

# ALLIANCE

FOR REPRODUCTIVE  
HEALTH RIGHTS



ANNUAL  
REPORT  
2012

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# Acronyms and Abbreviations

ARHR	Alliance for Reproductive Health Rights
ANC	Ante-Natal Care
CBOs	Community Based Organisations
CEDEP	Centre for the Development of People
CENCOSAD	Centre for Community Studies, Action and Development
CHPS	Community-Based Health Planning and Services
CORDAID	Catholic Organisation for Relief & Development Aid
CPP	Convention People's Party
CSOs	Civil Society Organisations
DfID	Department for International Development (UK)
DHMT	District Health Management Team
FMHCI	Free Maternal Health Care Initiative
FP	Family Planning
ISODEC	Integrated Social Development Centre
KEEA	Komenda-Edina-Eguafo-Abrem (District)
MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
MNCH	Maternal and Newborn and Child Health
MoH	Ministry of Health
NDC	National Democratic Party
NGOs	Non-Governmental Organisations
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NPP	New Patriotic Party
PNC	Post-Natal Care
RH	Reproductive Health
RHR	Reproductive Health Rights
SRH	Sexual and Reproductive Health
TAP	Transparency and Accountability Project
UAHCC	Universal Access to Health Care Campaign
WHO	World Health Organization



The ARHR takes a rights based approach to advocating for the sexual and reproductive health rights of the poor, women, young people and other disadvantaged groups in underserved areas.

A Ghanaian-based network of national and local NGOs and community-based organisations, the ARHR collaborates with stakeholders and communities across 35 districts. Three zonal NGOs (ISODEC, CEDEP and CENCOSAD) act as coordinators, providing support to the ARHR's local partner organisations. The ARHR secretariat provides programme coordination and liaises at the national level.

The ARHR's programmes range from specifically targeted awareness campaigns aimed at educating participants about their SRH rights and equipping them with skills to demand improved services, transparency and accountability from duty bearers, to broader campaigns linked to large scale goals, such as Ghana's achievement of the health related MDGs.

The ARHR exists to:

1. Promote reproductive rights awareness;
2. Pursue activities to ensure accountability in the use of resources quality of care;
3. Promote inclusive policy-making and equity in the distribution of services and campaign for affordability by all disadvantaged groups; and
4. Campaign for adequate investment in health care delivery.

# From our Executive Director

It gives me great pleasure to present the 2012 Annual Report for the Alliance for Reproductive Health Rights (ARHR). This year saw the ARHR take on a new direction, significantly broadening its scope from community-based service delivery to higher-level reproductive rights advocacy, particularly in the accountability context. This strategic move is a reflection of the ARHR's increasing capacity as a leader in its field, and will greatly contribute to its sustainability and longevity going forward, and its overall impact in Ghana and beyond.

A taste of the diversity and breadth of the ARHR's 2012 projects is illustrated in the "Snapshot" of this report, including its leverage of the national election to empower women and youth and promote peace and safety, the expansion of its expertise in grassroots advocacy, and its facilitation of discourse between rights holders and duty bearers at different levels.

The ARHR has also continued its work towards seeing Ghana achieve the health-related Millennium Development Goals (MDGs) by 2015 - specifically MDGs 4 and 5, reducing child mortality rates and improving maternal health – through its Health MDGs Advocacy Project. Funded by CORDAID, this project was introduced as a "second phase" to the Citizen's Action and Health MDGs Project which completed in 2010, and is testament to the impact and ground the ARHR is making in this area.

One of the highlights of 2012 was seeing the ARHR join the Mamaye! consortium, a global initiative to improve maternal and newborn survival in Ghana, Ethiopia, Malawi, Nigeria, Sierra Leone and Tanzania. This move is strategically in line with the ARHR's increasing engagement beyond national borders and will consolidate and build on its



reputation as a leader in reproductive health rights.

Next year, a significant challenge for the ARHR will be funding its future sustainability. As is often the nature of donor-recipient relationships, the disbursement of funds is primarily the donor's domain. In the ARHR's case, this can be seen – and indeed has been – the implementation of high-impact, comprehensive projects, however our internal development, such as the capacity building of staff and update of internal resources, has suffered. In 2013, the ARHR will endeavour to address this issue by seeking, in addition to project grants, sustainability-focused grants to aid and maintain its growth as an organisation.

We are very proud of the ARHR's work in 2012 in protecting the reproductive health rights and projecting the voices of the most vulnerable, and we thank all our member and partner organisations, donors and supporters, for their continued commitment to that cause. We truly appreciate the support.





**Mamaye!** – Funded by DfID, the ARHR leads the advocacy team - in a coalition with other national CSOs engaged in MNCH - for the Mamaye! campaign. Initiated by Evidence for Action, Mamaye! uses evidence based advocacy to improve maternal and newborn survival in sub-Saharan Africa.

**Transparency and Accountability Project (TAP)** – TAP was a research and advocacy project aimed at improving the effectiveness of public spending and service delivery in the health sector. In particular, the project facilitated research on the FMHCI through use of citizen report card surveys and galvanised communities to advocate for improved health care service delivery.

**Health MDGs Advocacy Project (CORDAID)** – due to complete in 2013, this is the second phase of the Citizen's Action and Health MDGs Project of which the first phase ended in 2010. The project mobilises citizens to strengthen civil society's ability to participate in the development and implementation of policies related to the achievement of the health related MDGs in Ghana.

**STAR Ghana Election** – Titled "Promoting Health Rights and Accountability in a Peaceful and Fair

2012 Election", this project focused on community empowerment in the lead up to the 2012 Ghana elections and successfully established platforms for vulnerable groups, with a focus on youth, to come together and hold political parties accountable.

**World Bank Project** – funded by the World Bank, this project implemented activities to reduce maternal and neo-natal mortality in Ghana and promote civic engagements between duty bearers and beneficiaries.

**Universal Access to Health Care Campaign (UAHCC)** – driven by a network of local and international NGOs, including the ARHR, the UAHCC is a national campaign which advocates for the removal of NHIS premiums by 2015 and universal access to health care, free at point of use.

**Maternal Health Project in Ghana (TOP Project)** – funded by Oxfam, the Top Project sought to increase awareness and education of citizens regarding their rights with respect to healthcare and to enable women to demand their right to a safe pregnancy and childbirth, while raising the Government of Ghana's commitment on free healthcare and maternal health.

# Promoting a Peaceful Election

In July 2012, the death in office of President John Atta Mills sent Ghana into mourning and quickly shifted the population's focus to the December 2012 elections. Civil unrest is almost a guaranteed byproduct of political elections in many nations across Africa. In the midst of Ghana's 2012 election, the ARHR seized the opportunity to implement a program which sought to foster a safe and peaceful environment for citizens to actively participate in policy making.

Managed by STAR Ghana and supported by multiple funders, the "Promoting Health Rights and Accountability in a Peaceful and Fair 2012 Election" – STAR Election project for short - was implemented by the ARHR prior to, and during, the 2012 election. The

project focused on community empowerment in the lead up to the elections, and successfully established platforms for vulnerable groups – in particular women and youth in underserved areas – to come together and hold political parties accountable.



*Left: Peaceful protests - Ghanaian youth participating in the STAR election project.*

The project afforded small communities, often excluded in political processes, opportunities to meet with their political representatives and share their petitions for prioritising emergency obstetric care services, especially family planning, CHPS, ambulances and increased numbers of midwives in their manifestoes. At least 2,811 people participated in street activities. In particular, women and youth demanded peaceful, transparent elections and improved reproductive health services by marching openly in streets.

Over 600 placards, along with scheduled face-to-face meetings, helped reiterate the importance of avoiding acts that lead to post-election violence, illustrated through the unpleasant past of some of Ghana's neighbours, such as the Ivory Coast, Liberia and Sierra Leone.

By increasing the participation of ordinary citizens in scrutinising political parties' manifestos and demanding the inclusion of issues on improving maternal health services, the program displayed the hallmarks of ARHR's work: gender equality, mutual respect, and the promotion of transparency and accountability in fulfilling and protecting citizens' rights.



*Above: a "slate of peace", endorsed by over 2,782 youth as part of the STAR election project.*



# Making Ground Globally

In 2012, the ARHR stepped onto the global stage as it upped Ghana's efforts to achieving the Millennium Development Goals (MDG) and joined the Mamaye! consortium to save lives in sub-Saharan Africa.

Harnessing its reputation as a lead advocate in SRH, 2012 saw the ARHR specifically focus on assisting Ghana achieve MDGs 4 and 5, reducing child mortality rates and improving maternal health, respectively.

One of 189 UN member states, at the 2000 Millennium Summit Ghana committed to achieving eight international development goals – the MDGs - by 2015, ranging from eradicating global poverty and hunger to combating HIV/AIDs.

Funded by CORDAID, the Health MDGs Advocacy Project is the second phase of the successful Citizen's Action and Health MDGs Project (CAH-MDGs), which ended in May 2010. Specifically designed to strengthen civil society's participation in development and implement policies to increase Ghana's chances of achieving MDGs 4 and 5, the ARHR led project activities which tracked Ghana's progress towards the health MDGs through participatory monitoring reviews, increased community capacity to hold government to account for increased and improved human resources and FP services in the health sector, and equity in the distribution of RHR. The Health MDGs Advocacy Project is due to complete in July 2013.

The year in review saw the ARHR join an exciting global initiative to improve maternal and newborn survival in Ghana, Ethiopia, Malawi, Nigeria, Sierra Leone and Tanzania.

Funded by DfID, the Evidence for Action (E4A) program titled 'Mamaye!', focuses on improving advocacy efforts and generating better evidence

on where and why women and newborns are dying, the aim to identify and rectify service delivery bottlenecks, strengthen political will to combat related issues, and improve the accountability of service providers.

In 2012, the ARHR worked with experts from academic institutions, internationally recognised advocacy and accountability coalitions and civil society organisations to set some key foundations for the successful implementation of Mamaye! over its five year duration.

Aside from developing a resource filled website and informative social media platforms, the ARHR conducted fruitful scoping missions in project districts of Ashanti & Volta Regions, introducing the project to district assemblies and health directorates. These visits enabled the ARHR to identify potential partner NGOs and CBOs to assist with the implementation of the project at district levels down the track.

Finally, the ARHR initiated the process of forming a national advocacy coalition to discuss Ghanaian related MNH issues and to tackle emerging global MNH challenges. This move was supported by the WHO's Partnership for Maternal, Newborn & Child Health (PMNCH).

## **The Statistics...**

According to the CIA World Factbook, Ghana's infant mortality rate has declined from 53.02 per 1,000 live births in 2003 to 47.26 in 2012. There is still much ground to make if Ghana is to achieve MDG 5, to reduce maternal mortality by three-quarters between 1990 and 2015. While the national MMR has decreased from 740 per 100,000 in 1990 to 350 in 2012, to achieve MDG 5, Ghana must reduce this number to 185 per 100,000. At this rate, therefore, it seems unlikely Ghana will achieve MDG 5 by 2015. However, the full implementation of the recently developed MDG Acceleration Framework (MAF) gives hope that MMR will further reduce in Ghana by 2015.



# Holding Duty Bearers to Account

A cornerstone of the ARHR's work is to promote and establish accountability mechanisms between citizens and duty bearers - primarily in the health care sector – and to equip citizens with knowledge and skills to demand transparency and accountability with respect to their SRH rights. This was the emphasis of a number of the ARHR's 2012 projects.

The TAP saw 1893 citizens reached through a series of interactive meetings facilitated by the ARHR to improve the capacity of the target communities to understand and demand accountability from duty bearers in relation to SRH services. Held across 15 communities in the Bongo, Juaboso and Offinso Districts, the meetings increased direct dialogue between citizens and duty bearers - including DHMTs, District Assemblies, the NHIA, and traditional and community leaders – and informed participants about maternal health services for expectant and nursing mothers under the FMHCI, with an emphasis placed on rights and responsibilities.

Through the TAP, citizens were also directly linked with the district representatives of the NHIA who explained the entire benefit package of the FMHCI to community members, including processes for registration, renewal and ID card waiting periods, and use of the NHIS card.

In its quest for improved access to quality universal healthcare in Ghana by 2015, and as part of its strategic new direction, the ARHR worked with the UAHCC to mobilise 300 women to march to the offices of three of the main Ghanaian political parties: the NDC, NPP and CPP. Participants, who were seen by hundreds of Accra residents met with representatives of the three parties, all of whom signed health pledges.

These projects are just two illustrations of the depth of the ARHR's projects and its unwavering commitment to hold duty bearers to account. From grassroots to national policy-making, the year in review saw the ARHR continue to broaden its work to target all levels of authority.



Above: Women march on the streets of Accra to the offices of Ghana's politicians as part of the Universal Access to Healthcare Campaign.

# Empowering Youth

The youth of today are the leaders of tomorrow, the ones who can affect change. From expectant teen mothers to impressionable school children and eager young school leavers, the ARHR aims to ensure the youth of Ghana is reached, in some way or another, by each of its projects. Below are some highlights from 2012.

Sponsored by the World Bank, in 2012 the ARHR had its 2009 documentary, *The Lights Have Gone Out*, translated into the widespread dialect of Twi.

The moving documentary investigates the high rates of maternal mortality in Ghana, captured through stories of the struggles faced by women across the



*"Young people should be at the forefront of global change and innovation. Empowered, they can be key agents for development and peace. If, however, they are left on society's margins, all of us will be impoverished. Let us ensure that all young people have every opportunity to participate fully in the lives of their societies."*

**Kofi Annan**  
Ghanaian and Former UN Secretary-General

youthful exuberance into violence, by making provocative remarks or zealously defending political opinions.

country in accessing health care. Featuring interviews with policy-makers and healthcare professionals, the documentary gained traction in 2009 when it was launched by the then Vice President, John Dramani Mahama.

In June 2012, the ARHR undertook to use the documentary to specifically target over 60 adolescents, health officials and other selected stakeholders in the Naamon and Abofour communities in the Ashanti Region. The Twi translation resulted in increased awareness and knowledge of the role of young persons in practising responsible adolescent sexual reproductive health behaviours, young persons who without the translation, might not have viewed or fully understood the messages in the documentary.

Once participants had viewed the documentary, the ARHR facilitated discussions with DHMTs for participants to canvass adolescent reproductive health issues with their local duty bearers. These opportunities channeled the ARHR's overall

objective to foster accountability and equal inclusion in policy-making, and brought a series of important issues to the attention of DMHTs for action, namely: the lack of quality information on FP services, low self-esteem amongst females, and the need to negotiate safe sex and increase education on unsafe abortions.

The STAR Election project also had a specific youth focus. Throughout past elections in Ghana, youth have shown passion but have often misdirected

Against this background, and presented with a fast approaching election, the ARHR focused its efforts on promoting safety and peace amongst Ghanaian youths, taking the unique approach of enlisting 1,408 youths to orient and engage their own peers. In total, 60 youth-led "meet your local politician" sessions were organised in twenty project communities, the 'Nمبرantiwaa Abatuo ni Apomuden Nsem' (Issues regarding youth health and voting rights) sessions proving most popular, with more than 819 young people participating and sharing concerns with politicians and discussing how to sustain and promote a peaceful election. A further 2,782 youth also endorsed a "Slate of Rights", a large banner inviting the public to pledge to promoting health rights and peaceful elections.

Ironically, while Ghana's youth will be integral to its development as a nation, they are often left somewhat on the sidelines of political and social movements, opinions of older generations traditionally regarded more highly. The ARHR's work seeks to reverse these traditions, so that the youth can have their say in Ghana's tomorrow.

# Getting to the Grassroots

The ARHR considers grassroots advocacy paramount to instigating change. It galvanises individuals to act, and promotes inclusive policy-making and equity in the distribution of services, creating impetus from the bottom up. The collaborative nature of the ARHR has seen it create partnerships and build on relationships with numerous local and national NGOs and CBOs, giving it the unique ability to access remote communities and actively reach those in underserved or neglected areas, so that the voices of the vulnerable are heard.

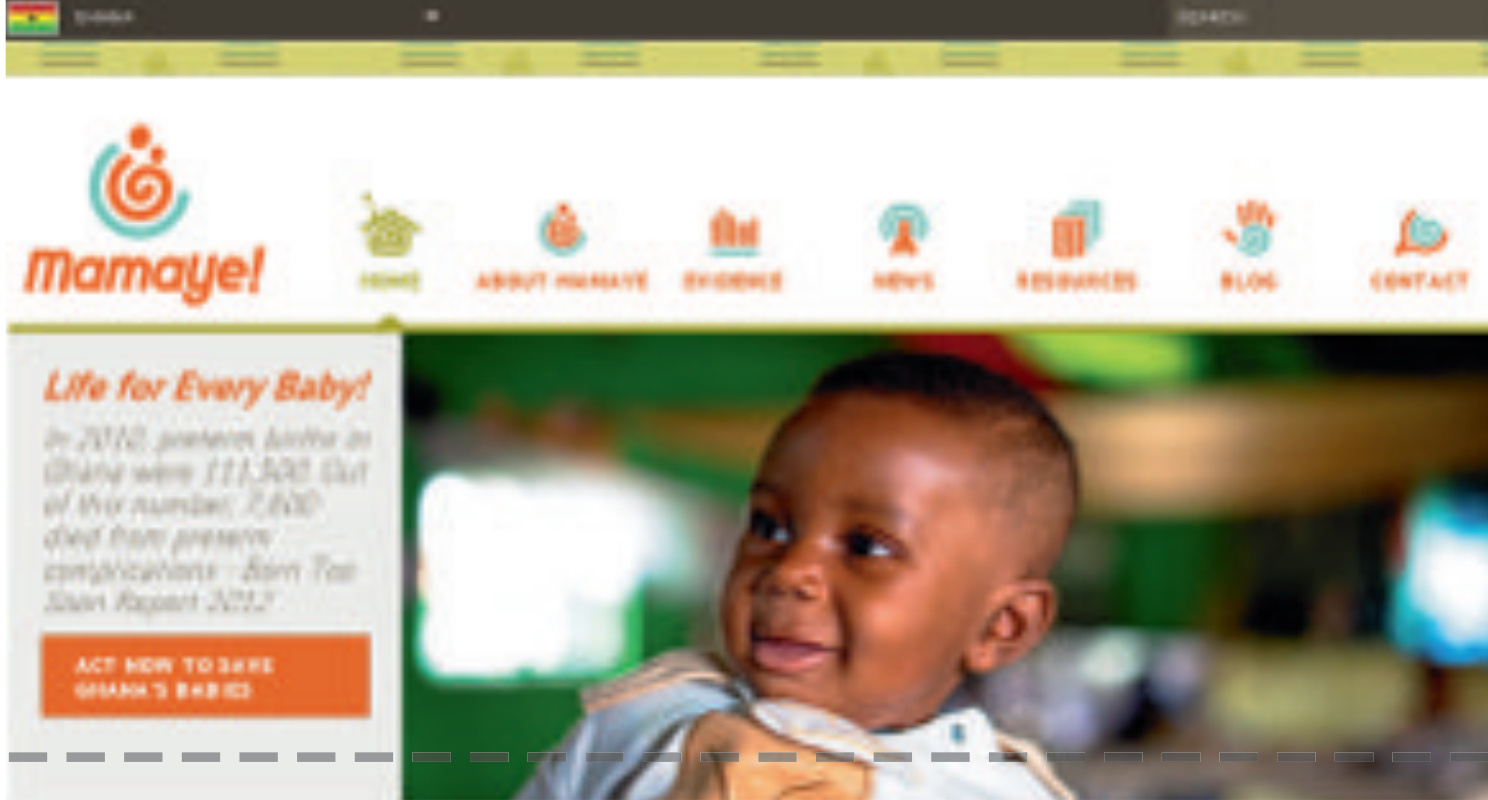
The activities rolled out as part of the TAP were a response to reports of the MoH which revealed that, although ANC coverage had increased to 92% in 2010, skilled delivery remained at a low 45.6%. The ARHR responded by conducting citizen report card surveys to ascertain reasons why, in light of the FMHCI, the reported uptake of skilled delivery services among rural women living in underserved areas in the selected districts was so low. The evidence was gathered in three Districts – Juaboso, Offinso and Bongo, based on the relatively low uptake of skilled delivery in these Districts.

The results confirmed many Ghanaian women were not delivering their babies in health facilities or with the assistance of qualified health personnel. This, according to survey answers, was due to “hidden costs” at health facilities - outside regular user fees – such as payments for antenatal cards, hospital supplies such as soap, bedding and disinfectant, and payment for burying of the placenta. These are all costs that should not be borne by women under the FMHCI and the ARHR used this evidence to demand their removal for the initiative to be truly free.

The national Patients Rights Charter was on the agenda of the Health MDGs Advocacy Project, which saw the ARHR engage 526 people through education sessions. The sessions, which focused on educating citizens about their health rights and responsibilities, covered pertinent health issues, including the short fallings of the NHIS, abortion, ANC, PNC, FP, and the lack of human resources in health facilities. The sessions brought together people across the Builsa, Bongo, KEEA and Agona East Districts and incorporated participatory methods such as role plays, drama and brainstorming, to ensure full participation from those involved. The ARHR expects improved knowledge will contribute to improved uptake of FP, ANC, PNC and supervised delivery across the target districts.

During the recording year, a notable shift was recorded in traditional gender perceptions observed during the implementation of the Health MDGs Advocacy Project. In community meetings organised by the ARHR, influential persons from target districts - such as the Chief of Siniensi in the Builsa District - publicly made presentations on the role of men in FP and skilled delivery processes, traditionally considered the preserve of females. This was a significant milestone towards the achievement of gender equality in rural communities, one of the ARHR’s core values.





# Channelling the Media

In an age where 'tweets' break news and youtube hits far surpass viewership of the humble television, it is a constant balancing act for organisations like the ARHR, whose beneficiaries are in the developing world and donors in the developed world. Efforts to reach broader audiences and maintain organisational profiles must move with technology, while accessing key audiences, who may not have widespread access to media, usually necessitates use of more traditional forms of communication. In 2012, the ARHR broke onto the social media scene while also reaching beneficiaries at a community level through local and national media outlets.

As part of its foundation-setting activities for the Mamaye! Campaign, the ARHR created MamaYe! Ghana, an online MNH information library, emphasis placed on positive stories of survival, not ubiquitous stories of mortality. The website was soon teamed with Twitter and Facebook platforms to engage activists, students, pregnant women, nursing mothers, MNH health professionals, and ordinary Ghanaians. Mamaye! Ghana is quickly establishing large followings and the ARHR expects each platform will take-off on 2013.

In conjunction with its World Bank Project activities, the ARHR turned to online media platforms to enhance awareness and viewership of its documentary, *The Lights Have Gone Out Again*, which investigates the high rates of maternal mortality in Ghana. The documentary appears on various platforms, including youtube, Vimeo, and [ghanamoviechannel.tv](http://ghanamoviechannel.tv).

During the 2012 election, Sidua Hor, Coordinator of the UAHCC, sat on a live panel discussion on the popular cable station, Joy TV. The discussion aimed to bring healthcare to the forefront of the election, by highlighting some of the critical issues regarding its access and financing, a particular focus being placed on the NHIS. Representatives from the NPP and NHIS joined the discussion via telephone link. A major outcome of the discussion was public admission of the weaknesses of the NHIS, giving the UAHCC strong impetus for activities going into 2013.

The ARHR has enjoyed long established relationships with local and national media agencies and incorporates a print media element in most of its projects.



# Our Financials

## Income & Expenditure

	2012 GHc
<b>INCOME</b>	
Grants	545,371.00
Other Income	31,780.00
	<b>577,151.00</b>
<b>LESS: EXPENSES</b>	652,068.00
<b>SURPLUS/(DEFICIT)</b>	<b>(74,917.00)</b>

## Balance Sheet

	2012 GHc
<b>CURRENT ASSETS</b>	
Cash & bank balances	281,185.00
	<b>281,185.00</b>
<b>LESS: CURRENT LIABILITIES</b>	
Creditors & accruals	12,553.00
	<b>12,553.00</b>
<b>NET ASSETS</b>	<b>268,632.00</b>
<b>REPRESENTED BY:</b>	
Accumulated Fund	<b>268,832.00</b>

# Members and Partners

## Membership

The ARHR consists of three national zonal members and over 30 local NGOs coordinated by the Secretariat and overseen by an Advisory Board.

Our three zonal members are:

Integrated Social Development Centre (**ISODEC**) – Northern zone: Upper West, Upper East and Northern regions;

Centre for Development of People (**CEDEP**) – Middle zone: Brong Ahafo, Ashanti and Eastern regions; and

Centre for Community Studies, Action and Development (**CENCOSAD**) – Southern zone: Western, Central, Greater Accra and Volta regions.

## 2012 Partner Organisations

Care Net Ghana  
Curious Minds  
Evidence 4 Action  
Ghana AIDS Commission  
Ghana Coalition of NGOs in Health  
Ghana Health Service  
Ghana Registered Midwives Association (GRMA)  
Ghana Registered Nurses Association (GRNA)  
Health Foundation of Ghana  
Hope for Future Generations  
INDEPTH Network  
International Confederation of Midwives (ICM)  
Ipas  
Ministry of Health  
Ministry of Gender and Social Protection (MOGSP)  
National Population Council  
OICI  
Parliamentary Select Committee on Health  
Planned Parenthood Association of Ghana (PPAG)  
Population Council  
Rural-Urban Women and Children Development Agency (RUWACDA)  
School of Public Health

**Alliance for Reproductive Health Rights  
(ARHR)  
The Alliance Secretariat**

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