UNFPA Action for Adolescent Girls
Programme document

Tomorrow is today aged 10, and it's a girl. Change her life, change the world.

January 31, 2014

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Adolescence is a period characterized by rapid physical, cognitive and social changes, including sexual and reproductive maturation; the gradual building up of the capacity to assume adult behaviours and roles involving new responsibilities requiring new knowledge and skills.

While adolescents are in general a healthy population group, adolescence also poses new challenges to health and development owing to their relative vulnerability and pressure from society, including peers, to adopt risky health behaviour. These challenges include developing an individual identity and dealing with one's sexuality. The dynamic transition period to adulthood is also generally a period of positive changes, prompted by the significant capacity of adolescents to learn rapidly, to experience new and diverse situations, to develop and use critical thinking, to familiarize themselves with freedom, to be creative and to socialize.

(....) The Committee on the Rights of the Child notes with concern that in implementing their obligations under the Convention, States parties have not given sufficient attention to the specific concerns of adolescents as rights holders and to promoting their health and development. This has motivated the Committee to adopt the present general comment in order to raise awareness and provide States parties with guidance and support in their efforts to guarantee the respect for, protection and fulfillment of the rights of adolescents, including through the formulation of specific strategies and policies.

General Comment No. 4 Adolescent health and development in the context of the Convention on the Rights of the Child (2003)

UNFPA, the United Nations Population Fund, delivers a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled

UNFPA's focus on adolescents and youth is based on the recognition that young people, particularly adolescent girls living in poverty, are often overlooked by policies and programmes. In the framework of its new Strategic Plan as well as Adolescent and Youth Strategy, UNFPA will undertake bold initiatives to reach marginalized and disadvantaged adolescents and youth, especially girls.

January 31, 2014

I.   Executive summary

As part of its Adolescent and Youth Strategy approved in 2012 and its new Strategic Plan 2014-17, UNFPA committed to stepping up investments towards ending child marriage and reducing adolescent pregnancy by supporting governments to reach the most marginalized adolescent girls, especially those at risk of child marriage and married girls. UNFPA is delivering on this commitment through *Action for Adolescent Girls,* a 12 country initiative, in a manner that is aligned with the ICPD Programme of Action and fully within the framework of the Fund's new Strategic Plan 2014-17.

The *goal* of the initiative is to protect adolescent girls' rights, in particular delay age at marriage and childbearing, and empower the most marginalized girls.

The *purpose* of the initiative is to support governments in making targeted investments at scale in 12 countries over 5 years (2013-17) to reach thousands of girls at risk of child marriage and adolescent pregnancy, through interventions (primarily community-level girl groups) that provide opportunities for social participation and leadership, gaining life skills and literacy, and accessing health services including family planning and HIV services. The initiative simultaneously strives to create a more favorable environment for adolescent girls at the community and national levels.

A robust theory of change underlies UNFPA's evidence-based approach to ending child marriage and preventing early pregnancy. Supporting governments in building the agency, knowledge, and skills of large numbers of girls at risk of marriage and pregnancy, in sub-national areas where child marriage and adolescent pregnancy are concentrated, will over time effect an increase in the age at marriage and pregnancy in those areas. Past work by the Population Council and UNFPA has already produced 'proof of concept' for this approach in countries like Ethiopia and Guatemala. UNFPA's *Action for Adolescent Girls* now aims at scaling up efforts in these countries and expanding the approach to several more countries. Focusing on adolescent girls at risk in sub-national areas not only allows governments to reach a critical mass of girls, unmarried and married, but also presents significant cost efficiencies. This concentration of investment, in itself, helps change norms, elevate the status of all adolescent girls, and catalyse a reduction in child marriage and adolescent pregnancy not only in those geographic areas but nationally as well. Complementarily, strategic global and national advocacy helps to sustain both political will and financing for programs that invest in these girls.

We expect the programme to improve the lives of adolescent girls by:
*   delaying marriage and pregnancy
*   increasing the demand for and use of quality, rights-based, voluntary family planning
*   improving sexual and reproductive health and HIV knowledge and practices
*   reducing school drop-out
*   enhancing girls' autonomy, social networks, and participation
*   creating an enabling environment to uphold girls' rights and entitlements

Through *Action for Adolescent Girls* and its overall commitment to adolescents and youth, UNPFA is consolidating its support to governments and civil society in order to put in place a range of policies and programs aimed at upholding the rights of girls, building their capabilities, and expanding their choices.

II.   Context

Development discourse today is grounded in a commitment to upholding the rights, building the capabilities and expanding the choices of all members of society. Governments are accountable for creating the enabling social, economic, political, and legal environment within which all young people can develop their knowledge and skills, and prepare to participate fully in civil society. This applies to girls and boys alike, and regardless of ethnicity, race, geography or other status.

The United Nations System is also accountable for ensuring that all possible assistance is provided to governments and civil society to ensure that national development plans benefit the most marginalized, and those hardest to reach whatever be the reason. In many cases this means focusing on adolescent girls who are at especially high risk of having their rights violated. With the double disadvantage of being discriminated against because of being female *and* young, marginalized adolescent girls are pushed to the fringes of society as they transition into adulthood.

Conventional wisdom assumes that if systems and sectors are generally strengthened, all girls will benefit. However, programme experience tells us that reaching marginalized girls requires a dedicated effort, and one that shifts away from only reacting to bad outcomes to preventing exploitation and violence in the first place.

UNFPA, in close partnership particularly with the Population Council, has been working towards such targeted, preventive policies and programs for adolescent for more than a decade. Both organizations recognize that designing effective, equity-based programs requires data that disaggregate "youth" by age, gender, schooling, family and marital status, childbearing, migration and other social categories. Further, it is critical to reach the youngest adolescents (10 to 14 years old) as well as married adolescents, both neglected groups that face very different risks than boys during adolescence.

Based on these principles, data collection and project development has been undertaken in many settings including Ethiopia, Liberia, Guatemala and Malawi, with strong UNFPA participation or leadership. This work has produced a methodology for multi-stage program development in collaboration with national governments and civil society organizations. Consistent and sustained research and monitoring in the project areas has yielded evidence and knowledge that are the foundation for the work ahead.[1]

Within the next five years, as we move towards 2015 and beyond, UNFPA hopes to accelerate girl-centered programming and promote transformative policies, thus re-writing the future for girls in the poorest parts of the world, and bringing countries that much closer to attaining universal access to sexual and reproductive health, poverty reduction, universal education, gender equality and female empowerment, improved maternal and child health, and more. The current document lays out the vision for the *Action for Adolescent Girls*.

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[1] Erulkar, Annabel S., and Eunice Muthengi. 2008. *Evaluation of Berhane Hewan: A Pilot Program to Promote Education and Delay Marriage in Rural Ethiopia*. Addis Ababa, Ethiopia: Population Council

III. Situation of adolescent girls

There are over 500 million adolescent girls currently living in developing countries. "Young people are the fastest growing segment of the population in both poor and middle income developing countries, and their welfare is fundamental to achieving key economic and social objectives - including a competitive labour force, sustained economic growth, improved governance, and vibrant civil societies. Yet adolescent girls in developing countries face systematic disadvantages according to a wide range of indicators, including health, education, nutrition, labour force participation, and the burden of household tasks"[2].

Each year, an estimated 14.2 million girls are married[3]. While marriage would normally be the occasion to celebrate the union of two people, for millions of girls, marriage is anything but a reason for celebration. It is a human rights violation that denies girls of her childhood.

About 16 million adolescent girls between 15 and 19 years of age give birth each year. Babies born to adolescent mothers account for roughly 11% of all births worldwide, with 95% occurring in developing countries. For some of these young women, pregnancy and childbirth are planned and wanted, but for many others they are not. Childbirth at an early age is associated with greater health risks for the mother. In low- and middle-income countries, complications of pregnancy and childbirth are the leading cause of death in young women aged 15–19 years.[4]

The Secretary General's report on the girl child highlighted in 2011 that girls are barred from the classroom, bound by social norms that contravene their rights, endanger their health and limit their opportunities. Nearly 36 million girls at the primary level and over 39 million girls at the lower secondary level remain out of school.[5]

Supporting girls and young women to stay in school, preventing pregnancy and marriage in childhood, building capital assets and promoting employment in the formal sector are critical actions for governments to ensure the full and effective enjoyment of their human rights and help them to become healthy and productive members of society.[6] In many poor countries, investment in girls is small in comparison to their potential contribution to global goals in public health and education, to social stability and to economic growth. Yet less than two cents every international development dollar is spent on an adolescent girl[7].

Adolescence is not only a time of great vulnerability, especially for adolescent girls, but also a time of great opportunity, a highly adaptive stage in human development, when girls develop heightened creativity and interest in social engagement. By ensuring that adolescent girls are equipped with the agency, knowledge and skills they will need, girl-centered programmes can contribute to young people's and governments' efforts to break inter-generational poverty, illiteracy, ill health, and gender inequality.

[2] Girls Count. 2010. *A Global Investment & Action Agenda*, Coalition for Adolescent Girls
[3] UNFPA. 2012. Marrying too young: End child marriage. New York.
4 WHO. 2011. *WHO guidelines on preventing early pregnancy and poor reproductive health outcomes among adolescents in developing countries*. Geneva
5 Secretary General of the United Nations. 2011. *Report on the Girl Child* . New York
6 World Bank. 2009. *Adolescent Girls' Initiative: Alliance for Economic Empowerment*. Washington
7 The Girl Effect, girleffect.org

III.A. Challenges in girls-centered programming

Girls are left behind: Many national development frameworks fail to recognize the profound discrimination girls face and to appreciate them as valuable resource for their countries' development. Indeed in many countries adolescence is a stage when life opens for boys yet closes for girls. Girls continue to lack the same opportunities as boys, especially in education, economic and social empowerment and training. More so girls are burdened by gender discrimination and inequality and are subject to multiples forms of violence. In 2010 the Secretary General insisted that 'attention must be focused on the special needs of the most vulnerable and the large and increasing inequalities in various economic and social dimension including (…) sex (and) age if the Millennium Development Goals are to be reached[8].

Girls are not seen: The young girls, especially the most marginalized are often 'invisible', not reflected in survey or statistics, they are '' the forgotten ones'' living at the margins of society in families, subsisting on less than one or two dollars a day.

Programmes do not reach them: Despite the evidence that investing in adolescent girls' health, education, and skills has a direct impact on the transmission of poverty to the next generation, many existing national programmes and 'traditional' youth programmes tend to overlook the specific needs of adolescent girls in particular the most marginalized. Country studies assessing the coverage and reach of youth-serving programmes have shown that "better-off" youth – those that are older, more educated, male, and urban – are accessing such programmes. Such results underscore the need to reorient existing programmes to better target the girls most in need (very young adolescents, married girls, girls not in school, etc).

III.B. Opportunities for a focus on girls

Adolescence as a window of opportunity - Research shows that the essential decisions that shape the course of girls' lives are made during adolescence. In addition, data indicate that delaying marriage and childbirth, and investing in girls' education and their opportunities to earn income, yield high returns in terms of girls' health, and the socioeconomic well-being of their families. For example, an educated girl will use 90% of her future income towards her family, while boys re-invest only 35%[9]. Transforming unequal gender relations that are reinforced during this period, and promoting equal opportunities and outcomes for girls and boys in clearly defined, measurable ways will help pave the way for a social transformation. Adolescent girls will know and enjoy their rights, participate in public life, and have the agency to use their capabilities, resources and opportunities to make strategic decisions about the course of their own lives.

Reaching development goals with equity - Reaching the marginalized and excluded is an integral part of the work of UNFPA whose mandate is rooted in the principles of universality and non-discrimination that underpin the United Nations Charter and Declaration of Human Rights. With the MDG deadline only a couple of years away, it is becoming ever clearer that reaching the

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[8] Secretary General of the United Nations. 2010. Keeping the Promise, New York
[9] Nike Foundation. 2009. The Girl Effect: Not Just about Girls: Engaging Men and Boys is Key to Girls' Ability to Achieve their Full Potential

poorest and most marginalized girls is pivotal to the full realization of the goals. Consequently the United Nations strengthened its commitment to refocus support to countries, communities and families who are most in need.[10] This renewed attention to the equity agenda provides an opportunity to reorient programming to more closely target and meet the needs of the most deprived and marginalized adolescent girls as a vector for greater progress for all.

Broad support for the girls' agenda - Although girls receive a disproportionately small share of the total development assistance invested globally each year, the international community has responded positively to evidence on the overwhelmingly positive results of investing in girls in all levels and sectors of development work.   The fact that the "Girl Child" resolution in 2011 received broad support demonstrates that the international community recognizes that there is a need to maintain a focus on the challenges girl in underserved communities face in benefiting from appropriate health care, quality education and training, social protection services and child protection policies. There is an emerging consensus that investing in girl's education, health, protection from violence, and empowerment yields a higher return in reducing poverty and improving the local economy than any other type of investment. Public-private partnerships are emerging around the topic of adolescent girls, and help create awareness and demand for action by the international community including the United Nations and its member states[11.]   Campaigns such as the 'Girl effect' supported by the Nike Foundation as well as an increased awareness and interest in issues affecting girls in particular such as nutrition, the HPV vaccine, international trafficking, and violence generate further support for girl-focused programming.

IV.   UNFPA's commitment to adolescent girls

UNFPA has been in accordance with the World Bank's assessment since the early 1990s, most recently stated, as "Investing in adolescent girls is precisely the catalyst poor countries need to break intergenerational poverty and to create a better distribution of income Investing in them is not only fair, it is a smart economic move."[12]

Through the reshaped focus of its new Strategic Plan, UNFPA aims to improve the lives of underserved populations, especially women, youth and adolescents. These efforts will be guided by our expertise in sexual and reproductive health, contraception, HIV, population dynamics, human rights, and gender equality. Our efforts will also be driven by country needs and tailored to specific country contexts.

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[10] United Nations . 2010. *Millennium Development Goals Report 2010*. New York
[11] For example, in 2011, the Clinton Global Initiative fostered discussion on the types of investments in and solutions for girls and women that would accelerate progress. The Coalition for Adolescent Girls brings together more than 30 international organizations that design, implement and evaluate programs that benefit girls throughout the developing world. The Elders launched in 2011, Girls Not Brides, a partnership made up of non-governmental organizations working all over the world to end child marriage, support child brides and raise the profile of this neglected problem.
[12] Adolescent Girls' Initiative: Alliance for Economic Empowerment, World Bank, 2009

IV.A. *Action for Adolescent Girls*

As part of its new Adolescents and Youth Strategy approved in 2012, UNFPA will increase its programmatic focus on adolescent girls to ensure that girls get the resources they need and close the gap between what is legally promised to them and what is practically achieved.

On October 11th, 2012, the first-ever International Day of the Girl Child, UNFPA announced the launch of its initiative, **Action for Adolescent Girls**, which prioritizes support to select countries to reach the most marginalized adolescent girls, with a special emphasis on places where girls are forced into marriages, or are in other forms of unions before the age of 18. The proposed work will help move countries from the recognition of the problem to ground-level investments in carefully selected, sub-national districts in which high proportions and large concentrations of girls are sexually initiated in circumstances that violate their human rights and jeopardize their education, health and ultimate life course. As part of this commitment the Fund will support, in collaboration with the Population Council, effective health, social, and economic asset-building programs for adolescent girls over the period of the Strategic Plan 2014-2017.

Designed as a country-focused, equity-driven mechanism, UNFPA's *Action for Adolescent Girls* will provide focused capacity development, technical assistance and financial resources to 12 countries in Asia, Africa and Latin America with a view to jump-starting girl-centered programming. These programmes will enable UNFPA to work in a more focused and integrated manner for the benefit of girls at risk of child marriage and adolescent pregnancy. It will protect girls' human rights through a combination of targeted interventions that delay marriage, prevent early/unintended pregnancy. A major component will include the creation of safe spaces and community platforms for girls to gain life skills, expand their social networks and have access to female mentors/role models, access local resources and health services (including for sexual and reproductive health), and be connected to non-formal education and safe livelihood opportunities.

As mentioned earlier, the proposed work is based on sizable field experiments over the past decade in several countries, using standardized approaches and methods, and drawing on data on the level of investment it takes to directly reach the most marginalized girls with critical inputs. These experiences point to the feasibility, cost- effectiveness and urgency of strengthening and multiplying such initiatives.

IV.B. UNFPA's comparative advantage

UNFPA brings an established country presence, partnerships, expertise and experiences to take forward this work:

- UNFPA has a global reach, with in-country presence in nearly 150 countries around the world, many with high rates of child marriage, adolescent pregnancy, maternal mortality, HIV, and other poor development outcomes.

- At country level, UNFPA has a range of partnerships with government ministries, civil society groups, research institutions, and youth-led networks and activists that can be leveraged for innovating and scaling up comprehensive programmes reaching the most marginalized girls

- Within the UN system, UNFPA has been an early champion, advocating for the rights of adolescent girls and promoting girl-centered programmes with partners in countries as diverse as Ethiopia, Guatemala, Pakistan, and Niger etc.

- UNFPA enjoys a longstanding and close partnership with the Population Council, which has been at the forefront of putting adolescent girls on the development agenda and has designed pioneering programmes that have met girls' needs in a variety of settings around the globe. As one of the early partners in the Council's Ethiopia Berhane Hewan programme, UNFPA has concrete experience and expertise in developing and supporting highly effective strategies that have delayed marriage for the youngest adolescent girls while dramatically improving uptake of quality, voluntary family planning among married girls.

- At the global level, UNFPA is a critical partner driving major global initiatives, including the Secretary General's Every Women Every Child initiative and the UN Adolescent Girls Task Force. Such partnerships are strategic platforms in advocating for and mainstreaming adolescent girls' issues within larger multi-sectoral efforts, enhancing opportunities for and efficiencies of scale.

- UNFPA has a track record of mobilizing communities and using culturally-sensitive approaches to bring about changes in social norms to support gender equality and the abandonment of harmful practices such as child marriage and female genital mutilation/cutting.

V.   Goal, purpose, and guiding principles

The *goal* of the programme is to protect adolescent girls' rights, in particular delaying age at marriage and childbearing, and empowering the most marginalized girls and elevating their status in communities.

The *purpose* of the programme is to make targeted investments at scale in 12 countries over 5 years (2013-17) to support thousands of vulnerable girls at risk through interventions that provide opportunities for social participation and leadership, gaining life skills and literacy, and accessing health services including family planning and HIV services. The programme simultaneously strives to create a more favorable environment for adolescent girls at the community and national levels.

UNFPA is led by the relevant international conventions, treaties and resolutions related to the human rights of adolescent girls, in particular the ICPD Programme of Action, the CRC and CEDAW. The guiding principles of the work are as following :

Rights-based approach to programming and advocacy - Programmes targeting marginalized adolescent girls require a clear sense of the interplay between gender, culture and human rights. The effective application of a human rights-based approach within the programming process is sensitive to both cultural factors and gender dynamics, will advance equality for and social inclusion of marginalized adolescent girls, and contribute to the alleviation of poverty and the realization of their human rights.

Equity focus with the goal of reaching the marginalized adolescent girls - The initiative will focus on equity and reaching the marginalized as critical step to achieve the MDGs.

Country-owned and country-driven development - The initiative will promote national and sub-national ownership and capacity building in line with the principles of the Paris Declaration on Aid Effectiveness. A particular emphasis will be laid on community engagement in all stages of the programme from its inception to implementation and evaluation.

Holistic and intersectoral approach - The initiative will put an emphasis on comprehensive, multi-sectoral, community-led, and girl-centered approach that can be scaled up for national impact.

Interagency collaboration through existing mechanisms - The initiative will strive to work under the principles of 'Delivering as One' and pool where possible its expertise and resources for more effective programme delivery.

Adolescent girl participation at all stages of the programme - The initiative will ensure that adolescent girls are the key stakeholders in the programmes, and that programmes reflect their inputs, and respond to their needs.

VI.   Methodology

To ensure that investments in adolescents reach those in greatest need with measureable inputs, the *Action for Adolescent Girls* will use the following approach:

a.   **Make the case** to national policy and program actors, to invest in adolescent girls and other vulnerable sub-groups of youth in order to achieve national MDGs and deliver on national development plans. Use data to analyze drivers of future population growth, such as high unwanted fertility and population momentum, and highlight the role that investments in adolescents play in shaping the demographic future of countries, and thus their economic future.

b.   **Map the internal diversity of adolescents' lives** within countries through the disaggregation of data in order to identify high concentrations of adolescent girls at high risk of events such as child marriage, early and unwanted pregnancy, school dropout, and un- and underemployment. Disaggregated data help prioritize investments to those in greatest need. Raw numbers then reveal where to find large concentrations of vulnerable girls in need of targeted programming.

c.   **Identify transitions into vulnerability during adolescence** in order to tailor developmentally-appropriate interventions at the right times according to girls' needs. The life-table method used commonly by demographers identifies the onset and extensiveness of vulnerability in the life cycle of females, and is an essential advocacy tool.

d.   **Assess the current reach of adolescent and youth-serving interventions**, and identify which subgroups of adolescents may not be benefitting from existing programmes. Specifically, assess girls' share of youth resources using quality monitoring data if any from current programs, or using the coverage exercise, an assessment tool used to determine equity of access to adolescent programs by briefly tracking the basic characteristics of those who are, and are not, participating in programs aimed at adolescents and youth.

e.   **Create regularly available platforms and spaces for girls**, particularly those at the highest risk of exploitation. Girls, unlike boys, do not have regular, safe places to meet nonfamily friends outside of home or school. Highly disadvantaged girls are often strangers in the households in which they live, neither do they attend school. So conduct a safety mapping with girls to identify safe spaces. Secure an agreement with the community to exclusively reserve the space for adolescent girls at all time or at certain designated hours. Girls will meet weekly in these safe space, outside of school times, with a young female mentor from the community.

f.   **Purposefully recruit at-risk girls**. Use mapping to target and recruit girls 'vulnerable girls' clearly defined as girls at risk of specific negative outcomes such as child marriage, unwanted or life-threatening pregnancies, HIV etc, engage girls as researchers, and engage the community in supporting an asset-building program for girls.

g.   **Train older adolescent girls and young women to be leaders** within their own communities and run programs for younger adolescent girls. Support female mentors with appropriate compensation, ongoing supervision and support. Recognize that older female mentors and peer educators are two different models that serve different purposes. Mentors provide support, serve as role models for the girls in the group and help to build a network of young female leaders within the community. They are often the most effective and sustainable way to deliver content to other girls in their community.
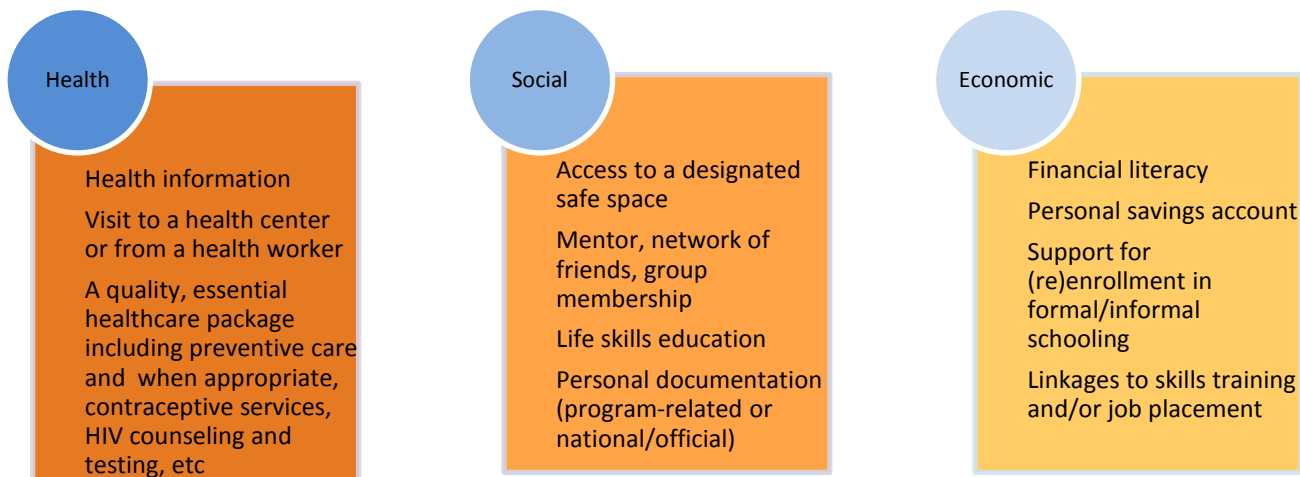
h.   **Determine content for the program** once the structure of the program is in place. Develop new content or assemble existing content that responds to the needs of the specific groups of girls being targeted – unmarried versus married girls, younger versus older girls, rural versus urban girls etc. Understand the specific vulnerabilities of adolescent girls by using secondary data as well as by directly talking to adolescent girls in the local context. Determine, collaboratively with girls and communities, what assets would offer girls some measure of protection from these vulnerabilities. Assets can be conferred through content such as information, knowledge, links to services, and finally from the program structure itself (see Figure 1 for an infographic on assets). Test the content, pilot it, and experiment with it over the initial cycles of the program.

i.   **Rigorously monitor innovative models**, which repeated over time, allow for more-depth and systematic research and impact evaluations. Regular monitoring helps ensure proper implementation and allows for learning and adaptation along the way, with sound evaluations informing what works to scale up and increase coverage for the most marginalized adolescents. Measuring results at the level of the girl is an essential component of this approach. Assess and measure what you want to change for the girl in the short and medium terms. While this initiative is *not* a research initiative, it does place importance on the importance of demonstrating and measuring impact.

j.   **Anchor programs with girls as the core client, and reach out to others selectively** based on girls' assessments. Communities, including leaders, parents, men and boys, can be mobilized in favor of investing in adolescent girls. Program staff can work towards securing a community contract so that members of the community commit not only to allowing girls to participate in this program, but also go to school and stay in school, use health centers, participate in community meetings, and any other entitlements due to girls in that particular community context. Governments need to be mobilized in favor of investing in adolescent girls, targeting their

resources to those most in need, and working to scale up already-successful demonstration programs.

Figure 1: Building the Protective Assets of Adolescent Girls - Examples of health, social and economic assets

Health

- Health information
- Visit to a health center or from a health worker
- A quality, essential healthcare package including preventive care and when appropriate, contraceptive services, HIV counseling and testing, etc

Social

- Access to a designated safe space
- Mentor, network of friends, group membership
- Life skills education
- Personal documentation (program-related or national/official)

Economic

- Financial literacy
- Personal savings account
- Support for (re)enrollment in formal/informal schooling
- Linkages to skills training and/or job placement

VII. Country focus

UNFPA's *Action for Adolescent Girls* will be rolled out in 12 countries with high rates of child marriage and early childbearing. A set of 7 countries has already been identified for a first wave of investment. The remaining 5 countries will be selected based on need and interest, with some priority accorded to countries where UNFPA Country Offices are implementing the cluster mechanism (a cross-cutting team of UNFPA staff forming an Adolescents and Youth Cluster within the Country Office).

Figure 2: Current focus countries for UNFPA's *Action for Adolescent Girls*

Africa	Asia and Pacific	Latin America and Caribbean
Ethiopia	India	Guatemala
Mozambique		
Niger		
Sierra Leone		
Zambia		

VIII. Expected results, coverage and scale

A robust theory of change underlies UNFPA's approach to ending child marriage and preventing early pregnancy. Building the agency, knowledge, and skills of large numbers of girls at risk of marriage and pregnancy, in sub-national areas where child marriage and adolescent pregnancy are concentrated, will eventually effect an increase in the age at marriage and pregnancy in those areas, catalyzing reductions nationally as well.

In much the same way that education operates as a protective factor for a variety of outcomes throughout the life-course of individuals, investing in girls and giving them health, social, and economic assets empowers them, allows them to exercise agency, builds their resilience to overcome the many threats to their rights, and expands their choices. The concentration of initial investment in defined geographic areas collectively alters the perceived value of girls in communities, shifts the economic calculus underlying child marriage and early childbearing, which in turn transforms sociocultural norms, thus effecting an increase in the age at marriage and pregnancy in those areas. These changes occurring at the sub-national level will trigger a ripple outward until over time a tipping point is reached at the national level as well.

Focusing directly on adolescent girls in areas with especially high prevalence of child marriage and adolescent pregnancy not only allows us to reach a critical mass of girls, unmarried and married, but also presents significant cost efficiencies. Complementarily, strategic global and national advocacy helps to sustain both political will and financing for programs that invest in these girls.

The results achieved in this initiative will be completely in line with the four Strategic Plan outcomes:
- **Outcome 1:** Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access

- **Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health**

- **Outcome 3:** Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth

- **Outcome 4:** Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

VIII.A. Results framework for *Action for Adolescent Girls*

	DRIVERS OF CHILD MARRIAGE AND ADOLESCENT PREGNANCY	STRATEGICALLY ADDRESSING KEY DRIVERS	SHORT TERM OUTPUTS (YEAR 1&2)	MEDIUM TERM OUTPUTS (YEAR 3&4)	LONG TERM OUTPUTS (YEAR 5+)	IMPACT
UNFPA's A&Y Strategy PRONG 4: Effective initiatives to reach most vulnerable adolescent girls	Poverty Gender inequality and low status of girls and women 'Protecting' and controlling girls' sexuality Traditional and religious practices Lack of educational and economic opportunities, especially for girls Weak/absent laws and law enforcement Conflicts, disasters and emergencies Inadequate information and sexuality education Lack of access to health services including contraceptive services Sexual violence Norms related to high fertility and large family size	Targeted, evidence-based outreach to vulnerable adolescent girls in the poorest communities with the highest concentrations of such girls Build girls' health assets via health information, and a quality, essential healthcare package including contraceptive and HIV services Build girls' social assets via access to a safe space, social networks, life skills, personal documentation, safety plans Build girls' economic assets via financial literacy, personal savings accounts, and links to education, literacy training, skills training, and job placement Mobilize communities and advocate with governments to deliver on adolescent girls' entitlements	The most vulnerable girls have health, social, and economic assets that build their resilience and give them more control over their lives Heightened awareness of adolescent girls' issues in communities Strengthened capacity of country offices for designing targeted, evidence-based programs High quality documentation of program design, implementation and evaluation process	Minimum threshold proportions of girls being reached in program communities Improved family and community environment for girls in program sites	Marginalized girls being reached in a minimum threshold proportion of communities in sub-national areas, in 12 countries, supported by UNFPA Improved national policies and programs that specifically address needs of the most neglected populations of young people 3 country offices in 3 regions have 'centers of excellence' in adolescent girl programming, with ability to build capacity of other country offices	In sub-national areas: Delays in age at marriage Increased uptake of quality, voluntary family planning Delays in age at childbearing Improved sexual and reproductive health outcomes

VIII.B. Coverage and scale of *Action for Adolescent Girls*

Coverage and scale are measured by tracking the following in each country:

1. Number and percentage of intervention communities where at least 75% of eligible girls are participating in an asset-building program (individual coverage/saturation)

2. Number and percentage of medium-level administrative divisions where at least 30% of communities have asset-building programs for marginalized girls (geographic coverage/saturation)

3. Number of marginalized adolescent girls reached by the program in total (scale)

4. Number of communities reached by the program in total (scale)

Related to the above parameters, the projected scale of *Action for Adolescent Girls* and the assumptions underlying the projections are briefly described below:

Figure 3: Expected scale of the programme

= 10.000 girls		
1. Ethiopia	👤👤👤👤👤👤	60,000
2. Guatemala	👤 👤	15,000
3. India	👤👤	15,000
4. Mozambique	*targets currently under development*	
5. Niger	👤👤👤👤👤👤👤👤👤👤👤👤👤👤👤👤	161,000
6. Sierra Leone	👤👤👤👤	38,000
7. Zambia	👤👤👤👤👤	48,000

1. **Ethiopia** – Programs for married girls are currently reaching 60,000 girls a year. UNFPA will support a program at least a third of that size (20,000 girls a year), thus reaching 80,000 girls in three years in one or two regions

2. **Guatemala** – The average Mayan community has approximately 75 girls ages 8-14. UNFPA will support a program in 50 communities every year, reaching a total of 15,000 girls over 4 years in 200 communities

3. **India** – There are 338,000 girls ages 10-19 in the 11 blocks of Udaipur district of Rajasthan. UNFPA will support a program in one block, home to approximately 30,000 adolescent girls. The initiative will directly reach the poorest 50% of girls, thus serving 15,000 girls over three years.

4. **Mozambique** – targets currently under development

5. **Niger** –The number of girls reached by UNFPA's program is expected to triple every year (1,600 in 2013 + 4,000 in 2014 + 12,000 in 2015 + 36,000 in 2016 + 108,000 in 2017) to reach approximately 161,600 girls over five years in four to six regions

6. **Sierra Leone** – The number of girls to be reached is calculated on the assumption that the initiative should reach at least 25% of girls in 5 districts with the worst indicators, totaling 38,000 girls in 75 catchment areas within these districts.

7. **Zambia** – Based on the target of reaching 30% of key groups of at-risk girls in intervention areas, UNFPA's program would reach 48,000 girls over four years in four provinces

IX. Programme sustainability

The sustainability of interventions reaching girls in the bottom 40% of marginalized adolescent girls lies in the following five strategies:

1.   **Increasing government commitment to targeted investment in marginalized adolescent girls**: In each country, UNFPA will partner with government ministries, civil society and communities. Engagement with a line ministry will help build national ownership, and when results are demonstrated, the approach can be mainstreamed into national programmes. Further the initiative will involve local leaders in participatory micro-planning as a pre-requisite for far-reaching policy change

2.   **Building capacity**: All the work of UNFPA builds capacity within the UN System, national governments, civil society, as well as communities, so that the work will be carried on as adolescent girls' issues and solutions become increasingly mainstreamed.

3.   **Producing social diffusion effects:** By reaching a critical mass of vulnerable girls in communities and reaching a critical mass of communities in a region the initiative hopes to create a catalytic source of social diffusion that will prepare the ground for a sustained improvement of social indicators in the select countries.

4.   **Achieving economies of scale:** Ample evidence exists that as programmes scale up, the cost of interventions comes down. We also expect that as programs advance, they will test, evaluate, and adopt a core set of interventions that are feasible to scale while still being effective in accomplishing the goals of the initiative.

5.   **Utilizing and increasing efficiency of existing infrastructure:** The programme will rely upon existing services and infrastructure including health services, schools, and community spaces, effectively increasing their utilization and improving efficiency as measured by cost per beneficiary.

Development of appropriate strategies to reach marginalized adolescent girls is not a desk exercise. Demonstrating results at the community level in this initiative, combined with a scale up

via the above five strategies, will ensure sustained change in population-level indicators over the long term.

X.   Partnerships

• In house, *Action for Adolescent Girls* works hand in hand with the **UNFPA /UNICEF Joint Programme on FGM/C**. The programmes use complementary approaches of investing in girls and communities. They are mutually reinforcing particularly in the area of girl-centered investments and the promotion of positive social change in favor of girls. Explicit synergies between both programmes will be created in countries where both initiatives coincide.

• *Action for Adolescent Girls* will also integrate a new partnership of UNFPA with the **World Food Programme** and **UNICEF** with the goal of improving the nutritional status of adolescent girls, and pregnant and lactating women to ensure the health of these important populations. The three agencies will work together to improve the quality and reach of comprehensive services for unmarried and married adolescent girls – including nutrition – in Burkina Faso, Niger, Sierra Leone, and Zambia in 2014, expanding to 16 more countries by 2017. UNFPA's *Action for Adolescent Girls*, with its objective of reaching the most marginalized adolescent girls and advocating for their rights, provides a natural platform for this work. The addition of a nutrition component to the *Action for Adolescent Girls* brings UNFPA closer to its vision of understanding the needs of adolescent girls and serving them in a holistic way.

• UNFPA is exploring a partnership with the **Global Alliance for Vaccines GAVI** with a view to particularly leveraging the initiative's approach of reaching marginalized out-of-school girls for the administration of the HPV vaccine, thus effectively protecting girls with limited access to the health sector against cervical cancer. Several countries in the initiative (Niger, Mozambique) have already indicated an interest of embedding the HPV vaccine demonstration project into their planning. Through *Action for Adolescent Girls,* UNFPA will be ensuring the equity dimension of vaccine delivery to adolescent girls, supporting national governments in the introduction of this vaccine, and strengthening and expanding its partnerships with GAVI in the years to come.

• Also in house, the work of the Adolescents and Youth Strategy and **UNFPA's Family Planning Strategy** are coordinated to ensure that the contraceptive needs of adolescents and youth are being met. Generating demand for family planning services according to clients' reproductive health intentions, and making quality, human rights-based family planning services available, are both key outputs of the Family Planning strategy that involve working with and for adolescent girls. One of the key health-related activities in *Action for Adolescent Girls* is to provide contraceptive services through the girl groups.

• The work of this initiative lies along the continuum of UNFPA's work on **obstetric fistula**. Girls that are married as children and experience unwanted and dangerous pregnancy and childbirth are at elevated risk of developing fistulas. Working towards the prevention of child marriage and adolescent pregnancy, *Action for Adolescent Girls* serves to reduce the incidence of fistula. The program refers girls to proper maternal healthcare services, and to fistula treatment when needed.

- The initiative works towards preventing violence against girls through multiple reinforcing strategies. The newly launched UN Women/UNFPA Joint Global Programme on Essential Services for Women and Girls Subject to Violence works towards improving services for girls that are victims of violence.

- In addition, *Action for Adolescent Girls* will build on UNFPA's strong partnership with CSOs, including its networks with faith-based organizations.

XI. Management and coordination

Through *Action for Adolescent Girls* UNFPA will provide governments and civil society with a broad range of technical capacities and expertise to meet the challenges facing adolescent girls and their families and communities. The management approach will favour the involvement of all stakeholders at all levels, while ensuring their awareness of responsibilities. The initiative is managed by a multidisciplinary team of technical staff at country, regional and global level.

Programme governance: A Steering Committee will oversee the programme. It will be composed of representatives of UNFPA headquarters, Regional Offices and Country Offices, the Population Council and representatives of any donor agencies. This committee will meet annually with the purpose of approving country plans, monitoring and decision-making at the broader policy and strategic levels.

Management of the programme: The programme will be developed, supported and overseen by the Adolescent and Youth (A&Y) team in UNFPA. As the programme lead, the A&Y team under the responsibility of the Chief, Sexual and Reproductive Health Branch will be responsible for the initiative's overall management and accountability for results, and in collaboration with the focal points in the Regional offices provide day-to-day technical support to UNFPA's Country Offices. Three team members at headquarter level as well as one focal point in each Regional Office, will support the Chief in the programme's leadership. UNFPA's A&Y team (global/regional) will assume responsibility for the following:

- Achievement of the programme's expected results

- Management, coordination, completion of programme activities in collaboration with UNFPA Country Offices

- Adoption of the programme methodology and provision of technical assistance to UNFPA Country Offices on intervention design and implementation

- Liaison with the Population Council for channeling technical assistance for country-level programmes

- Conduct regular training and consultation activities to build the capacity UNFPA's country teams for rights-based analysis of the situation of adolescent girls, and designing, implementing, and evaluating girl-centered programs

- Support to the preparation of country-level annual work plans by UNFPA's Country Offices

- Mobilization of resources for the initiative and support to its scale-up as a component of the Adolescents and Youth Strategy

- Administration and leveraging of UNFPA and partner contributions

- Reporting on programme progress and activities

- Establishment strategic partnerships with relevant interagency initiatives with the aim of collective policy advocacy at global and regional levels directed towards a diverse community of interested actors including governments, the private sector, the media, social networks, and committed individuals

- Advocacy for investment in promoting the rights of the most marginalized adolescent girls

In-country, the initiative will be implemented by a core team of Country Office staff under the direct guidance of the UNFPA Representative. They will be responsible for the following:

- Design, implementation, monitoring and evaluation of the programme in collaboration with implementing partners

- Management of the programme at the country-level

- Achieving results, and accounting for all contributions made to the programme at country level

- Developing a technical assistance plan and procuring timely support from UNFPA Regional, HQ, or the Population Council as appropriate

- Building capacity of government, agencies, and civil society in targeted, evidence-based comprehensive programming for marginalized adolescent girls

- Advocacy with government and civil society actors for a stronger focus on adolescent girls in policies, laws and programmes

XII. Monitoring and evaluation

The primary goal of this initiative is to reach the bottom 20-40% of girls that face multiple disadvantages during adolescence and beyond. Thus the primary objective of the monitoring of programmes implemented under this initiative is to ensure that it is these girls that are indeed the beneficiaries of the programmes. Secondly, monitoring data will allow program staff to ensure that adolescent girls participating in the program are receiving some minimum exposure to the program, ensuring that their protective health, social, and economic assets can actually be built.

1. Asset-building programmes reach marginalized adolescent girls
   - % of participating girls aged 10-14
   - % of participating girls aged 15-19
   - % of participating girls not in school
   - % of participating girls whose highest level of educational attainment is less than primary
   - % of participating girls married

2. Girls get a minimum exposure to the program so that they develop protective assets
   - % of participating girls attending at least 75% of total number of sessions

Given that the targeted, evidence-based, asset-building approach to reaching marginalized adolescent girls has already demonstrated results in many contexts, the monitoring data from *Action for Adolescent Girl* programs will yield the most important evidence for this initiative.

Programs will also have evaluation components attached to them, whether funded by resources from the initiative or from funds raised separately. Selected sites will be used for rigorous impact evaluation by using experimental and quasi-experimental methodologies.

UNFPA's performance on the initiative will additionally be measured by the indicators included against relevant outcome and output indicators in the Strategic Plan. The effectiveness in delivering for adolescent girls will be reflected in changes in population-level indicators at sub-national levels. There is a strong monitoring and evaluation component built into nearly every activity that UNFPA undertakes including the Adolescent and Youth Strategy, and within that *Action for Adolescent Girls*.

XIII. Estimated budget (2013-17)

The total estimated budget is US$21 million over five years. This includes programme initiation in seven countries with gradual expansion to 12 countries, technical assistance from the Population Council on the methodology, and UNFPA technical support and programme management. The following table provides a breakdown of the requested support.

Budget Components	2013	2014	2015	2016	2017	TOTAL BUDGET
Central America						
Guatemala	150,000	400,000	400,000	400,000	400,000	**1,750,000**
TBC				100,000	300,000	**400,000**
Anglophone Africa						
Ethiopia		500,000	500,000	500,000	500,000	**2,000,000**
Sierra Leone	30,000	250,000	250,000	450,000	450,000	**1,430,000**
Zambia		250,000	250,000	450,000	450,000	**1,400,000**
Lusophone Africa						
Mozambique	40,000	250,000	250,000	450,000	450,000	**1,440,000**
Francophone Africa						
Niger	375,000	500,000	500,000	500,000	500,000	**2,375,000**
TBC				200,000	500,000	**700,000**
TBC				200,000	500,000	**700,000**
South Asia						
India		500,000	500,000	500,000	500,000	**2,000,000**
TBC				200,000	500,000	**700,000**
TBC				200,000	500,000	**700,000**
Regional Programme Support						
Develop Centers of Excellence		500,000	500,000	500,000	500,000	**2,000,000**
SUB-TOTAL Countries and Regional						**USD 17,595,000**
HQ Program Support						
P4 Officer		250,000	250,000	250,000	250,000	**1,000,000**
P5 Officer		280,000	280,000	280,000	280,000	**1,120,000**
Population Council tech assistance	165,000	200,000	200,000	200,000	200,000	**965,000**
Program support & monitoring	240,000	50,000	50,000	50,000	50,000	**440,000**
SUB-TOTAL Global						**USD 3,525,000**
GRAND TOTAL						**USD 21,120,000**

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<u>Annex 1</u>: Country-wise overview of program activities

(Information current as of January, 2014 for the 7 countries currently part of Action for Adolescent Girls)

<u>**Country**</u>: <u>Ethiopia</u>

Start date and length of current commitment: July, 2014; minimum of 3 years

Prevalence of child marriage: 41% of women ages 20-24 married/in union before age of 18

Location of most girls at high risk: 49% prevalence of child marriage/early unions in rural areas and 22% in urban areas

Adolescent birth rate: 79 per 1000 adolescents ages 15-19

Program participants: Unmarried girls 10-14, married girls 10-19

Program intervention emphasis and package: Girl groups led by mentors, school supplies, conditional cash transfers, and community conversations. Continuing programming reaching adolescent girls – Leave No Woman Behind (jointly with WFP), A Rights-Based Approach to Adolescent and Youth Development (jointly with UNICEF), Flagship Joint Programme on Gender Equality and Women's Empowerment (joint programme of 6 UN Agencies), Prevention and Management of GBV programme, national level advocacy efforts via the National Alliance to End Child Marriage, and the Committee Against Harmful Traditional Practices.

Length of inputs: 1.5 years

Current status of program: Similar programs have already reached 11,000 unmarried girls, and 300,000 married girls. Country Office currently developing the concept of creating a Center of Excellence in working with adolescent girls.

Monitoring and evaluation: Programs have already demonstrated tremendous results including delays in age at marriage and increases in contraceptive uptake. Baseline for new program in 2014.

Partners and their roles: Ministry of Women, Children and Youth Affairs, and Regional Bureaus of Women, Children and Youth Affairs in Amhara, Tigray, Afar and Beneshangul Gumuz regions, Population Council and other NGOs/CSOs

Number of girls that will be reached (estimated): 60,000

Country: Guatemala

Start date and length of current commitment: Second half of 2013; 4.5 years through the end of the 5-year initiative

Prevalence of child marriage: 30% of women ages 20-24 married/in union before age of 18

Location of most girls at high risk: Rural prevalence of child marriage/early unions slightly exceeds urban prevalence

Adolescent birth rate: 92 per 1000 adolescents ages 15-19

Program participants: Indigenous girls ages 8-18 in 6 regions

Program intervention emphasis and package: Community-based girls' clubs in safe spaces in rural communities where girls come together to gain skills, build their social networks, and take on leadership positions

Length of inputs: Weekly meetings for one year

Current status of program: Reached more than 3,500 girls to date in 40 communities. With UNFPA's support program now expanded girl groups to 8 more communities, and will introduce an innovative combined radio program-girl group methodology in 50 communities.

Monitoring and evaluation: Past results show that compared with the national averages, more Abriendo Oportunidades participants were in school, childless, and experienced greater autonomy at the end of program cycle. New evaluations (of new program components) will commence in 2014.

Partners and their roles: Municipal governments, Community Development Committees, International NGO Population Council, Nike and IADB

Number of girls that will be reached by the program (estimated): 15,000

Country: India

Start date and length of current commitment: January, 2014; 3 year commitment initially

Prevalence of child marriage: 47% of women ages 20-24 married/in union before age of 18 (58% in Rajasthan)

Location of most girls at high risk: 56% prevalence of child marriage/early unions in rural areas, 29% in urban areas

Adolescent birth rate: 31 per 1000 adolescents ages 15-19 (33 per 1000 in Rajasthan)

Program participants: Girls ages 10-19, out-of-school, unmarried and married. One block of Udaipur district, Rajasthan state.

Program intervention emphasis and package: Two intervention streams (i) SABLA, a central government scheme for the empowerment of adolescent girls, will deliver via Anganwadi centers, life skills, linkages to formal/nonformal education and vocational skills training, and knowledge of existing public services (ii) an adolescent fertility intervention delivered via ASHAs (Accredited Social Health Activists) will cater to married adolescent girls 15-19 to increase median age at birth, promote spacing and care seeking behavior for sexual and reproductive health.

Length of inputs: To be determined

Current status of program: In the program development stage. Implementing partner selected. AWP being finalized.

Monitoring and evaluation: Baseline in early 2014. The SABLA program was developed based on an evaluation of past programs (Kishori Shakti Yojana and Nutrition Program for Adolescent Girls), and a UNFPA-supported adolescent fertility intervention in Barwani district of Madhya Pradesh.

Partners and their roles: SABLA is a national initiative of the Ministry of Women and Child Development, and ASHAs (Accredited Social Health Activists) are under the National Rural Health Mission of the Ministry of Health and Family Welfare.

Number of girls that will be reached by the program (estimated):15,000

Country: Mozambique

Start date and length of current commitment: August, 2013; 2 year commitment initially

Prevalence of child marriage: 52% of women ages 20-24 married/in union before age of 18

Location of most girls at high risk: 66% prevalence of child marriage/early unions in rural areas, 41% in urban areas

Adolescent birth rate: 167 per 1000 adolescents ages 15-19

Program participants: Girls ages 10-19, not in school, unmarried and married in Zambezia

Program intervention emphasis and package: Girl groups meet in safe spaces; girls are linked to quality SRH services including family planning; school continuation is incentivized; community dialogue on sexual and reproductive health and rights, gender, and justice.

Length of inputs:

Current status of program: 250 girls currently in girl groups; scale-up through Geracao Biz being planned

Monitoring and evaluation:

Partners and their roles: Government of Mozambique, and other UN agencies. Implementation by IPPF affiliate Amodefa, and Coalizao, a local NGO.

Number of girls that will be reached by the program (estimated): To be determined

Country: Niger

Start date and length of current commitment: July, 2013; 5 year commitment via UNFPA Niger's 2014-18 Country Programme Action Plan

Prevalence of child marriage: 75% of women ages 20-24 married/in union before age of 18

Adolescent birth rate: 206 per 1000 adolescents ages 15-19

Location of most girls at high risk: 84% prevalence of child marriage/early unions in rural areas, 42% prevalence in urban areas

Program participants: Girls ages 10-19, not in school, unmarried and married in 4 regions, Zinder, Maradi, Tillaberi, and Niamey

Program intervention emphasis and package: Weekly meetings of girls in groups (segmented by age and marital status), in safe spaces, led by mentors. Sessions provide life skills and SRH information etc. Additionally, girls receive literacy training, a health check-up (including the HPV vaccine for eligible girls, and family planning for married girls), and a birth certificate or national identity card. Supplementary activities include monthly community dialogue sessions, and national level advocacy against child marriage and to change the legal age at marriage.

Length of inputs: 8 months (30 weekly sessions with mentors, 60 sessions of literacy, and 8 community dialogues)

Current status of program: Operational in 4 regions, 40 communities, with 1600 girl beneficiaries

Monitoring and evaluation: Quantitative baseline with girls and households, in intervention and control communities; qualitative focus groups in intervention communities. Proposal to the World Bank's Strategic Impact Evaluation Fund under development.

Partners and their roles: Program jointly developed with the Ministry of Population, the Promotion of Women, and the Protection of Children; implemented by local NGO Lafia Matass; World Bank

Number of girls that will be reached by the program (estimated): 160,000

Country: Sierra Leone

Start date and length of current commitment: December 2013; 2 year commitment initially

Prevalence of child marriage: 48% of women ages 20-24 married/in union before age of 18

Adolescent birth rate: 122 per 1000 adolescents ages 15-19

Location of most girls at high risk: 61% prevalence of child marriage/early unions in rural areas, 30% in urban areas

Program participants: Girls ages 10-19, unmarried and married in 5 districts

Program intervention emphasis and package: Girl clubs with mentors who provide comprehensive sexuality education, and link girls to SRH services as well non-formal education opportunities. Supplementary intervention of enhanced community mobilization, as well as adolescent and youth leadership in SRH initiatives.

Length of inputs: To be determined

Current status of program: National teenage pregnancy strategy launched in early 2013. Community mapping conducted in one district with girl groups to commence meeting in early 2014.

Monitoring and evaluation: 2013 DHS and 2014 census data will be used to set baselines, end-line planned for 2015

Partners and their roles: Multisectoral strategy with five ministries but mainly Ministry of Finance and Economic Development and Ministry of Health and Sanitation. Lead NGO for technical assistance yet to be chosen.

Number of girls that will be reached by the program (estimated): 38,000

Country: Zambia

Start date and length of current commitment: Early 2014, 3 year commitment initially

Prevalence of child marriage: 42% of women ages 20-24 married/in union before age of 18

Adolescent birth rate: 151 per 1000 adolescents ages 15-19

Location of most girls at high risk: 53% prevalence child marriage/early unions in rural areas, 26% in urban areas

Program participants: Girls ages 10-19, unmarried and married, in Luapula and Northwestern province, plus two more.

Program intervention emphasis and package: Weekly meetings of girl groups segmented by age and marital status, in safe spaces, led by mentors, to learn life skills, and develop support networks. Supplementary interventions of community mobilization for social norm transformation, development of a national strategic framework and communication strategy against child marriage in Zambia, and larger portfolio of work on adolescents and youth under the Safeguard Young People regional programme.

Length of inputs: To be determined

Current status of program: Conducting a situation analysis of adolescents using secondary data. Selection of research partner underway. Significant national advocacy against child marriage already conducted and continues.

Monitoring and evaluation : Baselines in three provinces to be undertaken early 2014 which will guide the community-level programs for girls.

Partners and their roles: Ministry of Chiefs and Traditional Affairs, Ministry of Gender and Child Development, and Ministry of Community Development and Mother & Child Health. Implementation by Restless Development, Planned Parenthood Association of Zambia, and Population Council.

Number of girls that will be reached by the program (estimated): 48,000