

GHANA'S PROGRESS TOWARDS FP2020 COMMITMENTS

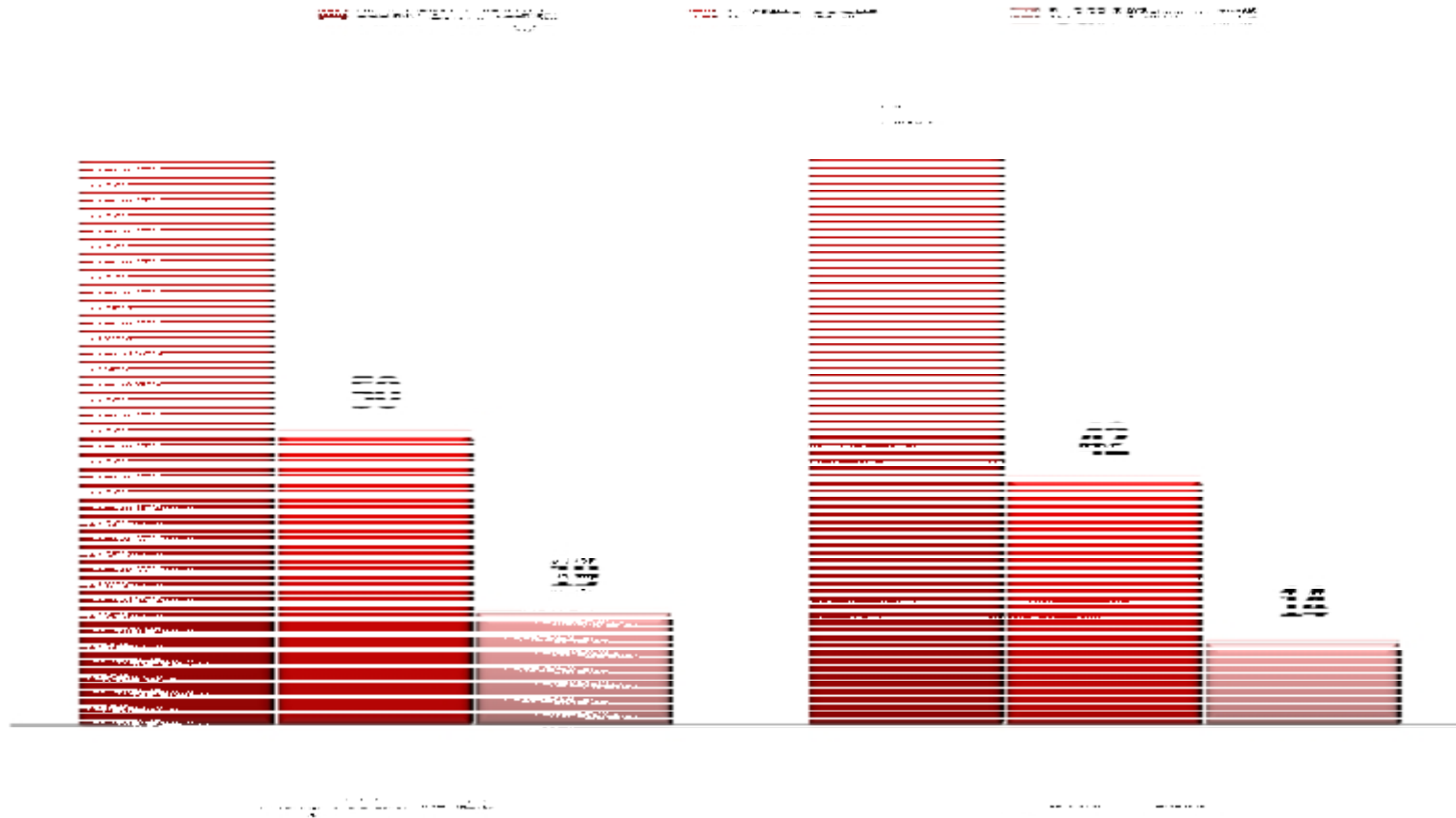
30th Sept-1st Oct, 2014, Kampala,
Yaa Asante
Ghana Health Service

Current Situation

Indicator	GDHS (2008)	MICS (2011)
Total fertility Rate	4.0	4.3
Contraceptive Prevalence rate	17%	23%
Unmet Need for Family Planning	35%	26.4%

Gap Between Knowledge and Use of Contraceptives Among All Women

Percent of **all** women
15-49



FP Policy Environment

- Existence of Inter Agency Committee for Contraceptive Security in 2002
- National Reproductive Health Commodity Security Strategy for 2011-2016
- Reproductive Health Service Policy & Standards-reviewed 2014
- Strong collaboration with donors and implementing partners

FP Commitments at the London Summit

- Task shifting
- Reducing the amount of money consumer will need to spend on family planning
- To implement more youth friendly family planning services
- Expand the available mix of family planning methods
- Increase male involvement in family planning
- Improve access to family planning in post-partum and post-abortion services

Progress

- Reviewed policy to increase and expand the cadre of FP service providers-
Community health nurses now provide Implant
 - 1,300 Community health nurses trained since policy changed in Feb, 2012
 - Implants available at community level
 - Training is on-going

Progress

- National Health Insurance law reviewed to include FP
 - Following that proposal sent to MOH to include clinical methods
 - Awaiting LI to operationalize

- Sustained donor funding for FP/RH

Progress

- Scaled up adolescent health and development programme
 - Massive support from DFID in BAR
 - Use of social media
 - Web Site for adolescent ADHD
 - Adolescent news letter
 - RH policy- contraceptives for sexually active adolescents
 - Collaboration with MSIG, DKT for adolescent progs
 - Etc.

Progress

Expanded the mix of FP methods

Short Term:

- Condoms (Male and Female)
- Spermicides
- Oral contraceptive pills
- Injectables
- Lactational Amenorrhoea Method (LAM)
- Natural Family Planning Methods

Progress

Long Term Methods

- Implants

- Jadelle-2 rods, 5 years

- Zarin- 2rods 4 years- available in the private sector

- Implanon- 1 rod, 3 years

Levonorgestrel Intrauterine System (LNG- IUS)- to be introduced

Progress

Permanent methods:

- Tubal ligation
- Vasectomy

Progress

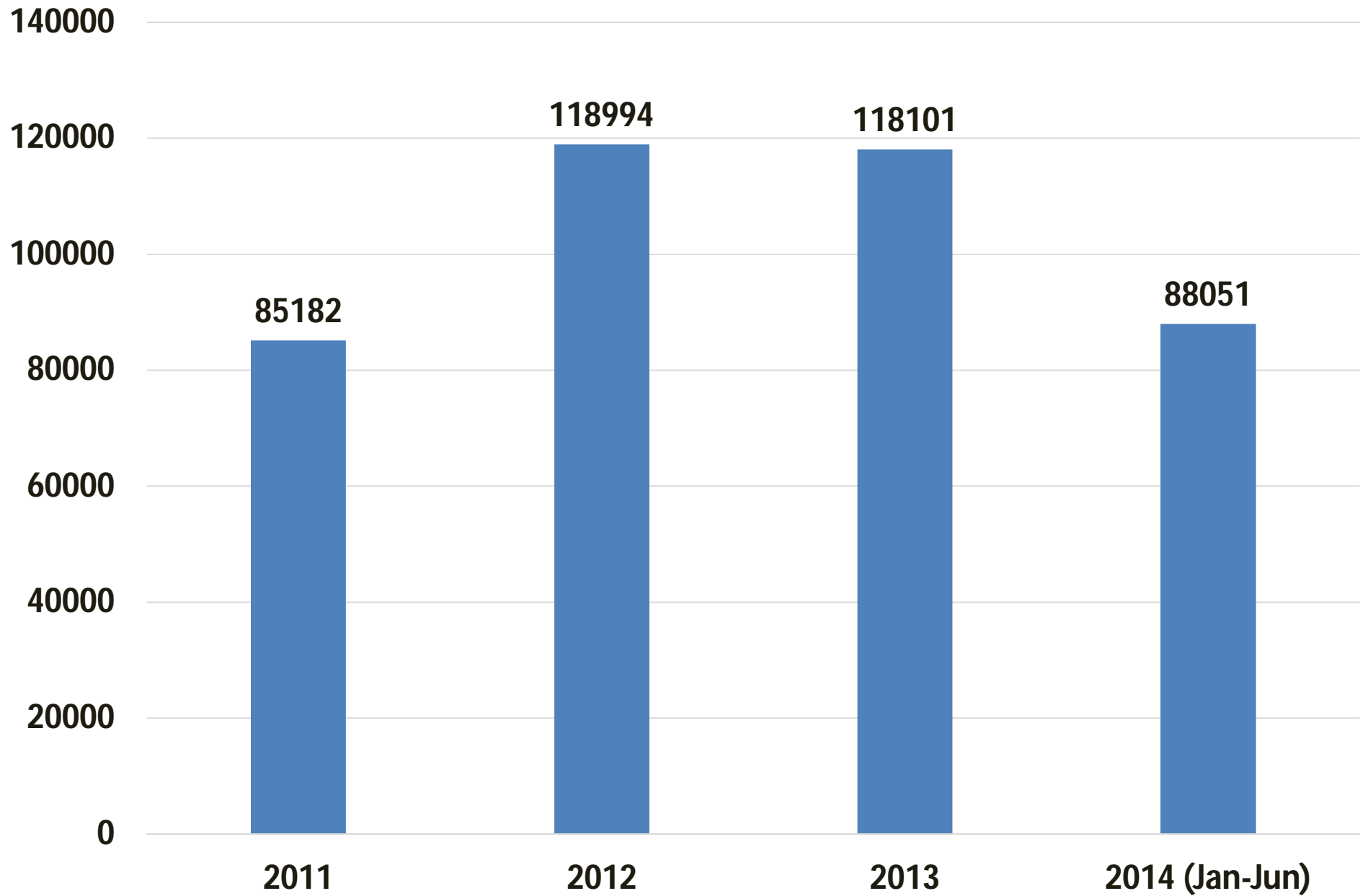
- Collaboration with partners in FP- (annual CPT preparation etc.)
- Data tracking for male involvement

Progress

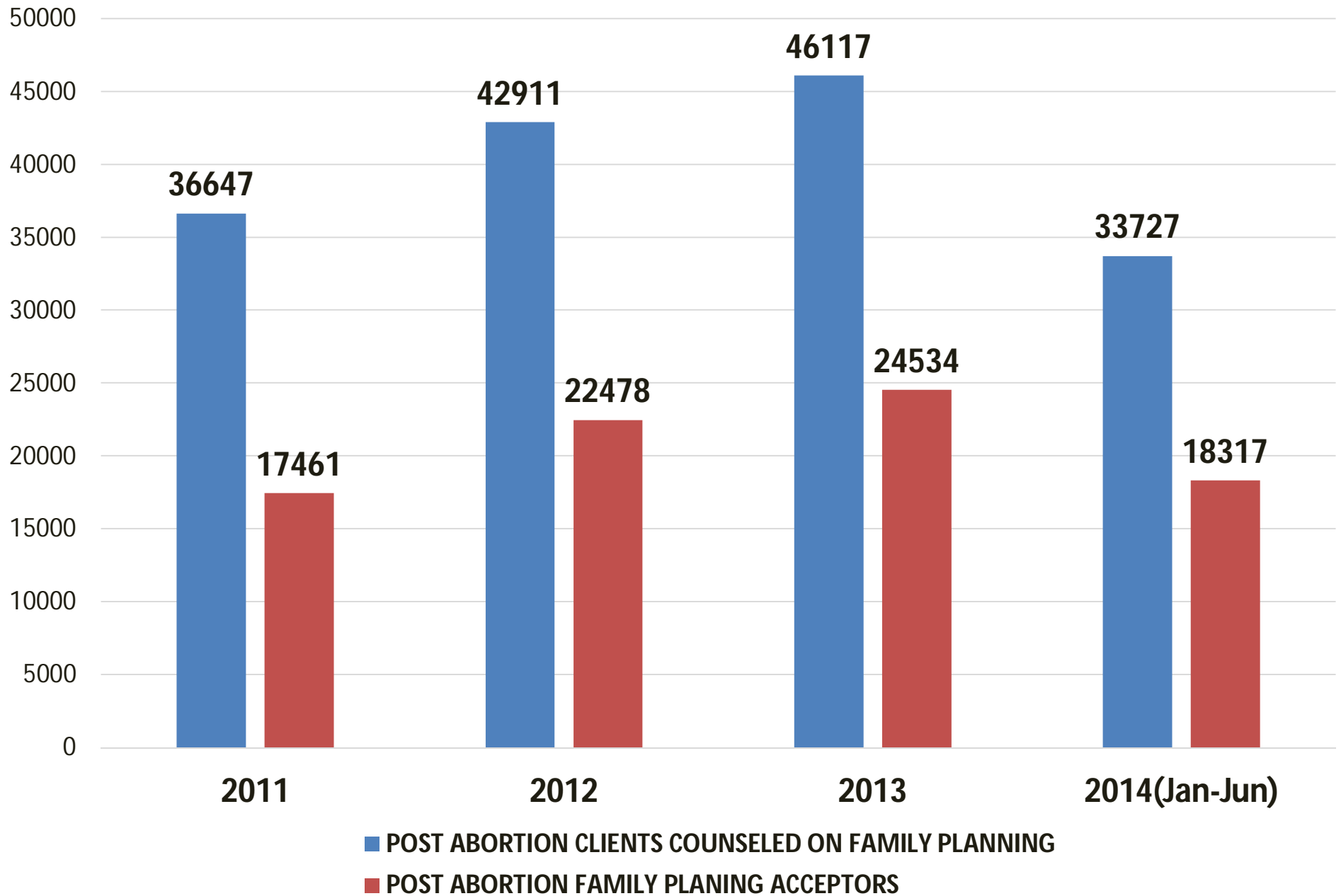
Family planning in post-partum and post-abortion services

- Training of service providers
- Commodities available at service delivery points

POST PARTUM MOTHERS ACCEPTING FAMILY PLANNING METHOD 2011-2014



POST ABORTION CLIENTS COUNSELLED AND ACCEPTED FAMILY PLANNING METHODS 2011-2014



Progress

Reviewing FP indicators to include:

No. of FP service delivery points per 500,000 population

Population living within 2 hours of travel time from service delivery points providing FP services

No. of other sources of FP information, services & supplies per 500,000 population

Challenges

- Provider attitudes towards the young and sexually active

Sometimes rude and unfriendly

Due to lack of training in providing adolescent health services

- Young people hesitant to access service
 - Shy
 - Fear

Challenges

Poor service linkages

Women who attend

- post natal care
- child welfare clinics
- general OPD

Are still not used as a way to track mothers for family planning services

Verticalization of services by some providers and inadequate trained staff are important reasons for the poor service linkages

Challenges

Service delivery

- Clinic working hours not always convenient for clients
 - rural women available mainly in the evenings
 - market women
- Missed Opportunities
 - Post partum family planning
 - Post abortion care family planning

- Fear of side effects
- Myths and misconceptions

THANK YOU FOR YOUR ATTENTION