



Save the Children



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MY BODY. MY DECISION. MY RIGHTS:

**REDUCING CHILD, EARLY AND FORCED
MARRIAGE (CEFM) IN SIERRA LEONE
AND BURKINA FASO**

2020 - 2023

April 2024

INTRODUCTION

Child, early and forced marriage (CEFM) is a serious violation of human rights and a form of gender-based violence that affects over 12 million girls around the world each year. In 2020, Burkina Faso and Sierra Leone were both in the top 20* countries with the highest prevalence rates of CEFM. These rates reflect gender inequality and discriminatory social norms, including restricted access of girls to sexual and reproductive health services.**

In response, Save the Children implemented the three-year gender transformative project (2020-23): *My Body. My Decision. My Rights*, in Burkina Faso and Sierra Leone. The project aimed to reduce CEFM and empower adolescent girls to make decisions about their own futures and fulfill their equal human rights, particularly on marriage and pregnancy, by addressing the underlying normative conditions which maintain gender inequality, and by increasing the accessibility of opportunities for girls as a meaningful alternative to CEFM.

Recognizing the intersectional and overlapping causes and consequences of CEFM and gender inequality, the project implemented a holistic approach centred around adolescent girls from 10 to 18 years old. This included interventions with adolescent girls and boys, their parents and caregivers, religious and traditional leaders, women and girl led community groups, civil society organizations, including women's rights organizations, service providers, sub-national, national, and regional government stakeholders.

Over the last 3.5 years, we witnessed visible progress in adolescent girls' ability to exercise their rights on decision-making on marriage, pregnancy, and sexual and reproductive health. Perceptible shifts were demonstrated in the knowledge and attitudes of caregivers and community leaders on preventing CEFM. Strong community ownership and civil society-institutional collaboration resulted in strengthened mechanisms for enforcement of CEFM reduction and safeguarding.

At project outset, poverty, early pregnancy and the desire to avoid the perceived shame of pregnancy outside marriage were identified as key drivers of CEFM. The project's activities to improve adolescents' financial literacy, increase their access to modern contraceptives, and address discriminatory social norms that perpetuate gender inequality were found to be highly relevant. Synergistic interventions with girls, boys, communities and institutional actors proved to be a crucial strategy in producing integrated results towards progress on CEFM prevention. Project results underscore the necessity of scaling up and deepening interventions, and making longer-term investments to transform pervasive gender norms and engender sustainable social behaviour change on combatting CEFM.

Future programming to eradicate CEFM in Burkina Faso and Sierra Leone could further explore the following efforts, including but not limited to, engaging the hardest to reach groups, including out of school adolescents, and girls living in female-headed households; elevating women and girls in influential roles for community and sub-national CEFM enforcement; and integrating a response for reintegrating CEFM survivors.

We are excited to share in this brief our successes and lessons that have contributed towards moving the needle on reducing CEFM and elevating the voices of girls in Burkina Faso and Sierra Leone to exercise their rights on health, marriage and pregnancy.

Mithila Deshpande

Mithila Deshpande
Project Technical Lead and Gender Equality Advisor
Save the Children Canada

*Girls Not Brides website. Data from 2020.

**% of women 20-24 years old who were first married or in union before they were 18 years old.





A TOTAL OF
34,765
people were directly reached
by the project, including
12,260 girls, 7,753 boys,
7,789 women
and 6,963 men.



ADIATU'S* STORY



“I felt trapped in a life that offered me no hope, no dreams, and no opportunities”

From social stigma to financial empowerment

Adiatu, an 18-year-old adolescent mother from Kailahun District, Sierra Leone, faced challenges after becoming pregnant at 15. Blamed for it and considered a bad influence for other girls, she dropped out of school due to societal stigma and her family forced her to leave the house. She eventually had to settle with her partner, who mistreated her, depriving her of basic needs including antenatal care.

Feeling abandoned, Adiatu found solace in the Save the Children safe space program and Village Saving and Loans Association (VSLA) initiative. Through the sessions, Adiatu learned about savings, money management, sexual and reproductive health, self-awareness, and gender-based violence. She also received financial support through a revolving loan from the VSLA group. With newfound knowledge and financial stability, Adiatu established a small business and re-enrolled in school. She successfully passed her exams and is now on track for university admission.

Adiatu's story is a testament to the transformative power of education, support, and determination. Despite facing early marriage and limited opportunities, she proved that with resilience and access to resources, individuals can create a brighter future for themselves and their communities. Her journey serves as an inspiration to others seeking to break free from societal constraints and pursue their dreams.

*Name was changed to protect the identity and safety of the participant.

CONTEXT

In 2024, the global trend shows a continued decrease in the practice of CEFM. Currently, one in five women aged 20 to 24 were married as children, compared to nearly one in four a decade ago. However, CEFM presents a multifaceted challenge, deeply rooted in gender inequality and the perception of girls' inferiority to boys. As a consequence of which, declines in the level of CEFM are not occurring at a fast enough pace to reach the Sustainable Development Goal target of eliminating the practice by 2030. It is actually estimated that more than 9 million girls are projected to marry by 2030, with an increasing proportion in Sub-Saharan Africa. Factors such as poverty, lack of education, discriminatory social norms and practices, and insecurity exacerbate the issue:

- **Gender inequality** plays a significant role, as societal stigma often punishes girls or premarital relationships or pregnancies, leading families to view early marriage as a safeguard.
- **Social norms and practices**, often enforcing gender-specific roles, perpetuate practices like CEFM, normalized over generations.
- **Poverty** further drives this trend, with families viewing marriage as financial security, especially in patriarchal systems viewing girls primarily as economic assets, particularly when bride prices are expected. Due to their limited access to education and their marginalized social, political, and economic status, girls frequently find themselves financially reliant on men, which may lead them to perceive marriage as their only option.
- **Insecurity:** The 10 countries with the highest CEFM prevalence rates are currently considered either fragile or extremely fragile. Families may view it as a means of coping with economic strain or protecting daughters from violence. Displacement disrupts protective networks, rendering girls more vulnerable to exploitation. Additionally, armed conflicts may exacerbate CEFM, sometimes used as a weapon of war and to hide human trafficking and sexual abuse. Reduced access to education further compounds the risks for girls, exposing them to exploitation and limiting their future opportunities. Climate change induced extreme weather events heighten risks of CEFM as a negative coping mechanism, adversely impacting the resilience of girls and women.

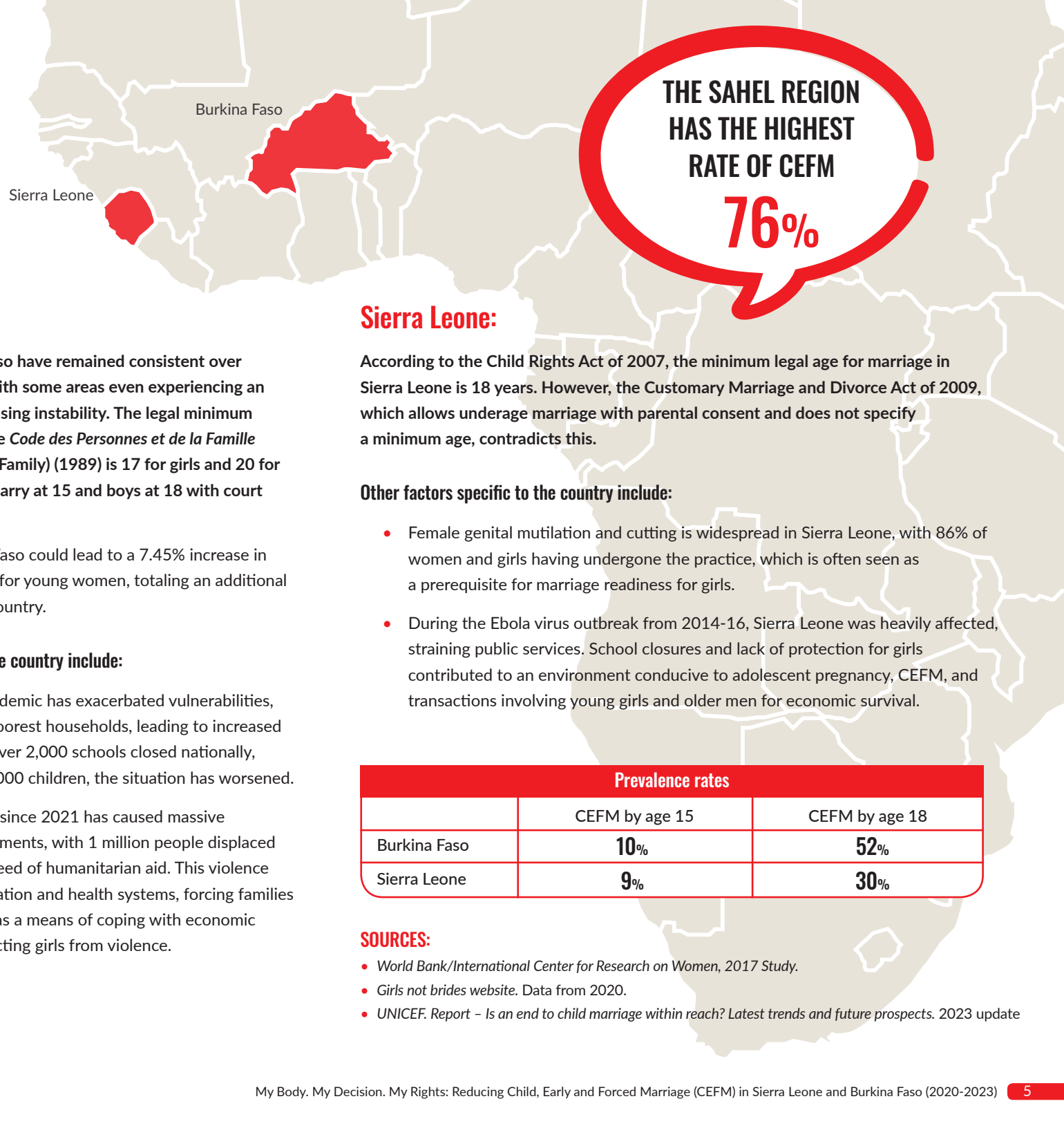
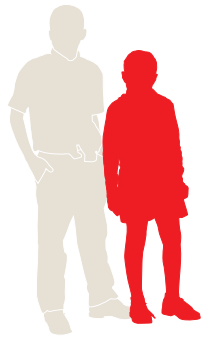
SOURCES:

- *Girls Not Brides* website. Data from 2020.
- UNICEF report 'Is an end to child marriage within reach? Latest trends and future prospects' 2023 update



KEY GLOBAL DATA

- **12 million** girls marry before the age of 18 every year
- **1 in 5 girls** in the world are married before 18
- Over **650 million women** alive today were married as children
- Nearly **40% of girls** in the world's poorest countries are married as children, twice the global average



Burkina Faso:

CEFM rates in Burkina Faso have remained consistent over the past three decades, with some areas even experiencing an increase possibly due to rising instability. The legal minimum age for marriage under the *Code des Personnes et de la Famille* (Code of Persons and the Family) (1989) is 17 for girls and 20 for boys, although girls can marry at 15 and boys at 18 with court authorization.

Ending CEFM in Burkina Faso could lead to a 7.45% increase in earnings and productivity for young women, totaling an additional USD 178 million for the country.

Other factors specific to the country include:

- The COVID-19 pandemic has exacerbated vulnerabilities, especially for the poorest households, leading to increased CEFM risks. With over 2,000 schools closed nationally, affecting over 300,000 children, the situation has worsened.
- Escalating violence since 2021 has caused massive population displacements, with 1 million people displaced and 3.5 million in need of humanitarian aid. This violence has disrupted education and health systems, forcing families to resort to CEFM as a means of coping with economic hardship and protecting girls from violence.

Sierra Leone:

According to the Child Rights Act of 2007, the minimum legal age for marriage in Sierra Leone is 18 years. However, the Customary Marriage and Divorce Act of 2009, which allows underage marriage with parental consent and does not specify a minimum age, contradicts this.

Other factors specific to the country include:

- Female genital mutilation and cutting is widespread in Sierra Leone, with 86% of women and girls having undergone the practice, which is often seen as a prerequisite for marriage readiness for girls.
- During the Ebola virus outbreak from 2014-16, Sierra Leone was heavily affected, straining public services. School closures and lack of protection for girls contributed to an environment conducive to adolescent pregnancy, CEFM, and transactions involving young girls and older men for economic survival.

Prevalence rates		
	CEFM by age 15	CEFM by age 18
Burkina Faso	10%	52%
Sierra Leone	9%	30%

SOURCES:

- World Bank/International Center for Research on Women, 2017 Study.
- Girls not brides website. Data from 2020.
- UNICEF. Report - *Is an end to child marriage within reach? Latest trends and future prospects.* 2023 update

PROJECT OVERVIEW

Ultimate goal of the project *My Body. My Decision. My Rights.* in Burkina Faso and Sierra Leone: Reduce CEFM and empower adolescent girls to make decisions about their own futures and fulfil their equal human rights, particularly on marriage and pregnancy.

KEY PROJECT DATA



PROJECT DURATION:
3 years (2020-2023)



PROJECT LOCATION:

Burkina Faso

(Cascades and Hauts-Bassins regions)

Sierra Leone

(Western Rural and Kailahun districts)



PROJECT BUDGET:

CAD\$ 12.6 million



WHO DID WE WORK WITH?

- Adolescent girls and boys (10-18 years old)
- Adolescent mothers and their partners
- Parents and caregivers
- Community members
- Religious and Traditional leaders
- Women and Girls' Groups
- Health and protection workers
- National and Local Authorities
- Civil Society Organizations

WHAT DID WE DO?

A few examples of key activities implemented by the project:

1

Increase decision-making power of adolescent girls, including the most marginalized, about marriage and pregnancy

- Safe Spaces in schools and communities
- Adolescent mothers' and fathers' clubs
- Trainings of in-school and out-of-school adolescent girls and boys (10-18 years) on locally adapted curriculum on positive gender norms, life skills, and sexual and reproductive health
- Trainings of adolescent girls and boys (15-18 years), married adolescent girls with child (13-18 years) and their husbands on financial literacy focused on savings planning and decision-making
- Trainings of married adolescent girls with child and their husbands on gender equitable relationships, positive parenting, and sexual and reproductive health rights (including sexual and gender-based violence)

2

Improve social environment for adolescent girls, including the most marginalized, to make their own decisions with regards to marriage and pregnancy

- Trainings of Gender Equality Champions on locally adapted program for female and male caregivers to promote gender equality and increased agency of adolescent girls, and on skills such as public speaking and community engagement

3

Strengthen institutional environment to accelerate action on gender equality and the prevention of CEFM


- Trainings of women and girls' groups, and religious and traditional leaders on community engagement strategies to promote positive attitudes and norms on gender equality and the prevention of CEFM within communities
- Action plans developed by women and girls' groups, and religious and traditional leaders, and implemented in communities to promote positive attitudes and norms on gender equality and the prevention of CEFM within communities
- Trainings of health and protection service providers on gender equality and gender-responsive and adolescent-friendly service delivery
- Trainings of civil society organizations and government officials on gender equality, women and girls' rights, and participatory accountability mechanisms
- Dialogue workshops facilitated by civil society organizations (including women and girls' groups) with government officials on ways to improve accountability for the prevention of CEFM through government policies, services, and funding
- Exchange visits with ministerial members from Burkina Faso and Sierra Leone and other stakeholders, including program staff and adolescents, to share country level findings and lessons learned and accelerate political commitments to prevent CEFM

KEY RESULTS (at project close-out – December 2023)

IN BURKINA FASO:

CEFM decreased from
30% to 18%
(in intervention households)

72% of female caregivers & **69%** of male caregivers supported adolescent girls' access to contraceptives
(29% and 27% in 2020)



25% of girls aged 15-18 reported decision-making power with regards to marriage
(5% in 2020)

49% of girls aged 15-18 reported they were
EMPOWERED
(5% in 2020)




40% of adolescent mothers reported gender equitable decision-making in the household
(32% in 2020)

IN SIERRA LEONE:

37% of girls aged 15-18 reported they were
EMPOWERED
(24% in 2020)

73% of adolescent mothers reported gender equitable decision-making in the household
(62% in 2020)



CEFM decreased from
26% to 5%
(in intervention households)

48% of girls aged 15-18 reported decision-making power with regards to marriage
(38% in 2020)



67% of female caregivers & **65%** of male caregivers supported adolescent girls' access to contraceptives
(51% and 31% in 2020)

BOTH COUNTRIES COMBINED:

A total of
90
safe spaces were established by the project



223 Mothers' and Fathers' Clubs established



4,662 married adolescent girls and their partners trained in gender equitable relationships, positive parenting and sexual and reproductive health



Trainings on gender equality and CEFM prevention reached
180 Gender Champions,

43,997 caregivers,
390 religious and traditional leaders




1,350 members of women and girls' groups partnered with the project

450 civils society organizations and government representatives involved



CHAMPIONING CEFM PREVENTION

The project focused on preventing CEFM and contributed to reductions in marriage rates among adolescent girls aged 10-18 in intervention households.

Attitudes towards denouncing CEFM shifted positively among adolescents and caregivers in both countries. Adolescent advocacy increased, with more individuals reporting child abuse and gender-based violence. Caregivers, particularly men in Sierra Leone, took more actions against CEFM, including alerting authorities. In Burkina Faso, the project enhanced awareness about reporting avenues for CEFM.

The project boosted confidence among adolescent girls to pursue education, even after pregnancy. Support for girls' education improved among boys, caregivers, and community leaders, addressing the bias favouring boys in educational investment. In Sierra Leone, access to financial resources facilitated the re-enrollment of out-of-school girls and boys. Project advocacy on policy changes also facilitated the return of married and adolescent mothers to school.

The project contributed to elevating the leadership of adolescent girls and to amplify their voice and agency on their rights, and on CEFM prevention, through diverse avenues such as representation at public advocacy platforms, participation in sub-national and community committees, peer to peer learning and co-leadership in project research activities.

Activities promoting financial literacy and autonomy, particularly through Village Savings and Loan Associations, were highly relevant to address poverty, a key driver of CEFM. This led to increased savings, confidence and skills for adolescent girls initiating income-generating activities which has contributed to CEFM prevention.



KEY DATA

In Burkina Faso, CEFM decreased from 30% to 18% and in Sierra Leone, from 26% to 5% in the percentage of daughters in intervention households.

At the end of the project, adolescents (aged 15-18) who now believed the ideal age of marriage for girls is 18 years and over: **96% of girls and 89% of boys in Burkina Faso – 91% of girls and 97% of boys in Sierra Leone.**



JENEBA'S STORY*

Challenging CEFM to pursue her education

"After what happened to me, I became very determined to make a difference and change this fixed mindset in my community"

Jeneba, who is now 18 years old, faced the prospect of an arranged marriage at 17, orchestrated by her parents without her consent. In her community in the Western Area Rural District, Sierra Leone, such practices were common, leading to high rates of CEFM and teenage pregnancies. Despite initially feeling pressured and conflicted, Jeneba found a way to stand up for herself and her education.

When her parents informed her of a marriage proposal from a 53 year old rich man, Jeneba was hesitant but saw her family's apparent happiness and began to acquiesce. However, upon closer examination of the man's age and family during a visit, she grew uncomfortable and expressed her desire to focus on her education instead.

Her family's response was not supportive; they threatened to disown her if she did not comply with their wishes. Feeling trapped, Jeneba found support in Save the Children's safe spaces for adolescent girls. Through these sessions, she gained confidence, learned about self-awareness, communication skills, and decision-making, which helped her to feel more empowered to discuss her concerns openly with her parents.

With the intervention of project facilitators and community stakeholders, including religious and traditional leaders, her parents eventually relented and allowed her to continue her education. This experience transformed Jeneba into a determined advocate against CEFM, empowering her to assert herself within her family and community.

Today, Jeneba is a confident young woman actively pursuing her education and serving as a role model for her peers. She is committed to challenging entrenched mindsets and promoting girls' rights, advocating against harmful practices like CEFM and supporting girls' educational aspirations. Her journey reflects the transformative power of empowerment and education in breaking cycles of oppression and creating positive change.

*Name was changed to protect the identity and safety of the participant.

REDUCED ACCEPTANCE OF SEXUAL AND GENDER-BASED VIOLENCE AND INTIMATE PARTNER VIOLENCE

Among adolescent mothers, male partners, caregivers

At project end, adolescent mothers and male partners were significantly less accepting of sexual and gender-based violence, including intimate partner violence. More female and male caregivers also reported reduced acceptance of gender-based violence and intimate partner violence. Save the Children played a key role in contributing to shifts in attitudes, particularly in Sierra Leone, through community engagement and awareness raising on laws. Anecdotal evidence from Burkina Faso revealed that financial autonomy through participation in Village Savings and Loan Associations had a positive impact on reducing adolescent mothers' personal experiences of gender-based violence. Qualitative evidence from Sierra Leone revealed increased confidence and agency among adolescent mothers to report experiences of violence. The project also contributed to enhancing existing referral pathways for health and protection services as well as their dissemination among communities and service providers, leading to increased reporting of cases and support for survivors.

“Girls are able to stand up for themselves and refuse unsuitable marriages. Violence in the home has also diminished, and even if there are disputes, couples manage to find common ground. If you hit your wife, people criticize you. Many cases of gender based violence are due to forced marriages, lack of financial means, lack of mutual understanding, lack of tolerance and lack of sexual relations. In the event of gender based violence in a home, I can raise awareness or enlist the support of the elders.”

Fatimata, 19, Cascades region, Burkina Faso

Public declarations against CEFM by national and district government officials in Sierra Leone contributed towards the enforcement of legal accountability on CEFM. In Burkina Faso, community level committees comprised of adolescents, community leaders, health and protection service providers were established to facilitate reporting on sexual and gender-based violence and CEFM.

Improvements were reported in positive attitudes of caregivers, as well as religious and traditional leaders towards girls' right to confidentially report unwanted sexual contact, and reduced tolerance of intimate partner violence.

This went hand in hand with strengthening the institutional and societal environment and accountability for sexual and gender-based violence prevention, mitigation and response. Women and girls' groups in Sierra Leone were instrumental in facilitating the establishment of supportive structures for survivors of sexual and gender-based violence.



KEY DATA

Acceptance rates of sexual and gender-based violence among adolescent mothers decreased

from **44%** to **30%** in

Burkina Faso and from **44%** to **32%** in Sierra Leone.

For male partners, acceptance rates decreased from **49%** to **20%**

in Burkina Faso and from **42%** to **31%** in Sierra Leone.



MARRIED ADOLESCENT GIRLS: Going from low to more gender equitable decision-making

Over the life of the project, an increased number of adolescent mothers reported more equal household decision-making with partners. Adolescent mothers also reported more spouses taking on childcare and household chores. At the end of the project, there were higher levels of equitable decision-making progress on issues such as contraception use, spacing between children, household spending, accessing health services, and engagement of adolescent mothers in income generating activities.

This was achieved through improvements in respectful couple communication, more gender equitable home environments, and supportive marriage relationships. Qualitative project evidence also highlighted caregiver

support in the redistribution of household chores to support the prioritization of girls' education over domestic care burdens.

Anecdotal evidence suggests that the Village Savings and Loan Associations led to an increase in joint financial decision-making and the set-up of joint business ventures by adolescent mothers and partners. In Sierra Leone, in addition to household economic matters, financial autonomy through participation in Village Savings and Loan Associations positively impacted adolescent mothers to voice their opinions in community discussions, assume leadership roles and raise awareness on gender equality.

“Both of us make decisions on what to do with the money. Yes, we unanimously agreed on how to spend money and to do anything at home. Even if he needs money, he will call me to attention and tell me what he wants to do with the money and I will give it to him.”

Adama, Adolescent mother,
Kailahun district, Sierra Leone

“It's a joint decision between the man and his wife because it is possible that the man only needed one child, and the woman needs more, and vice versa. It is the woman who gives birth to children, so that decision should also come from her.”

Foday, partner of adolescent mother,
Kailahun district, Sierra Leone



KEY DATA

Adolescent mothers reporting more equal household decision-making with partners:

from
32%
in 2020 to

80%
in 2023 in Burkina Faso,
from

62%
in 2020 to

73%
in 2023 in Sierra Leone.



STRIDES IN SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS FOR ADOLESCENT GIRLS:

More knowledge, more decision-making, more uptake

Positive trends were witnessed among adolescent girls and boys accessing and using sexual and reproductive health services in both countries, including significant improvements in knowledge of adolescent sexual and reproductive health. There were steady increases in the number of girls and boys aged 10-14 accessing health facility sexual and reproductive health services over the life of the project. Significant progress was made, particularly for girls aged 15-18 in regard to reporting joint and or sole decision-making on the use of contraceptives. There was an increase in the uptake of health facility visits by adolescent girls for contraceptive supplies, as well as for adolescent mothers to obtain family planning services.

Positive trends were also reported in attitudes of caregivers supporting unmarried daughters' access to contraceptives, including accessing health facilities. Overall changes can be attributed to increased awareness among adolescents and caregivers, improved level of confidence on the part of adolescents, and a corresponding improvement in the quality of service provision.

Health workers in some project locations in Burkina Faso co-facilitated sexual and reproductive health sessions for adolescent mothers along with local facilitators. This spirit of proactive coordination and cooperation among health service providers, project staff and facilitators fostered a bond of trust with health workers which played a key role in encouraging adolescent mothers to visit health centres for information or to access contraception.

“ For me, I am the one who is responsible to take such decision [about use of contraceptives] because its my body and I was taught from this project that, it is my body, my right and my decision to make. ”

Ramatu, Western Area Rural District, Sierra Leone



KEY DATA

OVER THE LIFE OF THE PROJECT

Knowledge of Sexual and Reproductive Health among girls aged 10-14 increased from **9%** to **67%** in Burkina Faso, and from **10%** to **71%** in Sierra Leone.

For girls aged 15-18 it increased from **23%** to **68%** in Burkina Faso, and from **19%** to **72%** in Sierra Leone.

Average monthly numbers for girls aged 10-14 accessing sexual and reproductive health services in health facilities increased from

10 to **45** in Burkina Faso and from **2** to **120** in Sierra Leone.

Girls aged 15-18 reporting joint and/or sole decision making on use of contraceptives:

27% to **69%** in Burkina Faso, high levels maintained at **80%** in Sierra Leone.

COMMUNITY UPTAKE AND IMPROVED SOCIAL ENVIRONMENT FOR ADOLESCENT GIRLS

Community ownership and collaborative actions among civil society actors was a key driver in enhancing the environment in support of the rights of adolescent girls in both countries. This included engagement and cooperation among community agents of change such as women and girls' groups, gender equality champions, religious and traditional leaders and sub-national actors and service providers to increase accountability for sexual and gender-based violence and CEFM prevention.

Moreover, shifts among a key set of actors- namely, boys and men, catalysed the support for adolescent girls to exercise their rights on marriage and pregnancy. There were remarkable changes in the knowledge and attitudes, as well as behaviours in some instances, of adolescent boys as well as male caregivers.

Religious and traditional leaders played a crucial role in promoting gender equality, girls' education, SRHR, and combating harmful practices like CEFM and female genital mutilation/cutting. They used their moral authority to advocate for these issues and acted as mediators in disputes related to early marriage and other gender-based issues. They also served as role models by demonstrating respect towards women's and girls' rights and engaged with policymakers to drive reform.

By the project's end, many leaders stated that they made public declarations against CEFM, leading to reduced incidences of CEFM, increased awareness, reduced rates of adolescent pregnancy, a decrease in school dropouts among girls, and increased confidence among adolescent girls to claim their rights. There was evidence of leaders in both countries who took measures to ensure that both marriage participants were at least 18 years old by verifying birth certificates or incorporating measures to validate marriage certificates.

In Sierra Leone, traditional leaders were actively involved in implementing measures to prevent CEFM, including enforcing age verification for marriage participants and adopting district by-laws to criminalize CEFM, with support from both female and male leaders. This collaborative effort has contributed to cultural shifts aimed at reducing harmful practices.



KEY DATA

Religious and traditional leaders stating that they made public declarations against CEFM:

100%

in Sierra Leone

and

94%

in Burkina Faso.

“A girl under 18 isn't mature enough for marriage, she can continue her studies. But when we give her in forced marriage without her consent, it can lead her to commit suicide or run away. The same applies to young boys. If we force a boy to marry a girl he doesn't love, sooner or later he'll abandon her to marry the one he does”

Issa, boy, 17, Hauts-Bassins region, Burkina Faso



SUCCESS STORY

In Kailahun district in Sierra Leone, local by-laws were adopted by a number of communities to prevent CEFM and harmful traditional practices in 2023. This was a first of its kind community-owned legal framework to criminalize CEFM and enforce community sanctions against the violation of laws. The development and dissemination of these by-laws was a joint effort of community ownership (contributions from religious and traditional leaders-including heads of traditional secret societies) and legislative action from district councils (aligning local by-laws with national laws on CEFM) and police.

SERVICE DELIVERY AND INSTITUTIONAL ACCOUNTABILITY:

Towards a more gender-responsive and adolescent friendly approach

Advances were made towards enhancing gender-responsiveness and adolescent-friendliness in health facilities, including game-changing measures on how adolescent girls can access services, notably an increased number of health facilities making services available to adolescents without parental or spousal consent in Burkina Faso and the creation of adolescent-friendly spaces in Sierra Leone.

Likewise, despite the fragile security context in Burkina Faso, there were critical shifts in some aspects of gender-responsiveness in police stations and the legal protection environment, including improvements in making services available without parental or spousal consent, and appointing gender desk officers to work exclusively with women and girls.

There were significant changes towards an improved sexual and gender-based violence response among protection service providers in Sierra Leone, including increased availability and accessibility of interim care centres for survivors; speaking respectfully to female clients; and the availability of a referral directory.

Interventions also sought to enhance participatory, gender-responsive governance and accountability mechanisms at the district level to prevent and respond to CEFM. Engagement with district and local officials through training, workshops and mentorship facilitated the transfer of essential skills in CEFM prevention agenda setting, and planning and monitoring of actions.



! KEY DATA

Burkina Faso:

95% of sampled health facilities making services available to adolescents without parental consent, and **85%** without spousal consent

76% of sampled police stations making services available without parental or spousal consent; and

69% of police stations have a Gender Desk Officer on site

Sierra Leone:

81% of sampled police stations have referral directories for sexual and gender-based violence survivors,

while **37%** have access to interim care centres

LESSONS LEARNED FOR FUTURE PROGRAMMING

BEST PRACTICES

- **Engaging** with married and/or pregnant adolescent girls and first-time mothers (aged 13-18) and their male partners to foster gender-equitable decision-making, recognition and redistribution of care work, and improved communication in households was key to mitigate the adverse effects of CEFM and intimate partner violence. The Village Savings and Loan Associations strategy was crucial in promoting male engagement and their retention in project activities, and as an entry point for discussions around gender equality.

- **Constructive engagement** of respected allies such as religious and traditional leaders contributed to trust building among communities and improved participation of key stakeholders including partners of adolescent mothers and caregivers.

- **Partnering with and strengthening** the capacity of existing organizations and structures, including government institutions, rather than creating new ones and aligning with existing policy frameworks was a key success factor in accelerating CEFM reduction and supporting local ownership of the initiative.

- **A socio-ecological approach centred on adolescent girls**, along with a multi-sectoral approach of strengthening health, protection and legal institutions was instrumental to increase the efficacy of CEFM interventions to improve decision-making among adolescent girls and bolster the enabling social environment in preventing CEFM.

RECOMMENDATIONS

- **Embed focus** and inclusion in project design further through:

- a) community re-integration and support for CEFM survivors
- b) more effective methods of engaging with the hardest-to-reach groups such as out-of-school girls and boys, girls living in female-headed households, unmarried female caregivers, caregivers who had never attended school, and households living in extreme poverty

- **Explore greater engagement** with parents and caregivers through economic empowerment strategies (for example Village Savings and Loan Associations) especially for mothers of adolescent girls to reduce the vulnerability of girls to CEFM and increase their agency.

- **Build partnerships with women and girl-led organizations** as implementing partners to increase localisation, to draw upon their expertise and experiences of CEFM prevention, and to build sustainability as a means of inclusion of women's and girls' voices in decisions affecting them.

“ My take on the decision regarding future marriage is that I have the right to tell my uncle I am not ready to get married because I am still going to school. I have the right to delay marriage because I am still schooling. ” Binta*, girl, Kailahun district, Sierra Leone





Save the Children

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**All names have been changed to protect the identity and safety of participants*