COMMUNITY AND FAMILY AID FOUNDATION-GHANA



For people, development, and generations

**In partnership with** [**http://worldviewmission.nl/?page\_id=6928**](http://worldviewmission.nl/?page_id=6928)

**Project proposal**

**Comprehensive sexual reproductive health and rights education to adolescent (COSRARETA)**

**AMASAMAN AND Ledzakuku municipality**

**Accra-Ghana 2014-2015**

Our contacts

Joseph senyo kwashie-executive director

Tel: +233-274-313-220

+233-233-310-581

Email: [familyaidfoundation@yahoo.com](mailto:FAMILYAIDFOUNDATION@YAHOO.COM)

[bossbig24@gmail.com](mailto:bossbig24@gmail.com)

http://cafaf.webs.com/aboutus.htm

[http://familyaidfoundation.wix.com/cafafcafaf](http://familyaidfoundation.wix.com/cafaf)

<https://www.facebook.com/pages/COMMUNITY-AND-FAMILY-AID-FOUNDATION/273648017243>

Our contacts

Joseph senyo kwashie-executive director

Tel: +233-274-313-220

+233-233-310-581

Email: [familyaidfoundation@yahoo.com](mailto:FAMILYAIDFOUNDATION@YAHOO.COM)

[bossbig24@gmail.com](mailto:bossbig24@gmail.com)

http://cafaf.webs.com/aboutus.htm

[http://familyaidfoundation.wix.com/cafafcafaf](http://familyaidfoundation.wix.com/cafaf)

<https://www.facebook.com/pages/COMMUNITY-AND-FAMILY-AID-FOUNDATION/273648017243>

**OUR INTERNATIONAL BANK ACCOUNT**

CITIBANK

SWIFT CODE: CITIGB2L

LODON E14 5LB

GTBIGHAC

GUARANTY TRUST BANK (GHANA) LIMITED

ACCOUNT NO.

11267620–USD-IBAN-GB71CTI18500811267620

11267604-EUR-IBAN-GB18CITI18500811267604

11267612-GBP-IBAN-GB18CITI18500811267612

FOR FURTHER CREDIT ACCOUNTS NAME

GT BANK

OPERA BRANCH ACCRA

ACCOUNT NAME: COMMUNITY AND FAMILY AID FOUNDATION

NOS: CEDI-214 103397110

USD-214 103397220

EUR-214 103397420

GBP-214 103397320

**BRIEF PROFILE**

**COMMUNITY AND FAMILY AID FOUNDATION (NGO**) is a Ghanaian National Non-Governmental Organization with a global and local content  thinking currently  exclusively identified with promoting the empowerment of women, communities, young people to manage issues concerning their development and to advocate for and work towards adolescent and sexual reproductive health, rights and well-being; to advocate for and on behalf of young people, in the area of health, environment, education, climate change, and other related issues that affect their total development. Aim at hosting the largest effort of reaching out to youth of Ghana to appreciate and respond to their sexual health rights needs for a bright future and promoting their development toward the nations building.

CAFAF is registered under   Registration Act 1963 No 21446 founded in 2006; the organization is also registered under the social welfare system DSW NO 3692. The work of CAFAF has spread over the entire Accra-region, has determined to organize the various programmes for the better livelihood, protection and sustainable development.  CAFAF is working in the field of Integrated Rural Development, HIV/AIDS/maternal health, sexual reproductive health, promotion of Traditional Health System and Involvement and Advocacy for the social issues having a definite bearing on the life of people.

CAFAF has come forward with a strong faith that its efforts will uplift the socio economic condition of those people who have been neglected and denied for their rightful share of the society for centuries. The Organization work jointly with the people inviting them to participate actively in solving their own problems, The Organization support their reasonable demand and decision and encourage them to discover and utilize the available natural resources. CAFAF trusts that the spread of education will help them to overcome their deep rooted superstitions and social evils regarding emerging trends.

**OUR VISION**

**TO SEE** and play a leading **ROLE** for a better **WORLD** that promotes both **OUR HUMAN** and**NATURAL** **RESOURCES TAPPING**, to stimulate development resulting in improvement where ALL are**HAPPY** and **USEFUL.**

**OUR MISSION**

CAFAF: Exist to **CREATE POSSIBILITIES** to **IMPROVE LIVES,** where our **DEVELOPMENT INTERVENTIONS** will live indelible mark on **PEOPLE, COMMUNITIES** and **UNDERSERVED POPULATIONS** to fashion a **WORLD**, where **ALL**will be**HAPPY** and **USEFUL** including**RESPECTIVELY** living for others to **REFLECT** **EQUAL,** **PARTICIPATORY ECONOMY** releasing that **A PERSON IS A PERSON THROUGH OTHER PERSONS** as a lasting **LEGACY** for **GENERATIONs to COME** for**REPLICATION**.

As a social development agency involved primarily in poverty reduction, capacity building, reproductive health and the development of networks thus improving the welfare of highly underprivileged people in Ghana. Its major activity since its establishment has concentrated on providing reproductive health services and education to wide range of people.

Its mission is to empower and enable young people and vulnerable females to realize their own development. It promotes models of participatory, sustainable and self-reliant development through action research. CAFAF works with communities, intermediary organizations, and strategic institutions to develop participatory approaches for the work. The organizations assist communities to work effectively with established internal traditional community processes of collective problem solving.

**The Project proposal**

**Comprehensive sexual reproductive health and rights education to adolescent (COSRARETA)**

**AMASAMAN AND Ledzakuku municipality**

**Accra-ghana**

**BACKGROUND AND JUSTIFICATION**

**EPIDEMIOLOGY OF REPRODUCTIVE HEALTH**

The 1994 Cairo International Conference on Population and Development (ICPD) marked a

Turning point for reproductive health. For the first time, reproductive rights were internationally recognized by Governments, as contained in the international human rights Documents. And in Ghana exist adolescent reproductive health policy, national policies and action plans which specifically address the needs of adolescents. Among them are aspects of the Fourth Republic Constitution of 1992, the Vision 2020 Document, the National Population Policy, the National Youth Policy, the National HIV/AIDS policy, and the National Health Policy as well as some of the national laws and by-laws passed by District and Metropolitan Assemblies such as those on teenage pregnancies, marriage and child abuse.

|  |
| --- |
| “Reproductive health is a state of complete physical, mental and social well-being and not  merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant…..” (ICPD Programme of Action, paragraph 7.2)1.  The Programme of Action adopted at the ICPD established the right of men and women to be informed about their reproductive health choices and to have access to the information and services that make good health possible. |

Adolescents are poorly informed about sexuality and reproduction. Most often parents, public opinion leaders and policy makers believe that withholding information about sexuality and reproduction from adolescent will dissuade them from becoming sexually active. Adolescents without adequate and accurate information find increasingly difficult to deal with the physical, emotional and social changes affecting them. They are pushed to risks of unwanted pregnancy, unsafe abortion, sexually transmitted diseases, HIV/AIDS and sexual abuse. Ignoring the needs of adolescents, therefore, incurs a high cost in lost development opportunities, social disruption, and ill health. And, it means failing to fully support our next generation of parents and leaders.

Education and awareness about reproductive health and sexuality is critical to adolescents’ development. Relevant information that helps adolescents understand sexual changes as positive and natural aspects of their development and promotes safer sexual practices, including delayed sexual initiation, abstinence, and access to methods for pregnancy prevention and STD and HIV/AIDS prevention are absolutely essential for them both in and outside of formal education systems.

Studies show that good quality sexuality education for adolescents and young people does not increase their sexual activity and instead it promotes safe sexual practices. For instance, a review commissioned by UNAIDS and reported in October 1997, was based on the analysis of 68 research reports on sexual health education from diverse countries. The main conclusions were:

* education about sexual health and/or HIV does not encourage increased sexual activity.
* quality sexual health education either delayed the onset of sexual activity reduced the number of sexual partners or reduced unplanned pregnancy and STD rates.
* responsible and safe behaviour can be learned.
* sexual health education is best started before the onset of sexual activity.

Information and knowledge about reproductive and sexual health issues, combined with services, are key to empowerment and well-being of adolescents, particularly adolescent girls. Adolescent girls' access to information is particularly limited for many reasons, including customary attitudes, early marriages, and absence of basic literacy, lack of adequate support system in school, economic dependence and gender inequalities in families and in society at large. Because of such discrimination, adolescent girls often lack the knowledge and skills they need to advance their status in society. Gender-based violence and sexual reproductive health are closely linked. Adolescent girls, both in-school and out-of-school, therefore, may require special support to acquire the skills they need to protect themselves.

While the available facts underline the importance of adolescent reproductive health and sexuality in India, the research findings also highlight the fact that the unique developmental, sexual and reproductive health needs of adolescents of the country are poorly understood and under-served.

Effective interventions that replicate and adapt the key United Nations and other international declarations and agreements on adolescent sexuality, reproductive health and HIV/AIDS; have to be implemented to empower the adolescent population in Ghana. In-school adolescent girls and boys are one of the important segments of adolescent population and they could be provided with education and information, with effective involvement of trained teachers and peer educators.

The ongoing adolescent reproductive and sexual health programmes at the national-regional-international levels need to be critically assessed for evolving measures for their further augmentation through a broad-based consultation process involving health experts, government representative and adolescent advocates.

Young people constitute a major potential for socio-economic development in every country. In Ghana, young people aged 15-24 years account for 30 per cent of the total population. As the future leaders of the country, it is important to ensure that young people are educated, well informed, and provided with improved health care services and facilities. Creating an acceptable atmosphere for adolescents to learn about transition to adulthood is one of the central issues in education. Values, attitudes and behaviors for promoting positive living, including those on reproductive health, are first formed at the adolescent stage. Therefore, educating adolescents and young adults on sexual and reproductive health has the benefit of contributing to the well-being of the members of the society as well as helping them to develop their potentials.

document, is to achieve a middle income status by the year 2020. The objectives of such a vision can be achieved by harnessing the human resources of the country, particularly young people. This is in line with objective 4.3.7 of the 1994 National Population Policy which seeks: To educate the youth on population matters which directly affect them such as sexual relationships, fertility regulation, adolescent health, marriage and childbearing, in order to guide them towards responsible parenthood and small family sizes (section 4.3.7).The Government, through the Ministry of Health, has produced a national health policy which sets out guidelines and standards for health delivery, including sexual and reproductive health. This policy on their productive health of adolescents and the youth emanates from the general health policy and responds to the peculiar reproductive health needs of young people. The Policy also complements the National Youth and the HIV/AIDS policies.

POPULATION MANAGEMENT

Adolescent sexuality plays an important role in fertility management since the attitudes of young adult’s to reproduction, family size and development have profound implications for the size and characteristics of the future population of the country. Comprehensive, efficient and effective adolescent reproductive health programmes help to avert the wasting of the lives of young people that occurs through early marriage, early childbearing and irresponsible sexual behavior. Investing in adolescent sexual and reproductive health will help: Create a conducive and healthy environment for young people to learn about their own sexuality and that of the opposite sex. Provide avenues for young people to address their sexual and reproductive health needs. Reduce the contribution of teenage pregnancies to overall fertility since teenage childbearing contributes about10 per cent to total fertility. Prevent RTIs, including HIV/AIDS, among young adults as prevention is less expensive than treatment. Early sexuality, marriage and pregnancy as well as certain socio-cultural practices have adverse effects on the

Well-being of individuals, especially females. Developing programmes that lead to postponement of marriage and childbearing and eliminate harmful practices against young people will help to improve the general health of individuals and the society.

**PROMOTING RESPONSIBLE ADULTHOOD AND PARENTHOOD**

Promoting responsible sexual and reproductive health behavior such as delaying sexual activity and safer sex practices while people are young is timely. Young people are responsive to new ideas and the adolescent period is an opportune time to promote good health practices as part of the general education towards responsible adulthood. In the long run, it becomes beneficial to inculcate in the youth some of the positive Behavioral patterns which they are expected to acquire and practice throughout the rest of their lives. In general, adolescents are often overlooked or receive little guidance on sexual and reproductive health issues. Young people are either considered not old enough to make use of certain services and facilities such as family planning, or are considered too old to attend child care clinics. However, it is known that the sexual and reproductive health needs of adolescents and their health-seeking behavior are different from those of adults. Therefore, designing programmes and activities with and for adolescents themselves will help to address their specific reproductive health needs.

Linkage with other national policies and bodies

PROJECT DESCRIPTION

AREA/POPULATION/PROBLEM

The project will be undertaken in the LEDZUKUKU MUNICIPALITY schools, communities in the Greater Accra Region. The total population in the District is about four hundred thousand making up of 208 communities respectively. There are a lot of challenges that the people face. The depth of deprivation is devastating and the neighborhoods are among the nation’s most vulnerable risk group, in terms of morbidity, mortality and poverty. The resident has serious socio-economic problems including low educational attainment, unemployment, overcrowding and poor sanitation. The extent of the deprivation within these neighborhoods when measured against the UNDP human development indices or quality of life indicators reveal a very sad picture. Most children are malnourished, wasted and stunted in growth. the challenges affecting youth today in the project community are all too visible: the growing numbers of teenage pregnancies, school drop outs, drug use, and other social vices; sexual and reproductive health problem like date rapist’s and HIV/AIDS are all indicators that many youth are simply are unable to cope with this growing trend.

This form the basis of FOTA team’s decision to design the peer to peer project that sort to reach out to young people with the right information to make an informed fruitful choice out of it, through identified peers who would be skillfully trained to lead the crusade in their various localities and other endeavors.

THE PROJECT GOAL

The goal of the project is to address the critical information needs of the in-school adolescent population of LEDZUKUKU MUNICIPALITY-ACCRA on reproduction, sexuality and HIV/AIDS in conformity with the relevant Ghana’s, national SRH policy , international agreements and conventions as well as to initiate a broad-based consultation on adolescent reproductive and sexual health concerns to enable the adolescents to attend the highest standards on their own health and for the future.

**Objectives**

* to provide comprehensive education and information to the in-school adolescents about reproductive health and sexuality to enable them to make healthier choices, resist negative pressures and avoid risk behavior
* to create a safe and supportive environment for the in-school adolescents so that they may enjoy their rights to information, education and services that will allow them to reach their full potentials
* to organize a Consultation to strengthen the existing strategies and to evolve new approaches to promote adolescent reproductive and sexual health and rights

**PROJECT DELIVERY STRATEGIES AND ACTIVITIES**

The broad strategy of the project is to guide and empower the in-school adolescent population of the municipality to enable them to enjoy their rights to information and education on reproduction, sexuality and HIV and AIDS prevention as well as to promote consultation oncritical aspects of adolescent reproductive health and rights.

Integrated, interactive, participatory and gender-sensitive activities, are proposed namely

- Teachers’ Training on Adolescent Reproductive and Sexual Health and HIV and AIDS,  
- Reproductive and Sexual Health and HIV and AIDS Education for Adolescent Students and  
- Consultation on Promoting Adolescent Reproductive and Sexual Health and Rights are implemented under the project.

-Peer to peer education training

-Inter-schools SRHR Quiz, Essay competition, Awards and exhibition

- Schools SRHR Essay competition and Exhibition

-Formation of ASRH Adolescent Clubs known as AMBASSADORS CLUBS

**Project target population**

Youth (18-24 years)

Secondary target: sexually active people.

**Why the target group?**

For young men and women, adolescent is a time filled with excitement, new feelings, many unanswered questions, changes and difficult choices. The project will focus on young people (18-24) as its primary target. They are sexually active, in their reproductive years and are most vulnerable. They are vulnerable because social and economic factors make it difficult for them to have control over their reproductive health. In urban rural communities, adolescent girls mostly depend on men for their livelihoods because of poverty. Adolescent girls therefore easily fall prey to men. In the case of women in their reproductive years, most of them are economically dependent on men who traditionally take major decisions in the home. These include family size frequency and time of sex among others.

The activities in details are stated below:

- Teachers’ Training on Adolescent Reproductive and Sexual Health and HIV/AIDS:  
The training, based on the adaptation of materials and modules developed by GHS,GES,MOH,UNFPA, WHO, UNAIDS,NGOS, and other international/national agencies; imparts skills to the teachers to effectively respond to adolescent’s changing needs and sexuality, HIV/AIDS prevention methods and women’s human rights. The training underscores the crucial roles of the teachers in shaping the perceptions, beliefs and behavior of adolescents.

The trained teachers, with effective knowledge and capabilities, get equipped to guide and empower adolescent girls and boys with comprehensive and non-judgmental information on their special reproductive and sexual health needs and rights. The trained teachers also identify and involve adolescent students as peer educators, counselors and spokespersons for adolescent concerns, and build up a support network of adolescents in the school system.

- Reproductive and Sexual Health and HIV/AIDS Education for Adolescent Students:  
Workshops for the adolescent girls and boys are organized in those schools which are covered under teachers’ training programmes.

The workshops comprise of orientation and sensitization programmes (thematic lectures by experts on adolescent reproductive and sexual health and rights, HIV/AIDS and women’s human rights as well as group discussions, forums, readings, dialogues and popular contests) and creative art performances (covering one or more forms of performing, visual and literary arts).

The thematic lectures are delivered by representatives from District Health Directorate, ASRHR consultants, nodal governmental autonomous agencies, non-governmental organizations and prominent medical science institutes/research bodies. The creative art performances are choreographed, directed and staged by exponents of performing arts and persons of letters, with the involvement of the dramatic and literary societies/forums and fine arts, dance and drama teachers of the schools.

The workshops are of interactive and participatory in nature. The dialogues cover a range of taboo topics, including conception, contraception, and abortion, STis and HIV and AIDS. Participants are encouraged to share information, explore prevailing attitudes, discuss their values, and express their doubts, anxieties and questions about sexuality and reproduction. In each workshop two doctor-coordinators (one female and the other male), along with the peer counselors (who are trained for the purpose by the doctor-coordinators facilitate the discussions. Questions are noted and answered immediately or on the following day by the doctor-coordinators, who if need arises could take the help of psychologists.

The workshops, particularly that of adolescent boys, stress on male involvement and responsibility for safe and healthy sexual behavior, the need for the man to respect the reproductive choices of the woman, and the shared responsibility in case of pregnancy and childbirth. However, male adolescent needs and attitudes are also being underlined.

The workshops also discuss the linkage between gender-based violence and reproductive health, emphasise violence against girls and women as a major health and human rights issue and highlight the adverse consequences of such violence. The workshops underscore new positive role for females based on their contribution to the family and society.

The workshops adopt life skills education approach to enable the adolescents to effectively deal with increasingly complex social and peer pressures of their transition to adulthood. There are many such skills, but core life skills include the ability to:

* make decisions, solve problems, and think critically and creatively
* clarify and analyses values
* communicate, including listen, build empathy, be assertive, and negotiate
* cope with emotions and stress
* feel empathy with others and be self-aware

The workshops are designed and conducted with full involvement and participation of the targeted adolescent population in the schools

Peer education is an essential element of adolescent students’ workshops and sensitizations. The trained teachers orient and train peers educators.

Effective interpersonal communication based on participation of peer educators and nodal teachers are integrated in adolescent education for internalization of responsible and healthy behavior pattern among the adolescents.

ASRHR WORKSHOP FOR SCHOOLS HEADS

The same pattern of training delivery will be offered to schools head and other education authorities to understand the needs and impact of the project on the lives of adolescent. This is also to create a conducive environment for full integration of the course of study in participating schools. A special MOU will emanate from this dialogue which will pave way for a comprehensive delivery of activities of SRHR to the schools.

PEER TO PEER EDUCATION TRAINING

Special crop of adolescent will be selected to reeceieve a special training on ASRHR to serve as a long term measure of ensuring a comprehensive delivery of interactive after school activity with the schools in the district.

INTER-SCHOOLS SRHR QUIZ, ESSAY COMPETITION, AWARDS AND EXHIBITION

There will be a special INTER-SCHOOLS SRHR QUIZ, ESSAY COMPETITION, AWARDS AND EXHIBITION toward the end of the project to unearth the knowledge and skills of the beneficiaries through extensive participation in the competition. The pulse and knowledge of the students from each school will be tested and it will help to strengthen the collaboration of the various institutions in the district such as GES, MOH, GHS, DHD, NGOS among others.it will help to chart a new cause in ASRHR service delivery and will enhanced the capacity and specialty of the schools to do well in maintaining a strict protection students right to information.

FORMATION OF ASRH ADOLESCENT CLUBS KNOWN AS AMBASSADORS CLUBS

The training is expected to result in each schools taken steps to established a vibrant and well operated ASRHR Clubs where as tools needed will be provided by FOTA to enable leaders of the clubs manage it well .supervision and coordination will be provided by FOTA as participation our contribution promote ASRHR in the municipality.

OTHER ACTIVITY

The entire activities will be review as to what extent the objective are met and again management will not hesitate to take advantage of the prevailing situation to add new ideas that will in a way project the image and success of the project to a higher height. We will participate in other activities including injecting new skills to make the project lively, participatory and acceptable to the quality standard of delivery.

**Outputs**  
The implementation of the project has a concrete impact on the quality of life of the in-school adolescent population in LEDZUKUKU MUNICIPALITY and for the future generation. The integrated and participatory nature of the outlined activities help in the progression of the human resource index of the targeted adolescents and educate and empower them to take positive decisions on their health and development.

The expected outcomes of the project include:

* enhance adolescent’s ability to take responsibility for making healthier choices, resisting negative pressures and avoiding risk behaviors;
* develop a human right-based perspective to reproductive and sexual health of adolescent girls;
* enable adolescents to make responsible and informed choices and decisions regarding their sexual and health needs;
* contribute to prevention and elimination of all forms of abuse, including sexual abuse and incest;
* promote positive portrayals of adolescents;
* enhance gender equality, equity and empowerment of adolescent girls; and
* Strengthen the policy framework and response towards adolescent health and development.

**IMPLEMENTATION ARRANGEMENT**

Below is how the project will be run.

**PROJECT OPERATIONAL PLAN**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | ACTIVITY | November 2014 | | | | 1 year | | | | November 2015 | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 1 | Constitution of task force. | √ |  |  |  |  |  |  |  |  |  |  |  |
| 2 | Rapport Building with the schools and education authorities | √ | √ | √ | √ |  | √ |  |  |  |  |  |  |
| 3 | Training and orientation for Project team | √ |  |  |  |  |  |  |  |  |  |  |  |
| 4 | Situational analysis and needs assessment. | √ | √ |  |  |  |  |  |  |  |  |  |  |
| 5 | Sensitisation of Opinion leaders (religious, youth , various CBOs of the target communities | √ | √ |  |  | √ |  |  | √ |  |  |  | √ |
| 6 | Conduct project launching with partners and stakeholders in the districts |  | √ |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | **ASRHR TRAINING FOR SCHOOL HEADS AND SUPERVISORS** |  |  |  | √ |  |  |  |  |  |  |  |  |
| 8 | Teachers’ Training on ASRHR |  |  |  |  | √ |  |  |  |  |  |  |  |
|  | ASRHR OUTREACHES/EDUCATION IN SCHOOLS |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | **Workshop/TRAINING for volunteers/ARSHR AMBASSADORS** |  |  |  |  |  | √ |  |  |  |  |  |  |
| 10 | **SRHR WORKSHOP FOR YOUTH AND COMMUNITY LEADERS** |  |  |  |  |  |  | √ |  |  |  |  |  |
| 11 | INTER-SCHOOLS SRHR QUIZ,ESSAY COMPETITION, AWARDS AND EXHIBITION |  |  |  |  |  |  |  |  |  |  |  | √ |
| 12 | Monitoring and Evaluation | | | | | | | | | | | | |
|  | Develop and implement Project Monitoring system | √ |  |  |  |  |  |  |  |  |  |  |  |
| 12 | Conduct Review with partnered NGOs |  |  | √ |  |  | √ |  |  | √ |  |  | √ |
| 14 | Conduct Quarterly review with donor |  |  | √ |  |  | √ |  |  | √ |  |  | √ |
| 15 | Conduct mid term evaluation |  |  |  |  |  | √ |  |  |  |  |  |  |
|  | Conduct Final Evaluation |  |  |  |  |  |  |  |  |  |  |  | √ |
|  | Project expansion |  |  |  |  |  |  |  |  |  |  |  | √ |

***Accountability to the Population***

The beneficiaries of the project will be involved in planning meetings and annual review /feedback meetings in addition to regular surveys and discussion during the course of the project. These are sessions where lessons are learned and avenues explored to ensure maximum beneficiary satisfaction within the constraints faced by the project. Involving other key stakeholder such as Local health post in these sessions will provide a continuation of the fight against HIV and AIDS even after the end of the project.

***Budget management***

One of CAFAF separate account will be used for the project in GT Bank Opera Branch -Accra. The signatories will be the Executive Director, the Programme Officer and the Project Coordinator. The current system of checks and balances operational within FOTA will be employed..

***Reporting***

The following reports will be submitted to the Board and donors: quarterly, Mid-year activity reports, Annual activity and financial reports; Annual audit reports, internal mid-term evaluation report and a terminal evaluation report. Copies of these documents will also be sent to local stakeholders. Donors proposed ways of reporting to them will be accepted after a formal communication to management.

***Personnel***

The Programme Officer is overall responsible for the successful implementation of the project. He will account to the Board of Directors of CAFAF and the Donors. The day-to-day running of the project will be carried out by one of the Programme Assistants within CAFAF. His title will be “Project Coordinator”. Two Community Facilitators (male and female) will help the Project Coordinator with community mobilization, facilitation, linkage, information gathering and dissemination. CAFAF Accountant will help the Coordinator with financial management. All these personnel will receive a monthly token cash payment as top-up allowance.

***Logistics***

The project equipment and tools procured will be managed in accordance with CAFAF standing rules and regulations for the use of the vehicles and other machineries.

**MONITORING AND EVALUATION**

The project will be monitored and evaluated regularly. Our organization has a schedule for evaluation and accordingly this project also will be evaluated. The following is our process of evaluation.

1. **INTERNAL EVALUATION**

i) People’s Level:

As our programmes are executed through people’s forums**,** an evaluation is done by them monthly, quarterly, mid-term and annually. It is done in every month during the monthly meetings and the annual evaluation during the annual gathering.

-there will aslo be peer review as the peers are the people on the field and it will be fair for them to also evaluate themselves

**Internal Evaluation:** The internal evaluation of the project starts soon after the inception of the project. People’s level evaluation will begin in the 1st monthly meeting after the functioning of the project. Staff level will be done daily, weekly, monthly, half-yearly and annually.

We foresee a midterm evaluation and a work completion evaluation of the project. An expert committee appointed will do their evaluation.

1. **Administrative Level Evaluation:**
2. The Executive Director visit the programme area often, monitors and evaluate the programme.
3. In every month the report of the staff’s evaluation will be studied and a discussion with the staff will follow.
4. Annual evaluation will be done in a jointly called meeting of the people and staff.

**Flash Evaluation:**

A Flash evaluation will be done during the year by a specialist appointed by the Administration.

1. **External Evaluation:**

This will be done by outsiders appointed jointly by donor agency and the implementing agency. This will be done in 2 phases.

1. Mid-term evaluation after 1 year.
2. Work completion evaluation at the end of the year.

Monthly, Quarterly Report will be prepared and it will be sent to the Donor Agency with the Audited statement of Accounts and a few photographs of the activities.

**Indicators for Monitoring:**

-The number of youth reached.

-The number of events held.

-The numbers of youth participated in workshops.

-The number of stakeholder, youth groups, and at risk population

- The number of communities reached

-The number of networks created networked with

-Number of youth groups and population reached

-Base line survey and endline survey

-Percentage of population adopting safe sex practices during the -post project survey.

-Awareness level knowledge test in regional language

-Number of key population reached.

-Number of people reached groups/associations etc

**REPLICABILITY & SUSTAINABILITY**

The project will definitely serve as a positive replica to the governmental and non-governmental agencies on promotion of adolescent sexuality, gender and reproductive health education. It has adopted innovative, interactive, gender-sensitive and participative set of programmes of actions based on the key National SRH policy , international agreements and declarations on adolescents and youth.

The project objectives are National and universal in character and particularly suit the in-school adolescents. The programmes provide appropriate, specific and user-friendly education and information to address effectively the reproductive and sexual health needs of adolescents with their full involvement in the design and implementation of the proposed programmes. The project could be exactly emulated for any school-based adolescent reproductive and sexual health and rights education project in Ghana or in any part of the world.

The outcome or impacts of the project will be sustained. The project will impart responsible and healthy reproductive and sexual behavior and promote gender equality among the adolescents. The acquired skills will enable the adolescents to attain the highest standards in their own health and for the future.

The trained teachers will provide necessary support and skills to create a sustainable base of peer education among the adolescent students for further dissemination of education and information on adolescent sexuality and reproduction.

The peer educators and the nodal teachers will sustain the project activities after its completion. The Organization will continuously remain in contact with the trained teachers and peer communicators to arrange follow-up programmes and initiate new activities.

**MILESTONES FOR ACHIEVING THE PROJECT SUSTAINABILITY**

The ownership of the project is one of the foremost priorities of CAFAF . With regards to community ownership, the activities are directly linked to the people. The activities like, training and other capacity building exercises with VOLUNTEER AMBASSODORS will provide a strong platform in achieving the project objectives and expected outcomes. The project will also impact the non targeted people, those expecting changes.

**OTHER CONTRIBUTING FACTORS IN SUSTAINING THE PROJECT**

-Acceptance by the community,schools,the Municipality,the District Health Directorate,GES,MOH, ETC.

-Establishment of “Training for volunteer ambassodors”.

-Workshop, reheasal, cum training programme for developing a team for outreaches and role- plays in regional languages to generate awareness among the target community and population.

-Involvements of the youth group leaders, youth clubs and association, FBOS, CBOs.

The project from its beginning will establish an expansion and phase-out plan of strategy and develop a system of raising awareness through core groups. The core groups will be a part of project monitoring and management system to fueld its sustainability even after funding ceases.

**DOCUMENTATION AND REPORTING**

CAFAF is well known for observing a strict adherence to effective Project documentation and reporting which is a guiding principle of our hallmark.Therefore major tools needed to capture and report the evidences of the effective delivery of the Project have been duly stipulated in the Budget for reference.These and others not mentioned will be taken care of every step of the way to ensure a true reflection of the reality on the ground.

**Project management**:

* FOTA officials will manage the project. They form a core of professionals working full time to give expert advice, capacity building/training and technical back up in various activities of the project. These include persons with varied professional and experiential backgrounds in gender, adolescent, children, youth, women health, project management, population, resources mobilization, community health reproductive health and the like.
* Lesions learnt during the implementation will be reliably documented and brought to bear on the reshaping and vitalizing the project to connect with the foregoing and for timely and proper usage of resources to prevent it occurrence in the near future.

**BUDGET**

An amount of $70,000 is needed to run at his one year project subject for expansion as and when more supported is generated from interested donors and supporters.

**EXECUTIVE SUMMARY OF THE BUDGET**

|  |  |  |  |
| --- | --- | --- | --- |
| ORGANIZATION:FRIENDS OF THE ADOLESCENT - FOTA  CURRENCY:GHANAIAN CEDIS | | | |
| COUNTRY:GHANA |  | | |
| PROJECT TITLE: Comprehensive sexual reproductive health and rights education to adolescent (COSRARETA) | | | |
| NOTES | BUDGET ITEM | total | TOTAL |
| NOTE 1 | Participatory planning | **330.00** | 3330030.00 |
|  |  |  |  |
| NOTE 2 | Community entry &communication | **530.00** |  |
|  |  |  |  |
| NOTE 3 | Conduct project launching with partners and stakeholders in the districts | **3520.00** |  |
|  |  |  |  |
| NOTE 4 | **ASRHR TRAINING FOR SCHOOL HEADS AND SUPERVISORS** | 5220.00 |  |
|  |  |  |  |
| Note 5 | Teachers’ Training on ASRHR | 5220.00 |  |
|  |  |  |  |
| Note 6 | **Workshop/TRAINING for volunteers/ARSHR AMBASSADORS** | 3800.00 |  |
|  |  |  |  |
| Note 7 | **SRHR WORKSHOP FOR YOUTH AND COMMUNITY LEADERS** | 5220.00 |  |
|  |  |  |  |
| Note 8 | ASRHR OUTREACHES/EDUCATION IN SCHOOLS | 3100.00 |  |
|  |  |  |  |
| Note 9 | Review meetings | 2960.00 |  |
| Note 10 | Documentation and Reporting | 9200.00 |  |
| Note 11 | .INTER-SCHOOLS SRHR QUIZ,ESSAY COMPETITION, AWARDS AND EXHIBITION | 11800.00 |  |
|  | Management cost | 19200.00 |  |
|  |  |  |  |
|  | **Total** | 70,000.00 |  |
|  |  |  |  |
|  | Grand Total | 70,000.00 |  |

**PROJECT BUDGET IN DETAIL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIVITY** | Description  **UNIT COST** | **QUANTITY** | **DAYS/FREQ** | **TOTAL** EUR |
| 1)Participatory planning |  |  |  |  |
| -Refreshment  -T&T  -communication | 10  20  30 | 5  5  1 | 2  2  1 | ­100.00  200.00  30.00 |
| **Sub total** |  |  |  | **330.00** |
| 2)Community Entry& mobilization |  |  |  |  |
| -Refreshment  -T&T  -Communication  Stationary | 15  40  35  - | 3  3  1  - | 3  3  1  - | 135.00  360.00  35.00  00 |
| **Sub-total** |  |  |  | **530.00** |
| 3 Conduct project launching with partners and stakeholders in the districts |  |  |  |  |
| -Banner  -Refreshment  -venue  -coverage/media  -communication  -programme package/BULK  -PA system  -Resource person  -T &T | 60  7  100  400  50  150  100  100  15 | 2  100  1  1  1  1  1  3  100 | 1  1  1  1  1  1  1  1  1 | 120.00  700.00  100.00  500.00  50.00  150.00  100.00  300.00  1500.00 |
| **Sub-total** |  |  |  | **3520.00** |
| 4) **ASRHR TRAINING FOR SCHOOL HEADS AND SUPERVISORS** |  |  |  |  |
| -Participants meal  -Participants transport  -Communication  -Venue  -Resource person  -training package  -Banner  -Projector  -Stationary  - Media  -DSA for project team | 25  30  60  200  100  20  50  100  150  500  100 | 25  20  1  1  2  20  2  1  1 bulk  1  5 | 2  2  1  2  1  2  1  1  2  1  1 | 1250.00  1200.00  120.00  400.00  400.00  400.00  100.00  200.00  150.00  500.00  500.00 |
| **Sub-total** |  |  |  | **5220.00** |
| **5)**  Teachers’ Training on ASRHR  -Participants meal  -Participants transport  -Communication  -Venue  -Resource person  -training package  -Banner  -Projector  -Stationary  - Media  -DSA for project team | 25  30  60  200  100  20  50  100  150  500  100 | 25  20  1  1  2  20  2  1  1 bulk  1  5 | 2  2  1  2  1  2  1  1  2  1  1 | 1250.00  1200.00  120.00  400.00  400.00  400.00  100.00  200.00  150.00  500.00  500.00 |
| **Sub-total** |  |  |  | **5220.00** |
| **6.Workshop/TRAINING for volunteers/ARSHR AMBASSADORS** |  |  |  |  |
| -Participants transportation  -Participants MEALS  -Communication  -IEC kits /materials  -Banner  -PA system  -Stationary  -Resource person  -DSA project team  -Venue | 15  20  50  20  50  100  100  100  50  200 | 20  25  1  20  2  1  1  2  5  1 | 2  2  2  1  1  2  1  2  2  2 | 600.00  1000.00  100.00  400.00  100.00  200.00  100.00  400.00  500.00  400.00 |
| **Sub-total** |  |  |  | **3800.00** |
| **7. SRHR WORKSHOP FOR YOUTH AND COMMUNITY LEADERS**  Participants meal  -Participants transport  -Communication  -Venue  -Resource person  -training package  -Banner  -Projector  -Stationary  - Media  -DSA for project team | 25  30  60  200  100  20  50  100  150  500  100 | 20  25  1  20  2  1  1  2  5  1 | 2  2  2  1  1  2  1  2  2  2 | 1250.00  1200.00  120.00  400.00  400.00  400.00  100.00  200.00  150.00  500.00  500.00 |
| **SUB-TOTAL** |  |  |  | **5,220.00** |
| 8.INTER-SCHOOLS SRHR QUIZ,ESSAY COMPETITION, AWARDS AND EXHIBITION  -Refreshment  -Communication  -Transportation  -stationary  -Banner  -Media  -prizes/awards  -PA System  -Venue  -Moderators  -project team  -T-shirt  **Sub-total** | 10  100  200  500  100  600  3000  150  300  100  100  20 | 100  1  5 schs.  1  2  1  1  1  1  4  5  200 | 1  1  1  1  1  1  1  1  1  1  1  1 | 1000.00  100.00  1000.00  500.00  200.00  600.00  3000.00  200.00  300.00  400.00  500.00  4000.00  11,800.00 |
| 9. Review meetings   * stationary * meal * transportation * communication   sub-total | 100  20  40  40 | 1  10  10  1 | 4  4  4  4 | 400.00  800.00  1600.00  160.00  2,960.00 |
| 10.ASRHR OUTREACHES/EDUCATION IN SCHOOLS  -Communication  -Refreshment  -Banner  -Transportation | 15  10  50  30 | 1  3  4  3 | 15  15  1  20 | 300.00  600.00  400.00  1800.00 |
| **Sub-total** |  |  |  | **3100.00** |
| 11.**DOCUMENTATION & REPORTING**  -Photo story and videos  -Reporting  -Baseline and End line survey  -Administration  Sub-total | 500  300  1500  4400 | 1  1  1  1 | 4  4  2  1 year | 2000.00  1200.00  1500.00  4400.00  9,100.00 |
| 12)MANAGEMENT/ **PERSONNEL ALLOWANCE** |  |  |  |  |
| Director  Outreach and Community Mobilization Officer  Accounts officer  M & E officer | 500  400  350  350 | 1  1  1  1 | 12months  12 months  12months  12months | 6000.00  4800.00  4200.00  4200.00 |
| SUB-TOTAL |  |  |  | 19200.00 |
|  |  |  |  |  |
| GRAND TOTAL |  |  |  | **70,000.00** EUR |

What are the MDGs?

The Millennium Development Goals (MDGs) were established as a way of implementing the promises of the Millennium Declaration. The MDGs built on various UN conferences’ proposals over several years, having first been adopted as concrete targets by the Organisation for Economic Co-operation & Development (OECD) in 1996. Drawing on the Declaration – and the work of governments, the UN, the World Bank, the International Monetary Fund (IMF) and the World Trade Organisation (WTO) and other experts – the goals were refined and published in 2001.

The MDGs provide common, clear targets, the majority of which are to be achieved by 2015, mostly measured against a 1990 baseline. In 2008, four new targets were added bringing the total number of targets to 22.

 1 Eradicate extreme poverty and hunger

 2 Achieve universal primary education

 3 Promote gender equality and empower women

 4 Reduce child Mortality

 5 Improve maternal health

 6 Combat HIV/AIDS, malaria and other diseases

 7 Ensure environmental sustainability

 8 Develop a global partnership for development