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GIRLS' VULNERABILITY ASSESSMENT REPORT.

Child Early and Forced Married (CEFM) Project
Kailahun and Western Area Rural, Sierra Leone

Canada



Save the Children

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Acronyms

MEAL	Monitoring, Evaluation, Accountability and Learning
CEFM	Child Early and Forced Married
GAC	Global Affairs Canada
VSLA	Village Savings and Loan Association
SCI	Save the Children International
PDQ	Program Development and Quality
CFRM	Community Feedback and Respond Mechanism
HH	Household
VYA	Very Young Adolescent
OA	Old Adolescent
NSRTP	National Secretariat for the Reduction of Adolescent Pregnancy

ACKNOWLEDGEMENTS

The girls' vulnerability assessment survey was made possible through funding from the Global Affairs Canada to address Child Early and Forced Marriage and Teenage pregnancy in two districts of Sierra Leone from 2020-2023 under the Feminist International Assistance policy (FIAP) policy.

The participation of the project and Monitoring and Evaluation teams in the design and implementation of the assessment is applauded. We express special appreciation to the community stakeholders, head of households' and adolescents in the study communities for dedicating time and effort in providing the information required for the assessment.

EXECUTIVE SUMMARY

About the study

Reducing Child Early and Forced Marriage (CEFM) also known as “My Body. My Decision. My Rights” is a three-year project which aims to work with adolescents, parents, community stakeholders and Government to enable girls make decisions on their own future and fulfil their equal human rights by addressing the underlying normative conditions which maintain gender inequality and making alternative opportunities more accessible and meaningful for girls.

In collaboration with the Government of Sierra Leone, the project aims to empower very young adolescents (10-14 years) and older adolescents (15-18 years) girls to make their own informed decisions about marriage and pregnancy; contribute to improving the social environment and policies, and finally strengthen the institutional environment at the national and sub-national levels to accelerate actions on gender equality and the prevention of all forms of discriminations against girls. The project is supported by the Global Affairs Canada and is being implemented in 30 communities within Kailahun and Western Area Rural Districts.

The Girls' vulnerability assessment aims to enable the development of the criteria for identification and inclusion of vulnerable adolescents' girls as primary beneficiaries of the intervention by collecting comprehensive information on households based on their existing assets and strengths; needs and priorities; and areas of interest that would inform the need-based intervention. It also assessed gender inclusiveness and sensitivity in planning the economic intervention of households thereby enabling the most deprived and vulnerable girls and boys to directly benefit from the project.

The CEFM project leveraged on the experience of the Genda Business—an existing gender equality intervention in the adaptation of the vulnerability assessment tools. The two-part assessment tool for household heads and adolescent 10-18 years examined vulnerabilities in relation to income/asset, education access, child marriage/teenage pregnancy, child protection and disability. The tools were developed in Kobo collect to ease field administration and data quality.

Intensive field supervision and real-time data cleaning promoted quality assurance of the entire process. Data collection targeted 47% of the project communities and 15% of adolescent girls randomly selected in the two districts.

Key findings

A total of 928 head of households (M 277 & F 651) and 1006 adolescent girls (VYA 332 & OA 674) were interviewed in the two districts. Thus, 70% of the head of HHs are females. There is generally poor living condition with significant impact on adolescent wellbeing. Most of the households (76%) are low income earners while 21% have average income indicating that families in these communities are living in extreme poverty. The literacy level stands at average, as 50% of adolescents in the households have either dropped out or never been to school. Teenage pregnancy is prevalent at 39% indicative of at least 1 pregnant adolescent/mother in every 2 households.

Most households present considerably high child protection issues. About 34% of adolescent girls expressed being treated unfairly in the home in relation to their male siblings.

The girls' vulnerability assessment has revealed the scope and types of risks and vulnerabilities of adolescent girls in relation to child early and forced marriage in Kailahun and Western Rural districts. The following are implications for project implementation:

- Adolescent girls living in the lowest income households or as head of household with responsibility of economic support would be prioritized as project beneficiaries.
- There is a need to incorporate psychosocial and mental health support through home visit by facilitators as part of the safe spaces model.
- Extending positive parenting sessions to adult head of households during the community dialogue and VOICES video discussion in the mothers and fathers club can potentially reduce child protection issues.
- VSLA intervention should create linkages to finance/business development institutions to support small-scale business opportunities to boost economic power and decision making of adolescents.

- Provide linkage for adult literacy/numeracy opportunities to willing adolescent mothers to enhance life options.

PROJECT BACKGROUND

The project “Reducing Child, Early and Forced Marriage (CEFM) also known as My Body. My Decision. My Right, is currently being implemented in Sierra Leone and Burkina Faso for three years: February 2020-January 2023. The project aims to reduce CEFM, enable girls to make decisions on their own future and fulfil their equal human rights by addressing the underlying normative conditions which maintain gender inequality and making alternative opportunities more accessible and meaningful for girls. The project targets the driving factors of CEFM by empowering very young adolescent (VYA, 10-14 years) and older adolescent (OA, 15-18 years) girls and boys to make their own informed decisions about marriage and pregnancy; improving the social environment for adolescent girls to make these decisions, and finally strengthening the institutional environment at the national and sub-national level to accelerate action on gender equality and the prevention of CEFM.

Aligned with the development priorities of Global Affairs Canada (GAC) and its Feminist International Assistance Policy (FIAP), the Project aims promote gender equality and girls' empowerment by working across the socio-ecological model, including adolescent girls and boys, parents, traditional and religious leaders, women and girl-led community groups, civil society organizations (CSOs) including women's rights organizations (WROs), service providers, sub-national, national, and regional government stakeholders.

The project is delivered through various local partnerships to promote local ownership and sustainability of outcomes. Project implementation is aligned with the government of Sierra Leone National strategic plans and policies relevant to CEFM and adolescent pregnancy. These includes-The National Reproductive Maternal New-born, Child and Adolescent Health Policy and Strategy (2017-2021); Family Planning Costed Implementation Plan (2018-2022); the revised Sexual Offences Act; and the National Free Quality Education Initiative, which integrated sexual health education into the national school curriculum in order to expand access to ASRH services. Furthermore, this project will strengthen the capacity of the district level chapter of the National Secretariat for the Reduction of Adolescent Pregnancy (NSRTP) to improve coordination of CEFM and adolescent pregnancy activities, visibility and accountability. Across the project districts Kailahun and Western Rural, the project will reach a total of 12,230 direct beneficiaries (5,120 girls, 3,300 boys, 2,080 women, and 1,730 men) and 15,665 indirect beneficiaries (3,100 girls, 2,410 boys, 8,200 women, and 6,800 men.

RESEARCH AIMS AND OBJECTIVES

The purpose of the assessment is to examine the vulnerabilities of adolescent girls within the households in relation to child early marriage and pregnancy in order, to enable the identification and selection of adolescent girls with felt needs for inclusion as core beneficiaries of the project services, and to deliver programs more appropriately to address their needs. To identify vulnerable and marginalised adolescent girls and boys in the project communities. More specifically the study was guided by the following objectives:

- To examine adolescent girls' vulnerability in relation to child marriage and pregnancy towards the development of the girls' beneficiary register for the project communities.
- To understand household dynamics and existing child protection issues that the project can address.
- To utilise the girl's vulnerability information as point of entry for identifying and admitting girls into the project activities.
- To utilise the girls' vulnerability information for adaptive programming that addresses the felt needs of adolescent girls.

METHODOLOGY

Research design

The assessment utilised a mixed of quantitative and qualitative approaches for data collection which was conducted in November-December 2020 and undertaken in 3 phases.

Phase 1: Development of vulnerability indicators and adaptation of tools: The CEFM project and the MEAL teams worked together to generate the vulnerability indicators to reflect the condition of all categories of adolescent girls to develop the survey questions. The dummy analysis framework was also developed to provide insights into the expected data output requirement. The tool was peer-reviewed and the final version was uploaded into KoBo collect software.

Phase 2: Selection and training of enumerators, pilot and validation of tools: Ten female enumerators were selected each for Kailahun and Western rural districts through SCI tendering and research team recruitment process. Two days training was conducted on understanding the survey tools and piloted in KoBo software in the selected communities in each district and afterwards the tools were validated.

Phase 3: Data collection and analysis to determine eligibility for girls' enrolment into CEFM activities: The data collection was rolled out in the selected 14 communities (47%) of project communities in the two districts for a period of 7 days. The female community mobilisation officers provided supportive supervision during the data collection in the respective communities and the MEAL team provided oversight for data quality assurance. A post data collection feedback/lessons learnt sessions held in the districts where enumerators and supervisors discussed challenges, key findings and lessons and recommendation for future similar assessment. Finally, a half day meeting was organised with the CEFM team to review the data output, agreed and prioritised the vulnerability indicators for enrolment into CEFM intervention.

Sampling

The CEFM project is currently being implemented in 2 districts and 30 communities targeting a population of about 6000 adolescent girls. A sample size of 15% (900) respondents were selected across 14 (47%) of operational communities to represent the population. The communities were selected through a stratified random sampling with the following procedures to allow equal chance of selection/probability;

Step 1: Communities were placed in two groups (Group 1 – Western Area Rural and Group 2 - Kailahun)

Step 2: Step 2: calculate the nth number/item to be selected

Nth number = $30/14 = 2.1$

Step 3: Select 2nd number from the list of respondents.

Data Collection Procedure

Interviewer-administered questionnaires developed using an adapted version of the girl's vulnerability tool were used to collect data across 14 operational communities in the two districts. The tool has two sections to obtain information from household heads/caregivers and eligible adolescent participants within the households. The tool examined the living conditions of the family, asset access and control, sources of income, level of education, adolescent pregnancy/motherhood, and disability status.

The data was collected using an ICT 4 D software-based tool (Kobo-toolbox), and the validated tools were uploaded to the toolbox and deployed on android devices as required. Each of the data collection devices had the Kobo Collect application installed and were managed by trained enumerators. Completed questionnaires were uploaded to a central server, allowing for real-time quality assurance and data completeness checks.

The data collection sample was representative of the project population and was designed to reflect the experiences of other adolescents in the community. SPSS data analysis software was used for analysis of the quantitative objects, and content/thematic analysis was used for the qualitative response.

Data protection and management.

Data security and management was prioritized in accordance with SCI's data protection and IT policies. After the study, the data from the girls' vulnerability assessment was encrypted/protected and stored in dedicated archives. The SCI data use/sharing protocols/procedures will determine how long information will be held.

Ethical considerations

Prior to the field work enumerators and supervisors received detailed training on the ethical standards and consideration, child safeguarding policy, fraud, bribery and corruption, CFRM/le-we-tok and data quality criteria.

In addition, the MEAL ethical standards and considerations were fully incorporated in the data collection process;

- The MEAL team, enumerators and supervisors ensured confidentiality and anonymity and assured participants of their rights and privileges during the data collection process.
- The enumerators communicated with participants the basic information about the survey and use of data, and brief about Save The Children.
- Consent statements were administered with Kobo android device and print version of SCI standard consent forms were provided for signature.
- Consent of care givers and accent were received for adolescents below 18 years.
- Participant safety and security was taken into high priority when administering the tool.

- The team maintained high level of professionalism and compliance to SCI standards and policies at all times during the study.
- Representation – The survey ensured equal representation in the communities. Probability selection (stratified random method) was used with 15% representation of girls in the communities.

Research Framework

Assessment of vulnerability indicators

The assessment mapped out the vulnerability criteria which informed the development of the research tool. Following several reviews, the final version was adapted for data collection. The following vulnerability indicators were agreed and prioritised as eligible assessment criteria.

- *Girls who are living with one parent or single parent headed household.*
- *Girls who are single parent themselves.*
- *Girls who are out of school.*
- *Girls who have a child or children.*
- *Girls who are married.*
- *Girls who are currently pregnant.*
- *Girls who are not living with their biological parents.*

Other vulnerability indicators to consider;

- *Girls who are living in extreme poverty (low income earners).*
- *Girls who are head of households (Child headed households).*
- *Girls who have physical disability manageable by SCI operations (e.g. mobility challenge).*

Assessment Questions

The girls' vulnerability tool for developing a girl's roster was initially produced with technical assistance from Population Council and was previously used by the Genda Bizness project. For this study, the project team reviewed and modified the tool to align with CEFM objectives. The specific thematic focus includes:

- Household asset access, control and sources of income
- Household living condition.
- Access to formal education.
- Marital situation of the adolescent.
- Adolescent experience of pregnancy/motherhood.

Limitations

For successful logistic management, the girls' vulnerability assessment was limited to 14 of the 30 project communities. This may potentially not fully represent the peculiar needs of some adolescents other communities. However, the randomisation of the selected samples is

expected to be representative considering adolescents within the enumeration areas have similar characteristics.

RESULTS

The findings from the girl's vulnerability assessment are presented in this section of the report. A total of 928 households' interviews were conducted from the 900 targeted HH representing a coverage of 103%. Overall, 928 parents/caregivers (F651 & M 277) responded to the household questionnaire (Part I) and 1,006 adolescents (332 VYA and 674 OA) responded to the adolescent questionnaires Part II. Grafton community has the highest number of respondents of 20% due to the population while Mama Beach community has the lowest respondents (2%). A breakdown of the respondent categories can be found in [Table 1](#) and the spread per community in [Table 2](#).

Table 1: Respondent Distribution

Category of respondents	Male	Female	Total
Household heads	277	651	928
Adolescents VYA	0	332	332
Adolescent OA	0	674	674
Total	277	1,657	1,934

Table 2: Distribution of respondents by communities

Districts	Chiefdoms	Communities	Part I: Parents/caregivers		Part II: Adolescents		Total % Coverage
			Interviews	% cover.	Interviews	% cover.	
Waterloo	York Rural	Baw Baw	33	4%	45	4%	4%
	Mountain	Grafton	183	20%	201	20%	20%
	Waterloo	Deep Eye Water	104	11%	131	13%	12%
	York Rural	Mama Beach	16	2%	23	2%	2%
	York Rural	Macdonald	37	4%	41	4%	4%
	Koya Rural	Cole Town	65	7%	70	7%	7%
	Koya Rural	Crossing	40	4%	45	4%	4%
Kailahun	Mandu	Levuma	91	10%	91	9%	9%
	Mandu	Baiima	90	10%	90	9%	9%
	Dea	Dodo,	46	5%	46	5%	5%
	Dea	Seinga	43	5%	43	4%	4%
	Malema	Taninawahun	42	5%	42	4%	4%
	Peje-Bongre	Gawama	48	5%	48	5%	5%
	Peje-Bongre	Ngolahun	90	10%	90	9%	9%
Total			928	100%	1006	100%	100%

The communities with the highest respondents are densely populated communities and are chiefdom headquarters. Western Rural has the most respondents (n=478 households), followed by Kailahun (n=450 households). However, the assessment was designed to reach Head of HH and female adolescents who met the inclusion criteria.

Sociodemographic Profile:

Table 3: Sex distribution of Head of HH Respondents

		Respondent Sex		Total
		Female	Male	
District	Kailahun	325 (35%)	125 (14%)	450 (49%)
	Western Area Rural	326 (35%)	152 (16%)	478 (51%)
Total		651(70%)	277(30%)	928 (100%)

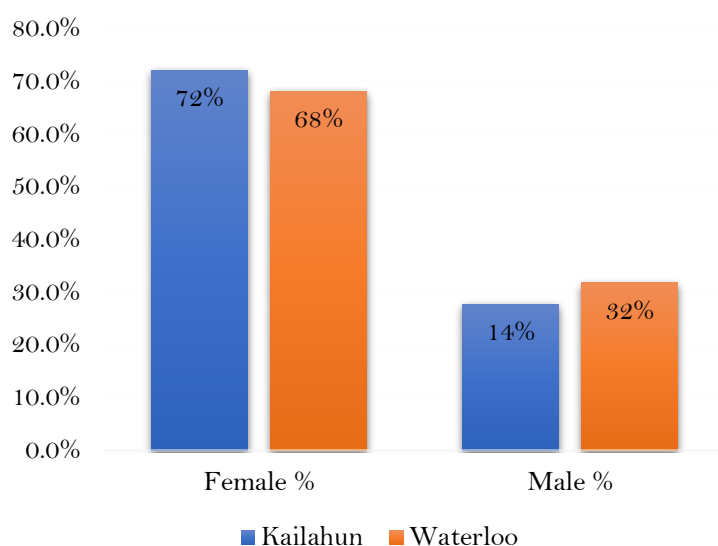


Figure 1: Sex of Head of Households

Table 3 and figure 1 revealed that among the study sample, more women 70% are increasing becoming heads of household with the responsibility of providing the family needs, with Kailahun having a higher proportion of female headed households. The gender stereotype around men as heads of household and in wealth ownership is fast changing.

Age of Respondents

There are variations in the age brackets of heads of HH, 36 years & above (59%), 19-35 years (36%), and 15-18 years (5%). This result shows that some households are headed by adolescent girls with the duty of care for their siblings. This situation is predominant among orphans and neglected children.

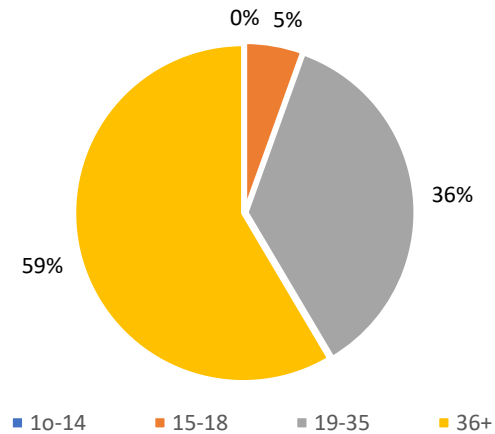


Figure 2: Age distribution of HH.

The second section of the questionnaire's targeted adolescent respondents; 10-14 years (VYA) and 15-18 years (OA). The vulnerability requirements for inclusion in the assessment were met by 33 percent of Very Young Adolescents (VYA) and 67 percent of Older Adolescents (OA).

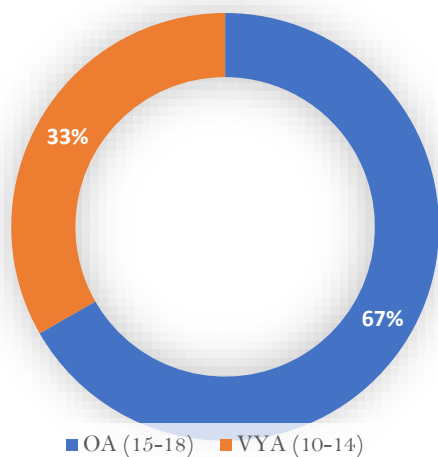


Figure 3: Distribution of Adolescent According to Category

Household Living arrangement and Size

Results shows variations in the living arrangement in the households. [Figure 4](#) below shows that 23% of families are headed by both parents, 9% by single parents (male), and a higher percentage of households (36 %) are headed by single parents (female) at the time of the assessment. In addition, child/adolescent-headed households account for 6% of all households, and also grandparents-headed households account for 6%.

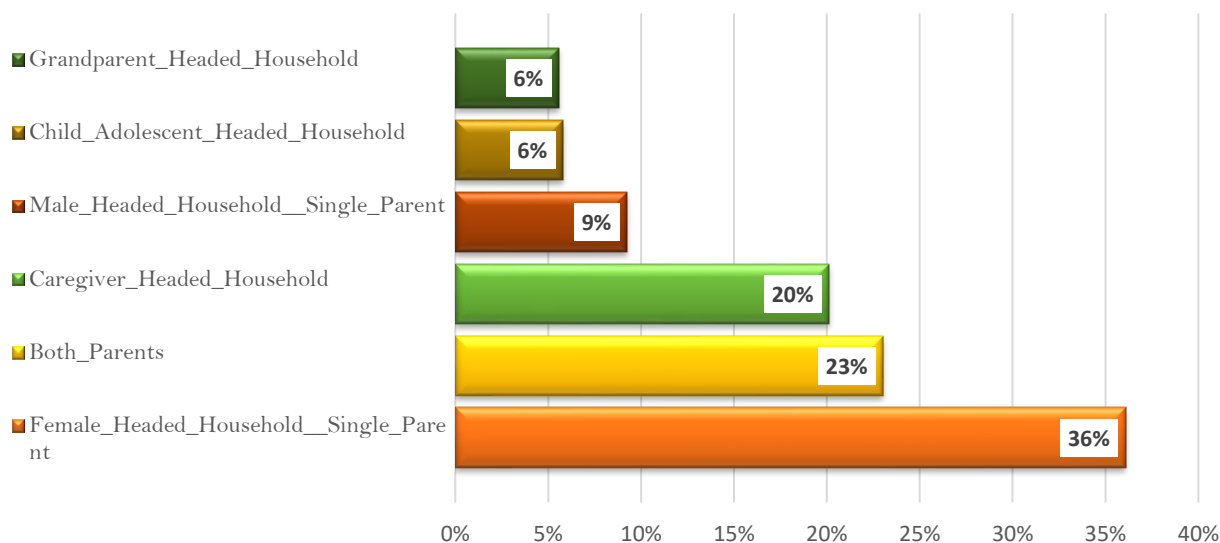


Figure 4: Household Type

In addition, 50% of adolescents live with caregivers which includes grandparent and parents of another children. While 26% live with either their mother or father (single), 8% are independent and 16% lived with both parents at the time of the survey.

Household size is fairly large in the project districts, **Figure 5** presents, household size according to grouping which revealed that 52% of the households have 6-10 members 36% have 1-5 members in the household while 10% households have 11-15 members and 2% have 16 and above. Generally, households in the communities are opened to relatives and other neighbours who take permanent resident in the homes

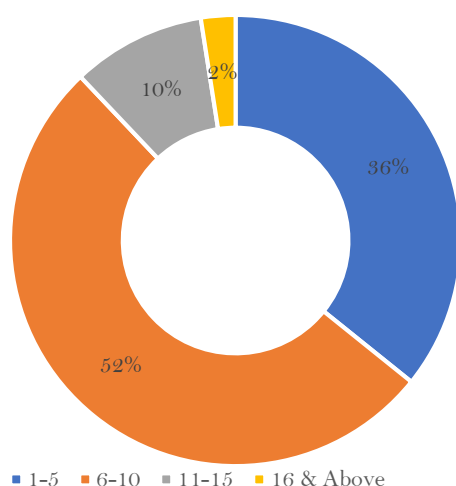


Figure 5: Size of Households

Educational Attainment of households (caregivers and adolescents)

Figure 6 below shows that, majority of the household heads in operational communities had never been to school (56%), while 23% had secondary school education, 18% had primary school education, 2% had tertiary education and 1% had non-formal education.

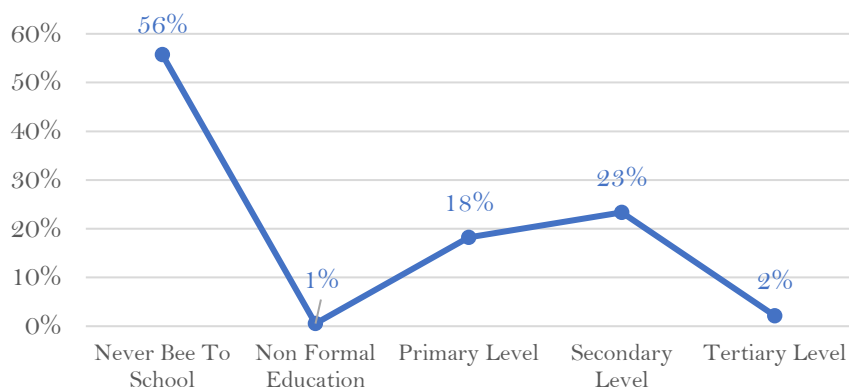


Figure 6: Educational Level of Household Heads.

In a similar vein, Figure 7 below indicates proportion of HH heads who dropped out and discontinued primary education. This reveals that, 1% of household heads who attained primary level education dropped out in class I, 8% in class II, 12% in class III, 10% in class IV, 26% in class V and 42% in class VI. The drop our rate increased with class advancement.

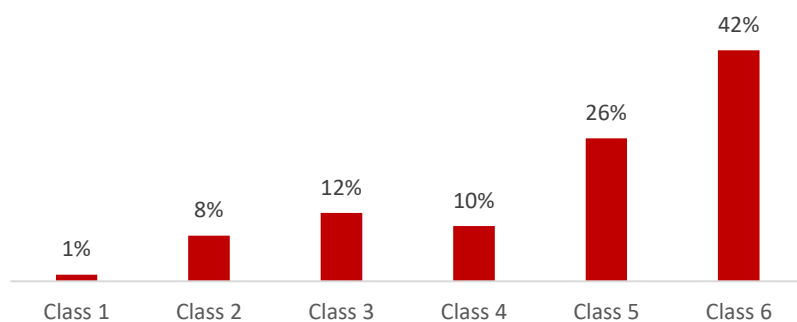


Figure 7: Distribution of HH who dropped out at Primary Level

In addition, most of the head of HH who had secondary education dropped out in JSS 3 (31%) and SSS 3 (17.5%) respectively.

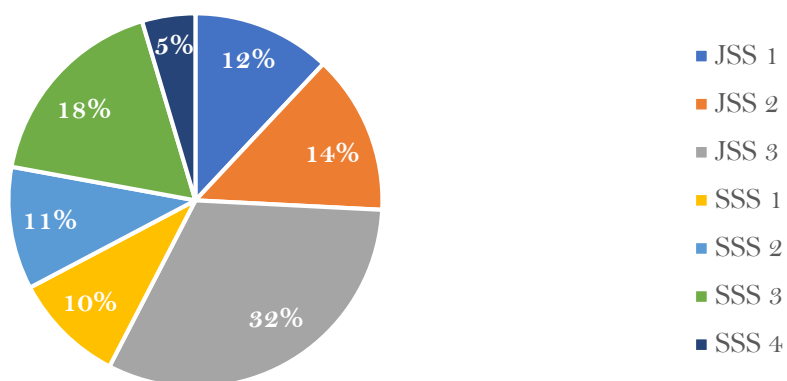


Figure 8: Distribution of HH who dropped out at Secondary Level

Current educational attainment for adolescent is varied with 54% of 10-18 years old currently in school, 42% dropped out of school while 4% had never enrolled in school and non-formal education was not a consideration.

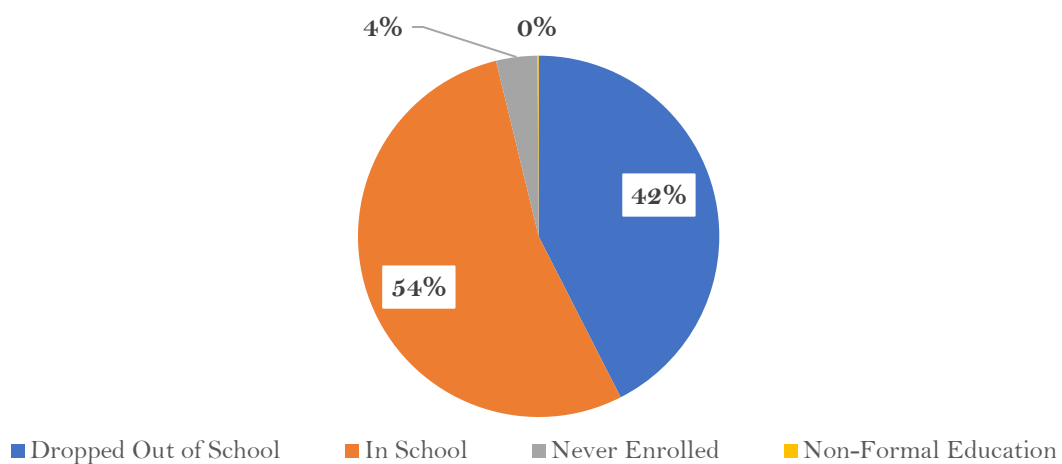


Figure 9: Adolescents' level of Education.

Comparing Education of Household heads and Adolescents

More adolescents have better access to education and higher retention than the caregivers. **Figure 10** below compared education status of caregivers with those of adolescents and revealed that adolescents are twice more likely to attend secondary education (54% vs 23%). Similarly, adolescents 43% are currently in primary level while only 13% of caregivers completed primary education. More caregivers than adolescents never enrolled in school (56% vs 4%). There is therefore generally poor literacy among the caregivers with potential grave impact on the adolescent's health and protection outcomes.

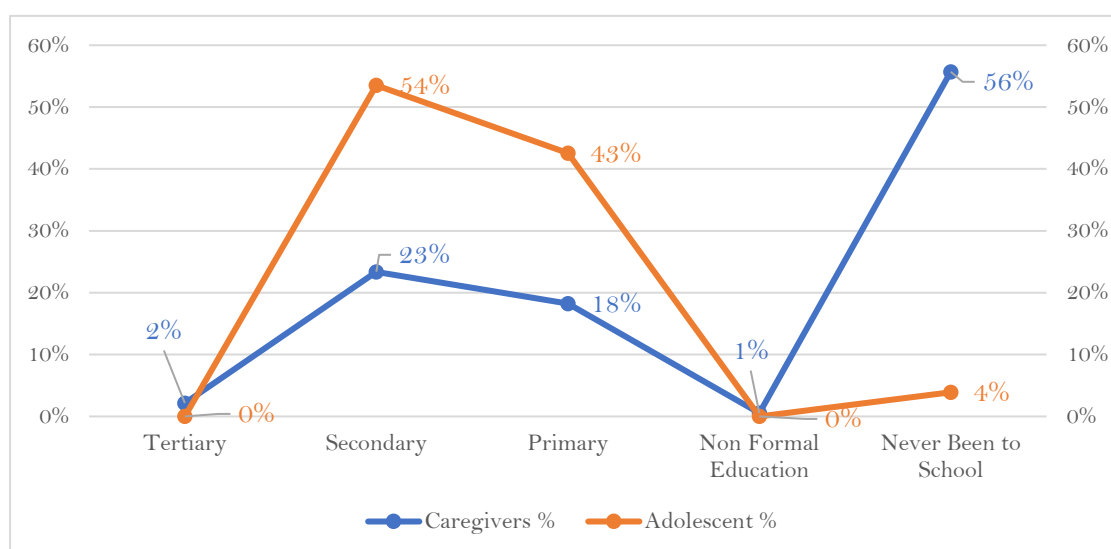


Figure 10: Comparing Educational Level (HH Vs Adolescents)

Comparing Adolescent Education and being pregnant/Given birth.

Table 4: Adolescent Educational Level * Adolescent Preg/Given Birth.

Adolescent level of Education	Have given birth to a child %		
	No	Yes	Total
Dropped out of school	151 (35%)	275 (65%)	426 (100%)
Currently in school	464 (86%)	74 (14%)	538 (100%)
Never enrolled	20 (54%)	17 (46%)	37(100%)
No formal education	0 (0%)	1(100%)	1 (100%)
Total	635(63%)	367 (37%)	1002 (100%)

Table 4 above reveals that teenage pregnancy and adolescent child birth is a key driver of school drop out in the project communities as 65% of adolescent girls are out of school due to child birth while 14% of those currently in school had also given birth.

Table 5: Correlation Coefficient for adolescent Educational Level & Pregnant/Adolescent child birth

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	267.507a	3	.000
Likelihood Ratio	280.596	3	.000
N of Valid Cases	1002		

2 cells (25.0%) have expected count less than 5. The minimum expected count is .37.

There is a significant relationship between education of adolescent and adolescent pregnancy or child birth status in the project communities. Being pregnant is a factor for school dropout or early marriage.

Barriers to Education (Never Enrolled in School)

Adolescents and their caregivers shared differences in opinion in their expression of barriers to accessing formal education. As shown in table 6 and figure 11 below, the most significant factor for the caregiver is inability to pay the required fees (63%) and child abuse (67%) for adolescents. Adolescents felt that violence experience both in the household and in the school are hinderances to school attendance. Considering that more adolescents than caregivers are able to access education, early marriage was an important barrier to adolescents more than their caregivers (10% vs 4%). Additionally, interviews with the adolescents revealed that many adolescents have refused to enrol in school because of child abuse issues, some of which include beating at home, school punishment for being late and neglect by caregivers. The poor school infrastructure is a concern to caregivers (10%) but not important to the adolescents (4%). Finally, adolescents and caregivers share close views on barriers such as civil war, low value for education and illnesses.

Table 6: Barriers for not Enrolling in School

Barriers to Education	Caregiver Response	Caregiver %	Adolescents Response	Adolescents %
No fund to pay school charges	324	63%	5	10%
No School Infrastructure	107	21%	2	4%
Child Abuse	33	6%	32	67%
Early Marriage	19	4%	5	10%
Civil War	15	3%	0	0%
No Value for Education	10	2%	2	4%
Islamic Education	8	2%	0	0%

Severe Illness	1	0%	2	4%
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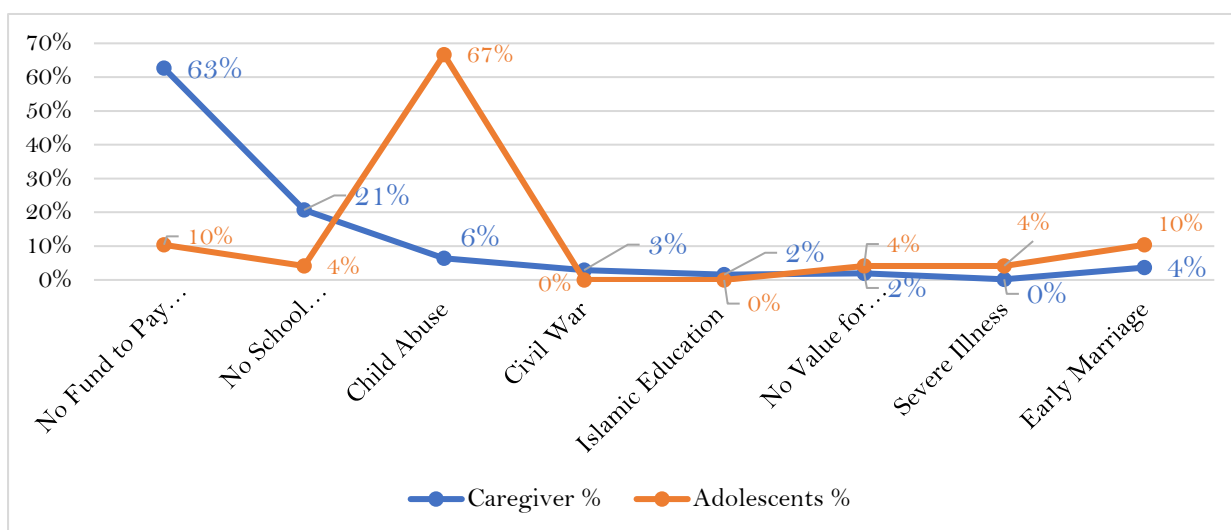


Figure 11: Barriers for not Enrolling in School

Barriers to Education (Dropped Out of School)

Table 7: Factors promoting school drop out

Barriers to Education	Caregiver Frequency	Caregiver %	Adolescents Frequency	Adolescents %
No funds to pay school charges	286	71%	206	48%
Early Marriage	48	12%	217	50%
Severe Illness	17	4%	3	1%
Child Abuse	15	4%	7	2%
Civil War	15	4%	0	0%
No School Infrastructure	13	3%	0	0%
No Value for Education	4	1%	0	0%
Don't Know	2	1%	0	0%
Islamic Education	1	0%	0	0%
Total	401	100%	433	100%

In a deeper insight into factors responsible for school dropout, the top three factors prioritised by caregivers were inability to pay school fees (71%), early child marriage (12%), illnesses, child abuse and civil war (4%) each. While adolescents prioritised early child marriage (50%), inability to pay fees (48%) and child abuse (2%). Other factors were not considered important for school drop out by adolescents.

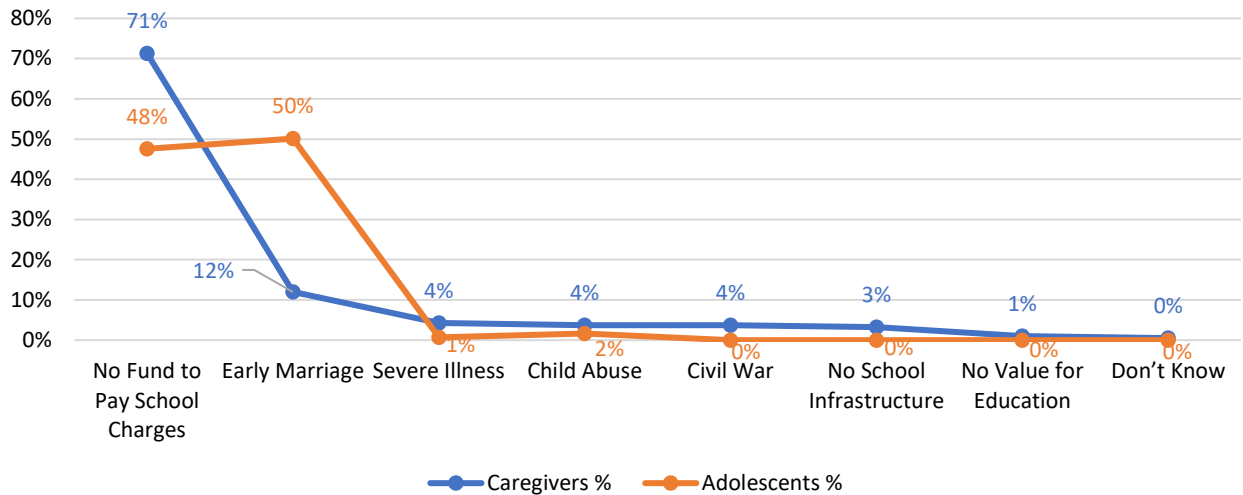


Figure 12: Barriers for Dropping Out of School

Head of household disability status

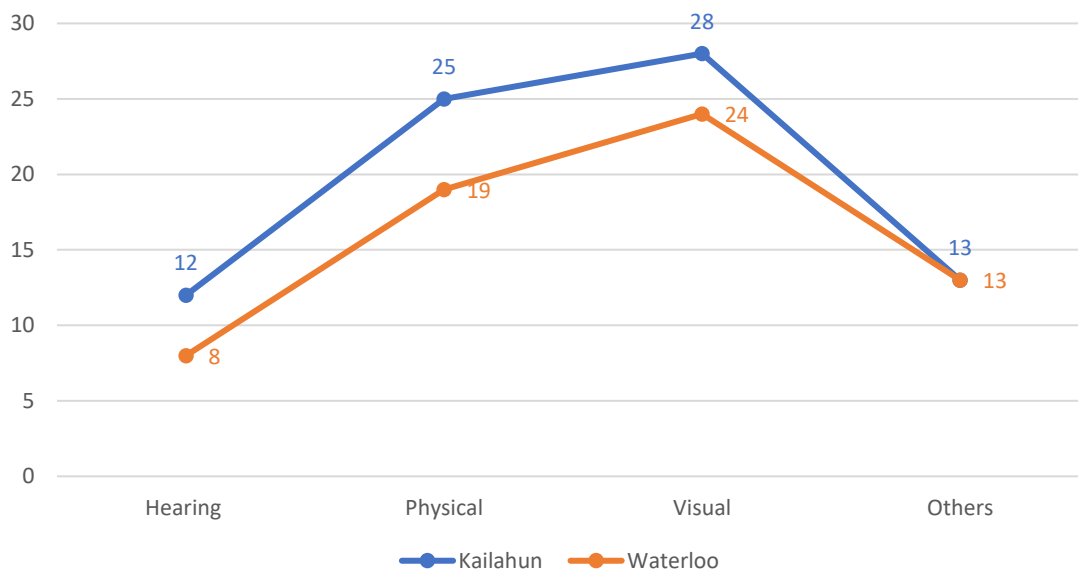


Figure 13: Disability status of head of household

A number of the HHs reported some form of disabilities including hearing loss, blindness and mobility challenge at 17% and 13%, in Waterloo and Kailahun respectively. Kailahun has more households with persons with disabilities. The safe space programmes need to integrate approaches for disability inclusion and participation in the sessions.

Adolescents Disability Status

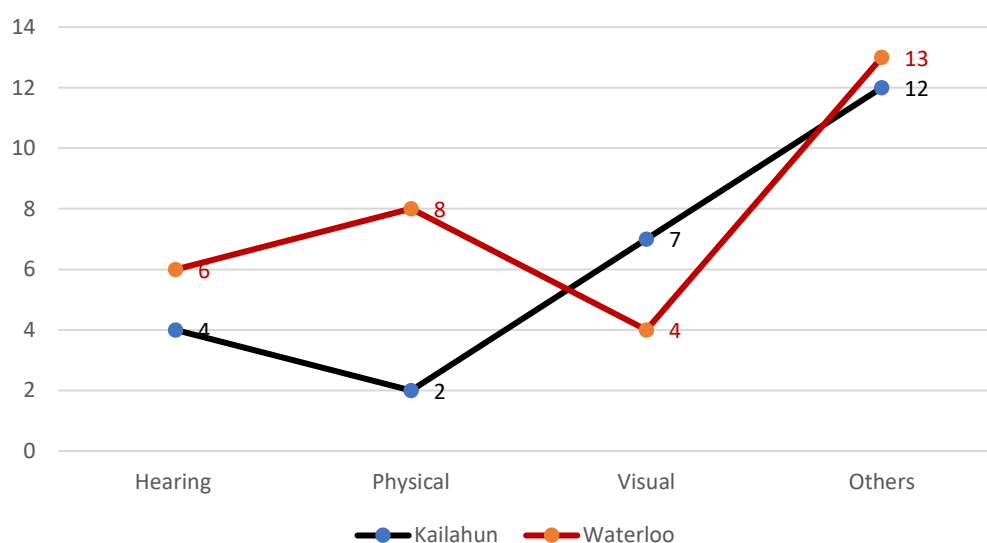


Figure 14: Disability Status of Adolescents

Similar to the head of HHs, adolescent girls were also found to have some forms of impairment, including mobility challenge, hearing loss, visual impairment among other problems of social integration. The assessment found that 1 in every 18 households in Kailahun and Waterloo districts had an adolescent living with at least one form of disability.

Adolescents status and relationship with Head of Household

Among the 1006 adolescents interviewed, 51% were biological children and 49% were either adopted or a relative in fostering to the household head as depicted in Figure below.

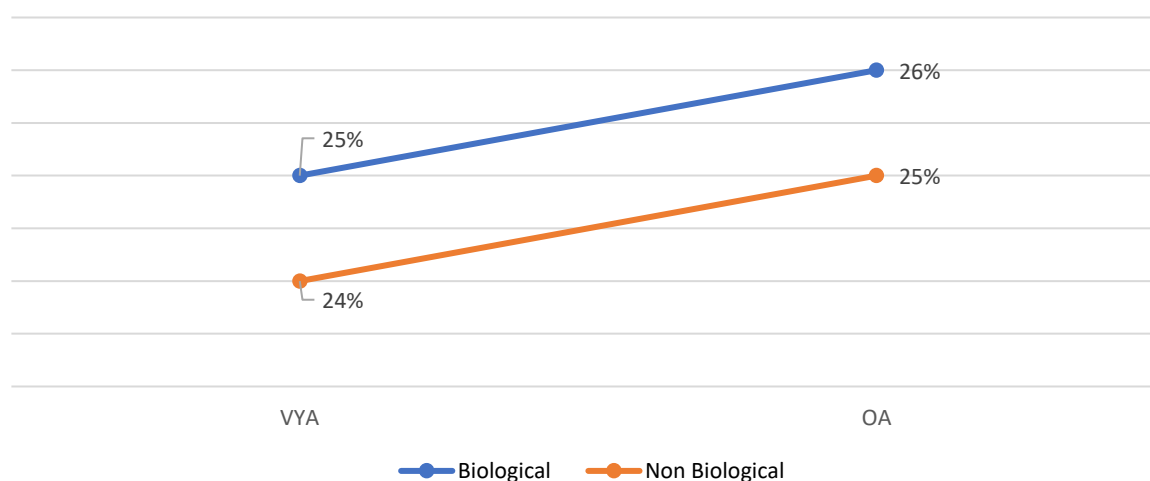


Figure 15: Biological & Non-Biological Children

Pregnant Adolescents and Adolescents with Child.

Out of the 1006 adolescents interviewed across the two districts, 36.2 % (n=364) of them were either pregnant or child mothers at the time of the assessment. **Table 8** below distributes the total of 364 pregnant/adolescent mothers as VYA (5%) and OA (95%) in the households, approximately there are at least 1 adolescent pregnant/mother in every 2 households in the project communities.

Table 8: Adolescents that are pregnant/given birth

Adolescent that have given birth / Pregnant in the household			
	Category	#	Count %
Adolescent that have given birth or Pregnant	VYA that have given Birth or Pregnant	19	5%
	OA that have given Birth or Pregnant	345	95%
Total		364	100%

As indicated in **Figure 16**, majority of the adolescents who have given birth (72%) are either not married or not living together with their partners, 15% are cohabiting, 4% are married and living together, while only 1% is either widowed or divorced. In comparison with adolescent that are pregnant, 36% are not married, 29% are cohabiting, 14% are married but not living with their partners and 21% are married and living together with their partners.

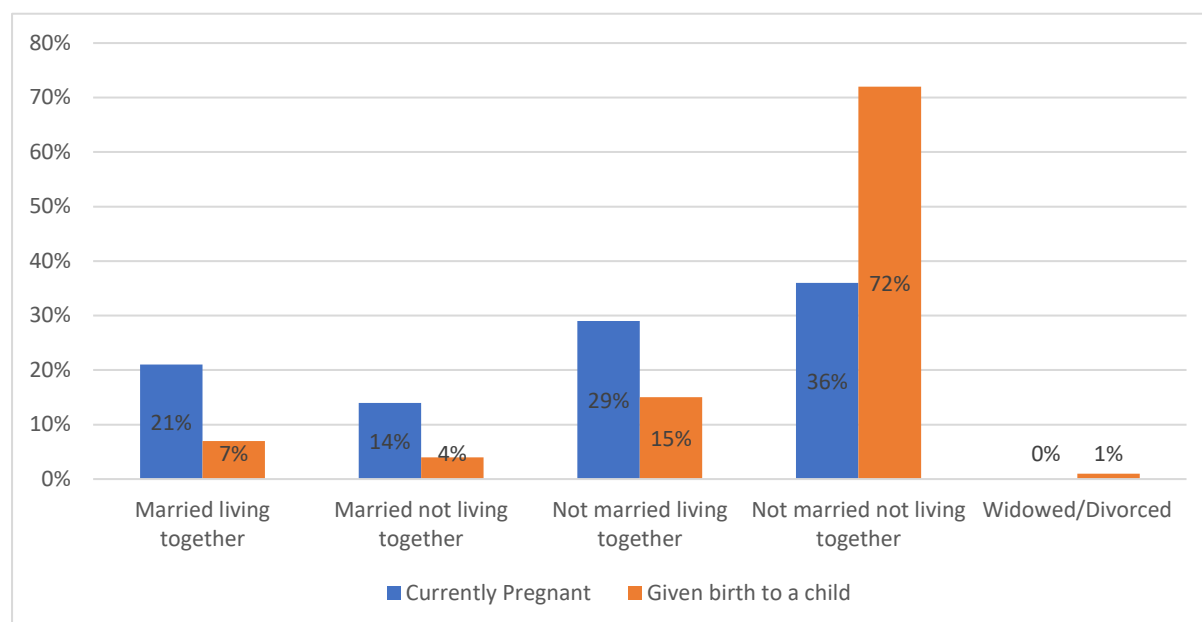


Figure 16: Marital Status of Adolescents

Household Income and Expenditure

Source of Livelihood

The project communities were selected through a robust assessment and wide consultation during the project design and classified as vulnerable communities in the districts with relatively high prevalence of child marriage and teenage pregnancy.

Table 9 reveals that, households engage in varieties of income generating activities to secure their livelihood. The assessment captured the income and expenditure profile of households. Low income and expenditure profile contribute to early marriages/pregnancies in the communities with an increased risk of vulnerability and negative coping mechanisms. Overall, 38.15% depend on subsistence farming as their main source of income and this was predominant in Kailahun district. While 22.95% of the households are retailers/petty traders.

Table 9: Main sources of household income

Main Source of Income	Frequency	Percent
Subsistence Farming	354	38.15%
Retailer/Petty Trader	213	22.95%
No-Income	166	17.89%
Garden Worker	83	8.94%
Others (casual workers)	38	4.09%
Sand Mining	16	1.72%
Stone Breaking	14	1.51%
Taxi Driver/Motor Bike Rider	13	1.40%
Salaried Employed	10	1.08%
Skilled Artisan	8	0.86%
Commercial Farming	4	0.43%
Teacher on Payroll	2	0.22%
Teacher not on Payroll	2	0.22%
Animal Husbandry	1	0.11%
Police Officer	1	0.11%
Section Chief	1	0.11%
Technician (Solar/Radio)	1	0.11%
Technology Business (Play Station/Cinema)	1	0.11%
Total	928	100%

Household income was analysed using three clustered income level indicators; high, average and low. It was noted that more than half (77%) of the households in the communities are low income earners and are classified as households living in abject poverty, prone to negative coping responses and leading to high risk behaviour by adolescents living in these households, 22% are average income earners, while only a few (1%) are high income earners. Majority of the low-income earners were found in Kailahun district and the majority of adolescents in the poorest households were either married or pregnant.

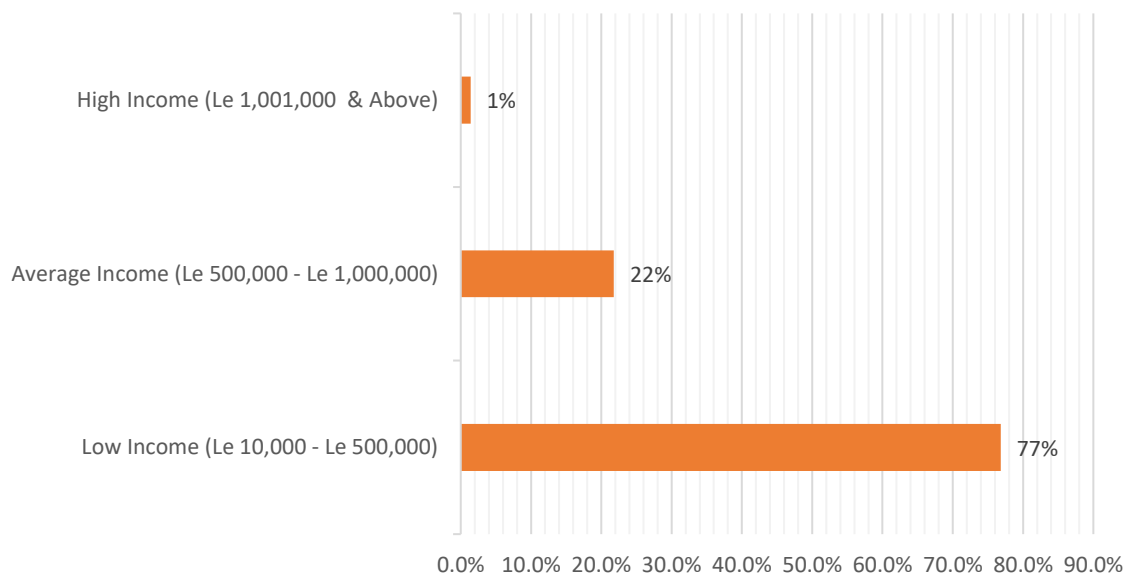


Figure 9: Household Income Level

Table 10: Crosstabulation of Educational Level * Household Income

Level of Education * Estimated Monthly Household Income Crosstabulation				
	Estimated Monthly Household Income			
Level of Education	Low Income Earner (10,000, 500,000)	Average Income Earner (501,000 – 1,000,00)	High Income Earner (1,001,000 – above)	Total
Never been to School	422 (82%)	87(17%)	3(1%)	512(100%)
Non-formal Education	2(40%)	3(60%)	0	5(100%)
Primary	129(77%)	38(23%)	1(1%)	168(100%)
Secondary	145(68%)	62(29%)	7(3%)	214(100%)
Tertiary	7(35%)	11(55%)	2(10%)	20(100%)

Table 10 above revealed that income earning capacity increases with access to formal education, 82% of those who never went to school were low income earners, 17% were average income earners and 1% were high income earners. More specifically, 77% of household heads who had primary education were low income earners, 23% are average income earners and only 1% are high income earners. Among those who attained secondary education, 68% are low income earners, 29% are average income earners and 3% are high income earners. And 35% of those who attained tertiary education are low income earners, 55% are average income earners and 10% are high income earners.

Table 11: Crosstabulation of Household Income & Sheltering of Pregnant Adolescent/Given Birth in the homes.

Estimated household monthly income * Adolescent Preg/Given Birth Crosstabulation				
		Adolescent Preg/Given Birth		Total
		No	Yes	
Estimated household monthly income	Low (SLL 10,000 - 500,000)	422 (61%)	273 (39%)	695(100%)
	Average (SLL 501,000 -1,000,000)	76 (38%)	123 (62%)	199(100%)
	High (SLL 1,001,000 & Above)	4 (31%)	9 (69%)	13(100%)
Total		502(56%)	405(44%)	907 (100%)

Table 11 Compares Adolescents who are pregnant or have given birth with household's income. The findings show there were more adolescents in the low- and average-income levels who are either pregnant or have given birth (39% & 62%), while on few adolescents in the higher income levels n=9 have given birth. These household however retain the girls in the home rather than give them out for marriage.

A Chi-Square test of significance between household's income level and the number of pregnant or adolescent who have given birth in a household confirmed a significant relationship ($p=0.000$).

Table 12: Chi-Square for a relationship between HH income & retention of Pregnant Adolescents or Adolescents with Child in the home.

	Value	Df	Asymptotic Significance (2-sided)
Pearson Chi-Square	34.994 ^a	2	.000
Likelihood Ratio	34.979	2	.000
Linear-by-Linear Association	34.019	1	.000
N of Valid Cases	907		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.80.

Households' Expenditure preferences

Figure 10, below reveals that 60% of household expenditures prioritise food, schooling, out of pocket medical fees, and clothing. The spending analysis shows the top three priority expenses as food, schooling, and medical care; however, the highest portion of the school expense is on boys with limited investment on girls such as purchasing school uniforms, shoes, bags, and so on, contributing to the high level of dropout among girls. This explains why adolescent girls cited lack of funds to pay school fees as barriers to education and school drop out in **Figure** and **Figure**.

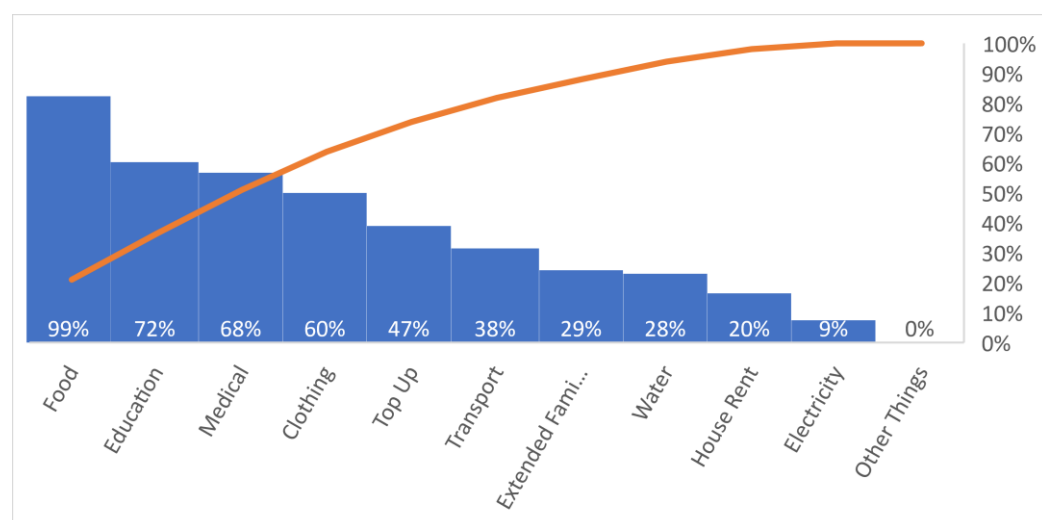


Figure 10: Income Expended and priorities

Household Asset

Because of the community's vulnerability, the majority of households can only own low-value assets such as feature phones and radios, which are of low importance in the twenty-first century functioning. Households are unable to own high-value assets such as Keke, (tricycle) cars, computers, and so on, due to economic difficulties. Parents in Kailahun associated owning Television, video players and computers to additional cost of electricity and unaffordable luxury.

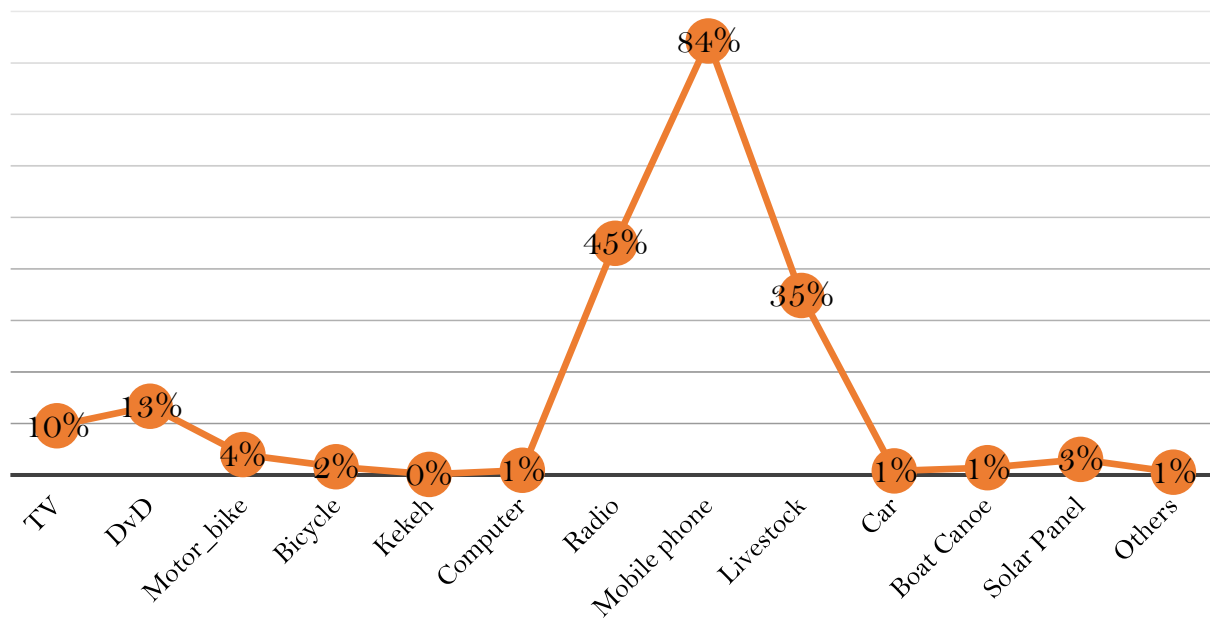


Figure 19: distribution of Household Assets

Table 12: Number of Times Family get Meal

Estimated household monthly income * How many times family cooks or eat meal Crosstabulation					
		How many times family cook or eat meal			Total
		once a day	twice a day	thrice a day	
Estimated household monthly income	low income earners 10,000- 500 000	432 (61%)	250 (35%)	30 (4%)	712(100%)
	average income earners 501,000 – 1,000,000	67 (33%)	117(55%)	18(9%)	202(100%)
	high income earners 1,001,000 - above	1(8%)	7 (54%)	5 (38%)	13(100%)

The income level of households determines the frequency of daily food preparation and consumption. Table 13 above shows that 61% of low-income households eat just once a day, 55% of average-income earners eat twice a day, while among the very few high-income earners, 54% eat twice a day.

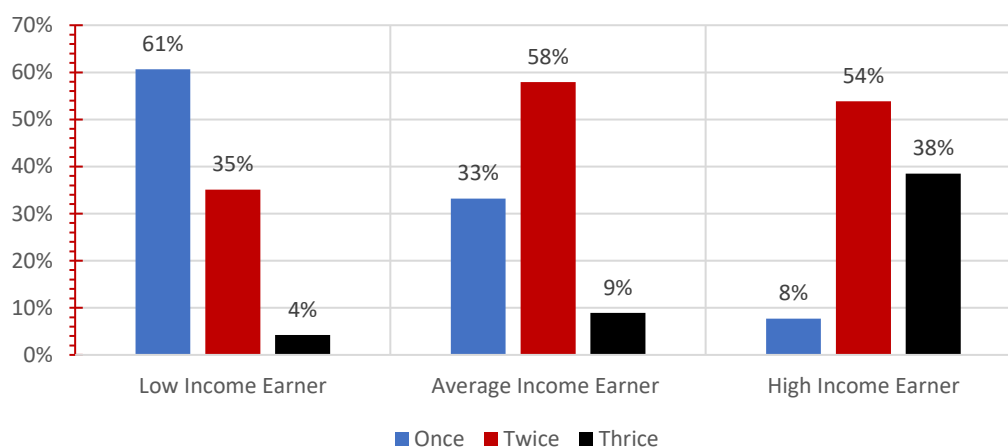


Figure 11: Income Status and frequency of daily meals consumption.

Child protection issues in the household

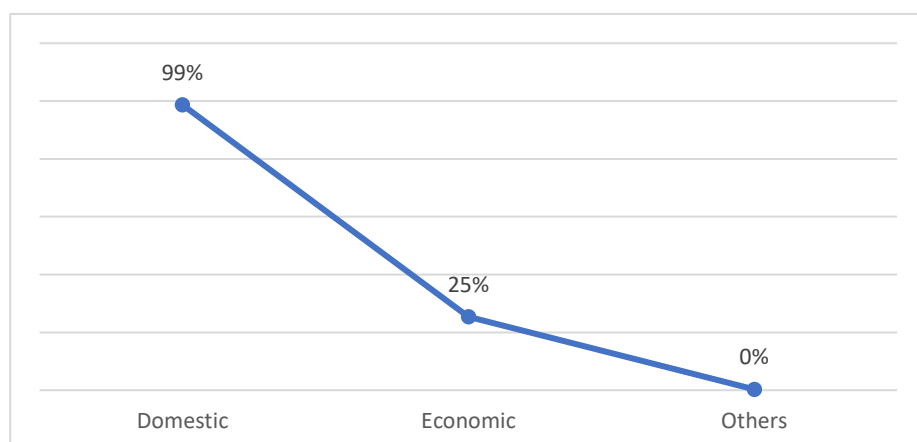
Child abuse incidences in the household are prevalent in project communities. Children raised several issues and behaviours of parents and caregivers they are not comfortable about including screaming, beating, starving. Adolescents found these attitudes unpleasant and sometimes these actions drive them outside of the homes to “get fun from their friends-boys” as coping mechanism.

Table 13: Types of abuses in the home

What Adolescent don't like at home		
Responses		
What Adolescent don't like Frequencies	N	Percent of Cases
Shouting	286	84%
Beating	180	53%
Provocation	112	33%
Starving	71	21%
Others	8	2%
Total	657	

Family Activity Engaged In.

Girls in these communities reported engaging in several activities in the household. The survey categorised them in three groups; Domestic, Economic and other activities. The result shows that more adolescents engage in domestic activities (79%) while 70% also participate in economic activities (70%) such as petty trading to support household income.



CONCLUSION

In conclusion, the girl's vulnerability assessment revealed key findings to support the CEFM project planning and implementation. Overall, a total of 928 household heads and 1,006 adolescent girls participated in the study. The study illuminates factors that increase girls' vulnerabilities and risks to early marriage and teenage pregnancy. These include poor access to education, low household economy, poor access to food and disability conditions.

Increasingly, more women mostly single parents have become heads of households with predominance in Kailahun district. Some households are also headed by adolescents, mostly among orphans and neglected children without fostering opportunity.

There is also poor literacy level among heads of households especially mothers and this play key roles in increasing vulnerabilities for adolescent girls. Currently over a third of the surveyed adolescent are out of school. This situation also accounts for the large family size, ownership of low value assets and food insecurity. High school drop-out and illiteracy among girls has implication for life options, limited choices and poor development outcomes. The prevalence of CEFM in the project communities is attributable to the high levels of illiteracy and poverty, as households with higher education are more likely to maintain pregnant adolescents or adolescents with child rather than give them into marriage. This is also true for high-income families, who tend to keep pregnant or nursing adolescent mothers in the homes over low-income families, who are more likely to send pregnant adolescent girls into marriages, resulting in a higher rate of child early and forced marriages in these communities.

In most cases, pregnant adolescent girls and those with child are abandoned by their partners resulting in large numbers of single parents. Finally, the assessment reveals that there are a significant number of adolescents in the project communities with various types of disabilities such as visual impairment, mobility challenge and hearing challenge.

RECOMMENDATIONS

The assessment findings highlighted few recommendations for program adaptation as follows:

- **Enrolment of adolescents into the Safe Space sessions**

Enrolment of adolescents into the safe spaces both for in and out of school sessions should prioritise the following vulnerable adolescents; those living in low income households, those with child or pregnant, those living as head of HH to gain the life skills and empowerment for making own decisions and improve their life options. Additionally, psychosocial support can be offered by the facilitators through home visits to enhance wellbeing of adolescent girls.

- **Strengthen household's Economic empowerment and income power.**

As the project intends to provide age-appropriate financial literacy training to VYA and OA adolescents and establish VSLA program through SC adolescent friendly methodologies. The project can leverage and collaborate with existing small and medium scale enterprise finance institutions to support viable business plans by adolescents from low-income households to improve their earning capacity.

- **Prioritize parents' empowerment on positive parenting skills**

The project should explore planned activities with parents and care givers to promote positive parenting and role modelling as a means of preventing child abuse and exploitations currently experienced by adolescents.

- **Collaborate with and link married adolescent girls to informal education institutions/mass literacy programmes.**

The project can leverage on SCI existing infrastructure for informal education and literacy boost programme for the married adolescent girls and their husbands who have shown interest in

literacy or vocational skills acquisition to increase their resilience, economic power which in turn will improve their decision-making power.

- **Link the VSLA scheme with profitable businesses opportunities.**

A database/directory of functional business development structures can be produced and shared with adolescents as potential links for gaining business development skills, mentorship and advisory at the VSLA share-out stage to access support for a sustainable business development

