A REPORT ON OUTREACH (FAIR) AND SCREENING ON STI’S

PROGRAMME AREA
SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

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ACTIVITY DURATION: One day (16TH APRIL, 2016)

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1.0 INTRODUCTION (project analysis, purpose of activity, outline of report. Max 1/2 page)

This is one of CI WED community out-reach activity implemented in partnership with GHS with financial support from internal generated fund (Contribution from members).

Young people within the age of 10-25 in and out of school are the primary beneficiaries of the project. The main goal of the project is to contribute to the improvement of Sexuality and
Reproductive Health Right (SRHR) education of young people in the northern region. By this, the project seeks to

- Improve access to quality SRHR for young people in the Region
- Improve support for SRHR activities in the participating communities and key stakeholders such as parents, traditional and religious leaders and decision makers.
- Increase access to quality SRHR services for young people in the Region

The design of the project was based on the framework of enhancing the capacity of young people, creating enabling environment where stakeholders would acknowledge and respect the SRHR needs of young people and facilitating the availability of quality SRHR services. The project is therefore expected to reach out to about 2,000 young people in school, over 6000 out of school youth, 1,000 young mothers and 40 People Living with Human Immune Virus (PLHIV). About 70% of the beneficiaries of this project are rural dwellers.

The aim of the activity is to achieve the objectives stated above. These activity scheduled to train a number of community selected peer educators on the participatory tools for SRHR education.

**Purpose of Activity:** It was an outreach service to mark Global Services Youth Day and sensitise community members on common STI’s, their symptoms, family planning methods available as well as HIV & AIDS, advantages and disadvantages of safe and unsafe abortions. It was also to afford the community members the opportunity to do health screening on STI’s and uptake of services.

2.0 **DESCRIPTION OF ACTIVITY**

2.1 **Implementation Process** Before the activity, series of consultations were made with Ghana Health Service in Kumbugu District and the facilitation of the outreach service and provision of resource persons for sensitisation and the health screening.

Cheyohi, a community in Kumbugu district was selected by the directorate of the health service in the district as the venue for the outreach. The chief and people of the community were informed, date and time were agreed, and arrangement of canopies, plastic chairs, tents and public address system was made to grace the occasion.
We also made available condoms (male and female) for distribution to participants in the meeting. A vehicle was also requested to convey resource persons from GHS to the venue. Snacks and water were arranged for refreshment at the occasion.

3.0 Sub-activities

Before the screening, resource persons from Ghana Health Service sensitised the community members on common STIs/STDs including HIV and AIDS. They also sensitised community members on various family planning methods such as injectables, condoms use, pills, IUD emergency contraceptives, etc, including their advantages and disadvantages. They added that apart from condom use, all family planning methods should be done at a health facility to be on the safer side as some of them have sight effect and complications.

The resource persons also took the opportunity to enlighten community members on safe abortion services available at their health facilities. They also discouraged them from going in for illegal or induced abortion and gave them the dangers involved in doing so. Participants were also sensitised on the need for antenatal, facility-base delivery and postnatal visits to health facilities. They were informed that home-base delivery can sometimes lead to complications that the traditional birth attendants cannot handle, which sometimes lead to the mother losing the child or the father and family losing both the child and the mother.

In all, a total number of 129 people were screened on STIs and other related infections, the breakdown is below:

- Young people (Male) 41
- Young people (Female) 43
- Other Males 18
- Other Females 27

7 people had suspected STIs and were referred for further treatment.

Number of Condoms distributed:

- 200 pieces of male condoms given to young people
- 30 pieces of female condoms given to young people

Number of Pills distributed:

- There was no distribution of pills, but 8 people were given the 4-month injectable contraceptive plan, 6 people for 1 month injectable
4.0 ENGAGEMENT AND COLLABORATIONS

4.1 Media Engagement
There was no media engagement.

4.2 Other Collaborators (if any)
Five (2) resource persons were drawn from Ghana Health Service.

5.0 CHALLENGES AND RECOMMENDATIONS

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Recommendation</th>
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<tr>
<td>a. Many people came in for different family planning methods but only male and female condoms were available</td>
<td>Family planning methods should be made available and affordable at all health centres for easy access.</td>
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<tr>
<td>b. The resource persons could not screen all those who were willing and volunteered themselves up due to time constrain and night befalling on them</td>
<td>Further sensitisations and screening should be done in the morning to cover more</td>
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6.0 LESSONS LEARNT
- The collaboration with Ghana Health Service to organise the durbar was done more successful. It must be encouraged to ensure sustainability of the project concept.
- The community members were willing to subscribe to the family planning methods introduced to them but it seems much information on family planning has not been given them before and hence misconceptions on family planning.

7.0 WAYFORD FOR PROJECT
Community durbars to sensitise members on SRHR issues should not be a one off event but rather a continuous process and can only be successful if Ghana Health Service step up their effort in doings so.

8.0 CONCLUSION
In conclusion, both the sensitisation and the screening touched pertinent issues on SRHR and was able to screen a quite number of community members. Again, condoms, which are the common family planning methods, were distributed to many young people at the durbar for use. The assembly member of the community could not hide his excitement and urged CI WED to make the sensitisation a periodic event in order to engage young people more to provide information on SRHR issues.

9.0 APPENDICES