

# 1. Cover page

## LARGE-SCALE DEVELOPMENT PROJECT (from DKK 1 to 5 million)

<b>Project title:</b>		<b>Innovative Sexual Education Project II ISEP II</b>	
Danish applicant organisation:		<b>Axis</b> <a href="http://www.axisngo.dk">www.axisngo.dk</a>	
Other Danish partner(s), if any:			
Local partner organisation(s):		<b>NORSAAC</b> <a href="http://www.norsaac.org">www.norsaac.org</a>	
Country(-ies):		<b>Ghana</b>	Country's GDI per capita: US\$ 3100 (2011)
Project commencement date: 1.1.2013	Project completion date: 31.12.2015	Number of months: 36	
Contact person for the project: Name: Helle Feddersen Email address: <a href="mailto:helle.feddersen@skolekom.dk">helle.feddersen@skolekom.dk</a>			
<b>Amount requested from the Project Fund:</b> 2.999.430 kr.		<b>Annual cost level:</b> 999.818 kr.	
Is this a re-submission? (To the Project Fund or Danish Ministry of Foreign Affairs)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, previous date of application:			
Is this a: <input type="checkbox"/> A. New project? <input type="checkbox"/> B. A project in extension of another project previously supported (by the Project Fund or others)? <input checked="" type="checkbox"/> C. An intervention conceived from the outset as divided into several project phases, of which this phase is number [2] out of [3]? Note that section F must be filled in too in the case of phased projects			
In which language would you prefer the reply (chose one): <input type="checkbox"/> Danish or <input checked="" type="checkbox"/> English			
<b>Synthesis</b> (maximum 10 lines – must be written in Danish, even if the rest of the application is in English)  Projektets fokus er Seksuel og Reproduktiv Sundhed og Rettigheder (SRSR) i Ghana. Undersøgelsen fra ISEP I viste, at unge får deres viden om sex fra unge, forældre og skolen. I ISEP II ønsker vi, at styrke viden om sundhed og rettigheder og få styrket fokus på vigtigheden af seksualundervisning i skolerne. Vi har udvalgt 2 af distrikterne fra ISEP I. Fokusområderne i ISEP II er: 1) at producere en model med tool kit, manual til undervisning og ideer til omkostninger ved at indføre seksualundervisning, 2) producere en manual til peer to peer og mødregruppe undervisning om sex emner, 3) styrke en advocacy gruppe i NNED, som kan sætte fokus på vigtigheden af seksualundervisningen og lægge pres på de lokale myndigheder.			

\_\_\_\_\_

Date

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Person responsible (signature)

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Helle Feddersen -project coordinator Axis

Place

Person responsible and position (block letters)

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## 2. Application text

### Abbreviations:

CBSEP: Community Based Sexuality Education Project. The first project between Axis and NORSAAC

DA: District Assemblies

DEST: District Education Support Team

EfA: Education for All

GES: Ghana Education Service

GHS: Ghana Health Service

ISEP I: Innovative Sexual Education Project. The second project between Axis and NORSAAC

JSS: Junior Secondary School

MDG: Millennium Development Goal

MSG: Monitoring Support Group in ISEP I project

NNED: Northern Network for Education and Development

PPAG: Planned Parenthood Association of Ghana

PTA: Parents and Teachers Association

SMC: School Management Committees

SRHR: Sexual and Reproductive Health and Rights

SSS: Senior Secondary School

STI: Sexually Transmitted Infection

### A. THE PARTNERS

#### A.1 The Danish organisation

Axis was founded in 1995. Its overall focus area is education and, as part of this, also sexuality education based on sexual reproductive health and rights (SRHR). In November 2009, the board of Axis finished the recent adjustment of the strategy 'Rights to, in and through education'. ([www.axisngo.dk](http://www.axisngo.dk))

#### *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 and a prerequisite for sustainable, just and democratic development. Education is one of the most important means to eliminate poverty and oppression. Education should open up for 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 reproductive health and rights
- Promote democratic formation, reflection and acting competence aiming at active citizenship

#### *Experiences*

Of special relevance to this project are the following experiences: Axis has for many years had a long range of EU-financed exchanges between young people in Latin- America and Europe, in which different activities with SRHR as an integrated part, took place based in the Youth-to-youth methodology. Further, Axis is still responsible for a youth project in 3 Latin-American countries, with a focus on youth, their challenges and strengths, building up network, also with SRHR as an integrated part of the youth-to-youth methodology (peers). Axis has experience from Pro Joven in Bolivia 2011-2012 and has just gotten Pro Joven 3 approved by CISU.

Apart from this Axis has managed 8-10 education projects in Latin America ranging from 10 mill DKK to 500.000 DKK. Some of these projects are still being implemented by Axis civil society partners, primarily in Peru and Bolivia with capacity support from Axis and financial support from CISU.

Axis is an active board member of the Education Network and participates also in the Children and Youth network.

Axis is benefiting from its large network of peers and active members. Volunteering is a cornerstone in Axis' work, and the organisation has send more than 300 Danish university students as volunteers to Axis' partner organisations, as a support to the project implementation.

Axis and NORSAAC have been partners since 2009 in the initial CBSEP project and succeeding in the ISEP project since 2010.

*People*

Axis has set up a background group that focuses on sexuality education including HIV/Aids, based on SRHR  
The participants in this group are:

- *Sanne Müller*, Senior Education advisor, IBIS.
- *Bjarne Rasmussen*, Consultant (responsible for the large Danish sexual behavioural study 'Ung 99') and lecturer in Sexuality Education at different pedagogical universities.
- *Hans Andresen*, Director of Basic education, Gentofte Municipality and lecturer in Sexuality Education in different pedagogical universities. Former member of the Board in The Danish Family Planning Association for a number of years.
- *Kira Boe*, Political Consultant for Member of the European Parliament Margrete Auken
- *Helle Feddersen*, guidance counsellor for youth on education, project co-ordinator
- *Hanne Dupont*, Educational Consultant at the Copenhagen Health Care Administration
- *Vibeke Lenskjold*, Head of a Health Centre for unattended people, Red Cross, project co-ordinator
- *Christian Graugaard*, Head of The Danish Family Planning Association

Further the project has the professional support of Axis' secretariat consisting of:

- *Niels Boe*, project advisor in Axis and teacher at Frederiksberg
- *Catherine Watson*, Teacher at the Danish Teachers Training College at Blaagaard Seminarium.

And Axis has a joined group of people working on the projects on SRHR in Bolivia and Ghana.

**A.2 Other Danish partners (to be filled in if several Danish organisations are forming an alliance)**

In this project there are no other direct Danish partners.

**A.3 The local organisation**

The Northern Sector Action on Awareness Centre (NORSAAC) was founded in 2002 and focuses on gender, SRHR, youth and governance.

*Vision:*

A society in which every human being enjoys equal rights including their sexual rights

*Mission:*

Working with communities and community-based structures to build their capacities to demand their rights including their sexual rights.

*Experiences:*

NORSAAC's previous experience with managing projects on SRHR rights like STAR (Community Tackling AIDS Through Rights) and empowerment of women has given the organization practical experience and institutional competencies. The STAR project was funded by Action Aid Ghana and implemented by NORSAAC to assist communities' link reproductive issues to all other areas of development and implore local resources to address their reproductive health rights.

Having managed HIV/Aids Clubs in more than 35 institutions, NORSAAC has much experience in communicating the topic of HIV/Aids and SRHR to the region in general and young people in particular. The organisation has adopted methodologies from UNICEF and Journey of Hope Kids to facilitate the students' understanding and ability to take informed choices with regards to their sexuality.

Furthermore, NORSAAC has long experience with developing educational strategies for diverse target groups in the areas of SRHR. The organisation has carried out several community level and school based education programmes on SRHR issues like proper use of contraceptives, enhancement of parent-child communication, and young people's sexual life. The education programmes are based on approaches like Life Planning Skills (a sexuality curriculum on Sexuality for Young People in Africa) Journey of Hope, Project Resource Mobilisation and Awareness on Reproductive Health Commodities Security. Several categories of target groups have been reached in the Northern Region.

The interventions in the area have deepened the relation between NORSAAC and Public Health Institutions in the Northern Region. For example, the Ghana Health Service has had several discussions with NORSAAC's team to support and work with the organisation in their work on SRHR with a special focus on women and young people.

**Profile of board members**

Name of board member	Address	Occupation	Position
Alhaji A B Yakubu	District Director Ghana Health Service. Gushegu	Health Administrator	Board Chairmam
Ashetu Abdul Moomin	District Finance Officer-Nkoranza North. Brong Ahafo	Financial Administrator	Vice-Chairperson

Habib Amama	Child Development Officer- UNICEF Tamale N/R	Child Development Expert	Member
Adama Jahifo	USAID Head Office-Accra-Ghana	Development Practitioner	Member
Alhaji T A Mahama	Head-Tamale Secondary School-Tamale N/R.	Educationist	Member
Anglaare Justina	Portfolio Coordinator SNV-Ghana Tamale Office	Development Practitioner	Member
Dawuda Samson Seidu	Head-Anglican Education Unit. Tamale N/R	Administrative Planner	Member
Alhassan M Awal	Director- NORSAAC Tamale N/R	Development Practitioner	Representative of Management

#### A.4 The cooperative relationship and its prospects

Axis and NORSAAC have been cooperating for more than four years. The cooperation began through a series of visits by Axis staff, volunteers and interns and has since broadened into a productive working relationship with the experience of two joint projects.

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 characterised by exchange of knowledge and experience, capacity building and is based on trust in each other and the desire to further expand the relationship.

Throughout the cooperation between Axis and NORSAAC, Axis has sent a total of 8 interns to Tamale to work with NORSAAC for periods reaching from four to six months at a time. This has helped Axis have a close connection to NORSAAC.

Apart from the general cooperation between Axis and NORSAAC on development, education, SRHR etc., the corporation has had a special focus on the development of NORSAAC as an NGO. Two Axis members, both managing directors (on in the education department of the Municipality of Copenhagen and one of a Red Cross Health Centre), have conducted a leadership course in Tamale and when the NORSAAC leadership visited Copenhagen. The leadership course finished with success when Axis board member, Helle Feddersen visited Tamale in June 2012.

In 2009-2010, the project CBSEP (Community Based Sexuality Education Project) introduced the tools to be used in sexuality education and the creation of the toolkit. From 2010 onwards, ISEP (Innovative Sexuality Education Project) has improved and expanded on the toolkit as well as conducted a survey on the attitude, knowledge and behaviour of 1600 young people in Northern Region. The project worked extensively with teachers, youth leaders and community facilitators. The experiences and successes of CBSEP were expanded on and constituted the foundation of ISEP. The same will be the case now, as CBSEP and ISEP as well as the survey will be the basis for the ISEP II project.

The CBSEP and ISEP I achieved the following results:

- Increased awareness of young people, parents and some government agencies on the importance of sexuality education
- Existence of participatory toolkit facilitating discussion of sexuality education and gaining endorsement from all key stakeholders
- A strengthened NORSAAC as a local organization strategically placed to provide national level alternative to providing effective sexuality education.
- Existence of evidence based research findings about sexual behaviours of young people in Northern region of Ghana now facilitating sexuality interventions of NGOs and government agencies.

Thus, we submit this application on the basis of the success of both the CBSEP and the ISEP I projects.

## B. PROJECT ANALYSIS

### B.1 In what context is the project placed?

Ghana's population is 24,668,823 and regarded as young and growing. Young people aged 0-24 years constitute 52% of the population.

Ghana as a country is not doing well in most population and reproductive health indicators. For example, total fertility rate stands at 4.0% with wide regional variation, with the Northern Region with the highest rate of 6.8%. According to the Ghana Demographic Health Survey (GDHS) <sup>1</sup>2008, only 17% of women aged 25 – 49 years are currently using any

<sup>1</sup> Ghana Demographic Health Survey (GDHS): current is 2008, new report expected in 2013

modern family planning method, again with wide regional variations, ranging from 6% in the Northern Region to 22% in Greater Accra. Ghana is number 135 out of 182 countries in the Human Development Index 2011.

The country has achieved the MDG 1 target by reducing the proportion of population living below the poverty line to 28.5% in 2005/06, while the population living in extreme poverty decreased to 18.5% in 2005/06. Poverty is worst in the northern regions with the poverty gap index exceeding 40% in Northern region<sup>2</sup>, which further confirms the Growth Poverty Reduction Strategic (GPRS II) of Ghana, which indicates that 7 out of 10 people in Northern region are considered poor<sup>3</sup>.

## Gender

Across most socio- and economic indicators — from school enrolment to health and access to land — northern women and girls fare far worse than their male counterparts. That is true across Ghana but the north in particular is influenced by the persistence of “dehumanizing cultural practices,” says the *Ghana Human Development Report (2009)*.

The issues of gender equality and equity is further examined in the chapters on health, education and the ISEP survey

## Health

The reproductive health of young people in Ghana, despite all the interventions implemented over the past decade by governments, development partners and NGOs has not greatly improved. For instance, median age at first sexual intercourse increased marginally from 17.6 years in 1998 to 19.2 years in 2008 (GDHS).

Even though the median age appears to be increasing, more and more young people as low as 10 are experiencing their sexual debut. 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.

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 2015, and it will be unlikely for Ghana to meet the MDG target of 185 per 100,000 by 2015 unless steps are taken to accelerate the pace of maternal health interventions<sup>4</sup>.

The GDHS 2008 survey showed that only 25% of women aged 15 – 49 years have comprehensive knowledge of HIV as opposed to 33% of men. The Northern Region still records the highest maternal death and teenage pregnancies, with abortion-related death on the increase<sup>5</sup>.

## Education

The northern parts of Ghana especially the Northern Region lack behind in most aspects of formal education and may contribute greatly in influencing the country's strives to achieve the Millennium Development Goals (MDGs). 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). 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). The migration of young girls to the southern parts of Ghana for menial jobs, due to family poverty and instability, also truncates the ability to continue with formal education.

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

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<sup>2</sup> UNICEF 2010 annual report of Ghana

<sup>3</sup> UNICEF 2010 annual report of Ghana

<sup>4</sup> Ghana Mortal Health Survey 2008

<sup>5</sup> Ghana Health Service Annual report N/R 2010

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.

A new strategy is currently being considered by the government to review some areas in the education curriculum and this project can potentially influence the process. Strategies are to be adopted to integrate essential knowledge and life skills into school curriculum to ensure respect for human rights, human survival and safety, and better life choices for improved well-being include introducing attitudinal change regarding things such as population, family life education, good health, HIV/Aids, gender, human rights, civic education, human trafficking, religious and moral education, into the curricula of schools and institutions of higher learning<sup>6</sup>.

#### **From ISEP research**

When NORSAAC and Axis applied for the ISEP project there was a complete lack of knowledge about young people's knowledge and behaviour in sexual matters especially in Northern Region. Since Axis has an understanding that if you want to work effectively on the sexual behaviour of young people, you need accurate information on what the young people know, their attitudes, their experience and where they get their information. This will able you to focus your intervention, help plan your education intervention and base any advocacy on facts. This led NORSAAC/Axis to conduct a scientific survey in the ISEP project, which informed our further work in that project as well as this application.

A very large majority of young people take a serious risk of unwanted pregnancy or STI, regardless of the previous number of partners. Young people receive more information from their friends than from the school (76% against 74%). Friends become a very important part of the young people's "up-bringing" thus making the young people's knowledge being based on rumours. A large majority of young people in the rural communities (24%) against urban communities (19%) point to parents as the best source of information

According to the research findings, 7 out of the 63 girls, who have used emergency contraception, have also had an abortion one or more times. Among those who have had an abortion (N = 25) are 10 girls who are 18 years old or less. Fewer from this group (32%) than average (72%) have only had one single partner. The group is neither better nor worse at using contraception, than the rest of the girls, but are talked into sexual behaviour they don't want to.

#### **The Northern Region**

This project is to be implemented in the Northern Region of Ghana, which is characterised by poverty, job insecurity, food insecurity, high illiteracy rates, high rates of school dropouts, lack of infrastructure development, and out-migration of the economically active segments of the population. All these factors add to the growing rate of teenage pregnancies and high mortality rate.

The lack of access of most of the people to health services also contributed to the enormous challenge of health professionals obtaining actual data. Armed conflicts have kept the region relatively isolated. During the conflicts, money has been diverted away from development and into regional security, leaving health- and education systems far behind the rest of the country. This has largely contributed to slow progress of Northern Region in meeting the population's basic health and education needs and rights. It is therefore not surprising that the region is one of leading areas of maternal and child death. A district in the region even topped the country's maternal death data in 2011 and this therefore demands an urgent action to reverse the trend. When it comes to STIs, there is a general lack of knowledge about infection rates in Northern Region. The relatively low numbers of reported HIV/Aids cases can partly be attributed to the lack of accurate knowledge and to the region's relative isolation. Out-migration, low levels of urbanization, religious beliefs and other factors can play a role as well.

Culture and traditions in Northern Region to some extent impede the work with sexual and reproductive health and rights. In general, women have fewer sexual rights than men and there is a tendency among women to refuse to discuss sex openly<sup>7</sup>. Furthermore, traditional leaders tend to be unwilling to create an environment within which effective communication on SRHR 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 ties and in some cases ends up as little more than a slave. In some communities, more than 70% of families practice 'fostering'.

#### **The two districts**

The project is designed to be implemented in two districts covering all junior and senior secondary schools except overseas areas. Northern Region is divided into districts. The districts are the closest administrative entities and have as part of a process of decentralisation in the last few year, they have been given more political and financial authority, although much is still lacking.

The two districts this project will work in are:

**Karaga District** (population 77.706)

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<sup>6</sup> Ghana Shared Development Growth Agenda 2010

<sup>7</sup> Youth and Sexuality; the ideal orientation 2011 NORSAAC-Axis

The Karaga District has 205 communities. Over 70% of the communities have a population of less than 800. Karaga, the district capital, is the only community with a population of over 10.000. The average household size for the district is 8 persons.

The Health Service situation is inadequate as the district has only 1 district hospital, 1 health centre, 1 reproductive and child health centre, 5 community clinics, 1 physician, 2 public health nurses and one medical Doctor. Health professionals refuse posting to the area and community members are sometimes trained to support the few health professionals

The health status of the people is among the worst in the region. Use of available health facilities and health services is generally very low, especially supervised delivery by skilled attendants. The people generally exhibit a poor health seeking behaviour and many people patronize the services of quack Doctors and herbalists and will only report very late to the health facilities as a last resort. Family Planning acceptance rate is also low (11.7%)<sup>8</sup>. This could be attributed to socio-cultural and religious beliefs.

ISEP research findings in Karaga:

The school (46%) and friends (39%) are the single sources that, according to the young people, give most and best information.

In more than half of the young people's homes, sexuality is almost not discussed.

Lack of access to contraception is a very considerable reason for the risky behaviour.

14% of the sexually active have had one or more STI (sexually transmitted) infections

Many young people lack factual knowledge about contraceptive methods - particularly the insecure.

15% of the sexually active have felt sexually violated

Health authorities, parents and the school are assessed as the most trustworthy sources for help re-garding sexuality

**Savelugu/Nantong District** (population 180.283)

With a growth rate of 3 %, this district is one of the fastest growing areas in the region. The population of the district has currently influenced the government to upgrade it to a Municipality status. The status has not been reflected in socio-economic progress of the people and the area. A large portion of the people lives in overseas communities (cut off by water) and is challenged when it comes to education and health provision. The Ghana Poverty Reduction Plan declares Savelugu/Nanton the most deprived area in Northern Region. The average household size is 8,7 persons.

There is a very low family planning acceptance rate at 9 %.

One of the issues facing family planning acceptance is the fact that women only start family planning education at post natal instead of during antenatal or in school (District Health Report 2006).

ISEP research findings in Savelugu/ Nanton:

The school is the single source, which according to the young people, does not only give most but also the best information.

29% of the young people used contraception at the sexual debut

Lack of access to and knowledge about contraception are significant reasons for risky behaviour

28% of the sexually active have had one or several STI (sexually transmitted infections)

There is generally knowledge about the correct routes of infection for HIV – but also myths

Payment for sex is both practised among girls and boys

85% believe that sex life is important in relation to whether you feel well

**B.2 How has the project been prepared?**

The project is based on the experiences on both the CBSEP and the ISEP projects and more specifically on the experiences of using the toolkit in schools and communities and on the information uncovered by the survey conducted in ISEP.

The survey told us that young people get their (often incorrect) information from three main sources; Schools, mothers and friends. Axis' experience in education in general and in sexuality education from several projects in Bolivia, and NORSAAC's experience with young people and community mobilisation was the basis for the discussion on the future project. The knowledge gained from ISEP (the survey, the midterm evaluation and the conclusions from Most Significant Change) showed that increased information, rights based education and community mobilisation lead to a change in behaviour and attitudes. This led NORSAAC and Axis to focus on improving the knowledge available to young people through relevant education, peer-learning and a focus on the rights of young people (especially girls).

The practical discussions of the project took place following a midterm evaluation of ISEP from December 2011, which showed that significant sexual behaviour and attitudinal changes had been achieved on the part of youth and community members giving an indication that the project was effective and that the intervention was correctly targeted.

In February 2012, at the time of the conference presenting the results of the survey in Tamale, the Danish consultant Bjarne Rasmussen discussed the ideas for the new project.

In May, Kira Boe from Axis visited Tamale and conducted workshops on Most Significant Change and the first collection of stories from teachers and youth leaders showed an improvement in the information level in schools and communities,

<sup>8</sup> Karaga District health annual report 2011

indicating that the project had an effect on the behaviour of the young people in the involved districts, resulting in fewer teenage pregnancies and the resulting effects (girls leaving schools early, stigma, unsafe abortions etc.). In later discussions with Ghana Health Service, they confirmed this. While conducting this workshop and data collection, Kira Boe discussed this project application.

In June, Bettina Rinsing from Axis made a monitoring visit and followed up on project discussions and more of the project document was formulated in cooperation with NORSAAC.

In July, Helle Feddersen from Axis followed up on the leadership course NORSAAC had received and used the opportunity to finalize the project application.

### B.3 Problem analysis

There is limited knowledge, use and understanding of contraceptives and low utilisation of health services in Northern Region. Premarital intercourse without contraceptives is still more common and so are adolescent pregnancies. Unplanned and unwanted pregnancies often end in death and injuries from abortions undertaken under unsafe conditions. This clearly indicates that young people need education provided in an age-relevant manner that will help build the necessary skills to take appropriate decisions about their sexual health. Because of high rates of school drop outs, it is crucial to reach young people outside of schools. That is why youth leaders play an important role in reaching young people with new knowledge as well as methods for facilitating dialogue. Mothers are found in the survey conducted in ISEP 'Youth and Sexuality; the ideal orientation in Ghana' to be an effective source of sexuality education in the Northern Region. Also the importance of relevant and appropriate sexuality education has been highlighted in the survey as schools are the main provider of accurate information.

In general, women enjoy less sexual rights than men. The threat to women is significant, both in terms of them not knowing or getting the opportunity to exercise their rights and the physical threat to their health from assaults, sexual abuse, unwanted pregnancies, unsafe abortions, unattended child-deliveries and lack of access to medical services. On top of this, children as young as 10 might be forced to leave their homes to become little more than slaves (often sexually abused by much older men) through the process of "fostering" of young girls. Sex-related issues are generally tabooed in the traditional Ghanaian society and teaching methods at schools are traditional and with low involvement and participation of students in teaching and discussions. **These factors in combination call for cultural-, gender-, and context sensitive strategies and methodologies for discussing sexual health and reproductive rights with young people.** There is no curriculum on sexuality education. New teachers receive a course during their education with a limited focus on HIV/Aids but with no information about SRHR in general. Older teachers receive no training. As it is not part of curriculum, teachers (whether new or old) will not teach this subject.

Across most socio- and economic indicators — from school enrolment to health and access to land — northern women and girls fare far worse than their male counterparts. That is true across Ghana but the north in particular is influenced by the persistence of "dehumanizing cultural practices," says the *Ghana Human Development Report (2009)*.

The specific problems this project will address are:

- Absence of contextually relevant, participatory and gender sensitive sexuality education in junior- and secondary secondary schools.
- Lack of knowledge by parents (especially mothers) on sexual issues combined with unwillingness to address certain issues such as sexual rights, STIs and cultural norms.
- Low levels of information amongst young people on SRHR which leads to collective misunderstandings by which are repeated to peers.
- No sufficient support and commitment by district and regional authorities in the two project districts and in Northern Region
- Lack of sharing, coordination and emerging advocacy amongst civil society organisations related to SRHR.

### B.4 Stakeholder analysis

Stakeholder	Involvement in project	Interest in project	Fear of project	Strengths	Weaknesses
Teachers	Apart from teaching in JSS and SSS classes they also support in the selection and training of peer educators	Has interest in offering quality sexuality education, as they know context and education related issues of not having sexuality education (e.g. teen-age	Project may challenge their attitudes	Interest in seeing students exercising their sexual rights	Little knowledge No interest in making references on SRHR – see sexuality education more as transference of knowledge.

		pregnancies, sexual violence). Empower young people to make informed choices			
Mothers' Clubs	Serve as peer educators. Be part of listening group in the community	their children practice safer sex. Their children attain higher levels in education See young people free from STIs and HIV/ Aids	Project may involve or encourage young people in sexual activities	Their closeness to their children They already have some basis of sexuality education	Lack of formal education makes it difficult to understand and interpret some sexuality education issues Cultural implications
Youth leaders	Support training of peer educators in communities Assist in the selection of peer educators Will monitor activities of peer educators	Deepen their knowledge of sexuality and sexuality education Open discussion on sexuality within the community A community free from STI 's and sexual violence	Project may challenge their attitudes	They have some knowledge on sexuality education Have influence on other youth members in the community	Level of education is quite low. Cultural barriers,
Peer Educators	Educate peers on their sexuality and how to deal with it. Mobilization of people for sensitization programs Make referrals to health centres	Acquisition of knowledge on SRHR and a more visible role in the community as youth peer educator	Project may challenge their attitudes	They are energetic Free to have open discussion with peers Ready to explore/ look for additional information	Low level of education Lack of basic knowledge on SRHR
Ghana Education Service	Responsible for SRHR 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 students Integrate sexuality education in school curriculum Reduction in teenage pregnancy in school	Involvement of students in sexual activities	Existence of structures and personnel May help influence decision making in Health Service, Ministry of Education	Still needs to be convinced of the importance of sexual education and its effect
Ghana Health Service	Collaboration with and support to the project	Improve sexuality and reproductive health of students and communities	Reveal their weaknesses	Availability of their expertise	Inadequate structures and personnel
District Assemblies	Support the coordination of the project in the 2 districts Support the advocacy process in other districts	Improve sexuality and reproductive health of the people in the district.	The project may impose some responsibility on the District Assembly	Provision of resources to facilitate activities. Provide technical and	Still needs to be convinced of the importance of sexuality education and its effect

				logistical support to the project.	
Heads of Schools	Support implementation in schools.  Support advocacy process.	Improve sexuality knowledge of their students	Involvement of students in sexual activities. Affects lessons. An extra curriculum with demands on resources	Availability of structures and personnel.	Overloaded with work and few school resources and unsure of the effect of sexuality education
CSOs	Potential partners	Promote sexuality education in schools and communities.	Some religious beliefs may offend individual partners	May have influence on authorities	May have inadequate information on sexuality education.
NNED Northern Network for Education and Development	Advocacy partner of project The network supports the formation of a working group within NNED on sexuality education and advocacy	To see sexuality education as a subject taught in schools.	Fear of increased workload without additional resources	Can advocate sexuality education as part of curriculum change.	Have never before worked with sexuality education. Need resources to pursue own strategy for the network
NORSAAC	Civil society organization, which, together with Axis has the responsibility for the implementation of the project	Wishes to contribute to the fulfilment of SRHR, and has realized the huge potential of sexuality education and peer-education as important roads to the fulfilment of SRHR.	A concern: the project may in the future challenge the perception on e.g. homosexual rights as part of SRHR	Has thorough context knowledge and vast experience in working especially with youth, health campaigns and SRHR. Experienced project team – especially with focus on the more health / clinical side	Has limited, but growing, sexuality education expertise.
Religious and Traditional Leaders	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 Teachers Association	Support the implementation of sexuality education and support advocacy efforts	Education of the next generation.	Fear that talking about sexual matters will lead to increased sexual activity	Their influence on the youth and community members	Cultural barriers
Press/Media	Bringing sexual and reproductive rights to the notice of the general public / alert public to the project	Keep public updated	To interfere with cultural traditions	Reach great part of the public. Have influence on decision making	Inadequate correct information about subject matter.

**C. PROJECT DESCRIPTION**

**C.1 Target group and participants**

In the project, the following will participate:

In Karaga District: 12 communities and 17 junior and senior secondary schools (10 of which participated in the former ISEP project).

In Savelugu/Nanton: 12 communities and 25 junior and senior secondary schools (10 of which participated in the former ISEP project).

**Primary target groups:**

ISEP school teachers	10 (gender 50/50%)
ISEP community facilitators	8 (gender 50/50%)
Pupils in schools	12960 (gender 50/50%)
Mother peer educators	48 (F)
Mothers in communities	720 ( F)
Children in families	5760 ( gender 50/50%)
Young peer educators	48 ( 50/50%)
Young recipients of peer-education	2400 (50/50%)
Young people in communities.	4240 (gender 50/50%)

And other involved:

GES public employees

Heads of schools

GHS public employees

District employees

CSO

Coalition members

Parents and teachers association

NNED

Stakeholders and traditional leaders

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

**Development objective:**

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

**Immediate objectives:**

1. By the 01.01.2016 a new model for sexuality education in junior and senior secondary schools is actively supported by District and Regional authorities.
2. By 01.01.2016 a new manual on the use of young people and mother as peer educators in SRHR is used by GHS and the two largest SRHR CSOs in Northern Region.
3. By 01.01.2016 a working group within NNED (Northern Network for Education and Development) of organisations working on sexuality education has influenced Regional GES, GHS and the DA’s in Northern Region.

Immediate Objective	Objective Indicators	Means of verification
<p>1. By the 01.01.2016 a new model for sexuality education in junior and senior secondary schools is actively supported by District and Regional authorities.</p>	<ul style="list-style-type: none"> <li>• By 01.12.2016, District authorities in collaboration with GES instruct local school head teachers to support teachers in teaching sexuality education</li> <li>• By 01.02.2016, District GES have action plans for sexuality education</li> </ul>	<ul style="list-style-type: none"> <li>• Letters instructing schools on supporting teachers on teaching sexuality education in schools</li> <li>• Papers of action plans</li> </ul>
<p>2. By 01.01.2016 a new, gender-sensitive manual on the use of young people and mother as peer educators in SRHR is used by GHS and the two largest SRHR CSOs in Northern Region.</p>	<ul style="list-style-type: none"> <li>• By 01.02.2016, GHS uses the manual on peer education as a primary tool in their peer education on SRHR in Northern Region.</li> <li>• By 01.02.2016, PPAG and Marie Stopes- the 2 largest CSOs have made plans on future use of the manual and have tested the manual in at least 5 communities.</li> <li>• By 01.02.2016, the manual is used by youth peers and mother groups as a primary educational material on SRHR.</li> </ul>	<ul style="list-style-type: none"> <li>• Copies of manual and plans</li> <li>• Plans for the future work on peer education</li> </ul>
<p>3. By 01.01.2016 an advocacy group within NNED (Northern Network for Education and Development) of organisations working on sexuality education has achieved influence Regional GES, GHS and the DA's in Northern Region.</p>	<ul style="list-style-type: none"> <li>• By 01.02.2016, ten quarterly articles on sexuality education published in newspapers for public awareness showing the joined work</li> <li>• By 01.02.2016, 2 policy briefs on sexuality education send to and discussed with regional and national authorities</li> <li>• By 01.02.2016, a joint strategy paper on SRHR written and published by NNED and GES and GHS and it is presented at a press conference</li> </ul>	<ul style="list-style-type: none"> <li>• Copies of articles in newspapers</li> <li>• Copies of policy briefs</li> <li>• Copy of strategy paper</li> <li>• Pictures of meetings and engagements</li> </ul>

### C.3 Outputs and activities

Development Objective		
Young people (aged 12 to 25) in Northern Region, Ghana have adequate knowledge and exercise their sexual and reproductive health and rights.		
Objectives	Outputs	Activities
1. By the 01.01.2016 a new model <sup>9</sup> for sexuality education in junior and senior secondary schools is actively supported by District and Regional authorities.	<p>1.1 Sexuality education is implemented in 43 junior- and senior secondary schools (17 in Karaga and 26 in Savelugu/Nanton) and the 258 teachers actively use the toolkit on SRHR.</p> <p>1.2 The model is developed, documented and published for dissemination and advocacy use.</p>	<p>1.1.1 3 days refresher training of 10 ISEP teachers on the use of the toolkit on SRHR and on teacher training methodology.</p> <p>1.1.2 Meetings with and sensitization of PTAs and SMCs from the 43 schools.</p> <p>1.1.3 36 workshop days for 258 junior- and senior secondary school teachers from 17 schools in Karaga and 26 in Savelugu/Nanton districts on the use of the toolkit piloting different methods by 10 ISEP teachers.</p> <p>1.1.4 Monthly monitoring of the 258 teachers in their schools by 10 ISEP teachers.</p> <p>1.1.5 A 3-day workshop on sexuality education and participatory methods related to the toolkit and to the development of the model of best practice is held for Axis, NORSAAC, GES, GHS and District Assemblies.</p> <p>1.1.6 A 2-day training workshop on methods for monitoring teachers and development of model by Axis for NORSAAC personnel, the 10 ISEP teachers, the 20 circuit supervisors in the 2 districts and 10 members of the District Education Support Teams (DEST).</p> <p>1.1.7 2 for a with heads of schools from the 43 junior and senior secondary schools, 20 circuit supervisors, PTA/SMC reps and 4 district education and health directors from Karaga and Savelugu/Nanton to update on and discuss til process of developing the modet.</p> <p>1.2.1 4 review sessions with 10 ISEP teachers to give feedback and to create the model.</p> <p>1.2.2 4 stakeholder meetings held at the district level to give input to the development of the model.</p> <p>1.2.3 Editing, production and publishing of model.</p>

<sup>9</sup> The explanation of 'model' is given below the LFA matrix

	<p>1.3 GES and District Assembly officials and civil servants are well informed on SRHR and sexuality education and express their support for the model.</p> <p>1.4. GES and District Assemblies participate in the dissemination of the model on a regional level.</p>	<p>1.3.1 A booklet on facts about sexual health and education based on information from the research and experience from ISEP 1 is produced and actively used as an advocacy tool by the ISEP team.</p> <p>1.3.2 2 meetings in each district are held with District Assembly officials and civil servants on SRHR, education and the development of the model.</p> <p>1.4.1. Two radio discussions on the implementation of sexuality education in districts with the participation of Karaga and Savelugu/Nanton District Assemblies held.</p> <p>1.4.2 Copies of the model are distributed to the regional and District authorities in order for them to disseminate.</p> <p>1.4.3 A regional conference with GES, District Assemblies, traditional leaders and other stakeholders to present and advocate the model held (media invited). DA from selected districts in Northern Region invited to participate.</p> <p>1.4.3 Bi-annual (6) meetings with Project Support Group (PSG) of which GES and District Assemblies are members.</p>
<p>2. By 01.01.2016 a new, gender-sensitive manual on the use of young people and mother as peer educators in SRHR is used by GHS and the two largest SRHR CSOs in Northern Region, Ghana.</p>	<p>2.1. 48 mother peer-educators from 24 communities in Karaga and Savelugu/Nanton districts actively work in pairs as peer-educators towards 720 women in communities.</p> <p>2.2. 48 youth peer-educators from 24 communities in Karaga and Savelugu/Nanton work in pairs as peer-educators to 2400 young people in the communities.</p> <p>2.3. A manual for the use of young people</p>	<p>2.1.1 3-day refresher training of 8 ISEP community facilitators on peer-education, gender relations and sexuality.</p> <p>2.1.2 Two 3-day district workshops for 48 mothers from Karaga and Savelugu/Nanton districts on sexuality, gender relations and peer-education by the 8 ISEP facilitators together with NORSAAC staff.</p> <p>2.1.3 Ten 1-day district peer review meetings with the mothers on common challenges, ideas and best practices.</p> <p>2.1.4 Monthly monitoring of the 48 mother peer-educators by the 8 ISEP facilitators.</p> <p>2.2.1 Two 3-day district workshops for 48 youth peer educators on sexuality and peer-education facilitated by 8 ISEP facilitators together with NORSAAC staff held.</p> <p>2.2.2 Nine 1-day district peer review meetings with the young people on common challenges, ideas and best practices (8 bi-annual districts and 1 general).</p> <p>2.2.3 Monthly monitoring of the 48 youth peer-educators by the 8 ISEP facilitators.</p> <p>2.3.1 Four times a year, the 8 ISEP facilitators (from both districts) meet to discuss</p>

	<p>and mothers as peer-educators is written and validated by NORSAAC and the ISEP facilitators based on the experiences of the 96 peer-educators with the participation of district and regional authorities.</p> <p>2.4. District and regional authorities and CSOs actively support the use of the manual and have disseminated it within the 2 districts as well as in other districts in Northern Region.</p>	<p>common best practice and the development of the manual.</p> <p>2.3.2 Once a year, these meetings are attended by GHS and GES at district and regional levels to discuss the manual development.</p> <p>2.3.3. Development, production and publishing of the manual for the use of peer-educators.</p> <p>2.4.1 Four meetings with stakeholders and authorities to present the manual are held.</p> <p>2.4.2. Two radio-discussions in each district with the participation of regional authorities are held on peer-education and SRHR.</p> <p>2.4.3 One regional forum on the manual for the use of peer-educators is held with the participation of peer-educators, district and regional authorities.</p> <p>2.4.4 4 meetings held with relevant CSOs on SRHR and the development of the manual</p> <p>2.4.5 A meeting for relevant CSOs to develop a plan to integrate the gender sensitive manual in their activities is held.</p>
<p>3. By 01.01.2016 an advocacy group within NNED (Northern Network for Education and Development) of organisations working on sexuality education has influenced Regional GES, GHS and the DA's in Northern Region.</p>	<p>3.1 Sexuality education is recognized as a new priority theme within NNED and an advocacy group is established.</p> <p>3.2 NNED / advocacy group actively participates in the public debate and advocate for SRHR.</p> <p>3.3. NNED / advocacy group engages in policy debate within the formal regional</p>	<p>3.1.1. A mapping of NGOs Northern Region and institutions in the area of SRHR and education is conducted.</p> <p>3.1.2. All relevant organizations working with SRHR form an advocacy group within NNED.</p> <p>3.1.3. 15 meetings with advocacy group members (formation, coordination, sharing of best practice, strategic planning of advocacy etc) are held.</p> <p>3.1.4. Advocacy, media engagement, and policy formulation training for advocacy group members by local consultant assisted by Axis</p> <p>3.2.1. Produce articles for newspapers on sexuality education.</p> <p>3.2.2. Five Radio debates held on sexuality education inclusion in education curriculum.</p> <p>3.3.1 Advocacy group members write a strategy document based on experiences in the Northern Region.</p> <p>3.3.2</p>

	education and health system.	Production of fact sheets and policy briefs in relation to curriculum. 3.3.3 Meeting with Parliamentary select committee on education 3.3.4 Four meetings between NNED advocacy group and district and regional authorities. 3.3.5 Participation in regional and national conferences on SRHR and engages in other relevant networking possibilities
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It is important to recognize that 'the model' in addition to a curriculum and learning concept includes guidelines to cooperation with school organization, parents groups and how to integrate institutionally in the local political conditions.

**The model embraces:**

- The toolkit and a teachers' guide to the toolkit
- A teaching manual (including methods of teaching, levels of difficulty, different tools appropriate for different ages, content, teaching modules – 4 lessons/12 lessons etc, how to plan the lessons etc.)
- Teacher training manual – what to teach them, how to teach them, using which methods etc.
- Different suggestions on how SRHR teaching in schools should be organised, e.g. how many lessons needed pr year/semester/month in order to be 'effective', should it be integrated in other subjects or in separate modules, aim and sub-aims for teaching (e.g. for different age-groups), descriptions of content (in other words, not 'just' info for the teacher in a manual but also 'official' requirements written down from the government's/authorities' side - curriculum) etc.
- How officials can work with Headmasters, Community leaders, parents etc.
- How much it will cost a district to implement sex education, different possibilities etc.
- How to get most value for money – the best result for the least money
- How much manpower is needed (for actual teaching, for teacher training, for collaboration with community leaders, parents etc., for monitoring SRHR work in schools, for developing materials etc.)

**C.4 Strategy: how does the project cohere?**

**Strategy**

The overall strategy for this project has been based on the 'development triangle' with a strong relation between strategic service delivery, capacity building and advocacy. The model for sexuality education in schools, coupled with the manual for peer-education, create the substance, which will pave the way for advocacy. At the same time, the project will not only work on the capacity of NORSAAC, but will build the capacity of the civil society organisations involved in the new working group on sexuality education which the project will create.

Key results from the ISEP survey demonstrates that sexuality education using participatory methods can significantly contribute to reduce all the specific problems mentioned in the Problem Analysis

The project is based on experiences and successes from the ISEP I project. Particularly the survey of the behaviour and knowledge of young people has informed this application. The survey showed that young people are misinformed about many issues regarding safe sex, STDs, how to prevent pregnancies etc, and that the common misunderstandings flourish. Young people learn about SRHR in school (but the content and quality of education is poor); from their mothers (as the fathers are largely absent in the upbringing of the children; and friends who are informed from the same places and therefore suffer from the same misunderstandings and gaps in knowledge. The midterm evaluation as well as the monitoring based on Most Significant Change shows that ISEP I managed to produce a change in the behaviour of young people simply by changing the level of information coming from teachers and community facilitators (youth leaders). This has led to this project's development objective: that all young people in Northern Region, Ghana have adequate knowledge and exercise their sexual and reproductive health and rights.

The fact that the official education system and peer education are the main sources for learning about SRHR in Northern Ghana District, is the backbone in the project strategy.

The main obstacle to achieving the objective is lack of support from the official system, from District Assemblies, GHS and GES. This project will therefore focus much of its energy on advocating a renewed focus on SRHR in the education system and on a community level. This will be done partly through the development of a model for sexuality education to be used in schools (by teachers and headmasters), by District Assemblies on a district level and by GES on district and regional levels; through the development of a manual for peer-education, which will focus on the use of young people and mothers as peer-educators.

**Districts**

The project is implemented in two districts: Karaga and Savelugu/Nanton. The ISEP project was implemented in 4 districts, but a strategic decision was made that this project should focus on 2 rather than continue with the 4 districts. This was decided on the basis of the fact that we only deemed it necessary to work on strategic service delivery in 2 districts as the work will be focused more on advocacy and especially on proving that sexuality education can be implemented in a district as a whole. Therefore, only 2 districts were needed. The reason behind choosing Karaga and Savelugu/Nanton was the following: We found it important that the 2 districts were districts in which ISEP I also worked, as we would draw on the experiences of the teachers and community facilitators in the districts. Other criteria were: participation in the survey conducted in ISEP I, diversity between the 2 districts and friendly District Assemblies with whom NORSAAC have a good working relationship. These criteria led us to Karaga and Savelugu/Nanton.

**Strategic Service Delivery**

*Model for sexuality education in schools:*

The survey conducted in the ISEP I project, found that schools are an important communicator when it comes to young people and sexual matters. At the same time, teachers are uncomfortable teaching sexuality education, need better tools to be able to do so as well as support from headmasters, District Assemblies and GES. The tools needed for the

individual teachers were developed as part of the ISEP I project and will be used by the ISEP II project. The use of the toolkit will be taught by the teachers from ISEP I who will train their colleagues and participate in the monitoring and collection of information for the creation of the model

(p. 17). The model will be targeted for use by everyone from teachers (lesson plans etc), headmasters (planning out modules of sexuality education etc.) and District Assemblies and GES (price, investments etc.). The District Assemblies and GES will from the beginning of the project support the development of the model and will participate in the Project Support Group.

#### *Manual for peer-education:*

As well as tackling young people in school, the project will also seek to effect communities and young people out of school. This means using peer-educators – both mothers and young people. Mothers who through other mothers can target families, younger children and husbands; and young people who can target other young people and improve the level of information between friends. The mothers will be targeted through working with already existing mothers' groups and the young people through the facilitators from ISEP I who have in depth knowledge of youth to youth. The mothers and young people will be taught by the ISEP I facilitators who will also help monitoring as well as gathering the needed information for the creation of the manual.

The manual will target the use of peer-educators and set out standards for education, training etc. This will be done in corporation with PPAG, who have a smaller version of a peer-educators manual for young people. This is not complete and does not target mothers at all. The project will therefore join with PPAG and add on to their manual.

The manual will be targeted to large CSOs and GHS who all work with peer-educators already and have expressed a desire to improve this work.

#### **Capacity building**

ISEP I sought to improve the capacity of NORSAAC by focusing on improving their financial monitoring capabilities and in particular by undergoing a course on leadership, which was successfully completed on the Axis visit in July 2012. The ISEP II project will focus on improving NORSAAC's capabilities for advocacy as we see advocacy as key in this project and beyond, in the next phases of the work between Axis and NORSAAC. The capacity building on advocacy will take place both through a workshop taught by Axis staff, but especially through the work and cooperation in the Working Group on SRHR and education, which will be formed under NNED during this project. This will provide NORSAAC with the opportunity to join forces with other relevant CSOs, for them to learn from each other and to advocate for SRHR in education together. Thus the project will both build on the capacity of NORSAAC but also of the other members of the Working Group.

#### **Advocacy**

The project will use the model for sexuality education and the manual for peer-education in advocacy on a local and regional level. We will target both District Assemblies, headmasters, traditional- and religious leaders as well as relevant large CSOs, GHS and GES both on district and regional levels. We will advocate the use of the model by District and regional authorities and CSOs.

While targeting these organisations and authorities from below, the project will also focus on advocacy on a higher level. Through the creation of an advocacy Working Group under NNED, NORSAAC will join with other CSOs who work on SRHR and education and together form a platform for high-level advocacy in Northern Region. The advocacy by this working group will support the implementation of the model for sexuality education and the manual for peer-education in relevant organisations and authorities, but at the same time use the experience from the survey in ISEP I and the experiences in ISEP II (as well as relevant experiences by other members of the Working Group) to advocate for a rights-based sexuality education on a regional level. We recognise the potential importance of uniting forces on a regional level, getting experience and building the capacity for advocacy within the Working Group before moving to a national level and advocating curriculum change. Thus the advocacy done in this project will focus on local, district and regional levels, though we will of course not rule out national advocacy if the opportunity presents itself. National level advocacy for curriculum change etc. will be the focus of our future application for an ISEP III project.

#### **C.5 Phase-out and sustainability**

The sustainability of the project is aided by the fact that NORSAAC is a recognized and capable NGO with years of experience and who have received funds for a number of years from the international NGOs Action Aid and Basic Needs.

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 has strongly built its capacity through the capacity building of the ISEP project.

NORSAAC have got a lot of partners: Action Aid, Global Fund, Voluntary Service Overseas, Empower USA, Indigenous women, African Women's Development Fund, World Bank, Planned Parenthood Association of Ghana, IBIS West Africa. And are now having ongoing discussions with Marie Stopes.

The sustainability of the project is ensured by the fact that the project actively seeks to give ownership of methods and reports to GES, GHS and the District assemblies and will aim at the continuation of the voluntary work done by teachers, youth-leaders, religious authorities and traditional leaders under the leadership of the District assemblies together with GHS and GES.

Thereby the project will support NORSAAC's prestige in relationship to GHS and GES - and show the importance of an alliance between NGOs and state offices.

#### **C.6 Assumptions and risks**

##### **The continuous support and involvement of local authorities**

The most important assumption for ISEP2 is that the local and regional authorities continue supporting the project. NORSAAC has had a good dialogue and cooperation with Ghana Education Service (GES), Ghana Health Service (GHS) and the relevant District Assemblies in ISEP1. The local and regional authorities are acknowledging NORSAAC as an important and competent CSO within innovative sexuality education for youth, related to SRHR. It has also created respect, that NORSAAC's education methodologies are based on the first research in Northern Ghana 'Youth and Sexuality' done by NORSAAC and Axis in 2011. As these authorities have expressed, that they are eager for the project to continue we expect a continuous constructive and positive relationship with the authorities, which on their part will continue to consider NORSAAC an important cooperation partner in the work with SRHR,

##### **The right time**

Another assumption is, that this project is implemented at the right time, as the curriculum will be revised and thus evidence based advocacy, starting at local and regional level, will be able to influence the content of the curriculum concerning sexuality education in SRHR. District and regional GES will need experience and support to develop the curriculum for JSS and SSS further and having evidence of the effect of innovative sexuality education, based on research in the concrete context of the sexual knowledge, attitudes and practice of youth in Northern Ghana, is a strong starting point. Also GHS will need evidence of how to work best with peer-to peer methodologies (youth and / or mothers) and also here NORSAAC's advocacy for SRHR in education and through peer to peer learning processes will be able to attain results.

##### **Decentralisation**

The third assumption is that the decentralisation process in Ghana will move further and GES will be much closer attached to the District Assemblies. This will give the districts possibilities of implementing SRHR for youth within the formal education system (JSS and SSS) and through peer to peer processes.

##### **The involved stakeholders**

The fourth assumption is that the main stakeholders – (including the target groups) continue to be positive and eager to participate, each in their role e.g. the peers will take actively part in the peer to peer education, as they can see the benefit for themselves and their peers, that 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.

## **D. PROJECT ORGANISATION AND FOLLOW-UP**

### **D.1 Division of roles in project implementation**

NORSAAC will have the daily management of the project

- Make an action plan for the project.
- Conduct workshops for mother groups and peer-to peer
- Monitor the process and facilitators
- Lead the working group in NNED network
- Lead Project Support Group

Axis will support the process and implementation:

- Support workshops and refreshers on toolkit, participatory pedagogic
- Support the development of the best practice manual
- Workshops for mother groups and peer to peer education
- Capacity building of NORSAAC
- Support further advocacy work
- support NNED network in SRHR

### **D.2 Monitoring and evaluation in project implementation**

In order to be able to monitor consistently, a baseline will be established in the first months of project implementation. This will, together with development of detailed indicators be the foundation for all monitoring and evaluation in ISEP2.

The monitoring and evaluation of ISEP2 will be based on the results achieved and lessons learned in CBSEP and ISEP1

For proper assessment of progress of the project, monitoring will be done consistently at all levels more especially at the community/school and community/ district level, since it's the core point of implementation and the manifestation of critical changes / evidence will be at that level.

The Most Significant Change (MSC) approach will be used to collate qualitative data about expected and not-expected changes created by the project intervention. This is done through change stories from the communities and schools bi-annually to ascertain the level of progress of the project. Axis has very good experiences with this method from the

Latina American projects, and has developed a manual (in Spanish and English) for how to work with the method, and has therefore started to capacitate NORSAAC in the method of collecting and analysing data in ISEP1. The project is therefore combining quantitative and qualitative data in its monitoring.

ISEP2 is managed by a project manager, who has the overall responsibility for the project management, monitoring of the projects' effect, coordination between the different staff and stakeholders, in order for NORSAAC as an organisation to build up further capacity and share learning. But the actual monitoring will be done by all key staff and facilitators in the project. Below is a breakdown of how the project will be monitored:

NO	LEVEL OF MONITORING	EXPECTED ROLE	FREQUENCY
1	ISEP facilitators (Youth leaders and Teachers)	<p>The ISEP facilitators (youth leaders and teachers) in the two implementing districts will be the core drivers of the project as they will be leading training of other teachers, peer educators and mothers groups.</p> <p>They are expected to have a monitoring role of supervising activities of teachers, peer educators and mothers at the schools and communities. Both qualitative and quantitative approaches will be adopted to guide indicators tracking. They are expected to be monitored by the Field Officers.</p>	Weekly
2	Field officers	<p>Field Officers shall be assigned to the districts and will play supervisory roles to the facilitators and serve as focal persons of the project in the districts.</p> <p>Their primary monitoring role will be to assess the quality of data given by facilitators and daily activity implementation in schools and at the community level. The field officers will also visit the target communities and schools consistently as agreed during implementation to ensure that work goes according to plan.</p> <p>Meeting in and with communities and Districts will be held to demonstrate progress, results and discuss challenges.</p>	Monthly
3	Project manager	<p>The project manager has the overall responsibility of the monitoring especially during project implementation and after to ensure that reports are reflective of monitoring information.</p> <p>She will also support in collecting some MSC stories from the field for organisational learning and effective documentation</p>	
4	Education officer	<p>The education officer will offer support, supervision and technical back-up in monitoring and evaluation to Field Officers and communities to ensure that the project is meeting targets</p> <p>She will be responsible of collating and documenting change stories from the project</p>	Quarterly

#### **Narrative and financial reports**

Every 4th month NORSAAC will sent Axis Narrative and Financial reports 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 will follow up on the narrative and financial reports and provide technical advice, when this is needed Axis' monitoring of the project activities will take it starting point in these reports. The reporting formats have been developed by NORSAAC and Axis together and are focussing on data in relation to results and the fulfilment of the objectives. Axis is doing several monitoring visits to ISEP2, based on the principles of formative monitoring – supporting and qualifying the project further, working closely with the staff of NORSAAC.

#### **A midterm Review and final evaluation**

A midterm review will be conducted at the end of the fourteenth month and form basis for reviewing the project strategy, activities, outputs and outcomes. As in the case of the baseline survey, Axis and NORSAAC will agree on a consultant to lead a team of stakeholders to conduct the midterm review. This will also involve the MSG. Results of evaluation will be disseminated at regional and district levels among stakeholders.

At the end of the last year, an evaluation will be conducted to ascertain the overall performance of the project. The final evaluation will focus on the relevance, effectiveness, efficiency, impact and sustainability of the project and be conducted by an external consultant in collaboration with NORSAAC, Axis, MSG and all stakeholders. The results of the final evaluation will be disseminated at the regional and district levels.

The Terms of Reference for both the midterm review and final evaluation will be developed in corporation between NORSAAC and Axis. The project will have annual revisions by an external auditor.

## **E. INFORMATION WORK**

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

In the present ISEP project we conducted a conference on SRHR with Ghana, Bolivia and Denmark in November 2012. A new conference in 2015 will keep the 3 partners up-dated and give new inspiration. In Denmark the partners from Ghana and Bolivia will meet the network on SRHR issues and hear how the new curriculum in sex education emerges. The results and the new cooperation from this will make a world network in SRHR and in sexuality education. Ideas from this network could present ideas from the 3 continents on how to get students involved, peer to peer education and how to break the taboo.

We will use Axis webpage and Facebook profile to tell personal stories from young peoples experience with sex, rights and sex education in schools.

## **F. PHASED PROJECTS**

### **F.1 The combined intervention divided into phases**

#### **ISEP I**

The current project, which will end in December of this year, has focused on conducting a survey on the behaviour, 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 application focuses 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 seek to advocate for sexuality education and curriculum change at a national level while working with changing the education given to new and old teachers. We will also consider the need for further surveys in other parts of the country.

### 3. Budget summary

Here a summary of the main budget items should be provided.

A detailed budget with notes must be submitted in the annex '*Budget format*', which can be downloaded at: [www.cisu.dk](http://www.cisu.dk). NOTICE: Remember to click on all three tabs in order to fill in all three spreadsheets.

See also 'Guide to budget preparation' at [www.cisu.dk](http://www.cisu.dk)

Budget summary		Currency
Indicate the total cost (i.e. including contributions from the Project Fund as well as other sources)	2.999.430	DKK
Of this, the Project Fund is to contribute	2.999.430	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		
Indicate total cost in local currency	977.013	Ghana cedi
Indicate exchange rate applied	1 DK kr.= 3.07 cedi	3.07
If relevant: Indicate the extent of project-specific consultancy assistance (spreadsheet 3 of the budget format), see also 'Guide to budget preparation'	207.978	DKK

#### Main budget items:

	Full amount	Financing plan	
		Of this, from Project Fund	Of this, from other sources
1. Activities	1.033.376	1.033.376	
2. Investments	153.004	153.004	
3. Expatriate staff			
4. Local staff	822.285	822.285	
5. Local administration	237.770	237.770	
6. Project monitoring	188.025	188.025	
7. Evaluation	22.000	22.000	
8. Information in Denmark (max 2% of 1-7)	51.000	51.000	
9. Budget margin (min 6% and max 10% of 1-8)	250.746	250.746	
10. Project expenses in total (1-9)	2.758.206	2.758.206	
11. Auditing in Denmark	45.000	45.000	
12. Subtotal (10 + 11)	2.803.206	2.803.206	
13. Administration in Denmark (max 7% of 12)	196.224	196.224	
14. Total	2.999.430	2.999.430	

#### 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
- B. Factsheet about the local organisation
- C. Budget format

Annex B is filled in and signed by the local partner. It can also be submitted in a copied/scanned version.

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

##### SUPPLEMENTARY ANNEXES (max 30 pages):

Annex no.	Annex title
1	Letter of intent: Savelugu/Nanton municipal assembly
2	Letter of intent: GHS- Savelugu/ Nanton
3	Letter of intent: GES- Savelugu/ Nanton
4	Letter of intent: PPAG
5	Letter of intent: NNED
6	Letter of intent: GHS-Karaga
7	Letter of intent: GES- Karaga
8	Letter of intent: Karaga District Assembly
9	Staff and responsibilities
10	Mid term evaluation- conclusions+ recommendations

**Notice:** All annexes should be submitted in print in three copies (no magazines, books, newspaper cuttings or ring binders, but copies of relevant excerpts thereof).