SAVANA SIGNATURES

... Development, a click away

Building a Digital, Healthy and Responsible Society for Social Change Through ICT.

2014 Annual Report

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I welcome you to our 2014 Annual Report. This report is special to us because 2014 marked our 5th Anniversary and highlights how we celebrated 5 years of promoting ICTs for Development in Ghana.

This report gives an overview of the projects that we rolled out in 2014 and focuses specifically on specific projects under Education, Sexual Reproductive Health and Rights, Gender and Social Inclusion as well as Youth Empowerment. This report also focuses on key results achieved in each of the four programme areas.

The year 2014 heralded the creation of new partnerships and we do hope that these partnerships would grow and have the kind of impact we intend for it.

We thank all of our donors, sponsors, supporters and friends who have worked very hard in ensuring that we undertake the kind of projects that we rolled out and continue to roll out. We are so grateful.

John Stephen Agbenyo
Executive Director

I am grateful to a dedicated Team of Young Active Citizens of our land who constitute the engine of Savana Signatures, working tirelessly day and night to ensure that we bring smiles on the faces of the thousands of individuals and families that we work with.

May the year 2015 be more prosperous!

Executive Summary

As an ICT for development organization, SavSign seeks to use ICT as a tool to develop the minds of youth, women and vulnerable group of people in Ghana to enhance their livelihoods and for nation building. SavSign focuses on the use of ICT as a tool for development with special focus on Education, Sexual Reproductive Health and Rights (SRHR), Youth Development and Gender and Social Inclusion.

In 2014, SavSign implemented a number of projects. These are:

Project	Achievements
Technology for Maternal Health	• Maternal Deaths reduced by 6.6% • Increased ANC attendance rate by 63% • Increased skilled delivery by 60% • Increased access to maternal health information by 60%
Integration of ICT into Education Project(IIEP)	• Covered 18 schools • Increased BECE performance rate by 29% in Savelugu Nanton Municipality • Established 17 computer labs • Increased ICT usage in project schools by 89%
Tech Girls	• Trained 100 primary school girls on the use of computer • 20 junior high schools girls trained on blogging and photography • Exposed girls to female role models in Ghana

My World My Life (MWML)	• Improved knowledge of teachers on comprehensive sexuality education and SRHR • Boosted confidence of teachers to effectively deliver CSE lessons • Increased knowledge of pupils about CSE and SRHR • Exposed GES officials to CSE
Sexual Health Education Plus (SHE+)	• SRHR information to young people • Reached over 7000 young people with SRHR information
The World Starts With Me	• The students have been able to internalize essential sex messages and learned crucial life skills. • They have been empowered with IT skills.
Mobile for Inclusive Governance	• MMDAs were proficient in using this technology to conduct surveys. • 1,777 women, youth and PWDs groups directly benefited from the project as against the project projection of 1,200 • MMDAs generated and analyzed data that aided planning and development processes

CHAPTER ONE

About Savana Signatures

Savana Signatures (Savsign) is a registered non-governmental organization whose mission is to equip youth, women and vulnerable groups with ICT skills for their personal and professional development through the innovative use of ICT" and a vision of a "society where relevant information, knowledge and skills for development are enhanced by equal access to and use of ICT.

The organization uses ICT as a tool for development with special focus on education, Sexual And Reproductive Health And Rights (SRHR), youth development and gender and social inclusion. Registered officially at the Ghana's Registrar General Department on 29 July 2009 and the Department of Social Welfare as an NGO committed to rendering selfless social services to humanity and mankind. SavSign is regulated by a 5-member Board of Advisors and managed by a team of experienced and dedicated staff.

MISSION: "To equip youth, women and vulnerable groups with ICT skills for personal and professional development through the innovative use of ICT"

VISION: "A society where relevant information, knowledge and skills for development are enhanced by equal access to and use of ICT"

OUR TEAM
SavSign has an experienced team that is passionate about work with a current staff strength of twenty(20) spread across Northern and Volta Regional Offices of the organization.

CHAPTER TWO

Programme Areas and Current Projects

EDUCATION
- Integration of ICT in Education Project
- Tech Girls Project
- ICT Clinic for Girls
- Annual ICT Quiz Competition

GENDER AND SOCIAL INCLUSION
- Mobile for Social Inclusive Governance

SEXUAL REPRODUCTIVE HEALTH AND RIGHTS
- The World Starts With Me
- My World My Life
- Sexual Health Education (SHE)

YOUTH EMPOWERMENT
- International Computer Driving License (ICDL)
- ICT on Radio
- ICT for Development Forum

In 2014, Savana Signatures started the implementation of a five (5) year strategic plan to enable the organization to achieve its core mandate to equip youth, women and vulnerable groups with ICT skills for their personal and professional development through the innovative use of ICT. The strategic plan outlines the following critical objectives:

EDUCATION OBJECTIVE
The quality of teaching and learning outcomes enhanced through ICT use and gender sensitive pedagogy, and students/pupils particularly girls are increasingly transiting to high levels of schooling

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) OBJECTIVE

The quality of health care for expectant mothers improved through ICT use by health professionals, and young men and women asserting their rights to sexual reproductive health and rights (SRHR) information.

YOUTH EMPOWERMENT OBJECTIVE

School dropouts, unemployed and in-school youth empowered with employable skills, including ICT and are increasingly claiming their entitlements from state agencies.

GENDER AND SOCIAL INCLUSION OBJECTIVE

Women are actively participating in local governance and the poor and marginalized are equipped with ICT skills to improve their livelihoods.

Chapter Two

CHAPTER THREE

MATERNAL HEALTH

Maternal Health

Northern Region in 2006 recorded 92 maternal deaths and 115 deaths in 2007 when the national coverage of maternal death rate was estimated at 150 per 100, 000 live births by 2006.

The region recorded as high as 197 per 100,000 live births in 2007 according to the data obtained from the Northern Regional Health Directorate of the Ghana Health Service(GHS)

This alarming rate of maternal deaths led to various initiatives to reduce the trend of pregnancy related deaths in the region.

Maternal mortality in Northern Region threatens Ghana's efforts aimed at achieving the Millennium Development Goal (MDG) 5 which targets the reduction of maternal mortality ratios by 75% by 2015 and to increase the number of skilled attendants at delivery by two-thirds.

In Ghana, maternal mortality ratio is estimated at 450 per 100,000 live births and skilled attendants have actually fallen from 45% to 34%. Among the key reasons that account for maternal mortality are delays in accessing maternal healthcare, poverty, illiteracy, inaccessible roads network, delays at the health facilities due to poor quality service, high cost of service and the lack of maternal health information among other factors.

The expectant mothers in Northern region of Ghana remain underprivileged, lack access to critical information required to improve their health and that of their new born babies. Skilled delivery is also limited due to failures by expectant mothers to report and deliver at hospitals.

It is against this background that in 2014 SavSign continued with the implementation of Technology for Maternal Health (T4MH) in four(4) Districts as part of efforts to contribute to the reduction of maternal deaths in the Region. The components of the project were knowledge sharing, maternal health corners, and the use of mobile phones to access maternal health information.
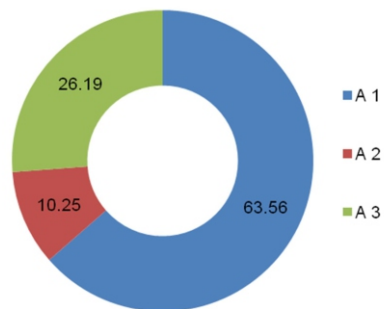
Figure 1. The figure above indicates delivery places by expectant mothers at our project areas. A 1 Hospital A 2 Home A 3 Still Pregnant

T4MH project was implemented in four districts including Tamale, Yendi, Savelugu and Kumbungu in the Northern Region of Ghana.

The project has tremendously increased Ante-Natal Care (ANC) attendance rates, skilled delivery, and made maternal health information accessible to expectant mothers.

As shown in figure, 64% of the expectant mothers who accessed the platform delivered at the hospital, 10% at home and 26% were still pregnant at the end of the project period.

Chapter Three
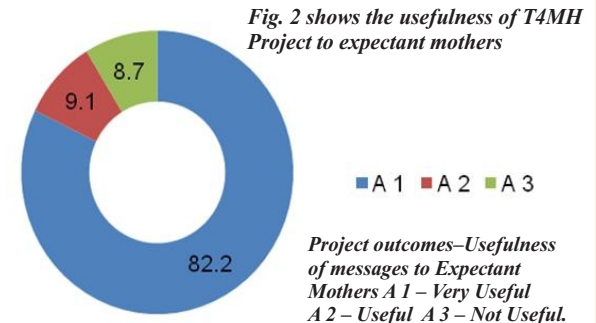
PROJECT OPERATIONAL METHODOLOGY

The T4MH project delivered easy to understand SMS and voice messages or calls to expectant mothers at the comfort of their homes or workplaces through their mobile phones. The massages are tailor-made according to the gestation period of the expectant mother. The messages were recorded in two languages, Dagbani targeting illiterate expectant mothers and English language for literate expectant mothers.

Special features of this program include a flashing system, whereby expectant mothers can flash a number (i.e. dial and hang up before the call is answered) to be registered on the system. Midwives were trained on how to use mobile phones to register expectant mothers onto the system.

Each week, each expectant mother automatically receives calls in her own language with information on the stage of her pregnancy and suggestions to keep her and her baby healthy.

At the end of 2014, beneficiary health facilities recorded less or no maternal deaths. Beside this, it has increased ANC attendance rates and skilled delivery. The project evaluation report indicated that about 80% of expectant mothers agreed that the project has contributed to their safe delivery through educative short messages or voice calls they received weekly. 9% of the expectant mothers indicated that the project was useful while 8% thought it was not useful.

The project exceeded its overall outcome target of 5% reduced maternal mortality rate by 1.6%.

Fig. 2 shows the usefulness of T4MH Project to expectant mothers

■ A 1 ■ A 2 ■ A 3

Project outcomes–Usefulness of messages to Expectant Mothers A 1 – Very Useful A 2 – Useful A 3 – Not Useful.

What accounted for this success?

The uniqueness of maternal health information communication system that allowed health professionals to communicate maternal health information to thousands of expected mothers at the remotest areas using a mobile phone.

The maternal health corners and knowledge sharing sessions set up within the beneficiary facilities facilitated frequent interactions between health workers and expectant mothers that bridged information gap. Prior to the implementation of the project, these facilities have had limited opportunity to communicate maternal health information to expectant mothers which were done only at their monthly ANC visits.
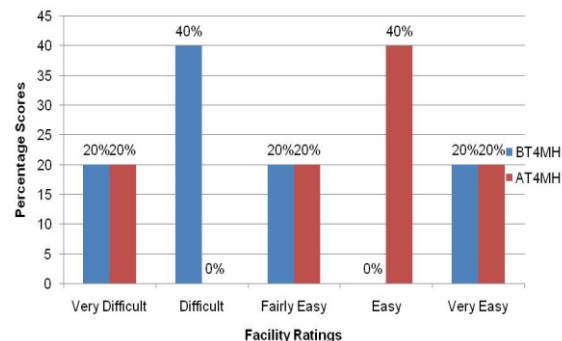
Additionally, the effectiveness of using ICT to share information about maternal health in these facilities was successfully demonstrated. Aside increased ANC attendance rates and reduced maternal deaths, the project also attracted the attention of District Assemblies most of whom pledged their commitment to sustaining the project.

The project had also changed traditional beliefs that often prevent women from accessing medical help, even in deadly situations during pregnancy. Every voice subscriber can opt to also receive the information via SMS for further studies.

Fig. 3

Chapter Three

FACILITY	2012	2013	2014
Tamale West Hospital	954	1829	2540
Teaching Central Hospital	886	1507	2210
Tamale Teaching Hospital	1369	2712	3896
Kings Medical Center	188	313	546
Yendi Municipal Hospital	832	1168	2071
Savelugu Hospital	937	1125	1967

Fig. 4, ANC attendance rates at the project facilities

It must also be noted that the project did not only enhance access to maternal health information, it has tremendously increased the number of expectant mothers accessing ANC at each of the facilities the project was implemented.

As shown in Fig. 4, before the inception of the project, Tamale West Hospital recorded few expectant mothers who access ANC. In 2012 for example the hospital recorded only 954 expectant mothers who accessed ANC. This was increased to 1829 in 2013 and 2540 in 2014.

The Tamale Teaching Hospital in spite of it being a referral center recorded 1369 in 2012, 2712 in 2013 and 3896 in 2014 when the T4MH was introduced in the facility. The Yendi Hospital also recorded an increase in ANC attendance rates from 832 in 2012, to 1168 in 2013 and 2071 in 2014. The Savelugu Hospital at the same period also recorded 937 in 2012 which was increased to 1125 in 2013 and further to 1967 in 2014. These increases were as a result of T4MH contributions.
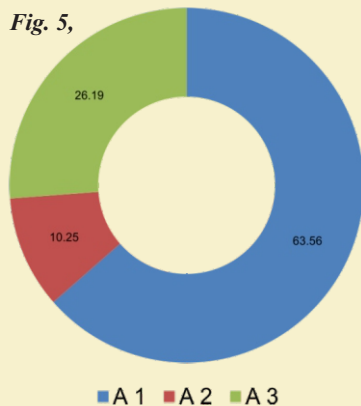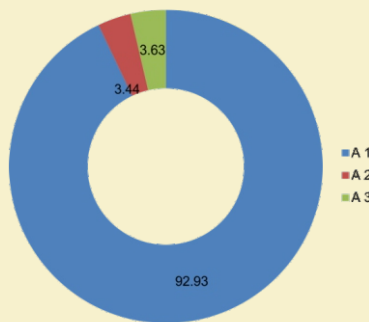
Fig. 5,

Fig. 5 indicates the number (%) and place of delivery by expectant mothers. As shown in the figure, 63% of pregnant women delivered at the hospital, 0nly 10% delivery was recorded at home whereas 26% was still pregnant by the end of 2014.

Besides this achievement, majority of expectant mothers representing 92% agreed to recommend the project to friends as shown in the **Fig. 6**
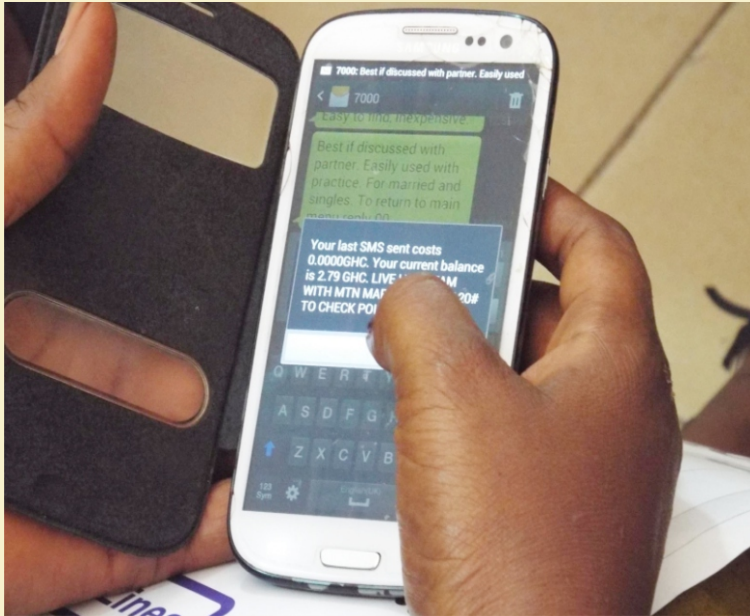
Challenges
- A larger number of calls went unanswered by the expectant mothers
- Traditional perception that strong women deliver at home also prevented majority of women from delivering babies at the hospitals.
- None availability of reliable mobile network affected the smooth delivery of the messages to expectant mothers at the remotest areas.
- Some expectant mothers did not own personal mobile phones and have to receive their messages through their husbands. This hindered immediate access to information by expectant mothers.
- Some cultural/religious beliefs also prevented women from taking personal decisions in the project area.
- Few health professionals were trained in each of the beneficiary facilities. This poses a threat to the substainability for T4MH in case of transfer or death of a health professional or worker.
- The facilities were also constrained financially to continue the project.

Fig. 6, Recommendations by expectant mothers

SEXUAL HEALTH EDUCATION PLUS (SHE+)

Unsafe sexual health conditions do not only affect the physical well being of young people, it affects their psychological development. Sexual health conditions are integral part of the wellbeing of people. In Ghana however, this has been given less attention at the national, regional and local levels. As part of the efforts to provide this essential service to young people, Savana Signatures introduced Sexual Health Education Plus (SHE+) in 2014.

SHE+ platform provide young people free access to digital Sexual Reproductive Health Education.

It is being implemented in Northern, Upper East, Upper West and Volta Regions of Ghana complementing the government of Ghana's efforts to achieving the Millennium Development Goals (MDG5) on universal access to reproductive health *(Target 5.B - Achieve, by 2015, universal access to reproductive health)*.

The platform offers young people the opportunity to access free Sexual and Reproductive Health and Rights (SRHR) information through Short Message and Voice call Services (SMS/voice call) using their mobile phones.

This service is accessed by texting the word "SHE" to a short code 7000 for MTN users and "SHE" to a short code 1904 for Vodafone, Airtel and Expresso mobile users.

The platform provides exclusive, reliable and convenient SRHR information to young people through their mobile phones.

There is also an Interactive Voice Response (IVR) feature that offers opportunity to users of the platform to interact with a health professional on their SRHR needs remotely. The IVR feature allows young people to directly contact health professionals on their SRHR needs in their regions;
- **Northern Region:** 023 377 88 55
- **Volta Region:** 023 377 88 89
- **Upper West Region:** 023 577 88 55
- **Upper East Region:** 023 577 88 86.

The health professionals on the platform are provide SRHR services to young people which may not be addressed by the content on the SMS platform.

These health professionals were trained on Youth Friendly Service and communication etiquette to enable them function effectively, provide quality SRHR services to young people to help them make informed decision or choice about their sexuality.

To help reduce the incidence of unsafe abortion and spread of STIs among out-of-school youth as well as young people in Senior and tertiary institutions, the project organized a number of school based and shop to shop sensitization, and radio discussions that provided SRHR information to young people.

SHE+ Radio Discussion

TECH GIRLS PROJECT

Tech Girls

Education is one of the most important aspects of women development.

Poor teaching methodologies in schools do not only result in poor academic performances of pupils in school but it also causes significant stress to a girl-child who is already burdened with a lot of out-of-school activities.

This however calls for well-implemented inclusive and innovative educational approaches to address the learning needs of all children particularly, the girl-child.

Several researches on education in Ghana indicate that, the use of ICT in teaching and learning has been very low in schools throughout the country in spite of its usefulness to effective teaching and learning.

It is particularly noted that girls in schools have too little access to and use of computers in schools' computer laboratories and not enough time to use them after school because of the burden of household chores.

Cultural predispositions towards gender inequality and subservient of women leadership role in society also turn to deprive girls from having access to computers in school computer labs and a strong hindrance to female students learning ICT in school. Female students also turn to have learning difficulties in Science, Technology, Engineering and Mathematics (STEM) related subjects because of the perception that these subjects are difficult.

As part of concerted efforts to empower female students to effectively use ICT to learn, "Tech Girls project" was implemented. The project benefitted 120 primary and junior high school girls.

The project involved 120 school girls made of 100 primary and 20 JHS girls who received training in computer programming using Hypertext markup language (HTML), Cascading Style Sheet (CSS) and Hypertext Preprocessor (PHP). They were also introduced to Code Lobster platform of which their confidence levels have been increased in the use of to study STEM. They were also exposed to both basic and specialized computing including the use of internet facility to study or learn lessons and interacted with their peers throughout the world using Google plus online meetings.

Achievement

- Built girls confidence in the use of ICT
- Built capacity of 120 school girls in the use of ICT in learning
- Built capacities of young girls in leadership skills
- Trained beneficiaries on website designing and blogging
- Empowered beneficiaries to think critically
- Increased girls interest in the use of ICT
- Strengthened participation of girls' in ICT skills development
- Increased the girls' knowledge in the use of ICT tools
- It has created awareness about the use of ICT tools to acquire knowledge, skills and learning among other things.

Challenges

- Lack of personal computers at home hinders the beneficiaries to practice what they have been taught
- A notion that girls are subordinates prevent them from contesting leadership positions in schools and society
- Girls do not have enough time to write blog posts because of the burden of household chores

MY WORLD AND MY LIFE

In 2014, Savana Signatures piloted the My World My Life (MWML) project. MWML is a comprehensive sexuality health and HIV/AIDS prevention project targeting upper primary students who are within the ages of 10 and 14.

The programme was piloted in 10 schools in the Tamale Metropolitan and East Mamprusi District Assemblies in the Northern Region of Ghana.

MWML which is being implemented in many countries was adopted and piloted in Ghana by SavSign that offered opportunity for contemporary sexuality education for young people in school.

Children taking My World My Life lessons

The programme focuses on developing technical and social competencies such as negotiation skills, and contraceptive use and had developed a curriculum made up of fourteen lessons, whose learning objectives, assignments, warming ups, presentations, games, tools, guidelines and stories are designed to entice pupils to learn sexuality with fun. The curriculum is made up teachers' and pupils' versions.

The competencies are those skills young people need to make informed decisions regarding their sexuality.

The project was piloted in the following schools
The beneficiary schools were
- Kotingli Presbyterian Primary School,
- Bagliga Presbyterian Primary School,
- Kpanvo Presbyterian Primary School,
- Nyohini Presbyterian Junior High School

in the Tamale Metropolis

- Langbinsi A/G Primary School,
- Langbina D/A Primary School,
- Gamabaga Presbyterian Primary School,
- Zogligu D/A Primary School,
- Dagbiribuari D/A Primary School

in the East Mamprusi District

Activities

- Trained 18 teachers on MWML lesson facilitation skills
- 225 students successfully participated in the pilot process
- Adoptaion of the Ugandan version of MWML to Ghanaian version
- Facilitaion of all 14 lessons on MWML
- Sensitization meetings of school heads, PTA, SMC and women group leaders
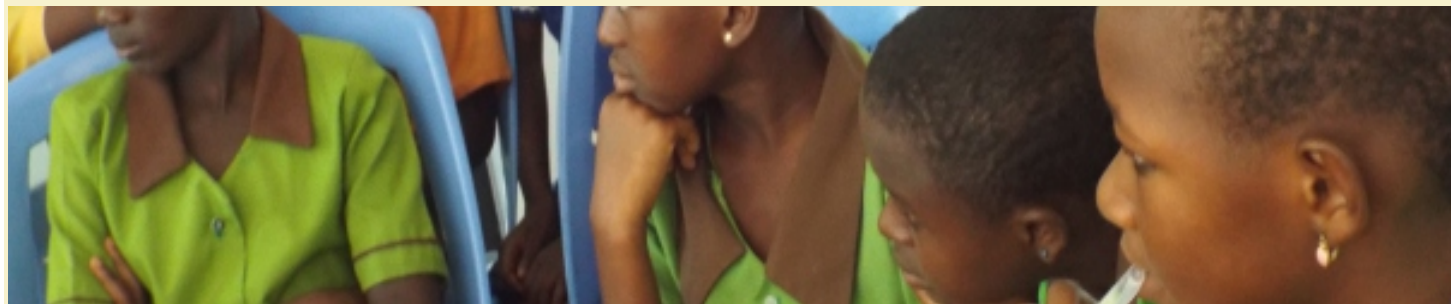- Formation of advisory board.

Achievement

- 18 teachers trained on facilitation skills
- 225 students knowledge on SRHR increased
- Improved knowledge of teachers on Comprehensive Sexual Education (CSE) and SRHR
- Students are able to discuss SRHR issues in class

- The participating teachers now confidently disccussing SRHR with their colleagues against cultural and religious background
- Students attendance rate in MWML lessons in project schools has increased because of the warm up activities and methodologies in facilitating the lessons
- Some teachers are adopting the MWML methodologies in their normal classes.
- Parents, Teachers and all stakeholders commended the programme and urged upscaling

Challenges
- Religious beliefs make it difficult to talk about sexuality with pupils (abortion/condom use)
- Conflicting time with normal classes hours poses a threat to the implementation of the programme.
- Transfer of facilitating teachers disrupts facilitation of MWML lessons.
- The project covered few students (25 each from project schools) because of financial constraints
- The unavailability of enough teaching and learning materials for both teachers and pupils hinders progress

FEMALE TEACHERS USING ICT FELLOWSHIP (FTUT)

Female Teacher using ICT to deliver Lessons in class

The use of ICT tools in education has become very important for the development of the educational sector and improvement on teaching and learning outcomes.

ICT education is now equally important to the learning of Mathematics and Science in schools.

In 2014, SavSign setup the FTUT. 10 female teachers were selected.

The Fellows were engaged and mentored through training to become models to female students.

FTUT Fellows

THE WORLD STARTS WITH ME

Savana Signatures piloted the World Starts With Me (WSWM) in eight(8) schools in the Northern and Upper West Regions of Ghana in 2013. In 2014, 10 schools were added in the Northern Region.
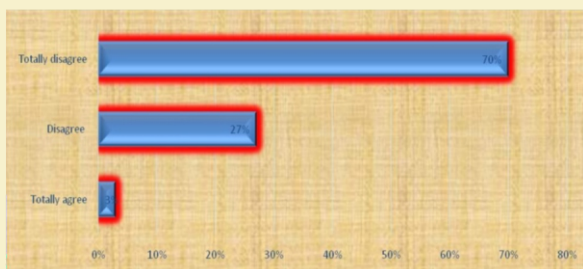
WSWM combines ICT skills building with creative expressions packaged to attract young students to learn and know more about their sexual and reproductive health and rights.

In April 2014, SavSign conducted a survey about consensual sex among boys and girls in the project schools. It was realized that as shown in *Fig. 7* below, 3% of peer educators and teachers did not believe sex among young people should necessarily be consensual, implying that forced sex should be permissible, 97% of them thought otherwise, emphasizing that every sexual activity must be based on consent between those

The World Starts With Me facilitator taking students through Lessons

concerned. The 3% who considered forced sex to be alright explained that the girls say No when they actually mean Yes. They therefore justified minimal force for sexual intercourse to take place under some circumstances. They added that some girls deliberately play hard hence, the need to lure, entice, convince and pamper them, including hitting and punching, cuddling, hulking and shoving in order to turn them on.

Source: Savsign Mid-April survey on SRHR in school

Majority of people (70%) as shown beside felt that sexual intercourse between a girl and a boy must not necessarily be consensual but could take one of them for it to happen. This perception turn to frustrate national efforts aimed at building a healthy and productive human resource or curbing the spread of sexual transmitted infections among young people.

Based on the above, SavSign and its funding partners implemented the WSWM in schools to contribute not only to the improvement of young people's sexual and reproductive health and rights but also to their social and economic development to enable these young people to make informed decisions about their sexuality..

Implementation Methodology

The project developed child user friendly sexual and reproductive health and rights curriculum that was used in the beneficiary schools. It combined sex education with useful and fun ICT skills. This made facilitation and learning of SRHR more real and appealing to young people.

The project has been able to build the confidence of young people who now exercise maximum self-control over their own lives and making informed decisions about their sexual life.

A school girl sharing her SRHR knowledge with her friends during WSWM lesson session

Chapter Three

WSWM used active and creative learning methodologies or techniques to deliver sexuality education to young people. WSWM curriculum was designed with a lot of exercises that helped students to internalize or adopt the essential message, learned crucial life skills and explored new behaviours about their sexuality.

The curriculum is adaptable and flexible and could be used for different groups in different situations. The beneficiaries were aged between 12 – 19. Rutgers helped SavSign to trained selected Teachers, students and project partners on facilitation skills of the WSWM to organize weekly lessons on the WSWM for a club of fifty (50) students in each of the project schools. These training enhanced the capacity of teachers to confidently discuss sensitive sexuality issues such as abortion, condom use, masturbation among others.

The Relevance of the Project to Young People

A survey was carried out in 2014 to determine the relevance of the project to young people. It was to also help determine the level of satisfaction and to inform the project improvement.

- 71.4% of students were satisfied with the programme
- 1.4% of the students were relatively satisfied and thought it could be mainstreamed into Ghana Education Curriculum.

Achievement

- The students have been able to internalize essential sex messages and learned crucial life skills.
- They have been empowered with IT skills.
- The project has been able to reach and train over 6,000 students on SRHR in 18 schools.
- The students were exposed to the reality of sexuality and learned more about SRHR.
- The students are now able to openly discuss sexual reproductive health issues.
-

Challenges

- Cultural and religious settings prevent children from discussing SRHR issues
- Peer influence possesses a challenge to the application of lessons learned
- Lack of IT facilities hinder smooth implementation of the project in schools
- Some teachers find it difficult to facilitate SRHR topics due to their personal or religious values.

INTEGRATION OF ICT IN EDUCATION

The Integration of ICT in Education Project (IIEP II) aims to address the low quality of education in the Northern and Volta Regions of Ghana. The project's main idea is to introduce teachers, students, and school administrators to ICT tools that can be used to improve teaching, learning, and the management of schools.

In 2014, the project was scaled up to cover 10 more schools bringing the total number of project schools to 15.

These schools are located in Ho Metro, Tamale Metro, Sagnarigu District, and Savelugu Nanton Municipality.

The IIEP is facilitating a shift from the conventional methods of lesson preparation, lesson delivery, and management of school data to a technological approach using ICT tools. This is to help improve the quality of education in these districts.

ICT Infrastructure provided

SCHOOL	ICT ITEMS RECEIVE	LOCATION
Yong Dakpemyili JHS	11-seater computer laboratory 1 laptop 2 projectors 1 desktop 1 printer	Tamale Metro
Darul Hardis JHS		Sagnarigu District
Yilonayili JHS		Sagnarigu District
Pong Tamale M/A Prim. School		Savelugu Nanton Municipality
Yoo R/C JHS		Savelugu Nanton Municipality

SCHOOL	ICT ITEMS RECEIVE	LOCATION
Langa E/A Primary School	11-seater computer laboratory 1 laptop 2 projectors 1 desktop 1 printer 1 Camera	Savelugu Nanton Municipality
Moglaa JHS		
Rawdatul-Atfal JHS		
Almarkazia E/A Primary School		
Wataniya JHS		
Rashadia JHS		
Pong Tamale Exp. Primary School		
Pong Tamale M/A JHS		
Nabogu JHS		
Diare E/A Primary School "B"		
Ho Kpodzi JHS D	10-seater Computer laboratory 1 Projector	Ho Municipality
Ho United M/A JHS		

All these tools are available to teachers, students, and school administrators for use in facilitating their work and studies. Also, offline teaching and learning materials were installed on the computers to be used by students and teachers as supporting materials for teaching and learning.

Capacity Building For Teachers and Education Officials

Teachers and school administrators were trained on ICT pedagogy.

Since 2012, teachers and school administrators in the Northern and Volta Regions continue to receive ICT training from SavSign to enhance their skills in the use of ICT tools.

- Over 270 teachers have been trained in basic ICT and ICT Pedagogy.
- About 300 teachers are now able to use Microsoft Word, Microsoft Excel, PowerPoint, and projectors to prepare and deliver lessons.
- 15 teachers were trained on basic computer maintenance and troubleshooting.
- 36 school administrators were also trained in basic ICT and ICT literacy.

As a way of tackling the low interest of females in the ICTs, the project began a Laptop scheme targeted at female teachers. Female teachers were given the opportunity to pick up new laptops from Savana Signatures at an affordable price and pay gradually over a period of seven months. The scheme enable many female teachers to acquire personal laptops

The laptop scheme is increased the use of ICT tools by female teachers in the classroom. This is expected to attract attention of girls who will begin to identify with these female teachers and the use of ICT tools. With the laptop scheme, Savana Signatures also hopes to tackle another major problem – the lack of ICT role models for girls in our schools.

Some Female Teachers learning ICT

Chapter Three

Engagement of stakeholders

The Ghana Education Service officials of Savelugu Municipality, Tamale Metropolis, and Sagnarigu District continue to cooperate with Savsign in the implementation of the project. The Memorandum of understanding was signed with these major stakeholders to secure their commitment to the implementation of the project.

Like their colleagues in the northern region, education officials in the Volta Region have also been very supportive of the project. Indeed the regional ICT coordinator sat through all the training sessions so far held in the Volta Region.

The ICT Co-ordinator for the Northern Region Mr. Seibu Alhassan taking Circuit Supervisors, Teachers and SHEP Co-odinators through the use of ICT in Managing Education

Aims and Achievements

One of the specific objectives of the project was to contribute to higher academic performance by students. In order to measure students' academic performance, Basic Education Certificate Examination (BECE) was selected as a tool and used to measure the pass rate.
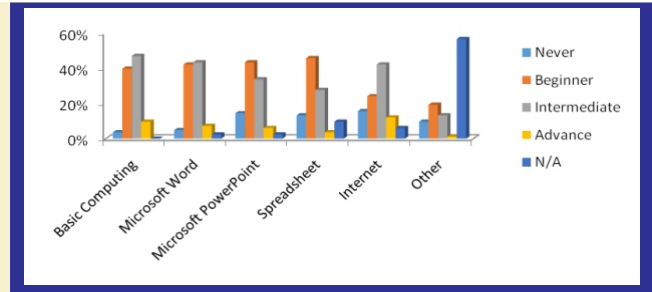
Project's specific aims

*   To increase the BECE pass rate in the Savelugu Municipality by 10% by the end of 2015.
*   Increase the use of ICT tools to deliver lessons in class
*   Increase the use of ICT tools to learn by pupils

Achievements

*   Increased BECE pas rate in Savelugu Municipality to 28.5% compared to 9.65% in 2013.
*   The graduates from the project schools who gain admission into Senior High School increased by 4% between 2013 and 2014.
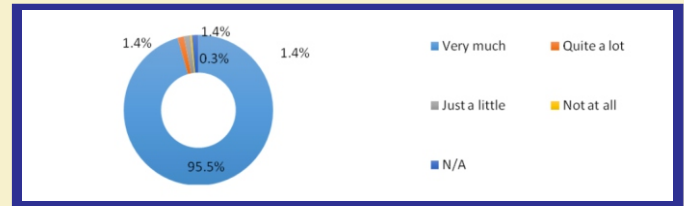
Computer Skills of Teachers

- 77% of teachers in project schools used ICT tools to deliver lessons
- 90% of school administrators used ICT tools like Microsoft Excel, Microsoft Word, and Data Tables for school data management.

Interest Levels of Lessons Taught with ICT Tools

• 95.5% of students in project schools indicated that lessons taught with ICT tools were 'very much' interesting (figure beside)

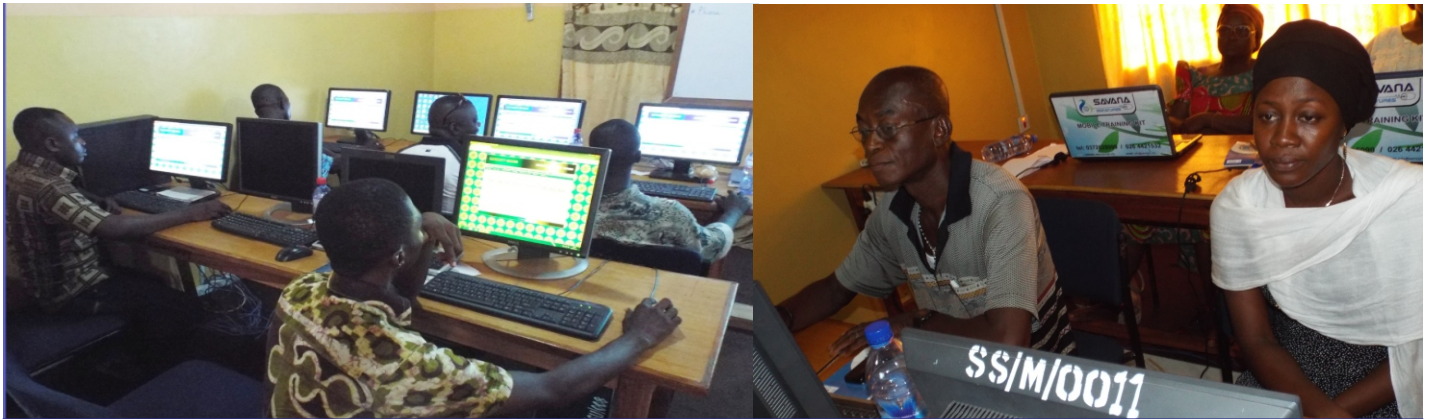• 92.7% indicated that they understood lessons taught with ICT tools very well

Major Challenges

•The inadequacy of ICT tools for teaching and learning continues to be a major challenge. Teachers need laptops to enable them constantly practice the skills they have acquired.

Chapter Three

- Inadequate projectors and laptops. Ideally, each classroom should have a projector and a laptop
- Lack of access to the internet. This is a hindrance to go online to conduct research.

INTERNATIONAL COMPUTER DRIVING LICENSE

Savana Signatures in 2014 received accreditation to be a certified International Computer Driving License(ICDL) training and testing center. The center has since been running training and testing of individuals in end-user computer skills. The center is equipped with modern computers powered by 24 hour internet and providing quality ICT training to people.

ICDL candiddates

MOBILE FOR SOCIAL INCLUSIVE GOVERNANCE

"Mobile for Social Governance: All Voices Matter, Speak up!"

Mobile for Social Inclusive Governance (MSIG) was implemented by Savana Signatures to give opportunity to citizens especially marginalized groups to participate in governance at the local level.

The project was implemented in Tamale Metropolis, Yendi and Savelugu Municipalities in the Northern Region and Wa Municipality in the Upper West Region.

Savana Signatures led three other non-governmental organization including Amplify Governance, VOTO and GINKs to implement MSIG. The project was inspired by Ghana's vision of a just and free society as espoused by Ghana's 1992 Constitution.

MSIG was a one-year Star Ghana funded project that sought to influence government policy and planning to increase the participation of vulnerable groups including women, youth and people with disabilities (PWDs) in local governance.

This project was to eliminate barriers such as distance, access, mobility, cultural norms, social status, and political affiliation that impede access of women, youth and PWDs to engage with MMDAs on their needs and policies.

The project intended result was for women, youth and PWDs to use a new communication pathway to contribute to MMDAs development planning processes for the allocation of public goods and services.

The project was implemented under four (4) identified major milestones:
• Increased participation of women, youth and PWDs in local governance process in developmental decision making
• Generated and analyzed data on the opinions of marginalised groups by MMDAs for development planning
• Opinions of marginalised groups captured in development decisions of MMDAs

How the project worked
To participate in MMDAs decision making and planning processes, one was required to register by following the steps below through their mobile phones.
Step 1. Dial 0236874163
Step 2. Hang up after the busy tone
Step 3. The system would call you back within a short time
Step 4. Follow voice instruction to register

Project Achievement
• MMDAs were proficient in using this technology to conduct surveys.
• 1,777 women, youth and PWDs groups directly benefited from the project as against the project projection of 1,200
• MMDAs generated and analyzed data that aided planning and development processes
• More PWDs, women and youth issues were factored into MMDAs development, planning and decision making processes
• Barriers to marginalized groups participation in MMDAs decision making processes was largely eliminated

Partners

Gallery of Our 5th Anniversary

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