

COMMENTS ON THE UNFPA DRAFT COUNTRY PROGRAMME DOCUMENT FOR GHANA

Second regular session 2022

Comments by the United States of America	UNFPA country/regional office response to comments
<p>We note that Ghana’s contraceptive security remains a major concern. We recommend that UNFPA provide more information about how it plans to address this and the extent to which contraceptive security plays a role in the overall country programme.</p>	<p>UNFPA recognizes that contraceptive security in Ghana has been of concern, particularly after global funding cuts to the Supplies programme. As such, UNFPA’s support for contraceptive supplies in Ghana declined drastically from \$5.5m in 2020 to \$1.8m in 2021 and finally \$675,000 in 2022, threatening contraceptive security.</p> <p>In the 8th country programme, UNFPA will be investing in efforts to support Ghana to transition from donor funding to domestic financing of contraceptives and other reproductive health commodities. Following the decline in funding mentioned above, Ghana recorded a contraceptive funding gap of \$2.7m in 2022. Traditionally, UNFPA has contributed approximately 43% of the total national contraceptive requirements, making the agency the most significant contributor of donated contraceptives to the country.</p> <p>To mitigate the shortfalls in contraceptive funding, UNFPA will support co-financing approaches as incentives to fund sexual and reproductive health and rights programmes. UNFPA will also support advocacy efforts to institutionalize family planning in the National Health Insurance Benefits package.</p> <p>Programme risks, including reduction in funding related to contraceptives, is addressed in para. 20 of the CPD where it states the focus will be on national execution as the main implementation arrangement and UNFPA will advocate for increased domestic financing.</p>
<p>We note that the breadth of the country programme in Ghana may pose challenges due to limited resources and may inhibit the achievement of key outputs due to competing requirements between UNFPA country staffing,</p>	<p>The 8th country programme aims to achieve three interrelated outputs in the areas of (1) policy, accountability and quality of care and services, (2) discriminatory gender and social norms, and</p>

<p>institutional engagement at the Ghana Health Service, and the proposed interventions.</p> <p>Furthermore, we note that the focus on target populations, particularly adolescents and youth who are hard to reach with existing systems and social and cultural norms, may be constrained due to the breadth of the programme.</p>	<p>strengthen skills, opportunities, and (3) adolescents and youth to ensure bodily autonomy, leadership, and participation. The interconnectedness of the outputs means interventions are linked, leveraging existing resources.</p> <p>The new country programme builds on achievements in the 7th country programme, focusing mainly on target populations, particularly adolescents and youth who are hard to reach.</p> <p>Partnerships are integral to the implementation of the programme. The 8th country programme will capitalize on traditional and innovative partnerships to address the challenge of and leverage limited resources. The programme will deliberately select implementing partners, such as international and national civil society organizations, who can help UNFPA reach those at risk of being left behind, including adolescents and youth. The intention is to extend the reach and impact of UNFPA programmes and to create synergies across efforts to address the needs of vulnerable groups.</p>
<p>We welcome the focus on data and evidence generation and note that there is a significant gap in data utilization and linkage of data to planning and policy. Specifically, routine data from family planning interventions do not appear to be utilized for impact. We encourage UNFPA to demonstrate how this programme will support the use of routine program data to improve planning, implementation, and quality of care.</p>	<p>In the 7th country programme, UNFPA supported Ghana with efforts to ensure availability of data and evidence to support targeted decision-making and programme implementation. That notwithstanding, UNFPA acknowledges the gap between data availability and utilization. Therefore, the 8th country programme is focused on this issue and will support the Ghana Statistical Service (GSS) and the Ghana Health Service to build capacity in this area.</p> <p>In addition, output 2 articulates that UNFPA will support innovative data management information systems and programmes, including digital systems, to respond to gender-based violence and harmful practices. UNFPA will also support the generation of disaggregated data to help clearly identify discrimination, regional disparities, socioeconomic status, shocks and fragility as well as communicate data to decision makers and other stakeholders.</p> <p>UNFPA will also support the effective dissemination of data and information gathered to enable stakeholders to better understand</p>

	<p>data-driven information and design data-informed programmes and interventions. Enhanced national systems of data management will inform policy design, planning, advocacy and decision-making to track progress towards the three transformative results, particularly for those furthest behind, and the Sustainable Development Goals.</p>
<p>Given that 7% of maternal mortality is related to unsafe abortion, we suggest that the CPD include resources to support the Ghana Health Service to address gaps in post-abortion care.</p>	<p>The 8th country programme strategy to address gaps in post-abortion care is vested in its substantive EmONC interventions. The life-saving treatments and procedures covered by EmONC functions include post-abortion care. The 8th country programme will support the Ghana Health Service to enhance the capacity of health facilities designated as model health centres in the network of practice framework to provide quality basic emergency obstetric and newborn care services. This is reflected in output 1 and para 15.</p>
<p>With regards to the output on designated emergency obstetric and newborn care facilities monitoring selected emergency maternal obstetric and newborn care indicators, we would appreciate more information about how UNFPA plans to achieve this indicator.</p> <p>In addition, given that there is no baseline for this indicator, we would be interested in understanding how UNFPA arrived at 22 as the target number of facilities.</p>	<p>The 8th country programme has a specific focus on assisting Ghana to implement and monitor emergency obstetric and newborn care (EmONC). UNFPA, in partnership with various stakeholders, will promote an EmONC development approach that supports Ghana to strengthen its national network of EmONC facilities and to leverage the evidence generated by the field of implementation research to drive quality improvement processes in EmONC facilities. In this regard, the proposed country programme, in output 1, articulates that UNFPA will support the Ghana Health Service to build its capacity to monitor the availability and quality of EmONC (and broader sexual and reproductive health) services on a regular basis, and to respond to identified gaps.</p> <p>A 2020 assessment found that 52 health facilities had the capacity to provide comprehensive emergency obstetric and neonatal care, compared to a target of 155 (Ghana Emergency Obstetric and Neonatal Care assessment report, 2020 draft). These facilities are designated as EmONC facilities.</p> <p>The GHS has adopted ‘Networks of Practice’ as a key strategy for achieving Universal Health Coverage. To this end, the GHS is establishing Networks of Practice of the health facilities based on</p>

	<p>the ‘hub & spokes’ model where a model health centre is the hub, and the spokes are the lesser health facilities surrounding these centres. In the 8th country programme, UNFPA will also support the GHS to build the capacity of 22 out of the 52 designated EmONC facilities to function as model health centres. The baseline 0 (zero) denotes that no health facilities are presently designated as model health centres. The target of 22 was derived through stakeholder consultations guided by the scope of model health facilities (as established in the GHS standard criteria for establishing model health centres) and available resources.</p>
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