Girls’ Health, Voice and Wellbeing

LIFT Initiative seeks a funding and implementation partner for a proposed six-month first phase in Liberia. Girls in two communities would help design a programme that connects sexual and reproductive health education, mental health and psychosocial support, and access to trusted local services.

What would change for girls

A girl who asks a question about puberty, relationships or emotional distress should be able to get an age-appropriate answer and know where to seek further support. Girls attending school and those outside school would help choose meeting times, languages, topics and a discreet way to give feedback. LIFT’s AGE Corner would offer a digital option alongside in-person learning.

Who would deliver it

LIFT would coordinate delivery and financial reporting. County and district health teams, facility focal persons and community representatives would be invited to select sites, verify referral arrangements and agree on supervision roles. Four local facilitators would receive orientation and coaching from two proposed supervisors. Participation by any institution is subject to agreement.

First phase delivery plan

Month 1 Hold two community consultations, including separate time for girls to speak. Select sites after checking access, language needs, referral services and safe meeting space.

Month 2 Train the facilitators in age-appropriate facilitation, responding to disclosures, confidentiality limits and referral handover. Supervisors observe practice before groups begin.

Months 3 to 5 Run four groups of 15 girls, with six sessions per group. Offer confidential referral information and individual follow-up where appropriate and agreed. Supervisors coach facilitators monthly.

Month 6 Review anonymous feedback with girls, discuss aggregate results and costs with local partners, and agree what should change before expansion.

How this fits LIFT’s wider work

Community health workforce strengthening runs across LIFT’s portfolio. The same capabilities in microplanning, frontline supervision and referral follow-up can support routine services, health campaigns and emergency response. This first phase would test those capabilities in adolescent health.

First phase investment and results

Indicative funding request: US$6,980 for two communities, 60 girls and 24 group sessions. All quantities and rates are planning assumptions in US dollars. Site selection, local quotations, accessibility needs and donor cost rules would be confirmed before award.

Budget item	Cost basis	USD
Community consultations	2 meetings × $250	500
Facilitator and supervisor orientation	2 days × $450	900
Facilitator preparation and delivery	24 group sessions × $35	840
Session materials, access and local travel	24 sessions × $40	960
Supportive supervision and field travel	2 supervisors × 3 visits × $65	390
Referral liaison and communications	6 months × $50	300
Programme coordination and reporting	6 months × $300	1,800
Finance and expenditure reconciliation	6 months × $90	540
Learning materials and adaptation	1 package × $350	350
Endline feedback and results review	1 review × $400	400
Total first phase		**6,980**

How partners would review results

Track unique girls reached against 60 planned, sessions delivered against 24, and completed supervision visits against six. Use anonymous entry and endline questions to compare the proportion of respondents who can identify a trusted source of help. Report each denominator, missing responses and actions taken from girls’ feedback.

Supervisors would use a locally agreed safeguarding protocol, explain consent and confidentiality procedures, and verify referral availability before recruitment. Only designated staff would handle individual follow-up. Donor reporting would use aggregate results.

Funding and in-kind participation

Partners can fund the phase, contribute staff time, transport or accessible meeting space, or co-develop a grant proposal. LIFT would document contributions and deduct confirmed in-kind support from the corresponding cash request. Contact Roseline Yah Trokpao Chesson at info@liftglobalhealth.org.