HOPE FOR FUTURE GENERATIONS (HFFG)

Informed Communities, Improved lifestyles

2015 ANNUAL REPORT

been introduced to ensure that payment of staff is based on their performance.

7. A training evaluation form has been developed to ensure that all staff capacity building activities are properly documented.
8. Staff Separation Checklist Form has been developed to aid smooth off-boarding of staff.
9. Project Reporting compliance forms have also been developed to aid Technical supervision of Projects

HFFG operates in in eight (7) out of the ten (10) regions of Ghana i.e Greater Accra, Central, Western, Brong Ahafo, Northern and Volta. By the end of 2015 HFFG had 7 Regional Offices and 3 district offices strategically positioned to provide services to communities in all 10 regions of the country. Over 1,000 communities benefited from the interventions of the organisation during the year 2015.

The organisation intends to increase its proposal writing capacity to improve on resource mobilisation for more and a longer term project funding. This is to enable management transform the organisation into a high performing NGO working to achieve its mission and vision.

In the future, HFFG wishes to involve and enable all staff to define the mission, vision and values of the organisation in the design and implementation of projects

In the coming year, 2016 will be focussed on working towards these key outcomes:

1. Achieve and improve on community outcomes and experience
2. All target communities and populations receive effective and high quality services from HFFG
3. Community structures and beneficiaries are involved with decisions about their welfare
4. Improve on HFFG's annual staff rating
5. All HFFG staff have the knowledge and skills to do their work as indicated in their job description supported by education and training opportunities.
6. Staff are delivering services in a professional and friendly way.
7. Staff feel engaged and confident to communicate.
8. Achieve and improve on all key organizational targets
9. To improve on organizational culture and values and communicate openly with staff, stakeholders and the public.
10. To work collaboratively with community structure and health and stakeholders to improve efficiency, reduce delays in implementation and reporting on activities
11. To engage stakeholders in planning and improving our services.

7.0 THE FINANCIAL REPORT

During 2015, in a challenging economic environment in Ghana, HFFG continued to work hard to raise funds for its work in providing support to many communities in Ghana. The organisation is currently thinking about strategic and efficient fundraising approaches. HFFG, as part of its new strategic plan is therefore looking at broadening its income base by raising funds through partnership building with donors in-country and globally and through other innovative income generating approaches.

Our income and expenditure statement for the period 2015 is indicated below. All figures are in Ghana cedis, GHS.

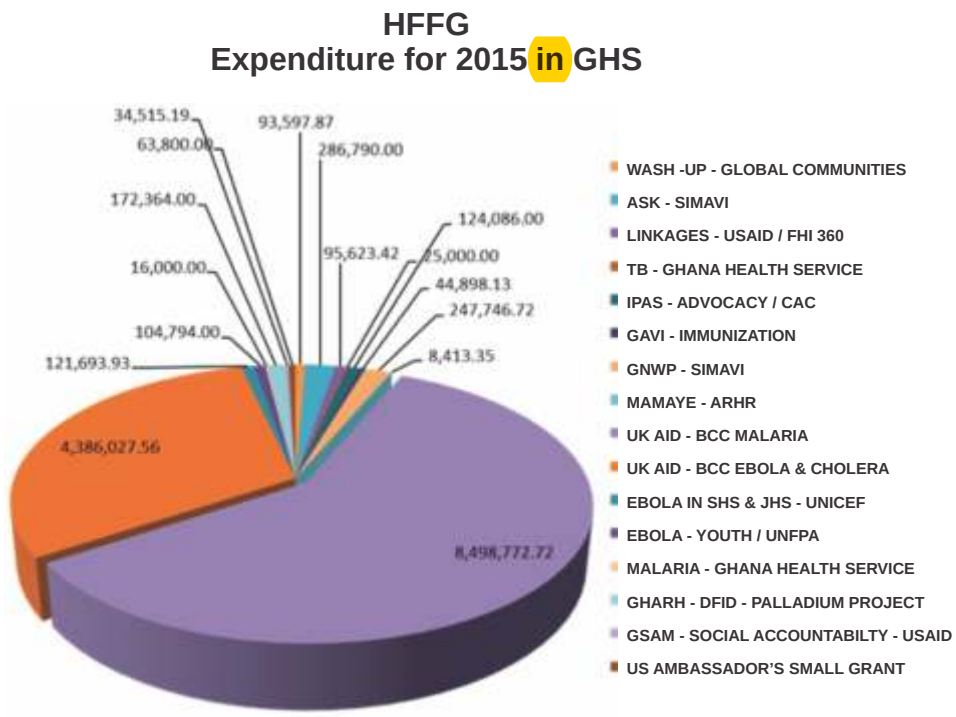

Figure 17: EXPENDITURE STATEMENT FOR 2015

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ABBREVIATIONS

ART	Anti-Retro viral Therapy
ASK	Access, Services and Knowledge
ASRHR	Adolescent Sexual and Reproductive Health and Right
BA	Brong Ahafo
BCC	Behaviour Change Communication
BOD	Board of Directors
CAC	Comprehensive Abortion Care
CBOs	Community Based Organisations
CCE	Community Capacity Enhancement
CHPS	Community health based Planning Services
CHRAJ	Commission for Human Rights and Administrative
CLTS	Community Led Total Sanitation
CSO	Civil Society Organisation
DFID	Department for International Development
DHMT	District Health Management Team
DICs	Drop in Centres
DOVVSU	Domestic Violence & Victims Support Unit
EAEA	European Association for the Education of Adults
EHOs	Environmental Health Officers
FSW	Female Sex Workers
GAC	Ghana AIDS Commission
GHARH	Ghana Adolescent Reproductive Health
GHS	Ghana Health Service
GOG	Government of Ghana
GSAM	Ghana Social Accountability Mechanism
HFFG	Hope for Future Generations
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
IEC	Information, Education and Communication
ISRAD	Institute of Social Research and Development
LLINs	Long Lasting Insecticide Nets
LNGO	Local Non-Governmental Organisation
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MMDAs	Metropolitan, Municipal & District Assemblies
MNCH	Maternal, Neonatal and Child Health
MNH	Maternal and Neonatal Health
MOUs	Memorandum of Understanding
NHIS	National Health Insurance Scheme
NPC	National Population Council
NPP	Non-Paying Partners
NTP	National TB Programme

NR	Northen Region
NYA	National Youth Authorithy.
OD	Open Defecation
OVC	Orphans and Vulnerable Children
PLHIVs	Persons Living with HIV
PPAG	Plan Parenthood Association of Ghana
PTA	Parent Teacher Association
RDTS	Rapid Diagnostic Tests
SGBV	Sexual and Gender Based Violence
SHC	School Management Committee
SHEP	School Health Educational Programme
SRHR	Sexual, Reproductive Health and Rights
SRH	Sexual, Reproductive Health
STI	Sexually Transmitted Infections
STMA	Sekondi Takoradi Municipal Assembly
TB	Tuberculosis
TV	Television
UER,	Upper East Region
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
UWR,	Upper West Region
VR	Volta Region
WASH	Water Access, Sanitation and Hygiene
WASH-UP	Water Access, Sanitation and Hygiene for Urban Poor
WHA	World Health Assembly's
WHO	World Health Organisation
WSC	Water and Sanitation Committee
YOUDRIC	Youth Development, Research and Innovation Centre
YFSW	Young Female Sex Workers
YPLHIV	Young People Living with HIV

Welcome From
THE EXECUTIVE DIRECTOR

This annual report provides details of various activities undertaken by Hope for Future Generations (HFFG) in the year 2015. It outlines the successes and challenges of HFFG as well as the lessons learnt during the year 2015. A major highlight of 2015 was the European Association for the Education of Adults (EAEA) Grundtvig Award 2015 received by HFFG in Porto, Portugal. The award was for excellence in adult education and health in the category of international projects.

In the year 2015, seven (7) of our projects ended whiles others were extended and some new ones also commenced. One of the major projects that ended was the DFID BCC Ebola and Cholera Project which ended in June, 2015 whiles the USAID Ghana Social Accountability Mechanism (GSAM) project, DFID / Palladium Adolescent reproductive health and USAID Linkages across Continuum of Care for Key Populations projects were the new projects that started in 2015. DFID UKaid extended the scope of the BCC malaria for the promotion of RDTs project to include the use of Long Lasting Insecticide Nets (LLINs) up to July 2016.

Our three (3) year strategic plan also ended. A process to develop a new five (5) year strategic plan began in 2015. The new Strategic Plan is expected to provide a strategic direction to the organisation over the period July 2016 to June 2021. The strategic plan will take into consideration the government priorities as expressed in the Ghana Shared Growth and Development Agenda (GSGDA II: 2014-2017). HFFG's new strategic plan will also align with the relevant Strategic Development Goals (SDGs) and related global development agenda.

In the year 2016, HFFG will be celebrating its 15th Anniversary. It is worth noting that since HFFG's establishment in June 2001, we have improved the quality of lives of women, girls and the general population in over 600 communities nationwide. These achievements have been realized as a result of the support from our development and implementing partners under the able leadership of the Board of Directors and the commitment of our staff.

I would therefore like to express my profound gratitude on behalf of the Board, to all our donors and partners, Management and staff of HFFG and all who supported us in various ways over the past years to deliver on our vision.

I look forward to continuous collaboration and partnerships with our cherished Partners both old and new and various stakeholders in the coming year to empower communities to improve their lifestyles.

Thank you.
Mrs. Cecilia Lodonu - Senoo
Executive Director

1.0 THE ORGANISATION

Hope for Future Generations (HFFG) was established in June 2001 and incorporated under the Company's Code of 1963 (Act 179), as a Non-Governmental, non-for-profit Organisation with registration number G.8202. HFFG is also registered with the Department of Social Welfare, with registration number D/S/W 2410, and certified with other statutory bodies in Ghana. HFFG is also registered in the Republic of Togo where we implement various SRH projects for teenage mothers.

The organisation's primary focus is on women and children. HFFG currently has six (6) regional offices and a head office in the Greater Accra Region.

1.1 THE ORGANISATION'S MISSION & VISION

Mission:

Our mission is to form partnerships that will facilitate and improve the health, education and socio-economic status of women, children and beneficiary communities through empowerment, capacity building, advocacy and rights-based approaches, innovative and acceptable participatory strategies

Vision:

A nation free of discrimination and with equal opportunities for women, children and young people.

1.2 OUR CORE VALUES

In discharging our mandate, we are guided by the core principles of Honesty, Accountability, Equity, Dedication, Non-discrimination and Inclusiveness, Openness, Timeline, Consciousness, Innovation and Professionalism.

1.3 THE OBJECTIVES OF HFFG

1. To build the capacity of communities towards primary health care
   b. To ensure gender mainstreaming and meaningful participation of women and children at all levels of our work.
   c. To promote sexual reproductive health and rights
   d. To promote, protect, respect the rights of citizens.
   e. To promote formal and informal education in underserved communities and among girls.
   f. To promote and ensure child protection and child survival, maternal and neonatal health at all levels
   g. To undertake all possible activities which will result in improving the health and the socio-economic status of women, youth and children and support them to achieve their full potential in society?

1.4 THE BOARD OF HFFG

HFFG is governed by a five member Board of Directors (BOD). The BOD is the highest decision making body of the Organisation (See organogram Figure 1). The BOD formulates policies, participates in fund raising, approves the organization's expenditure and monitors the implementation of projects. The BOD is of varied backgrounds made up of health professionals, social workers, legal practitioners, gender and women advocates and financial experts.

1.5 MANAGEMENT

The Director of Programs, Finance Manager, Human Resource Manager, M&E / Research and Administrative Manager form the management team. They support the Executive Director in the day to day running of the organization.

They are also in-charge of the organisation's five (5) Departments i.e the Programmes, Finance, Monitoring and Evaluation / Research, Administration and Human Resource Departments.

HFFG's management staff work closely with the field staff in all the project regions to implement all projects using community structures.

Other staff who work with HFFG include Project Coordinators, Project Officers, Field officer and Volunteers

2. THE ORGANISATION'S PERFORMANCE IN 2015

During the year HFFG successfully implemented Fifteen (15) projects across the country with the support of various donors and partners. The organisation also completed work on its new Head Office building at Dzorwulu. The organisation's Financial, Administrative, and HR policies and systems were reviewed and updated to conform to best practices. Staff were also trained on these policies which are currently being implemented.

The following sections provide details of HHFG's performance and achievement in the areas of Programmes, Human Resource, Administration, and Finance.

2.0 PROGRAMS

In 2015, HFFG and its partners implemented Fifteen (15) projects across the country. Seven (7) of these projects have closed-out, while eight (8) are ongoing. This section presents the details of all projects implemented in 2015, achievements of each project and some key success stories

2.1 Behaviour Change Communication for Promoting the Use Of RDTs And Or Microscopes For Malaria Testing Before Treatment And The Use Of LLINS

HFFG as the lead organisation in collaboration with consortium partners (ISRAD and YOUDRIC) with funding from UKAID continued with implementation of the "BCC Malaria Initiative for the Promotion and use of Long Lasting Insecticide Nets (LLINs) and use of Rapid Diagnostic Tests (RDTS) and / or Microscopes for Malaria Diagnosis" Project which began in May 2014. Three regions namely Volta, Northern and Ashanti region were added to the initial 5 beneficiary regions for the project. HFFG led the consortium in the year under review to implement strategies aimed at reducing the malaria burden among all age groups in Ghana. The overall expected project outcome is: Malaria burden among all age groups in targeted communities is reduced through increased use of LLINs and approved malaria treatment protocol. The objectives of the project are as follows:

1. Promote behavioural change among community members towards prevention and treatment of malaria.
2. Equip health care service providers with knowledge and skills to promote testing before treatment for all suspected malaria cases.
3. Contribute towards the national database on progress on malaria prevention and treatment in Ghana.

HFFG directly implemented this project in 3 regions, namely: Western, Brong-Ahafo and Volta Regions. In each of these regions, direct implementation took place in 10 selected districts and in all a total of 300 communities benefited in the three regions. However, radio programmes, jingles and dawn / dusk broadcasts on LLINs use for prevention and improved malaria diagnosis before treatment

covered all communities in each region due to the wide coverage of radio stations.

The project is being implemented in partnership with the Ghana Health Service (GHS), Metropolitan, Municipal, and District Assemblies (MMDAs), Ghana Education Service (GES), CSOs, Community Groups, Traditional and Religious leaders, the media and Community Volunteers.

2.1.1 Key Results Achieved

During the period under review, the following key results were achieved.

1. One regional and 10 district stakeholder meetings were organized in the Volta region
1. 100 new Community Volunteers were selected and trained on malaria prevention in the Volta region and 200 of existing volunteers in Western and Brong Ahafo regions (100 each) were oriented on malaria prevention especially emphasizing the use of LLINs. HFFG signed MOUs with all volunteers to facilitate tracking of their performance.
2. 61 health care providers were also sensitised on testing for malaria before treating. .
3. 18 radio discussions were organized during the tear
4. Malaria jingles were aired 360 times on radio stations
5. 2,200 IEC / BCC materials were distributed during the year.

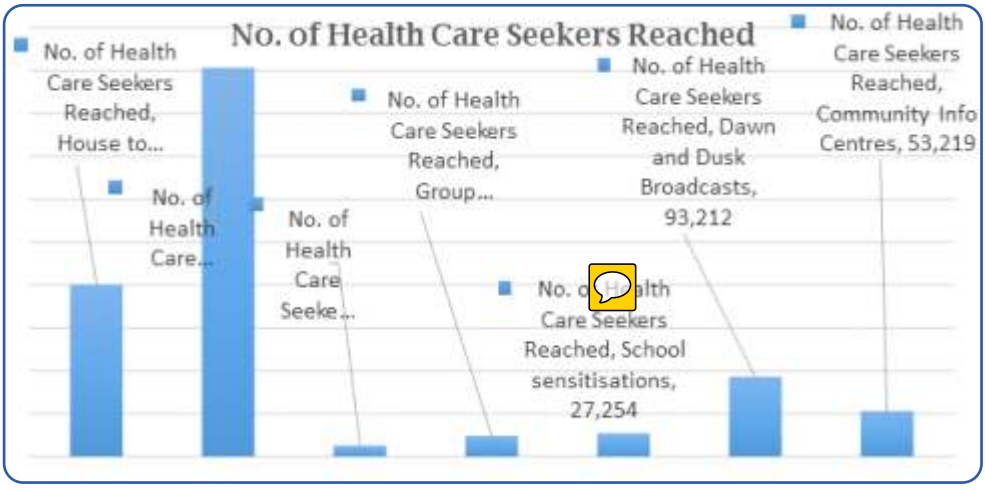


Figure 1 : Number of Health Care Seekers reach through various sensitization activities

2.1.2 Challenges and Mitigation Measures

During the year under review, implementing the BCC malaria project was not without challenges. Key among these challenges and the mitigation measures pursued include;

1. The community volunteers had challenges adjusting to the new data collation forms as a result of expanding the scope of the BCC on malaria for

the promotion of RDTs project to include the use of Long Lasting Insecticide Nets (LLINs) The project teams mitigated these challenges by providing orientation and continuous support to volunteers on how to use the new forms.

2. Involvement of community leaders in activity implementation attracted some unplanned expenditures. Some community leaders always expected monetary rewards for each activity they were involved in. HFFG, upon realizing this gap, intensified advocacy at all levels to ensure that community leaders recognized HFFG's support to their communities as a means to realizing a malaria free generation in their respective communities.
3. Difficulty in accessing some communities due to deplorable roads made it challenging to conduct regular monitoring to all communities. Irrespective of this challenge, staff were still determined and found a means of getting to the communities including the use of motorcycles.

2.1.3 Lessons Learnt

The implementation of this project has opened up a number of good practices worthy of emulation and replication;

1. Co-ordinated efforts of stakeholders have ensured effective implementation of activities at the community level. Community leaders and health service providers always offer their support when informed of a community durbar. They prepare a venue for the activity on time and also make public announcements on the activity. The GES supported the team in carrying out successful school education within the schools.
2. With adequate information on the need to test before treatment, health seekers were empowered and now demand to be tested for suspected malaria cases before treatment.

Figure 1: Photo Gallery of BCC Malaria Initiative for the Promotion and use of LLINs and use of RDTS for Malaria Diagnosis project

Community Durbar

Mosque Sensitization

Radio Discussion

2.2 Ghana Adolescent Reproductive Health Project

HFFG with funding from UKaid through Palledium Group implemented the Ghana Adolescent Reproductive Health (GHARH) Project in 9 Districts in Brong Ahafo Region namely, Atebubu, Banda, Dormaa East, Dormaa Municipal, Dormaa

West, Jaman North, Jaman South, Sunyani Municipal and Pru). HFFG is implementing the project together with GHS, GES, MMDAs and the National Youth Authority (NYA).

The GHARH project aims at improving maternal health and adolescent reproductive health choices in order to improve adolescents' sexual reproductive health and reproductive rights progress towards the achievement of MDG 5 and to improve reproductive health and education opportunities for adolescents in the B[illegible] Region.

In collaboration with key stakeholders, the following objectives are set to be achieved through key interventions, strategies and activities:

1. To improve the ASRHR knowledge levels of 20,000 (12,000 out of-school and 8,000 in-school) young people aged 10-24 years in 9 beneficiary districts of the Brong Ahafo region by 30% through gender-sensitive SRHR education, information and skills building by 2016.
2. To improve the availability, accessibility and quality of sustainable youth-friendly SRHR services for young people aged 10-24 years in 9 beneficiary districts of the Brong Ahafo Region by the end of 2016
3. To create and sustain an enabling environment that supports the uptake of SRH services by young people through capacity building and community-based advocacy in 9 beneficiary districts in the Brong Ahafo Region by the end of 2016.

2.2.1 Key Results Achieved

The implementation of the project started in September 2015. Since HFFG started implementation in the districts, the following key results were achieved:

1. 25 stakeholders comprising 19 males and 6 females were reached with ASRH message through regional stakeholders meeting.
2. 141 stakeholders comprising of 8[illegible]ales and 60 females were reach[illegible]th ASRH message through district stakeholders meeting.
3. 101 peer educators comprising of 35 males and 66 females were trained.
4. 13 queen mothers were oriented on advocacy and support for ASRH

2.2.2 Challenges and Mitigation Measures

Some challenges encountered in the initial implementation of the project and the mitigation measures adopted are as enumerated below;

1. Insufficient IEC materials for peer educators due to the delay in finalizing development of the materials by the implementing partners. The Project team sought for technical assistance from Ghana AIDS Commission and also the Ghana Health Service to develop the materials.
2. Late commencement of activities in some districts: HFFG was required to partner with PPAG to jointly implement some selected activities in the Sunyani Municipality. However, the two parties were unable to effectively

collaborate to conduct the joint activities in Sunyani Municipality. The meeting and training of peer educators was rescheduled for early 2016.

3. The limited number of Youth Friendly Corners in some districts is limiting access of adolescents to services. HFFG is working closely with the Ghana Health Services and advocating for the creation of more youth friendly services.

2.2.3 Lessons Learnt

The following lessons were learnt during the short period of implementation in 2015.

1. Activities carried out in collaboration with key stakeholders enabled the project team to achieve set objectives.
2. Reaching the target populations with key messages in their local dialect was effective since they could readily identify with it.
3. Young people (Peer Educators) are enthusiastic to reach out to their peers with information on sexual reproductive health and rights.

Figure 2: Photo Gallery of Ghana Adolescent Reproductive Health Project

Queen Mothers Orientation on SRH *Peer Educators Training*

2.3 Linkages Across Continuum Of Care For Key Populations

The Linkages across Continuum of Care for Key Populations is a project implemented in three districts namely Jaman North, Jaman South and Brekum Municipality in the Brong Ahafo region with funding support from USAID through FHI 360. The project targets Female Sex workers with prevention information/education and human rights literacy that motivates them to adopt positive SRH lifestyle. The Linkages project is a one year project which started in May 2015.

2.3.1 Key Results Achieved

Some key results achieved in 2015 are:

1. 3 stakeholder meetings were held during the year.
2. 55 peer educators were trained to reach out to their peers with HIV and STI preventive services
3. 2,626 FSWs were reached with HIV and AIDS prevention information/education and information on human rights.

4. 45 non- traditional condom outlets were established
5. 137,582 condoms and 17,296 lubricants were sold and distributed during the year
6. 386 FSWs were provided with HTC services
7. 20 KPs who tested positive were newly enrolled into continuum of care
8. 68 FSW who tested positive to HIV under the SHARPER project and are on treatment were traced and reached with prevention, care and treatment and psychosocial support services.
9. One(1) defaulter was traced and re-enrolled onto treatment
10. Two bed ridden KPs were also provided with nutritional support
11. 264 FSWs were provided with STI services
12. 43 FSWs representing 16.3% of total screened were referred for STI treatment
13. 2,383 FSWs were provided with education on Sexual Gender Based Violence (SGBV)
14. 263 FSWs were screened for SGBV

2.3.2 Challenges and Mitigation Measures

Some challenges encountered in the implementation of this project since its inception and the mitigation measures adopted are as follows:

1. Revisiting old contacts was a bit difficult as most KPs relocated to other hotspots but the use of the individual tracking tool supported in identifying and tracing missing contacts at new hot spots
1. KPs complained of the quality of condoms distributed to them. They preferred other condom brands such as fiesta, protector and durex condoms which they claimed are “more sensual”. The project team however did not relent on intensifying education on the use of the available condoms to prevent them from STIs and HIV and also unplanned pregnancies.
2. ART Centers in Project Districts are still suffering from stigma so some referred clients refused to access services from such facilities. In respect to that, the project team embarked on outreaches to provide needed services to KPs and also led KPs to the designated facilities.
3. There were initial shortages of test kits and Oral quick for confirmation. This was mitigated by contacting regional and district health directorates for test kits. However test kits received were still inadequate and were nearing expiry. USAID also procured 1st response test kits and oral quick which was distributed to health facilities in the project districts.
4. Security challenges due to rampant armed robbery incidences and chieftaincy disputes in Sampa put the lives of the Project Team at risk during

night outreaches but the team liaised with the Police Services for support during such outreaches.

2.3.3 Lessons Learnt

Some vital lessons were learnt during the implementation of Linkages Project in 2015. These include;

1. Peer-led referral as well as follow-up by PEs, and Project staff is an effective way in ensuring that KPs access needed services. Traditional and religious leaders are effective in mobilising their followers for project activities. Therefore their identification, proper engagement and involvement is pertinent to the success of any community-based intervention.
2. Intensified outreaches to provide mobile HTS to FSWs in communities without DICs / health facilities is a good strategy to reach out to KPs in these areas.

Figure 3: Photo Gallery of Linkages across continuum of care for Key Populations project

FWSs counselled and Non Traditional Condom outlet *Undergoing HTC services.*

2.3.4 Success Stories

Making positive impacts on the lives of people has always been the motivation behind many intervention programmes and the USAID Linkages Project is no exception. Seeking early treatment for STIs has been one of the key messages that Female Sex Workers in the Jaman North district are being reached with and it is being enforced by way of active peer-led referrals.

Peer-led referrals brought Hawa, a 26 year old sex worker to the Sampa Drop-In-Center (DIC). The first encounter with Hawa was what one will describe as a frustration. According to her, she has had a mysterious boil in the opening of her vagina for over two years which was growing bigger with time.

"It started with a discharge which I cured with a cream I bought from the market and after some time the boil started to grow in the opening of my vagina, I don't understand why this is happening to me and I'm very worried"; she narrated to the DIC staff.

After series of examinations at the DIC, Hawa was referred to the Sampa Government Hospital for further examination and treatment. Led by the Project Team, Hawa was taken to see a doctor. Diagnosis proved that Hawa's 'mysterious boil' was a Bartholin's cyst which is linked with bacterial STIs such as gonorrhoea and chlamydia.

Hawa was put on antibiotics as the doctor detected some degree of infection on the cyst. *"Fluid will be gradually aspirated from the cyst";* Doctor Taah Amoako explained to the project team and also advised Hawa to maintain proper vaginal hygiene.

Hawa's mystery has been resolved, the mysterious boil which she thought was chronic, is only a cyst which can be treated.

Hawa was filled with so much joy and relief after seeing the doctor and she promised to take her drugs and also use condoms and lubricants consistently to prevent similar occurrences in future.

The second change story that through Linkages, a 42years old FSW called Abena Mansah who lives at Senase a suburb of Berekum was saved from untimely death.

Figure 4: Hawa with HFFG Staff at her home

She complained of a smelly discharge from her vagina and the urinal pains she has been enduring for years. "*I think my vagina is rotten because I have sores all over the place*"; she told the nurse.Figure 4: Hawa with HFFG Staff at her homeShe was tested and was reactive to HIV after which the nurse ensured she had a confirmatory test at ART center at the Holy Family Hospital at Berekum. The confirmatory test also came out positive. The project team made sure she was given a card and folder at the hospital and then enrolled for counseling and testing. After three weeks adherence counseling she was enrolled on Pre-ART. HFFG also made it a point to give her enablers to boost her nutritional needs. She is still taking her drugs and looks healthy and able to go about her day to day activities than before.

2.4 GHANA SOCIAL ACCOUNTABILITY MECHANISMS (GSAM)

HFFG with financial support from USAID through Care International, IBIS and ISODEC started the implementing the Ghana Social Accountability Mechanism project in 4 districts in central region during 2015. The project is in two components:

Component one (1) is a one year project to disseminate the audit report from the Ghana Audit Services and is being implemented in two districts (Gomoa East District Assembly and Ajumako-Enyan-Essiam).

Component two (2) of the GSAM project aims at strengthening community structures to ensure transparency in capital investments. This is being implemented in two districts (Ewutu Senya East Municipal Assembly and Agona East Districts).

The overall goal of the project is to empower community members to adequately

monitor capital projects to ensure transparency and quality in their respective communities. The project was initiated in November 2015.

In collaboration with ISODEC, the district assemblies and community leaders, these activities were conducted in the year under review:

1. Two (2)Pre-implementation meetings held with Ewutu Senya Municipal and Agona East District Assemblies
2. Inaugration of Steering Committees for Ewutu Senya Municipal and Agona East District Assemblies in collaboration with the two assemblies.

2.5 ACCESS, SERVICES AND KNOWLEDGE (ASK) PROJECT

The ASK project is a 3 year programme funded by the Dutch Ministry of Foreign Affairs (through the Youth Empowerment Alliance of the Netherlands) with the aim of enhancing uptake of Sexual and Reproductive Health services among young people aged between 10-24 years, including underserved groups. The broad programmatic goals in ASK are set into the area of SRH education, SRH services and promotion of an enabling environment for SRHR and HIV prevention. The programme places a strong emphasis on reaching hard to reach groups and direct involvement of youth in research and intervention development. Activities were implemented in project districts (Asikuma-Odoben-Brakwa and Saboba Districts of the Central and Northern regions, respectively. The year 2015 marked the last year of implementation and key activities were geared towards mopping up to reach more adolescents to uptake positive SRH services and also to advocate for stakeholders support in sustaining gains made.

Specifically, HFFG worked through the ASK project to;

1. Empower young people by giving them access to comprehensive Sexual and Reproductive Health & Rights information, Services and Knowledge
2. Create an enabling environment for young people to openly discuss issues concerning their sexuality

1. 5,194 young people are taking up SRH services (counseling, STIs screening and HTC) in project communities leading to no pregnancies recorded in 5 schools (during 2014 / 2015) academic year in AOB district.
2. 19,622 Young people were reached under the ASK project with SRH information and are making healthier choices on their sexuality
3. 56 Health providers are equipped with knowledge and skills to engage young people in sexuality discussions in 6 health facilities: *''At first, I use to sack and deny young people detailed information about sex related issues; thinking that will spoil them. I also didn't know how to engage them in SRH discussions due to the culture. The training in youth friendly services help me build confidence... '' Nayimatu Amadu, a Nurse at Saboba medical centre.*

people and their sexual needs translating into more young people taking up services.

5. Trained nurses and midwives have comprehensive understanding on provision of youth friendly package –
6. More friendly environments have been created for young people to discuss SRH issues both at school and the clinics
7. 36 Ghana Education Services staff (20 Basic school Teachers and 16 circuit supervisors) were trained to support SRH educations in schools
8. 10 health facilities were provided space to serve as youth corners
9. 44 young people living with HIV received ARVs in health facilities through outreaches
10. 60 births attended by skilled health personnel in the targeted health clinics for women under 25 years (direct and indirect)
11. 175 women under 25 years received antenatal care (at least four visits) in targeted health facilities (direct and indirect)

2.5.2 Challenges and Mitigation Measures

CHALLENGES	MITIGATION MEASURES
Difficulty in forming YPLHIV support Groups	Resorted to one -to-one sensitisation of YPLHIV towards accessing ARVs in targeted clinics
Difficulties in referring YPLHIV for ARV services	Efforts were intensified in collaboration with Models of Hope to trace YPLHIV defaulters and bring them back to treatment
Frequent drop-out of Peer Educators	A replacement strategy is being pursued to ensure that PEs identify and build capacity of a Peer as a replacement before dropping out
Young people prefer accessing HTC and STI screening services during outreaches from Nurses outside their communities	Training of Health Service Providers in YFS. Health Service Providers to increase assurance of young people of confidentiality

2.5.3 Lessons Learnt

1. Access to affordable SRH commodities and youth friendly services is key in reducing teenage pregnancy
2. Young people discussed their SRH issues more frankly on the Helplines.
3. There will always be low turnout if community based nurses are involved

HTC / STIs screening for fear of stigma and discrimination; since they are well known by community members

4. Integrated SRH approach (SRH information, service and Creation of enabling environment) is critical as a national programme that can benefit all young people
5. Socio-cultural norms are still major determinants of young people's behaviour / uptake of SRH services.

Figure5: Photo Gallery of Access, Services and Knowledge (ASK) project

5a: Service providers educating adolescents on FP during an open day forum

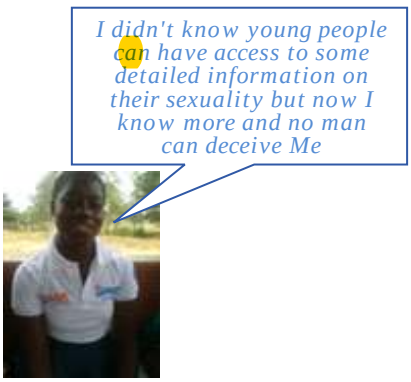
5b: Education and provision of services during international Youth day celebration in Central Region

2.5.4 Success Stories

AT LONG LAST

Zero pregnancy recorded in 5 Schools

Picture of School Health Club members after SRH education at a health facility



Quote from Bilha,
A 14 year old Pupil from Ayipey school.
"I have realized that accurate information and clarity of sex education, and follow up visit to monitor the school health club activities have brought a lot of transformation in the system. The abstinence education is not working and can never work " – AOB District SHEP coordinator (Mr. Prosper Bessah)

Few mothers have brought their daughters to access Family planning methods – Madam Anna Ogoe, a community Midwife trained in Youth Friendly service provision under the ASK project

Challenge:
Teenage pregnancies and early parenting continues to prevent young boys and girls from realizing their dreams in developing countries including Ghana.
Communities including Kokoso, Soutoum, Amanbetse/Bisease and Breman Ayipey in the Asikuma Odoben Brakwa district of central region have in the past suffered greatly from this. The community Schools have in the past recorded pregnancies amongst the final year female pupils writing their Basic Education Certificate Examination (BECE) with pregnancies.

Initiative:
Hope For Future Generations with *sponsorship from SIMAVI of Netherlands on Access Services and Knowledge project* implemented activities with district and community level stakeholders that focused on creating demand for quality Sexual and Reproductive Health (SRH) of young people, strengthening of SRH commodity supply for young people including the most at risk group and creation of enabling environment for easy access to information and services in youth friendly manner without being stigmatized.
The project combined multiple activities such as community sensitization of parents on Parents child communication about sexuality, training of Community Nurses and Teachers in youth friendly service provision including comprehensive Sexual and Reproductive Health education and counseling for young people, formation of in-school and out 0f School health clubs, peer education, establishment of non - traditional condom distribution outlets, toll free Help line for young people's access to SRH information from Nurses.

Result
For some time now the number of expectant mothers writing BECE has reduced in these selected communities. The result in 2015 is amazing, no teenage pregnancy was recorded this year among the pupils writing BECE in the project beneficiary communities and it is expected that this will continue for years to come.

2.6 WATER ACCESS SANITATION AND HYGIENE FOR URBAN POOR (WASH UP)

WASH-UP is a six year USAID (Global Communities) funded program which started in October 2009 in 5 urban poor/slum communities in the Accra Metropolitan Assembly(AMA) and Sekondi-Takoradi Metropolitan Assembly (STMA). Project implementation started in Ayidiki, Nima, Avenor, New Takoradi and Kojokrom by local NGOs. The program has ran for four years and has been extended to additional four communities (La, Nima West, Assakae and Ntankoful). The year 2015 marked the last year of implementing the project.

Households in the mentioned slums in AMA and STMA have very poor access to water supply and sanitation services, due to infrastructural, managerial, economic, and behavioural constraints, resulting in high incidence of diseases.

The goal of the project is therefore to increase access to improved water supply and basic sanitation for residents in four new communities in Accra and STMA and also to promote and improve sanitation and hygiene behaviours among the urban poor.

To address these constraints, WASH-UP has been directly installing water points and sanitation facilities where gaps were found. The project also promoted hygiene behaviour change, innovative businesses in water and sanitation, and strengthening of active participation in urban water and sanitation governance at all levels.

HFFG was mandated to implement the Behaviour Change component of the WASH UP project. The behavior change component of the project had three major objectives. These are:

1. To mobilize and strengthen sustainable community structures in project communities to effectively and actively participate in the project implementation.
2. To improve hygiene and sanitation behaviours among people in Ntankoful, Nima-West, Assakae and La communities.
3. To create demand for household latrine and sanitation facilities

The organisation has actively engaged community members and school children in Nima, La, Assakae and Ntankorful with BCC strategies to improve on sanitation and hygiene situation in their communities. BCC strategies include sensitisation of mothers during Child Welfare Educational Programmes, Market Outreaches, Church and Mosque outreaches dawn and dusk sensitisation, house to house sensitizations, community durbars, and school WASH activities. Community structures such as religious and group leaders have also been trained to actively participate in project implementation and to help sustain WASH activities when the project ends. All our activities are structured around the three objectives which are geared towards achieving the overall goal of the project.

Figure 7: Photo Gallery of water access sanitation and hygiene for urban poor (wash up)

a: Stakeholders meeting *b: School WASH facility* *c: House to House Sensitization*

2.6.1 Key Results Achieved

Key results achieved under the WASH project during the year 2015 include the following;

Result achieved under objective one:

1. Sixteen (16) community support groups were trained in the project communities
2. Trained community structures like youth groups in each community to actively help in project implementation and sustain the interest in undertaking WASH activities in the community
3. Strengthened collaboration with the 4 water and sanitation committees in the project communities
4. Strengthened collaboration with community chiefs and elders, assembly members and unit committee as well as religious leaders (churches and mosques)

Result achieved under objective two:

1. 9,584 people were practicing hand washing with soap at 5 critical times in the last 24 hrs
2. 13,738 residents now know at least 3 critical times of hand washing
3. 4,065 household residents were sensitized and carrying out hygienic maintenance and use of latrines
4. 11,828 household residents with hand washing facilities educated on their use and maintenance
5. 89 percent of households are now using and maintaining latrines well
6. 26,426 residents reached with BCC messages by December 2015
7. 105 food vendors now preparing / vending food under healthy and safe environment
8. 80.4 percent of school children practicing hand washing at least 2 critical times by 31st December 2015
9. 116.1 percent of school children educated on the use and maintenance of hand washing facilities provided

10. 6 community durbars organised to sensitise community members and promoted the facilities to be made available on the project
11. 80 percent of schools are using and carrying out hygienic maintenance of institutional latrine (School Management Committee / PTA).

Result achieved under objective three:

1. House to house interaction with land lords / ladies and heads of households and referral to water and sanitation committee office and RUDNET were conducted. (Records with WSC office and RUDNET / PRONET.
2. 11 Dawn broadcast held in communities on hygiene and household latrine promotion

2.6.2 Challenges and Mitigation Measures

CHALLENGES	MITIGATION MEASURES
The continuous changes in data that occurred as a result of Global communities' alteration in the definitions of some project indicators and data collection tools	Continuous and rigorous deliberations with Global Communities for consensus building on definition of some indicators and data tools.
The targets set for some of the indicators directly depended on output of hardware (construction) implementing partners such that their inability to achieve their expected output directly affected the output of the BCC component.	HFFG agreed with Global communities to reach out to owners/residents of existing WASH facilities on the use and maintenance of their facilities. This improved targets reached.
The inability of trained community support groups (volunteers) to meet set targets	The organization employed students from School Of Hygiene as field officers to undertake most field activities in the community and to support the volunteers.
The Nima Cluster of schools latrine is in a deplorable state. It is not maintained well, some are broken, and it needs dislodging	The team engaged all stakeholders especially PTA/SMC, Assembly, and community leaders to advocate for good management.

2.6.3 Lessons Learnt

1. Effective collaboration between implementing partners is key in realizing the overall goal and objectives of the project. This is because activities of the implementing partners are interspersed to each other's role in achieving the overall project goal.
2. The use of the School Health Educational Programme (SHEP) coordinators in the WASH –UP mapped schools has facilitated smooth engagement with the school children on the school WASH activities.
3. Capacity building for community structures has led to active community group participation in WASH activities and will sustain their interest in organizing WASH activities after the project ends.
4. Active coordination with the Municipal Assembly and stakeholders facilitated smooth engagement with community members

2.6.4 Success Story

Esther Akurugu, a resident of La community deemed it necessary to own a veronica bucket for hand washing at home and at her work place.

In an interview with her, she said "*the house to house sensitisation made me understand the consequences of not washing my hands at the five critical times so I thought it wise to station a veronica bucket at home, and at my work place to enable me, my household and customers to wash their hands properly with soap under running water to prevent the spread of diseases. Thank you HFFG*"

With funding support from UNICEF and in collaboration with the Ghana Education Service, HFFG implemented a three month project on Ebola and Cholera Prevention in Senior High Schools.

The project was implemented in twenty four (24) administrative districts and ninety three (93) Senior High Schools in the Volta region. The target population is students in senior high school. The rational for the project and the target population were summarized as follows:

1. Large cohort of young people in school
2. Students as agents of change
3. School infrastructure and system represents a good ground for social mobilization

Key results achieved were as follows:

1. The students are more conscious now about proper hand washing and especially during the five critical times at which the hands should be washed with soap under running water.
2. A total of 56,680 (30,404 males and 26,276) students were reached with key messages on Ebola and Cholera.
3. A total 29,650 phone numbers were collected from students for sending bulk messages on Ebola and Cholera

1. Transportation

Due to the very bad nature of roads in the districts, there are a limited number of public vehicles available for use in visiting many schools. This, coupled with the long distance between schools and town centres makes the journey to the schools for activities very tedious and tiring.

1. Telecommunication Problems

Some of the communities where the schools are located do not have telephone network coverage. This makes it difficult for schools to communicate changes in activity schedules to the project team.

2. Problems with collection of phone numbers.

In almost all the schools visited, it was very difficult getting the contact of students. This is because GES does not allow students to bring mobile phones to school hence the head masters / mistresses did not welcome the idea of taking phone numbers of students.

3. Inability of schools to provide dates

It is sometimes difficult for school heads to integrate project activities into their already developed academic calendar. Adjusting their calendar to fix additional activities becomes difficult for them.

4. Unwillingness of some teachers to support the program.

In most of the schools, teachers were reluctant to support the program. Some teachers were not present at the programs and in the case of largely populated schools, some were just not supportive.

5. The school sensitization has cleared the myths and misconceptions of cholera and Ebola in the minds of students. Students now understand the differences between the two diseases and their prevention.
6. Working through the Ghana Education service (GES) structure made it easier to have access to the schools for project implementation and also made some teachers and heads more committed to the program.

7. The project created different ways of accessing information on the prevention of Cholera and Ebola. For example the use of power point presentations, animation on cholera and a telephone platform were effective.
8. The use of songs on Ebola and Cholera composed by popular local artists also made the school program very interactive , participatory and helped children to adopt new behaviors

HFFG with funding support from the National Tuberculosis Programme (NTP) continued with the implementation of the 'Innovative Interventions to Strengthening TB/HIV Responses through Traditional Leaders in Brong Ahafo Region' project which started in October 2014. The project goal was to contribute to the National Tuberculosis Programme's overall strategic objective of achieving the World Health Assembly's (WHA) goal of increasing the proportion of cases detected, cases cured and reducing the number of TB related deaths by 2020. The specific objectives were;

1. To strengthen the advocacy, communication, social mobilization and management skills of the chieftaincy institution in the Brong Ahafo region to actively participate in the project implementation.
2. To increase access to TB/HIV information and treatment, and to reduce TB/HIV co-infection and defaulter rates among TB/PLHIV and their contacts among 25 PLHIV support groups in Brong Ahafo region by 5% in 2 years project period.
3. To increase TB case finding and treatment access, through TB related stigma reduction activities in selected traditional areas in Brong Ahafo region through the active participation of the chieftaincy institution.
4. The project was implemented in partnership with 10 Queen Mothers, under the leadership of the Sunyani Queen Mother, the Ghana Health Service, media houses and community volunteers.

Figure 8: Photo Gallery of innovative interventions to strengthening TB/HIV responses through traditional leaders

Monitoring visits by staff and volunteer House to house education

2.8.1 Key Results Achieved

The following key results were achieved by the project;

1. 185 people were referred to the health facility for sputum diagnosis of TB and One Hundred and 179 of all referred cases reported to the health facility
2. 36 people were diagnosed with TB, out of which one passed away.
3. 35 people were enrolled on treatment.

2.8.2 Challenges and Mitigation Measures

CHALLENGES	MITIGATION MEASURES
Insufficient funds to do undertake several outreaches for active case search.	TB education and screening is integrated into other projects in the region reaching out to a number of communities.

2.8.3 Lesson Learnt

The community sensitization and case search on TB ensured that people in hard-to-reach communities were reached out to with information on TB. This was affirmed by the success stories of Blessing Kwafoa and Mr Moses Asante who were saved by TB education.

2.8.4 Success Story

"TB EDUCATION TAKES A CENTRE STAGE IN QUEEN MOTHERS' INSTALLATION IN SUNYANI MUNICIPALITY"

The "Innovative Interventions to Strengthen TB Responses through Traditional Leaders in the Brong Ahafo Region of Ghana" project implemented by HFFG has taken a centre stage in the installation of queen mothers in Sunyani Municipality. After the training for queen mothers on Tuberculosis, the Paramount queen mother, Nana Yaa Nyamaah the II and her sub queen mothers have made it a point to integrate Tuberculosis education and social mobilization skills into the installation of new queen mothers in the municipality. In view of this, the queen mothers in collaboration with HFFG give TB education in all their traditional installations. Therefore, all installations in the municipality have TB education on the programme for people to acquire knowledge in addition to the objective of installing a new queen mother.

Figure 9: HFFG, GHS and Queen mothers involved in TB Education in Sunyani Area Two

2.9 IPAS COMPREHENSIVE ABORTION CARE PROJECT

Hope for Future Generations (HFFG) with funding support from Ipas Ghana implemented the community advocacy and mobilisation component of the project titled "Comprehensive Abortion Care" in partnership with Ghana Health Service (Midwives) working through twelve (12) Queen Mothers (10 in Greater Accra and 2 in Brong Ahafo Regions) to implement the project in their traditional areas. The project seeks to reduce the incidence of unsafe abortion practices among young women, by promoting Family planning and comprehensive abortion care (CAC) services to reduce maternal mortality and morbidity in Ghana. In 2015, the project continued to provide education and promotion of Family Planning and comprehensive abortion care information and services.

The target population were people within the ages of 10-24 years especially women in communities within the jurisdiction of the implementing Queen Mothers. This was aimed at facilitating access to accurate information and advocacy on family planning and safe abortion services and assisting men and women who need to make decisions on whether to opt for abortion and where to access safe abortion and contraceptive services.

Queen mothers lead the process of mobilisation and advocacy for CAC because they are custodians of the communities' traditions, customs and norms, and could influence change in the traditional areas under their jurisdiction to make way for respect for SRH Rights. The activities implemented included community outreach / durbar, talk shows in schools, Islamic learning centres and churches using role play, questions and answers sessions and one-on-one interactions. Methodologies used to make the topics participatory and meaningful included group discussions and role-plays.

1. Refresher Training was organised by Ipas Ghana for the Queen Mothers to update their knowledge and skills in implementing the project
2. Project Review meetings were held with Queen Mothers to assess progress of work, share experiences and plan for continuity.
3. Community Outreaches, advocacy meetings, health talks, school talk shows, sensitization programmes and durbars were organised to sensitise the project target groups on CAC and family planning.
4. The EAEA Grundtvig 2015 International Award won by HFFG was presented to Ipas Ghana and the Queen mothers to appreciate them for their efforts in winning the award.
5. Media Support: the CAC project enjoyed media support in the area of advocating for SRH rights of the target group and also to disseminate quality information about the project. National radio stations in particular supported the project in this manner.
6. Referrals for Counselling: Queen mothers referred clients to Ghana Health Service designated facilities for counselling and other SRH services such as

family planning and CAC

7. Stakeholders review meetings: these were held with the various stakeholders to review project performance and take important decisions on the project. These involved the Queenmothers, and staff of the Ghana Health Service
8. Monitoring and Supportive Supervision: this activity was conducted to provide technical support to staff and other implementation partners on the project.

Figure 10: Photo Gallery of Ipas CAC Activities

Education of student by a nurse

Community Sensitization by a nurse

Mrs. Cecilia Senoo, ED of HFFG in discussion with Queen during Review meeting

Community Sensitization by a Queen mother

2.9.1 Key Results Achieved

Under Ipas, the following key results were achieved during the year:

1. The project team reached 18,652 people (12,362 females and 6,290 males) with information on family planning and comprehensive abortion care services.
2. 482 females were referred for family planning services
3. 200 females received CAC services.
4. 6 people received STI treatment

2.9.2 Challenges and Mitigation Measures

CHALLENGES	MITIGATION MEASURES
Mobilization was difficult as; some leaders of some given some motivational materials before they render their services which affect the rehearsal for the role play/drama especially and delays project implementation and reporting. of the social groups requires to be paid	Project staff and Queen mother continued to educate them on the benefits of the project and how to have sustainable community based interventions through good voluntary mobilisation.
Some chiefs do not accept the issue of making family planning available and accessible to young girls	The facilitators did their best by giving statistics of teenage pregnancies and the unsafe abortions and injuriesthat come to the hospitals and health centers. This made most of them to agree that it is actually necessary to make SRH services available and accessible.
Some people do not get information on CAC services early and wait until the pregnancy is about five months	Education was given always on the need to seek early services in the case of unwanted pregnancy to avoid complications

2.9.3 Lessons learnt

1. The involvement of the Queen mothers and other opinion leaders in engaging the community structures and to advocate for the promotion of sexual and reproductive health rights of women and girls is helping to reduce some of these cultural practices that are inimical to the advancement of women
2. Community members who were sensitized have become aware that they can access safe abortion services at any registered government or private hospital and also know the circumstances under which the law allows for safe abortion service.
3. The flyers on how to prevent unsafe abortion is also helping in disseminating information and mostly people seeking referral for the service are able to call the Queen mothers and the health care providers.
4. The discussion during the open sessions had been effective as participants were given the opportunity to ask questions and get clarifications on issues.
5. The use of the media and community information centres to advocate for the elimination of unsafe abortion practices was an effective way of disseminating information on CAC

2.9.4 Success Story

Madam. Ellen Headmistress of Rashed Islamic School said; *"...under the activity of Naa Awura Dede, the Kokomlemle Manye, the Rashed Islamic school has seen some*

improvements, since the Queen mother activities in the community came there 2 years ago, all the pupils in their final year completed without any Teenage pregnancy and dropout, thanks to Ipas Ghana the Ghana Health Service (Midwives) and HFFG. It is my wish that the Queen mother should be sponsored to do more of this programme so that it will be extended to other schools...".

Grace Blebo, 28 years old from Noakomkope community says "I am very delighted about this programme. Some years back, when I was an apprentice seamstress I got pregnant and I had to take the roots of plants in a mixture for enema. Although the pregnancy was terminated I got very ill for some time and I could not go back to complete my apprentice seamstress vocation. Now I feel so empowered and I hope to share what I have learnt with others."

Photo of James during Ada Manyes Session

James Agbawonu, 23 years old from Ada says "*I have also learnt that pregnant women and girls should be supported and encouraged to go to the clinic to see the nurses and also women and girls should be given the right to make the appropriate decisions that well be good for their health irrespective of their cultural and religious background.*"

A student said "*Now, I have learnt that safe abortion can only be done by a trained Doctor or Health personnel in a hospital*"**.**

Mary Lamptey a 31 year –old woman married to Richard Quansah and with 5 children including the twins from James Town say's; "*Ever since Naa Kwantema's programme, I have learnt that family planning is very important. After I gave birth to my twins some years ago I became very worried.That was when our Queen mother had a programme with us. After that I went to her and she referred me to the Midwife at Ussher Fort poly clinic and I went for the Jadel contraceptive. Later, when we wanted to have a Tawiah (A child born after Twins) I went and Midwife Ophelia Palm removed the Jadel. I did get pregnant again and I have my fifth child. As am speaking now I have gone back for the Jadel, a five-year contraceptive and it is working well for me. I am very grateful to Ipas Ghana and partners*".

2.10 GHANA NETHERLANDS WASH PROJECT (GNWP)

HFFG with funding support from Simavi implemented the Sanitation Demand Creation and Sanitation Marketing Component of the Ghana Netherlands WASH program. The project was implemented from September 2014 to July 2015. All activities implemented were geared towards:

1. Increasing demand for sanitation facilities and services through urban CLTS triggering
2. Improving the supply of sanitation services and products through sanitation marketing
3. Implementing capacity building activities to enhance local ownership and participation in project intervention as sustainability measures
4. Improving hygiene behaviours of people in critical open defecation areas

The project was implemented in five municipalities in Ghana. Below is a table showing the project sites.

Table 1: Project Communities

MUNICIPALITY	CRITICAL OD ZONES
KOMENDA-EDINA-EGUAFO-ABREM	Bronyibima
	British Komenda
	Teterkesem
CAPE COAST	Abakam
	Bakano
	Ayidan
GA WEST	Amomole
	Sarpeiman
	Medie Ayigbe Town
GA SOUTH	Mallam Kokroko
	Manheam
	Kokrobite
GA CENTRAL	Sotuom
	Awoshie
	Anteku

Among the outcomes of activities implemented were as follows; 1446 people have formally registered to be helped to own household toilet facilities signifying a significant demand created for household sanitation facilities. Community members have therefore been linked to trained sanitation entrepreneurs with innovative technologies. Prospective entrepreneurs and artisans as well as some community members are eager to take initiative to supply of sanitation facilities to

meet the need of community members – a thing that will ensure quality and sustainability. Community members are implementing action plans to promote hygienic behaviour in the project communities.

Figure 11: Photo Gallery of GNWP project

12a:Triggering sessions at community level related structures

12b: Capacity Building sessions for WASH related structures

12c: Community Led Total Sanitation

2.10.1 Key Results Achieved

The numerous activities implemented during the year under review led to key achievements, some of which are;

1. A total of 2,451 community members mobilized and triggered. 1014 and 1437 were triggered in Greater Accra and Central Region respectively.
2. 3,608 students were triggered throughout the project communities
3. Four (4) audio-visuals were produced for CLTS triggering during the year.
4. 40 sanitation entrepreneurs were identified for a sanitation forum. Different sanitation entrepreneurs exist to supply the demand created by CLTS. Sanitation fora were organised in Accra and Central region to disseminate findings of the Market research and also to let people know the market opportunities for entrepreneurs and financial institutions. The fora attracted over 30 entrepreneurs and 40 local artisans to participate in the sanitation business. Some entrepreneurs have started introducing their products to the communities in central region. An example is the introduction of the Biogas technology to some communities.
5. 19 people were trained on the sanitation entrepreneurs' business models.
6. 30 Youth Advocacy and interactive theatre leaders were trained in advocacy and interactive theatre across the Metropolitan Assemblies (MAs). They were expected to train larger groups at the community level.
7. 39 Community advocacy and hygiene groups were trained together with

natural leaders in all the municipalities to undertake the house to house sensitisation, church, mosques and market hygiene education outreach in their respective communities.

8. 6,796 people were reached through house to house sensitization.
9. Through our capacity building trainings, community members were able to come up with action plans with timelines and identified persons responsible for the activities. Community members were also able to initiate the establishment of sanitation steering committees in their communities to advocate, discuss, and make decision on sanitation issues.

2.10.2 Challenges

1. Most simple and affordable latrines which can be easily constructed in the rural area and scaled up by latrine artisans cannot be used in the urban setting.
2. High expectation of community members for subsidized or free latrines
3. All community members demand payment before involving themselves in any public activity (including trained volunteers)
4. No communal spirit among community members due to the heterogeneous nature of urban communities
5. Environmental Health Officers (EHOs) are not fully committed to participating in community activities and meetings.
6. Implementing partners whose outputs are to complement our work were not forthcoming. For instance, IE&C materials were to be disseminated in the communities at the start of triggering but this was not the case.
7. Politicization of development projects in communities is militating against the OD fight

2.10.3 Lessons learnt

1. Most people in urban areas rent houses / rooms and the decision to construct latrines can only be made by their landlords who in most cases do not live in the house.
2. Although we have undertaken the sanitation entrepreneurs' forum and training yet there is a need for further follow up to provide technical support to the local artisans.
3. CLTS in urban communities is effective when it is supported with law enforcement.
4. Due to the dynamics in urban settings, it takes a longer time to achieve an OD free community, thus there is a need to continue with BCC activities / interventions
5. Strong partnership with the municipal assembly made it possible for us to use their halls for trainings and meetings. This in effect has enhanced the

municipal assembly's support and commitment to our activities.

6. It was realized that effective engagement of the private sector is key in sustaining the project since most community members demanded assistance and guide from sanitation entrepreneurs in accessing sanitation facilities.
7. Although community members had high expectations for subsidy, they were also willing to bear the full cost of latrines if there are loans available.
8. The use of community structures has been an effective strategy for BCC interventions. This strategy has helped facilitate project implementation, promotes community ownership and sustainability.
9. The use of technology aided interventions such as the video shooting for triggering has helped facilitate activities at group level.

2.11 NATIONAL BCC FOR EBOLA AND CHOLERA PREVENTION

UKaid supported a consortium of three Civil Society Organizations (CSOs), namely; Hope for Future Generations (HFFG) as the lead partner, Institute of Social Research and Development (ISRAD) and Youth Development, Research and Innovation Centre (YOUDRIC) to implement the Ghana's National BCC campaign on Ebola and Cholera in all the ten administrative regions of Ghana. The national BCC campaign on Cholera and Ebola had become necessary at the time when Ghana was faced with the cholera epidemic which had claimed 1,475 registered deaths and over 84,675 reported cases with a reported case fatality rate (CFR) of 1.7% as at 15th December 2014. An initial phase of six months was implemented from October 2014 March 2015. More cholera infections were recorded in Ghana from December 2014 into 2015, necessitating the second phase (an extension) of implementation, which was set from April to June 2015.

The emergence of Ebola virus outbreak in neighbouring countries Guinea, Sierra Leone and Liberia which had claimed over 7, 300 lives as at December 19, 2014 necessitated an urgent action towards the prevention against the two diseases in the country.

The support was to intensify the BCC campaign on Cholera and Ebola which had been implemented for six months from October 2014 to March 2015. The goal was to reach 70% of at risk population with preventive messages on Cholera and Ebola.

For the period under review, several strategies were adopted to reach people with preventive messages. At the end of the three months campaign ensuing the previous period, a total of 10,139,426 people were reached with BCC messages on Cholera and Ebola. This was an increase over the target of about 7 million people.

The objectives to achieve the above goal were:

1. To raise awareness on and build knowledge on pandemic influenza and other potential pandemic diseases
2. To strengthen the capacity of community level stakeholders (Traditional

authorities, food vendors, CBOs, FBOs, organized groups and NGOs) on their preparedness in addressing Ebola prevention and case management in Ghana

3. To improve hygiene and sanitation behaviours among community members and the general public using innovative BCC approaches.
4. To promote behavioural change that will reduce the risk of transmission of Cholera in Ghana.

Figure 12: Photo Gallery of Cholera/Ebola Project

13a: Community and school education and demonstration of proper handwashing in school

13b: Group/ Church Sensitizations

2.11.1 Key results achieved

1. A total of 244 people were trained within the period to undertake community preventive actions on the two diseases
2. A total of for 1,223 primary and Junior High schools and reached 162,749 pupils / students with education on Cholera and Ebola
3. 44 community sensitization durbars organised
4. A total of 28, 113 people sensitized on Ebola, cholera and malaria through community durbars
5. a total of 126,978 houses were visited across the country for the period April to June 2015 and 771,047 people were sensitized through this approach out of which 375,693 were males and 460,728 females
6. A total of 795 Jingles were aired on 70 stations across the country

7. 49 radio panel discussions on the two diseases were held
8. A total of 2,472 groups were sensitized

2.11.2 Challenges

1. Some school heads demanded accreditation letters from Ghana Education Service before they would allow Cholera and Ebola sensitization activities in their schools.
2. Limited time was allotted by school heads for school sensitization campaigns.
3. Unavailability of portable water and hand washing facilities in schools and communities affected hand washing practices among school children and community members.
4. Due to bad weather conditions, project staff together with community volunteers had to postpone some of their activities because of heavy rainfall.
5. Problems in telecommunication pose as a challenge to project staff in carrying out their activities due to poor network connections or unavailability of network coverage in some of the project communities.

2.11.3 Lessons learnt

1. Working with key stakeholders like the Metropolitan / Municipal / District Assemblies, Chiefs and Queen Mothers and the GHS need not be taken for granted. The effective working with stakeholders by the consortium in community-based interventions created excellent opportunities for project ownership and sustainability.
2. The use of video shows and quizzes has a huge potential of mobilizing community members for sensitization in rural communities. The participation of women and children was particularly very high under this approach of mobilizing people. However, the challenge with this approach was that it poses serious threats to project staff as video shows were organized at night and project staff had to travel late in the night to their place of sleep.
3. Using volunteers who have worked in the communities for long and known to be respectful is very significant in making an impact as community members tend to have some trust in them and therefore take their messages serious. For example in the Northern Region, volunteers who were involved in the guinea worm campaign have gained some credibility for themselves as their education yielded positive results when community members paid attention to their cautions.
4. Some level of motivation for volunteers is also very critical in achieving positive results in this regard.

2.11.4 Success Story

The only toilet that served the community above, one of the new facilities under construction is the picture above

The education on Ebola / cholera in some communities has created a change in Atronie which is a community under the Sunayni Municipality. The community had only one toilet situated in a place that is not accessible to some part of the community. This created open defecation. After some interactions and education on the need to get toilet facilities, the community started two new toilets to prevent people from open defecation and prevent cholera. HFFG followed up on the project and kept people informed on the progress of work in Atronie till they were completed for the people to use.

2.12 EVIDENCE FOR ACTION (MAMAYE) PROJECT

In 2015, HFFG continued with the partnership with Alliance for Reproductive Health to implement the Evidence for Action (E4A) project with its campaign name *'Mama ye'* in four communities (Penyi, Afife, Dzodze and Tadzewu) in the Ketu North district of the Volta region.

The project aimed to improve maternal and newborn survival through a combined focus on evidence, advocacy and accountability. It was funded by the UK Department for International Development (DFID) and focused on using better information and improved advocacy and accountability to save lives of mothers and children in Ghana. As a catalytic intervention, E4A works to support the government of Ghana (GoG) to achieve its MNCH commitments.

The approach is premised on a key assumption that improved use of robust evidence on maternal and newborn health, combined with sustained and locally-driven advocacy efforts to hold governments to account for political and systems failures, is necessary to drive rapid systemic change. The project thus targets the youth (Males & Females between ages 15-35 years), Nursing mothers and pregnant women between ages 10-49 years.

Project goal and objectives

The goal of Mamaye is to improve maternal and newborn survival through a combined focus on evidence, advocacy and accountability. This goal is being purposed through three interrelated objectives;

1. To deepen the knowledge of youth and women in project communities on Maternal and Neonatal Health issues.
2. To empower youth and women in Project communities to hold duty bearers accountable.

3. To Organize Community Scorecard Interface meetings to advocate for improved MNH service delivery.

Figure 13: Photo Gallery of MamaYe project

14a: Community MNCH Durbar

14b: MNCH education in a Church

14c: In-school Club Meeting

14d: MNCH Education at Child Welfare Clinic

2.12.1 Key Results Achieved

The project made some significant achievements that need highlighting. These include;

1. 1,658 youth were educated on MNH issues and empowered to hold duty bearers accountable.
2. 1,658 youth in project communities were provided with evidence on state of district health infrastructure and equipment.
3. 1,658 youth in project communities were empowered with information and skills to engage duty bearers in dialogue to address gaps in MNH service delivery.
4. 415 Pregnant and nursing mothers in project communities were educated on MNH issues, e.g. standards of quality of MNH care, Patients' Rights & Responsibilities, pregnancy and SRH rights issues etc.
5. 415 Pregnant and nursing mothers in project communities were provided with evidence on state of district health infrastructure and equipment.
6. 415 Pregnant and nursing mothers in project communities were empowered with information and skills to hold duty bearers in dialogues to address gaps in MNH service delivery.
7. 200 MamaYe clubs members met at least once a month to discuss how to

improve MNH issues in the district and also discussed other SRH issues

8. The project also increased the capacity of health providers to provide quality maternal and neonatal care in 4 health facilities in the Ketu North District
9. The project improved community members' knowledge of safe maternal and neonatal practices in the Ketu North District
10. 4 community health centers were provided with MNCH equipment.
11. 3 community mobilizers / volunteers and 20 MNHC members were trained in MNCH issues.
12. 3 "Mamaye" clubs were formed with about 200 members advocating for improved Maternal and Newborn health service delivery.

2.12.2 Challenges and Mitigation Measures

1. Non commitment of some volunteers to their work due to the non-monetary incentives such as 'recognition by health authorities during Clinic days' providing them with Certificates etc. Some volunteers prefer reward for work done.
2. Failure on the part of community leaders to effectively mobilize their people for project activities. There is continuous sensitization for the maximum involvement and ownership of community members for sustainability.

2.12.3 Lessons Learnt

1. The collaboration with and the broad consensus building among key stakeholders was a vital tool for greater achievement.
2. The involvement of the community and opinion leaders was paramount to our efforts of reducing Maternal and Newborn mortality rate

2.13 US Ambassador's small grant

2.13 US AMBASSADOR'S SMALL GRANT

US Ambassador's small grant.13 US Ambassador's small grant

The USAID Help Grants project was a one year project implemented by Hope for Future Generations (HFFG) in Tamale in the northern region of Ghana from July 2014 to June 2015.

The objective of the project was to reach out to Female Sex Workers (FSW) and their Non-Paying Partners (NPP) with HIV and STI prevention, care and treatment education and human rights literacy that will motivate them to adopt positive lifestyles specifically in Tamale and its environs. The "sex- work" profession and practice puts FSW and their non-paying partners at a high risk of being infected with HIV and other sexually transmitted infections if proper measures are not taken

2.13.1 Key Results Achieved

Some results achieved during the year include:

1. 1,419 FSWs and 250 Non-Paying Partners were educated on HIV and STI during one on one and focused group discussions
2. 300 people were reached with education on HIV and AIDS and STIs during the outreach sessions
3. 149 of them successfully got tested and received their test results
4. 4,124 condoms were promoted and sold, out of which 3,842 were male condoms and 282 were female condoms

2.13.2 Challenges and Mitigation Measures

Challenges	Mitigating measures
1. Difficulty in selling female condoms due to myths and misconceptions about its use 2. Peer educators work in constant fear to avoid being seen by their parents and school authorities or being stigmatized due to the social norms and culture of the people from northern region.	3. Education on the advantages and the right use of the female condom is being intensified. 4. The project team was cautious towards protection and security of peer educators by keeping all data, pictures and information on their operations very confidential so that they don't fall victims to stigmatization.

2.13.3 Lessons Learnt

1. One of the greatest lessons learnt under this project is the effect of the use of pictorial demonstration of STIs during education and the great impact made as compared to verbal education without the pictures. FSWs appreciated the existence of such diseases related to unsafe sexual intercourse.
2. The strategy of FSW moving in groups and with their non- paying partners has reduced SGBV meted on them by their clients.

2.13.4 CHANGE STORIES

One great testimony that came up as a result of using the female condom as narrated by a peer educator as follows.

"I received a call from one of my peers and she was full of appreciation to me for introducing her to the female condom" *She said, thank you very much because the female condom saved my life. She narrated "a client insisted on having unprotected sex with me, I refused but after sometime, seeing the guy was bent on not using the male condom, I went to the Bathroom and put on the female condom. I gave him good foreplay to prevent him from realizing I was having the condom on. In the heat of the pleasure and passion I directed his penis into me and being on fire, he did not notice I was having it on. Afterwards when I went to the bathroom to clean myself and lo and behold the female condom was full of maggots. I tied it up and hid it. So scared and yet happy that my life has been saved, I asked for my money. When he refused to pay, I shouted for help and showed the rescue team what was in the condom. The surprise on the face of my client revealed how I had destroyed his plan…"*

2.14 EQUIPPING PREGNANT WOMEN, QUEEN MOTHERS, YOUTH AND KAYAYEI IN EBOLA PREVENTION

Ebola prevention training was embarked on by Hope For Future Generations (HFFG) in Greater Accra and seven UNFPA focus regions of namely: Northern, Upper East, Upper West, Ashanti, Brong Ahafo, Volta and Central Regions. The trainings were commissioned by and organized with support from the United Nations Population Fund (UNFPA). The target groups for each training session in the seven UNFPA focus regions were:

1. 100 Youth from Youth Leadership Training Institutes
2. 50 Pregnant women
3. 30 Queen mothers

An additional 60 kayayei (female head porters) each were targeted from the Greater Accra, Ashanti and Brong Ahafo regions

Training for the youth was held at the Youth Leadership Training Institutes of the National Youth Authority, while that for pregnant women and Queen mothers were held in the District Hospitals and Assembly halls respectively. In instances where Assembly halls were not available, other convenient venues were used. The trainings for the pregnant women and Queenmothers were done concurrently.

Methodology

A training manual was developed and adapted for use in undertaking the trainings. The knowledge and skills gaps of the target groups were assessed in order to tailor the trainings to address their identified needs. Pre- and Post-test assessments was employed to know the level of knowledge of participants before and gained in knowledge after the training, respectively.

Prior to the selection of participants, existing trained community volunteers and staff of HFFG were oriented for the sensitization of the target groups which aided the mobilization / selection of the target participants.

The trainings were participatory, acknowledging that participants have prior knowledge about Ebola. Question and answer sessions, semi-lectures, demonstrations, group discussions and presentations in plenary were methods used. Pictures showing signs and symptoms of Ebola, Do's and Don'ts in case of an outbreak, were used to enhance the understanding of participants.

Topics Treated

The topics covered during the sessions included:

1. Origin and history of Ebola Disease
2. Causes of Ebola Disease
3. Myths and Misconceptions of Ebola Disease
4. Modes of Transmission of the disease

5. Signs and Symptoms of Ebola Disease
6. Prevention of Ebola Disease Infection
7. Demonstration of Proper Hand-washing Techniques
8. Role of Participants after the Training

2.14.1 Key Results Achieved

At the end of the Ebola Prevention training, the following results were achieved:

1. 211 Queen Mothers from seven regions in Ghana (UER, UWR, NR, VR, CR, BA, AR) were trained
2. A total of 655 youth were trained
3. A total of 180 Kayayei's were trained in Accra, Kumasi and Techiman
4. A total of 250 Pregnant women were trained in five regions (Upper East, Upper West, Northern, Brong Ahafo and Ashanti Regions).

In all a total of 1312 out of 1,340 (97.9%) Ghanaians in the different target groups that were expected to go through the training sessions were actually trained. The details of the targeted and the actual number of participants trained are shown in Table 1 below

Table 2: Number of people targeted and actual number of people trained.

Regions	**Queen Mothers**		**Youth**		**Kayayei**		**Pregnant Women**	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Upper West	30	30	100	100	0		50	50
Upper East	30	30	100	108	0		59	59
Northern Region	30	30	100	55	0		50	50
Brong Ahafo	30	30	100	100	0		50	52
Ashanti Region	30	33	100	100	0		50	50
Central Region	30	30	100	100	0		0	
Volta Region	30	30	100	100	0		0	
Accra Market	0		0		60	66	0	
Kumasi Market	0		0		60	60	0	
Techiman Market	0		0		60	60	0	
TOTAL	**210**	**213**	**700**	**663**	**180**	**186**	**250**	**261**

5. A training manual was developed which can be used for similar training for other target groups across the country in the future.
6. Participants (pregnant women, queen mothers, youth and kayayei) gained knowledge and a better understanding of Ebola disease and how to prevent it. This was evident in the post test evaluation. Comments such as

   "Now I know what the Ebola people were talking about is. I can now better speak about it and prevent it in my community".

   "I have gained a lot of knowledge through this training. You have given us a lot of information which I need to share with all the women in my community so that they can be aware and prevent Ebola".
7. Participants also gained the skill of proper hand washing through practice and observation.
8. Through the trainings, participants expressed the intention and motivation to share the knowledge gained with their peers. Some said they were now "Ebola Ambassadors".
9. Through these trainings among the target groups, Ebola awareness had increased, the participants had become more aware of the ways to prevent Ebola especially the Do's and Don'ts when it comes to Ebola prevention.

2.14.2 Challenges and Mitigation Measures

Although the training in all the regions was successful, a few challenges were encountered.

1. Mobilization of Participants: The original persons selected to mobilize the participants in the various communities had to withdraw their services close to the start of the training, due to reasons beyond their control. They got alternative people to step in and this put a lot of stress on both them and the facilitators. Sometimes training sessions started very late in order to get the full complement of participants for the sessions. In Paga for example, pregnant women delayed in coming for the workshop so the mobilizer had to be given money to engage the services of the gong-gong beater to make an announcement that pregnant women were needed at the Health facility. In the end, the number was exceeded by nine.
2. In places where the number of people trained exceeded those expected, some were not given the UNFPA branded items since the items brought were based on the target. This infuriated some of the participants.
3. The presence of large articulated trucks at the Centre for National Culture in Kumasi supposed to be full of bags of rice made Kayayei to think bags of rice was going to be distributed to them. In spite of all explanations, over three hundred Kayayei rushed into the training venue. It took hours and some amount of force for those inside the hall to be persuaded to leave. After the training another fifty stormed the hall requesting for their share of the items distributed to their colleagues.

4. The Youth Leadership Training Institutes delayed the reopening of the schools as planned so training sessions for some of the schools had to be delayed for youth to be mobilized from their communities. In one location, after a long discussion with the Principal, during which the team convinced him that we could contact nearby Schools and also students residing in the community, vehicles had to be mobilized to go round and also convey the students to and from the training. As a result, the training started very late.
5. Low educational standard of some of the youth from the Youth Leadership Training Institutes made it difficult for them to write the assessment. Although they all made the attempt, some scored zero in both pre and post assessment due to their inability to write even in instances where the questions were read out to them.

2.14.3 Lessons Learnt

1. Effective communication is very important for a successful joint implementation of assignments of this nature.
2. It is also important to understand clearly the role of each party in a joint activity implementation to ensure a smooth and successful delivery on specific objectives.
3. The training on Ebola virus disease prevention was a timely and an effective one. Some participants who had participated in the trainings for the first time realized the need for them to take action to prevent the Ebola disease outbreak in their communities.

Figure 14: Equipping Pregnant Women, Queen Mothers, Youth and Kayayei in Ebola Prevention

15a: Queen Mothers, a student and pregnant woman demonstrating to their colleagues

15b. Cross section of Kayayei displaying their bags

2.15 GAVI HEALTH SYSTEMS STRENGTHENING PROJECT

2.15.1 Key Results Achieved

1. Staff of HFFG were able to trace mothers whose children had defaulted in taking some of the required vaccines to their homes.
2. A monitoring visit to Wli Todzi revealed some key needs of the community. HFFG pledged to meet some of the logistics needs like building a shed for CWC.
3. A monitoring visit to Wli Todzi revealed some key needs of the community. HFFG pledged to meet some of the logistics needs like building a shed for CWC.
4. Community members of Wli todzi, Akpafu Todzi, Gbi-Atabu, and Likpe Kukurantumi were sensitised on the importance of immunization of mothers and children
5. Public education sessions were organised weekly radio programs on immunization and its importance and the vaccine schedules.
6. A total of 26 queen mothers including the paramount queen mother of Hohoe were trained.
7. A total of 56 traditional leaders- chiefs, and members of the traditional council members of the project communities including Executive Director of HFFG, the District Director of Health Services, the Municipal Disease Control Officer, the Public Health Nurse, and HFFG staff were trained on Advocacy to enable them 1play the advocacy role on immunization at the community level.
8. HFFG supported the following communities; Gbi-kpeme, Adabraka, Tonglo, Nima Zongo and Likpe Abrani with bags of cement, roofing sheets, plastic tables and chairs and long wooden benches. The items were presented to the Municipal Assembly and the Municipal Health Directorate who then presented them to the communities.

2.15.2 SUCCESS STORIES

Since the implementation of the GAVI project through HFFG in the Segbedenu community, members of the community have embraced the project. Through various outreaches and educational programs held in promoting the patronage of immunization programs and its importance, a community leader, Mr. Gershon Agbevo, together with some elders and opinion leaders took the initiative to lobby the member of parliament for the Hohoe constituency, Mrs Adiku Nelu to assist the Segbedenu community with items like canopies and plastic chairs for their child Welfare clinic activities. As a result of

Segbedenu CWC before GAVI project Segbedenu Now

this, another member of the community donated his house to be used as the weighing centre since the owners of the property were stationed in the capital city of Accra.

Gbi-Kpeme Community

The Gbi-Kpeme community has been influenced positively since the introduction of the GAVI-HSS project in the community. As a result of the sensitization campaigns in the community, the opinion leaders and elders took the initiative to contribute their quota in assisting the weighing centre. The outreach activity used to take place under a tree but now the community leaders have lobbied for a more suitable location for the CWC activity and began to build a centre specifically for weighing. Though the structure isn't yet complete, mothers are more comfortable now and the attendance at weighing has increased in the month of May, 2015 realising 178 children. They are grateful to GAVI and HFFG for the program and all their efforts through various activities to increase immunization to every child.

Gbi-Kpeme building the shed

Gbi-Kpeme Before After

1. *"The intensive education carried out in Adabraka community by HFFG field officers has caused the number of women attending CWC to increase. Many more mothers come out of their homes on their own for CWC now because of the understanding they have received on its importance,"* says the traditional leader. They would also like HFFG to help commission their newly built public toilet in the community and use the platform to talk about the importance of sanitation on maternal and child health.

2. Adabraka community has also bought roofing sheets and bags of cement for the construction of another CWC centre due to the large population of patrons at the old site.
3. The volunteer at Fodome Abledze, Peter Ganyo, through his hard work on the project organised mothers in his community to buy chairs for themselves to feel comfortable at weighing. Therefore, now each mother has her own chair and feels comfortable at weighing.
4. Since the inception of the GAVI project, CWC has become regular in Fodome Lomnava, Dzogbekorpe, Fodome Abledze because HFFG field staff assisted in transporting the community health nurses to the

2.15.3 CHALLENGES AND MITIGATION STRATEGIES

Challenges	**How it was Resolved**
Unable to communicate promptly due to mobile network problems	Staff have to go to each community on motorbike to give information to volunteers.
Bad road network during the rainy seasons make some communities more difficult to access.	Where there are two nurses, field staff convey one nurse at a time to the community and return for the other.
Means of transport for some nurses from their health centres to the communities	Field staff transport community health nurses on their motorbikes to the community each month to enable them arrive on time for CWC sessio ns as it take time to travel out.
Community register compilation errors	Volunteers were re -trained in data entry and verification to ensure accurate records are retrieved from the weighing cards Errors were also rectified in the registers
Unavailabilityof Nurses due to other training programs or sickness.	The weighing day is re -scheduled and the information is given to the community through the community volunteer.

2.15.4 LESSONS LEARNED

1. Involving the traditional leaders of communities during the implementation period made it easier for the message on immunization to be embraced seeing that it comes from their very own leaders and not “strangers.”
2. It is better and easier to channel educational programs and outreach activities through organized community meetings such as communal

labour days, community meeting days and other social gatherings. Additional meetings outside that recognized by the community may not always yield the desired result in terms of attendance.

3. Working in communities requires focus, observation, listening more to the radio for information and events happening around. Making key friends in strategic locations and working with them as key informants also helps make implementation of planned activities much easier because they give information and assistance to staff on the project.

2.15.5 RECOMMENDATIONS

1. Full involvement of community elders and members is important for attainment of project objectives and also sustain the project.
2. Male involvement (Daddies club) is very important in increasing EPI coverage since they are final decision makers in the communities. Men in the project communities should be encouraged to continue supporting their wives to ensure consistency in CWC sessions for their children.

The IPAS project gained an international recognition and won the European Association for the Education of Adults (EAEA) Grundtvig Award 2015 in the category International Projects. The award was for excellence in adult education and health in the category of international projects. The award highlights project results that produce new partnerships, new methodologies and a new understanding and shows how adult learning can be worked on. The initiative was supported by Ipas Ghana in collaboration with queen mothers for their advocacy work and durbars for women aimed at empowering women to exercise their sexual and reproductive rights.

Figure 15: The EAEA President, Mr. Per Paludan Hasen (left), With the HFFG Executive Director, Mrs Cecilia Senoo and the Project Coordinator, Mrs Sandra Ameyaw Amankwaa (middle) after receiving the award

The HFFG Executive Director Mrs. Cecilia Senoo and the Project Coordinator Mrs. Sandra Ameyaw Amankwaa were in Porto, Portugal on June 22, 2015 to receive the award at the conference. HFFG took the opportunity to present the CAC project to the audience of experts and stakeholders in the field of adult education and health.

3.0 ADMINISTRATION

This section provides details of the performance and challenges of the Administrative Department over the year.

The Administrative department worked hard to provide the necessary support to staff on the various projects that were implemented successfully during the year.

3.1 Achievements

The following achievements were recorded during the year:

1. Ninety percent of the rehabilitation work of HFFG's new premises at Dzorwulu has been completed;
2. A more comprehensive tally card was procured and printed to enable a systematic and effective way of monitoring and documenting stock;
3. The registration of staff unto the NHIS was to a large extent been accomplished during the year.
4. To enhance communication, forty-six contract phones were signed on with Airtel and distributed to staff which has improved communication between field offices and the Head Quarters.

3.2 Challenges

1. The high cost of maintaining official vehicles due to (a) their consistent breakdown because they are aging and (b) inadequate care provide by some of the drivers. The situation is heightened by the very bad roads which the vehicles ply to some HFFG communities.
2. The delay in recruiting a new IT Officer also affected the smooth running of the IT facility in the office.
3. The late release of funds for administrative work often affected timely execution of work and hence the smooth running of the office.
4. Compiling a comprehensive and well updated Assets Register was also a slow process during the year.

3.4 THE WAY FORWARD

The Administrative Department consists of a team that desires to work harder. It is this desire that drives our goal to leverage technology by facilitating the development and implementation of systems that improve and streamline workflow.

In the coming year, some measures that are likely to improve our capacity as deliver on our objectives are listed below:

- Training of staff in Excel to improve documentation;
- Support staff to improve Communication
- Establish a more structured way of documentation
- Conduct a quarterly assessment of the team
- Recommend the recruitment of a Store Keeper
- Recommend periodic training for the Drivers

The Administrative Department is excited about the opportunity of having a larger working space and a sizable storage area in the new office. The Administration team hopes to be more accountable to the Organisation through a better use of resources, technology and to rely on a team approach in performing all duties in the future.

4.0 THE PEOPLE WHO WORK IN HFFG

The Human Resource Department of HFFG has the primary objective of facilitating the achievement of the organisation's objectives by ensuring the effective utilization of human resources in the organization. This objective of the Department is achieved by advising Top Management on initiating and reviewing HR systems, strategies, policies and programmes in the following areas: Organisation & Job Design, Recruitment & Selection, Human Resource Development, as well as Rewards and Performance Management.

This Report highlights some of the key HR outcomes of the year 2015. Specifically the report presents outcomes in the areas of Staff Strength, management and achievements for the year 2015.

Staff Strength as at December 2015

As at the end of December 2015, the staff strength of HFFG stood at 76. This represents a 36% increase in the staff strength as at December 2014 which stood at 56. Out of the total 76 the majority (53%) are females whiles the males constitute 47% of HFFG's current workforce (See Table 3). The BA is the only region where the male to female ratio is equal. In the Greater Accra, Northern, and Central regions female staff are more than male staff but in Volta and Western regions the male staff are more than the females. This demonstrates the gender equity and equality policy of HFFG

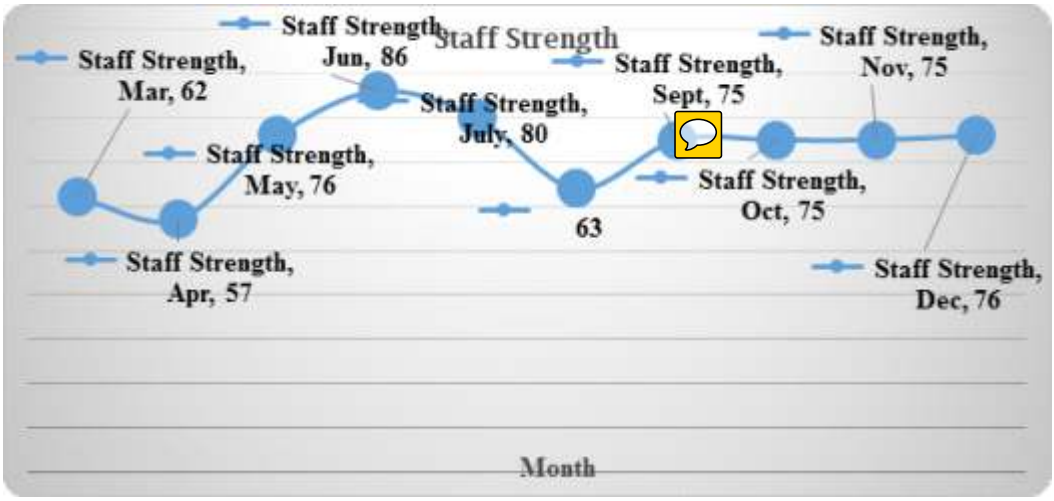
Table 3: Regional and Sex Distribution of Staff as at December 2015

Region	Female Staff	Percent (%)	Male Staff	Percent (%)	Staff Strength
Greater Accra	19	58	14	42	33
Brong Ahafo	8	50	8	50	16
Central	3	60	2	40	5
Northern	2	100	0	0	2
Volta	6	46	7	54	13
Western	2	29	5	71	7
Staff Strength	**40**	**53**	**36**	**47**	**76**

Staff Strength Trend 2015

An analysis of the month on month staff strength indicates that the staff strength was not stable throughout the year (See Figure 15 below). The fluctuations were as a result of projects closing out and new projects coming on board. Since the continuation of employment of all staff is dependent on the availability of funds, when projects end staff have to be laid off and when new projects come on board some staff are recruited. For instance, Staff Strength peaked in June 2015 (86) especially because new staff were recruited in May to support the implementation of the DFID Ebola / Cholera Project. However, the staff strength began trending downwards following the official ending of the GNWP, MAMAYE, GAVI, and project and the DFID Ebola / Cholera Project on the 30th of June 2015. As at August 31, 2015 there were 57 staff plus 6 interns making a total of 63 staff. Staff strength began to increase again in the 3rd quarter, as a result of new recruitments to support the New Phase of the DFID Malaria Project, and the GA Project.

Figure 16: Trend of Staff Strength



Human Resource Development

In addition to building the capacities of our beneficiary communities and its members through our various projects and interventions, HFFG also provided the platform for several staff to build their capacities both within and outside Ghana to enhance own career development as well as for the growth and development of the organization. Some of the capacity building activities for the year 2015 included Orientation Programs for new staff, Project Specific Training Programs, Training programs on policies, Donor sponsored workshops, and conferences within and outside Ghana.

The Table 4 below provides details of some of the capacity building Conferences, Meetings, workshops and Seminars attended by staff in the year 2015 within Ghana.

Table 4: Trainings attended by staff.

No	Name of Training	Organiser/ Sponsor	Date	Venue	Participants
1.	Training on New HR Policy	HFFG	Feb-15	Kaneshie Office	All staff
2.	Grant Management, Value for Money	USAID & DFID	Feb-15		Finance staff/ Project Coordinators
3.	M&E Plan, tools and Data quality and audit	IPAS and USAID	Feb-15		M&E and Program staff
4.	Orientation for New Staff	HFFG	April 1-3,	Head Office	2 new staff, 2 re-assigned staff
5.	Training on Budgets	GAVI	May 14-16		GAVI project staff
6.	3-Day training on Interactive Theatre under GNWP	Simavi		Central Region	GNWP project staff
7.	GHAME) DATA ANALYSIS WORKSHOP	PEPFAR	July 21-29, 2015	SCHOOL OF PUBLIC HEALTH, Legon	1 M&E Officer (Doreen)
8.	Training on Basic Repairs on Barefoot Go Solar Lamp	Barefoot Africa	20-Aug-15	Barefoot Africa Office, East Legon	IT Officer & Project Officer (Frank and Razak)
9.	Ipas Training	Ipas Ghana	July 27 -	Koforidua	Project Coordinator (Sandra/Salome)
10.	3-day training workshop on LINKAGES	Fhi 360	August	Kumasi	Programs Manager (Irene)
11.	Sanitation Entrepreneurs Training	Simavi	July 29-31	Kaneshie Office	GNWP project staff
12.	M&E Training	HFFG	Sept 7	Kaneshie Office	All staff
13.	Social Media	HFFG	Sept 9	Head Office, East Legon	NSP, Communications & Admin staff, Management
14.	Orientaion/Training on New Phase of Malaria Project	HFFG/DFID	Oct 20	Takoradi	All Takoradi Staff
15.	Financial Training	HFFG	Oct 30-31	Kaneshie Office	Admin &Finance staff, all Managers& Coordinators
16.	Orientation for New Staff	HFFG	Nov 16-19	Head Office, East Legon	3 New staff
17.	GHARH M&E Training	Palladium	Nov 18	BA	2 M&E Officers (Doreen&Samuel)
18.	Training for Nurses on HIV Testing	Fhi 360	November	Accra	Nicholina
19.	Strategic Information Training	Fhi 360	Nov 25-26	Capital View Hotel, Koforidua	1 M&E, 1 Coordinator (Doreen & Nicholina
20.	Meeting on End Term Evaluation (ETE) of the National HIV and AIDS Strategic Plan (NSP) 2011 – 2015 and Development of NSP 2016 – 2020		Dec 15	Capital View Hotel, Koforidua	Project Coordinator (Mercy)

In addition to the capacity building opportunities in Ghana, some staff also had the opportunity to travel outside the country. Some examples include:

1. The SRH conference in the US

   The Executive Director attended the SRH Conference in the US in April 2015. HFFG was the only NGO in West Africa that organized the side event.

2. Learning Visit to Kenya

   Irene Sawerteh – Programs Manager of HFFG along with Rebecca Tamia – a Peer Educator of HFFG on the ASK project went on a learning Trip to Kenya. The 5-Day learning tour hosted by the Kenya Sexual Reproductive Health and Rights (SRHR) Alliance provided the Ghanaian delegation made up of representatives of the Ghana SRHR Alliance the opportunity to learn from their Kenyan counter parts.

3. EAEA's Annual Conference on Adult Education And Health

   In June, 2015 the Executive Director of HFFG and the Greater Accra Project Coordinator of HFFG's Comprehensive Abortion Care (CAC) Project Sandra Ameyaw Amankwaah traveled to Porto, Portugal to receive the European Association for the Education of Adults (EAEA) Grundtvig Award 2015 in the International Projects category as part of the EAEA's conference and general assembly meeting.

4. The 18th International Conference on Aids and STI's in Africa

   Executive Director of HFFG participated in the 18th ICASA organized in Zimbabwe from the 29th of November 2015 to 4th December 2015

4.1 Key Achievements of the HR department in 2015

Among other things, some of the key achievements of the Department for the year are as follows:

1. The organization's HR policies were reviewed to conform to current best practices. Staff were subsequently trained on the new policies.
2. Staff contract management was strengthened and is now responding to the needs of all categories of staff.
3. A provident Fund (HFFG Benefits Fund) was established with Databank which is still managing the fund
4. Money has been invested with ASN Financial Services as seed capital for a Private Health Benefits Scheme for staff. Negotiations were completed with SNNIT Hospital to provide some category of health care services to staff when they are in need. Discussions are currently on going with other selected hospitals for this purpose.
5. Weekly Tracker system has been introduced to aid Supervision and Performance Management.
6. A Comprehensive Performance Management System based on Targets has

been introduced to ensure that payment of staff is based on their performance.

7. A training evaluation form has been developed to ensure that all staff capacity building activities are properly documented.
8. Staff Separation Checklist Form has been developed to aid smooth off-boarding of staff.
9. Project Reporting compliance forms have also been developed to aid Technical supervision of Projects

HFFG operates in in eight (7) out of the ten (10) regions of Ghana i.e Greater Accra, Central, Western, Brong Ahafo, Northern and Volta. By the end of 2015 HFFG had 7 Regional Offices and 3 district offices strategically positioned to provide services to communities in all 10 regions of the country. Over 1,000 communities benefited from the interventions of the organisation during the year 2015.

The organisation intends to increase its proposal writing capacity to improve on resource mobilisation for more and a longer term project funding. This is to enable management transform the organisation into a high performing NGO working to achieve its mission and vision.

In the future, HFFG wishes to involve and enable all staff to define the mission, vision and values of the organisation in the design and implementation of projects

In the coming year, 2016 will be focussed on working towards these key outcomes:

1. Achieve and improve on community outcomes and experience
2. All target communities and populations receive effective and high quality services from HFFG
3. Community structures and beneficiaries are involved with decisions about their welfare
4. Improve on HFFG's annual staff rating
5. All HFFG staff have the knowledge and skills to do their work as indicated in their job description supported by education and training opportunities.
6. Staff are delivering services in a professional and friendly way.
7. Staff feel engaged and confident to communicate.
8. Achieve and improve on all key organizational targets
9. To improve on organizational culture and values and communicate openly with staff, stakeholders and the public.
10. To work collaboratively with community structure and health and stakeholders to improve efficiency, reduce delays in implementation and reporting on activities
11. To engage stakeholders in planning and improving our services.

7.0 THE FINANCIAL REPORT

During 2015, in a challenging economic environment in Ghana, HFFG continued to work hard to raise funds for its work in providing support to many communities in Ghana. The organisation is currently thinking about strategic and efficient fundraising approaches. HFFG, as part of its new strategic plan is therefore looking at broadening its income base by raising funds through partnership building with donors in-country and globally and through other innovative income generating approaches.

Our income and expenditure statement for the period 2015 is indicated below. All figures are in Ghana cedis, GHS.

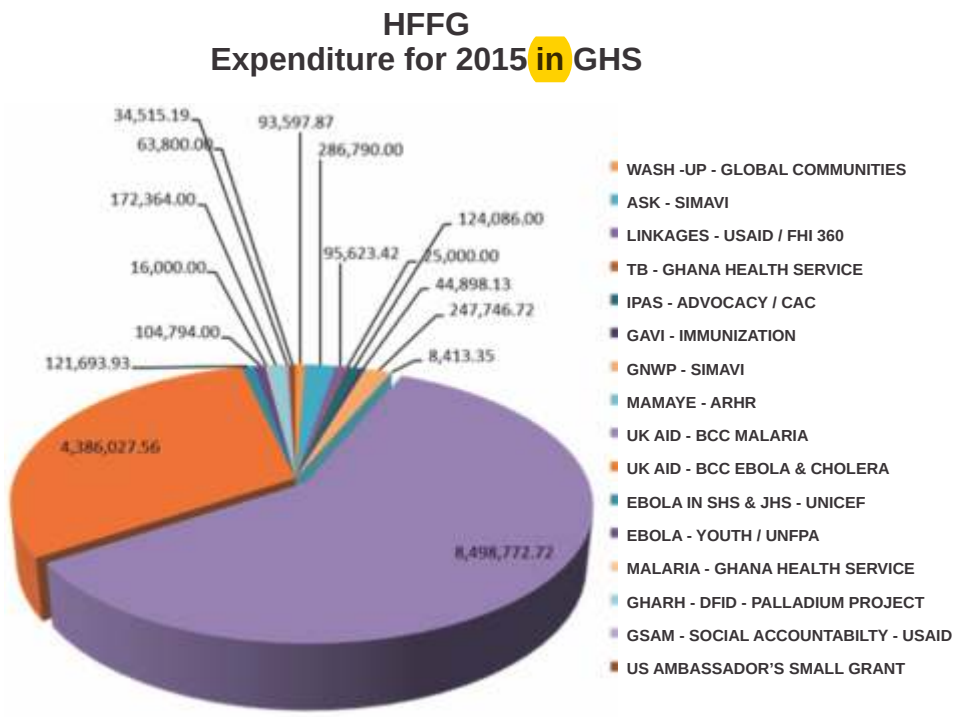


Figure 17: EXPENDITURE STATEMENT FOR 2015

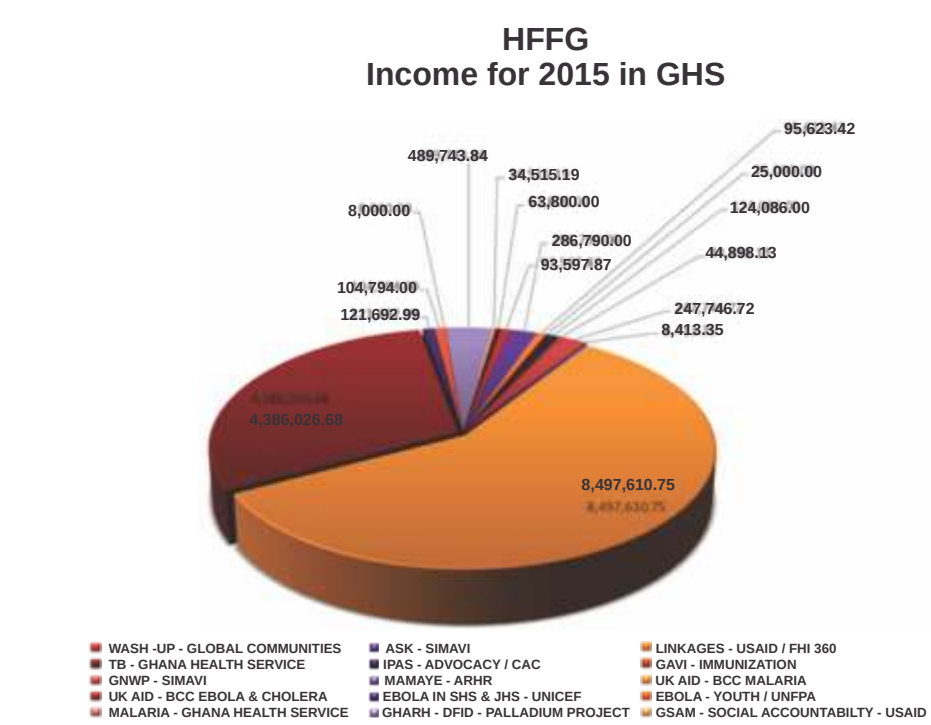


Figure 18: INCOME STATEMENTFOR 2015

HFFG INCOME AND EXPENDITURES FOR 2015		
	Amount Received	**Actual**
Project	***Income GHS***	***Expenditure GHS***
WASH-UP	93,597.87	93,597.87
ASK	286,790.00	286,790.00
LINKAGES	95,623.42	95,623.42
TB	25,000.00	25,000.00
IPAS	124,086.00	124,086.00
GAVI	44,898.13	44,898.13
GNWP	247,746.72	247,746.72
MAMAYE	8,413.35	8,413.35
UK AID - BCC MALARIA	8,497,610.75	8,498,772.72
UK AID -BCC EBOLA & CHOLERA	4,386,026.68	4,386,027.56
EBOLA IN SSH & JHS	121,692.99	121,693.93
EBOLA & KAYAYEI	104,794.00	104,794.00
MALARIA GLOBAL	8,000.00	16,000.00
GHARH PROJECT	489,743.84	172,364.00
GSAM	34,515.19	34,515.19
USAID SMALL GRANT	63,800.00	63,800.00
TOTAL FOR 2015	**14,632,338.94**	**14,324,122.89**

Figure 19: HFFG INCOME AND EXPENDITURES FOR 2015