

**PROBLEM:**

Sexual and reproductive health was low on the political agenda and not very visible in political discourse and activity. Research on the legal and policy frameworks on sexual and reproductive health in Ghana highlighted that there were gaps in policy and that there was non compliance with existing law and guidance.

In particular law and policy was failing the people who had been raped:

- Post exposure prophylaxis is not provided putting them at risk of HIV infection
- Although gender-based violence is a component of the Reproductive Health Policy there are no protocols on how this should be applied in health care centres
- Few referrals are made to the health sector
- Victims of sexual abuse and domestic violence have to pay for medical reports and medical examinations after assault, rape and defilement, which adversely affects prosecution where victims cannot afford to pay

**ACTION:**

INDEPTH Network met with Parliamentarians to discuss the research and solicit support. As a result a political engagement strategy was put together. This included:

- **Seizing opportunities.** Using the opportunity of debates on the Domestic Violence Bill to present a case to Parliamentarians, working around Parliamentary time - making sessions short and succinct, being available for follow-up, using the existing sexual and reproductive health media network
- **Behind the scenes.** Forging a partnership with the Clerk of Parliament - its administrative head, collaborating with Clerks of relevant Parliamentary committees, lobbying Chair of the Committee before debates, helping Parliamentarians to draft statements
- **Getting the message out/accessibility.** Facilitating media discussions to generate interest and present a compelling human story, providing the media with reports, making information easily accessible, carefully packaging the message, using personalities well known in terms of sexual and reproductive health in Ghana - Prof Binka, Dr Bawa, Nana Oye - to deliver papers, having a physical presence during the consideration of the Domestic Violence Bill
- **Following up.** Holding two subsequent regional workshops and involving Parliamentarians in their constituencies, sending them updates and copies of reports, following up ‘diplomatically’ with the Committee Clerks, monitoring statements by Parliamentarians on the floor through the media

**RESULTS?**

A specific provision was inserted in the Domestic Violence Act stipulating that medical assistance sought under the Act will be free of charge. However the regional workshops revealed that fees are still being demanded by health providers as they are not aware of the law.

**MAIN LEARNING:**

Credibility and the message bearer is critical for action to happen, there has to be a ‘connect’

The engagement with Parliamentarians has to be sustained to realise the objective of effective protection of sexual and reproductive health



‘One thing I have learnt is to sustain the engagement and to monitor especially in the context of your objective...what we realised is that we still have not been able to fulfil better protection...we need to move to the next stage of ensuring that the law is actually applied’

Nana Oye Lithur