

**PLANNED PARENTHOOD ASSOCIATION OF GHANA**



**FIVE YEAR STRATEGIC PLAN**

**2016 – 2020**

**March 2016**

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
ARO	Africa Regional Office
CBS	Community Based Services
CPR	Contraceptive Prevalence Rate
CSOs	Civil Society Organisations
FLE	Family Life Education
FP	Family Planning
GDHS	Ghana Demographic and Health Survey
GDP	Gross Domestic Product
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
LGBT	Lesbians, Gay, Bisexuals and Transgender
MHS	Maternal Health Survey
NACP	National AIDS Control Programme
NGOs	Non-Governmental Organisations
NHIS	National Health Insurance Scheme
NPC	National Population Council
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
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
SWOT	Strength, Weaknesses, Opportunities and Threats
UNFPA	United Nations Population Fund
YAM	Youth Advocacy Movement

## FOREWORD

The Planned Parenthood Association of Ghana (PPAG) is one of the leading Civil Society Organisations involved in Sexual and Reproductive Health and Rights (SRHR) programming in Ghana. The Association believes that based on available data from national surveys, SRHR issues are, and will continue to be critical in Ghana's national development discourse. Although much progress has been made, a lot still remains to be done. This is especially in terms of young people's inability to freely access SRHR information and services due largely to socio-cultural and economic barriers. This is reflected in the high unmet need for SRHR services among young people resulting in high unplanned pregnancies, unsafe abortion and sexually transmitted infections including HIV and AIDS.

The 2016-2020 Strategic Plan has been developed through a participatory and consensus-building approach to ensure that PPAG works in partnership with both public and private sector organisations in health to achieve a common goal. The ultimate goal of the Strategic Plan is to ensure that everyone in Ghana especially young people and vulnerable groups are able to access and utilize SRHR information and services without hindrance for the purpose of enhancing the quality of life of the population. The objectives of the strategies are, therefore, a reflection of the consensus among PPAG's partners working in health-related fields.

The Strategic Plan is geared towards contributing to achieving four overarching outcomes. The four outcomes are with respect to SRHR advocacy, increased information and service delivery, institutional capacity building and mobilizing volunteers/activists in support of SRHR programming. Within the next five years (2016-2020), the expectation is that PPAG will position itself to continue to provide SRHR integrated information and services in response to the needs of all people especially the young and vulnerable with primary attention on Access, Adolescents, HIV and AIDS, Abortion and Advocacy in relation to the IPPF Strategic Framework, 2016-2022. This is to ensure that everyone in Ghana can access and utilise sexual and reproductive health and rights (SRHR) information and services without hindrance.

It is hoped that the consensus-building and partnerships that informed the process of the Strategic Plan development will be sustained in forging forward a common cause. The successful execution of the Strategic Plan will also depend on institutional sustainability that is also a by-product of increased resource mobilization, high level of capacity building among the rank and file of the staff of PPAG. This demands ownership of the Strategic Plan by PPAG staff who are required to commit to its full implementation to achieve the objectives and outcomes.

We anticipate that PPAG will continue to enjoy the benefit of increased partnership from all organisations and individuals who share this common philosophy of protecting the next generation from needless and avoidable sexual and reproductive health risks and challenges. This is a way of contributing to Ghana's efforts at reaping the demographic dividend accompanying the on-going demographic transition in Ghana. By our commitment to the Strategic Plan, we hope to strengthen PPAG as a leading CSO in SRHR in Ghana and will be sustained as the first choice organization for anyone requiring accurate and high quality SRHR information and services in the country as our contribution to the socio-economic development of the country.



The image shows two handwritten signatures in blue ink. The signature on the left is written over a horizontal line and is followed by the text "for President". The signature on the right is also written over a horizontal line and is followed by the text "Executive Director".

## ACKNOWLEDGEMENTS

The development of this Strategic Plan has benefited from contributions from several organisations and individuals to whom PPAG owes a depth of gratitude. First, the Strategic Plan Advisory Committee is commended for guiding the entire process from the beginning to the end. Members' commitment to this process is highly acknowledged and we express our unqualified gratitude to them.

Members of PPAG's Council are also acknowledged for the interest they showed in participating fully in the Strategic Plan Development Workshop that provided the platform for brain storming that gave direction to the ideas in the final Strategic Plan document. To these Council members especially the President, we are very much grateful.

PPAG received technical support from IPPF Africa Regional Office first by sending two high-level officers to support the facilitation of the Strategic Development Workshop and secondly by reviewing the draft document and providing guidance and inputs into the Plan. We express our gratitude to IPPF for the funding support provided to PPAG all these years. We mention in particular the two officials, Mr. Emmanuel Obeng and Mrs. Rebecca Carl-Spencer from the IPPF Regional Office who came and provided technical inputs into the Strategic Plan Development Workshop.

We are further grateful to all our partners who have worked closely with us from the beginning of the Plan development to the end. These include the Ministry of Health/Ghana Health Service, National Population Council, Ministry of Education/Ghana Education Service, Curious Minds, National Youth Authority, Ipas, research institutions such as the Department of Population and Health at the University of Cape Coast and Regional Institute for Population Studies at the University of Ghana, Legon, etc. Representatives from these organisations and institutions worked tirelessly during the Strategic Plan development and the Validation workshops to make valuable contributions to bring the Strategic Plan to its present form which is very much appreciated. We will continue to count on the partnership and cooperation these organisations have demonstrated throughout the course of the Strategic Plan development.

We also acknowledge the contribution of the Consultant, Prof. Stephen O. Kwankye of the Regional Institute for Population Studies, University of Ghana, Legon who worked conscientiously to produce the SRHR Situation Analysis Report in Ghana, co-facilitated the Strategic Plan Development Workshop and prepared the Strategic Plan Document based on the results of the SRHR Situation Analysis and the ideas and suggestions the workshop produced and further incorporated comments that were made subsequently to enrich the document. We are grateful to him also for keeping to the time frame of the consultancy.

Finally, we wish to acknowledge the high-level dedication and commitment of PPAG Management and staff whose responsibility it has been to coordinate the entire process and actively participated in contributing ideas towards the final adoption of this Strategic Plan, 2016-2020. It is our hope that we will all continue to sustain this commitment to ensure its successful implementation for the benefit of the population of Ghana especially young people as far SRHR issues are concerned.

## **EXECUTIVE SUMMARY**

The Planned Parenthood Association of Ghana (PPAG) has since its inception in 1967 been a leading Civil Society Organisation (CSO) providing Sexual and Reproductive Health and Right (SRHR) information and services in Ghana. PPAG has developed expertise in a variety of projects and has been at the forefront in championing Family Planning programmes in Ghana. The Association has pioneered many projects including Family Life Education (FLE) for young people, Community Based Services (CBS), male clinics and the integration of Family Planning (FP) into community development projects in response to the socio-economic needs of communities. PPAG targets men and women of reproductive age with a special focus on adolescents and young people in Ghana.

A 5-Year Strategic Plan has become necessary following the coming to an end of PPAG's 2010-2014 Strategic Plan, the on-going review of the National Adolescent Reproductive Health Policy alongside the National Population Policy to take on board emerging issues, weaknesses and gaps that have been associated with programme implementation. At the same time, a recent review of PPAG's activities revealed some weaknesses that need to be addressed calling for new strategies and interventions. The Plan was developed through a participatory approach in the light of these developments and is based on consensus-building of organisations involved in Sexual and Reproductive Health and Rights (SRHR) service delivery in Ghana and is aligned to IPPF's Strategic Framework, 2016-2022 as well as the revised National Population Policy and Adolescent Reproductive Health Policy currently undergoing review.

The Strategic Plan is organized into six sections. The Introduction to the Plan provides brief historical background information on PPAG, the rationale for developing the Plan and the process of the Strategic Plan development. This is followed by the Contextual Analysis which shows the Sexual and Reproductive Health and Rights situation in the country and the context within which the Five-Year Strategic Plan is developed. The Key SRHR Strategic Drivers are also presented based on the SWOT and PEST analyses. This is followed with a presentation of PPAG's Vision, Mission, Core Values and Guiding Principles which define the strategic identity of the Association. There are also Implementation Strategies that are linked to each Strategic Objective and the Four Outcomes. Finally, the Strategic Plan outlines the Strategic Measurement of the 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 Logical Framework presented as Appendix detailing 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.

The SRHR situation in Ghana suggests that while a lot of progress has been made in terms of steady fertility decline, improvement in health outcomes relative to improved infant health and education there is still a wider gap between males and females. Adolescents and young people continue to make significant contributions to fertility through unplanned and unwanted pregnancies while multiple sexual partnerships expose many of them to sexual and reproductive health risks including HIV and AIDS.

The Vision of PPAG is Ghana where all people in Ghana especially the young population and vulnerable groups have unhindered access to and utilise Sexual and Reproductive Health and Rights (SRHR) information and services. The Mission is to provide comprehensive sexual and reproductive health and rights (SRHR) information and services to all people in Ghana especially the young and vulnerable towards enhancing quality of life. There are 8 strategic objectives: advocate support for SRHR programmes/protocols/conventions; advocate adequate budgetary allocation for SRHR programming; improve reproductive health commodity security; improve acceptance and access to SRHR information and services; strengthen management systems for effective SRHR programming; Generate \$2 million internally to support SRHR programming; promote volunteerism to sustain SRHR programmes; Expand the scope of

recruitment and management of volunteers. These strategic objectives contribute to the attainment of four outcomes towards the attainment of the vision. The four outcomes are with respect to SRHR advocacy, information and service delivery, institutional capacity building and mobilizing volunteers/activists for SRHR programming.

The strategic drivers presented in the Strategic Plan were developed through a participatory process during a one-week workshop involving PPAG Council, Management and staff, stakeholders/partners and some development partners. They are based on the PEST and SWOT analyses that the workshop produced to inform the priority strategies in the Strategic Plan.

The Strategic Plan has four Strategic Outcomes with their corresponding objectives, priority interventions/strategies and models of programming, target groups as well as what needs to be done to achieve the objectives and the organizational implications. The four outcomes are: Government commits to and implements Global, Regional and National Policies and Protocols in respect of SRHR as a means of ensuring quality life; 3 million people to act freely on their sexual and reproductive health and rights; 8 million quality integrated SRHR services delivered especially to young people and vulnerable groups; and High performing, sustainable and accountable organizations delivering fully integrated SRHR programmes.

PPAG's strategic direction is guided by national laws and policy frameworks on Sexual and Reproductive Health and Rights in Ghana in addition to the strategic analysis of drivers of SRHR. Against this background, PPAG will in the next five years (2016-2020) strengthen itself to provide SRHR information and services in response to the needs of all people especially the young and vulnerable with respect to the "5As" (Access, Adolescents, HIV and AIDS, Abortion and Advocacy) to ensure that everyone in Ghana can access and utilise sexual and reproductive health and rights (SRHR) information and services without hindrance. These are informed by the IPPF Strategic Framework of 2016 – 2020 and are also aligned to the four IPPF Outcomes where the first "4As" are related to outcomes 2-4 of IPPF in their focus on ensuring that increased number of people can freely access quality integrated SRHR services (including abortion, HIV and AIDS), through high performing organisations that target all people especially adolescents and young people. The fifth "A" on advocacy is also aligned to the first outcome of IPPF in its objective in sensitizing government to be committed to SRHR programming in Ghana.

PPAG is committed to working in partnership with other organisations in both the public and private sectors to expand the coverage of SRHR programming in Ghana within the five-year Strategic Plan time frame to ensure that SRHR information and services are freely accessible to all people in the country especially the young and vulnerable to contribute to enhancing quality of life of all people in Ghana. The focus shall continue to be on the 5As which are considered still relevant in the areas of Access, Adolescents, HIV and AIDS, Abortion and Advocacy.

## **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 PPAG, the rationale for developing the Plan and the process of the Strategic Plan development. This is followed by the Contextual Analysis which shows the Sexual and Reproductive Health and Rights situation in the country and the context within which the Five-Year Strategic Plan is developed. The Key SRHR Strategic Drivers are also presented based on the SWOT and PEST analyses. This is followed with a presentation of PPAG's Vision, Mission, Core Values and Guiding Principles which define the strategic identity of the Association. There are also Implementation Strategies that are linked to each Strategic Objective and the Four Outcomes. Finally, the Strategic Plan outlines the Strategic Measurement of the 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 Logical Framework presented as Appendix detailing 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 INTRODUCTION**

### **1.1 Background of Planned Parenthood Association of Ghana (PPAG)**

The Planned Parenthood Association of Ghana (PPAG) is a member of the International Planned Parenthood Federation (IPPF). The organization works to complement the efforts of government in providing reproductive health care in the context of overall national development. Thus, since its inception in 1967, PPAG has developed expertise in a variety of projects with the welfare of the individual and the family as focal points.

As a leading Civil Society Organisation (CSO) in Sexual and Reproductive Health and Rights (SRHR), PPAG has over the years been at the forefront in championing family planning programmes in Ghana. PPAG has pioneered many projects including Family Life Education (FLE) for young people, Community Based Services (CBS), male clinics and the integration of family planning into community development projects in response to the socio-economic needs of communities.

From 1999 to 2002, PPAG changed its focus from family planning to sexual and reproductive health. The underlying reasons for this change include global issues of new and emerging diseases, shrinking donor base, limited services for the youth in the country, although they form a large proportion of the population. Also important was the need for the Association to develop sustainable programmes.

PPAG consists of volunteers and staff. Volunteers are members who devote free time and expertise to the promotion and achievement of the Association's objectives. They formulate policies, which are implemented by the Association's staff.

The volunteer structure is closely linked to the management structure. PPAG Management is headed by an Executive Director based in Accra. The Executive Director is assisted by two directors, namely, Finance & Administration and Programmes. Each Directorate has a team of qualified staff providing technical support to the projects. For operational purposes, the Association has divided the country into three zones:

- i. Southern Zone made up of Western, Central, Greater Accra, Volta and parts of Eastern Region
- ii. Middle Zone made up of Brong Ahafo and Ashanti regions and three districts of the Eastern Region
- iii. Northern Zone consisting of Northern, Upper West, and Upper East Regions

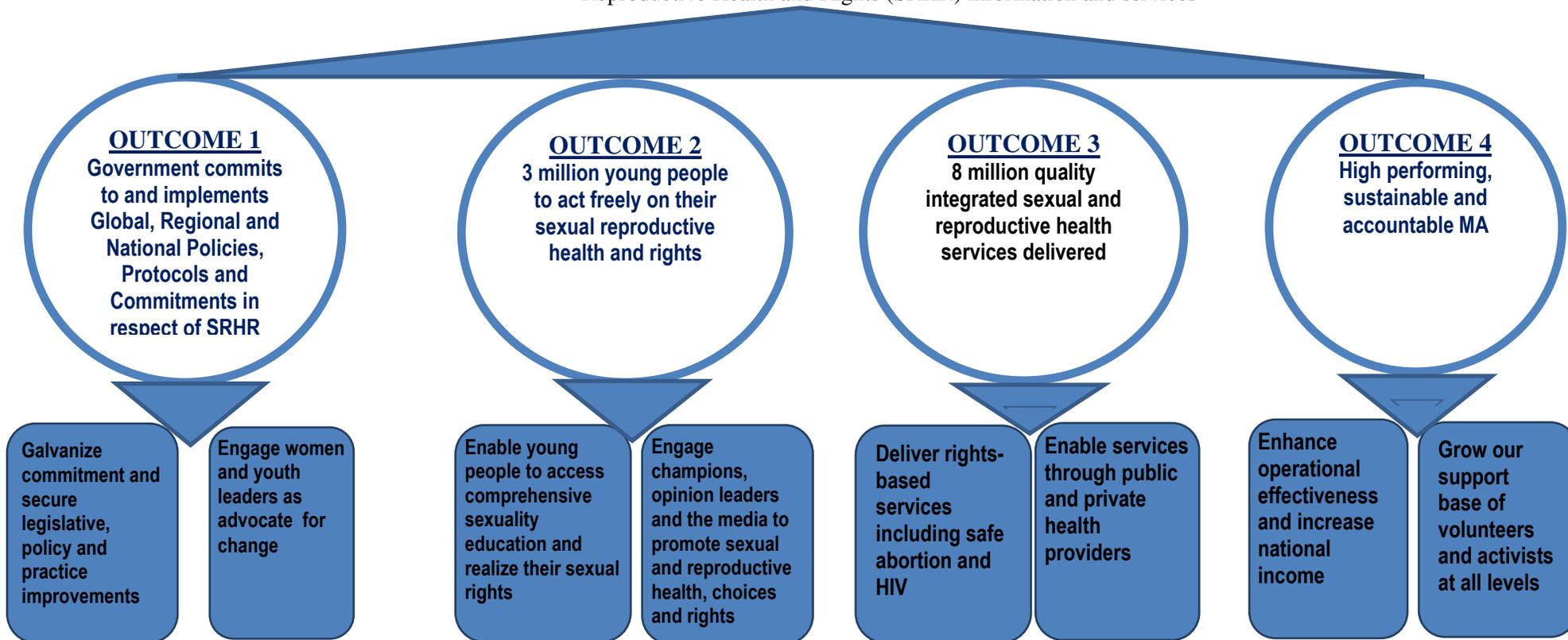
The current programme of the Association is classified into two broad areas: Youth programme that targets young people aged 10-24 years and Community Based Programme targeting children under five and men and women in the reproductive age. The Association uses time-tested, evidence-based strategies to provide SRH and HIV information and services to the various target groups. These include peer to peer education, interpersonal communication, enter-educate, community mobilisation, HIV Counselling and Testing at community and facility levels, comprehensive facility-based SRH services, social franchising and condom promotion.

The 2010–2014 Strategic Plan of PPAG has come to an end. A review of the plan was conducted to assess the extent of implementation and outcome. This document is a new Strategic Plan to provide direction to the programmes of the Association for the next five years: 2016-2020. The Plan considers the various national SRHR policies, frameworks and plans and is aligned with the International Planned Parenthood Federation's (IPPF) new Strategic Framework, 2016 – 2022.



Sexual Health For Quality Life

**Our Vision:** All people in Ghana especially the young population and vulnerable groups have unhindered access to and utilize Sexual and Reproductive Health and Rights (SRHR) information and services



**PPAG's Mission:** To provide comprehensive Sexual and Reproductive Health and Rights (SRHR) information and services to all people in Ghana especially the young and vulnerable towards enhancing quality of life.

**Our Values:** Team-spirit Volunteerism Results-oriented  
Youth-friendly Partnership Accountability Confidentiality  
Gender-sensitive

## **2.0 CONTEXTUAL INFORMATION**

### **2.1 Ghana Context and Trends**

The Republic of Ghana is located on the West Coast of Africa with a population of 24.6 million in 2010. The population is youthful with 38.3 percent below 15 years. The adolescent population made up of persons 10-19 years was reported at 22.4 percent with close to one in 10 recorded in the age group 20-24. Altogether, about 62 percent of the country's population is less than 25 years. It suggests that less than 40 percent of the population of Ghana is 25 years and above. Urbanization has been rapid and has moved from 23 percent of the population as urban in 1960 to 50.9 percent in 2010.

Ghana is a unitary state and practices multi-party democracy. Since 1993, the country has enjoyed political and economic stability and has made significant progress in socio-economic development. It has 10 administrative regions and practices decentralized administration with the Metropolitan, Municipal and District Assembly as the basic unit of administration in the country. The country enjoys media pluralism with very active civil society activity across all regions in the country. The media operate without intimidation.

The trend in education suggests much progress has been made. For example, according to the 2010 Population and Housing Census, a higher proportion of 20-24-year-old people have no education compared to their younger adolescent counterparts. There is also a much wider gap between males and females in the 20-24 year-old group where almost 22 percent of the females and 14 percent of the males had no education compared to the 10-19 year group among whom there is just one percentage point difference between the sexes for those with no education. In the general population, the 2010 PHC reported that 23.5 percent had no education, 26.6 percent had attained primary school education, 29.7 percent had middle/JSS/JHS level education and 8.5 percent had completed SSS/SHS education. Post-secondary level educational attainment was recorded at 9.2 percent. The same report indicated that females were behind their male counterparts in education with 28.3 percent of the females compared to 18.3 percent of the males never been to school.

Ghana's economy has been largely agrarian with agriculture contributing significantly to Gross Domestic Product (GDP) in addition to providing a significant avenue of employment to a large section of the population. The contribution of agriculture to foreign exchange earnings averaged 45 percent in the 1990s but dropped to 40 percent in the 2000s while its contribution to GDP fell from 40 percent in the 1990s to 30 percent in the 2000s according to the Institute of Statistical, Social and Economic Research (ISSER, 2000, 2011). The service sector has also grown to provide employment to many people and is become an important avenue of livelihood for a good proportion of the population.

Youth unemployment is high and is of concern in Ghana. Analysis of employment status among both the young and adult population indicates that majority of the Ghanaian population is engaged in informal sector employment where incomes are low and in most cases with no social security. People without jobs or no regular incomes are vulnerable to SRH risks since many of them become dependent on their sexual partners and are unable to negotiate safe sex. Women are particularly disadvantaged when they are not working or have no regular source of income. Under such situations, they tend to have no control over their sexual and reproductive rights to make decisions that affect them sexually on account of their economic vulnerability.

Health care delivery in Ghana is largely provided by the government in the public sector under the Ministry of Health and the Ghana Health Service. It has five levels of providers. These are made up of Health Posts as the first level primary health care mainly for rural areas. There are also Health Centres and Clinics, District Hospitals, Regional Hospitals and Tertiary Hospitals that also serve as referral centres. Some

hospitals and clinics are, however, run by the Christian Health Association of Ghana (CHAG) within the private sector. These provide complementary health care to those under the public sector by government. According to Adinkrah (2014: [www.ghanaphysicians.org/healthcare](http://www.ghanaphysicians.org/healthcare), 31/08/2015), Ghana has about 200 hospitals providing varying health care services across the country with urban centres having most facilities while rural areas are often deprived. Traditional Herbal Medicine co-exists with modern (orthodox) medicine and people in rural areas could travel long distances to access health care. Ghana's health system has transformed from what was known as the "Cash and Carry" system, where people had to make direct payment to access health care until in 2003 when government commenced the implementation of a National Health Insurance Scheme as a way of promoting universal coverage and equity in health care services delivery in the country in addition to making health care accessible and affordable to all.

## **2.2 Sexual and Reproductive Health and Rights (SRHR) in Ghana**

Ghana has a history of being one of the first countries in sub-Saharan Africa to adopt a comprehensive Population Policy in 1969. This policy was followed by the establishment in 1970 of the Ghana National Family Planning Programme (GNFPP) Secretariat as the first public sector institution to champion the implementation of family planning programmes in the country. After implementing the 1969 Population Policy for a period of two and a half decades, it was revised and a new one was adopted in 1994 (Revised National Population Policy) prior to the International Conference on Population and Development (ICPD) in response to new and emerging issues including young people's sexual and reproductive health. An elaborate institutional framework (National Population Council Secretariat) was also established for its implementation. In 2000, a national adolescent reproductive health policy was also adopted to address the sexual and reproductive health needs and challenges of young people in Ghana. Both the 1994 Revised National Population Policy and the Adolescent Reproductive Health Policy are undergoing further revision to make them more responsive to emerging issues and gaps in programme implementation.

Private sector and Civil Society Organisations (CSOs) have also been actively involved in SRH programming in Ghana to complement government efforts. The collaboration of public and private sector institutions has led to some progress made although challenges remain that require more urgent and strategic programmes to address. The total fertility rate has, for example, declined from 6.4 in 1988 to 4.2 in 2014. A demographic transition has, therefore, been set in motion, positioning the country to reap the benefits of the demographic dividend that is accompanying the demographic transition. Contraceptive prevalence rate (CPR) for modern methods has also increased from a low of 10 percent among currently married women of 15-49 years in 1993 to 22 percent in 2014 according to the Ghana Demographic and Health Surveys. Unmet need for contraception has also declined from 37 percent to 30 percent during the same period. However, the increase in modern contraceptive use appears to be inconsistent with the decline in fertility over the years and there are suggestions pointing to the contribution of other factors including abortion to the observed fertility transition in Ghana.

The GDHS reports further suggest that adolescents of age 15-19 years in Ghana report the lowest contraceptive use in comparison with women of older ages. From the 2008 GDHS, use of any modern methods of contraception among all female adolescents and currently married adolescents of 15-19 years was 5.2 percent and 7.6 percent respectively compared to the national averages of 13.5 percent and 16.6 percent for all women 15-49 years. The 2014 GDHS is consistent with this observation in its report of a lower use of modern family planning methods of 16.7 percent among female adolescents 15-19 years compared to 24.8 percent among their counterparts of 20-24 years while among married women 15-49 years use for modern family planning methods was 22.2 percent and among sexually active unmarried women it was 31.7 percent. 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 maternal mortality.

From the national demographic surveys so far conducted in Ghana, the contribution of adolescents and youth to total fertility rate in Ghana is quite substantial. In 1988, the GDHS report suggests adolescents of 15-19 years contributed 9.7 percent of all births. This declined to a low of 8.2 percent in 2008 but appeared to have increased to 9.1 percent in 2014 according to the GDHS reports. Comparatively, the contribution of the youth group (20-24 years) to fertility also rose from 20.2 percent in 1988 to 21 percent in both 1993 and 2003 and declined to 19.8 percent and 19.2 percent respectively in 2008 and 2014. The contribution of adolescents to fertility is largely attributable to factors such as early entry into sex, first birth, and little or no contraceptive use.

According to the 2007 Maternal Health Survey (MHS), the majority of pregnancy losses in Ghana are due to miscarriage that represented nine percent of all pregnancies with induced abortion taking seven percent. The survey further reports that 15 percent of women have had at least one abortion, the mean number of abortion being 1.5. Also, the report indicates that five percent of women were involved in abortion in the five years preceding the survey, and another six percent experienced miscarriage during the same period. Abortion was also reported to be more common among women 20-24 years. Post-abortion complications have been common among abortion cases that take place outside the health facilities and others by non-professionally trained personnel. These are major sources of challenges that impact negatively on maternal and child health in Ghana.

Maternal mortality reduced from 451 in 2007 to about 380 in 2014, and more efforts are being made to achieve further declines. These include encouraging more pregnant women to seek delivery at health facilities to be attended to by health personnel. This is because although antenatal care is more than 90 percent in the country, just about half of births are delivered at the health facility. This is a contributory factor to the high maternal mortality rates in the country.

Knowledge of HIV and AIDS is almost universal in Ghana among males and females. HIV prevalence has reduced from 2.0 per cent in 2010 to 1.6 per cent in 2014 according to the National AIDS Control Programme (NACP)/Ghana Health Service (GHS) HIV Sentinel Survey 2014 Report. However, comprehensive knowledge about HIV and AIDS is still low with 34.5 percent of the adolescent females and 34.2 percent of their male counterparts indicating to have comprehensive knowledge about HIV and AIDS in 2014. The corresponding proportions among the 20-24 year-olds were 39.4 percent and 46.4 percent of the females and males. Some misconceptions about HIV persist among the population with some 20 percent of the population believing that mosquito bites could transmit HIV to humans while others think that supernatural powers could transmit HIV. These misconceptions are also happening in a situation of multiple sexual partnerships especially between young females and persons 10 years or older. The implication is that many young sexually active girls continue to be vulnerable to early unplanned and unwanted pregnancies and births as well as sexually transmitted infections including HIV and AIDS which continue to be stigmatized.

Meanwhile, adolescents and young people in Ghana continue to have some difficulties 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 is further re-enforced by the socio-cultural environment that has largely been unfriendly to the delivery of sexual and reproductive health information and services among young people in the country. In the traditional Ghanaian society, sexual and reproductive health-related matters are scarcely discussed in public and often adolescents do not have the opportunity to benefit from open discussions with their parents and adult members of the household on sexuality issues, let alone be able to ask questions about their sexuality.

Client feedback is used to inform health needs assessment, measure client experience, perceived health status and outcome of service delivery. Feedback and recommendations that have been made over the period include the provision of wholistic service delivery (Client Exit Interview, 2011 & 2012). Also a

recommendation was made by clients to introduce comprehensive abortion care services (Client Exit Interview, 2011). It is therefore important that in the PPAG in the development of the new strategic plan (2016 – 2020) should consider the provision of a wide range of SRHR services and specialized services.

### **3.0 RATIONALE FOR THE STRATEGIC PLAN**

Throughout the operation of PPAG, programmes have been regularly modified to respond to the changing socio-economic and policy environment in Ghana. New emerging issues in SRHR service provision and use relating to young people are addressed in each modification. Ghana's 2000 Adolescent Reproductive Health Policy has been in operation for 15 years and is currently undergoing revision to incorporate new emerging issues in the country. Besides, the National Population Policy is being revised a second time. There is the need to review PPAG's programme activities and to evolve new strategies that will be more efficient in delivering on its mandate on SRHR in the country.

At the global and regional levels, there have been emerging issues in SRHR especially in the discourse that sees SRHR as rights everyone cannot be denied. Furthermore, PPAG commissioned a review of its activities under the 2010-2014 Strategic Plan which resulted in the documentation of the strengths, weaknesses as well as challenges. New strategies are therefore required to address the weaknesses and challenges while sustaining areas of achievements to be more relevant in SRHR programming in Ghana. The PPAG's 2010-2014 Strategic Plan requires replacement to respond to new and emerging SRHR issues while addressing the weaknesses and gaps in SRHR programme implementation in the country.

#### **4 THE STRATEGIC PLAN DEVELOPMENT PROCESS**

The 2016-2020 Strategic Plan was developed through a participatory process of consensus-building involving Volunteers and staff of PPAG and other relevant stakeholders PPAG has collaborated with in SRHR service delivery in Ghana. These include the Ghana Health Service (GHS), CSOs/NGOs in health, National Population Council (NPC), research institutions, and the National Youth Authority.

A Strategic Plan Advisory Committee was established to coordinate the entire process of developing the Strategic Plan. The Committee was chaired by an Honorary Council Member who is also the chairperson of the Programmes and Resource Mobilization Committee. The Strategic Plan Committee worked closely with the Consultant to ensure that the schedule and the terms of reference (ToR) were met and it provided regular updates to Council.

PPAG contracted a Consultant to lead the process of conducting an SRHR situation analysis in Ghana highlighting the achievements, challenges and gaps in programme implementation. The Consultant also worked jointly with the PPAG Strategic Plan Advisory Committee and IPPF Africa Regional Office (ARO) staff to facilitate a one week Strategic Plan development workshop among staff and volunteers of PPAG and other partner institutions to brainstorm and agree on what should be the strategic focus of the Plan. The workshop undertook a Strength, Weaknesses, Opportunities and Threats (SWOT) and Political, Economic, Social and Technology (PEST) analyses to inform the Strategic Plan development.

At the end of the workshop, the Consultant drafted the 2016-2020 Strategic Plan and submitted it to PPAG's Management Board (Council) for comments. It was subsequently presented at a validation meeting with stakeholders/partners and PPAG's Strategic Plan Advisory Committee for comments that were fed into the Plan. The revised Plan was then submitted to PPAG, which in turn forwarded it to IPPF ARO for further comments that were sent to the Consultant for incorporation before its finalization. The development of the Strategic Plan, therefore, went through a participatory process of consensus-building and collaboration to ensure that the document receives ownership from not only PPAG, but all key stakeholders and its partners in SRH programming in Ghana.

The development of the Strategic Plan reflected the following elements: contextual information strategic drivers, strategic identity, strategic direction and strategic measurement. The process thus, benefited from the expertise of several stakeholders in the country.

## 5.0 PPAG STRATEGIC DRIVERS

### 5.1 PEST Analysis

The PEST analysis involved an environmental scan to ascertain the political, economic, social and technological situation in Ghana that could impact on PPAG’s SRHR service delivery. These are presented in the following table:

<b>Political</b>	<b>Economic</b>
<ul style="list-style-type: none"> <li>• Political stability for over two decades</li> <li>• Strong decentralized political administration facilitates grassroot programming</li> <li>• Existence of National Population Policy which largely endorses SRHR within the context of laws in Ghana</li> <li>• Adolescent Reproductive Health Policy in place and being revised to respond to emerging issues and gaps in SRHR programming in the country</li> <li>• Family planning included in the benefits package of the NHIS, but yet to be made operational</li> <li>• Strong rhetorical political support for SRHR programming, but limited operational support in terms of financial resource provision for SRHR programmes</li> <li>• The Criminal Code of Ghana frowns on unnatural carnal sex and thereby outlaws sex between persons of the same sex.</li> </ul>	<ul style="list-style-type: none"> <li>• Economic stability enjoyed over the past two decades is conducive for increased resource mobilization</li> <li>• Discovery of oil and gas in commercial quantities is hoped to expand the country’s economic fortunes</li> <li>• The economy faces threats from external and internal factors</li> <li>• Poor power supply is hampering economic progress and contributing to economic decline</li> <li>• Weak funding support from government has led to over-dependence on donor funding that threatens sustainability</li> <li>• Regular commodity stock-outs threaten sustained access to SRH services</li> <li>• High rates of youth unemployment including graduate unemployment</li> <li>• High rates of rural-urban migration of young people for non-existent jobs threaten their sexual and reproductive health due to their economic vulnerability</li> </ul>
<b>Social</b>	<b>Technological</b>
<ul style="list-style-type: none"> <li>• The proverbial “Ghanaian hospitality” is accommodative of diverse views from all persons and organizations</li> <li>• The country enjoys unity in diversity from the different ethnic groups in the country</li> <li>• There is freedom of movement across all social groupings and geographical areas in the country</li> <li>• Socio-cultural beliefs and practices are barriers to SRHR service delivery particularly to adolescents and young people</li> <li>• Early sex causing unplanned pregnancies and school dropouts for girls</li> <li>• Poor service provider biases and attitudes towards adolescent and young people’s SRHR</li> <li>• High level of multiple sexual partnerships among young people</li> <li>• Low contraceptive prevalence among young</li> </ul>	<ul style="list-style-type: none"> <li>• Wide use of mobile phones could support SRHR information dissemination</li> <li>• Increased access to the internet, especially among the young population, could provide support to SRHR information delivery and service provision</li> <li>• Expansion of the social media outlets especially among young people could support SRHR programming</li> <li>• Increased networking among SRHR partners within and outside the country could make SRHR programming benefit from best practices</li> <li>• Application of information technology to data collection, analysis, and dissemination has positive implications for SRHR programming.</li> <li>• Expansion of the social media outlets especially among young people could undermine SRH</li> </ul>

<p>people</p> <ul style="list-style-type: none"> <li>• Myths and misconceptions affect contraceptive use especially among young people</li> <li>• Misconceptions and stigmatization of HIV and AIDS negatively affect voluntary testing and HIV prevention programmes</li> <li>• Limited male involvement in SRHR interventions in spite of the male dominance in SRHR decision-making in sexual relationships</li> <li>• Low comprehensive sexuality education among the population</li> </ul>	<p>programming if not handled properly</p> <ul style="list-style-type: none"> <li>• The social media could be a platform for sharing inaccurate information against SRHR programming if not managed properly</li> </ul>
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## 5.2 SWOT Analysis

The SWOT analysis focuses on an assessment of PPAG’s strengths and weaknesses as well as its opportunities and threats related to SRHR programming in Ghana in the next five years. These are based on the current status regarding its areas of operations and are presented in the table below:

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• PPAG is well recognized as the leading NGO in SRHR programming in Ghana and enjoys high-level credibility in this area</li> <li>• Volunteers of the organization will continue to be an advantage in contributing their free time and expertise to direct and assist the programme activities of PPAG</li> <li>• PPAG has operated youth centres delivering SRHR information and services for a long time</li> <li>• Built technical expertise in peer-to-peer SRHR service delivery</li> <li>• PPAG works in partnership with both public and private sector institutions to deliver quality SRHR services in the country</li> </ul>	<ul style="list-style-type: none"> <li>• Weak financial sustainability</li> <li>• Non-diversified funding sources</li> <li>• High staff turnover and weak competitive salaries to attract high-level professionals for effective service delivery</li> <li>• Occasional logistics constraints</li> <li>• Some PPAG staff are not in synch with the provision of some aspects of abortion services</li> <li>• Provision of limited range of SRH services including specialized services in some PPAG clinics</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Government still considers the SRH of young people in the country an important area of priority requiring attention</li> <li>• Continued youthful population vis-à-vis the determination of the country to reap the benefits of the demographic dividend.</li> <li>• The Adolescent Reproductive Health Policy is being revised along with the 1994 Revised National Population Policy with technical and financial support from the UNFPA</li> <li>• PPAG partnered other stakeholders to advocate the inclusion of FP services in the benefits package of the National Health Insurance Scheme (NHIS).</li> <li>• The out-of-school and drop-outs, as well as increased rural-urban youth migration, create another source of opportunity for PPAG</li> </ul>	<ul style="list-style-type: none"> <li>• Canvassing for common understanding of SRHR issues in Ghana within the African context</li> <li>• A largely unfriendly socio-cultural environment for SRHR service delivery in Ghana especially for young people.</li> <li>• Service provider bias especially towards adolescents and young people’s SRHR</li> <li>• Low understanding of the abortion law and its abuse</li> <li>• Lack of knowledge of the existence of abortion policies and guidelines.</li> <li>• Staff turnover and attaining self-sustaining financial status</li> <li>• Expansion of the technological space in the country could be an opportunity or a threat to PPAG depending on how it is positioned to respond to it.</li> <li>• Controversy surrounding lesbians, gays, bisexuals and transgender (LGBT) emerging issues in the country</li> <li>• Over-dependence on donor support and commodity stock-outs in the public sector.</li> </ul>

## 6.0 STRATEGIC IDENTITY

### 6.1 Corporate Identity

PPAG is a leading, volunteer supported, grass-root based, non-partisan and rights-based NGO with a primary focus on SRHR programming in Ghana. It is an affiliate member of the IPPF and aims at improving the Sexual and Reproductive Health and Rights (SRHR) of the population especially adolescents, young people, and vulnerable groups.

### 6.2 Vision Statement

All people in Ghana, especially the young population, and vulnerable groups, have unhindered access to and utilize Sexual and Reproductive Health and Rights (SRHR) information and services.

### 6.3 Mission Statement

To provide comprehensive Sexual and Reproductive Health and Rights (SRHR) information and services to all people in Ghana especially the young and vulnerable towards enhancing the quality of life.

### 6.4 Strategic Objectives

- i. Galvanize commitment and secure legislative policy and practice improvements
- ii. Engage women and youth leaders as advocates for change
- iii. Enable young people to access comprehensive sexuality education and realize their sexual rights
- iv. Engage champions, opinion leaders and the media to promote sexual and reproductive health, choices and rights
- v. Deliver rights-based services including safe abortion & HIV
- vi. Enable service through public and private health providers
- vii. Enhance operational effectiveness and increase national and income
- viii. Grow our volunteer and activist support base

### 6.5 PPAG Core Values

We believe:

in **team-spirit** and **volunteerism**, continue to be **results-oriented** in an environment that provides **youth-friendly** SRHR services that address the needs of young people and promote their participation through **partnership** in a win-win situation by upholding high standards of **accountability** throughout our service delivery without compromising on **confidentiality** with our clients and partners in mind whilst ensuring **gender-sensitive** programming.

## **7.0 STRATEGIC DIRECTION**

### **7.1 Thematic Areas**

- i. Access to quality SRHR information and services
- ii. Adolescents and youth-friendly SRHR information and service provision
- iii. Advocacy for enabling policy and legislative instruments
- iv. Comprehensive abortion care services
- v. HIV and AIDS management and prevention including treatment of STIs.

### **7.2 Support Strategies**

- i. Strengthening a common strategic SRHR advocacy framework
- ii. Systems strengthening and logistics management
- iii. Strengthening partnerships with like-minded organizations in SRHR
- iv. Institutional and staff capacity building
- v. SRHR programme rebranding to broaden the number of volunteers.

### **7.3 Organizational Development, Effectiveness and Governance**

The successful implementation of this Strategic Plan will depend on a number of factors at the institutional level. This will first require complete ownership of the Strategic Plan in addition to efficient and functioning institutional operational systems to ensure the effective implementation of the Strategic Plan. This can be achieved through commitment to good institutional governance, effective resource mobilization and strong institutional capacity building.

### **7.4 Institutional Governance**

Successful organizations require strong and enduring structures operating on a system of good governance which thrives on transparency in management. The Strategic Plan needs to be well disseminated among all departments and units of PPAG as well as volunteers to ensure that every staff and volunteer has a fairly good knowledge regarding where the organization is going. It means that the Strategic Plan should not remain with top management, but should radiate through all staff of PPAG at all levels. Apart from this generating a very good understanding among all staff, it will also lead to ownership of the Strategic Plan by all rank and file of the organization to ensure maximum commitment to its effective implementation from the beginning to the end of the five-year implementation period of the Strategic Plan.

### **7.5 Resource Mobilization**

In Ghana, SRHR programmes are heavily donor-driven to the extent that any cuts in donor or development partner support tend to have very negative implications for SRHR programming in the country. Gradually, donor fatigue is likely to become a big challenge in the foreseeable future. This calls for strategic thinking as has been highlighted in the Strategic Plan to find innovative means to expand the organization's resource base and mobilization opportunities internally to support SRHR programmes in the country.

## **7.6 Institutional Capacity-Building**

The Strategic Plan requires a strong institutional capacity to drive its successful implementation. There is need for regular volunteer and staff training and capacity-building to ensure that the knowledge base of staff and volunteers is expanded to take on board new technologies and ideas for programme implementation. Professionalism is ultimately required for the full implementation of SRHR programmes envisaged under the five-year Strategic Plan. Newly recruited staff should be people who would adhere to professionalism without being influenced by their personal values which may not be in sync with PPAG values. The process of recruitment should ensure that only people who are committed to SRHR service delivery as is upheld at the organizational level are engaged as staff of the organization. This will remove service provider biases in SRHR service delivery especially to adolescents and young people.

## 8.0 STRATEGIC MEASUREMENT

This section covers the setting and measuring of expected results and indicators against outcomes and objectives to enable PPAG monitor and report on progress against the strategy.

<b>Strategic Outcome</b>	<b>Outcome 1:</b> Government commits to and implements Global, Regional and National Policies, Protocols and Commitments in respect of SRHR			
<b>Expected Result</b>	<b>E.R.:</b> High-level commitment by Government to SRHR programming in Ghana			
<b>Strategic Objectives</b>	<b>Strategic Objective 1:</b> Galvanize commitment and secure legislative, policy and practice improvements		<b>Strategic Objective 2:</b> Engage women and youth leaders as advocate for change	
<b>Expected Results</b>	<b>E.R. 1:</b> Visible government commitment through positive policy initiatives	<b>E.R. 2:</b> Increased government budget for SRHR activities in the country	<b>E.R. 1:</b> Women groups mobilized as advocates for change in policy in support of SRHR	<b>E.R. 2:</b> Increased youth leadership support for SRHR programming and activities
<b>Implementation Strategies:</b>	<b>Implementation Strategy 1:</b> Mobilize CSOs at all levels to support SRHR advocacy efforts	<b>Implementation Strategy 2:</b> Develop and implement a common strategic SRHR advocacy framework that guides PPAG's engagement with political leadership	<b>Implementation Strategy 3:</b> Engage women groups to advocate increased government support for SRHR services in the country	<b>Implementation Strategy 4:</b> Engage youth groups to advocate increased government support and commitment for SRHR services in the country
<b>Strategic Outcome</b>	<b>Outcome 2:</b> 3 million people act freely on their sexual reproductive health and rights			
<b>Expected Result</b>	<b>E.R.:</b> Access to SRHR information and services provided without hindrance to all people with need			
<b>Objectives</b>	<b>Strategic Objective 1:</b> Enable young people to access comprehensive sexuality education and realize their sexual rights		<b>Strategic Objective 2:</b> Engage champions, opinions leaders and the media to promote sexual and reproductive health, choices and rights	
<b>Expected Results</b>	<b>E.R. 1:</b> Young people have unhindered access to comprehensive sexuality education	<b>E.R. 2:</b> Young people in Ghana enjoy sexual rights	<b>E.R. 1:</b> More champions and opinion leaders promote SRHR	<b>E.R. 2:</b> Increased media support for SRHR activities
<b>Implementation Strategies:</b>	<b>Implementation Strategy 1:</b> Provide a wide range of SRHR services including specialized care through	<b>Implementation Strategy 2:</b> Improve supply chain management	<b>Implementation Strategy 3:</b> Strengthen engagement with key stakeholders to support SRHR programmes	<b>Implementation Strategy 4:</b> Expand capacity building of young people to deliver peer-to-peer SRHR information and services

	engagement with high level health personnel			
<b>Strategic Outcome</b>	<b>Outcome 3:</b> 8 million quality integrated sexual and reproductive health services delivered			
<b>Expected Result</b>	<b>E.R.:</b> Improved quality integrated SRHR services in high demand in Ghana			
<b>Objectives</b>	<b>Strategic Objective 1:</b> Deliver rights-based services including safe abortion and HIV		<b>Strategic Objective 2:</b> Enable services through public and private health providers	
<b>Expected Results</b>	<b>E.R. 1:</b> Rights-based SRHR services delivered in Ghana	<b>E.R. 2:</b> Safe abortion and HIV services easily accessible	<b>E.R. 1:</b> Public/private partnership strengthened for SRHR service delivery	<b>E.R. 2:</b> Strengthened collaboration between the public and private sector health providers
<b>Implementation Strategies:</b>	<b>Implementation Strategy 1:</b> Undertake innovative programmes to reach young people especially with SRHR information and services	<b>Implementation Strategy 2:</b> Adopt new technologies and harmonize existing tools for effective SRHR programmes	<b>Implementation Strategy 3:</b> Engage public and private sector health providers in service delivery	<b>Implementation Strategy 4:</b> Effective engagement at policy and service delivery level
<b>Strategic Outcome</b>	<b>Outcome 4:</b> High performing sustainable and accountable MA			
<b>Expected Result</b>	<b>E.R.:</b> High-level capacity of MA for accountable SRHR service delivery realized			
<b>Objectives</b>	<b>Strategic Objective 1:</b> Enhance operational effectiveness and increase national income		<b>Strategic Objective 2:</b> Grow our support base of volunteers and activist at all levels	
<b>Expected Results</b>	<b>E.R. 1:</b> Effective operational systems for increased organizational productivity	<b>E.R. 2:</b> Increased resources for SRHR activities	<b>E.R. 1:</b> More volunteers and activists at all levels attracted in support of SRHR activities	<b>E.R. 2:</b> Increased number of persons in high-level positions promote SRHR as volunteers
<b>Implementation Strategies:</b>	<b>Implementation Strategy 1:</b> Provide relevant tools/logistics for increased staff productivity	<b>Implementation Strategy 2:</b> Develop resource mobilization and financial administration systems to ensure high-level accountability in resource management	<b>Implementation Strategy 3:</b> Package SRHR programmes to attract and sustain volunteers and activists at all levels especially young people	<b>Implementation Strategy 4:</b> Identify and win persons in high level positions in both public and private sectors especially in industry for enlistment as SRHR volunteers

## ANNEXES

### Annex 1: Logical Framework

<b>Narrative Summary</b>	<b>Objectively Verifiable Indicators</b>	<b>Sources &amp; Means of Verification</b>	<b>Key Assumptions/Risks</b>
<b>Goal:</b> Comprehensive SRHR information and services easily accessible by women, men, girls and boys without any hindrance	% of young people and adult men and women accessing SRHR services	National household surveys	Barriers to SRH service access removed and youth-friendly SRHR services become the norm
<b>Strategic Objectives</b>			
SO 1: Galvanize commitment and secure legislative, policy and practice improvements	SRHR programmes fully supported and international protocols and conventions operationalized	Annual sector reports	Government sees SRHR as priority for achieving sustained development
SO 2: Engage women and youth leaders as advocates for change	Number of women and youth leaders engaged	Annual reports	Government is able to mobilize adequate resources in support of SRHR programmes
SO 3: Enable young people to access comprehensive sexuality education and realize their sexual rights	Number of young people who accessed comprehensive sexuality education and realized their sexual rights	Annual report	Sustained funding support for SRHR programmes from development partners
SO 4: Engage champions, opinion leaders and the media to promote health, choices and rights	New SRHR acceptors increased	Annual service reports	Socio-cultural barriers against SRHR service delivery removed
SO 5: Deliver rights-based services including safe abortion & HIV	Management systems strengthened for SRHR programming	PPAG's annual evaluation reports	Increased funding for SRHR management programmes
SO 6: Enable services through public and private health providers	Increased resources for expanded integrated SRHR services	PPAG's annual financial reports	Sustained funding for improved conditions of service
SO 7: Enhance operational effectiveness and increase national income	Income generated	PPAG's annual reports	Sustained SRHR campaigns throughout the country
SO 8: Grow our volunteer and activist support base	More volunteers recruited to support SRHR programming	PPAG's annual reports	Increased attraction of people to SRHR programming

<b>Narrative Summary</b>	<b>Objectively Verifiable Indicators</b>	<b>Sources &amp; Means of Verification</b>	<b>Key Assumptions/Risks</b>
<b>Interventions</b>			
<b>Interventions under SO 1:</b>			
Mobilize CSOs at all levels to support SRHR advocacy efforts	No. of CSOs mobilized for SRHR advocacy	Annual reports	Government sees SRHR as priority for achieving sustained development
Develop and implement a common strategic SRHR advocacy framework that guides PPAG's engagements	Evidence of SRHR advocacy framework developed	Annual reports	Government sees SRHR as priority for achieving sustained development
Engage women groups to advocate increased government support for SRHR services in the country	% of increase in support for SRHR services in the country by government through joint advocacy programmes with women groups	Annual reports	Government sees SRHR as priority for achieving sustained development
Engage youth groups to advocate increased government support and commitment for SRHR services in the country	% of increase in government support and commitment for SRHR services through engagement of youth groups	Annual reports	Government sees SRHR as priority for achieving sustained development
<b>Interventions under SO 2:</b>			
Engage stakeholders at all levels to advocate the allocation of increased resources to SRHR programmes	No. of advocacy programmes organized on resource mobilization for SRHR programming in Ghana	Annual and evaluation reports	Government is able to mobilize adequate resources in support of SRHR programmes
Establish a tracking system for the allocation and disbursement of SRHR funds in the annual national budget	Evidence of a tracking system for monitoring funds allocation and disbursement developed	Annual and evaluation reports	Government is able to mobilize adequate resources in support of SRHR programmes
Lobby Parliamentary Committee on Health for visible budget line in the national budget for SRHR programming in Ghana	Evidence of budget line for SRHR programming in national budget	Annual and evaluation reports	Government is able to mobilize adequate resources in support of SRHR programmes
<b>Interventions under SO 3:</b>			
Provide a wide range of SRHR services including specialized care through engagement with high level health personnel	Number of SRHR and specialized care services provided	Annual service reports	Socio-cultural barriers against SRHR service delivery removed
Improve supply chain management	Reduction in SRHR commodity	Annual and evaluation	Institutional capacity for

	stock-outs	reports	sustaining commodity security sustained
Build capacity of relevant staff in logistics management	No. of staff trained in logistics management	Annual and evaluation reports	Improved institutional logistics management
Strengthen capacity to provide quality SRHR services	No. of staff trained and providing quality SRHR information and services	Annual and evaluation reports	Improved staff capacity for quality SRHR service provision
<b>Interventions under SO 4:</b>			
Undertake innovative programmes to reach young people especially with SRHR information and services	No. of people especially young ones accessing SRHR information and services per year	Annual service reports	Socio-cultural barriers against SRHR service delivery removed
Strengthen engagement with key stakeholders to support SRHR programmes	No. of stakeholders engaged on SRHR programme sensitization	Annual and evaluation reports	Socio-cultural barriers against SRHR service delivery removed
Improve on youth-friendly services	No. of young people attending youth SRHR centres	Annual service reports	Socio-cultural barriers against SRHR service delivery removed
Expand capacity building of young people to deliver peer-to-peer SRHR information and services	No. of young people trained on SRHR information and services delivery	Annual service reports	Institutional capacity-building for young people expanded
Strengthen youth centres through integrated SRHR services	No. of youth centres providing integrated SRHR services	Annual service reports	Youth centres sustained through increased resource mobilization
<b>Interventions under SO 5:</b>			
Undertake evidence-based research to inform systems strengthening and effective SRHR programming	No. of evidence-based studies initiated	Annual and reports	Capacity of staff for research strengthened
Adopt new technologies and harmonize existing tools for effective SRHR programmes	No. of new technologies adopted to harmonies tools for SRHR programmes	Annual and evaluation reports	Institutional capacity for innovation strengthened
<b>Interventions under SO 6:</b>			
Diversify sources of internal resource mobilization to increase resources for SRHR programmes	Amount of internally generated resources	Annual financial reports	Increased resources to support improved staff conditions of service for increased service delivery
Provide relevant tools/logistics for increased staff productivity	% increase in SRHR services provided	Annual service reports	Staff committed to increased productivity
Develop resource mobilization and	Resource mobilization and financial	Annual and evaluation	Sustained resource mobilization

financial administration systems to ensure high-level accountability in resource management	accountability systems in place	reports	and management
<b>Interventions under SO 7:</b>			
Package SRHR programmes to attract and sustain volunteers especially young people	No. of new volunteers registered for SRHR programmes	Annual and evaluation reports	Sustained SRHR campaigns throughout the country
Identify and win persons in high positions in both public and private sectors especially in industry for enlistment in SRHR volunteer activities	No. of high-level personalities in both public and private sectors registered as SRHR volunteers or champions	Annual and evaluation reports	Sustained SRHR campaigns throughout the country
<b>Interventions under SO 8:</b>			
Institutionalize a structured volunteer recruitment, retention and management system for increased commitment to SRHR programmes	No. of volunteers making public statements in support of SRHR	Annual and evaluation reports	Increased attraction of people to SRHR programming
Institute non-monetary volunteer awards schemes to instill satisfaction within SRHR volunteers in the country	No. of volunteer awards instituted	Annual and evaluation reports	Increased attraction of people to SRHR programming

## Annex 2: Implementation Strategies

<b>Strategic Outcomes</b>	<b>Outcome 1:</b> Government commits to and implements Global, Regional and National Policies and Protocols in respect of SRHR as a means of ensuring quality life		<b>Outcome 2:</b> 3 million people to act freely on their sexual reproductive health and rights		<b>Outcome 3:</b> 8 million quality integrated sexual and reproductive health services delivered		<b>Outcome 4:</b> High performing, sustainable and accountable Member Association	
<b>Objectives</b>	<b>Objective 1:</b> Galvanize commitment and secure legislative, policy and practice	<b>Objective 2:</b> Engage women and youth leaders as advocates for change	<b>Objective 3:</b> Enable young people to access comprehensive sexuality education and realize their sexual rights	<b>Objective 4:</b> Engage champions, opinion leaders and the media to promote health, choices and rights	<b>Objective 5:</b> Deliver rights-based services including safe abortion & HIV	<b>Objective 6:</b> Enable services through public and private health providers	<b>Objective 7:</b> Enhance operational effectiveness and increase national income	<b>Objective 8:</b> Grow our support base of volunteers and activists at all levels
<b>Priority Interventions/ Strategies</b>	<ul style="list-style-type: none"> <li>• Mobilize CSOs at all levels to support SRHR advocacy efforts</li> <li>• Develop and implement a common strategic SRHR advocacy framework that guides PPAG’s engagements</li> <li>• Partner SRHR-related organizations to advocate increased political commitment to international conventions and protocols Ghana has signed onto</li> <li>• Engage stakeholders at</li> </ul>		<ul style="list-style-type: none"> <li>• Advocate the prioritization of and investment in scaling up of comprehensive sexuality education for both in and out of school youth</li> <li>• Expand capacity of young people to deliver peer-to-peer SRHR education</li> <li>• Strengthen engagement with key stakeholders to support SRHR programmes</li> <li>• Undertake evidence-based research to inform the delivery of Comprehensive</li> </ul>		<ul style="list-style-type: none"> <li>• Provide a wide range of SRHR services including specialized care through engagement with high level health personnel</li> <li>• Improve supply chain management</li> <li>• Partner strategic public and private health institutions to provide integrated SRHR services</li> <li>• Strengthen capacity to provide quality SRHR services</li> <li>• Improve facilities at youth centres to deliver youth-friendly services</li> <li>• Build capacity of relevant staff</li> </ul>		<ul style="list-style-type: none"> <li>• Package SRHR programmes to attract and sustain volunteers and activists at all levels especially young people</li> <li>• Identify and win persons in high positions in both public and private sectors especially in industry for enlistment in SRHR volunteer activities</li> <li>• Institutionalize a structured volunteer recruitment, retention and management system for increased commitment to SRHR programmes</li> <li>• Diversify sources of internal resource mobilization to increase resources for SRHR programmes</li> </ul>	

	<p>all levels to advocate the allocation of increased resources to SRHR programmes</p> <ul style="list-style-type: none"> <li>• Establish a tracking system for the allocation and disbursement of SRHR funds in the annual national budget</li> <li>• Lobby Parliamentary Committee on Health for visible budget line in the national budget for SRHR programming in Ghana</li> </ul>		<p>Sexuality Education</p> <ul style="list-style-type: none"> <li>• Adopt new technologies and harmonize existing tools for effective SRHR programmes</li> <li>• Engage young people as champions to advocate for SRHR of young people, including their rights to contraception</li> <li>• Develop, implement and promote intervention that focus on the most marginalized and underserved youth to access CSE.</li> <li>• Build capacity of young people to use social and new media to create awareness and communicate their sexual and reproductive health</li> <li>• Building partnerships with key stakeholders to address issues related early and forced marriage.</li> </ul>		<p>in logistics management</p> <ul style="list-style-type: none"> <li>• Organize SRHR outreach services to the Poor, Marginalized , Socially Excluded and Underserved (PMSEU)</li> </ul>		<ul style="list-style-type: none"> <li>• Develop resource mobilization and financial administration systems to ensure high-level accountability in resource management</li> <li>• Institute non-monitory volunteer awards schemes to instill satisfaction within SRHR volunteers in the country</li> <li>• Build a stronger working system that supports effective and efficient management and sustain the operations of the organization</li> <li>• Strengthen human resource capacity for organizational effectiveness and delivery of results.</li> <li>• Ensure compliance to institutional, national and international standards.</li> <li>• Ensure renewal of the governing body through elections and compliance with constitutuional or legal requiremnets</li> </ul>	
<b>Models of programming</b>	Leveraging partnerships with government and the private sector for SRHR programming	Intensification of SRHR advocacy in the context of financial governance	Capacity Building of young people for CSE	Partner relevant stakeholders including opinion and young leaders and the media to deliver SRHR information	Quality youth-friendly and gender-sensitive SRHR services	Integration of SRHR and other health services	Capacity building and financial and human resource sustainability programmes	Good governance and effective resource mobilization skills for sustainable SRHR programming

			and services				
<b>Target groups</b>	<ul style="list-style-type: none"> <li>• Central Government and its agencies</li> <li>• All SRHR implementing agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Young people</li> <li>• Vulnerable groups</li> </ul>	<ul style="list-style-type: none"> <li>• Women and men of reproductive age (15-49 years)</li> <li>• Young People ( in and out of school)</li> </ul>	<ul style="list-style-type: none"> <li>• Men, women and young people</li> <li>• PPAG Council,</li> <li>• PPAG Management and staff,</li> <li>• Civil Society Organization in SRHR</li> <li>• Development Partners</li> <li>• Corporate companies and industry</li> </ul>			
<b>What will we stop/reduce to implement this strategy?</b>	<ul style="list-style-type: none"> <li>• Reduce socio-cultural beliefs and impediments to SRHR programming and service delivery</li> <li>• Change negative service provider attitudes to SRHR service delivery to young people</li> <li>• Remove misconceptions about SRHR services</li> <li>• Reduce number of people engaging in early sex</li> <li>• Reduce unplanned and unwanted pregnancies</li> <li>• Reduce unsafe abortion and post-abortion complications</li> <li>• Reduce HIV and STI prevalence and incidence</li> <li>• Reduce barriers to accessing SRHR information and services to expand service delivery to all</li> <li>• Reduce maternal mortality</li> <li>• Prevent mismanagement of funds</li> </ul>						
<b>Organizational implications</b>	<ul style="list-style-type: none"> <li>• PPAG will need a strong financial resource base to be sustainable</li> <li>• Develop and implement an effective SRHR advocacy strategy</li> <li>• Develop and implement a resource mobilization plan towards sustainability</li> <li>• Build strong management and financial systems to strengthen and sustain quality service delivery</li> <li>• Improve conditions of service to retain competent staff for expanded SRHR service delivery</li> <li>• Strengthen partnership with government and like-minded organizations for extended SRHR programming</li> </ul>						

### Annex 3: Implementation Plan

Programmes/Strategies	Indicators	Time frame					Targets	Cost
		Yr. 1	Yr. 2	Yr. 3	Yr. 4	Yr. 5		
Mobilize CSOs at all levels to support SRHR advocacy efforts	No. of CSOs mobilized for SRHR advocacy						50% of CSOs/NGOs in health	
Develop and implement a common strategic SRHR advocacy framework that guides PPAG's engagements	SRHR advocacy framework developed and implemented						1 SRHR advocacy programme developed for implementation	
Engage stakeholders at all levels to advocate the allocation of increased resources to SRHR programmes	No. of high-level SRHR advocacy programmes organized jointly with partners						50% of organizations involved in SRHR-related advocacy in Ghana	
Engage stakeholders at all levels to advocate the allocation of increased resources to SRHR programmes	No. of advocacy programmes organized on resource mobilization for SRHR programming in Ghana at various levels						4 national, regional and district levels Policy and decision makers at lobby for increased resources for SRHR	
Establish a tracking system for the allocation and disbursement of SRHR funds in the annual national budget	Evidence of a tracking system for monitoring funds allocation and disbursement developed						1 tracking system developed	
Lobby Parliamentary Committee on Health for visible budget line in the national budget for SRHR programming in Ghana	Evidence of budget line for SRHR programming in national budget						Continuous engagement with the Parliamentary Select Committee on Health	
Provide a wide range of SRHR services including specialized care through engagement with high level health personnel	Number of SRHR and specialized care services provided						1,000,000 SRHR services provided in a year	
Improve supply chain management	Reduction in SRHR commodity stock-outs						95% SRHR commodities available	
Build capacity of relevant staff in logistics management	No. of staff trained in logistics management						90% of staff in the supply chain management	
Strengthen capacity to provide quality SRHR services	No. of staff trained and providing quality SRHR information and services						100% of staff delivering quality SRHR services	

Undertake innovative programmes to reach young people especially with SRHR information and services	No. of people especially young ones accessing SRHR information and services per year						500,000 people especially young ones reached with SRHR services each year	
Strengthen engagement with key stakeholders to support SRHR programmes	No. of stakeholders engaged on SRHR programme sensitization						At least, 100 key stakeholders/policy makers at national, regional and district levels engaged on SRHR	
Improve on youth-friendly services	No. of young people attending youth centres for SRHR services						At least, 150,000 young people 10-24 years a year	
Expand capacity building of young people to deliver peer-to-peer SRHR information and services	No. of young people trained on SRHR information and services delivery						At least, 200 young people 10-24 years trained per year	
Improve facilities at youth centres through integrated SRHR services	No. of youth centres providing integrated SRHR services						All PPAG youth centres and at least 2 partner youth centres per year	
Undertake evidence-based research to inform systems strengthening and effective SRHR programming	No. of evidence-based studies initiated						Two studies undertaken	
Adopt new technologies and harmonize existing tools for effective SRHR programmes	No. of new technologies adopted to harmonies tools for SRHR programmes						At least one new technology adopted within two years	
Provide relevant tools/logistics for increased staff productivity	% increase in SRHR services provided						50% increase in SRHR services provided	
Diversify sources of internal resource mobilization to increase resources for SRHR programmes	Amount of internally generated resources						\$400,000 generated each year	
Develop resource mobilization and financial administration systems to ensure high-level accountability in resource management	Resource mobilization and financial accountability systems in place						Two resource mobilization strategies implemented	
Package SRHR programmes to attract and sustain volunteers and activists at all levels especially young people	No. of new volunteers registered for SRHR programmes						200 volunteers especially young people attracted per year	
Identify and win persons in high positions in both public and private sectors especially in	No. of high-level personalities in both public and private						50 high-level personalities as SRHR volunteers per	

industry for enlistment in SRHR volunteer activities	sectors registered as SRHR volunteers or champions						year	
Institutionalize a structured volunteer recruitment, retention and management system for increased commitment to SRHR programmes	No. of new volunteers recruited						At least, 50 new SRHR volunteers recruited from among the general public per year	
Institute non-monitory volunteer awards schemes to instill satisfaction within SRHR volunteers in the country	No. of volunteer awards instituted						At least, one award given per year	