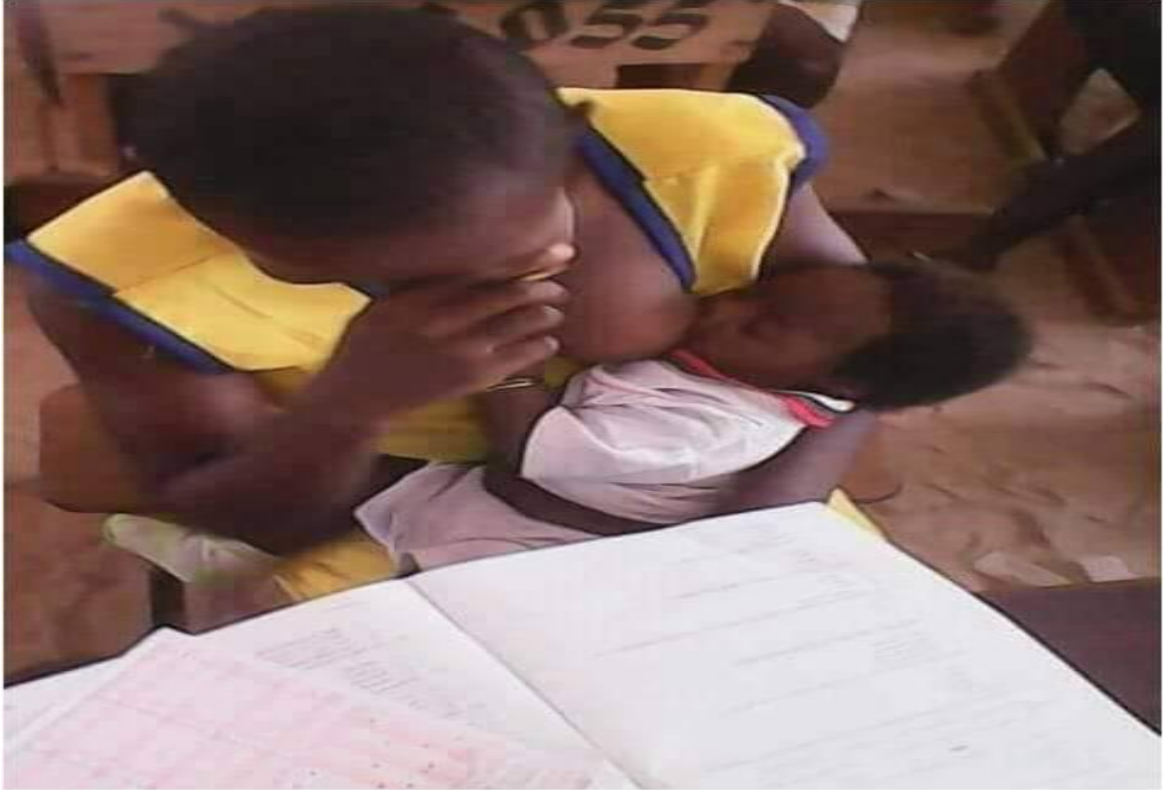


# **REDUCE INCIDENCE OF TEENAGE PREGNANCY IN GHANA PROJECT**



**JUNE ACCELERATOR 2017 PROPOSAL  
BY GOSANET FOUNDATION**



**IN ADAKLU DISTRICT, VOLTA REGION, GHANA**

## General Information

Name of Organization	GOSANET FOUNDATION
Title of project	REDUCE INCIDENCE OF TEENAGE PREGNANCY IN GHANA
Location of project	ADAKLU, VOLTA REGION, GHANA
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NGO Registration No.	CG182982015
Tax Identification Number(TIN)	C000561399X
Amount	US\$75,594.00

### Brief Organizational background:

GOSANET Foundation is a non-governmental, HIV & AIDS services, voluntary, humanitarian, non- partisan and nonprofit making organization established in 2005 with the aims of contributing to the health, education and developmental needs of communities in Ghana. GOSANET is a recognized civil society organization (CSO) which was incorporated in 2006 and officially registered under the companies' code of 1963, Act 179.

One of its objectives is to help reduce the widespread illiteracy in the communities and promote child education and community development programmes. The organization is a registered charity. Its mandate is to create opportunities to enhance the socio- economic condition and well-being of the citizenry, and provide volunteer programs around the world in partnership with sustainable community initiatives.

GOSANET is implementing Partner (IP) for Ghana AIDS Commission (GAC), National Tuberculosis Control Programme / Stop TB Ghana Partnership and National Malaria Control Programme (NMCP) in Adaklu and Agotime Ziope districts of the Volta Region of Ghana.

**Mission statement:** To provide opportunities for people who live in circumstances of social and economic deprivation to eradicate poverty and provide for, Malaria, Tuberculosis, HIV/AIDS, vocational training, community development and other health related issues.

### **Objectives**

- To help increase the number of people at risk of acquiring HIV/AIDS to receive HIV counseling, Testing and other preventions, treatment and care service
- To provide care and support for people living with HIV/AIDS (PLHIV) and also bring them together in fund raising, income generating activities and companionship.
- To strengthen the collective socio-economic capacity of the family to meet the challenges of caring for children and pupils/students who had become HIV/AIDS positive, or disabled and orphaned.
- To help individuals develop effective communication skills, this will assist them in education of others about HIV/AIDS prevention and other related disease.
- To help reduce the widespread illiteracy in the communities and promote child education and community development programmes.
- To assist women, teenage school dropouts and street children,(neglected/vulnerable children) in the region to acquire skill as to enable them set up small business to earn income.

**Collaborative Partners:** Adaklu District Health Directorate of Ghana Health Service and Ghana Education Service, Adaklu.

### **PROBLEM STATEMENT**

National Situation: Adolescent Sexual and Reproductive Health (ASRH) is of great concern for many governments worldwide including Ghana. Adolescents (aged 10-19 years) account for 22% of Ghana's population of 24,966 million (United Nations Children's Fund [UNICEF] 2011).

In spite of the fact that Ghana currently, has policy on Adolescent Sexual Reproductive Health Rights, its enforcement and implementation to address the sexual and reproductive needs of this population in Basic and Senior High Schools is weak (Kudolo, Kavi & Abdul-Rahman, 2008).

According to the United Nations Children Fund [UNICEF] statistical report, the adolescent birth rates in Ghana is 70 births/1000 women (UNICEF, 2006-2010) as compared to the average birth rate of Ghana at 31.54 per 1000 women (World Bank 2012). The high birth rate among adolescent girls is a manifestation of the high level of their sexual activity and lack knowledge on sexual matters including birth control and sexually transmitted infections (STI). A study conducted (Awusabo-Asare et al., 2006) shows that among adolescents (aged 15-19 years), only 28% of females and 21% of males had a detailed knowledge about pregnancy prevention; were aware of a woman's fertile period, were able to reject several popular misconceptions about pregnancy and were at least familiar with one modern method of contraception. For adolescents (aged 12-14 years) only 12% of females and 6% of males had this same level of knowledge.

Many organizations including some religious bodies emphasize abstinence until marriage. As a result, young people who want to use family planning do not because they cannot easily access friendly contraceptive services.

Young people in Ghana especially in the Volta Region where this project will be implemented have problems of early sexual debut, unwanted pregnancies, unsafe abortion, pregnancy-related complications, Sexually Transmitted Infections (STIs) and HIV/AIDS. Youth especially the young girls in the target communities are vulnerable to these problems because due to poverty they are more likely to engage in unplanned and unprotected sex, they lack the skills necessary to negotiate for safer sex, they engage in sexual activity with multiple partners, and they have limited awareness of STI prevention.

### **Challenges In Adaklu District:**

The rate at which teenage girls are getting pregnant in Adaklu District in Ghana is very worrying. According to the District Directorate record, in 2014 the antenatal registrants were 401 with 81 teenage pregnancies representing 20.2%. In 2015 it records 517 with 120 teenage pregnancies representing 23% and in 2016 our initiatives in collaboration with the Ghana Health Service gave a record of 654 out of which 111 teenage pregnancies were recorded.

Based on the 2010 Population and Houses Census, Adaklu district has a total projected population of 42,323 with an estimated growth rate of 2.5% per annum. The adolescent component of the population is 11,318 representing 26.8% in the district. The district has 13 electoral areas with about 107 communities excluding numerous farming communities and Fulani villages.

It appears nobody is talking about this problem and no sustained programme is in this area. It is time we launched a crusade against teenage pregnancy in the Adaklu district of Volta Region in Ghana. This crusade involved parents, teachers, students, community leaders as well as heads of religious groups.

It is in line with this that we are soliciting for funding to reduce this incidence of teenage pregnancy in the district of Volta Region in Ghana; and expand the program to cover additional communities.

This programme seeks to empower adolescents in the Volta Region of Ghana, specifically Adaklu district by training them as Peer Educators (PEs) to disseminate quality SRH information among their peers and also carry out other behaviour change communication (BCC) strategies that will vigorously provide education on sexual and reproductive health and rights to help reduce misinformation and provide correct information, clarify values and reinforce positive attitudes, and strengthen decision-making and communication skills among adolescents. Adolescents and young people will be targeted in schools and out of school with information and skills to live positive lifestyles.

GOSANET and its collaborative partner Adaklu District Health Directorate (ADHD) of Ghana Health Services, have working relationship with PEs in the implementation of TB, HIV and Malaria prevention interventions in the Volta Region. We have also collaborated effectively with the School Health Education Program (SHEP) Coordinators of the Ghana Education Service (GES). GOSANET and ADHD will partner the GES and involved various stakeholders to undertake the project. We will provide teachers and health workers with training to help them enhance their knowledge about SRH and HIV matters and improve their communication skills so that they are confident managing a classroom discussion and answering questions. Currently GOSANE and ADHD are undertaking the pilot ASRH programme among the adolescents and youth in the district. We will use experience gained over time to implement this project.

### **OBJECTIVES AND RESULTS**

The overall goal of the project is to improve and advance the SRH rights of in- and out-school adolescents through the provision of appropriate education and linkage to access services. More specifically, the project seeks to;

- ✓ **1.0:** To reduce teenagers pregnancy rate among adolescents in Adaklu district from 17% to 10% by the end of June 2018.
- ✓ **2.0:** To help teenage increase teenagers Family Planning acceptor rate from 3% to 13% in 15 communities by the end of June 2018.
- ✓ **3.0:** To support 50 teenage mothers to acquire vocational skill/ go back to school in the Adaklu District within one academic year.
- ✓ **4.0:** To monitor activities of Adolescent Clubs and Health workers in the project communities.

### **STRATEGIES:**

- Organize capacity building workshops.
- Organize advocacy activities and community durbars.
- Improve adolescent clubs in Schools and Communities.
- Provide free Family Planning (FP) outreach services.
- Provide skill training programme for school dropouts and teenage mothers.
- Care and support services (School kits, school bills/fees etc.).
- Get Male involved in Reproductive Health Rights issues.

- Monitoring, Supervisions and Evaluation.

### **TARGET COMMUNITIES AND SCHOOLS.**

(1) Adaklu Goefe (2) Adaklu Hlihave (3) Adaklu Sofa (4) Adaklu Wumenu (5) Adaklu Have (6) Adaklu Kodzobi (7) Adaklu Kpodzi (8) Adaklu Anfoe (9) Adaklu Ablonu (10) Adaklu Ahunda (11) Adaklu Senior High School (12) Adaklu Secondary/Technical School (13) Adaklu Waya E.P. Junior Secondary School (14) Adaklu Kodzobi Junior Secondary School (15) Adaklu Vodzie Junior Secondary School.

### **ACTIVITIES:**

The following activities that will be carried out to achieve the project objectives;

- 1.1: Hold Pre-Implementation Meeting with Key Stakeholders
- 1.2: Hold Consultative Meetings with School Authorities And Various Clubs
- 1.3: Undertake Community Entry Consultative Meetings with Traditional Leadership
- 1.4: Hold Ten (10) Community Durbars In Project Communities
- 1.5: Organize TOT/Capacity Building Workshop For Twenty (20) Health Workers On Adolescent Reproductive Health And Services.
- 1.6: Capacity Building Workshop For Thirty (30) Adolescent Club Patrons
- 1.7: Organize Video /Film Shows In Twenty (20) Sampled Sites/Project Communities.
- 1.8: Radio advocacy monthly media campaign.
- 1.9: Adolescent Sexual Reproductive Health and Right (ASRHR) club activities.
  - 2.1: Organize twenty (20) free family planning outreach services.
  - 2.2: Installation of condom vending machines.
  - 2.3: Condom distributions.
- 3.1: Skill training workshop
- 3.2: Teenage mothers empowered to go back to school.
  - 4.1: Hold Quarterly Refresher/Review Meetings.
- 4.2: Field visits
- 4.3: End of project assessment meeting.
- 4.4: Report writing and Disseminations

### **Adolescents Health Clubs**

#### **Cluster based trained adolescent club members and patrons/ teachers**

The oriented health workers and teachers have direct supervision over all peer educators in the communities and schools; to coordinate the organization of activities in the communities and schools. Students who are club members that trained as peer educators using interactive training methodologies on school based violence, communication, advocacy and negotiation skills, sex, STIs, HIV and AIDS, pregnancy and abortion, contraceptives, interactive theatre among others. This will ensure that trained peer educators are well equipped with the knowledge and skills on behaviour change to educate themselves and their peers.

To ensure effective monitoring of the PEs and better understanding of the issues, the selected 8 teachers from the various schools will also participate in the training.

#### **Patrons/ Teachers trained on ASRHR**

Trained patrons/teachers from each school would be supported to organise a step down orientation for their peers in their respective schools on SRHR. This would help inform, educate, enlighten and correct some perceptions and misconceptions of SRHR by teachers and will give them the right disposition to adolescent sexual and reproductive health needs.

#### **Organise ASRHR education during occasions or festivals / Sex talk shows**

As part of their training and in consultation with the school authorities, peer educators would be trained in interactive theatre performances on SRHR per community and school within the project period. Other activities would include SRHR based activities such as pick and act, and discussion on STIs and positive behaviours.

SRHR Clubs in selected Communities and Schools – “Adolescent Health Clubs”

Trained Health workers and teachers (SRHR Champions) in the communities and schools will lead in the formation of ARH clubs in the schools and communities dubbed “Adolescents Health Clubs (AHC)” for SRHR information and education. They would also organize other activities such as quiz and debate competitions among members of the club.

#### **Organise SRHR Quiz competitions among Adolescents health clubs – Health Quiz**

The quiz would be held at the school and district levels to select the best among them. Attractive prizes would be awarded. GOSANET and Ghana Health Service are would partner with some organizations who would be lobbied to provide items for prizes.

#### **Integrate ASRHR education into existing School Sporting Activities**

At the school level the project will take advantage of existing sporting activities to reach out to students with SRHR information. During the sports activities, peer educators and SHC members would use the opportunity to move round the spectators and provide education and information on SRHR issues.

#### **Identify, Develop and Distribute ASRHR IEC/BCC Materials**

GOSANET and Adaklu District Health Directorate (ADHD) would identify existing IEC materials. The implementers already have some materials and would also solicit other materials from partner organizations. These materials would be given to peer educators for distribution at all SHC programs. These materials would also guide their education.

#### **Discuss ASRHR issues at Parent Teacher Association (PTA) Meetings in selected schools**

GOSANET and ADHD lobby through the head master/mistress of the school and the SHC Champions to have some time during at least one PTA meeting a term to discuss issues relating to ASRHR. This would inform, educate and enlighten parents on the sexual and reproductive health needs of their children and discuss ways of addressing these.

#### **Promotion and Recruitment of Adolescence Club members onto SHC Educational Platforms**

GOSANET and ADHD will create educational platforms for members and youth such as Change Call centre, WhatSapp, face book and twitter. Students would be encouraged to visit the various plat form especially during vacation to access information and to ask questions relating to their SRHR.

#### **Organize inter-Clubs SRHR debate competitions – SHC Debate**

SHCs will organize regular debate competitions. Best debaters in each club will be prepared by the SHC Champions in each adolescent club/school to compete with other clubs at the zonal level.

#### **Referrals to TSC Clinics**

Club members will be trained on Signs and Symptoms of STI, STI screening tools will be developed for screening and referral of their peers. GOSANET Foundation already work with GHS at all levels; MoU will be signed with the District Health Management Team (DHMT) for effective management of suspected cases referred by the advocates/peer educators.

### **SUSTAINABILITY PLAN**

This is to ensure continuation of the project activities after this support. The project will ensure that its benefits will be maintained after the donor funding is completed. Through a set of interrelated strategies as outlined below:

A network of Teenage Pregnancy Prevention Advocates (TRPA) would form a permanent human resource base in the 15 who will continue to reduce the teenage pregnancy mothers and ensure their empowerment in the project areas.

Gosanet Foundation will continue with the education and awareness drive and always collaborate with Adaklu District Health Directorate (Ghana Health Service); and Ghana Education Service (GES) authority for continuation of the advocacy at school and community level.

Gosanent will liaise with other member organization working in thematic areas such as sexual Reproductive Health and Rights (SRHR) for project continuation.

Adolescent club members and leaders will forge active partnership with nurses health workers and community stakeholders especially; local associations, Assembly members, traditional and religious leaders, local NGOs and CSO s, women groups to continue to disseminate the messages of Reproductive Health and Rights.

Trained community stakeholders, health workers, peer educator, educational institutions will be used to maintain the project and build strong linkages and collaboration with our civil society organization for different referral services to continue serving the communities.

### **MONITORING AND EVALUATION SYSTEM**

Monitoring and Evaluation of the project will start from the first day of project implementation and would be done in accordance with reporting requirements, times and guidelines mutually agreed upon by partners. This is to ensure that there is transparency, accountability and sound decision making in the implementation of the project.

The proposed M&E plan for the project (which will be prepared later with indicator output and outcome) is designed to systematically collect and analyze data as the project progresses. This is to ensure that activities undertaken in the implementation phase of the project conform to targets set. Monthly field monitoring visits will be undertaken by partners' M&E Officers to independently review progress, identify problems in implementation and make any necessary adjustments so that the project can meet its set goals and objectives. Outcome evaluation exercise will be conducted in the twelfth month to track measures related to desired programs. This will entail beneficiary surveys, key informant interviews and focus group discussions.

In the course of implementation, GOSANET will submit quarterly progress reports to donors that summarize among other things, implementation progress, achievements towards expected outcomes, major success stories, key constraints and the way forward. A final report will be submitted at the end of the project implementation period.

**GOSANET FOUNDATION (NGO)**  
**DETAIL BUDGET: REDUCE INCIDENCE OF TEENAGE PREGNANCY IN GHANA**

OBJECT NO.	SPECIFIC ACTIVITY & COST CATEGORY	COST US\$	TOTAL
<b>1.0</b>	<p><b>1.1:</b> Hold Pre-Implementation Meeting With Key Stakeholders</p> <p><b>1.2:</b> Hold Consultative Meetings With School Authorities And Various Clubs</p> <p><b>1.3:</b> Undertake Community Entry Consultative Meetings With Traditional Leadership</p> <p><b>1.4:</b> Hold fifteen (15) Community Durbars In Project Communities</p> <p><b>1.5:</b> Organize three (3) days Capacity Building (TOT) Workshop For Twenty (20) Health Workers On Adolescent Reproductive Health And Services.</p> <p><b>1.6:</b> Three (3) days Capacity Building Workshop For Thirty (30) Adolescent Club Patrons</p> <p><b>1.7:</b> Advocacy activities to organize Video /Film Shows In Twenty (20) Sampled Sites/Project Communities.</p> <p><b>1.8:</b> Radio advocacy monthly media campaign.</p> <p><b>1.9:</b> Support Adolescent Sexual Reproductive Health and Right (ASRHR) club activities.</p>	<p>1,500.00</p> <p>1,520.00</p> <p>1,513.00</p> <p>3,778.00</p> <p>7,556.00</p> <p>9,445.00</p> <p>3,023.00</p> <p>1,889.00</p> <p>7,556.00</p>	<b>3,7780.00</b>
<b>2.0</b>	<p><b>2.1:</b> Organize twenty (20) free family planning outreach services.</p> <p><b>2.2:</b> Installation of condom vending machines.</p> <p><b>2.3:</b> Condom distributions.</p>	<p>4,536.00</p> <p>2,268.00</p> <p>756.00</p>	<b>7,560.00</b>
<b>3.0</b>	<p><b>3.1:</b> Skill training workshop for 20 teenage mothers / teenage mothers empowered to go back to school.</p>	<p>7,560.00</p>	<b>7,560.00</b>
<b>4.0</b>	<p><b>4.1:</b> Hold Quarterly Refresher/Review Meetings.</p> <p><b>4.2:</b> Field visits/ M&amp;E</p> <p><b>4.3:</b> End of project assessment meeting.</p> <p><b>4.4:</b> Report writing and Disseminations</p> <p>Administrative cost</p> <p>Staff Cost</p>	<p>6,010.00</p> <p>2,268.00</p> <p>1,701.00</p> <p>1,361.00</p> <p>6,812.00</p> <p>4,542.00</p>	<b>22,694.00</b>
<b>TOTAL</b>	<b>Seventy-Five Thousand Five Hundred And Ninety Four Dollars</b> <b>Amount of donation being requested</b>	<b>75,594.00</b>	





**GOSANTE FOUNDATION (NGO) GHANA**



**SUMMARY TABLE: REDUCE INCIDENCE OF TEENAGE PREGNANCY IN GHANA PROJECT**

OBJECTIVE	ACTIVITY	PLANNED OUTPUT	DURATION/TIME FRAME	EXPECTED OUTCOME	VERIFIABLE INDICATOR
1.0 To reduce teenage pregnancy rate among adolescents in Adaklu District from 17% to 10% by the end of June, 2018.	1.1: Hold pre-implementation meeting with key stakeholders (Reg. & District Education and Health Directorates and school heads)	Number of key allies accepted the project and work plan.	1 <sup>st</sup> month	Key allies gave unflinching support and participated in the project implementation and direction.	Reports and pictures interview participants list receipts.
	1.2: Hold consultative meetings with school authorities and club members in various communities and schools	*Number of meetings held *number of club members accepted *teachers consulted and accepted to be advocates.	1 <sup>st</sup> month	30 Adolescents clubs patrons made ready for training.	Reports and pictures interviews participants list.
	1.3: Undertake community entry and consultative meetings with traditional leadership to sensitize and create awareness on Adolescent Reproductive health to canvas support from the community.	<ul style="list-style-type: none"> <li>Number of meetings held</li> <li>Community members consulted and accepted Adolescent clubs.</li> <li>Number of traditional leaders accepted the project.</li> </ul>	1 <sup>st</sup> month	<ul style="list-style-type: none"> <li>Numbers traditional leaders and option leaders ready for activities</li> <li>Teenage pregnancy Prevention Network established in the project area.</li> <li>Correct and consistent reproductive Health mess reaches 15, 00 people.</li> </ul>	<ul style="list-style-type: none"> <li>Reports pictures</li> <li>interviews</li> <li>participant list</li> <li>receipt.</li> </ul>
	1.4: Hold community durbars in 10 project communities	<ul style="list-style-type: none"> <li>Number of durbars organized</li> <li>community members gained knowledge</li> <li>males get involved</li> <li>Social groups accepted the crusade.</li> <li>Number of floats organized in project communities</li> </ul>	1 <sup>st</sup> month -8 <sup>th</sup> month	<ul style="list-style-type: none"> <li>10 community durbars organized.</li> <li>Males get involved and patronized</li> <li>about 10,000 community members gained knowledge</li> </ul>	<ul style="list-style-type: none"> <li>Picture</li> <li>Technical Reports</li> <li>Attendance list</li> <li>financial report</li> <li>Interviews</li> </ul>
	1.5: Organizer special capacity training for 20 health workers on Adolescent Reproductive Health and services.	<ul style="list-style-type: none"> <li>Number of health workers trained</li> <li>Number of schools reached</li> <li>Number of communities reached</li> <li>Number of schools reached</li> <li>Number of club activities improved</li> <li>20 nurses equipped with adolescent reproductive health rights, mobilization and behaviour change (BCC) skills</li> <li>80% of the health workers gain knowledge and skills in using vital data collection tolls for sexual reproductive health and rights services.</li> </ul>	2 <sup>nd</sup> month	<ul style="list-style-type: none"> <li>Clubs activities strengthened.</li> <li>Current knowledge on reproductive health and rights increased by 10% above baseline and correct disseminated.</li> <li>Each of the beneficiary adolescent sexual reproductive health &amp; right (SRHR) advocate as permanent human promoting active SRHR.</li> </ul> <p>80% of trained health instructors able to use the BCC/IEC and vital data collection tools accurately for efficiency family planning (FP)</p>	<ul style="list-style-type: none"> <li>Picture</li> <li>Technical Reports</li> <li>Attendance list</li> <li>financial report</li> <li>Interviews</li> </ul>
	1.6: Organizing capacity building workshop for 30 Club patrons.	<ul style="list-style-type: none"> <li>Number of patrons trained</li> <li>Number of club leaders</li> </ul>	2 <sup>nd</sup> month	<ul style="list-style-type: none"> <li>30 club patrons avail and ready for training workshop.</li> </ul>	<ul style="list-style-type: none"> <li>Picture</li> </ul>

		<ul style="list-style-type: none"> <li>trained</li> <li>Number of schools reached</li> <li>Number communities reached.</li> <li>Patrons gained knowledge on RHR</li> </ul>		<ul style="list-style-type: none"> <li>Teenage pregnancy prevention network established in project area.</li> <li>Correct and consistent reproductive health messages reach 10,000 people</li> <li>30 club patrons oversee the various adolescent club activities.</li> </ul>	<ul style="list-style-type: none"> <li>Technical Reports</li> <li>Attendance list</li> <li>financial report</li> </ul>
	1.7: Organize one each of video film shows in 20 sampled sites project communities on reproductive health/family planning documentary in the project area.	<ul style="list-style-type: none"> <li>One video/film show conducted in each of the 10 project communities after the durbars</li> <li>An estimated number of 15,000 people sensitized on reproductive health</li> <li>Video/film show during adolescent club weekly activities/meetings.</li> </ul>	2 <sup>nd</sup> month-9 <sup>th</sup> month	<ul style="list-style-type: none"> <li>Education/referrals system strengthened</li> <li>30% observe basic sexual reproductive health and right improved on family planning and reproductive health issues.</li> </ul>	<ul style="list-style-type: none"> <li>Picture</li> <li>Reports</li> <li>financial report</li> </ul>
	1.8: Hold six (6) series of bi-monthly Media campaign in the project areas.	<ul style="list-style-type: none"> <li>6 number of bi-monthly radio advocacy held on local FM stations</li> <li>Listening public phoned in and made contributions and asked related questions</li> <li>An estimated number of 30,000 general public reached and sensitized on teenage pregnancy incidence in the Adaklu District of Volta Region in Ghana issues.</li> </ul>	1 <sup>st</sup> month- 12 <sup>th</sup> month	<ul style="list-style-type: none"> <li>General population in the project area take informed decision and action to reduce teenage pregnancy incidence in the Adaklu District of Ghana.</li> <li>At least 10% population check for sexual transmission infection (STI) screening and HIV testing.</li> <li>Number of STI and HIV cases referred and number tested positive.</li> </ul>	<ul style="list-style-type: none"> <li>Reports</li> <li>Photograph</li> <li>Copies of technical/advocacy script prepared for the radio presentation</li> <li>Number of cases referred</li> <li>Pictures</li> </ul>
	1.9: Organize activity for Adolescent sexual reproductive health and rights (ASRHR) Clubs.	<ul style="list-style-type: none"> <li>Identify, develop and distribute ASRHS IEC/BCC</li> <li>IEC/BCC materials reached peers and youth.</li> <li>IEC/BCC materials reached community members.</li> <li>Number of club members health educational</li> <li>Number of referrals was made.</li> </ul>	1 <sup>st</sup> month- 12 <sup>th</sup> month	<ul style="list-style-type: none"> <li>Club members distributed ASRHR IEC/BCC materials</li> <li>IEC/BCC messages reached adolescents.</li> <li>Club members distributed IEC/BCC material</li> <li>Number of club members were recruited onto education platforms</li> <li>Number of people were referred</li> </ul>	<ul style="list-style-type: none"> <li>Picture</li> <li>Reports</li> <li>Number of cases referred</li> <li>* financial report.</li> </ul>
2.0 To help increase teenagers family planning (FP) acceptor rate from 3% to 10% in Adaklu District by the end of June, 2018	<p>2.1: Organize 20 free family planning outreach services</p> <p>2.2: Installation of condom vending machines in selected project communities.</p> <p>2.3: Condom distributions</p>	<ul style="list-style-type: none"> <li>Organize free FP outreaches</li> <li>Number of communities reached</li> <li>Number of schools reached</li> <li>Number of youth involved</li> <li>On-going discussion among adolescents, individuals, families/household on family planning issues</li> </ul>	2 <sup>nd</sup> month – 12 <sup>th</sup> month	<ul style="list-style-type: none"> <li>80% of the community leaders, health workers and club members mobilized their subjects and rescue teenagers in the project area.</li> <li>98% of patrons/health workers become SRHR advocates in the project area</li> <li>Free condoms distributed</li> </ul>	<ul style="list-style-type: none"> <li>Picture</li> <li>Reports</li> <li>Number of cases referred</li> <li>*financial report</li> </ul>

		<ul style="list-style-type: none"> <li>• Number of female condoms distributed</li> <li>• Condom dispensers installed in selected communities</li> <li>• BCC/IEC materials distributed</li> <li>• Number of health education were given</li> </ul>		<ul style="list-style-type: none"> <li>• installed.</li> <li>• Adolescents received reproductive health messages and BCC/IEC massager</li> <li>• Number of teenage mothers acquired vocational skills</li> <li>• Number of teenage mother economically supported</li> <li>• Number of school dropout Picture Reports</li> <li>• Number of cases referred financial report returned to school</li> <li>• Number of school dropout fees were paid</li> <li>• Numbers of teenage mothers bills settled</li> <li>• Number of TMs economically empowered and lived better life</li> <li>• They are curtailed involvement is social vices prostitutions</li> <li>• Self-reliant citizens and contributed to the well-being families.</li> </ul>	
3.0: Support twenty (20) teenage mothers to acquire vocational training/go back to school in Adaklu district	3.1: Five (5) days vocational skills training for school dropouts & teenage mothers selected from the project areas, empower them to go back to school	<ul style="list-style-type: none"> <li>• Number of teenage mothers trained</li> <li>• Number of teenage mother supported economical</li> <li>• Number of teenage mothers acquired vocational skills</li> <li>• Number of teenage mothers returned to school</li> <li>• Number of school dropouts were empowered and returned to school</li> </ul>	4 <sup>th</sup> month	<ul style="list-style-type: none"> <li>• Teenage mothers acquired vocational skills</li> <li>• Teenage mothers economically supported</li> <li>• School dropouts returned to school</li> <li>• School dropout school fees paid</li> <li>• Teenage mothers school fees paid/settled</li> </ul>	<ul style="list-style-type: none"> <li>• List of trainees pictures interviews/observation receipts.</li> <li>• Report</li> <li>• List of students pictures interview/observation</li> <li>• bill sheets receipts reports</li> </ul>
4.0 To monitor activities of adolescent clubs and health workers in the project communities.	4.1: Hold quarterly refresher/review meeting 4.2: field visits 4.3: Organize one end of project assessment meeting.	<ul style="list-style-type: none"> <li>• One (1) Mid Term Review Meeting Organized For 20 People</li> <li>• Hold Individual Interviews With Key Informants</li> <li>• Debriefing Meeting Among Project Management Team And District Health Management Team Of Ghana Health Services Adaklu</li> <li>• Give feedback to key stakeholders and donors</li> <li>• Assessment meeting organized for key stakeholders Health workers and club patrons.</li> </ul>	3 <sup>rd</sup> month  4 <sup>th</sup> month  12 <sup>th</sup> month	<ul style="list-style-type: none"> <li>• Review meetings held for club and health workers.</li> <li>• Debriefing meetings held</li> <li>• The project was evaluated</li> <li>• Assessment meeting held.</li> </ul>	<ul style="list-style-type: none"> <li>• Participants list</li> <li>• Pictures</li> <li>• Interview/observation</li> <li>• Report</li> <li>• (Technical &amp; Financials)</li> <li>• Evaluation report</li> <li>• M&amp;E report &amp; disseminations.</li> <li>• Information from individuals</li> </ul>



GOSANET FOUNDATION (NGO) GHANA

ACTIVITY SCHEDULE: REDUCE INCIDENCE OF TEENAGE PREGNANCY IN GHANA PROJECT

PROJECT OBJECTIVES	ACTIVITY NOS.	TIME FRAME													BUDGET US \$	RESPONSIBLE
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13		
1.0: To reduce teenage pregnancy rate among adolescents in Adaklu District from 17% to 10% by the end of June, 2018.	1.1	x	-	-	-	-	-	-	-	-	-	-	-	-	37,780.00	GOSANET Project Director, M&E Officer and DHMT member.
	1.2	x	-	-	-	-	-	-	-	-	-	-	-			
	1.3	x	-	-	-	-	-	-	-	-	-	-	-			
	1.4	x	x	x	x	x	x	x	x	x	-	-	-			
	1.5	-	x	-	-	-	-	-	-	-	-	-	-			
	1.6	-	x	-	-	-	-	-	-	-	-	-	-			
	1.7	-	x	x	x	x	x	x	x	x	-	-	-			
	1.8	x	x	x	x	x	x	x	x	x	x	x	x			
	1.9	x	x	x	x	x	x	x	x	x	x	x	x			
2.0: To help increase teenagers family planning (FP) acceptor rate from 3% to 10% in Adaklu District by the end of June, 2018.	2.1	-	x	x	x	x	x	x	x	x	x	x	x	7,560.00	GOSANET Project Director, M&E Officer and DHMT member.	
	2.2	-	x	-	-	-	-	-	-	-	-	-	-			
	2.3		x	x	x	x	x	x	x	x	x	x	x			
3.0: Support twenty (20) teenage mothers to acquire vocational training/go back to school in Adaklu districts.	3.1	-	-	-	x	-	-	-	-	-	-	-	-	7,560.00	GOSANET Project Director, M&E Officer and DHMT member.	
4.0: Monitoring & Evaluation	4.1			x			x			x			x	11,340.00	GOSANET Project Director, M&E Officer and DHMT member.	
	4.2	x	x	x	x	x	x	x	x	x	x	x	x			
	4.3												x			
	4.4			x			x			x			x			



**MONITORING AND EVALUATION PLAN**  
**GOSANET FOUNDATION: REDUCE INCIDENCE OF TEENAGE PREGNANCY IN GHANA**

OBJECTIVE	ACTIVITY	HOW/STRATEGY	ESTIMATED COST \$	PERIOD	WHO RESPONSIBLE	OUTCOME/MEANS OF VERIFICATION	WHEN
To monitor activities of adolescent clubs and Health workers in the project communities	Organize review meetings and monthly field visits within the 12 months  Organize end of project assessment meeting.	<ul style="list-style-type: none"> <li>❖ Hold individual interviews with key informants.</li> <li>❖ Hold group meetings with the adolescent clubs.</li> <li>❖ Conduct FGDs groups.</li> <li>❖ Debriefing meetings among project management Team and District Health Management Team of GHS.</li> <li>❖ Give feedback to key stakeholders and donors.</li> <li>❖ Assessment meeting with key stakeholders Health workers and club patrons.</li> </ul>	6,010.00	Monthly & Quarterly (3 <sup>rd</sup> month, 6 <sup>th</sup> month, 9 <sup>th</sup> month & 12 <sup>th</sup> month.)	GOSANET Project Director, M&E Officer and DHMT member.	<ul style="list-style-type: none"> <li>❖ Club, peer educator/advocates activities are tracked, documented and audited.</li> <li>❖ Number of teenage mother/dropouts traced and supported</li> <li>❖ Completed questionnaires</li> <li>❖ Debriefing meetings were held.</li> <li>❖ M&amp;E activity reports and disseminations.</li> <li>❖ Pictures</li> <li>❖ Reports. (Technical &amp; Financial)</li> </ul>	1 <sup>st</sup> Month to 12 <sup>th</sup> month
To strengthen the capacity of 50 ASRHR advocates/champions on BCC, IEC and advocacy skills and collected vital primary data on the project.	Hold Quarterly refresher/Review meetings with club patrons/advocates and District Health Management Team (DHMT)	<ul style="list-style-type: none"> <li>❖ Give Top-up training in Advocacy IE&amp;C and documentation skills.</li> <li>❖ Compile data gathered from the field by the advocates and health workers.</li> <li>❖ Free family planning services and distribution of condoms.</li> <li>❖ Care and support service and bimonthly debriefing meeting with beneficiaries</li> </ul>	5,330.00	Quarterly	GOSANET Project coordinator, M&E Officers and DHMT.	<ul style="list-style-type: none"> <li>❖ Data available in review meeting reports, list of participants, sample handouts</li> </ul>	Every three (3) months