

# GHANA

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GLOBAL



REGIONAL



NATIONAL



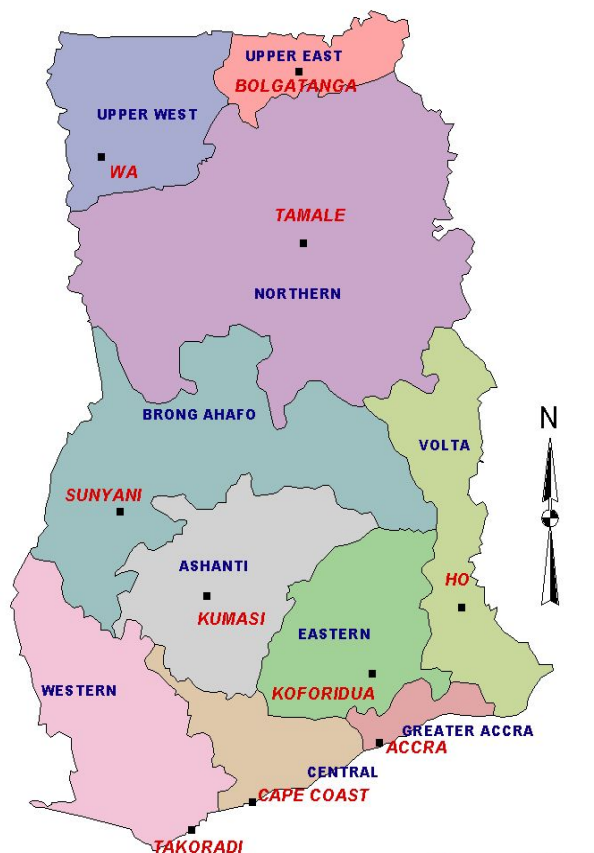
COUNTY



VILLAGE

# GHANA PROFILE

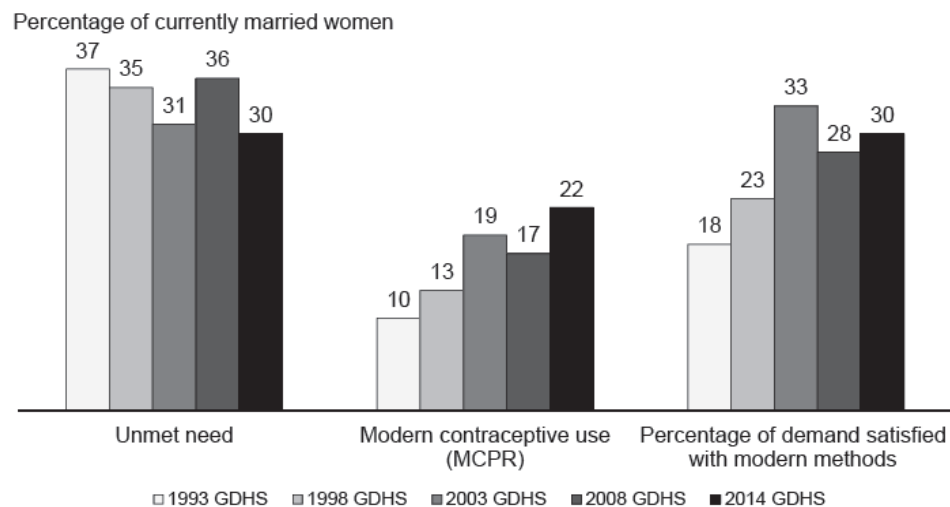
Map of Ghana: Administrative Regions/Capitals



Designer: Seth Kwarteng

- WIFA – 23% of Population.
- Expected Pregnant Pop.--- 4%
- IUD uptake < 1% nationally

Figure 2 Trends in unmet need, modern contraceptive use, and percentage of demand satisfied with modern methods, 1993-2014



Note: Data on unmet need not available for the 1988 GDHS survey. The unmet need estimates for the 1993, 1998, 2003, and 2008 GDHS surveys have been recalculated using the revised definition of unmet need (Bradley et al., 2012).

# Expansion

## Advocacy Objective

- Task sharing IUD with trained CHNs

## Partnerships

- Technical experts in SRH, Ghana Health Service (GHS), Nursing and Midwifery council is developing the IUD task sharing strategy.

## Activities

- Various technical consultative meetings held
- field trips held to plan a policy change for task sharing IUD insertion with CHNs in Ghana.

# Incremental wins

- GHS agrees to pilot IUD insertions and removals with Community Health Nurses (CHNs) based on empirical evidence of CHNs attaining competency in IUD insertions
- Multi-stakeholder support for policy change on task sharing IUD insertion & Removal with CHNs achieved (e.g Nursing & Midwifery council for Ghana, OBGY consultants, Pop Council, Registered Midwives association, etc)
- Ghana Health Service and its technical OBGY consultants have made commitments & planned to review Family Planning standards and protocols to guide CHNs training on IUDs insertion in Ghana for competency

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# sustaining family planning advocacy in Ghana

- Evidence of competency to support task sharing IUD insertion and removal with CHNs in Ghana.
- Opportunity to hold advocacy meetings with parliamentary caucus on gender, population & Health to increase political interest and commitment for funding contraceptives in Ghana.
- High level stakeholder engagement on Integration of Family Planning services into the National Health Insurance Scheme (NHIS) to increase FP access.

# Zambia

*Amos Mwale*  
*Executive Director*



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# Reach in Zambia

## Eastern province

- Budget Formulation and family planning gap identification
- Capacity building in the areas of forecasting and quantification.

## Linking Family FP to National Development

- Reinforce political will and investments in FP, including FP2020 commitments with MPs
- Developed a brief linking FP to national development.
- Working with different committees of MPs i.e Health, Education and Youth.

# Adolescent and Budget Advocacy Wins

## National

- Age of consent for adolescents to access FP services revised from 18 to 12 years (FP Protocols & Guidelines) - 2016
- Revision of the Adolescent Health Strategy
- Costed National Strategy on Ending Teenage Pregnancy approved by senior staff of five ministries (pending Permanent Secretary approval)

## Subnational (Eastern Province)

- Approval of FP budget line and buy in by all stakeholders at provincial level
- Family planning services will be provided every day so that women do not travel repeatedly to the health center in all the district in Eastern Province
- A monthly reporting system on family planning has been developed at all district level



# To advance and sustain family planning advocacy in Zambia....

- Advocacy for the release of funds that have been budgeted for and allocated Provincial activities
- There is a multi-sectoral RH committee for Parliamentarians: Platform to push legislature to allocate resources towards FP
- Transparency in bilateral agreements ( eg USAID procurement decision)
- Need for data that shows the needs of young, unmarried adolescents since DHS doesn't capture them.

# Map of Zambia

