

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

Dela Kusi-Appouh¹, Placide Tapsoba¹, Priscilla Ama Acquah²

¹Population Council, Ghana, ²Independent Consultant

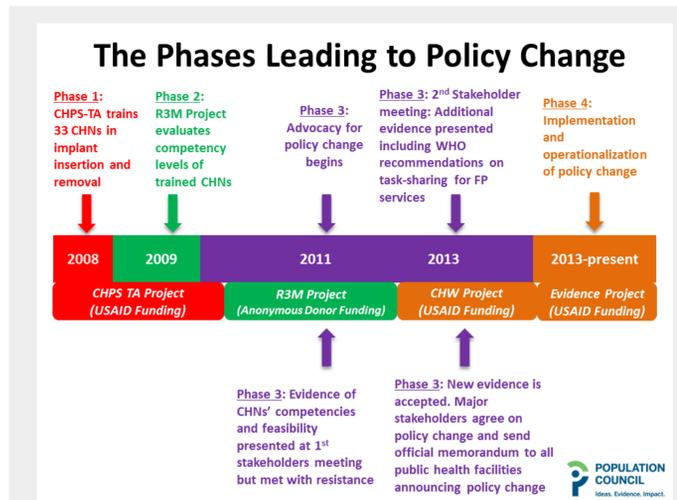
BACKGROUND & OBJECTIVE

- 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.

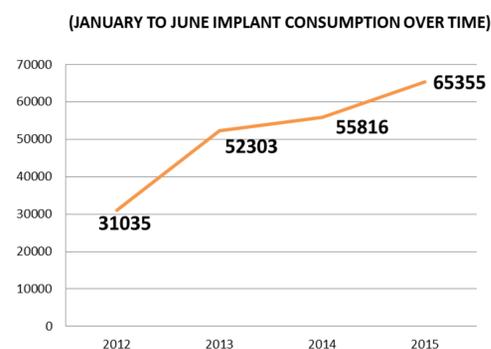
THE ROAD TO POLICY CHANGE



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

DELA KUSI-APPOUH, Population Council
14B Ridge Road, Roman Ridge
Accra, Ghana
dkusiappouh@popcouncil.org

The Evidence Project is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of cooperative agreement no. AID-OAA-A-13-00087. The contents of this document are the sole responsibility of the Evidence Project and Population Council and do not necessarily reflect the views of USAID or the United States Government.



USAID
FROM THE AMERICAN PEOPLE

Evidence