



# GEMI Ghana Essential Medicines Initiative

## Unmet need for family planning

Starting in 2008, family planning is being offered free of charge in GEMI project areas as part of the Community-based Health Planning and Services (CHPS) approach. This policy will assist researchers in understanding the intricacies of providing family planning to women in remote locations and in learning how great a role the financing of contraceptives plays in their use.

In rural Africa, a high demand for fertility often exists as part of a traditional pronatalist society. Since CHPS nurses work within the confines of these cultural beliefs, they are compelled to provide family planning to women on an anonymous basis in a closed and confidential environment. The Nkwanta Health Development Centre (NHDC) has found that this mode of service delivery outside of the clinic is best for providing contraceptives. Female clients trust their health-care worker to arrange appointments in convenient places: at their homes, in the marketplace, after church, or even by the riverside where they are doing their daily chores.



*CHPS nurse, Mighty, providing family planning in her Community Health Compound.*



*A CHPS nurse visiting one of her villages to provide individual counseling and services.*

This newsletter focuses on the “unmet need for family planning.” The success of CHPS and GEMI is measured in two ways: (1) as the proportion of women who have accurate knowledge of contraception, and (2) as the number of women who are currently using a contraceptive method to prevent pregnancy. After two years of monitoring GEMI, the NHDC will have gathered enough information and demographic data to evaluate adequately the strategy of offering free contraceptives and its effect on family planning practice among women who live in geographically remote and impoverished conditions.

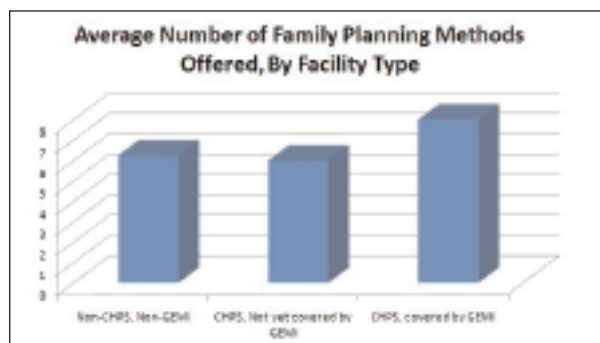
## Measuring Access to Contraceptives

Access to contraceptives can be measured in various ways. For the purpose of the GEMI project, the NHDC is measuring access at both the facility and individual levels. The routine quarterly monitoring and evaluation reports track the procurement, supply, and distribution of contraceptives at all health-care facilities, including CHPS zones in the GEMI project areas. Knowledge and use of contraceptives, including unmet need, is determined by analyzing data from the 2007 Nkwanta District Evaluation Survey (NDES) individual responses. In the NDES, those with unmet need are defined as women who are:

- **married**
- **not currently pregnant or breastfeeding**
- **not wanting to have a child now**
- **not practicing contraception**

## Supply and distribution of family planning methods

The GEMI project is providing for the distribution of family planning supplies from CHPS nurses free of charge. The methods of family planning available in the district include male and female condoms, birth-control pills, monthly and trimonthly hormonal injections, Norplant® implants, the Loop Copper-T intrauterine device, Sampoo spermicidal tablets, and emergency contraception. In the absence of GEMI, however, most Community Health Compounds keep only the most commonly used family planning methods in stock, thereby limiting a woman's options for deciding which family planning method is most appropriate for her needs. Bontibor and Kecheibi CHPS zones began receiving GEMI



The GEMI Project is allowing a greater range of family planning methods to be offered at CHPS facilities, giving women more options for choosing the method best suited to their family planning intentions.

### The top five contraceptives supplied in Nkwanta District are:

- Depo Provera trimonthly injections
- Norigynon monthly injections
- Male condoms
- Ovrette birth-control pills

pharmaceuticals in October of last year. Prior to GEMI implementation, these zones had a regular supply of birth-control pills, hormonal injections, and male condoms only. After receiving GEMI services for just one quarter, these zones now also have female condoms, spermicidal tablets, and emergency contraception regularly available.

Although family planning supplies are largely subsidized by the Ghana Health Service, the cost of contraceptives can prevent some women from using them. The GEMI Project will improve understanding of the role played by method cost in determining whether or not women practice family planning. The cost of family planning methods in non-GEMI areas are as follows:

Depo Provera Injection	\$0.10 for 3-month shot
Norigynon Injection	\$0.10 for 1-month shot
Norplant Upper-Arm Implant	\$0.20 per unit
Birth-control Pill (Ovrette, Lo-Feminol)	\$0.015 per cycle
Male Condoms	\$0.01 for 3
Female Condoms	\$0.03 for 1
Sampoo Foaming Spermicidal Tablets	\$0.02 for pack of 7
Prostinor-2 Emergency Contraception	\$0.50 for one dose

## Contraceptive Knowledge, Use, and Unmet Need

According to the most recent Demographic and Health Survey data collected for 31 countries in sub-Saharan Africa, Ghana has the highest unmet need for family planning in all of West Africa. In areas such as Nkwanta District, which have extremely low levels of female education and predominantly consist of remote villages with indigenous populations, substantial support and assistance in providing family planning to women will be required if the situation is to improve.

### Unmet Need for Family Planning

Sub-Saharan Africa .....	13–38%
Ghana Total (2003) .....	34%
Ghana Rural (2003) .....	38%
Nkwanta District (2007) .....	47%

Sources: (Westoff 2006, DHS 2003, NDES 2007)

Women living in Nkwanta have far poorer knowledge of family planning than that indicated by national averages. According to the 2007 NDES, 82% of women in Nkwanta could mention at least one family planning method, compared with 98% of all women nationally.

CHPS allows women to obtain family planning methods according to their own schedule, at a time and place that is convenient to them. This model of deploying contraceptives works. When controlling for geography, education, household wealth, and other socio-economic characteristics, women living in CHPS zones are almost two times more likely to use a family planning method than are other women in the district.

## 2007 NDES Household and Individual Survey

The Nkwanta Health Development Centre (NHDC), with Population Council technical assistance, has completed the fieldwork for the 2007 Nkwanta District Evaluation Survey (NDES). The 2007 survey covered 900 households; 1,608 females were interviewed about the details of



*A NHDC field researcher interviewing a woman for the 2007 GEMI household survey.*

their household demographics, health, and well-being. This survey is a follow-up to previous surveys conducted in 2002 and 2004 and was funded by the Oak Foundation. It will allow the NHDC to evaluate trends in rural health outcomes and adjust its health policy and planning initiatives accordingly.

The NDES was designed as an instrument to evaluate CHPS (Community-based Health Planning and Services) at the district level. Nkwanta is one of several districts in Ghana that uses the District Evaluation Survey under the supervision of the Ghana Health Service Policy Planning Monitoring and Evaluation Division. The survey has evolved over the years to include areas of interest to current health policymakers in the district. With the implementation of GEMI (Ghana Essential Medicines Initiative), a new module on pharmaceutical (including contraceptive) access and affordability was added to the survey.

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The sample for the survey was expanded this year to accommodate GEMI by adding households in four GEMI CHPS zones: two starting GEMI in 2007 and two districts that will be joining GEMI by the end of 2009. The new sample design will enable the NHDC and the Council to compare health trends over time in GEMI areas where maternal and child health services and essential medicines are provided free of charge. The 2007 survey was the first to be completed using handheld technologies.

#### **Technical Note: Use of Handhelds for Household Demographic Data Collection**

If technology is intended to make life easier, handheld computers used for demographic surveys have fulfilled their expectations. However, every new methodology has its downside. Some disadvantages are noted in the field-research team's benefit-cost analysis for usability and sustainability for work in rural Africa.

Overall, the use of handhelds has greatly decreased the time and manpower required for interviews and data entry. Although handhelds require slightly more time for training and survey

preparation, the time saved from having to enter data manually and correct data-entry errors far outweighs the extra presurvey time spent.

Even in the medium term, handhelds are a good investment. The cost of one paper survey is equivalent to the purchase of ten handhelds and a survey software package. Paper is not free, and the printing of paper questionnaires is costly in a remote rural area. Handhelds can be used for at least five years before they must be replaced or upgraded.

Responses to certain questions that are filled out in the paper questionnaire in a table or matrix (such as a household register) are impossible to record using handhelds. The research team constructed a life-table approach for gathering the ages of household members to circumvent this problem.

The main caveat for handhelds is the training of qualified staff to conduct the surveys. Since the data entered in the field cannot be double-entered, limitations exist in the number of data-consistency checks available. Essentially, the data-collection team must be highly computer literate and trusted to provide high-quality interviews and data capture simultaneously.

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**GEMI is a private-public partnership between Nkwanta District in Ghana, a consortium of US-based pharmaceutical companies, the Oak Foundation, and the Population Council, a nonprofit research organization with headquarters in New York and a regional office in Accra.**

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