

1. Cover page

THE CIVIL SOCIETY FUND

MAJOR DEVELOPMENT PROJECT

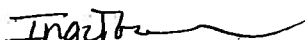
or phased projects

(budget between DKK 500,000 and 5 million)

Project title		Advocate to Educate for Sexual and Reproductive Health and Rights			
Danish applicant organisation		Axis	E-mail: axis@axisngo.dk		
Other Danish partner(s), if any					
Contact person for the intervention		Name: Inge Trads Kjeldsen	E-mail: inge_trads@hotmail.com		
Local partner organisation(s) Advocacy Movement Network		Country(-ies) Sierra Leone		Country's GNI per capita: 710 USD	
Commencement date	01.04.2016	Completion date	31.03.2017	Number of months	12
Amount applied for (DKK)		1.068.136			
Is this a re-submission?		[] No [X] Yes, please note the ref.no.(j.nr.): 15-1675-SP-sep			
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 [1] out of [3]? Note that section F must be filled in too in the case of phased projects				
Do you want a response letter in (choose one)			[] Danish or [x] English		
Do you want the Assessment Committee's notes about the application in (choose one)			[] Danish or [x] English		
Synthesis (maximum 10 lines – must be written in Danish, even if the rest of the application is in English)					
Seksuel og reproduktiv sundhed og rettigheder er et stort problem i Sierra Leone, hvor 18% af kvinderne oplever at blive voldtaget eller seksuelt krænket. Ca. 30% af de seksuelle overgreb foregår i skolesystemet. Axis vil i samarbejde med partneren AMNet derfor arbejde med SRSR både i landsbyerne, ved hjælp af AMNets metode Generation Dialogue og som fortalere for en koalition af civilsamfundsorganisationer, der sammen skal lægge pres på myndighederne for at få seksualundervisning på skoleskemaet. Som en del af denne fælles fortalervirksomhed skal det allerede udviklede seksualundervisnings-curriculum testes på skoler i samarbejde med den nationale organisation for børn og unge, Children Forum Network.					

09.12.15

Date



Person responsible (signature)

Copenhagen

Place

Inge Trads Kjeldsen – Project Coordinator

Person responsible and position (block letters)

2. Application text

List of Abbreviations

AMNet	Advocacy Movement Network
CFN	Children Forum Network
CP-Com	Child Protection Committee
CRC	Child Right Coalition
CWC	Child Welfare Committee
DSA	Daily subsistence allowance
EVD	Ebola Virus Disease
FTR	Family Tracing and Reintegration
FSU	Family Support Unit
GBV	Gender Based Violence
GD	Generation Dialogue
HRC SL	Human Rights Commission
IPC	Infection Prevention and Control
MEST	Ministry of Education, Science and Technology
MICS	Multiple Indicator Cluster Survey
MoHS	Ministry of Health and Sanitation
MoU	Memorandum of Understanding
MSC	Most Significant Change
MSWGCA	Ministry of Social Welfare, Gender and Children's Affairs
MTC	Multisectoral Technical Committee (National Strategy for the Reduction of Teenage Pregnancy)
NCPCM	National child protection committee meeting
NacGBV	National Committee on Gender Based Violence
NSRTP	National Strategy for the Reduction of Teenage Pregnancy
OICC	Observation Interim Care Centre
SGBV	Sexual Gender Based Violence
SRHR	Sexual and Reproductive Health and Rights

Structure:

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 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 send more than 300 Danish university students as volunteers to Axis' partner organisations, as support to the project implementation. Axis is an active board member of the Education Network and also participates in the Children and Youth network.

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 an important means 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 reproductive health and rights
- Promote democratic formation, reflection and acting competence aiming at active citizenship

Experiences

During its lifetime, Axis has gained a solid experience in implementing youth projects especially in Latin America. With participatory methods and peer education as methodological corner stones the projects have aimed at providing young people in Peru, Bolivia and also in Ghana in West Africa 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 Ghana. The project in Bolivia is titled Pro Joven and is currently in its third phase whereas Axis and its partner organisation NORSAAC in Ghana have collaborated since 2009. Due to the geographical and cultural similarities between Ghana and Sierra Leone, this project will use the useful insights and experience gained from the project in Ghana. The partnership with NORSAAC is now in its third phase with a project entitled "Innovative Sexuality Education Project II". In the current phase activities include peer education in the communities and sexuality education taught in schools. Both activities are based on participatory methods and a strong focus on the rights aspects of SRHR.

Persons involved

Axis has set up a team of project coordinators for this project. They are:

- *Inge Trads Kjeldsen*, Head of Section, Danish Ministry of Social Affairs and the Interior
- *Kira Boe*, Head of Policy, Global Focus

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

- *Niels Boe*, Head of Axis' Secretariat and teacher at Duevejens Skole on Frederiksberg
- *Finn Juhl Pedersen*, Project and financial advisor in Axis
- *Catherine Watson*, Teacher at the Danish Teachers Training College at Blaagaard Seminarium.
- *Bjarne Rasmussen*, Consultant (responsible for the large Danish sexual behavioural study 'Ung 99') and lecturer in Sexuality Education at different pedagogical universities.

A.3 The local organisation

AMNet has since 2006 been officially registered as a right-based, female-led, national non-governmental organization. AMNet's mission is to deepen right holders' understanding of human rights and social justice as a means for them to reflect on their own lives and use their skills to make informed choices as agents of social change. AMNet as an advocacy organization facilitates social change in the communities and brings it to the policy level in cases of abuse and violations. Through the engagement of duty-bearers, AMNet advocates for the enactment and enforcement of laws and policies that prevent women, children and youth from marginalization, violence and abuse. AMNet focuses on three areas: child protection, youth development and empowerment of women.

AMNet works on four thematic issues, which are mainstreamed: education, social protection, health and gender equality. Education is used as a proactive tool to raise awareness on human rights abuses and violations, access to justice and human security through community-based response systems.

AMNet's years of experience in addressing sensitive cultural issues like FGM and human rights has placed the organization in an advantageous position to address a number of different human rights issues. AMNet has, in collaboration with Medical Research Centre (MRC) with support from the Royal Tropical Institute (Kits), implemented the project "Addressing norms and practices that affect maternal health and teenage pregnancy in Sierra Leone using the Generation Dialogue (GD) tool¹. The GD tool has become part of the Sierra Leone National Strategy for the Reduction of Teenage Pregnancy as a suggested activity².

AMNet has played a key role in the development of laws and policies that protect women and children against violence not least with the Sexual Offences Act of 2012. AMNet complements the government's efforts in rolling out these acts and policies and ensuring better implementation at grassroots level. AMNet championed the ratification of the Maputo Protocol on 1st May 2015 and is currently charged with the responsibilities of national regional engagements on embracing the Women's Equality and Empowerment Policy by the Ministry of Social Welfare, Gender

¹ Please see annex G

² See: Sierra Leone National Strategy for the Reduction of Teenage Pregnancy p. 18

and Children's Affairs. When the policy is passed into law it will ensure a 30% quota for women at all levels and a ban on child FGM.

AMNet is a member of a number of networks and coalitions: the Education for All Coalition, Civil Society Forum, Youth Commission, West African Network for Peace building (WANEP), National Child Protection Committee (CPCOM), National Commission on GBV (NacGBV) and the Multisectoral Technical Committee (MTC) of the National Strategy on the Reduction of Teenage Pregnancy. AMNet currently chairs the Sierra Leone Child Right Coalition. It is also a member of a number of regional networks: West Africa Child Right Coalition, Africa CSO Forum and member of Africa-wide Movement for Children.

AMNet works in close collaboration with the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA). This relationship was formalized in a Memorandum of Understanding in 2013³. The organization also works in close collaboration with the Human Rights Commission in Sierra Leone. AMNet furthermore has a good working relationship with traditional leaders, the local councils and opinion leaders like members of secret societies and religious leaders in the communities where the organisation work and implement activities. AMNet always ensures local ownership and participation in its project interventions through its strong connections to the communities.

Due to the Ebola crisis, the government declared a state of Public Health Emergency in May, 2014. AMNET continued its activities in Kambia, Bonthe and Western rural districts. These activities mainly comprised of promotion of Infection Prevention and Control (IPC) and social mobilisation/awareness campaigns. AMNET was also assigned responsibility for jointly (with the Ministry of Social Welfare, Gender and Children Affairs) managing and supporting the Observation Interim Care Centre (OICC) for children whose parents and close relatives had been directly affected by the Ebola Virus Disease (EVD). The CWCs and the Children's Forum Network⁴ in the three districts have thereafter become pro-active in providing support to their community members in prevention, treatment and control of the spread of the virus.

AMNET also trained and utilised the services of traditional female circumcisers (Soways) in IPC to complement the services of the community social mobilisers and CWC members in awareness-raising on prevention and control of EVD.

AMNET has also played lead role in related EVD response data collection in the Kambia district. Kambia remains the last district that recorded cases of Ebola; thus, AMNET's related activities and structures are still intact. To ensure sustainable reintegration of children who passed through the OICC in Kambia and other children who lost parents and immediate family members to EVD in Bonthe and the Western Rural districts, AMNET has undertaken complementary Family Tracing and Reintegration (FTR) activities in the four districts. Through the FTR programming, AMNET provides family tracing, reintegration, food and non-food items, and start off financial support to the recipient families.

A.4 The cooperative relationship and its prospects

AMNet brings to the cooperation a strong knowledge and expertise in working with rights-based approaches, expertise in working with advocacy and contacts within relevant ministries, as well as experience in working with young people, strong administrative and financial expertise and a thorough knowledge of the local context. On top of this AMNet has developed the Generational Dialogue, a tool to create dialogue on various issues between generations in local communities. The tool has been approved and recommended by the Sierra Leonean state in the National Strategy for the Reduction of Teenage Pregnancy⁵, which will be used in the cooperation with Axis. AMNet has strong connections within Sierra Leonean civil society, where it participates in several networks, and are highly regarded in the communities in which it works.

Axis brings to the cooperation a strategic focus on education and pedagogical methods and not least experiences from SRHR projects in Ghana, Peru and Bolivia. On top of this, Axis contributes with extensive knowledge of combining SRHR and education, and the need and benefits of sexuality education.

Jointly, AMNet and Axis share a focus on rights-based approaches and fact-based advocacy.

³ Please see Annex L

⁴ The recognized children's body articulating and amplifying children's issue nation-wide.

⁵ See: Sierra Leone National Strategy for the Reduction of Teenage Pregnancy p. 18

While the initial project 'Advocate to Educate for Sexual and Reproductive Health and Rights (SRHR)' was planned as the first joint project of the collaboration between Axis and AMNet, this application actually follows a year-old joint Ebola project named 'Sensitize, Learn, Adapt and Participate' (SLAP) Ebola, which the original Advocate to Educate SRHR project was turned into. When Sierra Leone was hit by the EVD, Axis and AMNet jointly decided to focus the project on the few activities that could be done while the country was going through this crisis. A short time later, however, it became clear that all efforts should be turned to combating the virus. So the original Advocate to Educate SRHR project was turned into SLAP Ebola with the support and guidance from CISU. SLAP Ebola worked on information and prevention as well as reintegration of survivors and orphans. This project will finish early 2016.

While the SLAP Ebola project is being implemented, luckily EVD has run its course and Sierra Leone is nearing a state of normality⁶ as the last EVD patient has been released from hospital and declared healthy⁷. In addition, WHO has declared Sierra Leone as an Ebola free country on 7th November 2015 with a ninety day surveillance period to terminate on 7th February 2016. Axis and AMNet have therefore discussed the possibility of an SRHR intervention along the lines of the original Advocate to Educate project.

This project will continue on the good working relationship between Axis and AMNet and build on the few activities initiated in the initial Advocate to Educate project as well as knowledge gained and relationships strengthened during the fight against EVD.

It was obvious during the initial meetings and visits that the two organisations work well together and that there is a great need for SRHR interventions in Sierra Leone. It is therefore the aim that this initial phase of Advocate to Educate SRHR will be followed by a larger and longer intervention of two to three years. During the EVD breakout, Axis and AMNet continued its collaboration in difficult circumstances. This has further strengthened the ties between the organisations.

During the EVD breakout, it has been impossible for Axis staff to visit Sierra Leone and AMNet. However, now that the outbreak has finally ended, an Axis staff member will visit Freetown in January 2016, to monitor the existing project, do a thorough assessment of the partnership between Axis and AMNet (including a MANGO Health Check) as well as discuss the end of project evaluation.

As Axis considers moving forward in the process of developing a programme under the aegis of CISU, the cooperation between Axis and AMNet will of course be integrated into that programme. The intervention planned is therefore closely linked to Axis' work in Northern Ghana and two of the four Axis coordinators of the project are also involved in the project in Ghana.

In November 2015, Axis had a Partnership Project approved in Ghana and Sierra Leone, in which AMNet will participate alongside Axis' Ghanaian partners NORSAAC and RAINS. This will further strengthen the connection and collaboration between the two organisations.

B. PROJECT ANALYSIS

B.1 How has the project been prepared?

IBIS' Country Director in Sierra Leone encouraged Axis a few years ago to engage in activities in Sierra Leone based on his knowledge of Axis' work on SRHR in Peru, Bolivia and Ghana. He recommended Axis to engage in a similar project in Sierra Leone. On top of this, IBIS representatives in Freetown also recommended AMNet to Axis as a potential partner.

The cooperation began in June 2013, through a mail correspondence between the secretariat and two representatives of Axis and the staff and the director of AMNet. In late June 2013 the Vice-Chairwoman of Axis, Sanne Müller visited AMNet and discussed a possible cooperation.

In early autumn 2013, the correspondence lead to the development of a draft concept note for a future project.

⁶ WHO (2015) Ebola situation report 18 November 2015, <http://apps.who.int/ebola/current-situation/ebola-situation-report-18-november-2015>

⁷ 'Sierra Leone's last known Ebola patient leaves hospital', <http://www.aljazeera.com/news/2015/08/sierra-leone-ebola-patient-leaves-hospital-150825143158511.html>

In November 2013, the board of Axis decided to fund sending Kira Boe and Inge Trads Kjeldsen to Freetown to visit AMNet. During a week of intensive project planning, a common understanding of the roles of each organisation and the prospects for the first project was established. The representatives of Axis had the chance to meet both the manager of AMNet as well as number of key staff members. The visit furthermore provided an opportunity to meet with relevant stakeholders in the area of SRHR among which were: Ministry of Social Welfare, Gender and Children's Affairs, Ministry of Education, Science and Technology, Ministry of Health and Sanitation, Education Directorate of Freetown City Council, Children's Forum Network, and the Human Rights Commission – all of which will be involved in this project either as collaborators or as beneficiaries or targets of advocacy. This ensured a strong direct link with the beneficiaries and involvement of relevant stakeholders and target groups throughout the preparation of the application.

Adding to this, a roundtable discussion with the above mentioned partners and CSOs working in the field of SRHR was arranged. The discussion gave important insights into the challenges on SRHR that exists on the ground. It furthermore gave the different stakeholders a common understanding of the challenges and lastly it illuminated the respect that the other stakeholders had for AMNet as a capable organisation.

A visit at a junior high school in order to carry out a focus group discussion illuminated the harsh realities that the youth in Sierra Leone face in the area of SRHR, clearly establishing the relevance of this project. The visit also gave Axis an example of how AMNet works in the field using dialogue and participatory methods.

The project-planning discussions between AMNet and Axis were very fruitful and ensured a common understanding of both the challenges and the prospects and objectives of the future project.

In January 2014, the board of Axis sent staff at the secretariat, Finn Juhl Pedersen, to Freetown. During the visit, Finn met with the manager of AMNet and also had the chance to discuss the financial management within the organisation with the staff. Furthermore, discussions on project-specific financial matters - the project budget, investments and salary levels were debated. The general appraisal after his visit was that the organisation had a strong financial management system and a contract is currently being finalised to train finance team on the use of "Quick Books" (an accounting software), although Axis could contribute to improving their skills on using bookkeeping software.

After approval of the project by CISU, the work commenced in August 2014. However, by then EVD had broken out and the project was first frozen and subsequently changed to SLAP Ebola – an EVD prevention and information project. As the EVD crisis has finished leaving hundreds of schoolgirls pregnant⁸, the need for and SRHR intervention is no less urgent. Talks between Axis and AMNet have therefore returned to the previously agreed upon intervention, which has been modified to take into account the EVD prevention efforts still needed in schools and communities.

B.2 In what context is the project placed?

By the end of the devastating, decade-long civil war between 1991-2002 in Sierra Leone, the country was left amongst the poorest in the world and a health system in ruins⁹. In 2002, Sierra Leone was the lowest ranking country on the Human Development Index and has since improved to rank 177 out of 183 in 2014¹⁰. Sierra Leone still lags behind the sub-Saharan African average GDP per capita, despite continued economic growth between 2003 and 2011. More than half of the population live below the poverty line¹¹.

The outbreak of EVD has had severe consequences on national, community and individual level on mortality, morbidity and socioeconomic factors for the situations of families and communities especially. National public revenue has shrunk as many has lost their jobs, thus the country are missing out of capital to support for example adequate health care services¹². An already difficult situation in Sierra Leone became much worse. *The worst affected areas* include the population's loss of belief in the health services, 100% closure of all institutions of learning and disruption in the national economy in both public and private sectors. According to the 2015-2017 Sierra Leone Recovery Plan, the number of orphans catapulted to 8354; 954 widows; 50% loss of jobs; and 2,258,400 citizens witnessed a decline in their living condition¹³. All due to the EVD outbreak.

⁸ www.thisissierraleone.com/awoko.org/.../sierra-leone-news-as-tidea-launches-report-34-pregnance

⁹ Gberie 2005 A Dirty War in West Africa. The RUF and the Destruction of Sierra Leone. Indiana University Press, Bloomington 2005

¹⁰ Human Development Index 2014

¹¹ See statistics Sierra Leone 2013: Poverty Profile Sierra Leone 2013

¹² Socioeconomic Effects of Ebola in Africa, Population and development review [0098-7921] 2015 vol.:41 iss:2 s.:372 -375

¹³ Sector Working Group on Ebola Recovery

Society

Demographically, Sierra Leone remains a mainly rurally based country with a total population of 6.1 million¹⁴. The majority lives in rural areas, with most districts outside the capital Freetown being more than three-quarters rural¹⁵. The provinces in general and the rural areas in particular have historically been severely neglected. The road network beyond the main highways is very poor and many communities are not accessible by car. The situation is worse in river-run areas and during the rainy season. So even today, access to basic state services, from secondary schools to courts and hospitals, is very limited in rural areas. Both the state and NGOs are facing severe constraints to work there. Thus the traditional authorities are still very strong there and of more importance than formal state structures, policies and laws¹⁶.

Sierra Leone has an extremely young population; the majority under the age of 20 and more than 75 percent are below the age of 35. Population growth has declined sharply from 2003 to 2011, though fertility has remained relatively high¹⁷. In the Sierra Leonean context, a 'child' is defined as any person below the age of 18, while the age span of 'youth' ranges from 18 to 35. Until the war broke out the age range for youth was 18 - 25, this was, however, increased to 35 to cover the ten years children "lost" during the war.

Abuse

Sierra Leone is a very hierarchical society, where men generally exercise power over women, elders exercise power over the youth and the wealthier exercise power over the poor. These power relations are often characterized by abuse (emotional, physical and sexual) by power-holders¹⁸. The prevalence of sexual abuse is alarming¹⁹. Especially school environments are places for widespread GBV, where particularly girls are vulnerable²⁰. The abusers often do not need to fear negative consequences or sanctions of their behaviour as the power-holders of their institutional environment protect them and thus create an enabling environment for abuse. Additionally, the justice system of Sierra Leone has a wide array of flaws²¹ and it largely fails to bring justice to survivors of sexual gender-based violence or to deter perpetrators. In 2012 only 2.4% of reported cases of GBV a person were convicted and penalized²².

According to reports as yet unconfirmed (due to the lack of data), the EVD outbreak has led to an explosion in reported cases of sexual abuse and gender-based violence. AMNet, along with many other organisations, increased its anti-GBV campaigns and activities in the areas of work during the outbreak.

Governance

The government of Sierra Leone is trying to consolidate its ownership and leadership in many processes and increasingly demands to be recognized in these roles. However the capacity of government institutions in Sierra Leone were generally very weak even before the outbreak of EVD²³, and particularly the Ministry of Education Science and Technology (MEST) is known for its institutional weakness. Starting with serious understaffing and insufficient equipment the capacity of the individual staff is often also limited. At the same time, the ministries are heavily dependent on donor-funding and capacity building. Additionally, the governmental institutions have only insufficient

¹⁴ See UNFPA 2012

¹⁵ See statistics Sierra Leone 2013: Poverty Profile Sierra Leone 2013

¹⁶ For example there are only 46 Family Support Units (FSUs) of the Police in the whole country although there are 146 chiefdoms. Only one state social worker is employed per district in the twelve districts up country, and in half of them there is no resident magistrate, a magistrate only comes every few months to sit cases.

¹⁷ See statistics Sierra Leone 2013: Poverty Profile Sierra Leone 2013

¹⁸ Addressing this situation is an everlasting challenge as those benefiting from the current power-relationships suppress processes of social change that might potentially endanger their superior power-status.

¹⁹ Realistic figures about the prevalence of sexual abuse hardly exist because this phenomenon is severely underreported to the police and there are no encompassing and reliable statistics or estimations beyond the FSU report. However 7684 cases of GBV were reported to the FSU in 2013.

²⁰ Reilly, A. (2014) Adolescent girls' experiences of violence in school in Sierra Leone and the challenges to sustainable change, *Gender & Development* 22:1, 13-29

²¹ There is insufficient awareness especially of grassroots women about their rights and how to claim them. The dual justice system with the formal laws on the one hand, and the traditional, highly discriminatory laws on the other hand are adding confusion concerning responsibilities and contradictions between the two systems. The cost of accessing legal justice (from transportation to fees) is so high that many cannot afford it. At the same time there are no resident magistrates in many districts, thus resulting in a situation where only a few times per year a magistrate will visit to hold court hearings and pass sentences. Due to high pressure from the families and communities together with stigma and shame survivors of GBV often do not report to or to withdraw their cases from the police. As the perpetrators of GBV and their families very often are in positions of power, many further abuse this power by interfering with the investigation and the justice system to avoid conviction. All these factors lead to a very low rate of convictions of GBV

²² See presentation about the implementation of SILNAP, UN Open Day 2013.

²³ Sierra Leone was ranked 119 of 175 in the Corruption Perception Index 2013 (Transparency International). The serious entanglement of state institutions in corruption, explains some of these phenomena.

knowledge to base their activities on, as their reporting, data collection, analysis and filing systems are very weak. The various positive legal developments of the recent years²⁴ are only showing limited effect as their implementation is proceeding very slowly and sketchy.

Since 2004, Sierra Leone has been undergoing a decentralization process the speed of which varies according to the involved institutions. The process is generally characterized by lack of transparency, delays and challenges in the allocation of responsibilities and budgets. There is furthermore a considerable delay in the enactment of laws, policies and bylaws, especially by the central government.

The decentralization process has meant that many functions and budget management are now devolved to the twelve districts of the country. The district governments are called City or District Councils. Each district is again divided into several chiefdoms, 146 in total, which are headed by the traditional leaders, the Chiefs. Education up to the completion of Junior Secondary Schools is a devolved function, where the main responsibility lies with the district government. Education at Senior Secondary Schools and tertiary institutions remains with the central government. At the same time both district and central government are generally characterised by a very low levels of capacity, understaffing and lack of resources. Especially in the fields of education and health, most remarkably in rural areas, the government struggles to provide the absolute minimum services. This has the effect that - especially in rural areas - the existence of the formal state structures is hardly felt by the community members. The government heavily relies on NGOs to supplement its efforts and the most important power in rural communities is therefore still the traditional authorities (chiefs, religious and societal leaders).

The Government responded to the Ebola virus challenge by declaring a State of Public Emergency by which, until August 2015, all development and social activities were suspended, and movement of persons restricted. To complement the emergency it declared, the government took the lead to divert all its financial and other resources meant for development activities to the Ebola Response programme. The UN and NGOs also followed the cue. All development activities were suspended. Economic activities (mining, fishing, etc) were all adversely affected, with some employers closing down business. Also, there was a restriction to the timing for opening of local markets. Mainly out of fear, there was a loss of belief in the health delivery system, with many medical personnel leaving the country. Some 11 doctors and 222 nurses lost their lives to the virus.

Education

The average Sierra Leonean has gone to school for only 3,7 years²⁵. This low number can clearly be seen, particularly in the rural communities, by high levels of illiteracy. While 74% of children of primary school age are attending school and 92% of children entering first grade eventually reach the last grade of primary school (grade six)²⁶ there are still severe problems with both the quality of education and particularly with the retention of girls. In 2007 the secondary school enrolment rate of girls was 37% while the secondary school enrolment rate boys for was 45%²⁷. However these figures do not distinguish between Junior Secondary (JSS) and Senior Secondary Schools (SSS)²⁸. The enrolment and retention rates in JSS are higher, with especially many girls dropping out of school in the last two years or after JSS²⁹. Pregnancy was ranked as the most common reason for girls to drop out of school.

The quality of public schools is especially low in rural areas. 70% of the teachers are 'untrained and unqualified' teachers without further education and training than the equivalent of a high-school exam. The public schools are poorly equipped and have a high number of pupils in each class; some classes have up to 80 pupils. The motivation of teachers is often quite low and many try to top up their salary through selling scripts and extra-lessons. Primary school education in public schools is free in Sierra Leone. This however only covers tuition fees and parents have to pay school charges to cover other costs, which sometimes surpasses the tuition fees. Caregivers are reimbursed for the tuition fees of girls at public junior secondary schools.

²⁴ For example the Three Gender Acts and the Child Right Act of 2007 and the Sexual Offences Act of 2012.

²⁵ See: Government of Sierra Leone: Agenda for Prosperity 2013 page 3, figure 2.

²⁶ See MICS 2010: 93ff

²⁷ see UIS Statistics in Brief: Education (all levels) profile - Sierra Leone

²⁸ Unfortunately no more up-to-date statistics are available about enrolment and retention rates. Specifically there are no figures available to compare enrolment and retention in Junior and Senior Secondary Schools

²⁹ See: Education for All Coalition: A Situational Assessment of Girls Education in Sierra Leone. 2010

Since 2004 there have been on-going efforts to revise the curriculum and to re-include SRH. In late 2013 the curriculum framework has been developed and is currently under review by consultants for technical input³⁰. The framework entails a paragraph stating the inclusion of SRH. However this curriculum framework has not yet been developed into syllabi, learning and teaching materials and the discussions seem to neglect the rights-aspect of the topic.

During the Ebola outbreak schools and all institutions of learning were closed. Children are thus behind permanently and an already weak education system is even weaker. EVD has brought new focus on sanitation, as washing hands etc. is the main way to prevent the spread of the virus.

SRHR

The Maternal Mortality Rate (MMR) in Sierra Leone is among the 5 worst in the world (890 per 100,000 live births) while the under-five mortality rate is the worst in the world (182 per 1,000 live births) in 2012. Life expectancy at birth is 45,3 years in 2012³¹, as compared to Denmark where life expectancy is 80,6 years in 2014³² for both men and women. The neonatal mortality is 36 per 1,000 live births; and the infant mortality is 89 per 1,000 live births³³. These rates are alarmingly high! The total fertility rate of women between ages 15-49 years is 5.1. Teenage pregnancies are common in Sierra Leone with 34% of adolescent girls (between 15-19 years old in 2008) having had at least one birth or being pregnant. Of these adolescent girls, most live in rural areas. More than half of the 19 year old girls (54.2%) have started childbearing and more than one in 10 girls aged 15 have started childbearing (11.3%)³⁴.

Abortion is illegal in Sierra Leone, but a study by the MOHS and Ipas (an international NGO working on health and rights) found that deaths from unsafe abortion made up to 10% of maternal mortality with an extremely high abortion case-fatality rate of 1.73%. The quality of post abortion care services is low. Due to abortions being illegal, case records are incomplete or almost non-existent³⁵.

Access to SRHR services

The Peripheral Health Units (PHU) are to provide advice and support services (contraceptives) on SRH for the population outside of the main cities, and are spread all over the country. However when clients approach them, they often find crowded rooms, where the privacy and confidentiality necessary for counselling and support in these topics is lacking. Another problem is that the very people manning these units have limited knowledge and counselling skills on SRHR. Additionally many health workers show a judgemental attitude and behaviour when young people dare to ask for their rights, for example they tell them to abstain and threaten to inform their families³⁶. Those conditions are generally not conducive for adolescents seeking support.

Legal framework on SRHR

A 'National Strategy for the Reduction of Teenage Pregnancy' (2013-2015) has been launched in 2013. It is under the general responsibility of H.E. the President, which clearly illustrates that the issue has top priority. This strategy lists a curriculum reform as a key activity under output 3: 'Comprehensive age appropriate information and education for adolescents and young people'. The strategy also included AMNet's Generation Dialogue tool as an activity under output 4: Communities, adolescents and young people empowered to prevent and respond to teenage pregnancy³⁷. The Secretariat of the Strategy facilitates the coordination of the different governmental and non-governmental actors that are involved in the encompassing approach. However the work of the Secretariat is time-bound until the end of 2015 only.

In recent years, the legal framework against sexual abuse and exploitation has improved considerably, especially with the Child Rights Act (2007), the Domestic Violence Act (2007) and the Sexual Offences Act (2012). A number of other policies are also addressing this burning issue: the National Referral Protocol on GBV, the Code of Conduct for Teachers and the National Strategy for the Reduction of Teenage Pregnancy. Even though the laws and policies are in place their effects are limited since implementation has been incomplete.

³⁰ See: National Secretariat for the Reduction of Teenage Pregnancy 2014: Taking Teenage Pregnancy out of the Shadow (May – December 2013).

³¹ UNICEF, http://www.unicef.org/infobycountry/sierraleone_statistics.html

³² Statistics Denmark, <http://www.dst.dk/en/Statistik/emner/doedsfald-og-middellevetid>

³³ Statistics Sierra Leone and ICF Macro 2009: Sierra Leone Demographic Health Survey 2008

³⁴ See: Korrie de Koning, Heidi Jalloh-Vos, Maryse Kok, Alpha M. Jalloh, Kathy Herschderfer 2013: Realities of teenage pregnancy in Sierra Leone

³⁵ See: Ministry of Health and Sanitation, Reproductive and Child Health Directorate 2013: Unsafe Abortion in Sierra Leone: A Report of Community and Health System Assessments, Consolidated Report.

³⁶ See: Korrie de Koning, Heidi Jalloh-Vos, Maryse Kok, Alpha M. Jalloh, Kathy Herschderfer 2013: Realities of teenage pregnancy in Sierra Leone

³⁷ See: Sierra Leone National Strategy for the Reduction of Teenage Pregnancy p. 18

The Sexual Offences Act criminalizes any sexual activities with people below 18 years. This represents the approach of the majority of the adult population to totally prohibit sexual activity of young people in order to avoid teenage pregnancies and STIs and to maintain the good reputation of the boy or girl³⁸. It is however completely ignoring the reality on the ground that is a highly sexually active youth below 18.

Areas of project implementation

The project will be implemented in Kambia district in the northwest of the country and in Freetown, the capital city of Sierra Leone.

Kambia is a border district in the northern region, with the busy district headquarter town Kambia located about 12 km. from the Guinean border. With a population of about 13,000, Kambia town is a trading and business centre with a weekly regional market of traders and transporters from Guinea and other regions of Sierra Leone. The many visitors are however connected to a high number of cases of sexual abuse and unprotected sex. Kambia is furthermore the district with the highest rate of teenage pregnancy in the country³⁹. The historic neglect and marginalization of the provinces is still visible through higher poverty rates and lower access to and availability of public services from schools to hospitals and courts.

The capital of Sierra Leone, Freetown, will be the second location of the project implementation. Freetown is the social, economic and political centre of the country. Most important organizations are represented in the capital and despite the ongoing decentralization process, the major policy decisions are still taken in Freetown.

B.3 Problem analysis

Since the civil war ended in 2002, Sierra Leone has very slowly but surely been moving towards a higher ranking on the Human Development Index and towards functioning state structures. These structures, however, have been put under heavy pressure by the outbreak of EVD as already scarce public resources had to be focused on combating the virus. The development of the country has been set back years.

As the outbreak has come to an end, the state and local structures try to return to a sense of normalcy. This is of course difficult, but as schools and public offices reopen, it is now again possible to focus on other issues than EVD.

Risks for women

Most men and women have no or limited understanding of what it means to have the right to decide on your own body. Traditionally it was the duty of the wife to be sexually available to her husband whenever he wished. The very hierarchical and patriarchal nature of the Sierra Leonean society leads to the unfortunate situation in which those with less power, particularly women and children, find it very difficult to resist unwanted sexual advances and to escape situations of sexual abuse. Adding to this there is a general belief that girls hardly mean what they say, and a “no” to sexual advances is often interpreted as a “yes”. At the same time, men are socially encouraged to show their sexual capacity by having several partners. Thus the prevalence of sexual abuse is very high – most worryingly this happens exactly at those places where safety and support would be mostly needed: at homes and in educational institutions, perpetrated by teachers, close relatives and family friends. The numbers are staggering:

- About two-thirds of the schoolgirls reported to have experienced at least one or more forms of sexual violence
- An intimate partner perpetrates 63% of the reported cases of sexual abuse⁴⁰
- 30% of the rape cases in Sierra Leone are school-related.
- 18% of the girls have experienced rape and nearly half of the incidents involved physical assault.
- Teachers are the main perpetrators of sexual abuses and exploitation within the school setting.

Almost no information on the sexual abuse of boys in Sierra Leone exists.

The situation of Gender-Based violence, rape and physical assault, which was already alarmingly high in Sierra Leone, only rose during the EVD outbreak. Some reports talk about a doubling of reported cases, but no official numbers exist yet.

³⁸ See: Korrie de Koning, Heidi Jalloh-Vos, Maryse Kok, Alpha M. Jalloh, Kathy Herschderfer 2013: Realities of teenage pregnancy in Sierra Leone

³⁹ See: Korrie de Koning, Heidi Jalloh-Vos, Maryse Kok, Alpha M. Jalloh, Kathy Herschderfer 2013: Realities of teenage pregnancy in Sierra Leone

⁴⁰ See: International Rescue Committee (IRC) 2012: Let Me Not Die Before My Time. Domestic Violence in West Africa.

Only a small proportion of the female population of childbearing ages use modern contraceptives⁴¹. This leads to such a high percentage of unwanted and teenage pregnancies⁴², that the fight against teenage pregnancy became a flagship project of the government of Sierra Leone in 2013. Teenage pregnancies have medical consequences like high-risk pregnancy and birth and even maternal mortality. It can furthermore lead pregnant girls to unsafe abortions in the worst-case scenario resulting in the death of the pregnant woman. It also has severe social implications, ranging from shame and stigmatization to school drop-out⁴³, early and forced marriage, children growing up without a father and thereby a continued cycle of poverty in the next generation.

Further raising the risks for the women are the fact that less than one percent of them use other methods for contraception than injections or the pill⁴⁴. This leads to a high risk of STIs⁴⁵, which can have a severe impact on the women later in their lives.

Families

The hierarchical social organization is already internalized during childhood. In most families parents do not discuss important issues with their children, instead children are expected to accept and execute orders. Especially sex education is considered to be inappropriate. It is connected to shame but also perceived as promoting early sex, promiscuity, prostitution and family conflicts. If the topic is discussed at all, then it will very often be in a very biased way. Abstinence is preached and ordered as the only appropriate behaviour for young people. Fear is installed and total abstinence is demanded especially from girls in order to avoid pregnancies, STIs and to maintain a good reputation⁴⁶. This kind of family pressure leads to adolescents hiding sexual activeness. It is hampering young people to develop a conscious sexual behaviour in line with their own physical and emotional development, their needs and their reproductive health and rights. This shows the need for an open and frank dialogue within families and communities.

A working group consisting of Ministry of Health and Sanitation (MoHS) and NGOs have identified empowering community-based education to address traditional beliefs and practices as an important gap in the country's efforts for achieving better sexual and reproductive health (SRH)⁴⁷.

Educational system

The schools are the second social institution where sex education could take place. Many aspects of the topic used to be discussed in the subject 'family life education', however this subject has been removed from the curriculum and the topic SRHR – together with many others – is supposed to be taught in an integrated way in the other subjects. There are no exams on these topics, however, and thus the teachers usually do not find the time to discuss the topic. Even in the teachers' education, sexual and reproductive health is only 'integrated into other subjects', not discussed on its own. This has the effect that sexual and reproductive health and rights are de facto not taught at schools. The education system broke down completely with the arrival of EVD. The schools were closed for months and while some NGOs tried to do distance learning by radio, the reality is that education has been set back by more than a year for all Sierra Leonean children.

Out-of-school children

The limited knowledge within the population on SRHR necessitates a wider perspective than just the school environment. Despite growing rates of enrolment and retention⁴⁸, there are high proportions of adolescents out of school. 26% of children of secondary school age are not attending school at all and only 37% attend secondary school

⁴¹ Contraceptive rate age 15-19: 1.2%. 94,7% of those aged 15-19 who are married or live with a man do not use any means of contraception. 90.4% of those aged 20-24 and are married or living with a man do not use any means of contraception. (see: Let Girls be Girls, not Mothers! National Strategy for the Reduction of Teenage Pregnancy (2013-2015)).

⁴² 34% of all pregnancies occur amongst teenage girls. 26% of women age 15-19 have already given birth. 40% of teenage death occur as a result of teenage pregnancy (see: Let Girls be Girls, not Mothers! National Strategy for the Reduction of Teenage Pregnancy (2013-2015))

⁴³ the untimely pregnancy of young girls is ranked as the third most common reason for them dropping out of school, (see: Let Girls be Girls, not Mothers! National Strategy for the Reduction of Teenage Pregnancy (2013-2015))

⁴⁴ See MICS 2010: 73

⁴⁵ Only 10.5% of women who had sex with more than one partner in the last 12 months reported to have used condoms (see MICS 2010: 124)

⁴⁶ See: Korrie de Koning, Heidi Jalloh-Vos, Maryse Kok, Alpha M. Jalloh, Kathy Herschderfer 2013: Realities of teenage pregnancy in Sierra Leone

⁴⁷ See: Korrie de Koning, Heidi Jalloh-Vos, Maryse Kok, Alpha M. Jalloh, Kathy Herschderfer 2013: Realities of teenage pregnancy in Sierra Leone.

⁴⁸ 74% of children of primary school age are attending school, 92% of children entering first grade eventually reach the last grade of primary school (grade six) (See MICS 2010: 93ff).

or higher levels⁴⁹. Notably, the enrolment and retention rates of girls in secondary and tertiary institutions are lower than that of their male colleagues⁵⁰. This number is expected to rise due to EVD.

Knowledge and misconceptions of SRHR

As families and schools largely fail to educate children on SRHR, the knowledge of both youth and adults on this topic is very limited. Young people receive some information at schools and from NGOs, but this is usually limited to technical aspects of prevention, not including emotional and social aspects or rights⁵¹. Therefore many misconceptions about sexual and reproductive health and rights prevail. For example traditional family planning methods like tying a special rope around the waist are still trusted. About half of the population believe that HIV can be transmitted by mosquito bites, by supernatural means or by sharing food with someone infected with AIDS. Only 22.7% reject the two most common misconceptions and are aware that a healthy looking person can be HIV positive; and only 19.6% have comprehensive knowledge about HIV transmission⁵².

In general, pregnancy prevention is seen as the pure responsibility of the woman, not the man. In recent years, traditional gender roles are increasingly questioned. However this happens mainly on the surface, while both men and women reproduce the traditional patterns. For example men still receive social recognition and rewards for promiscuous behaviour while women are called prostitutes and stigmatized for sexual activeness out of long-term relationships⁵³. At the heart of the problem lie traditional gender roles: that a man shall provide for all material needs of the wife while she owes him obedience⁵⁴. Thus psychological pressure on girls to have sex – while they are not yet ready for it - is one of the most common causes for having sex (among teenage mothers) according to the study 'realities of teenage pregnancy'.

Poverty and sexual abuse

Sierra Leone is still one of the poorest countries of the world and poverty is linked with high rates of sexual abuse in at least three ways:

- First of all poverty tempts many girls to agree to sex in exchange for material goods. This exchange can take various forms, from regular prostitution over ad hoc arrangements for a specific good or service (e.g. a ride on a commercial motorbike) to more regular sexual encounters with a specific man. This increases not only the risk of STIs and unwanted pregnancies, but also the girls' risk of being forced to sexual acts they have not agreed to. Sometimes this kind of prostitution is even arranged by the family, which see it as an economic investment, hoping and expecting that the man will provide materially for the girl and their child⁵⁵. In other cases it can ruin the reputation of the girl and lead to their exclusion from their families.
- Secondly many poor families, especially in rural areas, hand over (some of) their children to relatives or persons of trust in the towns and cities, expecting better educational and life opportunities for their children and at the same time relief of the financial burden that a child poses. This practice of foster-parenting is called 'menpikin' and in Sierra Leone 22.4% of the children do not live with a biological parent⁵⁶. In reality these children very often face severe discrimination from their foster parents. They are often maltreated and receive less positive encouragement than the biological children. On average they are given more domestic chores and tasks like street trading while suffering more intense and more often from corporal punishment and sexual abuse than biological children, whilst at the same time enjoying fewer educational opportunities⁵⁷.
- Thirdly the poor infrastructure for the provision of basic fundamental utilities of life in Sierra Leone increases the vulnerability of women and girls. The lack of power supply, street lights and light at institutions such as schools, the poor quality or inexistence of hygiene facilities at public places, and the lacking water supply at houses exposes

⁴⁹ See MICS 2010: 93ff

⁵⁰ Secondary school adjusted net attendance ratio girls: 33.2%, secondary school adjusted net attendance ratio boys: 39.9% (see MICS 2010: 93ff), secondary school enrolment rate girls: 37%, secondary school enrolment rate boys: 45%, enrolment at tertiary institutions girls: 6%, boys 10% (see UIS Statistics in Brief: Education (all levels) profile - Sierra Leone).

⁵¹ See: Korrie de Koning, Heidi Jalloh-Vos, Maryse Kok, Alpha M. Jalloh, Kathy Herschderfer 2013: Realities of teenage pregnancy in Sierra Leone

⁵² See MICS 2010: 114

⁵³ See: Korrie de Koning, Heidi Jalloh-Vos, Maryse Kok, Alpha M. Jalloh, Kathy Herschderfer 2013: Realities of teenage pregnancy in Sierra Leone

⁵⁴ See: Korrie de Koning, Heidi Jalloh-Vos, Maryse Kok, Alpha M. Jalloh, Kathy Herschderfer 2013: Realities of teenage pregnancy in Sierra Leone

⁵⁵ See: Korrie de Koning, Heidi Jalloh-Vos, Maryse Kok, Alpha M. Jalloh, Kathy Herschderfer 2013: Realities of teenage pregnancy in Sierra Leone

⁵⁶ See MICS 2010: 128

⁵⁷ Orphans to non-orphans school attendance ratio: 0.88 (see MICS 2010: 129)

women and girls in their daily lives to high risks of sexual abuse, whilst trying to access the above facilities, especially after sunset.

Knowledge of SRHR among stakeholders

With the on-going, wide-ranging campaign of the government against teenage-pregnancy there is a high level of awareness among government and civil society stakeholders about the topic sexual and reproductive health. However even most of the technical experts within civil society and government are not fully aware of or ignore the ‘realities’ of adolescent lives. The majority of teenagers seem to be sexually active and 26% of women aged 15-24 had sex in the last 12 months with a man 10 years older or more⁵⁸. An age difference of 10 years and more between partners is very often connected to an extreme imbalance of power and abuses of the women’s sexual and reproductive rights. Many adults however still turn a blind eye to this fact and preach abstinence, as seen with the enactment of the Sexual Offences Act 2012 that criminalized sexual activities with people below the age of 18. At the same time, the limited knowledge among the experts lead to the design of projects and policies that are of only limited effectiveness.

Additionally, even among those technical experts the right-based perspective is almost completely neglected. In the discussions, the links and complementarity of sexual and reproductive health and sexual and reproductive rights is hardly ever mentioned. Thus while different stakeholders advocate for the re-inclusion of sexual and reproductive health into the curriculum, they do not pay attention to sexual and reproductive rights. The sexual and reproductive rights should be of special importance given the prevalence of sexual abuse in the educational sector and in the school environment.

As an effect of the weak capacity of government institutions, their leadership often lacks the strength for an effective approach. Thus on both, the national and the local level, the coordination of stakeholders, including service providers, is very poor. For the revision of the curriculum to include Sexual and Reproductive Health, four Ministries are involved: the Ministry of Social Welfare, Gender and Children’s Affairs, the Ministry of Education, Science and Technology, the Ministry of Health and the Ministry of Youths and Sports. However the coordination even between these ministries is a challenge, there is no clear planning of the process, no agreement on who is in charge and who is responsible for what. The coordination between government stakeholders, the national and international service providers, between the different national NGOs, international organizations and donors agencies are similarly weak.

Although they all seem to agree in general to re-include SRH into the curriculum and the syllabi, the advocacy efforts for it are only very slowly yielding results especially due to these coordination challenges. Additionally the push for the re-inclusion of the subject so far has come mainly from the outside, from international donors. As this is a culturally sensitive topic, this drive from the outside is often met with resistance. A strong voice of the Sierra Leonean Civil Society has been missing so far.

B.4 Stakeholder analysis

Stakeholder	Role in the Project	Strengths	Weaknesses	Strategy
MEST	<ul style="list-style-type: none"> - Official lead in the curriculum/syllabi development process - Contribute to the adjustment of GD tool / development of brochure - To become convinced of the necessity of SRHR education 	<ul style="list-style-type: none"> - Knowledgeable on the education system and schools and the process of developing the curriculum - In possession of many materials on SRHR education 	<ul style="list-style-type: none"> - Understaffed - Slow - Key staff using veto-positions to block and slow down initiatives - Large job to do in getting children back into schools after the outbreak of EVD 	<ul style="list-style-type: none"> - Collaborate with those in favour - Try to convince and/or bypass those resisting - Work in close collaboration with advocacy partners and high-level government officials to address MEST
MSWGCA	<ul style="list-style-type: none"> - Contribute to adjusting 	<ul style="list-style-type: none"> - Excellent 	<ul style="list-style-type: none"> - Understaffed 	<ul style="list-style-type: none"> - Collaborate,

⁵⁸ 24.5% of women age 15-24 had sex before age 15 (see MICS 2010: 123)

	<p>the GD tool / development of brochure /curriculum/syllabi development</p> <ul style="list-style-type: none"> - Influence MEST in curriculum/syllabi development - Recommending adjusted GD tool for further use by partners 	<p>collaboration with AMNet</p> <ul style="list-style-type: none"> - In support of a rights-based approach 	<ul style="list-style-type: none"> - Sometimes slow - Focused almost exclusively on EVD for more than a year 	<ul style="list-style-type: none"> - Encourage to convince colleagues from MEST
MOHS	<ul style="list-style-type: none"> - Contribute to adjusting the GD tool / development of brochure /curriculum/syllabi development - Influence MEST and advocate for SRHR inclusion in curriculum/syllabi development - Recommending the adjusted GD tool for further use 	<ul style="list-style-type: none"> - Strong collaboration with Teenage Pregnancy Secretariat 	<ul style="list-style-type: none"> - Understaffed - Sometimes slow - Staff was hit hard by the EVD outbreak with tens of doctors and hundreds of nurses passing away do to the virus 	<ul style="list-style-type: none"> - Collaborate, - Encourage to convince colleagues from MEST
CWC's	<ul style="list-style-type: none"> - Participate in GD - Promote SRHR in their communities and schools 	<ul style="list-style-type: none"> - Strong role in communities, - Linking children, caregivers and authorities 	<ul style="list-style-type: none"> - Effectiveness depends on members, CWCs work very well in some communities, in others not 	<ul style="list-style-type: none"> - Include as participants and/or facilitators of GD - Invite to meetings
NacGBV and NCPDM	<ul style="list-style-type: none"> - Advocate for SRHR education 	<ul style="list-style-type: none"> - Linking all key governmental and non-governmental, national and international stakeholders on GBV issues - Coordination of activities 	<ul style="list-style-type: none"> - Effectiveness varies, NacGBV has been dormant most of 2013, only recently been revitalized 	<ul style="list-style-type: none"> - Share information, reports, strategies - Encourage members to advocate for SRHR education and coordinate with other organizations
NSRTP	<ul style="list-style-type: none"> - Contribute to adjusting the GD tool / development of brochure /curriculum/syllabi development - Joint advocacy of all members for same goals - Influence MEST in curriculum/syllabi development 	<ul style="list-style-type: none"> - Priority area of government - well-connected - Secretariat hosted by MoHS, supported by international staff - Strong in coordination through Multisectoral Technical Committee (MTC) 	<ul style="list-style-type: none"> - National NGOs (apart from AMNet) not strongly seen in advocacy efforts in collaboration with the strategy for the reduction of teenage pregnancy 	<ul style="list-style-type: none"> - Participation - Information sharing - AMNet as the main advocacy voice of SL Civil Society for the Strategy - Coordinate activities of project with other organizations

Health for All – Coalition and Education for All Coalition	<ul style="list-style-type: none"> - Advocate for SRHR education - Support in development of curriculum/syllabi/GD tool and brochure 	<ul style="list-style-type: none"> - Broad membership base 		<ul style="list-style-type: none"> - Information sharing - Include in all key activities including advocacy work - Coordination of activities
Child Right Coalition Sierra Leone	<ul style="list-style-type: none"> - Advocate for SRHR education - Support in development of curriculum/syllabi/GD tool and brochure 	<ul style="list-style-type: none"> - Broad membership base - Chaired by AMNet → AMNet has strong influence 	<ul style="list-style-type: none"> - Funding gap for secretariat → information gaps especially for connecting districts with the national level 	<ul style="list-style-type: none"> - Information sharing - Coordination of activities - Include in all key activities including advocacy work
Save the Children, UNICEF, UNFPA, IPAS, Restless Development, DCI, Health Alert, World Vision, UN-Women, Plan etc	<p>Mainly through coalitions and committees:</p> <ul style="list-style-type: none"> - Advocate for SRHR education - Support in development of curriculum/syllabi/GD tool and brochure 			<p>Mainly through work in different coalitions:</p> <ul style="list-style-type: none"> - Information sharing - Include in advocacy work - Coordination of activities - Include in all key activities
Human Rights Commission	<ul style="list-style-type: none"> - Advocate for SRHR education - Support in development of curriculum/syllabi/GD tool and brochure 	<ul style="list-style-type: none"> - Very good collaboration with AMNet - Credible institution 	<ul style="list-style-type: none"> - Understaffed 	<ul style="list-style-type: none"> - Information sharing - Include in advocacy work - Include in all key activities
Children Forum Network	<ul style="list-style-type: none"> - Train in supposed syllabi/learning and teaching materials to conduct study - Support CFN to conduct the study on the materials - Support CFN to develop and present own advocacy stance on it - Outreach and peer-education on SRHR 	<ul style="list-style-type: none"> - Relationship of mutual trust - Well-rooted in schools - Wide-spread membership - Very good reputation, structured and organized - Highly motivated and capacitated members - Willingness to participate 	<ul style="list-style-type: none"> - Time constraints of members because they need to balance their academic work with advocacy efforts - No strong financial systems or understanding of standards for handling project funds - Structure was hit hard by school closures due to EVD 	<ul style="list-style-type: none"> - Undertake the study on the suggested syllabi, learning and teaching materials through CFN - Capacitate and give floor in advocacy work for children/youth to voice their own interest in SRHR education
Traditional authorities	<ul style="list-style-type: none"> - Allow and support the implementation of the GD in their communities 	<ul style="list-style-type: none"> - Very knowledgeable and highly powerful in communities 	<ul style="list-style-type: none"> - As custodians of the traditions sometimes opposed to changes 	<ul style="list-style-type: none"> - Sensitize them on need for SRHR education - Include them in implementing the GD
District level	<ul style="list-style-type: none"> - Become convinced of 	<ul style="list-style-type: none"> - In charge of basic 	<ul style="list-style-type: none"> - Limited financial 	<ul style="list-style-type: none"> - Inform them about

authorities	<p>the need of SRHR education both inside and outside the formal school system</p> <ul style="list-style-type: none"> - Lobby with the central government for SRHR education 	<p>education system (except SSS)</p> <ul style="list-style-type: none"> - Kambia city council with positive relationship with AMNet, history of collaboration 	<p>and human capacity</p>	<p>the project and encourage to advocate with central government</p> <ul style="list-style-type: none"> - Include in analyzing the results of the GD test phase
Teachers and headmasters	<ul style="list-style-type: none"> - Collaborate in the implementation of the GD tool and the study - Lobby with educational authorities for SRHR education - Collaborate on the sensitization of students to SRHR and EVD prevention 	<ul style="list-style-type: none"> - Experience in teaching and with different syllabi - Knowledgeable about the educational system - Have access to land 	<ul style="list-style-type: none"> - Very minimal payment often leads to low motivation for any kind of additional efforts - Not gender sensitive 	<ul style="list-style-type: none"> - Include in implementation of GD tool and study - Include in analysis of both - Encourage to advocate for SRHR education at their schools and within the educational system
Parents	<ul style="list-style-type: none"> - Participate in the GD tool and other activities 	<ul style="list-style-type: none"> - Influence on their children 	<ul style="list-style-type: none"> - Many opposed and not used to SRHR education/talking about SRHR 	<ul style="list-style-type: none"> - Include in project activities - Encourage open communication with their children
Elders	<ul style="list-style-type: none"> - Participate in the GD tool - Become convinced of positive effects of SRHR education 	<ul style="list-style-type: none"> - High reputation and experience 	<ul style="list-style-type: none"> - Many opposed and not used to SRHR education/talking about SRHR 	<ul style="list-style-type: none"> - Include in the implementation of the GD tool
Young people	<ul style="list-style-type: none"> - Participate in GD tool, study and advocacy work 	<ul style="list-style-type: none"> - Know about SRHR realities of young people - Many are motivated to participate in projects 	<ul style="list-style-type: none"> - Very limited influence in the Sierra Leonean society 	<ul style="list-style-type: none"> - Include in the implementation of the GD tool, the study and advocacy work

C. PROJECT DESCRIPTION

C.1 Target group and participants

The following table summarises the primary and secondary target groups:

	Primary	Secondary
Community level	<p><u>Target of GD tool:</u> 16 GD facilitators (equal gender representation)</p> <p>192 community members from the four communities participating directly in the community workshops</p> <p><u>Target of advocacy:</u> 60 local government and NGO stakeholders</p>	<p><u>Target of GD tool:</u> 400 community members participating the public meeting in the communities (including traditional and religious leaders)</p>
District level	<p><u>Target of advocacy:</u> 15 district authorities in Kambia</p> <p>18 members of the Children's Forum Network in Freetown</p> <p>8 teachers in Freetown</p>	<p><u>Target of curriculum and syllabi analysis:</u> 80 students at two test schools</p> <p><u>Target of SRHR sensitization:</u> 1500 students at two test schools</p>
National level	<p><u>Target of advocacy:</u> 22 educational authorities</p> <p>Government officials within the ministries</p>	

Further details on target groups

GD tool (Kambia)

Working in four communities the project will in total work with 16 community facilitators, preferably with an equal gender representation. The facilitators should have a high standing in their communities and are literate. Often teachers, members of the Community Teachers Association or CWCs are amongst them. The number of dialogue participants is 192 for the four communities (48 per community), each consisting of 12 male youths, 12 female youths, 12 male elderly adults and 12 female adults (elderly) per community. GD participants usually come from all social strands.

Additionally 100 community members per community will benefit from the public meetings and community consultations, adding up to 400 indirect beneficiaries in total. All different social groups will be represented in these consultations, and approximately half of the participants will be women. Among these community members will also be the traditional and religious authorities of the community. Additionally, these authorities will be even more engaged through a priori consultations and review meetings. Their engagement is important because they are the power-holders in the community. Without their consent, no project implementation could take place. Their support is a major precondition for the GD tool to have an impact beyond individual participants, but also at the community level in general.

Although AMNet has not yet intensely worked in the four target communities, the organization has a good reputation and strong standing there due to previous work done in the district.

Advocacy work Kambia

For the advocacy work in Kambia the Kambia District Council (the chairperson, the gender desk officer, the chief administrator, and four members of the Social Welfare, Education and Health Committees each - a total of 15) is the main target group. Additionally both government and civil society stakeholders in the education sector, including the Community Teachers Associations of the four communities will be targeted. The project calculates to target 15 persons per community for this advocacy work.

Syllabi/Curriculum test

In order to conduct the study on the syllabi, members of the CFN will be the direct target group. The project will directly work with two members of the executive plus four CFN members for each of the four schools in Freetown. This means that a total of 18 CFN members, of which half shall be male, half female, will directly benefit. Additionally two teachers per school will benefit directly, totalling eight teachers. The project will seek to have four female teachers among them. The syllabi will be tested with about 20 participants per school (indirect target group), totalling 80 participants of whom about 50% shall be male, 50% female.

Sensitization on SRHR and links to EVD

As part of the continued national EVD prevention strategy and as part of the syllabi/curriculum testing, the project will do sensitization work at the two schools where the syllabi/curriculum tests are done. This will involve sensitization on SRHR and on links to EVD. A total of about 1500 students (roughly 50/50) will be sensitized through working with CFN on SRHR and EVD.

National Advocacy

The main target group for the advocacy work on the national level will be the political and professional staff of the MEST. AMNet has a positive relationship with the Gender Unit of the Ministry, while the political arm of the ministry has been harder to address. As the challenge for the curriculum and syllabi reform can only be overcome by clear decisions from the top level, the Minister, Hon. Minkailu Bah, the Deputy Minister, the permanent Secretary and his Deputy and the five Regional Education Directors will be key targets. Additionally the gender unit and its regional contact will be target for the advocacy drive (two at the head office and two per region, totalling 8). Furthermore the project will directly engage three core members of the Curriculum Reform Commission.

A number of other stakeholders will be target groups and advocacy partners at the same time: the SL Teachers’ Union (president, vice, women’s leader and school representatives of the four targeted groups - seven in total), the Health for All and the Education for All Coalitions, head and deputies each (a total of four) the Child Rights Coalition (chair and deputy), Nac-GBV and CPCOM (five representatives each). The MSC will be the key advocacy partner of the project. They shall contribute essentially to the advocacy work with the MEST and the curriculum reform commission.

The organisations represented in these Coalitions and Committees will benefit through the information and materials prepared and shared by the project. They can also be considered as a target group in the attempt to advocate for a rights-based approach to SRHR education. As there is a high overlap in the actively participating organizations, we can calculate with 30 organizations actually benefiting in this way.

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

Development objective:

All young people in Sierra Leone are aware of and exercise their sexual and reproductive health and rights.

Immediate objectives:

1. By 30.12.2016, relevant NGOs⁵⁹ and line ministries express their interest in using Generation Dialogue in their community work on sexual and reproductive health and rights.
2. By 30.12.2016, a coordinated fact-based effort of civil society and government stakeholders is pushing for the integration of SRHR into the curriculum and syllabi of primary and junior secondary schools.

Immediate objective	Objective indicators	Means of verification
1. By 30.12.2016, relevant NGOs and line ministries express their interest in using Generation Dialogue in their community work on sexual and reproductive health and rights.	<ul style="list-style-type: none"> • Number of NGOs and technical experts from MoHS and MSWGA actively participate in the review of the tool. • MoHS and MSWGCA recommend its use in communities • Number of NGOs make plans to use the 	<ul style="list-style-type: none"> • NGOs and technical experts from the ministries have participated in 3 meetings and workshops and have made active contributions • Attendance lists, outcome documents and minutes of meetings and

⁵⁹ As can be seen in the context analysis government services are severely lacking capacity in many areas of the country. NGOs are therefore providing many of the basic services in the rural areas and it is thus important to target both NGOs and ministries when doing advocacy work.

	tool	workshops (see project activities) <ul style="list-style-type: none"> Final version of the tool containing a written recommendation of MoHS and MSWGCA Letters or different written documents from NGOs indicating plans to use the tool
2. By 30.12.2016, a coordinated fact-based effort of civil society and government stakeholders is pushing for the integration of SRHR into the curriculum and syllabi of primary and junior secondary schools.	<ul style="list-style-type: none"> Information from the GD tool and from a study on the proposed learning and teaching materials is used in the advocacy work A group of relevant civil society organizations presents reports, policy papers and positions on SRHR education together A group of CSOs share relevant information on SRHR education A MoU clarifying roles and responsibilities of relevant CSOs and government stakeholders on SRHR education has been developed and signed. 	<ul style="list-style-type: none"> Copies of newspaper articles and CD's with recorded radio discussions Copies of joint policy and/or position papers Attendance lists, minutes and pictures of meetings Signed MoU on roles and responsibilities

C.3 Outputs and activities

Immediate objectives	Output	Activities
1. By 30.12.2016, relevant NGOs and line ministries express their interest in using Generation Dialogue in their community work on sexual and reproductive health and rights.	1.1. The adjusted GD manual and a brochure on 'hard facts on SRHR' have been created, validated and produced.	1.1.1 Baseline study completed ⁶⁰
		1.1.2 Workshop on monitoring using the Most Significant Change method for AMNet and project staff by Axis
		1.1.3 Identification of areas in the current GD tool that need adjustment for the use in SRHR education
		1.1.4 Distribution of brochure 'hard facts on SRHR' with the input from Axis ⁶¹
		1.1.5 Workshop for project staff on SRHR, sexuality education and participatory methods by Axis
		1.1.6 Project launching in Freetown incl. stakeholder workshop for adjustment of the GD and validation of brochure
		1.1.7 Inclusion of recommendations from workshop into the materials
		1.1.8 Validation workshop for draft GD materials
		1.1.9 Production of final version of brochure and draft GD materials
		1.1.10 Project launching, including creation and sharing of stakeholder directory in Kambia district

⁶⁰ The baseline was initiated during the previous Advocate to Educate project while the project was otherwise stalled due to the outbreak of EVD

⁶¹ A draft of the brochure 'hard facts on SRHR' was developed during the previous Advocate to Educate project while the project was otherwise stalled due to the outbreak of EVD

		<p>1.1.11 Test adjusted GD tool in four communities in Kambia</p> <p>1.1.11.1 Refresher training of trainers on the adjusted GD tool and monitoring methodology</p> <p>1.1.11.2 Selection of four male and four female candidates for the position as community facilitator for the four communities</p> <p>1.1.11.3 Five days training for the 16 facilitator candidates</p> <p>1.1.11.4 Meeting with community leaders (preparatory talks)</p> <p>1.1.11.5 Initial community consultation</p> <p>1.1.11.6 Five dialogue sessions per community</p> <p>1.1.11.7 First public meeting organized by dialogue participants</p> <p>1.1.11.8 Three months follow-up: mini-dialogues by champions, monthly exchange and supervision meetings organized by facilitators</p> <p>1.1.11.9 Second public meeting</p> <p>1.1.11.10 Follow-up community consultation</p>
		1.1.12 Quarterly monitoring visits
		1.1.13 Training on data collection methods
		1.1.14 Review of the new GD tool based on the experiences of the pilot phase in Kambia
		1.1.15 Validation workshop in Freetown for the adjusted GD tool
		1.1.16 Produce and print adjusted manuals 'GD for SRHR education'
	1.2 The GD model, manual and brochure have been presented to CSOs, INGOs and government stakeholders at a conference	1.2.1. Conference on SRHR Education in Freetown (the conference will also address output 1.4., 1.5. and 2.7.)
	1.3 The MSWGCA, MoHS and the Secretariat of the National Strategy on the Reduction of Teenage Pregnancy have officially recommended the adjusted GD tool for community education on SRHR.	<p>1.3.1. Regular meetings with MSWGCA, MoHS and the National Secretariat on the reduction of Teenage Pregnancy on draft GD tool and recommendations for changes and corrections.</p> <p>1.3.2. Meetings with MSWGCA, MoHS and the National Secretariat on the Reduction of Teenage Pregnancy to engage them in issuing a written recommendation</p>
	1.4 The relevant NGOs and ministries make plans to use the tool in practice.	<p>1.4.1. Increase interest in the tool through its presentation in coalition and committee meetings</p> <p>1.4.2. Follow-up visits to organizations that showed commitment on using the tool</p>
2. By 30.12.2016, a coordinated fact-based effort of civil society and government stakeholders is pushing for the integration of SRHR into the syllabi of primary and junior secondary	2.1 AMNet has strengthened its capacity on SRHR, analytical capacity and financial and administrative procedures	2.1.1 Two internal workshops on SRHR and analytical capacity
		2.1.2 Meetings and courses in financial and administrative procedures
	2.2 CSOs and government stakeholders have clarified their roles and responsibilities in pushing for a rights-based approach to syllabi change.	2.2.1 Refine advocacy strategy
		2.2.2 First lobbying visit to key ministries
		2.2.3 Inter-ministerial coordination meeting
		2.2.4 Stakeholder workshop for agreement on roles, responsibilities and the process in the curriculum reform
	2.2.5 Workshop for coalition partners by Axis on relevant knowledge gained from sexuality education and surveys done in Denmark, Ghana, Peru and Bolivia	
2.3 AMNet has undertaken an appraisal of the	2.3.1 Collate the different drafts for curriculum, syllabi and learning and teaching materials on SRHR	

schools.	suggested syllabus and learning and teaching materials in collaboration with CFN at two schools affected by EVD.	2.3.2. Prepare the study of the proposed syllabi at four schools
		2.3.3. Capacitate the school facilitators to conduct the test/study
		2.3.4. Test identified key areas of the syllabi / learning and teaching materials
		2.3.5. Reflection and capturing lessons learned from tests in schools
		2.3.6. Write study on the syllabi, learning and teaching materials
		2.3.7. Validation of the study with the coalition and the relevant ministries
		2.4. At least 1500 pupils from two schools affected by EVD have been sensitized on the topic of SRHR
	2.5. Advocacy materials based on the information from the piloting of the GD tool have been produced.	2.5.1. Workshop to develop advocacy materials from the GD tool and the study
		2.5.2. Produce information, education and communication materials and joint policy/strategy papers with other stakeholders
	2.6. Relevant information, studies and advocacy materials are shared with coalition partners.	2.6.1. Actively participate in coalition meetings
		2.6.2. Share information and materials in coalitions
		2.6.3. Encourage information and material sharing in coalitions
	2.7. The study and the advocacy materials are used to engage stakeholders and decision makers to push SRHR to be included in the syllabi.	2.7.1. Interactive session Civil-Society – Local Government in Kambia
		2.7.2. Disseminate information, education and communication materials and engage the public through radio
		2.7.3. Lobbying visits of members of the MTC to MEST and the curriculum reform commission
		2.7.4. Lobbying visits of proponents of SRHR education to district-level stakeholders in Kambia
		2.7.5. Follow-up visits to organizations that showed commitment lobbying for speedy enactment of SRHR syllabi with a strong rights-based approach

C.4 Strategy: how does the project cohere?

When trying to improve the sexual and reproductive health and rights of the youth of Sierra Leone with the multitude of problems facing them, we have deduced that it is important to target two areas on intervention simultaneously in order to be most effective, to see a result in a short period of time and play to the strengths of both AMNet and Axis. This is why this project will work both on developing a way of discussing SRHR in small communities in Kambia district and with advocacy for SRHR and sexuality education in Freetown.

This phase of the intervention will focus on building the foundation of SRHR for young people in Sierra Leone. This will be done through community work with the support of relevant line ministries and as advocacy, building on AMNet's existing collaboration with the target group through Children's Forum Network and its CSO-partners, with whom AMNet will build a coalition that together and separately will advocate for SRHR education to be introduced in curriculum and syllabi.

Community entry in Kambia District

The project will work in Kambia District along two avenues: Revising the existing GD tool and advocacy work on local and district levels.

The Generation Dialogue tool will be implemented in four communities of which two are close to Kambia town, while the other two are placed almost directly at the border.

Implementing the tool in two communities with very similar conditions and two with a different set of environmental factors helps to compare results and to identify reasons for different challenges, developments and outcomes. The two communities near Kambia are directly affected by the high numbers of traders and visitors coming to the town whereas the two border communities are more rural, agricultural and remote, with connections and activities across the border to Guinea.

Revising the GD tool

A large number of young people do not attend school in Sierra Leone. This coupled with the fact that there is little or no discussion on SRHR between generations leads us to conclude that a tool to create dialogue, engage parents and young people together and involve elders and traditional leaders on important aspects of SRHR could help alleviate part of the problem of lack of communication between generations.

AMNet has had great experiences in working with the Generation Dialogue tool⁶² in communities and the tool is now recommended by the Sierra Leonean state in the Sierra Leone National Strategy for the Reduction of Teenage Pregnancy in 'Pillar 4: communities, adolescents and young people empowered to prevent and respond to teenage pregnancy'⁶³. This tool sets out a way to engage community members on a wide array of issues.

As the tool has worked well in the past, AMNet will, through workshops with Bjarne Rasmussen from Axis, draft changes in the tool to be able to focus it specifically on SRHR issues. The draft tool as well as facts about SRHR will be taught to 4 community facilitators from each 4 communities in Kambia District chosen to test the tool (a total of 16 facilitators). The facilitators will then test the draft tool in the communities together with the regional project staff and report back any necessary changes.

Relevant stakeholders (ministries, NGOs and local and regional authorities) will be involved in the development of the tool as a means of ensuring the sustainability. Several NGOs and ministries have already expressed an interest in using the finished tool in their future work on SRHR in communities.⁶⁴

The finished tool will:

- Inform communities factually about SRHR
- Make it possible for community members to discuss difficult issues such as sex and abuse in an open and honest way
- Target out of school children
- Be useful also for illiterates
- Be useable in all parts of Sierra Leone
- Make the needs of different groups in the community clear for decision-makers and authorities
- Make it possible for the decision-makers and authorities to make informed, transparent and democratic decisions about future work on SRHR

From the testing of the changed GD tool, the project staff will produce relevant information for local, regional and national advocacy about the needs, experiences and problems facing the communities.

Local and regional advocacy

Based on the experiences and the knowledge gained from the revision of the GD tool, local and regional stakeholders will be engaged in order to gain their support for the further use of the tool and for sexuality education.

National advocacy on curriculum and syllabi change in Freetown

As most important organizations are represented in the capital despite the ongoing decentralization process, the major policy decisions are still taken by the ministries in Freetown, the advocacy-part of the project will be located in the capital.

Coalition

As this is a one-year project and as advocacy is a long process, the project does not aim at the inclusion of quality sexuality education into curriculum and syllabi for primary, junior secondary- and senior secondary schools as a direct result of this phase of the intervention. This phase aims at moving the process along in the right direction. This is done by collaborating with relevant partners. Many of these are other Civil Society Organisations, already partnering with AMNet in existing networks. We expect that the work will be both a coordination effort as well as working together on

⁶² See Annex G

⁶³ See: Sierra Leone National Strategy for the Reduction of Teenage Pregnancy p. 18

⁶⁴ See Annex H-K

concrete advocacy. This coalition will also, due to their importance in Sierra Leone, collaborate with relevant UN agencies. The relevant line ministries will be targets of advocacy efforts and/or partners in its advocacy. Together and individually the participants will push for the same objective: curriculum and syllabi change. The change might come in the next few years or it might be further away. What is important though, is that the foundation for change is created and that the stakeholders coordinate their efforts.

This project therefore seeks to build upon existing coalitions and committees to create this coordinated advocacy effort. Thus it will coordinate parts of the work of the the Multisectoral Committee of the Strategy on the Reduction of Teenage Pregnancy and collaborate with the Secretariat⁶⁵.

There is already much work done on the issue of reproductive health, which is understandable in a country with high numbers of teenage pregnancy, maternal mortality and infant mortality. However, little emphasis is on sexual- or reproductive rights even though the numbers of especially young girls who are abused, sexually assaulted or raped, are staggering.

Several stakeholders who will participate in the coalition have expressed in meetings with AMNet and Axis that they want to work on a rights-based approach and that they wish they could advocate more on sexual and reproductive rights and that a coordinated effort would be most effective⁶⁶. As agreed upon with the Education for All Coalition, the advocacy and coordination of this issue will be done through them. In this, the participation of Axis is key as Axis has much experience working on education in development, advocating for education and working on sexuality education.

Advocacy and test of proposed syllabi

In order for the coordinated effort to be effective, it needs to be fact-based. It is therefore expected that all coalition partners inform the group of their work and bring stories from their beneficiaries. This project will use the stories from the development of the GD tool in the communities and collected through the use of Most Significant Change (workshop on this given by Axis during the inception phase) for monitoring the project, to inform the other stakeholders.

During regular meetings on common experiences, stories of best practice, possibility for advocacy etc., the coalition partners will also give their input to a test of the proposed syllabi on sexuality education. This test will be done in collaboration with Children's Forum Network⁶⁷ (a national network of children in and out of school). The test will look at what changes to the syllabi the coalition should advocate for and against. The test will take place in two schools in Freetown where the local CFN-members will also do outreach and SRHR sensitisation work linked with the information the students need to protect themselves in the case of another outbreak of EVD.

The coalition partners will advocate nationally and locally together and individually for the national curriculum and syllabi to be improved both through meetings with ministries, donors and other potential partners as well as through the production of fact sheets, policy papers and media work.

The project will finish with a conference during which the revised GD tool is presented to local, regional and national stakeholders and where future plans for collaboration in the coalition will be discussed.

C.5 Phase-out and sustainability

This is a one-year project, which we plan will be followed by several more phases. However, this project will of course be able to stand alone and will have:

- Improved the work and capacity of AMNet to allow the organisation to apply for funding for SRHR related projects with other donors
- Set up a coalition of stakeholders working on SRHR education, which will be able to continue its work advocating for SRHR education in schools
- Developed the GD tool to be used specifically on SRHR, work which can be continued by other donors and which will be supported by the relevant line ministries
- Tested the proposed curriculum developed by UNICEF and advocated for improvements

The sustainability of the project is ensured mainly by the following:

⁶⁵ See letter of intent from the Multisectoral Committee of the Strategy on the Reduction of Teenage Pregnancy annex J

⁶⁶ See letters of intent annex H-K

⁶⁷ See letter of intent from Children's Forum Network annex H

1. AMNet is a recognized and capable NGO with years of experience who will seek to continue the advocacy on SRHR even if the collaboration with Axis does not continue. AMNet actively participates in a number of relevant local networks where this can be done and is recognised as a driving force in these networks to prioritize and advocate for relevant and important issues such as SRHR.
2. The project actively seeks to give ownership of methods and reports to the national and local authorities and will aim at the continuation of the voluntary work done by facilitators at community level.
3. AMNet will collaborate with NGOs who have staff and volunteers in other regions of the country meaning that the project methods and knowledge will reach larger parts of the country

C.6 Assumptions and risks

As the next elections are only due in 2017, it is fair to assume that there will be no change in government until the end of the project. Support from the highest political levels, up to Ministers and the President, for the National Strategy on the Reduction of Teenage Pregnancy will continue until the end of 2016 at least. This will ensure the public prominence of the topic and the necessary high-level support to engage with and lobby MEST.

AMNet will continue the good working relationship with MSWGCA and the Secretariat of the Strategy for the Reduction of Teenage Pregnancy. AMNet will also continue to have a good standing in the Civil Society of Sierra Leone and an excellent cooperation in the different coalitions and committees. Ensuring these good relationships through professional work is the key to the success of AMNet's advocacy projects.

If there was a cabinet reshuffle or another change for the MSWGCA, the collaboration between AMNet and MSWGCA would change. Depending on the new person to hold the post, it could mean minor or major changes. However AMNet has collaborated very well with a whole series of different Ministers in the recent years a continued good working relationship can therefore be assumed.

The MEST is a veto-player in the push for the inclusion of SRHR education into the syllabi. In the past, MEST has proven to be a challenging partner, quite slow in many issues, but also reacting very sensitively when other organizations take up initiatives without their inclusion. Any attempt to independently work on the syllabi would risk spoiling the relationship with MEST for a longer term and must thus be avoided. As sidelining MEST is not possible, a careful balance in pushing, supporting the pro-active and committed staff of the Ministry and doing large parts only with the (silent) consent or knowledge but without active contribution of MEST will need to be sought in the project.

The topic SRHR is very sensitive, if addressed too directly and confrontational, the project would risk creating serious resistance by parents, traditional and religious authorities, and the public in general as well as from some staff in ministries and some representatives of the educational sector. AMNet as a national NGO has more freedom to manoeuvre and to address the topic than international organizations because it is not seen as imposing a foreign agenda. Additionally the culturally sensitive approach of AMNet has proven instrumental and effective in addressing harmful traditional practices like FGM before – both on the grassroots as well as on the political level. Thus AMNet is assumed to be able to find the right balance in raising this topic among different stakeholders from community to national policy level.

The risk of Ebola still thrives. The sanitation facilities remains challenging as well as overcoming cultural practices that promotes the spread of EVD. There is also risky sexual behaviours and cross border infections. Government and partner must continue to be vigilant using all social mobilization techniques. The likelihood of another EVD outbreak is high and the project seeks, in its own small way, to mitigate this by teaching EVD prevention and the link to SRHR in schools.

D. PROJECT ORGANISATION AND FOLLOW-UP

D.1 Division of roles in project implementation

AMNet will conduct the daily project implementation and project management:

- Make an action plan for the project.
- Ensure sound implementation of the project activities
- Monitor and evaluate the process
- Facilitate the coordination among important stakeholders on SRHR education and ensure that SRHR Education is a priority area for the MTC and the Education for All Coalition

Axis will support the process and implementation:

- Support AMNet in reviewing the GD tool including working on participatory methods to discuss SRHR issues
- Actively work with AMNet in including a SRHR focus in the tool and to develop the participatory methods
- Support the capacity building of AMNet, including the use of bookkeeping software, the Most Significant Change method and analytical capability / organizational reflection and learning

D.2 Monitoring and evaluation in project implementation

Baseline

In order to be able to monitor consistently, a baseline will be established at the outset: for the GD tool the training of facilitators will start with a baseline analysis, followed by the creation of a community baseline during the initial community consultation. Part of the baseline was done as part of the initial Advocate to Educate project. This will be updated and finished. For the advocacy work, the baseline will be developed during the project launchings in Freetown and Kambia. This will, together with development of detailed indicators, be the foundation for all monitoring and evaluation in the project.

Most Significant Change

Axis has for several years used the Most Significant Change (MSC) method of monitoring in its projects in Peru, Bolivia and Ghana and has developed a manual for how to introduce the method to partner organizations. In order to ensure that MSC can be used throughout the collaboration of AMNet and Axis, this method will be introduced to AMNet at the inception phase during a visit from Axis. The method will be used to collect stories for advocacy and to monitor the project throughout.

Monitoring and reporting

For proper assessment of progress of the project, monitoring will be done consistently at all levels. More specifically at the school and community level, since it is the core point of implementation and the manifestation of critical changes will take place at that level.

Three times during the project (every four months), AMNet will send 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 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 needed, during monthly Skype meetings. AMNet and Axis will develop the reporting formats together during the inception phase and will both measure quantitative and qualitative indicators. Axis will conduct one formative monitoring visit to Freetown and Kambia. The monitoring visit will preferably be linked to the internal AMNet workshop in Kambia in December 2014.

Final evaluation

At the end of the project, an external project evaluation will be conducted to ascertain the overall performance of the project. This final evaluation will focus on the relevance, effectiveness, efficiency, impact and sustainability of the project and be conducted by an external consultant in close collaboration with AMNet, Axis, and the relevant stakeholders. While we recognise that the impact of the intervention after only a year will not be very large, we still expect to see an impact at local level and results on a national level. The results of the final evaluation will be disseminated to partners at national and district levels.

E. INFORMATION WORK

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

The objective of the information work is to inform about the results of the development work of Axis, relevant questions regarding development and themes as well as the development situation in Axis' partner countries. The information work is primarily done to strengthen the support of Axis' development work, secondarily to inform about the Danish development aid in general and to generate knowledge and understanding of the issues related to the development work. Finally, the objective of the information work is to increase the knowledge of and the support to education as an approach to fight poverty and reduce global inequality.

The funds from the information work from the project will contribute to coverage of:

- The costs related to the update of Axis' new homepage are divided so the project related information work finances 50 percent according to the amount of content related to the development communication on the webpage.
- Axis' Annual Report in Danish. The funds for the information work covers 50 percent of the costs related to the publication and distribution according to the amount of content related to the development communication in the annual report.
- Costs related to posting the project related updates on Axis' Facebook profile.
- Multimedia production for the webpage and use in education or related to lectures and the production of articles for internal and external use, inclusive photos. The funds for the information work finances the costs related to reporting trips for Axis' partner countries, including fees.
- Costs related to lectures outside Axis' office.

The funds for the information work from the different projects of Axis are joined so that the funds for the information work contribute to the project related information activities and thereby achieve a wider grasp and bigger activities.

F. PHASED PROJECTS

F.1 The combined intervention divided into phases

1st phase

The first phase of this intervention is a one-year project focusing on community dialogue, building a sustainable cooperation with relevant stakeholders and advocacy. This first phase will also inform the direction of the following phases.

2nd phase

Depending on the development and implementation stage of the new curriculum, the subsequent phase will focus both on communities and out-of school children as well as on teachers, students and the education system in general. Axis has had great experiences of conducting large surveys on the behaviour, knowledge and attitudes of young people regarding SRHR in both Ghana and Bolivia, but whether this is necessary in Sierra Leone remains to be analysed. However, the context analysis of this project clearly shows that there is a need for more information, so we expect that a survey could be needed for information to base the education on, as well as useful for advocacy purposes.

We expect that training in this phase will be done in close collaboration with NORSAAC, Axis' SRHR partner in Northern Ghana, in order to utilise the knowledge and experiences gained in Ghana and the expertise of the staff there. In this phase the target group and intervention areas of this phase we expect to be broadened due to collaboration with other Sierra Leonean stakeholder, who can test, replicate and develop materials, methods and results in other parts of the country.

3rd and 4th phases

The overall aim of these phases will be a total coverage of SRHR education both in and out of schools in order to dramatically improve the SRHR of young people in Sierra Leone. In the subsequent phases, we expect to continue the advocacy work in terms of SRHR in both schools and communities. The development of the potential curriculum change in Sierra Leone will help determine the focus. It could be on advocating for curriculum change, or it could be advocating for funds, training materials and incorporation of SRHR education into the education at teacher-training colleges.

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>1.076.505</u>	DKK
Of this, the Civil Society Fund is to contribute	<u>1.076.505</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	<u>0</u>	DKK
Indicate total cost in local currency	<u>681.332.145</u>	SLL
Indicate exchange rate applied	<u>0,00158</u>	

Main budget items:

	Full amount	Financing plan	
		Of this, from Civil Society Fund	Of this, from other financial sources
1. Activities	363.506	363.506	0 DKK
2. Investments	46.795	46.795	0 DKK
3. Expatriate staff	0	0	0 DKK
4. Local staff	186.203	186.203	0 DKK
5. Local administration	177.445	177.445	0 DKK
6. Project monitoring	86.434	86.434	0 DKK
7. External evaluation	24.052	24.052	0 DKK
8. Information in Denmark (max 3 % of 1-7)	12.000	12.000	0 DKK
9. Budget margin (min 6 % and max 10 % of 1-8)	89.644	89.644	0 DKK
10. Project expenses in total (1-9)	986.079	986.079	0 DKK
11. Auditing in Denmark	20.000	20.000	0 DKK
12. Subtotal (10 + 11)	1.006.079	1.006.079	0 DKK
13. Administration in Denmark (max 7 % of 12)	70.426	70.426	0 DKK
14. Total	1.076.505	1.076.505	0 DKK

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 ⁶⁸
G	Description of the method Generation Dialogue
H	Letter of Support from Children's Forum Network
I	Letter of Support from the Human Rights Commission of Sierra Leone
J	Letter of Support from the National Secretariat for the Reduction of Teenage Pregnancies – Ministry of Health and Sanitation of Sierra Leone
K	Letter of Support from the Ministry of Social Welfare, Gender and Children's Affairs
L	Memorandum of Understanding between the Ministry of Social Welfare, Gender and Children's Affairs

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).

⁶⁸ Please note that the Letters of Support listed in the Annexes were all completed prior to the outbreak of EVD. Due to the stress of the EVD work done by all the ministries in Sierra Leone, it has not been possible to arrange new Letters of Support. However, the actions taken by- and responsibilities given to AMNet during the EVD outbreak show the continued support for the work of AMNet by the ministries and authorities of Sierra Leone.