REPRODUCTIVE HEALTH WATCH

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Time to Take Charge: Our Government must ensure funding for family planning

Ghana recognizes the critical need for family planning but has left funding mostly to foreign donors for decades. In 2009, the Government did the unthinkable and budgeted zero for family planning commodities. Family planning not only helps save maternal and infant lives, but is indispensable for development. The Government must know that the "Better Ghana" agenda cannot succeed without funding for family planning supplies.

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Mud-Hut Maternity and Single-Bed Clinics: Delivering in Rural Ghana Isn't Pretty

Doctors and midwives make childbirth safer, but they need the tools and facilities to do their work. In Ghana, too many medical personnel work without the necessary equipment, and frequently under stressful conditions. But midwives and doctors face the worst conditions in rural areas, where many preventable deaths are common because of limited facilities.

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The Gap Between Policy and Practice

Ghana boasts of first-rate health policies that aim at ensuring fair access to good quality and affordable health services for all. In this column, ARHR weighs the country's health policies against the practices we find in deprived communities.

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Message from the Executive Director

> *"ARHR believes that it's time to acknowledge the importance of family planning again, because it is fundamental to reaching nearly all the MDG targets."*

We only have four years left to achieve the Millennium Development Goals, including MDGs 4 and 5, to reduce maternal and child mortality rates. Yes, Ghana is pressing toward achieving the MDGs, but the building blocks needed to reduce death rates are not in place, and existing health services are not equitably distributed in the country.

In too many communities, women and children still don't have access to medical personnel, or the accessible health facilities lack rudimentary equipment and services needed to save lives.

Such concerns are addressed in the country's health policies, but we find large gaps between what the health sector aims to do and what happens in hundreds of communities across the country.

Remarkably, many obvious first steps, the building blocks required to construct solid progress toward meeting MDGs, are weak or missing. For instance, investment in family planning is fundamental to reaching MDG targets. Use of contraception reduces unwanted pregnancies that can lead to unsafe abortions, and thus family planning helps achieve effective management of pregnancies.

Has Family Planning Lost Its Shine?

But enthusiasm for family planning seems to have died down. We have watched contraceptive use stagnate and seen Ghana fall back in unmet need between 2003 and 2008.

ARHR believes that it's time to acknowledge the importance of family planning again. I remember a time when there was more gusto and careful investment in funding and promoting family planning. Ghana moved closer to adequacy of contraceptive supplies and unmet need decreased.

Overall, funding for family planning has been declining, both from donors and from

the Government of Ghana. In 2009, the Government budgeted zero, that is, no funds budgeted, for family planning supplies.

We cannot talk about stimulating demand for contraceptive methods and increasing practice of birth control without ensuring that contraceptive supplies are easily available and affordable.

And these steps are basic to attaining MDGs 4 and 5.

Vicky T. Okine

Executive Director

THE GAP BETWEEN POLICY AND PRACTICE

HUMAN RESOURCE FOR HEALTH

Ghanaians would be the envy of many countries if the Government fulfilled stated health objectives such as "to ensure equitable access to good quality and affordable health services that improve health outcomes, respond to people's legitimate expectations, …and allocate resources equitably."

In practice, the health system features glaring inequities in which rural communities and the poorest regions of the country lack access to even rudimentary reproductive health services. In most deprived areas, health services are not available at a reasonable distance, or are not affordable, or not accessible for some organisational reason such as limited hours of the presence of medical staff.

Imbalanced Geographical Distribution of Doctors

Ghana simply does not have enough qualified health personnel, and the geographical distribution of existing personnel does not favour rural areas. Research reveals a high concentration of health professionals in urban health facilities to the neglect of rural areas and certain regions.

Government Policy

The Ministry of Health's mission is to "ensure… equitable access to quality health care services for all people living anywhere in Ghana" (Human Resource for Health Policies and Standard Guidelines document, 2006 –2011).

In Practice

The differences in doctor-to-population ratios among the regions is staggering. Compare one doctor to about 5,000 people in Greater Accra Region with one doctor to more than 50,000 people in the Northern Region. The three northern regions and Volta Region face the lowest number of doctors per population.

Doctor-to-population ratio in Ghana's 10 geographical regions

Region	2007	2008	2009
ASH	10,667	9,537	8,288
BAR	22,479	21,475	16,919
CR	29,260	26,140	22,877
ER	18,141	17,571	16,132
GAR	5,202	4,959	5,103
NR	92,046	68,817	50,751
UER	30,111	33,475	35,010
UWR	43,265	43,988	47,932
VR	28,269	27,959	26,538
WR	33,794	31,745	33,187
National	**12,591**	**12,713**	**11,929**

ARHR advocates…

For the Ministry of Health to **decentralize salaries** of health workers to the regional level to ensure those who abandon their post do not get paid.

For Government to strive to **establish a medical school/teaching hospital in all regional capitals**, to boost personnel and distribute them equitably.

Give rural health workers priority in incentives like cars for medical workers and initiatives such as early promotion and sponsorship.

Reporting by Hor Sidua,
Project Officer,
ARHR Secretariat

TIME TO TAKE CHARGE

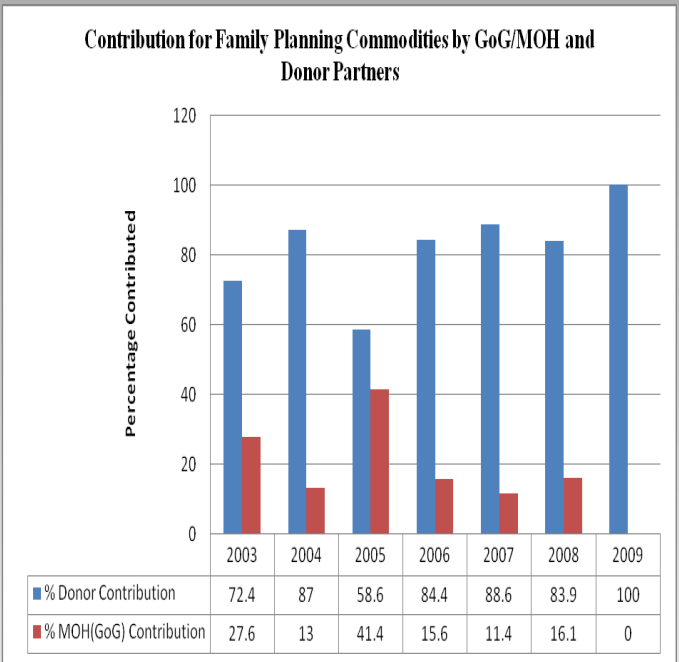
Our Government must ensure funding for family planning supplies

In 2010, Ghana attained middle income status, but our high population growth rate and health outcomes, for example, suggests we may not be ready. The country desperately needs effective population management, which is the hallmark of developed countries and a necessity for reducing maternal and infant deaths.

In fact, Ghana's development policy has long recognized the critical need for family planning, yet most funding for this indispensable development tool has been left to foreign donors for decades. In 2009 for instance the Government actually budgeted zero for family planning commodities! The Government must know that the "Better Ghana" agenda cannot succeed without funding for family planning supplies.

Funding for family planning in Ghana guarantees that contraceptive products are made widely available at affordable prices by purchasing contraceptive commodities to support both government and private health facilities. Continuous supply of products depends on sustained funding from the Government and donors.

In Ghana, thousands of people who say they want to plan their families do not use contraceptive methods. For an aspiring middle income country, our level of contraceptive use is rather low, and declined between 2003 and 2008.



	2003	2004	2005	2006	2007	2008	2009
% Donor Contribution	72.4	87	58.6	84.4	88.6	83.9	100
% MOH(GoG) Contribution	27.6	13	41.4	15.6	11.4	16.1	0

Benefits of Family Planning

Family planning allows couples to choose when to have children and how many by using birth control and other techniques. Other techniques commonly used include sexuality education, prevention and management of sexually transmitted infections, and pre-conception counselling. Such planning reduces unwanted pregnancies, unsafe abortions, and maternal and infant deaths.

If Ghana is to achieve Millennium Development Goals (MDGs) 3, 4, and 5 (that is, to promote gender equality, and reduce child and maternal mortality), then it is imperative that there are *never* stockouts of any birth control commodities, especially the male and female condoms, which provide dual protection.

Need for Funding

Funding for family planning is used to purchase family planning commodities to support the Reproductive and Child Health units of the Ghana Health Service and private health facilities that provide family planning services. Thus family planning commodities are not included in the normal commodity supply chain within the Ghana Health Service.

Furthermore, family planning commodities are sold at subsidised prices. Hence, supply and distribution of the commodities do not provide cost recovery to facilitate reordering of stocks. Therefore, reorders need fresh funding from the Ministry of Health and Ghana's donor partners and to support consignments.

Track Record of Funding for Family Planning

Since its inception in the 1960s, family planning in Ghana has traditionally been paid for by international funding agencies such as USAID, DFID and UNFPA, with the Government of Ghana contributing a small quota (see se-

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MUD-HUT CLINICS AND SINGLE-BED WARDS:

DELIVERING IN RURAL GHANA ISN'T PRETTY

Across the country, the quality of health facilities and obstetric equipment available vary widely, but medical personnel in rural areas face the worst conditions.

At Kpalbe Clinic in Northern Ghana, one rusty bed is used for deliveries and everything else. As midwife Braima gets ready to attend to a woman in labour, she explains, "The bed is rusted due to the bleeding and other things that go under it. We need two delivery beds; we also need a resuscitating table." The clinic has no running water. "When I am delivering a woman I have to walk out to wash my hands before I come back here to attend to the woman," she says.

The midwife at Bunjai Clinic in the East Gonja district, Adana, is also forced to cope with limited facilities. "We do deliveries here. We render **family planning services too, but we do all these** in one room. A single room, a single bed for all categories of patients," she says.

> 'A single room, a single bed for all categories of patients'

Urgency of Maternal Care Outreach

There are still hundreds of rural women who cannot access a health facility because there are simply no facilities within reach, or no efficient transportation to reach a facility. The 2008 Ghana Demographic and Health Survey estimates that only 43% of rural births are likely to be delivered at a health facility compared with 84% in urban areas. Therefore, visits by outreach midwives bring maternal care to deprived communities and can make the difference between life and death.

But many outreach midwives and nurses say they are not always equipped with a functioning motorbike to carry out this vital outreach work. Adana, the midwife at Bunjai, says, "There is always a problem with the fueling and servicing of the bike we use for our outreach activities. We cover about 16 kilometers."

Shortage of Medical Personnel

Medically assisted deliveries continue to be low in Ghana with a little over half (57 percent) of pregnant women benefiting from professional delivery assistance. Even though the situation persists in both rural and urban areas, it remains worse for rural women. The Ghana Maternal Health Survey (2007) found that urban births are more than twice as likely as those in rural areas to be assisted by medical personnel: 86% in urban areas, compared with 39% in rural areas.

Behind the midwife, a maternity clinic in Ghana's rural north.

Only 43% of rural births are likely to be delivered at a health facility compared with 84% of urban births.

(Ghana Demographic & Health Survey, 2008)

The shortage of medical personnel can put enormous pressure on existing personnel. A senior nursing officer of the Dormaa Presby Hospital in Brong-Ahafo Region lamented that one midwife and one ward assistant cater for all pregnant women who visit the hospital. He recounted the experience of the midwife in one particular weekend when she had the daunting task of conducting 18 deliveries.

ARHR advocates...

...Along with the many individuals and organizations who are calling for an increase in resource allocation for maternal health care, that the Government specifically allocate more resources for rural facilities and obstetric equipment and supplies for emergencies during deliveries to avert preventable deaths.

By Henrietta Asante-Sarpong

Project Officer-Research

ARHR Secretariat

NEGATIVE PERCEPTIONS ABOUT FAMILY PLANNING

The Role of the Service Provider

Modern family planning methods have literally transformed the making of families and the shape of society. People now enjoy options they never dreamed of before: the freedom to decide when to have children, the number of children to have, and freedom from worry about getting pregnant. The number of childbirths has dropped throughout the world, thus improving quality of life in many countries.

But millions of couples who want the benefits of family planning do not use any modern method for a variety of reasons. One major reason for non-use stems from negative perceptions about birth control methods.

Significantly, negative perceptions about family planning methods are rife in developing countries. In Nigeria, Uganda, Kenya and South Africa, many young people opt for induced abortion rather than contraception to prevent pregnancies. “The choice of abortion is a result of misinformation and the misconception that modern methods of contraception can lead to the possibility of infertility” (Valentine et al., 2009).

In Ghana, popular myths claim that family planning methods can cause infertility, jaundice, obesity, still births, deformed babies, and some believe that methods like condoms detract from enjoying sex.

Rumour-mongers

Like rumours, negative perceptions are spread by family and friends, but also by religious groups and even health care practitioners, whose role is crucial. Some health care practitioners contribute to perpetuating negative perceptions about family planning mainly in the following ways:

1 The inability of the practitioner to properly orient and educate clients on the benefits and choices available under family planning methods.

2 Former family planning users methods complain that they were rushed through counselling sessions, resulting in wrong FP choices and complications like skin rashes, diarrhoea and headache after the use of particular methods.

3 Other former clients of family planning methods complain that at health facilities they were not given their choice of birth control method. They explained that their preferred FP choice had worked for their friends, while the choices given by health care practitioners had resulted in complications.

ARHR appeals to the Ghana Health Service to take note of the concerns of clients and use it in training health providers.

By Nii Ankonu Annorbah-Sarpei,
Acting Executive Director,
CENCOSAD

WHO IS TO BLAME FOR UNSAFE ABORTIONS?

Is it the Law or the People?

Any deaths from unsafe abortions are tragic, and the wasted lives of young productive women are particularly heartbreaking, because they are largely preventable. The knowledge and methods for preventing unwanted pregnancies and having safe abortions are widely available. So why do so many still fall victim to unsafe abortions in Ghana?

Over 95 per cent of unsafe abortions occur in developing countries (WHO/Guttmacher Institute, 2007). Even though reasons for terminating pregnancies are many and complex, the story always begins with a mistimed or unwanted pregnancy.

In Ghana, a large number of women resort to having an abortion when they fail to prevent an unplanned pregnancy. 37% of births in Ghana are unplanned, according to a Guttmacher Institute briefing document (2010 series, No. 2). Thus an estimated 15% of Ghanaian women report having at least one induced abortion in their lifetime, with one in three of these women having more than one abortion.

Legal vs. Lethal Abortions

Women who decide to terminate a pregnancy may end up with an unsafe abortion because most do not realise that Ghana's abortion law is quite liberal and it is considered by health experts to be broad enough to offer a legal and safe abortion to any woman. The Ghana Maternal Health Survey found in 2007 only 4% of women thought abortion was legal in Ghana.

Even medical professionals seem ignorant of the abortion law, although the Ghana Health Service developed guidelines in 2006 for providing safe abortions. Nearly half the doctors in a small study were unaware of the legal provisions for abortion, according to *International Journal of Gynecology and Obstetrics*, 2007.

***The abortion law in Ghana**, enacted in 1985, states that an abortion performed by a qualified medical practitioner is legal if the pregnancy is the result of rape, incest or "defilement of a female idiot", if the continuation of the pregnancy would risk the life of the woman or threaten her physical or mental health; if there is substantial risk the child will suffer from a serious physical abnormality or disease.*

Although an increasing number of women report seeking a doctor to perform an abortion, still 19% of women who have abortions self-induced it or got help from friends or relatives, and 16% took tablets.

When an abortion went wrong, 41% of women did not get any post-abortion care. In Ghana, unsafe abortions account for about 30% of maternal deaths. Among women under 20 years, 39 per cent of maternal deaths come from unsafe induced abortions. Such preventable deaths among young people are extremely disturbing.

Even when an unsafe abortion does not kill, it often causes serious injuries such as sepsis, haemorrhage, trauma, shock, and perforation of the uterus. Estimates suggest that for every woman who dies from unsafe abortion, another twenty suffer serious injury or illness.

Unsafe abortion is therefore costly to both the individual and society.

An estimated 15% of Ghanaian women have had at least one induced abortion in their lifetime, with one in three of these women having more than one abortion.

ARHR advocates...

For the Ghana Health Service and all stakeholders to renew efforts to boost contraceptive use to reduce unplanned pregnancies.

For intense education of the public as well as health providers about the abortion law.

By Selorme Azumah

Monitoring and Evaluation Coordinator

ARHR Secretariat

TIME TO TAKE CHARGE

Our Government must ensure funding for family planning supplies

cond chart). Funding has dwindled over the years and now there is a clarion call for the Government to take charge of funding for family planning (Planned Parenthood Association in *It is Time to Take Charge*, launched in 2010).

Gaps in Funding

There is a current funding deficit of US$8.8 million — the deficit has been growing for many years. In 2009, the contribution from the Government was zero. In addition to previous gaps in funding, it is important that the Government finds innovative ways of managing funding of family planning commodities to prevent stockouts.

The Role of the Private Sector

Given the minimal funding by Government, some ways that the Government of Ghana could encourage others to support funding include:

Incorporate family planning commodities in the National Health Insurance Scheme.

Encourage private sector participation in the manufacture of family planning commodities. This action could prevent stockouts of commodities. In addition to promoting sustainability of family planning, local manufacturing could also provide job opportunities. However, it is important to start now.

Conclusion

Family planning as a development tool is essential for a country to ensure prosperity in its socio-economic development. It is anticipated that adequate and alternative funding by the Government of Ghana would build a stronger happy bond of family with concomitant responsible parents who have had children by choice and not by chance.

A Government that believes in a better Ghana and in investing in people must invest in family planning.

> "A Government that believes in investing in people must invest in family planning"

By Aba Oppong,
Health Programme Manager
CEDEP