

# UNFPA'S Multicountry Programme on Out-of-School Reproductive Health Education: Country Cases



## Ghana

2019



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***The Country Cases Series was developed by UNFPA based on outcomes of the project “Reaching those most left behind through CSE for out-of-school young people” in Colombia, Ethiopia, Ghana, Iran and Malawi, with the financial support of Norway.***

## Project at a glance

UNFPA has launched an initiative on out-of-school comprehensive sexuality education, Comprehensive Sexuality Education for Those Left Furthest Behind, across five regions (Asia and the Pacific, East and Southern Africa, Eastern Europe and Central Asia, Latin America and the Caribbean, and West and Central Africa). The initiative reaches out to young people from left-behind populations using specially developed technical guidance on CSE in out-of-school settings. In each of five selected countries, locally adapted interventions consider the needs, life experiences and vulnerabilities of left-behind groups of young people. A key objective is to build an evidence base for designing and delivering the curriculum across different countries and regions. UNFPA is collaborating with the World Health Organization on implementation research in partnership with local research institutions. Youth engagement and digital solutions are integral to the programme.

## Theory of change for the UNFPA multicountry programme on Out of School (OOS) Comprehensive Sexuality Education (CSE)

Goal	<p>To empower and equip adolescents and young people from specific groups left behind with the information and the skills through out of school CSE, so that they can make informed choices about their sexual and reproductive health and rights, and well-being.</p>		
Pillars	 <p>Dissemination and use of International Guidance on OOS CSE</p>	 <p>Programme implementation</p>	 <p>Data and evidence generation and dissemination</p>
Outcome	<p><b>Outcome 1:</b> International guidance on OOS CSE rolled out across countries and regions</p>	<p><b>Outcome 2:</b> Participatory, relevant and contextualized models of OOS CSE programming established and tested</p>	<p><b>Outcome 3:</b> Documentation and dissemination of strategic information, lessons learned and best practices</p>
Output	<p><b>1.1.</b> International Guidance on OOS published and launched</p> <p><b>1.2.</b> Materials and tools supporting the implementation of the international guidance developed</p> <p><b>1.3.</b> Enhanced capacity to utilize digital and other innovative solutions for advocacy, demand creation, and delivery of CSE</p>	<p><b>2.1</b> Young people from specific groups left behind identified and engaged meaningfully</p> <p><b>2.2</b> Facilitators have the competencies, attitudes, and tools needed to reach and engage young people from specific groups</p> <p><b>2.3</b> Relevant gatekeepers identified and engaged in support of young people's access to CSE, and their SRHR more broadly</p>	<p><b>3.1.</b> Implementation research conducted in at least 4 sites of the programme</p> <p><b>3.2.</b> Lessons from programmes sites learned and synthesized.</p> <p><b>3.3.</b> State of OOS CSE assessed in selected regions</p>

03.

# Ghana



**Personally, if not for the person I met at the centre,  
I would have committed suicide. The person kept calling  
to encourage me daily.**

— Young woman from Kumasi.



## In Ghana, partners recognize CSE as a key intervention

Sexual and reproductive health-related information and knowledge have been taught in and out of Ghanaian schools since the 1970s. In more recent times, CSE has been introduced as a more streamlined way to ensure that young people can make informed decisions. In early 2020, the Ministry of Education adopted the name “Reproductive Health Education” after the public raised issues around CSE. A national stakeholders dialogue has been held to update the guidelines for in-school delivery (also to be used out of school) in line with concerns and cultural sensitivities.

Nearly all (95 per cent) of students in Ghana consider sexual and reproductive health education useful or very useful in their personal lives. About half (48 per cent) reported that they did not receive this information from their parents.

## Populations reached out to by the project

**Young people in detention and young people living with HIV.**

## Country Partners

- **Hope for Future Generations, Alliance for Reproductive Health and Rights, Senior Correctional Institute (Ghana Prisons Service), Ghana Health Service, Ashanti Regional Health Directorate, Northern Regional Health Directorate, Greater Accra Regional Health Directorate, Ghana AIDS Commission**

## Highlights



### Involving the Ghana Prison Service and other key stakeholders

Through the civil society organization Hope for Future Generations, the out-of-school CSE initiative is reaching out to young people in detention at the Senior Correctional Facility. This effort was facilitated through a series of meetings with representatives of the Ghana Central Prison Service to introduce the concept and need for out-of-school programming. They eventually approved in-house delivery of the material. The process has strengthened partnerships with stakeholders working with young people in detention.



### Participatory action research rolled out

Workshops on participatory action research involved discussions with 30 young men in detention and 10 young people, mostly female, ages 18 to 24 years, who live with HIV. The research collected and integrated the opinions of these young people into the development and implementation of the programme, and can inform advocacy for improved sexual and reproductive health services.

The research found that relevant information on sexually transmitted infections (STIs) and intimate partner communication is sorely needed by these young people. The constraints of the correctional system limits the scope of interventions that can be provided for young men. Both young people living with HIV and those in detention experienced some commonalities in how their current status has influenced their choices and the need for sensitive sexual and reproductive health services. Some participants reported experiencing stigma and shame from parents, partners and health-care providers, alike.

Others had a more positive view of health-care providers and the support they received: "Personally, if not for the person I met at the centre, I would have committed suicide. The person kept calling to encourage me daily," a young woman from Kumasi revealed. The study concluded that young people living with HIV need more intrafamily communication, the elimination of stigma from health-care workers and a strengthened peer network system delivering timely sexual and reproductive health education and services, including counselling and STI testing.



### Training of peer educators for young people living with HIV

Thirty young people drawn from three regions (Greater Accra, Ashanti and Northern) who living with HIV were trained as peer educators and reproductive health advocates. The training aimed to empower and equip them with information and skills on the particular sexual and reproductive health needs and rights of young people living with HIV. They will also support project staff in carrying out the sessions.



### Adapting a manual for out-of-school CSE

UNFPA's country team organized an inclusive process with stakeholders to select a manual that will be adapted for out-of-school CSE in Ghana. They chose the "Positive-Living Toolkit", developed by FHI360 and adopted by the Ghana AIDS Commission. Facilitators already trained on the toolkit can be further engaged on it.

## Lessons learned

### CSE continues to be misunderstood by many

A nationwide backlash against CSE in 2019 followed a build-up of opposition to the 2019-2020 curriculum, which incorporated CSE. Programme partners and UNFPA have worked with other stakeholders to be transparent about the curriculum and correct misperceptions. A variety of methods – such as media advocacy, strategic engagements with political and religious voices, and open dialogues – have helped to begin resolving the challenges.

To get in touch with the Global CSE Team, Regional and Country Focal Points:

**Adjoa Yenyi**, National Programme Analyst, UNFPA Ghana – [yenyi@unfpa.org](mailto:yenyi@unfpa.org)

**Idrissa Oudraogo**, Gender Technical Adviser, West and Central Africa Regional Office (UNFPA) WCARO – [iouedraogo@unfpa.org](mailto:iouedraogo@unfpa.org)

**Bente Faugli**, Programme Analyst, UNFPA Headquarters – [faugli@unfpa.org](mailto:faugli@unfpa.org)

**Petar Mladenov**, Programme Analyst, UNFPA Headquarters – [pmladenov@unfpa.org](mailto:pmladenov@unfpa.org)

United Nations Population Fund  
605 Third Avenue  
New York, NY 10158  
+1 212 297 5000  
[www.unfpa.org](http://www.unfpa.org)

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