The trainees were divided into four separate subgroups focusing on the following health sectors:

- **Group A**: Accidents, Injury and Mental Health
- **Group B**: Non Communicable Diseases
- **Group C**: AIDS, TB and Malaria
- **Group D**: Reproductive, Maternal, Newborn, Child and Adolescent Health

Each of these groups were asked to develop Advocacy Next Steps, Factors Influencing Regional Trainings, and Training Gaps to be Covered in Additional Trainings. We have extracted these from the Ghana UHC Project Final Report submitted in November 2021.
Group “A” – Accidents, Injury and Mental Health

Advocacy Next Steps

- Report back to constituents and sensitize them about Ghana UHC and need for training
- Use information from the public health Act. The Right to health, Ghana
- Introduction to NASA 2017 & 2018 doc with focus on Dist. Assembly Common Fund
- Share training plan developed (*adaptation of the plan used for Ghana Training*)
- Identity Allies/participants at Regional level and register them through Google Docs
- Review budget and seek funding
- Schedule training dates and venues with identified facilitators. Use the method of selection applied by the Master Trainers Hon. Montee and John
- Prepare and execute training (*Adult learning strategies*)

Factors Influencing Regional Training

- Availability of funds
- Commitment of participants
- Interest/commitment of stakeholders
- Relevance of issue to advocate on – HIV component of the District Assembly Common Fund

Training Gaps to be Covered in Additional Trainings

- Community mobilization for advocacy
- Effective Communication skills for advocacy
- Monitoring, Documenting and Dissemination of learning points and results
- Local fundraising
- Covid-19 and other issues such as vaccine hesitancy
Group “B” – Non Communicable Diseases

Advocacy Next Steps:

- Engage and collaborate with SEND Ghana on budget formulation and analysis.
- Identify advocacy target groups for capacity building
- Identify the actors to be mobilized
- Identify duty bearers at the various levels
- Identify financing gaps in UHC with respect to CSO area of advocacy

Factors influencing Regional Training:

- Area of focus of the CSO
- Resource availability
- Capacity of Trainees

Training Gaps to be covered in Regional Training:

- Resources Mobilization on Advocacy
- Risks involved in Advocacy
Advocacy Next Steps:

- Stakeholder mapping
- Traditional Leaders
- Religious Leaders
- Media
- District Assembly
- Organized Group (Hair-Dressers Association, Ghana Road Transport Union)
- Minority or Vulnerable Group

Factors influencing Regional Training:

- Goal/Target of UHC
- Status of UHC roadmap in Ghana
- Realistic Resource need and mobilization
- Stakeholder Capacity
- Gender Consideration
- Location and Space
- Level of Collaboration with UHC related State agencies

Training Gaps to be covered in Regional Training:

- Knowledge on yearly Ghana Health Service facts and figures
  - Health worker distribution in Ghana
  - Human Resource for UHC
- Disease burden and cost of every disease
- Financial implication of UHC
- Health concept to accelerate UHC
- Reflection of (health in all policy) to achieve UHC and DHF
- Private sector role, responsibility, and contribution to UHC
Advocacy Next Steps:

- Conduct UHC needs assessment in target communities
- Focus:
  - Budget analysis of UHC
  - Awareness levels of UHC
  - Advocacy levels of UHC
  - Training needs analysis of UHC
- Conduct stakeholder engagement based on our needs and assessment
- Conduct training for identified stakeholders on budget; UHC, Advocacy techniques

Factors influencing Regional Training:

- Identify health needs and challenges
- Community/Regional acceptance
- Available Resources

Training Gaps to be covered in Regional Training:

- Gender dimension of UHC i.e FGM, menstrual hygiene, SRH, Teenage pregnancy and unsafe abortions
- Right base approach to UHC on disability, mental health, key population and migrants