



**MINISTRY
OF
HEALTH**

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Kindly quote this number and date on all
correspondence

My Ref. No.

Your Ref. No.

Date. 24th MARCH, 2023

**UNITED NATIONS POPULATION FUND
FP2030 SECRETARIAT**

RE: FP 2030 COMMITMENT UPDATE QUESTIONNAIRE FOR GHANA

1. Following the end of the FP2020 movement and commitments, all commitment-making countries have moved to the new global movement and commitments; FP2030.
2. In line with this, the FP2030 Secretariat developed and shared a commitment development template with all countries to enable them to assess previous commitments and develop new commitments.
3. Under the leadership of the Ministry of Health, the template has been completed in collaboration with all stakeholders and this has led to the development of five (5) country commitments.
4. Kindly find attached the completed FP2030 template for your consideration.

EMMA OFORI AGYEMANG (MRS.)
AG. CHIEF DIRECTOR
For: MINISTER

cc: Hon. Minister for Health
Hon. Deputy Minister for Health
Director PPME

FP2030 Government Commitment Form

Country Name	GHANA
Email of Point of Contact	kofi.issah@ghs.gov.gh
Date Submitted	

*Use this form to develop your **DRAFT** commitment.

Reference the **User Guide in the Annex for quick tips on filling out this form

1. GHANA'S 2030 VISION STATEMENT

Please describe your country's 2030 vision. Your statement could start with: "By the end of 2030, [insert name country]'s family planning vision is....." Consider your country's high-level aspirations during this time period, the changes you hope to bring about in the lives of your population, with women and girls at the center, including traditionally underserved and overlooked groups and geographies, by 2030. More guidance is available at commitments.fp2030.org/step5-country-commitment.

"By the end of 2030, all persons of reproductive age in Ghana have equitable and timely access to quality Planning Information, commodities and services"

2. COMMITMENT OBJECTIVES

Commitment objectives should be developed through an inclusive and participatory process and informed by data and evidence. In addition, all commitment objectives should be aligned with the 2030 commitment guiding principles whenever possible, and in line with the timeframe outlined below. Please determine a timeframe that aligns with your objectives, your country budget cycle and health strategies, and other country-specific considerations.

When developing objectives, please consider the five 2030 focus areas and aligning objectives with other frameworks or national/regional health strategies.

Each commitment objective should follow the below outline. More information and guidance can be found in step 5 of the commitments guidance:

- **OBJECTIVE STATEMENT:** please detail a community-informed, data-based, and evidence-driven objective.
- **TIMELINE:** please share the time period during which you will work towards and achieve the objective.
- **RATIONALE:** please cite any data, evidence, consultation, and/or alignment with existing national frameworks and strategies used to inform focus on this objective

- **STRATEGIES:** please consider key actionable strategies which will lead to the completion of this objective.

POLICY/PROGRAMMATIC OBJECTIVES

Commitment Objective 1	Ensure the full implementation of the roll-out of plan of FP under the National Health Insurance Benefit Package by 2030
Objective Statement	To increase number of districts currently implementing FP on NHIS from 3% in September 2022 to 75% by September 2027 and 100% by 2030
Timeline	2021 - 2030
Rationale	<p>This commitment builds on the FP2020 Commitment which resulted in a revised NHIA Law (Act 852, 2012) which specifies the inclusion of 'relevant Family Planning (FP) services' in the NHIS benefit package. The post-2015 focus on Universal Health Coverage (UHC) and the growing evidence that health insurance programs can enhance access to health services, offer an opportunity to help fill the gap in unmet need for FP by including FP in health insurance benefit package. The Government of Ghana committed to including Family Planning (FP) services and supplies in the national health insurance benefits package as part of its FP 2020 commitments.</p> <p>Ghana in 2018 implemented a pilot project that aimed at generating: (i) evidence on the 'costs' and 'benefits' of including FP on the NHIS benefit package, and (ii) policy and health system recommendations to guide the inclusion of FP on the NHIS . Both objectives were to ensure that no one was left behind as part of Ghana's strategic drive towards achieving Universal Health Coverage (UHC). Findings from the pilot showed that cost was a barrier to the choice of FP method and that once women can access FP with their NHIS cards, they are more likely to choose Long-term Acting Reversible Contraceptives (LARCs) over Short-term Acting Reversible Contraceptives (SARCs). Thus, the inclusion of FP on the NHIS benefits package has the potential of influencing clients to shift from SARCs to LARCs.</p> <p>Based on the lessons learnt and recommendations from the pilot, the government of the republic of Ghana has in principle approved the national roll-out of FP on NHIS in November 2021.</p>

<p>Strategies</p>	<p>1.1. Development of FP on NHIS, a costed nationwide roll-out plan to ensure a well-coordinated, inter-disciplinary and stepwise policy implementation – By November 2022</p> <p>1.2. Development & Implementation of a Dissemination strategy for the roll out plan to ensure national ownership and adaption at all levels -November 2022-April 2023</p> <p>1.3. National FP on NHIS TWG to coordinate and track implementation of roll-out plan – 2022-2027</p> <p>1.4. Implementation of FP on NHIS roll-out Plan across the country, including capacity building and awareness creation on FP on NHIS based on lessons and recommendations from the pilot. – June 2022-June 2027</p> <p>1.5. Annual review of FP on NHIS roll-out to track progress, identify gaps and provide timely mitigating measures.</p>
<p>Commitment Objective 2</p>	<p>Increase Government Financial Commitment to the procurement of FP Commodities</p>
<p>Objective Statement</p>	<p>To increase government financial commitment for the procurement of 20% of Ghana's FP commodities needs by 2030.</p>
<p>Timeline</p>	<p>By 2026 government achieves 10% target for FP commodity procurement and by 2030 government achieves 20% target for FP commodity procurement</p>

<p>Rationale</p>	<p>Ghana has achieved significant strides in advancing access to FP services over the years including capacity building, overhead costs for family planning service provision and counselling, diplomatic exemptions from custom clearing charges for contraceptives etc, However the key gap of financial contribution to procurement of commodities remains.</p> <p>Over the years development partners such as USAID, UNFPA and WAHO have provided funding for the procurement of FP commodities for Ghana which is not sustainable and has led to over reliance on donors with erratic contributions from government. In recent years, funding for commodity procurement is dwindling; for example, UNFPA contribution declined from \$3.5m in earlier years to \$400K in 2022, and therefore the future for FP commodity security is worrying. Although Ghana has a budget line in the Ministry of Health Annual Programme of Work for procurement of health commodities which include family planning commodities, it is not clear how much of that budget line for health commodities is dedicated to procuring family planning commodities.</p> <p>With such huge funding cuts from development partners, there is an urgent call for government to increase domestic funding for FP commodities to ensure commodity security and maintain the gains in modern contraceptive use.</p>
<p>Strategies</p>	<p>2.1. Government to fulfill compact agreement of donors regarding contribution to FP procurement</p> <p>2.2. Allocate funding for the purchase of FP commodity</p> <p>2.3. Advocate for domestic resource mobilization</p> <p>2.4. Actual expenditure on the FP budget line beyond FP budget allocation</p> <p>2.5. Budget monitoring framework to track funds for FP</p>
<p>Commitment Objective 3</p>	<p>Increase mCPR among currently married women or women in a union to 44.4% by 2030.</p>
<p>Objective Statement</p>	<p>To implement strategies and innovations that will increase the mCPR among currently married women or women in a union from 30% in 2020 to 44.4% by the end of 2030.</p>
<p>Timeline</p>	<p>January 2021 – December 2030</p>

<p>Rationale</p>	<p>The review of Ghana's RMNCAH&N progress for 2014 to 2018 (RMNCAH&N Strategic Plan, 2020) showed the country to be performing well in areas such as Antenatal and Postnatal care; Child immunization; and Availability of facilities providing all RMNCAH&N services. On the other hand, the country continues to experience challenges in achieving targets set for the use of modern contraceptives, unmet need and adolescent pregnancy rates.</p> <p>According to the 2017 Ghana Maternal Health Survey, the contraceptive prevalence rate for any type of method is 31% among currently married women, with 25% of this group of women using modern methods. In addition to Ghana's current teenage pregnancy rate of 14%, the country still has 30% of currently married women who have an unmet need for family planning.</p> <p>Additionally, Ghana was able to achieve her FP2020 Commitment 3 which was to Increase mCPR among currently married women or women in union from 22% to 29% through improved access to FP in peri-urban and rural areas. Despite the evidence of a steady increase in Ghana's mCPR from 22% since 2012 to 30% in 2020, there is still a need to employ strategies to scale up the provision and increase the uptake of modern contraceptive services. This aims to build on the successes of FP2020 and further improve modern contraceptive use.</p>
<p>Strategies</p>	<p>3.1 Expand method choice through increased commodity availability and service provider capacity at all levels</p> <p>3.2 Increase private sector capacity to provide modern contraceptives</p> <p>3.3 Increase the availability of family planning services in the immediate postpartum and post abortion period across all levels of care</p> <p>3.4 Expand self-care interventions for modern contraceptives</p> <p>3.5 Improve family planning data management for informed decision making at all levels</p> <p>3.6 Explore diverse service delivery approaches to reach all women with emphasis on peri-urban populations</p> <p>3.7 Leverage on Ghana's ongoing cost saving strategy of encouraging on the job training to standardize and operationalize training processes and expectations for OJT</p>
<p>Commitment Objective 4</p>	<p>Reduce unmet need for contraception among sexually active adolescents from 57% to 30% by 2030</p>

Objective Statement	Enhance access to FP commodities/contraceptives, information and services to reduce unmet need from 57% to 30% among married and unmarried sexually active adolescents
Timeline	57% to 40% by December 2027 and 30% by December 2030
Rationale	<p>Adolescents continue to have limited access to FP commodities across the country. There unmet need for contraceptives among adolescents stands at 50.9% (GDHS 2014). In addition, there are misconceptions about FP commodities /contraceptives that hinder adolescents' uptake of FP commodities. (UNFPA, Ghana Programme Report 2018). The promotion of FP commodities is inadequate in communities, especially those without youth friendly centres.</p> <p>Further, a focus on reducing the unmet need for FP among adolescents will address underlying factors such as access, affordability, availability of FP information and services among adolescents. A reduction in unmet need among adolescents also contributes to gains made in the mCPR.</p>
Strategies	<p>4.1. Collaborate with government and non-government agencies to promote Reproductive health education for young people both in-and-out of schools</p> <p>4.2. Advance inter-agency collaborations to promote responsive and accessible to FP services for young people</p> <p>4.3. Identify champions/activists/advocates to garner public support 4.4. Mobilize and build a critical mass of FP advocates to demand government fulfilment of FP2030 commitments on accessibility of contraceptives for young people</p> <p>4.5. Strengthen partnerships with community institutions to promote contraceptive use among adolescents</p> <p>4.6. Develop and package FP commodities/contraceptive information in user friendly format and diverse languages for young people</p> <p>4.7. Enhance public health engagements with communities – (capacitate human resource for health to facilitate regular community education, SBCC development etc)</p> <p>4.8. Strengthen Media engagements to highlight gaps in availability of commodities and promoting benefits of contraceptive usage ie positive FP narratives on accessibility and uptake</p> <p>4.9. Promote private public partnerships to ensure that adolescents have access to affordable FP commodities/contraceptives</p>

	<p>4.10. Strengthen and expand FP delivery points across the country especially at adolescent youth friendly centres</p> <p>4.11. Promote SBCC education in schools and out-of-schools</p>
Commitment Objective 5	Ensure implementation of family planning behaviour change promotion through correct, consistent, and targeted social and behaviour change communications that focus on rights-based family planning
Objective Statement	To develop a targeted social and behaviour change communication plan that seeks to provide correct and consistent information that focus on rights-based family planning approach by the end of 2030.
Timeline	Between 2023 to end of 2030 SBCC interventions to promote FP activities will be fully operational
Rationale	<p>In Ghana, 60.8% of married women/in union have demand for modern contraceptives but only 27.2% met their needs for family planning. Among those unmarried/not in union, 88.9% have demand for family planning services but only 38.25% had their contraceptive needs met (MICS 2017/18). Additionally, 16.7% of married women aged 15 – 49 years have used modern contraceptives while 26% use modern contraceptives regardless of their marital status (Population Reference Bureau, 2022).</p> <p>In terms of awareness and source of FP information, Radio is the most common source of FP messages for both men (67%) and women (57%). The GDHS 2014 shows men having higher exposure to FP messages. Approximately, one in every three women (34%) and one in every four men (26%) were not exposed to any FP messages through media. Exposure to FP messages through the media is more common in the urban areas than in rural areas. Among women, exposure to FP messages was 76% in GAR, 16% in Upper East, 78% in Ashanti and 30% in Northern regions.</p> <p>In this regard, there is the need to develop right-based SBCC strategies to reach Ghanaians who have high demand for family planning but do not get access to the needed information on its accessibility and awareness creation.</p>

<p>Strategies</p>	<p>5.1. Carry out local research and adopt findings to support targeted SBCC interventions on FP</p> <p>5.2. Expand FP demand generation activities through intensified awareness creation</p> <p>5.3. Establish systems of cross coordinating among private, CSOs and public sector to increase access to quality FP information, services and referrals</p> <p>5.4. Develop targeted Community-based acceptable information educative communication (IEC) materials and create a channel for dissemination</p> <p>5.5. Incorporate the human rights-based principles for the provision of SRH services in the training of all cadres of service providers through pre-service and in-service.</p>
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[Note: To add additional commitment objectives, copy the templates above. There is no limit to the number of commitment objectives.]

FINANCIAL OBJECTIVE

FP2030 strongly recommends including a specific objective on financing for family planning in your commitment. We recommend that countries articulate how family planning financing will be increased; efficiently used; and sustained through the period of commitment and beyond. Please refer to the menu of options in the User Guide at the end of this form or the online guidance on [Incorporating Domestic Financing in Commitments](#).

Financial Commitment Objective:	Increase Government Financial Commitment to the procurement of FP Commodities.
Objective Statement	To increase government financial commitment for the procurement of 20% of Ghana's FP commodities needs by 2030.
Timeline	By 2026 government achieves 10% target for FP commodity procurement and by 2030 government achieves 20% target for FP commodity procurement
Rationale	<p>Ghana has achieved significant strides in advancing access to FP services over the years including capacity building, overhead costs for family planning service provision and counselling, diplomatic exemptions from custom clearing charges for contraceptives etc. However the key gap of financial contribution to procurement of commodities remains.</p> <p>Over the years development partners such as USAID, UNFPA and WAHO have provided funding for the procurement of FP commodities for Ghana which is not sustainable and has led to over reliance on donors with erratic contributions from government. In recent years, funding for commodity procurement is dwindling; for example, UNFPA contribution declined from \$3.5m in earlier years to \$400K in 2022, and therefore the future for FP commodity security is worrying. Although Ghana has a budget line in the Ministry of Health Annual Programme of Work for procurement of health commodities which include family planning commodities, it is not clear how much of that budget line for health commodities is dedicated to procuring family planning commodities.</p> <p>With such huge funding cuts from development partners, there is an urgent call for government to increase domestic funding for FP commodities to ensure commodity security and maintain the gains in modern contraceptive use.</p>
Strategies	<ol style="list-style-type: none"> 1. Government to fulfill compact agreement of donors regarding contribution to FP procurement 2. Allocate funding for the purchase of FP commodity 3. Advocate for domestic resource mobilization 4. Actual expenditure on the FP budget line beyond FP budget allocation 5. Budget monitoring framework to track funds for FP

3. COMMITMENT CONSULTATION PROCESS

For transparency and accountability purposes, briefly describe the consultative process used to develop this commitment. This should include any meetings that engaged any parties (organizational or individual) in the consultative, development, and review processes of this commitment, as well as any specific stakeholders that were involved in the development of each commitment objective.

Please include the title of meetings and names of any organizations, groups, or individuals that were involved.

Ghana used a two-pronged approach in formulating the commitments – A youth-consultation process across all regions of Ghana – zoned into southern, middle and northern sector meetings; and FP2030 focal point engagement processes.

The youth consultations brought together youth-led organisations, networks (AfriYan, Yotuh Alliance Movements), tertiary institutions and youth advocacy groups in putting together the FP2030 commitments. Methodologies used at the consultations included brainstorming sessions, human-centered approaches, ideations and persona development, group work, plenary sessions, and power point presentations. Summary from the three broad zonal consultations were presented to the main FP2030 focal points engagements culminating in the five broad commitments from Ghana.

The FP2030 focal points engaged a broad spectrum of stakeholders including the government agencies - Ministry of Health, National Population Council, Ghana Health Service, private sector, social marketing organizations, faith-based organisations, community-based organizations, religious and traditional leaders, development partners (UNAIDS, WHO, UNESCO, USAID, FCDO) the army, national and international non-governmental organizations in the commitment development processes. Participants had separate FP2030 commitment making meetings with the latest meeting held in September 2022 where stakeholders had a two full day working meeting to complete the FP2030 commitment template.

The draft commitments were shared at key fora including the Private Sector Stakeholders meeting in Family Planning organised by USAID-PSI/TFHO, Inter Agency Coordinating Committee on Contraceptive Security, National Quantification and Forecasting meetings and the Ministry of Health Second Private Health Sector Summit organised between January and June 2022.

Participants Included both high level, middle and operational staff of the various organisations. Multi-sectoral entities also consulted in the process include the Ministry of Education, Water and Sanitation, Women, Children and Social Protection, Agriculture and Roads and Highways.

4. COMMITMENT ACCOUNTABILITY APPROACH

4.1. In fewer than 500 words, please describe your country's **accountability approach** for FP2030 commitments. In your description, please address the following questions:

- a. What existing and new platforms will be used to track progress on commitments?
- b. Which accountability tools/mechanisms will be used to track commitments?
- c. What social accountability mechanisms will be used at the subnational level?
- d. How your accountability approach elevates the role of civil society partners and how they will be engaged in tracking progress on commitments?
- e. How will your country ensure visibility and transparency in sharing information on country progress towards meeting commitments?
- f. How will you align the FP2030 accountability process with other national processes for monitoring other country commitments such as EWEC, ICPD+25, GFF, etc.?

Please refer to the accountability guidance for examples of successful accountability approaches

The country has several platforms that were used to track progress of FP2020 and will prove useful in tracking FP2030 commitments. Existing platforms including the Track 20 Family Planning Estimation Tool and MSI Impact Calculator; Surveys such as Ghana Demographic Health Survey, Maternal Health Survey, and PMA2020 and the RMNCAN&N Scorecard have been used to track progress of commitments. Progress tracked using these tools will feed into the development of an FP specific scorecard to track the FP2030 commitments. This will serve as an accountability mechanism to monitor progress of the government commitments. The tool will strengthen accountability mechanisms and standards which are already integrated in the GFF costed prioritized operational plan contained in the 2022-2025 HSMTDP, UHC Road Map and National Health Policy, to introduce transparency that would make implementation of commitments evidence-driven, community-based and result-oriented.

There are several stakeholder platforms available at all levels of governance that provide opportunities for dialogue and cooperation between government actors, civil society, and other key stakeholders to develop, implement, and monitor progress on country commitments. At the national level, the Inter-agency Coordinating Committee on Commodity Security; Ghana Health Service Annual Review Meetings and Maternal, Child Health and Nutrition Conference serve as platforms for key stakeholders to agree on next steps, track progress and develop redress mechanisms. At the subnational level, multi-stakeholder dialogue, interface meetings, citizen report cards, client satisfaction surveys and an annual reproductive health commodity security survey serve as social accountability mechanisms to hold policymakers to account for public commitments and to encourage inclusivity.

Collaboration between governmental actors, civil society organizations (CSOs), and other partners is vital to support the creation of clear and actionable 2030 commitments. CSOs will be capacitated through the CSO and Youth Focal Points to track Ghana's FP commitments using the selected accountability approaches and will produce an alternative report on the status of the commitments at the national level, whilst tracking at the sub national level through the social accountability mechanisms mentioned above. Additionally, the Government of Ghana will ensure visibility and transparency in sharing information about progress including timely publication of annual progress reports, annual FP commitment consensus meeting, and mass media and social media platforms.

4.2. Describe the country process for annually (or more frequently) reviewing data on progress and sharing that data with partners.

Reviewing Data

Selection and categorizing indicators: Under the following process, key performance indicators for each commitment (and strategic interventions) will be categorized under reporting periods such as: monthly, quarterly, bi-annually and annually.

Routine Data Review: This will be in the form of creating a dashboard to monitor the routine indicators by partners responsible for data reviews as they are being collected for reporting

Spot checks and supportive supervision: After receiving/collecting all the summary dataset from the units of generation, the health information officers/ biostatisticians are encouraged to conduct a quick check on the data for each unit before entering the data into the agreed database system to make sure they answer the following questions on a monthly basis before data entry:

- a) Are there suspected outliers?
- b) Do the data make clinical sense?
- c) Are there inconsistencies with the data?

Quarterly data validation: This will take the form of visiting data generation point to compare what was reported to what actually exist at the point of data generation to verify the data before writing and submitting quarterly performance reports

CSO and Youth Focal Points: Link the various CSOs and Youth Focal Persons to all agreed database systems by creating access for responsible partners on such platform.

Sharing Data

National FP Week celebrations – Partner's forum: As part of these events, there should be media fora to discuss important trends in the data that is being reported to partners and other stakeholders.

Quarterly ICC/CS Meeting: At these meetings, data on FP ranging from quantification, service provision etc. will be shared among stakeholders

Bi-annual quantification and forecasting workshops: During this workshop, updates are provided on programs reviews on what has been done, achievements, 2 years supply planning as well as forecasting the needs for all partners.

Bi-annual and Annual FHD and GHS-HQ reviews: Presentations are made on activities carried out, outputs achieved, and some challenges encountered within the reporting period.

To achieve all the above stated data sharing activities, the following must be considered:

- Identify and make a list of all relevant stakeholders.
- Identify the relevant information to be communicated to the stakeholders.
- Identify appropriate communication channels for dissemination (Workshops, meetings, Internet emails and Mobile Phones Applications etc.)
- Develop a dissemination plan for the meeting/workshop
- Implement and document dissemination activities.

4.3. Describe remedial actions to be taken at the country level if there is lack of progress or if there are outright violations of sexual and reproductive health and rights in approximately 200 words:

The country will conduct periodic review of strategies to identify gaps and develop timely response or strategies. In the event of lack of progress, there will be consensual shifting of roles for focal points as well as amplified advocacy using bottom-up approaches where relevant. For example, the country has agreed to change CSO or youth focal points should there be lack of progress in coordinating and implementing accountability mechanisms that may have contributed to lack of progress.

The key implementing partners with CSO focal points will also leverage media to advance advocacy for progress on commitments and empower community members through public education to equally demand for progress. Further, implementing partners will leverage national health forums, CSO's health manifestos for election periods and shadow reports to facilitate action and advance progress where lacking.

In case of violations of sexual and reproductive health and rights, the country level FP2030 focal points will work to strengthen collaboration between relevant state institutions like the Ministry of Gender Children and Social Protection and DOVSU as well as sexual and reproductive health rights based CSOs to advocate and maintain sexual and reproductive health rights within the legal framework of the country.

4.4. Describe how the above accountability approach will be funded:

Diversified funding streams will be considered by the country. Firstly, CSO's and the Youth Focal Points would lead the effort in developing a resource mobilization plan. The strategy will consider mobilising resources from subnational governance structures including the Metropolitan, Municipal and District Assemblies, corporate organisations, private sector players, corporate bodies among many others. Support will also be provided by the Government of Ghana through its various ministries/ agencies to help reduce reliance on external funding.

Implementing and development partners will also be engaged to consider funding aspects of the accountability approaches not limited to resources for development of tools, stakeholder engagements etc. in their annual workplans.

4.5. Please define technical assistance needed to fully implement the above accountability approach:

Ghana will utilize existing technical capacity to implement all accountability approaches. We will continue to leverage on in-country resources at all levels to track in-country progress. However, need-based technical assistance will be requested.

4.6. Any additional information:

5. COMMITMENT LAUNCH TIMELINE

We strongly recommend launching your commitment at the national level following a consultative feedback process with FP2030 and other partners. This milestone presents an exciting opportunity to promote your leadership in family planning by amplifying your commitment through the media and social media, in collaboration with the FP2030 partnership. For more guidance: commitments.fp2030.org/step9-country-commitment

What is your country's timeline and plan for validating, preparing to launch, and then launching your commitment at the national level?

- Validation: Done

- Preparation to Launch: Integrate into FP week planning; Invite stakeholders and youth groups to participate

- National Launching: Tentatively during 2022 FP week (26th September 2022)

- Regional Launch/Disseminations: Q2: 2023

- Regional Youth Launch: Q1-Q2: 2023