Alliance for Reproductive Health Rights

2020 Annual Report

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 Executive Director

The Alliance for Reproductive Health Rights (ARHR) continued to work towards more responsive services in reproductive, maternal and adolescent health in Ghana. This has been largely through advocacy for strengthening health systems where we work, strengthening civil society and communities' capacity to demand accountable and improved quality of care in addition to engaging communities to increase their participation in health services delivery. We continued to promote programmes and initiatives that will yield better outcomes in reproductive, maternal and adolescents' health.

In the year under review, programmes pursued included generating evidence for our advocacy through social accountability mechanisms, strengthening partnerships with various stakeholders including CSOs, media, community members, development partners, decision makers, etc. These pursuits have increased our relevance in the CSO space in Ghana and more modestly in the global health space.

We recognized the paradigm shifts that has occurred in global health especially due to the novel corona virus, covid 19; changes in the funding architecture as well as policy shifts nationally and globally. Some of those changes brought about their own challenges, however, we continue to soldier on.

This report is a summary of the changing context of our work, some major achievements and activities the organization has undertaken in addition to some challenges.

Vicky T. Okine

Chapter One

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.

1.1 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.

1.2 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.

1.3 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.

Chapter Two

Thematic Areas

Four (4) key thematic areas guided the work of ARHR in the period under review. These were Capacity Building and Education; Research and Evidence Generation; Advocacy; and Development of Technical Materials for learning and advocacy.

01. Capacity Building & Education

Capacity building and education have been a means by which ARHR strengthens its constituents or target groups to be able to advocate, demand and enquire about their health needs and rights. Most importantly, it enables community members to actively participate in decisions concerning their health care and services after being adequately informed and educated.

02. Research & Evidence Generation

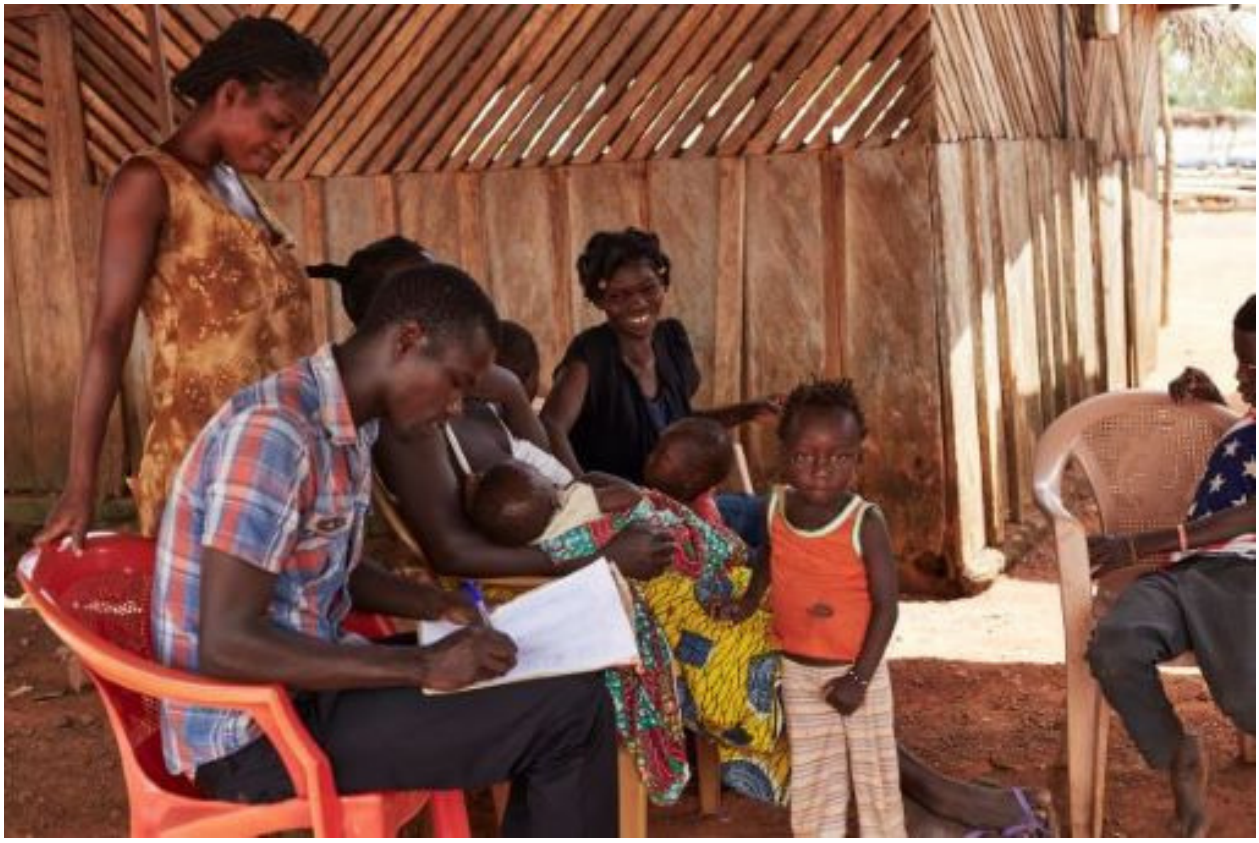
As global health goals relating to improved quality of care migrate into country level health policies and strategies, countries must find ways to prioritize patient satisfaction and service quality as the evidentiary basis for improved patient health outcomes. Furthermore, with 2030 Sustainable development goals (SDG) in focus – specifically, SDG 3 which aims to 'ensure healthy lives and promote well-being for all at all ages', there is the need to pursue patient-oriented research to unpack the unique root causes of poor health outcomes.

03. Advocacy

Activities to support the advocacy for the strengthening of primary health care systems in Ghana and making health care available and accessible to the poor and vulnerable groups continued. Through the development of a strategy plan put together by CSOs in Ghana in 2017, with support from Population Action International (PAI), PHC strengthening advocacy work in Ghana intensified in the period under review. The focus of the strategy has been to contribute through advocacy, to health services availability and accessibility at the community level for all; particularly for the poor and vulnerable groups.

04. Development of Technical Materials

Development and production of Technical materials are imperative to offer technical assistance to our CBO partners and others who may want to replicate our work or efforts. It affords us the opportunity to document our successes and efforts and share with stakeholders, donors, policy makers, etc.



Data Collection Exercise

Capacity Building Activity

Capacity Building & Education

Areas of Focus

a. Engaging Stakeholders and Empowering Communities
Stakeholders are actively engaged on issues of health and the rights of people to access health care regardless of their status. Community members are educated on their health rights and pertinent health issues that affect them. The education is to empower them to utilize their voices in their communities to ensure better health outcomes.

b. Empowering adolescents with information and services on reproductive health
With quality reproductive health education and services, adolescent girls are empowered to make the right choices. ARHR continues to empower adolescent girls through improved access to reproductive health education and quality gender-responsive health services through its RHESY and AHEP projects, funded by the UNFPA Ghana and French Embassy respectively. In partnership with our community-based organization partners, the projects are being implemented in five (5) districts in Ghana; Ashiedu Keteke Sub-Metro, Greater Accra Region; Nzema East Municipality, Western Region; Komenda Edina Eguafo Abirem (KEEA) Municipality, Central Region; Bosome Freho District, Ashanti Region and South Dayi district, Volta Region.

c. Media Engagement and Empowerment
The need for an active media role and collaboration for improved health systems and primary health care in Ghana has never been more important than it is now in the midst of the COVID-19 pandemic. It is important that the media continue to increase attention to the health sector and contribute to the collective objective of improving health care services for majority of Ghanaians. In order to achieve the above, the media was trained and informed to understand issues concerning reproductive health and rights; and to a large extent, the need to advocate for primary health care as the pathway towards UHC.

Progress

Stakeholder Engagements & Community Empowerment

111 Stakeholders were engaged and support garnered across the 5 RHESY project districts. These included 7 Traditional Leaders (4 Queen Mothers and 3 chiefs); 8 Religious leaders, Christian and Islam (5 Males and 3 females); 18 Adolescent Health Champions (females); 9 Media personnel (4 females and 5 Males); 18 Community health facilitators (7 males and 11 females); 26 Parents (3 males and 23 females); and 25 Representatives from the Regional and District Health Directorates (12 Females and 13 males).

95 Community Members at the district level and national level stakeholders in Ghana and Sierra Leone were engaged with findings from data collected on the readiness of health facilities to contribute to improved and equitable RMNCAH outcomes.

Development of action plans by the district level stakeholders to address the gaps in malaria prevention and control in their districts that fall within their purview such as the provision of essential equipment like weighing scales, stethoscopes, cannulas, telephones etc.

ARHR worked with the Ministry of Health to organize a cross-sector workshop for stakeholders from different complementary sectors on primary health care focusing on the vital signs results and the potential contributions from the different sectors towards health.

54 Community Based Organizations Partners, Community Facilitators and the media had their capacity strengthened to increase support for SRHR activities in RHESY project districts.

95 Stakeholders (Adolescents, Regional Coordinating Council, Health decision makers and providers at the district level, DOVVSU etc.) were reached through a Girls Hearing Forum to discuss results of a scorecard accountability assessments as part of RHESY project activities.

4 District level multi-stakeholder (District Directors of Health Services, District Malaria Control Officers, District Health Information officers, District Disease Control officers from the four project districts, CBO partners, traditional, opinion leaders, health providers, representatives from the district assemblies and the media) meetings organized in Mpohor, Nzema East, Juaboso and Bodi to discuss and resolve gaps identified from a second round of scorecard assessment on malaria prevention and control in the district.

Covid 19 prevention and containment protocols were incorporated into ongoing community-based education on health rights and responsibilities, malaria prevention and control across all project communities and districts.

Progress

Empowerment of Adolescents

100 Adolescent

Health Champions from all the RHESY project districts were given a 3-day refresher training to enable them educate and create awareness on SRHR and SGBV issues among their peers, and to facilitate the reference of peers to health facilities, through peer networks meetings.

973 Out-of-School

adolescents were reached through the organization of 10 Adolescent Health Fairs which included sports and entertainment events. 861 of the number were females and 112 were. 25 out-of-school PWDs were reached through the health fairs.

95 Community Members

at the district level and national level stakeholders in Ghana and Sierra Leone were engaged with findings from data collected on the readiness of health facilities to contribute to improved and equitable RMNCAH outcomes.

506 Adolescents

were reached through the organization of 10 drama events in project communities to create demand for Family Planning services. Of this number, two (2) were physically challenged, one was autistic while the remaining two (2) had speech impairment challenges.

20 Adolescent Health

Ambassadors were trained to enable them sensitize, educate and create awareness among their peers in Agbobloshie on gender-responsive topics relating to SRH as part of activities under our AHEP project.

90 Adolescents Peer Network

meetings were organized across the 5 RHESY project districts; 18,458 adolescents were reached. Of this number, 17,081 were females and 1,365 were males. 9,193 females were between the ages 10-14 while 7,888 were between the ages 15-19. 689 males were between the ages 10-14 while 676 were between the ages 15-19. 17 persons with disability between the ages 10-19 were reached.

112 Out-of-School

Adolescents with disabilities were trained on SRHR and services as well as life skills. Out of that number, 96 were girls and 16 were boys with disabilities.

219 Adolescents with disabilities

were educated on SRH rights and legal literacy issues through the organization of PWD Sports Day events across the 5 project districts. Out of that number, 44 were boys; 20 were between the ages of 10-14 and 24 between the ages of 15-19. 175 of the number were adolescent girls; 97 were between the ages 10-14 years while 78 were between ages 15-19.

74 Adolescent Boys & Girls

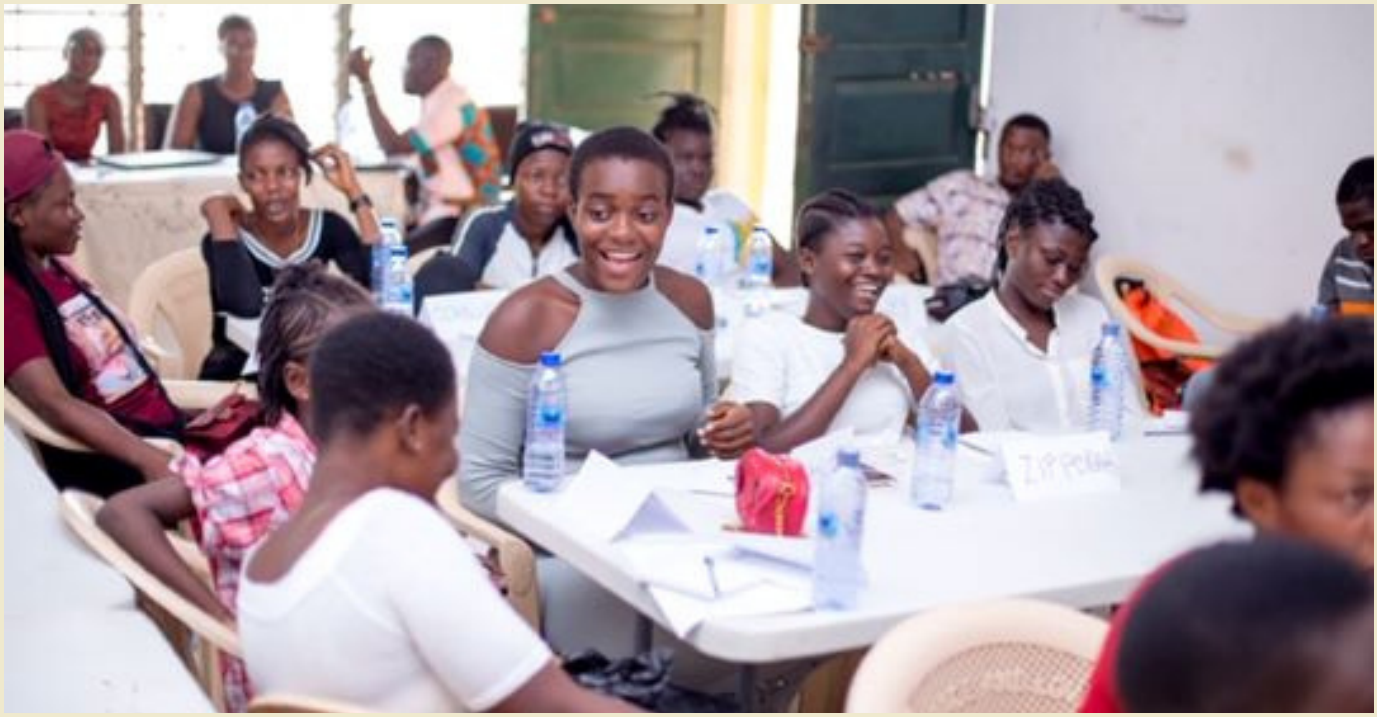
living with HIV were reached with information on Adolescent and Sexual and Reproductive Health issues and quality of life as a vulnerable population, particularly HIV treatment adherence in 2 districts.

Progress

Media Engagement & Capacity Building

12 Journalist were trained with the help of WOMEC, to understand SRHR issues affecting women and girls and shown which areas they could explore in reporting on SRHR issues.

Capacity Building Workshop for partners



Adolescents in a training workshop

Research & Evidence Generation

Areas of Focus

a. Community Scorecard Assessments

ARHR continued to employ the Community Scorecard Assessment approach as a community-based monitoring and evaluation tool that enables citizens to assess the quality of health services provided to them. The approach provides an opportunity for decision makers at national and subnational levels to leverage the views of the clients within the health system, in order to ensure the system is responsive to their needs. Using both quantitative and qualitative methods such as questionnaires, interviews and focus group discussions, the Community Scorecard Approach gives a voice to the vulnerable community groups who are often overlooked.

b. Review and Analysis of Health Budget

By way of assessing and documenting changes to Primary Health Care related allocations and the overall budget presentation towards the health sector, a review and analysis of the 2020 Government of Ghana health budget was done.

c. CHPS Policy Implementation Tracking Study

In order to understand the challenges affecting the implementation of the CHPS programme in terms of allocation and utilization of the ABFA funds, a study in the Northern & Upper East Regions was undertaken to track the implementation of the CHPS policy and funding from the Annual Budget Funding Amount (ABFA).

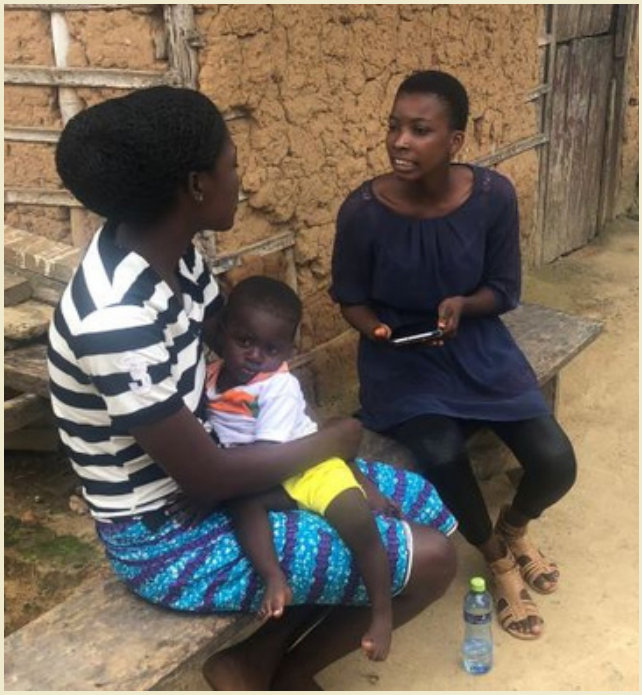
d. Monitoring Visits

Monitoring visits to project districts are carried out to align progress of work in the communities with project goals.

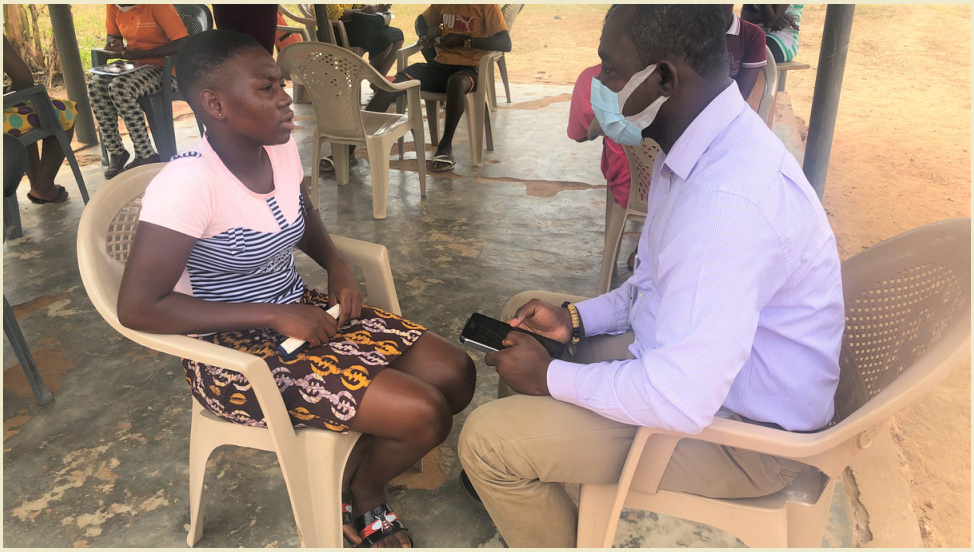
Progress

Community Scorecard Assessments

Data Collection activities were done in Ghana and Sierra Leone, with the help of local CBOs, to determine the readiness of health facilities to contribute to improved and equitable reproductive, maternal, new-born, child and adolescent health (RMNCAH) outcomes in West Africa.



4 Adolescent girls were supported by a team of 14 to undertake scorecard accountability assessment in 6 health facilities in 2 districts. Using mobile tablets, participants were introduced to the tools which were disaggregated into two domains – facility assessment and client's experiences. The facility assessment interviews had the scorecard assessment teams interviewing health providers, observing happenings in the facility with specific focus on SRH services for adolescents. The focus of the client-based interviews was on adolescents' experiences and perspectives relating to the SRH care/services provided.



Progress

Review and Analysis of Health Budget

80 CSOs working in health were engaged with findings from the analysis of the 2020 budget statement for the health sector. During these CSO engagements, information on the health budget was provided to increase the knowledge of these organizations on budget advocacy processes as well as facilitate their demand for increased investments in the health sector across the various Regions of Ghana.

CHPS Policy Implementation Tracking Study

The study to track the implementation to track the implementation of the CHPS policy and funding from the Annual Budget Funding Amount identified gaps impeding adherence to the CHPS policy and revealed that district and sub-district respondents had not heard of the ABFA and were unsure whether their facilities had benefited from the fund. These findings were used to engage the Parliamentary Select Committee on Health for rectification.

Monitoring Visits

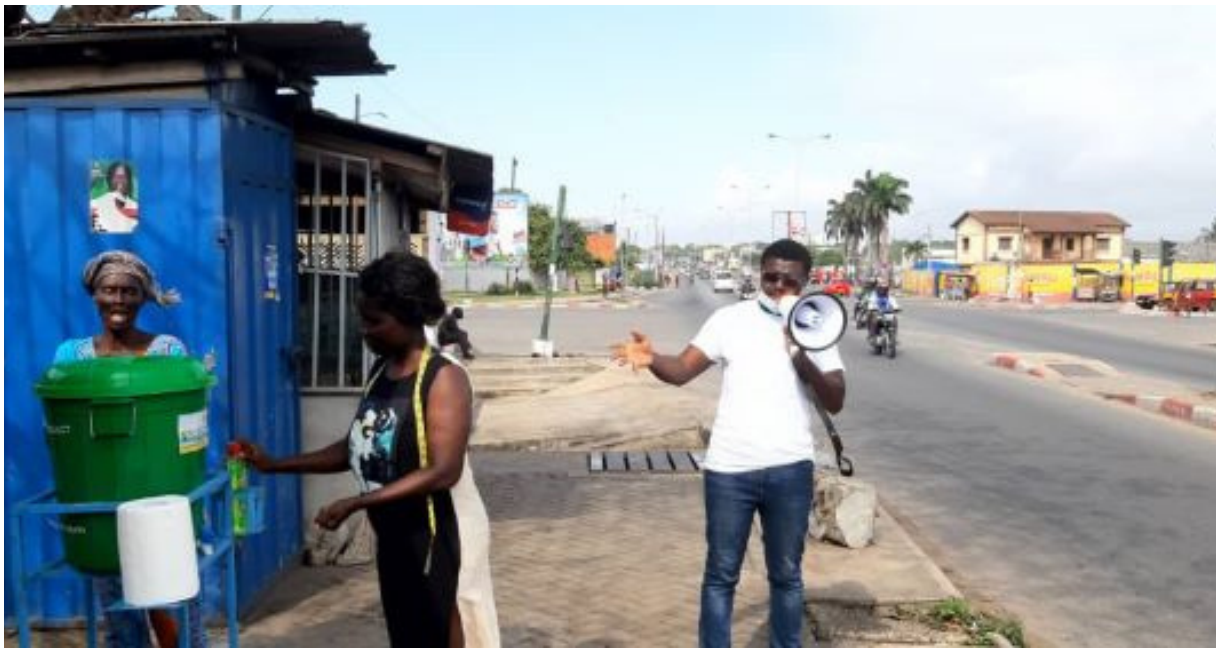
2 Monitoring Visits to validate data and activities were undertaken in all project districts and learnings and successes were documented.

Advocacy

Areas of Focus

a. Media Engagements
Diverse media platforms; the print, broadcast and online, are utilized to amplify the need for strengthened PHC systems in Ghana.

b. Community/ Stakeholder/ Political Engagement and Participation
Since the inception of this advocacy, interest and discussions around primary health care has moved from amongst health sector stakeholders into mainstream community and political discussions.



Progress

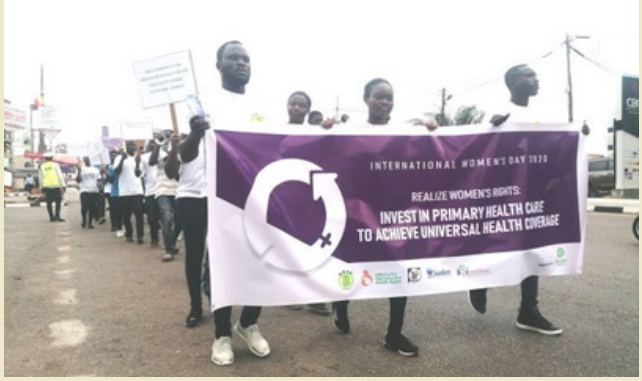
Media Engagements

Over **10** **Radio Interviews** on EHSP were conducted as a strategy for addressing issues of equity, quality and access to health care for all Ghanaians. That helped to increase public awareness and support for a defined EHSP at the PHC level. A number of newspaper publications on PHC, NHIS and gaps in health financing were produced to inform the public, increase dialogue and demand for increased investments in the health sector as well as addressing bottlenecks in the implementation of the CHPS policy and NHIS.

Community/ Stakeholder/ Political Engagement and Participation

A Street march was organized in 4 regions of Ghana to demand for a consolidated budget for PHC in the national health budget. These marches were organized in collaboration with other CSOs on International Women's Day in the month of March. Participants involved in the street marches included pregnant and nursing mothers, persons with disability, persons who had recovered from mental illness and social and community groups with vested interest in health.

The resonance of the need to strengthen PHC in the country can also be seen in the revised national health policy which acknowledges the important role of primary health care for achieving Universal Health Care.



The two leading political parties in the country highlighted primary health care in their manifestos towards the 2020 elections as an important strategy for achieving UHC in the country. Though some concerns were raised by some experts about the political commitment and will as well as reliability of the costed amount for the implementation of PHC, the mainstream media and political discussions of the idea was a major win that could reshape access and provisioning of health care to Ghanaians in the near future.

The advent of the Covid 19 pandemic has also made our advocacy efforts more relevant now than when the campaign began. The need to develop and strengthen the country's PHC and financing systems to be able to contain emergency disease outbreak without sacrificing the day to day care work of the health sector has been acknowledged by all stakeholders including the major political parties.

Development of Technical Materials

Areas of Focus

a. Development of Position Papers

To further our advocacy and capacity building efforts, position papers, communiques, policy memos, etc were developed in the period under review.

b. Development and production of IEC/ BCC materials

ARHR converts its advocacy messages or evidence generated through research into materials to further our advocacy efforts. Research findings are developed into infographics, fact sheets, etc for advocacy. Banners, t-shirts, bags, etc conveying our advocacy messages are produced to support advocacy efforts.

Progress

Position Papers

A Policy Memo was produced with the help of a consultant and submitted to the Ministry of Health to inform the work of the technical committee working on the essential health services package.

Dissemination of budget analysis findings resulted in the development of a communiqué which was submitted to the Deputy Minister of Health during a consultative meeting with the Ministry of Health.

Inputs, in the form of a a policy memo which contained key observations and demands based on the analysis of the 2020 budget to inform health sector spending in 2021,was delivered to the Ministry of Finance. A PHC policy and expenditure recommendations were included in the memo submitted to the Ministry of Finance.

We worked with the Planned Parenthood Association, SEND Ghana and other CSOs in health to develop a 2020 PHC health manifesto which was used to engage political parties towards the elections in December 2020.

IEC/ BCC Materials

250 infographics were developed and 300 T-shirts were printed. These were distributed to Adolescent Health Champions across the project districts to facilitate peer network meetings.

An audio-visual documentary of ARHR's experiences with fighting malaria at the sub-national Level was produced

A photo-book on stories of change with regards to malaria prevention and control was developed

Other Initiatives/ Innovations/ Partnerships

a. Covid 19 Response

The COVID-19 pandemic presented solid evidence of the need for the government to strengthen Ghana's health system especially, at the primary level. It highlighted the need for increased financing/funding for the health sector. Importantly, the COVID-19 pandemic exposed how insufficient funding for goods and services, a health expenditure category has led to the shortage and lack of PPEs in many health facilities across the country.

Progress

ARHR supported a CSO COVID-19 Response fund geared towards complementing the government's efforts of providing basic essentials to vulnerable and underserved groups in urban cities of Ghana with high Covid-19 cases.

Development of a COVID-19 manual for our CBO partners to aid in the Covid 19 education and its related protocols.

179 Adolescents in Ashiedu Keteke were empowered with information on SGBV as part of measures to protect them from abuse during the easing of covid 19 restrictions through interactive sessions.

ARHR in partnership with the French Embassy implemented an initiative to mitigate the spread and impact of COVID-19 among residents of the Ashiedu Keteke sub metro.

300 infographics and posters that promoted the Covid 19 protocols (physical/social distancing, hand washing, use of sanitizers, non-discrimination) were developed and printed; and distributed to project districts.

b. Appointment as task force lead

ARHR was appointed as the task force lead on the second thematic area of Ghana's POP and provided an opportunity for CSOs to influence the development of a national health agenda for MNCH, adolescent health, mental health and non-communicable diseases.

Progress

ARHR convened a virtual meeting with CSOs to solicit their inputs and facilitate discussions on major concerns and proposals CSOs will want reflected in the final POP document to be presented to the government.

c. CSOs Representative on Technical Working Group

ARHR has been working as the representative of civil society organisations on a technical working group constituted by the government of Ghana (GoG) to develop a country Prioritization Operational Plan (POP) which will address programmatic gaps and resource constraints within the health sector under the Global Financing Facility.

Progress

We are leading CSOs in Health in Ghana to contribute to the decision making process under the GFF.

d. Participation in NHIA Co-Creation Workshop

ARHR participated in NHIA's co-creation meeting which brought together partners and stakeholders in the health sector to map out data sources and its use across the health sector.

Progress

Stakeholders brainstormed strategies for the NHIA to be a data-driven insurer implementing an effective and efficient mix of provider payment methods to support the achievement of the UHC 2030 agenda for Ghana. Opportunities to optimize data use and analytics for decision-making within NHIA and across the available health data systems in Ghana, including the NHIA data management systems (claims, credentialing, membership), the District Health Information Management System (DHIMS II), accreditation systems from the Health Facilities Regulatory Authority (HeFRA), and other relevant data systems were considered.

Chapter Three

Lessons Learnt

01. Media Engagement

Engagement with the media is an invaluable tool for advocacy. Capacitating media to understand SRHR, PHC, UHC and other global health issues 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.

02. Civic Engagement

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.

03. Advocacy Strategies

Adjusting advocacy strategies when need be is essential to achieving advocacy goals.

04. Ethical Approval

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.

05. Data Collection

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.

06. Partnerships

Engagement and partnerships with other CSOs was a platform to champion project goals and to a larger mass of people.

07. Political Commitment

Political commitment to health policies, actions, commitments increase positive health outcomes.

08. SRHR Education

Intensifying education on SRHR for young people decreases the prevalence of SGBV, unwanted pregnancies and STI.

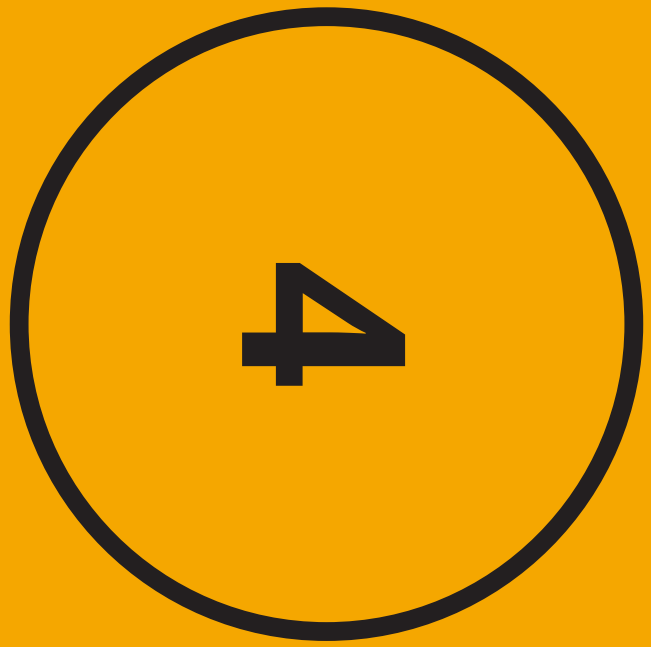
09. Persons with Autism

For future meetings, the ARHR will need to organise separate meeting for persons with autism and intellectual disabilities since they tend to lose focus easily and a different approach is required to engage them in order to help them understand their SRHR and exercise their agency.

10. Activities for PWDs

There was the need to ensure that activities for PWDs were structured or programmed to benefit both sexes with disabilities.

Chapter Four



Constraints

01. Stalled Engagements

Regular engagement of government and health decision makers and policy makers to discuss PHC health issues has stalled likewise advocacy attempts aimed at getting government to develop and ensure that an essential health services package for PHC is included in the Ministry of Health's 2021 Program of Work. For example budget advocacy meetings with the Ministry of Finance has not been able to come off as the MoF is working with government to reprioritize national funds to address COVID-19.

02. Covid 19 Pandemic

The COVID-19 pandemic and the subsequent restrictions on movement and public gatherings led to a halt or delayed implementation of some activities, particularly those that involved in-person engagements.

03. Meetings

Failure of some key stakeholders at the district and national levels to be present at engagement meetings.

04. Lack of focus

Engaging persons with autism was a bit challenging as resource persons despite their skills in engaging them had challenges in getting some of them to focus during workshops.

05. Data Collection

Despite garnering the support of some key stakeholders before the commencement of activities, some community members refused to grant their wards permission to participate in some activities as they felt uncomfortable with the topics being treated due to socio-cultural stigma associated with discussions around sex. This was prevalent in Ashiedu Keteke. Adolescents suggested an education for their parents as one of the mitigating efforts to change misconceptions around the topic.

Chapter Five

Conclusion

During these extraordinary times where we are battling with eradicating Covid 19, we remain hopeful knowing that we will see the light at the end of the tunnel.

Despite challenges, ARHR was thrilled to continue implementing initiatives that empowers community members, especially women of reproductive age, to demand their rights and contribute to decisions regarding their health.

ARHR continues to employ a work model that is deliberately holistic, recognizing the need to ensure PHC as a pathway to achieving UHC- while addressing issues of inequalities, accessibility, equity and financing and ensuring quality of care for all.

ARHR is most grateful to its donors, partners, community based organizations and every institution that contributed to the success of activities implemented and actions taken in 2020.

We look forward to a continued partnership and collaboration with all to ensure the attainment of UHC.

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