

ALLIANCE FOR  
REPRODUCTIVE  
HEALTH RIGHTS

2008

**ANNUAL REPORT**

# IDENTIFICATION AND PROFILE

## **Alliance for Reproductive Health Programme (ARHP)**

Alliance for Reproductive Health Rights

**Partner Agencies:** Integrated Social Development Centre (ISODEC); Centre for Development of People (CEDEP); Centre for Community Studies, Action and Development (CENCOSAD); and selected community-based organisations; in close collaboration with the Ministry of Health and Ghana Health Service at national, regional, district and community levels.

**Target Group:** Vulnerable populations in target communities, particularly Young people and poor women of reproductive age and disadvantaged men.

**Advocacy/Influencing Targets:** District Assemblies, District Health Management Teams, decision makers in the Ministry of Health, National and International NGOs, and local and international public health training institutions.

**Project/Programme Duration:** July 2006 to June 2010

**Funding Source:** Embassy of the Kingdom of the Netherlands

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### **Key Programme Objective (Purpose):**

The ARHP seeks to promote and operationalise the rights-based approach to the delivery of SRH services and information to women of reproductive health age and young people in particularly underserved communities; and in the process, strengthen the capacity of member NGOs and other actors in SRH to mainstream a rights' orientation in their activities.

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## LIST OF ABBREVIATIONS AND ACRONYMS

ARHP	Alliance Reproductive Health Programme
ARHR	Alliance for Reproductive Health Rights
CAH-MDGs	Citizen's Action and Health MDGs Project
CEDEP	Centre for Development of People
CENCOSAD	Centre for Community Studies, Action and Development
CHNs	Community health nurses
EKN	Embassy of the Kingdom of the Netherlands
<i>ESTHER</i>	<i>Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau</i> (that is: Network for Therapeutic Solidarity in Hospitals).
GHS	Ghana Health Service
IEC	Information, Education, and Communication
IPs	Implementing Partners
ISODEC	Integrated Social Development Centre
KATH	Komfo Anokye Teaching Hospital
LNGOs	Local NGOs
MoH	Ministry of Health
MOWAC	Ministry of Women and Children's Affairs
NGOs	Non-Governmental Organizations
PLHIV	People Living with HIV and AIDS
PRC	Programme Review Committee
SRH	Sexual and Reproductive Health
TOT	Training of Trainers
UNICEF	United Nations Children's Education Fund
ZCNGOs	Zonal Coordinating NGOs

# 1. Introduction

The Alliance for Reproductive Health Rights exists to advocate for sexual and reproductive health rights of the poor, young people and disadvantaged groups in underserved areas. The Alliance believes that the rights-based approach could quicken and widen the achievement of full sexual and reproductive health rights for all citizens in Ghana, no matter their income, education, or geographical status.

## About the Alliance

ARHR is made up of 32 national and local NGOs and community-based organisations collaborating with national and district stakeholders and communities in 29 districts of Ghana. Three zonal NGOs (ISODEC, CEDEP and CENCOSAD) act as coordinators and provide support to 29 local NGOs (LNGOs). The Alliance Secretariat provides programme coordination and liaison at the national level.

### Core Values

1. Gender equality
2. Mutual respect, participation and consensus building
3. Equity, transparency and accountability
4. Obligation of the state to respect, fulfil and protect the rights of citizens
5. Community sovereignty and empowerment

## 1.1 Alliance for Reproductive Health Programme (ARHP)

The Alliance programme, ARHP, is a four-year programme (July 2006 to June 2010) funded by the Embassy of the Kingdom of the Netherlands (EKN). The key objective of the project is to promote and operationalise the rights-based approach to the delivery of SRH services and information to women of reproductive age and young people in particularly underserved communities; and in the process, strengthen the capacity of communities and CBOs in demanding their rights to these services.

### Objectives of ARHP

- Increase understanding and acceptance of sexual and reproductive health rights in target communities and nationally;
- Forster increased access to quality sexual and reproductive health through improved information dissemination to communities, promoting collaboration between local NGOs and GHS to provide friendly services for young people and vulnerable women.
- Improve organisational capacity of community based organisations to deliver rights-based sexual and reproductive health services and information.

A key strategy employed to achieve the programme's objective is strengthening capacity of communities and civil society organisations to be able to develop and implement sexual and reproductive health information and services.

Thus ARHR is also implementing a project to promote participation of civil society and rural communities in monitoring the health MDGs in three districts.

## **1.2 Citizen's Action and Health MDGs Project**

The Citizen's Action and Health MDGs (CAH-MDGs) project promotes participation of civil society, poor and rural women of reproductive age, men as well as young people in tracking Ghana's performance in realising the MDGs, especially, those pertaining to health and gender equality. The CAH-MDGs project is a three-year project implemented in two phases and funded by Cordaid, a Dutch NGO. The Alliance is participating in the campaign on the MDGs as the lead agency for the Health Platform.

### **Objectives of the CAH-MDGs Project**

- Providing education on the MDGs and other Government's commitments in health to vulnerable women and men, young people, and people with disabilities in six target districts and the Health Platform members to instil a sense of rights and demand for rights from duty bearers.
- Increased Government's accountability to the public on health commitments.
- Strengthen the research, monitoring implementation of national policies and advocacy skills of the ARHR to enable the organisation provide technical inputs and effective leadership to the Health Platform.

## **2. Overview of Activities and Objectives**

The Alliance for Reproductive Health Rights made strong progress toward its objectives in 2007. Increasingly, the work of ARHR and its implementing partners is gaining recognition and being rewarded with leadership opportunities in the reproductive health arena. For instance, CEDEP was asked to chair a regional PLHIV network and ISODEC was tasked by the Northern Regional Coordinating Council to "parent" two districts that needed technical assistance. As more communities, development partners, and even government agencies look to ARHR for collaboration, support and/or leadership, the opportunities are created to achieve Alliance objectives.

In 2007, many positive signals suggest that ARHR is making an impact in its target communities and at the district and national levels. In validation meetings in the central zone, CEDEP observed that the women spoke up about being deprived of their right to privacy at the public health facilities and did not hesitate to complain about maltreatment

from the health workers. And Ghana Health Service is including NGOs in its training-of-trainers; CEDEP benefited from two such workshops from GHS.

During the year, ARHR demonstrated its readiness to seize opportunities to highlight and advocate for reproductive rights. For instance, in July 2007, ARHR led the Health Platform of the CSO Campaign on the MDGs to mark the mid-point for the attainment of the MDGs on 7th of July 2007 (7/7/7) to draw attention to the slow pace of progress. Likewise, ISODEC produced a timely article in *Public Agenda* newspaper that threw a spotlight on teenage pregnancy when it discovered that there were one hundred teenage pregnancies in the first six months of 2007 in Bunkpurugu Yunyoo District.

As part of efforts to protect the reproductive and health rights of vulnerable groups in the society, ISODEC and one LNGO rescued a 14 year-old girl from a forced marriage in Saboba District.

The case was reported to the police and the culprits arrested.

ISODEC worked with the District Girl Child Officer to ensure that the girl received adequate follow-up.

To increase understanding and acceptance of reproductive rights, the Alliance used varied communication avenues and engaged in advocacy at local and national levels. Thousands of community members were educated on the Patients' Rights Charter, while more than 2,000 community members were educated on family planning and safe motherhood.

To increase access to sexual and reproductive health services, the efforts of the Alliance and its members contributed to expanding access in target districts. ARHR facilitated the secondment of community health nurses from the Ghana Health Service to 21 of the 29 ARHR districts – thus making their services available to communities who would not otherwise have qualified medical services. About 80 women's groups were formed and women as well as PLHIVs were all encouraged to use health services and to lay the ground for claiming SRH rights.

To strengthen capacity of communities and civil society organisations, Alliance implementing partners provided advocacy skills training and education in human rights, gender and male involvement in reproductive rights to thousands in the target districts. Beneficiaries of such capacity-building training included community leaders, peer educators among others.

In addition, ARHR and its members made time investments in collaborations and partnerships with numerous governmental and nongovernmental organisations related to SRH.

## 3. Advocacy

### 3.1 Highlight Gaps Between policy and Practice

ARHR has committed itself to the task of highlighting gaps between the government health policies and its practices such as inequalities in health inputs, outputs and outcomes in the underserved districts in which ARHR works.

#### *Gathering Evidence for Advocacy*

In particular, the audit of the health infrastructure and survey of household health-seeking behaviour was completed in all 29 target districts in 2007. The audit, conducted by ISODEC, CEDEP and CENCOSAD, assessed the health-care facilities and personnel strength, as well as household health-seeking behaviour. Reports covering all three ARHR zones were finalized in 2007 and the results will serve as evidence-based data for health sector policy engagement.

#### *Publicity*

ISODEC seized the opportunity to draw attention to a glaring example of the problem of teenage pregnancy. The organisation published an article titled, “The Alarming Teenage Pregnancies” in the *Public Agenda* newspaper to shed light on the one hundred teenage pregnancies recorded in the Bunkpurugu-Yunyoo district between January and June 2007.

#### *Communication and Advocacy Strategy*

Communication and advocacy are the primary means by which ARHR seeks to increase understanding and acceptance of SRH rights and to influence public health policy. In 2007, several critical elements needed for advocacy were begun and some were completed by year end. These include development of an advocacy strategy document and the initiation of materials development.

ARHR developed a three-year communications and advocacy strategy to guide its advocacy work. The strategy document emerged out of extensive review of ARHR and other health sector reports and policies and consultations with all zonal and local NGOs. The main purpose of the strategy is to help the partners to focus their energies on a few key issues in which the Alliance can make optimum impact.

As part of this process, a complementary document on *Positioning ARHR for Advocacy document* was developed to guide the advocacy process of ARHR (see annex 2).



### *Materials Development*

In year 2007, the Alliance started to work toward creating a basic package that communicates the mission and goals of the Alliance. The Secretariat commissioned development of a logo and a brochure. In addition, work began on development of materials such as briefing and fact sheets. This activity is ongoing.

## **3.2 Partnerships**

ARHR has made heavy time investments in collaborating with partners to promote SRH at national, regional and district levels. Experience has shown that neither local nor national advocacy should be taken on alone. The various forms of partnerships actually form a strong pillar in the Alliance advocacy strategy. The breadth of participation spans the local to the national; each represents a building block in the foundation ARHR is laying for advocacy. The benefits of networking and collaboration include opportunities to:

- Collaborate with Ghana Health Service at various levels, from local to national
- Raise issues and concerns with decision makers on behalf of underserved communities
- Play a leadership role in the reproductive health field
- Bring a rights-based approach to discussions with civil society and government
- Amplify its advocacy message by joining voices with allies

### **Collaboration with GHS**

Collaboration with the Ghana Health Service at the national, regional and district levels opens the door to represent the needs of vulnerable groups and underserved communities with governmental decision makers. Such interactions also offer opportunities to bring a rights-based angle to discussions and decisions about SRH.

#### *National level*

GHS and MOWAC participated in the third Programme Review Committee (PRC) meeting of ARHR held in early January 2008. Again there were representatives from the MoH at the second Programme Review Committee held in July 2007.

#### *Zonal level*

GHS invited ISODEC to serve on the Health and Nutrition Committee and also on the Communication sub-committee. The communication sub-committee developed health information messages that were used/advertised on radio stations to reduce the health risks associated with the floods.

### *Regional level*

CEDEP continues to work as the chair of the Reproductive and Child Health Committee of the Ashanti Region.

### **Leadership Role**

Collaboration with both governmental and civil society organizations garners recognition of Alliance experience and contributions in sexual and reproductive health in the communities, leading to leadership opportunities:

- ✚ ARHR continues to serve as the lead organization for the Health Platform which was formed as part of the national CSO Campaign on the MDGs. During the period under review, ARHR, together with Christian Council and the Youth Platform, organized a national forum to mark the mid-point for the attainment of the MDGs on the 7<sup>th</sup> of July 2007 (7/7/7). The forum was aimed at drawing attention to the slow pace of progress, and the need to re-double efforts if the MDGs are to be attained.
- ✚ CEDEP leads civil society organisations working in SRH in the Ashanti Region as chair of NGOs working with PLHIVs. During 2007, the CSO discussed partnering with *ESTHER* (a French NGO) to serve PLHIVs in Komfo Anokye Teaching Hospital.
- ✚ At a two-day Northern regional HIV and AIDS Review organised by the Northern Region Coordinating Council, ISODEC was chosen as a “parent” of the Gushegu and Karaga Districts. All 18 district assemblies in the region participated in the meeting, where ISODEC was asked to assist the two districts to draw up their work plans, to undertake periodic visits to ascertain progress of work in the districts, and to provide any other technical assistance as possible.

Network for Therapeutic Solidarity in Hospitals (*ESTHER*) is an NGO based in France wishing to establish a network of NGOs working with PLHIVs in Ghana.

To achieve this objective, *ESTHER* paid two visits to Ghana to plan the proposed project with a consortium of public health service personnel, specifically staff from the Mampong Hospital and the Komfo Anokye Teaching Hospital (KATH). The first meeting was held from April 30—May 3, 2007 with the second meeting from June 20—29, 2007.

CEDEP was selected as the proposed Coordinator of the project. The consultant of the programme informed members she would be back in Ghana from September 2-15 to finalize the proposal for subsequent funding commencing January 2008.

## **4. Activities to Meet Objectives**

### **4.1 Improving Understanding and Acceptance of Sexual and Reproductive Health Rights in Target Communities and Nationally**

Activities to meet the objective of improving understanding and acceptance of SRH rights included sensitisation and predominantly communication and advocacy. ARHR conducted sensitisation of hundreds of community members and leaders, and offered training for civil society organizations and peer educators. The Alliance fostered formation of women's groups and assisted PLHIVs to understand and claim their SRH rights.

#### **Community Education**

##### *Manual*

In 2007 ARHR began developing a manual for community education and sensitisation that can be used by the implementing partners. The development of the manual forms part of efforts by ARHR to harmonise and facilitate the community-rights based sensitization component of the ARHP. The manual will facilitate rights-based community education and will be used to train women's groups, peer educators and others. Creation of the manual involved a participatory process that accepted inputs from coordinating NGOs as well as the LNGOs. The manual is expected to be ready early in 2008.

##### *Patients' Rights Charter*

Most IPs working with the ZCNGOs educated their community members on the Patients Right Charter. In CEDEP's project area a total of 1,256 people (761 females and 495 males) were sensitized. A total of 2,225 people were sensitized on the charter in 2007, over and above the set target of 2000.

##### *Male Involvement in Reproductive Health*

Two zonal partners, CEDEP and ISODEC, organised training workshops to promote male involvement in reproductive health and to increase understanding of gender and reproductive health. Altogether personnel from all the local NGOs in middle and northern zones received training to enhance their understanding of sensitive gender issues and the appropriate strategies and techniques to use in encouraging communities.

##### *Women's Groups*

Fostering and / or supporting mothers' and women's groups form one of ARHR strategies of promoting reproductive health rights. ARHR believes that mothers' and women's groups can be strengthened to promote knowledge sharing and create a platform for peer influence to increase ante-natal, delivery and post-natal attendance. Several implementing partners succeeded in organising some women groups. In all 80 functional women groups were formed in 2007.

CENCOSAD supported three women's group meetings held to sensitize 201 PLHIV on their rights to SRH and to promote the rights of PLHIV in three districts in the ARHR southern zone. ISODEC formed eight Pregnant and Nursing Mothers Clubs — with each group made up of an average of four lactating mothers and four pregnant women. CEDEP developed guidelines for working with women's groups which will be used by the LNGOs.

## **4.2 Increasing Access to Quality Sexual and Reproductive Health Services and Information**

### *Community Health Nurses*

Not only did ARHR facilitate the secondment of community health nurses for 21 of its target districts, but two of its zonal NGOs also organised Life Saving Skills training for the community health nurses (CHNs) attached to their project districts. CEDEP and ISODEC offered the training to strengthen collaboration with GHS, help with challenges CHNs face in their project areas which generally included competencies in safe motherhood, adolescent sexual and reproductive health rights, child development, family planning and collation of Coverage Quality Forms. Twenty-one CHNs were seconded by GHS to work in ARHP supported districts.

## **4.3 Strengthening Capacity of Community-based Organisations to Deliver Rights-Based Sexual and Reproductive Health services and Information**

ISODEC organized a gender training workshop in Tamale for project officers and coordinators from all its 12 local NGO partners. Focus was placed on enhancing participants' understanding of reproductive health rights and sensitivity to gender issues.

CEDEP received capacity building two training programmes. UNICEF in collaboration with GHS organized a comprehensive five-day training-of-trainers (TOT) workshop for GHS personnel and selected NGOs from the Brong Ahafo and Ashanti Regions on improvement of micro-nutrient deficiency in mothers and babies.

### *Peer Educators*

In 2007, more than 1,000 peer educators received training-of-trainers or refreshers in SRH for young people throughout the target districts provided by the three zonal organizations: CENCOSAD, CEDEP and ISODEC.

#### **4.4 Citizen's Action and Health MDGs Project**

As part of ARHR's "Citizens' Action and Health Millennium Development Goals" project (CAH-MDGs), the ARHR is undertaking a participatory monitoring exercise in three selected districts: Afram Plains, Bongo and Komenda-Edina Eguafo-Abirem districts. This exercise is aimed at generating data on health, education, poverty and hunger in the three districts, which will serve as the basis for national advocacy on the MDGs.

ISODEC, CEDEP and CENCOSAD were instrumental in assisting district focal NGOs in organizing the health MDG launch in the three districts. ARHR participated in radio discussion in English and Gruni, a local language, to educate the public on the health MDGs.

## **5. Constraints**

Some challenges include:

- Cost of project implementation has increased
  - Energy crisis
  - Fuel prices
- Delay in release of funds affects smooth running of activities
- Floods in the north led to a reduction in the number of planned activities that were implemented in the northern zone
- Capacity challenges of implementing partners
- Extreme poverty demands immediate solutions in communities and pushes reproductive health issues to the back burner
- In Northern zone, for instance, communities and project districts are hard to reach, with extensive distances between. Lack of phone and Internet access in some districts limits flow of information.

## **6. Lessons Learned**

- A major challenge that hinders the organisation from completing set targets is the delay in the release of funds. There is therefore the need to develop strategies for early release of funds which would include early submission of narrative and financial reports.
- It is necessary to train the media to play a role in advocating for attainment of reproductive rights – to protect and promote appropriate SRH values
- The need to develop a cordial relationship between the unorthodox treatment centers and the health directorate to enhance effective collaboration in health service delivery. Unorthodox and most often indigenous treatment centers are well accepted and utilized in communities. Establishing cordial relationship with these centers makes it easier to share information with them and the communities they serve.

## Annex 1: Performance on Core Indicators

### Alliance for Reproductive Health Programme

Indicator	2006		2007		2008		2009		2010	
	Target	Realised	Target	Realised	Target	Realised	Target	Realised	Target	Realised
<b>Access</b>										
No. of CHNs seconded by GHS to ARHP supported districts.	-	-	15	21	25					
No. of functional women groups involved in the project.	-	-	58	80	90					
No. of schools involved in the project activities.	-	-	90	110	90					
<b>Rights</b>										
No. of IEC materials developed/adapted.	-	0	10	7	15					
No. of community members educated on Patient's Rights Charter.	-	-	2,000	2,225	1,000					
<b>Capacity</b>										
No. of persons trained in human rights approaches.	30	40	75	25	-					
No. of community leaders trained in protecting reproductive health rights.	145	-	145	183	290					
No. of persons trained in gender issues around reproductive health	-	-	90	36	120					
No. of persons trained in advocacy skills	30	40	270	284	-					

Indicator	2006		2007		2008		2009		2010	
	Target	Realised	Target	Realised	Target	Realised	Target	Realised	Target	Realised
No. of local NGOs that operate with funding from district level	-	0	-	2	5					
No. of peer educators active within the project	145	-	290	317	440					
<b>Research and Co-ordination</b>										
No. of districts in which LNGOs participate in district dialogue.	15	-	15	15	20					
No. of regions in which ZCNGOs participate in regional dialogue.	3	1	3	1	6					
No. of local NGOs involved in the project.	29	29	35	29	29					
<b>No. of members of ARHR.</b>	-	-	-	50						

## Annex 2: Positioning ARHR for Advocacy

The Alliance for Reproductive Rights is seeking social justice through promotion of reproductive rights for all citizens in Ghana, regardless of social position. Changing the status quo to address the needs of marginalised groups will require making the kind of drastic changes in policy and resource allocation that cannot come about without struggle.

The Alliance must position itself and gain credibility to engage in advocacy if it hopes to influence decision makers at national and district levels. Positioning does not just happen. Rather than just leaving your reputation to find its own level, ARHR will benefit from working systematically to grow its reputation and authority.

Practically, positioning involves simply

- Deciding what ARHR is about and where it fits in SRH field
- Distinguish it from others in the field
- Gain authority and credibility to influence decision makers

### Who is ARHR?

Perhaps as many as hundreds of agencies, institutions and civil society organizations have long been involved in Ghana's health sector; and many continue to make valuable contributions that fill a need in underserved parts of the country.

In the crowded arena of sexual and reproductive health, with numerous actors using various approaches, what is unique about the ARHR?

Mission statement	Defines the organization's purpose—its reason for being.
Positioning statement	defines the organization's uniqueness

### 1.1 Vision, mission and Alliance stand on significant reproductive health issues

Commit time and effort to clarify foundational issues and strengthen the roots of the Alliance. A SWOT analysis may be useful here.

#### 1.1.1 Clarify the Alliance vision and mission



- Who you are and specific purpose for which you have come together. SRH is broad and multi-sectoral, and numerous actors are involved. What part of the SRH vision is ARHR focusing on?  
Boil it down to a simple, clear statement to the point

### 1.1.2 Where the Alliance Stands on Critical SRH Issues

Make time to think through *and agree on* the Alliance's position on critical issues so that you speak with one voice.

- Maternal deaths
- NHIS
- Abortion

## 1.2 Improve cohesion of internal Alliance partnership.

**Bring all member organizations to a common understanding of the mission, structure and basic processes of the Alliance.**

Considering that the membership of the Alliance is made up of a diverse group of organizations of differing sizes and strengths, it is necessary to foster stronger cohesion.

- a) Create a manual to document and share information about:
  - Structure of Alliance (including roles and responsibilities of the three tiers – the Secretariat, ZCNGOs, LNGOs)
  - Internal procedures
  - Reporting formats and deadlines
  - Funding conditions and frequency of release of funds

## 1.3 Strengthen capacity at all levels of ARHR

- a) **Acquire knowledge about SRH terrain in the country**
- b) **Build capacity of Alliance members at all levels to equip them to play their role**

### 1.3.1 Increase knowledge of and familiarity with the health sector

Consider acquiring or developing basic informational documents in order that all partners have easy access to info

- policies and regulations
- terms
- NHIS
- Roles, decision makers at national, local levels (MOH, DHS, DCE, etc.)

- Patients' charter and others.

Also ask LNGOs to document information for advocacy such as:

- Know your officials and duty bearers: who is responsible for what at district,
- Funding process, path that resources take to trickle down to communities
- Community leaders
- Women leaders

### 1.3.2 Build capacity of Alliance members

#### a) Technical Support

Provide technical support where needed, and if necessary engage outside help if the CBNGO is stretched. If time is not devoted to support activities for which technical skills are needed, efforts such as the recent health infrastructure survey will not gain full benefit, and may not be credible outside the Alliance.

#### b) Training

ZCNGOs must jointly assess areas of need within LNGOs and budget time and resources for building capacity where necessary. This should include providing support for LNGOs who need help to identify and prepare documents for soliciting funds directly.

The Alliance should consider investing in hiring outside trainer to provide support to LNGOs for fund raising.

#### c) Release of Funds

Funds and resources are crucial to the survival of every organization, and especially, small community-based organizations need a consistent flow of funds to thrive.

Keep all members informed about status of release of funds and explain any delays. Once funds become available, there should never be a hold up at any stage, without strong reasons, and these should be resolved by ZCNGOs speedily.

## **Gain authority and credibility to influence decision makers and Distinguish it from others in the field**

### **2. Build Muscle**

#### **2.1 Strength in numbers**

Probably one of the most powerful strategies that the Alliance can use in gaining power is to play a leadership role in networks and coalitions and join its voice with others advocating for the same objectives.

## **2.2 Identify skills and knowledge within Alliance that can be used:**

Who can mobilize?

Who can reach out to media?

## **3. Gain authority and credibility to influence decision makers**

### **3.1 Reputation, Credibility**

In order to influence policy and decision makers in this country, the Alliance will need to demonstrate competence in the field and long standing experience in about 250 underserved communities. The authority and depth of knowledge of Alliance partners in the communities cannot be challenged, but only need to be presented appropriately for its audience.

#### **3.1.1 Publications**

- Newsletter
- Fact sheets
- Policy Briefs (On budget process, monitoring and tracking)

#### **3.1.2 Let your voice be heard in high places**

Contribute to the alternate reports that civil society presents to Treaty Monitoring bodies  
(MDGs monitoring)

### **3.2 Visibility**

#### **3.2.1 ARHR logo and brochure**

Develop a logo and high-quality brochure as a first step. Include brief descriptions of all partners in brochure to demonstrate the extent of the reach of members, somewhat akin to the size of your constituency on whose behalf the organization speaks.

### 3.2.2 Publicise activities

## **4. Documentation, Research, Monitoring**

Several activities already planned for in the current ARHP work plan could yield material for evidence and feed into other advocacy tools.

Alliance members already carry out regular reporting and documentation, partly as a requirement for donors. The contents and findings of these documents can be included as evidence and presented in various formats appropriate to different audiences.

Also included in the Alliance current work plan are several surveys and monitoring activities whose findings can be included in fact sheets and the newsletter.