

## AT A GLANCE

An estimated 2.3 million Togolese women will be of reproductive age in 2020.

Togo's total fertility rate is 5.1 lifetime births per woman.

16.8% of women of reproductive age who are married or in a union currently use some form of contraception.

11.1% use a modern FP method.

40.6% of married women of reproductive age have an unmet need for contraception.

Addressing unmet need could avert approximately 2,300 maternal deaths and 33,000 child deaths by 2015.<sup>1</sup>

Only 4% of the total demand for FP is met by use of the most effective methods.

## MEETING NATIONAL GOALS AND PEOPLE'S NEEDS WITH LA/PMs

### CURRENT TRENDS WILL NOT MEET NATIONAL GOALS

For the Government of Togo to fulfill its population's unmet need for family planning (FP) services in support of the fifth Millennium Development Goal (MDG), it would need to reach a contraceptive prevalence rate (CPR) of 57.4% by 2015. Achieving this goal is fundamental to slowing the nation's population growth, meeting national development goals, and helping its citizens achieve their reproductive health intentions.

However, Togo faces a daunting FP challenge. Although the use of modern FP methods increased between 2000 and 2006 by nearly 60%, two out of five married Togolese women of reproductive age have an unmet need for family planning. Meanwhile, the population continues to grow; by 2020, Togo will have an estimated 584,000 more women of reproductive age than it has today, a 34% increase in just 10 years. To meet the CPR

goal in support of the fifth MDG, nearly 800,000 women will need to be served in 2015. (See Figure 1, below.)

### LA/PMs—A SMART PROGRAMMATIC INVESTMENT

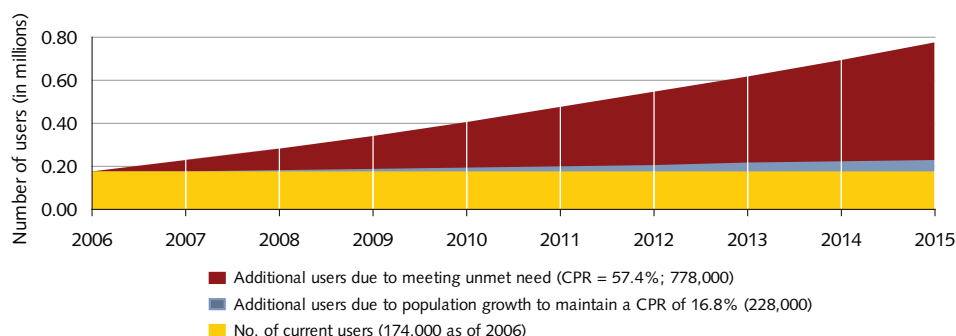
Long-acting methods (IUDs and hormonal implants) and permanent methods (female sterilization and vasectomy) are the most effective of all FP methods. However, the use of long-acting and permanent methods of contraception (LA/PMs) in Togo remains low, at 10% of the overall method mix. **If just 5,000 pill users were to switch to the IUD or implant, an estimated 1,250 unintended pregnancies could be averted over a five-year period.<sup>2</sup>**

### HELP PEOPLE ACHIEVE THEIR REPRODUCTIVE INTENTIONS

Long-acting methods are suitable for all categories of women and can enable them to securely and conveniently fulfill any reproductive intention, whether delaying a first birth or spacing or limiting

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FIGURE 1: MEETING DEMAND IN TOGO<sup>3</sup>



<sup>1</sup> Calculation based on methodology described in Moreland, S., and Talbird, S. 2006. *Achieving the Millennium Development Goals: The contribution of fulfilling unmet need for family planning*. Washington, DC: U.S. Agency for International Development.

<sup>2</sup> Calculation based on methodology described in Hubacher, D., et al. 2007. Contraceptive implants in Kenya: Current status and future prospects. *Contraception* 75(6):468–473.

<sup>3</sup> Sources: 2006 Multiple Indicator Cluster Survey, and Reality √ projections for future years.

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subsequent births; permanent methods are appropriate for those who have reached their desired fertility.

Though IUDs and implants are the most effective methods for women who want to space births, spacers in Togo are nearly 10 times more likely to be using short-acting methods and more than six times more likely to be using traditional methods than to use long-acting methods. (See Figure 2, below). Among limiters (women and couples who do not want any more children), three times as many use short-acting methods as use LA/PMs; they are more than twice as likely to use traditional methods as they are to use LA/PMs. The gap between couples' intentions and their FP use could be closed by increasing awareness of LA/PMs, correcting misinformation about them, and increasing their availability, to expand method choice.

### RESPOND TO TOGO'S NEEDS

The RESPOND Project can help the Ministry of Health and local partners to improve reproductive health in Togo by adopting a holistic programmatic approach that results in:

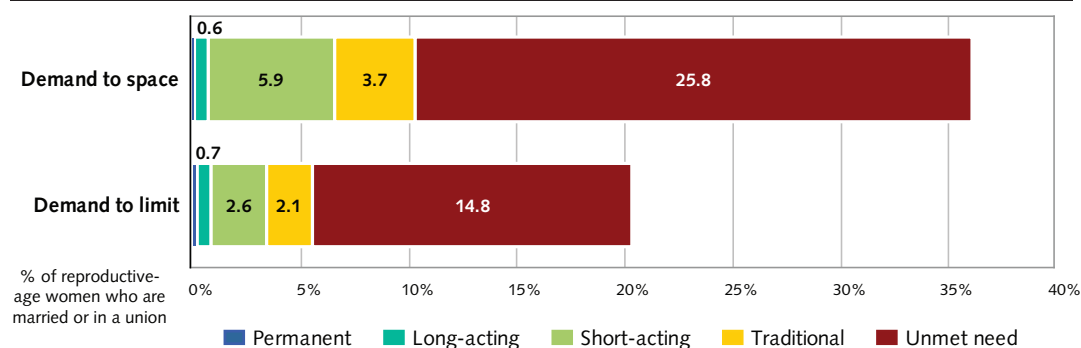
- Skilled, motivated, well-supported LA/PM service providers
- Engaged communities and accurate information about LA/PMs, not only to increase knowledge, but also to improve the image of LA/PM services and users

- An improved policy and program environment for FP services

Some possible interventions include technical assistance to:

- Work in collaboration with the AWARE II Project, a key initiative in Togo, to create a policy environment that encourages FP by:
  - Printing and distributing recently revised protocols and norms for FP
  - Supporting an FP module in UNICEF's 2010 Multiple Indicator Cluster Survey
  - Supporting introduction of Sino-implant (II)
  - Introducing Reality √, a cutting-edge forecasting, planning, and advocacy tool
- Provide technical assistance to strengthen existing services by:
  - Supporting special clinic days for FP
  - Conducting refresher trainings for FP clinical skills, with an emphasis on the IUD and tubal ligation
  - Enhancing the ability of community health workers to provide FP information and commodities
- Support behavior change communication activities by:
  - Connecting recently trained journalists with FP service providers
  - Reviewing male engagement in FP

**FIGURE 2: TOGO'S DEMAND FOR CONTRACEPTION (MET AND UNMET NEED)<sup>4</sup>**



<sup>4</sup> Source: 2006 Multiple Indicator Cluster Survey.