

**Eastern Region Reproductive Health Advocacy Networks:
A Case Study of District-level Networks in Ghana
1996–2000**

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I. Background

This report is one of four case studies—Turkey, Sahel, Ghana, and Peru—documenting the experiences of advocacy partner networks that have been formed or strengthened under the POLICY Project. The POLICY Project is a five-year, USAID-funded project designed to create supportive policy environments for family planning and reproductive health (FP/RH). POLICY is committed to forging a participatory policy process that involves more diverse and larger numbers of actors than the high-level decision makers traditionally involved in formulating and implementing policy. To this end, the project promotes the active and effective involvement of nongovernmental organizations (NGOs) and other representatives of civil society in policy advocacy to advance FP/RH policies that respond to the expressed needs of beneficiaries. POLICY stimulates the involvement of these new policy stakeholders by creating and strengthening advocacy networks. Worldwide, POLICY works with NGOs, women’s groups, professional associations, community-based organizations, and youth groups to transfer networking and advocacy skills and to enhance various groups’ ability to function as respected and credible legitimate partners in the policy arena.

This Ghana case study is the fourth in the series and examines the environment in which the Eastern Region networks took root and the unique characteristics that have contributed to their success. It explores the relationship between the networks and the POLICY Project and examines the achievements and challenges they both have confronted along the way. The experiences of these six networks reveal lessons that will help to expand and strengthen advocacy networks elsewhere in Ghana and around the world. The case study appendices include lists of contacts and network members.

II. Introduction

In the 1990s, the government of Ghana implemented two changes with significant implications for FP/RH. First, Ghana adopted a revised national population policy (NPP). Secondly, it embraced a process of decentralization. The National Population Council (NPC) played a leadership role in developing the NPP and was charged with promoting and coordinating all population activities at the central, regional, and district levels. Meanwhile, Ghana’s new decentralized Development Planning System created district assemblies that assumed responsibility for development plans and budgets that encompassed FP/RH as well as other sectors. This confluence of events created an opportunity for POLICY to assist the NPC in achieving its mandate while raising the awareness of local policymakers about

FP/RH issues—the approach that POLICY proposed included forming and strengthening district-level networks to advocate for representative FP/RH policies and programs to address them.

Since the initial proposal in 1996, the project has fostered the creation of six FP/RH advocacy networks in the Eastern Region of Ghana. During this time, POLICY has provided significant organizational and technical support and limited financial support to the networks. The first two networks started in 1996 in the New Juabeng and Suhum Districts, near the regional capital of Koforidua. In 1998, three more networks took root in outlying districts: one in Akwapim South and two in Kade (in Kwabibriem and Akwatia). The sixth network formed independently in Akwapim North District in 1997, but requested FP/RH and advocacy support from POLICY in 1999.

All six networks focus their advocacy efforts on teen pregnancy and, in the case of the Akwatia network, on both HIV/AIDS and teen pregnancy. Their membership is diverse. Each is composed of 19–25 organizational members, including the usual range of FP/RH NGOs and community-based organizations as well as various nontraditional stakeholders. Community leaders, such as queenmothers, local health care providers, and representatives of trade organizations, are joined by concerned citizens, student groups, and media representatives. Local government officials, including the Regional Population Officer of the NPC, also play active roles in the networks. As one member explained, “The only requirement for membership is the desire to improve the reproductive health of our young people.”

After several years of dedicated efforts, these six networks have established themselves as intermediaries between citizens concerned about teen pregnancy or HIV/AIDS and local policymakers—the district assembly members. The networks provide a dual function of direct advocacy to district assemblies and educational outreach to communities in support of policy change.

The evolution of the networks has complemented Ghana’s decentralization efforts. They have supported NPC’s mandate to operate regionally in order to promote implementation of the Revised National Population Policy, and they have equipped district assembly members with the information needed to take on their new responsibilities. The networks have emerged as credible and valued partners in the policymaking process at the district level. This case study examines the environment in which the Eastern Region networks took root and the unique characteristics that have contributed to their success. The experiences of these networks and POLICY reveal lessons learned that will help to expand and strengthen advocacy networks in Ghana and around the world.

III. Family Planning and Reproductive Health

Ghana is home to more than 100 linguistic and cultural groups, yet has escaped the ethnic strife that has plagued other countries in the region. The largest ethnic groups include the Akan, Ewe, Mole-Dagbane, Guan, and Ga-Adangbe. No area in Ghana is ethnically

homogenous and political parties based on ethnicity are banned in Ghana's constitutional democracy.

Ghana has emerged as a regional economic leader in sub-Saharan Africa. Its 4.4 percent average annual growth rate between 1990 and 1996 is more than double the 2 percent average growth rate for the region. On the other hand, Togo, Ghana's neighbor to the east, yielded a negative growth rate, whereas Burkina Faso and Cote d'Ivoire experienced modest increases of 2.8 and 2.4 percent, respectively (World Bank, 1998).

The average life expectancy of 55 years has improved considerably since independence in 1957, when it was only 45 years (NDPC, 1995). According to World Bank indicators, life expectancy at birth is 59 in Ghana, which compares favorably to the overall African life expectancy average of 52 (World Bank, 1998).

Ghana's maternal mortality rate is 740 maternal deaths per 100,000 live births (World Bank, 1998). Almost 90 percent of mothers receive prenatal care, and more than two-thirds are assisted during delivery by a trained health care provider (GSS and MI, 1999). The 1998 DHS shows a positive trend in the infant mortality rates (IMR) in the last 20 years—from 100 per 1,000 live births in 1975 to 57 per 1,000 live births in 1998. Ghana's IMR compares favorably to Togo's IMR of 80.3 (1998) and the Cote d'Ivoire's IMR of 88.5 (1994).

Fertility has declined during the past decade from more than 6 births per woman in the mid-1980s to 4.6 births per woman in 1998. Ghana's decline in fertility is attributed to a trend toward later marriage, a decline in the age at first birth, and an increase in birth intervals. The total fertility rate (TFR) of 4.6 actually surpasses Ghana's goal, expressed in the 1994 Revised National Population Policy, of 5 births per woman by 2000. However, within Ghana the regional variations in TFR are pronounced. In 1998, the urban Greater Accra Region reported the nation's lowest fertility, a TFR of 2.7, while the rural Northern Region reported the nation's highest, a TFR of 7. The Eastern Region reported a TFR of 4.4, modestly lower than the national average.

Contraceptive knowledge in Ghana is quite high, with approximately 92 percent of Ghanaian women reporting knowledge of a contraceptive method. The majority of women (77%) approve of family planning and more than one-half believe that their husbands also approve. However, the high knowledge level and supportive attitudes have not translated into high contraceptive use. Of the 38 percent of women who have ever used a modern method, only 13 percent are currently using modern contraceptives. Another 9 percent depend on less effective traditional methods (predominantly periodic abstinence), bringing Ghana's 1998 contraceptive prevalence rate (CPR) to 22 percent. The 1998 DHS calculates Ghana's unmet need for family planning at 23 percent (GSS and MI, 1999).

Both Togo and Cote d'Ivoire experience a similar discrepancy between knowledge of contraceptive methods and use, also reporting low reliance on modern methods in particular. However, use of modern methods by Ghanaian women exceeds the country's neighbors. Togo's CPR is 25.3 percent, but use of modern methods is 7.9 percent (1998). Meanwhile, Cote d'Ivoire's CPR is 16.5 percent and use of modern methods lags at 5.7 percent (1994).

As expected, educational attainment is a strong indicator for whether Ghanaian women use contraception. Only 13 percent of women with no education use any method of contraception, whereas 43 percent of women who have completed a secondary education do. This statistic is significant because only slightly more than 10 percent of Ghanaian women have attained a high school education. (Meanwhile, 21 percent of Ghanaian men have a high school education or higher.) There are striking regional discrepancies in contraceptive prevalence rates as well. Thirty percent of urban women reported using any method of contraception compared to 18 percent of rural women (GSS and MI, 1999).

According to data gathered by the Ministry of Health (MOH), Ghana's HIV/AIDS infection rate in 1999 was approximately 5 percent, considerably lower than other countries in the region. However, projections reveal that HIV infections are on the rise in Ghana, increasing by 50 percent from 1994–1998. Alarming, the Eastern Region has consistently reported the highest level of infection, at about 7.8 percent. The peak ages for AIDS cases are 25–34 for women and 30–39 for men, with a disproportionate number of cases among women. This discrepancy in ages can be explained by the early sexual debut of young girls and by the fact that they have older partners (NACP, 1999). Since years can pass between HIV infection and the onset of AIDS, the data imply that many young women were infected during their adolescent or early adult years.

Adolescent reproductive health needs are especially acute in Ghana. According to the 1998 DHS, more than 9 percent of the population is composed of teenagers between the ages of 15–19, and 44 percent of the population is under the age of 15. Among 19-year-old girls, an astounding 32 percent have already given birth or are currently pregnant. In the Eastern Region, teenage childbearing is more than three times that of the Greater Accra Region. The 1998 DHS shows that only 8.6 percent of girls 15–19 use any contraceptive method. Furthermore, 25 percent of pregnancies among girls 15–19 ended in miscarriage or abortion.

Early childbearing has significant social and personal repercussions. Teenage pregnancy and childbearing contribute to high maternal and infant mortality and morbidity, thus preventing girls from attaining an education and achieving financial stability.

The advocacy networks targeted teen pregnancy and adolescent reproductive health after baseline data corroborated the seriousness of the problem in their districts. The networks identified poverty as the main factor contributing to teen pregnancy in their communities. Parents who are struggling to make ends meet do not have the resources, knowledge, or time to discuss FP/RH with their children or adequately supervise their behavior. Lack of parental involvement is exacerbated by the (1) loss of traditions in their rapidly changing society, (2) teenagers who drop out of school to earn money, and (3) young girls who are attracted to older men who offer them money and gifts. The men and boys who are responsible for girls' pregnancies often do not contribute to the child's upbringing, a responsibility that usually falls upon the girl and her family.

IV. Population and Decentralization Policies in Ghana

Population Policy

Ghana was the first country to sign the World Leader's Declaration on Population in 1967, developing a comprehensive population policy in 1969. At that time, the policy, *Population Planning for National Progress and Prosperity*, was the third of its kind in the world and was hailed as one of the most progressive among developing countries.

The 1969 policy, however, suffered from problems. It focused on married women and excluded men and adolescents from programs delivered by an already over-burdened health care system. Poor institutional coordination among agencies tasked with carrying out the population policy impaired the delivery system for family planning services. Furthermore, numerous stakeholders had not been involved in the policy formulation process, and there was no support at the grassroots level because national population goals did not match the priorities of the people. Consequently, fertility remained high, contraceptive use remained low, and population issues were not sufficiently integrated into development plans.

By the mid-1980s, disappointment with the lackluster performance of the 1969 population policy was growing, and the government began to rethink its integrated population strategy. In 1986 and 1989, population experts and professionals twice convened at national conferences to discuss Ghana's population policy. They concluded that the main tenets of the policy were still valid, although its goals were not being met because of the lack of a sustained political and financial commitment (Benneh, 1989) and because it needed to focus attention on environmental issues and HIV/AIDS. Both conferences called for a national body to implement and coordinate population policies.

In 1992, population issues again rose to the forefront of national development plans when Parliament adopted the *Constitution of the Fourth Republic of Ghana*. With it, the government established the NPC to coordinate all disparate population and development activities of public and private organizations at district, regional, and national levels and to ensure that they contributed to implementing the NPP. The NPC was also charged with monitoring and evaluation, updating indicators and policy trends, and instituting mechanisms and frameworks for reproductive health in regions and districts.

In 1994, the fledgling NPC developed a Revised National Population Policy and, in support of the government's broader decentralization efforts, sought grassroots participation in this policy formulation process. Technical advisory committees made up of governmental and nongovernmental institutions, the private sector, and individuals with widespread expertise developed action plans for the new NPP. Adolescent reproductive health issues were specifically targeted in the revised policy. Objective 4.3.7 pronounces the following objective:

To educate the youth on population matters which directly affect them such as sexual relationships, fertility regulation, adolescent health, marriage and child bearing, in order to guide them towards responsible parenthood and small family sizes.

Another goal related to adolescents is the reduction in the proportion of women who marry before age 18 by 50 percent before 2000. The revised policy also places emphasis on education and training, employment, family life education, recreation, and the general welfare of youth, including family planning services for adolescents.

Decentralization Policy

The policy of decentralization is set out in the 1992 *Constitution of the Fourth Republic of Ghana*. Decentralization also appears as a consistent theme in the Revised National Population Policy and in the national development document, *Ghana Vision 2020*. *Ghana Vision 2020*, which promotes an integrated approach to sustainable development, suggests that all development planning and programs be compatible with the goals of national decentralization. These documents make clear Ghana's commitment to a policy of decentralization.

The Ministry of Local Planning oversees decentralization. In this process, financial and planning authority is transferred to district assemblies in Ghana's 110 districts. The district assembly is a local legislative body composed of both elected and appointed officials. Local voters elect two-thirds of the assembly members; the remaining are appointed. The government appoints women to ensure their representation in district governments. The assembly's top administrator, the district chief executive, is nominated by the central government to ensure compliance with national policies.

While the NPC is a coordinating body at the district and regional levels, the district assemblies have a mandate to draw up development plans and provide social services for the well-being of residents in their districts. Therefore, the district assemblies figure prominently in the formulation of FP/RH policies at the local level and are the primary audience for FP/RH advocacy efforts.

Because decentralization increases the number of people and institutions involved in policy formulation, policymaking in FP/RH can be lengthened and become more complex. Numerous institutions, in particular the district assemblies, require time to adjust to this new approach.

Further, district assemblies are still fledgling institutions undergoing a maturing process regarding policy formulation and implementation. Many local leaders and administrators still lack necessary strategic planning skills, and many have yet to develop a technical understanding of reproductive health issues.

V. Development of Reproductive Health Advocacy Networks in the Eastern Region

Ghana has enjoyed the involvement of a vibrant nongovernmental sector in population and development since the 1960s. Before the networks were formed, the various members noted that they dealt with the same beneficiaries and implemented programs with similar objectives for sustained community development. They encountered each other in their communities, however had no common space to share information or to leverage their achievements and resources.

During POLICY's initial visit in 1996, NGO and NPC representatives recognized the potential impact that these NGOs have in support of the NPP and advocacy for FP/RH at the district level. POLICY began to build the skills of district-level advocacy networks in the Eastern Region. Working closely with the NPC regional office, POLICY's goal was to develop a pilot process for promoting community involvement in population activities at district and regional levels.

POLICY viewed its role as that of a catalyst, an enabler for the emerging networks. It identified potential members and helped them coalesce as a network while providing both technical and financial support for capacity building and advocacy. "In my candid view, this approach adopted by POLICY is in order. We are all moving in different directions towards the same goal," Participation Coordinator Kate Parkes explained. "Groups of people [who are] committed to a course of action must be encouraged."

The regional, district, and subdistrict advocacy activities that POLICY supports seek to ensure a greater representation of population and FP/RH programs in district development planning; increase the level of funding allocated for these activities in the pilot districts; and promote full community participation.

Preliminary Steps

In late 1995, POLICY participated in the annual Ghana Population and AIDS (GHANAPA) Project cooperating agencies meeting, and held preliminary discussions with USAID, local NGOs, the NPC, and other partner agencies. In 1996, POLICY assessed the level of support and interest in the project, and designed specific activities to support the FP/RH policy environment. It was during this assessment that POLICY concluded there was significant interest on the part of NGOs and the government to become advocates for policy change and support NPC's decentralization efforts. The project designed a strategy of providing technical and financial assistance to improve collaboration through advocacy networks in districts.

While POLICY was firmly committed to nurturing its idea from planning stage to fruition, conditions for doing so were not ideal. USAID/Accra has a proven track record of commitment to NGOs in social marketing and service delivery; however, it had no experience bringing NGOs into the policy arena. To POLICY's disappointment,

USAID/Accra chose not to commit field support funds for the networks, granting only tacit support for POLICY's groundbreaking initiative. POLICY made the initial investment in the networks without USAID's enthusiastic support.

Furthermore, the NPC was not prepared to fully endorse the creation of district-level advocacy networks either, although the networks would support the decentralization efforts of the NPC. NPC leadership wanted to proceed at a slower pace and was not ready to make a more substantial investment in the advocacy networks. "The networks want to run before they can walk," explained NPC's Director of Field Operations, T. J. Amartey.

In 1996, POLICY hired a participation coordinator to oversee NGO activities under the project. The coordinator, in consultation with NPC and USAID/Accra, decided to launch the pilot project in Ghana's Eastern Region. The region was chosen based on the presence and strength of NGOs there, its accessibility from Accra, and because NPC had assigned a regional population officer. The officer would come to be a steadfast supporter of and advocate for the networks.

The participation coordinator first determined which NGOs were active in the Eastern Region, receiving enthusiastic responses in Koforidua and Suhum when she contacted NGO representatives and influential opinion leaders who were interested in linking up with other FP/RH stakeholders. Securing a critical mass of potential members proved time consuming and labor intensive.

By November 1996, the first network members met with POLICY to discuss FP/RH issues in their districts and identify the next steps. At this time, the group solidified their dedication to the proposed networks and identified other potential members. NGOs, community groups, and government organizations expressed their intent to organize and become policy advocates, and POLICY pledged financial and technical support to make this happen.

Meanwhile, the POLICY office in Ghana expanded to include the participation coordinator, a long-term advisor, and a research assistant. The full-time participation coordinator promotes the involvement of the district advocacy networks in the FP/RH policy process. She also provides a critical link between the NPC, POLICY, USAID, and the networks, keeping everyone abreast of the networks' activities and progress. A team in Washington, D.C., provides technical support, backstopping the participation coordinator.

Phase I: Two Networks

The first two networks emerged in the districts of New Juabeng and Suhum, and in November 1996, an inaugural meeting for these two networks was attended by 40 participants representing 16 NGOs and 10 government agencies. Government representatives included the regional minister, the chief executive of the Municipal Assembly, and several district assembly members. The inaugural meeting was a catalyzing event and generated much enthusiasm from members of the nascent networks and other local leaders. "We discussed as a group how to form a network to advance the objectives of the

POLICY Project. We thought it was a good idea, a workable idea,” Cosmos Ohene Adjei, the New Juabeng Network Coordinator, commented. “Population and health issues are relegated to the background, and you need a group voice to get policymakers to understand the link between population and development.”

During small group sessions, participants identified potential areas of collaboration and proposed activities. The networks began planning their activities in more detail, including budget, advocacy, and reporting plans. “After the inaugural meeting, the groups became more committed to the network,” Cosmos Ohene Adjei reported.

Through discussions at the meeting, both networks tentatively identified teen pregnancy as their priority advocacy issue. They thought teen pregnancy had reached a crisis level in their communities, but they had been unsure how to tackle this deep-rooted social problem on their own. They believed as networks they would be able to expand their organizational capacity to execute projects and effectively advocate, through one powerful and united voice, for improved adolescent reproductive health policies and programs. To collect community data on actual and perceived FP/RH problems, the two networks asked POLICY for financial support to design and conduct local baseline surveys in the two target districts.

POLICY wanted to develop skilled networks, capable of influencing FP/RH policy in their districts and, eventually, the region. As the networks began to implement advocacy activities, they identified additional needs and turned to POLICY for technical assistance. POLICY obliged by sponsoring two additional capacity-building workshops. In February 1997, POLICY held an advocacy workshop for multisectoral networks in Koforidua, during which the networks developed advocacy strategies for their priority issue—teen pregnancy. POLICY further developed network skills through workshops in reproductive health, policy analysis, materials development, and gender. Network members also acquired new skills in networking and information, education, and communication (IEC).

By the end of this first year, the POLICY Project had successfully developed a strategy for creating district networks that could be replicated. This process was marked by three steps: formation of the networks through an inaugural meeting, data collection in their districts, and continued technical assistance and training from the POLICY Project. These two pioneering networks evolved and carried the project past its pilot phase.

Phase II: Subdistrict Networks

While the participation coordinator continued to support the first two networks in New Juabeng and Suhum, she also cultivated interest in two other districts in the Eastern Region. Although POLICY followed a similar process to network development here, there were some notable differences with the three networks that emerged during the second phase of the project. For one thing, there were fewer NGOs to collaborate with in Akwapim South and Kwaebibrem.

In May 1998, POLICY sponsored an inaugural meeting in Kwaebibrem, followed by another in Akwapim South that replicated the success of the two original networks; and like the earlier meetings, they too generated significant government interest—the Akwapim South district chief executive attended the entire meeting, much longer than he had anticipated.

POLICY also applied lessons learned from the first phase of network building to jumpstart the expansion of the pilot project in its second phase. During the first inaugural meeting, basic questions from participants revealed misunderstandings about reproductive health; therefore, POLICY invited a physician to the Kwaebibrem and Akwapim South meetings. The Population Impact Project (PIP) also made a presentation using local statistics gathered from the MOH. PIP, an outreach program at the University of Ghana, was created in 1996 to advocate for population and development issues. At this inaugural meeting, POLICY introduced a gender perspective to teen pregnancy that was welcomed by the networks.

With help from PIP, the new networks conducted baseline assessments and held focus-group discussions that provided information with which they could gauge community reaction. From these findings, the networks tailored their advocacy campaigns to specific community values and concerns. Like the previous networks, teen pregnancy was the focal issue.

Shortly after the inaugural meeting, Kwaebibrem decided to form two subdistrict networks (Kade and Akwatia). Kade, the district capital, and Akwatia face their own unique challenges, and their different priorities are better addressed in two autonomous groups. Akwatia chose to address HIV/AIDS as well as teen pregnancy since the district is home to St. Dominic's Primary Health Care Clinic, known regionally for its work on HIV/AIDS. The Akwatia network collaborates closely with the clinic, borrowing the services of the clinic's HIV/AIDS educator along with HIV/AIDS awareness videos.

By August 1998, three new networks had emerged. Network skills were increased through POLICY support, including workshops in advocacy, FP/RH, and policy analysis. Thus, like the networks in New Juabeng and Suhum, these networks followed the same process of network formation, data collection, and technical assistance, but with significant differences in how they organized themselves.

The networks have thrived in their communities, raised awareness about FP/RH, and indelibly influenced the political climate of their district assemblies. The networks describe themselves as democratic, all-inclusive, and active coalitions dedicated to improving reproductive health in their communities.

Phase III: Request for Assistance

The next phase of the pilot project was unanticipated by POLICY. Unlike the five networks of the two earlier phases, the sixth network took an entirely different course. A group of existing NGOs in the Eastern Region, Akwapim North, heard about the activities of the pilot networks and aspired to replicate their endeavors in their own district.

ANNGONET, as the network was called, formed in 1997 as a rural development network. It hoped POLICY could help it solidify and increase its capabilities in FP/RH advocacy. POLICY received ANNGONET's unsolicited request for technical assistance in June 1999 and honored it by inviting the network to a reproductive health workshop and by providing the group with advocacy training. Even though the network was already working closely with their district assembly, they sought POLICY's help to develop more effective advocacy strategies.

That the request for technical assistance was unsolicited attests to the overwhelming success and local reputation of the five pilot networks. The linkages with ANNGONET are an unexpected return on POLICY's initial investment of time, effort, and risk in the first five networks and validates the vital need for FP/RH advocacy networks at the district level.

While the networks from the first and second phases continue to make significant progress, the Akwapim North network has skipped a level onto the district assembly scene. The different networks support each other; the later networks have inherited the institutional experience of the preceding networks. Members in the New Juabeng and Suhum networks helped identify NGOs in the second two districts, and they transferred their start-up experiences to their counterparts there. Workshops that bring all six networks together are particularly worthwhile because they provide a forum for practical exchange.

The original networks in New Juabeng and Suhum demonstrate a strong sense of solidarity and cooperation, whereas the newer networks are defining their priorities, strategies, and day-to-day operations. The third-phase network continues to benefit from the lessons learned from the five pioneer networks, and they enjoy the momentum generated by their predecessors. "The pilot phase has been an eye opener," Ahenakwa Quarshie, the Suhum Network Coordinator, said. "POLICY provided a platform for different organizations to interact, share experiences, and effectively use resources."

Throughout the networks' evolution, the participation coordinator kept the NPC apprised of activities. Although the NPC was initially hesitant to support the networks from the central level, the NPC's regional population officer became a close partner. Three years later, the NPC recognized the strength and success of the networks. POLICY and the Eastern Region networks have developed a multifaceted partnership. That the networks have thrived in a less than supportive atmosphere has made their success all the more remarkable.

Dr. Richard Turksen, NPC Director, recently stated, "When I cast my mind back to those early days when we [NPC] didn't have a presence in as many as six regions and the POLICY Project approached us to try with this participatory project and advocacy and so on, it was very difficult to see beyond one's nose, literally, but now with the benefit of hindsight, in fact at that time what we recommended was POLICY Project take the lead and we will follow. That lead they took was a good lead and we are glad that we followed."

VI. Inside the Networks

Structure

The networks vary somewhat in their organization. They have in common, however, a simple and flexible structure. There are only two standing bodies within each network: the executive committee and subcommittees dedicated to specific functions, such as planning or monitoring and evaluation. Working groups are formed on an ad hoc basis as planned activities require.

The internal operations of the networks reveal nonbureaucratic and effective systems. The networks quickly established standard operating procedures that encouraged members to meet on a regular basis and communicate well. General network meetings usually convene once a month, whereas executive committee members usually meet once a week. In preparation for an advocacy presentation or other activity, working groups meet according to deadlines.

The networks are based on the principles of democracy and group consensus. Networks rarely resort to open-ballot voting, making most decisions by concurrence of the members. Lively debate and persuasion is welcomed and is the primary technique used to arrive at decisions. "Minority opinions are respected," a member affirmed.

The Executive Committee

The network's decision-making body is the executive committee, a group of five or six volunteers elected after the inaugural meeting. Committee members are usually affiliated with established, influential NGOs, such as the Planned Parenthood Association of Ghana (PPAG), or with government organizations, such as the Ghana Registered Midwives Association. The executive committees are led by an elected chairperson or coordinator who presides over meetings, responds to invitations from groups who are interested in hosting an adolescent reproductive health presentation, and stimulates the interest of new or inactive members. Other committee members include vice-chairpersons, secretaries, and treasurers. Vice-chairpersons build consensus by acting as mediators during debates and secretaries record the minutes of meetings and keep track of network funds. The administrator of the small-grant funds plays a critical role, because the funds are deposited into the organization's bank account of for which the administrator works and is responsible for managing them.

The executive committee is charged with the day-to-day decision making based on informal consultation with the larger membership. The committee also facilitates the smooth and efficient functioning of the subcommittees, working groups, or zonal representatives. It plays the primary role in formulating plans for to the general membership; however, major decisions about program planning, advocacy activities, or use of resources require final membership during a full network meeting. In the event that an unexpected situation arises, the committee may convene and take action, calling in particular members as needed.

The principal tasks of the executive committee are to ensure the flow of internal communication; coordinate network, subcommittee, and working group activities; and correspond with policymakers. Committee members encourage member participation in plenary sessions, subcommittee meetings, and advocacy activities—often a task of “finding the right job for the right people.”

Subcommittees and Working Groups

The number and focus of subcommittees differ from network to network, depending on local priorities, planned activities, and available expertise. For example, the New Juabeng network has three subcommittees: IEC, research, and monitoring and evaluation; whereas the Suhum network has a fourth committee dedicated to planning. Instead of subcommittees, Akwapim South has selected six zonal representatives whose primary duty is to act as a mouthpiece for the executive committee, keeping the local chiefs and other grassroots opinion leaders informed about adolescent reproductive health in their localities, while conveying grassroots concerns back to the network decision makers.

The networks use working groups to address specific issues and implement programs. For example, one working group specializes in the development of IEC materials, another excels at giving reproductive health presentations to youth groups, and another is skilled in proposal development.

Membership

The six networks, with more than 145 members, incorporate an incredibly diverse representation of organizations and individuals and thus offer a readily available storehouse of human resources. The defining characteristic of all network members is a strong commitment to improving adolescent reproductive health.

The networks have attracted the most reputable organizations and a vast array of Ghanaian citizens working in FP/RH, education and literacy, youth issues, religion, and community development. These include international organizations such as the Red Cross, local affiliates of national NGOs, government agencies with local affiliates, and medical professionals. Teachers, queenmothers, and other traditional leaders are also active members.

Networks are also composed of organizations without a health focus: labor unions, religious groups, and trade organizations. Trade organizations for tailors and dressmakers, beauticians, mechanics, or market traders are particularly concerned about adolescent reproductive health because they often employ large numbers of teenage apprentices, and are acutely aware of the extent of teen pregnancy. These organizations are very active in the network and also provide access to young people who are out of school and who cannot be reached by family life curriculum.

The networks have made good use of the extensive human resources of their members. Those members who are involved in health or education offer special skills that are of great benefit to the network. For example, New Juabeng benefited from the statistical expertise of one of its members, a demographer, during the baseline survey.

In a few cases, network members also belong to the prime target group, the district assembly. This direct link between the network and the district assembly has many advantages, including insight into potential voting outcomes, policy developments, and resource allocation trends. A network member who holds a seat in the district assembly gives the network detailed knowledge of the decision-making process.

Individuals who have no obvious connection to health have unique talents to volunteer to the networks. Sustainable development and environmental groups, such as the Green Earth African Organization, have become involved in network activities, exponentially increasing the depth and breadth of network expertise and perspective. In another example, two artists from Suhum designed IEC materials for the network, including a widely disseminated comic strip. The artists admitted that they originally did not know much about the local adolescent reproductive health crisis; however, their exposure to the issue redoubled their commitment to the network.

Some members helped the networks connect with the media and increase press coverage. The New Juabeng network boasts a reporter from the Ghana news agency, a member of the Association of Women Journalists, and a representative from Radio Zed. This popular radio station provided full coverage of a reproductive health seminar that the network sponsored for opinion leaders, religious leaders, and heads of departments, providing free coverage of network highlights during the station's in-depth program, *Focus*. Women in the Media has also published articles about the New Juabeng network's activities. Beyond their members' press organizations, the networks have enjoyed media coverage in national newspapers, such as the *Ghanaian Times*, and television coverage of some of their workshops.

Religious affiliation has not been a divisive factor among the networks, and the ecumenical cooperation reflects Ghanaian society. For example, when network meetings open with a Christian prayer they usually close with a Muslim prayer. Network leaders try not to set meetings on Friday, the Muslim holy day; however, if this is not feasible, the Muslim members excuse themselves for services and then return.

Through the diversity of their members, the networks have increased access to religious youth groups, school children, trade apprentices, and government officials. While the networks obviously benefit from the professional connections of its membership, members have also employed network resources in their full-time jobs. For example, four teachers associated with the GNAT and the Ghana Education Service used adolescent reproductive health information from the network baseline study to prepare a district-wide contest for teenagers about the pitfalls of teen pregnancy. The benefits of network membership are many: organizations and individuals can network and share ideas, resources,

and audiences. One person mentioned that network membership has afforded her organization with opportunities to “get help from” and “offer help to” other organizations.

The networks represent an effective organization of people with varied religious, sectoral, and educational backgrounds. They synergize these unique perspectives, resources, and contacts and bring them all closer to their common goal than they would if they had been acting individually.

Participation

The networks have succeeded in committing the human, material, and financial resources of its members to the larger network objectives. The clear successes achieved by the networks attest to the fact that they are well-organized with highly capable volunteers who frequently provide their own personal time, effort, and resources to accomplish their tasks. The networks have thrived because of the dedicated efforts of volunteers, their most valuable resource.

Joining the network simply entails attending meetings and participating on a volunteer basis. No formal agreements or financial commitments are required of members. However, participation is not uniform. Several organizations in the networks are highly sophisticated and highly paid professional full-time staff. Other organizations lack some of these material and financial resources, but function with a deeply committed volunteer corps. They possess different capacities to participate in the network. One member from Akwapim South explained, “We are willing to do the work, but finding the time can be difficult. Sometimes it just becomes too much.”

Invariably, too, some members of the group are called on to contribute more frequently because they have expertise, such as public speaking or medical knowledge. The individuals who participate most actively in network meetings and advocacy activities are technical staff in their respective organizations, managers with decision-making authority, or individuals acting on their own. Although some members are more active in the networks than others, overall participation in decision making is equitable.

Some NGOs and government organizations encourage their representatives to be leaders in the networks. For example, PPAG supported the active role their Eastern Region representative took. When the original New Juabeng coordinator moved to Accra to become a PPAG national program coordinator, the network members elected his replacement to become the new network coordinator. Organizations such as PPAG have national links and their representatives have relevant training. Thus, those representatives often emerge as natural leaders.

The networks actively recruit new members often through their community outreach activities, and their numbers have grown. All of the networks’ founding members are still active, except for a few individuals who left because of scheduling conflicts. Limitations of time and other organizational resources are the main impediments to full participation.

In Ghanaian society, women shoulder the dual burdens of earning outside income while bearing the responsibility for the household, including cooking, cleaning, and child rearing. The drain that these responsibilities have on their time explains the gender disparity in network membership. The most active members are men, as evidenced by the high number of males on the executive committee. There are not many active women's groups in Ghana, and the participation coordinator has struggled to ensure the presence of women at workshops.

Another problem some members from outlying rural areas faced is the transportation costs to attend meetings in the district capitals. POLICY has mitigated this problem, however, by covering transportation expenses for members to and from meetings and activities.

Organizational Barriers

Most, if not all, organizations face the perpetual struggle between funding availability and internal program priorities. Institutions want to avoid the “funding-driven” syndrome in order to retain autonomy; however, in reality, an organization can only do what its resources allow. And a wealth of resources is required for a reproductive health advocacy network to operate. Access to resources is an area of vital concern for the sustainability of the networks.

The networks do not have paid staff or an infrastructure of their own—office space, telephone lines, computers, or administrative support—but rely completely on the contributions of members. POLICY awarded small grants to support discrete advocacy activities, such as the baseline study, dissemination activities, and capacity-building workshops; however, members volunteered the human and material resources to keep the networks operating. Members' time constraint is the first barrier for the networks. Developing a secure funding base is the second.

Because the networks rely on the time of volunteer members, there is no feasible way to raise funds on their own. One network discussed raising snails to generate income, since it requires only a small initial investment and minimal upkeep; but this activity was not carried out. Some networks appeal to private citizens and organizations for funding or other types of material support. For example, the Akwapim South network wrote numerous letters of appeal to local organizations and received about 10,000 Cedis (about \$4US) from the Ghana Truckers Association. This example demonstrates the difficulty of obtaining financial support from external sources.

Nonetheless, Akwapim South has received outside support from a fruitful partnership with the District Director of Health Services, who has generously donated office space at the Maternal and Child Health and Family Planning Clinic. In addition, the network is in the process of furnishing the space with office supplies, equipment, and furniture. While partnerships of this type have been highly beneficial to the networks, the absence of discretionary funds has severely limited the extent and nature of advocacy activities. Sustainability continues to be one of the greatest challenges that the networks face.

VII. Network Advocacy Campaigns

The idea of a comprehensive approach to reproductive health, as presented in the 1994 International Conference on Population and Development (ICPD), is widely accepted, although the idea that RH is a component of women's rights is not. The networks have also acknowledged the role of advocacy in the ICPD *Programme of Action*. "We are very happy that ICPD isolated advocacy as a separate area in addition to reproductive health and population and development," Director of PIP, Professor J.S. Nabilah, said. "In June of '86 we realized that advocacy was key."

What started as a small group of interested individuals has evolved into a mobilized network armed with strategic vision, fine-tuned advocacy campaigns, and a good measure of political savvy. POLICY supported this transformation through small grants of \$1,000 to \$5,000 to fund discrete activities. These small grants served as the vital mechanism to launch and implement advocacy campaigns. Small grants were used to support baseline studies, advocacy presentations, community meetings, and materials development.

Data Collection

The first two networks (New Juabeng and Suhum) invested greatly in baseline surveys in response to the dearth of local information—the DHS does not include district-level data. They submitted small grants proposals in February 1997 and completed the baselines by autumn of that year. Kade and Akwatia networks also applied for small grants and conducted baselines (surveys, interviews, and focus groups) in their districts.

A productive partnership with PIP was forged during the data-collection process. "PIP shares information with assemblymen and opinion leaders in order to sensitize them to the issues involved," J.S. Nabilah explained. The roles of the networks and PIP complement each other, and there has been a fruitful cross-fertilization between the two groups. PIP provided the networks with ideas on data-collection techniques, computer graphics, and presentation skills.

The four networks found the baseline assessment particularly helpful because interviewing community members strengthened their relationship with the community while producing local information about reproductive health. Suhum's study confirmed the national DHS data about the widespread awareness of family planning and the low contraceptive rates. While most people approve of family planning, the desire for large families and lack of knowledge contribute to high-fertility rates.

Data-collection efforts instantly provided a greater legitimacy to the networks' advocacy messages since, among district assembly members, local statistics carry great weight in decision making. The data also ensured that the district networks were addressing the true reproductive health concerns of the communities. "If it doesn't come from the people," Kate Parkes commented, "it's meaningless."

Although labor intensive, the baseline surveys proved to be effective tools to inform the community and assemblies about the district adolescent reproductive health situation. Based on the experience of the other networks, however, Akwapim South chose not to invest the time and effort into designing, conducting, and analyzing their own baseline study. Instead, they used focus groups to conduct a sort of “key informant study” with opinion leaders (town councils, traditional and religious leaders) to elicit their concerns and get their support for adolescent reproductive health issues.

Like the other networks, PIP’s information and technical support was an important part of Akwapim South’s data collection efforts. In return for this technical assistance, the networks provided PIP with information from local hospitals, the Ministry of Education (MOE), and MOH; then PIP and the networks prepared combined presentations.

The data collected by all the networks and PIP figured prominently in their advocacy activities. The networks tailored presentations and advocacy campaigns with information they gathered. “We used data specific to the district so the audience could better relate to the data,” J. S. Nabilah said. “It becomes a strong advocacy tool.”

Advocacy Campaigns

The networks’ primary objective is to raise awareness of FP/RH issues among executive committee members of the district assembly and heads of decentralized departments in order to encourage them to provide resources and plans for adolescent reproductive health in their districts. The networks designed and delivered sophisticated presentations augmented with local data to their district assemblies and achieved definitive results.

The New Juabeng and Suhum networks have recently completed their original strategy by delivering a sensitization presentation to the district chief executives. They each balance their outreach to the district assemblies with activities for community opinion leaders. The younger networks are implementing similar advocacy campaigns.

Each of the networks chose a spokesperson who would facilitate access, make an immediate connection, and convey the most positive impression. Physicians, nurses, midwives, and family planning service providers lend an additional element of legitimacy to network presentations because they are respected in the community and have the ability to field detailed questions from their audience. These health experts and service providers accentuate and strengthen the network’s message aimed at district policymakers.

The goal of the New Juabeng network is to reduce teen pregnancy in the district through policy action. The network focuses on female education and improving the chances of employment for youth. The network began its advocacy campaign by working with the Suhum network to present the findings of their baseline surveys. In November 1997, the two networks, POLICY, and PIP adapted the findings into a formidable presentation that was presented to national NGOs and the NPC outside Accra. A Ghanaian newspaper reported that “Mrs. Esther Apewoking, Director for Training of the NPC, said the results of the survey

will greatly assist the NPC focus its attention and resources” (*Daily Graphic*, November 7, 1997).

In May 1998, the New Juabeng network held an advocacy seminar for opinion leaders in the district, followed by a series of meetings: one meeting with religious leaders to illustrate that teen pregnancy does exist in the district; another with community members to point out that Islam does not prohibit family planning; and meetings with the municipal assembly on teen pregnancy and HIV/AIDS.

The following year, the network conducted combined focus-group discussions/advocacy seminars with in-school and out-of-school youth and with adults. The network targeted out-of-school youth through professional associations, such as the tailors and dressmakers, beauticians, mechanics, shoe shiners, and trade unionists. Discussions with youth shed light on the challenges that face young people and on the root causes of teen pregnancy.

These seminars sought to generate community views and ideas for advocacy and stimulate community members committed to advocating to improve plans for adolescent reproductive health. The network was especially successful drawing attention to policy among adults. At this seminar, adults recommended that programs for youth be pursued by the municipality and that contraceptives be promoted among sexually active youth. They also asked the network to host a second, similar seminar with policymakers as well.

In June 1999, the New Juabeng network held a seminar with 100 district assembly members, leaders of youth groups, and heads of second cycle schools to sensitize them to the adolescent reproductive health situation and needs in the district. This seminar was followed up with one for 200 PTA members and students of the Mahdi Deen Islamic JSS. Results of the network’s efforts were not restricted to the New Juabeng District, however. One network member, PPAG, used its advocacy work to push for support for adolescent reproductive health in the Birim North District assembly.

The Suhum network took a similar approach to its advocacy goals. Suhum is particularly concerned about the reproductive health of its young women because the major north–south truck route runs right through the city, increasing the chances for encounters between unsavory visitors and impressionable Suhumiennes. The Suhum network’s advocacy campaign focused on family life education and other protective measures for youth.

With preliminary information from the baseline activities, the Suhum network held a seminar for 30 Muslim women and men, including a local Imam, to discuss the link between education and teen pregnancy, followed by a second seminar that repeated the message to send girl children to school.

When the baseline was completed, the network presented the results to the executive committee of the district assembly. Suhum’s presentation was so well received that the network was invited back to deliver its presentation to the entire assembly in November

1997. The network presented its findings to 120 attendees of the district assembly general session and used the information to point out the need to provide resources and plans for adolescent reproductive health. The Suhum network reiterated this message the following June when the district assembly's allocations for schools considered including scholarships and library facilities.

The networks also sensitized opinion leaders from six zones on the importance of sexuality education for young people. In May 1998, Suhum sponsored an open-air technology workshop on sexuality with religious and opinion leaders, teachers, queenmothers, and Muslim leaders, to seek their perspectives about adolescent RH and to relay their opinions to the district assembly. Once again, the Suhum network used this opportunity to encourage sending girls to school.

In June 1998, a new district chief executive took office, and the Suhum network met with him several times between October 1998 and March 1999 to inform him of the network's goals and activities. These meetings paid off, as the network secured the support of the district health management team and an invitation from the district administration to participate in its AIDS Day activities.

In August 1999, the Suhum network held a sensitivity seminar for the executive committee. With PIP's help, the network created a presentation combining selected baseline data with the AIDS Impact Model (AIM) complemented by remarks by the MOH, NPC, and deputy coordinating director of the executive committee. This presentation was the most sophisticated of the network's advocacy materials. The executive committee reported they were "overwhelmed" by the presentation and requested that the seminar be repeated for the full assembly.

In spite of their advocacy training and materials development, however, the first two networks found that it was much easier to develop a message about teen pregnancy for youth than it was for district assembly members. The New Juabeng and Suhum networks developed creative comic books, dramas, and cartoons for adolescents; however, they quickly returned to their baseline statistics, factsheets, and formal communication for assembly members. Although it took extra effort, developing presentations, especially for the district assemblies worked.

Thus far, the subsequent three networks experienced similar levels of success with the assemblies. Like Suhum, the Kwaebibrem district networks chose to focus their advocacy campaigns on lobbying for more effective family life education in schools. Their first action was to write a letter to the district assembly, requesting a slot during a sessional meeting. The district assemblies can provide direction to their district's curriculum; therefore, Kwaebibrem recommended that the district assembly make a provision for family life education training for teachers.

The district chief executive in Akwapim South, who attended the entire inaugural meeting, has met with the network several times since then to remain informed. Network

members met with chiefs and assembly members in six zones in September 1998, and they held a discussion session with 54 assembly members in March 1999.

The networks strive to convey a message that will not conflict with local religious or traditional beliefs. “You need the support of religious organizations because they have a strong influence on the character of Ghanaians,” the New Juabeng Network Coordinator asserted. In Ghana, family planning for adults is widely accepted by religious groups—in fact, the Christian Council brought family planning to Ghana in the 1960s. Potentially, religious and traditional leaders can have a positive impact on adolescent reproductive health and related policies; therefore, the networks deem it important to recruit, train, and encourage religious and traditional leaders to pass along information about teen pregnancy to their audiences. One queenmother provided a strong voice in her community when she gathered all of the parents together and reminded them of their parental responsibility for the sexual behavior of their children.

Policy Achievements

The networks have succeeded in raising awareness of adolescent reproductive health needs and community concerns. They have also developed credibility among district assemblies and are considered a valuable technical resource. Their guidance is sought by policymakers, and they have already had some policy successes.

Specifically, the Suhum network lobbied, and eventually convinced, the district assembly to allocate funds (1) for library facilities to keep youth out of trouble, (2) for stronger curfews, and (3) for a ban to keep youth from video houses. In addition, Suhum members encouraged the assemblies to place more emphasis on family life education in schools.

As a result of the Kwaebibrem district’s advocacy work, the assembly invited them to join a task force to spread their reproductive health knowledge and message to the unit committee, the subdistrict, decision-making body. Kwaebibrem lobbied the assembly for a provision for better teacher training in family life education and received a promise of support.

The Akwapim South’s district director of Health Services was so pleased with the network’s advocacy work he donated an office at the district health post, and the district chief executive promised the network furniture.

Each of the networks is now poised to be a full partner in the policymaking process. The district assemblies have recognized them and the need for policy intervention in adolescent reproductive health. They will, undoubtedly, have more policy successes in the future.

Barriers in the District Assemblies

In spite of their achievements thus far, networks are concerned that the district assemblies will not be able to find the funds for programs and policies they recommend. Competition for resources is great, and district assemblies are strongly motivated to increase their tax base. Consequently, funds often go to incoming-generating activities, such as improving a marketplace near a lorry park or purchasing new cutlasses for impoverished farmers.

However, the district assemblies were given the authority to raise funds on their own and about 60 percent of the common fund granted by the national government is earmarked for revenue-raising activities. The other 40 percent could be allocated for population activities, such as additional family life education training for teachers. Patience and an appreciation for the rigors of transition are required as assembly members shift into budget planning roles, and NGO members in the networks shift into advocacy roles.

Another barrier is the attitude of some assembly members. Most political appointees in the district assemblies are not open to grassroots participation. They view themselves as administrators for policies and programs handed down from regional and national levels. But some assembly members are optimistic that this approach could also work from the bottom up. One political appointee explained that he is not opposed to participation and that he would be receptive to specific policy and program recommendations delivered by the networks. He expressed a willingness to administer these grassroots ideas, although he was averse to actively formulating new policies.

Finally, turnover in the district assemblies is high, thus frustrating the networks. The Suhum network, however, successfully put adolescent reproductive health on the political agenda and garnered support from local politicians with their presentation. However, elections were held shortly afterward and key supporters were voted out. In the end, the networks were not able to secure funding for adolescent reproductive health programs for which they had worked so diligently. Instead, they have had to re-educate the newly elected leaders.

VIII. Partnerships

POLICY/Network Partnership

The networks' choice of advocacy issues and activities has been influenced by a variety of factors, including the expressed needs of the communities served, the consensus of the membership, and the availability of resources. POLICY has served as the major source of assistance for developing the networks and for advocacy campaigns. For example, the project has conducted workshops, funded travel to international conferences, supported small grants for the different networks, and, most importantly, provided day-to-day technical guidance through the participation coordinator in Accra. The depth and breadth of the Coordinator's contributions cannot be overstated, both in terms of helping the networks develop and

evolve, providing needed emotional and substantive inputs, and helping to forge partnerships between the project and the networks, between the networks the NPC, and among the various networks themselves.

Building and sustaining partnerships is a time-consuming, costly process that, in this particular case, has produced positive results. In the POLICY/RH advocacy network joint venture, both parties have learned that true partnerships require patience, tolerance, commitment, perseverance, and expertise. Through this partnership, POLICY and the networks have promoted the participation of civil society in Ghana's policy process. Most importantly, advocacy networks are replicating themselves independently of the auspices of the POLICY Project.

Network/PIP Partnership

The partnerships that each of the networks have forged with PIP have proved invaluable to the networks. Not only do they share compatible objectives to inform policymakers in key reproductive health issues, but they have found new ways to collaborate. The sharing of presentation skills and data has benefited the networks and PIP alike. PIP's ability to access data from district development plans, various ministries, and local hospitals, for example, and to create and tailor computer presentations, is extremely important for advocacy campaigns. POLICY should do more to actively integrate PIP's activities with the networks on an ongoing basis.

Network/NPC Partnership

The POLICY participation coordinator pursued partnerships with supportive and nonsupportive organizations alike. Initially, the NPC provided little national support, making the entire process more difficult than if there had been a collaborative relationship from the start. The networks fostered a relationship with regional population officer for the Eastern Region, and demonstrated that such regional support is key. In addition, they used what support they had to build relationships with NGOs, community members, and other agencies. Meanwhile, the participation coordinator always kept nonsupportive organizations informed of network activities. This approach paid off. The NPC director recently commented at an official function, "Let us increase our collaboration in this direction, all of us—NPC, PIP, POLICY, UNFPA, and all other key partners—we should work together."

IX. Lessons Learned

Advocacy Networks

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 their 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 make the distinction 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.
- *Sharing the expertise and knowledge between older and more recent 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 three 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.

POLICY Project

During the past three years, network members as well as project staff have made substantial investments in creating and strengthening the networks. What began as a pilot project with limited support has evolved into a mutually supportive relationship between POLICY, the networks, and NPC. Like the networks, POLICY has learned, and continues to learn, important lessons from its experiences in Ghana. All these lessons have important implications for the project's future work.

- *POLICY must do more in the way of capacity and skills building for network partners.* Success is not likely if POLICY parcels out advocacy training and then simply releases nascent networks into the policy arena. Local districts have specific policy needs; however, their leaders often lack policy formulation, analysis, and dialogue skills, whereas networks require more advanced training in understanding the policy process and effecting policy change. POLICY and PIP even provided basic computer training in Microsoft Word and PowerPoint in order that networks could prepare advocacy materials. POLICY must provide early and comprehensive training in areas such as FP/RH, strategic planning, gender, materials development, and, most importantly, policy analysis.

Building the networks' capacity as effective policy advocates has depended on the availability of POLICY inputs such as training and technical assistance as well as small-grants. However, increasing the networks' capacity and ensuring their sustainability requires human, material, and intellectual resources from a variety of sources and the skills to identify and solicit those resources.

- *POLICY should make better and more targeted use of the experiences of the more established networks to supplement advocacy training and network development.* Their groundbreaking experience serves as an example for future grassroots networks in Ghana. They can provide first-hand knowledge about designing and implementing advocacy campaigns and the internal decision-making processes of the district assemblies.
- *A corollary lesson for POLICY is to place greater importance on promoting local ownership of the networks.* Technical assistance, therefore, must be demand-driven, guided by the expressed priorities of the networks, and not by the perceived needs of POLICY. Although aided by POLICY, the networks always take the initiative in developing their advocacy strategies and tools and can claim credit for their successes. They are in the best position to identify their needs, and POLICY should continue to respond to their requests.
- *POLICY recognizes that if the networks are to be sustainable in the long run, the network must evolve from dependence to a true partnership.* POLICY needs to learn how to pull back incrementally as the networks establish themselves as autonomous grassroots policy partners. As the networks continue to grow, the participation coordinator should devote more time to fledgling networks. This transition will take perseverance and patience on part of both the project and networks.

- *Financial sustainability is at the crux of organizational longevity, particularly when a network is growing and developing new, sophisticated advocacy activities.* It is important to lay the groundwork for financial sustainability early to avoid a dependent relationship. Networks need training in fundraising and proposal writing as well as assistance in developing programmatic and operational systems and structures that contribute to their sustainability.
- *In the beginning stages of network formation, POLICY should not focus its initial recruitment efforts only on NGOs and government agencies that are already dedicated to youth and reproductive health.* Other community members who are also concerned about the health of young people have valuable perspectives to contribute. The networks thrive due to their diversity and wealth of human resources.
- *The presence of a reliable and engaged resource person is a must for the creation of future networks.* Thus far, the networks have been energized by the continuous technical, administrative, and emotional support provided by the participation coordinator. The nascent networks have flourished under her guidance.
- *In order to be most effective, NGO advocacy activities under POLICY must be wholly integrated into the overall country program, and this necessitates a supportive country manager.*

X. Next Steps

Under Ghana's policy of decentralization, every state institution is mandated to move its presence to the district level. At this stage of decentralization, the NPC is trying to convince district assemblies to set up Regional Population Advisory Committees (RPAC), which are formed by members of NGOs, government agencies, and other reproductive health professionals. The RPACs are designed to advocate for policy change by making sophisticated, well-informed presentations to the district assemblies. However, the RPACs will also be able to provide the assemblies with technical support, such as budget and planning skills.

The Eastern Region is the first region in Ghana to form RPACs, which represents a ripe opportunity for the networks to forge a unique link between the RPAC and the assemblies. The networks could position themselves to supplement, support, and assist the RPACs. And in turn, the networks could rely on the RPACs for technical assistance as they have relied on PIP. One of the most recently formed RPACs had three members who were also advocacy network members, indicating that the networks are already moving in this direction.

POLICY has taken the lead, training existing RPACs in the policy process, advocacy, and other skills such as preparing an AIM presentation. "Now here we are all of us trying to build the capacity of Regional Population Advisory Committees. But at that time, it was a bit

of a dream and I am very glad that the dream has come true and that also makes us confident,” NPC Director, Dr. Richard Turksen, said. As POLICY trains RPACs, reproductive health advocacy networks will establish new relationships and assume new roles.

Although the NPC is also considering creating posts for regional and district population officers, it is faced with severe financial constraints. It is experimenting with district offices in the Upper East and the Eastern Regions (in Akwapong), but the NPC simply does not have the resources to support 110 district population officers throughout Ghana. A gap remains between the district and the regional decision-making bodies. POLICY could work with the government at the regional level while the networks work at the district level since they were developed from the grassroots for this purpose.

POLICY is still defining its role in building new networks. It must decide, however, if and how it should replicate the district advocacy networks, and how it will help the older networks establish themselves independently of POLICY assistance. To help in this transition, the participation coordinator organized a capacity-building workshop for key network leaders who may step into her role in order that she may dedicate her time to establishing new networks in other districts.

The networks and POLICY share a commitment to improving the policy environment in the Eastern Region of Ghana in a participatory manner and to ensuring the sustained and successful work of the networks long after POLICY has left the scene.

Appendix A Principal Contacts

C = CEDPA Alumnus

1. USAID/Accra

- Ms. Barbara P. Sandoval, Mission Director
- Mr. William Jeffers, Deputy Director
- Dr. Abraham Usman, Economist
- Dr. Pamela H. Wolf, Chief, Health, Population, and Nutrition Office
- Ms. Joanne B. Jeffers, Health, Population, and Nutrition Office
- Mr. Don Dickerson, Health, Population, and Nutrition Office
- Dr. Benedicta Ababio, Health, Population, and Nutrition Office
- Mr. Lawrence Aduonum-Darko, Health, Population, and Nutrition Office

2. National Population Council

- Dr. Fred Sai, Chairman
- Dr. Richard B. Turkson, Executive Director
- Prof. A.F. Aryee, Technical Advisor (UNFPA)
- Mr. T. J. Amartey, Director, Field Operations, Ext. 116
- Ms. Esther Y. Apewoken, Director, Policy, Research and Training
- Dr. Kwame Ampomah, Director, Family Planning and IEC
- Mr. G. H. Attu, Population Officer, Field Operations
- Dr. K. Aikins, Population Officer, Research and Evaluation
- Ms. Evelyn Nsiah, Population Officer, Training
- Mr. Steve Grey, Population Officer, Policy
- Mr. A.B. Osei-Owusu, Assistant Population Officer, IEC
- Mr. S.O. Foster, Administrative Officer
- Mr. Emmanuel Tofoatsi, Assistant Population Officer
- Nene Akresi Korda II, Assistant Population Officer, IEC
- Mr. Mawufor Goh, Assistant Regional Population Officer, Ho, Volta Region
- Mr. E. Darkey, Assistant Regional Population Officer, Sekondi, Western Region
- Mr. D. Benneh, Assistant Regional Population Officer, Sunyani, Brong-Ahafo Region
- Mr. K.K. Agyei-Addoquaye, Assistant Regional Population Officer, Koforidua, Eastern Region

3. Population Impact Project

- Prof. John Nabila, Chairman and Project Director

4. Ministry of Health

- Dr. Henrietta Odoi Agyarko, Director, MCH/FP
- Ms. Rejoice Nutackor, MCH/FP
- Mr. George Dakpallah, Director of Budget
- Ms. Francesca Hayford, Budget Office
- Mr. Prince Boni, Planning Officer

5. Regional Health Office, Greater Accra Region

- Dr. Kofi O. Adadey, Regional Director of Health Services, Greater Accra Region
- Mr. Derik Aryee, Senior Medical Officer, Public Health, Greater Accra Region

6. National AIDS/STD Control Programme

- Dr. Emil Asamoah-Odei, Programme Manager
- Mr. Napuli Z. Ibrahim, AIDS / IEC Coordinator

7. National Development Planning Commission

- Dr. Kwabina Erbyn, Executive Director
- Dr. Ferdinand D. Tay, Director, Economic Policy Division
- Mr. Osie-Bonsu
- Dr. Evelyn Awittor
- Mr. Samuel Sarpong
- Ms. Carol E. Levin, UNICEF Advisor, Social Policy Division, Food and Nutrition Security Unit

8. Ministry of Local Government and Rural Development

- Mr. George Cann, Director, Planning, Programs, Monitoring and Evaluation (PPME)
- Mr. Tony Gagbah, Inspectorate Division
- Mr. Ernest K. Asirifi, Senior Operations Officer, District Assemblies Common Fund

9. Ministry of Youth and Sports

- Alex Asiedu, Director

10. GAPVOD

- Ms. Augustine Quashigah, Chairperson, Women in Development

11. Family and Development Programme in Ghana (FADEP)

- Elizabeth Ardayfio-Schandorf, National Project Coordinator

12. School of Public Health

- Dr. Phyllis Antwi, Lecturer

13. UNFPA Country Office

- Teferi Seyoum, Representative
- Mr. Duah Owusu-Sarfo, National Programme Officer
- Dr. Nelson Addo, Consultant

14. UNICEF Country Office

- Mr. Ken Williams, Country Director

15. Ghana Social Marketing Foundation

- Ms. Alice Sena Lamptey, NGO and Workplace Programmes Coordinator
- Ms. Susan Sackey-Sagoe, Adolescent and Special Programmes Officer

16. May Day Rural Project

- Emmanuel O. Laryea, M.D., Project Director

17. YWCA of Ghana

- Ms. Gifty Alema-Mensah, Secretary General
- Ms. Josephine Essah, Project Coordinator, CEDPA Better Life Project
- Ms. Kate Parkes, Former Secretary General

18. Ghana Registered Midwives Association (GRMA)

- Ms. Florence Quarcoopome, Executive Director

19. Christian Council

- Rev. C.K. Konadu, Director, Family Life and Welfare Division

20. Freedom From Hunger

- Ms. Josephine Martei, Training Coordinator (C)

21. Ghana Association for Adolescent Reproductive Health

- Mr. John Abeiku-Sagoe (C)

22. Red Cross Society of Ghana

- Mr. Anthony Gyedu-Adomako, Secretary-General (C)
- Mr. Samuel Clemens, Youth Coordinator
- Ms. Theresa Babero, Deputy Secretary General

23. Muslim Family Counseling Services

- Imoru Baba-Issa, Director (C)
- Ahmed Dery, Deputy Director

24. Planned Parenthood Association of Ghana (PPAG)

- Dr. Joana O. Nerquaye-Tetteh, Executive Director

25. Adventist Relief Development Agency (ADRA)

- Mr. Seth Abu-Bonsah, Area Project Supervisor
- Ms. Victoria Daaku, Nutrition and Health Coordinator
- Ms. Florence Nting

26. Habitat (UNHCS)

- Mr. Alfred Kwasi Opuku, Consultant to Habitat

27. Ho District Assembly, Volta Region

- Mr. R.Y.K. Nyadzi, Senior Planning Officer, Regional Planning Coordinating Unit
- Mr. S.K. Awunyo-Akaba, Chairman, Development Planning Committee, Ho District Assembly
- Mr. L.Y.K. Hagan, Director, Ministry of Education, Ho District and member of Social Services Subcommittee, Ho District Assembly
- Ms. L.A. Eleblu-Adajaweh, Christian Council, Ho District
- Mr. V.E. Adde, Ho District Assembly
- Mr. G.D.K. Fianu, Ho District Assembly
- Mr. E.K.F. Kanfra, District Planning Officer, Ho District Assembly
- Mr. G.R.K. Dzamisi, Assistant Director IIA, Ho District Assembly

28. District Health Management Team, Dangbe West District, Greater Accra Region

- Dr. Irene Agyepong, District Medical Officer of Health
- Dr. Evelyn Ansen, Medical Officer
- Seven members of DHMT

Other USAID Cooperating Agencies:

29. JHU/PCS

- Bill Glass

30. Leland Initiative - Internet Consultants

- Linda Leonard
- Steven D. Dorsey

31. FOCUS Project

- Ms. Barbara O'Hanlon

Appendix B

Network Members

Kwaebibirem Advocacy Network

(23 member organizations, including:)

Friends of the Earth

GNAT

Ghana United Nations Association

Voluntary Workcamps Association of Ghana

N.C.C.E.

Ghana Red Cross Society

PPAG

NFED

Ministry of Health

Akwapim South District Reproductive Health Advocacy Network

Joseph K. Komasi	Nat. Sports Council
Reuben Sewor	C.Y.O, Adoagy
Daniel A. Dzamesi	C.Y.O, Adoagyiri
Bernard Darko	C.Y.O, Adoagyiri
A. Awuku Aboagye	GNAT Akuapim South Dist.
Appiah Michael	ASYOC-Adoagyiri
Amponsa Kwadwo	Amoakrom Youth Assoc.
Moses Edison	Green Earth Org.
Susana Sakye	Social Welfare
Mike Tetteh Narh	Earth Vision Org.
Pat Tamakloe	G.N.I.D.A
P. K. Arthur	G.N.I.D.A
Kofi N. Djabaku	Afutu Youth Assoc.
Seidu Salifu	Zongo Student's Y Assoc.
Ransford Odu	Afutu Youth Assoc.
Lami Alhassan	M. F.C.S.
Monday Johson	IGPM
Michael Afrim	C.A.C.
Abdul Latif Shaibu	Sabon Zongo Youth Assoc.
Janet B. Fiando	G.E.S. District Office
Eugene Mills	Dept. Of Social Welfare
Jonas K. Ansah	Hairdresser's Assoc.
Mary Andoh	No. (PH)
Bernice Tamakloe	PN (PH)
Myra Togobo	GUNSA
Miss Doris Okai	Teshi Youth Assoc.
Mutawakilu Hand	Zongo Yoty Assoc.

Francis Esar	Mayday Rural Project
Francis Adji	Mayday Rural Project
Moses Dogbe	Nsawam Sec. School
Mr. Aheto	F.F.R.E.
Mr. Mantey	
Sally Agyemang	31 st D.W.A.
Nana Aku Ankra	Assembly member
Peter Holm	St. John's Optical
Vera Ntiful	D.H.M.T.
M. K. Atsu	
Regina Bredzei	
Costance Osei	

Kwabibirem Reproductive Health Advocacy Network, Akwatia

(15 member organizations)

Akwatia Craftmen Association
 Ghana Tailors and Dressmakers Association
 Methodist Youth
 Catholic Youth Organization
 Ladies Club
 Presbyterian Church
 Moslem Youth Association
 Black Bench Association
 YMCA
 Amanform Youth
 Agbeyeye Society
 Ewe Youth Association
 Assemblies of God
 Anglican Church
 PAC

Akuapem North (ANNGONET)

NGO Members:

Ghana Rural Reconstruction Movement (GHRM)
 Child Education Assistance Project (CEAP)
 31st December Women's Movement (DWM)
 Supportive Women's Organization (SWO)
 Planned Parenthood Association of Ghana (PPAG)
 Foundation for Better Tomorrow (FOBET)
 Akuapem Community Development Programme (ACDEP)
 Youth Volunteers
 Future Leaders Organization
 Mampong Valley Farmers Association

Ghana Red Cross Society
God-Is-Able Mushroom Farmers Association
Habitat for Humanity International
Help Age, Ghana
Kwamoso Mobisquad Co-ordinating Committee

Governmental Members:

District Secretariat of the National Population Council
District Directorate of Health Services
District Office of National Council on Women & Development
District Office of National Youth Council

SUHUM Advocacy Network

Grace Nyarko Agyakwa	GRMA
Josephine Osei	FP/MCH
Esther Dartey	31 st Dec. Women's
Vivian Amponsah	PPAG
E. N. Mensah	NFED
Malik Ashafa	MFCS
Frank Odoi	GUTA
Daniel Agbogla	GNDTA
H. D. Adjei	Red Cross
D. A. Danso	GES
Alexander Yirenkyi	YPG
Fred Ofori Mensah	SHEP
Elvis Ofori	SKCDA
Sammy Afari Agyiri	NYC
George Addo	Com. Dev't
Fred Ofosu	GAB
Ernest Akrofi	GNAG
Ahenakwa-Quarshie	GNAT

New Juabeng FP/RH Advocacy Network

Kwasi Evans-Nkum	NYC
Kwaku Boateng	NYC
Beatrice Gyamera	GNCC
Service Opare	Department of Community Development
Hamdiya Tahir	MCCS
Jane Kwapong	NCWD
Yusifu Ibrahim	MFCS
Emmanuel Appeagyei	GRCS
Matilda Leketey	LAPAG
Salome Donkor	Graphic Corporation/ Association of Women/ ASWIN in the Media

Dr. Johnson Boanu	EPA
Edith Gyamera	PPAG
Nana Frempong Ware II	YDF
Edmund Quaynor	GNA/ Ghana Journalist Association
Desmound Abrokwa Duah	Phillip Foundation
J. K. Klutse	Social Welfare
Rev. Lawrence Aboagye	Local council of Churches
Maxwell Apeakorang	Information Service
S. K. Larbi	YMCA
Daniel Ofosu	YMCA
Kofi Abinah	NPC
Eva Akuffo-Yeboah	MOH
Emmanuel Obeng	PPAG
Elizabeth Hammah	PPAG
Kofi Adjei Baafi	NPC
Nathaniel Glover-Meni	GNA
Abeeku Aggrey	Radio Z
Agyeman Manu	Ghanass
Comfort Glante	GES
Kwame Gyan	Statistical Service
Kwame Gyan	MOH
Kofi Ametepe	MOFA
Dr. Emmanuel Opata	Reg. Health Admin.
Mr. Vincent Amissah	Reg. Admin.
Mr. Addo Dyere	EPA

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