

RAHE GHANA

HEALTH FOR ALL ON WHEELS: MOBILE HEALTHCARE

A Three-Year Community-Based Preventive Health and Referral Initiative

PROJECT PROPOSAL AND THREE-YEAR DETAILED BUDGET

Implementing organization: Reproductive Advocate Health Education Ghana (RAHE Ghana)

Location: Central Region, Ghana

Duration: 36 months

Funding requested: US\$922,100

Executive Director: Rimmy Francis Amakye, Executive Director

“Alone We Can Do Little, Together We Can Do Much.”

1. Project at a Glance

Project title: HEALTH FOR ALL ON WHEELS: MOBILE HEALTHCARE

Implementing organization: Reproductive Advocate Health Education Ghana (RAHE Ghana)

Project location: Central Region, Ghana, with initial coordination in Kasoa/Awutu Senya East and outreach to other underserved communities based on needs assessments and local approvals.

Project duration: 36 months (proposed; start date to be agreed with the funder).

Funding requested: US\$922,100 for the three-year project.

Annual population reach: Projected information and awareness reach of up to 720,000 people annually through a combination of community outreach, local partnerships, public education and communication channels. This is a planning target, not a verified current reach figure.

Direct service target: Planning target: approximately 30,000 people receiving direct outreach, health education, basic screening where clinically appropriate, or referral support each year, subject to staffing, demand, access and available resources.

Core assets: One outreach bus and one pickup truck to transport personnel, screening equipment, educational materials and supplies.

2. Executive Summary

Many households in Ghana's Central Region experience barriers to timely healthcare, including transport costs, distance from health facilities, limited access to reliable preventive-health information and delays in seeking care. These barriers can be especially difficult for women, children, older adults, people with disabilities and low-income households.

RAHE Ghana proposes Health for All on Wheels, a three-year mobile community-health initiative that will bring health education, basic preventive screening by appropriately qualified personnel, and referral guidance closer to underserved communities. One dedicated outreach bus will support scheduled community sessions and education activities, while one pickup truck will transport staff, equipment and supplies to locations where road access, logistics or load requirements make it more suitable.

The project will work with local health professionals, health facilities, community leaders, schools and other relevant stakeholders. Activities will focus on health literacy, prevention, early identification of selected risk factors, maternal and family health awareness, nutrition, hygiene, and timely referral. The project will not replace hospitals or licensed health facilities; it will help residents understand when and where to seek professional care.

The requested US\$922,100 will cover the two vehicles, essential screening and educational equipment, qualified personnel, consumables, fuel and maintenance, community mobilization, referral support, monitoring and evaluation, safeguarding, insurance, audit and project administration over 36 months.

3. Problem Statement and Need

In underserved communities, the cost and time required to reach health facilities can discourage people from seeking care early. Limited access to clear, culturally appropriate health information may also contribute to late presentation, misinformation and missed opportunities for prevention. Conditions such as elevated blood pressure and blood glucose may remain undetected until a person seeks care for symptoms or complications. Families may also need practical guidance on nutrition, maternal health, child wellbeing, hygiene and the appropriate use of local health services.

The project will confirm priority communities through consultations with district health authorities, health facilities, community leaders and residents. It will adapt schedules and services to local needs rather than assuming that all communities have the same barriers or health priorities.

4. Goal, Objectives and Expected Results

Overall goal: Improve access to preventive-health information, basic screening and appropriate referral pathways for underserved communities in Ghana's Central Region.

Objective 1: Deliver reliable, culturally appropriate health education through mobile outreach and community-based activities.

Objective 2: Increase access to basic screening by qualified personnel, within their scope of practice and in accordance with applicable Ghana Health Service guidance.

Objective 3: Strengthen timely referral and follow-up links between residents, community health workers and appropriate health facilities.

Objective 4: Build a reliable mobile outreach system using one bus and one pickup, with documented maintenance, safety and utilization procedures.

Objective 5: Monitor reach, service quality, referrals, participant feedback and equity of access, and use the findings to improve delivery.

5. Key Activities and Delivery Approach

A. Community assessment and planning: Consult district health authorities, health facilities, community leaders and residents; map priority settlements and agree on safe, accessible outreach sites and referral pathways.

B. Mobile health education: Conduct structured sessions on disease prevention, healthy lifestyles, nutrition, maternal and family health, hygiene, early care-seeking and navigating local services. Materials will be accessible, locally relevant and suitable for different literacy levels.

C. Basic screening: Subject to clinical protocols, staff availability, consent, equipment and supplies, offer selected checks such as blood pressure and blood glucose screening. Screening is not a diagnosis; participants with concerning results will receive clear advice and referral to a qualified health facility.

D. Referral and follow-up: Maintain a simple, confidential referral register; provide information on the appropriate facility; and, where consent and resources permit, follow up to understand whether a referral was completed. Urgent concerns will be escalated according to agreed clinical protocols.

E. Community engagement: Work with local leaders, women's groups, youth groups, schools and community-based organizations to schedule outreach and encourage participation without coercion or discrimination.

F. Transport and logistics: Use the bus for planned outreach and group education, and the pickup for equipment, supply movement, staff logistics and access to locations where appropriate. Drivers will follow safety rules, vehicle logs and preventive-maintenance schedules.

G. Monitoring, learning and accountability: Record attendance, services delivered, referrals issued, outreach locations, participant feedback, disaggregated reach where appropriate, and complaints or safeguarding concerns. Publish donor reports and financial records according to grant requirements.

6. Target Groups and Geographic Focus

Priority groups include women and caregivers, children and adolescents (with age-appropriate content and safeguarding), older adults, people with disabilities, low-income households and residents of communities with practical barriers to accessing health information and services.

The project will be coordinated in Ghana's Central Region. Initial planning may include Kasoa/Awutu Senya East and other communities where RAHE Ghana has operational relationships, subject to confirmation with local authorities and health partners. The final outreach calendar and community list will be established after inception consultations.

7. Annual Reach and Measurement

The project's planning ambition is to reach up to 720,000 people annually with health information or awareness through combined community activities, partner dissemination and communication channels. To avoid overstating impact, reports will distinguish: (1) direct participants attending sessions or receiving services; (2) people receiving information through verified partner or media channels; and (3) estimated indirect reach. The project will not count the same person repeatedly as a unique beneficiary where reliable deduplication is possible.

A preliminary direct-service planning target is 30,000 people per year. Both targets will be reviewed during inception and adjusted to available staffing, partner capacity, geography, activity frequency and monitoring evidence.

8. Monitoring, Evaluation, Accountability and Learning

Key indicators will include: number of outreach sessions conducted; number of people attending health education; number and type of basic screenings completed; number of referrals issued; proportion of referrals with follow-up information where consent and resources permit; number of active referral partners; participant satisfaction; outreach costs per participant; and vehicle availability and utilization.

RAHE Ghana will establish baseline definitions, attendance and service registers, referral procedures, data-protection practices and a quarterly review process. Reports will include narrative progress, indicator results, challenges, corrective actions, expenditure against budget and learning. Personal health information will be restricted to authorized personnel and handled confidentially.

9. Safeguarding, Clinical Quality and Risk Management

All clinical services will be delivered only by appropriately qualified and authorized personnel, using approved procedures and equipment. Staff will explain the purpose of screening, obtain informed consent, protect confidentiality and avoid promising diagnosis or treatment beyond the service provided. Participants will be referred to licensed facilities when further assessment or treatment is required.

RAHE Ghana will apply safeguarding measures for children and vulnerable adults, staff and volunteer codes of conduct, safe recruitment practices appropriate to roles, complaint channels and incident reporting. Vehicle risks will be managed through licensed drivers, insurance, maintenance, road-safety procedures and trip logs. Other risks—such as supply shortages, low attendance, referral barriers and cost fluctuations—will be reviewed quarterly with mitigation actions documented.

10. Sustainability and Long-Term Impact

The project is designed to strengthen community knowledge and referral connections rather than create a parallel health system. Sustainability will be pursued through collaboration with local health facilities and district stakeholders, training and use of community mobilizers, reusable education materials, routine vehicle maintenance, transparent records and sharing lessons with partners.

At the end of the grant period, RAHE Ghana will use performance and cost data to seek continued support, develop local partnerships and prioritize the most effective outreach approaches. The two vehicles will remain organizational assets for approved community-health work, subject to funder terms and applicable law.

11. Organizational Capacity

Reproductive Advocate Health Education Ghana (RAHE Ghana) is a Ghanaian community-focused nonprofit working on health education, education, youth development, human rights, child rights and gender and women's empowerment. The organization's approach emphasizes community engagement, partnerships and practical information that helps people make informed decisions and access services.

Before implementation, RAHE Ghana will confirm the project team, clinical partners, insurance, procurement procedures, referral arrangements and safeguarding systems. The final application should attach current registration documents, governance information, relevant financial statements, project references and any required district or health-service permissions.

12. Budget Notes

The detailed budget below is a proposed planning budget in US dollars for 36 months. It includes the purchase of one outreach bus and one pickup truck. Vehicle, equipment, fuel, staffing and service costs are estimates and must be validated through written quotations, local salary benchmarks and procurement rules before submission or contracting.

The budget assumes a mixed model of employed project staff and contracted/partner clinical personnel. The exact clinical staffing arrangement should be finalized with the relevant health authorities and partners. No line should be treated as a supplier quotation or a confirmed commitment until documented.

13. Detailed Three-Year Budget (US\$)

Budget includes one mobile outreach bus and one pickup truck. Figures are planning estimates, not supplier quotations.

No.	Budget line	Amount (US\$)	Basis / explanation
1	One mobile outreach bus (purchase)	\$95,000	One suitable passenger/outreach bus; final specification and price subject to quotations.
2	One pickup truck (purchase)	\$42,000	One reliable pickup for equipment, supplies and staff logistics.
3	Vehicle fit-out and accessibility/safety equipment	\$18,000	Secure storage, basic interior fit-out, safety equipment, signage and practical access adaptations.
4	Screening and clinical equipment	\$38,000	Blood pressure monitors, glucometers, scales, thermometers, examination/privacy screens, PPE and other approved basic equipment.
5	Screening consumables and health supplies	\$42,000	Test strips, lancets, gloves, disinfectants, sharps containers and replenishment of approved consumables.
6	Project staffing and coordination	\$210,000	Project lead, outreach coordinator, monitoring/data support, logistics/administration and community mobilization support over 36 months.
7	Qualified clinical personnel and partner service fees	\$90,000	Nurses/other authorized personnel, session support and agreed partner service costs; rates and roles to be verified.
8	Fuel, servicing, repairs and vehicle operations	\$102,000	Fuel, routine maintenance, tires, repairs, cleaning and vehicle operating costs for both vehicles over 36 months.
9	Community mobilization and outreach events	\$60,000	Community meetings, venue support where needed, local mobilizers, accessibility and event logistics.
10	Health education materials and communications	\$36,000	Printed/local-language materials, job aids, radio/community announcements and public education content.
11	Referral and limited access support	\$60,000	Means-tested transport support or essential referral access assistance under written eligibility and accountability rules; not a substitute for clinical treatment.

12	Monitoring, evaluation, learning and data protection	\$32,000	Baseline/inception, routine monitoring, data tools, quarterly reviews, endline assessment and secure record management.
13	Training, safeguarding and quality assurance	\$20,000	Staff induction, safeguarding, consent/confidentiality, referral protocols, safety and refresher training.
14	Insurance, registration, permits and compliance	\$15,000	Vehicle insurance, roadworthiness/registration, applicable permits and other compliance costs.
15	Office, audit and project administration	\$38,000	Communications, utilities, independent audit/financial review, bank charges and reasonable project administration.
16	Contingency and price variation reserve	\$24,100	Controlled reserve for documented price changes and unforeseen eligible project costs, subject to funder approval.
TOTAL REQUEST		\$922,100	36-month project budget

Budget control and procurement notes

- Obtain and retain competitive written quotations for the bus, pickup, fit-out and major equipment purchases, following the funder's procurement rules.
- Maintain asset registers, vehicle logbooks, fuel records, service schedules and insurance documentation for both vehicles.
- Use written terms of reference and documented rates for clinical personnel and partner service fees. Clinical activities must be delivered by appropriately qualified and authorized personnel.
- Use clear eligibility criteria, approvals and receipts for any referral/access support. This line is not intended to promise free treatment or cover all patient costs.
- Review the contingency line only for eligible, documented needs and obtain funder approval where required. Any unspent funds will be treated according to the grant agreement.
- Validate the annual 720,000 information-reach ambition and the 30,000 annual direct-service planning target against a realistic outreach calendar and documented channels.

14. Proposed Implementation Phases

Months 1–3: Inception. Confirm district and clinical partners; assess communities; establish safeguarding, referral, procurement, data and financial controls; purchase and register vehicles subject to approval.

Months 4–12: Launch and refine. Begin scheduled outreach, health education, selected basic screening and referrals; review early data and participant feedback; refine routes and materials.

Year 2: Consolidate. Expand the outreach calendar based on evidence, strengthen referral follow-up and partner collaboration, and conduct periodic quality and budget reviews.

Year 3: Sustain and evaluate. Continue effective outreach, complete endline assessment, document outcomes and lessons, and develop a continuation and asset-maintenance plan.

15. Message from the Executive Director

Dear Prospective Donor and Partner,

On behalf of Reproductive Advocate Health Education Ghana (RAHE Ghana), I am pleased to present Health for All on Wheels: Mobile Healthcare, a proposed three-year initiative to bring trusted health education, basic preventive screening and referral guidance closer to underserved communities in Ghana's Central Region.

For many families, the cost and distance involved in reaching a health facility can delay essential care. With your partnership, RAHE Ghana will work alongside qualified health professionals, local health facilities and community leaders to help residents access reliable information, recognize potential health risks earlier and understand where to seek appropriate care.

We are seeking US\$922,100 to establish and operate this mobile outreach programme over 36 months. The budget includes one outreach bus and one pickup truck, essential screening equipment and supplies, qualified personnel, community engagement, transport and maintenance, referral support, monitoring and accountability. Our planning ambition is to provide direct outreach services to approximately 30,000 people each year and extend verified health information to a wider audience, with an annual information-reach target of up to 720,000 people subject to implementation capacity and evidence.

RAHE Ghana is committed to responsible stewardship, respectful community engagement, safeguarding, confidentiality and transparent reporting. We welcome the opportunity to discuss this proposal, validate the implementation plan with local health stakeholders and agree on measurable results with our funding partners.

Together, we can help bring essential health information and appropriate preventive services closer to the people who need them most.

Yours sincerely,
Rimmy Francis Amakye
Executive Director
Reproductive Advocate Health Education Ghana (RAHE Ghana)

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