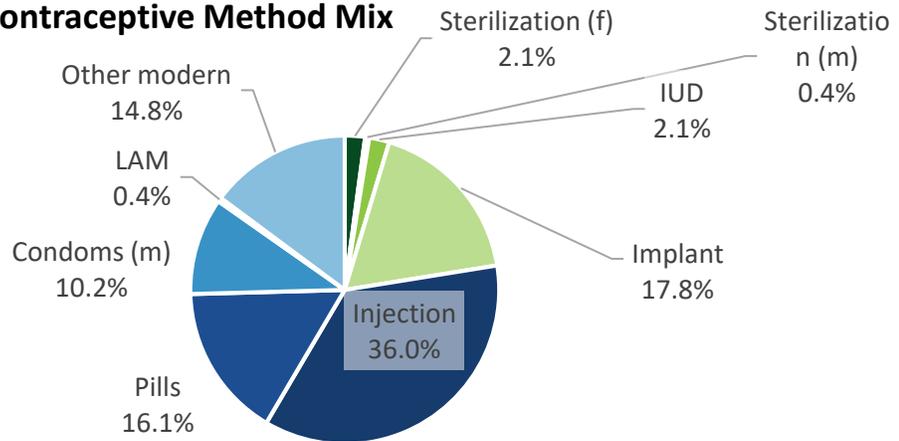


Ghana Actions for Acceleration



Country Snapshot

Modern Contraceptive Method Mix



Stage 2: Growth
Length of period and speed of growth varies; but there is potential for rapid acceleration.

mCPR (AW vs. MW) (year)	22% vs. 27%
FP2020 mCPR/CPR goal	29% MW
Unmet need (MW)	34%
Demand satisfied (MW)	44%
*Track 20	

FP2020 Commitment

Commitment objective	Increase the number of women and girls using modern contraception from 1.5 million to 1.9 million by improved access to and availability of quality family planning services at all levels, expanded contraceptive method mix and increased demand. Reduce teenage pregnancy and child marriage.
Policy commitment	2017: Revisit the national health insurance benefits package to include the clinical methods of FP services and supplies 2012: In 2011, Ghana's Ministry of Health and its National Population Council have put in place an MDG 5 Acceleration Framework, also known as the MAF Plan. The country commits to revising its national health insurance benefits package to include FP services and supplies, which will make them free of charge everywhere.
Financial commitment	2017: Increase the government's financial contribution for the procurement of FP commodities (the government currently directly purchases about one quarter of all commodities; starting in 2018, this percentage will increase to one third of all commodities). 2012: Ghana is committed to increasing the government contribution to buying FP commodities. The government currently directly purchases about one quarter of all commodities; percentage will increase after 2015. Ghana commits an additional US\$3 million annually for the MAF Plan for 2012-2015.

<p>Programmatic commitment</p>	<p>2017: Increase mCPR among currently married women or women in union from 22% to 29% by 2020 through improved access to FP in peri-urban and rural areas.</p> <p>Increase mCPR among sexually-active married and unmarried adolescents from, respectively, 16.7% and 31.5% to 20% and 35% by improving their access to sexual and reproductive health information and services.</p> <p>2012: MDG 5 Acceleration Framework, also known as the MAF Plan, includes the following strategies:</p> <ul style="list-style-type: none"> • Use community-based nurses to deliver FP services in rural areas. • Eliminate user fees for FP services in all public health facilities. • Increase demand for FP, including advocacy and communications to improve male involvement. • Improve workforce training and options for task shifting. • Improve counseling and customer care. • Improve post-partum and post-abortion care. • Offer expanded contraceptive choices including a wider range of long acting and permanent methods. <p>Provide adolescent-friendly services for sexually active young people</p>
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CIP/RH Strategy Priorities

1. Demand creation
2. Service delivery
3. Contraceptive security;
4. Policy and enabling environment
5. Financing; and
6. Stewardship, management, and accountability.

Ghana's Priorities

Priorities: *please outline 4-6 clear priorities for the next 18 months. These priorities should be in-line with existing agreed focus areas, whether those be in a Costed Implementation Plan (CIP), an RH Strategy, a Health, and Development Strategy, or the like. If you developed a previous action plan in 2016, please review it to see which priorities/actions you will include from it in this new action plan.*

Priority #1: Hasten the operationalization of family planning in NHIS benefit package.

Priority #2: Increase government's financial contribution for the procurement and distribution of FP commodities to ensure commodity security in the public and private health sectors.

Priority #3: Increase access to FP services for women in peri urban and rural areas

Priority #4: Increase access to SRH information and services for adolescents.

Priority #5: Promote targeted socio-behaviour change and communications (SBCC) that focuses on rights- based family planning.

Focal Point, Secretariat, and Partners Actions

Priority #1: *Hasten the operationalization of family planning in NHIS benefit package.*

Focal Point Actions	Who	Timeline
1.1. Complete and validate the actuarial analysis of the Primary Healthcare package which includes FP	USAID/GF/NHIA	February 2018
1.2 Present Actuarial analysis to the Minister of Health	GHS	March 2018
1.3 Disseminate Actuarial with Ghana Registered Nurses Association (GRNA) and SOSOG	GHS	March 2018
1.4 Hold advocacy dialogue with the CEO and Board of NHIA on the inclusion of the FP clinical into the NHIS	/GHS/MOH/CSOs	February 2018
1.5 Hold advocacy dialogue with the Ministry of Health, Finance and the Board of NHIA on the inclusion of the FP clinical methods into the NHIS	GHS/MOH/CSOs/DPs	March 2018
1.6 Use the opportunity to hasten FP inclusion in NHIS through the Sustainable financing workshop for FP	USAID/MOH/GHS	January 2018
1.7 Mobilize SRHR CSOs and organize Advocacy dialogues with key stakeholders	PPAG	February 2018

Partner Actions	Who	Timeline
1.1 Consensus-building meeting on operational research pilot for the integration of FP into NHIS package in three regions to demonstrate impact while Legislative Instrument and other reforms documents are finalized	MSI with support from DFID	February 2018

Priority #2: Increase government's financial contribution for the procurement and distribution of FP commodities to ensure commodity security in the public and private health sectors.

Focal Point Actions	Who	Timeline
2.1. Work with other relevant GHS programs (e.g. National Malaria Control Program) to expand Last Mile Distribution (LMD) from 4 to all regions while advocating for increased government financial commitment	GHS/MOH/USAID/Global Fund	December 2018
2.2 Work with other relevant GHS programs (e.g. National Malaria Control Program) to decentralize eLMIS National to Regional levels to improve data visibility thereby strengthening commodity distribution	GHS/GF/USAID	December 2019
2.3 Hold advocacy dialogues with the MOH to increase the budget for FP commodities in the Essential Commodity budget line in the 2018 National Budget	GHS/PPAG/UNFPA/USAID	March 2018

Partner Actions	Who	Timeline
2.1 Design and implement a resource mobilisation plan, with a focus on identifying and financing gaps for priority activities.	HP+	February 2018
2.2 Conduct an annual family planning gap.	HP+	?
2.3 Review gap analysis with stakeholders to align development and implementing partners' available funding and workplans with the FP-CIP.	HP+, GHS	?

Priority #3: Increase access to FP services for women in peri urban and rural areas

Focal Point Actions	Who	Timeline
3.1. Disseminate FHMap (a mobile app geared to FP providers) to increase use from 4,050 service providers to 10,000 nationally by 2020 to strengthen the quality of care for reproductive health services.	GHS	June 2019
3.2 Support capacity building of Community Health Nurses through task shifting of LARCs provision to strengthen the provision of FP services nationally.	GHS/UNFPA/USAID	June 2019
3.3 Increase demand for FP services through mass-media communication and community level advocacy to address FP myths, misconception and stigma	GHS/CSOs/NPC/USAID/UNFPA	June 2019
3.4 Facilitate male involvement in FP community meetings and promoting work place services	GHS/CSOs/UNFPA	June 2019

Focal Point Actions	Who	Timeline
3.6 Integrated Post-Partum Family Planning in service training (LARC and other RH related training) and during integrated coaching visits	GHS/USAID/UNFPA	June 2019
3.7 Scale up implementation of PFP at district and Regional level facility from three regions to all 10 regions	GHS/USAID/UNFPA	December 2019

Priority #4: *Increase access to SRH information and services for adolescents.*

Focal Point Actions	Who	Timeline
4.1 Increase user of adolescent mobile app from 325 to 10,000.	GHS/CSOs	June 2019
4.2 Mobilize resources to air the YOLO TV drama series targeted at adolescents	GHS/CSOs/UNFPA/USAID	June 2019
4.3 Produce and disseminate local language versions of YOLO	GHS/CSOs/NPC	June 2019
4.4 Work with key stakeholders (public and private) to ensure CSE is integrated into the educational curriculum and out of school programming	GHS/CSOs/NPC/UNFPA	June 2019
4.5 Continue to provide and expand access to ASRH services through strengthening youth friendly services and strengthening targeted outreach in youth centres, corners to help reduce teenage pregnancy and child marriage	GHS/CSOs/NPC/UNFPA	June 2019
4.6 Develop a Rapid Response Mechanism proposal for Youth Outreach services	PPAG	March 2018

Secretariat Actions	Who	Timeline
4.1 Review and provide feedback on initial concept note for an RRM proposal.	RRM	March 2018

Priority #5: *Promote Social Behaviour Change and Communications (SBCC) that focuses on rights-based family planning.*

Focal Point Actions	Who	Timeline
5.1 Continue public education and awareness on rights-based FP through SBCC strategies such as "Good Life Live it well" campaign	GHS/CSOs	June 2019

Focal Point Actions	Who	Timeline
5.2 Scale up the use of social media to generate interest and adoption of rights-based FP	GHS/CSOs	June 2019
5.3 Continue to use traditional media in the delivery of information on FP to men, women, and adolescent.	GHS/CSOs/NPC	June 2019
5.4 Dissemination of FP information and services utilising selected local languages and disability friendly medium in health facilities in all regions of Ghana	GHS/CSOs/UNFPA/ Ghana Federation of the Disabled (GFD)	June 2019

Secretariat Actions	Who	Timeline
5.1 Provide assistance on content for public education and awareness-raising on rights-based FP, as needed	Global Advocacy, Rights and Youth	January 2019
5.2 Link to TA for adaptation of materials for right-based FP	Global Advocacy, Rights and Youth	April - June 2018

Priority #6: Improve Performance Monitoring of Reproductive Health Data

Focal Point Actions	Who	Timeline
6.1 Develop Terms of Reference for FP2020 supported M&E Advisor	GHS	February 2018
6.2 Integrate relevant Core FP 2020 Indicators into GHS District Health Information System as appropriate	GHS	June 2019
6.3 Work with HP+ set up and support a performance monitoring system for the CIP.	GHS/USAID	February 2018

Secretariat Actions	Who	Timeline
6.1 Link GHS with Track20 to recruit M&E Advisor	Country Support	January 2018

Looking Ahead:

Based on your understanding to date, are there any upcoming milestones, events, elections, or important moments coming up in the next 18 months? This forecasting will be useful to understand as activities are planned and to identify potential Rapid Response Mechanism opportunities in your country.

- Organize Annual Review Meeting in March/April which reviews performance of the FP/RH indicators, disseminates best practices and reviews progress of the CIP. This Annual Meeting brings together all Regional Health Directors, FP Coordinators, other relevant staff

and Partners. Priorities for the year are reinforced and regional performance are analysed towards improvement in execution of Ghana's Annual Program of Work.

- The Government of Ghana (GOG) has committed increasing the modern contraceptive prevalence rate to 29.6% among married and in-union women and to 40% among unmarried sexually active women by 2020. The full implementation of the Ghana Family Planning Costed Implementation Plan, 2015–2020 (FP-CIP) by the GOG and partners will enable Ghana to reach its ambitious, but realistic goals. Full implementation of the Costed Implementation Plan will increase the number of women in Ghana currently using modern contraception from 1.5million users in 2015 (baseline) to 1.9 million in 2020.
- A resource mobilisation plan, with a focus on identifying and financing gaps for priority activities first, will be designed and implemented with the support of USAID through HP+ in February 2018 as appropriate. An annual family planning gap analysis will be conducted and annually reviewed by stakeholders to align development and implementing partners' available funding and workplans with the FP-CIP.

Funding Opportunities

Based on the current FP budget and/or costing exercises done for your country's CIP, where do you anticipate there are going to be funding gaps in 2017/2018? And for which activities?

- Explore catalytic funding opportunities for focused youth outreach interventions.

Ensure the realization of FP 2020 commitments calls for concerted actions among public, private, civil societies, faith-based and non-government organizations to expand family planning services and strengthen our health system. This requires leadership and meaningful engagement of all sectors:

- While the national budget reflects an increased commitment to fund essential drugs, including FP commodities, continuous advocacy is needed to increase government's direct purchase of FP commodities.