Strategic Framework/Plan for 2015-2020

ARHR
ALLIANCE FOR REPRODUCTIVE HEALTH RIGHTS

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List of Abbreviations

ARHR	Alliance for Reproductive Health Rights
ASRH	Adolescent Sexual and Reproductive Health
AU	African Union
CBO	Community Based Organisations
CSO	Civil Society Organisations
CHPS	Community Based Health Planning and Systems
FP2020	Family Planning 2020 Vision
GSOWC	Global Strategy for women and children
ICPD	International Conference on Population and Development
ISODEC	Integrated Social Development Center
INGO	International Non Governmental Organisations
LNGO	Local Non Governmental Organisation
MAF	MDG Acceleration Framework
MDG	Millennium Development Goals
MNH	Maternal and Newborn Health
MoH/GHS	Ministry of Health / Ghana Health Services
NGO	Non Governmental Organisations
NHIA	National Health Insurance Association
RBA	Right Based Approach
RH	Reproductive Health
RMNCH	Reproductive Maternal Newborn and Child Health
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations
WHO	World Health Organisation

1. INTRODUCTION AND BACKGROUND

1.1 Introduction

MDG 5 dedicated to reduction of maternal mortality ratios has seen the least progress worldwide. 289,000 maternal deaths occurred globally in 2013 with Sub Saharan Africa continuing to account for over 60% of these deaths.[1]

The rate of reduction of Ghana's current maternal mortality ratio of 350/100,000 is 3.3% and remains insufficient to enable Ghana meet its target of 5.5% annual reduction needed to meet MDG target of 185/100,000 by 2015.[2]

With less than 500 days to the close of the MDG's, countries, donors and the international development community have shifted focus from meeting the MDG's to developing policy frameworks to meet standards of a post 2015 development agenda centered on equity and inclusiveness in sustainable development.

In addition , the London 2012 summit on Family planning has created a global framework for meeting the global unmet need for Family Planning(FP) in a vision code-named "FP2020". Unlike the MDG's, this vision reflects country's own unique commitments and contributions to meeting the global voluntary unmet need for FP for 120 million women and girls.

Further, in the quest to remain relevant in a rapidly transforming global development framework, the African continent through the African union has developed a 50 year vision to guide countries and the continent in its development efforts. The framework, AU 2063, moves towards a paradigm shift in development taking into consideration its status as one the least developed and most youthful continents in the world. The vision highlights the need for economically, socially, politically and environmentally self-sustaining continental development, highlighting inclusiveness and equity in the context of greater intra and interregional collaboration.

All these international and regional developments emerge in an environment of population explosion in the developing world, especially youth populations, dwindling donor funds, and increased pressure on existing global financial resources.

Nationally, there has been a tremendous increase, over the past couple of years, in CSO's focusing on MNH, contributing to duplication of processes.
Again pressure on national budgets continues to adversely affect health budgets including those for RMNCH services; and inadequate political will for implementation of maternal healthcare policies affect progress in meeting national and international commitments.
Ghana is now recognized as a middle income country and this status continues to shrink bilateral funding for CSOs in Ghana, and with dwindling of donor funds, many donors are becoming unwilling to support NGO and development work in the country.
In addition the global financial crisis has resulted in changes in funding landscape especially core funding for CSO's. There are fewer resources for a greater number of NGOs and CSOs. Again changing donor policies creates uneven competitive field for local and national NGOs competing against International NGOs.

[1] WHO, Maternal Mortality Fact sheet 2013
[2] UNFPA Ghana

Finally, increased corruption in Ghana's governance underscores thriving civil society that is able to hold government accountable for resources, services and improved outcomes etc. In the area of health especially SRH, weaknesses in the health system underscore the relevance of policy advocacy.

In view of these global, regional and national trends, it has become necessary for ARHR to refocus, re-tool and prepare itself to remain relevant first in the context of the emerging international and African regional development agenda, and nationally to its constituents, partners and target populations.

The creation of this strategic plan therefore seeks to address these emerging issues and prepare ARHR with the needed human, financial, information and partnership resources to strategically position itself to remain relevant to the global context of development as well as to its national stakeholders.

This strategic plan confirms ARHR's commitment to improve the sexual and reproductive health and rights of the poor and underserved women of reproductive age and adolescents in Ghana. It builds on its existing approaches and experiences and responds to current perspectives on key issues in reproductive maternal and new born health and rights in Ghana.

As a civil society organisation with ten years of experience of promoting increased access to, and utilization of sexual and reproductive health services and information by poor women of reproductive age and young people, ARHR has decided to build on its programming for adolescent sexual and reproductive health (ASRH) and maternal and newborn health (MNH). ARHR will strategically focus on ASRH and MNH to address advocacy gaps in attainment of Human rights and human development, as well as capacity gaps in fulfillment of such rights for the next four years (2015-2018).

In addition to address the funding gaps elucidated above, ARHR's strategic plan will address innovative ways to generate internal funding through social entrepreneurship projects in target communities. To complement its traditional funding sources for projects, ARHR will respond to its vision to embark on holistic approaches to SRHR that put improvement of SRHR in its wider socio-economic development context and generate internal funds while doing so.

2. Background and Profile of ARHR

ARHR is a registered Ghanaian Non-Governmental Organization established in 2004 under the Company Code of 1963 Act 179 to promote rights based approaches to sexual and reproductive health (SRH) in Ghana through advocacy, capacity building and research.

ARHR is made up of 35 implementing local NGOs (LNGOs): three zonal coordinating NGOs with responsibility for backstopping, coordination and support at the zonal/multi-regional level; and the Alliance Secretariat providing programme coordination, responsibility and liaison at the programme and national level.

The community based organizations (CBOs) work at district and community levels with responsibility for participatory project/intervention design, implementation, monitoring and reporting on their community-based initiatives. The CBOs work in partnership with the Ghana Health Service at regional, district and community levels and are distributed throughout the ten regions of Ghana.
The Alliance Secretariat has ten permanent and support staff led by an Executive Director with a team comprising a Programmes Development Manager, Communications and Advocacy Manager, a

Programme Officer, a Research Officer, Monitoring and Evaluation Coordinator, a Project Officer, an Accountant and an Administrative Manager in addition to a number of supporting staff.

2.1 ORGANISATION'S IDENTITY

The Alliance recognizes the challenges confronting both itself (as a health sector civil society organization) and public health agencies in reaching and providing services to certain geographical areas of the country as well as reaching some minority and disadvantaged groups. These underpin the vision and mission of the ARHR as stated thus;

2.2 Organisational Vision

ARHR envisions a society in which all Ghanaians including, particularly poor and underserved women of reproductive age enjoy a healthy sexual and reproductive health life forming a basis for healthy personal development and enabling them to be meaningful contributors of society.

In accordance with this ARHR envisions a Ghanaian society in which the reproductive health rights of all, especially vulnerable groups and women are protected, respected and fulfilled, irrespective of their status, gender, race and believe.

2.3 Mission Statement

The mission of ARHR is to promote a right based approach (RBA) to sexual and reproductive health, especially of women of reproductive age and adolescents in poor and underserved communities, through advocacy, capacity building and inclusive policy making.

ARHR believes in improved SRH and rights in the broader context of development. Therefore in the next four years ARHR will draw on its experiences and lessons learned over the past 10 years to inform a social entrepreneurship model of programming to complement its advocacy efforts. The social entrepreneurship model of programming will seek to build holistic approaches to ensuring SRH and rights of underserved communities.

2.4 Core Values/Beliefs/Perspectives

The Alliance first seeks a more equitable access to SRH services for the underserved and second to provide justification for government to target increased resources to areas of highest risk. In addition, ARHR believes that fulfilling reproductive health rights cannot overlook strengthening the capacity of vulnerable people to understand their rights and demand appropriate services and information by themselves.

As the leading civil society organization (CSO) at the forefront of advocacy on Reproductive Health Rights in Ghana, ARHR believes in:

i) ***Employing Human Rights Based Approaches (HRBA***) to development in its programming and advocacy framework, by seeking to "further the realization of human rights [as they pertain to SRH] as laid down in the Universal Declaration of Human Rights and other international human rights instruments", as well as, "contribute to the development of duty bearers capacities to meet their obligations [in SRH and other health related areas] and of rights holders to claim their rights."[3] [i]

[3] UN Practitioner's portal on Human Rights Based Approaches to programming
http://hrbaportal.org/the-human-rights-based-approach-to-development-cooperation-towards-a-common-understanding-among-un-agencies

ARHR believes that the rights-based approach could quicken and widen the achievement of full sexual and reproductive health rights for all citizens in Ghana, no matter their income, education, or geographical status.

ii) ***Employing gender equity approaches*** in its programming. Building on its rights based approach, ARHR affirms the development of women not only for economic development but for their empowerment and autonomy and improvement in their overall potential including their economic, political, social, and health status.

By this, ARHR recognizes the marginalized position of women in Ghanaian communities and seeks to resist relativist approaches to human rights and employ inclusive gender approaches to its SRH programming.

By promoting a rights based approach, including gender equity approaches to the reproductive Maternal Newborn and Child Health (RMNCH) and sexual and reproductive health, particularly of underserved and disadvantaged communities of Ghana, ARHR also affirms ICPD's RH definition as a basic human right of all Ghanaians.

Over the years, the ARHR has worked to promote social justice, particularly in health-related issues among underserved and socially marginalized communities by addressing social, economic geographical inequalities in the provision and impact of health services.

The set of beliefs on which the policies and actions of the Alliance are premised are:

- Transparency, participation, empowerment and accountability.
- Mutual Respect, unity in diversity.
- To work in a non-partisan and non-discriminatory manner.
- Equality of humanity, gender equity, social justice and respect for human rights.
- Caring for and sharing with others.
- Moral uprightness, truthfulness and trust worthy.

2.5 Why ARHR does what it does

The most important consensus document in relation to Sexual and Reproductive Health and Rights (SRHR) is the Programme of Action (POA) adopted at the International Conference on Population and Development (ICPD) in 1994 and marks a turning point in the formulation of international population policy.

The ICPD PoA reflected a paradigm shift resulting in a change in emphasis in international population policy from notions of population control and demographic targets to those of (SRHR) as a basic human right. The result of this new policy paradigm is a shift of focus from demographic outcomes of family planning programs, measured by fertility and contraceptive usage to SRH outcomes.

The ICPD PoA defined Reproductive health as :

"…*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matter related to the reproductive system and its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (para 72)*[4]

[4] ICPD POA. http://www.unfpa.org.mx/publicaciones/PoA_en.pdf

While Ghana, like many other countries, ratified the ICPD definition of Reproductive Health, there was a need for consistent checks at the national level to ensure government accountability for improving the coverage, access and quality of SRH, particularly for low income groups.
At the local level, people needed to know about RH services, available to them, including fee structures in place at the local health facilities under Ghana's RH policy, as well as be aware of their rights to quality health services, especially Reproductive Health services.

In addition, in the absence of a joint non-government force such as a coalition to promote SRHR awareness, particularly of marginalized populations and pursue activities targeted at ensuring government accountability in resource provision, use and quality of care, as well as promotion of inclusive policy making and equity in distribution of services, there was the need for the creation of a network of NGOs in SRH to address these needs.

In view of the above, the Alliance for Reproductive Health Rights was therefore created:

1. To serve as a vehicle for Advocacy on Sexual and Reproductive Health Rights, and
2. To push for accountability and inclusive policy making in Health.

2.6 Why ARHR will continue to do what it does: The Multiple Benefits of Reproductive Health

Much of the global burden of disease is due to sexual and reproductive ill health. Sexual and reproductive health problems account for 18% of the total global burden of disease, and 32% of the burden among women of reproductive age.[5]
The need for sexual and reproductive health services, and the potential benefit of meeting the need, is greatest among the poorest, women men and children in the world's lowest income countries, including those of Africa.[6]
Several research have shown that investments in sexual and reproductive health and interventions have unusually broad social impacts both medical and non-medical, and are central to making valuable contributions to wider development goals.

> "*By keeping young adults healthy and productive, by allowing parents to have smaller families and thus devote greater time and financial resources to each child, and by reducing public expenditures on education, health care and other social services, sexual and reproductive health services contribute to economic growth and equity.*
> *By enabling young women to delay childbearing until they have achieved education and training goals and preventing stigmatizing medical conditions, sexual and reproductive health services contribute toward improving women's social position and increasing their community and political participation*."[7]

ARHR's will continue to remain relevant in the next four years and beyond because improved sexual and reproductive health underpins all of the Millennium Development Goals, and will be central to sustaining Ghana's post 2015 development agenda.

[5] Darroch Jacqueline E., Nadeau Jennifer, Singh Susheela, Vlassof Miacheal. Adding it Up. The Benefits of Investing in Sexual and Reproductive Health Care.
http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/addingitup.pdf
[6] Darroch Jacqueline E., Nadeau Jennifer, Singh Susheela, Vlassof Miacheal. Adding it Up.
[7] Adding it Up

3. WHAT THE ARHR IS CARRYING FROM THE PAST INTO THE FUTURE

3.1 Achievements

ARHR has worked to promote social justice, particularly in health-related issues among underserved and socially marginalized communities by addressing social, economic and geographical inequalities in the provision and impact of health services. Since commencement of work in 2004, ARHR has promoted increased access to, and utilization of sexual and reproductive health services and information by poor women of reproductive age, young people and other disadvantaged members of underserved communities. This has entailed a number of activities targeted at both the demand and supply side of sexual and reproductive health services.

On the supply side, ARHR has worked with the Ministry of Health (MoH), Ghana Health Service(GHS), Members of Parliament and other service providers to:

1. Track Government of Ghana's international and national commitments in SRH and RMNCH and hold appropriate duty bearers to account.

2. Ensure that communities most underserved in ARHR's target districts receive responsive reproductive health information and services from nurses, midwives and other providers within the framework of the primary health care system at community levels.

3. Build and utilize demand side interventions to press for improvements and key changes in the service delivery system. This strand has largely been achieved by capturing community perspectives on the service delivery system for advocacy and policy engagement initiatives.

4. Generate evidence for advocacy for the realization of the rights of poor, underserved and vulnerable populations

On the demand side, ARHR has worked to address constraints to utilization of services by its target communities. Activities that have evolved in this regard have centered on:

1. Instilling a sense of rights among vulnerable groups and communities in order that these vulnerable populations are able to demand their rights and hold duty bearers to account.

2. Strengthening the capacity of underserved and vulnerable people to demand appropriate services and information for themselves.

3. Building capacity of members of ARHR to enable them effectively respond to sexual and reproductive health priorities of their community members.

4. Monitoring the reproductive health rights of underserved and vulnerable people in target districts in Ghana.

Below are some of the major programme initiatives in which ARHR has engaged in since its establishment:

- **Alliance for Reproductive Health Programme (ARHP):** AHRP was ARHR's maiden program. A 4 year 2 million Euro program funded by the Embassy of the Kingdom of Netherlands from 2006 to 2010, ARHP worked to increase access to responsive SRH services and information in target communities. The ARHP program trained and used peer educators to reach over 12,000 community members with community level education and sensitization messages on: maternal health education, modern family planning and contraceptive methods as well as address misconceptions, SRH and SRHR education to young people and minority groups, domestic violence bill, HIV Testing and Prevention etc. The ARHP also worked to increase organizational capacity of its member LNGOs, and offered technical training to community health nurses (CHN) on comprehensive abortion care.

- **Citizens Health Advocacy Project**: The Citizen's Health Advocacy project was funded by the Catholic Organization for Relief and Development Aid (CORDAID) from 2007 to 2010 and then from 2010 to 2014. The goal of the project was to contribute to strengthening civil society's participation in development and implementation of policies related to achievement of the health related MDGs; leading to reductions in maternal mortality in Ghana.
  For 7 years ARHR has tracked Ghana's progress towards attainment of health MDGs from 2007 to date and published 3 reports. The final report will be published in 2014. ARHR has used the results of its tracking activities to advocate for improved family planning services and equity in the distribution of human resources for health, especially MNH.
  The project has also contributed to increasing the knowledge and capacities of target communities to demand government accountability in human resources for health, as well as expanded family planning services, including services for adolescents to decrease their vulnerability to maternal and child deaths.

- **Star Health Projecting Citizens Voices for health Accountability:** This was a two year STAR Ghana funded project from 2012 to 2014. Through this project ARHR worked to increase evidence based advocacy by citizens, particularly women, on their maternal and reproductive health rights, and established and operationalised accountability mechanisms addressing client abuse between health service providers in six districts.
  ARHR worked to increase participation and involvement of over 100 ordinary citizens, including women of reproductive age, in assessing reproductive and maternal health services delivery. Citizens' perceptions and experiences were gathered on EMOC services, quality of RH service delivery, human resources and infrastructure in four target districts. ARHR in partnership with District Health Management teams in 4 target districts

used the feedback for improved redress of clients concerns in accessing health and for improved client/ provider relationship and improved maternal health outcomes.

- **Evidence for Action's Mamaye Campaign**: The Mama Ye Campaign is a multiyear multi country campaign by Evidence for Action, funded by DFID in UK from 2012-2015. In Ghana the campaign has been led by ARHR in partnership with the School of Public Health. Since 2012 MamaYe Ghana has been working to ensure the health and safety of every mother and baby in Ghana. It has engaged local partners to facilitate conversations between providers and recipients of newborn and maternal care and strengthened the capacity of communities to recognize shortfalls in healthcare provision. Through this, Mama Ye Ghana has been catalytic in responding to these gaps and improving the delivery of emergency obstetric and newborn care services. It continues to mobilize key health professionals and use research to highlight gaps in newborn and maternal healthcare, and empower communities to hold policy makers at a community, district, regional and national level to account.

- **Universal Access to Healthcare Campaign (UHC):** The Universal Access to Health Care Campaign (UHC) is a National Campaign driven by a network of local and International NGOs including the Alliance for Reproductive Health Rights (ARHR), ISODEC, Essential Service Platform, SEND Ghana, and Coalition of NGOs in Health. The campaign is jointly funded by the Rockefeller foundation and Oxfam International. ARHR is the secretariat that coordinates and implements the activities for the realization of the campaign objectives in Ghana.
  A key goal of the UHC has been to get the Government of Ghana to legislate for quality and accessible universal healthcare for all free at the point of use, with identified new sources of funding from tax and innovative finance mechanisms by 2015. To achieve this goal, UHC employs the following: high level advocacy, influencing Policy at all levels, media engagements, research, documentation & dissemination and capacity building of its partners.

  The campaign is currently working with the National Health Insurance Association (NHIA) to Advocate for free FP commodities & services in Ghana.

Through these programmes the ARHR has, at the sub-district level,:

- Trained a critical mass of Peer Educators (PEs) both in schools and communities, and Community Volunteers ,
- Successfully engaged with District/Municipal or Metropolitan Health Management Teams (D/M/M HMTs) at the local authority level for improved MNH outcomes.
- Been able to collaborate with various District Health Management Teams and local authorities to get nurse midwives attached to L-NGOs in their community work.
- Worked with community leaders to change some inimical traditional practices/perceptions particularly relating to pregnant women.
- Supported voluntary counselling and testing (VCTs) for HIV and other sexually transmitted diseases (STDs).

- Educated community members on their health rights and to demand same from duty-bearers.
- Been able to reduce the incidence of STIs and teenage pregnancies in some communities due to sustained reproductive health campaigns by local NGOs.

As a result of the above, in its ten years of existence, the ARHR;

- Has established itself as a rights-based advocacy civil society organisation on reproductive health and one of the leading organizations demanding government accountability for improved reproductive health in Ghana.
- Has produced the first monitoring report on CSOs perspective on Ghana's progress towards achieving the health-related MDGs.
- Has led the Global AIDS Alliance funded advocacy on integrating sexual and reproductive health into the Global Fund Round 8 proposal for Ghana. As a result, the RH/HIV was included as one of the three objectives of Ghana's round eight proposal.
- Led a national campaign for universal access to healthcare in Ghana
- Is acknowledged by MoH/GHS, Development partners and other CSOs as a strategic partner not only in advocacy but also in community-based services and education to promote access to quality reproductive health services.

3.2 Analysis of Strengths, Weaknesses, Opportunities and Threats (SWOT)

The following SWOT analysis is as a result of both an internal and external organizational scan. It highlights and identifies ARHR's strengths and opportunities to be capitalized on, as well as its weaknesses and threats to be mitigated against, as it strategically embarks on its journey in the next four years. Largely, ARHR's SWOT analysis informed the establishment of its endowment fund as well as its decision to take a social entrepreneurial approach to aspects of its programming.

Strengths	**Weaknesses**	**Opportunities**	**Threats**
Over the past 10 years ARHR has established a very strong and credible public image and reputation	Strong competition among local NGOs for scarce resources	There is goodwill towards NGO participation in policy formulation of government and donors over the years. ARHR has opportunity to use such goodwill to uniquely distinguish itself in its thematic focus, programmatic approaches and fundraising	Ghana nears the status of a middle income country. Donors are therefore no longer willing to support NGO efforts in development in Ghana. Increased corruption in governance affects the credibility of NGOs in Ghana and often becomes a deterrent to potential funders. Dwindling international development aid due to current global financial crisis Changing international policy environment
ARHR has good geographic spread. It works in 35 districts and has partners in all10 regions of Ghana. High commitment of the larger	Since its inception the organization has not significantly scaled up membership of its Alliance partnership. Advocacy requires numbers.	The ministry of health Five-Year Programme of Work (5YPOW) recognizes the need for partnership with NGOs in health. ARHR has opportunity to scale up its	Low visibility of ARHR nationally and regionally.

Strengths	Weaknesses	Opportunities	Threats
majority of members both at zonal and local levels.		membership nationally as well as sub-regionally in West Africa The decentralization programme offers opportunities for NGOs to partner with District Assemblies and decentralized departments at the district and sub-district levels Donors are shifting towards collaborative platforms for wider impact, to support NGO work.	
Working with a governance structure which is decentralized and is participatory.	The capacity of member NGOs need to be increased in terms of skills (project management and project reporting), knowledge, organizational structures, administrative systems and procedures. Very low internally generated funds to implement programs.	As capacity of member NGOs become strengthened for programmatic and administrative work, ARHR will have the opportunity to build greater capacities for advocacy and to focus more on increasing its influence and partnerships on both national and international front.	
Presence of committed staff at the coordinating secretariat	Inadequate staff to support programmatic efforts and strategically take advantage of fast	Opportunities to use innovative means (not necessarily financially) to motivate staff, encourage performance and retain staff.	Competitive offer by competing NGOs.

Strengths	Weaknesses	Opportunities	Threats
	emerging opportunities in RH arena.	Opportunity to continuously build capacity of staff secretariat (eg. as independent consultants) to take advantage of opportunities in the RH arena.	
Increasing numbers of local NGOs as partners in reproductive health programmes since 2006.	Commitment on the part of some zonal and local NGOs appears weak.	Very strong representation of reproductive health issues in international development agenda such as the ending UN Millennium Development Goals (MDGs) & post 2015 development agenda, FP2020 etc.	Inadequate financial and political commitment on the part of the Government of Ghana to the rigorous prosecution of its health policies and programs.
Existing national frameworks for programme operations in RH advocacy Good working relationships with government health sector (MoH, GHS, DHMTs, etc.)	Inadequate platform of communication to keep government health sector, including policy makers updated with ARHR programs in intervention districts.	Availability of well articulated National Health Policy and Programmes documents from the MoH and GHS to guide ARHR programme directions Willingness of District/Municipal and Metropolitan authorities and their respective health teams to partner the ARHR in delivering RH programs at community levels. Opportunity for CSO- government health sector joint efforts in community health programming for sustainability.	Very entrenched inimical traditional and cultural practices which mitigate efforts towards achieving good RH practices nationwide. Politicization of NGO work by political parties that affect sustainability of government-CSO working relationships.
Well established national secretariat based in Accra	Inadequate space & resources to welcome additional staff	Opportunities to lead nation-wide level multi-stakeholder campaigns for evidence based policy development and implementation in RH	Existing coalitions in health sector
Availability of a well drafted 'Communication and Advocacy	Poor visibility and communication of ARHR's work and publications	Opportunity to connect and engage with reproductive networks on the sub-regional	Increased number of NGO's in health as well as other NGO networks

Strengths	Weaknesses	Opportunities	Threats
Strategy' document. Availability of well authored strategic plans that fully document our vision for the years to come. Successful publication of a newsletter – "Reproductive Health Watch" that communicates our work to both internal and external stakeholders, as well as the public.	nationally, and especially at the sub-regional African level and internationally.	level to promote our publications and share best practices that have worked in our regional context. Opportunity to use our strategic documents to engage donors and potential partners at national and regional and international platforms.	competing with the ARHR for financial support from international development partners
One of the few health CSOs in Ghana that have consistently tracked health MDG's from a CSO perspective in Ghana	Poor visibility, communication & public discourse of health MDG tracking reports.	Opportunity to Consolidate and summarize health MDG tracking findings in a policy advocacy document/map to inform the post 2015 development agenda in Ghana Opportunity to be the lead CSO in Ghana for joint tracking and ensuring joint accountability for Ghana's national and international RH commitments	Generation of adequate multi-year funding for such project
ARHR has built credibility and RH advocacy capacity over the past 10 years . ARHR is the voice in SRHR of the underserved communities in Ghana and knows what challenges they face.	In adequate documentation of lessons learned, best practices, community based interventions/innovations that work. Secretariat currently inadequately resourced financially and human	Generation of income: Opportunity to use built advocacy capacity & skills developed over the years to generate internal funds by collaborating with other national and international partners for technical consultancy in rights based approaches to RH service delivery, including paid capacity building workshops for other emerging CSO's	Change in donor policy which creates

Strengths	Weaknesses	Opportunities	Threats
	resource-wise	and government agencies for joint accountability in RH in Ghana, and even West Africa. Opportunity to generate advertisement & marketing income by innovatively capturing the live viewpoints and changing RH needs of target population ,visible to donors and corporate organizations that serve or market to such target populations.	unfair/uneven playing field for local NGOs in obtaining donor funds for programs. There is unfair competition from international NGOs leading to weakening of local NGOs.
ARHR is leading a national level campaign in Ghana for universal access to healthcare	Low communication by ARHR about such campaign in interaction with donors and potential partners	1.Exploit that platform for visibility 2. Use that experience to house and lead other similar national, as well as global campaigns in reproductive health in Ghana.	
ARHR has grassroots experience working with adolescents and young people in its target districts and have evidence of how their SRHR needs have evolved over time.	Low programmatic focus on sexual and reproductive health of adolescents and young people over the years	Youth population explosion in the rest of the developing world, including Africa. Ghana is no exemption with a youthful population making up over 25% of population between ages of 15 and 24.[ii] With current increased attention on adolescents and young people, ARHR has opportunity to increase attention to and focus on the diverse facets of adolescent reproductive health information and service delivery in ARHR target districts.	Historically, inadequate attention given to youth issues globally, including youth sexual and reproductive health issues.

4. STRATEGIC DIRECTION AND APPROACHES

4.1 Introduction

From its past experience, consultations with its members and other stakeholders and in view of analysis of current global perspectives and national trends and opportunities, the ARHR has decided to strategically focus on addressing gaps in adolescent reproductive health and building on its existing programming for maternal and newborn health, to improve reproductive and maternal health outcomes in Ghana.

This requires collective action at local/sub-national (i.e. community and district), national and international levels.

The Alliance, from experience, has realised the need to intensify its advocacy agenda at all these three levels. It will do this by continuing to build the accountability side of service providers as well as holding government to account for international and national commitments made for improving reproductive and maternal health, while seeking to build the capacities of other CSO's and government agencies for joint accountability in government's reproductive health commitments. It will also build on its existing approaches to strengthen capacity of adolescents, women, their families and their communities to make good reproductive and maternal choices, control their behaviour and increase their utilization of health services.

As part of its strategic objectives outlined below, ARHR will undertake social entrepreneurship projects that focus on addressing issues such as inefficiencies in Ghana's health delivery system, empowering women and girls though provision of economic opportunities providing education and information on their SRH among others.

4.2 ARHR's Approach to Meeting Strategic Objectives

ARHR employs a two pronged approach to its work through partnerships and public awareness campaigns to achieve Knowledge for Community Empowerment, Tracking of RMNCH services for Evidence-based Advocacy, Advocacy for Policy Change and improvement in services, and Accountability for Resources and Results.

As the MDG's come to a close, and with five more years to attaining its FP2020 commitments, Ghana needs to increase collaborative efforts and joint accountability from CSO's the private sector and government to address gaps in both MAF and other national and international commitments in RH. These present an opportunity for ARHR to increase advocacy efforts and capacity building for increased accountability in reproductive health service resources and results.

Through increased partnerships for multi-stakeholder engagements in RMNCH advocacy in Ghana, ARHR will employ the following approaches:

1. Knowledge for Community Empowerment, Behavior Change and Policy Enhancement

ARHR will provide leadership on issues related to RMNCH in Ghana at the national, district and regional levels. It will continue to build on its existing approaches to inform and ensure protection of the SRH rights of women of reproductive age and adolescents. It will continue to work with

communities to sensitize, educate and strengthen their capacities, and more importantly influence behavior change in MNH and ASRH issues, as well as increase their access to and utilization of RH services.

ARHR will continue to increase access to and use of knowledge and evidence generation (research) to enhance policy, service delivery and financing mechanisms, addressing key constraints to universal access to RMNCH care in Ghana.

2. Tracking of RMNCH services for Evidence-based Advocacy
In its target districts ARHR will continue to engage in multi-stakeholder mobilization with communities, CSO partners, media, representatives of MoH/GHS, and district health management teams to generate evidence through tracking of governments national and international commitments in MNH and ASRH such as FP2020, Maputo Plan of Action, Abuja Declaration, ICPD PoA etc.

3. Advocacy for Policy Change and improvement in services
ARHR will use the evidence generated from its tracking activities to advocate for the closing of the gaps identified. It will work to inform policy and bridge gaps between policy and practice, engage legislators to effect change and have presence in public for dialogues to influence policy.

ARHR will use a multi-stakeholder approach to advocate for the mobilization of additional resources for MNH and ASRH through partner engagement and work to maintain visibility of maternal, newborn, and adolescent reproductive health issues in policy and development forums.

4. Accountability for Resources and Results
ARHR will promote accountability for resources and results through monitoring budgetary commitments, leading to better information to track RMNCH results. It will work to support joint accountability by government, representatives of MOH/GHS, Members of Parliament and CSOs for financial policy and programming commitments made by Ghana at national and international levels.

4.3 Strategic Objectives

4.3.1 Maternal Health
Ghana is party to several international commitments on maternal health and has made a number of national commitments, such as the Free maternal health policy in 2004 aimed at increasing survival of women through increased access to quality maternal healthcare.

Despite such commitments, Ghana continues to have consistently high levels of preventable causes of maternal deaths and is not on track to reducing its maternal mortality rates to meet the MDG goals by 2015. Hemorrhage continues to be the leading cause of maternal deaths in Ghana with a prevalence of 24%[8], with unsafe abortion coming in a close second at a prevalence rate of 11%.[9]
Again, in Ghana, about 35% of married women in their reproductive age and 20% of sexually active unmarried women who would want to suspend pregnancy are not using any form of contraceptives.[10]

[8]

[9] Alan Guttmacher Institute (2013) https://www.guttmacher.org/pubs/FB-Abortion-in-Ghana.html
[10] Alan Guttmacher Institute (2013)

As a result, more than a third (37%) of all pregnancies in Ghana are unintended: 23% percent are mistimed and 14% are unwanted.[11] Poorer Ghanaian women have a lower level of contraceptive use and a higher level of unintended births than averagely well to do women.[12]

Several factors continue to impede Ghana's progress towards attainment of its international and national commitments to maternal health. Systemic health challenges such as inadequate skilled birth attendants and healthcare resources continue to adversely affect maternal healthcare outcomes and contribute to rural-urban inequities in health care. Also inadequate political will and low investments and monitoring in maternal healthcare affect service delivery. Further, harmful traditional, religious and cultural beliefs and practices contribute to low access to maternal health services and adversely affect maternal mortality in Ghana.

In the next 4 years ARHR aims at continuing to contribute to increased survival of mothers and their newborns by advocating for availability and equitable distribution of EMonc services, reduce unmet need for Family Planning especially among adolescents, that contributes to abortion related mortalities, hold government accountable to its maternal health commitments, and increase accountability for resources and results in RMNCH.

Thematic area	**Goal**	**Objectives**	**Activities**
Maternal Health	To contribute to increased survival of mothers and their newborns in our target districts	Advocate for increased pool of skilled birth attendants and EmonC services, equitably distributed in our target districts.	1.Highlight gaps in EmONC reports 2. Implement community Scorecards. 3. Advocate on gaps identified
		Reduce unmet need for Family Planning in ARHR target districts	1.Track Ghana's progress in meeting FP2020 targets 2. Advocacy on emerging gaps identified through the monitoring 3.Provide rights based education, information and services
		Increase accountability for resources and results for maternal health.	Budget tracking Build Capacity of CSOs in demanding joint accountability for resources and results in MH.

[11] Alan Guttmacher Institute (2013)
[12] Alan Guttmacher Institute (2013)

			Community engagement with duty bearers on resource allocation for results in maternal health Monitor national progress for meeting UAHC including NHIS commitments for MNH. Advocate on emerging gaps identified
		Advocate for the availability of adequate supply of life-saving drugs such as misoprostol and oxytocin and blood services at health facilities.	National campaign to increase the availability of quality lifesaving drugs Advocate for adequate blood storage facilities

4.3.2 Adolescent Reproductive Health

Despite the existence of an Adolescent Reproductive Health Policy, ARHR recognizes many gaps in adolescent sexual and reproductive health (ASRH) in Ghana. Unsafe abortion continues to be the second leading cause of maternal deaths and the leading cause of adolescent fatalities in Ghana.[13]

Inadequate attention to, information on and services for ASRH and unsupportive cultural context of dialogue and action, contributes to harmful sexual practices by adolescents such as unsafe abortion, child marriages, adolescent sex workers, sexual violence etc. This crisis creates an opportunity for ARHR to focus more attention on ASRH and engage and explore solutions to the broader adolescent SRH issues.

Inadequate attention to ASRH has contributed to increased social vices such as abortion-related deaths, adolescent sexual exploitation, child marriages and sexual violence, increased prevalence of STI's including HIV/AIDS, child labor and a sense of neglect and hopelessness among adolescents. Adolescents are therefore unable to tap into their full potential, and are unable to fully contribute to national economic development.

ARHR's ability to fully address these gaps in adolescent SRH will lead to increased access to credible ASRH information and services, attitudinal change and practices, and ultimately lead to a healthy adolescents living long, ensuring healthy generations over time to meaningfully participate in the economic development of the economy of Ghana.

Thematic area	**Goal**	**Strategic objectives**	**Activities**
Adolescent reproductive health	Contribute to access by adolescents/young people to quality, affordable, acceptable,	To improve sexual and reproductive health of adolescents and young people through education and information for behavior change	Provide rights based education and information to lead to better access to ASRH services and to influence positive behavior change

[13] Pathfinder International. http://www.pathfinder.org/our-work/where-we-work/ghana/

	equitable, responsive and sustainable sexual and reproductive health services to adolescents	Promote the development of programs in sexual and reproductive health that respond to the needs of all adolescents, including special groups.	for better ASRH outcomes
		Advocate for budget allocation to support SRH services for adolescents	Use multi-stakeholder approaches to engage policy makers, representatives from Ministers of Health, Ghana Health Service and other partners CSO's for a specific ASRH budget allocation.

4.3.3 Newborn Health

In Ghana a newborn dies every 15 minutes and about 30,000 die annually[14]. In addition, in the past ten years Ghana has witnessed stagnation in the reduction of newborn deaths.[15] At an under-five mortality rate of 82 deaths per 1000 live births, Ghana is not likely to meet the MDG 4 target of 41 deaths per 1000 live births by the year 2015.[16]

A number of factors continue to impede efforts to address newborn health and survival. Among them include inadequate access to immunization, inability to control preventable diseases and infections, mother to child HIV transmission, non-availability of ARVs and poor nutrition.
Other systemic health factors include ill-equipped health facilities, inadequate skilled personnel, influence of unskilled and traditional birth attendants, weak health systems, inadequate MNH health financing, non-availability of basic and emergency health services and insufficient information on newborn health.

Further, Ghana's Multiple Indicator Cluster Survey 2011 suggests that the number of newborn deaths do not vary much across socioeconomic and educational backgrounds, suggesting that the quality of care babies receive in the first few hours to few days of life contribute to their demise.[17]

Ghana has recently launched a New Born Action Plan dubbed, "Ghana National Newborn Health Strategy and Action Plan for 2014-2018". The document serves as a roadmap that seeks to dramatically reduce by five percent annually, the number of babies who die in the neonatal period. It aims at reducing the current neo natal mortality rate of 32/1000 live births to 21/1000 live births by 2018, while reducing institutional neonatal mortality by at least 35 percent in the next five years.

ARHR will contribute to increased survival of newborns in Ghana by tracking implementation of the New Born Action plan and holding government accountable for its commitments.

[14] www.unicef.orgh/ghana
[15] www.unicef.orgh/ghana
[16] www.unicef.org/ghana
[17] 2011. Ghana Multiple Indicator Cluster Survey(MICS) http://dhsprogram.com/publications/publication-FR262-Other-Final-Reports.cfm

ARHR looks toward a future of increased survival of mothers and children, better health outcomes and well-functioning health systems that address the entire range of basic and emergency neonatal and children under 5 years health needs.

Thematic area	Goal	Objectives	Activities
New Born Health	Contribute to increased survival of newborns	Track implementation of Ghana's New Born Action Plan.	Use Participatory approaches to qualitatively and quantitatively monitor the number of new born deaths at the district institutional and then regional levels in target districts. 2. Advocacy on emerging gaps identified through the monitoring.

4.4 Justification of Strategic Objectives

Below are the analysis that informed ARHR's choice of the strategic objectives and the role it expects to play in achieving them.

Global, African Regional commitments to RH; From ICPD to MDGs: The Role of Political leadership CSO's and Communities.

At the international level, there are a number of protocols and policies to guide member countries in developing laws and programmes for reproductive and maternal health issues. The International Conference on Population and Development (ICDP)[18] 1994 is one of the initial attempts to address Reproductive Health. In the ICPD (1994) document**,** all countries are called upon to strive to make reproductive health accessible to all, through primary health-care system.

In 2000, however, 192 United Nations (UN) member states including Ghana agreed to achieve the Millennium Development Goals (MDGs) by the year 2015. There have been a number of documents and agreements to champion MDG 5, dedicated to improve maternal health. Notable among these is the United Nations (UN)[19] global strategy on women and children (GSOWC, 2010) and the World Health Organisation's (WHO)[20] document on working with individuals, families and communities to improve maternal and new born health (2010).

The Global Strategy was launched at the UN Leaders' Summit for the Millennium Development Goals (MDGs) in 2010, with US $40 billion pledged towards women and children's health to achieve MDGs 4 & 5. These goals are to reduce child mortality and improve maternal health.

The GSOWC calls for political leadership, community engagement and mobilization, effective health systems that delivers a package of high quality intervention in key areas such as family planning; skilled care quality; care at birth; safe abortion services; remove barriers to access, including free

[18] ICDP 1994 Summary of programme of action from UNFPA homepage (2011)

[19] United Nation's Global Strategy on Women and Children (2010) By the United Nations

[20] World Health Organisation –Working with IFC to Improve Maternal and New Born Health (2010)

reproductive health services to women; provide skilled and motivated staff; and accountability at all levels for credible results.

Of importance to ARHR, the document calls on CSO's to track and hold stakeholders responsible for their commitment. The WHO[21] document on maternal and children's health aims at contributing to the empowerment of all to improve and increase control over maternal and new born health.
The document's priority concern for countries is to develop capacity of women on maternal issue, increase awareness, strengthen linkages for social support and improve quality care for all.

Within the African framework, the African Union (AU) led by African Health Ministers, developed a number of protocols to protect women on the continent, notable among them is the Maputo[22] Plan of Action in 2007. The plan calls on African leaders to adopt key strategies to enable African countries individually and cooperatively attain ICPD and MDG goals. It calls for integration of sexual and reproductive health and rights (SRHR) programs, repositioning of family planning to achieve MDGs and address reproductive health of the youth, including unsafe abortions, delivery of quality, safe and affordable RMNCH services to promote safe motherhood, child survival and maternal health.

The Government of Ghana continues to be signatory to the ICPD, MDGs, Maputo Plan of Action and a number of these global and regional protocols on enhancing reproductive and maternal health, and holds the key to unlocking political will for their effective implementation.

From MDGs to Post 2015 Agenda, Creating stronger health systems to resist Pandemics & Meeting Global Unmet Need for Family Planning

As the world nears the end of the MDGs, the international community and development partners have began to throw retrospective light on successes, failures and lessons learned on implementing MDG's. Such assessment aims at informing a post-2015 development agenda centered on sustainable approaches for equitable and inclusive development for all. The developing post 2015 agenda includes the needed focus on increased life expectancy through universal health coverage, including universal access to reproductive healthcare and coverage of essential maternal and child health interventions.

In addition, as more evidence about the health and economic benefits of family planning become more available, global and national stakeholders are paying more attention to address the reproductive healthcare needs of women and couples through family planning. Global advocacy and development initiatives, chief of which is the 2012 London Summit on Family Planning, have highlighted the importance of reaching the 120 million women and girls worldwide with an unmet need for family planning by the year 2020. The vision called "FP2020", calls on countries with unmet need to provide appropriate information and services to enable the 120 million women and girls with unmet need space their pregnancies and achieve their desired family size.

Further, inadequate health security and weak health systems in Africa, create high risks for pandemics, as evidenced in the recent Ebola outbreak and rapid global spread. Such pandemics underscore, among other transmitted mediums, the risk of sexual transmission and direct mother to

[21] WHO – Working with Individuals Families and Communities to Improve maternal and New Born birth – WHO 2010
[22] Maputo[22] Plan of Action (2007) developed by African Union Health Ministers

child transmission through breast milk which threatens to erode gains made in the area of SRH, especially MDGs 4, 5 and 6 in Africa. These developments call for the strengthening of health systems to weather pandemic break outs and sustain progress in health related MDGs.

Ghana's Commitments

The development of a national safe motherhood programme, the reproductive health service policy and standards, Adolescent Reproductive Health Policy, the Free Maternal Policy, the CHPS Policy, as well as the MDG Acceleration Framework (MAF) among others, depict Ghana's commitment to these global and continental protocols.

The Reproductive and Child Health Unit of the Public Health Division of the Ministry of Health (MoH) coordinates all activities under reproductive health. The national as well as regional and district health management teams facilitate the implementation, monitoring and supervision of reproductive health activities at their respective levels. There is also collaboration with other ministries, departments and agencies as well as the private sector working in reproductive health at all levels.

The MoH, in its reproductive health policy statement, defines reproductive health issues to include safe motherhood, family planning, the prevention and management of unsafe abortion and post abortion care, prevention and treatment of reproductive tract infections (RTIs), prevention and management of HIV and AIDS and other sexually transmitted diseases (STDs), discouraging harmful traditional practices that negatively affect the reproductive health of men and women; and providing information and counseling on human sexuality, responsible sexual behaviours, responsible parenthood, pre-conception care and general sexual health. In 2007, the Ghana Ministry of Health developed a health policy[23] with the theme of creating wealth through health. Among its priority programmes are:

- Ensuring healthier mothers and children through the scaling-up implementation of high impact and rapid delivery health interventions.
- Forging stronger, integrated, effective, equitable and accountable health systems.

Also, Ghana's Adolescent Reproductive Health Policy (2000) builds on the ICPD PoA and highlights the need for multi-sectoral approaches to addressing adolescent sexual and reproductive health (ASRH) and rights. The Policy underscores the increasingly youthful population of Ghana (over 25% of population)[24] and the need for appropriate ASRH information and services to achieve responsible adulthood and parenthood, improve contributions to socio-economic development and contribute to population management.

The Adolescent reproductive health policy is currently under review by the National Population Council to reflect the changing dynamics and needs in ASRH in Ghana. ARHR is involved in the 2014 ASRH policy review and recognizes the existing gaps in information and services that impede attainment of the original ASRH policy target in Ghana.

By specifically addressing ASRH in its strategic plan, ARHR places Ghana's need for effective ASRH and services in a global context that affirms the changing needs of adolescents and young

[23] , Ghana National Health Policy (2007)developed by Ghana Ministry of Health Accra .2007 – MOH/ PPME Ghana

[24]National Population Council (2000). Adolescent Reproductive Health Policy file:///C:/Documents%20and%20Settings/user/My%20Documents/Downloads/pdfs%252FAdolescent+Reproductive+Health+Policy+-+Ghana.pdf

people around the world, and purports to use effective advocacy tools for awareness creation for improvement of services.

In 2008, Ghana's government launched the Free Maternal Care policy to increase survival of mothers through increased access to Ante- natal, free delivery and Post-natal care. While the policy has achieved an almost universal utilization of ANC services[25], systemic health challenges such as inadequate skilled birth attendants (contributing to high percentage of delivery by Traditional Birth Attendants), inadequate health facilities, inadequate EMonC facilities, and rural –urban inequities in socio-economic infrastructure impede better maternal health outcomes.

Also the Community-Based Health Planning and Services (CHPS) compounds launched in 2002 by the GHS, aims at addressing inequities in primary health care by giving communities and rural populations access to primary healthcare, while bringing close- to client and client-focused health service delivery to communities. Although the CHPS system has been lauded for its client focused and community participation features, the policy is inundated with low level heath services and personnel, inadequate resources, low level of commitment by district assemblies, and transportation and logistical capacity problems.[26] These setbacks to the CHPS program contribute to poor maternal health service delivery, particularly EMonc services, and affect adequate survival of pregnant women in rural areas in Ghana.

Again, as part of its Every Woman Every Child policy commitment to promote better MNCH outcomes, Ghana in line with the Abuja Declaration committed to increase funding for health to at least 15% of national budget by 2015, ensure security of family planning commodities and strengthen the free maternal health policy.[27] However inconsistent allocation of financial resources to health and decline in contraceptive prevalence rate has impeded the attainment of targets.

In addition, Ghana's MDG Acceleration Framework and Country Action Plan (MAF) was published in 2011. A collaborative effort between the Ministry of Health, Government of Ghana, United Nations Country Team and other stakeholders, the MAF aimed to identify effective evidence based interventions for realizing the MDGs and reducing the maternal mortality ratio in Ghana. The three key priority areas identified include family planning, skilled delivery and Emergency obstetric and newborn care. As already evidenced above, these three areas still need substantive improvements to enable Ghana realize its MDG and post MDG maternal health goals.

Finally, as part of its FP2020 commitments Ghana has, among other things, committed to make family planning free to the public, promote adolescent friendly sexual and reproductive health services (including improved counseling and customer care), promote wider contraceptive choice and increase demand for family planning as part of its MAF framework.

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[25] Badasu, Delali Margaret, Abuosi, Aaron,(2013) Review of Ghana's Health Policies and Programmes on Maternal, Newborn and Child Health for World Vision Ghana's Child Health Now(CHN) campaign. Regional Institute of Population Studies, University of Ghana. Department of Public Administration and helth Services Management, University of Ghana Business School.

[26] The Way Forward for the CHPS Programme(2014) http://ghana.gov.gh/index.php/2012-02-08-08-32-47/features/4778-the-way-forward-for-the-chps-programme

[27] Badasu, Delali Margaret, Abuosi, Aaron,(2013) Review of Ghana's Health Policies and Programmes on Maternal, Newborn and Child Health for World Vision Ghana's Child Health Now(CHN) campaign.

ARHR will collaborate with its partner CSOs to track these and other emerging commitments in SRH, use advocacy to address the existing gaps, and work to influence policy change for better MNH and ASRH outcomes.