ALLIANCE FOR REPRODUCTIVE HEALTH RIGHTS

ANNUAL REPORT, 2018

ACCRONYMS AND ABBREVIATIONS

ARHR	Alliance for Reproductive Health Rights
CHPS	Community based Health Planning Services
CBO	Civil Based Organizations
CSO	Civil Society Organizations
CENCOSAD	Center for Community Studies, Action and Development
EHSP	Essential Health Service Package
FP	Family Planning
GHC	Ghana Cedis
GHS	Ghana Health Service
GESI	Gender Equality and Social Inclusion
ICD	Institutional Care Division
IEC	Information, Education and Communication
IPAS	International Project Assistant services
KEEA	Komenda Edina Eguafo Abrem
LNGOS	Local Non-Governmental Organization
MMDA	Metropolitan, municipal and district assemblies
MoH	Ministry of Health
NCD	Non Communicable Disease
NHIS	National Health Insurance Scheme
NDPC	National Development Planning Commission
NHIA	National Health Insurance Authority
NMCP	National Malaria Control Programme
NPC	National Population Council
PEYORG	Progressive Excellence Young Organization
PHC	Primary Health Care
PPME	Policy, Planning, Monitoring & Evaluation
RRIG	Rights and Responsibilities Initiative Ghana
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
SDG	Sustainable Development Goal
SRHR	Sexual and Reproductive Health Rights
UAHCC	Universal Access to Health Care Campaign
UHC	Universal Health Coverage
WHO	World Health Organization
NGOs	Non-Governmental Organizations
ZNGOs	Zonal Non-Governmental Organizations

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FROM THE EXECUTIVE DIRECTOR

On behalf of the Advisory Board and Staff of Alliance for Reproductive Health Rights, I present to you highlights of the organization's project and activities for the year 2018. With a vision of a society in which the sexual and reproductive health and rights of all people, especially the vulnerable groups are protected and fulfilled irrespective of their socioeconomic status, gender or race, ARHR continued to implement and initiate activities towards the realization of this vision.

In 2018, a participatory monitoring was undertaken to track the progress of integration, implementation and impact of GESI actions towards UHC. This included the CHPS concept, NHIS and other programmes on the vulnerable and socially excluded groups in three districts in Ghana. The monitoring was part of the organization's efforts to work to ensure a systematic integration of GESI actions into national health policies, programme and commitments. Findings were validated and disseminated across the country to our partners in three separate meetings; the Northern sector, Middle sector (Ashanti Region) and Southern sector for use for advocacy.

The Universal Access to Health Care Campaign continued with massive radio interviews, particularly towards the UHC day. The interviews drew government's attention to the importance of UHC and why it should be one of the key priorities of the government. It further discussed the budgeting allocation for the health sector in the 2018 budget.

The implementation of a community-based initiative with funding from Comic Relief's 'Fighting Malaria and Improving Health' programme, that's the Bridging Gap: Innovate for Malaria project saw the scoping and mapping of major stakeholders this year to increase their knowledge of the project, galvanize their support and enhance decision makers' and service providers' efforts at improving malaria service delivery. Community based education in health rights and responsibilities and on the malaria service package was intensified. A community facility scorecard assessment was done to generate evidence for improved decision making on health facilities and results were shared with community members to start a discourse between communities and the health service providers. A national level meeting was held to disseminate the overall assessment results with national stakeholders including MoH representatives, Director of Policy, Planning, Monitoring and Evaluation, Director of the Institutional Care Division (ICD), Director of the National Malaria Control Programme and the media.

Under the Primary Health Care Advocacy Project, ARHR conducted an analysis on the 2018 budget statement and the appropriation bill and produced a policy brief for advocacy. A gap analysis of Ghana's Essential Health Service package and a validation of the analysis was done.

Funding was received from the United Nations Population Fund to implement a project to empower adolescent girls through improved access to comprehensive sexuality education and quality gender-responsive sexual and reproductive health services. Orientation and inception meetings were held which set the pace to roll out major activities for the year.

ARHR joined a consortium comprising GHS and the West African Health Organization to undertake a project titled 'Catalyzing leadership to improve women, newborn, child and adolescent (WNCA) Well-being in West Africa with the aim to strengthen and transform leadership capacities to encourage institutional use of health research in decision making.

A forum on improving universal access to sexual and reproductive health rights of PWDs was held with funding from the French Embassy. The forum brought key SRH experts and PWD stakeholders together to interact with key decision makers particularly in the health and education sectors as well as discuss the way forward for making SRH more accessible to PWDs. It highlighted the challenges of PWDs and took forward the momentum that had developed over the last few years about finding solutions to those challenges.

Generally, 2018 was an activity packed and eventful year and ARHR is grateful to its management, staff, donors and partners across the country for their continuous support.

Regards,

Vicky T. Okine
Executive Director

ABOUT ARHR

Alliance for Reproductive Health Rights (ARHR), established in 2004, is a network of Ghanaian Non-Governmental Organizations (NGOs) promoting a rights-based approach to reproductive, maternal, new-born, child and adolescent health (RMNCAH). It works to ensure that RMNCAH rights of all people – especially vulnerable groups such as the poor, marginalized and women of reproductive age – are protected and fulfilled irrespective of their socioeconomic status, gender, age or sexual orientation, which is an ultimate goal of Universal Health Coverage (UHC).

ARHR acts as a lead Civil Society Organization (CSO) convening agent of a coalition of in-country partners working collaboratively to advocate for primary health care (PHC) as a pathway to achieve UHC in Ghana.

The membership of ARHR comprises three national NGOs (ZNGOs) and over 35 local NGOs (LNGOs), coordinated by a Secretariat and overseen by an Advisory Board. Aligning the interests of independent bodies working in the RMNCAH sphere; which in themselves could be limited in capacity, geographical reach and political presence, ARHR creates a larger, bigger and credible platform through which their voices can be heard.

Together with other RMNCAH stakeholders, ARHR works to demand for better and improved health systems. Our three (3) pronged approach focuses on advocacy, capacity-building and evidence generation with funding from national and international organizations. Programmes are implemented and monitored by each tier of ARHR- from the policy to the grassroots level, to ensure that real impacts are achieved in underserved areas.

OUR MISSION

ARHR works to promote, defend and protect rights of women and their newborns, and adolescents to the best quality of reproductive and maternal health care through evidence based advocacy on gaps between policy and practice in the Ghanaian health system. ARHR also seeks to empower communities to hold government accountable for responsive and equitable health care delivery or health system.

OUR VISION

Our vision is a society in which the sexual reproductive health rights of all people – especially vulnerable groups such as the poor, marginalized and women of reproductive age - are protected and fulfilled irrespective of their sex, age, religious, ethnicity or socioeconomic status.

OUR CORE VALUES

ARHR believes in sexual reproductive health rights (SRHR) for all, particularly women and young girls and work to achieve them under the core values of gender equality, mutual respect, equal participation, consensus building, equity, transparency and accountability, community sovereignty and empowerment.

ACTIVITIES DONE IN THE YEAR UNDER REVIEW

INTEGRATING GENDER, EQUALITY AND SOCIAL INCLUSION (GESI) INTO NATIONAL POLICY

Alliance for Reproductive Health Rights (ARHR) undertook a participatory monitoring to track the progress of integration, implementation and impact of Gender Equality and Social Inclusion (GESI) actions towards Universal Health Coverage (UHC); which included the Community-based Health & Planning Services (CHPS) concept, the National Health Insurance Scheme (NHIS) and other programmes on vulnerable and socially excluded groups in three districts in Ghana. These districts are Komenda-Edina-Eguafo-Abrem Municipal area (KEEA), Agona East and South Dayi districts.

The monitoring was part of the organization's efforts to work to ensure a systematic integration of gender equality and social inclusion actions into national health policies, programmes and commitments. To realize this goal, ARHR facilitated the development of a national Gender Equality and Social Inclusion (GESI) framework for use in the monitoring.

It focused on citizens' experiences of the CHPS concept and also gathered data on the NHIS to ascertain the extent to which marginalized groups were receiving the quality primary healthcare which is their due as citizens.

Through focus groups and interviews, members of these communities were encouraged to share their experiences on three categories of indicators which were:

- Ease of access to healthcare facilities and services
- Provision of healthcare services covered by the NHIS
- Satisfaction with healthcare facilities and services

In addition, interviews with officials within these healthcare facilities were conducted to also assess the extent to which healthcare provision in the country; for both mainstream and marginalized groups - can be supported.

Findings from the participatory monitoring was validated and disseminated across the country to our partners in three (3) separate meetings; the northern sector, middle sector (Ashanti Region) and southern sector meetings. A capacity building exercise was done for the media to enable them use the findings for advocacy.

UNIVERSAL ACCESS TO HEALTH CARE CAMPAIGN (UAHCC)

The Universal Access to Health Care Campaign (UAHCC) is a National Campaign which is hosted by the ARHR. The following activities were carried out as part of the campaign:

- Domestic Resource Mobilization Conference: Efforts were made to collaborate with the NHIA to organize a major domestic resource mobilization conference, however, due to financial challenges confronting the Authority, it did not materialized.

- Radio & TV Interviews: The Campaign during the period under review organized one radio interview on the Universal Health Coverage Day. The interview which took place on Uniq FM was to draw government's attention to the importance of UHC and

why it should be one of the key priorities of the government. The interview discussed the budgetary allocation for the health sector in the 2018 budget.

- IEC Materials: The Campaign published two set of stickers during the period. Copies have been distributed to campaign members in all regions to be used in their advocacy efforts

- The contract for the UAHCC has been renewed from November 2018 to March 2019. ARHR is awaiting transfer of funds to commence activities.

BRIDGING GAPS; INNOVATE FOR MALARIA

The implementation of a community-based initiative with funding from Comic Relief's "Fighting Malaria and Improving Health" programme continued in 2018 The overall aim is to establish and fortify accountability systems to increase knowledge on malaria management; generate evidence on gaps in malaria service delivery for better decision making; and, advocate for improved primary health care. Implementation of this project commenced in June 2017.

Major activities undertaken in the four project districts in the year under review include:

- Scoping and stakeholder mapping activities, stakeholders' orientations meetings in all four project districts to increase stakeholders' knowledge of project, galvanize citizens support and enhance decision makers' and service providers' efforts at improving malaria service delivery. Stakeholders engaged included the Deputy Regional Director of Public Health, the Regional National Malaria Control focal person, District Directors of Health Services, District Malaria Control Officers, District Health Information officers, District Disease Control officers from the four project districts, community based organizations, traditional leaders, health providers, district chief executives and planning officers of the district assemblies.

- A training of trainers' workshop to build capacity of community based organizations to support rights based community engagement activities.

- Community based education in health rights and responsibilities and the malaria service package.

- A baseline survey to provide targets against which to track and measure progress or outcomes against project's outcome indicators.

- Community facility scorecards assessment to generate evidence for improved decision making was done. Interface meetings were held at the various assessment districts to disseminate the score card assessment results from each district with local and district stakeholders. This was to start discourse between community, health providers, facility heads, district health management members and district directors

about the outstanding service provision areas highlighted in the assessment. The meeting provided an opportunity to discuss feasible solutions with all stakeholders. It also presented a forum for open dialogue where community members and health care providers shared their experiences of care. Reports indicated that this mode of dissemination had supported ongoing partnership and accountability in problem solving as all stakeholders were onboard. Finally, the meetings created the foundation of a system that can be sustained by duty bearers in the district to continue bi-annual assessments and dissemination meetings.

A national meeting was held to disseminate the overall assessment results with national stakeholders including MoH representatives, Director of Policy, Planning, Monitoring and Evaluation (PPME), Director of the Institutional Care Division (ICD), Director of the National Malaria Control Program (NMCP) and the media.

- A documentary on the impact of the project from the perspective of health care providers, district heath administrators, community partners and community members who have been named 'Community Champions' for their roles in supporting the implementation of the project was generated. These included an inspirational video demonstrating the purpose of the project; the ongoing activities including education and community scorecard assessment; and, the experiences of key actors in implementation. These communication materials were shared on the ARHR's social media platforms and the website.

- Monitoring visits were conducted in the project districts to assess progress of these activities and retrieve feedback from community partners and district directors on how the scorecard results are being used for decision making.

PRIMARY HEALTH CARE ADVOCACY

Activities under the PHC advocacy project continued which were as follows:

- Conducted an analysis on 2018 budget statement and developed a policy brief from the analysis. The highlights of the analysis were that:
  - The 2018 allocation to the health sector of 7.2% of national budget falls short of meeting the 15% set by the Abuja Declaration which Ghana signed up to in 2001. Sixteen (16) years down the line Ghana is about half way to meeting the Abuja target.
  - The Team commended governments' effort to address the staffing gap in the health sector with the employment of 15,667 new staff. However, since the budget statement was silent on the update of the work on the Ghana Health service staffing norm (as outlined in the 2017 budget).
  - In spite of its critical role, very little attention and funding had been directed or committed to PHC in the 2018 budget. It was important to note that Ghana will be unable to achieve universal health coverage under the health SDGS if we continued to

at least prioritise the health sector as noted in government's decision to exclude the health sector in the twelve medium term priorities of government.

- While we recognized governments' attempt to cut its subventions to health agencies, it was our hope that retained funds will be utilized in an evidenced and effective manner to address outstanding matters.
- The government in the 2017 budget statement acknowledged the need for special attention to be paid to the restructuring of the scheme. In the performance overview for the 2017, government mentioned the repayment of about GHC 0.6bn debt owed the NHIS but failed to indicate the total debt owed the scheme or how government intends to repay the outstanding amount. The 2018 budget also failed to mention government's plan to solve the structural challenges the scheme still faced.

- Conducted an analysis of the appropriation bill and developed a policy brief from the analysis:
  - An analysis of the Appropriation bill revealed an anomalous situation in which the Government of Ghana and the agency for implementation operate different administrative systems. Whereas government's overall model of decentralization was devolution (the shifting of responsibility/authority from the central office of the Ministry of Health to separate public administrative structures, such as local governments), the basic approach of the Ghana Health Service was de-concentration (the shifting of power from the central office to peripheral offices of the same administration). Another issue identified was the low levels of control local authorities have over budget and expenditure. Additionally, there was abundant evidence that most resources allocated to local facilities and services were actually executed by the central agency - Ghana Health Service (national) on behalf of local offices (regional and district directorates) or earmarked from the centre to specific programs or initiatives.
  - What that implied was that primary health facilities will continue to face delays in the receipt of resource allocations due to the reliance on funding from the central administrative unit of the GHS coupled with the bureaucratic nature of the health system at the various layers of the GHS structure. Additionally, the nature of vertical programming practiced by Ghana's health agencies perpetuated the separation of services through the various independent systems for human resources, finance, logistics and monitoring resulting in a continuous increase in allocations for compensations including remuneration and wages

- Gap analysis of Ghana's Essential Health Service Package (EHSP) was done and the preliminary findings indicated the following:
  - Ghana does not have a specified EHSP, but has defined multiple packages of health services in various government programs – CHPS, NHIS, Newborn health, Maternal and Reproductive Health and ASRH.

- According to Health Finance Group, about 60% of Ghana's EHSP is not covered under the National Health Insurance Scheme.
- The preventive and promotive components of the EHSP are not covered by the NHIS. The rising burden of non-communicable diseases (NCDs) is exposing the weaknesses of investing heavily in curative care as the NHIS does at present, and neglecting key preventive services as well as primary health care (PHC) that could help check this rising threat to the nation's health.
- Since the NHIS does not reimburse CHPS for preventive and promotive health care, CHPS have tended to focus mainly on curative at the expense of preventive and promotive health care which is supposed to be their main focus.
- The World Health Organization (WHO) predicts mental health illness could be the leading global cause of years of lives lost to disabilities by 2020 which will surpass AIDS and heart diseases. However, mental health is conspicuously missing from the EHSP and the NHIS.
- There is inequity in the implementation of the EHSP at the CHPS level. Communities are not able to access maternal and essential newborn care at CHPS facilities without a midwife.
- There is misalignment between the classification of the healthcare facility (Level A/ CHPS) and the calibre of staff posted there (Level B). For example, while the Physician Assistant (Level B official) at post is qualified to prescribe a broader range of medicines, patients who receive such prescriptions must pay for them because Level A facilities are ordinarily not entitled to claim reimbursements from the National Health Insurance Authority (NHIA) for such medicines

- Convened a reference group of 5-7 champions and validated the gap analysis on the essential health service package, with technical experts

- Commenced engagements and advocacy actions with reference group of champions, Ghana Health Service, National Health Insurance Authority (NHIA) and other relevant stakeholders to prioritize services which should be included in the EHSP

- Engaged media to produce and publish articles and interviews to facilitate civil society discussion of the essential health service package.

- Developed policy briefs and position papers on the gap analysis

EMPOWERING ADOLESCENT GIRLS THROUGH IMPROVED ACCESS TO CSE AND QUALITY GENDER-RESPONSIVE SRH SERVICES

In the year under review, ARHR received funding from United Nations Population Fund (UNFPA) to implement a project to empower adolescent girls through improved access to comprehensive sexuality education (CSE) and quality gender-responsive sexual and reproductive health (SRH) services.

Project activities are ongoing in Accra, KEEA and Axim. Since the commencement of the project in the later part of the year, these three major activities were undertaken:

- Orientation and inception meetings in all project districts: These meetings were held with municipal health directors, traditional authorities, health providers, representatives of youth groups, civil society organizations and the media to orientate them on the background of the project, project objectives; the target population; and the planned activities to be implemented. It was important to engage these stakeholders as they were key in the successful implementation of the activities. These meetings revealed some impending challenges that might be encountered and solutions were sought.

- Training of Trainers for community partners: ARHR organized a two day trainer of trainers' workshop for CBO partners and community facilitators in all the project districts. The workshop empowered the CBO partners and community facilitators with skills on Comprehensive Sexuality Education (CSE) to enable them to effectively implement the project. Participants were trained on technical subject matter and practical facilitation skills.

- Adolescent Health Champions Training Workshop: A four day training workshops on Comprehensive Sexual Education (CSE) for adolescent health peer champions were held in each of the three project districts. The activity was hosted by our local partners: PEYORG, KEEA; CENCOSAD, Accra; and RRIG, Axim. The sessions were led by facilitators trained by Planned Parenthood Association of Ghana (PPAG). The Adolescent Health Champions were equipped with information on SRH rights and services and emboldened to educate their peers on the knowledge they had received. That was to ensure the proliferation of reliable information to help young girls manage, access and understand their sexual and reproductive health.

- Persons with Disability (PWD) Sports day: It was organized in the project districts as a strategy to engage marginalized groups of girls on their sexual reproductive health, health rights and the services available to them. The specific category of PWD engaged were those with hearing and physical impairment; and autism. The key messages shared with the young girls enforced that adolescent out-of-school girls and girls with disabilities had the right: to access information on their Sexual and Reproductive Health Rights; and, had children by choice and avoid teenage pregnancy to enable them achieve their academic potential. Further messaging focused on encouraging parents to support their daughters with disabilities to access sexual and reproductive health service from health facilities. The adolescent girls with disabilities were encouraged to take up contraceptives as per the adolescents Sexual and Reproductive Health Rights of Ghana Health Service.

INTERNATIONAL DEVELOPMENT RESEARCH CENTRE (IDRC) PROJECT

ARHR has joined a consortium comprising Ghana Health Service and the West African Health Organization to undertake a project titled '*Catalyzing leadership to improve women, newborn,*

child and adolescent (WNCA) Wellbeing in West Africa — a program aimed to strengthen and transform leadership capacities to encourage institutional use of health research in decision making.

It comprises series of projects which will take place in Burkina Faso, Côte d'Ivoire, Ghana, Niger and Sierra Leone. The first phase of the project will take place in Ghana and Sierra Leone.

FORUM ON IMPROVING UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH RIGHTS OF PERSONS WITH DISABILITY

ARHR received funding from the French Embassy to organize a forum on improving universal access to sexual and reproductive health rights of PWDs. The forum brought key SRH experts and PWD stakeholders together to interact with key decision makers particularly in the health and education sectors as well as discuss the way forward for making SRH more accessible to PWDs. It highlighted the challenges of PWDs and took forward the momentum that had developed over the last few years about finding solutions to those challenges.

The following Policy recommendations were arrived at after the forum:

- Broadened public and targeted education: Sensitize health providers on the challenges that PWDs face in accessing quality care and how to provide the enabling environment for improved access and respectful care. The focus should be on ensuring the sexual reproductive health of PWDs is protected and not threatened. Similarly, public education should aim to fight against the stigmatization of PWDs and dispel the socio-cultural misconceptions of PWDs, freeing PWDs to live safe and happy lives.

- Disaggregation of PWD group: Recognize the differences within the PWD group as well as their unique needs. Failure to acknowledge key differences undermines efforts to provide targeted solutions and better health outcomes. The nuanced needs of specific disability groups must be captured in education, sensitization and advocacy initiatives or interventions.

- Rights and health education for PWDs: Equip PWDs with information about their own health to ensure they know their rights as patients and make informed decisions about their healthcare. This also assists health practitioners to better supply their needs. Educating PWDs promotes self-advocacy; breaks stigmatization and; emboldens PWDs to assert themselves in the patient-provider relationship.

- Promote pro-activeness of institutions: Encourage facility heads and leadership staff at institutional level to timely respond to the needs of PWDs, ensuring inclusion and the provision of safe care. Suggested examples included the provision of sign language specialists and brailed posters/health information. Further, this action places facility

heads in the position to advocate for the needs of PWDs that are outside of their reach and often overlooked in the planning and provision of SRH services.

- Data systems to support advocacy: Establish national data systems that include PWD indicators for care and promote the uptake of this data by institutions to support/inform advocacy and the evolution of PWD related policy. The utilization of rich evidence bases that are also informed by the experiences of PWDs to inform policy/service provision, would drive PWD patient-centred health care.

- M&E to inform advocacy: Establish harmonized monitoring systems to assess the ongoing state of access and quality of care provided for PWDs. Establish systems to track the performance of health facilities by: (1) identifying gaps in service delivery for improvement and (2) sharing best practice as a benchmark for health facilities.

- Policy and Legislative reform: Reform Disability Act 715 to accommodate the changing needs of PWDs and to integrate the emerging issues within the changing health landscape (e.g. health insurance, PHC access, disability friendly access at CHPS) to ensure that policies addressing *health for all*, safeguard the health and wellbeing of PWDs as well.

- Institutional strengthening: Build the capacity of relevant institutions like the Department of Social Welfare, equipping them with the relevant information and resources to make client-focused change that also considers the life and wellbeing of PWDs.

- Continue collaborating with the media: Sensitize and capacitate the media on PWDs' SRH challenges to maintain active advocacy that drives awareness creation efforts.

ACTIVITIES FOR ORGANIZATIONAL DEVELOPMENT

FUNDING

ARHR continues to receive funding from well-meaning donors to implement its activities in pursuant to achieving its goals. Currently, its funding partners include UNFPA, Comic Relief, PAI, Oxfam Ghana, Star Ghana and IDRC.

SECRETARIAT STAFFING

The Secretariat has dynamic and result-oriented staff who work in various capacities to drive the organization towards its goal. In the year under review, an additional hand was employed to join the Communications Team.

COMMUNICATION

There has been massive production of communication materials on the various project activities which were adequately shared on the organization's website and social media platforms.

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