

1.0 INTRODUCTION

Education and health complement and enhance each other. Together and only together can their full potential be applied to advance the social and economic development of each nation and improve the quality of life of the citizens. One of the most cost-effective ways to improve both is through educational institutions.

School teachers/lecturers have the experience and the unique opportunity to help young people develop essential life skills. The extent to which each nation's teachers are able to promote health as they do education has become a key factor in national development. Since the ALMA-ATA declaration in 1978, it has become increasingly apparent that health care delivery systems need major structural adjustments and content revision to achieve the objectives of Primary Health Care and also meet the needs of individuals, families and communities.

About 21.9% of Ghana's total population of 18,8 million (Population Census 2000) are young people between ages 10-24. Available statistics indicate that age at first marriage is 19.3 years, an improvement over 1993 average of 18.3 years. Contraceptive use among ages 15-19 years is only 5% (GDHS, 1988), yet schooling takes so long to complete and more young people start having sex before marriage. Again autopsy study by Akosa *et al.* (2000) revealed abortion as the leading cause of maternal mortality and young women constituted 34.7% of the total number of cases (MOH/GHS Report, 2001).

It is reported that among all AIDS cases reported in Ghana, 39% of them were in the age group of 10 to 29 years. The median age of reported AIDS cases is 20 to 30 years among females and 30 to 37 years among males (MOH report, 1999). The age difference suggests that women are infected at an earlier age than men. In fact, if nothing is done to stop the spread of the epidemic among young people, the gains made in improving life expectancy from 46 to 58 years will be eroded (ADH report, 2000).

Clearly, the sexual and reproductive health needs of young people are complex, diverse and demands urgent attention. As they mature, majority of young people become sexually active and

face serious health risks of unwanted pregnancy, unsafe abortion and sexually transmitted infections (STIs) including AIDS. Most of them face these risks with inadequate information, skill and guidance about sexual responsibility and limited access to health care. Consequently, they often miss both educational and occupational opportunities. In fact, young people's reproductive health needs are immense, but so are the obstacles they face in trying to maintain good reproductive health. The social and cultural context of young people's sexual activity and the risks and consequences associated with it differ by age as well as for males and females in almost all societies (Weiss *et al*, 1996). Again, the help that the young people need to address their needs vary. Some young people are not yet sexually active. They need support and skills to postpone starting sex. Some also suffer from sexual abuse hence they need protection, care, counselling and related skills (both life skills and those specific to reproduction and sexuality) that will help them lead healthy life.

In addition, the females among them who are sexually experienced require intervention as well as access to a broad scope of reproductive health services including a range of contraceptives, screening and treatment for STIs, pregnancy testing and post abortion care (Hughes and McCauley, 1998). While some start having sex before marriage, some change sexual partners several times before they marry, therefore, they need help to protect themselves against STIs including HIV/AIDS and pregnancy. Married youth need the same health and family planning services to address their special needs.

Young people have the right to reproductive health information, education, health care and non-discrimination (Timberlasee, 1996), a principle endorsed by the global community at the International Conferences on Population and Development (ICPD) in Cairo in 1994. It is in this vein that the Ministry of Health has adopted an Adolescent Health Policy and now organizing training sessions for service providers to integrate adolescent health in the existing health programmes. Reproductive and child health services should be integrated and made accessible to all individuals within the context of Primary Health Care (MOH, Annual Report, 2000).

Thus, in a bid to provide learning experiences on reproductive health for its students, the Department of Nursing, Legon, has integrated population studies and Reproductive Health in all its programmes since 1974/75 academic years. The department has, however, depended on facilities in the Korle-Bu Teaching Hospital and those run by other agencies. Other health professional students – mainly Nursing, Midwifery and Medical Students in Korle-Bu Teaching Hospital - share these facilities and the competition for cases is becoming keener by the day.

It has therefore become necessary to start reproductive health service delivery at the Department of Nursing to be run by staff and students from the Department and peer educators. This will provide practical learning information for students, while helping to meet the reproductive health needs of youth within the university's environs. It is expected that clients would be drawn from the University Campus and Communities surrounding the University.

1.1 RATIONALE OF THE PROJECT

The University of Ghana has a student population of about 18,000, most of whom are between the ages of 18-26. It is also estimated that 80% of the total student population is sexually active/ experienced. A facility where Reproductive Health Services can easily be accessed by this section of the youth would go a long way to make the implementation of the National Adolescent Health Policy a reality.

1.2 GOALS AND OBJECTIVE OF THE PROJECT

1.2.1 GOAL

The goal of the project is to contribute to national efforts to reduce the prevalence of HIV and other Sexual and Reproductive Health problems of young people in and around the University of Ghana through promotion of positive sexual behaviour.

1.2.2 OBJECTIVE

It is the objective of the project to promote positive sexual behaviour of University students and the youth in the surrounding communities of the University through the provision of Sexual and Reproductive Health information, skill and services.

1.2.3 TARGET GROUPS

- Students of the University and other tertiary institutions - Institute of Professional Studies, and Accra Teacher's Training College (ATRACO)-.
- University Lecturers
- Other university campus workers
- Students of second cycle institutions within the university environs -Achimota, Presbyterian Boys, West Africa and Accra Girls' Secondary Schools-
- Out of school youth living within and outside University campus

1.2.4 SERVICES TO BE PROVIDED

- Clinical care [sexual and reproductive health]
- Health Screening
- Counselling
- Health Education and Health Promotion
- Research

2.0 OUTPUTS AND ACTIVITY PLAN

OUTPUT I	Health and counselling centre for students established at Legon campus.
Activities	<ol style="list-style-type: none">1. Identify site/room.2. Procure equipment for refurbishment.3. Procure items for youth friendly services e.g. audio-visuales, pamphlets, posters, games, referral cards, etc.
OUTPUT II	Characteristics of student nurses and other health personnel equipped with Adolescent Sexual and Reproductive Health clinical services.
Activities	<ol style="list-style-type: none">1. Conduct training of staff in the university and school nurses in surrounding second cycle institutions.

	<ol style="list-style-type: none"> 2. Produce training and information, education and communication materials. 3. Conduct advocacy for University Senior staff.
OUTPUT III	University students and other stakeholders equipped with information and skills to address Adolescent Sexual and Reproductive Health issues.
Activities	<ol style="list-style-type: none"> 1. Provide comprehensive and effective reproductive health information, education and counselling services. 2. Develop simple educative materials. 3. Teach breast self-examination. 4. Give talks, lectures and seminars. 5. Provide educative video shows and films.
OUTPUT IV	Peer educators equipped to carry out peer education activities at the university and the environs.
Activities	<ol style="list-style-type: none"> 1. Conduct training of trainers workshop on Adolescent Sexual and Reproductive Health for peer educators. 2. Establish a research centre for young people's reproductive health. 3. Organise screening examination for both breast, cervical and prostatic cancers. 4. Develop outreach programmes and community services once a month to cover nearby second cycle schools- Achimota, Presbyterian Boys, West Africa and Accra Girls' Secondary Schools, Institute of Professional Studies, Accra Teacher's Training College (ATRACO) and Trinity Theological Seminary.

3.0 PROJECT IMPLEMENTATION

The pilot phase of the Project is planned for five (5) years. Thereafter, it would be evaluated and if it is found to be successful, it would be adopted as an extension programme for the University. The project would, for the first year, utilize the department's infrastructure. However, a designated site would be required. With regards to infrastructure, educative materials would be developed and obtained from relevant sources to augment those in the library.

The project would be implemented in three phases during the pilot stage as indicated below.

3.1 PHASE I

This will cover the first two years of the project. A pilot programme covering students of Legon and IPS only will be undertaken in the form of education and training of peer-educators.

3.1.1 PEER EDUCATION

One of the main objectives of this programme is to train peer-educators. It is known that young people learn better from their peers. The peers help each other to achieve some independence from the older people. The relationship between peers is therefore very significant. They do things together for example attending classes, church services and outings. Thus they tend to have influence on each other.

Recruitment of volunteers for the programme will be done through:

- Putting up notices and fliers at the various halls of residence, lecture halls/theatres, dining halls, chapels, entertainment points and other vantage areas in and around the campus
- Sending letters to identifiable groups such as the Students Representative Council (SRC), Junior Common Room (JCR) representatives, Religious bodies, social clubs and the alumni.
- Holding Radio programmes at the local FM, Radio Universe on the proposed peer education programme.
- Making one- on- one contact with students.

After identification of the volunteers, a programme of training will be organised for the group. Measures will be taken to ensure that each hall of residence and the other identifiable groups have representatives.

The representatives will be responsible for the grass root organisation of their members to undertake educational programmes including in-door interactions, outreach to other institutions and liaising with the programme coordinators.

The department to ensure smooth- running of the counselling and teaching sessions will coordinate the activities of the peer educators.

Information, Education, and Counselling (IEC) materials and supervisory visits will be provided.

The peer educators would be meeting the coordinators of the programme on specified days to discuss their progress and difficulties encountered in the course of their work and how some of the difficulties could be addressed.

Certificates will be issued to peer educators at the end of the training as part of the incentive package.

Refresher courses will be organised to update their knowledge and skills.

Staff of radio Universe will be involved in the planning stage of the programme in order to enhance the general sensitisation on the programme in terms of media publicity.

The various activities of the programme will be published in 'The campus' a publication of The School of Communication Studies, University of Ghana and the Newsletter published by the University Public relations.

There may be collaboration with other departments and schools of the University such as:

- Psychology
- Public Health School
- African Studies
- School of Communication studies
- Placement and Counselling Centre
- Noguchi Memorial Institute for Medical Research
- Ministry of Health [MOH]/Ghana Health Service [GHS]
- Sociology

Activity Plan

Month 1	Setting up logistics for the project.
Months 2-6	Educational campaigns and training of peer-educators in University of Ghana in the form of lectures and seminars. Outreach to IPS and Presbyterian Secondary School (Presec) fortnightly.
Months 7-12	<ul style="list-style-type: none"> ❖ Clinic sessions and counselling starts on once a month basis. ❖ Marketing of centre's services. ❖ Training of local community counsellors starts. ❖ Review of activities carried out.
Months 13-16	Expansion of educational and outreach programmes to include Wisconsin University, West Africa Secondary School.
Months 17-23	Expansion of clinic and counselling services to twice a week.
Month 24	Review of project.

3.2 PHASE II

This will cover the third year of the project. Activities carried out in phase one will be reviewed and necessary adjustments made. Achimota, Presec and Accra Girls' Secondary Schools would be added to the schools covered in Phase 1.

Activity Plan

Months 25-26	❖ Review Phase I
Months 27-33	❖ Further expansion of clinical and counselling services
Months 34-36	❖ Development of local educational materials starts
	❖ Review of project on activity-by-activity basis.

3.3 PHASE III

This will cover the fourth year. Phase II would be reviewed and outreach programmes extended to train counsellors to start up new projects in other parts of the region or country i.e. the School of Nursing could become a satellite training centre on reproductive health.

Activity plan

Months 37-39	❖ Development and expansion of training facilities of the Centre ❖ Link up with other second cycle or tertiary educational institutions for people to train as peer educators.
Months 40-48	Active training of external counsellors begins

	Palliative Care and Home based care will also commence.
--	---

4.0 EXPECTED IMPACT AND MARKETING OF THE PROJECT

4.1 EXPECTED IMPACT OF THE PROJECT

In the first year, the project seeks to reach about ten thousand (10,000) students of Legon and IPS and about one thousand five hundred (1,500) students of Wisconsin University and West Africa Secondary School. It is expected that by the third year, about two thousand five hundred (2,500) students of Achimota, Presbyterian Boys and Accra Girls' Secondary Schools would be reached. Thus, within the four-year period, the project expects to reach about fourteen thousand (14,000) students within the catchment areas.

The Planned Parenthood Association of Ghana (PPAG), a non-governmental organization, is involved in carrying out Family Life Education in some of the identified schools and at their Youth Centre at Lartebiokoshie. However, aspects of Adolescent Sexual and Reproductive Health such as counselling, provision of services and screening programmes for Sexually Transmitted Infections (STIs) are not extended to the university students, hence, the desire of the Nursing Department to fill this gap. In addition, the advantage of proximity will make it ideal for the Department of Nursing to cater for the youth within the Legon vicinity.

4.2 MARKETING OF THE PROJECT

The department plans to sell the project to the target population by means of radio advertisements (Radio Universe), the use of fliers, and bulletins among others.

Again, the department will liaise with heads of the identified institutions to organise presentations that would give an overview of facilities at the Centre and encourage them to patronize it. Furthermore, students of the department would be informed to pass on information about the project to their friends in the various halls of residence and other departments. With these in place, it is hoped the target population would patronize the Centre fully.

Orientation of students will be done through identifiable departments on campus in order that every student will be equipped with the requisite information on sexuality issues among young people.

5.0 PERSONNEL AND BUDGET

5.1 PERSONNEL

The following personnel would be needed to implement the project.

- 2 Service providers
- 5 Counsellors
- 2 Family Planning Assistants
- 2 Orderlies
 - 1 Female for cleaning the premises
 - 1 Male who will also serve as a porter/driver mechanic
- 1 visiting Laboratory technician
- 1 Visiting doctor (preferably, an Obstetrician/ Gynaecologist)
- 1 Secretary
- 1 Office clerk/messenger.

5.2 BUDGET

	¢	\$
1. Furniture	54,000,000	6,140
- Table (1) /chairs (14)		
- Steel Filing Cabinets (3)		
- Book Cases (4)		
- Swivel Chairs (6)		
- Adjustable Stools etc. (2)		
- Plastic Chairs (100)		
- Examination Couch (3)		
2. Stationery/Office Equipment	445,000,000	50,625
- Computer sets (2) & HP Printer (1)		
- Stand by generator (1)		
- Refrigerators (2)		
- Electric Cooker (1)		
- Ceiling fans (5) /Air conditioners (5)		
- Papers, Files etc		
- Vehicle (4WD Minibus for outreach programmes) (1)		
- Angle-poised lamps (2)		
- Weighing scale with height measure (1)		
- Microscope (1)		
- Ultra Sound Scanner (1)		
- Mammograph (1)		
3. IEC Materials/Audiovisual	85,000,000	10,625
- Power point equipment (1)		
- Television set/Video Deck (1)		
- Overhead Projector (1)		
- Slide Projector (1)		

- Film Projector with screen (1)
- Video recorder/Camcorder (1)
- Films, Slides etc (1)

	¢	\$
4. Instruments/Equipment	200,000,000	25,000
- Examination instruments (3 sets)		
- Sphygmomanometers (4) /Stethoscopes (6)		
- Examination couches with stirrups (2)		
- Dressing sets (12 sets)		
- Portable autoclave (1)		
- Washing machine (1)		
- Boiler (1)		
5. Cleaning materials	10,000,000	1,250
6. Drugs/Contraceptives	25,000,000	3,125
7. PERSONNEL (T & T and honorarium)	63,000,000	7,875
- Visiting Consultant (1)		
- Visiting Laboratory Technician (1)		
- Family Planning Assistants (2)		
- Secretary (1)		
- Cleaner/Porter/driver mechanic (2)		
- Service Providers (2)		
- Counsellors & peer educators (5)		

5.2.1 SUMMARY OF THE BUDGET

	¢	\$
1. Furniture	54,000,000	6,140
2. Stationery/Office Equipment	445,000,000	50,625
3. Vehicle (4WD Minibus)	300,000,000	34,100
4. IEC Materials/Audiovisuals	93,500,000	10,625
5. Instruments/Equipment	220,000,000	25,000
5. Cleaning Agents/Materials	11,000,000	1,250
6. Drugs/Contraceptives	27,500,000	3,125
7. Personnel	69,000,000	7,875
8. Total	1,220,300,000	138,740
9. 10% Contingency	122,030,000	13,874
GRAND TOTAL	¢1,342,330,000	\$152,614
	=====	=====

JUSTIFICATION OF THE BUDGET

Furniture

Since clients will not come by appointment, furniture will be needed for them as they wait for their turn, and also for record- keeping

Vehicle

There is the need to have a minibus in order for the team to achieve its objectives and carry out outreach programmes in other institutions around the University. This will also enable the team carry out the necessary follow-up activities.

Personnel

Most of the resource personnel who will be working at the centre, will be working on temporary basis or come in as visiting workers. Thus, their travelling and transport allowances as well as their honorarium will need to be paid.

Equipment

Equipment such as computers, printers and LCD projector are needed for presentations, record- keeping and retrieval of information. Audio-visuals or IEC materials are also needed to make teaching more effective