

# ALLIANCE FOR REPRODUCTIVE HEALTH RIGHTS



**ANNUAL  
REPORT  
2013**

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# Acronyms & Abbreviations

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

**WE VALUE**  
**Gender Equality**  
**Empowerment**  
**Equity**  
**Transparency**  
**Community**  
**Accountability**  
**Participation**  
**Mutual Respect**  
**Sovereignty**  
**Consensus Building**

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 dutybearers, 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.



It is the end of another eventful year and it gives me great pleasure to present the 2013 Annual Report for the Alliance for Reproductive Health Rights (ARHR). The year 2013 saw the organization making great strides in the implementation of programmes planned for the period.

I will provide brief highlights of our activities for the year but will entreat all to read the full report to have a detailed idea of our activities, achievements, lessons learned and challenges encountered.

To begin with, I would like to use this medium to express our sincere appreciation to all partners/stakeholders who contributed to make the year a memorable one. ARHR is grateful to the Board of Directors, Zonal and Implementing Partners and partner Civil Society Organizations.

ARHR is particularly grateful to members of the MamaYe RMNCH Advocacy Coalition for supporting the organization in the planning and execution of advocacy strategies and campaigns for improved maternal and newborn health in Ghana. We are also indebted to our development partners: DfID, STAR Ghana, the Ford Foundation and CORDAID for their immense financial support extended to the work of the Alliance.

With great support from our partners and local offices, the organization started the year

with the launch of the MamaYe Campaign also known as the Evidence for Action project. The Alliance worked with its partners to advocate for improve maternal and newborn health services at both national and district levels.

The ARHR continued its work toward efforts to ensure Ghana achieves targets for the health related Millennium Development Goals (MDGs) by 2015, specifically MDGs 4 and 5 - reducing child mortality rates and improving maternal health. This agenda was executed through the implementation of the third phase of the Health MDGs Advocacy Project.

Funded by CORDAID, this project was introduced as a follow-up to the Citizen's Action and Health MDGs Project that were undertaken between 2010 and 2012. It is a testament to the impact the ARHR is making in this area.

With funding from STAR Ghana, the ARHR begun the implementation of a ground-breaking project title: *Projecting Citizen's Voices*. The successful inception meeting laid the foundation for a strong community engagement activity over the course of the year.

A key highlight of the year was the West Africa ICPD Conference held in Ghana. The Ford Foundation supported the ARHR to organize a three day workshop in Accra for potential youth leaders in four West African countries .

The ARHR continued to host the Universal Access to Healthcare Campaign (UAH-CC) in Ghana. The campaign funded by Oxfam UK focused on health budget and health systems accountability to advocate for quality basic healthcare for all.

Moving forward the ARHR will address funding shortfalls and strengthen its workforce seeking, in addition to project grants, sustainability-focused grants to maintain its growth as a leader.

I want to end by once again expressing our immense appreciation to all who have contributed in diverse ways to make the 2014 working year a success.

Yours Faithfully

Vicky T. Okine  
Executive Director  
ARHR



## THE HEALTH ADVOCACY PROJECT:

### A community partnership for a stronger health system

In 2013, the ARHR completed the third and final phase of the Health Advocacy Project funded by the Catholic Organisation for Relief and Development Aid (CORDAID).

The ARHR led project activities, which tracked human resources for health; subscription to NHIS and general access to health care; experiences in adolescent reproductive health services; reflections on service satisfaction; uptake of maternal and child health services; and sexual and reproductive health experiences. The study aimed at producing a participatory monitoring report based on beneficiaries' perspective on progress towards achieving Millennium Development Goals (MDGs) 4 and 5.

The tracking process was conducted in four districts in two regions of Ghana namely: Bongo and Builsa in the Upper East Region and Komenda-Edina-Eguafo-Abirem (KEEA) and Agona East in the Central Region. The assessment aimed to produce an alternate credible civil society organization (CSO) report on the MDGs to enhance evidence-based advocacy to improved healthcare for Ghanaians.

The study was conducted using the community scorecard (CSC) tool. In all, three communities in each of the four study districts and the District Health Management Teams (DHMT), which are considered as service providers, were studied.

The study, among other things, found that there was a low rate of health-worker-to-population ratio in the districts assessed. Against a national average of 1 doctor to 10,034 in the year 2011, the study districts had a best situation of 1 doctor to 28,448 (Builsa) and a worse situation of 1 doctor to 141,317 (KEEA) in the same year.

Another significant finding was that Out-Patient Department (OPD) per capita attendance was less than the national average of two (2) in all districts. Moreover, antenatal clinic (ANC) attendance was generally stagnated, but supervised deliveries had seen some improvement. Mothers were generally satisfied with post-natal care (PNC) received.

There were indications that adolescent females' ability to negotiate safe sex is very weak and was compounded by dire economic conditions and parental irresponsibility. These and more were identified as factors forcing these girls into early sex, sometimes for basic needs or for survival reasons.

The study found that 'age at first sex' was reducing. As low as eight year olds were sexually active and keeping concurrent sex partners. Results of the study were shared with providers and communities in an interface meeting to provide a platform for developing joint action plans to address gaps in service provision. The final report will be released in 2014.



## ICPD

### The West Africa Youth Leadership Conference

The Ford Foundation supported the Alliance for Reproductive Health Rights to organize a three day workshop in Accra, from March 11-13, 2013 for potential youth leaders in four West African countries under the theme: *ICPD Countdown to 2014; shaping an agenda for youth leaders in West Africa and Beyond.*

The workshop was aimed at providing a forum to: explore knowledge of participants on the ICPD Programme of Action, and its recommendation on adolescent SRH issues; identify and address knowledge gaps on the ICPD Programme of Action and its recommendations, particularly those on adolescent and youth SRHR issues in West Africa; stimulate the interest and involvement of West African youth in the ICPD Programme of Action implementation; identify among the youth talented future advocacy leaders to represent youth at international conferences on adolescence and SRHR; develop and strengthen linkages between youth leaders networks in the region and beyond.

In 1994, many world leaders (including African leaders) ratified the International Conference on Population and Development (ICPD) Programme of Work, which emphasized the interrelationships between universal access to family planning and sexual and reproductive health services and rights; gender equality; empowerment of women and equal access to education for girls; sustained economic growth

and adolescent and youth issues. Governments consequently responded by developing programmes and making structural changes to make implementing the ICPD recommendations a reality. In December 2010, world leaders at the UN General Assembly, recognizing that the deadline for achieving the goals set in the POA for the ICPD was fast approaching, called for an operational review of the implementation of the ICPD.

Towards increasing participation of youth in ICPD review processes, various initiatives have been undertaken within the Africa region and globally, one of which is the ICPD Countdown to 2014 Workshop.

The workshop brought together twenty six (26) selected promising youth leaders from Ghana, Nigeria, Sierra Leone and Liberia. These participants represented youth groups or NGOs actively involved in SRH programme activities in their countries.

Participants were equipped with basic and practical skills in effective communication to enhance SRHR advocacy in their respective countries. There was particular emphasis on the use of social media and digital platforms to strengthen skills and capacity of participants to engage and educate their peers. The importance of championing girl-child education both in their respective countries and beyond was also highlighted.

# ICPD – The West Africa Youth Leadership Conference (cont'd.)

Country specific presentations were made to better equip the youth leaders with the necessary information, skills and contacts to enable them engage better with their peers and learn from best practices as far as success and challenges are concerned in the implementation of the ICPD Programme of Action.

The aftermaths of the conference confirmed key findings in various reports and studies on ICPD and Youth engagement. Participants indicated that although the youth in West Africa are stimulated and willing to increase their involvement in ICPD processes, there have been limited opportunities for the youth.

They further indicated their readiness to step up efforts in the ICPD implementation to fully engage in the review process to ascertain what governments are doing.

From the presentations and discussions that followed at the workshop, the participants made significant recommendations asking their governments to deliberately allocate funds for sexual

and reproductive health programmes in line with regional and global consensus including the Abuja declaration, and the Maputo Programme of Action that call for a minimum allocation of 15% of the national budget to health.

The also enjoined the government to scale-up and improve access to non-judgmental and cost effective youth friendly services that take into account the needs of vulnerable groups of young people including those with disability, HIV, young mothers and resident in rural areas.

Other recommendations made included support for the formulation, integration, and implementation of laws, policies and programmes that protect the sexual and reproductive health and rights of young people.

The conference was hosted by renowned reproductive health expert Prof. Fred T. Sai, who affirmed the need to get many more young volunteers involved to improve family planning services and reproductive health rights in Africa.







## MAMA YE

### Maternal and Newborn Survival!

The ARHR rolled out activities to drive public visibility on maternal and newborn survival under its innovative project. The MamaYe campaign, also known as Evidence for Action, is a five-year DfID-funded project in six African countries to reinforce accountability for maternal and newborn survival.

In Ghana, the advocacy component is managed by the ARHR while the evidence component is managed by the School of Public Health, University of Ghana.

The digital and community advocacy activities were launched in February and March, respectively followed by a major blood drive with the National Blood Transfusion Service on International Women's Day March 8, 2013. The event attracted students from West Africa Secondary School and OICI International. The success of the maiden blood drive led to a string of four highly patronized blood drives with the NBTs and the Rotary Club.

The campaign's Advocacy Coalition met four times in 2013 to plan and execute public action activities that called on key stakeholders to perform their duties. In July 2013, the coalition led a group of civil society organisations to draft a communique on Ghana's Abuja declaration commitments. The communique was later presented to the Minister of Health led by Dr. Steve Manteaw of ISODEC.

The coalition further met with Members of Parliament from four committees to discuss ways MPs can support the campaign on maternal and newborn health in Ghana.

After the meeting, 45 MPs pledged to support processes and life-saving mechanisms in their constituencies that can improve the survival of pregnant women and their newborns.

At the community level, the advocacy team selected and trained eight Community Based Organisations (CBOs) and 32 opinion leaders in the eight project districts namely: Offinso South, Sekyere Central, Sekyere South and Asante Akim Central in the Ashanti Region as well as Nkwanta South, South Dayi, Ho Municipal and Ketu North in the Volta Region.

The CBOs were equipped with skills to lead and facilitate community level interactions on maternal and newborn health issues. They established relationships with the traditional authorities, the local government and the health management teams to address preventable pregnancy related deaths.

In the course of the year, the ARHR contracted a rap music sensation ASEM to produce a theme song for the campaign to help pitch the activities to younger audiences.

The digital advocacy platforms continued to receive the needed support and attention from the public with the website, facebook and twitter accounts receiving regular queries from curious members of the public.



## **STAR HEALTH** ~ Projecting Citizens' Voices....

In many health care systems especially in countries such as Ghana, providers are rarely held accountable by citizens or civil society for quality of care and redress of complaints. The situation is aggravated by the inability of citizens and civil society to understand and utilize evidence from assessments such as scorecards and review mechanisms to demand change.

In view of this, the ARHR received a two-year grant from STAR Ghana to amplify community voices to strengthen accountability in health. The ARHR and its project implementing partners collaborated with local health systems to document and showcase effective mechanisms of reporting violations of patients' rights among ordinary citizens, and facilitate redress of complaints to ultimately improve client provider relationships leading to improved health outcomes.

ARHR worked with four community-based organisations in four districts – Agona and KEEA in the Central region, Juaboso in the Western Region and Offinso South in the Ashanti region. The rationale was to increase community involvement in health sector governance within the four districts.

In 2013, the ARHR supported four programme managers from the CBOs spread across our target districts to receive complaints and enter the complaints into a simple information technology program designed uniquely for this purpose. Programme managers, together with trained volunteers selected by ARHR CBO partners such as Unit Committee members, traditional and religious

leaders managed the 'Ombudsman desk' housed within the District Assembly with some technical support from Social Welfare officers. The involvement of the Social Welfare personnel was meant to enhance sustainability of the project and to encourage broader ownership among stakeholders. The objective was to ensure that District Health Management teams in selected communities will adopt the engagement and feedback mechanism to contribute to improved survival of mothers and babies in Ghana.

Preliminary findings indicated that paucity of reliable data on RMNCH indicators in rural areas that address issues of family planning uptake and services as well as the quality of RMNCH delivery. To address these gaps, ARHR used extensive participatory monitoring research methods through the implementation of community scorecards to document quality of RMNCH service delivery.

The ARHR trained research assistants and group session facilitators from partner organisations in the project districts and coordinated community scoring/focus group sessions for collection of data. An ICT specialist was contracted through a competitive bidding process to design a simple user friendly system to input data.

A key challenge was the need to conduct additional focus group sessions in another community as a result of a gap created by a partner organization opting out. The problem was resolved by the selection of another organization to implement the project in the area.



# UNIVERSAL ACCESS TO HEALTHCARE CAMPAIGN

The Universal Access to Healthcare Campaign (UAHCC) is hosted by the ARHR with support from the Integrated Social Development Centre, SEND Ghana, Oxfam in Ghana and the Coalition of NGOs in Health. The combined reach of the Campaign's partners extends to more than 500 organizations working on health-related issues in all 10 regions of Ghana.

Since its inception in 2009, the UHCC has been advocating for quality and accessible healthcare for all Ghanaians. Through its main strategies of research and policy analysis, public mobilization efforts and media engagements, the campaign has been able to raise awareness of Universal Health Coverage (UHC) and has helped the National Health Insurance Authority (NHIA) to clean up its system to make it the medium for achieving UHC in Ghana.

In the year under review, the UAHCC organised a series of meetings with top officials of the NHIA, the Human Resource directorates of the Ministry of Health and officials of Ghana Health Services to discuss policy dynamics. Some of the issues discussed were sustainable and innovative financing mechanisms for the NHIS and proper deployment of health professionals across the country.

UAHCC selected and trained sixty Health Accountability Officers on UHC. These individuals were selected from partnering NGOs in the Central, Brong Ahafo and Upper West regions.

The trainees monitored quality of service delivery, double payments of drugs listed on the NHIS list and patient's satisfaction. Reports from their monitoring activities are regularly shared with the National Health Insurance Authority. Out of these accountability measures, the NHIA has intensified its clinical audits leading to the arrest of some culprits.

The Campaign therefore instituted "The Civil Society Policy Forum" in 2013 to provide a platform for CSOs in the health sector to interact with managers of the healthcare system. The NHIA participated fully and was represented by its Deputy CEO in charge of Operations, Mr. Nathaniel Otoo. Prof. Agyemang Badu Akorsa, a renowned pathologist, was also present at the event.

During the year, the UAHCC participated in national meetings such as the Health Summit, the CSO Annual Summit organised by the Ghana Coalition of NGOs in Health, the NHIA's Stakeholder's Dialogue and the National CHPS Forum organized by the Ministry of Health.

In 2014, the campaign will strengthen its advocacy and accountability activities and intensify pressure on state institutions and policy makers towards universal healthcare coverage. The campaign wishes to thank Oxfam Ghana, the NHIA and all who helped in diverse ways to deepen collaborations towards quality healthcare for all.

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