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Reproductive Health Watch

Post-MDG era: Strengthening SRH services

In this issue

For about thirty years now, specifically following the recommendation of the international Conference on Population and Development (ICPD), sexual and reproductive health issues have been firmly placed on the international agenda. Sexual and reproductive health issues are not only critical for achieving the child and maternal health goals (MDGs 4 &5) but also essential indicators that affect other goals such as reducing poverty, improving educational attainment of girls and gender equality.

Ghana has adopted a number of policies in this regard, for example, the 2000 Adolescence Reproductive Health Policy, the National health Insurance Policy launched in 2003 under which children aged 17 years and below are provided free health services and the Free Maternal Health Policy introduced in 2008. These policies aim at improving sexual and reproductive health of adolescents and mothers.

It is against this backdrop that the Alliance for Reproductive Health Rights (ARHR) has since 2007 been evaluating, tracking and advocating on sexual and reproductive health matters in rural Ghana, particularly with respect to MDG 4 & 5. The studies have examined the perspectives of ordinary citizens in deprived areas on maternal and child health services and outcomes. The focus has been on the public health facilities, services, and processes that promote sexual and reproductive health, as well as maternal and child health.

The cardinal principle that underpins ARHR's activities is the fact that knowledge on one's right to health to a large extent empowers one to claim and access the requisite health services.

In July 2014, the ARHR commissioned another research to evaluate and track patterns and changes in outcomes of key health indicators. The study was intended to elucidate changes, and continuity in the quality of both relevant health service delivery and utilization and outcomes in rural communities in the Central and Upper East regions of Ghana. The study examined the perceptions and experiences of the citizens- adolescent (boys and girls) and mothers- that can inform a citizen-led advocacy towards the achievement of the goals.

The community score card (which is basically a research technique for investigating the quality of service and outcomes from the viewpoint of clients as they rate or score them) was therefore used for the study. Focus Group Discussions were held among separate male and female adolescents and mothers in Agona East, Komenda-Edina-Eguafo-Abirem districts in the Central Region, and Builsa and Bongo districts in the Upper East Region. The participants scored their satisfaction with key indicators that are critical to sexual, reproductive, child and maternal health issues.

(continued on page 4)

From the Executive Director's Desk

VICKY T. OKINE

Welcome to ARHR's 5th issue of the bi-annual newsletter, the **Reproductive Health Watch**. The rationale for this edition is to brief you on all key projects undertaken in 2014 and how these projects are contributing to improved sexual and reproductive health and rights of the vulnerable.

In keeping readers abreast of emerging trends and policy dynamics in reproductive health services, it is our hope that the newsletter will whip up greater desire for SRH activism. This edition of ***RH Watch*** focuses on the gaps in maternal healthcare coverage and quality of care for newborns. One cannot overemphasise the need for government to work with key stakeholders to address the difficulties with quality maternal healthcare delivery!

This edition opens with an analysis of projects undertaken by ARHR to improve SRH services in Ghana. The article provides a background to the SRH policies adopted by the country in the past two decades to address inequalities in reproductive health services. This will be followed by a commentary on the global breastfeeding campaign to improve newborn survival.

Proper nutrition is considered an important aspect of child health and proper breastfeeding has been proven to prevent newborn deaths. An article about in-country strategies to achieve MDGs 4 and 5 from the lens of an Australian volunteer examines how oft-repeated promises and policies are yielding very little results at improving reproductive health of women.

This edition also provides extensive information on outcomes of activities undertaken under the MamaYe Campaign, the PMNCH support, STAR Health project and other key ones. In addition to this, the *Partner Spotlight* will focus on the Centre for Development of People (CEDEP) based in the Ashanti Region.

Thank you for your support throughout the years as we join hands to address the bottlenecks plaguing sexual and reproductive health rights in Ghana.

Enjoy!

August marks the recognition of World Breast Feeding Week, and is also an opportunity to remind mothers, fathers and their support networks about the importance of breast feeding as a way of giving their baby the healthiest start in life.

True Situation

Proper nutrition for newborns, according to the World Health Organisation (WHO), is essential for lifelong wellbeing and breastfeeding is one way a mother can guarantee her baby a healthy future. Studies by the WHO have shown that children between the ages of 6 months and 2 years (whose main source of nutrients is breastmilk) whose diet are supplemented by healthy foods, often score highly in intelligence tests, and are probably less likely to suffer from obesity and diabetes later in life.

By putting an infant to the breast within an hour of birth (a practice also known as 'early initiation'), and thereafter maintaining this as the sole form of feeding for the infant's first six months, a mother can ensure that important antibodies will be passed, protecting it from life-threatening conditions such as diarrhea and pneumonia.

Role of Advocacy

Support for breastfeeding is needed wherever there is a newborn. These include medical facilities, work places, and family settings. Civil Society Organisations, in partnership with the Government, must institute programmes beyond the *Breastfeeding Week* to urge mothers to make it a priority as early as an hour after birth. These advocacy programmes should be comprehensive, multifaceted approaches providing targeted and well-coordinated interventions to a variety of audiences, including pregnant women, their support systems, health care providers, the community, and the general public.

Health Officials

Health officials must not be left out of this campaign as they are crucial in providing support to breast feeding mothers, and are influential in their position, as they can encourage a mother to breastfeed as early as possible. Women should be encouraged to deliver in health facilities with staff that are formally trained to assist in this way.

Tried and tested media campaigns targeting first-time parents through television, radio, internet, and print advertising that highlight the health consequences of not breastfeeding, must be intensified to bring the issue into perspective.

What you can do to help?

- Encourage your relatives who are nursing mothers to breastfeed their babies exclusively for the first six months and up till two years.
- Offer assistance to every nursing mother, for example, by simply making her comfortable.
- Are you a father? Support the mother of your child by working as a team to take care of your baby.

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Post-MDG era: Strengthening SRH services

Continued from Page 1

Thus, by involving indigenous people in assessing and tracking these indicators, they do not only feel included in analysing issues that affect their lives, but also receive important information that aid them to claim their sexual and reproductive rights.

Although the adolescents are sexually active, access to relevant information on and quality of their reproductive health services in all the communities studied was generally low, with boys generally reporting higher rates of knowledge and exercise of their rights than girls. Lack of sexual autonomy coupled with inability to negotiate safer sex among the girls have resulted in increasing rates of teenage pregnancy in these rural poor communities. Negative attitude of health workers received extensive mention, as the major challenge in accessing sexual and reproductive health services. A 15-year old girl in a community in the Agona East District explained: "…sometimes [health workers] feel we are young and are not mature for reproductive health matters and would hesitate in giving us information on reproductive health. On the contrary, we need the information so that we can protect ourselves. Apart from the little we learn in our schools, and sometimes at home, we receive nothing from the health facilities."

Even, in the few instances where the adolescents claimed they knew their rights to certain health services, the majority mentioned that they were unable to exercise them because they felt the health workers were "more powerful", "will be angry", and "it would not change anything".

Adolescent counselling services were woefully unavailable in the study sites. In the few communities where the services were available, the young people were unable to use them because they found them unfriendly. The reasons they gave included negative perceptions and related stigma about adolescents' patronage of sexual and reproductive health services in the communities.

In Bando, for instance, where the adolescents said counselling was available at the Community Health Planning Services (CHPS) facility, the girls said they did not go there because "the male health workers harass them with proposals for sex," while the boys said they "were angry at the male health workers because they took their girls from them when the girls go there." Abortion was highly stigmatized. The (crude) ways in which abortion was done influenced the negative attitudes of community members and health care workers towards those who use them. Due to these negative attitudes, crude and life-threatening ways are used to terminate pregnancy to keep it away from the people in the community. The adolescents mentioned that abortion is caused by drinking fermented palm wine mixed with large quantities of sugar; taking a lot of paracetamol tablets mixed in *akpeteshie*, and drinking *coca cola* mixed with grounded bottles.

The mothers singled out elderly midwives for praise; for their relentless efforts in ensuring that pregnant mothers received antenatal care services. They were portrayed as: "good and …. [they] encourage us a lot as well as communicate well". The mothers also acknowledged the dedication of all health workers to the door-to-door immunization programme. The attitude of some health workers, was however, described as "cruel and lacked [better] human relations". Some mothers complained about extortion by the health workers from them, insults, and their impatient attitude especially during the period of delivery. Other problems cited included distance to the facility and its related financial burden. Poor conditions of roads and the time spent in travelling to health facilities were also reported. The roads in most of these rural communities were bad, and very difficult to access, especially, in the rainy season, coupled with the fact that the pregnant women have to cover more distances to get to the closest facility in the absence of CHPS compounds. A mother explained: "… the distance from the community to the health centre is far and we spend huge transport fares getting to the hospital. Sometimes cars are not easily available so we have to walk to before we can get a car and this gives us a lot of inconvenience."

As Ghana's transition of the completion of the MDG era to the post-MDG era, it is important that the persistent gender issues and community conditions as well as attitude of health workers that determine the sexual and reproductive experiences and levels of satisfaction of mothers and the adolescents are taken seriously.

*** ARHR

Are familiar commitments impeding our progress to achieving MDGs 4 and 5?

While statistics differ somewhat here and there, any recent research paper reporting on Ghana's progress to achieving its 2015 deadline for Millennium Development Goals (MDGs) 4 and 5 will tell you the same thing: we are off track. Come December 2015, it is unlikely Ghana will achieve either of MDG 4 – reducing child mortality rates, or MDG 5 – improving maternal health. Specifically, Ghana has pledged to, between 1990 and 2015, reduce its under-five mortality rate by two thirds, and its maternal mortality ratio by three quarters in the same time frame.

Ostensibly, at least, the nation is trying. The Ministry of Health, Government of Ghana and United Nations Country team committed itself to the MDG Acceleration Framework (MAF), an action plan devoted purely to accelerating efforts to achieving MDG 5 by 2015 and to overcoming bottlenecks in interventions that have been shown to have impact. While the MAF's focus is the achievement of MDG 5, two of its three key priority intervention areas – Skilled Delivery and Emergency Obstetric and Newborn Care - are closely intertwined with MDG 4, in particular reducing mortality rates of infants aged 0-1.

And the Government's commitments do not stop there.

In 2010, Ghana became party to the UN's Every Woman, Every Child campaign, pledging to save the lives of 60 million women and children by 2015. In 2006, it signed on to the Maputo Plan of Action, promising to ensure universal access to reproductive health services. In 2001, it pledged to ensure 15% of its annual budget went to improving the health sector (it is yet to reach this target). The specifics of each of these commitments relate to maternal and newborn healthcare, some more specifically than others and, if fulfilled, could dramatically improve rates of maternal and newborn survival.

A series of pre-election promises were made in the 2012 Manifesto of the ruling party dubbed: *Advancing the Better Ghana Agenda*. Many commitments lay within: to establish new district hospitals, double the amount of CHPS Compounds, increase resources for the training of medical doctors, expand Midwifery and Nursing. These issues and more were all too familiar, and could fall under the veil of any of most of the Government's other pledges with respect to healthcare. (***continued on page 8)***

STAR HEALTH

"Projecting Citizens Voices for Health Accountability", referred to as the "STAR Health Project", broadly seeks to increase evidence-based advocacy by citizens, in particular women, with respect to their maternal and reproductive health rights. The STAR Ghana -funded two-year project, which ended in 2014, established mechanisms that promote dialogue between communities and key healthcare providers, and ultimately lead to increased accountability.

In many health care systems, especially in developing countries including Ghana, providers are rarely held accountable by citizens or civil society for quality of care and redress of complaints. Ordinary citizens and civil society also generally lack the capacity to understand evidence from assessments such as scorecards and review mechanisms; and often are unable to use the evidence to demand for change.

There is also a paucity of reliable data on Reproductive, Maternal and Newborn Health (RMNH) indicators in rural areas - family planning uptake and services, quality of RMH delivery etc. Reports from previous ARHR projects and similar findings from other organisations reveal that reliable evidence for monitoring duty bearers responsible for protecting; respecting and fulfilling their social and moral responsibilities to ensure effective delivery of RMNH are not available.

To address the gap, ARHR used participatory monitoring research through the community scorecard processes to document the quality of RMNH service delivery – availability of basic EmONC drugs and equipment (anti convulsants, oxytocics, vacuum extractor, autoclaves etc), availability of health staff (obstetricians and midwives); availability of basic amenities (water, electricity, functioning communication equipment, ambulances and beds) – in selected project district.

The community scorecard was also used to assess implementation of the GHS policy documents such as Patients Rights Charter and Customer care to identify gaps in service delivery. This helped to create mechanisms for seeking redress of clients' rights abuses and demand respect for patients' rights by health care providers.

The project established a unique "Ombudsman Desk" for community members to confidentially voice out grievances and complaints about healthcare providers.

Project rationale

There was also evidence that local participation in accountability was low. ARHR, through this intervention, strengthened capacity of community-based organizations and selected community leaders who collected and used data to advocate for improved RMNH service delivery in target districts. The project also sought to strengthen local platforms for effective community collaboration with local health systems to document and show-case mechanisms of reporting violations of patients' rights among ordinary citizens.

The project further created an effective system to address clients' complaints aimed at improving client-provider relationships to improve health outcomes. Global and national assessment of accountability frameworks of health systems in Africa and Ghana have proven that community health engagement is weak. In Ghana, the Ministry of Health reported in 2011 that accountability framework with reference to women and children health was woefully inadequate and remained ineffective especially at district levels.

The report stated that health providers do not involve communities nor receive feedback from communities on issues such as maternal health audits. ARHR used the project to institutionalise a complaint arrangement and follow through for proper redress of challenges in service delivery.

The project created a platform for District Health Management teams in the selected districts to adopt the client engagement and feedback mechanisms to ensure improved survival of mothers and babies in Ghana.

Project Areas

The project was implemented in four districts within three regions, namely, Agona East District and Komenda Edina Eguafo Abirem (KEEA) Municipal in the Central Region; Juabeso District in Western Region; and Offinso South Municipal in the Ashanti Region.

The project increased community involvement and participation in governance and accountability mechanisms by strengthening platforms for citizens to engage with duty bearers.

Some of the key advocacy activities undertaken in the project districts include: the training of eight CBOs on community scorecard processes; four policy dialogue and interface validation meetings organised with stakeholders in two project districts to discuss scorecard results and propose solutions to address gaps identified; one baseline survey and an end line survey; a silent sit down; training workshops for women leaders in the project districts; and over a 100 community durbars/educational sessions undertaken to empower and educate citizens on their health rights, government commitments and their entitlements.

Impact

A major achievement of the project is that District Health Management teams in two target districts in Central and Western Regions, have adopted the client-provider feedback mechanism established during the project for improved redress of clients concerns in accessing health, for improved client/ provider relationship and improved maternal health outcomes.

The project initially had challenges with the ombudsman system as partners had insufficient computer skills and literacy to operate the complaint system. This was duly addressed at a workshop with the consultant.

Continued from Page 5

Are familiar commitments impeding our progress to achieving MDGs 4 and 5?

So why are we making only marginal improvements with regard to MDGs 4 and 5? Is the mound of commitments so high it has become a constraint, rather than an incentive? Is the Government too focused on signing than delivering?

In July 2013, the ARHR, with other CSOs, convened a meeting with the Minister of Health, Hon. Hanny-Sherry Ayittey to present a Communiqué. A collaborative effort, the Communiqué called on the Government to meet its Abuja Declaration pledge to spend 15 per cent of its budget in healthcare, specifically calling on it to dedicate funds to areas impacting on the progress of health-related MDGs.

While the Minister accepted the Communiqué and said she would take it to Cabinet, she indicated that CSOs and private sector organisations were intricate to achieving commitments such as that made over a decade ago in Abuja: "*CSOs must begin to advise the public about their lifestyles…It is the responsibility of government to ensure that we absorb all social risks but we must educate people about their lifestyles*".

The MAF embodies a similar disclaimer: "*The MAF cannot be the business of the government alone, but requires the support of UN agencies, key development partners and CSOs to better understand the deep-rooted causes militating against positive outcomes in maternal health care and collectively work towards overcoming them*".

According to the MAF, MDGs are achievable by 2015 "*if supported by the right set of policies, targeted funding and strong political commitment…*". Given the number of its political commitments, Ghana appears top-heavy in the policy department but lacking in targeted funding.

The ARHR agrees CSOs should, and do, support Government initiatives through campaigns designed specifically to educate citizens about their rights and lifestyle choices, so as to encourage citizens to actively participate in evidence-based advocacy. However, education can only go so far, given the nature of MDGs 4 and 5. How does a mother and her unborn child overcome a situation where one or both suffer life threatening complications at birth, requires emergency obstetric care, and their only resort is an under-resourced hospital or clinic, lacking in formally trained staff?

There is no question public awareness activities are crucial to achieving MDGs 4 and 5 by the 2015 deadline, however, immersing ourselves in guidelines, action plans and agendas will simply not get Ghana across the line. The Government must actively meet CSOs half-way by injecting funds into specifically targeted areas. This is the only way Ghana's mothers, who might have all the education in the world, will not be fatally let down by the system in emergency situations or otherwise.

By Claire Cogswell

Centre for Development of People (CEDEP)

CEPED is the middle zone coordinator of the ARHR in Ghana: comprising Ashanti, Brong Ahafo and Eastern Regions of Ghana. During the year under review CEDEP undertook seven Health interventions in 21 districts.

Under the *Prevention of HIV/AIDS* project funded by the Ghana AIDS Commission and OICI Ghana, CEDEP undertook prevention activities in 4 districts using Peer Educators as change agents. The strategies used to increase coverage included one-to-one Peer Education and small group discussion as individuals, in school and as members of artisanal groups. The greatest challenge included unavailability of HTC test kits. It should be noted, however, that in December HTC test kits were made available. These were used for students of the Kumasi Polytechnic during the World AIDS day celebration in on December 4 at the Kumasi Polytechnic.

With funding from Marie Stopes International, CEDEP undertook an intervention which focused on long term FP methods and reduction of unsafe abortions. The project specifically provides support to women and men on how to manage their Sexual and Reproductive Health needs. It offers information and educates women to understand the value of using long term family planning methods in order to maintain and improve their economic status while spacing their children.

Financing Maternal Health Services is another project implemented by CEDEP in 2014. The project, funded by STAR Ghana through SEND Foundation, was designed to build strong voices among citizens to advocate for more health resources to improve access to quality and utilization of maternal health infrastructure in the District Hospitals of Amansie West and Ejura Sekyeduamasi. The Ashanti region has insufficient logistics to improve maternal survival, hence the need to increase funding for RMNCH and safe motherhood activities to improve maternal survival.

CEDEP is also one of eight partners implementing the Star Ghana-funded Ombudsman project on 'Projecting Citizens Voices for Health Accountability'.

The organization manages the Ombudsman desk in the Offinso Municipality in the region. The system captures complaints of patients and makes the findings available to health managers to address these concerns. The system is meant to improve client-provider relationships for enhanced quality of care and health outcomes. The major challenge faced with the Ombudsman mechanism is that many people are unwilling to use the facility for fear of being victimised by the health workers despite locating the desk at the premises of the Municipal Assembly.

Ipas Ghana is also providing support to CEDEP for the "Queenmothers Project" which aims to reduce unsafe abortion in ten districts through Queen Mothers who are regarded as the custodians of fertility in their communities. The rationale of this project is to work with the Queen Mothers to support interventions in their respective traditional areas in prevention of unwanted pregnancy, promotion of abstinence among children and to improve the options for Comprehensive Abortion Care while providing opportunities for community members to learn about the legal environment in Ghana for Sexual and Reproductive Health services available at both public and Private facilities.

One of the key projects being implemented in the Ashanti region by CEDEP is an aspect of the Social Public Expenditure Financial Administration programme from the Government of Ghana through a World Bank Ghana loan. CEEDEP is working to improve citizen's engagement with local government under what is known as the Social Accountability component of the programme. It is hoped that the programme will improve monitoring and evaluation on government expenditure to promote accountability, effectiveness and efficiency of Public Services.

Over the years, CEDEP has remained relevant to the health and social needs of the communities it serves due to its innovative approach to addressing socio –economic and civic issues. They have also forged strong relationships with the Religious, Religious, Ghana Health Service and the Metropolitan, Municipal and District Assemblies who have facilitated their work and contributed to the success of their projects in the Ashanti region.

STAR SUSTAINABILITY

The secretariat has been supported by STAR Ghana to streamline its operational structure in order to sustain its social interventions with little support from donor agencies. This is meant to boost the influence of civil society organisations (CSOs) in the governance of public goods and service delivery. The goal is to increase the accountability and responsiveness of government, traditional authorities and private enterprises to Ghanaian citizens.

Implementation of the health related MDGs – Goals 4, 5 and 6 - has increased interventions and actors working to improve Reproductive Maternal Newborn and Child Health (RMNCH) nationally and internationally, often leading to duplication of processes. For example, different civil society organizations have engaged the Select Committee on Health in Ghana's Parliament on similar issues of national concern in the health sector.

A number of CSOs are also engaged in budget advocacy in addition to a myriad of interventions designed to empower vulnerable women to improve their reproductive behaviours. A thriving civil society is important to hold government accountable for resources, services and improved RMNCH outcomes. This has made it necessary for the secretariat to distinguish itself in the approaches used to fulfil its core mandate and increase the expected social impact of such strategies.

Through the project, STAR Ghana offered ARHR and its partners, organizational development and technical capacity building support. This will lead to a stronger and sustainable secretariat that will continue to be a voice for women, children, and excluded groups in the formulation of policy and implementation of government decisions.

REVIEW OF ADOLESCENT REPRODUCTIVE HEALTH POLICY

ARHR is currently working with the National Population Council to review the Adolescent Reproductive Health Policy. The Secretariat will facilitate the entire review process and organize discussions and meetings with key civil society organizations.

PARTNERSHIP FOR MATERNAL, NEWBORN & CHILD HEALTH (PMNCH)

The PMNCH supports the Secretariat to facilitate the development of strong national advocacy networks in support of the global strategy and campaign for MNCH. The advocacy platform is meant to create common advocacy ideals, messages and activities that will lead to greater capacity for local, national and regional mobilization and accountability on RMNCH. The ARHR, in view of this, organised a crucial training workshop for MPs, journalists and NGOs on policy analysis and strategic communication to intensify policy-driven activism ahead of December 2015 deadline for the Millennium Development Goals.

UAHCC

The Ghana Universal Access to Health Care Campaign (UAHCC) advocates for removal of National Health Insurance Scheme premium by 2015 and to ensure universal access to health care free at the point of use.

In 2014, the campaign organized a series of activities and participated in several local and international programmes to continually push the frontiers of universal healthcare coverage that benefits the poor as much as the well-to-do in Ghana.

In contributing to the effectiveness of the National Health Insurance Scheme, the campaign identified and trained sixty individuals from the Central, Brong Ahafo and Western regions selected from the Regional Health Accountability Groups on universal healthcare coverage.

They were equipped with skills to monitor quality of service delivery within these areas. Their role was to observe cases of double payments of drugs listed on the NHIS drugs list and patient's satisfaction. Reports gathered from these monitoring exercises will be made available to the NHIA to help improve their services.

UAHCC collaborated with the Mamaye Advocacy Coalition to organize about 200 women and men to demonstrate over poor implementation of strategies to address the health MDGs. Similar street marches were held in Cape Coast, Sunyani and Wa simultaneously.

The campaign formed a strong partnership with the media to advocate for improved funding to address some of the major health concerns that plagued the nation. Top among these is the Cholera crisis. The campaign further assessed the efforts of the government in the health sector for 2014 and a projection of what the health sector should look like, using the 2015 budget.

A Civil Society Policy Forum on universal healthcare coverage was orgainsed to reposition the discourse on healthcare coverage across the country. The campaign together with CONIWAS and Water Aid Ghana, presented a paper to the Ministry of Finance making a case for more budgetary allocation and early release of funds for the Health Sector.

At the National level, the campaign contributed to the NHIA's Stakeholder Dialogue on the NHIS Benefits Package and the Ministry of Health's National CHPS Forum. The UAHCC is funded by OXFAM GB and Rockefella Foundations supported by ARHR, ISODEC, SEND Ghana, Coalition of NGOs in Health, PHM Ghana Circle and the National Association of People Living with HIV and AIDS

MAMAYE CAMPAIGN

Funded by DfID, the Evidence for Action Programme otherwise known as MamaYe campaign is being implemented by ARHR together with the School of Public Health to improve maternal and newborn survival in Ghana. MamaYe is using evidence, advocacy and accountability mechanisms to save lives of mothers and newborns.

The project in Ghana aims to improve emergency obstetric and newborn care (EmONC) services by generating better evidence of where and why women and newborns are dying. By making this information available and accessible to the public, political will and capacity to address bottlenecks in service delivery will be strengthened.

A key activity undertaken under the project in 2014 was the implementation of a scorecards programme in eight project districts of the campaign. Health facilities and services were assessed by a team of data collectors at selected health facilities and the results are currently being analysed to be used to improve quality of care for pregnant women and newborns in facilities.

The project's Advocacy Coalition is growing from strength to strength with nine more organisations joining the existing membership of 41 international NGOs operating in Ghana. The rationale for creating the coalition is to harmonise and amplify efforts being made by different organisations and programmes towards achieving MDGs 4 and 5 targets by December 2015 and beyond. The project, under the auspices of the Advocacy Coalition, presented a 10 action-point document to the Minister of Health in August 2014. The document adduced suggestions on how government can achieve the Abuja pledge of increasing the health budget to 15% of the annual fiscal budget.

In keeping with the desire to boost public visibility of maternal and newborn health issues in Ghana, the team launched a well-researched glossary of terms (an MNH dictionary) for media personnel and activists. The material introduced these advocates to key terminologies and latest statistics on MNH and how to communicate such information to the public. This is meant to improve reportage and coverage of maternal and newborn health issues.

The campaign successfully rolled out a high school group of activists called MamaYe Ambassadors in project districts across the country and in A-list schools particularly in the Central region. Their aim is to champion the virtue of abstinence, safe sex to prevent unplanned teenage pregnancies and STIs as well as the prevention of unsafe abortion. The students are already proving to be very useful activists within their communities and among their peers.

One of the major activities the campaign took part in was the 2014 World Blood Donor Day with the National Blood Service. The campaign's director, Prof. Richard Adanu gave a lecture on "Safe blood for safe motherhood" at the premises of the Blood Bank, which was streamed live on the internet around the world. The campaign went on to support the Rotary Club to undertake a blood drive in Madina and Adjiringanor specially for pregnant women.