



**UNFPA GHANA PROGRAMME REPORT 2018**

**PROMOTING RIGHTS  
AND CHOICES THROUGH  
FAMILY PLANNING**

## ACRONYMS

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CHNs: Community Health Nurse(s)

CSOs: Civil Society Organization(s)

DMPA-SC: Depot-Medroxyprogesterone Acetate

FBOs: Faith-Based Organization(s)

FP: Family Planning

GHS: Ghana Health Service

ICC/CS: Interagency Committee on Commodity-Security

IUDs: Intrauterine Device(s)

LARC: Long Acting Reversible Contraceptives

NGOs: Non-Governmental Organization(s)

PWDs: Persons with Disabilities

RTWG: Regional Technical Working Group (on Commodity-Security)

SRH: Sexual and Reproductive Health

SRHR: Sexual and Reproductive Health and Rights

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# FOREWORD

**A**ccess to safe, voluntary family planning (FP) is a human right that must be afforded to women who seek to avoid pregnancy. However, an estimated 214 million women, most of them located in developing regions of the world, have no guarantee of access to this critical service.

The reasons for this scarcity of services range from lack of information to lack of support from communities and partners. Yet, FP remains a viable method of achieving a decline in poverty rates, a rise in the empowerment of women, and ultimately, the possibility of reaping the demographic dividend. For these reasons, access to family planning (FP) services is central to the work of UNFPA.



*Niyi Ojuolape  
(Country Representative) UNFPA,  
United Nations Population Fund, Ghana*

In the UNFPA State of World Population report 2018, "The Power of Choice," Executive Director Dr. Natalia Kanem detailed the salient role FP plays in improving the well-being of women and girls, transforming families and societies, and accelerating global development.

In recent decades, several national policies, plans, and strategies have been developed in Ghana to address this concern.

Since 1987, the government has pursued the Family Planning agenda by investing in community education, maternal and infant health care, and contraceptives and family planning counseling.

UNFPA has played a critical role by providing technical assistance, mainstreaming FP awareness, and bringing together the relevant stakeholders to address some of the challenges and lessons learnt that are integral to the pursuit of this agenda.

While there is still work to be done, exciting inroads are being made. This publication highlights the issues and challenges of family planning in Ghana and the interventions by the Country Office in 2018.

Contraception awareness is expanding, with FBOs and CSOs playing an important role. All contraceptive options are being offered and, in general, the utilization of contraceptives is increasing.

Continuing efforts will require a multi-stakeholder approach, high levels of government commitment, and political will. There is, of course, room for creative and innovative approaches to reach our goals.

The UNFPA Ghana Country Office appreciates the support of UNFPA Supplies donors and colleagues at the Commodity Security Branch (CSB) of UNFPA in New York. The Country Office particularly acknowledges the support of: Dr. Gifty Addico, Chief CSB; Dr. Ayman Abdelmohsen, Global Operations Coordinator CSB; Desmond Koroma, Technical Adviser CSB; Jennie Greaney Technical Specialist, CSB; and Benoit Kalasa Director, Technical Division.

## SUMMARY OF RESULTS



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**UNFPA Supplies provided \$2.3 million worth of contraceptives to Ghana in 2018**, in addition to technical assistance for supply chain strengthening and family planning programming.

These contraceptives had potential to reach an estimated **229,000 users** with quality modern contraceptives, and to:

Avert **234,000** unintended pregnancies

Prevent **97,000** unsafe abortions

Prevent **500** maternal and **2700** child deaths

Save families and health system **\$10 million** in health-care costs

# 1.0 Adolescent Access to SRHR/FP Information and Services



## 1.1. The Issue

According to the Population and Housing Census (2010), 30% of Ghana's population comprises adolescents and youth. The unmet need for family planning among adolescents ages 15–19 is at a high of 51% – above the national average of 30% {Ghana Demographic Health Survey (GDHS), 2014}.

Teenage pregnancy is 14% (GDHS). The proportion of adolescent girls having their first sexual debut by age 15 increased from 7.3% in 1998 to 11.8% in 2014 (GDHS). While several gains have been made in the last two decades to improve adolescent reproductive health, much remains to be done.

## 1.2 Actions Taken



*UNFPA booth displaying contraceptives during adolescent outreach in peri-urban slum communities in Tema, Greater Accra Region of Ghana*

### A. Engaging adolescents as stakeholders in planning meetings:

Throughout the year, the Country Office engaged adolescents from key youth-led NGOs (e.g. Curious Minds) and CSOs, the private sector, and the government. Adolescents participated in several planning and preparatory committee meetings for adolescent and youth sexual and reproductive health (SRH) outreaches. The adolescent-led planning committee met several times with the Ghana Health Service, community chiefs and elders, assembly members, the Police and Domestic Violence and Victim Support Unit (DOVVSU), the Ministry of Gender, Children and Social Protection (MoGCSP), and the Ministry of Youth and Sports. The young people actively participated and shared insights into innovative programme approaches to deliver SRH information and services to adolescents.



*A cross-section of adolescents during the SRH/FP outreach*

**B. Organizing integrated SRH/FP adolescent outreach:**

The Country Office adopted a multi-pronged, integrated approach to executing, improving, and sustaining results in yearly adolescent and youth sexual and reproductive health and family planning (SRH/FP) activities. At each outreach, resource instructors provided information and skills training.

The wide-ranging topics included domestic violence, child marriage, incest, life skills, community citizenship, entrepreneurship, female child education, gender, sexual and reproductive health, comprehensive sexuality education, family life, and parental support. The theme messages, developed by adolescents, were presented through drama, poetry recitals, and pledges. UNFPA and partners garnered community and parental support for forming adolescent clubs to bolster and sustain successful outcomes.



*SRH/FP adolescent outreach in peri-urban slum communities in Old Fadama, Greater Accra Region of Ghana*

## 1.3 Results

### Improved access to SRH/FP information and services for adolescents and youth in peri-urban and urban areas

*Through outreaches, the Country Office reached 1,200 adolescents with SRHR/FP information and services. Other achievements included:*

- Three new adolescent health clubs were formed in the three districts with the highest teenage pregnancy rates
- Contraceptives uptake increased averting an estimated 83,999 unintended pregnancies, 29,588 unsafe abortions, and averted an estimated 181 maternal deaths
- Open declarations of committed support for adolescent and youth SRH/FP issues from parents, community leaders, and various stakeholders were met
- Increased engagement from influential traditional leaders (Chiefs and Queen Mothers), especially at notable annual festivals. Their activities have included openly canvassing on the importance of adolescent SRH information to curb the high incidence of teenage pregnancies
- Renewal of Police commitment and support regarding prosecution of community members involved in child marriage, incest, or abandoning their family responsibilities
- Improved community sensitivity toward victims and support for seeking avenues of redress for the rights' violation of adolescents and youth
- 400 male condoms and 150 female condoms distributed during outreaches
- 25 adolescents and young persons opted for implant insertions, with eight opting for the three-month injectable (Depo)
- 269 adolescents received HIV testing, 48 people received STI screenings, and 302 people received breast examinations.

## 1.4 Results At a Glance

Program activities	Nos. of people impacted
Adolescents reached with SRHR/FP information and services	1200
Pregnancies averted by UNFPA's family planning programming and product supplies	83,999
Unsafe abortions averted	29,588
Maternal deaths averted	181
Adolescents tested for HIV during outreaches	269
People screened for STIs	48
Individuals who received breast examinations	302

## 2.0 Training on Long-Acting Reversible Contraceptives (LARC)



### 2.1 The Issue

A key barrier to increasing utilization of long-acting reversible contraceptives (LARC) in Ghana is the inadequate number of trained healthcare providers. This prevents delivery of the full complement of family planning services, including IUD and implant insertion and removal. To improve utilization of LARC methods, the Country Office supported GHS to train 300 healthcare providers from 10 regions of Ghana.



*A cross-section of selected Ghana Health Service midwives undergoing training in IUD insertion and removal*

### 2.2 Actions Taken

#### A. UNFPA engagement with GHS for training preparation:

To prepare for the training, the Country Office supported Ghana Health Service to develop a mentorship programme, a recruitment process, a training plan, mentor-guided training content and to select participants from each region.

#### B. Participant recruitment:

At the national level, the Ghana Health Service worked with the regional and district authorities to select 300 midwives and community health nurses to participate in the training. Midwives and community health nurses were selected based on their interest on their location with bias towards rural areas.

#### C. Training:

Training was conducted in two phases. The first focused on enhancing the participants' knowledge and understanding of family planning concepts and counseling techniques. The second, a hands-on IUD insertion practice session, followed. Experienced midwives facilitated the sessions using standard training curricula.



## 2.3 Results

Healthcare providers trained to provide quality, reliable, long-acting, reversible contraceptive methods.

- 300 midwives and community health nurses were trained in long-acting contraceptive methods
  - 200 midwives trained in both IUD and implant insertion and removal
  - 100 community health nurses trained in implant insertion and removal in line with GHS task sharing policy.
- Trainees inserted a total of 300 IUDs under supervision during the practical sessions. This activity resulted in averting 623 unintended pregnancies and 258 abortions.



## 3.0 SRHR for Persons Disabilities



### 3.1 The Issue

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the Ghana Disability Act (ACT 715) stipulate the rights of PWDs to SRH/FP information and services. However, locally, these rights have not always been respected.

This issue has been attributed to several factors, such as negative attitudes on the part of healthcare providers, discrimination, and social exclusion. In the absence of the required access to SRHR, PWDs engaging in unsafe sexual behavior face the risks of unintended pregnancies, unsafe abortions, and in some cases, maternal deaths.

The Country Office has advocated for increased SRHR and FP access for PWDs, in line with the SDG principle of 'leaving no one behind'.



*A cross-section of PWDs participating in the outreach on World Contraception Day*

### 3.2 Actions Taken

The Country Office employed various strategies and initiated several collaborative efforts throughout the year to increase access to SRHR/FP information and services. They targeted decision makers, health service providers, and most importantly, PWDs themselves.

### *A. Advocacy:*

During the inaugural “Scientific Conference on Maternal, Newborn, and Adolescent Health” held by GHS in June 2018, the Country Office advanced its advocacy for SRH/FP inclusion for persons with disabilities.

The Country Office held advocacy dialogues with policy makers and made presentations highlighting the gaps in SRH/FP delivery for PWDs.

It also advocated for the development and institutionalization of standard operating practices for the health sector to guide SRH/FP services delivery for PWDs.



*A Regional Public Health Nurse, Greater Accra Region, addressing PWDs during the commemoration of the World Contraception Day*

### *B. Organized Outreaches for PWDs:*

To commemorate World Contraception Day, the Country Office, in collaboration with the Ghana Health Service, organized an SRH/FP outreach program for 200 PWDs. Selected healthcare providers with experience in delivering services to PWDs made customized presentations on SRH/FP.

The topics included SRH/FP, sexual and domestic violence, child marriage, and life skills. Sign language interpretation and braille were employed in order to ensure that all PWDs received attention and information. FP and HIV counseling and testing were also provided.

PWDs in need of further services received referrals and follow-up attention to ensure prompt service delivery.



*FP/SRH Outreach to Persons with Disabilities (PWDs) to commemorate World Contraception Day*

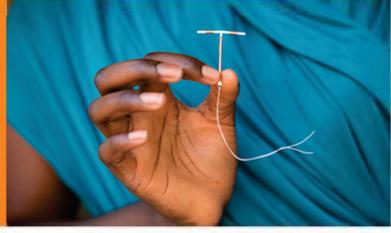
### 3.3 Results

#### Inclusive sexual and reproductive health and family planning information and services for persons with disabilities

*The advocacy activities and the outreach programs resulted in the following improvements:*

- Increased GHS awareness of the urgency to deliver SRHR/FP disability-friendly services and assure no one is left behind
- GHS rollout of sign language training across the country to selected health staff for enhanced, inclusive healthcare delivery for PWDs
- Adoption of the theme "Improving the Rights of People Living with Disabilities (PWDs) to Access Sexual Reproductive Health Services," for the 32nd Annual Conference of the Public Health Professionals in Ghana. The theme was adopted after UNFPA provided SRH/FP training to 300 healthcare workers in 2018.
- Increased awareness among the general public on health rights, particularly SRHR for PWDs, with increased media focus on adolescent access (including adolescent PWDs) to SRHR
- Over 100 PWDs reached through the SRHR information and services outreach programs
- 45 males and 50 females received HIV testing with all participants receiving negative results
- 95 people received FP counseling
- 76 PWDs accepted the following FP methods: cycle beads (30), Depo Provera (1), and male condom (45)

## 4.0 Availability of Family Planning Products



### 4.1 The Issue

Consistent availability of reproductive and family planning products at all health facilities across the country continues to be a long-term challenge. The 2017 facility-based survey revealed that while some health facilities were overstocked in some products, others were largely bereft of stock. To improve FP utilization, it is imperative to ensure that products are available from the regional area down to the community levels, and that clients have access to their preferred method of choice.



### 4.2 Actions Taken

*A. Organization of technical meetings (RTWGs and ICC), and inventory monitoring of the regional medical store and selected lower-level health facilities:*

The Country Office, in collaboration with the Ghana Health Service, provided leadership for convening national and regional level FP coordinating events.

At the national level, the Country Office provided technical and financial support to the GHS and convened the Inter-Agency Committee on Commodity-Security (ICC/CS) at regular intervals to share FP programs, assess country-wide inventory status, and develop redistribution mechanisms.

To ensure adequate stocking of products to partners across the country, the ICC/CS was replicated at the country's lower administrative levels, in all 10 regions of Ghana, through the regional technical working group on commodity security (RTWG).

The Country Office further collaborated with the Ghana Health Service to map out regional medical stores and health facilities for monitoring of FP products.



### 4.3 Results

#### Improved availability of reproductive health/family planning products at all levels of health care delivery

*There are signs that availability of reproductive health is improving in Ghana:*

- Redistribution of RH products e.g., emergency contraceptives regularly takes place to ensure there are no stock outs and expiries
- Opportunities exist for the partners to provide updates on their FP activities and FP product inventory levels. This resulted in improved product availability through redistribution of products from partners with overstock to those with low stock or no stock
- Out of stock alerts for FP products are regularly reported and responded to
- Innovative technologies to increase method mix have been embraced. The Country Office provided technical and financial support to the Population Council of Ghana and Ghana Health Service to conduct a feasibility and acceptability study on the use and distribution in Ghana of the product Sayana Press. GHS has accepted to include Sayana Press in the FP method mix

## 5.0 FP2020 COMMITMENTS



High-level dignitaries at the Ghana FP2020 event. L-R:

*Dr Gifty Addico, Chief Commodity Security Branch, UNFPA (HQ),  
Dr Patrick Kuma-Aboagye, Director of the Family Health Division of the Ghana Health Service,  
Mr. Aboagye Gyedu, Deputy Minister of Health,  
Niyi Ojuolape, UNFPA Ghana Country Representative,  
Dr Gloria Quansah Asare, Deputy DG Ghana Health Service,  
Mr. Emmanuel Akoto PPAG, Ghana*

### 5.1 The Issue

At the July 2012 London Family Planning summit, the government of Ghana pledged its commitment to reduce unmet need for family planning. In 2017, during the 2nd London FP2020 summit, the government restated its commitment and added plans for reaching out to the underserved population, especially adolescents, with family planning services.

However, the institutional framework to pursue this agenda, and a national framework to assess Ghana's progress on these commitments, is weak. Despite the growing use of contraception, the general public and some stakeholders have little awareness of the Ghana FP2020 commitments.



## 5.2 Actions Taken

### *A. Organized FP2020 actors for planning meetings:*

To track the FP2020 commitments, UNFPA supported GHS to organize a meeting with the four focal FP2020 actors (USAID, PPAG, UNFPA and GHS). Subsequently, PWDs and other Ghanaian national and international organizations working on family planning-related issues also attended several meetings and discussions. Planning committees coordinated the activity.

UNFPA also assisted in organizing the planning meetings for development of a concept note to guide the process. The concept note stressed that the coordinated collective efforts between contributing partners deserve to be reinforced and bolstered.

The note also reiterated the need for FP actors and stakeholders to demonstrate a deeper level of commitment to creating awareness and exploring ways of attaining FP2020 goals. The broad-based planning committee developed discussion topics and an event theme.

### *B. Interactions with the Media:*

The FP2020 tracking event was conducted from December 10–12, 2018, under the theme “Count down to 2020: Ghana’s Journey.” The event began with media interviews discussing Ghana’s post-FP2020 commitments. Discussions were broadcast on television, and select FM radio station call-in programs encouraged the general public to call and ask questions. Updates on the FP2020 commitments were provided to personnel from 50 media outlets who also had questions about the initiative.

### *C. Post-FP2020 Showcase:*

The event used a broad-based participatory and inclusive approach to discuss the four FP2020 commitments by made by Ghana, the progress made to date, the gaps that still exist, and options to accelerate progress toward achievement of the commitments.

## 5.3 Results

### Accelerated progress to attain FP2020 commitments

*The results of the event included:*

- Increased awareness among key FP actors and the general public of Ghana's progress to date on commitments, challenges, and gaps for the Fp2020
- Revitalization of institutions such as the National Health Insurance Authority to accelerate and finalize FP operations under NHIS
- Strengthened delivery of the full complement of FP methods at the CHPS, in line with the task-sharing policies of the Ministry of Health/Ghana Health Service

These efforts have, in general, strengthened FP delivery at the most rural and isolated health care delivery centers in Ghana.

## Family Planning Methods

**SHORT - TERM METHODS**



**The Pill**  
The Pill is a small tablet that a woman takes everyday to prevent pregnancy. When a woman stops taking the pill, she will become pregnant.  
**Note:** The Pills do not protect you from STIs including HIV.



**Foaming Tablets**  
It is a tablet that is put in the vagina at least 10 minutes before sex to prevent pregnancy. The foaming tablet kills or makes sperm unable to reach the egg.  
**Note:** The Foaming Tablets do not protect you from STIs including HIV.



**The Male Condom**  
The Male Condom is a close fitting rubber sheath a man wears on his erect penis before sexual intercourse. It protects against pregnancy and Sexually Transmitted Infections (STIs) including HIV.



**The Injectable**  
There are 3 methods used in Ghana:  
(1) **Norgynon** - an injection given every month in the upper arm or buttocks of a woman to prevent pregnancy.  
(2) **Noristerat** - an injection given every two months in the upper arm or buttocks of a woman to prevent pregnancy.  
(3) **Depo-Provera** - an injection given every three months in the upper arm or buttocks of a woman to prevent pregnancy.  
**Note:** The Injectables do not protect you from STIs including HIV.



**Female Condom**  
The Female Condom is a sheath of thin, transparent and soft plastic that is designed to fit into a woman's vagina and covers the entrance of the vagina. It is placed in the vagina before sexual intercourse. It protects against pregnancy and Sexually Transmitted Infections (STIs) including HIV.

**LONG - TERM METHODS**



**Contraception Implant**  
This is a set of two small, thin plastic tubes, which are inserted under the skin of a woman's upper arm by a trained health provider to prevent pregnancy for up to 5 years and can be removed sooner if the woman desires to become pregnant.



**Intrauterine Contraceptive Device (IUCD)**  
An IUCD is a small flexible device that is placed in the woman's womb through her vagina. It prevents pregnancy for up to 10 years but can be taken out anytime the woman intends to become pregnant.

**PERMANENT METHODS**



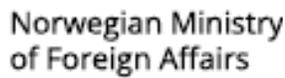
**Male Sterilization - Vasectomy**  
Vasectomy is a permanent method for men who do not want to have any more children. It involves a short and simple procedure during which the tubes that carry sperm from the man's testicles (balls) to the penis are blocked. After a vasectomy, a man can have sex just as before and will ejaculate but he cannot make a woman pregnant, because the liquid will not have any sperm.



**Female Sterilization - tubal Ligation**  
This is a permanent family planning method for women. It is a simple operation that closes the tubes between the ovaries and the uterus, sometimes called tube tying. Eggs that are released each month by the ovaries cannot be fertilized by the man's sperm because the woman's tubes are blocked. After the procedure is performed, the woman regularly menstruates but cannot become pregnant anymore.

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