

ALLIANCE FOR
REPRODUCTIVE
HEALTH RIGHTS

2010

ANNUAL REPORT

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IDENTIFICATION AND PROFILE

Alliance for Reproductive Health Programme (ARHP)

Alliance for Reproductive Health Rights

Partner Agencies: Integrated Social Development Centre (ISODEC); Centre for Development of People (CEDEP); Centre for Community Studies, Action and Development (CENCOSAD); and selected community-based organisations; in close collaboration with the Ministry of Health and Ghana Health Service at national, regional, district and community levels.

Target Group: Vulnerable populations in target communities, particularly young people, poor women of reproductive age and disadvantaged men.

Advocacy/Influencing Targets: District Assemblies, District Health Management Teams, decision makers in the Ministry of Health, National and International NGOs, and local and international public health training institutions.

Project/Programme Duration: July 2006 to June 2010

Total Budget:

Funding Source: Embassy of the Kingdom of the Netherlands, Ghana

Key Programme Objective (Purpose):

The ARHP seeks to promote and operationalise a rights-based approach to the delivery of Sexual Reproductive Health (SRH) services and information to women of reproductive health age and young people who come from underserved communities. In the process, ARHR seeks to strengthen the capacity of member NGOs and other actors in SRH to mainstream a rights' orientation in their activities.

LIST OF ABBREVIATIONS AND ACRONYMS

ARHP	Alliance for Reproductive Health Programme
ARHR	Alliance for Reproductive Health Rights
AIDS	Acquired Immuno-Deficiency Virus
ANC	Ante-Natal Care
BCC	Behaviour Change Communication
BILFACU	Bimoba Literacy Farmers Cooperative Union
CAC	Comprehensive Abortion Care
CAH-MDGs	Citizen's Action and Health MDGs
CBOs	Community Based Organisations
CEDEP	Centre for Development of People
CENCOSAD	Centre for Community Studies, Action and Development
CEWEFIA	Central and Western Fishmonger Improvement Association
CHN	Community Health Nurse
CSOs	Civil Society Organisations
DAs	District Assemblies
DHMT	District Health Management Team
EKN	Embassy of the Kingdom of the Netherlands
FP	Family Planning
GHS	Ghana Health Service
HIRG	Health Insurance Reference Group
HIV	Human Immuno Deficiency Virus
IEC	Information, Education, and Communication
IPs	Implementing Partners
ISODEC	Integrated Social Development Centre
LNGOs	Local NGOs
MoH	Ministry of Health
NGOs	Non-Governmental Organizations
NHIS	National Health Insurance Scheme
PPAG	Planned Parenthood Association of Ghana
PNC	Post-Natal Care
PRC	Programme Review Committee
PRIDE	Pride Reproductive Health Programme
PRM	Partners Review Meeting
RH	Reproductive Health
RHR	Reproductive Health Rights
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Diseases
ZCNGOs	Zonal Coordinating NGOs

MESSAGE FROM THE EXECUTIVE DIRECTOR

Year 2010 has ended so soon and I would like to use this medium to express our sincere appreciation to all partners/stakeholders who contributed to make the year a memorable one. ARHR is grateful to the Board of Directors, the Advisory Board, Zonal and Implementing Partners and partner Civil Society Organizations that ARHR is collaborating with in its activities.

With great support from our zonal and local offices, the organization continued to implement its biggest project, the Alliance for Reproductive Health Programme (ARHP). For this year advocacy for improved maternal and child health was the main focus of programme implementation at both national and local levels. Additionally, nurses seconded to the projects by the Ghana Health Service in the districts handled technical aspects of community level education on maternal healthcare. They also supported in providing Family Planning services to beneficiary communities

I want to end by once again extending a hand of appreciation to all who have contributed in diverse ways to make the 2010 working year a success.

1.0 INTRODUCTION

About ARHR

The Alliance for Reproductive Health Rights is a Ghanaian-based network of national and local NGOs and community-based organisations engaged in sexual and reproductive health interventions. Three zonal NGOs (ISODEC, CEDEP and CENCOSAD) act as coordinators and provide support to 35 local NGOs (LNGOs). The Alliance Secretariat provides programmes coordination and liaises at the national level.

Vision

ARHR works towards a society in which the reproductive and health rights of all, especially vulnerable groups such as poor people, marginalized groups, women of reproductive age, are protected, respected and fulfilled irrespective of status, gender, race and beliefs.

Mission

The organization promotes a rights-based approach to sexual and reproductive health in Ghana, through advocacy and inclusive policy making in the interest of underserved communities, poor and marginalized communities.

2.0 HIGHLIGHTS OF ACHIEVEMENTS

A key strategy employed to achieve the programme's objective is strengthening capacity of communities and civil society organisations to be able to develop and implement sexual and reproductive health information and services.

The ARHR has since commencement of implementation of the ARHP, engaged in several activities designed to enable members of the ARHR identify gaps at these two levels – being service provision (supply side) and the perspective of beneficiaries (demand side). Highlights of key successes made in program implementation for the period under review are as follows.

Internal Context

- ARHR participated in Ghana Health Services' Annual Health Summit and had its documentary on maternal deaths in Ghana screened to participants at the meeting. Responding to discussions after the screening, ARHR reiterated the need for the country to commit adequate resources for expanded family planning services for women of reproductive age and increase human resource for health and equitable distribution of health personnel across the country.
- ARHR screened its documentary on maternal deaths in Ghana to key stakeholders who are committed to improved health care outcomes in the country. The documentary was screened to staff of DFID and the Netherlands Embassy at separate sessions. At the screening, the two development partners who play a pivotal role in funding Ghana's Health sector pledged their support to ensure that

issues raised in the documentary are reflected in their policy recommendations to government.

- As part of efforts to improve the SRH needs of vulnerable groups in its working area, CEDEP organized a meeting with a group of persons living with HIV in the KEEA district to deliberate on how to cope with the disease and live positively. In attendance were 16 PLHIVs and representatives from the Municipal Social welfare Department who supported with the counseling session.
- An IP of CENCOSAD managed to secure the establishment of a child weighing centre at Adiembra community in the Juaboso district a result of its advocacy activities on maternal and child health.
- To contribute to ensuring that maternal mortality is adequately addressed at the policy level, ARHR held a consultative meeting with the Parliamentary Select Committee on Health during which the organisations documentary on maternal deaths in Ghana was screened to galvanize the committees' support in advocating for increased government support in addressing maternal and child health issues in the country. After the screening session, the select committee led by its vice chairman promised to discuss on the floor of parliament recommendations made by ARHR for addressing maternal health which includes, a renewed focus on Family Planning, skilled care at delivery and Emergency Obstetric Care; the need for intervention strategies to target poor and vulnerable communities; effective monitoring of intervention approaches and a sustained political commitment towards reducing maternal deaths
- Available statistics on maternal mortality shows that women continue to suffer from maternal illnesses and deaths. The UN MDGs report for 2008 estimates that maternal mortality decreased by less than 1 percent each year between 1990 and 2005. To remind African leaders on their obligations towards achieving the health MDGs on the continent, ARHR engaged in media advocacy activities to precede the 2010 MDGs summit which took place in New York. ARHR featured on both radio and TV discussions (Choice FM and Skky TV, TV3, and GTV). During the appearances, the deteriorating maternal health situation on the continent and the continents inability to meeting the 2015 target were discussed. The opportunity was also used to particularly appeal to President John Atta-Mills on the need to invest into maternal health services, human resources for health, Family Planning and health infrastructure. ARHR also emphasized the need for inter-sectoral collaboration in addressing maternal health so as to ensure that the social determinants of health are equally addressed.
- Commemorating the 2010 World AIDS Day celebration on December 1, CEDEP organized a durbar in line with the national theme “Universal Access and Human Rights, Action Now” at Adankwame in the Atwima Nwabiagya District of the Ashanti Region. Representatives from the Ghana Health Service and the District assembly who addressed the gathering called on all participants to eschew

Stigmatization and Discrimination against PLHIVs, their families and friends as such behaviours prevents people from disclosing their HIV status leading to further spread of the disease. There was also a clarion call for participants to voluntarily test to know their HIV status so that those whose results turn to be positive could access ART to prolong their lives.

- In recognition of the fact that addressing maternal health issues requires a collaborative effort with the media, not only as agents (advocates) of change but also as social immobilizers and information disseminators for improved health outcomes, ARHR organized a one-day media orientation workshop on “Reporting on Maternal and Child Health Issues in Ghana for media personnel selected from both the electronic and print media houses. The training session was facilitated by seasoned resource persons with great expertise in maternal and child health issues and communications/media work. Participants were enthused by the depth of knowledge received and promised to work closely with the Alliance to advocate for improved maternal and child health in the country.

External Context

During the period under review, the ARHR:

- Collaborated with PPAG and other organizations on the Project Resource Mobilization and Awareness (PRMA) to dialogue for the inclusion of family planning commodities in the NHIS. The partner organisations organized three separate dialogues with the Policy Advisor to the President, the first Deputy Speaker of Parliament and the Minister of Finance. During the dialogue sessions, the cost – benefit analysis of including FP in the NHIS, the role of FP in addressing reproductive health outcomes - maternal health, unsafe abortions and teenage pregnancies and the dwindling financial support for FP commodities and its implication for access and utilization were discussed. The stakeholders pledged their support in further discussing the proposal at both cabinet and ministerial levels.
- Participated in a consultative meeting organized by the government of Ghana and some Development Partners to deliberate on the future of official development assistance in the context of prospective oil and gas revenues, and the path towards a middle income economy. In attendance at the meeting were Ministers, Ambassadors, Senior Level Officials of Government and Development Partners, Representatives of Civil Society Organizations and the Media. The Vice President of Ghana, His Excellency John Dramani Mahama was also present at the meeting which was themed, ‘Managing the Transition to a Middle Income Economy with an Emerging Oil Sector: The Role of ODA in Sustaining National Development’. The consultative meeting discussed the Medium Term National Development Policy Framework; the Ghana Aid Policy and Strategy (2011-2015); the Development Partner Performance Assessment Framework and the National Report of Ghana on the MDGs. Contributing to discussions on Ghana’s performance on the MDGs particularly those related to health, ARHR expressed

its concerns about the inadequate and inequitable distribution of health professionals across the country and recommended the need for government to implement a decentralized pay policy that will ensure that health professionals who refuse postings to rural areas do not receive salaries wherever they are. In response, the Vice President Mr. John Dramani Mahama welcomed the suggestion and indicated that government will take a critical look at the recommendation for possible implementation even though it might take sometime to do so.

- CEDEP participated in a dissemination meeting on a project on unsafe abortion which was undertaken by the Guttmacher Institute in Ghana in 2008. This research sought to put abortion in the context of Maternal Health. The research suggested that unmet need for contraception in Ghana is higher than the average for sub - Saharan Africa. It concluded that to reduce unsafe abortions there is the need to strengthen male involvement in Sexual and Reproductive Health decision making. The meeting was held at the Golden Tulip Hotel in Kumasi on November 17, 2010.

CEDEP'S programme staff working on the PRMA met with members of parliament of the five operational districts in which the project is being undertaken to lobby them to contribute a percentage of their common fund to RH supplies. The MPs were from Ellebelle, Mpohor Wassa East, Shama, Nzema East and Jomoro constituencies

3.0 Progress Against Objectives

This section provides a summary of progress against objectives realized under capacity building, project implementation and advocacy and campaigns by ISODEC, CEDEP, CENCOSAD and the Secretariat.¹

¹ Refer to matrix on pages 14-22 (review of results against targets) for further details on numbers of people reached, key messages discussed and outcomes of activities.

3.1 ISODEC

The Integrated Social Development Centre (ISODEC) is supporting 14 projects in the Northern Upper West and Upper-East Regions

Objective 1: Increased access to responsive SRH services and information in target communities

- **Relations with GHS** – ISODEC and partners have a strong relationship with the DHMT and GHS with 13 CHNs attached to the project. Nurses attached to the project continue to provide useful SRH education on FP, ANC/PNC and exclusive breastfeeding. TIDA participated in a one-day workshop organized by the DHMT on making the implementation of the NHIS more effective in the district.
- **Peer Education Activities** – ISODEC organized a review meeting for its peer educators during the period to assess progress made in peer educator activities, and to plan for the future. Representatives from the GHS, the district assembly and the Social Welfare department were present at the meeting. From the review, it was realized that the PEs had provided extensive education on Family Planning and HIV/AIDS. Most of them were however faced with the challenge of accurately documenting key achievements made from their field visits.
- **Community Education on modern Family Planning methods** – IPs continue to educate communities on modern family planning methods. During an educational session in the BULFACU working community 115 women and 40 men were able to identify and demonstrate the use of contraceptives types like condoms, pills and foaming tablets.
- **Community Level education on maternal health services** – All attached CHNs continued to provide education on different aspects of maternal and child health care to their communities. Specifically pregnant women were educated on the need to prepare birth plans before delivery, the importance of regularly attending ANC clinics and delivering at a health facility and exclusively breastfeeding their babies for the first six months.

Objective 2: Advocacy and campaigns: NHIS, reductions in maternal deaths and unsafe abortions

- **Advocacy on maternal health** – ISODEC participated in the planning and launch of the Safe Motherhood week at Kpasepa in the West Mamprusi district. The theme for the launch was ‘Putting customer care at the centre of reproductive health services’. Topics discussed include, illegal abortion and the effects of unsafe abortion and why one should deliver at a health facility. In all 350 participants attended the programme. In addition, PRIDE educated 10 traditional leaders, 5 traditional healers and 20 opinion leaders on Family Planning antenatal

care and sought their support in educating their communities on the issues discussed.

Objective 3: Improved organizational capacity of ARHR

- **Technical training sessions for IPs** – ISODEC organized a planning meeting for its IPs at the beginning of the project year. The workplan for the period as well as the reporting format were discussed at the meeting.
- **Training workshop on HIV stigma Reduction for CHNs and LNGOs** – The activity will be undertaken in the next half year

Objective 4: Overall coordination, monitoring, research and reporting

- **Zonal Coordination and Supervision** – ISODEC could not visit its project districts during the period under review due to late receipt of funds.
- **Final Evaluation of ARHP** – Not undertaken

3.2 CEDEP

The Centre for the Development of People (CEDEP) supports projects in the Ashanti, Brong Ahafo and Eastern regions.

Objective 1: Increased access to responsive SRH services and information in target communities

- **Relations with GHS** – CEDEP continues to work closely with the District Health Management Team (DHMTs). Currently, CEDEP has eleven (11) CHNs/midwives seconded to its 10 IPs.
- **Peer Education** – The middle zone organized a peer educators training workshop for its PEs in July 2010. A total of 17 PEs and 14 teachers who supervise the activities of some in – school peer educators attended the programme. Topical areas discussed at the meeting include, Who a PE is, The meaning of sexual and reproductive health and Strengthening Adolescent Sexual and Reproductive Health through peer education
- **Community Education on modern Family Planning methods** – IPs and CHNs continue to provide education on modern methods of Family Planning to their project communities.
- **Community level education on maternal health services** – All CHNs continue to support IPs to educate community members on the importance of exclusive breastfeeding, maternal nutrition and prevention of maternal and infant deaths

Objective 2: Advocacy and campaigns: NHIS, reductions in maternal deaths and unsafe abortions

- **Advocacy on maternal health** – The CHNs attached to IPs continued to provide outreach activities in their respective project communities during the period under review.
- **Participatory assessment of the NHIS** – CEDEP did not receive funds for the activity during the period under review.

Objective 3: Improved organizational capacity of ARHR

- **Technical training sessions on syndromic management of STIs** – The activity will be undertaken in the next reporting period
- **Training of CHNs and LNGOs on the High Impact Rapid Delivery Approach** – The activity will be undertaken in the next reporting period
- **Training session on HIV stigma Reduction for CHNs and LNGOs** – The activity has been scheduled to take place during CEDEP’S next partners review meeting.

Objective 4: Overall coordination, monitoring, research and reporting

- **Zonal Coordination and Supervision** – CEDEP has planned its monitoring and supervisory visits for the next quarter.
- **Final Evaluation of ARHP** – Not undertaken

3.3 CENCOSAD

The Centre for Community Studies Action and Development (CENCOSAD) supports ARHP projects in the Western, Central and Greater-Accra regions.

Objective 1: Increased access to responsive SRH services and information in target communities

- **Relations with GHS** – CENCOSAD and IPs continued to collaborate with GHS and DHMT at all levels. Senior nursing officers from the Ussher Polyclinic,

Ashiedu Keteke sub-metro served as resource persons for a Comprehensive Abortion Care (CAC) training workshop organised by CENCOSAD.

- **Peer Education Activities** – No activity was undertaken during the period under review
- **Community Education on modern family planning methods** – IPs with support from their attached nurses continued with community education on modern Family Planning methods. In all 1166 females and 303 males were educated for the period.
- **Community level education on maternal health services** – CHNs continued to educate community members, especially pregnant women and nursing mothers on the importance of exclusive breastfeeding and child nutrition at the district and community levels. They also educated pregnant and nursing mothers on the negative effect of poor breastfeeding postures. Eight hundred and thirty five women (835) and 222 men were reached for the reporting period. In addition IPs with support from their attached nurses educated pregnant women on the importance of preparing birth plans before delivery.

Objective 2: Advocacy and Campaigns: NHIS, reductions in maternal deaths and unsafe abortions

- **Advocacy on maternal health** – CHNs attached to the project continued to sensitize community members and pregnant women on the importance of attending ante-natal clinics regularly before delivery.

Objective 3: Improved organizational capacity of ARHR

- **Technical training sessions on syndromic management of STIs** – The activity has been planned for the next period. The activity could not be undertaken due to late receipt of funds
- **Training of CHNs and LNGOs on the High Impact Rapid Delivery Approach**– The activity has been planned for the next period. The activity could not be undertaken due to late receipt of funds
- **Training on CAC for IPs and CHNs** – A two-day training workshop on Comprehensive Abortion Care was organized for project staff and CHNs
- **Technical training for IPs** – A work plan development workshop was organized for all IPs. The IPs were taken through the work plan for the January – June working period and guided on how to develop their individual work plans.

Objective 4: Overall coordination, monitoring, research and reporting

- **Zonal Coordination and Supervision** – Ten IPs were visited during the period under review. During the visits nurses seconded to the projects as well as project staff were trained on how to complete the CHN records form and an advocacy training form.
- **Final Evaluation of ARHP** – Not undertaken

3.4 ARHR Secretariat

The secretariat is in charge of the overall coordination of the ARHP. The secretariat is also responsible for national level advocacy related to gaps identified in health policy implementation.

Objective 1: Increased access to responsive SRH services and information in target districts

- **Relations with GHS** – ARHR took part in the Ministry of Health’s annual health summit which was organized in April 2010. At the summit, ARHR’s documentary on maternal deaths in Ghana was screened to participants to push forward the need for the country to commit extra resources for maternal health care in the country. In discussions after the screening, ARHR renewed its call for expanded family planning services for women of reproductive age, increased human resources for health, especially for maternal healthcare and equitable distribution of health professionals across the country to ensure access to skilled health care for all including those living in underserved areas.

Objective 2: Advocacy and campaigns: NHIS, reductions in maternal deaths and unsafe abortions

- **Advocacy on maternal health** – Using the documentary as a major tool for advocacy against maternal deaths in Ghana, the ARHR screened its documentary on maternal deaths in Ghana to key stakeholders who are committed to improved health care outcomes in the country. During the period under review, ARHR screened the documentary to staff of DFID and the Netherlands Embassy at separate sessions. At the screening, the two development partners who play a pivotal role in funding Ghana’s Health sector pledged their support to ensure that issues raised in the documentary are reflected in their policy recommendations to government.
- **Advocacy for the reduction of unsafe abortions** – In recognition of the fact that abortion is a major contributor to maternal mortality in the country, ARHR together with Ipas and Marie Stopes International (a three-member consortium formed to do advocacy on family Planning and CAC) developed a draft proposal for national and community level campaign activities on unsafe abortion. The proposal was submitted to DFID and is currently being reviewed based on comments received from the donor agency.

- **Advocacy for increased attention on SRH and Family Planning** – ARHR continued to collaborate with PPAG and other organizations on the Project Resource Mobilization and Awareness (PRMA) to dialogue for the inclusion of family planning commodities in the NHIS. During the period under review, the partner organisations organized three separate dialogues with the Policy Advisor to the president, the first Deputy Speaker of Parliament and the Minister of Finance. Issues discussed at the sessions include, the cost – benefit analysis of including FP in the NHIS, the role of FP in addressing reproductive health outcomes - maternal health, unsafe abortions and teenage pregnancies and the dwindling financial support for FP commodities and its implication for access and utilization of the service. The stakeholders pledged their support in further discussing the proposal at both cabinet and ministerial levels.

- **Advocacy for increased resources for health** -ARHR launched the Fair Play for Africa Campaign in Ghana. Organized around the 2010 world cup that was staged in South Africa, Fair play for Africa seeks to mobilize people across Africa to advocate for increased financial resources for health. ARHR in collaboration with other CSOs such as the Coalition of NGOs in Health, SWAA Ghana, Ghana Association of Persons Living with HIV, Accra Hearts of Oak and Kumasi Asante Kotoko football clubs launched the campaign and called on government to renew its commitment to meet the Abuja target of at least 15% budget allocation for health and also called for a national response to address HIV and AIDS stigma. The Director General of the Ghana Health Service and the deputy minister for Youth and Sports who were both present at the meeting pledged their support to ensure that government meets the 15% Abuja target.

Objective 3: Improved organizational capacity of ARHR

- **Support for project implementation** - All 35 LNGOs were supported with logistical and financial support for the implementation of project activities for the period under review.
- **Training in gender and reproductive health** – A three-day gender capacity-building strategy development workshop was organized for eight ARHR secretariat staff and two representatives from CENCOSAD. The workshop helped to acquaint staff with the new thinking on links between gender, reproductive health, poverty reduction and rights; develop relevant tools to engender the work of the ARHR; develop a strategy and a framework for action for integrating gender into the work of the ARHR. The workshop provided opportunities for staff to enhance their knowledge on gender concepts and tools and to explore experiences and events of gender and reproductive health issues. A Gender Strategy to help mainstream gender issues into ARHR’s systems, processes and procedures was developed at the end of the workshop

Objective 4: Overall coordination, monitoring, research and reporting

- **Overall Coordination** – The secretariat provided monitoring and supervisory support for the smooth implementation of planned activities for the reporting period.
- **ARHR’s Newsletter** – ARHR completed the production of the second edition of the organization’s newsletter – ‘Reproductive Health Watch’. Copies have been circulated to partner organizations and other organizations that the ARHR works with.
- **Final Evaluation of ARHP** – Not undertaken
- **Key activities undertaken under the CAH-MDGs project include:**
 - Project focal persons NGOs facilitating community and district level meetings between communities and healthcare providers. At these meetings, community members engaged the providers on issues bothering on the quality of services provided, professionalism in relation to the health care givers relationship with clients and the implementation of governmental interventions and policies on health such as the establishment of nutrition centres, CHPs compounds and the availability of ambulance services. These meetings that were organized demonstrates that communities capacities have been built to hold health care providers to account on government health commitments
 - As part of the process of ensuring that government is accountable to the citizenry on its health commitments, the ARHR organized a national conference under the theme ‘MDGs for better health, promises or commitments’. The conference brought together over eighty stakeholders including the Chief Director of the Ministry of Health (MOH), three Members of Parliament (MPs), four District Chief Executives (DCEs), District Directors of Ghana Health Services, Human Right Activists, International Development Partners, Civil Society Organizations and the media. A presentation was made on a review undertaken on key health sector policies on Maternal Health and Family Planning, HIV/AIDS, Malaria and Financing for Sexual and Reproductive Health. Findings and recommendations made from the review was extensively discussed after the presentation and the meeting ended with participants coming up with the following action points:
 - ❖ The need for continuous advocacy for the MoH to address imbalances in human resource distribution for health
 - ❖ Organizations to undertake sustained advocacy activities on improved professional conduct of health care providers in the country
 - ❖ The need for a policy review on the training of community health nurses

- ❖ The need for regular monitoring and reporting on the utilization of health sector resources
- ❖ Continuous advocacy for increased resources for the health sector

3.0 OVERVIEW OF ACTIVITIES

The Alliance for Reproductive Health Rights made significant progress in implementing planned activities/objectives for the 2009 working year under the different programmes and projects. The subsequent paragraphs highlight outcomes of activities under the following thematic areas which are core to the work of the Alliance.

3.1 Advocacy and Campaigns

3.1.1 Highlighting Gaps between Policy and Practice

Campaigning against maternal and neonatal deaths in Ghana

Available statistics on maternal mortality shows that more women continue to suffer from maternal illnesses and deaths. The UN MDGs report for 2008 estimates that maternal mortality decreased by less than 1% each year between 1990 and 2005. To reach the MDG target for maternal health, this reduction should be at least 5.5% annually. Ghana's maternal mortality rate also stands at a high rate of 451 per 100,000 livebirths (GMHS 2007). This represents an increase from 214 per 100,000 livebirths reported in the 1993 national maternal health survey.

Realising the enormity of the situation, government has initiated a number of interventions to address maternal and child healthcare in the country. In 2008 for instance government, did set up a national task team to assess Ghana's maternal mortality situation and facilitate the development of appropriate interventions. Other interventions include the governments' initiative on free deliveries for pregnant women and the introduction of the High Impact Rapid Delivery (HIRD) strategy to deliver a package of most effective interventions for improved maternal and child health.

To contribute to resolving this national crisis, ARHR produced and launched "The Lights Have Gone Out Again" its documentary on maternal deaths in Ghana in July 2009 under the patronage of the Vice President of the Republic of Ghana. The launching of the documentary was done by the vice president and he also pledged his support for the organization's advocacy endeavours as well as his commitment to reducing maternal deaths in the country. The documentary will be used for series of campaigns for improved maternal and child health in the country in subsequent years.



Dignitaries at the launch including the Vice president of the Republic of Ghana ready to light candles to symbolize their commitment to addressing maternal deaths in the country – “Keeping the lights ‘on’ and not ‘out’ as depicted by the documentary”

Advocacy for improved reproductive health supplies and integrated financing mechanisms

Shortages of reproductive health supplies around the world are undermining progress towards achieving the Program of Action established at the ICPD in Cairo in 1994. The Program of Action establishes the right of men and women to be informed about their reproductive choices and health and to have access to the information and services that make good health possible. . In 2001, seven years after ICPD, leaders of the 179 nations which met for the ICPD had realized that there remained a wide gap between contraceptives supplies and the funding available for purchasing these supplies. A meeting was therefore organized in Istanbul Turkey to call for action for world leaders to collectively create awareness, increase support and seek solutions to the crises in contraceptive commodity supplies.

In line with the global initiative and to contribute to increased financial support for reproductive health supplies in Ghana, ARHR initiated the Advocating for Improved RH Supplies Integration in Financing Mechanisms in Ghana project under the Project Resource Mobilization and Awareness being implemented by the PPAG. During the year, ARHR collaborated with PPAG and Ipas to undertake a number of radio discussions to raise the profile of reproductive health supplies situation in the country. Key issues discussed included the dwindling financial support for RH supplies, the over dependence on donor support for RH supplies and the implications of lack of RH supplies and utilization on the reproductive health outcomes of the country. The discussions took place during the peak hours (morning) of radio time on Joy fm, Radio Gold and Unique FM.

Addressing unsafe abortions

Recognizing that unsafe abortions remains one major medical cause of maternal mortality both globally (contributes 13% to all maternal deaths - WHO 2003) and nationally (11% GMHS 2007), ARHR together with Ipas and Marie Stopes International have formed a three member consortium to initiate a joint campaign for improved access to Family Planning and Comprehensive Abortion Care services. During the reporting period, ARHR joined the other members of the consortium to review proposals submitted by selected advertising agencies for national level media campaign activities on unsafe abortion. Origin 8 Sachi and Sachi was selected for the activity.

Regional Campaign on the health MDGs

ARHR also initiated activities towards the implementation of Fair Play for Africa Campaign in Ghana. Fair play for Africa is an African Regional Campaign that seeks to take advantage of the FIFA World cup 2010 to be staged in South Africa to advocate for renewed commitment of African Governments to their promises under the health MDGs. During the period under review, ARHR organized a national consultation with other CSOs to elicit their support for a national level campaign in Ghana. A steering committee was constituted to coordinate the campaign in-country. Additionally, in November 2009, ARHR together with other representatives from nine other African countries participating in the campaign met with the international steering committee in South Africa to share updates on their campaign and strategize on how best to plan and execute the campaign successfully.

In recognition of the fact access to antiretroviral treatment (ART) still remains a challenge to addressing the treatment needs of persons living with HIV, ISODEC facilitated the organization of a Round Table Meeting on ARTs to campaign for improved access to ARTs in Ghana. The meeting sought to among others review the current trends in the spread of HIV; advocate for ART drugs to be considered as a national social service; call for all stakeholders to be committed to their pledges and support for addressing HIV and promote the incorporation of family planning into the whole administration of antiretroviral therapy.

3.2 Strengthening local capacity for SRH activities

One major objective of the Alliance is to build the capacity of partner organizations and other NGOs to deliver rights-based sexual and reproductive health services and information. Highlights of capacity building activities undertaken during the reporting period are as follows.

ISODEC organized capacity workshops on Family Planning Counseling and Life Saving skills for nurses seconded to its project. In the same vein, CEDEP also organized a Family Planning counseling workshop for its project officers and peer educators with support from nurses seconded to the projects.

To enhance the activities of peer educators involved in the project, CENCOSAD organized a training programme for its PEs on Family Planning methods, dangers of unsafe abortions, teenage pregnancy and Reproductive Health Rights.

ARHR also developed a draft Strategic Plan to guide the activities of the organization for the period 2010 – 2014. The process for the development of the plan was very participatory as all zonal offices and implementing partners were contacted for their inputs.

3.3 Networking and collaborations

The Alliance has over the years built stronger partnerships and collaborations with both local and international NGOs as well governmental bodies to jointly promote sexual and reproductive health rights at the national, regional and district levels. ARHR during the period under review collaborated with Marie Stopes International Ghana (MSIG) and Ipas to form a consortium to initiate a joint campaign for improved access to Family Planning and Comprehensive Abortion Care services. Additionally ARHR is partnering with PPAG and other organizations to implement the Project Resource Mobilization and Awareness. ARHR was also nominated to join other NGOs from nine African countries to begin activities of Fair Play for Africa – an African Regional Campaign that seeks to take advantage of the FIFA world cup 2010 to be staged in South Africa to advocate for renewed commitment of African Governments to their promises under the health MDGs

Collaboration with Ghana Health Service

The alliance collaborates closely with the Ghana Health Service in implementing its activities at the national zonal and district levels.

National level

The Ghana Health Service actively supported the organization to produce its documentary on maternal deaths in Ghana by providing the organization with the needed backing to undertake the activity. GHS staff at the different health facilities and communities in which the documentary was filmed were also very cooperative.

Zonal Level

ISODEC and partners have a strong relationship with the DHMT and GHS. The Regional Directorate of Health Service, NHIA and the DHMT participated in ISODEC's partners review meeting and made inputs into strengthening the activities of the organization.

CEDEP also participated in GHS review meetings organized in the Brong Ahafo, Ashanti and Eastern Regions. CEDEP was given the opportunity to showcase the activities of the Alliance in a presentation.

3.4 Increasing access to responsive SRH services and information in communities to empower them demand for responsive SRH services

Community Education

A core objective of the work of the Alliance is to increase access to quality sexual and reproductive health services by increasing communities understanding and acceptance of SRH services. Highlights of some community education and outreach programs organized to contribute to the set objective are as follows,

An IP of ISODEC organized Family Planning education sessions for participants from 11 communities in its working district. The organization recorded some gains in this activity. During the first half of 2009, CFRHP had 20 women from its working communities visiting the attached nurses to secure contraceptive methods of their choice. Ten other women went with their husbands for the same purpose.

CEDEP educated a total of 4,643 community members, chiefs and opinion leaders in the middle zone on the Patients Rights Charter and the Code of Ethics for health workers. As a strategy to expand coverage in disseminating the content of the Patients Rights Charter, an IP (CCCCF) has written out the Charter on the walls at Jejeti Lorry Station and Mpraeso Amamfrom, two of its operational communities.

In addition eight community health nurses seconded to CEDEP's projects provided community members with regular education on the importance of exclusively breastfeeding infants for the first six months, maternal nutrition and safe motherhood practices necessary for the prevention of maternal and child deaths

As a strategy to increase community's participation in local level education sessions on SRHR, two IPs of CENCOSAD, Ashiedu Keteke CBOs and CEPEHRG adopted the use of drama and interactive performances to sensitize community members on the importance of accessing Family Planning services. The strategy has been noted to be very effective for community education sessions as people are greatly attracted by the drama

Women's Groups

Nurses seconded to CEDEP's projects educated the various women's groups which are part of the project on exclusive breastfeeding, infant and child health and concerns about menopause. ISODEC and CENCOSAD and partners also educated their women's groups the importance of exclusive breastfeeding and Family Planning.

Community health nurses

Nurses seconded to the projects continued to provide technical support to the implementing partners on SRH issues. In project communities across the three zones the

nurses provided community members with routine education on nutrition, exclusive breastfeeding dangers of unsafe abortions, Family Planning services and skilled delivery at birth to enhance improved maternal health.

3.5 Tracking Ghana's progress towards realizing MDGs 2, 4, 5 and 6

The Millennium Development Goals was adopted by world leaders in 2000 and has a deadline of 2015 for the achievement of the eight goals. The goals provide concrete, numerical benchmarks for tackling extreme poverty in its many dimensions. The MDGs also provide a framework for the entire international community to work together towards a common end – making sure that human development reaches everyone everywhere. ARHR's Citizen's Action and Health MDGs project seeks to monitor, track and provide education on the MDGs with a view to contribute to achieving the health-related MDGs. The project is being implemented in six underserved districts of the country namely the Bongo district, Kwahu North district, Komenda Edina Eguafo Abirem district, Kintampo North district and the Builsa district. Key activities that were undertaken during the 2009 working year are as follows

Generating evidence for advocacy

To generate extensive evidence for its advocacy on the health and education-related MDGs and to contribute to providing information on the MDGs in Ghana, ARHR and SEND-Ghana produced and launched a consolidated report on a monitoring exercise that was undertaken in three underserved districts of Ghana – The Kwahu North, Bongo and the Komenda Edina Eguafo Abirem districts. The report was produced as an alternative to that produced by government to provide additional information on progress made especially for underserved areas. From the findings of the monitoring exercise, the report concluded that it was unlikely that Ghana will be able to achieve the targets set for the MDGs by the 2015 deadline.



Participants at the Launch of MDGs monitoring report

MDGs Week Celebration

To mark the 2009 MDGs week celebration, ARHR which serves as the lead agency for the health platform under the CSOs campaign secretariat led its platform to organize a route march in Mankesim in the Central Region to solicit the support of both men and women to Stand Up and Take action against maternal deaths in Ghana. Over 200 participants with a large proportion of market women took part in the march which had wide media coverage

IE&C materials for community level education and information sharing

To further enrich information available for community level education on the health MDGs, ARHR produced fact sheets on governments' commitments to addressing maternal and child health, Malaria, HIV/AIDS and Tuberculosis. Additionally, posters on the Patients Rights Charter were produced for community level education programmes



An Implementing Partner working in the Builsa district with posters and fact sheets in hand for community education on the MDGs

Global call to action against HIV/AIDS pandemic

In line with the global call to action against the HIV/AIDS pandemic, the Health Platform in collaboration with the Christian Council of Ghana organized a community durbar at Amasaman to create awareness about the pandemic and also to press on government to provide universal access to anti-retroviral therapy

Capacity Building for policy advocacy and budget analysis

ARHR organized a three-day capacity-building workshop on budget processes, analysis and research for focal partners of ARHR and other partner civil society organisations. The workshop was a follow up to an earlier one on Public Health Policy Analysis and Advocacy which took place in October 2008. The purpose of the workshop was to provide participants with knowledge on the health sector budget processes and analysis for effective advocacy at both local and national levels.

4.0 CHALLENGES

Key constraints encountered within the year under review include the following:

Weak documentation on project outcomes

Weak documentation and reporting amongst IPs affected the quality of reported that the zonal NGOs submitted to the secretariat. This led to more time spent in clarifying issues with the implementing partners before finally submitting reports to the funding agency

Delay in receipt of funds

Delay in the release of funds remains a major challenge to the smooth implementation of project activities at all levels but most especially at the level of the implementing partners. Implementing partners are not able to submit their reports to the zonal offices on time because they do not receive funds on time and are unable to implement activities as scheduled. This leads to delays in compilation of reports at the zonal level and ultimately at the secretariat level.

Inadequate incentives for Peer Educator activities

Peer educators are sometimes reluctant to work effectively in the communities because they are not receiving adequate incentives for their work. ARHR secretariat will continue to work with zonal NGOs to maximize the contributions and consequently, impact of peer educators under the ARHP in the coming year.

5.0 LESSONS LEARNED

Essential Role of Community leaders

A key lesson learnt from programme implementation is that the involvement of traditional/opinion leaders in community level advocacy activities improves community support for programme implementation to complement the efforts of the stakeholders at the local, district and national levels in identifying and addressing critical reproductive health issues.

Better advocacy with reliable and concrete evidence

The documentary on maternal deaths in Ghana produced by the ARHR has won high acceptance by several Civil Society Organizations working on women's reproductive health rights and will be used for a bigger campaign against maternal deaths

Effectively collaborating with GHS and MoH

Participation of ARHR in MoH regional performance review meetings continues to serve as a useful avenue for ARHR in providing feedback on beneficiary perspectives regarding the health care system to the Ministry and GHS.