GHANA’S PROGRESS TOWARDS FP2020 COMMITMENTS

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

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<tr>
<td>Total fertility Rate</td>
<td>4.0</td>
<td>4.3</td>
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<td>Contraceptive Prevalence rate</td>
<td>17%</td>
<td>23%</td>
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<tr>
<td>Unmet Need for Family Planning</td>
<td>35%</td>
<td>26.4%</td>
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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
- 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
• Injectablels
• Lactational Amenorrhoea Method (LAM)
• Natural Family Planning Methods
Progress

Long Term Methods

• Implants
  - Jadelle- 2 rods, 5 years
  - Zarin- 2 rods 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

- 2011: 85182
- 2012: 118994
- 2013: 118101
- 2014 (Jan-Jun): 88051
POST ABORTION CLIENTS COUNSELED ON FAMILY PLANNING METHODS 2011-2014

- 2011: 36647
- 2012: 42911
- 2013: 46117
- 2014 (Jan-Jun): 33727

POST ABORTION FAMILY PLANNING ACCEPTORS
- 2011: 17461
- 2012: 22478
- 2013: 24534
- 2014 (Jan-Jun): 18317
## Progress

Reviewing FP indicators to include:

<table>
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<th>Indicator</th>
<th>Description</th>
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<tr>
<td>No. of FP service delivery points per 500,000 population</td>
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<tr>
<td>Population living within 2 hours of travel time from service delivery</td>
<td>points providing FP services</td>
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<tr>
<td>No. of other sources of FP information, services &amp; supplies per 500,000</td>
<td>population</td>
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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