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TRIP REPORT B - #457-1
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Travelers: Ms. Lynn Knauff, INTRAH Deputy Director (January 15-30, 1994)
Dr. Manuel Pina, INTRAH Francophone Clinical Officer (January 16-29, 1994)
Mr. Pape Gaye, INTRAH Regional Director for Francophone Africa (January 25-29, 1994)

Country Visited: Ghana

Date of Trip: January 15-30, 1994

Purpose: To conduct a service guidelines needs assessment, in collaboration with Family Health International, and prepare a draft workplan and timeframe.

Program for International Training in Health

PAC IIb

**University of North Carolina at Chapel Hill
Chapel Hill, North Carolina 27514 USA**

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EXECUTIVE SUMMARY

From January 18 to January 30, an INTRAH/FHI team worked in Accra, Ghana to conduct a service guidelines needs assessment and discuss and document possible approaches to improving the quality of technical and other family planning information available to and conveyed by service providers, instructional faculty, trainers, supervisors and service managers.

The INTRAH team (Ms. Lynn Knauff, Deputy Director, and Dr. Manuel Pina, Francophone Clinical Officer) was joined by INTRAH Regional Director for Francophone Africa Mr. Pape Gaye on January 26. FHI's Ms. Lynn Adrian arrived on January 20, and was joined by her colleague, Mr. John Stanback, on January 22. All team members were present for the January 28 debriefings at USAID and the Ministry of Health during which major findings and recommendations were presented.

The service guidelines needs assessment included: review and discussion of data from a 1993 Situation Analysis and 1993 Consumer Baseline Survey; review of the Safe Motherhood clinical and IEC protocols, pre-service institutions' curricula, and the USAID Population Sector Strategy; interviews with service providers, service managers and service directors, policy-level personnel, pre-service institutions' faculty, regulatory bodies' registrars, international agencies' representatives, NGO's, and potential clients; and, visits to family planning clinical service sites. The yield of these activities was confirmation that consistency, completeness and accuracy of technical and other information were variable, which adversely affected the quality of clinical services. This, in turn, may impede progress toward increased use of long-acting contraception and an increased contraceptive prevalence rate. (The team did not investigate the adequacy

or coverage of clinical training courses and practica, or the perceived and actual availability of clinical services.)

The team presented major findings and recommendations during separate meetings with the USAID/HPNO staff and MOH policy and program heads. At the request of USAID, the team discussed and constructed a draft workplan with timeline that might address short-term interventions contained in the Population Sector Strategy, aimed at examining, quantifying and amending "customary practices" that impede access to long-acting methods. This draft together with the team's major findings and recommendations, and Dr. Pina's feedback on the family planning section of the Safe Motherhood clinical protocols were left with USAID/HPNO staff by Ms. Adrian and Mr. Stanback subsequent to the departure of the INTRAH team. Next steps are to be taken by INTRAH and FHI, which include preparation by INTRAH of a mini-proposal for discussion with the INTRAH CTO, and discussions about sources of funding with headquarters' offices and the Office of Population. It was suggested that discussions be held during the CA's meeting in late February since HPNO staff, Mr. Charles Llewellyn, Drs. Pam Wolf and Benedicta Ababio, will be in Washington at that time. It was thought that they would have more definite information about whether the MOH wanted to generate new guidelines for family planning services, or to expand or elaborate on the family planning section of the Safe Motherhood clinical protocols, and whether the MOH wanted assistance and would earmark non-project assistance (NPA) funds for it.

SCHEDULE OF ACTIVITIES

- January 15** Ms. Knauff arrived from the U.S. at 7 p.m.
- January 16** Dr. Pina arrived from Lomé via Abidjan at 8:30 a.m.
- January 16-17** (federal holiday) Planned for the Ghana assignment and reviewed the Situation Analysis and Consumer Baseline Survey.
- January 18** Briefed at USAID and discussed interview and visit schedule.
- January 19** Met with the Director of the Ghana Registered Midwives Association.
- Met with staff of AVSC.
- Met with the UNICEF Health Programme Head.
- Met with the UNFPA Country Representative.
- January 20** Met with staff of the Family Planning and Family Health Project (Futures Group).
- Met with the Registrar, Nursing and Midwifery Council.
- Met with the Executive Director and staff of the Planned Parenthood of Ghana.
- Ms. Lynn Adrian, FHI, arrived from the U.S.
- January 21** Met with the Principal Nursing Officer and Tutor, School of Midwifery, Korle-Bu.
- Met with the Principal Nursing Officer and Tutors, Nurse Training School, Korle-Bu.
- Met with the Principal Nursing Officer, Public Health Nursing School, Korle-Bu.
- Met with the Head, Ob/Gynae Department, Medical School, University of Ghana Medical School, Korle-Bu.
- Visited the Korle-Bu Family Planning Clinic.

- January 22** Met with Dr. Docia Saka, District Medical Officer (DMO), Kumasi, and Dr. Ernest Saka, OB/Gynae Resident, Anakoye Teaching Hospital, Kumasi.
- Mr. John Stanback, FHI, arrived from the U.S.
- January 23** Met with Ms. Joanne Hettrick, Lab Advisor/FPHP, and Ms. Constance Kirtley, specialist in infection control.
- January 24** Met with the Head, MCH/FP Unit, MOH.
- Met Ms. Ann Starrs, consultant to the MCH/FP Unit.
- Met with staff of the Health Education Unit/MOH.
- Met with the Chief, National AIDS Control Program.
- Visited Atabraka Polyclinic.
- January 25** Held an update briefing at USAID with HPNO staff.
- Met with Mr. Dickerson/Futures Group (Ms. Adrian and Ms. Knauff).
- Visited GRMA and GFPA clinics (Dr. Pina).
- Met with the Head, Human Resource Development Unit/MOH and the Training Coordinator, Greater Accra Region.
- Met with the Director, Christian Hospital Association of Ghana (Ms. Knauff and Ms. Adrian).
- Mr. Pape Gaye arrived from Lomé via Abidjan.
- January 26** Met with the Registrar of the Pharmacy Board.
- Met with staff of the Population Policy Project.
- Met with the country representative, WHO.
- January 27** Met with staff of the Population Council Demographic Survey Project/Narango district.
- Team worked on findings and recommendations.

- January 28** Debriefed on findings and recommendations at USAID with HPNO staff.
- Debriefed on findings and recommendations at the MOH with senior policy and program personnel.
- Prepared a workplan and activity timeframe, and feedback on the family planning section of the Safe Motherhood Clinical Management protocols.
- January 29** Mr. Gaye and Dr. Pina departed for Abidjan en route to Lomé.
- January 30** Ms. Knauff departed for the U.S.

LIST OF ABBREVIATIONS

CMO	Chief Medical Officer
DHT	District Health Team
DMO	District Medical Officer
GRMA	Ghana Registered Midwives Association
NPA	Non-project Assistance
PPAG	Planned Parenthood Association of Ghana
RHT	Regional Health Team
RHU	Reproductive Health Update
RMO	Regional Medical Officer
RSM	Rapid Survey Methodology

I. PURPOSE OF TRIP

The purpose of the trip was to conduct a service guidelines needs assessment, in collaboration with FHI, and prepare a draft workplan and timeframe. Costs for the visit were paid from INTRAH's central funds.

II. BACKGROUND

An INTRAH/FHI team visited Ghana from October 17-23, 1993 to explore opportunities for INTRAH and FHI assistance in improving the quality of clinical family planning services. The team recommended that a visit be made in January 1994 to obtain more concrete and comprehensive information on the availability and use of family planning service guides and guidelines and if warranted and indicated, to prepare a mini-proposal, workplan and budget for INTRAH and FHI interventions aimed at reducing barriers to service access.

During the October visit, Dr. Docia Saka, the District Medical Officer of Health in Kumasi, was participating in the INTRAH anglophone regional conference on national service guides and guidelines in Nairobi. She had indicated during the conference (attended by Ms. Knauff and Dr. Pina) the availability of Safe Motherhood service guidelines for family planning and other documents that were being used as guidance by service providers.

III. DESCRIPTION OF ACTIVITIES

- A. A well-laid plan for Ms. Knauff, Dr. Pina and Mr. Gaye to plan for the Ghana visit in Lomé during the week of January 10th was completely upset by civil disturbances in Lomé and border hostilities between Ghana and Togo. Therefore, planning took place in Accra on Sunday January 16 and Monday January 17, by Ms. Knauff and Dr. Pina. (Mr. Gaye stayed in Lomé and did not arrive in Accra until January 25. FHI's Lynn Adrian arrived in Accra on January 20, and John Stanback arrived on

January 22. Barbara Janowitz of FHI decided not to participate in the assignment.)

- B. Ms. Knauff and Dr. Pina briefed on January 18 at the USAID/HPNO with Mr. Charles Llewellyn and Dr. Pam Wolf and later with Dr. Benedicta Ababio. Ms. Knauff and Dr. Pina were furnished with a copy of the USAID Population Sector Strategy, and some discussion was held on service access barrier data from the Situation Analysis and Consumer Baseline Survey. With Dr. Ababio, the INTRAH team discussed a list of persons/organizations who they wanted to meet/see and also the possibility of visiting clinical family planning service sites. Dr. Ababio noted that there were "bits and pieces" of service guides and guidelines around; she thought that technical assistance to pull them together was probably needed rather than technical assistance for development of family planning service guidelines. On January 25, the team held an interim debriefing with HPNO staff and on January 28 a final debriefing was held to present and discuss the team's findings and recommendations. At that time, the team was asked to furnish USAID with a typed edition of the findings and recommendations, together with a prospective workplan and timeline for carrying out the recommendations. These documents as well as Dr. Pina's feedback on the family planning section of the Safe Motherhood guidelines were provided to the HPNO by the FHI team.
- C. Site visits were scheduled by the HPNO and because the MOH program directors were attending a conference during the week of January 17, the visits began on January 19th with the Ghana Registered Midwives Association (GRMA) (where multiple copies, furnished by ACNM, of the 1993 INTRAH CLINICAL GUIDELINES were on a shelf behind the Director's desk), AVSC (housed in the

same building as the GRMA), UNICEF and UNFPA. The team was accompanied to UNICEF and UNFPA by Mr. Lawrence Aduonum-Darko, a program specialist in the HPNO/USAID. On January 20, Ms. Knauff and Dr. Pina met with the Futures Group, the Registrar of the Nursing and Midwifery Council, and staff and the executive director of Planned Parenthood Association of Ghana. Mr. Aduonum-Darko accompanied the team to PPAG. On January 21, Ms. Knauff and Dr. Pina were joined by Ms. Adrian. The team visited the School of Midwifery, the Nurse Training School, the Public Health Nursing School, the chief of the Ob/Gynae Department of Korle-Bu, and the MOH family planning clinic at Korle-Bu. On Saturday, January 22, Dr. Docia Saka, who had participated in the INTRAH anglophone conference on national service guides and guidelines in Nairobi, met with Ms. Knauff and Dr. Pina at the Novotel. She was accompanied by her husband, an Ob/Gynae interne at the Anokye Teaching Hospital in Kumasi. On Sunday, January 23, Ms. Knauff and Dr. Pina met with Ms. Joanne Hettrick, Infection Control Advisor with the Futures Group institutional contract, and her friend, Ms. Constance Kirtley, an infection control specialist, newly-arrived in Ghana. On Monday, January 24, the INTRAH/FHI team, accompanied by Dr. Ababio, met with Dr. Henrietta Odoi-Agyarko, the MCH/FP Director of the MOH, and talked briefly with Ms. Ann Starrs of Family Care International, who was providing technical assistance on field-testing of and feedback on the Safe Motherhood IEC and clinical protocols. The team also met with Mr. Mark Asare and Ms. Albertha Nyaku of the Health Education Unit of the MOH and with Dr. Phyllis Antwi, Chief of the National AIDS Control Program. A short observational visit was made to a polyclinic. The team held an update briefing at USAID on January 25, to share preliminary findings and conclusions. Subsequently, Dr. Pina visited

service sites of two private midwives and Planned Parenthood of Ghana, while Ms. Knauff and Ms. Adrian visited the Futures Group and the Christian Hospital Association of Ghana. The team visited with Dr. Otoo, Chief of Human Resource Development/MOH, who furnished copies of pre-service curricula for overnight reading. On January 26, Mr. Gaye joined the team, who visited Mr. T.C. Corquaye, Registrar of the Pharmacy Board, and Mr. Quist-Thurson and Esther Yaa Apewokin of the National Population Council Secretariat. The team also met with Dr. Brian Dando, the WHO country representative. On January 27, a meeting was held with Dr. Alex Nazzar, the DMO of Bolgwatanga and Dr. Placide Tapsoba of the Population Council.

These visits and interviews confirmed that there were many "bits and pieces" of service guidance in use, including donor-furnished guidelines and manuals, curricula, and self-directed/provider-inspired, entrepreneurial policies, standards and procedures. Most persons interviewed affirmed and clinic site visits and written materials confirmed that providers' knowledge and skills required an update/refresher, but there was lack of consensus about whether [additional] service guidelines were needed and the purpose(s) of service guidelines. Several key eligibility issues, such as services to adolescents, and age/parity/marital status screening criteria for long-acting methods, seemed to be thought of as matters for ethical or religious, not health policy, debate. One informant remarked that Ghanaians were "sensitive to issues of reproduction," and therefore when there was no specific policy or procedural guideline there was more room for service providers to "maneuver," according to their personal and professional values, knowledge and skills. In general, there was little curiosity about or

interest in the experience of other countries in developing or implementing policy guidelines, although copies of the Uganda MOH guidelines were offered.

(Copies were furnished to the HPNO/USAID, the MCH/FP Director/MOH, and Planned Parenthood of Ghana.)

- D. There was no formal briefing of MOH Division and program directors and the Chief of Medical Services because most were attending a financial management workshop for Regional Medical Officers during the week of January 17. A debriefing was scheduled by Dr. Ababio and held on January 28 in the office of the acting Chief Medical Officer (CMO), Dr. Adamafio, which was attended by the acting CMO, Dr. I. Tinorgah, External Aid Coordinator, Dr. Asamoah-Baah, Director of Health Planning, Policy and Evaluation, Dr. Henrietta Odoi-Agyarko, Head of the MCH/FP Division, Dr. Ababio, and the full INTRAH/FHI team. The team's findings and recommendations were presented, and feedback was given by Dr. Adamafio: he said that the findings were quite familiar -- there were no surprises; he was concerned that something should be done about rapid population growth and therefore the MOH was not as concerned with infertility [as with fertility management]; not only were service guidelines needed for family planning, but also for malaria which could use the same processes and people as were used during the development of the family planning section of the Safe Motherhood guidelines. He and others agreed that the Safe Motherhood guidelines could be expanded, thereby building on an existing document which had been prepared by a multi-sectoral, although not particularly family planning or policy-oriented, group. (For example, Planned Parenthood of Ghana was not a member of the Safe Motherhood Task Force, nor were the family planning nurse at the Korle-Bu clinic, tutors from the

Schools of Nursing, Midwifery or Public Health, representatives of the National Population Council Secretariat, or the registrars of Nursing/Midwifery or Pharmacy.)

- E. The team did not travel outside of the greater Accra area because of time constraints and the availability of Situation Analysis (aggregated) data from clinics throughout the country. Those data and other documents were reviewed and discussed by the team, who used them illustratively during interviews.

IV. MAJOR FINDINGS AND RECOMMENDATIONS

A. Findings

1. The quality of family planning service varies according to:
 - service providers' values, knowledge and skills,
 - current references that are available,
 - sterilization (for infection control) and other equipment available,
 - consistency in the brands of contraceptives available to clients and in which providers have been trained,
 - screening criteria used for method eligibility (post partum clients, for example), and
 - the types of IEC in use and consistency of messages.
2. There is a variety of service guidelines and others are in progress:
 - health sector policy,
 - donor manuals and in-service training curricula,
 - Safe Motherhood protocols,
 - IPPF-adapted directives or recommended practices,
 - JHPIEGO infection control guidelines,

- pre-service training curricula, and
 - basic health services delivery protocols.
3. In the context of decentralization, DMOs and district health teams (DHT's) may be responsible for implementing and monitoring various types of family planning service guidelines in their districts.
 4. There are various training courses related to reproductive health services in progress. Are the DMOs expected to formulate training plans based on their program targets and service plans, and service guidelines?
 5. The MOH seems to encourage private sector and NGO involvement in family planning. With declassification and over-the-counter sales of oral contraceptives, the private sector distribution and sales network will become larger and more varied.
 6. It is assumed that service guidelines will increase service access and quality, and reduce service barriers. But along with guidelines should also come dissemination and application in training, IEC, supplies and equipment lists, supervision, MIS for evaluation, and program and clinic management meetings.
 7. There are various established policy and program working groups and task forces who could be used for development of comprehensive service quality improvements.
 8. It is not clear that there is a commonly-held concept of what family planning is and why it is important (i.e. does it cover infertility and sub-fertility, or is it confined to contraception for fertility management? Does it have a demographic, health and/or economic focus?)
 9. There is a widespread belief held by providers that hormonal methods cause infertility or sub-fertility. This has a significant impact on young women's eligibility for hormonal methods, and women at the upper end of the reproductive age group may be considered ineligible for hormonals because of providers' fears of breast and other cancers. Providers seem unnecessarily over-cautious.

10. The most effective methods are currently directed toward the 24-35 year age group who are para 3+ and married. Clients who do not fall into all of these categories must be determined and persistent in order to obtain effective, long-acting methods.
11. Private doctors are considered neutral or negative about family planning, and at the same time are reported to be a source of unsafe abortions. Doctors may be inadvertently left out of training in family planning and skills upgrades in abortion procedures.
12. "Head-to-toe" and several exams (blood and urine) are conducted for new clients seeking a clinical method:
 - How will over-the-counter sales of oral contraceptives affect this practice?
 - How do the exams contribute to decision-making about methods?
 - What action is taken when health problems are found?
 - Are providers' and clients' views congruent on the value of these exams?

B. Recommendations

1. Available information should be analyzed on the urban and rural demand for contraceptive services, abortion, STD screening and treatment, and sex and sexuality education among adolescents, 14-19 years of age. Existing research results should be exploited, and focus groups or other methodologies could be used to answer specific research questions.
2. Information should be obtained about the extent to which comprehensive physical exams and tests contribute to or discourage clinical family planning services. A small population-based study using the Rapid Survey Methodology (RSM) would be useful in examining this issue.
3. Information on the method preferred and the method received by new and switching clients should be obtained and quantified, with specification of the reasons for differences. Recent studies examining quality of care, such as "mystery client" studies, might provide good data.
4. Current family planning reference materials on family planning program components, operations

- research findings, contraceptive technology, and family planning and reproductive health issues should be made widely available to public and NGO pre-service health training institutions and the libraries used by health professionals and students in the health professions.
5. Situation Analysis, DHS and other data should be analyzed by regions, for use by decentralized service managers (RMOs, RHTs, and NGOs).
 6. Collection and codification of existing policies, standards, procedures, directives, etc. should be made and compared with similar references from other countries and international organizations. Technical assistance may be required for this job, which will include a search for documents at central, regional, and district levels. A locus for discussion of the findings and next steps to be taken should be determined by the MOH.
 7. Three types of reproductive health updates (RHUs) should be conducted for:
 - Pre-service institutions' faculties from public and NGO-supported health training schools and appropriate departmental faculty from medical schools,
 - Policy and program leadership at national, regional and district levels, and
 - Key clinical trainers and service providers from Ministry of Health, NGOs and private sector facilities.
 8. Existing family planning policy implementation guidelines should be examined by an established or new task force or working group and compared to information received and discussions held during RHUs. Proposed changes to or expansion of existing guidelines (such as the Safe Motherhood protocols) or formulation of new guidelines might be considered, as a result of these deliberations.
 9. If changes are made in existing guidelines or if new family planning service policies and standards are developed, field-tested, revised and sanctioned, they should be disseminated and applied through: supervision, pre-service and in-service training curricula and practica, training, IEC, equipment and supplies lists, and regional and district health management meetings. Annual reviews for updating or other revisions to the guidelines should be considered.

10. The impact of an improved comprehensive family planning service program should be measured. Changes in service practices can be documented through on-site observations, updating and complementing the 1993 Situation Analysis.

APPENDIX A

Persons Contacted/Met

APPENDIX A

Persons Contacted/Met

USAID/Accra, HPNO

Mr. Charles LLEWELLYN, Chief, Health, Population and Nutrition Office
Dr. Benedicta ABABIO, Deputy Chief
Dr. Pamela WOLF, Population Advisor
Mr. Lawrence ADUONUM-DARKO, Program Specialist

Ministry of Health

Dr. ADAMAFIO, Acting Chief of Medical Services
Dr. I. TINORGAH, External Aid Coordinator
Dr. A. ASAMOAH-BAAH, Director, Health Planning, Policy and Evaluation
Dr. Henrietta ODOI-AGYARKO, Head, MCH/FP Unit
Dr. Phyllis ANTWI, Chief, National AIDS Control Programme
Mr. Mark ASARE and Ms. Albertha NYAKU, Health Education Unit
Dr. OTOO, Chief, Human Resource Development Unit
Dr. Edith CLARKE, Training Coordinator, Greater Accra Region
Dr. Docia SAKA, District Medical Officer, Kumasi
Dr. Alex NAZZAR, Narango District Health Research Center
Dr. Ernest SAKA, OB/Gynae Resident, Anokye Teaching Hospital, Kumasi
Mrs. Beatrice F. AMOAH, Principal Nursing Officer, Midwifery Training School, Korle-Bu
Mrs. Agnes BULLEY, Tutor, Midwifery Training School, Korle-Bu
Mrs. Mary DANCEY, Principal Nursing Officer, Public Health Training School, Korle-Bu
Mrs. QUASHI, Principal Nursing Officer, Nurses Training School, Korle-Bu
Acting Nurse-in-Charge, Korle-Bu Family Planning Clinic
Family Planning Nurse, Adabraka Polyclinic

Ministry of Finance and Economic Planning, Population Policy Project

Mr. Alex QUIST-THURSON
Mrs. Esther Yaa APEWOKIN, Project Coordinator

Ghana Registered Midwives Association

Mrs. Florence QUARCOOPOME, Director

Mrs. Victoria ANEDOR, Maternity Home of Accra New Town

Mrs. Hannah LARBIE, The Hannah Maternity Home

Nurses and Midwives Council

Mrs. Ruth GYANG, Registrar

Pharmacy Board

Mr. T.C. CORQUAYE, Registrar

University of Ghana

Dr. WILSON, Chairman, Ob/Gynae Department, School of
Medicine, Korle-Bu

Planned Parenthood of Ghana

Mr. I.K. BOATENG, Executive Director

Mr. Jeff KITCHER, Programme Officer

Mrs. Cecilia COLECRAFT, Clinic-in-Charge

The Accra Regional Branch Manager

The Christian Health Association of Ghana

Mrs. Mabel KISSIEDU, Executive Secretary

Mrs. Josephine RICHTER

WHO

Dr. Brian C. DANDO, Country Representative

UNICEF

Dr. Marinus H. GOTINK, Head, Health Programme

UNFPA

Mr. Teferi SEYOUM, Country Director

The Population Council

Dr. Lassane Placide TAPSOBA, Medical Associate, OR/TA
Project (Dakar)

Mr. James PHILLIPS, Senior Associate, Research Division (New
York)

Family Care International

Ms. Ann M. STARRS, Senior Program Associate

The Family Planning and Health Project (Futures Group)

Mr. Donald DICKERSON, COP

Mr. Alex BANFUL, Social Marketing Advisor, Ghana Social
Marketing Foundation

Mr. Winthrop MORGAN, Senior Program Officer (PCS)

Ms. Joanne HETTRICK, Laboratory Advisor (ISTI)

AVSC

Dr. Ademola ADETUNJI, Senior Program Manager (Lagos)

Dr. Nicholas KANLISI, Country Coordinator

Ms. Cornelia O'CONNOR, Area Director, West Africa (New York)

Dr. Charles CARIGAN, Medical Advisor (New York)

APPENDIX B

Draft Workplan

DRAFT Workplan for Ghana Service Guidelines

COMPONENTS	Dates	Participants # and Category	Technical Assistance	Comments
1 Site visit to discuss proposal and to plan for collection and codification of existing guideline documents	Late April 1994 one week	MOH GRMA, PPAG, PSTs USAID, UNICEF, UNFPA	2 INTRAH	
2 Collection and codification of existing guideline documents under the guidance of MOH	May-June 1994		1 INTRAH	
3 Work session to review findings from collection and codification of existing guidelines and compilation of a summary of findings.	Late June, early July 1994 one week	To be convened by the Ministry of Health	1 INTRAH 1 FHI	
4 Technical assistance to plan for RHUs (including confirmation of RHU purposes and development of specific goals and objectives, identif. of participants, venues etc...	Aug-94 2 weeks		1 INTRAH 1 FHI	Coordinate with USAID the Futures Group
5 Reproductive Health Update for Pre-service institutions' faculties	Sept. 1994 3 days	50 participants from public and NGO training schools	1 INTRAH 1 FHI Futures Group	Resource persons from Ghana will make presentations
6 Reproductive Health Update for policy and program leaders	Sept. 1994 3 days	50 governmental, NGO and private sector participants from national and regional levels	2 INTRAH 1 FHI	Resource persons from the participants' sectors will make presentations

Jan. 28 - 1994

DRAFT Workplan for Ghana Service Guidelines

COMPONENTS	Dates	Participants # and Category	Technical Assistance	Comments
7 Reproductive Health Updates for key service providers. (3 activities, one in each of 3 zones)	October 1994 4 days each update	50 in each zone representing public, NGO and private sector providers	2 INTRAH 1 FHI The Futures Group	Ghanaian and other resource persons will make presentations
8 MOH- appointed Task Force to examine the service guidelines compilation document and propose changes to existing service guidelines and/ or formulate new guidelines	Late October/ early November 1994 intermittently during 3 weeks	Task Force	1 INTRAH	
9 MOH determines how to implement and field test the Task Force's recom. and could request help as necessary or needed from INTRAH or other sources	January 1995	MOH	As requested	
10 Preparation and production of of field tested and revised service guidelines	February 1995	MOH- appointed Task Force	As requested	
11 Review and revision of existing training, supervision, service and other guidelines to reflect changed or new content	February /March 1995	MOH-appointed Task Force	1 INTRAH and other as indicated	

Jan. 28, 1994

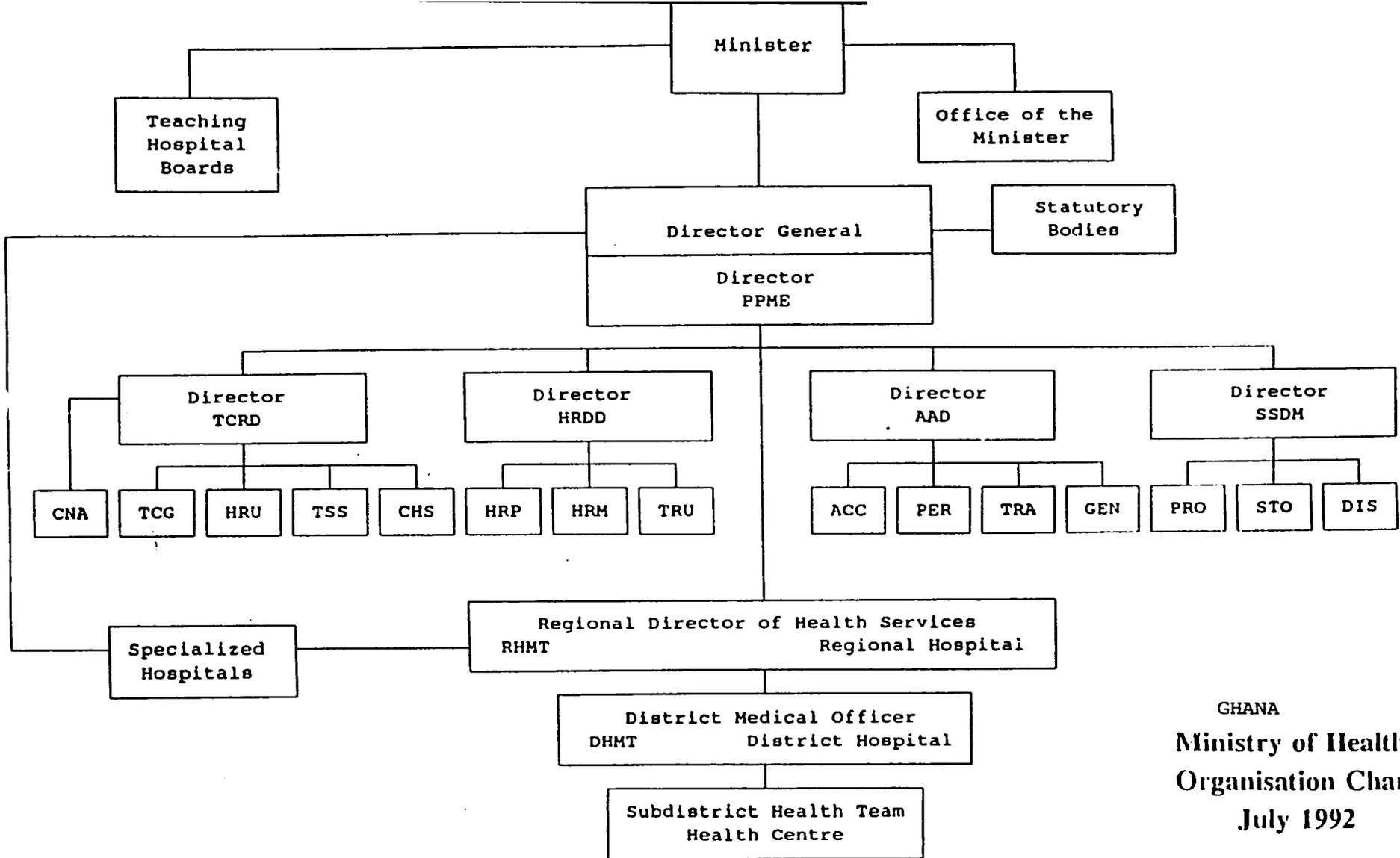
DRAFT Workplan for Ghana Service Guidelines

COMPONENTS	Dates	Participants # and Category	Technical Assistance	Comments
12 Preparation of dissemination strategy and planning and budgeting of dissemination activities	April/May 1995	As will be planned	As will be requested	
<hr/>				
13 Dissemination activities	June 1995			

Jan. 28 - 1994

APPENDIX C

MOH Organization Chart (July 1992)



GHANA
 Ministry of Health
 Organisation Chart
 July 1992

APPENDIX D

**National Safe Motherhood Programme Institutional Framework
for Service Delivery and IEC**

National SAFE MOTHERHOOD Programme

Institutional Framework for Service Delivery and IEC

Level	Agencies No. <small>(as of 31/12/92)</small>	Planning Meetings	Supervision Support
	Service Delivery and IEC		
Community (35,000)	MOH-TBAs 6,953 MOH-Outreach 4,567 PPAG-CBD 850 TOTAL 12,370	Town Development and/or Health Committee Meetings	Committee Support for Community Level Workers
Sub-District (679)	Service Delivery and IEC MOH 679 GRMA 366 PPAG 26 Private Practitioners 209 CHAG 134 Christian Council 12 GSMF 3,000 Other NGOs 53 TOTAL 4,479	Half Yearly Review Meetings of Service Performance	Monthly Support Visits to TBAs and CBDs
District (110)	Management		
	MOH District Health Management Teams 0	Annual meetings to assess performance and review activities/priorities	Quarterly Support Visits to Sub-Districts
Regional (10)	Management		
	MOH 10 PPAG 7 GRMA 10 GSMP 6	Annual meetings to assess performance and review activities/priorities	Half Yearly Support Visits to Districts
NATIONAL	Policy/Planning		
	MOH PPME/TCRD/MCH-FP PPAG CHAG Christian Council GRMA Private Practitioners GSMP Other NGOs	Half Yearly Review Meetings of Service Performance	Annual Support Visits (on demand) to Regions
NB. GRAND TOTAL Service Delivery Points: 16,840 <small>Like Aggregates, Unaggregates, MCH, (HRA/PT)</small>			

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APPENDIX E

Documents Reviewed

APPENDIX E

Documents Reviewed

- Church Hospital Association of Ghana. Booklet.
- Church Hospital Association of Ghana. CHAG Membership List.
- Consultative Meeting on Health Development in Ghana.
Background Paper. September 29-30, 1993.
- Futures Group: Assessing Training Needs in Ghana: Using the Situation Analysis and Client-Provider Study. (n.d., possibly January 1994).
- Futures Group: Draft Proposal: Provider Qualitative Study for Training Needs Assessment. (n.d., possibly January 1994).
- Futures Group: Selected Results on FP Awareness and KAP in Ghana. 1993 Consumer Baseline Study.
- Futures Group: The Family Health Media Monitor. December 1993.
- Ghana Statistical Service: A Situation Analysis Study of FP Service Delivery Points in Ghana, with Recommendations. October 1993.
- Ministry of Health. Curricula for: Medical Assistants; Community Health Nurses.
- Ministry of Health. Maternal and Child Health Modular Curriculum. 1990. Sponsored by JHPIEGO.
- Ministry of Health. Technical Module for MCH/FP at Health Centre Level. (n.d.).
- Ministry of Health: Clinical Management Protocols on Safe Motherhood in Ghana. Fourth Draft. August 1993.
- Ministry of Health: Guidelines for Safe Motherhood Health Education and IEC Activities at the Regional and District Levels. Fourth Draft. August 1993.
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APPENDIX F

**Comments (by Dr. Pina) on the FP Section of the Safe
Motherhood Clinical Protocols**

January 28, 1994

COMMENTS ON THE FAMILY PLANNING SECTION OF THE CLINICAL
MANAGEMENT PROTOCOLS
ON SAFE MOTHERHOOD IN GHANA

by Dr. Manuel Pina
INTRAH Clinical Officer for Francophone Africa

1. Routine Management (pg. 27).

The referenced sections need not all be "routine;" for example,

- No. 2: Keep medical history short and relevant.
- Nos. 3 and 4: Physical and pelvic exams should only be required if indicated by medical history.
- No. 5: Laboratory investigations are only necessary if indicated by history, and physical or pelvic exam. No reason for routine malaria, sickling and haemoglobin screening.

2. Oral Contraceptives (pg. 28).

Combined Oral Contraceptives

a. Recommended Users:

- "Younger women (<40 years)"

No age restriction is necessary for OCs if woman is at risk of pregnancy.

- "Breast feeding mothers after 6 months postpartum"

Combined oral contraceptives can be given to women earlier than 6 months postpartum if other methods are not available. (COCs may decrease the quantity of breast milk.)

b. "Use with Caution"

Sickle cell disease, asthma, epilepsy, diabetes, or extreme obesity should not be considered as contraindications for OC use. (The precaution only refers to the interaction with drug treatment for the above-mentioned conditions.)

c. "Disadvantages: Minor side effects"

The minor side effects listed are not "common." If they do occur, they should be addressed by the provider during thorough client counseling.

d. "Common Side Effects and Management"

This is not a "step-by-step" process, as stated in the preface. Providers will need more details to effectively manage side effects.

3. Injectable Contraceptives (p. 29)

a. "What it is / How it works"

Specify the differences in re-injection intervals: Three months for DMPA and two months for NET-EN.

b. "Recommended Users"

No medical/scientific justification for any parity restriction for either DMPA or NET-EN.

c. "Use with caution"

Heavy or irregular periods and family history of cancer are no longer contraindications for injectable use.

d. "Advantages"

Not only do injectables "not interfere with lactation," they actually increase the quantity of milk.

e. "Disadvantages"

Heavy bleeding, if it occurs, is mainly during the first three months.

Delay in return to fertility is usually 8-12 months after discontinuation.

f. "Common side effects and management"

"Exclude pregnancy": Presence of amenorrhoea does not mean a client using injectables is pregnant.

4. NORPLANT (p. 29)

a. "Recommended users"

No age or parity restrictions for implants.

b. "Use with caution"

"Blood clots": NORPLANT has no demonstrated clinical effects on cholesterol, blood glucose, or liver function.

5. IUCD (p. 30)

a. "Method"

Multiload IUCDs should be included because of their availability in Ghana.

b. "Recommended users"

"older women": No age restrictions for IUCD if the woman is at low risk for STDs and is at risk for pregnancy.

"women with one or more children": Should be "women with at least one child."

"women after six weeks postpartum": IUCD can be inserted immediately postpartum or post abortion.

c. "Use with caution"

Vaginitis is not a contraindication for IUCDs.

d. "Advantages"

"10 years": Very up-to-date information!

6. Condom (p. 31)

a. "Use with caution"

Allergies to rubber products are rare.

N.B. The Lactational Amenorrhoea Method (LAM) is not addressed as a family planning method.

N.B. The Section on post-natal care does not address postpartum family planning methods.

APPENDIX G

"Contraceptive Use Increases," from the Daily Graphic,
Friday, January 28, 1994

FRIDAY, JANUARY 20, 1984

Contraceptive use increases

By Rosemary Ardrey

THE contraceptive prevalence rate in the country has increased from five per cent to 15 per cent. Ms Dawn M. Liberi, Deputy Director of the United States Agency for International Development (USAID), who said this stated that studies revealed that 49 per cent of married women in Ghana who do not use modern contraceptives want to do so.

She said the women are not using contraceptives because they either lack the knowledge to use them or are afraid of side effects.

Ms Liberi made these remarks at a conference of Regional Managers of the Planned Parenthood Association of Ghana (PPAG) to discuss the association's future strategy.

The deputy director who briefed the conference on her organisation's population programme with the Ghana Government emphasised the need to look at the pricing policies for contraceptives.

She said prices have differed since 1983 with the contraceptives from the Ghana Social Marketing Programme selling at a higher price than that sold by the Ministry of Health.

Ms Liberi said the price differentials is due to inflation and stressed the need for prices to be standardised "since no single entity can provide all the contraceptive needs of the country on a sustainable basis".

Mr I. K. Boateng, Executive Director of PPAG, said the association is embarking on a programme of collaboration with USAID to improve its services.

Areas that the two bodies will tackle are community-based distribution, target groups, joint training programmes, commodity procurement through Ghana Social Marketing Foundations and long-term contraceptive methods.