

Ghana Civil Society work plan and implementation timetable.



GHANA-META CIVIL SOCIETY GROUP

PROPOSED TWO-YEAR ACTION PLAN

Contact:

Health Access Network

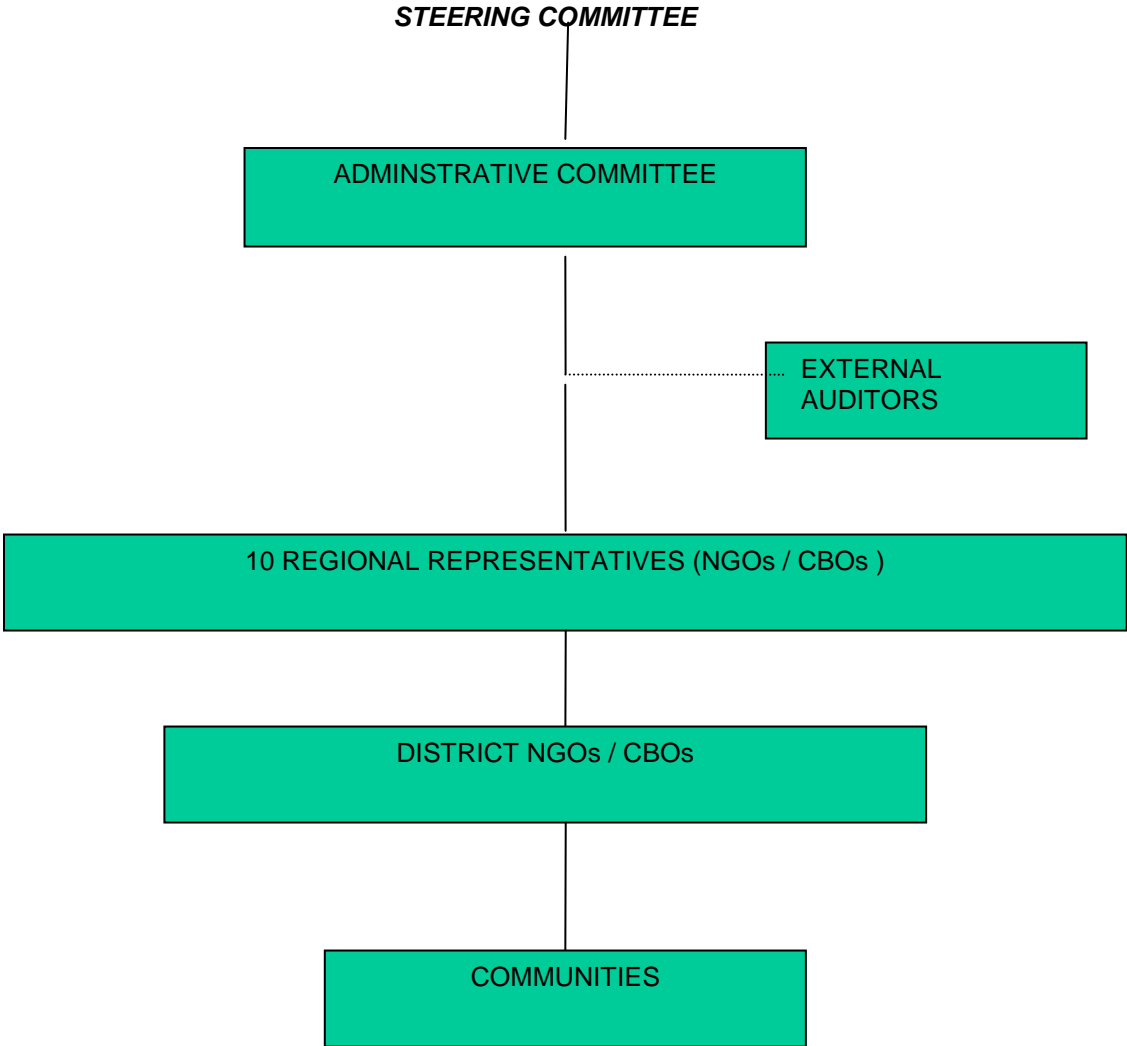
P. O. Box 13025, Accra-Ghana.

☎ +233 24 4 28 02 8 Fax: +233 21 50 34 99

E-mail: han.ghana@gmail.com

August 2008

ORGANOGRAM



Member Organizations

Contact

Health Access Network (Coordinator & GT Accra region Rep.)	han.ghana@gmail.com
DeSMAS	eldesmas@yahoo.com , ralphahiabu@yahoo.co.uk
Plan Parenthood Association of Ghana	sirazumah@yahoo.com
Drama Network	isackey1@yahoo.com , ritantoso@yahoo.com
ISODEC (Northern region Rep.)	kumahsumaya@yahoo.com
Pamoja Ghana	pamojaghana@yahoo.co.uk
Oyemam Foundation (Central region Rep.)	nedaf2004@yahoo.com
Community Development Concern	cdconcern@hotmail.com
JOPAF	peacelumor@yahoo.com
Coast to Coast Initiatives	coast2coast@yahoo.com
Women In Need	suarkk@yahoo.com
Blessed Youth Care	starankrah@yahoo.com
Exclusive Women Affairs Network	eewanet@yahoo.com
OIC International	divineatup@yahoo.com
Farm Right Network	ackadiaz@hotmail.com
Corban Foundation	corbanfoundation@yahoo.co.uk
Share Foundation	share2005ad@yahoo.com

1.0 INTRODUCTION:

One third of the world's population lacks access to essential medicines. Pharmaceuticals are the largest health sector expenditure after personnel costs in most low-income countries, and can constitute 50–90% of out-of-pocket spending on health for poor households. Improving the availability, accessibility, affordability, acceptability and rational (4As and R) use of essential medicines is therefore key to increasing access to healthcare for any community.

These however are contingent on the transparency and accountability in the supply chain of medicines and any effort at making essential drugs accessible and affordable in the community need to take a critical look at the procurement and distribution of these medicines. Issues within the medicine supply chain that increase the cost of quality medicines and reduce their availability, undermine health services and outcomes. The disease burden in Africa especially with regard to the HIV and AIDS pandemic, Tuberculosis and Malaria coupled with the desired objective to achieve targets of the millennium development goals (MDGs) makes it imperative for issues surrounding access and availability of essential medicines to be of paramount interest.

The problems of price, quality and availability can be tackled by improving transparency and access to information. Medicines Transparency Alliance (MeTA) will provide citizens, health care workers and others with information to challenge corruption, excessive pricing and waste.

A two-year pilot project is being implemented by MeTA under the sponsorship of the Department of International Development (DFID) of the government of the United Kingdom in seven countries namely Ghana, Uganda, Zambia, The Philippines, Jordan, The Kyrgyz Republic, and Peru. Countries that implement MeTA make a commitment to disclosing a set of core data on the quality, availability, price and promotion of medicines. This process fully involves civil society, business and public sectors to identify and address the functioning of the pharmaceutical market. In view of this selected civil society organizations from Ghana, Zambia and Uganda have been taken through skill building workshop to build a strong network of CSOs to actively engage in the MeTA processes in their respective countries.

The aim of the Ghana MeTA CSO group, therefore will be to contribute to increased access to affordable essential medicines in Ghana

2.0 PROJECT OUTLINE

2.1 Goal

Improved consumer access to essential medicines through increased transparency and accountability in the supply chain.

2.2 Objectives

- ✚ To build a net work of civil society organizations (CSOs) at the regional and district levels within the project cycle.
- ✚ To build the capacity of the network within the project cycle.
- ✚ To promote consumer access to information on aspects of pricing, availability and rational use of medicines.

2.3 Activities

Objective 1:

To build a network of CSOs at the regional and district levels within the project cycle.

ACTIVITIES

1. Conduct base line information on CSOs' understanding of Pricing, Availability and Rational use of medicine
2. Identify and network with regional and district CSOs in MeTA.
3. Conduct a 1-day sensitization workshop in three zones for selected CSOs.
4. Launch Ghana MeTA CSO group

Description:

This may involve consultancy assignment to randomly survey interested NGOs/CBOs to assess their knowledge on medicine pricing, availability and rational use. Simple membership criteria may be developed and advert placed in a popular print media for interested CSOs to apply. The country will be divided into 3 zones; the southern, middle and northern zones to facilitate the MeTA process across the country. CSOs in the 3 zones will be taken through a 1-day sensitization on the MeTA concept prior to launching of the Ghana MeTA CSO group.

Purpose

The baseline data and information will form the basis for project evaluation and inform the curricular for the capacity building of network members. As all CSOs in Ghana cannot be accommodated in the group, there would be the need to select some through some acceptable processes. The launching is the official out-dooring of the group and MeTA processes in Ghana.

Objective 2:

To build capacity of the network within the project cycle

Activities:

1. Conduct a 5-day trainer of trainers' workshop for 30 participants in MeTA processes.
2. Conduct a 5-day regional capacity building workshop for CSOs on MeTA in 4 zones

Description:

With technical assistance from the International MeTA Secretariat, a pool of resource persons will to train in the various MeTA concept akin to that held in Uganda for the CSOs from Ghana, Zambia and Uganda. These persons will then be deployed with the assistance of certain technical personnel to build capacities of member CSOs across the 10 regions of the country.

Purpose

MeTA concept and processes being a technical area demands some education of member CSOs to effectively roll out interventions hence the need to equip and build the capacity of member CSOs.

Objective 3:

To promote consumer access to information on aspects of pricing, availability and rational use of medicines

Activities:

1. Develop simply IE&C materials on medicine Pricing, Availability & Rational use.
2. Organize radio discussions and adverts on MeTA processes.
3. Organize community sensitizations on medicine Pricing, Availability and Rational use.

Description

The IEC material will be developed with the non-literate members of the society in mind. English versions will be translated into 6 major local dialects (Ga, Akan, Ewe, Dagbani, Dagari and Gruni). To enhance the promotion of the MeTA process various media channels will be used to disseminate information in the major local languages and through community sensitization activities such as durbars, drama and fora.

Purpose:

This is to contribute to achieving the desired outcome of the MeTA process in empowering the community to engage the various stakeholders in accessing affordable, available, acceptable and accessible (4As) drugs and be informed on the rational uses.

2.4 Expected outputs

- ✚ National network of trained CSOs established to engage in MeTA processes.
- ✚ Increased consumer awareness and access to information on essential medicines.

3.0 Proposed stakeholders to engage

Ministry of Health, Pharmaceutical Society of Ghana, Association of chemical sellers, Regional and District Health Management Teams, Media houses, District and Municipal Assemblies and the world Health Organization.

4.0 Monitoring and Evaluation

The steering committee will supervise the whole process. The district implementing CSOs will report to the regional representatives who will send composite reports to the steering committee through the coordinating organization.

Peer review meetings- There will be quarterly regional meetings; a half year zonal meeting; and annual national review meetings. It is expected that these meetings will create cross-fertilization/sharing of experiences and lessons. They would also serve as plat-form for self-evaluation and the way forward.

The baseline survey conducted would be complimented with mid and end of project surveys to determine impact of the various interventions and provide the justification or otherwise for future MeTA processes.

6.0 Project Sustainability

At the end of the 2-year pilot phase, it is the believe that all participating organizations would have acquired the needed knowledge, capacity and experience to integrate the MeTA process in their own strategic plan and routinely monitor the 4-As and R of essential medicines at the communities and where needed engage in advocacy activities with other country MeTA members and identified stakeholders on the various aspects of the meta process.

The engagements of the various stakeholders at the district, regional and national levels will hopefully engender the necessary goodwill and community ownership of the MeTA concept, which will perhaps commit others and or justify support for the process after this pilot phase.

5.1 Monitoring and Evaluation Matrix

Specific Objectives	Activity	Output Indicator	Means of Verification	Responsibility
To build a net work of CSO at the regional and district levels within the project cycle.	Conduct base line information on CSOs' understanding of Pricing, Availability and Rational use of medicine.	Data & information on CSOs understanding of MeTA concept prior to interventions.	Survey instruments/tools and reports.	Consultant/Steering committee.
	Identify and network with regional and district CSOs in MeTA.	Number of CSOs in network.	List & correspondence of network members.	Steering committee.
	Conduct a 1-day sensitization workshop in three zones for selected CSOs.	Network members Introduced to MeTA concept.	Participants' list, receipts, pictures etc.	Steering committee.
	Launch Ghana MeTA CSO group.	Ghana META CSO group inaugurated.	Newspaper clips, pictures, receipts etc.	Steering Committee.
To build the capacity of the network within the project cycle.	Conduct a 4-day trainer of trainers' workshop for 30 participants in MeTA processes.	Number of persons trained and days of training conducted.	Lists of participants, receipts, pictures, rapporteur report etc.	Steering committee
	Conduct a 5-day regional capacity building workshop for CSOs on MeTA 4 zones.	Number of days of workshop, Number of CSOs and number of regions covered.	Lists of participants, receipts, pictures, rapporteur report etc.	Steering committee
To promote consumer access to information on aspects of pricing, availability and rational use of medicines.	Develop IE&C materials on medicine Pricing, Availability & Rational use.	Number & types of IE&C developed.	Availability of different types of IE&C materials, receipts.	Steering committee & consultant.
	Organize radio discussions and adverts on MeTA processes.	Number of radio & adverts aired	Receipts & CD recordings.	Steering committee & consultant.

Activities	Months (12)											
	1 st Qtr			2 nd Qtr			3 rd Qtr			4 th Qtr		
Conduct base line information on CSOs' understanding of Pricing, Availability and Rational use of medicine	x	x										
Identify and network with regional and district CSOs in MeTA.	x	x										
Conduct a 1-day sensitization workshop in three zones for selected CSOs.			x									
Launch Ghana MeTA CSO group				x								
Conduct a 5-day trainer of trainers' workshop for 30 participants in MeTA processes.				x								
Conduct a 5-day regional capacity building workshop for CSOs on MeTA in 4 zones.				x	x	x	x					
Develop simply IE&C materials on medicine Pricing, Availability & Rational use.	x	x	x									
Organize radio discussions and adverts on MeTA processes.							x	x	x	x	x	x
Organize community sensitizations on medicine Pricing, Availability and Rational use.							x	x	x	x	x	x
Mid and end of project evaluations												x