

1. Cover page

THE CIVIL SOCIETY FUND MAJOR DEVELOPMENT PROJECT

or phased projects

(budget between DKK 500,000 and 5 million)

Project title		Innovative Sexuality Education Project III			
Danish applicant organisation		Axis		E-mail: axis@axisngo.dk	
Other Danish partner(s), if any					
Contact person for the intervention		Name: Helle Feddersen		E-mail: Helle.feddersen@skolekom.dk	
Local partner organisation(s)			Country(-ies)		Country's GNI per capita
NORSAAC			Ghana		US\$ 1600 World Bank Atlas Method
Commencement date	1st April 2016	Completion date	31st March 2019	Number of months	36
Amount applied for (DKK)		1.858.005			
Is this a re-submission?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, please note the ref.no.(j.nr.):			
Is this	<input type="checkbox"/> a new project? <input type="checkbox"/> a project in extension of another project previously supported (by the Civil Society Fund or others)? <input checked="" type="checkbox"/> an intervention conceived from the outset as divided into several project phases, of which this phase is number [3] out of [4]? Note that section F must be filled in too in the case of phased projects				
Do you want a response letter in (choose one)				<input type="checkbox"/> Danish or <input checked="" type="checkbox"/> English	
Do you want the Assessment Committee's notes about the application in (choose one)				<input type="checkbox"/> Danish or <input checked="" type="checkbox"/> English	
Synthesis (maximum 10 lines – must be written in Danish, even if the rest of the application is in English)					
<p>Projektets fokus er Seksuel og Reproduktiv Sundhed og Rettigheder (SRSR) i Ghana. I dette projekt ønsker vi at styrke viden om sundhed og rettigheder og få styrket fokus på vigtigheden af seksualundervisning i skolerne. Fokusområderne er: 1) Seksualundervisning er implementeret af uddannelsesmyndighederne med støtte fra projektet og bliver undervist i Junior og Senior High Schools, 2) at et råd for videregående uddannelse har udviklet en plan for hvordan CSE bliver inkluderet i læreruddannelsen.</p> <p>Projektet arbejder i 20 af de 26 distrikter i Northern Region. De sidste 6 bliver dækket på anden vis.</p>					

_____ Date

_____ Person responsible (signature)

_____ Place

_____ Person responsible and position (block letters)

2. Application text

List of Abbreviations

CBSEP	Community Based Sexuality Education
CBOs	Community Based Organisations
CSE	Comprehensive Sexuality Education
CSOs	Civil Society Organisations
DDE	District Directorate of Education
GCE	Ghana Certificate Examination
GDHS	Ghana Health Demographic Survey
GES	Ghana Education Service
GES District	Ghana Education Service on a district level
GES Regional	Ghana Education Service on a regional level
GHS	Ghana Health Service
GSS	Ghana Statistical Service
HIV	Human Immunodeficiency Virus
ISEP	Innovative Sexuality Education Project
LFA	Logical Framework Analysis
MDG	Millennium Development Goals
MMR	Maternal Mortality Rate
NGOs	Non-Governmental Organisations
NR	Northern Region
PPAG	Planned Parenthood Association of Ghana
PTA	Parent Teacher Association
RDE	Regional Directorate of Education
RFSU	The Swedish Association for Sexuality Education
SMC	School Management Committee
SRC	School Representative Council
SRHR	Sexual Reproductive Health and Rights
SRH	Sexual Reproductive Health
STI/STD	Sexual transmitted infections
ToTs	Trainer of Trainers
TTAG	Teacher Trainees Association of Ghana
TTC	Teacher Training Colleges

GES staff

Circuit Supervisors	Circuit Supervisors are in charge of monitoring the activities of teachers at the various schools such as their attendance, writing of lesson notes and assessing their teaching methodologies. They also facilitate the assessment of teachers for awards and are the intermediaries between the education office and the schools.
Guidance and Counsellors	Guidance and Counsellors are responsible for guiding students and pupils to make informed choices regarding their career. They also help address other social issues affecting students' performance in schools.
Training Officers	Training Officers are responsible for in-service training of teachers as well as other types of capacity building. Most of the Training Officers are the intermediaries between CSOs and the education offices.
Girl Child Officer	Girl Child Officers are responsible for ensuring the retention of girls in schools by carrying out sensitization for both schools and communities, as well as engagement with teachers and parents to commit to the retention of girls in schools.

A. THE PARTNERS

A.1 The Danish organisation

Axis was founded in 1995. The focal area of Axis is education and, as part of this, sexuality education based on sexual and reproductive health and rights (SRHR). In March 2014, the board of Axis finished the recent adjustment of the strategy 'Rights to, in and through education'. (www.axisngo.dk)

Axis is benefiting from its large network of active members. Volunteering is a cornerstone in Axis' work, and the organisation has sent more than 300 Danish university students as volunteers with Axis' partners around the world. Axis considers networking and collaborating with other CSOs as an important role in both supporting civil society in Denmark and abroad and of internal capacity building. Because of this, Axis has chosen to participate actively in both CISU and Global Focus in Denmark, as well as it supports its partners in participating in networks in their countries. Axis is an active board member of CISU and has members of several working groups in Global Focus. Axis is also a part of two capacity-building initiatives funded by Global Focus on education and on SRHR.

Vision

Axis works with a vision of a global society where **all** people have equal rights to, in and through education. Axis aims at a society, where all people are active citizens with equal opportunities for participating in democratic, social, economic and cultural decision-making processes.

Mission

Education is a basic right as well as a prerequisite for sustainable, just and democratic development. At the same time, education is an important mean to eliminate poverty and oppression. Education should increase knowledge about and achievement of other rights. Axis therefore works with both formal and non-formal education, which

- Must be based on the needs and former knowledge and experience of the participants
- Support equality in terms of gender, ethnicity, religion and sexual and reproductive health and rights
- Promote democratic organisation, reflection and acting competence aiming at active citizenship

Experiences

For the past two decades Axis has gained a solid experience in implementing youth projects in Latin America and Sub-Saharan Africa. With participatory methods and peer education as methodological corner stones, the projects have aimed at providing young people in Peru, Bolivia, Sierra Leone and Ghana with knowledge on their basic rights.

Of special relevance to this project is the experience that Axis has from implementing SRHR projects in Bolivia and the former phases in Ghana. The project in Bolivia was entitled Pro Joven and has currently finished its third phase whereas Axis and the partner organisation in this project NORSAAC in Ghana have collaborated since 2009. This project therefor will naturally build especially on the foundations laid in the former phases, which have been based on participatory teaching methods in and out of school; and a strong focus on the rights aspects of SRHR.

Axis also plan to enact a SRHR project with the partner organisation AMNet in Sierra Leone and it is the aim that strong synergies between the two projects can inform and continuously improve the interventions in both countries.

People

Axis has set up a group for this project, which includes the following:

- * Helle Feddersen, guidance counsellor for youth on education, project coordinator
- * Kira Boe, Head of Policy at Global Focus, project coordinator
- * Jette Ravn, Communications Advisor at Ravn Communication, project coordinator
- * Inge Trads Kjeldsen, Head of Section, Ministry of Social Affairs and the Interior, project coordinator
- * Mette Østergaard Nielsen, Student at Africa Studies, University of Copenhagen, project coordinator
- * Anne Line Roien, former project coordinator in The Danish Family Planning Association

* Bjarne Rasmussen, Consultant (responsible for the survey ‘Youth and Sexuality – the ideal orientation’ conducted in ISEP I in 2011, a SRHR survey in Bolivia 2010 and the large Danish Sexual Behavioural Study ‘Ung 99’) and lecturer in Sexuality Education at different pedagogical universities.

Furthermore, the project has the professional support of Axis’ secretariat consisting of:

- * Niels Boe, Head of Secretariat at Axis and teacher at Duevejen Skole, Frederiksberg
- * Catherine Watson, Teacher at the Danish Teachers Training College at Blaagaard Seminarium.
- * Finn Juhl Petersen, financial officer at the Axis secretariat

A.3 The local organisation

Within the past year, NORSAAC staff and Board have been strategically involved in supporting management to define the strategic focus for the organisation in the period 2015 to 2019. This process has resulted in a new strategic paper titled “Taking Action” with a motto of “empowering women and young people”. The strategic direction has also included rebranding processes for NORSAAC. The vision and mission of the organisation now stands as the following;

Vision

A society in which, every person enjoys their rights and live a life of dignity.

Mission

To work with communities and community based structures and like-minded organisations to build the capacities of community members and affected groups to demand their rights and live a life of dignity.

The organisation continues to work with stakeholders at three different levels; collaboration, partnership and capacity support. Partnership with stakeholders including state institutions, CSOs and local communities is the root principle of the organisation. This is simply to underscore the principle that change in living conditions of any category of persons within the target groups of NORSAAC depends on the active participation and support from societal groups such as families, local authorities and community member as well as public institutions. The principal of partnership thus connect to capacity support to empower these structures and stakeholders to carry out their mandate in promoting the general wellbeing of women and young people. NORSAAC has developed a strong experience in the field of community entry and it enjoys a good reputation as a strong and reliable partner.

NORSAAC actively uses research and strategic service delivery in order to develop evidence-based advocacy.

NORSAAC participates in several networks both in Northern Region and nationally. Amongst these Ghana SRHR Alliance for young people (an alliance of civil society organizations working on sexual and reproductive health), Coalition of NGOs in Health (a national coalition of all NGOs working in the areas of health), CSOs platform on SDGs (where NORSAAC serves on four thematic SDGs platform at the national level with the Executive Director recently endorsed as the national advocacy coordinator on SDGs) and Northern Network for Education and Development (NNED).

Board members

Name	Organisation	Occupation	Position
Alhaji A B Yakubu	District Director. Ghana Health Service. Gushegu	Health Administrator	Board Chairman
Ashetu Abdul Moomin	District Finance Officer-Nkoranza North. Brong Ahafo	Financial Administrator	Vice-Chairperson
Abdul Rashid Saani	Legal aid-Tamale	Lawyer	Member
Adama Jahifo	USAID Head Office-Accra-Ghana	Education Management Advisor	Member
Alhaji T A Mahama	Head-Tamale Secondary School-Tamale N/R.	Educationist	Member
Anglaare Justina	Portfolio Coordinator SNV-Ghana Tamale Office	Development Practioner	Member
Dawuda Samson Seidu	Head-Anglican Education Unit. Tamale N/R	Administrative Planner	Member
Matina Bugri	Radio Justice	Broadcast Journalist	Member
Alhassan M. Awal	Executive Director-NORSAAC	Development Practioner	Rep. of Management of NORSAAC

Funding

In 2014, NORSAAC had a total budget of approximately 2.5 million USD. The budget was comprised of funds from the following organisations: Action Aid Ghana, NORAD, IBIS, RFSU, SIMAVI, Axis, Empower, Star Ghana Government, Star Ghana Health, Star Ghana Special, PPAG, IPAS and donations and others grants.

The economic foundation of NORSAAC relies on a number of partners who have consistently pledged support to the programmes and sustainability of the organization. This makes the organisation very solid and sustainably in the coming years.

A.4 The cooperative relationship and its prospects

Axis and NORSAAC have been cooperating for eight years. The cooperation began in 2008 through series of visits by Axis staff, volunteers and interns and has since broadened into a productive working relationship with the experience of three joint projects. Throughout the cooperation between Axis and NORSAAC, Axis has sent 11 interns to Tamale to work with NORSAAC for periods reaching from four to six months at a time further enhancing the close collaboration between the two organisations.

NORSAAC brings to the cooperation its knowledge and expertise in health related to SRHR, its experience in working with young people, its strong administrative and financial expertise and its knowledge of the local context. Axis brings to the cooperation a strategic focus on education and pedagogical methods and the development of teaching modules based on scientific research. On top of this, Axis contributes with its experience in designing and implementing development projects with a focus on capacity building, strategic service delivery and advocacy. The cooperation is characterized by exchange of knowledge and experience, capacity building and is based on trust in each other and the desire to further expand the relationship.

Project collaboration

Since the initial project cooperation between the two organisations (Community Based Sexuality Education Project or CBSEP in 2009-2010), which focused on the development of an SRHR toolkit¹, the collaboration has been focused around the ISEP (Innovative Sexuality Education Project) interventions.

¹ The SRHR toolkit is a participatory toolkit involving tools which teachers, youth leaders, peer-educators etc. can use to get young people to discuss SRHR issues. The toolkit was developed in CBSEP and ISEP I.

ISEP I (2010-2013) improved and expanded on the toolkit as well as conducted a survey on the attitude, knowledge and behaviour of 1600 young people in the Northern Region. This survey² has informed the direction and focus of the intervention since. The survey showed a clear need for accurate and culturally sensitive information for young people to be able to exercise their sexual and reproductive rights. The project worked extensively with teachers, youth leaders and community facilitators.

ISEP II (2013-2016) developed a model (SRHR model³) for Ghana Education Service that is used as a guide to implement comprehensive sexuality education in schools. This model proved very effective and popular. During the project, the regional education authorities (GES Regional) was advocated strongly and ended up instructing all GES districts in Northern Region to implement Comprehensive Sexuality Education (CSE) using the SRHR model developed by the ISEP project. This means that the project has created a real momentum in Northern Region for sexuality education, where all 26 District Directors of GES has now requested help to implement CSE and offered their support and staff for this work. The model will be the basis of the work done in ISEP III. The project also developed a community based peer-to-peer manual on SRHR, which has been implemented in several districts. The manual⁴ will now be used by other CSOs, Ghana Health Service (GHS) and NORSAAC in collaboration with other partners. The project worked in two of the 26 districts in Northern Region.

Axis has planned and received funding for a partnership project in coordination with NORSAAC and RAINS (also from Northern Region Ghana) and AMNet (from Sierra Leone). This is planned for early 2016 and will further develop the relationship between the two organisations.

B. PROJECT ANALYSIS

B.1 How has the project been prepared?

The project is based on the experiences and knowledge gained from both CBSEP, ISEP I, and ISEP II projects and more specifically on the experiences of using the SRHR manual developed in ISEP II. In ISEP II, it was clear that there while the momentum for the implementation is present, the resources and abilities of GES are not.

The practical discussions of the project took place following a midterm evaluation of ISEP II from October 2014, which showed that significant sexual behavioural and attitudinal changes had been achieved on the part of youth and community members and school authority as well as teachers in the two districts (Karaga and Savelugu/Nanton) where the project was implemented.

In preparing this project application, the ISEP team reflected together with the beneficiaries of the project, key staff of Ghana Health and Education Service and the Project Support team (which consisted of traditional and religious leaders, National Population Council, Ghana Health Service, Ghana Education Service, selected NGOs, Media and Representative of the beneficiaries groups).

NORSAAC and Axis then stepped up the planning of the next phase in early February when the project coordinator (Helle Feddersen) was on a project visit to Ghana. We continued the discussions and started the LFA work when another project coordinator (Kira Boe) did a monitoring visit in July 2015.

When the Executive Director and Head of Programmes of NORSAAC visited Copenhagen in October, the project proposal was finalised.

² The Survey on young people's attitudes, behaviour and knowledge regarding SRHR was completed in ISEP I. It comprised statistical information from 1600 young people, which has been used both as an advocacy tool to convince the authorities of the need for CSE and to inform the development of the toolkit in ISEP I, as well as the SRHR Model and Manual in ISEP II.

³ The SRHR model, developed in ISEP II, is a model for the implementation of CSE in a district including the toolkit, a teachers' guide to the toolkit and a teaching manual, details for implementation, including staff needed and costs to be covered as well as methods for roll-out.

⁴ The Manual for peer-education in SRHR work, developed in ISEP II, details the work of peer-educators concerning SRHR. The manual is participatory and can be used with illiterates.

B.2 In what context is the project placed?

By 2011, Ghana entered into the level of a lower middle-income country proving the significant economic growth and progress during the last decades also sparked by the founding of the Jubilee oilfield⁵. Growth was combined with a clear focus on poverty reduction leading to Ghana reaching the Millennium Development Goal of halving the poverty rate by 2015 already in 2013. This meant a reduction of the total poverty rate from 51% in 1992 to 24% in 2013⁶. Despite of a generally positive economic outlook growth and development mainly takes place in and around the larger cities as well as in the Southern part of Ghana whereas the northern part of the country lags behind. More specifically the three northern regions – Upper East, Upper West and Northern Region have only seen marginal decreasing poverty rates and still showing rates, which are much higher than the national average⁷.

Governance and human rights

International scholars and observers praise Ghana as a democratic overachiever in Sub-Saharan Africa⁸. Since the enactment of the 1992, democratic constitution Ghana has made significant progress and a number of political turnovers have been conducted in the last decades meaning that the political establishment generally accepts the democratic institutions. However, the country is yet to achieve democratic consolidation. National elections continue to be characterised by political tension, allegation and counter allegation of near violence or actual violence. This implies that political stability in Ghana is inevitably an important precondition for Ghana's development and a risk factor in development planning and management.

The democratic constitution enshrines a number of civil and political rights and generally the Ghanaians – compared to citizens in many other developing countries – are able to exercise their political and civil rights. However, a number of human rights issues are reported. This is especially true when it comes to women and children who experience violence and harassment as well as limited personal freedoms⁹.

Despite the constitution, catering for equal rights widespread discrimination against women with regards to i.e. property rights and rights in marriage. Adding to this general societal norms and practices discriminates against homosexuals¹⁰.

The constitution of 1992 includes provisions on the right to health and the right to education for all citizens of Ghana¹¹. However, in practice the access to quality healthcare and education is limited especially in the rural areas where logistics as well as economic constraints limits the social services availability to the ordinary citizen. This is also true in the Northern Region where bad road conditions make it particularly difficult to reach the populations in the rural areas¹².

Religious and traditional leaders

Culture and traditions in Northern Region to some extent impede the work with HIV/AIDS and sexual- and reproductive rights. Both religious and traditional leaders play an important role and they relish a high degree of influence on all matters in society.

In general, women have fewer sexual rights than men and there is a tendency to refuse to discuss sex openly. Furthermore, traditional leaders tend to be unwilling to create an environment within which effective communication on sexual- and reproductive rights can take place. This means tabooing of subjects such as sex in general, forced marriages, and forced betrothals which take place at infancy where a girl is promised to a man for life, 'fostering' – in which a child is given to an aunt (or a family-member) to strengthen family

⁵ <http://www.worldbank.org/en/news/feature/2011/07/18/ghana-looks-to-retool-its-economy-as-it-reaches-middle-income-status>

⁶ <http://www.worldbank.org/en/country/ghana/overview>

⁷ <http://www.ruralpovertyportal.org/country/home/tags/ghana>

⁸ US State Department, 2010. Country Report on Human Rights Practices.

⁹ <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm#wrapper>

¹⁰ US State Department, 2010. Country Report on Human Rights Practices.

¹¹ Republic of Ghana, 1992.

¹² <http://www.ghanahelthservice.org/rhdcategory.php?ghsrid=7&cid=35>

ties and in some cases ends up as little more than a slave. In addition, it is still the norm that men in Muslim families can have more than one wife, leaving many women to an uncertain future and with little if no influence on their own lives.

It is crucial to engage and involve religious and traditional leaders in the elimination of these inequalities and to get their support for a more open-minded approach towards communication about sex and forced marriages.

Sexual and Reproductive Health and Rights

Despite the formal obligation of the Government of Ghana to provide good quality healthcare and to improve the health of the citizens a number of issues related to the sexual and reproductive health still need to be addressed.

The Government has agreed to meet the Abuja Target of 15% of the government budget allocated to health. However, in reality the government does not meet the target set¹³ indicating that the budget constraints of the government limits, the general allocation towards health.

Despite the Government declaring the level of maternal mortality a national emergency results from the Ghana Maternal Mortality Survey of 2008 showed a slow decline of maternal deaths from 503 per 100,000 live births in 2005 to 451 per 100,000 live births in 2008. However, if the current trends continue, maternal mortality will reduce to only 340 per 100,000 by the end of 2015, and it will be unlikely for Ghana to meet the MDG target of 185 per 100,000 by 2015¹⁴.

The Northern Region still records the highest maternal death and teenage pregnancies, with abortion-related death on the increase¹⁵. One of the main explanations to this is that there is a clear differential between the level of supervised deliveries between the Southern and the Northern part of Ghana. Whereas the average percentage of the supervised deliveries in Ghana was 59% in 2008 it was only 27% in the Northern Region¹⁶

A large number of the maternal deaths are due to teenage pregnancies and unsafe abortion, which could have been prevented if there had been adequate knowledge and access to family planning services. According to a Ghana Statistical Service report from 2007 only 14% of the women were using modern family planning methods¹⁷. The GDHS 2008 survey however showed that only 25% of women aged 15 – 49 years have comprehensive knowledge of HIV and family planning.

It is notable that females in the northern half of the country (the Northern, Upper East, and Upper West Regions) are proportionally disadvantaged. More than half to two-thirds of women and girls in these regions have never been to school, compared with less than a fifth in the Greater Accra and Ashanti Regions (GDHS, 2008). Early sex coupled with low sexual and reproductive health knowledge has far-reaching consequences. The National Adolescent survey (2004) revealed that more than two-thirds of 15-19-year females who were pregnant at the time of the survey reported that they had not wanted the pregnancy.

Ghana has ratified the UN conventions on Women and Children's Rights however when it comes to the ability for young people to exercise their sexual and reproductive health and rights and to decide for their own body there is a clear implementation gap. Discrimination, sexual abuse and harassment still occur in both the public arena as well as in domestic settings¹⁸.

¹³ Ministry of Health. 2011. MDG Acceleration Framework and Country Action Plan. Ghana.

¹⁴ Ghana Mortal Health Survey 2008

¹⁵ Ghana Health Service Annual report N/R 2010

¹⁶ UNICEF and Ministry of Women and Childrens Affairs. 2011. "A situation analysis of Ghanaian Children and Women: A Call for Reducing Disparities and Improving Equity.

¹⁷ Ghana Statistical Service et. al. 2007. Ghana Maternal Health Survey 2007.

¹⁸ <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm#wrapper>

In 2013, there were 1.228 official complaints of suspected child defilement reported however, the actual number is believed to be much higher and there have been frequent reports in the media of female students being harassed by their male teachers¹⁹.

Generally, a high number of women are not in practice – due to the male domination and social practices in their communities - able to decide on their own body and to decide for their own body.

Education

The constitution provides for the access of all Ghanaians to quality education. However, even though the general percentage of children going to school in Ghana have improved considerably The Northern Region of Ghana lack behind in most aspects of formal education. While 77%²⁰ of Ghanaian men are literate, only 44% of those in Northern Region (NR) are literate. It is notable that females in the Northern Region of the country are even more proportionally disadvantaged. While 63% of women on national basis are literate, only 26% of NR women are literate²¹.

In addition, 21% of females in Greater Accra have completed secondary education or higher, compared with 4% or less in the Northern, Upper East and Upper West regions. The percentage of women age 15-19 who have begun childbearing ranges from 7% each in the Western and Greater Accra regions to 23 % in the Central and Northern regions, and child-bearing easily robs girls and young women of enrolling or continuing with acquisition of formal education. Early childbearing may foreclose a teenager's ability to pursue educational or job opportunities and lead to higher numbers of maternal mortality, stillbirths and child mortality. Unfortunately, the northern parts of Ghana top dropout rates and have the highest proportions of illiterates, the majority of them women and girls (2008 Ghana Demographic and Health Survey).

Dropout rates are higher than repetition in all grades. Dropout rates across grades are similar (4%) except for grade 3, which is 5%. Females have higher dropout rates than males in almost all grades. There are wide regional variations in dropout rates. The regions with the worst rates are the Upper West, Northern and Central regions. (2008 GDHS)

The national education curriculum of Ghana has not explicitly made provisions for sexuality education, but the education review in 2007 compelled teacher-training division of the Ghana Education Service to make HIV/Aids an examinable subject in teacher training colleges. The limitation of this however is that other areas of sexuality, reproductive health and sexual and reproductive rights have been excluded and as useful as it is that the teachers learn about HIV/Aids during their education, if there is no time set aside for lessons on the subject, there is little chance that the information will reach the student. The education system in Ghana is tied to curriculum and syllabus and as SRHR is not in neither of these, they will not teach the subject.

B.3 Problem analysis

In Ghana like in many other developing countries, young people aged between 12-25 years are at great risk of early child-bearing, unintended pregnancies, unsafe abortion, sexually transmitted diseases including HIV/AIDS (STD) as well as sexual exploitation and violence. These factors account for a poor status of reproductive health among adolescents. Poor reproductive health status is further exacerbated by the early onset of sexual activity, limited knowledge and understanding of contraception and family planning methods including low access and utilization of quality health services. Adding to this limited knowledge among the youth on their basic sexual and reproductive rights leads to their vulnerability in terms of sexual abuse and harassment.

¹⁹ <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm#wrapper>. 2008 Ghana Demographic Health Survey.

²¹ Ghana Demographic Health Survey 2008

Health risks for young people

The effect of all these SRH challenges faced by the young people is high teenage pregnancies, HIV infections and maternal mortality. According to the Ghana Statistical Service (GSS), young people between the ages of 12 and 14 years have the highest Maternal Mortality Ratio (MMR) as compared to other age groups. The MMR of 5671 deaths per 100,000 live births recorded among 12-14 year olds is about ten times the national average²².

It is worrying to listen and experience the trend of complications resulting from young pregnancies. From the 2013 Annual Reproductive and Child Health Report, total pregnancies of 3,289 for young women aged 10 to 14 years and 116,134 for those between 15 to 19 years were recorded for the period of 2013. Mothers who reported spontaneous abortion and performed induced abortions were 574 (10-14yrs) and 8667 (15-19yrs). Post abortion complications recorded due to bleeding infection and perforations resulted in maternal deaths among young women of 9 (10-14yrs) and 84 (15-19yrs) were recorded²³.

In the Northern Region, the figures are even worse than the national average with the region having one of the highest maternal mortality rates²⁴ and as in the rest of Ghana a high teenage pregnancy rate²⁵. Generally figures point to teenage pregnancy levels being higher in rural areas and teenage marriage have been recorded as very high in the Northern Region²⁶. Local authorities in districts in the Northern Region have pointed out that there has been increased teenage pregnancy in districts where sexuality education is least taught. Over 93 girls in West Mamprusi alone were pregnant during the 2014 Basic Education Certificate Examination.

Women in rural areas are at special risk of maternal mortality since the general health service accessibility in areas such as the Northern Region is low and cultural traditions and male domination in some cases work against the women's possibilities of having a supervised delivery, using family planning methods etc²⁷.

Rights violations

When focusing on the reproductive and sexual issues of young people emphasis is often alone put on the health aspects whereas the basic rights of adolescents with regards to their own body are neglected. In a number of SRHR programmes including HIV/AIDS campaigns conducted by NGO's and government there is a complete lack of an inclusion of human rights aspects.

This results in programmes where the rights of young people are not addressed even though there are numerous cases of abuse and sexual harassment²⁸. The survey conducted during ISEP I also showed that up to 28 % of the girls participating in the survey have experiences their rights being violated²⁹. There is a risk that these figures are even higher since young people are generally not well informed of their right to decide on their own body and furthermore they do not know what constitutes a violation and where to seek redress.

Comprehensive sexuality education therefore needs to include the rights aspects so that the young people are able to exercise both their health and rights.

Knowledge of SRHR and access to health services

Adolescents in Ghana have also been reported to have a generally poor knowledge on SRH. In 2008, only 34.2% of males and 28.3% of females between 15 and 24 years were found to have comprehensive knowledge of HIV and family planning methods (GSS et al 2009). GSS et al 2009 further observed that the

²² GSS (2013c) 2010 Population and Housing Census Report: Millennium Development Goals in Ghana. GSS, Accra

²³ 2013 Annual Reproductive and Child Health Report

²⁴ MDG Acceleration Framework and Country Action Plan. Maternal Health. 2011. Ministry of Health Ghana and UNFPA Ghana.

²⁵ Ghana Health Service Annual report N/R 2010

²⁶ Ghana Demographic and Health Survey 2014. Ghana Statistical Service, Ghana Health Service et al.

²⁷ <http://www.gh.undp.org/content/ghana/en/home/post-2015/mdgoverview/overview/mdg5/>

²⁸ <http://www.state.gov/j/drl/rls/hrrpt/humanrightsreport/index.htm#wrapper>

²⁹ Youth and Sexuality: the Ideal Orientation. Axis and NORSAAC.2011

15 -24 year olds had the lowest knowledge on contraceptives as compared to older age groups³⁰. On the behavioral aspect the prevalence of contraceptive use is 19% among currently married women in the youngest age of 15-19 years. The survey conducted in ISEP I further found that the knowledge among young people in the Northern Region of Ghana was very low³¹.

Generally, this points to a situation where adolescent do not have the adequate knowledge to enable them to protect their sexual and reproductive health – often resulting in fatal situations. Also the lack of knowledge among the youth might lead to misconceptions and the sharing of wrong information. The survey showed that the young people generally retrieve information from schools, parents and peers; however, this information is more often than not based on misconceptions.

Health services in the Northern Region are in some cases at low availability as is the ability of the young people to access relevant and youth specific knowledge on i.e. family planning, pregnancies and sexually transmitted diseases. On the other hand, the young people do not experience the health system as youth friendly and often shy away from seeking advice at the local clinics. Also the government has not put a high priority – in terms of funding – on SRHR and family planning issues.

Education

Teenage pregnancies puts a specific risk on the young women who becomes constrained in their ability to pursue educational opportunities and often the young girls will be forced to drop out from school with low chances of returning after giving birth. This puts the girls in a vulnerable position where they rely on their family and where their chances of improving their own life opportunities through education, is destroyed.

The district education authorities in the Northern Region have publicly stated that this situation is a large problem, which needs to be amended. They therefore see the need for an inclusion of sexuality education in schools but the authorities have not yet acted on their own.

The schooling system in Ghana is generally under economical constraint and obviously the school authorities focus on implementing the education aspects, which are part of the curriculum. This is currently not the case with sexuality education. The country's educational curriculum has failed to capture comprehensive sexuality education to provide age sensitive and appropriate education to young people. The situation makes it difficult for teachers in the country to express interest and also use the right methodology to guide young people to discuss their sexuality.

Although a number of SRHR projects have been implemented in various districts in the Northern Region they have however not been able to change the statistics of a high level of teenage pregnancies. However the interest in reducing teenage pregnancies provides a window of opportunity for the inclusion of CSE in the schools in Northern Region since the authorities have noticed that teenage pregnancies seems to reduce in the schools where CSE have been taught through the ISEP I and II projects. Furthermore the projects have shown that in the districts where interventions of sexuality education have been carried out in the past three to four years, there has been improved knowledge on, how to protect themselves and keep away from risk factors. This does not happen in areas where the interventions are not done thus making the young girls prone to pregnancies and the youth generally to STIs and rights abuses.

Also as noted above, teenagers retrieve a lot of their information from schools and it is therefore important that the lessons on sexuality issues in schools are taught in a youth friendly way and includes adequate and correct information also on sexual and reproductive rights. The latter have tended to be left out when other SRH or HIV/AIDS programmes have been implemented.

Another issue is that CSE is that as long as CSE is not included in the school curriculum the subject relies on local enthusiasm (which is currently present in the Northern Region) as well as on school headmaster to allow and push for the integration of CSE in other subjects or in the so called free periods.

³⁰ GSS (2013b) 2010 Population and Housing Census Report: Children, Adolescents and Young People in Ghana. GSS, Accra

³¹ Youth and Sexuality: the Ideal Orientation. Axis and NORSAAC 2011.

Adding to this most teachers have inadequate knowledge on the subject of SRHR because it has not been part of their initial training nor in their in service training.

Governance and local authorities

At the national level, the Government of Ghana has so far not been able or willing to commit resources to SRHR education in schools or to amend the curriculum to include SRHR issues. This makes it difficult for the local authorities to allocate funds and to implement sexuality education in schools even though the local authorities in the Northern Region have showed a genuine interest.

This interest has been curved by the results from the schools in the two districts in Northern Region where CSE have been implemented. Results, which provide evidence to the effects of CSE in schools and has provided a solid ground for advocacy strategies towards the local authorities.

GES has shown considerable interest in the project not least when the model of sexuality education in schools has been published. However adding to the resource constraint there have been a tendency towards a number of different strategies and methods in implementing CSE that even confuse GES in their attempt to teach sexuality education in schools. GES and its schools have also accepted the concept of sexuality education but more work is still needed to ensure effective integration and monitoring of the education in schools.

Whereas the local public authorities generally have moved in a direction of support for CSE the traditional and religious authorities are still conservative on the issue. In some communities there is the fear that informing the youth on their sexuality will lead them to earlier sexual debut as well as a higher level of sexual activity. Where sexuality education has been a success in ISEP I and II it has been an important prerequisite that the traditional and religious authorities are taken on board.

A number of CSO's in the Northern Region have been involved in SRH education but they all have different have approached in dealing with the issues. Therefore, there has been a low level of information sharing, coordination and advocacy amongst the CSO's in the area. Adding to this, generally, most of the organisations have only dealt with health aspects and neglected the important rights aspects, which enables the youth to know about and to exercise their rights.

B.4 Stakeholder analysis

Stakeholder	Involvement in project	How can they benefit from the project	Concerns of project	Strengths	Weaknesses
Ghana Education Service	Responsible for CSE education nationally, regionally and in the districts. Support implementation of the project. Support the advocacy process in other sectors and districts	Improve the sexuality knowledge of teachers and students. Integrate sexuality education in school lesson plans and time tables. Reduction in teenage pregnancies thus maintaining more girls in schools.	Time allocation for sexuality education in school lessons by teachers.	Existence of structures and personnel may help influence decision making in Education Service towards more CSE, both Regional and Districts.	Teachers still need to be more committed in providing sexuality education in schools. Lack of resources
District Assemblies	Support the coordination of	Improve sexuality and reproductive	The project may impose	Provision of resources	Still needs to be fully

	the project in 26 districts Support the advocacy process in other districts	health of the people in the district.	some responsibility on the District Assembly	to facilitate activities. Provide technical and logistical support to the project.	convinced of the importance of sexuality education and its effect
Heads of Schools	Support implementation of CSE education in schools and ensure it reflects in school time tables. Support advocacy process.	Improve SRHR knowledge of their teachers and students	An extra curriculum with demands on resources	Availability of structures and personnel.	Overloaded with work and few school resources
CSOs	Potential partners	Promote and integrate CSE in their programmes and activities.	Some religious beliefs may offend individual partners	May have influence on authorities	May have inadequate information on sexuality education and specific viewpoints
Press/Media	Bringing sexual and reproductive rights to the notice of the general public / alert public to the project Advocacy	Keep public updated Development and awareness on SRHR issues	To interfere with cultural traditions	Reach great part of the public. Have influence on decision making	Because of high illiteracy rate, the print media may not be effective in fighting this course
Religious leaders and other authorities	Support the project. Participate in Project Support Group	Wide knowledge of community members and culture	Might go contrary to community values.	Hold high authority and power.	Might resist change
Parents	Support the new knowledge of the youth in SRHR	Less teenage pregnancies Girls stay in school	Unsure of new knowledge will make the young people more sexual active	Their young children will get more knowledge on SRHR and avoid problems	The parents authority will weaken
Teacher-Training	Advocate for the inclusion of CSE	Involvement and action plans	Need time for the new	Have great knowledge	Waiting for the national

Colleges	in curriculum	introducing CSE	curriculum work	of the work	guideline
				Participatory methods can be used in other subjects	
Council for Tertiary Education	Support and advocate for the inclusion of CSE Hold radio discussions	More awareness and cooperation on CSE	If the councils have adequate knowledge and willingness to engage in CSE	Stronger commitment and cooperation	Lack of skills and methods

C. PROJECT DESCRIPTION

C.1 Target group and participants

The project will be implemented in Northern Region, Ghana, focusing on 20 districts³², targeting directorates of GES, as well as the Council for Tertiary Education in Northern Region.

Primary target group	
Regional GES	14 ³³
GES staff to be trained as CSE training specialists	81 ³⁴
Circuit supervisors	171 ³⁵
Trainers of Trainers (ToTs)	342
Members of the Council for Tertiary Education	12
Secondary target group	
Students (12 to 25 yrs)	47,970 ³⁶
Parents Teacher Associations (PTA)	705 ³⁷
Teachers	4,264
Heads of schools	705 ³⁸
District GES staff	100
TTAG members	15
Students in teacher-training colleges	800

³² Out of the 26 districts in Northern Region, this project will target 20. The remaining 6 either have been covered in ISEP II (2 districts) or will be covered by another NORSAAC partnership with the Swedish donor RFSU.

³³ The Regional GES Staff are: 2 training officers, 2 Guidance and counselors, 3 director and deputy, 3 Monitoring and evaluation officers, 1 girl child officer, 1 Gender desk officer, 2 curriculum division - For more information regarding the GES staff, please see page one.

³⁴ The GES staff to be trained as CSE Training Specialists are from - For more information regarding the GES staff, please see page one.

³⁵ There are 144 circuits in the 19 districts. Some of the districts have less than 5 circuits but in some areas there are 2 supervisors for one circuit based on the number of schools.

³⁶ This is the number of total students in Junior and Secondary Target Groups. During the project phase, all teachers in the schools will be taught CSE. The teachers will be monitored in their implementation, but the project will not directly monitor the number of students reached.

³⁷ One PTA at each school

³⁸ 508 JHS and 25 SHS in the 19 districts

Other participants	
GES public employees	40
District employees	285
CSO	30
School Management Committees (SMC)	3.198
Religious and Traditional leaders	209

C.2 The project's objectives and success criteria (indicators)

Development objectives

Young people (aged 12-25) in Northern Region, Ghana have adequate knowledge and exercise their sexual and reproductive health and rights

Project objectives

1. By 31st March 2019, Comprehensive Sexuality Education (CSE) is implemented and taught in schools in all districts in Northern Region, Ghana, using the SRHR model³⁹.
2. By 31st March 2019, the Council for Tertiary Education in Northern Region has acknowledged the need for CSE and is prepared to include it in teacher-training colleges.

C.3 Outputs and activities

Immediate Objectives	Objective Indicators	Means of Verification
1. By 31 st March 2019, Comprehensive Sexuality Education (CSE) is implemented and taught in schools in all districts in Northern Region, Ghana, using the SRHR model ⁴⁰ .	<p>1.1 81 GES staff⁴¹ is able to train and support trainers of trainers and teachers to implement CSE in schools.</p> <p>1.2 171 Circuit Supervisors⁴² report CSE being implemented in schools.</p> <p>1.3 A protocol for the teaching of sexuality education⁴³ in junior and senior high schools developed by Northern Regional Education Service</p>	<ul style="list-style-type: none"> • List of GES staff trained on CSE • Reports from training- and monitoring of teachers teaching CSE in schools • Pictures of the training sessions organised • Supervisor notes from Circuit Supervisors • Copy of protocol
2. By 31 st March 2019, the Council for Tertiary Education in Northern Region has acknowledged the need for CSE and is prepared to include it in teacher-training colleges.	<p>2.1 The Council for Tertiary Education has publically stated their support for CSE.</p> <p>2.2 An action plan for the inclusion of CSE in teacher-training colleges has been developed and adopted by the Council for Tertiary Education in Northern Region</p>	<ul style="list-style-type: none"> • Copy of articles published • Copy of action plan

³⁹ For more information regarding the SRHR model, please see footnote 3

⁴⁰ For more information regarding the SRHR model, please see footnote 3.

Development Objectives		
Young people (aged 12-25) in Northern Region, Ghana have adequate knowledge and exercise their sexual and reproductive health and rights		
Objectives	Outputs	Activities
1. By 31. March 2019 Comprehensive Sexuality Education (CSE) is implemented in the Northern Region of Ghana using the SRHR model ⁴⁴ .	<p>1.1 Regional Education Directorate has instructed¹ 26⁴⁵ District GES to implement CSE in schools.</p> <p>1.2 81 CSE Training Specialists⁴⁶ from district and regional education directorates trained.</p> <p>1.3. 171 Circuit Supervisors trained on CSE and monitoring tools</p> <p>1.4 342 teachers from Junior and Senior High Schools in 20 districts trained as ToT's on CSE by the District CSE</p>	<p>1.1.1.1 Inception meeting with 26 district directors of education to plan and discuss way forward for the implementation of the project</p> <p>1.1.1.2 4 engagement meetings with RDE on CSE implementation in schools to discuss project progression by ISEP team</p> <p>1.1.1.3 20 engagement meetings (1 in each district) with DDE to discuss CSE implementation framework by ISEP team</p> <p>1.1.2.1 Organise 5 day training for 81 CSE Training Specialists on the SRHR model</p> <p>1.1.2.2 Three days refresher training for 81 CSE Training Specialists on CSE implementation, monitoring and evaluation and follow up coaching</p> <p>1.1.2.3 Two days training for guidance and counselling coordinators on effective guidance and counselling on SRHR</p> <p>1.1.2.4 Print of facilitators guide for ToTs from the SRHR model and compilation of factsheet on SRHR⁴⁸</p> <p>1.1.2.5 Re-printing of the model and the toolkit.</p> <p>1.1.3.1 Three (3) days trainings for 342 ToTs and 171 circuit supervisors on CSE done by the CSE Training Specialists with the support of the ISEP team (done in collaboration with 1.4.1)</p> <p>1.1.3.2 One day training for CS on CSE monitoring and evaluation</p> <p>1.1.4.1 Three (3) days trainings for 342 ToTs and 171 circuit supervisors on CSE done by the CSE Training Specialists with the support of the ISEP team (done in collaboration with 1.3.1)</p>

⁴¹ GES staff: Composition will be training officers 2, Guidance and counselors 2, director and deputy 3, Monitoring and evaluation officer 3, girl child officer 1, Gender desk officer 1, curriculum division 2 - For more information regarding the GES staff, please see page one.

⁴² For more information regarding Circuit Supervisors, please see the list of GES staff on page one.

⁴³ For more information regarding the protocol please see page 18

⁴⁴ For more information regarding the SRHR model, please see footnote 3.

⁴⁵ There are 26 districts in Northern Region. This project will cover 20 of those, the remaining 6 have either been covered by ISEP II or will be covered by another NORSAAC project with the Swedish partner RFSU.

⁴⁶ Note – For more information regarding the GES staff, please see page one.

	<p>Training Specialists with the support of the ISEP team</p> <p>1.5 4.264 teachers teach CSE in 705 Junior and Senior High Schools</p> <p>1.6 A binding protocol⁴⁷ on CSE in schools developed by regional GES.</p>	<p>1.1.4.2 Review meetings with District Training Officers to discuss progress on CSE training and mainstreaming of CSE into their in-service training</p> <p>1.1.5.1 Training of 4.264 teacher by the 342 ToTs</p> <p>1.1.5.2 4.264 teachers train students in their Junior and Senior High Schools</p> <p>1.1.5.3 Circuit Supervisors monitor implementation of CSE in schools and prepare recommendation to training programs accordingly.</p> <p>1.1.5.4 Training Officers offer additional training where necessary</p> <p>1.1.6.1 Engagement meetings with Regional Directorate to discuss the need for a binding protocol on implementing CSE in schools.</p> <p>1.1.6.2 Stakeholder meetings with regional stakeholders to guide the development of the protocol</p> <p>1.1.6.3 Meetings to develop the binding protocol</p> <p>1.1.6.4 4 media encounter with district and regional directors of education to talk about the success of CSE education in schools</p> <p>1.1.6.5 Radio discussion on successes and challenges of implementing CSE in schools and the approval of the binding protocol</p>
--	---	---

⁴⁷ Description on page 18

<p>2. By 31st March 2019, the Council for Tertiary Education in Northern Region has acknowledged the need for CSE and is prepared to include it in teacher-training colleges.</p>	<p>2.1 Students from two teacher-training colleges include CSE in existing HIV/Aids clubs.</p> <p>2.2. TTAG Northern Zone advocate for the inclusion of CSE in teacher-training colleges towards their peers, their colleges and the Council for Tertiary Education in Northern Region.</p> <p>2.3 The Council for Tertiary Education in Northern Region actively engage in the discussion of CSE inclusion in teacher-training colleges</p> <p>2.4 The Council for Tertiary Education in Northern Region develops action plan for the inclusion of CSE in teacher-training colleges.</p>	<p>1.2.1.1 Engagement meetings with principals of two teacher-training colleges.</p> <p>1.2.1.2 Hold 1-day engagement meeting each in the 2 colleges with the SRC executives to discuss possibilities of engaging key stakeholders for SRHR issues to be discussed at the colleges.</p> <p>1.2.1.3 Support student members of HIV/Aids clubs at two teacher-training colleges in Northern Region to include CSE activities in the work in the clubs</p> <p>1.2.1.4 CSE included in celebration of SRC week at teacher-training colleges</p> <p>1.2.2.1 Support SRC to hold 3 debates each in the 2 colleges advocating for the inclusion of CSE in the teacher trainees curriculum, with the participation of TTAG.</p> <p>1.2.2.2. TTAG meeting with CSE issues on the agenda</p> <p>1.2.2.3 TTAG write position paper supporting the teaching of CSE in teacher-training colleges</p> <p>1.2.2.4 Radio discussions on inclusion of CSE in teacher-training colleges</p> <p>1.2.2.5 Support joint meeting between TTAG and the Council for Tertiary Education in Northern Region (same as 2.3.2)</p> <p>1.2.3.1 4 engagement meetings with the committee for tertiary education in the region to discuss plans for the inclusion of SRHR issues into the curriculum.</p> <p>1.2.3.2 Support joint meeting between TTAG and the Council for Tertiary Education in Northern Region (same as 2.2.5)</p> <p>1.2.3.3 The Council for Tertiary Education participate in a media conference on including the teaching of CSE in teacher-training colleges</p> <p>1.2.3.4 The Council for Tertiary Education make a letter of intent signalling their support for including the teaching of CSE in teacher-training colleges</p> <p>1.2.4.1 Dialogue meetings held throughout the project intervention between the Council for Tertiary Education and the principals of the two colleges to discuss how CSE could be integrated in teacher-training curriculum</p> <p>1.2.4.2 One engagement meeting with the National Council for Tertiary Education to endorse the concept of CSE and to participate in the process.</p> <p>1.2.4.3 Production of and publication of articles about CSE</p>
--	---	--

		in teacher-training colleges 1.2.4.4. Support to the development of an Action Plan for the inclusion of CSE in teacher-training colleges
--	--	--

Facilitators guide

This will be a simple guide for the ToT in order to enable them train the other teachers in the various schools across the region. It will guide them how to organize participatory lessons for the students and many other information necessary to make the teaching of SRHR to students lively. It will be a maximum page of 10 for easy handling.

Fact sheet

This will be a tease out of the topics agreed in the model to be taught to students in schools. Facts of each topic will be bulleted to enable the teacher get information to guide the students. This will be an added document of not more than 5 pages to be given to all trained teachers on SRHR to help them facilitate session with adequate information.

Binding Protocol

The protocol is going to be a guided document (a bylaw) for the Regional Directorate. The document will spell out the support needed from GES Regional for CSE as well as other SRHR issues such as how to deal with sexual abuse by both teachers and students within the schools. The development of the protocol has the support of the current Regional Director and will bind future directors who assume duty at the regional office to ensure the effective implementation of the teaching of sexuality education in school in the region.

C.4 Strategy: how does the project cohere?

Background:

Building upon the fruitful collaboration between Axis and NORSAAC, which has achieved good results for young people in Northern Ghana in the field of SRHR, this phase of the intervention seeks to firmly place local and regional authorities in the driving seat in the implementation of CSE, while supporting them with expertise and knowledge.

The survey in ISEP I concluded that young people get their knowledge about sexual and reproductive issues from the schools, their mothers and their peers. Unfortunately, in Ghana, and in particular in the Northern Sector, the information young people receive from these sources is lacking or even incorrect. In ISEP II we have seen the impact on young people when they get accurate and rights-based information in schools and at home. While impact is difficult to accurately measure after only a few years, and the final evaluation of the project has yet to be done, school authorities in the districts where the project works are reporting a remarkable drop in teenage pregnancies and accompanying dropout of schools or early marriages. This cannot alone be attributed to the project, but the education authorities in Northern Region are keen to replicate this in the whole region, as they see CSE as an effective means to improving the health and rights of young people while ensuring that they can stay in school. Adding to this, Most Significant Change stories have showed the young people experiencing an empowerment i.e. that they are able to demand to stay in schools, to say no to things they don't agree with etc.

ISEP II showed the support for CSE to grow in Northern Region, to the extent that the director of GES in Northern Region ordered all districts to implement CSE. As NORSAAC is now recognised as a leading player on CSE, it led to an enormous interest in collaborating with NORSAAC, getting their expertise to your district (see written expressions of interest). This momentum is what this project seeks to explore and solidify.

While ISEP I and II had dual focuses, on the education system and community entry (with youth leaders, peer educators and mothers' groups), this third phase will focus on the education system and the information students get in the classroom, while adding on a new aspect – the teacher-training colleges. The work in communities has, at the end of ISEP II been formalised in a peer educators' manual, which will be used by NORSAAC, NORSAAC's other partners, as well as GHS and other CSOs working on SRHR in Northern Region. It is thus no longer necessary for ISEP to support this work, as it is sustainable without

the backing of this project. In addition to this, the budget implications of continuing this work would have made a real support of GES throughout Northern Region impossible.

This phase will thus focus on the work in school and on the collaboration with GES.

While GES supports the implementation of CSE in Northern Region and is willing to financially support it with staff and training, the experiences of ISEP II show us that GES is not able to roll out CSE on their own. The capacity of its staff and its resources are simply too limited. This dichotomy (the support and yet lack of capacity of GES) leads us to conclude that this phase should focus on supporting GES to implement sexuality education throughout the region. The GES District Authorities in all 20 districts of this intervention have indicated their interest and support of this work. They are in agreement that GES will take the lead in the implementation with the help of the ISEP staff and that the project can train and make use of their existing staff (Training Officers, Guidance and Counsellors, Girl Child Officers and Circuit Supervisors) in the implementation.

In addition to this, the project recognises a need to train not just teachers already working (through GES District) but to also train new teachers in order to ensure sustainability. This will be done through the work in Teacher-Training Colleges (TTCs). Here the project will seek to both familiarise students, faculty and directors to CSE. Consequently, the project will work on having student organisations and TTCs directors advocating for CSE in TTCs towards the Council for Tertiary Education to support CSE and developing a specific Action Plan for the inclusion of CSE in teacher-training colleges in Northern Region.

Focus:

This project will thus focus on helping GES implement CSE in schools throughout the region. The ISEP project staff will train GES staff (Training Officers, Guidance & Counsellors and Girl Child Officers – from now on simply called CSE Training Specialists) in CSE and CSE implementation and training. The CSE Training Specialists are all employed in these roles by GES on district and regional levels. The GES Regional Director, who supports the work and has instructed the Districts to implement CSE as soon as possible, has chosen the staff.

The Circuit Supervisors (already employed as supervisors by GES) will complete most of the monitoring in the schools along with their usual monitoring and supervising.

The project staff will throughout the project focus on supporting GES staff. The GES staff will, together with the ISEP staff, implement CSE by training ToTs, who will do the actual implementation in schools. All staff will be funded by GES. At the end of this project, ISEP's involvement in schools and in districts will have ended, while CSE will have been implemented throughout Northern Region.

We have seen in ISEP II that there is a need for CSE to not only be taught to already working teachers in schools but also to the new teachers coming out of the TTCs. If CSE was included in their training, the sustainability of CSE would be more obtainable. Because of this, this project will cooperate with two TTCs in Northern Region to start the process of including CSE in the training at TTCs. The project will work with clubs at the schools, student associations as well as the Council for Tertiary Education in Northern Region.

Location:

While ISEP II tested and developed a model for the implementation of CSE in districts in two representative districts in Northern Region, this project will support GES to implement CSE in all of Northern Region. However, due to efficiency reasons as well as costs, a few districts will not be covered. There are 26 districts in Northern Region. This project will help GES implement CSE in 20 of them. The rest (six districts) have either been covered by ISEP II (2 districts) and thus need no further support, or are supported by another current NORSAAC project, funded in partnership with their Swedish partner RFSU (four districts). The remaining 20 districts will be covered by the GES intervention as part of this proposed project.

While this intervention will not directly target the aforementioned six districts, the 3 relevant staff (the CSE Training Specialists) from each district will be invited to participate in the trainings done in this project, so they are prepared to support the process of further implementation in their districts.

Axis will join in the planning process of the new project proposal of the RFSU-NORSAAC project and help coordinate the work done with them.

GES implementation of CSE in schools:

In collaboration with GES Regional, the relevant GES staff to be trained, have been identified as the regional and district training officers, girl child officers and Guidance and counsellors, what we call the CSE Training Specialists. This means that in each district 3 persons from GES District will be trained thoroughly in CSE, well enough to be able to train trainers of trainers (TOTs) and support future implementation. Their role will be, with the support of the project staff, to train TOTs, who will in turn train the teachers who will directly implement CSE in schools. The CSE Training Specialists will also train the Circuit Supervisors who will monitor the implementation of CSE in schools as part of their normal supervising role.

The training will use the method developed through ISEP I and II, more specifically the SRHR model for implementation of CSE developed in ISEP II. This model targets both teachers and district authorities and includes the toolkit to be used with the students⁴⁹. The use of the SRHR model allows for a swift implementation process as the methods need not be tested again.

After an initial thorough training of the CSE Training Specialists, whose salary is fully paid by GES and who will undertake this role as part of their mandate as given to them by GES, the CSE training specialists will receive further on-the-job training by facilitating workshops together with the more experienced project staff.

One third of the CSE Training Specialists have a role as Guidance and Counsellors. Traditionally, this would combine the role of career and education guidance with a role as counsellors in terms of anything that might hinder a young person in achieving an education. In reality, most of the emphasis is placed on the guidance part and almost none on the counselling part. The project will thus do an extra training, with the support of Axis, on guidance and counselling in terms of SRHR.

The Circuit Supervisors, whose role it is to monitor and supervise the teachers in schools, will be trained to undertake this extra monitoring role in order to ensure both the correct and full implementation as well as the sustainability of the project.

Work in Teacher-Training Colleges:

Alongside this work, the project will use already developed materials to test out and implement CSE in two TTCs in Northern Region. The students here will test out the material leading to them advocating TTAG (a student organisation) and student leaders of the TTC, the colleges as well as the Council for Tertiary Education for CSE to be included in their training.

The project will work with the Council for Tertiary Education to develop and approve an action plan towards CSE implementation in TTCs.

Future perspectives:

At the end of this project, CSE will have been implemented in Northern Region and GES on both District and Regional levels will be able and willing to take over all future training, implementation etc. in the schools. This process, in the largest and poorest area in Ghana, will lead to both regional and national attention on CSE and CSE implementation.

Similarly, the inclusion of the work on CSE in TTCs and the action plan developed by the Council on Tertiary Education will lead to national level advocacy and support.

The sustainability of the project will be guaranteed by GES Regional fully taking over the future implementation of CSE in Northern Region, while the Council for Tertiary Education will act upon their support for CSE in teacher-training colleges. At the same time, we expect national level attention on the changes in Northern Region, which can inspire other regions and which will lead the project forward to

⁴⁹ For more information regarding the model, please see footnote 3.

C.5 Phase-out and sustainability

The sustainability of the project is ensured by the fact that the project actively seeks to give ownership of methods and reports to GES and the district and regional authorities, which have already obliged themselves to an active effort to implement CSE in schools in the entire Northern Region. The authorities have been actively involved in the development of the model for CSE in schools and in this phase the ownership of GES to the objectives is a key strategy. The strategic choice for NORSAAC only to support the districts in their actual implementation enables the local authorities to seek advice while taking responsibility for improvements themselves. This will be formally put into writing in a binding protocol obliging the authorities to commit to implementing CSE in the schools issued by the Regional Director of Education in the Northern Region.

Collaborating with the student organizations, as well as the management of the Teachers Training Colleges in Northern Region furthermore points in the direction of building a strong coalition advocating for the inclusion of CSE/SRHR issues in the school curriculum as well as an integrated part of the teacher training colleges.

Furthermore the project will continue the fruitful collaboration, which NORSAAC has with local public authorities, traditional and religious leaders, teachers, NGO's etc. in the region. The sustainability of the project is thereby supported by the fact that NORSAAC is a highly recognized and capable NGO with many years of experience in implementing development projects. NORSAAC actively participates in several local networks, and will be the head of the new SRHR network and is an active partner for several local Ghanaian NGOs.

NORSAAC as an organization has strongly built its capacity especially relating to strategic service delivery and evidence based advocacy aiming at authorities. Through the future collaboration with Axis the organization will be even further strengthened in the capacity to successfully reach objectives within the field of SRHR.

C.6 Assumptions and risks

Commitment

The most important assumption for ISEPIII is that the local and regional authorities continue to support and commit themselves to the project. NORSAAC continues to have a good and fruitful cooperation with Ghana Education Service, the Regional Coordinating Council and the relevant District Assemblies. The local and regional authorities are acknowledging NORSAAC as an important and competent CSO within the area of sexuality education and SRHR. It has also created respect, that NORSAAC's education methodologies are based on experiences of young people and mothers as well as teachers. The model on SRHR clearly gives a guide on how to facilitate the teaching and the introduction of sexuality education in schools, which the Regional and local authorities are eager to use. NORSAAC expects a continuous constructive and positive relationship with the authorities.

Related to the above is the important assumptions is that the main stakeholders – (including the target groups) continue to be positive and eager to participate, each in their role e.g. GES, GHS, teachers, nurses, the religious and traditional leaders continue to value the project in relation to the youth of their communities and that the teachers are committed to better teaching in sexuality education for the benefit of their students.

However, NORSAAC has the fear that the commitment might put pressure to the organisation in reaching out to other areas in terms of coverage which might not be part of the project. Thus selecting 19 districts out of the 26 might be an issue.

Timing

The Regional Education Director has officially stated his support for the implementation of sexuality education in schools throughout the entire Northern Region. There is therefore a clear window of

opportunity and momentum, which provides strong support for the project. It is the assumption that the project has good timing for expanding the training and implementation to all districts in Northern Region. However, if the Regional Education Director would be transferred to another post, the project risks losing one of its best and most important advocates. Therefore, the project will focus on producing a binding protocol for GES as one of the first activities.

Presidential elections in 2016

2016 is a presidential election year and this can affect the allocation of funds as well as the political priorities of the government. Furthermore the elections in 2012 led to a long period of dispute over the election results where the current government was alleged of serious election rigging. Similar disputes over the coming election can provide a volatile ground for development in Ghana hence also for development projects.

D. PROJECT ORGANISATION AND FOLLOW-UP

D.1 Division of roles in project implementation

NORSAAC will conduct the daily project implementation and project management

- Make an action plan for the project
- Ensure sound implementation of the project activities
- Conduct the necessary advocacy
- Monitor and evaluate the process
- Report to Axis on developments, challenges and successes every four months

Axis will support the process and implementation

- Support NORSAAC in the project implementation
- Conduct workshop on Guidance and Counselling methods
- Support the capacity building of NORSAAC i.e. in the areas of financial management, analytical methods and data management
- Support further advocacy work where needed

D.2 Monitoring and evaluation in project implementation

Day to day monitoring

The project is designed to fit in the organizational system and structures of NORSAAC especially the monitoring and evaluation framework that has been designed to assist the organization in achieving its five years strategic document. But with reference to this specific project where we are building lessons and scaling up to ensure a region where all institutions adopt and fully integrate sexuality education, we shall design specific tools and measures to ensure that the relevance of the process is made so practicable and convincing for easy adoptability especially in new areas.

In the beginning of the project period a specific M & E design with the purpose of enabling the ISEP staff to monitor the activities and training of the CSE training specialists and ToT's. The specific teaching of children in schools will be monitored by the circuit supervisors as part of their daily role of monitoring and supervising the activities in their respective schools. The novelty in this project is that there has been a declaration from Ghana Education Service to use their supervision and monitoring systems at the district and schools levels to monitor the teaching of sexuality education in schools taking into consideration the reflection of CSE on their time table as well as teaching notes of teachers. The regional education directorate would regularly review the usage of the model developed in the previous project in all implementing districts and schools.

Templates, for and design of the specific monitoring tools will be developed in a partnership between NORSAAC and regional and district GES. The ISEP team will continuously monitor the results and experiences, which the circuit supervisors have gathered.

Adding to this the Most Significant Change (MSC) approach shall be used in the project to collate qualitative testimonies and change stories of project beneficiaries to be used as evidence of change as well as figures of the number of beneficiaries. The project officers would monitor progress through participatory processes on quarterly basis. The manager of the project would also carry out periodic checks to ensure compliance of implementation as against indicators and outputs in the proposal.

Monitoring activities by Axis

Every 4th month NORSAAC will deliver narrative and financial reports to Axis describing the progress of the project in relation to the objectives and expected outputs and outcomes. Action plans and the narrative and financial reports must be approved by Axis, before work is started or continued and is a precondition for transfer of financial means.

Axis' monitoring of the project activities will take it starting point in these reports. The reporting formats will be developed by NORSAAC and Axis together and will focus on data in relation to results and the fulfilment of the objectives.

Axis will conduct several monitoring visits during ISEP III, based on the principles of formative monitoring – supporting and qualifying the project further, working closely with the staff of NORSAAC.

Axis will follow up on the narrative and financial reports and provide technical advice, when this is needed. Capacity building visits in the field of financial management, transparency; analytical methods as well as guidance and counselling will be conducted.

Midterm and end of project evaluations

The ISEP II end of project evaluation will serve as a base line for this project. Aside the regular monitoring, the design of the project is such that there would be a mid-term evaluation after the first one and a half year of the project as well as an end of project evaluation. The mid-term evaluation would comprehensively assess the project to ascertain progress towards the achievement of immediate objectives and make recommendations for changes as and when required. Furthermore the midterm evaluation will inform the design and development of the fourth phase.

The end of project evaluation will be carried out by an external consultant with support from the project team and Axis.

E. INFORMATION WORK

E.1 Has project-related information work in Denmark been planned?

A video will be produced in Ghana that will show the development of the project. What has the target groups gained from the project so far from mothers and peers in communities to stakeholders at the organizational level - GES, GHS, schools and traditional and religious leaders. The video will be broadcasted on social media and at relevant conferences and meetings in Denmark as well as in Ghana. A seminar will also be held in Denmark with participants from NORSAAC in order to present ideas and lessons learned from the ISEP project 1, 2 and 3. Participants at the seminar will be organizations working with SRHR in Denmark.

F. PHASED PROJECTS

F.1 The combined intervention divided into phases

ISEP I

ISEP I focused on conducting a survey on the behavior, attitudes and knowledge of young people on sexual issues. It also improved on the already existing toolkit for sexuality education and worked with community facilitators (many of the youth leaders). We have advocated the use of the toolkit in communities and schools where the use of the toolkit has proved immensely popular and have managed to get a good working relationship with the District Authorities.

ISEP II

This project focused on advocacy towards district and regional authorities, using the development of a model for sexuality education in schools and a manual for peer-education (for both mothers and young people). The project also seeks to help create a Working Group under NNED for SRHR and education, which will advocate for sexuality education on a regional level.

ISEP III

This project will implement Comprehensive Sexual Education in all districts in Northern Region by involving and training key GES staff. Training specialists will implement and guide the process. CSE will be incorporated in existing HIV/Aids clubs in teachers training colleges in Northern Region, and advocacy work will take place in order to engage the Council for Tertiary Council.

ISEP IV

This project will seek to advocate for CSE being implemented in the curriculum at a national level. We will also consider the need for further surveys in other parts of the country.

3. Budget summary

A detailed budget with budget notes must be submitted in Annex C 'Budget scheme' and enclosed the application. NOTICE: Remember to open all tabs in order to fill in each of the relevant five spreadsheets.

See also 'Guide to budget preparation' at www.cisu.dk.

Below please fill in a summary of the main budget items as follows:

Fill sheet 1-4 in Annex C 'Budget scheme' - the budget summary will then automatically appear on sheet 5.

This should be copied from Annex C and pasted below.

Budget summary		Currency
Indicate the total cost (i.e. including contributions from the Civil Society Fund as well as other sources)	<u>1.858.005</u>	DKK
Of this, the Civil Society Fund is to contribute	<u>1.858.005</u>	DKK
Of this, indicate the amount to be contributed by other sources of finance, including self-funding by the Danish organisation or its local partner, if any		DKK
Indicate total cost in local currency	<u>1.032.225</u>	
Indicate exchange rate applied	<u>0,56</u>	

Main budget items:

	Full amount	Financing plan	
		Of this, from Civil Society Fund	Of this, from other financial sources
1. Activities	899.043	899.043	
2. Investments	31.621	31.621	
3. Expatriate staff			
4. Local staff	312.608	312.608	
5. Local administration	102.708	102.708	
6. Project monitoring	129.942	129.942	
7. External evaluation	32.400	32.400	
8. Information in Denmark (max 3 % of 1-7)	43.000	43.000	
9. Budget margin (min 6 % and max 10 % of 1-8)	155.132	155.132	
10. Project expenses in total (1-9)	1.706.454	1.706.454	
11. Auditing in Denmark	30.000	30.000	
12. Subtotal (10 + 11)	1.736.454	1.736.454	
13. Administration in Denmark (max 7 % of 12)	121.552	121.552	
14. Total	1.858.005	1.858.005	

4. ANNEXES

OBLIGATORY ANNEXES

The following annexes must be submitted both in print by post and electronically by email:

- A. Basic information about the Danish applicant organisation (filled in and signed by the Danish organisation)
- B. Factsheet about the local organisation (filled in and signed by the local partner. It can be submitted in a copied/scanned version)
- C. Budget format

The following annexes about the Danish organisation must be submitted in print by post:

- D. The organisation's statutes
- E. The latest annual report
- F. The latest audited annual accounts (signed by the auditor and the management/board of the organisation)

NOTE: If the Danish organisation estimates that the expected annual consumption in the Civil Society Fund exceeds 5 million DKK, the application must be accompanied by a summary of the expected future consumption for the coming three-year period.

SUPPLEMENTARY ANNEXES (max 30 pages):

Annex no.	Annex title
1	Letter of collaboration- Tamale College
2	Letter of collaboration- GES
3	Budget
4	Facta sheet B

Notice:
