

PROJECT PROPOSAL

KEEPING GIRLS IN SCHOOL THROUGH MENSTRUAL HEALTH

A 12-Month Menstrual Health Education, Reusable Pad-Making and School Support Initiative

Submitted by:	Reproductive Advocate Health Education Ghana (RAHE Ghana)
Funding requested:	US\$125,000
Project duration:	12 months
Project location:	Awutu Senya East Municipal, Central Region, Ghana
Direct beneficiaries:	3,000 adolescent girls
Participating schools:	30 basic schools
Fundraising platform:	GlobalGiving

GlobalGiving organization number: 35989

Organizational motto: “Alone We Can Do Little, Together We Can Do Much.”

1. Executive Summary

Reproductive Advocate Health Education Ghana (RAHE Ghana) seeks US\$125,000 through GlobalGiving to implement *Keeping Girls in School Through Menstrual Health*, a 12-month initiative designed to help 3,000 adolescent girls across 30 basic schools in Awutu Senya East Municipal, Central Region, Ghana, manage menstruation safely, confidently and with dignity.

Menstruation is a normal part of adolescent development, yet girls can face significant challenges when they lack affordable menstrual products, reliable information, suitable school support arrangements and a supportive environment. Stigma, misinformation and fear of embarrassment can undermine their confidence and participation in education. Girls from low-income households may face additional difficulties obtaining the materials they need.

RAHE Ghana proposes an integrated response that combines age-appropriate menstrual health education, practical reusable sanitary pad-making demonstrations, essential menstrual supplies, modest improvements to school-based support spaces and community sensitization. Teachers, parents and caregivers, community health workers, boys, school leaders and local stakeholders will be engaged to encourage understanding, challenge harmful misconceptions and strengthen support for girls.

Over 12 months, the project will work with participating schools to organize educational sessions, orient school focal persons, facilitate reusable pad-making activities, provide agreed learning and menstrual-health materials, and conduct community awareness activities. Baseline and endline assessments, routine monitoring, participant feedback and

financial documentation will help RAHE Ghana measure progress and account for donor contributions.

The project aims to reach 3,000 girls directly, strengthen menstrual health knowledge and practical skills, improve access to information and supplies, and promote school environments in which girls can participate without unnecessary shame or exclusion.

RAHE Ghana respectfully requests **US\$125,000** to deliver this initiative and report transparently on activities, expenditure, outcomes, challenges and lessons learned.

2. Organization Profile

2.1 About RAHE Ghana

Reproductive Advocate Health Education Ghana, commonly known as RAHE Ghana, is a Ghanaian nonprofit organization working to advance health education, education access, child protection, women's and girls' empowerment, human rights and community wellbeing.

The organization's work focuses on supporting children, young people, women, girls and vulnerable communities through public health education, reproductive and menstrual health awareness, youth development, community engagement and empowerment initiatives.

RAHE Ghana recognizes that health, education, gender equality and community development are interconnected. Its approach emphasizes practical education, community participation, collaboration with relevant stakeholders and locally responsive interventions.

2.2 Organizational information

- **Legal/organizational name:** Reproductive Advocate Health Education Ghana (RAHE Ghana)
- **Address:** BE 363 Bawjiase Road, Kasoa, CX-115-6643, Central Region, Ghana
- **Telephone:** +233 54 307 9274
- **Website:** <https://rheghana.website2.me>
- **GlobalGiving organization number:** 35989
- **Motto:** "Alone We Can Do Little, Together We Can Do Much."

2.3 Mission and program focus

RAHE Ghana works to strengthen communities through education, health awareness, empowerment, child protection and advocacy. Its relevant program areas include:

1. Public health and reproductive health education.
2. Menstrual health and hygiene education.
3. Education access and youth development.
4. Child rights and protection.
5. Gender equality and women's empowerment.

6. Human rights and social justice.
7. Community participation and sustainable development.

2.4 Why RAHE Ghana is proposing this project

RAHE Ghana is proposing this initiative because menstrual health is both a health issue and an education issue. Girls need accurate information, suitable menstrual materials, practical skills and supportive adults to manage menstruation with confidence.

By working through schools and communities, RAHE Ghana intends to address practical barriers while encouraging lasting changes in attitudes and support systems.

The organization will coordinate project implementation, oversee procurement and distribution, organize education and training activities, maintain financial records, monitor progress and provide donor reporting. Participating schools and stakeholders will be engaged throughout implementation.

3. Problem Statement and Rationale

Adolescent girls require accurate information, suitable menstrual materials and appropriate facilities to manage menstruation comfortably and hygienically. However, the challenges described for this project include limited access to menstrual products, insufficient education, inadequate school support spaces, stigma and misinformation.

In Awutu Senya East Municipal, these barriers can be particularly difficult for girls whose households have limited resources. When girls cannot obtain suitable menstrual materials or feel unable to ask for help, they may experience anxiety, embarrassment and reduced confidence at school.

The effects can extend beyond the menstrual period itself. Misinformation can prevent girls from understanding their bodies, recognizing when they need support and making informed choices about menstrual hygiene. Stigma may also discourage boys, caregivers and other community members from participating in constructive conversations.

Providing menstrual products alone will not address every challenge. Girls also need to understand how to use and care for menstrual materials, where to seek help, and how to manage menstruation in school settings. Teachers and caregivers need the knowledge and confidence to provide respectful support.

The proposed project therefore combines education, practical skills, supplies, school support and community awareness. It will promote reusable menstrual materials where they are appropriate and can be safely washed, completely dried and stored. It will also recognize that menstrual needs differ and that no single product is suitable for every girl.

Through this integrated approach, RAHE Ghana aims to reduce avoidable barriers to school participation, strengthen girls' confidence and encourage communities to treat menstrual health as a normal and important part of adolescent wellbeing.

4. Project Goal and Objectives

4.1 Overall goal

To improve menstrual health knowledge, confidence and access to practical support for 3,000 adolescent girls in 30 basic schools in Awutu Senya East Municipal, helping them manage menstruation with dignity and participate more fully in education.

4.2 Specific objectives

Objective 1: Improve menstrual health knowledge.

Provide age-appropriate menstrual health education to 3,000 adolescent girls across 30 participating basic schools during the 12-month project period.

Objective 2: Strengthen practical menstrual management skills.

Provide reusable sanitary pad-making demonstrations and practical guidance on appropriate use, washing, drying, storage and replacement.

Objective 3: Improve access to essential menstrual-health resources.

Provide agreed menstrual-health starter kits and learning materials, with distribution records and instructions on safe use.

Objective 4: Strengthen school support.

Orient school focal persons and support feasible improvements to selected school-based menstrual support arrangements and basic hygiene supplies.

Objective 5: Reduce stigma and misinformation.

Engage teachers, community health workers, parents and caregivers, boys and local leaders in awareness activities promoting accurate information and respectful support.

Objective 6: Measure results and strengthen accountability.

Use baseline and endline assessments, routine monitoring, participant feedback and financial tracking to evaluate implementation and report on the use of donor funds.

5. Target Beneficiaries

5.1 Direct beneficiaries

The project will target 3,000 adolescent girls in 30 basic schools, with an anticipated planning average of 100 girls per school. Actual participation will depend on school enrolment, age-appropriate selection, scheduling and confirmed participation arrangements.

The project will prioritize inclusive access and will work with participating schools to identify girls who can benefit from the intervention without stigmatizing individuals or requiring them to disclose personal menstrual or health information.

5.2 Indirect beneficiaries

Indirect participants and stakeholders will include:

- Teachers and designated school focal persons.
- Parents and caregivers.
- Boys and other students participating in appropriate awareness activities.
- Community health workers.
- School leadership and relevant education stakeholders.
- Community leaders and local partners.

The project will record verified participation during implementation rather than claim an unconfirmed number of indirect beneficiaries.

5.3 Beneficiary selection and inclusion

RAHE Ghana will work with school authorities to establish clear and fair participation arrangements. Activities will be designed to avoid discrimination based on household income, disability or personal circumstances.

Learning materials and sessions will be adapted, where feasible, to accommodate different literacy, language and accessibility needs.

6. Project Activities and Implementation Approach

Activity 1: Project inception and school engagement

Implementation period: Months 1–2

RAHE Ghana will consult participating schools and relevant stakeholders to confirm implementation arrangements and establish a shared understanding of the project's objectives.

Key actions will include:

- Confirming the 30 participating basic schools.
- Identifying designated school focal persons.
- Agreeing activity schedules with school leadership.
- Assessing existing menstrual-health support arrangements.
- Identifying accessibility needs and appropriate referral contacts.
- Establishing safeguarding, feedback and complaints procedures.
- Conducting a baseline assessment.

Expected output: Thirty schools have agreed implementation arrangements, and baseline information is available to guide delivery.

Activity 2: Development of educational materials and facilitator preparation

Implementation period: Months 1–3

RAHE Ghana will prepare or adapt age-appropriate learning materials and practical session plans.

Topics will include:

- Puberty and normal adolescent development.
- Menstruation and basic menstrual-cycle knowledge.
- Menstrual hygiene and product choices.
- Myths, misinformation and stigma.
- Safe use and care of reusable menstrual materials.
- Recognizing when to seek help from a trusted adult or qualified health professional.
- Respect, privacy and appropriate support at school.

Facilitators and school focal persons will be oriented on respectful communication, inclusion, safeguarding and appropriate handling of questions.

Expected output: Facilitators and school focal persons are prepared to support consistent and age-appropriate delivery.

Activity 3: Menstrual health education for girls

Implementation period: Months 2–10

RAHE Ghana will organize menstrual health education sessions across the 30 schools, using participatory methods suitable for adolescent learners.

Sessions will encourage girls to ask questions in a respectful environment and help them distinguish reliable information from common misconceptions.

Facilitators will explain how girls can seek help if they experience difficulties managing menstruation at school. Sensitive questions will be handled privately and referred to qualified professionals when necessary.

Attendance and activity records will be maintained for monitoring and donor reporting.

Expected output: Up to 3,000 girls are reached through the planned educational activities.

Activity 4: Reusable sanitary pad-making and practical demonstrations

Implementation period: Months 3–9

RAHE Ghana will engage local trainers to demonstrate appropriate reusable sanitary pad-making techniques and support practical learning activities.

Training will cover:

- Suitable materials and basic construction techniques.
- Proper use of reusable menstrual materials.
- Washing with clean water and soap.
- Complete drying before reuse.
- Clean storage and regular inspection for wear.
- Replacement when materials are worn or unsuitable.
- Recognizing when reusable products may not be practical because safe washing, drying or storage is unavailable.

The project will avoid presenting reusable pads as the only acceptable menstrual product. Girls will be encouraged to use menstrual materials that meet their needs and can be managed safely.

Shared equipment and demonstration supplies will support activities in participating schools. The project will confirm final kit contents and procurement quantities following consultation and local price checks.

Expected output: Practical demonstrations are conducted, and girls receive guidance on menstrual material care and hygiene.

Activity 5: Provision of menstrual-health and learning supplies

Implementation period: Months 2–9

RAHE Ghana will procure and distribute project-funded menstrual-health starter kits and learning materials.

The final contents of each kit will be confirmed after local price checks and consultation with schools and participants. Items will be selected based on suitability, safety, usefulness and the available budget.

Distribution procedures will include:

- Documented procurement and stock records.
- School-level distribution lists.
- Acknowledgment of receipt where appropriate.
- Clear instructions on use and care.
- Monitoring of supply delivery and use.

Expected output: Girls receive the agreed supplies and learning resources funded by the project.

Activity 6: Strengthening school-based menstrual support spaces

Implementation period: Months 2–10

The project will assess school arrangements and provide modest support for feasible improvements within the approved budget.

Depending on each school's identified needs, support may include basic hygiene supplies, soap, basins, covered storage, information materials and small improvements to existing support spaces.

The project budget does not cover major construction or comprehensive toilet and water-system rehabilitation. Larger infrastructure needs will be documented and discussed with school authorities and potential partners.

Expected output: Participating schools receive agreed support to strengthen practical menstrual-health arrangements.

Activity 7: Community engagement and stigma reduction**Implementation period:** Months 3–11

RAHE Ghana will conduct school and community sensitization activities involving parents and caregivers, teachers, boys, community health workers and local leaders.

Sessions will promote:

- Accurate information about menstruation.
- Respectful language and attitudes.
- Shared responsibility for menstrual-health support.
- Practical support for girls at home and school.
- The importance of privacy and non-discrimination.
- Constructive communication between girls and trusted adults.

The project will plan 30 sensitization sessions and two stakeholder coordination workshops, subject to stakeholder availability and confirmed delivery arrangements.

Expected output: Community members and school stakeholders participate in activities designed to reduce stigma and improve support for girls.

Activity 8: Monitoring, evaluation, learning and reporting**Implementation period:** Months 1–12

RAHE Ghana will monitor implementation throughout the project and use the findings to improve delivery.

Monitoring will include:

- Baseline and endline assessments.

- Session attendance and facilitator reports.
- Records of supplies purchased and distributed.
- School monitoring visits.
- Feedback from participants and stakeholders.
- Budget-to-actual expenditure reviews.
- Documentation of challenges, lessons and corrective actions.

The final report will summarize verified achievements, expenditure, implementation challenges, lessons learned and recommendations for future programming.

Expected output: The project has documented implementation evidence and a final narrative and financial report.

7. Expected Results and Performance Indicators

The following are proposed targets for the 12-month project. They are intended for monitoring and are not claims of results already achieved.

Expected result	Indicator or target	Means of verification
Girls receive menstrual health education	3,000 girls targeted across 30 schools	Attendance registers and session reports
Participating schools are engaged	30 schools confirmed for implementation	School records and engagement documentation
Girls improve their knowledge	Change in baseline and endline assessment scores	Assessment results
Girls strengthen practical skills	Practical demonstrations delivered and participant skills assessed	Trainer logs and demonstration checklists
Girls receive agreed supplies	Distribution documented for the intended participants	Procurement and distribution records
School support is strengthened	30 school assessments planned; feasible actions documented	Assessment forms and follow-up checklists
Community awareness is increased	30 sensitization sessions and two stakeholder workshops planned	Attendance records and meeting reports
Implementation is monitored	12 rounds of monitoring and data-quality checks budgeted	Monitoring reports
Donor accountability is maintained	Final narrative and financial reports completed	Project report and financial records

Measurement approach

RAHE Ghana will compare baseline and endline findings to assess changes in menstrual-health knowledge and confidence. It will document whether participants know where to seek support and understand the basic hygiene requirements for the menstrual materials discussed.

Where school attendance information is available and authorized, the organization may examine attendance patterns. It will avoid attributing changes in attendance solely to the project because other factors can also affect school participation.

All reported results will be based on available records and will distinguish completed activities from planned activities.

8. Twelve-Month Implementation Schedule

Period	Main activities
Months 1–2	Stakeholder engagement, school confirmation, baseline assessment, safeguarding arrangements and school assessments
Months 1–3	Learning-material preparation and orientation of facilitators and school focal persons
Months 2–10	Menstrual health education and learning-material distribution
Months 3–9	Reusable pad-making demonstrations, trainer support and starter materials
Months 2–10	Feasible school support-space improvements and provision of hygiene supplies
Months 3–11	Community sensitization and stakeholder workshops
Months 1–12	Routine monitoring, financial review, safeguarding and feedback handling
Months 11–12	Endline assessment, stakeholder reflection, sustainability planning and final reports

9. Detailed Project Budget

Total funding requested: US\$125,000

Duration: 12 months

The following is a proposed planning budget. Unit costs are estimates and must be checked against local quotations, supplier availability, actual school needs and any applicable GlobalGiving funding conditions before expenditure.

A. Personnel and project coordination — US\$24,000

Budget item	Quantity / basis	Unit cost	Total
Project Coordinator	12 months	\$1,000/month	\$12,000
Two MHM Field Officers / Facilitators	2 officers × 12 months	\$400/officer/month	\$9,600
Finance and Administration Support	12 months	\$200/month	\$2,400
Subtotal A			\$24,000

Justification: Supports project coordination, school engagement, facilitator oversight, procurement coordination, activity documentation, financial administration and donor reporting.

B. Education, training and learning materials — US\$19,500

Budget item	Quantity / basis	Unit cost	Total
Curriculum and learning-material adaptation	Lump sum	\$3,000	\$3,000
Preparation and training for school focal persons	30 persons / training allocation	\$150	\$4,500
Learning materials and supplies for girls	3,000 girls	\$3	\$9,000
Supplementary/digital learning and reference materials	Lump sum	\$3,000	\$3,000
Subtotal B			\$19,500

Justification: Supports age-appropriate learning content, school focal-person preparation, participant learning materials and supplementary reference resources.

C. Reusable pad-making and menstrual supplies — US\$28,500

Budget item	Quantity / basis	Unit cost	Total
Menstrual-health and pad-making starter kits	3,000 girls	\$5	\$15,000
Local seamstress / pad-making trainers	30 trainers	\$150	\$4,500
Shared sewing machines and equipment	30 schools	\$150	\$4,500
Fabric, absorbent materials and demonstration supplies	Lump sum	\$4,500	\$4,500
Subtotal C			\$28,500

Justification: Supports practical demonstrations, shared equipment, suitable materials and starter supplies. Final kit contents will be confirmed after local price checks and consultation.

D. School-based support spaces and supplies — US\$15,000

Budget item	Quantity / basis	Unit cost	Total
Minor setup/improvement of school menstrual support spaces	30 schools	\$300	\$9,000
Soap, basins, storage and hygiene supplies	30 schools	\$150	\$4,500
School focal-person orientation and checklists	30 schools	\$50	\$1,500
Subtotal D			\$15,000

Justification: Provides modest support to improve existing school-based arrangements and ensure that focal persons have practical guidance. Major construction is not included.

E. Community engagement and advocacy — US\$12,500

Budget item	Quantity / basis	Unit cost	Total
School/community sensitization sessions	30 sessions	\$200	\$6,000
Stakeholder coordination workshops	2 workshops	\$1,000	\$2,000
Communication and awareness materials	Lump sum	\$4,500	\$4,500
Subtotal E			\$12,500

Justification: Supports community engagement, stakeholder coordination and awareness materials promoting accurate information, respectful attitudes and shared responsibility.

F. Monitoring, evaluation and learning — US\$8,000

Budget item	Quantity / basis	Unit cost	Total
Baseline and endline assessments	2 assessments	\$2,000	\$4,000
Monitoring visits and data-quality checks	12 rounds	\$250	\$3,000
Data entry, analysis and reporting	Lump sum	\$1,000	\$1,000
Subtotal F			\$8,000

Justification: Supports baseline and endline measurement, field monitoring, data-quality checks and evidence-based reporting.

G. Transport and logistics — US\$7,500

Budget item	Quantity / basis	Unit cost	Total
Local field transport	12 months	\$500/month	\$6,000
Delivery of learning materials and supplies	Lump sum	\$1,500	\$1,500
Subtotal G			\$7,500

Justification: Enables school visits, coordination, monitoring and distribution of project materials.

H. Safeguarding, inclusion and referrals — US\$2,500

Budget item	Quantity / basis	Unit cost	Total
Safeguarding orientation and reporting materials	Lump sum	\$1,500	\$1,500
Accessibility adjustments and referral information	Lump sum	\$1,000	\$1,000
Subtotal H			\$2,500

Justification: Supports child-safe delivery, clear reporting arrangements, accessibility considerations and information on appropriate referral pathways.

I. Administration and communications — US\$4,500

Budget item	Quantity / basis	Unit cost	Total
Communications, printing, internet and office supplies	12 months	\$250/month	\$3,000
Banking, financial documentation and audit-support allocation	Lump sum	\$1,500	\$1,500
Subtotal I			\$4,500

Justification: Supports essential project communications, documentation, financial administration and accountability.

J. Contingency / price variation reserve — US\$3,000

Budget item	Quantity / basis	Unit cost	Total
Controlled reserve for documented price variation	Lump sum	\$3,000	\$3,000
Subtotal J			\$3,000

Justification: Provides a limited reserve for justified price changes or unforeseen eligible project costs. It is not automatic spending authority and should be used only with appropriate internal approval and donor authorization where required.

9.1 Consolidated budget summary

Budget category	Amount (US\$)	Share of total
A. Personnel and project coordination	\$24,000	19.2%
B. Education, training and learning materials	\$19,500	15.6%
C. Reusable pad-making and menstrual supplies	\$28,500	22.8%
D. School-based support spaces and supplies	\$15,000	12.0%
E. Community engagement and advocacy	\$12,500	10.0%
F. Monitoring, evaluation and learning	\$8,000	6.4%
G. Transport and logistics	\$7,500	6.0%
H. Safeguarding, inclusion and referrals	\$2,500	2.0%
I. Administration and communications	\$4,500	3.6%
J. Contingency / price variation reserve	\$3,000	2.4%
TOTAL REQUESTED	\$125,000	100%

9.2 Budget management and controls

RAHE Ghana will maintain project financial records and monitor expenditure against the approved budget.

Financial controls will include:

- Keeping receipts, invoices, payment evidence and distribution records.

- Maintaining a budget tracker and reviewing budget-to-actual expenditure regularly.
- Documenting procurement decisions and checking prices where practical.
- Recording the receipt and distribution of supplies.
- Ensuring expenditure relates to the approved project activities.
- Documenting and approving any changes according to applicable organizational and donor requirements.
- Providing accurate financial and narrative reports to GlobalGiving and donors.

The budget should be treated as a proposed allocation rather than evidence that any amount has already been spent or committed. Final procurement decisions will depend on funding received, confirmed school needs and validated prices.

10. Sustainability and Exit Strategy

The project is designed to strengthen knowledge and school-level support that can continue beyond the 12-month funding period.

10.1 School-level capacity

Teachers and designated school focal persons will receive orientation and practical materials that can support continued menstrual-health education. RAHE Ghana will encourage participating schools to identify realistic ways to incorporate menstrual-health discussions into appropriate school activities.

10.2 Practical skills

Reusable pad-making demonstrations will provide girls with practical knowledge about menstrual materials and their care. The project will emphasize that safe washing, complete drying and clean storage are essential and that each girl needs a suitable option for her circumstances.

10.3 Community ownership

Parents, caregivers, teachers, boys and local leaders will be encouraged to support respectful communication and challenge stigma. The project will promote shared responsibility rather than treating menstrual health as an issue girls must manage alone.

10.4 Continued partnerships

RAHE Ghana will share project findings and recommendations with participating schools and relevant stakeholders. The organization will explore opportunities for continued support from donors, community partners and other potential collaborators.

10.5 Realistic sustainability planning

The project cannot guarantee that all supplies, equipment or school improvements will be funded after the grant period. During the final months, RAHE Ghana will identify continuing needs, feasible school-level actions and potential resources for follow-up.

11. Child Safeguarding, Inclusion and Accountability

The project will work with adolescents and will therefore require appropriate child-safeguarding measures.

RAHE Ghana will seek to ensure that:

- Facilitators understand appropriate conduct and professional boundaries.
- Girls can participate without being forced to disclose personal experiences.
- Menstrual-health discussions are age-appropriate and respectful.
- Personal information is collected only when necessary and is protected.
- Participants and caregivers understand how to raise questions or concerns.
- Feedback and complaints can be communicated through an appropriate process.
- Concerns requiring specialist support are referred to appropriate qualified services.
- Girls with disabilities and other access needs are considered during planning and delivery.
- Photographs, stories or quotations involving children are not published without appropriate informed consent, assent where applicable and safeguarding review.

Project personnel will not diagnose or provide clinical treatment unless qualified and authorized to do so. The project will focus on education, practical support and appropriate referral information.

12. Risk Assessment and Mitigation

Risk 1: Stigma or resistance to menstrual-health discussions.

Mitigation: Engage school leaders, caregivers and community stakeholders early; use respectful, culturally appropriate messages; and involve trusted facilitators.

Risk 2: Changes to school timetables or low participation.

Mitigation: Agree schedules with school leadership, coordinate sessions in advance and maintain a flexible implementation calendar.

Risk 3: Price increases or supply shortages.

Mitigation: Check local prices before procurement, compare suppliers where practical, confirm kit contents and document approved budget adjustments.

Risk 4: Reusable products cannot be cleaned or dried safely in some settings.

Mitigation: Teach safe care requirements, assess local conditions and ensure that reusable products are not presented as the only suitable option.

Risk 5: Safeguarding or privacy concerns.

Mitigation: Orient project personnel, explain reporting procedures, minimize personal-data collection and follow appropriate referral processes.

Risk 6: Difficulty measuring outcomes.

Mitigation: Use consistent baseline and endline tools, train data collectors, conduct data-quality checks and distinguish measured outcomes from perceptions.

Risk 7: Budget pressure or implementation delays.

Mitigation: Review expenditure regularly, prioritize approved project activities, document decisions and obtain required authorization for contingency use or other changes.

13. Accountability, Transparency and Donor Reporting

RAHE Ghana recognizes that donor confidence depends on responsible implementation, clear communication and credible evidence.

The project will maintain records of:

- Schools engaged and activities conducted.
- Participant attendance and educational sessions.
- Materials purchased and distributed.
- Facilitator and school focal-person orientation.
- Community engagement activities.
- Monitoring findings and participant feedback.
- Expenditure against the approved budget.
- Challenges, corrective actions and lessons learned.

The organization will use this information to prepare progress updates and a final narrative and financial report in accordance with applicable GlobalGiving requirements.

Any public stories or photographs will be handled with appropriate consent and safeguarding measures. Results will be reported honestly, including activities that were delayed, targets that were not achieved and adjustments that were necessary.

14. Why Donors Should Support This Project

Supporting *Keeping Girls in School Through Menstrual Health* means investing in an integrated response to a practical barrier that can affect girls' confidence and participation in education.

A donation will contribute to:

- Menstrual-health education for adolescent girls.
- Practical reusable pad-making demonstrations.
- Essential menstrual-health and learning supplies.
- Modest school support improvements.

- Training and orientation for school focal persons.
- Community engagement to challenge stigma.
- Monitoring, accountability and donor reporting.

The project will work across 30 basic schools with the aim of reaching 3,000 adolescent girls over 12 months.

Rather than focusing exclusively on product distribution, RAHE Ghana intends to combine information, practical skills, supplies and community support. This approach recognizes that girls need both suitable materials and an environment in which they can ask questions, seek assistance and participate in school with dignity.

Through GlobalGiving, individual donors, corporate partners, foundations and supporters of girls' education can contribute toward a defined initiative with a clear budget, measurable activities and a commitment to transparent reporting.

The requested US\$125,000 will support implementation of the proposed activities, subject to successful fundraising, confirmed school arrangements, validated costs and applicable donor conditions.

15. Conclusion

Menstrual health should not prevent girls from feeling confident, accessing information or participating fully in education.

Through *Keeping Girls in School Through Menstrual Health*, RAHE Ghana seeks to support 3,000 adolescent girls in 30 basic schools in Awutu Senya East Municipal over 12 months. The project combines menstrual-health education, reusable pad-making demonstrations, essential supplies, school-based support and community sensitization to address both practical barriers and stigma.

The initiative will also strengthen school-level capacity, promote respectful community engagement and document implementation through monitoring and reporting.

RAHE Ghana respectfully requests **US\$125,000** through GlobalGiving to implement this initiative and work with schools, families and local stakeholders toward a more supportive environment for adolescent girls.

Together, we can help girls access the information and practical support they need to manage menstruation with dignity, confidence and greater opportunity to learn.

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

16. Organization Contact Details

Reproductive Advocate Health Education Ghana (RAHE Ghana)

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Telephone: +233 54 307 9274

Website: <https://rheghana.website2.me>

GlobalGiving organization number: 35989

Project: Keeping Girls in School Through Menstrual Health

Funding request: US\$125,000 for 12 months

Direct beneficiary target: 3,000 adolescent girls across 30 basic schools