The difference you’ve made
Impact report 2019
Dedicated to our supporters and friends
You made this possible
Thank you!
Since 2002, your support has enabled us to deliver 953,018 cases of support to vulnerable children in northern Ghana and their families.
A prosperous and thriving world where the rights of every child are valued, protected and met by all

This is our vision, and we exist to make it the reality for children in northern Ghana, where more than half of all families live in poverty and 1 in every 15 children dies before their 5th birthday.
The beginnings of AfriKids. Georgie Coombes, together with school friend, Ayesha, registers AfriKids as a charity in the UK.

**2002**

The UK government’s Department for International Development awards £3m to AfriKids Ghana. The largest single grant in AfriKids’ history.

**2003**

UNICEF and the International Labour Organisation approach AfriKids Ghana as an implementation partner for groundbreaking new initiatives, including maternal protection.

**2004**

AfriKids Ghana takes full control of the design and delivery of all AfriKids’ programmes, as UK programme support comes to a close.

**2005**

AfriKids becomes the first International Charity of the Year at the Charity Times Awards.

**2006**

Over 33,500 children benefit from the launch of AfriKids’ Early Years Education initiative to improve the quality of kindergarten teaching which is fundamental to their future educational attainment.

**2007**

Following a successful pilot phase - rescuing 10 girls from the streets of Kumasi after they moved south to find work - AfriKids receives funding from the Big Lottery Fund to scale this work up (the second largest donation they had ever made to Africa).

**2008**

AfriKids' model of sustainable development is fundamental to their future educational attainment.

**2009**

Deutsche Bank staff select AfriKids as their Charity of the Year - their first African partnership - raising over £1m.

**2010**

With 17 projects running, AfriKids shifts focus from single projects to regional programmes, as the organisation matures and attracts larger, strategic grants from funders.

**2011**

An independent evaluation of AfriKids’ work with street and working children reports a 99% success rate and paves the way for AfriKids’ first Comic Relief grant.

**2012**

The GAS Partnership launches between Ghana Health Service, University Hospital Southampton NHS Foundation Trust and AfriKids to drive up healthcare standards across northern Ghana.

**2013**

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**2015**

The origins of further AfriKids’ projects develop, such as The School of Night Rabbids for children living and working on the streets of Bolgatanga, support for Maria Laadi, a local hero caring for some of the most vulnerable children and Pastor Charles, who has been voluntarily teaching 30 children under the shade of a mango tree. In 2005 a school was built which was later successfully handed over to Ghana Education Service, making it sustainable.

**2016**

The UK government commits to match fund AfriKids’ Time to Shine appeal through their UK Aid Match scheme. The appeal raises over £2.1m to support 18,000 children to complete their Basic Education.

**2017**

‘Clearer Focus, Wider Reach’, AfriKids new four-year programme strategy is launched, announcing that AfriKids UK will continue to help raise funds beyond 2018, enabling the team in Ghana to reach more children.

**2018**

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**2019**

An award winning year! AfriKids wins the International Service Award for the Protection of Children’s Rights and Third Sector Excellence Award for Accountability and Transparency.

**2020**

AfriKids’ project portfolio continues to grow, providing support in education, child protection, health and livelihoods across 10 projects.

**2021**

Work tackling child trafficking expands AfriKids’ first ever institutional grant. The project helps 150 children reassemble back at home with their families and return to school or receive skills training.

**2022**

The origins of further AfriKids’ projects develop, such as The School of Night Rabbids for children living and working on the streets of Bolgatanga, support for Maria Laadi, a local hero caring for some of the most vulnerable children and Pastor Charles, who has been voluntarily teaching 30 children under the shade of a mango tree. In 2005 a school was built which was later successfully handed over to Ghana Education Service, making it sustainable.

**2023**

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**2030**

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Our work began with a handful of local heroes protecting the most vulnerable children in their communities.

Today AfriKids is the leading organisation for child rights in northern Ghana and our locally-led, sustainable approach is acclaimed worldwide.

Our experience shapes our strategy today, which focuses on three of the most critical issues affecting children: Education, Child Protection and Health.

We have prioritised these areas as we know they are where we can make the biggest difference, for children today and - by making sustainable changes - for future generations to come.

Our model involves everyone with a direct influence in these areas. We work together to protect and empower children, mobilise communities and influence policy makers and service providers to do more.

This report shows some of the impact we have made in these three areas so far.
Lack of education in parents and community members

Poverty

Illiteracy

Poor health

Poor antenatal health

Costs of healthcare

Costs of education

Poor quality teaching

Under-resourced schools

Lack of early years schools

Lack of healthcare specialists

Poor infrastructure - roads, transport, etc.

Climate change

Lack of specialist healthcare services

Lack of accessible (disability-friendly) schools

Lack of gender-friendly schools

Factors pushing/pulling children onto the streets

Factors pushing/pulling children into child labour

Factors pushing/pulling children out of school

Factors pushing/pulling children into child marriage

Lack of knowledge/buy-in for child rights

Poor public education on water, sanitation and hygiene

Limited access to electricity/energy

Gender-based violence and discrimination

Lack of employment opportunities

Discrimination of people with protected characteristics

Poor sexual and reproductive health/rights education

Limited sexual and reproductive health services

Stigma around sexual and reproductive health/rights

Limited access to financial services

Harmful traditional beliefs and practices

Under-resourced health services

Poor quality health services

Empowering children to know and demand their rights

 Mobilising communities to take responsibility and demand child rights

Tackling root causes of issues while relieving symptoms

Strengthening and influencing government healthy, safe and in school

Good health and well-being to live life to the full

Education

A quality education for the chance to escape poverty and secure a bright future

Child Protection

Safety, nurture and protection from harm

Working with everyone it takes

Critical to our success is our involvement of all stakeholders - everyone with an influence or interest in issues affecting children, at all levels of society. These are some of the key individuals and organisations we work with:
We have provided 307,276 cases of educational support to 292,261 children and young people.

We have supported children at every age and stage of their education – from their foundational early years, right through to training as nurses, teachers and attending university. When our work began, just 1 in 5 women had completed primary school and 1 in 100 had higher than secondary education. So the 14,071 young people (around half of whom are girls) we have helped train in skills and higher education are an army of new potential for their communities.

Improving access to quality education

One of the first challenges we tackled was low enrolment – in 2003 less than half of children who should have been in primary school were. Working with Ghana Education Service and local communities, we increased attendance in partnered schools by more than 70% Once we had ensured most children were starting school, the next challenge was to improve the education they were getting and stop them dropping out. When AfriKids was founded, more than 8 in 10 families in northern Ghana were living in poverty. The long-term benefits of education can be impossible to prioritise over putting food on the table today and this pressure pushes children into child labour, life on the streets and child marriage - and further away from the opportunity to escape poverty for good. Changing thisCatch 22 involves addressing all of the factors pulling children out of school.

Giving children a voice

We support families to grow their income, educate communities on the value of education and work to improve schools. Most importantly, we put children, parents and communities in the driving seat.

Child Rights Clubs are one of our most successful initiatives. More than 50,000 children have signed up to these in-school clubs, where they learn about their rights through confidence-building activities. Equipped with this knowledge and confidence, they influence their families and peers to reject practices like child marriage and child labour which are holding them – and their communities – back. These children, of their own accord, have taken to the media and the streets with these messages - they fiercely value their education and are determined that their families’ poverty stops with them.

Making parents and communities the agents of change

For the majority of parents who did not go to school themselves, school can be not just a low priority, but an intimidating world to which they don’t “belong”. We have opened that door. First, we enlisted the support of traditional authorities – chiefs, elders, Queen Mothers - who drive their own socio-economic development and contribute positively to the global community. For the majority of parents who did not go to school themselves, school can be not just a low priority, but an intimidating world to which they don’t “belong”. We have opened that door. First, we enlisted the support of traditional authorities – chiefs, elders, Queen Mothers - who drive their own socio-economic development and contribute positively to the global community. Enlisted by public education representatives, under the shade of mango trees, we have spoken to nearly 80,000 parents and community members about how critical they are to education, and how critical education is to their children’s futures. We have helped them build Parent Teacher Associations, School Management Committees and become Education Champions. This mobilisation has led to communities ensuring all children go to school and holding their schools to account. Communities have successfully lobbied local authorities for more teachers and resources, and people have even volunteered time and materials to repair and expand school buildings – to accommodate their growing numbers of pupils.

Who’s involved

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<table>
<thead>
<tr>
<th>Count</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>292,261</td>
<td>people supported by our education programme</td>
</tr>
<tr>
<td>1,480</td>
<td>teachers trained</td>
</tr>
<tr>
<td>79,114</td>
<td>community members have attended talks and training</td>
</tr>
<tr>
<td>14,071</td>
<td>young people supported in skills development and further education</td>
</tr>
<tr>
<td>18,358</td>
<td>AfriKids IT Academy trainees</td>
</tr>
<tr>
<td>1,093</td>
<td>improved schools</td>
</tr>
<tr>
<td>28,196</td>
<td>out-of-school kids supported into education or vocational training</td>
</tr>
<tr>
<td>30%</td>
<td>more children passing exams*</td>
</tr>
<tr>
<td>73%+</td>
<td>more children enrolled in school*</td>
</tr>
</tbody>
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*: in schools we’ve worked with

“AfriKids has really spoken light into my dark world”

“[Together with my grandmother,] I was accused of witchcraft at the age of eight and was beaten mercilessly and as a result my grandmother died. Life was so difficult for me because we were forced to live an isolated life as nobody talked to us nor came near us. I was also constrained to stop schooling because I was not allowed to join my colleagues for studies because they believed I will bewitch them.

AfriKids has really spoken light into my dark world. They gave me the greatest gift I can ever imagine getting and that is education. AfriKids took my formless dreams and gave me a hopeful shape where I joined students in school for studies without fear and panic. My life started its changing process when my dormant gifts and talents were resurrected again by AfriKids.”

Bernice, aged 21, now studying for her BA in Sociology and Linguistics
The difference you've made in:

**Child Protection**

**Who's involved**

<table>
<thead>
<tr>
<th>The problems</th>
<th>What we do</th>
<th>The impact this is having</th>
<th>The long-term vision this is working towards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty puts pressure on children to work and live on the streets</td>
<td>Safe centres for children who suffer abuse</td>
<td>All children are safe and supported</td>
<td>Ultimately, this builds happier, healthier communities who drive their own socio-economic development and contribute positively to the global community</td>
</tr>
<tr>
<td>Children's health results from high poverty and traditional harmful beliefs and practices</td>
<td>Parents and communities understand, value and advocate for child rights and ensure children are safe</td>
<td>Poverty and child suffering is reduced</td>
<td>Safe and supportive homes</td>
</tr>
<tr>
<td>Poverty results in harmful traditional beliefs that lead to abuse, neglect and practices</td>
<td>Empower women through microfinance, business training and family health education</td>
<td>Harms traditional beliefs and practices are eradicated</td>
<td>Care and support services</td>
</tr>
<tr>
<td>Children live in poverty and rarely complete school themselves</td>
<td>And alternative livelihoods and roles for those who profit from harmful practices</td>
<td>More people access quality sexual and reproductive health services, improving maternal and child health</td>
<td>Governments</td>
</tr>
<tr>
<td>Women’s and girls’ rights are not understood and valued, resulting in gender-based violence and discrimination</td>
<td>Improve the quality and availability of sexual and reproductive health services</td>
<td>Stigma and isolation is reduced</td>
<td>Non-governmental organisations</td>
</tr>
<tr>
<td>Sexual and reproductive health services are inadequate, stigmatised and not widely available</td>
<td>Counselling and education for children who are working on the streets</td>
<td>The potential of women and girls is unlocked</td>
<td>Civil society organisations</td>
</tr>
<tr>
<td>Under-resourced public health services are inadequate to adequately protect and provide for children at risk</td>
<td>Train young people in childcare, protection and stigma in communities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Governments</td>
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**Our Child Protection programme has supported 189,630 people through frontline services and projects tackling issues at the root.**

Almost if not all indicators of child’s health and development correlate with their mother’s educational level. With every additional year of education, a girl improves her future children’s chances of survival, health, educational attainment and prosperity. When AfriKids was founded, 72% of women in northern Ghana had no education at all. Unsurprisingly, their children, in poverty and rarely completed school themselves. Instead they needed to work or marry young – and the cycle began again.

Our Child Protection programme provides both frontline services to children at risk now, while also working to affect systemic change – tackling issues at the root and working with partners to prevent children being put at risk in the first place.

**Safe and supportive homes**

Children living in poverty are most at risk of abuse, neglect and exploitation. Pressures to make ends meet at home often put pressure on children to work and marry young, putting them in danger. We have provided 11,353 support packages to help poor families grow their income, so they can sustainably provide for their children and reduce the pressures that put them at risk. Microcredit, business training and vocational skills training has helped women make themselves financially secure. Economic, security and independence not only empowers women to better provide for their children (their education is usually the first thing they prioritise), data shows it also increases their say in key household decisions (including about their own health) and reduces the power imbalance which fosters gender-based violence and discrimination. When AfriKids was founded, a third of women in northern Ghana had no say in decisions affecting them. Today, nearly 9 in 10 do, and 7 in 10 married women who earn money are the main decision makers on how it is spent. 8 in 10 women believed domestic violence can be justified for reasons like burning the dinner or refusing to have sex, today this has reduced to less than half. Perhaps surprisingly, fewer men agree.

In the traditionally patriarchal societies of northern Ghana, women are highly dependent on men. Traditional customs largely prevent women from owning houses or land (85-90% do not) and some customs dictate that when a husband dies, his property is transferred to his male relatives. Unless his widow agrees to marry them, she and her children can be left destitute. This vulnerability makes it even more important for women to have their own economic security, and when they do, they earn more authority and society benefits from her unlocked potential.

I in 10 children in Ghana have lost at least one of their parents. We have ensured 3,664 highly vulnerable children have safe homes and are cared for while working to resettle them into communities.

**Safe and supportive communities**

Girls and children with disabilities are particularly vulnerable in rural northern Ghana, where child marriage and fear of “spirit children” is common. Bridewealth (downs paid by the groom’s family to the bride’s) is negotiated on 97% of marriages, creating a strong culture in poor communities of child brides and underage pregnancy. Girls are at higher risk of dropping out of school, particularly secondary school (20%), where a widespread lack of washroom facilities also excludes them.

Our work tackling child marriage and the spirit child phenomenon has had a huge impact. We have educated more than 17,000 children on their sexual and reproductive health and rights and given community education talks on this subject to 50,000 people, helping to change negative attitudes and practices towards women and girls. We have worked with 250 schools to improve sex education and with public health providers to improve the quality and availability of adolescent sexual health services and reduce stigma around their use. More than half of the women in northern Ghana have not encountered public health education on family planning, so this work is critical to maternal and child health and reducing issues like dangerous “DIY” abortions, often presented at the AfriKids Medical Centre.

We have established more than 1,000 Child Rights Clubs in schools to educate and empower children on their rights. These children have become some of the most effective agents of change, encouraging their out-of-school peers into education and even reporting cases of child marriage, abduction and sexual abuse. In two recent cases, girls were abducted on the basis of traditional customs, and the actions of Child Rights Club members resulted in the girls being rescued and their perpetrators being criminally convicted and imprisoned. This is a huge testament to the next generation being ready to tackle deep-rooted conventions that put children at risk.

The same community education model has now been used in 58 communities to tackle the harmful traditional belief of “spirit children” which puts children with disabilities in great danger. All of these communities have now proudly declared an end to the spirit child phenomenon and associated harmful practices. We have won several international awards for this work.

**Care and support services**

We work with many stakeholders to improve child protection and respond to children in danger. We have established and trained a child protection team of volunteers who identify children living and working on the streets and our drop-in centre provides a safe space and counselling to these children. We work with child protection authorities like the Department for Social Welfare in responding to cases of abuse and exploitation, as far as possible working to ensure public services take the responsibility of child welfare and in ways which ensure children’s health and wellbeing.
"When you educate a girl, you educate a whole nation."

"Education is so important for girls, it helps us to build our courage and our esteem and it makes us feel good wherever we are.

In our community, we believe that boys are more important than girls, but we all know that this is just a saying and shouldn’t be believed. I think that we should tell our parents that we girls, we have a lot of potential and we can do even better than what the boys do.

I want to say to the girls who have lost their confidence that they should be confident. The battle is not yet over. We can still do something; we can still push for our rights. Me like this, I take myself as a role model for myself. I do things that inspire people. I work hard. I don’t let any guy try to take my position in class, because I know I am very good.

I would tell [education policy makers] that girls have a lot of potential and they shouldn’t underrate us. They should help us... encourage us and make us good people."

Blessing, aged 14. Child Rights Club Peer Leader

189,630 people supported by our child protection programme

3,664 at-risk children provided safe homes

243 "spirit child" deaths prevented

53,639 Child Rights Club members

1,415,105 meals provided to at-risk children

4,438 children not living in safe homes resettled

11,353 microloan and livelihood support packages provided to women and girls

4,741 children removed from life on the streets

1,535 children removed from child labour
Changing age-old beliefs

As well as individual suffering, endemic poverty puts communities under huge pressure. In these circumstances, and in the absence of education and modern healthcare, superstitions can emerge to explain the unexplainable and cope with additional strain.

Protecting the community

Fear of “bewitched” people has existed throughout history and all over the world. In rural northern Ghana, a disabled or orphaned child is at high risk of being “diagnosed” as a “spirit child”. Deeply-held beliefs instruct that such children be neglected or even killed, in order to protect the wider community. AfriKids is the only organisation to have successfully changed this.

Communities celebrate the end of the spirit child phenomenon

58 communities have now celebrated the end of the spirit child phenomenon – 100% of those we have been able to reach so far. Spirit child infanticide is notoriously difficult to monitor, but we estimate our work has prevented 243 children from being killed and many more from suffering, marginalisation and neglect. Before we intervened, just 14% of people in these communities agreed a disabled child should be allowed to live a full life. Three years later, 96% did.

Why our model works

Our unprecedented success in changing harmful beliefs is down to our genuinely locally-led approach. The team leading this work themselves grew up in this region, surrounded by these beliefs. They are known, trusted and culturally sensitive in their communities and among other services, help ‘diagnose’ spirit children, sometimes providing lethal herbal “remedies”. Critical to their cooperation and support in ending the harmful belief is finding alternatives both for their livelihoods and social status. We have supported hundreds of former practitioners to amend their occupations, and they are now respected as “Right to Life Promoters” – child rights champions in their communities. Right to Life Promoters are still approached for advice on perceived spirit children, though now the support they give is referral to healthcare providers, including the specialist support clinics AfriKids has established for children with disabilities.

Removing the push factors

Traditional healers and soothsayers are revered in their communities and among other services, help ‘diagnose’ spirit children, sometimes providing lethal herbal “remedies”. Critical to their cooperation and support in ending the harmful belief is finding alternatives both for their livelihoods and social status. We have supported hundreds of former practitioners to amend their occupations, and they are now respected as “Right to Life Promoters” – child rights champions in their communities. Right to Life Promoters are still approached for advice on perceived spirit children, though now the support they give is referral to healthcare providers, including the specialist support clinics AfriKids has established for children with disabilities.

Pioneering support for children with disabilities

Our clinics have introduced care for conditions like cerebral palsy that simply wasn’t available before, and we are working with Ghana Health Service to adopt and mainstream them into the public health system. Physiotherapy, massage and tailor-made papier mâché furniture provided at these clinics have made children more comfortable, increased their muscle strength and even helped many stand and take their first steps. This “evidence” of potential in children with disabilities has further bolstered public confidence in letting disabled children live.
The difference you’ve made in:

Health

Who’s involved

The problems

- under-resourced public health services offer limited services which can be poor quality
- lack of medical professionals, especially doctors and specialists
- poor knowledge of family planning, antenatal and child health results in high rates of child and maternal mortality and morbidity including preventable disabilities
- very limited specialist services available for children with disabilities
- poor public health education results in poor child health and treatable conditions going undiagnosed

what we do

- train and equip healthcare workers and facilities
- promote good health and access to professional medical services, e.g., for children
- deliver primary healthcare services
- medical screenings in schools, universities and student loans for healthcare training
- establish specialist support clinics for children with disabilities
- promote good water, sanitation and health practices
- improve sexual and reproductive health services
- support poor families to access life-saving treatment not available through the public health service

the impact this is having

- more people access quality healthcare
- parents and communities understand, value and advocate good health and ensure children are healthy
- access to training and improved facilities attract and retain more healthcare professionals
- child suffering is reduced
- more people access quality sexual and reproductive health services
- more women have healthcare training
- stigma and isolation is reduced
- the potential of women and girls is unlocked

the long-term vision this is working towards

- people live long, healthy lives
- ultimately, this builds stronger, healthier communities who drive their own socio-economic development and positively contribute to the global community

Our health programme has delivered 600,988 cases of support to 302,450 people.

Access and quality

The AfriKids Medical Centre has now treated 587,454 cases since it opened its doors in 2007. This award-winning facility provides a vital service in a region with only 1 doctor to every 26,000 people (the UK has 1:360) and has been the heart of a health partnership involving Ghana Health Service and Southampton University Hospital in the UK. The GAS Partnership has provided training to more than 3,000 health workers, improving healthcare in areas including paediatric and maternal health, while helping to attract and retain skills in a region which typically loses professionals to more affluent locations.

We have also provided over 1,000 bursaries and student loans to young people, around half of whom have studied nursing and under the terms of this support, will apply their skills in northern Ghana for at least a few years after qualifying.

We have also trained 115 healthcare workers in improved sexual and reproductive health service and 91 community health workers to help care for children with disabilities.

Our work in education revealed that minor ailments in school children were going undiagnosed and developing into conditions that affected their learning, like eyesight and hearing problems. In response, we have begun screening children in schools for serious difficult accessing healthcare for themselves, mainly due to costs and distance to services.

Special services

Our work eradicating the spirit child phenomenon has included establishing specialist clinics and support groups for families living with disabled children. We have worked with schools, healthcare providers and communities to tackle stigma around disability and improve quality and access to healthcare services. Parents and carers have received training in special massage and physiotherapy techniques for children with physical disabilities like cerebral palsy, helping to relieve pain and increase muscle strength and mobility. This care has transformed life for hundreds of children, including some who have astounded their communities by learning to walk and starting school.

Health advocacy and outreach

When AfriKids was founded, 1 in 7 children in northern Ghana died before their 5th birthday. Most of our work involves some form of health advocacy in communities - promoting the importance of good health and accessing modern healthcare, particularly during pregnancy and childbirth. This has contributed to a reduction in child mortality to 1 in 15 children, and one of Ghana’s northern regions (the Upper East) achieving the best under-5 mortality rate in the country (1 in 21).
302,450
people supported by our health programme

587,454
cases seen at the AfriKids Medical Centre

16,134
school children health screened

3,808
healthworkers trained

225
life-saving treatments for poor children

6,876
children supported with healthcare to stay in school

1,523
children with disabilities supported

“I hope he will get up and walk and go to school one day. And be somebody in the future too.”

“I am a midwife myself and I care for all my children. It’s not easy. It’s not easy at all. Narcissus is two years old, my first is thirteen years and the second is eight years.

As a midwife, I have been sent to a village and I stay at the village, so I have to go there with Narcissus and then the older ones stay with their father and attend school in town.

When I work, he is at my back. He doesn’t allow people to pick him, so he comes with me to work. I have him on my back and I conduct delivery for women.

He had neonatal jaundice and later on we were told by the doctor that it affected him. My sister-in-law recommended that we should come to (the AfriKids support group) so we came here and we are seeing great improvement.

Now he can even feed himself initially he could not do that. Initially when he was lying down, he could not turn, he could not get up. But now he can do all those things on his own. I am hoping that he will get up and walk, even now he is trying to stand up. When he gets hold of something, he grabs it and stands up.

I hope he will get up and walk and go to school one day. And be somebody in the future too.

Benedicta and her son, Narcissus. Narcissus has been accessing physiotherapy support at an AfriKids specialist support group for children with cerebral palsy. Narcissus and his mum travel an hour and a half on her motorbike twice a week to attend.
The Government of Ghana has a strong record of commitment to child rights and has made strides in poverty reduction and educational attainment.

**Progress under the Millennium Development Goals**

Ghana has made great progress since AfriKids was founded. When our work began, 83% of people across the country’s three northern regions lived in poverty. Around the same time, the global Millennium Development Goals (MDGs) were launched and the Ghanaian government mainstreamed these eight goals into its development framework, shaping its national poverty reduction strategy. Rapid economic growth accelerated this agenda and in 2011, the country was upgraded to middle income status. Pierella Paci, Lead Economist with the Poverty Global Practice at the World Bank noted “Ghana [has] entered a new stage of development…their challenge is to ensure that prosperity is shared across the entire population.”

Ghana was the first Sub Saharan African country to halve extreme poverty (MDG 1A), and also achieved halving the proportion of people without access to safe drinking water (MDG 7B), universal primary education (MDG 2A) and gender parity in primary school (MDG 3) by 2015.

**Looking beneath the surface**

However these headlines mask large disparities across a highly polarised country. Today more than half of northern Ghanaians still live in poverty and while the primary school gross enrolment rate (the number of children attending) has exceeded target, net enrolment rate (the proportion of children attending at the right age) has not. Most boys and girls are now enrolling in school, but significant numbers of children in poor communities continue to drop out. Girls are particularly at risk, especially at secondary school when they are vulnerable to child marriage.

The MDG era ended in 2015 and made way for a new, much longer list of Sustainable Development Goals (SDGs). An official report stated one of Ghana’s main lessons of the MDGs: “implementation and monitoring should be localised. This will ensure stronger ownership and better prospects for attaining the SDGs in record time.”

**Ghana’s commitment to progress**

Ghana was the first country in the world to ratify the UN Convention on the Rights of the Child. Between 2004 and 2014, 25% of Ghana’s GDP was spent on education and investments in the north of the country have included local conflict resolution, agricultural development, cash and health insurance for the extreme poor, school meals, school capitation and infrastructure, particularly roads.

**“Ghana Beyond Aid”**

This commitment to progress underpins a new “Ghana Beyond Aid” agenda, with education one of four pillars to this vision. The work of NGOs like AfriKids has been recognised as critical to this plan. In the last few years government contracts have funded some of our work and it is likely this will continue to increase — strengthening local ownership and sustainability. It is worth noting healthcare and child protection are not stated priorities under the Ghana Beyond Aid vision, and the national health service is extremely overstretched and fragile.

By involving all stakeholders, our work complements and enhances public policy and programmes affecting children, especially those hardest to reach and most vulnerable. By bringing authorities, services and communities together, we influence policy, mobilise public resources and unlock the potential of communities to help drive progress. Our work helps bridge the gap between good intentions and the poor families they still fail to reach. Our work alleviating poverty, educating communities and tackling traditional customs which hold children back is fundamental to Ghana’s brighter future, and ensuring it is open to all children.

**Changes in northern Ghana**

83% 55% people living in poverty

1 in 7 1 in 15 children dying before their 5th birthday

7 in 10 5 in 10 women with no education

3% 10% women who have completed secondary education

8 in 10 4 in 10 women believe domestic violence can be justified

2003 2014 - 2017
How we’ve spent your generous donations

Income:
- Trusts and Foundations | 45%
- Individuals | 28%
- Events and community fundraising | 9%
- Government and public authorities | 9%
- Corporates | 7%
- Other | 1%

TOTAL programmes

Spend:
- Programmes | 85%
- Fundraising | 13%
- Support and governance | 2%

85p in every £1 spent on programmes
2002-2018

Programmes spend:
- Education | 33%
- Child Protection | 20%
- Projects working across multiple areas | 18%
- Healthcare | 10%
- Social enterprise | 12%
Let's create more big smiles!