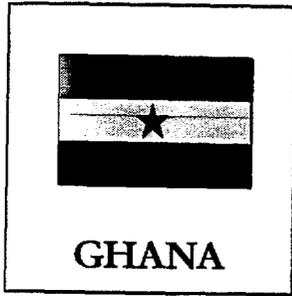


PN-ACB-627



*SUMMARY STRATEGY FOR USAID POPULATION  
ASSISTANCE TO GHANA  
THROUGH THE YEAR 2000*

*REVISED OCTOBER 1993*

# Summary Strategy for USAID Population Assistance to Ghana through the year 2000\*

## *Background/Rationale*

USAID has been assisting the Government of Ghana in the health and population sector for over two decades. The family planning program has witnessed rapid growth since 1988, following political and economic turmoil in the mid-80's. *The level of contraceptive use reached in five years now exceeds that which had been achieved in the first 15 years of USAID assistance.* The climate is right for a successful family planning program, one that capitalizes on this recent momentum.

The current Family Planning and Health Program was developed to carry Ghana to a point where modern prevalence would be 15 percent by 1996, known as the "launch" phase of family planning programs. For long range planning, the strategy presented herein moves the program through the "growth" phase by the year 2000, with a modern method prevalence of 25 percent. It is anticipated that there will be a *measurable decline in the population growth rate* by the year 2010.

The strategy presented here outlines the *current* family planning situation, the *priority* areas identified for emphasis in the next project, what *interventions* are critical in order to achieve the most programmatic impact, and a *framework* for the new project.

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\* Background document available upon request

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## *Where Are We Now ?*

### Fertility Preference and Use of Contraception<sup>2</sup>

- The *desired* number of children is 5.3 which is lower than the actual number of 6.4
- 68 percent of women in union wish to delay or avoid their next pregnancy
- Overall use of contraception by currently married women is 24 percent, 15 percent for modern methods
- 49 percent of women who do not use family planning report that this is because they don't know enough about it or that they fear side effects
- Over 45 percent of currently married women say they intend to use family planning in the future

### Current Accomplishments

- Establishment of National Population Council
- Broader distribution of contraceptives by new groups of providers
- Approval of NORPLANT for general use
- Expansion of commercial distribution system for non-clinical methods
- *Tripling* of couple years of protection (CYP) since 1987
- *Doubling* of number of condoms, pills and foaming tablets distributed under social marketing program since 1987

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<sup>2</sup>1988 Ghana Demographic and Health Survey, 1993 Consumer Baseline Survey

## *Where Are We Going?*

- *Priority 1: Improve the policy environment for population programs at the national and local levels.*
- *Priority 2: Foster public/private sector collaboration and cooperation in the delivery of health/family planning services.*
- *Priority 3: Intensify support for non-clinical methods (condoms, pills, vaginal foaming tablets) in accordance with strategy of current program.*
- *Priority 4: Generate a climate of acceptance and demand for long-term methods (IUDs, sterilization, implants and injectables).*
- *Priority 5: Increase capacity in both the public and private sector to supply long-term and permanent methods of contraception.*
- *Priority 6: Place increased emphasis on technical as well as financial sustainability of population and family planning activities.*

## *How Do We Get There?*

### *PRIORITY 1: Improve the policy environment for population programs at the national and local levels*

Deepening the political commitment to population programs involves a variety of activities in the near term in order to set the stage for future program success. Additional support is needed for both institution building (National Population Secretariat and other key institutions) and for expanded awareness raising. Investment in building a strong institution to advocate for, guide and coordinate population programs can result in substantial returns. Technical assistance provided from centrally funded projects, intensive in the early stages, can gradually be phased out as the NPC Secretariat develops capacity to motivate all other aspects of the program, facilitate the work of the involved ministries and agencies at all levels, and coordinate activities so that efforts achieve synergy. This will achieve a measure of technical sustainability prior to other program components. The steps which would then follow would be to "leverage" government and other donor inputs into developing program implementation capacities at the district and subdistrict levels.

#### **INSTITUTION BUILDING AT NPC AND OTHER KEY INSTITUTIONS**

- Raise political profile for National Population Council
- Observational travel
- Strategic planning workshops

#### **INTENSIFY AWARENESS RAISING EFFORTS**

- RAPID presentations to line ministries
- National RAPID presentations to target groups
- RAPID models at the regional level
- Develop presentations on MCH/FP comparative risks → workshops to provider groups and MOH
- Formation of population "teams" in the district assemblies

#### **DISTRICT LEVEL CAPACITY BUILDING**

- District level workshops/focus groups
- Increase district capacity to manage family planning activities
- Ensure allocation of NPA resources at district and subdistrict levels for family planning activities

**ADDRESS INAPPROPRIATE REGULATORY CONSTRAINTS AND  
CUSTOMARY PRACTICES**

- Review legal and regulatory constraints
- Assess appropriateness of provider certification criteria
- Improve the knowledge of providers through in-service training and workshops
- Conduct research to validate safety and efficacy for providers and policy-makers of proposed changes in regulations
- Develop service delivery/training guidelines
- Conduct contraceptive technology updates for service providers, policy makers and the media

**PRIORITY 2: *Foster public/private sector collaboration and cooperation in the delivery of health/family planning services***

The Government of Ghana has recently decentralized responsibility for service delivery to the regions and districts in an effort to expand services to all parts of the country. However, its resources alone will not be sufficient. Thus, it is critical that activities of the public and private sector complement one another. As part of its role as the coordinating body for all population activities, the NPC will facilitate this interaction .

- Exchange of workplans between public and private sector organizations
- Ensure that in-service training is conducted jointly
- Develop common service delivery guidelines and protocols
- Address inappropriate regulatory barriers to service delivery in the private sector

**PRIORITY 3: *Continue and intensify support for demand generation and supply for non-clinical methods***

Despite the high level of "awareness of a method", lack of specific knowledge about how to use a method, its potential side effects and its mode of action may actually inhibit women from trying a method. Further, in an environment of low acceptability of contraception in general, women may not go out of their way to try a modern method. In more urban settings, where women are more educated, and acceptance is greater, improving knowledge of products and sources has been shown to increase prevalence.

- Expand urban efforts and extend into rural areas
- Increase commercial distribution networks for non-clinical methods
- Establish employer based services
- Involve non-governmental organizations in educational efforts and distribution networks
- Provide logistics management support and develop integrated commodity distribution system which ensures consistent stock
- General and targeted Information Education and Communication campaigns, e.g., for males and adolescents
- Broad-based Family planning counseling training programs
- Establish pre-service training
- Provide training and technical assistance to Ghana Registered Midwives Association
- Conduct consumer price studies

**PRIORITY 4:** *Generate a climate of acceptance of and demand for long-term and permanent methods*

**PRIORITY 5:** *Increase capacity to supply long-term and permanent methods of contraception in the public and private sectors*

The infrastructure for provision of clinical methods is not well developed. Development of supply and demand must be approached in a coordinated fashion. It is difficult to train providers without an adequate number of available clients. Similarly, to maintain their skills, health workers must have adequate opportunity to practice their skills. Demand cannot be developed ahead of capacity to provide services or the result will be the frustration of potential clients. Priorities 4 and 5 and the corresponding interventions are concerned with expanding the delivery of long-term methods.

- Targeted campaigns to increase demand, including special attention to males
- Major increase in training capacity
- Institutionalize training capacity
- Increase training of private midwives
- Establish family planning counseling and clinical method service delivery as part of pre-service training
- Develop referral systems for clinical methods
- Establish programs for post-partum and post-abortion IUD insertion
- Social marketing of long term methods
- Expansion of PVO clinic systems
- Emphasis on quality of care

**PRIORITY 6: *Foster technical and financial sustainability of family planning programs***

As contraceptive prevalence rises and national family planning programs mature, attention must be directed to long-term financial sustainability of program activities. Nevertheless, attention to the financing of programs is insufficient to ensure sustainability; it is also critically important to ensure the transfer of technical skills. Both issues must be addressed to ensure the long-term viability of family planning services in Ghana. Experience in successful programs (Thailand) has shown that given prolonged low contraceptive prevalence levels, subsidy is necessary for a period of time. USAID does not expect to develop a fully-sustainable program in the near term, but steps can be taken now to achieve this objective in the long-run.

- Encourage increase in recurrent budget and staff for MCH/FP activities in Ministry of Health
- Encourage budgetary allocation and expenditure of funds at the regional and district levels
- Establish continuing maintenance program at facilities offering clinical methods
- Establish institutionalized clinical quality control
- Investigate alternative financing strategies
- Business skills training for private providers

*New Project Guiding Principles*

1. The project will have as its primary focus family planning (80 percent); targets of opportunity include AIDS and child survival (20 percent).
2. This project is viewed as a component of a long-term (15-20 year) commitment to population assistance in Ghana.
3. The funding level is anticipated to be 35 to 50 million dollars over 5 years.
4. The assistance will be 40 percent non-project, 40 percent project and an 20 percent for commodity procurement.
5. The project will build on the success of the current program; many activities will be continued and/or expanded.
6. Emphasis will be placed on permanent and long term methods; this is a new focus.
7. First Obligation of funds in FY'94

*What do we do next?*

**Timeframe For Project Design**

Analytic Studies *	January through July 1993
Population Assistance Strategy Statement	
PID/PAIP	December 1993
AID/Washington Review	January 1994
PP/PAAD	March 1994
AID/Washington Review	May 1994

**SIGNED AGREEMENT WITH GOVERNMENT OF GHANA**      **JULY 1994**

**\*Major Studies**

Completed

- Situation Analysis of Family Planning Service Delivery Facilities
- Consumer Baseline Survey

To Be Completed

- Demographic and Health Survey
- Audit of Retail Outlets