

ALLIANCE FOR
REPRODUCTIVE
HEALTH RIGHTS

2011

ANNUAL REPORT

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LIST OF ABBREVIATIONS AND ACRONYMS

ARHP	Alliance for Reproductive Health Programme
ARHR	Alliance for Reproductive Health Rights
AIDS	Acquired Immuno-Deficiency Virus
ANC	Ante-Natal Care
BCC	Behaviour Change Communication
BILFACU	Bimoba Literacy Farmers Cooperative Union
CAC	Comprehensive Abortion Care
CAH-MDGs	Citizen's Action and Health MDGs
CBOs	Community Based Organisations
CEDEP	Centre for Development of People
CENCOSAD	Centre for Community Studies, Action and Development
CEWEFIA	Central and Western Fishmonger Improvement Association
CHN	Community Health Nurse
CSOs	Civil Society Organisations
DAs	District Assemblies
DHMT	District Health Management Team
EKN	Embassy of the Kingdom of the Netherlands
FP	Family Planning
GHS	Ghana Health Service
HIRG	Health Insurance Reference Group
HIV	Human Immuno Deficiency Virus
IEC	Information, Education, and Communication
IPs	Implementing Partners
ISODEC	Integrated Social Development Centre
LNGOs	Local NGOs
MoH	Ministry of Health
NGOs	Non-Governmental Organizations
NHIS	National Health Insurance Scheme
PPAG	Planned Parenthood Association of Ghana
PNC	Post-Natal Care
PRC	Programme Review Committee
PRIDE	Pride Reproductive Health Programme
PRM	Partners Review Meeting
RH	Reproductive Health
RHR	Reproductive Health Rights
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Diseases

ZCNGOs

Zonal Coordinating NGOs

MESSAGE FROM THE EXECUTIVE DIRECTOR

1.0 INTRODUCTION

About ARHR

The Alliance for Reproductive Health Rights is a Ghanaian-based network of national and local NGOs and community-based organisations engaged in sexual and reproductive health interventions in collaboration with national and district stakeholders and communities in 35 districts. Three zonal NGOs (ISODEC, CEDEP and CENCOSAD) act as coordinators and provide support to 35 local NGOs (LNGOs). The Alliance Secretariat provides programmes coordination and liaison at the national level.

Vision

ARHR works towards realizing a society in which the reproductive and health rights of all, especially vulnerable groups such as poor people, marginalized groups, women of reproductive age, are protected, respected and fulfilled irrespective of status, gender, race and beliefs.

Mission

The organization seeks to promote rights-based approaches to sexual and reproductive health in Ghana, particularly through advocacy and inclusive policy making in the interest of underserved communities, the poor and the marginalized.

2.0 HIGHLIGHTS OF ACHIEVEMENTS

Internal Context

External Context

During the period under review, the ARHR:

3.0 Projects

TOP Project

Funded by Oxfam GB, the Project aims at improving access to Maternal Healthcare in Ghana. Other objectives of the project are as follows:

- To increase awareness and education of citizens rights regarding healthcare and enable women to demand their right to safe pregnancy and childbirth
- Raising Ghanaian parliamentarian's commitment on free healthcare and maternal health, and improve campaign coordination between civil society organization.

- To use evidence and voices for Ghana to raise awareness of the importance of free health care in reducing material maternal mortality with policy makers and public in key donor countries.

Under the project ARHR was responsible for carrying out the following

- Conference for Civil Society Organizations
- Parliamentary Health Committee hearing with Ghanaian speaker
- Workshop for Ghana Registered Midwives Association members in Accra.

Universal Access to Free Healthcare

The overall objective of the project is to ensure that the Government of Ghana legislates for free, quality and accessible Healthcare at point of use through an extended tax base and innovative finance mechanism by 2015.

The other objectives are as follows:

- Government of Ghana abolishes yearly premiums at point of use by end of 2012
- Government of Ghana expands the tax base and adopts innovative mechanisms to fully finance free healthcare at point of use by 2015.
- Four major political parties include free, quality healthcare at the point of use in their campaign manifestos.

ARHR was to implement the following:

- Recruitment of a Campaign Coordinator
- Courtesy call on President and to the major Opposition Party Leader
- Write letters to Parliamentarians on getting Free Healthcare on the agenda. Lobby letters urging them to take action
- Four separate meetings (review, steering committee meetings, general meetings)
- Organize ten (10) Regional and one health fora on Free Universal Health Care (CSOs to issue Communiques at the end of each Health Forum)
- Developing and Printing of Policy Briefs
- Identify media personnel (networking with media personnel)

- Facebook, SMS, Twitter all leading up to pressuring the key targets
- Meeting with the poverty committee
- TV/Radio debate on healthcare financing
- Have initial meetings with general secretaries and or manifesto committees of the political parties and make presentations

This section provides a summary of progress against objectives realized under capacity building, project implementation and advocacy and campaigns by ISODEC, CEDEP, CENCOSAD and the Secretariat.¹

3.1 ISODEC

The Integrated Social Development Centre (ISODEC) is supporting projects in the Northern Upper West and Upper-East Regions

Objective 1: Increased access to responsive SRH services and information in target communities

- **Relations with GHS** – ISODEC and partners have a strong relationship with the DHMT and GHS with 13 CHNs attached to the project. Nurses attached to the project continue to provide useful SRH education on FP, ANC/PNC and exclusive breastfeeding. TIDA participated in a one-day workshop organized by the DHMT on making the implementation of the NHIS more effective in the district.
- **Peer Education Activities** – ISODEC organized a review meeting for its peer educators during the period to assess progress made in peer educator activities, and to plan for the future. Representatives from the

¹ Refer to matrix on pages 10-15 (review of results against targets) for further details on numbers of people reached, key messages discussed and outcomes of activities.

GHS, the district assembly and the Social Welfare department were present at the meeting. From the review, it was realized that the PEs had provided extensive education on Family Planning and HIV/AIDS. Most of them were however faced with the challenge of accurately documenting key achievements made from their field visits.

- **Community Education on modern Family Planning methods** – IPs continue to educate communities on modern family planning methods. During an educational session in the BULFACU working community 115 women and 40 men were able to identify and demonstrate the use of contraceptives types like condoms, pills and foaming tablets. The Peer Educators of the CFRHP organized community meetings on Family Planning, HIV/AIDS, Teenage Pregnancy and the RH rights of women and children.
- **Community Level education on maternal health services** – All attached CHNs continued to provide education on different aspects of maternal and child health care to their communities. Specifically pregnant women were educated on the need to prepare birth plans before delivery, the importance of regularly attending ANC clinics and delivering at a health facility and exclusively breastfeeding their babies for the first six months. CFRHP organized a meeting on the implications of female genital cutting on the reproductive rights of women especially during pregnancy and childbearing with some community leaders. A total of 10 men and 6 women participated in the discussions.

Objective 2: Advocacy and campaigns: NHIS, reductions in maternal deaths and unsafe abortions

Advocacy on maternal health – ISODEC participated in the planning and launch of the Safe Motherhood week at Kpasepa in the West Mamprusi district. The theme for the launch was 'Putting customer care at the centre of reproductive health services'. Topics discussed include, illegal abortion and the effects of unsafe abortion and why one should deliver at a health facility. In all 350 participants attended the programme. In addition, PRIDE educated 10 traditional leaders, 5 traditional healers and 20 opinion leaders on Family Planning antenatal care and sought

Objective 3: Improved organizational capacity of ARHR

- **Technical training sessions for IPs** – ISODEC organized a review meeting with partners, attached nurses, representatives from the NHIS office and the regional population council during the period under review. The objective of the review was to assess how individual organisations are working towards achieving set targets, challenges being encountered and how best to address the challenges if any. It served as a platform for sharing experience, ideas and lessons. The work plan for the period as well as the reporting format were discussed at the meeting.
- **Training workshop on HIV stigma Reduction for CHNs and LNGOs** – The activity was not undertaken during the reported period

Objective 4: Overall coordination, monitoring, research and reporting

- **Zonal Coordination and Supervision** – During the first part of the year, ISODEC could not visit its project district due to late receipt of funds. However, when the funds were received, ISODEC conducted monitoring visits to six partners. This enabled ISODEC to have first hand information of what is going on at the partners' level and also at the communities. The financial records of the IPs were also checked to verify whether their expenditures correspond with their activities.
- **Final Evaluation of ARHP** – Not undertaken

3.2 CEDEP

The Centre for the Development of People (CEDEP) supports projects in the Ashanti, Brong Ahafo and Eastern regions.

Objective 1: Increased access to responsive SRH services and information in target communities

- **Relations with GHS** – CEDEP and her IPs continue to maintain healthy working relationship with the District Health Management Team (DHMTs). Currently, CEDEP has eleven (11) CHNs/midwives seconded to its 10 IPs.

- **Peer Education** – The middle zone organized a peer educators training workshop for its PEs in July 2010. A total of 17 PEs and 14 teachers who supervise the activities of some in – school peer educators attended the programme. Topical areas discussed at the meeting include, Who a PE is, The meaning of sexual and reproductive health and Strengthening Adolescent Sexual and Reproductive Health through peer education
- **Community Education on modern Family Planning methods** – Eleven IPs and CHNs continue to provide education on modern methods of Family Planning to their project communities.
- **Community level education on maternal health services** – All CHNs continue to support IPs to educate community members on the importance of exclusive breastfeeding, maternal nutrition and prevention of maternal and infant deaths. Also nurses seconded to the projects helped the IPs on their community education drive on the importance of exclusive breastfeeding, ANC visits and preparation of birth plans. Nurses seconded to the projects continue to support IPs to educate community members on the importance of exclusive breastfeeding, ANC visits and preparation of birth plans.

Objective 2: Advocacy and campaigns: NHIS, reductions in maternal deaths and unsafe abortions

- **Advocacy on maternal health** – The CHNs attached to IPs continued to provide outreach activities in their respective project communities during the period under review. The areas that were focused on included the importance of Exclusive Breastfeeding, Maternal and Infant nutrition and prevention of maternal and infant deaths.
- **Participatory assessment of the NHIS** – CEDEP did not receive funds for the activity during the period under review.

Objective 3: Improved organizational capacity of ARHR

- **Training session on HIV stigma Reduction for CHNs and LNGOs** – CEDEP organized training in reduction of stigmatization against PLHIVs and their family and friends. This meeting was facilitated by a National AIDS Control Programme trainer in Kumasi, Michael Boame. He

emphasized that stigma and discrimination remained the greatest challenge in combating HIV and AIDS as it unfortunately discouraged those infected from disclosing their status. The IPs were divided into three (3) and tasked to discuss the following, 1. Areas where Stigma and Discrimination is rampant, 2. Suggest ways by which Stigma and Discrimination could be reduced to the minimum, 3. Share experiences of reasons why people stigmatize and discriminate.

- **Technical training sessions on syndromic management of STIs** – The activity was not undertaken.
- **Training of CHNs and LNGOs on the High Impact Rapid Delivery Approach** – The activity will be undertaken in the next reporting period
- **Training session on HIV stigma Reduction for CHNs and LNGOs** – The activity has been scheduled to take place during CEDEP’S next partners review meeting.

Objective 4: Overall coordination, monitoring, research and reporting

- **Zonal Coordination and Supervision** – CEDEP monitored and supervised the activities of all IPs through correspondence and visits.

3.3 CENCOSAD

The centre for Community Studies Action and Development (CENCOSAD) supports ARHP projects in the Western, Central and Greater-Accra regions.

Objective 1: Increased access to responsive SRH services and information in target communities

- **Relations with GHS** – CENCOSAD and six (6) of its IPs continued to collaborate with GHS and DHMT at all levels – CHPS zones, district hospitals, district and national health directorates. Community health nurses seconded to the six projects supported and facilitated community outreach sessions during the reporting period. Senior nursing officers from the Ussher Polyclinic, Ashiedu Keteke sub-metro served as resource persons for a Comprehensive Abortion Care (CAC) training workshop organised by CENCOSAD.

- **Peer Education Activities** – Thirty-two (32) peer educators underwent refresher training to update and upgrade their knowledge on SRHR and its related issues. The purpose of the training was to encourage all peer educators to continue providing information and education to their community members.

- **Community Education on modern family planning methods** – Six IPs of CENCOSAD reported that their community Health Nurses continued to support them in providing education and information on Family Planning to community members in project communities. A total of four thousand, one hundred and eighty-one (4,181) community members were reached with information on FP. Ashiedu Keteke CBO reported an increase in the number of people taking up FP services at the Ussher Clinic. They reported that in comparison to the first half year of 2010 (January – June) where five hundred and thirteen (513) community members took up FP services, the period between July and December 2010 witnessed six hundred and twenty (620) community members accepting and using modern FP methods. Also, IPs with support from their attached nurses continued with community education on modern Family Planning methods. In all 1166 females and 303 males were educated for the period.

- **Community level education on maternal health services** – Ante/post natal care education was provided by six (6) IPs to community members during the period under review. Most of these educational sessions were undertaken by the community health nurses attached to the projects. In all, two thousand, nine hundred and twenty (2,920) community members were educated on the importance of antenatal and postnatal attendance. During the year under review, CHNs educated community members, especially pregnant women and nursing mothers on the importance of exclusive breastfeeding and child nutrition at the district and community levels. They also educated pregnant and nursing mothers on the negative effect of poor breastfeeding postures. Eight hundred and thirty five women (835) and 222 men were reached for the reporting period. In addition IPs with support from their attached nurses educated pregnant women on the importance of preparing birth plans before delivery.

Objective 2: Advocacy and Campaigns: NHIS, reductions in maternal deaths and unsafe abortions

- **Advocacy on maternal health** – Community Health Nurses continued to support six (6) IPs to provide education and information on exclusive breastfeeding, importance of supervised and skilled delivery, and maternal and child nutrition to community members in most project communities. A total of two thousand, five hundred and forty (2,540) community members were reached with information on the importance of exclusive breastfeeding, birth planning and pregnancy, maternal health and maternal and child nutrition.

Objective 3: Improved organizational capacity of ARHR

- **Training session on HIV stigma Reduction for CHNs and LNGOs** – During the period under review, CENCOSAD organised a one-day HIV Stigma Reduction workshop for its partners. The workshop was facilitated by Mrs. Ophelia Palm, the nurse in charge of HIV Counselling at Ussher Polyclinic who is also the Community Health Nurse attached to Ashiedu Keteke CBO. Topics discussed include, definitions of HIV and AIDS, modes of HIV transmission and prevention, common signs and symptoms of HIV, misconceptions about HIV and AIDS, meaning of stigma and discrimination, types of stigma, persons affected by stigma and effects of HIV stigmatization.
- **Training on CAC for IPs and CHNs** – A two-day training workshop on Comprehensive Abortion Care was organized for project staff and CHNs
- **Technical training for IPs** – A work plan development workshop was organized for all IPs. The IPs were taken through the work plan for the January – June working period and guided on how to develop their individual work plans.

Objective 4: Overall coordination, monitoring, research and reporting

- **Zonal Coordination and Supervision** – Monitoring visits were conducted during the period under review. All ten (10) IPs were visited and provided with technical backstopping and support. Technical support was provided in the areas of project sustainability and sound and correct financial practices. During the visits, nurses seconded to the projects as well as

- project staff were trained on how to complete the CHN records form and an advocacy training form.
- **Final Evaluation of ARHP** – Not undertaken

3.4 ARHR Secretariat

The secretariat is in charge of the overall coordination of the ARHP. The secretariat is also responsible for national level advocacy related to gaps identified in health policy implementation.

Objective 1: Increased access to responsive SRH services and information in target districts

Relations with GHS – ARHR took part in the Ministry of Health’s annual health summit which was organized in November. At the summit, policy briefs of a draft position paper which is being co-authored by ARHR, Oxfam, ISODEC and the Essential Services Platform was circulated to participants. The brief outlined the key recommendations made by the paper and these include the need for health care to be made free at the point of access; government to streamline and simplify the health financing systems and a rapid expansion and improvements in government health services to cater for increased demand under the NHIS.

Objective 2: Advocacy and campaigns: NHIS, reductions in maternal deaths and unsafe abortions

- **Advocacy on maternal health** – To garner a larger civil society support in advocating for improvements in maternal and child health, ARHR screened its documentary on maternal deaths in Ghana to members of the Network of Women’s Rights Organizations (NETRIGHT) at its Annual General meeting during the period under review. After the screening session, the participants promised to intensify their education and advocacy engagements on maternal and child health towards contributing to an improvement in the situation. The group was concerned about the fact that several women are ignorant about the Free Healthcare package for pregnant women and encouraged ARHR to consider providing extensive education on the package especially in rural and underserved areas. During the period under review, ARHR screened the documentary to staff of DFID and the Netherlands Embassy at separate sessions. At the screening, the two development partners who play a pivotal role in funding Ghana’s Health sector pledged their support to ensure that issues raised

in the documentary are reflected in their policy recommendations to government.

- **Advocacy for improved healthcare under the NHIS** – The Health Insurance Reference Group led by the ARHR presented the groups concerns and recommendations on the draft NHIS law to the Parliamentary Select Committee on Health at a consultative meeting for the committees' consideration and discussion on the floor of parliament. In brief the concerns focused on the need for effective participation in the governance and implementation of NHIS by local people and CSOs.

- **Advocacy for the reduction of unsafe abortions** – In recognition of the fact that abortion is a major contributor to maternal mortality in the country, ARHR together with IPAS and Marie Stopes International (a three-member consortium formed to do advocacy on family Planning and CAC) developed a draft proposal for national and community level campaign activities on unsafe abortion. The proposal was submitted to DFID and is currently being reviewed based on comments received from the donor agency.

- **Advocacy for increased attention on SRH and Family Planning** – ARHR continued to collaborate with PPAG and other organizations on the Project Resource Mobilization and Awareness (PRMA) to dialogue for the inclusion of family planning commodities in the NHIS. During the period under review, the partner organisations organized three separate dialogues with the Policy Advisor to the President, the first Deputy Speaker of Parliament and the Minister of Finance. Issues discussed at the sessions include, the cost – benefit analysis of including FP in the NHIS, the role of FP in addressing reproductive health outcomes - maternal health, unsafe abortions and teenage pregnancies and the dwindling financial support for FP commodities and its implication for access and utilization of the service. The stakeholders pledged their support in further discussing the proposal at both cabinet and ministerial levels.

- **Advocacy for increased resources for health** -ARHR launched the Fair Play for Africa Campaign in Ghana. Organized around the 2010 world cup that was staged in South Africa, Fair play for Africa seeks to mobilize people across Africa to advocate for increased financial resources for

health. ARHR in collaboration with other CSOs such as the Coalition of NGOs in Health, SWAA Ghana, Ghana Association of Persons Living with HIV, Accra Hearts of Oak and Kumasi Asante Kotoko football clubs launched the campaign and called on government to renew its commitment to meet the Abuja target of at least 15% budget allocation for health and also called for a national response to address HIV and AIDS stigma. The Director General of the Ghana Health Service and the Deputy Minister for Youth and Sports who were both present at the meeting pledged their support to ensure that government meets the 15% Abuja target.

- **Ensuring universal access to healthcare** – ARHR together with Oxfam, ISODEC and the Essential Services Platform produced the first draft of a position paper titled ‘Universal Access to Health Care’. The paper is advocating for health care to be made free at the point of access; government to streamline and simplify the health financing systems and a rapid expansion and improvements in government health services to cater for increased demand under the NHIS. The paper is scheduled to be completed and launched during the first quarter of 2011.

Objective 3: Improved organizational capacity of ARHR

- **Support for project implementation** - All 35 LNGOs were supported with logistical and financial support for the implementation of project activities for the period under review.
- **Training in gender and reproductive health** – A three-day gender capacity-building strategy development workshop was organized for eight ARHR secretariat staff and two representatives from CENCOSAD. The workshop helped to acquaint staff with the new thinking on links between gender, reproductive health, poverty reduction and rights; develop relevant tools to engender the work of the ARHR; develop a strategy and a framework for action for integrating gender into the work of the ARHR. The workshop provided opportunities for staff to enhance their knowledge on gender concepts and tools and to explore experiences and events of gender and reproductive health issues. A Gender Strategy to help mainstream gender issues into ARHR’s systems, processes and procedures was developed at the end of the workshop

Objective 4: Overall coordination, monitoring, research and reporting

- **Overall Coordination** – The secretariat provided monitoring and supervisory support for the smooth implementation of planned activities for the reporting period.
- **ARHR’s Newsletter** – ARHR completed the production of the second edition of the organization’s newsletter – ‘Reproductive Health Watch’. Copies have been circulated to partner organizations and other organizations that the ARHR works with.
- **Final Evaluation of ARHP** – Not undertaken
- **Key activities undertaken under the CAH-MDGs project include:**
 - Commemorating the 2010 MDGs week of Action, which serves as an opportunity for assessing progress made by governments on MDGs, ARHR organized and took part in series of events to mark the occasion. The theme for the MDGs week of action was “Stand Up, Make Noise for the MDGs”. The Civil Society Health Platform led by ARHR organized a national forum to remind government of the fact that Ghana is still far from achieving the MDGs by 2015 especially those that relate to health. Under the theme: “Stand Up and Take Action against Maternal Mortality”, the forum highlighted the deteriorating maternal health situation and the need for immediate action to remedy the situation. The occasion was also used to launch and share with stakeholders the second CSOs Health MDGs monitoring report produced by the ARHR. The production of the monitoring reports forms part of the organizations efforts to elicit beneficiaries’ perspective on the health MDGs and feedback to government on necessary steps to be taken to step up the country’s performance on the health-related goals.
 - Began activities for the production of the third CSOs Health MDGs monitoring report by the organization. Production of research instruments and data collection exercise on-going in four districts namely, Bongo, Builsa, Agona East and Komenda Edina Eguafo Abirem district.

- Project focal persons NGOs facilitating community and district level meetings between communities and healthcare providers. At these meetings, community members engaged the providers on issues bothering on the quality of services provided, professionalism in relation to the health care givers relationship with clients and the implementation of governmental interventions and policies on health such as the establishment of nutrition centres, CHPs compounds and the availability of ambulance services. These meetings that were organized demonstrates that communities capacities have been built to hold health care providers to account on government health commitments

- As part of the process of ensuring that government is accountable to the citizenry on its health commitments, the ARHR organized a national conference under the theme “MDGs for better health, promises or commitments”. The conference brought together over eighty stakeholders including the Chief Director of the Ministry of Health (MOH), three Members of Parliament (MPs), four District Chief Executives (DCEs), District Directors of Ghana Health Services, Human Right Activists, International Development Partners, Civil Society Organizations and the media. A presentation was made on a review undertaken on key health sector policies on Maternal Health and Family Planning, HIV/AIDS, Malaria and Financing for Sexual and Reproductive Health. Findings and recommendations made from the review was extensively discussed after the presentation and the meeting ended with participants coming up with the following action points:
 - ❖ The need for continuous advocacy for the MoH to address imbalances in human resource distribution for health
 - ❖ Organizations to undertake sustained advocacy activities on improved professional conduct of health care providers in the country
 - ❖ The need for a policy review on the training of community health nurses
 - ❖ The need for regular monitoring and reporting on the utilization of health sector resources
 - ❖ Continuous advocacy for increased resources for the health sector

4.0 REVIEW OF RESULTS AGAINST TARGETS

4.1 Results against set targets

Objectives	Activities	Target	Status/ Results Achieved	Comments
1. Increased access to responsive SRH services and information in target communities	1.1 CHNs to support LNGO activities	At least 35 CHNs support LNGOs in project districts.	A total of 35 CHNs attached to the ARHP (12 with CEDEP; 10 with CENCOSAD and 13 with ISODEC).	The CHNs continue to support their respective IPs on technical issues related to SRHR. One CHN of CEDEP is supporting 2 IPs in their activities
	1.2 CHNs provide information and services on FP, STD prevention and maternal and child health to LNGO communities	35 CHNs disseminates information on FP, STD and maternal and child health to LNGO communities	35 CHNs attached to the project continue to provide education on FP, STD and maternal and child health to community members.	With the support of the CHNs communities are better informed on FP, STDs and maternal and child health issues
	1.3 ARHR attends MoH's April and November Health Reviews	ARHR members participate in the MoH's bi-annual health reviews at the national level	ARHR participated in the MoH's national health summit that took place in April	<ul style="list-style-type: none"> Briefing paper on "Universal Access to Health Care in Ghana" which ARHR is co-

Objectives	Activities	Target	Status/ Results Achieved	Comments
				<p>authoring with ISODEC, Oxfam and the Essential Services Platform was distributed at the Review Meetings.</p> <ul style="list-style-type: none"> • ARHR's documentary on maternal deaths in Ghana was screened to participants to further heighten the need for improved maternal health outcomes in the country
	1.4 ZCNGOs attend GHS annual review meetings at the regional level	All 3 ZCNGOs participate in GHS annual review meetings at the regional level	All 3 ZCNGOs participated in GHS annual review meetings organized in their respective zones	CEDP participated in a meeting that was organized in the Ashanti Region, ISODEC in the

Objectives	Activities	Target	Status/ Results Achieved	Comments
				Northern Region and CENSOSAD in the Greater Accra Region.
	1.5 DHMT and Regional directorate of GHS facilitate ARHP review meetings at ISODEC, CEDEP and CENCOSAD	Three PRMs held each quarter (one by each ZCNGO).	ZCNGOs organized review meetings with representatives of the DHMT participating.	
	1.6 LNGOs participate and contribute to health planning and review meetings at district level.	Each LNGO participate in health planning and review meeting at their district.	13 LNGOs of ISODEC, 7 from CEDEP and 3 CENCOSAD participated in review meetings at DHMT 6 IPs (two from the middle zone and four from the southern zone) participated in review meetings at DHMT.	ZCNGOs encouraged their IPs to participate in the DHMT meetings to enable them contribute to district level health discussions IPs with close working relationships with the DHMT took active part in review meetings
	1.7 LNGOs analyze and document	Each LNGO shares outcomes of peer	LNGOs share outcomes of peer educator activities with the	

Objectives	Activities	Target	Status/ Results Achieved	Comments
	reports of Peer Educators	educator's activities with ARHR members	coordinating offices in their quarterly and bi-annual reports	
	1.8 Sensitize communities in each of ARHR's target districts on the use of Family Planning methods	At least 10 communities in each of ARHR's target districts sensitized on the use of FP methods	CHNs seconded to the projects supported with community level education on Family Planning in most IP communities	IPs work closely with the attached nurses to provide the necessary education and services on FP to communities An IP of CENCOSAD (Ashiedu Keteke CBO) reported an increase in the number of people taking up FP services at the Ussher Clinic from 513 people to 620
	1.9 Provide documentation of the number of new acceptors of FP methods	Each ZNGO documents the number of new acceptors of FP methods	CENCOSAD had a total of 187 new acceptors of FP methods made up of 18 males and 169 females	
	1.10 Provide documentation of the number of cases referred for FP services	Each ZNGO documents the number of cases referred for FP services.	CENCOSAD referred 571 people in five project districts during the first part of the year (Jan-June) . Nurses seconded to ISODEC's	There was no referrals for FP services by CEDEP during the period under review

Objectives	Activities	Target	Status/ Results Achieved	Comments
			project referred 3 individuals for FP services and CENCOSAD had a total of 66 referrals.	
	1.11 Work with CHNs to provide antenatal care, referrals, skilled deliveries and related maternal health education to communities	Pregnant women in at least 10 communities in each of ARHR's districts access ANC services.	CHNs continue to provide information on the importance of ANC. 1693 females and 854 males receive education on ANC in CENCOSAD's working communities.	Men are gradually appreciating the need for regular ANC for pregnant women. Seven out of the 854 men who were educated on ANC in CENCOSAD's working area accompanied their wives to ANC sessions. Two thousand, nine hundred and 20 community members of CENCOSAD were educated on the importance of early and continuous ANC attendance.
		Pregnant women in at least 10 communities in each of ARHR's districts receive IPT 1, 2 and 3	CHNs seconded to the projects provide this service to pregnant women who attend antenatal clinic.	

Objectives	Activities	Target	Status/ Results Achieved	Comments
		Pregnant women in at least 5 communities in each of ARHR's target district educated on the need to prepare birth plans	Both IPs and attached nurses continue to educate pregnant women on the need to prepare birth plans. CENCOSAD educated 662 pregnant women on how to prepare birth plans	Education on preparing birth plan is extended to other members of the community. CENCOSAD educated 2.920 community members on the need for pregnant women to prepare birth plans
		Pregnant women referred by CHNs deliver in health facilities in ARHR's target districts	CHNs did not report on the number of pregnant women they referred to health facilities to deliver during the first half of the year.	
2. Advocacy and campaigns: NHIS, reductions in maternal deaths and	2.1 Continue to work with key stakeholders of the Health Insurance Reference Group (HIRG) to undertake advocacy on the	At least one meeting of the Health Insurance Reference Group convened every quarter	HIRG met once to prepare to meet the Parliamentary Select Committee on Health with the group's concerns on the draft NHIS Bill HIRG met two times between July	HIRG successfully met with the Parliamentary Select Committee and Committee promised to discuss some of the concerns raised during discussions at the floor of

Objectives	Activities	Target	Status/ Results Achieved	Comments
unsafe abortions	National Health Insurance Scheme; conduct participatory assessment of the impact of the NHIS on the reproductive health rights of the poor		and December to finalize a communiqué that contains the concerns of the group on the draft NHIS bill.	Parliament.
		At least two discussion papers on the NHIS developed and published in the Public Agenda newspaper	Not undertaken	
		One national forum held to discuss progress of the civil society advocacy efforts on the NHIS	ARHR in partnership with other CSOs launched a paper title, "Towards Universal Access to Health Care" The paper was co-authored with ISODEC, Oxfam GB and the Essential Services Platform	Oxfam GB, ISODEC and ARHR jointly produced and launched the paper
		CEDEP undertakes participatory assessment on the NHIS in 3 districts	Funds have not been received for micro studies on the NHIS	
	2.2 Work with key partners to undertake advocacy activities in support of reductions in	One roundtable discussion on maternal deaths with parliamentary select committee on health	ARHR's documentary on maternal deaths in Ghana was screened to the Parliamentary Select Committee on Health and Social Services at a Consultative	Some select Committee members promised to allocate portions of their constituency development fund for maternal and

Objectives	Activities	Target	Status/ Results Achieved	Comments
	maternal deaths.	and social services organized	Meeting.	child health care.
		Documentary on maternal deaths screened on two national TV stations	The documentary was screened on Ghana's national television (GTV).	A studio discussion on critical issues featured in the documentary followed the documentary broadcast.
		Workshop for 20 media personnel on maternal health and health spending, reproductive rights organized	Undertaken	Fourteen media personnel from both the print and electronic media were present at the workshop.
		Three monthly radio education programmes on maternal health organized	ARHR featured on a morning talk show programme on Choice FM to contribute to a discussion on progress made by government to address maternal and child health (MDGs 4 & 5) and steps that need to be taken for Ghana to meet target set by 2015.	
		Publicity materials for campaign developed and produced	IE & C materials on maternal and child health were developed and shared at a meeting with the Parliamentary Select Committee on Health at the Media	Publicity materials produced include, "Facts and Figures about Maternal and Child Health in Ghana", "Key

Objectives	Activities	Target	Status/ Results Achieved	Comments
			Orientation Workshop.	Terminologies used in Maternal and Child Health Issues”, and “ Brief on International and Regional Instruments and Protocols on Reproductive Health”.
		One press conference held to coincide with commemoration of national or international activity	<p>The Civil Society Health Platform led by ARHR organized a National Forum to remind government of the fact that Ghana is still far from achieving the MDGs by 2015 especially those that relate to health as part of the MDGs week of action.</p> <p>ARHR took advantage of MoH's annual Health summit to broadcast its documentary on maternal deaths to participants</p>	ARHR renewed its call for increased resources for maternal health care during discussion sessions after the broadcast
	2.3 Advocate for the reduction of unsafe abortions	Publicity campaign on unsafe abortions implemented with support from IPAS and	A consolidated proposal for the campaign activities was produced and submitted to DFID.	The proposal is being reviewed based on comments from DFID.

Objectives	Activities	Target	Status/ Results Achieved	Comments
		Marie Stopes International		
3. Improved Capacity of ARHR	3.1 Organize technical trainings on syndromic management of STIs, HIRD, and HIV stigma reduction for CHNs and LNGOs	Fourteen CHNs trained in syndromic management	Not undertaken	
		Twenty-five CHNs and LNGOs staff trained to integrate High Impact Rapid Delivery Programme in ARHP	Not undertaken	
		Twenty-five CHNs and LNGOs staff trained in HIV stigma reduction	CEDEP and CENCOSAD organized training workshops for their IPs and LNGOs.	The training programme by CEDEP was facilitated by a National AIDS Control Programme trainer in Kumasi.
		LNGO staff and PEs provide CAC and FP services to community members	Project staff and CHNs have been educated on CAC.	Based on the knowledge gained in CAC, project staff and CHNs are now educating their communities on CAC.
	3.2 Support for the continued implementation of Reproductive Health Programs for 35	All 35 LNGOs provided with logistical and financial support to undertake community education in SRH rights.	All 35 LNGOs supported with logistical and financial support for the implementation of project activities.	

Objectives	Activities	Target	Status/ Results Achieved	Comments
	projects			
4. Overall coordination, monitoring, research and reporting	4.1 Zonal Coordination and Supervision.	Each ZNGOs undertakes monitoring and supervisory visits to LNGOs and submit monitoring reports to the secretariat	All three zonal coordinating organizations monitored and supervised the activities of their implementing partners. CEDEP and CENCOSAD visited their IPs and supported them in the area of programme planning and implementation	The zonal officers did provide support to CHNs and peer educators during their visit. The CHNs and peer educators also received support for effective programme implementation
	4.2 Overall Coordination	The secretariat provides supportive monitoring visits to each zone	All zonal offices received some level of supervisory support for the smooth implementation of activities	
		At least two peer review meetings convened by the secretariat	One Partners Review Meeting was convened during the period under review	
	4.3 Undertake final evaluation of ARHP	TORs developed and agreed with EKN; evaluation conducted, report completed	Not undertaken	
	4.4 Develop and submit proposal for phase II to EKN	Proposal for phase II developed and submitted to EKN	Not undertaken	

Objectives	Activities	Target	Status/ Results Achieved	Comments
	4.5 Produce ARHR Newsletter - Linking Policy & Practice	One newsletter: "Reproductive Health Watch" produced and disseminated	A draft of third newsletter edition produced.	
	4.6 Convene Programme Review Committee Meetings	Two PRC meetings convened by ARHR Secretariat	One PRC meeting was convened.	Second PRC meeting will be organized in the next quarter
	4.7 Financial audit of ARHR accounts for year 2009	Annual Financial audit undertaken; report approved and submitted to EKN and other partners	Financial audit for 2009 is yet to be undertaken	

4.2 Constraints encountered and how they may be addressed

- Funding for implementation of activities under ARHP decreased considerably. This has been compounded by the inability of members of ARHR to pre-finance programme activities. The Secretariat successfully raised core grant support under the Ghana Research and Advocacy Programme (G-rap). There is high attrition rate among Peer Educators (particularly out-of school PEs) as they often abandon project activities to seek for greener pastures in bigger cities. This has resulted in regular replacement of PEs who leave with newer ones. For PEs to work at relatively longer periods on projects, future engagements with out-of-school PEs should consider providing them with some productive skills to prevent them from migrating from the communities.

4.3 Lessons Learned

- For the programme to contribute to increased skilled deliveries and improvements in maternal health in the project districts, LNGOs need to intensify their education campaigns that encourage women to deliver at health facilities in addition to attending ANC clinics.
- Facilitation by CHNs during community education sessions on ANC, birth plans and breastfeeding fosters a better relationship between project staff and CHNs and also leads to increased community participation in educational activities
- The involvement and participation of males in community educational sessions particularly those that relate to maternal and child healthcare issues, is increasingly encouraging more women to access antenatal, delivery and postnatal services in nearby health facilities
- The involvement of community opinion leaders (traditional and religious) in SRHR education programmes has over the years strengthened the relationship between IPs and community leaders a condition necessary for the sustainability of the project.

5.0 FINANCIAL STATEMENT