

THE JAGGED ROAD TO A POLICY CHANGE: INCREASING ACCESS TO FAMILY PLANNING USING COMMUNITY HEALTH NURSES

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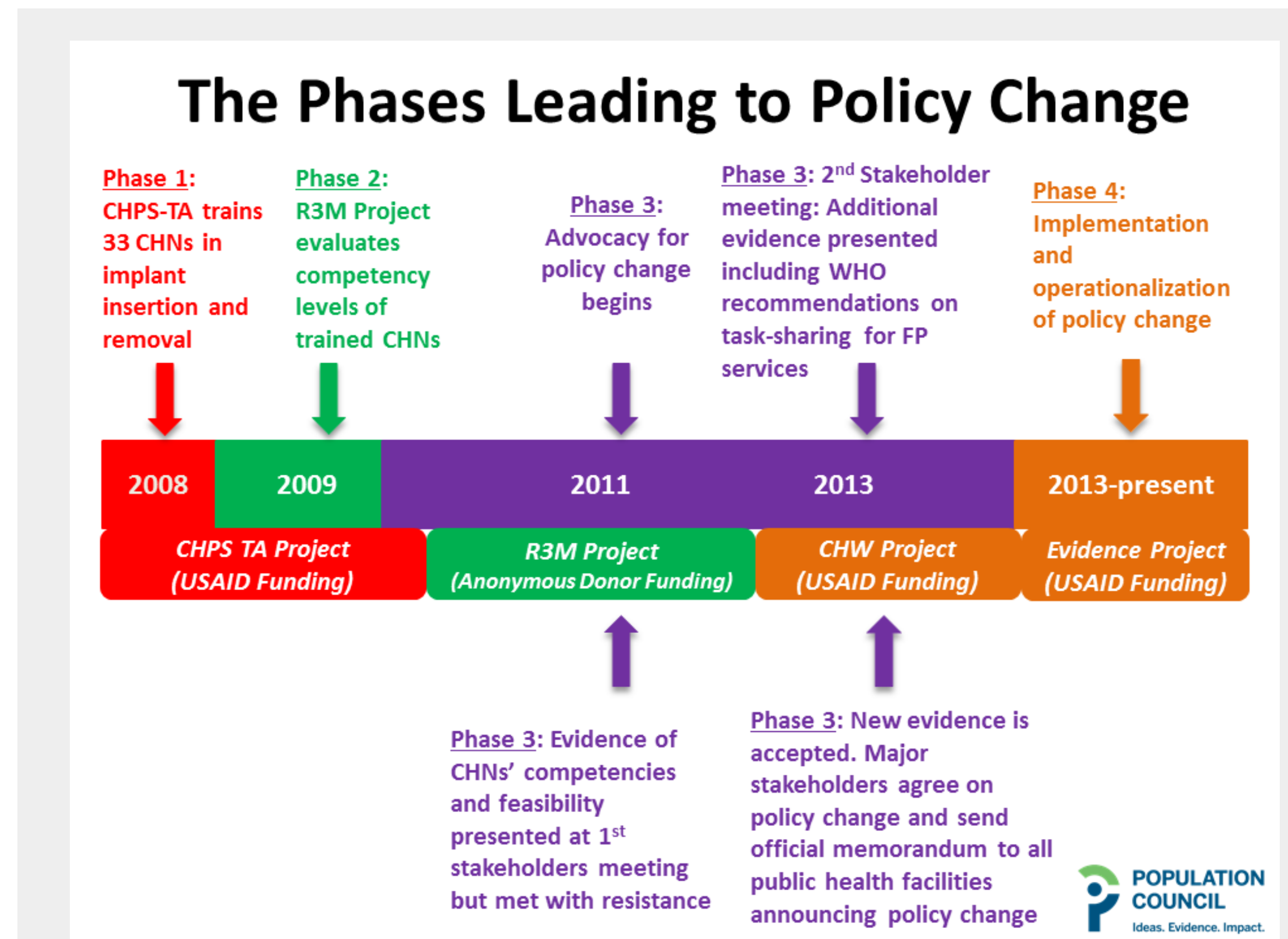
BACKGROUND & OBJECTIVE

- To mitigate acute shortages in human resources for health and increase access to modern contraceptive methods, the World Health Organization (WHO) recommends task-sharing.
- Specifically, WHO recommends the use of auxiliary nurses for insertion and removal of contraceptive implants with targeted monitoring and evaluation.
- In Ghana, Community Health Nurses (CHNs) are the largest cadre of auxiliary nurses providing communities with basic preventive healthcare and health education.
- We chronicle the 9-year journey and phases that led to Ghana's 2013 policy allowing auxiliary to insert and remove contraceptive implants, and document the implementation and operationalization of the policy.

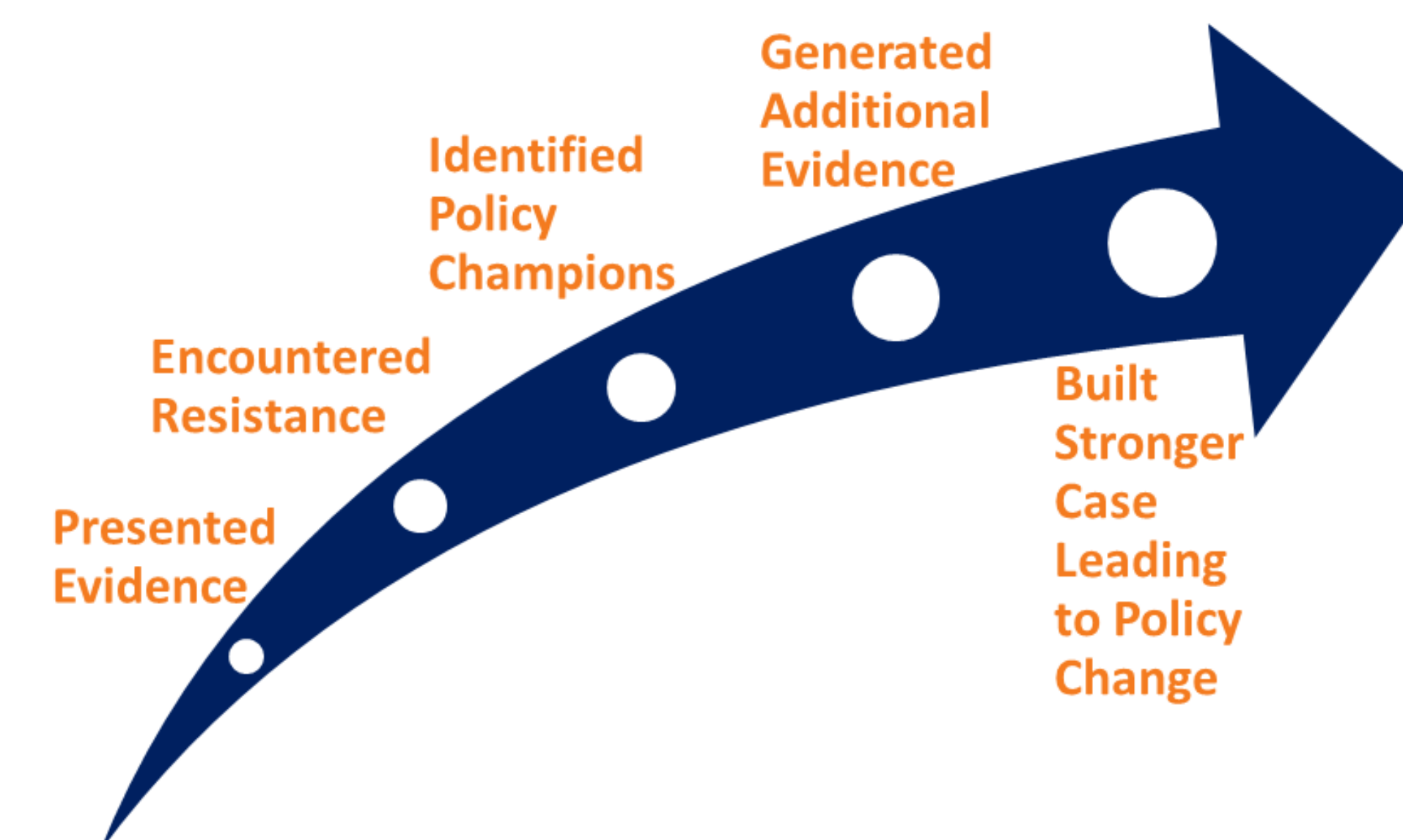
TASK-SHARING FOR GHANA

- TFR: 6.4 in 1988 to 4.2 in 2014
- CPR: 27% (married)
- Unmet need: 30% (married)
- National surveys (MICS/GDHS) show increased uptake in contraceptive implants among clients who prefer long-acting reversible family planning methods.
- Acceptors of implants in Ghana Health Service (GHS) facilities increased from over 25,000 in 2008 to over 65,000 in 2015.
- With the ratio of 10 doctors per 100,000 people and 1 midwife per 7,200 patients, the number of trained health providers was insufficient to meet the increased demand for implants.
- Trained CHNs – who already offered counseling on all contraceptive methods and provided services such as pills and injectables at the community level – were a hidden resource in plain sight.

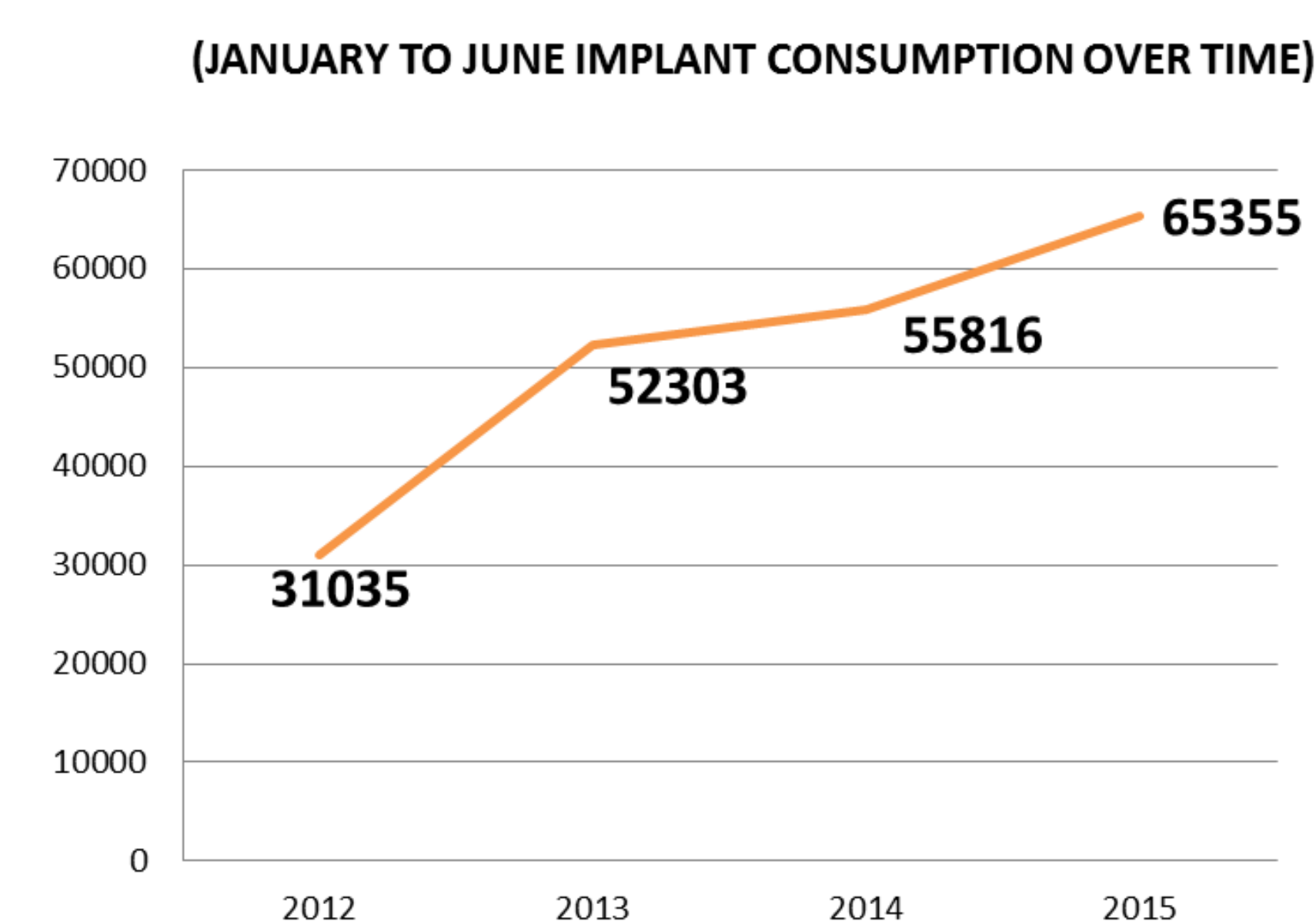
THE ROAD TO POLICY CHANGE



Advocating for Policy Change



Half-Year Implant Consumption, 2012-2015



Source: Ghana Health Service

BUILDING EVIDENCE

- In 2004, Population Council-led CHPS-TA Project revealed anecdotal evidence of CHNs wanting training to provide implants. In response, the Council supported GHS in 2008 to conduct a pilot intervention in which 33 CHNs from 16 districts in 6 regions were trained to provide Jadelle® implant insertion and removal.
- Reducing Maternal Mortality and Morbidity (R3M) Program Project systematically evaluated the competency levels of trained CHNs in 2009 and found that 97% of the CHNs performed the entire pre-insertion task correctly, 93% fully performed all the insertion tasks and 87% performed all the post-insertion steps.

ADVOCACY

- Population Council convened multiple stakeholder meetings throughout the process.
- Advocacy was met with resistance from decision-makers based on paucity of data, but policy champions – who recognized the need for policy to reflect what was happening 'on the ground' – were identified.
- New and strong evidence from other African countries as well as the timely release of WHO's recommendations on task-sharing in 2012 contributed to decision to change policy in 2013.

ENSURING TAKE-OFF

- To ensure the operationalization of the policy, through the Evidence Project, the Population Council has supported GHS to revise and disseminate the *Sub-dermal Contraceptive Implant Training Manual* and the *National Reproductive Health Service Policy and Standards*.
- Similarly, the Council has also supported the Nursing & Midwifery Council to review all seven pre-service training curricula and disseminate them effectively.

LESSONS LEARNED

Determine lead organization for coordination & advocacy

- Population Council

Process likely to exceed funding period

- Need to seek new funding to ensure continuity of process

Identify Policy Champions

- Give weight to issue

Adapt best practices alongside country data

- Build and generate evidence

Implement key strategies to effect policy change

- Follow-up to ensure operationalization of policy change at all levels



CONCLUSIONS

EXAMPLE TO OTHERS

- Documentation of policy change process has benefitted countries that are considering task-sharing (e.g. Togo and Burkina Faso).

CONTRIBUTION TO ACCESS

- An effective health management information system (e.g. rsLog used by GHS) to capture service delivery and performance, by cadre, is critical to appreciate the [individual] contribution of CHNs in providing implants and increasing access.

FOR MORE INFORMATION

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