

Ghana context analysis for accountability interventions to support the delivery of FP2020 commitments

This country brief is part of a series of briefs produced by Action2020, a consortium led by Christian Aid and implemented by Christian Aid, Plan International UK and the HIV/AIDS Alliance. It follows an in-depth investigation into the context and opportunities for civil society-led accountability on family planning in 10 countries, with a focus on the commitments made by Governments as part of FP2020's global initiative to meet the need of an additional 120 million new contraceptive users by 2020. Each brief provides a country-specific overview of the context for family planning commitments - the power, politics and potential for accountability interventions related to these commitments – and proposes recommendations for accountability interventions related to these commitmentsⁱ. A general note on Lessons Learned in FP Accountability accompanies this seriesⁱⁱ.

The right to enjoy full, free and informed access to contraceptive information, services and supplies is central to sexual and reproductive health and rights, as well as to the right to the highest attainable standard of health. These rights are universal, inalienable and indivisible, and States have a duty to respect, protect and fulfil these rights to the maximum of their available resources. There are a range of barriers and opportunities that either prevent or enable access to FP. Power, governance and accountability and women's participation and leadership all influence the outcomes and capacity of key actors to deliver for FP.

Since signing the FP2020 commitments, Ghana has made strides in achieving some of the commitments made. Significant among them is the development and launch of the Ghana Family Planning Costed Implementation Plan (GFPCIP) 2016-2020 which has the broader objective of improving wealth and health of people by improving the ability of women, men, and young people to fulfil their fertility intentions. The GFPCIP analyses key issues and barriers to family planning and provides a technical strategy to guide investments over the next five years. The GFPCIP document also harmonizes disparate policy documents on family planning programming in Ghana. Notwithstanding this, there are major gaps in funding, large areas of unmet need without a clear strategy and a lack of clarity and responsibility for funding for this plan.



Family planning context in Ghana

- Unmet need for Family Planning: 30% (2014)
- Contraceptive Prevalence Rate: 27% (2014)
- Total Fertility Rate: 4.2 (2014)
- Maternal Mortality Ratio: 319 per 100,000 (2015)

Source:

<http://data.worldbank.org/indicator/SH.STA.MMRT>

FP2020 commitment:

Increase number of women using modern contraception from 1.46 million (2015) to 1.93 million in 2020. Increase contribution to purchasing of family planning commodities with additional US\$3m per year for MDG 5 Acceleration Framework 2012-2015.

Progress to date:

A high rate of unmet (47%) need persists for married and unmarried women although met need is rising for both groups. Regional variations remain and youth age 20-25 have the highest unmet need.

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Ghana is a [Track20](#) and [PMA2020](#) focus country.

In Ghana, full implementation of FP2020 commitments has the potential to transform family planning provision, extending high quality services at scale and reaching the most marginalized, northern areas and poor rural women. Ghanaian communities and civil society have the potential, seen in other areas of health governance to hold local and national government to account for their commitments in the CIP and accountability interventions can catalyse further progress by working with a range of actors so that governments and service providers are better able to meet the commitments they have made, leveraging a scale of impact which would be unachievable by alternative interventions.

To achieve this, social accountability programmes must be 'strategic': pursuing multiple pathways to change, creating an enabling environment for collective action and linking citizen mobilisation to agents within governments with similar incentives³. Interventions must link citizens to authorities with the necessary capacity to enforce agreements in order to achieve substantial outcomes^{4 5}. When applied in tandem, these strategies may increase political incentives to act, and facilitate oversight and reflexive evaluation of barriers, gaps and opportunities for FP by all stakeholders.

Strategic accountability interventions in Ghana

Effective accountability rests on an enabling governance environment where the state has both the capacity and incentives to respond, and where citizens are able to mobilise collectively^{6 7 8}. There is a positive and enabling policy environment for

accountability programmes in Ghana, and a robust media which provides a channel for receiving and sharing information. Notwithstanding this, FP policies are not fully implemented and responsiveness to citizen demands remain low as a result of institutional challenges and limited incentives to respond.

The key pathways to effective FP accountability in Ghana can be conceptualised as three overlapping components, outlined in figure 1. For interventions to be successful, they must start by identifying the prevailing drivers and political incentives/disincentives to develop smart, context specific strategies for securing change^{9 10}.

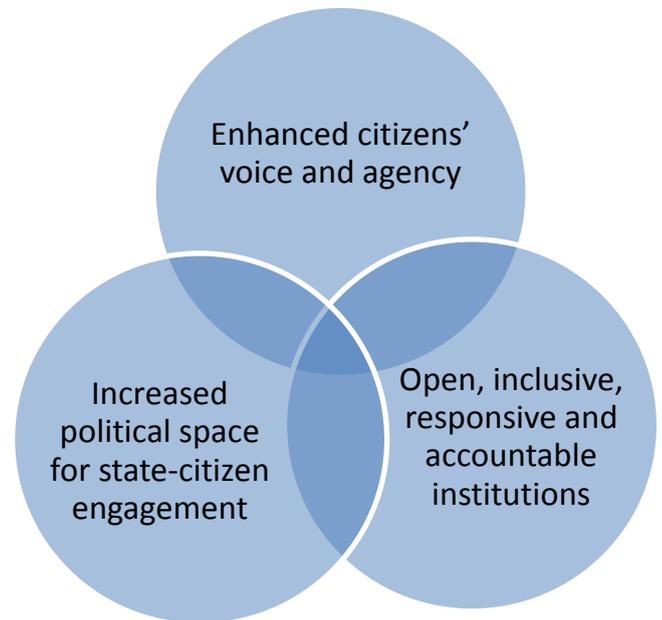


Figure 1: Key pathways to effective FP accountability

The following section explores the context and opportunities for action in Ghana using these three pathways as a framework for analysis.

Enhanced citizens' voice and agency - problem analysis:

Levels of awareness of FP in Ghana are high, but a range of factors including the low socio-economic status of women, religious beliefs, misinformation and fear of side effects contribute to low demand. Geographical variations are significant with respect to cultural traditions and the status of women. In addition, the tradition of having large family sizes is deep rooted in

Ghanaian households. In a culture where polygamy is also common, women tend to gain sense of security by bearing more children for their husbands. Furthermore, the discriminatory attitude towards young people especially adolescents who access family services creates barriers to quality services and accountability. These conditions of marginalisation are also apparent at the level of policy and funding, with male domination, limited participation by women and girls, and the view that FP is 'just a women's issue'.

Overall, Ghana has a favourable political climate for active citizen engagement. However patronage and clientelism on the part of politicians and institutions restrict this space. Citizen engagement is hampered by the use of gifts to co-opt vocal and influential citizens at the community level, and informal power dynamics often preserve the status quo, considering demand for accountability to be politically motivated. As noted above, gendered power dynamics limit women and girls' voice. Citizens' understanding of their rights, and the commitments made by governments is low, and with limited spaces and prior experience of success there is little incentive to take risks in challenging powerful players.

A potential area for increasing women's voices is through engaging traditional leaders, in particular queen mothers, who have in the past been supportive of FP, and could champion FP while creating and strengthening platforms for women to articulate their needs, fears and grievances to duty bearers.

Recommendations for action:

- Increase citizen awareness on FP and laws, policies and rights and build their capacity to articulate their position with duty bearers through formal and informal dialogue
- Recognize the need to adapt approaches to address regional variations, and to capture the voices of the variety of sub-groups among the marginalized
- Support wider initiatives to address gendered power dynamics, including promoting women's CSOs to develop participatory platforms, to create a more receptive environment for FP accountability
- Sign post citizens to existing feedback mechanisms and work with the Ministry of Health to improve capacity to respond
- Engage national and local religious associations and councils as well as queen

mothers to influence attitudes to FP both at the community level and amongst decision makers

- Strengthen relational practices between nurses and clients, and take a focus on ethical practices and professional codes of conduct to ensure more accessible services¹¹

Increased political space for state-citizen engagement - problem analysis:

Ghana's stable democracy and proliferation of the media has facilitated improved citizen engagement in development processes. The central accountability mechanisms include horizontal oversight by branches of government, as well as vertical control of decision makers through elections, patronage systems, civil society organizations, and the media. Decentralisation has created greater space for accountability and transparency. However, citizen demands for accountability continue to be met with suspicion, and overall there are very low levels of scrutiny of government policy and budgets, especially lacking on family planning. While civil society is invited to take part in the annual budgeting process, the consultation happens after substantive decisions have been made, and the delayed passage of the right to information law also hampers access to information by CSOs and media for research and accountability activities.

Notwithstanding this, there is a buoyant CSO landscape with some degree of wider citizen participation in their activities. There are a number of accountability programmes including many with a focus on health and women's rights, and coalitions and platforms are in place particularly at the National level. At present, the primary challenge for CSOs in Ghana is to improve coordination in order to avoid duplication and enable all CSOs to benefit from cross learning and the exchange of information. For example, while some CSOs are engaged in budget tracking in the health sector, the links have not yet been made to tracking budgets on FP.

The Inter-Agency Coordinating Committee on Contraceptive Security (ICC/CS) is a key platform for FP, made up a large body of government organisations, including many CSOs and development partners and is coordinated by the GHS. The ICC/CS has been instrumental in the push for free services and in policy development and generally regarded as active on commodities

issues but is not powerful enough over government agencies and lacks teeth.

With regards to the wider environment for media despite poor journalistic standards, poor training for journalists and the fact that substantive analyses tend to be substituted for sensational stories, the Ghanaian media has demonstrated the capacity to hold government to account on a number of issues on politics, government budget allocations and related expenditures, infrastructure development and maternal and child health. The use of the internet is growing at a faster rate, especially through the use of the mobile phones. News is easily accessed through online tabloids and social media. By supporting programmes such as the maternal health channel, the media has increased citizens' awareness of maternal mortality and challenged apathy towards maternal deaths. There is however further potential to rebalance knowledge power and collective action through social media.

Low incentives to cover FP currently result in limited media attention for the issue, and reports on FP2020 commitments tend to frame the issues as an international agenda and not a domestic issue. With the majority of the privately-owned media houses being located in cities, the private media tends to be biased to the interests of the urban population. However, the private media has created space for dialogues and accountability in various sectors and may provide more space to challenge government in contested areas such as budgets than the government sponsored media.

Recommendations for action:

- Strengthen coordination and collaboration spaces for CSOs through national and regional platforms
- Create spaces within which girls and women are encouraged to voice their issues with respect to family planning at all levels, and partner with women's rights organisations to enhance the political space for women's participation
- Foster new media champions of FP to counter the perception that FP is not newsworthy and to integrate FP commitments into the national agenda
- Build civil society capacity to track FP budget allocation and call for the passing of the Freedom of Information Act

Open, inclusive, responsive and accountable institutions – problem analysis:

Government expenditure on health generally remains low. The health budget has declined from a high of 16.23% in 2006, to a current rate of less than 7 per cent of the national budget. Ghana has committed to increasing the government's contribution to the purchasing of family planning commodities, and promised an additional US\$3 million annually to the MDG5 Acceleration Framework plan for 2012 – 2015. There are challenges in quantifying and tracking government's funding to FP due to bulk allocation to the health sector with no clear lines for FP. Donor funding continues to provide the bulk of support to FP commodities, in turn complicating accountability channels.

Although the current government financial commitments to RH commodities are increasing (to 3 million dollars in 2013 (GFPCIP, 2015)), they have not translated into full disbursements. Institutional factors include bureaucratic delays within the Finance Ministry and poor coordination with the Ministry of Health. Revenue mobilisation institutions are not effectively able to collect all revenues, and funds are also reallocated to areas considered as priorities and/or those with election benefits¹². The Ministry of Health is overburdened with monitoring the health sector agencies, and takes a focus on reaching numbers rather than ensuring quality. It has limited influence over allocation by the Ministry of Finance which takes the final decisions on budgets, and tends to rank FP poorly regarding return on investment in development. The institutional ownership, funding mechanism and channels of accountability for GFPCIP are not clear and raise questions as to how this policy will be effectively delivered and funded. For example, the National Population Council has the mandate to coordinate population and FP issues but lacks the budget to act, and the Inter-Agency Coordinating Committee on Contraceptive Security, while active on commodities is less powerful compared to other agencies.

The lack of transparency and adequate policy spaces to engage women and girls, combined with limited institutional oversight translates to limited incentives for duty bearers to respond to demands that are made¹³. These limitations are also

reflected in political commitment to FP which remains weak, partly due to the lack of checks and balances or pressure from civil society and the wider citizenry. Political support for FP is predicated on public opinion, with fear of losing votes constraining support amongst political parties. CSOs have engaged the parliamentary committee but it lacks power over budgets and powerful actors within the MoH.

Ghana has made clear programme and service delivery commitments in the CIP, including: a secure and consistent supply of commodities; engaging community-based nurses to deliver FP services in rural areas; the elimination of user fees in all public health facilities; improving workforce training and options for task shifting, counseling and customer care; improving post-partum and post-abortion care; offering expanded contraceptive; providing adolescent-friendly services for sexually active young people; increasing demand for FP, including male involvement; and supporting the private sector in providing services.

There have been some improvements: there are fewer stock outs at the national level, task shifting is being implemented to enable nurses to offer implant services at the community level, and greater effort has been made to reach out to young people. But many problems remain, for example, Ghana has not yet passed a regulatory framework to guide the implementation of free FP services, resulting in unapproved fees at facility level for basic items and challenges to the overall monitoring and tracking of results. Whilst commodities security has largely been addressed at the national level, transportation mechanisms connecting to regional medical stores and districts and the community health centres continue to result in community level stock outs, limited choice of methods and a reliance by some on unlicensed providers. District Health Management Teams have oversight in ensuring quality delivery of services but are not always able to monitor because of the limited logistical support.

At the facility level, provider bias for certain commodities and services and personal beliefs of service providers affects women and girls' right to full, free and informed access to a range of quality commodities. The private sector in Ghana plays a key role in delivering FP services. The Christian Health Association of Ghana (CHAG) is a coalition of FBOs with mission facilities, a number of which

provide FP services. They are critical in the health delivery sector—in many districts they are patronised as much as public institutions. In some places there are concerns that profit interests guide private service provision to a greater extent than client preference, and that personal and institutional religious attitudes limit access within Catholic health facilities.

Community members are not always able to challenge the service providers and to communicate their grievances due to limited feedback and complaints mechanisms, and where mechanisms are in place the data is often not used to improve services. Power dynamics interact with feedback mechanisms, with some providers appearing beyond criticism due to affiliations with powerful elites, whilst in other cases the limited capacity of service providers to influence at the regional and national level results in low motivation to gather feedback.

Recommendations for action:

- Work with Ministry of Finance to demonstrate the cost savings achievable through FP
- Build the case for quality services by demonstrating how increasing quality would help providers and government officials to meet their objectives
- The Parliamentary Select Committee on Health provides a forum for strengthening political commitment with less reputational risk for individual parliamentarians: work with them to strengthen their capacity and willingness to promote increased investments in FP, and support its members as champions on FP in their constituencies
- Ensure service providers understand FP laws, policies and service users rights and work with service providers and other duty bearers to see the value of facilitating citizen dialogues on FP
- Strengthen the capacities of District Health Management Teams to support, supervise and monitor a FP service provision at all levels.
- Starting from community to national levels, improve citizen and institutional oversight of FP service delivery quality at health centres, and where appropriate investigate and publicise unregulated service charges
- Build alliances with the DMHTs and frontline service providers and make links at the national level to the Parliamentary Select Committee in order to promote joined up decision making

Conclusion and general recommendations

Most women and adolescents at the community levels rarely find opportunities to access and engage with key decision makers, public services, markets and the political systems for governance and accountability purposes. To redress this balance and harness the voice of a broader range of stakeholders including those most directly affected, FP accountability interventions might include promoting collective action by women and girls. FP has not yet been a focus for large scale accountability interventions and so its novelty may provide some momentum, but the interface and form of engagement will have to be neutral and not one that will attract stigma.

The good practice from women's leadership programmes seen in Ghana could inspire further women's rights activism especially amongst the more educated and urban who have more freedom to pursue this cause. FP accountability efforts could benefit from collective action in promoting the passage of the regulatory framework that will ensure free access through the national health insurance scheme, and in the passage of the Freedom of Information Law. Strategic highlighting of FP during election cycles may support efforts to create longer-term buy in and greater ownership of FP2020 commitments.

A critical need in Ghana is for policy makers and service providers to go beyond tokenism and engage in collaborative accountability mechanisms that are genuine and demonstrably respond to citizens' demand and act in the best of interest of the service users. This could build on positive experiences and will be based on finding mutual areas of interest and incentive: identifying champions of reform if they exist, if not then opening up dialogue between parties, all of whom are likely to be unhappy with the status quo with an aim to improve services, funding flows, conditions of work and treatment. This would mean relying less on workshops and sensitisation and more on efforts generated and led by the key actors themselves.

There is good space in Ghana for FP accountability interventions, and tangible opportunities to effect change through collective, smart accountability strategies. Progress will depend on addressing the limited political and financial commitment to FP, as well as weak policy

implementation and coordination, and the power dynamics that underpin low responsiveness to citizen demand. The status of FP as a marginal, women's issue could be challenged through collective action involving women's groups, parliamentarian champions and queen mothers, and civil society efforts would benefit from addressing duplication, greater transparency, and the creation of meaningful spaces for dialogue.

ⁱ This brief is based on a full Country Context Analysis, available on request from Christian Aid and Plan International UK.

ⁱⁱ Also available on request from Christian Aid and Plan International UK.

³ Fox, J.A. (2007) The Uncertain Relationship Between Transparency and Accountability. *Development in Practice* 17(4): 663-671; and Fox, J.A. (2014) Social accountability: What does the evidence really say? GPSA Working Paper No. 1

⁴ Mansuri, G., & Rao, V. (2012). *Localizing Development: Does Participation Work?* Washington, DC: World Bank

⁵ World Bank (WDR) (2014) *World Development Report: Making Services Work for the Poor*. Washington, DC: World Bank

⁶ Wales J. and F. Smith (December 2014) Initial review – Evidence on social accountability in fragile states

⁷ Fox, J.A. (2007) The Uncertain Relationship Between Transparency and Accountability. *Development in Practice* 17(4): 663-671

⁸ Mansuri, G., & Rao, V. (2012). *Localizing Development: Does Participation Work?* Washington, DC: World Bank

⁹ O'Meally, S. C. (2013). *Mapping context for social accountability*. Washington DC: Social Development Department, World Bank

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¹¹ Yakong VN, Rush KL, Bassett-Smith J, Bottorff JL, Robinson C (2010): Women's experience of seeking reproductive health care in rural Ghana: challenges for maternal health service utilization. *J Advanced Nurs* 66(1): 2431-41

¹² GFPCIP, 2015

¹³ GDHS 2015