

# Assessing the Impact of Family Planning Promotional Campaigns in Selected Districts in Ghana

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## **ACRONYMS**

BTL	Bilateral Tubal Ligation
CHN	Community Health Nurse
CHO	Community Health Officer
CHPS-TA	Community-based Health Planning and Services- Technical Assistance
CPR	Contraceptive Prevalence Rate
CYP	Couple Years of Protection
DDHS	District Director of Health Services
DHMTs	District Health Management Teams
FP	Family Planning
GHS	Ghana Health Service
GSCP	Ghana Sustainable Change Project
HPN	Health Population and Nutrition
IDS/OJT	In-depth Supervision and On-the-Job Training
IEC	Information Education and Communication
IUD	Intra Uterine Device
JHU/CCP	John Hopkins University/Centre for Communication Programs
LAPM	Long Acting and Permanent Methods
M&E	Monitoring and Evaluation
MDA	Ministries, Departments and Agencies
NPC	National Population Council
QHP	Quality Health Partners
RDHS	Regional Director of Health Services
RHMT	Regional Health Management Team
SO7	Strategic Objective Seven (of the USAID/Ghana HPN Office)
USAID	United States Agency for International Development
VSC	Voluntary Surgical Contraception

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## **EXECUTIVE SUMMARY**

Since 2004, Quality Health Partners (QHP), a bilateral health project funded by USAID/Ghana, has been supporting the GHS to implement strategies to improve the quality of health and ensure equitable access by the population to a package of Reproductive and Child Health (RCH) services. For Family Planning (FP), this has been done largely through the training of health workers in sexual and reproductive health counselling, FP methods and cross-cutting topics such as infection prevention, quality assurance and facilitative supervision, including some direct support for supervision visits. In addition, QHP has provided some equipment to facilities in the 37 target districts as well as the regional hospitals. Despite these significant investments, CYP and CPR have been stagnant for a greater part of the period, and even dropped in some parts of the country.

In May 2008, QHP began the implementation of an FP promotional campaign with the aim of increasing demand for and improving uptake of family planning, particularly for the LAPM in all its 37 target districts. The campaign was conducted in two phases; the first of which covered five districts/sites by July 2008, whilst the second phase built on the success of the first and targeted fourteen districts/sites by November 2008. A third phase was implemented in March 2009 following a scale up to all 37 QHP target districts in the Year 5 workplan. Following the completion of the two phases of the campaign, a need to assess its impact in terms of increased awareness, availability and use of FP services, especially LAPM, was recognised and hence a study initiated to document any impact made.

The study used a pre and post-intervention time series design consisting of an analysis of monthly routine data on FP compiled from 13 target districts/sites sampled for the study. Interviews were also conducted with representatives of District Health Service Management teams, service providers, clients, community leaders and community members. Interviewees were selected using both purposive and convenience sampling techniques. An audit of equipment, materials and staffing at the sites as well as a review of project documents including campaign reports from the districts were also done.

Findings from the assessment indicate that:

- The use of family planning methods, especially LAPM, increased following the launch of the family planning campaign. A spike was observed during the month when most of the districts held their launch (from 369 to 665 LAPM clients, representing an 80% increase).
- Despite the fact that QHP trained some providers in Jadelle and IUD insertions following the campaign, human resource capacity for delivery of LAPM services still appears to be inadequate at the district level. At least five out of thirteen districts surveyed did not have a provider for BTL or Vasectomy.
- At the time of the campaign about six out of thirteen facilities either did not have instruments for Jadelle and IUD insertions or commodities or trained personnel as a result some clients were given alternative methods (mostly short term methods).
- Some FP units did not have basic equipment required for the provision of quality FP services such as weighing scales, BP apparatus and examination light of their own. These equipments were however, available elsewhere in the facility (particularly the maternity) and are shared with the FP units.
- Overall community leadership were supportive of the campaign and willing to collaborate with service providers in the provision of FP education and services to community members.
- There is a high potential for FP uptake. Over 80% of community members interviewed who were not using FP at the time of the study had intentions of using a method in future.

On the basis of the experience with this FP promotional campaign, it is recommended that:

- Post launch activities should be maintained and even intensified to sustain awareness and demand for LAPMs.
- More service providers should be trained in Jadelle and IUD insertion and in the hospitals, more medical officers in BTL and Vasectomy.

- Efforts should be made to ensure that trained providers, equipments and commodities are available and in place before campaigns or other promotional activities are commenced in the future
- FP units of the health facilities should be resourced with or encouraged to acquire their own equipments to provide services.
- There is also the need to sustain collaboration with community and opinion leaders in the promotion of health care generally in the communities.

## **1.0 Background**

Expansion of family planning service delivery capacity and quality in Ghana have been priorities for USAID/Ghana, the Quality Health Partners (QHP) project and the Ghana Health Service under the Mission's Health Strategic Objective (SO7) for the period 2004-2009. QHP and other bilateral USAID-funded projects, the Ghana Sustainable Change Project (GSCP) and the Community-based Health Planning and Services-Technical Assistance project (CHPS-TA) have worked with GHS at the national, regional, district, facility and community levels to achieve family planning-related objectives and targets.

Over the last four years, QHP has supported the training of 2551 health workers in FP counselling and methods' provision and an additional 2087 on cross-cutting topics such as infection prevention, quality assurance, facilitative supervision and more recently, 1083 service providers have received In-depth Supervision and On-the-Job Training (IDS/OJT) for FP. QHP has also provided FP service equipment to facilities in the 37 USAID target districts including 7 regional hospitals. The DELIVER Project works closely with GHS and the Interagency Coordinating Committee for Contraceptive Security (ICC-CS) to support planning for, and procurement and distribution of FP commodities. GSCP has promoted the marketing of specific FP commodities in the private sector, and carried out a national FP campaign targeted at male partners, with the theme, "Real Men Plan Their Families." GSCP has also recently supported the re-airing of a series of radio shows on FP themes that was developed under the previous JHU/CCP program. CHPS-TA has supported the scale-up of CHPS zones and pre-service and in-service training of Community Health Officers (CHOs) and other Community Health Nurses (CHNs) in topics including FP service provision.

Despite these significant investments made in FP by USAID/Ghana and its partners, CYP and CPR have been stagnant, and even dropped in some parts of the country. CYP declined from 1,163,944 in 2004 to 892,853 in 2006 and further downward to 598,572 in 2007. (2007 Annual Report: Reproductive and Child Health Department. Family Health Division, GHS) Some of the reasons cited for this decline have included, but are not

limited to: attrition of trained FP service providers; low demand leading to loss of skills among trained providers; lack of support for FP by leaders and managers; and issues of commodity availability.

In mid-2007 the USAID/Ghana HPN Office undertook an FP Assessment, followed by a meeting with its implementing mechanisms to discuss strategies to achieve greater progress in meeting FP targets. QHP noted a need for greater linkage between demand creation and service availability, which led to development of a concept paper for an FP promotional campaign that would take place in USAID target districts, with linkage to ongoing provider training in long acting and permanent methods (LAPM). QHP received supplemental FP funds to support various interventions including the campaign.

The family planning promotional campaign is an advocacy, communication and capacity-building intervention aimed at increasing demand for and improving the uptake of LAPM of family planning in selected districts. The campaign, which is divided into three phases, began in May 2008. The first phase covered four districts in the Central and Western regions and one regional hospital. The second phase covered 14 districts in the Ashanti, Brong Ahafo, Central and Western Regions, and one regional hospital. The third phase is expected to cover 13 districts in the Central, Volta, Greater Accra and Eastern regions, for a total of 31 districts, and three regional hospitals and scheduled to be completed by June 2009.

The FP promotional campaign is typically implemented over a period of two months in each location. It involves activities that include orientation of health service providers and satisfied clients; airing of radio discussion programmes on FP; and a grand launching of the campaign in the target area as well as post-launch activities involving health talks by trained providers on FP at the facilities and community gatherings and continued airing of FP skits and radio talk shows.

With the completion of the first two phases of the campaign there was the need to assess the impact if any, in terms of increased awareness, availability and use of FP services,

especially LAPM. It was also pertinent to document views of health workers or service providers as well as community members on participation and outcomes of the campaigns in order to learn lessons for future application or improvement of the program. It was against this backdrop that the assessment was conducted.

### **1.1 Objectives of the Study**

The objectives of the study were:

1. To assess availability of long-term FP (LAPM) services in the target districts.
2. To assess the level of utilisation of FP, particularly LAPMs.
3. To assess general perceptions about effects or impact of the FP campaigns.

### **1.2 Study Design and Methodology**

The study used a pre and post intervention time series design consisting of an analysis of monthly family planning service data from sites that participated in the campaigns. The Study also involved interviews with service providers and facility managers or in-charges at the sites, as well as DHMT members. Exit interviews with FP clients, interviews with community members and leaders and audit of equipment, resource materials and staffing at the sites were also conducted as part of the study.

### **1.3 Methods of data collection**

Both qualitative and quantitative methods of data collection were employed. The qualitative methods included:

- Documentation of the availability of FP services (i.e., infrastructure, staff, commodities) in the districts participating in the FP campaign
- Desk review of related FP campaign reports
- Semi-structured in-depth interviews with health service providers, clients, DDHS, community leaders, and community members.

The quantitative methods included:

- Collection/Compilation of FP service statistics from January 2007 to March 2009 at both facility and district level for selected districts and facilities that participated in the FP campaigns

- Facility audit to assess FP services offered, availability of essential equipment and supplies, FP commodities stocked and dispensed, and availability of FP providers.

Data collection tools were developed by the M&E Unit of QHP and reviewed by Management and other technical staff. The tools were pretested in two districts in the Ashanti Region (Amansie West and Ahafo Ano South Districts). Findings from the pretest were used to revise the tools. (See Appendix B for study tools).

#### **1.4 Training of Data collectors and Field Work**

Three staff from GHS and NPC with prior experience in research or data collection were taken through a one-day orientation on the project and the data collection instruments as well as exercise in verbal translation of the instruments into the local language. The group discussed and agreed on how the questions should be interpreted in the local language (Twi). A lot of time was spent in practicing in the local language especially with the Questionnaire for clients and Questionnaire for community members to ensure that the meanings of the questions remained unchanged.

Data collection was conducted under supervision of the QHP/M&E Officer and lasted for two weeks, from 27<sup>th</sup> April to 8<sup>th</sup> May 2009. Interviews with health workers were conducted in English whilst those of clients and community members were conducted in the local language. Informed consent was sought from study participants by the reading of an informed consent statement at the beginning of the interview and participants who agreed to participate signed or thumb printed the consent form.

## 1.5 Sampling

The assessment was conducted in 13 of the 19 districts which had participated in launch activities prior to the end of December 2008. Selection included all five phase 1 districts and

<b>Table 1. Selected Districts/Sites</b>	
<b>Phase 1:</b>	<b>Phase 2:</b>
Asikuma Odoben Brakwa	Atwima Kwanwoma
Komenda Edina Eguafo	Sene
Abrem	Sunyani Regional Hospital
Cape Coast Municipality	Assin South
Ahanta West	Abura Asebu Kwamankese
Effia Nkwanta Regional Hospital	Mfantiman
	Bia
	Bibiani Anwhiaso Bekwai

representation from participating regions in phase 2. Eight out of fourteen phase 2 facilities were selected based on regional representation, type of facility and time of the launch. All Regional (1) and district hospitals (3) were purposively selected. The remaining (4) were selected based on how early in the year the launch occurred (given the relatively short post-launch period for some of the phase 2 sites) and the need to allow for a better assessment of effects of the campaign (Table 1).

Table 2 presents proposed and actual sample size for the study. All the health personnel were purposively

<b>Table 2: Proposed and Actual Sample Size</b>			
<b>Type of Respondent</b>	<b>Sample per facility</b>	<b>Proposed Sample</b>	<b>Actual Sample</b>
<b>Health Personnel</b>			
DHMT	1 / district	11	11
FP Service Providers	1 / facility	13	13
<b>Other Stakeholders</b>			
Community/Opinion Leaders	2 / facility	26	24
Clients	5 / facility	65	53
Other community members	5 / facility	65	65

selected for interviews. District Directors of Health Services or their representatives were interviewed. At the facility level, the Head of the Family Planning Unit was interviewed. A convenience sampling technique was also used in selecting the other stakeholders (opinion leaders, clients and community members). For instance, a list of opinion leaders who participated in the campaign was verbally obtained and any two available at the time of the assessment were interviewed. Community members, were selected by intercepting and requesting for interview from every third person (aged 18 years and above) who was passed by the place where the launch was held. A purposive sampling technique was also applied here to ensure a fairly balanced representation of males and females. Exit

interviews were also conducted among the first five clients who visited the facility for any FP services on the day of interview.

## **1.6 Data Entry and Analysis**

The data were entered using Epidata. Data cleaning, merging of data sets and analysis were done using SPSS. Analysis of services statistics were further done using a designated FP software package known as the Family Planning Program Monitoring and Evaluation System (FPPMES).

## **2.0 Review of the Campaign**

### **2.1 Program Background and Activities:**

All across the world family planning promotional campaigns have been undertaken with the goal of creating awareness and increasing FP uptake as a means of controlling population growth rate and supporting couples to have the number of children they want at the time they desire to have them (China 1962, Turkey 1988, Bangladesh 1992, Pakistan 1999, Guinea, 1999, Egypt 2008 among others). A number of FP campaigns have been undertaken since FP was introduced in Ghana in 1967. Notable among these campaigns are the award-winning “I Care” campaign (1990s) for long-term FP, the “Life Choices” campaign (2001), the “Get a Permanent Smile, have a Vasectomy” Campaign (2004) and “Real Men Plan their Family” Campaign (2006). This notwithstanding, unmet need for family planning has continued to remain high at 34% (GDHS, 2003).

The QHP/GHS-led Family Planning Promotional Campaign focused on increasing uptake of LAPMs especially Jadelle and IUD and aimed at demand creation at the health facility level. The project was implemented in all 37 USAID supported districts. As at the end of April 2009, all the Districts had launched the campaign. The campaign links local level promotional activities with training of service providers in LAPM, and other efforts such as provision of directional signs to services at FP clinics and closer monitoring of stocks of FP commodities to ensure availability. Since October 2008, QHP has supported training of a total of 82 providers in Jadelle insertion and removal and 37 providers in

IUD insertion and removal. QHP has also provided 16 Norplant insertion kits and 106 IUD insertion kits for use by trained providers various facilities.

The campaign started with the engagement of a communications consultant to develop materials and concept for the campaigns. Information Education and Communication (IEC) materials developed on FP included leaflets, buntings, cue cards and an audio-recorded playlet. The materials were pretested in three locations and finalised based on experiences and feedback from the pretest as well as contributions from regional stakeholders review meetings. In all, a total of 60 CDs of the Playlet, 30,000 leaflets, 2025 buntings and 60 directional signs materials were distributed during the campaign. Other IEC materials produced by GSCP including “Stay Professional” posters were also given out for the campaigns.

Meetings were held with Regional Health Managers, District Directors of Health Services and District Public Health Nurses to introduce the campaign. These meetings were facilitated by QHP and were used for discussing the FP situation, rationale and concept of the campaign, role of the districts and FP providers’ preparedness to provide LAPM. This was followed by district level orientation for family planning providers at the various health facilities on the essence of the campaign and the roles expected of them during the campaigns. Each district selected one facility within the district to be the campaign focal point for campaign activities. An essential criterion for the selection of such a facility was that it should have a trained provider who could provide either Jadelle or IUD. The list of facilities in the sample which undertook the campaign activities is presented in Table 3 below. The orientations also involved the identification of staff skilled in health education providers and satisfied clients to participate in the campaign. The identified personnel were oriented on their role in the campaign.

<b>Table 3: List of Sample Facilities by districts and regions</b>	
<b>DISTRICT</b>	<b>FACILITY</b>
<b>CENTRAL REGION</b>	
Asikuma Odoben Brakwa	Odoben Health Center
Cape Coast Municipality	Cape Coast Municipality, RCH
Assin South	Nyankumase Ahenkro Health Centre
Mfanstiman	Saltpond Hospital
Abura Asebu Kwamankese	Moree Health Centre
Komenda Edina Eguafo Abrem (KEEA)	Elmina Health Centre
<b>WESTERN REGION</b>	
Ahanta West	Agona Nkwanta Health Centre
Bibiani Anwhiaso Bekwai	Bibiani District Hospital
Bia	Essam Polyclinic
Sekondi Takoradi Metropolitan Authority	Effia Nkwanta Regional Hospital (ENRH)
<b>BRONG AHAFO REGION</b>	
Sunyani	Sunyani Regional Hospital
Sene	Kwame Danso Hospital
<b>ASHANTI REGION</b>	
Atwima Kwanwoma	Foase Health Centre

The campaign activities included community education, distribution of IEC materials, a grand durbar to launch the campaign and post launch educational activities.

## **2.2 Community Sensitization**

Community education was done through the broadcast of six 30 minutes radio program in Twi, one of the main Ghanaian languages and Ewe dubbed “*Mber dane a, dane bi*” which literally means, “*One has to change with changing times*”. Discussion areas focused on;

- The concept of family planning - What it is and what it is not; High risk pregnancies; benefits of FP to the mother, child, father, couple and nation; allaying fears about contraceptives in general and emphasising the advantages of long term methods.
- Long Term Methods – In-depth discussions on Jadelle and IUD, in terms of how they work, their effectiveness, possible side effects, myths and rumours about the methods.
- Permanent Methods – In-depth discussions on BTL and vasectomy, their advantages and disadvantages.
- Overview of the short term methods.

The radio discussions were done on local FM stations, at Community Information Centres or through Information Vans using PA systems. Listeners were allowed to call in or walk to the centre to ask questions.

### 2.3 Campaign Durbars

Low uptake of FP, central location where most communities members could assemble with ease and nearness to facility providing FP services were the main criteria used by most of the districts in the selection of venues for the activities.

In most districts, the launch was preceded by a float or a procession of health workers, students, community volunteers and other associations or groups such as TBAs, hairdressers and teachers through the streets in the community with brass band music and bearing placards depicting various short messages on family planning.



*Health Workers and other community groups on a procession through the principal streets*



*Procession - bearing placards depicting various short messages on family planning*

The following are examples of some of the messages displayed from various sites;

*“FP is safe and effective” – Kadjebi*

*“IUD in the womb, Effective for 12 years”- Sunyani*

*“Long Term Family Planning, Long Term Peace of Mind” – Bosomtwe*

*“A better man is the one who plans his family” - Mfanstiman*

The durbars were attended by large numbers of community members or the general public and also involved the participation of Chiefs and Queen mothers (Traditional Leaders in the communities), District Chief Executives, District Directors of Health Services, Directors of some MDAs and other opinion leaders. Activities at the launch included addresses by community leaders and heads of some MDAs, poetry recitals,

drama depicting the benefits of FP, talk on FP by a health professional and live testimonies by satisfied clients. Community members were allowed to ask questions in order to correct misconceptions and myths about use of FP methods. Stands displaying FP commodities were mounted for community members to interact with FP providers, for demonstrations and the sale of contraceptives. In some districts FP services were rendered without the payment of any fees during the durbar. For example, in the Birim North District, 50 Jadelle and 2 IUD insertions were done for clients free-of-charge during the campaign.

Project activities at the district level were supported by QHP Liaison officers. Implemented activities were documented by the district to QHP generally through written reports, photographs and video coverage as well as print and electronic media coverage in some districts. It is estimated that each durbar reached about 400 men, women and children on the average and an overall total of about 14,800 people.

## **2.4 Post Campaign Activities**

Post launch activities have mainly focused on educational activities within the communities through radio broadcasts, intensified education and encouragement of nursing mothers to attend FP clinics as well as strengthened monitoring and supervision of FP activities through IDS/OJT for FP and other activities. Sub-district launches were organised in some districts to ensure a wider coverage. In some of the facilities that participated in the campaigns, FP service providers have redoubled health talks at various units within their facilities and on outreaches to the communities.

## **3 Findings**

### **3.1 Availability of long-term FP (LAPM) services in the target districts.**

Availability of services was assessed based on the availability of trained personnel for LAPM and the availability of working instruments and materials within the facilities.

#### **3.1.1 FP Services Provided**

All thirteen facilities assessed provide at least one long term method. All the facilities provided Jadelle/Norplant. Eleven out of thirteen provided IUD. All four hospitals and one health center surveyed provided BTL. With respect to vasectomy only the four hospitals offered the service. (Table 4)

Type of Facility	Jadelle	IUD	BTL	Vasectomy
Regional Hospital (n=2)	100	100	100	100
District Hospital (n=2)	100	100	100	100
Health Centre (n=9)	100	77.8	11.1	0
Total (n=13)	100	84.6	38.5	30.8

### 3.1.2 Availability of FP resource materials and equipment

All facilities visited had an FP wall chart and a copy of the National FP protocol. All facilities also had a box with samples of FP devices kept on the desk in the counselling room or in a drawer and brought out when a client came

Type of Facility	Job Aids		
	FP Wall Chart/ Protocol	Box with sample of FP devices	Visual/ auditory Privacy
Regional Hosp (n = 2)	100	100	100
District Hosp (n = 2)	100	100	100
Health Center (n = 9)	100	100	100
Total (N = 13)	100	100	100

in. One facility however did not have a penis model for demonstration of condom wear. Visual and auditory privacy was ensured for clients in all the facilities. Counselling and service provision was done behind closed doors (see Table 5).

As regards equipment requirement for FP service provision, the data suggest that the FP units are not adequately resourced to provide complete and quality service. Only two out of thirteen facilities surveyed had the full set of equipment needed for the provision of FP services (i.e. BP apparatus, weighing scale, Examination light, Table and stool for gynaecological exam and instruments for IUD and Jadelle insertion). Nearly a third (30.8%) of facilities had the appropriate weighing scale. More than half (54%) used

bathroom scales whilst 15.4% did not have any at all. Even though 84.6% of facilities reported that they provide IUD, only 23.1% had a proper examination light (Table 6). Two of the facilities which reported the provision of Jadelle did not have instruments for Jadelle insertion and instead, used Norplant instruments or borrowed from another hospital. This notwithstanding, it appears that equipment such as BP apparatus, weighing scale and examination light, some of which had been provided by QHP for FP units, were available elsewhere in the facility (particularly the maternity unit) which were shared with the FP Units whenever they had clients.

**Table 6: Percentage of facilities with FP equipment**

Type of Facility	Number of Facilities	Equipment						
		BP Apparatus	Stethoscope	Weighing Scale	Exam Light	Table & Stool	IUD insertion kits	Jadelle insertion kits
Regional Hosp	2	50	50	50	0	100	100	100
District Hosp	2	100	100	0	0	100	100	100
Health Centre	9	88.9	88.9	33.3	33.3	77.8	77.8	66.7
Total	13	84.4	84.6	30.8	23.1	84.6	84.6	76.9

Efforts were made to assess facilities' preparedness for infection prevention. All facilities surveyed had utility gloves, sharps container and decontamination solution for instruments. Hand washing facilities including running water, soap and single use towel was available within the FP units for majority of facilities. Close to seven out of ten facilities (69.2%) had the requisite pedal-operated waste bin (Table 7). However in a couple of cases the pedal was out of order.

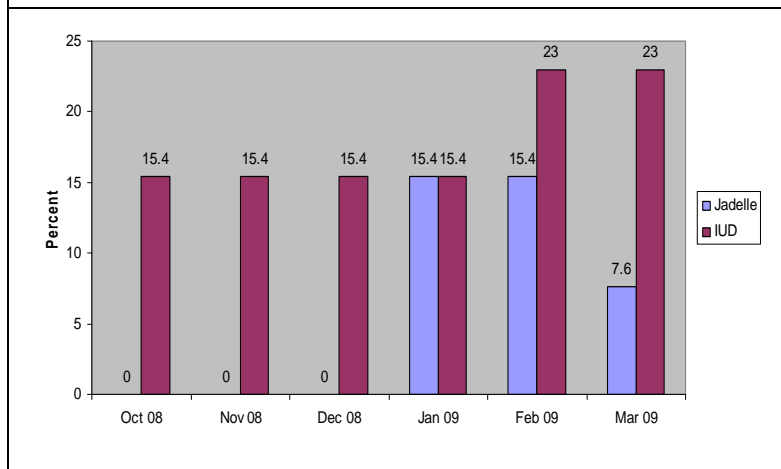
**Table 7: Percentage of facilities with Infection prevention materials and equipments**

Type of Facility	Number of Facilities	Infection Prevention					
		Handwashing facilities	Utility Gloves	Sharps Container	Decontamination Solution	Sterilizer	Waste Bin
Regional Hosp	2	50	100	100	100	50	0
District Hosp	2	100	100	100	100	50	100
Health Center	9	88.9	100	100	100	55.6	77.8
Total	13	84.6	100	100	100	53.8	69.2

### 3.1.3 Availability of Long Term FP Commodities

Over four out of ten (46%) facilities had experienced stock out of at least one of the long term FP methods (Jadelle and IUD) at some point during or after the campaign. Stock out of IUD was more frequent and lasted for longer periods compared to Jadelle. Stock

**Fig 1: Percentage of facilities reporting stock out in month**



outs of Jadelle have occurred mainly in 2009. Three out of the thirteen facilities assessed reported stock out of Jadelle. The longest stock out of Jadelle lasted for three months at the Odoben Health Center. The remaining facilities run out of stock for one month. QHP was not in a position to directly provide commodities to facilities, and rather sought to work through strengthening of the routine GHS logistics system, with some targeting and engagement of supervisors to help ensure stock availability.

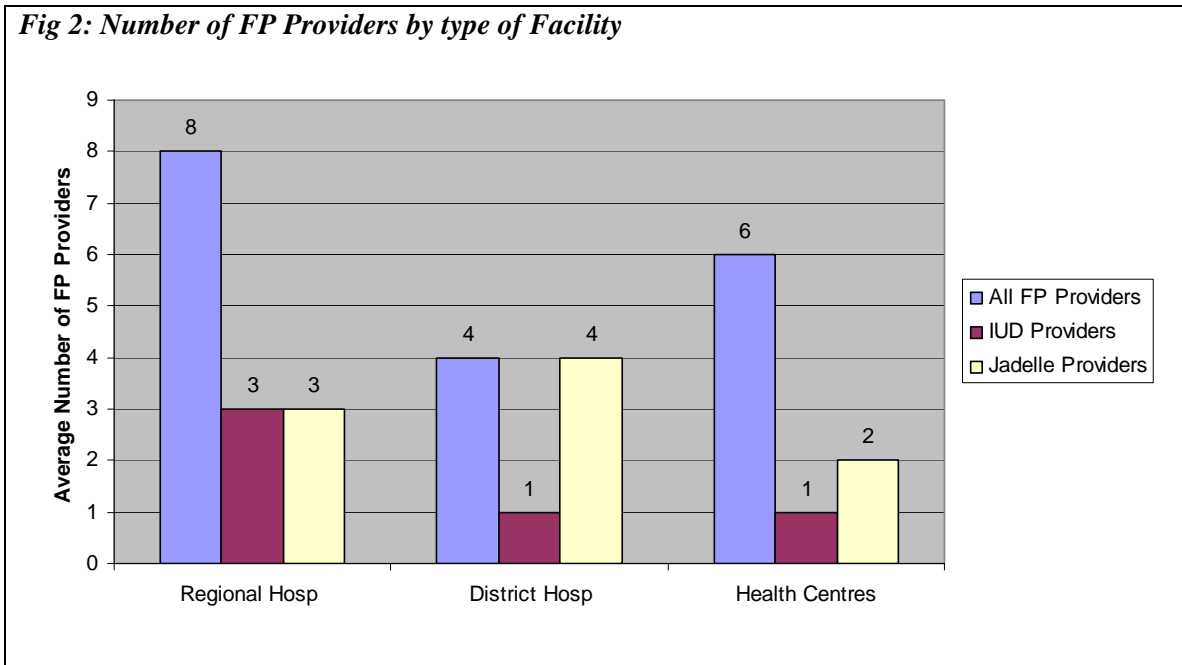
### 3.1.4 Availability of Trained FP Providers

On average each of the study districts had 29 FP providers, ten of whom had received some training in FP in the last three years (Table 8). There are on the average 8 and 4 providers of Jadelle and IUD respectively in each district. With regards to the permanent methods, seven out of the thirteen (64%) districts/sites surveyed had a provider for BTL and vasectomy. Comparing the number of facilities within the district which provide FP services with the number of FP providers, the data suggest that there are not enough providers for LAPM (Table 8). It is noted here that BTL and vasectomy are performed only by doctors, with fewer vasectomy providers available than for BTL.

At the facility level, there are on average 8 and 4 FP providers in the regional and district hospitals surveyed respectively. Health centres had an average of 6 FP providers per facility. With regards to LTMs, District hospitals had 4 providers of Jadelle as against 3

for regional hospitals and 2 for Health centres. On average there is only one FP provider who does IUD insertion at district hospitals and Health Centres and 3 at the regional hospital level (Fig 2). All the facilities surveyed had at least one provider for IUD and Jadelle insertions except for one which did not have a provider for IUD insertion. Four (all hospitals) out of the thirteen facilities surveyed had a provider for BTL and Vasectomy (Table 9). Between October 2008 and March 2009 QHP supported training of 129 and 37 providers in Jadelle and IUD insertion/removal respectively.

**Fig 2: Number of FP Providers by type of Facility**



District	Number of facilities providing FP in district	Total Number of FP Providers	Trained in last 3 years		IUD		Jadelle		BTL		Vasectomy	
			Num	%	Num	%	Num	%	Num	%	Num	%
Atwima Kwanwoma	6	16	8	50	1	6	8	50	0	0	0	0
Sene	9	19	7	37	2	11	5	26	1	5	1	5
Bia	20	30	12	40	6	20	22	73	0	0	0	0
Bibiani	12	32	9	28	9	28	9	28	1	3	1	3
Ahanta west	11	31	9	29	2	6	6	19	1	3	0	0
KEEA	14	42	15	36	5	12	3	7	0	0	0	0
Cape Coast	9	45	8	18	-	-	13	29	-	-	1	2
AAK	11	22	22	100	7	32	5	23	0	0	0	0
AOB	8	36	4	11	3	8	3	8	1	3	1	3
Assin South	9	30	3	10	1	3	7	23	0	0	0	0
Mfantsiman	14	13	13	100	8	61	6	46	2	15	1	8
Mean	11	29	10	34	4	14	8	28	0.6	2	0.5	1

Facility	Total Number of FP Providers	IUD		Jadelle		BTL		Vasectomy	
		Num	%	Num	%	Num	%	Num	%
Foase HC	6	0	0	3	50	0	0	0	0
Sene Hosp	3	1	33	2	67	1	33	1	33
Sunyani Reg. Hosp	8	5	63	4	50	1	13	1	13
Essam Polyclinic	7	1	14	3	43	0	0	0	0
Bibiani RCH	7	1	14	7	100	0	0	0	0
Agona Nkwanta HC	4	1	25	1	25	0	0	0	0
ENRH	7	1	14	1	14	1	14	1	14
Elmina HC	6	1	17	1	17	0	0	0	0
Cape Coast RCH	10	1	10	1	10	0	0	0	0
Moree HC	6	1	17	1	17	0	0	0	0
Odoben HC	7	1	14	1	14	0*	0	0	0
Nyankumasi HC	5	1	20	1	20	0	0	0	0
Saltpond Hosp	3	1	33	2	67	1	33	1	33
Mean	6	1	17	2	33	0.3	5	0.3	5

\*Even though the centre reported that they provide BTL the Medical Officer had been on leave for more than a year and so no services had been provided since then.

## **3.2 Levels of utilisation of FP (with emphasis on LAPMs).**

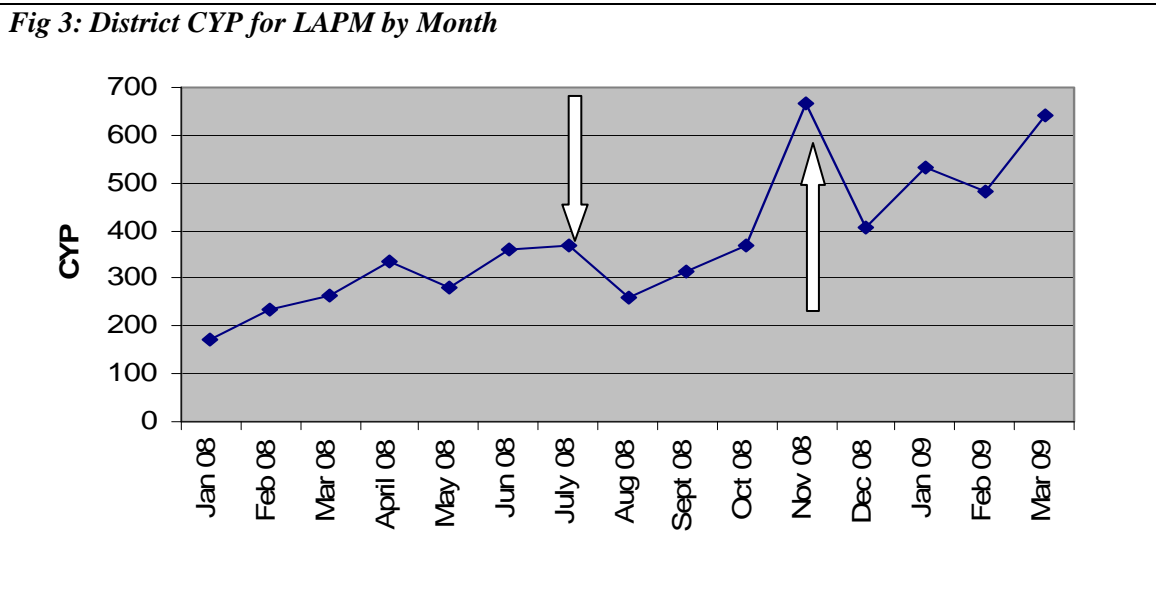
### **3.2.1 Couple Years of Protection (CYP)**

Figure 3 presents the total CYP due to LAPM for the study districts from January 2008 to March 2009. CYP for LAPM was calculated using Jadelle and IUD commodities dispensed and number of BTLs and vasectomies performed during the period. The data shows an increasing trend in CYP over the months particularly after the campaigns were launched – an indication that the campaign activities may have contributed to increases observed. There has been a gradual increase in CYP for LAPM over the months. There was however a spike in November when most of the facilities (particularly phase two facilities) held their campaigns from 369 to 665 representing an 80% increase and then a dip in December although the overall trend was still increasing. Slight increases were also observed in June and July 2008 when phase one facilities held their launches.

It is believed that increases in CYP could have been greater if all the facilities were fully prepared for the provision of services at the time of the launch. Despite efforts made to train providers and prepare facilities, at the time of the launch, some facilities did not have either trained service providers or instruments for Jadelle and IUD insertions as well as FP commodities. For instance, the Regional Health Administration for the Ashanti Region was unable to conduct their trainings for FP providers in 2008 even though funds had been provided by QHP. As a result, Atwima Kwanwoma District did not have any LAPM service providers in November 2008 when the launch was held. However, following the training of 8 providers in Jadelle insertion and removal in February 2009, 45 clients received the method in March 2009 alone. Sunyani Regional Hospital was not able to fully set up its FP unit until March 2009 to provide long term methods. It was reported that the facility did not have instruments for IUD insertion until February 2009 when QHP provided one.

The dip in CYP due to LAPM in August and December 2008 suggests the need for continued campaign activities which was also reiterated by community leaders, DHD and

health workers. Generally, it appears that majority of the districts are yet to carry out post launch activities.



### 3.2.2 Demand for services

Family Planning service providers were asked whether they had seen clients expressing interest in LAPM following the FP campaign launch but who did not receive the method of their choice and whether they provided alternative methods to the clients, referred them or kept them on waiting list. The results are presented in Table 10.

Six out of the thirteen facilities surveyed reported inability to provide a client’s choice of an LAPM following the launch of the campaign for one reason or the other. On average, facilities had about 14 clients who expressed interest in LAPMs after the launch of the campaign but who did not receive the method of their choice and an average of 7 of these clients were provided with alternative methods. An average of five were also referred to other facilities and another five put on waiting list yet to receive their methods. At the time of the assessment, there was a total of about 16 clients still on waiting lists in three facilities (Table 10). Four facilities referred a total of nineteen clients for services they

could not provide following the launch. Eleven representing 58% of clients were referred for Jadelle whilst eight representing 42% were referred for female sterilization.

Service providers reported that though some clients who could not receive services at the time of request had come back for the service when the facility was ready to provide, others decided not to take any method at all or remain on the alternative method provided.

Reasons for facilities inability to provide these clients with the method of their choice included non-availability of the trained provider at the time of request (providers had either travelled or were on leave), one facility had no trained provider, lack of kits for providing the service and stock out of commodities<sup>1</sup>.

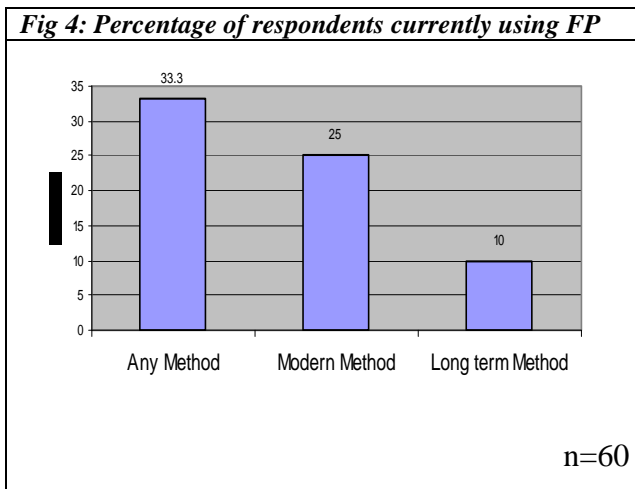
**Table 10: Number of clients requesting LAPM after Launch but did not receive method of their choice by response to their request and district**

Name of Facility	Clients expressing interest in LAPM after launch but did not receive method of their choice	Clients receiving alternative methods		Clients on waiting list		Clients referred for services	
		Num	%	Num	%	Num	%
Atwima Kwanwoma	15	15	100	0	0	0	0
Sunyani	23	10	43.5	8	34.8	5	21.7
AAK	4	0	0	0	0	4	100
AOB	22	12	54.56	5	22.7	5	22.7
Assin South	15	5	33.3	0	0	0	0
Mfantsiman	3	0	0	3	100	0	0
<b>Total</b>	<b>82</b>	<b>42</b>	<b>51.2</b>	<b>16</b>	<b>19.5</b>	<b>19</b>	<b>23.2</b>
<b>Mean</b>	<b>14</b>	<b>7</b>		<b>5</b>		<b>5</b>	

According to the Ghana Demographic and Health Surveys for 2003 and 2008 (preliminary results), current use of any FP method declined from 25% in 2003 to 23.5%

<sup>1</sup> QHP investigated the possibility of providing Jadelle or Jadelle trocars, but were unable to do so due to restrictions in its Cooperative Agreement. It was also not able to obtain a quantity of these items from GHS to distribute directly to facilities participating in the campaign. Districts and facilities had to utilize the routine GHS logistics system for availability of commodities.

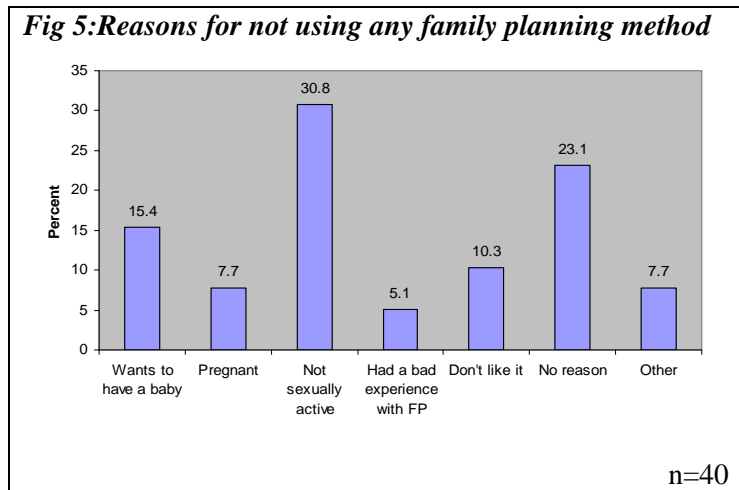
in 2008, whilst current use of modern methods also declined from 18.7% to 16.6% during the same period. This study sought to assess current use of FP among men and women in the communities where the campaigns were undertaken. A total of sixty (60) community members made up of 21 males and 39 females were asked whether they were currently (at the time of the assessment) using any FP method. The results are presented in Fig 4.



A third (33.3%) of the respondents reported using any FP method to avoid or delay pregnancy. A fourth (25%) reported using a modern method whilst one out of every ten respondents reported using a long term method. (Fig 4). This implies that four out of ten respondents currently using modern FP methods were using long

term methods. Those who reported using a long term method were either using IUD or were sterilized.

For those who were not using any method, three out of ten (30.8%) reported that they were not sexually active because their partners were either dead or had travelled or did not have partners at all. Nearly one-fourth (23.1%) either wanted to have a baby or

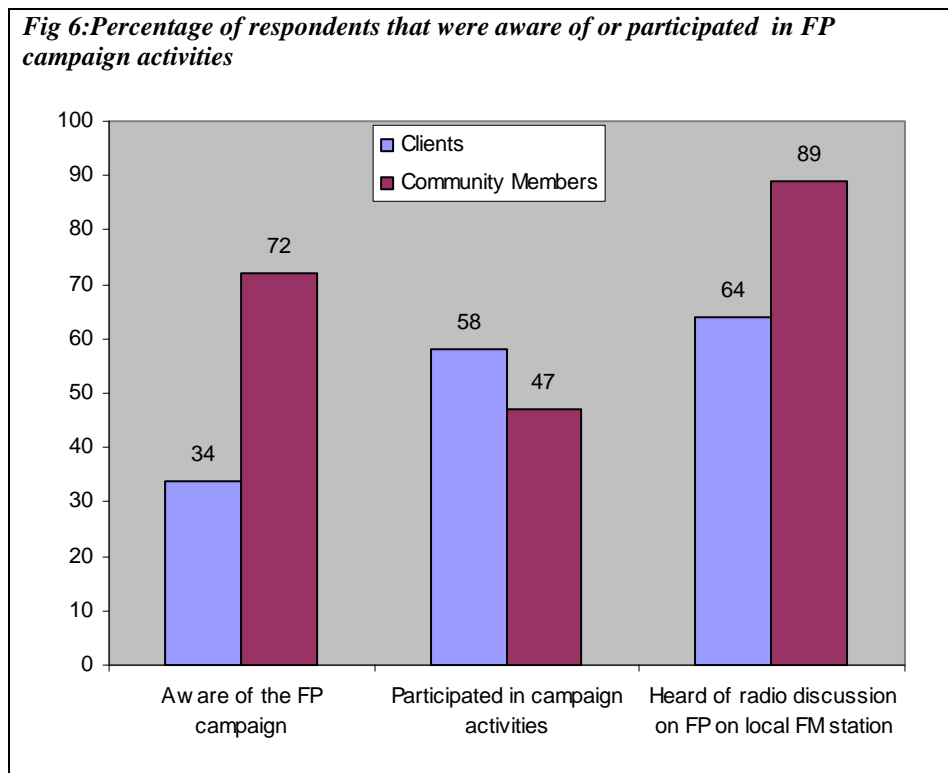


were already pregnant; one out of ten did not like FP, whilst 5% indicated that they stopped using FP because they had some bad experiences with their methods; 23.1% had no reason for not using FP (Fig 5). Encouragingly, eight out of ten respondents not currently using any method indicated their intention to use FP in future.

### 3.3 General perceptions about effects or impacts of the FP campaigns

#### 3.3.1 Awareness of FP Campaign

Community members were generally aware of the FP campaign (72%). Nearly half (47%) of those who were aware of the campaign reported that they attended the durbar. A greater majority (89%) reported that they listened to radio discussions on FP on their local FM station or from roaming information vans that used public address systems to disseminate messages within the last 12 months preceding the study. Awareness of the campaign among FP clients interviewed at facilities however, was rather low (34%). This could probably be attributed to the fact that in some districts the campaign activities were organised in a different community from where the health facility is located. FP providers indicated that the campaign activities were implemented in communities perceived to have low FP acceptor rate. This notwithstanding, half of the clients who reported that they were aware of the campaigns had attended the durbar (Fig 6).



### 3.3.2 Community Participation

Community participation in the various campaigns was very encouraging. This is reflected in the fact that both health care workers and community leaders (over 90%) totally agree that community participation in the campaign was very satisfactory. They mentioned that community members were generally appreciative of the campaign judging from the turnout at the durbars and the rate at which they asked questions as well as interest shown during the entire program. A review of campaign reports from the various districts, indicate an average turnout of about 400 people at each durbar. Over 80% of community leaders and health workers as well as 83% of DDHSs believe that the education carried out as part of the campaigns was likely to influence many clients to use FP methods. This belief is succinctly captured in a quotation by one participating community leader as follows:

*“The Medical Officer himself came out as a satisfied client to testify that he had undergone vasectomy. Many people asked him questions. The men appeared excited about the doctor’s testimony. It is likely some would go for the method”* – Community Leader

Asked about what they had done to encourage community members to use FP to plan their family sizes, community leaders indicated that they educate the populace on the importance of FP and advice couples to go for services. A few however also indicated that apart from doing some education themselves, they also lend or mobilize support for service providers to do the education as depicted by some of their responses below:

*“I have given my radio station to be used for education, the nurses come as resource persons to talk about FP and other health related topics”* – Assemblyman

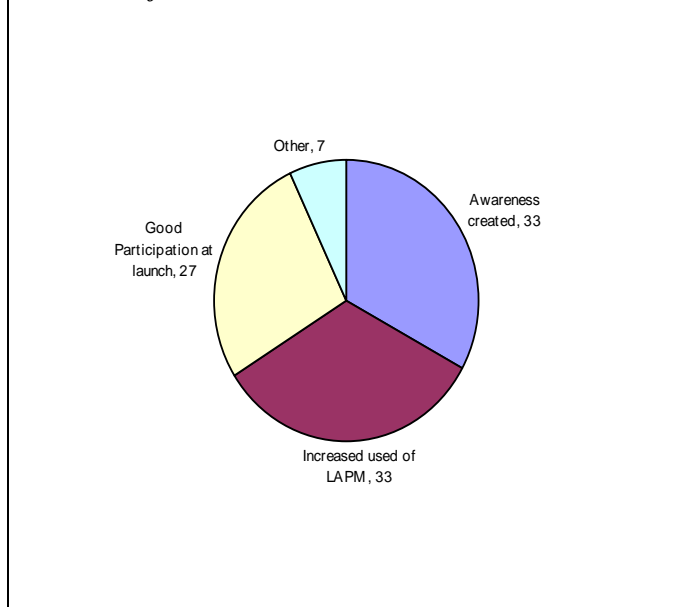
*“I always invite health workers to traditional council meetings to educate the council members so that they can also educate the people”* – Queen mother

*“I have personally contributed some funds to the setting up of a CHPS compound in this community. Renovation works on the accommodation for the nurse will be completed in a couple of weeks, then she can move to the community” - Chief*

### 3.3.3 Perceptions about success of Campaign

DDHSs or their representatives were asked whether they felt the campaign was successful or not. The data indicate that all 13 DDHSs or representatives interviewed were of the opinion that the campaign had been successful. Reasons given for this opinion are presented in Fig 7. A third believed that the campaign had led to increased awareness about LAPM. A third also believed that the campaign had led to

**Fig 7: DDHS/DHMT Reasons for believing that campaign was successful**



increased demand for the services whilst more than a fourth (27%) based the success of the campaign on good community participation at the launch. (Fig 7).

The need for the campaign to continue was emphasised by all community leaders, health workers and DDHS. They were of the opinion that the continuous education will lead to sustained awareness creation and lead to increased acceptance of LAPM.

Other suggestions made included: organising similar programmes to specifically target men and training of traditional rulers and chemical sellers to support public education on FP in general.

#### 4.0 Background Information on Respondents

Background information on respondents is presented in Table 11. All 53 clients participating in the exit interviews were females. Four out of ten were aged 25-34 years whilst about a third was aged between 35-44 years. Young people aged 18-24 years constituted almost a quarter of the sample (24.5%). At the community level, forty (61.5%) out of sixty five people interviewed were females. The majority were aged between 25-44 years. Young people constituted 13.8% of the sample. Amongst the 24 community leaders who participated in the study, close to eight out of ten were males (79.2%) and one in five were females. The community leaders were mostly Chiefs (25%), Assemblyman or unit committee chairpersons (29.2%) and Religious leaders (20%). As regards health care professionals, close to seven out of ten respondents at the DHD were District Public Health Nurses (69.2%) and 23% were District Directors of Health Services. At the facility level all health workers interviewed were either nurses or nurse midwives.

**Table 11: Percentage of Respondents according to Background Information**

	Clients (n=53)	Community Members (n=65)	Community Leaders (n=24)	Health Workers (n=13)	DHD (n=13)
<b>Sex</b>					
Male	-	38.5	79.2	5.6	23.1
Female	100.0	61.5	20.8	94.4	76.9
<b>Age</b>					
18-24	24.5	13.8			
25-34	41.5	47.7			
35-44	32.1	32.3			
45+	1.9	6.2			
<b>Position in community</b>					
Community Chief			25.0		
Queen Mother			8.3		
Assemblyman/woman			16.7		
Religious Leader			20.8		
Unit Committee Chair			12.5		
Community Elder			8.3		
Head of Department			8.3		
<b>Title</b>					
Physician				0.0	
Nurse/Midwife				100.0	
Nurse Assistant				0.0	
<b>Title</b>					
DDHS					23.1
DPHN					69.2
Other					7.7

## **5.0 Conclusion and Recommendations**

### **5.1 Conclusion**

Findings from the assessment suggest that the uptake of family planning services increased immediately after the campaign had been launched in the target sites. It appears that some factors that stimulated community members to demand for services during and immediately after the launch activities fade off with time or are not sustained. This is reflected in the fact that there was a slip back in uptake of services a month or two after the launch of the campaign. This notwithstanding, the CYP trend for the post-launch period onwards remained on the higher side compared to the pre-launch period.

At the time of the campaigns, about six facilities were not fully prepared to provide LAPM services in terms of the availability/inadequate number of trained personnel, equipments and stock out of commodities leading to a situation where more than 40 clients expressing interest in LAPM could not receive their methods of choice but rather received alternative methods. This is an indication that increases observed in the uptake of LAPM could have been greater had the requisite service delivery inputs been available at all sites.

Human resource capacity for LAPM is still inadequate at the district level despite the training of providers in Jadelle and IUD insertions before and, in some cases, following the campaign. Five out of thirteen districts/sites surveyed did not have any provider for BTL and Vasectomy. One of the limiting factors has been availability of appropriate providers to be trained.

Generally, at the time of the survey facilities were equipped with kits for methods, particularly Jadelle and IUD; they were however under-resourced with regards to other basic equipment required for the provision of quality FP services such as weighing scales, BP apparatus and examination lights. Although some of these equipments are available else where in the facilities and shared with the FP units, this arrangement could not be perfect. QHP has provided some of these items, though generally not including examination lights.

Overall, Community leadership was enthusiastic and supportive of the campaign and was willing to collaborate with service providers in the provision of FP education and services to community members.

IEC activities contributed to high community awareness and hence high participation in launch and other campaign activities.

There is a high potential for increased uptake of FP as over 80% of community members who were not using any FP method at the time of the study indicated their intention to use a method. This underscores the need for sustained post campaign activities to attract the communities to services.

## **5.2 Recommendations**

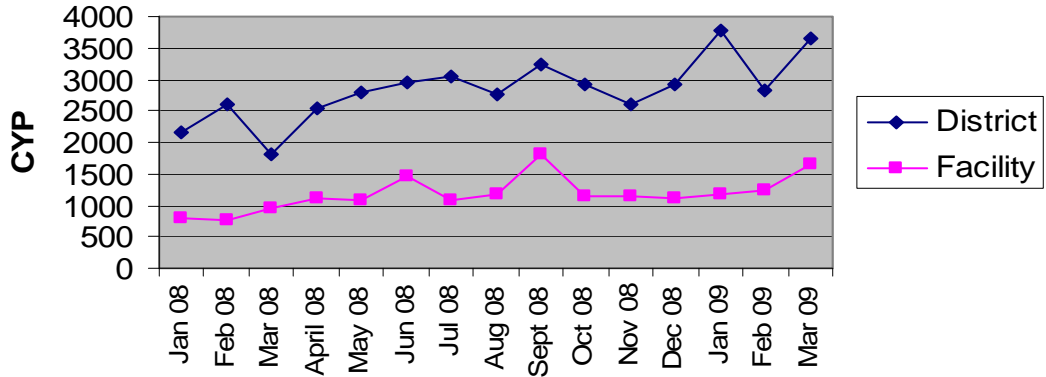
1. Community leaders and health workers suggested the continuation of campaign activities to sustain awareness and demand for LAPM. It is therefore recommended that community education, particularly through airing of radio programs on FP, should be continued to sustain awareness and demand for LAPMs. There is the need to strengthen existing outreach activities to include FP IEC particularly involving the communities.
2. There is the need to ensure availability of enough providers for each facility in the districts for Jadelle and IUD methods. This will also help to offset human resource shortages resulting from transfers, retirements, etc. IDS/OJT should be used as an opportunity for strengthening providers' skills in these service areas so as to ensure maintenance or increase in numbers. There is also the need to train at least one medical doctor in BTL and Vasectomy for each district hospital so that clients from other facilities could be referred for these services when they choose them. QHP and the R3M Projects are supporting such trainings, in addition to any other such trainings being done by the GHS by itself or with other partners, however it needs to be continued and expanded in the future.

3. Efforts should be made to provide the FP units with the full set of basic equipment and kits for LAPMs or encourage them to use available revenues to obtain these essential items to facilitate the provision of quality services.
4. Some facilities could not meet the demand for services created by the campaign because they were not fully prepared. Efforts should be made to ensure that trained providers, equipments and commodities are guaranteed on the grounds before campaigns or other promotional activities are commenced in the future. This would involve close collaboration and planning with supervisors, RHMTs and DHMTs.
5. Community leaders have generally been supportive of the campaign and contributed in various ways to promote family planning in their communities. It is necessary to sustain collaboration with community and opinion leaders in the provision of Health care in the communities.

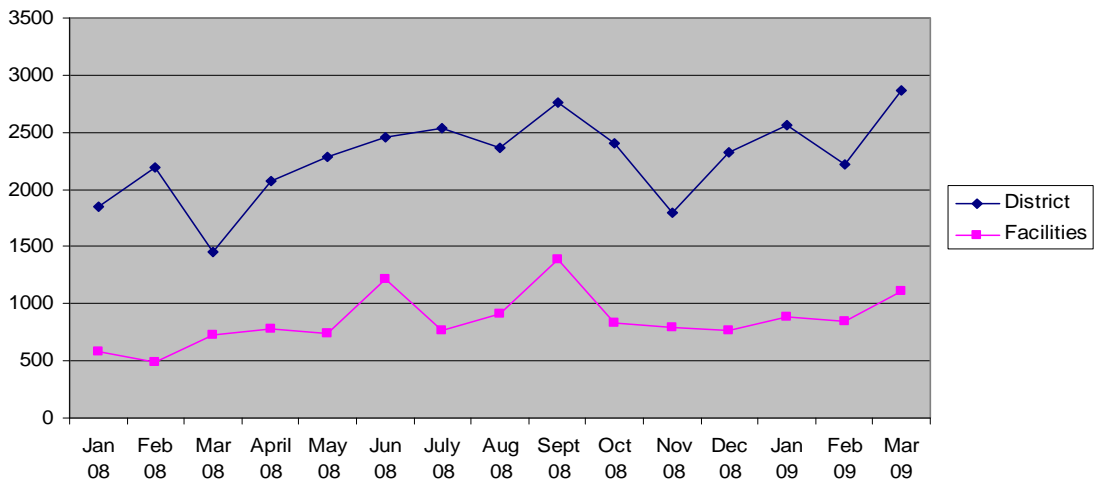
## APPENDICES

### Appendix A: CYP Graphs and Tables

*District and Facility CYP for All Methods*

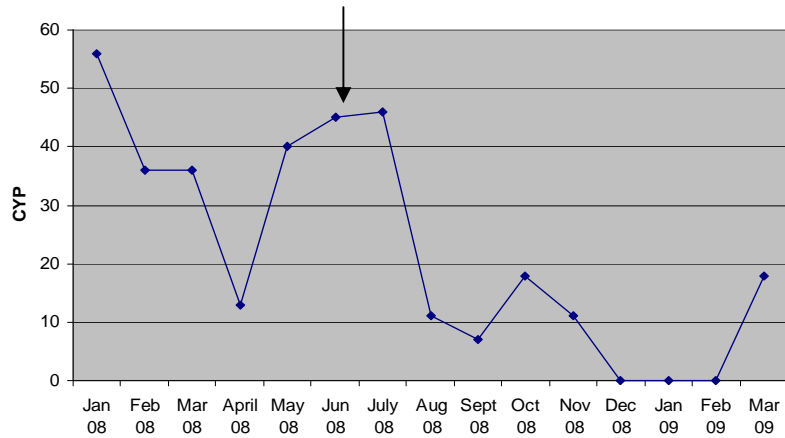


*District and Facility CYP for short term methods*

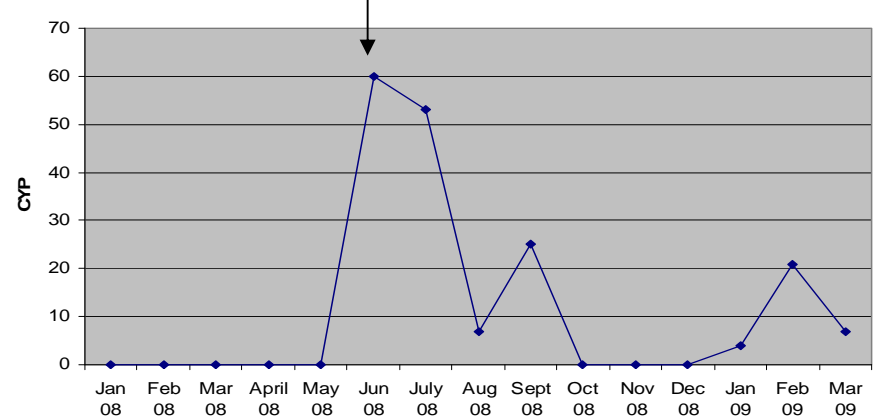


**District CYP for LAPM and Date of Launch**

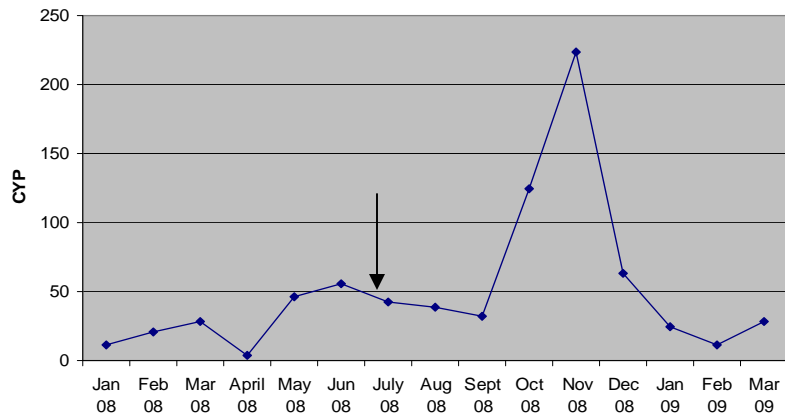
**AOB – June 16<sup>th</sup> 2008**



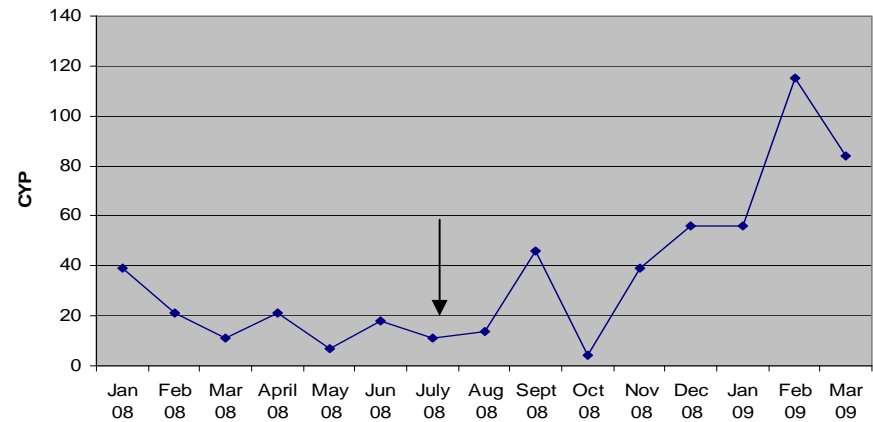
**KEEA – June 22<sup>nd</sup> 2008**



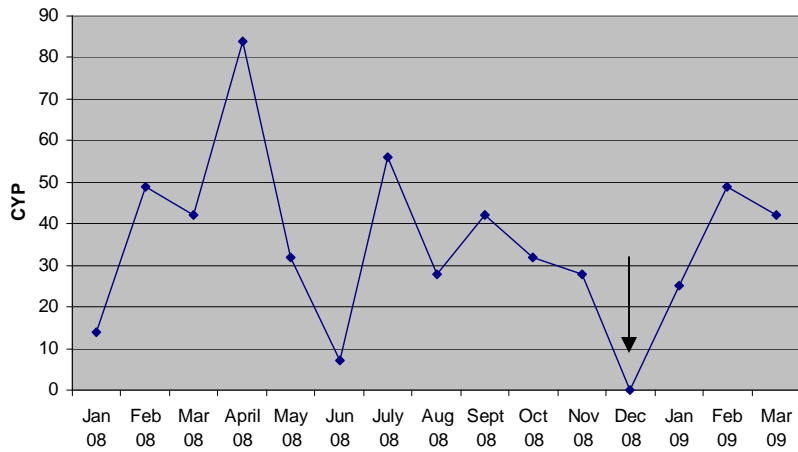
**Cape Coast – July 10<sup>th</sup> 2008**



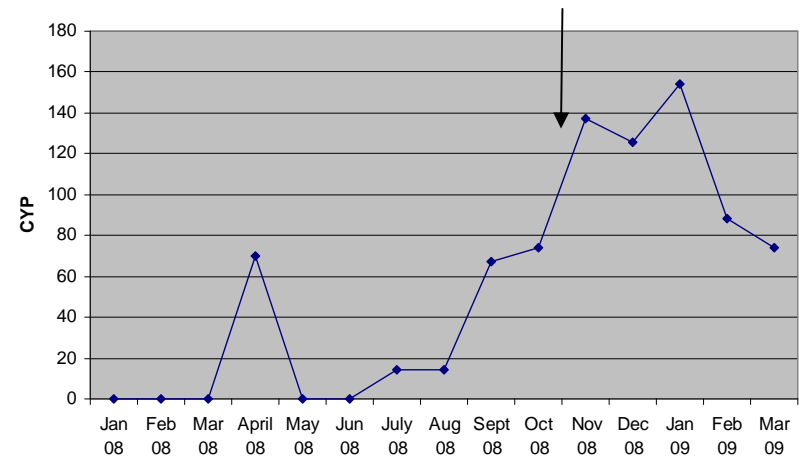
**Ahanta West – July 17<sup>th</sup> 2008**



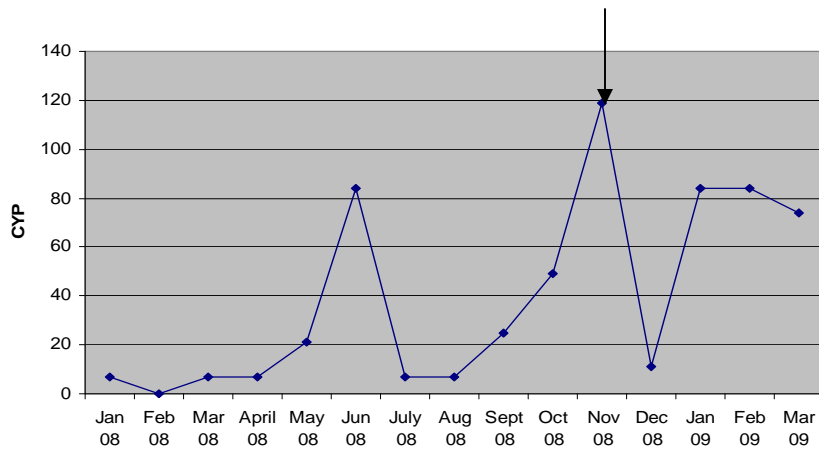
Sene December, 2008



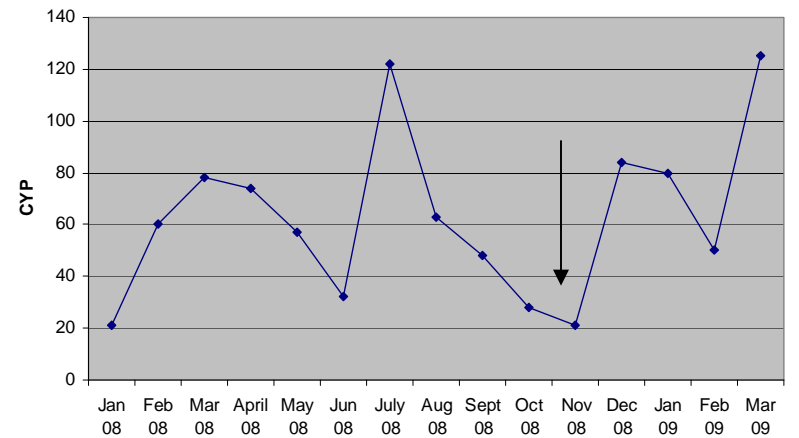
Bia – November, 2008



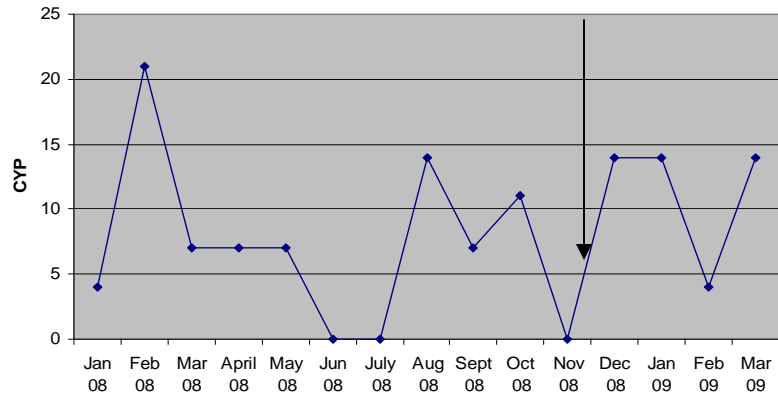
Bibiani – November 13<sup>th</sup> 2008



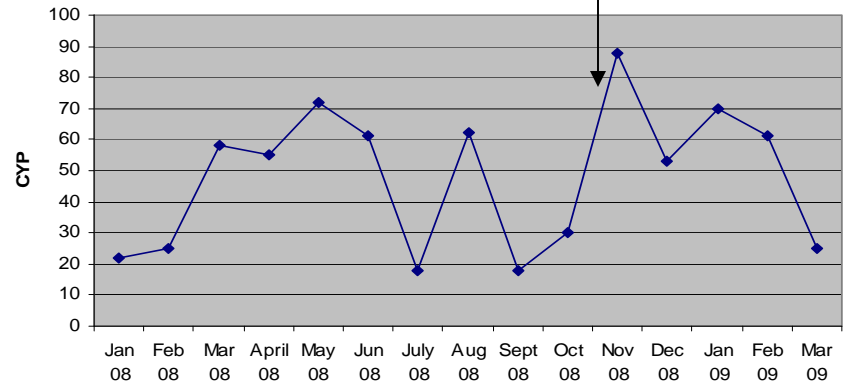
Mfantsiman – November, 2008



Assin South – November 28<sup>th</sup> 2008



AAK – November, 2008



**CYP for All Methods by District**

Month	PHASE ONE						PHASE TWO				
	AOB	Cape Coast	Ahanta West	KEEA	Bibiani	Bia	AAK	Mfantseman	Assin South	Sene	Atwima*
Jan 08	138	355	191	384	172	156	163	313	99	174	
Feb 08	89	275	147	318	635	221	386	251	112	171	
Mar 08	89	355	138	256	107	100	158	267	168	166	
April 08	124	513	154	389	151	217	248	370	163	205	
May 08	167	449	139	325	660	246	163	297	157	170	
Jun 08	153	960	174	308	270	157	208	335	255	127	
July 08	427	512	188	326	142	187	373	564	133	203	
Aug 08	92	701	139	257	540	179	178	423	93	155	
Sept 08	87	1431	183	366	171	252	186	294	130	136	
Oct 08	140	781	159	417	439	262	187	246	134	168	
Nov 08	143	813	114	214	269	300	311	198	87	108	
Dec 08	79	736	201	373	425	332	214	327	174	49	
Jan 09	85	760	177	341	406	1035	185	329	196	170	85
Feb 09	86	732	281	295	253	239	225	310	162	171	70
Mar 09	114	867	310	369	498	237	182	368	269	193	231

*\*Atwima is a newly created district. It started reporting as a district in the first quarter of 2009*

**CYP for LAPM by District**

Month	PHASE ONE						PHASE TWO				
	AOB	Cape Coast	Ahanta West	KEEA	Bia	Bibiani	AAK	Mfantseman	Assin South	Sene	Atwima*
Jan 08	56	11	39	0	0	7	22	21	4	14	
Feb 08	36	21	21	0	0	0	25	60	21	49	
Mar 08	36	28	11	0	0	7	58	78	7	42	
April 08	13	4	21	0	70	7	55	74	7	84	
May 08	40	46	7	0	0	21	72	57	7	32	
Jun 08	45	56	18	60	0	84	61	32	0	7	
July 08	46	42	11	53	14	7	18	122	0	56	
Aug 08	11	39	14	7	14	7	62	63	14	28	
Sept 08	7	32	46	25	67	25	18	48	7	42	
Oct 08	18	125	4	0	74	49	30	28	11	32	
Nov 08	11	224	39	0	137	119	88	21	0	28	
Dec 08	0	63	56	0	126	11	53	84	14	0	
Jan 09	0	25	56	4	154	84	70	80	14	25	
Feb 09	0	11	115	21	88	84	61	50	4	49	
Mar 09	18	28	84	7	74	74	25	125	14	42	154

*CYP for All Methods by Facility*

Month	PHASE ONE						PHASE TWO						
	Odoben HC AOB	Cape Coast RCH Cape Coast	Agona Nkwanta HC Ahanta West	Elmina HC KEEA	Effia Nkwanta Reg.Hosp	Bibiani RCH Bibiani	Essam Polyclinic Bia	Moree HC AAK	Saltpond Hosp MfantSIMAN	Nyankumase HC Assin South	Sunyani Regional Hosp	Sene Hosp Sene	Foase HC Atwima
Jan 08	47	130	79	101	115	34	19	43	92	12	65	31	14
Feb 08	26	67	74	58	137	18	29	18	69	49	99	87	37
Mar 08	15	115	47	109	145	35	35	42	95	113	95	76	27
April 08	23	170	42	131	154	50	56	39	108	109	148	64	32
May 08	10	233	50	152	138	42	38	34	81	60	125	85	21
Jun 08	38	649	56	161	102	43	29	36	123	26	91	82	33
July 08	54	236	42	120	96	36	38	30	169	43	91	104	26
Aug 08	24	392	46	57	183	27	22	31	160	28	79	86	32
Sept 08	16	840	61	126	176	25	72	32	125	63	161	67	40
Oct 08	30	256	51	127	170	32	58	55	73	126	58	67	42
Nov 08	34	345	62	66	164	135	63	43	61	8	79	64	30
Dec 08	18	188	63	173	190	32	50	42	136	65	117	0	31
Jan 09	17	446	63	114	118	33	42	50	94	17	58	62	62
Feb 09	24	351	37	95	215	48	21	48	156	17	116	60	43
Mar 09	19	479	109	191	167	31	37	51	149	44	78	95	190

*CYP for LAPM by Facility*

Month	PHASE ONE						PHASE TWO						
	Odoben HC AOB	Cape Coast RCH Cape Coast	Agona Nkwanta HC Ahanta West	Elmina HC KEEA	Effia Nkwanta Reg.Hosp	Bibiani RCH Bibiani	Essam Polyclinic Bia	Moree HC AAK	Saltpond Hosp MfantSIMAN	Nyankumase HC Assin South	Sunyani Regional Hosp	Sene Hosp Sene	Foase HC Atwima
Jan 08	47	0	35	0	48	7	0	11	48	0	9	0	0
Feb 08	18	0	21	0	88	0	7	11	46	21	27	39	0
Mar 08	14	11	11	0	73	4	21	0	39	7	18	32	0
April 08	0	0	14	0	101	18	35	0	39	7	90	42	0
May 08	0	32	7	0	88	18	18	11	36	7	90	21	0
Jun 08	14	28	18	35	46	11	14	11	4	0	63	18	0
July 08	46	28	0	18	25	7	14	4	70	7	63	35	0
Aug 08	11	21	14	18	97	0	7	0	21	14	27	25	0
Sept 08	7	32	28	11	104	0	53	4	27	7	108	32	0
Oct 08	18	18	4	0	98	7	32	14	18	77	0	28	0
Nov 08	11	32	25	0	87	105	46	0	0	0	27	25	0
Dec 08	0	25	18	0	116	4	28	0	63	14	72	0	0
Jan 09	0	11	32	0	70	4	21	14	56	0	27	32	6
Feb 09	0	0	0	21	148	25	7	7	64	4	90	28	0
Mar 09	0	11	49	56	79	0	21	0	79	14	36	28	45

**A) Questionnaire for Health Workers at FP Unit**

<b>FACILITY IDENTIFICATION</b>	
Name of Region: _____	REGION CODE <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
Name of District: _____	DISTRICT CODE <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
Name of the facility: _____	FACILITY CODE <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
Telephone Number of Contact: _____	
Date: _____	
Type of Facility: Regional Hospital = 1, District Hospital=2, Mission Hospital =3, Health Centre =4, Other =5	FAC TYPE CODE <input style="width: 30px; height: 20px;" type="text"/>

1	<i>Record sex of respondent</i>	Male.....1 Female.....2	
2	How long have you been working at this health care facility?	____ Years ____ Months	
3	Please tell me about your work here at this facility. Which of the following best describes your job?	Physician.....1 Nurse/Midwife.....2 Nurse assistant.....3 Other specify.....4 _____	
4	Have you participated in any Family Planning training in the <b>last three</b> years?	No -----0 Yes -----1	
5	Has any supervisor from within or outside this facility observed you providing family planning services in the past 6 months?	Yes, from this facility...1 Yes from outside this facility.....2 Yes, from within and without.....3 No supervision.....4	
<b>Family Planning Promotional Campaign Activities</b>			
6	Were you involved in any way in the family planning campaign activities supported by the Quality Health Partners?	No -----0 Yes -----1	→8

**Tell me if you agree or disagree with the following statements. (Circle the number that corresponds with the response given)**

7	Statement	Totally Agree	Somewhat agree	Somewhat disagree	Totally Disagree
	a) You played a very active role in the FP promotional campaign activities?	1	2	3	4
	b) You participated in the development of actions plans to improve uptake of family planning in your facility?	1	2	3	4
	c) Community participation in the FP campaign was very satisfactory.	1	2	3	4
	d) The campaign has led to an increase in awareness about family planning methods in the community?	1	2	3	4
	e) The campaign has led to an increase in family planning users in this facility?	1	2	3	4
	f) All FP providers in our facility have very positive attitudes towards clients	1	2	3	4

8	Which of the long term family planning methods do you offer in this facility  <i>Circle all that applies</i>	Jadelle/Norplant.....1 IUD.....2 Male sterilization.....3 Female sterilization...4 None of the above.....5	
9	Give reasons for not offering any of the long term methods		
10	<b>Following the launch</b> of the campaign, have you/this facility had clients who have expressed interest in any long term method but who have not received the method of their choice yet?	No -----0 Yes -----1	→12
11	About how many clients have expressed such interest?		
12	Have you/this facility provided alternative methods to clients who want long term methods but could not get it in this facility?	No -----0 Yes -----1	→14
13	How many clients have you/this facility provided with alternative FP methods?	_____	
14	Do you/this facility have a waiting list of clients who want a long term method?	No -----0 Yes -----1	→17
15	If yes, how many clients do you have on the waiting list- <b>Check and record</b>	_____	
16	Why do you/this facility have clients waiting for services?		
17	Have you/this facility referred any clients to other facilities for (any other) Long Term Methods?	No -----0 Yes -----1	→20
18	How many clients have you/this facility referred for a Long term Method?	_____	
19	For which long term methods have you/this facility referred clients?	Jadelle ____ IUD ____ Sterilisation ____	

20	ITEMS REQUIRED FOR FAMILY PLANNING SERVICES (Observed)	a) Is item present?		Comments
		No	Yes	
	a) FP Wall chart/Protocol/Handbook/Flipchart	0	1	
	b) Box with samples of FP devices, penis model, other audio-visual aids	0	1	
	c). Visual and auditory privacy for examination	0	1	
	d) Working Blood pressure apparatus	0	1	
	e). Working Stethoscope	0	1	
	f). Working Weighing scale (not bathroom scale)	0	1	
	g). Handwashing Facilities (water, soap, single use towel or alcohol based hand sanitizer)	0	1	
	h) Utility gloves	0	1	
	i) Sharps container	0	1	
	j) Decontamination solution for clinical equipment (mixed or not mixed but has concentration written on it)	0	1	
	k) Waste bin (with pedal operated lid, plastic lined)	0	1	
	l) Sterile needles and syringes	0	1	
	m) Sterilizer for the FP unit	0	1	
	n) Working Spotlight/Examination light source	0	1	
	o) Working Table and stool for gynecological exam	0	1	
19	<b>SERVICE PROVIDER CAPACITY</b>			
	<i>This section to be answered by the In-Charge of the FP Unit or the Most Senior Officer found at the unit at the time of visit.</i>			
	a) How many family planning providers do you have in this facility	___	___	
		<b>No</b>	<b>Yes</b>	
	b) Is there a provider trained in IUD Insertion?	0	1	If yes how many? ___
	c) Do you have instruments for IUD insertion?	0	1	
	d) Is there a provider trained in <b>Jadelle</b> insertion?	0	1	If yes how many? ___
	e) Do you have <b>Jadelle</b> insertion instruments?	0	1	
	f) <b>Hospitals Only:</b> Do you have a provider who can do mini-lap for female sterilization?	0	1	
	g) <b>Hospitals Only:</b> Do you have a provider who can do male sterilization?	0	1	

12) Collect Data on number of Commodities Dispensed and Type of Users (this can be obtained from form A –Family planning monthly report). Ensure that female sterilization by caesarean sections are captured.

Month	New Users	Continuing Users	Lo-Fem	Ovrette	Male Cond.	Fem Cond.	Copper T	Micro-G	Micro-n	Depo	Fem Steril	Male Steril	LAM	Nat FP	Norigynon	Norplant	Jadelle
Jan '07																	
Feb 07																	
Mar 07																	
Apr 07																	
May 07																	
Jun 07																	
Jul 07																	
Aug 07																	
Sep 07																	
Oct 07																	
Nov 07																	
Dec 07																	
Jan '08																	
Feb 08																	
Mar 08																	
Apr 08																	
May 08																	
Jun 08																	
Jul 08																	
Aug 08																	
Sep 08																	
Oct 08																	
Nov 08																	
Dec 08																	
Jan 09																	
Feb 09																	
Mar 09																	
Apr 09																	
May 09																	

13) Collect Data on Commodities Stock-Out by Type of Commodity (this can be obtained from form A –Family planning monthly report). If Stock out occurred, mark X under the method that applies and along the row that corresponds to the month for which the stock out occurred.

Month	Lo-Fem	Ovrette	Male Condom	Fem Cond	Copper T	Micro-G	Micro-n	Depo	Norigynon	Norplant	Jadelle
Jan '07											
Feb 07											
Mar 07											
Apr 07											
May 07											
Jun 07											
Jul 07											
Aug 07											
Sep 07											
Oct 07											
Nov 07											
Dec 07											
Jan '08											
Feb 08											
Mar 08											
Apr 08											
May 08											
Jun 08											
Jul 08											
Aug 08											
Sep 08											
Oct 08											
Nov 08											
Dec 08											
Jan 09											
Feb 09											
Mar 09											
Apr 09											
May 09											

**B) Questionnaire for Health Workers in DHD**

Region _____	REGION CODE <input type="text"/> <input type="text"/>
District _____	DISTRICT CODE <input type="text"/> <input type="text"/>

**SECTION A**

1	Record sex of respondent	Male.....1 Female.....2	
2	Record Title of respondent	District Director.....1 District Public Health Nurse.....2 Administrator.....3 Finance Director.....4 Other, specify _____ 8	
3	How long have you been working at this Directorate?	____ Years ____ Months	
4	Were you involved in any way in the family planning campaign activities supported by the Quality Health partners?	No.....0 → Yes.....1	<b>Skip To Q7</b>

Please tell me if you Totally Agree, Somewhat agree, Somewhat disagree or Totally Disagree with the following statements about the Family Planning Campaign Activities. **(Circle the number that corresponds with the response given.)**

5	Statement	Totally Agree	Somewh at agree	Somewhat disagree	Totally Disagree
	a) You played a very active role in the campaign activities?	1	2	3	4
	b) Community participation in the FP campaign was very satisfactory.	1	2	3	4
	c) The campaign has led to an increase in awareness about family planning methods in the community?	1	2	3	4
	d) The campaign has led to an increase in family planning use in this district?	1	2	3	4
	e) FP providers have very positive attitudes towards clients	1	2	3	4

6. Would you say the FP campaign was successful or unsuccessful? 1) Successful 2) Unsuccessful

Probe, Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FP STAFFING LEVEL WITHIN THE DISTRICT**

7	<b>DISTRICT CAPACITY IN PROVIDING FP SERVICES</b>	
	Number of family planning service providers in the district?	_____ Don't Know.....9
	Number of providers trained in FP during the past 3 years?	_____ Don't Know.....9
	Number of FP providers doing <b>IUD</b> Insertion and removal?	_____ Don't Know.....9
	Number of FP providers doing <b>Jadelle</b> insertion and removal?	_____ Don't Know.....9
	Number of Providers who can do mini-lap for female sterilization?	_____ Don't Know.....9
	Number of Providers who can perform vasectomy?	_____ Don't Know.....9

<b>SECTION B</b>		
<b>Number of Facilities Reporting FP Service Provision</b>		
Number in 2007 _____	Number in 2008 _____	Number in 2009 _____

**1) Collect District Level Data on Commodities Dispensed and Type of Users**

Month	New Users	Cont Users	Lo-Fem	Ovrette	Male Cond.	Fem Cond.	Copper T	Micro-G	Micro-n	Depo	Fem Steril	Male Steril	LAM	Nat FP	Norigy-non	Jadelle
Jan '07																
Feb 07																
Mar 07																
Apr 07																
May 07																
Jun 07																
Jul 07																
Aug 07																
Sep 07																
Oct 07																
Nov 07																
Dec 07																
Jan '08																
Feb 08																
Mar 08																
Apr 08																
May 08																
Jun 08																
Jul 08																
Aug 08																
Sep 08																
Oct 08																
Nov 08																
Dec 08																
Jan 09																
Feb 09																
Mar 09																
Apr 09																
May 09																

2) Collect Data on Commodities Stock-Out by Type of Commodity (this can be obtained from form A –Family planning monthly report). If Stock out occurred, mark X under the method that applies and along the row that corresponds to the month for which the stock out occurred.

Month	LoFem	Ovrette	Male Condom	Fem Condom	Copper T	Micro-G	Micro-N	Depo	Nori-gynon	Norplant	Jadelle
Jan '07											
Feb 07											
Mar 07											
Apr 07											
May 07											
Jun 07											
Jul 07											
Aug 07											
Sep 07											
Oct 07											
Nov 07											
Dec 07											
Jan '08											
Feb 08											
Mar 08											
Apr 08											
May 08											
Jun 08											
Jul 08											
Aug 08											
Sep 08											
Oct 08											
Nov 08											
Dec 08											
Jan 09											
Feb 09											
Mar 09											
Apr 09											
May 09											

### C) Questionnaire for Client

Region _____	REGION CODE	<input type="text"/>	<input type="text"/>
District _____	DISTRICT CODE	<input type="text"/>	<input type="text"/>
Name of Facility _____	FACILITY CODE	<input type="text"/>	<input type="text"/>

1	<i>Record sex of respondent</i>	Male.....1 Female.....2	
2	Can you please tell me your age?  <i>[If less than 18 years of age, please terminate the interview and thank the client]</i>	. ____ years	
3	How long have you been coming to this health care facility for Family Planning?	Year _____ Month _____	
4	Which method(s) of family planning are you using?	Pill.....1 Condom (Male/Female).2 Injectable.....3 IUD.....4 Jadelle/Norplant.....5 Sterilisation.....6 Other-Specify _____ 8	
5	Why did you visit the family planning Unit today? <b><i>Probe and circle all mentioned</i></b>	FP Method.....1 FP Counseling.....2 Change of method.....3 Discontinuation of method use.....4 Other, specify _____ 8	
6	<i>We are interested in your experiences at [name of health care facility]. Overall, how satisfied are you with the family planning services and care you receive?</i>	Very satisfied.....1 Somewhat satisfied.....2 Neutral.....3 Somewhat dissatisfied...4 Very dissatisfied.....5	
7	Give reasons for your response		
8	The doctors and nurses at [name of health care facility] are welcoming and friendly to me.	Totally agree.....1 Somewhat agree.....2 Somewhat disagree.....3 Totally Disagree.....4	

9	If somewhat disagree or totally disagree, please explain why.		
10	Would you like to continue receiving family planning services in this facility?	No.....0 Yes.....1	
11	Please tell us what you would like this facility to do to improve its family planning services		
12	Do you know about the family planning promotional campaign which was organized in this community in ( <i>month or season &amp; year</i> ) by the Ghana Health Service?	No.....0 Yes.....1	→15
13	Did you benefit in any way from the FP campaign activities?	No.....0 Yes.....1	→15
14	If yes, in what way (s) did you benefit?	Had more information on FP.....1 Encouraged to seek further information on FP..... 2 Decided to use FP-.....3 Other, specify _____ 8	
15	In the past 12 months, have you heard of any radio program/discussion on family planning from your local radio station?	No.....0 Yes.....1	
16	What was the key message you took from the last radio program on family planning you heard?	Benefits of FP.....1 Benefits of LAPM.....2 Where to get LAPM...3 Other, specify _____ 8	
17	What key messages do you think should be highlighted in this community to encourage many more people to accept family planning and to use family planning methods?  <i>Circle all that applies</i>	Child spacing.....1 Delay childbirth among youth.....2 Male involvement.....3 Community education on FP.....4 Where to get LAPM.....5 Other, specify _____8	

### D) Semi-Structured Interview Guide for Community Leaders

Region _____	REGION CODE <input type="checkbox"/> <input type="checkbox"/>
District _____	DISTRICT CODE <input type="checkbox"/> <input type="checkbox"/>
Name of Facility _____	FACILITY CODE <input type="checkbox"/> <input type="checkbox"/>

#### Questions

1	Record sex of respondent	Male.....1 Female.....2	
2	Can you please tell me your position or title in this community?	Community Chief.....1 Queen mother.....2 Assembly man/woman...3 Religious leader.....4 Other, specify _____ 8	
3	Do you know about the family planning promotional campaign which was organized in this community in ( <i>month or season &amp; year</i> ) by the Ghana Health Service?	No.....0 → Yes.....1	<b>Skip To Q11</b>
4	Did you participate in any way in the campaign activities?	No.....0 Yes.....1	
5	If yes, in what ways?	Gave a speech at durbar.....1 Attended the durbar.....2 Informed community to be involved.....3 Other, specify _____ 8	
6	In your view, do you believe the campaign activities have been useful?	No.....0 Yes.....1	
7	Give reasons for your response.		
8	In your view, was the timing for the campaign appropriate?	No.....0 Yes.....1	
9	Give reasons for your response		

We are further interested in your opinions of community members perception and acceptance of the FP campaign and its follow-on activities. Can you tell me whether you think most of your community members would agree or disagree with the following statements:

10	Statements	Totally Agree	Some-what Agree	Some-what disagree	Totally Dis-agree
	a) Community members were generally appreciative of the campaign.	1	2	3	<b>4</b>
	b) The education provided during the campaign is likely to influence many community people to use family planning methods.	1	2	3	<b>4</b>
	c) Most community members are happy with the attitudes of the family planning nurses in the facilities?	1	2	3	<b>4</b>
11	In the past 12 months, have you heard about family planning programs/discussions on the local radio FM stations?	No.....0 Yes.....1			
12	As a community leader, what have you done to encourage community members to use family planning to plan their family sizes?				
13	Please tell us any recommendations you might have to improve the family planning uptake in this community?				

**E) Semi-Structured Interview Guide for Community Members**

Region _____	REGION CODE <input type="checkbox"/> <input type="checkbox"/>
District _____	DISTRICT CODE <input type="checkbox"/> <input type="checkbox"/>

1	<i>Record sex of respondent</i>	Male.....1 Female.....2	
2	Can you please tell me your age?  <i>[If less than 18 years of age, please terminate the interview and thank the client]</i>	. ____ years	
3	Do you know of any family planning method?	No.....0 Yes.....1	→16
4	Are you currently using any method of family planning to avoid or delay pregnancy?	No.....0 Yes.....1	→7
5	Which method(s) of family planning are you currently using?	Pill.....1 Condom (Male/Female)..2 Injectable.....3 IUD.....4 Jadelle/Norplant.....5 Sterilisation.....6 Other-Specify _____ 8	
6	What is the MAIN source of the family planning method you are currently using?	Pharmacy/Drug store...1 Community volunteers..2 Health facility.....3 Other, specify _____ 8	
7	Why are you NOT currently using any method of family planning?	Wants to have a baby ... 1 Not sexually active.....2 Don't like it.....3 No reason.....4 Other (specify) _____ 8	→15 →15 →15 →15 →15
8	Have you ever visited (name focal campaign site/facility) for family planning services?	No.....0 Yes.....1	→16
9	<i>We are interested in your experiences at [name of health care facility]. Overall, how satisfied are you with the family planning services and care you receive?</i>	Very satisfied.....1 Somewhat satisfied.....2 Neutral.....3 Somewhat dissatisfied...4 Very dissatisfied.....5	
10	Give reasons for your response		
11	The doctors and nurses at [name of health care facility] are welcoming and friendly to me.	Totally agree.....1 Somewhat agree.....2	

	Do you Totally agree, Somewhat agree, Somewhat disagree or Totally Disagree?	Somewhat disagree.....3 Totally Disagree.....4	
12	If somewhat disagree or totally disagree, please explain why.		
13	Would you like to continue receiving family planning services in this facility?	No.....0 Yes.....1	
14	Please tell us what you would like this facility to do to improve its family planning services		
15	Do you intend to use a family planning method in the future?	No.....0 Yes.....1	
16	Do you know about the family planning promotional campaign which was organized in this community in ( <i>month or season &amp; year</i> ) by the Ghana Health Service?	No.....0 Yes.....1	→19
17	Did you participate in any way in the campaign activities?	No.....0 Yes.....1	
18	If yes, in what ways?	Was at durbar.....1 Participated in float.....2 Other, specify _____ 8	
19	In the past 12 months, have you heard of any radio program/discussion on family planning from your local radio station?	No.....0 Yes.....1	→End
20	What was the key message you took from the last radio program on family planning you heard?	Benefits of FP.....1 Benefits of LAPM.....2 Where to get LAPM....3 Other, specify _____ 8	
21	What key messages do you think should be highlighted in this community to encourage many more people to accept family planning and to use family planning methods?	Child spacing.....1 Delay childbirth among youth.....2 Male involvement.....3 Community education on FP.....4 Where to get LAPM....5 Other, specify _____....8	