Section 4, Annex A

Call-down Contract

Terms of Reference

Implant Training for Ghana Health Service 2017

Introduction

The UK Government is supporting the Government of Ghana to implement an Adolescent Reproductive Health (ARH) programme aimed at contributing to the achievement of former MDG 5 and their replacement with the Sustainable Development Goals (SDGs). Specifically, the programme will improve reproductive knowledge and will also strengthen the national family planning (FP) programme through improved management and coordination of inputs as well as the procurement of contraceptives.

Ghana has made significant progress towards reducing the MMR of 760 per 100,000 live births recorded in the 1990s to 319 per 100,000 live births in 2015 (WHO *et al*., 2016). The rate is still high compared with other lower and middle income countries, and following the end of the MDGs and their replacement with the Sustainable Development Goals, more effort is needed if Ghana is to meet the new goals. Among the key strategies for reaching the newly set targets is to improve access to long-acting reversible contraceptives (LARCs), consequently increasing the modern contraceptive prevalence rate (mCPR), which is 22% (Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International, 2015) and by so doing reducing the unmet need for family planning (FP). According to WHO et al. (2014) satisfying the unmet need for FP alone could cut the number of maternal deaths by almost a third.

The contraceptive prevalence rate (CPR) for modern methods has fluctuated, falling from 19% in 2003 to 17% in 2008 and increasing to 22% in 2014 (GSS, GHS and ICF International, 2015), indicating that even after a decade, still less than a quarter of married women are current users of modern contraception in Ghana. Similarly, up to 30% of married women and an additional 62% of adolescents in Ghana have an unmet need for FP (GSS, GHS and ICF International, 2015).

To improve the prevalence rate and reduce unmet need for FP, the country also made key commitments at the London FP summit in 2012 and 2017 aimed at improving access to quality FP services. These commitments included:

- expanding contraceptive choices to include a wider range of long-acting and permanent methods, along with including task-shifting options and improvement of post-partum and post-abortion FP services;

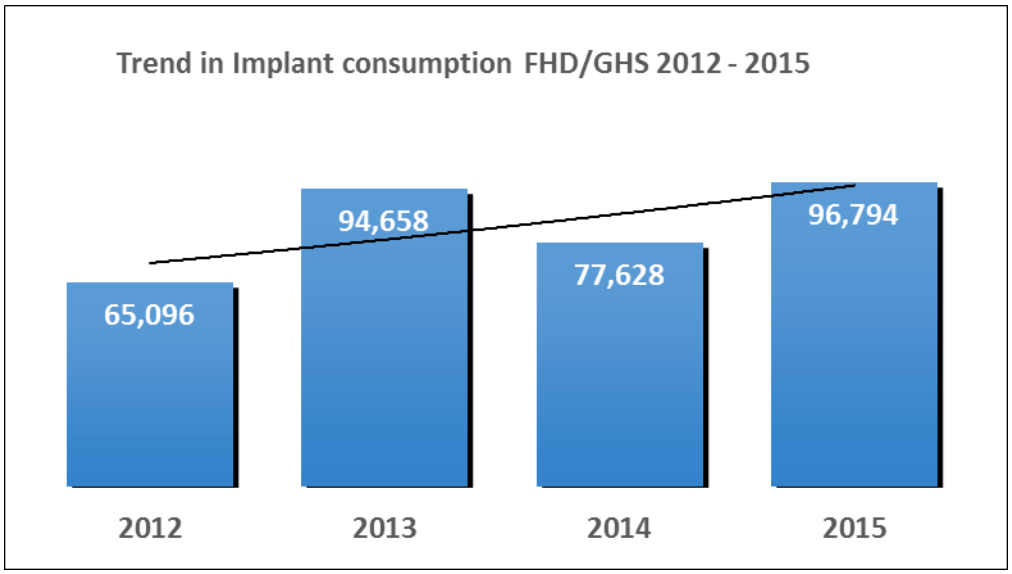
ensuring that services will be available for sexually active young people through youth promoters and adolescent friendly services;

prioritizing improved counselling and customer care; and

making FP free in the public sector and supporting the private sector in relation to providing services.

One factor contributing to low usage of modern methods is a shortage of trained staff skilled in providing effective long-acting reversible and permanent methods. In response Ghana Health Service came out with a task shifting policy in February 2013 to train Community Health Nurses and Auxiliary nurses to provide contraceptive implant service.

Presently the fastest growing FP method is the implants; Jadelle and Implanon NXT in the last few years as illustrated below.



Currently, about 2,500 community nurses have been trained since the policy change. Development partners, such as DFID, Marie Stopes International, Ghana (MSIG), USAID, the UN Population Fund (UNFPA) and West African Health Organisation (WAHO) have supported these trainings. These trainings have increased access to implants and other modern contraceptives like condoms, pills, intra-uterine devices (IUD) in rural areas, where the majority of CHNs are found. Findings from the 2014 Ghana Demographic and Health Survey (GDHS) indicate that, currently, use of modern methods is higher in rural areas. 25% of married women in rural areas use modern methods, compared with 20% of women in urban areas (GSS, GHS and ICF International, 2015).

Rationale

Community Health Nurses (CHNs) are the largest cadre of auxiliary nurses to provide communities with basic preventive health care and health education services. Their tasks under Ghana's Community-Based Health Planning and Services (CHPS) program include: the provision of quality health information; minor curative services; counselling on all contraceptive methods, including the lactational amenorrhea method (LAM); provision of pills, injectable,

condoms, and emergency contraceptive pills; and referrals for IUDs, implants, and sterilization services. Following the task shifting policy, their tasks have now been extended to include provision of implants.

Consistently, DFID Ghana has met its commitment of providing implants to Ghana through the Ministry of Health as part of its reproductive health programmes in the country. In 2014 and 2015, DFID supported Ghana to train 299 and 611 service providers respectively, and this has contributed significantly to the surge in the implant uptake. In addition, there were trainings held in 2015 for managers, supervisors and trainers to offer technical support in the areas of quality assurance, monitoring and supportive supervision.

Although there has been this surge, the consultants recommendations to train at least 30% (9,000) of all deployed auxiliary nurses by the end of 2020. So far approximately 4,500 auxiliary nurses have been trained with support from DFID, UNFPA, MAF, WAHO, MSI and government of Ghana. To meet this target by 2020 and in line with the commitments made by the government of Ghana at the recently held FP2020 summit held in London more auxiliary nurses needs to be trained across the country.

Goal

The overall goal is to improve service provider capacity to offer contraceptive implants services in the communities and increase contraceptive prevalence in the country.

Objective and Scope of work

Despite these significant supported inputs, there are still further inputs required to ensure sustainability of this through DFID support.

Key Objectives

Ensuring that by end of December 2017:

- To train 800 service providers including community health nurses to offer implant insertion and removal and improve FP counselling skills
- 815 community health nurses receive knowledge and skills on implants through a competency based training approach involving practice on humanistic models and actual clients
- To train 815 community health nurses and enrolled nurses to offer implant insertion and removal
- To train 815 community health nurses and enrolled nurses to improve FP counselling skills
- Ensure that all in-service and pre-service Family Planning trainings include implants

- Conduct regular supervision/follow up and feedback meetings to ensure quality downstream training for service providers on contraceptive implant services

- Ensure appropriate coordination of training activities and supply chain management that makes commodities available to all trained providers

Methodology

Some regions will be allocated more trainees based on the geographical size and number of service delivery points. Where client load for practical sessions in the region is high enough to support, trainings sessions will take place in the regions to avoid transporting large numbers of staff to different sites. Sessions in the different region will be held concurrently, and depending on the number of participants, one or two sessions will be held per region. Each session will last 5 days; comprising 2 days didactic and practice on models followed by 3 days of practical sessions in selected health facilities. Facilitators from national level will supervise the training; and will be supported by trainers in the regions.

The programme will compliment similar activities under the Millennium Development Goals Accelerated Framework project, UNFPA, USAID and WAHO support and contribute to increase in contraceptive prevalence in the country.

Monitoring Plan

Monitoring and supervision are key essentials for ensuring success in programme activity implementation. With support from supervisors from the national level, managers, trainers and mentors from the regional level trained in monitoring and supportive supervision in 2016 will follow up on the people trained every quarter. This will help to assess effectiveness of the training, the performance of the staff and identify and address any challenges.

Timeframe

The lead consultant working together with the other consultant in collaboration with the Ghana Health Service must be able to mobilise service providers in each region in the 1st week of the contract being signed in order to put in place necessary arrangements for the various training events throughout the period.

The training will be in 2 sessions in each region. Each session will last 5 days; comprising 2 days didactic and practice on models followed by 3 days of practical sessions in selected health facilities. Facilitators from national level will supervise the training; and will be supported by trainers in the regions.

The training of more service providers especially the community health nurses who are more widely distributed in the rural and the peri-urban areas where access is poor. The programme will compliment similar activities under the

MAF project; WAHO and UNFPA support and contribute to increase in contraceptive prevalence in the country.

Reporting
The consultants should liaise closely with DFID staff and Family Health Division (FHD) of the Ghana Health Service at all times to ensure a common understanding of the implant training programme and this assignment.

A final report will be presented to demonstrate progress of the trainings conducted with contact information of all trained personnel. The report will also detail the regions and facilities the trainees come from.

All reports must be routed through the Family Health Division and sent in parallel to DFID Ghana.

The key relevant stakeholders within government bodies are:
Ministry of Health – overall responsibility to improve the health status of all people living in Ghana through exercising responsibility for effective and efficient policy formulation, resource mobilisation, monitoring and regulation of delivery of health care by different health agencies.

Ghana Health Service – responsibility for the implementation of health services in the public sector, including family planning and adolescent health services.

Duty of Care

The Supplier is responsible for all acts and omissions of the Supplier's Personnel and for the health, safety and security of such persons and their property. The provision of information by DFID shall not in any respect relieve the Supplier from responsibility for its obligations under this Contract. Positive evaluation of proposals and award of this Contract (or any future Contract Amendments) is not an endorsement by DFID of the Supplier's security arrangements. Note that the term "Supplier's Personnel" is defined under the Contract as "any person instructed pursuant to this Contract to undertake any of the Supplier's obligations under this Contract, including the Supplier's employees, agents and sub-contractors**.**"

DFID Ghana

CB129 (February 2007)