IMPACT EVALUATION REPORT

On 5-years of 'Her Choice: Building child-marriage free communities'

In: Mali, Bangladesh, Nepal, Pakistan, Uganda, Burkina Faso, Senegal, Benin, Ethiopia, Ghana

Improving girls' SRHR knowledge - Keeping girls in school - Creating youth-friendly health services - Strengthening families' economic security - Transforming social norms - Enabling legal and policy environment

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HER CHOICE

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ACRONYMS AND ABBREVIATIONS

AISSR	Amsterdam Institute for Social Science Research
BA	Bangladesh
BE	Benin
BF	Burkina Faso
BL	Baseline [study]
C	Comparison (site)
CM	Child marriage
CSE	Comprehensive Sexuality Education
DiD	Difference in difference
EL	Endline [study]
ETH	Ethiopia
FBO	Faith-based organisation
FGD	Focus group discussion
FGM/C	Female genital mutilation/cutting
GH	Ghana
HC	Her Choice
ICDI	International Child Development Initiatives
IND	Indicator
MA	Mali
MEL	Monitoring, evaluation and learning
MoA	Monitoring of Activity [forms]
ML	Midline [study]
NE	Nepal
NGO	Non-governmental organisation
PA	Pakistan
SEN	Senegal
SKN	Stichting Kinderpostzegels Nederland
SPSS	Statistical Package for Social Science
SRHR	Sexual and reproductive health and rights
SSA	Sub-Sahara Africa
STI	Sexually transmitted infection
T	Treatment [site]
THP	The Hunger Project
UG	Uganda
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UvA	University of Amsterdam
YFHS	Youth-friendly health services

EXECUTIVE SUMMARY

Her Choice (HC) is one of three Sexual and Reproductive Health and Rights (SRHR) alliances working in partnership with the Netherlands Ministry of Foreign Affairs on the topic of child marriage. HC is an alliance of four Netherlands based organisations: Stichting Kinderpostzegels Nederland (SKN), The Hunger Project (THP) Nederland, International Child Development Initiatives (ICDI) and the Amsterdam Institute for Social Science Research/University of Amsterdam (AISSR/UvA). The alliance, which supports the creation of child-marriage free communities, worked with a total of 30 local partners in 10 countries: Bangladesh, Benin, Burkina Faso, Ethiopia, Ghana, Mali, Nepal, Pakistan, Senegal, and Uganda.

This report presents the findings of the impact evaluation (IE) of the five-year Her Choice programme (HC), conducted by the research partner, AISSR/UvA. The report draws on data collected during three phases of the programme: the baseline (2016), midline (2018), and endline (2020).

The main questions this impact evaluation sought to answer were:

1. What has been achieved as a result of the Her Choice programme, and what lessons can be derived in relation to the intended outputs, outcomes, and impact?
2. How do different sets of programme stakeholders in the 10 programme countries view the effects of the five-year programme?

The specific objectives of the impact evaluation were to:

1. Measure trends (BL-ML-EL) in programme outputs, (intermediate) outcomes and impact indicators.
2. Provide quantitative and qualitative data to corroborate, explain, or qualify trends in indicator values.
3. Explore perceptions of different sets of study participants and local partner organisations regarding the effects of the Her Choice programme.
4. Use collected data to analyse the validity of the Her Choice theory of change.
5. Explore the possible effects of Covid-19 and related restrictions on endline indicator values and trends.

Methodology

The HC impact evaluation design is based on the HC theory of change and programme indicators for programme outputs, (intermediate) outcomes and impact. We collected data in treatment (T) and comparison (C) sites, activities commencing in treatment sites after baseline (BL) data had been gathered, and in comparison sites once midline (ML) data collection had been completed. To examine whether differences in the Her Choice outcome and impact indicators for single girls between endline (2020) and baseline (2016) were significant, we applied what is referred to as an unpaired t-test with equal variances in the data at baseline and endline levels. Further tests, examining differences between treatment and comparison sites will be conducted at a later stage.

A mixed methods design was deployed, building on qualitative and quantitative methods. Nine sets of tools were used to gather data in programme countries: eight (semi) structured questionnaires and Focus Group Discussion (FGD) topic guides. Semi-structured surveys were primarily used to gather quantitative data, alongside some supporting qualitative data. Study populations for these surveys were: girls 12-17 years (total EL 5326), household heads (total EL 3223), village leaders (total EL 86), heads of health centres (total EL 81), health centre staff, specifically those working on SRHR-related issues (total EL 113), school principals (total EL 93), school teachers, specifically those who provided school-based SRHR-related education (total EL 127), and district officials most involved in SRHR, education, community development, law enforcement, and social welfare (total EL 44). FGDs with in-school young women and men (15-17 years) were used to collect qualitative data (total at EL 54 FGDs with female students and 54 FGDs with male students).

In line with the difference-in-difference design, the endline sample of districts, villages, schools and health centres was identical to the base- and midline. Similar to base- and midline, households, girls, teachers and health staff were purposively sampled to meet key criteria such as, respectively, presence of a young woman between 12-17 years, age, and responsibility for SRHR teaching or health care provision for young people.

Key findings

Strategy I: Invest in girls, their knowledge, skills and participation

- Output: In all countries, bar Uganda, a higher share of girls had received SRHR-related education at EL compared to BL and ML. At EL, between 60% and 95% of girls across countries had received such education. Supporting data show that at EL, education provided was more comprehensive than at BL and ML.
- Young single women's mean degree of comprehensive knowledge on SRHR (minimum 0, maximum 5) significantly increased from BL to EL in all sites (T and C) in the following countries: Ghana, Burkina Faso, Mali, Bangladesh, Nepal and Pakistan. In other countries the results were mixed. However, *mean* comprehensive knowledge levels remained low in most countries.
- In five countries, where at BL, ML and EL, more than 10 single girls reported they had been sexually active, contraceptive use had significantly increased from BL to EL in Benin, Burkina Faso and Mali. The largest increase was found in Mali where at EL more than 90% of single girls who reported they had been sexually active indicated they had used contraceptives.
- Compared to BL, in all countries, except Uganda, a higher share of single girls at EL reported they spoke out about their rights and against child marriage. Mali and Pakistan show the largest increase.

Strategy II: Improve access to formal education for girls

- Output: The general trend from BL to EL is that an increasing share of teachers received SRHR-related teacher training. At EL, (nearly) all teachers in Ethiopia, Ghana, Burkina Faso, Mali, Bangladesh and Nepal reported they had received such training.
- In most countries, at EL a larger share of teachers indicated they felt confident and able to teach about SRHR-related topics to young people than at BL. The greatest increase from BL to EL was found among teachers in Mali and Burkina Faso, and in Nepal and Senegal all teachers reported feeling confident.
- From at BL to at EL, an increased share of school principals across countries, except in Pakistan, claimed their school was girl-friendly. At EL, in six countries all school principals reported their school was (very) girl-friendly. Measures most commonly taken by schools at EL include: creating separate sanitation facilities for boys and girls, and a child protection policy, provision of menstrual pads, and appointing a focal person for girls. It is important to note that, at times, young people's accounts of the girl-friendliness of schools differed from those of school principals. Additionally, young men tended to have more positive views about the friendliness of the school setting, safety of the journey to school and relationships with teachers.
- Apart from Senegal and Nepal, a significant increase in the share of girls who were enrolled in formal education was found in all countries. The best-performing country, Pakistan, achieved a 39-percentage point progress, followed by Mali with a 35-percentage point increase. It should be noted that some the least-performing countries (in terms of percent-change and significance levels) started off with high percentages at baseline level, for example, Ghana and Bangladesh.

Strategy III: Improve access to youth-friendly SRHR services

- Output: in most countries, from BL to EL, an increasing share of health workers were trained to provide SRHR services to young people during the year prior to data collection. The increase in Ethiopia, Burkina Faso, Mali and Pakistan was considerable. In Pakistan, all health workers had received such training.
- Output: In all countries, from BL to EL, an increased share of schools had established referral mechanisms with health facilities.

- Girls' knowledge on the availability of SRHR-related services had significantly increased from BL to EL in all countries, excluding Senegal and Uganda.
- In four countries -- Ethiopia, Uganda, Mali and Bangladesh -- a steady increase was noted from BL-ML-EL in terms of the share of girls who visited a clinic for SRHR-related services.

Strategy IV: Improve the economic security of girls and their families

- Over the years, attention for Strategy IV activities increased. In the 2016 and 2017 MoA forms, only a few partners detailed the support they had given in terms of creating, or strengthening existing, women's groups. Over the 2018-19 period, many more partners reported providing such support. The trend from 2016 to 2019, that is, in supporting female entrepreneurs with training or funds, was complemented by an increasing number of partners providing entrepreneurial training and offering seed money to female entrepreneurs.
- Unfortunately, the data for the output indicator (female household members supported by income generation activities) were not sufficiently robust. Therefore, we could not draw conclusions about effects on (intermediate) outcomes.
- The economic status of households was measured by drawing a distinction between households in four economic strata, that is, households who: 1) struggle for sufficient food the entire year, 2) have problems getting sufficient food part of the year, 3) have food the whole year but experience problems accessing funds for primary needs, such as schooling, and 4) have food the whole year round, and have sufficient resources to send their children and/or wards to school. For the indicator we calculated the mean, ranging from 1-4. Only Ethiopia shows a steady increase in household economic status from baseline to midline to endline in both treatment and comparison areas. In other countries, results varied. No where did the mean economic status approach or reach level 4, indicating the precarity of livelihoods in the villages in which Her Choice was active. Most well off communities at endline (mean for T and C combined) were found in Mali (mean of 3.1), followed by Ethiopia (mean of 2.9).

Strategy V: Mobilize communities to transform social norms

- Output: In nearly all countries, the share of villages with leaders who had been trained and sensitised on negative effects of child marriage and FGM/C increased between BL and EL.
- In all countries, there was an increase BL-EL in the share of communities with leaders who reportedly condemned CM (and FGM/C) in community meetings. At endline, in eight out of 10 countries, all communities had leaders who spoke against CM (and FGM/C).
- In all countries there was an increase BL-EL in the share of communities with community members who organised activities against negative effects of CM (and FGM/C).
- The share of communities with young people speaking out in public had increased from BL to EL in eight countries, in the other two countries, Nepal and Senegal, young people in all communities already reporting speaking out.
- In all countries, except Uganda and Senegal, a significant increase was noted at EL in the share of girls who felt they could consult a source if they had SRHR-related questions. Mothers were the main source of information. Teachers were in the 'top three' sources in Ethiopia, Ghana, and Burkina Faso, Pakistan, and Senegal (C).
- From BL to EL, in all countries, excluding Senegal, a significantly higher share of single girls reported feeling they would be supported to negotiate with their parents on questions regarding their marriage. The largest increase was found in Pakistan. Many girls mentioned people outside their family as persons who could help negotiate with their parents, with teachers mentioned by a large share of girls in Ethiopia, Ghana, Burkina Faso, Senegal and Bangladesh.

Strategy VI: Create an enabling legal and policy environment on preventing child marriage and FGM/C

- Output: At BL, in Ghana, Uganda, Senegal, and the three South Asian countries, district officials already reported that the district had the necessary means to enforce laws on CM (and FGM/C). In Ethiopia, Benin, Burkina Faso and Mali an increase was found from BL to EL in the share of districts reporting that they had the necessary means.
- Output: In Ghana, Senegal, and the three Asia countries, district level consultation and informal meetings on young people's SRHR and CM between local government agencies and civil society organisations were already taking place in all districts at BL. In most other countries the share of districts that reported having had this type of meetings increased from BL to EL.
- From BL to EL, an increasing share of communities, in all countries (bar Nepal, Senegal and Uganda), had developed community by-laws against CM, or were in the process of developing such by-laws. In Senegal and Uganda, both research communities already had or were developing by-laws at BL, whereas in Nepal none of the communities had, or was developing by-laws against CM.
- In the countries with a high share of women who had undergone FGM/C (Ethiopia, Burkina Faso, Mali and Senegal) an increasing share of communities have developed or were in the process of developing by-laws against FGM/C.
- In an increasing proportion of districts in Bangladesh, Burkina Faso, Benin and Mali, nearly all births were registered at EL. In none of the districts in Ethiopia, Ghana, and Senegal were all births registered at EL, a finding that is similar to BL and ML.
- In all countries an increase was found in the share of girls who knew about the existence of laws against child marriage. The largest increase was found in countries where this knowledge was very low at baseline, e.g. in Mali and Pakistan. In all countries a statistically significant increase was found in the share of girls who knew about the laws against child marriage.

Impact indicators

- At EL, compared to BL, in all countries, except Benin, a significantly higher share of girls reported they felt they had control over all three decisions related to marriage, that is *if*, *when,* and *whom* to marry. In all seven African countries, the share of girls who felt they could make decisions was larger than in the three South Asian countries at BL and EL. In African project countries, the EL figures ranged from 51.1% in Benin to 91.1% in Ghana. In South Asian countries, the EL figures range from 2.1% in Pakistan to 42.1% in Bangladesh.
- In most countries, from BL, to ML, to EL, a decreasing share of 12-17-year-old girls were said to be married. The reduction was most striking in the countries where the share of married girls was highest at BL, e.g. in Pakistan, Nepal (Morang and Banke), Senegal (Kolda), and Mali.
- In the countries where marriage rates among 17-year old girls were relatively high at BL, that is, Benin, Burkina Faso, Mali, Bangladesh, Nepal and Pakistan, marriage rates gradually reduced from BL-ML-EL. The reductions from BL-EL were particularly striking in Mali, Nepal and Pakistan, with very few or none of the 17-year-old girls reportedly married at EL.

Effects of Her Choice programme perceived by study participants and partner organisations

- Most study participants reported they had observed effects of the Her Choice programme in their district, community, school, health centre, household, for their organisation, and/or for themselves. The vast majority only reported positive effects.
- Most often mentioned effects across the different sets of participants were: a decrease in the incidence of child marriage, an increase in SRHR-related knowledge among young women and men, and increase in girls' school (regular) attendance.

- Health centre staff across countries observed greater numbers of young people visiting the health centre for SRHR-related information and services. Health centre staff in many countries pointed out that this change was partly due to the referral system they now had with nearby schools.
- The main positive effects mentioned by household heads related to household members better understanding SRHR-related issues, including young people's needs for SRHR-related services, greater awareness of unequal gender relations, the importance of preventing sexual harassment and domestic violence, and the importance of education for girls.
- Young men and women in FGDs mentioned their increased knowledge on SRHR-related issues and increasing openness on such matters, changed gender relations, and access to services and products.
- Partner organisations only saw positive effects, the programme having provided financial space to recruit additional staff, and opportunities to gain new knowledge and skills that were useful for their organisation and staff personally. They believed that these skills and knowledge would continue to be useful if the Her Choice programme were to end. Partners also spoke of the increased visibility and recognition of HC partner organisations at district, regional and/or national level.

Effects of Covid-19 and related restrictions on Her Choice indicator values

Based on accounts of different groups of study participants, most likely, for some countries and communities, the effects of Covid-19 and related restrictions will negatively affect some of the progress Her Choice has achieved. Specifically:

- There may be decrease in school enrolment (indicators 10 and 20) in all countries, with strongest decreases in Uganda, Senegal and Nepal.
- In all countries, bar Nepal, a decrease in young people's attendance of health services was noted by some respondents, negatively affecting the indicator on attendance of services (not necessarily only attendance of SRHR-related services, indicator 11.2). The strongest negative effects are expected in Senegal, Uganda and Mali.
- Across countries, with the exception of Mali, the majority of household heads said their income had decreased due to Covid-19, ranging from 52.7% household heads reporting a decline in income in Nepal to 81.1% in Uganda. This decline negatively affects the economic status indicator (#13).
- Only in Bangladesh and Burkina Faso did a number of study participants (village leaders and district officials) mention an increase in child marriage incidence after the onset of the pandemic. In other countries and in the majority of communities in Burkina Faso, these rates had reportedly remained the same or decreased. However, village leaders, district officials and girls indicated they feared that rates might increase or return to pre-Covid-19 levels given: i) gatherings of people would be allowed again, ii) families (further) impoverished by Covid-19 might marry their daughters at an earlier stage, and iii) fewer girls being in school, which could form an impetus for families to marry their daughters early, or for girls to decide to marry early themselves.

Recommendations for programmes on child marriage

1. Programmes should adopt a holistic approach to child marriage, working with different groups of stakeholders at different levels, in- and out-of-school young people, parents, community members and community leaders, schools, health centres and (district level) government officials. When designing programmes, careful attention needs to be paid to context specific drivers of early marriages, such as teenage pregnancies, and different forms of (gendered) violence and insecurity.
2. Programmes should shift from a focus on individual choice to attend more explicitly to structural factors that drive early marriages and gender inequality more broadly. Attention should be paid to what child marriage means to young people and their families, and which purposes it serves at different levels, in order to identify viable alternative arrangements that offer more space for young women to pursue, for example, educational goals.

3. A nested approach to comprehensive sexuality education (CSE) and youth friendly health services is recommended to ensure that young people's SRHR-related knowledge is enhanced alongside, among other issues, addressing health care staff attitudes with regard to the provision of SRHR-related services and products to unmarried young people. Changing these norms is a long-term process requiring a long-term investments and contextualised interventions.
4. Continued attention should be given to the importance of birth registration.
5. There are indications that early marriage may be linked with high divorce rates, and that in some contexts, divorced girls are quickly married again. This issue and its implications for young women requires further study.
6. Conduct regular linking and learning meetings between implementing partners within and between countries and involve relevant local government authorities in such meetings to enhance civil society and government collaboration, at local, national and regional levels.
7. Conduct further qualitative participatory research on changing ingrained gendered norms and identify further means to involve implementing partners and different community members in study design, data collection and analysis.
8. As noted, no firm conclusions could be drawn regarding the impact of strategy IV (enhancing families' economic security), Her Choice endline data on this matter not being sufficiently robust. Given the centrality accorded to poverty and economic insecurity more broadly in explanations of child marriage, further research is required regarding the relationship between economic 'empowerment' of families and young women, and the incidence of child marriage.
9. The impact of the Covid-19 pandemic and the restrictions imposed in different countries and regions will require longer-term monitoring and assessment.

1. INTRODUCTION

1.1 Background Her Choice Alliance

Her Choice (HC) was one of three Sexual and Reproductive Health and Rights (SRHR) alliances working in partnership with the Netherlands Ministry of Foreign Affairs in the field of child marriage. HC is an alliance of four Netherlands-based organisations that sought to work towards creating child-marriage free communities. HC also aimed to reduce the incidence of female genital mutilation/cutting (FGM/C). The HC alliance was composed of the main applicant Stichting Kinderpostzegels Nederland (SKN), and three co-applicants: The Hunger Project Nederland (THP), International Child Development Initiatives (ICDI) and the Amsterdam Institute for Social Science Research/University of Amsterdam (AISSR/UvA). The HC programme started in January 2016 and was concluded in December 2020. Her Choice worked in 10 countries in Sub-Saharan Africa and South Asia with a total of 30 local partner organisations. In four (out of the 10) countries, multiple partner organisations were involved in the implementation of the Her Choice programme. These countries were Bangladesh, Burkina Faso, Ethiopia and Mali. In the remaining six countries, the programme was implemented by one partner, that is, in Benin, Ghana, Nepal, Pakistan, Senegal, and Uganda (see Annex 3 for details).

To reduce the incidence of child marriage in the 10 Her Choice programme countries, the HC programme deployed six interlinked strategies (see Box 1).

Text box 1: Her Choice programme strategies

1. Investing in girls, their knowledge, skills related to SRHR and participation in society.
2. Keeping girls in school: improving access to formal education for girls by supporting girl-friendly schools and building knowledge through schooling in general, and on SRHR in particular.
3. Improving access to youth-friendly SRHR services for girls: improving health services and by actively referring girls to health workers.
4. Strengthening the economic security of girls and their families: creating and supporting women's self-help groups with training and access to (financial) resources.
5. Transforming social norms and traditional practices: mobilising and supporting communities, including boys, men, women, leaders to promote girls' rights and gender equity, to achieve gender equity in education, decision-making, and access to services.
6. Creating an enabling legal and policy environment on preventing child marriage: supporting traditional leaders and (local) authorities to enforce national policies on preventing child marriage.

Source: Her Choice website: http://www.her-choice.org/en/her-choice/programme/

1.2 The role of the AISSR/UvA

The AISSR/UvA was the Her Choice research partner. The central task of the AISSR/UvA in the alliance was to examine the impact of the Her Choice strategies in relation to the prevention and reduction of the prevalence of child marriage in the 10 different contexts. In order to measure programme impact, the AISSR/UvA research team conducted a mixed method baseline study in 2016, followed by the 2018 midline assessment and an endline study in 2020. In addition to the impact assessment, the AISSR/UvA has conducted more in-depth qualitative studies, including two doctoral research projects in Nepal and Pakistan.

1.3 Impact evaluation question and objectives

The main question of this impact evaluation study was: What are the successes and draw-backs of the Her Choice programme in terms of progress in intended outputs, outcomes, and impact and how do programme stakeholders in the 10 programme countries view the effects of the five-year programme.

The specific objectives of the impact evaluation were to:

1. Measure trends (BL-ML-EL) in the programme's output, (intermediate) outcome and impact indicators
2. Provide quantitative and qualitative data corroborating, explaining, qualifying or contradicting the trends in indicator values.
3. Explore perceptions of different groups of study participants and local partner organisations on the effects of the Her Choice programme.
4. Use collected data to analyse the validity of the Her Choice theory of change.
5. Analyse (in a qualitative way) the possible (future) effects of Covid-19 and related restrictions on endline indicator values and trends.

1.4 Report outline

The report is structured as follows. Chapter 2 details the research methodology, including study design, sampling and methods deployed to collect and analyse the data in the 10 programme countries; Chapter 3 presents the study locations and populations; Chapters 4 and 5 present findings on BL-ML-EL trends in the indicators: Chapter 4 concerns the key output and (intermediate) outcome indicators by programme strategy; Chapter 5 concerns the impact indicators. Quantitative data are presented in bar charts and tables, complemented by, where relevant, results emerging from t-test analysis and supporting qualitative data. Data from Focus Group Discussions (FGDs) are presented in textboxes. Chapter 6 details the findings on the effects of the programme as perceived by the different groups of study participants. Chapter 7 presents study findings on the effects of Covid-19 for the study communities in seven countries where data collection took place after the (known) onset of the pandemic. In the final Chapter 8 conclusions are made about the effects of the Her Choice programme, the validity of the theory of change, and how Covid-19 possibly affects some of the EL indicator values.

The report includes annexes which present: 1) programme indicators, 2) study methodology, 3) study locations, 4) tables with values of indicators, BL, ML, EL and regional values for countries where data were collected in more than one study region, 5) tables with *key* supporting information referred to in the report, 6) tables with t-tests results, 7) tables with perceived effects of the Her Choice programme, 8) tables with effects of Covid-19 and related restrictions. The tables are numbered according to the annex. For example Table A5.1 refers to table 1 in Annex 5; Table A7.2 refers to table 2 in Annex 7.

2. METHODOLOGY

2.1 Study design

A mixed methods design was deployed, building on both qualitative and quantitative methods. Semi-structured surveys were primarily used to gather quantitative data, alongside some supporting qualitative data. Focus Group Discussions (FGDs) with young women and men were used to collect qualitative data.

As indicated earlier, the HC impact evaluation is based on the HC theory of change and the HC programme indicators for programme outputs, (intermediate) outcomes and impact (Annex 1). To allow for the measurement of the outcomes and impact of programme interventions, that is, to attribute change on indicators to programme interventions, the study used a difference-in-difference design (DiD) with treatment and comparison sites in each study location (Table 1).

Table 1: Overview of study design

	Baseline	*Midline*	*Endline*	*1st Difference*	*2nd Difference*	*Total Difference*
Treatment	T_{2016}	T_{2018}	T_{2020}	T_{2018} -T_{2016}	T_{2020} -T_{2018}	T_{2020} -T_{2016}
Comparison	C_{2016}	C_{2018}	C_{2020}	C_{2018} -C_{2016}	C_{2020} -C_{2018}	C_{2020} -C_{2016}
				DiD 1: (ΔT_{2018} -ΔC_{2018})	DiD 2: (ΔT_{2020} -ΔC_{2020})	DiD Total: (ΔT_{2020} -ΔC_{2020})

As will be further explained under study limitations, because of delays in endline data collection due to the Covid-19 pandemic, and consequent delays in reporting, it was not possible to conduct statistical analyses of quantitative data following the DiD design above, considering reporting deadlines. An alternative statistical analysis was deployed for the present report, that is, the *t*-test, comparing BL and EL data, for treatment and comparison sites combined (see section 2.6). The DiD impact analyses will be done at a later stage. AISSR intends to submit an academic article on the DiD analysis in the second quarter of 2021. This article will focus on the DiD methodology and use two or three Her Choice programme countries as examples. Selection of these countries will be done on the basis of i) sample size and ii) availability of robust BL-ML-EL data.

2.2 Data collection tools

Nine sets of tools were used to gather data in the HC programme countries: eight (semi) structured questionnaires and FGD topic guides. Prior to and during the endline preparation workshops, some changes were made to the tools used in the midline study – excluding those that directly measured indicators – on the basis of the experience with the tools and critical questions raised during the midline. For example, midline data indicated there was still insufficient clarity as to the different forms of marriage and what was considered to be a marriage in different contexts and by different sets of people. Given the scale of the study, efforts were also made to further reduce the number of (original) questions. New questions were initially only added to support the measurement of the impact of interventions. However, as a result of the Covid-19 and the implications of the pandemic for, on the one hand, programme activities and on the other hand, young people's wellbeing (and that of communities more broadly), and potentially child marriage rates, additional questions were added to assess the impact of the pandemic in the HC communities involved in the study.

The study populations for the structured interviews during the endline were the same as during the base- and midline, that is: Girls (12-17 years), household heads, village leaders, heads of health centres, health centre staff (specifically those working on SRHR-related issues), school principals, school teachers (specifically those who

provided school-based SRHR-related education) and district leaders (those most involved in SRHR, education, community development, law enforcement, and social welfare). During the endline study, separate FGDs were held with school going young men and women between the ages of 15-17 years. Contrary to the midline, no young people between 12-14 were involved in the FGDs given the 15-17 age bracket was most likely to have been part of the HC programme during the preceding five years of the programme. The FGD topic guides were substantially revised, with a view to making discussions more participatory and to elicit young people's views on questions raised during the midline and research conducted by UvA MSc students [1][1].

Similar to the midline study, SurveyCTO was used to gather and manage data. All tools (in English and French) were exported to Survey CTO by the AISSR/UvA and tested multiple times during the endline training workshops. Upon finalisation of the English and French iterations of the tools, translations of the tools into all languages used during the midline (and in the case of Uganda, additional languages) were uploaded onto SurveyCTO. Tools were translated into local languages by research teams, where necessary supported by professional translators/linguists. Quality control of initial translations was done in collaboration with local HC partner organisations.

Two additional sources of data inform the impact evaluation: monitoring of activities (MoA) forms and interviews with partner organisations on the effects of programme activities for the communities they work with and for their own organisation. Local partners have completed an annual monitoring of activities (MoA) form. This form, which was designed by the AISSR, was to assess whether activities related to output indicators had taken place in treatment and comparison villages, schools, health facilities and at district level.

2.3 Endline training and finalisation of research tools

For various reasons, Her Choice partners were closely involved in the process of data collection. The expected uptake of research findings in the revision and fine-tuning of programme interventions formed a central reason for this active involvement of local partners, an expectation that was borne out during the course of the programme. Local research coordinators were appointed to support local HC partners during the data collection process and were made responsible for the training of data collectors, supervision of data collection, analysis and write up of country reports. Two staff members from each HC partner (usually the HC country coordinator and the Monitoring and Evaluation (M&E) officer) and local researchers were involved in (5-day) endline preparatory workshops that were facilitated by the AISSR in four countries between the end of November 2019 and the end of February 2020. Countries were clustered according to region or language used during the workshop. Manuals were written for training of enumerators, local partners' supervisors of fieldwork, and for the local researchers.

Once the survey design and adaption process were completed, local researchers – together with trained staff members from HC partner organisations – conducted further workshops to train local data enumerators. During these workshops, data enumerators practiced using the tools with the SurveyCTO application, and were instructed on, for example, the importance of being mindful of the research environment, how to conduct FGD sessions, and how to ensure participants were aware of their rights. These training workshops took place between 3 February and 28 September 2020; only three countries (Ghana, Ethiopia, Pakistan) could organise their workshop *before* Covid-19 related restrictions made doing so impossible.

[1] References to literature and sites are indicated in [ ], the full list is provided in the section References, before the annexes.

2.4 Study populations and sampling strategy

In line with the difference-in-difference design, the endline sample of districts, villages, schools and health centres was identical to the base- and midline. Similar to base- and midline, households, girls, teachers and health staff were purposively sampled to meet key criteria such as, respectively, presence of a young woman between 12-17 years, age, and responsibility for SRHR-related teaching or health care provision for young people. While each endline participant was asked whether or not they had taken part in the base- or midline, this participation did not form a criterion for in/exclusion from the endline. For practical reasons, no particular effort was made to locate base- or midline participants to take part in the endline study.

The endline report only presents data from the same districts as those included in the base- and midline. There were few changes to the study districts between endline and baseline: in Senegal, one district in another geographic region (Sedhiou) was added during the midline, and the total sample size increased (from 300 to 450 girls). Data for Sedhiou have been analysed separately and are reported in regional indicators tables. In Nepal, one district (Makwanpur) was not included at midline. For the EL report the data for Makwanpur are presented separately in regional tables.

In four countries, data were collected in more than one study region; these regions are labelled R1,2,3 in the Indicator Annexes. In other countries, data were mostly collected in more than one geographic region, but these were clustered in view of the small total sample size (i.e. if below 300 girls). The four countries with more than one study region were:

- Ethiopia: R1=Amhara; R2=SNNPR; R3=Oromia,
- Burkina Faso: R1=Haute Bassin & Boucle du Mohoun; R2=Centre Nord & Nord; R3=Centre Sud & Centre Ouest
- Mali: R1=Koulikoro & Bamako; R2=Segou; R3=Mopti
- Bangladesh: R1=Dhaka; R2=Khulna.

Girls were selected through their households, and all girls in the age bracket 12-17 in a selected household were interviewed. Once a set minimum number of girls had been reached in a study site, then sampling of further girls (and thus households) would come to an end. The total sample size of households thus differs between study sites and countries, given the average number of girls aged 12-17 in households varied. For more details concerning the sampling strategy, please refer to Annex 2.

2.5 Data collection and composition of local research teams

Data collection for the endline study took place between 22 February and 28 October 2020. Due to the Covid-19 pandemic and related restrictions, training of enumerators and data collection (originally planned to be completed in June 2020) had to be postponed in seven countries. Data enumerators were recruited by local HC partner organisations, and were either field staff, university students and/or enumerators the organisations had worked with previously, during the base, midline and/or other pieces of research. To obtain better quality data, an effort was made to deploy enumerators with similar demographics as those of respondents. For example, younger female data collectors conducted surveys with young women and male data collectors conducted FGDs with young school going men.

In most cases, supervisors of the data collection teams were the same as during the base and midline, and were working for one of the local Her Choice partners. Due to staff turn-over in HC partner organisations, in some cases new supervisors had to be recruited, however. They needed to be trained in conducting research, the set-up of the impact evaluation and the use of digital data collection tools. Supervisors were tasked with, among other things, coordination of the day-to-day data collection process and ensuring quality of the data collected and correct entry of data into SurveyCTO. The AISSR worked with the same local research coordinators as during

the base- and/or midline, only in one country was a change in local research coordinator required. Local research coordinators were tasked with providing support to the supervisors, ensuring the quality of data collection, the entry of data into SurveyCTO and reporting. Local researchers had daily contact with the supervisors during data collection in the field by telephone and WhatsApp. The AISSR provided support to the local research coordinators.

2.6 Data analysis and reporting

The endline data has been collected digitally in nine countries and on paper in one country (Pakistan). The supervisors and local researcher(s) in each country were responsible for monitoring the data entries before submitting the data on the digital platform. The AISSR was in close contact with the local researchers during this monitoring phase and also conducted quality checks after the final submission of the data. The final data files from SurveyCTO were downloaded in ready to analyse file format. The first step once the data has been downloaded was to perform quality checks and correct any inconsistencies, for example with respect to the coding of some variable. For the subsequent data analysis, we used Stata v.16.1.

Comparing progress in the programme indicators from baseline to endline was a priority for the data analysis. For this reason, data from three periods had to be synchronised. Concerning use of t-test to examine whether difference between endline and baseline is significant, we assumed, also based on preliminary findings, that at baseline (before programme activities had taken place) and at endline (when programme activities had taken place in both treatment (T) and comparison (C) sites), the indicator values would show greater convergence, compared to the situation at ML (when no programme activities had yet taken place in comparison sites). Our main *t*-test results were estimated by country, but we also present the results across all ten countries to offer a more global overview on the progress of the indicators. It should be noted that the (10) selected indicators for t-testing all pertain to single girls (12-17 years) (Annex 2.2 details the data analysis process and t-tests).

Qualitative data were initially organised thematically by local researchers, using excel spreadsheets. For each country, a select number of FGDs were transcribed verbatim and translated to English or French. Further summaries were developed of these qualitative data, using the key indicators as a priori codes, and identifying differences and similarities between countries and genders. Contradictory or otherwise striking narratives were identified and discussed in the findings chapters (4 and 5), where relevant to broader thematic arguments or findings (for example, regarding gendered norms).

Figures (bar charts) and tables on key indicator values (BL-ML-EL) by treatment comparison sites are presented in the findings chapters (4, 5). Supporting data are provided in relation to most indicators, specifically information that confirms, contradicts or qualifies the indicator values. This supporting information has been derived from FGDs or surveys conducted with the same and/or different study population presented in the preceding figure or table and from MoA forms. Supporting data from FGDs are presented in text boxes.

When reading the study findings, please note the following:

- Although we present findings per country, data were collected in one up to seven geographic regions per country (with geographic regions in Mali, Senegal and Burkina Faso combined into study regions), and only a few villages per region. The total sample of villages could thus range from, for example, two villages in Uganda to 20 in Ethiopia (see Annex 3 for overview of study locations). Therefore, country-level data presented here cannot be considered representative for the entire country or region in question.
- When the term '*girls'* is used in the report, it refers to all interviewed single and married girls between 12 to 17 years (thus below 18 years of age). The term '*young women'* is used to refer to the same population. Likewise, the terms '*boys*' and '*young men'* are used to refer to the same population.

Similarly, the terms *'child marriage'* and '*early marriage'* are used to refer to a marriage where at least one of the partners is below 18 years of age.

- If we refer to a particular sub-group of young women, for example, young married women, or female in-school girls, this will be indicated.
- According to HC (research) partners, FGM/C does not occur in the study sites in the three South Asian countries. Existing literature appears to confirm this finding. For this reason, questions pertaining to FMG/C were removed from the study tools and no data on FGM/C are provided for Bangladesh, Nepal and Pakistan.
- Where certain data are not available for a country, the country has been left out of tables and bar charts. Missing data may be due to a certain question not having been asked, issues with data formatting and/or certain data not having been gathered or analysed (in time) due to Covid-19.

2.7 Ethical considerations and clearance

AISSR paid careful attention to the ethical issues in designing and implementing the Her Choice baseline study, especially in relation to young people below the age of 18 years. The AISSR Ethical Advisory Board granted formal ethical clearance for the baseline study in all countries in June 2016. Since the impact evaluation is part of local HC partners' programmes, and because partners themselves supervised data collection, in the majority of cases, no separate country-specific ethical clearance was required for the baseline once local authorities in the study regions and districts had authorised the HC programme. Only in Uganda was separate ethical clearance needed, which was granted by the Mildmay Uganda Research and Ethics Committee in 2016.

During the data collection process, particular attention was given to young men and women to ensure they were comfortable, knew they were not being tested and knew that it would not be possible for anyone to trace back anything that they say to themselves. Questionnaires and FGD transcripts do not contain participants' names. Instead, for analytical purposes, participants were given a unique code. In all cases, participants were asked to 'opt in' rather than 'opt out' of the research activities. Based on discussions held in the baseline workshops and prior experiences of the AISSR researchers of participant's discomfort in signing a formal consent document, verbal consent rather than written consent was requested.

Understanding the views of young women and other actors and the way that these views relate to those of people around them is critical to the Her Choice programme. Particular care was taken during the write up to ensure that reporting on findings was done in a way that would not harm the individuals and communities that were involved in the study, especially when this concerned information and opinions that might counter those given by more powerful actors.

All participants were informed before the interview or FGD started that they were free to stop the interview or leave the discussion at any time. At the end of the interview, participants were reminded that they could withdraw statements or the entire interview if they chose to. A trust-person was allocated in each research site who participants could contact if they wanted to discuss anything further. If a case of abuse was reported, the interviewer notified this contact person who then took follow up action with the participant.

2.8 Reflections on study limitations

The following section details study limitations as identified by the AISSR and local researchers.

Difficulty to collect data on sensitive topics

In countries where laws against child marriage and/or FGM/C are increasingly enforced, including in Bangladesh and Senegal, local researchers reported that girls and HH who were approached for an interviews may have inflated the age of married girls, or denied that girls were married or had been circumcised. In these contexts, findings may thus have been compromised, and the figures of CM and FGM/C prevalence lower than in practice. Additionally, different definitions exist as to what constitutes a marriage, or when a relationship is seen to constitute a marriage. Further qualitative and participatory research would be needed to develop greater insight into these varying understandings and generate reliable data on marriages that take place before the legal age of consent.

Similar to the base and midline, it was difficult to collect data on sexual activity of single girls, despite efforts to improve introductions to, and reformulation of, certain questions. The sensitivity of the subject is likely to have led to underreporting of sexual activity by unmarried young women. In a similar fashion, during the validation meeting, the Pakistani partner (Bedari) and local researcher reflected on the relatively small increase in girls' SRHR-related knowledge at endline level. According to the partner, interviewed girls may not have been able to respond to what are 'taboo questions' when posed by strangers, that is, girls were unlikely to want to show they knew about, for example, contraceptives to people they did not know, this being 'a matter of shame.' Girls reportedly being quite frank with Bedari staff, the results may have been different had these kinds of sensitive questions been asked by Bedari staff. A range of partners indicated that the results were likely to have been affected by 'social desirability,' that is, the tendency of research participants to answer questions in a manner they believe will be regarded favourably.

Qualitative data not always of sufficient quality

The use of digital data collection greatly improved the quality of quantitative data that were gathered and facilitated the data cleaning process. Important changes made to the data collection tools concerned the reduction of the 'no response' answer option, and the development of more focused open questions. Probes were added to a number of questions and, where deemed necessary, existing probes were revised. Research teams were familiarised with basic criteria and examples of good quality summaries of answers to open questions during the endline workshops. Research teams practised documenting answers to open questions using digital tools, the AISSR team providing input on how the quality could be improved. While the quality of the qualitative data gathered further improved when compared with the midline (both in terms of depth and documentation), the qualitative data collection remains the less developed aspect of the current research.

Removal of indicators

In the course of the study, we had to delete a number of the indicators originally developed at the start of the programme. In some cases, we discovered that our data collection tools did not generate reliable data (see specified in strategy IV) or that the indicator values at BL were already very high across countries. An example of the latter was indicator 22, which relates to the share of health facilities that provide services to unmarried young people, according to health staff. The programme had assumed, based on anecdotal information, that not all young people have access to SHRH services. As of the baseline, nearly all health staff report that their health facility was offering such services to all young people, married and single, including school-going young people. This indicator was removed given no improvements could be expected as a result of the Her Choice programme.

In two countries not all regions could be included in country-level data analysis

For Nepal and Senegal, not all study regions were included in the country-level analyses. With regard to Nepal, no midline data were collected in one of the three regions (Makwanpur District). The Nepal country-level

analysis is thus based on data for two regions. In the case of Senegal, only one of the three regions was included in the country-level analyses (Tambacounda). There are two reasons for this: i) Sedhiou region was only added to the study at midline, meaning no baseline data are available for this site, and ii) in both Sedhiou and Kolda region, for unknown reasons, the local partner unfortunately did not implement programme activities in the comparison sites after midline data collection. The indicator values for the regions in Nepal and Senegal that were not included in the country-level tables, can be found in the regional tables, in annex 4. The tables show that many indicator values in the treatment sites in Kolda and Sedhiou are higher than for the Senegal country level data, based on Tambacounda only.

Monitoring of activities forms incomplete

No MoA forms had been received from the partners in Nepal and Uganda for the 2018-2019 period, and for this reason we do not have necessary details as to the kinds of activities that took place in Her Choice communities in these two countries (we do have information on 2016 and 2017 activities for treatment sites). As explained in the section on study limitations, no activities took place in comparison sites in two regions in Senegal, and these are therefore not included in the country level figures. Only after data analysis we found out that no activities had taken place in the comparison site of one of the three Ethiopian regions (Oromia). The Oromia regional data had already been included in the country-level analysis and there was no time to exclude them. Regional data (presented in regional tables in Annex 4) show that endline data for Oromia (treatment and comparison combined) all show less progress than the other two regions of Ethiopia, which negatively affects country-level figures.

Delays due to Covid-19

Due to the Covid-19 pandemic and related restrictions, the training of data enumerators was halted in seven of the 10 countries, and Her Choice activities more generally were stalled for varying lengths of time. Only in Ethiopia, Ghana and Pakistan data were collected prior to the onset of the pandemic and restrictions.

The Covid-19 restrictions severely impacted the data collection process and caused considerable delay in the completion of the study. Some data arrived too late to still be included in the present report, and due to time pressures caused by the delayed completion of the research in the 10 countries, issues we had intended to explore will only be completed at a later stage. Examples include data relating to different understandings of marriage, shocks and changes experienced in study communities influencing the Her Choice programme, details about birth registration, among others. When presenting the data, we include reflections on how Covid-19 impacted on both the research communities and the findings.

Scope of the programme and report: cautious claims

Before moving on to presenting background information regarding the study locations and populations, it is important to add a cautionary note regarding the impact a five-year programme can be expected to have on gendered norms, institutions, relations and practices that underpin practices such as female genital cutting and early marriage. Existing research has amply shown how tenacious gendered structures and norms are [2-4], a finding that is also borne out by the extensive experience of Her Choice partners. For these reasons, we tread carefully in the making of claims regarding the impact of the programme in and of itself, particularly given its relatively short duration.

In the discussion of the findings, we often refer to exceptions to trends or developments found. In some cases, we are able to explain these exceptions, for example, by drawing on Monitoring of Activity forms developed by partners or additional data input gathered during the endline validation meeting of December 1, 2020. However, in most cases, it is beyond the scope of the present report to expand on these exceptions, and further analysis and possibly research would be required to explain the exceptions found.

3. STUDY LOCATIONS AND POPULATIONS

3.1 Study locations

Given the HC programme was implemented in rural sites, all research locations were in rural areas. Distances between treatment and comparison villages ranged from 2 to 50 km. All local researchers – with exception of the Nepalese researcher – reported that they did not expect spill-over effects of programme activities between treatment and comparison villages, because villages were far apart, with often no direct public transportation between the two, and villages use different schools and health facilities. However, spill-over was likely in one district in Nepal, where young people from treatment and comparison villages attended the same school.

3.2 Study participants

Table 2 presents the total number of study participants per study population by country in end, mid and baseline studies. The number of study participants in treatment and comparison sites usually are each approximately half of the total.

Table 2: Number of tools administered per study population, by country and EL/ML/BL

Study populations		BA	PA	NE	SE	MA	BF	BE	GH	ETH	UG	Total
Girls	*EL*	614	293	301	456	1100	906	336	217	751	352	5326
	ML	600	307	289	304	1113	937	317	281	741	315	5204
	BL	604	304	200	312	914	967	305	265	744	327	4942
Households	*EL*	567	183	260	234	543	392	150	169	508	217	3223
	ML	515	195	249	181	587	423	184	228	517	182	3261
	BL	524	201	150	166	470	529	160	212	574	167	3153
Villages	*EL*	4	4	6	6	14	16	8	4	20	4	86
	ML	4	4	4	4	16	17	4	4	18	4	79
	BL	4	4	3	4	13	16	4	4	20	4	76
Health Centres	*EL*	4	4	6	4	13	14	9	6	17	4	81
	ML	4	4	4	3	13	12	4	5	17	2	68
	BL	4	3	3	4	14	13	4	4	20	3	72
SRHR Staff	*EL*	4	4	6	13	20	19	6	5	34	2	113
	ML	8	2	4	6	23	22	4	5	24	1	99
	BL	8	4	4	3	24	15	4	9	20	3	94
Schools	*EL*	4	8	6	6	14	21	7	4	21	2	93
	ML	4	7	4	5	14	23	4	4	20	2	87
	BL	4	4	4	2	19	25	4	4	20	6	92
Teachers	*EL*	4	7	6	10	20	21	8	7	40	4	127
	ML	8	8	4	7	26	38	8	8	36	2	145
	BL	6	4	5	-	27	24	68	4	25	6	169
Districts	*EL*	2	1	3	3	9	8	4	2	11	1	44
	ML	2	2	2	3	9	7	4	2	11	1	43
	BL	2	2	3	2	9	7	4	2	11	1	42
FGDs (students)	*EL*	8	8	8	12	16	16	8	8	16	8	108
	ML	8	8	8	22	35	16	8	8	16	8	137
	BL	8	8	12	4	28	32	8	8	40	4	152

The collected data cover 42-44 districts across the 10 countries. Slightly more than 50% of the total sample was located in three programme countries: Burkina Faso, Mali and Ethiopia. This distribution is proportional to the scale of operation of Alliance members and local partners in these countries.

Young women's marital status was expected to be an important variable. For this reason, data are disaggregated according to marital status, that is, drawing a distinction between young women who reported that they were unmarried, and those who reported being or ever having been married. Table 3 shows the number of married/single 12-17-year-old girls who took part in the study in the 10 countries – these numbers constitute the denominators for much of the subsequent analysis. These numbers are not included in the bar charts provided in this report (for reasons related to formatting and legibility). In many countries the share of married girls in relation to all girls between 12-17 years old seem to be low. Chapter 5 presents data on the share of 17-year old girls being married.

Table 3: Number of married and single girls 12-17, by BL/ML/EL and T/C

	Baseline				Midline				Endline			
	Treatment		Comparison		Treatment		Comparison		Treatment		Comparison	
Country	*n married*	*n single*	*n married*	*n single*	*n married*	*n single*	*n married*	*n single*	*n married*	*n single*	*n married*	*n single*
Ethiopia	7	374	4	337	3	360	0	369	1	372	2	376
Ghana	2	133	5	125	1	142	2	136	3	142	2	139
Uganda	6	161	1	159	3	217	3	179	8	190	2	152
Benin	14	136	18	132	5	152	11	149	8	159	12	157
Burkina Faso	31	478	27	431	7	459	0	471	4	444	0	458
Mali	62	398	64	390	55	502	61	495	1	553	9	537
Senegal Tamba	3	69	6	68	5	71	5	70	3	74	4	72
Senegal *Kolda*	29	46	21	52	19	58	14	62	15	57	16	61
Senegal *Sedhiou*	--	--	--	--	5	71	4	72	4	65	18	67
Bangladesh	19	286	33	266	25	274	36	264	5	304	20	285
Nepal *Mo&Ba*	24	76	35	65	13	126	16	134	1	100	0	100
Nepal *Makw*	0	50	4	46	--		--		0	50	0	50
Pakistan	54	96	49	105	15	139	33	120	5	151	14	129

4. OUTPUTS AND OUTCOMES OF PROGRAMME ACTIVITIES

4.1 Introduction

In this chapter we present study findings on the output indicators (measuring programme activities), and the (intermediate) outcome indicators (measuring effects of programme activities). These indicators were developed at the start of the Her Choice programme in 2016 in keeping with the six intervention strategies and the Theory of Change (ToC) more broadly. A list of indicators by strategy, including indicator numbers can be found in Annex 1.

For each country, indicator values pertaining to the study population of girls (12<18 years) are presented in bar charts, drawing a distinction between treatment (T) and comparison sites (C), and between baseline (BL), midline (ML), endline (EL) study phase. Measurement of indicator values for other study populations are presented in tables. We do so as the total sample for these study populations is often smaller than 10 and stating results in percentages is not appropriate. Instead, we present values in fractions (e.g. 3/6).

When presenting indicators values, so called 'supporting data' are provided to validate or qualify the indicator findings. An example of such information is the topics addressed in SRHR-related education that young people received. In addition, supporting information is also provided to clarify contextual issues or offer background on relevant issues, for example, whether girls reportedly usually attend school during their menstrual period.

The following six sections (4.2 – 4.7) each start with a short introduction to the strategy and, where relevant, provides some contextual backdrop to the strategy. For example, with regard to Strategy VI, we provide background information regarding national laws related to child marriage. We then go on detail the values and supporting information for output and (intermediate) outcome indicators.

4.2 Strategy I: Invest in girls, their knowledge, skills and participation

Introduction

Within the framework of Strategy I, girls are offered various educational programmes which aim to build their SRHR-related knowledge and skills, and their lobby and advocacy skills. A central output of the programme concerns the number of young women educated on SRHR (IND29), including on negative effects of child marriage and FGM/C. Expected intermediate outcomes relate to young women's comprehensive knowledge on SRHR (IND18), and the outcome that they have confidence in opposing a marriage against their will (IND6.1) and FGM/C (IND6.2). In addition, expected outcomes relate to girls' use of contraception in a sexual relationship (IND8), and their ability to speak out in community meetings on girls' rights, and against child marriage and FGM/C (IND9).

Output: SRHR-related education for girls and young women

Figure 1: IND29 Share (%) of single girls who received SRHR related education

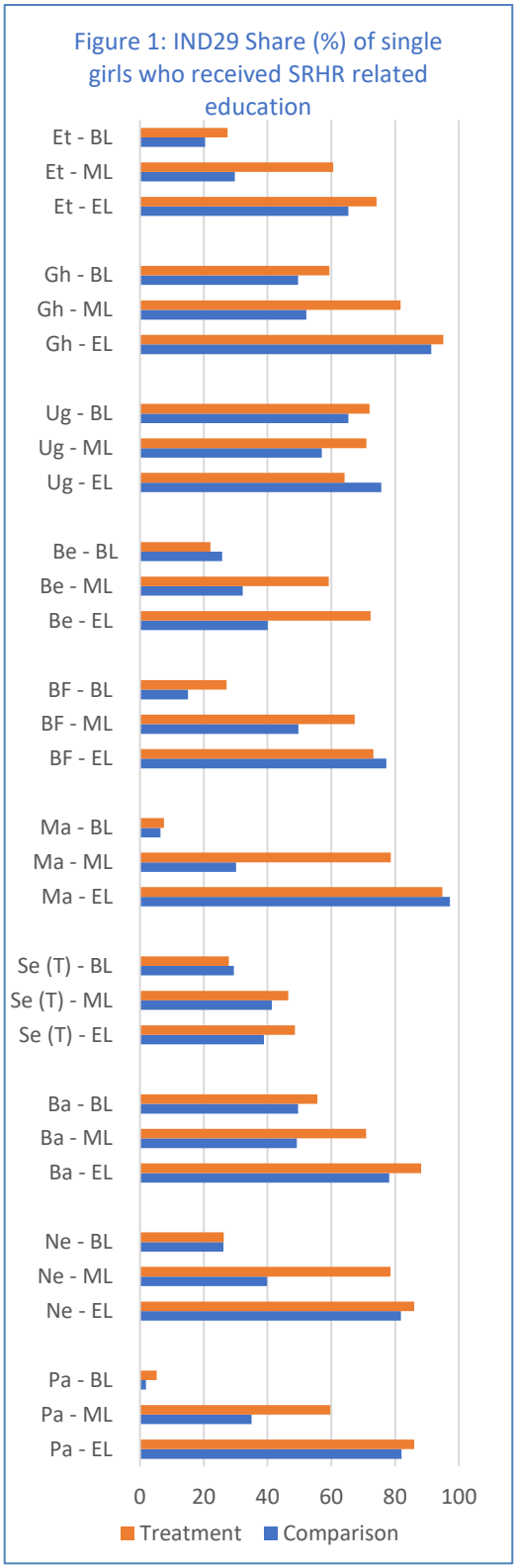


Figure 1 shows that in all countries bar Uganda, a (considerably) higher share of girls received SRHR-related education at endline level compared with baseline and midline levels. In all countries excluding Senegal, more than 60% of single girls and up to 95% of single girls in Ghana (T) received SRHR education at endline. The sharpest increases from baseline to endline were found in Mali and Pakistan. Noticeable is that at the endline, the shares in comparison sites in most countries have reached similar levels as those for treatment sites.

The figures for Ethiopia would have been higher if it had not been for low figures in Oromia (R3) – which have been included in country level calculation. Figures for treatment sites in Kolda and Sedhiou regions in Senegal, which are not included in country level calculation are higher than those presented in Figure 1, respectively 88.7% and 78.3%, but very low for comparison sites where, due to the partner organisation's decisions, no activities have taken place (Table A4.1).

Supporting data

Local partners' MoA reports support the findings on IND29. That is, in all countries, SRHR-related training of girls in various settings is conducted by (most) HC partners – either within the framework of in-school girl clubs (most of these clubs were set up as part of Her Choice programme), or during extra- or intra-curricular activities. SRHR-related education started after BL data collection in the treatment sites took place, and after ML data collection in the comparison sites. Only in a few study locations no SRHR-related education was given after ML. During the validation meeting, the Ghanaian partner reflected on the decision that had been taken to 'slow down' activities in treatment communities following the midline study, and that this decision most likely affected endline results for treatment communities.

Overall, less training is provided to out-of-school girls than those in school. It should be noted that in Pakistan in all study locations training of out-of-school girls was offered, in addition to training in schools. It is likely that this decision was due to a lower share of girls being enrolled in school in Pakistan (see section 4.3). Only by also providing

SRHR education to out-of-school girls could a sufficiently large share of girls be reached, therefore.

Girls were asked where they received SRHR-related education. In most countries, such education was reportedly school-based, and was provided during and/or before lessons that were part of the regular curriculum (Table A5.1). In many countries, school clubs were established in which SRHR-related education was given (MoA country forms). In Ethiopia, Ghana, Benin, Nepal (T) and Pakistan (T), the majority of girls reported they were members of such a club (Table A5.2). Only in Benin and Bangladesh did more than 60% of girls report they also received SRHR-related education outside the school setting (Table A5.1).

Similar topics were covered during SRHR-related lessons in the different Her Choice communities, covering a comprehensive range of issues. Topics included the menstrual cycle, pregnancy, negative effects of child marriage, laws against child marriage, negative effects of FGM/C (for Africa countries), gender relations and gender equality, puberty and bodily changes, female and male reproductive systems, and contraceptive methods. Compared with countries in Africa, less attention was reportedly paid to intimate sexual relationships and male contraceptive methods in the three South Asian countries, particularly in Pakistan (Table A5.3).

Intermediate outcome: SRHR knowledge

Indicators 18.1 and 18.2, the intermediate outcome of SRHR-related education, concern young women's levels of SRHR-related knowledge. Young women were deemed to have 'comprehensive knowledge' if they were able to answer correctly on questions regarding the following five issues: 1) when in the menstrual cycle a girl has most chance of becoming pregnant, 2) whether a girl can get pregnant the first time she has sexual intercourse, 3) knowledge of existence of male condom, 4) knowledge of existence of contraceptive pills, and 5) able to mention at least one negative effect of CM. The first four questions were identified as essential minimum knowledge to prevent unplanned pregnancy, the fifth was included as an additional means to measure HC training. We acknowledge the limitations of these questions, for example, in countries such as Pakistan and Uganda, SRHR-related education cannot address condoms. In addition, 'comprehensive' knowledge on SRHR arguably includes many more issues than the five listed here.

Figure 2: IND18.2 Mean degree of girls' knowledge on SRHR (Range 0-5)

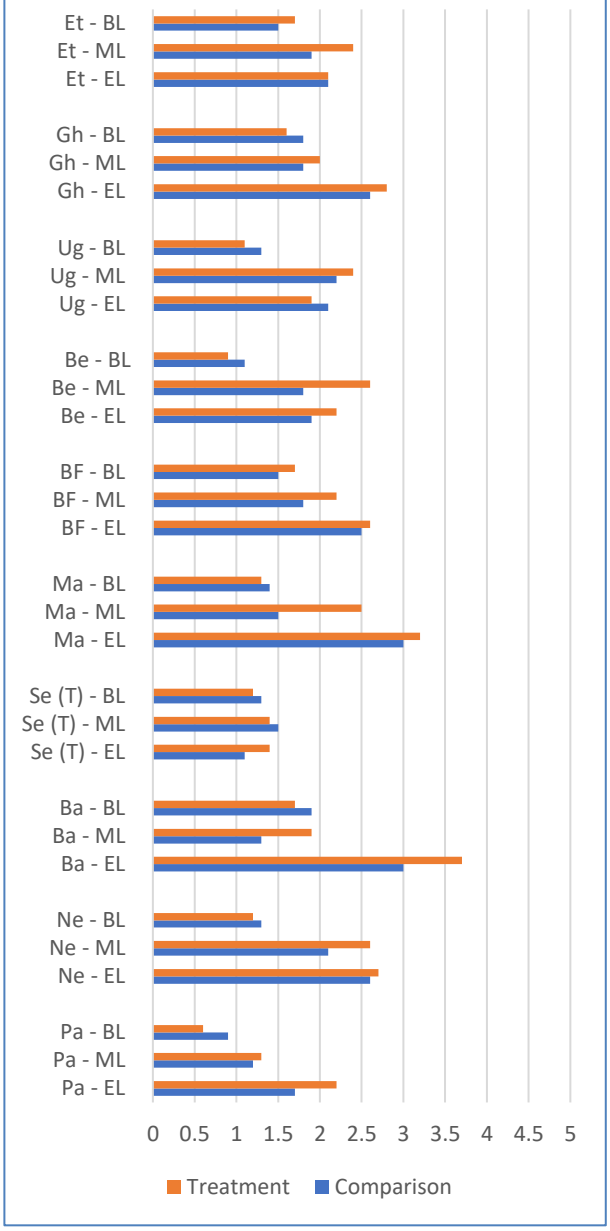


Figure 2 shows that young single women's mean degree of comprehensive knowledge (minimum 0, maximum 5) has increased from baseline to endline

for both treatment and comparison sites in six countries, that is, Ghana, Burkina Faso, Mali, Bangladesh, Nepal and Pakistan. In other countries the results are less straightforward. However, mean comprehensive knowledge remains low and in eight countries only approaches or is below 2,5. Only in Bangladesh and Mali did girls 'score' above 3, in both treatment and comparison sites (Table A4.3).

t-test results

The degree of knowledge on SRHR has significantly improved in nine out of 10 countries. The largest increase was found in Mali, the smallest in Ethiopia. For Senegal (T) the variation is not statistically significance.

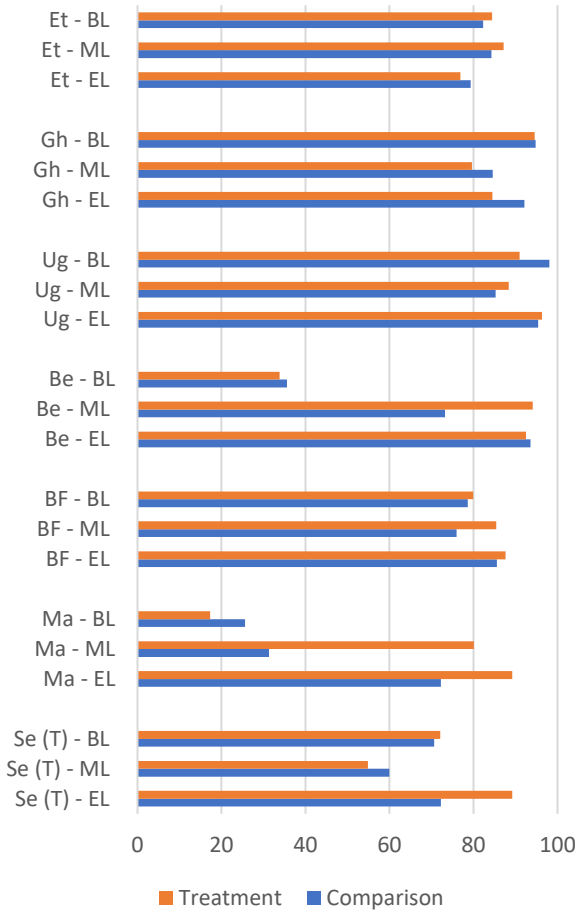
Supporting data

When examining response to the five questions listed earlier and which are the composites of indicator 18, we see that across countries, the question that is most frequently answered *in*correctly relates to the moment in the menstrual cycle a woman is most likely to become pregnant. However, it should be noted that this question was answered correctly more often in most countries when compared to the midline and baseline (See table A2.3 ML report). Girls in Bangladesh most frequently answered this question correctly (52.1% in T site), girls in Senegal least frequently (1.7% in C site).

The majority of girls in most countries (T/C) knew that a woman can become pregnant the first time she has sex, with highest knowledge in Ghana (80.7% in T site) and Bangladesh (T site) and Ghana (C site) (both 70.2%). Only in Pakistan, Nepal, Bangladesh C and Uganda (C), more than half of the girls do not have this knowledge: they either answered that a girl cannot become pregnant the first time she has sexual intercourse or did not know whether this was possible or not. Especially in Nepal and Pakistan the share of girls who answered 'I do not know' was high, 60% in Nepal (C). The question that girls were best able to answer related to negative effects of child marriage (Tables A5.4 – 5).

The SRHR-related knowledge that girls gained through the programme was more extensive than covered by these five questions. In addition, the data presented here are limited to girls, while in practice, boys also took part in the lessons. Regarding the former, when girls who had been involved in HC programme were asked (using an open question) about the main lessons they had learned regarding SRHR. In addition to learning about negative effects of child marriage (and FGM/C), how to avoid unwanted pregnancies and protect themselves against STIs, girls mentioned a wide range of other topics, including learning about how to take care of themselves during menstruation, making menstrual pads, learning about their rights, negotiation skills, and about gender relations.

Figure 3: IND6.2 Share of single girls who oppose FGM/C



Indicator 6.2 measures the share of girls who oppose FGM/C. At baseline level the vast majority of girls in all countries except Mali, already indicated they opposed FGM/C: ranging from 72.1% in Senegal (T) to 98.1% in Uganda (C). At endline, the share of all single girls who opposed FGM/C had increased to an even higher level in all countries excluding Ethiopia and Ghana, where shares decreased slightly (from 83.3% to 78.1% in Ethiopia and from 94.7% to 88.3% in Ghana). In Mali, where there is no national law against FGM and prevalence of FGM is high, at baseline the mean of single girls who were opposed to FGM/C in treatment and comparison sites was 21.5%. The Mali data are illuminative of developments in treatment and comparison sites. At ML level, differences between these communities were considerable, with treatment sites revealing extensive progress (from 17.3% at BL to 80.1% at ML), comparison sites showing very little progress (from 25.6% at BL to 31.3% at ML). The increase in the share of girls opposed to FGM/C in Mali across the two kinds of sites from BL to EL is sizeable, the mean at EL in treatment and comparison communities being 94% (Table A4.4).

t-test results

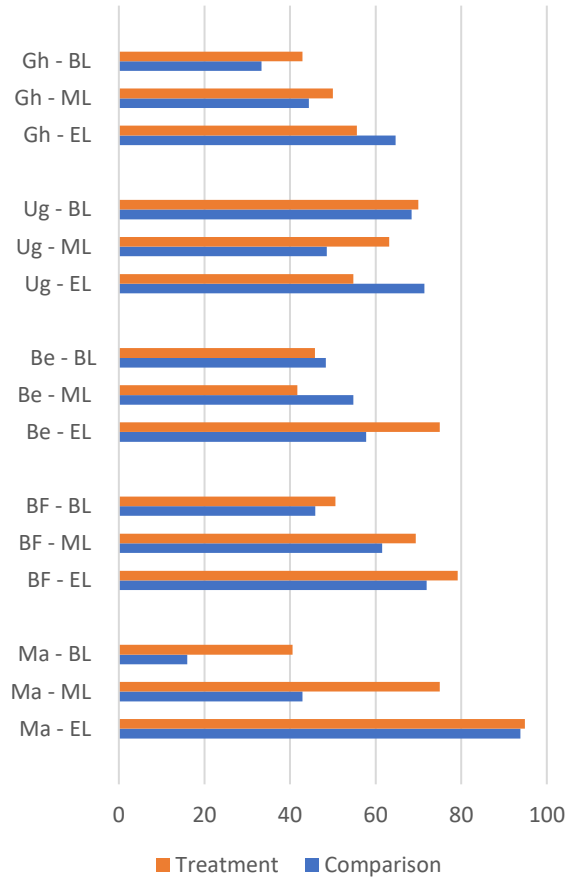
The difference from baseline to endline is positive and more single girls oppose FGM. However, only the three countries with the biggest samples show a significant change. As noted above, the results for Mali are particularly noteworthy, the share of single girls opposing FGM increasing to 93.4% at endline from a baseline value of 21.4%.

Supporting data

At endline level, the majority of girls in all countries except Uganda and Senegal (C) reported they knew about negative effects of FGM/C; from 57.4% in Benin (C) to 93.4% in Ethiopia (C). In Uganda, only about one-quarter of girls indicated they were aware about negative effects of FGM/C, with two-thirds replying they did not know whether there were negative effects or not. This apparent lack of awareness could be explained by the fact that in the areas where the study took place (in Uganda), FGM prevalence is reported as being very low, around 1%. When asked, the girls who did know of negative effects of FGM/C, almost all listed negative health effects. In varying degrees between countries, girls mentioned negative psychological effects of FGM/C (from 17.0% in Ghana (C) to 64.9% in Ethiopia (T). Additionally, between 23.2% (Ghana T) and 58.3% (Senegal C) of girls referred to FGM/C as an abuse of women's rights (Table A5.6). Unfortunately, the questionnaire did not have follow up questions asking girls to elaborate on the health or psychological negative effects (but see the Her Choice Midline report [5] for negative (and positive) effects of FGM/C as reported by young people).

Outcome: Use of contraception

Figure 4: IND8 Share of reportedly sexually active single girls who used contraception (%)



Indicator 8 relates to use of contraceptives by single girls who were sexually active (defined as girls who have or ever had sex with a man, either voluntary or involuntary). We asked girls who reported having been sexually active whether she or the man had done anything before or after sex to prevent pregnancy. As was expected, questions on sexual activity were very sensitive and proved very difficult for single girls to answer. (These difficulties remained, somewhat unsurprisingly despite efforts at midline and endline to improve the introductions to these questions, clarifying the programmatic purpose of these questions and offering repeated assurances as to the confidentiality of information provided.) (Table A5.7).

In the five countries where there were more than 10 single girls in treatment and in comparison areas who reported they had been (or were) sexually active, the contraceptive use had increased from baseline to endline in both treatment and comparison sites in Benin, Burkina Faso and Mali. The biggest increase was found in Mali where at endline level more than 90% of single sexually active girls had used contraceptives. It should be noted that we did not probe how often girls had sexual intercourse and whether they used contraception every time they had sex. Contraceptive use decreased from BL to EL in treatment sites in Ghana and Uganda, while remaining approximately the same in comparison sites (Figure 4; Table A4.5).

t-test results

The results with regard to the use of contraceptives are nuanced. For Mali, Burkina Faso and Benin, there a significant increase in the share of girls who reported they used contraception. For the other countries, however, the variation was not statistically significant.

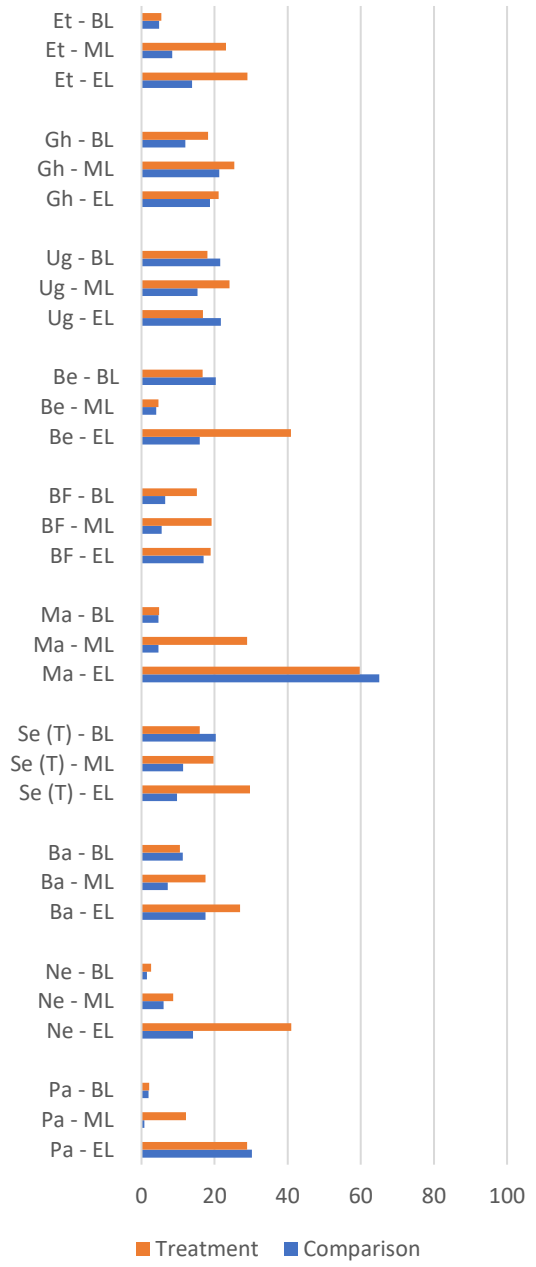
Supporting data

The majority of single girls across countries who reportedly tried to prevent pregnancy, used male condoms. A few girls used contraceptive pills. In Ghana and Benin some girls indicated they used 'natural family planning,' that is, withdrawal (prior to ejaculation) and/or using rhythm method. Only one or two girls in Ethiopia, Uganda and Benin reported using emergency contraception (morning after pills) (Table A5.8).

During the validation meeting, Her Choice partners in Benin indicated that community views on contraception had likely hindered girls' access, clarifying that distribution of products 'is sometimes done at night, away from the eyes of the community.' The Ghanaian partner indicated that the honourability of bearing children and getting married helped explain a) the number of sexually active girls in Her Choice communities (which the partner had expected would have decreased more strongly), and b) the relatively low number of sexually active girls using contraception (the partner had expected to see a stronger increase here).

Outcome: Speaking out about rights

Figure 5: IND9 Share of single girls who have spoken out in community meetings/rallies on their rights (%)



Compared with baseline, at endline level a higher share of single girls were reported to speak out about their rights and against child marriage in all countries, except Uganda. The countries where largest increase was observed in both treatment and comparison areas were Mali and Pakistan, with similar figures for treatment and comparison sites. The mean for treatment and comparison in Mali rose from 4.7% at BL to 62.3% at EL, and in Pakistan from 2.0% at BL to 29.5% at EL. At endline level, the largest share of girls said to be 'speaking out' was found in Mali. Countries with large increase in treatment areas were Ethiopia (5.1% BL to 21.4% EL), Benin (16.7% BL to 40.9% EL), and Nepal (2.6% BL to 41.0% EL). In Senegal, the share of girls speaking out increased in treatment areas but decreased in comparison areas (Table A4.6).

t-test results

These data suggest that the Her Choice programme has strengthened the confidence of girls to speak out in public. In seven of the 10 countries, the share of girls who have spoken out in community meetings has increased significantly. The change is not significant in Ghana, Senegal (Tambacounda) and Uganda. The magnitude of the increase varies from about 60 percentage points (Mali) to seven percentage points (Burkina Faso).

Supporting data

During the validation meeting, country teams discussed the possibility of girls speaking out in communities, various partners indicating that girls and young people more generally, were, in the words of the Ghanaian partner 'not expected to speak up in the presence of adults [and] as a result, girls in particular are less likely to speak up publicly.'

4.3 Strategy II: Improve access to formal education for girls

Introduction

The second programme strategy of Her Choice is geared to improving young women's access to formal education by addressing possible school access and attendance-related barriers for girls. To this end, the HC programme organises the following activities: teacher training on SRHR (output indicators 30), and promotion and support to schools to create more girl-friendly environments. These actions were expected to lead to intermediate outcome of more teachers feeling able and confident to teach about SRHR (IND 19.1), more schools being girl-friendly (IND19.2) and a higher share of girls being enrolled in school (IND20). The outcome indicator for Strategy II pertains to the share of girls who are enrolled in school who regularly attend school (IND 10), building on the recognition that school enrolment does not necessarily entail regular attendance.

Village leaders in various countries reported on infrastructural developments that may have influenced values of the indicators on education. Leaders of some villages in Ghana, Mali, Benin and Burkina Faso reported that schools or classrooms were constructed or improved (in Ghana with the help of the community), which according to them, increased school attendance. At the other hand, in one village in Benin, the classrooms were destroyed by heavy rainfall. In Nepal, Senegal and Mali, roads were improved or constructed which facilitated access to schools. In other villages and countries, access to school was reported to have diminished as a result of insecurity following political unrest, as reported by village leaders in Ethiopia, Mali and Burkina Faso. In Burkina Faso and Mali some of the schools were closed because of security threats.

It should be noted that total numbers of teachers and schools included in the study often differ across BL, ML and EL. The reasons for this variation are: i) absence of school principals (or her/his substitute) and/or teachers were not present at the time of data collection, and ii) interviews were not uploaded on the server and could not be re-done (only in some cases were interviews done again by phone).

Output: Teachers trained to provide SRHR-related education

Between baseline and endline levels, an increasing share of teachers who received training to give SRHR-related education was found. The training received during BL was mainly part of pre-service training in biology, not geared to SRHR for young people, while at both in ML and EL levels, the training received had been provided was by the HC programme. At endline, almost all teachers in treatment and comparison sites in Ethiopia, Ghana, Burkina Faso, Mali, Bangladesh and Nepal reported they had received such training. At midline level, a larger share of teachers in treatment sites had received training in all countries, as was to be expected from the study design. In Pakistan and Benin, no progress appears to have been made, however (Table 4).

MoA forms clarify that most local partners in all countries in treatment and comparison sites have trained teachers and/or school managers, and /or counsellors on SRHR-related issues, in both primary and secondary schools. In Benin no such training happened in comparison sites. The lack of apparent progress in Pakistan and Benin may be due to the sample of teachers not including those who had been part of the SRHR training offered by Her Choice.

Table 4: IND30 Share of teachers trained to teach SRHR-related education, at BL, ML and EL, by T/C and country

	Baseline		Midline		Endline		Totals (T + C)	
	T	C	T	C	T	C	Baseline	Endline
Ethiopia	0/10	0/10	2/10	1/18	95.2	100.0	0/20	97.5
Ghana	0/1	1/2	2/2	0/2	4/4	3/3	1/3	7/7
Uganda	-	-	1/1	0/1	2/2	1/2	-	3/4
Benin	-	-	0/2	0/2	0/2	0/2	-	0/4
Burkina Faso	4/13	1/9	3/13	2/10	9/12	9/9	5/22	2/21
Mali	-	-	3/7	1/7	10/10	9/10	-	19/20
Senegal (T)	1/1	0	2/2	1/1	2/2	1/2	1/1	3/4
Bangladesh	0/2	1/2	2/2	0/2	2/2	2/2	1/4	4/4
Nepal (B & M)	0/2	0/2	2/2	0/2	1/1	1/1	0/4	2
Pakistan	0/2	0/2	3/4	0/4	1/4	0/3	0/4	1/7
N Teachers								
Ethiopia	10	10	18	18	21	19	20	40
Ghana	1	2	2	2	4	3	3	7
Uganda	4	2	1	1	2	2	6	4
Benin	4	4	2	2	2	2	8	4
Burkina Faso	13	9	13	10	12	9	22	21
Mali	12	15	7	7	10	10	27	20
Senegal (T)	1	0	2	1	2	2	1	4
Bangladesh	2	2	2	2	1	1	4	2
Nepal (B & M)	2	2	2	2	1	1	4	2
Pakistan	2	2	4	4	4	3	4	7

Intermediate outcome: Teachers' confidence to teach young people about SRHR

Table 5: IND19.1 Share of teachers reporting they felt able and confident to teach SRHR

	Baseline		Midline		Endline		Totals (T + C)	
	T	C	T	C	T	C	Baseline	Endline
Ethiopia	66.7	61.5	15/18	17/18	16/21	11/19	64.1	67.5
Ghana	2/2	0/2	2/4	2/4	3/3	3/4	2/4	6/7
Uganda	-	-	1/1	1/1	2/2	2/1	-	3/4
Benin	3/4	3/4	2/4	2/4	3/4	0/4	6/8	3/8
Burkina Faso	69.2	27.3	8/22	8/16	12/12	6/9	48.3	85.7
Mali	25.0	20.0	7/12	6/14	9/10	8/10	22.5	85
Senegal (T)	1/1	0	0/2	0/1	2/2	2/2	1/2	4/4
Bangladesh	1/3	2/3	1/4	2/4	1/2	1/2	3/6	2/4
Nepal (B & M)	1/1	1/2	2/2	2/2	1/1	1/1	2/3	2/2
Pakistan	0/1	1/3	0/4	0/4	2/4	1/3	1/4	3/7
N Teachers								
Ethiopia	12	13	18	18	21	19	25	40
Ghana	2	2	4	4	3	4	4	7
Uganda	-	-	1	1	2	2	-	4
Benin	4	4	4	4	4	4	8	8
Burkina Faso	13	11	22	16	12	9	24	21
Mali	12	15	12	14	10	10	27	20
Senegal (T)	1	0	2	1	2	2	2	4
Bangladesh	3	3	4	4	2	2	6	4
Nepal (B & M)	1	2	2	2	1	1	3	2
Pakistan	1	3	4	4	4	3	4	7

In most countries, when compared with BL, an increasing share of teachers at EL reported they felt confident and able to teach about SRHR-related topics to young people. A large increase from BL to EL was noted among teachers in Mali (from BL 22.5% to EL 85%), and in Burkina Faso (from BL 48.3% to EL 85.7%). In Nepal and

Senegal, all teachers indicated they felt confident and able to teach about SRHR-related topics to young people (Table 5).

Supporting data

Teachers who reported they did not feel able to teach about SRHR to young people or (occasionally) lacked confidence to do so were asked an open question as to why they occasionally lacked confidence. The main reasons teachers provided were that: i) they were uncomfortable teaching about subjects that were considered taboo, and were private issues not commonly spoken about in public; ii) they and the girls were shy to talk about issues; iii) they were not sure they had sufficient knowledge on SRHR-related topics; iv) community members opposed the teaching about SRHR to young people; v) they were not comfortable to talk about female reproductive system or genitalia; and/or vi) they were not comfortable to talk about sexual intercourse as doing so got students 'excited,' which disrupted the class.

Teachers were asked an open question as to what kinds of SRHR-related questions they found difficult to address. Responses varied across countries. Topics that were mentioned most frequently in different countries related to: sexual pleasure, same sex relations, and masturbation (Table A5.9).

Intermediate outcome: Girl-friendliness of schools

As from baseline, almost all school principals in all countries indicated that they had taken at least one measure to make their school more girl-friendly. Very few HC partners (in a few countries) reported in the 2016 and 2017 MoA forms that they had supported schools in adopting girl-friendly measures. However, in 2018-2019, almost all partners in all countries reported they had supported schools in treatment and comparison sites in taking measures to make them more girl-friendly. Such measures included having a referral system between school and nearby health facility, separate sanitation facilities for female and male pupils, a counsellor in the school, a safe room for girls, and sanitary pads. Most partners in Benin, Burkina Faso, Ghana, and Pakistan, of two regions in Ethiopia, of one region in both Mali and Bangladesh were very active in both treatment and comparison sites in supporting efforts to make schools more girl-friendly. With regard to the comparison site of one of the regions in Bangladesh (Khulna) and one in Ethiopia, no activities (geared to promotion of girl-friendliness of schools) were reported. Many HC partners across countries noted the high staff (teachers and principals) turnover in schools in many HC project areas. This turnover obviously diminished the potential impact of Her Choice in its project areas.

School principals were asked to name the measures that had been taken and to rate the girl-friendliness of their school on a scale from 1-4: with (1) being not girl-friendly, (2) somewhat, (3) quite/rather, or (4) very girl-friendly. When participants scored their school with a (3) or (4), this was noted as 'positive' on indicator 19.2.

Table 6: IND19.2 Share of school principals who regard their school to be girl-friendly

	Baseline		Midline		Endline		Totals (T + C)	
	T	C	T	C	T	C	Baseline	Endline
Ethiopia	0/10	0/10	7/10	2/10	6/10	8/10	0/20	14/20
Ghana	0/2	1/2	2/2	1/2	2/2	2/2	0/4	4/4
Uganda	nd	nd	1/1	0/1	1/1	1/1	nd	2/2
Benin	0/1	1/2	0/1	0/2	1/1	1/2	0/3	1/3
Burkina Faso	4/8	3/7	7/8	5/7	8/8	7/8	7/15	15/15
Mali	4/7	5/7	4/7	5/7	7/7	7/7	9/14	14/14
Senegal (T)	1/1		1/1		1/1		1/1	1/1
Bangladesh	0/2	1/2	2/2	0/2	1/2	1/2	1/4	2/4
Nepal (B & M)	0/1	0/1	1/1	0/1	1/1	1/1	0/2	2/2
Pakistan	0/2	0/2	0/2	0/2	0/2	0/2	0/4	0/4
N Schools								
Ethiopia	10	10	10	10	10	10	20	20
Ghana	2	2	2	2	2	2	4	4
Uganda	nd	nd	1	1	1	1	nd	2
Benin	1	2	1	2	1	2	3	3
Burkina Faso	8	7	8	7	8	7	15	15
Mali	7	7	7	7	7	7	14	14
Senegal (T)	1	0	1	0	1	0	1	1
Bangladesh	2	2	2	2	2	2	4	4
Nepal (B & M)	1	1	1	1	1	1	2	2
Pakistan	2	2	2	2	2	2	4	4

From at BL to at EL, an increased share of school principals across countries, excluding Pakistan, indicated they believed their school was girl-friendly. At EL, all school principals in six countries reported their school to be 'rather' or 'very' girl-friendly': Ghana, Uganda, Burkina Faso, Mali, Senegal and Nepal. In three countries, the share had increased considerably, for example, in Ethiopia, the share of principals who were positive about their own school increased from 0 at BL, to 14 out of 20 schools at EL. In Pakistan, none of the four school principals considered their school to be girl-friendly, at either BL or at EL levels (Table 6).

To give a more objective measure of girl-friendliness, an additional indicator (IND19.3) was added at midline to assess the number of measures taken to make a school girl-friendly, with a maximum of 11 possible measures. Possible initiatives included 'fencing' a school (to improve safety), providing separate sanitation facilities for girls and offering emergency sanitary pads. When reviewing the number of measures reportedly taken at ML level, very few schools involved in the study could be considered girl-friendly. When using half of the measures (6/11) as a cut-off point, only treatment schools in Nepal, Mali, Uganda and Ghana could be considered 'girl-friendly.' The mean number of girl-friendly measures taken had increased at EL in all countries bar Ghana and Uganda (it should be noted these countries scored high at midline level). Comparison schools in Nepal reported having taken 10 sets of measures, while in comparison schools in Bangladesh, the number of measures taken increased from 3.5 (ML) to 7.5 (EL). At EL, if we take the cut-off point of 6/11 measures, schools in Ethiopia, Mali, Senegal and Nepal can be considered girl-friendly (Table 7). Particularly in the case of Nepal, the discrepancy in the reported measures taken and particularly young women's views regarding the girl-friendliness of their schools is noteworthy (see textbox 3 below).

Table 7: IND19.3 Mean number of measures taken to make schools girl-friendly (out of 11)

	Midline		Endline		Totals (T + C)	
	T	C	T	C	Midline	Endline
Ethiopia	5.7	2.8	7.2	5.2	4.3	6.2
Ghana	6.5	5.5	3.5	3.0	6.0	3.3
Uganda	6.0	3.0	4.0	3.0	4.5	3.5
Benin	3.0	3.0	4	3.5	3.0	3.8
Burkina Faso	4.3	3.1	4.4	4.1	3.7	4.2
Mali	6.8	2.3	7.4	5.7	4.5	6.6
Senegal (T)	3.0		7.0		3.0	7.0
Bangladesh	5.5	4.0	7.5	7.5	2.8	7.5
Nepal (B & M)	8.0	2.0	10.0	7.0	5.0	8.5
Pakistan	1.5	4.0	4.0	5.0	2.8	4.5
N Schools						
Ethiopia	10	10	10	10	20	20
Ghana	2	2	2	2	4	4
Uganda	1	1	1	1	2	2
Benin	1	2	1	2	3	3
Burkina Faso	8	7	8	7	15	15
Mali	7	7	7	7	14	14
Senegal (T)	1	0	1	0	1	1
Bangladesh	2	2	2	2	4	4
Nepal (B & M)	1	1	1	1	2	2
Pakistan	2	2	2	2	4	4

Supporting data

Most common measures taken by schools across the different countries at EL were: creating separate sanitation facilities for boys and girls, establishing a girls' club, provision of dignity kits (emergency menstrual pads), creation of a 'safe room' for girls (for girls to rest when they are menstruating, for example), development of a child protection policy, and recruiting a counsellor/focal person for girls (Table A5.10). Text boxes 2 and 3 give participating students' views on what are important characteristics of child- and girl-friendly schools

Text box 2: Students' views on characteristics of girl- and child-friendly schools

FGD data from **Ethiopia, Nepal, Mali, Pakistan and Uganda** yielded most insight into issues that were deemed essential characteristics of child- and girl-friendly schools, dovetailing with data regarding girl/child-friendly status of schools in Her Choice communities (see Tables 6 and 7). Girls most often spoke of the need for resources to allow them to take part in daily school activities when they were menstruating, mentioning availability of sanitary pads, clean washrooms, and running water. Girls in **Uganda** pointed to the need for schools to have spare clothes available for 'girls whose clothes get soiled when menstruation begins while at school', girls in **Mali** referring to the need for more 'dignity kits.'

During FGDs in **Nepal and Uganda**, issues regarding safety on the way to school was mentioned, with girls in **Uganda** calling for the establishment of a 'link with local police' so that 'boys and men who disturb girls on their school journey are arrested.' Young women in **Nepal** spoke of feeling 'scared to walk' to school because 'boys tease us,' while young women in **Ethiopia** spoke of 'fear of abduction' on the way to school, with 'girl-friendly schools' defined as those 'that are free from fears of abduction on the way to school […].' These data reveal the continued centrality of addressing young women's physical safety on the way to school, and their material needs to regularly attend school.

In addition to the material and infrastructural needs highlighted above, girls spoke of the importance of education on menstrual health and 'how to use and clean pads' (girls, Nepal), as well as their expectations regarding their relationships with and the environment created by teachers. Girls in both **Nepal and Pakistan** spoke of teachers needing to be 'kind' in order for there to be 'a friendly atmosphere where girls would feel comfortable asking for pads' or 'advice about teenage problems,' more broadly (girls, Nepal). Beyond 'kindness,' young women in **Nepal** mentioned that male teachers needed more

education on menstrual cycles, given that, in their experience, some male teachers accused girls of 'faking pain because we don't want to study.' Young women in Uganda explicitly referred to the need for female teachers that girls could turn to for sanitary pads, but also to mitigate 'the influence of bad girls on good ones.' Girls spoke of 'derogatory comments from older girls', such as 'you should get married soon, you are nearly a grandmother,' and instances whereby 'a bad girl tried to lure me' by telling about younger girls needing to get boyfriends in exchange for nice gifts.

Young men in the three countries most frequently referred to the need for a 'friendly relationship with teachers' and 'good attitude of teachers towards the students' (boys, Pakistan). was the main theme in boy FGD responses. As young men in Pakistan observed 'when teachers treat us in a friendly manner' the boys stated feeling 'safer' and 'less shy in speaking up about issues.' In Pakistan, both girls and boys referred to the need to abolish corporal punishment for schools to be considered girl or child friendly. Somewhat similar to their female peers, young men in Uganda spoke of the importance of 'teachers with friendly attitudes' who give 'good advice to us', including 'advice not to do wrong things.' The FGDs thus suggest young people looked to their teachers for (moral) support and to create a safe and supportive environment more broadly.

Answers of village leaders related to questions regarding the girl-friendliness of the primary and secondary schools in their area, and perceived changes in the girl-friendliness corroborate the findings among principals. The leaders of nearly all villages in the ten different countries considered primary schools in their vicinity to be girl-friendly or 'somewhat' girl-friendly. Only leaders in one village in Ethiopia (T), one in Uganda (C), one in Burkina Faso (T) and one in Senegal (T) considered the primary school(s) not to be girl-friendly (Table A5.11). Most leaders across countries also regarded secondary schools in their area as being girl-friendly or 'somewhat' girl-friendly. In Ghana, Uganda, and Bangladesh all secondary schools were considered girl-friendly. In Ethiopia, a relatively larger share of leaders considered their secondary schools not to be girl-friendly (five out of 10 in comparison site) (Table A5.12).

The majority of leaders across countries reported they had noticed a change in the girl-friendliness of primary and secondary schools over the last two years. Only among the leaders of the nine (T) villages in Burkina Faso, four had not seen changes in their primary schools, and five had not seen any changes in secondary schools (Tables A5.13, A5.15). In nearly all villages in all countries, and at both primary and secondary school level, the direction of change is positive, in other words, schools were seen to have become more girl-friendly. Only in Burkina Faso (C) and Ethiopia (T) more than one secondary school had become less girl-friendly according to village leaders (Tables A5.14 and A5.16).

Village leaders gave their views on the issues they considered important for a school to be labelled girl-friendly (in response to an open question). The points they raised align with the kinds of measures used for this study. Most mentioned measures reported by village leaders were: i) creation of separate and hygienic bathrooms; ii) provision of soap and sanitary pads (and clean underwear) to girls, and support to girls during their periods by a female nurse or designated teacher, iii) availability of a safe room for girls to change; iv) presence of a fence around the school; v) safety on the way to school; and vi) good and approachable teachers to whom girls can turn when they have questions about their studies and SRHR-related matters. Interestingly, all village leaders in Nepal stated that the creation of girl-friendly primary and secondary schools had recently become a priority of the communities in question, clarifying that they were investing in improving infrastructure and creating more girl-friendly attitudes (of school staff, for example). Here too the apparent discrepancies between views expressed by village leaders and young people in research communities in Nepal, and young women in particular, are noteworthy, with the latter in particular far more critical of the girl-friendliness of their schools.

Concerning the Ethiopian village leaders who regarded secondary schools in their vicinity to not be girl-friendly, the explanation provided was that the distance between the village and school was too far, exposing the female students to sexual violence. These views are echoed by young women (see text box below).

Text box 3: Young people's opinions on the (improved) girl and child friendliness of their schools

The data gathered through FGDs reveal a mixed picture with regard to girls' and boys' views on the girl or child friendliness of their schools. Across the different countries, young women and men tended to rate their schools as 'somewhat' girl or child friendly to (unequivocally) 'girl/child friendly.' In Ethiopia, Ghana, Nepal and Uganda there were clear differences in terms of how young men rated their school when compared with young women, the former more positive than the latter. Only in Benin were girls more positive about their schools than their male peers. The data also reveal that where young people were (somewhat) positive about their school, they often referred to positive changes during the past few years in their school environment (improved infrastructure, including separate washrooms for girls and boys), their education (specifically, the provision of SRHR-related education), and in relationships with teachers. In what follows, examples will be given to illustrate the general findings sketched here.

In Benin, girls were most positive about their schools, all schools in question considered to be '100% girl-friendly,' and girls highlighting the changes made over the past years, including more open and supportive teachers, better infrastructure, the presence of 'sexual health advisors,' and 'better relations between students and teachers.' Noteworthy is that boys from the same schools were less positive, with particular mention made of teacher absenteeism. Boys (FGD, Benin) who spoke of improvements in their schools commented on a reduction of early marriages of both boys and girls, and better material conditions.

In the context of Mali, girls were mostly also positive about their schools, highlighting the separate toilets, the attention their schools pay to girls' education, the football games organised for girls, and that their teachers 'listen to [them] and give [them] advice.' In addition, during one FGD with girls, participants referred to that 'teachers no longer practice corporal punishment,' and that teachers 'watch over girls daily at school and outside of school.' Boys – albeit from one of the other research communities than the girls mentioned just above – also remarked that corporal punishment does not exist anymore, this change seemingly a central criterion of 'child friendliness.' Boys identified 'Her Choice' along with other actors such as girl clubs, teachers, community leaders and health centre staff as important actors in promoting child-friendliness of their schools, and remarked on the positive changes that had occurred during previous years, infrastructural changes, raised awareness on both SRHR-related issues, the value of education (for girls and boys), and children's rights more broadly, as well as the presence of a counsellor who supported girls and boys on 'all sorts of issues,' and finally visits by health centre staff to schools to provide information on contraception, STIs, and on Covid-19 . Noteworthy are boys remarks that these changes took place despite many teacher strikes that occurred, and that children continued to go to school and continue learning regardless of the unrest.

Girls in Nepal were most negative about their schools, with girls from two research communities commenting on the 'negative attitudes of male teachers,' their use of corporal punishment and tendency to accuse girls of 'faking' menstrual pain. Young women also described the negative attitudes of boys, stating that boys 'often tease us' or 'make [us] purposefully uncomfortable' on the journey to school and in school when girls were known to be menstruating. The lack of separate toilets for boys and girls was noted, the toilets they did have being 'managed very poorly.' As one young woman poignantly observed: 'in our school there [are] no facilities for girls, but only ignorance' and girls' 'problems [were] not understood.' Finally, these girls mentioned caste discrimination, arguing that girls 'from the upper caste get given special treatment' whilst teachers 'behave badly with the lower caste students.' Girls from two other research communities were generally positive about their schools, noting the presence of good (sanitary) supplies and washrooms, with girls from one school commenting on their 'friendly and understanding' (male) teachers who 'behave very nice with the girls.' Notably, the majority of boys taking part in FGDs in the different communities in Nepal agreed that their school was child friendly, that they had a 'good atmosphere,' 'good sports facilities with

game equipment', 'first aid kits' and 'food in the canteen,' and 'amazing' teachers who 'cared about our education.' During the FGDs with boys, mention was also made of the presence of guards at school, which made boys feel safe. The differences emerging from boys' and girls' narratives regarding their teachers and sense of safety in school are informative, the boys clearly experiencing their school environment more positively than the girls. Some boys acknowledged that girls were often teased in schools, and spoke of male students teasing female teachers, indicating that there may be some awareness that the school environment and experience was gendered.

Somewhat similar differences between girls' and boys' narratives on safety emerged from the FGD data gathered in **Pakistan**. That is, while boys from one particular school considered the 'roads to school [as] safe,' girls noted that the 'journey [to school] can be not always safe.' Girls referred to this school not child friendly, reporting they were often 'scared to say what is on their mind' because of the strict teachers who make girls 'too shy' to ask any questions 'about our pregnancy or menstruation health.' The young men from the same school stated that 'their teachers were friendly' and 'help us a lot in our personal matters.' However, they did state that 'they could ask any question about their studies' rather than mention openness on SRHR-related matters. It should be noted that girls taking part in the other FGDs (for three other schools) were positive about their school, often referring to the 'good attitude' of the teachers which was said to help girls 'feel like [they] can share [their] experience.'

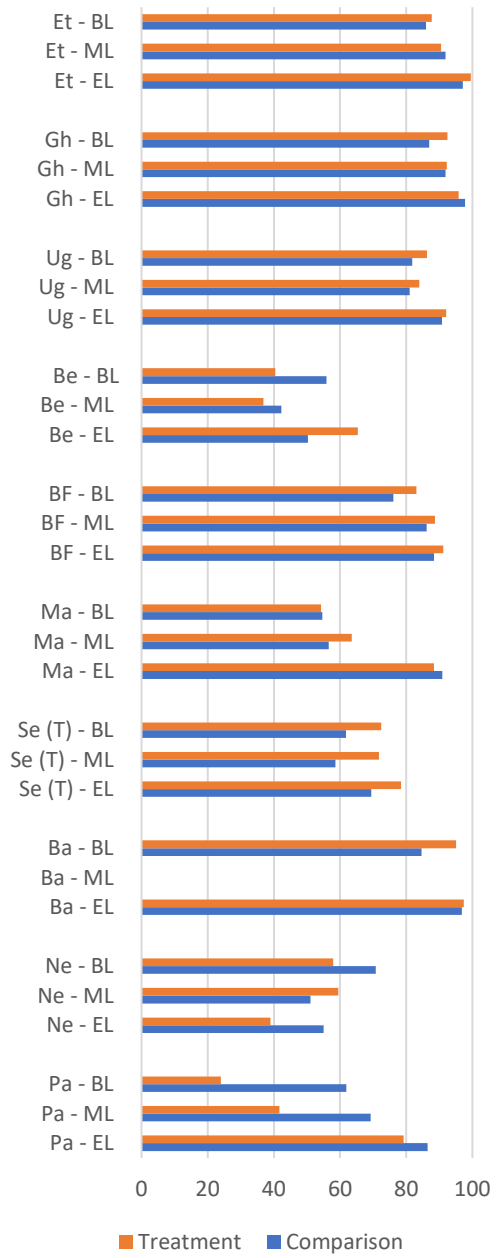
Girls taking part in FGDs in **Ethiopia** rated their schools as scoring at average levels in terms of girl-friendliness, noting the presence of 'sanitation rooms,' 'discussion of issues in SRH clubs' and 'clean drinking water,' 'teasing' by boys both on the way to and in school led to girls feeling unsafe and 'non-attendance.' Noteworthy is that boys mentioned the separate sanitary provisions for girls and boys as indicative of their school being child friendly, as well as 'private rooms for girls', 'teaching girls about menstruation' and 'girls clubs.' Absenteeism of teachers, lack of school materials and unsafe buildings were noted as indicative of a lack of child-friendliness.

In the context of **Ghana** too, more boys rated the friendliness of their school more highly than girls did. According to girls from three of the four schools, their school was 'in the middle' for girl-friendliness. They commented on positive changes in terms of the provision of sanitary pads, SRHR-related education and separate toilets or rooms for changing. However, sanitary pad provision was irregular with frequent shortages, and whilst separate toilets were provided, running water was not always available and boys would sometime 'peep' into the girls' room whilst they were changing, making them 'uncomfortable.'

In **Uganda** finally, girls rated their schools as 'moderately girl-friendly,' commenting on the presence having 'friendly teachers' who taught them lessons on SRHR, including how to wear and change pads and encouraging girls to avoid early marriage and focus on their education instead. Young men also spoke recounted the 'kind attitudes' of their teachers, who 'helped them to understand the importance of good education and being friends with good groups' so that they avoid 'wrong behaviour.' Young women and men alike spoke of their teachers providing learning materials to students who could not pay for them and providing food to students who were hungry. According to girls, teachers also reported accidents or incidents that took place at school to parents, which girls said helped them communicate their needs with their parents. These data, in combination with the accounts about teachers provided above, highlight the centrality of teachers in young people's school experience. Young women from both schools involved in the study made explicit mention of the separate latrines that had recently been built for girls, including separate toilets for younger and older girls which was said to increase privacy. However, girls reported they did not feel totally safe at school due to sexual comments or advances made by their male peers, which if ignored or refused by girls would lead to boys making 'mean' comments, such as 'you are ugly after all.' Older girls were also reported to tease younger girls about not having boyfriends and encouraging them to engage in sexual relations with boys. Comments such as these resonate with the criteria of girl-friendly schools that the girls identified, and which are detailed in Text box 2 above.

Intermediate outcome: Girls' school enrolment

Figure 6: IND20 Share of girls enrolled in formal education (%)



In all countries bar Nepal, at EL single girls' enrolment in formal education increased when compared to the BL. In many countries, including Ethiopia, Ghana, Uganda, Burkina Faso and Bangladesh, school enrolment was already over 80% at baseline level. The sharpest increases in school enrolment (for T and C) together were found in Pakistan (from 42.9% at BL to 82,9% at EL), and in Mali (from 54.4% to 89.7%). In Benin a sharp increase was found in the treatment site only (from 40.4%at BL to 65.4% at EL). Regional data in Ethiopia show that the biggest increase occurred in Oromia, R3: the mean for treatment and comparison together increasing from 66.4% at BL to 92.8% at EL. The share of married girls who were enrolled in formal education remained low, the number of married girls included in the study being too small to draw conclusions about changes in enrolment (Table A4.7).

The partner organisation and researchers in Nepal explained that the apparent decrease in the school enrolment figures were possibly due to some girls not having understood that the questions pertaining to school enrolment related to the period prior to the Covid-19 pandemic and restrictions.

t-test results

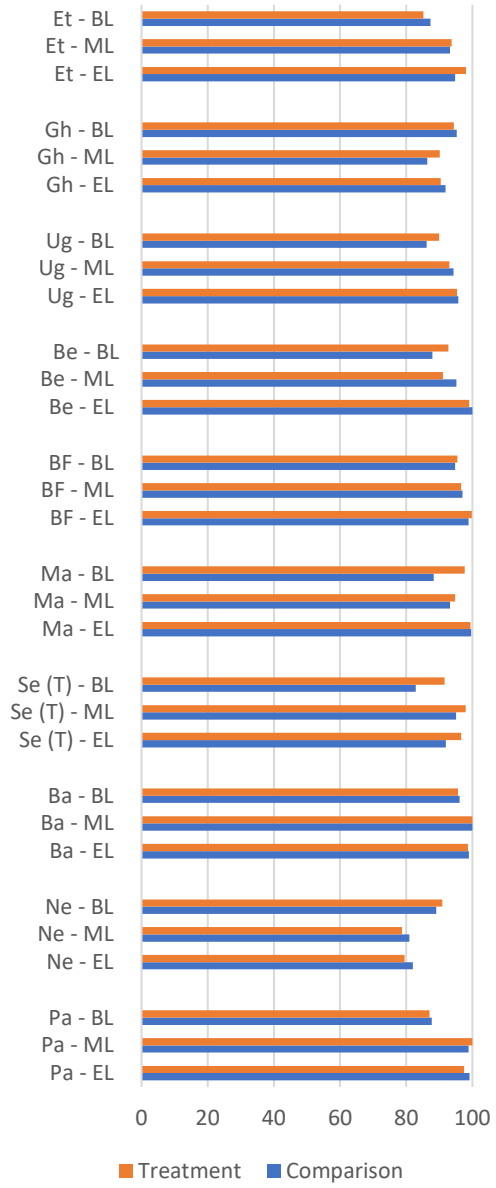
Apart from Senegal and Nepal, a significant increase in the share of girls who were enrolled in formal education was found in all countries – the best-performing country, Pakistan, achieving a 39 percentage point progress. Pakistan is followed by Mali in which a 35 percentage point increase was found, whilst in Ghana least progress was made (7 percentage point variation). It should be noted that some of the least-performing countries (in terms of percent-change and significance levels) started off with high school enrolment rates, this being the case for Ghana and Bangladesh. They already had 90% of the girls enrolled at the time of the baseline study and thus could not make much more progress.

Supporting data

Household heads were asked whether there were children over 7 years of age in their household who did *not* go to school. In all countries the share of households with non-school attending children decreased from BL to EL, with the sharpest decrease in Pakistan (T): from 66.7% of households reporting non-school attending children (over the age of 7 years) at BL to 1.1% at EL (Table A5.17).

Outcome: Regular school attendance

Figure 7: IND10 Share of girls enrolled in school regularly attending school in the last year



The vast majority of girls enrolled in school reported they had regularly attended school during the previous year (pre-Covid-19), 'regular' attendance defined as at least four days a week. At BL already, in most countries, over 90% of enrolled girls reportedly regularly attended. In all countries, bar Nepal, the percentage of enrolled girls who regularly attended had increased at EL level or remained the same. The highest increase in regular attendance was found in countries with relatively low BL levels. The highest increase for treatment and comparison together from BL to EL was found in Ethiopia (86.7% to 96.5%), Pakistan (87.3% to 98.3%), Benin (90.3% to 99.5%) and Senegal (87.1% to 94.3%). At endline, regular school attendance was close to 100% (above 98%) in Benin, Burkina Faso, Mali, Bangladesh and Pakistan (Table A4.8).

The increase in regular attendance could be the result of Her Choice partners' work with schools on girl-friendly measures, such as creation of separate toilets for girls and boys, and providing sanitary pads in school.

Supporting data

At EL we asked girls whether they usually went to school during their menstrual period, stayed at home for some days or the entire duration of their period. Most girls indicated they continued going to school during their menstrual period, except in Bangladesh, where around half of girls reported they attended school for the entire duration of their period, 35.0% (T) and 32.0% (C) indicated they did not go to school during the first day(s) of their period, while 6.1% (T) and 6.5% (C) reported they would miss school during their entire period. Also in Senegal (T) and Nepal, over 20% of girls mentioned missing one or more days of school during their periods (Table A5.18).

Key reasons given for missing school during their menstruation varied, including not feeling well, absence of a place to rest, water or separate washrooms, and feelings of shame. In Ethiopia, Burkina Faso (C) and Benin, some girls reported they did not go to school during their period because boys 'mocked' them (Table A5.19).

Girls who did not go to school or did not regularly attend were asked the reasons why. In Uganda, Benin and Senegal (C), main reason related to there not be sufficient money to attend school regularly. In Ghana, Benin and Senegal, girls did not go because of household chores, or because they had to work to support their family. In Bangladesh and Pakistan (C), the main reason reported reasons was marriage Table A5.20).

4.4 Strategy III: Improve access to youth-friendly SRHR services

Introduction

To increase young people's access to SRHR services, the HC programme offers training to health staff on youth friendly SRHR-related services (IND32). In addition, referral systems between schools and health facilities were set up or improved (IND33). These activities were designed to lead to the intermediate outcomes of more health workers feeling confident and able to provide SRHR services to young people (IND21) and more health facilities offering youth friendly health services (IND22). The outcomes of the activities were that more girls were aware of where to access SRHR services (IND11.1), used these services if and when they needed them (IND11.2), and that they had a positive perception of services used (IND12).

Indicator values at EL may have been influenced by shocks and infrastructural developments. In several countries some village leaders reported building or upgrading of health facilities, notably in Senegal, Ghana, Nepal and Mali. In Nepal, Senegal and Mali roads were improved or constructed which facilitated easy access to health facilities.

Similar to the schools and teachers, it should be noted that the total number of health workers often differ across BL, ML and EL levels. The reasons for this variation are: i) health workers were not present at the time of data collection; ii) interviews were not uploaded on the server and could not be re-done (although here too, some interviews *were* re-done using phone).

Output: Health workers trained in the provision of youth friendly services

Table 8: IND32 Share of health workers trained to provide SRHR services to young people during the previous year

	Baseline		Midline		Endline		Totals (T + C)	
	T	C	T	C	T	C	Baseline	Endline
Ethiopia	1/9	2/11	1/10	1/14	9/21	7/13	3/20	16/34
Ghana	1/3	1/1	2/3	0/2	0/2	2/3	2/4	2/5
Uganda	-	-	1/1	0	0/1	1/1	-	1/2
Benin	2/2	1/2	2/2	0/2	3/3	1/3	3/4	4/6
Burkina Faso	0/9	2/6	7/15	0/7	11/12	2/7	2/15	13/19
Mali	1/12	3/12	9/12	3/11	8/10	9/10	4/24	17/20
Senegal (T)	0/1	1/1	1/1	0/1	1/2	1/2	1/2	2/4
Bangladesh	3/4	2/4	1/4	1/4	2/2	1/2	5/8	3/4
Nepal (B & M)	1/1	1/1	1/2	0/2	1/2	2/2	2/2	3/4
Pakistan	2/3	1/1	0/1	0/1	2/2	2/2	3/4	4/4
N health workers								
Ethiopia	9	11	10	14	21	13	20	34
Ghana	3	1	3	2	2	3	4	5
Uganda	-	-	1	0	1	1	-	2
Benin	2	2	2	2	3	3	4	6
Burkina Faso	9	6	15	7	12	7	15	19
Mali	12	12	12	11	10	10	24	20
Senegal (T)	1	1	1	1	2	2	4	4
Bangladesh	4	4	4	4	2	2	8	8
Nepal (B & M)	1	1	2	2	2	2	2	4
Pakistan	3	1	1	1	2	2	4	4

Generally, in most countries, from BL to EL an increasing share of health workers were trained to provide SRHR services to young people during the year prior to data collection. The increase in Ethiopia, Burkina Faso, Mali and Pakistan was considerable. In Pakistan, all health workers indicated they had received such training during the preceding year (Table 8). It is important to note that we asked about training received during the preceding

year. Therefore, if no increase or even a decrease in the share of trained health workers was noted at endline level, this is not to say that health workers were not trained in the previous two (or even four) years. Most Her Choice partner organisation had trained health workers in the period between ML and EL data collection.

Supporting data

According to MoA reports, training of health staff on youth friendly SRHR services took place in almost all countries, by most partners, and in treatment and comparison sites. Training was mainly for health centre level staff, but some partners in Mali, Bangladesh, Burkina Faso, Ghana and Senegal also offered training to lower level health staff working in health posts, to community health workers, and/or to visiting health staff. No such training was reported for Dhaka region in Bangladesh (during the five year period). As was noted for teachers and principals in schools, many HC partners noted the (extremely) high staff turnover in health centres in many HC project areas. In this case too, this high turnover diminished the potential impact of Her Choice in its project areas.

Output: Referral mechanisms between schools and health facilities

School principals were asked whether there were referral mechanisms in place between their school and a health clinic, an NGO and/or other health provider in case a student needed SRHR-related services or information. In all countries, from BL to EL an increased share of schools reported having such referral mechanisms. In Uganda, Benin, Bangladesh and Pakistan, all schools had established referral mechanisms (note: in Pakistan these referral mechanisms were already in place at BL). In the other countries, a majority of schools had such referral mechanisms, except in Senegal and Nepal, where one of the two schools had referral mechanism with a health institution (Table 9).

Table 9: IND33 Share of schools with referral mechanisms in case students need SRHR services

	Baseline		Midline		Endline		Totals (T + C)	
	T	C	T	C	T	C	Baseline	Endline
Ethiopia	1/10	0/10	3/10	3/10	7/10	5/10	1/20	12/20
Ghana	0/2	1/2	1/2	0/2	1/2	2/2	1/4	3/4
Uganda	1/1	0/1	1/1	0/1	1/1	1/1	1/2	2/2
Benin	0/1	1/2	2/2	1/1	1/1	2/2	1/3	3/3
Burkina Faso	2/8	0/7	5/8	3/7	8/8	5/7	2/15	13/15
Mali	1/7	3/7	7/7	1/7	7/7	6/7	4/14	13/14
Senegal (T)	0/1	0/1	1/1	0/1	1/1	0/1	0/2	1/2
Bangladesh	1/2	1/2	2/2	0/2	2/2	2/2	2/4	4/4
Nepal (B & M)	0/1	0/1	1/1	0/1	1/1	0/1	0/2	1/2
Pakistan	2/2	2/2	2/2	2/2	2/2	2/2	4/4	4/4
N schools								
Ethiopia	10	10	10	10	10	10	20	20
Ghana	2	2	2	2	2	2	4	4
Uganda	1	1	1	1	1	1	2	2
Benin	1	2	1	2	1	2	3	3
Burkina Faso	8	7	8	7	8	7	15	15
Mali	7	7	7	7	7	7	14	14
Senegal (T)	1	1	1	1	1	1	2	2
Bangladesh	2	2	2	2	2	2	4	4
Nepal (B & M)	1	1	1	1	1	1	2	2
Pakistan	2	2	2	2	2	2	4	4

Supporting data

In the 2016 and 2017 MoA forms, few partners reported having supported health facilities in making their services more accessible to young people and more youth-friendly, except for some partners in Bangladesh, Benin, Burkina Faso, Ghana, and Mali. However, in the 2018-19 MoA forms more partners reported supporting health facilities, both in treatment and comparison sites in Burkina Faso, Ethiopia, Ghana, Mali, Pakistan and Senegal. Progress was particularly notable in Ethiopia, Ghana and Pakistan, where measures were now in place to make opening hours more convenient to young people, services were made private (for instance, by having a youth corner) and staff were sensitized to accommodate and provide SRHR services to all young people, including those who were unmarried and school age young people.

Intermediate outcome: Health workers confident to provide YFHS

Table 10: IND21 Share of health workers who feel able and confident to provide YFHS

	Baseline		Midline		Endline		Totals (T + C)	
	T	C	T	C	T	C	Baseline	Endline
Ethiopia	3/9	3/11	8/10	3/14	16/21	8/13	6/20	24/34
Ghana	3/3	1/1	3/3	1/2	1/2	1/3	4/4	2/5
Uganda	nd	nd	1/1	1/1	1/1	0/1	nd	1/2
Benin	2/2	1/2	2/2	0/2	2/3	1/3	3/3	2/4
Burkina Faso	5/9	4/6	13/15	7/7	9/12	6/7	9/15	15/19
Mali	7/12	7/12	12/12	7/11	16/21	8/13	14/24	24/34
Senegal (T)	1/1	1/1	1/1	1/1	2/2	2/2	2/2	4/4
Bangladesh	3/4	2/4	2/4	2/4	1/2	1/2	5/8	2/4
Nepal (B & M)	1/1	1/1	2/2	2/2	2/2	2/2	2/2	4/4
Pakistan	1/3	0/1	1/1	0/1	2/2	2/2	1/4	4/4
N health workers								
Ethiopia	9	11	10	14	21	13	20	34
Ghana	3	1	3	2	2	3	4	5
Uganda	nd	nd	1	1	1	1	nd	2
Benin	2	2	2	2	3	3	4	6
Burkina Faso	9	6	15	7	12	7	15	22
Mali	12	12	12	11	10	10	24	20
Senegal (T)	1	1	1	1	2	2	2	4
Bangladesh	4	4	4	4	2	2	8	4
Nepal (B & M)	1	1	2	2	2	2	2	4
Pakistan	3	1	1	1	2	2	4	4

At baseline, all health staff in Ghana, Benin, Senegal and Nepal said they felt able and confident to provide SRHR services to young people, single and married, whilst in Senegal, Nepal and Pakistan all health staff reported being able and confident at endline level. The share diminished in Ghana and Benin; it is likely this decrease is due to other staff having been interviewed at BL and EL levels. The share of health workers who felt able and confident increased from BL to EL in Ethiopia, Burkina Faso, Mali and Pakistan, while decreasing in Bangladesh (Table 10).

Supporting data

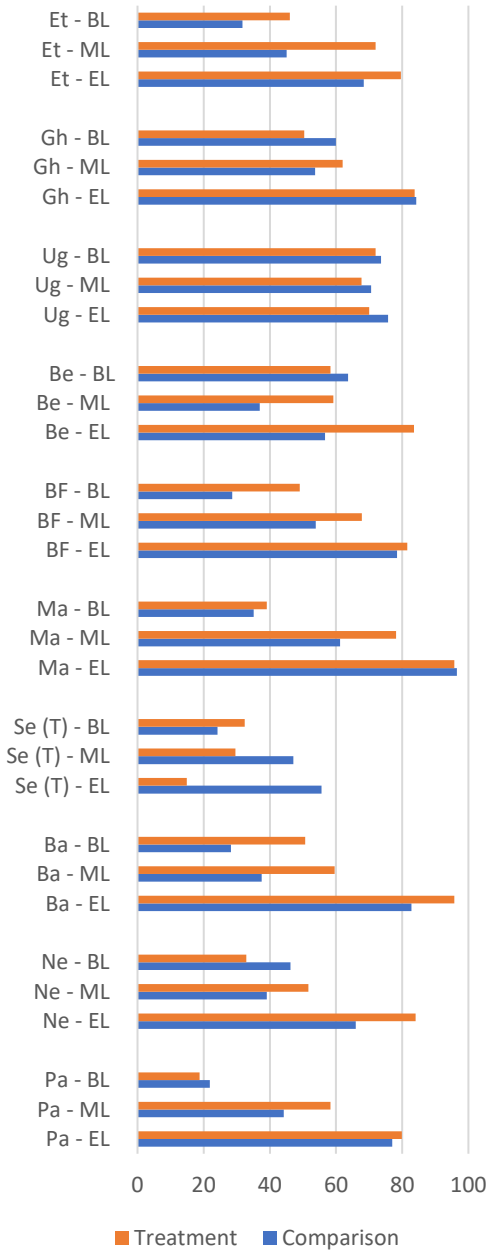
Health staff who did not always feel capable of providing SRHR services to young people, explained they did not have all the necessary SRHR-related information and did feel entirely confident to talk about these matters. Other health staff mentioned the health centre lacked a dedicated space where youth friendly services can be provided.

Those in charge of health care facilities were asked about the kinds of measures they had taken to make their centre more youth friendly. Across countries, in most health centres measures were taken to: i) make services for young people private, e.g. create a private room or space for young people; ii) set up referral systems with school(s) in the proximity; iii) ensure services were available to all youth (married and non-married); and iv)

ensure opening hours were amenable young people's schedules. The latter measure was least mentioned. Across countries, none of the health facilities reported having taken all four measures, and the measures taken varied across countries and treatment and comparison sites (Table A5.21).

Outcomes: Girls' awareness and use of SRHR-related services

Figure 8: IND11.1 Share of single girls who know of SRHR services (%)



Girls' knowledge regarding the availability of SRHR-related services steeply increased from the base and endline, excluding Senegal (T) (which became lower) and Uganda (which remained the same, but was already high at BL). At BL level, for treatment and comparison combined, the share of girls with knowledge of services ranged from 20.3% in Pakistan to 72.8% in Uganda, with six countries under 40 percent. The greatest increase from BL to EL (T and C combined) at country level, were seen in Mali (37.1% to 96.1%), Burkina Faso (38.8% to 80%), Bangladesh (39.4% to 89.3%), and Pakistan (20.3% to 78.4%).

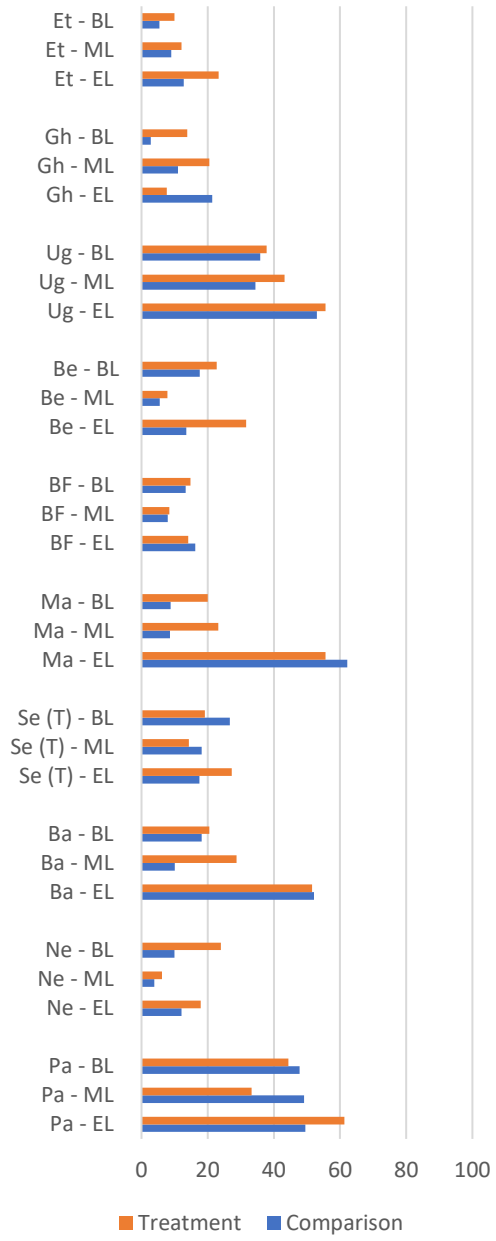
Country-level statistics obscure regional differences. At regional level, progress from BL to EL (T and C combined) was very steep in Oromia region, Ethiopia (11.1% at BL to 73.7% at EL) and in Khulna Division in Bangladesh (22.4% to 91.1%). In Senegal, the results for Kolda and Sedhiou regions, which are not included in the Senegal country data, show strong increase in the knowledge of girls on the availability of SRHR-related services: BL-EL in Kolda from 43.3% to 96.6% and in Sedhiou ML 13.8% to EL 67.0%.

Generally, in all countries, a higher share of married girls than single girls were knowledgeable about where to access SRHR- related services (Table A4.9).

t-test results

The share of girls who knew about SRHR-related services significantly increased in eight countries, Senegal (Tamba) and Nepal being the two exceptions. For some of the best performing countries, the indicator value increased by almost 60 points (Mali and Pakistan), while in the case of the relatively least performing country, the variation is close to 10 points (Benin).

Figure 9: IND11.2 Share of single girls who knew of SRHR services and visited a clinic for SRHR services



In four countries, Ethiopia, Uganda, Mali and Bangladesh there was a steady increase BL-ML-EL (totals T and C) in the share of girls who visited a clinic for SRHR-related services. In the other countries, the trends were less straightforward: shares falling at ML and again increasing at EL for treatment and/or comparison sites (see, for example, treatment sites in Benin, Senegal and Pakistan).

The largest increase from BL to EL for treatment and comparison combined was found in Mali (14.4% to 58.9%), and Bangladesh (19.4% to 51.8%). Country data for Bangladesh hide the regional differences, Khulna Region revealing the strongest increase (from 29.2% to 68.1%) comparative to Dhaka Region (from 16.7% to 37.6%).

More married than single girls made use of SRHR services, probably for pregnancy related visits (Table A4.10).

Supporting data

SRHR-related services can provide information, advice, and treatment. We did not expect all girls to visit services by the end of the programme. Upon asking girls who had *not* used services the reasons why, by far the reason girls mentioned most often was that girls had not felt the need for such services (they did not have a SRHR-related problem or question). The share of girls who gave the above reason ranged between 77.0% in Ghana (T) to 100% in Benin (T). For those who had experienced an SRHR-related problem, the most commonly cited reason across countries for *not* using SRHR services had to do with being ashamed to go to the health centre. In Ghana (T), Bangladesh and Pakistan (T), an another commonly given reason was that the health centre was too far away (Table A5.22).

Reflecting on the endline results during the validation meeting, the partner in Benin indicated that sexuality continued to be a taboo subject and most partners being against young people using contraceptives in light of 'rumours about harmful effects on future reproduction.' While women who already had children would thus use SRHR services, they were not deemed suitable for girls. Additionally, given centers are not far from the villages, information 'circulates very quickly' and girls not being confident as to issues of confidentiality, the girls who use SRHR services, 'have indeed been really brave.'

Youth friendly measures taken and training of staff in youth friendly attitudes are expected to have the positive effect of young people being satisfied with the services. At midline and endline, we revised our questions regarding satisfaction with services received (IND12) seeing as all girls who visited SRHR services reported they had been fully satisfied, suggesting our questions were possibly not sufficiently sensitive. Prior to the midline, we reworded and expanded the number of questions on this topic to three: 1) Did you think the health worker was friendly or not friendly?; 2) Did the health staff respect your confidentiality or not?; 3) Were the visiting hours convenient or not? If a girl responded positively to all three questions, her score was marked as 'positive' for indicator 12.1 (share of girls with positive perception of the services used). Indicator 12.2 measures the mean of the responses to the three questions, ranging from 0 to 3.

Overall, in the majority of countries, single girls (T and C) reportedly positively on the SRHR services they had used at midline level. The share of single girls with positive perceptions at ML (T and C combined) ranged from 50.6% in Bangladesh to 100% in Benin. At the endline level, the share of girls with positive perceptions (T and C combined) increased in all countries except Benin and Uganda, where it slightly decreased (for example, in Uganda: from 86.2% at ML to 83.6% at EL). At endline, 100% of girls visiting the health centre in Ghana and Senegal reported positively about their experience (Table A4.11 and A4.12).

Supporting data

A majority of girls across all countries scored positively on all three components of the indicator. In all countries, except Ghana, some girls were not satisfied with the visiting hours (the highest percentage noted in Nepal (C): 25%). In five countries there were girls who thought staff did not respect their privacy (again the highest percentage noted in Nepal (C): 41.7% of girls). In seven countries (in T and/or C) girls reported a health worker not being friendly (here too, the highest percentage reported in Nepal (C): 25%) (Table A5.23). The data thus suggest that in the comparison site in Nepal some health centres do not provide (sufficiently) 'youth-friendly' health services.

Text box 4: Students' views on access to health services

A few central narratives are apparent in young women and men's accounts regarding the relationship between, on the one hand, learning about SRHR in school and/or in (mostly) girl clubs at school and, on the other hand, young people's ability or likeliness to visit SRHR services. (Note: the depth of FGD data on the above topic varies somewhat across the 10 countries.)

The importance of learning about substantive issues combined with practical knowledge:

Girls and boys spoke of SRHR-related lessons during school lessons and/or school clubs that had made them more aware of their bodily changes, reproduction and the menstrual cycle, contraceptives, safe(r) sex and the importance of (knowing about) SRHR in their daily lives. In addition, in many cases, young people spoke of having learned of the whereabouts of health centres, and what they could expect from such centres. The two combined appeared to be regarded as lowering thresholds for young people to attend health centres for SRHR-related issues.

Regarding learning about the practicalities of visiting health centres, boys in Ghana spoke of now knowing better where centres were in their local vicinity, and 'what to ask when they arrived,' echoing accounts of young men in Nepal, who stated that the education they had received made it 'easier to know where to go' and 'which issues they can receive help on.' Young Ghanaian men also mentioned that education about HIV and STI's and need for regular testing had encouraged more boys to go to health clinics which provide HIV tests free of charge. Knowing these services existed and were free was said to encourage more boys to go. These young men also reported that boys now knew that health centres give free counselling about 'our different body parts and their issues' or 'related bodily changes', which has encouraged more boys to visit.

Regarding gaining knowledge on substantive SRHR-related questions , boys taking part in FGDs in Benin reported that *what* they learned would enable them to go to SHRH facilities, stating that 'a boy who is searching for SRHR services is more informed than one who is not looking.' One of the boys' female peers recounted how, due to the SRHR lessons they had received, 'a girl who is looking for SRH services will now know how to avoid any infections or pregnancies,' another one explaining that girls were now be willing to go to health centres because '[they] would like to know how to take care of themselves during their menstrual periods and how to avoid getting pregnant' (FGDs, Benin). While these girls' statements seem somewhat contradictory, both do suggest greater awareness of SRHR-related issues, 'even' if this concerns an awareness as to the questions that girls would still like to get answers to.

Data from FGDs with boys in Ethiopia would appear to resonate with the heightened awareness, including the knowledge that there is more to learn. As one young man indicated 'the lessons help raise awareness of *why* we must go' (emphasis added), another adding that learning about SRHR had encouraged boys to visit health clinics as they 'realise sexual health is important,' and had meant that 'most boys want to get tested' (Ethiopia). These boys underlined that if there was no awareness, fewer boys would attend SRH facilities.

In a similar vein, young women involved in the study in Uganda shared that 'the lessons enabled girls to know the availability of SRH services at the health facility,' one of the girls reporting going to the health centre and asking about menstrual cramps to which the nurse helped her with painkillers and pads. These girls too spoke of how more knowledge about their bodies and health issues and greater encouragement would lead to more girls visiting health centres. Girls taking part in another FGD in Uganda stated that whilst 'the girls are aware of the availability of SRH services at the health facility they have not visited because they felt their knowledge was limited.' The data thus suggest that a certain level of knowledge is required in order for young women and/or men to feel sufficiently comfortable seeking SRHR services. What young people felt was a minimum level of knowledge would require further research, however.

The quote above (for Ugandan girls) alludes to girls' (lack of) comfort to visit clinics, due to their perceived lack of knowledge. Notions of 'confidence' and feeling increased comfort to talk and ask questions about SRHR-related issues were recurring topics during the FGDs, illustrating the link between gaining knowledge on SRHR and seeking SRHR services, or 'health seeking behaviours.' Young men taking part in all FGDs in Pakistan, for example, indicated that 'talking about SRH issues is now less taboo', clarifying that as a result they felt more comfortable asking questions and asking SRHR-related advice. These young men furthermore stated that because they had been taught about their reproductive system and health in school, they felt more confident to attend a health centre and that they had the awareness of issues which they should seek advice on.

Noteworthy are apparent differences between young men and women in terms of reported health seeking behaviour and experience with services. First, when young women mentioned having sought SRHR-related services or advice, they tended to refer to asking advice on menstruation, menstrual cramps, personal hygiene (during menstruation), and on occasion, how to prevent pregnancy. Young men, on the other hand, referred mainly to seeking testing for STIs and HIV, suggesting 'post' sexual intercourse concerns. This distinction is in line with existing research on young people's health seeking behaviour as well as tendencies for young women to carry greater responsibility for preventing pregnancy and to associate SRHR with risk and pain and young men's SRHR to be associated more strongly with sexual relations [6,7].

Young people's accounts indicate that young women involved in the FGDs had visited SRHR services less than young men, the latter speaking of seeking (free) STI testing, while young women spoke in

terms of how the knowledge gained would help young women to access services when the need arose. That said, in a number of cases, young men indicated that services were more tailored to (young) women and their needs. For example, while boys in **Bangladesh** reported that, due to Her Choice, their SRHR knowledge had increased, and that due to this awareness more boys 'knew where to go,' 'were less shy than before,' and had visited clinics, some also indicated that they felt girls' received better health care at clinics: 'when we go to the community clinics the health workers do not care for the boys as they care for the girls,' one young man clarified. Boys in **Pakistan** echoed these accounts, reporting that in their communities 'girls have more opportunities [to get SRHR advice], like Lady Health Worker' and 'health centre facilities are available for girls but not for boys.' Health centres were at times perceived as catering more to women's health issues than those of men.

4.5 Strategy IV: Improve the economic security of girls and their families

Introduction

Poverty is known to be one of the major drivers of child marriage. Building on the assumption that lower poverty rates will reduce the economic incentive for an early marriage, Her Choice Strategy IV was geared to improving economic security of young women and their families. Within the framework of Strategy IV, microcredit schemes and income generation activities were organised to support female entrepreneurs and entrepreneurship, the intended output being a higher share of households in Her Choice communities with supported female family members (IND34). The intermediate expected outcome of these activities was increased family income for a higher share of households (IND23), the outcome of activities in Strategy IV relating to an improved economic status of households (IND13).

Unfortunately, the data for both the output and (intermediate) outcome indicators were not sufficiently robust to allow for firm conclusions. This is unfortunate, because information from MoA forms indicates that, over the years, the programme increasingly paid attention to strategy IV activities. In the 2016 and 2017 MoA forms, in all countries, excluding Pakistan, a few partners detailed the support they had given in terms of creating, or strengthening existing, women's groups. Over the 2018-19, many more partners reported providing such support (except Pakistan). The trend from 2016 to 2019, that is, in supporting female entrepreneurs with training or funds, was complemented by an increasing number of partners across countries providing entrepreneurial training (directly or with support of a specialised training institute) and offering seed money to female entrepreneurs. In most countries, the Her Choice programme freed some funds for these activities, from 2018 onwards. All THP partners (in Benin, Uganda, Ghana, Burkina Faso and Bangladesh) were active and involved in strategy IV activities as of 2016; economic empowerment of women (and men) being one of THP's core organisational aims.

Reports by village leaders on natural, economic or political shocks show that in some villages and countries these shocks most probably had negative effect on household economic status. Leaders of some villages in Ghana, Nepal, Uganda, and Benin reported heavy rain and floods which destroyed crops, but also caused roads to become inaccessible and it not being possible to deliver farm produce to markets. Leaders in Senegal reported severe drought. In Pakistan and Ethiopia some leaders reported that crops were eaten by locusts. Examples of two Uganda villages show that even with bumper harvests of maize and sugarcane as they had in 2018, economic status of households can decrease if products cannot be sold or if prices drop dramatically: sugarcane farmers could no longer export to Kenyan factories across the border given the Kenyan government put a ban on Ugandan sugarcane. Prices for a 100kg bag of maize dropped from 13.9 US dollar to 2.8 US dollar.

Asking the village leaders what the three main economic activities are in their village, all village leaders, in all countries, reported first small scale agriculture. The second economic activity was raising livestock, reported by all village leaders in Uganda, Burkina Faso, Nepal, Pakistan, Senegal T, Bangladesh T, and by a majority of village leaders in Ethiopia. Fishing was only reported by all village leaders in Uganda, and some in Senegal, Bangladesh C, Nepal C (Table A5.24).

At EL we asked girls whether they contributed to household economic activities: nearly all girls in all countries report that they supported their family by working in the fields or by taking care of livestock. The share of girls reportedly assisting their family in these ways ranged from 69.6% in Ghana (C) to 100% in Uganda and Benin (T). In the francophone African countries, Uganda and Nepal, the percentages were between 90% and 100% (Table A5.26).

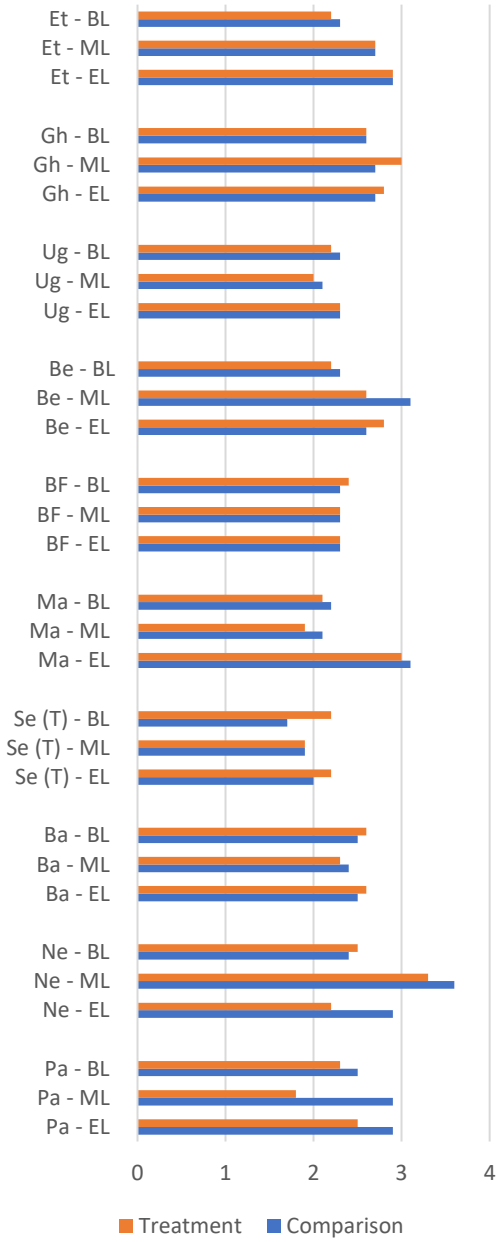
In varying degrees, girls in different countries also contributed to the overall household income, meaning that they earned some money. The highest share was found in Uganda, with 71.8% in treatment and 65.7% in comparison sites earning some money, followed by the three South Asian countries where between 41.3% (Pakistan comparison) and 57.1% (Bangladesh treatment) of girls reported they financially contributed to their household. Girls in Ghana (18.8% (T), 13,7% (C)) and Burkina Faso (14.9% (T), 20.2% (C)) least frequently reported making financial contributions to their household. Girls indicated they earned money by selling fruits and vegetables on the street, helping their parents with their (paid) work or doing seasonal paid work in other people's fields. The latter was mainly done by girls in Nepal (50.8% (T), 56.0% (C)), Pakistan (33.8% (T), 33.3% (C)), and Uganda (33.3% (T), 24.2% (C)) (Table A5.27).

Household economic status

In this chapter, we can only present data for IND13 (economic status of households), but we cannot conclude that changes found were due to Her Choice programme activities. The economic status of households was measured by drawing a distinction between households in four economic strata, that is, households who: 1) struggle for sufficient food the entire year, 2) have problems getting sufficient food part of the year, 3) have food the whole year but experience problems accessing funds for primary needs, such as schooling, and 4) have food the whole year round, and have sufficient resources to send their children and/or wards to school.

We acknowledge that stratum four comprises different economic classes, from just enough to get by to well-off. We decided that the four strata we use were most relevant to capture differences between households in rural communities that Her Choice works in, which are characterised by high poverty rates. For easier comparison between EL, ML and BL, we calculated the mean economic status of households, ranging from 1 (poorest) to 4 (richest) **(IND13**).

Figure 10: IND13.1 Mean household economic status (range 1-4)



The only country with a steady increase in household economic status from BL to ML to EL in both treatment and comparison areas is Ethiopia. In the other countries, the results vary with only steady increase in T areas in Benin, and C areas in Senegal. In some countries economic status had increased at ML from BL, but at EL was lower than at ML, for example in Ghana T, Benin C, Nepal. In other countries, economic status at ML had decreased compared to BL and at EL increased compared to ML, for example in Uganda, Senegal, Bangladesh Mali and Pakistan. In Burkina Faso the mean economic status stayed at the same level (2.3) across study phases. The reportedly 'richest' country at EL (mean for T C combined) was Mali (mean of 3.1) followed by Ethiopia (mean of 2.9). (Figure 10).

As explained, this study cannot attribute changes in household economic status to programme activities. However, the finding that in none of the countries the mean economic status reaches level 4 or is close to 4 demonstrate that the household in the villages the programme works are poor.

Supporting data

Household heads reported on whether their economic status had improved, deteriorated or remained stayed the same during the last two years (i.e. since midline data collection). During the interview, it was emphasised that the question pertained to the household status prior to the onset of Covid-19. Findings differ across countries and treatment and comparison sites, and do not always support the changes we found in the mean economic status. Data for Ethiopia, Bangladesh and Senegal support the increase in mean economic status (from ML to EL), with a majority of household heads reporting an improved economic status or reporting that this had remained stable. For other countries, the findings were contradictory. For example, in Uganda, 60.8% in treatment and 63.9% in comparison areas reported a deteriorated economic status, but their mean economic status increased from 2.1 at ML to 2.3 at EL. Another example is Nepal where only 6.0% in treatment and 11.1% in comparison reported their economic status had deteriorated, but mean economic status was found to have decreased from 3.5 at ML to 2.6 at EL (Table A5.25).

4.6 Strategy V: Mobilize communities to transform social norms

Introduction

Sexual activity and contraceptive use by unmarried young women is severely frowned upon in many contexts, including in Her Choice communities. In many communities in Her Choice project countries, a girl is expected to marry when she is found to be or suspected of being sexually active and/or becomes pregnant. Marriage hereby serves as a means to, among other things, prevent the loss of honour for a girl and her family. Such gendered norms also underpin caregivers' tendency to prioritise their sons' education. Within the framework of Strategy V, the HC programme organises various forms of community level activities, including training of relevant community stakeholders, and facilitation of community dialogue on, for example, negative effects of early marriage and FGM/C, and the importance of girls' education.

Key outputs of activities in Strategy V include an increasing number of village leaders who have been trained on the negative effects of child marriage and FGM/C (IND35). These outputs are expected to lead to the following intermediate outcomes: trained leaders publicly condemning early marriage and FGM/C in village meetings, and promoting education for both young women and men (IND24), thereby inspiring other community members to organise activities in the village against CM and FGM/C (IND25.1) and providing space to young people to organise activities against CM, FGM/C and promote rights of young people to education and SRHR (IND25.2). These intermediate outcomes are then expected to lead to the outcome of girls feeling supported in their decision-making on SRHR-related issues (IND15.1), and more single girls feeling supported *not* to marry when they do not (yet) want to do so (IND 15.2).

Output: Trained village leaders

Table 11: IND35 Share of communities with trained village leaders

	Baseline		Midline		Endline		Totals (T + C)	
	T	C	T	C	T	C	Baseline	Endline
Ethiopia	4/8	6/9	8/8	3/9	8/8	9/9	10/17	17/17
Ghana	1/2	0/2	2/2	0/2	2/2	2/2	1/4	4/4
Uganda	1/2	1/2	0/1	0/1	1/1	0/1	2/2	1/2
Benin	1/2	0/2	2/2	1/2	2/2	2/2	1/4	4/4
Burkina Faso	4/8	5/7	7/8	3/7	8/8	7/7	9/17	15/17
Mali	2/7	0/6	6/7	0/6	7/7	6/6	2/13	13/13
Senegal (T)	1/1	1/1	0/1	0/1	1/1	1/1	2/2	2/2
Bangladesh	1/2	0/2	1/2	2/2	2/2	2/2	1/4	4/4
Nepal (B & M)	0/1	0/1	0/1	0/1	2/1	2/1	0/2	4/2
Pakistan	0/1	0/1	2/2	0/2	2/2	2/2	0/4	4/4
N communities								
Ethiopia	8	9	8	9	8	9	17	17
Ghana	2	2	2	2	2	2	4	4
Uganda	1	1	1	1	1	1	2	2
Benin	2	2	2	2	2	2	4	4
Burkina Faso	8	7	8	7	8	7	15	15
Mali	7	6	7	6	7	6	13	13
Senegal (T)	1	1	1	1	1	1	2	2
Bangladesh	2	2	2	2	2	2	4	4
Nepal (B & M)	1	1	1	1	1	1	2	2
Pakistan	2	2	2	2	2	2	4	4

In nearly all countries, between BL and EL the share of villages with trained leaders increased. In eight countries, all leaders had been trained at endline level. The exceptions were Burkina Faso, which nonetheless revealed a

strong increase of trained leaders from 9/17 at BL to 15/17 at EL. In Uganda the share of trained leaders decreased, from 2/2 leaders at BL to 1/2 leaders at EL (Table 11).

Supporting data

In all countries, except Nepal, most partners reported in MoA forms that they had regular meetings in communities with the aim of sensitizing community and religious leaders in treatment and comparison sites (as from 2018) on negative effects of child marriage and FGM/C, and on the importance of girls' school enrolment. Some partners in Burkina Faso, Ghana, Ethiopia, Mali, Nepal and Pakistan reported that they trained staff of local radio stations on the same contents, radio being an effective means of communicating messages in the study areas. A key challenge was that some of the radio stations require money to air these messages.

All village leaders across countries reported they had been trained on the negative effects of child marriage and on the importance of educating girls. Only in the context of Uganda had no village leaders involved in the study been trained, and in Burkina Faso some village leaders had not been sensitised on the importance of girls' education. In most African countries the majority of village leaders had been trained on the negative effects of FGM/C. In Uganda no training was provided on FGM/C; according to the village leaders, FGM/C does not take place in the study villages (Table A5.28).

Intermediate outcomes: Activities in communities

Table 12: IND24 Share of communities with leaders who condemned CM in village meetings

	Baseline		Midline		Endline		Totals (T + C)	
	T	C	T	C	T	C	Baseline	Endline
Ethiopia	8/8	8/9	4/8	3/9	8/8	9/9	17/17	17/17
Ghana	1/2	2/2	2/2	2/2	2/2	2/2	3/4	4/4
Uganda	0/1	0/1	0/1	0/1	0/1	1/1	0/1	1/2
Benin	1/2	0/2	2/2	2/2	2/2	1/2	1/4	3/4
Burkina Faso	6/8	4/7	5/8	2/7	7/8	7/7	10/15	15/15
Mali	2/7	0/6	5/7	0/6	7/7	6/6	2/13	13/13
Senegal (T)	1/1	1/1	1/1	1/1	1/1	1/1	2/2	2/2
Bangladesh	0/2	1/2	2/2	2/2	2/2	2/2	1/4	4/4
Nepal (B & M)	1/1	1/1	1/1	1/1	1/1	1/1	2/2	2/2
Pakistan	0/2	0/2	1/2	0/2	2/2	2/2	0/4	4/4
N communities								
Ethiopia	8	9	8	9	8	9	17	17
Ghana	2	2	2	2	2	2	4	4
Uganda	1	1	1	1	1	1	2	2
Benin	2	2	2	2	2	2	4	4
Burkina Faso	8	7	8	7	8	7	15	15
Mali	7	6	7	6	7	6	13	13
Senegal (T)	1	1	1	1	1	1	2	2
Bangladesh	2	2	2	2	2	2	4	4
Nepal (B & M)	1	1	1	1	1	1	2	2
Pakistan	2	2	2	2	2	2	4	4

In all countries there was an increase from BL to EL in the share of communities with leaders who condemned CM (and FGM/C) in community meetings. At endline, all communities in eight countries had leaders who spoke out against CM (and FGM/C), while in Uganda leaders in one of the two communities spoke out against CM (none at BL), and in Benin, leaders from three out of four communities did so (one out of four at BL). (Table 12)

Supporting data

At endline, most community leaders reported they opposed marriage for girls and boys below the legal age. Just a few leaders reported on circumstances under which they would agree to marriage of girls or boys under the legal age. Qualitative data show that leaders in some contexts considered pregnancy a valid reason for legally underage girls and boys to marry, on the condition that the boy acknowledged the pregnancy: Burkina Faso and Ethiopia (two leaders), and Benin and Uganda (one leader). In Mali, a village leader indicated that if the boy and girl both agreed, then the leader would also agree to the marriage.

Only very few leaders reported circumstances when they would agree for FGM/C: one leader in Senegal reported that he would agree because a girl would be stigmatised if she had not been partially circumcised. In Mali, two village leaders commented that it was a family decision and that they do not interfere with family traditions if families really insisted.

Table 13: IND25.1 Share of communities with village members who organize activities against negative effects of CM, and FGM/C

	Baseline		Midline		Endline		Totals (T + C)	
	T	C	T	C	T	C	Baseline	Endline
Ethiopia	7/8	5/9	5/8	3/9	8/8	9/9	12/17	17/17
Ghana	0/2	1/2	2/2	2/2	2/2	2/2	1/4	4/4
Uganda	1/1	1/1	0/1	0/1	1/1	1/1	2/2	2/2
Benin	0/2	0/2	2/2	1/2	2/2	2/2	0/4	4/4
Burkina Faso	4/8	2/8	4/8	4/8	8/8	7/7	6/16	15/15
Mali	0/7	0/6	5/7	0/6	6/7	6/8	0/13	12/13
Senegal (T)	1/1	1/1	1/1	1/1	1/1	1/1	2/2	2/2
Bangladesh	0/2	0/2	2/2	1/2	2/2	2/2	0/4	4/4
Nepal (B & M)	1/1	0/1	0/1	1/1	0/1	1/1	1/2	1/2
Pakistan	1/2	0/2	2/2	0/2	2/2	1/2	1/4	3/4
N communities								
Ethiopia	8	9	8	9	8	9	17	17
Ghana	2	2	2	2	2	2	4	4
Uganda	1	1	1	1	1	1	2	2
Benin	2	2	2	2	2	2	4	4
Burkina Faso	8	7	8	7	8	7	15	15
Mali	7	6	7	6	7	6	13	13
Senegal (T)	1	1	1	1	1	1	2	2
Bangladesh	2	2	2	2	2	2	4	4
Nepal (B & M)	1	1	1	1	1	1	2	2
Pakistan	2	2	2	2	2	2	4	4

In all countries there was an increase between BL-EL in the share of communities with community members who organised activities against the negative effects of CM (and FGM/C). At endline level, in seven countries all communities had village members who spoke against CM (and FGM/C), while in Mali this was 12 out of 13 communities (in no villages at BL), in Pakistan in three out of four villages (at BL 1/4), and in Nepal, one out of two (no change since BL). (Table 13)

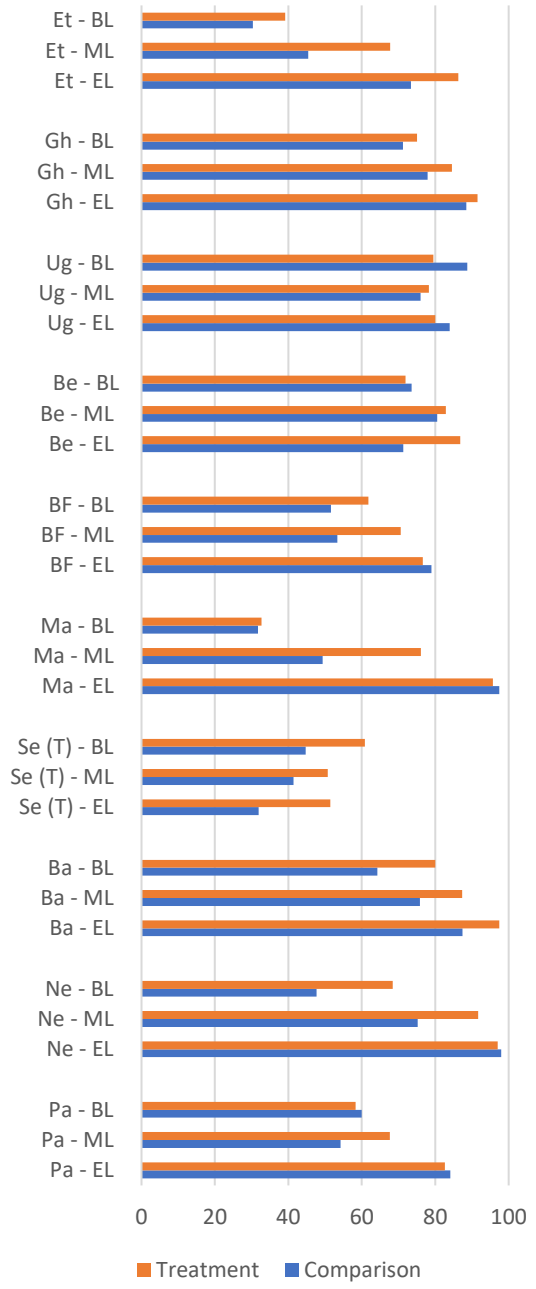
Table 14: IND25.2 Share of communities where young people have spoken out about the rights of girls in village meetings

	Baseline		Midline		Endline		Totals (T + C)	
	T	C	T	C	T	C	Baseline	Endline
Ethiopia	4/8	3/9	6/8	8/9	6/8	8/9	7/17	14/17
Ghana	1/2	1/2	1/2	1/2	1/2	2/2	2/4	¾
Uganda	-	-	0/1	0/1	1/1	1/1	-	2/2
Benin	0/2	0/2	1/2	0/2	2/2	2/2	0/4	4/4
Burkina Faso	1/8	1/7	8/8	6/7	8/8	6/7	2/15	14/15
Mali	1/7	0/6	3/7	0/6	7/7	6/6	1/13	13/13
Senegal (T)	1/1	1/1	1/1	1/1	1/1	1/1	2/2	2/2
Bangladesh	0/2	0/2	2/2	2/2	2/2	2/2	0/4	4/4
Nepal (B & M)	1/1	1/1	1/1	1/1	1/1	1/1	2/2	2/2
Pakistan	1/2	0/2	1/2	0/2	1/2	1/2	1/4	2/4
N communities								
Ethiopia	8	9	8	9	8	9	17	17
Ghana	2	2	2	2	2	2	4	4
Uganda	1	1	1	1	1	1	2	2
Benin	2	2	2	2	2	2	4	4
Burkina Faso	8	7	8	7	8	7	15	15
Mali	7	6	7	6	7	6	13	13
Senegal (T)	1	1	1	1	1	1	2	2
Bangladesh	2	2	2	2	2	2	4	4
Nepal (B & M)	1	1	1	1	1	1	2	2
Pakistan	2	2	2	2	2	2	4	4

Increasingly, young people reportedly spoke out about the rights of girls in community meetings or rallies. This finding also suggests that young people are increasingly given space to speak out in their communities. The share of communities with young people speaking out increased from BL to EL in eight countries, in the other two countries, Nepal and Senegal, already at baseline level young people in all communities were said to speak out. At baseline in Bangladesh and Benin young people in none of the communities reportedly spoke out, while at endline they were said to do so in all communities. Considerable increases were also found in Burkina Faso, from 2/15 communities with young people speaking out at BL to 14/15 at EL, and in Mali, from 1/13 communities at BL to all communities at EL (Table 14).

Outcome: Girls feeling supported

Figure 11: IND15.1 Share of girls who feel they can consult a source on SRHR issues (%)



In all countries, except Uganda and Senegal at EL, compared to BL and ML, an increasing share of girls reported they felt they could consult someone if they had questions related to SRHR. The largest increase can be seen in Ethiopia, Mali, Bangladesh, Nepal and Pakistan. In most countries, there was a gap at midline between treatment and comparison areas, with a much larger increase noted in treatment area, while this gap was much smaller or no longer existent at endline level, notably in Ethiopia, Burkina Faso, Mali, and Pakistan. In Uganda, the percentage of girls who had someone to consult on SRHR issues remained stable at relatively high levels during the three study phases. In Senegal, the percentage decreased from the BL level. However, looking at the treatment areas in the other Senegalese regions, a large increase can be seen, with levels of over 80% of girls feeling they could consult someone on SRHR issues (Table A4.13).

t-test results

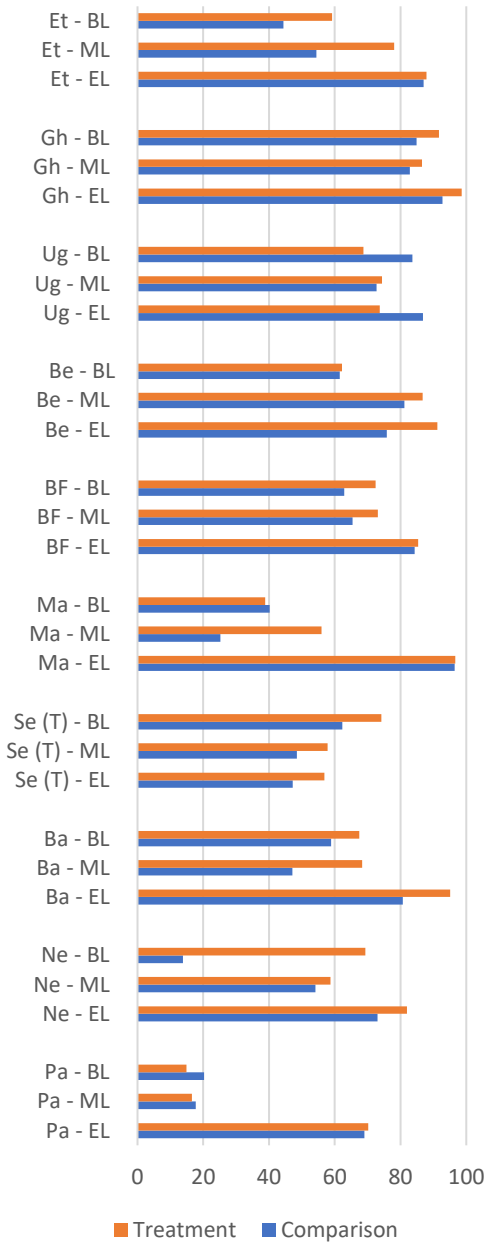
In terms of girls feeling they had a source they could consult with questions related to SRHR, the results show significant progress in eight countries of out 10. These increases range from 65 percentage points (Mali), to 6 percentage points (Benin).

Supporting data

Girls were asked about who or what (sources) they tended to consult on SRHR issues. In the main, girls indicated different sets of people formed their main sources, and to a much lower extent, radio programmes and printed materials such as books, magazines or leaflets.

Mothers were said to constitute the main source of information in eight out of nine countries; between 48.1% (Senegal C) and 82.9% (Benin T) girls indicated their mother was their main source of information and support. The exception is Ethiopia, where girls reported friends were their main source. The second and third most important SRHR sources varied between countries, but with strikingly little variation across treatment and comparison sites. Teachers were in the top three most important SRHR sources in Ethiopia, Ghana, Burkina Faso, Pakistan, and Senegal (C). A small share of girls mentioned teachers as source in Uganda, Benin, and Bangladesh (C). Health workers were in the 'top three' in Benin, Burkina Faso and Bangladesh, while mentioned by only a small share of girls in Uganda, Nepal and Pakistan (Table A5.29).

Figure 12: IND15.2 Share of single girls who feel supported in decision making on marriage (%)



From BL to EL, in all countries, except Senegal, an increasing share of girls reported they felt they would be supported (by one or more people) to negotiate with their parents should the latter want to marry them against their will. The largest increase was found in Pakistan, followed by Nepal (C), and Mali, these also being countries where arranged marriage has been found to be a common practice. At endline, close to or more than 80% of girls in most countries reportedly felt supported by someone to negotiate with their parents against a proposed marriage. Lower shares (T and C combined) were found in Senegal (52.1%), Nepal (77.5%) and Pakistan (69.6%) (Figure 12; Table A4.14).

t-test results

The share of girls who indicated they felt supported in making decisions about marriage has significantly increased in eight countries. However, the picture is nuanced with respect to two countries. For Uganda, the result does not achieve statistical significance whereas, for Senegal, the variation is negative.

Supporting data

In addition to family members, such as sisters or brothers, and peers, many girls mentioned people outside their family as persons who could help in negotiating with their parents. Teachers were mentioned by a large share of girls in Ethiopia, Ghana, Burkina Faso, Senegal and Bangladesh. In Ghana, girls indicated that they would first turn to community leaders for such support, while the latter were in girls' top three' in Burkina Faso, Senegal, Uganda and Bangladesh (T)/. Health workers were girls first go-to person in Benin and in girls' 'top three' in Ethiopia (T). Many girls in Ethiopia, Uganda, Benin and Bangladesh reported they felt they could also seek support from the police, and in these countries the police were in girls 'top three' of go-to people (Table A5.30).

4.7 Strategy VI: Create an enabling legal and policy environment on preventing child marriage and FGM/C

Introduction

The HC programme departs from the principle that young women should be protected against child marriage and FGM by national and local (by-)laws. In all HC programme countries there are laws in place that stipulate the minimum age for marriage for young women and men. In line with international standards, in most countries the legal minimum age for marriage for young women is 18 years. It is critical to note that in four HC programme countries the legal age for girls to marry without parental consent is lower than 18 years, that is in Pakistan, Mali and Senegal, the legal age for girls to marry without parental consent is 16 years, while in Burkina Faso it is 17 years. Various initiatives were undertaken by local and international NGOs to lobby with government for a minimum marriage age 18 for girls in Burkina Faso, Mali, Pakistan, and Senegal.

Although minimum legal age for girls to marry is 18 years in other countries, in Bangladesh, Benin, Ghana, and Uganda, marriage for girls below 18 years old is possible with parental consent. In Nepal, the legal age for marriage is 20 years (for women and men). In some countries, the legal minimum age to marry is higher for boys than it is for girls: in Bangladesh and Burkina Faso, men can legally marry at the age of 21 years, in Mali, Senegal and Pakistan, the legal minimum age for men to marry is 18 years.

National legislation against FGM/C exists all African countries, except Mali: Laws against FGM/C were adopted in Burkina Faso (1996), Benin (2003) Senegal (1999), Uganda (2010); Ethiopia (2004), and Ghana (1994) [8].

The existence of a law does not mean it is enforced. In light of difficulties in national enforcement of legislation, the HC programme sought to support district departments to better enforce existing laws (IND38). District level stakeholder consultation meetings also formed a part of Strategy VI activities (IND 39). Within the HC programme and this report, 'district' is defined as the lowest level of government administration. Working with communities, the intended intermediate outcome related to communities developing by-laws against child marriage (IND26.1) and FGM/C (IND26.2) at community level to enforce and/or complement national laws.

An intended intermediate outcome of activities at district level was birth registration of all children (IND27). When births are not registered and young people do not have a birth certificate, it is more difficult to ascertain whether or not a young person is, for example, legally under-age. When (by-)laws are in place and are enforced, the expected outcome was that young women would be (better) aware of the existence of laws against child marriage and FGM/C (IND16.1, 16.2).

Output: Means to enforce laws and meetings at district level

Table 15: IND 38: Districts with means to enforce laws

	Baseline	Midline	Endline
Ethiopia	6/11	4/11	6/11
Ghana	2/2	2/2	2/2
Uganda	1/1	1/1	1/1
Benin	-	3/4	4/4
Burkina Faso	6/8	3/8	8/8
Mali	2/9	6/9	9/9
Senegal (T)	1/1	1/1	1/1
Bangladesh	2/2	2/2	2/2
Nepal (B & M)	2/2	2/2	2/2
Pakistan	2/2	2/2	2/2
N districts			
Ethiopia	11	11	11
Ghana	2	2	2
Uganda	1	1	1
Benin	4	4	4
Burkina Faso	8	8	8
Mali	9	9	9
Senegal (T)	1	1	1
Bangladesh	2	2	2
Nepal (B & M)	2	2	2
Pakistan	2	2	2

At baseline, in Ghana, Uganda, Senegal, and the three South Asian countries, district officials already reported that the district had the means to enforce laws on CM and FGM/C. In Ethiopia, Benin, Burkina Faso and Mali there was an increase from BL to EL in the share of districts reporting that they had the necessary means to enforce laws: for example, in Mali, at BL two out of nine districts had reported they had these means to all districts at EL (Table 15).

Supporting data

When asked about the reported number of cases in which CM-related legislation had been broken, no or only a few of district officials in the African countries indicated they had received such reports, while in all Asian countries district officials mentioned they had received many such reports. For example, in Bangladesh officials in one district indicated that 44 cases had been reported in 2019, while in another district, the officials spoke of 127 cases being reported (Table A5.31). It is important to note that these findings do not mean that there are more cases of child marriage in South Asian than in the African countries involved in the project, as similar numbers of marriages may take place in the African countries but go un-reported in the districts in question. We can deduce however, that cases are reported in Bangladesh, which would point at that laws are enforced. The study finding that for Bangladeshi girls the police is in the top-3 of persons who can support them to negotiate with their parents should they want to marry them against their will (see section 4.6) corroborates this interpretation

Table 16: IND39 Share of districts with meetings between government and civil society institutions related to SRHR

	Baseline	Midline	Endline
Ethiopia	8/11	7/9	11/11
Ghana	2/2	2/2	2/2
Uganda	nd	1/1	1/1
Benin	nd	3/4	4/4
Burkina Faso	nd	5/7	5/7
Mali	3/9	6/9	9/9
Senegal (T)	1/1	1/1	1/1
Bangladesh	2/2	2/2	2/2
Nepal (B & M)	2/2	1/2	2/2
Pakistan	2/2	-	2/2
N districts			
Ethiopia	11	11	11
Ghana	2	2	2
Uganda	1	1	1
Benin	4	4	4
Burkina Faso	7	7	7
Mali	9	9	9
Senegal (T)	1	1	1
Bangladesh	2	2	2
Nepal (B & M)	2	2	2
Pakistan	2	2	2

In Ghana, Senegal, and the three South Asian countries, district level meetings between local government agencies and civil society organisations on SRHR and young people, including CM were already taking place in all districts at baseline level. In most other countries, the share of districts that had these types of meetings increased from BL to EL. For example, in Mali from 3/9 at BL to 9/9 at EL (Table 16).

Supporting data

MoA forms show that all partners in Senegal, Pakistan and Bangladesh, most partners in Ethiopia and a few (three) partners in Burkina Faso, collaborated with the local government to organize consultation and information meetings on SRHR-related issues between relevant local government departments, schools, health centres and NGOs working in the area.

In most countries, research participants spoke of representatives from schools, police, community, religious institutions and NGOs taking part in the above mentioned meetings. In Uganda, only community and religious leaders were said to take part. In Burkina Faso and Senegal, the police was not represented in all districts (Table A5.32).

Intermediate outcomes: Communities with by-laws against CM and FGM/C

Table 17: IND26.1: Share of communities with or developing by-laws on child marriage

	Baseline		Midline		Endline		Totals (T + C)	
	T	C	T	C	T	C	Baseline	Endline
Ethiopia	4/8	2/9	7/8	6/9	7/8	6/9	6/17	15/17
Ghana	0/2	0/2	1/2	0/2	1/2	1/2	0/4	2/4
Uganda	1/1	1/1	1/1	0/1	1/1	1/1	2/2	2/2
Benin	0/2	1/2	0/2	0/2	1/2	2/2	1/4	3/4
Burkina Faso	0/8	2/7	6/8	1/7	4/8	3/7	2/17	7/17
Mali	2/7	1/6	5/7	1/6	7/7	6/6	3/13	13/13
Senegal (T)	1/1	1/1	1/1	1/1	1/1	1/1	2/2	2/2
Bangladesh	0/2	0/2	1/2	0/2	1/2	1/2	0/4	2/4
Nepal (Banke)	0/1	1/1	0/1	0/1	0/1	0/1	0/2	0/2
Pakistan	0/2	0/2	1/2	0/2	2/2	2/2	0/4	4/4
N communities								
Ethiopia	*8*	9	*8*	*9*	*8*	*9*	17	*17*
Ghana	*2*	*2*	*2*	*2*	*2*	*2*	4	*4*
Uganda	*1*	*1*	*1*	*1*	*1*	*1*	2	*2*
Benin	*2*	*2*	*2*	*2*	*2*	*2*	*4*	*4*
Burkina Faso	*8*	*7*	*8*	*7*	*8*	*7*	*17*	*17*
Mali	*7*	*6*	*7*	*6*	*7*	*6*	*13*	*13*
Senegal (T)	*1*	*1*	*1*	*1*	*1*	*1*	*2*	*2*
Bangladesh	*2*	*2*	*2*	*2*	*2*	*2*	*4*	*4*
Nepal (Banke)	*1*	*1*	*1*	*1*	*1*	*1*	*2*	*2*
Pakistan	*2*	*2*	*2*	*2*	*2*	*2*	*4*	*4*

From BL to EL, an increasing share of communities, in all countries bar Nepal, Senegal and Uganda, were reported to have developed community by-laws against child marriage, or were in the process of developing such by-laws. In Senegal and Uganda, both communities involved in the study already had or were developing by-laws at BL, whereas in Nepal. none of the communities had or were developing by-laws against CM (Table 17).

In an interview with the local researcher, village leaders in Mali explained what violators of community by-laws had to pay:

> 'One example is the penalty incurred by those who practice child marriage after signing communal agreements. Instead of paying an amount, which would be set high to deter the practice, they should give the village chief a goat as a fine. This is a traditional practice. Although cheaper, it is more humiliating and therefore more dissuasive. This shows the support of the population for the changes that have been introduced.'

Supporting data

MoA reports reveal that in all countries, most HC partners have been mobilizing community leaders, religious leaders and community groups to develop community by-laws against child marriage and FGM/C (for the African countries only). This process of support was intensified after midline. Also in the countries with national laws allowing marriage of girls below 18 years, e.g. in Pakistan, Senegal, Burkina Faso and Mali, partners were active in supported to developing community by-laws against marriage below 18 years.

Table 18: IND 26.2: Share of communities with or developing by-laws on FGM/C

	Baseline		Midline		Endline		Total (T+C)	
	T	C	T	C	T	C	Baseline	Endline
Ethiopia	2/8	2/9	6/8	2/9	6/8	7/9	4/17	12/17
Ghana	0/2	0/2	--	0/2	0/2	0/2	0/4	0/4
Uganda	0/1	0/1	--	--	0/1	0/1	0/2	0/2
Benin	1/2	1/2	--	--	--	--	2/4	--
Burkina Faso	3/8	1/7	3/8	5/7	3/8	5/7	4/17	8/17
Mali	0/7	1/6	1/7	0/6	4/7	4/6	1/13	8/13
Senegal (T)	0/1	1/1	1/1	1/1	1/1	1/1	1/2	2/2
N communities								
Ethiopia	*8*	*9*	*8*	*9*	*8*	*9*	*17*	*17*
Ghana	*2*	*2*	*2*	*2*	*2*	*2*	*4*	*4*
Uganda	*1*	*1*	*1*	*1*	*1*	*1*	*2*	*2*
Benin	*2*	*2*	*2*	*2*	*2*	*2*	*4*	*4*
Burkina Faso	*8*	*7*	*8*	*7*	*8*	*7*	*17*	*17*
Mali	*7*	*6*	*7*	*6*	*7*	*6*	*13*	*13*
Senegal (T)	*1*	*1*	*1*	*1*	*1*	*1*	*2*	*2*

In the countries with high shares of women who have undergone FGM/C (Ethiopia, Burkina Faso, Mali and Senegal), an increasing share of communities had developed by-laws against FGM/C or were in the process developing them at endline level. In communities in Ghana and Uganda, where FGM/C is said to hardly happen, communities did not develop such by-laws (Table 18).

Intermediate outcome: Birth registration

District level respondents were asked to estimate the share of births registered: whether this was: almost all births, a majority of births (Table A5.33). To score on the birth registration indicator, a district should report that almost to all births were registered.

Table 19: IND27 Share of districts where almost all births are registered

	Totals (T + C)		
	Baseline	Midline	Endline
Ethiopia	0/11	0/11	0/11
Ghana	0/2	0/2	0/2
Uganda	-	-	1/1
Benin	-	0/4	2/4
Burkina Faso	0/8	3/8	6/8
Mali	0/9	4/9	5/9
Senegal (T)	0/1	0/1	0/1
Bangladesh	0/2	0/2	1/2
Nepal (B & M)	1/2	1/2	1/2
Pakistan	1/2	-	1/2
N districts			
Ethiopia	11	11	11
Ghana	2	2	2
Uganda	1	1	1
Benin	4	4	4
Burkina Faso	8	8	8
Mali	9	9	9
Senegal (T)	1	1	1
Bangladesh	2	2	2
Nepal (B & M)	2	2	2
Pakistan	2	2	2

In Bangladesh, Burkina Faso, Benin and Mali, in an increasing proportion of districts, nearly all births were registered at EL, compared to BL. In Ethiopia, Ghana, and Senegal at EL, as at BL and ML in none of the districts are all births registered (Table 19).

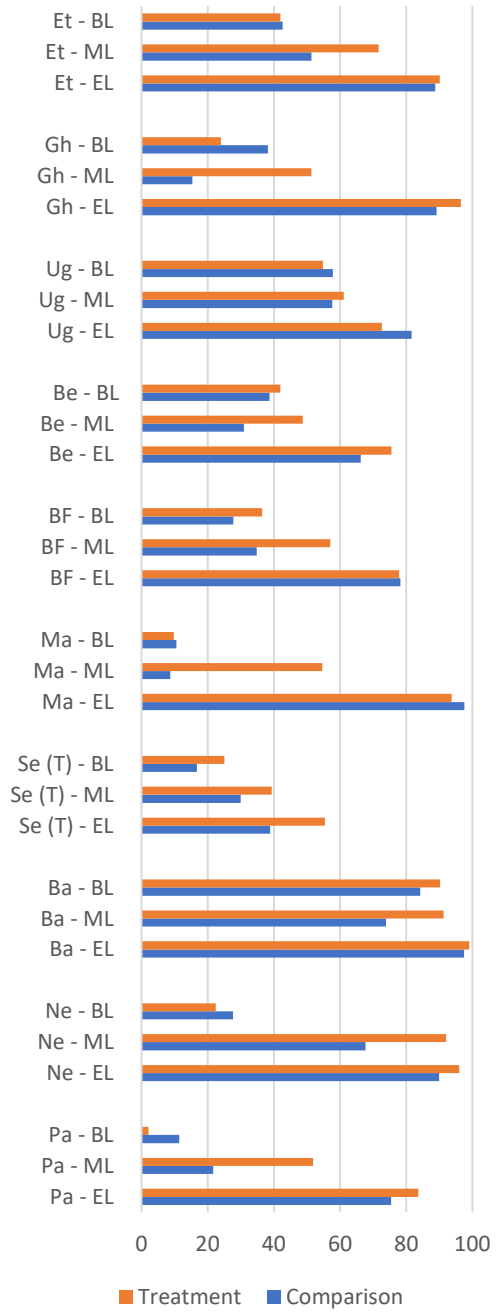
Supporting data

According to all district officials in all countries excluding Uganda and Bangladesh, due to government and programmes such as Her Choice, the share of registered births had increased compared to previous years (Table A5.34). District officials across countries reported they had been promoting birth registration by, for example, using radio broadcasting and campaigns (in some countries, door-to-door) to sensitize communities about the importance of birth registration, reducing costs of birth registration, at times making it free of charge (in Ghana), and increasing the number of locations for birth registration, specifically in rural areas.

According to school principals of all schools in the three South Asian countries, Uganda and all but one school in Burkina Faso, children were said to need to present a birth certificate when enrolling. In Ghana, no birth certificate was said to be needed, while in Ethiopia and Benin, only a few principals indicated birth registration was required (Table A5.35). The proportion of pupils that actually presented a birth certificate in schools where this was said to be obligatory differed. Only in all Bangladeshi schools did principals indicate that all students who were enrolled in their school present a birth certificate. In schools in other countries were prospective students were said to have to present a birth certificate in order to enrol, not all students enrolled in the school had actually done so. Particularly in Ethiopia, Burkina Faso and Senegal, there were schools where only half or less than half of students had reportedly presented a birth certificate at enrolment (Table A5.36).

Outcome: Knowledge on laws against child marriage

Figure 13: IND16.1 Share of single girls who know about protective laws on child marriage (%)



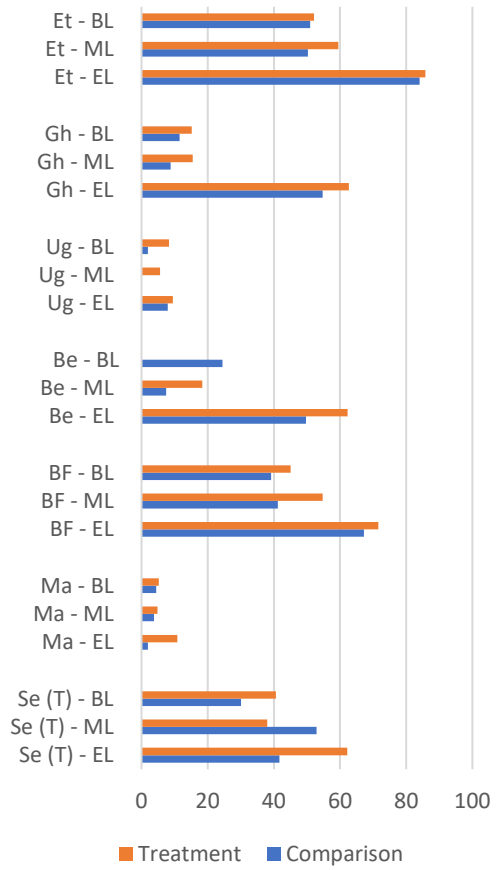
In all countries an increase in the share of girls who knew about the existence of laws protecting against child marriage was found. The largest increase was in countries where this knowledge had been very low at baseline, e.g. in Mali and Pakistan. For example, for treatment and comparison areas combined, in Mali the percentage went from 10.2% at BL to 95.6% at EL. In Pakistan, the percentage rose from 6.8% at BL to 79.5% at EL. In Bangladesh, a high of 98.3% of single girls knew about protective laws against child marriage. In most countries, the percentage at EL was near to or over 80%, except for Benin (70.9%) and Senegal (47.1%). However, also in the two latter countries the percentage of girls who were aware that such laws existed had increased considerably from BL to EL. At regional level in Senegal, the knowledge at EL in treatment sites in Sedhiou (87.7%) and Kolda (93%) was considerably higher than the figures for Senegal, these only covering Tambacounda region (Figure 13; Table A4.15).

t-test results

On indicator 16.1, the Her Choice programme achieved significant results: all countries show a statistically significant increase in the share of girls who know about the CM laws. From Mali (85 points) to Bangladesh (11 points).

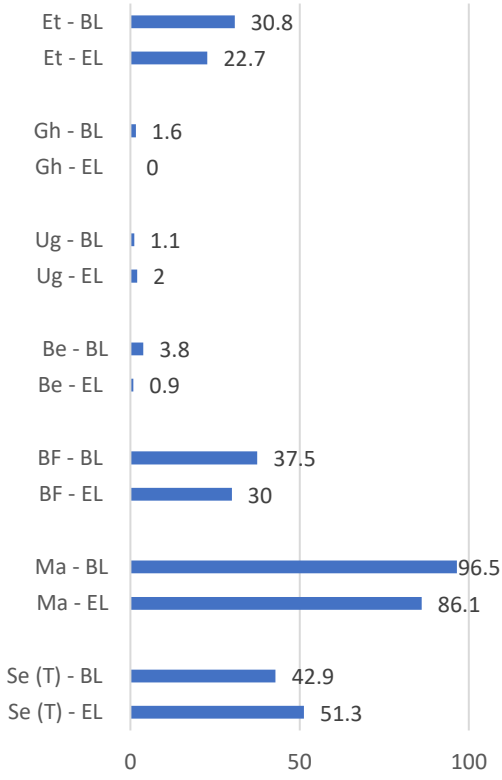
Outcome: Knowledge on laws against FGM/C

Figure 14: IND16.2 Share of single girls who know about protective laws on FGM/C (%)



In all African countries an increasing share of girls at EL (T and C combined) was aware of laws protecting against FGM/C, compared to BL. At EL, the knowledge of this law was highest in Ethiopia, where 84.9% of girls (T and C combined) reported they knew of these laws. In the research areas in Uganda, Benin, and Ghana, FGM/C is seldom practiced (see Figure 14; Table A4.16), which may explain the relatively low shares reported for the countries at BL and ML. In Benin and Ghana, the share of girls who knew about national laws had grown considerably at EL, compared to BL and ML. The EL figures remained low in Uganda. The low figures in Mali can be explained by the fact that there are no national protective law on FGM/C. However, the previous section 4.7 (Table 18) revealed that eight out of 13 communities in Mali were in the process of or had already established community by-laws against FGM/C.

Figure 15: Share of single girls who reported being circumcised, BL-EL (total T+C) (%)



The data on the share of single girls who reported they had been circumcised (at BL and EL, treatment and comparison sites combined), which is shown in Figure 15, do not allow us to conclude that these shares have decreased as a result of Her Choice programmes (Table A4.20). Girls tend to be circumcised at a very young age, just after birth or up until approximately 7 years old. The effects of a 5-year programme, such as Her Choice on the incidence of FGM/C cannot be measured in our study population of 12-17 year-old girls, therefore. The decrease in all countries, (except Senegal and Uganda) is most likely the effect of national campaigns that started in the late 1990s.

5. IMPACT INDICATORS

5.1 Introduction

Ultimately, the expected impact of the six HC strategies is that an increased share of girls feel they have control over marriage decisions and are able to refuse a marriage against their will (IND1.1 and 1.2). This impact is expected to be the result of increased knowledge and skills, combined with support provided by families, communities, schools, health services, and the law. Indicators 1.1 and 1.2 relate to the *perceived* control that single girls have over marriage decisions. We asked young women three questions: whether they: 1) can oppose marriage against their will, 2) can decide *when* they marry and 3) can decide *who* they marry. Indicator 1.1 measures the percentage of young women who believed they had control over all three issues. Indicator 1.2 gives the mean degree of control, ranging from 0 to 3 (0= no control, 1 = weak control, 2 = some control, 3 = control). Additional impacts relate to a reduced share of girls getting married before they turn 18 or 15 years old (IND2, 3, 4).

5.2 Impact: Control over marriage decisions

IND1.1 measures the share of single girls who reported they felt able to exercise control over all three marriage decisions defined above: if, when and whom to marry. In all countries, excluding Benin, a higher share of girls reportedly felt they had control over all three decisions at EL compared to BL. The largest increase was found in Mali (from BL 9.2% to EL 86.8%). In all seven African countries the share of girls who felt they could make decisions was more extensive than in the three South Asian countries at both baseline and at endline. In African countries, the EL figures ranged from 51.9% in Benin to 91.1% in Ghana. In South Asian countries, the endline figures ranged from 2.1% in Pakistan (from 1% at BL) to 42.1% in Bangladesh. The regional figures in Bangladesh varied considerably: 22.3% in Dhaka and 61.7% in Khulna (Table A4.17).

It should be noted that we have to be careful with drawing conclusions as to whether young women can now indeed make their own marriage decisions. The figures show what single girls *think*, but we cannot deduce what happens in practice from these figures.

Fig. 16: IND1.2 Degree of control of single girls over the decision if, when and whom to marry (range 0-3)

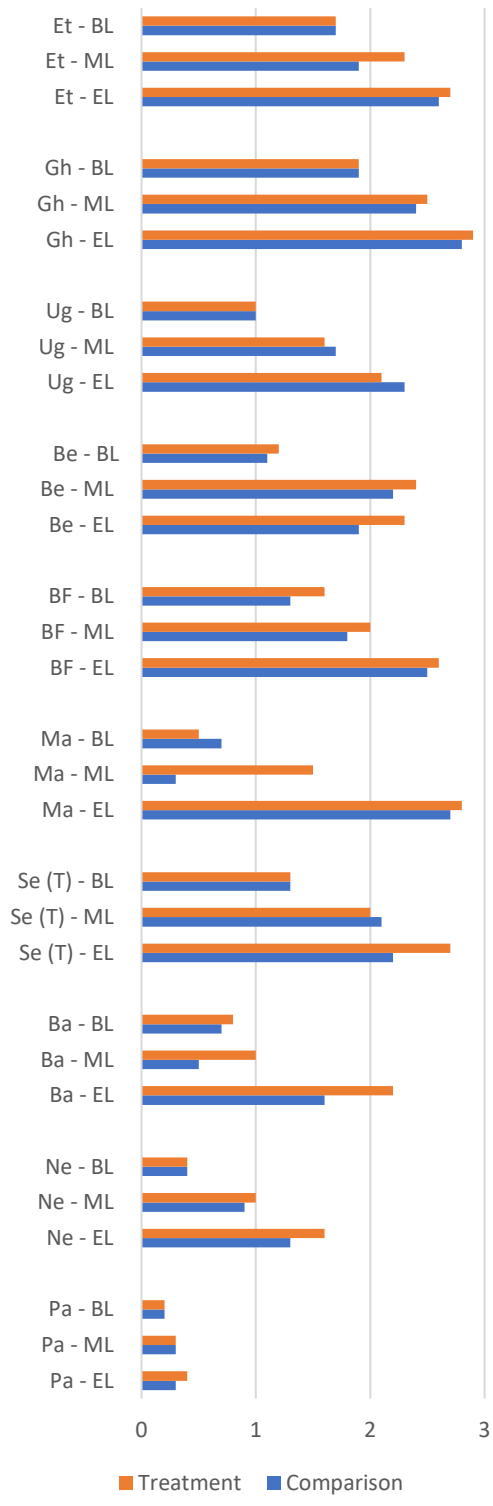


Figure 16 shows the mean number of decisions (out of three) that girls involved in the study believe they can make with regard to their marriage. In all countries, the mean has increased from BL to EL (for T and C combined). The mean came close to the maximum of three in Ethiopia, Ghana, Mali and Senegal (T).

The increase from BL to EL has not been steady in Benin, where at ML in both treatment and comparison sites the mean was higher than at EL. In all African countries the mean at EL was higher than 2.0, with lowest mean found in Benin (of 2.1), whereas in all South Asian countries the mean was lower than 2.0. In Pakistan, the mean hardly increased from BL to EL: from BL 0.2 to EL 0.4 (Table A4.18).

t-test results

In relation to indicator 1.2, the programme achieved important results: the degree of control over the decision of 'if, when and whom to marry' significantly increased from BL to EL across all the countries, from Mali (2.18 points) to Ghana (0.98 points).

Supporting data

Comparing girls' control over the three composites of decision-making: if, when, and whom to marry, South Asian girls thought they had least control over decisions *who* to marry: for example, 2% of Pakistani girls in the treatment area thought they could decide over *who* to marry, whereas 4% thought they could decide over *when* to marry. African girls appeared to have least control over the decision *when* to marry, for example, 54.1% of girls in Benin (C) thought they could decide *when* to marry and 73.3% *whom* to marry (Table A5.37).

Married girls were asked about who had decided they would marry. In most countries, half or the majority of married girls indicated they had decided for themselves, or that the decision had been taken with their parents. Only in Pakistan, Benin and Bangladesh, a considerable share of girls reported that 'others' had made this decision (with all girls in Pakistan treatment sites indicting this was the case, and 50% in comparison sites) (Table A5.38).

5.3 Impact: Reduced marriage rates below 18 years old

Table 20: Share of girls between 12-17 years-old being married (%), by BL, ML, EL and in T/C

	Baseline				*Midline*				*Endline*			
	treatment		*comparison*		*treatment*		*comparison*		*treatment*		*comparison*	
Country	*N*	*married (%)*	*N*	*married (%)*	*N*	*married (%)*	*N*	*married (%)*	*N*	*married (%)*	*N*	*married (%)*
BA	*305*	*6.2*	*299*	11	*300*	8.3	*300*	12	309	2	*305*	7
PA	*150*	36	*154*	31	*154*	9.7	*153*	21.6	156	3.2	*143*	9.8
NE (Mo&B)	*100*	24	*100*	35	*139*	9.4	*150*	10.7	101	1	*100*	0
NE (Mak)	*50*	0	*50*	8		nd		nd	50	0	*50*	0
SE (Tam)	*72*	4.2	*74*	8.1	*76*	6.6	*75*	6.7	77	3.9	*76*	5.3
SE (Kol)	*75*	38.7	*73*	28.8	*77*	24.7	*76*	18.4	*72*	20.8	*77*	20.8
SE (Sed		--		--	*76*	6.6	*76*	5.3	69	5.8	*85*	21.2
MA	*460*	13.5	*454*	14.1	*557*	9.8	*556*	11	554	0.2	*546*	1.7
BF	*509*	6.1	*458*	5.9	*466*	1.5	*471*	0	448	0.9	*458*	0
BE	*150*	9.3	*120*	12	*157*	3.2	*160*	6.9	167	4.8	*169*	7.1
GH	*135*	1.5	*130*	3.9	*143*	0.7	*138*	1.5	145	2.1	*141*	1.4
ET	*381*	1.8	*341*	1.2	*371*	0.8	*370*	0	373	0.3	*378*	0.5
UG	*167*	3.6	*160*	0.6	*220*	1.4	*182*	1.7	198	4	*154*	1.3

Table 20 shows that in the course of the programme, in most countries, from BL, to ML, to EL, a decreasing share of 12-17 year old girls were reportedly married. The reduction is most striking in countries where the share of married girls was highest at BL, for example, in Pakistan, Nepal (Morang and Banke), Senegal (Kolda), and Mali. In Burkina Faso, at baseline 6.1% of 12-17 year old girls in treatment sites and 5.9% in comparison sites were married, while at ML and EL levels, none were married. In treatment sites in Burkina Faso, only 1.5% at ML and 0.9% at EL were reportedly married. In the countries where marriage rates among girls between 12-17 years of age were already low at baseline, no notable changes have been found (e.g. Ghana, Ethiopia, Uganda and Senegal Tambacounda).

Indicator 4 measures the share of interviewed girls who were married or were co-habiting at the time of the study by age. The marriage rates of the 17-year olds most closely approximate global indicators of child marriage, defined as the share of 20-24-year olds who were married before they turned 18.

Figure 17: IND4 Share of girls 17-year old who are currently married or in union

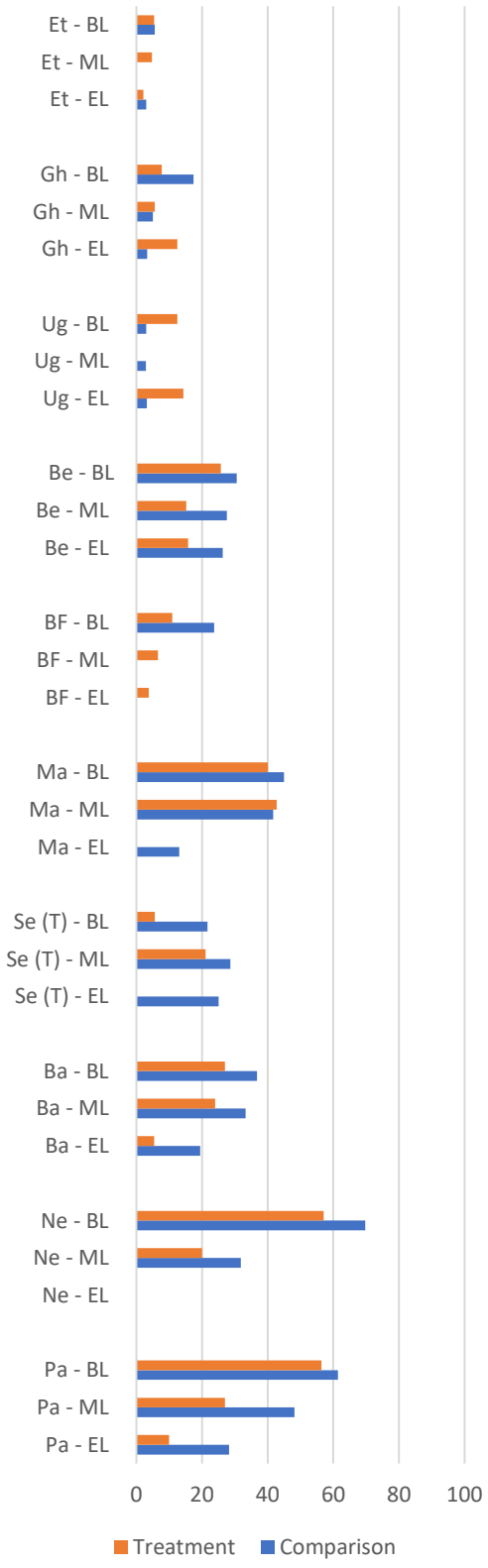


Figure 17 shows that in countries where the marriage rate among 17-year old girls was relatively high at BL, that is, Benin, Burkina Faso, Mali, Bangladesh, Nepal and Pakistan, these rates gradually reduced from BL to ML to EL. Particularly the reductions from baseline to endline in Mali, Nepal and Pakistan were striking, with at EL very few or none of the 17 year-old girls reportedly married (Table A4.19).

Supporting data

At EL, in seven countries there are a few single girls who reported they had been married before: three in Ethiopia; five in Uganda; one in Benin, three in Senegal, one in Bangladesh, one in Nepal and two in Pakistan (Table A5.39).

Among presently married young women, a considerable number had been married before: Both of the married girls involved in the study in Ghana had been previously married, one of the four married girls in Burkina Faso, six of the 60 married girls in Senegal (for the three regions), one of the 20 in Bangladesh and 11 of the 19 married girls in Pakistan (Table A5.40). According to the HC partner in Pakistan, because of the early age at which girls were married, divorce rates were high. As the partner explained (validation meeting, 01/12/2020): 'a young girl cannot perform all the responsibilities of marriage. This makes her in-laws […] angry and give way to domestic violence, and ultimately to divorce. Many of these young divorced women are married out again.'

According to the married girls in the African countries involved in the programme, most marriages were not registered (in church, mosque or civil register), or girls did not know whether these were registered or not. In South Asian countries nearly all marriages were said to be registered (Table A5.41).

It should be noted that decrease in the shares of girls who were married cannot be attributed to HC programme activities alone – in comparison sites a decrease was also noted. In most countries, governments run campaigns to end early marriage and/or other civil society interventions are implemented. For example, as the Her Choice partner in Nepal reported during the validation meeting, the Her Choice programme commenced at a time of political restructuring in Nepal, leading to closer collaboration between the partner and local government in efforts to reduce child marriage. The partner reported 'stronger vigilance' on the part of government against child marriage.'

Another possible reason for the lower figures – a reason supported by local Her Choice researchers – is that marriage is underreported by girls and households for fear of prosecution in contexts where national laws against child marriage are increasingly enforced. Fear of prosecution or 'naming and shaming' may have contributed to married girls being reported as being 18 years old or above (and thus not eligible to take part in the HC impact study), or as being single. According to the Her Choice partner in Nepal, there was anecdotal evidence suggesting daughters were being transported to grooms' homes across the border in India, and these marriages thus not being recorded in Her Choice communities.

These cautionary notes notwithstanding, child marriage rates do appear to have decreased in the study villages. The decrease was reported by all study populations (see chapter 6), and the majority of household heads in all countries bar Ghana, reported they had changed their opinions on child marriage (Table A5.42). Qualitative data reveal that household heads who changed their opinions on the matter indicated they had become aware of the negative effects of child marriage on girls' health, educational opportunities and wellbeing more broadly, and legislation against child marriage. Most of those who indicated they had not changed their opinion, and this particularly applies to the situation in Ghana where the majority of household heads indicated their opinions had not changed, reportedly already considered that child marriage had negative effects. Illustrative in this regard is the remark of a household head in Ghana, who stated that: '*Child marriage has never been a good thing*.'

6. PERCEIVED EFFECTS OF HER CHOICE PROGRAMME

6.1 Introduction

In addition to the more objective data on effects of programme activities, that is measuring outcome and impact indicators, as were presented in the previous Chapters 4 and 5, we collected more subjective data on effects of Her Choice programme activities, that is, changes as perceived by study participants: Firstly, during the endline data collection most groups of study participants were asked whether they had noticed effects of the Her Choice programme, in their health centre, school, community, household or in their own daily lives, and whether they considered these effects mainly positive, negative or both positive and negative. Respondents were then asked to specify the positive or negative effects. The findings are presented in Section 6.1. Secondly, the AISSR team members conducted group interviews with staff members of the 30 Her Choice partner organisations who took part in the endline workshops. One of the topics addressed during these interviews related to the effects of the Her Choice programme that staff members had noted in their organisation, and their professional and personal lives (see Section 6.2). The sections below detail findings related to these topics.

6.2 Effects of Her Choice as reported by study participants

Effects perceived by district officials

Across countries, in all districts, officials interviewed reported they had seen or experienced effects as a result of Her Choice programme activities in their district or municipality (Table A7.1). Open questions were asked with regard to whether changes were noted and if so, what kinds of changes, and whether these were positive, negative or a combination of the two. In seven of the nine countries (at the time of writing, data for Mali were not yet available), district officials only remarked on positive effects, whereas in Burkina Faso and Senegal negative effects were also noted (Table A7.2). The latter related to the tenacity of practices such as gender-based discrimination and that there remained much that had to be changed. This finding cannot be considered an 'effect' of the programme, however.

The main positive effects officials mentioned in almost all districts (in nine countries) included a decrease in the incidence of child marriage, an increase in SRHR-related knowledge among young women and men, and an increase in girls' school attendance. The latter was, according to officials, partly due to schools having become more girl-friendly. Officials in Ghana, for example, reporting that more young mothers return to school after delivery. Officials in Ghana, Mali and Burkina Faso also reported an increase in birth registration, while in Ghana, Burkina Faso and Senegal officials noted that health services had become more girl-friendly and more youth visited health centres in the communities involved. In Ghana, parents were furthermore seen as taking more responsibility for their (female) children than before.

In the context of Uganda and Pakistan, district officials observed that due to Her Choice, cooperation between actors from different sectors has improved in efforts to improve the position of girls and women, and against child marriage. Officials in some of the districts in Mali, Senegal, Burkina Faso and Ethiopia noted a decrease in incidence of FGM/C. In addition, in Mali and Ethiopia some officials indicated that there had been a decrease in the incidence of sexual harassment of, and violence against, women. In Burkina Faso, finally, officials reported there had been a decrease in the number of teenage pregnancies.

Effects perceived by village leaders

The leaders of all villages in treatment and comparison sites in all countries except Senegal, Uganda and Benin, reported changes as a result of the Her Choice programme. In the case of only very few villages, leaders reported they had not noticed any change as a result of the interventions (in Uganda and Benin these leaders were from a treatment village, and in Senegal these leaders were from a comparison village, Table A7.3). In almost all countries, village leaders who had noticed programme effects, reported only positive effects (Table A7.4). Only in Ethiopia (treatment), Burkina (treatment), and Senegal (comparison), did leaders of one village in each country report positive *and* negative effects. In fact, the negative effects were not really negative: leaders said that more needed to be done to support girls.

Across countries, almost all village leaders indicated that, in their view, the Her Choice programme had contributed to a reduction of child marriage rates, an increase in numbers of girls attending school regularly, and an increase in young people who were active against child marriage. In the African countries involved in the programme and with high FGM/C prevalence, leaders reported that Her Choice interventions had reduced the incidence of FGM/C. In all countries, except Pakistan, leaders noticed that there was more communication about SRHR between parents and their children. In Pakistan this effect was only reported in one of the four villages. In many villages in Asian Her Choice countries in particular, leaders reported a reduction in sexual harassment of girls and women. In the case of some villages in African countries involved in the programme, leaders reported an increasing acceptance among parents of their unmarried daughters' contraceptive use (Table 21).

Table 21: Type of positive effects of Her Choice programme in villages where leaders noticed effects

	ETH		GH		UG		BE		BF		SE		BA		NE		PA	
Type of effect noticed	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Less child marriage	9	10	2	2			3	4	8	5	3	1	2	2	3	3	2	2
Less FGM	9	9					1	2	8	5	2	1						
Young people active against CM	9	8	2	2	1		2	2	7	4	3	1	2	2	3	3	2	2
More girls go to school	9	10	2	2	1		3	3	8	5	2	1	2	2	3	3	2	2
Parents talking to their children about SRH	5	6	2	2			3	3	6	2	3	1	2	2	2	3	1	
Parents accepting contraception for their daughters	2	3	2	2			2	2	5	2			1					
Less sexual harassment	5	5	1				2	2	5	3	1		2	2	3	1	2	2
Total villages	*9*	*10*	*2*	*2*	*1*	*0*	*3*	*4*	*8*	*6*	*3*	*1*	*2*	*2*	*3*	*3*	*2*	*2*

Effects perceived by in-charge and staff of health centre

Across countries, all 'in-charge' and staff of health centres noted specific effects of the Her Choice programme in their centres (Table A7.5). All 'in-charge' and bar one (in Senegal), all health staff reported positive effects only (Table A7.6). To begin with, many noted that staff had developed greater skills in the provision of youth friendly services, having learned '*how to make youth feel comfortable'* (health staff, Nepal), and many reported that their health centre had put youth friendly measures in place (for details, see Section 4.3).

Most frequently mentioned effects across the different countries related to the greater number of young people who now visited the health centre for SRHR related information and services; health centre staff in many countries pointed out that this change was partly due to the referral system they now had with nearby schools. Staff also noted that young people visiting the health centre seemed more comfortable in talking about SRHR-related issues and asking questions. These observations suggest an increased sense of safety and confidence

among young people. Most health centre staff in the different countries also indicated that there appeared to be fewer child marriages, and in (African) countries where FGM/C was common, a decreased incidence of FGM/C. In Burkina Faso, Mali, Uganda, Benin and Ghana, staff noted considerably reduced pregnancies (and abortions) among teenage girls. Ugandan health staff noted that: '*before [the programme] 70% were child mothers, as opposed to 30% now*.' Health staff involved in the study in Uganda noted increased contraceptive use by young women and men, a development also mentioned in the case of Nepal, with some health staff (in Uganda) adding that more parents seemed to allow their children to use contraception. In Mali, staff from two health centres mentioned that the villages they are serving now understand and appreciate the SRHR services they provide to young people: '*We can now freely practice our services without any problems in the villages.'*

In Senegal, one health centre staff mentioned that there were still early pregnancies. However, the persistence of an existing phenomenon or practice cannot be regarded an *effect* of a programme, rather a matter that the programme was not able to fully put a stop to.

Effects perceived by school principals and teachers

All school principals and teachers, bar one principal in a treatment site in Burkina Faso and one in a Burkinabé comparison school reported they had noticed effects of the Her Choice programme in their school (Table A7.7, A7.8). All but a few considered these effects to be positive.

Teachers and principals pointed out that because of Her Choice activities, their school had become more girl-friendly and a higher number of girls were enrolled in school. Teachers mentioned that their understanding of the importance of SRHR-related education had increased, and that they were also communicating this message to students and their parents. Teachers reported they felt more confident to provide SRHR-related education to young people, and that they realised they needed to be respectful and approachable in order for students to speak out and ask questions.

Principals and teachers furthermore noted students' increased levels of confidence, as demonstrated by their greater apparent comfort to talk to their teachers about SRHR issues, including early marriage and sexual harassment. Important areas of focus of Her Choice at school level included sanitation, personal hygiene and provision of resources and support to menstruating school girls (e.g. provision and/or supporting girls to make menstrual pads at school). In some schools, efforts were made to ensure provision of water, while in other schools it was organised for students to bring a container of water from home. School staff reported that these measures and specifically the provision of menstrual pads at schools has contributed to more regular school attendance by girls. In Pakistan, attendance reportedly increased when girls were given a bicycle to come to school and attention was paid to prevention of harassment by schoolboys on the way to school. In Nepal, school enrolment was said to have increased because girls were supported with stationery, thereby reducing costs for parents. School staff reported they also saw fewer marriages taking place among their students. In Benin, Mali, Burkina Faso and Ghana a decrease was noted in pregnancy among school girls, which led to less school dropout and marriage (of pregnant girls). As indicated earlier, girls in schools in Ghana were now able to return to school after having their baby. In Uganda, teachers noticed more positive mindsets among their students, particularly in terms of the value of education. Finally, in Benin and Ethiopia, school staff noted that male students had become more respectful of female students and a reduction of cases of sexual harassment of school girls by male peers.

A few teachers and one principal also mentioned negative effects. Two teachers (Uganda and Burkina Faso) observed that the programme had a negative effect in that parents were often 'hostile,' or did not understand the SRHR-related information provided to students by teachers. Two teachers in Nepal were of the opinion that

some students had become too outspoken and indicated they struggled to 'control' these students. One principal in Ethiopia mentioned that at times, SRHR-related training negatively affected normal class hours.

Effects as perceived by household heads

A high percentage of household heads across all countries except Uganda reported they were aware of Her Choice activities (A7.9). Of those who indicated they were aware of these activities, a majority reported effects of the Her Choice programme on their family. In Ethiopia (Treatment and Comparison sites) and in Nepal (Comparison site), between 81.3% and 88.0% of household heads who were aware of the Her Choice programme in their area, reported having noticed effects on their family. In the other countries and a Treatment site in Nepal the percentage was higher than 90%, with highest rates reported in Ghana (Comparison site). Uganda is an exception with a relatively low figure of 66.7% of household heads in Treatment sites and 75% in Comparison sites reporting that they noticed effects of Her Choice activities on their family (Table A7.10). The majority of household heads who noticed effects consider these effects to be entirely positive (ranging from lowest figure of 80.9% in Ghana (Comparison site) to 99.2% in Ethiopia (Comparison site)). The highest share of household heads who mentioned only negative effects were in Ghana (Comparison site): 14.9% (Table A7.11).

The main positive effects mentioned in relation to their household (note: this was an open question) related to household members better understanding SRHR-related issues, including young people's need for SRHR-related services, negative effects of child marriage and FGM/C, and unequal gender relations, and the importance of preventing sexual harassment and domestic violence. Additionally, greater understanding was reported as to the importance of education for girls, with household heads reporting on their daughters' school attendance and achievements. Daughters were reported to be more interested in education, and children as more respectful of their parents and families. Some Ghanaian household heads mentioned that their daughters who were not or no longer in school had benefited from Her Choice vocational training activities, such as dress making and craft selling. In Ghana, household heads indicated that they noticed that their daughters were taking better care of themselves during menstruation: '*she is more confident to deal with menstruation,'* and that this better self-care meant their daughters did not skip school during their periods anymore.

Effects household heads noted within their communities included a reduction in teenage pregnancies and child marriage, '*girls are married at their legal age now*' (Nepal), and a better 'life situation' of girls and respect for girls and women, greater acknowledgement that '*girls should be respected just like boys*' (Pakistan); and more space for girls to speak out in public. In Nepal household heads reported seeing fewer elopements at community level, which they explained as the result of there being less pressure to marry young. In Ghana, Mali, Uganda and Benin mention was made of the support for women in terms of income generation and the positive impact on the financial situation of households.

Two household heads in Burkina Faso, some in Ghana and Benin also noted that the programme had a number of negative effects. Girls were seeing as becoming too free, as 'thinking they know all,' and challenging or disrespecting their parents. These parents also mentioned that the programme contributed to traditions being lost, but it is not clear from the data which traditions these household heads were referring to. 'Loss of tradition' was also mentioned by Malian household heads, with specific mention made of FGM/C and child marriage. The few household heads in Pakistan (5 out of 159) who referred to negative effects explained these effects in terms of their daughters speaking openly about issues which should remain private, such as menstruation and personal hygiene.

Effects perceived by female and male students

Text box 5: Perceptions of young women and men on effects of Her Choice

Data gathered during FGDs indicates that various changes are taking place in communities where Her Choice is active. That is, young people report having experienced and/or observing changes in the following domains:

Changing relationships between young women and men

Both girls and boys taking part in FGDs spoke of changing relationships between girls and boys who had taken part in the programme and SRHR-related education in particular. Young women in, for example, Benin, Ethiopia, Ghana, Mali, Senegal and Uganda indicated that they were now being harassed less by boys. Girls made particular mention of a reduction in harassment when they were having their periods and a reduction in boys 'forcing them to have sex' (girls, FGD, Benin). Young women in Ghana too spoke of verbal and physical harassment by boys decreasing because of Her Choice activities, meaning 'girls [now] feel safer to journey to school and during our studies.' Their male peers observed that after taking part in activities, they 'now know that boys should not inappropriately touch girls at school.' Also reflective of this change is the following statement (girls, FGD, Benin): 'I have noticed that, since boys have also participated to the Her Choice program, they have changed their attitudes. They do not run after girls like they used to. There is no more harassment and boys do not bother us anymore.' Young women linked this harassment and the earlier mentioned 'forcing to have sex' with parents giving their daughters in marriage. The data thus suggests that as a result of the reduction in harassment, there was now less need for girls to be given away.

Young women and men also spoke in positive terms about what they had learned about the menstrual cycle, and what this meant in their daily lives. Illustrative of these changes are the following quotes from FGDs held in Ethiopia. 'Boys have stopped harassing us when they know our menstruation occurs,' one young woman reported, another stating that there was 'no more humiliation by boys [when we are menstruating].' These experiences were echoed by boys taking part in FDGs, one saying that; 'we used to laugh at girls if we see any sign of menstruation, but now we understand and try to help them.' Girls and boys in Uganda spoke in similar terms, and according to boys, their change in attitude to girls has 'encouraged girls to attend school when they are menstruating, when in the past they would have missed school.' Their female peers acknowledged these statements but did specify that these changes were limited to young men who had taken part in SRHR-related lessons.

In some contexts, such as Senegal, young women and men also spoke of the change in their relationships as being coupled with a reduction in interaction between the genders, girls indicating, for example, that girls and boys now spend less time together and that 'the girls [now] sit apart and the boys sit apart.' Young women in Ethiopia, on the other hand, noted that friendships between boys and girls were becoming 'less taboo,' whilst before the interventions '[even] borrowing a book from a boy was impossible.' Girls taking part in FGDs in Ghana spoke of an increase in 'platonic relationships between boys and girls,' and fewer 'immoral' or 'amorous relationships' between young people. Girls spoke in positive terms about these changes, linking them to a reduction in teenage pregnancy. The reference to 'immoral' relationships used by girls in Ghana resonates with statements made by their male peers and, in more subtle terms, by young women in Benin. Concerning the former, a point of focus during the FGDs (boys, Ghana) was the increased 'decency' of girls' behaviour and clothing. Boys stated that girls 'now dress decently, they have stopped wearing transparent and short dresses that expose their bodies.' Young women in Benin, meanwhile, reported that 'it has all changed, before we

used to stop at the side of the tracks to talk to boys. If we had class at 5pm, for example, we would tell our parents that we had class at 3pm just to see the boys. Because of Her Choice, we don't do that anymore.' The emphasis on young women having learned to behave and dress more decently, arguably insinuates that women are to blame if they are sexual harassed. This line of reasoning suggests that future efforts should focus more strongly on unpacking gendered norms and debunking the notion that if young women (and young men) 'behave,' they will not be harassed.

The situation in Her Choice communities in **Pakistan** seems to present somewhat of an exception, young women indicating, for example, that 'not much has changed' regarding gender relations and that 'boys and girls do not speak together', whilst young men observed that boys and girls still are 'not allowed to mix,' so relationships must 'be hidden .' During one FGD, a young woman stated that: 'we do not want to change this [situation] either. Boys and girls should not mix openly as it causes problems.'

Despite this apparent lack of change in relationships between genders, it is worth noting important shifts that do seem to have occurred. First, the distribution of bicycles to girls in Her Choice communities in **Pakistan** reportedly made them feel they could argue with boys when the latter tried to harass girls. Second, boys noted a positive change in boys' attitudes and involvement in SRHR-related issues. One young men stated that: 'in the beginning we felt shy about SRH, but with time we are of the opinion that it is important for boys and girls to know about SRH,' the latter indicating an awareness that SRHR-related issues concern women and men alike.

The apparent increase in young women's confidence in relation to young men as noted a little earlier above is apparent in the data more broadly, girls in **Uganda** speaking about 'girls [having] become more confident' and are able to 'face off and say no to boys demanding sexual pleasures.' According to the young women taking part in the FGD, their enhanced ability to 'face off' boys had resulted in decreased rates of teenage pregnancy amongst school-going girls.

As indicated above, young women and men in different contexts spoke of changes in how they related to one another. In some contexts reference was made to more 'equality' between boys and girls in school, for example, by boys in **Mali**, who mentioned that 'the relationship between girls and boys has gotten a lot better, there is no work that is only for girls […].' Girls (FGD, Mali) also noted that there was more equality between boys and girls in schools, one girl giving the example of both genders now 'sweeping the classroom.' Young men in **Ethiopia** indicated that they now knew that 'males and females are equal, and their rights should be protected,' and that young men's desire to 'respect girls' and 'protect' them from 'sexual harassment' and early marriage had increased.

In a similar fashion, girls in, respectively, **Ethiopia and Mali** noted that, as a result of activities 'boys are [now] respecting us and even protecting us if we face problems' (FGD, girls, Ethiopia), and boys now 'protecting girls,' against sexual violence and physical forms of harassment, as well as 'small arguments' (FGD, girls, Mali). A young man in **Pakistan** reflected on how 'men dominate in our society, [and] so should help our girls to acquire education.' The notion of young men now more or better 'protecting' girls, suggests that young men who had taken part in Her Choice activities felt an increased sense of responsibility for the welfare of young women around them. It would be important to build on these initial, important steps and unpack ideas concerning perceived needs to 'protect' and 'help' girls, and the underpinning notion that women require men's protection. The latter entrenches the idea of women as weak, passive and needy, and men as strong, active and ultimately, the decision-makers and leaders, which are exactly the kinds of notions that programmes such as Her Choice seek to tackle. Young women's remarks (FGD, Ethiopia) that there was 'still much mistreatment of girls' by men further underscores the necessity for continued efforts to tackle gender-based discrimination and violence.

Increasing openness on SRHR-related matters in communities, and access to services and products

The heightened self-confidence reported above was also reflected in young people's narratives regarding changes in access to health services. In, among other contexts, Ethiopia, SRHR-related education delivered through Her Choice Girl clubs and SRHR-related lessons had helped girls gain the 'confidence' and 'awareness' to visit health facilities and gain access to SRHR-related advice and resources. During an FGD in one of the research sites in Mali, girls spoke of how openness regarding SRHR-related matters had increased, which had not only meant that teachers were now teaching about SRHR, but also that parents allowed their daughters to use contraceptive products. Boys taking part in FGDs in Benin echoed these accounts, indicating that parents were now speaking (more) to their daughters about SHRH (although it was not clear from the data whether parents also spoke more to their sons about these topics). In Pakistan, young men spoke of more open exchanges between generations, and specifically greater openness between teachers and students on SRHR-related matters. However, many young men also indicated that 'most people in the community still consider [SRHR] a taboo', including parents, and that 'SRH is a vulgarity.' One boy sagely observed that 'it is a big village, not everyone can be convinced.'

Young men in Senegal indicated they had become more aware of the importance of contraceptives, which was reportedly coupled with an increase in contraceptive use by young men. In a similar fashion, boys taking part in FGDs in Ethiopia reported that due to heightened awareness, 'more boys [are] getting tested for HIV and STDs' and 'more boys becoming interested in family planning.' According to these boys, girls' school absenteeism decreased because of boys' greater awareness of, and access to family planning resources, which was said to allow boys to have 'better relationships with girls.' In Benin, a young man spoke openly of how 'before' he had 'made love without a condom, but after Her Choice came, before I make love I [now] protect myself.' While the above data cannot be considered representative, the apparent comfort in speaking about contraceptives during the FGDs at least suggests the language of SRHR has become more commonplace, particularly among young men.

Increased and changing knowledge regarding SRHR-related matters

This section is closely related to participants' accounts regarding increased awareness and openness about SRHR-related issues as detailed above, and their reflections on how this improved knowledge contributed to reductions in teenage pregnancies, child marriage, increased comfort of girls during their menstrual periods. The sections above also highlighted that these changes have reportedly led to an improvement in school attendance by girls. FGD data from Burkina Faso highlight the shifts that have reportedly occurred, with girls and boys speaking about the change in attitudes that they had experienced in their communities with regard to, among other things, the importance of contraceptives, the negative possible consequences of child marriage and female genital mutilation or cutting, and girls' education. Echoing accounts of young men and women in other settings, these young women and men spoke of how they now have much more access to SRHR-related information, with young men observing that they understood better the value of having more knowledge on SRHR. In a similar fashion, young men in Benin talked about how they had enjoyed the SRHR-related lessons they had received, what they had learned about bodily hygiene, and how they wanted to have more of SRHR-related education. Young people speaking about education offering them a source of enjoyment is arguably an outcome to be cherished.

Noteworthy are data from FGDs with girls in one of the research communities in Uganda regarding the SRHR-related education they had received. According to these girls, increased knowledge about 'family planning measures to avoid pregnancy' had had a negative impact on girls out of 'fear of getting pregnant' had previously not engaged in sexual relations. The Her Choice project, according to these participants had taken away (some of) these fears. These FGD participants spoke of girls

'disregard[ing] the fact they can still get STIs' whilst avoiding pregnancy, and reported learning about 'barrenness due to over use of the pills.' These data indicate that further information and clarification is needed regarding contraceptives, what they protect against, their possible side effects and debunking ideas regarding, for example, contraceptive pills and 'bareness.' Somewhat contrary to the enjoyment that young men in Benin spoke of when reflecting on their SRHR lessons, these girls stated that learning about 'family planning' was their 'least favourite aspect of the SRH lessons […] as it encourages risky sexual behaviours.' In this case, the data suggest that careful monitoring as to what young people are learning during SRHR-related lessons remains important, how these lessons relate to existing gendered frames of reference, norms and values, and that efforts should be made to address SRHR-related misinformation and 'myths.'

Greater school attendance and reduction of absenteeism

The FGD data suggest that education about menstruation for both young men and women, and young women learning how to make sanitary pads seem to have been central to efforts to reduce school absenteeism among girls, while awareness raising in communities on the value of education has increased school enrolment by girls. Young women in Benin spoke of awareness-raising activities on SHRH-related matters that had been organised for girls, boys and families in the community, on topics such as how girls can take care of themselves during their menstruation, negative effects of female genital cutting or mutilation, child marriage, how to have safe sex and avoid unplanned pregnancies. In addition, girls reported that there had been awareness raising initiatives (seemingly primarily aimed at parents) on the importance of school for girls, which according to the girls had led to an increase in girls' school attendance.

Boys taking part in FGDs in Benin also spoke of the heightened awareness around the need for to girls go to school, adding that girls now speak openly about sexual harassment. While it is not clear where this harassment takes place or what is done with the information, the data indicate that bringing these matters into the open seems to have become more common. Also in Benin, young men across research sites spoke of reductions in teenage pregnancies in their schools, fewer marriages of young women *and* men in their villages, as well as a decrease in the number of girls abandoning school. In Pakistan, girls spoke about how the 'importance of girls getting an education' was being promoted more in the villages, and as a result more girls are attending secondary school and parents 'also agree to focus on their daughters' education.'

The FGD data show that improved sanitary provisions -- separate washrooms for girls, running water but also lessons in making sanitary pads – have been critical to improving girls' school attendance and comfort in school when they are menstruating. Beyond these measures, girls in different communities in Ethiopia, for example, also spoke positively about the lessons they had received on how to 'keep clean during menstruation,' and tackling feelings of 'shame' and anxiety girls feel during menstruation. These feelings of shame reportedly lessened due to Her Choice SRHR-related education and 'discussions on menstrual health' in school Girls Clubs. It seems likely that young men's increased awareness of menstrual cycles in in Her Choice communities has contributed to young women's increased comfort in school; as young men in Ghana report, for example, now instead of 'mocking' girls, they 'encourage' girls to continue to attend school. Similar to awareness and openness regarding sexual harassment, menstruation appears to have become somewhat less of a 'taboo' subject (FGD, girls & boys, Ethiopia).

6.3 Effects of Her Choice programme for partner organisations

Partner organisations noticed very similar positive and (the few) negative effects of Her Choice programme activities in project communities as detailed above in Section 6.2 (and reported by different sets of stakeholders). It is important to note that partners in Ethiopia and the three Asian countries reported that a possible negative effect of the Her Choice programme and of national programmes against child marriage related to child marriage having gone 'underground' in certain communities. Partners in Ethiopia and Mali reported that some communities or sets of parents did not want their daughters to receive SRHR-related education as this was believed to lead to premarital sexual relations.

In relation to their own organisation, partners only saw positive effects of the Her Choice programme. Partners reported that the Her Choice programme provided the financial space to recruit additional staff to work on the programme, which in some organisations amounted to five staff members. All partners mentioned they had gained new knowledge and skills that they believed were useful for their organisation and personally, and that these skills and knowledge would continue to be useful if the Her Choice programme were to end (at the time of the interviews it was not known that there would be no Her Choice 2.0). Partners reported they had gained new knowledge and skills in relation to SRHR, institutional strengthening, lobbying, women's empowerment, microcredit and income generation activities, gender relations, child protection, technical skill of making menstrual pads. Partners believed this new knowledge and skills broadened their field of work, which they could put on their organisation's track record and their own CV. The people we interviewed during the training for the endline study, specifically mentioned the knowledge and skills on research they had gained. A staff member of one of the Burkinabé partners was so enthusiastic about the capacity building in the Her Choice programme that he called it the '*Her Choice University.*'

Not all partners had worked on prevention of child marriage before and/or in the holistic manner as promoted through the Her Choice programme, that is, deploying six sets of strategies (see Chapter 1.1). Partners reported they had learned the need for a holistic approach when addressing complex issues such as child marriage and gender norms more broadly. Partners, especially those who had not focused on child marriage before, said they had developed understanding of the potential negative health, social, economic and psychological effects on young married women (and men), and the complexity of the practice of child marriage, which is highly influenced by a combination of, among other issues, gender scripts, economic circumstances and traditions.

A very positive effect reported by almost all partners related to their organisation having become more visible and increasingly being recognised as an important partner at district, regional and/or national level. Many organisations in the different countries actively took part – at times as invited organiser or resource persons – in meetings with different government departments and international and national NGOs working on programmes against child marriage and FGM/C, and/or promotion of education for girls, and/or against sexual harassment, and/or design of SRHR-related school education. Partners were of the opinion that their organisation would be able to build on this recognition and visibility in the years to come.

7. EFFECTS OF COVID-19 REPORTED BY STUDY PARTICIPANTS

7.1 Introduction

Once Covid-19 related restrictions were lifted, and it was deemed sufficiently safe for research teams to gather together and to travel to Her Choice communities for research purposes, we collected data in the seven remaining countries, that is: Mali, Senegal, Benin, Burkina Faso, Uganda, Nepal, Bangladesh and Pakistan (data had already been gathered in Ethiopia, Ghana and Pakistan prior to the (known) onset of the pandemic). Restrictions were lifted at different points in time in different countries, with recommencement of training of enumerators and data collection possible at earliest stage in Senegal (June-July 2020) and latest in Nepal and Mali (end of October 2020). It should be noted that conducting the endline study in Mali was particularly difficult, the Covid-19 pandemic compounded by the politically charged context, which ended in a coup d'état in August 2020.

In an effort to account for the effects of the pandemic and related restrictions on participants and their communities, we added a limited number of Covid-19 related questions to most questionnaires. This chapter focuses on the findings that emerged from the data gathered on Covid-19, and the possible effect of the pandemic and related restrictions on Her Choice indicator values in the above mentioned seven countries. We triangulate findings by presenting data from different study populations on the same theme.

7.2 Effects on schooling of children

Most schools were open before Covid-19 restrictions were imposed. Only in Senegal two out of six schools included in the study were closed, in Mali five out of 14, and in Burkina Faso two out of the 21 Her Choice research schools were closed (Table A8.1). Most schools re-opened once Covid-19 restrictions were lifted (and data collection could take place). In Mali, all schools had re-opened during the data collection period in October 2020, and most had re-opened at the time of data collection in Benin, Burkina Faso, Nepal and Uganda. In Uganda, most schools involved in study had not yet re-opened at the time of data collection (August-September 2020), while in Bangladesh none of the schools had re-opened at the time of data collection (mid-October 2020) (Table A8.2). The impact of Covid-19 restrictions in terms of access to schooling alone thus differed considerably within and between countries.

In Benin, Senegal and Mali, the majority of school principals whose school had re-opened reported a decrease in school attendance. For example, in Benin four principals reported a decrease in attendance, two reporting attendance had remained stable. In Mali, nine school principals found that attendance had decreased, two reporting it had remained the same (Table A8.3).

The influence of Covid-19 on school attendance reported by girls varied across countries – differences primarily depending on whether schools had re-opened after restrictions had been lifted or not. In Mali, where all schools had re-opened, 86.6% of girls reported they had returned to school, only 0.6% reporting they had not (yet). In Bangladesh and Uganda, where (most) schools remained closed following the lifting of restrictions, girls clearly could not go back to school (Table A8.4). When asked about the main for not returning to school, girls in all countries excluding Benin and Mali, indicated that the school had not re-opened or that teachers had not yet returned. In Benin, the most frequently mentioned reason for not returning to school related to girls having to work, most likely in the fields, reported by 46.2% of girls). Across countries, a minority of girls did not go back to school because they or their parents were worried they might be infected with Covid-19 (Table A8.5).

A considerable share of households in Uganda (88%), Senegal (76.1%) and Nepal (61.8%) reported that it was more difficult for them to send their children to school due to the Covid-19 pandemic and its effects. In Mali, a

slightly higher share of households reported that Covid-19 had not affected their possibilities to send children to school (55.4%) as opposed to those who said it had (44.5%). In Benin, Bangladesh and Burkina Faso, the majority of households reported that Covid-19 had not affected their possibilities to send their children to school (Table A8.6).

7.3 Effects on availability and use of health services

In all countries at least one of those in-charge (IC) of a health centre reported knowing about Covid-19 cases in the community served by her/his health centre. In Nepal, all four of those in charge reported Covid-19 cases in their community, and in Bangladesh three out of four ICs reported there were Covid-19 cases in their communities (Table A8.7). In most countries, the majority of those in-charge of health centres reported that to their knowledge there had not been cases of Covid-19, however.

In different countries, ICs reported varyingly on the effects of Covid-19 on the number of young people visiting the health centre for reasons other than Covid-19. Nearly all ICs in Benin, Burkina Faso and six of the 13 ICs in Mali reported that numbers of young people visiting the health centre for reasons other than Covid-19 reasons had remained stable. In Senegal and Bangladesh, three of the four ICs saw a decrease in young people attending their centres. Only in Nepal (three out of four) and Mali (three out of 13), health centre ICs reported an increase in attendance by young people for non-Covid-19 related reasons (Table A8.8).

Health centre ICs were asked whether Covid-19 and related restrictions had affected the availability of medication and/or contraceptives. In Benin and Bangladesh, all ICs and in Burkina Faso and Mali, the majority of ICs indicated there had been no apparent impact. In Burkina Faso, Senegal, Nepal and Mali, one or two ICs reported a negative influence on availability of medication and/or contraceptives in the health centre, while in Nepal and Senegal, one or two ICs reported an increased availability of medication and/or contraceptives (Table A8.9). On the whole, the *reported* impact of Covid-19 on availability of medicine and contraceptives in health centres in Her Choice communities is limited, therefore.

Table 22: Girls' reported use of health services during Covid-19 restrictions (%)

Statements	Uganda	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
I did not seek health services I needed because I was worried about becoming infected with Covid-19 at the health service	4.8	6.5	5.3	18.1	9.0	6.4	4.0
I was not able to get the health services I needed for other reasons	18.2	2.7	2.3	1.3	18.6	1.3	0.3
I could access the services I needed	33.0	11.6	4.9	17	8.1	34.5	9.0
I did not need health services while the Covid-19 restrictions were in place	40.9	78.9	85.9	63.4	63.8	57.3	85.7
Other	3.1	0.3	1.7	0.3	0.4	0.5	1.0
Total girls	*352*	*336*	*906*	*1100*	*456*	*614*	*300*

The majority of girls interviewed reported not noting any effect of Covid-19 on the availability of health services. In many cases, girls reported not having needed any health services from the onset of Covid-19, and thus not noting changes in availability: the share of girls reporting they had not needed health services since the onset of the pandemic ranged between 40.9% in Uganda to 85.9% in Burkina Faso. From table # we can deduce that in Uganda, Benin, Bangladesh and Nepal, most girls who reported they had needed services, indicated that they

could access the services they needed despite restrictions imposed. For example, in Uganda, 57.8% of girls gave answers that implied they had needed health services (the first three answer rows), and 33% said they could access the services they needed (57.9% of those who needed services). In Burkina Faso and Mali, most girls who reported having needed services, said they had not sought these because they were worried about becoming infected with Covid-19 at the health service (Table 22).

7.4 Effects on economic status of households

Across countries, with the exception of Mali, the majority of household heads said their income had deteriorated due to COVID-19, ranging from 52.7% household heads reporting a decline in income in Nepal to 81.1% in Uganda. In Mali, a relatively lower share of 15.3% of household heads reported a decrease of income, while 82.5% reported their income had remained stable. As was to be expected, across countries there were very few to no household heads who reported an increase in income – the highest share being in Senegal, with 9.8% of household heads reporting improved incomes due to Covid-19 (Table A8.10).

Responding to questions regarding the influence of Covid-19 on the access of a household to food, the highest negative influence on food accessibility was reported by household heads in Senegal and Bangladesh, respectively 76.5% and 63.3% indicating the pandemic had a negative effect on food access. In most of the other countries about half of household heads reported Covid-19 had negatively affected their access to food. Least negatively affected in terms of access to food were reportedly households in Mali (7.2%), followed by Nepal (33.8%) (Table A8.11).

The leaders of all but two communities across the seven countries indicated that Covid-19 and related restrictions had negatively affected the economic status of community households. Only leaders of one village in Benin and one in Burkina Faso reported there had been no changes due to the pandemic and the restrictions. The leaders were asked to elaborate on how Covid-19- related restrictions affected economic activities in the village. While there was some variation between countries, the main reported effects related to closure of markets and shops, and reduced access to goods in shops. In some villages in Benin, Burkina Faso and Senegal, leaders reported that more people had started growing their own food to reduce their dependence on markets and shops. However, in many villages, across countries, farmers were unable to continue working (Table 23).

Table 23: Reported effects of Covid-19-related restrictions on economic activities in the community

	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
Closure of markets in village or nearby villages	5/8	12/15	5/14	4/5	4/4	1/1
Farmers unable to continue working	3/8	9/15	2/14	3/5	4/4	1/1
More people grow their own food	2/8	3/15	0/14	1/5	0/4	0/1
Less people grow their own food	1/8	0/15	1/14	3/5	1/4	0/1
Shop owners less access to goods	6/8	12/15	8/14	2/5	3/4	1/1
Closure of shops	2/8	6/15	1/14	3/5	4/4	1/1
Total villages	*8*	*15*	*14*	*5*	*4*	*1**

* Data from other 3 villages are missing

7.5 Effects on harassment of children, girls and women

In all countries, excluding Benin and Senegal, the majority of girls reported that the Covid-19 related restrictions had no influence on the violence and harassment experienced by themselves or their friends. In these countries, the majority of girls said the incidence of violence had remained stable. In Senegal and Benin, the majority of girls reported a *lower* incidence of harassment: 62,5% of girls in Benin and 61,9% in Senegal. Similarly, in Burkina Faso a considerable share of girls reported experiencing *lower* levels of harassment: 31,3%. Only in Bangladesh

did a large share of girls interviewed report that harassment of themselves or their friends had *increased* (44.5%), followed by young women in Uganda (16,8%). In the other countries between 0,1% in Mali and 8% in Nepal said they experienced increased harassment and violence towards themselves and their friends (Table 24).

Table 24: Harassment and violence experienced by self or friends when COVID-19-restrictions were in place, reported by girls (%)

	Uganda	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
Violence against self or friends increased	16.8	0.3	4.2	0.1	3.5	44.5	8.0
Violence against self or friends decreased	4.8	62.5	31.3	5.7	61.9	6.4	3.3
Violence against self or friends stayed the same	78.4	37.2	64.5	94.2	34.5	49.2	88.7
Total girls	*352*	*336*	*906*	*1100*	*452*	*614*	*300*

Young women reporting a decrease in terms of harassment and violence mainly explained the decrease was due to Covid-19-related restrictions regarding social distancing, curfews, and people's fear of becoming infected. Girls in Mali who reported harassment towards themselves and friends had decreased (5.6%), indicated that the decrease was because girls had to stay at home where they were not vulnerable, unlike when they left their homes. As a girl in Benin observed: '*public places are closed, which is where women usually get raped.'*

Some of the young women who reported an increase in experiencing harassment at home, explained that this increase was due to schools being closed, women and girls being at home more and in close proximity of 'frustrated' men who were said to take their anger at losing work and income during the pandemic out on women. According to other girls, the pandemic meant that they faced more sexual harassment from (school-going) boys as the latter, instead of going to school or work, were 'sitting idle' and thus had more opportunity to harass women. Finally, some young women mentioned that the pandemic and closure of schools also meant some girls were 'moving around' more and taking greater liberties.

According to village leaders in all or most communities in all countries, the incidence of domestic violence against women had remained the same or decreased. An increase in domestic violence against women was reported in three of the four research communities in Bangladesh, two out of five in Senegal, and one out of 15 villages in Burkina Faso (Table A8.12). These data are not sufficient to draw firm conclusions as to whether and which forms of violence against women, and gender-based violence more broadly, may have in- or decreased in Her Choice communities during the Covid-19 pandemic. The data need to be treated with particular care given the (small) body of research highlighting the increasing levels of violence against women [9-11].

7.6 Effects on incidence of child marriage and teenage pregnancies

Village leaders were asked whether they had noticed a change in the incidence of child marriage since the onset of Covid-19 and elaborate on this perceived change. The table below provides an overview of the responses.

Table 25: Change in child marriage rates in village since onset of Covid-19, reported by village leaders

	Uganda	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
Increase in child marriage rate			1/15			2/4	
Decrease in child marriage rate	1/2	1/8	5/15	2/14	2/5		1/6
No change in child marriage rate	1/2	7/8	9/15	12/14	3/5	2/4	5/6
Total villages	*2*	*8*	*15*	*14*	*5*	*4*	*6*

According to the majority of leaders interviewed in the different countries, Covid-19-related measures had not impacted on child marriage rates in their community, clarifying that in their view, there was no direct relationship between Covid-19 and child marriage. In Uganda and Bangladesh half of the community leaders interviewed indicated there had been no change in the incidence of child marriage.

In six countries some village leaders saw a decrease in child marriage incidence, whereas for one village in Burkina Faso and two in Bangladesh, the leaders noticed an increase in child marriage because of Covid-19-related measures. Reasons given by Burkinabé, Malian and Senegalese village leaders as to why child marriage rates had decreased pertained to restrictions on organisation of events, such as marriages. The leaders of the two Bangladeshi villages who saw an increase in child marriage were both in Khulna Region, clarifying that families married their daughters because they were not in school and/or because the family faced economic hardship because of Covid-19 related restrictions.

Although Nepali village leaders did not see an increase in child marriage at the time of data collection, in their view these rates might still increase as families faced growing economic hardship due to Covid-19 measures and might not be able to keep girls in school, with marriage then being the best means to avoid further financial problems. Some girls involved in the study in Uganda expressed similar fears. Given families' financial situation had become more precarious since the onset of Covid-19 related restrictions, marriage with a man who could offer better financial conditions than a girl's family would be seen as a pathway out of financial difficulties, in these girls' view.

District officials' reports on changes in child marriage prevalence since the onset of Covid-19 corroborate those of the village leaders. According to all or most districts officials in the seven different countries, child marriage rates in their district had not been affected following the onset of Covid-19. According to all district officials involved in the endline study in Benin and Nepal, child marriage prevalence had remained the same, while in Burkina Faso, Senegal and Mali, some district officials reported *decreased* child marriage rates. Only in one district in both Burkina Faso and Bangladesh, child marriage prevalence was said to have increased since the onset of Covid-19 (Table A8.13).

According to many district officials involved in the study, child marriage rates in the communities concerned were already low before the onset of Covid-19, with district officials in Mali and Burkina Faso observing that because of Covid-19 restrictions on social gatherings and concerns in communities about becoming infected, the possibilities of hosting weddings were limited. As a Malian district official pointed out: '*whoever speaks of marriages, speaks of masses* [of people].' In other words, a marriage – whether this would be of a younger person or not – entailed a ceremony that was witnessed by others, and Covid-19 related restrictions put a halt to organizing the gathering of the 'mass' of people that would be expected, according to this district official.

In Uganda, district officials reported they had not seen any changes in the prevalence of child marriage up until the time of data collection. However, one official reported concerns as to the potential rise in prevalence as a result of pupils not being in school and '*there [being] more opportunity for engaging in sexual activity which can lead to early marriage, especially if they fall pregnant.*' Concerning the latter, and specifically, the prevalence of teenage pregnancy since the onset of Covid-19, school principals in Benin, Bangladesh, Nepal and Mali all reported not having observed an increase, while two principals in Burkina Faso (out of 21) and two in Senegal (out of six) said they had seen an increase in teenage pregnancies (Table A8.14).

In five countries, some Health centres ICs mentioned Covid-19 and restrictions had an impact on the number of teenage pregnancies they saw in their health centre. In Bangladesh, all four ICs reported an effect (Table A8.15). Qualitative data show that across countries *if* an effect was mentioned by a participant, in all except one Burkinabé health centre, a *decrease* in teenage pregnancies was reported. The decrease was explained in terms of pregnant teenage girls, just like pregnant women and people more generally, were afraid to visit the health centre because of risks of infection with Covid-19.

8. DISCUSSION AND CONCLUSION

8.1 Outcomes and impact in relation to theory of change

Progress in indicators

The endline study reveals that both across different countries and treatment and comparison sites, progress has been made on most indicators relating to the different Her Choice strategies. Obvious progress has been made on output indicators such as the share of girls who have received SRHR-related education, schools with teachers trained on SRHR-related matters, health staff trained to provide SRHR services to young people, and community leaders sensitised on negative effects of chid marriage and FGM/C. Most of the respondents who reported they had taken part in training or sensitisation activities, reported these had been organised by a Her Choice partner.

Progress has also been achieved in relation to most (intermediate) outcome indicators, such as indicators pertaining to girls' SRHR-related knowledge, school enrolment, awareness and use of SRHR services, and knowledge of national laws against CM; indicators relating to community leaders, other community members and young people speaking out against child marriage and female genital mutilation or cutting, and communities developing by-laws against child marriage and female genital mutilation or cutting. Positive change was also found with regard to impact indicators, including an increase in the share of girls who reported they felt able to make decisions on their marriage and decreased incidence of child marriage.

Given the set-up of the research and programme, specifically Her Choice activities only starting in comparison sites once midline data collection had been completed, the gaps that were found in indicator values at midline level between treatment and comparison sites (treatment sites generally showing more progress), had been expected. At endline level, these gaps had disappeared or strongly reduced. In many cases, indicator values for comparison sites were similar to those in treatment sites (where these values also increased between ML to EL) despite the fact that only 1.5 years of programme interventions had passed, can be explained by the internal learning capacity of the programme. Learning and capacity building of partner organisations was central to the Her Choice programme policy: Capacity building took place during regular meetings of partners within a country, and during regional linking and learning meetings (the three regions being South Asian countries, anglophone African countries and francophone African countries).

Additionally, alliance members and partner organisation learnt from and took to heart the recommendations of the BL and ML study reports. The midline report showed on which indicators little progress had been made and provided recommendations as to where to direct further attention. For example, the midline report showed that at midline level, a large share of teachers in most countries still reported they did not feel able to teach or answer all students' questions with regard to SRHR. Teachers' difficulties in this regard were primarily related to the cultural sensitivity of SRHR. In light of teachers discomfort in teaching about SRHR-related matters, the limited scope of SRHR-related contents that young women reported learning about was unsurprising. Taken together, these two factors, that is, teachers' lack of confidence and the limited scope of SRHR-related education that young women (and men) received, at least partially explained, why – despite an increase in SRHR-related knowledge comparative to BL – young women in treatment sites still displayed low levels of SRHR-related knowledge at ML. After the midline, most partners placed greater emphasis on the quality of SRHR training of teachers. The visualisation tools on girl-friendly schools, youth friendly health services and (to a lesser extent), comprehensive sexuality education, that were developed by the alliance and which were deployed by 19 of the 30 Her Choice partner organisations following the midline study, also contributed positively to the programme. The tools provided a participatory means for partners to assess and discuss, for example, the girl-friendly status

of schools with stakeholders and identify possible measures that could be taken to improve the situation [12-14].

Figure 18 illustrates the Her Choice theory of change with the indicators for each strategy at the levels of output, intermediate outcome, outcome and impact. The colour codes signify whether progress in the specific indicator has been observed across the programme, thus for all countries combined (please refer to chapters 4 and 5 for more details, including on country-level exceptions for specific indicators). The green font indicates that for the whole programme statistically significant change was found between BL and EL (treatment and comparison sites combined) (see Annex 6 for t-tests results). The blue font indicates that for all or the majority of countries progress was found, without statistical tests done. These tests were not done as study populations other than girls were too small for such testing, combined with the need to prioritise certain indicators in view of time constraints. Black font indicates those indicators on which no progress was found across the programme, while black italic font relates to indicators that, for various reasons, could not be calculated (see study limitations and with specific strategy).

Figure 18: Theory of change showing results of indicators

<table>
<tr><td colspan="12">Impact</td></tr>
<tr><td colspan="12">1. Girls' perceived control over marriage decisions (if, when and who to marry)
2. Marriage below 18 among women 20-24; 3. 2. Marriage below 15 among women 20-24
4. Girls' marital status
5 FGM/C prevalence</td></tr>
<tr><td colspan="12">Outcome</td></tr>
<tr><td colspan="2">6.1 Girls oppose CM
6.2. Girls oppose FGM
8 Girls use of contraception</td><td>9 Girls speak out in community meetings</td><td colspan="2">10 Girls' regular school attendance</td><td>11.1 Girls' awareness of SRHR services
11.2 Girls visiting SRH services</td><td>12. Girls' positive perception of SRHR services</td><td>13. Economic status of households</td><td>14.1 Community rejecting CM / FGM</td><td>15.1 Girls have source of consultation on SRHR
15.2 Girls have support in decision making on CM</td><td colspan="2">16.1 Girls' knowledge on laws against CM
16.2 Girls' knowledge on laws against FGM</td></tr>
<tr><td colspan="12">Intermediate Outcome</td></tr>
<tr><td colspan="2">18. Girls' comprehensive SRHR knowledge</td><td>19 Girl friendly schools</td><td>20 Girls enrolled in school</td><td>21 Confidence of health workers to provide YFHS (mixed findings)</td><td>22 SRHR services for all young people</td><td>23 Increased HH income due to IGA</td><td>24. Community leaders openly condemn CM and /or FGM/C</td><td>25. Village members and youth active against CM, FGM/C and for girls' rights</td><td>26.1 Community by-laws against CM and FGM</td><td>27. Birth registration</td><td>28. Districts with operational reporting systems</td></tr>
<tr><td colspan="12">Output</td></tr>
<tr><td colspan="2">29 Girls trained on SRHR</td><td>30 Teachers trained</td><td>31Girl friendly measures in school</td><td>32 Health workers trained</td><td>33 Referral mechanisms school – health centre</td><td>34 Female entrepreneurs supported</td><td colspan="2">35. Communities with leaders trained</td><td>38. Districts with means to enforce laws</td><td>39. District meetings with civil society</td></tr>
<tr><td colspan="12">STRATEGIES</td></tr>
<tr><td colspan="2">I. Invest in girls,</td><td colspan="2">II. Improve access to formal education</td><td colspan="2">III. Improve access to youth-friendly SRHR services</td><td>IV. Improve the economic security</td><td colspan="2">V. Mobilize communities to transform s</td><td colspan="2">VI. Create an enabling legal and policy environment</td></tr>
</table>

Font-colour codes: Green: statistically significant change for whole progamme (t-test); blue: positive change for whole programme (no t-test); Black: no change; *Black italic*: Dropped indicator

By triangulating data from different study populations and using supporting qualitative data, we can confirm the progress was found for most outcome and impact indicators. A good example of such triangulation relates to reported increase in girls' school enrolment (indicator 20), which was confirmed by findings from household heads: when asked whether there were children over the age of 7 years present in the household who did *not* go to school, in nearly all countries, data gathered through the household head survey indicate that this share had decreased, meaning that increasingly all children in households in the study villages attended school at endline level (See 4.3).

Triangulation was also achieved by posing open questions to all different study populations regarding changes and positive and/or negative effects of the Her Choice programme they had noted. Qualitative data generated through these questions confirmed quantitative findings. For example, most village leaders confirmed that schools in their area had become more girl-friendly and that child marriage incidence had decreased, while district officials spoke of decreasing incidence of child marriage and increasing school attendance by girls. The latter was, according to officials, partly due to schools having become more girl-friendly. Heath centre staff noted that greater number of young people were now visiting the health centre for SRHR-related information and services, young men and women spoke of increased levels of knowledge on SRHR-related issues, growing openness in their communities and schools on SRHR-related matters, and greater access to services and products.

Synergies between programme strategies leading to progress

The Her Choice Theory of Change (ToC) is holistic, addressing child marriage at multiple levels, and with a range of different stakeholders. Building on both the quantitative and qualitative data, we can deduce that the six different strategies and collaboration with different sets of stakeholders produced valuable mutually reinforcing synergies. For example, the endline revealed that teachers had become more confident about teaching SRHR-related education to young people (strategy II), suggesting that the programme had improved in terms of responding to teachers' needs in this domain. While more needs to be done, the endline demonstrated improvements in girls' SRHR-related knowledge, suggesting that teachers indeed had been better able to respond to young women (and men's) questions (strategy I). A second example pertains to the increase in the number of community who had taken part in Her Choice sessions on child marriage and girls' rights more broadly, the growing number of leaders who reportedly spoke out in their community against child marriage, and the changes found in relation to household heads views and understanding of, among other things, SRHR and the value of girls' education. Synergy can also be seen in terms of community leaders greater awareness of the negative effects of child marriage (strategy V) and girls' rights and the increase in the number of girls who reported speaking out in public about their rights, using contraception (strategy I), enrolling in school and attending regularly (strategy II), and making decisions about their marriage (impact). Overall, it can thus be deduced that the growing involvement of community leaders has contributed to creating safer communities for young women to speak out and make greater claims on their rights.

Finally, qualitative data and local researchers' reports show that pre-marital pregnancy constituted a central reason for child marriage in many countries, the data suggesting that as a result of programme activities on the causes of child marriage and young people's SRHR more broadly, a growing number of parents reportedly allowed their daughters to use contraception (strategy V), which combined with young people's greater access to youth friendly health services and products (strategy III) and used of contraception, may have further contributed to the prevention of child marriage (impact).

Cautionary notes about effects of Her Choice

We need to be cautious in making claims about outcomes and impact. First, we cannot claim that positive effects on outcomes and impact are due to the Her Choice programme alone. Other organisations' and government's interventions may have contributed to the effects observed. For instance, reported child marriage rates may have reduced considerably as a result of national campaigns against child marriage, which was the case in, for example, Burkina Faso, Bangladesh, Ethiopia and Senegal, and laws against child marriage being better enforced. That said, lack of progress may at times also be due to external factors. During the validation meeting, the Pakistani partner reflected on how it had been pressurized by government *not* to provide SRHR-related training to girls for a certain period of time, and how the absence of these educational activities may have affected the outcomes of the project. In a somewhat similar fashion, the Ugandan partner indicated its work in this domain had also been limited by governmental restrictions on teaching of 'comprehensive' sexuality education.

Second, we have to be cautious regarding the sustainability of progress made, that is, a five-year programme is too short to be certain of lasting effects on, for example, the observed changes in community attitudes on child marriage, premarital pregnancy and the importance of formal education for girls. Events may occur which lead to a decline in the positive results observed during the endline, such as the Covid-19 pandemic (see 8.2 on this topic).

A final cautionary note should be made when interpreting the overall positive effects of the Her Choice programme as described in this report given data were only collected in a limited number of programme communities, schools, health centres and districts, while most Her Choice partners work in many more communities and districts. At the start of the programme and when preparing for the baseline, Her Choice partners had been requested to select research communities in line with a series of criteria, communities needing to be 'typical' of those in which partners worked. After the midline study, the AISSR team verified with partners as to whether programme activities that were conducted in the research communities were also similar to those implemented in other locations. All partners confirmed that the intensity of their presence was equitably spread across communities, and the kinds of activities implemented was also similar. Monitoring of activity forms (and annual reports developed for the alliance) confirm these statements. Nevertheless, we have to be careful with the extrapolation of positive study findings reported here to the whole Her Choice programme.

Reflection on the Her Choice Theory of Change

The central aim of the Her Choice programme has been to increase girls and young women's control over decisions if, when and whom to marry. As mentioned before, six strategies are deployed to achieve this aim, three of these pertaining to the level of girls: investing in their SRHR-related knowledge and skills, their educational participation, and access to SRHR-related services. The second set of (three) strategies were geared towards levels of households (improving economic security) and communities (transforming social norms), and finally, the level of policies and legislation. Moving forward, and drawing on data presented here and research more broadly, we would recommend revising the Theory of Change to:

a) More explicitly attend to the needs of boys and young men and their potential role in transforming gender relations, paying particular attention to, among other issues, boys and young men's SRHR-related knowledge and skills, their understanding of gender-based violence and notions of consent, and more broadly, their awareness of how gender inequity negatively affects different genders and engagement in identifying possibilities of change.

b) Less emphasis on the notion of individual girls' and young women's choice as indicative of women's emancipation and gender equality. In contexts where premarital sexual activity is deeply frowned on and teenage pregnancy tends to have negative socio-economic consequences for young women and their families, early marriage may be seen as the more desirable choice. In case of a premarital pregnancy, for example, rather than emphasizing individual choice in and of itself, it may be more beneficial to identify -- with communities, families and young people -- the kinds of securities that families and young women and men may seek, whilst alleviating possible negative consequences that are associated with early marriage, for example, establishing necessary conditions for young women to pursue relevant educational opportunities, secure livelihood opportunities, and/or creating delays between marital agreements and the moment of co-habitation and/or childbearing [15].

c) In addition to the above, promoting young women and men's access to contraceptives and challenging gendered norms (regarding use of contraceptives and SRHR-related services) should remain at the forefront of programme interventions. Data from, among other sources, MSc studies conducted within the framework of the Her Choice programme, highlight the need for a willingness to scrutinize and question norms and beliefs held about gender and young people's sexuality at all levels, including the level of programme staff.

d) The Her Choice presence in, and focus on, grassroots level action has been crucial to building rapport with community members and the success of the programme, whereby strategy VI is most explicitly geared to interventions beyond the community level. Her Choice experiences and our data clearly show the need to expand the multi-level and multi-sectoral approach of the programme, carrying out work at grassroot level, at the level of districts, national governments and beyond, in order to address the structural drivers of child marriage and gender inequality more broadly. Doing so will also support efforts to create the kinds of conditions that are referred to above (b).

8.2 Looking into the future: possible effects of Covid-19 on Her Choice indicators

Data on the effects of Covid-19 pandemic and related restrictions were collected in seven countries: Mali, Senegal, Benin, Burkina Faso, Uganda, Nepal, Bangladesh and Pakistan (data had already been gathered in Ethiopia, Ghana and Pakistan prior to the (known) onset of the pandemic). In this section, we discuss the possible effects of Covid-19 on the Her Choice indicator values and trends, as presented in Chapters 4 and 5, based on study participants' accounts regarding the perceived effects of Covid-19. No one knows how the pandemic will develop and how different regions in the world, countries, and different population will be affected. The following can thus only be considered valid for the period during which data were collected and the near future only.

After restrictions had been partially lifted and data collection was possible, research teams began gathering endline data, starting with Senegal (June-July 2020) and ending with Nepal and Mali (end of October 2020). As explained in study methodology, study participants were asked to consider the situation *before* Covid-19 related restrictions when responding to questions. No conclusions can be made on effects of the pandemic and related restrictions on indicators for *all* countries given the burden of Covid-19 and restrictions varied between countries, the burden of disease being far lower in the African countries than in the three South Asian countries. Stringent restrictions had been imposed in all seven countries early on, schools, markets, places of worship and shops having been closed, and people's movement between villages, district and/or regions strictly curbed. These restrictions were gradually lifted in all countries, and on the whole, restrictions were lifted last in the South Asian countries (e.g. schools in Bangladesh and Uganda were still closed at time of data collection). Another reason we cannot draw conclusions for all Her Choice project communities relates to the varying accounts given by different study populations. For example, a majority of school principals in Mali (nine out of 14) reported a decrease in school attendance when their school re-opened, while the majority of interviewed girls, 86,6%, said they had returned to school. Keeping in mind these difficulties in drawing firm and general conclusions, we turn to findings that emerged from the data.

Effects on school enrolment

In all countries, the majority of the different sets of study participants (principals, girls and household heads) noted negative effects on school attendance, indicating that IND10 and 20 on school enrolment and regular school attendance were negatively affected by the pandemic. Triangulating findings that emerged from the data gathered from different study populations, we conclude that Covid-19 and the related restrictions most likely had the strongest negative effect on school enrolment and attendance indicators in Uganda, Senegal and Nepal.

Effects on attendance of SRHR-related services

In all countries, bar Nepal, varying shares of different groups of study participants (health centre in-charge and girls) noted a decrease in young people's attendance of health services, negatively affecting the indicator on attendance of services in general (although this need not necessarily meant that attendance of SRHR-related services were negatively affected in equal measure). The data suggest that the strongest negative effect on

health services attendance was in Senegal, Uganda and Mali. These negative effects are in keeping with research [10, 16].

Effects on economic status of households

In all countries, with the exception of Mali, the majority of household heads said their income had deteriorated due to Covid-19, ranging from 52.7% household heads reporting a decline in income in Nepal to 81.1% in Uganda. The economic status indicator was thus negatively affected. This finding too is in line with existing research [17].

Effects on incidence of child marriage

In communities in Bangladesh and Burkina Faso, a few study participants (village leaders and district officials) mentioned an increase in the incidence of child marriage as a result of the pandemic. In all other countries and the majority of communities in Burkina Faso, the rates were reported to have remained the same or decreased. However, village leaders, district officials and girls reported their concerns about possible post-Covid-19 increase in child marriage rates or a return to normal levels. These participants provided the following reasons for their concerns: i) once restrictions have been lifted, the gathering of people, as is common at a marriage, will again be allowed, ii) families who have been (further) impoverished because of Covid-19 will seek to marry their daughters for bride price or to relieve the family of an additional mouth to feed, and iii) given more girls will not be enrolled in school, families may choose to marry their daughters and/or girls themselves may decide to do so.

8.3 Lessons for future policy, programmes and research on child marriage and FGM/C

Building on the endline data reported here and the experience gained during the Her Choice programme more broadly, a series of lessons can be drawn for policy, programmes and research on child marriage:

1. Programmes should adopt a holistic approach to child marriage, working with different groups of stakeholders at different levels, in and out of school young women and men, parents, community members and community leaders, schools, health centres and (district level) government officials. When designing programmes, careful attention needs to be paid to context specific drivers of early marriages, such as teenage pregnancies, sexual harassment and other forms of (gendered) violence and insecurity, including economic insecurity.
2. Programmes should shift from a focus on individual choice to attend more explicitly to structural factors that drive early marriages and gender inequality more broadly. Attention should be paid to what child marriage means to young people and their families, and which purposes it serves at individual, familial and community levels, in order to identify viable alternative arrangements that offer more space for young women to pursue, for example, educational goals.
3. A nested approach to comprehensive sexuality education (CSE) and youth friendly health services is recommended to ensure that young people's SRHR-related knowledge is enhanced. In addition, work is needed in relation to transforming health care staff attitudes with regard to the provision of SRHR-related services and products (including contraceptives) to unmarried young people, supporting CSE teachers in building support for CSE in communities, and promoting dialogue in communities on norms on gender and young people's sexuality that are detrimental to the health and wellbeing of young women and men. Changing norms is a long-term process requiring long-term investments and contextualised interventions.
4. Continued attention should be given to the importance of birth registration.
5. There are indications that early marriage may be linked with high divorce rates, and that in some contexts, divorced girls are quickly married again. This issue and its implications for young women requires further study.

6. Conduct regular linking and learning meetings between implementing partners within and between countries and involve relevant local government authorities in such meetings to enhance civil society and government collaboration, at local, national and regional levels.
7. Conduct further qualitative participatory research on changing ingrained gendered norms and identify further means to involve implementing partners and different community members in study design, data collection and analysis. Findings should be validated with implementing partners and ideally, with community members. Similarly, implications for programmes should be identified with implementing partners and stakeholders during different phases of the programme.
8. As noted, no firm conclusions could be drawn regarding the impact of strategy IV (enhancing families' economic security), Her Choice endline data on this matter not being sufficiently robust. Given the centrality accorded to poverty and economic insecurity more broadly in explanations of child marriage, further research is required regarding the relationship between economic 'empowerment' of families and young women, and the incidence of child marriage.
9. The impact of the Covid-19 pandemic and the restrictions imposed in different countries and regions on child marriage rates, families and (young) women's economic security, educational participation and attainment, gender-based violence, and young people's access to SRHR services, information and products will require longer-term monitoring and assessment.

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Annex 1: Her Choice programme indicators

	INDICATORS (#)
Impact	1.1 Share of single girls who feel they can exercise control over the decision if, when and whom to marry 1.2 Mean degree of control of single girls over the decision if, when and whom to marry (range 0-3)
	2 Share of women aged 20-24 married/in union before age 18
	3 Share of women aged 20-24 married/in union before age 15
	4 Share of girls 12-17 (ever) married/in union, by age year
	5 Share of girls under 18 circumcised
STRATEGY I: INVEST IN GIRLS, THEIR KNOWLEDGE, SKILLS AND PARTICIPATION	
Outcome	6.1 Share of single girls who feel they can oppose CM against their will 6.2 Share of girls who oppose FGM
	8 Share of sexually active girls who use contraception
	9 Share of girls who have spoken out in community meetings/rallies on their rights
Intermediate outcome	18.1 Share of girls with comprehensive knowledge on SRHR 18.2 Mean degree of knowledge on SRHR by girls (Range 0-5)
Output	29 Share of girls who received SRHR related education
STRATEGY II: IMPROVE ACCESS TO FORMAL EDUCATION FOR GIRLS	
Outcome	10 Share of girls regularly attending school in the last year
Intermediate outcome	19.1 Share of teachers reporting to be able and confident to teach SRHR 19.2 Share of school principals who claim their school to be girl-friendly 19.3 Mean number of girl-friendly measures taken by schools (range 0- 11)
	20 Share of girls enrolled in formal education
Output	30.2 Share of interviewed teachers trained to give SRHR related education
	31 Share of schools taken girl-friendly measures, according to school principal
STRATEGY III: IMPROVE ACCESS TO YOUTH-FRIENDLY SRHR SERVICES FOR GIRLS	
Outcome	11.1 Share of girls who know of SRHR services 11.2 Share of girls who knew of SRHTR services and visited a clinic for SRHR services
	12.1 Share of girls accessing SRHR services with positive perception 12.2 Mean degree of positive perception on SRHR services by girls (range 0-4)
Intermediate outcome	21 Share of health workers who are able and confident to provide YFHS
	22 Share of health facilities that provide services to unmarried young people, according to health staff Share of health facilities that provide services to unmarried young people, according to health staff
Output	32.1 Share of health centre staff who received training on SRHR during the previous year
	33 Share of schools with referral mechanisms in place between school and health service
STRATEGY IV: IMPROVE THE ECONOMIC SECURITY OF GIRLS AND THEIR FAMILIES	
Outcome	13 Mean economic status reported by HH (range 1-4)
Intermediate outcome	23 Share of households with female entrepreneurs supported who reported an increased income for the household due to income generation interventions addressed at women
Output	34 Share of households with female entrepreneurs supported, reported by HH heads
STRATEGY V: MOBILIZE COMMUNITIES TO TRANSFORM SOCIAL NORMS	
Outcome	15.1 Share of girls who feel they can consult any source on SRHR issues Share of girls who feel they can consult any source on SRHR issues 15.2 Share of single girls who feel supported in decision making on CM
Intermediate outcome	24 Share of communities with leaders who condemned CM in village meetings
	25 Share of communities with village members who organize activities against negative effects of CM, FGM etc
Output	35 Share of villages with trained leaders, reported by village leaders
STRATEGY VI: CREATE AN ENABLING LEGAL AND POLICY ENVIRONMENT PREVENTING CM	
Outcome	16.1 Share of girls who know about protective laws on CM

	16.2 Share of girls who know about protective laws on FGM
Intermediate outcome	26.1 Share of communities with or in the process of developing by-laws concerning CM, reported by community leaders 26.2 Share of communities with or in the process of developing by-laws concerning FGM, reported by community leaders
	27 Share of districts where almost all births are registered
Output	38 Share of districts (or other local administrative level) that have established means to enforce laws on CM (and FGM)
	39 Share of districts with consultation and informational meetings between (local) government agencies and civil society institutions related to SRHR

Annex 2: Methodology

Annex 2.1: Details sampling strategy

The basic premise of the sampling strategy was that in each village, a predefined minimum number of households with girls aged 12-17 should be selected and then every girl between 12-17 years from each of those households should be interviewed.

Villages

Her Choice partners identified both treatment and comparison villages (prior to the baseline). The corresponding treatment and comparison villages were from the same district and effort was made to select comparable villages, for example, those that shared similar characteristics regarding cultural and linguistic groups and rates of child marriage. In the selection of villages, local partners were instructed not to select villages that were in close proximity to each other, in order to avoid as much as possible any spill-over effects when activities are implemented. The selection criteria for villages were based on:

- Population density: 500 or less girls per village
- Relative proximity to the programme office and accessible by road (to ensure ease of access)
- Programme exposure: no (or very few) other activities on child marriage should have taken place in the village prior to the baseline

Households and girls

After the villages had been selected, researchers were to obtain information on the number of households in the village, randomly select about 80 households per village (e.g. using village records or transect walks) and interview these household's heads. Before conducting the interview with the household head, data enumerators were to confirm whether there were girls aged 12-17 living in the household. If this proved *not* to be the case, the interview was not conducted, and the household not included in the sample.

Girls were sampled from the selected households. Data enumerators were instructed to interview every girl aged 12-17 living in the household, until they had visited enough households to reach the designated sample size of girls. Researchers were to make appointments to interview the girls, and to return in order to interview any girls who were not present at the time of the interview.

Village leaders

For the village leader interviews, researchers were instructed to interview one to three leaders per village, where appropriate conducting a group interview. The criteria for the selection of leaders were that they had lived in the village for at least ten years and were knowledgeable and willing to share information on the village.

Schools, school principals and teachers

School principals were selected from the schools (one or more) that catered to young people between ages of 12-17 years in the selected villages. The selection of teachers was based on whether they provided school-based education or sensitisation on issues relating to SRHR, whether intra- or extra-curricular.

Health centres, heads of health centres and SRHR staff

The health centres (one or more) that catered to the selected villages were included in the sample, and the staff member in charge of each health centre was interviewed. In addition, health service providers who provided SRHR-related services to young people were included in the sample, whether or not they had received specific training in working with youth.

District administration staff

At the district level, the district administration staff were interviewed who are most involved in SRHR, education, community development, law enforcement, and social welfare.

Sample population size

Calculations for sample size per region were based on the confidence interval and confidence level, population size of girls aged 12-17 (approximately 500 per village) and the percentage of child marriage by country. Sample sizes thus varied per country. On average, each (study) regional baseline sample consisted of 300 girls, aiming for representativeness at village level (5% confidence). In countries where multiple partners implement the programme in various regions, the baseline sample was multiplied by the number of regions (meaning that in the case of Burkina Faso, for example, the total baseline sample was composed of 900 girls, as the programme is implemented in three different study regions). In the cases of multiple local partners working in the same region, local partners jointly decided how to sub-divide the baseline samples between them at regional level.

Annex 2.2: Details quantitative data analysis

The data analysis itself was different at this end phase of the project due to the fact that we had to go back to the beginning of the project to trace any potential progress that the project made in terms of the indicators that we were monitoring. This was a challenging part given that there was also a learning curve in the data collection process, resulting in discrepancy mainly in i) the coding of some variable from baseline to midline to endline, and ii) techniques to reduce the non-response rate after the baseline data was analysed. Furthermore, data collection was following closely the field reality and there was on occasions reformulation or further clarifications added to some questions. Given the different context of the ten countries in the programme, this task was difficult, and we were consulting during the data collection trainings with the local teams to reflect on the best formulation on the question. Also, as a result of the initial interesting findings that came in the baseline report, follow-up questions on theses interesting topics were added. Lastly, at the endline data collection very important was to collect data on the perceived effect of the programme, and also in the context of the Covid-19 pandemic, data on various consequences of the pandemic at the level of the girls, households and communities.

Comparing progress in the programme indicators from baseline to endline was a priority for the data analysis. For this purpose the data from three periods had to be synchronised – for example, analysis on progress in a similar set of villages (some countries added an additional regions in follow-up data collections or had to drop a region because it was not possible to collect data there). This was especially relevant for the school, health centre and village leader data. These had to be the same in each period. Synchronisation of the study populations proved to be time-consuming process as we had to go back to details about the data collection in baseline and endline and be confident why certain observed differences in the study populations occurred. For this purpose, we were communicating with the local researchers. Once we completed the process of synchronisation, we started with reporting on the indicators and examining whether there were still some inconsistencies. Some of the resulting inconsistencies were corrected and others were discussed during the end event of the programme with the country teams. We can therefore be confident that these results reflect to a great extent the activities on the field and the country contexts.

Use of t-test explained

We build on the assumption that due to the study design, and specifically given programme activities in comparison sites were launched only after midline (ML) data collection had been completed (mid-2018), ML data for treatment and comparison sites would differ considerably from one another. We assumed that at baseline (BL) before programme activities and at endline (EL) with programme activities in both treatment (T) and comparison (C) sites the values of indicators would show greater convergence, compared to the situation at ML.

To examine whether the difference in the Her Choice indicators for single girls between endline (2020) and baseline (2016) is significant, we applied what is referred to as an unpaired t-test with equal variances in the data at baseline and endline. This t-test draws on two hypotheses. The null hypothesis (H_0) states that there is no significant difference between the means in the indicators between baseline and endline. This outcome could either indicate that a) Her Choice interventions have not led to a significant improvement in the programme indicators, or b) that *because of* the programme, the indicators remained constant despite the occurrence of adverse external events. The alternative hypothesis (H_1) states that there is a significant difference between the means in the indicators between baseline and endline, ideally with the endline indicator value being higher than the baseline indicator value. This outcome could be indicative of a) positive effect of Her Choice on the selected indicators, and/or b) the positive change was the result of other external factors.

The data collection during baseline and the endline followed the same sampling procedure. There was no indication that unequal variances in the data between these two periods was to be expected. After examining the data more closely, this expectation was confirmed. At this stage of the analysis we did not focus on the difference in the indicators between the single girls that were in the treatment and in the comparison group, but only on the difference from the baseline to the endline period. Given the grouping of (single) girls -- treatment and comparison, and baseline-endline -- we deploy what is referred to as 'unpaired' Student t-test. The main reason for using the unpaired t-test relates to Her Choice activities starting in treatment sites after the baseline data collection in 2016, this set up meaning that the conditions under which we observed girls would have changed in the two different sites (treatment and the comparison) as well as at the two different points in time (baseline and endline).

We used the following standard formula in the calculation of the unpaired Student t-test:

$$t = \frac{\mu_{EL} - \mu_{BL}}{\sigma^2_{BL+EL}\sqrt{(\frac{1}{n_{BL}} + \frac{1}{n_{EL}})}} \text{ with } \sigma^2_{BL+EL} = \frac{(n_{BL}-1)\sigma^2_{BL} + (n_{EL}-1)\sigma^2_{EL}}{n_{BL} + n_{EL} - 2}$$

Note: μ_{EL} constitutes the mean of the given indicator at endline, and μ_{BL} the mean of the indicator at baseline.

The denominator in the formula consists of the pooled variance of the sample of single girls, meaning we combine the girls from the baseline and endline into a common sample. n_{BL} and n_{EL} are the number of girls in baseline and endline. The term n_{BL} and n_{EL} - 2 indicates the degrees of freedom, that is, the number of values that are free to vary in the calculation of the t-test. The n_{BL} and n_{EL} more precisely will be based on the number of single girls that answered the questions that we used to construct a particular indicator. By default, girls who did not answer a certain question were not included in the calculation, which created the possibility of a discrepancy in the number of interviewed single girls and the number of single girls who answered questions posed. After a careful inspection of the data, this discrepancy was found to be approximately 10% for all countries and indicators. It should be noted that this issue only applied to baseline level data given these were not collected digitally as mid- and endline data were, and the digital surveys (unlike the baseline paper-based surveys) did not allow for skipping (crucial) questions.

Our main *t*-test results were estimated by country, but in this report we also present the results across all ten countries to develop a more global overview on the progress of the indicators. Lastly, we combine all countries to estimate the global Her Choice progress in each of the selected indicators. It should be noted that the (ten) selected indicators all pertain to single girls (12<18 years). The t-test focuses on indicators relating to the study population of girls as the samples for other study populations were too small for statistical analysis. The asterisks in the tables indicate the significance in statistical terms of the differences between baseline and endline reflect (***: p-value <0.01, **: p-value <0.05, *: p-value <0.1).

Annex 3: Study locations and partners

Country	*Region*	*Partner*	*District*	*Alliance member*
Bangladesh	Khulna Division	DALIT	Jessore district	ICDI
	Dhaka Division	THP	Kishoreganj district	THP
Benin	Couffo Département	THP	Djakotomey & Klouékanmè	THP
	Borgou Département		N'Dali & Pèrèrè	
Burkina Faso	Haut Bassin	Maia	Bobo Dioulasso département	SKN
	Boucle du Mouhoun	Demba Ngnouma	Kassoum département	
	Centre Nord	AFDP	Rouko département	
		ADEP Koudougou	Boussouma département	
	Nord	AJBF	Ouahigouya département	
	Centre Sud	AZLY	Guiba département	
	Centre Ouest	ADEP Kaya	Ramongo département	
		THP	Sapouy département	THP
Ethiopia	Oromia	ADAA	Kofele woreda	SKN
			Wendo woreda	
	Amhara	THP	Merhabete woreda	THP
		FSC Bahir Dar	Libo kemkem woreda	SKN
		FSC Dessie	Jamma woreda	
		WCAT	Farta woreda	
		ESD	Ensaro woreda	ICDI
	SNNPR		Malga woreda	
		BICDO	Dara woreda	SKN
		LIA	Shashego woreda	
Ghana	Central	THP	Mfantsiman	THP
	Eastern		Upper Manya	
Mali	Koulikoro	APEFD	Tougouni commune	SKN
		APSEF	Diedougou commune	
		TAGNE		
			Doubabougou communie	
		ENDA Bamako	Kalabancoro commune	
	Bamako		Commune V	
	Mopti	ATAM/Mopti	Fakala commune	
		JIGUISEME	Pignari Bana commune	
	Segou	ENDA Benkadi	Touna commune	
Nepal	Province No. 3	CWIN	Makwanpur – BL and EL	ICDI
	Province No. 1		Morang	
	Province No.5		Banke	
Pakistan	Punjab	Bedari	Chakwal	ICDI
			Vehari	
Senegal	Tambacounda	ENDAJA	Tambacounda	SKN
	Kolda		Kolda	
	Sedhiou		Sediou – ML and EL	
Uganda	South-Eastern	THP	Iganga	THP

Annex 4: Indicators at country and regional level

Introduction an explanations

Annex 4 presents the tables of indicator values at country level and at regional level. All tables are for BL-ML-EL and for treatment and comparison sites. The last two columns give the vales for totals, meaning treatment and comparison sites combined, for BL and EL. These totals are used for the t-tests that were done for the key indicators related to single girls.

Some of the indicator tables are divided for married and single girls.

The regional-level tables (for single girls only because of small numbers of married girls at EL) are i) for those countries where data were collected in more than one study region (in Bangladesh, Burkina Faso and Ethiopia) and ii) for the countries where not all regions were included in the country-level tables (Nepal and Senegal). The reason why not all regions could be included in the country-level analyses are explained in section 2.8 of the report (reflections on study limitations).

Study regions – Bangladesh, Burkina Faso, Mali and Ethiopia (all regions included in country-level analyses)

	Bangladesh	**Burkina Faso**	**Mali**	**Ethiopia**
R1	Dhaka Division	Haut Bassin and Boucle du Mouhoun	Koulikoro and Bamako	Amhara
R2	Khulna Division	Centre Nord and Nord	Mopti	SNNPR
R3		Centre Sud and Centre Ouest	Segou	Oromia

Study districts/regions – Nepal and Senegal (not all regions included in country-level analyses)

Nepal	**Senegal**
Morang *(for country-level)*	Tambacounda (*for country-level*)
Banke (*for country-level*)	Kolda (*not included in country-level analyses)*
Makwanpur (*not included in country-level analyses)*	Sedhiou (*not included in country level-analyses*)

Table A4.1: IND29 Share of girls trained on SRHR (%)

IND29: Anglophone African countries								
	BL		ML		EL		BL	EL
	T	C	T	C	T	C	Total	Total
Single girls								
Ethiopia	27.5	20.4	60.6	29.7	74.2	65.4	24.0	69.8
Ghana	59.4	49.6	81.7	52.2	95.1	91.4	54.5	93.2
Uganda	72.0	65.4	71.0	57.0	64.2	75.7	68.7	69.9
N Single								
Ethiopia	*374*	*357*	*368*	*370*	*372*	*376*	*731*	*748*
Ghana	*133*	*125*	*142*	*136*	*142*	*139*	*258*	*281*
Uganda	*161*	*159*	*217*	*179*	*190*	*152*	*320*	*342*
Married girls								
Ethiopia	2/7	0/4	1/3	0	1/1	2/2	2/11	3/3
Ghana	2/2	3/5	0/1	0/2	1/1	2/2	6/7	2/3
Uganda	5/6	1/1	1/3	3/3	6/8	1/2	6/7	5/10
N Married								
Ethiopia	*7*	*4*	*3*	*0*	*1*	*2*	*11*	*3*
Ghana	*2*	*5*	*1*	*2*	*1*	*2*	*7*	*3*
Uganda	*6*	*1*	*3*	*3*	*8*	*2*	*7*	*10*

IND29: Anglophone African countries, by region								
	BL		ML		EL		BL	EL
	T	C	T	C	T	C	Total	Total
Single girls								
Ethiopia R1	24.5	21.8	84.1	40.3	80.5	69.6	23.2	75.1
Ethiopia R2	34.8	27.7	43.8	11.7	72.6	75.7	31.3	74.2
Ethiopia R3	17.9	4.9	44.7	43.4	68.4	35.5	11.4	52.0
Total N								
Ethiopia R1	*149*	*140*	*149*	*149*	*117*	*125*	*289*	*242*
Ethiopia R2	*158*	*137*	*143*	*145*	*179*	*175*	*295*	*354*
Ethiopia R3	*66*	*80*	*76*	*76*	*76*	*76*	*146*	*152*

IND29: Francophone African countries								
	BL		ML		EL		BL	EL
	T	C	T	C	T	C	Total	Total
Single girls								
Benin	22.1	25.8	59.2	32.2	72.3	40.1	23.9	56.2
Burkina Faso	27.2	15.1	67.3	49.7	73.2	77.3	21.1	75.2
Mali	7.5	6.4	78.7	30.1	94.8	97.2	7.0	96.0
Senegal	27.9	29.4	46.5	41.4	48.6	38.9	28.7	43.8
N Single								
Benin	*136*	*132*	*152*	*149*	*159*	*157*	*268*	*316*
Burkina Faso	*431*	*478*	*471*	*459*	*458*	*444*	*909*	*902*
Mali	*398*	*390*	*502*	*495*	*553*	*537*	*788*	*1090*
Senegal	*69*	*68*	*71*	*70*	*74*	*72*	*137*	*146*
Married girls								
Benin	0/14	0/18	3/5	4/11	1/8	4/12	0.0	29.2
Burkina Faso	19.4	14.8	4/7	0	4/4		17.1	4/4
Mali	3.2	6.3	65.5	37.7	1/1	6/9	4.8	7/10
Senegal	1/3	0/6	2/5	1/5	1/3	0/4	1/9	1/7
N Married								
Benin	*14*	*18*	*5*	*11*	*8*	*12*	*32*	*20*
Burkina Faso	*31*	*27*	*7*	*0*	*4*	*0*	*58*	*4*
Mali	*62*	*64*	*55*	*61*	*1*	*9*	*126*	*10*
Senegal	*3*	*6*	*5*	*5*	*3*	*4*	*9*	*7*

IND29 : Francophone African countries, by region								
	BL		ML		EL		BL	EL
	T	C	T	C	T	C	Total	Total
Single girls								
BF R1	27.5	14.4	79.6	65.5	86.9	91.4	20.9	89.1
BF R2	23.4	9.1	60.4	42.8	66.7	64.5	16.2	65.6
BF R3	29.2	22.5	61.9	39.6	67.3	76.1	25.9	71.7
Total N								
BF R1	*131*	*164*	*165*	*152*	*151*	*143*	*295*	*294*
BF R2	*164*	*161*	*152*	*155*	*152*	*139*	*325*	*291*
BF R3	*136*	*153*	*154*	*152*	*155*	*162*	*289*	*317*
Single girls								
Mali R1	10.3	8.8	80.5	27.4	91.1	93.1	9.6	92.1
Mali R2	5.3	6.0	61.5	30.6	97.4	99.3	5.7	98.4
Mali R3	0.0	0.0	87.8	37.3	97.6	100	0.0	98.8
Total N								
Mali R1	*202*	*206*	*230*	*234*	*235*	*241*	*408*	*476*
Mali R2	*121*	*110*	*130*	*108*	*154*	*241*	*231*	*297*
Mali R3	*121*	*74*	*142*	*153*	*164*	*241*	*195*	*317*
Single girls								
SE Kolda	20.0	19.2	81.8	13.2	88.9	16.9	19.6	52.9
SE Sedhiou	--	--	38.0	2.8	78.3	35.8	--	57.1
Total N								
SE Kolda	*46*	*51*	*58*	*62*	*57*	*61*	*97*	*118*
SE Sedhiou	--	--	*71*	*72*	*65*	*67*	--	*132*

IND29 : Asian countries								
Asian countries	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangladesh	55.6	49.6	70.9	49.2	88.2	78.2	52.6	83.2
Nepal	26.3	26.2	78.6	39.9	86.0	81.8	26.2	83.9
Pakistan	5.2	1.9	59.7	35.0	86.0	82.0	3.6	84.0
Total N								
Bangladesh	*286*	*266*	*275*	*264*	*304*	*285*	*552*	*589*
Nepal	*76*	*65*	*126*	*133*	*100*	*100*	*141*	*200*
Pakistan	*96*	*105*	*139*	*126*	*149*	*126*	*201*	*275*
Married girls								
Bangladesh	52.6	48.5	64.0	47.2	5/5	75.0	50.6	87.5
Nepal	12.5	17.1	0	0	0/1	0	14.8	0/1
Pakistan	0	2.0	53.3	36.4	4/5	84.6	1.0	82.3
Total N								
Bangladesh	*19*	*33*	*25*	*36*	*5*	*20*	*52*	*25*
Nepal	*24*	*35*	*13*	*16*	*1*	*0*	*59*	*1*
Pakistan	*54*	*49*	*15*	*33*	*5*	*14*	*103*	*19*

IND29 : Asian countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BA Dhaka	44.0	35.5	62.7	46.7	76.5	62.3	39.8	69.4
BA Kulna	66.5	63.9	78.0	51.3	100	94.0	65.2	97.0
Total N								
BA *R1*	*144*	*131*	*141*	*144*	*152*	*147*	*275*	*299*
BA *R2*	*142*	*135*	*134*	*120*	*152*	*138*	*277*	*290*
Single girls								
NE Makw.	74.0	71.7	--	--	92.0	90.0	72.9	91.0
Total N								
NE Makw.	*50*	*46*	--	--	*50*	*50*	*96*	*100*

Table A4.2: IND18.1 Share of girls with comprehensive knowledge on SRHR (%)

IND18.1 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	0	0.3	1.9	1.9	1.9	1.9	0.2	1.9
Ghana	0	0.8	4.2	1.5	20.4	20.9	0.4	20.6
Uganda	0	0	0	1.7	1.1	0.7	0	0.9
Total N								
Ethiopia	*373*	*337*	*368*	*370*	*372*	*376*	*731*	*748*
Ghana	*133*	*125*	*142*	*136*	*142*	*139*	*258*	*281*
Uganda	*161*	*159*	*217*	*179*	*190*	*152*	*320*	*342*
Married girls								
Ethiopia	0/7	0/4	0/3	0	0/1	0/2	0/11	0/3
Ghana	0/2	0/5	0/1	½	1/1	0/2	0/7	1/3
Uganda	0/6	0/1	0/3	0/3	1/8	0/2	0/7	1/10
Total N								
Ethiopia	*7*	*4*	*3*	*0*	*1*	*2*	*11*	*3*
Ghana	*2*	*5*	*1*	*2*	*1*	*2*	*7*	*3*
Uganda	*6*	*1*	*3*	*3*	*8*	*2*	*7*	*10*

IND18.1 : Anglophone African countries, by regions								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	0	0.7	2.0	2.7	4.2	3.2	0.35	3.6
Ethiopia R2	13.9	18.2	2.8	0	0.6	0.6	16.1	0.6
Ethiopia R3	0	0	0	3.9	1.3	2.6	0	1.95
Total N								
Ethiopia R1	*149*	*140*	*149*	*151*	*117*	*125*	*289*	*242*
Ethiopia R2	*158*	*137*	*145*	*144*	*179*	*175*	*295*	*354*
Ethiopia R3	*66*	*60*	*76*	*76*	*76*	*76*	*146*	*152*

IND18.1 : Francophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	0	0	14.6	5.6	8.4	4.1	0	6.3
Burkina Faso	0.4	0.4	0.8	4.3	8.1	10.7	0.4	8.5
Mali	0.3	0.5	7.8	2.0	20.3	23.8	0.4	22.1
SE Tambac.	0	0	1.3	1.3	1.3	0	0	0.6
Total N								
Benin	*136*	*132*	*152*	*149*	*159*	*157*	*268*	*316*
Burkina Faso	*478*	*431*	*471*	*466*	*458*	*444*	*912*	*902*
Mali	*398*	*390*	*502*	*495*	*553*	*537*	*788*	*1090*
SE Tambac.	*69*	*68*	*71*	*70*	*74*	*72*	*137*	*146*
Married girls								
Benin	0	0	1/5	2/11	0	1/12	0	1/12
Burkina Faso	0	0	0/7	0	2/4	0	0	2/4
Mali	0	0	10.9	0	0/1	1/9	1.9	3.5
SE Tambac.	0/3	0/6	0/5	0/5	0/3	0/4	0/9	0/7
Total N								
Benin	*14*	*18*	*5*	*11*	*8*	*12*	*32*	*20*
Burkina Faso	*31*	*27*	*7*	*0*	*4*	*0*	*58*	*4*
Mali	*62*	*64*	*55*	*61*	*1*	*9*	*126*	*10*
SE Tambac.	*3*	*6*	*5*	*5*	*3*	*4*	*9*	*7*

IND18.1 : Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	0	0	8.6	1.2	11.7	7.3	0	9.5
BF R2	0.6	0	4.4	1.3	6.4	6.6	0.3	6.5
BF R3	0.7	1.5	16.1	10.4	13.6	10.3	1.1	11.9
Total N								
BF R1	*164*	*131*	*165*	*152*	*151*	*143*	*295*	*294*
BF R2	*161*	*164*	*152*	*155*	*152*	*139*	*325*	*291*
BF R3	*153*	*136*	*154*	*152*	*155*	*162*	*289*	*317*
Single girls								
Mali R1	0	0.1	10.9	2.6	11.9	2.1	0.05	7.0
Mali R2	0.8	0	6.2	0	4.5	14.7	0.4	9.6
Mali R3	0	0	4.2	2.6	47.0	66.7	0	57.5
Total N								
Mali R1	*202*	*206*	*230*	*234*	*235*	*241*	*408*	*476*
Mali R2	*121*	*110*	*130*	*108*	*154*	*143*	*231*	*297*
Mali R3	*75*	*74*	*142*	*153*	*164*	*153*	*149*	*317*
Single girls								
SE Kolda	2.2	0	1.7	0	0	0	1.1	0
SE Sedhiou	--	--	5.6	0	1.5	1.5	--	1.5
Total N								
SE Kolda	*46*	*52*	*58*	*62*	*57*	*61*	*98*	*118*
SE Sedhiou	--	--	*71*	*72*	*65*	*67*	--	*132*

IND18.1 : Asian countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangladesh	2.3	2.0	2.7	1.3	40.8	24.6	2.1	32.7
Nepal	0	6.0	4.8	3.0	12.9	4.0	3.0	8.5
Pakistan	2.7	5.2	0	1.3	4.5	2.9	4.0	3.7
Total N								
Bangladesh	*286*	*266*	*275*	*264*	*304*	*285*	*552*	*589*
Nepal	*76*	*65*	*126*	*133*	*100*	*100*	*141*	*200*
Pakistan	*96*	*105*	*139*	*120*	*149*	*126*	*201*	*275*
Married girls								
Bangladesh	15.8	15.2	0	5.6	4/5	50.0	15.5	65.0
Nepal	0	5.7	7.7	6.3	0/1	0	2.7	0/1
Pakistan	0	0	0	6.1	2/5	7.1	0	14.0
Total N								
Bangladesh	*19*	*33*	*25*	*36*	*5*	*20*	*52*	*25*
Nepal	*24*	*35*	*13*	*16*	*1*	*0*	*59*	*1*
Pakistan	*54*	*49*	*15*	*33*	*5*	*14*	*103*	*19*

IND18.1 : Asian countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangla R1	1.9	1.5	0.7	0.7	5.3	2.0	1.8	3.7
Bangla R2	0	0	5.2	0.8	75.0	44.9	0	60
Total N								
Bangla *R1*	*159*	*132*	*141*	*144*	*152*	*147*	*275*	*299*
Bangla *R2*	*127*	*134*	*134*	*120*	*152*	*138*	*277*	*290*
Single girls								
Nepal Makwa.	2.0	8.7	--	--	0.0	8.0	5.3	4.0
Total N								
Nepal Makwa.	*50*	*46*	--	--	*50*	*50*	*96*	*100*

Table A4.3: IND18.2 Mean degree of girl's knowledge on SRHR (range 0-5)

IND18.2 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	1.7	1.5	2.4	1.9	2.1	2.1	1.6	2.1
Ghana	1.6	1.8	2.0	1.8	2.8	2.6	1.7	2.7
Uganda	1.1	1.3	2.4	2.2	1.9	2.1	1.2	2.0
Total N								
Total N Ethiopia	*373*	*337*	*368*	*370*	*372*	*376*	*730*	*748*
Total N Ghana	*133*	*125*	*142*	*136*	*142*	*139*	*258*	*281*
Total N Uganda	*161*	*159*	*217*	*179*	*190*	*152*	*320*	*342*
Married girls								
Ethiopia	1.6	1.0	3.0	0	4.0	3.0	1.3	3.5
Ghana	2.0	3.4	0.0	3.0	3.0	2.0	2.7	2.5
Uganda	1.0	2.0	3.3	3.0	3.5	1.0	1.5	2.3
Total N								
Total N Ethiopia	*7*	*4*	*3*	*0*	*1*	*2*	*11*	*3*
Total N Ghana	*2*	*5*	*1*	*2*	*1*	*2*	*7*	*3*
Total N Uganda	*6*	*1*	*3*	*3*	*8*	*2*	*7*	*10*

IND18.2 : Anglophone African countries, by regions								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	1.8	1.7	2.5	2.1	1.9	2.3	1.8	2.1
Ethiopia R2	1.4	1.5	2.4	1.7	2.6	2.2	1.5	2.4
Ethiopia R3	1.9	1.1	2.1	1.9	1.2	1.7	1.5	1.5
Total N								
Ethiopia R1	*149*	*140*	*149*	*151*	*117*	*125*	*289*	*242*
Ethiopia R2	*158*	*137*	*145*	*144*	*179*	*175*	*295*	*354*
Ethiopia R3	*66*	*60*	*76*	*76*	*76*	*76*	*146*	*152*

IND18.2 :Francophone African countries								
Single girls	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Benin	0.9	1.1	2.6	1.8	2.2	1.9	1.0	2.0
Burkina Faso	1.7	1.5	2.2	1.8	2.6	2.5	1.6	2.6
Mali	1.3	1.4	2.5	1.5	3.2	3.0	1.4	3.1
SE Tambac.	1.2	1.3	1.4	1.5	1.4	1.1	1.3	1.2
Total N								
Benin	*136*	*132*	*152*	*149*	*159*	*157*	*268*	*316*
Burkina Faso	*458*	*509*	*471*	*466*	*458*	*444*	*909*	*902*
Mali	*398*	*390*	*502*	*495*	*553*	*537*	*788*	*1090*
SE Tambac.	*69*	*68*	*71*	*70*	*74*	*72*	*137*	*146*
Married girls								
Benin	0.6	0.9	4.0	3.7	1.6	2.3	0.8	2.0
Burkina Faso	2.0	1.5	3.1	0	4.0	0	1.7	4.0
Mali	0	0	2.7	2.2	4.0	3.0	0	3.5
SE Tambac.	1.5	1.6	2.4	1.2	2.3	2.0	1.6	2.2
Total N								
Benin	*14*	*18*	*5*	*11*	*8*	*12*	*32*	*20*
Burkina Faso	*31*	*27*	*7*	*0*	*4*	*0*	*58*	*4*
Mali	*62*	*64*	*55*	*61*	*1*	*9*	*126*	*10*
SE Tambac.	*3*	*6*	*5*	*5*	*3*	*4*	*9*	*7*

IND18.2 : Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	1.8	1.5	2.3	1.9	2.8	2.9	1.7	2.9
BF R2	1.6	1.1	2.4	1.7	2.4	2.2	1.4	2.3
BF R3	1.8	1.8	2.1	1.7	2.7	2.4	1.8	2.6
Total N								
BF R1	*131*	*164*	*165*	*152*	*151*	*143*	*295*	*294*
BF R2	*164*	*161*	*152*	*155*	*152*	*139*	*325*	*291*
BF R3	*136*	*153*	*154*	*152*	*155*	*162*	*289*	*317*
Single girls								
Mali R1	1.4	1.5	2.6	1.7	2.5	2.0	1.5	2.3
Mali R2	1.6	1.6	2.9	1.9	3.2	3.3	1.6	3.2
Mali R3	0.9	1.3	2.0	1.2	4.1	4.3	1.1	4.2
Total N								
Mali R1	*202*	*206*	*230*	*234*	*235*	*241*	*408*	*476*
Mali R2	*121*	*110*	*130*	*108*	*154*	*241*	*231*	*297*
Mali R3	*121*	*74*	*142*	*153*	*164*	*241*	*195*	*317*
Single girls								
SE (Kolda)	1.3	1.7	2.3	0.8	1.2	0.5	1.5	0.9
SE (Sedhiou)	--	--	2.3	1.5	1.4	0.7	--	1.0
Total N								
SE (Kolda)	*46*	*52*	*58*	*62*	*57*	*61*	*98*	*118*
SE (Sedhiou)	--	--	*71*	*72*	*65*	*67*	--	*132*

IND18.2 : Asian countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangladesh	1.7	1.9	1.9	1.3	3.7	3.0	1.8	3.4
Nepal	1.2	1.3	2.6	2.1	2.7	2.6	1.2	2.6
Pakistan	0.6	0.9	1.3	1.2	2.2	1.7	0.8	1.9
Total N								
Bangladesh	*286*	*266*	*275*	*264*	*304*	*285*	*552*	*589*
Nepal	*76*	*65*	*126*	*133*	*100*	*100*	*141*	*200*
Pakistan	*96*	*105*	*139*	*120*	*149*	*126*	*201*	*275*
Married girls								
Bangladesh	3.2	3.3	2.8	2.7	4.6	4.2	3.2	4.4
Nepal	1.8	1.7	3.0	1.0	0/1	0	1.7	0/1
Pakistan	1.3	1.7	2.2	1.7	3.6	2.8	1.5	3.2
Total N								
Bangladesh	*19*	*33*	*25*	*36*	*5*	*20*	*52*	*25*
Nepal	*24*	*35*	*13*	*16*	*1*	*0*	*59*	*1*
Pakistan	*54*	*49*	*15*	*33*	*5*	*14*	*103*	*19*

IND18.2 : Asian countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangla R1	1.7	2.0	2.0	1.3	2.7	2.4	1.9	2.6
BanglaR2	1.8	2.0	2.0	1.6	4.6	3.9	1.9	4.3
Total N								
Bangla *R1*	*144*	*131*	*141*	*144*	*152*	*147*	*275*	*299*
Bangla *R2*	*142*	*135*	*134*	*120*	*152*	*138*	*277*	*290*
Single girls								
Nepal Makwa.	2.3	2.5	--	--	2.7	3.2	2.4	3.0
Total N								
Nepal Makwa.	*50*	*46*	--	--	*50*	*50*	*96*	*100*

Table A4.4: IND 6.2 Share of girls who oppose FGM/C (%)

IND 6.2 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	84.4	82.3	87.2	84.3	76.9	79.3	83.3	78.1
Ghana	94.6	94.8	79.6	84.6	84.5	92.1	94.7	88.3
Uganda	91.0	98.1	88.4	85.3	96.3	95.4	94.6	95.9
Total N								
Ethiopia	*374*	*357*	*368*	*370*	*372*	*376*	*731*	*748*
Ghana	*133*	*125*	*142*	*136*	*142*	*139*	*258*	*281*
Uganda	*161*	*159*	*217*	*179*	*190*	*152*	*320*	*342*
Married girls								
Ethiopia	7/7	3/4	2/3	0	1/1	1/2	10/11	2/3
Ghana	2/2	5/50	1/1	2/2	1/1	1/2	7/7	2/3
Uganda	5/6	1/1	3/3	3/3	8/8	2/2	6/7	10/10
Total N								
Ethiopia	*7*	*4*	*3*	*0*	*1*	*2*	*11*	*3*
Ghana	*2*	*5*	*1*	*2*	*1*	*2*	*7*	*3*
Uganda	*6*	*1*	*3*	*3*	*8*	*2*	*7*	*10*

IND 6.2 : Anglophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	81.9	85.2	86.1	79.2	78.8	85.6	83.6	82.2
Ethiopia R2	87.1	83.0	84.7	85.5	78.2	70.1	85.0	74.1
Ethiopia R3	85.1	75.6	93.4	92.1	71.1	89.5	80.3	80.3
Total N								
Ethiopia R1	*149*	*140*	*149*	*149*	*117*	*125*	*289*	*242*
Ethiopia R2	*158*	*137*	*143*	*145*	*179*	*175*	*295*	*354*
Ethiopia R3	*66*	*80*	*76*	*76*	*76*	*76*	*146*	*152*

IND 6.2 :Francophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	33.8	35.6	94.1	73.2	92.5	93.6	34.7	93.0
Burkina Faso	79.9	78.6	85.4	76.0	87.6	85.6	79.3	86.6
Mali	17.3	25.6	80.1	31.3	93.3	94.6	21.5	94.0
SE Tambac.	72.1	70.6	54.9	60.0	89.2	72.2	71.4	80.7
Total N								
Benin	*136*	*132*	*152*	*149*	*159*	*157*	*268*	*316*
Burkina Faso	*431*	*478*	*471*	*459*	*458*	*444*	*909*	*902*
Mali	*398*	*390*	*502*	*495*	*553*	*537*	*788*	*1090*
SE Tambac.	*69*	*68*	*71*	*70*	*74*	*72*	*137*	*146*
Married girls								
Benin	78.6	77.8	4/5	9/11	7/8	2/12	78.2	85.4
Burkina Faso	80.0	92.3	5/7		4/4		86.2	4/4
Mali	11.5	20.6	69.1	27.9	1/1	9/9	16.1	10/10
SE Tamba	2/3	4/6	1/5	3/5	1/3	2/4	6/9	3/7
Total N								
Benin	*14*	*18*	*5*	*11*	*8*	*12*	*32*	*20*
Burkina Faso	*31*	*27*	*7*	*0*	*4*	*0*	*58*	*4*
Mali	*62*	*64*	*55*	*61*	*1*	*9*	*126*	*10*
SE Tambac.	*3*	*6*	*5*	*5*	*3*	*4*	*9*	*7*

ND 6.2 : Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	78.9	90.1	87.5	72.7	86.9	89.4	84.5	88.2
BF R2	78.4	71.8	85.5	76.3	90.1	72.4	75.1	81.2
BF R3	82.4	78.8	82.6	79.2	86.4	94.8	80.6	90.6
Total N								
BF R1	*131*	*164*	*165*	*152*	*151*	*143*	*295*	*294*
BF R2	*164*	*161*	*152*	*155*	*152*	*139*	*325*	*291*
BF R3	*136*	*153*	*154*	*152*	*155*	*162*	*289*	*317*
Single girls								
Mali R1	22.5	27.6	83.5	30.9	98.3	95.9	25.0	97.1
Mali R2	14.1	23.3	66.9	27.8	83.9	93.9	18.7	88.9
Mali R3	3.8	20.5	83.1	34.0	95.1	93.5	12.2	94.3
Total N								
Mali R1	*202*	*206*	*230*	*234*	*235*	*241*	*408*	*476*
Mali R2	*121*	*110*	*130*	*108*	*154*	*241*	*231*	*297*
Mali R3	*121*	*74*	*142*	*153*	*164*	*241*	*195*	*317*
Single girls								
SE Kolda	78.3	71.2	82.8	53.2	77.2	18.0	74.8	47.6
SE Sedhiou	--	--	85.9	79.2	66.2	73.1	--	69.7
Total N								
SE Kolda	*46*	*52*	*58*	*62*	*57*	*61*	*98*	*118*
SE Sedhiou	--	--	*71*	*72*	*65*	*67*	--	*132*

Table A4.5 : IND8 Share of sexually active girls who use contraception, by marital status (%)

IND8 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	26.3	2/9	0	0	1/2	4/5	24.3	5/7
Ghana	42.9	33.3	50.0	44.4	55.6	35.3	38.5	45.7
Uganda	70.0	68.4	63.2	48.6	54.8	71.4	69.2	63.1
Total N								
Ethiopia	*19*	*9*	*0*	*0*	*2*	*5*	*28*	*7*
Ghana	*14*	*12*	*16*	*18*	*18*	*17*	*26*	*35*
Uganda	*48*	*55*	33	35	31	28	*103*	*59*
Married girls								
Ethiopia	3/5	2/3	0	0	1/1	0	5/8	1/1
Ghana	2/2	1/4	0	0	1/3	0/2	3/6	1/5
Uganda	4/5	1/1	0	0	1/7	0/2	5/6	1/9
Total N								
Ethiopia	*5*	*3*	*0*	*0*	*1*	*0*	*8*	*1*
Ghana	*2*	*4*	*0*	*0*	*3*	*2*	*6*	*5*
Uganda	*5*	*1*	*0*	*0*	*7*	*2*	*6*	*9*

IND8 : Anglophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	2/8	1/2	0	0	0/1	2/3	3/10	0
Ethiopia R2	0/3	1/4	0	0	1/1	1/1	1/7	2/2
Ethiopia R3	1/8	0/3	0	0	0	1/1	1/11	1/1
Total N								
Ethiopia R1	*8*	*2*	*0*	*0*	*1*	*3*	*16*	*4*
Ethiopia R2	*3*	*4*	*0*	*0*	*1*	*1*	*7*	*2*
Ethiopia R3	*8*	*3*	*0*	*0*	*0*	*1*	*11*	*1*

IND8 : Francophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	45.8	48.4	41.7	54.8	75.0	57.8	47.1	66.4
Burkina Faso	50.6	45.9	69.4	61.5	79.2	71.9	48.6	75.5
Mali	40.6	16.0	75.0	42.9	94.9	93.8	28.3	94.4
SE Tamba	0/7	1/8	0/1	1/1	1/1	0/1	1/15	1/2
Total N								
Benin	*59*	*61*	*36*	*31*	*52*	*45*	*120*	*97*
Burkina Faso	*77*	*61*	*36*	*26*	*24*	*32*	*138*	*56*
Mali	*32*	*25*	*40*	*28*	*59*	*48*	*57*	*107*
SE Tambac.	*7*	*8*	*1*	*1*	*1*	*1*	*3*	*2*
Married girls								
Benin	7.1	40.0	0	0	0/6	0/10	23.6	0/16
Burkina Faso	34.8	27.8	0	0	1/3	0	31.3	33.3
Mali	12.5	16.7	0	0	0	5/9	14.6	5/9
SE Tambac.	1/3	0	0	0	0	0/1	1/3	0/1
Total N								
Benin	*14*	*15*	*0*	*0*	*6*	*10*	*29*	*16*
Burkina Faso	*23*	*18*	*0*	*0*	*3*	*0*	*41*	*3*
Mali	*32*	*36*	*0*	*0*	*0*	*9*	*68*	*9*
SE Tambac.	*3*	*0*	*0*	*0*	*0*	*1*	*3*	*2*

IND8 : Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	50.0	50.0	71.4	53.8	6/8	53.8	50.0	60.3
BF R2	36.4	33.3	3/5	3/3	7/7	9/9	34.7	16/16
BF R3	37.0	55.0	29.4	4/10	3/9	3/10	44.7	6/19
Total N								
BF R1	*28*	*32*	*14*	*13*	*8*	*13*	*60*	*21*
BF R2	*22*	*9*	*5*	*3*	*7*	*9*	*31*	*16*
BF R3	*27*	*20*	*17*	*10*	*9*	*10*	*47*	*19*
Single girls								
Mali R1	43.5	18.2	81.8	62.5	95.7	95.7	30.9	95.7
Mali R2	3/7	0/3	79.2	16.7	93.8	92.0	13.5	91.7
Mali R3	0/2	0	2/5	0	4/4	0	0/2	4/4
Total N								
Mali R1	*23*	*22*	*11*	*16*	*23*	*23*	*45*	*46*
Mali R2	*7*	*3*	*24*	*12*	*32*	*25*	*10*	*57*
Mali R3	*2*	*0*	*5*	*0*	*4*	*0*	*2*	*4*
Single girls								
SE (Kolda)	1/3	1/1	0	0	0/1	0	2/4	0/1
SE (Sedhiou)	--	--	0	0	0	0	--	0/1
Total N								
SE R1 (Kolda)	*3*	*1*	*0*	*0*	*0*	*0*	*4*	*0*
SE R2 (Sedhiou)	--	--	*0*	*0*	*0*	*0*	--	*0*

IND8 : Asian countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangladesh	1/2	0/2	0/2	0/3	0/1	1/2	1/4	1/3
Nepal	0	1/1	0	0	0	0	1/1	0
Pakistan	0/1	1/3	2/2	1/2	0/2	0	1/4	0/2
Total N								
Bangladesh	*2*	*2*	*2*	*3*	*1*	*2*	*4*	*3*
Nepal	*0*	*1*	*0*	*0*	*0*	*0*	*1*	*0*
Pakistan	*1*	*3*	*2*	*2*	*2*	*0*	*4*	*2*
Married girls								
Bangladesh	94.4	51.5	0	0	100	73.7	73.0	86.8
Nepal	12.5	20.0	0	0	0	0	16.3	0
Pakistan	14	11.6	0	0	0.0	1/10	12.5	5.0
Total N								
Bangladesh	*18*	*33*	*0*	*0*	*5*	*19*	*51*	*24*
Nepal	*24*	*35*	*0*	*0*	*0*	*0*	*59*	*0*
Pakistan	*50*	*43*	*0*	*0*	*4*	*10*	*95*	*0*

IND8 : Asian countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangla R1	0/1	0/2	0	0/1	0	0	0/3	0/1
Bangla R2	1/1	0	0/2	0/2	1/1	0/2	73.1	70.0
Total N								
Bangla *R1*	*1*	*2*	*0*	*1*	*0*	*0*	*3*	*0*
Bangla *R2*	*1*	*0*	*2*	*2*	*1*	*2*	*1*	*3*
Single girls								
Nepal Makwa.	0	0	--	--	0/1	0/1	0	1/2
Total N								
Nepal Makwa.	*0*	*0*	--	--	*1*	*1*	*0*	*2*

Table A4.6: IND9 Share of girls who have spoken out in community meetings/rallies on their rights

IND9 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	5.4	4.8	23.1	8.4	29.0	13.8	5.1	21.4
Ghana	18.2	12.0	25.4	21.3	21.1	18.7	15.1	19.9
Uganda	18.0	21.5	24.1	15.3	16.8	21.7	19.8	19.3
Total N								
Ethiopia	*374*	*357*	*368*	*370*	*372*	*376*	*731*	*748*
Ghana	*133*	*125*	*142*	*136*	*142*	*139*	*258*	*281*
Uganda	*161*	*159*	*217*	*179*	*190*	*152*	*320*	*342*
Married girls								
Ethiopia	0/7	0/4	0	0	0	1/2	0/11	25.0
Ghana	0/2	2/5	1/1	0/2	0/1	0/2	0/7	0/3
Uganda	`1/6	0/1	1/3	1/3	1/8	0/2	1/7	1/10
Total N								
Ethiopia	*7*	*4*	*3*	*0*	*1*	*2*	*11*	*3*
Ghana	*2*	*5*	*1*	*2*	*1*	*2*	*7*	*3*
Uganda	*6*	*1*	*3*	*3*	*8*	*2*	*7*	*10*

IND9 :Anglophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	2.0	3.5	28.5	9.4	25.4	8.0	2.7	16.7
Ethiopia R2	10.1	8.8	25.0	9.0	25.1	20.3	9.4	22.7
Ethiopia R3	1.5	0.0	7.9	5.3	43.4	9.2	0.7	26.3
Total N								
Ethiopia R1	*149*	*140*	*149*	*149*	*117*	*125*	*289*	*242*
Ethiopia R2	*158*	*137*	*143*	*145*	*179*	*175*	*295*	*354*
Ethiopia R3	*66*	*80*	*76*	*76*	*76*	*76*	*146*	*152*

IND9 : Francophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	16.7	20.3	4.6	4.0	40.9	15.9	18.5	28.4
Burkina Faso	15.1	6.5	19.2	5.5	18.9	17.0	10.8	18.0
Mali	4.8	4.6	28.9	4.6	59.7	65.0	4.7	62.3
SE Tambac.	15.9	20.3	19.7	11.4	29.7	9.7	18.2	19.7
Total N								
Benin	*136*	*132*	*152*	*149*	*159*	*157*	*268*	*316*
Burkina Faso	*431*	*478*	*459*	*471*	*458*	*444*	*909*	*902*
Mali	*398*	*390*	*502*	*495*	*553*	*537*	*788*	*1090*
SE Tambac.	*69*	*68*	*71*	*70*	*74*	*72*	*137*	*146*
Married girls								
Benin	0.0	6.3	0/5	0/11	1/8	0/12	3.1	1/20
Burkina Faso	22.6	11.5	1/7	0	1/4	0	17.1	1/4
Mali	1.6	1.6	25.5	3.3	1/1	1/9	1.6	2/10
SE Tambac.	1/3	1/6	2/5	0/5	0/3	1/4	2/6	1/7
Total N								
Benin	*14*	*18*	*5*	*11*	*8*	*12*	*32*	*20*
Burkina Faso	*31*	*27*	*7*	*0*	*4*	*0*	*58*	*4*
Mali	*62*	*64*	*55*	*61*	*1*	*9*	*126*	*10*
SE Tambac.	*3*	*6*	*5*	*5*	*3*	*4*	*9*	*7*

IND9 :Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	17.5	3.8	15.8	3.6	35.2	27.2	10.7	31.2
BF R2	11.4	6.9	29.6	9.9	12.1	12.5	9.2	12.3
BF R3	17.5	9.3	11.6	3.2	10.5	11.6	13.4	11.1
Total N								
BF R1	*131*	*164*	*165*	*152*	*151*	*143*	*295*	*294*
BF R2	*164*	*161*	*152*	*155*	*152*	*139*	*325*	*291*
BF R3	*136*	*153*	*154*	*152*	*155*	*162*	*289*	*317*
Single girls								
Mali R1	5.7	8.4	28.4	6.2	53.6	66.3	7.0	59.9
Mali R2	4.7	0.0	29.7	4.9	51.0	42.2	2.3	46.6
Mali R3	0.0	0.0	27.7	1.3	76.8	81.7	0.0	79.3
Total N								
Mali R1	*202*	*206*	*230*	*234*	*235*	*241*	*408*	*476*
Mali R2	*121*	*110*	*130*	*108*	*154*	*241*	*231*	*297*
Mali R3	*121*	*74*	*142*	*153*	*164*	*241*	*195*	*317*
Single girls								
SE R1 (Kolda)	28.3	38.5	44.8	6.5	42.1	0	33.4	21.1
SE (Sedhiou)	--	--	33.8	12.8	78.5	11.8	--	45.2
Total N								
SE (Kolda)	*46*	*52*	*58*	*62*	*57*	*61*	*98*	*118*
SE (Sedhiou)	--	--	*71*	*72*	*65*	*67*	--	*132*

IND9 :Asian countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangladesh	10.5	11.3	17.5	7.2	27.0	17.5	10.9	22.3
Nepal	2.6	1.5	8.7	6.0	41.0	14.1	2.1	27.6
Pakistan	2.1	1.9	12.2	0.8	28.9	30.2	2.0	29.5
Total N								
Bangladesh	*286*	*266*	*275*	*264*	*304*	*285*	*552*	*589*
Nepal	*76*	*65*	*126*	*133*	*100*	*100*	*141*	*200*
Pakistan	*96*	*105*	*139*	*120*	*151*	*129*	*201*	*280*
Married girls								
Bangladesh	10.5	3.0	8.0	2.8	1/5	40.0	6.8	30.0
Nepal	4.2	0.0	100	0	0/1	0	2.1	0/1
Pakistan	0	2.0	6.7	3.0	2/5	2/14	1.0	4/19
Total N								
Bangladesh	*19*	*33*	*25*	*36*	*5*	*20*	*52*	*25*
Nepal	*24*	*35*	*13*	*16*	*1*	*0*	*59*	*1*
Pakistan	*54*	*49*	*15*	*33*	*5*	*14*	*103*	*19*

IND9 :Asian countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangla R1	11.3	4.6	16.0	9.3	27.5	11.7	8.0	19.6
Bangla R2	9.7	16.3	17.3	4.0	26.3	26.5	13.0	26.4
Total N								
Bangla *R1*	*144*	*131*	*141*	*144*	*152*	*147*	*275*	*299*
Bangla *R2*	*142*	*135*	*134*	*120*	*152*	*138*	*277*	*290*
Single girls								
Nepal Makwa.	*0*	*0*	--	--	32.0	22.0	0	28.0
Total N								
Nepal Makwa.	*50*	*46*	-	-	*50*	*50*	*96*	*100*

INDICATORS STRATEGY II: IMPROVE ACCESS TO FORMAL EDUCATION FOR GIRLS

Table A4.7: IND20 Share of girls enrolled in formal education

IND20 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	87.7	86.0	90.5	91.9	99.5	97.1	86.8	98.3
Ghana	92.5	86.9	92.3	91.9	95.8	97.8	89.7	96.8
Uganda	86.3	81.8	83.9	81.0	92.1	90.8	84.0	91.4
Total N								
Ethiopia	*374*	*357*	*368*	*370*	*372*	*376*	*731*	*748*
Ghana	*133*	*125*	*142*	*136*	*142*	*139*	*258*	*281*
Uganda	*161*	*159*	*217*	*179*	*190*	*152*	*320*	*342*
Married girls								
Ethiopia	6/7	1/4	1/3	0	0/1	2/2	7/11	2/3
Ghana	0	2/5	0/1	0/2	0/1	0/2	2/5	0/3
Uganda	1/6	0/1	0/3	0/3	2/8	1/2	1/7	3/10
Total N								
Ethiopia	*7*	*4*	*3*	*0*	*1*	*2*	*11*	*3*
Ghana	*2*	*5*	*1*	*2*	*1*	*2*	*7*	*3*
Uganda	*6*	*1*	*3*	*3*	*8*	*2*	*7*	*10*

IND20 : Anglophone African countries, by regions								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	96.1	93.0	96.0	98.7	99.2	100	94.5	99.6
Ethiopia R2	89.2	88.2	86.8	86.2	99.4	99.4	88.7	99.4
Ethiopia R3	65.7	67.1	84.2	89.5	98.7	86.8	66.4	92.8
Total N								
Ethiopia R1	*149*	*140*	*149*	*149*	*117*	*125*	*289*	*242*
Ethiopia R2	*158*	*137*	*143*	*145*	*179*	*175*	*295*	*354*
Ethiopia R3	*66*	*80*	*76*	*76*	*76*	*76*	*146*	*152*

IND20 : Francophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	40.4	55.9	36.8	42.3	65.4	50.3	48.2	57.9
Burkina Faso	83.1	76.1	88.7	86.2	91.2	88.4	79.6	89.8
Mali	54.3	54.6	63.5	56.6	88.4	90.9	54.4	89.7
SE Tambac.	72.4	61.8	71.8	58.6	78.4	69.4	67.1	73.9
Benin	*136*	*132*	*152*	*149*	*159*	*157*	*268*	*316*
Burkina Faso	*431*	*478*	*471*	*459*	*458*	*444*	*909*	*902*
Mali	*398*	*390*	*502*	*495*	*553*	*537*	*788*	*1090*
SE Tambac.	*69*	*68*	*71*	*70*	*74*	*72*	*137*	*146*
Married girls								
Benin	0.0	0.0	3/5	0/11	0/8	0.0	0.0	0.0
Burkina Faso	38.7	23.1	3/7	0	2/4	0	30.9	2/4
Mali	22.6	40.6	18.2	13.1	1/1	4/9	31.6	5/10
SE Tambac.	0/3	1/6	2/5	0/5	1/3	0/4	1/9	1/7
Benin	*14*	*18*	*5*	*11*	*8*	*12*	*32*	*20*
Burkina Faso	*31*	*27*	*7*	*0*	*4*	*0*	*58*	*4*
Mali	*62*	*64*	*55*	*61*	*1*	*9*	*126*	*10*
SE Tambac.	*3*	*6*	*5*	*5*	*3*	*4*	*9*	*7*

IND20 : Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	87.1	89.4	92.8	92.1	95.9	96.7	88.3	92.4
BF R2	70.7	64.9	80.5	86.8	85.1	81.6	67.8	83.7
BF R3	83.0	68.2	91.6	79.2	91.4	87.1	75.6	85.4
Total N								
BF R1	*131*	*164*	*165*	*152*	*151*	*143*	*295*	*317*
BF R2	*164*	*161*	*152*	*155*	*152*	*139*	*325*	*307*
BF R3	*136*	*153*	*154*	*152*	*155*	*162*	*289*	*306*
Single girls								
Mali R1	46.6	59.3	55.2	61.0	94.0	90.7	52.9	58.1
Mali R2	63.3	54.0	68.2	46.5	85.8	85.0	58.7	57.4
Mali R3	34.6	30.8	56.8	41.2	82.9	94.1	32.7	49.0
Total N								
Mali R1	*202*	*206*	*230*	*234*	*235*	*241*	*408*	*464*
Mali R2	*121*	*110*	*130*	*108*	*154*	*241*	*231*	*238*
Mali R3	*121*	*74*	*142*	*153*	*164*	*241*	*195*	*295*
Single girls								
SE Kolda	88.5	80.4	93.1	91.9	98.3	72.1	84.5	92.5
SE (Sedhiou)	--	--	67.6	20.8	76.9	41.8	--	44.2
Total N								
SE (Kolda)	*46*	*52*	*58*	*62*	*57*	*61*	*98*	*120*
SE (Sedhiou)	--	--	*71*	*72*	*65*	*67*	--	*143*

IND20 : Asian countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangladesh	95.1	84.6	-	-	97.4	96.8	89.8	97.1
Nepal	57.9	70.8	59.5	51.1	39.0	55.0	64.3	47.0
Pakistan	24.0	61.9	41.7	69.2	79.2	86.5	42.9	82.9
Total N								
Bangladesh	*286*	*266*	*275*	*264*	*304*	*285*	*552*	*589*
Nepal	*76*	*65*	*126*	*133*	*100*	*100*	*141*	*200*
Pakistan	*96*	*105*	*139*	*120*	*149*	*126*	*201*	*275*
Married girls								
Bangladesh	31.6	12.1	12.0	2.8	1/5	10.0	21.9	15.0
Nepal	8.3	8.6	0.0	0.0	0/1	0	8.5	0/1
Pakistan	0.0	2.0	0.0	0.0	0/5	0.0	1.0	0.0
Total N								
Bangladesh	*19*	*33*	*25*	*36*	*5*	*20*	*52*	*25*
Nepal	*24*	*35*	*13*	*16*	*1*	*0*	*59*	*1*
Pakistan	*54*	*49*	*15*	*33*	*5*	*14*	*103*	*19*

IND20 : Asian countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangla R1	91.3	63.8	-	-	96.7	92.2	77.6	94.5
BanglaR2	91.0	89.8	-	-	95.5	90.1	90.4	92.8
Total N								
Bangla *R1*	*144*	*131*	*141*	*144*	*152*	*147*	*275*	*299*
Bangla *R2*	*142*	*135*	*134*	*120*	*152*	*138*	*277*	*290*
Single girls								
Nepal Makwa.	90.0	95.7	--	--	74.0	90.0	92.8	82.0
Total N								
Nepal Makwa.	*50*	*46*	--	--	*50*	*50*	*96*	*100*

Table A4.8 : IND10 Share of girls regularly attending school

IND10 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	85.2	87.3	93.7	93.2	98.1	94.8	86.3	96.5
Ghana	94.4	95.3	100	100	90.4	91.9	94.8	91.1
Uganda	89.9	86.2	93.0	94.3	95.4	95.7	88.1	91.5
Total N								
Ethiopia	*324*	*306*	*326*	*339*	*370*	*365*	*630*	*735*
Ghana	*123*	*106*	*118*	*108*	*136*	*136*	*229*	*272*
Uganda	*139*	*130*	*114*	*141*	*175*	*138*	*269*	*313*
Married girls								
Ethiopia	3/6	1/1	1/1	0	0	1/1	4/7	1/1
Ghana	0	2/2	0	0	0	0	2/2	0/3
Uganda	1/1	0	0	0	2/2	1/1	1/1	3/3
Total N								
Ethiopia	*6*	*1*	*1*	*0*	*0*	*2*	*7*	*2*
Ghana	*0*	*2*	*0*	*0*	*0*	*0*	*2*	*0*
Uganda	*1*	*0*	*0*	*0*	*2*	*1*	*1*	*3*

IND10 : Anglophone African countries, by regions								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	86.1	91.7	96.2	93.9	96.6	92.2	88.9	94.4
Ethiopia R2	92.0	90.0	94.4	92.8	100.0	99.3	91.0	99.7
Ethiopia R3	60.5	70.9	83.3	92.7	97.3	90.9	65.7	94.1
Total N								
Ethiopia R1	*144*	*131*	*142*	*147*	*146*	*153*	*275*	*299*
Ethiopia R2	*137*	*120*	*124*	*124*	*149*	*146*	*257*	*295*
Ethiopia R3	*43*	*55*	*60*	*68*	*75*	*66*	*98*	*141*

IND10 : Francophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	92.7	87.9	91.1	95.2	99.0	100	90.3	99.5
Burkina Faso	95.5	94.8	96.6	97.0	99.8	98.8	98.4	99.3
Mali	97.7	88.3	94.8	93.4	99.4	99.6	93.0	99.5
SE Tambac.	91.6	82.9	98.0	95.1	96.6	92.0	87.1	94.3
Total N								
Benin	*55*	*66*	*56*	*63*	*104*	*79*	*121*	*183*
Burkina Faso	*397*	*328*	*411*	*406*	*405*	*405*	*725*	*810*
Mali	*216*	*213*	*329*	*288*	*489*	*488*	*429*	*977*
SE Tambac.	*46*	*42*	*51*	*41*	*58*	*50*	*88*	*108*
Married girls								
Benin	0	0	3/3	0	0	0	0	0
Burkina Faso	100	5/6	2/3	0	2/2	0	91.7	2/2
Mali	85.7	84.6	7/10	8/8	1/1	4/4	85.2	5/5
SE Tambac.	0	1/1	2/2	0	1/1	0	1/1	1/1
Total N								
Benin	*0*	*0*	*3*	*0*	*0*	*0*	*0*	*0*
Burkina Faso	*12*	*6*	*3*	*0*	*2*	*0*	*18*	*2*
Mali	*14*	*26*	*10*	*8*	*1*	*4*	*40*	*5*
SE Tambac.	*0*	*1*	*2*	*0*	*1*	*0*	*1*	*1*

IND10 : Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	97.3	97.3	97.9	97.4	99.3	98.6	97.3	99.0
BF R2	87.7	82.2	96.9	95.5	100.0	100.0	96.5	100.0
BF R3	89.8	94.9	93.6	98.4	100.0	97.8	99.5	98.9
Total N								
BF R1	*74*	*73*	*141*	*152*	*138*	*146*	*147*	*284*
BF R2	*73*	*45*	*128*	*132*	*119*	*124*	*118*	*243*
BF R3	*39*	*78*	*142*	*122*	*148*	*135*	*117*	*283*
Single girls								
Mali R1	100.0	91.3	93.1	92.4	99.4	99.6	95.7	98.8
Mali R2	94.2	88.7	95.1	97.0	100.0	100.0	91.5	100.0
Mali R3	100.0	70.8	97.6	92.1	100.0	100.0	85.4	100.0
Total N								
Mali R1	*104*	*127*	*144*	*158*	*221*	*222*	*231*	*443*
Mali R2	*86*	*62*	*101*	*67*	*132*	*122*	*148*	*254*
Mali R3	*26*	*24*	*84*	*63*	*136*	*144*	*50*	*280*
Single girls								
SE (Kolda)	89.2	93.6	94.4	92.2	100.0	97.7	91.4	98.8
SE (Sedhiou)	--	--	95.8	93.3	98.0	75.0	--	86.5
Total N								
SE (Kolda)	*24*	*33*	*54*	*57*	*56*	*44*	*57*	*100*
SE (Sedhiou)	--	--	*48*	*15*	*50*	*28*	--	*78*

IND10 : Asian countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangladesh	95.6	96.1	100.0	100.0	98.6	98.9	95.3	98.8
Nepal	90.9	89.1	78.7	80.9	79.5	82.0	90.0	80.8
Pakistan	87.0	87.7	100.0	98.8	97.5	99.1	87.3	98.3
Total N								
Bangladesh	*270*	*223*	*100*	*93*	*296*	*276*	*493*	*572*
Nepal	*44*	*46*	*75*	*68*	*39*	*55*	*90*	*94*
Pakistan	*23*	*65*	*58*	*83*	*119*	*112*	*88*	*231*
Married girls								
Bangladesh	4/6	4/4	3/3	1/1	1/1	2/2	8/10	3/3
Nepal	2/2	3/3	0	0	0	0	5/5	0
Pakistan	0	1/1	0	0	0	0	1/1	0
Total N								
Bangladesh	*6*	*4*	*3*	*1*	*1*	*2*	*10*	*3*
Nepal	*2*	*3*	*0*	*0*	*0*	*0*	*5*	*0*
Pakistan	*0*	*1*	*0*	*0*	*0*	*0*	*1*	*0*

IND10 : Asian countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangla R1	92.0	93.6	100	100	97.3	98.6	92.9	97.9
Bangla R2	99.3	98.5	100	100	100	99.3	98.9	99.6
Total N								
Bangla *R1*	*135*	*94*	*79*	*75*	*148*	*141*	*229*	*289*
Bangla *R2*	*135*	*129*	*21*	*18*	*148*	*135*	*264*	*283*
Single girls								
Nepal Makwa.	88.9	79.5	-	-	78.4	80.4	84.2	79.4
Total N								
Nepal Makwa.	*45*	*44*	-	-	*37*	*46*	*89*	*83*

INDICATORS STRATEGY III: IMPROVE ACCESS TO YOUTH-FRIENDLY SRHR SERVICES FOR GIRLS

Table A4.9: IND11.1 Share of girls who know of SRHR services, by marital status (%)

IND 11.1 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	46.0	31.7	72.0	45.1	79.6	68.4	38.9	74.0
Ghana	50.4	60.0	62.0	53.7	83.8	84.2	55.2	84.0
Uganda	72.0	73.6	67.7	70.6	70.0	75.7	72.8	72.8
Total N								
Ethiopia	*374*	*357*	*368*	*370*	*372*	*376*	*731*	*748*
Ghana	*133*	*125*	*142*	*136*	*142*	*139*	*258*	*281*
Uganda	*161*	*159*	*217*	*179*	*190*	*152*	*320*	*342*
Married girls								
Ethiopia	3/7	1/4	2/3	0	1/1	2/2	4/11	3/3
Ghana	1/2	5/5	1/1	0	1/1	2/2	6/7	3/3
Uganda	4/6	1/1	2/3	2/3	8/8	2/2	5/6	10/10
Total N								
Ethiopia	*7*	*4*	*3*	*0*	*1*	*2*	*11*	*3*
Ghana	*2*	*5*	*1*	*2*	*1*	*2*	*7*	*3*
Uganda	*6*	*1*	*3*	*3*	*8*	*2*	*7*	*10*

IND11.1: Anglophone African countries, by regions								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	45.8	31.7	82.8	55.7	68.6	67.2	38.7	67.9
Ethiopia R2	59.5	46.3	65.3	33.1	82.7	74.0	52.9	78.3
Ethiopia R3	14.9	7.3	63.2	47.4	89.5	57.9	11.1	73.7
Total N								
Ethiopia R1	*149*	*140*	*149*	*149*	*117*	*125*	*289*	*242*
Ethiopia R2	*158*	*137*	*143*	*145*	*179*	*175*	*295*	*354*
Ethiopia R3	*66*	*80*	*76*	*76*	*76*	*76*	*146*	*152*

IND11.1: Francophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	58.3	63.6	59.2	36.9	83.6	56.7	60.9	70.2
Burkina Faso	49.0	28.6	67.8	53.9	81.5	78.4	38.8	80.0
Mali	39.1	35.1	78.1	61.2	95.7	96.5	37.1	96.1
SE Tambac.	31.8	24.2	29.6	47.1	14.9	55.6	28.0	35.2
Total N								
Benin	*136*	*132*	*152*	*149*	*159*	*157*	*268*	*316*
Burkina Faso	*431*	*478*	*471*	*459*	*458*	*444*	*909*	*902*
Mali	*398*	*390*	*502*	*495*	*553*	*537*	*788*	*1090*
SE Tambac.	*69*	*68*	*71*	*70*	*74*	*72*	*137*	*146*
Married girls								
Benin	85.7	81.3	5/5	63.6	8/8	66.7	83.5	83.3
Burkina Faso	74.2	34.6	7/7	0	4/4	0	54.4	4/4
Mali	59.0	65.1	90.9	95.1	1/1	9/9	62.0	10/10
SE Tambac.	1/3	4/6	2/5	1/5	1/3	2/4	5/9	3/7
Total N								
Benin	*14*	*18*	*5*	*11*	*8*	*12*	*32*	*20*
Burkina Faso	*31*	*27*	*7*	*0*	*4*	*0*	*58*	*4*
Mali	*62*	*64*	*55*	*61*	*1*	*9*	*126*	*10*
SE Tambac.	*3*	*6*	*5*	*5*	*3*	*4*	*9*	*7*

IND11.1: Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	55.0	34.1	80.9	58.8	97.9	95.4	44.5	96.6
BF R2	44.3	22.5	69.8	47.4	68.8	59.2	33.4	64.0
BF R3	52.0	31.8	54.2	55.2	78.4	80.6	41.9	79.5
Total N								
BF R1	*131*	*164*	*165*	*152*	*151*	*143*	*295*	*294*
BF R2	*164*	*161*	*152*	*155*	*152*	*139*	*325*	*291*
BF R3	*136*	*153*	*154*	*152*	*155*	*162*	*289*	*317*
Single girls								
Mali R1	43.9	36.5	80.5	47.1	91.1	94.3	40.2	92.7
Mali R2	43.0	42.0	92.6	79.9	99.4	98.0	42.5	98.7
Mali R3	33.3	42.3	64.2	81.0	98.8	98.7	37.8	98.7
Total N								
Mali R1	*202*	*206*	*230*	*234*	*235*	*241*	*408*	*476*
Mali R2	*121*	*110*	*130*	*108*	*154*	*241*	*231*	*297*
Mali R3	*121*	*74*	*142*	*153*	*164*	*241*	*195*	*317*
Single girls								
SE (Kolda)	47.8	21.2	94.8	83.9	96.5	96.7	34.5	96.6
SE (Sedhiou)	--	--	18.3	1.4	87.7	35.8	--	61.8
Total N								
SE (Kolda)	*46*	*52*	*58*	*62*	*57*	*61*	*98*	*118*
SE (Sedhiou)	--	--	*71*	*72*	*65*	*67*	*0*	*132*

IND11.1: Asian countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangladesh	50.7	28.2	59.6	37.5	95.7	82.8	39.4	89.3
Nepal	32.9	46.2	51.6	39.1	84.0	66.0	39.5	75.0
Pakistan	18.8	21.9	58.3	44.2	79.9	77.0	20.3	78.4
Total N								
Bangladesh	*286*	*266*	*275*	*264*	*304*	*285*	*552*	*589*
Nepal	*76*	*65*	*126*	*133*	*100*	*100*	*141*	*200*
Pakistan	*96*	*105*	*139*	*120*	*149*	*126*	*201*	*275*
Married girls								
Bangladesh	42.1	36.4	72.0	36.1	100	85.0	39.2	92.5
Nepal	45.8	65.7	100	100	0/1	0	55.8	0/1
Pakistan	44.4	38.8	93.3	75.8	5/5	92.3	41.6	96.2
Total N								
Bangladesh	*19*	*33*	*25*	*36*	*5*	*20*	*52*	*25*
Nepal	*24*	*35*	*13*	*16*	*1*	*0*	*59*	*1*
Pakistan	*54*	*49*	*15*	*33*	*5*	*14*	*103*	*19*

IND11.1: Asian countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangla R1	72.0	38.2	56.7	44.0	96.1	79.2	55.1	87.6
Bangla R2	29.0	19.7	64.7	30.7	95.5	86.8	24.4	91.1
Total N								
Bangla *R1*	*144*	*131*	*141*	*144*	*152*	*147*	*275*	*299*
Bangla *R2*	*142*	*135*	*134*	*120*	*152*	*138*	*277*	*290*
Single girls								
Nepal Makwa.	78.0	73.9	--	--	82.0	72.0	76.0	77.0
Total N								
Nepal Makwa.	*50*	*46*	--	--	*50*	*50*	*96*	*100*

Table A4.10 : IND11.2 Share of girls who knew of SRH services and visited a clinic for SRHR services (%)

IND11.2 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	10.0	5.4	12.1	9.0	23.3	12.8	7.7	18.1
Ghana	13.8	2.8	20.5	11.0	7.6	21.4	8.3	14.5
Uganda	37.8	35.9	43.2	34.4	55.6	53.0	36.9	54.3
Total N								
Ethiopia	*172*	*114*	*265*	*167*	*294*	*256*	*286*	*550*
Ghana	*67*	*75*	*88*	*73*	*118*	*117*	*142*	*235*
Uganda	*116*	*118*	*148*	*125*	*133*	*116*	*234*	*249*
Married girls								
Ethiopia	1/3	1/1	1/2	0	0/1	1/2	2/4	1/3
Ghana	1/1	1/5	1/1	0	1/1	2/2	2/6	3/3
Uganda	3/4	0/1	2/2	1/2	8/8	2/2	3/5	10/10
Total N								
Ethiopia	*3*	*1*	*2*	*0*	*1*	*2*	*4*	*3*
Ghana	*1*	*5*	*1*	*0*	*1*	*2*	*6*	*3*
Uganda	*4*	*1*	*2*	*2*	*8*	*2*	*5*	*10*

IND11.2 : Anglophone African countries, by regions								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	13.0	11.1	17.6	4.8	8.6	7.1	12.1	7.9
Ethiopia R2	7.4	1.6	8.5	18.8	22.3	21.4	4.5	21.8
Ethiopia R3	20.0	16.7	6.3	5.6	42.6	0.0	18.3	21.3
Total N								
Ethiopia R1	*69*	*45*	*124*	*83*	*78*	*84*	*114*	*162*
Ethiopia R2	*95*	*63*	*93*	*48*	*149*	*130*	*158*	*279*
Ethiopia R3	*10*	*6*	*48*	*36*	*68*	*44*	*16*	*112*

IND11.2 :Francophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	22.7	17.6	7.8	5.5	31.6	13.5	20.1	22.5
Burkina Faso	14.8	13.3	8.4	7.9	14.1	16.2	14.1	15.1
Mali	20.0	8.8	23.2	8.6	55.6	62.2	14.4	58.9
SE Tambac.	19.1	26.7	14.3	18.2	27.3	17.5	22.9	22.4
Total N								
Benin	*38*	*51*	*45*	*28*	*64*	*43*	*89*	*107*
Burkina Faso	*211*	*139*	*320*	*248*	*376*	*346*	*350*	*722*
Mali	*155*	*137*	*392*	*302*	*529*	*518*	*292*	*1052*
SE Tambac.	*21*	*15*	*21*	*33*	*22*	*81*	*36*	*103*
Married girls								
Benin	58.3	83.3	3/5	3/7	2/8	1/8	70.8	3/16
Burkina Faso	34.8	4/9	2/7	0	2/4	0	39.6	2/4
Mali	25.0	22.0	52.0	43.1	1/1	9/9	23.5	10/10
SE Tambac.	0/1	3/4	1/2	0/1	1/1	1/2	3/5	2/3
Total N								
Benin	*12*	*15*	*5*	*7*	*8*	*8*	*27*	*16*
Burkina Faso	*23*	*9*	*7*	*0*	*4*	*0*	*32*	*4*
Mali	*37*	*42*	*51*	*58*	*1*	*9*	*79*	*10*
SE Tambac.	*1*	*4*	*2*	*1*	*1*	*2*	*5*	*3*

IND11.2 :Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	12.8	20.0	6.5	12.4	27.5	29.2	16.4	28.3
BF R2	24.6	17.1	7.2	4.2	7.2	8.9	20.9	8.1
BF R3	14.6	9.8	14.3	5.9	5.5	6.4	12.2	6.0
Total N								
BF R1	*72*	*56*	*134*	*90*	*148*	*136*	*128*	*284*
BF R2	*72*	*37*	*106*	*73*	*105*	*82*	*109*	*187*
BF R3	*71*	*47*	*83*	*84*	*121*	*131*	*121*	*252*
Single girls								
Mali R1	25.7	16.0	31.4	23.8	39.3	53.7	20.9	46.5
Mali R2	20.3	12.7	24.8	14.8	58.8	43.6	16.5	51.2
Mali R3	3.8	0.0	17.9	4.0	74.1	92.1	1.9	83.1
Total N								
Mali R1	*89*	*76*	*186*	*110*	*214*	*227*	*165*	*446*
Mali R2	*52*	*46*	*121*	*86*	*153*	*140*	*98*	*293*
Mali R3	*40*	*31*	*91*	*124*	*162*	*151*	*71*	*313*
Single girls								
SE (Kolda)	30.8	30.8	38.1	21.2	21.8	28.8	30.8	25.3
SE (Sedhiou)	--	--	0.0	0/1	84.2	41.7	--	63.0
Total N								
SE (Kolda)	*15*	*21*	*55*	*51*	*55*	*59*	*36*	*114*
SE (Sedhiou)	--	---	*13*	*1*	*57*	*24*	--	*81*

IND11.2 : Asian countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangladesh	20.5	18.2	28.7	10.1	51.5	52.1	19.4	51.8
Nepal	24.0	10.0	6.2	3.9	17.9	12.1	17.0	15.0
Pakistan	44.4	47.8	33.3	49.1	61.3	49.5	46.1	55.4
Total N								
Bangladesh	*146*	*74*	*165*	*98*	*292*	*237*	*220*	*529*
Nepal	*25*	*30*	*65*	*52*	*84*	*66*	*55*	*150*
Pakistan	*18*	*23*	*81*	*53*	*119*	*97*	*41*	*216*
Married girls								
Bangladesh	6/8	2/12	50.0	69.2	4/5	82.4	43.8	81.2
Nepal	63.6	73.9	100	0.0	0	0	68.8	0
Pakistan	75.0	73.7	78.6	76.0	80.0	66.7	74.3	73.3
Total N								
Bangladesh	*8*	*12*	*18*	*13*	*5*	*17*	*20*	*19*
Nepal	*11*	*23*	*13*	*16*	*0*	*0*	*34*	*0*
Pakistan	*18*	*23*	*81*	*53*	*119*	*97*	*41*	*216*

IND11.2 :Asian countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangla R1	23.1	10.2	11.8	15.2	33.3	41.8	16.7	37.6
Bangla R2	21.7	36.7	47.4	19.6	70.5	65.6	29.2	68.1
Total N								
Bangla R1	*104*	*50*	*80*	*63*	*146*	*116*	*154*	*262*
Bangla R2	*41*	*26*	*87*	*37*	*146*	*120*	*65*	*266*
Single girls								
Nepal Makwa.	17.9	8.8	--	--	5.6	6.7	13.4	6.1
Total N								
Nepal Makwa.	*39*	*34*	--	--	*36*	*30*	*73*	*66*

Table A4.11: IND12.1 Share of girls accessing SRHR services with positive perception of services (%)

IND12.1 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	-	-	71.9	53.3	92.8	84.9	-	88.9
Ghana	-	-	94.7	8/8	10/10	100	-	100.0
Uganda	-	-	81.8	90.5	85.1	82.0	-	83.6
Total N								
Ethiopia	-	-	*32*	*15*	*69*	*33*	-	*102*
Ghana	-	-	*19*	*8*	*10*	*27*	-	*37*
Uganda	-	-	*44*	*42*	*74*	*61*	-	*135*
Married girls								
Ethiopia	-	-	2/2	0/0	0/1	2/2	-	2/3
Ghana	-	-	1/1	0/0	1/1	2/2	-	3/3
Uganda	-	-	2/2	2/2	8/8	1/2	-	9/10
Total N								
Ethiopia	-	-	*2*	*0*	*1*	*2*	-	*3*
Ghana	-	-	*1*	*0*	*1*	*2*	-	*3*
Uganda	-	-	*2*	*2*	*8*	*2*	-	*10*

IND12.1 :Anglophone African countries, by regions								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	-	-	71.4	2/4	7/7	6/6	-	13/13
Ethiopia R2	-	-	7/8	5/9	84.8	82.1	-	83.5
Ethiopia R3	-	-	2/3	1/2	100.0	0	-	50.0
Total N								
Ethiopia R1	-	-	*21*	*4*	*7*	*6*	-	*13*
Ethiopia R2	-	-	*8*	*9*	*32*	*28*	-	*60*
Ethiopia R3	-	-	*3*	*2*	*29*	*0*	-	*29*

IND12.1 :Francophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	-	-	7/7	3/3	97.6	83.3	-	90.5
Burkina Faso	-	-	78.6	60.0	92.2	93.1	-	92.7
Mali	-	-	91.2	69.2	97.6	96.9	-	97.2
SE Tambac.	-	-	1/3	3/6	3/3	7/7	-	10/10
Total N								
Benin	-	-	*7*	*3*	*42*	*12*	-	*54*
Burkina Faso	-	-	*28*	*20*	*51*	*58*	-	*109*
Mali	-	-	*91*	*26*	*294*	*322*	-	*616*
SE Tambac.	-	-	*3*	*6*	*3*	*7*	-	*12*
Married girls								
Benin	-	-	5/5	11/11	6/8	100.0	-	87.5
Burkina Faso	-	-	7/7	0	4/4	0	-	4/4
Mali	-	-	80.8	68.0	1/1	9/9	-	10/10
SE Tambac.	-	-	2/5	0/5	3/3	4/4	-	7/7
Total N								
Benin	-	-	*5*	*11*	*8*	*12*	-	*20*
Burkina Faso	-	-	*7*	*0*	*4*	*0*	-	*4*
Mali	-	-	*26*	*25*	*1*	*9*	-	*10*
SE Tambac.	-	-	*5*	*5*	*3*	*4*	-	*7*

IND12.1 :Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	-	-	8/8	8/12	94.6	95.2	-	94.9
BF R2	-	-	6/8	1/3	7/7	7/8	-	14/15
BF R3	-	-	7/12	2/5	5/7	7/8	-	12/15
Total N								
BF R1	-	-	*8*	*12*	*37*	*42*	-	*79*
BF R2	-	-	*8*	*3*	*7*	*8*	-	*15*
BF R3	-	-	*12*	*5*	*7*	*8*	-	*15*
Single girls								
Mali R1	-	-	90.2	57.9	97.6	94.3	-	95.6
Mali R2	-	-	100.0	5/5	94.4	95.1	-	94.7
Mali R3	-	-	88.0	2/2	100.0	100.0	-	100.0
Total N								
Mali R1	-	-	*51*	*19*	*84*	*122*	-	*206*
Mali R2	-	-	*15*	*5*	*90*	*61*	-	*151*
Mali R3	-	-	*25*	*2*	*120*	*139*	-	*259*
Single girls								
SE (Kolda)	-	-	95.2	100.0	100.0	82.4	-	89.7
SE(Sedhiou)	-	-	0	0	95.8	9/10	-	94.8
Total N								
SE (Kolda)	-	-	*21*	*11*	*12*	*17*	-	*29*
S (Sedhiou)	-	-	*0*	*0*	*48*	*10*	-	*58*

IND12.1 :Asian countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangladesh	-	-	51.1	5/10	83.3	87.8	-	85.6
Nepal	-	-	4/4	0/2	93.3	2/8	-	46.8
Pakistan	-	-	74.1	88.5	94.5	93.8	-	94.7
Total N								
Bangladesh	-	-	*47*	*10*	*150*	*123*	-	*273*
Nepal	-	-	*4*	*2*	*15*	*8*	-	*23*
Pakistan	-	-	*27*	*26*	*73*	*48*	-	*121*
Married girls								
Bangladesh	-	-	4/9	5/9	5/5	82.3	-	86.3
Nepal	-	-	100	100	0	0	-	0
Pakistan	-	-	7/11	94.7	5/5	13/13	-	18/18
Total N								
Bangladesh	-	-	*9*	*9*	*5*	*17*	-	*22*
Nepal	-	-	*13*	*16*	*0*	*0*	-	*0*
Pakistan	-	-	*11*	*19*	*5*	*13*	-	*18*

IND12.1 :Asian countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangla R1	-	-	7/9	4/8	95.9	100.0	-	98.0
Bangla R2	-	-	44.7	1/2	77.2	80.3	-	78.8
Total N								
Bangla *R1*	-	-	*9*	*8*	*49*	*47*	-	*96*
Bang *R2*	-	-	*38*	*2*	*101*	*76*	-	*177*
Single girls								
Nepal Makwa.	-	-	--	--	5/10	6/6	-	68.8
Total N								
Nepal Makwa.	-	-	--	--	*10*	*6*	-	*16*

Table A4.12: IND12.2 Mean degree of girls accessing SRHR services with positive perception [scale 0-3]

IND 12.2 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	-	-	2.7	2.5	2.9	2.8	-	2.9
Ghana	-	-	2.9	3.0	3.0	3.0	-	3.0
Uganda	-	-	2.7	2.9	2.8	2.8	-	2.8-
Total N								
Ethiopia	-	-	*32*	*15*	*69*	*33*	-	*102*
Ghana	-	-	*19*	*8*	*10*	*27*	-	*37*
Uganda	-	-	*42*	*44*	*74*	*61*	-	*135*
Married girls								
Ethiopia	-	-	3.0	0	0	3.0	-	3.0
Ghana	-	-	3.0	0	3.0	3.0	-	3.0
Uganda	-	-	3.0	3.0	3.0	2.5	-	2.8
Total N								
Ethiopia	-	-	*2*	*0*	*1*	*2*	-	*3*
Ghana	-	-	*1*	*0*	*1*	*2*	-	*3*
Uganda	-	-	*2*	*2*	*8*	*2*	-	*10*

IND 12.2 : Anglophone African countries, by regions								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	-	-	2.7	2.3	3.0	3.0	-	3.0
Ethiopia R2	-	-	2.8	2.6	2.8	2.8	-	2.8
Ethiopia R3	-	-	2.3	2.5	3.0	3.0	-	3.0
Total N								
Ethiopia R1	-	-	*21*	*4*	*7*	*6*	-	*13*
Ethiopia R2	-	-	*8*	*9*	*32*	*28*	-	*60*
Ethiopia R3	-	-	*3*	*2*	*29*	*0*	-	*29*

IND 12.2 : Francophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	-	-	3.0	3.0	3.0	2.8	-	2.9
Burkina Faso	-	-	2.7	2.5	2.9	2.9	-	2.9
Mali	-	-	2.9	2.5	3.0	3.0	-	3.0
SE Tambac.	-	-	1.6	2.3	3.0	3.0	-	3.0
Total N								
Benin	-	-	*7*	*3*	*42*	*12*	-	*54*
Burkina Faso	-	-	*28*	*20*	*51*	*58*	-	*109*
Mali	-	-	*91*	*26*	*294*	*322*	-	*616*
SE Tambac.	-	-	*3*	*6*	*3*	*7*	-	*10*
Married girls								
Benin	-	-	3.0	3.0	2.5	3.0	-	2.8
Burkina Faso	-	-	3.0	0	3.0	0	-	3.0
Mali	-	-	2.8	2.6	3.0	3.0	-	3.0
SE Tambac.	-	-	2.0	0	3.0	3.0	-	3.0
Total N								
Benin	-	-	*5*	*11*	*8*	*12*	-	*20*
Burkina Faso	-	-	*7*	*0*	*4*	*0*	-	*4*
Mali	-	-	*26*	*25*	*1*	*9*	-	*10*
SE Tambac.	-	-	*5*	*5*	*3*	*4*	-	*7*

IND 12.2 : Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	-	-	3.0	2.6	2.9	3.0	-	2.9
BF R2	-	-	2.8	2.3	3.0	2.9	-	2.9
BF R3	-	-	2.6	2.2	2.6	2.9	-	2.7
Total N								
BF R1	-	-	*8*	*12*	*37*	*42*	-	*79*
BF R2	-	-	*8*	*3*	*7*	*8*	-	*15*
BF R3	-	-	*12*	*5*	*7*	*8*	-	*15*
Single girls								
Mali R1	-	-	2.8	2.4	3.0	2.9	-	3.0
Mali R2	-	-	3.0	3.0	2.9	3.0	-	2.9
Mali R3	-	-	2.9	3.0	3.0	3.0	-	3.0
Total N								
Mali R1	-	-	*51*	*19*	*84*	*122*	-	*206*
Mali R2	-	-	*15*	*5*	*90*	*61*	-	*151*
Mali R3	-	-	*25*	*2*	*120*	*139*	-	*259*
Single girls								
SE (Kolda)	-	-	2.9	3.0	3.0	2.8	-	2.9
SE (Sedhiou)	-	-	0	0	3.0	2.9	-	2.9
Total N								
SE R1 (Kolda)	-	-	*21*	*11*	*12*	*17*	-	*29*
SE R2 (Sedhiou)	-	-	*0*	*0*	*48*	*10*	-	*58*

IND 12.2 : Asian countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangladesh	-	-	2.2	2.4	2.8	2.8	-	2.8
Nepal	-	-	3.0	1.5	2.9	1.4	-	2.2
Pakistan	-	-	2.6	2.9	2.9	2.9	-	2.9
Total N								
Bangladesh	-	-	*47*	*10*	*150*	*123*	-	*273*
Nepal	-	-	*4*	*2*	*15*	*8*	-	*23*
Pakistan	-	-	*27*	*26*	*73*	*48*	-	*121*
Married girls								
Bangladesh	-	-	2.1	2.6	3.0	2.7	-	2.9
Nepal	-	-	3.0	3.0	0	0	-	0
Pakistan	-	-	2.5	2.9	3.0	3.0	-	3.0
Total N								
Bangladesh	-	-	*9*	*9*	*5*	*17*	-	*22*
Nepal	-	-	*13*	*16*	*0*	*0*	-	*0*
Pakistan	-	-	*11*	*19*	*4*	*8*	-	*12*

IND 12.2 : Asian countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangla R1	-	-	2.7	2.5	3.0	3.0	-	3.0
Bangla R2	-	-	2.1	2.0	2.7	2.7	-	2.7
Total N								
Bangla R1	-	-	*9*	*8*	*49*	*47*	-	*96*
Bangla R2	-	-	*38*	*2*	*101*	*76*	-	*177*
Single girls								
Nepal Makwa.	-	-	--	--	2.4	3.0	-	2.7
Total N								
Nepal Makwa.	-	-	--	--	*10*	*6*	-	*16*

INDICATORS STRATEGY V: MOBILIZE COMMUNITIES TO TRANSFORM SOCIAL NORMS THAT ARE DETRIMENTAL TO ACHIEVING GENDER EQUALITY

Table A4.13 : IND15.1 Share of girls who feel they can consult a source on SRHR issues (%)

IND 15.1 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	39.1	30.3	67.7	45.4	86.3	73.4	34.7	79.8
Ghana	75.0	71.2	84.5	77.9	91.5	88.5	73.1	90.0
Uganda	79.5	88.7	78.3	76.0	80.0	83.6	84.1	81.8
Total N								
Ethiopia	*374*	*357*	*368*	*370*	*372*	*376*	*731*	*748*
Ghana	*133*	*125*	*142*	*136*	*142*	*139*	*258*	*281*
Uganda	*161*	*159*	*217*	*179*	*190*	*152*	*320*	*342*
Married girls								
Ethiopia	3/7	1/4	2/3	0	1/1	2/2	4/11	3/3
Ghana	2/2	5/5	1/1	1/1	1/1	2/2	7/7	3/3
Uganda	5/8	1/1	2/3	3/3	6/8	2/2	6/9	8/10
Total N								
Ethiopia	*7*	*4*	*3*	*0*	*1*	*2*	*11*	*3*
Ghana	*2*	*5*	*1*	*2*	*1*	*2*	*7*	*3*
Uganda	*6*	*1*	*3*	*3*	*8*	*2*	*7*	*10*

IND 15.1 : Anglophone African countries Anglophone African countries, by regions								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	46.5	34.5	85.4	55.0	78.0	83.2	34.5	55.0
Ethiopia R2	38.2	27.7	59.0	35.2	91.1	86.4	27.7	35.2
Ethiopia R3	25.4	26.8	48.7	46.1	88.2	27.6	26.8	46.1
Total N								
Ethiopia R1	*149*	*140*	*149*	*149*	*117*	*125*	*289*	*242*
Ethiopia R2	*158*	*137*	*143*	*145*	*179*	*175*	*295*	*354*
Ethiopia R3	*66*	*80*	*76*	*76*	*76*	*76*	*146*	*152*

IND 15.1 : Francophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	71.9	73.6	82.9	80.5	86.8	71.3	72.7	79.1
Burkina Faso	61.8	51.6	70.6	53.3	76.6	79.0	56.7	77.8
Mali	32.7	31.7	76.1	49.3	95.7	97.4	32.2	96.5
SE Tambac.	60.8	44.7	50.7	41.4	51.4	31.9	52.8	41.6
Total N								
Benin	*136*	*132*	*152*	*149*	*159*	*157*	*268*	*316*
Burkina Faso	*431*	*478*	*471*	*459*	*458*	*444*	*909*	*902*
Mali	*398*	*390*	*502*	*495*	*553*	*537*	*788*	*1090*
SE Tambac.	*69*	*68*	*71*	*70*	*74*	*72*	*137*	*146*
Married girls								
Benin	84.6	88.9	5/5	10/11	3/8	58.3	86.8	47.9
Burkina Faso	63.3	53.8	6/7	0	4/4	0	58.6	100.0
Mali	33.9	54.7	85.5	68.9	1/1	7/9	44.3	8/10
SE Tambac.	2/3	4/6	4/5	1/5	1/3	1/4	6/9	2/7
Total N								
Benin	*14*	*18*	*5*	*11*	*8*	*12*	*32*	*20*
Burkina Faso	*31*	*27*	*7*	*0*	*4*	*0*	*58*	*4*
Mali	*62*	*64*	*55*	*61*	*1*	*9*	*126*	*10*
SE Tambac.	*3*	*6*	*5*	*5*	*3*	*4*	*9*	*7*

IND 15.1 : Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	59.2	46.6	82.9	58.8	92.4	92.1	52.9	92.2
BF R2	65.9	43.6	71.1	47.4	66.0	70.4	54.7	68.2
BF R3	60.8	65.6	58.1	53.2	72.2	74.8	63.2	73.5
Total N								
BF R1	*131*	*164*	*165*	*152*	*151*	*143*	*295*	*294*
BF R2	*164*	*161*	*152*	*155*	*152*	*139*	*325*	*291*
BF R3	*136*	*153*	*154*	*152*	*155*	*162*	*289*	*317*
Single girls								
Mali R1	29.7	29.5	80.8	39.0	91.9	95.1	29.6	93.5
Mali R2	37.3	45.3	70.3	52.1	98.1	98.6	41.3	98.4
Mali R3	33.8	30.8	77.0	71.9	98.8	99.3	32.3	99.1
Total N								
Mali R1	*202*	*206*	*230*	*234*	*235*	*241*	*408*	*476*
Mali R2	*121*	*110*	*130*	*108*	*154*	*241*	*231*	*297*
Mali R3	*121*	*74*	*142*	*153*	*164*	*241*	*195*	*317*
Single girls								
SE (Kolda)	58.7	50.0	89.7	83.9	80.7	3.3	54.3	42.0
SE (Sedhiou)	--	--	62.0	40.3	84.6	40.3	--	62.5
Total N								
SE (Kolda)	*46*	*52*	*58*	*62*	*57*	*61*	*98*	*118*
SE (Sedhiou)	--	--	*71*	*72*	*65*	*67*	*0*	*132*

IND 15.1 : Asian countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangladesh	80.0	64.2	87.3	75.8	97.4	87.4	72.1	92.4
Nepal	68.4	47.7	91.7	75.2	97.0	98.0	58.1	97.5
Pakistan	58.3	60.0	67.6	54.2	82.6	84.1	59.2	83.3
Total N								
Bangladesh	*286*	*266*	*275*	*264*	*304*	*285*	*552*	*589*
Nepal	*76*	*65*	*126*	*133*	*100*	*100*	*141*	*200*
Pakistan	*96*	*105*	*139*	*120*	*149*	*126*	*201*	*275*
Married girls								
Bangladesh	84.2	69.7	84.0	69.4	5/5	100	77.0	100
Nepal	83.3	57.1	100	100	1/1	0	70.2	1/1
Pakistan	51.9	57.1	66.7	57.6	4/5	92.3	54.5	86.2
Total N								
Bangladesh	*19*	*33*	*25*	*36*	*5*	*20*	*52*	*25*
Nepal	*24*	*35*	*13*	*16*	*1*	*0*	*59*	*1*
Pakistan	*54*	*49*	*15*	*33*	*5*	*14*	*103*	*19*

IND 15.1 : Asian countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangla R1	79.3	67.8	81.3	76.7	95.4	89.6	73.5	92.5
Bangla R2	81.2	61.6	92.7	73.3	99.4	86.8	71.4	93.1
Total N								
Bangla R1	*144*	*131*	*141*	*144*	*152*	*147*	*275*	*299*
Bangla R2	*142*	*135*	*134*	*120*	*152*	*138*	*277*	*290*
Single girls								
Nepal Makwa.	72.0	67.4	--	--	96.0	98.0	69.7	97.0
Total N								
Nepal Makwa.	*50*	*46*	*0*	*0*	*50*	*50*	*96*	*100*

Table A4.14: IND15.2 Share of single girls who feel supported in decision making on child marriage (%)

IND15.2 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	59.2	44.4	78.1	54.4	87.9	87.0	51.9	87.4
Ghana	91.7	84.9	86.5	82.8	98.6	92.8	88.3	95.7
Uganda	68.7	83.6	74.4	72.7	73.7	86.8	76.1	79.5
Total N								
Ethiopia	*358*	*347*	*356*	*364*	*372*	*376*	*705*	*748*
Ghana	*120*	*119*	*141*	*134*	*142*	*139*	*239*	*281*
Uganda	*147*	*146*	*121*	*150*	*190*	*152*	*293*	*342*

IND15.2 : Anglophone African countries, by regions								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	67.8	45.5	82.9	63.9	92.5	92.2	56.7	92.4
Ethiopia R2	55.7	49.6	74.6	61.0	86.0	88.4	52.7	87.2
Ethiopia R3	48.5	33.3	75.0	23.7	82.9	73.7	40.9	78.3
Total N								
Ethiopia R1	*143*	*134*	*146*	*147*	*146*	*153*	*277*	*299*
Ethiopia R2	*149*	*135*	*142*	*141*	*150*	*147*	*284*	*297*
Ethiopia R3	*66*	*78*	*68*	*76*	*76*	*76*	*144*	*152*

IND15.2 : Francophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	62.2	61.5	86.7	81.2	91.2	75.8	61.9	83.5
Burkina Faso	72.4	62.9	73.1	65.4	85.4	84.3	67.9	84.8
Mali	38.8	40.2	56.0	25.2	96.7	96.5	39.5	96.6
SE Tambac.	74.2	62.3	57.8	48.5	56.8	47.2	69.2	52.1
Total N								
Benin	*135*	*122*	*150*	*149*	*159*	*157*	*257*	*316*
Burkina Faso	*467*	*420*	*450*	*454*	*444*	*458*	*887*	*902*
Mali	*392*	*388*	*484*	*481*	*553*	*537*	*780*	*1090*
SE Tambac.	*69*	*68*	*64*	*66*	*74*	*72*	*137*	*146*

IND15.2 : Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	69.1	60.5	80.9	67.1	98.6	95.4	64.8	97
BF R2	70.1	65.2	80.1	70.5	68.3	70.4	67.7	69.4
BF R3	78.1	62.4	57.8	58.9	88.3	87.1	70.3	87.7
Total N								
BF R1	*162*	*129*	*152*	*164*	*143*	*151*	*291*	*294*
BF R2	*154*	*158*	*151*	*139*	*139*	*152*	*312*	*291*
BF R3	*151*	*133*	*147*	*151*	*162*	*155*	*184*	*317*
Single girls								
Mali R1	42.9	43.2	51.6	20.1	93.2	93.8	43.1	93.5
Mali R2	43.3	52.8	59.8	31.4	99.4	98.6	48.1	99.0
Mali R3	20.3	13.5	59.6	28.3	99.4	98.7	16.9	99.1
Total N								
Mali R1	*198*	*206*	*221*	*224*	*235*	*241*	*404*	*476*
Mali R2	*120*	*108*	*127*	*105*	*154*	*143*	*228*	*297*
Mali R3	*74*	*74*	*136*	*152*	*164*	*153*	*148*	*317*
Single girls								
SE (Kolda)	69.6	76.9	42.1	8.2	45.6	3.3	73.3	23.7
SE (Sedhiou)	--	--	84.5	63.9	90.8	40.3	--	65.2
Total N								
SE (Kolda)	*46*	*52*	*58*	*62*	*57*	*61*	*98*	*118*
SE (Sedhiou)	--	--	*71*	*72*	*65*	*67*	--	*132*

IND15.2 : Asian countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangladesh	67.5	58.9	68.3	47.1	95.1	80.7	63.2	87.9
Nepal	69.3	13.8	58.7	54.1	82.0	73.0	41.6	77.5
Pakistan	14.9	20.2	16.5	17.7	70.2	69.0	17.6	69.6
Total N								
Bangladesh	*283*	*265*	*259*	*255*	*304*	*285*	*548*	*589*
Nepal	*75*	*65*	*126*	*133*	*100*	*100*	*140*	*200*
Pakistan	*94*	*104*	*127*	*113*	*151*	*129*	*198*	*280*

IND15.2 : Asian countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangla R1	67.1	57.3	75.7	61.3	94.7	87.1	62.2	90.9
Bangla R2	67.9	60.4	60.2	30.5	95.4	73.9	64.2	84.7
Total N								
Bangla R1	*143*	*131*	*136*	*137*	*152*	*147*	*274*	*299*
Banglad R2	*140*	*134*	*123*	*118*	*152*	*138*	*274*	*290*
Single girls								
Nepal Makwa.	92.0	84.7	--	--	98.0	92.0	88.4	95.0
Total N								
Nepal Makwa.	*50*	*46*	--	--	*50*	*50*	*96*	*100*

INDICATORS STRATEGY VI: CREATE AN ENABLING LEGAL AND POLICY ENVIRONMENT ON PREVENTING CHILD MARRIAGE

Table A4.15: IND16.1 Share of girls who know about protective laws on child marriage (%)

IND16.1 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	42.0	42.6	71.7	51.4	90.1	88.8	42.3	89.4
Ghana	24.0	38.2	51.4	15.4	96.5	89.2	31.1	92.8
Uganda	54.8	57.8	61.1	57.6	72.6	81.6	56.3	77.1
Total N								
Ethiopia	*374*	*357*	*368*	*370*	*372*	*376*	*731*	*748*
Ghana	*133*	*125*	*142*	*136*	*142*	*139*	*258*	*281*
Uganda	*161*	*159*	*217*	*179*	*190*	*152*	*320*	*342*
Married girls								
Ethiopia	3/7	1/4	1/3	0	1/1	2/2	4/11	3/3
Ghana	0/2	5/5	0/1	0/2	1/1	2/2	5/7	3/3
Uganda	4/6	0/1	2/3	2/3	6/8	1/2	4/7	7/10
Total N								
Ethiopia	*7*	*4*	*3*	*0*	*1*	*2*	*11*	*3*
Ghana	*2*	*5*	*1*	*2*	*1*	*2*	*7*	*3*
Uganda	*6*	*1*	*3*	*3*	*8*	*2*	*7*	*10*

IND16.1 : Anglophone African countries, by regions								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	54.2	50.0	73.5	50.3	89.0	92.8	52.1	90.9
Ethiopia R2	43.7	32.1	68.1	47.6	87.7	85.9	37.9	86.8
Ethiopia R3	10.4	46.3	73.7	60.5	97.4	89.5	28.4	93.4
Total N								
Ethiopia R1	*149*	*140*	*149*	*149*	*117*	*125*	*289*	*242*
Ethiopia R2	*158*	*137*	*143*	*145*	*179*	*175*	*295*	*354*
Ethiopia R3	*66*	*80*	*76*	*76*	*76*	*76*	*146*	*152*

IND16.1 : Francophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	42.0	38.7	48.7	30.9	75.5	66.2	40.3	70.9
Burkina Faso	36.5	27.8	57.1	34.8	77.9	78.2	32.2	78.0
Mali	9.8	10.5	54.6	8.7	93.7	97.6	10.2	95.6
SE Tambac.	25.0	16.7	39.4	30.0	55.4	38.9	20.1	47.1
Total N								
Benin	*136*	*132*	*152*	*149*	*159*	*157*	*268*	*316*
Burkina Faso	*431*	*478*	*471*	*459*	*458*	*444*	*909*	*902*
Mali	*398*	*390*	*502*	*495*	*553*	*537*	*788*	*1090*
SE Tambac.	*69*	*68*	*71*	*70*	*74*	*72*	*137*	*146*
Married girls								
Benin	0.0	0.0	3/5	3/11	3/8	7/12	0.0	47.9
Burkina Faso	36.7	7.4	5/7	*0*	4/4	*0*	22.0	4/4
Mali	6.5	9.4	40.0	14.8	1/1	7/9	8.2	8/10
SE Tambac.	2/3	*4/6*	3/5	0/5	1/3	1/4	6/9	2/7
Total N								
Benin	*14*	*18*	*5*	*11*	*8*	*12*	*32*	*20*
Burkina Faso	*31*	*27*	*7*	*0*	*4*	*0*	*58*	*4*
Mali	*62*	*64*	*55*	*61*	*1*	*9*	*126*	*10*
SE Tambac.	*3*	*6*	*5*	*5*	*3*	*4*	*9*	*7*

IND16.1 : Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	32.5	23.7	68.4	37.0	82.1	81.5	28.1	81.8
BF R2	32.9	27.2	63.5	43.4	68.8	73.7	30.1	71.2
BF R3	43.9	28.5	40.0	24.0	82.7	79.4	36.2	81.0
Total N								
BF R1	*131*	*164*	*165*	*152*	*151*	*143*	*295*	*294*
BF R2	*164*	*161*	*152*	*155*	*152*	*139*	*325*	*291*
BF R3	*136*	*153*	*154*	*152*	*155*	*162*	*289*	*317*
Single girls								
Mali R1	10.8	13.8	54.4	14.3	90.2	96.7	12.3	93.5
Mali R2	12.0	10.7	48.0	6.9	98.1	99.3	11.3	98.7
Mali R3	0.0	0.0	56.1	3.3	94.5	96.1	0.0	95.3
Total N								
Mali R1	*202*	*206*	*230*	*234*	*235*	*241*	*408*	*476*
Mali R2	*121*	*110*	*130*	*108*	*154*	*241*	*231*	*297*
Mali R3	*121*	*74*	*142*	*153*	*164*	*241*	*195*	*317*
Single girls								
SE (Kolda)	34.7	36.5	94.8	46.8	93.0	8.2	35.6	50.6
SE (Sedhiou)	--	--	59.2	52.8	87.7	79.1	--	83.4
Total N								
SE (Kolda)	*46*	*52*	*58*	*62*	*57*	*61*	*98*	*118*
SE (Sedhiou)	--	--	*71*	*72*	*65*	*67*	*0*	*132*

IND16.1 : Asian countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangladesh	90.2	84.2	91.3	73.9	99.0	97.5	87.2	98.3
Nepal	22.4	27.7	92.1	67.7	96.0	89.9	25.0	92.9
Pakistan	2.1	11.4	51.8	21.7	83.7	75.4	6.8	79.5
Total N								
Bangladesh	*286*	*266*	*275*	*264*	*304*	*285*	*552*	*589*
Nepal	*76*	*65*	*126*	*133*	*100*	*100*	*141*	*200*
Pakistan	*96*	*105*	*139*	*120*	*149*	*126*	*201*	*275*
Married girls								
Bangladesh	100	90.9	100	66.7	5/5	100	95.5	100
Nepal	45.8	31.4	100	100	0/1	0	38.6	0/1
Pakistan	0.0	2.0	40.0	12.1	5/5	76.9	1.0	88.5
Total N								
Bangladesh	*19*	*33*	*25*	*36*	*5*	*20*	*52*	*25*
Nepal	*24*	*35*	*13*	*16*	*1*	*0*	*59*	*1*
Pakistan	*54*	*49*	*15*	*33*	*5*	*14*	*103*	*19*

IND16.1 : Asian countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangla R1	91.3	76.3	92.7	73.3	98.0	97.4	83.8	97.7
Bangla R2	90.3	93.9	91.3	72.7	100	98.0	92.1	99.0
Total N								
Bangla *R1*	*144*	*131*	*141*	*144*	*152*	*147*	*275*	*299*
Bangla *R2*	*142*	*135*	*134*	*120*	*152*	*138*	*277*	*290*
Single girls								
Nepal Makwa.	36.0	32.6	--	--	96.0	98.0	34.3	97.0
Total N								
Nepal Makwa.	*50*	*46*	--	--	*50*	*50*	*96*	*100*

Table A4.16: IND16.2 Share of girls who know about protective laws on FGM/C (%)

IND16.2 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	52.1	51.0	59.5	50.3	85.8	84.0	51.6	84.9
Ghana	15.2	11.5	15.5	8.8	62.7	54.7	13.3	58.7
Uganda	8.3	1.9	5.6	0.0	9.5	7.9	5.1	8.7
Total N								
Ethiopia	*374*	*357*	*368*	*370*	*372*	*376*	*731*	*748*
Ghana	*133*	*125*	*142*	*136*	*142*	*139*	*258*	*281*
Uganda	*161*	*159*	*217*	*179*	*190*	*152*	*320*	*342*
Married girls								
Ethiopia	0.0	50.0	66.7		100	100	25.0	100
Ghana	0.0	40.0	0.0	0.0	0.0	50.0	20.0	25.0
Uganda	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total N								
Ethiopia	*7*	*4*	*3*	*0*	*1*	*2*	*11*	*3*
Ghana	*2*	*5*	*1*	*2*	*1*	*2*	*7*	*3*
Uganda	*6*	*1*	*3*	*3*	*8*	*2*	*7*	*10*

IND16.2 : Anglophone African countries, by regions								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	41.3	42.3	60.9	31.5	68.6	60.0	41.8	64.3
Ethiopia R2	70.9	58.4	73.6	63.4	91.6	95.5	64.6	93.6
Ethiopia R3	28.4	53.7	30.3	61.8	98.7	97.4	41.0	98.0
Total N								
Ethiopia R1	*149*	*140*	*149*	*149*	*117*	*125*	*289*	*242*
Ethiopia R2	*158*	*137*	*143*	*145*	*179*	*175*	*295*	*354*
Ethiopia R3	*66*	*80*	*76*	*76*	*76*	*76*	*146*	*152*

IND16.2 : Francophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	0.0	24.5	18.4	7.4	62.3	49.7	12.3	56.0
Burkina Faso	45.1	39.2	54.7	41.2	71.6	67.2	42.1	69.4
Mali	5.2	4.4	4.8	3.8	10.8	1.9	4.8	6.4
SE Tambac.	40.6	30.1	38.0	52.9	62.2	41.7	35.4	51.9
Total N								
Benin	*136*	*132*	*152*	*149*	*159*	*157*	*268*	*316*
Burkina Faso	*431*	*478*	*471*	*459*	*458*	*444*	*909*	*902*
Mali	*398*	*390*	*502*	*495*	*553*	*537*	*788*	*1090*
SE Tambac.	*69*	*68*	*71*	*70*	*74*	*72*	*137*	*146*
Married girls								
Benin	0	12.5	40.0	0.0	87.5	66.7	12.5	77.1
Burkina Faso	46.7	30.8	57.1	0	100.0	0	38.7	100.0
Mali	8.1	3.1	5.5	6.6	0/1	0/9	5.6	0/10
SE Tambac.	1/3	3/6	2/5	1/5	1/3	3/4	4/9	4/7
Total N								
Benin	*14*	*18*	*5*	*11*	*8*	*12*	*32*	*20*
Burkina Faso	*31*	*27*	*7*	*0*	*4*	*0*	*58*	*4*
Mali	*62*	*64*	*55*	*61*	*1*	*9*	*126*	*10*
SE Tambac.	*3*	*6*	*5*	*5*	*3*	*4*	*9*	*7*

IND16.2 : Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	37.1	35.1	56.6	38.8	72.4	72.8	36.1	72.6
BF R2	47.6	34.1	66.0	48.0	56.7	61.2	40.8	59.0
BF R3	50.9	47.0	41.3	37.0	84.6	67.7	48.9	76.2
Total N								
BF R1	*131*	*164*	*165*	*152*	*151*	*143*	*295*	*294*
BF R2	*164*	*161*	*152*	*155*	*152*	*139*	*325*	*291*
BF R3	*136*	*153*	*154*	*152*	*155*	*162*	*289*	*317*
Single girls								
Mali R1	5.3	6.3	0.8	3.9	3.0	0.8	5.8	1.9
Mali R2	8.7	2.0	15.5	9.0	29.0	1.4	5.3	15.2
Mali R3	0.0	2.6	1.4	0.0	4.9	3.9	1.3	4.4
Total N								
Mali R1	*202*	*206*	*230*	*234*	*235*	*241*	*408*	*476*
Mali R2	*121*	*110*	*130*	*108*	*154*	*241*	*231*	*297*
Mali R3	*121*	*74*	*142*	*153*	*164*	*241*	*195*	*317*
Single girls								
SE Kolda)	54.4	26.9	86.2	22.6	92.8	19.7	40.7	56.3
SE (Sedhiou)	--	--	71.3	55.6	80.0	70.2	--	75.1
Total N								
SE (Kolda)	*46*	*52*	*58*	*62*	*57*	*61*	*98*	*118*
SE(Sedhiou)	--	--	*71*	*72*	*65*	*67*	--	*132*

IMPACT INDICATORS: GIRLS' DECISION MAKING POWER AND RATES OF CHILD MARRIAGE AND FGM

Table A4.17: IND1.1 Share of single girls who feel they can exercise control over if, when and whom to marry (%)

IND1.1 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	33.6	37.3	61.5	45.1	79.4	77.8	35.8	78.9
Ghana	39.9	39.2	67.6	63.2	93.0	89.2	39.5	91.1
Uganda	--	--	27.3	29.7	47.0	55.2	--	51.1
Total N								
Ethiopia	*373*	*358*	*368*	*370*	*373*	*376*	*731*	*748*
Ghana	*133*	*125*	*142*	*136*	*142*	*139*	*258*	*281*
Uganda	*161*	*159*	*217*	*179*	*190*	*152*	*320*	*342*

IND1.1 : Anglophone African countries, by regions								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	26.8	25.5	53.7	34.9	73.7	77.6	26.2	75.7
Ethiopia R2	44.9	37.2	65.7	49.0	79.3	82.5	41.1	80.9
Ethiopia R3	25.8	58.8	71.1	57.9	88.2	67.1	42.3	77.7
Total N								
Ethiopia R1	*149*	*141*	*149*	*149*	*146*	*153*	*289*	*242*
Ethiopia R2	*158*	*137*	*143*	*145*	*150*	*147*	*295*	*354*
Ethiopia R3	*66*	*80*	*76*	*76*	*76*	*76*	*146*	*152*

IND1.1 : Francophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	--		65.0	58.8	61.7	42.0	--	51.9
Burkina Faso	--	--	42.0	36.7	68.3	67.5	22.0	67.9
Mali	7.3	11.0	35.5	2.2	89.0	84.5	9.2	86.8
SE Tambac.	8.8	11.6	47.9	57.1	79.7	45.8	10.2	62.8
Total N								
Benin	*136*	*132*	*152*	*149*	*159*	*157*	*268*	*316*
Burkina Faso	*478*	*431*	*471*	*459*	*444*	*458*	*909*	*902*
Mali	*398*	*390*	*502*	*495*	*553*	*537*	*788*	*1090*
SE Tambac.	*68*	*69*	*71*	*70*	*74*	*72*	*137*	*146*

IND1.1 : Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	17.7	15.3	52.6	53.9	81.1	75.5	16.5	78.3
BF R2	35.4	26.2	37.4	21.7	64.0	53.9	30.8	59.0
BF R3	19.0	15.4	36.2	33.1	61.1	72.9	17.2	67
Total N								
BF R1	*164*	*131*	*152*	*165*	*143*	*151*	*295*	*294*
BF R2	*161*	*164*	*155*	*152*	*139*	*152*	*325*	*291*
BF R3	*153*	*136*	*152*	*154*	*162*	*155*	*289*	*317*
Single girls								
Mali R1	10.4	18.9	37.8	2.1	81.3	68.9	14.7	75.1
Mali R2	6.6	3.6	33.8	1.9	94.8	96.5	5.1	95.7
Mali R3	0	0	33.1	2.6	94.5	98.0	0	96.3
Total N								
Mali R1	*202*	*206*	*230*	*234*	*235*	*241*	*408*	*476*
Mali R2	*121*	*110*	*130*	*108*	*154*	*143*	*231*	*297*
Mali R3	*75*	*74*	*142*	*153*	*164*	*153*	*149*	*317*
Single girls								
SE (Kolda)	13.0	15.1	5.2	1.6	8.8	0	14.1	4.4
SE (Sedhiou)	--	--	25.4	2.8	47.7	25.4	--	36.4
Total N								
SE (Kolda)	*46*	*52*	*58*	*62*	*57*	*61*	*98*	*118*
SE (Sedhiou)	--	--	*71*	*72*	*65*	*67*	--	*132*

IND1.1 : Asian countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangladesh	8.7	3.8	17.1	3.8	53.1	27.9	6.3	42.1
Nepal	0	0	7.1	3.7	37.4	20.0	0	28.6
Pakistan	2.1	0	4.3	5.0	2.0	2.3	1.0	2.1
Total N								
Bangladesh	*286*	*266*	*275*	*264*	*304*	*285*	*552*	*589*
Nepal	*76*	*65*	*126*	*133*	*100*	*100*	*141*	*200*
Pakistan	*96*	*105*	*139*	*120*	*151*	*129*	*201*	*280*

IND1.1 : Asian countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangla R1	8.3	1.5	2.8	1.4	30.3	14.3	4.9	22.3
Bangla R2	9.2	5.9	32.1	6.7	77.6	45.7	7.6	61.7
Total N								
Bangla *R1*	*144*	*131*	*141*	*144*	*152*	*147*	*275*	*299*
Bangla *R2*	*142*	*135*	*134*	*120*	*152*	*138*	*277*	*290*
Single girls								
Nepal Makwa.	12.0	26.0	--	--	26.0	62.0	19.0	44.0
Total N								
Nepal Makwa.	*50*	*46*	--	--	*50*	*50*	*96*	*100*

Table A4.18 : IND1.2 Mean degree of control of single girls over the decision when and who to marry (range 0-3)

IND1.2 : Anglophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	1.7	1.7	2.3	1.9	2.7	2.6	1.7	2.7
Ghana	1.9	1.9	2.5	2.4	2.9	2.8	1.9	2.9
Uganda	1.0	1.0	1.6	1.7	2.1	2.3	1.0	2.2
Total N								
Ethiopia	*374*	*357*	*368*	*370*	*372*	*376*	*731*	*748*
Ghana	*133*	*125*	*142*	*136*	*142*	*139*	*258*	*281*
Uganda	*161*	*159*	*217*	*179*	*190*	*152*	*320*	*342*

IND1.2 :Anglophone African countries, by regions								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia R1	1.4	1.4	2.1	1.6	2.6	2.6	1.4	2.6
Ethiopia R2	1.9	1.6	2.4	2.0	2.7	2.7	1.8	2.7
Ethiopia R3	2.0	2.3	2.4	2.2	2.9	2.4	2.1	2.7
Total N								
Ethiopia R1	*158*	*137*	*143*	*145*	*150*	*147*	*295*	*354*
Ethiopia R2	*66*	*80*	*76*	*76*	*76*	*76*	*146*	*152*
Ethiopia R3	*149*	*141*	*149*	*149*	*146*	*153*	*289*	*242*

IND1.2 : Francophone African countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	1.2	1.1	2.4	2.2	2.3	1.9	1.2	2.1
Burkina Faso	1.6	1.3	2.0	1.8	2.6	2.5	1.5	2.5
Mali	0.5	0.7	1.5	0.3	2.8	2.7	0.6	2.8
SE Tambac.	1.3	1.3	2.0	2.1	2.7	2.2	1.3	2.4
Total N								
Benin	*136*	*132*	*152*	*149*	*159*	*157*	*268*	*316*
Burkina Faso	*478*	*431*	*471*	*459*	*444*	*458*	*909*	*902*
Mali	*398*	*390*	*502*	*495*	*553*	*537*	*788*	*1090*
SE Tambac.	*68*	*69*	*71*	*70*	*74*	*72*	*137*	*146*

IND1.2 : Francophone African countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
BF R1	1.5	1.5	2.3	2.1	2.7	2.6	1.5	2.7
BF R2	1.6	1.4	1.9	1.5	2.5	2.1	1.5	2.3
BF R3	1.5	1.1	1.7	1.9	2.5	2.6	1.3	2.6
Total N								
BF R1	*161*	*164*	*155*	*152*	*139*	*152*	*325*	*291*
BF R2	*153*	*136*	*152*	*154*	*162*	*155*	*289*	*317*
BF R3	*164*	*131*	*152*	*165*	*143*	*151*	*295*	*294*
Single girls								
Mali R1	0.5	0.8	1.4	0.4	2.6	2.4	0.7	2.5
Mali R2	0.4	0.4	1.3	0.1	2.9	2.9	0.4	2.9
Mali R3	0.1	0.2	1.4	0.2	2.9	3.0	0.1	3.0
Total N								
Mali R1	*202*	*206*	*230*	*234*	*235*	*241*	*408*	*476*
Mali R2	*121*	*110*	*130*	*108*	*154*	*143*	*231*	*297*
Mali R3	*75*	*74*	*142*	*153*	*164*	*153*	*149*	*317*
Single girls								
SE (Kolda)	1.3	1.5	0.5	0.7	1.2	0.4	1.4	0.8
SE (Sedhiou)	--	--	2.1	1.6	2.4	2.2	--	2.3
Total N								
SE (Kolda)	*46*	*52*	*58*	*62*	*57*	*61*	*98*	*118*
SE (Sedhiou)	--	--	*71*	*72*	*65*	*67*	--	*132*

IND1.2 : Asian countries								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangladesh	0.8	0.7	1.0	0.5	2.2	1.6	0.8	1.9
Nepal	0.4	0.4	0.7	0.6	1.6	1.3	0.4	1.4
Pakistan	0.2	0.2	0.3	0.3	0.4	0.3	0.2	0.4
Total N								
Bangladesh	*286*	*266*	*275*	*264*	*304*	*285*	*552*	*589*
Nepal	*76*	*65*	*126*	*133*	*100*	*100*	*141*	*200*
Pakistan	*96*	*105*	*139*	*120*	*149*	*126*	*201*	*275*

IND1.2 :Asian countries, by region								
	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Bangla R1	0.7	0.3	0.7	0.5	1.7	1.2	0.5	1.5
Bangla R2	0.8	0.9	1.1	0.5	2.6	1.9	0.9	2.2
Total N								
Bangla *R1*	*144*	*131*	*141*	*144*	*152*	*147*	*275*	*299*
Bangla *R2*	*142*	*135*	*134*	*120*	*152*	*138*	*277*	*290*
Single girls								
Nepal Makwa.	*1.6*	*1.7*	--	--	*1.5*	*2.3*	*1.6*	*1.9*
Total N								
Nepal Makwa.	*50*	*46*	--	--	*50*	*50*	*96*	*100*

Table A4.19: IND4 Share of 17 year old girls who are currently married or in union (%)

	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Ethiopia	5.4	5.6	4.7	0	2.1	3.0	5.5	2.5
Ghana	7.7	17.4	5.6	5.0	12.5	3.3	12.2	7.4
Uganda	12.5	3.0	0	2.9	14.3	3.2	7.7	9.1
Benin	25.7	30.6	15.2	27.6	15.8	26.3	28.2	21.1
Burkina Faso	10.9	23.7	6.6	0	3.8	0	12.9	1.9
Mali	40.0	45.0	42.7	41.7	0	13.1	42.5	6.5
SE Tambac.	5.6	21.7	21.1	28.6	0	2/8	13.7	11.8
SE Kolda	82.6	77.8	5/10	3/8	6/10	10	80.2	30.0
SE Sedhiou	nd	nd	15.4	3/10	13.0	38.9	nd	26.0
Bangladesh	27.0	36.7	24.0	33.3	5.4	19.4	33.0	12.7
Nepal M&B	57.1	69.7	20.0	31.8	0	0	63.9	0
Nepal Makwa.	0/7	1/8	--	--	0	0	6.7	0
Pakistan	56.4	61.4	27.0	48.2	10.0	28.2	58.9	19.0
N girls								
Ethiopia	*37*	*36*	*43*	*25*	*47*	*33*	*73*	*80*
Ghana	*26*	*23*	*18*	*20*	*24*	*30*	*49*	*54*
Uganda	*32*	*33*	*33*	*34*	*35*	*31*	*65*	*66*
Benin	*35*	*36*	*33*	*29*	*38*	*38*	*71*	*76*
Burkina Faso	*119*	*76*	*91*	*68*	*80*	*78*	*195*	*158*
Mali	*80*	*80*	*75*	*72*	*62*	*61*	*160*	*123*
SE Tambac.	*18*	*23*	*19*	*14*	*9*	*8*	*41*	*17*
SE Kolda	*23*	*18*	*10*	*8*	*10*	*18*	*41*	*28*
SE Sedhiou	*nd*	*nd*	*13*	*10*	*23*	*18*	nd	*41*
Bangladesh	*37*	*60*	*50*	*63*	*56*	*62*	*97*	*118*
Nepal M&B	*28*	*33*	*25*	*22*	*21*	*15*	*61*	*36*
Nepal Makwa.	*7*	*8*			*11*	*1*	*15*	*12*
Pakistan	*55*	*57*	*37*	*54*	*40*	*39*	*112*	*79*

Table A4.20: IND5 Share of girls having undergone FGM/C

IND5 : Anglophone African countries

	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Ethiopia	30.4	31.3	27.5	27.3	25.2	20.1	30.8	22.7
Ghana	2.4	0.9	4.2	3.6	0.0	0.0	1.6	0
Uganda	2.2	0.0	4.2	1.7	3.1	1.0	1.1	2.0
Total N								
Ethiopia	*374*	*357*	*370*	*371*	*372*	*376*	*731*	*80*
Ghana	*133*	*125*	*142*	*136*	*145*	*141*	*258*	*54*
Uganda	*161*	*159*	*217*	*179*	*190*	*152*	*320*	*66*
Married girls								
Ethiopia	6/7	2/2	3/3		0/1	1/2	67.9	1/3
Ghana	0	0/5	0/1	0/2	0/1	0/2	0/7	0/3
Uganda	0/6	0/1	0/3	0/3	0/8	0/2	0/7	0/10
Total N								
Ethiopia	*7*	*4*	*3*	*0*	*1*	*2*	*11*	*3*
Ghana	*2*	*5*	*1*	*2*	*1*	*2*	*7*	*3*
Uganda	*6*	*1*	*3*	*3*	*8*	*2*	*7*	*10*

IND5 : Francophone African countries

	BL		ML		EL		BL Total	EL Total
	T	C	T	C	T	C		
Single girls								
Benin	1.7	5.9	0.0	0.7	0.6	1.3	3.8	0.9
Burkina Faso	39.4	35.7	11.3	27.4	24.0	35.0	37.5	30.0
Mali	95.7	97.2	88.5	90.1	85.7	86.4	96.5	86.1
SE Tambac.	47.5	38.2	64.8	64.3	59.5	43.1	42.9	51.3
Total N								
Benin	*136*	*132*	*152*	*149*	*159*	*157*	*268*	*316*
Burkina Faso	*431*	*478*	*459*	*471*	*458*	*444*	*909*	*902*
Mali	*398*	*390*	*502*	*495*	*553*	*537*	*788*	*1090*
SE Tambac.	*69*	*68*	*71*	*70*	*74*	*72*	*137*	*146*
Married girls								
Benin	0.0	0.0	13.8	0.0	0.0	8.3	0.0	4.2
Burkina Faso	56.7	57.7	28.6		25.0		57.2	25.0
Mali	96.8	98.4	85.5	80.3	1/1	8/9	97.6	9/10
SE Tambac.	3/3	4/6	1/5	4/5	3/3	3/4	8/9	6/7
Total N								
Benin	*14*	*18*	*5*	*11*	*8*	*12*	*32*	*20*
Burkina Faso	*31*	*27*	*7*	*0*	*4*	*0*	*58*	*4*
Mali	*62*	*64*	*55*	*61*	*1*	*9*	*126*	*10*
SE Tambac.	*3*	*6*	*5*	*5*	*3*	*4*	*9*	*7*

Annex 5: Tables with supporting information for indicators

Note: No supporting information could be analysed for Mali, due to late access to the data (related to delays in data collection due to Covid-19).

STRATEGY 1

Table A5.1: Place where girls received their education or training on SRHR, reported by single girls (%, multiple response)

	Ethiopia		Ghana		Uganda		Benin		Burkina F		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
In school during lesson time	49.8	55.2	57.4	78.4	48.0	25.0	17.9	28.4	76.3	76.3	53.5	94.8	68.9	45.4	62.1	78.7	38.5	45.0
In school before or after lessons	69.0	58.5	64.4	47.1	55.9	81.0	58.1	53.7	24.0	26.0	12.3	0	46.9	27.3	52.3	18.1	15.6	17.4
Outside school	15.5	11.7	3.0	3.9	16.5	13.8	64.1	65.7	20.7	26.8	52.3	6.5	69.2	67.6	37.9	33.1	50.4	44.0
N girls	*277*	*248*	*101*	*102*	*127*	*116*	*117*	*67*	*329*	*354*	*155*	*77*	*273*	*238*	*132*	*127*	*135*	*109*

Table A5.2: Whether girls are a member of a club or group for young people, reported by single girls

	Ethiopia		Ghana		Uganda		Benin		Burkina F		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Yes	64.1	56.0	81.4	67.4	27.8	28.6	50.9	34.9	21.9	21.2	68.8	13.0	31.7	17.7	49.7	43.3	54.5	30.8
No	35.9	44.0	18.6	32.6	72.2	71.4	49.1	65.1	78.1	78.8	31.2	87.0	68.3	82.3	50.3	56.7	45.5	69.2
N girls	*373*	*377*	*145*	*141*	*198*	*154*	*167*	*169*	*448*	*458*	*218*	*238*	*309*	*305*	*151*	*150*	*156*	*143*

Table A5.3: Topics covered in the training received by girls

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Menstrual cycle and pregnancy	93.9	96.4	100	98.5	90.6	91.4	94.0	97.0	90.6	94.9	93.5	74.0	99.6	97.9	97.0	97.6	97.8	94.5
Care during menstrual period	98.1	98.0	100	98.5	90.6	93.1	93.2	97.0	90.9	94.9	94.2	81.8	91.9	77.7	93.9	96.1	91.9	81.7
STIs and HIV/AIDS	98.6	98.4	92.0	86.1	86.6	90.5	95.7	95.5	94.5	92.9	91.6	83.1	82.1	66.8	74.2	68.5	61.5	39.4
Male contraceptives	76.9	64.5	92.0	77.5	63.0	71.6	83.8	50.7	81.5	84.5	69.0	61.0	66.7	54.2	84.1	83.5	15.6	5.5
Female contraceptives	93.5	95.2	92.0	77.5	66.9	75.9	92.3	82.1	86.6	89.3	83.9	67.5	95.2	92.0	85.6	83.5	52.6	26.6
Laws against child marriage	96.4	96.4	95.6	89.9	74.8	75.0	94.9	88.1	90.9	93.2	96.1	75.3	100	98.7	99.2	92.9	85.2	74.3
Negative effects of child marriage	97.8	98.0	97.8	94.6	78.7	84.5	95.7	89.6	96.4	95.8	97.4	76.6	99.6	98.7	98.5	96.1	88.9	80.7
Laws against FGM/C	95.3	92.3	70.8	62.8	31.5	19.8	82.9	73.1	97.0	94.4	93.5	68.8	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Negative effects of FGM/C	98.2	97.6	74.5	69.8	27.6	13.8	82.9	59.7	96.7	95.5	92.9	64.9	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Sexual violence, harassment or sexual abuse	88.8	89.1	90.5	87.6	69.3	75.9	91.5	86.6	79.3	82.5	74.2	68.8	84.6	71.8	84.1	76.4	71.1	67.0
Female reproductive system	87.0	87.9	88.3	84.5	82.7	86.2	89.7	83.6	78.4	82.5	67.1	64.9	85.0	69.7	84.8	69.3	56.3	40.4
Puberty and bodily changes	88.8	94.0	99.3	98.5	87.4	94.8	88.9	94.0	86.9	87.9	96.8	75.3	98.9	95.0	97.0	95.3	81.5	67.9
Intimate sexual relationships	85.9	80.7	91.2	87.6	72.4	70.7	89.7	91.0	70.8	73.4	71.6	59.7	57.1	44.5	67.4	45.7	47.4	28.4
Gender relations and gender equality	95.7	96.0	93.4	86.1	52.8	37.1	88.9	89.6	83.0	85.6	76.1	66.2	86.4	76.1	85.6	71.7	58.5	35.8
Male reproductive system	74.7	67.7	87.6	81.4	75.6	83.6	77.8	52.2	74.2	77.7	61.3	63.6	54.6	33.2	83.3	69.3	8.1	3.7
Number of girls	*277*	*248*	*137*	*129*	*127*	*116*	*117*	*67*	*329*	*354*	*155*	*77*	*273*	*238*	*132*	*127*	*135*	*109*

Table A5.4: Girls knowledge on when in the menstrual cycle a girl has high risk get pregnant if she has sex (%, multiple response)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
During menstruation	24.4	27.5	13.1	13.5	13.1	20.1	7.2	5.3	10.4	13.1	41.3	38.2	7.4	4.3	3.3	2.0	6.41	7.0
Few days before and after menses	68.9	43.1	33.1	25.5	45.5	34.4	38.3	39.6	36.2	37.1	34.4	21.4	19.4	11.2	24.5	24.0	5.1	17.5
Around mid-cycle	25.7	23.0	62.8	61.0	7.6	9.7	43.1	26.6	25.5	23.4	38.5	30.7	55.0	41.6	12.6	7.3	21.8	9.8
Always	4.6	7.1	2.8	2.1	8.1	2.0	9.6	8.3	3.4	3.3	5.1	12.6	1.9	4.3	3.3	2.7	26.3	23.1
Other	3.5	11.6	3.5	2.8	1.0	2.0	0	0	1.3	2.0	0.9	0.8	0.7	0	3.3	2.7	0	0
Don't know	0	0	11.7	17.7	34.9	43.5	21.0	37.3	31.7	31.9	29.8	50.8	24.3	40.3	55.6	61.3	40.4	45.5
Number of girls	*373*	*378*	*145*	*141*	*198*	*154*	*167*	*169*	*448*	*458*	*218*	*238*	*309*	*305*	*151*	*150*	*156*	*143*

Table A5.5: Share of girls with correct knowledge on the five composites of comprehensive knowledge (%)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
Knows	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
1: when biggest risk of pregnancy in menstrual cycle	5.9	14.6	41.4	41.1	5.1	5.2	27.0	14.8	19.4	15.9	9.6	1.7	52.1	40.7	12.6	7.3	21.8	9.8
2. Cen get pregnant first time sex	5.9	14.6	41.4	41.1	5.1	5.2	27.0	14.8	19.4	15.9	9.6	1.7	52.1	40.7	12.6	7.3	21.8	9.8
3. Knows male condoms	56.6	34.7	77.2	64.5	53.5	59.1	59.9	45.0	59.2	55.5	21.1	25.2	62.5	45.3	69.5	77.3	14.1	9.1
3. Knows female codoms	26.8	14.0	14.5	11.4	11.1	10.4	28.7	13.0	35.5	34.7	16.5	25.2	11.7	7.9	19.2	9.3	4.5	2.1
4. Knows pills	59.0	37.8	60.0	49.7	29.3	34.4	27.0	31.4	43.8	43.0	19.3	28.6	94.8	83.0	68.2	62.0	53.9	41.7
5 Knows negative effects child marriage	94.4	96.0	97.9	95.7	70.2	84.4	87.4	88.8	94.9	95.6	91.7	60.5	100.0	99.0	92.1	91.3	91.0	85.3
Number of girls	*373*	*378*	*145*	*141*	*198*	*154*	*167*	*169*	*448*	*458*	*218*	*238*	*309*	*305*	*151*	*150*	*156*	*143*

Table A5.6: Girls knowledge on whether there are negative effects of female circumcision (%) and type of negative effects (Multiple response, %)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal	
	T	C	T	C	T	C	T	C	T	C	T	C
Knows any negative effect												
Yes	91.7	93.4	82.8	83.7	27.8	21.6	69.5	57.4	90.2	88.7	69.7	43.3
No	4.6	2.1	3.5	3.6	4.8	10.3	6.6	8.9	2.7	3.1	6.4	15.6
Don't know	3.8	4.5	13.8	12.8	67.5	68.1	23.6	33.7	7.1	8.3	23.9	41.2
N girls	*373*	*378*	*145*	*141*	*198*	*154*	*167*	*169*	*448*	*458*	*218*	*238*
Type of negative effect known												
Health effects	97.9	94.6	77.5	89.0	80.0	88.9	94.0	92.8	97.5	97.8	95.4	91.3
Psychological effects	64.9	43.1	24.2	17.0	33.3	7.4	94.0	92.8	40.4	33.7	37.5	40.8
Abuse of rights	40.6	29.8	23.2	30.0	0	0	0	0	0	0	30.9	58.3
Early marriage	11.4	9.1	15.8	7.6	0	0	0	0	0	0	21.1	22.3
Other	12.3	11.1	48.3	35.6	6.7	7.4	4.3	6.2	16.1	13.3	4.6	4.9
N girls knowing negative effect of FGM/C	*342*	*353*	*120*	*118*	*45*	*27*	*116*	*97*	*404*	*406*	*152*	*103*

Table A5.7: Report by girls ever having had sexual intercourse, BL, ML, EL (%)

		Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
		T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
BL	Yes	5.4	2.7	12.0	9.6	31.1	35.2	43.4	47.0	16.1	14.2	4.4	2.5	0.7	1.1	0	0.8	1.0	2.9
	No	91.7	96.7	88.0	88.8	64.0	62.3	51.5	48.5	83.7	85.6	92.2	80.0	99.3	98.5	100	99.2	97.9	97.1
	No response	2.9	0.6		1.6	4.9	2.5	5.1	4.5	0.2	0.2	3.4	17.5		0.4			1.1	
	Total number of girls	*374*	*337*	*133*	*125*	*161*	*159*	*136*	*132*	*478*	*431*	*115*	*120*	*286*	*266*	*111*	*126*	*96*	*105*
ML	Yes	0.6	0	11.3	13.2	24.1	20.1	23.7	20.8	7.8	5.5	0.5	0.5	0.7	1.1	0	0	1.4	1.7
	No	98.0	95.4	88.0	85.3	62.8	63.8	75.0	79.2	89.5	89.8	95.0	96.6	92.3	84.9	100	100	82.0	90.0
	No response	1.4	4.6	0.7	1.5	13.1	16.1	1.3	0	2.7	4.7	4.5	2.9	7.0	14.0	0	0	16.6	8.3
	Total number of girls	*360*	*369*	*142*	*136*	*137*	*174*	*152*	*149*	*459*	*471*	*200*	*204*	*274*	*264*	*126*	*133*	*139*	*120*
EL	Yes	0.5	1.3	12.7	12.2	16.3	18.4	32.7	28.7	5.4	7.0	1.0	0.5	0.3	0.7	0.7	0.7		1.6
	No	97.6	98.7	87.3	87.1	83.2	80.9	62.9	68.8	93.2	91.7	99.0	98.0	99.3	99.0	99.3	99.3	87.4	86.8
	No response	1.9			0.7	0.5	0.7	4.4	2.6	1.4	1.3		1.5	0.3	0.3			12.6	11.6
	Total number of girls	*372*	*376*	*142*	*139*	*190*	*152*	*159*	*157*	*444*	*458*	*196*	*200*	*304*	*285*	*150*	*150*	*151*	*129*

Table A5.8: Types of contraceptives used, by girls who tried to prevent pregnancy, by marital status (%)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Single														
We had sex during safe period		1/3		2/2			18.4	9.5						
Withdrawal(prior to male ejaculation)					6.7	11.8	5.3		5.9					
Male condom	1/1		4/6		66.7	70.6	65.8	85.7			1/1			
Female condom							2.6		94.1	95.2				
Pill		1/3	2/6		20.0	5.9	5.3			4.8			0	1/1
Intrauterine device (IUD), or 'coil'								4.8						
Morning after pill/ emergency contraception		1/3			6.7	11.8		1/3						
N girls who tried to prevent pregnancy	*1*	*3*	*6*	*2*	*15*	*17*	*38*	*21*	*17*	*21*	*1*	*0*	*0*	*1*
Married														
Male condom									1/1	1/1			2/5	63.6
Pill	1/1												3/5	36.4
Morning after pill/ emergency contraception										1/1				
Number of girls who tried to prevent pregnancy	*1*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*1*	*2*	*0*	*0*	*5*	*11*

Note: There were no single girls and married young women in Nepal and Pakistan who said to use contraception

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Table A5.9: Topics of questions that students raise considered difficult to address, reported by teachers

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Contraceptives	2/12	1/10	2/4						3	1/9	1/5	1	1/2				1/4	
Sexual Orientation		3/10	1/4	1/3		1/2	3/4	3/4	4	3/9	2/5	2	1/2			1/3	1/4	2/3
Sexual harassment and abuse of girls	1/12	3/10	2/4						3	1/9	1/5	1					1/4	2/3
Sexual harassment and abuse of boys	2/12	4/10			1/2				3	1/9	2/5	2					2/4	3/3
Sexual pleasure	9/12	7/10				1/2	2/4	3/4	4	3/9		1	2/2	1/2	3/3	3/3	1/4	
Same sex relationship	9/12	9/10	1/4				4/4	4/4	6	3/9	1/5	3	2/2	1/2	2/3	1/3	2/4	
Sexual intercourse	7/12	3/10	2/4			1/2			5	4/9		1	1/2	1/2		3/3	1/4	
Masturbation	12/12	10/10					4/4	4/4	3	5/9	1/5	2	2/2	1/2	2/3	3/3	2/4	1/3
Other	2/12	2/10	1/4	2/3	2/2	2/2			3	4/9	2/5	2		1/2				1/3
Menstruation	2/12	1/10	2/4		1/2	1/2			2	1/9	1/5	1				1/3		2/3
Abortion	2/12	3/10					2/4	2/4	6	2/9	1/5	3	1/2	1/2				
Number of teachers	*12*	*10*	*4*	*3*	*2*	*2*	*4*	*4*	*12*	*9*	*5*	*5*	*2*	*2*	*3*	*3*	*4*	*3*

Table A5.10: Measures taken by schools to make the school girl-friendly, reported by school principals

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	T	C	T	T	C	T	T	C	T	T	C	T			
Child protection policy	9/11	7/9	2/2	2/2	1/1	1/1	4/4	3/3	10/12	6/9	3/3	3/3	0/2	0/2	3/3	3/3	3/4	4/4
Counsellor/focal person for girls	11/11	8/9	1/2	1/2	1/1	1/1	4/4	3/3	10/12	5/9	3/3	2/3	1/2	1/2	3/3	2/3	1/4	1/4
Referral systems	4/11	6/9		1	1/1		3/4	2/3	5/12	3/9	2/3	2/3	1/2	1/2	2/3	2/3	3/4	4/4
Separate sanitation facilities for girls (toilet)	10/11	4/9	1/2	2	1/1		3/4	1/3	8/12	5/9	3/3	2/3	1/2	1/2	3/3	3/3	1/4	2/4
Girl club/mini media unit	10/11	6/9	2/2	1			3/4	1/3	8/12	5/9	3/3	1/3	1/2	1/2	3/3	2/3	0/4	0/4
Is fenced	8/11	6/9					1/4				1/3	2/3	1/2	1/2	3/3	2/3	2/4	1/4
Gender balanced body of staff	4/11	5/9											1/2	1/2	2/3	1/3	1/4	1/4
Dignity kit for girls in need	7/11	5/9	2/2	1		1/1	2/4		2/12	1/9	2/3	1/3	1/2	1/2	3/3	3/3	2/4	3/4
Staff trained on gender sensitivity	8/11	7/9		2		1/1	3/4	2/3	3/12	3/9	3/3	2/3	1/2	1/2	3/3	1/3	2/4	4/4
Girls' rooms/safe rooms	8/11	3/9	1/2	1	1/1		1/4			1/9		1/3	1/2	2/2	1/3	0/3	0/4	1/4
Water point at school	4/1	2/9	1/2	1			2/4	1/3	5/12	3/9	1/3	1/3	2/2	2/2	3/3	2/3	3/4	4/4
Attention to involve girls in expressing thoughts and claiming rights	1/11	1/9	1/2	1		1/1	2/4	2/3	3/12	5/9	2/3	2/3	2/2	2/2	3/3	2/3	0/4	1/4
Other	1/11		1/2	2	0/1	0/1	1/4		10/12	6/9	0/3	0/3	0/2	0/2	0/3	0/3	0/4	0/4
N School principals	*11*	*9*	*2*	*2*	*1*	*1*	*4*	*3*	*12*	*9*	*3*	*3*	*2*	*2*	*3*	*3*	*4*	*4*

Table A5.11: Village leaders' opinion on level of girl-friendliness of primary school(s) in or close to the village

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Girl-friendly	6/11	3/10	2/2	2/2	1/1		4/4	2/4	6/9	3/6	2/3	1/2	2/2	2/2	2/3		1/2	1/2
Not girl-friendly	1/11					1/1			1/9		1/3							
Somewhat girl-friendly	4/11	7/10						2/4	2/9	3/6		1/2			1/3	3/3	1	1
Number of village leaders	*11*	*10*	*2*	*2*	*1*	*1*	*4*	*4*	*9*	*6*	*3*	*2*	*2*	*2*	*3*	*3*	*2*	*2*

Table A5.12: Village leaders' opinion on level of girl-friendliness of secondary school(s) in or close to the village

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Girl-friendly	5/10	2/10	2/2	2/2	1/1	1/1	4/4	3/4	6/9	2/6	2/3		2/2	2/2	2/3		2/2	1/2
Not girl-friendly	2/10	5/10							2/9		1/3							
Somewhat girl-friendly	3/10	3/10						1	1/9	4/6		2/2			1/3	3/3		1/2
Number of village leaders	*10*	*10*	*2*	*2*	*1*	*1*	*4*	*4*	*9*	*6*	*3*	*2*	*2*	*2*	*3*	*3*	*2*	*2*

Table A5.13: Village leaders' opinion on whether there was change in girl-friendliness of primary schools

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Yes	9/10	9/10	2/2	2/2		1/1	4/4	4/4	5/9	5/6	2/3	1/2	2/2	2/2	2/3	3/3	2/2	2/2
No	1/10	1/10			1/1				4/9	1/6	1/3	1/2			1			
N village leaders	*10*	*10*	*2*	*2*	*1*	*1*	*4*	*4*	*9*	*6*	*3*	*2*	*2*	*2*	*3*	*3*	*2*	*2*

Table A5.14: Village leaders' opinions on direction of change in girl-friendliness of primary school

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
More girl-friendly	9/9	9/9	2/2	2/2		1/1	4/4	4/4	4/5	5/5	1/2		2	2	2	2	2	2
Less girl-friendly									1/5		1/2	1				1		
N village leaders who saw change	*9*	*9*	*2*	*2*	*0*	*1*	*4*	*4*	*5*	*5*	*2*	*1*	*2*	*2*	*2*	*3*	*2*	*2*

Table A5.15: Village leaders' opinion on whether there was change in girl-friendliness of secondary schools

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Yes	10/11	7/10	2/2	2/2	1/1	1/1	4/4	3/4	4/9	5/6	1/3	1/2	2/2	2/2	3/3	2/3	2/2	2/2
No	1/11	3/10						1/4	5/9	1/6	2/3	1/2				1		
Number of village leaders	*11*	*10*	*2*	*2*	*1*	*1*	*4*	*4*	*9*	*6*	*3*	*2*	*2*	*2*	*3*	*3*	*2*	*2*

Table A5.16: Village leaders' opinions on direction of change in girl-friendliness of secondary school

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
More girl-friendly	8/10	6/7	2/2	2/2	1/1	1/1	4/4	3/3	3/4	3/5	1/1	1/1	2/2	2/2	2/3	2/2	2/2	2/2
Less girl-friendly	2/10	1/7							1/4	2/5					1/3			
N village leaders who saw change	*10*	*7*	*2*	*2*	*1*	*1*	*4*	*3*	*4*	*5*	*1*	*1*	*2*	*2*	*3*	*2*	*2*	*2*

Table A5.17: Households with children over 7 years old who do *not* go to school, reported by household heads, BL, ML, EL (%)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
BL																		
Yes	22.2	19.2	4.6	11.9	25.6	20.0	57.7	28.4	24.1	28.6	44.9	31.2	9.9	25.4	21.2	20.5	66.7	41.2
No	77.8	80.8	95.4	88.1	72.2	80.0	42.3	71.6	75.9	71.4	55.1	68.9	90.1	74.6	78.8	79.5	33.3	58.8
N HH	*279*	*260*	*108*	*101*	*90*	*70*	*78*	*74*	*270*	*241*	*78*	*61*	*274*	*244*	*118*	*117*	*99*	*102*
ML																		
Yes	7.7	10.6	5.0	4.7	5.4	12.0	65.6	48.9	19.7	24.0	32.7	30.0	10.1	15.4	52.4	53.6	41.4	8.3
No	91.5	88.6	95.0	95.3	94.6	88.0	34.4	51.1	80.3	76.0	67.3	70.0	87.4	83.9	47.6	46.4	58.6	91.7
N HH	*259*	*255*	*120*	*107*	*74*	*108*	*93*	*90*	*223*	*200*	*55*	*40*	*247*	*267*	*124*	*125*	*99*	*96*
EL																		
Yes	2.4	8.7	0.8	0.9	90.7	2.4		7.5	3.3	8.1	9.5	21.5	2.5	2.1	24.6	12.7	1.1	12.8
No	97.6	91.3	99.2	99.1	9.3	97.6	100	92.5	96.7	91.9	90.5	78.5	97.5	97.9	75.4	87.3	98.9	87.2
N HH	*254*	*254*	*125*	*116*	*97*	*254*	*83*	*67*	*183*	*209*	*127*	*107*	*282*	*285*	*134*	*126*	*94*	*94*

Table A5.18: School attendance during your menstrual period, reported by girls (%)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
Measure of attendance	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
YES-whole menstrual period	83.8	81.2	62.5	73.5	84.2	79.1	70.2	41.8	94.5	90.6	70.0	74.7	46.5	52.2	65.8	57.4	68.9	67.9
NOT-during first day(s) of period	7.8	10.6	2.9	4.4	4.5	5.7	6.7	17.7	2.2	2.5	10.0	5.6	35.0	32.0	19.7	208	14.3	17.9
N0- during whole menstrual period	2.7	3.8	0.7		11.3	15.1		2.5	3.4	6.9	11.8	10.6	6.1	6.5	2.6	3.0	1.7	4.5
I don't have menstruation							23.1	40.0					12.5	9.4	11.8	18.8		
No response	5.7	4.4	33.8	22.1							8.2	9.2					15.1	9.8
Number of girls	*370*	*367*	*136*	*136*	*177*	*139*	*104*	*79*	*407*	*405*	*170*	*142*	*297*	*278*	*76*	*101*	*119*	*112*

Table A5.19: Reasons why girls do not go to school during (part of) menstrual period, reported by girls who do not go to school during (part of) menstrual period

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
No water in school	23.3	23.2								2.6	2.0	2.8	1.3	3.0	3.9			
No toilet/latrine	5.0	2.9										2.8	5.0	4.5				
No sanitary napkin/dignity kit in school	25.0	11.6		2.8	10.7	10.3	3.2	6.5	4.4	2.6		11.1	6.9	6.0	3.9	7.0	5.4	2.8
Teachers mock me											2.0							
Boys mock me	13.3	8.7					3.2	2.1		10.5			1.9	1.5		2.3		
Girls mock me	1.7	1.5			10.7	6.9		2.2	4.4	13.2		2.8	1.3	0.8		2.3	2.7	2.8
I feel ashamed	16.7	24.6			7.1	13.8	3.2	8.7	4.4	31.6		11.1	17.6	17.3	15.4	4.7	10.8	25.0
No place to change	6.7	5.8						10.9			49.0	58.3	7.6	12.8		9.3		
No place to quietly rest	16.7	4.4			7.1			10.9			2.0	19.4	20.8	25.6	19.2	11.6	13.5	38.9
I feel not well during period	13.3	31.9	9.8	16.7	25.0	31.0	22.6	30.4	17.4	13.2	49.0	58.3	67.9	69.2	42.3	48.8	37.8	33.3
Other reason	1.7	8.7	2.0		53.6	51.7			69.6	52.6	21.6		6.9	8.3	3.9			
Number of girls	*60*	*69*	*51*	*36*	*28*	*29*	*31*	*46*	*23*	*38*	*51*	*36*	*159*	*133*	*26*	*43*	*37*	*36*

Table A5.20: Reasons why girls are not currently enrolled in / not regularly attending school?

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Harassed in/on way to school	1/3		1/9	1/5				1.1			2.1	11.5					5.4	
Because of household chores	1/3	20.0	2/9	1/5			15.9	18.9	24.4	9.4	18.8	20.8		11.1	12.0	10.2	43.2	25.8
Taking care of siblings	1/3	25.0	2/9	2/5			4.8	4.4		1.9	12.5	20.8		3.7	8.0		24.3	6.5
Taking care of sick relative		20.0	1/9	1/5		6.7	3.2	2.2			14.6	29.2		3.7	5.3	2.0	5.4	
Work to support family income	1/3	5.0	2/9	2/5	4.8		12.7	17.8	2.4	7.6	25.0	20.8	16.7	14.8	4.0	2.0	21.6	25.8
Insufficient money	1/3	10.0	2/9	3/5	85.7	60.0	55.6	48.9	24.4	35.9	14.6	42.7	41.7	25.9	17.3	4.1	29.7	29.0
Other		60.0	4/9	2/5	9.5	26.7	46.0	33.3	53.7	47.2	33.3	32.3	33.3	14.8	72.0	83.7	24.3	16.1
Marriage	1/3		2/9		9.5	6.7	4.8	2.2	2.4		16.7	8.3	33.3	51.9			5.4	38.7
Number of girls	*3*	*20*	*9*	*5*	*21*	*15*	*63*	*90*	*41*	*53*	*48*	*96*	*12*	*27*	*75*	*49*	*37*	*31*

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Table A5.21: Measures taken to make services easily accessible to young people, reported by in-charge of health centre

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	T	C	T	T	C	T	T	C	T	T	C	T			
Services for young people are private	7/7	5/8	2/3	3/3		1/1	3/4		4/7						3/3	2/2	1/2	1/1
Referral system with neighbouring school	3/7	2/8	3/3	1/3	1/1		4/4		6/7	3/3	1/2		2/2		3/3	1/2	2/2	1/1
Opening hours are convenient for youth	2/7	3/8	3/3	3/3			3/4		7/7	1/3	2/2	2/2			1/3	1/2	1/2	1/1
Services are available to all youth	4/7	8/8	3/3	3/3			2/4	1/1	7/7	3/3	2/2	1/2	1/2		2/3	1/2	2/2	1/1
Other						1	2/4		2/7	1/3					1/3		1/2	1/1
Other(specify)						1	1/4		1/7						1/3		1/2	
N in-charge health center	*7*	*8*	*3*	*3*	*1*	*1*	*4*	*1*	*7*	*3*	*2*	*2*	*2*		*3*	*2*	*2*	*1*

Table A5.22: Main reasons why girls never visited the health centre, reported by single girls who did not visit the health centre (%, multiple response)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
I never had such an issue	99.1	98.2	77.0	90.3	83.1	79.6	100	92.2	94.5	97.7	83.1	79.6	83.7	92.0	94.0	94.3	87.0	95.9
I am ashamed to go there	3.5	2.7	2.3	6.9	6.8	13.0	4.4	10.4	3.5	1.7	6.8	13.0	9.9	9.7	3.0	3.4	8.7	4.1
It is too far away	0.9	0.9	13.8	1.4	5.1	1.9		2.6	2.3	1.0	5.1	1.9	8.5	9.7	4.0	5.7	15.2	
It is too expensive		0.9	1.1	4.2			1.1	1.3		0.3			2.8					
I had no time to go	0.9	1.3	10.3	5.6	5.1	1.9	1.1	3.9	1.6		5.1	1.9	2.8	0.9			2.2	
I had resolved the issue in other way			2.3			3.7		2,6	0.3			3.7	8.5	4.4			2.2	
Resolved other way(specify)			1.1	1.1		1.9		1.3	1.0	1.3		1.9	0.7				2.2	
Other		0.4		18.4	5.1	1.9				18.4	5.1	1.9	0.7	1.8			2.2	
Other(specify)		0.4	1.4		1.7				1.4		1.7		0.7				2.2	
Number of girls	*227*	*224*	*87*	*72*	*59*	*54*	*91*	*77*	*311*	*301*	*60*	*89*	*141*	*113*	*100*	*88*	*46*	*49*

Table A5.23: Single girls' views on health services they visited (%)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Friendliness of health worker																		
Friendly	100	96.8	100	100	98.5	88.5	97.4	81.8	97.9	96.6	100	100	87.6	93.3	100	75.0	98.6	100
Not friendly		3.2			1.5	11.5	2.6	18.2	2.1	3.4			12.4	6.7		25.0	1.4	
Health worker's respect of privacy																		
Yes- respected	94.2	93.5	100	100	95.4	96.2	100	100	95.8	100	100	100	94.5	95.0	80.0	58.3	100	100
No-did not respect	5.8	6.5			4.6	3.8			4.2				5.5	5.0	20.0	41.7		
Visiting hours considered convenient																		
Yes	100	93.5	100	100	92.3	92.3	97.4	100	95.8	96.6	98.5	92.9	93.8	92.4	92.0	75.0	97.2	94.3
No		6.5			7.7	7.7	2.6		4.2	3.4	1.5	7.1	6.2	7.6	8.0	25.0	2.8	5.7
N girls who visited health services	*52*	*31*	*8*	*22*	*65*	*52*	*39*	*11*	*48*	*58*	*68*	*28*	*145*	*119*	*25*	*12*	*72*	*53*

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Table A5.24: The three main economic activities of people in the community, reported by village leaders

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Agriculture	10/10	10/10	2/2	2/2	1/1	1/1	4/4	4/4	9/9	6	3/3	2/2	2/2	2/2	3/3	3/3	2/2	2/2
Livestock	8/10	7/10	1/2		1/1	1/1	2/4	2/4	9/9	6	2/3	2/2	2/2		3/3	3/3	2/2	2/2
Fishing					1/1	1/1					1/3	1/2		1/2		1/3		
N village leaders	*10*	*10*	*2*	*2*	*1*	*1*	*4*	*4*	*9*		*3*	*2*	*2*	*2*	*3*	*3*	*2*	*2*

Table A5.25: Households' report on whether economic status improved or deteriorated or stayed the same over the last two years (%)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Improved	53.5	44.1	32.2	45.6	10.8	8.2	90.4	26.9	43.2	41.6	26.8	29.0	42.6	29.8	47.0	50.0	33.3	23.3
Deteriorated	22.4	26.8	33.3	20.3	60.8	63.9		25.4	20.8	26.3	32.3	31.8	25.9	35.1	6.0	11.1	20.4	25.6
Not changed	24.0	29.1	34.4	34.2	28.3	27.8	9.6	47.8	36.1	32.1	40.9	39.3	31.6	35.1	47.0	38.9	46.2	51.1
N households	*254*	*254*	*90*	*79*	*120*	*97*	*83*	*67*	*183*	*209*	*127*	*107*	*282*	*285*	*134*	*126*	*93*	*90*

Table A5.26: Share of girls who assist family by unpaid work and/or contribute financially to household income (% multiple response?

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	T	C	T	T	C	T	T	C	T	T	C	T	C	T	C
Work in the fields/ taking care of livestock or help the family in another way	85.9	87.9	76.2	69.6	100	100	100	94.0	94.8	95.8	92.3	90.9	85.3	87.8	96.2	99.2	78.5	84.4
Contribute financially to household income (earn some money)	26.7	17.3	18.8	13.7	26.0	28.4	71.8	65.7	14.9	20.2	29.0	23.4	57.1	44.5	46.2	39.4	48.9	41.3
Number of girls	*277*	*248*	*101*	*102*	*127*	*116*	*117*	*67*	*329*	*354*	*155*	*77*	*273*	*238*	*132*	*127*	*135*	*109*

Table A5.27: Main way of earning money, by girls who report to contribute financially to household income (%)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	T	C	T	T	C	T	T	C	T	T	C	T	C	T	C
Sell fruits and vegetables on the street/market	29.7	46.5	15.8	35.7	27.3	30.3	42.9	43.2	16.3	15.5	28.9	27.8		0.9				
Help my parents with their work	58.1	41.9	31.6	28.6	33.3	33.3	40.5	38.6	49.0	67.6	44.4	44.4	83.2	73.6	39.3	38.0	61.5	51.1
Seasonal work on the field for pay	4.1	7.0	10.5		33.3	24.2	9.5	9.1	6.1	5.6			0.6	12.3	50.8	56.0	33.8	33.3
Other	8.1	4.7	42.1	35.7	6.1	12.1	7.1	9.1	28.6	11.3	26.7	27.8	16.1	13.2	9.8	6.0	4.6	15.6
Number of girls	*74*	*43*	*19*	*14*	*33*	*33*	*84*	*44*	*49*	*71*	*45*	*18*	*155*	*106*	*61*	*50*	*65*	*45*

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Table A5.28: Topics on which village leaders have been trained by Her Choice programme reported by village leaders (multiple response)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Child marriage	10/10	9/9	2/2	2/2		1/1	4/4	4/4	9/9	6/6	3/3	1/1	2/2	2/2	2/2	3/3	2/2	2/2
Female circumcision	10/10	9/9	1/1	2/2			3/4	3/4	9/9	6/6	2/3	1/1						
Importance of educating girls	10/10	9/9	2/2	2/2			4/4	4/4	6/9	3/6	3/3		2/2	1/2	3/3	3/3	2/2	1/2
Other	1/10	2/9	2/2	1/1			1/4		4/9	1/6	2/3		1/2	2/2	1/3	2/3	1/2	1/2
Number of village leaders	*10*	*9*	*2*	*2*	*0*	*1*	*4*	*4*	*9*	*6*	*3*	*1*	*2*	*2*	*3*	*3*	*2*	*2*

Table A5.29: Source or person that girls can consult on SRHR-related issues, reported by single girls (%, multiple response)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Mother	47.7	30.2	77.2	79.4	61.4	74.1	82.9	79.1	49.2	60.2	58.7	48.1	62.6	68.5	78.8	81.9	75.6	72.5
Sister	51.6	28.2	27.7	32.4	26.8	24.1	43.6	46.3	16.1	21.2	49.7	37.7	35.9	43.7	47.7	42.5	31.9	26.6
Friend	70.8	52.4	17.8	14.7	25.2	35.3	28.2	10.4	14.6	15.3	22.6	23.4	28.9	21.0	61.4	52.8	15.6	14.7
Teacher	58.5	51.2	64.4	57.8	8.7	15.5	6.8	10.4	42.2	41.5	31.6	32.5	27.8	12.6	20.5	27.6	2.2	5.5
Health worker	37.5	20.2	14.9	23.5	8.7	12.1	69.2	40.3	52.6	39.8	35.5	11.7	39.6	25.2	7.6	6.3	11.1	15.6
Radio programme	6.1	1.2			0.8			1.5	3.3	3.1	1.9	1.3	2.2	1.3				
Magazines	2.9	0.4			1.6				0.9				3.3	1.7				0.9
Books	8.7	1.2	1.0	3.9	0.8			1.5	3.3	2.5	0.6		18.3	6.7	2.3	1.6	3.0	0.9
Leaflets	1.4				1.6		1.7	3.0	3.3	1.1	0.6		3.7	1.7			1.5	
Other	3.6	2.8	13.9	13.7	10.2	12.1	8.5	7.5	6.1	7.9	20.0	5.2	52.7	26.5	25.0	11.0	7.4	3.7
Number of girls	*277*	*248*	*101*	*102*	*127*	*116*	*117*	*67*	*329*	*354*	*155*	*77*	*273*	*238*	*132*	*127*	*135*	*109*

Table A5.30: Persons who can help negotiate if parent(s) intend to marry her off against her will, reported by single girls (%, multiple response)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Mother	24.5	18.1	2.0	4.9	20.5	18.1	23.1	26.9	19.1	24.0	31.6	22.1	18.7	13.9	8.3	7.1	59.3	62.4
Father	22.4	22.6	1.0	1.0	4.7	3.4		4.5	2.1	3.7	21.9	22.1	6.2	4.2	6.8	4.7	3.0	5.5
Sister(s)	37.5	22.2	14.9	16.7	12.6	14.7	17.9	22.4	16.4	11.3	33.5	27.3	34.1	30.7	28.0	22.0	24.4	25.7
Brother(s)	36.1	23.8	9.9	6.9	9.4	12.9	16.2	22.4	11.6	12.7	19.4	18.2	17.6	17.6	26.5	16.5	2.2	9.2
Peers	38.3	21.8	5.0	1.0	7.9	3.4	1.7	3.0	4.6	5.1	6.5	6.5	10.6	9.2	23.5	12.6	1.5	0.9
Teacher	59.2	46.4	32.7	36.3	3.9	6.0	16.2	11.9	42.9	38.1	24.5	7.8	34.1	20.2	6.8	11.0		
Health worker	23.8	7.7	3.0	3.9	0.8	1.7	54.7	28.4	21.6	17.8	9.7	7.8	7.0	2.5	1.5	3.1		
Neighbour	20.6	8.1	15.8	14.7	4.7	7.8	4.3	3.0	9.4	6.5	6.5	5.2	9.9	7.1	31.1	26.8		
Community leader	21.3	8.5	51.5	47.1	11.0	21.6	14.5	10.4	24.0	30.5	20.0	7.8	13.6	6.3	18.9	6.3	0.7	
Religious leader	19.9	6.0	31.7	31.4	1.6	0.9	17.1	7.5	22.8	30.8	12.9	3.9	3.3	1.7	0.8			
Police	35.0	31.9	19.8	12.7	18.1	31.9	29.1	22.4	15.2	20.3	2.6	2.6	25.6	20.2	9.8	1.6		
Other	4.7	6.5	39.6	25.5	18.9	31.0	33.3	38.8	21.6	20.6	21.9	14.3	59.7	31.5	40.2	39.4	3.0	0.9
Number of girls	*277*	*248*	*101*	*102*	*127*	*116*	*117*	*67*	*329*	*354*	*155*	*77*	*273*	*238*	*132*	*127*	*135*	*109*

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Table A5.31: Number of cases of child marriage reported to district, according to district officials

# cases child marriage reported	Ethiopia	Ghana	Uganda	Benin	Burkina Faso	Senegal	Bangladesh	Nepal	Pakistan
0	6/13	2/2	1/1	4/4		4/5			
1-4	2/13				3/5				
5-9	4/13				1/5				
10-19					1/5			1/1	
Over 20 (number of cases reported)	1/13 *(40)*					1/5 *(98)*	2/2 *(44; 127)*		2/2 *(39; 99)*
Total districts	*13*	*2*	*1*	*4*	*5*	*5*	*2*	*1*	*2*

Table A5.32: Parties that take part in meetings on SRHR related issues at the district level, reported by district officials (multiple response)

	Ethiopia	Ghana	Uganda	Benin	Burkina Faso	Senegal	Bangladesh	Nepal	Pakistan
School	12/13	2/2		4/4	4/5	5/5	2/2	2/2	2/2
Police	12/13	2/2		3/4	3/5	1/5	2/2	2/2	2/2
Community leader	13/13	2/2	1/1	4/4	5/5	5/5	2/2	2/2	1/2
NGO Staff	12/13	2/2		4/4	4/5	5/5	2/2	2/2	2/2
Religious leader	13/13	2/2	1/1	2/4	5/5	5/5	2/2	2/2	1/2
Other	3/13		1/1	1/4	2/5	3/5	1/2	1/2	1/2
Other(specify)	1/13	2/2	1/1	1/4	1/5	1/5	1/2	1/2	1/2
Number of districts with meeting	*13*	*2*	*1*	*4*	*5*	*5*	*2*	*2*	*2*

Table A5.33: Proportion of births registered in the district, according to district officials

	Ethiopia	Ghana	Uganda	Benin	Burkina Faso	Senegal	Bangladesh	Nepal	Pakistan
Almost all			1/1	2/4	6/8	3/5	1/1	1/1	2/2
More than half	1/13	1/2		2/4	2/8	1/5			
About half	4/13								
Less than Half	8/13	1/2				1/5			
Hardly any									
Don't know									
Number of districts	*13*	*2*	*1*	*4*	*8*	*5*	*1*	*1*	*2*

Table A5.34: Direction of change in proportion of birth registration compared to previous few years, reported by district officials

	Ethiopia	Ghana	Uganda	Benin	Burkina Faso	Senegal	Bangladesh	Nepal	Pakistan
Decrease			1/1				1/1		
Increase	13/13	2/2		4/4	8/8	5/5		1/1	1/2
Same									
Don't know									
N Districts	*13*	*2*	*1*	*4*	*8*	*5*	*1*	*1*	*2*

Table A5.35: Whether children need to present a birth certificate in order to enroll in school, reported by school principals

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Yes	2/11	1/10			1/1	1/1	2/4	1/3	11	9/9	3/3	1/3	2/2	2/2	3/3	3/3	4/4	4/4
No	9/11	9/10	2/2	2/2			2/4	2/3	1			2/3						
N School principals	*11*	*10*	*2*	*2*	*1*	*1*	*4*	*3*	*12*	*9*	*3*	*3*	*2*	*2*	*3*	*3*	*4*	*4*

Table A5.36: Proportion of students who presented birth certificate, reported by principals of schools that require birth certificate at enrollment

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
All					-	-	1/2		5/11	1/9			2/2	2/2	2/3	1/3	3/4	3/4
Most					-	-	1/2	1/1	6/11	6/9		1/1			1/3	2/3		1/4
Half	1/2	1/1			-	-				1/9	1/3						1/4	
Less than half	1/2				-	-				1/9	2/3							
Don't know					-	-												
N School principals	*2*	*1*	*0*	*0*	*1*	*1*	*2*	*1*	*11*	*9*	*3*	*1*	*2*	*2*	*3*	*3*	*4*	*4*

IMPACT

Table A5.37: Share of single girls who feel they can exercise control over marriage decisions: *if*, *when* and *who* to marry (%)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
If	90.9	91.2	99.3	96.4	86.8	94.1	83.0	65.6	75.7	71.6	90.5	70.3	91.5	73.7	85.0	64.0	37.8	26.4
When	87.6	84.3	94.4	92.8	56.3	57.9	66.0	54.1	86.0	84.9	89.2	72.2	68.1	49.8	40.0	35.0	4.0	3.1
Who	90.9	85.6	97.2	92.8	64.7	74.3	78.6	73.3	95.1	89.9	94.6	72.2	58.6	41.4	33.0	26.0	2.0	2.3
Number of girls	*372*	*376*	*142*	*139*	*190*	*152*	*159*	*157*	*444*	*458*	*74*	*72*	*304*	*285*	*100*	*100*	*151*	*129*

Table A5.38: Who decided on the marriage of married girls, reported by girls who said to be currently married (share, %)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Girl decided herself		1/2	2/3	1/2	6/8	1/2	5/8	8/12	4/4			3/4	3	15.0				7.1
Others decided		1/2	1/3				3/8	4/12				1/4	1	25.0			5/5	50.0
Joint decision *(others and the girl)*	1/1			1/2	2/8	1/2					3/3		1	60.0	1/1			35.7
Number of married girls	*1*	*2*	*3*	*2*	*8*	*2*	*8*	*12*	*4*	*0*	*3*	*4*	*5*	*20*	*1*	*0*	*5*	*14*

Table A5.39: Share of single girls who have been married before (%)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Yes	0.3	0.8			1.6	1.3	0.6				0.5	1.0		0.4		0.7		1.6
No	99.7	99.2	100	100	98.4	98.7	99.4	100	100	100	99.5	99.0	100	99.6	100	99.3	100	98.5
N single girls	*372*	*376*	*142*	*139*	*190*	*152*	*159*	*157*	*444*	*458*	*196*	*200*	*304*	*285*	*150*	*150*	*151*	*129*

Table A5.40: Share of currently married girls (12-17) who reported to be ever married (to someone else) before current marriage

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Yes				2/2					1/4		4.6	36.9		5.0			3/5	57.1
No	1/1	2/2	3/3		8/8	2/2	1/8	0	3/4		95.5	63.2	5/5	95.0	1/1		2/5	42.9
N Married girls	*1*	*2*	*3*	*2*	*8*	*2*	*8*	*12*	*4*	*0*	*22*	*38*	*5*	*20*	*1*	*0*	*5*	*14*

Table A5.41: Share of currently married girls whose marriage got registered

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Yes	1/1	1/2			1/8		1/8	3/12	1/4		31.8	21.0	5/5	95.0			5/5	100
No		1/2	3/3	2/2	7/8	2/2	7/8	8/12	3/4		22.7	50.0		5.0				
Don't know								1/12			45.5	28.9			1/1			
N Married girls	*1*	*2*	*3*	*2*	*8*	*2*	*8*	*12*	*4*	*0*	*22*	*38*	*5*	*20*	*1*	*0*	*5*	*14*

Table A5.42: Share of households who changed their opinions on child marriage in the last few years (%)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Yes	89.0	90.2	17.6	21.6	80.4	71.7	92.8	77.6	63.9	67.5	62.2	38.3	89.7	81.8	84.3	87.3	77.7	88.3
No	6.7	4.7	80.0	77.6	2.1	5.8		6.0	35.0	30.1	34.6	55.1	8.9	15.8	7.5	8.7	20.2	6.4
Don't know	4.3	5.1	2.4	0.9	17.5	22.5	7.2	16.4	1.1	2.4	3.2	6.6	1.4	2.5	8.2	4.0	2.1	5.3
N Households	*254*	*254*	*125*	*116*	*97*	*120*	*83*	*67*	*183*	*209*	*127*	*107*	*282*	*285*	*134*	*126*	*94*	*94*

Annex 6: t-test results

IND18.2 Mean degree of knowledge on SRHR (range 0-5)					
Country	Baseline mean value (std.dev)	Endline mean value (std.dev)	Difference EL-BL Difference in mean (std.dev) + sign. Level (stars)	Number of single girls - Baseline	Number of single girls - Endline
MALI	1.383 (1.149)	3.096 (1.76)	1.713*** (0.067)	788	1090
BANGLADESH	1.774 (1.075)	3.37 (1.446)	1.597*** (0.075)	552	589
NEPAL	1.234 (1.457)	2.645 (1.463)	1.411*** (0.16)	141	200
PAKISTAN	0.766 (0.755)	1.968 (1.296)	1.202*** (0.094)	201	280
GHANA	1.698 (1.213)	2.74 (1.828)	1.043*** (0.133)	258	281
BENIN	1.011 (0.776)	2.025 (1.563)	1.014*** (0.1)	268	316
BURKINA-FASO	1.609 (1.172)	2.572 (1.511)	0.963*** (0.064)	909	902
UGANDA	1.191 (0.729)	2.012 (1.304)	0.821*** (0.081)	320	342
ETHIOPIA	1.637 (1.057)	2.123 (1.334)	0.486*** (0.062)	733	748
SENEGAL (T)	1.27 (1.011)	1.205 (0.954)	-0.065 (0.117)	137	146
***: p-value <0.01, **: p-value <0.05, *: p-value <0.1					

IND6.2: Share of single girls who oppose FGM/C (Only African countries)					
Country	Baseline mean value (std.dev)	Endline mean value (std.dev)	Difference EL-BL Difference in mean (std.dev) + sign. Level (stars)	Number of single girls - Baseline	Number of single girls - Endline
MALI	21.437 (41.065)	93.944 (23.861)	72.507 *** (15.092)	779	1090
ETHIOPIA	83.379 (37.252)	78.074 (41.401)	5.301 *** (2.051)	728	748
SENEGAL (T)	74.809 (43.577)	80.822 (39.505)	6.012 (4.991)	131	146
BENIN	92.660 (76.626)	93.037 (25.490)	0.377 (4.946)	109	316
BURKINA-FASO	79.272 (40.557)	86.585 (34.099)	7.313 *** (1.762)	907	902
UGANDA	94.586 (1.458)	95.906 (1.072)	1.320 (1.821)	314	342
GHANA	94.736 (22.388)	88.256 (32.251)	6.480 (2.694)	190	281
***: p-value <0.01, **: p-value <0.05, *: p-value <0.1					

IND8: Share of sexually active girls who use contraception					
Country	Baseline mean value (std.dev)	Endline mean value (std.dev)	Difference EL-BL Difference in mean (std.dev) + sign. Level (stars)	Number of single girls - Baseline	Number of single girls - Endline
MALI	29.825 (46.155)	94.393 (23.115)	64.568*** (6.509)	57	107
ETHIOPIA	25 (44.096)	71.429 (48.795)	46.429*** (20.238)	28	7
SENEGAL (T)	6.667 (25.82)	50 (70.711)	43.333 (50.442)	15	2
BURKINA-FASO	48.921 (50.169)	75 (43.693)	26.079*** (7.225)	139	56
BENIN	47.107 (50.124)	67.01 (47.262)	19.903*** (6.617)	121	97
BANGLADESH	20 (44.721)	33.333 (57.735)	13.333 (38.873)	5	3
GHANA	38.462 (49.614)	45.714 (50.543)	7.253 (12.949)	26	35
UGANDA	69.159 (57.316)	62.712 (48.772)	-6.447 (8.427)	107	59
PAKISTAN	20 (44.721)	0 (0)	-20 (20)	5	2
***: p-value <0.01, **: p-value <0.05, *: p-value <0.1					

IND9: Share of girls who have spoken out in community meetings					
Country	Baseline mean value (std.dev)	Endline mean value (std.dev)	Difference EL-BL Difference in mean (std.dev) + sign. Level (stars)	Number of single girls - Baseline	Number of single girls - Endline
MALI	4.701 (21.18)	62.294 (48.487)	57.592*** (1.651)	787	1090
PAKISTAN	1.99 (14.001)	30 (45.908)	28.01*** (2.916)	201	280
NEPAL	2.128 (14.482)	27.5 (44.763)	25.372*** (3.392)	141	200
ETHIOPIA	5.062 (21.936)	21.39 (41.033)	16.329*** (1.706)	731	748
BANGLADESH	10.87 (31.154)	22.411 (41.735)	11.541*** (2.172)	552	589
BENIN	18.584 (38.984)	28.481 (45.204)	9.897*** (3.632)	226	316
BURKINA-FASO	11.013 (31.323)	17.96 (38.407)	6.947*** (1.648)	908	902
GHANA	15.175 (35.948)	19.929 (40.018)	4.754 (3.275)	257	281
SENEGAL (T)	18.045 (38.602)	19.863 (40.034)	1.818 (4.71)	133	146
UGANDA	19.749 (39.873)	19.006 (39.292)	-0.743 (3.082)	319	342
***: p-value <0.01, **: p-value <0.05, *: p-value <0.1					

IND20: Share of girls enrolled in formal education					
Country	Baseline mean value (std.dev)	Endline mean value (std.dev)	Difference EL-BL Difference in mean (std.dev) + sign. Level (stars)	Number of single girls - Baseline	Number of single girls - Endline
PAKISTAN	43.781 (49.736)	82.5 (38.065)	38.719*** (4.181)	201	280
MALI	54.442 (49.834)	89.633 (30.497)	35.191*** (2.001)	788	1090
ETHIOPIA	86.749 (33.928)	98.262 (13.077)	11.513*** (1.342)	732	748
BURKINA-FASO	79.758 (40.202)	89.8 (30.281)	10.042*** (1.672)	909	902
BENIN	47.909 (57.171)	57.911 (49.448)	10.003*** (4.491)	263	316
UGANDA	84.063 (36.66)	91.52 (27.899)	7.458*** (2.545)	320	342
BANGLADESH	90.036 (29.979)	97.114 (16.756)	7.078*** (1.451)	552	589
GHANA	89.804 (30.319)	96.797 (17.639)	6.993*** (2.171)	255	281
SENEGAL (T)	67.153 (47.138)	73.973 (44.029)	6.819 (5.431)	137	146
NEPAL	63.83 (48.221)	47 (50.035)	-16.83*** (5.386)	141	200
***: p-value <0.01, **: p-value <0.05, *: p-value <0.1					

IND11.1 Share of girls who know of SRHR services					
Country	Baseline mean value (std.dev)	Endline mean value (std.dev)	Difference EL-BL Difference in mean (std.dev) + sign. Level (stars)	Number of single girls - Baseline	Number of single girls - Endline
MALI	37.165 (48.355)	96.055 (19.475)	58.89*** (1.826)	783	1090
PAKISTAN	20.398 (40.396)	78.571 (41.106)	58.173*** (3.762)	201	280
BANGLADESH	39.855 (49.004)	89.474 (30.715)	49.619*** (2.44)	552	589
BURKINA-FASO	39.317 (48.872)	79.933 (40.072)	40.616*** (2.1)	908	902
NEPAL	39.007 (48.95)	75 (43.41)	35.993*** (5.14)	141	200
ETHIOPIA	38.934 (48.793)	73.93 (43.931)	34.996*** (2.415)	732	748
GHANA	55.039 (49.842)	83.986 (36.739)	28.947*** (3.799)	258	281
BENIN	60.8 (48.918)	70.253 (45.787)	9.453*** (4.026)	250	316
SENEGAL (T)	28.148 (45.14)	34.932 (47.839)	6.783 (5.547)	135	146
UGANDA	72.813 (44.562)	72.515 (44.709)	-0.298 (3.471)	320	342
***: p-value <0.01, **: p-value <0.05, *: p-value <0.1					

IND15.1 Share of girls who feel they can consult a source on SRHR issues					
Country	Baseline mean value (std.dev)	Endline mean value (std.dev)	Difference EL-BL Difference in mean (std.dev) + sign. Level (stars)	Number of single girls - Baseline	Number of single girls - Endline
MALI	32.225 (46.764)	96.514 (18.352)	64.289*** (1.762)	782	1090
ETHIOPIA	34.699 (47.634)	79.813 (40.167)	45.113*** (2.293)	732	748
NEPAL	58.865 (49.383)	97.5 (15.652)	38.635*** (4.304)	141	200
PAKISTAN	59.204 (49.268)	83.214 (37.441)	24.01*** (4.133)	201	280
BURKINA-FASO	57.017 (49.533)	77.827 (41.564)	20.81*** (2.151)	905	902
BANGLADESH	72.364 (44.761)	92.53 (26.313)	20.166*** (2.195)	550	589
GHANA	73.152 (44.403)	90.036 (30.006)	16.884*** (3.298)	257	281
BENIN	72.727 (44.621)	79.114 (40.714)	6.387* (3.576)	264	316
UGANDA	84.063 (36.66)	81.579 (38.822)	-2.484 (2.934)	320	342
SENEGAL (T)	52.941 (50.098)	41.781 (49.49)	-11.16* (5.935)	136	146
***: p-value <0.01, **: p-value <0.05, *: p-value <0.1					

IND15.2 Share of girls who feel supported in decision making on child marriage					
Country	Baseline mean value (std.dev)	Endline mean value (std.dev)	Difference EL-BL Difference in mean (std.dev) + sign. Level (stars)	Number of single girls - Baseline	Number of single girls - Endline
MALI	39.487 (48.914)	96.606 (18.117)	57.118*** (1.835)	780	1090
PAKISTAN	17.677 (38.244)	69.643 (46.062)	51.966*** (3.868)	198	280
ETHIOPIA	51.983 (49.996)	87.433 (33.17)	35.45*** (2.239)	706	748
NEPAL	43.571 (49.763)	77.5 (41.863)	33.929*** (5.143)	140	200
BANGLADESH	63.321 (48.237)	88.115 (32.388)	24.794*** (2.455)	548	589
BENIN	61.868 (48.666)	83.544 (37.137)	21.677*** (3.685)	257	316
BURKINA-FASO	67.869 (46.724)	84.812 (35.911)	16.942*** (1.973)	887	902
GHANA	88.285 (32.228)	95.73 (20.255)	7.445*** (2.41)	239	281
UGANDA	77.133 (44.445)	79.532 (40.406)	2.399 (3.393)	293	342
SENEGAL (T)	68.504 (46.634)	52.055 (50.13)	-16.449*** (5.86)	127	146
***: p-value <0.01, **: p-value <0.05, *: p-value <0.1					

IND16.1 Share of girls who know about protective laws on child marriage					
Country	Baseline mean value (std.dev)	Endline mean value (std.dev)	Difference EL-BL Difference in mean (std.dev) + sign. Level (stars)	Number of single girls - Baseline	Number of single girls - Endline
MALI	10.191 (30.272)	95.596 (20.527)	85.405*** (1.247)	785	1090
PAKISTAN	6.965 (25.519)	79.856 (40.18)	72.891*** (3.008)	201	278
NEPAL	24.823 (43.352)	93 (25.579)	68.177*** (4.074)	141	200
GHANA	31.048 (46.363)	92.883 (25.757)	61.834*** (3.321)	248	281
ETHIOPIA	42.156 (49.415)	89.439 (30.755)	47.283*** (2.144)	733	748
BURKINA-FASO	32.405 (46.828)	78.049 (41.415)	45.643*** (2.084)	898	902
BENIN	40.4 (49.168)	70.886 (45.501)	30.486*** (4.028)	250	316
SENEGAL (T)	20.896 (40.809)	47.26 (50.097)	26.365*** (5.442)	134	146
UGANDA	56.27 (49.685)	76.608 (42.394)	20.338*** (3.632)	311	342
BANGLADESH	87.319 (33.306)	98.302 (12.93)	10.983*** (1.514)	552	589
***: p-value <0.01, **: p-value <0.05, *: p-value <0.1					

IND1.2 Mean degree of reported control over decision if, when and whom to marry (range 0-3)					
Country	Baseline mean value (std.dev)	Endline mean value (std.dev)	Difference EL-BL Difference in mean (std.dev) + sign. Level (stars)	Number of single girls - Baseline	Number of single girls - Endline
MALI	0.577 (0.962)	2.755 (0.685)	2.178*** (0.04)	788	1090
UGANDA	0.963 (1.125)	2.161 (0.969)	1.198*** (0.082)	320	342
BANGLADESH	0.757 (0.849)	1.924 (1.069)	1.166*** (0.057)	552	589
SENEGAL (T)	1.314 (0.945)	2.452 (0.856)	1.138*** (0.107)	137	146
BURKINA-FASO	1.476 (1.091)	2.516 (0.833)	1.039*** (0.046)	909	902
NEPAL	0.383 (0.488)	1.415 (1.113)	1.032*** (0.089)	141	200
BENIN	1.164 (1.738)	2.104 (1.109)	0.94*** (0.123)	268	316
ETHIOPIA	1.727 (1.154)	2.652 (0.749)	0.925*** (0.051)	733	748
PAKISTAN	0.179 (0.477)	0.382 (0.611)	0.203*** (0.05)	201	280
GHANA	1.884 (1.015)	2.865 (0.474)	0.981*** (0.069)	258	281
***: p-value <0.01, **: p-value <0.05, *: p-value <0.1					

Results t-tests on indicators at global Her Choice programme-level						
Region	IND	Baseline mean value (std.dev)	Endline mean value (std.dev)	Difference EL-BL Difference in mean (std.dev) + sign. Level (stars)	Number of single girls - Baseline	Number of single girls - Endline
GLOBAL	IND18	1.468 (1.109)	2.579 (1.612)	1.111*** (0.029)	4307	4894
GLOBAL	IND6	56,334 (52,46)	90,342 (29,544)	34,008*** (0,013)	1926	2454
GLOBAL	IND8	47.024 (52.294)	72.826 (44.546)	25.802*** (3.289)	504	368
GLOBAL	IND9	9.612 (29.479)	30.895 (46.211)	21.283*** (0.8)	4255	4894
GLOBAL	IND20	73.988 (44.402)	87.761 (32.777)	13.773*** (0.824)	4298	4894
GLOBAL	IND111	42.383 (49.422)	81.222 (39.058)	38.839*** (0.939)	4280	4894
GLOBAL	IND151	54.641 (49.79)	85.145 (35.568)	30.504*** (0.915)	4288	4894
GLOBAL	IND152	57.557 (49.577)	86.269 (34.421)	28.712*** (0.911)	4175	4894
GLOBAL	IND161	37.432 (48.4)	86.222 (34.47)	48.79*** (0.891)	4253	4892
GLOBAL	IND1	1.128 (1.177)	2.318 (1.03)	1.191*** (0.023)	4307	4894
****: p-value <0.01, **: p-value <0.05, *: p-value <0.1*						

Annex 7: Effects of the Her Choice programme: study participants' perceptions

Table A7.1: Whether effects of Her Choice program activities are seen in the district/municipality, reported by district officials

	Ethiopia	Ghana	Uganda	Benin	Burkina Faso	Senegal	Bangladesh	Nepal	Pakistan
Yes	12/12	2/2	1/1	4/4	8/8	5/5	2/2	2/2	2/2
N District officials	*12*	*2*	*1*	*4*	*8*	*5*	*2*	*2*	*2*

Table A7.2: Whether perceived effects in district are considered positive, less positive, or both, reported by district officials

	Ethiopia	Ghana	Uganda	Benin	Burkina Faso	Senegal	Bangladesh	Nepal	Pakistan
Positive only	12/12	2/2	1/1	4/4	7/8	4/5	2/2	2/2	2/2
Negative only									
Positive *and* negative					1/8	1/5			
N District officials	*12*	*2*	*1*	*4*	*8*	*5*	*2*	*2*	*2*

Table A7.3: Whether effects of Her Choice program activities are seen in the village, reported by village leaders

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Yes	10/10	10/10	2/2	2		1/1	3/4	4/4	9/9	6/6	3/3	1/2	2/2	2/2	3/3	3/3	2/2	2/2
No					1/1		1/4					1/2						
N Village leaders	*10*	*10*	*2*	*2*	*1*	*1*	*4*	*4*	*9*	*6*	*3*	*2*	*2*	*2*	*3*	*3*	*2*	*2*

Table A7.4: Whether perceived effects in the village are considered positive, less positive, or both, reported by village leaders who noticed effects

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Positive only	9/10	10/10	2/2	2/2		1/1	3/3	4/4	8/9	6/6	3/3		2	2	3	3	2	2
Positive and negative	1/10								1/9			1/1						
N Village leaders	*10*	*10*	*2*	*2*	*0*	*1*	*3*	*4*	*9*	*6*	*3*	*1*	*2*	*2*	*3*	*3*	*2*	*2*

Table 7.5: Whether effects of Her Choice program activities are seen in the health centre, reported by in-charge of health centres

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Yes	4/4	6/6	3/3	3/3		1/1	6/6	3/3/	9/9	5/5	1/1	1/1	2/2	1/1	3/3	2/2	2/2	2/2
N in charge of health center	*4*	*6*	*3*	*3*	*0*	*1*	*6*	*3*	*9*	*5*	*1*	*1*	*2*	*1*	*3*	*2*	*2*	*2*

Table A7.6: Whether perceived effects in the health centre are considered positive, less positive, or both, reported by In charge of health centre

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Positive	4/4	6/6	3/3	3/3		1/1	4/4	3/3	11/11	9/9	2/2	2/2	2/2	2/2	3/3	3/3	4/4	4/4
N In charge of health center	*4*	*6*	*3*	*3*	*1*	*1*	*4*	*3*	*11*	*9*	*2*	*2*	*2*	*2*	*3*	*3*	*4*	*4*

Table A7.7: Whether effects of Her Choice program activities are seen in the school, reported by school principals

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Yes	9/9	9/9	2/2	2/2	1/1	1/1	4/4	3/3	11/12	9/9	2/2	2/2	2/2	2/2	3/3	3/3	4/4	4/4
No									1/12									
N school principals	*9*	*9*	*2*	*2*	*1*	*1*	*4*	*3*	*12*	*9*	*2*	*2*	*2*	*2*	*3*	*3*	*4*	*4*

Table A7.8: Whether effects of Her Choice program activities are seen in the school, reported by teachers

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Yes	18	18	4/4	3/3	2/2	1/1	4/4	4/4	11/11	7/8	5/5	1/5	2/2	2/2	3/3	3/3	3/3	4/4
No										1/8								
No Response												4/5						
N teachers	*18*	*18*	*4*	*3*	*2*	*1*	*4*	*4*	*11*	*8*	*5*	*5*	*2*	*2*	*3*	*3*	*3*	*4*

Table A7.9: Whether household heads know about activities organised by the Her Choice programme in their community (%)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Yes	78.0	63.0	64.4	59.5	17.5	24.7	100	56.7	97.8	96.2	78.7	41.1	92.9	77.5	78.4	19.8	79.8	96.8
No	22.0	37.0	35.6	40.5	82.5	75.3		43.3	2.2	3.8	21.3	58.9	7.1	22.5	21.6	80.2	20.2	3.2
N households	*254*	*254*	*90*	*79*	*120*	*97*	*83*	*67*	*183*	*209*	*127*	*107*	*282*	*285*	*134*	*126*	*94*	*94*

Table A7.10: Whether effects of Her Choice program activities are noticed for the household, reported by household heads who know of Her Choice activities (%)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Yes	86.3	81.3	84.6	100	66.7	75.0	98.8	94.7	98.3	99.5	95.0	93.2	98.1	93.7	95.2	88.0	96.7	91.8
No	13.7	18.8	15.4		33.3	25.0	1.2	5.3	1.7	0.5	5.0	6.8	1.9	6.3	4.8	12.0	3.3	8.2
N households	*197*	*160*	*52*	*40*	*21*	*24*	*83*	*38*	*179*	*201*	*100*	*44*	*262*	*221*	*105*	*25*	*90*	*73*

Table A7.11: Whether perceived effects in the household are considered positive, less positive, or both, reported by household heads who noticed effects of Her Choice activities (%)

	Ethiopia		Ghana		Uganda		Benin		Burkina Faso		Senegal		Bangladesh		Nepal		Pakistan	
	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C	T	C
Positive only	97.1	99.2	86.0	80.9	92.9	94.4	93.9	94.4	98.3	98.0	98.9	100.0	96.5	93.2	100.0	86.4	93.1	95.5
Negative only	2.4		14.0	14.9					0.6	0.5			0.8	2.4		13.6		
Both positive and negative	0.6	0.8		4.3	7.1	5.6	6.1	5.6	1.1	1.5	1.1		2.7	4.3			6.9	4.5
N households that noticed effects	*170*	*130*	*50*	*47*	*14*	*18*	*82*	*36*	*176*	*200*	*95*	*41*	*257*	*207*	*100*	*22*	*87*	*67*

Annex 8: Effects of Covid-19 and related restrictions reported by study participants

Table A8.1: Whether school was open before Covid-19 related restrictions, reported by principal

	Benin	Burkina Faso	Senegal	Mali	Bangladesh	Nepal
Yes	7/7	90.5	4/6	9/14	4/4	3/3
No		9.5	2/6	5/14		
N Principals	*7*	*21*	*6*	*14*	*4*	*3*

Table A8.2: Whether school opened following the end of the Covid-19 restrictions, reported by principal

	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
Yes	6/7	71.4	14	5/6		2/3
No	1/7	28.6		1/6	4/4	1/3
N Principals	*7*	*21*	*14*	*6*	*4*	*3*

Table A8.3: Change in school attendance following the end of the Covid-19 restrictions, reported by principal

	Benin	Burkina Faso	Mali	Senegal	Nepal
Attendance increased			3/14		1/2
Attendance decreased	4/6	33.3	9/14	3/5	
Attendance stayed the same	2/6	66.7	2/14	2/5	1/2
N Principals	*6*	*15*	*14*	*5*	*2*

Table A8.4: Effects of Covid-19 on girls' schooling – share of girls answering which statement applies (%)

	Uganda	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
Before Covid-19 I did not go to school and I still don't go to school now	12.5	27.7	9.8	9.4	23.5	4.4	11.3
Before Covid-19 I went to school, and I have returned to school now that the restrictions have ended	11.9	53.0	42.4	86.6	31.0	2.1	19.3
Before Covid-19 I used to go to school, but I have **not** returned to school since the Covid-19 restrictions ended	65.1	11.6	44.9	0.6	38.5	22.6	24.7
Other	10.5	7.7	2.9	3.4	7.0	70.8	44.7
N Girls	*352*	*336*	*906*	*1100*	*455*	*614*	*300*

Table A8.5: Main reasons why girls did not go back to school after Covid-19 restrictions ended (%)

	Uganda	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
My parents are worried about me becoming infected with Covid-19	0.9	2.6	2.7	1/7		1.4	
I am worried about becoming infected with Covid-19	7.9	10.3	4.9	4/7	1.7	1.4	1.4
Teachers have not yet returned	3.5	2.6	11.8		8.6	0.7	
My parents cannot afford the school fees		15.4	0.2			1.4	1.4
I need to help at home	0.9	12.8	0.2		1.7		1.4
My school has not opened	81.2	5.1	61.7		69.1	74.1	83.8
I need to work	2.6	46.2			0.6		1.4
Other	3.1	5.1	18.4	2/7	18.3	20.9	10.8
N girls who did not go back to school	*229*	*39*	*407*	*7*	*175*	*139*	*74*

Table A8.6: Whether effect of Covid-19-related restrictions on household's possibilities to send children to school, reported by household heads (%)

	Uganda	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
Yes, effects on schooling of children	88.0	3.3	33.2	44.6	76.1	24.7	61.8
No effects on schooling of children	12.0	96.7	66.8	55.4	23.9	75.3	38.2
N households	*217*	*150*	*392*	*543*	*234*	*567*	*207*

Table A8.7: Whether presence of Covid-19 cases in the communities the health centre serves, reported by in-charge health centre

	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
Yes, cases of Covid-19	1/9	7.1	2/13	1/4	3/4	4/4
No cases of Covid-19	8/9	92.9	11/13	3/4	1/4	
N In-charge HC	*9*	*14*	*13*	*4*	*4*	*4*

Table A8.8: Change in health centre attendance by young people for issues *other* than for Covid-19, reported by in-charge health centre

	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
Increase in attendance			3/13			3/4
Decrease in attendance	1/9	7.1	4/13	3/4	3/4	
Attendance stayed the same	8/9	92.9	6/13	1/4	1/4	1/4
N In-charge HC	*9*	*14*	*13*	*4*	*4*	*4*

Table A8.9: Effect of Covid-19-related restrictions on availability of medicines or contraceptives, reported by in-charge health centre

	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
Positive – more medicines			1/13	1/4		2/4
Negative – less medicines		35.7	1/13	2/4		1/4
Neutral – no change	9/9	64.3	11/13	1/4	4/4	1/4
N In-charge HC	*9*	*14*	*13*	*4*	*4*	*4*

Table A8.10: Effects of Covid-19 related restrictions on household income, reported by household heads (%)

	Uganda	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
Income has improved	3.2	0.7	1.0	2.2	9.8		1.0
Income has deteriorated	81.1	78.7	76.3	15.3	68.4	74.6	52.7
Income stayed the same	15.7	20.7	22.7	82.5	21.8	25.4	46.4
N households	*217*	*150*	*392*	*543*	*234*	*567*	*207*

Table A8.11: Whether Covid-19-related restrictions had effect on household's access to food, reported by household heads (%)

	Uganda	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
Yes, effect on access to food	53.0	49.3	46.7	7.2	76.5	63.3	33.8
No effect on access to food	47.0	50.7	53.3	92.8	23.5	36.7	66.2
N households	*217*	*150*	*392*	*543*	*234*	*567*	*207*

Table A8.12: Effects of Covid-19-related restrictions on incidence of domestic violence against women, reported by village leaders

	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
Domestic violence against women increased		6.7		2/5	3/4	
Domestic violence against women decreased		20.0		1/5		
Domestic violence against women unchanged	8/8	73.3	14/14	2/5	1/4	1/1
N villages	*8*	*15*	*14*	*5*	*4*	*1*

Table A8.13: Effects of onset of Covid-19 on child marriage incidence in the district, reported by district officials

	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
Increased incidence of child marriage		1/8			1/1	
Decreased incidence of child marriage		2/8	4/9	2/5		
Unchanged Incidence of child marriage	4/4	5/8	5/9	3/5	1/1	1/1
N Districts	*4*	*8*	*9*	*5*	*2*	*1*

Table A8.14: Whether Covid-19-related restrictions have led to an increase in pregnancies amongst pupils, reported by school principal

	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
Yes,		9.5		33.3		
No	100.0	90.5	14/14	66.7	100.0	100.0
N Principals	*7*	*21*	*14*	*6*	*4*	*3*

Table A8.15: Whether Covid-19 had effect on number of teenage pregnancies attended to at facility, reported by in-charge health centre

	Benin	Burkina Faso	Mali	Senegal	Bangladesh	Nepal
Yes		14.3	2/13	25.0	100.0	25.0
No	100.0	85.7	11/13	75.0		75.0
N in-charge HC	*9*	*14*	*13*	*4*	*4*	*4*