2016 ANNUAL REPORT



HOPE FOR FUTURE GENRATIONS

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ABOUT THIS REPORT

Our Annual Report provides an overview of the work of Hope for Future Generations (HFFG) from January 2016 to December 2016. The report covers the life transforming projects implemented by Hope for Future Generations in all its areas of operation. It also illustrates our achievements, some success stories of lives touched, challenges and our outlook for the year 2017. Financial figures for all funds received and expended by HFFG in the year 2016 have also been provided in this report.

The purpose of this report is to provide a snapshot of our activities and achievements over the year 2016. It does not provide a detailed description of activities and strategies implemented. These detailed descriptions are provided in individual project reports which can be found elsewhere (www.hffg.org). Pictures showing activities as well as important quotes are highlighted in the report. As much as possible, the report has been compiled in a manner that is easy to read and complete within a very short time.

As you flip through the pages of this report, note that there are myriads of challenges and there are still people who are less privileged in communities in Ghana with very little or no information on basic health and life skills. Your contribution to the course of humanity is needed.

Thank you.

FROM THE EXECUTIVE DIRECTOR'S DESK





On behalf of the Board, Management and Staff, I am proud to present the 2016 Annual Report of Hope for Future Generations (HFFG). HFFG set out to touch more lives especially those of women girls and children in all aspects of their lives particularly, their health. The year has been very exciting with lots of activities and achievements and milestones chalked by the organisation. A major highlight has been celebration of our 15th Anniversary under the theme "Championing Equal Opportunities for Women and Children through Sustainable Partnerships" which was launched by Dr. Angela El-Adas – Director General of the Ghana AIDS Commission.

The launch of a flagship project "HopePal" which is targeted at persons with disabilities, the expansion and reconstitution of our board to reflect and drive the current goals of the Organisation. At the international, national, regional and district levels, we have contributed to

the discourse on women, children and health issues particularly on reproductive health and malaria. Staff and organizational development also played a critical part in our pursuit to positively impact communities. We invested in strengthening the organization and building capacity of our staff to deliver quality service to all.

We are proud of our exploits this year as we touched many more lives in the nooks and crannies of our dear country. Hope for Future Generations wishes to express its gratitude to all our funders, partners and all our stakeholders especially our community volunteers who continue to dedicate their lives tirelessly to achieve project indicators.

ABOUT HOPE FOR FUTURE GENERATIONS

Hope for Future Generations (HFFG) is a national, community based, children and women focused non-governmental organization, established in June 2001 under the company's code, 1963 Act 179, with registration number G.8202. It is also registered with Department of Social Welfare with registration number D/S/W 2410 and certified with other statutory bodies. The organization is also registered in the Republic of Togo as a legal body and implements various Sexual Reproductive Health projects for teenage mothers in Lome, the capital of the Republic. The organization's main head office is located at Dzorwulu in the Greater Accra Region; with six (6) regional offices across the country.

Mission

Our mission is to advocate for women, children and communities in the fight against preventable diseases, mobilizing communities, strengthening their capacity and using their own resources for acceptable and sustainable projects.

Vision

Hope for Future Generations envisages a society where communities especially women and children become aware of possibilities and capabilities for improving their lives and realizing their full potentials. Thus having "Informed communities, improved lifestyles"

Governance

HFFG is governed by a seven-member Board of Directors, the highest decision making body of the organization. They formulate policies, approve the organization's expenditure and monitor the implementation of projects. The Executive Director who reports to the Board of Directors oversees the daily running of the organization and ensures that projects are implemented successfully by strict adherence to the project description and financial procedures. There are managers at various levels who manage various aspects of the Organisation's operations.

Our Core Values

In seeking to achieve our mission and fulfil our vision, HFFG recognizes the following core values which reflect the character of the organization: Professionalism, Team work, Accountability and Honesty, Non-discriminatory, Dedication and Openness. We are guided by these values in our programme delivery

OUR LIFE TRANSFORMATION ENDEAVOURS IN 2016

Our goal as an Organisation is to transform lives resulting in the complete eradication of preventable diseases and poverty in our communities particularly among women, children and youth. We touch and transform lives through the conception and implementation of various projects.

MALARIA PREVENTION INITIATIVES

Advocacy for Resources for Malaria Stoppage (ARMS)

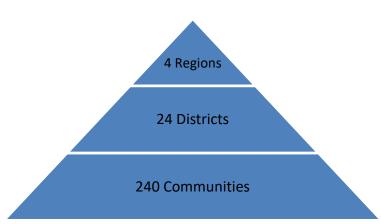
Considerable progress has been made in the fight against malaria yet the burden of the disease is still very high, especially in Africa. Malaria is still endemic in all 10 regions of Ghana even though series of programmes are being implemented in the past to eradicate malaria.

Having realized an increasing funding gap for maintaining malaria prevention globally, Hope for Future Generations is leading a consortium with two other Organisations; Youth Development, Research and Innovation Centre (YOUDRIC) and the Institute of Social Research and Development (ISRAD) to implement an "Advocacy for Resources for Malaria Stoppage (ARMS)" initiative in all 10 Regions of Ghana.

The overall goal of this project is to contribute to reduced incidence of malaria in Ghana through increased diagnosis of malaria before treatment, increased local government funding for malaria activities and reduction in malaria cases.



Geographical Coverage



Hope for Future Generations is implementing this project in 240 Communities selected from 6 district each from four (4) regions. The list of Regions and Districts are shown in Table 1.

Strategies Implemented for Achievement of Project Goals

♣ Stakeholders' Fora

HFFG held regular meetings with key stakeholders such as leaders from various public and private institutions as well as community representatives (including traditional leaders) to orient them on the project, solicit their support and advocate for resource allocation for malaria prevention.





♣ Orientation/Meetings and Interactions with Healthcare Service Providers

One of the strategies in achieving the project goals was to hold orientation meetings and interactions with health care service providers. Most of the health care providers were community health nurses, enrolled nurses and midwives, over the counter drug sellers and herbal and traditional medicine practitioners.

↓ Identification and Training of Community Malaria Ambassadors

The selected community Ambassadors trained on the ARMS project, advocacy and the key messages of the ARMs project. They were also taken through the M&E data collection tools.





CMAs training

♣ Formation of District Malaria Advocacy Groups (DMAG)

The DMAG consists of key stakeholders in the district. These include the Municipal/District coordinating directors, the District Planning Officers, the District Environmental Health Officer, Chairman or representative of the Social Services Committee of the Assembly, NHIA representative or the budget officer, the Director of health or representative, the School health coordinator, representatives of the private road transport union, the media, representative from the Traditional Council and representatives from the Religious Council.





Scenes from some DMAG trainings

The DMAG groups were formed, trained and tasked to embark on series of advocacy campaigns in the districts to galvanize more community support for malaria activities.

DMAGs ESTABLISH MALARIA FUND

Each DMAG have decided to establish a **Malaria Fund** in the district assembly for resource mobilization. DMAGs have developed Action Plans to see this through

♣ House-to-House Sensitization

Staff and Community Malaria Ambassadors embarked on house to house sensitization on evidence based behavior change

KEY OUTPUTS AND ACHIEVEMENTS

- √ 604,832 health care seekers reached during group and community conversations on malaria
- ✓ 1000 Health care providers reached to adhere to the WHO protocol malaria on diagnosis and treatment and their support for the district malaria advocacy group
- ✓ 24 Municipal/distri ct malaria advocacy groups formed
- √ 673 Community

malaria

sensitization using one-on-one and small group discussions to reach households with messages on the need to demand for testing prior to receiving treatment for all suspected malaria cases as well as to sleep under an Insecticide Treated Bed Net (ITN) at all times.

♣ Dusk to Dawn Broadcasts

The use of dawn and dusk sensitizations took the form of broadcast in the early hours of the day and in the evenings in collaboration with the Information Services Department and Community Information Canters. Messages were also broadcast using public address (PA) system mounted on vehicles, mosques and gong gong (traditional drums). Dusk broadcast sought to remind households to endeavour to sleep under LLINs at night.

♣ School Sensitization

Basic and Senior high schools were not left out in our outreach activities. We reached them to provide malaria prevention messages; some topics discussed were: Sleeping under the long lasting insecticide nets, RDT (testing before treating), Signs and symptoms of malaria

School clubs were formed in some schools. Some of the students were selected as Malaria ambassadors to promote these messages.

Radio discussions

Series of radio discussions were held in various communities and districts to increase awareness of malaria and its prevention as well as advocate for domestic resource allocation for malaria control activities particularly by District Assemblies.



Demonstration of the correct use of ITNs at a community durbar

♣ DMAG Advocacy at District General Assembly Meetings

ASSEMBLY MEMBERS ARE NOW AWARE OF THE 0.5% OF THE COMMON FUND TO BE ALLOCATED FOR MALARIA PREVENTION ACTIVITIES AND ARE NOW ENSURING THAT THE ALLOCATION IS USED FOR ITS PURPOSE

As part of their advocacy activities, DMAGs participated in the general assembly meetings of their respective district assemblies to advocate for the release of 0.5% of the common fund earmarked for malaria prevention activities in the districts.

♣ Community Sensitization Durbars/ Activities

Community level activities were organized to reach out to community members with key messages on causes and prevention (including sleeping under LLINs every night) of malaria and rights as patients to demand to be tested before treatment. They were also sensitized on early reporting of all suspected malaria cases to nearby health facilities for testing to confirm diagnosis before receiving anti-malarial drugs.



Community Meeting
SEXUAL AND REPRODUCTICE HEALTH INTERVENTIONS

GHANA ADOLESCENT REPRODUCTIVE HEALTH PROJECT

In September, 2015, HFFG received funding from UKAID through Palladium to implement the Ghana Adolescent Reproductive Health (GHARH) project in nine (9) districts in the Brong Ahafo region namely; Sunyani, Dormaa, Dormaa East, Dormaa West, Jaman North, Jaman South, Banda, Atebubu and Pru Districts.

The overall goal of the project was to improve maternal health and adolescent reproductive health choices. The main objectives were to;

- improve the ASRHR knowledge levels of 20,000 (8,000 inschool and 12,000 out of school) young people aged 10-19 years in 9 selected districts of the Brong Ahafo region by 30% through gender-sensitive SRHR education, information and skills building by 2016.
- improve the availability, accessibility and quality of sustainable youth-friendly SRHR services for young people aged 10-19 years in 9 selected districts of the Brong Ahafo Region by the end of 2016
- 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 selected districts in the Brong Ahafo Region by the end of 2016

The target population for the project were adolescents from the age of **10-19**.

How we achieved our Objectives

HFFG collaborated with the Ghana Health Service, Municipal/District Assemblies, Ghana Education Service, National Youth Authority, Traditional leaders and peer educators conducted the following activities within the period under review;

♣ Stakeholders Meetings

Stakeholders meetings were organised for key project partners at both regional and district levels. The meeting introduced stakeholders to the GHARH project and gave highlights on key expected roles of stakeholders. The opportunity was also used to solicit the optimum support of stakeholders. The stakeholders pledged their support for the project and agreed to use every given opportunity to convey the key ASRH messages to adolescents, community members and their respective institutions.



District stakeholders meeting

♣ Queen Mothers' Orientation

Queen mothers remain one of the most influential people in communities. As part of HFFG's strategies, Queen mothers were identified as key people to collaborate with to enable us reach young people with SRHR messages and also provide support to young pregnant mothers and girls.

HFFG oriented 32 Queen mothers to support in referral of young sexually active people, especially girls, for family planning services.



Orientation for queen mothers

♣ Peer Educators Training

A 5 day Peer Educators training was organized for selected adolescents from all nine (9) districts. The training was facilitated by experts from the Ghana Health Service, Ghana Education Service and HFFG. The facilitators employed participatory, role play and practical demonstration approaches. Participants were trained on the various thematic areas of the project such as Adolescent Reproductive Health, Introduction to Sexual Right, Concept of Youth Friendliness, Anatomy of Male and Female Organs and their functions, Pregnancy and related issues, Contraceptives and contraception, correcting common myths, rumors and misconceptions about family planning, drug & substance abuse, sexually transmitted infections, HIV & AIDS, sex and sexuality, risky behaviors, introduction to the concept of counseling, concept of peer education, gender roles and stereotypes, sexual and gender based violence, communication skills, negotiation skills, decision making, self-esteem & assertiveness, building healthy relationships and facilitation skills. At the end of the training each peer educator signed an MOU binding them to their assigned responsibilities.



Peer educators training

♣ Youth Led Radio Discussions

HFFG used youth-led radio talk shows to reach adolescents with SRHR information. The platform was also used to correct myths and misconceptions. The radio discussion focused on raising awareness about ASRH issues, the need to address them and the strategies HFFG has put in place to ensure the promotion of ASRH under the GHARH Project.

The radio talk shows were packed with information and were facilitated mainly by Peer Educators with support from GHS and HFFG staff. Listeners were educated on teenage pregnancy, STIs, risky adolescent behaviours amongst others. A call-in segment was used to gather views of listeners, clarify issues and clear myths and misconceptions.



Youth-led radio discussion ongoing

I never miss this vey educative programme. It has really helped me.

Please organise more condom promotion activities in the communities
as many adolescents in my community are ignorant of the proper use of
condoms resulting in many STI infections among adolescents and
teenage pregnancies

Kweku Owusu, a regular listener



Durbars and video shows were used to mobilize communities for sensitization. Community Ambassadors and DMAG/MMAG organized community durbars and meetings using the community conversations methodology to get community members to discuss the need, and benefits for testing for malaria, the use of LLINs and the need for drug adherence.



Learning Community Outreaches

Community outreach activities were organized by Peer Educators in collaboration with GHS staff supported by HFFG staff. The outreach was a strategy of reaching directly to the adolescents in the community and educating them on ASRHR issues. The outreaches were also organised to provide youth-friendly services to adolescents at their door step. It was also to reach adolescents who were referred by Peer Educators but could not access services due to the unavailability of youth friendly corners, health facilities or commodities (such as HIV test kits) in their communities. In addition, there were condom demonstration and distribution during outreaches.



Community outreach

♣ Drop-In-Centre (DIC) Sessions

HFFG established Drop-in-Centres (DIC) in Sampa and Sunyani where adolescents were referred to for adolescent friendly Sexual Reproductive Health Services. Referrals were mainly done by peer educators.



DIC Session

Lead Education through Fun Games

Fun games, especially football gala was used as an avenue to mobilise the youth for education and provision of SRH services. This strategy was used to reach over 500 adolescents per session. Adolescents received one-on-one counselling, family planning, STI screening, pregnancy test, HTC services among others while the games were ongoing. Both male and female condoms were also sold and distributed.



Community football team ready for football gala

An Innovative Edutainment programme benefiting over 160 adolescent boys and girls

HFFG organized psychosocial counselling sessions, community outreaches, 'Drop in Centre' (DIC) sessions, Peer education, integrated counselling for pregnant teenagers and teenage mothers, supported school clubs and embarked on school education, football gala, youth led radio discussions as well as monitoring and supervision.

A total of **14,027** young people were reached with information on Sexual Reproductive Health and Rights. **9,267** received diverse SRHR services either youth corners, health facilities or the drop- in – centres.

↓ Integrated Counseling for Pregnant Teenagers and Teenage Mothers

Integrated counselling sessions drew both pregnant and nursing adolescents from various communities to be counselled on health and nutrition, family planning/ STIs prevention, enrolling back to school, building entrepreneurial skills and goal setting.





Scenes from integrated counselling for pregnant teenagers and teenage mothers.

♣ Boys and Girls Time Alone (Star Camp)

The STAR Camp is one of the innovative ways HFFG used to equip in and out of school adolescents with the necessary knowledge and skills to make effective decisions that will go a long way in helping them set standards and goals for themselves; by so doing delay sexual debut.

The Star Camp is a 5 day intensive educative and entertaining (edutainment) residential program, organized by HFFG to equip the adolescent with knowledge and skills to aid them in making good choices in relation to their SRHR in life. Topics treated include; gender roles, gender based violence, menstrual and personal hygiene, skin bleaching; sex and sexuality, economic empowerment, career guidance, goal setting, vision and skills training. A total of 160 adolescents (80 boys and 80 girls) benefited from the STAR camps organised.



Scenes from STAR Camp

Mentorship for Boys and Girls

Mentorship programs were organized for boys and girls separately where mentors from diverse professions such as Teachers, Farmers, Journalist, Doctors from the communities were invited to enable the adolescents easily identify with them and see the possibility of making it as well.

The mentors shared their life experiences and used the platform to encourage the adolescents. Participants were assisted to identify their areas of career interests and a suitable strategy to achieve them.





Scenes from boys' mentorship program

♣ Open Day Out To Adolescent Friendly Corners

To encourage the use of adolescent friendly corners by adolescents, open day out sessions were used to introduce the adolescents to services available at the corners for their uptake. With the help of trained nurses, participants were taken through the services offered at the centres and facilities available there.

As young people we need to have comprehensive sexuality education in schools. NGOs and the Ghana Health Service must devise ways of reaching out-of-school youth as well with comprehensive information about SRHR.



Adolescents visit to youth friendly corners

4 Youth Forum

The forum took the form of a panel discussions to give voices to adolescents on their sexual reproductive health. Adolescents discussed how their empowerment will impact their sexual reproductive health and rights choices. Panelists were 4 adolescents and representatives from Ghana Health Service and Ghana Education Service. The forum was also used to clear myths and misconceptions.

♣ Peer Education

The strategy of Peer education was used to reach out to both inschool and out-of-school adolescents. Using one-on-one and small group methodologies, peer educators provided information on abstinence, contraception, STIs (including HIV), pregnancy, personal hygiene, menstruation among others. They also provided peer-led referrals to youth friendly centres or the nearest health centres for SRH services. Peer educators also served as non-traditional condom outlets in their communities where they sold condoms to their peers. During peer education, peer educators cease the opportunity to distribute IE&C materials including factsheets, leaflets and booklets to their peers at school and in their communities.



Establishment and Support of School Clubs

HFFG embarked on school education programmes held with school health clubs in all communities. During these sessions adolescents were taken through who adolescents are, changes that occur in adolescents and personal hygiene. They were also given career guidance and encouraged to get good mentors who will help them in the realization of their dreams.



School education

Outreaches to Churches

Church education in some selected districts was also used to reach out to parents and church leaders with ASRH information to make them abreast with current ASRH issues and how these issues affect the growth of the adolescent boy and girl. Parents were admonished to be friendly, considerate, non-judgmental and understanding to the needs of their adolescent children to create the atmosphere for adolescents to share their SRH issues with them.

GHANA ADOLESCENT REPRODUCTIVE HEALTH PROJECT ASHANTI REGION

Following a successful implementation of this project by HFFG in the Brong Ahafo Region, HFFG was offered another opportunity to implement a similar project in the Ashanti Region. In the Ashanti Region, the aim is to contribute to a 6% reduction in teenage pregnancy in Kumasi Metropolis, Atwima Kwanwoma and Asokore Mampong Districts in the Ashanti Region of Ghana. This project started in the last quarter of 2016.

Baseline data - 19,451 adolescent pregnancies in the Ashanti Region (DHIMS, 2015).

♣ Regional and District Level Stakeholder Engagements and Pre-Implementation Meetings

Introductory and pre-implementation meetings were held with stakeholders at the Ashanti Regional Health Administration and in all project districts to formally introduce the project staff to these stakeholders and to gain their support to enable the smooth implementation of the project. The meetings resulted in a common understanding and agreement on the key roles and responsibilities that each stakeholder should play to contribute to the overall reduction of adolescent pregnancy in the region and in participating districts in particular.



HFFG staff in Kumasi meet with the Regional Director of Health- Dr Alexis Nang-Beifubah- (second left)

♣ Use of Social Media to Promote Sexual and Reproductive Health and Rights (SRHR) of Adolescents
Information on ASRH was framed in a way to appeal to both young people and stakeholders for the purposes of advocacy. HFFG's twitter platform (@hffg2001) was mostly used.

Twitter has proven to reach a lot of adolescents and other stakeholders with brief and direct messages. There is the need to use other social media platforms, such as Facebook, to promote project-related activities and SRHR information

Learning Community Integrated Service Outreaches

Community outreaches were organised in partnership with GHS, GES and PPAG. Family planning services were provided to adolescent girls and condoms were distributed.



HFFG team providing Family Planning information



Group discussions with adolescents

COMPREHENSIVE ABORTION CARE

This year, HFFG started a new phase of the Ipas funded Comprehensive Abortion Care (CAC) project in the Greater Accra Region. This Project has been implemented by HFFG since 2012 in the Brong Ahafo and Greater Accra regions.

The strategy here is the use of Queen Mothers to sensitise their community members on Abortion care and Sexual and Reproductive Health issues. This phase of the project involves the integration of Family Planning issues.

WATER, SANITATION AND HYGIENE IMPROVEMENT INTERVENTIONS

GLOBAL COMMUNITIES (GHANA) - WASH-UP PROJECT

Hope for Future Generations implemented the Behavior Change Communications component of the WASH-UP project in Accra Metropolis (AMA) and Sekondi-Takoradi Metropolis (STMA).

HFFGs component of the project stems from the fact that the provision of water and sanitation services without behavior change will not lead to the achievement of desired results. Hence HFFG embarked on the following activities to change behavior of the target population;

- Education of households on the use and maintenance of household latrines
- Capacity building for community structures
- School Management Committee and School Health Club formation and training
- Radio and TV discussions
- School sensitization and observation of handwashing practices
- Training of School Management and Health Committee to sustain WASH in Schools
- Training and monitoring of community groups such as mother clubs and youth groups

- Market Sensitization
- Church and Mosque Outreaches



Staff sensitizing latrine beneficiaries on the use and maintenance of their facility



School pupil practicing handwashing

"A lot of people buy fan milk from me and I did not know you have to wash your hands before serving them. I didn't also know that those buying have to wash their hands before taking in the ice cream and this led to some of them complaining of having running stomach sometimes. Some workers from Hope For Future Generations came and spoke to me about this practice but I did not take them seriously, they came again so I gave it a try and I realised that their education was beneficial. Since I started washing my hands before serving my customers, I've not had any complaints from my customers about having running stomach again. Thank you for the change you have brought into my life."



Radio discussion in project communities



Nima Fathers Club meeting

Key Outcomes

- Over 80% of the latrines in target communities are hygienically maintained
- Damand for household latrines have increased by about 40%
- A survey of school children in the project communities indicated that 89% of school children wash their hands after using the latrine, 96% washed before eating, and 67% washed after playing.

CSO PARTNERSHIP FOR SUSTAINABLE AND EQUITABLE ACCESS TO AND USE OF SANITATION AND HYGIENE SERVICES FOR FIVE DISTRICTS IN THE NORTHERN REGION OF GHANA

As part of the GoG-UNICEF Water and Sanitation (WASH) programme (2012-2017), UNICEF engaged the services of Hope for Future Generations (HFFG) to support the implementation of sanitation and hygiene interventions in 5 districts of the Northern Region (Yendi, Mion, West Mamprusi, Kumbungu and East Gonja). The support is required to focus on implementing sanitation and hygiene interventions aimed at reducing open defecation in the target districts and selected communities.

This CSO-DA/GoG partnership project is to scale-up CLTS activities to achieve open defecation free (ODF) status for communities in the Northern Region. UNICEF is therefore using this initiative to support the placement of a support person i.e. District Resource Persons (DRP) in five UNICEF targeted districts to provide technical assistance to the District Environmental and Community Development teams. Some activities implemented are;

- Orientation for HFFG DRPs
- CSO Partnership Regional Stakeholder's meeting
- District Inception meetings
- Orientation for HFFG DRPs
- CSO Partnership Regional Stakeholder's meeting
- District Inception meetings
- Preparation of District Work Plans and Budgets
- Baseline Data collection using the ODK collect software
- Preparation of District ODF Status Report
- Natural Leader's Activities
- Inventory and Verification of Natural Leaders
- Training on CLTS processes



Natural Leader interacting with community member



CLTS Training



An Independent verifier debriefing Zali Bohingli community members during the RICCS Verification at the community



A child practicing proper handwashing using locally made materials

KEY OUTCOMES

- Effective working relationship developed with the district assemblies. Working together with HFFG and UNICEF to improve WASH in the communities
- Community members have begun construction of household toilet and handwashing facilities using local materials. This gives a very good indication of a reduction in open defecation.

GHANA STRENGTHENING ACCOUNTABILITY MECHANISM (GSAM)

The Ghana Strengthening Accountability Mechanism (GSAM) project is to strengthen citizens' oversight of capital development projects to improve local government transparency, accountability and performance in the Agona East, Gomoa East, Awutu-Senya East and Ajumako Enyan Essiem districts in the Central region. This is a five (5) year USAID - funded project which focuses on strengthening citizens' oversight of capital development projects in 100 Metropolitan, Municipal and District Assemblies across of Ghana. The project is managed by a three member consortium in Ghana (CARE, ISODEC and IBIS) with 27 implementing CSOs including HFFG.

The MMDAs selected for this GSAM project have been audited by the Ghana Audit Service on 2 capital project implemented already, but with the highest budget. HFFG disseminated findings of the audit report to 25 communities in each district. HFFG is assessing the performance of these MMDAs using quarterly generated Community Scorecard and Citizen's Report Card. Activities implemented include;

- Capacity Building for CSOs and Community members
- Bi-weekly monitoring of capital projects and sending real time feedback to an E-platform
- Information & Advocacy Campaigns
- Disseminating Information from Ghana Audit Service audits and Scorecards
- Community durbars, town hall meetings, focus group discussions, radio programmes, project performance bulletins, etc.



Community engagement sessions towards development of community scorecard

Key Results

- The GSAM project has served as a wakeup call for both citizens and MMDA staff to effectively apply existing laws and policies to the benefit of Ghanaians.
- Empowered citizens take it upon themselves to dialogue with their assemblies for improved quality of capital projects
- Citizens have developed interest in monitoring projects in and around their communities to ensure value for money
- Community opinion leaders and members have been empowered to demand accountability and transparency from their local assemblies. For instance, Ajumako Attakorasi community sent a delegation to the district assembly to demanding for early completion of their community school barely a week after initial community entry on the GSAM project.

MONITORING AND EVALUATION

Monitoring of our projects is a very important component of our delivery. HFFG has a monitoring and evaluation unit responsible for monitoring all projects and providing timely feedback to project management committees and to the management of the organization for action where needed. Some monitoring activities conducted include;

- ➤ Quarterly monitoring from Head office: Every quarter, the M&E team at the Head office conducts visits to the field. These are mostly unannounced visits to the field to see at first-hand what is happening in the project communities and receive direct feedback from our beneficiaries and stakeholders. These offers the opportunity to improve our programme delivery gaps are identified. These visits were also used to build capacity of project staff.
- Regional Monitoring by M&E Team The M&E team at the regional level (these include our regional M&E officer, the regional coordinator and some identified stakeholders) also conducts regular filed monitoring visits to obtain an accurate assessment of activity implementation and assess the progress towards achieving project targets (using the agreed indicators), to identify and resolve potential implementation shortfalls and obstacles and to agree on remedial actions, if any,
- Staff Monitoring of Peer Educators and Volunteers: Field officers paid regular monitoring visits to all volunteers and peer educators to provide support and ensure they were doing the right thing. The visits were also to check their records for accuracy and verify some.

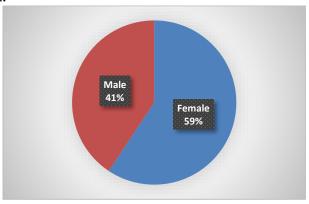


Project staff providing support to peer educators

- ➤ Joint monitoring with stakeholders: One key feature of our strategies in project implementation is the active involvement of all stakeholders at all levels. Regular joint monitoring with key stakeholders to all project sites were carried out. These have helped stakeholders appreciate the implementation challenges and provided support where needed.
- Monitoring visits from partners and donors: HFFG was fortunate to receive a number of teams from all our funders to visit our project sites. These visits helped strengthen our team and delivery.
- Review meetings with stakeholders HFFG organized quarterly review meetings with stakeholders to bring them to scratch with project implementation in the district and the region. Through these meetings stakeholders have provided invaluable support to our projects.

DEDICATED HUMAN RESOURCE AS CHANGE AGENTS IN OUR COMMUNITIES

Hope for Future Generations currently has about 91 staff comprising 59% females and 41% males in seven regions of Ghana.



With our presence in seven (7) out of the ten (10) regions, we have highly dedicated teams leading our change initiatives in their respective regions, districts and communities. The diagram (bar chart) shows the staff distribution per region.

Staff Capacity Building Activities

Continuous capacity building of our staff has been the secret of our success. Regular staff capacity building based on needs assessment is organized periodically for all staff. Staff participated in the following capacity building workshops organized wither by HFFG or partner organisations;

- Community capacity enhancement to enable them do effective and sustainable community sensitization.
- Advocacy model and the advocacy skills

- Risk management, fraud and value for money principles for maintaining required donor standards and regulations
- Project monitoring and evaluation requirements
- Project targets development
- Success story documentation
- Adolescent Sexual Reproductive Health Programming
- Financial management



HOME FOR ALL – OUR VISITORS AND PARTNERS

Hope for Future Generations received some visitors during the year under review. Partners also visited our project sites to assess the progress of work.

The Organisation also hosted some interns from various Universities nationally and internationally. HFFG provided them with the needed practical and community experience for their studies. The following interns were hosted in 2016 by HFFG.

Name	Nationality
Bianca Mora	USA
Marie arbor Larsen	Denmark
Mileva Dongmo Zapfack	Cameroon
Priscilla Yawa Tigoe	Ghana
Samuel Kobby Garbarh	Ghana
Dinah Ankapong	Ghana
Bernice Benni	Ghana
Abdul-Wasie Farouk	Ghana
Kign Mark Aglobitse Jr.	Ghana
Wisdom Pennah	Ghana
Senam Ntow	Ghana
Anne-Marie Abban-Demitrus	Ghana

15TH ANNIVERSARY CELEBRATIONS

In the year 2016, HFFG celebrated a major milestone in the life of the organistion – 15 years of existence.

The anniversary was celebrated under the theme "Championing Equal Opportunities for Women and Children through Sustainable Partnerships".

To commemorate this achievement, several activities were organized. Some of the key activities organized include:

- 1. The official launch of the celebrations by the Director General of the Ghana Aids Commission Dr. Angela El Adas on May 25, 2016;
- 2. An Academic Forum on the theme "Strengthening CSOs and Academia Linkages for Sustainable Development" at the University of Ghana, Legon in partnership with the School of Public Health, Legon on the 6th of October, 2016;
- 3. The launch of the visionary HopePal Project in collaboration with Starr FM (EIB Network) by the UNFPA Country Director Dr. Ahonsi on the International Day of the Girl Child; and finally
- 4. The Maiden HopePalympics and HopePal Mentorship Program at Mampong Technical School for the Deaf on the 3rd of December, 2016 to commemorate the International Day for Persons with Disabilities.

The various activities were widely covered by the nation's top Media Houses including: GTV, UTV, GHOne TV, Joy News, Adom TV, TV3, Viasat 1, First Digital TV, Starr Fm, Citi Fm, 3Fm, Onua Fm, Kasapa Fm, Oman Fm, Top Fm, GBC Radio, Daily Graphic, Ghanaian Times, Ghanaweb, GNA, Spectator Newspaper, among many others.

Databank Financial Services, ASN Financial Services, and Ecobank Limited provided some financial and kind support for the anniversary celebrations.













Some pictures at the anniversary launch



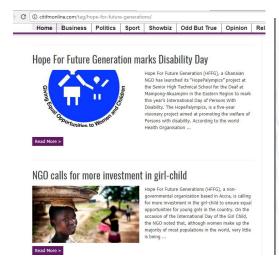




HFFG Staff participating in the maiden HopePalympics as part of the anniversary celebrations.

OUR PRESENCE IN THE MEDIA – MEDIA CLIPPINGS

Hope for Future Generations had a very strong presence in the print and electronic media across the country contributing to major discourse on issues affecting women and children. Below are some reports by some media houses on our activities and interventions.



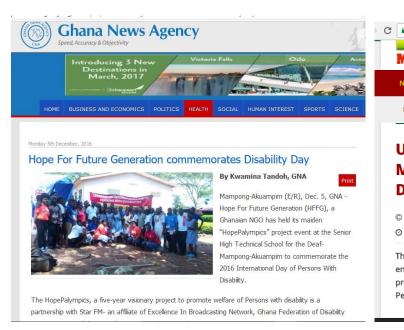














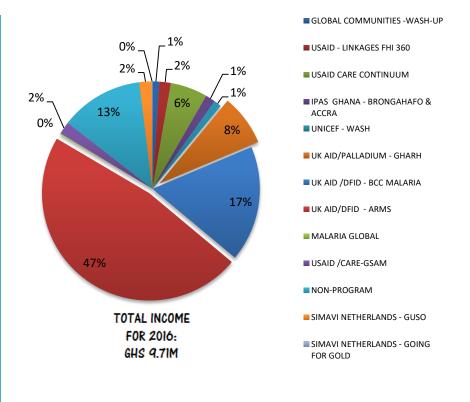
INCOME AND EXPENDITURE FOR 2016

HFFG is funded by contributions from Donors and Partners for specific project interventions. We also engage in other income generating activities such as Consultancy and Research to provide for other necessary running costs.

The income and expenditure statement for the organization for the period 1st January, 2016 to 31st December, 2016 is provided below. All figures in Ghana Cedis (GHS)

INCOME

Category		
Program Income	GHS	%
GLOBAL COMMUNITIES -WASH- UP	99,020.40	1%
USAID - LINKAGES FHI 360	168,258.75	2%
USAID CARE CONTINUUM	543,506.00	6%
IPAS GHANA - BRONGAHAFO & ACCRA	143,401.00	1%
UNICEF - WASH	108,954.00	1%
UK AID/PALLADIUM - GHARH	748,449.66	8%
UK AID /DFID - BCC MALARIA	1,691,762.19	17%
UK AID/DFID - ARMS	4,604,376.98	47%
MALARIA GLOBAL	16,000.00	0%
USAID /CARE-GSAM	183,423.08	2%
SIMAVI NETHERLANDS - GUSO	180,374.87	2%
SIMAVI NETHERLANDS - GOING FOR GOLD	10,135.82	0%
Non-program Income		
HFFG CONSULTANCY	1,215,001.43	13%
Total Income	9,712,664.18	100%

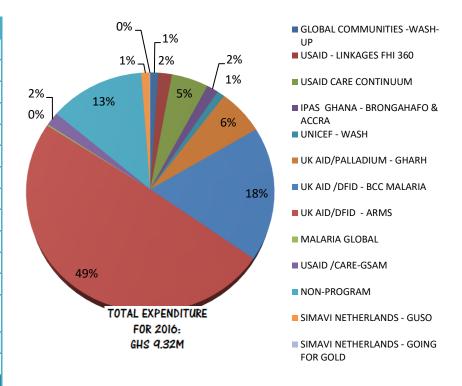


EXPENDITURE

This information is indicative and does not show the actual performance of any single program. HFFG should be consulted directly for specific information.

Reporting period: 1st January 2016 - 31st December 2016. All figures in Ghana Cedis (GHS)

Category		
Program Expenditure	GHS	%
GLOBAL COMMUNITIES -WASH-UP	99,020.40	1%
USAID - LINKAGES FHI 360	68,258.75	2%
USAID CARE CONTINUUM	58,960.04	5%
IPAS GHANA - BRONGAHAFO & ACCRA	143,400.00	2%
UNICEF - WASH	96,421.17	1%
UK AID/PALLADIUM - GHARH	576,659.60	6%
UK AID /DFID - BCC MALARIA	1,691,762.19	18%
UK AID/DFID - ARMS	4,604,376.98	49%
MALARIA GLOBAL	15,999.00	0%
USAID /CARE-GSAM	169,629.30	2%
SIMAVI NETHERLANDS - GUSO	101,183.50	1%
SIMAVI NETHERLANDS - GOING FOR	10,120.00	0%
GOLD		
Non-program Expenditure		
ADMINISTRATIVE & GENERAL EXPENSES	1,186,276.40	13%
Total Expenditure	9,322,067.33	100%



APPRECIATION

The change we make in the lives of thousands of individuals across the country is as a result of the contributions and support of various stakeholders at the community, district, regional and national levels.

We are ever grateful to our funders/donors for the financial and technical support. We thank our hardworking volunteers whose commitment to see change in their communities has propelled our achievements this year.

We are sure that together with all of you, we will be able to achieve our vision of getting communities more informed with improved lifestyles.

