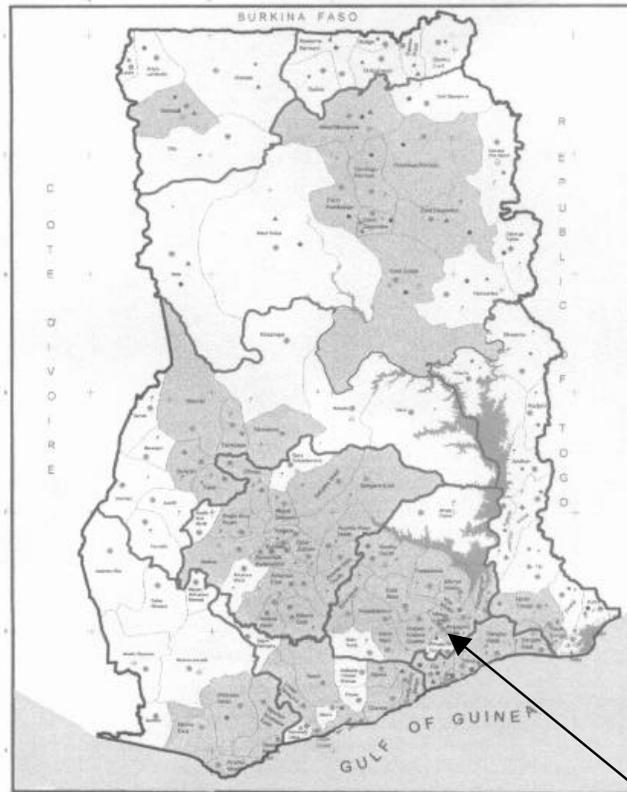




NGO Networking in Ghana's Eastern Region: A Case for Advocacy in Reproductive Health and HIV/AIDS in Decentralized Government

**POLICY Project/Ghana
May 2001**



**Eastern Region
in Ghana**

POLICY is a five-year project funded by the U.S. Agency for International Development under Contract No. HRN-C-00-00-00006-00, beginning July 7, 2000. The Futures Group International implements the project in collaboration with Research Triangle Institute (RTI) and The Centre for Development and Population Activities (CEDPA).

NGO Networking in Ghana's Eastern Region: A Case for Advocacy in Reproductive Health and HIV/AIDS in Decentralized Government

Ghana has some very supportive national population and reproductive health policies and programme plans that are consistent with the ICPD *Programme of Action*. However, under Ghana's Local Government Act, the critical level for decision making and financing of health and other human services is at the district level. Decentralization can mean that programmes are more responsive to local needs, but only if the community is involved in defining how those programmes are implemented.

The period from September 1, 1996 to August 31, 2000 was a period of silent revolution: the role of NGOs underwent a fundamental change. NGOs went from being mere service implementers to becoming active advocates in the policy process, engineering a bottom-up approach in decision making by encouraging community participation.

This report tells the story of networking for purposes of reproductive health advocacy among nongovernmental organizations (NGOs) in five districts of Ghana's Eastern Region. It highlights the potential for community participation in development at the district level. The case for replicating reproductive health advocacy networks in all districts of the country is unassailable. Community participation can and should be encouraged as an anchor in a state of flux in the political arena, especially if governance is to be subjected to transparency and accountability.

The Ghana Context

Decentralization

In 1993, the government of Ghana's decentralization policy transferred decision-making functions and financial and human resource management from central-level ministries and departments to district assemblies. The Local Government Act 462 charged district assemblies with translating national policies into implementable programmes and activities.

In principle, Ghana's decentralization efforts encourage the full participation of communities in managing their own economic, social, and political development. In practice, however, the success of decentralization depends on the extent to which communities choose to engage in

meaningful advocacy and policy dialogue with local decision makers.

Nowhere is the need for local activism greater than in the family planning and reproductive health (FP/RH) sector. District assemblies demonstrate an almost universal inclination to support infrastructure over human development programmes. Further, there is a marked lack of knowledge and awareness of FP/RH issues among district policymakers. The realities of local politics and priorities support a more organized and informed advocacy role for civil society in



District Assemblies

The district assemblies established by law (Local Government Act 462) and in accordance with constitutional requirement, are to be primarily responsible for the implementation of development policies and programmes initiated through them and coordinated by the National Development Planning Commission...The District Assembly consists of

- the District Chief Executive and his/her administrative staff;
- two-thirds of the members directly elected by universal adult suffrage;
- one-third of the members appointed by government in consultation with chiefs and interest groups in the district; and
- 22 decentralized departments, which were hitherto operating as district offices of national ministries/departments and agencies.

Extracted from a paper by Mr. Kwesi Ohemeng-Agyei, district planner, Akwapim North

promoting responsive FP/RH policies and mobilizing adequate resources.

In Ghana's Eastern Region, six local advocacy networks have been doing just that—keeping local leaders informed of community FP/RH concerns and advocating for programmes that respond to these needs. In Kwaebibirem District, the advocacy network organized community meetings and focus group discussions to raise awareness of the damaging effects of teenage pregnancy and to build support for improving the reproductive health status of district youth. These activities reached over 8,300 people in 17 towns and villages.

Population and Participation

Ghana has demonstrated a national commitment to reducing population growth and improving the reproductive health status of women since its first population policy in 1969. In 1992, the National Population Council (NPC) was established as the highest advisory body on all population and related matters. In 1994, the government signed the ICPD *Programme of Action*; later that year,

the newly formed NPC took the lead in developing a revised National Population Policy that set out ambitious FP/RH goals. The NPC sought extensive grassroots participation in the policy formulation process as well as broad representation from the public, private, and NGO sectors. The result is a comprehensive policy that places particular emphasis on emerging issues, such as adolescent sexuality and HIV/AIDS. While laudable, Ghana's domestic FP/RH policies and international commitments, however, have not translated into more effective, accessible, and/or quality services for its citizens, especially in rural areas. Lack of awareness and limited resources at the decision-making level—the district—have hampered progress.

The agency charged with instituting mechanisms and frameworks that contribute to implementing the policy is the NPC. The National Population Policy states, "In line with government policy on decentralization, the NPC secretariat shall work closely with the political administrative units of the country, especially the district assemblies and various communities, to design and implement population programmes and activities." The operationalization of the policy, though slow, remains the focus and rallying point for effective implementation of decentralized population and FP/RH activities. District assemblies are relatively new institutions and need community support in policy formulation and implementation so that FP/RH and population programmes are routinely given priority by assembly members. Faced with the challenge of bringing FP/RH to the attention of

"I have always known teenage pregnancy is a problem, but I never knew it was so serious. We (the assembly) should do something about it."

Executive Committee Member, Suhum District Assembly,
after presentation on reproductive health status
of district youth by Suhum Advocacy Network

The POLICY Project strives to create a supportive environment for FP/RH programmes through promotion of a participatory policy process and population policies that respond to client needs.

Participation is an important element of the POLICY Project. It is defined as the process by which stakeholders at all levels are empowered to shape the formulation and implementation of public policy.

policymakers with limited human and financial resources, the NPC has chosen to work with and through the district assemblies and the District Population Advisory Committees. The POLICY Project's pilot Participation Programme in the Eastern Region has enabled the NPC to work through local networks of NGOs and community-based organizations (CBOs) to create a permanent FP/RH advocacy presence in five districts.

With the active involvement of NPC's Regional Population Office, the advocacy networks would also help to achieve the mandate of the NPC.

The rationale for opening the FP/RH policy process was based on the success of the NGOs represented at ICPD. In Cairo, NGOs took their rightful place at the policy table, and policy formulation no longer remained the exclusive domain of public officials. As demonstrated at ICPD, stakeholder groups that work outside of government can bridge the gap between policymakers and grassroots needs and can broaden the focus of population activities to include reproductive health, youth, gender, and HIV/AIDS concerns. Further, civil society groups possess an in-depth knowledge of the localities where they work and have realistic insights on how

NGO Advocacy Networks

Rationale for Participation

In August 1996, the NPC Secretariat and NGO representatives defined an advocacy role for NGO networks in support of NPC's efforts to implement the revised National Population Policy at the district level. The ultimate goal of the advocacy networks was to shape district development plans and budgets to represent community reproductive health priorities and ensure sufficient allocation of funds for implementation. In the process of becoming advocates, the networks would promote full community participation in the implementation of population, family planning, and reproductive health activities.

"Why have you kept this information to yourself all this time? You should have shared it with us earlier so we know how to protect our people."

Comment made by Imam at a presentation to a Moslem youth group

policies impact communities and individuals. Most importantly, NGOs are willing to take stands on controversial issues. The end result of their participation in the policy process is inevitably stronger, more sustainable programs that broad sectors of the population can claim as their own.



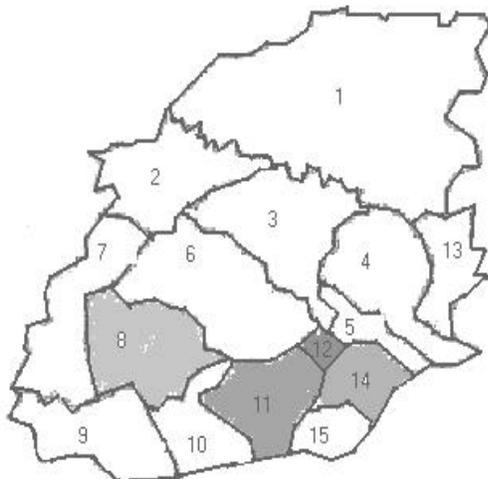
Benefits of Networking

- Network members share information, resources, and skills.
- Networking develops leadership skills in member organizations.
- Networking expands the base of support for advocacy issues.
- Coordinated activities avoid duplication of efforts.
- Working in teams helps to strengthen weaker NGOs.
- Networking creates synergy and empowers members.

Putting a Face on the Eastern Region Advocacy Networks

Advocacy networks are groups of organizations and individuals working together to achieve changes in policy, law, or programmes for a particular issue. There are six advocacy networks currently working in five districts of the Eastern Region—New Juaben, Suhum/Kraboia/Coaltar, Akwapim South, Akwapim North, and Kwaebibirem (Kade and Akwatia networks). With the exception of Akwapim North, none of the advocacy networks existed prior to 1996.

The advocacy networks include NGOs, CBOs, government representatives, professional associations, and religious groups. The number of members in each network ranges from 20 to 35. The members represent diverse sectors and interests but



**Map of Eastern Region
Showing Districts With RH Networks**

share a commitment to improving the quality of life and reproductive health of young people.

Members include international organizations such as the Red Cross, YMCA, and YWCA, as well as a number of national associations (e.g., Ghana National Association of Teachers, Ghana Registered Midwives Association, and Ghana United Nations Students Association). Non-health organizations that are also well represented among the networks include the Ghana Private Road Transport Union (GPRTU) and trade associations representing tailors, dressmakers, hairdressers, and market traders. These organizations are particularly concerned with adolescent reproductive health issues because of the large number of young people working as apprentices and employees. Such organizations make it easy for the networks to reach youth with information as well as to solicit their feedback. Several networks also have members who work directly with or serve on the district assemblies.

The networks are endowed with rich human resources, which allow them to respond quickly and effectively to various situations. This phenomenon was demonstrated in the case of New Juaben: when the network conducted its baseline survey and needed someone with statistical background to analyze the data, a demographer and two statisticians who are members of the network were ready to use their expertise in the analysis and writing of the report. Another New Juaben member is a journalist and has helped the network access the media and increase press coverage of activities.

REFERENCE

8. Kwaebibirem Dist.
11. Suhum/Kraboia Coaltar Dist.
12. New Juaben Dist.
14. Akwapim North Dist.
15. Akwapim South Dist.



Network Structure

The structure of the networks is simple and flexible. They have only two standing bodies—the executive committee and function subcommittees. Working groups are formed on an ad hoc basis.

- The Executive Committee is composed of a chairman/coordinator, a secretary, a financial secretary (not in all networks), and a treasurer. Committee members are elected by the general membership to function as the decision-making body of the network.
- Subcommittees address specific functional issues. The number and focus of subcommittees vary among the networks and may include information, education, and communication (IEC); research;

planning; data gathering; and/or monitoring and evaluation. One network has zonal representatives who provide a linkage between the network and community leaders.

The networks' operating systems are non-bureaucratic. They have standard procedures that encourage regular meetings and foster open communication. The networks are based on democratic principles and group consensus.

Network Formation and Development

In 1996, the POLICY Project, with support from USAID, designed a FP/RH advocacy activity that included forming and strengthening NGO networks to work in partnership with the NPC. The intent was to create a process for promoting community involvement in population activities at the district level that could be replicated in other regions. The ultimate goal was to ensure greater representation of FP/RH programmes in district development plans and increase the level of funding for such programmes. The key activities in forming and building the technical capacity of the networks follow:

1. POLICY/Participation Coordinator hired to coordinate formation of networks and provide ongoing training and technical assistance.
2. Target region selected. Eastern Region was chosen based on the presence of an

Skills for Advocacy Networks

- Advocacy
- Policy analysis
- Communication
- Technical knowledge of FP/RH, AIDS, adolescent reproductive health, gender, human rights, etc.
- Team building
- Data collection/data analysis
- Participatory techniques
- Materials development
- Working with the media
- Monitoring and evaluation

Key Elements of Successful Networks

- Shared vision
- Mission statement
- Committed members
- Agreed-upon norms
- Flexible structures
- Communication system
- Shared leadership/non-hierarchical decision making
- Trust
- Equitable distribution of work

NPC regional office, the number and types of NGOs, and its proximity to Accra.

3. Preliminary visits conducted with key stakeholders in public and NGO sectors to solicit support for district advocacy networks.
4. Planning committee formed—composed of the Participation Coordinator, a representative from a family planning NGO, a representative from the Ministry of Health (MOH), and the Regional Population Officer—to organize one-day inaugural meeting of stakeholders.
5. Inaugural meeting held to introduce proposed activities, explain functions of the NPC, solicit input on critical FP/RH issues and potential solutions, and discuss networking and guidelines for such networks. More than 40 NGO representatives, government officials, community and religious leaders, and traditional chiefs attended the meeting. There was unanimous support for forming district advocacy networks.
6. Follow-up meetings organized with stakeholders to finalize decisions on advocacy networks. Two networks were formed at this point—New Juaben and Suhum/Krabo/Coaltar.

7. Ongoing network meetings conducted to identify activities and determine network structure and operating procedures. Both networks decided to conduct a baseline survey in their respective districts to identify key advocacy issues.
8. Ongoing technical assistance and training provided by the POLICY Project to develop network advocacy, networking, and FP/RH skills.

Training and Technical Assistance to Develop Network Capacity

To succeed, advocacy networks must be accepted as the legitimate voice of the communities they represent. Their members need to be knowledgeable on the issues and skilled in advocacy. The basic skills needed by advocacy networks are presented in the following box. The first skill-building workshop, Reproductive Health Advocacy, enabled the network members to develop draft advocacy strategies for their key policy issue. At the same time, the networks were carrying out their respective baseline assessments to identify FP/RH priorities.

Steps in the Advocacy Process

1. Define the issue
2. Set goal and objectives
3. Identify target audience
4. Build support
5. Develop the message
6. Select channels of communication
7. Raise funds
8. Develop implementation plan

Ongoing activities during the advocacy process include data collection and monitoring and evaluation.

Source: *Networking for Policy Change: An Advocacy Training Manual*. 1999. Washington, DC: POLICY Project.

Network members designed, conducted, and analyzed the baseline surveys entirely on their own, with minimal financial support from the POLICY Project.

To varying degrees, the advocacy networks participated in the following workshops:

- Reproductive health—in general and within the Ghanaian context
- Community mobilization, gender, and IEC
- Policy analysis
- Training of trainers
- Materials development
- Sustainability

A major contributor to network success was the day-to-day technical assistance and support provided by the Participation Coordinator. Her contributions were essential not only for the start-up phase but also to

Challenges Facing Networks

Struggle for power/control
Competition among members
Burn-out
Unclear roles
Lack of commitment
Sustainability

maintain momentum, organize workshops and network meetings, foster linkages with NPC, and share lessons learned among the six different networks. Because the networks were phased in over time, the Participation Coordinator played a critical role in ensuring communication among the various networks—enabling each one to learn about and from the others.

“We used data specific to the district so the audience could better relate to the data. It becomes a strong advocacy tool.”

Professor John Nabila, Population Impact Project

Advocacy Activities

Scope of Activities

Network activities are directed towards the different elements of advocacy with the ultimate goal of reaching decision makers in the district assemblies and the communities—religious leaders, traditional leaders, teachers, parents, and youth leaders.

Data Collection. All of the networks carried out data collection activities to help identify the policy issue and set their goals and objectives. Data were collected from the MOH, health services directors, hospital physicians, and district health management teams. Three networks conducted baseline surveys in their respective districts. Though time consuming, the baseline data strengthened the advocacy campaign. The data convinced network members of which issues were of greatest priority and helped them make the advocacy message more meaningful to their communities. Armed with local data, the networks could speak convincingly to the communities and especially to the district assemblies.

Building a Base of Support. Community support is essential for successful advocacy. To this end, networks routinely planned and organized interactions with various target groups in their communities. They organized group discussions with Moslem leaders, church groups, women, youth (both in school and out-of-school), professional groups,

teachers, parents, and artisan groups. They met with traditional leaders and elders and organized symposia for the general public. Apart from building support for the networks, the community interactions educated audiences about reproductive health and provided the networks with qualitative data on priority concerns and needs in the community.

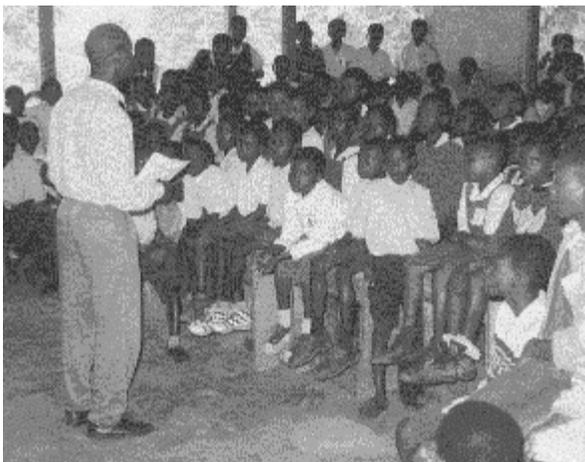
Lobbying. The network leadership lobbied key people in the district assemblies. The District Chief Executive was included in all aspects of the inaugural meetings. He was briefed on the network prior to the meeting and was invited to open the meeting. There were frequent visits to the assembly to inform the chief executive of important network activities. The majority of networks included members who were assemblymen or worked at the district assembly. These members provided a valuable link between the policymakers and the networks.

Message Development and Delivery. Using information obtained through surveys, meetings, and focus group discussions, the networks developed and tailored IEC and advocacy messages to various audiences. These materials were supplemented with data and information as well as materials from the MOH, JHU/PCS, and the POLICY Project. The networks developed fact sheets, newsletters, and, in one case, a comic book on teenage pregnancy. Network members

developed and disseminated computer presentations on adolescent reproductive health and HIV/AIDS. The AIDS Impact Model (AIM) was used with district-specific data for HIV/AIDS presentations to district assemblies.

Advocacy Presentations. The networks routinely seized any opportunity to get their messages across, and presented at *durbars*, anniversary celebrations of member organizations, and special events, such as World AIDS Day. In several districts, the networks were invited by chiefs and elders to address their communities after hearing of their presentations to the district assemblies. Youth comprised another target audience for the network advocacy. In some instances, heads of secondary schools invited the network to talk to the students about teenage pregnancy and HIV/AIDS. In other cases, networks organized awareness-raising seminars for out-of-school youth.

Fund Raising. The networks had to raise funds for their activities. While POLICY was initially able to help by providing small grants, networks ultimately began to seek other sources of funds. To date, networks have been successful in securing funds by appealing to community members for help, and obtaining small sums of money from other organizations as well as in-kind contributions such as transportation and the use of audiovisual equipment.



Partnerships

The networks did not work in isolation. The NPC Regional Population Officer (RPO) in Koforidua played a leading and critical role as a network member as well as a bridge between the networks and NPC. The RPO shared his expertise in survey design and data analysis as well as in advocacy presentations. In turn, the networks helped NPC achieve its goal of raising awareness of population, family

planning, and reproductive health at the district level.

The networks also worked closely with the MCH section of the MOH and the District Director of Health Services. Health services personnel served on network committees and were resource persons on the presenter teams. They also made MOH visual aids available for network activities. The MOH viewed the networks as partners and encouraged them in their advocacy work.

The Partnership with Population Impact Project (PIP) was another valued partner. PIP shared the networks' goal of informing policymakers about reproductive health issues and worked closely with the networks to provide district-specific data. PIP also trained network members in conducting surveys.

The District Education Offices collaborated with the networks by allowing time for the networks to speak to students on teenage pregnancy and HIV/AIDS.

Special mention must be made of the partnership between the Akwatia Network and the Primary Care Unit of the St. Dominic Catholic Hospital. The unit provided them with a cinema van and a staff member to reach even the remote corners of the district with the message to help reduce the spread of HIV/AIDS.

Those partnerships were invaluable because they make it easy to mobilize resources and harness expertise for effective programmes.

“Let us increase our collaboration in this direction, all of us—NPC, PIP, POLICY, UNFPA, and all other key partners—should work together.”

Executive Director, NPC

Examples of Network Advocacy Activities in the Eastern Region

1. The Akwapim South network had as a goal the reduction of the incidence of teenage pregnancy in the district. To achieve this, the network solicited the support of programmes on adolescent reproductive health to help reduce the incidence of the spread of HIV/AIDS by 2 percent within two years. In their advocacy activities, the network members had meetings with the District Chief Executive to win his support. The network invited him to their meeting where they made a presentation on the reproductive health status of the district. The members also had a meeting with some of the imams and leaders of Sabon Zongo Community. The assemblyman of the area who participated in the meeting thanked the network and added, “There must be behavioural change.” Network members also advocated to Moslem elders by using the Ghana AIDS Impact Model (AIM) an advocacy tool to raise awareness of the devastating impacts of the disease on the population. At the end of the session, one Moslem leader said, “I thought AIDS was not real, now I know it is real.” The outcome was that the network established close collaboration with the District Director of Health Services who donated office space for the network. The network also established a close relationship with assemblymen and the District Chief Executive.
2. The Akwapim North Reproductive Health Advocacy Network advocated on the issue of adolescent reproductive health and organized focus group discussions with adults and adolescents to find out their views on the issue. The District Chief Executive himself participated in these activities. The network also made a presentation to the entire district assembly. One of the outcomes was that the District Chief Executive worked in

close collaboration with the network and spoke on behalf of the network. He pledged 5 million *Cedis* to implement HIV/AIDS sensitization campaigns.

3. The Kwaebibirem Reproductive Health Advocacy Network organized community meetings, and focus group discussions to raise awareness of the effect of teenage pregnancy and to build support for the network's issue of improving adolescent reproductive health status in the district. These efforts reached over 8,300 people in 17 towns and villages in the district during the period from 1998 to 2000. In the course of its work, the network reported to the District Director of Health Services that chemical sellers were administering injections in their stores—a serious risk for HIV transmission. As a result, MOH took immediate action to clamp down on the offenders.

Lessons Learned

The networks have committed serious time and effort into preparing their advocacy events. With each encounter with community members, officials, politicians, or the media, network members have proven extremely knowledgeable about issues and, more importantly, have supported their messages with local, accurate, and up-to-date data. Throughout their evolution, the networks have learned important lessons that have implications for their further development and future work.

- ***Establishing a good relationship with district assemblies has helped the networks convey their messages.*** Over the course of numerous advocacy activities and presentations, the networks have established a reputation among local leaders for providing objective and accurate data and analyses. Several of the groups have become indispensable to local policymakers

and established partnerships at the policymaking level.

- ***Accumulated experience of the six networks has revealed the importance of understanding the specific nuances of the decision-making structure within the district assemblies.*** They have discovered that the finance committee wields considerable power because it submits budgets and plans to the general district assembly for approval and is often responsible for pushing certain legislation through the process. Additionally, most assembly members do not have training in planning and budgets and look to the finance committee for guidance. The District Chief Executive is also in a position to influence the district assembly.
- ***It is necessary to distinguish between IEC and policy advocacy.*** IEC activities play a crucial role in advocacy campaigns by generating grassroots commitment to policy change and by building a large and well-informed popular base of support. However, some members see the work of the networks primarily as a tool for community education and view IEC as an end in itself. While some confusion and tension still exists, most of the network members acknowledge the differences and recognize the role of IEC in promoting policy change.
- ***It is important to clarify network members' roles as advocates.*** The networks and district assemblies are both relatively new



institutions that are still defining their own internal priorities, processes, and policies within the context of decentralization. Frequently, tensions arise within the networks because many members come from implementing organizations that have approached their district assemblies for funds for program implementation. When the same network members address the assembly as network advocates, it causes confusion. The networks' main function is to advocate for policy change, not to implement programs, and members must be clear in what capacity they are acting when they meet with district assemblies.

recently formed networks has hastened the latter's success. The first phase of network building was a learning process for everyone involved—the network members and POLICY, most certainly, as well as for USAID/Accra, the NPC, and the district assemblies. The subsequent four networks enjoyed a jumpstart and avoided many pitfalls because of the lessons learned from the first two networks. The challenge to the Eastern Region FP/RH advocacy networks is to turn these lessons into tangible results, surpassing the difficult hurdles posed by financial constraints, changing policymakers, and competing priorities.

- *Sharing the expertise and knowledge between well-established and more*

Conclusion

The Participation Programme has certainly shown the way of galvanizing the strengths and energies of civil societies and NGOs in working together as reproductive health advocacy champions at the district and subdistrict levels and influencing district-level decision making in population activities, including FP/RH and HIV/AIDS.

The urgent need for an expansion and adaptation of the Eastern Region experience cannot be over-emphasized. Future generations will judge us on the adequacy of our response.

For further information, please contact:

Benedicta Ababio
POLICY/Ghana
Midwives House
1st Circular Road, Cantonments
Accra
Tel: 233-21-771-520
Fax: 233-21-771-594
E-mail: bababio@ghana.com

For copies of *Networking for Policy Change: An Advocacy Training Manual*, please contact:

Publications Dept.
POLICY Project
The Futures Group International
1050 17th Street, NW, Suite 1000
Washington, DC 20036
E-mail: policyinfo@tfgi.com
Internet: www.policyproject.com
www.tfgi.com