

**ACHIEVING SDG 3.7: AN ASSESSMENT OF THE CONTRIBUTIONS OF
INTERNATIONAL DEVELOPMENT PARTNERS IN GHANA**

BY

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DECLARATION

I, MAGDALENE BANIWA BINEY, do hereby declare that this dissertation is the result of an original research I have conducted under the supervision of DR. DANIEL DRAMANI KIPO-SUNYEHZI and that apart from other works which have been duly acknowledged, no part of it has been submitted anywhere else for any other purpose.

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DEDICATION

This thesis is dedicated to my family especially my mother for the motivation and to my friends for their encouragement and support.

ACKNOWLEDGEMENT

My sincerest appreciation to God for seeing me through this course gracefully. I am also very grateful to my supervisor Dr. Daniel Dramani Kipo-Sunhyezi for his guidance and invaluable contributions towards the successful completion of this dissertation. I am also grateful to the staff of the National Population Council, United Nations Population Fund and the Ghana Health Service for their assistance. Finally, my gratitude also goes to my classmates for their contributions in making the course an interesting one.

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
ASRHR	Adolescent Sexual and Reproductive Health and Rights
CESCR	Committee on Economic, Social and Cultural Rights
CHAG	Christian Health Association of Ghana
CHPS	Community-based Health Planning Services
CO	Country Office
CRPD	Convention on the Rights of Persons with Disabilities
CSE	Comprehensive Sexuality Education
CSO	Civil Society Organisation
DFID	Department for International Development
DOVVSU	Domestic Violence and Victims Support Unit
EmOC	Emergency Obstetric Care
EmONC	Emergency Obstetric and Newborn Care
FAnC	Focused Antenatal Care
FBO	Faith Based Organisation
FP	Family Planning
GDP	Gross Domestic Product
GES	Ghana Education Service
GHS	Ghana Health Service
GNFPP	Ghana National Family Planning Programme
HD	Human Development
HDI	Human Development Index
HIV	Human Immune Virus
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICM	International Confederation of Midwives
ICM	International Confederation of Midwives
ICPD	International Conference on Population and Development
IMCI	Integrated Management of Childhood Illnesses
IUD	Intra-Uterine Device
LARC	Long Acting Reversible Contraceptive
MDG	Millennium Development Goals
MHTF	Maternal Health Thematic Fund
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
MSI	Marie Stopes International
NACP	National AIDS Control Programme
NADMO	National Disaster Management Organization
NDPC	National Development Planning Commission
NGO	Non-Governmental Organisation

NHRI	National Human Rights Institutions
NPC	National Population Council
PMTCT	Prevention of Mother-to-Child Transmission
PoA	Plan of Action
PPAG	Planned Parenthood Association of Ghana
PWD	Persons with Disability
RCC	Regional Coordinating Council
RH	Reproductive Health
RHCSTF	Reproductive Health Commodities Security Thematic Fund
SDG	Sustainable Development Goals
SGBV	Sexual and Gender Based Violence
SHS	Senior High School
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UN	United Nations
UNAIDS	United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistant Framework
UNDP	United Nations Development Fund
UNESCO	United Nations Educational, Social and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WAHO	West African Health Organisation
WHO	World Health Organisation

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ABSTRACT

Reproductive health has always been a critical factor for all spheres of development be it social, economic and even cultural. This study highlights the contributions of international development partners, particularly the United Nations Population Fund (UNFPA) in providing reproductive health services in Ghana. Data for the study was from primary sources mainly interviews and secondary sources including journal articles, internet sources, reports, books etc. This study sheds light on the instrumental efforts of the UNFPA in reproductive health programming in Ghana. Key findings indicate that international development partners have been instrumental in increasing awareness of reproductive health and rights issues in Ghana, additionally UNFPA has been a major supplier of contraceptives in the country as well as funded a lot of reproductive health initiatives. The study identifies some challenges encountered in the provision of these services, majority of which is low funding both locally and globally as well as requisite training for health workers. This study recommends that government carefully considers domestic resource mobilization to be able to provide these services considering dwindling donor support as well increased capacity building initiatives for health workers to be able to discharge their duties efficiently. With proper planning and management, reproductive health can be of immense benefits to nations, hence it deserves all the necessary attention.

CHAPTER ONE

RESEARCH DESIGN

1.0 Introduction

In 2012, at the United Nations (UN) Rio +20 summit, nations devoted themselves to developing a new set of goals to replace the Millennium Development Goals (MDGs) that were due expiration in 2015. There have been several interventions by international/global organizations to curb the social, economic, political and health challenges facing the world's population. One of the examples of the global framework for development was the MDGs. The MDGs was a fifteen-year development agenda made up of seven major goals from the year 1999 to 2015 ¹. The operation of the MDGs ended in 2015 and was replaced with the sustainable development goals.

The new goals, the Sustainable Development Goals (SDGs), were universally applicable and to build on the MDGs with anticipated targets projected to be achieved by 2030. The predominant objectives of the SDGs as settled upon by states at the Rio +20 summit can be described as poverty eradication, sustainable lifestyles for all and an unchanging and robust planetary life-support system².

At a UN sustainable development summit held in New York in 2015, the new goals, the SDGs were adopted by the General Assembly. Each goal, with its associated target and indicators to measure its success.³ The SDGs in total are made up of seventeen (17) goals and one hundred and sixty-nine (169) targets.

The SDGs build upon the MDGs to address the “unfinished business” in the MDG era and mainly seek to provide a universal framework for collaboration to tackle the three scopes of sustainable

development highlighting: “the right to development for every country, human rights and social inclusion, convergence of living standards across countries, and shared responsibilities and opportunities.”⁴

Goal three of the SDGs seeks to “ensure healthy lives and promote well-being for all at all ages”. Target seven states that, “by 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes”.

Health is essential to human development, in as much as health influences development, development also has an influence on health. The SDGs acknowledge that social and economic developments are affected by diverse health challenges, as such, investments in health and other areas of development are mutually reinforcing.⁵

Sexual health as an area of health has evolved in the last fifty years in the international discourse on health. The earliest deliberations on sexual health by the World Health Organisation began as early as 1974 and promoted a positive perspective on human sexual behaviour with particular attention to pleasure, improvement of personal relationships and the right to information, further deliberations resulted in the need to link it with notions of reproductive health.⁶

Reproductive Health (RH) as a concept was developed at a UN sponsored population conference, the International Conference on Population and Development (ICPD) in Cairo in 1994. This was a pivotal moment in the global discourse on the significance of RH and rights, the goals of the ICPD programme of action (PoA) signed by 179 countries were “to attain worldwide access to safe, affordable and effective reproductive healthcare and services including those for young

people including promoting a gender viewpoint and to shed light on reproductive health from a rights-based approach”⁷.

The conference resulted in universal acceptance of reproductive health and rights and placed comprehensive sexual and reproductive health and rights, choice, women’s empowerment at the center of global agenda. It was agreed at the Cairo conference that; “couples and individuals have the right to freely and responsibly decide the number, spacing and timing of their children, and to have the information and means to do so, also choices vis-à-vis reproduction should be made free from discrimination, coercion and violence”.⁸

According to the ICPD PoA paragraph 7.2,

*Reproductive health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.*⁹

Reproductive rights are regarded as human rights which encompass universal access to RH throughout a person’s life, and states are bound by legal obligations according to the dictates of international human rights laws to ensure that every person enjoys these rights without inhibition. The commitments by governments and the United Nations system overall to RH and reproductive rights are culled from the general principles of equality and human dignity as established by the universal declaration of human rights.

Historically, Ghana’s first population policy was adopted 1969, which was later revised and a new one adopted prior to the 1994 Cairo conference in response to emerging issues in SRH.

Consequently, several policies were adopted in response to growing recognition for reproductive rights, notable among them being the 2000 National Adolescent Reproductive Health Policy.¹⁰

As explained by Adanu et al, SRH is very vital to the development of a nation, hence, policies and programs aimed at improving SRH have been fused into health interventions and development frameworks for a lot of countries. SRH initiatives are a major focus of the Ministry of Health's scope of work and are assessed through demographic and health surveys.¹¹

In Ghana, apart from the Ministry of Health (MOH), several international development partners are committed to ensuring that RH services are available and accessible for all people in line with international mandates. For the purposes of this paper, the contributions of United Nations Population Fund (UNFPA) will be assessed.

UNFPA is the United Nations sexual and reproductive healthcare agency, which supports reproductive health care for people, providing services for more than eighty percent (80) of global population. The UNFPA's support to the MOH/ Ghana Health Service (GHS) begun in 1986. Their services include training health workers in RH activities, sexually transmitted STIs, HIV/AIDS, family planning, etc., procurement of equipment and supplies for RH activities in the country and fellowship training abroad for capacity building abroad and in-country. It also funds some NGO's as well as the national population council and the Ghana education service in executing population centered programmes and activities respectively.

1.1 Statement of Research Problem

Reproductive health and the enjoyment of reproductive rights eludes many people in the world.¹² Surprisingly, the eight Millennium Development Goals, following the ICPD conference initially omitted SRH, which was critical for the realization of goals 3, 4, and 5.¹³ Despite global affirmations, visibility of reproductive health and rights globally has reduced, as evidenced by its omission from the MDGs.¹⁴

In Ghana, access to RH and the enjoyment of reproductive rights, despite efforts from government and other stakeholders, continues to be an issue requiring more attention. Due to cultural and other societal norms, issues of sexuality and reproductive health are regarded sacred and there continues to be controversy over sex education particularly for young people¹⁵ especially when the Ghanaian culture considers sexuality as sacrosanct.

This entrenched view has mainly been responsible for delaying accessibility and delivery of SRH services as well as a lack of information on SRH. The Ministry of Health is also limited in its efforts in providing SRH services due to various factors including logistics and financial constraints; this has led to interventions or support from international development partners in assisting with the delivery of SRH services in Ghana.

The contributions of these development organizations in the area of SRH have not been sufficiently researched. The inadequate information on the impact of organizations, especially international development partners, clearly shows that more investigations are needed. Thus, this is the problem this study thoroughly investigated in Ghana. These, among other factors necessitate the decision for this research to be carried out. This study seeks to assess the contributions of international development partners, particularly UNFPA in providing RH services in Ghana. The study will also

assess progress made in making reproductive health accessible for the people in Ghana in line with international mandates specifically towards achieving SDG 3 target 7.

1.2 Research Questions

1. What is the role and scope of the UNFPA in providing reproductive health services in Ghana?
2. What are the contributions of the UNFPA in providing reproductive health services in Ghana?
3. What are the challenges in providing reproductive health services in Ghana?

1.3 Research Objectives

1. To examine the role and scope of the UNFPA in providing reproductive health services in Ghana.
2. To assess the contributions of the UNFPA in providing reproductive health services in Ghana.
3. To examine the challenges faced in providing reproductive health services in Ghana.

1.4 Scope of Study

This study assesses contributions of international development partners particularly UNFPA in providing sexual and reproductive healthcare in Ghana.

1.5 Rationale of the Study

The rationale of this study is to assess contributions of UNFPA in providing reproductive healthcare in care in line with SDG 3.7. This study is also intended to add to existing literature on efforts by international development partners in improving access to reproductive health which would be useful to stakeholders at all levels.

1.6 Hypothesis

This study hypothesises that the UNFPA is an important actor in providing reproductive health services in Ghana, and their efforts contribute in helping Ghana achieve SDG 3.7.

1.7 Conceptual Framework

This study is based on the concept of Human Development (HD), which has evolved out of broader discussions on development and linkages between economic growth and development during the mid-twentieth (20th) century. It was first introduced as a concept by the United Nations Development Fund (UNDP) in 1990 in its first human development report. HD is based primarily on Amartya Sen's work on capabilities and subsequently Martha Nussbaum's.

Sen's work on capabilities alludes to "the alternative combination of functioning the person can achieve, from which he or she can choose one collection"¹⁶

As Alkire puts it, "while the capability approach spans philosophy to practice, human development – particularly as represented in the Human Development Reports – emphasizes real world

applications, identifying and advocating policies that advance capabilities and human development in different contexts and institutional settings and at different levels.”¹⁷

The development patterns of various rapid developing economies showed that, the use of the Gross Domestic Product (GDP) to measure development was ineffective as there were instances where a high GDP was unsuccessful in lessening the socio-economic scarcity of substantial parts of their economy. As a result, it emerged that the main theme of development planning and analysis should be focused on people’s needs and the ultimate attainment of it.¹⁸

A major proponent of the concept of HD is Mahbub Ul Haqq. In his book *Reflections of Human Development*, he mentions, that there is more to human development than mere basic needs in that, it is concerned with all human beings, whether rich or poor and to countries as well, irrespective of their level of development. Haqq indicates that the main purpose of development is to treat all; present and future generations as ends to better the human condition to broaden people’s choices. HD facilitates increased productivity.¹⁹

Ideally, HD basically means enlarging people’s choices taking into consideration that these choices are varied and change overtime. “Human development has two sides: (1) the formation of human capabilities such as improved health, knowledge and skills and (2) the use of their acquired capabilities for productive purposes, leisure or for being active in cultural, social and political affairs.”²⁰

The UNDP Human Development Reports since 1990, have had varied definitions for human development but one theme that has been central in all of them is that people are the real wealth of a nation thus it is important to expand people’s choices to live a better life. Consequently, at all levels of development, people are faced with three critical choices which include “living a healthy

and long life, acquiring knowledge and having access to the resources required for a decent standard of living,” the absence of these choices resulting in the denial of opportunities to better one’s life.²¹

The HD approach differs from traditional economic approaches to development where development is tied solely to economic growth, measured by a country’s GDP. Human development goes beyond GDP measurement and focuses on the quality of human life and whether people have their basic needs met. HD is concerned with creating equal opportunities and choices for all people.²²

HD combines the elements of; People- enhancing the lives of people rather than presuming economic growth will reflect in the quality of life that people live, Opportunities- supporting people by helping them to support themselves through developing their abilities and creating opportunities to use them and finally, Justice- “expanding well-being and agency in ways that expand equity, sustain outcomes across time, respect human rights, limit environmental destruction and respect other goals of a society”.²³

Since its inception, HD has created alternative objectives to economic growth while establishing how and why policy makers should position extremely powerful processes of economic growth, industrialisation, and service delivery to human freedoms.²⁴ There are also elements of human rights and human security at play in the human development framework.

These ensure that actions or choices geared towards human development are sustainable. “Development should increase people’s choices with two caveats. First, while enhancing the choices of one individual or a section of a society, should not restrict the choices of another. This

calls for equity in human relationships. Second, while improving the lives of the present generation should not mortgage the choices of future generations ”.²⁵

HD is measured with the human development index (HDI), which is “a composite index of three basic components of human development which are longevity, knowledge and standard of living. Longevity is measured by life expectancy. Knowledge is measured by a combination of adult literacy having two-thirds weight and mean years of schooling with one-third weight. Standard of living is measured by purchasing power, based on real GDP per capita adjusted for the local cost of living (purchasing power parity, or PPP)”.²⁶

For post-colonial nations, “a strong ‘human development enabling’ state is necessary to build basic human capacity, such as in health, education, shelter and nutrition; and then to promote popular participation”²⁷, states now have a duty to guarantee human development of its citizens by international agreements.

Like any other concept, human security has been widely criticized. To begin with, generally, it’s been described as ambitious with reference to its goal of widening people’s choices when in practice; it is measured by only three variables. There is also the contention that HD is founded on economic principles, so all the attention is focused on the human facet of development with little attention to other spheres of development like cultural, social and political environment.

The HDI has also been widely criticized on grounds of poor data used for analysis. This is because, data used in the calculation is sourced mostly from population census which is not frequent, may not be accurately reported and a lack of complete coverage in some countries. ²⁸

The choice of human development as the conceptual framework for this study is because, human development encompasses all aspects of human life of which health is a major feature. The concept

of human development also, per the rights-based approach, promotes the freedom of people to make better and informed choices to improve their life, which is very important, especially with respect to RH choices and decisions.

The choice of HD is also very relevant to this study since the sustainable development goals are geared towards improving the quality of life globally and are regarded as an endorsement of human development to an international context. In this study, HD has been interpreted as empowering people to have a say or choice in their reproductive life cycle and enable them make choices that are sustainable and improve the quality of human life.

1.7 Literature Review

In 2015, the comity of nations adopted a new agenda called the Sustainable Development Goals (SDGs) for development for the period 2016 to 2030. This new agenda was to replace the time bound MDGs which had expired. The SDGs are a more comprehensive and inclusive set of goals, which are to address the gaps in the MDGs and to introduce new prospects in global development which were hitherto not captured in the MDGs. They are made up of 17 goals and 169 targets which reflect three scopes of sustainable development which are economic, social and environmental. SRH issues are currently featured on the SDG agenda, unlike the MDGs which omitted it.

The SDGs seek to improve lives of people by fostering development all round. Goal three target seven, (3.7) which is “by 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes” is monitored primarily by its

indicators which were developed by the Inter-Agency and Expert Group on SDG Indicators. These indicators are; “**3.7.1** Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods, and **3.7.2** Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group”²⁹

RH and the enjoyment of reproductive rights has since time in memorial been an issue of concern to policymakers particularly because it is critical (directly and indirectly) in the development of a nation. As stated by Singh et al, “investments in sexual and reproductive health are critical for saving lives and reducing ill-health among women and their children—and for fulfilling their internationally recognized right to good health”³⁰.

With reference to the mandate of target 3.7, the Guttmacher -Lancet commission in their 2018 report, “*Accelerate Progress- Sexual And Reproductive Rights For All*” have noted, that sexual and reproductive rights (SRHR) are vital for “people’s health and survival, economic development, and to the wellbeing of humanity”³¹.

The report acknowledges the right of individuals to SRH which is further explained as including both freedoms and entitlements, where freedoms mean individuals are free to make responsible decisions about their bodies and SRH, this should be a given per basic human rights. These entitlements refer to unobstructed access to a variety of health facilities, goods, services, and information that empower people to achieve the right to SRH; this is where national efforts are crucial in ensuring this is enjoyed by individuals usually through favourable or reinforcing policies on SRH.³²

The report additionally advocates for an expansion of the scope of RH services to consider men’s reproductive needs, unlike Singh et al whose work failed to analyse the SRH needs of men

independently from women. This is very important because in recent times, both men and women are increasingly taking charge of and a keen interest in their SRH needs. Burke and Mbizvo note, that including men in discussions about family planning, access and choice is critical because their perceptions often impact the success, or failure, of a couple's contraceptive use³³.

Funding for reproductive health activities is also critical in helping to achieve SDG 3.7. Reproductive health programs and activities in most countries, especially developing countries is largely donor funded. According to Senayake and Hamm, funding for reproductive health activities continues to reduce despite initial donor momentum following the ICPD conference.³⁴ According to Mayhew, donors for RH programs have been the “bilateral aid wings of wealthy Northern governments (notably the United States, Britain, Germany, Netherlands and the Scandinavian countries) and the major United Nations multilateral institutions, notably the UN UNFPA and UNICEF”³⁵.

A reduction in donor funding results in an increase in unwanted pregnancies, risky abortions and maternal mortality especially when the cost of providing these programmes and services (contraceptives, maternal care etc.) keeps increasing, coupled with conditionalities attached to aid.

³⁶ An example is the “Mexico City policy”, usually known as the “global gag rule” which was reinstituted by the Bush administration in 2001. This policy bars foreign NGOs that funded by the USAID from engaging in abortion related activities whether legal in that country or not³⁷. Failure to sign on to the policy meant a withdrawal or reduction in funding from USAID for SRH related activities which is likely to stall progress made in providing these services to people.

Interestingly, donor funding is affected by the political beliefs of the donor country, the gag rule is a typical example reflective of the anti-abortion stance of the Republican Party in the United States. Considering these terms and conditions attached to donor funding, it is essential that

governments shore up their funding for RH related programmes and activities in order to maintain gains made in making reproductive health accessible to all.

Mayhew also notes that donor funding is also not purely for SRH services, they also fund extensive restructurings that streamline the organisation of health systems to improve efficiency.³⁸ International donors, continue to remain an integral support base for SRH services and programs.

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In Ghana, accessibility and provision of SRH services continues to be an issue of concern to stakeholders and policy makers. Funding for RH activities is usually largely sponsored by international development partners including UNFPA. Singh et al, assert that, the rationale for financing SRH activities is because the benefits far outweigh the cost, particularly because sexually active individuals are prone to far more health-related risks⁴⁰.

Some of the benefits Ghana stand to gain from investing in SRH services include a reduction in unintended pregnancy and related costs by meeting contraceptive needs and a reduction in healthcare costs caused by unsafe abortions. Voluntary contraceptive care is a cost-effective method of saving lives with reference to mother to child HIV transmissions; the benefits of investing in SRH activities can be valuable in other areas of health and extend well beyond the health sector⁴¹.

Currently, there are policies in place in Ghana, that are centered on reproductive health. These include the National Population Policy, The 2000 Adolescent Reproductive Health Policy, The 1998 Children's Act, 2001 National HIV/AIDS and STI Policy, Provisional National Defence Council Law (PNDCL) 102 Of 1985, 2007 Domestic Violence Act and the 2007 Criminal Code

(Amendment) Act⁴². It is worth noting however, that although these policies are in existence and applicable, its implementation has been limited.

Following the ICPD conference in 1994, which foreshadowed a paradigm shift in population matters, to focus on SRH and subsequent international development agenda which include declarations from the Beijing conference, MDGs and currently the SDGs, interestingly, the pace of progress in RH matters has been slower than anticipated.

Austveg hypothesises that “while much of the opposition to improvements in sexual and reproductive health has been highly politicized, the support for them has been de-politicized in a way that has hampered progress. While there has been a lot of emphasis on overarching goals, conflicts of interest may have been neglected at levels where the important decisions are made.”⁴³ I believe, this is not the only reason as other factors like socio-cultural beliefs and attitudes have contributed to stalling the progress in the access and provision of RH services.

One of the international agencies that have been contributing immensely to reproductive health in Ghana, is the United Nations Population Fund (UNFPA). UNFPA and Ghana, have been collaborating since 1972. UNFPA began its support for Ghana, in two major areas, that is support to the National Population and Housing Census and the Regional Institute of Population Studies. The first country program was introduced in the middle of 1980s with a focus on data collection and family planning activities.⁴⁴ From 1991 to 1995, the second country program also took place which was formulated before the ICPD in 1994.

Third country program also took place from 1996 to 2000 with a focus on the ICPD which brought about several changes with the introduction of SRHR.⁴⁵ From 2001-2005, the 4th country program was established within the United Nations Development Assistant Framework (UNDAF)

reflecting the MDGs for the first time. The Maternal Health Thematic Fund (MHTF) and the Reproductive Health Commodities Security Thematic Fund (RHCSTF) were also initiated during the fifth country program (2006-2011), as a targeted strategy to promote maternal health.

These sought to be achieved through “promotion of skilled birth attendants (training midwives), re-positioning family planning, assuring family planning commodity security and strengthening EmONC services.”⁴⁶

UNFPA supports the government, NGOs, and other civil society organisations at all levels on three major mandates mainly; Reproductive health and adolescent sexual and reproductive health (ASRH), Population and development, and Gender equality and empowerment of women. The UNFPA reproductive health component focuses on four major areas:⁴⁷

- Obstetric fistula: collaboration in comprehensive services with Ghana Health Service
- Humanitarian response: internally displaced and refugee communities
- Investing in midwives through advocacy for support in investment, training and practice
- Most at risk populations (HIV)

UNFPA over the years has directly been working with the Ghana Health Service (GHS) and the Christian Health Association of Ghana, (CHAG). With the GHS, UNFPA participates in the formulation, implementation and monitoring of effective human resources for health policies that facilitate the creation, management and capacity building of the maternal and reproductive health related staff and personnel.⁴⁸

The UNFPA with other partners such as WHO and UNICEF, advocate for governments to establish strategies and policies to push the availability of rightly trained health force. UNFPA has

provided funds for training to the private sector, which in turn partners with GHS to organize capacity building programs for midwives in the private sector.⁴⁹

The Country Programs by UNFPA have also reinforced domestic capacity for the implementation of comprehensive age-appropriate sexuality education (CSE) programs. Key issues addressed under the program were teenage pregnancy, knowledge gaps, child marriages, sexuality behavior, and SRH rights.⁵⁰

Maburu revealed that UNFPA programs have contributed to a strengthened policy environment in providing ASRH services, enhanced capacity of the youth to participate in policy dialogue and provision of sexuality education to the youth using a variety of strategies. Worthwhile to mention, is the contribution to the capacity to increase demand for modern contraceptives and ensure high quality family planning services in Ghana, by ensuring family planning commodity security, training of service providers and creating demand through sensitization of communities.⁵¹

Observably, the discourse on reproductive health places an emphasis on the woman as the major factor in reproductive health, with little or no focus on the man as a factor worth considering. This fails to consider the impact men have on the success or failure of such reproductive health services and programs. The literature also rarely considers the changing nature of reproductive health requirements of individuals, like the fact that the age at first birth is increasing for most women now because of late marriages and its associated health implications, a rising unmet need for contraception since the age of first sexual contact is a lot earlier in recent times than before, as well as the effects of new trends and technology, like social media on the reproductive life of an individual.

Additionally, the SDGs depend on each other, however, there is not much literature or insight on the extent of interaction between them, as a result, there exists trade-offs in policies concerning the attainment of these SDGs. There is the need for mutually reinforcing actions to reduce trade-offs, particularly when overlaps are present. The lack of policy coherence to minimize these trade-offs is due to the fact that the agencies or ministries handling specific goals usually operate in isolation, as well as lack the tools to identify these interactions which in turn affects policy and essentially, implementation.⁵²

From the application and review of the MDGs, it is evident that SDG goal three, which is focused on good life and wellbeing, with its associated targets will not be feasible, unless health systems are strengthened and the sector is linked to other sectors which are affected by structural determinants of health.⁵³

This paper intends to discuss these issues and add to existing literature on the changing nature of reproductive health behaviours and needs, existing national policies on reproductive health and the UNFPA's efforts in providing services to meet these needs.

1.8 Research Methods

This study makes use of qualitative research methods in analyzing data collected. It makes use of data collected from secondary and primary sources. Qualitative research is well suited for understanding phenomena within their context and dealing with participants in their natural settings and as such the qualitative research approach is well utilized in this study. Additionally, qualitative research possesses an advantage of providing the researcher with wider knowledge or direct insight into the matter under investigation and not merely grouping responses into

predetermined categories which in some instances may not adequately cover all the outcomes.⁵⁴

In the same way, qualitative research also allows the researcher to identify recurring themes, patterns and even new ideas or possible solutions which helps give the researcher a better understanding of the matter being studied or investigated.⁵⁵

1.9.1 Sources of Data

Secondary and primary sources of data were used. Secondary sources are documentary reviews of publications relevant to the study. The primary sources are from interviews of personnel from the Ghana Health Service, the National Population Council and the UNFPA. These persons are crucial based on their positions and knowledge on the issue of investigation. The persons selected are also capable of answering the study research questions. Secondary sources were from documentary reviews of publications relevant to the study. Secondary sources were obtained largely from books, journal articles, reports, published research, online and newspaper publications relevant to the study. Documentary reviews are used to assess the contributions of the UNFPA, and progress made in providing reproductive health services in Ghana.

1.9.2 Interviews

The use of interviews allows for a variety of views on the subject as well as have the potential to uncover other issues that may not have originally been considered thereby widening the scope of the research ⁵⁶. In-depth interviews were used in collecting qualitative data on the contributions, the role and challenges regarding providing reproductive health services. The interviews were held

with personnel of UNFPA, Ghana Health Service and the National Population Council, Interviews were audio recorded with a tape recorder which were later transcribed into text.

1.9.3 Data Analysis

The interviews conducted were recorded, transcribed and grouped into key themes based on patterns and trends that were discovered as guided by the research objectives. A thematic analysis was used to analyse the transcribed data as well as documentary sources to assess the contributions of UNFPA in providing reproductive health services in Ghana. As noted by Maguire & Delahunt, a thematic analysis involves identifying patterns or themes in qualitative data. It is a relatively more flexible method of qualitative data analysis particularly in instances where there are huge volumes of data to be analysed⁵⁷.

1.9.2 Ethical Considerations

The researcher addressed ethical issues to ensure that the study conforms to the standards of social science ethical research. In that regard issues of voluntary participation, anonymity, privacy of participants, and confidentiality among other ethics of social research were strictly adhered to in the study. Permission was sought from the management of the UNFPA Ghana, the Ghana Health Service and the National Population Council.

All hard copies of the documents obtained from the study are kept confidential. The data obtained from interviews were used only for the purpose of this project and properly disposed of after the project (dissertation). All participants consented before partaking in the study. In so doing the

research purpose and the intent was explained in detail to them so that they can make an independent decision to participate or decide otherwise.

1.9 Arrangement of Chapters

This study is arranged in four chapters.

Chapter one gives a background to the study, the research problem, research objectives, scope, conceptual framework, data sources and research methodology.

Chapter two examines the reproductive health situation in developing countries and more specifically in Ghana and the integration of reproductive health into national policies.

Chapter three analyses research findings on the contributions of the UNFPA in providing reproductive health services, and challenges faced in the provision of reproductive health services in Ghana.

Chapter four is the summary of research findings, conclusions and recommendations.

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CHAPTER TWO

GLOBAL PERSPECTIVES ON REPRODUCTIVE HEALTH AND GHANA'S INTEGRATION OF REPRODUCTIVE HEALTH INTO NATIONAL POLICIES

2.0 Introduction

This chapter examines reproductive health (RH) from the UN system and in Africa and specifically Ghana. Specific areas examined included family planning including contraceptives, sexuality education and national policies on RH. It also highlights contributions of international development partners, specifically the United Nations Population Fund (UNFPA), towards providing RH services in Ghana.

2.1 Sexual and Reproductive Health (SRH) Care

Sexual health entails a constructive consideration to sexuality, including prospects of “having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence”¹. RH is of universal concern; particularly women in their reproductive years. Ironically, although men are relatively less affected than women by reproductive choices, they have traditionally dominant roles and responsibilities with respect to women’s RH choices.².

The UN Committee on Economic, Social and Cultural Rights (CESCR), has primary responsibility over the execution of the International Covenant on Economic, Social and Cultural Rights (ICESCR) by its members, the convention focuses on the enjoyment of human rights and espouses that humans can only live freely (without fear or want) under conditions that ensures that everyone enjoys their economic, social, political, civil and cultural rights.

Its underlying principles are equality and non-discrimination with regards to exercising these rights and the obligations of state parties in protecting, respecting and fulfilling these rights.³ the attainment of which covers four important elements: availability, accessibility, acceptable and quality⁴.

The availability of care includes the availability of facilities and services as well as programs permitting access to RH services including obstetric care⁵. Pregnant women should have pre and post-natal care and associated services and include existence of hospitals, clinics, and trained medical personnel among others.

Accessibility refers to the physical access, and this affects more people due to their inability to access various services. Arguably, the accessibility of SRH services affect women more due to a lack of physical facilities or trained personnel to offer patient friendly services to everyone irrespective of the social, religious or economic status⁶. Accessibility also refers to access to family planning (FP) services hence the right to control fertility⁷.

Acceptability of SRH services is determined by acceptable medical ethics, cultural acceptability among others. Lastly, the quality of care is also determined by having scientifically and medically appropriate services⁸. It is expected that any health care providers ensure that the four characteristics are taken into consideration. RH remains a never-ending concern for both women and men, at all stages of life. Evidently, one's health later in life is profoundly affected by reproductive health.⁹

2.1.1 Global Framework for Tackling Sexual and Reproductive Health

The understanding and approach to sexual and reproductive health matters globally has constantly undergone modifications over time. The earliest attempts to address sexual and reproductive health issues globally can be traced as far back as 1974 at a WHO meeting convened in Geneva. This meeting culminated in a technical report for training of health personnel on education and treatment of human sexuality. In the period following the ICPD in 1994, there have been improvements in global understanding of sexual behaviour and its associated burdens as well as the effects of sexual health on development and linkages between.¹⁰

The ICPD heralded a new era in the management of matters related to sexual and reproductive health. A notable one being, a continually increasing number of governments or states, showing commitment to advancing the agenda to ensure their citizens have access to and enjoy reproductive health services. Additionally, there's been an increase in international conferences aimed at continuing the global discourse on reproductive health. All of these have resulted in the development of an international framework on reproductive health.¹¹

The ICPD reaffirmed the universal essential need for reproductive health services for everybody. Additionally, the ICPD Programme of Action (PoA) advocates and explains reproductive and sexual health care in the context of primary health care to include (Para 7.6):

*Family planning; Antenatal, safe delivery and post-natal care; Prevention and appropriate treatment of infertility; ... Prevention and surveillance of violence against women, care for survivors of violence and other actions to eliminate traditional harmful practices, such as FGM/C; Appropriate referrals for further diagnosis and management of the above.*¹²

The PoA pushed that, by 2015, family planning should be universally accessible as an improved approach to RH and rights and governments were obligated to provide these services.¹³

The Commission on Population and Development also considers the Sexual and Reproductive Health Rights of Adolescents including the right of young people to “Comprehensive Sexual Education (CSE); the right to decide on all matters affecting their sexuality; right to access SRH services, including the right to abortion, where legal, and the protection, and promotion of the rights of young persons to control their sexuality, free from violence, discrimination and coercion.”¹⁴

2.2 Sexual and Reproductive Health Care in Africa

About forty-eight (48) African countries signed on to the Maputo Plan of Action to ensure “universal access to comprehensive sexual and reproductive health services in Africa by 2015”. It was to tackle the poor SRH in Africa¹⁵. The Maputo Plan of Action (PoA) was the Continental Policy Framework for Sexual and Reproductive Health and Rights (2007- 2010). It recognizes correlations between reproductive health, development, initially identified by the UN globally during the International Conference on Population and Development (ICPD), in 1994 at Cairo, Egypt¹⁶ where countries decided that:

*All couples and individuals have the right to decide freely and responsibly the number, spacing and timing of their children, and to have the information and means to do so; Decisions concerning reproduction should be made free from discrimination, coercion and violence.*¹⁷

Per WHO's estimation, poor RH contributes to 18% of the global burden of disease, and 32% of the total burden of disease for women of reproductive age. Inaccessibility to key interventions has been found as an underlying cause of poor RH, such as family planning. Regardless of the recognised advantages of FP, there exist some unmet needs¹⁸ leading to low contraceptive usage among married women in sub-Saharan Africa, estimated at 13%, with a high total fertility rate.¹⁹

Adolescents on the continent are also exceptionally prone to STI's such as HIV/AIDS, unwanted pregnancy and are exposed to life-threatening habits, including substance abuse and smoking. Countries are trying to address issues such as inadequate adolescent-friendly health services and inefficient policy directions in priority areas.²⁰

2.2.1 Achievements made in Sexual and Reproductive Health in Africa

Several African states report progress in scaling up activities for SRH by implementing and intensifying family planning, enacting and implementing laws criminalizing violence against women in their countries²¹. Sadly, execution and goals differ between countries and this is basically due to inadequate financial and human resources.²²

In the Africa region, some key achievements in maternal health has been made. These include capacity building of national experts, extending the national Road Maps into district operational plans, training of Emergency Obstetric Care (EmOC) providers and Focused Antenatal Care (FANC) which is all intended to upgrade maternal care in countries²³.

African states have strengthened their capacity to quicken the scaling up prevention of mother-to-child transmission (PMTCT) and pediatric HIV care, treatment and support program. Also, a joint

PMTCT technical mission conducted in 7 African nations to evaluate the position of execution of programs leading to over 20 million US dollars in aid to fast-track PMTCT and pediatric AIDS.²⁴

WHO Africa Region in attempting an improvement of access to FP, targets its operations in three core areas which are; technical support for capacity building, use of evidence-based practice in implementing RH services and finally, advocating for research in SRH programs and service delivery.²⁵

2.3 Reproductive Health care in Ghana

Ghana responded to the call by the Maputo Plan of Action for “universal access to comprehensive sexual and reproductive health services” and the ICPD PoA framework by implementing measures to ensure accessible and affordable SRH.

A National Development Planning Commission (NDPC) report indicates Ghana’s efforts in implementing the ICPD PoA, including institutional and policy improvements for empowerment and gender equality, improved health care, as well as FP and RH services.²⁶

Additionally, Community-based Health Planning Services (CHPS) have been extended in most districts, increasing from 868 in 2009 to 1,675 in 2011. This has made RH services and health care more accessible to people.²⁷

In Ghana, FP centers provide counseling on FP and the prevention of STIs. The Ghana Health Service (GHS) also periodically assesses performance and the status of health care delivery to maintain and improve the delivery of maternal health services.²⁸

According to the Ministry of Health (MoH) statement, Ghana's health sector is concerned with reducing inequalities in healthcare across the country via closing the gaps of geographical and financial access and safeguarding improved access in remote areas to maternal and SRH services to benefit the disadvantaged in society.²⁹

2.4 Family Planning (FP) and Contraceptive Use

Family planning involves a conscious effort on deciding on the size of the family and the spacing between births. It is a strategy of controlling population and also helps in reducing unintended pregnancies among women.³⁰ FP programs are a vital part of services to reduce the spread of HIV to newborns, reducing maternal, neonatal, infant and child death and reducing the choice for unsafe abortion.³¹ Other indirect benefits of FP are the improvement in education and opportunities of employment for women due to delayed initiation of childbearing.

The health vulnerability of mothers and pregnant women in developing nations are further exacerbated due to inadequate family planning strategies. This situation continuously aggravates into abject poverty, breakdown of the extended family system, increase in STIs like HIV/AIDS and increasing morbidity and mortality for other diseases.³² It is estimated that least 25% of all maternal mortality are avoidable through effective family planning strategies. Again, one in four infant deaths in low resource countries can be avoided by spacing birth at least two years.³³

Despite the obvious impact of FP on both maternal and child care and overall RH of the population, it is gradually losing priority on the global agenda in recent years.³⁴ Aside reducing family size, FP directly helps to reduce and prevent maternal mortality and transmission of HIV from mother

to child.³⁵ For effective family planning, different forms of contraception should be available to women and their partners at all times in their reproductive lives.³⁶

About 23% of married women in Sub-Saharan Africa use FP, where 18% use modern method and 5% use traditional methods. Nevertheless, it is worth noting that an even higher proportion of 25% have an “unmet need.”³⁷ That means although they would like to regulate number of children they have, they do not have access to or are not using any form of FP.³⁸ According to Khan et al. it is imperative to meet this unmet need to enhance reproductive health in the region. They also added that, factors such as poverty and accessibility of quality maternal care, which affect women’s health need to be addressed.³⁹

2.4.1 Access to Contraceptive Methods

Contraceptive methods use among the adolescent and the adult is low particularly in Sub-Sahara Africa ⁴⁰where there is limited access. Such limited access has also been found to be caused by misconceptions surrounding modern contraception.⁴¹ In a study done on the global use of contraception among the youth, it was found out that in Rwanda, Senegal and Niger contraceptive use by sexually active teenage girls were 2% to less than 11% throughout Latin America and the Caribbean, and 34% in Indonesia. Meanwhile, contraception use is higher among countries such as US (75%), France (88%) and Britain (92%).⁴²

SRH is critical to health and well-being even though it is a highly delicate issue. Many studies that have been done have reported that women especially adolescent females lack access to SRH services, especially in low resource countries.⁴³ Those who are largely marginalized are women or

men with some form of disabilities and adolescents. These studies suggest that the sexuality of such groups is ignored, and their reproductive rights denied.⁴⁴

Usually, persons with disability (PWD) are perceived to be hypersexual.⁴⁵ However, this false assumption of them being not sexually active results in them being overlooked in RH programming. Additionally, adolescents are also often wrongly considered as children, hence not sexually active.⁴⁶

2.5 Education and Sources of Information on Sexual and Reproductive Health

People may seek information on SRH from different places or groups of people and organizations may also be available to provide such information. There are many sources of information. A study in Rwanda revealed that majority of the youth would seek advice from peers rather than parents or medical personnel and may only seek medical help if they contract an STI.⁴⁷

Most of SRH information targeting adolescents in most African countries is focused on STIs and HIV. Although useful, there is an obvious gap in information on responsible sexual behaviour and choices for young people as well as people with disabilities.⁴⁸

However, many young people expressed a preference in-school SRH education as against other options like parents or medical personnel. The media also remains a potent source of information on SRH issues, especially print media and more recently the various social media sites, which is mostly used by adolescents. Targeting these media in SRH advocacy will be useful in achieving the desired results.⁴⁹

2.6 Contributions from International Development Agencies

Issues of SRH are of great interest to various international development partners or agencies due to its benefits for the vulnerable in our societies. Agencies such as the United Nations International Children's Emergency Fund (UNICEF), United States Agency for International Development (USAID) and UNFPA have played key roles in ensuring SRH services are available in low resource nations, but in this study attention is paid to UNFPA.

The UNFPA priority areas for SRH include maternal health, family planning, prevention of STIs and female genital mutilation⁵⁰. The UNFPA continually advocates for maternal health financing and improved health systems to provide quality maternal health services⁵¹.

Some contributions or strategies provided by the UNFPA in fostering SRH activities in less developed and developing countries include among others technical support and capacity building particularly of midwives and nurses⁵². UNFPA is also devoted to ensuring improved newborn and emergency obstetric care to reduce maternal mortality and fistula cases.

According to Denno et al., the UNFPA has also contributed in providing RH commodities and financing RH to increase access to FP and other services. UNFPA also supports comprehensive sexuality education to enable people take well-informed sexual decisions.⁵³

UNFPA also partners National Human Rights Institutions (NHRIs) to monitor SRHR. UNFPA contributes via partnerships at all levels to strengthen attention that human right institutions give to SRHR issues and their capacity to engage.⁵⁴

UNFPA also works with governments and communities to reinforce health systems, which includes supporting the implementation of RH programmes, improving RH care and capacity

building and financing and providing RH commodities where needed. They are also committed to providing SRH services for disadvantaged people in society.⁵⁵

Additionally, to build on UNFPA's programs on ensuring that all women and the young are empowered to have a violence and discrimination free lives, there is the WE DECIDE Programme. The WE DECIDE programme was put together by the UNFPA, together with a section of its partners which is focused on increasing availability of SRH information and services, promoting social inclusion and giving representation to people with disabilities on matters affecting them – particularly SRH issues.⁵⁶

This program is geared at building evidence and knowledge through a worldwide study meant at strengthening disability and SRH statistics and backing governments to include items on disabilities in national censuses. Through the “WE DECIDE” program, UNFPA is collaborating directly with the youth to develop available and accessible SRH materials, and guidelines for improving service provision including on gender-based violence response.⁵⁷

The UNFPA has also put in place an innovative way to reach those in remote areas as well as marginalised populations. Examples of these approaches are UNFPA's work to promote equitable access to quality midwifery care in remote rural regions and intensifying access to care for women and young girls suffering from obstetric fistula in these areas. The UNFPA has since 2008 has been investing in capacity building of midwives through training and education via its midwifery programme. It has also enhanced regulatory mechanisms to upgrade RH outcomes for females.⁵⁸

In addressing these challenges as associated with marginalised population, the UNFPA between 2014-2016, helped develop 10 multi-media E-Learning training modules for midwives and community health workers (CHW) on key life-threatening emergencies (such as post-partum

haemorrhage, hypertension, obstructed labour, sepsis, among others), family planning, and danger signs in pregnancy. These E-Learning modules do not require internet connectivity and has help overcome the challenge of lack of qualified trainers. Currently 10,000 midwives have profited from upgrading their life-saving skills using the modules in 20 countries.⁵⁹

The Strategic Partnership Program of the UNFPA and WHO, a joint initiative to improve SRH care through evidence-based practice guides. It's aimed at promoting SRH by providing support to countries in executing RH initiatives.⁶⁰

Moreover, the Integrated Management of Childhood Illnesses (IMCI) strategy is being executed in forty-four African states and trained over 60,000 health workers.⁶¹ The Child Survival Strategy for the African, a partnership of WHO, UNICEF and the World Bank to build on IMCI targets operation at scale of significant procedures including “newborn care, infant and young child feeding, prevention of malaria using insecticide-treated nets, immunization, management of common childhood illnesses using IMCI strategy, and PMTCT of HIV, as well as care and treatment of HIV-exposed or infected children.”⁶²

In Ghana, the UNFPA's activities include providing RH care, particularly providing quality maternal and child care, providing reliable access to modern contraceptives, capacity building, promoting the elimination of gender-based violence, advocating for an abolishment of female genital mutilation, ending child marriage among others and conducting censuses for development planning.⁶³

It is worth noting that the UNFPA's work on RH in Ghana is complemented by the activities of other local and international agencies, (like Planned Parenthood Association of Ghana (PPAG) and Marie Stopes International respectively). PPAG, since its establishment in Ghana have

continually delivered a wide range of SRH services and programmes and have set up over 1,356 service points which include permanent and mobile clinics and more than 1,000 Community-Based Service Points (CBSPs).⁶⁴

Marie Stopes International (MSI) has also contributed in so many ways towards ensuring delivery of RH services in Africa. In Ghana, through outreach programs, MSI reached out to girls and women who are from the northern part of the country and have settled in Accra for menial work. MSI Ghana regularly provide RH counselling and services to people in the main Accra markets.⁶⁵

Also, the organization has support and referral systems for victims of sexual and gender-based violence. The organization collaborates with local agencies to provide a combination of direct services to improve the lives and health of the head porters ‘Kayaye’ in the city.⁶⁶ The term ‘kayaye’ refers to females who work in the markets and big cities as head porters who carry things for a fee.

2.7 Concluding Remark

In this chapter, the reproductive health situation in Africa in general and more specifically in Ghana, has been stated. It is also clear, the commitments of the international community and regional bodies in ensuring that peoples reproductive rights and the enjoyment or exercise of it is ensured and promoted, through various protocols and programs. The contributions of the UNFPA as well as other likeminded development agencies are also seen as providing support programmes aimed at addressing different challenges pertaining to reproductive health.

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CHAPTER THREE

RESEARCH FINDINGS

3.0 Introduction

Ghana's collaboration with United Nations Population Fund (UNFPA) begun in 1972 and has been reinforced over the years by different five-year programs or plans, which begun in the mid 1980's¹. Collaboration with Ghana was initially in two main ways; support to the National Population and Housing Census and the Regional Institute of Population Studies. UNFPA provides support to the government, NGOs, and civil society mainly in five regions, namely; the Volta, Central, Northern, Upper East and Upper West Regions and in municipalities/districts. This assistance falls under three key pillars, which are reproductive health (RH) (including maternal health) and adolescent sexual and reproductive health (ASRH), population and development and finally, gender equality and empowerment of women.²

3.1 Role and Scope of The United Nations Population Fund (UNFPA) In Providing Reproductive Health Services in Ghana.

The four focus areas within the UNFPA reproductive health component, these are Obstetric fistula, collaboration in comprehensive services with Ghana Health Service, Humanitarian response: internally displaced and refugee communities, Investing in midwives through advocacy for support in investment, training and practice of midwifery and Most at risk populations (HIV).³ The current country programme, the CPD7 has four inter-related output areas through which to achieve the three transformative results which are ending the unmet need for family planning, ending

preventable maternal death and ending gender-based violence and harmful practices by the year 2021.

The CPD7 outputs in relation to reproductive health are: “Output 1: Strengthened national capacity in delivering high-quality integrated family planning and comprehensive maternal health services, in particular for adolescents and youth, including in humanitarian settings, Output 2: Young people, especially adolescent girls have skills and knowledge to claim and make informed choices about their SRHR and well-being, including in humanitarian settings Output 3: Strengthened national capacity to advance gender equality; prevent and respond to sexual and gender-based violence and harmful practices; and promote women and girls’ empowerment, including in humanitarian.” ⁴

Initially, the UNFPA provided support to the MOH and the GHS in matters relating to maternal and child health, however, UNFPA support in Ghana has evolved to include the broader scope of population. UNFPA has been active in facilitating and helping government to attain progress in three key areas which are reproductive health (which includes, maternal health, sexual and reproductive health (SRH) issues), population and development issues and gender issues.

A respondent at the UNFPA stated that,

It is the main agency supporting government in adolescent sexual and reproductive health, policy formulation, service delivery, training of actors responsible for SRH programming, capacity building among others and most importantly ensuring better partnership and coordination of adolescent sexual and reproductive health programming in the country.

In addition, when it comes to population and development, UNFPA is key when it comes to census in the country, for instance all the initial work for the impending 2020 census done was supported

and done by the UNFPA including funding. UNFPA also focuses on addressing issues on the demographic dividend in the country, advocating for government to take the demographic dividend seriously before the window is shut to Ghana, among others.

The demographic dividend describes a process of increasing economic development resulting in variations in the population structure of a country as it progresses through the demographic transition from high to low birth and death rates⁵. UNFPA, also in collaboration with other sister UN agencies and the Ministry of Gender as well as other partners are instrumental in matters concerning SGBV issues and has been influential in establishing the gender policy as well as the Domestic Violence and Victims Support Unit (DOVVSU) laws and its associated laws. UNFPA also provides all the necessary funding and currently houses COPASH which is the Coalition of People against SGBV and Harmful Practices which is chaired by the second lady.

A respondent at the UNFPA Country Office (CO) mentioned that,

The UNFPA in carrying out our activities, does not use the government to directly implement in the field. We provide this support in different ways, like in the provision of contraceptives, training government agencies, and funding for programs in the country nationally. However, before any key program is implemented, it should be identified in line with the UN and governments own assessment of the country. Following which a binding document is produced from which the CO selects its operational areas after an assessment of the needs.

One respondent at the UNFPA CO also noted that,

The UNFPA works through implementing partners that is government agencies, Regional Coordinating Councils (RCCs) in eight (8) of the regions directly, they also work with some of the

district directorates and the GHS at national regional and district level, DOVVSU at the national regional and district level or provide support to them among others as well as Non-governmental Organisations (NGOs), Civil Society Organisations (CSO's) and Faith Based Organisations (FBOs) and above all builds partnerships with other UN agencies in carrying out their duties.

3.2 Contributions of the UNFPA In Providing Reproductive Health (RH) Services In Ghana

There's remarkable progress in the provision of RH services in Ghana, since UNFPA started its operations. In as much as the achievements aren't attributable to UNFPA alone since their modus operandi is that they support and work with government and all other agencies to contribute to the national agenda, the contributions of the UNFPA in reproductive health programming in Ghana cannot be understated. In the words of a respondent at the UNFPA,

yes, the UNFPA has been effective, we must be very proud of our achievement because technically speaking, if you take UNFPA out of the equation, I can assure you

that Ghana's achievement will be skewed towards the side where we could say that not much has been done. UNFPA has been very instrumental in helping Ghana achieve these things.

3.2.1 Family Planning

Family planning (FP) has for a long time been considered in tackling the country's social and developmental issues. Initial efforts towards scaling up FP in Ghana started in 1969 with the

development of Ghana's first population policy and the Ghana National Family Planning Programme (GNFPP) in 1970 to implement plans stated in the policy.⁶

A respondent at the UNFPA mentioned that,

when UNFPA started cooperating, Ghana's fertility was almost around 8 that is 7-8 children per woman in her lifetime and our contribution in the area of FP facilitated a reduction between 6.4, sustained it around 4.2 and as at the last demographic and health survey in 2017 it's dropped to 3.9. This wouldn't have been possible without UNFPA.

Since 1987, government has pursued the family planning agenda by investing in community education, maternal and infant health care, and contraceptives and FP counseling. UNFPA has played a critical role by providing technical assistance, mainstreaming FP awareness, and bringing together the relevant stakeholders to address some of the challenges and lessons learnt that are integral to the pursuit of this agenda.⁷

Ghana received support from the UNFPA in the establishment of various population policies in the 1980's and 1990's that are still in place.

As stated by a respondent at UNFPA,

“when it comes to family planning, the UNFPA in collaboration with DFID & WAHO & USAID are the agencies that supply the country with more than 85 to 90% of its contraceptives. Without UNFPA and the mentioned partners, Ghana will not be able to ensure that unmet contraceptive needs are overcome. UNFPAs sole contribution to the provision of F.P is almost 40% and each year nearly 3.5 – 4m dollars is spent in contraceptives for the country and the UNFPA is actively providing support for these services”.

In 2018, the UNFPA provided \$2.3 million worth of contraceptives in Ghana⁸.

UNFPA Ghana provides leadership in advocacy and organizing national and regional level FP coordinating structures in collaboration with Ghana Health Service to improve family planning uptake in Ghana. The Country Office also engages adolescents and youth-centered Non-Governmental Organisations and CSOs, the private sector, Faith-Based Organizations (FBOs) and from government to play leadership roles in the planning and execution of adolescent and youth SRH outreaches and has adopted a multi-sectoral integrated approach in executing family planning and adolescent SRHR activities in the country.⁹

The UNFPA country office has been effective in improving SRH/FP services for people in peri-urban and urban areas through outreaches. In 2018, contraceptives use increased averting an estimated 83,999 unintended pregnancies, 29,588 unsafe abortions, and averted an estimated 181 maternal deaths. Additionally, there's been renewals of Police commitment and support regarding prosecution of community members involved in child marriage, incest, or SGBV as well as improved community sensitivity toward victims and support for seeking avenues of redress for the rights' violation of adolescents and youth.¹⁰

The UNFPA also continually trains healthcare workers in the provision of quality, reliable, long-acting reversible contraceptive methods. In keeping with underlying principle of leaving no one behind, the UNFPA provides inclusive SRH and FP programming for people with disabilities through outreaches and advocacy initiatives. The CO continues to sensitise the GHS as well as other actors and the public on the need to deliver SRHR/FP disability friendly services and assure no one is left behind.¹¹

The UNFPA has also been instrumental in improving availability of RH/FP products through various ways which include ensuring redistribution of RH products, (from overstock to out of stock or little stock partners) the use of improved technology to increase method mix have been embraced. The Country Office support to the Population Council of Ghana and GHS to conduct feasibility and acceptability studies on the use and distribution of products.¹²

3.2.2 Maternal Health

On maternal health, a respondent at the UNFPA stated that,

maternal mortality ratio (MMR) in 1990 at the beginning of the MDGS in Ghana was 740 women dying per 100000 live births, but UNFPA worked assiduously with government and other government agencies including Ministry of Health, GHS, and other stakeholders and from 1990, it has been reduced through 540 to 450, 350 and its currently 310 per 100000 live births so the MMR has been reduced by more than 50%, which is a good feat although it will be preferred that no man dies.

In keeping with the aim of achieving safe maternal healthcare and a reduction in preventable maternal deaths through the use of technology, the UNFPA country office in 2018 in collaboration with the Danish NGO (Maternity Foundation) announced the “Safe Delivery App”, a training app which has been modified for use by midwives in Ghana. Used in over 41 countries, the app features videos, action cards, procedures, drug lists and self-testing. Since its launch in Ghana, hundreds of midwives in Accra, Tamale, Kumasi and Koforidua have been trained in its use. It is envisaged that the usage of the app will significantly reduce maternal and neo-natal deaths.¹³ UNFPA

provided technical support to adopt and roll out the app into the Ghanaian healthcare setting, financial support for further trainings and scale up of the App.¹⁴

The UNFPA also does advocacy on other maternal issues like pre-eclampsia.¹⁵ To improve utilization of LARC methods, the Country Office supported GHS to train 300 healthcare providers from 10 regions of Ghana¹⁶.

Following the expiration of the Ghana's nursing and midwifery strategic plan (2011-2016) in December 2016, the UNFPA, together with USAID & MSCP supported the MOH to setup the Nursing and Midwifery Strategic Plan and Services Framework (2019-2023) which was launched in October 2018, backed by high visibility and political commitment to its implementation.¹⁷ Additionally, in addressing the gap caused by a lack of skills in early childhood development for mid-wives, the UNFPA organizes orientations for mid wives so that they are well resourced and cognizant of their role in early childhood development. Midwifery is a very important link in reproductive health and maternal care, as such it's of prime importance to the UNFPA.¹⁸

Aside implementation of activities which ensures that mid-wives are highly trained and poses requisite skills, for instance, the UNFPA in 2018 equipped the skills laboratory of two midwifery training schools (Dabiesoaba Nursing and Midwifery Training Centre and Garden City University College), the UNFPA also supported a joint monitoring exercise with the Ministry of Health in three midwifery training schools. This exercise tracked the performances of these institutions in terms of quality of training, learning and teaching aids, skills laboratory equipment, among others, as well as building the capacity of midwifery tutors for quality teaching through on-site coaching.¹⁹

Additionally, in a bid to reduce maternal mortality and strengthen community based RH services in the Central Region, UNFPA, in association with the Government of Ghana and the European

Commission, partnered with local and private transport unions who run taxi services to address barriers to access with an aim to increase the number of referrals of obstetric cases by incentivizing taxi drivers to transport pregnant women to health facilities at no cost to the patients. Between 2006 and 2011, this initiative supported 3,285 women in need of emergency obstetric services ²⁰.

UNFPA-Ghana with funding from the Maternal Health Thematic Fund (MHTF), continues to support fistula programming. The intervention areas include advocacy, policy-dialogue, Obstetric Fistula repairs and capacity building in partnership with the MOH and the GHS, the Ministry of Gender, Children and Social Protection and Department of Gender, Regional Coordinating Councils, Municipal and District Assemblies.

UNFPA, together with GHS and the National Task Force Team on Obstetric Fistula, launched the 100 in 100 Initiative in 2018 which was to treat 100 fistula patients in 100 days. This initiative led to an increased awareness of the implications of obstetric fistula in the general public through various media tools. It's also worth noting that the initiative resulted in an increase in domestic resource mobilization involving individuals, private sector and organizations donating and pledging their support to the Campaign to End Obstetric Fistula.²¹

UNFPA, in collaboration with JHPIEGO, have also set up midwifery skills laboratories in midwifery schools. UNFPA bought the equipment and JHPIEGO set the skills labs and trained the tutors on how to use the manikins. Comparatively, the UNFPA has been effective in increasing deliveries by skilled birth attendants (mostly midwives) from 54% in 2008 to 79% in 2017. In that time (2008-2017), the number of midwives increased from about 3,000 to over 10,000. The number of midwifery schools also increased from about 30 to 53(Private and Public). Overall, maternal mortality reduced to 310/100,000 in 2017 from 760/100,000 LB in 1990.²²

UNFPA advocates for increased investments in midwifery services. In this regard, UNFPA and its partners support the Ministry of Health in developing policies, strategies and plans to train, recruit, deploy and retain midwives and has over the years, supported capacity building activities for midwives through in-serving trainings on life-saving skills (including management of eclampsia and post-partum hemorrhage) to improve skilled delivery and quality of care in handling obstetric emergencies.²³

UNFPA has been working directly with GHS and the Christian Health Association of Ghana (CHAG). In partnership with GHS, UNFPA participates in the formulation, implementation and monitoring and evaluation of effective human resources for health policies that regulate the creation, management and training of RH related health workforce.²⁴

3.2.3 Adolescent Sexual and Reproductive Health (ASRH)

UNFPA has invested time, energy and resources to empower young people including adolescent girls, particularly because they are the most vulnerable and have tailored programmes to meet their needs. A respondent at the UNFPA mentioned that,

in the area of reproductive health especially ASRH, UNFPAs involvement in the African Youths Alliance Program which run from 2001 to 2006/7, saw many young people in the country and many more documentation provided on adolescent SRH in the country and many stakeholders including traditional leaders in the country were involved. That was the era of the time with grandma, etc., to get communities actively involved in adolescent sexual and reproductive health in Ghana. Acceleration was also given to the national adolescent SRH policy, first promulgated in 2000 so the UNFPA started utilizing and

implementing it and at the end Ghana achieved a lot. So UNFPA has been very instrumental in that.

Time with Grandma is a program implemented in the central region in 2005 which involves the use of traditional community leaders and elders (usually queen mothers) in addressing and managing SRH issues at the community level with a target group of people aged between 10-24 years. This initiative was in response to increasing maternal and infant mortality, teenage pregnancies and a high prevalence of HIV. In 2007, male traditional leaders and elders were recruited as ‘grandpa’s’ in response to the need for a more gender-inclusive program.²⁵ Time with grandma initiative has been relaunched in the central region and is being implemented six districts in the region including the Komenda-Edina-Eguafo Abrem, Ekumfi, Ajumako-Enyan-Essiam, Upper Denkyira West, Twifo Hemang Lower Denkyira and Assin South districts this year to deal with the increasing number of teenage pregnancies.²⁶

Curious minds initiative is a youth media-based advocacy organisation (children and youth in broadcasting), which uses the radio as a means of promoting youth related issues. An objective of the initiative was to increase youth awareness of social issues such as reproductive health and to shape and influence national development policy and programs. This program was successful in increasing voluntary HIV testing, increasing youth’s knowledge of HIV/AIDS, STI’s and other SRH issues.²⁷

In addressing output two (2) of the current country program; acknowledging the increasing risks and vulnerabilities these adolescent girls face, a joint UNFPA-UNICEF programme with funding

support from the Canadian Government was initiated in August 2018 to complement the Government of Ghana's efforts at advancing the implementation of policies and strategies focusing on adolescent girls' health, education and well-being.

This initiative is aimed at scaling-up Ghana's policy response on adolescent girls through the roll-out of interventions that enable adolescent girls' access to gender-responsive CSE and youth-friendly SRH services, including contraception. The programme targets teenage girls and girls aged 20-24 years with special focus on migrant girls (Kayaye), girls with disabilities and girls in humanitarian situations across 36 selected districts in 8 regions.²⁸

Under this programme, UNFPA has employed a multi-sectoral approach with the government, CSOs, traditional authorities, faith-based organizations, academia, private sector and media at all levels to: create demand for rights and services, supply quality gender-responsive ASRH services and facilitate an enabling environment for ASRH service delivery and gender equality.

All of these are aimed at systemically empowering girls to make informed choices on issues affecting them, exercise their agency on SRHR issues and gender equality, and access quality, gender responsive SRH services. Capacity building of the education, health and community systems to provide gender-responsive CSE and youth-friendly SRH services, including contraception and post abortion care services to adolescent girls.

In addition, as a result of evidence-based advocacy done by the UNFPA in program areas, there is less resistance to their services. A respondent at UNFPA mentioned that,

I must say that several years ago when ASRH issues were being promoted for discussion, that was when there was some resistance or concerns from parents when they thought teaching young people about SRH was a way of making them promiscuous but eventually people got to know that it's true. Especially when the reality dawned on us that teenage pregnancy is an issue. Currently teenage pregnancy is around 14% (15-19yrs) but truly, for our intervention, it would have been more.

Policy makers at varied levels and key gatekeepers are continuously engaged in consultations to advocate for and facilitate a paradigm shift for promoting investments in adolescent girls. Law enforcement agencies, particularly police personnel are being engaged in capacity building initiatives to enable the prevention and effective management of gender-based violence and harmful traditional practices affecting adolescent girls. Mentoring, school clubs, safe spaces and social media activities serve as entry points for empowering the adolescent girls and facilitating their meaningful participation in promoting girls' access to CSE and ASRH services. The implementing partners included among others, the Ministry of Education, GHS, GES, the Ministry of Chieftaincy and Religious Affairs, Alliance for Reproductive Health Rights among others.²⁹

3.2.4 Comprehensive Sexuality Education (CSE)

The UNFPA defines comprehensive sexuality education as “a right-based and gender-inclusive approach to sexuality education, in school or out of school.... CSE is curriculum-based education that equips young people with skills and values to make responsible choices concerning their

sexuality”. CSE empowers young people with skills that promote critical thinking, communication and negotiation, decision-making and assertiveness.³⁰

On CSE, a respondent at the UNFPA stated that,

largely because in terms of advocacy, now SRH issues are freely discussed even if there are reservations, but as UNPFA is helping to introduce CSE into schools, now the ministry of education has integrated it into its curriculum so for us no matter how slow, it is acceptable.

Curriculum-based SRH education is backed by several frameworks and policies in Ghana. Aside the regular curriculum, there are two other programs that promote SRH education which are the School Health Education Programme (SHEP) and the HIV Alert program. SHEP is aimed at preparing school children with requisite skills needed to achieve lifelong health.

UNFPA together with UNICEF and the United Nations Educational, Social and Cultural Organization (UNESCO), revised and expanded SHEP in 2014 and renamed Enhanced SHEP (E-SHEP), E-SHEP covers four main areas which are “values and psychosocial skills development; reproductive health, HIV and AIDS; issues of time management and goal setting; and the roles of teachers, peer educators and community members”. The UNFPA coordinates the out-of-school component of the HIV Alert program. The program is centered on creating HIV awareness and prevention.³¹

Currently, per the 2018 UNFPA Ghana country programme report, in 2018, 12,034 adolescent girls completed training on two modules on CSE through girls’ networking activities and

community demand-driven programmes led by Adolescent Health Champions. Additionally, 600 teachers from basic schools have improved knowledge and skills on integrating the National CSE guidelines in teaching to empower young people, particularly the girls to make informed decisions.

There have also been capacity building initiatives for civil society organisations (CSOs) to improve the quality, content and mode of delivery of CSE at community levels which will enhance the quality, content and mode of delivery of CSE for adolescent girls and empower them. Also, 350 adolescent refugee girls have been trained on SRH, SGBV prevention and human rights issues. 150 FBOs have been trained to promote CSE in their areas of jurisdiction and communities and 150 persons with different categories of disabilities have also been engaged in dialogue at various levels to discuss the SRH of PWDs towards the realization of the demographic dividend.

In seeking to address this challenge of increasing HIV infections among young people, the UNFPA country office embarks on nationwide sensitization exercises to educate young people on the reality of HIV and the need for continuous preventive measures to avoid getting infected and to reach the 90-90-90 target. The 90-90-90 target is an agenda by the UNAIDS to ensure that by “2020, 90% of all HIV-positive persons will be diagnosed, 90% of those diagnosed will be provided antiretroviral therapy (ART) and 90% of those treated will achieve viral suppression”.³²

The UNFPA country office in collaboration with UNAIDS and the National AIDS Control Programme (NACP), assists regional programme staff of NACP to provide region specific data on HIV and AIDS, and carry out advocacy on the reality of HIV and AIDS to young people and the

need for preventive measures. This sensitization drive has resulted in thousands of people having been reached with HIV information and education.

UNFPA has also integrated a post-humanitarian response into its core program and provides support for the National Disaster Management Organization (NADMO) through capacity building initiatives as well as the acquisition and distribution of reproductive health and hygiene kits. UNFPA has developed policies and procedures for emergencies, humanitarian response and transition/ recovery. It is worth noting that, these services (including rape kits and counseling) are provided by the UNFPA alone.³³

It is worth mentioning, that the successes achieved by the UNFPA can be said to be as a result of effective evidence-based advocacy it carries out in areas where services are provided. This makes it relatively easy to carry out their activities in these areas because the people are already aware of the issues and so are ready to welcome interventions or improvements.

It is also clear that the contributions of the UNFPA in providing reproductive health services in Ghana has been monumental and their efforts cannot be under stated in spite of dwindling donor funding.

3.3 The Challenges Faced in Providing Reproductive Health (RH) Services in Ghana

In as much as international development partners as well as the government of Ghana, are diligently working to ensure all Ghanaians have access to RH services as stipulated in the SDGs, it is worth noting that there are persistent challenges faced in providing RH services. These

challenges are due to a myriad of factors and have the potential of eroding all the gains made so far in the quest to ensuring that RH services are accessible to Ghanaians.

A major challenge is funding. A respondent at UNFPA stated that,

globally, funding in all aspects has become a problem and UNFPA is not exempted from that. The global fund has shrunk.

One respondent from the National Population Council (NPC) also stated that,

funding is also a problem from both government and donors, donor funding is dwindling so there's the need to strengthen our local resource mobilization to supplement donor funding.

A respondent from the Ghana health service (GHS) also mentioned that,

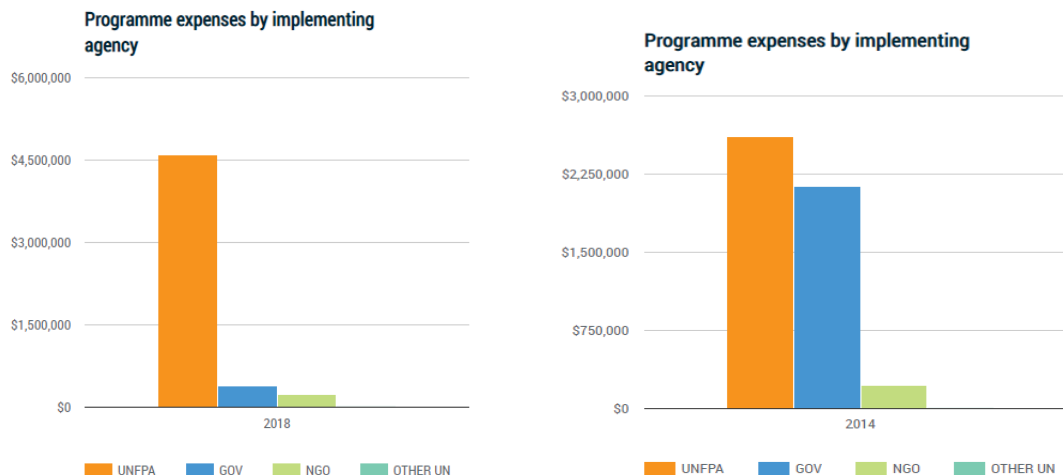
Funding is still inadequate when you look at the overall funding in cash for the health sector, that from government is huge compared to that from partners but most of it (70% or more) goes into salaries leaving just a little to be used for the actual services.

Globally, international funds are dwindling and as such funding in all aspects have become a problem which has trickle down effects on donor funding. In the same way, the government has limited funds available to actively support reproductive health activities thus affecting these services to Ghanaians. A respondent at the UNFPA mentioned that,

There isn't a national budget line for ASRH issues and SRH issues in general, especially, even for family planning yet everyone looks up to the Ministry of Health for these services.

Domestic funding for reproductive health activities is also reducing. From the charts below, showing the expenditure on financing reproductive health activities in Ghana in 2018 and 2014

and it is quite clear that, comparatively, government financing is reducing from 40% in 2014 to 5% in 2018.



Credit: UNFPA Ghana- Transparency Portal³⁴

Despite Ghana's efforts toward reducing unmet need for FP, unmet need especially for adolescents remains high. According to a respondent at the NPC,

unmet need for FP is also very high, that is those who are supposed to be using FP commodities or want to use it but do not have access to it.

Contraceptive services in particular for adolescents are mainly unintegrated, of poor quality with inequity in access and utilization. People with disabilities (PWDs) are also faced with inequitable access to SRH/FP services.

A respondent at the NPC also stated that,

contraceptive prevalence rate (CPR) is still low and currently about 25%, so women of reproductive age who are expecting to use contraceptives is low. Knowledge of

contraceptives is very high but it's not corresponding with contraceptive usage that's why there's low CPR.

According to a respondent at UNFPA,

contraceptive prevalence rates has hovered around 17%, 19% until the recent one around 31 but ideally even if Ghana today had a contraceptive prevalence rate of 160 by now, I don't think we should have been worried about that issue, it would have been okay and that is the unfortunate issue about it.

There is also the issue of inadequate number of trained health staff equipped with skills to deliver the full complement of family planning services, particularly Long Acting Reversible Contraceptive (LARC), including IUDs.³⁵ This prevents delivery of the full complement of family planning services, including IUD and implant insertion and removal. In some instances, as indicated by a respondent at the NPC,

The attitudes of the healthcare providers (usually nurses) deter people, particularly adolescents from going to seek these reproductive health services.

A respondent at the GHS stated that,

Equitable distribution of human resource so that we have skills in every area like doctors, midwives in all the areas is a big issue currently.

The skills and expertise of the staff available in areas where these services are available also influence the type of services rendered. Transferring trained RH personnel to other non RH related units also affects the efficiency and quality of service delivery.³⁶

Consistent availability of reproductive and family planning products at all health facilities across the country continues to be a long-term challenge.

A respondent at the NPC noted that accessibility of both commodities and health facilities is also an issue, coupled with the fact that there are bad road networks.

The 2017 facility-based survey revealed that while some health facilities were overstocked in some products, others were out of stock as such some clients may not have access to their preferred method of choice³⁷.

Donors remain the major financiers of RH and family planning commodities. A respondent at UNPFA mentioned that,

when it comes to FP, UNFPA in collaboration with DFID, WAHO & USAID are the agencies that supply the country with more than 85 to 90% of its contraceptives. Without UNFPA and the mentioned partners, Ghana will not be able to ensure that unmet contraceptive needs are overcome.

The UN Convention on the Rights of Persons with Disabilities (CRPD) and Ghana Disability Act (ACT 715) stipulates rights of Persons with Disabilities (PWDs) to SRH/FP information and services. However, locally, these rights have not always been respected. Usually, PWDs are assumed to not be sexually active as such they are rarely considered or factored into reproductive health programming and end up engaging in unsafe sexual behavior thereby facing the risks of unwanted pregnancies, risky abortions, and in some cases, deaths associated with childbirth.³⁸

The shortage of Midwifery workforce and inequitable ratio of midwives in rural and urban areas remains a problem. Additionally, there are too many different midwifery associations weakening

the voice of the midwives as well as increasing pressure on existing infrastructure in Midwifery training institutions due to increased demand for midwives. A respondent at the GHS noted that,

there's an uneven distribution of human resources which affects the quality of services provided by these health personnel.

With reference to comprehensive sexuality education, the curriculum adopts a fear-based perspective rather exploring the options available to young people or adolescents at that stage of life. Additionally, the SRH-related information in schools is heavily centered on abstinence and the negative effects of sex, with little focus on healthy sexual behaviors like contraception and positive decision making among others.

This is mainly attributable to the Ghanaian cultural system and beliefs which regards issues of sexuality as sacrosanct, hence not an issue that young people are supposed to be discussing at an early age or even before marriage. However, young people are having sex at relatively early ages not, some even before their teen years and should be adequately educated to make responsible sexual choices.

CSE, as a tool in advocacy of ASRH related issues remains inadequate. Some policies of the Ghana education service (GES) do not encourage the provision contraceptive services to young people in-school.

Another issue faced by these international development partners are the difficulties associated with working with the government. A respondent at the UNFPA stated that,

working with government is definitely not a very pleasant experience. A lot of bottle necks and bureaucracy, whiles we know that the final recipient of services is suffering, and within the UN these types of things are seen as human rights issues and makes it difficult for us.

The respondent also mentioned that,

when we find working solutions experienced globally or even in the country and it is presented to the government, with the expectation that it will be treated with urgency and importance it deserves, that is not the case and so UNFPA will have to take it up themselves to see to it.

Another challenge is that, there is currently an increase in sources of information besides the traditional sources (home and school) on SRH. Social media, community education and faith based organisations over time have become common sources of information on a myriad of RH topics concerning young people particularly SRH education. There are also several NGOs and CSOs which provide SRH interventions and education as, hence determining the usefulness of in-school SRH education and the quality of information or services that are being provided to these young people is difficult.³⁹

It is also interesting to note that, there still exists myths and superstitions about reproductive health in some communities (predominantly rural areas), which affects the provision and patronage of these RH services. A respondent at the NPC stated that,

about myths and misconceptions concerning RH services, it's still there. Some people believe contraceptives will make them fat, others think they'll get aids, etc. Some also believe contraceptives also give complications, some don't enjoy using contraceptives. These are key challenges.

For instance, some people believe that using contraceptives or any method of FP means a woman is promiscuous or she may not be able to bear children later in life. There is also still an obvious resistance to abortion even when medically sanctioned, which eventually affects maternal and

infant mortality. There are still many communities in which women do not freely have and exercise rights over their own bodies but rather the men which negatively affects their reproductive health choices. There are also people who refuse family planning for religious reasons.

In conclusion, in as much as the UNFPA continues to provide reproductive health services in Ghana, there still persist concerns that threaten to undermine the successes chalked in the provision of these services.

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CHAPTER FOUR

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.0 Introduction

For as long as humans continue to live on earth and procreate, matters of reproductive health will be relevant as well as the contributions of international development partners (particularly the UNFPA) in providing these services. Reproductive health (RH) and the enjoyment of reproductive rights remains a human right to be enjoyed by all irrespective of race, gender, social class, physical abilities or attributes, and for this reason, SDG 3 target 7 places an obligation on countries to ensure that by 2030, RH services are accessible.

4.1 Summary of Findings

Evidently, UNFPA is key in providing RH services in Ghana. UNFPA works in partnership with the government at all levels be it national, regional and district levels and other governmental agencies in implementing their activities in the country in line with their core focus areas for reproductive health which are obstetric fistula, internally displaced and refugee communities, investing in midwives and most at risk populations. UNFPA plays a very key role and so without UNFPA the country will suffer in the tripartite area of RH including maternal health, family planning, fistula issues, population and development issues, as well as sexual and gender-based violence.

With reference to their contributions, UNFPA is a major provider of contraceptives in the country and spends millions of dollars every year to provide contraceptives in the country. The UNFPA

has also been instrumental in providing maternal care through capacity building of health workers especially in areas of emergency obstetric care as well as family planning initiatives. UNFPA has also been instrumental in ensuring that comprehensive sexuality education is included in formal education to empower young people to make responsible reproductive health choices.

Finally, the provision of RH services in Ghana is fraught with many challenges. A major challenge being funding both locally and globally. Other challenges include an inadequate distribution of skilled health staff and requisite equipment or contraceptive services, poor road networks making some areas inaccessible for these reproductive health services. Surprisingly, traditional beliefs and myths continue to hinder the patronage of RH services in some parts of the country. Another challenge has also been the synchronization of the programmes of development partners with that of the government and coordination issues.

4.2 Conclusion

Per the findings of the study, it is undeniable that the UNFPAs contribution in providing RH services in Ghana is unquantifiable. UNFPA has provided support for reproductive health programming in the country since it started its operations and without their support, Ghana would be lagging in its commitment toward achieving SDG 3 target 7. Additionally, aside the contributions of international development partners in providing RH services, they have played vital roles in the development of policies concerning reproductive health.

In as much as there are still challenges in providing these reproductive health services in Ghana, it is highly essential that commitments towards the provision of these services are continuously

supported to ensure that the gains made so far in reproductive health will be sustained and improved.

4.3 Recommendations

Ghana has a youthful population which if well managed holds great potential for achieving the demographic dividend. There is the need therefore to invest in viable educational, economic and social initiatives including SRH of young people to ensure sustainability for future generations¹. The following recommendations are based on respondents' views and literature, proposing measures to solving the challenges and finetune the provision of RH services in Ghana.

- **Funding**

Seeing that funding is a major challenge, it is expedient to consider and adopt means of domestic resource mobilization in the area of health financing, which is very key, especially in these times of dwindling donor support. A respondent at the UNFPA stated that,

FP is not a health issue. It's a socio-developmental issue so if you expect the MOH to use their small funds for FP, then it becomes a problem so we need to have a sub-cabinet that ensures that funding is provided from various ministries because, even if it's a socio developmental issue, there's the need to see that its intersectoral so we need to identify all the sectors and take some money from them and put it into FP to ensure that people have the relief because ministry of finance is affected by population, MOH, ministry of education, even roads ministry are affected by population issues so when its deferred to

the MOH, to make it look like it's a health issue, it's then treated like malaria and it's not the same.

A respondent at the NPC stated that,

also, resource mobilization domestically in the area of health financing which I think is very key, I'm saying this because donor funding is dwindling so if donor support is dwindling, we need to put in place plans to absorb the shocks from the dwindling donor funds.

In the words of a respondent at the UNFPA,

I expect that government begins to put a lot more resources into managing reproductive health , failure to do so will be a huge gap, the President should ensure that a cabinet committee is formed by ministers that have a role to play in this socio-developmental aspect of our lives, which is reproductive health, because the negative impact of reproductive health on development is huge and if government wants to succeed then government needs to help address it.

- **Attitudinal Change**

On bridging the gap in providing these services, a respondent at the UNFPA noted that,

we think that the FP issue could have been dealt with better, not by UNFPA but a host of factors, that is, people's attitudes and perception about F.P, and the high unmet need for FP which is currently around 32% and the mere fact that there are a lot of religious interferences in F.P planning.

- **Gender Inclusive Initiatives**

Another issue worth mentioning is that to be able to sustain the gains made in reproductive health programming in the country so far, we should intensify participation and interest of men in FP initiatives since they have traditionally roles in FP and contraceptive use. RH programs and services should be tailored to address the needs of men as well and not merely focusing primarily on women.

- **Scaling Up of Comprehensive Sexuality Education**

Additionally, if we are to make the achievements we desire as a country in RH programming, it is important to get it right at the basics; hence more attention should be paid to CSE and ASRH. CSE is very important because even though SRH health issues are in various forms, CSE when done right equips the youth with responsible decision-making skills.²

According to a respondent at the UNFPA,

we should take CSE in schools very seriously, we should deal with this subject dispassionately and get parents, traditional opinion leaders involved to shape our young people because sexuality issues now are ruling the world.

A respondent at the National Population Council also suggested counselling at youth centers to cater for adolescents so they can be comfortable to seek out RH services is also very important.

GHS and GES also need to coordinate their programs in order to be more efficient in their goal of sexuality education in schools. This is important because of the varying viewpoints they both hold with respect to SRH education and services to in-school youth. There are conflicting views as to whether only counseling should be provided in schools or whether some RH services should be

available on school premises. There needs to be a consensus on the way forward to ensure effective CSE.³

- **Capacity Building of Health Workers**

Building capacity of health workers at all levels that are national, regional, district, community etc. as well as the establishment and implementation of manuals and protocols in place is very crucial in sustaining the provision of RH services. The existing structures should be strengthened to be able to deliver the expected goods and services to people. A respondent at the GHS stated that.

we need to adequately equip our facilities to be able to do basic and emergency obstetric care.

- **Collective Responsibility**

In as much as reproductive health issues fall within a certain criterion, it's a collective responsibility of everyone to ensure that no one is left behind in the quest to ensure that RH services are available. In this regard, there is the need for all stakeholders particularly faith based organisations to commit themselves to ensuring that reproductive health issues are attended to with all the importance and urgency it requires. FBO's are a vital tool in advocacy since they are very influential in the Ghanaian society, and the level of control or dominance they possess cannot be understated.

- **Advocacy**

There should be constant advocacy to parliament, and subsequent parliaments should yield to advocacy and ensure there are existing national budget lines for RH activities. According to a respondent at the UNFPA,

the government should also put a lot more resources into managing reproductive health because failure to do so will lead to a huge gap, it would be very good if a cabinet committee is formed by ministers that have a role to play in this socio-developmental aspect of our lives i.e. RH because the negative impact of RH on development is huge and if the government wants to succeed then government needs to help address it.

Currently, our over reliance on petroleum resources should be looked at and more attention given to population issues. Government should set up committees to assess the inter relationship between RH/ FP and development and apply same rigorously to achieve better results for this country.

A respondent at UNFPA also noted that,

for instance, if we don't handle sexual and reproductive health issues well, HIV, will increase and erode all the gains made, fertility will be high, and even free SHS will be useless for as long as there are many more children born without education and the government will not have resources to manage the situation.

- **Population Awareness**

Peoples decision making concerning matters of SRH is continually affected by their environment which is rapidly changing. Additionally, age at first sexual experience keeps rising in many

developing countries, so there's the need to design these RH services and interventions to address the changing tides in sexual behaviour among young people.⁴

As expressed by a respondent at the GHS,

we need also, population awareness about their reproductive health because sometimes people are not well educated about their RH, especially women and adolescent girls need more education. For instance, some people still deliver at prayer camps instead of hospitals.

In summary, there is the need for concerted efforts from all stakeholders and at all levels to ensure that Ghana is on track to achieving SDG 3 target 7 by the year 2030.

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APPENDICES

UNIVERSITY OF GHANA

LEGON CENTER FOR INTERNATIONAL AFFAIRS AND DIPLOMACY

INTERVIEW GUIDE

RESEARCH TOPIC:

Achieving SDG 3.7: An Assessment Of The Contributions Of International Development Partners In Ghana.

Name: Magdalene Baniwa Biney

MA International Affairs

2018/2019 Academic Year

Name of Interviewer: Magdalene Baniwa Biney

Place of Interview: UNFPA

Date of Interview: 8/7/19

Signature of Interviewee as Informed Consent:



The purpose of this interview is to help me collect data to help with my research. My dissertation topic is "Achieving SDG 3.7: An Assessment of the Contributions of International Development Partners in Ghana". You have been selected because of your expertise and knowledge in reproductive health matters in Ghana. This interview is expected to last for 30-60 minutes depending on your time or schedule. The expectation at the end of the interview is to help understand that international development partners play a vital role in the provision of and access to reproductive health services in Ghana

Thank you for accepting to participate in this interview.

UNFPA INTERVIEW GUIDE

The purpose of this interview is to help me collect data to help with my research. My dissertation topic is "Achieving SDG 3.7: An Assessment of the Contributions of International Development Partners in Ghana". You have been selected because of your expertise and knowledge in reproductive health matters and the UNFPA as an organization. This interview is expected to last for 30-60 minutes depending on your time or schedule. The expectation at the end of the interview is to help understand, that international development partners play a vital role in the provision of and access to reproductive health services in Ghana. Thank you for accepting to participate in this interview.

Questions

1. What is the work of the UNFPA?
2. What is the scope of the UNFPA in providing reproductive health services in Ghana?
3. What are the achievements of the UNFPA in providing reproductive health services since it started its operations in Ghana.
4. Looking at the achievements so far, would you say the UNFPA has been effective in providing access to reproductive health services?
5. How does the UNFPA provide support to the government to ensure the provision of and access to reproductive health services.
6. What are the challenges the UNFPA has faced in carrying out its activities in Ghana?
7. Has the UNFPA been able to overcome these challenges? If yes, how?
8. Do you think the services of the UNFPA will continue to be relevant in addressing reproductive health issues in Ghana?
9. Where do you envisage the work of the UNFPA and the state of reproductive health in Ghana in the next 20 years?
10. What recommendations would you make to improve the provision of reproductive health services in Ghana.

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INTERVIEW GUIDE

RESEARCH TOPIC:

Achieving SDG 3.7: An Assessment Of The Contributions Of International Development Partners In Ghana.

Name: Magdalene Baniwa Biney

MA International Affairs

2018/2019 Academic Year

Name of Interviewer: Magdalene Baniwa Biney

Place of Interview: *National Population Council*

Date of Interview: *15/7/2019*.

Signature of Interviewee as Informed Consent: 

The purpose of this interview is to help me collect data to help with my research. My dissertation topic is "Achieving SDG 3.7: An Assessment of the Contributions of International Development Partners in Ghana". You have been selected because of your expertise and knowledge in reproductive health matters in Ghana. This interview is expected to last for 30-60 minutes depending on your time or schedule. The expectation at the end of the interview is to help understand that international development partners play a vital role in the provision of and access to reproductive health services in Ghana

Thank you for accepting to participate in this interview.

NATIONAL POPULATION COUNCIL INTERVIEW GUIDE

The purpose of this interview is to help me collect data to help with my research. My dissertation topic is “Achieving SDG 3.7: An Assessment of the Contributions of International Development Partners in Ghana”. You have been selected because of your expertise and knowledge in reproductive health matters in Ghana. This interview is expected to last for 30-60 minutes depending on your time or schedule. The expectation at the end of the interview is to help understand that international development partners play a vital role in the provision of and access to reproductive health services in Ghana

Thank you for accepting to participate in this interview.

Questions

1. What is the scope of the national population council’s activities?
2. What is the state of reproductive health in Ghana currently?
3. Comparatively, has there been progress in the provision of and access to reproductive health services in Ghana over the last twenty (20) years?
4. Have international development partners been instrumental in the successes achieved in reproductive health matters in Ghana?
5. How is the national population council supported by these international development partners (UNFPA, USAID etc.) to provide reproductive health services?
6. What have been the challenges faced in providing reproductive health services in Ghana?
7. Have these challenges been addressed? If yes, how?
8. Do you think the services of the international development partners will continue to be relevant in addressing reproductive health issues in Ghana?
9. Do you think enough has been done to integrate reproductive health into national policies in Ghana?
10. What recommendations would you make to improve the provision of reproductive health services in Ghana?

UNIVERSITY OF GHANA

LEGON CENTER FOR INTERNATIONAL AFFAIRS AND DIPLOMACY

INTERVIEW GUIDE

RESEARCH TOPIC:

ACHIEVING SDG 3.7: AN ASSESSMENT OF THE CONTRIBUTIONS OF
INTERNATIONAL DEVELOPMENT PARTNERS IN GHANA

NAME: MAGDALENE BANIWA BINEY

MA INTERNATIONAL AFFAIRS

2018/2019 ACADEMIC YEAR

Name of Interviewer: Magdalene Baniwa Biney

Place of Interview: Ghana Health Service

Date of Interview: 16/07/19.

Signature of Interviewee as Informed Consent:



GHANA HEALTH SERVICE INTERVIEW GUIDE

The purpose of this interview is to help me collect data to help with my research. My dissertation topic is “Achieving SDG 3.7: An Assessment of the Contributions of International Development Partners in Ghana”. You have been selected because of your expertise and knowledge in reproductive health matters in Ghana. This interview is expected to last for 30-60 minutes depending on your time or schedule. The expectation at the end of the interview is to help understand that international development partners play a vital role in the provision of and access to reproductive health services in Ghana

Thank you for accepting to participate in this interview.

Questions

1. What is the scope of the Ghana Health Service activities?
2. What is the state of reproductive health in Ghana currently?
3. Comparatively, has there been progress in the provision of and access to reproductive health services in Ghana over the last twenty (20) years?
4. Have international development partners been instrumental in the successes achieved in reproductive health matters in Ghana?
5. How is the Ghana Health Service supported by these international development partners (UNFPA, USAID etc.) to provide reproductive health services? Can you identify these international development partners that offer support to the Ghana health Service on reproductive health issues?
6. What have been the challenges faced in providing reproductive health services in Ghana?
7. Have these challenges been addressed? If yes, how?
8. Do you think the services of the international development partners will continue to be relevant in addressing reproductive health issues in Ghana?
9. Do you think enough has been done to integrate reproductive health into national policies in Ghana?
10. What recommendations would you make to improve the provision of reproductive health services in Ghana?