

ALLIANCE FOR
REPRODUCTIVE HEALTH
RIGHTS (ARHR)

2015 Annual Report

ACRONYMNS AND ABBREVIATIONS

ALBA	Accountability Loop Budget Advocacy ARHR
CSOs	Alliance for Reproductive Health Rights
EmONC	Emergency Obstetric and Newborn Care
LNGOs	Local Non-Governmental Organizations
MDGs	Millennium Development Goals
MoH	Ministry of Health
MPs	Members of Parliament
NGOs	Non-Governmental Organizations
NHIS	National Health Insurance Scheme
RMNCAH	Reproductive Maternal Newborn Child and Adolescent Healthcare
SDGs	Sustainable Development Goals
UAHCC	Universal Access to Healthcare Campaign
UHC	Universal Healthcare Coverage

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FROM THE EXECUTIVE DIRECTOR

On behalf of the advisory board and staff of the Alliance for Reproductive Health Rights (ARHR), it is my pleasure to share highlights of the organization's annual report for the 2015 working year.

Overall, the organization made significant progress towards promoting, defending and protecting the rights of women and young people by ensuring that SRH service provision remains responsive to the needs these population sub-groups. In particular, our engagement with parliament to advocate for support from parliamentarians for the provision of basic emergency obstetric equipment or supply to deprived districts yielded positive results. A number of parliamentarians from both the Select Committee on Health and other committees pledged to support the advocacy initiative with a percentage of their NHIS common fund.

Activities undertaken under the Evidence for Action project also contributed to improved collaboration and engagement between communities and healthcare service providers for an improved and a more accountable healthcare system. The project organized series of interface/dialogue meetings which brought together communities, duty-bearers and other community actors (chiefs, queen-mothers and assembly members) to collectively discuss and share ideas on addressing gaps identified in reproductive healthcare provision as revealed by community score card assessments

During the period under review, the organization also undertook activities to advance and align its programs with the new global development agenda - the Sustainable Development Goals (SDGs) which Ghana is signatory to. To contribute to realizing positive reproductive healthcare outcomes in line with SDG targets on health, the organization organized a forum, a month after nations signed on to the SDGs to discuss and share experiences on how lessons learned in Ghana's implementation of the health-related MDGs (4, 5 and 6) can inform programmes, strategies and interventions for improved reproductive, maternal, newborn and child healthcare under the SDGs.

Finally, ARHR continued to advance its cause of contributing to universal healthcare coverage in Ghana. In line with this, the organization took keen interest in the process of review of the national Health Insurance Scheme (NHIS) which remains the primary pro-poor policy to enhancing universal and equitable access to healthcare services. The campaign put together some recommendations which were submitted to the Technical Review Committee set up by the Ministry of Health to oversee the review process. Additionally, the campaign engaged political parties contesting for the December, 2016 presidential elections to lobby for them to prioritize universal healthcare coverage among their topmost priorities. To this end, the campaign produced a Civil Society Organizations (CSOs) Health manifesto which was used for the engagements

ABOUT ARHR

Alliance for Reproductive Health Rights (ARHR) is a Ghanaian NGO promoting rights-based approaches (RBA) and gender equity approaches to Sexual and Reproductive Health (SRH). The ARHR is made up of various groups and organizations engaged in SRH rights in Ghana. The ARHR has a multi-tier structure comprising of over 40 implementing NGOs (LNGOs), 3(three) Zonal coordinating NGOs and a Secretariat. By adopting a three-pronged approach (advocacy, capacity-building and research) ARHR works to protect the interests of Ghanaian people, especially women and young girls, at a regional, national and international levels.

Our Mission

ARHR works to promote, defend and protect rights of women and their newborns, and adolescents to the best quality of health care through evidence based advocacy on gaps between policy and practice in the Ghanaian health system. ARHR also seeks to empower communities to hold government accountable for responsive and equitable health care delivery (or health system).

Vision

Our vision is a society in which the sexual reproductive health rights of all people - especially vulnerable groups such as the poor, marginalized and women of reproductive age - are protected and fulfilled irrespective of socioeconomic status, gender or race

Our Core Values

ARHR believes in SRHR equality for all, particularly women and young girls and work to achieve them under the core values of Gender equality, Mutual respect, Equal Participation, Consensus building, Equity, Transparency and Accountability, Community sovereignty and Empowerment

IMPROVING REPRODUCTIVE, MATERNAL, NEWBORN CHILD AND ADOLESCENT HEALTHCARE (RMNCAH)

Using lessons from MDGs for the SDGs

The Alliance for Reproductive Health Rights (ARHR) in October, 2015, organized a forum to discuss and share lessons on Ghana's progress towards realizing the health-related Millennium Development Goals (MDGs). The meeting also outlined how lessons and achievements from the MDGs could be useful for addressing any unfinished agenda on the MDGs as Ghana implements the Sustainable Development Goals (SDGs). It also discussed and outlined how NGOs/CSOs can contribute to realizing the SDGs in Ghana.

The SDGs are a set of 17 goals with 169 targets that seeks to build on the MDGs and complete what they did not achieve. The goals and targets are integrated and indivisible and balance the three dimensions of sustainable development – the economic, social and environmental. More on the SDGs

The meeting highlighted key challenges and concerns on maternal and child healthcare that CSOs could support in addressing as Ghana implements the SGDs. They include the following.

- The need for CSOs to advocate for addressing concerns on how health system constraints may influence staff attitudes and performance.
- In working to address the unfinished business of the MDGs, it was important that CSOs pay attention to both demand and supply-side issues to improving reproductive health. CSOs were encouraged to look beyond access to healthcare by also being concerned about issues related to quality of service, monitoring and supervision of healthcare provision.
- Reference was made to an important gap in improving maternity care identified by ARHRs tracking of the health MDGs between 2007 and 2014. Feedback from the monitoring exercises suggest that there is still some work to be done in educating women to ensure that they achieve the recommended minimum number of antenatal clinic visits. CSOs were encouraged to support in this direction.
- Under the MDGs, some work should have been done on analyzing the interactions and effects between the performances of the different MDGs on the others. Going forward with the implementation of the SDGs, it will be necessary for implementers to acknowledge how related goals impact on the others. This calls for tracking the complementarities of the goals.

Additionally, the meeting recognized that CSOs can contribute to improving Reproductive, Maternal, Newborn and Child Healthcare (RMNCH) in the areas of advocacy, capacity-building and monitoring implementation of RMNCH targets set under the SDGs. CSOs could assist in this direction by assisting with:

- Generating data for evidence-based advocacy and monitoring Ghana’s progress towards achieving the SDGs
- Undertaking joint advocacy activities to ensure that the Ghanaian government commits to achieving the SDGs towards improving reproductive health. NGOs and CSOs must build on their track record of reproductive health rights advocacy and awareness creation.
- CSOs and NGOs investing in organizing in-country capacity building to effectively participate in the processes of implementing the SDGs including trainings in social accountability
- Assisting in validating targeting/identification/proposal of potential beneficiaries of programs and interventions

Engaging parliament for improved access to EMONC services for deprived districts

ARHR collaborated with the World Health Organization-Ghana Office, SEND Ghana, Ghana Health Service, Ministry of Health and the media to implement the Accountability Loop Budget Advocacy (ALBA) project from December 2015 to April 2016. The project aimed at contributing to improving the quality of maternal and newborn care by ensuring functional basic emergency obstetric care are made available to selected health facilities. This the project anticipated to achieve through advocating for MPs to ring fence part of their NHIS budget allocation for the provision of Emergency Obstetric and Newborn Care (EmONC) equipment or supply in a highly utilized health facility in 10 deprived districts in Ghana.

In line with the project goal, the project team engaged parliament with findings of a rapid assessment survey of the availability and functionality of basic emergency obstetric and newborn care services in selected health facilities in 10 deprived districts in Ghana. Having appreciated that most of the facilities lacked access to some basic obstetric supplies and equipment, the MPs responded positively to use part of their NHIS fund to provide needed equipment or supply in at least one of the health facilities visited.

Enhancing access to midwifery care in Ghana

ARHR in partnership with Jpiego Ghana begun series of meetings with key stakeholders from the health sector, academia and the Civil Society fraternity to discuss and share experiences on effectively advocating for comprehensive access to midwifery care in Ghana.

The meetings identified two key conditions necessary for kick-starting the advocacy agenda. The first related to the actual situation of the numerical gap in midwifery care in Ghana. The second was the need for the advocates to obtain information on the required number of midwives needed

in future to address gaps in access to midwifery care. This information was necessary to guide the advocacy objective and activities.

The meetings identified the need for increased advocacy around midwifery training and deployment policies to particularly address the menace of increasing numbers of non-practicing midwives (approximately 9-15%)

SOCIAL ACCOUNTABILITY AND TRANSPARENCY FOR IMPROVED (RMNCAH)

Improving provider-client relationships for provision of better healthcare services

As part of implementation of the evidence for action project, ARHR adopted the score card survey methodology to elicit information on communities' perspectives on delivery of healthcare services. The approach is very participatory and allows for the active involvement of both health care consumers and providers in data generation and analysis. The methodology also allows for effective engagements between clients and service providers to discuss and share experiences on findings from the assessment.

In 2015, the E4A community-based partners in the Ashanti and Volta regions organized a total twenty-four (24) facility-community level interface meetings in 24 communities of the eight (8) districts in which the project was implemented to discuss the results of the second round of scorecards assessment undertaken in their facilities. Participants of the meetings included maternal and newborn health council members, traditional and opinion leaders, health facility heads and staff including midwives, community health nurses as well as members of the district scorecards assessments teams.

At these meetings, participants discuss gaps identified during the assessment and propose solutions (resolutions). There were instances where some community members volunteered to provide items needed to enhance healthcare at health facilities. These include donations of benches and chairs and posters advertising various services provided by healthcare facilities. In communities without ambulances taxi and local transport drivers volunteer to use their vehicles to convey pregnant women during emergencies.

Additionally, under the E4A or Mamaye project, maternal and newborn councils were formed in each of the 24 project communities in Ashanti and Volta Regions continued to organise community engagement sessions to galvanise community members to support MNH activities. The councils on regular basis use existing community platforms such as community FM radios to engage health providers and discuss maternal and newborn health issues of concern to community members.

ENSURING EQUITY IN ACCESS TO HEALTHCARE SERVICES

Campaign for universal healthcare coverage (UHC)

The Universal Access to Healthcare Campaign primarily seeks to advocate for the government of Ghana to legislate for quality and accessible universal healthcare for all free at the point of use. A number of activities were undertaken during the period under review.

- **Highlighting health inequalities and relevance of UHC**

The campaign organized one hundred and fifty (150) campaigners to take part in a route march in Accra to highlight the health inequalities. At the end of the march, the Campaign Coordinator, Archibald Adams took time to educate the campaigners on the health inequalities and the need to continue to talk about it and demand that government addresses the inequalities. A major outcome of the march was the presentation of a communiqué on the campaign's concerns about inequalities in health to the Legal Director at the Ministry of Health, Hamidu Adakurugu, on behalf of the Minister of Health. Mr. Adakurugu commended the campaign for the initiative and urged the Campaign to continue to engage the Ministry on the issue of inequalities in the Health Sector.

- **Production of CSOs Health Manifesto**

The campaign produced and launched a CSOs health manifesto that highlights critical areas of concern for universal health coverage, including strengthening the NHIS which remains critical for Ghana's attainment of Universal Healthcare Coverage (UHC). The campaign engaged political parties contesting the December, 2016 general elections with the content of the manifesto and called on all parties to prioritize strategies that will ensure universal and equitable access to healthcare for all.

- **Media Training on CSOs Health Manifesto**

Towards enhancing the capacity of the media and members of the UHC campaign to effectively use the CSOs health manifesto to engage politicians at all levels, a training workshop was organized for 30 media personnel and 30 campaign members. The workshop provided participants with insights into the different forms of inequalities in health, the content of the CSOs health manifesto how participants can use the manifesto in their advocacy work.

- **Celebration of World UHC Day**

The Universal Access to Healthcare Campaign (UAHCC) Ghana organized a public forum to celebrate the World Universal Health Coverage Day on 12th December, 2015. The event also

served as a platform to discuss the challenges of the National Health Insurance Scheme, and formulate recommendations which will be submitted to a Technical Review Committee set up by the Ministry of Health (MoH) to review the operations of the scheme. Aspects of recommendations made by the campaign were considered in the final report submitted by the Technical Review Committee the MoH.