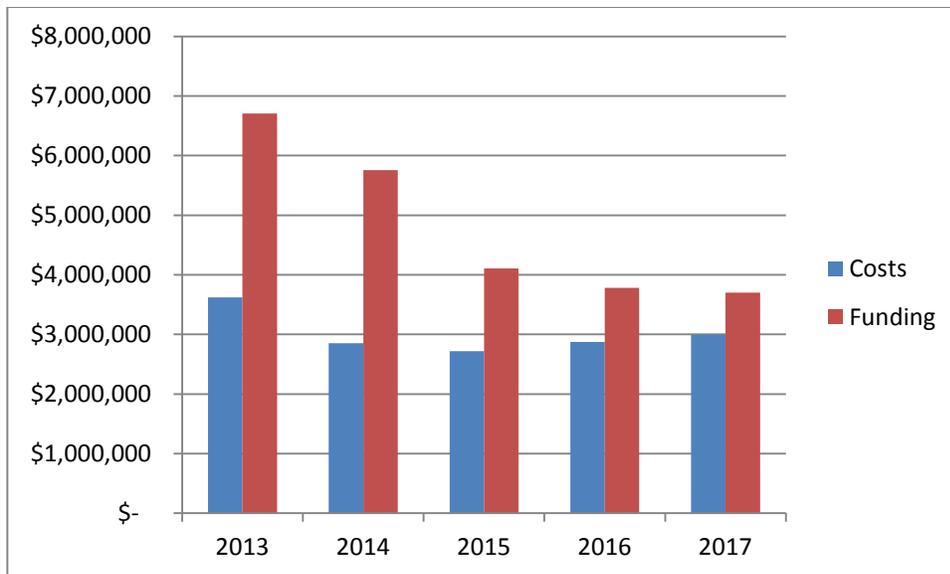
- FP Stakeholder meeting and training on tool
- Review CIP budget and enter costs by thematic area into tool
- Collect funding data from government, FP implementing partners and donors through individual consultations
- Enter funding data in tool and analyze results, comparing costs in CIP to available funding from government and partners

CIP GAP ANALYSIS RESULTS

An analysis of actual and projected expenditures, allocated by known and active partners implementing family planning programs in the country, indicated the government and partners have allocated \$24 million to family planning from 2013 to 2017. Compared to an overall CIP budget of US\$ 15 million, there is an overall excess of funds equal to 60% of the total CIP budget, or US\$8.9 million. Figure 1 below shows the difference between CIP budgeted costs and funds allocated by the government and partners each year of the plan.

Figure 1: Togo CIP costs and funds allocated by the government and donors to support family planning programming 2013-2017

³ DSF-Department de la Santé Familiale (Ministère de la Santé), UNFPA, OMS- World Health Organization, USAID/DELIVER, PSI- Population Services International, Plan International Togo, Association Togolaise pour le Bien-Etre Familial (ATBEF), Croix Rouge Togolaise, L'Alliance pour la recherche et le renforcement des capacités (ARECA), Jourdain Vie et Santé (JVS), USAID/AgirPF

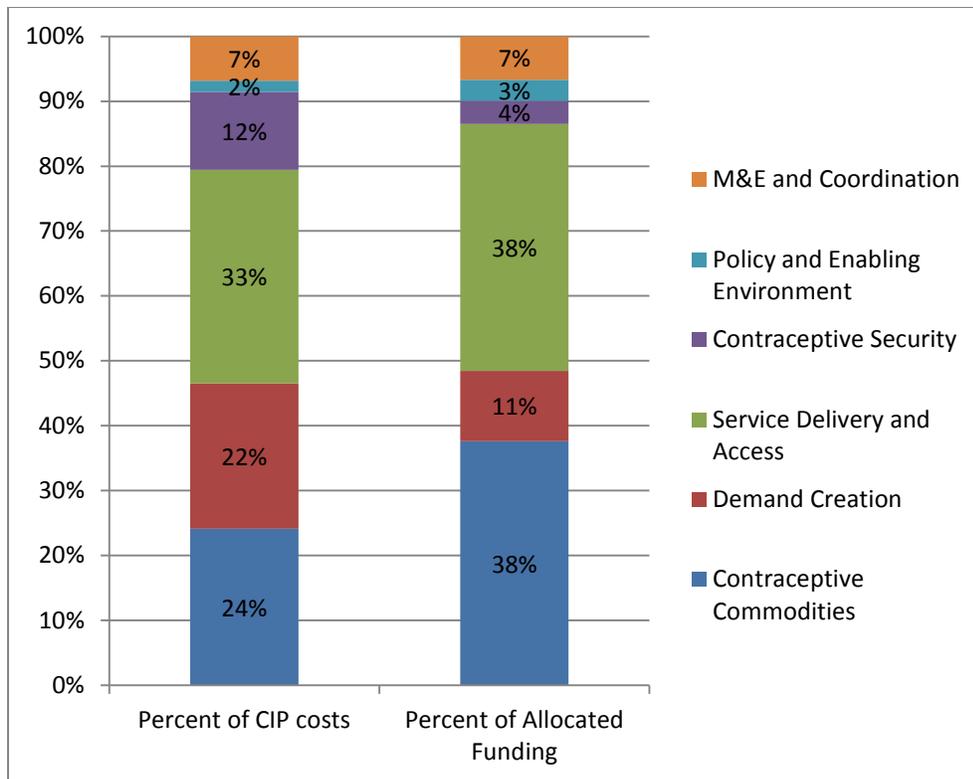


The first two years of the plan (2013 and 2014) show an excess of funds equaling more than US\$3 million. The first year of the plan is also the only year in which the government allocated funds, which are only designated for programs and activities focused on demand creation and service delivery. Reduced funding for years 2015-2017 is primarily due to either a lack of commitment or uncertainty from partners regarding future programming specifically allocated for family planning.⁴

An overall comparison of the funding and the CIP costs by thematic areas shows that only a few areas - M&E and policy – are funded according to the plan. The CIP focused a third of its budget on service delivery and access, while funding focuses equally on service delivery and access and supplying contraceptive commodities and less on demand creation and contraceptive security.

Figure 2. Percentage of CIP costs and allocated funds by thematic area

⁴ Family planning programs and/or activities are often integrated with other reproductive health programs and/or activities resulting in occasional difficulties separating and extracting costs uniquely associated with family planning.

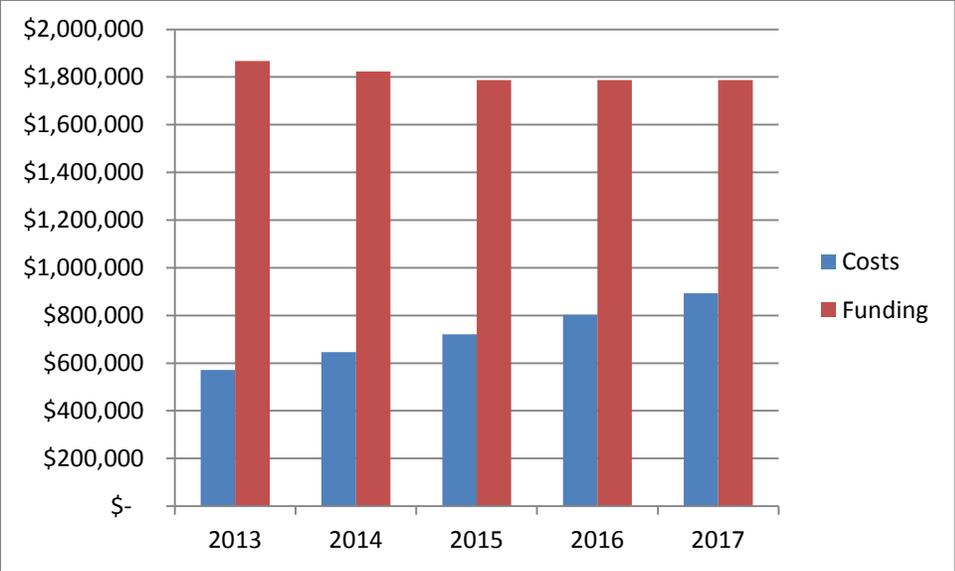


A closer look at the results for each thematic area reveal significant of funds allocated each year for every thematic area except for demand creation, contraceptive security and monitoring and evaluation.

Contraceptive Commodities

There is an expected excess in funding for contraceptive products equivalent to 149% of the CIP costs allocated for this area (Figure 3). Despite CIP costs for this area increasing each year, UNFPA’s support of this area was sufficient to cover all CIP costs each year.

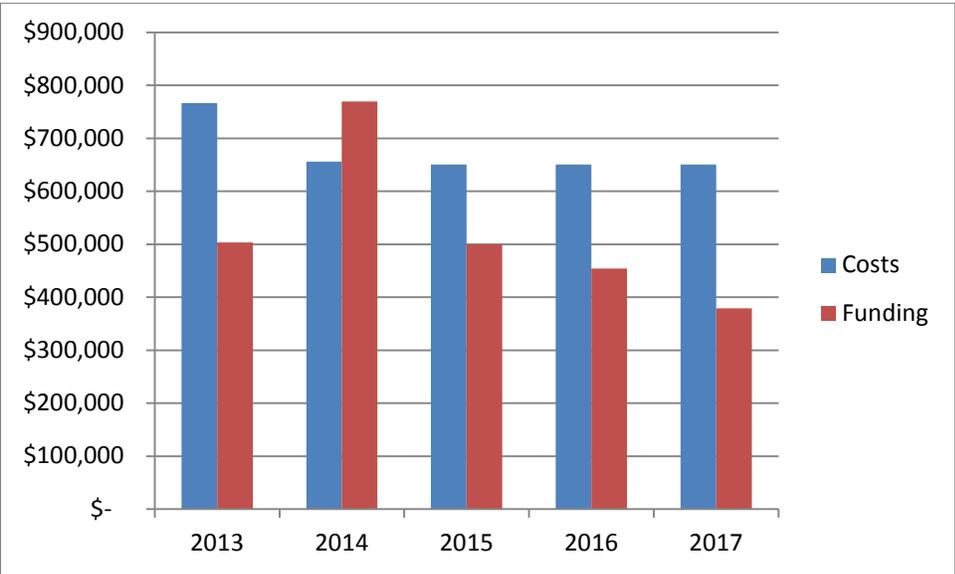
Figure 3: CIP costs and funds allocated by the government and donors to support contraceptive commodities 2013-2017



Demand Creation

In contrast to the significant financial contributions to contraceptives, there are financial gaps for demand creation activities every year (ranging from 23% to 42%) except 2014 (17% surplus). Overall, 23% of the estimated costs of implementing demand creation activities are unfunded, equivalent to over US\$700,000 (Figure 4). This means that activities such as youth and male engagement and multi-media awareness campaigns will not be able to take place under a restricted budget.

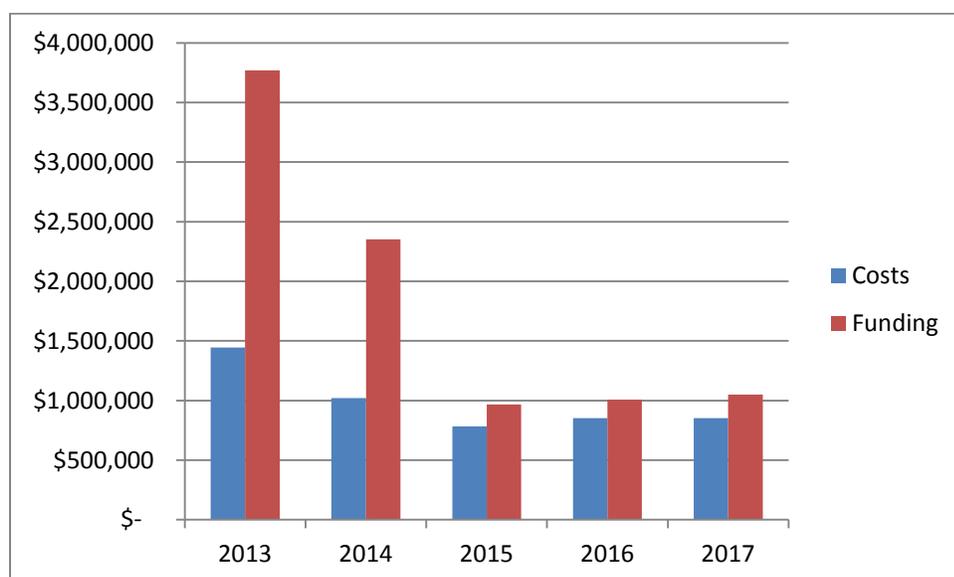
Figure 4: CIP costs and funds allocated by the government and donors to support demand creation 2013-2017



Service Delivery and Access

The analysis revealed an excess of funds allocated for interventions focused on service delivery and access totaling 85% of the budget (US\$4.1 million), with the largest excess in 2013 and 2014 of 161% and 131% of the estimated cost, respectively (Figure 5). It is possible that activities not costed in the CIP are being implemented by partners and were accounted for in this gap analysis, therefore explaining the larger funding amount allocated to this thematic area than originally planned in the CIP.

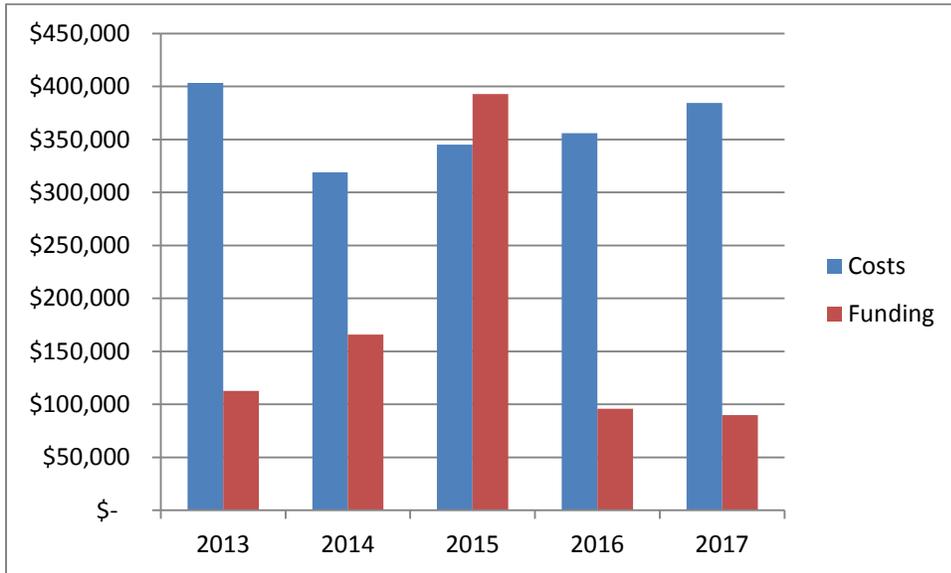
Figure 5: CIP costs and funds allocated by the government and donors to support service delivery and access 2013-2017



Contraceptive Security

While there are sufficient funds to finance contraceptive commodities, the most significant funding gap lies in activities to secure contraceptives (i.e. reducing stock outs, transporting contraceptives, etc). Fifty-three percent of the costs or US\$950,000 is unfinanced (Figure 6). There is sufficient funding for 2015, partially because data was collected during 2015 and actual projected expenditures were available. Without funding for contraceptive security, even if contraceptives are available there may be stock outs due to inadequate funding to support transportation.

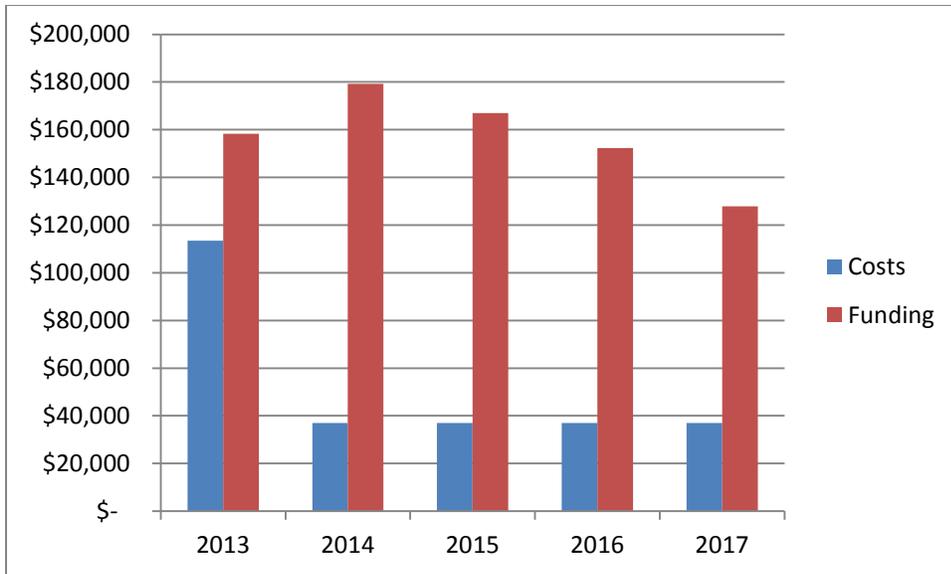
Figure 6: CIP costs and funds allocated by the government and donors to support contraceptive security 2013-2017



Policy and Enabling Environment

There is an excess of funds allocated to activities and programs aimed at improving policy and enabling environment toward family planning equaling 200% of the CIP costs for this area or US\$500,000 (Figure 7). This is mostly due to the low costs for the area in the CIP equivalent to US\$113,000 in 2014 but only US\$37,000 the following four years. It is possible that the CIP was under-costed and probable that partners are funding activities outside and/or in addition to those planned in the CIP.

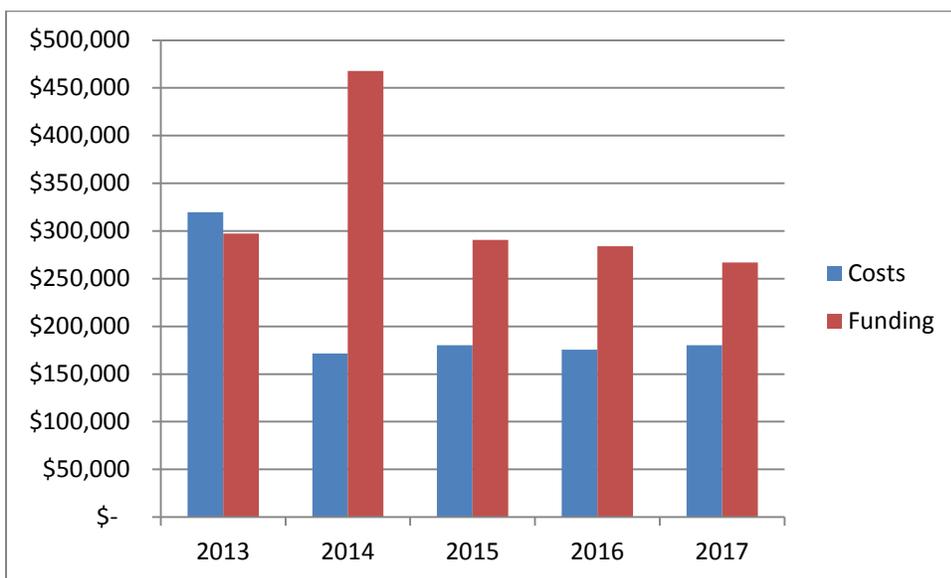
Figure 7: CIP costs and funds allocated by the government and donors to support policy and an enabling environment 2013-2017



Monitoring and Evaluation

Funds allocated to monitoring and evaluation and program coordination activities are expected to exceed the cost in the CIP by 57% (US\$580,000). Every year except 2013 (with a slight financial gap of 7% of the annual budget) indicates there are sufficient funds for this thematic area (Figure 8). There is particularly strong funding in 2014, where donors increased their contribution to this thematic area.

Figure 8: CIP costs and funds allocated by the government and donors to support M&E and Coordination 2013-2017



Summary

Although demand creation (only half funded) and contraceptive security (only a third funded) are significantly underfunded, surplus in programs that were budgeted to cover almost 60% of the CIP costs (service delivery activities and contraceptive commodities) compensate for the funding gaps. The large gaps in demand creation and contraceptive security activities over the years of the plan, particularly 2015-2017 could be due to a lack of partner engagement or defined budgets after three years. Table 2 summarizes the overall gap by thematic area.

Table 2. Summary of results in USD

Thematic areas	CIP costs	Allocated Funds	Gap	Percent gap
Contraceptive Commodities	\$ 3,633,377	\$ 9,052,236	\$ (5,418,859)	-149%
Demand Creation	\$ 3,374,351	\$ 2,605,151	\$ 769,201	23%
Service Delivery and Access	\$ 4,950,788	\$ 9,147,921	\$ (4,197,133)	-85%
Contraceptive Security	\$ 1,807,713	\$ 856,888	\$ 950,825	53%
Policy and Enabling Environment	\$ 261,575	\$ 784,509	\$ (522,934)	-200%
M&E and Coordination	\$ 1,027,377	\$ 1,607,039	\$ (579,662)	-56%
Total	\$ 15,055,182	\$ 24,053,742	\$ (8,998,561)	-60%

SUMMARY AND RECOMMENDATIONS

Although sufficient funds for family planning provides Togo's Division of Family Health (DSF) with an opportunity to improve future planning and programming, the financial gaps in contraceptive security and demand creation activities will likely negatively impact objectives to increase contraceptive prevalence and the number of additional users of FP methods. A large financial gap for contraceptive security programs will decrease the quality of services, access, and availability of contraceptives, thereby contributing to a low CPR and few additional users. Lack of demand creation activities will also

contribute to decreasing the potential number of new users. Therefore, it is highly recommended that:

- The DSF share the findings from the CIP gap analysis with all family planning partners to discuss possible solutions including reprogramming or adjusting programs to focus more on contraceptive security as well as demand creation.
- The Ministry of Health monitor progress to achieving the CIP goals over time and activities should change based on shifting priorities. The government should lead discussions with local and international partners to secure medium and long term commitments to family planning.



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