



A CIVIL SOCIETY HEALTH MANIFESTO: ENSURING HEALTHY LIVES AND PROMOTING WELLBEING FOR ALL GHANAIS

2021-2024

ABSTRACT

This Health Manifesto is the collective ideas of CSOs in Ghana working in the sector of health and represents the perspectives and demands of these organisations who desire to see Ghana on a successful path to achieving Universal Health Coverage (UHC) by 2030

COMPILED BY

The Universal Access to Health Care Campaign and the Primary Health Care Advocacy Group



A CIVIL SOCIETY HEALTH MANIFESTO: TO ENSURE HEALTHY LIVES AND PROMOTE WELLBEING FOR ALL GHANAIS FROM 2021-2024

Acknowledgement

This Health Manifesto is the collective ideas of CSOs working in health in Ghana and represents the perspectives and demands of these organisations who desire to see Ghana on a successful path to achieving Universal Health Coverage (UHC) by 2030 as well as the vision of seeing that no one is left behind as we seek to ensure financial risk protection for all. We demand that voters, soon to be elected Members of Parliament (MPs) and next President of this Republic prioritize health by ensuring that the demands listed in this CSO manifesto are addressed. We pledge to use this manifesto as the basis and guideline for engagement with citizens, government, Parliamentary and Presidential candidates and to influence voters and political parties before, during and after the upcoming 2020 national electioneering period. We will hold the successful party of Election 2020 accountable for the implementation of our demands from 2021 to 2024.

Preamble

We, the 55 Civil Society Organisations (CSOs) working in the health sector, are determined to make the 2020 National General Election an emphatic victory for the health sector. This would ensure the promotion of quality health care and service for all of Ghana's 31 million people. Attention should be paid to the poor and vulnerable, who make up 24.3% of the population. In March 2020, Ghana reported the first COVID-19 death. Over the past six months, the threat the virus poses to our health system has escalated. COVID-19 has become a community transmitted virus active in our health system. Unfortunately, there is no vaccine or treatment to prevent COVID-19 from spreading. Over 260 of our fellow citizens have lost their lives to COVID-19. The virus is present in 216 political administrative districts of Ghana¹. Our health system and workers in particular are overstressed. COVID-19 has overburdened a health sector that the President confirmed has been neglected over the years by successive governments². The underfunding of our health facilities made them poorly equipped. Both anecdotal and documented evidence attest to the fact that many health facilities are often without essential commodities and health services especially at the primary level which is not optimal. There are also cases of health workers including those in urban, rural and hard to reach communities going on strikes or demonstrations because they are not well motivated to serve their clients. Additionally, health care provider per client/patient ratio is still low. In 2019, the UK government reported that there are only 1.1 doctors and 9.8 nurses and midwives for every 10,000 inhabitants of Ghana. This falls short of the WHO's recommended minimum threshold of twenty-three doctors, nurses, and midwives per 10,000 population representing a real strain on the delivery of health care in the country³. Compounding the issue is that 'Health care expenditure is approximately USD100 per capita annually, or about 6.2 percent of GDP which are both below the regional average.

¹ <https://ghanahealthservice.org/covid19/>

² See the President COVID-19 8th Address to the nation delivered on 26th April, 2020

³ [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/812958/Ghana - Medical and Healthcare - CPIN - v1.0 GOV.UK .pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/812958/Ghana_-_Medical_and_Healthcare_-_CPIN_-_v1.0_GOV.UK_.pdf)

Interestingly, Ghana was among the original signatories to the Abuja Declaration in 2001. Like the rest of Africa, Ghana pledged to devote 15% of the national budget to health care each year. Even though for nearly two decades, Ghana registered over 6% GDP per annum, successive governments failed to meet the Abuja target. For example in the past four years (2017 to 2020), the Ministry of Health (MOH) share of the national budget was averaged at 7.7%⁴, just half of the Abuja Declaration. As shown in the figure 1, between 2017 and 2020, 50.6 % to 68.15% of government expenditures was devoted to compensation to staff while between 12 % (2017) and 2020 (10%) was expanded on capital investment (i.e. building of new hospitals and purchasing modern equipments) in the health sector. Also, Ghana’s current expenditure on the health sector as a percentage of GDP has declined from 4.6% in 2015 to 3.3% in 2017, far below the average of 5% recommended for middle income countries and the Abuja declaration⁵.

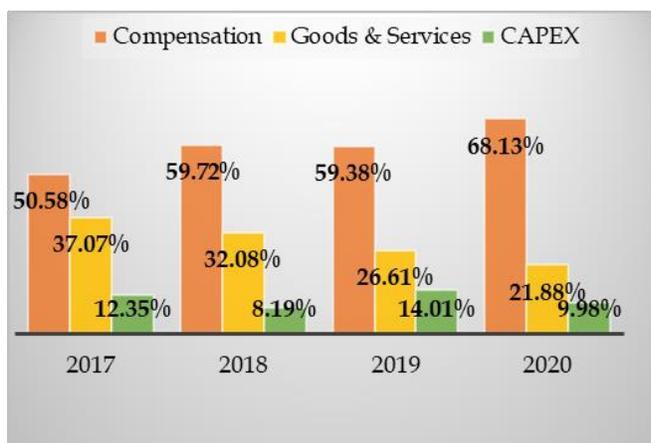


Figure 1: Allocation by Economic Classification
Source: Author’s; data – budget statement and economic policy

It was therefore no wonder that in March, 2020, when the first case of COVID-19 was recorded in Ghana, the country had less than GH¢35 million budgeted for health emergencies. There were only two laboratory facilities - Noguchi Memorial Institute for Medical Research and Kumasi Center for Collaborative Research in Tropical Medicine - with the basic infrastructures and human resources to conduct the COVID-19 testing. Hospital facilities with specialized staff and equipments to manage those infected with the virus were limited. Thankfully, in response to the community transmission, the current government has promised to invest in the health sector emphasizing infrastructure as well as the provision of incentive packages for health workers. Government has also committed to build 88 district hospitals across the country⁶.

Notwithstanding the seemingly strong and promising health response strategies being put in place by the current government, we are deeply worried that just as Ghana did not make the necessary investment to achieve key MDG health targets in 2015⁷, similar fate awaits the Sustainable Development Goals (SDG) health sector targets and UHC for all Ghanaians in 2030⁸. Our worries and concerns are variously further expressed below.

⁴ SEND Ghana 2020 health budget analysis – data from budget statement and economic policy

⁵ <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=GH-XP>

⁶ [https://www.moh.gov.gh/covid-19-government-to-begin-construction-of-88-district-hospitals-this-year-nana-
addo/](https://www.moh.gov.gh/covid-19-government-to-begin-construction-of-88-district-hospitals-this-year-nana-addo/) and <https://sendwestafrica.org/nu/blog/covid-19-a-whole-ghana-approach/>

⁷ [https://www.gh.undp.org/content/ghana/en/home/library/poverty/2015-ghana-millennium-development-goals-
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.html](https://www.gh.undp.org/content/ghana/en/home/library/poverty/ghana-sdgs-indicator-baseline-report-2018-.html)port.html

⁸ <https://www.who.int/topics/sustainable-development-goals/targets/en/>

Concerns of CSOs in the Health Sector and its Allies

First, we are gravely concerned that the leading causes of sickness and death for Ghanaians are largely preventable⁹. From 2002 to 2017, the 10 illnesses and underlining causes of death in Ghana are mentioned in Box 1.¹⁰ Nearly all the illnesses cited in the Box are caused mainly by preventive factors including: poor nutrition, pollution of the environment and air in particular, unsafe water, poor sanitation and lack of exercise (obesity). Malaria for example, the major contributor to the death of children under five years old, can be prevented if people sleep under treated insecticide net (ITN). These nets are being provided free of charge by government and development partners.

However according to the 2019 Ghana Malaria Cluster Survey, of the 67% households who received ITN, only 43% slept under it. Even though the recommended Intermittent Preventive Treatment during pregnancy, sulfadoxine and pyrimethamine (IPTp-SP) is offered free, in 2019 only 61% of women received 3 or more of the required doses.¹¹

Second, our maternal mortality rate of 310 per every 100,000 live birth is over 4 times more than the SDG target of 70 by 2030. Ghana's under 5 Morality rate of 52 per 1,000 live birth in 2017 is twice the SDG target of 25 to be achieved by 2030. The neonatal death rate of 26 per 1000 live birth doubles the target of 12 set for the SDG. The SDG target for water by 2030 is to achieve universal and equitable access to safe and affordable drinking water for all. However, in 2017 only 37% of the population had access to portable water. Likewise for hygiene and sanitation, the SDG target is for all citizens by 2030 to have access to adequate and equitable sanitation and hygiene. The final target is to end open defecation, paying special attention to the needs of women, girls and those in vulnerable situation, but in 2017 only 18% of Ghana's population was covered.¹²

Third, inequality is also a major challenge in the health sector. Urban citizens for example, tend to have access to quality care than those in rural Ghana. Teenage pregnancy for example is 11% (urban) and 18% (rural); access to clean and affordable domestic water has reached 57% in urban and 11% in rural communities. Also, whereas 24% of the urban population has clean and safe drinking water and sanitation facilities only 12% of the rural inhabitants have been reached¹³.

Box 1: Leading causes of Illnesses and Deaths in Ghana, 2017

1. Malaria, 2. Otitis media, 3. Upper respiratory tract infections
4. Rheumatism and other joint pains 5. Diarrhoea diseases 6. Anaemia 7. Skin diseases
8. Intestinal worms 9. Acute urinary tract infection
10. Hypertension

⁹ <https://www.ghanabusinessnews.com/2019/06/04/the-facts-and-figures-on-health-in-ghana-leading-causes-of-death/>

¹⁰ https://ghanahealthservice.org/downloads/Facts+Figures_2018.pdf

¹¹ Ghana Malaria Indicator Cluster Survey - 2019

¹² Ghana Maternal Health Survey - 2017

¹³ <https://washdata.org/data/household#!/dashboard/new>

Fourth, CSOs are deeply concerned about the adverse impact the community transmission of COVID-19 is having on access to essential health services particularly maternal and child health care in hard to reach communities. Our members monitoring of health services in rural and hard to reach communities revealed that, Personal Protective Equipments (PPE) for health workers are often in limited supply. Without PPE health workers at Community-based Health Planning Services (CHPS) are unwilling to carry out community health education activities including COVID-19. Moreover, OPD attendance have dropped at health facilities because citizens are afraid that hospitals are among the places where they can contract the COVID-19¹⁴.

Fifth, the low compliance with the Ghana's Patient Charter which guarantees all citizens the right to quality healthcare is of outmost concern to the CSO working in the health sector. Under COVID-19, the violation of health rights has degenerated into unprecedented stigma and discrimination in the health sector. Before COVID-19, stigma and discrimination were directed against persons with disability, persons living with HIV (PLHIV) and tuberculosis (TB) patients and adolescents seeking reproductive health services such as family planning. However, health workers and COVID-19 survivors are also being rejected and denied services by their neighbours, family members, landlords, market women and taxi drivers. COVID-19 inspired stigma is unfortunately rampant in affluent as well as slum neighbourhoods across Ghana¹⁵.

Sixth, the widespread stigma and discrimination in the health sector is exacerbated and reinforced by cultural attitudes and traditional practices among sections of the population. This is inhibiting women and adolescent girls from exercising their health rights. Practices that prevent women and adolescent girls from claiming their sexual and reproductive health rights include: early and forced marriages, sex trafficking, betrothed to shrines (for example as Trokosi) and female genital mutilation¹⁶.

Seventh, CSOs are concerned about the abysmal performance and unreliability of the National Health Insurance Scheme (NHIS) to deliver on its mandate. It was set-up to help remove financial barriers to accessing essential health care in Ghana. Unfortunately the NHIS is perennially in financial crisis compelling health facilities to withhold their services to the public especially in rural and remote areas of Ghana. Furthermore, the NHIS law guaranteeing vulnerable Ghanaians to free health care through the scheme is not being fully implemented. Poor people especially those in remote communities are unable to access the scheme due mainly to cumbersome certification and qualification requirements.

Eighth, Ghana lacks a comprehensive and well coordinated Primary Health Care (PHC) policy and a funding mechanism despite the availability of a PHC strategic implementation plan. While,

¹⁴ <https://sendwestafrica.org/nu/send-west-africa-covid19-updates/>

¹⁵ <https://sendwestafrica.org/nu/send-west-africa-covid19-updates/>

¹⁶ https://www.researchgate.net/publication/322661540_Field_Of_Power_A_Religious-Cultural_Analysis_Of_Trokosi_In_Ghana

the key components of the PHC exist: Community-based Health Planning and Services (CHPS) and programmes on Newborn health, Maternal and Reproductive Health and Adolescent Sexual and Reproductive Health etc. they are not planned and implemented in a very coordinated fashion. Primary health care facilities are for most citizens', the first point of contact with health services, yet, they are least developed and ill-prepared to cater for patients and their needs. A coherent national PHC policy will complement and strengthen the attainment of Universal Health Coverage (UHC) Roadmap if it is developed and also linked with the PHC strategic implementation plan. Furthermore, the current NHIS benefit package does not adequately address all PHC issues.

Ninth, despite the fact that the prevalence of chronic non-communicable diseases (NCDs) and related risk factors has increased considerably, comprehensive efforts have not been made to address them. There is low awareness and knowledge about the prevention of such diseases and no clear policies or national directives to enforce health promotion and preventive measures required to reduce the incidence of NCDs. While it is widely known that hypertension, stroke and diabetes affects both young and old, urban and rural, and wealthy and poor communities, successive governments have not shown the political will and commitments necessary to support NCD control and prevention and mitigate the impact and incidence of NCDs on the health system.

A similar situation relates to the situation of mental health in Ghana. The World Health Organization (WHO) reports that Ghana has a mental health treatment gap of 98% with only 2% of people receiving the care they need. As of 2017, Ghana had 18 psychiatrists serving an estimated population exceeding 28 million¹⁷.

Finally, low access of adolescent boys and girls to safe and improved adolescent health services including family planning and STI treatment services is a big worry to CSOs. For example teenage (15 to 19 years old) pregnancy in 2017 was 14%. The adoption rate of modern family planning methods still remains low. Between 2014 and 2017 it rose from 22 % to 25% for married women¹⁸. The 2014 Ghana Demography Health Survey reports that among sexually active unmarried women, 55 percent do not use any current contraceptive method. The report further reveals that among unmarried sexually active women, 42 percent have an unmet need for family planning. The total demand for family planning among unmarried sexually active women is 87 percent, and only 51 percent of the potential demand for family planning is currently being satisfied.

Inspirations driving Health Manifesto for the 2020 General Elections

We the CSOs in the health sector are inspired by the guarantee in the constitution of Ghana to citizens that health is a fundamental human right involving “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.¹⁹ In addition, Ghana is a signatory to many international conventions that commit our

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¹⁸ Maternal Health Survey, 2017

¹⁹ <https://www.who.int/mediacentre/news/statements/fundamental-human-right/en/>

government to develop policies and implement programs to empower all citizens to claim their health rights:

- i) UHC implies that , “all individuals and communities receive the health services they need without suffering financial hardship”. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care
- ii) African Union(AU) Agenda 63 emphasizing healthy and well nourished citizens as pillars for social and economic transformation of the continent;
- iii) Maputo Protocol Declaration of 2005 prohibiting all forms of harmful traditional practices against women and girls²⁰
- iv) SDG 3 to ensure healthy lives and promote wellbeing for all at all ages. Even more importantly, we are inspired by the challenges in accessing quality health care of pregnant women, breastfeeding mothers, adolescent girls and boys, persons with disability and PLHIV who are our principals.

We hope that with this manifesto we can amplify the cries and demands of poor and vulnerable Ghanaians for an affordable , equitable and sustainable health system that is free of stigma and discrimination.

Box 2: Objectives of manifesto

The objectives of this manifesto are;

- 1) Engage political parties to commit to strengthening Ghana’s health system by increasing investment in the sector and implementing proposals outlined by CSOs to ensure that Ghana is on track to achieve SDG 3 by 2030 and UHC;
- 2) Educate and mobilize citizens and the public to understand gaps in the health sector and to demand for government, political parties and elected officials to prioritize health issues of concern in national plans;
- 3) To serve as the baseline to hold political parties and government accountable in ensuring healthy lives and promoting wellbeing for all residents of Ghana at all ages.
- 4) Develop a list of priority health areas to be used to engage the winning political party for implementation after Election 2020

The overall purpose of this manifesto is to have the government to invest in the expansion of the demand side and capabilities of the supply infrastructure (facilities, equipments and consumables) of our health system to bring about equitable and quality of access to all its citizens. Achieving the specific objectives detailed in Box 2 will require the implementation of the Abuja Declaration, to allocate each year not less than 15 % of the national national budget to the health sector. Adhering to the Abuja Deceleration will enable the government to mobilise adequate financial resources to invest in the accomplishment of the SDG 3 and UHC. CSOs in health are convinced that the implementation of the SDG3 and UHC will enable every Ghanaian to have sustainable access to quality healthcare. This CSOs health manifesto is therefore a call to the voting public to join us in pushing the political parties and elected officials including members of parliament (MP) to make 2020 election a big victory for the health sector. With this manifesto, the electorates and CSOs are demanding that the political

²⁰ https://au.int/sites/default/files/documents/31520-doc-maputo_protocol_on_womens_rights_a_living_document_for_womens_human_rights_in_afric

parties and elected officials make commitment to fully execute the Abuja Declaration. This is the surest way to increase investment that will accomplish the SDG 3 and UHC.

Preparation and Execution of the Manifesto

This manifesto is the outcome of extensive consultations involving 55 CSOs operating in the health sector across Ghana. These consultations were led by a seven-member Manifesto Committee facilitated under the Universal Access to Health Care Campaign (UAHCC), Primary Health Care Advocacy Coalition in Ghana and the Sustainable Development Goal 3 Health platform.

Demands and Priorities of Manifesto

The demands and priorities of this manifesto are summarised in five areas :

1. Attainment of Universal Health Coverage (UHC) for all residents of Ghana by 2030,
2. Development and implementation of a Primary Health Care policy according to the tenets and principles of the Alma Atta Declaration
3. Commitment of 15% of the national budget to the health sector
4. Sustained funding to the National Health Insurance Authority (NHIA) including payments of all NHIS arrears owed health facilities and service centres
5. Development of a consolidated essential health service package including reviewing of the current NHIS benefits package
6. Provision of Sexual, Reproductive and Health Rights information and services to all women, men, adolescents and vulnerable groups including Persons with Disability etc.

To attain the above, our demands are set-up in three (3) thematic areas: Programmes, Policy and Finance:

1. Programme

- a) Increase taxes on (harmful) commodities, i.e. alcohol and tobacco by 1% as part of efforts to prevent continuous abuse of these products and reduce the rising incidence of non-communicable diseases.
- b) Develop and implement a national agenda to address stigma and discrimination related issues through health programmes.
- c) Integrate mental health care in the NHIS and maintain mental health services that are already free.
- d) Develop and implement a dedicated and strong health surveillance system based on experiences of COVID-19, malaria and other diseases.
- e) Strengthen the current surveillance system to improve monitoring of existing and novel diseases such as STIs/HIV/AIDS, Tuberculosis, Malaria and COVID-19.
- f) Ban advertisements on alcoholic beverages during the day and early evening.
- g) Strictly enforce laws and regulations on environmental pollution including noise.
- h) Ensure that poor, vulnerable and disadvantaged groups including indigents have easy access to NHIS registration processes.
- i) Invest in family planning by ensuring that all health facilities are regularly stocked with FP consumables and other medications to address issues of unwanted pregnancies, unsafe abortions and teenage pregnancies.

- j) Develop clear guidelines on reproductive health education for young people (in and out of school)
- k) Mainstream Patient Rights Charter awareness into all community health education activities

Policy Reform

Under policy reform, we demand the prioritisation of the following :

- i. Provide a coherent PHC policy that ensures the continuous and sustainable implementation of UHC roadmap toward the attainment of the health-related SDGs. This should be linked to the recently developed PHC implementation strategy.
- ii. Develop a national framework for intersectoral collaboration to ensure convergence of ideas and policies aimed at improving the health of Ghanaians.
- iii. Implement the newly revised staffing norms emphasizing equitable development and deployment of human resource in the health sector.
- iv. Ensure full fiscal decentralization of the health sector under the Metropolitan, Municipal and District Assemblies (MMDAs) with safeguarding measures to ensure that allocated funds for the health sector are not misappropriated.
- v. Expand the current NHIS benefits package to include cost for providing health promotion and preventive services or develop a different funding mechanism to focus on preventive care and health promotion.
- vi. Invest in the implementation of the policy promoting telemedicine and domiciliary care especially with the outbreak of infectious diseases.
- vii. Implement policies that regulate drugs, vaccines and medicine pricing, availability and quality.

Finance

To this end, we call on all the next successive government to increase funding to the health sector:

- a. Investment in the health sector should address issues of infrastructural development, availability of essential medicines, drugs and vaccines as well as equipment in all health facilities, particularly at the primary level.
- b. Government must form strategic partnerships with the private sector and non governmental institutions to ensure availability of resources to support the implementation of the prioritization operation being developed under the Global Funding Facility agreement.
- c. Investments in health should be clearly disaggregated by allocations to the various programmes, divisions and units to ensure transparency and accountability
- d. Domestic resource mobilization must be undertaken and backed by an act of parliament. This should include increased taxation on alcohol, plastics, tobacco, sugar and mining of natural resources.
- e. Ensure publication of persons and institutions prosecuted for misappropriation and misuse of NHIS funds to serve as a deterrent
- f. Reconsider allocation to parliamentarians under the MPs NHIS fund as investments in health should be the priority of health directorates or MMDAs.

- g. Expand the benefits package to include some specialist services using a tie system of premium payments with considerations for subsidized payment for kidney dialysis for persons diagnosed with chronic kidney failure
- h. Ensure that the NHIL fund is separated from the consolidated fund and released to the NHIA in a manner similar to the way allocations are made to MMDAs. This should be backed by an act of parliament.
- i. Develop an alternative funding mechanism for preventive and health promotion which should be managed and implemented solely by the MoH and GHS. The current approach of funding preventive and promotive health through the NHIS does not allow for optimal outreach in these areas as the NHIS is designed and oriented to cater mostly for curative services.
- j. Develop an adolescent health budget framework to implement the adolescent health policy (information and services, youth-friendly corners, reduction of stigma and discrimination) as adolescent health programmes remain largely underfunded.
- k. Ensure that 40% of national health budget is allocated to the health expenditure categories of Goods and Services and Capital Expenditure with no more than 60% allocated to the category of Compensations. This should be backed by a legislative act of parliament.
- l. Facilitate implementation of staffing norms by incentivising health personnel transferred to hard to reach communities. This will enhance the equitable deployment of human resource for health.

Conclusion: Implementation of the manifesto

During the preparation of this manifesto members of the preparatory committee engaged the leaders of the political parties and shared with them the our key demands. We are hopeful that commitments from aspiring Presidential and Parliamentary candidates will reflect some of our demands and possibly all. The next phase is to use this document to educate and mobilise the electorates to use our demands as checklists in deciding to vote for or against a political party or a particular candidate. This manifesto will also be used by CSOs to monitor the elected government and members of parliament performance in the health sector. We, CSOs in the health led by the UAHCC will use the manifesto to conduct annual performance audit in the health sector of the government and publish and disseminate the findings via the media.

ADOPTED BY:

- Alliance for Reproductive Health Rights (ARHR)
- Planned Parenthood Association of Ghana (PPAG)
- Marie Stopes Ghana (MSG)
- SEND Ghana
- Integrated Social Development Centre (ISODEC)
- Young and Lonely Foundation
- Rights and Responsibilities Initiatives Ghana
- Centre for Community Studies, Action and Development (CENCOSAD)
- Curious Minds, Ghana
- Ghana NCD Alliance (GhNCDA)

- Vision for Alternative Development (VALD)
- World Vision, Ghana
- Roots Link Africa
- ClikGold Association, Ghana
- Network For Health And Relief Foundation
- Real Opportunity Network
- Mission of Grace Ministries
- Youth Advocacy on Rights and Opportunities (YARO)
- Bimobas Literacy and Farmers Co-operatives Association
- Integrated Rural Development Centre
- Ghana Developing Communities Association
- Divine Group International
- MindFreedom Ghana
- Youth Harvest Foundation, Ghana
- Concern Health Education
- Adolescents Youth and Health International (AYHI)
- Stroke Association Supportnetwork-Ghana (SASNET GHANA)
- Mental Health Hub Ghana
- The Young Women's Christian Association of Ghana (YWCA)
- Fortitude Child Support Foundation
- Reprocan Ghana
- Human Rights Reporters Ghana (HRRG)
- HealthKeepers Network
- Community Focus Foundation Ghana (CFF-GH)
- Pure Trust Social Investment Foundation
- Savannah Signatures
- Basic Needs- Ghana
- Northern Sector Action on Awareness Centre (NORSAAC)
- Youth in Action in Development
- Youth without Borders Ghana
- Zuuri Organic Vegetable Farmers Cooperatives Union (ZUVFA)
- Spirit Youth Ministry
- Window of Hope
- Resource Link Foundation
- Centre for the Development of People (CEDEP)
- Environmental Protection Agency of Ghana, Kumasi
- Young Women Christian Association, Kumasi
- TeensNet Ghana
- Spirit Youth Ministry
- Support for Community Mobilisation Programme
- Edu Media Ghana
- Worakese Youth Association
- Tachie Women Association
- Act for Change