

APRIL 2010

BY JAMES GRIBBLE

PLANNING FOR CONTRACEPTIVE SECURITY: START WITH SPARHCS

Contraceptive security exists when people are able to choose, obtain, and use high-quality contraceptives and condoms for family planning whenever they want or need them.

6 STEPS

in the SPARHCS framework. Each step builds on the preceding ones and lays a foundation for those that follow.

SPARHCS is a framework that guides contraceptive security program efforts.

Family planning policymakers, program managers, and advocates have successfully carried out efforts that address and improve all aspects of reproductive health programs. Many of these improvements began by using the Strategic Pathway to Reproductive Health Commodity Security (SPARHCS). SPARHCS is a flexible framework that assists stakeholders in taking a comprehensive review of reproductive health programs. As part of the framework, SPARHCS provides an assessment tool to help identify program elements that are operating well and those in need of strengthening. SPARHCS also serves as a process that helps stakeholders build up program aspects in need of support.¹ It helps identify where to start when addressing contraceptive security and can be applied at any level of program operations—from national to local levels. SPARHCS can be used at any time and is easily linked to the annual program cycle of planning, implementation, and monitoring and evaluation.² This brief provides an overview of SPARHCS,

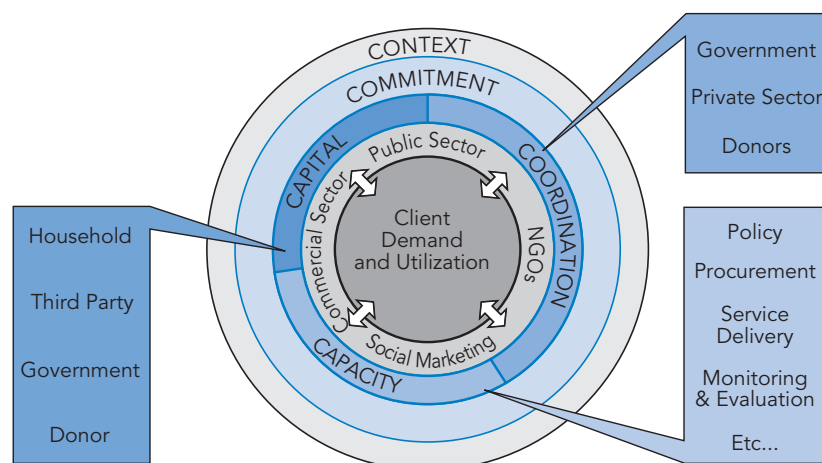
shows how it can be linked to the program cycle, examines the role of contraceptive security committees, and offers lessons learned from the 50 applications of SPARHCS.

SPARHCS Identifies Aspects of Programs to Strengthen

The SPARHCS framework, shown in Figure 1, is focused on responding to client demand for family planning and improving client use of family planning services. The entire process is oriented toward ensuring that people can choose, obtain, and use the contraceptive method they want. Assessing client demand requires examining who is using family planning, who is not, and reasons for not using a method. This assessment of demand and utilization should take into account physical and financial access to family planning, the roles of social and gender norms in contraceptive use, and reasons that clients accept or

FIGURE 1

The Strategic Pathway to Reproductive Health Commodity Security (SPARHCS) Framework



Source: Lisa Hare et al., eds., *SPARHCS: Strategic Pathway to Reproductive Health Commodity Security: A Tool for Assessments, Planning, and Implementation* (Baltimore: Information and Knowledge for Optimal Health (INFO) Project/Center for Communications Programs, Johns Hopkins Bloomberg School of Public Health, 2004).

discontinue a method. Client demand and utilization also focus on the full range of service-delivery providers—the public sector, nongovernmental organizations (NGOs), social marketing programs, and commercial sources—and the extent to which each is involved in responding to clients’ needs.

To achieve this client-centered goal, SPARHCS examines specific program elements. In Figure 1, the concentric bands represent different aspects of family planning program efforts that can be assessed through SPARHCS and that ultimately affect the achievement of contraceptive security. The following discussion explains the three outer bands of the SPARHCS framework. These components are interrelated, but for the purposes of assessing family planning programs, are examined separately.

CAPITAL, COORDINATION, AND CAPACITY

The innermost of the three bands includes concrete program elements that must operate jointly to respond to the public’s needs. When these three elements work together, programs can be successful and clients satisfied.

- **Capital** refers to the different types of funding available to support family planning and contraceptive security efforts. Within the public sector, these sources include internally generated revenues (taxes), grants from donors, and World Bank loan credits. In addition, capital includes household expenditures on contraceptives through the commercial sector, subsidized programs (such as social marketing), and revenues generated through user fees, insurance premiums, and co-payments.

- **Coordination** refers to the involvement of appropriate in-country and international stakeholders to ensure that information is shared and program efforts are not duplicated.
- **Capacity** is the ability to carry out key functions necessary for family planning programs to operate effectively, efficiently, and transparently. For service providers, capacity includes training in both clinical skills and counseling. For program managers, it includes being able to forecast supply needs, procure the necessary supplies, and distribute them where they are needed. Achieving contraceptive security also requires the capacity to monitor and evaluate programs and to advocate effectively for policy and program changes.

COMMITMENT

The second band is the extent to which governments demonstrate visible support for family planning efforts. Examples of commitment include clearly articulated policies that make and keep reproductive health supplies available to the public, budget increases for family planning, and clearly defined coordination mechanisms with other family planning stakeholders. Policy champions—individuals who advocate for family planning and contraceptive security issues—play an important role in obtaining these visible indications of commitment.

CONTEXT

The outer-most band represents the environment in which a program develops and operates. Among the factors included here are: social and economic conditions; religious and political settings; and the legal, regulatory, and policy environments that shape the availability of reproductive health

BOX 1

Planning for SPARHCS

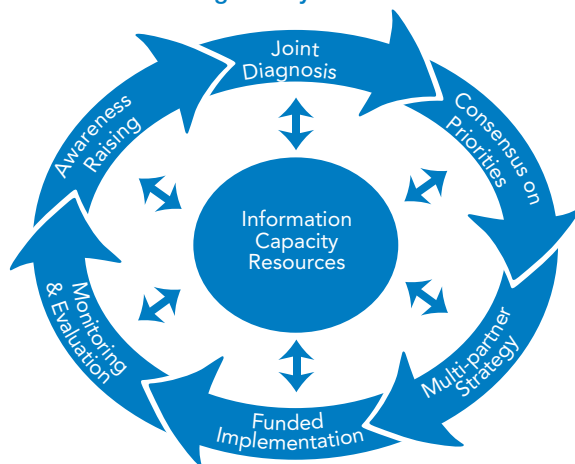
Getting the most out of SPARHCS can depend on how well the process is planned. Consider the following areas when thinking about applying the SPARHCS framework:

CONSIDERATION	DESCRIPTION
Rationale for SPARHCS	Examples include high unmet need; low use of modern methods; donor scale-back; problems with services; and limited product availability.
Focus of Assessment	Assessment can focus on specific commodities; logistics systems; leveraging funds; improved services; and other aspects of family planning programs.
Expectations of Assessment	What points of consensus are reasonable to expect in the next two years? In the next 10 years?
Available Resources	Estimate funding and human resources needed for the SPARHCS process.

Source: Adapted from Raja Rao, Nadia Olson, and Alan Bornbusch, eds., and Kevin Pilz, ed., *The SPARHCS Process Guide: A Planning Resource to Improve Reproductive Health Commodity Security* (Baltimore: Information and Knowledge for Optimal Health (INFO) Project/Center for Communications Programs, Johns Hopkins Bloomberg School of Public Health, 2008).

FIGURE 2

SPARHCS and the Program Cycle



Source: Lisa Hare et al., eds., *SPARHCS: Strategic Pathway to Reproductive Health Commodity Security: A Tool for Assessments, Planning, and Implementation* (Baltimore: Information and Knowledge for Optimal Health (INFO) Project/Center for Communications Programs, Johns Hopkins Bloomberg School of Public Health, 2004).

goods and services. In many countries, the competition for health resources arising from HIV, malaria, family planning, and a host of other health issues is a critical aspect of the context.

Planning for SPARHCS

Undertaking a SPARHCS assessment involves considerable planning and requires sufficient time, funding, and staffing (see Box 1). The ministry of health, which is ultimately responsible for improving the nation's health, is the appropriate organization to convene and lead the SPARHCS process. But because the SPARHCS framework identifies contraceptive security as extending beyond the domain of the public sector, the process of planning and conducting a SPARHCS assessment should engage stakeholders from the private sector as well as the public sector.

As explained in greater detail below, the SPARHCS framework is designed to examine and complement the family planning/reproductive health program cycle of planning, implementation, and monitoring and evaluation. Each one of these parts of the program cycle can hinder contraceptive security because of inadequate planning; poor execution of policies, programs, and systems; and ineffective use of data to track how well objectives are being achieved. For SPARHCS to be most useful, it needs to be applied in a systematic way so that it addresses the full range of barriers to contraceptive security.

Contraceptive Security Committees Take Ownership of the Process

A critical step in undertaking a SPARHCS assessment and follow-on efforts is the formation of a small group of stakeholders—a

contraceptive security committee—that provides guidance and oversight to the process. If a multisectoral group that addresses broad issues related to family planning already exists, its scope can expand to include broader contraceptive security issues. If such a group does not exist, it is critical to create a contraceptive security committee made up of organizational leaders included in Box 2.

Early on, this group should take ownership of the assessment and subsequent planning for follow-on efforts. The committee also serves as a working group that develops and implements a strategic plan based on assessment findings. By including members that are involved in different aspects of the program cycle, the committee's expertise can be used to identify critical areas for improvement and advocate for needed changes.³

SPARHCS Addresses All Aspects of the Program Cycle

SPARHCS is designed to be conducted in six steps, which correspond to different aspects of the family planning/reproductive health program cycle, shown in Figure 2. Each step builds on the preceding step and lays a foundation for subsequent steps. The process can be adapted to local needs (see Box 3).

Step 1: Awareness raising focuses attention on the importance of contraceptive security issues to the larger group of stakeholders (beyond the contraceptive security committee). Drawing on data and evidence, the contraceptive security committee should reach

BOX 2

Developing a Contraceptive Security Committee

Membership of a contraceptive security committee should include—but not be limited to—key leaders, such as:

- Representatives of the ministries of health, finance, and planning.
- Other governmental and private institutions involved in social insurance, social services, and women's health.
- Appropriate NGOs, technical agencies, private companies, and leading family planning service delivery organizations.
- Technical partners and donors.
- Private sector and trade associations.
- Supply chain managers.
- Media.

Sources: U.S. Agency for International Development, *Ready Lessons I: Raising Awareness and Commitment* (no date); and Raja Rao, Nadia Olson, and Alan Bornbusch, eds., and Kevin Pilz, ed., *The SPARHCS Process Guide: A Planning Resource to Improve Reproductive Health Commodity Security* (Baltimore: Information and Knowledge for Optimal Health (INFO) Project/Center for Communications Programs, Johns Hopkins Bloomberg School of Public Health, 2008).

BOX 3

SPARHCS Is Adaptable to Local Circumstances and Resources

The SPARHCS framework can be adapted to any setting, depending on the time and financial resources available for the process. Several different SPARHCS models have been used.

One model is relatively short—three to six months—and requires a minimal level of effort. For this model to work effectively, data relating to the family planning program must be widely available. It is particularly useful where a set of priorities are already widely accepted. This model was useful in Malawi, where a desk review was the principal source of information, supplemented with key informant interviews conducted in country.

A second model can be carried out in nine to 18 months. This approach focuses greater attention on one specific step, and uses fewer resources on the others. In applying the SPARHCS framework in Madagascar, for example, additional time and resources were spent on the joint diagnosis step; in Ghana, extra effort was used on developing the strategic plan.

A third model also can be carried out in nine to 18 months, but is more resource-intensive because it includes a more active contraceptive security committee, a more detailed joint assessment, and expanded strategic planning. In Jordan, for example, the process was extensive and led to a strategic plan that obtained funding for its implementation.

Sources: Paul Dowling, Elizabeth Bunde, and Veronica Chirwa, *Malawi: Contraceptive Security Desk Assessment*, (Arlington, VA: DELIVER, for the U.S. Agency for International Development, 2005); Scott Moreland et al., *SPARHCS Madagascar Field Test Evaluation Report* (Washington, DC: Futures Group/Policy Project, 2003); Ghana Ministry of Health, *Meeting the Commodity Challenge: Securing Contraceptives and Condoms for Ghana* (Arlington, VA: DELIVER Project/John Snow, Inc., 2004); and POLICY II Project, *Documenting the Use of SPARHCS in Jordan* (Washington, DC: Futures Group/POLICY Project, 2006).

policy audiences with specific messages that are brief, clear, simple, and accurate. This stage of the process can provide information to decisionmakers, for example, that contraceptive security and meeting clients' family planning needs involve a complex, multisectoral endeavor, as well as convey facts about the benefits of investing in family planning.

Step 2: Joint diagnosis probes into the existing family planning policy and program efforts to identify strengths and weaknesses. At this step, the SPARHCS assessment tool is useful because it provides questions that can be adapted for gathering information about the different elements of the framework discussed above. The joint diagnosis is at the core of the SPARHCS process and includes four key components:

- Conduct desk-based research and data collection to better understand the situation prior to beginning the SPARHCS assessment. This step should include the collection of policies, project documents, service statistics, and study findings that provide insight into different aspects of family planning program operations.
- Present the SPARHCS methodology to stakeholders so they understand the objectives of the process, how data will be collected, and expected outputs. This step facilitates greater buy-in and local ownership of the process.
- Interview key informants, including policymakers, clinicians, program managers, and clients, to obtain in-depth information about the different elements of the SPARHCS framework. If time or resources are a constraint, an informant workshop can provide an opportunity to address crosscutting issues that may not emerge in individual interviews.
- Present findings and begin building consensus with stakeholders on priority issues. These prioritized issues will serve as the basis for a strategic plan.

Step 3: Consensus building about priorities is crucial to moving forward with the SPARHCS process. The amount of time needed to reach consensus will vary, and may require a series of policy dialogues between stakeholders and decisionmakers to establish which issues need to be addressed.

Step 4: A multipartner strategic plan that responds to priority issues is then developed by stakeholders from all appropriate sectors. The plan should be linked to the program activities of implementing organizations, reflecting their mission and institutional goals. The plan should be based on evidence, including the effectiveness of different types of interventions that might be proposed. Estimating the costs for each activity in the plan will also help decisionmakers prioritize what can be accomplished.

Step 5: Implementation is the link between the strategic plan and achieving contraceptive security. Successful implementation requires that stakeholders understand the strategy and how their organizations' actions fit into a larger scheme related to common objectives. However, implementing a contraceptive security strategic plan also requires political will. Without that commitment, neither funding nor approval to move forward with implementation is likely. The inclusion of contraceptive security activities in national development plans, poverty reduction strategies, and health sector financing mechanisms can also be an effective way to ensure that improvements to family planning programs obtain both needed funds and commitment.

Step 6: Monitoring and evaluating the implementation of the plan is based on having clear objectives, indicators, and data collection strategies. Civil society organizations

BOX 4

Contraceptive Security Committees in Latin America

A recent assessment of contraceptive security committees in Latin America included their thoughts on the value of these committees. Representatives from the six committees in the region agreed that the existence and active involvement of the contraceptive security committees was critical to many significant results. Some respondents noted that progress on contraceptive security in their countries might have occurred without the committees, but it would have required greater dedication by the government to make contraceptive security a priority, or alternatively, would have taken longer.

Source: Veronica Siman de Betancourt, *Contraceptive Security Committees: Their Role in Latin America and the Caribbean* (Washington, DC: USAID | Health Policy Initiative, Task Order 1, 2007).

frequently contribute to implementing a plan by monitoring the performance and results of implementing organizations.

Lessons Learned From SPARHCS Applications

Through using the SPARHCS tool in different countries, stakeholders have learned several lessons, including the following:

Use evidence and data to the extent possible. In countries that have had these surveys, data from a Demographic and Health Survey or a Reproductive Health Survey can provide committees a starting point for assessing the use of different types of health services, including family planning. An analysis of family planning use by wealth quintile (referred to as a market-segmentation analysis) provides information on contraceptive prevalence across economic groups, as well as information about the methods chosen by each group and where they obtain their contraceptives. This type of information helps the committee find ways to better use a broad range of providers (such as NGOs, pharmacies, and other private-sector outlets) as well as to identify strategies that focus the public sector on specific segments of the population. Other useful analytic tools and approaches are outlined in issues of the 2008 edition of *Contraceptive Security Ready Lessons II*.⁴

Develop politically feasible strategies that respond to priorities. As a contraceptive security committee develops its strategic plan, it should focus on the identified priorities and the country-specific context. For example, if the country is revising its poverty reduction strategy, the contraceptive security committee should advocate to include family planning in the strategy. If donor phaseout is in the near future, the action plan should identify how commodities will be funded and procured

when phaseout is completed. The committee should also be aware of the political realities that can affect the success of the contraceptive security action plan.

A multisectoral approach reaches new audiences.

Although reproductive health and family planning are typically in the domain of the health sector, SPARHCS engages a broader set of actors, including the ministries of planning and finance, service providers, the commercial sector, and civil society. A well-functioning committee requires that its members set aside their differences so it can build a common view of achieving contraceptive security (see Box 4). In Jordan, for example, the active participation of a representative of the ministry of finance was critical to obtaining funding to implement that action plan.

SPARHCS makes a difference. Since SPARHCS was developed, it has been applied in 50 countries around the world and has helped to focus attention on family planning, especially at a time when health systems are being integrated and decentralized. More than 35 countries have contraceptive security committees; more than 22 countries now use their own government funds to purchase contraceptives; and 26 countries have contraceptive security strategies.⁵ These efforts galvanize support for family planning and contraceptive security.

Next Steps

SPARHCS has assisted many countries make substantial progress toward achieving contraceptive security. By systematically addressing the program cycle, the SPARHCS framework brings stakeholders together around a common goal, and empowers them to take concrete steps that will improve long-term access to family planning products and services. To begin programming efforts for contraceptive security, stakeholders need to:

- Understand current efforts to address family planning needs by gathering and studying available data from surveys and service statistics. This information will help engage other stakeholders in strengthening family planning program efforts.
- Collaborate with the ministry of health in creating and sustaining a contraceptive security committee and advocate for the active participation of the private sector and actors outside the health sector, especially representatives from ministries of planning and finance.
- Engage donors and a broad set of stakeholders in undertaking a SPARHCS assessment so they understand the process and support the findings.
- Take ownership of the SPARHCS process and create a vision of a vital, accessible family planning program that serves women's and men's needs.
- Develop a contraceptive security action plan that includes feasible, realistic solutions and estimate the cost of implementing the action plan.

For More Information

SPARHCS tool and framework

- Lisa Hare et al., eds., *SPARHCS: Strategic Pathway to Reproductive Health Commodity Security: A Tool for Assessments, Planning, and Implementation* (2004), available at www.maqweb.org/sparhcs/SPARHCS_Part1_en.pdf.
- Raja Rao, Nadia Olson, and Alan Bornbusch, eds., and Kevin Pilz, ed., *The SPARHCS Process Guide: A Planning Resource to Improve Reproductive Health Commodity Security* (2008), available at http://maqweb.org/sparhcs/SPARHCS_PG.pdf.

Developing messages about contraceptive security

- Reproductive Health Supplies Coalition, *Leading Voices in Securing Reproductive Health Supplies*, an advocacy guide and toolkit available at www.rhsupplies.org/guide-new.html.

Using data to strengthen family planning programs

- Measure Evaluation, *Data Demand and Use*, available at www.cpc.unc.edu/measure/approaches/data-demand-and-information-use.

Data on contraceptive use

- Demographic and Health Surveys www.measuredhs.com.

Contraceptive Security: A Toolkit for Policy Audiences

A seven-part series of briefs designed to explain different aspects of contraceptive security to policymakers, program managers, media, and civil society. The topics included in the toolkit are:

- Contraceptive Security for Policy Audiences: An Overview
- Planning for Contraceptive Security: Start With SPARHCS
- Financing Contraceptives: A New Funding Environment
- Procuring Contraceptives: Options for Countries
- Supply Chain: Getting Contraceptives to Users
- Policy Environment: Understanding the Context for Contraceptive Security
- Priority Actions and Recommendations for Contraceptive Security

Each section of the toolkit may be accessed at www.prb.org.

Acknowledgments

James Gribble is vice president of International Programs at the Population Reference Bureau. This brief was written with assistance from Gloria Coe, Carmen Coles, and Linda Cahaelen of the U.S. Agency for International Development (USAID) Office of Population and Reproductive Health. Thanks to these individuals and to Alan Bornbusch and Kevin Pilz of USAID and Paul Dowling and Leslie Patykewich of John Snow, Inc., for providing information and review. This brief and the Contraceptive Security Toolkit were funded by USAID under the BRIDGE Project (Cooperative Agreement CPO-A-00-03-00004-00).

References

- 1 Leslie Patykewich, "The Strategic Pathway to Reproductive Health Security (SPARHCS)," presented at the International Family Planning Conference in Kampala, Uganda, Nov. 15-18, 2009.

- 2 Lisa Hare et al., eds., *SPARHCS: Strategic Pathway to Reproductive Health Commodity Security: A Tool for Assessments, Planning, and Implementation* (Baltimore: Information and Knowledge for Optimal Health (INFO) Project/Center for Communications Programs, Johns Hopkins Bloomberg School of Public Health, 2004).
- 3 Raja Rao, Nadia Olson, and Alan Bornbusch, eds., and Kevin Pilz, ed., *The SPARHCS Process Guide: A Planning Resource to Improve Reproductive Health Commodity Security* (Baltimore: Information and Knowledge for Optimal Health (INFO) Project/Center for Communications Programs, Johns Hopkins Bloomberg School of Public Health, 2008); and Veronica Siman de Betancourt, *The Challenge of Family Planning Supplies in Latin America: How Contraceptive Security Committees Are Making a Difference* (Washington, DC: USAID I Health Policy Initiative, 2007).
- 4 U.S. Agency for International Development, *Contraceptive Security Ready Lessons II: Reaching the Underserved (No. 9)* (Baltimore: Information and Knowledge for Optimal Health (INFO) Project/Center for Communications Programs, Johns Hopkins Bloomberg School of Public Health, 2008).
- 5 Patykewich, "The Strategic Pathway to Reproductive Health Security (SPARHCS)."

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