

Implant Programming

**Marie Stopes International
Ghana**

George Akanlu, Director Regional Operations

Ghana Context

Limited access to a full range of voluntary family planning services

FP choice is limited in rural communities

Limited skilled personnel to provide long acting reversible contraception and permanent methods

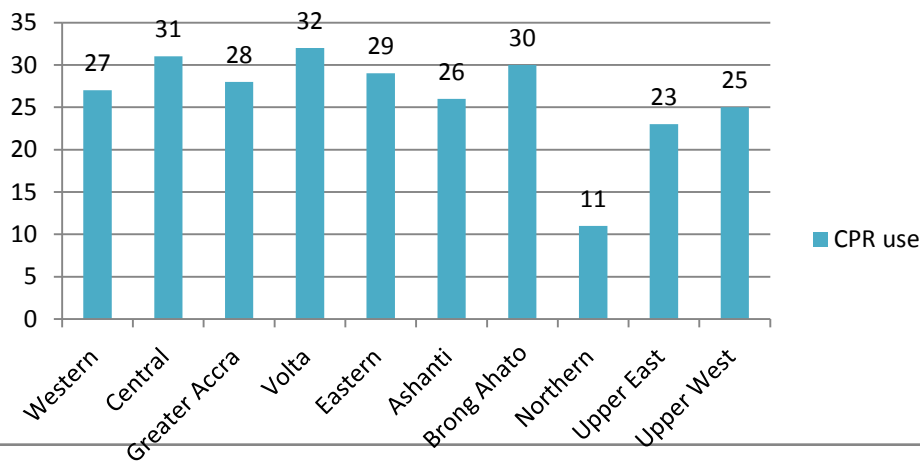
Gaps in availability of commodities at facility level

Costs and access barriers

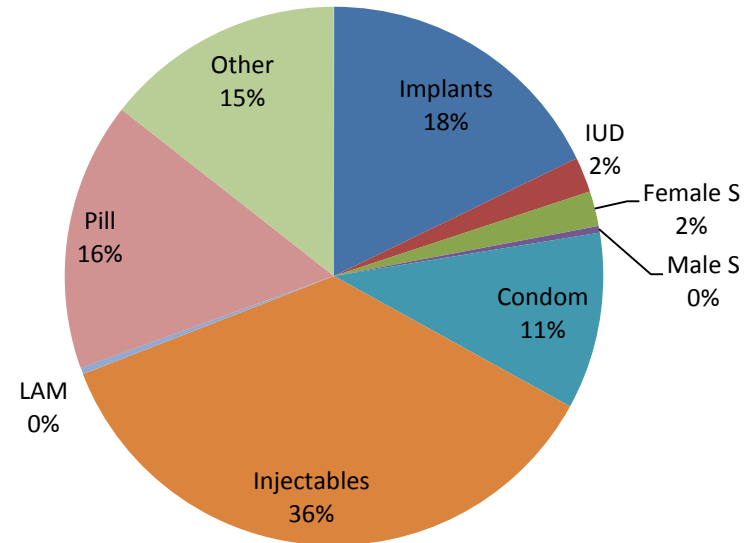
Contraceptive use

- Similar proportion of contraceptive use in urban and rural areas but variations between regions
- Volta has the highest CPR at 32% and Northern the lowest at 11%

CPR by Region



Contraceptive Method Mix



Key takeaway:

- Implants more preferred LARCs.
- Jadelle most preferred implants



9 Centres of excellence

Static centres provide all services in urban and peri-urban settings

Call Center: Marie Call

A dedicated call centre to provide information and referrals to services

52 MS Ladies

MS Ladies are midwives, nurses or community health workers who work as **self-employed providers** in their own communities.

8 Mobile Clinical Outreach/Inreach Teams & 2 Public Sector Strengthening Teams

We run mobile clinics on a rotation basis, taking services to locations with limited infrastructure, such as remote rural locations urban slums, and public sector facilities.

130 BlueStar Social Franchises

BlueStar is MSI's **network** of trained and quality-assured private clinical providers.

MSIG Service Delivery Models

Clinical Quality

- **Recruitment, training & competency assessment to ensure competent service providers**
- **Dissemination of clinical guidelines**
- **Quarterly comprehensive supportive supervisory visit**
- **Annual internal and external quality assurance audits**
- **Annual refreshers for providers (counseling is key)**
- **Ensuring infection prevention measures are in place**
- **Improved/encouraged incident reporting and management**



Implant Provision in MSIG's Service Delivery Channels

Estimated proportion of Voluntary FP nationally provided by MSI

	2014	2015	2016
Total Voluntary FP	11.4	11.6	17.3
LAPM	31.6	38.5	45

Jadelle and implanon NXT are the two products in Ghana

Jadelle is more preferred

Until 2015, implant services were provided by mid-wives. Trained and certified Community Health Nurses (CHNs) can now provide implants.

MSIG trains all providers in our service delivery channels (includes franchised private and PSS facilities)

Spotlight: Reaching Clients at MSIG Static Centres and Social Franchisees

- FP awareness raising activities (satisfied client videos, community durbars, market storms etc)
- Community mobilization for BCC and referrals for voluntary FP through community level workers, Gov't and other orgs
- Group education sessions, individual counseling and voluntary FP services offered
- Back-up and referral systems (cross referrals)
- Quality assurance monitoring and supervision to maintain high service quality
- Call center offers an anonymous platform for client engagement & referrals
- Branding



Spotlight: Reaching the Underserved through Mobile Clinical Outreach Teams and MS Ladies

Providing free voluntary FP services to the doorsteps of clients (in reach for Kayayes and outreach to other underserved communities)

Awareness raising activities (satisfied client videos, community durbars)

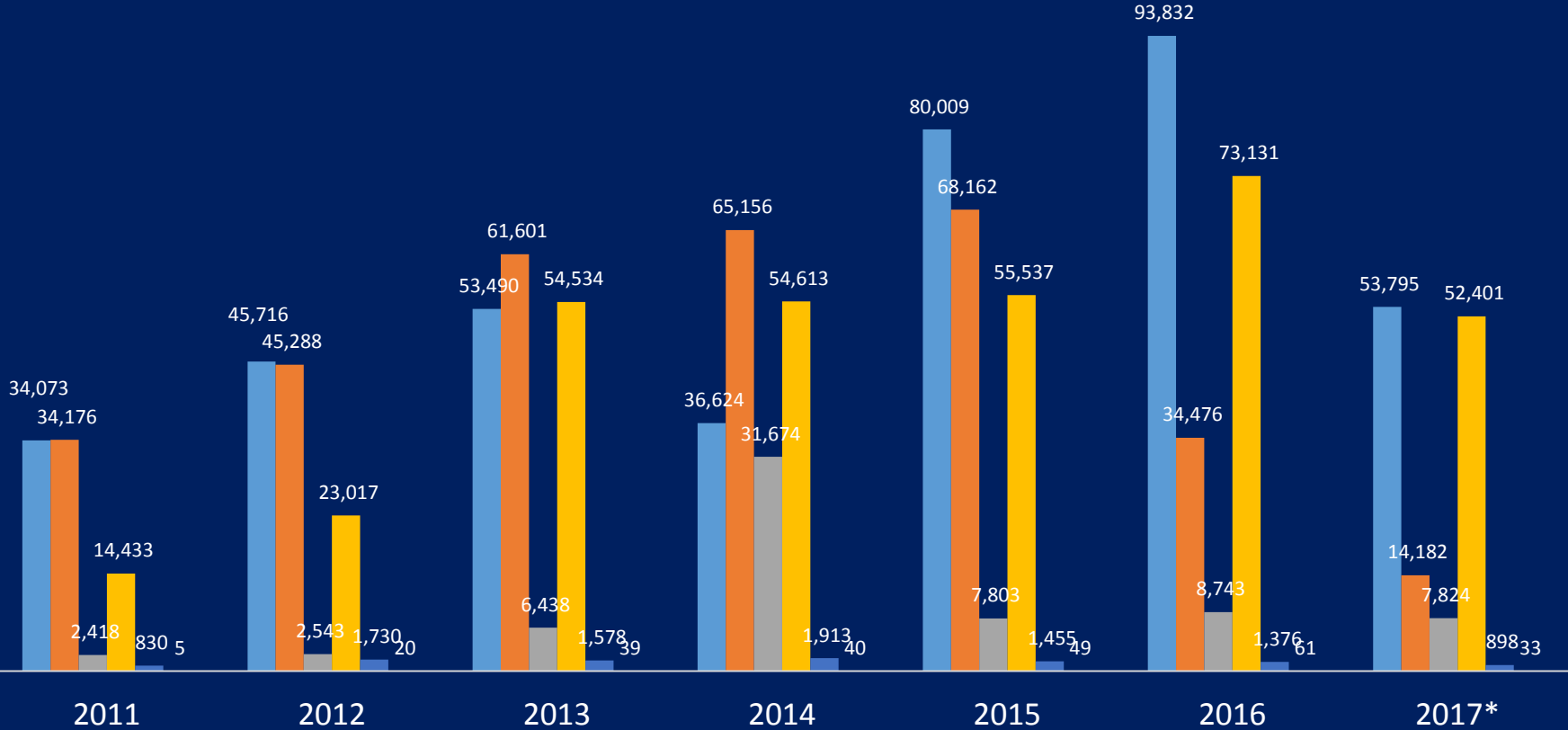
Community mobilization for BCC and referrals for FP through public sector health promoters.

Targeted mass media campaigns

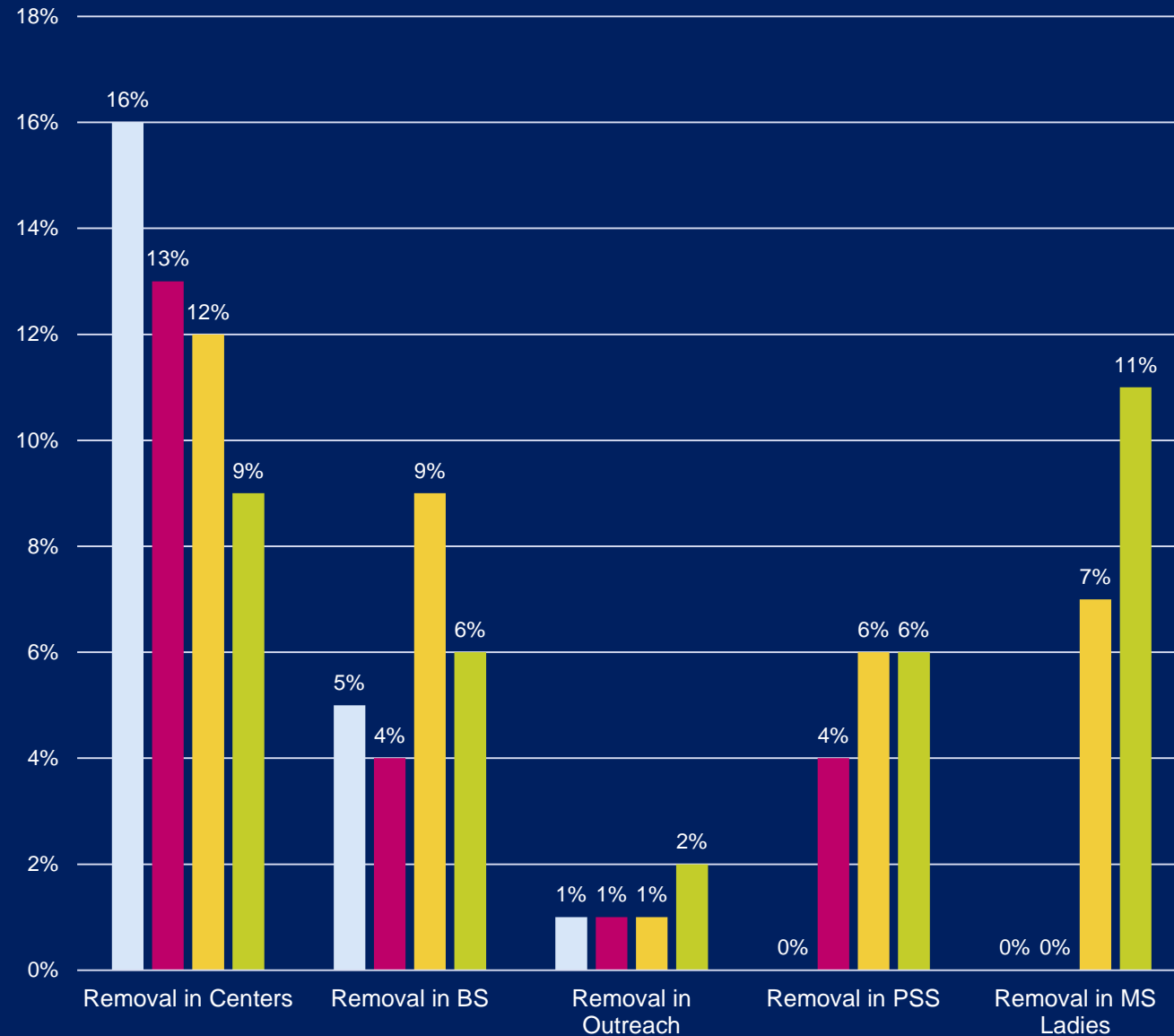
Quality assurance monitoring and supervision to maintain high service quality

MSIG Voluntary FP Method Mix – All Channels

■ Injectables
 ■ Pills & EC
 ■ IUDs
 ■ Implants
 ■ TIs
 ■ Vas



Proportion of Implants Removals Per Channel



Major Reasons:

- Changes in menstrual cycle (majority)
- Request by husbands/relatives
- Ready to have a child

■ 2014 ■ 2015 ■ 2016 ■ 2017

Client/provider insight

Client

- Implant insertion less invasive
- Less/no pain during insertion
- Jadelle is preferred to Implanon – longer years of protection.
- Free implant services accessible from mobile teams.

Provider

- Implanon easy to insert because of its single rod
- Providers more proficient in implant insertion compared to IUD
- More providers trained in implant insertion (Nurse Aids etc)

Specific Programmatic Challenges

- Generally low uptake of LARCs in Ghana due mostly to misconceptions (e.g. implants cause infertility, fibroid etc)
- Voluntary FP services not included in NHIS benefits package, thus cost is still a barrier.
- High rate of removal of implants, especially in centers.



Thank you