2021 ANNUAL REPORT

Alliance for Reproductive Health Rights

ACRONYMS AND ABBREVIATIONS

AHC	–	Adolescent Health Champions
AHEP	–	Adolescent Health Empowerment Project
ARHR	–	Alliance for Reproductive Health Rights.
ASRHR	–	Adolescent Sexual and Reproductive Health Rights
CBO	–	Community-Based Organizations
CENCOSAD	–	Center for Community Studies, Action and Development
CF	–	Community Facilitators
CHPS	–	Community-based Health Planning Systems
CSO	–	Civil Society Organization
DA	–	District Assemblies
EHSP	–	Essential Health Service Package
FHD	–	Family Health Division
FP	–	Family Planning
GGC	–	Ghana Gas Company
GHS	–	Ghana Health Service
GoG	–	Government of Ghana
GREL	–	Ghana Rubber Estate Limited
HAYTAFORD	–	Harnessing Youthful Talents for Rural Development
IDRC	–	International Development Research Center
IEC	–	Information, Education, and Communication
LNGOs	–	Local Non-Governmental Organizations
MoH	–	Ministry of Health
NGL	–	Norpalm Ghana Limited
NGOs	–	Non -Governmental Organizations
PEYORG	–	Progressive Excellence Youth Organization
PHC	–	Primary Health Care
PHCPI	–	Primary Health Care Performance Initiative
RHESY	–	Reproductive Health Education and Services for Young People
RMNCAH	–	Reproductive, Maternal, Newborn, Child and Adolescent Health
RMNCH	–	Reproductive, Maternal, New-born and Child Health

RRIG	–	Rights and Responsibilities Initiative, Ghana
SDG	–	Sustainable Development Goals
SGBV	–	Sexual and Gender-Based Violence
SRH	–	Sexual and Reproductive Health
SRHR	–	Sexual and Reproductive Health and Rights
STIs	–	Sexually Transmitted Infections
SWD	–	Social Welfare Department
T3	–	Test, Treat and Track
TGL	–	Tullow Ghana Limited
UAHCC	–	Universal Access to Health Care Campaign
UHC	-	Universal Health Coverage
UNFPA	-	United Nations Population Fund
VEREF	–	Volta Educational Renaissance Foundation
WHO	–	World Health Organization
WNCAW	–	Women, New-born, Child, and Adolescent Well-being
WOMEC	–	Women, Media and Change
ZNGOs	–	Zonal Non- Governmental Organizations

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EXECUTIVE SUMMARY

2021 was a critical year for most people and countries as recovery from COVID-19 was underway. Yet, ARHR continued to implement activities within its thematic work areas. ARHR's work in 2021 included advocacy for increased health financing; proper health governance, adequate health service delivery; education on sexual and reproductive health and rights; and strengthening partnerships with other civil society organizations.

With the support of our partners and members of the Alliance, several strides were made which, among others, included:

- A consensus building with CSOs to continue to demand increased citizens' access to quality health services from duty bearers like the Parliamentary Select Committees on Health and Finance, Ministry of Health, Ministry of Finance and Ghana Health Service, both as individual organizations and as a collective group;
- Submission of a communique to the government of Ghana on key issues identified from a six-year health budget trend analysis. The communique stated among other things, that government must place a cap on financing for the expenditure category of compensations to ensure an increase in the budgetary allocations for the categories of Goods and Services and Capital Expenditure;
- The development of action plans by stakeholders to address the gaps identified in a 3rd round of scorecard assessment on the readiness of health facilities to provide malaria services as well as clients' perspectives on malaria care;
- Increased Media Engagements and Capacity Strengthening to adequately report on PHC gaps and issues;
- Provision of SRH education and information to sixty thousand, two hundred and sixteen (60,216) adolescents and linking them to SRH services through peer networks as part of the RHESY programme;
- Provision of thirteen thousand four hundred and forty-six (13,446) adolescents with SRH education and information through the AHEP programme;
- Forging new partnerships with two (2) community-based organizations, one in Jirapa, Upper West Region called Harnessing Youthful Talents for Rural Development (HAYTAFORD); and the other in Accra, Greater Accra Region, called City of God.

These achievements were made possible through the constant support of our donors, partners and members of the Alliance of which we are most grateful. Special appreciation also goes to the team at the Alliance Secretariat who support this health agenda by ensuring that programmes or initiatives are properly aligned and harmonized toward the ultimate goal of achieving Universal Health Coverage.

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, newborn, child, and adolescent health (RMNCAH). We work to ensure that the 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 more credible platform through which their voices can be heard.

Together with other RMNCAH stakeholders, ARHR works to demand 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 or partners. 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 the 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 the government accountable for responsive and equitable health care delivery and system.

1.2 Our Vision

Our vision is a society in which the sexual and reproductive health and 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, religion, ethnicity, or socio-economic status.

1.3 Our Core Values

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

THEMATIC AREAS

ARHR continues to work to contribute to the attainment of SDG 3: 'Ensure healthy lives and promote well-being for all at all ages'; SDG 4: 'Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all'; SDG 5: 'Achieve gender equality and empower all women and girls'; and SDG 10: 'Reduce inequality within and among countries'.

In the period under review, advocacy for improved Primary Health Care (PHC) and strengthened health systems towards Universal Health Coverage (UHC) continued. With our focus on health systems strengthening, a shift has been made from the vertical approach to health interventions to a more holistic one.

Our work in 2021 included advocacy for increased health financing; proper health governance, adequate health service delivery, education on sexual and reproductive health and rights and strengthening partnerships with other civil society organizations.

ADVOCACY FOR INCREASED HEALTH FINANCING

Continuous advocacy for increased health financing to address gaps in infrastructure, human resources, goods and services was made for improved Primary Health Care. Advocacy was also made to draw the attention of the Ghana government to the need to have a fully tax-funded Essential Health Services Package (EHSP) for all Ghanaians.

Areas of Focus

a. Disseminating Results of the PHC Vital Signs

At the national level, members of the PHC CSO Advocacy Coalition were engaged to create awareness and enhance their knowledge of Ghana's performance on the 2021 vital signs profile. A review of the new digital report from the PHCPI titled "If Health Systems Could Talk: Illuminating the Vital Signs of Strong Primary Health Care' was shared with members. Ghana's results across the pillars of PHC Financing, Capacity, Performance and Equity were highlighted during the meeting and participants expressed dissatisfaction with the low source of government's spending on PHC which was pegged at 32%. Members wondered whether the government was keen on achieving its UHC goal given that its policies such as the UHC roadmap were not aligned with the current funding architecture.

b. Six-Year Trend Analysis of Ghana's Health Sector Budget

A six-year (2017-2022) trend analysis of the health sector's component of the budget and economic policy of Ghana was done. It revealed that throughout the period under review, financing or funding for the health sector was still below the 15% commitment the government of Ghana had pledged under the Abuja Declaration. Suffice it to say, Ghana's funding for the sector ranged between 6-8% of the national budget. The trend analysis also revealed that the government of Ghana's funding for compensation (wages and salaries) category of the budget continued in the trend of steady increments over the six years. The compensations category of the budget was significantly more than the other budget categories (Goods and Services and Capital Expenditure). Throughout the six years under review, the total GoG allocations to the compensations category increased on average by 24% between 2018 to 2022 with the highest increment of 31% occurring in 2019 and the lowest of 17% recorded in 2022. To galvanize civil society actions for continuous engagement of duty bearers to ensure an increase in government funding for the health sector, ARHR engaged civil society organizations and the media to highlight key gaps identified from the analysis. The discussions centred on the need for government to fulfil its Abuja Declaration and increase funding for the categories of Goods and Services and Capital expenditure as both remained underfunded with serious implications for PHC.

c. Monthly Media Publications (Articles, Data Presentation on PHC)/Appearances

During the period under review, ARHR participated in several media discussions on radio and TV; and did a lot of publications in the print and digital media. Publications centred on the budget analysis and called on state actors to address the concerns raised by members of the Ghana PHC Advocacy Campaign Coalition towards increasing health financing.

Progress

a. ***Disseminating Results of the PHC Vital Signs***

Participants came to a consensus to use the results of the PHC vital signs to engage state actors to demand increased funding for PHC. There was an agreement to further engage with key duty bearers such as the Parliamentary Select Committees on Health and Finance, Ministry of Health and Ghana Health Service, both as individual organizations and as a collective group. Participants opined that it was the best way of ensuring that government stops paying lip service to demands for improvement and increased funding to Ghana's PHC sector.

b. ***Six-Year Trend Analysis of Ghana's Health Sector Budget***

i. A communique was put together by the PHC Advocacy Coalition on the key issues from the analysis and submitted to the government. The communique stated among other things, that government must place a cap on financing for the expenditure category of compensations to ensure an increase in the budgetary allocations for the categories of Goods and Services and Capital Expenditure.

ii. A policy brief and three fact sheets were developed highlighting key components of the six-year trend analysis. Copies of these were shared with CSOs and other key state actors during successful engagement meetings.

c. ***Monthly Media Publications (Articles, Data Presentation on PHC)/Appearances.***

Some of the publications in the print/electronic media spaces were:

- https://www.theghanareport.com/increase-tax-oil-revenue-allocations-to-improve-primary-health-care/
- https://www.ghanaweb.com/GhanaHomePage/NewsArchive/ARHR-calls-for-increased-tax-allocations-to-improve-health-capital-expenditure-1298734
- https://www.graphic.com.gh/business/business-news/csos-urged-to-monitor-health-budget-for-equity.html
- https://africatopforum.com/fulfil-promise-of-free-covid-19-treatment/
- https://www.ghanaweb.com/GhanaHomePage/features/Time-to-increase-tax-and-oil-revenue-allocations-to-health-sector-to-improve-primary-health-care-1295743

ADVOCACY FOR PROPER HEALTH GOVERNANCE

The need to ensure proper health systems governance cannot be overlooked. Our advocacy efforts included increasing citizens' participation in national engagement for improved accountability and transparency in health systems governance.

Areas of Focus

a. ***Media Forum on Primary Health Care and Health Systems Improvement Advocacy in Ghana***

The imperative role and active collaboration of the media in pushing the PHC advocacy agenda in Ghana by bringing the issues to bear for citizens to know and understand necessitated the organization of a media forum with some major media partners. These media partners were provided with an in-depth briefing on the current state of PHC delivery and advocacy in Ghana and the outstanding work needed to be done to ensure the attainment of PHC. The information shared with participants was to urge them to continuously and consistently advocate for improved PHC through their media platforms.

b. ***Twitter Chat on the Need for Increased Primary Health Care and Health Systems Improvement Advocacy***

Following the media forum, a Twitter chat was organized to give the wider media and public community on Twitter an understanding of the issues related to PHC advocacy in Ghana. The need to join the advocacy for an improved and better PHC system was reiterated throughout the chat. Partners on Twitter and the entire Twitter community were encouraged to use their platforms to push for improved PHC systems.

Progress

a. ***Media Forum on Primary Health Care and Health Systems Improvement Advocacy in Ghana***

Participants resolved to join ARHR's advocacy on improved PHC and health systems strengthening by sharing stories, press releases, articles and reports on PHC from ARHR. Publications on PHC and Health Systems improvement have been amplified by the media over the period.

b. ***Twitter Chat on the Need for Increased Primary Health Care and Health Systems Improvement Advocacy***

Aspects of the chat had over 1,500 impressions on Twitter.

ADVOCACY FOR ADEQUATE HEALTH SERVICE DELIVERY

Advocacy was made for the improvement of access to equitable and quality healthcare services for all. Without coordinated and pragmatic efforts to ensure that health care was available and easy to reach for all, the attainment of UHC will not be possible.

Areas of Focus

a. ***Highlights of Vital Signs Report on Service Delivery***

Members of the PHC CSO Advocacy Coalition in Ghana were engaged in a meeting using the PHCPI's vital signs report. The report showed that service delivery was rated low and scored a colour code of red with a 55% coverage index. Worrying were the issues around access to health care due to the high cost of seeking health care; which became a barrier to accessibility.

b. ***Engagement with the Private Sector***

The participation of private organizations in the fight against poor health service delivery enhances the relationship between these organizations and community members as well as complements national efforts. As such, a meeting with some private organizations in the Western and Western North Regions was held. The meeting shared with these organizations the various interventions and roles they could play to reduce malaria morbidity in the regions as part of their corporate social responsibility by helping to improve health service delivery in these regions. Participants at the meeting included representatives from Tullow Ghana Limited, Ghana Gas Company, Ghana Rubber Estate Limited and Norpalm Ghana Limited.

c. ***3rd Round of Scorecard Assessments in Western and Western North Regions***

As part of efforts to generate evidence and use same for advocacy for improved malaria care, control and prevention outcomes, a 3rd round of scorecard assessment on the readiness of health facilities to provide malaria services as well as client's perspectives on malaria care was done in some selected facilities in the Western and Western North Regions. The assessment was done to measure the level of improvement in malaria care and management in the health facilities after the 1st and 2nd rounds of assessment. Eleven (11) CHPs compounds namely Kwawkrom CHPS; Antobia CHPS; Puakrom CHPS; Apewosika CHPS; Abroakofe CHPS; Ayiem CHPS; Kwafukaa CHPS; Dadwen CHPS; Kegyina CHPS; Ewuku CHPS and Dominase CHPS were assessed. Seven (7) health centres namely Suiano Health Centre; Adum Banso Clinic; Mpohor Health Centre; Bodi Health Centre; Boinzam Anglican Clinic; Mamudukrom Clinic and Bopp Health Centre were assessed. Two (2) hospitals namely Axim Government Hospital and Juaboso Government Hospital were assessed.

d. ***Dissemination of Results of 3rd Round of Scorecard Assessments***

Results of the 3rd round of scorecard assessments were shared with key stakeholders in the Western and Western North Regions which included district directors of health, facility heads, municipal assembly representatives. traditional and religious leaders, community

members and the media.

e. ***Media Capacity Strengthening and Engagement***

ARHR and Women, Media and Change (WOMEC) brought together journalists in the five (5) West African countries implementing the WNCAW programme for capacity-building workshops on research evidence packaging and dissemination. The workshops included gender-sensitive media reporting and dissemination of information to engage policymakers and hold them to account over time by discussing and using information for policy development and implementation.

f. ***Dissemination of the Ghana Frontline Health Service Assessments Report***

By upholding its advocacy efforts for an improved PHC system in Ghana, ARHR partnered with WHO to support the dissemination of the Ghana Frontline Health Service Assessments report. Collaborating with the Ghana Health Service, ARHR organized several activities which included dissemination meetings involving state and non-state actors working at both national and sub-national levels. The dissemination meetings highlighted gaps which included disparities between urban and rural healthcare. Also highlighted was the inadequacy of diagnostic tools for providing essential healthcare services and the management of COVID-19. Concerns and questions were raised around the increasing and alarming rate of infections among health providers.

Progress

a. ***Highlights of Vital Signs Report on Service Delivery***

A consensus was made to continue to demand increased citizens' access to quality health services using the PHCPI Vital Signs Report.

b. ***Engagement with the Private Sector***

The meeting revealed that most of these private organizations were already implementing activities in the Western and Western North Regions to help the fight against malaria and improve health service delivery. Commitments were however made by these private organizations to intensify the implementation of ongoing malaria interventions in those regions. Also, commitments were made by the private organizations to deepen collaborations with the District Health Administration and District Assemblies in the project catchment areas to fight malaria.

c. ***3rd Round of Scorecard Assessments in Western and Western North Regions***

Highlights of the scorecard results indicated that the overall performance from the clients' scorecard assessment showed improvements in the 3rd round of assessment compared to the 1st round of assessment for all 11 CHPs compounds. None of the 11 CHPS compounds met the 80.0% target during the 1st round of assessment, however, 10 of the 11 CHPs compounds met the target in the 3rd round of assessment. For facility accessibility, all 11 CHPS

compounds saw an increase in performance from the 1st round to the 3rd round. 10 of the 11 CHPs compound also saw an increase in performance for access to drug and information and provider-client interactions from the 1st round to the 3rd round.

The overall performance from the clients' scorecard assessment showed improvements in the 3rd round compared to the 1st round for all 7 health centres although Bopp and Mpohor health centre had higher performance scores during the 2nd round of assessment compared to the 3rd round. Except for Adum Banso Clinic and Mpohor health centre, the rest of the five health centres saw an improvement in the performance for facility accessibility from the 1st round ratings to that of the 3rd round. All 7 health centres saw an increase in performance when it comes to access to information and drugs among clients during the 3rd round compared to the 1st round. 6 of the 7 health centres also saw an increase in performance ratings in terms of provider-client ratings when the 3rd round was compared to the 1st round with Mpohor maintaining its status.

Performance from the facility scores card assessment showed dips in performance at the 3rd round of assessment as compared to the 1st round of assessment for the two hospitals.The Axim government hospital met the 80.0% target for all three rounds of assessment whilst the Juaboso government hospital failed to meet the target for all three rounds. For information accessibility, both hospitals saw an increase in performance from the 1st round to the 3rd round. For staffing and supervision, both hospitals saw a decrease in performance from the 1st round to the 3rd round.

The Axim government hospital saw a dip in performance for infrastructure and availability of equipment whilst maintaining its performance for water, sanitation and hygiene and availability of essential drugs for the 3rd round of assessment compared to the 1st round. The Juaboso government hospital increased its performance for infrastructure, whilst maintaining the performance for water, sanitation and hygiene and availability of essential equipment from the 1st round to the 3rd round. However, the 3rd round of assessment showed a decrease in the availability of essential drugs at the Juaboso government hospitals from the 1st round of assessment.

d. ***Dissemination of Results of 3rd Round of Scorecard Assessments***

A key product of the dissemination meetings was the development of action plans by the stakeholders to address the gaps that fell within their purview. The gaps that fell outside the remit of their operations such as human resource and drug availability were discussed and proposed solutions proffered. These proposed solutions were used during a national-level stakeholder meeting to engage national-level policymakers.

e. Media Capacity Strengthening and Engagement

Over 30 local and national journalists were trained to better appreciate gaps in health systems regarding women, newborns, children, and adolescents' well-being, and to demand accountability from state actors. An outcome of the training was the establishment of a network of journalists in the West African sub-region who have contributed to creating awareness about health system gaps with regards to SRH and demanded redress of these gaps.

f. ***Dissemination of the Ghana Frontline Health Service Assessments Report***

Three (3) dissemination meetings for state actors at the national and sub-national levels were held and one hundred and sixty-two (162) state actors and twenty (20) non-state actors were successfully engaged. Platforms were provided for citizens to participate in the decision-making processes at both national and sub-national levels while demanding accountability in health service delivery through the usage of traditional and social media platforms. Recommendations from the engagements included a need for a proper disaggregation of data to enable effective decision-making at the sub-national level to address gaps identified.

EDUCATION ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Improving adolescents' access to adolescent-friendly sexual and reproductive health (SRH) information and services requires that adolescents are empowered with information to expect more, demand more and exercise their agency on SRH. In the year under review, we continued to implement programmes to address gaps in adolescents' access to SRH information and services by empowering adolescents to receive accurate and timely SRH education and linking them to SRH services. The programmes include the Reproductive Health Education and Services for Young People (RHESY) project, being funded by UNFPA Ghana; Women, Newborn, Children and Adolescents Wellbeing (WNCAW) Project, being funded by IDRC and Adolescent Health Empowerment (AHEP) Project, funded by the French Embassy.

Areas of Focus

a. ***Organization of Orientation Meetings for Stakeholders***

Orientation meetings in all project communities were held with key stakeholders such as traditional leaders, religious leaders, opinion leaders, health providers, parents, district assembly members, staff from the Education Service, staff from the Social Welfare department, state actors, adolescents and the media in our various project communities. The meetings were used as a platform to introduce our programmes on SRH to community members and to rally their support for the implementation of activities under the programmes. Also, research findings were disseminated to these stakeholders about the WNCAW project.

b. ***Capacity Building Workshops for Community-Based Organizations and Community facilitators***

The capacities of our community-based partner organizations and community facilitators were built in a series of workshops in the period under review. The workshops discussed the plan of work for the year; tracked the progress of implementation of activities against project targets in the previous year; addressed challenges that affected the implementation of activities; and reviewed data collection processes as well as educational materials for adolescent outreach activities. The workshops also served as an opportunity for our community-based partners and facilitators to interact with each other as part of efforts to strengthen cross-learning among districts and strengthen relationships between health and community stakeholders involved in the implementation process.

c. ***Capacity Building Workshops for Adolescents Health Champions***

Adopting the participatory learning approaches like brainstorming, role plays, dance and games, the capacities of Adolescent Health Champions were built on issues related to SRH, STIs (including HIV/AIDS), negotiation skills, assertiveness, sexual and gender-based violence (SGBV), personal hygiene, etc. These workshops refreshed the memories of Adolescent Health Champions and gave them information on current trends and issues

relating to SRH, especially on how to avoid SGBV and speak up for themselves and others. An outcome of these capacity-building workshops was to enable the Champions to educate their peers at the community level by empowering them.

d. ***Organization of Peer Network Meetings at the Community Level***

The peer network meetings served as safe spaces for adolescents, especially girls, to engage with each other and interact on issues affecting their SRH while providing them with access to SRH services. As part of the peer network meetings, adolescents in the project communities were educated by the Adolescent Health Champions on the prevention of teenage pregnancy, menstrual hygiene, prevention of SGBV and STIs including HIV and AIDS, family planning, unsafe abortion, assertiveness, negotiation skills and achieving life goals.

e. ***Organization of Workshop to Develop IEC materials***

To test the level of understanding of the issues and concept of SRHR, adolescent girls who serve as Champions for the AHEP project were guided to develop IEC materials based on their perspectives of what SRHR entailed.

f. ***SRH Services and Family Planning (FP) Demand Creation Activities***

Drama, health fairs and an inter-district educational field trip were activities organized in the programme areas to create demand for SRH information and education as well as services. These activities centred on various themes including teenage pregnancy, the need for regular parent-child communication, stigma, discrimination, drug abuse, values, peer influence, contraceptive use, SGBV, child abuse, etc. These activities empowered adolescents to exercise their agency and raised awareness of the need to address misconceptions about family planning and contraceptive use among adolescents.

Progress

a. ***Organization of Orientation Meetings for Stakeholders***

Four (4) major stakeholders' meetings were held in all project communities and sixty-nine (69) stakeholders participated. A key outcome of these meetings was the pledge by stakeholders to support the implementation of the programmes in their communities. Out of that pledge came the formation of Parent Champions (PCs) for the RHESY project, which saw ninety-one (91) parents being trained to champion the RHESY project in their communities. A major outcome of the work of the trained PCs was an increased change in the attitude of parents in the project communities towards SRH education for adolescents. Parents or guardians who had been engaged by PCs stated that before being engaged, they found it difficult to engage in friendly conversations with adolescents on SRH issues.

b. ***Capacity Building Workshops for Community-Based Organizations and Community facilitators***

Three (3) workshops were organized to strengthen the capacity of community-based partner organizations and community facilitators under the WNCAW and RHESY programmes. In all, one hundred and twenty-two (122) community-based organization partners and community facilitators were engaged during these workshops.

c. ***Capacity Building Workshops for Adolescents Health Champions***

Three (3) capacity-building workshops were organized across the programme areas. A total of two hundred and fifteen (215) Adolescent Health Champions participated in these workshops; twenty (20) Champions from the AHEP programme and one hundred and ninety-five (195) Champions from the RHESY programme.

d. ***Organization of Peer Network Meetings at the Community Level***

Over one hundred and fifty (150) peer network meetings were organized across the programme areas. Thirty-six thousand, eight hundred and thirty-one (36,831) adolescents were reached with information on SRH and linked to SRH services during these peer network meetings; Twenty-three thousand, three hundred and eighty-five (23,385) adolescents were reached through the RHESY programme and thirteen thousand four hundred and forty-six (13,446) adolescents reached through the AHEP programme.

e. ***Organization of Workshop to Develop IEC materials***

These materials aided them in their peer-to-peer education on SRHR in the communities.

f. ***SRH Services and Family Planning (FP) Demand Creation Activities***

Eight (8) drama activities, six (6) health fairs and one (1) inter-district educational trip were organized to create demand for SRH education and family planning services. Through these activities, one thousand, two hundred and thirty-nine (1,239) adolescents were reached with information and education on SRH and provided with SRH and FP services.

OTHER ACTIVITIES FOR ORGANIZATIONAL DEVELOPMENT

3.1. ***Strengthening Partnerships with other CSOs and Key Stakeholders***

ARHR has strengthened partnerships with key stakeholders at national, district and community levels. We have had engagements with key stakeholders in our programme areas like the Family Health Division of the Ghana Health Service, heads of selected health facilities, Social Welfare departments, opinion leaders, traditional leaders, religious leaders, parents, etc. The commitment of these stakeholders was evident in their active participation in programme implementation. These partnerships have been critical to the successful implementation of programmes.

ARHR continued to work with its CBO partners. In the year under review, we worked with the Rights and Responsibilities Initiative, Ghana (RRIG); Volta Educational Renaissance Foundation (VEREF); Progressive Youth Organization (PEYORG); Centre for Community Studies, Action and Development (CENCOSAD); Women, Media and Change (WOMEC); SEND Sierra Leone; Action and Development, Senegal; and AISP (Public Health Association of Cote d'Ivoire).

3.2 ***New Partnerships***

New partnerships were forged with two (2) community-based organizations, one in Jirapa, Upper West Region called Harnessing Youthful Talents for Rural Development (HAYTAFORD); and the other in Accra, Greater Accra Region, called City of God. The partnerships were to pave the way for the commencement of the RHESY and AHEP projects in Jirapa and Accra respectively.

3.3 ***Organization of General Meeting***

A General Meeting was held virtually in the period under review. Participants included members of the Alliance, Advisory Board Members and staff at the Secretariat.

Progress

28 partners/ members of the Alliance participated in the General Meeting. Five (5) partners from the Northern Zone; seven (7) partners from the Southern Zone; six (6) from the Middle Zone; four (4) Advisory Board Members; and six (6) Staff members. Key issues discussed included changes in the operations of the organization and membership trends of the Alliance, among others.

3.4 ***ARHR's Strategic Plan for Next Year***

ARHR's strategic focus will remain advocacy for Universal Health Coverage (UHC) – ensuring that no one is left behind in Ghana's quest for UHC. ARHR will continue to advocate for a clearly defined package of essential health services available to all persons living in Ghana, at the first point of contact with the healthcare environment – which is at the primary level of care.

Progress

Advocacy will be done for strengthened health systems and financing to achieve the goals of Adolescent Sexual and Reproductive Health Rights (ASRHR); Reproductive, Maternal, Newborn and Child Health (RMNCH); and Primary Health Care (PHC), Gender Equality, especially in terms of essential health services.

3.5 ***Quarterly monitoring activities***

Monitoring visits were undertaken to all project sites to assess progress with implementation and provide technical assistance to our CBO partners supporting the implementation of programmes. It included both field visitations and interactions with beneficiaries of our programmes and some stakeholders. A desk review of data shared with ARHR was undertaken and gaps identified were rectified.

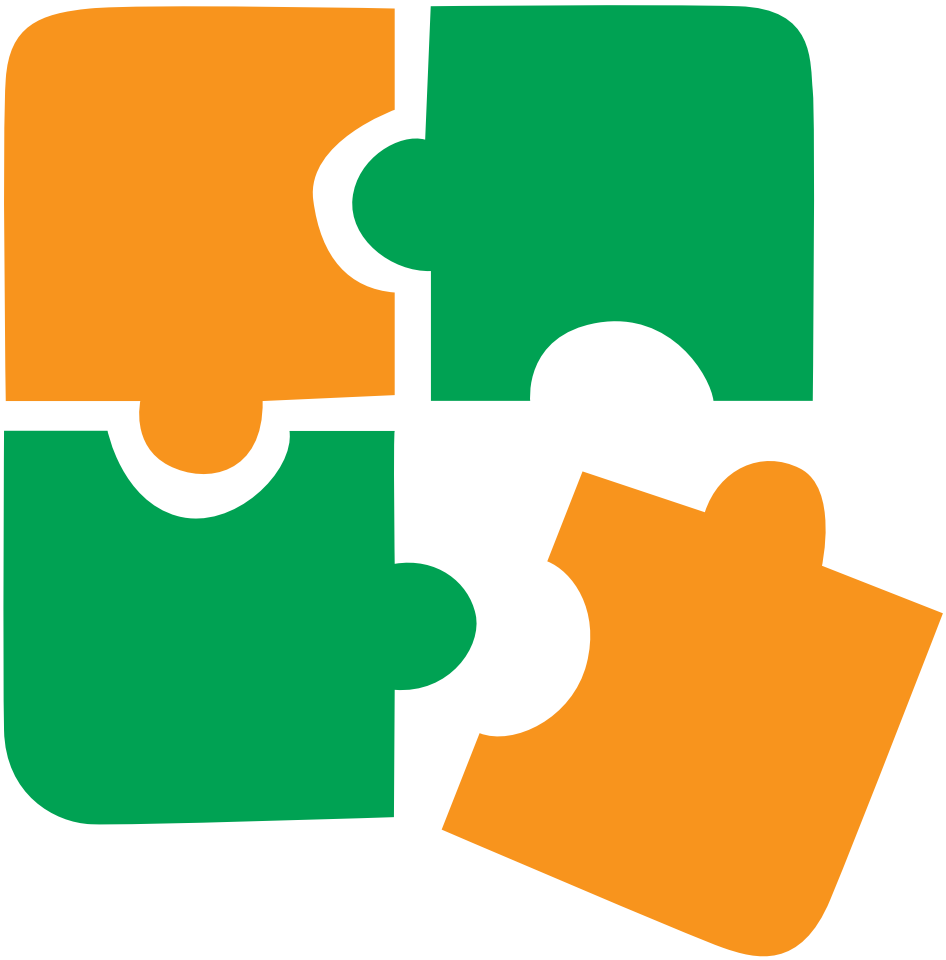
CHALLENGES/ CONSTRAINTS

a. COVID-19 and its attendant restrictions to public gatherings and movement generally disrupted the implementation of project activities.

b. In some programme districts, parents continued to discourage their wards from participating in peer network meetings due to fear following an increase in the number of COVID-19 cases.

c. We were over-ambitious in what could be done with the budgets available and seriously under-budgeted for some programmes.

d. There was an increasing trend of community members particularly the youth, demanding monetary incentives before participating in project activities. This could be attributed to the gradual loss of volunteerism in Ghana arising from the economic hardships most youth experience.



LESSONS LEARNT

a. One strategy used to mitigate the challenge of parental apprehension about their wards contracting the Coronavirus was the use of community radio in some districts to send out information to adolescents in communities within those districts.

b.It was noted that there is a need to develop simple and user-friendly educational materials which out-of-school adolescents or beneficiaries can read and easily access information on their sexual and reproductive health and rights.

c. There is the need to incorporate entrepreneurship training to enhance the capacities of out-of-school adolescents as well as women without any means of livelihood to be economically empowered and independent.

d. Community members must continue to work with the health workforce to positively influence the political agenda and effect the desired changes towards an improved health care system.

e. Multi-professional multi-stakeholder networks involving Public Sector, CSO and Media yield positive engagements within countries and between countries.

CONCLUSION

We are grateful to have achieved programme implementation success despite some challenges. Learns have been documented to guide future programming, planning and implementation. We are most grateful to our donors:

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5. French Embassy

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