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WORK - FREEDOM - HOMELAND

MINISTRY OF HEALTH

ACTION PLAN FOR REPOSITIONING FAMILY PLANNING IN TOGO 2013 - 2017

February 2013

FAMILY PLANNING

Ouagadougou Partnership

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LIST OF ACRONYMS AND ABBREVIATIONS

CHW	Community Health Workers
VSC	Voluntary Surgical Contraception
ICFP	International Conference on Family Planning
DGH	Directorate General of Health
IUD	Intrauterine Device
RHD	Regional Health Director
FHD	Family Health Division
PHCD	Primary Health Care Directorate
DMT	District Management Teams
DHST	Demographic and Health Survey Togo
HF	Healthcare Facilities
CBI	Community-Based Interventions
ECI	Education and Communication Information
STI	Sexually Transmitted Infection
MICS	Multiple Indicator Cluster Survey
CSO	Civil Society Organizations
WHO	World Health Organization
NGO	Non-Governmental Organization
TR	Treatment
FP	Family planning
NHDP	National Health Development Plan
PSP	Policies, Standards and Protocols
TFP	Technical and Financial Partners
PLHIV	Person Living with HIV
AIDS	Acquired Immunodeficiency Syndrome
RH	Reproductive Health
SRH	Sexual and Reproductive Health
CAT	Contraceptive Acquisition Table
ToR	Terms of Reference
CPR	Contraceptive Prevalence Rate
PHU	Peripheral Health Unit
UNFPA	United Nations Population Fund
HIV	Human Immunodeficiency Virus

FORWARD

Togo is firmly committed to promoting mother and child health. This commitment was reaffirmed by the Head of State at the launch of the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) on September 14, 2010. Considering this context, the Ministry of Health made it a priority when developing its health development plan for 2012-2015. FP is one of the most beneficial interventions to improve the health of mothers and children, the primary goal of this plan is "to reduce maternal and neonatal mortality and strengthen family planning." By reducing the number of unintended pregnancies and enabling timely planning and spacing of pregnancies, contraception could save the lives of thousands of mothers and children each year. In addition to saving lives, FP helps to slow the rate of population growth, allowing the countries development strategies to be realized. Because of its strong conviction regarding the importance of Family Planning in the face of reproductive health challenges, rapid population growth (2.84% per year) and maternal and neonatal mortality, Togo has made a major commitment by way of this action plan for repositioning family planning, setting the pragmatic and realistic goal of increasing the prevalence of contraception use from 15.2% in 2012 to 24.3% in 2017.

To support this ambition, meet existing needs and remove the barriers that prevent other women from using the services, the government, technical and financial partners and representatives from civil society have worked together to develop this action plan which focuses on four main priorities:

Increasing the demand by the population for family planning

Increasing the accessibility and supply of family planning services

Creating an enabling environment

Improving coordination of the family planning program.

To facilitate the implementation of this plan, the activities have been broken down by region and specific targets for contraceptive prevalence for each region have been identified using a participatory approach.

We are aware that achieving the goal largely depends on the long-term commitment of the government. We recognize our central role in the success of the national action plan for repositioning family planning, and reiterate the commitments made at the London Summit on July 11, 2012 before the international community. To succeed, we need the cooperation of all Family Planning stakeholders within the country.

(To confirm/improve) **Professor Charles K. AGBA**

Minister of Health

CREDITS

The Togolese Ministry of Health would like to thank all the organizations, institutions and individuals who have contributed to this by participating in the operational team, technical, steering and validation committees for the document.

Particular thanks go to the members of the Ouagadougou partnership (French Development Agency, Bill and Melinda Gates Foundation, Hewlett Foundation, Ministry of Foreign Affairs of the French Republic, USAID), other technical and financial partners (UNFPA, WHO, AFD), networks, NGOs and associations (ROSCI/PF, EngenderHealth, PSI, etc.), and private sector representatives, as well as external consultants (including Futures Group and Futures Institute).

1- INTRODUCTION

In order to improve the provision of FP services and the health indicators relating thereto, Togo has been actively engaged in the process of repositioning family planning. The country participated in a high-level conference on "*Population, Family Planning and Development: the urgency of acting*" held on February 8-10, 2011 in Ouagadougou and the Sally Mbour conference in Senegal on "*Civil Society's Commitment to Promoting Family Planning*" in September 2011. Following these conferences, Togo has developed an action plan for repositioning family planning through a participatory and inclusive process which involved all key stakeholders in order to seize strategic opportunities.

The ten-week exercise saw the active participation of the government with the involvement of all relevant sectors in a well-structured process which was implemented for this purpose. It also took into account the most relevant and recent data, regional differences, the potential impact of each activity, and the perspectives of all sectors, through the involvement of all stakeholders, including representatives of the Ministry of Health in the various workshops.

This plan, which is the result of the combined efforts of all stakeholders in the field of health in general, and family planning in particular, outlines the government's objectives and the implementation process for the various planned interventions within the context of individual fertility control, in the quest for more harmonious and balanced development to guarantee well-being for everyone.

2- PLAN DEVELOPMENT PROCESS

The process of developing the national FP relaunch plan was defined by a Steering Committee involving the government, technical and financial partners and civil society representatives. The development was organized around two structures, namely the Technical Committee and the operational team.

The operational team was composed of five members as follows: two representatives of the Ministry of Health, a civil society representative and three consultants, two from the Futures Group and one consultant from the Futures Institute. This worked closely with and reported to the Technical Committee.

The technical committee was a Multisectoral Committee which resulted from the merger of two existing committees, namely: the National Committee for Contraceptive Security and the National Working Group for Repositioning Family Planning in Togo. It met four (4) times (launch, presentation of the diagnostic, presentation of the objectives and presentation of the plan).

The development of this plan was based on a collegial, factual and operational approach.

2.1- Collegial Approach

The plan was carried out within a joint framework that includes all Family Planning stakeholders: government, technical and financial partners and civil society. The decisions and arbitrations were validated by all participants. The Regional Health Directors also contributed to the plan to interpret the targets and activities at a regional level.

2.2- Factual Approach

The status report on the FP situation in the country was based on factual analyzes using available data recognized as being solid and interviews with FP stakeholders. The actions selected were those that showed the greatest potential impact given the established objectives.

2.3- Operational Approach Focused on Implementation

The plan includes the costs of each sub-activity, the impact indicators and a monitoring mechanism to ensure speedy operationalization.

3- GENERAL OVERVIEW ON FAMILY PLANNING: DEMOGRAPHICS, HEALTH ASPECTS AND SERVICES

Togo records high rates of maternal mortality (300[1] per 100,000 live births), infant mortality and child mortality (78 per thousand and 124 per thousand respectively)[2]. The prevalence of modern methods of contraception increased from 3.1% in 1998 (DHST I), to 11% in 2006 (MICS III) and 13.2% in 2010 (MICS IV). The ministry's goal is to increase this rate to 50% by 2015 according to the NHDP document. This ambition requires high impact interventions and greater engagement of stakeholders, including the government.

Togo has more than 6,191,155[3] inhabitants of which 62% live in rural areas; it was ranked 156th out of 187 countries in the Human Development Index of 2011. Dividing the population according to age groups shows that the country has:

- 1,545,933 women of childbearing age,
- 42% of the population under the age of 15,
- 31% are adolescents aged 10-24.

If the country's expressed FP requirements are estimated at around 52.4% of women of childbearing age, 37.2% still have unmet needs with a Total Fertility

[1] Partner estimation in 2010
[2] MICS 2010
[3] General Census of Population and Dwellings 2010

Rate (TFR) in 2010 of 4.7 children per woman nationally. As things stand, Togo will have more than 19 million[4] inhabitants in 2050, more than 13 million additional people within 35 years, which will have major implications for education, health and especially education.

The evolution of the rate of prevalence as shown in Figure 1 below followed a slow trend with significant regional disparities as shown in Table 1.

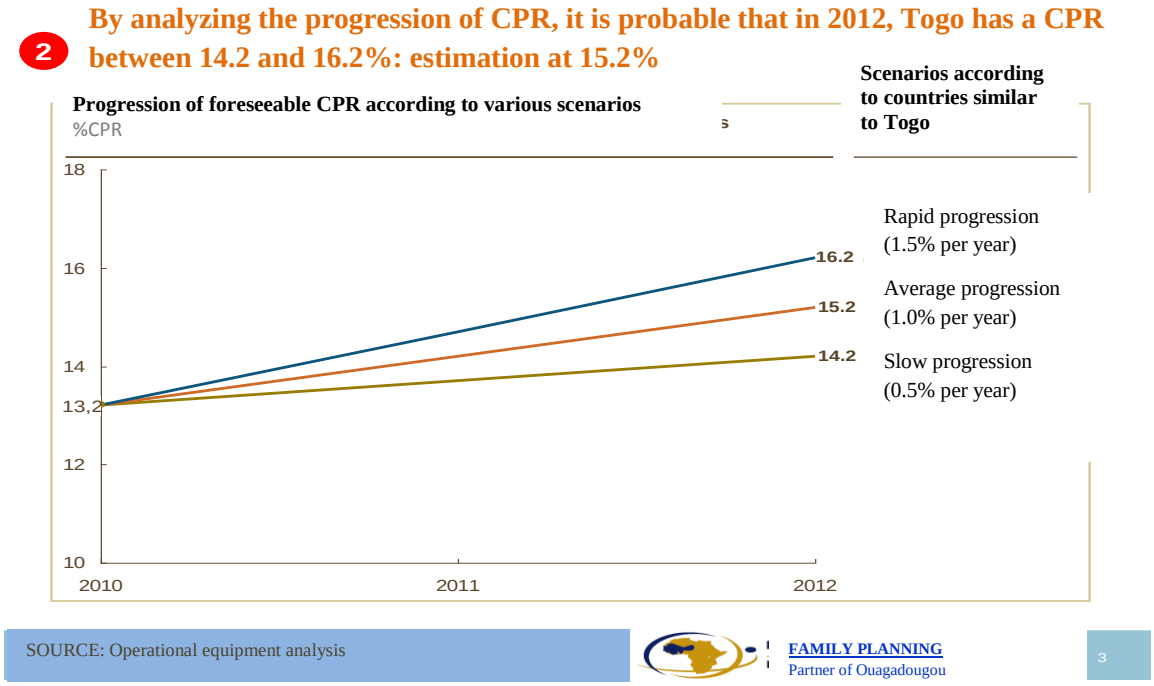


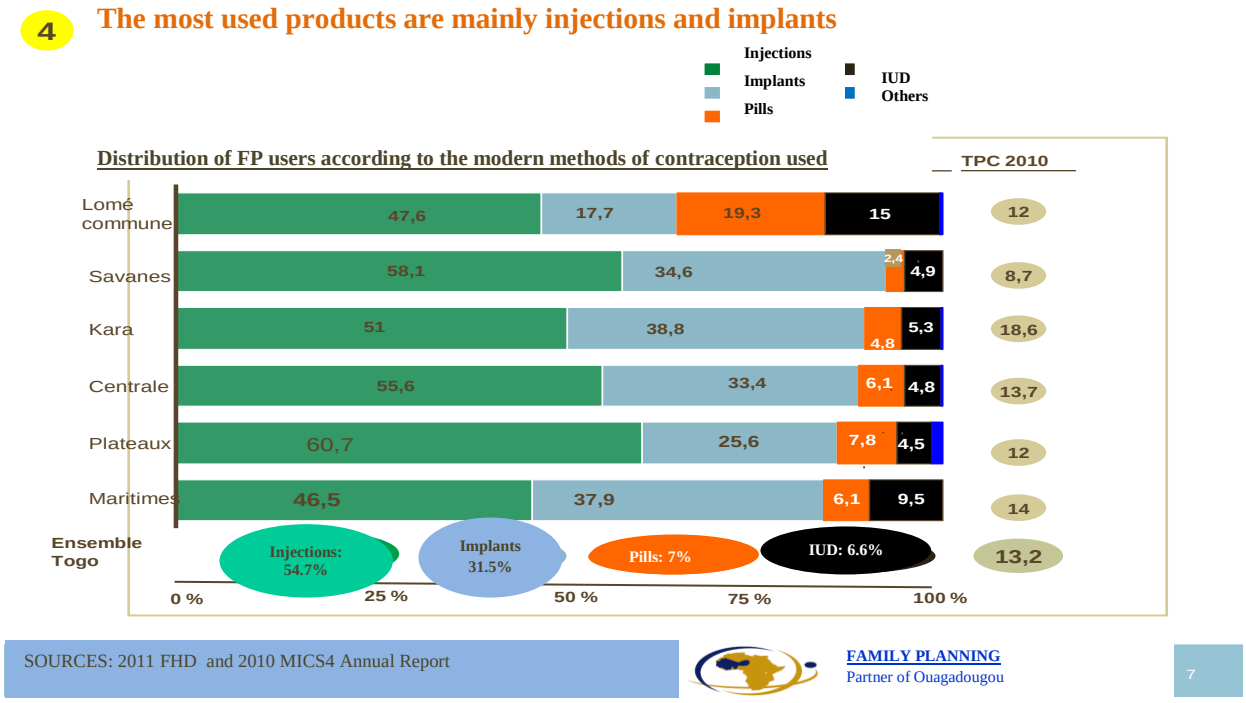
Figure1: Evolution of the prevalence rate

Table1: Demographic characteristics and FP indicators by health region

Regions	Population	Density	WCA (15-49 years)	Adolescents and Young People (10 - 24 years)	Urban pop (%)	Rural pop (%)	TFR	CPR % (Modern Methods)	Unmet Needs in FP (%)
Maritime	1762518	280	461151	543066	43.8	56.2	4.5	14.0	37.9
Plateaux	1375165	81	327529	414453	19.7	80.3	5.2	12.0	36.7
Centrale	617871	47	143550	195348	24.6	75.4	5.4	13.7	40.7
Kara	769940	66	174207	235722	24.0	76.0	5.6	18.6	36.5
Savanes	828224	96	183045	250257	14.1	85.9	6.4	8.7	32.2
Lomé	837437	9305	256451	260518	100.0	0.0	2.6	12.0	37.6
Country	**6191155**	109	**1545933**	**1899364**	**37.7**	**62.3**	**4.7**	**13.2**	**37.2**

[4] RAPID estimate Togo 2011

According to statistics from the FHD, the injection method is most commonly used in Togo. Considering the reports from FP centers in the country in 2011, this method was chosen by more than 54% of women who used contraception for the first time in 2011. These women are referred to by the term "***new acceptors*** " or "***new clients***." Next most popular after the injection is the subcutaneous implant. The graphic below illustrates this pattern of contraceptive use.



<u>Figure2</u>: Distribution of women using contraception by health region and method used (the injection method is the most used)

4- **FAMILY PLANNING** RELAUNCH

4.1- Recent Initiatives on the Subject of Family Planning

Measures to strengthen Family Planning in Togo were undertaken as follows: *Adoption of a law on Reproductive Health in 2007. Implementation of the Strategic Plan for Securing Reproductive Health Products for 2008-2012. Repositioning Family Planning as a priority action in the NHDP 2012-2015. Improved access to FP services*

- Free FP services through mobile strategies and FP days,
- State contribution to the purchase of FP products,

- Community-based distribution of contraceptives including injectables with the support of NGOs and associations (contracting),
- Authorization for setting up mobile clinics through NGOs and associations.

Togo actively participated in the Ouagadougou conference where eight governments from the sub-region, international donors and civil society committed to improve access to information and quality FP services.

Moreover, a large delegation from the country participated in the International Conference on Family Planning (ICFP) in Dakar: "Family Planning Research and Best Practices" in November 2011.

4.2- Commitments of the Togolese State

The commitment of the Government of Togo towards Family Planning was taken to the highest level during the Ouagadougou conference, where the Minister of Health said that the state will provide substantial support to the process of repositioning Family Planning.

Finance

Togo has contributed to the purchase of contraceptives since 2008. Over a period of four (4) years, more than 100 million CFA was invested.

Health Policy

Togo is the only country in francophone West Africa to authorize, in 2011, the community-based distribution of contraceptives, including contraceptive injections, through community health workers under a pilot project.

Implementation and Monitoring

Emphasis will be placed on partnership with the private sector, the involvement of men, and regularly and actively monitoring the availability of contraceptives.

Moreover, the government is committed to achieving the goals set by the plan for each level: national, regional, district and healthcare facilities.

5- DIAGNOSIS AND CONCLUSIONS: PRIORITY CHALLENGES IN FAMILY PLANNING IN TOGO

A very thorough diagnostic was made regarding the status of family planning in Togo: demand, supply, environment, and management of intersectoral work. All available data was analyzed to examine the most salient features, namely: current usage characteristics, existing demand, attitudes toward services; quality and quantity of services offered in the public and private sectors; environmental factors that encourage or discourage demand and supply; and the mechanisms for monitoring and coordinating activities. Based on this data, challenges and priority areas of intervention were identified.

Priority challenges that should be worked on to improve FP in Togo are grouped in three main areas: demand, supply and the enabling environment.

5.1- Demand for FP Services

Despite the fact that more than half of women of childbearing age want to space or limit births, the majority are not using a modern method of contraception. Those that do not express this desire do so for a number of reasons, including lack of interest or even opposition to spacing or limiting births. These demand characteristics partly explain the high rates of maternal, neonatal and child mortality.

Challenge #1: Lack of awareness in the population in general and women in particular:

- 472,000 women did not express a desire to use FP, (lack of interest, opposition, lack of knowledge, fear of side effects, etc.),
- 368,652 women express the desire to use FP but do not have access (no facilities providing FP services, unaffordable, etc.),
- 19,802 women of childbearing age are open to the use of modern contraceptive methods but unfamiliar with FP.

Challenge #2: Poor involvement of Men in FP:

Men:

- have the decision-making power,
- are insufficiently informed about FP,
- fear the side effects and negative effects of FP methods,
- want to have more children.

Challenge #3: Poor involvement of adolescents and young people:
Diagnostic: Adolescents and young people:

- fear meeting their parents and other adults at the centers,
- feel that their use of FP is viewed badly by suppliers,
- have poor leadership or are poorly involved in decisions that affect their future.

Challenge #4: Poor involvement of community and society leaders (traditional leaders, religious leaders and others) who influence the day-to-day behavior of the population

Diagnostic: many leaders do not encourage or oppose the use of FP because they often believe that:

- FP goes against religions, traditional values, their morality
- FP is dictated by Western society

5.2- Supply of FP Services

In the private sector, the supply of FP services is very limited, the rural population has a great problem with geographical access to FP and FP services are not adapted to the specific needs of young people and adolescents. Quality of access is equally critical and inventory management problems at the district level and at delivery points are often mentioned.

Challenge #5: Poor geographic access especially in areas with no health coverage

Diagnostic: The rural population has a great problem with geographical access to FP. The initiatives in place to achieve this are insufficient. These mobile and outreach strategies are organized by the providers of the PCUs in the same district or members of the management teams. Unfortunately, they are irregular because the latter are unavailable. For initial consultation and prescription, women can't use a community health worker but have to consult a health worker working in a health center. If the center is far away, or if the service provider is not available, the client will not have access to care. But, since October 2012, an exception has been made in the districts of Blitta Haho, Tchamba Kpendjal and Vo where CHWs, on an experimental basis, can provide the first prescription for short-acting contraceptive methods (pills and injections).

- In general, community health workers are often less informed and interested in FP

- 20% of health personnel (doctors, nurses and midwives/Auxiliary State Midwives) practice in rural areas, within infrastructures; while 62.3% of the Togolese population lives in rural areas.

Challenge #6: Poor quality of the services

Diagnostic: The quality of the access is equally critical: provider skills are low because some received training on the job and others were trained several years ago and have not updated their knowledge and, therefore, use outdated practices that do not ensure quality health care

Challenge #7: Poor involvement of the for-profit and not-for-profit private sector in the supply of services

Diagnostic: Private clinics are not actively engaged in advocacy for or supply of FP services. The current situation shows that less than 3% of private for-profit clinics offer FP services.
Another aspect that reduces the involvement of the private sector and the voluntary sector is that they are not involved in the design process for FP interventions.

5.3- Enabling Environment

There are problems with leaders and policy makers having adverse perceptions, as well as inadequate funding for FP, despite the existence of a RH Act and several policy documents promoting FP.

Challenge #8: Weakness of advocacy to influential decision makers (elected officials, parliamentarians, as well as other influential decision makers).

Diagnostic: There are policy makers who believe that FP is against religious beliefs or that it is dictated by Western society. These perceptions lead to negligent attitudes or the propagation of messages against adopting FP.

Challenge #9: Poor political commitment and funding of FP

Diagnostic: Some policy makers have prejudices toward FP and do not encourage funding it from the state budget. The diagnostic revealed that virtually all FP funding is provided by the TFP. The State contribution is estimated to be less than 5%. This situation means that the program is dependent on external funding. Blockage of the Inadequate funding for FP, including the commitment by the State.

5.4- Coordination of interventions

There are coordination problems between the various FP stakeholders, with regard to meetings, organization and monitoring mechanisms, and other aspects of coordination.

Challenge #10: Poor coordination and monitoring.

Diagnostic: There are no mechanisms to ensure the regular holding of meetings, regular and systematic monitoring of activities, or a single mechanism for the planning, coordination and management of FP services.

6- ACTION PLAN FOR REPOSITIONING FP

6.1 National and Regional Targets

A very practical and pragmatic approach was taken to calculate the CPR targets. The CPR was projected for 2012 based on recent experience at the national and regional level. The regional CPR objectives were then projected from 2012, taking into account the individual experience of each region (e.g., CPR trends, demand characteristics, recent efforts, etc.), from which the national CPR target was calculated.

6.1.1- National Target

Togo plans to increase the contraceptive prevalence rate from 13.2% in 2010 to 24.3% in 2017. To achieve this, the goals that the regions should attain are illustrated in Figure 3 below along with the percentage increase in CPR per year.

In terms of targets, as 2015 is a pivotal year for the MDGs and the mid-term plan assessment, intermediate goals have also been set. Thus the total number of women of childbearing age using contraceptive methods will be 400,248 in 2015 and 519,621 in 2017 for the country as a whole.

Thus the number of additional women using contraceptive methods will be 154,033 in 2015 and 273,406 in 2017 for the country as a whole.

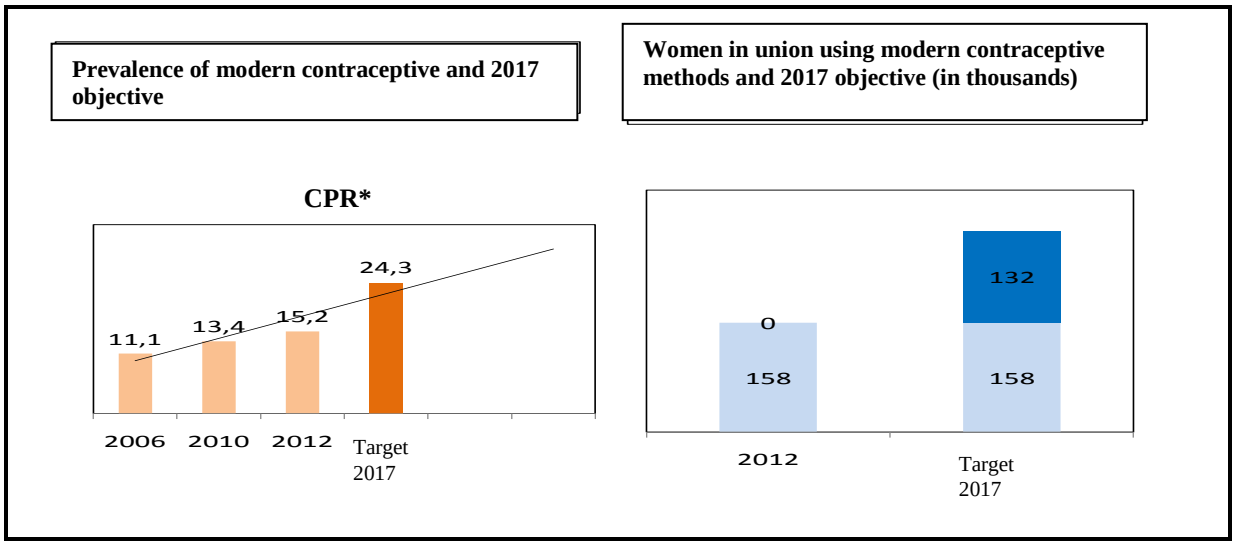


Figure 3 : a) Illustration of CPR, all methods combined for 2006, 2010, 2012 and CPR goal for 2017.
b) Number of women in union using modern contraceptive methods in 2012 and 2017 goal

6.1.2- Regional Goals

The objectives of the health regions in terms of prevalence rate of contraceptives per year between 2013 and 2017 are summarized in Figure 3 below.

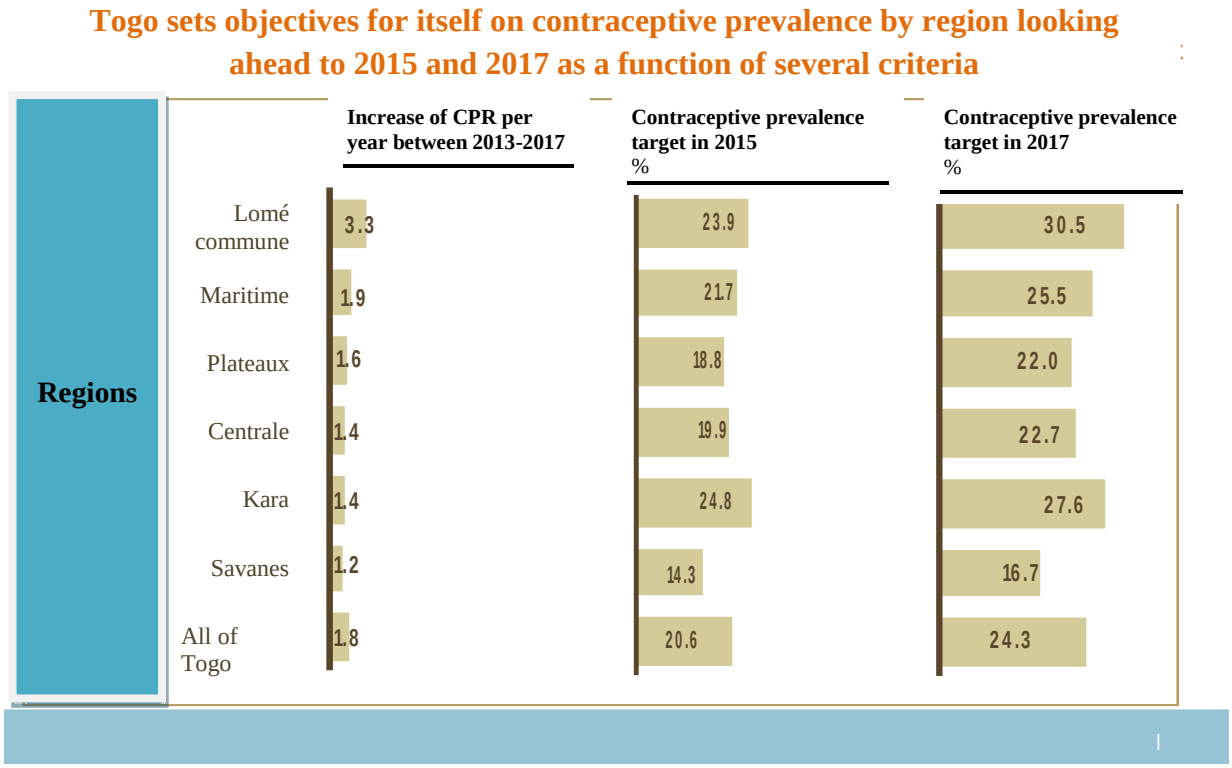


Figure4: Illustration of the CPR goals and annual growth rate per region and for the country as a whole

The consultation conducted with the RHDs on regional targets has set a goal of 132,000 additional women covered by 2017 (24.3% prevalence of contraceptives).

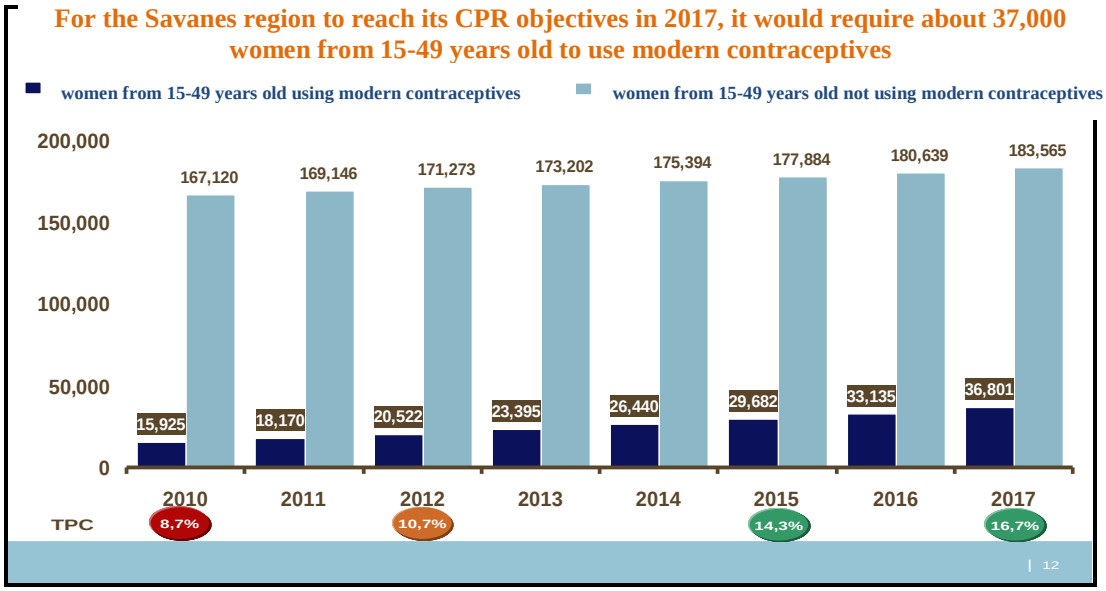


Figure5: Illustration of the net number of women using modern contraception per year for the whole country
Goals by access channel

The goal has been divided among the different access channels: public healthcare facilities, private clinics, community-based distribution and mobile/outreach units. Public healthcare facilities will contribute 48% to the achievement of these goals.

Forecasting of user distributions (in %) by strategy and by region in 2013 (proposed by the regional teams)

Regions	Public fixed healthcare facilities	Private healthcare facilities	Mobile strategy	CBD	Total
Lomé commune	40	17	38	5	100
Maritime	45	5	40	10	100
Plateaux	50	1	25	24	100
Central	45	1	40	14	100
Kara	52	8	25	15	100
Savanes	70		20	10	100
All of Togo	48	6	33	13	100

Figure6: Proportion of users per strategy for supplying the FP service and by health region

6.2- Priorities

Given the potential demand, as revealed in the Diagnostic, and to meet the unmet needs (existing demand), the four (4) priorities for the FP program in Togo for the period 2013- 2017 are:

1. Increase demand for FP in Togo,
2. Improve the quantity and quality of the supply,
3. Improve the enabling environment, including increased political commitment and funding for FP,
4. Ensure coordination, management and constant monitoring of interventions.

6.3- Strategies and Activities in the Action Plan

The selection of strategies and activities followed a systematic evaluation that allowed activities to be classified based on the possibility that they will be successfully implemented and will result in a greater impact on the use of services by priority groups. A number of factors were used, including:

- Impact (e.g., how can the activity affect women who are not currently using a modern method?);
- Feasibility (e.g. is there sufficient human and institutional capacity to implement this activity?);
- Promoting integration with existing programs including the fight against HIV and AIDS;
- Acceptability (e.g., will this activity meet resistance due to socio-cultural, political or professional attitudes?);
- Cost (e.g., is the cost of the activity in proportion with the impact it could have?).

This evaluation process has enabled the interventions to respond to key questions: do these activities represent a departure from previous initiatives that have been less successful? After years of small increases in CPR, how will these activities be more effective? Is there a probability that these activities can be supported sustainably by the government?

The strategies and activities that have come out of this process will have an impact on priority groups: all women who could potentially use a modern method of contraception provided that the barriers to their use are lifted.

To facilitate the implementation and management of the Action Plan, the activities were characterized as those that are already underway, which should be continued and strengthened; new activities that will be integrated with existing RH and HIV/AIDS activities; new stand-alone activities needed to support the implementation of the Action Plan.

6.3.1- Strategies and Activities to Improve Demand for FP Services

Strategy D1: Multimedia information and awareness campaigns for the general population and women in particular

Given the conclusions of the Diagnostic regarding the reasons for not using family planning services, it is necessary to provide better information and awareness for the entire general population and women in particular, especially in urban and suburban areas. This will be achieved through the development of an innovative FP communication and advocacy strategy, the involvement of religious leaders, the integration of FP messages in malaria and HIV programs, more active collaboration with CSO and contracts with public and private radio and television stations to broadcast FP messages.

Activity: D1.1: Development of an innovative FP communication and advocacy strategy.

The ministry will have to lead a process of reflection, taking into account the research data, to develop an innovative FP communication and advocacy strategy to support all the FP communication and advocacy campaigns. This activity should be carried out during Year 1 based on:

- Recruitment of a team of two consultants (one for communication and one for advocacy) who will be responsible for producing a draft
- Workshop to review and validate the draft proposed by the consultants (30 people over 3 days)
- Finalization of the strategy document
- Reproduction and distribution of the strategy document

Activity: D1.2*:* Training of religious leaders on the advantages of FP.

Religious leaders will be trained in FP communication; firstly, to involve them in campaigns to deliver sermons on FP, and, secondly, to establish a group of leader champions able to cascade a process for educating and identifying other religious leader champions. The plan is to train 800 religious leaders, with 20 per district to obtain at least 5 champions per district, making 200 champions actively engaged in promoting FP. This will be achieved through:

- Organization of 3 regional workshops to train trainers in Tsévié (for Lomé Commune and Maritime), Atakpamé (Plateaux) and Kara (for Savanes, Centrale and Kara) during Year 1
- Organization of 40 one-day training sessions for 20 religious leaders in Year 1
- Monitoring of preaching activity by the trained religious leaders in Years 1-5
- Identification of five champions per district, making 200 champions to continue the process of training and identifying other champions during Year 1
- Organization of 3 regional champion retraining workshops in Tsévié (for Lomé Commune and Maritime), Atakpamé (Plateaux) and Kara (for Savanes, Centrale and Kara) in Years 2-5
- Reproduction of data collection tools during Year 1

Activity: D1.3: Collaboration with the CSO involved in the fight against malaria to include FP messages in their outreach activities.

This consists of integrating FP messages into existing communications on malaria for populations within the framework of the community component of the Global Fund Malaria Project. The main tasks to accomplish for this activity are:

- Advocacy with the main beneficiary (1 person) and secondary beneficiaries (3 people) of the community component of the Global Fund Malaria Project in Year 1
- Workshop to build the capacity of CSO to integrate FP messages into their outreach activities (60 people over 2 days) during Year 1
- Organizing FP awareness sessions once a month in the communities in Years 1-5

Activity: D1.4: Contracts with public and private media to broadcast FP messages.

Radio and television programs on the subject of FP will be organized to raise awareness about the benefits of FP, the different methods available and the locations where services are offered to stimulate demand for FP. This involves contracts with three public media (2 radio and 1 TV), 47 private media (40 local radio stations, one per district, and 7 TV). This activity should be carried out in Years 1-5 in accordance with the following process.

- Selecting the public radio and television stations, as well as the private local radio stations and television stations

- Entering into contracts with the selected public radio and television stations, 47 local private radio stations and private television channels
- Monitoring the awareness-raising activities
- Debates: One-hour programs on the TV and radio, where several speakers (including a journalist) talk about the benefits of FP, and the population has the opportunity to ask questions over the telephone.
- 60-second commercials about different contraceptive methods. Messages which have already been created will be used and new messages will be created each year. These messages will air two times a day on regional and community radio stations
- Interviews: TV and radio broadcasts where a media personality and an expert discuss issues relating to FP. The radio and TV channels will be asked to organize these programs themselves, free of charge for the FH division. These programs will be broadcast once per month on national television, private television, national radio, regional radio and community radio
- Documentaries: awareness-raising films and radio broadcasts lasting 2 hours, conducted annually and involving media personalities, health providers, policy makers, religious leaders and local elected officials, all speaking about the benefits of FP.
- These programs will be re-broadcast:
  - 2 times per year on national television and private channels
  - 4 times per year on national radio, regional radio and community radio.

***Activity: D1.5**:* Integration of FP awareness-raising messages into the activities of groups of women in rural areas concerning HIV and AIDS

This will be done in partnership with the Ministry for the Advancement of Women to integrate FP messages into communications previously broadcast on HIV/AIDS in support of women's groups in rural areas. They can then be used in awareness-raising activities for FP. This activity will be performed during Years 1-5 by completing the following tasks:

- Advocacy with the Ministry for the Advancement of Women
- Workshops to build the capacity of members of women's groups in rural areas (1 workshop for 50 people in Tsévié and another for 50 people in Kara over 2 days)
- Organization of awareness-raising sessions on FP
- Monitoring and supervision of awareness-raising activities.

Activity: D.1.6: Collaboration with the Ministry for the Advancement of Women to integrate FP messages into the activities of paralegals

As paralegals are the agents who see women to discuss issues around the rights of women and management of marital conflict, it is important that they develop their skills in FP so that they can integrate FP messages into their interviews with these women. This activity will be performed during Years 1-5 by way of the following tasks:

- Advocacy with the Ministry for the Advancement of Women
- Workshops to build the capacity of paralegals with a view to integrating FP messages into their awareness-raising activities (1 workshop for 50 people in Tsévié and another for 50 people in Kara over 2 days)
- Organization of awareness-raising sessions on FP
- Monitoring and supervision of awareness-raising activities.

Table2: Implementation Plan for Strategy D1:

Task Details	2013	2014	2015	2016	2017
D1: Multimedia information and awareness campaigns for the general population and women in particular					
D1.1: Development of an innovative FP communication and advocacy strategy					
D1.2*:* Training of religious leaders in FP communication					
D1.3: Collaboration with the CSO involved in the fight against malaria to integrate FP messages into their awareness-raising activities					
D1.4: Contracts with public radio and television channels, 40 local radio stations and private television channels to broadcast FP messages					
D1.5*:* Integration of FP awareness-raising messages into the activities of groups of peasant women concerning HIV and AIDS					
D1.6*:* Collaboration with the Ministry for the Advancement of Women to integrate FP messages into the activities of paralegals					

Strategy D2: Promotion of the constructive engagement of men in RH/FP

Given that the committees of men project, which has already been implemented in selected pilot districts with the support of UNFPA, is demonstrating its effectiveness in engaging men, this activity will ensure effective involvement of men in FP through extension of this pilot project, inspired by the "School for Husbands" project in Niger.

Activity D2.1 : Extension of the committees of men project (male RH champion) to promote family planning.

The Committees of Men project is an innovative strategy to involve men in the promotion of RH and to promote behavioral change at the community level. This initiative is funded by UNFPA in the Maritime region, and the goal is to gradually expand into 5 regions (Savanes, Kara, Centrale, Plateaux and Maritime) at a rate of 7 districts per year from 2013 to 2017.

Table3: Implementation Plan for Strategy D2:

Task Details	2013	2014	2015	2016	2017
D2: Promotion of the constructive engagement of men in RH/FP					
D2.1: Extension of the committee of men project (male RH/FP champion) to promote FP					

Strategy D3: Initiation of innovative communication strategies for both schooled and unschooled young people

The Diagnostic concluded that the different needs and interests of schooled and unschooled young people are not reflected in the current efforts. The activities propose better integration of the specific requirements of adolescents and young people through communication strategies and messages that are better suited to their SRH/FP needs, including using NICT, integrating FP into the school HIV program, broadcasting TV spots, etc.

Activity D3.1: Use of NICT to raise awareness in young people in school

As NICT is used to an increasing extent by young people, the plan is to contract the companies who supply these services to pass on specific SRH/FP messages to these young people. This activity should be performed from 2013 to 2017 in accordance with the following tasks:

- Advocacy with telephone network operators
- Development of messages
- Contracts with telephone network operators.

***Activity D*3.2:** Extension of comprehensive sex education (SRH) into primary and secondary teaching and into basic teacher training establishments.

Extending comprehensive sex education (SRH) into primary and secondary teaching and into basic teacher training establishments, in collaboration with the Ministry of Primary and Secondary Education and Literacy, will be achieved by revising textbooks, both for primary and secondary schools and for the institutions responsible for basic teacher training. This will be achieved over the 5 years of the plan by:

- Advocacy with the Ministry of Primary and Secondary Education and Literacy
- Revision of textbooks (reference manual and trainer's guide) in primary and secondary schools to integrate the promotion of SRH.
- Revision of basic teacher training textbooks to integrate a SRH promotion component
- 2-day workshop to train teachers on the textbooks, taking into account the promotion of comprehensive sex education/sexual and reproductive health/SRH in schools. The first workshop will target 50 teachers in Tsévié in 2013 and another workshop will target 50 teachers in Kara in 2014.

***Activity D*3.3:** Broadcast of radio and television spots adapted to schooled and non-schooled young people.

This involves airing radio and TV spots on the theme of FP to educate schooled and non-schooled young people about the benefits of FP, the different methods available and the places where the services are available to generate demand. This activity will be performed from 2013 to 2017.

- Development of messages and spots in partnership with a CSO with experience in this field
- Contracts with radio and television channels to broadcast the messages.

***Activity D*3.4**: Development of synergies with trade associations on the subject of SRH, targeting young people in the informal sector and in rural areas.

Trade associations have under their influence a large number of apprentices (non-schooled young people) and could be used to send specific SRH/FP messages to these young people. This activity should be performed from 2013 to 2017 in accordance with the following tasks:

- Identification of trade associations (unions)
- 2-day workshops to build capacity in union members (1 50-person workshop in Tsévié for 3 regions and another 50-person workshop in Kara for the other 3 regions)

- Organization of awareness-raising sessions on FP
- Monitoring and supervision of the awareness-raising activities

Table4: Implementation Plan for Strategy D3:

Activities	2013	2014	2015	2016	2017
D3: Initiation of innovative communication strategies for both schooled and unschooled young people					
***D*3.1**: Use of NICT to raise awareness in young people in school					
***D*3.2:** Extension of comprehensive sex education (SRH) into primary and secondary teaching and into basic teacher training establishments.					
***D*3.3: B**roadcast of radio and television spots adapted to schooled and non-schooled young people					
***D*3.4**: Development of synergies with trade associations on the subject of SRH, targeting young people in the informal sector and in rural areas.					

6.3.2- Strategies and Activities to Strengthen the Supply of FP Services

Strategy O1: Creation of new FP access points

This will ensure a greater supply of FP services in health areas by significantly increasing the number of public and private healthcare facilities providing FP

Activity O1.1: Integration of FP services in 50% of the public and private clinics that do not currently offer FP.

Of the 1019 HF in Togo, 864 deliver births and should provide FP services. But only 674 HF (533 public and 141 private) offer this service, making 190 HF that could potentially integrate FP, added to the 100 HF that do not currently service births (50% public and 50% private HF). This corresponds to an increase of 290 access points to FP services and products. This activity should be performed from 2013 to 2017 in accordance with the following tasks:

- Identification of 290 public and private HF to target, 30% in year 1; 30% in year 2; 20% in year 3, and 10% in years 4 and 5.
- Equipment of the targeted HF.

Table5: Implementation Plan for Strategy O1:

Task Details	2013	2014	2015	2016	2017
O1: Creation of new FP access points					
O1.1: Integration of FP services in 50% of the public, private and denominational clinics that do not currently offer FP.					

Strategy O2: Improvement of access to FP services in areas without health coverage

Ensuring greater access to FP services in areas without health coverage by strengthening and extending the CBD approach, including injectables, and intensifying mobile and outreach strategies.

Activity O2.1: Extension of the CBD approach, including injectables

This involves extending the CBD approach, including injectables, which is already being piloted successfully in five (5) districts in Togo. Each year the approach will be introduced in five new districts and 100 CHW will be trained per district, making 500 CHW per year from 2013 to 2017 (progressive scaling), in accordance with the following tasks:

- Identification of five new districts each year
- Identification of CSO to implement the project
- Contracts with CSO

Activity O2.2: Continuation and strengthening of the CBD approach, including injectables, in the pilot districts (612 CHWs)

Continue to upskill the community health workers (CHWs) already involved in the CBD approach, including injectables. This activity should be performed in 2013 and 2015.

- Identification of the CSO charged with retraining
- Contracts with the CSO

Activity O2.3: Intensification of mobile and outreach strategies

This involves intensifying mobile and outreach strategies in new districts within the country (progressive scaling), by, firstly, organizing one mobile visit per month by the district teams, or 480 mobile visits per year, and, secondly, one outreach trip per quarter by the teams of 242 PHUs (50% of the 485 PHUs), or 970 outreach trips per year. This activity could be carried out from 2013 to 2017, and the implementation could be achieved by contracting with CSO.

- 40 trips per month for the mobile strategy
- One outreach trip per quarter by the teams of 242 PHUs, making 242 trips
- Contracts with CSO.

Table6: Implementation Plan for Strategy O2:

Task Details	2013	2014	2015	2016	2017
O2: Improvement of access to FP services in areas without health coverage					
O2.1: Extend the CBD approach including injectables (CBDI) into 5 new districts per year at a rate of 100 CHW per district or 500 CHW per year					
O2.2: Retrain the 612 CHWs already providing FP services					
O2.3: Intensify mobile strategies					

Strategy O3: Strengthening the FP training program

Strengthening the national training program, by training or upgrading providers' knowledge of contraceptive technology and counseling, ensuring high-quality health care, as well as training supervisors in formative supervision techniques.

Activity O3.1: Training of 450 providers in contraceptive technology and counseling

About 150 providers will be trained in contraceptive technology per year in 2013 and 2014, 100 for public HF and 50 for CSO and the private sector; then 50 per year from 2015 to 2017, 35 for public HF and 15 for CSO and the private sector.

- Identification of workers in the PHUs already offering FP and the PHUs that are going to integrate FP
- Organization of 10 11-day sessions for 15 people for regional training workshops in 2013 and 2014 and three 11-day sessions in 2015, 2016 and 2017.
- Organization of the monitoring of the regional training sessions

Activity O3.2: Training providers involved in voluntary surgical contraception

To improve the supply of permanent contraceptive methods, 60 providers will be trained in voluntary surgical contraception (VSC) per year in 2013 and 2014, 45 for public hospitals and 15 for private and denominational clinics.

- Identification of workers in hospitals with surgical units that are going to integrate VSC.
- Organization of 10 10-day sessions for 6 people for regional training workshops in 2013 and 2014.
- Organization of the monitoring of the regional training sessions

Activity O3.3: Upgrading the knowledge of 900 providers in contraceptive technology and counseling.

Upgrading the knowledge of 200 providers in contraceptive technology and counseling in 2013; then 350 in 2016 (including 200 who were previously trained and the 150 trained in 2013) and 350 in 2017 (including 200 who were previously trained and the 150 trained in 2014).

- Identification of workers in the PHUs offering FP before 2013.
- Organization of 10 sessions of 20 people for 5 days for regional retraining in 2013, 17 sessions of 20 people for 5 days for regional retraining in 2016, and 17 sessions of 20 people for 5 days for regional retraining in 2017.
- Organization of the monitoring of the regional training sessions

***Activity O*3.4:** Training providers in health quality assurance

To introduce high-quality care into FP centers, 2 providers and 1 member of the community for each HF offering at least three modern FP methods (pills, injectables, IUD, implant or VSC) will be trained in quality assurance, this amounts to 60 HF, corresponding to 180 trainees per year from 2013 to 2017.

- Revision of the quality assurance textbook
- Organization of 6 5-day, 30-person training sessions on quality assurance, grouping the regions as deemed necessary, each year from 2013 to 2017
- Monitoring regional training sessions.

***Activity O*3.5**: Training 120 supervisors in formative supervision techniques

3 members of the District Management Teams must be trained in formative supervision techniques, making a total of 120 people trained in 2013.

- Identification of 20 people (including 15 from the regions and 5 from the national level) to train as supervisor trainers from among the management teams which already have expertise in contraceptive technology
- Training of a national core of 20 trainers in formative supervision techniques at the national level
- Identification of members of the management teams to train as supervisors
- Organization of six regional training sessions of 20 people for 5 days in 2013, grouping the regions as deemed necessary
- Monitoring the regional training sessions.

Table7: Implementation Plan for Strategy O3

Task Details	2013	2014	2015	2016	2017
O3: Strengthening the FP training program					
O3.1: Training providers in contraceptive technology and counseling					
O3.2: Training providers in voluntary surgical contraception (VSC)					
O3.3: Upskilling providers in contraceptive technology and counseling					
O3.4: Training providers in service quality assurance					
O3.5: Training members of the District Management Teams (DMT) and regional teams in formative supervision techniques					

Strategy O4: Strengthening healthcare facility equipment

To provide quality FP services, it is necessary, firstly, to provide the required FP ECI materials to the healthcare facilities and, secondly, to provide them with basic equipment such as medical and gynecological materials for the service and a screen to ensure confidential access to FP.

Activity O4.1: Provision of FP ECI materials to healthcare facilities, to 964 HF over the 5 years

The FP ECI materials (boxes with pictures, posters, sound equipment, etc.) will be provided to the 674 healthcare facilities already offering FP (including 533 public HF and 141 private HF) and 290 newly targeted HF, making 964 HF in total. This activity will be performed in 2013 in accordance with the following steps:

- Organization of a FP ECI materials review workshop
- Development and production of ECI materials
- Distribution of materials to FP sites

Activity O4.2: Equipment of 290 healthcare facilities with the medical supplies to provide high quality FP and counseling services

The 290 newly targeted healthcare facilities receive medical supplies to provide high quality FP and counseling services, at a rate of 45 HF per year from 2013 to 2017, in accordance with the following tasks:

- Updating the list of medical and gynecological equipment required for facilities that offer FP
- Identification of equipment providers
- Contract with a provider

Table8: Implementation Plan for Strategy O4

Task Details	2013	2014	2015	2016	2017
O4: Strengthening healthcare facility equipment					
O4.1: Provision of FP ECI materials to healthcare facilities, to 964 HF over the 5 years					
O4.2: Equipment of 290 healthcare facilities with the medical supplies to provide high quality FP and counseling services					

Strategy O5: Promotion of the free supply of FP services to the population

The free provision of contraceptive products to the population will be assured, initially during the National Week for Mother and Child Health, via mobile and outreach strategies and on FP days.

Activity O5.1*:* Continuation of the free supply of FP services during the National Week for Mother and Child Health, via mobile and outreach strategies and on FP days

The existing possibilities for providing free FP services to the population, including the free supply of FP services during the National Week for Mother and Child Health, via mobile and outreach strategies and on FP days, will be exploited by involving civil society. This activity could be performed from 2013 to 2017 in accordance with the following tasks:

- Advocacy towards the government and TFP for the provision of high quantity and quality contraceptives for free distribution during the National Week for Mother and Child Health, through mobile and outreach strategies and on FP days.
- Involvement of civil society in the advocacy activities.

Table9: Implementation Plan for Strategy O5

Task Details	2013	2014	2015	2016	2017
O5: Promotion of the free provision of FP services to the population					
O5.1*:* Continuation of the free supply of FP services during the National Week for Mother and Child Health, via mobile and outreach strategies and on FP days					

Strategy O6: Improvement of the supply of FP services offered to adolescents and young people

Better integration of the specific requirements of adolescents and young people through interventions which are better adapted to their SRH/FP needs, with regard to schooled or non-schooled young people. This necessitates building the capacity of providers and setting up a toll free telephone service for adolescents and young people.

Activity O6.1: Building capacity for providers at 25% of HF to provide FP services tailored to adolescents and young people.

Building capacity for providers at 25% of HF (168 HF out of 674 HF which already offer FP) to provide FP services tailored to adolescents and young people for 34 HF (at a rate of 2 people to be trained per HF) per year from 2013 to 2017.

- Identification of appropriate HF for the treatment of adolescents and young people
- Adaptation of training manuals for treating adolescents and young people in HF
- Organization of 3 training sessions per HF for 2 people for 5 days on treatment of young people each year from 2013 to 2017
- Monitoring training activities

Activity O6.2: Establishment of a toll free telephone service to respond to young people's concerns regarding SRH.

Establishment of a toll free telephone service allowing the concerns of young people and adolescents to be addressed. This activity could be performed from 2013 to 2017.

- Advocacy with telecommunication services to obtain a free or reduced cost telephone line.
- Contract with an organization which treats young people and adolescents

Activity O6.3*:* Strengthening and extension of the integrated packet of activities relating to FP, the fight against HIV and AIDS and the treatment of STIs in young people

Strengthen and extend the integrated packet of activities relating to FP, the fight against HIV and AIDS and the treatment of STIs in young people, in partnership with CSO and PHUs, targeting 5 districts per year from 2013 to 2017, making 25 districts in total.

Table10: Implementation Plan for Strategy O6

Task Details	2013	2014	2015	2016	2017
O6: Improvement of the supply of FP services to adolescents and young people					
O6.1: Building capacity for providers at 25% of HF to provide FP services tailored to adolescents and young people					
O6.2: Establishment of a toll free telephone service to respond to young people's concerns regarding SRH					
O6.3*:* Strengthening and extending the integrated packet of activities relating to FP, the fight against HIV and AIDS and the treatment of STIs in young people, in partnership with CSO and PHUs in 5 districts per year					

Strategy O7: Security of contraceptive products

To ensure the availability of contraceptive products at access points, security will be assured by training the pharmacy managers in logistics management and monitoring to ensure their effective availability at the intermediary level and at the point of delivery.

Activity O7.1: Provision of high quantity and quality contraceptives to the FP access points

Every six (6) months, the ministry of health and its partners will organize workshops to draft the contraception acquisition tables (CAT). These workshops will involve regional FP focal points. Using these schedules, orders will be made as necessary to ensure the availability of products at the national and intermediate level and at supply points. This will be achieved by:

- Procuring contraceptives in sufficient quantities
- Arranging to supply delivery points once a month, districts once a quarter, and regions every six months
- Organization of supervisory visits once a quarter
- Making a vehicle available to the FHD to supply regions and districts with contraceptive products
- Assessment of the availability of contraceptives at all levels of the health pyramid once every two (2) years

Activity O7.2: Organization of regular supervision to ensure the availability of products

Supervision of the management and availability of contraceptives will be performed at each level at fixed intervals, semi-annually at the central level, quarterly for the regions and monthly for the districts. These will allow supplies to be sent to bodies in need. This activity could be performed from 2013 to 2017 in accordance with the following task:

- At the central level, organization of two supervision missions per year from 2013 to 2017
- For each region, organization of four supervision missions per year from 2013 to 2017, making 24 missions per year for all six regions.
- For each district, organization of two central supervision missions per year from 2013 to 2017, making 480 missions for all 40 districts.

Activity O7.3*:* Training of 100 pharmacy managers in logistics management

The managers of pharmacies and, by extension, contraceptives in the districts, regions and central levels will be trained in logistics management to enable them to fulfill their mission of contributing to the security of these products. This involves training 100 pharmacy managers in logistics management, 2 per district, 2 per region and 8 at the central level. This activity could be achieved in 2013 as follows:

- Identification of the workers to be trained in the districts, regions and centrally
- Organization of four 5-day sessions for contraceptive management training, grouping the regions as deemed necessary
- Organization of monitoring the training sessions

Table11: Implementation Plan for Strategy O7

Task Details	2013	2014	2015	2016	2017
O7: Security of contraceptive products					
O7.1: Provision of high quantity and quality contraceptives at FP access points					
O7.2: Organization of regular supervision to ensure the availability of products					
O7.3*:* Training of 100 pharmacy managers in logistics management					

Strategy O8: Increased supply of FP services by CSO and the private sector.

The supply of FP services by civil society organizations will be increased by developing a strategy to involve CSO and the private sector in the provision of FP services and promoting social franchising by contracting with 100 private HF and 50 private pharmacies.

Activity O8.1: Development of a strategy to involve CSO and the private sector in the provision of FP services

It is necessary to develop by consensus a strategy to involve CSO and the private sector in the provision of FP services. This activity could be performed in 2013 by following the steps below:

- Recruitment of a consultant to develop the strategy
- Organization of a strategy validation workshop
- Reproduction and distribution of the strategy.

***Activity O8.2*:** Promoting social franchising by contracting with CSO, private HF and private pharmacies

Ensuring a greater supply of FP services by CSO and the private sector, promoting social franchising by contracting with 100 CSO and private HF and 50 private pharmacies from 2013 to 2017.

- Establishing a dialogue with the associations of private physicians and pharmacists
- Identification of 20 private clinics and 10 private pharmacies per year to supply FP services from 2013 to 2017
- Contracts with the identified private clinics and private pharmacies
- Monitoring the supply of services in the private sector

Table12: Implementation Plan for Strategy O8

Task Details	2013	2014	2015	2016	2017
O8: Strengthening the supply of FP services by CSO and the private sector					
O8.1: Development of a strategy to involve CSO and the private sector in the provision of FP services					
***O8.2*:** Promoting social franchising by contracting with CSO, private HF and private pharmacies					

Strategy O9: Supplies FP services to PLHIV and other key populations

For the logical integration of FP and HIV services, it is necessary to ensure the continued expansion of the supply of quality FP services in centers providing services to PLHIV and other key populations.

Activity O9.1: Continuation and expansion of the supply of quality FP services in centers which provide services to PLHIV and other key populations.

The UNFPA has started offering quality FP services in centers which provide services to PLHIV. This strategy will be continued and extended to other key populations (sex workers, drug users, prisoners, etc.) from 2013 to 2017. It will be performed in accordance with the following tasks:

- Identification of bodies that treat PLHIV which have an extensive list of clients (greater than 100 people) and centers which offer services to key populations
- Identification of qualified providers and involving them in training sessions
- Organization of supervision in the bodies involved

Table13: Implementation Plan for Strategy O9

Task Details	2013	2014	2015	2016	2017
O9: Supplies FP services to PLHIV and other key populations					
O9.1: Continuation and expansion of the supply of quality FP services in centers providing services to PLHIV and other key populations					

6.3.3- Strategies and Activities to Create an Enabling Environment for FP Services

To make the environment conducive for FP, advocacy actions will also be extended to members of the government. Civil society organizations involved in FP will be very active in advocacy to promote the family planning environment in Togo. These organizations also conduct their actions at the level of local councilors and parliamentarians, with the support of the technical wing of the Department of Health, to help break the stigma often associated with the lack of quality information.

Strategy E1: Advocacy to influential policy makers

With a view to improving the enabling environment for FP, it is necessary to continue to advocate to local elected officials, administrative policy makers in ministries and institutions of the republic, as well as parliamentarians in order to increase their commitment to FP.

Activity E1.1: Advocacy to local councilors with a view to increasing their commitment to FP and their contribution to the mobilization of resources.

Because local councilors are influential policy makers capable of supporting efforts to promote PF when they are committed, hence the need to maintain a sustained advocacy process with a view to increasing their commitment to FP and getting them to contribute to the mobilization of the required resources. One advocacy session will be organized per region comprising three participants per prefecture. This activity could be achieved in 2013-2017 as follows:

- Review of the FP advocacy document

- Organization of six (6) advocacy sessions with local councilors, including the development of action plans (Town Councils and Prefectures)
- Monitoring the implementation of the local councilor action plans
- Signature of the MOU between the CSO and the Ministry of Health.

Activity E1.2: Advocacy to administrative policy makers (various ministries and institutions of the Republic) with a view to increasing their commitment to FP

Administrative policy makers sometimes act as barriers to the implementation of FP programs, hence the need to the need to maintain a sustained advocacy process in order to increase their commitment to FP. Approximately 100 administrative policy makers (various ministries and institutions of the Republic) will be targeted in 2013 in accordance with the following tasks:

- Identification of administrative policy makers from key ministries and institutions of the Republic
- Organization of two (2) sessions to present the advocacy document to policy makers followed by the development of action plans
- Monitoring the implementation of the action plans
- Signature of the MOU between the CSO and the Ministry of Health

Activity E1.3: Advocacy to parliamentarians with a view to increasing their commitment to FP

Parliamentarians are influential policy makers who, firstly, conduct awareness campaigns within their constituencies and, secondly, influence the budgetary votes within the National Assembly and control the actions of the government, hence the need to maintain a sustained advocacy process with a view to increasing their commitment to FP. This activity could be carried out throughout the plan period (2013-2017) in accordance with the following tasks:

- Organization of a day of consultation with the Parliamentary Network on Population and Development in Togo
- Organization of an advocacy session to the national parliament, followed by the development of the action plan
- Monitoring the implementation of the action plan
- Signature of the MOU between the CSO and the Ministry of Health

Table14: Implementation Plan for Strategy E1

Task Details	2013	2014	2015	2016	2017
E1: Advocacy to influential policy makers					
E1.1: Advocacy to local councilors to contribute to the mobilization of resources					
E1.2: Advocacy to 100 administrative policy makers (various ministries and institutions of the Republic) to increase their commitment to FP					
E1.3: Advocacy to parliamentarians with a view to increasing their commitment to FP					

Strategy E2: Implementation of regulatory laws on RH/FP

Certain provisions of the regulations governing the supply of FP services in Togo merit being updated to better tailor them to current demands, hence the need to review the Policies, Standards and Protocols on RH, FP and STIs in Togo, review the National Policy on community-based interventions, sign and implement the enabling texts for the RH Act and conduct discussions regarding the free provision of contraceptives.

Activity E2.1: Revision and implementation of the Policies, Standards and Protocols on RH, FP and STIs in Togo

The current Policies, Standards and Protocols on RH, FP and STIs in Togo cover the period 2008-2012 and will benefit from being reviewed in 2013 and implemented throughout the action plan to reposition FP 2013-2017 through:

- Recruitment of a national consultant for 15 days to review the Togolese PSP documentation
- Organization of a two (2) day workshop to validate the PSP documentation with 50 people
- Organization of (6) regional PSP dissemination workshops

***Activity E2.2*:** Review and implementation of the National Policy on community-based interventions

Certain existing provisions of the National Policy on community-based interventions need to be revised in 2013 to incorporate recent developments, notably the issuing of first prescriptions for the pill and contraceptive injection by community health workers. This activity will be performed according to the following process:

- Recruitment of a national consultant for 10 days to review the national policy document on Community-Based Interventions (CBI)

- Organization of a two (2) day workshop to validate the document on community-based interventions with 50 people
- Organization of (6) one day regional workshops to disseminate the policy on community-based interventions

***Activity E2.3*:** Signature and implementation of the enabling texts for the RH Act

The diagnostic on FP in Togo showed that the existence of the RH Act is a favorable factor in the political environment for RH/FP programs, but the implementation of the Act is suffering from delays with the enabling texts, hence the need to pay particular attention to this issue in this action plan. This activity could be achieved in 2013 by:

- Organization of a meeting to adapt the available enabling texts.
- Providing text proposals to the managers responsible for signing them
- Advocacy for signing the texts
- Organization of 6 regional workshops for dissemination of the signed enabling texts

***Activity E2.4*:** Analysis of the opportunities for free provision of contraceptive products in all service provision strategies

Experience has shown that supplying free contraceptives through mobile and outreach strategies, as well as FP days, is an important factor in attracting women to FP services, and especially long-term methods. To better serve the promotion of FP in Togo, it would appear to be necessary to hold discussions in an effort to systematize the free supply of contraceptives. This activity could be performed in 2013 with the following activities:

- Development of the ToR
- Support for the reflection process

Table15: Implementation Plan for Strategy E2

Task Details	2013	2014	2015	2016	2017
E2: Implementation of regulatory laws on RH/FP					
E2.1*:* Revision and implementation of the Policies, Standards and Protocols on RH, FP and STIs in Togo					
***E2.2*:** Review and implementation of the National Policy on community-based interventions					
***E2.3*:** Signature and implementation of the enabling texts for the RH Act					
***E2.4*:** Analysis of the opportunities for free provision of contraceptive products in all service provision strategies					

Strategy E3: Stabilization and diversification of funding for FP

The diagnostic showed FP funding in Togo changes very erratically from one year to the next. To remedy this, it is important to organize a day of advocacy to mobilize resources and initiate a national fund to fund FP.

***Activity E3.1*:** Organization of a day of advocacy to mobilize resources

Organizing a day of advocacy to mobilize resources should give Togo the opportunity to get all stakeholders to contribute to funding its FP Action Plan 2013-2017. This should be achieved in 2013 by:

- Establishment of a committee to prepare for the resource mobilization meeting
- Organization of preparatory meetings for advocacy
- Organization of the advocacy day

***Activity E3.2*:** Initiation of a national fund to finance mother and child health.

In order to diversify the sources of funding for FP and expand private financing, it is necessary to initiate a national fund to finance FP. Strategically, it was decided to extend said funds to include mother and child health. This activity could be achieved in 2013 by:

- Recruitment of two (2) national experts for 20 days to develop the strategy to establish a national FP fund
- Organization of a high-level meeting to validate the strategy
- Adoption of legal texts establishing the National FP Fund

Table16: Implementation Plan for Strategy E3

Task Details	2013	2014	2015	2016	2017
E3: Stabilization and diversification of funding for FP					
***E3.1*:** Organization of a day of advocacy to mobilize resources					
***E3.2*:** Initiation of a national fund to finance mother and child health					

Strategy E4: Advocating for state involvement in FP funding

State involvement in FP funding is low in Togo in comparison with other countries in the West African sub region. This requires both advocacy to members of the government to increase their commitment to family planning and increase the state resources allocated to FP and advocacy to parliamentarians to increase the budget allocated to FP.

***Activity E4.1*:** Advocacy to members of the government to increase their commitment to family planning and increase the state resources allocated to FP

As the state funding allocated to FP is particularly low in Togo in comparison with other countries, it is important to initiate advocacy processes with members of the government to increase the national FP budget. This advocacy would benefit from being strongly supported by CSO. This activity could be carried out continuously from 2013 to 2017, mainly by:

- Development of the ToR
- Signing of a MOU with CSO

Activity E4.2: Advocacy to parliamentarians to increase the budget allocated to FP

As parliamentarians are involved in the voting process for the state budget, it is important to initiate advocacy processes with them in order to obtain an increase in the national budget allocated to FP. This advocacy would benefit from being strongly supported by CSO. This activity should be carried out continuously from 2013 to 2017, following the process of:

- Development of the ToR
- Signing of a MOU with CSO

Table17: Implementation Plan for Strategy E4

Task Details	2013	2014	2015	2016	2017
E4: State Involvement in FP Funding					
***E4.1*:** Advocacy to members of the government to increase their commitment to family planning and increase the state resources allocated to FP					
E4.2: Advocacy to parliamentarians to increase the budget allocated to FP					

6.3.4: Strategies and activities to improve the coordination of FP services

Strategy C1: Regular and systematic monitoring of FP activities

To ensure regular and systematic monitoring of FP activities in Togo, it is important to ensure the organization of:

- quarterly meetings of the Multisectoral Technical Committee and semi-annual meetings of the steering committee for the FP repositioning process,
- monitoring of the different levels of management,
- integrated supervision at all levels of the health pyramid,

- monitoring the contracting of FP services from CSO and the private sector, and also, the development and revision of Contraception Acquisition Tables (CAT) on a biannual basis, as well as the ongoing documentation of results on the basis of the selected indicators.

Activity C1.1: Organization of quarterly meetings of the multisectoral technical committee and semi-annual meetings of the steering committee for the FP repositioning process

The Multisectoral Technical Committee, whose mission is to conduct periodic reviews of the action plan to reposition FP 2013-2017 and report to the steering committee, will meet once a quarter. Particular attention will be paid to the plan for securing RH products. The steering committee, tasked with examining the recommendations made by the technical committee, will meet once every six months. This activity is to be performed continuously from 2013 to 2017.

- Organizing four technical committee meetings per year continuously from 2013 to 2017.
- Organizing two steering committee meetings per year continuously from 2013 to 2017.

Activity C1.2: Organizing the monitoring at the different levels of management

An optimal organization of the monitoring at the different levels of management will require periodic meetings to review the activities of the Togo FP Action Plan. This activity is to be performed continuously from 2013 to 2017.

- Organizing a coordination workshop at the national level semi-annually bringing together approximately 40 people (with 3 representatives per region, 10 Ministry of Health representatives, TFP, 3 members of the CSO networks);
- Organizing quarterly coordination meetings at the level of each region with approximately 20 participants per region (District RH Director and focal point, RHD, RH manager in the region, person in charge for monitoring and evaluation of the region, CSO);
- Organizing monthly coordination meetings at the level of each district (Healthcare Facility Managers, members of the district management team, CSO). These meetings will be combined with the regular monthly meetings.

Activity C1.3: Organization of integrated supervision at all levels of the health pyramid

Integrated supervision at all levels of the health pyramid will ensure a significant improvement in the FP services in Togo in quantity and quality. This activity is to be performed continuously from 2013 to 2017.

- Organization of supervision from the national to the regional level on a semi-annual basis;

- Organization of supervision from the regional level to the districts on a quarterly basis;
- Organization of supervision activities at the level of healthcare facilities by district management teams.

Activity C1.4: Monitoring of the contracting of FP services at the level of CSO and the private sector

In order to ensure a successful implementation of the activities assigned to CSO and the private sector within the framework of the Repositioning FP Action Plan in 2013 to 2017, it is important to monitor the enforcement of contracts between, on the one hand, the TFP or the government, and on the other hand, the NGOs and private organizations involved. This activity is to be performed continuously from 2013 to 2017.

- Organizing a semi-annual one-day meeting bringing together 30 people from the Ministry of Health, the network of CSO for FP and the private sector to discuss the implementation of the FP interventions;
- Organizing quarterly supervisory visits by the regions of the activities implemented under contracts with CSO and the private sector.

Activity C1.5: Development and Review of the Contraceptive Acquisition Tables (CAT) on a semi-annual basis

It is necessary to proceed with the development and revision of the Contraceptive Acquisition Tables (CAT) on a semi-annual basis from 2013 to 2017.

- Three-day (3) workshop bringing together 20 people, including 10 from the health regions to develop a CAT.

Activity C1.6: Continuous documentation of the results on the basis of selected indicators

To ensure the continuous documentation of results on the basis of selected indicators, a monitoring and evaluation plan will be prepared, and a monitoring and evaluation agent will be hired.

- Hiring a consultant to develop a monitoring and evaluation plan for the FP sector;
- Organizing a two-day workshop for 20 people for the validation of the FP monitoring and evaluation plan;
- Hiring a monitoring and evaluation agent for the FP sector.

Table18: Implementation plan for the C1 strategy

Task Details	2013	2014	2015	2016	2017
C1: Regular and systematic monitoring of FP activities					
C1.1: Organization of quarterly meetings of the multisectoral technical committee and semi-annual meetings of the steering committee for the FP repositioning process					
C1.2*:* Organizing the monitoring at the different levels of management					
C1.3: Organization of integrated supervision at all levels of the health pyramid					
C1.4*:* Monitoring of the contracting of FP services at the level of CSO and the private sector					
C1.5*:* Development and Review of the Contraceptive Acquisition Tables (CAT) on a semi-annual basis					
C1.6: Continuous documentation of the results on the basis of selected indicators					

Strategy C2: **Coordination, management, and monitoring of FP activities based on a single mechanism**

Coordination, management, and monitoring on the basis of a single mechanism could be achieved through the revision of the National Plan to Secure RH Products for 2008-2012, the evaluation of the 2013-2017 Action Plan at mid-term as well as at the end, the organization of operations research in FP, the documentation of best practices and success cases on a semi-annual basis, and a review of FP activities under the patronage of the President of the Republic or the Prime Minister during the national Mother and Child Health Week.

Activity C2.1*:* Revision of the National Plan to Secure RH Products for 2008-2012

In 2013, evaluate the National Plan to Secure RH Products for 2008-2012, and revise it based on the results of the evaluation. The new plan will need to be validated, reproduced, and disseminated.

- Hiring of a consultant to develop the new plan to secure RH products for 2013-2017;
- Organizing a workshop to validate the plan to secure RH products;
- Reproducing and disseminating the plan for securing RH products.

Activity C2.2: Evaluation of the Repositioning Family Planning Action Plan for 2013-2017

The Repositioning Family Planning Action Plan for 2013-2017 should be assessed by the Ministry of Health in the middle of 2015 and at the end of 2017. It will therefore be possible to make adjustments to the FP Action Plan during its mid-term evaluation (activities deemed ineffective, new opportunities, etc.).

- Hiring of two (2) consultants for 20 days for evaluating the Repositioning Family Planning Action Plan for 2013-2017 in the middle of 2015 and at the end of 2017;
- Organizing a one-day workshop to discuss the results of the evaluation;
- Review in 2015 of the Repositioning Family Planning Action Plan for 2013-2017;
- Search for funding for the development of a new FP Action Plan for 2018-2022.

Activity C2.3: Organization of operations research in FP

Organizing operations research in five health districts per year, especially those which have encountered the most difficulties in the implementation of their FP activities. This research will help identify solutions to specific problems in each district. This activity is to be performed continuously from 2013 to 2017.

- Identifying and recruiting a national consultant as needed
- Operations research
  - Operations research activities must be approved by the technical committee which will choose the districts each year
  - Examples of types of operations research
    - Very high abandonment rate
    - Very low CPR in a district
- Use of Results
  - The survey results will be discussed during one day in a committee made up of five members of the management teams and the national consultant
  - A summary of results and suggestions for action will be presented to the technical committee during its quarterly meetings

Activity C2.4: Semi-annual documentation of best practices and success cases

The implementation of the Repositioning Family Planning Action Plan for 2013-2017 will generate outstanding successes in some districts or healthcare facilities, and best practices will be recorded regarding these. It will be important to document these successes in order to reproduce them throughout the country, and to support their replication in other districts and healthcare facilities. Best practices from neighboring countries could also be replicated in Togo, and trips for exchanging experiences should be organized in these countries. Togo should also share its experiences through international conferences.

- Hiring a consultant for 20 days to assist in the documentation of best practices on a semi-annual basis;
- Organizing a one-day meeting bringing together 25 people to discuss the consultation report;
- Disseminating best practices;
- Support for replicating the best practices;
- Organizing a trip annually to exchange experiences in the countries of the subregion;
- Annual participation in international conferences to share Togo's experiences.

Activity C2.5: Review of the FP activities, under the patronage of the President of the Republic or the Prime Minister during the National Mother and Child Health Week

The aim here is to seize the opportunity of the National Mother and Child Health Week to provide an update on FP activities, under the patronage of the President of the Republic or the Prime Minister. This activity is to be carried out annually from 2013 to 2017.

- Developing a framework for presenting the annual results of the implementation of the Repositioning Family Planning Action Plan for 2013-2017;
- Organizing an annual national review of the FP interventions chaired by the Head of State or Prime Minister and bringing together about a hundred people, half from the countryside.

Table19: Implementation plan for the C2 strategy

Task Details	2013	2014	2015	2016	2017
C2: **Coordination, management, and monitoring of FP activities based on a single mechanism**					
C2.1: Revision of the National Plan to Secure RH Products for 2008-2012					
C2.2: Evaluation of the Repositioning Family Planning Action Plan for 2013-2017					
C2.3: Organization of operations research in FP					
C2.4: Semi-annual documentation of best practices and success cases					
C2.5: Review of the FP activities, under the patronage of the President of the Republic or the Prime Minister during the National Mother and Child Health Week					

Strategy C3: Providing the means needed to monitor activities.

To ensure the proper monitoring of the planned activities in the Repositioning Family Planning Action Plan for 2013-2017, data collection materials will be

made available to all healthcare facilities, and logistics means needed for the monitoring will also be made available.

Activity C3.1: Updating and multiplication of data collection materials in all healthcare facilities

Healthcare facilities need a sufficient quantity of record sheets for daily data collection. Such record sheets will be supplied at an annual frequency. The private sector will also benefit from this. Training will be organized by region for the benefit of health workers in charge of data collection.

- Reproduction of the data collection tools;
- Organization of a workshop of two (2) days to train trainers of the regions on the use of materials (Savane = 10 people, Kara = 15 people, Sodoké = 10 people, Atakpamé = 20 people, Tsévié = 15 people, and Lomé = 10 people);
- Organization of a workshop of one (1) day per district (40 workshops) to train health workers on the use of the materials;
- Organization of tours on a quarterly basis to validate the data at the district level (two people from the central level per region for seven days of work missions).

Activity C3.2: Provision of the logistics means needed for the monitoring

Provide the FHD with the necessary monitoring equipment for the duration of the Plan, including computer equipment, a vehicle, and annual maintenance costs.

- Computer equipment
  - 9 desktops (including 3 for the FHD and 6 for the RHDs)
  - 2 laptop computers (for the FHD)
  - 7 printers (1 for the FHD and 6 for the RHDs)
  - 2 projectors (for the FHD)
  - 1 scanner (for the FHD)
- Vehicle (in good condition for the duration of the Plan)
- Annual maintenance agreement
  - Vehicle maintenance
  - Fuel
  - Printer toner cartridges
  - Office supplies
  - Maintenance materials

Table20: Implementation plan for the C3 strategy

Task Details	2013	2014	2015	2016	2017
C3: Providing the means needed to monitor activities.					
C3.1: Updating and multiplication of data collection materials in all healthcare facilities					
C3.2: Provision of the logistics means needed for the monitoring					

7- MECHANISMS FOR MONITORING THE ACTION PLAN

The monitoring of the Action Plan will be based on existing interventions such as meetings for coordinating health sector activities, integrated supervision, and the meetings for coordinating specific activities of reproductive health and family planning. The list of RH and FP indicators available at the Family Health Division (FHD) will be used for this purpose.

For the success of the present Repositioning Family Planning Action Plan, other monitoring strategies will be implemented at all levels of the health pyramid. They will comprise:

- The collaborative Process, or even external coaching sessions;
- The strengthening of the FHD with quality resource people;
- The monthly declaration of the FP inventory levels.

7.1- Health Coordination Meeting

The role of health coordination meetings is to ensure the implementation of the national health development plan covering all aspects of health, including many other programs in addition to FP. There is a Committee at the central level of the health sector and HIV/AIDS that includes respondents at the intermediate and peripheral levels. Its role is to validate and approve the proposed guidelines as well as the results of interventions. In this context, the attention to FP may be diluted at these meetings where several other topics are also covered.

7.2- Integrated Supervisions

At the regional level, a multidisciplinary team visits a particular region to meet the District Director and his or her team. They try to evaluate the performance of the district in relation to all health programs and including many technical and managerial aspects such as:

- Product availability;
- The ability of service providers and training needs;
- The quality of service, materials, and equipment;
- Compliance with financial budgets;
- Etc.

In this process as well, the attention to FP may be diluted at these meetings where several other topics are also covered.

7.3- Family Planning Coordination Meetings

This meeting is intended to ensure the implementation of the Repositioning Family Planning Action Plan and to problem solve so that the set goals can be achieved. These meetings will be carried out by the steering committee, the technical committee, and the operations team.

The steering committee will be multi-sectoral and will consist of:
representatives from the Ministry of Health, the Health Director General, the Director of Primary Health Care, and the Head of the Family Health Division);
representatives of other ministries;
parliamentarians;
technical and financial partners;
CSO representatives.
It will meet semi-annually (twice per year) and it is tasked with approving and validating the recommendations of the technical committee. The Health Director General will be the chair.

The technical committee will be headed by the Director of Primary Health Care, having as members:
FHD;
A Ministry of Health representative;
Technical and financial partners;
CSO.

The operations team: It will be responsible for planning the field work and problem solving. It will hold monthly meetings and will include four members (two representatives from the Ministry of Health, one TFP representative, and one CSO representative).

7.4- The Collaborative Process: External coaching session

It will be performed once a year at the national level, twice a year at the regional level, four times a year at the district level, and once a month at the healthcare facilities. At the regional level, for example, this will involve the regional health director and the region's RH focal point going to visit a district. There, they will meet the District Director and his or her team. They will evaluate the performance of the district in relation to FP, including many technical and managerial aspects such as:
Product availability;
The ability of service providers and training needs;
The quality of service, materials, and equipment;
Their performances vis-à-vis the objectives.

7.5- Program Reviews

They consist in presenting the results and challenges, followed by recommendations to improve operations and to ensure the achievement of objectives. They are done at the national level (twice a year), at the regional level (four times a year), and at the district level (monthly).

A review will bring together at the national level: The DGS (Directorate General of Health), DSSP (Directorate of Primary Health Care), RHD (Regional Health Directorate), DSF (Division of Family Health), and regional RH focal points; The Regional Director, the District Health Directors, and district RH focal points.

In the regions, the review will include: the Regional Director, the District Health Directors, the district RH focal points, the RH Heads in the region, and civil society and regional TFP.

At the district level, all of the following will participate in this meeting: the district RH focal points, the RH Head of Healthcare Facilities, civil society, and the district's TFP.

7.6- Program Monitoring Indicators

Togo already uses a comprehensive list of indicators to measure progress in various aspects of its health system. For FP, these are the indicators:
The number of Couple-Year-Protection (all methods);
The number of structures (NGOs/youth clubs, middle schools) working in partnership, involved in the programming and implementation of integrated outreach activities concerning RH/HIV;
The number of women using modern contraception divided by the number of women of childbearing age, which is calculated by the DHS every 5 years or so.

The tracking tool will be used in each region to determine on a quarterly basis if the number of women affected increases in step with the regional targets:
The number of women users via the monthly data from the district level;
The indirect estimate of the number of women users according to the number of contraceptives distributed;
Comparisons with survey data during the implementation of the Repositioning Family Planning Action Plan for 2013-2017.
If possible, full integration into the monitoring mechanism of the National Health Development Plan (PNDS).

7.7- Strengthening the FHD with Quality Resource People

The FHD will hire a quality resource person to facilitate the monitoring. This resource person will coordinate and implement the Repositioning Family Planning Action Plan for 2013-2017.

It is desirable that, in addition, two other high-level FHD individuals contribute to providing stability and to reduce any start-related risks due to unavailability (maternity, education, decision of partners, etc.).

7.8- Monthly Inventory Report of Key Data by SMS

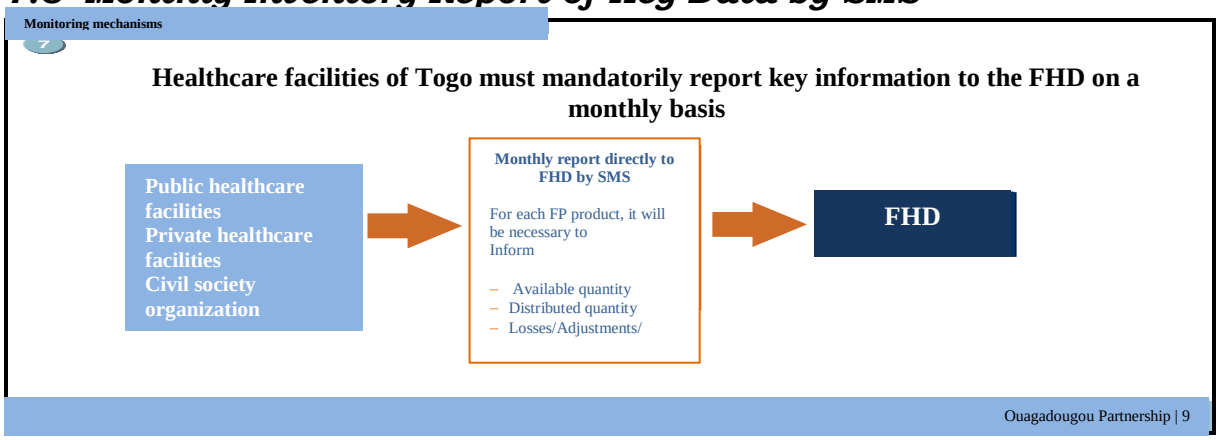


Figure7: Monthly inventory report of key data by SMS

8- ACTION PLAN BUDGET

8.1- Summary of Costs

For the 2013-2017 period, the costs of the Repositioning Family Planning Action Plan are estimated at 8,967,167,232 (eight billion nine hundred sixty seven million one hundred sixty seven thousand two hundred thirty two) CFA francs, that is, 17,934,334.46 US dollars[5]:

Demand for FP services: 2,009,830,665 CFA francs, that is, 4,019,661.33 US dollars
FP service offering: 6,189,610,816 CFA francs, that is, 12,379,222.00 US dollars
Enabling environment: 155,799,250 CFA francs, that is, 311,599 US dollars
Monitoring and evaluation: 611,926,000 CFA francs, that is, 1,223,852 US dollars

The breakdown of the budget per year shows that the first year corresponding to 2013 will absorb nearly 2,155,784,503 CFA francs as the highest expense against 1,617,737,805 CFA francs for 2015.

According to the different health regions of the country, nearly 2,423,711,956 CFA francs will be invested in activities in the maritime area against 633,974,842 CFA francs in the savannah region.

[5] The selling bank exchange rate $1 = 500 CFA francs on 02/15/2013

8.2- Cost per Intervention Strategy

8.2.1- Cost of Activities Related to the Demand for Services

1- Demand for FP services

Strategies	Cost
D1: Organization of information and multi-media campaigns to raise awareness among the general population and women in particular	1 102 091 470
D2: Promotion of the constructive engagement of men in RH/FP	449 452 405
D3: Initiation of innovative communication strategies for both schooled and unschooled young people	458 286 790
Total	***2 009 830 665***

2- FP services offering

Strategies	Cost
O1: Creating access points for FP	325 090 000
O2: Improvement of access to FP services in areas without health coverage	1 510 975 126
O3: Strengthening the training program	670 738 500
O4: Strengthening healthcare facility equipment	141 478 410
O5: Promoting to the general population the free cost of the services offering	2 500 000
O6: Improving the quality of FP services available to youth and adolescents	260 989 875
O7: Security of contraceptive products	3 240 822 205
O8: Strengthening the supply of FP services by CSO and the private sector	5 791 000
O9: Supplies FP services to PLHIV and other key populations	31 225 700
Total	**6 189 610 816**

3- Enabling Environment

Strategies	Cost
E1: Advocacy to influential policy makers	98 131 000
E2: Revision of regulations concerning FP	41 868 250
E3: Stabilization and diversification of funding for FP	5 800 000
E4: State involvement in the financing of FP	10 000 000
Total	**155 799 250**

4- Coordination

Strategies for coordinating the relevant actions	Cost
C1: Regular and systematic monitoring of FP activities	275 775 000
C2: Coordination, management, and monitoring of FP activities based on a single mechanism	222 149 000
C3: Providing the means needed to monitor activities	114 002 000
Total	**611 926 000**

ANNEXES

Appendix 1: List of the strategies and activities of the Action Plan for positioning FP

1- Demand for FP services

D1: Multimedia information and awareness campaigns for the general population and women in particular

D1.1: Development of an innovative FP communication and advocacy strategy

D1.2: Training of religious leaders in FP communication

D1.3: Collaboration with the CSO involved in the fight against malaria to integrate FP messages into their awareness-raising activities

D1.4: Contracts with public radio and television channels, 40 local radio stations and private television channels to broadcast FP messages

D1.5*:* Integration of FP awareness-raising messages into the activities of groups of peasant women concerning HIV and AIDS

D1.6*:* Collaboration with the Ministry for the Advancement of Women to integrate FP messages into the activities of paralegals

D2: Promotion of the constructive engagement of men in RH/FP

***D*2.1**: Extension of the committee of men project (male RH/FP champion) to promote FP

D3: Initiation of innovative communication strategies for both schooled and unschooled young people

***D*3.1**: Use of NICT to raise awareness in young people in school

***D*3.2:** Extending comprehensive sex education (CSE) in primary and secondary education and in the schools for basic teacher training

***D*3.3: B**roadcast of radio and television spots adapted to schooled and non-schooled young people

***D*3.4**: Development of synergies with trade associations on the subject of SRH, targeting young people in the informal sector and in rural areas.

2- FP services offering

O1: Creating access points for FP

O1.1: Integration of FP services in 50% of the public, private and denominational clinics that do not currently offer FP.

O2: Improvement of access to FP services in areas without health coverage

O2.1: Extending the CBD approach, including injectable contraceptives (ICBD), in five new districts annually at a rate of 100 CHWs per district or 500 CHWs per year

O2.2: Updating the knowledge of 612 CHWs already offering PF services

O2.3: Intensifying the offering of services via the mobile strategy

O3: Strengthening the FP training program

O3.1: Training providers in contraceptive technology and counseling

O3.2: Training of staff in voluntary surgical contraception (VSC)

O3.3: Upgrading the knowledge of service providers in contraceptive technology and counseling

O3.4: Training providers in service quality assurance

O3.5: Training members of the District Management Teams (DMT) and regional teams in formative supervision techniques

O4: Strengthening healthcare facility equipment

O4.1: Provision of FP ECI materials to healthcare facilities, to 964 HF over the 5 years

O4.2: Equipment of 290 healthcare facilities with the medical supplies to provide high quality FP and counseling services

O5: Promotion of the free provision of FP services to the population

O5.1*:*Continuing to offer free family planning services during the National Mother and Child Health Week, mobile and advanced strategies, and FP days

O6: Improving the quality of FP services available to youth and adolescents

O6.1: Building capacity for providers at 25% of HF to provide FP services tailored to adolescents and young people

O6.2: Establishment of a toll free telephone service to respond to young people's concerns regarding SRH

O6.3*:* Extending the activities of the FP integrated package, the fight against HIV and AIDS and management of STIs in youth, in collaboration with CSO and Peripheral Care Units in five districts per year

O7: Security of contraceptive products

O7.1: Provision of high quantity and quality contraceptives at FP access points

O7.2: Organization of regular supervision to ensure the availability of products

O7.3*:* Training of 100 pharmacy managers in logistics management

O8: Strengthening the supply of FP services by CSO and the private sector

O8.1: Development of a strategy to involve CSO and the private sector in the provision of FP services

O8.2**:** Promoting social franchising by contracting with CSO, private HF and private pharmacies

O9: Supplies FP services to PLHIV and other key populations

O9.1: Continuation and expansion of the supply of quality FP services in centers providing services to PLHIV and other key populations

3- Enabling Environment

E1: Advocacy to influential policy makers

E1.1: Advocacy to local councilors to contribute to the mobilization of resources

E1.2: Advocacy to 100 administrative policy makers (various ministries and institutions of the Republic) to increase their commitment to FP

E1.3: Advocacy to parliamentarians with a view to increasing their commitment to FP

E2: Revision of regulations concerning FP

E2.1*:* Revision and implementation of the Policies, Standards and Protocols on RH, FP and STIs in Togo

E2.2**:** Review and implementation of the National Policy on community-based interventions

E2.3**:** Signature and implementation of the enabling texts for the RH Act

E2.4**:** Analysis of the opportunities for free provision of contraceptive products in all service provision strategies

E3: Stabilization and diversification of the funding for FP

E3.1**:** Organization of a day of advocacy to mobilize resources

E3.2**:** Initiation of a national fund to finance mother and child health

E4: State Involvement in FP Funding

***E4.1*:** Advocacy to members of the government to increase their commitment to family planning and increase the state resources allocated to FP

E4.2: Advocacy to parliamentarians to increase the budget allocated to FP

4- Coordination

C1: Regular and systematic monitoring of FP activities

C1.1: Organization of quarterly meetings of the multisectoral technical committee and semi-annual meetings of the steering committee for the FP repositioning process

C1.2: Organizing the monitoring at the different levels of management

C1.3: Organization of integrated supervision at all levels of the health pyramid

C1.4: Monitoring of the contracting of FP services at the level of CSO and the private sector

C1.5: Development and Review of the Contraceptive Acquisition Tables (CAT) on a semi-annual basis

C1.6: Continuous documentation of the results on the basis of selected indicators

C2: Coordination, management, and monitoring of FP activities based on a single mechanism

C2.1: Revision of the National Plan to Secure RH Products for 2008-2012

C2.2: Evaluation of the Repositioning Family Planning Action Plan for 2013-2017

C2.3: Organization of operations research in FP

C2.4: Semi-annual documentation of best practices and success cases

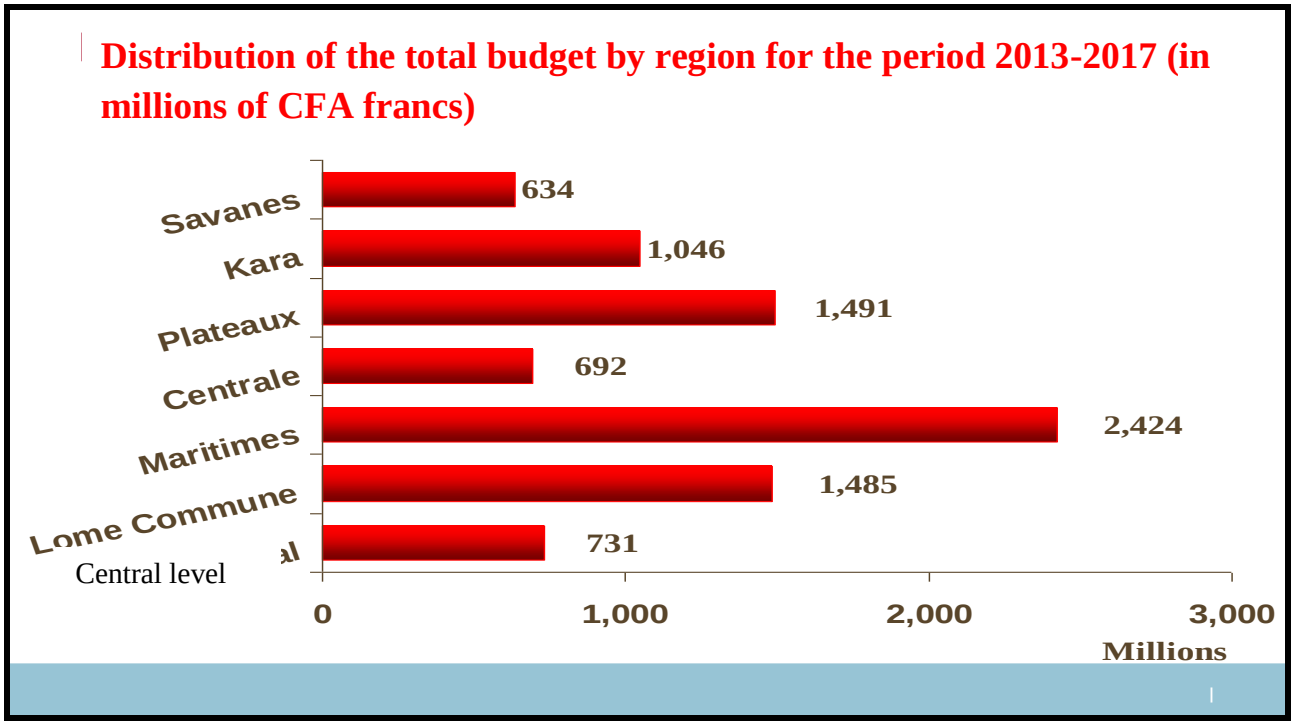
C2.5: Review of the FP activities, under the patronage of the President of the Republic or the Prime Minister during the National Mother and Child Health Week

C3: Providing the means needed to monitor activities.

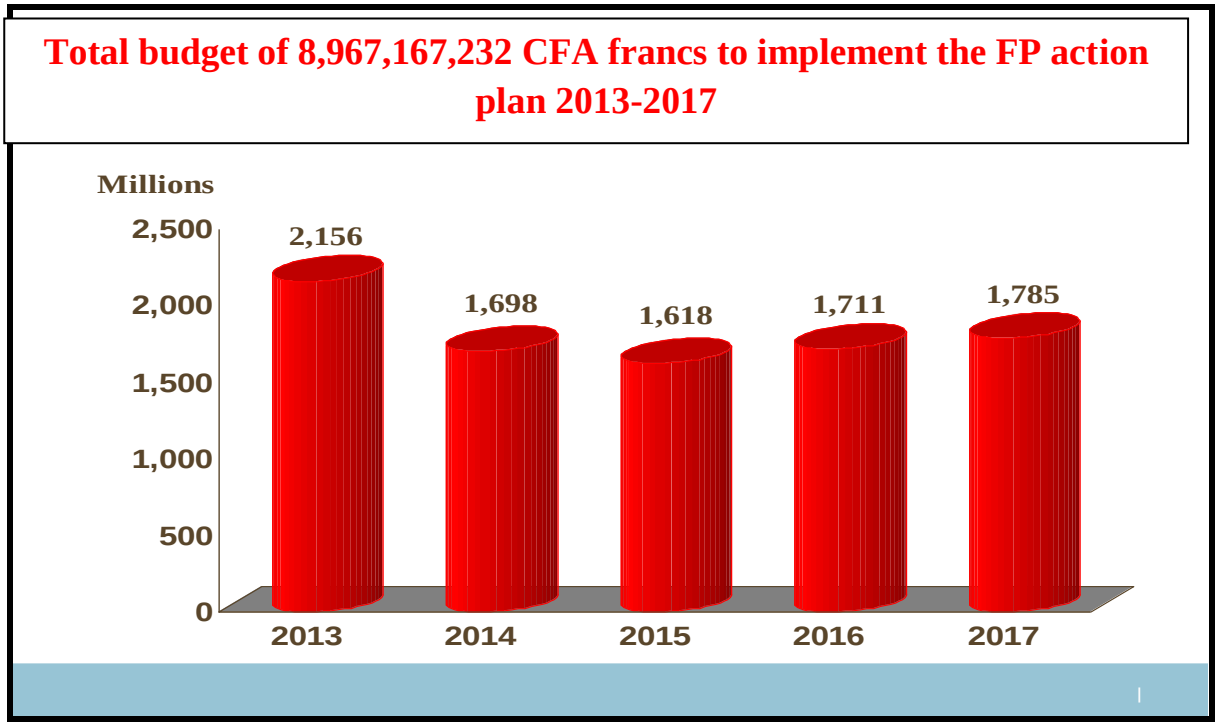
C3.1: Updating and multiplication of data collection materials in all healthcare facilities

C3.2: Provision of the logistics means needed for the monitoring

***Appendix 2*: Histogram on the distribution of the budget plan by health region**



***Appendix 3*: Breakdown of the Plan's budget per year of implementation**



***Appendix 4*: Breakdown of the Plan's budget per area of intervention in family planning**