

**Sierra Leone MPTF
Fund Signature Page**

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TJV Cluster Name and Number: Cluster 4-Social Protection, Child Protection, Gender & Human Rights		MPTF Project ID:	
Specific Project Title: Reducing Teenage Pregnancies: Empowerment and Livelihoods for Highly Vulnerable Adolescent Girls		Project Location: Sierra Leone – Port Loko, Kambia, Pujehun and Moyamba	
Estimated Start-Up Date: June 2013		Estimated Operational Closure: 31 Dec 2014	
Brief Project Description: This is a project to provide: (a) Social and economic empowerment for adolescent girls (b) Strengthen the decentralized child protection system to prevent and respond to teenage pregnancy.		SL- MPTF US\$ 1,032,015 Contribution: [Name other US\$ 0 contributor]: Government US\$ 0 Contribution:	
		Total Project Cost US\$ 1,032,015	
Cluster Goal¹: To strengthen the capacity and regulatory framework for human rights, gender equality and child protection			
Cluster Objective: 4.1 To increase capacity to protect and promote human rights 4.2 To provide basic social protection and productive safety nets support 4.3 To strengthen institutional capacity for gender equality and empowerment			
Cluster Indicator: <ul style="list-style-type: none"> • % social protection expenditure targeting children and gender at Local Councils. • % women aged 15-19 and 19-24 years who first married or entered a marital union before their 15th and 18th birthday respectively • % women aged 15-19 and 20-24 who have had a live birth before 15 and 18 respectively 			

¹ As per Annex II of the Transitional Joint Vision Document

	<i>Signature</i>	<i>Date</i>	<i>Name/Title</i>
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Project Document

Executive Summary

Issue: Teenage Pregnancy is one of the most pervasive problems affecting the health, social, economic and political progress and empowerment of young women and girls in Sierra Leone. The situation is alarming: more than one third of all pregnancies involve teenage girls and up to 40% of maternal deaths occur among them.

All teenage pregnancies, irrespective of the outcome, have adverse consequences for the girls, the parents and the communities. Adolescent pregnancy is dangerous. As it is demonstrated in the *A Glimpse into the World of Teenage pregnancy* document (UNICEF 2010), the poorest girls in the poorest communities in Sierra Leone are most likely to become pregnant during adolescence, with serious long-term and wide-ranging consequences – from health complications (for the young mother and the baby) to broader economic concerns.

Action: UNICEF proposes an integrated approach towards empowering adolescent girls in Sierra Leone. The program primarily targets highly-vulnerable adolescent girls between the ages of 14 and 19, especially those who are out of school in the districts with highest teenage pregnancy rates (Kambia, Moyamba, Pujehun and Port Loko).

The primary objective of the project is to assist the girls in achieving greater social and economic empowerment by providing safe spaces for sharing their experiences, training in life skills (with a strong focus on issues related to teenage pregnancy and sexual and reproductive health), livelihood training (including a financial literacy component), and credit support to start income generating activities, along with community outreach activities for facilitating community ownership and support.

To maximize the impact of the above mentioned interventions and to ensure sustainability, it is imperative to strengthen the child protection system, especially at decentralized level.

Impact: By the end of the project, it is expected that it will lead to social and economic empowerment of girls – increased engagement in income generating activities and reduce teenage pregnancy rates in target communities.

Situation Analysis

All teenage pregnancies, irrespective of the outcome, have adverse consequences for the girls, the parents and the communities. Teenage pregnancy issue is alarming and is reflected in the following national statistics:

- 34% of all pregnancies occur amongst teenage girls (SLDHS 2008)
- 26% of women age 15-19 have already had a birth (MICS4 2010)
- 40% of maternal death occur as a result of teenage pregnancy (MICS4)
- 8% of teenage mothers report that their first partner was of the same age or younger, 35% indicate that the partner was more than 10 year older (SLDHS).
- Incidence of teenage motherhood higher in rural localities
- Adolescent Birth Rate in Sierra Leone is 122 births per 1000 women aged 15-19 per year (MICS 2010).

Youths today in Sierra Leone face severe economic challenges. They account for the largest group of poor and unemployed. For adolescent girls, such economic concerns are compounded by social and health related challenges such as early marriage and pregnancy, exposure to STDs and HIV infection.

According to the study *'A Glimpse into the World of Teenage Pregnancy in Sierra Leone'* (UNICEF2010), aside from poverty, other main factors contributing to teenage pregnancy are: early sexual exposure or early sexual activity; harmful traditional beliefs and practices; and negative peer pressure.

These different factors are obviously interlinked: teen pregnancy and early marriage are likely to have a decisive impact on the ability of young girls to accumulate human capital, and limit their future labor force participation. At the same time, a lack of future labor market opportunities can reduce the incentives for young girls to invest in their human capital, leading to early marriage and childbearing, and potentially increasing their dependency on older men. The report found that nearly half of adolescent girls in Sierra Leone engage in sex that is transactional in nature. Sex is exchanged for money/gifts, school fees, and food. Additionally, 85% of adolescents reporting that they engaged in sex for love revealed that concepts of love are closely tied to material gain such as gifts or money.

The impact of teenage pregnancy on an adolescent's future is reflected in data indicating that 55% of girls who have been involved in a pregnancy are not in school or have dropped out of school, compared to 31% of girls who are in school or have returned back to school after the pregnancy. Furthermore, 13% of teenage girls involved in a pregnancy have never been to school while only 1% of those that were impregnated decided to go to a skills training after the birth.

A high number of teenage mothers who have no prospects of returning back to school indicated their desire to attend a skills training program to increase their chances of earning an income, although there are very limited opportunities for them to do so.

Data from the 2010 MICS have indicated relatively high levels of early marriage, and the onset of early sexual intercourse, amongst teenage girls. The data show that amongst women aged 15 to 49 years, who were married or in consensual union, 16% were married before age 15 years, and 50% before age 18 years. In addition, 24.5% of women aged 15 to 19 years started sexual intercourse before age 15 years. Against this background, the use of modern contraception is restricted to a small proportion of the female population of childbearing ages - contraceptive rate of 1.2% for ages 15-19 (SLDHS 2008).

Few elements have been documented in Sierra Leone on the real impact of teenage pregnancy on the health of the girls, on their sexual and reproductive behavior, on their level of educational attainment, and on their current or prospective socio-economic status. As a result, there have been so far limited coordinated and focused efforts, at the national level, to devise programmes that would reduce the incidence of early childbearing and teenage pregnancy, or help to reintegrate teenage mothers back into the productive socio-economic system, either by continuing their education, or skills training, or accessing opportunities for employment, and income generation. Development assistance has historically by-passed adolescent girls by grouping them with women or children, but not as a category of their own. Programming that targets adolescents as a broad category generally fails to reach girls. Research shows that participants and beneficiaries of "youth" programs are primarily male. Less than two cents of every development dollar goes to programs specifically for adolescent girls (Girls Count report, 2012).

Analysis of SLDHS 2008 and MICS 2010 shows a strong relationship between poverty and teenage pregnancy with teenage girls in the poorest quintile being 3 times more likely to have a child before age 18 years compared to girls in the wealthiest quintile. Parents of mostly low-income families, who are unable to support their children's basic needs, are faced with a choice between nutrition, health and education. Research shows that a certain value is given to girl-child education, but that both the cost and the mistrust in the education system are clear barriers for parents to send their girls to school. Parents do not see quick returns from education, whereas children (especially girls) can contribute to the family's financial income through petty trading, and family labor as well as through transactional sex. The change in power structure within the family completely alters when adolescents begin earning money and providing for the needs of the family members. The constant lack of basic needs is one critical motive, which pushes children to find ways of acquiring money. Often, this leads to unwanted and unplanned pregnancies (UNICEF, 2010).

Some harmful practices, such as early marriage, transactional sex, are seen to be acceptable to gain social and economic status. In general, it is observed that the relationship between parents and children plays a central role in social behavior. Lack of communication, and supervision as well as

low positive parenting, contribute to early sexually activity. Parents as well as other members of the community can strongly influence the choices made by young people. The absence of positive role models in families or within the community makes it difficult for adolescents and young people to identify and adopt safe/positive behavior.

Also, peer-pressure in general plays a central role. Interviews with teenagers reveal that the teasing begins with simple things such as the lack of lunch food and ragged school clothing. Teenagers who are sexually abstaining are also ostracized for their choice. Peer-pressure cycle is a key determinant for adolescents, particularly young girls, to enter into unsafe behaviors.

Indeed, pregnancy is the leading cause of death for adolescent girls and the youngest girls are particularly at risk (WHO, 2012, Maternal Mortality Global report). Adolescents, and particularly young adolescents, are more likely to have long and obstructed labors. This not only increases their risk of death, but also their risk of developing fistula. Finally, unsafe abortion kills many pregnant adolescents; it is estimated that one-third of teen pregnancies end in abortion (WHO 2012, Adolescent Pregnancy Fact Sheet).

Babies born to adolescent mothers are also at greater risk. A recent systematic review found that adolescent pregnancy was associated with premature delivery, stillbirth, fetal distress, birth asphyxia, low birthweight, and miscarriage. Babies born to teen mothers are also far more likely to die than those born to older women.

In-depth interviews (UNICEF 2010) with teenage mothers and pregnant teenagers reveal a feeling of isolation, 'being trapped' and helplessness. Teenage mothers or pregnant teenagers have no one to talk to about what they are going through. There is very little or no psychosocial support for pregnant teenagers during the pregnancy or after the birth of their child. The strain in the relationship with their parent(s) due to untimely pregnancy, the dissatisfaction with the amount of education they received, and the inability to receive consistent and quality health care are some of the factors that contribute to the feeling of depression. Although prevention of teenage pregnancy is crucial and it will be the main focus of the project, it is also imperative to consider the young mothers who have no other means of supporting themselves and their children.²

The impacts of adolescent pregnancy are felt far beyond the walls of the family home. It also has a demonstrable impact on the social and economic development of communities and countries (*Bruce and Bongaarts, 2009*). Much of this impact is channeled through girls' education; there is a strong evidence base demonstrating that keeping girls in school and delaying their first pregnancy is a win-win situation, which has the potential to cascade through generations.

Teenage pregnancy is a complex issue with multiple causes and diverse consequences, which requires a large spectrum of interventions. Unfortunately, the institutions that should uphold the rights of children and women are weak and uncoordinated. To build a protective environment for children, there is a need to move away from the post emergency modus of project implementation for specific groups of children towards a more sustainable approach in child protection. Many of the current approaches, laws and guidelines influencing child protection work in Sierra Leone have been shown to have limited impact or have met challenges in meeting the needs of the local context. Key weaknesses identified by a number of research studies include: gaps between the formal and informal systems; lack of co-ordination between child protection actors and service providers; lack of attention given to prevention and a tendency to respond using narrow issue based approaches that fail to address the complexity and multi-dimensional nature of child protection concerns; and lack of accountability on the part of many actors involved in child protection.

² This is based on reports and findings from previous projects supported by UNICEF to reduce teenage pregnancy from 2010 to 2012.

Project Justification

It is against this background that UNICEF proposes an integrated approach towards tackling the empowerment of adolescent girls in Sierra Leone. This project is designed to combine aspects of economic and social empowerment in order to produce synergies between the two lines of interventions. The program primarily targets adolescent girls between the ages of 14 and 19, especially those who are out of school in the four districts with highest teen pregnancy rates (Kambia, Moyamba, Pujehun and Port Loko).

Teenage pregnancy is as a result of numerous socio-economic problems that vulnerable children and their families face in the country and it is not a stand-alone phenomenon. Adolescents are not a homogeneous group as there are various sociocultural (e.g., age, gender, religion, marital status, residence, and school attendance) and economic (employment, ownership of assets, and educational attainment) context that affect their empowerment. Livelihood concerns for the adolescent girls also depend on the socioeconomic and cultural factors that shape the contexts in which they live.

The prevailing social norms with regard to education, economic empowerment and teenage pregnancy will be considered and adolescents will not be treated as homogeneous group. The spectrum of vulnerability will also be considered, where adolescent girls can fall under multiple areas of disadvantage. Within this concept, different life experiences of adolescent girls will be analyzed in a context of specific issues outlined above. This approach permits to design a project within a wider context of poverty, vulnerability of families, education and social safety nets.

The project will also look at programming options that address the particular constraints faced by varying subpopulations of adolescent girls within the context of gender-based constraints and economic vulnerability depending on but not limited to residence; age; and school, marital, and employment status. For example, the programmatic responses needed by young married girls may be quite different from those needed by rural, married out-of-school girls or urban girls who are unmarried and in school. This project will match appropriate program elements to the diverse needs and vulnerabilities of the different groups of adolescents.

The primary objective of the project is to assist the girls in achieving greater economic and social empowerment by (i) *adolescent development centre* - providing safe spaces for sharing their experiences, (ii) *training in life skills* (with a strong focus on issues related to teenage pregnancy and sexual and reproductive health), (iii) *livelihood training* (including a financial literacy component), (iv) *credit support* to start income generating activities, along with (v) *community outreach activities* with the purpose of community ownership and support.

Whereas the first, second and fifth components jointly address the findings related to the social factors identified in the Teenage Pregnancy Research report, i.e. early sexual exposure or early sexual activity, harmful traditional beliefs and practices and negative peer pressure, the third and fourth components are concerned with the finding of poverty and changes in the family support structure by training girls in income generating activities, and providing them with financial literacy skills and a start-up supply to develop sustainable livelihoods.

The first project component is an *adolescent development centre* or club, which is established in each intervention village and serves as the nucleus of all the activities. The club and its associated recreational activities are meant to attract the girls to voluntarily participate in the program and are used to encourage them to participate in specific trainings.

The second component is *life-skills training*. The long-term intended outcome of the life-skills training is to strengthen their capacities to make informed choices. An adolescent leader is assigned to each club to conduct these trainings and to facilitate club activities, and they work as mentors for the club participants. Each mentor is provided with one-week residential training on club maintenance and training-of-trainers for life-skills. Following this training, the mentors conduct training sessions at their respective clubs on specific life-skill issues. There are 10 broad life-skills issues that are covered in the life-skills trainings: adolescent sexual and reproductive health; early pregnancy; menstruation

and menstrual disorders; leadership among adolescents; gender; sexually transmitted infections; HIV/AIDS; family planning; GBV; and adolescent responsibility toward family and community members. Group learning is encouraged through classroom trainings. The specific methods that are used for group learning include group discussions; story writings, which are combined in books that are distributed across all the clubs; and writing and performing theatre works.

The third key component is *livelihood training*. The club participants are provided with trainings on income generating activities (IGA) and financial literacy. These trainings are provided through entrepreneurs who are engaged in these activities in the communities or by hired professionals. Following successful completion of training, trainees receive input supplies to start a particular business activity. Another component of livelihood training is a course on financial literacy, which covers topics such as budgeting, financial services, financial negotiations, and accounting. It is expected that with training, input supplies, and encouragement, the girls will start earning money for themselves. While this income is expected to cover personal expenses for the younger adolescents, the income may not be adequate for older adolescents. Many of the older adolescents have their own children and are sometimes the head of their household. In order to make a more meaningful impact on the income for such adolescents, additional financial supports are required.

For them, *microfinance*, which is the fourth component, is provided so that they can become self-reliant through various self-employment activities. The objective of adding credit to the project is to assist low-skilled girls to engage in self-employment activities and to improve their productivity through training. Therefore, microfinance is viewed as a complementary activity to livelihood trainings for older adolescents. Significant emphasis is put on preventing school dropout of participants so that the livelihood components of project do not yield any perverse effects on school enrolment. Thus, while school girls may engage in earning activities to supplement their personal or educational expenses, they will be discouraged from participating in the credit components of the project as a selection criteria will be established to ensure that the project does not dis-incentivise school going children.³ A monitoring and tracking system (with the support of the mentors, social workers and community groups such as child welfare committees and we pikin groups) will be established to ensure that adolescent girls will continue schooling (including attendance and completion of school) even if they receive microfinance support to supplement personal and education expenses. An agreement will be also signed with the parents/guardians to ensure that they will continue to support the girls to attend and complete the schools even if they receive the grants.

The final component is to promote community participation by conducting periodic *meetings with the parents and village elders*. Community outreach activities for boys and specific meetings are conducted with boys, men, women, parents, traditional and religious leaders to involve them in issues of adolescent girls, understand prevailing social norms and contexts and then to create an enabling environment for the girls. This community consultation is instrumental to facilitate community ownership and support of the program. Such community support is important for achieving long-term sustainability of clubs and facilitating social change. Referral to the health facilities will be provided for the girls and mentors will involve the nurses and community health workers from PHUs in providing health related information to the girls and boys. Although this project does not provide adolescent and youth friendly health facilities, linkages will be made with the health related programmes supported by Ministry of Health and Sanitation and other partners to provide adolescent and youth friendly services.

To maximize the impact of the above mentioned interventions and to ensure sustainability, it is imperative to strengthen the decentralised child protection system at district level to ensure effective coordination and monitoring; effectively manage cases of pregnant girls and mothers and other victims of violence, abuse, exploitation and neglect; and mobilize community groups such as We Pikin Groups for the protection of children, which will be undertaken by district councils. The emphasis will be to build a comprehensive system of protection and welfare for children, recognizing

³ Such as adolescent girls who have never attended formal school or who have dropped out at an early age. The baseline will provide the information and data necessary to select the girls based on the criteria.

especially the role of family and community in children's lives.

It is important to re-orient the system to incorporate traditional protection practices so that it can deliver child and family welfare services in a more effective and efficient manner. To be sustainable such a system needs strengthening of the MSWGCA and the Local Councils, their links with civil society and communities and to build effective and functional partnerships between formal and community actors. Developing an appropriate child protection system begins with meeting the communities where they are, initiating and sustaining a dynamic dialogue towards change and improvements of beliefs, practices and outcomes for children, families and communities. A system that is congruent with local values, which builds on local cultural protective practices and mechanisms is a system which will resonate with the population and service providers alike.

BRAC will sign a memorandum of understanding with the MSWGCA and District Councils to formalize their agreements and to define the roles of each of the parties in the implementation of this project. The MoU will encourage maximum participation from each of the parties and will serve as the frame work for accountability of each of the parties to the implementation of their roles in this project. BRAC will also support the district child protection committee to meet on monthly basis to plan and report on the situation of children in the district. Decisions for addressing district specific situations will be taken at the district meetings. This will provide the arena for joint planning for training, research and dissemination of research findings, monitoring and follow ups.

The programme will be implemented by MSWGCA, District Councils, BRAC and UNICEF. BRAC is a part of the multi-sectoral committee for reduction of teenage pregnancy. BRAC in collaboration with the MSWGCA and the district councils will strengthen partnership between service providers in the implementation of this project and the provision of services for the protection of children.

The project will be also taken into consideration the findings, lessons learned and experience from the evaluation of the pilot teenage pregnancy programmes that were supported by UNICEF from 2010 to 2012 through various partners as well as the research conducted by Columbia Research Group on how communities are mobilised to address teenage pregnancy.

Results framework

Expected result: Increased participation of adolescent girls in income generating activities and reduced teenage pregnancy rates in target communities

Evidence from a similar project implemented by BRAC in Uganda shows that the programme has the potential to positively impact social and economic empowerment of girls. Girls in the Ugandan intervention communities are significantly more likely to engage in self-employment and have higher earnings. Importantly, these gains do not come at the expense of girls' current investment in human capital - no reduction in those being full-time enrolled in school was observed. On risky behaviors, girls in intervention communities are significantly less likely to be exposed to risks from HIV and other STDs: they are found to be significantly less likely to engage in unprotected sex, less likely to have sex unwillingly, and overall, they are less likely to have been pregnant and had a child relative to girls in control communities¹.

Outcome indicator: % reduction in cases of teen pregnancy

Outputs	Indicator	Means of verification	Baseline (2013)	Target (end 2014)
Social empowerment of adolescent girls	<ul style="list-style-type: none"> - Number of adolescent clubs established - Number of adolescent leaders selected and trained - Number of girls trained in Life skills - % of adolescent girls referring to 	<ul style="list-style-type: none"> Project Monitoring Report Evaluation Report 	TBD (Baseline survey)	<ul style="list-style-type: none"> - 200 clubs established - 200 adolescent leaders selected and trained - 4,000 girls trained in life skills - 50%

	PHUS to access SRHR related issues.			
Economic empowerment of adolescent girls	<ul style="list-style-type: none"> - Number of microcredit groups formed. - Number of girls trained in IGA - Number of girls/groups receiving microcredit 	Project Monitoring Report Evaluation Report	TBD (Baseline survey)	<ul style="list-style-type: none"> - 200 microcredit groups formed. - 4000 girls trained in IGA - 4,000 girls/200 groups receiving microcredit

Management and coordination arrangements

The coordination of the project will be under the responsibility of UNICEF, District Councils together with implementing partners (BRAC) and MDAs, the Multisectoral Coordinating and Technical Committees for teenage pregnancy. The project would be monitored by the district councils and BRAC would provide monthly reports to the councils through the District Child Protection Committee meetings. Direct supervision and day-to-day management of the project will be handled by UNICEF and BRAC.

Fund management arrangements

Following the signing of the MoU of the SL-MPTF, UNICEF will disburse funds to implementing partners and MDAs and act as fiduciary of the funds under the Harmonised Cash Transfer (HACT) mechanisms and controls. The usual HACT rules and procedures with regard to request for funds, implementation of activities, reporting, audit and assurance would apply. Microfinance loans will be provided to the members of the adolescent clubs as revolving funds and will be managed by BRAC and monitored by local councils. Adolescent girls would be expected to invest the small loan (about USD 100) in income generating activities to improve their livelihoods and support the girls to return to school or develop skills.

Monitoring, evaluation and reporting

Evaluation around adolescent girls program will be conducted following multiple methodologies as appropriate. However, the core of the evaluation will be the analysis of surveys for the Randomized Control Trials (RCTs). In Port Loko, Kambia, Pujehun and Moyamba, 200 communities will be randomly allocated to either the treatment or control group (each consisting of 100 communities). The project will consider the various socio-economic demographics and norms within the subpopulation of the adolescent girls. The program will be implemented in treatment communities, with one adolescent development center per community, while the evaluation will be conducted across all communities. Baseline and end line surveys will be conducted with 50 adolescent girls in each community. Monitoring data collected quarterly by BRAC staff will include adolescent girls' participation into the program. Monitoring will be done in line with the UN Joint Vision M&E framework. UNICEF will provide progress reports on the status of implementation and final report at the end of the project.

The identification strategy will be based on a difference-in-difference methodology where comparison is made of the change in the performance indicators for the adolescent girls in treatment communities to the change in same indicators of adolescent girls in control communities in the same districts. The difference between the change (between baseline and endline surveys) in the performance indicators of adolescent girls in treated communities compared to those in control communities corresponds to the causal impact of the program.

Questionnaires will be developed after reviewing literature and existing evaluations of similar programs. The draft questionnaires will be piloted several times to assess relevance and feasibility of each question in particular contexts. There will be two questionnaires - one questionnaire will be administered on the adolescent girls who are between 14 and 19 years old and the other questionnaire

will be designed to collect their household information through interviewing their parents/guardians. The parents or guardian's consent will be sought when questionnaires are administered to adolescent girls below the age of 18 years.

In the adolescent questionnaire, the questions may include their education, aspiration with education, engagement in economic activities, use of spare time, financial literacy, financial market participation, personal expenditure, aspiration with life, history and expectations about marriage, attitudes, self-confidence, mobility; and knowledge and practices of risky behaviours. The survey will consider the various socio demographic factors and norms within each district. The household module, administered on the main female of the household, may collect information about level of education and activities of the household members; and socio-economic status of the household. The instrument also covers important issues such as planning for the children, attitude towards marriage. These are primarily expected to be useful as explanatory variables to program participation and to assess program impact on different outcome variables.

The quantitative evaluation design will be complemented by three broader qualitative studies on process documentation, case studies and focus group discussions.

Legal Context or Basis of Relationship

Government has selected Cluster 4 on Social Protection, Child Protection, Gender and Human Rights of the United Nations Transitional Joint Vision (UN-TJV) for allocation of the Sierra Leone Multi-Partners Trust Fund (SL-MPTF) in 2013-14. This project is in line with Pillar III, VI and VIII of the Poverty Reduction Strategy Paper (PRSP) III 2013-17 (Agenda for Prosperity). It contributes to the implementation of the National Strategy Against Teenage Pregnancy 2013-15.

Workplan

PLANNED ACTIVITIES	TIME FRAME			Responsible person
	2013	2014		
Child Protection coordination at national, regional and district level	x	x	x	UNICEF, MSWGCA, Local councils
Establish case management system	x	x	x	UNICEF, Local council, MSWGCA
Establishment and functioning of clubs	x	x	x	UNICEF, LCs, IPs
Life skills training, microfinance and livelihood	x	x	x	UNICEF, LCs, IPs
Community mobilisation – meeting with parents, religious and traditional leaders, boys and men, girls and women	x	x	x	UNICEF, LCs, IPs
Monitoring	x	x	x	UNICEF, MSWGCA, Local council , IPs
Baseline and Evaluation	x		x	UNICEF, MSWGCA, Local Councils and IPs

Budget 1

The total project cost (excluding direct costs) is US\$ 964,500. Component one is for social empowerment of girls and this amount to US\$ 325,000. The second component is economic empowerment of girls and this amount to US\$399,500. The third component is child protection systems strengthening (this includes costs related to staff and other personnel cost, general operating and other direct cost) and it amount to 195,500. The last component is for monitoring, baseline and evaluation (it includes travel cost) and it amount to 44,500.

COMPTONENT-SPECIFIC PROJECT BUDGET		ESTIMATED UTILIZATION OF RESOURCES (US\$)		
COMPONENT SPECIFICATION ⁴		TOTAL AMOUNT (US\$)	YEAR 1 /TRANCHE 1	YEAR 2 /TRANCHE 2
1	Social empowerment of girls	325,000	120,000	205,000
2	Economic empowerment of girls	399,500	180,000	219,500
3	Child protection systems strengthening (includes costs related to staff and other personnel cost, general operating and other direct cost)	195,500	45,000	150,500
4	Monitoring, baseline and evaluation (includes costs related to travel)	44,500	15,000	29,500
Total Project Cost (excluding indirect costs)		964,500	360,000	604,500

Budget 2:

UNDG standard Budget

The budget is prepared on the basis that 4,000 adolescent girls will be socially and economically empowered. This brings the total transfer and grants to US\$ 800,000. Other costs amount to US\$ 164,500 over 18 months and indirect support costs are US\$ 67,515 over that period.

PROJECT BUDGET		ESTIMATED UTILIZATION OF RESOURCES (US\$)		
CATEGORY		TOTAL AMOUNT (US\$)	YEAR 1 /TRANCHE 1	YEAR 2 /TRANCHE 2
1	Staff and other personnel cost	140,000	0	140,000
2	Supplies, Commodities, Materials	0	0	0
3	Equipment, Vehicles and Furniture including Depreciation	0	0	0
4	Contractual Services	0	0	0
5	Travel	14,500	5000	9,500
6	Transfers and Grants to Counterparts	800,000	350,000	450,000
7	General Operating and Other Direct Costs	10,000	5,000	5,000
Total Project Costs		964,500	360,000	604,500
Indirect Support Costs (7%)		67,515	25,200	42,315
TOTAL		1,032,015	385,200	646,815

¹BRAC is an international non-governmental organisation working in collaboration with the Ministry of Social Welfare and Sports and Ministry of Social Welfare, Ministry of Finance and economic development and the Ministry of Health, Ministry of Agriculture and food Security to empower communities, men and women in the realization of their rights and development of their communities. BRAC works with young people/adolescents (15 – 24 years) to improve their access to information, justice and the reproductive health. BRAC has worked in Sierra Leone since 2010. BRAC has been implementing a similar project on a pilot basis in Port Loko in 10 communities since July 2012. The evaluation and lessons learned from that programme has been taken into consideration. BRAC has established and implemented strong network of CBOs who have been trained and they have experienced Youth Volunteer Peers promoting adolescent reproductive health,

life skills based HIV prevention and youth empowerment using non-formal techniques for in and out of school youths. It reaches over 420,000 young people with information and skills every week. BRAC has conducted series of KAP surveys on communities across the country in the identification and implementation of appropriate strategies and interventions reaching both in and out of school youths. With support from UNICEF, BRAC conducted a nationwide assessment of opportunities and challenges in reaching out of school young people with HIV/AIDS prevention programmes. The information from the assessment and rich national and international experiences in youth programming will help in the implementation of the planned activities.

² Ugandan teenage girls participating in the programme were 32% more likely to engage in income generating activities, mainly driven by increased participation in self-employment. On health side the Ugandan girls reported an increase of condom use by 50% among the sexually active, and the probability of having a child decreased by 26%. Strikingly, the share of girls reporting sex against their will dropped from 21% to almost zero.