

FP2020 Commitment 2020 Update Questionnaire GHANA



Since 2012, the Family Planning 2020 partnership has supported the rights of women and girls to decide freely and for themselves whether, when, or how many children they want to have. Together with our partners across the world, we have built global momentum to strengthen our focus on lessons learned and proven solutions, while broadening and deepening our network of partners to bring local actions and solutions to scale. Through the dedicated efforts of governments, policymakers, program implementers, service providers, donors, and family planning stakeholders, countries are better aligned to meet the needs of an ever-increasing number of women and girls. Our global community has developed a [shared vision for beyond 2020](#) through 2030 that builds on progress achieved to date and positions us to achieve the future women and girls around the world are seeking.

While we are eager to share more information about the new post-2020 partnership and re-commitment process in the coming months, we recognize that governments are presently mobilizing to secure the health of their citizens and respond to the global COVID-19 pandemic. We understand that these efforts will likely have an impact on the submission of the 2020 commitment update questionnaire. FP2020 has a suggested due date of July 31st for the questionnaire. This is a flexible deadline, given the current crisis. FP2020 is committed to working with all 47 commitment countries to ensure family planning programs remain operational and available to all women and girls who need them. We have created a [platform](#) with key information from global experts on family planning in the time of COVID-19.

The questionnaire process is scheduled to follow the annual national family planning data consensus meeting. This allows data that is discussed and validated during that process to inform this questionnaire. We are aware that these meetings are happening virtually this year, and FP2020 will coordinate with Track20 to ensure flexibility and responsiveness for this process.

The questionnaire responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share the responses on your country's dedicated FP2020 [webpage](#), so in-country and global stakeholders can follow Ghana's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We ask that you collaborate with your country focal point team, including youth focal point, civil society, and family planning stakeholders in-country to jointly review progress made and challenges faced.

Once completed, please submit to Martyn Smith msmith@familyplanning2020.org and Krista Newhouse knewhouse@familyplanning2020.org.

Should you have any questions or concerns, please contact Krista Newhouse. FP2020 is available to help you via teleconference as well, if needed.

Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

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The questionnaire includes 1) Ghana's commitment and 2) seven standard questions to all 47 FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- Major achievements, progress made and key challenges or barriers your country faced, during the July 2019 - June 2020 reporting period.
- Please include information on any key upcoming commitment-related milestones.
- Lastly, please reflect on progress per commitment through a self-assessment.

SECTION I: COMMITMENT UPDATE QUESTIONS

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.

a) Please provide an update below on achievements made in the July 2019 - June 2020 reporting period in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Family Planning has been included in the ongoing NHIA actuarial analysis. The new minister of health and other relevant stakeholders have been briefed on the commitment, as well as the current level of implementation.

As part of efforts to define and agree on modalities for implementation, a 2-year pilot study on the "Inclusion of FP in the NHIS Benefits Package" was commissioned in 2018 through the collaboration of NHIA, GHS, MSIG and Population Council, with oversight provided by the Ministry of Health. Leadership from the above mentioned institutions constitute a steering committee advising and overseeing the implementation of the study. The pilot is in 7 districts in 4 regions of the country. Preliminary findings have been shared with the Pilot Steering Committee and the NHIA Board. One such key finding suggest that cost is a barrier to the choice of FP method and that once women can assess FP with their NHIS cards, they are more likely to choose LARCs over short term methods. Thus the inclusion of FP on the NHIS benefit package has the potential of influencing clients to shift to LARCs.

The Pilot Technical working group has been tasked with developing a roll out plan based on the findings to also be shared with the Steering Committee and Board. It is expected that after development of the road map, government through the NHIA will begin the process to roll out the FP inclusion in the NHIA benefits package across the country. This roll out will include some sensitization of the general population and service providers on this inclusion, training of relevant service providers in claims processing etc for the smooth implementation.

Check Points:

Anticipated Impact:

Improved access to the poor and adolescents who are exempted from paying premium for national

Health insurance.

Proposed Actions:

- Ensuring the inclusion of Clinical FP methods in the NHIS actuarial analysis (done)
- Brief new Minister and Administration and agree on modalities of implementation to ensure the incorporation of Clinical FP methods in the NHIS benefit package by September 2017 (done)

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

There are no challenges with achieving the commitment. The process of agreeing on modalities is being carried out through a two year “PILOT TO TEST THE INCLUSION OF FAMILY PLANNING SERVICES ON THE NATIONAL HEALTH INSURANCE SCHEME BENEFIT PACKAGE”. The pilot began on 1st May 2018. The main aim is to test the inclusion of clinical FP methods (Permanent Methods, Long Acting Reversible Contraceptives (LARCs) and Injectables) on the NHIS benefit package in 7 intervention districts (Bolgatanga, Nabdam, Bawku West, Obuasi, Mfantsiman, Ekumfi and Adaklu) and compare the effect on uptake with 3 control districts (Mamprusi West, Upper Denkyira East and Upper Denkyira West).

The final pilot phase is ongoing and findings are being documented towards the development of a final road map which will be the blue print for nationwide implementation. Additionally, as part of the implementation, there will be a massive campaign to get more women of reproductive age and men to register with the scheme and be eligible to benefit from the “free” services.

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

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

As a result of advocacy by the focal points (GHS, UNFPA, USAID and PPAG), as well as other stakeholders in the FP Arena, a budget line for all health commodities including family planning was for the first time created in the 2018 Ministry of Health budget. This means that, government will set aside funds for the purchase of all health commodities, which includes reproductive health and family planning commodities. Advocacy still continues through stakeholder collaboration to increase government commitment towards increasing the funds allocated to the health commodities budget line, and possibly the creation of a reproductive health budget line.

Check Points:

Anticipated Impact:

Central and regional level stock outs reduced to zero due to continuous commodity availability.

Proposed Actions:

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

b) Please mark an X below on progress toward elements of the commitment:

Achieved () In-Progress (X) Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

Government has indicated that there are similarly important competing demands for government commitment and funding for commodities. As such, to reduce the gaps for all commodity funding, the health commodities budget line was created to provide a basket of funds that can be assessed by all health programmes including family planning. Funding will then be released based on value, immediate needs and availability of other external support. However, there is continuous advocacy for a specific reproductive health commodities budget line to be created so as to better allocate funds and increase ability to access and use allocated funds.

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.

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

3.1. Following a feasibility and acceptability study on the introduction of DMPA-SC from 2017 to 2018, the Ghana Health Service has accepted to include DMPA-SC in the country's contraceptive method mix, and consequently developed a Consolidated National Introduction and Scale-Up Plan to this end. Over 2019, 50 master trainers from both the public and private sectors were trained. Following this, 150 regional trainers and about 3500 service providers from both sectors were trained across the country. Due to the challenges encountered with activity implementation due to COVID-19, there were delays in 2020 trainings. Currently, only 700 service providers have been trained in 2020; trainings started in June 2020. Commodities and trainings have been supported by different development and implementing partners as follows:

- UNFPA – Commodities, Trainings and Supportive Supervision
- CHAI – Trainings and Supportive Supervision
- WAHO – Trainings and Supportive Supervision
- MSIG, DKT, PPAG – Trainings and Supportive supervision (mostly private sector)

3.2. The establishment process of a local social marketing organization started in November 2017, and has currently been completed. The Total Family Health Organization officially began operations this year, and collaborate extensively with the Ghana Health Service in the areas of capacity building, demand creation, social and behavior change communication and commodity security (forecasting, quantification and distribution)

3.3. Increased demand for FP, including advocacy and communications to improve male involvement through engagement with male opinion and religious leaders in collaboration with partners such as PPAG, Willows International, Health Keepers Network, and Muslim Family Counselling Services is ongoing. UNFPA also collaborated with partners to intensify demand generation outreaches including 'floats', to women and girls in peri-urban areas and tailored outreaches targeting vulnerable populations such as market head porter girls (kayayei) and Persons With Disabilities. Other

collaborations with social marketing organizations such as Total Family Health Organization, DKT and Health Keepers Network, also target organized male groups such as taxi driver unions, barbers' associations and mechanics to engage them in the reproductive health and family planning conversation.

At the regional and district levels, emphasis is currently being placed on carrying out SBCC activities with organized male groups at the community level. These sessions aim to increase awareness on the importance of family planning, and especially male involvement in decision making and method continuation.

3.4. Family planning specific social behavior change communication under the Good Life, Live it Well brand through the Ghana Health Service Health's Promotion Division have been developed and disseminated since June 2017. The materials include spots for television, radio as well as print (posters and leaflets) in both English and local Ghanaian languages. An SBCC Technical Committee which includes representation from GHS and relevant stakeholders has also been established to review and approve all SBCC materials developed by GHS, and partners to ensure appropriateness and accurateness of information. Additionally, radio and TV discussions have also been held during the annual National Family Planning Week Celebrations held in September every year to coincide with the World Contraception Day celebrations (26th September). New materials developed in 2019 included posters and leaflets for DMPA-SC and job aids for supporting service providers and volunteers to carry out demand generation activities.

3.5. To improve post-partum and post-abortion family planning service, GHS in collaboration with IPAS and MSIG have trained service providers in comprehensive abortion care (which includes the provision of family planning services) across the country. Additionally, GHS continues to train service providers who conduct antenatal and post natal care services to increase their counselling on family planning to women, to increase their awareness and enable them make early informed choices. Midwives and doctors within maternity units have also been trained and provided with commodities, instruments and equipment needed to provide services within the units either immediate postpartum (for implants) or at a later date for IUDs. Data for such services provided are captured in the comprehensive abortion care and the postnatal care registers, which are then transferred into the DHIMS II. Additionally, commodity security for CAC services have also ensured safe abortion services for women who access services.

3.6. As part of the processes to implement an eLMIS to ensure accurate reporting in the early warning system nationwide by the end of 2020, the GHILMIS system has been developed by the MOH, GHS, USAID/GHSC-PSM and other partners. This integrated logistics management system will collect, record and report logistic data in real time from all levels to improve data visibility for decision making such as forecasting and quantification. Currently, all master trainers, regional medical store managers, program logistics officers and warehouse managers have been trained. All other program managers and officers have either been oriented or are undergoing orientation now. Ghana Health Service and partners introduced the Global Family Planning Analytics Network Platform (GFPVAN) since January 2020 to improve reporting and visibility of upstream supply chain functions to enhance commodity security decisions. Inventory and supply plan reporting is a key element of Ghana's reporting unto the GFPVAN. Plans are underway to add the Social Marketing Organizations.

For facility level, relevant staff from all teaching hospitals, regional hospitals, district hospitals and clinics have been trained. The plan for 2020 is to train relevant staff from health centres and CHPS compounds; the start date was affected by COVID-19, but preparations have re-started so that the trainings can be conducted. The system went live in August 2019, and is currently being used by all regions and the trained facilities in reporting on and requesting for commodities.

3.7. During the quarterly ICC/CS meetings, the family planning section of the RMNCH scorecard is shared with partners for their comments. Similarly, the monthly FP stock status reports from the regional and central levels are aggregated into quarterly reports and shared at the meetings. Discussion of the stock status leads to the redistribution of commodities between regions and partners to prevent stock outs and expiries, and is also used to assess the accuracy and consistency of the supply plans.

3.8. Improve counseling and customer care by

3.8.1. About 6,000 auxiliary nurses; community health and enrolled nurses have been trained in the provision of contraceptive implants by the Government of Ghana and with support from partners such as UNFPA, USAID, DFID, WAHO and MSIG since the policy change in 2013. Trainings are integrated into national, regional and district programs of work and are ongoing across the country, as the country improves focus on increasing access to long acting and reversible contraceptives. To ensure quality of services and competencies of trained personnel, regular refreshers are conducted for trained service providers. Additionally, follow up of recently trained providers (within six weeks after training) and quarterly supportive supervisory visits are also carried out at the district, regional and national levels as part of quality assurance exercises.

3.8.2. In line with supporting the task shifting of community health nurses through the midwifery assistant program so that they can provide IUD services, a pilot study for midwifery assistants to be trained in IUD insertion and removal services is ongoing. A cross section of the previously trained midwifery assistants from the Ashanti, Central, Eastern and Western Regions were selected and trained to participate in the pilot which started last year. 36 midwifery assistants from these regions were trained and are being followed up and assessed. Findings will be shared with relevant stakeholders to inform possible policy change.

Check Points:

Anticipated Impact:

Increased mCPR

Proposed Actions:

- Support the introduction of Sayana Press through facility and by self-injection by September 2018
- Initiate the establishment process of a local Social Marketing Organization by the end of November 2017
- Develop and disseminate family planning specific social behavior change communication under the Good Life, Live it Well Brand through the Ghana Health Service Health Promotion Department by the end of June 2017
- Implement eLMIS to ensure accurate reporting in the Early Warning System nationwide by the end of 2020
- Review RMNCH scorecards at ICC/CS meetings and sending FP stock status report feedback to regional leaders through quarterly ICC/CS meetings
- Facilitate training of at least 2000 Auxiliary Nurses (comprised of Community Health and Enrolled Nurses) by December 2017

- Support the task shifting of community health nurses to provide IUD services through the midwifery assistant program by December 2017

b) Please mark an X below on progress toward elements of the commitment:

Achieved (X) In-Progress () Off-Track ()

c) If In-Progress or Off-Track is marked above, what are the key challenges or barriers faced in achieving these elements of the commitment?

No major challenges have been encountered with the exception of some delayed funds for planned activities.

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;
- 4.4. Ensure government's support in the implementation of the newly revised Adolescent Health Service Policy and Strategy 2016-2020;
- 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;
- 4.6. Scale up the users of a mobile application for service providers from 4,050 to 10,000; and
- 4.7. Recruit 20% of older adolescent (ages 15 to 19 years) mobile phone users to use the *You Must Know* mobile application

a) Please provide an update below on achievements made in July 2019 - June 2020 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

4.1. The revised ASRH Policy was submitted to Cabinet and approved in 2018. The document was printed, launched and disseminated during the last quarter of 2019.

4.2. Comprehensive sexuality education (CSE) was integrated in the next GES curriculum review to allow the provision of CSE within a school setting. Guidelines for the implementation have been developed and training of teachers is ongoing. However, following the backlash with CSE issues in Ghana, some activities have stalled as discussions with opinion and religious leaders begins again. Some partners working on youth reproductive health and rights which includes CSE have therefore resumed programming but under the proposed new name by Ghana Education Service and partners; Reproductive Health Education.

4.3. To ensure that providers provide adolescent-friendly services for sexually active young people in adolescent-friendly corners nationwide, the GHS and partners have established 1021 adolescent health corners in facilities across the country. Additionally, in collaboration with partners such as MSIG, PPAG, UNFPA, and WAHO, 2000 service providers have been oriented and trained in the provision of adolescent and youth friendly services. The GHS with support from UNFPA also deployed an e-learning platform to complement face-to-face trainings of service providers; about 470 health service providers have benefited from the platform so far.

4.4. To support in the implementation of the newly revised Adolescent Health Service Policy and Strategy 2016-2020, government and partners carried out a costing exercise for the policy. With this costed plan in place, resource mobilization is ongoing to implement the strategies and activities of the policy. Some of the strategies used to promote adolescent health is the formation of adolescent health clubs, the convening of camps for young people dubbed the Adolescent Health Ambassadors Camp (AHAC) and the Adolescent Health Summit in collaboration with partners such as MSIG, and NPC). Additionally, AfriYAN Ghana worked with Ghana Health Service Adolescent Health to organize the Adolescent Ambassadors Challenge (AHACTHON) last year. The ambassadors from the regions developed their own community projects and pitched it to judges representing different stakeholders, and the winning teams received grants to support their project implementation. There is also a monitoring plan in place which will help track progress of implementation.

4.5. An Adolescent Health register has been developed and distributed to capture all relevant data so that it can be aggregated and analysed at the district, regional and national levels. Continuous printing and distribution of the adolescent health registers to stand-alone and integrated adolescent corners is ongoing. As part of the distribution, service providers are also oriented on proper use of the registers to ensure that the data uploaded into DHIMS is accurate.

4.6. The GHS-FH mobile app has been disseminated at several meetings, trainings and engagements with service providers. Currently, there are 7000 service providers using the application. On this application, there are job aids, protocols, there is the e-compendium of family planning services and commodities which serves as a directory for service providers on where services are provided, what types of services are provided and when services are available. Providers can use this information to refer young people appropriately, and also use the app for social media campaigns to educate and improve access to SRHR information for young people/adolescents

4.7. Currently, the “YMK” (you must know) mobile application for young people has 2,370 active users. It is available on google play store and has 4.6 ratings, which implies it is one of the highly recommended applications in the field of health for young people. It was recently upgraded with support from UNFPA. Resource mobilization to carry out demand generation activities are ongoing to recruit more adolescents.

SECTION II: ADDITIONAL QUESTIONS

Please respond to all parts of the following 7 questions for the reporting period of July 2019 - June 2020.

1. Please tell us the challenges (if any) and successes your country is experiencing in keeping family planning (FP) as an essential service in your country's COVID-19 response. What are the main barriers and obstacles? Please share your successes as well.

A. Challenges (barriers and obstacles)

Response to COVID-19 Challenges	
Challenges identified	Responsive/ Proactive Actions
Delay in ETAs for commodities	Redistribution to prevent total stock out
Delay in carrying out DMPA-SC Scale up activities	Concurrent trainings across the country
Low client turn up for service delivery	Intensive follow up of clients with phone calls and home visits
Fear of contracting disease by visiting health facilities	Communication via mass media, social media and text on safety protocols and availability of routine services
Combining COVID-19 response activities at the facility level with routine services	Guidelines for ensuring routine services, as well as how to safely and effectively carry out routine services has been developed and disseminated

B. Successes

- The Family Health Division in collaboration with stakeholders have developed and disseminated “Guidelines for RMNCAHN service delivery for COVID-19” to all stakeholders both public and private. This has ensured that approaches to service delivery are in line with safety protocols, and services are continuously delivered to clients and patients even in situations of lockdowns.
- The Family Health Division E-Learning platform is currently in use for trainings for service providers in line with social and physical distancing guidelines. As a result, the number of in person classroom sessions have been reduced. On the other hand, classroom sessions have also seen significant reduction in class sizes to ensure that physical distancing is practiced at all times.
- Through increased use of social media for campaigns and sharing of IEC materials, increase public education activities on FP have been carried out.

2. Has your country integrated representatives from any of the below marginalized groups into the country's family planning technical working group, country engagement working group, or other decision-making bodies? Below please check all groups that have been engaged

Adolescents and Youth

People with disabilities

Out of School Youth

Minority groups

Remote or displaced populations

- a. How has engagement of the groups listed above influenced progress towards the achievement of your country's FP2020 commitments? Also, please share successes and/or lessons learned from these engagements.

A youth focal point has been included in the FP2020 Country Focal Point team since the beginning of 2019. Intermittently, youth focused groups, youth fellows etc are invited to participate in the quarterly interagency coordinating committee on contraceptive security (ICC/CS) meetings as and when. The Adolescent Health and Development (ADHD) Programme of the Ghana Health Service also has the Adolescent Technical Committee and Youth Advisory Group that meet quarterly to deliberate on adolescent related issues, and discuss program plans amongst others. Engagement with the youth has increased their participation and ownership in interventions and activities designed to increase their access to and uptake of services. This will enable us achieve the target of reaching more sexually active married and unmarried adolescents with modern contraceptives.

Currently, there is no representation from any other marginalized groups on the FP2020 Focal Point team or the ICC/CS. There have been ongoing engagements with and about organized groups for persons living with disabilities, including stakeholder meetings and training of service providers in the provision of reproductive health services for persons living with disabilities. In line with this, there are plans to expand the ICC/CS to include representation of persons living with disabilities. Currently, there is increased youth participation in the ICC/CS and the FP2020 Focal points. Despite no representation from other marginalized groups, youth focal points and participation continue to engage other marginalized groups such as displaced head porters (Kayayei) on FP interventions especially during the COVID19 pandemic.

- b. If any of these groups have not been engaged in your country, what are the challenges working with these groups? (Please state specific examples)

There are no particular challenges. Discussions are under way on including other marginalized groups in the FP decision making groups; which groups to include and their level of involvement.

- c. Have any of these groups engaged or participated in completing this questionnaire?

All focal points participated in the completion of this questionnaire, including the youth focal point.

3. How is your country integrating family planning into universal health coverage efforts and what is/are the mechanism(s) being used or considered? What specific actions were taken in the reporting period on the following points?

a. Reduction in out of pocket costs for FP services

Progress has been made on including FP in the NHIS benefits package through a pilot study in 7 districts. When this is scaled up nationally, all clinical FP methods (Permanent methods, IUDs, Implants and Injectables) will be free for all men and women who have registered to be on the scheme.

b. Expansion of FP services covered

With the scale up of DMPA-SC nationwide, for both provider administration and self-injection, women now have access to an expanded range of services.

There are plans for training of more doctors and midwives in the provision of immediate post-partum IUD provision at maternity units.

c. Extension of population covered

All populations; women and men including adolescents have access to and are eligible to access family planning services irrespective of their age, socioeconomic status, location and marital status. This is based on the National Reproductive Health Policy and Standards.

4. What efforts were made to improve resilience and/or emergency preparedness of family planning systems in-country? Has this been helpful during your country's COVID-19 response?

To increase the provider base for family planning services, the GHS has carried out orientation and bringing on board of medical officers and OBGYNs as national trainers to help train and provide back up support for the lower cadre service providers. Additionally, all regions have regional resource persons who carry out decentralized training, supportive supervision and any other relevant family planning activities.

Also the monthly stock status reports and the scheduled delivery improvements to the last mile ensures the preparedness to carry out redistribution as soon as necessary to prevent stock outs and overstocks leading to expiries. With the introduction of the Ghana Integrated Logistics Management Information Systems (GhILMIS), real time logistics

management information is available for prompt decision making. The introduction of the Global Family Planning Visibility Analytics Network Platform (GFPVAN) is also enhancing visibility of real time upstream supply chain functions and informs decisions on commodity security at the central level.

These efforts have been helpful during the COVID response as the regional level is able to mobilize personnel to continuously provide family planning services even during the pandemic. To support their activities, guidelines for provision of safe services during the pandemic have been developed and disseminated to all regions and lower. Additionally, the logistics management interventions have ensured that the country has not run out completely of any commodities particularly at the facility levels. Collaboration with development and implementing partners to expedite some commodity shipments are also underway.

5. What efforts were made to meet the FP needs of women who are postpartum or post-abortion or to improve family planning/maternal child health integration services?

Post-partum and post abortion family planning services have been integrated into the health systems for a while. Currently, doctors and midwives are trained in the provision of comprehensive abortion care which includes post-abortion family planning. With regards to post-partum family planning, service providers at maternity units are also trained in the provision of post-partum FP services, and as part of their services are expected to counsel women and provide services to them before they leave the health facility after delivery.

There were national and regional plans developed towards the training of service providers (doctors and midwives) in the provision of immediate post-partum IUD service. Funds were not available to carry out the trainings in 2019, but resource mobilization is ongoing.

6. Has your country worked to improve quality of care and rights-based family planning into programs?

- a. Do family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Is comprehensive information and counseling on all available methods, including information on any risks or side effects provided?

Yes, a broad range of family planning services including long acting, permanent, and short acting methods are available at all service delivery points based on the services allowed at that level per policy. Currently, the following methods of contraception are available in the country: Permanent methods (Vasectomy and Tubal Ligation), IUCDs (Copper T 380A and LNG-IUS), Implants (Jadelle, Implanon NXT, Levoplant),

Injectables (DMPA-IM, DMPA-SC (training of providers ongoing) and Norigynon), Pills (Combined and Progestin only), and Condoms (male and female).

Comprehensive information and counseling on all available methods, including information on any risks or side effects are provided, since service providers are trained on this during workshops. Where the provider or the level is not permitted to provide the method, the client is referred to the next level of service provision appropriately.

However, there have been gaps identified in the quality of services with respect to provision of information and counselling as shown in the method information index from the PMA2020 (46.5%, 2017). As such, the country is focusing on counselling trainings for service providers, addressing myths and misconceptions and regular follow up of trained providers.

- b. To ensure a user-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?

At some facilities, suggestion boxes are available to allow clients to provide feedback after service provision. Additionally, client exit interviews and surveys are conducted periodically by health facilities as well as district and regional health management to get feedback from clients. The national level with support from partners such as UNFPA, USAID, DFID and MSIG have also been conducting client satisfaction intermittently as part of larger surveys.

- c. After collecting client feedback, how is the data collected being used to improve quality of care?

After data from client feedback is collected, it is analysed to identify the main gaps in service delivery including quality, accessibility and affordability. This information when analysed is used review training packages and training content, as well as feed into future programme planning. Additionally, SBCC activities are developed to address some of the gaps identified.

7. If applicable, has your country allocated GFF investment case resources to the family planning programs?

No.

**If yes, which elements of the program have been financed?
What were the challenges in prioritizing FP within GFF?**

Please provide the following information for the government point of contact for this update

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