REPUBLIC OF GHANA

MINISTRY OF GENDER, CHILDREN AND SOCIAL PROTECTION

FIVE YEAR STRATEGIC PLAN TO ADDRESS ADOLESCENT PREGNANCY IN GHANA 2018 – 2022

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H. E. Nana Addo Dankwa Akufo-Addo

President of the Republic of Ghana

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ASRH	Adolescent Sexual and Reproductive Health
CHASS	Conference of Heads of Assisted Secondary Schools
CHPS	Community-based Health Planning and Services
CPR	Contraceptive Prevalence Rate
CSOs	Civil Society Organisations
FP	Family Planning
GDHS	Ghana Demographic and Health Survey
GDP	Gross Domestic Product
GES	Ghana Education Service
GHS	Ghana Health Service
GNFPP	Ghana National Family Planning Programme
GSS	Ghana Statistical Service
HIV	Human Immuno-deficiency Virus
ICPD	International Conference on Population and Development
IPPF	International Planned Parenthood Federation
ISSER	Institute of Statistical, Social and Economic Research
JHS	Junior High School
JSS	Junior Secondary School
MHS	Maternal Health Survey
MoE	Ministry of Education
MoH	Ministry of Health
NGOs	Non-Governmental Organisations
NHIS	National Health Insurance Scheme
NPC	National Population Council
NYA	National Youth Authority
NVTI	National Vocational Training Institute
PEST	Political, Economic, Social, Technological
PHC	Population and Housing Census
PPAG	Planned Parenthood Association of Ghana
SHS	Senior High School
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
SWOT	Strength, Weaknesses, Opportunities and Threats
ToTs	Training of Trainers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

FOREWORD

The Ministry of Gender, Children and Social Protection plays a key role in coordinating the efforts of Ministries, Departments and Agencies, Metropolitan, Municipal and District Assemblies, the Private Sector, and Non-Governmental Organisations to ensure the welfare of women, girls, men, boys and the vulnerable including persons with disability in Ghana. Currently, the increasing numbers of adolescent pregnancies, and their negative impacts on the health and socio-economic well-being of the youth, especially adolescent girls, call for an effective and well-structured collaboration between state, non- state institutions and all other relevant stakeholders to reduce the incidence of unintended pregnancies and childbearing. The Ministry therefore initiated a process to develop a Five Year Strategic Plan to address Adolescent Pregnancy in Ghana (2017 – 2022).

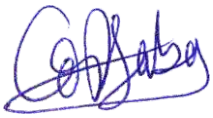
The Strategic Plan is the operational document prepared by the Ministry of Gender, Children and Social Protection, Ministry of Health and other relevant stakeholders which aims at providing appropriate, coherent and cost-effective measures that have national ownership and achieve the goal of addressing the high rates of adolescent pregnancies and other reproductive health challenges that adolescents and young people face in Ghana.

This plan provides a clear vision, and direction for all stakeholders involved in the sexual and reproductive health sector in Ghana. It sets out the national goal, strategic objectives, interventions and a monitoring plan to aid the full integration of adolescents issues into the development processes to harness their potential to attain overall sustainable development in the country. Notably, this plan serves to complement the various policy and programmatic interventions currently ongoing to position adolescent sexual and reproductive health as a broad development issue within the context of the demographic dividend and the long-term development planning agenda.

The plan was developed through a participatory process involving experts and stakeholders from government, development partners and civil society organizations who provided in- depth information on how to address the menace in Ghana.

As the Ministry introduces this Five Year Strategic Plan to catalyse efforts aimed at addressing adolescent pregnancy, we are hopeful that all stakeholders will support its implementation to ensure coordinated efforts to reduce this problem and its attendant consequences such as child and forced marriages to facilitate the contribution of the youth, especially adolescent girls to national development.

Thank you.



HON. OTIKO AFISAH DJABA
MINISTER FOR GENDER, CHILDREN AND SOCIAL PROTECTION

ACKNOWLEDGEMENTS

The Ministry of Gender Children and Social Protection expresses gratitude to all individuals and institutions who played significant roles in the development of this Plan.

We specially acknowledge the President of the Republic of Ghana, His Excellency Nana Addo Dankwa Akufo-Addo and the First Lady, Mrs. Rebecca Akufo-Addo for their interest in the promotion of gender equality and women's empowerment.

We note with much appreciation the efforts of the former Minister, Mrs. Nana Oye Lithur, who initiated investments for the development of this Plan. We are highly grateful to Hon. Otiko Afisah Djaba, the current Minister for Gender, Children and Social Protection, for her leadership and guidance in the knowledge-gathering, consultative and validation processes towards the development of this document. We also acknowledge the support of the Chief Director, Mr. Kwesi Armo- Himbson for his managerial support during the planning processes.

We highly appreciate UNFPA for their technical and financial support towards the development of this document under the Global Programme to Accelerate Actions to End Child Marriage. Our gratitude also goes to UNICEF for their technical support.

We acknowledge the technical team from the Ministry of Gender, Children and Social Protection, led by the Ag. Director of the Department of Gender, Dr. (Mrs).Comfort Asare for their dedication towards the development of the Strategic Plan.

We specifically recognize the Ministry of Health, Ghana Health Service and the Ministry of Education for providing constructive technical inputs to strengthen the Plan; as well as other state agencies and non-governmental and civil society organizations.

Finally, special thanks go to the lead consultant, Prof. Stephen O. Kwankye of the Regional Institute for Population Studies, University of Ghana, for his professional expertise in the development of this Strategic Plan.

EXECUTIVE SUMMARY

The Ministry of Gender, Children and Social Protection (MoGCSP), established first in 2001 as the Ministry Women and Children's Affairs, among other things, has the mandate to promote the welfare of women and children in Ghana as well as ensuring that the social roles assigned to males relative to females do not put any of them especially females in a disadvantaged position. It is, therefore, responsible for initiating, coordinating and monitoring gender responsive issues towards ensuring that women enjoy equal status as males while promoting the rights of children in society.

The five-year strategic plan to address adolescent pregnancy is informed by several factors. Ghana's population is largely youthful with 22.4 percent of the population classified as adolescents of age 10-19 years and about 62 percent being less than 25 years as at 2010. Ghana's demographic transition also shows the onset of a demographic dividend, driven by a changing age structure characterized by a shrinking children's population and expanding economically active population, thereby also reducing the dependency burden.

In addition to their large numbers, many adolescents are vulnerable to early and unplanned pregnancies and other reproductive health challenges, which are also is a function of factors, including their poor socio-economic status, ignorance and inaccessibility of reproductive health information and services. Their very young ages at which they give birth also predispose many of them to complications including prolonged labour alongside hemorrhage that often constitute a common cause of death among young girls below 19 years in many countries in sub-Saharan Africa. From the demographic and health surveys, it has been found that births to teenage mothers (age 15-19 years) tend to record the highest infant and child mortality in Ghana.

The Strategic Plan is presented in six sections. There is a focus on a background information on the MoGCSP as the context within which the Strategic Plan is developed. It also has the rationale for developing the Plan and the process of the Strategic Plan development. The national context within which the strategic plan is being developed is presented and followed up by a brief information on the Sexual and Reproductive Health situation in the country and the context within which the Five-Year Strategic Plan is developed.

The adolescent pregnancy situation in Ghana suggests that much progress has been made in terms of achieving a steady fertility decline, improvement in health outcomes and there have been improved infant health and education. There is, however, a wider gap between males and females. The contribution of adolescents and young people to fertility is quite a concern because of early, unplanned and unwanted pregnancies. Multiple sexual partnerships also expose many adolescents and young people to sexual and reproductive health risks including HIV and AIDS.

The MoGCSP has a mandate to address all children and gender-related development challenges in Ghana. The National Gender Policy of 2016 has the overarching goal of mainstreaming gender equality concerns into the national development processes by improving the social, legal, civic, political, economic and social-cultural conditions

of the people of Ghana particularly women, girls, children, the vulnerable and people with special needs; persons with disability and the marginalized. Addressing adolescent pregnancy and reproductive health-related challenges, therefore, is one of the key mandates of the ministry.

The vision of this Strategic Plan is "All adolescents, particularly adolescent girls realise their full potential in the development process in Ghana". Its mission "To provide adolescents with the right information, knowledge, skills and services to insulate them from unplanned pregnancies". It aims at achieving the main outcome or goal that "All adolescents are fully empowered to prevent early and unplanned pregnancies". Flowing from this overarching goal or outcome are four strategic objectives: Empower adolescents to make choices regarding their sexual debut and are enabled to prevent early and unplanned pregnancies; Promote institutional and community engagement to prevent adolescent pregnancy; Ensure that adolescents especially the sexually active have access to youth-friendly and gender-responsive sexual and reproductive health information and services; and Expand adolescents' access to education and retention beyond JHS level especially for girls.

The Strategic Plan is informed by the PEST and SWOT analyses (presented as analytical annexes) that point out the strengths and weaknesses pertaining to the political, economic, social and technological environment. These analyses bring out the strategic drivers of adolescent pregnancy in the country. Among the key drivers of adolescent pregnancy are socio-cultural misconceptions about sexual and reproductive health information and services especially for adolescents; challenges adolescents face accessing family planning and reproductive health services; the vulnerability of adolescents to unsafe sex due to their joblessness and low income that make them unable to negotiate safe and protected sex.

The successful implementation of the Strategic Plan shall depend on an elaborate effort towards resource mobilization from both the public and private sectors while working collaboratively with all stakeholders. The resource mobilization effort shall be strengthened by a dedication of a budget line in the annual national budget for addressing adolescent pregnancies in the country. Efforts shall be made to reduce the overdependence on development partners as the only sources of mobilizing resources to support the implementation of the Strategic Plan.

The effective implementation of the Strategic Plan will also require excellent institutional governance which thrives on transparency, accountability and commitment. Management both at the ministerial and departmental levels should ensure that everyone who has a role to play in the implementation of the Plan is well sensitized to be supportive of it. Furthermore, it shall be driven by its full ownership not only by the MoGCSP and its Department of Gender, but all stakeholders involved in adolescent reproductive health programming in Ghana, both in the public and private sectors. There will be a need for an effective coordinating body with dedicated personnel with excellent knowledge in adolescent pregnancy and reproductive health-related issues to ensure the effective implementation. It is acknowledged that the adolescent reproductive health environment is dynamic with new and emerging dimensions always requiring different

approaches to address. Consequently, regular institutional capacity-building programmes should be explored to fully equip personnel involved in the implementation of the Strategic Plan to be in tune with current developments in the field. Besides, the technological space should be keenly monitored and used to advantage.

The Strategic Plan outlines the Strategic Implementation Plan in the form of a Matrix relating programmes / interventions to impact/output indicators, the time frame as well as targets and estimated costs. There is also a monitoring and evaluation plan that is presented in a Logical Framework that outlines the objectively verifiable indicators, sources and means of verification and key assumptions/threats with respect to the interventions under the strategic objectives of the Strategic Plan.

1.0 MINISTRY OF GENDER, CHILDREN AND SOCIAL PROTECTION AND THE STRATEGIC PLAN

1.1 Background and Focus of the Ministry

The Ministry of Gender, Children and Social Protection (MoGCSP) has its roots from the Ministry Women and Children's Affairs which was established in 2001 as the first ministry to be established in charge of women and children affairs in Ghana. Its name was changed in 2013 to broaden its scope to encompass both males and females relative to gender relations and social protection. The role of the ministry among other things is to promote the welfare of women and children in Ghana as well as ensuring that the social roles assigned to males relative to females do not put any of them especially females in a disadvantaged position. It is, therefore, responsible for initiating, coordinating and Monitoring gender responsive issues towards ensuring that women enjoy equal status as males while promoting the rights of children in society.

The ministry is also responsible for the formulation of gender and child specific development policies, guidelines, advocacy tools strategies and plans for implementation by MDAs, District Assemblies, Private Sector Agencies, NGOs, Civil Society Groups, and other Development partners. It also prepares national development plans and programmes for women and children in which all the desired objectives and functions of the ministry are programmed for implementation. It further ensures that development programmes for women and children are effectively implemented, through continuous monitoring and evaluation of the implementation process, making sure stipulated objectives are fulfilled.

Prior to the establishment of a ministry for women, there was a National Council on Women and Development (NCWD) that metamorphosed into the new ministry in 2001. According to the NCWD Act of 1975 (NRCD 322), the functions of the Council include the following:

i. advise the Government generally on all matters relating to full integration of women in national development at all levels;
ii. examine and evaluate the contribution of women in the economic, social and cultural fields, and to advise government as to the specific areas where participation by women may be strengthened or initiated;
iii. devise a programme for the establishment of machinery and procedures to make possible the continuous review and evaluation of women's integration in the total development effort at local, regional and national levels;
iv. study plans and proposals for the establishment of large-scale non-formal education and training for the purpose of raising living standards in the rural and urban communities and eradicating illiteracy;

The NCWD was renamed the Department of Gender under the MoGCSP and has continued to operate with similar objectives being pursued. In championing

the cause of women especially in terms of women's integration into development and promoting of their socio-economic status, the Department of Gender under the MoGCSP operates in partnership with all relevant stakholders to address all challenges that undermine women's empowerment. One of such challenges is adolescent pregancy which curtails women's educational and career development. While a lot is being done to address adoelscent pregancy and reproductive health issues in Ghana, there is no specific strategic plan in place to guide programme implementation. This Strategic Plan, therefore, is adopted for implementation to provide strategic direction to the programmes of the the MoGCSP over the next five years: 2018-2022, to address adolescent pregnancy and related challenges in the country. Implementation of the Plan envisages partnership with all relevant stakeholders in adolescent sexual and reproductive health activities in Ghana both in the public and private sectors.

1.2 Rationale for the Strategic Plan

According to the 2010 Population and Housing Census (PHC), Ghana's population has remained largely youthful with 22.4 percent of the population represented by adolescents of age 10-19 years. The same report indicates that about 62 percent of the country's population in 2010 was less than 25 years. The country's demographic transition quite clearly signals the onset of a demographic dividend, which requires deliberate efforts and strategies to reap or harness its benefits. Over the past few years, Ghana has engaged in discussions to find ways to harness this demographic dividend that the country is currently experiencing which is evidenced by the changing age structure characterized by the youth bulge and reducing young age dependency rate. One of the areas that require attention is investment in the adolescent population and youth, i.e., the youth bulge.

The adolescent population varies greatly between the rural and urban, in-school and out-of-school, working and non-working, married and unmarried as well as the sexually active and non-sexually active. It is also to be noted that the environment which today is characterised by technological advancement through the Internet, mobile phones and the social media within which adolescents are living is entirely different from that of their parents. Despite technological innovations, challenges persist regarding unplanned pregnancies as well as sexually transmitted infections including HIV. The contribution of adolescents 15-19 years to fertility in Ghana was 9.7 per cent in 1988 and increased to 10.8 per cent in 1993. This reduced to 9.9 per cent in 1998, 8.3 per cent in 2003 and 8.1 per cent in 2008. However, in 2014, it increased to 9.1 per cent (See 1988, 1993, 1998, 2003, 2008 and 2014 Ghana Demographic and Health Survey reports). This has led to often sudden curtailment of career progression for many of such adolescent females as they have had to terminate their education. Some also engage in induced abortion with dire consequences for their lives and reproductive health.

The vulnerability of many adolescent girls to unplanned pregnancies and other reproductive health challenges is a function of a number of factors including poor socio-economic status, ignorance and inaccessibility of reproductive health information and services (Awusabo et al. 2006). Furthermore, due to their young ages, many pregnant adolescents tend to have complications including prolonged labour alongside hemorrhage that often constitute a common cause of death

among young girls below 19 years in many countries in sub-Saharan Africa. From the demographic and health surveys, it has been found that births to teenage mothers (age 15-19 years) tend to record the highest infant and child mortality in Ghana (GSS and MI, 1994 and 1999).

The large army of youth evidenced by the onset of the demographic dividend in the country needs to be educated and provided with productive employment. One of the challenges that should be addressed in our attempt to harness the demographic dividend is adolescent pregnancy which continues to undermine the quest for women's empowerment through higher education and career development. The urgency that is required in combating adolescent pregnancy in Ghana is consistent with efforts towards achieving the 2030 Sustainable Development Agenda within the Sustainable Development Goals framework, specifically, with respect to SDG 3 on Good Health and Well Being and SDG 5 regarding Achieving Gender Equality and Empowerment of all Women and Girls.

The development and adoption of this Strategic Plan to address adolescent pregnancy by the Ministry of Gender, Children and Social Protection (MoGCSP) in partnership with the Ministry of Health and other relevant stakeholders including the Ministry of Education, is considered timely and justified in seeking solutions to the negative consequences of adolescent pregnancy and other reproductive health problems in Ghana. It is aimed at providing nationally appropriate, coherent and cost-effective measures that have national ownership to achieve the goal of addressing high rates of adolescent pregnancies and other reproductive health challenges that adolescents and young people face in Ghana. This will help fully integrate them into the development process to harness their potential to attain overall sustainable development in the country.

Finally, the Adolescent Pregnancy Strategic Plan is linked to other existing national policies and legal frameworks that are aimed at addressing adolescent sexual and reproductive health issues in general in Ghana. These include the Adolescent Reproductive Health Policy, the National Strategic Framework on Ending Child Marriage in Ghana, Comprehensive Sexuality Education Guidelines and the overall National Population Policy, all of which in one way or another focus relevant attention on adolescents and young people's sexual and reproductive health issues including unwanted and unplanned pregnancies among adolescents.

1.3 Strategic Plan Development Process

The Strategic Plan development was through a process by which the Ministry engaged in consultations with a broad shade of stakeholders. The consultant first drafted the situation analysis of adolescent pregnancy and reproductive health in the country to form the basis for developing the strategic plan. The draft Strategic Plan which was driven by the situation analysis was submitted for review and inputs by a Technical Committee established by the Ministry of Gender, Children and Social Protection (MoGCSP). The Technical Committee also served as the Steering Committee for the development of the plan. To make it more interactive, a review meeting was organized in Koforidua between the MoGCSP and its partner stakeholders with the consultant to discuss the draft Strategic Plan to provide comments, suggestions and inputs for the revision of the draft.

The consultant incorporated the comments and suggestions from the Technical Committee review meeting and submitted it as a second draft for further comments. The consultant again revised the Strategic Plan incorporating further comments from the UNFPA and submitted a third draft of the Strategic Plan that formed the basis for the organisation of a validation meeting in Accra with key stakeholders present to provide their final inputs into the plan. After the validation meeting, the consultant submitted the final Strategic Plan to the MoGCSP, taking on board all the relevant suggestions from the validation meeting.

1.4 The Structure of the Strategic Plan

This Strategic Plan is organized into six sections. The *Introduction to the Plan* provides brief historical background information on the Ministry of Gender, Children and Social Protection's Department of Gender which is followed *by the rationale for developing the Plan. There is also a description of the Strategic Plan development process.* In addition, there is a *one-page summary* of the Strategic Plan in terms of the vision that drives the Plan, the Goals and Strategic Objectives envisaged to be achieved. This is followed by a *Contextual Analysis* that presents the national context within which the Plan is to be implemented and a *brief account* of adolescent pregnancy and reproductive health situation in the country which has informed the development of the Strategic Plan.

The Strategic Plan also presents the Strategic Identity of the MoGCSP which summarises the vision and mission statements and strategic objectives of the Strategic Plan. There is also the Strategic Direction which presents the main thematic areas of the Ministry and describes the organizational development and effectiveness as well as institutional governance and resource mobilization, institutional capacity-building, coordination and information dissemination. This is followed with a presentation of a summary of the Implementation Strategies and a matrix of the Implementation Plan relating programmes/interventions to impact/output indicators, the time frame as well as targets and estimated costs. There is also a Logical Framework presented as detailing the Monitoring and Evaluation Plan that presents information on objectively verifiable indicators for evaluating key actions, sources and means of verification and key assumptions/threats with respect to the interventions under the strategic objectives of the Strategic Plan. Finally, PEST and SWOT analyses that identified the key adolescent pregnancy strategic drivers which in turn informed the implementation of the Strategic Plan are presented as analytical annexes.

1.5 The Strategic Plan at a Glance

The following diagram summarises the key highlights of the Strategic Plan relative to the overall vision, expected outcome/goal to be achieved at the end of the plan period, the mission that drives the Plan and the specific objectives to be realised.

Our Vision:

All adolescents realise their full potential in the development process in Ghana

OUTCOME/GOAL

All adolescents are fully empowered to prevent early and unplanned pregnancies

Empower adolescents to make choices regarding their sexual debut and enable them to prevent early and unplanned pregnancies

Promote institutional and community engagement to prevent adolescent pregnancy

Ensure that adolescents especially the sexually active have access to youth-friendly and gender-sensitive sexual and reproductive health information and services

Expand adolescents' access to education and retention beyond JHS level

Our Mission:

To provide adolescents, especially girls, with the right information, knowledge, skills and services to insulate them from unplanned pregnancies

2.0 KEY INFORMATION FOR DEVELOPING THE STRATEGIC PLAN

2.1 Ghana Context and Trends

The Republic of Ghana is an independent country with an estimated population of 29 million projected from the 2010 Population and Housing Census reported population of 24.6 million. Ghana is located on the West Coast of Africa and borders Burkina Faso to the north, La Cote d'Ivoire to the west and the Republic of Togo to the east while the Gulf of Guinea is to the south. The country's population is largely youthful and as at 2010, 38.3 percent of the population was less than 15 years. The adolescent population is equally large and represents one in five of all persons (22.4%). Again, about 62 percent of Ghana's population is below 25 years. It is, therefore, important to examine issues that affect adolescents and young people in the country.

Young people's issues are fueled by the rapid urbanization that the country has experienced which is characterized by large waves of urban-ward migration of young people. Ghana's urban population as a proportion of the total population of the country increased from 23 percent in 1960 to 50.9 percent in 2010 and further increases are anticipated. The challenge though is the issue of urban primacy where we have a few very large towns and several small settlements that have attained urban status merely because their population is 5,000 or more and yet have not seen substantial development.

As a unitary state, Ghana has enjoyed a multi-party democracy since 1993. The country has sustained political and economic stability with some remarkable progress in socio-economic development since then. Ghana is rated as a lower middle-income economy that has reflected the overall achievements that have been made. Ghana operates a decentralized system of political administration. There are 10 administrative regions with Metropolitan, Municipal and District Assemblies as the basic units of administration in the country. There is media pluralism which is also supported by an active civil society activity across the country.

Ghana's economy is largely agrarian. Agriculture continues to provide the greatest opportunity for jobs and income to Ghana's labour force. It is the highest contributor to gross domestic product (GDP). The informal sector is quite large and constitutes the main source of income-earning to a majority of the Ghanaian population. The contribution of agriculture to foreign exchange earnings has, however, fluctuated over the years between 40 percent and 45 percent. The service sector has also expanded and continues to support the economy in its provision of employment to many people in the country. Thus, the service sector is an important avenue that is providing livelihood to many people in the country including adolescents and young people.

Despite these developments, youth unemployment is high and constitutes a source of considerable concern in Ghana especially in the nation's effort towards reducing adolescent pregnancy. With a large proportion of the young people being unemployed and those who are employed being engaged in the private

informal sector which provides relatively low incomes, the economic vulnerability of adolescents and young people is high. Their vulnerability to sexual and reproductive health risks is, therefore, obvious as many are not economically and socially empowered enough to be able to negotiate safe sex. Women tend to be at a higher risk when they have no jobs and consequently no source of earning regular incomes. Adolescent girls, in these circumstances, are more likely to lose control over their sexual and reproductive rights to make decisions that affect them sexually and may fall prey to unplanned or unintended pregnancy in their adolescent ages.

Ghana has made progress in both education and health care delivery. The younger generation is increasingly having expanded access to education at all levels compared to the older generation. The gender gap between males and females in education in adolescent ages is closing compared to their counterparts of age 20-24 years where in 2010, the census recorded that almost 22 percent of the females and 14 percent of the males had no education. In contrast, there was just about one percentage point difference between the sexes for those with no education among the 10-19-year olds. The gender gap at the JHS level is also high with girls lagging behind boys often due to early marriage and unintended pregnancies that force girls to drop out of school, consequently reducing retention of girls in school at the JHS level and beyond. A lot, therefore, needs to be done to empower girls to avoid both child marriage and pregnancies to ensure their retention at the JHS level. Unfortunately, despite Ghana's education policy on re-entry of girls that become pregnant and give birth while in school, not many of these girls are able to take advantage of this policy due to the social stigma that is associated with child mothers who wish to re-enter schooling to continue their education post-childbearing. At the same time, there is need to expand post-JHS education to everyone in the country. Consequently, the introduction of the Free Senior High School Education Policy in September 2017 is hoped to go a long way to empower young people with the required knowledge to overcome some reproductive health challenges in addition to providing them with skills of entrepreneurship for job creation.

Similarly, health care delivery in Ghana has improved especially following the implementation of the National Health Insurance Scheme (NHIS). Public and private health care service delivery co-exist and provide complementary services in the country. NHIS has internal challenges that need to be addressed. Sexual and reproductive health service delivery to adolescents face serious socio-cultural challenges with myths and misconceptions which impede information and service delivery to adolescents in the country. Traditional herbal medicine also co-exists with the modern orthodox medicine. Spatially, rural communities in Ghana and urban poor people continue to have less affordable and physical access to health care services in the country. The success of the Community-based Health Planning Services (CHPS) programme has led to the establishment of many CHPS compounds for primary health care service delivery. This is a positive development which could be improved to support programmes and strategies towards addressing adolescent pregnancy especially in rural Ghana.

2.2 Adolescent Pregnancy and Related Issues in Ghana

Ghana recognized the important role population plays in development planning quite early in its history. Ghana adopted a comprehensive Population

Policy in 1969 as one of the few countries in sub-Saharan Africa to do so. In 1970, the Ghana National Family Planning Programme (GNFPP) Secretariat was established for its implementation. The 1969 population policy was considered an excellent document, but faced some challenges in its implementation resulting in the modest achievements it chalked. In 1994, it was revised and replaced with the 1994 population policy that rolled out a more comprehensive institutional framework – the National Population Council – for its implementation. The revision of the policy took account of emerging issues and was expected to correct the weaknesses that had characterized the implementation of the 1969 policy. The revision and adoption of the 1994 policy anticipated some of the recommendations from the International Conference on Population and Develoment (ICPD) especially relative to the new and emerging issues including young people's sexual and reproductive health. A more focused attempt at addressing adolescent reproductive health issues in Ghana was in 2000 when a national adolescent reproductive health policy was also adopted for implementation. The two policies have undergone further revisions since 2015 to make them more responsive to emerging issues and to address weaknesses and gaps in programme implementation, but are yet to receive Cabinet assent.

The implementation of both policies has benefitted from support from the private sector and CSOs. The Planned Parenthood Association of Ghana (PPAG) for example has been one of the key partners in the private sector in the delivery of information and services pertaining to reproductive health to adolescents and young people in the country. This partnership between the public and private sector explains the successes that have so far been achieved in policy implementation. Going forward, therefore, this partnership will continue to be relevant.

Ghana's demographic transition in the past two decades suggests the attainment of a demographic dividend with total fertility rate has declining from 6.4 in 1988 to 4.2 in 2014. The structure of the country's population has also been altered with the population below age 15 years reducing from about 45 percent in 1970 to 38.3 percent in 2010. The population 65 years and above is also fast becoming important as life expectancy increases. However, it does not appear that use of family planning methods has increased correspondingly with the fertility decline and, consequently, there are fears that induced abortion especially among young people could be a contributory factor to Ghana's fertility decline.

Although contraceptive use in Ghana has generally been low, adolescents have the lowest percent use of family planning in the country relative to all other age groups. This is documented in all the GDHS reports. For example, according to the 2008 GDHS, use of any modern methods of contraception among all female adolescents and currently married adolescents of 15-19 years stood at 5.2 percent and 7.6 percent respectively while at the national level, it was 13.5 percent and 16.6 percent for all women 15-49 years. A similar report was documented in the 2014 GDHS which suggested that among adolescent females 15-19 years, modern family planning methods usage was 16.7 percent compared to 24.8 percent among others of age 20-24 years and 22.2 percent among married women 15-49 years. On the other hand, among sexually active unmarried women, modern family planning use was 31.7 percent. This situation certainly exposes these adolescents to risks of untimely pregnancy and other reproductive health risks all of which are avoidable. The 2010

PHC for example reports that 7.1 percent of all reported deaths in the past 12 years among the population 12-19 years are pregnancy-related, suggesting that if adolescents were empowered to access and use family planning methods, many of these pregnancy-induced deaths could be avoided. Thus, effective contraceptive use among adolescents can protect adolescent girls from untimely pregnancies, STIs and maternal and infant deaths and fistula.

In contrast to contraceptive use, unmet need for family planning is highest in Ghana among currently married adolescent females. The latest GDHS in 2014 reported that almost 51 percent of all adolescent females age 15-19 years had an unmet need for family planning. This compares with 34 percent and 14.2 percent respectively among their counterparts of age 20-24 and 45-49 years respectively. It is to be noted that among all married women age 15-49 years, unmet need for family planning was recorded at 29.9 percent in the same report compared to 42.2 percent among adolescents with virtually no spatial variation between urban and rural areas in the country. Adolescents and young people in Ghana continue to have challenges accessing sexual and reproductive health information and services due to provider biases and unfriendly attitudes towards young people in SRH programming and service delivery in the country. This suggests a higher susceptibility of adolescent females to reproductive health challenges not only in terms of unplanned pregnancies and sexually transmitted infections (STIs), but also high infant and maternal mortality.

The 2014 GDHS report finds that the proportion of female adolescents having a live birth by exact age 15 years was 1.0 percent and 1.9 percent had already begun childbearing. The proportion of childbearing increases by age such that by age 19 years, 31.4 percent and 36.1 percent of adolescent females in the country had respectively had a live birth and begun childbearing in the country. Furthermore, the national demographic and health surveys in Ghana suggest that adolescent females 15-19 years were responsible for 9.7 percent of all births and this reduced to 8.2 percent in 2008 and further increased to 9.1 percent in 2014. Adolescent pregnancy and subsequent childbearing is driven by early entry into sex, first birth, and little or no contraceptive use.

According to the 2007 Maternal Health Survey (MHS), abortion is more common among women 20-24 years. Young people may resort to abortion when face with the challenge of inability to access reproductive health information and services. Again, the negative socio-cultural environment also fails to acknowledge the need to integrate adolescent and young people into family planning and reproductive health delivery programming in the country. Again, because many abortion cases take place outside the health facilities by non-professionally trained personnel, post-abortion complications continue to be another source of concern for adolescents and young women in Ghana. It would be useful if you can add the estimate for how much unsafe abortions contribute to overall maternal mortality rate.

Although knowledge about HIV and AIDS is almost universal at 97.4 percent of male adolescents and 98.2 percent of female adolescents having heard of AIDS, there are obvious misconceptions among them about the disease or infection. Comprehensive knowledge about HIV and AIDS, which describes the proportion of people who correctly identify the use of condoms and limiting sex to one faithful, uninfected partner as the major ways of preventing the sexual transmission of HIV

and also know that a healthy-looking person can have HIV is at 34 percent for either male or female adolescents in Ghana. For example, knowledge that HIV can be prevented by having only one faithful uninfected partner is higher than by using condoms at every sexual encounter. There is also a reasonable proportion of either adolescent females (25.6%) or males (25.6%) in the country who think that a healthy-looking person cannot have the AIDS virus according to the 2011 Multiple Indicator Cluster Survey. The effect of this is that some sexually active adolescents may not consider the use of condoms during sex with a supposedly healthy sexual partner they consider to be incapable of having been infected with the HIV virus. Meanwhile, voluntary HIV testing is low among the adolescent population at 14.1 percent among adolescent females and 9.7 percent among the males ever been tested for HIV in Ghana. Again, sexually transmitted infections including HIV and AIDS continue to be stigmatized.

In the Abridged National HIV/AIDS Strategic Plan, 2016-2020; specific strategies for reaching young people aged 15-24 are stated to include the following:

i. Promote condom use among persons as a strategy for dual protection against pregnancy and HIV.
ii. Establish and maintain gender specific interventions for young persons in and out of school.
iii. Design and implement innovative approaches to improve accepting attitudes of young person's towards PLHIV.

Finally, adolescent pregnancy and its consequences affect girls and boys differently even in situations where the pregnancy occurs between two adoelscents as sexual partners. While the girl-child who becomes pregnant may disproportionately bear the brunt of carrying the pregnancy to full term or contemplate on induced abortion with often dire consequences of dropping out of school and or having to go through challenging reproductive health risks including even untimely death, the boy child is able to continue his schooling unimpeded.

Furthermore, girls tend to suffer more from sexual harassment, abuse and gender-based violence relative to boys, thereby putting girls in more disadvantage situations when untimely pregnancies occur. This is further fueled by poverty which also differently affects boys and girls, with the latter being more vulnerable to sexual abuse and being exposed to transactional sex in their quest to having a livelihood. Gender roles and stereotypes also contribute towards relegating girls to the background in education and economic empowerment making them fall prey to early marriage and mistimed or unwanted pregnancies.

3.0 THE ADOLESCENT STRATEGIC PLAN AND THE MINISTRY

3.1 Corporate Identity

The MoGCSP is the ministry with a mandate to address all children and gender-related development challenges in Ghana. The National Gender Policy of 2016 has the overarching goal of mainstreaming gender equality concerns into the national development processes by improving the social, legal, civic, political, economic and social-cultural conditions of the people of Ghana particularly women, girls, children, the vulnerable and people with special needs; persons with disability and the marginalized. Addressing adolescent pregnancy and reproductive health-related challenges, therefore, is one of the key mandates of the ministry.

3.2 Vision Statement of the Strategic Plan

All adolescents realise their full potential in the development process in Ghana.

3.3 Mission Statement

To provide adolescents, especially girls, with the right information, knowledge, skills and services to insulate them from unplanned pregnancies.

3.4 Outcome

All adolescents are fully empowered to prevent early and unplanned pregnancies

3.5 Strategic Objectives

i. Empower adolescents to make choices regarding their sexual debut and enable them to prevent early and unplanned pregnancies
ii. Promote institutional and community engagement to prevent adolescent pregnancy
iii. Ensure that adolescents especially the sexually active have access to youth-friendly and gender-responsive sexual and reproductive health information and services
iv. Expand adolescents' access to education and retention beyond JHS level especially for girls

4.0 STRATEGIC DIRECTION

4.1 Thematic Areas

i. Girls' empowerment and livelihood
ii. Girls' rights and access to justice
iii. Girls' participation in leadership and accountable governance
iv. Economic opportunities for girls
v. Gender roles and relations
vi. Children and young people's well-being including their reproductive health

4.2 Organizational Development, Effectiveness and Governance

The successful implementation of this Strategic Plan will be driven by its full ownership not only by the MoGCSP and its Department of Gender, but all stakeholders involved in adolescent reproductive health programming in Ghana, both in the public and private sectors. There will be a need for an effective coordinating body with dedicated personnel with excellent knowledge in adolescent pregnancy and reproductive health-related issues to ensure the effective implementation. The Plan should also benefit from its effective dissemination among all stakeholders to ensure that strategies being adopted are not conflicting across organisations. Efforts should equally be made to mobilise all the needed resources including technical and financial to roll out the plan over the five-year period. The resource mobilization should avoid over-dependence on development partners and look within the national context to ensure its complete national ownership.

4.3 Institutional Governance

The effective implementation of the Strategic Plan will require excellent institutional governance which thrives on transparency, accountability and commitment. Management both at the ministerial and departmental levels should ensure that everyone who has a role to play in the implementation of the Plan is well sensitized to be supportive of it. It should be possible to print out at least a copy of the one-page summary of the vision, mission, goal or outcome and strategic objectives of the Plan in an attractive format for distribution to all staff that would be involved in different aspects of the Plan implementation to serve as a reminder and at the same time solicit their full commitment to its successful implementation. Consequently, the Strategic Plan should be made to radiate through all staff of the MoGCSP, first from the Minister through the Chief Director, Director of the Department of Gender to all relevant staff of the ministry and other relevant agencies and stakeholders to mobilise grassroot support for its implementation. There should also be clear channels of communication to ensure effective coordination and supervision to aid monitoring and evaluation of the Plan implementation.

4.4 Resource Mobilization

In Ghana, population-related issues including adolescent pregnancy and reproductive health programming have largely been donor-driven from the country's development partners. The UNFPA, USAID, UNICEF, UKaid, DANIDA, Canada, etc., have all been involved in providing funding and technical assistance to support these programmes. While it is welcome to continue to court support and friendship with these development partners for the implementation of this Strategic Plan, it is

important to look within Ghana to leverage national-level funding for the implementation of the Plan as part of the drive towards achieving national consensus and ownership of the Strategic Plan. This is in view of the most likely development of donor-fatigue which is beginning to be visible. The MoGCSP should dialogue with the local government system to explore the possible ownership of the Strategic Plan in its entirety or in parts by the various MMDAs to engage in community mobilization of resources to support its implementation at the district level. Traditional and religious authority should be won over into partnership with the MoGCSP as part of the resource mobilization drive to ensure the successful implementation of the Plan. Most importantly, the Ministry of Finance and Parliament shall consider allocating a dedicated budget line in the national budget to support the implementation of this Plan.

4.5 Institutional Capacity-Building

The adolescent reproductive health environment is dynamic with new and emerging dimensions always requiring different approaches to address. Consequently, regular institutional capacity-building programmes should be explored to fully equip personnel involved in the implementation of the Strategic Plan to be in tune with current developments in the field. Besides, the technological space should be keenly monitored and used to advantage. This requires that personnel involved in the Plan implementation should be abreast with the technological age to foresee its drift to re-align programme implementation strategies to achieve the best results. Professionalism is ultimately required for the full implementation of adolescent pregnancy and reproductive health programming outlined in this five-year Strategic Plan. Therefore, both old and newly recruited personnel to be engaged in the implementational activities should be trained to uphold professional ethics to avoid negative personnel biases that may be counter-productive to the smooth implementation of the Strategic Plan. The capacity-building agenda to be integrated should also aim at removing adolescent pregnancy and reproductive health information and service provider biases at every stage of the implementation activities.

4.6 Coordination and Information Dissemination

Every successful strategic plan requires an effective coordination and information dissemination strategy. In Ghana, several public and private sector organisations are involved in programmes that are directly or indirectly related to addressing adolescent pregnancy and other reproductive health-related challenges among young people in the country. The MoGCSP shall coordinate the implementation of this Strategic Plan in collaboration with all stakeholders within the public and private sectors. The Ministry shall establish a Steering Committee with membership from key stakeholders to be responsible for coordinating the plan implementation. The National Population Council as the organization with the mandate of coordinating all population-related issues in Ghana and the Ghana Health Service shall be members of this Steering Committee. The Steering Committee shall have the mandate of holding meetings among all stakeholders working to address adolescent pregnancy challenges in the country. The Steering Committee meetings shall be used as platforms for the dissemination of relevant adolescent pregnancy-related information among all stakeholders to direct the implementation of programmes towards achieving common objectives in this Strategic Plan over the five-year period, 2018-2022.

4.7 Implementation Strategies

Strategic Outcome/Goal	All adolescents, especially girls, are fully empowered to prevent early and unplanned pregnancies			
Strategic Objectives (SOs)	**SO 1: Empower adolescents to make choices regarding their sexual debut and enable them to prevent early and unplanned pregnancies**	**SO 2: Promote institutional and community engagement to prevent adolescent pregnancy**	**SO 3: Ensure that adolescents especially the sexually active have access to youth-friendly sexual and reproductive health information and**	**SO 4: Expand adolescents' access to education and retention beyond JHS level, especially for girls**
Priority Interventions/ Activities	• Promote late sexual debut as a virtue among JHS students through training of trainers (ToTs) to provide peer-to-peer and mentorship training using social clubs at the schools • Provide comprehensive sexuality education for adolescents both in and out of school	• Engage parents to undertake parent-child communication on sex, sexuality and pregnancy prevention for their wards • Engage community leaders, traditional authorities and religious bodies to establish safe spaces/youth centres to discuss SRH issues and empowering young people, especially the	• Undertake educational campaigns using the media to remove misconceptions about family planning and reproductive health service delivery to adolescents and young people • Work with the pharmacies, chemical shops and reproductive health service delivery points to eliminate biases and deliver	• Work with the Curriculum Development Division of the GES to develop a compulsory course on entrepreneurship at the SHS level as a means of post-SHS job creation • Partner relevant training institutions to provide entrepreneurial capacity-building training to out-of-school adolescents to enable them gain access to sustainable sources of

Priority Interventions/ Activities	• Collaborate with the NYA to hold abstinence sensitization durbars with out-of-school adolescents at the district level • Integrate abstinence counselling services into the Guidance and Counselling programmes at the JHS and SHS levels • Work with queen mothers/traditional authorities to organize abstinence sensitization durbars for adolescents at the community and district levels in collaboration with MMDAs and the media • Work with religious leaders to organize abstinence sensitization programmes for	most vulnerable • Support institutions to introduce and monitor the implementation of progressive community by-laws to address adolescent pregnancy • Create opportunities and engage adolescents to actively participate in community actions towards adolescent pregnancy prevention and management • Organise inter-generational dialogue on SRH issues towards reducing gender-based violence • Support youth-led community-based initiatives on SRH towards reducing adolescent pregnancies • Work with traditional authorities and community members to address socio-cultural	adolescent-friendly counselling and services to sexually active adolescents • Liaise with the MoH and the GHS to establish adolescent/youth counselling and service delivery corners/centres in each district fully equipped for adolescents and young people requiring SRH services • Embark on ASRH educational campaigns using the media • Collaborate with the telecom companies to send messages to youth subscribers on ASRH • Develop and use new technologies including social media to reach adolescents with SRH information and	income to reduce their economic vulnerability • Increase access of adolescents, especially girls and those out of school and/or married to vocational learning and training opportunities to improve their livelihood. • Map-out adolescent pregnancy endemic areas and engage institutions to focus action to respond appropriately. • Support progression to SHS as an incentive to encourage adolescents, especially girls to stay longer in school • Adopt sensitization programmes to educate adolescent mothers, parents and community members on the education re-entry policy to empower them to avoid subsequent unplanned pregnancies.

Priority Interventions/ Activities	adolescents at the community and district levels in collaboration with MMDAs and the media • Collaborate with the NYA to organize regional annual adolescent/youth congresses on adolescent pregnancy	practices that institutionalise adolescent pregnancy • Hold sensitization engagements with men and boys to involve them in addressing adolescent pregnancies at the community level	services • Collaborate with partner agencies to undertake outreach services to vulnerable adolescents • Work with the GHS to undertake community-based sensitization to provide vulnerable adolescent girls with access to adolescent-responsive comprehensive abortion care services. • Develop IEC materials for ASRH education on the electronic media • Liaise with the Ghana Federation of Disability Organisations (GFD) to organize regional SRH sensitization seminars with young persons with disability	• Expand government's school-feeding programme to cover all public schools in deprived communities to support access of vulnerable adolescents to continuous education • Collaborate with the GES to strengthen capacity of teachers to provide safety nets for pregnant girls in school.

Models of programming	Leveraging partnerships with youth groups, GES and other institutions (formal and informal) to sustain advocacy and sensitization messages on abstinence among adolescents	Developing partnerships with traditional and religious authority, and parents against adolescent pregnancy	Opening the socio-cultural space for an expanded access of adolescents to SRH information and services	Expanding and sustaining education and job creation for all especially the girl-child
Target groups	• In-school adolescents • Out-of-school adolescents • Identified youth groups in the communities	• Community members • Parents	• Entrepreneurial training institutions • Telephone companies • Out-of-school adolescents and young people • All adolescents	• All adolescents in Ghana
Collaborating Institutions/ Organisations	• NYA • GES • Media • Traditional authorities, • GHS, CSOs • MMDAs, etc (as collaborators)	• Traditional authorities • Religious leaders • MMDAs	• Health service providers • The Pharmacy Council • MoH & GHS • Telecom companies • CSOs • The media • Development partners	• MoE/GES • Religious groups • Parents • CHASS

What will we stop/reduce to implement this strategy?	• Socio-cultural barriers to SRH programming and service delivery to adolescents • Negative service provider attitudes to SRH information and service delivery to adolescents • Misconceptions about SRH services to young people • Mismanagement and misapplication of funds • Review community and cultural norms that blames girls and create a culture of support and accountability towards victims • The lack of confidence and skills of adolescent girls • The overall socio-economic environment which may limit girls' opportunities due to their interests
Organizational implications	• MoGCSP will need a strong financial resource base to be sustainable • Develop and strengthen partnership with all relevant stakeholders in public and private sectors • Develop and implement a resource mobilization plan towards sustainability • Build strong management and financial systems to strengthen and sustain programme implementation

5.0 IMPLEMENTATION PLAN

Programmes/Strategies/ Activities	Impact/ Outcome Indicators	Time frame					Targets	Estimated Cost
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5		
SO 1: Empower adolescents to make choices regarding their sexual debut and enable them to prevent early and unplanned pregnancies								
Promote abstinence as a virtue among JHS students through training of trainers (ToTs) to provide peer-to-peer and mentorship training using social clubs at the schools	No. of ToTs organised on ARHR including abstinence						10 ToTs held nationwide	2,660,000
	No. of JHS benefiting from adolescent abstinent sensitization programmes						At least one abstinent sensitization programme in each JHS in Ghana	19,500,000
Provide comprehensive sexuality education for adolescents both in and out of school	% of in-school and number of out-of-school adolescents with comprehensive sexuality education						Comprehensive sexuality education included in the JHS programme and at least one comprehensive sexuality education held in each district per year for out-of-school adolescents	10,800,000

Programmes/Strategies/ Activities	Impact/ Outcome Indicators	Time frame					Targets	Estimated Cost
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5		
SO 1: Empower adolescents to make choices regarding their sexual debut and enable them to prevent early and unplanned pregnancies								
Collaborate with the NYA to hold abstinence sensitization durbars with out-of-school adolescents at the district level	No. of district durbars organised						At least one adolescent abstinent durbar organized in each district	3,160,000
Integrate abstinence counselling services into the Guidance and Counselling programmes at the JHS and SHS levels	No. of JHS and SHS with abstinence integrated Guidance and Counselling programmes						All JHS and SHS have integrated abstinence into their Guidance and Counselling	356,000
Work with queen mothers/traditional authorities to organize abstinence sensitization durbars for adolescents at the community and district levels in collaboration with MMDAs and the media	No. of districts organizing durbars						At least one durbar organized in each district per year	54,000,000

Programmes/Strategies/ Activities	Impact/ Outcome Indicators	Time frame					Targets	Estimated Cost
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5		
SO 1: Empower adolescents to make choices regarding their sexual debut and enable them to prevent early and unplanned pregnancies								
Engage with religious leaders to organize abstinence sensitization programmes for adolescents at the community and district levels in collaboration with MMDAs and the media	No. of district-level sensitization programmes organised						At least one religious-led abstinence sensitisation programme organized in each district per year	54,000,000
Collaborate with the NYA to organize regional annual adolescent/youth congresses on adolescent pregnancy	No. of regional adolescent/youth congresses organised						One adolescent/youth congress held in each region every other year	2,000,000
SO 2: Promote institutional and community engagement to prevent adolescent pregnancy								
Engage parents to undertake parent-child communication on sex, sexuality and pregnancy prevention for their wards	No. of parents trained on parent-child communication on sexuality-related issues						At least one sensitization seminar organized for parents in each district per year	10,864,800

Programmes/Strategies/ Activities	Impact/ Outcome Indicators	Time frame					Targets	Estimated Cost
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5		
SO 2: Promote institutional and community engagement to prevent adolescent pregnancy								
Engage community leaders, traditional authorities and religious bodies to establish safe spaces/youth centres to discuss SRH issues and empowering young people, especially the most vulnerable	No. of districts with safe spaces/youth centres to discuss SRH issues						Each district has a youth centre on SRH	21,600,000
Support institutions to introduce and monitor the implementation of progressive community by-laws to address adolescent pregnancy	No. of institutions with capacity to monitor community by-laws on adolescent pregnancy						At least one institution engaged in monitoring community by-laws on adolescent pregnancy in each district	10,800,000
Work with traditional authorities and community members to address socio-cultural practices that institutionalise adolescent pregnancy	No. of dialogue meetings held with traditional authorities on negative socio-cultural practices that re-enforce adolescent pregnancy						Each Regional House of Chiefs is engaged in two dialogue meetings in the five years of the Strategic Plan implementation	1,000,000

Programmes/Strategies/ Activities	Impact/ Outcome Indicators	Time frame					Targets	Estimated Cost
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5		
SO 2: Promote institutional and community engagement to prevent adolescent pregnancy								
Hold sensitization engagements with men and boys to involve them in addressing adolescent pregnancies at the community level	No. of community-based engagements organized to involve men and boys against adolescent						At least one community-based male-involvement engagement organized in each district per year	54,000,000
SO 3: Ensure that adolescents especially the sexually active have access to youth-friendly sexual and reproductive health information and services								
Undertake educational campaigns using the media to remove misconceptions about family planning and reproductive health service delivery to adolescents and young people	No. of media houses offering educational programmes on misconceptions about reproductive health service delivery to adolescents and young people						At least two media houses in each region offer regular educational programmes on misconceptions about reproductive health service delivery to adolescents and young people	1,396,000
Work with the pharmacies, chemical shops and reproductive health service delivery points to deliver adolescent-friendly counselling and services to sexually active adolescents	No of pharmacies and chemical shops delivering youth-friendly counselling and services to adolescents						At least two pharmacies and two chemical shops are known to deliver adolescent-friendly services	2,160,000

Programmes/Strategies/ Activities	Impact/ Outcome Indicators	Time frame					Targets	Estimated Cost
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5		
SO 3: Ensure that adolescents especially the sexually active have access to youth-friendly sexual and reproductive health information and services								
Liaise with the MoH and the GHS to establish adolescent/ youth counselling and service delivery corners/centres in each district fully equipped for adolescents and young people requiring SRH services	No. of adolescent/youth corners/centres in each district at the district level						At least each district has one adolescent/youth corner/centre	
Embark on educational campaigns using the media on the dangers of multiple sexual partnerships among adolescents	No. of media houses offering educational programmes on dangers of multiple sexual partnership among adolescents						At least two media houses have regular education programmes on avoiding multiple sexual partnerships among adolescents in each region	1,396,000
Collaborate with the telecom companies to send messages to youth subscribers on ASRH	No. of telecom companies involved in sending ASRH messages						At least two major telecom companies are involved in sending such messages	150,000

Programmes/Strategies/ Activities	Impact/ Outcome Indicators	Time frame					Targets	Estimated Cost
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5		
SO 3: Ensure that adolescents especially the sexually active have access to youth-friendly sexual and reproductive health information and services								
Develop and use new technologies including social media to reach adolescents with SRH information and services	No. of social media outlets used to educate young people of SRH issues						At least there is one known social media platform that is used to engage young people on SRH	600,000
Collaborate with partner agencies to undertake outreach services to vulnerable adolescents	No. of partner agencies engaged in SRH outreach programmes						Each district has at least one agency involved in adolescents SRH outreach programmes	1,080,000
Work with the GHS to undertake community-based sensitization to provide vulnerable adolescent girls with access to adolescent-responsive comprehensive abortion care services.	No. of community-based sensitization programmes undertaken						Each district has at least two community-based sensitization programmes on comprehensive abortion care services	3,240,000
Develop IEC materials for ASRH education on the electronic media	No. of electronic media houses using ASRH IEC materials developed by the MoGCSP						At least, one electronic media house is engaged in ASRH education using ASRH IEC materials from MoGCSP	698,000

Programmes/Strategies/ Activities	Impact/ Outcome Indicators	Time frame					Targets	Estimated Cost
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5		
SO 3: Ensure that adolescents especially the sexually active have access to youth-friendly sexual and reproductive health information and services								
Liaise with the Ghana Federation of Disability Organisations (GFD) to organize regional SRH sensitization seminars with young persons with disability	No of regional-level SRH sensitization seminars organized with the GFD						At least one SRH sensitization seminar organized with the GFD in each region per year	1,060,000
SO 4: Expand adolescents' access to education and retention beyond JHS level, especially for girls								
Work with the Curriculum Development Division of the GES to develop a compulsory course on entrepreneurship at the SHS level as a means of post-SHS job creation	Evidence of Entrepreneurship course at the SHS level						Entrepreneurship course developed as a compulsory subject at SHS	5,150,000
Partner relevant training institutions to provide entrepreneurial capacity-building training to out-of-school adolescents to enable them gain access to sustainable sources of income to reduce their economic vulnerability	No. of entrepreneurial capacity-building training programmes held targeting out-of-school adolescents						At least two entrepreneurial training programmes held in each region per year	35,300,000

Programmes/Strategies/ Activities	Impact/ Outcome Indicators	Time frame					Targets	Estimated Cost
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5		
SO 4: Expand adolescents' access to education and retention beyond JHS level, especially for girls								
Increase access of adolescents, especially girls and those out of school and/or married to vocational learning and training opportunities to improve their livelihood	No. of out-of-school adolescents accessing vocational learning and training opportunities						At least 50 out-of-school adolescents are enrolled in vocational training programmes each year in each district	17,650,000
Map-out adolescent pregnancy endemic areas and engage institutions to focus action to respond appropriately	No. of institutions focusing actions on adolescent pregnancy in adolescent pregnancy endemic districts						At least each adolescent pregnancy endemic district has one institution responding to adolescent pregnancy issues	5,600,000
Support progression to SHS as an incentive to encourage adolescents, especially girls to stay longer in school	% of students graduating from JHS entering SHS						All graduating JHS students attain SHS level education	4,500,000

Programmes/Strategies/ Activities	Impact/ Outcome Indicators	Time frame					Targets	Estimated Cost
		Yr 1	Yr 2	Yr 3	Yr 4	Yr 5		
SO 4: Expand adolescents' access to education and retention beyond JHS level, especially for girls								
Adopt sensitization programmes to educate adolescent mothers on the education re-entry policy to empower them to avoid subsequent unplanned pregnancies	No. of sensitization programmes held on re-entry of adolescent mothers to continue schooling						At least 50% of adolescent mothers re-enter schooling per year in each district	6,530,000
Expand government's school-feeding programme to cover all public schools in deprived communities to support access of vulnerable adolescents to continuous education	% of eligible schools benefiting from the school-feeding programme						All public first cycle schools in deprived communities benefit from the school-feeding programme	122,512,138
Collaborate with the GES to strengthen capacity of teachers to provide safety nets for pregnant girls in school[1].	% of teachers trained to provide safety nets for pregnant girls in school						All pregnant adolescents in school are supported to complete school	1,107,500

[1]Providing safety nets for pregnant girls in school is the encouragement teachers will give these unfortunate girls to continue schooling to avoid dropping out of school and falling into the trap of have subsequent unplanned pregnancies.

5.1 Justification of Cost of Strategic Plan Implementation

The total estimated cost of the Strategic Plan for the five years is GHS517,010,438.00 (five hundred and seventy-seven million, ten thousand, four hundred and thirty-eight Ghana cedis). The following provides a basis for the justification of the estimated cost for the implementation of each of the strategic interventions under each of the strategic objectives envisaged in this Strategic Plan. It is to be noted that the cost may change in the course of the duration of the strategic plan implementation due to changes in inflation in the country.

SO1:

1. One teacher and one student to be trained from each of the 216 districts. Cost of training is estimated at GHS50,000.00 per each of 10 ToTs = GHS500,000.00. T&T for the peer educators to be trained is estimated at GHS10,000 per district = GHS2,1660,000.00. In addition, the organization of sensitization programmes in schools is estimated at GHS3,000.00 per school for about 6,500 junior high schools = GHS19,500,000.00.
2. Organisation of out-of-school comprehensive sexuality education is estimated at GHS10,000 per district by five years = GHS10,800,000.00.
3. Cost of organizing one youth durbar in each district is estimated at GHS15,000.00 for 216 districts = 3,240,000.
4. Cost of printing materials for guidance and counselling in about6,500 JHS and 500 SHS estimated at 140,000.00 plus transportation at GHS1,000.00 per district = 216,000.00.
5. Estimated cost of organizing one durbar in collaboration with queen mothers/traditional authorities at GHS50,000.00 in each district = GHS54,000,000.00.
6. Estimated cost of organizing one programme with religious leaders at GHS50,000.00 in each district = GHS54,000,000.00.
7. On average two youth congresses to be held in each region. Cost of organizing a youth congress estimated at GHS100,000.00 = GHS2,000,000 (10 regions in Ghana currently).

SO2:

1. Estimated cost includes T&T at GHS50 per person for 100 persons for 216 districts each year for 5 years = GHS5,400,000.00; Snack & lunch at GHS35.00 for 100 persons for 216 districts each year for 5 years = GHS4,644,000.00; Facilitators (2 per district) at GHS1,900 per district = GHS820,800.00 giving a total of GHS10,864,800.00.
2. Engaging with community leaders and traditional authorities at district level to establish a youth centre estimated at GHS150,000.00 per district = GHS3,240,000.00.
3. Hold meetings with institutions and transportation estimated at GHS50,000.00 per district = GHS10,800,000.00.
4. Hold meetings with adolescents and transportation estimated at GHS50,000.00 per district = GHS10,800,000.00.
5. Organisation of inter-generational dialogue estimated to cost GHS50,000.00 per district per year for 5 years = GHS54,000,000.00.
6. Supporting youth-led community-based initiatives involves holding

meetings: hiring venue (GHS800.00 per district each year for 5 years); providing snack and lunch (GHS35.00 for 100 people per district each year for 216 districts for 5 years); transportation at GHS50.00 for 100 persons per district per year for 216 districts for 5 years); facilitators transport, boarding and lodging (GHS820,000.000) = GHS14,140,000.00.

7. Each of the 10 regional houses of chiefs holds two durbars in five years on adolescent pregnancy estimated at GHS50,000.00 per durbar = GHS1,000,000.00.
8. Cost of holding community-based sensitization engagement with men estimated at GHS50,000.00 per engagement per district per year for 216 districts = GHS54,000,000.00.

SO3:

1. Developing educational programmes at GHS100,000.00 and advertisements/documentaries (12 per year for 3 years) at GHS1,296,000.00 = GHS1,396,000.00.
2. GHS10,000.00 estimated per district for engaging pharmacies and chemical shops = GHS2,160,000.00.
3. Cost of establishment of centre estimated at GHS200,000.00 including provision with minimum logistics for each district = GHS43,200,000.00.
4. Organising educational programmes with the media estimated at GHS1,396,000.00 (including development of educational programmes and media broadcasts).
5. Developing inspirational messages on addressing adolescent pregnancy estimated at GHS100,000.00 and engaging the telecom companies estimated at GHS50,000.00 = GHS150,000.00.
6. Developing new technologies and using the social media estimated at GHS600,000.00.
7. Cost of holding meeting with partner agencies and outreach programmes estimated at GHS5,000.00 per district = GHS1,080,000.00.
8. Cost of holding meeting with the GHS estimated at GHS5,000.00 per district = GHS1,080,000.00; Provision of services estimated at GHS100,000.00 per district = 2,160,000.00 totaling GHS3,240,000.00.
9. Cost of development of IEC materials on adolescent pregnancy estimated at GHS698,000.00.
10. Holding of one programme with GFDOs in each region per year at GHS50,000.00 per programme for 5 years = GHS2,500,000.00.

SO4:

1. Developing entrepreneurship curricula estimated at GHS150,000.00 and provision of teaching materials at GHS5,000,000.00 = GHS5,150,000.00.
2. Includes the development of training modules (GHS150,000.00); Boarding and lodging for 100 trainees at GHS2,500.00 each day for two times in each of 10 regions (5,000,000.00); start-up tools and equipment (GHS15,000.00 per person for 2,000 persons (GHS30,000,000.00); Trainers'

remuneration (GHS5,000.00 by 5 trainers at 3 locations for two times (GHS150,000.00) = GHS35,300,000.00.

3. Estimated to cost 50% of (2) above = GHS17,650,000.
4. Base line survey to map out adolescent endemic areas estimated at GHS600,000.00; roll out intervention programme is estimated at GHS5,000,000.00 = GHS5,600,000.00.
5. Incentives for teachers to organize vacation classes for academically weaker girls at JHS estimated at GHS1,500.00 per teacher for about 3,000 teachers = GHS4,500,000.00.
6. Train 2 peer educators in each district to engage adolescent mothers at an estimated cost of GHS16,530,000.00.
7. Budget for School feeding Programme in 2011 was GHS69,109,411.00 covering 22 percent of schools in the country. Scaling it up to 100% will require GHS314,133,686.00, less current coverage at GHS245,024,275.00. On the assumption that deprived schools represent 50%, then the cost of scaling it up to cover the deprived schools is estimated at GHS122,512,138.00.
8. Developing training modules is estimated at GHS100,000.00 while in-service training is also put at GHS682,500.00 (for about 6,500 teachers at GHS35.00 per teacher for 3 days), in addition to their T&T at GHS50.00 per teacher for 6,500 of them =GHS1,107,500.00.

6.0 MONITORING AND EVALUATION PLAN

6.1 Logical Framework for Overall Plan

Narrative Summary	Objectively Verifiable Indicators	Sources & Means of Verification	Key Assumptions /Risks
Vision: All adolescents realise their full potential in the development process in Ghana	% of adolescents progressing from JHS to SHS	Information from the Educational Monitoring and Information System (EMIS) National household surveys	Sustained political commitment
Mission: To provide adolescents with the right information, knowledge, skills and services to insulate them from unplanned pregnancies	% of all pregnancies contributed by adolescents 10-19 years	National surveys	SRH information and services are accessible to adolescents and are of high quality
Goal/Outcome: All adolescents are fully empowered to prevent early and unplanned pregnancies	% of all pregnancies contributed by adolescents 10-19 years	National surveys	Barriers to SRH information and service access removed and youth-friendly SRH information and services become the norm
Strategic Objectives			
SO 1: Empower adolescents to make choices regarding their sexual debut and enable them to prevent early and unplanned pregnancy	% of adolescents having sex before age 18	National surveys	Abstinence becomes acceptable virtue among adolescents

Narrative Summary	Objectively Verifiable Indicators	Sources & Means of Verification	Key Assumptions /Risks
Strategic Objectives			
SO 2: Promote institutional and community engagement to prevent adolescent	% of adolescents becoming pregnant by age 18	National surveys	There is national consensus against adolescent pregnancy
SO 3: Ensure that adolescents especially the sexually active have access to youth-friendly sexual and reproductive health information and services	% of sexually active adolescents using family planning methods	National surveys	Socio-cultural barriers against adolescent SRH information and service delivery removed
SO 4: Expand adolescents' access to education and retention beyond JHS level, especially for girls	% of graduating JHS students gaining admission into SHS and completing	Annual GES reports	Free SHS succeeds and is sustained with required funding

6.2 Logical Framework for Strategic Objectives

Narrative Summary	Objectively Verifiable Indicators	Sources & Means of Verification	Key Assumptions /Risks
Interventions			
Interventions under SO 1:			
Promote abstinence as a virtue among JHS students through training of trainers (ToTs) to provide peer-to-peer and mentorship training using social clubs at the schools	No. of ToTs organised on abstinence No. of JHS benefiting from adolescent abstinent sensitization programmes	Annual reports of the MoGCSP	MoE/GES warmly accept to collaborate with MoGCSP
Provide comprehensive sexuality education for adolescents both in and out of school	% of in-school and number of out-of-school adolescents with comprehensive sexuality education	National surveys	Comprehensive sexuality education is no longer a subject of controversy
Collaborate with the NYA to hold abstinence sensitization durbars with out-of-school adolescents at the district level	No. of district durbars organised	Annual reports of MoGCSP and NYA	Strong partnership exists with NYA
Integrate abstinence counselling services into the Guidance and Counselling programmes at the JHS and SHS levels	No. of JHS and SHS with abstinence integrated Guidance and Counselling	Annual reports of MoGCSP	Strong partnership exists between MoGCSP and MoE/GES
Work with queen mothers/traditional authorities to organize abstinence sensitization durbars for adolescents at the community and district levels in collaboration with MMDAs and the media	No. of districts organizing durbars	Annual reports of MoGCSP and MMDAs	Strong partnership exists between MoGCSP and traditional leaders

Narrative Summary	Objectively Verifiable Indicators	Sources & Means of Verification	Key Assumptions /Risks
Interventions			
Interventions under SO 1:			
Engage with religious leaders to organize abstinence sensitization programmes for adolescents at the community and district levels in collaboration with MMDAs and the media	No. of district-level sensitization programmes organised	Annual reports of MoGCSP and MMDAs	Strong partnership exists between MoGCSP and religious leaders
Collaborate with the NYA to organize regional annual adolescent/youth congresses on adolescent pregnancy	No. of regional adolescent/youth congresses organized	Annual reports of MoGCSP and NYA	Strong partnership exists between MoGCSP and NYA
Interventions under SO 2:			
Engage parents to undertake parent-child communication on sex, sexuality and pregnancy prevention for their wards	No. of parents trained on parent-child communication on sexuality-related issues	Annual reports of MoGCSP	Parents open up to sexuality education
Engage community leaders, traditional authorities and religious bodies to establish safe spaces/youth centres to discuss SRH issues and empowering young people, especially the most vulnerable	No. of districts with safe spaces/ youth centres to discuss SRH issues	Annual reports of MoGCSP	Strong partnership exists between MoGCSP and traditional/ religious leaders
Support institutions to introduce and monitor the implementation of progressive community by-laws to address adolescent pregnancy	No. of institutions with capacity to monitor community by-laws on adolescent pregnancy	Annual reports of MoGCSP	Strong collaboration between MoGCSP and community-based institutions

Narrative Summary	Objectively Verifiable Indicators	Sources & Means of Verification	Key Assumptions /Risks
Interventions			
Interventions under SO 2:			
Create opportunities and engage adolescents to actively participate in community actions towards adolescent pregnancy prevention and management	No. of districts with adolescent-oriented community-initiated programmes for early pregnancy	Annual reports of MoGCSP	Adolescents willingly participate in community programmes against unplanned pregnancies
Organise inter-generational dialogue on SRH issues	No. of inter-generational SRH dialogues organised	Annual reports of MoGCSP	Socio-cultural barriers against adolescent SRH issues removed
Support youth-led community-based initiatives on SRH towards reducing adolescent pregnancies	No. of youth-led community-based initiatives rolled out	Annual reports of MoGCSP	Strong collaboration exist between MoGCSP and community-based youth groups
Work with traditional authorities and community members to address socio-cultural practices that institutionalise adolescent pregnancy	No. of dialogue meetings held with traditional authorities on negative socio-cultural practices that re-enforce adolescent pregnancy	Annual reports of MoGCSP	Strong collaboration with traditional authorities
Hold sensitization engagements with men and boys to involve them in addressing adolescent pregnancies at the community level	No. of community-based engagements organized to involve men and boys against adolescent pregnancy	Annual reports of MoGCSP	High level of men's involvement in SRH issues is strengthened

Narrative Summary	Objectively Verifiable Indicators	Sources & Means of Verification	Key Assumptions /Risks
Interventions			
Interventions under SO 3:			
Undertake educational campaigns using the media to remove misconceptions about family planning and reproductive health service delivery to adolescents and young people	No. of media houses offering educational programmes on misconceptions about reproductive health service delivery to adolescents and young people	Annual reports of MoGCSP and Media scan	Strong partnership exists between MoGCSP and the media
Work with the pharmacies, chemical shops and reproductive health service delivery points to deliver adolescent-friendly counselling and services to sexually active adolescents	No of pharmacies and chemical shops delivering youth-friendly counselling and services to adolescents	Annual reports of MoGCSP	Service delivery points become adolescent-friendly relative to SRH services
Liaise with the MoH and the GHS to establish adolescent/youth counselling and service delivery corners in each district for adolescents and young people requiring SRH services	No. of adolescent/ youth corners established at the district level	Annual reports of MoGCSP and MoH/GHS	Strong collaboration exists between MoGCSP and MoH/GHS
Embark on educational campaigns using the media on the dangers of multiple sexual partnerships among adolescents	No. of media houses offering educational programmes on dangers of multiple sexual partnership among adolescents	Annual reports of MoGCSP and Media scan	Strong partnership exists between MoGCSP and the media

Narrative Summary	Objectively Verifiable Indicators	Sources & Means of Verification	Key Assumptions /Risks
Interventions			
Interventions under SO 3:			
Collaborate with the telecom companies to send inspirational messages to subscribers on the virtue of avoiding multiple sexual partnerships	No. of telecom companies involved in sending such inspirational messages	Annual reports of MoGCSP	Strong partnership exists between MoGCSP and the telecom companies
Develop and use new technologies including social media to reach adolescents with SRH	No. of social media outlets used to educate young people of SRH issues	Annual reports of MoGCSP	Strong patronage for the social media on adolescent SRH issues
Collaborate with partner agencies to undertake outreach services to vulnerable adolescents	No. of partner agencies engaged in SRH outreach programmes	Annual reports of MoGCSP	Strong collaboration between MoGCSP and partners in SRH programming
Work with the GHS to undertake community-based sensitization to provide vulnerable adolescent girls with access to adolescent-responsive comprehensive abortion care services.	No. of community-based sensitization programmes undertaken	Annual reports of MoGCSP	Comprehensive abortion care services are less stigmatised
Develop IEC materials for ASRH education on the electronic media	No. of electronic media houses using ASRH IEC materials developed by the MoGCSP	Annual reports of MoGCSP and media scan	The MoGCSP develops strong partnership with the media
Liase with the Ghana Federation of Disability Organisations (GFD) to organize regional SRH sensitization seminars with persons with disability	No of regional-level SRH sensitization seminars organized with the GFD	Annual reports of MoGCSP and GFD	The MoGCSP establishes strong collaboration with the GFD on SRH

Narrative Summary	Objectively Verifiable Indicators	Sources & Means of Verification	Key Assumptions /Risks
Interventions			
Interventions under SO 4:			
Work with the Curriculum Development Division of the GES to develop a compulsory course on entrepreneurship at the SHS level as a means of post-SHS job creation	Evidence of Entrepreneurship course at the SHS level	National surveys and Annual reports of MoGCSP/MoE & GES	Free SHS Policy becomes successful and is sustained with adequate required resources
Partner relevant training institutions to provide entrepreneurial capacity-building training to out-of-school adolescents to enable them gain access to sustainable sources of income to reduce their economic vulnerability	No. of entrepreneurial capacity-building training programmes held targeting out-of-school adolescents	Annual reports of MoGCSP	Strong partnership exist between MoGCSP and entrepreneurship training institutions
Increase access of adolescents, especially girls and those out of school and/or married to vocational learning and training opportunities to improve their livelihood	No. of out-of-school adolescents accessing vocational learning and training opportunities	Annual reports of MoGCSP and NVTI	Strong partnership exists between MoGCSP and MoE/GES/NVTI
Map-out adolescent pregnancy endemic areas and engage institutions to focus action to respond appropriately	No. of institutions focusing actions on adolescent pregnancy in adolescent pregnancy endemic districts	Annual reports of MoGCSP	Institutions are jointly united against adolescent pregnancies
Support progression to SHS as an incentive to encourage adolescents, especially girls to stay longer in school	% of students graduating from JHS entering SHS	National surveys and Annual reports of MoE/GES	Free SHS Policy becomes successful and is sustained with adequate required resources

Narrative Summary	Objectively Verifiable Indicators	Sources & Means of Verification	Key Assumptions /Risks
Interventions			
Interventions under SO 4:			
Adopt sensitization programmes to educate adolescent mothers on the education re-entry policy to empower them to avoid subsequent unplanned pregnancies	No. of sensitization programmes held on re-entry of adolescent mothers to continue schooling	Annual reports of MoGCSP	All adolescent mothers seek re-entry to continue their schooling
Expand government's school-feeding programme to cover all public schools in deprived communities to support access of vulnerable adolescents to continuous education	% of eligible schools benefiting from the school-feeding programme	Annual reports of MoE/GES and MoGCSP	All deprived communities are covered under the school-feeding programme
Collaborate with the GES to strengthen capacity of teachers to provide safety nets for pregnant girls in school	% of teachers trained to provide safety nets for pregnant girls in school	Annual reports of MoGCSP	Strong collaboration exiast between MoGCSP and MoE/GES

ANALYTICAL ANNEXES

Annex 1: PEST Analysis

The PEST analysis involved an environmental scan to ascertain the political, economic, social and technological situation in Ghana that could impact on the MoGCSP's implementation of this Strategic Plan to address adolescent pregnancy and related reproductive health problems. These are presented in the following table:

Political	Economic
• Ghana has enjoyed political stability for over two decades • There is strong decentralized political administration which facilitates grassroot programming • Ghana has a national population policy which is periodically revised to incorporate emerging issues including adolescent sexual and reproductive health and pregnancy-related matters within the context of the legal framework in Ghana • There is a national adolescent reproductive health policy that has recently been revised to respond to emerging issues and gaps in sexual and reproductive health programming in the country • Family planning has been included in the benefits package of the NHIS by law although it is yet to be made operational • There is strong political support for sexual and reproductive health programming including the launch of a campaign against child marriage in the country • Operationally, however, support in terms of financial resource provision for population and reproductive health-related programmes is inadequate. • Ghana has signed unto the SDGs and the African Union's Agenda 2030	• Ghana has been blessed with economic stability over the past two decades which is conducive for increased resource mobilization to support adolescent reproductive health activities in Ghana • Extraction of oil and gas in commercial quantities in Ghana is likely to expand the country's economic fortunes to support adolescent programming activities • Ghana's economy faces threats from external and internal shocks • Recent improvement in national power supply provides hope for continuing economic progress • Weak funding support from government has, however, led to over-dependence on donor funding that could threaten sustainability • Regular commodity stock-outs threaten sustained access to sexual and reproductive health services among sexually active adolescents • High rates of youth unemployment including graduate unemployment could increase economic vulnerability among adolescents and young people in the country • High rates of rural-urban migration of young people for non-existent jobs threaten their sexual and reproductive health due to their economic vulnerability

Social	Technological
• The proverbial "Ghanaian hospitality" is accommodative of diverse views from all persons and organizations • The country enjoys unity in diversity from the different ethnic groups in the country • There is freedom of movement among all social groupings and across geographical areas in the country • Socio-cultural beliefs and practices are, however, barriers to delivering reproductive health services to adolescents and young people in the country. Furthermore, existing gender inequalities that are reinforced by socio-cultural beliefs and practices lead to increased vulnerability of many adolescent girls. • Some reproductive health service providers and some religious groups have biases and negative attitudes towards the delivery of adolescent and reproductive health services. • There are societal myths and misconceptions about family planning that affect contraceptive use especially among adolescents and young people • There is a disbelief among many Ghanaians that adolescents have a right to be provided with reproductive health information and services • Misconceptions and stigmatization of sexually transmitted infections including HIV and AIDS negatively affect the willingness of adolescents to seek treatment including voluntary HIV testing • There is limited male involvement in sexual and reproductive health interventions despite the male dominance in reproductive health decision-making in sexual relationships • There is low comprehensive sexuality education among the Ghanaian population.	• Widespread use of mobile phones could support adolescent pregnancy and reproductive health-related information and service dissemination • Increased access to the internet, especially among the young population, could provide support to adolescent reproductive health information delivery and service provision • Expansion of the social media outlets especially among young people could support reproductive health programming • Increased networking among partners and stakeholders in reproductive health within and outside the country provides opportunities for reproductive health programmes in Ghana to benefit from best practices • Application of information technology to data collection, analysis, and dissemination has positive implications for addressing adolescent pregnancy and related problems. • Expansion of the social media outlets especially among young people could undermine adolescent reproductive health programming if it is not handled properly • The social media could be a platform for spreading inaccurate information on sexual and reproductive health programming if it is not well managed. Thus, depending on how social media could be employed in sexual and reproductive health programme activities, it could become an asset in information provision, counselling and service delivery, thereby circumventing socio-cultural barriers against adolescent sexual and reproductive health information and service delivery.

Annex 2: SWOT Analysis

The SWOT analysis focuses on an assessment of the MoGCSP's strengths and weaknesses as well as its opportunities and threats related to adolescent pregnancy and related reproductive health programming in Ghana in the next five years. These are presented in the table below:

Strengths	Weaknesses
• The MoGCSP is supported by government with annual budgetary allocation from the Consolidated Fund for its operations • Addressing adolescent pregnancy and related reproductive health issues is as one of the key mandates of the ministry • It has a full complement of qualified staff like any other ministry to be able to implement the Strategic Plan • The ministry has a Department of Gender with offices in all ten regions in the country • The ministry enjoys support from other minitries, departments and agencies of government and other non-governmental organisations including the PPAG that are involved in addressing adolescent pregnancy and reproductive health services in Ghana • There is, however, the need for harmonious coordination of all individual strategic programme activities on adolescent pregnancy both public and private sector organisations to achieve a common goal while avoiding duplication and reducing cost of programme implementation.	• Weak financial sustainability from the national budget could result in over-dependence on donor funds • Non-diversified funding sources • Administrative bureaucracy in the public sector could slow down implementation of programme activities • General poor staff attitude to work in the public sector could affect effective implementation of planned activities • Occasional logistical constraints • Changes in leadership in the ministry from possible reshuffling of ministers could affect sustainability of programme implementation depending on the commitment of the new leadership at the ministry towards adolescent pregnancy and reproductive health
Opportunities	**Threats**
• Government still considers the sexual and reproductive health of adolescents and young people in the country an important area of priority requiring attention • Ghana's population continues to be youthful and government has a	• There is a lack of common understanding of adolescent pregnancy and reproductive health issues in Ghana within the African context • The largely unfriendly socio-cultural environment could undermine

Strengths	Weaknesses
determination to work towards harnessing the benefits of the demographic dividend that is currently associated with the country's demographic transition • The Adolescent Reproductive Health Policy has been revised along with the 1994 Revised National Population Policy with technical and financial support from the UNFPA. The revised document offers opportunity to include modern issues in programming • The ministry can leverage funding and technical support from many development partners including the UNFPA, UNICEF, UKaid, etc., that have interests in children and adolescent issues	sexual and reproductive health service delivery in Ghana especially for adolescents and young people. • The largely unfriendly socio-cultural environment towards sexual and reproductive health information and service delivery to adolescents which is encouraged by existing social norms in the country could undermine programmes towards addressing sexual and reproductive health service delivery for adolescents and young people • Reproductive health service provider biases especially towards adolescents and young people could threaten programme implementation • Expansion of the technological space in the country could be an opportunity or a threat to the ministry depending on how it is positioned to respond to it. • There is over-dependence on donor support and commodity stock-outs in the public sector • Due to the many public and private sector organisations involved in addressing adolescent pregnancy issues in the country, there is possible compartmentalization of efforts which tend to limit their effectiveness

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