Assessing Policy and Other Barriers to Community-based Access to Family Planning

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### Situation in Togo and Niger

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<th>Togo</th>
<th>Niger</th>
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<tr>
<td><strong>CPR</strong></td>
<td>8% (DHS 1998)</td>
<td>5% (DHS 2006)</td>
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<td>13.2% (MISC 2006)</td>
<td>16% (UNFPA 2010)</td>
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<td><strong>TFR</strong></td>
<td>4.7 (PRB 2011)</td>
<td>7 (PRB 2011)</td>
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<tr>
<td><strong>Unmet Need</strong></td>
<td>40% (MISC 2006)</td>
<td>24% (DHS 2006)</td>
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<td><strong>Population under 15</strong></td>
<td>49.9% (DHS (1998)</td>
<td>52.5% (Niger en Chiffre 2008)</td>
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Methodology

- Document review of policies, laws, and program information

- Interviews (Togo, n=43)
  - Government officials (14)
  - Donors (7)
  - CA/CSO (11)
  - CHWs (6)
  - Local leaders (5)
Methodology

- Both methodologies provided information for the barrier assessment and for application of the “Framework for Monitoring and Evaluating Efforts to Reposition Family Planning”

Togo: Provision of injectables.
Togo: Policy Environment

- Environment for family planning has improved
  - President launched CARMMA (2010)
  - Launch in Togo’s five regions by ministers
  - Launch of RAPID for advocacy purposes (July, 2011)

Interviews in Assahoun.
Togo: Promising FP Interventions

- Revitalization/expansion of mobile services for long-term (LT) methods (e.g., Jadelle & IUD)

- Pilot to test provision of integrated services by CHWs, including injectables and initial pill prescription

CHWs in Tovegan.
Respondents:

- “Real hunger” for LT methods in rural areas

- Unmet need—40%: What would happen in Togo with constant supply of good method mix and enough providers?
Togo: Policies and Strategies

- National Development Plan objective: CPR from 13.2% to 50% by 2022

- Reproductive Health Law establishes women’s right to contraception
Togo: Leadership

- DSF not strategically placed; limited human and financial resources
- Lack of multisectoral FP group
- Relatively few donors and partners to support FP and DSF

Division de la Santé Familiale (DSF).
Funding for FP commodities almost doubled (US$1.15 million → 2.10 million from 2008–2010)

Government’s share extremely low
Togo: Supply-related Barriers

- Medical barriers (policies and norms)
- Non-medical barriers
- Insufficient funding and operational barriers in supply system
- Access: Distance, gender, cost
- Low level of competence among CHWs; training and supervision
- CHW remuneration: policy vs. practice

“It is about human resources and training for implants. The policies need to be revised so all medical personnel are trained to provide implants” (CMO interviewed).
Togo: Demand-related Barriers

- Status of women
- Insufficient understanding of methods and side effects; rumors
- Fear of being stigmatized for seeking family planning

“Unmarried [women] won’t come [to get FP]—they think they will be judged” (CHW interviewed).
Conclusion

- Togo has developed FP action plans at recent conferences.
- This assessment and the framework application will provide a baseline for Togo’s efforts to reposition family planning and will contribute to subsequent monitoring of implementation.
Thank You!

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