



ALLIANCE FOR REPRODUCTIVE
HEALTH RIGHTS

END OF YEAR REPORT 2017

ACCRONYMS AND ABBREVIATIONS

AFWI	African Women International
ARHR	Alliance for Reproductive Health Rights
CHPS	Community based Health Planning Services
CBO	Civil Based Organisations
CSO	Civil Society Organisations
FP	Family Planning
GHS	Ghana Health Service
Ipas	International Project Assistant services
LARC	Long acting reversible contraceptive
MMDA	Metropolitan, municipal and district assemblies
MoH	Ministry of Health
NHIS	National Health Insurance Scheme
NDPC	National Development Planning Commission
NHIA	National Health Insurance Authority
NMCP	National Malaria Control Programme
NPC	National Population Council
PHC	Primary Health Care
SDG	Sustainable Development Goal
SRH	Sexual and Reproductive Health
UAHCC	Universal Access to Health Care Campaign
UHC	Universal Health 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 with great accomplishment that I present to you ARHR's 2017 Annual report. This report highlights the continued progress in the pursuit of improved policies and programs related to reproductive and maternal health of women, young women and men in Ghana, research, and knowledge for the millions of Ghanaians.

The year 2017 marked an important shift in programs for ARHR in our quest for solutions that address sexual and reproductive health challenges. Ghana's experience under the Millennium Development Goals and failure to achieve the MDGs 4, 5 and 6 on reducing maternal deaths, infant mortality and HIV, heightened our belief that improvements in sexual and reproductive health and rights cannot be attained outside the context of strengthening Ghana's health systems.

Support for disease specific and often vertical implementation of health policies and programmes cause fragmentation in our health systems and inequities in health service delivery, which further lead to the marginalisation of poor and the most vulnerable groups who will be left behind in our quest to realize UHC.

Universal health coverage is about ensuring that people have access to the health care they need without suffering financial hardship. It also helps to drive better health and development outcomes. UHC requires reasonable geographical access for all Ghanaians; good preventive health services; effective supporting social services; and appropriate levels of financial access for the citizenry. For us at ARHR, this begins with a strengthened and effective primary health care system. ARHR situates reproductive, maternal and adolescents' health within the context of a well-functioning primary health care system.

ARHR is therefore rallying on CSO partners and the media to advocate for government to adopt policies that will strengthen primary health care and financing systems to increase access, coverage and equity in health care delivery towards realization of universal health coverage without leaving anyone behind.

With much boldness, we believe that a shift from vertical programming where we all work in our disease specific individual silos to an approach that is founded on key primary health care

foundations is the pathway for realising improved outcomes in reproductive, maternal and adolescents' health and rights and consequently, UHC, the third Sustainable Development Goal. Access to reproductive health information and services without financial hardships is critical to UHC. In this regard, ARHR continued to advocate for the integration of SRH in the NHIS benefits package. We recognise the integral links between sexual and reproductive health and family planning in particular, and overall development outcomes, the health and well-being of women, children and adolescents in a strengthened primary health care system.

ARHR is excited about being able to remain steadfast in our mission of working to promote the principles of ICPD in our continued advocacy for primary health care with sustainable funding.

In 2017, ARHR commenced new initiatives funded by PAI, Comic Relief and STAR Ghana which we report on in the pages that follow. We also elevated our advocacy for universal health coverage and undertook several public facing events in this regard. ARHR also serves on the Primary Health Care Global Advocacy Group; we joined a global movement of committed advocates working to contribute towards UHC.

We have had a rich experience and are motivated not to relent in our mission towards better reproductive and maternal health outcomes. In spite of the pervasive shortfall in funding for CSO activities as a result of Ghana's middle income status and overall shrinking of funds globally, ARHR remains unwavering. Lastly, in the face of programmatic challenges that so often mitigate tangible outcomes, ARHR has persisted to have a year to be proud of.

We are grateful to our board, management, staff, members of the Alliance and our numerous partners for their support during 2017.

Signed

Vicky T. Okine

Executive Director of Alliance for Reproductive Health Rights

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), three (3) 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 reproductive and maternal 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 their sex, age, religious, ethnicity or socioeconomic status.

OUR CORE VALUES

ARHR believes in sexual reproductive health rights (SRHR) 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

'FREE TO CHOOSE' CAMPAIGN: YOUTH REPRODUCTIVE HEALTH ADVOCACY

Universal Access to Family Planning health services for Adolescents

From November 2016 to October 2017, the Alliance for Reproductive Health Rights (ARHR) collaborated with the Ghana Health Service, the Ministry of Health, the Planned Parenthood Association of Ghana, and the International Project Assistant services (Ipas) Ghana; Curious Minds; Kwabenya Senior High School, Eguafo Abrem Senior High School; Abokobi District Assembly; Religious leaders, traditional leaders to implement the universal access to family planning health service for adolescents.

The project aimed to improve universal access to family planning in contribution to the Government of Ghana's commitment to the SDGs (Goals: 3 and 5) and FP2020 goals as well as the ICPD POA International Conference on Population and Development (ICPD) programme of action. Given the poor SRH status of adolescents and the low knowledge and uptake of long acting reversible contraceptive (LARC) methods, it was crucial for the National Adolescent Service Policy and Strategy to institute measures to address provision gaps, and the wider contraceptive needs of young people. Involvement of adolescents and relevant stakeholders in the development of the strategy was imperative.

In fulfilment of the project aims a three pronged approach was adopted. The team employed youth-led advocacy; mobilization of traditional, religious and other opinion leaders. The following constitute the key activities that contributed to the success of the project:

- Reports from desk reviews and focus group discussions were used to generate: factsheets on young people's family planning preferences; policy briefs highlighting key SRH provision gaps and recommendations for young people's FP service delivery; and an info graphic on the benefits of young people's FP use. These documents were used to support advocacy activities.
- Selected, in-school and out-of-school, young people were trained in advocacy to develop key SRH advocacy messages. This training empowered young people to undertake a social media (Facebook and Twitter) campaign supported by the tagline #freetochoose.
- Chiefs, queen mothers, religious and other opinion leaders were mobilized and showed commitment to supporting national level advocacy through full participation and contribution to advocacy efforts.
- Meetings with the adolescent health policy development committee were convened and research report findings were shared with high level advocacy targets (GHS and MoH) for policy consideration. A series of follow up meetings were undertaken to ensure that recommendations made by ARHR were incorporated into the policy implementation plan.
- ARHR and the Mamaye Advocacy Coalition have plans to mainstream the project objectives to ensure that project recommendations are implemented. The capacity of youth advocates have been built and will be mobilized to engage GHS when need be to ensure that project.
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INTEGRATING GENDER, EQUALITY AND SOCIAL INCLUSION (GESI) INTO NATIONAL POLICY

Ghana has made several commitments to promoting non-discriminatory and equitable development for all Ghanaians, including the formulation of appropriate policies. Particular areas of focus have been the pursuit of gender equality and promotion of the rights of persons with disability especially in accessing social development initiatives. By signing onto the Sustainable Development Goals (SDGs), Ghana committed to the pursuit of universal health coverage (UHC). Under Strategic Goal 3, Ensuring healthy lives and promoting wellbeing for all at all ages, Target 3.8 requires nations to pursue UHC including financial risk protection, access to quality essential healthcare services, access to safe, effective, quality and affordable essential medicines and vaccines for all.

In September 2016, ARHR in partnership with STAR Ghana started work to ensure a systematic integration of gender and social inclusion in national health policies, programmes and commitments related to UHC in Ghana. To realise this goal, ARHR, in addition to other actions, is facilitating the development of a national GESI framework for use in monitoring impact of policies and commitments related to UHC and their implementation on marginalized, vulnerable groups.

An assessment of the extent to which various health policies, programmes and commitments related to UHC integrate gender equality and social inclusion was conducted. This was done by undertaking a desk review of national health policies and other strategic documents, their preparation, provisions, implementation and intended approaches towards achieving GESI in UHC as well as assessing the preparedness of relevant institutions and GESI stakeholders for future policy formulation with strong GESI orientation. About twenty one policy documents were reviewed with greater emphasis on the National Health Insurance (NHIS) Act and the Community Health Planning and Services (CHPS) Policy and their implementation – Ghana's main pathways to UHC.

UNIVERSAL ACCESS TO HEALTH CARE CAMPAIGN (UAHCC)

Enhancing media reportage on PHC and UHC

UAHCC organised media training workshops in Accra and Kumasi for 40 journalists in the Northern and Southern sectors of Ghana respectively. It was to strengthen their capacities to develop strong, innovative, informed and consistent pieces as well as improve their reportage on PHC and UHC in Ghana. They were provided access to resources (publications, articles, and website links) to aid content development for PHC and UHC along with deliverables at the end of the workshop.

BRIDGING GAPS; INNOVATE FOR MALARIA

Strengthening health systems

With support from Comic Relief, the ARHR is working to strengthen health systems to improve malaria outcomes among pregnant women, lactating mothers and children. We are partnering with community based organisations (CBOs) in the Western Region to improve primary health care by increasing the capacity of community members to demand responsive services in malaria. ARHR undertook baseline survey in 4 districts in the Western Region – Bodi, Juabeso, Mpohor districts and Nzema East municipal. The survey revealed that low knowledge of malaria prevention and treatment in four project districts was a barrier to positive health outcomes. In response, ARHR designed a project to address the problems elicited. Pursuing the project objectives, ARHR commenced capacity building workshops to strengthen CSO partners at the district level; developed a manual on the GHS Patients’ Charter; launched community-based activities in health rights and responsibilities; and commenced malaria service package development.

Through implementation, ARHR fostered and strengthened relationships with national, regional, district and community stakeholders. Meetings were held with the Policy, Planning, Monitoring and Evaluation division of the Ghana Health Service and the National Malaria Control Programme (NMCP) at national and regional levels. Other stakeholders included district assemblies, traditional and opinion leaders from the selected project districts. The commitment of all involved groups was evidenced by stakeholder participation in orientation meetings, capacity building activities at the community level.

PRIMARY HEALTH CARE ADVOCACY

- Since 2016, ARHR in a strategic partnership with PAI has been leading a coalition of civil society organizations to advocate for a high functioning primary health care system in Ghana. Under this project, the ARHR’s objectives are to: Serve as the lead CSO convening agent of a coalition of in-country partners working collaboratively to advocate for PHC in Ghana.
- Actively participate in the global advocacy working group convened by PAI to push the PHC agenda.

Engaging stakeholders to identify PHC-gaps

In-country mapping of prominent stakeholders identified civil society organisations (CSOs), government and media persons that helped to identify strengths, weaknesses, opportunities and threats that could be leveraged to drive the PHC agenda in Ghana. This provided the opportunity to identify allies in PHC advocacy on different levels of influence.

In addition, ARHR commenced a consultative meeting with government stakeholders and other relevant stakeholder, namely: the MoH, GHS, NHIS, NPC, MPs, and the School of Public Health. The meeting was a review of existing legislation, policies and regulations with relevance to delivering PHC in Ghana. For example, it emerged that PHC strategies, particularly the CHPS program, placed more emphasis on curative care than primary care. While Universal Health Coverage is inclusive of curative care, the meeting revealed that comprehensive provision of basic PHC had been omitted.

Developing PHC advocacy strategy

ARHR convened a meeting with in-country CSO partners which resulted in the development of a collaborative advocacy strategy. The advocacy plan was developed with SEND GHANA, Curious Minds, ClikGold Association, the Universal Access to Health Care Campaign and Integrated Social Development Centre. The partnerships and combined advocacy effort pushed for the government of Ghana to recognise and adopt primary health care as the foundation of Ghana's health systems in the country's forty year development plan (2018-2057).

Engaging with Communities and health decision-makers and providers at Sub-national levels for improved implementation of PHC policies

ARHR undertook a community scorecards assessment to produce a CSO alternative report on Ghana's progress in implementing PHC. The study which sought to assess citizens' perspectives and experiences of the CHPS revealed several areas in which planning processes and service delivery failed to reach community expectations. The scorecard-based assessment of primary health care (PHC) produced findings on Universal Accessibility, Full Community Participation, and Affordability of Treatment. In line with the project goal, ARHR, with the help of its partners, disseminated the findings from the PHC community assessment at national and sub-national levels. Interface meetings were held with respective district health assemblies to agree on key actions for service providers and users to undertake to improve on health outcomes.

Advocating for increased PHC-funding and improved implementation of PHC policies

- **Engaging policy and decision makers for inclusive PHC initiatives**

ARHR convened a meeting to mark the 2016 Universal Health Coverage Day. The meeting reinforced the proposal that strengthening primary health care is a viable way of achieving universal health coverage in Ghana. The meeting highlighted key challenges in PHC and identified points for national stakeholders to take action. They include the following:

- * Strategies intended to promote health care and meet the tenets of PHC, particularly, the National Health Insurance Scheme (NHIS) and CHPS policy, required rigorous review (taking into consideration recommendations by the Atim Committee) and implementation planning. This included: CHPS planning informed by the changing demographics of urban areas to ensure universal access and the urgent need to identify a sustainable financial resource for the NHIS and clear fiscal allocations to ensure the implementation of wider UHC initiatives.
- * Inter-sectoral collaboration and strategic collaboration amongst CSO partners as well as with public and private service providers for policy consistency, particularly in relation to PHC delivery requirements and financing gaps, contradictions and overlaps. To assist with this, the need for continuous capacity-building at all levels to ensure improved understanding of primary health care and its conduits; and national PHC goals, was identified.
- * PHC initiatives that focus on preventive health; particularly creating a culture amongst Ghanaians that encourages them to adopt preventive strategies to become co-producers of their health and well being.

- * Improved data collection processes supported by improved analysis of routine administrative data and effectively targeted research in support of evidence-based strategy.

- **Engaging health sector stakeholders**

ARHR with PAI and Ariadne Labs was to discuss and share with relevant stakeholder's research findings related to the performance of Ghana's primary health care (PHC) system. A wide range of participants from civil society organisations, including key health sector advocates, researchers, and high level government officials from the National Development Planning Commission (NDPC), the National Population Council (NPC), the Ghana Health Service and the Ministry of Health and Parliamentary Select Committee on Health, the National Health Insurance Authority etc. participated in the meeting.

- **Continued advocacy through Civil Society Organisations and the media**

In a meeting with CSOs, Ghana's PHC advocacy efforts were reviewed and concerns about effectiveness, affordability, equity and accessibility of NHIS were raised. Recommendations were made that included expansion of the minimum NHIS benefits package; increased citizen education on the NHIS and CHPS; and improved referral systems. Furthermore, ARHR capacitated CSOs and media practitioners from a range of outlets in advocacy for PHC, to raise public awareness and knowledge of PHC through increased discussion and media coverage. These efforts were positioned to strengthen country-led initiatives and encourage ongoing dialogue between global and Ghana PHC advocacy efforts to reinforce. ARHR has continued to leverage on its existing social media platforms for PHC advocacy and has gained traction online receiving 5,000 impressions on a single Twitter post alone.

PHC Global Advocacy Strategy Group

Global consultative meetings organised in South Africa and France helped shape the ARHR-led in-country PHC agenda. ARHR benefited from the opportunities to increase knowledge and information on PHC processes and best practices in advocacy internationally. ARHR has a vested interest in advocating for the government of Ghana to increase investment in PHC through domestic resource mobilisation and to define an essential health service package for Ghanaians.

Advocacy for sustainable SRH financing

In line with ARHR's commitment to ICPD and SDGs, a dialogue of Civil Society Organisations to discuss opportunities to drive progress for sexual and reproductive health within Primary Health Care with particular emphasis on family planning was convened by ARHR. The forum agreed that the critical issues of family planning in Ghana are amply documented and reference was made to the report of the High Level Dialogue on FP organised by GHS and UNFPA which made some key recommendations for improving FP programming in Ghana.

In terms of progress, it was revealed that not much has been done by the Ministry of Finance to include budget line for procurement of contraceptive commodities. The Government is yet to contribute its share to the existing pot of funds, which is mainly funded by entities like UNFPA and USAID that are likely to be negatively affected Global Gag Rule.

CSOs present were tasked to provide evidence in writing to Ministry of Finance on reasons for the critical need for Government to prioritize the protection of women, through; locally relevant data; evidence of the expected impact of the Global Gag Rule, Family Planning Costed Implementation Plan document, evidence from other countries that have shown a reduction in maternal mortality as a result of investment in family planning.

CSOs were urged to intensify and sustain the advocacy for the implementation of free provision of family planning commodities and services in the NHIS service package.