



A GLOBAL LEADER IN SEXUAL AND REPRODUCTIVE HEALTH

The Comprehensive Abortion Care (CAC) project (2007–2012) operates with a budget of approximately USD 600,000, and works to increase access to and provision of high-quality CAC services in three regions of northern Ghana.

Led by Pathfinder International, in partnership with Ghana Health Service, the Ghana CAC project is part of a three-country effort funded by the Safe Abortion Action Fund (SAAF) administered by International Planned Parenthood Federation, and the Richard and Rhoda Goldman Fund. Pathfinder's other CAC efforts are underway in Mozambique and South Africa.

Support for Scale-Up of Comprehensive Abortion Care in Northern Ghana: Technical Update

Abortion in Ghana is less restricted than in other sub-Saharan African countries, yet very few women are aware of their legal right to safe abortion and more than one in ten maternal deaths are attributed to unsafe abortion.¹ Since 2007, Pathfinder International has implemented a comprehensive abortion care (CAC) project across the country's three northern regions to promote the availability and expansion of quality CAC services and combat abortion-related stigma.

In 2012, the Ghana Health Service (GHS) Directorate of the Northern Region committed to sustaining and scaling up Pathfinder's CAC model. This technical update highlights the project's community and health systems strengthening approach that precipitated GHS's commitments to sustainability and scale in Ghana's Northern Region.

Context

In 2009, the Ghana Maternal Health Survey (GMHS) estimated Ghana's national maternal mortality ratio at 580 per 100,000 live births, with more than 11 percent of maternal deaths attributed to unsafe abortion.

Incidence of abortion is highest among younger women 20–24 years old, and women 15–24 years old are at greatest risk from unsafe abortion.² At 17 percent, modern contraceptive prevalence in Ghana is low, and data from the 2008 Ghana Demographic and Health Survey indicate that 37 percent of all births in Ghana are unintended.³

Ghana's abortion law is liberal in comparison to many countries in the region, including permission for abortion when there is risk to a woman's mental or physical health.⁴ Translation of the law into policy, service protocols, and standards has been slow, however, and

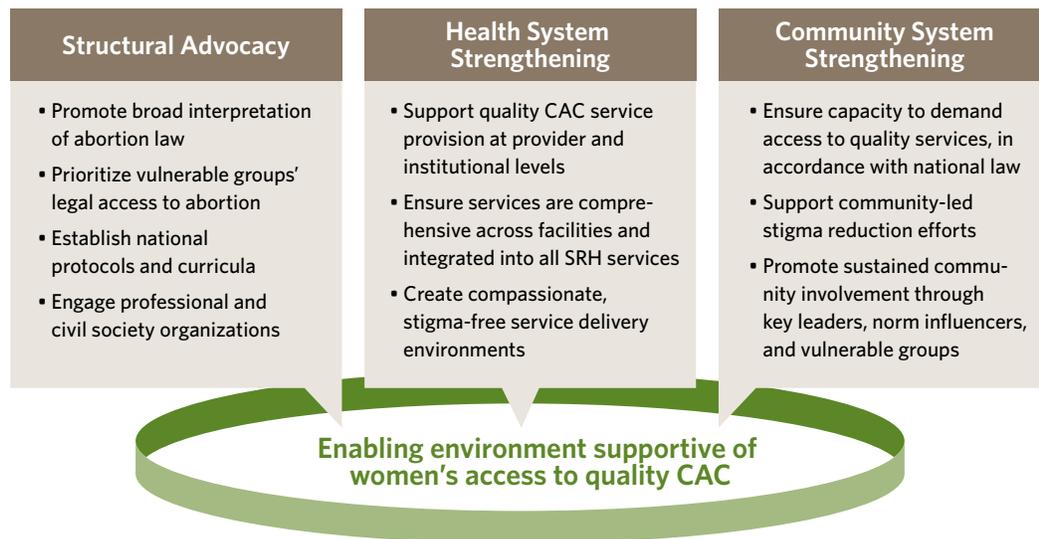


FIGURE 1. PATHFINDER'S GLOBAL CAC APPROACH

both community and provider understanding of the law and its implications are limited in most of the country. In 2007, only 4 percent of Ghanaian women were aware of their legal right to abortion. An Ipas study from the same year finds that fewer than one in seven facilities surveyed offered abortion services, and that 23 percent of responding providers incorrectly reported that the abortion law requires written consent from the woman's partner. Nearly half of providers surveyed reported reluctance to provide

abortion services due to religious beliefs.⁵ Studies in rural areas of Ghana suggest that up to two-thirds of abortions are conducted outside of the medical system by untrained providers or by women themselves, contributing to women's risk of morbidity and mortality.⁶

CAC programs pursue their interventions within the parameters of existing legal and funding requirements, reducing stigma and improving access to quality service while prioritizing necessary change for youth and other vulnerable groups. The core elements of Pathfinder's CAC model are depicted in Figure 1.

CAC Experience in Ghana

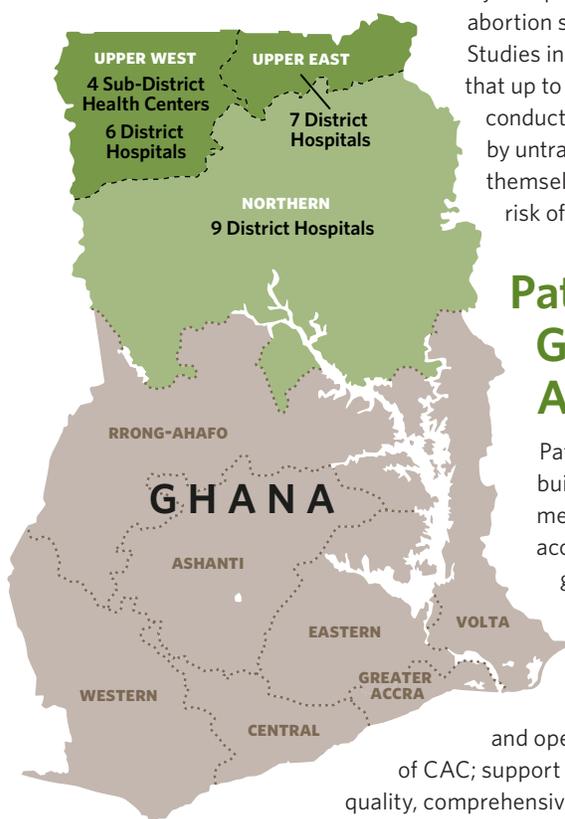
The project operates in 21 districts, covering 9 of the vast Northern Region's 20 districts, and all but 2 districts of the Upper East and Upper West Regions (see Figure 2).

HEALTH SYSTEM STRENGTHENING FOR SUSTAINABILITY

The project prioritized a close capacity building partnership with GHS from the beginning, working with the government to plan, implement, and monitor the program. As sustainability was a priority for both the project and GHS, preparations for Pathfinder's eventual phase-out were part of planning from the project's inception. First, Pathfinder conducted participatory facility assessments with GHS to identify health system gaps in skills, services, and equipment. Results informed procurement of manual vacuum aspiration kits, procedure beds, and other equipment, as well as facility upgrades to allow for private counseling, abortion, and postabortion family planning (FP).

Building capacity of health care providers

Pathfinder's capacity building approach in Ghana is informed by assessment findings and focuses on Ghana's long-term goals for the sustainability of CAC services in the country. Through CAC trainings led jointly by Pathfinder and GHS, providers are supported to build and refine their clinical CAC skills as they receive targeted guidance to integrate stigma reduction into everyday service delivery. Trainees receive instruction



Pathfinder's Global CAC Approach

Pathfinder's approach strives to build enabling national environments in support of women's access to safe CAC. Toward this goal, the approach employs a three-pillar strategy: advocacy at the central, regional, and district levels to promote necessary policy and operational changes in support of CAC; support to the health system for high-quality, comprehensive, and compassionate CAC service provision; and targeted community mobilization to build supportive, stigma-free local contexts in which women can seek CAC services. All Pathfinder

FIGURE 2. CAC PROJECT COVERAGE

on Ghana's abortion law and discuss the role stigma plays in driving Ghanaian women's risk of adverse health outcomes related to unsafe abortion. Building on this larger understanding of the social factors surrounding abortion, providers are then led through a values clarification process to identify and address their own abortion-related biases. Together, providers interrogate these biases with the goal of cultivating nonjudgmental attitudes toward women's rightful access to CAC services. Across the training experience, providers are supported to see CAC as a part of a larger spectrum of sexual and reproductive health (SRH) services, so that key needs such as FP, sexually transmitted infection and HIV prevention and care, and gender-based violence are addressed as CAC services are provided.

Pathfinder and GHS have further addressed Ghana's capacity building needs through a range of efforts supporting long-term sustainability of CAC service provision. A master trainers program, run by a local cadre of midwives and regional gynecologists, now trains both community and facility health workers in community dialogue and clinical CAC service provision, respectively. Fully equipped CAC training centers have now been established in two regional hospitals in Upper East and Northern Regions, creating a permanent platform for the continuation of CAC and safe motherhood initiatives. Finally, to ensure new cadres of providers are able to initiate CAC from the start of their medical careers, the project has also facilitated the integration of its CAC curriculum into pre-service training at two of Ghana's three regional midwifery schools. As part of this pre-service training, participants undergo a practicum at project facilities to establish firsthand experience providing the procedure. A tutorial program further ensures their quality service provision, providing one-on-one support to participants throughout their training.

Private sector involvement

To ensure a holistic approach to the factors surrounding CAC access in Ghana, the project also intervenes in the private sector. As misoprostol is sold over the counter in Ghana, the project employs a harm reduction strategy to increase proper use of misoprostol for medical abortion.* Through a partnership with the Ghana Pharmacists Association, Pathfinder builds the capacity of local chemical sellers to correctly communicate to clients the risks associated with misuse of misoprostol, as well as appropriate dosages for use as an abortifacient. Sellers are also supported to make timely referrals to CAC facilities.

Community System Strengthening

Working at the community level to improve access and demand for quality CAC services, the project has employed a comprehensive community

mobilization strategy built on the social ecological model for behavior change. Through its multiple intervention levels, the project engages communities around abortion rights and available services, and facilitates community-led initiation of efforts to address local barriers to improved SRH outcomes. Bringing together decision makers, health professionals, and communities, this community mobilization strategy supports communities to break traditions of silence around abortion, with the ultimate goal of increasing women's ability to freely access services.

One of Ghana's primary policy-related barriers to abortion access is the public's limited knowledge of the rights afforded under the law. At the structural level, the strategy works to address this by ensuring



FIGURE 3. PATHFINDER'S CAC COMMUNITY MOBILIZATION STRATEGY IN GHANA

that influential media, such as print and radio journalists, are trained to accurately represent the law in their news coverage. At the social level, the strategy works to foster supportive community environments by creating occasions for villages to convene and discuss accurate information about the procedure, relevant SRH issues, and the risks associated with unsafe abortion. Through community *durbars* (traditional community meetings) and movie nights, trained community nurses and project staff facilitate discussions with community members and their leaders about these issues, exploring the role stigma plays in driving risk for adverse health outcomes. Finally, at the individual level, youth receive targeted one-on-one support through school-based peer education programs and outreach at vocational training centers. Community volunteers are similarly trained to act as a bridge between communities and their facilities, providing accurate, timely information to those in need, and referring for CAC services.

PERFORMANCE

Pathfinder's CAC approach has shown promise as a sustainable means of advancing safe abortion in Ghana. To date, the project is active across 21 districts and,

*Misoprostol is sold in Ghana as an over-the-counter drug for treatment of gastric ulcers.

with a limited budget, has supported nearly 350 Ghanaian providers to initiate and institutionalize quality CAC services through its new pre- and in-service trainings. GHS counterparts have progressively assumed responsibility for CAC programming, sharing costs with the project for equipment, facility refurbishments, supervision visits, refresher trainings, and—in two districts—exploring ways to cover CAC under the national health insurance plan. At the community level, anecdotal evidence points to a reduction in stigma. Young women, who had previously been discriminated against when attempting to access services, are now widely supported by providers to access CAC. In addition, many providers and community members now act as safe abortion “champions,” proactively advocating for CAC.

A chief high point of the CAC approach's performance in Ghana has been in the project's efforts to integrate SRH—and particularly contraception and FP— into providers' CAC service provision. Between July 2008 and June 2012, the percentage of abortion clients accepting a contraceptive method across target facilities increased from 15 to 43 percent, as depicted in Figure 4. This performance is significant when put in the context of national survey data, which reflected in 2007 that 70 percent of respondents who had had an abortion were not using a contraceptive method at the time of their last pregnancy. Moreover, just 5 percent of respondents who had an abortion in the five years preceding the survey were provided with a contraceptive method after their procedure.⁷ Given this situation, the CAC approach appears to be a promising means of addressing multiple factors driving adverse SRH outcomes in the country.

NEXT STEPS: GOVERNMENT COMMITMENT TO SCALE

Since 2011, GHS has voiced increasing commitment to scaling up the Pathfinder CAC approach in northern Ghana. In anticipation of the project's close in 2012, the GHS Directorate of Upper East Region initiated its own planning to sustain CAC services and, in June 2012,

the GHS Directorate of Northern Region began planning to expand CAC services across its remaining 11 districts. Bringing together GHS officials, project staff, and providers and facility managers from across Northern Region, the meetings were an official forum for discussion of the role of unsafe abortion and abortion-related stigma in maternal mortality and morbidity. At the end of the proceedings, attendees called for continued technical support to operationalize CAC service provision across districts, and endorsed the proposal for scale-up.

This endorsement represents a significant step toward sustainable institutionalization of the CAC approach in northern Ghana. In

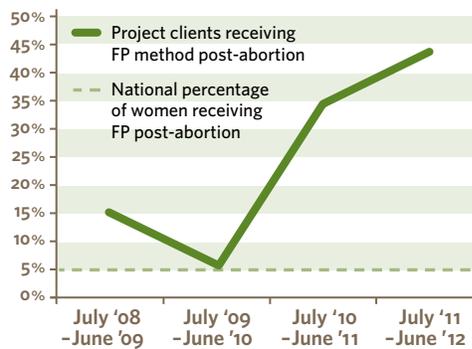


FIGURE 4. ABORTION CLIENTS ACCEPTING A CONTRACEPTIVE METHOD

Given Ghana's low rate of post abortion FP uptake, this is a promising trend. The decline noted in 2009–2010 is attributed to insufficient data reporting.

its final months, the project will support Upper West Region in its own sustainability and scale-up planning meetings, and continue to assist GHS to concretize finance and action plans for service delivery scale-up, beginning with facility assessments in four new sites. Overall, Pathfinder will continue to build on Ghana's implementation experience, sharing programmatic lessons across each of its CAC programs to further advance the impact of this approach in the countries in which we work.

COVER PHOTO: Community *durbar* event for CAC and SRH issues

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¹ Ghana Statistical Service (GSS), Ghana Health Service (GHS), and Macro International, *Ghana Maternal Health Survey 2007* (Calverton, MD: GSS, GHS, and Macro Int., 2009).

² Ibid.

³ GSS, GHS, and ICF Macro, *Ghana Demographic and Health Survey 2008* (Accra, Ghana: GSS, GHS, and ICF Macro, 2009).

⁴ Center for Reproductive Rights, *The World's Abortion Laws 2012* accessed Oct 5, 2012, <http://worldabortionlaws.com/map/>.

⁵ Patrick Kuma Aboagye, et al., *An Assessment of the Readiness to Offer Contraceptives and Comprehensive Abortion Care in the Greater Accra, Eastern, and Ashanti Regions of Ghana* (Chapel Hill, NC: Ipas, 2007).

⁶ Zelee Elizabeth Hill, Charlotte Tawiah-Agyemang, and Betty Kirkwood, "The Context of Informal Abortions in Rural Ghana," *Journal of Women's Health* 18, no. 12 (2009): 2017–2022.

⁷ GSS, GHS, and ICF Macro, *Ghana Maternal Health Survey 2007*.

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