

GHANA COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage—<http://www.familyplanning2020.org/ghana>—on FP2020's website.

We request that you submit your response by **Friday, June 8, 2018**. Please complete the attached Word document and submit to Martyn Smith on msmith@familyplanning2020.org with a copy to Holley Stewart on hstewart@familyplanning2002.org.

Should you have any questions or concerns, please contact Holley Stewart on hstewart@familyplanning2020.org or Rudy Shaffer on rshaffer@familyplanning2020.org.

Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.

GHANA COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



This year we have modified the questionnaire to include 1) the 2017 commitment and elements of Ghana's original commitment that still stand, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

UPDATE QUESTIONNAIRE

COMMITMENT OVERVIEW

The Government of Ghana commits to include family planning (FP) services and supplies in the national health insurance benefits package during the next scheme review period, which will make them free of charge at all public-sector facilities, and private sector facilities subscribed to the scheme. The government commits to increase its procurement from one quarter to a third of all FP commodities. The government commits to increase the number of modern contraceptive users 1.46 million (2015) to 1.93 million in 2020 by increasing access and availability of services at all levels and capacity building; expanding contraceptive method mix, and increasing demand for services. Lastly, the government commits to support sexual and reproductive health (SRH) interventions that can increase the prevalence of sexually active unmarried adolescent using modern contraceptives from current levels of 31.5% to 35.0%.

1. **COMMITMENT:** Revise the national health insurance benefits package to include clinical methods of FP services and supplies:
 - 1.1. Ensure the inclusion of clinical FP methods in the NHIS actuarial analysis;
 - 1.2. Brief new minister and administration; and
 - 1.3. agree on modalities of implementation to ensure the incorporation of clinical FP methods in the NHIS benefit package by September 2017.
 - 1.4. Eliminate user fees for FP services in all public health facilities.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- 1.1 inclusion of clinical FP methods in the NHIS
- 1.2 Minister and administration briefed on Ghana FP2020 Commitments
- 1.3 Modalities of implementation have been agreed upon and by May 2018, clinical FP methods has been incorporated into the NHIS benefit package
- 1.4 Process of eliminating user fees for FP services in all public health facilities is still under consideration
- 1.5 An FP on the NHIS Pilot study is on -going in selected districts in some regions of the country

2. **COMMITMENT:** Increase the government financial contribution to procure one third of FP commodities from 2018 onward:

- 2.1. Increase in allocated budget lines for the procurement of reproductive health commodities from the Ministry of Health

3. **COMMITMENT:** Increase mCPR among currently married women or women in union from 22% to 29% through improved access to FP in peri-urban and rural areas:

- 3.1. Support the introduction of DMPA-SC through facility and by self-injection by September 2018;
- 3.2. Initiate the establishment process of a local social marketing organization by the end of November 2017;
- 3.3. Increase demand for FP, including advocacy and communications to improve male involvement.
- 3.4. Develop and disseminate family planning specific social behavior change communication under the Good Life, Live it Well brand through the Ghana Health Service Health's Promotion Department by the end of June 2017;
- 3.5. Improve post-partum and post-abortion care.
- 3.6. Implement eLMIS to ensure accurate reporting in the early warning system nationwide by the end of 2020;
- 3.7. Review RMNCH scorecards at ICC/CS meetings and provide feedback on FP stock status reports to regional leaders during quarterly ICC/CS meetings;
- 3.8. Improve counseling and customer care by
 - 3.8.1. Training at least 2000 auxiliary nurses—community health and enrolled nurses—by December 2017; and
 - 3.8.2. Supporting the task shifting of community health nurses through the midwifery assistant program so that they can provide IUD services by December 2017.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- 3.1 Study on feasibility and acceptability of DMPA-SC still on going
- 3.2 Local social marketing organization has been formed "Total Family Health Organization"
- 3.3 Several activities which include SBCC to organized groups, media engagements and the recently held maternal health conference which highlighted on family planning
- 3.4 Family Planning specific social behavior change communication messages have been developed and disseminated as part of the Good Life, Live it well campaign by the Ghana Health Service
- 3.5 Training on postpartum and post abortion family planning still on going
- 3.6 eLMIS to ensure reporting in early warning system nationwide has been implemented (GheLMIS)
- 3.7 Monthly stock status reports are prepared and shared with national and regional managers
- 3.8.1 About 2000 auxilliary nurses trained in FP to improve counselling and customer care

3.8.2 As part of the support for task sharing initiative, a training manual for the trial provision of IUD services by community health nurses (midwifery assistants) has been developed.

4. **COMMITMENT:** Increase mCPR among sexually active married and unmarried adolescents from 16.7% and 31.5% to 20% and 35% respectively by 2020 by improving their access to sexual and reproductive health information and services and enhancing uptake of family planning services:

- 4.1. Advocate for Cabinet’s approval of revised ASRH Policy;
- 4.2. Ensure that comprehensive sexuality education (CSE) is integrated in the next GES curriculum review so that CSE can be provided within a school setting;
- 4.3. Ensure providers provide adolescent-friendly services for sexually active young people in adolescent-friendly corners nationwide;

A total of 181 service providers were trained in 2017 and 30 have been trained so far in 2018 in Adolescent and Youth-friendly Health Services with support from UNFPA and UNICEF

- 4.4. Ensure government’s support in the implementation of the newly revised Adolescent Health Service Policy and Strategy 2016-2020;

The Programme is yet to receive support from government

- 4.5. By December 2017, increase the coverage and scale of recently integrated adolescent health registers under the DHIMS to 50% of adolescent health corners providing SRH services;

The Programme is yet to receive support from government

- 4.6. Scale up the users of a mobile application for service providers from 4,050 to 10,000; and

A total of 5124 service providers are using the mobile application

- 4.7. Recruit 20% of older adolescent (ages 15 to 19 years) mobile phone users to use the *You Must Know* mobile application

So far a total of 1020 older adolescents are using the YMK application.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- 4.1 Advocacy for cabinet’s approval of revised ASRH Policy still on going
- 4.2 GES has given the comprehensive sexuality education guidelines to National Council for Curriculum and assessment to review and include the gap on CSE for school setting

Please respond to all parts of the following 3 questions:

1. How has the Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?

For marginalized women, there is an on-going capacity of service providers to increase access, coverage, quality and safety of SRHR information and services for People with disability

For the young people, various initiatives are being implemented by the adolescent health and development programme to involve them in generating family planning policies and programs. These include adolescent and youth health friendly corners, mobile apps (you must know), school health clubs etc.

Government has created spaces and opportunities for the engagements of civil society, young people, women and girls in the decision-making process about national family planning programmes and policies. Some of these include:

- i. Currently, the National Population Council has led a process to develop a national guideline for the delivery of CSE in Ghana.
- ii. The national guideline defines clearly age appropriate content that should be delivered at the various stages of education and is based on UNFAP, UNESCO and IPPF standards
- iii. Civil society, young people and academia have been strongly involved and engaged in all process leading to the guideline development
- iv. A civil society led and developed content “KnowItOwnItLiveIt” CSE manual has been adopted together with a GES source book for teachers on CSE as the content guides to drive the implementation of CSE.
- v. The guideline and the manuals have been submitted to the Minister of Education and the Ghana Education service for verification and adoption.
- vi. The guideline, CSE manual and the source book have been submitted to NACCA to use as reference materials for the review and integration.

a. What challenges have you faced in working with these groups? (please give examples)

- i. Society’s reluctance to support these groups due to inadequate awareness and understanding of their SRH needs.
- ii. Ensuring the continued and sustained participation of vulnerable groups at all levels given the peculiarities and limitations they have and face
- iii. Financing and sustaining engagements of young people who often are unable to finance their participation unless supported.

b. How has this engagement supported in reaching your FP2020 commitment?

- I. The engagement has enabled the facilitation of the reaching of more young people and marginalized populations with adequate information to make informed choices about SRHR
- II. The engagements is helping to mobilize civil society actors and young people to push the community frontiers to break barriers that limits people’s access to SRHR services, particularly FP services.

- III. Civil society partners and young people are part of the cadre of service providers expanding access to FP services in the communities and also to young people
- IV. The engagements also is helping to make government deliver on its mandates are these partners continue to push government to deliver

c. *Please share successes and/or lessons learned from these engagements.*

Lessons Learnt

Engagement with these groups have improved access to FP information and uptake

Civil society actors are central to government's commitment

More needs to be done and this requires bringing everyone on board including young people, vulnerable groups, and civil society actors to ensure attainment of the targets

- 2. *How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?*

NHIA has included FP services in the benefits package

- 3. Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting? **YES**

- a. If so, what insights were gained?

- i. Ghana is on course in achieving its target
- ii. The existence of different tools for data analysis

- b. Were domestic expenditures data reviewed as part of the data consensus meeting? **If so, please share insights and challenges you had in reviewing and validating these data.**

No

Please provide the following information on the Government's point of contact for this update:

- ❑ Name: DR. PATRICK KUMA-ABOAGYE
- ❑ Title: DIRECTOR
- ❑ Department: FAMILY HEALTH DIVISION
- ❑ E-mail: yaboagye2003@yahoo.com / patrick.kumaaboagye@ghsmail.org
- ❑ Phone: +233 20 736 9326
- ❑ Address: PRIVATE MAIL BAG, MINISTRIES ACCRA
- ❑ Date: 04-07-2018