

FAMILY PLANNING AND REPRODUCTIVE HEALTH

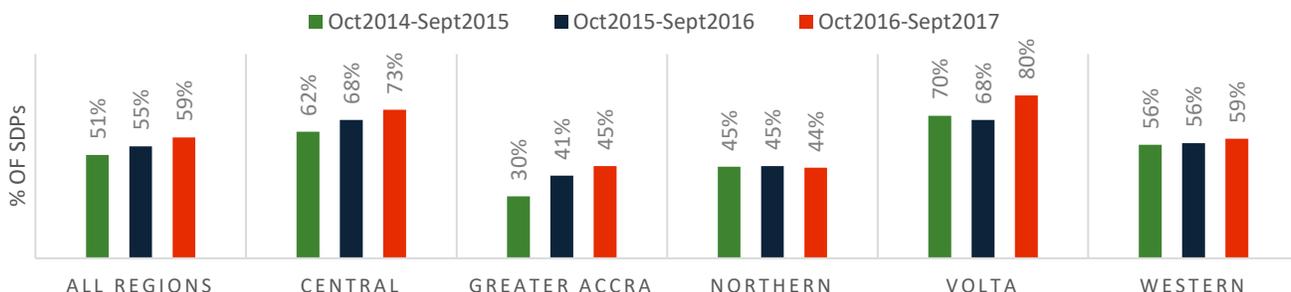
The 2017 Year in Review

The USAID Systems for Health project has assisted the Ghana Health Service (GHS) to improve awareness and increase access to family planning (FP) services; including through the capacity-building service providers to deliver family planning counselling, and by supporting training in long-acting reversible contraception (LARC). In 2017, Systems for Health helped sustain the knowledge and skills providers had accumulated over previous years of the project and worked with district-level staff to supervise and conduct post-training follow-up. In addition, the project and the GHS continued collaborating to provide initial training to more providers (Figure 1). The Midwife/Community Health Officer cluster approach was used to select training participants and follow up with them post-training. Systems for Health and the GHS strengthened the integration of FP into other services, as well, educating women on the healthy timing and spacing of pregnancy to improve the uptake of postpartum FP.

KEY INTERVENTIONS

- LARC training
- FP counseling and training in contraceptive updates
- Supportive supervision and post-training follow-up
- Shared learning sessions
- Quality improvement (QI) coaching
- Adolescent- and youth-friendly provider training
- Community adolescent health clubs
- Clinical preceptorships for LARC
- Demand generation for LARC

Figure 2. Service delivery points (SDPs) offering at least 4 modern methods of family planning (a total of 105 districts). Source: DHIMS2



KEY RESULTS

Access to modern contraceptive methods

In three years, Systems for Health has delivered LARC training to 1,057 midwives and nurses in 105 districts across 5 regions of Ghana. This training promotes task shifting and has increased the number of providers and service delivery points that can offer LARC methods. With integrated coaching visits, post-training follow-up, and QI activities, the trainers identified gaps and subsequently worked with trainees to address data capture requirements and any setbacks related to the availability of contraceptive commodities.

By providing a minimum of 4 modern contraceptive methods at a large proportion of service delivery points, clients travel shorter distances to access family planning services and can choose a method that works best for them. Over the last 3 years, there has been a steady increase in the proportion of service delivery points offering the preferred minimum of 4 modern methods (Figure 2).



Figure 1. Practice inserting implants at a LARC training in Tamale.

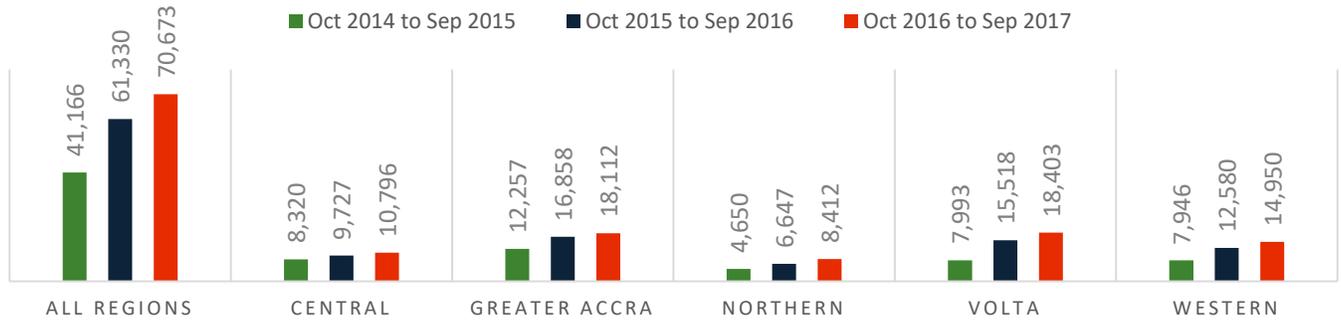


Figure 3. New acceptors of FP implants in 105 districts that had LARC training, grouped by the 5 regions of Ghana in which Systems for Health operates. Source: DHIMS2

New implant users

In line with the training of providers in the insertion and removal of LARC, there has been an increase the clients accepting implants, which is the more popular of the LARC options (Figure 3).

Family planning coverage: a shared learning case study

Service providers from 3 districts in the Western Region (Ahanta West, Wassa East, and Tarkwa Nsuaem) came together as part of a shared learning session and designed interventions intended to increase FP coverage (i.e., the number of women using a family planning method). From

2016 to 2017, the total number of FP users (new and continuing) increased by 55%, from 6852 (2016) to 10,618 (2017) (Figure 4). Systems for Health identified these best practices from the shared learning session:

- Sustained community mobilization coupled with subsidized family planning (LARC) services, supported by the Maternal and Child Health Integrated Program.
- Improved data collection, including registering clients as FP users if they are on lactational amenorrhea
- Data capture on FP use from chemical sellers within the catchment area of facilities.
- Follow up with clients during home visits.
- Targeting males to involve them in FP education.

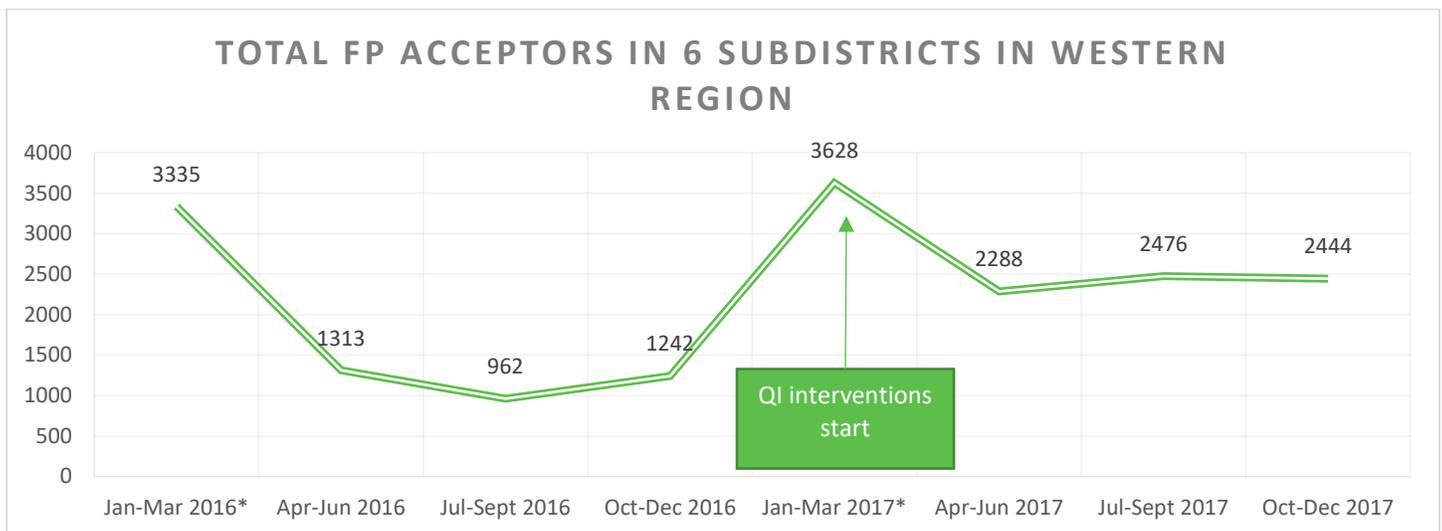


Figure 4. Total FP acceptors in the 6 sub-districts in Western Region that participated in shared learning in 2017. Source: DHIMS2

* Coverage appears to spike each January due to the re-registration of continuing users.

MAY 2018

USAID Systems for Health is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under Cooperative Agreement number AID-641-A-14-00002. The project team includes prime recipient University Research Co., LLC (URC) and sub-recipients: Plan International, PATH, and Results for Development Institute (R4D). The content of this publication does not necessarily reflect the views of USAID or the United States government.