



**Alliance for
Reproductive
Health Rights**

ANNUAL REPORT, 2019

ACRONYMS AND ABBREVIATIONS

ADDRO	Anglican Diocesan Development and Relief Organization
ARHR	Alliance for Reproductive Health Rights
CAPEX	Capital Expenditure
CHPS	Community based Health Planning Services
CBO	Community Based Organizations
CENCOSAD	Center for Community Studies, Action and Development
CSEM	Civil Society Engagement Mechanism
CSO	Civil Society Organizations
EHSP	Essential Health Service Package
FP	Family Planning
GHC	Ghana Cedis
GHS	Ghana Health Service
GESI	Gender Equality and Social Inclusion
ICD	Institutional Care Division
IDRC	International Development Research Centre
IEC	Information, Education and Communication
IFRC	International Federation of Red Cross & Red Crescent Societies
IPAS	International Project Assistant services
KEEA	Komenda Edina Eguafo Abrem
LNGOS	Local Non-Governmental Organization
MMDA	Metropolitan, municipal and district assemblies
MoH	Ministry of Health
NCD	Non Communicable Disease
NDPC	National Development Planning Commission
NHIS	National Health Insurance Scheme
NHIA	National Health Insurance Authority
NMCP	National Malaria Control Programme
NPC	National Population Council
PEYORG	Progressive Excellence Young Organization
PHC	Primary Health Care
PPAG	Planned Parenthood Association of Ghana
PPME	Policy, Planning, Monitoring & Evaluation
RRIG	Rights and Responsibilities Initiative Ghana
RMNCAH	Reproductive, maternal, newborn, child and adolescent health
SDG	Sustainable Development Goal
SRHR	Sexual and Reproductive Health Rights
T3	Test, Treat & Track
UAHCC	Universal Access to Health Care Campaign
UHC	Universal Health Coverage
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
WHO	World Health Organization
NGOs	Non-Governmental Organizations
ZNGOs	Zonal Non-Governmental Organizations

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MESSAGE FROM THE EXECUTIVE DIRECTOR

Our mission to promote, defend and protect the rights of women and their newborns as well as adolescents to the best quality of reproductive and maternal health and work to ensure that UHC is attained in Ghana keeps us going.

A vision of a society in which reproductive health rights of all people especially vulnerable groups such as the poor, marginalized and women of reproductive age- are protected and fulfilled irrespective of their sex, age, religious, ethnic or socioeconomic status propels us to go the extra mile in discharging our mandate.

This vision may seem improbable due to the numerous factors that mitigate against it; thus, the lack of political will, commitment and action from government towards UHC, the widening inequality gap with regards to health care, uncoordinated efforts of the various stakeholders of health, lack of investments in health and lack of efforts to strengthen health systems. However, ARHR sees things differently. This report is a justification of our vision. It summarizes our determined efforts to take on battles one after the other and overcome them on the journey to achieve this vision. A hard core evidence that UHC is attainable through coordinated efforts. This report gives a detailed account of ARHR's work throughout 2019; highlighting the major activities undertaken under its various projects and initiatives. These major activities show the scope of work done in 2019 and indicate the key achievements and lessons learnt in the year.

I'm glad that gains were made in the areas of capacity building of CSOs, CBOs, the media and grass root beneficiaries of our initiatives; provision of technical assistance by developing audit reports on the status of health care for vulnerable groups, developing IEC materials for advocacy; and promotion of social dialogue and accountability.

I'm hopeful; seeing the enormous efforts of the Advisory Board, Staff and CBO partners which make this vision a constant reality. Unstoppable zeal and constant efforts, are how small gains are made, bit by bit until the ultimate goal is achieved. I'm happy that ARHR has put itself at the heart of this vision.

All of these gains could not have been made without the financial support of our donors; PAI, IDRC, UNFPA Ghana, Oxfam in Ghana, Comic Relief and Star Ghana Foundation. I take this opportunity to thank you all for your financial and technical support.

To all our partners, we appreciate your partnership and support throughout the year and hope for a continued and fruitful partnership in the coming years. Together, we will continue to build to attain the vision of a healthy society.



Vicky T. Okine
Executive Director



1.0 INTRODUCTION

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

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

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

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

1.10 Our Mission

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

1.20 Our Vision

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

1.30 Our Core Values

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

2.0 PROJECT ACTIVITIES

2.10 INTEGRATING GENDER, EQUALITY AND SOCIAL INCLUSION (GESI) INTO NATIONAL HEALTH POLICIES, PROGRAMME AND COMMITMENTS

With funding from the Star Ghana Foundation, ARHR continued to implement the GESI project which seeks to ensure a systematic integration of Gender Equality and Social Inclusion (GESI) actions into national health policies, programmes and commitments towards the realization of Universal Health Coverage (UHC) in three (3) district of Ghana; Agona, KEEA and South Dayi districts. In the year under review, the following major actions were undertaken:

2.11 Community Education

Community education and sensitization sessions were held by our CBO partners in the implementing communities among the youth, aged and women of reproductive age. Supportive supervision for CBO partners was carried out to ensure partners are providing requisite education on Patient's Rights charter, Government's commitments to UHC, NHIS provisions and overall health rights. Community members are increasingly becoming aware of their health rights and using this knowledge to exercise and demand for their rights. Some notable intended outcomes include:

- a. Improvement in patient-client provider relationships
- b. Earmarked community road construction by the Agona East District Assembly
- c. Formulation of bylaws to address adolescent pregnancies.

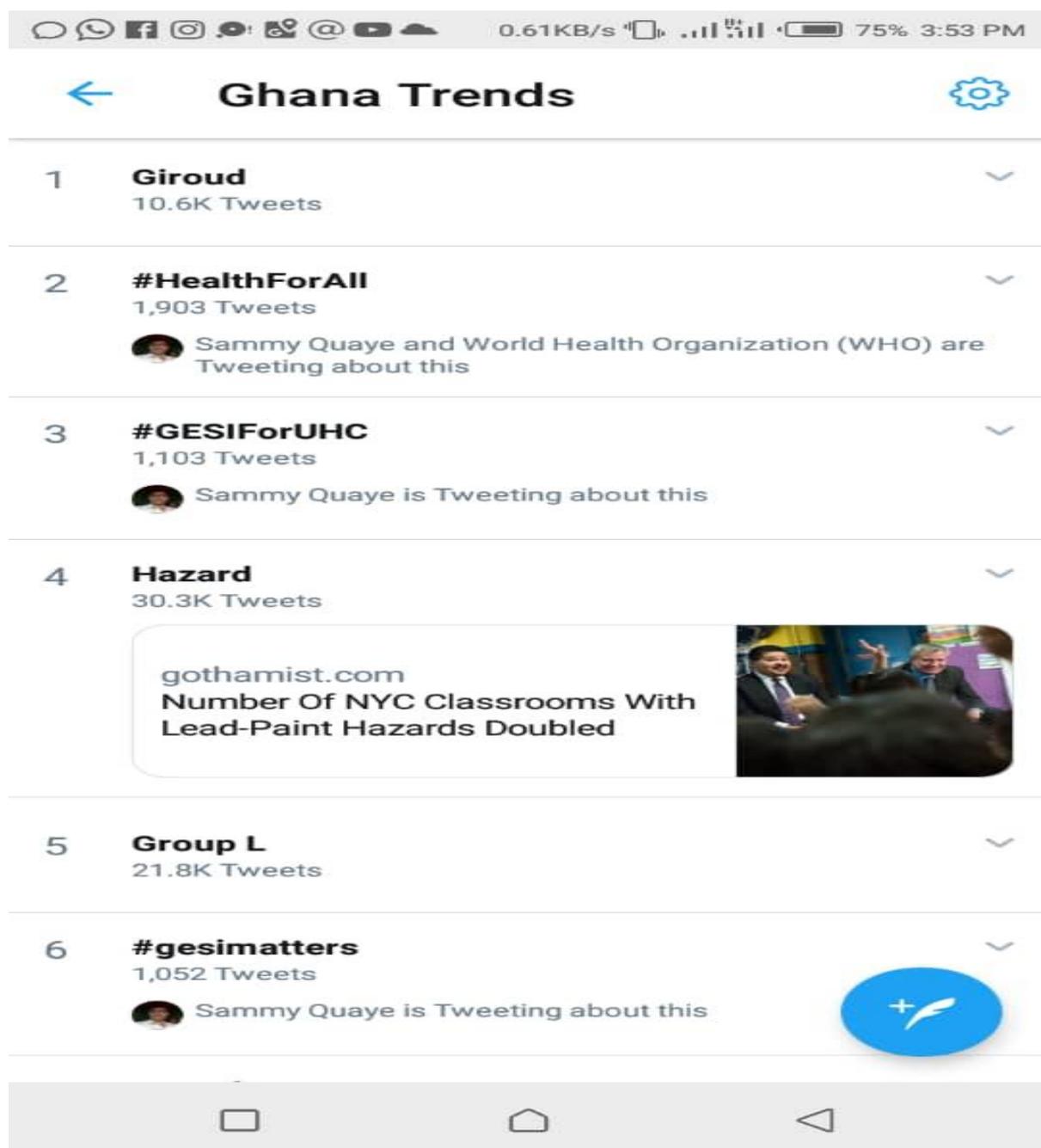


2.12 Monitoring Audit

A monitoring audit was carried out in the project areas to determine the extent to which health facilities and service providers were integrating GESI actions into their work. The monitoring audit was imperative after several community health education on the need to include socially excluded groups in national health policies, programmes and actions. While we acknowledge that some measures to ensure that socially excluded groups were considered in health policies and actions may be long term, continuous advocacy was carried with the results of the audit to draw the attention of government to the issues.

2.13 CSOs Social Media and Advocacy Training

The capacities of twenty (20) CSOs were built on how to use social media to advocate for gender equality and social inclusion towards UHC. Key social media messages on GESI in UHC were developed during the training and these were used for a twitter storm/campaign after the workshop. The following Hashtags #GESIforUHC, #GESIMATTERS and #HealthforAll were used during the twitter storm/ campaign which gained the attention of a wide audience and trended on twitter.



2.20 THE BRIDGING GAPS: INNOVATE FOR MALARIA (B4M) PROJECT

The Bridging Gaps: Innovate for Malaria (B4M) community initiative — with funding from Comic Relief’s “Fighting Malaria Improving Health” programme, continued. The global conversation around reducing the malaria burden has shifted responsibility into the hands of every individual. The Bridging Gaps Innovate for Malaria continued to adopt an approach to community engagement centred around rights-based education on malaria management. This coupled with a community-led research intervention called the scorecard assessment, positions communities to know and demand their right to quality care while equipping them and their providers with tools to identify service delivery gaps. The following activities were undertaken in the year under review:

2.21 Community Education

Our CBO partners in the four implementing districts/municipals; Juaboso, Bodi, Mporhor and Nzema East with support from the Community Health Nurses continue to lead energetic community education sessions on the need to have a malaria free community. Community members continue to receive education on their health rights and responsibilities as well as the malaria service package.

2.22 Documentation of Success Stories

Using compelling photography and videography, ARHR has grounded conversations around the quality of malaria care and UHC by connecting them to the real and emotional stories of individuals in the implementing communities — the beneficiaries accessing care services as well as the providers of care services. The experiences of key stakeholders on the B4M program including the district leadership; traditional leaders; community partners; mothers; and other community members has been honed to shed light on the realities of PHC in Ghana. Success stories displaying the compelling stories of change for those in the implementing communities engaged with the B4M project has been documented and shared to various stakeholders.

2.30 EMPOWERING ADOLESCENT GIRLS THROUGH IMPROVED ACCESS TO SEX EDUCATION AND QUALITY GENDER-RESPONSIVE SRH SERVICES PROJECT

This UNFPA funded project which seeks to empower adolescent girls through improved access to sex education and quality gender-responsive sexual and reproductive health (SRH) services was scaled up to two (2) more districts; Bosome Freho and South Dayi districts in the Ashanti and Volta Regions respectively. The following activities were carried out:

2.31 Orientation and inception meetings

These meetings were held with the municipal health directors, traditional authorities, health providers, representatives of youth groups, civil society organizations and the media in the two (2) new districts to orientate them on the background of the project, project objectives; the target population; and the planned activities to be implemented. It was important to engage these stakeholders as they were key in the successful implementation of the activities. These meetings revealed some impending challenges that might be encountered and solutions were sought.

2.32 Capacity Building of Community Based Organization partners

A two (2) day workshop for CBO partners and community facilitators in the new districts was organized to empower them with skills on Sex Education to enable them to effectively implement the project. Participants were trained on technical subject matter and practical facilitation skills.

2.33 Capacity Building of Adolescent Health Champions

A four (4) day training on Sex Education was organized for Adolescent Health Champions who had been carefully selected to pioneer the project in the new districts with the help of our CBO partners; RRIG and Verif. The sessions were led by facilitators trained by Planned Parenthood Association of Ghana (PPAG). The Adolescent Health Champions were equipped with information on SRH rights and services and emboldened to educate their peers on the knowledge they had received. That was to ensure the proliferation of reliable information to help young girls manage, access and understand their sexual and reproductive health.



2.34 Persons with Disability (PWD) Sports day

A persons with disability sports day was organized in the project communities as a strategy to engage marginalized group of girls on their sexual and reproductive health, rights and the services available to them. Persons with hearing and physical impairment and autism were mobilized as participants of the activity. Key messages shared with participants of the activity included that out-of-school adolescent girls and those with disabilities had the right to access information on their sexual and reproductive health and rights. Parents or guardians were encouraged to support their daughters with disabilities to access sexual and reproductive health services from health facilities.

2.35 Peer to Peer Education

Adolescent Health Champions in the existing project communities, thus, Ashiedu Keteke Sub-Metropolitan, Komenda Edina Eguafo Abrem Municipal assembly, Nzema East Municipal and South Dayi commenced with the peer-to-peer education on sexual and reproductive health and rights. Adolescent Health Champions equally referred their peers with peculiar needs to some accredited health facilities for further assistance.

2.36 Health fairs

These were organized for out of school adolescents in collaboration with the public health facilities under the Ghana Health Services. The health fairs which were entertaining, educational and built the capacity of participants were aimed at empowering out of school adolescents with information on their sexuality and providing them with information on SRH services. The health fairs also linked out of school adolescents,

particularly girls with SRH- friendly centers in the project districts as of way of reducing unsafe abortions and unwanted pregnancies. Health providers from the project districts were present to offer counselling and services to the participants.

2.37 Scorecard Assessments

A scorecard assessment was done to determine the extent to which SRH services were accessible by adolescents in the project communities. A tool for the assessment (questionnaire) was developed and the Adolescent Health Champions were trained on the usage of the tool. Data was collected on the readiness of health facilities in the project districts to provide adolescent health friendly services and adolescent's satisfaction with services offered to them by health providers across some selected health facilities in the project communities. The data was analyzed and interface meetings were organized to share findings of the assessment with health service providers and stakeholders; with the adolescent health champions as key participants. The interface meetings provided a platform to discuss gaps identified in adolescent health service delivery.

2.40 UNIVERSAL ACCESS TO HEALTHCARE CAMPAIGN (UAHCC)

ARHR continues to host the Universal Access to Healthcare Campaign with funding from Oxfam Ghana. The ultimate goal of UAHCC is make Ghana a country with improved quality of life characterized by active citizenship, shared, pro-poor and sustainable growth in a just and democratic environment. With regards to health, the UAHCC aims to address inequalities in the health system. By so doing the following activities were undertaken in the year under review:

2.41 Development of a tracking tool

ARHR developed a tool to track the annual budget funding allocations for primary health care in Ghana and did an analysis of the allocations.

2.42 Proposal on UAHCC

A proposal was developed to engage government and demand for an increased investment in primary health care by ensuring that health facilities especially primary level facilities such as CHPS are adequately staffed and equipped with all essential medicines and equipment. Based on the proposal, government allocations and disbursement from national to district levels was tracked, focusing on the assembly's expenditure for construction of CHPS facilities and NHIA reimbursements to health directorates and other district based primary health facilities.

The NHIA, GHS and MoH were engaged to demand for an increment in health spending from the current 8% (2019 Budget Statement) to 15% to address issues of late reimbursement to health facilities and issues of out-of-pocket payments prevalent in primary health care facilities.

Further, the proposal demanded an increased transparency across the health sector and the undertaking of capacity building activities to empower citizens on their entitlements and government commitment towards UHC through sensitization fora, awareness creation activities and citizen education. The proposal also demanded the undertaking of community scorecards assessments to monitor government implementation of UHC/PHC policies and commitments and their impact on marginalized groups.

2.43 Media advocacy and campaigns

The campaign continued to engage stakeholders and citizens through radio discussions over the period. Key issues identified through the analysis and tracking of government's spending on health were discussed and government's as well as stakeholder's attention were drawn to these.

2.50 PHC ADVOCACY PROJECT

The PHC advocacy, with funding from PAI, continues to engage decision makers and stakeholders on the need to use PHC as a medium of achieving UHC. The advocacy engages the Government of Ghana to develop, adopt and finance a consolidated Essential Health Services Package (EHS) as part of national efforts towards the achievement of universal health coverage (UHC) in Ghana. Under the year of review, the PHC advocacy focused more on country-led initiatives geared towards tracking Ghana's progress and roadmap towards achieving UHC with the following activities:

2.51 Analysis of 2019 budget Statement and Engagement of CSOs with Findings

ARHR reviewed and analyzed the 2019 budget statement. Findings were used to engage members of the UAHCC and Primary Health Care Advocacy group.

2.52 CSO Consultative Meeting to Develop Inputs to share with Ministry of Health for 2020 Budget

ARHR organized a one day meeting with CSOs to deliberate on gaps identified in the 2019 budget; an analysis of the mid-year budget formed the crux of the meeting. The meeting brought together CSOs working on health. Issues of concern was the fact that more than 60% of health budget was spent on compensation for health personnel while CAPEX received the lowest allocation even though government had identified a need to ensure that the inequality and access gaps are bridged.

2.53 Submission of Inputs for 2020 Health Budget to the Ministry of Finance

A compilation of CSOs inputs, emanating from the identification of gaps in the analysis of budget statements, was presented to the Ministry of Finance for review and consideration into the 2020 national budget. Gaps identified in health financing in the analysis of the 2019 budget statement and 2019 mid-year budget statement were shared with the Ministry of Finance for consideration. Issues raised included a need to increase investment in capital expenditure (CAPEX) and Good and Services. Prior to that engagement, Oxfam in Ghana brought together key CSOs working in taxation, health, agriculture, education and other essential service areas to deliberate and share ideas on why government should increase funding in those areas. ARHR representing CSOs working in health in Ghana presented its analysis of the midyear budget and highlighted gaps in the budget statement. The organization also highlighted areas government should consider increasing investment in, in its development of the 2020 budget. The areas of need highlighted included an increase in investment towards infrastructure; goods and services; addressing issues of late disbursement and allocation of funds to the NHIA and how that impacts the NHIS and subsequently health facilities operating the scheme as well as end users/subscriber (clients) of the NHIS.

2.54 Desk review comparing 2017 End Year Report with Analysis of the 2019 Budget Statement

ARHR engaged the Parliamentary Select Committee on Health for a copy of the 2017 end year report to undertake a desk review comparing the 2017 end year report with an analysis of the 2019 budget statement. ARHR was compelled to use the 2017 end year report because the 2018 end year review report was not ready and had not been released by government. The findings revealed that government had allocated less funds to the NHIA and GHS as stated in the national budget.

2.55 Tracking Government of Ghana's Investment in PHC at the sub-national level

An analysis of the 2016-2018 Public Interest and Accountability Committee (PIAC) reports highlighted issues surrounding the Annual Budget Funding Amount (ABFA) allocations to the health sector. The analysis revealed that government made investments in PHC in 2016 and 2017 with focus on capital expenditure. With inputs from the Ghana Health Service, a check list was developed to track investments in a CHPS compound in the Upper East region of Ghana and a regional hospital in the Northern Region. ARHR

aimed to track whether allocations were efficiently used and assess the cost benefit of investments made. We aimed to ascertain whether findings from the study were similar or in synchronize with expenditure report in the Ghana Health Services annual report for 2016 and 2017. Unfortunately, as at the end of the period, ARHR had not been able to undertake the study due to issues of ethical approval. ARHR however developed a checklist/tools and piloted the tools in selected health facilities. A conditional approval from the Ghana Health Service Ethical Review Committee had been received. The full approval is being waited upon to commence the study which is likely to be undertaken in 2020.

2.56 Country-led review of Ghana's SDGs

ARHR participated in a country-led voluntary review of Ghana's SDGs to ascertain the level of implementation with regards to leaving no one behind and the youth's engagement and participation in the SDG implementation processes at national and sub-national levels. The meeting served as an opportunity for ARHR to identify where it can leverage CSOs support in working with and engaging the youth on the SDGs, especially on the UHC/PHC processes to ensure that they are heard and have their needs catered for in national health programs.

2.57 Continuous Media Engagements

ARHR engaged the media (broadcast and social media) on several occasions to discuss the need to improve primary health care systems and ensure equity, increased access to health services and improved quality of care especially in primary health facilities. The constant media engagement aimed at cultivating support and interest of citizens in Ghana's performance in PHC service delivery.

2.58 Mobilizing CSOs' Support for in-country preparations towards HLM

CSOs' support was garnered and an in-country high level meeting to review and discuss Ghana's road map for achieving UHC 2030 was organized. ARHR worked with Christian Aid Ghana, Hope for Future Generations, IFRC, SEND Ghana, West Africa AIDS Foundation and UNAIDS and facilitated that advocacy meeting and policy dialogue. The meeting provided information on Ghana's roadmap to UHC to CSOs who participated and engaged them in a policy dialogue on universal health coverage and the United Nations General Assembly's High Level Meeting on UHC. The meeting discussed the UHC2030 Key ASKS and priority actions of CSEM, identified key gaps and priorities for leaving no one behind. CSOs in the meeting explored priority issues and actions towards achieving UHC in Ghana.



2.59 Participation in National Health Insurance Authority's processes

ARHR, through the Executive Director, continued to participate in NHIA's processes aimed at building an actuarial model to inform decisions on the provision and purchasing of high quality services and primary health care in particular. NHIA's processes were influenced by advocating for the NHIA to focus its resource generation activities by earmarking funds and progressive taxation models (SIN taxes) instead of a premium based model that can result in an increase in the inequity gap and further create catastrophic health spending resulting in poverty for underserved and marginalized groups.

2.510 Organization of CSOs GFF Orientation Meeting and Participation in a GFF workshop

In May, 2019, Ghana had the opportunity to join the Global Financing Facility; a multi-stakeholder partnership that is helping countries tackle the greatest health and nutrition issues affecting women, children and adolescents. The facility is expected to help Ghana through the Ghana Health Service to accelerate progress on UHC and the SDGs. Additionally, the GFF will help empower Ghana to prioritize the health and nutrition of women, children and adolescents within their budgets and to align partners around a country-driven, prioritized investment case to save lives and improve the health and well-being of Ghanaians. ARHR is the CSO representative on a yet to be inaugurated national GFF Committee and participated in a GFF Country Workshop which aimed to create an enhanced understanding of the GFF approach, particularly the Investment Case development and for country teams to reach agreement on next steps at the country level.

Further, ARHR in partnership with the PPAG and the Coalition of NGOs in health facilitated a CSO engagement meeting with the World Bank on the GFF process. Participants of the meeting included development partners, government's Ministry of Health, agencies, services and departments and the private sector.

2.60 CATALYZING LEADERSHIP TO IMPROVE WOMEN, NEWBORN, CHILD AND ADOLESCENT WELLBEING (WNCAW) IN WEST AFRICAN PROJECT

In partnership with other CSOs and with funding from IDRC, ARHR started the implementation of a project titled 'Catalyzing leadership to improve Women, Newborn, Child and Adolescent Wellbeing (WNCAW)' in West Africa. The project aims to strengthen transformative leadership capacities in West Africa and encourage improved institutional and government use of health research in decision making processes. The project takes on a systems approach to health policy research by capacitating relevant individuals across communities, organizations and systems to influence the complete wellness process. This is based on the understanding that no single person can successfully tackle the complex challenges arising within a health system.

The following activities have been undertaken since the commencement of the project in the year under review:

2.61 Preparations for the research

A desk review was conducted to define the areas of particular concern in Ghana with regards to women, newborn, child and adolescent wellbeing and a skilled research consultant to lead and oversee the research process was identified. Research indicators for the scorecard assessment based on the findings of the review was developed and 10 data collection assistants were trained on the tool; the Community Scorecard Approach.

2.62 Participation in GHS-COMCAHPSS Leadership and Advocacy Training

As part of the project implementation process, ARHR participated in a GHS-COMCAHPSS leadership and advocacy training session in Ghana. Change leaders from Burkina Faso, Cote D'Ivoire, Ghana, Niger and Sierra Leone converged for a one week face-to-face team training focused on building leadership capacity and team work, public social policy

development and strategies to work in complex health systems. The training consisted of multi-professional cohorts including health system professionals, CSOs and media representatives.

2.63 Institutional Capacity Building for Policy Dialogues

ARHR constituted a CSO and Media consortium to build capacities of local CSOs and Media to promote the WNCAW.

2.64 Scorecard Assessment in two districts of Ghana

ARHR engaged two research teams to conduct focus group discussions and in-depth interviews with users of care and health providers in some selected communities in Akyemansa and South Dayi districts in the Eastern and Volta Regions respectively. Prior to the research, a two day training on the scorecard data collection tool and reporting technique was organized for the team.

2.65 Data Synthesis Workshop

A data synthesis workshop was organized after the data collection process to undertake preliminary analysis of the data collected by the research teams.

2.66 Replication of the process in Sierra Leone

A CSO partner, SEND-Sierra Leone, has been identified to lead the scorecard process in Sierra Leone. ARHR in partnership with WOMEC has developed a Service Level Agreement which has been reviewed by SEND-Sierra Leone and subsequently forwarded to the Ministry of Health and Sanitation in Sierra Leone for approval.

2.70 ASSESSMENT OF THE T3 POLICY FOR MALARIA IN GHANA

A concept note aimed to use community score card assessments to investigate the extent to which the Malaria T3 Policy is being implemented in Ghana was accepted by Comic Relief. The concept note; developed by ARHR, ADDRO and Indept Network, was submitted to Comic Relief in response to a call for scaling up existing projects. The concept note outlined a collective learning endeavour geared towards collecting data on adherence of health facilities to the test, treat and track (T3) policy for malaria treatment in Ghana. Since the concept note was approved the following activities have been undertaken:

- Engagement with the National Malaria Control Program to develop data collection tools for the assessments.
- Preparation of a research protocol for ethical approval from the Ghana Health Service Ethics Review Committee

3.0 KEY ACHIEVEMENTS

3.10 Capacity Building

Capacities of multi-stakeholders including CSOs, the media, CBO partners and community members were built under the period through tailor-made essential workshops and trainings. Capacity building exercises aimed at sustaining the impact of project initiatives and actions beyond their lifespan:

- CSOs were trained to understand the GFF and its implementation processes
- CSOs and the media were trained to understand Ghana's roadmap towards UHC and make inputs into the preparation of the roadmap
- CSOs were given information on the KEY ASKS and Priority Areas of CSEM towards the first ever UN HLM on UHC

3.20 Provision of Technical Assistance

Technical assistance, especially geared towards advocacy, was given through the following forms:

- Development of an Audit Report on the status of integrating GESI actions into national health policies, programmes and actions
- Development of IEC materials; policy briefs, info graphics and fact sheets, for the advocacy of continued government efforts towards integrating GESI actions into national health polices, programmes and actions
- Development of IEC materials for the advocacy of improved access to SRH education and services by adolescent girls

3.30 Promotion of Social Dialogue and Accountability

Social dialogue and accountability was promoted through the various activities carried out in the year under review. Community members, CSOs and the media were consistently supported to use dialogues to openly express their concerns, demand their needs and exchange ideas. Community members and CSOs engaged in our initiatives are able, with little or no support, to demand for their rights from decision makers and other key government officials as well as question government's initiatives that they do not understand or not involved in.

4.0 LESSONS LEARNED

- a. Engagement with the media is an invaluable tool for advocacy. Capacitating media to understand primary health care issues, universal health care and other global health goals makes them allies in the journey towards attaining health for all. We have learnt that this engagement must be ongoing to foster good relationships with the media and ensure a timely response when their support is needed.
- b. Civic engagement is a beacon for PHC. The uptake of social accountability mechanisms into communities has helped to empower communities to demand for all their needs and not just health; improve client- subnational leadership rapport and encourage community ownership.
- c. Adjusting advocacy strategies when need be is essential to achieving advocacy goals. In the course of reviewing the request for a national essential health service package, we had to be flexible with our advocacy plans in a way that can accommodate the changing political milieu. It was clear that MOH was not focused on an EHSP and had begun the process of developing a PHC package and so we adjusted our advocacy accordingly.
- d. Early application and consistent follow ups for ethical approval to commence a research activity and request for vital government document was paramount. Delays in securing ethical approval and some vital government document curtailed the speed of implementing some activities.
- e. Inadequate data collected was problematic in ensuring a good analysis of information to be used for advocacy. Extra time and resources had to be spent on filling data collection gaps. We have learnt to train data collectors adequately on the usage of the tool.
- f. Engagement and partnerships with other CSOs in your field of work was a platform to champion your project goals and to a larger mass of people.

5.0 CONCLUSION

In all, 2019 was an activity filled and action packed year with great gains and lessons learnt. Most of our expectations were met and gains made will be built upon in the coming years. ARHR is most grateful to its donors, partners and every institution that contributed to the success of activities implemented and actions taken in 2019. We look forward to a continued partnership and collaboration with all to ensure the attainment of UHC.



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