

BEN NEWMAN HOPE CARE FOUNDATION



ORGANIZATIONAL ANNUAL REPORT 2021

P .O. BOX AT 2263
ACHIMOTA - ACCRA.

CONTACT PERSON: MR. BENJAMIN KOFITSE TSIKATA

TEL: 0240 273982

Email: hopecareghana@yahoo.com

1.0 PROFILE OF BEN NEWMAN HOPE CARE FOUNDATION

Bennewman Hope Care Foundation (HCF) is a non-governmental organization founded in 2003 as a private sector response to the rapidly growing HIV/AIDS epidemic in sub-Saharan Africa. The mission of the organization is to improve the sexual reproductive health of people living in Ghana. This is done by the provision of accessible HIV/AIDS/TB education and services, as well as support programs for those infected and affected. Hope Care Foundation is client centred and strives to constantly update its knowledge and skills in order to provide the best services at all times.

Bennewman Hope Care Foundation is registered in Ghana as an NGO with the Registrar General Department under the Company's Code 1963 (Act 179) on 24th March 2005 with registration No. G – 15, 139. The organization is also registered with the Social Welfare Department and has acquired the certificate of recognition, number DS.W / 3143.

Bennewman Hope Care Foundation is governed by a five member Board of Directors. The board assists in fund raising, formulate policies, approve of organization's annual budgets and monitor's the implementation of projects. The Executive Director oversees the daily running of the organization and ensures that projects are implemented successfully by strict adherence to the project description and financial procedures and is the administrative head of the organization. The Executive Director reports directly to the Board of Directors. The finance department of organization is headed by the Accountant, and he oversees all accounting functions and project budget and expenditures. There is a Programs Manager who oversees all programs planning and implementations and adhered to the terms and conditions of our donors. The Monitoring and Evaluation Officer assists in the activity implementation and monitors the impact on the targeted audience; he works hand-in-hand with the Programs Manager.

The Accountant, M&E Officer and the Programs Manager report directly to the Executive Director. All the field offices are headed by Project Coordinators who report directly to Programs Manager. Project Coordinator oversees the activities of the field staff and community volunteers. All our project officers have local advisory boards made up of traditional leaders, community opinion leaders, project beneficiaries, project coordinators and key stakeholders. The local advisory board exists to take decisions that will contribute to the sustainability of

community to managed projects. They actively participate in the development, monitoring and evaluation of all projects.

2.0 FORMATION

The organization was formed by Mr. BENJAMIN DZIVENU KOFITSE TSIKATA. The idea was conceived as he was a student in University of Gavle, Sweden. He is the founder and Executive Director of the organization.

3.0 MISION STATEMENT

Our mission is to advocate for the improvement in the health of Ghanaians and increase the knowledge of citizens on climate change to reduce poverty, We do this by providing accessible HIV/AIDS/STI/TB information; it is the belief of the organization that these information will enable people to make informed decisions concerning their lives. Bennewman-Hope Care Foundation is client centred and strives to constantly update its knowledge and skills in order to provide the best services at all times.

4.0 VISION

Our vision is to be one of the leading NGOs that provide comprehensive CT, TB/HIV/AIDS/STI services in Ghana. We envision change the sexual reproductive behavior of Ghanaians and Africans as a whole.

5.0 ORGANIZATIONAL EXPERIENCE

Bennewman Hope Care Foundation is a wholly Ghanaian managed organization. Over the years the organization has developed and acquired skills and experience in various areas of HIV/AIDS programming, care and support, Condom Distribution, Family Planning, TB case detection, Food Distribution, networking, International Volunteering program and Malaria programming.

HIV/AIDS

In February 2006, Bennewman Hope Care Foundation, in collaboration with the Ministry of Health, Johns Hopkins University, Vital International Foundation, GSMF and other partners launched the national umbrella programme for HIV/AIDS –“Stop AIDS Love Life”. Under this umbrella programme, Hope Care Foundation implemented various interventions targeted at Ghanaians in the formal and informal sectors of the economy.

“Know Your Status” was Hope Care Foundation’s HIV/AIDS Intervention targeted at Truck Drivers and their assistants (mates) in five administrative regions of the country. The intervention was implemented in 15 major truck transport stations nationwide. Although the intervention was targeted primarily at Drivers, workers and transporters, anecdotal evidence shows that HIV prevalence in communities in which the intervention was implanted was reduced or prevented from increasing. Research conducted under the ‘Know your status,’ intervention revealed that female hawkers were especially vulnerable; they depended on other male workers in the hub for physical protection and financial assistance, which they paid for with sexual favours. Hope Care Foundation implemented a special intervention –“Hawkers’ Empowerment programme’–to address the needs of these hawkers. The strategic approach was to build their self esteem, confidence and business skills in order to improve their bargaining power for safer sex.

0.6 FAMILY PLANNING

The organization was established at a time when family planning was one of the major needs of the country. Hope Care Foundation responded to this need effectively, and grew to become one of the best among practitioner/NGOs and the general public. In 2006, Hope Care Foundation (together with other implementing partners) re-packaged family planning under the Life Choices campaign. Research showed that young people did not respond to communication on family planning with the justification that they had no families to plan. In responding to this problem, the organization re-packaged its outreach and educational materials on family planning and renamed it ‘self guide fertility protection’ to address the reproductive health needs of young people. The campaign caught on and made great impact among young people in Ghana.

0.7 TB CASE DETECTION

Bennewman Hope Care Foundation in partnership with National TB programme has undertaken TB case detection and sensitization activities in West Akyem District of the Eastern Region of Ghana. The organization was supported and financed by National Tuberculosis Control Program through the Global Fund Grant. Hope Care Foundation was awarded a Grant of Fifty Seven Thousand, three hundred and forty Ghana Cedi s(57,340 GH), for one year project.

This project was a grass roots level base project, which took the form of sensitization workshop, focus Group discussion and community group activity by using the community conservation

Enhancement concept. Through this concept the organization was able to achieve a result by diffusing the misconception among community members regarding TB as witch craft diseases.

During the intervention, one thousand seven hundred individuals were opted out TB screening. The organization through its community sensitization intervention referred three thousand two hundred community members across the district that were suspected to be infected with TB bacteria for screening and subsequently treated at the District Hospital.



Figure 1. Traditional rulers taken through TB sensitization workshop by Hope Care Foundation



Figure 2. Hope Care Foundation's Volunteers educating a household member at Asikesu village



Figure 3. Hope Care Foundation conducting Focus group discussion with community members

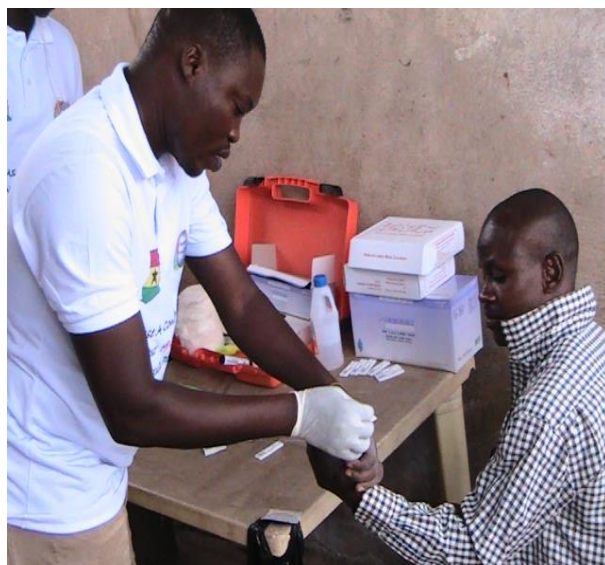


Figure 4. Hope Care Foundation conducting Focus group discussion with community members at Okurasi village

0.8 CONDOM DISTRIBUTION

Hope Care Foundation has a broad customer reach, distribution of condoms to all working outlets in the country. The outlets include traditional outlets and non- traditional outlets. And envisage distributing condoms in large quantity.

From the experience gathered through the implementation of various behavior change projects, Hope Care Foundation always deploy its strengths to implement activities targeting young women and girls including in- and out-of school youth in the Greater Accra Region, Eastern and Western Regions of Ghana to address prevention of new HIV infection and gender-related aspects of HIV and AIDS in Ghana.



0.9 COUNSELING AND TESTING

Hope Care foundation has one of the best mobile counseling & Testing services, the organization always collaborate with the various DHMTs in Regions and Districts to conduct counseling and testing across the country. The CT department is lead by a well experience

counselor who was train by TASO Uganda, NACP and University of Ghana. In view of providing easy access to counseling and testing service to the general population, the organization adopted the mobile Counseling & Testing Services which is recognized by the NACP and Ghana AIDS Commission.



Figure 1. Jolanta Jewesky and Erin Perks Providing Clinical care at Okyehene palace in Kyebi.



Figure 2. Annie providing clinical care under a tent in Takoradi (Western Region).



Figure1. Eugen Amegatse a testing officer from Korle-bu Hospital conducting HIVst on a client during Hope Care Foundation outreach program at Bukom in Accra



Figure1. Emmanuel Akpabli a counselor conducting HIV counseling on a client during Hope Care Foundation outreach program at Bukom in Accra

10. ORPHANS FOOD DISTRIBUTION

Hope Care Foundation in the year 2006 collaborated with World Food Program through Catholic Relief Services and OIC International provided food ration to over 160 OVCs monthly in the Eastern Region. The organization in 2008 had also provided the same monthly food ration to 210 PLHIVs in Eastern Region and over 2000 refugees in Western respectively.



Figure 1. Orphans in a picture waiting for food.



Figure 2. Food been distributed to the orphans at Asuotwene village.

10.1 NETWORKING

The organization has established very good working relationship with the Regional Coordinating Council through the Regional M&E Focal Person, Regional Health Directorate, through the HIV Regional Coordinators of the Ghana Health Service and NAP+. HCF is a member of Greater Accra Regional HIV/AIDS Committee (RAC) and also Country Coordinating Mechanism of the Global Fund.

10.2 Community Meeting

On 6th May 2017 a meeting was held with community members at the Presbyterian church chapel at **Teimensahpanya in Ada**, one of the implementing communities in the district. In



attendance were some key members like the Traditional Authority representative, the trained volunteer of the project, the assemblyman, Community Nurses, some leaders of identifiable groups like the Hair Dressers Association and Mother groups. Discussions were held and it was centered on the importance of the immunization and the need to attend antenatal and Child week Clinic (CWC). Three satellite points were

identified and they were faced with a challenge of chairs and tables. Most often, mothers come to CWC and could not have chairs to sit on and wait for their turn of service, these sometimes discouraged many mothers from attending the child welfare clinics i.e. CWC services. In fact, the conclusion was for the organization to provide fifteen (15) benches, four (4) tables and six (6) plastic chairs.

Another meeting was also organized at Ayigbo during their child welfare services (CWC), and it was noted that we need to create one more satellite point as some mothers walk from far distances to attend cwc services at Ayigbo which is a center in Lolonyakope. After these meetings, the organization with its limited budget tried to procure one table and donated it for the satellite point at Dokenuu pharmacy shop in Teimensahpanya community where child welfare center is located.

Name of community	No. of People reached total			Total
	Male	Female	PWDs	
Teimensahpanya	12	49	0	61
Lolonyakope	15	26	2	43
Total	27	75	2	104

The organization had meeting with the Public health nurses at the Ada-Foah clinic together with the EPI officer in-charge to ascertain whether or not the shortage of vaccine that the community health nurses were reporting to us were true. In fact, our investigation shows that there was more vaccine available it was the nurses who were not requesting for more and even if there is shortage on the field they should have come back to request for more stoke.



Main activity: Durbar

10.3 Support to NID

Hope Care Foundation as organization contributed to the National Immunization Day (NID) celebration at the Regional level in the form of participating in the durbar organized by the GCNH Regional Executives at Adjei Kojo in the Tema Metropolis. It was celebrated with all the district health management teams (DHMT) from the implementing sites in attendance. In fact, the Metropolitan Health Director **Dr. Yabani** was in attendance and the guest speaker of the event that day. The durbar saw a huge number of people particularly community people from Adjei-Kojo community there and other surrounding communities in Ashiaman. At the district level, Hope Care Foundation in partnership with the district EPI/Hospital collaborated to celebrate the NID at one of the communities we are implementing the project in, and the this community is called **Pute**, where we organized a min-durbar and educate the community members, traditional leaders, church leaders, Birth attendants retired midwives, traditional healers and mother support groups in the community. Other groups in attendance were the Hair dressers association and Dress makers association.



In fact, during this activity Hope Care Foundation contributed by organizing/conducting the social mobilization, provides Public Address System, chairs and refreshment for the entire participants of the program.

10.4 IDENTIFICATION OF COMMUNITIES FOR NID CELEBRATION

Hope Care Foundation officers together with the District Health Management Team including the EPI officer were actively involved in the planning process of selecting the community in which the NID day should be celebrated, and the number of volunteers we need to engage that day. During this engagement meeting it came out clear that the Pute community had never hosted any durbar in the district since the district was carved out of Dangbe West District. After settling on Pute community, Hope Care Foundation was tasked to engage volunteers to undertake social mobilization to create demand for the celebration. The organization does not rely on its work, but had to engage 20 volunteers and equip them to do house-to-house announcement of the durbar since many houses are far from each other in that particular catchment area of the district. With our activities it's create a huge turn-out for the program.



Main activity:

10.5 District Review Meeting



The Organization had the opportunity to attend the District Review meeting which was held at the District Assembly Hall on the 16th May, 2016. The DHMT Director by then was on transfer so the deputy who is now the current District director of health services was in charge of affairs. All the sub districts made presentations and it was followed up with questions, clarifications and answers. Experiences were shared. There were some key stakeholders at the meeting; Assemblymen, the Coordinating Director, Traditional Authority

representatives and the district disease control officer and the EPI coordinator.

10.6 Quarterly Community Outreach

On the 14th June, 2017, Hope Care Foundation conducted an outreach activity at **Elavanyo, Kewunor and Azizanya** communities which is just along the sea and Ada lagoon. Community volunteers were around to carry out education from house -to-house education and data collection. We also visited



some local churches like the Methodist church and Pentecost. In fact, some churches do not want us to come and educate their congregations about immunization, because they were thinking as NGO will be distributing condoms to their members which the church see as promoting promiscuity.

But the volunteers tried to convince the head pastor of the church, so he gave our volunteers the opportunity to educate the congregation, many of the congregants are the indigenous and native people. In fact, we conducted the education in the native language (Ga dangbe), the people were thought the different types of vaccine in the system, and they take their children to the various child welfare centers (cwc) to be immunized.

The church members were happy and began to asked question and wanting to know the names of the childhood killer diseases. They were informed that many years now, people were aware of the six childhood killer diseases, but there a new additions making them eleven, these includes **polio, tetanus, whooping cough, hepatitis B, measles, tuberculosis, diphtheria, chickenpox, haemophilus influenza type B, diarrhea and yellow fever**. The public health nurse madam mawutor, came in to continue to elaborate on the details of the situations of lack of immunization in the District with data and figures to demonstrate the alarming situation the district is facing due to immunization defaulters, which is also leading to Morbidity and Mortality in the district, and she emphasis that many of the defaulters are church people who have been deceived by their pastors that immunization is not good. She added that the **Tabnacle Church** is doing has done the best thing by allowing us to come and educate the congregation on immunization.

Name of community (Azizanya and Kewunor)	No. of People reached total			Total
	Male	Female	PWDs	
Methodist Church	71	145	2	218
Pentecost Church	84	168	4	256
The Tabnacle Church	106	191	6	303
Total	261	504	12	777

1. Main activity: Provide logistical support to satellite activities

Community	Satellite site	Status
Lolonyakope	Three (3)	Existed with no furniture

10.7 Support To Community Volunteers



The trained volunteers are supported to go house to house and conduct education and sensitization targeting pregnant women and nursing mothers. They were also task to undertake data collection and referrals to the facilities. They work hand on hand with the community health nurses and again assist in social mobilization during antenatal day and Child Welfare Week days. One of them works at a local radio station that also does media

education on importance of immunization to create demand. They have data collecting tools like community register and house hold population register which captures pregnant women and number of children in a house hold.

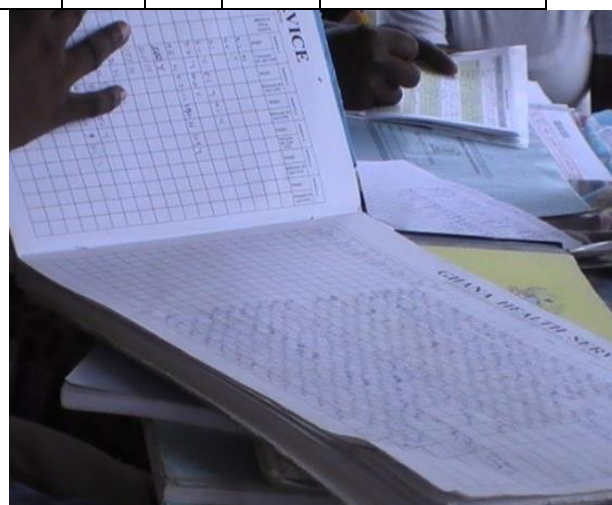
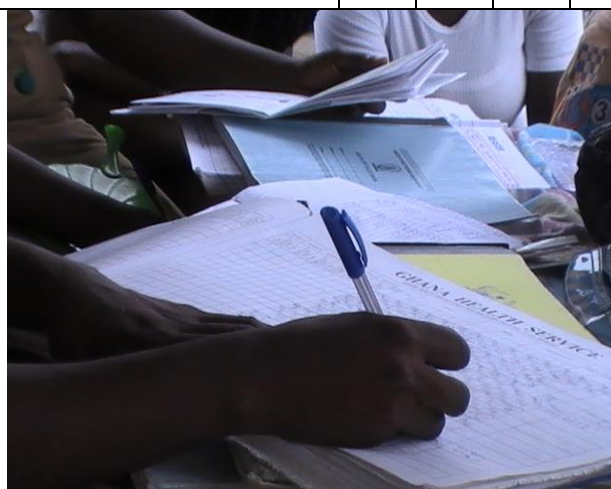
Including activities carried out by the volunteers are by explained the trends of immunization in the District and why the district is not performing well in childhood immunizations against childhood diseases. In fact, some of the house-to-house education and immunization are therefore shown in the pictures below;

10.8 Vaccine Coverage per Community



NO.	COMMUNITY	BCG	OPV	IPV				PENTA		
		1	1	0	1	2	3	1	2	3
1.	Teimensahpanya	41	0	34	34	22	28	38	40	32
2.	Pute	67	0	40	23	28	22	40	38	41
3.	Kewunor	43	0	54	55	38	41	42	44	52
4.	Lolonyakope	88	0	44	43	41	37	33	42	33
5.	Alavanyo	65	0	32	54	44	33	40	44	38
6.	Azizanya	73	0	34	61	51	36	41	52	31
7.	Ayigbo	79	0	62	57	60	42	40	68	56
8.	Totope	26	0	31	42	29	20	30	26	18
TOTAL		482	0	331	369	313	259	304	354	301

NO.	COMMUNITY	PNEUMO			ROTA		MR	YF	MLS	NO. OF DEFULTERS
		1	2	3	1	2	1	1	2	
1.	Teimensahpanya	44	42	48	54	22	36	46	45	2
2.	Pute	38	41	44	43	38	32	31	33	5
3.	Kewunor	54	44	54	55	54	55	43	44	2
4.	Lolonyakope	41	38	37	41	43	45	41	39	2
5.	Alavanyo	43	48	42	43	48	47	47	48	4
	Azizanya	65	35	34	61	51	36	41	52	1
	Ayigbo	29	29	42	51	61	42	40	62	0
	Totope	12	47	36	42	27	20	30	29	0
TOTAL		326	324	337	236	390	313	319	352	16



Others (Identification of Pregnant Women)

The Community Based Volunteers in their house to house education and sensitization work they are as well to identify Pregnant women and monitor their antenatal records for IPPT intake and also referred defaulters to facilities.

10.9 Partnership & Collaboration of the Project

The project is being implemented in collaboration with the District Health Management Team (DHMT), Traditional Authorities, Identifiable Groups and the District Assembly. Hope Care Foundation is partnering and collaborating with various stakeholders in implementing the GAVI HSS immunization project in Ada East District. In order to implement and achieve success in the project, our organization is partnering and collaborating with the Ada East District Assembly, District Health Management Team (DHMT), Private Health Facilities, Maternity Homes and Private midwives. Others include Traditional birth attendance and healers, Religious leaders and



Opinion leader including Chiefs and Queens mothers. Hope Care Foundation have held preliminary meeting with some of the key partners and collaborators.

During the first partnership meeting which was held at the District Health Administration at Ada Foah, the meeting saw the following key people in attendance: District Health Director, District Public Health Nurse (DPHN), District EPI officer, District Health Data officer, District Coordinating Director (DCD), District information officer and District Planning officer. During this engagement meeting it came out clear that; the DHMT will help us select our community volunteers and the communities to carry out our activities which were since done.



10.10 INTERNATIONAL VOLUNTEERING

Bennewman Hope Care Foundation quarterly and frequently recruits the services of foreign volunteers from United State and Canadian institutions, such as Drew School of Medicine, ULCA Anderson School of Management and Management Development Institute all in Los Angelis California. The type of volunteers that comes to volunteer with the organization from these institutions are Medical Doctors, Clinicians, Nurses and Physiotherapists. The duration of volunteering with the organization is between one to three months.

TESTIMONIALS

Six weeks have flown by; it is already time to leave. I have truly enjoyed working with you. I am impressed with everyone's incredible hard work. This work is tough but the commitment to doing it right is inspiring. It comes from the heart of Hope Care Foundation. — us touch by Hope Care Foundation.

Me daa se pii, (Thank you)
Anne Hutchinson
Great Barrington, MA



thank you, Mr.Tsikata, for all of



Figure 3. Annie and Jenifer at relaxing by a crocodile pond at cape coast.

Figure 2. Erin pounding fufu, a favorite Ghanaian dish.

11.1 DONOR FUND MANAGEMENT

Bennewman Hope Care Foundation also is well experienced in donor funds management. In 2005, Hope Care Foundation received USD\$68,000 from UNESCO to undertake Counseling and testing nation wide which was tagged “Operation Inform”. The organization again in 2007, received grant of USD\$ 78,000 from International Planned Parenthood Federation for a project named “HIV/AIDS AND THE YOUTH” in the Greater Accra region. The last but not the least, Hope Care Foundation received GH¢57,340.00 funding from National Tuberculosis Program (NTP) for a project tag “TB CASE DETECTION” in the Eastern Region of the country.

Hope Care Foundation is currently working with Ghana AIDS Commission as one of the big NGOs to undertake CT services and prevention programs by sub-letting contract to other smaller NGOs in the Districts of operation within the Greater Accra Region.



Figure 1. Hope Care Foundation's Executive Director receiving Grant cheque of \$25,000 from Canadian International Development Agency in Accra office

11.2 STAFF

Hope Care Foundation has a full time staff of 4 and part time staff of 7 that work for the organization. The Administrative staff is 4 and the program staff is also 7. The organization has a pool of volunteers both local and International who also support the program staff in delivering of our program. The following are the key staff of the organization:

1. Benjamin D.K Tsikata

Mr. Tsikata, Executive Director is responsible for the overall strategic development, direction and management of Hope Care Foundation. He has over 14 years experience in Project development and implementation. As Executive Director of the organization, he has a wealth of experience in community conservation social marketing, project developer and management consultant. Mr. **Tsikata** holds Msc degree in Jungian Psychology and Administration and Governance Leadership, certificate in HIV/AIDS counseling from NACP, certificate in early child hood HIV/AIDS management form Ministry of Women and Children Affairs, certificate in TB/HIV management from Treatment Action Group/World Health Organization, Certificate in Budget tracking and monitoring from IHP/WHO, certificate in TB/HIV media reporting from Result International.

Philip John Fiah

Mr. John Fiah, Deputy Executive Director is responsible for the overall strategic development, direction and management of Hope Care Foundation. He has over 12 years' experience in

Administration, development and implementation. As Deputy Executive Director of the organization, he has a wealth of experience in community conservation social marketing, project developer and management consultant. Mr. John Fiah holds Msc degree in Jungian Psychology and Administration and Governance Leadership, certificate in early child hood HIV/AIDS management from Ministry of Women and Children Affairs, certificate in TB/HIV management from Treatment Action Group/World Health Organization, Certificate in Budget tracking and monitoring from IHP/WHO, certificate in TB/HIV media reporting from Result International and will acts as the management head and team leader for this project. *Mr. John Fiah* will spent 90% of his time on this particular project, due to its important nature.

2. Gorge Kumagah

Mr. Kumagah is an experienced Monitoring and Evaluation specialist and Project Evaluator with a wealth of experience in project management and change interventions. He has worked on various project monitoring and evaluation on behavior change. *Mr. Kumagah* holds a Masters degree in Development Management from University of Cape Coast and a certificate in HIV/AIDS Counselling and Care giving from University of Ghana, Legon. He is currently the M&E officer of the organization.

3. Mr. Duncan William Agbotse

Mr. Agbotse is a self confident, intelligent and very motivated and independent minded, hardworking professional with vast experience in senior management level. He has extensive experience in design and implementation of various accounting policies for the organization as a whole. He is in charge of all financial operations of Hope Care Foundation. He holds a Bachelor's degree in business Administration with option in commerce. He is the Accountant of the organization currently.

4. Mr. Selase Wornameh

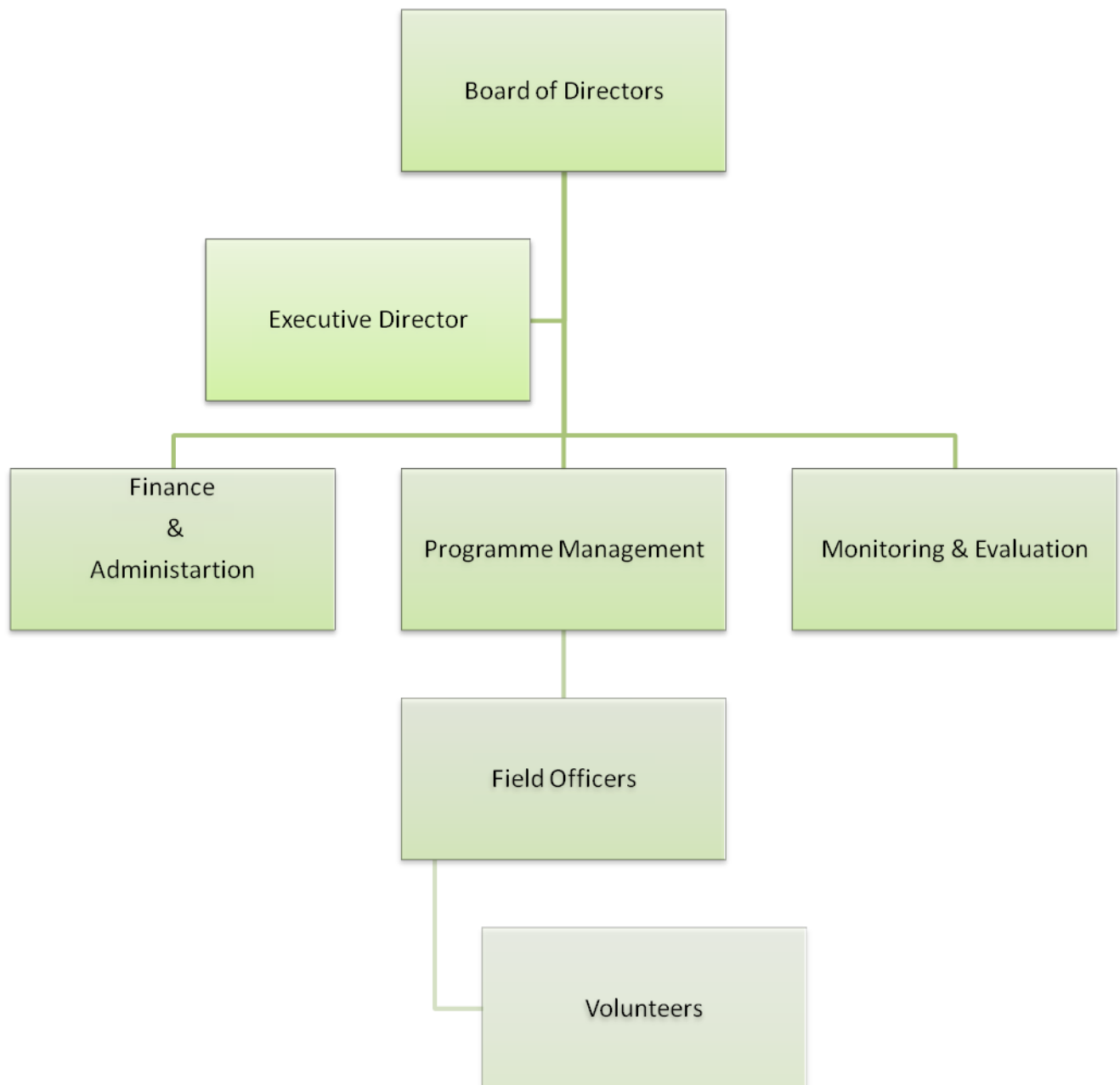
Mr. Wornameh holds a Diploma in Basic Education from University of Cape Coast. He also holds certificates in HIV/AIDS Counseling and Care giving from TASO, Uganda, Institute of Adult Education, University of Ghana, Legon, UNDP, NACP and Ministry of Women and Children's Affairs, Ghana. He has extensive experience in CT and implementation of various projects. *Mr. Wornameh* has been the Program Manager for Hope Care Foundation for three years and has gained enough experience in donor project management.

5. Grace Mwintone Karbo

Grace Mwintone Karbo is a multi-talented Social Worker and field Project Officer, with a vast experience in field work management. She has worked on various projects on field impact investigation on the target population/audience. *Grace Mwintone Karbo* has been the field

officer for Hope Care Foundation for two years and has gained enough experience in field project management.

11.3 HOPE CARE FOUNDATION'S ORGANOGRAM





These three pictures shows how our peer educator do one-on-one and condom distribution



These pictures show that our targets are the Informer Sector Workers



The same target audience "informer sector worker"



11.4 DONORS / FUNDERS

Hope Care Foundation has received funding from many cooperative institutions and local organizations in Ghana to provide its programs. The major funding came from the following organizations and institutions local and overseas.

German Technical Corporation (GTZ)

CEPS

Ghana AIDS Commission (GAC)

National TB Program (NTP)

Global Fund

National Malaria Control Program (NMCP)

Canadian International Development Agency (CIDA)

Kristo Asafo

Treatment Action Group (TAG)

International Community of Women Living with HIV/AIDS (East Africa)

International Health Institute Drew University Los Angeles

Richard Van Hussuin (Los Angeles CA)

Global AIDS Interfaith, San Francisco

Oasis Clinic, Los Angeles

Members of All Saint Church, Pasadena USA

11.5 AFFILIATIONS

Hope Care Foundation is affiliated to several organizations, bodies and networks, such as

- Ghana Coalition of NGOs in Health
- Treatment Action Group (TAG)
- International Community of Women Living with HIV/AIDS
- Global Health Council
- Stop TB Partnership
- International Health Partnership (IHP)

- World Health Organization TB collaborative Services

11.6 CONCLUSION

It can be concluded that Hope Care Foundation is focused and determined to champion the course of TB/HIV/AIDS/STI and Malaria education in Ghana. In that direction, it is obvious that Hope Care Foundation has gone very far in the provision of Care for Orphans, support PLHIVs, TB/HIV and mobile Counseling & Testing. These background places a great challenge on the shoulders of the management staff of the organization.

Further Information can be obtained from:

**The Executive Director
Bennewman Hope Care Foundation
Post Office Box AT 2263
Achimota – Accra.
Tel: 0240 – 273982 / 020 - 8313596
Email: hopecareghana@yahoo.com
Office Location: Achimota, first link Road,
House #. C/3, Abofu
Near Long Term Hotel.**