LET GIRLS BE GIRLS, NOT MOTHERS!

National Strategy for the reduction of Teenage Pregnancy (2013 – 2015)

FOREWORD

The Government of Sierra Leone with the support of development partners has made tremendous progress in the health, education and social service delivery in the country. In spite of the progress made, adolescent girls remain the most vulnerable segment of the population in this country. Teenage pregnancy, in particular, is among the most pervasive problems affecting the health, social, economic and political progress and empowerment of young women and girls in Sierra Leone. This issue is alarming: it is indicated that more than one third of all pregnancies involves teenage girls and up to 40% of maternal deaths occur among them.

This cannot be the future that we prepare for our daughters.

I initiated a process that aims at mobilizing all concerned partners and engaging all sectors of the population in a nationwide effort to target adolescents and young people. Considering that early childbearing and teenage pregnancy are complex issues with multiple causes and diverse consequences, I have set up a multi-sectoral committee, involving all concerned Ministries as well as key stakeholders among the partner UN-Agencies, NGOs and civil society organizations, to develop a comprehensive strategy addressing Teenage Pregnancy. This Strategy will cover issues related to social protection, health, gender and poverty, attempting to provide concrete opportunities to adolescents and young people of Sierra Leone.

Change is possible. Girls hold the key to a society without poverty. With the right skills and opportunities, they can invest in themselves now, and later, in their families. If they are able to stay in school, postpone marriage, delay family formation and build their capacity, they will have more time to prepare for adulthood and participate in the labor force before taking on the responsibility of parenting.

Today, 41% of the population in Sierra Leone is under 18 years of age. This new generation can be educated, stay healthy and one day contribute to the economic and social development of this country.

This strategy presents a multisectoral approach to empowering adolescents and young people, particularly girls. It involves all key stakeholders and present simple but ambitious solutions to Teenage Pregnancy. But beyond that, it is a commitment that we make for the younger generations.

Let girls be girls, not mothers!

Ernest Bai KOROMA
President of the Republic of Sierra Leone

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ACRONYMS

AYSRHR	Adolescents and Young People's Sexual and Reproductive Health and Rights
INGOs	International Non-Governmental Organizations
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MCC	Multisectoral Coordinating Committee of the Strategy
MEST	Ministry of Education, Science and Technology
MICS	Multiple Indicator Cluster Survey
MLGRD	Ministry of Local Government and Rural Development
MLSS	Ministry of Labor and Social Security
MOFED	Ministry of Finance and Economic Development
MOHS	Ministry of Health and Sanitation
MSWGCA	Ministry of Social Welfare, Gender and Children's Affairs
MTC	Multisectoral Technical Committee of the Strategy
MYA	Ministry of Youth Affairs
NACSA	National Commission for Social Action
NAS	National AIDS Secretariat
NGOs	Non-Governmental Organization
PHUs	Peripheral Health Unit
SLDHS	Sierra Leone Demographic Health Survey
SPU	Strategy and Policy Unit
UN	United Nations
UN AIDS	Joint United Nations Programme on HIV/AIDS
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

General Context:

1.1 THE PROBLEM

Globally, it is estimated that 14 Million adolescents between the age of 15 and 19 give birth. Uncounted others are even younger when they have babies. On average, one third of young women in developing countries give birth before age 20 (UNFPA, 2012). Regionally, adolescent childbearing is most prevalent in Sub-Saharan Africa. More than 50% of adolescent girls give birth by age 20 (WHO 2010).

In Sierra Leone, early childbearing and teenage pregnancy is one of the more pervasive problems affecting the health, social, economic and political progress and empowerment of women and girls.

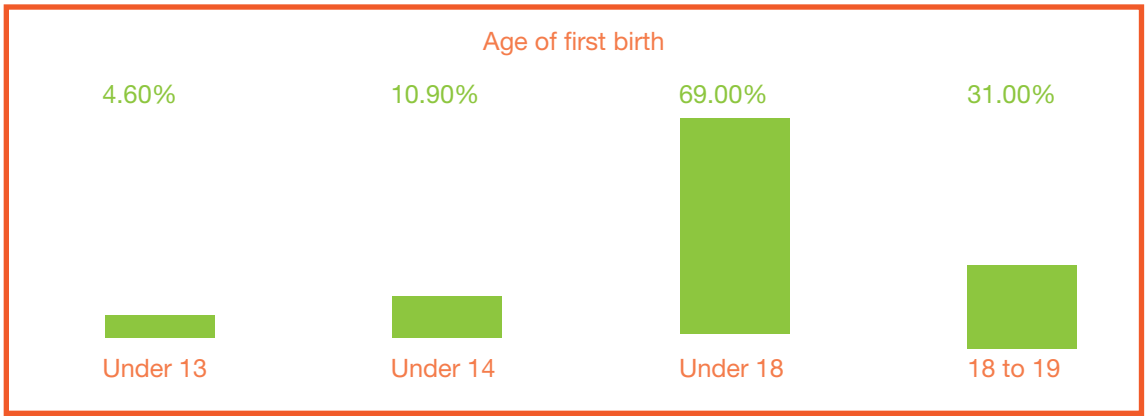
The issue to address is alarming and is reflected in the following national statistics:

- 34% of all pregnancies occur amongst teenage girls (SLDHS 2008)
- 26% of women age 15-19 have already had a birth (MICS 2010)
- 40% of maternal death occur as a result of teenage pregnancy (MICS 2010)
- The untimely pregnancy of young girls is ranked as the third most common reason for them dropping out of school (UNICEF 2008)
- Only 8% of teenage mothers report that their first partner was of the same age or younger, when 35% indicate that the partner was more than 10 year older (SLDHS 2008).

A study, commissioned by UNFPA ("Children bearing Children", 2010) to analyze data from the SLDHS 2008 revealed that teenage mothers start child bearing at very young ages, a few as young as 9 years. It also revealed that incidence of teenage motherhood is higher in rural localities

The MICS 2010 estimate of the Adolescent Birth Rate in Sierra Leone is 122 births per 1000 women aged 15-19 per year; this compares with an estimate of 129 in West and Central Africa (2000-2008) and 123 in least developed countries (The State of the World's Children 2011).

FIGURE 1: TEENAGE MOTHERS BY AGE AT FIRST BIRTH



Source: "Children bearing children", UNFPA, 2010

Analysis of both SLDHS 2008 and MICS 2010 shows that poverty and low education are major causes of early childbearing pregnancy. Poverty and low education are mutually reinforcing in a

negative fashion. To tackle early childbearing and teenage pregnancy, services and interventions would have to target these causes (See 2011 Study "Children bearing children", UNFPA).

Also, it has been identified that there is a paucity of strategic direction to address the problem of early childbearing and teenage pregnancy reflected in, on the one hand, ineffective implementation of programmes to help girls protect themselves from early pregnancy and stay in school, and on the other hand, weak enforcement of laws that protect teenage girls from abuse and exploitation.

1.2 CURRENT KNOWLEDGE OF THE DETERMINANTS OF TEENAGE PREGNANCY

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 of the high incidence of early girl-child marriage, and the onset of sexual activity at relatively young ages, the use of modern contraception is restricted to a small proportion of the female population of childbearing ages. In fact, the SLDHS 2008 shows a **very low contraceptive rate** of 1.2% for ages 15-19. MICS 2010 data also show that amongst women aged 15 to 49 years, who are married or living with a man, 94.7% of those aged 15 to 19 years, and 90.4% of those aged 20 to 24 years, are not using any method of contraception.

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 most 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, bride price and other economic benefits from early marriage. 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 inability to meet 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. Sexual abuse must also be mentioned as a determinant: ethnographic data (Wessels, 2011) indicate that a significant number of older men coerce girls into having sex and that condoms are very seldom used in such violations. 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 sexual 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 make it difficult for adolescents and young people to identify and adopt safe/positive behavior.

In the multiplicity of interacting influences or causes of teenage pregnancy, strong emphasis must be put on **social norms**, which are key drivers of this problem (on this topic, see Wessells, M. (2011). A rapid ethnographic study: Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems). Often, girls view it as normal – even expected and desirable – that they become pregnant at an early age. The fact that many girls decide at an early age that they want to have a baby is itself an indication of a social norm. The importance of social norms is also visible in regard to contraceptives — in Sierra Leone, it is not a social norm to use them and there is peer pressure against using them. Peer-pressure in general plays a central role. Bullying, teasing and name-calling are worldwide problems, which especially happen in schools. 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. They are made to feel inferior, like a person who is unaware of the real world. Based on these interviews, the UNICEF Teenage Pregnancy Document (2010) identifies the peer-pressure cycle as a key determinant for adolescents, particularly young girls, to enter into unsafe behaviors, including substance abuse and unprotected sex.

1.3 THE IMPACT OF THE PROBLEM

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 document "A glimpse into the World of Teenage pregnancy" (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**. 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 due to their smaller size and immature pelvic structure. 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 in the world 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. “Stillbirths and death in the first week of life are 50% higher among babies born to mothers younger than 20 years than among babies born to mothers 20–29 years old.” (WHO, 2012).

Teenage pregnancy is also identified as a determinant for school drop-out of girls. In general, boys and girls have the same chances of accessing primary Grade 1 but disparities appear in the course of schooling careers, in favor of boys. At the end of upper secondary, access rates are estimated at 32 percent for boys against just 14 percent for girls. The untimely pregnancy of young girls is ranked as the third most common reason for them **dropping out of school** (UNICEF 2008). Moreover, the high rate of teenage pregnancy, both in primary and secondary school, has had a discouraging effect on many families when it comes to education. For poor families who are “taking a chance” on sending their girl child to school, their untimely pregnancy led to younger siblings being denied access to school.

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. Ethnographic research (Wessels 2011) highlight that girls consistently identified the inability of a pregnant girl or young mother to continue school as one of the most harmful and psychologically distressing aspects of early pregnancy. 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. Ethnographic research (Wessels 2011) also found that early teen pregnancy out of wedlock was a significant source of family discord and even violence. These dynamics heighten the psychosocial distress that is caused by teenage pregnancy out of wedlock.

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)*. A report by the World Bank highlighted the lifetime opportunity costs of adolescent pregnancy on national economies. They ranged from 1% of gross domestic product (GDP) in China to 12% in India, and 30% in Uganda. In India, adolescent pregnancy was estimated to lead to “over $100 billion in lost income, an amount equivalent to twenty years of total humanitarian assistance world-wide”. (*Chaaban and Cunningham, 2009).*

Much of this impact is channeled through girls’ education; each extra year of schooling a girl receives is estimated to raise her income by 10–20% *(Patrinos, 2008)*, with returns on girls’ education being **higher than those of boys**. 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.

WHY INVEST IN GIRLS?

There is clear and convincing evidence, amassed over the past two decades, that investing in girl-specific resources in the areas of education, health services, reproductive health, and financial literacy leads to better educated, safer, healthier, and economically powerful adolescent girls. This can contribute to a substantially better future not just for the individual girls, but also for their families, communities, and country. Every year of schooling increases a girl's individual earning power by 10 to 20%, while the return on secondary education is even higher, in the 15 to 25% range.

Girls' education is proven to increase not only wage earners but also productivity for employers, yielding benefits for the community and society. Women who have control of their own income tend to have fewer children and fertility rates have shown to be inversely related to national income growth. Girls and young women delaying marriage and having fewer children means a bigger change of increasing per capita income, higher savings, and more rapid growth.

When women and girls earn income, they reinvest 90% of it into their families. The impact of investing in girls is intergenerational. A mother with a few years of formal education is considerably more likely to send her children to school, breaking the intergenerational chain of poverty. In many countries each additional year of formal education completed by a mother translates into her children remaining in school for up to an additional one-half year. The choices and opportunities available to adolescent girls will determine in many respects the future of Sierra Leone: whether the cycle of poverty is broken in service of prosperity and security.

Source: United Nations Foundation, 2012

The National Strategy for the reduction of Teenage Pregnancy

Early childbearing and teenage pregnancy is a complex issue with multiple causes and diverse consequences, which requires a **large spectrum of interventions**. It appears that it cannot be addressed independently from other adolescent and youth sexual and reproductive health (AYSRHR) questions and from economic and social issues.

To better respond to the overall needs of young people and to address specific issues related to early childbearing and teenage pregnancy the Government already took the lead through the development of appropriate policies. These are being operationalized through existing inter-ministerial structures, which include the Multisectoral Programme to address Adolescents' and Young People's sexual and Reproductive Health. In 2012, Five Ministers [1] signed up their commitment to work closely together in implementing the multisectoral program on the sexual and reproductive health of adolescents and young people. Within this framework, His Excellency, the President of Sierra Leone prioritized teenage pregnancy as central, requiring a clear strategy to reduce the high incidence of teenage pregnancies in the country.

In light of the high priority given to this strategy by His Excellency the President, as well as of the large spectrum and heterogeneity of partners involved in its implementation, strong coordination mechanisms are required. While the coordination mechanisms already endorsed by the Five Ministries would continue to be used, there was need to create a secretariat, located within the Ministry of Health and Sanitation, to coordinate the implementation of the strategy and ensure timely reporting. Bi-annual meetings will be held at State House to inform the President of the Strategy's progress, especially as the National Strategy has been identified as a flagship program in the Agenda for Prosperity and against which the Government will report positive results.

2.1 FRAMEWORK OF THE STRATEGY FOR THE REDUCTION OF TEENAGE PREGNANCY

The Strategy will be implemented under the leadership of H. E. the President and under the supervision of the Multisectoral Coordination Committee (at Ministerial level). The approach follows a **twin-track strategy,** which intervenes at two levels:

1) At policy level, partners of the Programme aim at reviewing existing policies and legal documents or at developing new instruments to protect adolescents and young people's rights and guarantee their access to SRHR information and services.
2) At community level, partners are mobilized to reduce early childbearing and teenage pregnancy through improved access to SRHR services for young people, comprehensive education on early childbearing and teenage pregnancy and SRHR in general as well as through young people's and women's empowerment and increased leadership.

The strategy's expected outcome is to reduce Teenage Pregnancy in Sierra Leone by 2015, through integrated and coordinated interventions of all partners (Government, UN agencies, NGOs, Civil Society and Youth Organizations). **By 2015, the strategy intends to have reduced the adolescent fertility rate from 122/1000 (MICS 2010) to 110/1000. The number of girls who had a birth before age 19 will be reduced from 34 % (SLDHS 2008) to 30 %.**

[1] The Honorable Ministers of Health and Sanitation (MOHS), of Youth Employment and Sports (MYES), of Education Science and Technology, of Social Welfare Gender and Children's Affairs (MSWGCA) and of Finance and Economic Development (MOFED)

The strategy's expected outputs are the following:

- **Output 1: Improved policy and legal environment to protect adolescents and young people's rights**
- **Output 2: Improved access to quality SRH, Protection and Education services for adolescents and young people**
- **Output 3: Comprehensive age appropriate information and education for adolescents and young people**
- **Output 4: Communities, adolescents and young people empowered to prevent and respond to teenage pregnancy**
- **Output 5: Coordination, Monitoring and Evaluation mechanisms in place and allowing proper management of the strategy**

Details of the strategy and its activities are provided in the attached matrix.

2.2 COORDINATION OF THE STRATEGY

The strategy is implemented under the general responsibility of H. E. the President. The general coordination of the strategy will be under the responsibility of the Multisectoral Coordinating Committee (at ministerial level), supported by the Multisectoral Technical Committee and the National Secretariat.

Direct supervision and day-to-day management of the Strategy is delegated to the Ministry of Health and Sanitation (MOHS), where the National Secretariat of the Strategy is located, and to the Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA).

The strategy is also fully integrated within the Government's agenda. As such, the Strategy is implemented by all concerned implementing Ministries: Ministry of Health and Sanitation (MOHS), Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA), Ministry of Youth Affairs (MYA), Ministry of Education, Science and Technology (MEST), Ministry of Labor and Social Security (MLSS), Ministry of Local Government and Rural Development (MLGRD) as well as others as appropriate.

The coordinating mechanisms are as follows:

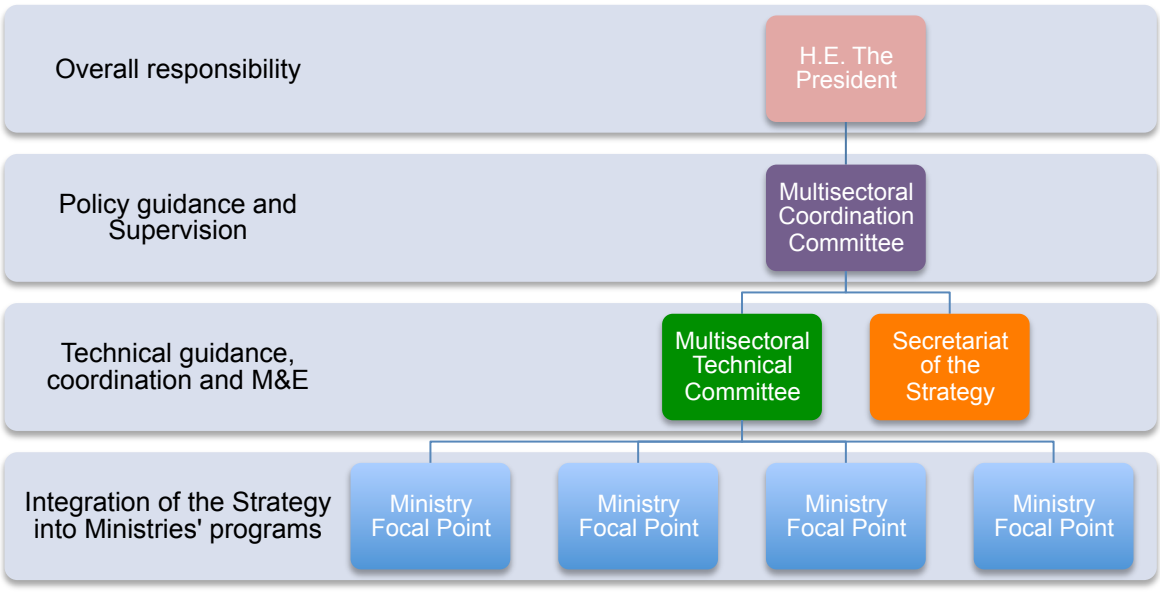
- Office of the President: His Excellency the President will provide overall leadership, chair bi-annual meetings to assess and monitor progress in achieving the expected outcome of the strategy. He will also provide overall guidance.
- The Multisectoral Coordinating Committee (MCC): The Coordinating Committee on Teenage Pregnancy is chaired by the Minister of Health and Sanitation and Co-chaired by the Minister of Social Welfare, Gender and Children's Affairs.

Concerned Ministers, heads of UN Agencies (UNAIDS, UNDP, UNFPA, UNICEF, WHO and UN-Women), representatives of the donor community, heads of the National Commission for Social Action (NACSA) and of the National Aids Secretariat as well as a representative of the NGOs are members of the MCC meetings. The role of the MCC is to provide policy guidance and direction in the implementation of the Strategy, to ensure effective inter-sectoral/inter-ministerial communication and information sharing across all participating partners as well as to monitor the progress of activities undertaken.
The MCC will meet quarterly (unless otherwise instructed by the chairing Ministries).

- Multisectoral Technical Committee (MTC): This technical committee is chaired by the Coordinator of the National Secretariat of the Strategy. Ministry focal points and relevant technical officers of the MDAs, UN Agencies, NGOs as well as Civil Society and Youth Association are members of the MTC. The role of the MTC is to provide technical guidance to the strategy, to monitor the implementation of planned activities and progress towards achievement of expected results ensuring technical harmony and complementarity of interventions and to facilitate sharing of technical information across sectors and all participating organizations.
  The MTC will meet monthly (unless otherwise instructed by MOHS and MSWGCA).

- The National Secretariat of the Strategy**:** the Secretariat will be responsible for general coordination of implementation and monitoring. Its role is to support Key Ministries and participating organizations to initiate policy dialogue, to closely monitor program implementation, to ensure progress in achieving set objectives and to actively engage in the efforts on strengthening national coverage for the implementation of the strategy.

- Ministry Focal-Points on Teenage Pregnancy: All participating Ministries will designate a technical staff of the Ministry to act as Focal-Point for the National Strategy for the Reduction of Teenage Pregnancy. Ministry Focal-Points will participate in the MTC meeting and support coordination and monitoring efforts of the Secretariat and keep Senior officers updated on program implementations as well as of discussions from the MTC.



2.3 MONITORING AND EVALUATION

Objectives and Principles: The Monitoring and Evaluation (M&E) system aims to provide accurate and reliable data to ensure the effectiveness of the intervention management, the achievement of its objectives and targets and the sustainability of benefits provided through the activities undertaken by the National Strategy for the Reduction Teenage Pregnancy.

The key functions of the M&E system are to ensure that activities undertaken by the partners of the Strategy: (i) are being implemented according to plan; (ii) have the intended impact on the beneficiaries; (iii) are being effective in delivering benefits and the benefits are being sustainably managed and owned by communities; (iv) are relevant to the needs of, and prioritized by, the beneficiaries; and (v) are being monitored so as to identify problems and risks early and ensure the progress of the program is on track.

The M&E system should be customized to the needs of the beneficiaries and aligned with the objectives of the Strategy. To ensure the objectives are achieved, programme management need to track results at the output and outcome level consistently. This will enable appropriate results-based management allowing adjustments to program components. Effectiveness and sustainability of programme benefits need to be monitored closely. Ownership from the programme stakeholders (Government at national and district level, partner organizations, civil society) will ensure both that benefits are effectively delivered, and that benefits continue beyond program-completion. The development results being tracked need to incorporate the aspirations and challenges of the communities covered in order to be truly relevant to their needs.

The M&E system for activities undertaken through the Strategy for the reduction of Teenage Pregnancy is based on the system developed for the Multi-Sectoral Programme. It follows several principles corresponding to the following approaches:

(i) **A results-based management approach**: The aim of the M&E system should aim at enhancing results-based management. Therefore, management at all levels needs to keep abreast of M&E tools and use them in planning.

(ii) **A system focused on people and beneficiaries:** The M&E system should focus on benefits flowing to the people of Sierra Leone; monitoring should not be limited to inputs or activities. Instead, the final benefits of each programme activity should be measured in terms of economic and social benefit as well as in terms of number of beneficiaries. The M&E system should be community-based as well as participatory and results should be measured by involving beneficiaries and stakeholders. Results and "change measured" should be consistently communicated as feedback to the beneficiaries and other stakeholders.

(iii) **A targeted M&E system:** The M&E tools and data should pay special attention to gender and youth. Gender and youth issues must be highlighted and data will also be disaggregated accordingly.

(iv) **A sustainability-focused system:** The M&E system, and related indicators, should place a special attention on the sustainability of program initiatives. Given the importance of the Multi-sectoral Programme as a national flagship program, sustainability-related indicators and impact measurement indicators will have to be incorporated for M&E across all interventions. The approach also

must be compatible with systems developed by partners of the Programme (Government of Sierra Leone, UN agencies, other partners).

(v) **An M&E strategy aligned with "Sector Specific Management Frameworks":** the M&E system, and related indicators, should be directly aligned with existing national management systems.

Partners of the programme are responsible to individual monitoring systems in line with the general plan of the National Strategy. Partners will be accountable to report according to the requirements established by the National Secretariat.

It has been agreed that a baseline and endline survey as well as a mapping of ongoing activities would be developed to ensure appropriate coordination as well as to allow the monitoring of activities implemented in the strategy. An annual review of the strategy will be done under the supervision of the MCC.

Pillar 1: Improved policy and legal environment to protect adolescents and young people's rights.

The strategy is to be integrated within the existing policy and legal framework of Sierra Leone. It has been however identified by the partners that some specific areas (Education policy, Child act, HIV/AIDS policy) require to be revised to integrate the specific needs of Adolescent and Young People, as well as to contribute to the reduction of early childbearing and teenage pregnancy. Efforts will be focused on the enactment of existing laws at all levels of the society. In addition to the review of existing policies, the strategy includes the development of a specific Policy on Adolescent's and Young People's Sexual and Reproductive Health.

Output/Activities	**Indicators**	Responsible partner(s)
Output 1: Improved policy and legal environment to protect adolescents and young people's rights.	**Existing relevant policies (Education policy, Child Rights Act, Sexual Offenses Act, HIV/Aids policy) reviewed and revised**	SPU, All Ministries, Parliamentarians, in consultation with partners
	Adolescents and Young People SRHR policy	MOHS in collaboration with all partners of the Strategy and Youth organizations
Review existing policies (Education policy, Child Act, HIV/Aids policy) and adopt revisions	Existing policies (Education policy, Child Rights Act, Sexual Offenses Act, HIV/Aids policy) reviewed and revised to ensure appropriate actions towards the reduction of teenage pregnancy and followed-up at community level through bi-laws and regulations	SPU, All Ministries and Parlamentarians, in consultation with UN Agencies, NGOs, Civil Society and Youth Associations
Advocate for the development of bi-laws at district, chiefdom and community level		All partners of the Strategy as well as local councils and paramount chiefs
Enforce laws through national services and agencies		All Ministries and National agencies as well as local councils and paramount chiefs
Support to MoHS in designing an AYPSRHR policy	Number of meetings with partners of the National Strategy on the preparation of the AYPSRHR Policy	MOHS in collaboration with all partners of the Strategy and Youth organizations

Pillar 2: Improved access to quality SRH, Protection and Education services for adolescents and young people

The strategy acknowledges that adolescents and youth encounter significant barriers when attempting to access Health, Protection and Education services and that too often, these services do not appropriately take into consideration Adolescent's and Young People's needs and specificities.

Output/Activities	Indicators	Responsible partner(s)
Output 2: Improved access to quality SRH, Protection and Education services for adolescents and young people	**Number of PHUs providing quality youth-friendly clinical services to AYP.**	MOHS with UNICEF, UNFPA, WHO and NGOs
	Number of girls and boys in JSS who receive full school fee waivers	MEST and partners
	Number of extremely poor households who receive direct cash transfers	NACSA, MSWGCA, MLESS and partners
	Number of FSU applying the SOP on GBV	MSWGCA with UNICEF, UNFPA and others
Pre-service training of MCH-Aides and midwives	Number of health-care providers receiving pre-service training.	MOHS with UNICEF, WHO and others
In-service training of health workers through MOHS Cascade training	Number of health-care providers who received in-service training on AYF services.	MOHS with UNICEF and UNFPA
Training of social workers on treatment and counseling of AYP, parents and stakeholders.	Number of social development officers who received training	MSWGCA with UNICEF and UNFPA
Training of FSU officers on treatment and counseling of AYP, parents and stakeholders.	Number of FSU officers who received training.	MSWGCA with UNICEF and UNFPA
Refurbishment/Equipment of PHUs to provide AYF services.	Number of Government health facilities that provide youth-friendly clinical services	MOHS with UNICEF, UNFPA, WHO and NGOs
Support multi-partners outreach campaigns to reach young people that are not able to access PHUs	Number of AYP receiving services/counseling through outreach campaign.	MOHS with UNICEF, UNFPA, WHO and NGOs
Provide free basic education in Junior Secondary School	Number of girls and boys in JSS who receive full school fee waivers	MEST and partners
Development of a Pilot Programme allocating cash transfers to extremely poor households	Number of extremely poor households who receive direct cash transfers	NACSA, MSWGCA, MLESS and partners

Pillar 3: Comprehensive age appropriate information and education for adolescents and young people

The strategy recognizes that education is a central determinant for behavior change. Efforts must be made to specifically inform AYP, especially girls, of the risks and consequences of unsafe sexual behavior. Also, in light of the challenges faced by poor households in supporting their children's education, specific attention is given to preventing school-drop outs. The strategy will also put particular emphasis in ensuring that pregnant girls are allowed to and supported in taking their exams, so they will be able to create a life for themselves and for their children.

Output/Activities	Indicators	Responsible partner(s)
Output 3: Comprehensive age appropriate information and education for adolescents and young people	**Number of primary and secondary schools teaching Emerging issues**	MEST with UNICEF, UNFPA and other partners
	Number of AYP who participate in out-of-school programmes	MYA with UNICEF, UNFPA, and partners including NGOs, INGOs, NAS and others.
	Comprehensive national communication strategy on teenage pregnancy developed	All partners of the Strategy
Workshop(s) to identify key messages to harmonize partner's programmes and curricula	Partners' curricula and training modules reviewed and harmonized.	All partners of the Strategy under leadership of MEST
Scale up of teacher trainings on gender and SRHR	Number of primary and secondary school teachers and guidance counsellors trained	MEST with UNICEF, UNFPA and other partners
National training programme for social workers, young leaders and peer-educators	Number of SRHR and gender peer-educators trained	MSWGCA and MOHS with UNICEF, UNFPA, Youth Commission, NGOs, INGOs and other partners
Integrate life-skills education in primary schools curriculum covering teenage pregnancy issues	Age appropriate life-skills education integrated into curricula in primary and secondary schools.	MEST with partners
Programmes for out-of-school youth developed (focusing on gender and teenage pregnancy)	Number of young people who participate in out-of-school programmes	MYA with UNICEF, UNFPA, and partners including NGOs, INGOs, NAS and others.
Design comprehensive national behavior and social change communication communication strategy (including IEC/BCC materials)	Comprehensive national behavior and social change communication communication strategy and implementation plan on teenage pregnancy developed	All partners of the Strategy

Pillar 4: Communities, adolescents and young people empowered to prevent and respond to teenage pregnancy

Partners are well aware of the critical role that is played by communities in terms of social norms and behavior. The strategy will mobilize all relevant stakeholders in a participatory approach in order to design solutions and interventions collectively. The empowerment and development of young people is also a central element of the strategy.

Output/Activities	Indicators	Responsible partner(s)
Output 4: Communities, adolescents and young people empowered to prevent and respond to teenage pregnancy	**Number of villages collectively developing a Community Plan addressing teenage pregnancy**	All partners of the Strategy under leadership of MSWGCA
	Number of AYP completing skill-development and income-generating activity training	MSWGCA, MYA, Youth Commission and others
Organize community mobilization events on gender roles and teenage pregnancy	Number of people (including religious and traditional leaders, civil society, social groups, etc.) reached through community mobilization activities on gender roles and responsibility, teenage pregnancy and all issues concerning adolescents and young people's SRHR.	All partners of the Strategy under leadership of MSWGCA
Organize generational dialogue events (involving parents and other adults)		All partners of the Strategy under leadership of MSWGCA
Mobilize boys and men on their role and responsibilities		All partners of the Strategy under leadership of MSWGCA
Develop programmes supporting mentoring and role-models at community level		All partners of the Strategy under leadership of MSWGCA with participation of the OFL
Support and strengthen the Youth Commission (and youth councils)	Number of young people mobilized in youth-lead organizations and institutions (including the Youth Commission and youth councils) to develop programmes addressing teenage pregnancy	MSWGCA, MOHS, MYA, UNFPA, Youth Commission, NGOs and INGOs
Support Young People-led organizations and networks to implement SRHR/HIV activities		MSWGCA, MYA, Youth Commission and others
Entrepreneurship skills trainings	Number of young people involved in skill development trainings	MSWGCA, MYA, Youth Commission and others
Organization of skill development camps		MSWGCA, MYA, Youth Commission and others
Develop income-generating activities	Number of young people involved in income-generating activities	MSWGCA, MYA, UNICEF, UNFPA, NGOs, INGOs and others

Pillar 5: Coordination, Monitoring and Evaluation mechanisms in place and allowing proper management of the strategy

The strategy integrates a strong M&E system, which aims at providing accurate and reliable data to ensure the effectiveness of the intervention management, the achievement of its objectives and targets as well as of the sustainability of activities. According to the coordination arrangement described above, all partners will be responsible to report on their contribution to the interventions. The National Secretariat of the Strategy will be responsible to ensure the coherence of the systems and proceed to the integration of each M&E plan into one global system for the strategy.

Output/Activities	Indicators	Responsible partner(s)
Output 5: Coordination, Monitoring and Evaluation mechanisms in place and allowing proper management of the strategy	**Functional coordination mechanisms of the Strategy in place**	MCC, MTC, National Secretariat in collaboration of with all partners
	Baseline and mapping of activities established	SPU, MCC, MTC, National Secretariat in collaboration of with all partners
	Functional monitoring system in place with baseline, mapping and regular reports	MCC, MTC, National Secretariat in collaboration of with all partners
	Final Teenage Pregnancy Strategy Evaluation report	SPU, MCC, MTC, National Secretariat in collaboration of with all partners
Regular meeting of the technical and high-level members of the Strategy.	Number of meetings of the MCC and MTC	MCC, MTC, National Secretariat in collaboration of with all partners
Regular District-level coordination meetings with stakeholders	Number of meetings at district level	MCC, MTC, National Secretariat in collaboration of with all partners
Baseline needs assessment, collection of baseline and mapping	Baseline and mapping developed	SPU, MCC, MTC, National Secretariat in collaboration of with all partners
Technical support to line ministries in development of monitoring tools and systems	Technical support regularly provided	MCC, MTC, National Secretariat in collaboration of with all partners
Monthly monitoring of activities at District and National Level	Regularity of the monitoring	MCC, MTC, National Secretariat in collaboration of with all partners
Annual review	Regularity of the Annual Review	SPU, MCC, MTC, National Secretariat in collaboration of with all partners
Evaluation in 2015 to pave the way for post 2015	Evaluation report	SPU, MCC, MTC, National Secretariat in collaboration of with all partners

National Strategy for the Reduction of Teenage Pregnancy in Sierra Leone (2013 - 2015)

The total cost of the National Strategy for the Reduction of Teenage Pregnancy (NSRTP) in Sierra Leone for the period 2013 to 2015 is approximately **$35.5 million**. The average cost per year is **$11.8 million**.

Per Capita Annual Cost

41% of the total population of Sierra Leone (6.4 million) is under 18 years of age (2.6million).
The per capita annual cost of the strategy is $1.85 based on total population and $4.50 if calculated on the population under 18 years of age.

Demographic data

(Statistics Sierra Leone - projections 2012)

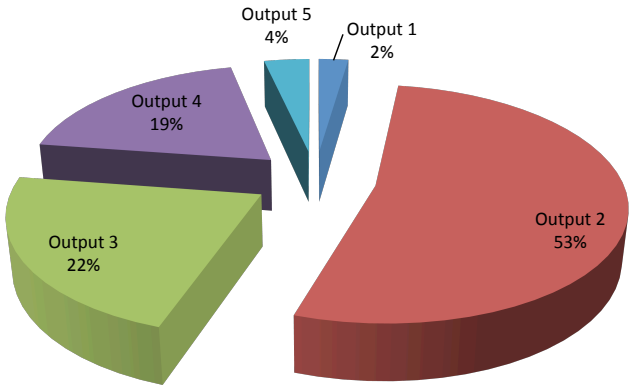
Total Population:	6 416 480	(100%)
Population under 18:	2 630 757	(41%)

Cost by Output

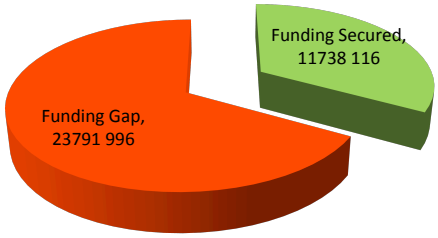
Activities implemented under Output 1 are focusing on decision makers and parliamentarians and will have a limited impact on the overall cost of the strategy. Output 2 (Improved access to quality SRH, Protection and Education services for adolescents and young people) accounts for 53% of the total cost of NSRTP ($18.7 million). This output is the core pillar of the strategy as it supports the provision of health, education and social services. Output 3 also contains a significant training component for both in-school and out-of-school education and represents $7.8million, or 22% of the total cost of the strategy.
Activities under output 4 will be mainly implemented at community level with the involvement of all key stakeholders (community leaders, young people, teachers, parents, health workers, etc), representing 19% of the total cost of the strategy ($6.8 million).

Cost of the Strategy

Total Cost 2013-2015	$35 530 112
Avg Annual Cost:	$11 843 371
Per Capita Cost (Total Pop.):	$1,85
Per Capita Cost (under 18):	$4,50



Cost by Output	2013	2014	2015	TOTAL	Funding	
	USD	USD	USD	USD	Secured	Gap
Output 1: Improved policy and legal environment to protect adolescents and young people's rights	370 770	351 146	90 581	**812 497**	100 000	712 497
Output 2: Improved access to quality SRH, Protection and Education services for adolescents and young people	4 331 209	6 792 497	7 648 466	**18 772 172**	6 250 893	12 521 279
Output 3: Comprehensive age appropriate information and education for adolescents and young people	2 998 121	2 496 947	2 404 213	**7 899 281**	2 690 000	5 209 281
Output 4: Communities, adolescents and young people empowered to prevent and respond to teenage pregnancy	2 096 025	2 328 009	2 377 509	**6 801 543**	2 334 233	4 467 311
Output 5: Coordination, Monitoring and Evaluation mechanisms in place and allowing proper management of the strategy	550 667	215 794	478 158	**1 244 619**	362 991	881 628
Totals	**10 346 792**	**12 184 393**	**12 998 927**	**35 530 112**	**11 738 116**	**23 791 996**



Funding Gap

The National Strategy is building on interventions that are already being implemented by the partners. Government, UN agencies, INGOs and other partners have already earmarked a budget of $11.7 million to support the Strategy. The funding gap amounts to $23.7 million for 3 years. This figure may be revised during the implementation of the strategy. However, the overwhelming view is that the resource shortfall is substantial. Additional financial support will be required.