

Joint Evaluation of phase II (2020–2023) of the UNFPA-UNICEF Global Programme to End Child Marriage

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Joint Evaluation of phase II (2020–2023) of the UNFPA-UNICEF Global Programme to End Child Marriage

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ACRONYMS

BMZ	Federal Ministry of Economic Cooperation and Development, Germany
CBIM	Coaching Boys Into Men
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CMMM	Child Marriage Monitoring Mechanism
CPD	Country Programme Document
CRANK	Child Marriage Research to Action Network
CRC	United Nations Convention on the Rights of the Child
CSO	Civil Society Organization
DAC	Development Assistance Committee
DHS	Demographic and Health Surveys
ELA	Empowerment and Livelihood for Adolescents
EQ	Evaluation question
ERG	Evaluation Reference Group
ESARO	Eastern and Southern Africa Regional Office (UNICEF)
FGD	Focus Group Discussion
FGM/C	Female Genital Mutilation/Cutting
GFGP	Girl-Friendly Gram Panchayats
GPECM	UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage
GPSU	Global Programme Support Unit
GTA	Gender-Transformative Approach
GTAT	Gender-Transformative Accelerator Tool
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HQ	Headquarters
HRBA	Human Rights-Based Approach
HTP	Harmful Traditional Practices
IDP	Internally Displaced Person
IP	Implementing Partner
ISS	Integrated Social Services
KII	Key Informant Interview
LGBTQI+	Lesbian, gay, bisexual, transgender, Queer, Intersex or questioning and more
LNoB	Leave No one Behind
LSE	Life Skills Education
M&E	Monitoring and Evaluation
MENARO	Middle East and North Africa Regional Office (UNICEF)
MICS	Multiple Indicator Cluster Surveys
NGO	Non-Governmental Organization
OECD-DAC	Organisation for Economic Co-operation and Development, Development Assistance Committee
OHCHR	Office of the High Commissioner for Human Rights
PASS	Promoting Adolescents Safe Spaces
ROSA	Regional Office for South Asia (UNICEF)
SADC	Southern African Development Community
SBC	Social Behaviour Change
SC	Steering Committee
SCT	Social Cash Transfer

SDGs	Sustainable Development Goals
SEM	Social-Ecological Model
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STAR	Strategic Technical Assistance for Research
ToC	Theory of Change
ToR	Terms of Reference
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WCARO	West and Central Africa Regional Office
WHO	World Health Organization

EXECUTIVE SUMMARY

The United Nations Population Fund (UNFPA) and UNICEF were instrumental in securing these global commitments and have worked over the past 40 years to implement programmes to reduce harmful practices based on gender inequality and human rights violations of the girl child. In 2015, both agencies came together to tackle these issues through the Global Programme to End Child Marriage (Global Programme), contributing to the global movement to end child marriage. The intended impact of the programme is for adolescent girls to fully enjoy a childhood free from the risk of marriage and to experience healthier and more empowered life transitions, including making choices about their education, sexuality, relationships, marriage and childbearing. The programme is currently concluding its second phase and planning to commence phase III.

Against this background, the evaluation offices of UNFPA and UNICEF commissioned an external, independent joint evaluation of phase II (2020–2023) of the Global Programme. The evaluation builds on a series of independent evaluative exercises, including an evaluability assessment conducted in 2017, an evaluation of phase I (2016–2019) of the Global Programme in 2019 and a joint assessment of adaptations to the Global Programme in light of the coronavirus disease 2019 (COVID-19) pandemic, conducted from April 2021 to July 2021. 14. The Global Programme is funded by the Governments of Belgium, Canada, Italy, the Netherlands, Norway and the United Kingdom, and by the European Union and Zonta International. The final budget agreed with the partners for the period 2020–2023 was \$100,046,951.

The purpose of this evaluation was to independently assess the achievement of outputs and contributions to outcomes in Phase II, provide information that supports evidence-based decision-making, and inform the work of the Global Programme beyond 2023. The evaluation focused on learning among stakeholders at all levels and ascertaining the programme's accountability for the results achieved. Further, it sought to identify good practices and lessons learned from the implementation of phase II and recommend changes for phase III. The learning from the evaluation is intended to help improve the phase III programme design, implementation and management by UNFPA and UNICEF programme managers and implementing partners at all levels.

Key findings

The evaluation found that the GPECM **theory of change was adequately contextualized** and aligned to national contexts, including policies, strategies, programmes and legal frameworks. However, at subnational level, there was uneven understanding of the strategic shift made in phase II to focus on girl's empowerment and agency. Programme targeting was based on available evidence. However, **addressing the intersectional needs of participating adolescent girls was not always feasible** in the diverse contexts in which the GPECM operates. The programme faced challenges in balancing breadth of coverage versus depth of interventions.

There is evidence that the **GPECM achieved thematic convergence** across sectors within agencies, in some cases across government sectors, and between agencies. **Geographical convergence was however more of a challenge**. The GPECM was **responsive to humanitarian, fragile and crisis contexts**, especially during the COVID-19 pandemic. The GPECM adapted well to the latter, developing effective strategies to reach communities in times of confinement, and retained some of the working adaptations. Adaptation to emerging humanitarian settings was more nuanced (and reactive) based on country specificities and the nature of the crisis. **Overall, the programme has yet to facilitate a more**

agile adaptation of the theory of change (ToC) and programming strategies, including the GTA or convergent programming, **in humanitarian or nexus contexts.**

The catalytic design of the GPECM is an important strategy to expand the reach of the programme, and the evaluation found that the **programme's influence goes beyond the direct reach of its resources, partners, and geographical areas of implementation.** At global and regional levels, the GPECM has successfully collaborated with international non-governmental organizations (NGOs), academia, and governments to advocate successfully for increased international commitment to end child marriage. This has translated into greater accountability by governments in programme countries. The programme's collective advocacy and technical support at regional level have also strengthened the efforts of regional bodies to address child marriage.

At country level, catalytic effects expanded the reach of the programme, particularly in those GPECM countries that have adequate capacities (technical, operational, financial, partnerships, etc.) to leverage public resources. Further, joint programming and programme alignment in some countries expanded the reach and effect of the GPECM beyond what the programme could achieve on its own. Catalytic effects were also seen in terms of UNFPA and UNICEF making their human and financial resources available to support the programme in critical ways, such as through co-financing initiatives, provision of technical support, and partnerships to expand the reach of the GPECM. In addition, GPECM tools and resources have been utilized by UNFPA and UNICEF offices beyond the direct programme countries, and by the global community beyond GPECM partners.

The programme design placed the rights and empowerment of girls at the centre of its programming, aiming to address the root causes of gender inequality and changing discriminatory gender norms that underlie, perpetuate and tolerate the practice of child marriage. Accordingly, at the beginning of phase II, a GTA was drafted, including five core strategies for implementation, and a GTA accelerator toolkit was designed and rolled out in seven countries. **The GTA has been adopted as a critical component in all programme countries, although its implementation is still relatively nascent** in most countries. **One notable gap area is around evidence** to understand the status and quality of adoption of the GTA. Despite recognizing that effective gender-transformative approaches require solid gender analysis and an accurate understanding of local contexts, the necessary studies have not always been readily available to inform, adapt or localize GTA strategies. In addition, **a comprehensive approach to measuring changes in gender-discriminatory norms (unequal social norms, attitudes, practices and behaviours) is still required** to capture the impact and effect of gender-transformative programming, particularly at subnational or community level. **Efforts are also needed to ensure a common understanding of the GTA among partners.** This requires strengthening capacities and understanding of some programme staff and especially of implementing partners and civil society organizations (CSOs).

The programme made important strides in **advancing the research agenda and improving data quality and tools** for evidence generation at all levels through partnerships and developing technical capacities to generate high-quality evidence and learning. The programme leveraged global and regional partnerships such as the Strategic Technical Assistance for Research (STAR) Initiative to support the generation, synthesis and uptake of high-quality evidence by policymakers, practitioners and researchers. Similarly, the GPECM created the Child Marriage Research to Action Network (CRANK), in partnership with Girls Not Brides, to promote research uptake. Research on adaptations, particularly during COVID-19, played an important role in informing advocacy and strategic programme direction. However, evidence generation on certain relevant themes and contexts, such as engaging men and boys, interventions in humanitarian

contexts, and the impact of climate change on child marriage, has been limited. There are also **gaps in evidence generation** related to systems strengthening.

Poverty and lack of economic opportunity are central drivers of child marriage, and accordingly, in some countries, the GPECM established **partnerships to support adolescent social protection, poverty reduction and empowerment**. There is evidence of success, such as providing school subsidies and incentives, vocational training and start-up funds. **However, most of these interventions had a limited focus** on economic empowerment, career counselling, entrepreneurship and other income-generating activities, with little linkage to social protection schemes. In addition, social protection and economic empowerment interventions are resource-intensive and require partnerships with organizations that have the required funding and expertise, and these resources were not always readily available.

The evaluation found **clear efficiencies gained from joint working** (coordination and management) between UNFPA and UNICEF at global, regional and country levels, including increased complementarity and reduced duplication in areas where common approaches were used. However, in some cases, this relied largely on the willingness and commitment of individuals, rather than on systems, which may pose challenges for sustainability. In addition, **weaknesses were observed in some cases, including at subnational level**, with parallel coordination mechanisms and siloed implementation.

Utilization rates suggest that the **GPECM made efficient use of its financial resources**. However, the programme was affected by the COVID-19 pandemic, which led to disruption of activities and reallocation of funds. Some programme countries that had low utilization rates faced challenges in receiving additional funds, which affected programming. **At regional level, the programme faced challenges in terms of low budget utilization**, which could be related to the relatively lower staff time allocated to the programme, among other issues. To address challenges in timeliness and predictability of funds, as well as to leverage existing opportunities, some countries mobilized their own funding to complement the funds made available through the programme.

In terms of human resources, the **GPECM faced staff shortages** in some countries and regions, including periods with inadequate staff skills and capacities to implement the GTA. Leveraging existing staff to deliver GPECM has increased efficiency and reduced the financial burden on programming. However, it has also increased the amount of work that staff are required to do in addition to their other responsibilities, which may affect programme implementation. **Overall, the evaluation found that available human and financial resources were not always commensurate with the ambition of the programme.**

Building on these findings, the evaluation makes the following recommendations.

Recommendation 1: Contextualize the global theory of change for national and subnational contexts and for specific populations. The breadth, ambition and modalities of the programme must be adapted to the resources, capacities and other contextual characteristics of the countries in which it operates. Depending on the context and the resources available, country offices may have to weigh the balance between breadth and depth, deciding whether to invest in reaching specific populations of at-risk girls or in scaling up promising or effective approaches more broadly. This could be done integrating a “reality check” assessment of the programme through phase III, examining drivers of child marriage for population subgroups, to validate the country-adapted theory of change and tools, and to assess the programme targeting, strategies and approaches, and implementation.

This prioritization should follow an inclusive consultative process between UNFPA, UNICEF and donor and implementing partners, with national- and subnational-level representation. This prioritization should include due consideration of the necessary conditions for geographically based programmatic

convergence, which is critical to addressing the intersectional needs of adolescent girls. Implementing partners and counterparts from both agencies should engage in the consultation process and have a clear understanding of the final country-level theory of change and the priority interventions selected. This understanding from partners could expand opportunities for holistic and efficient implementation, especially if implementing partners exchange information on interventions and contribute to major updates or revisions done through phase III.

The adaptation of the theory of change should make use of available evidence to identify the interventions and approaches that are to be scaled up. It is important to generate, use and regularly update evidence on the needs of adolescent girls at national and subnational levels, including the particular needs of girls in urban areas vs. rural areas (going beyond the prevalence figures of child marriage), and for girls with specific vulnerability profiles (e.g. social minorities, girls with disabilities, those who are pregnant or married). Up-to-date evidence on the evolving situation and drivers of child marriage at the subnational level and for specific vulnerable populations is particularly relevant for effective programming. If quality evidence is not available, there should be budgeted plans to generate timely evidence to inform priority interventions and strategies. The adapted theory of change and any subsequent revisions should be documented throughout the implementation period of phase III. The adapted theory of change should be accompanied by an adapted monitoring and results framework for the country, including at the subnational level. The adapted results framework should, however, still allow aggregation of results at the global level for consolidated reporting on key standardized output and outcome indicators.

Recommendation 2: Make the programme more agile and adaptive for humanitarian and other complex contexts. The GPECM has developed normative and technical tools and guidance to support programme adaptation in crisis contexts. To make these ongoing adaptation processes more agile, countries will need enhanced capacities to contextualize programming approaches and to adapt existing tools to their humanitarian and fragile contexts. Timely adaptation is important in order to ensure that the programme can respond to needs as they arise and access humanitarian funding. To this end, a select set of good practices in adapting GPECM tools and process should be identified and made available to all GPECM countries (and beyond). This should also include information on what is not working as intended. Good practices and existing tools that are relevant might be identified and adapted from other programmes, including from the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation. Technical support should be made available to country offices to adapt the GPECM guiding documents and tools to each context. The adaptation should be considered in emergency preparedness and risk management planning to improve efficiency in programming including the use of GPECM resources. Advocacy with key actors in emergency preparedness and response, within the two GPECM agencies as well as externally, would facilitate the integration of prevention and response to child marriage in the humanitarian response – for example, by making it visible in accountability mechanisms and tools, cluster monitoring and reporting processes.

Recommendation 3: Sustain and increase programme effectiveness and deepen the gender-transformative approach and expand it in the countries where it is nascent. The evaluation recommends developing and using light tools to measure the institutionalization of gender-transformative programming, the capacities of implementing partners and, eventually, the change in norms and empowerment of adolescent girls. The GPECM should continue expanding comprehensive sexuality education and life skills education within government structures, mechanisms and frameworks to ensure continuity and expand reach. It should also further integrate men and boys at all levels to create new models of positive masculinity, building on good practices identified in the evaluation on how to retain the engagement of men and boys. The programme should continue to engage with community and religious

leaders to influence social and gender norm change and increase the focus on the discrepancies between customary or traditional and legal provisions to prevent child marriage. Eventually, the GPECM should open an internal programme dialogue to identify and discuss unintended consequences of the enforcement of laws that limit the age of marriage in particular contexts, where new vulnerabilities for girls and their families are added, and work to address those.

Recommendation 4: Make further strategic and ambitious use of the global programme's potential to accelerate the elimination of child marriage globally. Continue using the programme's global and regional position of influence to strategically contribute to accelerating the elimination of child marriage globally. The GPECM should build further on its proven and acknowledged influence beyond the GPECM countries and convening capacity of key regional and global partners and demonstrated ability to galvanize and influence the generation and use of evidence on child marriage at global and regional levels. It should leverage opportunities with donors and particularly private sector actors, including at the national level, to strengthen partnerships, and also focus explicitly on humanitarian contexts.

Recommendation 5: Strengthen coordination and partner capacity and improve resource mobilization and flexible use of funds for increased efficiency. The existing coordination mechanisms between agencies should be reviewed, with the aim of further facilitating the programme's geographic convergence, particularly at the subnational level. As part of this process, it will be important to consider the role of partners and their capacities, as well as the complementarities and roles of both agencies at the subnational level. The GPECM should continue to identify opportunities and mobilize additional funding for the programme, making visible its successes and emphasizing its catalytic effect and global reach. Agile support should be provided to countries to mobilize their own resources, for example, by generating quality, standardized and contextualized information products about the GPECM to facilitate resource mobilization initiatives.

Recommendation 6: Generate more evidence on what works in programme contexts and utilize it. The programme should expand and deepen the focus at the country level on generating and using evidence to understand what works in different contexts, especially at subnational and community levels. The GPECM global results framework and monitoring and reporting system should be enhanced and refined, with a stronger focus on learning. The intervention monitoring systems could also include provisions to identify and learn from outcome-level change. Impact evaluation and process evaluation of strategic interventions, including in humanitarian situations, should be undertaken to enhance learning. Programme budgets should include costing for monitoring, evaluation and data generation from the outset.

Recommendation 7: Systematically integrate the programme's work with the social protection sector and advocate for the strengthening of public finance management for the empowerment of adolescent girls. The evaluation recommends expanding existing GPECM thematic convergence to systematically include social protection interventions such as cash transfer programmes, and to advocate for national and particularly subnational budget allocations and spending on goods and social services critical to the empowerment of adolescent girls and the prevention of child marriage.

Recommendation 8: Elaborate sustainability plans in each country, jointly with implementing partners and counterparts. This process should begin with the development of sustainability plans for select interventions at the subnational level, prioritized according to relevance in terms of investment, change potential, or other criteria of criticality. Building on the learnings from these experiences, sustainability plans should then be undertaken at the national level. The resulting sustainability plans should be included in the multi-year workplans of the GPECM, incorporating indicators and benchmarks to assess progress in the development and implementation of the plans.

The potential for sustainability should be included as one of the key criteria to inform prioritization of investments, strategies and approaches for the programme during the planning of phase III and subsequent reviews. For example, the programme should prioritize institutionalized systems-strengthening interventions, which are delivered through existing service delivery systems (comprehensive sexuality education, life skills development, sexual and reproductive health and rights-related services, etc.), and which match demand or where demand is also promoted.

1. INTRODUCTION

More than 640 million women alive today were married as children.¹ One in every five girls is married, or in a union, before reaching 18 years of age.² The International Conference on Population and Development in 1994 and its Programme of Action, and the Fourth World Conference on Women in 1995 and its Platform for Action, called for the recognition of human rights and freedoms for the girl child and the elimination of harmful practices that violate these fundamental rights.³

UNICEF and UNFPA were instrumental in securing these global commitments and have worked over the past 40 years to implement programmes to reduce harmful practices based on gender inequality and health and human rights violations of the girl child. In 2015, both agencies came together to tackle these issues through the Global Programme to End Child Marriage (GPECM). The programme represents the contributions of UNFPA and UNICEF to the global movement to end child marriage. The intended impact of the programme is for adolescent girls to fully enjoy a childhood free from the risk of marriage and to experience healthier and more empowered life transitions, including making choices about their education, sexuality, relationships and marriage, and childbearing.⁴ The programme is currently concluding its second phase and positioning itself to commence phase III.

Against this background, the evaluation offices of UNFPA and UNICEF commissioned an external, independent joint evaluation of phase II (2020–2023) of the UNFPA-UNICEF Global Programme to End Child Marriage. The evaluation builds on a series of independent evaluative exercises including an evaluability assessment conducted in 2017,⁵ an evaluation of phase I (2016–2019) of the GPECM in 2019⁶ and a joint assessment of adaptations to the GPECM in light of the COVID-19 pandemic, conducted from April 2021–July 2021.⁷

¹ United Nations Children's Fund, 'Child Marriage Around the World', UNICEF, New York, <<https://www.unicef.org/stories/child-marriage-around-world>>, accessed 13 April 2023.

² United Nations Population Fund and United Nations Children's Fund, *UNFPA-UNICEF Global Programme to End Child Marriage: Phase II programme document, 2020–2023*, UNFPA and UNICEF, New York, 2019.

³ United Nations Population Fund, 'Report of the International Conference on Population and Development, Cairo, 5–13 September 1994', A/CONF.171/13/Rev.1, UNFPA, New York, 1995; United Nations, 'Fourth World Conference on Women, 12–15 September 1995, Beijing, China', <<https://www.un.org/en/conferences/women/beijing1995>>, accessed 13 April 2023.

⁴ UNFPA-UNICEF Global Programme to End Child Marriage Phase II Programme Document, p.25.

⁵ United Nations Population Fund and United Nations Children's Fund, 'UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage: Evaluability assessment', UNFPA and UNICEF, New York, 2017.

⁶ United Nations Population Fund and United Nations Children's Fund, *'UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage: Joint evaluation'*, UNFPA and UNICEF, New York, 2019.

⁷ United Nations Population Fund and United Nations Children's Fund, 'Joint Assessment of Adaptations to the UNFPA-UNICEF Global Programme to End Child Marriage in Light of COVID-19', UNFPA and UNICEF, New York, 2021.

CONTEXT AND BACKGROUND

Progress towards ending child marriage

Drivers and prevalence of child marriage

Child marriage refers to any formal marriage or informal union where one or both parties are under the age of 18.⁸ Child marriage is a violation of human rights, including the right to decide when and whom to marry, that often leads to the denial of other rights, including the rights to education, protection from violence, health, and reproductive rights. The impact of child marriage is significant and far-reaching. Adolescent girls married young have limited economic opportunities and are less likely to continue their education. This limits girls' choices and opportunities throughout their lives, as well as their ability to provide for their families.⁹

Research shows that young women married as children are more likely to experience physical and/or sexual violence than adults.¹⁰ Spousal age difference, common in child marriages, is a significant risk factor associated with physical and sexual abuse against girls.¹¹ Further, young girls are less likely to be able to negotiate safe sexual practices and be equipped with information to be able to make informed choices about their sexual and reproductive health (SRH).¹²

While child marriage can be a driver of early pregnancy, unintended pregnancy can also be a driver of child marriage.¹³ Most first births by girls aged 17 and younger, in 54 developing countries with data, occur within marriage or cohabiting unions.¹⁴ Experiencing early pregnancy before a girl's body is physically mature increases the risk of pregnancy-related complications and maternal and new-born mortality and morbidity.¹⁵ Complications from pregnancy and childbirth are the leading cause of death amongst adolescent girls aged 15–19 in developing countries.¹⁶

While child marriage occurs among both boys and girls, girls are disproportionately affected, with prevalence rates among girls about six times higher globally.¹⁷ Figure 1 provides an overview of the global distribution of early marriage.

⁸ Girls Not Brides, 'About Child Marriage', <<https://www.girlsnotbrides.org/about-child-marriage>>, accessed 10 April 2023.

⁹ Human Rights Watch, 'Q & A: Child marriage and violations of girls' rights', 2013,

<<https://www.hrw.org/news/2013/06/14/q-child-marriage-and-violations-girls-rights#1>>, accessed 9 April 2023.

¹⁰ United Nations Population Fund, 'Child Marriage: Frequently asked questions', UNFPA,

<<https://www.unfpa.org/child-marriage-frequently-asked-questions#what%20is%20the%20usual%20age%20difference>>, accessed 10 April 2023.

¹¹ Human Rights Watch, Q & A.

¹² UNFPA, Child Marriage: Frequently asked questions.

¹³ Girls Not Brides, 'Child Marriage and Health', <<https://www.girlsnotbrides.org/learning-resources/child-marriage-and-health>>, accessed 10 April 2023.

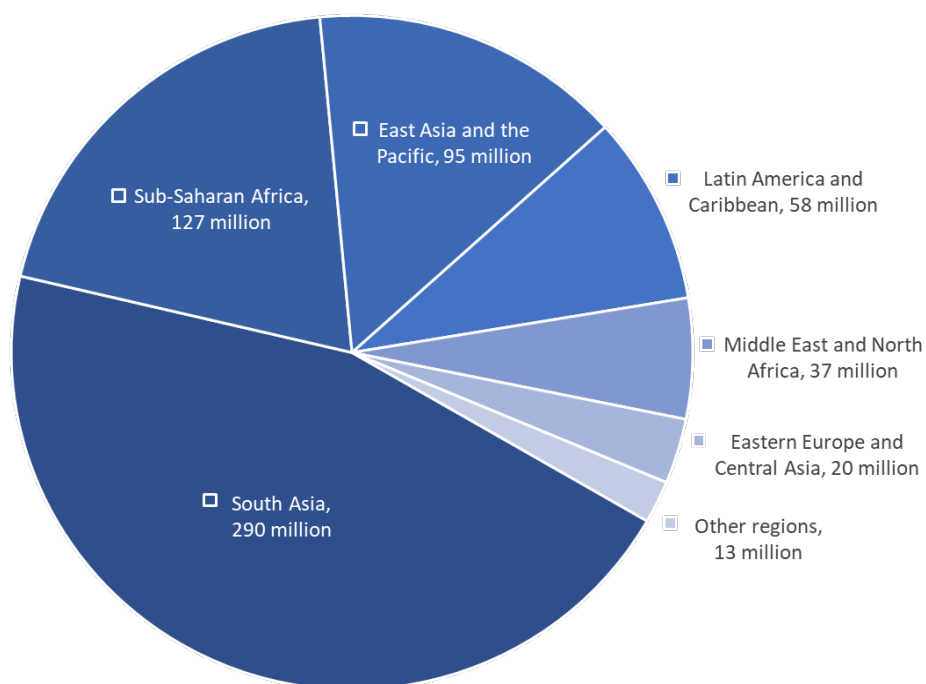
¹⁴ United Nations Population Fund, 'Motherhood in Childhood: The untold story', UNFPA, New York, June 2022.

¹⁵ UNFPA, Child Marriage: Frequently asked questions

¹⁶ Human Rights Watch, Q&A.

¹⁷ United Nations Children's Fund, 'Progress for Every Child in the SDG Era', UNICEF, New York, 2018.

Figure 1: Percentage distribution of women and girls who were first married or in union before age 18.



Source: UNICEF, 'Is an End to Child Marriage Within Reach? Latest trends and future prospects. 2023 update' May 2023

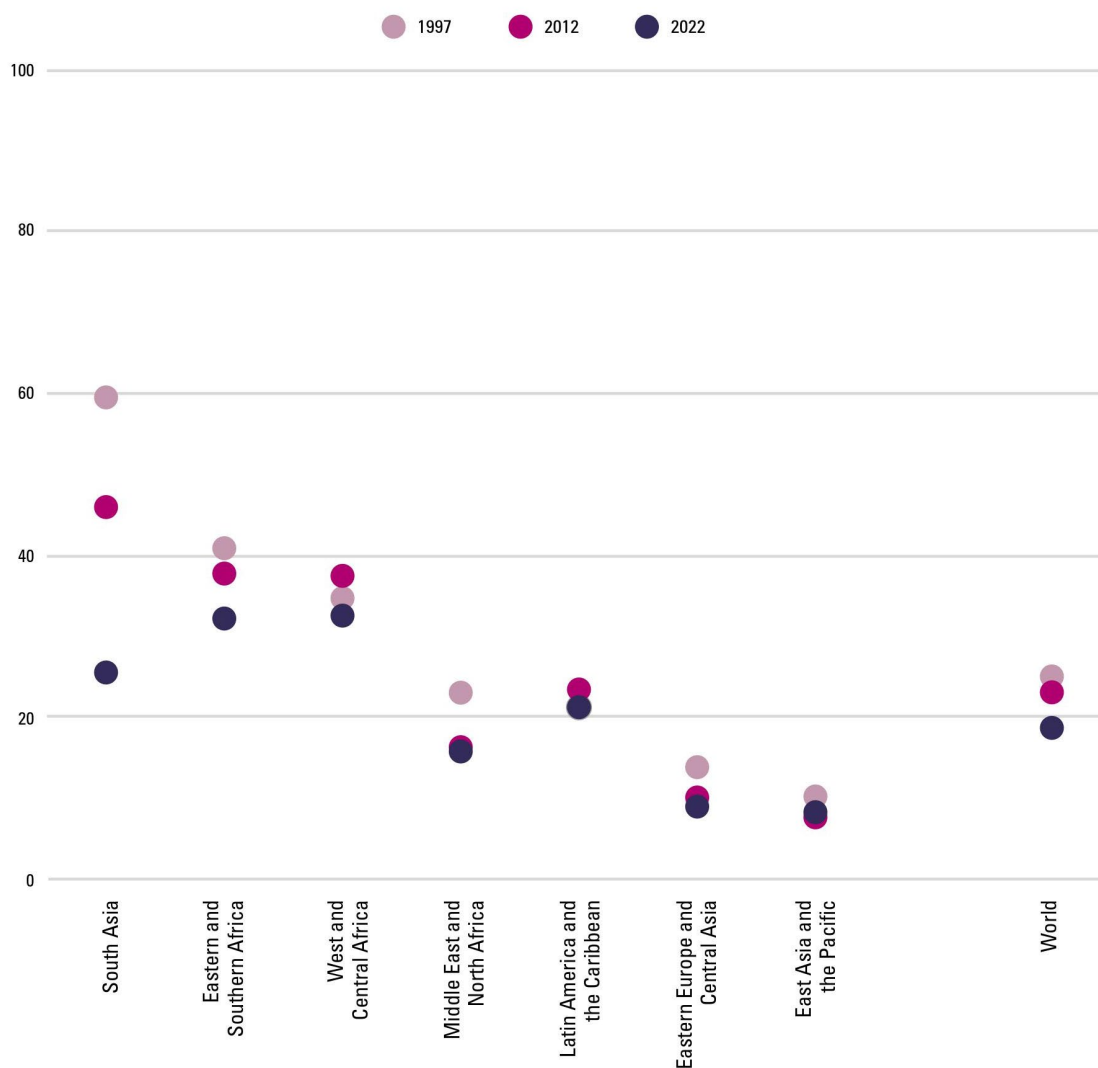
Progress towards ending child marriage: Worldwide trends on child marriage

While the prevalence of child marriage has decreased globally over the past decade, no region is on track to eliminate the practice by 2030.¹⁸ South Asia has seen the sharpest decrease, while sub-Saharan Africa, with a slower decline over the past decade, currently has the highest prevalence globally. Latin America and the Caribbean have seen stagnating rates for almost 30 years. In addition, it is estimated that up to 10 million more girls will likely be married as children globally by 2030 due to the effects of the COVID-19 pandemic.¹⁹ As shown in Figure 2, according to UNICEF data, the global prevalence of child marriage has fallen from 23 per cent to 19 per cent in the last ten years.

¹⁸ UNFPA-UNICEF Global Programme to End Child Marriage Phase II Programme Document, p. 14.

¹⁹ United Nations Population Fund and United Nations Children's Fund, *Annual Report 2021: Fighting the odds, catalysing change*, UNFPA and UNICEF, New York, 2021, p. 14.

Figure 2: Percentage of women aged 20–24 married or in union before 18 years of age, by region.



Source: UNICEF, 'Is an End to Child Marriage Within reach?'

The global response to ending child marriage

Child marriage has been on the global agenda since the turn of the century. This is mainly due to the growing global network of human rights activists campaigning to end the practice by advocating for domestic and international policy changes. The issue first appeared in the 1948 Universal Declaration of Human Rights, followed by General Assembly resolution 1763 A (XVII) of 7 November 1962, which established a minimum age for marriage at 15 years.²⁰ This was later increased by the treaty-monitoring bodies of the Convention on the Elimination of All Forms of Discrimination against Women and the

²⁰ Resolution adopted by the United Nations General Assembly, Convention on Consent to Marriage, Minimum Age for Marriage, and Registration of Marriages, November 1962.

Convention on the Rights of the Child to 18 years for girls and boys, with and without parental consent.²¹ Most United Nations Member States committed to comply with these standards by ratifying these treaties.²² As a result of the strength of the international movement, ending child marriage was also included as a specific target of the United Nations Sustainable Development Goals (SDGs) – specifically, SDG 5 on achieving gender equality and empowering all women and girls.²³

Despite these and other considerable efforts by the United Nations agencies and other actors, progress towards ending child marriage remains slow. The human rights framework has evolved to focus more on changing social and gender norms and making the linkages between ending child marriage and intimate partner violence or the risk of complications during childbirth for adolescent girls.²⁴ These shifts are also evident in the GPECM theory of change (ToC), which includes a multi-sectoral, holistic, intersectional approach to ending child marriage interventions (see *section 9.1*). Further, these approaches have offered a strategic way to promote the rights and empowerment of adolescent girls and boys in different areas, such as health, education, work and freedom from violence.

Child marriage as a strategic priority within UNFPA and UNICEF

Over the last decades, the global movement to end child marriage has informed priorities and programming within UNFPA and UNICEF. As early as 2008, the UNICEF child protection strategy identified child marriage as an essential child protection issue to be tackled. Action against child marriage is an organizational priority, as reflected in the UNICEF Strategic Plan, 2018–2021 and the Strategic Plan, 2022–2025, at impact and output levels. The UNICEF Gender Action Plan, 2022–2025 and Adolescent Girls Programme Strategy, 2022–2025 also incorporate ending child marriage as programmatic priorities.

Within UNFPA, ending gender-based violence and all harmful practices, including child marriage, is one of the three transformative results of its Strategic Plan, 2022–2025 as well as the previous strategic plan. Child marriage has been a specific focus since 1994, anchored in the Programme of Action of the International Conference on Population and Development, and is a core priority for both the Technical Division's Sexual and Reproductive Health Branch and the Gender and Human Rights Branch. In addition, the UNFPA global strategy for adolescents and youth, titled *My Body, My Life, My World*, and the Gender Strategy, 2022–2025 identify the reduction of gender-based violence and harmful practices, including child marriage, as a critical pathway to gender equality and decision-making for adolescent girls.

The Global Programme to End Child Marriage (object of evaluation)

The GPECM is a joint initiative that turns United Nations commitments into tangible actions for children, supporting Governments and civil society partners to accelerate actions to end child marriage. The primary goal of the GPECM is to contribute significantly to the realization of Sustainable Development Goal target

²¹ Committee on the Rights of the Child, General comment no. 4, 2003, Adolescent health and development in the context of the Convention on the Rights of the Child.

²² Committee on the Elimination of Discrimination against Women, Joint General Recommendation No. 31 of the Committee on the Elimination of Discrimination against Women/General Comment No. 18 of the Committee on the Rights of the Child on Harmful Practices, 2014. CEDAW/C/GC/31-CRC/C/GC/18.

²³ United Nations Special Representative of the Secretary-General on Violence Against Children, 'Decade of Action to End Violence against Children' <<https://violenceagainstchildren.un.org/content/2030-childrens-rights-agenda>>, accessed 1 September 2023.

²⁴ Brysk, A., *Speaking Rights to Power: Constructing political will*, Oxford University Press, New York, 2013.

5.3 on the elimination of harmful practices – directly in 12 programme countries, as well as indirectly in other countries – through the programme’s methodology, resources, data and influence.²⁵

The programme is implemented in 12 countries across four regions:

- Eastern and Southern Africa: Ethiopia, Mozambique, Uganda and Zambia
- Middle East and North Africa: Yemen
- West and Central Africa: Burkina Faso, Ghana, Niger and Sierra Leone
- South Asia: Bangladesh, India and Nepal

The selection of these programme countries in 2015 was based on four criteria:

- a. High prevalence of child marriage (>25 per cent of women aged 20–24 years were married before age 18 years);
- b. Current and future burden of child marriage (based on scale of the issue, prevalence, population and inclusion of at least three high-burden countries);
- c. Evidence of government commitment to and engagement in ending child marriage;
- d. Geographical distribution; favouring regional and global dynamics; and South-South exchange and cooperation.²⁶

Primary rights-holders of the programme are adolescent girls (aged 10–19 years) in the 12 programme countries, including the most marginalized.²⁷ Secondary rights-holders are women, men and boys, families and communities who, through the programme, have access to resources and opportunities, and are supported by systems that improve their health, education, safety and address poverty and insecurity as key drivers of child marriage. Further potential beneficiaries include those adolescent girls, women, men and boys, families and communities who benefit from the extended reach of the programme. Designed as a 15-year programme (2016–2030), the GPECM is being implemented in three phases, as shown in Table 1.

Table 1: Phases of the GPECM

Aims	Phase I: Initial learning and implementation (2016–2019)	Phase II (medium-term): Expanding scalable models (2020–2023)	Phase III (longer term): National coverage of models (2024–2030)
Change attitudes and behaviours	<ul style="list-style-type: none"> • Lay the foundations of attitude change among a critical mass of families and communities for longer-term shifts in behaviours and norms on child marriage 	<ul style="list-style-type: none"> • Use the demonstration and catalytic power of <ol style="list-style-type: none"> (i) strengthened systems; (ii) mobilized communities; and (iii) empowered girls to further accelerate progress at significantly large scale 	<ul style="list-style-type: none"> • Significantly larger proportions of girls fully enjoy a childhood free from the risk of marriage, and experience healthier, safer and more empowered life transitions, including through making choices about their education, sexuality, relationships, marriage and childbearing
Strengthen institutions and systems	<ul style="list-style-type: none"> • Strengthen critical institutions and systems in selected locations and countries to deliver quality services and opportunities for a significant number of adolescent girls 	<ul style="list-style-type: none"> • Scale up interventions and strengthened systems to reach more girls, locations and countries 	<ul style="list-style-type: none"> • Working models are mainstreamed within and between countries • Higher educational levels for girls • Lower adolescent pregnancy rates

²⁵ UNFPA-UNICEF Global Programme to End Child Marriage Phase II Programme Document, p.7.

²⁶ Ibid., pp.12-13.

²⁷ Ibid., p.25.

Aims	Phase I: Initial learning and implementation (2016–2019)	Phase II (medium-term): Expanding scalable models (2020–2023)	Phase III (longer term): National coverage of models (2024–2030)
Political leadership and resources	<ul style="list-style-type: none"> • Generate political will and mobilize financial resources to end child marriage 	<ul style="list-style-type: none"> • Increase political and social support to end child marriage • Engage more Governments, donors and actors • Finance and implement budgeted plan 	<ul style="list-style-type: none"> • Largely local ownership and large-scale implementation
Measurable change	<ul style="list-style-type: none"> • Demonstrable change in some locations 	<ul style="list-style-type: none"> • Demonstrable change in some significant locations of considerable size 	<ul style="list-style-type: none"> • Decline in child marriage rates in a significant number of high-burden countries

Source: GPECM Phase II Programme Document, 2020–2023

Child marriage in the programme countries

Most programme countries, with the exceptions of Bangladesh, Burkina Faso, Mozambique and Niger, have made progress in reducing child marriage over the past decade for which data are available. Factors such as economic growth and improvements in girls' education may have contributed to progress in these countries. In contrast, factors limiting progress in other countries may include conflict, persistent poverty, high fertility rates, and deeply entrenched social norms and religious beliefs around the acceptability of child marriage.²⁸

Funding and governance structure of the GPECM

The GPECM is funded by the Governments of Belgium, Canada, Italy, the Netherlands, Norway, the United Kingdom and the European Union, as well as Zonta International. The total proposed budget for phase II was US\$127,092,222,²⁹ while the final agreed budget for the period 2020–2023 was \$100,046,951. Expenditure recorded as of end 2022 was \$55,551,808.³⁰ Expenditure in 2020–2021 was impacted by the COVID-19 pandemic, which caused delays to implementation. Accordingly, 2021 budget allocations were revised on a case-by-case basis, taking into consideration the budget delivery rates at that time. A slight over-spend by country offices in 2021 is attributed to carry-over of funds from 2020 that were not spent due to pandemic-related disruptions.³¹

A steering committee (SC) comprising UNFPA and UNICEF, donors and a government representative from each programme country oversees implementation of the GPECM. The SC is supported by a partners advisory group, which provides technical advice and serves as a platform for coordination and knowledge-sharing among global stakeholders. The group includes United Nations agencies, donors and civil society organizations (CSOs).

The global programme support unit (GPSU) is the management entity tasked with ensuring overall high-quality programme planning, implementation and oversight at all levels. It leads on strategic and technical programme guidance and is responsible for joint annual planning, review, monitoring and reporting of the programme for submission and approval to the SC.

²⁸ United Nations Children's Fund, 'Towards Ending Child Marriage: Global trends and profiles of progress', UNICEF, New York, 2021, and United Nations Population Fund and United Nations Children's Fund, 'Global Programme to End Child Marriage, Annual Report 2021: Fighting the odds, catalysing change', UNFPA and UNICEF, New York, 2022.

²⁹ Ibid, p.8.

³⁰ GPSU consolidated budget and expenditures.

³¹ United Nations Population Fund and United Nations Children's Fund, 'Global Programme to End Child Marriage, Annual Report 2021: Fighting the odds, catalysing change', UNFPA and UNICEF, New York, 2022, p.116.

Technical advisory groups, comprising technical experts from UNFPA and UNICEF, advise on sector-specific aspects of country strategies around key annual milestones and workstreams such as planning, monitoring, research, communication and advocacy.³²

GPECM phase II theory of change: Building on lessons learned from phase I

The GPECM developed a global theory of change (ToC) that outlines the conceptual and programmatic approach taken by the programme and the key assumptions underlying its change pathways (see annex 2). Initially developed in phase I, the ToC was revised for phase II, informed by the results of the phase I evaluation. These changes were considered important in recognition of the complexity of drivers of child marriage.

The first pillar focuses on strategies and outputs that contribute to adolescent girls being able to make more informed choices regarding marriage, education and SRH. This change is based on the achievement of immediate outcomes related to reaching the most marginalized girls and improving the family and community environment. Outputs in this pillar focus on adolescent girls' empowerment through intensive support via life skills education (LSE) and/or comprehensive sexuality education (CSE) programmes; keeping girls in school; vocational training and targeted income-generating empowerment; engaging boys, men, families, communities, traditional and religious leaders, and traditional marriage counsellors in constructive dialogue; and mobilizing women- and youth-led organizations to provide protection and prevention services and advocate against harmful norms.

One of the most significant shifts between phase I and phase II was transitioning from a gender-*responsive* to a gender-*transformative* design. This strategy seeks to promote gender-equitable norms at all levels. As part of a more holistic gender transformation strategy, the programme also made efforts to more systematically engage men and boys to challenge male gender roles and promote positive masculinity, and provided mentorship for boys in support of enhancing girls' development.

Another key adjustment was to increase the scale and scope of the programme for phase II. While in phase I, the main goal was to reach unmarried adolescent girls, in phase II the goal was to intensively support marginalized and at-risk adolescent girls, including those who are pregnant, married, divorced or widowed, or living with a disability and provide them with life skills education and comprehensive sexuality education.³³

The second pillar operates at the systemic level, with the intermediate outcome focusing on effective response by relevant sectors to respond to the needs of adolescent girls. This was to be achieved through systems strengthening, institutionalization of sectoral interventions, and addressing poverty drivers of child marriage (immediate outcomes). Complementary essential services such as the civil registration and vital statistics system, social welfare and child protection, law enforcement and the justice system are also supported in this pillar. Outputs for this pillar include improved capacity of education, health, child protection and social protection systems to provide quality adolescent-friendly and gender-responsive services to adolescent girls.

³² United Nations Population Fund and United Nations Children's Fund, 'UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, Phase II: Terms of reference for the independent joint evaluation', UNFPA and UNICEF, New York, 2023

³³ GPECM Phase I Report.

For this pillar, a key change from phase I to phase II was to recognize the different and multifaceted drivers of child marriage and to promote various opportunities for girls, such as in the health, education, protection and livelihood sectors. Small investments made in phase I were to be enhanced during phase II, particularly related to social protection, livelihood and economic empowerment. While phase I focused on delaying marriage until 18 years, phase II emphasized the need for girls to have more options than early marriage.

Other priorities identified for phase II included contextualizing the programme based on the various national contexts in which it operates and enhancing the nexus between development and humanitarian interventions to take into account the heightened risk of child marriage in humanitarian settings. Improved intersectoral collaboration was also highlighted as a priority – for example, incorporating child marriage interventions into interventions on gender-based violence in humanitarian contexts.

Pillar three outlines intermediate outcomes related to adolescent- and youth-responsive legal and policy contexts, with the aim of ensuring that governments have the capacity to make and enact laws and generate data and evidence towards addressing the drivers of child marriage and ending the practice. These outcomes were to be achieved through capacity-building and technical support to government actors, with a focus on human rights standards and gender-transformative programming. Pillar three also includes strengthened capacities for data generation and evidence use, which was to be achieved through capacity-building of relevant actors.

Another priority in phase II was to strengthen the knowledge strategy initiated in phase I and to generate, use and enhance the evidence base on child marriage. It was also planned to build a community of practice for child marriage programming, in order to share best practices and lessons learned.

The gender-transformative approach of the GPECM

During phase I, the GPECM took a gender-responsive approach, focusing on adolescent girls. In phase II, the programme sought to adopt a gender-transformative approach (GTA), deepening the focus on analysing the underlying gender-related drivers of child marriage, including discriminatory social and gender norms, engaging men and boys systematically across programme interventions in order to catalyse shifts towards positive gender norms. Phase II defined five core strategies to achieve this, including: (1) placing girls at the centre of programming efforts; (2) engaging men and boys for gender equality; (3) providing gender-responsive information and services; (4) mobilizing communities, systems and social networks through effective communication strategies; and (5) building strong institutional partnerships with government, civil society and the private sector.³⁴ These core strategies were implemented through multi-sectoral interventions and across the social-ecological model for empowering girls and building their skills, knowledge and awareness of their rights. This approach was also used to work with systems, services, policies and legislation to promote

What are gender norms?

Gender norms are a subset of social norms that relate specifically to gender differences. They are informal, deeply entrenched, and widely held beliefs about gender roles, power relations, standards, or expectations that govern human behaviours and practices in a particular social context and at a particular time. They are ideas or 'rules' about how girls, boys, women, and men are expected to be and act.

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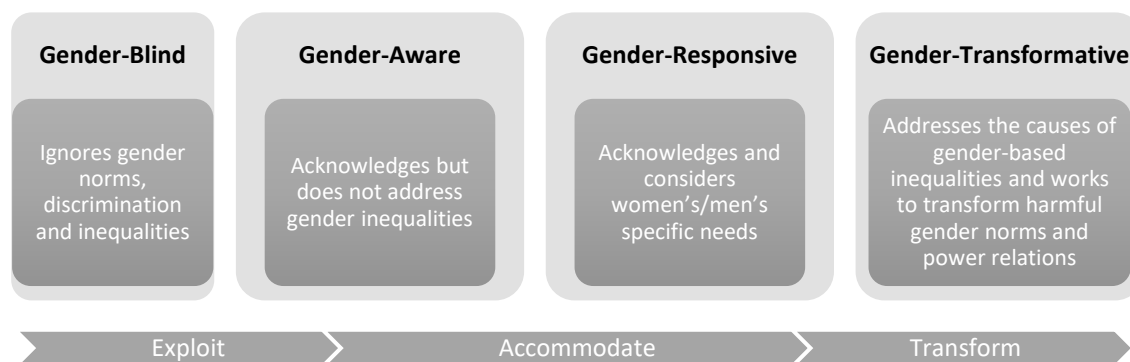
Source: GPECM, Technical Note on Gender Norms, 2020

³⁴ United Nations Population Fund and United Nations Children's Fund, 'Technical note on gender-transformative approaches in the GPECM Phase II: A summary for practitioners', UNFPA and UNICEF, New York, 2019.

gender-responsive institutions and legislative frameworks that address the drivers of gender-based inequalities.

To build the capacity of staff to implement the programme, the GPECM developed the gender-transformative accelerator tool (GTAT). The GTAT consists of an intensive three-day programme to facilitate reflection and generate a common understanding of the critical concepts around gender and gender inequality, considering the intervention levels of the socio-ecological model. The GTAT also identifies opportunities for gender-transformative programming and action planning by assessing the GTA strategies implemented in each country against a gender equity continuum.

Figure 3: Gender equity continuum



Source: GPECM, Technical Note on Gender-Transformative Approaches in the Global Programme to End Child Marriage Phase II: A summary for practitioners, (2020).

GPECM-Phase II evaluative work and research

At the global level, in 2021, the evaluation offices of UNICEF and UNFPA jointly conducted an assessment of GPECM adaptations in response to the COVID-19 pandemic, which provided recommendations and insights for adjusting country-level programming in 2022.³⁵ In addition, the GPECM supported a number of activities designed to improve the availability, quality and timeliness of data and evidence in relation to child marriage:

The Strategic Technical Assistance for Research (STAR) initiative to end harmful practices provided high-quality research and analytical support to UNICEF and UNFPA country and regional offices; the Child Marriage Research to Action Network (CRANK) coordinated global research efforts from diverse organizations; the impact feasibility assessment of the GPECM, carried out by the evaluation offices of UNICEF and UNFPA, provided an expert, independent assessment of the opportunity to design and conduct rigorous independent impact evaluations on potentially scalable community-led interventions within the GPECM countries.

³⁵ The 12 country reports are available here: <<https://www.unicef.org/evaluation/reports#/detail/18405/joint-assessment-of-adaptations-to-the-unfpa-unicef-global-programme-to-end-child-marriage-in-light-of-covid-19>>, accessed 13 September 2023.

EVALUATION PURPOSE, OBJECTIVES AND SCOPE

Evaluation purpose

The purpose of the evaluation, as outlined in the terms of reference (ToR; see annex 1), is to independently assess the achievement of outputs and contributions to outcomes in phase II, provide information that supports evidence-based decision-making, and inform the work of the GPECM beyond 2023.

Evaluation objectives

The specific objectives of the evaluation, as outlined in the ToR, are to:

- a) Assess the results achieved against objectives
- b) Assess the sustainability of the results achieved
- c) Assess the extent to which issues of human rights, disability, cultural sensitivity, equity and gender equality have been taken into consideration in programme implementation³⁶
- d) Assess the efficiency of implementation by both agencies
- e) Assess the effectiveness of the joint management modalities at global, regional and national levels
- f) Assess the extent of coordination with partners at the various levels of the programme (global, regional and headquarters)
- g) Produce clear conclusions and actionable recommendations, identify lessons learned and good practices that support and inform decision-making for the programme

Evaluation scope

Analytical scope: The evaluation assesses the contribution of the GPECM to the outcomes it aims to achieve within the framework of the standard evaluation criteria of the Development Assistance Committee of the Organisation for Economic Co-operation and Development³⁷ and the thematic programme areas, further detailed in the evaluation matrix (annex 3). Evaluation criteria against which the programme is assessed include: relevance, effectiveness, efficiency (and coordination), and sustainability. The assumptions of the programme's ToC were also tested using the data collected. The theory-based, criteria-driven framework guided data collection, analysis, feedback loops and report-writing.

In addition, the evaluation includes 'deep dive' case studies in four selected countries to explore the integration of GTA, assess progress in relation to "leave no one behind" (LNoB) (i.e., particularly marginalized groups and those most affected by intersectional inequalities), and the catalysing effect of the GPECM within and beyond the 12 countries. Other focus areas of particular interest have been identified as part of the iterative approach to refining the evaluation scope (see section 10.4).

Temporal scope: The evaluation covered the second phase of the GPECM from January 2020 until the completion of data collection during the second quarter of 2023.

³⁶ Particular consideration has been given to the adoption and use of the gender-transformative approach and the "leave no one behind" principle.

³⁷ Organisation for Economic Co-operation and Development, *Better Criteria for Better Evaluation: Revised evaluation criteria definitions and principles for use*, OECD, Paris, 2019.

Geographical scope: The evaluation covered the results of the programme and assessed its contribution to ending child marriage at the global, regional and country levels.

Of the 12 programme countries, four countries; Ethiopia (pilot country), Ghana, India and Sierra Leone were selected for in-country deep dive case studies, in consultation with the evaluation reference group (ERG). (For more details on the selection of deep dive countries, see section 12.3). The other eight countries, as well as the global and regional levels, were evaluated through desk studies using data collected from remote key informant interviews and document review.

In addition to the programme countries, the evaluation also explored the influence of the GPECM beyond the 12 programme countries, and its added value to the work of other development actors and partners.

Out of scope: The ToR suggested that the evaluation consider impact and value for money. In consultation with the GPSU and the ERG, it was decided that evaluating impact at the end of phase II of the GPECM would be premature. Likewise, the evaluation does not include a value for money assessment, as it was not set up with such an exercise in mind, and as a result, required data are not available.

Evaluation focus areas

The evaluation includes an assessment of a number of specific programmatic approaches that were prioritized by the GPECM as strategies to accelerate progress towards results during phase II.

The ToC of the programme is underpinned by the assumption that accelerated progress can be achieved through a GTA that specifically targets the most at-risk girls or those most likely to be left behind and seeks intentionally to redistribute power and resources for women and girls. Both gender-transformative and LNoB approaches were highlighted in the evaluation of phase I of the programme, and efforts have been made to make these a focus in phase II.

Considering this, the evaluation includes a more in-depth analysis of how specific programmatic approaches were implemented during phase II. Data collected were analysed to capture the evolution of these approaches within the GPECM (see section 12.6 and annex 4).

Gender-transformative approaches: While gender-transformative programming has been a strong focus of the programme since phase I, the evaluation of phase I noted varying degrees of understanding and implementation. In phase II, the GPECM invested in developing the capabilities of staff and implementing partners (IPs) to fully engage in the GTA. The evaluation includes a specific analysis of how the programme understands the GTA and its implementation, in particular through the gender accelerator tool (see Section 9.2 and Finding 5).

Leave no one behind: Phase II of the GPECM had a specific focus on LNoB and targeting the furthest behind first. The evaluation pays particular attention to the needs and perspectives of the most marginalized adolescent girls as part of the review at country and regional levels.

Other focus areas: In addition to the above, the evaluation explores: the **catalytic role/effect** of the programme in relation to ending child marriage; the **added value of joint programming and coordination** by the two agencies in terms of programme efficiency; and how the programme has **adapted to crises**, including humanitarian crises, natural disasters and the COVID-19 pandemic, as well as building resilience to mitigate their effects in the future.

The 2021 assessment of adaptations to the GPECM in light of the COVID-19 pandemic provided recommendations and insights to help adjust country-level programmes in 2022. This evaluation aims to understand whether these adaptations were more of an interim measure, or if they were able to build

resilience into the programmes and systems working to address the drivers and root causes of child marriage.

Audience

The primary intended users of the evaluation (as identified in the ToR) are the GPECM management and steering committees at headquarters, regional and particularly country offices, as well as the teams implementing the GPECM, including government and implementing partners. Other main users include governments, donors, non-governmental organizations (NGOs), civil society organizations (CSOs) and a range of diverse stakeholders (including participants, critical institutions and households) in the 12 programme countries as well as other countries utilizing the learnings and resources from the GPECM.

EVALUATION DESIGN AND METHODOLOGY

Evaluation approach/Design

The evaluation used a theory-based, mixed methods and a multiple case-study design. In order to test key elements of the ToC, the evaluation adopted a contribution analysis and a realist evaluation lens. Contribution analysis helps to confirm or revise a ToC, and using a realist lens assists in identifying the mechanisms that explain why and how the outcomes were achieved, including the influence of the contextual factors. The central premise of realist approaches is that programmes work differently in different contexts and can work in different ways for different people (triggering different change mechanisms for different people). These evaluation approaches have been used to respond to the questions on effectiveness.

As noted above, the evaluation featured three types of case studies: deep dive (in-country), desk review (remote), and a global/regional case study. The use of case studies was considered a good fit with the evaluation approach because it provides the opportunity for in-depth inquiry and can inform the understanding of programme performance. Case studies are often used to describe and illustrate certain aspects of the ToCs. The adoption of a realist lens is also particularly well-fitting to case studies.³⁸ Evidence was generated using a mixed methods approach, utilizing both qualitative and quantitative methods.

The evaluation also applied a human rights-based approach and gender lens to the overall process. This supported an in-depth analysis of how programme implementation is working to change gender norms, and how gender discrimination is affecting diverse groups of women, girls, men and boys. The evaluation was grounded in principles of non-discrimination and gender equality, inclusion and participation. The evaluation also used mixed, inclusive and participatory methods, and tools aiming to capture gender (in)equality issues while ensuring human rights standards and principles. In addition, data triangulation further ensured that the voices of women, men, boys and girls were heard and incorporated. As a result, evaluation findings, conclusions and recommendations reflect consideration of gender and human rights throughout the evaluation process.

Finally, given that the evaluation seeks to inform the design of the next phase of the programme, the process incorporated feedback loops and key engagement points with intended users, in order to ensure that it provided timely inputs to this decision-making process.

³⁸ Yin, R. (2017). *Case study research and applications: Design and methods*. Sage publications.

Evaluation matrix

The evaluation criteria and questions set out in Table 2 were used to develop an evaluation matrix, presented in annex 3. The matrix features five evaluation questions (EQs) across four evaluation criteria. Draft evaluation questions provided in the ToR were subsequently revised and refined in consultation with the ERG and other key stakeholders. Assumptions, indicators, sources of data and data collection methods are specified for each EQ. Annex 3 also includes a brief note on methodological details related to the evaluation matrix.

The evaluation matrix and associated data collection tools were reviewed, refined and adjusted throughout the evaluation process to ensure that they remained relevant, credible, meaningful and user-focused. The main round of adjustments occurred following the first deep dive pilot case study, when some questions were simplified and rephrased in order to gather more in-depth data and improve the flow of the interviews.

Table 2: Evaluation questions

Relevance
EQ1. To what extent does the programme (objectives and design) respond to the needs of adolescent girls at most risk of child marriage, and to what extent is it contextualized and aligned with national policies and priorities?
Effectiveness
EQ2. To what extent did the programme achieve, or is it expected to achieve, its intended results? (What worked well, what did not work well, for whom, under what circumstances and why?)
EQ3. To what extent has the programme effectively utilized a gender-transformative approach, a Leave No one Behind approach, and catalytic measures to accelerate progress? (What worked well, what did not work well, for whom, under what circumstances and why?)
Efficiency
EQ4. To what extent has the programme been efficiently managed and governed, making good use of human and financial resources in pursuing the achievement of results (outputs – outcomes)?
Sustainability
EQ5. To what extent are the changes generated/outcomes likely to be sustained?

METHODS AND TOOLS

Methods overview

Country-level

Remote/desk case studies were conducted for eight of the 12 GPECM countries. Desk studies included stakeholder mapping, a comprehensive document review, and remote interviews with key staff and partners.

In-country 'deep dive' case studies were conducted in four countries. These provided an opportunity to explore selected themes and, using realist evaluation methods, explore what is working, why and under what circumstances. This complemented the information gathered through the desk review and allowed for a more in-depth understanding of programme effectiveness and challenges.







Global and regional levels

A **remote/desk study of global and regional programme interventions** was undertaken in order to capture the role of the GPECM in catalysing progress on ending child marriage in legal, policy and programmatic contexts at global and regional levels. The case study looked specifically at the contribution of the programme in terms of evidence generation, policy influence, strategic partnerships and leadership. The case study gathered evidence through a document review and key informant interviews (KIIs) with GPECM staff and purposefully selected stakeholders involved in the global movement to end child marriage (both within and external to the GPECM).

An **online survey** at global level, with key stakeholders, including partners, working on ending child marriage outside the GPECM (including selected UNFPA and UNICEF staff in non-programme countries) was administered to gather views on relevance and effectiveness, with a special focus on the catalytic effect of the programme for the broader child marriage agenda.

The following figure provides an overview of approach and data collection methods.

Figure 4: Overview of methods and tools

	Desk case studies (8 countries)	In-country deep dive case study (4 countries)	Global/regional desk study
 Document review	✓	✓	✓
 Key informant interviews	✓	✓	✓
 Consultations with adolescents		✓	
 Focus group discussions		✓	
 Direct observations		✓	
 Global online survey			✓

Source: Developed by the evaluation team

Data collection methods

Document review

The desk review, which began during the inception phase, continued throughout the evaluation. Strategic, programmatic and operational documents at global, regional and country level were made available by the GPSU and country office programme staff as part of the preparatory phase of the evaluation. Beyond programme data, the evaluation team conducted a search of the most relevant literature related to ending child marriage policy and programming globally in preparation for the inception report.

During the data collection phase, the document review continued, as an iterative process, whereby new documents were added and reviewed. Results of the document review served as the basis for the case studies. Further data from the online survey data complemented the review and analysis.

All documents reviewed were referenced and classified in Zotero and systematically coded in Dovetail against the indicators in the evaluation matrix (see annex 3). Secondary quantitative data, obtained from secondary sources (e.g., registers and other relevant reports including financial reports) were also analysed. Over 400 documents were reviewed, comprising country-specific, regional- and global-level documents. For more details, see annex 8 and annex 11.

Figure 5. Overview of data collection

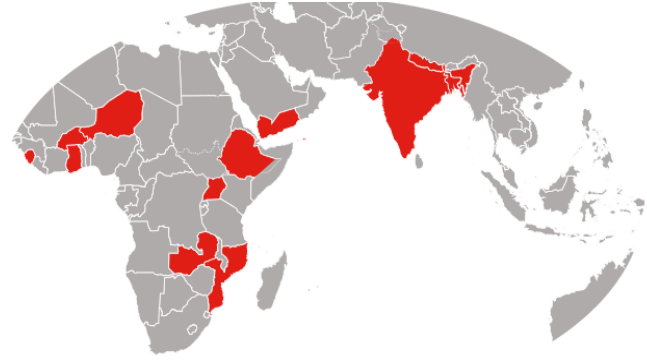
Country Case Studies

In-country Deep Dive Case Studies	Remote Desk Studies
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Ethiopia (Pilot)	Bangladesh
Ghana	Burkina Faso
India	Mozambique
Sierra Leone	Nepal
	Niger
	Uganda
	Yemen
	Zambia

Global and Regional Desk Studies

Global NY & Regional offices:
EAPRO/APRO, ECARO/EECA, ESARO,
LACRO, MENARO/ASRO, ROSA, WCARO



	Total	Female	Male
UNFPA and UNICEF staff	129	77	52
Implementing partners and government representatives	167	80	87
Additional stakeholders (donors, representatives of NGOs/academics working on CM)	18	17	1
Parents and caregivers	64	42	22
Teachers and service providers	103	67	36
Community/ traditional/ religious leaders and community structures	127	56	71
Adolescents and youth	185	110	75
Total	793	449	344

Analysis of secondary data

The evaluation team conducted a light-touch review of programme budget and expenditure to assess its efficiency, as well as to understand bottlenecks and challenges experienced in locations with low utilization of funds. This review informed the selection of deep dive case studies as one of the criteria (see section 12.3). Financial data were drawn from GPECM annual reports and GPSU consolidated budget and expenditures figures.

Primary data collection

Primary data collection was conducted for the case studies (desk and deep dives) using qualitative methods consisting mainly of KIIs and focus group discussions (FGDs). Primary quantitative data collection methods were used to compile and analyse the external stakeholder survey data.

The evaluation team piloted and validated the in-country data collection tools during the first deep dive field visit to review the consistency of the responses and their appropriateness against the evaluation matrix. Based on these, tools were then refined. Further, for each field visit, the evaluation team validated the contextual appropriateness of the tools, making adjustments as necessary.

Online survey with external child marriage stakeholders

An online survey was administered targeting external stakeholders at global level and from non-GPECM country teams (both UNICEF and UNFPA) from countries where child marriage has a prevalence of over 20 per cent.³⁹ The survey aimed to capture evidence of programme effects or contributions to global,

³⁹ Prevalence of child marriage at country level is measured by the percentage of women 20–24 years who were married or in union by 18 years of age. According to the UNICEF data repository, by March 2023 there were 60 countries

regional or country-level actions towards ending child marriage. Specifically, it sought information on the catalytic effect or unintended effects or outcomes of the GPECM within global or regional policy and advocacy platforms, or in countries that were not targeted by the programme. The survey was administered online in English, French and Spanish containing open-ended and closed questions, and took on average seven minutes to complete (see *annex 5 and annex 6*).

In-person and remote key informant/group interviews

Approximately 15–25 face-to-face KIIs were conducted per country field visit with representatives from IPs, government and local institutions as well as NGOs and/or academics external to the GPECM working on child marriage issues.

At the global and regional level, 25 remote KIIs were conducted with key stakeholders, including UNFPA and UNICEF staff (headquarters and regional), donors as well as experts and representatives from organizations external to the GPECM working on child marriage issues. For the eight non-deep dive countries, 7–10 remote KIIs per country were conducted with key stakeholders identified with support from the UNFPA and UNICEF country offices. Key stakeholders included country level UNFPA and UNICEF staff members, IPs, local institutions and government representatives.

Focus group discussions

Approximately 10 FGDs were conducted per deep dive country in localities targeted by the GPECM. Respondents included parents and other caregivers, community, traditional and religious leaders and community structures, teachers, health care and social welfare services providers. FGDs aimed to track changes in local stakeholder and beneficiary knowledge, attitudes and practices towards harmful practices such as child marriage.

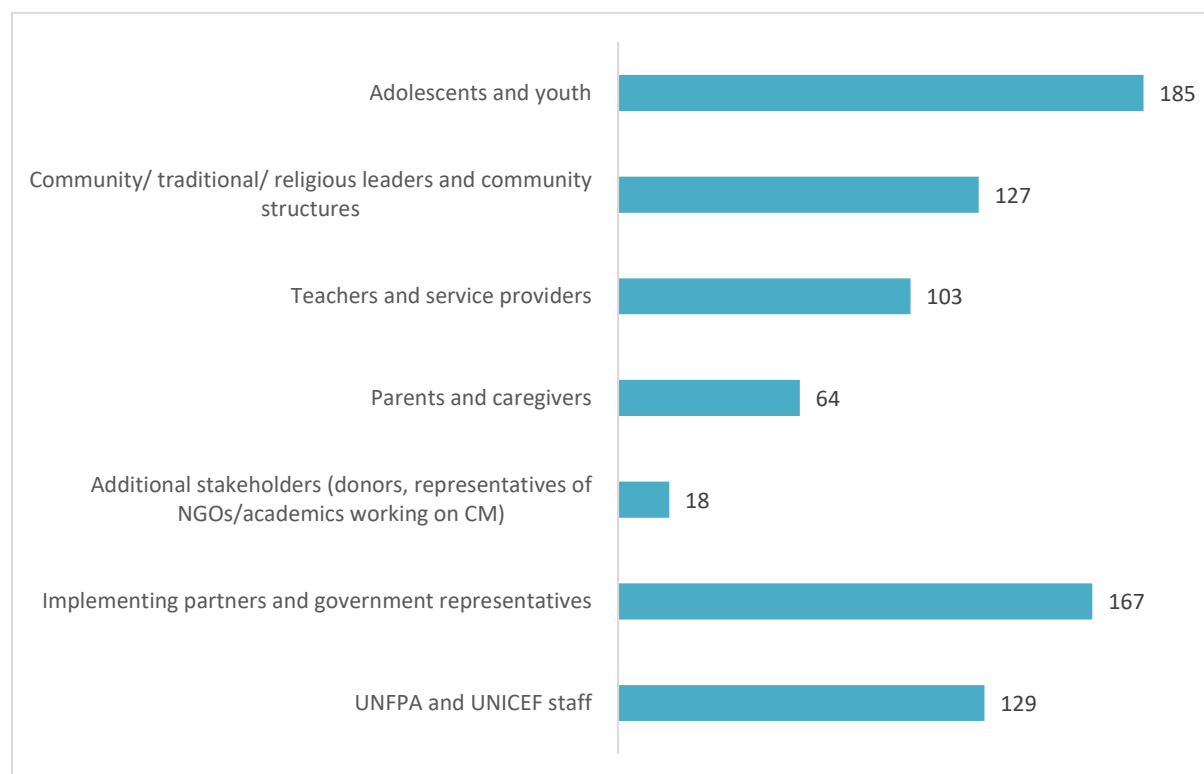
Consultations with adolescents and youth

The evaluation team conducted structured consultations with adolescents and young people between 10–24 years (adolescent girls 10–14 and 15–17 years and boys and young men 15–24 years) who had taken part in programme activities as well as with other young people from communities with similar characteristics who had not taken part. The focus of the consultations was to understand changes in the attitudes of adolescent girls and boys on matters such as their rights, relationships, sexual and reproductive health and financial literacy. In order to do so, the evaluators used visioning exercises, which were contextualized and adapted based on each selected country. The consultations took place with girls and boys separately (using different tools), in groups of four to approximately eight participants. The tools used for consultations with young people are included in annex 5.

In total, 779 stakeholders were consulted through KIIs, FGDs and consultations with young people and adolescents, at global, regional and country levels. Further details are included in annex 8.

with a prevalence of child marriage over 20 per cent (see <https://data.unicef.org/topic/child-protection/child-marriage/>, accessed in 29 April 2023).

Figure 6: Number of stakeholders consulted



Sampling

Sampling for selection of case study countries

Selection of the deep dive case study countries was based on criteria including: geography, size and complexity of programme, budget and expenditure, humanitarian context, the implementation of GTA activities, number of past studies and evaluations (availability of relevant information and potential for evaluation fatigue) and upstream versus downstream implementation. Consideration was also given to potential constraints such as planned elections and/or other events and ease of travel.⁴⁰

Sampling strategy for selection of locations in deep dive countries

Convenience sampling was used for the selection of locations to visit within deep dive countries. The selection was undertaken in collaboration with country offices and aimed to include: interventions implemented by both UNICEF and UNFPA, jointly and separately; covering a wide variety of interventions implemented in the country; at least two geographic locations (where possible) providing diversity in terms of culture, religion, language, etc.,⁴¹ taking into consideration operational and security aspects. The

⁴⁰ Following application of the criteria and reviewing available data, the evaluation team proposed four deep dive countries to the ERG and GPSU: Burkina Faso, Ethiopia, Ghana and India. Due to operational challenges and context-specific requirements that would have delayed the evaluation processes in the country, the team was not able to travel to Burkina Faso and the country was replaced by Sierra Leone.

⁴¹ Note that only one location was visited in Sierra Leone.

resulting insights were not intended to be representative at country level and are not treated as such in the analysis.

Sampling strategy for selection of respondents (KIIs, FGDs, survey)

Sampling was purposeful given the time and aims of the evaluation. Nonetheless, the sampling strategy focused on ensuring diversity of stakeholder groups with a view to capturing multiple viewpoints and experiences. Stakeholders were selected purposefully following a stakeholder mapping for each country, with support from country offices.

The regional and global desk case study also used purposeful sampling to select KII respondents, with feedback and input from the GPSU.

Ethical considerations and safeguarding

Appropriate ethical standards were observed during all phases of the evaluation, following the guidance of the United Nations Evaluation Group (UNEG). The evaluation was transparent, inclusive, participatory and gender- and human rights-responsive, impartial and independent at all stages. The principles of human rights, gender equality, attention to cultural sensitivity, and inclusion of the most vulnerable and marginalized were also respected.

In line with UNEG guidance,⁴² a stakeholder mapping was undertaken for each case study to ensure that both duty-bearers and rights-holders selected as informants were representative of the population or context served (see section 12.3). Given the intersectional nature of gender inequality, consideration was given to ensure a balance of respondents in terms of gender, disability, socioeconomic status, ethnicity, religious affiliation, and other factors that create marginalization, disenfranchisement, or particular vulnerability (see below).

The methodology, together with the protocols for data collection and data collection tools, were reviewed and approved by an external independent institutional review board during the inception phase.

Safeguarding children and adolescents

Engagement of youth followed strict ethical standards. When consulting adolescents and youth, the evaluation team adhered to global guidelines, including the UNICEF Guidance Note on Adolescent Participation in UNICEF Monitoring and Evaluation,⁴³ the Minimum Standards for Child Protection in

⁴² Following application of the criteria and reviewing available data, the evaluation team proposed four deep dive countries to the ERG and GPSU: Burkina Faso, Ethiopia, Ghana and India.

Due to operational challenges and context-specific requirements that would have delayed the evaluation processes in the country, the team was not able to travel to Burkina Faso and the country was replaced by Sierra Leone..

Humanitarian Action, which includes ethical guidelines on research and interaction with children and adolescents,⁴⁴ and child safeguarding protocols established by UNICEF.⁴⁵

In addition, the evaluation ensured that considerations for involving children were embedded in all aspects of the data collection process. This ensured that materials and interactions were:

- Child-friendly: using child-friendly language and design in the tools developed;
- Age-appropriate: determining the methods and tools to be used according to the age group;
- Safe: ensuring that the data collection activity is safe for children;
- Inclusive: understanding which groups of children can be reached and how.
- Consented: ensuring that arrangements were made to obtain children's assent and informed consent from parents or other guardians.

The consultants also worked with the child protection and child safeguarding team in each country to develop a protocol for the evaluation team (including the youth evaluators and national consultants) for referring any safeguarding concerns or urgent needs discovered during data collection. Informed consent and assent forms, as well as the referral information used to ensure adherence to ethical standards and provide referral in necessary cases (see these in annex 7).

Data collection limitations

Deterioration in the security situation in some areas selected for deep dives. The security conditions were volatile in some areas during data collection, for example in Sierra Leone and Ethiopia, which had implications for the deep dive in-country visit. In Ethiopia, the evaluation team was not able to visit the areas where the widest range of activities had been implemented. However, some of the information could be collected through the desk review and KIIs at country level. The team was also able to visit other areas facing challenges, which provided interesting learning and comparisons. In Sierra Leone, the team visit was delayed and CO staff could not support the field visit due to election-related security issues.

Availability of respondents within the data collection window. Due to the limited time dedicated to data collection in all countries, some key informants were harder to mobilize, especially for remote key informant interviews, and in some locations, the most marginalized and hard-to-reach were less likely to be included due to the location of sites as well as time constraints.

Data availability. The evaluation required a review of existing documents and data, including monitoring and budget/expenditure data. In many countries, an updated and comprehensive list of desk review documents was difficult to obtain on time. For a few countries, the team accessed a limited number of documents regarding specific aspects of the implementation. This was accommodated for in the data collection and analysis, complemented by KIIs (even in desk review case studies) in order to triangulate findings.

⁴⁴ Alliance for Child Protection in Humanitarian Action, 'Minimum Standards for Child Protection in Humanitarian Action', 2019.

⁴⁵ United Nations Children's Fund, 'UNICEF Procedure on Ethical Standards in Research, Evaluation, Data Collection and Analysis', UNICEF, New York, 2021.

Data analysis

Data coding and processing

All data collected were coded following the structure of the evaluation matrix and the list of indicators using Dovetail. Coding and analysis were iterative in order to identify gaps in the datasets that needed further exploration and attention. Data were coded so they could be disaggregated by gender, type of respondent and localities.

Data analysis methods

Qualitative methods for data analysis encompassed content analysis (using data from interviews, focus groups, consultations with young people, etc.), categorization of evidence, and pattern analysis using intervention-context-mechanism-outcome configurations when applying a realist lens. Quantitative analysis also included descriptive statistics to quantify and assess the results of the online survey.

Data collected from multiple sources and methods allowed the evaluation team to triangulate the evidence, enhancing validity and substantiate the findings presented in this evaluation report. Triangulation of evidence was undertaken continuously throughout the data collection and analysis process. All evidence collected was extracted against the indicators (provided in the evaluation matrix), either into extraction matrices (i.e., for the document review), or as noted previously, coded and analysed within the Dovetail analysis software. Information extracted from documents during the document review, for example, served as the basis for triangulation against data collected through interviews, focus group discussions, child-focused sessions and the online survey. Using various analysis framework lenses, contribution analysis, and the realist perspective, data were contrasted and compared from the various sources to provide a robust interpretation of what was documented and observed through the data collection process. Taken together, the analysis tested the assumptions in the ToC to determine what held true and what should be reassessed for the next phase of the programme.

The information gathered was collated, scored, weighted and then qualitatively contrasted with all the relevant data from all methods for each evaluation question. The evaluation was deductive and inductive, drawing from quantitative and qualitative data sets. Inductive through iterative data collection and analysis to explore emerging trends and capture potential positive and negative unintended effects of the interventions.

Application of analytical frameworks

Once data had been coded, the evaluation team applied analytical frameworks to make sense of the data and to generate and present findings.

The analytical frameworks varied depending on the evaluation questions and the analytical approaches. The team used two analytical frameworks to make sense of the data: contribution analysis, and a lens inspired by realist approach to evaluations. Details on the analytical frameworks are presented in Annex 4.

Detailed guidance and templates were provided to facilitate a common approach to the data analysis, including coding, processing and the preparation for application of the analytical frameworks. The team generated answers to the evaluation questions through case studies and produced country-specific case

study summary notes. These outputs were the basis for the internal analysis workshop which took place over five days in July 2023.

Addressing the evaluation questions

The analysis workshops included sharing of country evidence tables and summary notes across cases (in-country deep dives, remote case studies, and regional/global) to obtain relevant aggregated evidence and answers to the overall matrix of evaluation questions. For this second level of analysis, the team collectively applied the analytical frameworks (contribution analysis, realist lens) to the aggregated evidence and substantiated findings.

Results and recommendations

The collective discussion and overall sense-making during the data analysis workshop generated the main findings, conclusions and learning/insights from the evaluation. The evaluation applied internal and external validation techniques. For each deep dive case study, debriefing sessions were held with UNFPA/UNICEF country office staff at the conclusion of the field visit to validate preliminary findings. Internal validation took place through evaluation team workshops and external validation consisted of workshops and discussions with the reference group, GPSU, regional focal points and with country GPECM focal points. External validation also included several recommendations co-creation workshops.

Quality assurance

Quality assurance was included in the evaluation process at several levels. The team leader conducted quality assurance throughout the data collection process. The reviewer and methods advisor ensured that the methodological approach and its implementation was sound, guiding the team where needed. Special attention was given to ensuring the confidentiality of the information and that data and records were kept safe during data analysis.

In addition, a second-level quality assurance was provided by the evaluation management team at specific points during the evaluation. Designated country focal points ensured the quality of the data sources and analysis at the country level by supporting the evaluation team with relevant contextual insights and sources.

Third-level quality assurance was reinforced by the ERG. The ERG reviewed the evaluation outputs at critical points (i.e., inception report, validation workshop, draft evaluation report, etc.). The final quality assurance resided with the evaluation management team.

UNICEF contracted an external consultancy firm to undertake additional quality appraisal assessing structure, process, methodology and gender integration, among other elements.

EVALUATION FINDINGS

Relevance and effectiveness

To what extent does the programme (objectives and design) respond to the needs of adolescent girls most at risk of child marriage and is contextualized and aligned with national policies and priorities? To what extent has the programme effectively utilized a gender transformative approach, a Leave No one Behind approach, and catalytic measures to accelerate progress?

Finding 1: Adaptations made to the GPECM theory of change in phase II placed a stronger focus on gender inequality and the empowerment of girls through multi-sectoral programming. The ToC has been contextualized and aligned with national policies, strategies, programmes and legal frameworks.

There is evidence indicating that the adaptations made to the global ToC in phase II provided important focus to the programme, elevating the conceptualization of child marriage to view it not only as a human rights and child protection issue, but also as a gender and justice issue, with an accompanying recognition that bringing an end to child marriage requires a shift of social and gender norms in societies.⁴⁶ Emphasis was also placed on the empowerment of girls through intensive multi-sectoral programming.

Ensuring common understanding among national and subnational IPs is critical for sustained advocacy and intervention for ending child marriage, empowering girls and transforming harmful gender norms. However, this common understanding was not always evident: despite strong engagement and thematic expertise of IPs at the national level, IPs at subnational level were not always familiar with the ToC and the causal pathways their interventions were intended to contribute to (e.g., **Burkina Faso, Mozambique, Nepal and Uganda**). For example, some IPs focused heavily on implementation of laws to delay child marriage to 18 years – especially through legal means – without a concomitant focus on messaging around empowerment and gender norms change. This was a missed opportunity for building a cohesive message among local stakeholders.

Phase I of the GPECM focused on regions with a high prevalence of child marriage in order to provide more localized approaches (e.g., community-based identification of girls most at risk in **Niger**, targeting Tigray, Afar and Somali regions in **Ethiopia**; the focus on tribal and caste subgroups of girls and families in Odisha, **India**). In phase II, the programme went further by focusing on subpopulations of the most at-risk girls, including married girls, girls with disabilities, pregnant and divorced girls, and mothers, designing packages of interventions adapted to their specific needs, most prominently by providing access to CSE and LSE.

The phase II ToC emphasizes the importance of identifying the key drivers of child marriage in the local context and addressing them through a multi-sectoral package that reaches the most at-risk girls in a holistic manner. However, evidence from this evaluation highlights several challenges to achieving this in practice, which will be discussed in more detail below. This suggests that the global ToC would benefit from further contextualization at country level, informed by the realities of implementation on the ground.

Country contextualization of the global ToC

⁴⁶ GPECM phase I report; End of phase I evaluation; evaluability study.

Intervention strategies in programme countries generally followed the global ToC, and were adapted to local contexts and aligned with national policies and programming approaches. Programme teams in each country, in consultation with the GPSU and regional advisors – and, in some countries, with local IPs and government – identified the results and indicators they considered appropriate in their contexts and developed corresponding results frameworks against which programme delivery would be measured. For example, in **Zambia**, the ToC and results framework (with adapted indicators for district-level monitoring) were used as a guide for annual planning and review meetings with government and partners in order to draw lessons from implementation to date.⁴⁷

All countries participated in regional stakeholder workshops to contextualize their country-level ToCs. Some countries held additional consultations (**Bangladesh, Burkina Faso, India, Mozambique, Niger, Nepal and Zambia**) to further adapt the ToC, or used evidence gathered during phase I. New partnerships, for example with religious leaders, were sometimes identified through this process, drawing on the experience of phase I.

At country level, the programme succeeded in including commitments and results related to child marriage in national (and in some cases subnational, e.g., **Ethiopia, India**) strategies and within national development plans, demonstrating a high level of commitment by governments (**Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, Niger, Sierra Leone and Zambia**). For example, in **Sierra Leone**, the programme aligns with the country's Mid-term National Development Plan, specifically Cluster 5, which focuses on empowering children, women and people with disabilities, an objective that directly resonates with the goal of the GPECM. Government partners noted that the programme also aligns with the national Gender Equality and Women's Empowerment Policy, which outlines Sierra Leone's commitment to promoting gender equality and empowering women.

Country-level ToCs were also aligned with relevant regional commitments, such as those of the Economic Community of West African States (**Burkina Faso and Niger**) and the East and Southern Africa Commitment on Adolescent Sexual and Reproductive Health (**Ethiopia, Mozambique, Zambia**).

In **Yemen**, the programme operates in a particularly constrained context, where engagement and collaboration with national governments is limited, and where government stakeholders hold very different views on child marriage. This reality informed the local contextualization of the ToC. For example, the programme did not explicitly work on the global outcome related to laws and policies. Even so, interventions may contribute to results in this area.

⁴⁷ Zambia case study: KII with staff.

Finding 2: The GPECM has designed multi-sectoral interventions at country level to address the needs of the most at-risk adolescent girls, with particular emphasis on the individual, family and community levels. However, the capacity of the programme to deliver convergent and holistic programming varied between countries and across different levels of programming

The programme sought to address the intersectional needs⁴⁸ of at-risk girls through three main pillars: individuals and communities; systems and services; and policies and data, while striving for geographic and thematic convergence. Strong examples of convergence were observed in multiple countries. However, there were mixed results in terms of how convergence was ensured across agencies, government departments and IPs.

Thematic convergence was pursued through planning and coordinating multi-sectoral intervention strategies (e.g., in the ministries and department of gender, youth education, health, justice, police, child protection and social protection). Thematic convergence often occurred when girls participating in the programme received multi-sectoral support as a result of joint targeting and cross-referrals between sectors (e.g., social protection, gender-based violence services; policy/legal assistance). For example, in **Yemen**, the programme worked with the education ministry to retain girls in school and deliver LSE, and child protection systems served as the entry point for protection and identification of child marriage cases. Efforts also included referral to health and economic opportunities such as vocational training. In **Ghana**, the programme established multi-sectoral partnering and coordination functions with several line ministries under the auspices of the National Strategic Framework on Ending Child Marriage. In **Nepal**, school-based interventions supported adolescent girls through education and life skills, referral for gender-based violence and SRH services. In Rajasthan, **India**, young people and families were reached at the community level, and health and education officials were engaged in community-level dialogues and intervention strategies.

The GPECM also sought **geographical convergence** in several countries. In **Mozambique**, the programme worked in synergy with multiple joint UNICEF and UNFPA programmes to ensure participating girls and boys received life skills education and could access a minimum package of health services. In Odisha, **India**, UNICEF built on an existing partnership with Action Aid on harmful traditional practices (including child marriage) by coordinating with UNFPA to implement GPECM activities in some of the same locations (as budget allowed, and not reaching full convergence). In **Zambia**, the programme developed joint multisectoral plans at the district level, initially in two pilot districts, and then scaled up to four additional districts through joint planning, monitoring and convergence between education, health and social welfare.

Despite these efforts, however, interventions did not necessarily reach at-risk girls holistically. Convergence of interventions at subnational level was a particular challenge throughout the programme, especially in hard-to-reach, rural or isolated areas, where access to a broad range of services remains limited. As a result, not all programme participants received the full package. For example, some girls were not reached with economic empowerment (**Niger**), or health sector engagement (**Ethiopia**). In **Mozambique**, girls

⁴⁸ Intersectionality is summarized in the technical note on LNoB for the GPECM. It defines Intersectionality as “a prism for seeing the way in which various forms of inequality often operate together and exacerbate each other, a lens through which you can see where power comes and collides, where it interlocks and intersects and how different forms of oppression work together to exacerbate injustice and to exclude and discriminate against certain groups. Intersectionality is a tool for analysis, advocacy and policy development that challenges intersecting forms of discrimination and power relations such as racism, sexism, heterosexism, adultism, ableism, ethnocentrism and classism”.

targeted by the programme for life skills education did not necessarily benefit from social protection or economic empowerment opportunities (child grants) provided within the programme, often because the scope and locations of the various intervention packages was limited due to resource constraints.

Moreover, implementing different sectoral interventions in parallel (e.g. providing secondary education, adolescent sexual and reproductive health services, etc.) does not guarantee that the girls most at risk will benefit from all of the interventions. It is important to address diverse forms of discrimination and challenge power relations to empower girls and make them less vulnerable to child marriage. As a joint programme, with both agencies leading in different sectors, this requires convergence of intervention strategies and approaches in the same locations for the benefit of the same girls whenever they face multiple intersectional needs.

Convergent programming approaches seem to be most effective when supported by multi-sectoral strategies within an enabling government-led legal and policy framework.⁴⁹ This was the case in several countries which have national action plans to end child marriage and/or harmful practices (**Burkina Faso, Ethiopia, Ghana, Uganda and Zambia**). For example, in **Burkina Faso**, a multi-sector platform for implementing the National Strategy and Triennial Action Plan (2016–2018) shares implementation responsibilities between 13 ministries, technical and financial partners, and is guided by a multi-sectoral committee. Coordination at the highest levels of government helped create accountability and ownership for convergent programming (see Finding 19).

Finding 3: The GPECM purposefully targeted areas with a high prevalence of child marriage and, within those localities, girls most at risk, in line with the leave no one behind principle. The programme has produced guidance for countries on reaching those furthest behind through specific policies, services and programme design. However, available evidence on the intersectional needs of at-risk girls has not been fully utilized to guide programming. And some subgroups of at-risk girls were not reached by the programme in all countries (e.g. girls with disabilities, married girls, girls in urban areas and in some humanitarian crisis contexts).

At global level, the GPECM developed a technical note on leave no one behind (LNoB) to guide countries in reaching those furthest behind.⁵⁰ It reaffirms the framing of child marriage as a human rights issue, and emphasizes that reaching the most vulnerable requires an understanding of how different forms of discrimination and exclusion intersect for the most disadvantaged adolescent girls. It calls for the programme to mitigate these effects at the individual, family, community and systems levels.

In phase I, the programme was designed to utilize a combination of the UNICEF ‘evidence-based equity approach’ and the UNFPA population disaggregated data approach to target regions/provinces (and sometimes districts).⁵¹ In Phase II, targeting was done considering intersectional drivers of child marriage using criteria such as educational attainment, economic deprivation, marginalization, remoteness and sex ratio, among other factors. How the criteria were applied, however, differed between countries. Given the magnitude of the problem in some countries, there is a tension between reaching as many at-risk girls as

⁴⁹ United Nations Population Fund and United Nations Children’s Fund, ‘GPECM Technical Brief on Convergence’, UNFPA and UNICEF, New York, 2020.

⁵⁰ United Nations Population Fund and United Nations Children’s Fund, ‘Leaving No One Behind: Technical note of the Global Programme to End Child Marriage’, UNFPA and UNICEF, New York, 2020.

⁵¹ GPECM Phase I evaluation, p.68.

possible (breadth) and using a more focused approach (depth) to reach specific groups of vulnerable girls (e.g., those who belong to a specific tribe or caste, are very poor, have low education levels, are engaged in high-risk livelihood activities, are living with disabilities, live in remote or hard-to-reach areas, etc.). How this balance is struck also affects the degree to which scale can be achieved.

Targeting

At country level, the prevalence of child marriage was the most significant factor influencing the targeting of geographical areas (**Ghana, Mozambique, Niger, Sierra Leone, Uganda and Zambia**). For example, in **Zambia**, health and education enrolment data complemented demographic and health survey data to identify high prevalence areas. In **India**, while prevalence was used at the national level, prioritization at state level was undertaken based on local criteria in order to ensure targeting of specific subpopulations that were not being reached by larger state and national programmes (e.g., children whose families migrate seasonally for work; tribal caste groups, etc.). Prioritization in **Ghana** included areas where UNICEF or UNFPA had existing successful interventions that could be scaled up. In other countries such as **Ethiopia and Mozambique**, regions/provinces were targeted using a phased approach: areas of highest prevalence were identified and then further filtered for existing programming for synergistic alignment, followed by funding availability.

Within high prevalence localities, the most vulnerable girls were identified with support from IPs or key informants. Targeted subgroups included both in- and out-of-school girls, girls living in hard-to-reach or poor areas, girls who are married, pregnant or alone with children, living with a disability, displaced or engaged in livelihoods that increase their vulnerability, and girls from marginalized communities and groups. However, in most countries, married girls, girls with disabilities, and girls living in urban areas were less frequently targeted. In addition, although all countries used an LNoB approach by design, they had varying degrees of success in actually reaching the most vulnerable girls.

In **Nepal**, provinces selected based on prevalence were further investigated to map and identify girls for participation in programme activities. A rapid vulnerability assessment was conducted by the GPECM to understand needs and how girls expected to engage in the programme. The assessment was conducted at the community level by outreach workers in coordination with municipality officials (through house-to-house visits). In **Niger**, once communes had been identified, identification missions were organized to identify specific villages. Villages were visited and a general meeting convened to discuss and share the content of the community programme with community members and recommend villages for intervention sites. However, the programme did not fully cover all hard-to-reach areas. In Tahoua, for example, there was a lack of coverage due to financial constraints facing government partners.

Box 1: Engaging communities to identify girls most at risk, Zambia

In **Zambia**, data from the Zambia Demographic Health Survey was used to identify districts with the highest prevalence of child marriage; this was complemented by administrative data from health facilities and education data for schools with high rates of teen pregnancy and child marriage, low transition from primary to secondary school, and high dropout rates. Using a 'whole district approach', the data were corroborated with information from traditional leaders based on their village record of teenage pregnancies and child marriage. Further, community volunteers support the identification of at-risk girls and refer them to a community development assistant, who, with the support of the district officer, is better able to manage multi-sectoral service interventions for identified girls, e.g., school re-enrolment, social protection support, etc.. Priority is given to the most marginalized girls, i.e., married, widowed or divorced girls, and those with a disability who are at risk of marriage.

Source: Zambia case study.

In **Bangladesh**, the most vulnerable communities were targeted within a prioritized geographical area, and within these, households and girls most in need were identified based on discussion with the community. Similarly, in **Uganda**, the government was at the forefront of identifying the needs of young people, complemented with evidence from previous UNFPA and UNICEF programmes and consultations with other NGOs. Within the communities, para-social workers identified the needs of children and particularly girls, and these are reported through the child protection system at the parish level. In **Sierra Leone**, consultations with the community (traditional leaders, adolescent boys and girls) were supplemented with household-level questionnaires on interactions between parents and adolescent girls and boys to provide insights into the needs of adolescent girls.

Despite the programme being designed to reach the most at-risk girls, countries utilized diverse approaches to actually reach those furthest behind. The way girls were recruited in programme activities depended on how rigorously the selection criteria were understood and/or applied. In **Mozambique**, an assessment of how girls were recruited for the mentorship programme indicated that proximity, referral by other girls and community leaders, and convenience played a more significant role than the analysis of hot-spots of girls most at risk of child marriage or early pregnancy (in accordance with the Rapariga Biz selection criteria).⁵² The rationale given was that this was due to a lack of resources to extend the programme to the most remote areas, as well as a lack of mentors to implement the programme in those locations, potentially limiting reach to more rural and isolated girls. In **Burkina Faso**, specific groups of at-risk girls were identified using consultations with communities (see Box 2 below).

Box 2: Identifying girls most at risk, Burkina Faso

The GPECM in Burkina Faso is making important efforts to reach the most at-risk girls. While girls 10–19 years usually take part in clubs, specific targeting happens for additional support. For example, provision of educational kits and bicycles, payment of school fees and support for income generating activities, including training and start-up grants are offered to support girls. Census data, in addition to consultations with local authorities and mentors, are used to determine the final list of beneficiaries. While the programme reach is often very limited compared to the number of girls enrolled in clubs, as well as with overall levels of vulnerability and poverty in the communities, it does test what works, so that governments and other partners may take them to scale. Some of the criteria used to select

⁵² Rapariga Biz is a government led girls' empowerment and SRHR programme that is being scaled up in the country. It is supported by four UN agencies and multiple ministries. GPECM and other programmes such as Spotlight contribute to technically and financially enhance the reach of the Rapariga Biz programme.

the children include being internally displaced, living with a disability, being enrolled in school (for educational kits, fees and bicycle), being an orphan, coming from a family living in extreme poverty, being marginalized or neglected, being a young mother or survivor of gender-based violence, etc.

Source: Burkina Faso case study

Existing partnerships also influenced where programme activities were implemented within a country. In **India**, the programme partnered with existing programmes to identify the most at-risk girls. In Odisha, the identification of sites by UNFPA was based on prioritization of districts with high prevalence, leveraging ongoing UNFPA partnerships with government departments and IPs that have been working with marginalized population groups where the risk of child marriage is higher. In these locations, the introduction of the GPECM allowed for continuation of a successful programme, as well as the expansion and targeting of specific subgroups in the districts such as tribal castes and families that migrate annually to work. By aligning with existing efforts on child marriage, the programme added value and improved breadth of coverage to specifically reach marginalized populations.

Box 3: Reaching the most vulnerable with targeted support, India

In the Subarnapur District of Odisha, efforts were made to identify and enrol out-of-school girls through surveys conducted by the district administration. A team consisting of government officers and technical support staff from UNICEF and ActionAid was formed to make the district "Zero Dropout" by reaching out to children and counselling their parents. The programme successfully enrolled more than 1,528 children. An analysis of the factors keeping girls out of school highlighted specific issues faced by Dalit women, such as abuse and harassment, and the need for legal support. UNFPA is also supporting life skills education for tribal girls with the provision of SRH information, prevention of gender-based violence and menstrual health.

In Bihar State, UNFPA works with the Mahadalit communities to reach at-risk adolescent girls and women sanitation workers. Despite anti-discrimination laws, sanitation workers who empty septic tanks are highly marginalized, lack access to basic protective equipment and work under very dangerous conditions. Through the collectivization of women sanitation workers in Bihar, UNFPA (in partnership with Patna Municipal Corporation) is working to strengthen their rights as well as their access to services, as well as to ensure access to mechanized cleaning facilities.

In West Bengal, the GPECM is leveraging the government's 'Duare Sarkar' campaign aimed at providing social protection schemes under a single umbrella programme. UNICEF provided technical support to ensure that the most marginalized girls have access to cash transfers, life skills and protective services under the Kanyashree scheme. As a result, 71,431 adolescents from minorities, scheduled castes, scheduled tribes and other vulnerable groups received scholarships to continue their higher education in 12 intervention districts.

Source: India case study.

Reaching specific subpopulations of at-risk girls

Targeting of **girls with disabilities** was a specific priority in some countries. While girls with disabilities were reached to some extent in all countries, some countries developed specific strategies for their inclusion into the programme. In **Ghana**, a bottom-up approach engaged partners, government and NGOs in an annual review and planning meeting to identify emerging needs and provide guidance on selection of the most vulnerable groups of girls, particularly girls with disabilities, based on socioeconomic data and

other factors. For example, girls with disabilities were included in the GPECM Promoting Adolescent Safe Spaces project, where they received specialized support and referral for their disability (such as through an autism aid application, which was revised to include adolescent SRH information for adolescents with autism). Similarly, in **Sierra Leone**, tablets with pre-recorded life skills audio sessions were used in UNFPA-supported safe spaces to increase the inclusion of mentors and participants with disabilities, especially those who have dyslexia, visual impairments or trouble concentrating, as well as girls with low literacy. UNFPA is also working with the Ministry of Social Welfare to modify existing learning materials for adolescent girls with disabilities. In **Zambia**, community-based assessments specifically identified children with disabilities through frontline social welfare volunteers, assessed their protection needs and facilitated referrals to relevant services. In **Mozambique**, 2,021 staff from the International Child Development Programme, as well as social workers, were trained on disability inclusion; these staff now work with organizations that target people with disabilities. In other countries, for example **Ethiopia**, the programme was not successful in reaching people with disabilities.

Despite the heightened vulnerabilities of **girls in urban settings** (teen pregnancies, living alone, working, being out of school), only a few countries specifically targeted girls in urban and peri-urban areas (**Bangladesh, Ghana, India, Niger and Uganda**). For example, the programme in **Ghana** targeted particularly vulnerable Kayayei (head porters) girls that migrate to urban areas for work, while the programme in **Bangladesh** specifically worked with adolescent girls in urban slums in two major cities (Dhaka and Chittagong). In the other countries, the design of interventions included a specific rural focus, as rural areas are more isolated and tend to be more heavily influenced by customary beliefs and traditions that perpetuate child marriage.

Few countries made efforts to target **married girls**. A notable exception was in Bangladesh, which adapted programme interventions specifically tailored to address the needs of married girls and to reach the most marginalized married girls. In **Ethiopia**, specific efforts were made to reach **out-of-school girls** with income-generating activities and skill development opportunities (though it was not always clear if, and how many, out-of-school girls were actually reached). In collaboration with CARE Ethiopia and the Ministry of Women and Social Affairs, UNICEF developed an evidence-based girls' empowerment programme and an implementation guide for hard-to-reach out-of-school adolescent girls through Village Savings and Loan Association programme, to provide a safe way to access loans and save money to selected out-of-school adolescent girls' groups. Further, UNFPA supported the adolescent girls with income-generating activities through provision of basic business development training, market reach and seed money. However, income-generating activities are expensive, and as a result, reach few adolescent girls due to the limited budget available.

In some countries (**Mozambique and Uganda**), the **LGBTQI+** community is still left behind, as schools are not safe spaces and expose individuals from the LGBTQI+ community to discrimination, which results in school dropouts. Evidence on child marriage among members of the LGBTQI+ community is not available. In **Zambia**, the programme reaches **girls living in the most remote areas** with some basic level of information and sensitization through local radio programmes and digital platforms.

Girls living in conflict, fragile or humanitarian contexts receive targeted support in some GPECM countries (**Bangladesh, Burkina Faso, Ethiopia and Yemen**) despite there being humanitarian or nexus contexts in almost all countries (see finding 7). During the COVID-19 pandemic, when the use of digital technologies was expanded, adolescents living in rural areas and those with limited access to digital platforms were at higher risk of being left behind (see Finding 7). In Burkina Faso, internally displaced girls were targeted due to their increased risk of child marriage (see Box 2 above). In **Niger** and **Sierra Leone**, other vulnerable groups of girls targeted included **orphans and those living with a single parent**.

Finding 4. The GPECM integrated a human rights-based approach, with particular focus on gender equality and non-discrimination. Child marriage was positioned as a human rights, although in some countries, the right of girls to choose if and whom to marry was often translated as gender equality or girls' right to education, rather than as a right to bodily autonomy or agency.

The conceptualization of child marriage as a human rights issue was clearly integrated into the global ToC and intervention strategies at country level. GPECM advocacy kept child marriage on the global agenda, which in turn put pressure on governments (duty-bearers) to make commitments and align with the global consensus around child marriage as a human rights violation. Partnerships on advocacy and evidence generation with the Girls Not Brides Global Partnership and later with the Office of the High Commissioner for Human Rights (OHCHR) and the Human Rights Council were enhanced in phase II, increasing the focus on child marriage as a human rights issue.⁵³ For example, OHCHR, UNFPA and the Government of the Netherlands convened an expert workshop on the impact of existing strategies to address early and forced marriage.⁵⁴ Further, in July 2023, the United Nations Human Rights Council adopted by consensus a resolution – led by the Government of the Netherlands and co-sponsored by 73 Member States – to end child, early and forced marriage with a specific focus on ending and preventing forced marriage.⁵⁵

At country level, GPECM staff also understood and advocated for a HRBA through strengthening gender-transformative programming, even though they acknowledged the challenge this posed within local contexts – particularly the use of GPECM terminology.⁵⁶ However, understanding and use of gender transformation and rights as an implementation strategy, or within messaging, differed significantly between staff, partners and other national stakeholders. In many countries (**Ethiopia, India, Niger, Sierra Leone, Uganda and Zambia**), active and deliberate pushback on gender and human rights has required the programme to be cautious in its framing of child marriage to ensure continued programming and mitigate the negative effects of targeted resistance. For example, it was often mentioned that the word “transformative”, in particular related to gender, was misunderstood to be related to transgender issues (**Ethiopia, Mozambique and Uganda**) (See Findings 5 and 9).

Among IPs, there appears to be a lack of coherence at local level in terms of what HRBA means in practice. For example, in **Ethiopia**, community-level reference to child marriage was related to the potential negative health effects of early pregnancy for the child and mother. In group discussions, the rights of the girl child and her aspirations for education or employment were not generally mentioned, with concern focusing rather on the girl's future capacity to be a good and healthy mother.

⁵³ GPECM annual report 2022.

⁵⁴ Ibid.

⁵⁵ United Nations, Child, Early and Forced Marriage: Ending and preventing child marriage, Human Rights Council Resolution A/HRC/53/L.3/Rev.1, United Nations, Geneva, 12 July 2023.

⁵⁶ Global and regional case study; country case studies for Bangladesh, Ethiopia, Yemen.

Box 4: Localizing the human rights-based approach in Niger

The community mobilization approach developed in Niger utilized human rights as the entry point to discuss child marriage and child protection in general. The approach allowed community members themselves to identify human rights violations that were taking place in their communities and to come up with collective solutions and develop an action plan. Some of the activities in the action plans can be taken up directly by community members (which may also contribute to an increased sense of ownership), while for actions that require additional support, linkages with relevant decentralized government services or CSO/NGO can be made directly at the local level. The fact that community facilitators live in the villages for the duration of activities (6–8 months) allows them to gain an in-depth understanding of gender and power dynamics (particularly during the ‘stage d’immersion’) and the key ‘allies’ and important stakeholders to mobilize, as well as allowing them to gain the trust of community members so they can address the issues together.

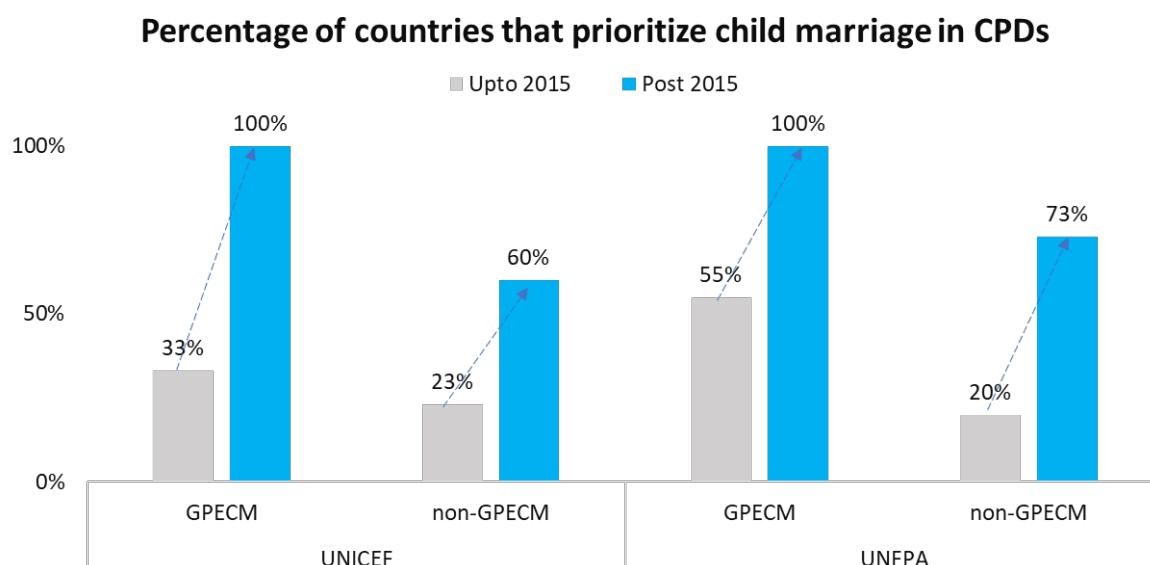
Source: Niger case study.

Finding 5: A significant success of the programme was its ability to be catalytic at all levels by extending its reach and effects through joint programming, partnerships, collective advocacy, evidence and knowledge-sharing.

The GPECM worked with and through other programmes to produce a catalytic effect, including expanded reach, coverage and funding for child marriage. The GPECM utilized evidence, tools, knowledge and cost-sharing as a lever within and beyond programme countries to inform understanding, awareness-raising, advocacy and programming to end child marriage.

The programme built on the momentum of the SDG agenda, in which for the first time there was a clear global commitment to eliminate harmful practices, including child marriage (SDG 5.2). Since 2015, the elimination of child marriage has become a priority in the country programme documents (CPDs) of all GPECM countries and in two-thirds of non-GPECM countries (see Figure 7 below). This is also due to the prioritization by both UNICEF and UNFPA of ending child marriage in consecutive strategic plans in alignment with the SDG agenda. This indicates the catalytic effect of the GPECM, which seized the opportunity of a favourable global landscape on the elimination of child marriage to further accelerate progress toward eliminating child marriage.

Figure 7: Countries where the elimination of child marriage has become a national priority, GPECM countries (12) versus non-GPECM countries

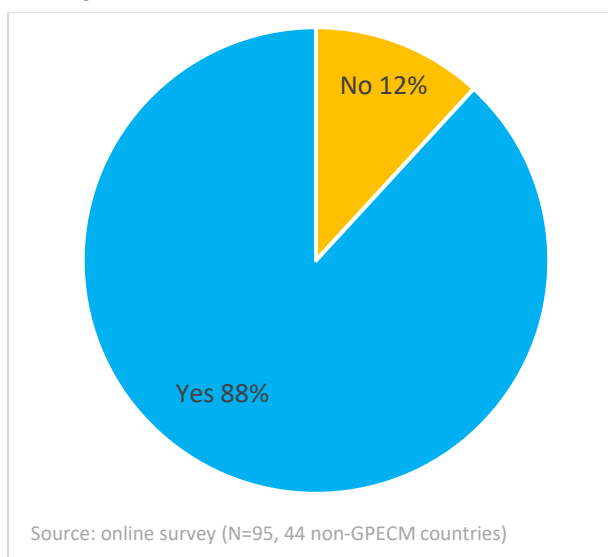


Note: Total GPECM countries: 12; total non-GPECM countries: 60 (countries with 20 per cent and above prevalence of child marriage). 11 non-GPECM countries did not have UNICEF CPDs prior to or in 2015, and 7 non-GPECM countries did not have UNFPA CPDs post-2015; percentages adjusted for these missing CPDs.

Source: Own elaboration using automatized data extraction and analysis of CPDs pre and post 2015 UNICEF and UNFPA.

Alongside concerted efforts to make ending child marriage a priority in CPDs, the programme used an effective combination of advocacy, partnerships, joint programming and sharing of evidence, knowledge and tools in order to catalyse change and accelerate momentum towards ending child marriage.

Figure 8. Knowledge among UNFPA and UNICEF staff about the Global Programme to End Child Marriage



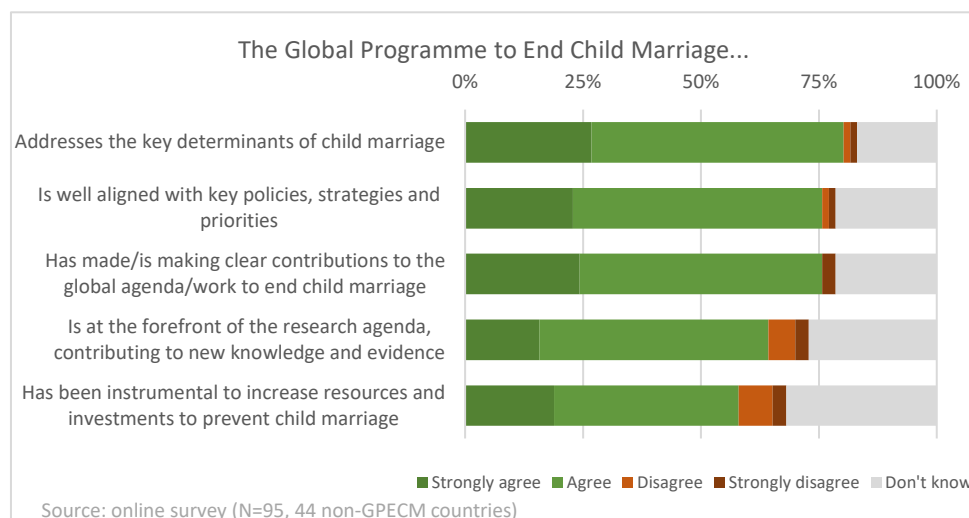
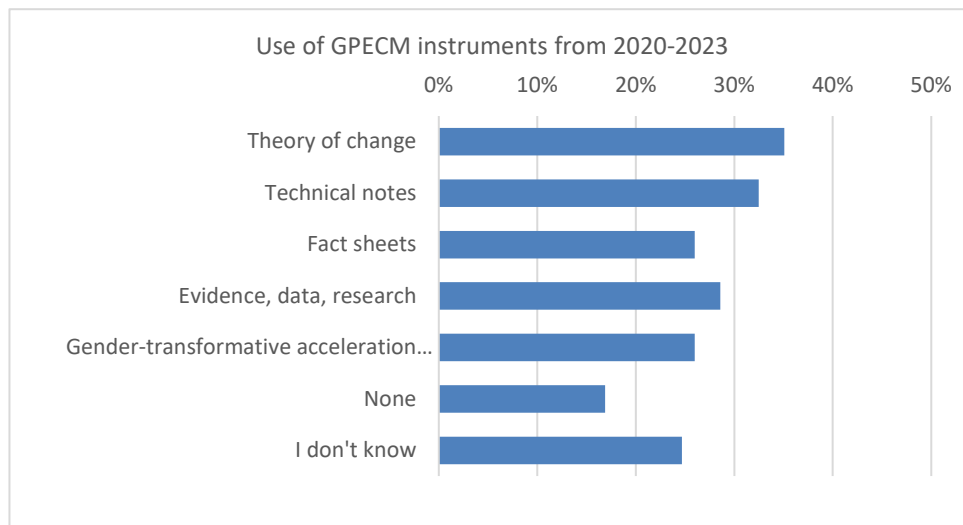
Furthermore, results from the survey to UNICEF and UNFPA staff from non-GPECM countries show that the GPECM is recognized in all regions, and that its tools and approaches are widely used. Its influence to leverage funding and contribute to the global agenda to end child marriage is also acknowledged.

Building upon a recommendation from the evaluation of phase I to strengthen and intensify focus on stakeholder engagement with CSOs and the private sector,⁵⁷ the programme forged new partnerships with CSOs and assisted them to expand nationally.

⁵⁷ UNFPA and UNICEF, 'UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage: Joint Evaluation Report: May 2019', New York, 2019.

At global and regional levels, the GPECM was able to create new alliances for national government accountability. For example, the GPECM partnered with the governments of Canada and Zambia to host a high-level event during the 77th session of the United Nations General Assembly to provide an opportunity for Member States with some of the highest burdens of child marriage globally to discuss progress towards

Figure 9. Utility and recognition; the GPECM beyond the GPECM countries



ending child marriage and recommit to the SDG target of eliminating the practice by 2030.⁵⁸ This resulted in pledges to increase investment by countries to address child marriage and support already-married girls.⁵⁹ This was followed in November 2022 by a resolution from the General Assembly to end child, early and forced marriage, led by the Governments of Canada and Zambia and with 125 co-sponsors.

The programme also participated in the 2022 United Nations Climate Change Conference in Sharm-el-Sheik, where the programme's research informed

resolutions and discussions. At regional level, the GPECM supported the convening of an Arab Girls' Summit in October 2022, on the International Day of the Girl Child. The summit resulted in policy asks from girls to their governments and these were endorsed by the League of Arab States to inform their policy agenda in the region.⁶⁰ Through the Spotlight Initiative, the GPECM also developed the African Union

⁵⁸ GPECM annual report 2022.

⁵⁹ The Lancet, 'Ending child marriage: Ensuring healthy futures for girls', editorial, *The Lancet*, Vol. 400, 2 July, 2022, p.1.

⁶⁰ The summit was co-hosted by the National Council for Family Affairs of Jordan in cooperation with the League of Arab States, UNFPA Arab States Regional Office, UNICEF Regional Office in the Middle East and North Africa and

accountability framework for harmful practices – a peer review mechanism holding governments accountable for their actions or commitments towards ending child marriage.⁶¹ Globally, the GPECM helped catalyse the development of national action plans in countries where ECM is an issue: Currently, there are 44 such plans, compared to eight before the programme's inception and reaching well beyond the 12 programme countries.⁶²

The programme also leveraged financial resources through partnerships. In **Bangladesh**, the Accelerating Protection of Children project, overseen by the Ministry of Women and Children Affairs, highlights the role of the GPECM as a catalytic resource. The alternative learning programme in Bangladesh has successfully leveraged additional donor funds, including from the Korea International Cooperation Agency and Generation Unlimited, to support these initiatives. In addition, the programme selected 30 women and youth-led organizations at grass-root level to build partnerships to leverage additional resources and co-investments on preventing child marriage, promoting positive parenting and ending harmful social norms involving the community.

The GPECM also worked with and through other programmes to produce a catalytic effect (expanding reach, coverage and funding). Examples include the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation in **Ethiopia and Niger**, the Spotlight Initiative in **Mozambique, Niger and Uganda**, Rapariga Biz in **Mozambique**, a joint programme on gender-based violence in **Uganda** and a joint programme for improved access to comprehensive sexuality education and sexual and reproductive health services in **Ghana**. In **Niger**, collaboration with the Spotlight Initiative, which also focuses on adolescent girls and community behaviour change, supported women- and youth-led organizations to mobilize the voices of the marginalized, challenge harmful social norms, and promote gender equality and actions aimed to achieve these results.

In **Mozambique**, strong synergies with the Spotlight Initiative and Rapariga Biz were used to leverage resources, increase complementarity and ensure greater reach and coverage beyond what the GPECM could have achieved by itself. The GPECM leveraged funding from Spotlight for provincial and national-level activities. In addition, a study to identify the secondary impacts of the COVID-19 pandemic on the lives of adolescent girls and young women in Mozambique was co-funded by the GPECM and Rapariga Biz, resulting in findings that were relevant for both programmes.

Leveraging and linking the GPECM to other programmes allowed programmes to complement each other and to save on resources. However, unintended consequences also need to be considered, especially where they have the potential to impact programme results. For example, by pairing the GPECM with the UNICEF-UNFPA joint programme on the elimination of female genital mutilation/cutting (FGM/C) or the Spotlight Initiative, the mission to end child marriage becomes associated with other social and cultural

Plan International Jordan: United Nations Population Fund, 'Arab Girls' Summit: A space for girls and young women to make their voices heard', press release, 11 October 2022, <<https://arabstates.unfpa.org/en/news/arab-girls%E2%80%99-summit-space-girls-and-young-women-make-their-voices-heard#:~:text=Amman%2FCairo%2C%2011%20October%202022,12%20October%20in%20Amman%2C%20Jordan>>, accessed 13 September 2023.

⁶¹ Girls not Brides, *Making change happen: a SADC Model Law on Child Marriage*, <<https://www.girlsnotbrides.org/documents/898/SADC-Model-Law.pdf>>, accessed 15 September 2023; Young People Today, *Eastern and Southern Africa Ministerial Commitment Fulfilling our promise to education, health and well-being for adolescents and young people*, <https://www.youngpeopletoday.org/_files/ugd/364f97_b99daa2ed6c846bda782eb5c443130ee.pdf>, accessed 15 September 2023.

⁶² GPECM annual report 2022; Global and regional case study; KILs with staff.

norms and the legacy of campaigns to address them. This association can be positive: In **Ethiopia**, the link to FGM/C has had a positive effect as communities and religious leaders come to understand the root causes of these gendered harmful practices and their consequence for women and girls' health, well-being and empowerment. In other cases, however, the association may pose challenges.

Box 5: Economies of scale in programming for adolescent girls, Mozambique

Collaboration between SRH and youth programming allows the sharing of materials, resources, and in some cases, funds. This approach expands the reach of the programmes, adds complementarity in terms of programme components offered to girls and their families, and increases government engagement. It also increases the overall amount of human and financial resources available for collective action. In Mozambique, the GPECM collaborated with the Spotlight initiative (in one district) and Rapariga Biz, though which support and resources from UNICEF and UNFPA activities with youth were multi-purposed to also benefit GPECM interventions.

Collaboration with the **Spotlight Initiative** in Nampula district provides an important social and behaviour change component, which comprises capacity-building and engagement of community and religious leaders. Capacity-building of adolescents and their engagement in prevention of violence against children, gender-based violence and child marriage is implemented through media, social media, school clubs, mentorship programmes, art, and intergenerational community dialogues, and has contributed to increased demand for gender-based violence services, including increasing awareness among communities. This complementarity serves the GPECM by improving availability of services and increased awareness.

The adolescent sexual and reproductive health programme **Rapariga Biz** is implemented in all six GPECM districts across Nampula and Zambezia provinces and builds on a holistic and multi-sectoral approach. At its core is a peer-to-peer mentorship programme aimed at empowering adolescent girls and young women with knowledge and life skills regarding their sexual and reproductive health and rights (SRHR), gender-based violence and child marriage. The programme has a strong linkage with adolescent SRH services due to the involvement of youth-friendly health service centres and school health corners. Other components in Rapariga Biz with strong linkages to GPECM are community dialogues on harmful practices, economic empowerment of girls and young women, involvement of men and boys through mentorship, access to CSE, and issuance of birth certificates and identification cards. In cases where both programmes implement similar activities (e.g., boys' mentorship), these are implemented in different districts or locations to ensure there is no overlap.⁶³

Source: Mozambique case study.

GPECM evidence and tools were shared with non-GPECM countries to inform their programming. The GTAT, for example, has been successfully rolled out in GPECM countries and beyond, in Latin America, Africa (Tanzania, Nigeria) and the Arab States (Palestine and Jordan). The strategic guidance notes on child marriage, developed by the GPSU with support from Child Frontiers, contain a methodology to identify high-impact investments to end child marriage, supporting country offices to understand drivers and trends related to child marriage and to scale up efforts to end the practice in their contexts.⁶⁴

⁶³ GPECM Annual Results Report, Mozambique, 2022.

⁶⁴ Theis, J., 'Guidance for Child Marriage Programmes to Promote Gender Transformation', Child Frontiers, <<https://www.childfrontiers.com/5-jt-tech-briefs-mar-2021#:~:text=The%2014%20technical%20notes%20present%20cutting->

Finding 6: The GPECM successfully adapted to humanitarian crises and the effects of climate change and the COVID-19 pandemic. However, this was mostly reactive; preparedness for emerging crises has yet to be embedded in country programme plans.

Across programme countries, the GPECM successfully adapted to the restrictions imposed during the COVID-19 pandemic and was able to continue operating. In countries where humanitarian needs emerged, the GPECM showed varying degrees of willingness and capacity to adjust its activities. Programme staff and management in some contexts preferred to continue with the programme as originally designed (for development contexts).

The GPECM reacted quickly during the COVID-19 pandemic, recognizing the effect of school closures and lockdowns on vulnerable girls. An immediate part of the response was the effort, at global level, to conduct a joint assessment of programme adaptations at country level and leverage the use of digital platforms for coordinating and collecting data,⁶⁵ using mass and social media to reach larger audiences (**Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, Niger, Uganda and Zambia**). Based on the findings, additional innovative adaptations were developed to inform GPECM annual work plans.⁶⁶

A common adaptation was the use of mass media to disseminate messages to girls and their families at home (**Bangladesh, Ghana, India, Mozambique, Nepal, Niger, Sierra Leone and Zambia**) and a shift from face-to-face programming to online and digital platforms (**Bangladesh, Ethiopia, India, Nepal and Zambia**). In **Zambia**, SRHR content was digitalized for use on tablets that were distributed to facilitate virtual safe space meetings. In **Sierra Leone**, life skills radio programmes were developed and aired throughout the country, as well as radio jingles. Further, mobile phones were used as part of a countrywide communication and awareness-raising campaign on child marriage, in addition to other emerging issues such as gender-based violence and teenage pregnancy. The programme used Interactive Voice Response through phones to provide refresher training to girls, and to engage in community conversations in collaboration with VIAMO. In **Niger**, the GPECM created media spots, magazines and forums on the rights of adolescent girls and the consequences of child marriage. In **Ghana**, media reports highlighted the issue of a group of Kayayei who were trying to leave Accra to avoid the partial lockdown. Following these reports, the programme intervened by holding an advocacy session with relevant stakeholders on the need to ensure the integration and rights of the Kayayei in relief processes.⁶⁷ In **Uganda**, the GPECM strengthened the role of village health teams, para-social workers, peer groups and male champions through phone calls for virtual community engagement and one-to-one interaction with vulnerable adolescent girls and boys. In most countries, those experimental responses, through use of social media, radio, and other blended approaches, reached more girls than expected (**India, Mozambique, Nepal, Niger, Sierra Leone and Zambia**).

Some countries implemented 'prevention programming' early on that enabled them to rapidly respond and adapt programming during COVID-19. **Burkina Faso and Ghana** identified and established partnerships with local organizations that operate in remote and hard-to-reach areas in complex environments (as part

edge%20evidence%20and,of%20the%20most%20marginalized%20and%20excluded%20adolescent%20girls.>, accessed 1 September 2023.

⁶⁵ United Nations Children's Fund, 'Child Protection Learning Brief #3', UNICEF, New York, 2021.

⁶⁶ United Nations Population Fund and United Nations Children's Fund, 'Joint Assessment of Adaptation to the GPECM in Light of COVID-19', UNFPA and UNICEF, New York, 2021.

⁶⁷ GPECM Annual Results Report 2020, Ghana.

of the adaptive contracting process), while other countries focused on local grassroots organizations. In Uganda, the programme embraced a systems-strengthening approach by implementing the programme through district and local governance structures. These were effective in ensuring programme continuity when CSOs had mobility restrictions and the government social workforce was allowed to move.

Some programme adaptations, however, did not reach the intended audience and were discontinued after the pandemic. For example, in **Mozambique**, an evaluation of what had been considered a popular radio programme, 'Ouro Negro' ('Black gold'), was found to primarily be reaching older men and was subsequently discontinued. In countries where adaptations have been retained post pandemic, the programme recognizes the need to further address the digital divide in future crises as part of preparedness planning to ensure the LNoB principle is applied. In most countries, apart from a few privileged groups that were able to access online and low-tech learning alternatives, the majority could not benefit from initiatives to help with continuity of learning. This was particularly true of the most vulnerable and marginalized adolescents, often living in rural areas.

Box 6: Rapid response to COVID-19, Zambia

In Zambia, UNICEF was able to rapidly support the development and rollout of a COVID-19-specific cash transfer fund that had the potential to provide a certain degree of economic support to the most vulnerable households, including those with adolescent girls at risk of child marriage. However, it was difficult to ascertain the extent to which this fund and its criteria were specifically utilized to target adolescent girls at risk of child marriage. Focus groups with traditional leaders involved in the distribution of the COVID-19 cash transfer funds noted that there were too many criteria and that adolescent girls were not given sufficient priority.

Source: Zambia case study; UNICEF/UNFPA Zambia, GPECM Annual Results Report 2022, Zambia.

As the GPECM was designed for development contexts, countries with emerging crises had to adapt their tools and approaches for nexus⁶⁸ and humanitarian programming. There is increasing recognition of the effect of polycrisis on adolescent girls and women, including related to child marriage and gender-based violence. The programme recognizes the heightened risk adolescent girls face in such contexts and has developed a technical factsheet on programming around ending child marriage in humanitarian settings.⁶⁹ It highlights the need for multi-sectoral, strategic approaches to address child marriage holistically, including linkages related to gender-based violence and child protection.

In **Burkina Faso and Ethiopia**, the GPECM adapted to evolving crises by shifting implementation sites to areas with high concentrations of internally displaced persons (IDPs), working through community-based structures in security zones and camps with the support of local IPs. In **Ethiopia**, the nature and complexity of the crisis has required broader shifts in programming. Initially, the conflict in Tigray prompted a retreat by the programme from conflict zones, shifting to working with IDPs in border regions (Gambella) and testing different intervention strategies to target girls and communities in the humanitarian context, including

⁶⁸ The United Nations defined "nexus" or the humanitarian–development–peace nexus in relation to the interlinkages between humanitarian, development and peace interventions. The nexus approach seeks to capitalize on the comparative advantages of each sector to reduce need, risk and vulnerability. United Nations Population Fund and United Nations Children's Fund, 'Preventing and Responding to Child Marriage in Humanitarian Settings: The global programme approach', UNFPA and UNICEF, 2020.

⁶⁹ Ibid.

delivering condensed versions of LSE via cell phones and developing a community dialogue guide tailored to emergency context. Those measures have not yet been integrated in country programme plans.

Box 7: Locally-driven adaptation to humanitarian crisis, Burkina Faso

In Burkina Faso, the programme has successfully deployed various strategies to adapt to the crisis, including engaging with leaders and influential people, as well as with local actors identified within the communities. Local child protection committees ensure continuity in the provision of preventive and response services for children who are victims of or are at risk of violence and/or harmful practices. Committees make it possible to provide each village with a critical mass of trained workers who are available and have the capacity to monitor, conduct social communication and advocacy activities and/or make referrals. Given the increasing humanitarian needs and the impact of the crisis on access to the most affected communities, endogenous strategies that give communities a sense of responsibility are being favoured, which could help to ensure greater ownership and sustainability.

The use of media campaigns and social networks has been stepped up, with the “don't call me Mrs. until I'm 18” campaign and the “Thanks to me” initiative by young boys committed to fighting child marriage. In addition, the strong involvement of journalist networks, through a caravan that travelled across several locations, helped to intensify the messages against child marriage and the protection of girls right to make choices.

Source: Burkina Faso case study.

In **Yemen**, the GPECM was required to make major adaptations to the programme to remain operational during the crisis. For example, as noted above, the country programme has chosen not to work directly on Pillar 5 related to laws and policies, and has only select engagement with the government depending on the area of intervention. Despite the instability, it has nonetheless managed to implement health and education sector programmes.

Other countries (**Ghana, Mozambique, Niger and Uganda**) made limited adaptations to address the needs of girls in emerging or deteriorating humanitarian situations. In **Mozambique**, the impact of the conflict in the north and the accompanying dramatic increase in the number of IDPs has yet to be incorporated into the programming strategy.

Effectiveness

To what extent did the programme achieve, or is it expected to achieve, its intended results (outputs, outcomes)? (What worked well, what did not work well, for whom, under what circumstances, and why?).

Finding 7: Programme performance at output level varied across years, countries and indicators. At outcome level, the programme performed best in terms of improving skills and knowledge of adolescent girls and their communities, better equipping them to make their own decisions. There is more room to improve in terms of building capacities of governments and CSOs to generate and use quality and timely evidence and to implement national and subnational plans.

Output-level achievement was substantially affected in 2021 by the COVID-19 pandemic: planned targets were met (or exceeded) for only four of the 15 indicators, as compared to seven in 2020 and nine in 2022.⁷⁰ Progress increased substantially across all indicators in 2022. Noteworthy achievements include increased participation of boys, men and other actors within communities (e.g., traditional, religious and community leaders) to address harmful masculinities and gender norms to end child marriage. At global and regional levels, substantial progress was made in terms of evidence generation. Less progress was made at country level, especially in relation to evidence on what works to end child marriage, applying a gender lens. Another area of limited progress was in mobilizing new CSOs, although it is important to note that the COVID-19 pandemic forced many CSOs to scale down or close. Enrolling and/or retaining girls in school was another area that saw limited progress, although **Ghana and Sierra Leone** performed better in this regard. Here again, performance was substantially affected by COVID-19 and the resulting school closures. Programme performance was particularly low in relation to expenditure on sub-national action plans to address child marriage.

At outcome level, noteworthy achievements include fewer adolescent girls at lower secondary school age staying away from school because they feel unsafe, and an increased proportion of girls benefiting from social protection, poverty reduction and economic empowerment. Fewer people believe communities are marrying children below age 18.⁷¹

The programme worked with a wide variety of partnerships. In **Ethiopia, Niger and Zambia**, the government is the main IP; as a result, ministries from all relevant sectors are involved in the implementation. Some countries leveraged partnerships with religious groups: in **Ethiopia**, for example, religious leaders were used as an accelerator and the Inter-Religious Council of Ethiopia influences parliamentary activities. Other GPECM partners included media organizations at national or regional level (**Burkina Faso, Ethiopia, Ghana and Uganda**), as well as various high-profile national champions. For example, the first lady of Sierra Leone launched the Hands off our Girls campaign, supported by five first ladies from the West African region. This regional endorsement indicates the significant influence of the programme and its potential to further the efforts to end child marriage. During the COVID-19 pandemic, the GPECM also partnered with parliamentarians calling for investment in girls and for ending child

⁷⁰ GPECM Annual Reports 2020, 2021, 2022.

⁷¹ Ibid.

marriage.⁷² Despite the breadth and effectiveness of the programme in partnering and mobilizing partners across countries, the programme monitoring information indicates that this is where it has been weaker in general in its contribution to enhancing the capacity of governments *to fund, coordinate and implement national and sub-national action plans and systems to end child marriage* (see for example the relative results under the immediate outcome 3100 in the Table 3 below).

Table 3: Outcome- and output-level performance, by indicator (percentage achieved)⁷³

2021		2022		Output Indicators	2020	2021	2022
Target	Result	Targets	Results				
Immediate Outcome 1100: Enhanced knowledge, skills and attitudes of marginalized adolescent girls on matters such as their rights, relationships, sexual and reproductive health and financial literacy, including in humanitarian contexts							
1101 Proportion of girls (10–24) who have comprehensive sexual and reproductive health knowledge							
39%	50%	44%	54%	Indicator 1111: Number of adolescent girls (aged 10-19) who actively participated in life skills or comprehensive sexuality education interventions in programme areas	103%	64%	115%
1102 Proportion of girls who express increased sense of self-efficacy; who feel confident in their ability to negotiate and delay early marriage; who feel comfortable speaking without fear							
43%	54%	50%	60%				
1103 Proportion of adolescent girls of lower-secondary school age that are out of school							
18%	32%	20%	27%	Indicator 1121: Number of girls (aged 10–19) supported by the programme to enrol and/or remain in primary or secondary school	42%	32%	96%
Immediate Outcome 1200: Adolescent boys, families, traditional and religious leaders, community groups and other influencers demonstrate more gender equitable attitudes and support for girls' rights							
1201 Proportion of respondents who believe that all/most individuals in their community are marrying children below age 18							
43%	23%	38%	25%	Indicator 1211: Number of boys and men actively participating in group education/dialogues that address harmful masculinities and gender norms	1591%	94%	337%
1202 Proportion of adult respondents who can identify sanctions (punishments) and benefits (rewards) associated with child marriage abandonment							
51%	55%	55%	61%	Indicator 1221: Number of individuals (boys, girls, women and men) who participate in group education/dialogue sessions on consequences of and alternatives to child marriage, the rights of adolescent girls and gender equality	695%	105%	92%
1203 Proportion of respondents (community, traditional and religious leaders) who are willing to introduce sanctions if someone does not practice child marriage							
NA	NA	0	49%	Indicator 1222: Number of individuals (boys, girls, women and men) reached by mass media (traditional and social media) messaging on child marriage, the rights of adolescent girls and gender equality	280%	79%	209%
1204 Proportion of respondents who think that marrying their daughters/female household members before 18 is the best option							

⁷² Inter-Parliamentary Union, 'Ending Child Marriage in the Time of COVID-19: What role for parliaments?', 8 February 2022, <<https://www.ipu.org/event/ending-child-marriage-in-time-covid-19-what-role-parliaments>>, accessed 1 September 2023.

⁷³ The percentages were calculated using planned targets and progress achieved against these.

6%	13%	5%	11%	Indicator 1223: Number of local actors (e.g., traditional, religious and community leaders) with meaningful participation in dialogues and consensus-building to end child marriage	587%	264%	493%
				Indicator 1231: Number of civil society organizations newly mobilized in support of challenging social norms and promoting gender equality by the global programme (cumulative)	19%	57%	82%
Immediate Outcome 2100: Increased capacity of education, health, child protection and gender-based violence systems to deliver coordinated, quality programmes and services that meet the needs of adolescent girls and their families, including in humanitarian contexts							
2101 Proportion of adolescent girls of lower secondary school age who stayed away from school during the past month and the past 12 months because they felt unsafe at, or on the way to/from school or online							
80%	36%	75%	25%	Indicator 2121: Number of primary/secondary/non-formal schools in programme areas providing quality gender-friendly education that meets minimum standards	117%	98%	242%
2102 Proportion of girls and boys in programme areas who accessed prevention and protection services							
459,955	243,136	612,148	652,206	Indicator 2131: Number of service delivery points in programme areas providing quality adolescent-responsive services (health, child protection/gender-based violence) that meet minimum standards	48%	120%	145%
Immediate Outcome 2200: Increased capacity of national and sub-national social protection, poverty reduction and economic empowerment programmes and services to respond to the needs of the poorest adolescent girls and their families, including in humanitarian contexts							
2201 Proportion of girls (10–19) benefiting from social protection, poverty reduction and economic empowerment programmes							
No target	913,077	No target	6,332,780	Indicator 2211: Number of partnerships (both formal and informal) established to deliver adolescent-responsive social protection, poverty reduction, and economic empowerment programmes and services (cumulative)	133%	91%	347%
Immediate Outcome 3100: Enhanced capacity of governments to fund, coordinate and implement national and sub-national action plans and systems to end child marriage							
3101 Policy effort index, as measured by the strength of the child marriage national action plan on six dimensions (political support, policies, governance, human rights, accountability, access and participation and evaluation)							
65%	NA	65%	62%	Indicator 3111: Number of policies or legal instruments addressing child marriage drafted, proposed or adopted at national and sub-national level with global programme support (cumulative)	20%	101%	95%
3102 Expenditure on sub-national action plan as a percentage of the sub-national expenditure in programme areas							
38%	10%	42%	10%	Indicator 3121: Number of sub-national plans with evidence informed interventions to address child marriage	NA	NA	104%
Immediate Outcome 3200: Increased capacity of governments and nongovernment organizations to generate, disseminate and use quality and timely evidence to inform policy and programme design, track progress and document lessons							
3201 Proportion of evidence and knowledge addressing child marriage which have been used in policy decisions, programme design and advocacy							
NA	NA	NA	NA	Indicator 3211: Number of generated evidence and knowledge that focus on what works to end child marriage (cumulative)	37%	81%	86%
				Indicator 3212: Number of generated evidence and knowledge that apply a gender analysis (cumulative)	19%	81%	84%
				Indicator 3221: Number of South-to-South cooperation (conferences, expert visits, peer consultations, study tours, communities of practice) supported	70%	57%	208%

NA= not available

Source: Consolidation by evaluation team using GPECM data from Annual Reports 2020, 2021, 2022.

>100%
=100%
=50-99%
=0-49%
Achievement

Finding 8: The GPECM increased the knowledge and skills of targeted adolescent girls at risk of, and affected by, child marriage, equipping them to make informed decisions and choices regarding marriage, education and SRH.

The GPECM facilitated access to CSE and LSE for both in- and out-of-school girls. In some cases, this was combined with economic empowerment interventions designed to mitigate poverty drivers of child marriage. The programme worked to ensure targeted girls were in school (enrolment, re-enrolment, retention and transition to higher grades or skill-building) as a priority in almost all countries. Strategies varied but were most successful when GPECM interventions converged with local or national incentive mechanisms and schemes and were complemented by an enabling social, economic and political environment (see Findings 11, 12, 13 and 14).

There is substantial evidence across all GPECM countries that girls benefited from CSE in schools (as part of the curriculum), through school clubs, or in safe space sessions facilitated by mentors, frontline health workers or CSOs (for girls out of school). Engagement exceeded output-level targets for two of the three years, with 103 per cent in 2020 and 115 per cent in 2022.⁷⁴ However, progress varied substantially among countries.⁷⁵ Almost half of countries underachieved each year, often for specific contextual reasons.⁷⁶ Overachievement at global level, meanwhile, was due to some countries substantially exceeding their targets (**India, Nepal, Yemen and Zambia**).

In phase I, CSE was provided through curriculum-based programming focusing on teaching and learning about SRHR.⁷⁷ Phase II further emphasised SRHR and in some countries (**Burkina Faso, Mozambique, Niger, Uganda and Zambia**) aligned GPECM interventions with other programmes such as the Spotlight Initiative, which had a gender-based violence focus. However, despite the stated focus in phase II on power dynamics and the gender-transformative approach, the evaluation found little evidence of an emphasis on addressing negative social norms and stigma associated with adolescent sexuality.

In-school girls

Sustaining CSE/LSE for girls (and boys) depends on the institutionalization of the curricula within funded government programmes,⁷⁸ and accordingly the GPECM supported government-led CSE/LSE in the standard school curriculum in some countries. In **India and Zambia**, the joint programme supported governments to institutionalize CSE by including it in teacher training institutes and incorporating it into school lesson plans. In **Sierra Leone**, CSE was incorporated into the school curricula across seven subjects and in school lesson plans. Training of trainers on CSE was conducted for 14 school quality assurance officers and supervisors, and was supported with training materials and manuals developed jointly with the ministry. In **Bangladesh**, the GPECM worked jointly with the government to ensure CSE components were included in the national school curriculum for grades 6–8, and is currently working to incorporate it in the curriculum for grades 9–10.

⁷⁴ 4,106,426, GPECM Annual Report, 2020; 6,308,541, GPECM Annual Report, 2022.

⁷⁵ GPECM annual reports 2020, 2021, 2022.

⁷⁶ For example, the GPECM in Mozambique did not target girls to receive CSE as this intervention was already being implemented by a sister joint programme - Rapariga Biz. Operating in tandem, GPECM funds were purposefully targeted towards reach boys in the same locations. The indicator on girls reached is thus not reported against GPECM targets.

⁷⁷ GPECM phase I report, p.51.

⁷⁸ United Nations Educational, Scientific and Cultural Organization, 'The Journey Towards Comprehensive Sexuality Education: Global status', UNESCO, Paris, 2021.

In other countries, CSE/LSE was provided on an extracurricular basis through school health clubs or HIV clubs (**Ethiopia, Mozambique, Niger and Uganda**). In **Niger**, health clubs were established in all schools in 2021, and the GPECM leveraged this opportunity by providing schools with supplies and equipment to carry out awareness-raising activities for the school clubs. In **Uganda**, a comprehensive life skills toolkit was developed and rolled out as an extra-curricular activity in school clubs by the Ministry of Education and Sports. It covers ten core competencies and a broad range of topics related to adolescent development beyond SRH including active participation, financial literacy and innovation, with specific modules on child marriage and teenage pregnancy. In **Mozambique**, the programme implemented life skills in after-school 'circles of interest' sessions. For the LSE sessions, a manual was developed and girls were trained. Beginning in 2023, LSE was also offered in and outside of school through capoeira for girls who were rescued from child marriage and/or are survivors of sexual violence. In **Zambia**, the GPECM worked with the Ministry of Education to expand the reach of CSE by strengthening the link with health providers for ease of access to SRH services.

In some countries, CSE interventions faced resistance from traditional and religious leaders, as was the case for example in **Sierra Leone**. Past experience in **Zambia** demonstrates, however, that such resistance can be overcome through coordinated advocacy and evidence-sharing by civil society, parliamentarians and the media.⁷⁹

Whilst efforts to mainstream CSE/LSE through government mechanisms are noteworthy, concerns around the quality and consistency of these programmes were noted in some cases. For example, it is not clear to what extent the content of the CSE/LSE curricula developed by the government in **Uganda** align with international standards, or whether there is full consideration of gender dynamics. Similar questions were raised by IPs in **Ethiopia** in relation to after-school CSE sessions led by teachers. In **India**, government-led programmes were accompanied by GPECM IP staff, though the quality of these programmes could not be verified. Despite such concerns, GPECM staff, donors and partners agreed that improving government-led delivery of CSE/life skills interventions has potential to substantially increase reach and achieve greater sustainability. It also allows the GPECM to shift focus from supporting implementation to taking on a partnership and monitoring role.

Out-of-school girls

The GPECM also reached adolescent girls with CSE/life skills interventions through safe spaces, mentorship and group meetings led by health workers, mentors and CSOs. **Bangladesh, Mozambique, Nepal and Sierra Leone**⁸⁰ reported reaching a higher proportion of girls than planned with comprehensive SRH knowledge, although it is not clear whether these girls were among those who had participated in programme-supported CSE interventions.⁸¹ Evidence also shows that in **Zambia** in 2020, 85 per cent of girls participating in a mentorship programme and in safe spaces had increased knowledge and life skills.

There was also an increase in the proportion of girls who expressed heightened sense of self-efficacy, confidence in their ability to negotiate and delay early marriage, and who felt comfortable speaking without fear. Several countries that exceeded their targets in this area in 2021 and 2022, for example **Bangladesh, Ghana, Mozambique and Sierra Leone**.⁸²

⁷⁹ Chavula, M.P. *et al*, 'Unlocking Policy Synergies, Challenges and Contradictions Influencing Implementation of the Comprehensive Sexuality Education Framework in Zambia: A policy analysis', *Health Research Policy and Systems*, 21, article no. 97, 2023.

⁸⁰ Five countries for which data were available.

⁸¹ Analysis of programme monitoring data extracted from annual reports 2020–2022.

⁸² GPECM annual reports 2021, 2022.

In **Ghana**, for example, the PASS project delivered life skills education on SRH, sexual and gender-based violence prevention and response, legal literacy, livelihood and financial literacy skills through face-to-face dialogue and mentorship. The programme focuses on girls being able to make decisions about their marriages, childbearing and healthy relationships. PASS has reached girls living in rural areas, pregnant girls, married girls and/or mothers in 43 districts. The PASS results assessment indicated that 80 per cent⁸³ of girls that participated in the project were able to reject spouses selected by their parents.

Similarly, evidence in **Sierra Leone** indicated that a life skills interventions through residential training for 50 married and unmarried girls in and out of school across 16 districts resulted in the establishment of girls' empowerment clubs in every district (including in a juvenile detention centre). Girls reported that the sessions helped them to be role models in their communities and to identify people they could speak to in school or in the community if facing the issue of child marriage. Girls equated early pregnancy with child marriage, relating their sessions as leading to reductions in child marriage.

*"The sessions have increased our knowledge. We now know how to prevent teenage pregnancy. The programme is very good, it has changed us a lot; we know how to take care of ourselves. We look very good since we joined this programme. The activities are educative, we learn new things that we [didn't] know, and it has helped us to be resilient. This programme has helped reduce teenage pregnancy in the community."*⁸⁴

In **Ethiopia**, girls that took part in safe space sessions reported increased SRH knowledge and decision-making abilities. A participant explained that she learned about contraception during the session and would now use a family planning method to decide on the timing and number of children:

*"We will marry at the age of 25 to be more mature and prepared for this life. We will then have our first child at 27. We will have a girl first and have four children and all will receive the same focus and opportunities. After four children and we do not want more, we will use family planning and make the decision together."*⁸⁵

Skills building for economic empowerment within LSE

It has been shown that CSE/LSE is most effective when it goes beyond knowledge-sharing and empowers girls to know their rights and build their skills to take positive decisions about their SRHR and life aspirations, including when to marry.⁸⁶ A GPECM driver study found that receiving CSE/LSE alone will not be enough to delay marriage, especially if girls have limited life choices due to economic deprivation and a lack of skills and employment opportunities.⁸⁷ However, while the GPECM recognizes the need to provide girls with economic empowerment, career counselling and entrepreneurship training to mitigate poverty drivers, inclusion of these topics into LSE curricula remained limited. Where these opportunities exist, they are small in scale, receive relatively little investment and are not systematically linked to wider skilling programming that connects girls to jobs or employment (see Finding 13). Examples include the Empowerment and Livelihood for Adolescents programme in Uganda and the

⁸³ N=119.

⁸⁴ Sierra Leone, FGD with 15-18 year old girls that are reached by the GPECM.

⁸⁵ Focus group discussions with girls 15-18 years old, Ethiopia.

⁸⁶ Haberland, N., & Rogow, D. (2015). Sexuality education: Emerging trends in evidence and practice. *Journal of Adolescent Health*, 56(1, Supplement), S15–S21. <https://doi.org/10.1016/j.jadohealth.2014.08.013>.

⁸⁷ Kok, M.C., Kakal, T., Kassegne, A.B. *et al.* Drivers of child marriage in specific settings of Ethiopia, Indonesia, Kenya, Malawi, Mozambique and Zambia – findings from the Yes I Do! baseline study. *BMC Public Health* **23**, 794 (2023). <https://doi.org/10.1186/s12889-023-15697-6>.

SISTA's club and Shaping Futures Programme in Ghana that include livelihoods training (see Box 9).⁸⁸ These examples, while small in scale, have been successful, providing opportunities for basic skills development and in some cases income generation for the girls that benefited from them. In **Bangladesh**, girls attending the LSE/CSE programmes were provided with career counselling and referred to existing economic empowerment programmes, utilizing a career pathway guideline for adolescents for a range of more than 180 different jobs.

Box 8: Improving girls' livelihoods, Ghana

SISTAs clubs offers girls the opportunity to learn basic entrepreneurial skills through sessions on livelihoods such as making liquid soaps, pastries and local beverages. Some of the girls have used their skills to start small-scale businesses and are producing, distributing and selling products in their communities.

The Shaping Futures Programme is an integrated legal literacy, livelihood skills training and adolescent SRHR services programme for female head porters (Kayayei) in selected urban markets in Ghana implemented by national government partners such as the National Board for Small-Scale Industries, the Cooperative Society of Ghana and the National Vocational Training Institute, among others. The programme has supported Kayayei girls to make a variety of products such as shea butter, root and tube processing (for pastry flour), leather and bead goods, and baskets at enterprise development centres. The programme has reached one of the poorest and most hard-to-reach groups of adolescent girls, and is reported to have contributed to the empowerment of vulnerable adolescent Kayayei, enabling them to make informed decisions, improve their economic status and reduce their risk of gender-based violence.

Source: Ghana case study

Referral from CSE/LSE to health facilities

In some countries, CSE/LSE programmes included referral to health centres for SRHR needs – a critical intervention for reducing unwanted adolescent pregnancy, which is a significant driver of child marriage in many countries. In **Uganda**, girls received and utilized referral information through the programme's information, education and communication activities. The empowerment and livelihoods for adolescents clubs were also used as platforms for linking the girls to gender-based violence and SRH services.⁸⁹ In **Mozambique**, girls were supported by mentors to visit health services to access family planning, HIV tests and ASRH information.

School re-enrolment, retention and transition to secondary school

In partnership with education ministries, the GPECM supports girls to enrol/re-enrol, remain in school and transition to secondary education in most countries. In 2021, the effects of COVID-19 on schooling were evident in the programme not meeting its annual targets in these areas. In 2022, the situation improved dramatically, with the programme achieving 96 per cent against planned targets.⁹⁰ This said, progress varied across countries, with less than half (five) of countries meeting or exceeding their

⁸⁸ BRAC, 'Adolescent Empowerment at Scale: Successes and challenges of an evidence-based approach to young women's programming in Africa', UNIFPA and BRAC, 2023, <<https://www.unfpa.org/publications/adolescent-empowerment-scale-successes-and-challenges-evidence-based-approach-young>>, accessed 16 November 2023.

⁸⁹ UNITED NATIONS POPULATION FUND, 'ADOLESCENT EMPOWERMENT AT SCALE: SUCCESSSES AND CHALLENGES OF AN EVIDENCE-BASED APPROACH TO YOUNG WOMEN'S PROGRAMMING IN AFRICA', UNFPA, NEW YORK, 2023.

⁹⁰ N= 161,446 (GPECM Annual Report 2022).

targets in 2022 (**Ghana, Niger, Sierra Leone, Yemen and Zambia**).⁹¹ **Yemen** achieved more than four times its target and **Ghana** showed steady progress, whilst **India** showed a steady decline over the period.⁹² One particularly successful example of the provision of school and income-generating support was in **Burkina Faso**, as set out in Box 9 below.

Box 9: What worked and how providing education and income-generating activities, Burkina Faso

Context	Intervention	Mechanism	Outcome
In Burkina Faso, poverty and lack of economic opportunities are leading households to adopt negative coping strategies such as removing children from school due to the costs of school fees and to support the family's income-generating activities. They also resort to early marriage for their girls to cut down on household costs and to collect the dowry. These practices have negative consequences on children's future and keep them trapped in a cycle of poverty.	The GPECM supports out- of-school girls to learn vocational skills through training and the distribution of start-up grants/kits. Promoted activities are selected in consultation with local authorities, parents and also the girls themselves, and include among others poultry farming, livestock breeding, soap production, weaving and agriculture. In-school girls with special needs benefit from the payment of school fees and bicycles, enabling them to make their daily journeys more safely. The overall number of girls targeted for school fees and educational kits is around 2,000 to 6,000 a year and around 2,000 for IGA support.	Support for schooling and IGA for girls motivates them to take part in other educational activities, such as safe spaces. It also reinforces the messages delivered to parents around child marriage and education and motivates them to reject negative coping strategies. Girls who benefit from educational support stay in school longer and are protected from child marriage. Girls who earn their own income are economically empowered and more able to make their own choices. They also represent less of an economic 'burden' for parents who are in turn less tempted to marry them off.	Documented evidence indicated that following the vocational training and delivery of IGA start-up grants/kits, girls managed to organize themselves to gain an income. Some are selling their products in neighbouring countries.

Source: Evaluation team. This is a good practice identified through the use of a realist lens

In some countries, measures were put in place for retaining girls, including the most vulnerable, in schools through interventions such as payment of school bursaries/fees, (**Burkina Faso, India and Zambia**), providing transportation (bicycles) and education kits (**Burkina Faso and India**) and menstrual hygiene support (**Ethiopia, India and Zambia**). In **Burkina Faso** in 2022, 2,008 girls with special needs benefited from the payment of school fees and 268 benefited from bicycles. In addition, 70,567 girls at school received social or material support (school bursaries) to stay in school, of which 38,876 were reached through the programme's direct interventions. In **Zambia**, 2,388 re-usable pads

⁹¹ GPECM Annual Reports 2020, 2021, 2023.

⁹² GPECM Annual Reports 2020, 2021, 2023.

were made and distributed to 1,194 adolescent girls to address absenteeism resulting from a lack of facilities for menstrual hygiene management.

Evidence shows that out-of-school girls are actively being enrolled/re-enrolled and reintegrated into schools (formal and non-formal) through the support of community action groups (**Zambia**), or encouragement from mentors in safe spaces (**Mozambique and Uganda**). In **Uganda**, at the government level, guidelines for prevention and management of teenage pregnancy in school settings (re-entry to school guidelines) created a momentum for the return of pregnant girls and teenage mothers to school. In **Zambia**, 504 out-of-school girls returned to education between 2020 and 2022 through the support of community action groups working closely with schools.

Finding 9: An important priority of the GPECM for the period 2020–2023 was engaging with boys and men to promote healthy relationships, positive masculinities and gender equality, and countries designed and initiated interventions accordingly. However, the programme encountered challenges in sustaining the engagement of boys over time, although some good practices were documented.

Early lessons from phase I suggested that boys must be targeted as beneficiaries and as agents of change in order to maximize impact.⁹³ Accordingly, phase II placed stronger emphasis on engaging men and boys. Efforts to implement this strategic shift at country level are in early stages in many countries, and thus far have showed varying levels of success.

Overall, the programme substantially exceeded its targets in this area in 2022, mainly due to India alone reaching 91 per cent of the global target (3,735,249 men and boys out of a global target of 4,074,080). **Burkina Faso, Ethiopia and Ghana** have also shown consistent progress, while other countries such as **Bangladesh** faced challenges in reaching their targets. Even where achievement against targets is high, it is difficult at this stage to determine the impact of the programme – in other words, the extent to which the GPECM contributed to the development of healthy relationships, positive masculinities and gender equality. However, there are early indications (in Burkina Faso, Ethiopia and Ghana) that some interventions are having positive effects on the attitudes and behaviours of men and boys towards women and girls as well as on early marriage and the importance of remaining in formal education.⁹⁴ In **Burkina Faso**, the GPECM engaged men and boys (in and out of school) through education sessions/dialogues and delivery of curriculum focused on bringing about positive masculinities and gender norms. Dialogue through ‘model husbands’ clubs enabled more people than expected to be reached, despite some resistance to the participation of men and boys in such activities.⁹⁵ In **Sierra Leone**, the GPECM took a multi-pronged approach to engage men and boys. For example, using the National Male Involvement Strategy, curriculum and networks, the GPECM engaged men and boys and district coordinators in the monitoring of community-level activities. Men act as role models on positive masculinities and facilitate community dialogues around child marriage. In **Ghana**, as part of the PASS project, a structured approach was implemented for boys’ engagement using a series of reflective dialogues, through boys platforms such as ‘I am for girls groups’.⁹⁶ In **Uganda**, the Engaging Men through Accountable Practice⁹⁷ framework promoted the role of men in preventing violence against women and become women’s allies through a series of structured trainings. In **Bangladesh**, the programme worked specifically with married girls, and extended activities to conduct couple’s

⁹³ End of phase I report, 2016–2019.

⁹⁴ KII staff and IPs, child sessions with girls; FGDs with parents: Ethiopia, Burkina Faso and Ghana case studies.

⁹⁵ United Nations Population Fund and United Nations Children’s Fund, ‘Programme Mondial UNFPA/UNICEF Visant à Mettre Fin Au Mariage d’Enfants : Rapport annuel sur les résultats 2022’, UNFPA and UNICEF, Ouagadougou, 2022.

⁹⁶ Annual results report 2022, Ghana.

⁹⁷ Developed by IRC.

workshops with girls and their husbands to promote equitable decision-making on family planning and consent within marriage.

Box 10: Engaging men to become role models, Niger

In Niger, the ‘School for Husbands’ intervention engaged men to become ‘model husbands’ or examples in their communities. Each ‘school’ is made up of 8–12 model husbands who meet twice a month to discuss key issues. The schools also organize regular community awareness sessions and home visits, and carry out activities to improve the health centre. Members receive basic training in leadership, group dynamics, teamwork, communication, advocacy and negotiation techniques as well as basic information on reproductive and child health.

Schools prioritize the problems (called cases) facing their communities according to urgency, importance for the community and the likelihood that the husband schools will be able to resolve them. Examples of cases include topics relating to communication between spouses, access to family planning and improving health centre infrastructure. Schools are staffed by coaches and supervisors trained to provide guidance and technical assistance to the husbands.

Source: Niger case study

In **Mozambique**, UNFPA piloted mentorship programmes for boys that promote positive masculinity, which is showing early positive results.⁹⁸ Participants had a better understanding of the importance of gender equality, delaying marriage and remaining in education, as well as recognizing the importance of triggering dialogue on these issues within communities.

While these examples are promising, and changes are noticeable at the community level, more rigorous measurements are required in order to assess the effectiveness and impact of such interventions.

An exception in this regard is **Uganda**, where there is documented evidence that interventions to engage men and boys have built a critical mass of male activists who have promoted discussions about discrimination against women and girls and men’s power over women. This has contributed to challenging, to some extent, the practice of child marriage. Similarly, in **Zambia**, the Coaching Boys Into Men (CBIM) programme is creating positive change in communities by empowering boys to make decisions around education and ending child marriage, with the goal of creating respectful relationships and gender equity. Community members consider the CBIM initiative to be an effective platform for engaging boys, attributing its success to the use of sports as a way to attract boys and coaches as role models (see Box 12). One CBIM coach reported 10 boys (17 years of age) having delayed marriage following CBIM sessions. Primary and secondary school boys participating in the initiative reported learning about the importance of respecting girls and women:

“Under CBIM, I learnt of the respect that I need to accord the females in our communities. I learnt that I should not be using insulting language to females. I have learnt that I should desist from marrying early.” (Secondary school student participating in CBIM)

“If I was not attending the sessions, probably by this time I would have stopped school and even get married”. (Primary school student participating in CBIM)

“Under CBIM, I learnt the importance of respecting a girl... Before starting to attend CBIM sessions I had less respect for girls until my coach spoke to me that both boys and girls deserve equal respect. I still see a big number of friends that still do not respect girls. I want to be engaging them so that they too can do like I do”. (Primary school student participating in CBIM)

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⁹⁸ Rialet, J., M.E. Greene & G. Lauro, ‘Boyhood and Child, Early, and Forced Marriages and Unions: An evidence review’, Equimundo and UNFPA, Washington, D.C. and New York, 2022.

⁹⁹ Annual results report 2021, Zambia.

Box 11: What worked and how to engage boys in Zambia

Context	Intervention	Mechanism	Outcome
Zambia is a context where rates of child marriage, teenage pregnancy and sexual and gender-based violence are high and where men still hold most of the power, especially with regard to decisions on marriage and sexual activity.	The Coaching Boys Into Men (CBIM) initiative uses football to educate and raise awareness among adolescent boys and young men aged 10 to 24 years on issues surrounding sexual and reproductive health and gender-based violence. This encourages adolescent boys and men to develop into responsible men, especially in becoming non-violent partners and fathers. The CBIM is a 12-week programme to promote positive masculinities through sports, including dialogues on issues such as what it means to be a boy/man, who is a real boy, respecting girls and respecting oneself. Dialogues are recommended to last at least 15 minutes per week and aim to address challenges that result from the gender roles expected of boys, including topics such as gender roles, unequal power between women and men, balancing power in relationships and decision-making at the household level.	Boys in Zambia enjoy getting together through sports and especially football, which is often a place of socialization. They often see their coaches as role models. While men and boys are often more difficult to engage in discuss and activities addressing gender norms, sports allow to get boys together and boost their attendance.	The data (gender norm survey) show that the approach is creating a positive change in communities by empowering boys to make decisions around education and ending child marriage, creating respectful relationships and gender equity. District level data where this approach was implemented (Senanga), indicates that most of the boys who have graduated from the CBIM programme have been seen to delay marriage and 80 boys have returned to school.

Source: Evaluation team. This is a good practice identified through the use of a realist lens

Finding 10: The GPECM has mobilized community stakeholders to contribute to changing the social and gender norms that perpetuate harmful practices. This has included engaging traditional and religious leaders– and increasingly, parents and caregivers – as agents of change. Engagement with extended families has however been more limited, despite their important role in decisions related to child marriage in many contexts.

Community engagement strategies have focused on promoting dialogue and consensus-building on alternatives to child marriage among community stakeholders as well as supporting awareness-raising interventions at both national and community levels. The involvement of parents and other caregivers

has however been limited, and the engagement of extended family even more so, particularly in light of the influence of these actors in decision-making around child marriage

Reaching parents and families

Engaging and mobilizing parents is considered a crucial step by the Global Programme for influencing decisions related to child marriage, and efforts by the programme countries to engage parents, caregivers and families through positive parenting and awareness-raising interventions are showing a degree of success (**Ethiopia, Ghana, India, Sierra Leone and Uganda**). However, these interventions remain modest in relation to the influence of these actors on decisions around child marriage.

In **Ghana**, the Model Gendered Households approach, implemented under PASS, has focused on positive gender norms, positive parenting and the benefits of delaying child marriage, etc.. Parents and caregivers have been engaged in positive parenting training sessions and intergenerational dialogues that enable adolescent girls to express and exercise their choices. There is evidence that these engagements are necessary to drive changes in cultural and social norms starting from the household level; and supported by involvement from others within the community.¹⁰⁰

Engagement of community and religious leaders

Community structures are being used to influence families to adopt practices conducive to reducing child marriage. In **Ethiopia, Ghana and** some states in **India**, community-led interventions are implemented to influence parents that insist on marrying their child. For example, in **Ethiopia**, community members reported persuading most families, and even going as far as from a human rights-based approach as to shaming some families by not allowing them to participate in key community events if they would insist on marrying their child once being told about the negative impact on the girls. In **Ghana**, the Child Marriage Free Community Alert Campaign promotes the engagement of community members to proactively take actions for prevention of child marriage, using a child marriage alert flag.¹⁰¹ In **Ethiopia and India**, community leaders are proud to declare their villages (or temples in India) child marriage-free.¹⁰²

The GPECM is also progressively leveraging traditional and religious leaders as ‘agents of change’ at national, subnational and community levels, and their efforts have contributed substantially to catalysing transformation of the social and gender norms that perpetuate harmful traditional practices and gender inequality. In **Ghana**, the GPECM worked with religious leaders in 13 regions; in **India**, 1,800 religious and community leaders were reached across 16 districts of Rajasthan, and in **Burkina Faso**, 5,920 were reached. Overall, the programme has engaged with a much higher number of traditional and religious leaders than planned: 80 per cent of countries have exceeded targets, while **Ethiopia, Ghana, India and Nepal** have performed consistently well.¹⁰³

In many countries, informal reference groups/committees by community leaders – for example, an anti-harmful traditional practices committee in **Ethiopia**, a multi-sectoral reference group in **Mozambique**—although the impact of these groups is not yet evident. In Odisha, **India**, a steering committee (at the state level) and task forces for ending child Marriage were formed at the district and sub-district levels. In addition, the GPECM successfully leveraged partnerships with civil society and government to catalyse programming to keep girls in school and support their future economic empowerment through state-and district-level action plans in 10 states (see Box 5 below). In **Bangladesh**, government child

¹⁰⁰ Aniah, P, ‘Endline evaluation report: Promoting Adolescents Safe Spaces Project, 2022.

¹⁰¹ Ghana Maturity Model Report V1; Annual Results Report 2021, Ghana.

¹⁰² Ethiopia and India cases studies: KII with staff, IPs and government representatives.

¹⁰³ GPECM Annual Report 2022.

marriage prevention committees were formed and supported at the national and subnational levels. These committees play a key role in preventing child marriage at the subnational level.

The GPECM strategy also included capacity-building (e.g., training of queen mothers on ending child marriage and sexual and gender-based violence in **Ghana**), advocacy workshops, engagement through existing religious and traditional platforms or networks (e.g., Inter-Religious Council of **Ethiopia**, Council of Traditional Leaders of Africa and Inter-Religious Council in **Uganda**, Association of Traditional Chiefs of **Niger**, National Traditional Counsellors Association in **Zambia**, African Council of Religious Leaders in **Ghana**, and the interfaith community associations in Rajasthan, **India**), and development of guidelines (e.g., preaching guidelines in **Burkina Faso**, and national training manual for traditional counsellors in **Zambia**), among other initiatives.¹⁰⁴ In **Mozambique**, the programme facilitated intergenerational dialogues including traditional and religious leaders as well as ‘matronas’ for initiation rites.

These engagements have produced tangible results. For example, traditional leaders in **Zambia** issued decrees in their chiefdoms banning child marriage and, in some cases, issuing sanctions to parents where children were married.¹⁰⁵ In **India**, increased engagement and mobilization of interfaith peers led to changes in the practices of religious leaders. As a result of GPECM efforts, interfaith community associations in Rajasthan have become active partners working to empower girls. Religious and community leaders across 16 districts of Rajasthan created district-level platforms for discussion on ending child marriage and creating an enabling environment for girls. In Odisha, IPs and an association of religious leaders presented child marriage-free temples, a growing initiative whereby religious leaders certify the ages of the couple before performing marriage rites and refuse to marry underage girls or boys.

Religious and traditional leaders were also successfully mobilized in **Ghana** to contribute reducing the rates of teenage pregnancies – a key driver of child marriage in the country.¹⁰⁶ In **Niger**, 772 traditional chiefs pledged not to marry girls under the age of 18 and to fight child marriage, as well as inviting other authorities to do the same. In addition, some imams included key messages around child marriage in their sermons.

Box 12: What works and how for engaging traditional and religious leaders in Niger

Context	Intervention	Mechanism	Outcome
In Niger, the prevalence of child rights violations such as child marriage is one of the highest in the world due to various factors such as poverty and	The community approach to child protection is a holistic approach based on a non-formal educational programme which aims to (i) strengthen the capacities of men, women, boys and girls as well as traditional	The platform for social dialogue enables the use of collective intelligence. Community members collectively agree on the problems and on the solutions, through consensus-building using community	In all villages, this process leads to a public declaration of the engagement to promote child rights and the wellbeing of adolescent girls and women.

¹⁰⁴ Ethiopia, Ghana, Uganda, Niger, Zambia, India and Burkina Faso case studies: Documents, KIs with staff, IPs, FGDs with community and religious leaders.

¹⁰⁵ United Nations Population Fund and United Nations Children’s Fund, ‘Country Profile 2021: UNICEF-UNFPA Global Programme to End Child Marriage, Zambia’, UNFPA and UNICEF, Lusaka, 2021.

¹⁰⁶ Annual results report 2022, Ghana.

traditional and religious beliefs.	and religious leaders on topics related to human rights and the effect of harmful practices on the health and wellbeing of women and girls, and ii) create a platform for social dialogue for the community to come up with its own solutions to the problem.	channels and platforms that are respected and accepted by the villagers.	
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Source: Evaluation team. This is a good practice identified through the use of a realist lens

Finding 11: Women- and youth-led organizations were mobilized by the GPECM, with positive results observed in their capacity for advocacy and influencing national policies. However, the volume of engagement with CSOs is still below GPECM targets, probably due to challenges related to the capacities of CSOs and, in some cases, the limitations in the civic space where some CSOs operate.

At global level, the GPECM partnered with international advocacy organizations and networks such as Girls not Brides and research organizations (e.g., the Overseas Development Institute’s GAGE project, the Population Council and the International Center for Research on Women, among others) to advocate for and generate evidence to further raise awareness and commitment from international, regional and country-level governments to end child marriage. This work included orientation for CSO coalitions in **Mozambique and Nigeria** on gender-transformative approaches, including through the application of the GTAT.

The programme has been increasingly engaging with and supporting women and youth-led organisations. Expanding partnerships with women’s rights and youth-led organizations has been a key priority under phase II. According to GPECM results monitoring indicators, out of 276 GPECM IPs in 2022, 145 were CSOs, of which 27 were youth-led, and 46 were women’s rights organizations. Even so, fewer than half of GPECM countries met or exceeded annual targets for this indicator.

Engaging with and supporting women’s rights CSOs has been highly effective in positively influencing their strategies. For example, the training provided to women-led, community-based organizations on how to work with adolescents on life skills and financial education in **Zambia**¹⁰⁷ resulted in them broadening their targeting for adolescent programming, lowering the minimum age from 15 to 10 years old. In **Bangladesh**, the GPECM supported the Girls Not Brides network nationally and built their capacity for advocacy. This resulted in extensive district-level advocacy and approval of evidence-based plans at district level to prevent child marriage by district child marriage prevention committees. In **India**, the partnership with the state-level DASHAM Alliance, a network of 120 NGOs, successfully influenced state policy around ending child marriage using a social accountability mechanism. The programme also partnered with feminist organizations such as ‘Breakthrough’ to develop gender-transformative resources. In **Sierra Leone**, UNFPA and UNICEF worked with the Forum Against Harmful Practices, a consortium of local CSOs¹⁰⁸ and community-based organizations

¹⁰⁷ 23 women-led organizations in 2020, 18 community-based organizations in 2021 and 2 CSOs in 2022.

¹⁰⁸ United Nations Population Fund and United Nations Children’s Fund, ‘UNFPA-UNICEF Global Programme to End Child Marriage Annual Results Report 2022: Sierra Leone’, UNFPA and UNICEF, 2022.

such as the Salone Adolescent Girl Network, which has over 150 organizations working for adolescent girls. It works by developing programmes that empower adolescent girls with health, social and cognitive assets with the aim of protecting their human rights and elevate their status in their communities, in particular by delaying age at marriage and childbearing. The network shares resources and evidence-based best practice and campaigns and catalyses collective voices with and on behalf of girls.

Youth-led organizations were provided with technical and financial support to engage youth in reporting and policy advocacy towards ending child marriage (**Ghana**, Curious Minds), provide training for adolescent girls (**Sierra Leone**, Kids Advocacy Network), organizing youth camps (**Uganda**, Youth and Adolescent Health Forum Uganda) and developing media campaigns on CSE (**Uganda**, Reach a Hand). Supporting youth-led organizations has built their capacity to engage girls.

In some countries (**Bangladesh and Nepal**) an assessment was undertaken of partner capacities. Elsewhere (e.g., **Sierra Leone**), IPs, government counterparts or other organizations were selected based on their strength, proven track record and comparative advantage or were selected based on their ability to build capacity of government and other implementers (**India**).

However, the GPECM faced challenges in some countries in expanding partnerships with CSOs, particularly those working on gender equality and women's rights, due restricted civic space. In some cases, administrative or financial measures effectively penalized CSOs working in these areas. In Uganda, for example, the ability of CSOs to advance the rights of women and girls is restricted by the Public Order Management Act, the amended NGO Act, the Anti-Terrorism Act and the Computer Misuse (Amendment) Act 2022. Other challenges relate to the capacities of these organizations. For example, the online capacity assessment of youth-led organizations in 14 countries, conducted by Y-ACT, a youth-led organization in East and Southern Africa that GPECM regional offices partnered with, showed that most organizations had prior experience executing social accountability actions related to ending child marriage, but lacked organizational and financial management structures to manage their activities effectively.¹⁰⁹ A recent global landscape assessment of CSOs that form part of the GPECM found that many of the organizations have, as a core part of their vision and mission, the advancement of the rights of women and girls through a gender-transformative lens. However, the assessment judged that only 20 per cent of CSOs demonstrated a gender-transformative approach in practice through actions that support equality, inclusion, and empowerment of girls and women. The assessment considered that many of these CSOs had the potential to become gender-transformative with the continued support of the GPECM.¹¹⁰

Finding 12: The GPECM has contributed to strengthening the capacity and reach of sectoral systems in countries to deliver gender-responsive education and adolescent health and child protection/gender-based violence services.

Gender-responsive education

The GPECM has increased the capacity of primary, secondary and non-formal schools to implement activities that promote and enable a gender-responsive educational environment. After a substantial decrease in 2021 (due to the pandemic), the number of schools supported, in particular at the primary level, increased threefold to 2,513 in 2022 (see Table 4).¹¹¹ Countries where particularly large numbers

¹⁰⁹ GPECM Annual Report 2022.

¹¹⁰ United Nations Population Fund and United Nations Children's Fund, 'UNFPA-UNICEF Global Programme to End Child Marriage: Assessment of feminist-focused CSOs under the Global Programme to End Child Marriage', UNFPA and UNICEF, New York, 2023.

¹¹¹ GPECM annual reports 2022, 2021, 2020.

of schools were supported included **Bangladesh, Burkina Faso, Ethiopia, Mozambique, Nepal and Uganda**.¹¹²

Table 4: Primary/secondary/non-formal schools in programme areas providing quality gender-responsive education.

	2020	2021	2022
Primary	732	197	1402
Secondary	349	460	930
Non-formal		208	181
Total	1,081	865	2,513

Source: GPECM annual reports 2022, 2021, 2020.

Capacity-building took various forms at country level. In **Zambia**, teachers were trained to understand gender roles and inequities, enabling them to speak more openly about these issues. Building capacity in subject content and gender-responsive teaching in **Ghana and Uganda** improved access to quality education for adolescent girls, provided a safe and supportive learning environment, and encouraged equal participation in schools through several interventions, including 'go-to-school, back-to-school and stay-in-school' campaigns that addressed barriers to education among adolescents. In **Bangladesh**, interventions included the training of teachers on key social and behaviour change issues including violence against children and child marriage. In **India**, 'meena manch and gargi manch' activities, facilitated by schoolteachers, contributed to creating an enabling school environment. In many Indian states, including Rajasthan, these were embedded into official systems and planning instruments (resource allocation and implementation), with technical support from UNICEF.

Health, child protection and gender-based violence

The GPECM strengthened the capacity of health and child protection service delivery points to provide adolescent-responsive services. The number of functioning service delivery points increased dramatically following the COVID-19 pandemic, from 995 in 2020 to 6,067 at the end of 2021, followed by an additional 29 per cent increase in 2022 (7,848 service delivery points). Over 80 per cent of these were child protection/gender-based violence service delivery points. The highest number of child protection points supported was in **Bangladesh**, while 80 per cent of the health service delivery points supported in 2021 and 2022 were in **Ghana and India**.

Table 5: Service delivery points providing quality adolescent responsive services (health, child protection/gender-based violence)

	2020	2021	2022
Health	481	1,188	1,385
Child protection/GBV	514	4,879	6,463
Total	995	6,067	7,848

Source: GPECM annual Reports 2022, 2021, 2020

¹¹² GPECM annual report 2022.

Capacity-building in the health sector improved capacities, skills and knowledge of staff and facilitated access to adolescent-responsive health services and information (including contraception, SRHR and psychosocial support). For example, support was provided for health management information systems in **Ethiopia, Ghana, India, Sierra Leone, Uganda and Zambia**. Specifically, health information officers, adolescent health focal persons and midwives were trained on the use of safety net electronic register (E-tracker) to improve adolescent health data collection and reporting. The health systems strengthening support in **Sierra Leone** contributed to adding 9,000–10,000 new contraceptive users each year since 2020. In **Zambia**, the two GPECM target districts have the highest geographical coverage of adolescent-friendly health services in the country. As a result of the GPECM-supported scale-up of health management information systems, data quality and reporting improved (completeness, accuracy and timeliness), and age- and sex-disaggregated data are available and used to obtain information on utilization of essential SRH services among adolescents and young people, as well as to inform programming.

The **Ghana** health service's adolescent health and development programme was supported to develop standards and guidelines for engaging young people in health services. The guidelines made provision for the minimum package of non-clinical services that could be rendered by young people to their peers, although the extent to which girls targeted by the programme received these services is less clear.¹¹³

In **India**, UNFPA in partnership with the Department of Women and Child Development in Rajasthan developed girl-friendly gram panchayats (GFGP) focused on the health, protection, education and dignity of adolescent girls, providing an enabling and supportive environment for socioeconomic development of girls and promoting their participation in decision-making. The GFGP model was initially piloted in one district, and its implementation contributed to strengthening community-based mechanisms to address discriminatory norms, gender-based violence and harmful practices, including child marriage. Informed by the success of the pilot, the Government of Rajasthan scaled up the GFGP model in all districts of Rajasthan.

In some countries, GPECM support to child protection and gender-based violence services has led to increased capacity, reach and in some cases the prevention of/annulment of child marriages. Systems strengthening was implemented through capacity-building, policy support, tools, strategy development, and establishment of community-based mechanisms for referral.

The GPECM trained staff working on case management and referral pathways (**Burkina Faso and Niger**), as well as police services and members of the judiciary to better deal with child protection and gender-based violence cases. In **Mozambique**, the programme substantially invested in development of an e-learning platform for the Ministry of Gender, Children and Social Action with a special focus on child marriage, which was used to train social workers nationally. In **Ghana**, the GPECM trained district social welfare and community development staff, social workers deployed in the police system, school teachers, probation officers and selected CSO social workers as well as social workers in licensed residential care facilities on the use of the Social Welfare Information Management System, a Primero-based digital case management information management system. This has helped the district to move away from paper-based reporting and improve data recording, tracking and disaggregation.¹¹⁴

Community-based case management mechanisms were established to deliver and monitor responsive and adolescent-friendly services (through referral, follow-up and reintegration of survivors). These mechanisms, such as community welfare assistance committees in **Zambia**, listening centres (to serve as a gateway for survivors) in **Niger**, or community child protection units in **Burkina Faso**, increased the number of reported and handled cases. Listening centres in Niger handled 15,120 cases, leading to the annulments of 717 child marriages, while community child protection monitoring units in Burkina

¹¹³ Annual results report 2022, Ghana.

¹¹⁴ Ibid.

handled hundreds of cases, resulting in around 600 child marriages being cancelled or postponed in 2022.

Policy work in **Niger** also led to the designation of communal and village committees as official child protection bodies.¹¹⁵ A strategy, along with legal and judicial assistance procedures, was also developed for reintegrating survivors in Niger, with the support of funds from the Spotlight initiative.¹¹⁶ In **Ethiopia**, 3,749 child marriages were identified, of which 55 per cent were cancelled in 2020; in 2021, 50 per cent of the identified 6,003 cases of child marriage were cancelled; and in 2022, 67 per cent of the 2,611 child marriage cases identified were cancelled.

Box 13: An integrated approach to social services, Ghana

The GPECM supported implementation of the integrated social services (ISS) approach in Ghana, which brings together child protection, social protection and health services to support vulnerable children and households, including adolescent girls. Implemented by seven ministries, departments, and agencies, ISS aims to strengthen service delivery and link service providers at a decentralized level across the sectors. As a result of this approach, all 261 districts have key child protection and social protection priority indicators and costed interventions that aim to improve gender-responsive services in their annual action plans, and their performance is measured against these indicators. ISS is now implemented in 160 districts, of which 35 are supported by the GPECM.

Key achievements include:

- 7,000 social service workforce trained across 160 districts on the Inter-sectoral Standard Operating Procedures for Child Protection and Family Welfare.
- 203,842 people, including 108,515 children (57,974 girls) benefited from tailored case management and multi-sectoral referrals.

Source: Ghana case study: KII with staff and IPs; annual results reports 2021 and 2022; (Draft) Ghana Maturity Model Report V1.

Finding 13. All GPECM programme countries adopted a gender-transformative approach to programming in phase II, with similar implementation approaches, components and strategies. However, roll-out has taken place to varying degrees, and the GTA is still relatively nascent in most countries. There is not yet a shared understanding of how to integrate a gender-transformative approach into programming at national and subnational levels. In addition, the ability of the programme to measure changes in social and gender norms, positive masculinities and girls' empowerment is still limited.

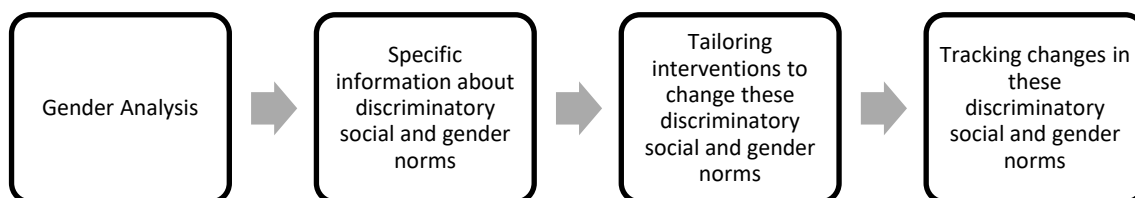
As discussed in section 9.2, programme design in phase II of the GPECM placed the rights and empowerment of girls at the centre of programming, aiming to address the root causes of gender inequality and to change discriminatory gender norms that underlie, perpetuate and tolerate the practice of child marriage. In practice, however, understanding and implementation of the GTA is still relatively nascent in most countries. In addition, continued support is needed at both national and subnational levels to strengthen gender-responsive monitoring of progress and changes in social and gender norms, including around positive masculinities and girls' empowerment.

¹¹⁵ Annual results reports 2022, 2023 Niger.

¹¹⁶ Annual results reports 2022, 2023 Niger.

According to the GPECM, “effective gender-transformative approaches are grounded in strong gender analysis and an understanding of local contexts,”¹¹⁷ as shown in Figure 10.

Figure 10: Understanding the local context using the information provided by a gender analysis



Source: Developed by the evaluation team.

In countries with a history of gender programming, such as **India**, phase II programme design was based on existing understanding of, and national evidence on, the drivers of child marriage. Other countries explored gender barriers experienced by adolescent girls through formative research (**Ethiopia**), a gender norms survey (**Zambia**), and, most recently, a commissioned gender analysis and a social and behaviour change (SBC) study (**Ghana**).

While not all programme countries used specific formative gender analysis as a standard starting point to inform the programme design and implementation, many made use of available national analyses or studies to apply the GTA (e.g., situation analyses, country programme evaluations, other specific thematic studies). In many countries, efforts to implement the GTA were understood as a form of rapid gender analysis, helping country offices to identify where their programmes fell along the gender equity continuum and where they needed to improve in order to make them more transformative.

At the global level, the programme devised five core strategies for implementing the GTA, and a gender-transformative approach accelerator toolkit was designed and rolled out in seven countries (**Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique and Niger**).¹¹⁸ In countries where the GTAT was rolled out, the process offered an opportunity for reflection and understanding among different stakeholders (governments, United Nations agencies and CSOs) around gender inequalities, gender norms and power dynamics, helped to identify their linkages with country-specific drivers, and allowed stakeholders to identify critical actions towards addressing the root causes of child marriage.¹¹⁹ As a result, GTA roadmaps were drafted in each country, with critical areas and priorities identified, timeframes provided, and responsibilities and focal points assigned. However, only some countries have systematically tracked and monitored compliance with these plans at national or subnational levels.

Based on the GTAT undertaken in the seven countries, the evaluation team reviewed the implementation of the five core strategies of the GTA and their contributions to transforming gender inequalities and harmful gender norms (see Table 6).

¹¹⁷ GPECM, “Technical note on gender-transformative approaches in the global program to end child marriage Phase II: a summary for practitioners”, (2020).

¹¹⁸ United Nations Population Fund and United Nations Children’s Fund, ‘Gender-Transformative Accelerator Tool: UNFPA-UNICEF Global Programme to End Child Marriage’, UNFPA and UNICEF, New York, 2022; KIIS with staff.

¹¹⁹ Ibid.

Table 6: Implementation of a gender-transformative approach

GTA strategies	core	GTA implementation	GTAT assessment
Placing girls at the centre of GPECM; building their skills and agency to make alternative life choices beyond child marriage.		All country strategies have focused on girls' needs and interests and worked to enhance their knowledge and decision-making about child marriage and SRH.	The majority of countries ranked their strategy as “gender-responsive” – except Niger , which assessed it as “gender-aware” and moving towards “gender-responsive”. This means that although the programme was designed to be gender-transformative, it is still moving towards challenging and changing traditional gender norms. In some countries, such as Ethiopia, Ghana and Mozambique , IPs reported that strategies have largely focused on shifting, for example, gendered roles in household chores, with male members of the family starting to assume some responsibilities. In other countries, such as India , there is documented progress in some states towards changing gender norms, although there are barriers to address regarding consent in matters of marriage and sexual autonomy for girls and boys and restrictions on girls' mobility. According to evidence from the document review, the GPECM has targeted girls through various activities and strategies, through which they are active and have become agents of change in the fight to end child marriage. However, to be gender-transformative, change must be sustained, scaled up and expanded at all levels of the socio-ecological model, and this takes time.
Engaging men and boys for ensuring gender equality.		All country strategies (except in Yemen) include increased efforts and investment to engage boys and men.	All countries classified this strategy as “gender-aware”, since the primary activity has been to raise awareness amongst men and boys about gender equality. There is still room for improvement in engaging men and boys as advocates and agents of change for gender equality. Based on evidence from desk reviews, the GTAT identified gaps in addressing the promotion of positive masculinities in Burkina Faso , for instance, or in men and boys becoming allies to challenge systematic power imbalances, male privilege and harmful and traditional gender norms in Bangladesh, Ethiopia and India . ¹²⁰ To address this, participants noted that it was essential to understand and identify the social dynamics and social norms, including traditional gender roles, of these specific contexts, as well as activities that require going beyond male engagement. The peer-to-peer approach (Sierra Leone) and the mentorship programme (Mozambique) were considered critical strategies to ensure the thoughtful engagement of men and boys, and to shift attitudes and behaviours towards achieving more significant gender equality and away from child marriage.

¹²⁰ GTAT reports from Burkina Faso, Bangladesh, Ethiopia and India, available via the following link: <https://www.unicef.org/documents/gender-transformative-accelerator-tool>

GTA core strategies	GTA implementation	GTAT assessment
Gender-responsive information and services, including education and SRHR.	All countries have worked on influencing sectorial policies, systems, and institutions to remove gender barriers.	The ranking of this strategy varied across countries. It was assessed as “gender-transformative” in Bangladesh , “gender-responsive” in Burkina Faso, Ethiopia and Ghana and “gender-aware” in India . The programme noted weaknesses in the capacities of service providers on issues around gender equality and GTA due to discriminatory values, beliefs, practices, stereotypes, and power dynamics amongst frontline workers (teachers, social and health workers, etc.).
Mobilizing communities, influencing systems and social networks through effective communication strategies.	All countries have implemented actions to transform how gender roles and child marriage are viewed by families and within broader society.	Most countries ranked as being between “gender-aware” and “gender-responsive”. Changing discriminatory social norms within communities also necessitates engagement of community stakeholders as agents of change or community advocates. During the GPECM phase II, there is a stronger emphasis to changing power dynamics and to go beyond connecting with parents and community stakeholders (including traditional power holders and religious leaders) and to engage them in the community gender norms change agenda.
Building strong institutional partnerships with government, civil society and the private sector.	All countries have formed solid partnerships with governments and CSOs and, to a lesser extent, with feminist organizations and the private sector.	Partnerships with governments were not assessed through GTAT. However, the programme in all the countries adopted multi- and multi-level (national and subnational) approaches to support governments in creating an enabling environment to prevent child marriage. Strong partnerships with CSOs were deployed in all countries. In this regard, the assessment carried out to map and evaluate the GTA among the CSOs involved in the programme is notable. Based on this report, “ <i>Over half the CSOs were gender-responsive or gender-transformative. ... Only 1 per cent of CSOs were ranked as gender-unequal and 10 per cent as gender-blind</i> ”. The report also recommends “ <i>further collaboration between the CSOs, with those ranking more highly giving guidance to those working their way towards transformative change</i> ”. Nevertheless, the assessment found few strategic alliances with women’s rights or feminist organizations or the private sector. ¹²¹

Source: Evaluation team, own elaboration

¹²¹ OQ Consulting and ALT Advisory, ‘Assessment of Feminist-Focused-CSO Under the Global Programme to End Child Marriage’, UNFPA and UNICEF, 2023.

There is consensus among GPECM countries that implementation of the GTA needs long-term focus, support and investment, and the GTAT can serve as an accelerator lever to address and transform the root causes of gender inequalities and gender-based discrimination. In **Nepal, Sierra Leone, Uganda, Yemen and Zambia**, where the GTAT has not yet been implemented, the GTA was used as a guide, and few core strategies were implemented.

Some GPECM countries faced challenges with GTA terminology, particularly related to explaining the GTA to local partners. For instance, in **Niger**, the language of positive masculinity was not well understood, and in **Sierra Leone**, there were misconceptions around CSE as mechanisms to gain acceptance for people with different sexual orientations. In **Ethiopia and Burkina Faso**, GTA terminology was misinterpreted and associated with LGBTQI+ rights issues, complicating the dialogue with national stakeholders. Likewise, in **Nepal**, implementation of GTA strategies was challenged by the understandings of gender more generally, and its adaptation to the local context.

Another challenge identified in all countries relates to the technical capacity to track changes in social and gender norms. Generally, weaknesses were identified in the programme's ability to monitor progress due to the absence of an accurate monitoring system capable of measuring changes in social and gender norms and the achievement of gender-transformative results.

Finding 14: Some GPECM countries have established linkages with social protection programmes and economic empowerment interventions to address poverty drivers of child marriage. However, these linkages are not systematic and do not cover all GPECM countries.

In some countries, the programme established formal and informal partnerships (with governments, the private sector and CSOs) in an effort to support adolescent-responsive social protection, poverty reduction and economic empowerment programmes. However, in the majority of countries, purposeful linkages to social protection and poverty alleviation interventions remained limited, despite the importance of economic insecurity as a driver of child marriage (particularly in polycrisis contexts), as recognized by the programme ToC. Overall, despite some excellent examples of leveraged partnerships with government-led programmes, the GPECM has yet to fully explore social protection or economic empowerment opportunities that could benefit girls and reduce poverty drivers of child marriage.

At country level, programming to respond to economic fragility and deprivation for at-risk girls and their families was considered by staff to be possible only through partnership with existing social protection programmes, given the cost and expertise required to implement such programmes at scale.

The GPECM established 455 partnerships to deliver adolescent-responsive social protection, poverty reduction and economic empowerment programmes and services, of which 402 were established in 2022 (see Table 7). In most cases, the GPECM established synergistic interventions to work with beneficiaries of social protection schemes based on the assumption that those targeted were also those most likely to be engaged in child marriage for economic reasons (as was documented in phase I).¹²² More than half of these partnerships were developed in **India** at the state level, where government financing was readily

¹²² Siddiqi, M. & Margaret E. Greene, 'Mapping the Field of Child Marriage: Evidence, gaps and future directions from a large-scale systematic scoping review, 2000–2019', *Journal of Adolescent Health*, vol. 70, issue 3, pp.S9–S16; Psaki, S. R. et al, 'What Are the Drivers of Child Marriage? A conceptual framework to guide policies and programs', *Journal of Adolescent Health*, vol. 69, issue 6, pp.S13–S22.

available for social protection schemes, in particular for girls. **Sierra Leone** and **Yemen** were the only programme countries with no partnerships reported during this phase, the fragility and complexity of these contexts restricting opportunities in this area.¹²³

Table 7: Partnerships established to deliver adolescent-responsive social protection, poverty reduction and economic empowerment programmes and services (cumulative figures)

	2020	2021	2022
Formal	39	45	339
Informal	9	8	116
Total	48	53	455

Source: GPECM annual reports 2022, 2021, 2020

Leveraging partnerships helps to increase the proportion of girls benefiting from social protection, poverty reduction and economic empowerment programmes. Of the six countries for which data were available in 2022, four exceeded their targets in this area.¹²⁵ In some countries (**Burkina Faso, Ethiopia, Ghana, India and Zambia**), the programme linked to existing government-led social protection activities, including income-generating activities and poverty reduction at a small scale.

Box 14: Funding of social cash transfers, Zambia

UNICEF has partnered with the World Bank in Zambia to leverage government social cash transfer and emergency cash transfer initiatives for the benefit of girls. Through the partnership, the Ministry of Community Development and Social Services included 31 complementary interventions towards delaying child marriage by meeting social welfare and protection needs, especially of the poorest adolescent girls and their families, reaching 118,000 households.

This partnership was expanded within the social protection sector, so that the World Bank now provides additional funding to support the social cash transfer programme, while UNICEF supported the social cash transfer management information system. Families targeted by the programme in need of further assistance are also referred to other programmes. For example, in 2022, 1,279 girls aged 10–19 years were identified through community case management outreach services as being at risk of child marriage and referred for educational support to access government bursaries, and their families linked to social cash transfers.

Source: Zambia case study

In other countries, the programme partnered to create access to economic opportunities for at-risk girls and their families. For example, in **Niger**, new partnerships with the private sector were created to make it easier for girls to take part in training and work placements, and in **Uganda**, social protection and economic empowerment activities were developed, mainly by BRAC and the ELA programme – although in both cases, data on the impact of these interventions were not available. In **Nepal**, the programme partnered

¹²³ Annual results reports 2020, 2021, 2022, Yemen and Sierra Leone.

¹²⁴ Outcome analysis data outcome indicator 2201: Proportion of girls (10–19) benefiting from social protection, poverty reduction and economic empowerment programmes.

¹²⁵ GPECM annual report 2022.

with the government-led Rupantaran programme to embed ending child marriage messages within its rights-based approach to economic empowerment of women and girls. Rupantaran focuses on poverty reduction specifically for marginalized women and their families by supporting women to organize themselves into farmers' groups and cooperatives, to learn new skills and to increase their productivity and earning opportunities. It also offers a life skills package that includes a dedicated module on micro-enterprise development training. After completing the module, the girls were further linked with women's cooperative and local government economic empowerment initiatives.

Finding 15: The GPECM supported governments to develop laws, policies, strategies and costed action plans to prevent child marriage. However, adoption of many of these has been slow, and dedicated allocation and disbursement of funds against costed action plans by governments remain limited. In addition, in some countries, the enforcement of legislation that limits the age of marriage may have unintended effects that further increase the vulnerability of adolescent girls and their families.

GPECM partnerships and advocacy were instrumental in catalysing renewed commitments at global, regional and country levels around child marriage, as detailed under Finding 5. Furthermore, the programme supported the capacity of governments to take action on these commitments by developing national strategies and budgeted action plans. This was complemented by GPECM advocacy for the allocation of financial resources to ensure policies were implemented at national and subnational levels. In addition, UNICEF supported stakeholders at country level to elaborate a draft 'maturity framework for harmful practices', with associated benchmarks, as an assessment tool allowing governments to review their national policies and identify priority actions to towards meeting their SDG targets on ending harmful practices.

In 2022, 94 policies or legal instruments addressing child marriage were drafted, proposed or adopted at national and subnational level with programme support, just short of the target of 99 policies and legal instruments. In 2022, nine countries saw laws on child marriage adopted (ranging from 31 in **India** to five in **Zambia**). Programme support to countries included providing financial and technical assistance and coordination to ministries for the development, adoption and revision of legal instruments, as well costing of plans. Strategies developed included the (costed) National Strategy to End Child Marriage and Teenage Pregnancy, 2014–2020 and 2022–2027 (**Uganda**); the National Strategic Framework on Ending Child Marriage, 2017–2026 with associated operational, monitoring and evaluation plans (costed only for the year 2017–2018, **Ghana**); the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage, 2018–2022 and the Child Rights Bill and Social Work Bill (**Sierra Leone**); the National Strategy for the Abandonment of Child Marriage, 2016–2025 and its three-year action plan (**Burkina Faso**); and the National Costed Roadmap to End Child Marriage and FGM/C 2020–2024 (**Ethiopia**).

In India, the programme provided technical support to develop policies and guidelines integrating gender-transformative elements such as the engagement with men and boys and CSE. In **Mozambique**, the programme supported the National Strategy to End Child Marriage, 2016–2019, and the Law to End Child Marriage (2019). In **Zambia**, support was provided for the development of the Children's Code Act (2022) and a new gender policy that includes strategies to address child marriage, while a national adolescent health strategy also includes adolescent access to SRH services and information. The programme in Zambia also contributed to the production of a budget brief to support the allocation of funding to child protection and welfare programmes, demonstrating policy influence. Substantial support was provided to the government in **Burkina Faso** to finalize the national child safeguarding framework and the national child participation framework, as well as the statutory case management handbook to the Children's Code,

which includes guidance notes on addressing cases of violence against children and gender-based violence. The programme also influenced the revision of the *Code des Personnes et de la Famille* through organizing consultative meetings and a petition to accelerate the process.

Apart from Yemen, all GPECM countries have secured costed plans to end child marriage, and eight of them allocated resources for implementation.¹²⁶ However, despite costed action plans, funds were not always disbursed as budgeted.

Table 8: Number of policies and legal instruments addressing child marriage in 2020, 2021 and 2022.

	2020	2021	2022
Policies or instruments drafted, proposed, or adopted	9	63	44
			(28 adopted)

Source: GPECM annual reports 2020, 2021, 2022.

At subnational level, plans to address child marriage were developed (costed and financed) in eight programme countries, although the majority (75 per cent) of these were in three countries (**Burkina Faso** [45], **Uganda** [35] and **Ghana** [15]).¹²⁷ The programme also supported the development of costed subnational action plans at state level in **India** (38 in 2022) and **Uganda**, which were approved by district councils.¹²⁸

Table 9: Subnational action plans (costed; costed and financed)

	2021	2022
Costed	2	9
Costed and financed	124	134
Total	126	143

Source: GPECM annual reports 2021, 2022.

Despite this progress in establishing favourable legal and policy environments on the minimum age of marriage, implementation of these laws is often impeded by customary law or poor enforcement. In addition, in some cases, there are unintended negative effects of narrowly guided implementation of laws. These challenges have been recognized by the programme in a technical note but are complex to address in practice in some countries.¹²⁹

Generally, there is consensus that setting normative standards around a legal minimum age is a crucial first step to ending child marriage. However, application of the law is critical. In addition, adequate consideration is not always given to the diverse effects that implementation may create. In **Ethiopia**, the national costed roadmap to end child marriage and FGM/C sets 18 as the legal minimum age for marriage,

¹²⁶ GPECM annual report 2022.

¹²⁷ GPECM annual reports 2020, 2021, 2022.

¹²⁸ GPECM annual report 2022.

¹²⁹ United Nations Population Fund and United Nations Children's Fund, 'Child Marriage and the Law: Technical note for the Global Programme to End Child Marriage', UNFPA and UNICEF, New York, 2020.

and the programme worked with religious leaders and a coalition of partners to socialize the law. However, some states actively resist adoption of the law – in part due to the child marriage provisions, but with wider-ranging repercussions given the breadth of the law. Implementation in **Mozambique** is also challenging. Judicial monitors are posted at community level to facilitate reporting on cases of gender-based violence as well as on plans to marry girls. However, given the harsh criminal punishment associated with gender-based violence, and potentially equally punitive measures for child marriage, communities rarely report for fear of being abandoned or left impoverished when family members are reported.

In some countries, there is resistance to harmonizing legislation with customary law. In **Uganda**, the Customary Marriage (Registration) Act sets 16 as the age of consent for marriage, while the Marriage Act sets the age at 21 years. Meanwhile, in Section 2 of the Children’s (Amended) Act of Uganda, child marriage is defined as any union, whether formal or informal, involving any person below the age of 18 years. In **Niger**, the legal age in the civil code is 15 for girls, compared to 18 for boys. The penal code is in the process of being revised, but this is not progressing due to customary and family laws governed by traditional and religious leaders at community level, which are not yet supportive of ending the practice.

In **Burkina Faso**, the *Code des Personnes et de la Famille* stipulated that marriage may only be contracted between a man over the age of 20 and a woman over the age of 17, unless the age requirement is waived on serious grounds by the civil court. Through continued programme advocacy, the code was revised to raise the legal age to 18. However, advocacy is required to ensure the new code’s adoption by the national assembly.

Finding 16: The programme continued to generate, accumulate and disseminate evidence on what works to end child marriage and used it to inform advocacy and programme direction. Global and regional partnerships and technical capacities supported countries to generate and use higher quality evidence. However, evidence gaps still exist to know what works at community and intervention level.

Recognizing the need to advance the research agenda in line with recommendations from the phase I evaluation, the programme successfully partnered with global and regional initiatives to generate evidence. These partnerships provided structured support and coordination for generating, synthesizing and utilizing high quality evidence. They also served as a dedicated resource for developing country-level capacities for generating high quality evidence and learning. For example, the Strategic Technical Assistance for Research (STAR) Initiative, a partnership between the GPECM, the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation, and the UNICEF Office of Research – Innocenti, aims to provide high quality research and analytical support to UNFPA and UNICEF country and regional offices, as well as leading evidence synthesis to identify and address priority evidence gaps and promote the use of evidence by policymakers, practitioners and researchers.¹³⁰ STAR plans to undertake evidence mapping across the programme countries to identify gaps for further research as well as to align with research at global and regional levels.¹³¹ As part of its role on evidence synthesis and knowledge management, STAR is developing an evidence portal to enable easy access to evidence. It has recently undertaken a systematic review of interventions for married girls, which will be part of this portal. The role of the STAR initiative is

¹³⁰ Global and regional case study: Documents, KIIs with IPs; UNICEF Office of Research - Innocenti, ‘Harmful Practices: The Strategic Technical Assistance for Research (STAR) Initiative to end harmful practices’, UNICEF Innocenti, Florence, <<https://www.unicef-irc.org/research/harmful-practices/>>, accessed 2 September 2023; GPECM annual report 2022.

¹³¹ KII with staff; GPECM annual report 2022.

well recognized for its quality support across programme regions, and country offices often refer to it for research support.¹³²

For example, STAR guided technical support sessions on conducting gender norms assessments of child marriage and adolescent pregnancy programmes for the **Zambia** Institute for Policy Analysis and Research. The support focused on designing questionnaires, methodology, protocols and analysis as well as interpretation of findings.¹³³ STAR also supported a baseline survey (in 2022) on current gender norms in **Eastern and Southern Africa** and their impact on child marriage as part of the UNICEF gender norms research strategy, with technical support from the UNICEF Eastern and Southern Africa Regional Office (ESARO). This will be the baseline for the social and behaviour change component of the programme and the gender-transformative approach across all programme strategies.¹³⁴ **Ethiopia** also received technical support on social and behaviour change baseline-midline survey, which is currently being finalized. In addition, a Kobo tool was developed in Zambia to support data entry and input and enable districts to use data for decision-making to improve the quality of interventions.¹³⁵

The Child Marriage Research to Action Network is another partnership between the GPECM and Girls Not Brides that supports coordination of global child marriage research. With a network of 500 individuals globally, CRANK brings together the research community via regular meetings to discuss priority research themes while avoiding duplication across researchers. For example, in June 2023, it held its second research meeting on child marriage in conflict- and crisis-affected settings, called “Learning from the Latest Evidence”.¹³⁶ At the global level, it facilitated coordination and dissemination of research.

GPECM headquarters and regional offices also played pivotal roles in evidence dissemination and use. GPECM evidence-informed advocacy efforts have helped ensure child marriage remains on the global agenda, and collaborations with organizations such as the Spotlight Initiative and Girls Not Brides resulted in the establishment of research networks and partnerships.

¹³² Ibid.

¹³³ GPECM annual report 2022.

¹³⁴ Annual results report 2022, Zambia; Zambia country profile 2021.

¹³⁵ Annual results report 2022, Zambia.

¹³⁶ GPECM annual report 2022; Girls Not Brides, ‘CRANK Research Meeting: Child marriage in conflict- and crisis-affected settings – Learning from the latest evidence’, <<https://www.girlsnotbrides.org/learning-resources/child-marriage-research-action-network/crank-quarterly-research-meetings/child-marriage-conflict-crisis-settings/>>, accessed 16 November 2023.

Table 10. GPECM phase II key evidence activities and tools at headquarters and regional levels

Activity	Level	Description	GPECM ToC	Observations
Child Marriage Monitoring Mechanism (CMMM)	Headquarters (GPSU)	The CMMM is a multi-stakeholder initiative that strives to promote data use in the effort to eliminate child marriage. It seeks to put forth evidence to hold stakeholders accountable and to support national and global convening to renew commitments. The monitoring mechanism will provide easy access to relevant statistical information across several indicators related to child marriage and contribute to meeting the demand for informed policy and programmatic action. It will provide accessible visualization of complex data so that they can be readily understood by policymakers, advocates, civil society organizations and programme professionals.	Outcome 3: data, learning	Ongoing activities. Website in production
Strategic Technical Assistance for Research to end harmful practices	Headquarters (Office of Research)	This joint initiative between the GPECM and the joint programme to eliminate FGM provides technical support to country and regional offices regarding evidence synthesis, evidence generation, research dissemination and uptake. With this initiative, the UNICEF Office of Research - Innocenti, in partnership with research firms, provides oversight, guidance and direction on research, including design, data collection and analysis, and dissemination.	Outcome 3. Quality evidence at country level	It is integrated with the GPECM (and the FGM joint programme) and it is relevant to country offices
Child Marriage Research to Action Network	Headquarters (GPSU)	In 2021, the CRANK partnership between Girls Not Brides, the World Health Organization and the GPECM (UNFPA and UNICEF) started with the aim of responding to the need for improved coordination for a harmonized research agenda on child marriage, by ensuring that evidence generated is not duplicating existing/ongoing evidence, that it responds to prioritized needs and that it is made available to the right people at the right time.	Outcome 3. Partnerships, research agenda	This initiative taps into relevant knowledge gaps and the need to efficiently coordinate production and use of evidence across global actors. It is too early to report on any effects of the activities conducted by the network.
Impact Feasibility Assessment	Headquarters (Evaluation Offices)	The impact feasibility assessment of the GPECM was conducted in 2022 and early 2023. Led by the Evaluation Office of UNICEF, it provides an expert, independent assessment of the opportunity to design and conduct rigorous independent impact evaluations on potentially scalable interventions within the GPECM. After assessing all the ongoing and in-pipeline GPECM interventions, four interventions were identified as the most suitable for evaluation	Outcome 3: What works at country level	The impact feasibility assessment helped to generate further interest in conducting rigorous evidence using impact evaluations. It also eventually led to the UNICEF Evaluation Office dedicating the first call of the Impact Catalyst Fund (2023) to finance impact evaluations of interventions to eliminate

		of impact, in Bangladesh, Ghana, Niger and Zambia. The recommendations are included in a final report that reviews the conditions required to enable the proposed evaluation designs to come to fruition.		child marriage and change social norms. Fifteen countries applied for this ICF round (including several non-GPECM countries) of which six were selected to receive financial and technical support to conduct impact evaluations.
Strengthening monitoring and reporting data systems in the Global Programme to End Child Marriage	Headquarters (GPSU)	This exercise, conducted in 2022 and early 2023, aimed to strengthen GPECM data and reporting systems and to pave the way for strengthening existing administrative data systems for health, education, social welfare, justice and child protection sectors relevant to child marriage. The exercise resulted in an assessment report on the monitoring and reporting systems across the GPECM.	Outcome 3. Data	This an exercise in line with the recommendations from the evaluability assessment, the evaluation of the GPECM phase I, and the COVID-19 adjustment assessment. It is not yet clear how the results of the report will be used, or how they will help to build the capacity of implementing partners and staff.
Strategy notes on ending child marriage	Regional (ESARO and WCARO)	This activity was conducted through 2022 and 2023. It involves elaborating detailed strategy notes on ending child marriage in six countries in ESAR (Uganda, Malawi, Mozambique, Zimbabwe, Ethiopia, Zambia) and seven countries in WCAR (Benin, Burkina Faso, Ghana, Guinea, Mali, Niger, Sierra Leone). Each note will be based on an analysis of qualitative and quantitative evidence from a broad range of recent research, evaluations, programme documents and policy studies.	Outcome 1: Accelerate elimination of child marriage	At the time of the evaluation, strategy notes had been produced for two countries: Burkina Faso and Sierra Leone. If these strategy notes are used to inform programme planning and implementation, they may prove to be critical inputs towards accelerating the elimination of child marriage.
Virtual learning platform	Regional (ESARO and WCARO)	This activity is expected to be completed in 2023. It consists of the development and organization of a virtual learning platform to promote South-South learning and evidence-sharing among people and institutions involved in efforts to end child marriage in West, Central, Eastern and Southern Africa. This targets GPECM implementing countries and countries in the EU Spotlight Initiative.	Outcome 3. Learning	This activity is a response to needs and gaps identified in relation to disseminating knowledge and building capacities among GPECM staff. It is not yet clear what impact it will have once fully deployed, though it will be relevant to non-GPECM countries.
Assessment of feminist-focused CSOs under the GPECM	Headquarters (GPSU)	In 2023, the GPECM conducted an assessment of women- and youth-led CSOs that the GPECM countries partnered with (157 organizations), with the aim of identifying capacity-building needs to enable them to challenge the causes of gender inequality and promote gender transformation at all levels. The assessment considered structure, work, operations and strategies in order to determine areas for further institutional strengthening and to identify and amplify the work of those demonstrating – or with the potential to demonstrate – GTA in their work.	Outcomes 1 and 3. Partnerships	This is a step in the right direction to expand and strengthen the GTA within the global programme. It is however not yet clear how the assessments will allow UNICEF and UNFPA to identify and utilize opportunities to further the gender-transformative approach at country level through CSOs.

In addition to the above, the programme partnered with the Spotlight Initiative to support two evidence reviews at regional level: one analysing the impact of empowerment and livelihood for adolescents clubs (in partnership with BRAC) and another looking at evidence on boyhood and child marriage (in partnership with Equimundo).¹³⁷ In addition, Child Frontiers developed a methodology for analysing country situations and identifying the highest impact interventions for ending child marriage.¹³⁸

It is important to note that most of these initiatives and products were initiated in 2023, which makes it difficult to assess their effectiveness at this stage. Therefore, it will be necessary to closely follow their progress and build upon them in phase III.

The programme has also increasingly supported South-to-South cooperation and cross-learning. For example, in 2022 the programme supported 28 South-South cooperation initiatives, compared to 12 in 2021 and seven in 2020. Country-level examples demonstrate sharing of experiences across countries using learning sessions, webinars, etc., which have led to adaptations in programming for child marriage. For example, in **Sierra Leone**, the programme facilitated a learning exchange with **Ghana** to learn from their experience of implementing CSE in schools and how to counter backlash against CSE. This led to a revision of the strategies for implementing CSE in Sierra Leone, including tailoring the approach for different stakeholders, increasing community engagement, and addressing specific issues while promoting a positive perspective on CSE.

At country level, the programme produced 63 evidence products in 2022, a substantial increase from 21 in 2021. India accounted for 20 of these, and Bangladesh for 11. The evidence generated from these products informed policy decisions, programme design and advocacy. For example, the mid-term evaluation of the National Strategy to End Child Marriage and Teenage Pregnancy in **Uganda**¹³⁹ provided evidence on the trends and emerging issues. Findings from the evaluation informed advocacy papers, which led to the inclusion of child marriage as one of the outputs under 'human capital development' in the National Development Plan III. In **Mozambique**, the programme funded an evaluation of the National Strategy to End Child Marriage, 2016–2019, with the recommendations being used to inform the drafting of the National Action Plan for Children III (which includes child marriage).¹⁴⁰ A regional study in South Asia focusing on child marriage in humanitarian settings analysed the ramifications of child marriage within conflict-affected Rohingya refugee populations and earthquake-affected communities in Nepal; the findings were instrumental in shaping policy and programme interventions in both **Bangladesh and Nepal**. Joint monitoring visits in **Ghana**, conducted in 2022, identified several challenges faced by adolescent girls affected by the Sahel crisis; evidence from these visits informed scale-up of the PASS programme in 2023. The government of **Niger** leverages the data and results from the programme to evaluate its national strategic plan.¹⁴¹

¹³⁷ GPECM annual report 2022.

¹³⁸ Ibid, p.88.

¹³⁹ United Nations Population Fund, United Nations Children's Fund, and Ministry of Gender, Labour and Social Development, 'Mid-term Evaluation of the National Strategy to End Child Marriage and Teenage Pregnancy in Uganda', UNICEF and UNFPA, New York, 2021.

¹⁴⁰ UNICEF-UNFPA Global Programme to End Child Marriage, Mozambique: Country profile 2020, 2021, <<https://www.unicef.org/media/111386/file/Child-marriage-country-profile-Mozambique-2021.pdf>>, accessed 13 September 2023.

¹⁴¹ Niger- Profil de Pays 2021 : Programme Mondial UNFPA-UNICEF visant a mettre fin au mariage d'enfants.

In addition, substantial research was conducted at country level into the effects of the COVID-19 pandemic. For example, in **Ghana and Uganda**, studies analysing the effects of the pandemic on child marriage, FGM/C and teenage pregnancy aimed to deepen understanding and inform strategic programme direction, planning and implementation.¹⁴² In **Niger**, UNICEF supported the government's Public Policy Analysis and Programme Evaluation Unit to conduct a study aimed at understanding perceptions and aspirations regarding distance education and the integration of innovations into the education system. This study reinforced existing research on social demand for education (carried out in 2020), the results of which informed the national education policy.¹⁴³

The programme made efforts to share evidence and knowledge – at country, regional and global levels – through a variety of means including e-bulletins, research digests, knowledge platforms and webinars, contributing to advocacy at regional and country levels. For example, the findings from the analysis of the National Family and Health Survey (NFHS-5) in **India** were disseminated at the national and state levels and supported advocacy efforts. In **Mozambique**, the programme employed technical webinars and meetings with national youth partners to disseminate evidence and contribute to knowledge-sharing and advocacy. In **Bangladesh**, data briefs on ending child marriage were shared using insights from the Multiple Indicator Cluster Surveys (MICS) conducted in 2019 and the regional study on child marriage in humanitarian settings.

Overall, whilst the above examples demonstrate substantial progress in terms of evidence generation, research conducted at global or national level does not always provide information on important contextual nuances at subnational level. Thematic gaps also exist. For example, there is limited research into francophone countries, on humanitarian contexts, and on the impact of climate change on child marriage, as well as research that provides insights into what works in systems strengthening and to change harmful gender norms at the institutional level, especially within government institutions. Some of these gaps have been noted by the programme; for example, the STAR initiative is planning to conduct research into some of these areas.¹⁴⁴

¹⁴² Annual results report 2021, Ghana; Child Frontiers, 'Impact of COVID-19 on Child Marriage and FGM in Uganda', UNICEF, New York, 2022.

¹⁴³ Annual results report 2022, Niger.

¹⁴⁴ GPECM annual report 2022; KII with staff.

Efficiency

To what extent has the programme been efficiently managed and governed, making good use of human and financial resources in pursuing the achievement of results?

Finding 16: Well-functioning formal and informal coordination mechanisms exist at global, regional and country levels between UNFPA and UNICEF, and the value of this partnership and cooperation was appreciated by governments and implementing partners. However, there are coordination challenges in some countries, particularly at subnational level.

The partnership, cooperation and joint work between UNFPA and UNICEF is appreciated by government agencies across programme countries, and IPs widely acknowledge the collaborative nature of the programme, firmly believing in its ability to attract attention to the issue of child marriage. Collaboration between the two agencies has led to harmonized approaches, contributing to awareness-raising and advocacy efforts, and technical support provided by both agencies is highly regarded by governments and IPs.

Collaborative efforts were evident through joint programming, monitoring and evaluation (M&E), assessments and research. This has led to gradual programme expansion, particularly across common geographical working areas. There are examples of both agencies being actively engaged in national and local coordination platforms such as clusters and child protection working groups in most GPECM countries. In Nepal, an inter-agency coordination mechanism serves as a platform for programmatic updates and opportunities to foster a cohesive approach to ending child marriage and other harmful practices, as well as adolescents' issues. In Niger, the Platform to End Child Marriage brings together civil society, United Nations agencies and donors to promote girls' rights; the platform meets monthly to discuss ongoing interventions. The platform is replicated at regional level in five regions.

For some activities and countries, roles were clearly defined based on each agency's comparative advantage. For example, in **Zambia**, a fully integrated joint programming approach was established in the six districts selected for implementation,¹⁴⁵ with clear roles and well-defined activities. In areas where only UNICEF was present in the first year, UNFPA-led interventions were subsequently included, thus ensuring presence of both agencies in all six target districts. UNICEF takes a more prominent role in coordinating with the Ministry of Community Development and Social Services (the lead ministry on community-level interventions) while UNFPA has a more prominent role with the ministries of health and gender division, demonstrating complimentary.

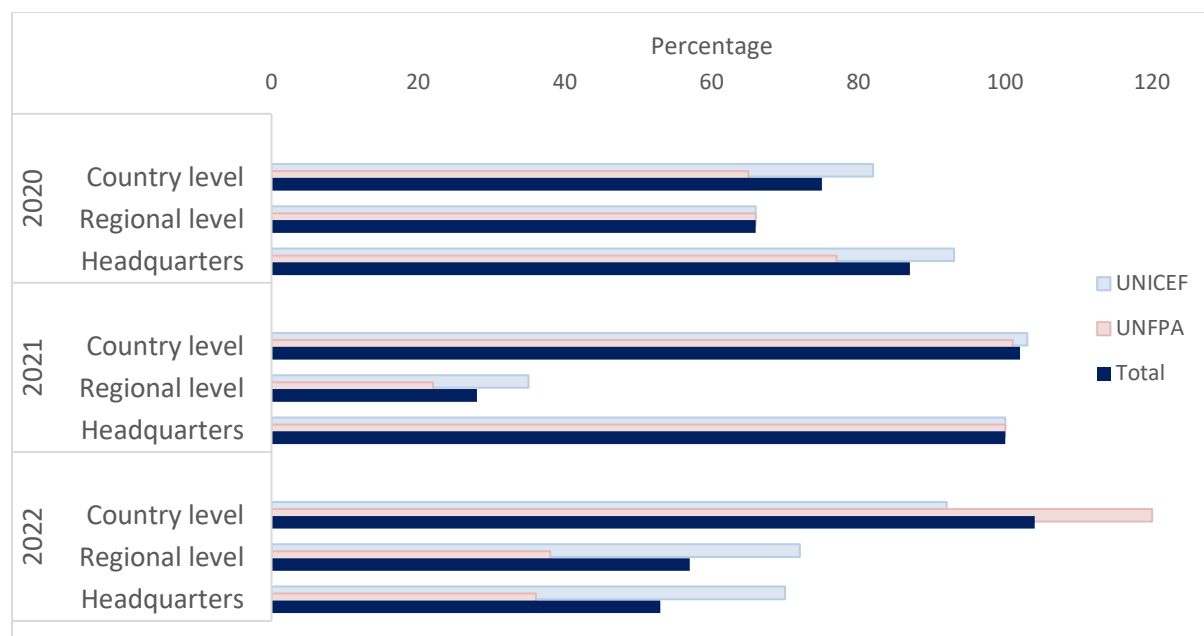
Elsewhere, coordination around the child marriage agenda at subnational level is more fragmented, despite recent improvements. For example, in **Bangladesh and Mozambique**, parallel coordination mechanisms for issues such as gender-based violence, sexual and reproductive health and rights, HIV/AIDS, and child protection challenge engagement around inclusion of interventions for ending child marriage. In some countries (e.g., **Bangladesh and Nepal**), IPs/government key informants did not observe significant joint actions between UNICEF and UNFPA, were only aware of the role of the agency that funds them, and/or perceived each agency's programme as independent. In some cases, pre-programme or historical implementation activities may have created alternative priorities and programming styles that were not as holistic as the programme ToC envisions (see Findings 1 and 2).

¹⁴⁵ Additional districts were added under phase II where only UNICEF is present.

Finding 17: Utilization rates suggest that the GPECM made efficient use of its financial resources. However, the programme was affected by the COVID-19 pandemic, which led to disruption of activities and reallocation of funds. In terms of human resources, the programme faced staff shortages in some countries and regions. Leveraging existing staff to deliver the programme increased efficiency; however, it also increased staff workloads, which may affect programme implementation. Overall, the evaluation found that available human and financial resources were not always commensurate with the ambition of the programme.

Overall, the programme achieved globally high budget utilization rates. For example, in 2022, 89 per cent of the funds were utilized to implement the planned activities.¹⁴⁶ The overall budget utilization rates in 2022 across programme countries exceeded the 95 per cent benchmark. However, spending was adjusted in response to the COVID-19 pandemic in 2020, and there was a reduction in funds for the programme in 2022 and 2023, resulting in reduced activities and coverage (see below). In addition, utilization was generally low at the regional level, possibly due to lower implementation capacity (lack of staff); this may require a rethink of the role of regional offices. It is important to note that expenditures across regional offices, as well as the reasons for low expenditure levels, varied.

Figure 11: Fund utilization



Source: GPECM annual reports 2020, 2021, 2022.

The timeliness and predictability of funds has been a challenge for the GPECM (although there have been some recent improvements in this area). For example, in **Niger** in 2021, UNFPA and UNICEF had to mobilize internal funding to achieve planned outputs, as they only received 50 per cent of the planned budget. In **Bangladesh**, the lack of funding in 2022 hindered the programme's ability to cover all of the country's most vulnerable districts. **Zambia** also encountered shortages in funding, affecting the programme's ability to achieve planned outputs.

¹⁴⁶ GPECM annual report 2022.

In some cases, funding shortages have resulted from delays in disbursements from headquarters (HQ) level. At the beginning of each year, HQ transfers a portion of the annual budget, and the remaining amount is not transferred until the first portion has been utilized. In some cases, this might mean the second portion is received later than anticipated, even though there is no connection between low spending of the first portion and the capacity to spend the second portion (since, for example, different tranches of funding may go through different implementing partners, and therefore delays in implementation under the first tranche should not necessarily imply delays in the second).

In other cases, delays originate at country level. Complex disbursement mechanisms, and delays in disbursement of funds to IPs have affected timely implementation in some countries (e.g., **Burkina Faso, Ethiopia, India, Mozambique, Niger and Sierra Leone**). In **Niger**, some partners reported to typically receive funds three to six months after the start of the year.

Positive examples of efficiencies at country level were also identified. For example, in **Ethiopia**, competitive procurement processes were applied for 98 per cent of UNICEF service contracts in 2022, and long-term agreements have been established more frequently, leading to substantial savings. Collaboration with government entities, religious groups and the Population Media Centre in Ethiopia has also led to efficiency gains. In **Zambia**, working through district-level entities and coordinating with health and social welfare services led to cost-savings, whereby funds were directly allocated to implementing districts via a unified system, replacing segmented sectoral transfers. In **Nepal**, UNFPA and UNICEF collaborated with other organizations and all levels of government to assist them in addressing child marriage, saving time and money. In **Uganda**, strategic collaboration with private transport companies enabled distribution of supplies to young urban people during the COVID-19 crisis. In **Sierra Leone**, there was collaboration across agencies and cost-sharing for events.

The largest share of available funds, around 82 per cent, was allocated to country offices, followed by headquarters (11 per cent) and regional offices (7 per cent), 147 a high proportion of which was for staffing, especially at country and HQ levels.148

Table 11: GPECM expenditures on human resources, phase I and phase II

	GPECM Phase I				GPECM Phase II	
	2016	2017	2018	2019	2021	2022
Percentage expenditure on human resources (over programmable expenditure)	16.5%	18.2%	4.3%	24.8%	16.0%	14.0%
Absolute figure on expenditure on human resources	\$1.3M	\$4.0M	\$0,7M	\$5.1M	\$3.2M	\$3.2M

Source: GPECM annual reports 2021, 2022, GPECM phase I report.

As seen in Table 11, the percentage of programme funds spent on human resources has remained relatively consistent over the two phases of the programme. The average percentage of annual expenditure

¹⁴⁷ GPECM annual report 2022.

¹⁴⁸ GPECM annual reports 2020, 2021, 2022.

across phase I (2016–2019) was 15.9 per cent, while the average for phase II was 15 per cent.¹⁴⁹ The annual expenditure across phase II averaged \$ 3.2 millions, compared to \$2.7 million in phase I.¹⁵⁰

The programme allocates globally 60 per cent of the funding to UNICEF and 40 per cent to UNFPA. The programme planned to have 16 staff at regional level and 136 at country level, although it is not clear how many were actually in place. However, the majority of these were not full time (see Table 12 and Table 13). In UNFPA, the number of staff is smaller at both country and regional levels, with no staff in West and Central Africa Regional Office (WCARO) during certain times due to staff turnover.¹⁵¹ In addition to programme staff, the GPECM has to some extent optimized the human resources available from both agencies by establishing partnerships, fostering collaborative efforts internally, and facilitating capacity development to enhance the programme’s overall benefits. Even so, overall, the evaluation found that human resources made available to the programme were not always commensurate with the results it sought to achieve.

Table 12: Number of staff dedicated to child marriage programme per region and country (average 2022-2023)

	Regions	Countries
UNICEF	10	88
UNFPA	6	59

Source: Analysis of programme staffing data (indicative, from mid-phase planning documentation), includes staff funded and not funded by the GPECM.

Table 13: Number of staff and percentage of time committed to work on child marriage at country level

Percentage of time committed to child marriage	2022			2023		
	Over 50%	50%	Under 50%	Over 50%	50%	Under 50%
UNICEF	36	15	38	34	14	39
UNFPA	19	11	29	18	11	30

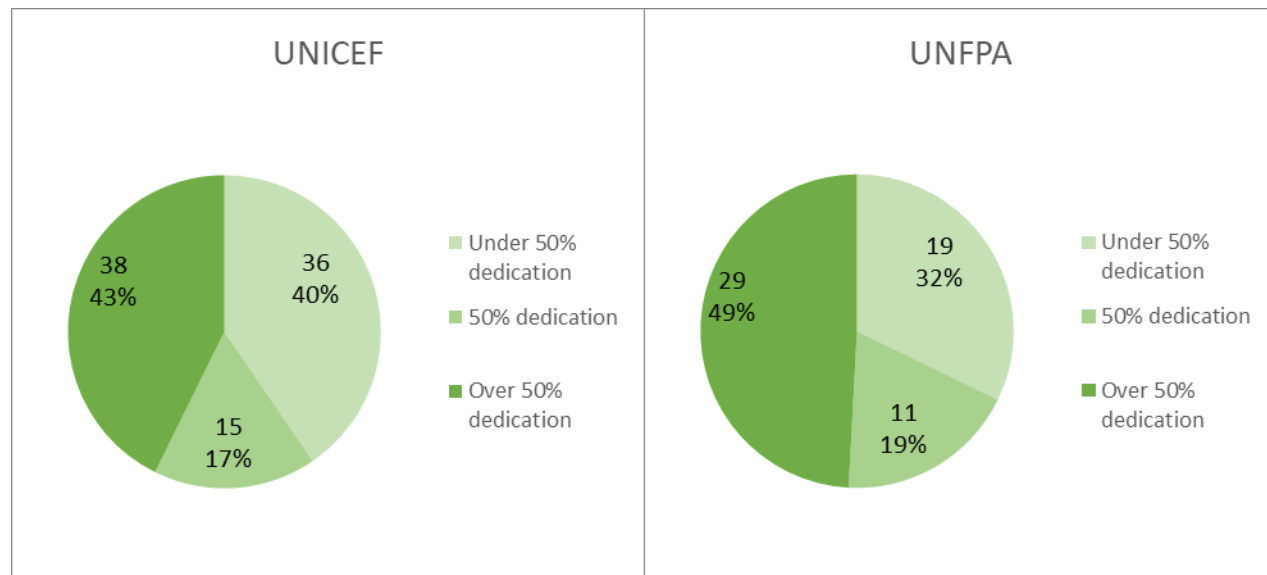
Source: Analysis of programme staffing data (indicative, from mid-phase planning documentation), includes staff funded and not funded by the GPECM.

¹⁴⁹ Available years 2021–2023, excluding 2020 due to the impact of COVID-19.

¹⁵⁰ Evaluation analysis based on GPECM annual reports 2021, 2022; GPECM phase I report.

¹⁵¹ Analysis of GPECM human resource data (planned).

Figure 12: Allocation of time working on child marriage at country level



Source: Analysis of programme staffing data (indicative, from mid-phase planning documentation), includes staff funded and not funded by the GPECM.

In terms of staff profiles at country level, they are highly dominated by child protection. Only eight programme countries have personnel with gender expertise (**Bangladesh, Ethiopia, Ghana, India, Nepal, Sierra Leone, Yemen and Zambia**), which may have affected the implementation of gender approaches.¹⁵² In **Uganda**, GPECM programme staff collaborated with the UNICEF basic education and adolescent development section, leveraging their expertise to lead interventions in schools. In **Ghana and India**, GPECM focal points from UNFPA worked closely with other teams, particularly the adolescent and youth team and the SRH team, ensuring complementary efforts between the programmes.

Finding 18: The current monitoring system allows for measuring of results and progress at the output level across all GPECM countries. However, there are substantial weaknesses in outcome-level measurement and reporting; as a result, the programme does not know if desired outcomes are being achieved, or if unplanned/undesired outcomes have resulted. There is some evidence that monitoring and reporting has informed resource (re)-allocation.

The evaluation of phase I identified impact assessment as a particular challenge, and acknowledged that whilst the process of tracking higher-level indicators had begun, data availability and reliability across countries remained an issue that would require continued focus.¹⁵³ Accordingly, phase II planned to include measurement of the long-term impact of interventions on child marriage and adolescent pregnancy. By using proxy indicators, it intended to strengthen and contextualize monitoring and reporting systems, especially data related to change in social and gender norms and behaviours. It also intended to move beyond output-level results to analyse outcomes and demonstrate programme impact.¹⁵⁴ The programme has made some progress in these areas, but it remains limited, and these weaknesses are acknowledged

¹⁵² KII with staff; analysis of GPECM human resource data.

¹⁵³ GPECM phase I evaluation.

¹⁵⁴ Phase II design document and GPECM phase I report.

at global, regional and country levels.¹⁵⁵ For outcome-level reporting, the programme started reporting against specified indicators from 2021 using MICS and demographic and health surveys (DHS). However, since these are national datasets, these do not necessarily reflect changes in the specific areas where the GPECM is operating. Challenges around outcome-level monitoring were particularly highlighted in **Niger, Uganda and Zambia**, where limited data collection at the outcome level impedes the programme's ability to make informed adjustments based on identified risks, challenges and good practices.

Baselines for outcome-level indicators were not established at country level. However, some steps have been taken to establish key benchmarks. For example, the maturity model for the assessment of government programmes, approaches and systems to eliminate child marriage could be used to establish benchmarks (although not against programme outcomes). This is a recent initiative involving 11 GPECM countries (all but Yemen) plus Lebanon. The maturity model provides a framework for key national stakeholders to review/assess national policy approaches and systems for elimination and prevention of FGM/C and child marriage, identify priorities or critical investments, and build consensus around the priority interventions. The model is structured around six intermediate outcomes and different sub-domains that are defined by distinct levels of maturity. The results of these assessments are intended to be used to provide a roadmap for improvement towards the achievement of SDG target 5.3 by 2030.¹⁵⁶

The programme has made some progress in developing and testing measures to assess change in social and gender norms and behaviours (an area of focus in phase II). The GPECM supported a SBC baseline study¹⁵⁷ focusing on social and gender norms change aimed at measuring the contribution of the programme.¹⁵⁸ In partnership with Ipsos, the GPECM has been conducting cognitive testing of new concepts and questions to be used in surveys to ensure that they are understood as intended and accurately measure social norms around child marriage.¹⁵⁹ In 2022, validity results from the cognitive testing conducted in Lebanon, Mozambique, Sierra Leone, Sudan, Yemen and Zimbabwe were reviewed by a team from UNICEF, SBC experts and Ipsos to ascertain the strength and appropriateness of responses. Following the validation, UNICEF is reviewing potential questions recommended for a MICS survey module on social norms.¹⁶⁰

Despite these efforts, measuring the contribution of the programme to changing social and gender norms remains a challenge. The GTAT is designed to help countries roll out the GTA, but is not sufficiently connected to the interventions being implemented and thus cannot provide an indication of programme contribution to changes in social and gender norms. The impact feasibility assessment conducted by the programme was a step in the right direction, and there remains a need for impact evaluations and

¹⁵⁵ KIIs with staff; GPECM annual reports 2020, 2021, 2022; GPECM phase I report; phase II programme design document.

¹⁵⁶ GPECM annual report 2022.

¹⁵⁷ The same survey was commissioned from JHU/CISP by UNICEF; the report is under finalization.

¹⁵⁸ GPECM annual report 2021.

¹⁵⁹ Through the UNICEF cross-regional social and behaviour change initiative, the UNICEF regional office for Eastern and Southern Africa signed a contract with Ipsos and the London School of Hygiene and Tropical Medicine to conduct behavioural surveys on harmful practices in nine countries, including Mozambique, across Africa and the Middle East. Countries will benefit from an in-depth assessment of the social, behavioural and gender norms-related drivers of harmful practices and establish monitoring baselines by measuring each of these drivers. GPECM annual report 2020.

¹⁶⁰ GPECM annual report 2022.

implementation research in phase III.¹⁶¹ The ACT Framework used in **Sierra Leone**¹⁶² is one of the most comprehensive set of tools to measure social norms; however, it is complex and has not yet been used, as it is more specifically designed to measure the effects of FGM interventions, and thus needs to be adapted. It is unclear whether this tool is to be used for assessing child marriage gender social norms or gender social norms in general. The harmful practices index, developed in phase I, remained unused.¹⁶³

In addition to noting challenges around outcome- and impact-level monitoring, the phase I evaluation provided a number of other recommendations in relation to monitoring. This included a recommendation to monitor the extent to which interventions were institutionalized as well as specific indicators to measure government ownership. While the GPECM showed “strong potential for contributing to improved national monitoring of child marriage”, data integration into national systems was not being explicitly monitored by the results framework.¹⁶⁴ The phase I evaluation also recommended support for improved national tracking, including real-time tracking of results.¹⁶⁵

Phase II saw no real progress in any of these areas (likely due to the effects of COVID-19 on the programme more broadly). An exception was in **Ethiopia**, where UNICEF in collaboration with UNFPA and the Ministry of Women and Social Affairs commissioned a consultancy to strengthen monitoring, evaluation and learning systems at the federal and regional levels to improve stakeholder accountability, evidence-based planning, implementation, advocacy and resourcing for the prevention of harmful practices. More recently, the GPECM in **Bangladesh** commissioned a research study in partnership with the London School of Hygiene and Tropical Medicine in order to develop an M&E framework for tracking progress on the National Plan of Action to End Child Marriage, along with a costed plan for implementation. The aim is to create a tool that can be taken up by the Ministry of Women and Children Affairs in support of government-led monitoring.¹⁶⁶

The programme was better resourced at global and country levels for M&E in comparison to phase I, with a dedicated focal point at HQ and M&E personnel in some countries. It is also recognized that due to financial limitations, the GPECM is expected to leverage M&E capacity of country offices and IPs. Overall, however, resourcing and capacities for M&E, including of IPs, remains weak.¹⁶⁷

The existing M&E framework is characterized by an excessive level of detail, making monitoring challenging. Another challenge relates to the ability of the programme to aggregate results at the regional and global levels. While country-level M&E systems might offer valuable insights into each country context, the absence of standardized data collection systems across programme countries prevents comparison across contexts, practices and performance indicators. In addition to variations in data collection and reporting methods, not all countries report against all indicators, having selected only those they consider most relevant for their contexts.

¹⁶¹ To be published.

¹⁶² The framework will be used to assess gender and social norms change (for Sierra Leone).

¹⁶³ Management response from phase I evaluation.

¹⁶⁴ GPECM phase I evaluation.

¹⁶⁵ GPECM phase I report.

¹⁶⁶ KIIs with staff; annual results report 2022, Bangladesh.

¹⁶⁷ GPECM annual report 2022, KIIs with staff.

Data quality is another challenge, which hampers the programme's ability to make evidence-based decisions. In most countries, the programme relies on progress reports from IPs, and this is not necessarily complemented by independent monitoring and verification mechanisms. In **India**, where the programme is the most advanced in terms of reporting, UNFPA and UNICEF rely on government and population household survey data (MICS and DHS, for example) at national and district levels. However, there is insufficient disaggregation to meet the comprehensive reporting requirements of the programme.

The quality and scope of monitoring and reporting mechanisms vary across countries. **Zambia's** M&E relies on district staff and United Nations integrated reporting systems, with capacity-building efforts to address data management challenges. In **Niger**, monitoring involves community facilitators, protection correspondents, and UNFPA and UNICEF staff, but challenges persist in data collection capacities and completion of monitoring sheets. Regular field visits in **Burkina Faso** involve IPs and government representatives, yet outcome indicators are often assessed based on perceptions. The country also faced limitations in capturing robust behavioural change data, particularly for measuring changes in knowledge, attitudes and practices at the community level. **Nepal** employs various tools using alternative data collection methods and vulnerability assessments to generate evidence and track results. **Bangladesh's** evidence generation primarily comes from research studies, showcasing adaptations in interventions amid pandemic-induced challenges.

The reporting formats are also challenging. The current system, based in Excel, lacks features essential for comprehensive reporting.

There is some evidence, albeit limited, that monitoring and reporting systems have informed adaptations in resource allocation by the programme and its partners. In **Bangladesh**, evidence generated through the programme's monitoring and reporting system was used to support advocacy and budgetary analysis, leading increased public sector budget allocation.¹⁶⁸ In **Nepal**, local government officials enhanced their understanding of the programme and its effects through field observations and interactions with beneficiaries during learning and monitoring visits, which led to increased commitment to allocate public funds for addressing child marriage. IPs strategically collaborated with local governments to influence resource allocation decisions for initiatives targeting girls' empowerment, including economic empowerment. This collaborative effort resulted in 61 municipalities earmarking resources for girls' empowerment and the implementation of the "Rupantaran" programme in their annual plans and budgets for 2022.¹⁶⁹

¹⁶⁸ Annual results report 2022, Bangladesh.

¹⁶⁹ Annual results report 2022, Nepal.

Sustainability

To what extent are the changes generated/outcomes likely to continue after the programme?

Finding 19: By design, elements of ownership and sustainability are embedded into the GPECM through outcomes aimed at strengthening government systems and community structures, and this approach is demonstrating positive achievements, particularly in countries with strong commitment, leadership, and capacities at national, subnational and local levels. However, measures to mitigate dependency on programme funds are still lacking.

GPECM interventions that are implemented through institutions, such as system strengthening, support to legal and policy frameworks and the generation, dissemination and use of evidence contribute to sustainability. However, the programme has no formal exit strategy at global, regional or country levels, as programme staff considered phase II to be too early for such considerations.¹⁷⁰ Nevertheless, some incipient efforts to consider sustainability are underway, such as the maturity model for the assessment of government programmes, approaches and systems to eliminate child marriage (see finding 18), which if successfully adopted, could offer important insights into strengths, weaknesses and gaps in terms of sustainability.

Examples of programme elements from some GPECM countries that lend themselves to sustainability are outlined below, along with the challenges. These demonstrate the varied stages that GPECM countries are at in terms of level of ownership, which will affect the programme's ability to sustain its efforts equally across countries.

Working through and with government entities is a common programme approach adopted across all countries. For example, in Bangladesh, Ethiopia, India and Zambia, the GPECM works directly through, or in partnership with, ministries to implement the programme. In **Zambia**, this includes joint planning and implementation across ministries of education, health and social welfare, led by government staff, while in **Bangladesh** the programme works with Ministry of Women and Children Affairs. In **India and Ethiopia**, the programme works largely through the government and the district/Kebele administrations, which have prioritized child marriage within existing government schemes and programmes.

In many countries (Bangladesh, Burkina Faso, Ethiopia, India and Nepal), the GPECM advocated to include ending child marriage in national actions plans, strategies and legal frameworks, and in some countries at subnational level as well. In **Ethiopia**, a national roadmap was implemented, which defines the roles of different actors for ending child marriage and FGM. In **Nepal**, the programme was successful in many municipalities in integrating the child marriage programme into the government's annual plans, increasing accountability. Similarly, state and district action plans were developed in ten states in **India**. For example, in Odisha, the state developed a multi-sectoral strategic action plan, 2019–2024, to ensure coordinated efforts by multiple departments to eliminate child marriage. In **Ghana**, the GPECM supported sub-national integrated planning, budgeting and reporting on child marriage-related indicators/activities into the annual district action plans, and their performance is being assessed against the work plans across all 261 districts. In **Bangladesh**, the GPECM fostered government accountability by facilitating the development of the National Action Plan to End Child Marriage, and is currently supporting development of an M&E framework and costing of the associated action plan.

¹⁷⁰ KIIs with staff.

Capacity-building at various levels, including with government, community and IPs is another commonly used approach in all countries that is conducive to sustainability. In **Nepal**, the programme included capacity-building activities for service providers in education and health to improve the standard and quality of service, while the government expressed willingness to carry forward the work on child marriage. In **Zambia**, participating communities are very positive about the empowerment, training and sensitization of teachers, health workers and social workers about the drivers and effects of early child marriage.

Government-led efforts to develop and implement strategies with support from the programme also shows strong commitment and ownership, both of which are important for future sustainability. For example, in **Uganda**, the National Strategy to End Child Marriage and Teenage Pregnancy and associated costed plans were developed with support from the programme, which indicates government leadership and commitment towards ending child marriage. In **Ghana**, the National Strategic Framework for the Elimination of Child Marriage, 2016–2027 is in place, with ownership at ministerial level. The accompanying national operational and M&E plans to track implementation are developed every two years. In addition, in 2021, dedicated budget lines for child protection priorities were included in the national budget guidelines, and there is a specific budget line on child marriage. The government has committed budget allocations to the Domestic Violence Fund (established under the Domestic Violence Act 2007) to support survivors of sexual and gender-based violence and harmful practices, with a first disbursement of funds in 2022. The Ministry of Finance committed to allocate three per cent of its recurrent budget to ending child marriage, although this is yet to be fully realized. A strong example of government ownership and sustainability of GPECM programme ambitions is the Advika platform in India (see Box 15).

Box 15: Scale, reach and sustainability through the government

Advika is a common and coordinated platform for linking all schemes targeted at adolescent girls aged 10–19 in Odisha, including those from rural and urban areas and those in- and out-of-school. Under the leadership of district administration, it brings together various departments linking social protection schemes and programmes that focus on the most vulnerable children and adolescents, such as those rescued from child marriage and child labour, orphans and children of single parents. Frontline workers at village level convene girls to express themselves and find solutions to their problems, and boys to attend vibrant and adolescent-friendly Kishori Diwas (Saturday sessions) as part of this scheme to impart life skills education and deal with their day-to-day challenges and issues. It provides the adolescents with the opportunity to connect with relevant social protection schemes for them and their families. It also functions as a platform to track vulnerable adolescents and their families, mobilize communities, prevent and respond to gender-based violence and prevent early/ child marriage, and link them with social protection schemes and skill opportunities.

There are over 600 master trainers on life skills education that make use of Advika packages for cascade training at project and sector levels. To date, the programme has covered 75,000 anganwadi as well as child marriage prohibition supervisors and other field functionaries, and there are plans to scale the programme up to other states in the country.

Source: India case study

Despite the high level of commitment demonstrated by governments, however, challenges to ensuring the long-term sustainability of programme activities is evident. Lack of funding is the most common concern of governments, including in **Bangladesh, Burkina Faso, Mozambique, Nepal, Niger, Uganda and Zambia**. For example, costed subnational action plans in **Uganda** have not translated into budgetary allocations by the government, which has hindered implementation at subnational level. In **Zambia**, there are concerns

regarding over-dependence on the programme to fund activities in the district action plans. To ensure ownership and sustainability, districts will need to resource the plans themselves, but it is not clear where funding for this will come from.

Capacity limitations are also a challenge. Gaps in the availability of frontline workers, government systems and financial resources, technical and human resource capacity to deliver quality interventions and generate data were underestimated (**Burkina Faso, Ethiopia, Mozambique, Niger and Zambia**). For example, in **Zambia**, the government employs only a small number of statutory social workers (district social welfare officers) mandated to address cases of child marriage and facilitate school inclusion. In **Ghana**, the programme has established a technical working group, composed of key national entities, to ensure that the initiatives implemented under the programme are managed and supported after programme phases out.

A promising strategy adopted by some countries has been the integration of child marriage-related indicators in government results monitoring protocols and monitoring units. These measures, adopted at the beginning of the programme, are generating favourable conditions for sustainability. For example, in **Ghana**, the child protection-related SDG targets, including SDG 5.3, are included in the National Medium-Term Development Framework, 2022–2025, and coordination mechanisms exist at regional and district levels to develop annual action plans and progress reports in line with the national framework. All 261 districts included priority activities/targets on child marriage within their annual action plans, and their performance is measured based on these plans, with the results determining the budget allocation for the following year. This means that districts are required to include activities and allocate budgets to meet the targets in action plans and report on implementation annually.¹⁷¹ In **Burkina Faso and Niger**, the monitoring units set up at the start of the intervention are designed to take over the identification and referral of cases and continue some of the awareness-raising activities after programme activities end. They are accompanied and followed-up by local representatives of the ministry in charge of coordinating the implementation of activities.¹⁷²

Some community-level activities and engagements are also conducive to sustainability. Engagement of traditional leaders, coaching of men and boys, community dialogue and safe spaces and community-based case management driven have the potential to increase sustainability, as there is local ownership. For example, the process of making village authorities sign a public declaration to end child marriage is meant to encourage them to continue addressing the issue of child marriage and supporting communities in holding their leaders accountable (e.g. in Niger and Burkina Faso). The villages with public declarations should however be supported and disengage from them progressively, so they fully own and sustain the interventions to ending child marriage.

The ‘correspondantes’ in **Niger** (girls from the safe spaces selected and trained to become peer educators) are also meant to continue awareness-raising activities among their peers. Niger has also made strides towards institutionalization of community child protection mechanisms, including through the establishment of women’s groups, the involvement of traditional chiefs, religious leaders and local authorities, the networking of adolescent girls, and the elaboration of action plans at community level. Social workers have benefited from capacity-building activities and are involved in planning, implementation and monitoring (by

¹⁷¹ KIIs with staff; UNICEF, (Draft) Maturity Model Desk Review, Assessment and Action planning: Development of maturity model and assessment tools for harmful practices and policies based on a public management approach, 2022; annual results report 2022, Ghana.

¹⁷² KIIs with staff and IPs; documents review.

IPs). An assessment showed that 64 per cent of village committees in former target villages in Zinder city were still active.¹⁷³

In **Burkina Faso**, mentors in some previously targeted villages continued their awareness-raising sessions after programme activities had ended.¹⁷⁴ In **Ghana**, an assessment of the SISTAS' Clubs Initiative (2019) found that most respondents considered the initiative to be owned by the community.¹⁷⁵ However, government and local structures were not yet ready to take over implementation of the programme/activities.¹⁷⁶

¹⁷³ Ibid.

¹⁷⁴ Voix de Femmes Burkina Faso, Rapport 2020-2022, UNICEF, 2022.

¹⁷⁵ Kobina Annim, S., 'Assessment of the Integrated ASHR Programme (SISTAS' Club Initiative) for Selected Girls in Six Regions in Ghana', UNFPA, 2019.

¹⁷⁶ KIIs with staff, FGDs with community members; documents (Assessment of the Integrated ASHR Programme (SISTAS' Club Initiative) for Selected Girls in Six Regions in Ghana.)

LESSONS LEARNED

1. Contextualizing the GTA within country ToCs and national action plans for greater acceptability and use

In phase II, the GPECM theory of change adopted the GTA to more purposefully focus programme interventions on girls' empowerment, agency and autonomy – key levers for ending child marriage, protecting girls' rights and advancing gender equality. While the roll-out of the GTA has been relatively swift (given that the programme was stalled by the COVID 19 pandemic), its effects has been slow to materialize. Deeply entrenched social and gender norms among communities and institutional actors such as teachers, social protection officers, police and providers are evidenced by reticent, dismissive, or even hostile reactions to some of the concepts and language used to advance gender-transformative programming. These challenges also extend to implementing partners, who themselves may be hesitant to change their programming approach, even if they understand and appreciate the importance of the GTA. It was observed in some countries where the programme grounded its interventions on evidence of the effects of harmful gender norms, lingering local perceptions of gendered norms and harmful traditional practices among implementing partners changed.

IPs are the at the frontline of implementing a gender-transformative approach. It is important that they are part of the process of contextualizing the messages and approach to ensure a deeper, locally-rendered understanding of the GTA that can be implemented through a country-level ToC or national action plan. The GTA will be more easily accepted as a programming approach if it has been contextualized and tested for local relevance and applicability. It also needs to be internalized by staff and IPs locally, particularly at subnational level, where they are closer to the communities the programme seeks to reach. As part of this process, it is necessary for national and subnational implementers to consider the local meaning of specific gender norms and envision how change can happen and how it can be measured to assess progress. Key strategies such as engaging men and boys in dialogue and the construction of new social norms, particularly around positive masculinity, have been shown to accelerate progress on changing harmful gender norms. Complementary social and behaviour change interventions implemented in the same locations have shown progress in changing gender norms and should be replicated across programme countries.

2. Girls' empowerment or ending child marriage through implementation of laws and policies

The Global Programme Technical Note on Child Marriage and the Law recognizes the challenge of using the law as a 'stand-alone' intervention to end child marriage. It highlights how the implementation of laws can have unintended effects big and small, as the understanding, motivations and political purposing of such laws can be easily exploited at local and national levels. Unintended consequences range from poor implementation due to lack of commitment, interest or effective judicial processes to draconian application of the law to make a political point around the importance of ending the practice. Such uses of the law may not be intentional, but their effects can be grave – especially for the girls they are designed to protect. For example, there is evidence of advocacy efforts that successfully reversed harsh applications of the law, while in the same country and elsewhere, other actors are seeking to raise the age of marriage with the intent of limiting teen pregnancy (and underage sexual activity), which may have detrimental effects on girls' access to SRH services.

Further, and less recognized in the technical note, the way social and behaviour change interventions are framed may greatly influence their likelihood of success: an instrumental approach in some contexts may yield better results than a solely normative one. IPs attempt to use the GTA strategies to try to change social and gender norms relating to child marriage only to encounter resistance when these efforts are situated within a girls' empowerment or agency lens. In such contexts, the health risks associated with early pregnancy, the heightened potential for a divorce when girls are too young at marriage, and the increased value of a girl being educated (to be a better mother, reduce the bride price) may be more convincing motivators for local community actors to help enforce child marriage laws than rights and gender-based

arguments. Religious leaders, for example, can play an important role by not performing marriages for underaged couples and by sharing protective messages to their followers; however, they may not in all contexts be ready to engage as advocates for a broader girls' empowerment agenda, without considerably greater investment by the programme in this regard. Overall, countries that focused on SBC and application of the law or policy as complementary strategies tended to achieve more than narrow interventions focused on application of the law alone.

3. Joint programming amplifies and adds value

The GPECM is successfully harnessing the comparative advantages of UNICEF and UNFPA, allowing the programme to achieve greater reach and scope than would be possible for either agency alone. In most countries, the catalytic approaches adopted by the programme have created an ethos of leveraging existing resources (both internal and external) and partnerships to push the child marriage agenda at global, regional and country levels. It contributes to (and in many instances, convenes) the global movement with the Girls Not Brides coalition, as a central player in creating accountability for the SDG target at all levels, demonstrating the power of the United Nations to catalyse advocacy by bringing stakeholders together effectively.

At country level, the GPECM is leveraging existing programming to maximize effect. Both UNICEF and UNFPA bring their partners and government relationships to the table to create a multi-sectoral intervention framework for ending child marriage and advancing girls' health, education and empowerment. Through joint programming, linkages to other United Nations programmes and partnerships with government and CSOs, the programme is achieving greater reach than any one agency or programme could achieve on its own. The catalytic approach to look for and use available programme levers and financing to accelerate change is an important example of what can be achieved by the United Nations when agency efforts align. While more can always be done, and resources are extremely limited, it should be noted that investments in the GPECM are delivering more than is reported in terms of coherence, coordination and efficiency – important practice examples that can and should be replicated.

4. Convergent programming

The GPECM ToC is designed to meet the intersectional needs of girls' through multi-sectoral, convergent programming. However, evidence from the evaluation has shown that true convergence is rare in practice, given contextual challenges including implementing partner approaches and ways of working, the need to align to government requests, and agency-specific presence and reach in specific localities. Some interventions also require top-down, cascade training from national or state level to reach teachers and providers at local levels. This makes it difficult to ensure frontline workers in programme target locations have received the desired training and are ready to deliver the health or education interventions using programme approaches (e.g., GTA) and in the localities the programme is targeting.

As noted above, there is good experience within the GPECM of working synergistically and catalytically with other programmes in an effort to deliver multi-sectoral, holistic interventions to reach girls and communities coherently for more effective and sustainable effects. However, these interventions do not always reach the same girls, even when working in the same provinces or states. Convergent and holistic programming is only possible where there is presence of, and access to, all services required to respond to all relevant needs of the girls. This requires the programme or government (or a combination of both) to plan, facilitate and coordinate across sectors to reach specific at-risk girls and their families. Given the complexity of achieving such convergence across programme sites, a stock-taking is needed of what can be done, in which location and for which populations of girls. Purposefully programming to reach subgroups, in locations where some convergence is possible, should be considered. Documenting and testing combinations of interventions that are effective and can be efficiently delivered together is needed. Further coordination at the subnational level and in communities would further facilitate convergence in programming within and beyond the programme.

5. Targeted programming for the most at-risk girls versus scale

In phase II, the programme demonstrated the value of targeting particularly at-risk girls in many subnational locations (though more can be done). Some of the targeting was informed by prevalence data to define 'hotspots' (or through drivers studies) which show some girls at heightened risk due to specific vulnerabilities such as area of residence, disability and poverty, among others. National action plans in many countries identified subgroups of girls and targeted them directly. This was not done in all countries or locations, however; there is a larger discussion within the programme between whether to reduce the interventions supported in order to take the programme to scale versus greater targeting of subgroups to have a greater impact among hard-to-reach girls. This evaluation found that the programme was most effective when focused on at-risk girls, as programme interventions could be designed to mitigate their specific intersectional needs. While there is currently insufficient information on the drivers of child marriage among these high-risk subgroups, efforts in phase III to identify subgroups and adapt the design of the programme to meet those girls' needs has greater potential to be effective than expanding programme reach. Demonstration of what can be done amongst subgroups holds potential for future sustainability and targeted effectiveness in ending child marriage.

It is clear that scale does not ensure the programme reaches those furthest behind, especially the most marginalized; targeting should be very focused on geographical hotspots, ideally at the village and even household level. This can only be achieved by doing identification and needs assessments at the individual, family and community levels. Piloting and testing interventions to ensure they work is key to advocating for their uptake by government and other partners, and is realistic within the resources and capacities available to the programme.

CONCLUSIONS

Conclusion 1: Programme design

The revised GPECM theory of change was adequately contextualized and aligned with national contexts, including policies, strategies, programmes and legal frameworks. However, at the subnational level, there was uneven understanding of the strategic shift made in phase II to focus on girls' empowerment and agency. The programme targeted beneficiaries based on evidence and stakeholder consultations but faced challenges striking a balance between the breadth and depth of interventions and coverage.

The programme theory of change reflects key drivers of child marriage and is sufficiently broad to be adapted to individual country contexts. In phase II, the theory of change viewed child marriage not only as a human rights and child protection issue, but also as a gender and justice issue. Girls' empowerment and choice are central to intervention strategies at all levels. Emphasis was placed on building the facilitative and supportive social, economic and political environment necessary for transforming the position of women and girls in society, including shifts in discriminatory gender and social norms. Countries have adapted the theory of change to align with the context, national strategies, plans and existing partnership opportunities. However, many implementing partners are still gaining a deeper understanding of the girls' empowerment and choice shift in phase II. This has important consequences, as the understanding of this focus by implementing partners determines, for example, whether they or those they are trying to influence – such as government actors and community and religious leaders – work to simply delay marriage to 18 years, or see the larger objective as the fulfilment of girls' rights to education, autonomy and, ultimately, economic self-sufficiency. In addition, while countries have adapted the global theory of change and its intervention strategies to their local contexts, in-depth reflection on the drivers of child marriage for specific subpopulations of at-risk girls, and what the change pathways (its implementation for programming) could be, was not evident in most countries, with some notable exceptions.

The programme purposefully targeted specific geographical locations and, in many countries, subgroups of girls that are at highest risk of being married early. The programme used prevalence rates and studies on drivers of child marriage, and consultations with both civil society organizations and government implementing partners to identify the locations and subgroups at greatest risk. Other criteria included accessibility, feasibility and prior programming experience and partnerships in the area. In many cases, the areas selected were remote rural areas. Within communities, the programme went further and consulted with local leaders to identify which individual girls would be targeted. In some countries, specific subpopulations were reached, including the furthest behind.

The identification and selection of programme sites and subgroups was adequate based on the available evidence, as the focus on hard-to-reach, remote locations and those being left behind directly responds to the principle of "leave no one behind". Nonetheless, some subgroups of at-risk girls were not yet reached by the programme in all countries (e.g. girls with disabilities, married girls, girls in urban areas and in some humanitarian crisis contexts). Programme countries have begun to ensure that some elements of programming are more inclusive for girls with disabilities (e.g. specialized audio or pictorial materials). Refining the targeting to have greater focus on those left behind will be costly and complex, requiring systematic efforts and investment to generate evidence on specific drivers of child marriage and intersectional needs at the subpopulation level. This points to the challenge that the GPECM faces in delivering on its ambition to address the intersectional needs of girls across the programme. The progress achieved in many locations and contexts is a validation of the theory of change, yet further consideration may be needed to accelerate progress among targeted populations of at-risk girls.

Conclusion 2: Programme convergence

There is evidence that the GPECM achieved thematic convergence across sectors within agencies, between agencies, and in some cases across government sectors. However, the capacity of the programme to deliver convergent programming at all levels largely depended on resource availability and joint programming opportunities, which was not always assured. Geographical convergence between agencies at subnational level was a particular challenge throughout the programme, especially in hard-to-reach, rural or isolated areas, where access to a broad range of services remains limited.

Moreover, implementing different sectoral interventions in parallel (e.g. providing secondary education, adolescent sexual and reproductive health services, etc.) does not guarantee that the girls most at risk will benefit from all of the interventions. It is important to address diverse forms of discrimination and challenge power relations to empower girls and make them less vulnerable to child marriage. As a joint programme, with both agencies leading in different sectors, this requires convergence of intervention strategies and approaches in the same locations for the benefit of the same girls whenever they face multiple intersectional needs.

Achieving geographic convergence in the programme has been challenging for a variety of institutional reasons, including pre-existing arrangements with Governments and implementing partners, consideration of ongoing programmes that can be built upon, and the resources required to implement programmes in new geographical areas. It may be unrealistic to expect GPECM interventions across sectors to reach the same girls (i.e. to meet all their intersectional needs). Evidence exists on the value of reaching girls with a holistic package of interventions; however, in a low resource context, the programme may need to assess which combination of interventions yield the best possible results towards empowering girls and ending child marriage.

Conclusion 3: The gender-transformative approach

The programme design placed the rights and empowerment of girls at the centre of its programming, aiming to address the root causes of gender inequality and changing discriminatory gender norms that underlie, perpetuate and tolerate the practice of child marriage. Accordingly, at the beginning of phase II, a gender-transformative approach was drafted, including five core strategies for implementation, and a gender-transformative approach accelerator toolkit was designed and rolled out in seven countries. The gender-transformative approach has been adopted as a critical component in all programme countries, although its implementation is still relatively nascent in most countries. One notable gap area is around evidence to understand the status and quality of adoption of the approach. Despite recognizing that effective gender-transformative approaches require solid gender analysis and an accurate understanding of local contexts, the necessary studies have not always been readily available to inform, adapt or localize gender-transformative approach strategies. In addition, a comprehensive approach to measuring changes in gender-discriminatory norms (unequal social norms, attitudes, practices and behaviours) is still required to capture the impact and effect of gender-transformative programming, particularly at subnational or community level. Efforts are also needed to ensure a common understanding of the gender-transformative approach among partners. This requires strengthening capacities and understanding of some programme staff, and especially of implementing partners and civil society organizations.

Conclusion 4: Programme reach

The catalytic design of the GPECM is an important strategy to expand the reach of the programme, and the evaluation found that the programme's influence goes beyond the direct reach of its resources, partners and geographical areas of implementation. At global and regional levels, the GPECM has successfully collaborated with international non-governmental organizations, academia and countries to advocate successfully for increased international commitment to end child marriage. This has translated into greater accountability by countries, which is visible in programme countries. The programme's collective advocacy and technical support at the regional level have also strengthened the efforts of regional bodies to address child marriage.

At the country level, catalytic effects expanded the reach of the programme, particularly in those GPECM countries that have adequate capacities (technical, operational, financial, partnerships, etc.) to leverage public resources. Further, joint programming and programme alignment in some countries expanded the reach and effect of the GPECM beyond what the programme could achieve on its own.

Catalytic effects were also seen in terms of UNFPA and UNICEF making their human and financial resources available to support the programme in critical ways, such as through co-financing initiatives, provision of technical support, and partnerships to expand the reach of the GPECM. In addition, GPECM tools and resources have been utilized by UNFPA and UNICEF offices beyond the direct programme countries, and by the global community beyond GPECM partners.

Conclusion 5: Linkages with all sectors

The programme improved the capacity of targeted girls to help make informed decisions about marriage and sexual and reproductive health, acting to change their knowledge, context and environment. Comprehensive sexuality education and life skills interventions have been important investments of the programme. The GPECM has also strengthened the capacity and reach of sectoral systems to expand delivery points for adolescent health, child protection and gender-based violence services, as well as gender-responsive education systems. The GPECM mobilized communities, families and traditional leaders as agents of change to create a supportive environment and contribute to changing social and gender norms. The progressive engagement with men and boys, albeit initial yet in some countries, is showing positive signs of progress towards increasing gender equality and creating positive masculinities. Approaches that engage men and boys during their daily work and leisure activities, such as sports, seem effective to sustain their participation and interest.

The programme also mobilized women- and youth-led organizations to advocate for and influence national policies to end child marriage, although the number of civil society organizations with adequate capacity is limited. The programme has also made progress supporting and advocating for the establishment of favourable legal and policy environments that aim to comprehensively address child marriage. However, thematic convergence with social protection and girl's empowerment initiatives and programmes is still limited.

In several countries, the GPECM was successful in strengthening the health sector by improving the capacities, skills and knowledge of staff and improving access to adolescent-responsive health services. The strengthening of child protection and gender-based violence systems led to increased capacity and reach. The GPECM contributed to creating an enabling environment for changing harmful norms and practices around child marriage through promoting dialogue, awareness-raising and consensus-building with communities, families and traditional and religious leaders. However, in some cases, messaging

remained focused on delaying marriage to the legal age rather than empowering or increasing agency for girls and women.

Poverty and lack of economic opportunity are central drivers of child marriage, and accordingly, in some countries, the GPECM established partnerships to support adolescent social protection, poverty reduction and empowerment. There is evidence of success, such as providing school subsidies and incentives, vocational training and start-up funds. However, most of these interventions had a limited focus on economic empowerment, career counselling, entrepreneurship and other income-generating activities, with little linkage to social protection schemes. In addition, social protection and economic empowerment interventions are resource-intensive and require partnerships with organizations that have the required funding and expertise, and these resources were not always readily available.

Conclusion 6: Humanitarian and fragile contexts

The GPECM has been responsive to humanitarian, fragile and crisis contexts, especially during the COVID-19 pandemic, but has yet to fully tailor the theory of change, or programming strategies such as the gender-transformative approach, to humanitarian or nexus contexts.

The GPECM adapted well to the COVID-19 pandemic, developing effective strategies to reach communities in times of confinement. Adaptation to emerging humanitarian contexts was more varied (and reactive) based on country specificities and the nature of the crisis. In some countries, the GPECM remained focused on delivering development-type interventions. In others, the programme tried to address emerging needs within specific humanitarian settings. The GPECM produced a technical guide on programming in humanitarian crises; however, more work is needed to support countries to adapt to evolving contexts. Reflections around adaptations of the programme to fragility have started, but preparedness measures and strategies are yet to be developed in most countries where the risk of humanitarian crisis is rising. Within nexus and humanitarian contexts, adapted intervention strategies must ensure that they include the most marginalized groups. Humanitarian and nexus programming also requires leveraging existing resources and programmes, possibly through new partnerships and approaches. The successful adaptations witnessed during the COVID-19 pandemic show that such innovation is possible; similar strategies need to be applied for humanitarian and nexus programming. Better documentation of successful intervention strategies, as well as evidence on what is not working, would support the programme going forward.

Conclusion 7: Evidence generation and programme monitoring

Evidence generation, use and dissemination has improved significantly and has influenced global advocacy and programming. However, there is a lack of knowledge on what works to end child marriage within specific contexts and beneficiary groups. The programme results framework and guidance on indicators have allowed for regular standardized reporting on progress and results at output level. However, outcome-level change measurement is still weak, though in-country efforts have begun to make improvements in this area. The information sources used to measure outcome-level indicators are external and irregular, and this affects the logical connection to higher-level results in the results framework.

The programme made important strides in advancing the research agenda and improving data quality and tools for evidence generation at all levels through partnerships and developing technical capacities to generate high-quality evidence and learning. The programme leveraged global and regional partnerships such as the Strategic Technical Assistance for Research initiative to support the generation, synthesis and uptake of high-quality evidence by policymakers, practitioners and researchers. Similarly, the GPECM has created the Child Marriage Research to Action Network in partnership with Girls Not Brides to promote

research uptake. Research on adaptations, particularly during COVID-19, played an important role in informing advocacy and strategic programme direction. However, evidence generation on certain relevant themes and contexts, such as engaging men and boys, interventions in humanitarian contexts, and the impact of climate change on child marriage, has been limited. There are also gaps in evidence generation related to systems strengthening.

Conclusion 8: Programme efficiency

The evaluation found clear efficiencies gained from joint working (coordination and management) between UNFPA and UNICEF at global, regional and country levels, including increased complementarity and reduced duplication in areas where common approaches were used. However, in some cases, this relied largely on the willingness and commitment of individuals, rather than on systems. This may pose challenges if staff rotate or do not appreciate the value of a collaborative approach, or if the guidance provided was not utilized. Overall, coordination through joint programming, monitoring and evaluation, joint assessments and research has led to efficiencies, particularly when both agencies are working in the same geographical area. However, weaknesses were observed in some cases and, at the subnational level, with parallel coordination mechanisms and siloed implementation.

Utilization rates suggest that the GPECM made efficient use of its financial resources. However, the programme was affected by the COVID-19 pandemic, which led to disruption of activities and reallocation of funds. Some programme countries that had slow utilization rates of programme funds faced challenges to receive additional funds, which affected programming. At the regional level, the programme faced challenges in terms of low budget utilization, which, among other things, could be related to the relatively lower staff time allocated to the programme. To address challenges in timeliness and predictability of funds, as well as to leverage existing opportunities, some countries mobilized their own funding to complement the funds made available through the programme.

In terms of human resources, the programme faced staff shortages in some countries and regions. Leveraging existing staff to deliver the GPECM has increased efficiency and reduced the financial burden on programming. However, it has also increased the amount of work that staff are required to do in addition to their other responsibilities, which may affect programme implementation. Overall, the evaluation found that available human and financial resources were not always commensurate with the ambition of the programme.

Conclusion 9: Sustainability

The GPECM systematically integrated its interventions into the institutional contexts where it operated. Emphasis was placed on systems strengthening through capacity-building, strengthening of the legislative environment, and generation and dissemination of evidence, which has increased the potential for ownership and sustainability of programme interventions.

This approach achieved notable results in countries where Governments have shown strong commitment to ending child marriage, and where strong systems are in place at national and subnational levels. Good practices were observed by the evaluation, such as the integration of child marriage into the performance monitoring systems of Governments. The GPECM has also invested in and collaborated with other programmes (for example, the Spotlight Initiative) to promote synergies with GPECM interventions at individual, family and community levels. In terms of sustainability, however, there are few measures in place to reduce Governments' financial and technical dependency on the GPECM. Although several Governments have committed funding in national budget lines, limited funding at subnational level, in particular, remains a challenge to the sustainability of child marriage interventions, and capacities are not strong enough to sustain or scale up successful interventions.

RECOMMENDATIONS

The following recommendations are directed to both UNFPA and UNICEF offices. Unless otherwise mentioned, they are meant to be acted upon first by the twelve Global Programme Country Offices of both organizations. Regional Offices and Headquarters are expected to provide close support, for both contextualization of recommendations and execution, guidance and overall coherence; or they may be the first actors leading actions whenever explicitly required. The recommendations are meant to be implemented in early planning and initial implementation stages of the GPECM Phase III.

R1. Contextualize the global theory of change for national and subnational contexts and for specific populations.

Priority: 5/5

Timeframe: 3-6 months into Phase III

The breadth, ambition and modalities of the programme must be adapted to the resources, capacities and other contextual characteristics of the countries in which it operates. Depending on the context and the resources available, country offices may have to weigh the balance between breadth and depth, deciding whether to invest in reaching specific populations of at-risk girls or in scaling up promising or effective approaches more broadly. This could be done integrating a “reality check” assessment of the programme through phase III, examining drivers of child marriage for population subgroups, to validate the country-adapted theory of change and tools, and to assess the programme targeting, strategies and approaches, and implementation.

This prioritization should follow an inclusive consultative process between UNFPA, UNICEF and donor and implementing partners, with national- and subnational-level representation. This prioritization should include due consideration of the necessary conditions for geographically based programmatic convergence, which is critical to addressing the intersectional needs of adolescent girls. Implementing partners and counterparts from both agencies should engage in the consultation process and have a clear understanding of the final country-level theory of change and the priority interventions selected. This understanding from partners could expand opportunities for holistic and efficient implementation, especially if implementing partners exchange information on interventions and contribute to major updates or revisions done through phase III.

The adaptation of the theory of change should make use of available evidence to identify the interventions and approaches that are to be scaled up. It is important to generate, use and regularly update evidence on the needs of adolescent girls at national and subnational levels, including the particular needs of girls in urban areas vs. rural areas (going beyond the prevalence figures of child marriage), and for girls with specific vulnerability profiles (e.g. social minorities, girls with disabilities, those who are pregnant or married). Up-to-date evidence on the evolving situation and drivers of child marriage at the subnational level and for specific vulnerable populations is particularly relevant for effective programming. If quality evidence is not available, there should be budgeted plans to generate timely evidence to inform priority interventions and strategies. The adapted theory of change and any subsequent revisions should be documented throughout the implementation period of phase III. The adapted theory of change should be accompanied by an adapted monitoring and results framework for the country, including at the subnational level. The adapted results framework should, however, still allow aggregation of results at the global level for consolidated reporting on key standardized output and outcome indicators.

R2. Make the programme more agile and adaptive for humanitarian and other complex contexts.

Priority: 5/5

Timeframe: 6-12 months into Phase III

The GPECM has developed normative and technical tools and guidance to support programme adaptation in crisis contexts. To make these ongoing adaptation processes more agile, countries will need enhanced capacities to contextualize programming approaches and to adapt existing tools to their humanitarian and fragile contexts. Due consideration should be given to challenges posed by partnering with women or youth-led organizations in contexts where those organizations have difficulties to operate in open manner, or where they have very low capacities. Timely adaptation is important in order to ensure that the programme can respond to needs as they arise and access humanitarian funding. To this end, a select set of good practices in adapting GPECM tools and process should be identified and made available to all GPECM countries (and beyond). This should also include information on what is not working as intended. Good practices and existing tools that are relevant might be identified and adapted from other programmes, including from the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation. Technical support should be made available to country offices to adapt the GPECM guiding documents and tools to each context. The adaptation should be considered in emergency preparedness and risk management planning to improve efficiency in programming including the use of GPECM resources. Advocacy with key actors in emergency preparedness and response, within the two GPECM agencies as well as externally, would facilitate the integration of prevention and response to child marriage in the humanitarian response – for example, by making it visible in accountability mechanisms and tools, cluster monitoring and reporting processes.

R3. Sustain and increase programme effectiveness, and deepen the gender-transformative approach and expand it in the countries where it is nascent

Priority: 4/5

Timeframe: 6-24 months into Phase III

The GPECM should support the roll-out of the Gender Transformative Accelerator tool in all the countries to ensure that countries develop and implement gender-transformative action plans. The implementation of the existing plans in the seven countries that already have action plans, should be monitored and periodically documented. A Gender-Transformative Accelerator planning cycle should be considered, where countries undergo a second assessment phase with reviews, action plans, monitoring and reporting on implementation of the plans.

The GPECM should continue building adolescent girl's skills and agency to alternative life choices beyond child marriage and do so embedding comprehensive sexual education and life skills education within government structures, mechanisms, and frameworks to ensure continuity and expand reach. This should be combined with sustainability plans to diminish dependency on programme funds (see the last recommendation), including quality assurance and monitoring of implementation and results (see also the recommendation on evidence generation and use). It is important to explore systematically the options to expand thematic convergence by linking skills building with opportunities for income generation for adolescent girls (see also the recommendation on social protection), or at minimum mentorship. The GPECM should further integrate men and boys at all levels to create new models of positive masculinity, building on good practices identified in the evaluation on how to retain the engagement of men and boys. The programme should continue to engage with family and community members. To this effect, it is important that the programme goes beyond nuclear families to reach extended family members who also have an influence in key decisions. Positive parenting approaches need to be strengthened targeting the whole family structure as an entry point in order to build allies for the girl child in the family (especially men

and boys). The programme should also continue the engagement with community and religious leaders to influence social and gender norm change and increase the focus on the discrepancies between customary or traditional and legal provisions to prevent child marriage.

The GPECM should open an internal programme dialogue to identify and discuss unintended consequences of the enforcement of laws that limit the age of marriage in particular contexts, where new vulnerabilities for girls and their families are added, and work to address those. The Technical Note on Child Marriage and the Law offers a good framework for this internal process.

Eventually, the evaluation recommends developing and using light tools to measure the institutionalization of gender-transformative programming, the capacities of implementing partners and, eventually, the change in norms and empowerment of adolescent girls.

R4. Make further strategic and ambitious use of the global programme's potential to accelerate the elimination of child marriage globally.

Priority: 4/5

Timeframe: 6-24 months into Phase III

Continue using the programme's global and regional position of influence to strategically contribute to accelerating the elimination of child marriage globally. The GPECM should build further on its proven and acknowledged influence beyond the GPECM countries and convening capacity of key regional and global partners, and demonstrated ability to galvanize and influence the generation and use of evidence on child marriage at global and regional levels. In doing so, the GPECM at global and regional level should establish clear objectives and measurable targets, in consultation with the current GPECM partners, and expand consultation with key external (non-GPECM) organizations and countries.

It should leverage opportunities with donors and particularly private sector actors, including at the national level, to strengthen partnerships, and also focus explicitly on humanitarian contexts, leveraging the fact that the core commitments for children in humanitarian action include two commitments relevant to the elimination of child marriage. This should include measures ranging from including harmful practices in regular monitoring and reporting tools at cluster level, to explicit inclusion in humanitarian funding appeals, to partnering with additional donors or funds such Education cannot wait, Education Outcomes Fund, or the Pooled funds such as the Central Emergency Response Fund or Country-based Pooled Funds.

R5. Strengthen coordination and partner capacity and improve resource mobilization and flexible use of funds for increased efficiency.

Priority: 4/5

Timeframe: 6-12 months into Phase III

The existing coordination mechanisms between agencies should be reviewed, with the aim of further facilitating the programme's geographic convergence, particularly at the subnational level. This includes reviewing and identifying strengths and weaknesses of the efforts to attain geographic convergence and regularly review (i.e., during annual reviews or GPECM meetings) what is and what is not working in this regard especially at subnational level. Consider it as a learning exercise, and include also comparison of different convergence models even among areas within the same country. As part of this process, it will be important to consider the role of partners and their capacities, as well as the complementarities and roles of both agencies at the subnational level. Consider as well expanding further the engagement of staff with gender and adolescent-youth programming expertise for the next phase. Increasing this capacity may help mapping and developing partner capacities in critical areas of the GPECM.

The GPECM should continue to identify opportunities and mobilize additional funding for the programme, making visible its successes and emphasizing its catalytic effect and global reach. The GPSU and regional offices should provide agile support to countries to mobilize their own resources, for example, by generating quality, standardized and contextualized information products about the GPECM to facilitate resource mobilization initiatives. The GPSU should also consider the refinement of the protocols to monitor funds utilization to add flexibility, also including provisions to utilize funds adequately and timely in cases of unachieved activities or changes in work plans.

R6. Generate more evidence on what works in programme contexts and utilize it

Priority: 5/5

Timeframe: All along the Phase III

Continue the GPECM role and activities to generate evidence and broker knowledge on the elimination of child marriage at all levels. Expand and deepen the focus at country level, to generate and accrue and use evidence to understand what works in different contexts, at subnational, community level. The GPECM global results framework and monitoring and reporting system should be enhanced and refined, with a stronger focus on learning. The intervention monitoring systems could also include provisions to identify and learn from outcome-level change. Use, for example, implementation research in selected interventions, consider causal link monitoring, or as it was done in few interventions of the GPECM in the phase II, use embedded facilitators or others to obtain information on the linkage between implementation and outcomes. Also consider other measures as for example the introduction of sentinel indicators to complement the monitoring of selected interventions and other light though effective complexity-aware monitoring to assess outcome-level change at community or intervention area level.

Enhance the GPECM global results framework, the monitoring and reporting system and tools, with learning-oriented refinements. First, consider adapting flexibly the results framework at country level (and subnational level as needed), while preserving the ability to generate global consolidated monitoring and reporting information. This process should be regarded also as an intent to make lighter and useful reporting processes for country level purposes, or to generate at least products that are more contextualized to countries. Second, review the alignment of geographic and time domains between outcome and output indicators, so monitoring and reported data will be more helpful to monitor change across the vertical chain of results. Third, start costing and budgeting for all the data/information required to monitor and reporting on the key indicators of the results framework corresponding to the country adapted ToC.

Continue budgeting and supporting the conduct and use of evidence from research and evaluation and also include the generation of data from studies or third-party surveys that could for example integrate modules to measure girl's agency, empowerment, as well as prevalence of child marriage. Add administrative data and country information management systems that can be used to inform planning and decision making. Consider the use of light GPECM evidence and learning plans that include research, evaluation, monitoring, surveys, (admin) data.

Identify and select strategically a few interventions across the GPECM to invest in special measures to generate evidence on what works at contextual level, conducting impact evaluation combined with process evaluation, including in humanitarian contexts. Assess the reach and access to the documentation and evidence gathered and accrued through the GPECM platforms and repositories. Target internal and external audiences, at national and subnational levels, including implementing partners.

R7. Systematically integrate the programme's work with the social protection sector and advocate for the strengthening of public finance management for the empowerment of adolescent girls.

Priority: 4/5

Timeframe: 3-24 months into Phase III

The evaluation recommends expanding existing GPECM thematic convergence to systematically include social protection interventions such as cash transfer programmes, and to advocate for national and particularly subnational budget allocations and spending on goods and social services critical to the empowerment of adolescent girls and the prevention of child marriage. This should include:

- Mapping and identification of social protection programmes/mechanisms being implemented by in-country partners/governments.
 - Understanding how the GPECM can draw upon those initiatives to target poverty drivers and/or complement the efforts.
 - Establishing programme linkages with those initiatives to target most at-risk girls and their families and identify the support that the GPECM itself can provide.
 - Assessing with counterparts how public resources could be effectively distributed, including across regions, and their contribution to empower adolescent girls and prevent child marriage.
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R8. Elaborate sustainability plans in each country, jointly with implementing partners and counterparts.

Priority: 5/5

Timeframe: 12-24 months into Phase III

This process should begin with the development of sustainability plans for select interventions at the subnational level, prioritized according to relevance in terms of investment, change potential, or other criteria of criticality. Building on the learnings from these experiences, sustainability plans should then be undertaken at the national level. The resulting sustainability plans should be included in the multi-year workplans of the GPECM, incorporating indicators and benchmarks to assess progress in the development and implementation of the plans.

The potential for sustainability should be included as one of the key criteria to inform prioritization of investments, strategies and approaches for the programme during the planning of phase III and subsequent reviews. For example, the programme should prioritize institutionalized systems-strengthening interventions, which are delivered through existing service delivery systems (comprehensive sexuality education, life skills development, sexual and reproductive health and rights-related services, etc.), and which match demand or where demand is also promoted.

Promote the ownership and hosting of processes and tools to increase learning, uptake, and accountability, either with governments or third parties that are credible, at national or even regional level. Use for example, the Maturity Model assessment of Government programmes, approaches, and systems to eliminate child marriage, that is currently a pilot and nascent tool. These types of tools will help not only with regularly assessing institutional level progress to eliminate child marriage but also to build consensus around priority interventions.

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