



Save the Children.



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Program Brief

DELIVERING ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH IN SIERRA LEONE

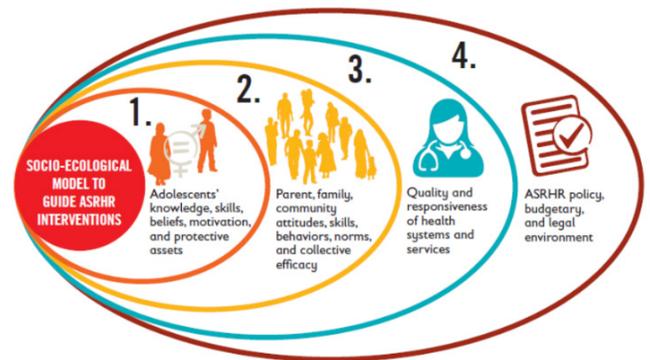
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Introduction

Adolescence is a critical window of opportunity when young people learn to make independent decisions and form their own attitudes and beliefs. Yet, adolescence is also a time of challenges, with many young people experiencing child marriage, early and unintended pregnancy, complications from childbirth, and related consequences such as being forced to drop out of school. Save the Children works to ensure that adolescents of all genders have access to comprehensive sexual and reproductive health (SRH), maternal and newborn health (MNH), and nutrition information and services, and the supportive and gender-equitable families and communities that they need to delay marriage and childbearing, have healthy pregnancies and babies, and be the leaders of today and tomorrow.

Improving adolescent sexual and reproductive health (ASRH) outcomes and fostering positive and healthy life transitions require multiple interventions reinforced across the socio-ecological model. **Our approach includes interventions to reach adolescents with comprehensive ASRH information and activities to cultivate self-esteem, agency, life skills, linkages with health services, and gender equitable attitudes and behaviors.** These programs engage adolescents' partners, families, parents and caregivers, and communities to foster more positive attitudes, behaviors, and norms around ASRH and gender. Through our adolescent-responsive health systems approach, we strengthen and expand access to high-quality, comprehensive SRH services and information for adolescents.

We address underlying provider bias when delivering services to adolescents and expand access to quality SRH services through facilities and in the community. We also advance the development and implementation of policies at national, regional, and global levels that support the rights and health of adolescent girls and boys. Our programs are age- and life-stage tailored and implement innovative positive youth development approaches that integrate health, education, and economic empowerment to meet the holistic needs of adolescents and young people.



Key Facts Sierra Leone

- 9% of women aged 20-24 in 2019 reported having been married or living together with a partner before the age of 15, 30% before the age of 18 (DHS, 2020).
- In 2019, 4% of 15-year old girls, 11% of 16-year old girls, and 15% of 17-year old girls were pregnant or had given birth (DHS, 2020).
- One in five (20%) of all deaths among girls and young women aged 15-19 in Sierra Leone occurred while they were pregnant, or within 42 days of the end of their pregnancy (DHS, 2019).
- Adolescent mothers face higher risks of eclampsia, puerperal endometritis, and systemic infections (WHO).

leaders, parents, women's groups, and adolescent champions. We work with government line ministries at all levels. We are also one of the few organizations that works with families, communities and government agencies to strengthen social, health, and educational support networks specifically for adolescent mothers and married adolescents.

MOMENTUM Country and Global Leadership Project

Program Description

USAID's MOMENTUM Country and Global Leadership is a five-year global project funded by the U.S. Agency for International Development (USAID) to provide targeted maternal, newborn, and child health, voluntary family planning, and reproductive health (MNCH/FP/RH) technical and capacity development assistance to ministries of health and other country partners to improve outcomes and facilitate sustainable development and country ownership. In Sierra Leone, MOMENTUM is building on the accomplishments of the COVID-19 Response Project to support the Government of Sierra Leone (GoSL) to maintain the continuity of essential quality MNCH/FP/RH services at the national, district, facility, and community levels. The project supports the GoSL and local partners to maintain the population's access to and use of essential MNCH services and FP/RH care within the context of COVID-19, and ensure the provision of safe water, sanitation, and hygiene (WASH) conditions and adherence to evidence-based hygiene behaviors. Based on a facility needs assessment, relevant MNCH/FP/RH interventions are implemented in 53 facilities in Western Area Urban, Western Area Rural, Kailahun, and Pujehun districts. The project works at the national policy and advocacy level to support the government to carry out critical health trainings, build technical capacity of District Health Management Teams, and reach beyond the project's four operational districts.

Results

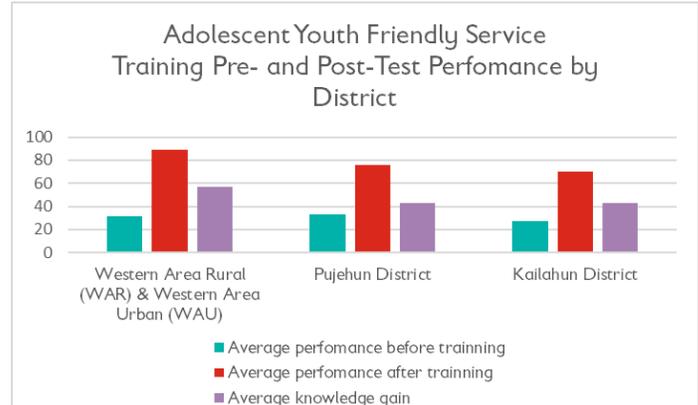
- Completed health facility assessments utilizing the adapted service availability and readiness assessment (SARA) to identify facility gaps and inform implementation that is adolescent and gender-responsive.
- Developed 53 facility level adolescent quality improvement aims focused on improving quality of care to adolescents and youth.
- Conducted a two-day training with 53 (41 female, 12 male) youth champions on community mobilization skills, and supported them to establish youth clubs in their communities and disseminate the ASRH gamification app widely among their peers at the district and community levels.
- Adolescents trained are using peer-to-peer engagement to increase app downloads, for a total of 1,250 times between May and September 2022.

Adolescent and Gender-Responsive Health System Approach

Adolescents face unique barriers to accessing and using high-quality care, such as distance, cost, opening hours, fear of being seen and judged, disrespectful treatment by providers, provision of incomplete information and services, and restrictions on what services they can seek without parent and partner permission. Furthermore, women and gender minorities experience gender inequality and power disparities within the health system that inhibit their ability to access quality health services and practice positive health behaviors. This is even more pronounced for adolescents due to the intersection of their gender identity and age, and can be further compounded by other intersectionalities such as socio-economic status, ethnicity, geographic location, disability, and more. Health systems can address barriers adolescents face by incorporating their needs and preferences and addressing the gender determinants of adolescent health across all components of the health system. This intentionally shifts the emphasis from creating separate rooms for adolescents to a more scalable and sustainable approach that ensures adolescent's needs are addressed across all the functions of the health system and through all service delivery points.

Lessons Learned

- Health systems need to be supported and capacitated to be adolescent and gender-responsive across all functions of the health system and through all service delivery points.
- In Sierra Leone, there is a need to establish an adolescent focal point with each facility to drive quality improvement (QI) interventions and improve quality of care to adolescents and youth.
- There continues to be a great need for continuous monthly data reviews to enable better decision making and monitoring of key adolescent indicators at facility and district level.
- Trainings for health workers should be coupled with monthly joint supportive supervision by district-level adolescent focal points to support facility adolescent quality improvement projects.



Genda Bizness – Reducing Teenage Pregnancy in Sierra Leone

Program Description

The Genda Bizness Project, supported through Irish Aid, was designed to tackle the driving factors of adolescent pregnancy in four urban areas in Freetown. The project aimed to develop and test a replicable, holistic, and effective approach to reduce teenage pregnancy and support vulnerable youth through addressing social and gender norms that drive adolescent pregnancy. This was achieved through an integrated project that included: an adaptive programming intervention that supported trained youth champions to engage their peers and communities to tackle the gender and social norms that contribute to adolescent pregnancy; supporting improved access to SRH and sexual gender-based violence information and services; tackling the economic factors that place girls at risk; and building the capacity of civil society organizations and government agencies to address teenage pregnancy beyond the project life span.

Results

- Increased recognition of the negative community perceptions around gender and socio-cultural norms surrounding adolescent pregnancy; from the project's baseline to end-line: from 11% to 89% of participants in Freetown; and from 45% to 55% of participants in Waterloo.
- Parents became more supportive of their children, including adolescent mothers to access sexual reproductive (SRH) services; and held more open conversations with their children on all subjects, including sex.
- Adolescents demonstrated a change of attitude and behavior regarding the use of SRH and modern contraceptives. More than 3,879 sexually active adolescents 10-19 years (441 boys and 3,438 girls) accessed modern contraceptives at the project's health facilities.
- Increased reporting of sexual and gender-based violence (SGBV) cases to the police Family Support Unit (FSU) and increased prosecution through Magistrate and High Courts.
- 87% of participants in the economic empowerment activities reported significant improvements in their household assets and income, reducing some of the economic factors that place girls at risk of adolescent pregnancy, such as engagement in commercial labor.

Learning

- Tackling harmful gender and socio-cultural norms takes time and requires repeated efforts and training, reinforcing messages and engaging a wide range of stakeholders including men, parents, leaders, law enforcement, and health workers – as well as training for staff, partners, and volunteers.
- Engaging youth champions to reach their peers, parents, and community leaders was effective in reducing socio-cultural resistance to adolescents' use of SRH services, but less effective in tackling other deeply-embedded discriminatory gender norms that place adolescent girls at risk.
- Mobile and outreach SRH services increased adolescent uptake of services by eliminating costs and ensuring the availability of all or most of the preferred methods of contraception. However, these were led and funded by the project, so are not sustainable. Substantive gaps in delivery and availability of contraceptive methods remain a persistent problem in Sierra Leone's public health facilities.

From Adolescent Mother to Strong Businesswoman and Respected Member of her Community

"I was in Senior Secondary School and only 16 years old when I was forced into marriage and had to drop out of school and move to Waterloo with my husband. But I loved school because I had friends there and I was also learning exciting new things and had a dream to become an air hostess. But instead, I became a child bride with two children, abandoned by my husband. I was young and naïve, believing that my husband would take care of me. I was left feeling hopeless and destitute. I became a squatter moving from one place to the next with my children. I hated my life and I even hated my children with passion. I became depressed and had constant thoughts of killing myself and my children because I felt like a failure in life. I could not finish my education to achieve my dream because of marriage, which did not go as I expected. My husband's family also abandoned me, leaving me with the responsibility of feeding and providing shelter not only for myself but also for my children at a very young age.

A couple of years ago, I learnt about this program that helped me go back to school and learnt catering. Throughout my training, I received transportation allowance, other allowances to support my practical sessions as well as counseling. After I graduated, I was given a catering start-up kit to start my business. I am now a certified caterer. I am an independent woman with so much respect in my community. Joining the village savings and loans association (VSLA) program, I am hoping to open my restaurant at the end of the year. I feel inspired and now dream of owning a hotel, a restaurant, and catering school one day. Through the counselling from the project, I am learning to love for myself and feel proud of myself every day. The trainings also taught me about parenting without violence. I am now a proud loving mother to my children, an independent woman with so much respect in my community."



Aminata is now a certified caterer in Karene District. Photo credit: Save the Children.

Mek We Tok But Mammy En Daddy Biznes [Let's Talk About Sex]

Program Description

From 2019-2021, with funding from the Danish Television Collection, a public fundraising campaign in Denmark, Save the Children used social and traditional media approaches to increase access to sexual and reproductive health (SRH) information and services for adolescents and young people, in partnership with three national partners across the non-profit, media, and academic sectors.

The project worked with adolescents from four urban areas of Freetown to design their own, locally and contextually relevant game application that provides accurate information to help adolescents and young people understand issues around puberty, teenage pregnancy, menstrual hygiene, sexually transmitted infections, sexual health and rights, personal hygiene and COVID-19, all through a game format and within the Sierra Leone context.



Adolescents using the SRH game app, 2020. Photo credit: Save the Children.

Results

- The project produced the first game application in Sierra Leone with content developed specifically by young people and adolescents. The app continues to be used and replicated in other programs, including MOMENTUM Country and Global Leadership.
- The app gained substantive national and international media coverage, through which it is estimated that the project reached international audiences of over 1 million; and a national audience of over 800,000 thousand.
- A total of 603 adolescents (453 girls and 150 boys) from urban communities were trained on SRH topics, and an additional 24 adolescent girls were trained and supported to engage their peers and parents on teenage pregnancy and menstrual hygiene through small group and peer-to-peer discussions. An additional 2,753 individuals were reached through community engagements with local comedians and drama groups, to raise awareness and stimulate discussions on SRH issues.
- Through the project's support to the Rainbo Sexual Assault Referral Centre in Freetown, a total of 335 survivors of sexual assault were able to receive comprehensive, free, and confidential services.

Learning

- There is need to build in an extended period of time to invest in building the trust and confidence of adolescents when co-developing activities with other entities (e.g., universities).
- Participating adolescents reported feeling that their opinions and input were valued through the co-creation process.

Right to be a Girl

Program Description

From 2017-2021, with funding from a private philanthropist, Save the Children implemented an integrated project to address child marriage and adolescent pregnancy in 14 hard-to-reach communities of Pujehun District. The project took an ecological approach, with interventions at the individual level to support girls who are married to improve their protection, social support, and wellbeing, and at the household and community levels to prevent early marriage and gradually reduce acceptance of its practice, and advocacy activities at all levels to influence changes in government services, policies, and legislation.



A Right to be a Girl-trained Girl Champion speaks in Pujehun on ending child marriage, 2021. Photo credit: Save the Children.

Results

- Through participation in savings groups and business development opportunities, at least 77.5% of the 420 married adolescent girls reported having increased economic assets, a strong voice in decision-making processes in their households, and increased self-confidence.
- Engagements with husbands and young men helped challenge negative social norms that perpetrate gender bias. Some husbands now volunteer as community champions, promoting gender equality and advocating against early marriage.
- Interventions using Save the Children's Parenting Without Violence common approach resulted in improved communication, including on SRH issues, between parents, caregivers, and adolescent girls for over 91% of the 1,200 unmarried adolescent girls.
- Community intergenerational dialogues bringing together adolescents and stakeholders led to specific community actions to address child marriage, such as the passage of local by-laws in all project communities.

Learning

- Adolescent boys must be comprehensively engaged as key stakeholders and potential challengers to the success of interventions for adolescent mothers and married adolescents, as well in projects aiming to tackle teenage pregnancy. This will avoid boys' feeling 'left out' of the conversation and activities.
- The project found that adolescent mothers that are accepted and supported by their parents/caregivers have stronger resilience to community stigma than those rejected by their parents/caregivers, and are more likely to do well in education and vocational activities. This underscores the importance of targeting parents/caregivers as key stakeholders in activities for adolescents.

Second Chance Project

Program Description

While many Save the Children programs focus on the prevention of adolescent pregnancy and early marriage, we are also one of the few organizations in Sierra Leone that also works to **address the rights of adolescent mothers and married adolescents**. When they become young mothers outside of marriage, adolescent girls in Sierra Leone become targets of discrimination on three multiple and compounding levels: they are young (hierarchy of age); they are female (patriarchal society); and they are pregnant out of wedlock (a very strong cultural taboo). While social and cultural attitudes are gradually shifting with respect to gender equality and children's rights, discrimination against girls when they become pregnant and mothers is generally unquestioned, and many are rejected from their homes. From 2018-2022, with funding from the Danish Government (DANIDA), Save the Children implemented the Second Chance Project in eight urban areas of Freetown. Under this project, we worked with national organizations, service providers, communities, and adolescent mothers to strengthen social support, access to essential health/SRH and protection services, and livelihood/education opportunities for adolescent mothers; and to support adolescent mothers to speak out on their own behalf in order to dispel myths and tackle discrimination.

Results

- 320 adolescent mothers with strengthened ability to safely provide economically for their children and families, or to increase their future prospects of doing so by returning to school, or completing technical and vocational training. Parents of other adolescent mothers were inspired to accept their daughters back into their homes and support them to either return to school or engage in vocational skills training.
- An 80% increase in the utilization of health services and SRH counselling, as well as knowledge about SGBV laws and reporting mechanisms among the project beneficiaries and their families. Adolescent mothers also reported improvements in health worker attitudes when accessing services (less discrimination and shaming).
- All adolescent mothers participating in the project reported improved relationships with their families and communities, decreased stigma and discrimination, and increased acceptance. Some community leaders are now serving as mentors to these and other adolescents.



Photo credit: Save the Children

Second Chance Project: A Case Study

Doris was about to write her college entrance examination when she fell pregnant. She managed to hide the pregnancy until she wrote the exams, but could not get the grades for college. Her mother found out about the pregnancy and was so angry that she threw Doris out. Community members looked down on her and friends abandoned her. To make matters worse, the man responsible for the pregnancy ran away. Describing the Second Chance Project, Doris said: “[...] I started attending meetings. They taught us about decision making, motherhood and many other things. They then asked if I would like to continue schooling, learn a skill or start a trade. I told them that I had taken the WASSCE (West African Senior School Certificate Examination) and would like to be trained as an auto electrician. They wondered if I would be able to do the job and I assured them that I will be able to do it,” she said. The project supported Doris to enrol in a skills training garage to be trained as an auto electrician. She leaves her child with her mother every day. She has been training at the garage since 2017 and gained a lot of knowledge and skills as an auto mechanic. In December 2021, Doris was certified and the project provided her a tool box as a start-up kit for employment.

Learning

- The importance of engaging adolescent boys as well as girls in tackling social norms and behavior that place girls at risk of pregnancy. The project addressed this by working with groups of boys in the community, and ensuring that boys participated in the community meetings and intergenerational dialogues.

My Body, My Decision, My Right: Reducing Child Early and Forced Marriage in Sierra Leone

Program Description

Child, early and forced marriage (CEFM) is a form of sexual and gender-based violence (SGBV), a major infringement of girls' human rights and one of the key factors undermining the realization of their full potential and their contribution to a stronger society. The drivers of CEFM are multi-faceted and rooted in a complex inter-play between poverty, lack of access to education, pervasive gender inequality, discriminatory norms, and beliefs about gender. Sierra Leone has the 18th highest rate of child marriage in the world. A recent study conducted by Save the Children showed that child marriage was present in one third of families. CEFM is a three-year (2020-2023) project funded by the Government of Canada through Global Affairs with the ultimate aim of enhanced empowerment of adolescent girls to determine their own future and fulfill their equal human rights, particularly on marriage and pregnancy, in Burkina Faso and Sierra Leone. The project activities are operational in 30 communities in Kailahun and Western Rural districts. Taking a gender-transformative and girls' empowerment approach, the project engages with adolescent girls directly, as well as a range of other stakeholders (parents, male partners, religious and traditional leaders, government officials) who have control or influence over girls' ability to make their own informed decisions about marriage and pregnancy.

Key Results

- 60 community structures are now renovated to create safe spaces for adolescents. 120 safe space facilitators trained and engaged to deliver safe space sessions that are implemented weekly for 693 girls and 578 boys enrolled, with separate

Practices Perpetuating Child Marriage in Sierra Leone

Initiation rites related to female genital mutilation (FGM) and the "Bondo Society" are still practiced in Sierra Leone. Qualitative results from Sierra Leone revealed the strong influence of initiation rites for girls, such as the "Bondo Society" and other practices related to FGM. The "Bondo Society" is a secretive society in Sierra Leone, more like a sisterhood or cultural identity, which aims to prepare young women for adulthood and recognizes their maturity to becoming a woman. Girls usually become part of the Bondo Society at the age of puberty, and are required to undergo FGM, which remains widely practiced in Sierra Leone. Becoming a member of the Bondo Society is one of the few times when girls are celebrated and raises their social standing in the community. During qualitative interviews, many religious and traditional leaders spoke about girls who get married after the Bondo Society, because they feel they have been initiated as a woman and are ready to have sex and get married.

In Sierra Leone, there is a general feeling that strong progress is being made to reduce child marriage, as a direct result of government action including the high-profile "Hands Off Our Girls" campaign led by First Lady Fatima Maada Bio to end the practice of child marriage. Over 50% of adolescents and 60-70% of caregivers in Sierra Leone believe that laws on child marriage are enforced in their community, through a combination of fines and jail time. However, qualitative results suggest that while official cases of child marriage are on the decline, the practice continues through common-law and customary marriages, including the "Tap 2 Me" practice of pregnant girls living with the father of their child. Such forms of unofficial child marriage often go undetected. In both countries, enumerators observed that most people know child marriage is illegal, and some husbands try to hide the practice and do not admit to having wives below the age of 18.

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sessions for young and older adolescent girls and boys in each of the project communities.

- 28 village savings and loans association (VSLA) groups have been established and supported including the participation of adolescent parents and married adolescents.
- Service providers from 22 health facilities and 16 police stations have been trained in adolescent-friendly and gender-responsive health and protection services.

Learning

- Formative research underscored the importance of interventions proactively engaging and targeting young men and adolescent boys in projects to reduce teenage pregnancy and tackle child marriage. The research showed that men in our project communities felt disempowered and without access to information and services on SRH, and in some cases, purposefully making poor SRH choices in response to this feeling of disempowerment.
- Adapted and focused trainings on gender-transformative attitudes for service providers are leading to improved access to SRH services, an increase of GBV case reporting, and more responsive and accommodating services.
- Increased reporting by adolescents has informed and led to advocating for national-level SRH policies to specifically include a focus on adolescents.

Looking Ahead

Save the Children in Sierra Leone is working closely with the Government of Sierra Leone, line ministries, district authorities, community leaders, and – most importantly – adolescent girls and boys to improve demand and access for high-quality, age-appropriate, confidential, and gender-responsive adolescent sexual and reproductive health services. Our work in pursuit of this is aligned with our Country Strategic Plan for 2022-24, which aims to for Save the Children to support ‘adolescent-friendly, gender-transformative sexual and reproductive and child health services’, within which we aim to fundraise more than \$8,000,000 USD in order to do so. We look forward to continuing our great collaboration with the Government of Sierra Leone to support and sustain the capacity of health services to deliver high-quality ASRH services to adolescent girls and boys. Critically, we look forward to capacitating and enabling adolescent girls and boys themselves to hold duty bearers to account for delivery of high-quality ASRH services, and play a significant role in designing and implementing solutions to the ASRH issues impacting their own lives and futures.