Systems for Health supports the GHS to increase access to FP by building provider capacity to offer long-acting reversible contraceptives (LARCs) at lower-level facilities, including CHPS clinics. Furthermore, the project addresses systemic service delivery challenges that affect access to and utilization of services through QI approaches and shared learning. The project creates user demand through community meetings and health promotion activities.

Systems for Health continues to support the 1,000+ midwives and nurses in 105 districts trained in Years 1–3 in FP counseling and LARC through on-site coaching visits targeted to areas where the data show the greatest needs. Shared learning began in 2017 in six sub-districts in the Western Region and expanded in 2018 to 24 districts in four regions.

KEY INTERVENTIONS

- On-site coaching for providers in implant and intrauterine device (IUD) insertion and removal, FP counseling, and data and commodity management
- Shared learning to improve FP coverage
- CHPS strengthening activities to improve FP service provision and demand generation at the community level

KEY RESULTS

A 36% increase in FP acceptors with just three months of shared learning

In Year 4, Systems for Health supported 24 districts across four regions (Northern, Western, Volta, and Central) to use shared learning to improve FP coverage. In each district, improvement projects were designed within sub-districts to enhance the delivery and utilization of FP services.

In the Western Region’s six sub-districts that started shared learning in March 2017, FP new acceptors increased by 128% from 2016 to 2018.

Table 1. Examples of change ideas to improve FP.

<table>
<thead>
<tr>
<th>Change Ideas</th>
<th>Activities</th>
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<tbody>
<tr>
<td>Increase male involvement</td>
<td>- Including men in home visits and clinic-based counseling</td>
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<td>- Targeted messages to men during durbars and events</td>
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<td>Improve postpartum FP uptake</td>
<td>- Reproductive and child health (RCH) staff come to the maternity ward to counsel women on FP before discharge</td>
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<td>- Training to improve postnatal FP counseling</td>
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<tr>
<td>Community mobilization</td>
<td>- Home visits to follow up with clients</td>
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<td>- Community education with subsidized FP services (supported by the Maternal and Child Health Integrated Program)</td>
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</table>
Shared learning launched more broadly in May–June 2018, rolling out in 24 districts. Already, the regions have done a collective 7,584 home visits and 30 community meetings. In the Northern Region, the proportion of postnatal care registrants who have received FP counseling increased from 74% (Jan.–May 2018) to 88% (June–Aug. 2018). This rise contributed to an increase in acceptors of FP at postnatal care, from 12% to 18% of attendees. Across all 24 districts, the number of new FP acceptors rose 36% in the July–September period when compared to the same period in 2017—a marked achievement with just three months of implementation.

Increased access to FP at CHPS.
To improve universal access to care, Systems for Health trained CHNs/CHOs and midwives to provide LARC, helping more CHPS facilities to achieve the goal of offering at least four modern FP methods. Providing a minimum of four modern methods at CHPS zones ensures that clients travel shorter distances to access FP services and can choose a method that works best for them.

A near doubling in the uptake of LARC.
The combination of increased access and demand generation has resulted in a large increase in the number of new IUD and implant users in the 105 districts where Systems for Health trained providers in LARC and FP counseling. From 2015 to 2018, the number of yearly new LARC users nearly doubled from 44,783 to 91,831.

Figure 3. A 128% increase in FP acceptors in six Western Region sub-districts.

Figure 4. Steady increase in CHPS facilities offering at least four modern methods of FP since Oct. 2014-Sep. 2015.

Figure 5. Steady increase in IUD and implant new acceptors since Oct. 2014-Sep. 2015.