



Alliance for
Reproductive
Health Rights

2024 ANNUAL REPORT

Driving Health Care Transformation
Through Systems Change

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ACRONYMS & ABBREVIATIONS

ADoWA	-	Adolescent West Africa
ARHR	-	Alliance for Reproductive Health Rights
CSO	-	Civil Society Organization
CBOs	-	Community-Based Organizations
ECOWAS	-	Economic Community of West African States
FP	-	Family Planning
GBV	-	Gender-Based Violence
GMF	-	Gender Model Family
GHS	-	Ghana Health Service
IDRC	-	International Development Research Center
MDG 5	-	Millennium Development Goal 5
MoH	-	Ministry of Health
NHIA	-	National Health Insurance Authority
NoP	-	Network of Practice
NGOs	-	Non-governmental Organizations
PHC	-	Primary Health Care
RMNCAH	-	Reproductive, Maternal, Newborn, Child, and Adolescent Health
SRH	-	Sexual and Reproductive Health
SRHR	-	Sexual and Reproductive Health and Rights
SHEP	-	School Health Education Programme
ToC	-	Theory of Change
UHC	-	Universal Health Coverage
WAHO	-	West African Health Organization





MESSAGE FROM THE EXECUTIVE DIRECTOR

Reflecting on 2024, I am proud to share the remarkable progress the Alliance for Reproductive Health Rights (ARHR) has made in advancing our mission to build a more equitable, inclusive, and gender-responsive primary healthcare (PHC) system in Ghana. This past year has reaffirmed our belief that resilient health systems are not only built through policies and resources, but through unwavering advocacy, empowered communities, and strong partnerships that center the rights and needs of women and girls.

Improving health outcomes—especially for marginalized groups—requires more than service delivery; it demands a commitment to social justice and accountability. ARHR has helped shape national conversations around health financing, access, and equity through strategic advocacy and evidence-based engagement with policymakers. Work has been done collaboratively with local communities to amplify their voices, hold institutions accountable, and ensure every woman and girl can access high-quality, responsive care.

Guided by our Theory of Change, efforts are focused on three critical pillars: improving access to essential health services, strengthening community participation in health governance, and reinforcing accountability mechanisms at every level of the health system. These pillars continue to shape our vision of a transformed healthcare landscape – one where communities are not passive recipients of care, but active participants in shaping and sustaining it.

Investments were made in the leadership and agency of women and girls, equipping them with the tools and platforms to advocate for their health rights and participate meaningfully in health decision-making processes. Through community dialogues, training programs, and participatory monitoring tools, ARHR helped foster a culture of transparency, responsiveness, and shared responsibility in health service delivery.



Moving forward, ARHR's commitment remains steadfast. Engagement with stakeholders across sectors will be deepened, gender-responsive health financing will be advocated for, and policies that leave no one behind will be supported. The road to health equity is not without challenges, but with collective action and continued resilience, lasting transformation will be within reach.

I'm deeply grateful to our donors, Alliance members, partners, communities, and staff for making this work possible. Together, we will build a future where health systems work for everyone, especially those left behind for too long.

With solidarity and hope,

Vicky T. Okine





WHO WE ARE & WHAT WE ARE HERE FOR

ARHR has, through rights-based and gender-responsive approaches, advocated for improving Ghana's reproductive, maternal, newborn, child, and adolescent health (RMNCAH) outcomes for over two decades. Initially focused on RMNCAH advocacy, ARHR's mission expanded in response to Ghana's challenges in achieving Millennium Development Goal 5 (MDG 5). It has transitioned from a national civil society organization (CSO) advocating for responsive RMNCAH to a leading advocate for health systems strengthening and financing within a robust gender-responsive primary health care (PHC) system in West Africa.

ARHR has adopted a Systems Change Approach, aligning with the Sustainable Development Goal (SDG) 3 target of Universal Health Coverage (UHC). ARHR recognizes Primary Health Care (PHC) as a strategic entry point to strengthen health systems,

improve RMNCAH outcomes, and ensure equitable access to healthcare, especially for women and girls. Using the Systems Change Approach, ARHR advocates for resilient, gender-responsive, and equitably financed health systems to protect and promote women and girls' reproductive, maternal, newborn, child, and adolescent health (RMNCAH) and rights. Through policy influence, community engagement, and accountability mechanisms, ARHR aims to enhance health service delivery, empower women and girls to participate in health governance, and support a well-trained, gender-sensitive health workforce. Efforts are focused on closing equity gaps, ensuring quality care, and promoting systems that are inclusive, transparent, and responsive to the needs of underserved communities.

The organization's strength lies in navigating the global, regional, and national health ecosystem.



ARHR builds partnerships with public, private, and civil society actors to mobilize resources, share knowledge, and drive accountability for health service delivery. The organization's expertise in gender and health policy analysis, advocacy, and evidence generation positions it as a key player in health systems strengthening.

Our Presence

ARHR comprises over 25 active Ghanaian Non-governmental Organizations (NGOs), Community-Based Organizations (CBOs), and partners across Ghana's 16 Regions. Through unique and strategic partnerships, ARHR has a presence in other African countries, including Senegal, Sierra Leone, Côte d'Ivoire, Burkina Faso, and Niger.

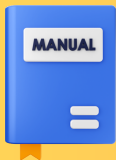


THE YEAR IN NUMBERS



One Baseline Survey to assess the health-seeking behaviours of women and girls. Findings used to refine outcome indicator values and targets for our Systems Change Initiative

900 Gender Model Families established to increase women and girls' voice, power, and agency in health care decision-making, utilizing essential health services, and feedback mechanisms, and enhancing community engagement.



One training manual developed for community education under our Systems Change Initiative

One draft framework for gender-sensitive and intersectional policy analysis



Facilitation of **twelve** validation and co-creation meetings with adolescents (both in and out of school)

Two evidence-based research and policy briefs



Five key research papers exploring critical issues related to adolescent sexual and reproductive health and rights (SRHR) and mental health developed for publication in research journals

THE YEAR IN NUMBERS



Publication of four blogs to advocate for gender-responsive and transformative healthcare for adolescents and to highlight the need for increased access to adolescent mental health services

Two video documentaries that captured country-specific contexts and key adolescent health issues



Release of Monthly Newsletters

ARHR crafted sixteen key advocacy messages on 16 Days of Activism



Twenty-seven (27) blogs, 14 news items, four perspectives, and one major success story were published on the website

Produced two (2) videos on women's experiences with contraception utilization



Two (2) Press releases: one on clearing Family Planning Commodities Stuck at Tema Port and the other urging Ghanaians to vote for a candidate who will prioritize PHC during the general elections



INTRODUCTION

In 2024, the Alliance for Reproductive Health Rights (ARHR) made significant strides in advancing Ghana's primary health care system to be gender-responsive and transformative. With an unwavering commitment to equity and inclusion, ARHR focused on shaping a health system prioritizing women, girls, and other marginalized populations' unique needs. Through strategic advocacy, capacity-building, and evidence-based policy engagement, ARHR worked to ensure that quality PHC services are accessible, equitable, respectful, and responsive to the diverse realities of underserved communities.

ARHR's interventions are rooted in a comprehensive understanding that health is not merely a clinical issue but a social justice imperative. The organization actively collaborated with civil society, government institutions, community leaders, and development partners to address systemic healthcare inequities, access, and delivery. These partnerships were instrumental in amplifying community voices, influencing national health priorities, and mobilizing resources to strengthen the PHC system. ARHR championed policies and practices that bridge the gap between health commitments and on-the-ground realities, particularly for adolescent girls and women in underserved areas.

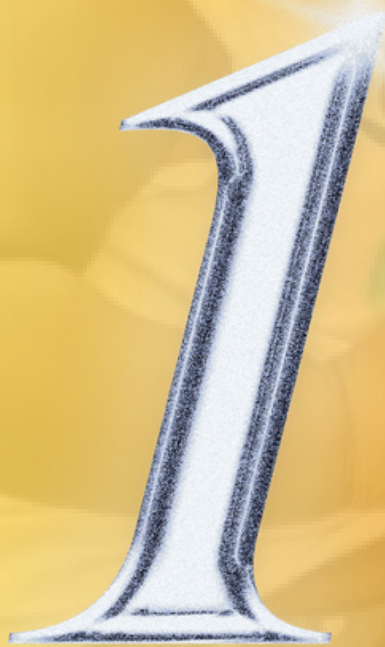
At the core of ARHR’s work is its Theory of Change (ToC), which underpins programme design, implementation, and evaluation. The ToC outlines a strategic pathway to change by focusing on three interconnected pillars: access, participation, and accountability. ARHR promotes an inclusive, rights-based, and people-centered health system by promoting equitable access to essential health services; fostering meaningful community participation in health governance; and demanding accountability from duty-bearers.

ARHR recognizes that transformative health outcomes require stronger infrastructure, financing, and empowered citizens. As such, the organization invested in building the capacity of women, girls, and community-based organizations to advocate for their health rights. Activities such as community education, surveys, community scorecards, and participatory dialogue and forums have enabled communities to hold service providers accountable and drive improvements in health service delivery. These efforts have contributed to greater transparency, responsiveness, and trust between health providers and communities.

ARHR remains committed to its vision of a resilient, gender-equitable, and responsive PHC system. By continuing to center and amplify the voices of women and girls, foster cross-sectoral collaboration, and advocate for inclusive health financing and policies, ARHR aims to catalyze lasting change in Ghana’s health landscape, ensuring that no one is left behind in pursuing health and well-being.



PROJECT HIGHLIGHTS



Gender-Responsive Primary Health Care (PHC) System for Ghana

This initiative, funded by Co Impact, seeks to transform Ghana’s PHC system into a gender-sensitive, inclusive, and truly equitable one. In response to the persistent barriers faced by more than half of Ghanaian women in accessing quality healthcare, ranging from socio-cultural norms and financial constraints to limited availability of services, the initiative employs a Systems Change Approach to drive comprehensive reform.

This initiative is underpinned by a Theory of Change (ToC). It offers a structured, outcome-driven roadmap for advancing a gender-responsive and transformative primary healthcare (PHC) system. It strongly focuses on improving access, participation, and accountability, particularly for women and girls.

At the people level, the ToC aims to significantly boost awareness and use of PHC services, improve client experiences, increase engagement with feedback mechanisms, and strengthen women's participation in health decision-making through approaches like the Gender Model Family (GMF). At the systems level, the ToC promotes the integration of gender equity in health leadership, institutionalized feedback mechanisms, intersectional gender frameworks in policy planning, and enhanced accountability among healthcare providers.

These efforts are intended to catalyze lasting, systemic change that supports national and global gender equity goals. The initiative contributes meaningfully to Ghana's health sector priorities by centering the needs of underserved and marginalized populations. It aligns with key national policy frameworks like the Ghana Health Service's Network of Practice (NoP).

Progress at the Organizational, People, and Systems Levels

Organizational-level progress

A draft systems change vision and strategy for primary healthcare (PHC) in Ghana was developed to serve as a strategic blueprint for driving transformative change to improve health outcomes for women and girls. This draft was presented for review by key stakeholders and technical experts in the health sector. Their feedback and insights were instrumental in refining the strategy to ensure it effectively catalyzes the systemic transformation needed to advance gender-responsive and equitable PHC in Ghana.

People-level progress

- **Conducting a Baseline Survey**
Baseline levels for people and system outcomes were successfully established. Outcome indicator values and targets have been refined based on actual data rather than assumptions. Baseline data indicates that 47.3% of women and girls utilize Primary Health Care (PHC) services,

47.7% engage with feedback and accountability mechanisms to claim their rights, and only 16.8% have decision-making power in PHC.

- **Establishment of GMFs**

Nine hundred (900) GMFs have been established to increase women and voice, power, and agency in health care decision-making; utilization of essential health services, and feedback mechanisms; and enhance community engagement. The GMF is a useful strategy to understand how power is negotiated and changed at the individual, household, and institutional levels, and the mechanisms needed to shift gender norms to positively impact health-related decision-making and access to essential health services for women and girls.

System-level progress

- **Initiation of Advocacy Processes**

Advocacy processes have been initiated to integrate intersectional gender into pre- and in-service training curricula of health training institutions. This will enable health facilities to deliver rights-oriented essential health services to millions of women and girls. A study assessing knowledge, attitudes, and practices among service providers in intersectional gender and rights-oriented services has been conducted, informing the development of a training outline on intersectional gender and rights-based service delivery.



- **Analysis of PHC Related Policies & Development of a Draft Framework for Gender and Intersectionality Responsiveness**

To ensure that an intersectional gender framework is applied to PHC policy planning, implementation, and monitoring processes, PHC-related policies have been analyzed to assess their gender and intersectional responsiveness. A draft framework has been developed to measure the delivery of services within Ghana's Network of Practice and Model Health Centre Initiative of the Ghana Health Service for intersectional gender sensitivity. This intersectional gender framework is being co-designed by ARHR and partners, including the Ghana Health Service, the Ministry of Health, CSOs, and Academia.

Key Achievements

Increased knowledge and awareness of gender, intersectionality, power, and political economy

ARHR has contributed to advancing national understanding of gender, intersectionality, and power dynamics among health and gender policymakers.

Recognizing that gender is a fundamental driver of health inequities, ARHR has emphasized the need for deliberate strategies to transform how social norms and power relations shape health systems. Through its gender and intersectionality study, power and political economy analyses, and strategic stakeholder engagements, ARHR has deepened awareness of how systemic barriers and power



structures influence women and girls' access to, and quality of, primary healthcare (PHC) services.

These efforts have generated critical insights into who holds power, how decisions are made, and the broader structural forces at play. This has strengthened collaboration between state and non-state actors. The growing alliance has positioned ARHR to lead sustained advocacy for a gender-responsive PHC system that addresses root causes of inequality and embeds gender equity into health system reforms.

Gender and intersectionality framework

To support evidence-based advocacy and informed policymaking, ARHR developed a draft framework for gender-sensitive and intersectional policy analysis. This tool will complement key national health policies and strategies for strengthening the PHC system, including the NoP, the Health Sector Gender Policy, and the UHC roadmap. The framework equips policymakers, health practitioners, and community-based organizations to assess PHC

policies and programmes through a gender and power lens, promoting greater equity, inclusion, and accountability in health service delivery.

Shifting power at the family and community level

During the period under review, 900 Gender Model Families (GMFs) were established across 18 districts in Ghana. These GMFs have helped create an environment that promotes gender-equitable decision-making, especially concerning access to healthcare within households and communities. Acting as champions for social change, the GMFs challenge entrenched gender norms and actively promote the agency of women and girls in making informed health decisions.

Strengthened Internal Knowledge of Systems Change

ARHR has strengthened its internal capacity and knowledge to advocate more effectively for gender-responsive and inclusive PHC systems. ARHR Team members deepened their understanding of gender, intersectionality, and health through research, stakeholder engagement, and learning sessions. The organization also advanced its knowledge management and research capabilities, particularly through its adolescent-focused, gender-transformative studies, positioning ARHR as a thought leader in gender and health policy in Ghana.



Strengthened Academic and Professional Networks

ARHR has consolidated and expanded its academic and professional networks, strengthening ties with researchers, practitioners, and board members. This has enhanced access to technical expertise, promoted cross-learning between academia and practice, and enriched ARHR’s health advocacy approach, contributing to deeper institutional knowledge and strategic positioning for systemic change.



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Adolescent West Africa (ADoWA) Project

The ADoWA project, implemented in Ghana, Burkina Faso, and Niger, consists of two complementary initiatives focused on adolescent sexual and reproductive health and mental well-being. ADoWA-REP emphasizes responsive primary care for adolescents, while ADoWA-GTR promotes gender-transformative and responsive health systems. The project aims to generate evidence to inform policy and advocacy across West Africa and co-create contextually relevant interventions with key stakeholders. ARHR's role is to ensure research findings are translated into policies and practices that support adolescent-responsive, gender-equitable health systems

Progress of the Initiative

Completed Data Collection for the ADoWA REP and GTR initiatives

Primary data collection for the ADoWA REP and GTR initiatives was completed. Key activities involved conducting multiple focus group discussions with in- and out-of-school adolescents across four districts in Ghana. In addition, a series of key informant interviews were held with a range of stakeholders, including officials from the Ghana Education Service (such as District Directors of Education, SHEP Coordinators, and School Guidance and Counseling Officers), as well as representatives from the Ghana Health Service (including Adolescent Focal Persons and District Directors of Health), and Gender Desk Officers and Social Welfare representatives from local assemblies.

Data Analysis

ARHR contributed to the general analysis of findings from the data collection. This includes the thematic analysis for a Ghana country paper titled “Co-Creating Gender Transformative Interventions: Perspectives of Adolescents and Frontline Providers in Ghana.”

Validation and Co-Creation Meetings

ARHR facilitated approximately twelve (12) validation and co-creation meetings with adolescents (both in and out of school) and key stakeholders across the four study districts in Ghana.

Organization of Adolescent Health Competition

ARHR facilitated an adolescent health competition in public Junior High and Senior High schools across the study districts, receiving over 90 entries. The first and second winners joined the team at a West African Health Organization (WAHO) conference in Abuja, Nigeria, where they participated in policy dialogues on adolescent health issues.

Key Achievements

Development of Research/ Policy Briefs

Two evidence-based research and policy briefs have been developed to inform discussions on adolescent sexual and reproductive health and rights (SRHR) and mental health, and to support policy formulation.

Contribution to Papers

Contributions were made to develop five key research papers exploring critical issues related to adolescent SRHR and mental health. These include:

- How to facilitate gender transformative co-design processes for adolescent wellbeing interventions? Lessons learned from Ghana, Niger and Burkina Faso
- Examining the influence of adolescent sexual and reproductive health on mental health concerns in Greater Accra, Ghana: Perspectives from adolescents and frontline
- Stakeholder power, interests, and positions and policy formulation and implementation: A case study of



adolescent SRH and mental health in Ghana

- Qualitative synthesis: values, social norms, power and practices
- West Africa Commentary: Disparities in gender-transformative research publications

Publication of Blogs

Four key blogs were published to advocate for gender-responsive and transformative healthcare for adolescents and to highlight the need for increased access to adolescent mental health services.

Production of Video Documentaries Across West Africa

ARHR provided technical support for the development of two video documentaries that captured country-specific contexts and key adolescent health issues. This included reviewing concept notes, scripts, and production elements to ensure accuracy and relevance. Additionally, on-site support was offered by preparing adolescents for interviews and conducting final reviews of the documentaries to ensure quality and alignment with project objectives.

Implementation of Theatre for Development Intervention

ARHR contributed to the development of the draft intervention protocol, ensuring its relevance and effectiveness. Additionally, participation in a workshop facilitated by Roverman Productions equipped the team with theatre-based storytelling techniques to enhance engagement and communication in adolescent health interventions.



INTERNATIONAL CONFERENCES AND CONVENINGS

Participation in a Regional Conference under the ADoWa project

ARHR participated in a regional conference in Abuja, Nigeria, as part of the ADoWA initiative. The event, hosted by WAHO alongside the ECOWAS Health Ministers' meeting, brought together stakeholders from several West African countries to share experiences and strategies for improving adolescent reproductive and mental health.

Writing Retreat in South Africa

ARHR joined a writing retreat in Cape Town, South Africa, organized by International Development Research Centre (IDRC) under the ADoWA GTR initiative. The retreat aimed to finalize journal articles on Gender Transformative Approaches for Adolescents, build capacity in academic writing and knowledge translation, reflect on themes like adolescent health and gender equity, and foster collaborations to advance the gender transformative agenda in Africa.

8th Global Symposium on Health Systems Research

ARHR participated in the 8th Global Symposium on Health Systems Research in Nagasaki, Japan. Organized by Health Systems Global, it focused on “Building Just and Sustainable Health Systems Centering People and Protecting the Planet.” ARHR, in partnership with the Ghana College of Physicians and Surgeons and Dodowa Health Centre, presented findings from the ADoWA GTR Project. The team shared key lessons and contributed to global discussions on advancing knowledge translation and gender-responsive health systems.



Urgent Call to Clear Family Planning Commodities Stuck at Tema Port for more than Seven Months

ARHR, leading a coalition of 55 CSOs in reproductive health, successfully advocated for the release of essential Family Planning (FP) commodities and medical supplies that had been delayed at the Tema Port for over seven months. Recognizing the urgent need to prevent shortages that could lead to increased unintended pregnancies, unsafe abortions, and maternal deaths, the coalition issued a press statement. Media engagements were utilized to raise awareness. These collective advocacy efforts prompted government action, resulting in the clearance of the commodities. This outcome highlighted the power of coordinated civil society engagement in influencing policy and protecting public health.

Consultative Meeting on Adolescent Reproductive Health Research

ARHR participated in a consultative meeting organized by the Ghana CSOs Platform on the SDGs to contribute to a forthcoming research project by the University of Ghana. ARHR shared valuable insights from its reproductive health work, highlighting important policy gaps and the barriers adolescents encounter in accessing reproductive health services. The organization also emphasized the importance of developing gender-responsive and sensitive policies that address the specific needs of adolescent girls.

Election as Co-Convener for the SDG 3 Sub-platform

ARHR has been elected as a Co-Convener for the SDG 3 Sub-platform. In this role, ARHR will support the platform's leadership and actively contribute to advancing its objectives, particularly in promoting health and well-being in alignment with Sustainable Development Goal 3.







COMMUNICATION AND ADVOCACY

Traditional Media

Engagement

A key highlight of ARHR's advocacy during the 16 Days of Activism against Gender-Based Violence was its participation in a high-level studio discussion on women's leadership in tackling GBV. This engagement reinforced ARHR's thought leadership in promoting gender-responsive policy dialogue. The discussion emphasized the pivotal role of women in leadership in driving systemic change through policy advocacy, capacity-building, and strategic interventions, particularly in addressing the root causes of GBV in marginalized communities.

Monthly Newsletter

ARHR successfully released its monthly newsletter, dubbed the 'Alliance Newsboard'. The 'Alliance Newsboard' is a monthly newsletter published to provide summarized information on the actions and activities undertaken, keeping our partners informed and maintaining regular communication.

Website

Publications

ARHR maintained an active and dynamic online presence by regularly updating its website with content that highlights key issues affecting the health of women, children, and adolescents. In 2024, 27 blogs, 14 news items, four perspectives, and one major success story were published. These covered a wide range of thematic areas, including Equity and Inclusion, Primary Health Care, Universal Health Coverage, Sexual and Reproductive Health and Rights, Health Systems Strengthening and Change, Gender and Intersectionality, Gender Transformative and Responsive Health Systems, Health Financing, Maternal Health, Social Accountability, and Social Participation. These updates aimed to boost the visibility of ARHR's operations, engage audiences, and reinforce ARHR's thought leadership in the health sector.



Social Media Campaigns

ARHR has strategically leveraged its social media platforms to amplify its advocacy, raise visibility, and engage key stakeholders, including policymakers and the public. Through consistent and targeted messaging, ARHR successfully communicated the core objectives of its flagship initiatives—the Systems Change and ADoWA Projects—ensuring alignment with its broader mission.

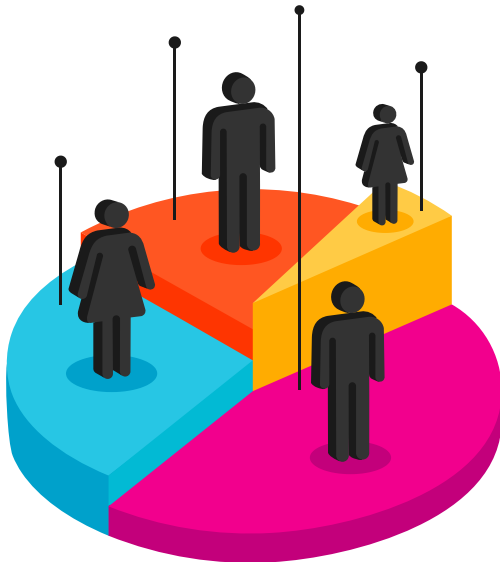
In addition, ARHR implemented structured social media campaigns alongside global, regional, and national health observances. These campaigns served as powerful tools to advocate for the health and rights of women and girls, strengthen public awareness, and foster community dialogue around equity, inclusion, and gender-responsive healthcare. Key among the campaigns were:

Menstrual Hygiene Day

On Menstrual Hygiene Day, ARHR used its social media advocacy to call for the creation of a period-friendly world. The campaign focused on breaking menstrual taboos, promoting comprehensive education, and advocating for removing barriers to menstrual hygiene management and access to essential products. The messaging emphasized dignity, equity, and the importance of ensuring that no girl or woman is held back because of menstruation.

World Blood Donor Day

As part of our commitment to maternal health, ARHR joined the global celebration on World Blood Donor Day to honor the millions of voluntary blood donors whose generosity saves lives, especially those of mothers and children. The organization used the occasion to express gratitude and reaffirm its advocacy for voluntary blood donation as a critical component of safe motherhood and improved maternal health outcomes.



Mental Health Day

To mark Mental Health Day under the theme "It is Time to Prioritize Mental Health in the Workplace," ARHR produced a video capturing staff perspectives on the importance of mental well-being at work. Shared across social media platforms, the video served as a powerful advocacy tool for integrating mental health practices into workplace policies. Additionally, the perspective of a mental health advocate and intern from the University of Oregon was documented and published on ARHR's website. This narrative reinforced the need to create supportive, healthy work environments and further amplified the organization's advocacy efforts.

World Population Day

Progress in population data collection, analysis, and utilization has significantly enhanced healthcare delivery, leading to substantial improvements in sexual and reproductive health (SRH). However, the most marginalized communities continue to be underrepresented in data, impacting their lives and well-being. On World Population Day, we advocated for strengthening data systems to capture the full spectrum of human diversity, ensuring that no one is left behind in the pursuit of better health and well-being for all.



The top of the page features a decorative header with an orange background. It contains three circular vignettes, each showing a person in a light-colored shirt and dark pants placing a puzzle piece into a larger assembly. The word "CHALLENGES" is written in large, white, bold, sans-serif capital letters across the center of these vignettes.

CHALLENGES

Navigating the Systems Change Approach in PHC

Implementing a systems-change approach in PHC has required reshaping stakeholder understanding of gender, intersectionality, and power. A key challenge has been ensuring that all actors—policymakers, frontline health workers, CSOs, and the media—fully integrate these concepts into their work. To address this, ARHR will invest in ongoing capacity-building and engagement efforts to support this critical shift.

Partnership building

Building strong and effective partnerships with implementing partners has been a time-intensive but valuable process. Aligning partners with ARHR's system-change approach and gender-transformative vision required sustained engagement and targeted capacity-building. To foster a shared understanding and commitment, ARHR prioritized regular convenings, training workshops, and joint planning and learning sessions throughout the period.

Evolving Policy Landscape

The evolving policy landscape, particularly the Ghana Health Service's Network of Practice (NoP) and the revised Gender Policy—has required ARHR to remain agile and responsive. Aligning with these new frameworks has been time-intensive and demanded sustained engagement with state actors. ARHR and its consortium partners have actively engaged with the Ghana Health Service and the Ministry of Health to deepen their understanding of the NoP strategy, its practical implementation, and the implications for policy execution, partnerships, accountability, and the role of civil society organizations in supporting its rollout.

Fundraising

Fundraising has been a challenge, particularly due to dwindling traditional funders, prompting a strategic shift in resource mobilization. In response, the organization is expanding its funding network, exploring innovative financing options, and strengthening partnerships. A renewed fundraising strategy is underway, focusing on local collaborations and tapping into domestic funding opportunities to enhance financial sustainability.



ACKNOWLEDGEMENTS

ARHR extends its heartfelt gratitude to all who have contributed to our shared mission. To our donors, your generosity and unwavering belief in our vision make our work possible. To our Advisory Board, your guidance, wisdom, and strategic direction continue to strengthen our path. We deeply value our Alliance members, whose commitment and collaboration fuel collective action.

We extend our sincere appreciation to our partners, whose expertise and support significantly enhance our reach and impact. We are equally grateful to the communities we serve, whose trust, resilience, and active participation inspire us every day. We acknowledge the vital role of state and non-state actors, whose collaboration and advocacy help shape enabling environments for sustainable change.

Finally, we celebrate the dedication and hard work of our staff, whose passion, creativity, and tireless efforts drive our mission forward. Together, we have built more than an organization – we have built a movement of change.





CONCLUSION

ARHR's strong track record in health and gender policy advocacy, community engagement, and systems change has contributed to significant improvements in health outcomes for women and girls in Ghana. Our collaborative approach, grounded in evidence and driven by a commitment to gender equity, will continue to drive meaningful change in Ghana's healthcare landscape for years to come. The achievements and challenges have provided valuable insights that will shape ARHR's strategy moving forward.



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