

## ANNEX 2

### Core Grant Narrative Progress Report

**Report Period:** Jan – June 2010

**Contract Ref. No.** 04/Core/68/ARH

**Contact Tel. No.** 0302 50 44 68

**Organisation:** ARHR

**Report Date:** 9<sup>th</sup> July 2010

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**Signature & date**

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**Signature & date**

#### 1. Institutional /Organisation Development: Evidence of significant progress / change

What are the major changes in the organisation's circumstances that are likely to have impacted your outputs over the period?

- **Organisational structure / board / management team**
- **Strategy / planning / decision making / knowledge management**
- **Human resource issues**

<b>Indicators</b>	<b>Baseline (2009)</b>	<b>Prior period (July –Dec 2009)</b>	<b>Current Period (Change in prior period)</b>	<b>Cumulative</b>
<b>1.HR Management</b>				
i)Leadership	1	1	1	<b>3</b>
ii)Core staff	6	6	7	<b>19</b>
iii) <i>Support Staff</i>	2	2	2	<b>6</b>

<b>2. Governance</b>				
i)Board	9 (4 males, 5 females)	9	9	<b>27</b>
ii)Committees	4	4	4	<b>12</b>
iii) Documented board meetings	3	2	1	<b>6</b>
Management meetings				
-Supervisory meetings	26	26	13	<b>65</b>
-Team meetings	26	26	13	<b>65</b>
iv) Staff meetings	12	12	4	<b>28</b>
<b>3. Systems and procedures</b>				
<b><i>Financial management systems</i></b>				
<i>1.Programme activities to overhead ratio</i>	81:19	81:19	74:26	<b>236:64</b>
<i>2.Total turnover for the period in US\$</i>	\$671,579	\$314,948	\$266,907	<b>\$1,253,434</b>
<i>3.Total number of donors for the period</i>	4	4	4	<b>12</b>
<i>4.Internal controls</i>	Computerized Accounting System-Peachtree Financial Manual Periodic Financial Reports Cash/Bank administration Procurements			
<i>5.External audit</i>	-	-	-	
<b><i>Operational policies</i></b>				
<i>1.HR policy</i>	ARHR's human resource policy provides equal opportunities and equitable policies on recruitment; staff training; promotion and staff renews  The HR Policy also provides for 7days paternity leave and 3 months maternity leave.	Same as in baseline	No changes on policy	
<i>2.Gender strategy/action plan and milestones</i>	-Gender and reproductive health training for all ARHR staff -Application of gender sensitive	Same as in baseline	Gender strategy development workshop held in May 2010 and	

	criteria in the development of programmes and selection of partners -Gender sensitive recruitment policy for staff and board of directors for Secretariat and membership		ARHR Strategy paper developed (excerpts of the Gender Strategy attached as annex 1).	
<i>3. Budget spent of gender for the period</i>				
<b>4. Funding base development</b>	<b>Long-term programmes</b>	<b>Long-term programmes</b>	<b>Long-term programmes</b>	
1. List long-term programmes (3yrs +)	EKN (4yrs) Cordaid (3yrs)			
2. List short-term projects (1year)	Project Resource Mobilization Awareness Fair Play for Africa Unsafe Abortion Ghana AIDS Commission Global AIDS Alliance			
3. Total dollar volume of programmes[d1]	\$671, 579		\$518,547	<b>\$1,190,126</b>
4. Approved dollar volumes[d2]	\$671,579		\$397,317	<b>\$1,068,896</b>
5. <i>Percentage overhead recovery[d3]</i>	18%	18%	26%	<b>62%</b>
<b>List number of publications (policy briefs, briefing papers, research reports, programme reviews)</b>	Two Participatory Monitoring Survey Reviews on Health MDGs produced  Press statement on tropical issues  Position papers on: <ul style="list-style-type: none"> <li>• Unsafe abortions</li> <li>• Traditional birth attendants and maternal mortality</li> <li>• Newsletter – ‘Reproductive Watch’ which highlights gaps in</li> </ul>	Midterm review of Alliance for Reproductive Health Programme  Fact sheets on MDGs monitoring  Policy briefs on MDGs	One policy brief on reproductive health supplies in Ghana: Increasing Financial Support for Reproductive Health Supplies in Ghana; a necessary expenditure to ensure contraceptive security  Two briefing papers on ‘universal access to health’ and financing for maternal, new born and child health, HIV/AIDS	

	<p>policy and practice</p> <ul style="list-style-type: none"> <li>• Policy briefs and fact sheets on sexual and reproductive health</li> <li>• Annual reports</li> <li>• Review reports</li> <li>• Evaluation reports</li> </ul>		<p>and Malaria</p> <p>Three press statements issued:</p> <ul style="list-style-type: none"> <li>• Call to the President of Ghana to extend investigations of Minister's wife's death to other cases of maternal death in Ghana</li> <li>• "The lights have gone out again"</li> <li>• Launch of Fair Play for Africa Campaign to demand for 15% Abuja target on health'</li> </ul> <p>CAH-MDGs end of project evaluation report</p>	

## 2. Collaboration, coalitions and networking

**Using format below, list the most important organizations you collaborated with over the period. For each organization, give an indication of the issues or themes you worked on, its status and the outcomes.**

	<b>Organisation/Coalition</b>	<b>Policy issues / theme / nature Starting /</b>	<b>Outcome [E.O.4]</b>	
<b>1.Government</b>	MoH/GHS, NPC	Increased funding for reproductive health supplies in Ghana and inclusion of	Consultative meetings held with the Policy Advisor	

	GAC, Ministry of Youth & Sports, National Sports Council	<p>family planning on NHIS</p> <p>Increased human resources for health and equitable distribution of health professionals in the country</p> <p>Advocacy for government's commitment to meet the Abuja target of at least 15% budget allocation for health and secondly to call for a national response to address HIV and AIDS stigma</p>	<p>to the President-Dr Christina Amoako-Nuamah, the first Deputy Speaker of Parliament-Hon Doe Adzaho and Minister of Finance- Dr Kwabena Doufour. The Policy Advisor and the First Deputy Speaker promised to discuss the issues with their respective teams. The Advocacy Coalition is yet to follow up on progress made.</p> <p>Fair Play for Africa Campaign in Ghana launched</p>	
<b>a.executive</b>	Minister of Finance and Economic Planning-Hon Kwabena Doufour and Policy Advisor to the President-Dr Christina Amoako-Nuamah	Increased funding for reproductive health supplies in Ghana and inclusion of family planning on the NHIS	The Minister promised to discuss the proposal with the policy team. The Advocacy Coalition is yet to follow up on this.	
<b>b.judiciary</b>				
<b>c.legislature</b>	First Deputy Speaker of Parliament –Hon Doe	Increased funding for reproductive health supplies	Promised to carry advocacy proposal	

	Adzaho	in Ghana and inclusion of family planning on the NHIS	to cabinet and legislature. The Advocacy Coalition is yet to receive feedback from the Speaker	
<b>2.Coalition, network</b>	Society for Women against AIDS in Africa, Sports Writers Association of Ghana, Coalition of NGOs in Health, Ghana Association of Persons Living with HIV and AIDS, Oxfam, ISODEC, Hope for Future Generation, Accra Hearts of Oak and Kumasi Asante Kotoko Football clubs, Peace FM	Advocacy for government's commitment to meet the Abuja target of at least 15% budget allocation for health and secondly to call for a national response to address HIV and AIDS stigma	Fair Play for Africa Campaign in Ghana launched	
<b>3.Peers CBOs</b>	ISODEC, Oxfam	Advocacy for universal access to health for poor and vulnerable people	A paper titled 'towards Universal Access to Health Care in Ghana' was produced and stakeholder consultative meeting organized on the findings of the paper  A draft developed	

	<p>Ipas, Marie Stopes</p> <p>PPAG, Ipas, Deliver Ghana, UNFPA, ARK Foundation</p> <p>SNV, Oxfam, ISODEC, Network of Mutual Health Organizations in Ghana, SEND-Ghana, Coalition of Water and Sanitation,</p>	<p>Advocacy for the reduction of unsafe abortions in the country</p> <p>Increased funding for reproductive health supplies in Ghana and inclusion of family planning on the NHIS</p> <p>Advocacy on inclusion of free maternal health and family planning into new NHIS law</p>	<p>proposal submitted to DFID and the EKN</p> <p>Consultative meetings held with the Policy Advisor to the President-Dr Christina Amoaku-Nuamah, the first Deputy Speaker of Parliament-Hon Doe Adzaho and Minister of Finance- Dr Kwabena Doufour</p> <p>Consultative meeting held with consultants (Attuguba and Associates) reviewing the law.</p> <p>Advocacy dialogues held with African Heads of State and Ministers of Health in Malawi and</p>	
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	<p>Action on Disability and Development</p> <p>IPPF Femnet Abantu for Development UN Millennium Campaign Oxfam Save the Children Alliance Global AIDS Alliance Friends of Africa</p>	<ul style="list-style-type: none"> <li>• Increase investment in health – specifically meet the Abuja target of allocating 15% of national budget to health</li> <li>• Meet their commitments to expanding and improving service delivery leading to better outcomes in maternal and new born health; sexual and reproductive health.</li> <li>• Increased funding for particularly expanded access to family planning and comprehensive abortion care</li> </ul>	<p>Addis Ababa</p>	
<p><b>4. Donors Agencies</b></p>	<p>DFID &amp; EKN</p>	<p>Increased funding for maternal and child health services</p>	<p>Advocacy issues raised to be included in future policy directions of the donors</p>	

<b>5. DA (please indicate district)</b>	Bongo, Builsa, Agona East, KEEA, Afram Plains, and Kintampo South districts.	Advocacy for improved maternal and child health, reduction in HIV infection.	Production of round II MDGs monitoring report. Copy of report attached.	
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### 3. National pro-poor policies

<b>Identified Policy Issue:</b>	<b>Research activities in relation to the identified policy area</b>	<b>What are the policy gaps identified from the research conducted</b>	<b>What is your organization's position on these issues supported by your research</b>	<b>What policy alternatives do you propose and how do you hope to achieve this policy change</b>	<b>What activities have your organization undertaken to reach your selected goal</b>
Health financing Government's commitment in the health sector	Co-authoring a position paper on Universal Access to Health and a review paper on financing for reproductive health including maternal, newborn and child health, HIV/AIDS and Malaria	Inadequate human resources for health and inequitable distribution of human resources for health Inadequate funding for reproductive health supplies and services including maternal, newborn and child health	Increased government's investment in human resources for health; emergency obstetric care; health infrastructure and reproductive health supplies (family planning commodities)	Funding for reproductive health services (family planning commodities) be included in the NHIS  New funding arrangement to provide separate budget lines for reproductive health (maternal, newborn and child health)  Human resource policy on distribution of Health professionals.	Advocacy for reductions in maternal deaths  Advocacy for universal access to health for poor and vulnerable people  Advocacy for increased and demonstrable commitment to pledges, declarations, UN, continental, sub regional and national.  Advocacy for inclusion of family planning commodities in the NHIS  Advocacy for increased resources for health

#### **4. Success Story**

##### **Briefly describe your organisation's landmark achievement this period**

##### **Development of Gender Strategy for the Alliance**

A three-day gender capacity-building and strategy development workshop was organized for eight ARHR Secretariat staff and two representatives from CENCOSAD (4 females and 6 males) during the period under review. The workshop helped to: (i) acquaint staff with the new thinking on links between gender, reproductive health, poverty reduction and rights; (ii) develop relevant tools to engender the work of the ARHR; (iii) develop a strategy and a framework for action for integrating gender into the work of the Alliance. 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 (governance, human resource recruitment and development, programme design, implementation, monitoring and evaluation) was developed at the end of the workshop. The workshop was facilitated by a Gender Expert, Dr Esther Ofei-Aboagye.

##### **Advocacy for reductions in maternal deaths**

ARHR participated in the April 2010 health summit and took part in various discussions relating to strengthening the health system to deliver better health outcomes. At the summit, ARHR's documentary on maternal deaths in Ghana was screened to push the advocacy for improved maternal health outcomes for the country. In discussions after the screening, ARHR renewed its call for expanded family planning for women of reproductive age, increased human resource for health and equitable distribution of health professionals across the country to ensure access to skilled health care by poor and vulnerable populations particularly in underserved communities.

ARHR also engaged DFID and the Netherlands Embassy in separate dialogues using the documentary to demand for increased financial support and commitment for maternal and child health services leading to reduction in their mortalities. At the screening, the two development partners who play a pivotal role in funding Ghana's health sector pledged their support to ensure issues raised in the documentary are reflected in their policy recommendations to the government.

##### **Advocacy for universal access to health for poor and vulnerable people**

The Alliance continues its advocacy for universal access to health care services particularly for poor and vulnerable people across the country. In line with this, the ARHR co-authored a health paper together with ISODEC and Oxfam titled ‘Towards Universal Access to Health Care in Ghana’, during the review period. The paper generated data for evidence based advocacy. In the paper, it was noted that even though the vision underlying the current health care financing (NHIS) was to provide “financial access for the residents of Ghana, especially the poor and the vulnerable, to quality basic health care services”, the vision appears unachievable due to design and implementation factors. So far, after five years of operation, the NHIS covers just over half of the Ghanaian population, according to official figures.

Consequently, a roundtable discussion was organized between civil society organizations in health, the Ministry of Health/Ghana Health Service and the National Health Insurance Authority to dialogue on these issues and to demand urgent action in addressing them.

It was recommended during the dialogue session that MoH/GHS & NHIS conduct a total review of the operations of the NHIS and the law establishing the scheme to ensure the interest of the pro-poor who are currently being left out is truly reflected in the implementation of the scheme.

### **Advocacy for increased and demonstrable commitment to pledges, declarations, UN, continental, sub regional and national.**

To demand government accountability on commitments made on sexual and reproductive health particularly those relating to MDGs 4, 5, & 6 at both continental and national levels, a one-day national conference to assess government’s performance on these commitments and pledges was organized. The conference reviewed government’s commitment to such pledges as the international conference on population and development, the Maputo Plan of Action, the Millennium Development Goals, the Abuja Declaration, and Protocol to the AU Charter on the Rights of Women in Africa and the Continental Policy Framework for the Promotion of Sexual and Reproductive Health and Rights in Africa with a view to establishing the extent to which these pledges and commitments have been met in the area of sexual and reproductive health rights, maternal and new born health, HIV, AIDs and malaria. Under the theme: MDGs for Better Health, Promises or Commitments, experts at the conference noted that not much has been achieved particularly in the areas of family planning, neonatal and child health, maternal health, malaria and reproductive health in general. Participants at the conference therefore called for a renewed commitment from all stakeholders’ particularly civil society to demand accountability from government on commitments towards the attainment of these pledges. A CSO advocacy agenda to engender advocacy towards government meeting these commitments is being developed after the conference. Over 90 participants including district chief executives, district directors of health services, development partners, ministries and departments of health and civil society organizations participated in the conference.

## **Advocacy for inclusion of family planning commodities in the NHIS**

ARHR in collaboration with PPAG and other organizations under the Project Resource Mobilization Awareness continued the policy dialogue to demand the inclusion of family planning commodities on the NHIS. The advocacy initiative is to ensure universal access to family planning particularly poor and vulnerable people to help protect against unsafe abortion, teenage pregnancy thereby reduce maternal deaths. Three separate dialogue sessions were held with the policy advisor to the president -Dr Christina Amoaku-Nuamah; the first Deputy Speaker of Parliament-Hon Doe Adzaho; and the Minister of Finance – Dr Kwabena Dufour. During the dialogues, the cost–benefit analysis of including FP on the NHIS, the role of FP in improving reproductive health (unsafe abortions, maternal health, teenage pregnancy etc) outcomes, the dwindling financial support for FP commodities and its implications for access and utilization were discussed. The stakeholders pledged their support in further discussing the proposal at both cabinet and ministerial levels. They also promised to facilitate a meeting between the advocacy group and the NHIA to further discuss the proposal.

In an effort to enlist public support to advocate for including FP on the NHIS, various radio and TV discussions to raise the profile of family planning financing and the current situation on access and utilization were organized. The discussions generated public debate on the issue with the public also calling on government to own the supply and funding of family planning commodities.

A policy brief on contraceptive security situation in Ghana and its implications for health care was also developed. The policy brief captures the current situation of support the reproductive health supplies in Ghana and made recommendations for policy consideration. It will be used in subsequent policy dialogues.

## **Advocacy for increased resources for health**

The Alliance commenced implementation of the Fair Play for Africa Campaign during the review period. Organized around the 2010 World Cup, the Fair Play Africa Campaign works to mobilize people across Africa to demand the right to universal access to health. Led by the ARHR and in collaboration with other CSOs such as Ghana Association of Persons Living with HIV and AIDS, Coalition of NGOs in Health, Ghana AIDS Commission, Accra Hearts of Oak and Kumasi Asante Kotoko Football clubs, the campaign was launched

in March 2010 in Ghana, to advocate for government's commitment to meet the Abuja target of at least 15% budget allocation for health and secondly to call for a national response to address HIV and AIDS stigma.

At the launch, the Director General of the Ghana Health Service, and the Deputy Minister of Youth and Sports both pledged their support to ensure that government meets the 15% Abuja target. Over 450 participants drawn from ministries, departments, civil society organizations, chiefs and queen mothers attended the launch.

### **Advocacy at the Pan African Level**

The Alliance for Reproductive Health Rights under the leadership of the Executive Director is working with CSOs at the Pan African level to lobby African leaders to:

1. Increase investment in health – specifically meet the Abuja target of allocating 15% of national budget to health
2. Meet their commitments to expanding and improving service delivery leading to better outcomes in maternal and new born health; sexual and reproductive health.
3. Increased funding for particularly expanded access to family planning and comprehensive abortion care

### **Health Insurance Reference Group**

As part of activities to ensure equitable access to the NHIS by poor people and vulnerable people, ARHR worked with CSOs to constitute a 10-member Health Insurance Reference Group (HIRG) comprising organizations working on issues related to health financing. HIRG serves as a platform for civil society's strategic engagement with the National Health Insurance Scheme, the Ministry of Health and the Ghana Health Service.

To input into the ongoing review of the NHIS law, to include reproductive health services (FP), the HIRG led by the Alliance organized a consultative meeting with the consultants (Attuguba and Associates) who are working on the review.

During the consultation, a number of issues including; inclusion of free maternal health care and family planning in the policy, identification of the poor within the current policy framework were raised and discussed. The consultant promised to review the issues presented and where deemed necessary include them in the revised law.

### **Advocacy for the reduction of unsafe abortions**

In recognition of the fact that abortion is a major contributor to maternal deaths in the country, the ARHR together with Ipas and Marie Stopes International have formed a consortium to advocate for improved access to Family Planning and Comprehensive Abortion Care services in the country. During the period under review, draft proposal on a national campaign structured around both above the line and below the line campaigns on unsafe abortion was developed and submitted to DFID and the Netherlands Embassy. The proposal is currently being reviewed based on comments from the donors.

## **5. Stakeholder Perception**

**How has the credibility and legitimacy of RAOs changed in the eyes of GoG and the Ghana public?  
What is your interpretation? Is there a reference to this evidence of change?**

ARHR has established itself as rights based advocacy tin tank on reproductive health and has positioned itself as the lead civil society organization demanding government accountability for improved maternal and child health in the country. This is demonstrated in the Alliance's work on monitoring the MDGs 4, 5 & 6 in Ghana, the production of documentary on maternal mortality in Ghana and the ongoing dialogues with key stakeholders including national MOH health summit. ARHR is gradually becoming a center of reference on issues relating to maternal and child health, as most civil society organizations both local and international are directed to the office for information and collaborations. In the eyes of government (MOH/GHS) and the public (CSOs, NGOs, CBOs, Media), ARHR is a strategic partner not only in advocacy but also in community based services and education to promote access to quality reproductive health services (FP, ANC, etc). The evidence of the aforementioned is a growing collaboration between the Alliance and the ministry of health and other stakeholders (NGOs) through representations at various meetings, discussions and dialogues. The media also is beginning to identify ARHR as an authority on maternal and child health issues and this has been amply demonstrated in the invitations to the Alliance to be part of various panel discussions (TV and radio) including the TV3 popular programme AGENDA.

## **6. What is your perception on the general policy making environment in Ghana?**

The policy process (design, formulation, and implementation) in Ghana is still not decentralized and engaging enough so as to enlist not only participation but full involvement of all key stakeholders (CSOs, NGOs, CBOs, local people and the general public as a whole). The tokenistic approach where few organizations are invited to participate in validation meetings, dissemination meetings and or launch of such policy documents to mean involvement of civil society still characterizes the policy making environment. This undoubtedly affects ownership and successful implementation of most policies developed for the country.

## **7. Grant and report related issues**

### **7.1 What issues do you wish to raise relating to the Grant or to G-RAP management?**

The reporting format requires some clarifications from G-RAP management. Orientation on the use of the format or an explanatory note to its use would be helpful.

### **7.2 What parts of the report are confidential or cannot be shared without prior consent?**