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Save the Children®

PREVENTING AND RESPONDING TO CHILD, EARLY, FORCED MARRIAGE AND UNIONS

Technical Guidance 2021

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ACRONYM LIST

CCT	Conditional Cash Transfer
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CEFMU	Child, Early, Forced Marriage and Unions
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
GBV	Gender-Based Violence
GNB	Girls Not Brides
IGA	Income Generating Activity
LAC	Latin America and the Caribbean
MEAL	Monitoring, Evaluation, Accountability, and Learning
MHPSS	Mental Health and Psychosocial Support
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
SC	Save the Children
TOC	Theory of Change
UN	United Nations
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations International Children's Emergency Fund
VAWG	Violence against Women and Girls
WCA	West and Central Africa
WHO	World Health Organization
WRO	Women's Rights Organisation

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1. INTRODUCTION

Purpose

Child, early, forced marriage and unions (CEFMU) is a severe violation of human rights and results in significant threats to children's immediate and long-term well-being. As a child rights organisation dedicated to ensuring all children have an equal opportunity to survive, learn, and live free from violence, Save the Children recognises that urgent action is required to prevent and respond to CEFMU. We are committed to defending the rights of children who are most impacted by discrimination and inequality, and we prioritise advancing gender equality, supporting girls' empowerment, and ending all forms of gender-based violence, including CEFMU.

High-quality, gender-transformative interventions across thematic areas are required to tackle a complex and critical challenge such as CEFMU. Save the Children has developed this practical guide to support the strengthening of programming and advocacy strategies across our movement to prevent CEFMU and to respond to its consequences most effectively.

This document is designed for programmes, policy and advocacy, communications, and fundraising staff. It covers:

- A brief overview of the drivers and consequences of CEFMU
- Guidance on how we will approach our work to end CEFMU, including Guiding Principles and a Theory of Change
- Practical guidance to inform high-quality programming and advocacy, including best practice strategic actions and sample indicators to measure progress
- A suite of resources to translate knowledge into practice, including examples from Save the Children's experiences preventing and responding to CEFMU, theme-specific and communications guidance, illustrative policy recommendations, and a resource guide for additional reading

Save the Children currently is conducting cutting edge research on preventing and responding to CEFMU in humanitarian settings, and additional humanitarian-specific guidance will follow once that research is complete. For further CEFMU guidance contextualized to a humanitarian setting, see “Addressing Child Marriage in Humanitarian Settings—Technical Guidance for staff and partners of the UNFPA-UNICEF Global Programme to End Child Marriage.”ⁱ

The Problem

Child, early, forced marriage and unions (CEFMU) is a violation of human rights that disproportionately affects adolescent girls and both a form and cause of gender-based violence (GBV). CEFMU has a profound and life-changing impact on the lives of children, their families, and subsequent generations.

CEFMU describes three overlapping terms:



Child marriage is globally defined as a formal or informal union where one or both parties are under the age of 18.ⁱⁱ The term **early marriage** is also used to describe a situation where at least one party is under 18, but the terminology focuses on how being under 18 compromises the ability to consent to marriage. The term **forced marriage** refers to a situation where at least one party does not provide full and informed consent, irrespective of age. It may also refer to a situation where at least one party is not able to leave or end the marriage.ⁱⁱⁱ

CEFMU is a global problem that cuts across countries, cultures, religions, and ethnicities. Married girls can be found in every region in the world, from the Middle East to Latin America and from South Asia to Europe and North America.^{iv} South Asia is home to the largest number of already married girls, followed by sub-Saharan Africa.^v More than 700 million women alive today were married as children, and more than a third of those unions took place before the women were 15.^{vi} Globally, Niger has the highest rate of child marriage with 76% of girls married before they turn 18.

Adolescence is a critical window of opportunity to improve the well-being, future life chances, and outcomes for young people.^x CEFMU often prevents children, particularly adolescent girls, from exercising their rights. These rights include enjoying the highest attainable standard of health, completing their education, and living free from all forms of violence.



ADOLESCENCE is the period between childhood and adulthood—beginning with puberty and transitioning from dependence on caregivers to being self-sufficient adult members of society. This transitional period between childhood and adulthood is marked by changes to adolescents’ physical, cognitive, behavioural, and psychosocial characteristics.^{vii} During this time, children begin to take on new gendered roles, often reinforcing entrenched and discriminatory gender norms and gendered expectations of behaviour.^{viii}

For more information on Save the Children’s work with and for adolescents, please refer to our [Adolescent Wellbeing Framework for Action](#).^{ix}



WHAT ABOUT BOYS?

Prevalence data on CEFMU among boys indicates that an average of 4.5% of boys worldwide are married as children with variation in prevalence across countries and regions.^{xi} The Central African Republic has the highest prevalence of child marriage among boys (28%), followed by Nicaragua (19%), and Madagascar (13%).^{xii} Evidence from countries with available data indicates that child marriage is more common among girls than boys with a prevalence rate 2.5 times higher in East Asia and the Pacific and ten times higher in West and Central Africa.^{xiii}

Little research exists on boys’ experience of CEFMU, which may be associated with the fact that the marriage of boys does not carry the same serious health ramifications as the marriage of girls. Importantly, the drivers of CEFMU for boys are different than those for girls due to both biological factors and differing social norms and gender roles boys and girls are expected to fulfil. However, some social consequences, specifically the financial burdens associated with parenthood and loss of education and work opportunities, may overlap with the myriad of consequences experienced by girls.^{xiv} More research is needed to understand the drivers of CEFMU among boys, specifically the social and gender norms that may influence this practice.

Global Trends

While some progress has been made to decrease the prevalence of CEFMU, that progress is too slow to meet the Sustainable Development Goal (SDG) deadline in 2030, and the impacts of COVID-19 further threaten progress in the short and long term. Recent UNICEF analysis projected that 110 million more child marriages would occur by 2030 with 10 million of those due directly to COVID-19.^{xv} Save the Children’s 2020 analysis of the impact of COVID-19 on factors driving CEFMU projected 2.5 million more child marriages by 2025.^{xvi}

Rates of change across regions vary. South Asia has witnessed the largest decline in CEFMU in the last decade—a girl’s risk of marrying before 18 has dropped from nearly 40% to 25% in the last ten years.^{xvii} The Middle East and North Africa region has made progress over the last three decades, reducing CEFMU to 16.5% (from 22%).^{xviii} In Eastern Europe and Central Asia,

despite absolute numbers being smaller, the rate of change inverted direction.^{xix} Rates of CEFMU (including early unions) in Latin America and the Caribbean (LAC) have changed little in the past 25 years. If rates remain unchanged, LAC will have the second highest regional rate of CEFMU by 2030, behind sub-Saharan Africa.^{xx} According to Save the Children’s GRID data and analysis, this change is already underway with estimated rates in LAC being slightly higher than sub-Saharan Africa for 2021.^{xxi}

Data collection on CEFMU is often difficult due to safety and ethical considerations, and it has become especially challenging during the pandemic. Progress has been made in the collection of CEFMU data more generally, although nearly entirely within stable contexts. Following the unanimous adoption of the 2030 Agenda for Sustainable Development by the UN General

Assembly in 2015, there was a concerted effort to better capture CEFMU data to enable the international community to measure progress on SDG Target 5.3 (Ending Child Marriage). CEFMU prevalence data in most reviewed reports and research comes primarily from Demographic and Health Surveys (DHS) and Multiple Indicator Surveys (MICS). This data is generally collected every 3-10 years. While prevalence data is important for revealing global trends over time, it does not allow for community-level analysis and mostly reflects periods of stability.

The Global Protection Cluster, a humanitarian response coordination mechanism, has emphasised the increased risk of CEFMU in humanitarian contexts due to COVID-19. In March 2021, 50% of protection clusters reported CEFMU as a severe to extreme risk in their respective contexts.^{xxii} Given that practices around CEFMU in humanitarian settings are likely localized and experience greater variation over time than in stable settings, the existing data is insufficient for providing more contextual information, identifying drivers, and establishing shorter term temporal trends.^{xxiii} Apart from prevalence studies, research institutes and academics have also conducted qualitative, quantitative, and mixed methods research on CEFMU to investigate its drivers in addition to its prevalence. However, there are regional gaps in the evidence base. Much of the CEFMU research rightly focuses on sub-Saharan Africa and South Asia. However, only 2% of CEFMU research focuses on the Latin America and Caribbean region despite this region having the third highest child marriage prevalence.^{xxiv} While there is strong focus on the individual, family, and community level belief systems that drive CEFMU, gaps in existing evidence include power dynamics between women and men and social consequences associated with CEFMU.^{xxv}

Another key gap in the evidence base is that datasets derived from DHS and MICS are unavailable entirely in some contexts, including the United States. Their unavailability leaves large gaps in comparable data for trend comparisons. The main source for the data on CEFMU that populates the SDG database comes from a dataset compiled by UNICEF.^{xxvi} Additionally, there is a strong need for evidence on how intersectional issues might drive child marriage (e.g., how girls with disabilities experience child marriage).^{xxvii}

As noted above, data collection on this issue is challenging, but existing population growth data coupled with analysis from child marriage experts has flagged the increasing number of children affected by CEFMU because of the growing global population even while prevalence rates in some contexts are decreasing.^{xxviii}

Drivers of CEFMU

The drivers of CEFMU vary across contexts with increasing recognition that CEFMU is universally rooted in gender inequality and discrimination. A recent systematic review of CEFMU research demonstrates three commonalities (outlined below) that underlie CEFMU across most settings: gender roles and opportunities, gender and sexuality, and gender and socio-economic status.^{xxix} Apart from these three broad areas commonly associated with CEFMU in most settings, studies document other factors that may drive CEFMU or exacerbate other noted drivers, including living in a rural location and conflict and forced displacement.^{xxx}

Gender Roles: A strong contributor to the practice of CEFMU is the rigidity of gender roles that define marriage and motherhood as the primary pathway to adulthood and social status. Across the life cycle, gender roles are taught and learned through the process of socialisation. Research shows that, from childhood, girls are taught to care for the family and face chores and tasks within the household that limit their play in contrast to the freedom and mobility boys are given. In early adolescence, these distinctions between girls and boys are amplified with many boys offered pathways and opportunities for education and employment while girls are expected to manage households and move toward marriage.^{xxxi} In many settings, there is a close connection between childbearing and CEFMU, manifested in the importance placed on girls proving fertility soon after puberty and marriage. Prescriptive gender roles that envision narrow pathways and opportunities for girls often limit future employment opportunities and/or the investments that are made by families in their education. Numerous studies indicate a complex relationship between education and CEFMU. Girls who stay in school (especially post primary level) are able to delay marriage while dropping out precipitates CEFMU, and each year of schooling results in delay in CEFMU.^{xxxii} For girls with disabilities, these expectations may intersect with negative attitudes and stigma about disability, resulting in parents marrying off girls with disabilities to “normalise” them.^{xxxiii} However, girls who do not marry early may face social stigma because they fail to fit within the gender roles prescribed by society.^{xxxiv}

Gender and Sexuality: There is a strong connection between deeply held norms regarding girls’ sexuality and CEFMU. Key considerations in the practice of CEFMU often include preventing girls’ premarital sexual activity and protecting their chastity, reputation, honour, and virginity as well as preserving family honour.^{xxxv}

In many settings, premarital sexual activity, rape, and/or pregnancy may be a precursor to CEFMU.^{xxxvii} In a wide variety of settings, the threat and experience of sexual violence and harassment for unmarried girls is a social sanction that often enforces CEFMU. This fear of sexual violence is especially pronounced in humanitarian contexts where concerns around protection and family honour can be major drivers of CEFMU.^{xxxviii}

Gender and Socio-Economic Status: The intersection between gender inequality and socio-economic status is a strong driver of CEFMU. In contexts where discriminatory gender norms are deeply entrenched, CEFMU can be a dominant strategy for coping with poverty constraints and lack of basic needs such as food and shelter for families facing economic or food insecurity. In some settings, CEFMU is linked to other financial benefits associated with marriage arrangements such as dowry payment (transfers from the bride's family to the groom's family) and bride price (transfers from the groom's family to the bride's family). These practices vary across contexts and social classes. Dowries tend to increase with the age of a girl and can impoverish families of daughters. Marrying girls at a young age can save families significant costs. Bride prices may act as an incentive to marry girls at young ages when their value is high, placing a downward pressure on age at marriage. However, poverty is not universally predictive of this practice and, in some settings, social prestige, display of socio-economic status, and religiosity can serve as the key drivers for CEFMU.

Consequences of CEFMU for Girls

Gender inequality is the fundamental dynamic that underlies CEFMU, occurring at greater rates among girls and resulting in disproportionate negative outcomes for girls and women, including domestic violence, early pregnancies, financial dependence, and social isolation.

Violence: CEFMU is both a form of gender-based violence and a predictor of future violence. Girls who marry before turning 18 are more likely to face emotional, physical, and/or sexual violence from a partner throughout their lives as well as potential violence from the husband's family members.^{xxxix} An inherent imbalance of power in the majority of CEFMUs—where older men marry younger girls—results in greater risk of intimate partner violence. Girls who marry before 18 are also more likely to describe their first sexual experience as forced.^{xl xli xlii}

Health: CEFMU violates girls' rights to health, including sexual and reproductive health and rights (SRHR) and mental health with devastating consequences over the long term. CEFMU can lead to sexual activity before girls are physically and emotionally

ready. The imbalance of power in CEFMU can result in girls being unable to negotiate or discuss when sex occurs and if and what type of contraception is used, leading to earlier and frequent pregnancies. The inability to negotiate decisions has long-term implications, impacting access to SRH information and services and resulting in a range of long-term health complications, including HIV/AIDS and sexually transmitted infections. CEFMU is a main contributing factor to adolescent pregnancy. Nine out of ten births to girls aged 15-19 occur within marriage with girls often not having a say about whether and when to begin childbearing.^{xliii} Power imbalances within marriages may result in ongoing barriers to accessing SRH services, reducing the options for limiting or spacing pregnancies.^{xliv} Adolescent pregnancies have serious health impacts for girls, including increasing risk of postpartum complications and obstetric fistula.^{xlv} Complications from pregnancy and childbirth are the leading cause of death among 15–19-year-old girls.^{xlvi} CEFMU also has serious consequences for the mental health and well-being of girls, both in the short term and long term.^{xlvii} Girls married as children are at increased risk for emotional distress, depression, and suicidality induced by their exposure to GBV^{xlviii} and the burden of handling marital responsibilities at an early age.^{xlix}

Education: CEFMU can be both the cause and consequence of interrupted education. Girls who marry early often leave (or are forced to leave) formal education to take up household responsibilities or due to expectations about marital responsibilities or pressures to bear and care for children. There can be numerous obstacles for married girls and young mothers to return to school. The longer a girl stays in school, the less likely she is to be married before the age of 18.ⁱ Every year that a girl marries early has been associated with the reduction in the likelihood of completing secondary school by 4-10%.ⁱⁱ Additionally, CEFMU reduces education prospects for the children of child brides by curtailing their mothers' education.ⁱⁱⁱ

Economic: In addition to the detrimental impact on women and girls, the practice of CEFMU imposes substantial costs to national and global economies. A 2017 World Bank study estimated the negative impacts of this practice and its global economic costs, including its significant impact on fertility and population growth. The study also documented the significant impact on women's earnings due to the fact that CEFMU often interrupts or stops girls' education and limits opportunities for economic activity. Global estimates are associated with the impact of CEFMU on welfare benefits from high fertility and population growth, increase in under-five mortality and malnutrition, and lower educational attainment which results in lower earnings.ⁱⁱⁱⁱ

2. GUIDING PRINCIPLES^{LIV}



With Girls, For Girls: All programmes, advocacy, and campaigns related to CEFMU must ensure girls' informed consent, agency, and meaningful participation. This includes innovative ways to advance girls' safe and meaningful participation and leadership as both part of the design, implementation, and assessment process of our programmes and advocacy, as well as participation as an outcome to ensure that their own wishes and aspirations are respected and fulfilled.



Comprehensive, holistic, and contextually appropriate programming and advocacy: No single strategy will end CEFMU. We position CEFMU as an issue to be addressed through both stand-alone, comprehensive programmes and advocacy primarily focused on CEFMU within each specific context as well as an issue to be integrated across all sectors within which Save the Children works.



Best Interests of the Child: In line with the Conventions on the Rights of the Child (CRC), Save the Children holds that, in all cases, the best interests of the individual child should be the primary consideration for all our actions.



Change must be catalyzed and sustained by global, regional, national, and local action: Our strategies should be guided by girls and integrated with existing efforts to address CEFMU, including advocacy, to ensure enabling legal and policy environments. It is critical to promote the full implementation of all ratified conventions, agreements, and resolutions and to produce an alignment of international, national, and local laws and policies, including relevant budgets.



Focus both on preventing CEFMU and ensuring married girls can claim their full and equal rights: The factors that make girls vulnerable to CEFMU also put them in a position of vulnerability within marriage/union. Working to address these two goals simultaneously can have a mutually reinforcing impact on improving the status of girls more broadly.



Safeguarding and Do No Harm: Save the Children has zero tolerance for the abuse and exploitation of children by any of our representatives. We are equally committed to doing everything within our power to avoid unintended harm or accidents to children, their families, or communities because of any of our activities. All Save the Children programmes, advocacy, and campaigns must always adhere to Save the Children's global safeguarding policies and protocols.



Programme, advocacy, and campaign strategies will be rights-based, gender-transformative, and informed by gender and power analysis: Our approach will be informed by detailed analysis of gender, power, and social and gender norms in each context, taking an intersectional approach to recognise how different power hierarchies and identities affect the risks and consequences associated with CEFMU. We aim to implement gender-transformative approaches that challenge and address the root causes of gender inequality, working at multiple levels (individual, family, community, institutional, policy) in alignment with the socio-ecological approach.

3. GENDER AND POWER ANALYSIS

Formative research is essential—especially before the design phase—to ensure that programmatic approaches are evidence-based and do no harm and that contextual nuances are understood before intervention strategies are developed. Gender and Power (GAP) analysis is a type of action research that examines unequal power relations. It includes reviewing existing literature within each setting, including data on prevalence, drivers, consequences, and key stakeholder groups. It explores gender inequalities and intersecting systems of oppression that impact people's individual and collective ability to fully exercise their rights. Findings and recommendations from a GAP analysis support context-specific approaches that transform unequal gender relations and address the root causes of CEFMU. GAP Analysis enables us to adapt and tailor our Theory of Change (see below) to each unique context, through highlighting which drivers and consequences of CEFMU are paramount.

This section outlines the key issues to be considered during a GAP Analysis and provides a list of illustrative questions relevant to CEFMU activities across different sectors.

What Is a GAP Analysis? ^{LVI}

Save the Children's GAP Analysis highlights gender as a key power differential that structures social interactions, relations, and institutions in every community and country. Gender norms and hierarchies exist in all aspects of social life and shape everything from an individual's family roles and decision-making power to

DOMAINS OF GAP ANALYSIS



Laws, policies, regulations & institutional practices



Social norms & beliefs



Roles, responsibilities & time use



Patterns of decision-making



Access to and control over resources



Safety, dignity and well-being

market systems and inheritance rights. Therefore, centering gender recognises the pervasive inequities and rights violations caused by patriarchal beliefs and unequal power relations at the individual, interpersonal, community, and societal levels.

Importantly, the GAP framework is grounded in a broad consideration of power. It helps to identify which **power differentials** and related **systems of oppression** shape the practice of child marriage at a given time and place. Power differentials are social categories or markers that identify varying degrees of power and status between individuals and groups. Power differentials to examine within a GAP analysis include:

POWER DIFFERENTIALS



Gender



Age



Sexual Orientation



Socio-economic Status



Disability



Race, Ethnicity, Caste, Indigeneity



Nationality and Migrant, Refugee, & Internally Displaced Status

SYSTEMS OF OPPRESSION

Sexism, Transphobia

Ageism

Heteronormativity, Homophobia, Biphobia

Classism

Ableism

Racism, Xenophobia, Colorism

Racism, Xenophobia, Lack of Legal Status

Many power differentials and systems of oppression exist. They intersect in different ways in particular geographies and communities to shape CEFMU practices. The same power differentials will not exist or operate in the same manner in every location. Consequently, a GAP analysis should be tailored, and it should investigate the forms of inequality that are significant in each context. Understanding the local factors that drive and prevent or limit CEFMU will enable programmes to tailor activities to address the root causes of CEFMU.

Applying an intersectional framework also enables GAP analysis to examine the unique ways that particular power differentials and systems of oppression overlap and shape motivators of CEFMU. Intersectionality is rooted in feminist theory and emphasises the numerous and interconnected systems of oppression that cause inequality. It allows an examination of how power hierarchies—not only based on sexism but on other systems of oppression such as ageism, ableism, and classism—influence CEFMU practices.

By focusing on power across the six domains, the GAP analysis helps to examine the unequal relations and

systems that cause gender inequality and social injustice. Therefore, it helps to identify the larger environment and circumstances that drive and sustain the practice of CEFMU. Once the root causes of inequality are identified and understood, evidence-based interventions can promote systemic and long-term, transformative social change and end CEFMU.

Conducting GAP analysis will produce useful findings and recommendations on how to design strategies, programmes, projects, and activities that prevent and address CEFMU. Examining CEFMU through a GAP analysis is the first step in integrating considerations on CEFMU into programming and policy advocacy across sectors.

Guiding Questions

Table 1 below outlines illustrative guiding questions across key GAP analysis domains. Given CEFMU is often underpinned by social and gender norms, using existing tools to identify norms will also be important in addition to collecting information on the questions below. This may include using vignettes, which are helpful for exploring norms.^{lvii}

Table 1: Six Domains of GAP Analysis

DOMAINS	ILLUSTRATIVE GUIDING QUESTIONS ^{lviii}
01 Laws, Policies, Regulations & Institutional Practices	<p>What are the national laws on the minimum age of marriage, marriage certification, birth registration, gender discrimination, GBV, divorce, and child protection? Are the laws for each of these areas the same for women and men and girls and boys? What about refugees, internally displaced persons, children with disabilities, etc.? What, if any, exceptions do CEFMU laws and policies include? Which groups of children are most affected by the exception? What is the age of marriage for girls and boys?</p> <p>How are these laws enforced at the national and local levels? What constraints do women and girls encounter when they try to access justice? Are individuals, households, and communities aware of these laws? Is there sufficient investment in the judiciary systems? What community-based mechanisms exist to challenge CEFMU?</p> <p>How do laws and policies influence marriage decisions at the local level? Do customary or religious laws allow CEFMU or associated practices? Do customary or religious laws contradict formal law? Who upholds and enforces customary law?</p>

Table 1: Six Domains of GAP Analysis

DOMAINS	ILLUSTRATIVE GUIDING QUESTIONS^{LVIII}
02 Social norms & beliefs	<p>What are the social and gender norms regarding marriage? What is the perceived ideal age of marriage for girls/boys? What are the relevant norms on chastity, purity, and pregnancy, and how do they influence marriage practices? What masculinity norms influence marriage practices? What norms concerning the intersection of caste, ethnicity, age, and disability affect the practice of child marriage for different groups of children?</p> <p>What cultural and traditional practices accompany marriage formation (i.e., bride price, dowry, initiation rituals, female genital mutilation/cutting, polygamy, bride abduction)? How do these practices affect girls, boys, and their families? Are there factors that affect the practice/transaction?</p>
03 Roles, responsibilities, & time use	<p>What is the gendered division of labour across the life course? How does this division of labour influence age of marriage, the dynamics of the marriage relationship, school dropout and completion, fertility rates, and economic participation rates? How much time do women and girls spend on unpaid care work compared to men and boys?</p> <p>How do gender roles, responsibilities, and time use differ between women and girls who were married as children and unmarried girls? Between girls and boys? Between married women who were married before the age of 18 and married women who were married after the age of 18? Do women and girls who have experienced child marriages encounter unique obstacles?</p>
04 Patterns of decision-making	<p>Who within the family or community makes decisions about if, when, and who a girl should marry? How does educational status, urban/rural, age, birth order, religion, ethnic group, disability status and socio-economic status influence marriage decisions? What kind of power and decision-making do different family members and traditional, religious and community leaders exert within the household over marriage decisions? What role do girls and boys play in decision-making?</p> <p>How do age of marriage, dynamics of the marriage relationship, and difference in age of partners influence patterns of power and decision-making within the marriage? How does a child's gender or whether they have a disability impact their decision-making power in the marriage relationship? How might ethnicity and refugee/migratory status impact decision-making power in the marriage relationship?</p> <p>What decision-making power do married girls have over their health, including when and how many children to have, whether to use modern contraception, and whether they can seek medical advice without permission?</p>

Table 1: Six Domains of GAP Analysis

DOMAINS	ILLUSTRATIVE GUIDING QUESTIONS^{LVIII}
05 Access to and control over resources	<p>How do age of marriage, dynamics of the marriage relationship, and difference in partners' ages affect women and girls' ability to own, have access to, and have the capacity to use productive resources and information?</p> <p>Do women and girls who have experienced CEFMU face social isolation? Do they lack access to resources and the power and knowledge of how to control those resources? What opportunities exist for married women and girls, and how can these be leveraged to promote their education, employment, rights, and well-being?</p> <p>Extent to which adolescent girls (married and unmarried)/women have access over productive resources, income, expenditures? Extent to which females and males have equal rights to ownership and inheritance. How does access to and control over assets and resources differ between girls and boys? How might access and control of assets and resources differ between unmarried and married girls, or girls with and without disabilities? How might ethnicity or refugee status affect access and control of assets and resources?</p> <p>How do economic conditions, conflict, and natural disasters affect CEFMU practices? How do financial practices associated with marriage affect the age of marriage?</p>
06 Safety, dignity, & well-being	<p>To what extent are girls and boys aware of GBV risks, the forms they take, and where to seek help? Do awareness levels among children vary based on their socio-economic status, disability, gender, or age?</p> <p>Are shelters and refuges available and accessible to survivors of domestic violence? What social and gender norms justify and support violence? Do laws criminalising CEFMU and GBV exist? How are they enforced?</p>

4. THEORY OF CHANGE

There is no single solution for ending CEFMU. However, the application of multi-sectoral and holistic strategies can bring tangible results in ending the practice. The rights violations of CEFMU should not be addressed in isolation, but within a broader framework of changing laws and policies, providing and strengthening accessible services, mobilising families and communities, and supporting girls’ empowerment. Save the Children adopts the Girls Not Brides’ Theory of Change (TOC), with slight adaptations to explicitly indicate the complexity of the issue and to outline required responses to end CEFMU.^{lix}

VISION A world without child marriage where girls and women enjoy equal rights and status and are able to achieve their full potential in all aspects of their lives

IMPACT • Girls can decide if, when and whom to marry • Married girls lead healthy, empowered lives

- OUTCOMES**
- Girls at risk of CEFMU participate more in decisions that affect them, including regarding marriage
 - Girls at risk of CEFMU benefit from improved educational and economic opportunities as alternatives to child marriage
 - Girls are able to avoid early pregnancy and refuse unwanted sex
 - Married girls are better protected from violence, exploitation, or abuse
 - Married girls increasingly access and use services and supports of all kinds
 - Married girls increasingly access divorce, annulment, and child custody
 - Married girls increasingly access divorce, annulment, and child custody
 - Community, traditional and religious leaders take greater action to end child marriage and realize the rights of girls
 - Men and boys increasingly take action to end child marriage
 - Families engage less in exchange of dowry and bride price
 - Service providers take greater action to prevent child marriage and support the needs of married girls
 - Law enforcement officials increase implementation and enforcement of legal frameworks to prevent child marriage and protect married girls

- OUTPUTS**
- Girls**

 - Girls are increasingly aware of and exercise their rights
 - Girls have the opportunity to develop solidarity with one another through peer groups and collective action
 - Alternative economic, social roles for girls and women exist and are valued

Increased equitable access of married and unmarried girls to health, education, economic, and legal support
- Families & Communities**

 - Families, communities, and young people are increasingly aware of the harmful impact of child marriage and meaningful alternatives available
 - Families, communities and young people value meaningful alternative options to child marriage
 - Families and communities prefer not to marry girls as children
 - Men and boys increasingly support gender equality and girls' empowerment/rights
 - Increased use of media to inform and support norm change to end child marriage
 - Gatekeepers/Influencers (including religious and traditional leaders) use their power and influence to transform discriminatory gender norms and attitudes to end child marriage
- Services**

 - Increased access to safe, quality formal and non-formal education for girls
 - Increased access to gender-responsive and inclusive health services for adolescent girls, married and unmarried, including SRHR and contraceptives
 - Health, education, and child protection services establish protocols on identifying the warning signs and addressing the risks of CEFMU
 - Improved economic security for girls
 - Increased commitment of programmes to prevent and mitigate risk of child marriage
 - Increased access to gender-responsive and inclusive girl-friendly child protection and social protection services
- Accountability Mechanisms**

 - National laws reflect international and regional human rights standards
 - Robust legal and policy framework against CEFMU in place that sets 18 as the minimum legal age for marriage, protects girls’ and women’s rights and promotes girls access to education and SRHR
 - Governments develop supportive policy frameworks with adequate resourcing and systems across Ministries to increase educational, economic and social opportunities for girls at risk of marriage and respond to the needs of married girls
 - Strengthened civil registration systems for birth and marriage
 - Increased engagement, accountability and monitoring of national / regional /community, traditional and religious leaders to ensure implementation of legal and policy frameworks to end CEFMU, including the establishment of bylaws
 - CSOs/WROs and citizens, including girl-led initiatives, are able to hold government accountable to legal and policy commitments

- COLLECTIVE ACTION STRATEGIES**
- Support Girls' Empowerment**

A wide range of programmes invest in girls to advance their agency, participation and well-being
- Mobilize Families & Communities**

Families, communities (including religious and traditional leaders) and young people are engaged to change attitudes and behaviours related to child marriage
- Provide Services**

Services across sectors reinforce one another and are tailored to the needs of girls at risk of child marriage and married girls
- Establish & Implement Laws And Policies**

A robust legal and policy framework for preventing child marriage and supporting married girls is in place and effectively enforced

CATALYZING STRATEGY Ending CEFMU will require long-term, sustainable efforts. Change will ultimately take place within communities but has to be supported and catalyzed by collective efforts at national, regional and international levels. Adequate resources must be made available to support effective implementation of strategies. All those working to address CEFMU should evaluate programmes, share promising practices, and coordinate their efforts to achieve maximum scale and impact. Recognising that CEFMU does not take place in a vacuum, efforts to end CEFMU should not be isolated from broader development efforts and should play an integral part in achieving development goals around the world.

PROBLEM Every year approximately 14 million girls are married as children across countries, cultures, religions, and ethnicities. CEFMU is rooted in gender inequality and in the low value accorded to girls, and is exacerbated by poverty, insecurity, and conflict. It denies girls their rights, choice, and participation, and undermines numerous development priorities, hindering progress towards a more equal, healthy, and prosperous world.

5. STRATEGIES FOR CHANGE

To achieve the vision of a world free of CEFMU over the long term, the TOC (adapted from the Girls Not Brides TOC) outlines four evidence-based strategies needed to address structural and societal drivers of CEFMU: 1) support girls' empowerment; 2) mobilise families and communities; 3) provide access to services; and 4) establish and implement laws and policies. The TOC is underpinned by the socio-ecological model which suggests that gender transformation and social inclusion is accomplished by working at multiple levels at the same time (individual, family, community, institutional, and policy) and targeting changes in knowledge, attitudes, and behaviour explicitly related to gender equality and social inclusion. The socio-ecological model recognises that children and adolescents do not live in isolation and that their ability to make strategic choices about their lives is influenced by multi-layered social, political, cultural, economic, legal, community, and familial systems. Therefore, the socio-ecological approach recognises that behaviours and norms are influenced by multiple individual and social factors that are interlinked and interdependent and that must be addressed in a simultaneous manner to be able to generate sustainable and meaningful change.

The following section outlines how a combination of strategies implemented at the individual, family, community, institutional, and policy levels is needed to achieve the vision of a world without CEFMU. These strategies are illustrative and require adaptation depending on the drivers of CEFMU in each context. Before strategies are identified, formative research or GAP analysis is needed to understand the context. This includes directly engaging with girls and boys to understand CEFMU from their perspective, building relationships with local, national, and regional actors already addressing CEFMU to avoid duplication and ensure synergy, and identifying how gender might intersect with other power hierarchies such as ethnicity, disability, refugee status, socio-economic status, age, and class to increase risk of CEFMU in that setting.

What works? Implementing and informing evidence-based approaches:

In 2018, Save the Children and The Human Rights Center at the University of California Berkeley carried out a study to compile and assess findings from interventions focused on preventing and responding to child marriage in development and humanitarian contexts—and to determine what Save the Children and other organisations could do to improve their response to this critical issue.

The study found that, across 43 evaluations reviewed, approaches focused on empowerment were the most frequently evaluated and consistently effective. However, the study noted that “empowerment” approaches covered a broad range of activities that were rarely evaluated independently to determine which components were most effective.

Complementing this research, in May 2021 a “systematic review published in the *Journal of Adolescent Health* looked at 30 evaluations published between 2000-2019 to determine what works to prevent child marriage. The review found that interventions that supported school for girls, via cash or in-kind transfers, demonstrated the clearest pattern of success regarding delaying age of marriage to 18, based on eight interventions.

The 2021 review also posited that multi-component programmes demonstrated low rates of success, scale-up, and sustainability, compared to single-component interventions. However, scholars and technical experts have challenged this assertion, noting that the evidence base on multi-component interventions is still far too limited to draw conclusions from and that successfully preventing CEFMU requires gender-transformative approaches that address the root causes of CEFMU by transforming discriminatory norms and unequal power structures across the socio-ecological model.

Building from the informative body of evidence that currently exists, Save the Children has a key role to play in contributing to building evidence-based approaches for preventing and responding to CEFMU. In addition to carrying out formative research to tailor interventions to context specific drivers, needs, and preferences, this includes:

- Conducting rigorous impact evaluations of all programming and advocacy initiatives to prevent and respond to CEFMU
- Wherever possible, lengthening research and evaluation timelines, including via longitudinal studies, to capture changes in discriminatory norms and systems over time and more effectively assess what works to create lasting transformation for girls’ and women’s rights and empowerment
- Evaluating each component of multi-component, holistic, and empowerment-focused interventions individually, as well as together, to determine which components, combinations, and sequencing are most effective
- Disaggregating evaluation data by age and other characteristics to build understanding on what works to prevent and respond to CEFMU different groups of adolescents
- Investing in safe, meaningful child/adolescent-led and informed research, especially during the formative research phase
- Expanding research on CEFMU drivers and interventions to include settings that are poorly represented in the literature, including CEFMU in humanitarian and urban contexts, Latin America and Southeast Asia regions and in the context of gang conflict in Central America. Additionally, prioritising research on effective interventions with already-married girls

For examples of key indicators to include in CEFMU programming and research, see the “Measuring Progress” section below.

Support Girls' Empowerment

To support girls' empowerment and enable them to exercise their rights, programme activities must include training, skills, information, provision of safe spaces, and support networks. Activities must include girls at risk of child marriage and those who are married. We recognise the challenges in reaching some girls (e.g., girls with disabilities) and seek to intentionally engage these groups to ensure their empowerment is supported through our activities. Empowerment in this context means that women and girls have the necessary confidence, capabilities, access, and agency to make informed decisions about their bodies and relationships and to both engage in and have influence over private and public life. Save the Children works to understand and address how gender shapes the way power is distributed in a society—from the intimate sphere of the household to the highest levels of political decision-making—and redistribute it equally. We look at girls' empowerment through four dimensions of power:



Power to...a girl's ability to make life choices and act according to her best interests, including control over her own body and resources



Power within...a girl's sense of self-confidence, dignity, and self-worth and her knowledge and skills to act



Power with...girls' strength gained from solidarity, collective action, and mutual respect



Power in...girls living in a society where systems and structures are promoting the equal exercise of rights

Key outcomes of this strategy: Girls are aware of their rights; girls can make connections and collectively act with other girls through peer groups; girls are able to access alternative social and economic opportunities; and married and unmarried girls can benefit from high-quality, girl-friendly health, education, economic, psychosocial, and legal support.

Mobilise Families and Communities

This includes activities addressing inequitable social and gender norms and leveraging protective norms across the community. To engage with norms, formative research is needed to understand social norms in the individual context. This ensures interventions are appropriate and do not risk worsening CEFMU. For example, publicizing the prevalence of CEFMU might inadvertently reinforce the practice. The attitudes, beliefs, and norms sustaining CEFMU need to be well-understood before specific strategies can be identified.

Within this strategy, mobilising families includes working with girls and boys to address the socialisation of gender roles and norms valuing CEFMU. In some settings, this might mean supporting girls and boys to understand the meaning and responsibilities associated with marriage and to address child elopement and help children understand the consequences of marriage. Working with families and communities creates greater awareness of the harmful impacts of CEFMU, changes attitudes, and reduces acceptance of CEFMU by those who influence girls' lives. Girls often do not have a say when it comes to making decisions about their future, including marriage. Therefore, it is important to engage with gatekeepers such as parents, grandparents, community leaders, and faith leaders to tackle the attitudes and norms that make CEFMU acceptable. In some cases, gatekeepers may hold attitudes against CEFMU, but feel the need to align with prevalent norms. Therefore, work is needed to leverage protective attitudes. Specific engagement is also needed with men and boys to tackle expectations associated with masculinity and marriage that feed into CEFMU.

Key outcomes of this strategy include families, communities, and young people recognising the harmful impacts of CEFMU and can identify alternatives to CEFMU; families, communities, and young people valuing alternatives to CEFMU; families and communities developing new preferences to not marry girls while they are children; men developing new preferences to not marry girls while they are still children; men and boys providing increased support for girls' empowerment and rights; media being used more to support norm change on CEFMU; and gatekeepers and influencers using their power to challenge harmful gender norms and attitudes.

Provide Access to Services

This includes ensuring girls can safely and equitably access a broad range of services, including child protection, education, health, social protection, and justice. Providing access to services can help prevent CEFMU and support married girls.

Improving girls' access to education may include addressing safety risks on the way to school and in school, ensuring teachers are trained well and have sufficient teaching resources, ensuring toilets at school are clean and sex-segregated, ensuring school curricula do not perpetuate discriminatory stereotypes about gender roles but rather actively promote gender equality, and providing cash transfers or in-kind benefits to incentivize girls' education.

To support married girls, school policies that restrict married girls from attending will need to change and tailored classes for married girls that don't clash with their household responsibilities will need to be developed. Within health services, prevention activities include ensuring that health services are comprehensive, disability-inclusive, adolescent-friendly, and gender-responsive with appropriate information being provided to girls and boys about sexual and reproductive health and rights. For married girls, improving health services involves supporting girls' knowledge and decision-making about their health, ensuring girls access family planning, and ensuring pregnant girls obtain antenatal care and appropriate health advice. Within child protection, prevention and support to married girls includes ensuring child protection systems are gender-responsive, inclusive, and able to meet the needs of adolescents as well as strongly connected to wider health, GBV, and mental health and psychosocial support (MHPSS) services. This includes ensuring services reach girls who might be difficult to reach or may be hidden in communities such as girls with disabilities. In the context of social protection, prevention activities include providing access to families to assistance such as cash transfers or fee waivers and subsidies to lessen the use of negative coping mechanisms (e.g., marrying their children early). For both prevention and support of married girls, it is important to provide girls with skills and opportunities to increase their economic security and reduce financial dependence on others.

Key outcomes of this strategy include increased access to high-quality, safe, formal and non-formal education for girls; increased access to health, child protection, and education services with clear protocols on identifying and responding to CEFMU for unmarried and married adolescent girls; improved economic security for girls; increased commitment to preventing CEFMU within programmes; and increased access to gender-responsive and inclusive child protection and social protection services.

Establish and Implement Laws and Policies

This includes ensuring an enabling legal and policy framework is in place to address CEFMU. This may involve advocacy to hold governments accountable to their legal and policy commitments, advocacy for legislative change that sets a unified minimum age of marriage, and working closely with local, national, and government actors to establish equitable birth and marriage legislation. National strategies and action plans are needed to support legislation alongside establishing coordination mechanisms between government agencies and ensuring fair financing and gender-, disability and child-responsive budgeting to promote implementation of CEFMU laws and policies. It is also important to ensure timely, transparent, and publicly available monitoring and accountability mechanisms to track progress towards ending CEFMU. Critically enabling legal and policy frameworks, and particularly child- and gender-responsive budgets, must be in place in order to facilitate public service delivery of the essential services referenced above.

Key outcomes of this strategy include national laws reflecting international and regional human rights instruments; legal frameworks on CEFMU outlining a minimum legal age for marriage and protections for women and girls; governments developing well-resourced policies that increase educational, economic, and social opportunities for unmarried and married girls; improved civil registration systems for birth and marriage; and increased engagement, accountability, and monitoring of national, regional, community, traditional, and religious leaders on implementation of legal and policy frameworks; and CSOs/WROs and citizens holding government accountable to legal and policy commitments.

6. MEASURING PROGRESS

Key indicators outlined below are intended to provide an initial set of indicators across four strategies identified in the TOC to be considered in the design, monitoring, evaluation and learning of programmes focusing on prevention and response to CEFMU.^{lxii lxiii} Recommended indicators included below represent common priority indicators that will apply to many programmes and contexts. A more comprehensive list of indicators is included in Annex 2. All indicators should be disaggregated by sex, age, and disability wherever possible.

Key Indicators



Prevalence Indicators^{lxiv}

- Percentage of women/men aged 20-24 who were first married or in union before age 18
- Percentage of women/men 20-24 who were married or in union before age 15
- Age at first marriage, female/median age at marriage



Support Girls' Empowerment

- Percentage of girls (married and unmarried) who report having a say in important decisions
- Extent to which girls have life goals that are beyond traditional roles of mother, wife, and homemaker
- Percentage of adolescent girls (married/unmarried) who have correct knowledge of sexual and reproductive health Percentage of adolescent girls who have received training in vocational skills, income generation, or other life skills (e.g., critical thinking, communication, decision-making, problem solving) in and out of school
- Extent to which adolescent girls (married and unmarried)/women have ownership, access to, and decision-making power over food, resources and services



Mobilise Families & Communities

- Perceived ideal age of marriage for girls/boys
- Percentage of key stakeholders (parents, adolescents, young people, community and religious leaders, members of local government) who believe that it is harmful to get married before age 18
- Extent to which parents envision roles and trajectories for their daughters that are beyond traditional roles of mother, wife, and homemaker



Provide Access To Services

- Percentage of schools that provide safe and “girl-friendly” environments (e.g., sex-disaggregated toilets, effective reporting mechanism, transportation to/from school, extracurricular activities)
- Percentage of married girls who return to school
- Percentage of adolescent girls (married and unmarried) who report that they are able to access health services (including contraception and counselling on STI prevention/treatment) without judgment by providers
- Percentage of adolescent girls (married and unmarried) who know where to access legal services



Establish And Implement Laws And Policies

- National laws, strategies and plans of action to address GBV that include provisions for prevention of child marriage and other harmful traditional practices
- National law that prohibits child marriage and sets the legal age of marriage at 18 for boys and girls
- Budget allocated to support a jurisdiction's or national strategy and action plan to address CEFMU and other forms of GBV
- Laws and/or policies that enable or promote girls' re-entrance into school after marriage and/or pregnancy
- Birth registration laws

7. POLICY, ADVOCACY, AND CAMPAIGNS



ADVOCACY is a set of organized activities to influence government and other decision makers directly on institutional policies, resources and practice to achieve positive changes for children's lives based on evidence and our experience and knowledge of working with children, their families and their communities. Advocacy happens both at the political and technical level.



CAMPAIGNING is engaging the public to shift political conditions for changes in policy and/or practice. It is one of the key ways in which we achieve breakthroughs for children. By generating people power, we help ensure decision makers feel the strength of public pressure to make the right decisions that positively impact children's lives. We do this alongside other 'change making' work, for example advocacy – where we use evidence to directly influence decision makers on policies and practice.

Policy, Advocacy, and Campaigns Defined

The role of policy, advocacy, and campaigning in preventing CEFMU and responding to its consequences: CEFMU is rooted in gender inequality and discrimination. As noted above, it is driven by harmful gender norms and entrenched gender roles, gender-based inequalities, and inequities related to norms around girls' sexuality, norms around sexual purity, and stigmas related to premarital sexual activity or pregnancy. Gender inequality, like other structural inequalities, is reflected and reinforced in the very legal systems, policy frameworks, budgets, and accountability and monitoring mechanisms that girls rely on to safeguard and promote their rights.

Laws and policies at every level—international, regional, national, and local—are powerful tools that define the duties and expectations between duty-bearers and people/rights-holders. They are also critical normative guides for how people are expected to treat each other—what behaviour is acceptable and what is not. In this way, laws and policies both reflect and help shape societal norms.

For example, when women and girls have fewer legal rights than men and boys or are subject to gender-neutral or gender-unaware laws and policies that result in ongoing inequities, gender discrimination is institutionalised. Similarly, legal systems that fail to strongly call out gender-based violence, in all its

manifestations (including CEFMU), can instead be a powerful signal that legitimises this type of violence and the devaluing of girls beyond their marital or reproductive prospects.^{lxvi}

Laws and policies are also critical for scaling up evidence-based strategies for ending CEFMU and responding to its consequences. Advocacy and campaigning create an essential enabling legislative and policy environment and build sustainability around Save the Children's technical expertise and programmatic evidence. A variety of methods can be employed, including best practice recommendations on how to execute a GAP analysis to inform all government or donor action; recommendations on types of interventions to prioritise in a specific context; strengthening government coordination structures and capacity to address CEFMU; or even analysis and recommendations around procurement processes, project/programme cycles, and how civil society organisations and stakeholders at the local level are being meaningfully engaged in the development, implementation, and monitoring of laws and policies.

Save the Children's Policy Positions on CEFMU

Overarching Position: Save the Children strongly opposes CEFMU, as defined by international law, and across all contexts, as first and foremost a human rights violation and form of gender-based violence, predominantly experienced by girls, and rooted in pervasive gender inequality and discrimination.

We recognise that issues related to consent, agency, and decision-making are complex and context-dependent and that at times girls under the age of 18 may choose to marry. While adhering to our values and international law that CEFMU constitutes a rights violation, we support girls' right to participate in decisions about their own lives in line with their evolving capacities.

International, Regional and National Laws: Save the Children supports the ratification and full implementation of the following international law and policy frameworks related to ending CEFMU and addressing the needs of married girls: the CR of the Child,^{lxvii} the 2030 Agenda for Sustainable Development,^{lxviii} the Beijing Declaration and Platform for Action,^{lxix} the Convention on the Elimination of All Forms of Discrimination against Women,^{lxx} the Convention of the Rights of Persons with Disabilities, and Regional Human Rights Treaties, including for example, the African Charter on the Rights and Welfare of the Child, General Assembly, and Human Rights Council resolutions endorsed by Save the Children.

Save the Children notes that full implementation of the above requires governments to align national and local laws and policies, including relevant budgets and systems accordingly. Save the Children believes that the minimum age of marriage should be 18 and should apply equally to all, without loopholes allowing for parental or judicial consent.^{lxxi} Save the Children promotes changes to laws, policies, budgets, and systems to support girls' access to education and SRH, and strong accountability mechanisms to ensure effective implementation. Save the Children also utilizes regional and international human rights mechanisms to hold governments accountable for their obligations to the rights of children under law, including the Universal Period Review, and the monitoring and reporting mechanisms of the Committee on the Rights of the Child.

The core elements of legislation related to CEFMU are the minimum age of marriage set to 18 and free individual and informed consent. Laws that set a minimum age of marriage are an important way to safeguard children from being married when they are not physically, mentally, psychologically, or emotionally ready to reach their fullest potential.^{lxxii}

However, Save the Children accepts that, due to the complex drivers and consequences of child marriage, hardline positions are not always possible or best as tactics or approaches. Save the Children holds that, in all cases, the best interests of the individual child should be the primary consideration for all actions.

Children's Agency and Bodily Autonomy: Save the Children recognises that all children have the right to participate in decision-making that affects their lives and their communities as noted under international law. Article 12 of the CRC—the child's right to be heard—is the fundamental tenet for children's participation. As one of the four guiding principles of the CRC, Article 12 is both connected to and indivisible from all other rights enshrined in the Convention. For many people, but especially girls, life is fraught with losses to bodily integrity and autonomy linked to a lack of agency in making their own decisions, including the right to decide whether, when, and whom to marry.^{lxxiii}

Children's agency, right to bodily autonomy, and decision-making requires their informed and willing involvement in any matter concerning them directly or indirectly. It means children having the opportunity to express views, having these views taken seriously, and having the opportunity to influence decision-making, taking into consideration their age and evolving capacity.^{lxxiv} While protection-related concerns should not supersede children's agency and right to participate in decision-making about their own lives, Save the Children believes that CEFMU, pregnancy, and childbirth should be prevented, and that all children should be able to mature into adulthood healthy, protected, and educated.

Save the Children continues to support adolescents' rights to sexual and reproductive health information and services that are equitable, accessible, acceptable, appropriate, and effective.

Cultural, Religious, and Traditional Practices/ Norms: Save the Children respects cultural, religious, and traditional beliefs and practices and acknowledges that efforts to end child marriage and address the needs of married girls should include working with traditional and religious leaders (as key influencers of government decision-makers), communities, and families to establish and implement laws, policies, systems, and budgets to end CEFMU.

Save the Children does not believe that cultural, religious, and traditional practices and norms should ever contravene the rights of the child under international human rights law or the best interests of the child. This includes inequitable gender and social norms that accept, tolerate, or support CEFMU.

National-Level Focus: Save the Children believes that national and local level change will have the greatest impact on ending CEFMU and meeting the needs of married girls. While international level laws and policies and the standards they articulate can be important tools for building normative frameworks, exerting political pressure, identifying and building awareness around best practices, and mobilising critical funding, it is the national and local level integration and implementation of such laws and policies that will result in enabling legal and policy environments. As such, Save the Children commits to an 80/20 approach to our advocacy and campaigns. Eighty percent of our advocacy and campaign efforts will focus on national-level policy change/implementation while 20 percent will focus on international level policy change.

Gender-Transformative, Systemic, and Structural Change: Save the Children will prioritise advocacy for gender-equitable laws and policies, gender-transformative structural change to decision-making bodies and institutions, and gender-responsive and child-sensitive budgets at local, national, and international level.

Accountability to girls at risk of CEFMU and already married girls is a prerequisite to ending this rights violation. As such, Save the Children advocates for the mandated collection, analysis, and use of sex-, age-, and where possible disability-disaggregated data across contexts, including quantitative and qualitative data on CEFMU in all humanitarian settings as is safe and ethical and in adherence with international data collection and child safeguarding guidelines and protocols.

An integral facet of duty-bearer accountability to girls is the systematic, safe, and meaningful participation of girls in all policy decisions that impact their lives. Traditional legal and policy change efforts revolve around age of marriage; access to safe, quality education; and access to comprehensive sexuality education. Save the Children's advocacy efforts will continue to amplify girls' voices, carve out platforms for girls to participate as key stakeholders in decision-making spaces, and advocate for the institutionalisation of children's rights to participate in such spaces under international law. This includes support for child-friendly research and analysis and increased attention to civic and political skills building to support girls with the tools and information they need to hold duty-bearers at every level accountable for their political and policy commitments.^[xxv]

Implementation of Laws and Policies Related to CEFMU: Legal reforms and policies and strategies focused on CEFMU and related issues are not enough on their own. Existing laws and policies are undermined for a variety of reasons across contexts:

- Lack of implementation and weak enforcement, including failure to provide robust funding in public budgets to address CEFMU^[xxvi]
- Limited awareness of the existence of and how to access protection and response services
- Ongoing loopholes and exceptions to the law, including those based on religious and customary law^[xxvii]
- Lack of high-level political leadership and accountability

Legal and policy change must be complementary to other necessary actions, including investment in community engagement and public awareness raising interventions, working with customary, traditional, and religious leaders, and targeted social protection measures (which may be essential to support legal reform, education, and health interventions to end CEFMU).

Save the Children does not support the criminalisation of CEFMU but recognises that in some instances proposed laws against CEFMU may include criminal penalties and that we may need to decide whether to support these proposals as part of our efforts to improve legal protections for girls' rights. The criminalisation of CEFMU is a complex issue. "Criminalisation" is a broad term that could apply a range of penalties of differing severity to a range of people involved in a marriage, including children, husbands, parents, and officials. There is high potential for unintended and often harmful consequences for impacted girls and their families. Depending on the law, girls may be punished for not reporting the assaults they are victims of; girls may face social stigma, retaliation, and mental distress associated with putting family members in prison; and the legal prohibition of CEFMU with criminal penalties may drive the practice underground, undermining other efforts to end CEFMU. Criminalisation of CEFMU may also impact and drive violations of girls' sexual and reproductive rights, including through criminalising consensual sexual relations between adolescents.

Save the Children will only consider supporting legal positions that criminalise perpetrators of CEFMU. We will oppose laws that criminalise children's behaviour, including for consensual sexual acts between adolescents. In considering whether to support a context-specific legal and policy position criminalising perpetrators of CEFMU:

- The best interests of the child must always be the primary consideration.
- A comprehensive context-specific analysis should be undertaken to understand and avoid negative consequences of punishment for children, their families, and communities. This should include consideration of whether the law already sets the minimum age of marriage at 18 years without exception or whether a proposed criminal law might become the only legal protection against CEFMU for children in the country or at the sub-national level.

As noted above, other essential conditions for supporting any CEFMU-related law or policy include ensuring that:

- No child is criminalised or punished for CEFMU.
- Criminalisation efforts support rather than undermine other evidence-based efforts to end CEFMU.
- Consensual sexual activities among adolescents are not criminalised or punished.
- Legal recourse and free, child-sensitive legal aid and support for children who are married and in union, divorced, or widowed must be provided.^{boxviii}

Key Questions for Advocacy and Campaigns Strategy Design

- What does the GAP analysis tell you about child marriage related laws and policies in your context?
- What legal or policy changes (including systems and budget allocations) would help prevent CEFMU or support married girls? Look to the indicators above for examples of laws and policies that may be important to address through Save the Children's policy and advocacy efforts.
- Would any legal or policy changes support existing programmes to prevent and respond to CEFMU or make them more sustainable? These laws could relate to girls' right to education, inheritance, or sexual and reproductive health to address risk factors for CEFMU rather than marriage specifically.
- Who are the key decision-makers on the identified policy change? Who influences the key-decision-makers?
- What messaging/framing will resonate best with target decision-makers?
- Who are key potential partners on your advocacy? Peer organisations; traditional, community, and religious leaders; community-based organisations, including women's rights organisations; regional bodies; the UN; and interagency actors?
- Based on the needed policy change, would a public campaign approach be appropriate and useful?
- What are the windows of influence? What are the upcoming moments to leverage for attention and action (e.g., Generation Equality; International Day of the Girl; World Refugee Day; 16 Days of Activism against GBV)?

ANNEX 1: TERMS AND CONCEPTS

Abduction for marriage:

Girls forced to marry men or boys who have carried them off from their homes. This includes abduction and forced marriage in armed conflict contexts.

Arranged marriage:

Both parties consent to the assistance of their parents or a third party (such as a matchmaker) in identifying a spouse, although the consent may be uninformed.

Child marriage:

One or both parties entering into a formal or informal union is under the age of 18.

Child/early unions:

At least one of the partners in an informal union is below the age of 18, a child, as defined in the Convention on the Rights of the Child. Such a union may, for all practical purposes, resemble a marriage and informal unions may even represent most couples in some communities or countries. An informal union is simply not formalised through local power structures such as government, religious community, or traditional wedding celebrations. Such unions may also be a way to avoid breaking laws in countries where formalised CEFMU have been outlawed, but loopholes remain to allow unions.

Early marriage:

This term is used to describe a situation where at least one party is under 18, emphasising how being under 18 compromises the ability to consent to marriage.

Forced marriage:

One or both of the parties is married without consent or against their will or one or both parties cannot leave or end the marriage. All child marriages are considered forced marriage under international law, but not all forced marriages are child marriages.

Gender-based violence:

Gender-based violence refers to any act of violence directed at an individual based on their biological sex, gender identity, or perceived lack of adherence to socially defined norms of masculinity and femininity. GBV is often rooted in unequal power dynamics. It includes sexual, physical, and psychological/emotional violence, economic violence, denial of resources and access to essential services, and harmful practices such as feticide; infanticide; child, early, forced marriage and unions; “honour” killings; female genital mutilation/cutting; and widow abuse.

Violence against children:

The United Nations defines violence against children as all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, whether perpetrated by parents or other caregivers, peers, romantic partners, or strangers.

ANNEX 2: ILLUSTRATIVE INDICATORS

These indicators have been adopted from the Child, Early, and Forced Marriage Resource Guide (USAID)^{boxx} and the Recommended Indicators for Girls Not Brides Members Working to Address Child Marriage (Aspen Planning and Evaluation Programme)^{boxxi}

Support Girls' Empowerment



- Percentage of adolescent boys, girls, and women who know their rights
- Number of peer groups and clubs for girls that provide peer support, life skills lessons, financial literacy training, savings and credit literacy, information on sexual and reproductive health rights, etc.
- Percentage of adolescent girls who are members of groups for girls that address life skills, protection, nutrition, health, sexual and reproductive health rights, gender norms, etc.
- Percentage of girls who participate in peer group or girl club advocacy activities (e.g., for girls' higher education, delay of marriage beyond 18 years)
- Degree of support for gender equitable norms about domestic chores and daily life^{boxxii}
- Percentage of girls (married and unmarried) who participated in income generating activities (IGAs) in the past year
- Extent to which parents envision roles and trajectories for their daughters that are beyond traditional roles of mother, wife, and homemaker
- Availability of social services within an accessible distance
- Availability of educational opportunities within an accessible distance
- Number of legal aid service organisations for married and unmarried girls within a specified geographic area
- Percentage of girls (married and unmarried) who report having a say in important decisions^{boxxiii}
- Degree of girls' control in intimate relationships^{boxxiv}
- Primary, secondary, and tertiary education completion rates
- Drop-out rate in primary and lower secondary general education
- Percentage of adolescent girls who have received training in vocational skills, income generation, or other life skills (e.g., critical thinking, communication, decision-making, problem solving) in and out of school
- Percentage of unmarried girls who are confident in their ability to pursue alternatives to CEFMU^{boxxv}
- Percentage of girls who feel they are able to say no to sexual activity
- Percentage of married women ages 15-49 with unmet need for family planning
- Percentage of pregnant adolescents with access to emergency contraception or safe abortion
- Adolescent birth rate
- Percentage of parents-in-law who think that other families wish to delay their daughters-in-law's first birth^{boxxvi}
- Percentage of women aged 15-49 who have undergone female genital mutilation
- Percentage of female deaths that occurred due to gender-based causes
- Percentage of adolescent girls (married and unmarried) who feel confident in reporting and seeking help with violence^{boxxvii}
- Percentage of women and girls ages 15-49 who believe a husband/partner is justified in hitting or beating his wife/partner for any of the following reasons: argues with him; refuses to have sex; burns the food; goes out without telling him; or when she neglects the children
- Percentage of survivors of GBV who can access medical, psychosocial, and legal services
- Percentage of married girls who have accessed a health clinic
- Percentage of births attended by a skilled health professional
- Number of adolescent girls and young women (ages 10 to 24) who report the ability to access social and economic support services after divorce or annulment of their marriage
- Percentage of married girls who are confident in their ability to ask for an annulment or seek a divorce^{boxxviii}
- Percentage of individuals who believe that people in their community think that it is acceptable for a woman or girl to initiate a divorce^{boxxix}



- Percentage of key stakeholders (parents, adolescents, young people, community and religious leaders, members of local government) who believe that it is harmful to get married before age 18
- Percentage of key stakeholders (parents, adolescents, young people, community and religious leaders, members of local government) who know about the harms of child marriage, discrimination, and violence
- Percentage of community members who participate in public activities on child marriage, human rights of girls, girls' education, and violence prevention (e.g., campaigns, rallies, participatory discussions)
- Percentage of parents of unmarried adolescent girls who say they support their daughters completing education or returning to school
- Percentage of parents and parents-in-law of married girls who say they support their daughters (or daughters-in-law) going back to school or participating in out-of-school life skills programmes or IGAs
- Percentage of adolescent girls who say they want to complete their education
- Percentage of parents who support girls' opportunity to work outside the home^{xc}
- Percentage of individuals in the target population who support ending child marriage
- Percentage of parents who say that they will not marry their sons to a girl younger than 18
- Percentage of parents who say that they will not marry their daughters before the age of 18
- Percentage of individuals who think that child marriage is uncommon (or decreasing) in their community^{xcⁱ}
- Percentage of individuals who think that people in their community disapprove of child marriage^{xcⁱⁱ}
- Percentage of unmarried men (or boys) who intend to marry a woman who is 18 years or older
- Percentage of unmarried men (or boys) who believe the proper age of marriage for a girl is 18 years or older
- Percentage of young men who think that other young men wish to marry girls who are 18 years or older
- Number of news media stories that discuss ending child marriage, related gender norms, or alternative paths for girls
- Number of entertainment-education programmes, dramas, or films aired on television or radio that wholly or in part address CM and related gender norms
- Percentage of people who report they heard or saw something in the media (news, drama/film, campaign ad, social media) on ending CM, related gender norms, or alternative paths for girls
- Percentage of people who report being influenced by something they saw/heard in the media (news, drama/film, campaign ads, social media) on issues related to ending child marriage.
- Percentage of audience who responded to a specific call to action related to ECM
- Number of media outlets that have policies, protocols, and personnel trainings on how to cover child marriage, alternative paths for girls, and related issues in a way that helps combat child marriage and/or does not promote stereotypes, unequal gender norms, etc.
- Percentage of influential leaders and communicators (traditional, religious, cultural, political, media) who have made public declarations against child marriage and in support of alternative roles for girls
- Percentage of community leaders who report having taken action against child marriage or in support of girls' rights^{xcⁱⁱⁱ}
- Percentage of community members who are willing to introduce sanctions in cases of child marriage and conception, discrimination against girls, or VAWG^{xc^{iv}}
- Number of community leaders who have implemented community bylaws that outlaw child marriage
- Percentage of community, traditional, and religious leaders who support girls completing their education and engaging in IGAs
- Percentage of community, traditional, and religious leaders who publicly encourage women to assume leadership roles in the community
- Number of male youth leaders/adolescent peers engaged in activities to prevent child marriage, exploitation, & violence
- Percentage of male family members of unmarried adolescent girls who report intervening on behalf of girls' rights
- Percentage of marriage transactions that involve exchange of money or other goods
- Percentage of families who oppose the practice of dowry
- Percentage of individuals who believe that dowry is uncommon (or decreasing) in their community^{xc^v}
- Percentage of individuals who believe that people in their community disapprove of dowry^{xc^{vi}}



- Percentage of schools that have staff trainings and procedures on how to address and take action on VAWG at school, including reported cases of sexual abuse
- Percentage of schools that provide safe and “girl-friendly” environments (e.g., separate toilet for girls, an anonymous complaint box, transportation to/from school, extracurricular activities for girls)
- Number of schools and non-formal educational institutions that offer vocational training and other life skills programmes for girls
- Percentage of married girls who return to school
- Percentage of health centres that are youth-friendly^{xvii}
- Percentage of adolescent girls (married and unmarried) who have accessed nutrition and health services in the last six months (e.g., anaemia control, sexual and reproductive health, HIV testing)
- Percentage of adolescent girls (married/unmarried) who have correct knowledge of sexual and reproductive health
- Number of available places in shelters and refuges for domestic violence survivors per 1,000 population (urban/rural)
- Percentage of health facilities with protocols and referral paths for cases of VAWG (including CEFMU)
- Number of cases of VAWG (including CEFMU) referred by health facilities to other services including law enforcement, education, social services, victim protection
- Percentage of service providers in health and education who have received training on child marriage laws, risk factors for child marriage, and how to report law violations
- Percentage of schools that have a designated office or person to whom children can report concerns about CM
- Number of financial incentives available to promote continuation of (or re-entry into) education among girls
- Number of microfinance or entrepreneurship programmes specifically for girls
- Percentage of girls involved with programmes designed to increase access to productive economic resources (assets, credit, income, or employment)
- Percentage of adolescent girls (married and unmarried) with basic financial literacy^{xviii}
- Number of programmes implemented for men and boys that include examining gender and cultural norms related to child marriage, VAWG, and/or girls’ rights
- Percentage of service providers (police officers, child marriage prohibition officers, health care providers, teachers and school officials, and other district functionaries) trained to understand their roles and responsibilities in relation to addressing and responding to violence and child marriage
- Percentage of schools whose curricula discuss institutions, norms, and practices that discriminate against girls
- Communities have established systems through which they recognise and respond to cases of child marriage (e.g., through a local leaders’ council or community judicial systems)
- Percentage of teachers, school officials, and health providers who say they would intervene on behalf of a girl
- Number of service providers who have attended community meetings in the past year to discuss the importance of preventing child marriage
- Percentage of adolescent girls (married and unmarried) who report that they were offered health services (including contraception and counselling on STI prevention/treatment) without judgment by providers
- Percentage of health care providers who report that they would provide family planning to a sexually active youth client, including married and unmarried girls



- Number of new or strengthened coalitions or networks due to Save the Children's advocacy and campaigns leadership and convening
- Number number of noted changes in the policy agenda due to Save the Children's advocacy and campaigns, including changes in oral or written rhetoric, new items appearing in political discussions, items framed in new ways within policy arguments, coverage of new items in the media
- Number of noted changes in policy-maker attitudes and behaviours due to Save the Children's advocacy and campaigns, including key decision-makers change their rhetoric in public or in private, key decision-makers change knowledge, attitudes, and behaviours, evidence of strengthened relationships with key decision-makers
- Changes in laws, policies, budgetary commitments, or implementation of commitments resulting from Save the Children advocacy, examples including establishment or changes to the below:
 - Existence of national law that prohibits child marriage and legal age of marriage set at 18 for boys and girls
 - Existence of national legislation that requires the free and full consent for marriage of both female and male parties
 - Time frame and coverage of policy to end gender-based violence including, harmful practices like female genital mutilation/cutting, CEFMU, honour killing, or maiming and fetal sex determination
 - Existence of national strategy and plan of action to address CEFMU and other forms of gender-based violence and harmful practices
 - Percentage of the budget allocated to support a jurisdiction's or national strategy and action plan to address CEFMU and other forms of gender-based violence and harmful practices
 - Extent to which educational, economic, or social opportunities for girls at risk of CEFMU or married girls are addressed and funded in related sectoral policies (e.g., education policy, adolescent health policy)
 - Existence of gender equal guarantees in guardianship, inheritance, custody, property rights, and divorce laws
 - Existence of laws prohibiting violence against women and girls
 - Existence of domestic violence or intimate partner violence legislation that addresses emotional, financial, physical, and sexual abuse
 - Existence of a constitutional provision that considers Personal Law and/or Customary Law invalid if it violates constitutional provisions on gender non-discrimination or equality (in contexts where Personal Law and/or Customary Law is recognised as a valid source of law under the constitution)
- Existence of a complete assessment of the country's civil registration and vital statistics system, development of a plan, and steps taken toward implementation
- Number of districts that have established online birth registration information systems
- Percentage of districts (or other unit of administration) where marriage registration and/or birth registration with local government is mandatory
- Number of networks established to foster and review government policies on GBV, including CEFMU
- Existence of institutionalised consultations and informational meetings between government agencies and a wide range of civil society institutions, including women's rights organisations and girl-led groups and networks to inform decision-making process and resource allocations.
- Number of national and decentralized systems (e.g., health, education, legal) that effectively collect and archive comprehensive sex, age, and disability disaggregated data on gender-based violence, including CEFMU
- Existence of a constitutional or codified guarantee of gender equality before the law and a non-discrimination clause in the constitution or codified legal framework that explicitly mentions gender equality
- Extent to which the State has ratified relevant UN Conventions salient to child rights
- Extent to which international human rights treaties relevant to the elimination of discrimination against women and girls, including all forms of violence against women and girls, are ratified by the State without reservations
- Number of reported cases of violence, abuse, and exploitation against adolescents that have received follow-up
- Number of CEFMU that were investigated by the police/prosecuted by law resulted in a conviction
- Percentage of law enforcement units following a nationally established protocol for VAWG complaints
- Number of court cases issuing child protection orders for CEFMU, protecting girls from exposure to hostility and putting them into a shelter
- Percentage of children under age five whose births are reported registered
- Percentage of married women and girls who report that their marriage was registered

ANNEX 3: SAVE THE CHILDREN'S EXPERIENCE IN PREVENTING AND RESPONDING TO CEFMU

The following outlines existing Save the Children activities which seek to prevent and respond to CEFMU. They are listed below based on the four strategies within the TOC we have adapted from Girls Not Brides. These strategies are: support girls' empowerment, mobilise families and communities, provide access to services, and establish and implement laws and policies.

Some of the activities listed below are also evidence-based activities from the implementation of Save the Children's Common Approaches. Common Approaches are Save the Children's best understanding of how to address a particular problem facing children. They are based on evidence, can be adapted to work in multiple contexts, and can be replicated in different countries. These approaches also align with Save the Children's Adolescent Well-being Framework.^{xcix}



Support Girls' Empowerment

- In Sierra Leone and Burkina Faso, Save the Children has used the Girls' Empowerment Model to create a Girls' Power Index to measure change in girls' self-reporting of empowerment at the beginning and end of a 3-year CEFMU project based on these four domains of power.^c
- In Bolivia, Save the Children works with young adults' centres around three key goals: personal empowerment, sexual and reproductive health, and economic opportunities. These adolescents and young people created or began the process of formulating their "Life Plan" by reflecting on their future.^{ci}
- In Mexico and Guatemala, SC has worked to engage adolescent girls as champions in advocacy coalitions to ensure their voices and priorities are reflected in advocacy initiatives. Child clubs are a common model for engaging youth in children's rights discussions and advocacy implemented by Save the Children in several countries. Collaboration with women's rights organisations is also a critical strategy for strengthening advocacy efforts and maximizing impact.^{cii}



Mobilise Families and Communities

- In Sierra Leone and Burkina Faso, SC uses the socio-ecological approach to engage very young and older adolescent girls and boys (married and unmarried) directly through safe spaces along with their parents and other adult caregivers, local women and girls' groups, religious and traditional leaders, health and legal providers, civil society and women's rights organisations, and local and regional governments to generate a tangible social norms shift, ultimately improving the lives of adolescent girls and their communities more broadly.^{ciii}
- In the northern region of Ethiopia, child marriage has been integrated into sexual and reproductive health awareness-raising activities for in- and out-of-school youth, parents, and community members.^{civ}
- In Ethiopia, SC conducted structured positive parenting education to develop knowledge, attitudes and skills of fathers, mothers, and caregivers to parent positively, critically reflect on negative gender norms in their home, and transform discriminatory gender norms and power dynamics within the family.^{cv}
- In Somaliland, Save the Children had success in developing a code of conduct and training religious leaders who perform marriages to recognise and oppose child marriages. SC also helps married girls to access health services by providing funds to enable girls with pregnancy complications to go to the hospital.
- In Nepal, crude mortality rates dropped by 11% between 2015-2017 in areas where Save the Children operates through activities like street dramas and working with religious leaders who now refuse to marry anyone under the legal age.



Provide Access to Services

- In Hausa Islamic communities in northern Nigeria, it can be challenging to discuss girls' rights and child marriage directly. Save the Children programme staff frames its work around promoting girls' access to education, recognising that keeping girls in school longer can help reduce the risk of CEFMU.
- In Niger, the "Marriage: No Child's Play" programme strengthens sexual and reproductive health services through training for local nurses and midwives to provide youth-responsive services.^{cvii}
- In Tanzania, Save the Children campaigns to end pregnancy testing in schools to ensure pregnant and married girls can continue receiving an education.
- In Kenya, The Adolescent Girls Initiative delivered multisectoral interventions to 6,000+ girls ages 11–15, including conditional cash transfers (CCTs) which proved to be a key driver of improvement in education outcomes. At the 2-year follow-up, the CCT delayed sexual debut and pregnancy in Kibera and delayed marriage and pregnancy in Wajir.^{cvi cviii}



Establish and Implement Laws and Policies

- In Mozambique, effective delivery of SC's Girls' Education Challenge programme, in combination with advocacy, has led to the Department of Education agreeing to build distance learning centres for girls in remote areas based on the model piloted by Save the Children. Girls who have received advocacy training through the programme's girls' clubs now plan to hold demonstrations at local fairs attended by government on how to make reusable sanitary products to mobilise support for government funding to provide more girls with the materials to make their own.^{cix}
- At the global level, Save the Children has supported research to better understand gaps in data on child marriage in humanitarian contexts and develop recommendations. We have used these recommendations to successfully advocate to governments to commit UN Agencies to improved data collection through a UN resolution. At the regional level, our Africa Union (AU) advocacy office is working with partners to develop an accountability mechanism to help member countries track and report on progress against indicators under the AU Campaign to end ECM.

- In 2019, in the Dominican Republic, girls and girl advocates partnering with Save the Children and others participated in the "Give us a hand" campaign and collected over 90,000 signatures on a petition to raise the minimum age of marriage to 18. Following years of pressure from civil society and struggles within the Congress, a bill to amend the Civil Code and set the minimum legal age of marriage at 18 years was signed into law on 6 January 2021.^{cx}
- In Nepal, where child marriage has been illegal since 1963, we advocated to change government processes to improve reporting and responses to reports. This included police awareness-raising, establishment of toll-free numbers and referral processes for reporting child marriage concerns, and writing response requirements into monitoring, evaluation, accountability, and learning (MEAL) plans.
- Jordan, Egypt and Lebanon: have been campaigning with children on child marriage using activism (art + activism) as a tool to support children to speak up about sensitive topics, and as a way to engage with the public and decision-makers effectively. The campaign reached over 1 million people with an engagement rate of over 20%. Children in Egypt and Lebanon continue to use activism as a core tool to speak up on child marriage, and will be used this approach to engage with high-level stakeholders on International Day of the Girl 2021 at the Dubai World Expo. You can view some of their artwork and a storybook inspired by this at the [#DreamsBetweenMyEyes webpage](#).

ANNEX 4: THEMATIC GUIDANCE^{CXIII}

Below is a list of questions and illustrative indicators by sector for programme design. Where possible, these indicators need to be disaggregated by sex, age, and disability as well as any other relevant areas (e.g., socio-economic status, ethnicity, urban/rural status, refugee status, etc.)

Education



Key questions for programme design

- What is the most recent data on school attendance?
- What gendered barriers affect girls' and boys' access to schooling?
- What is the relationship between child marriage and schooling?
- What value is placed on formal school in this context? Is it different for girls and boys?
- What school-based mechanisms are in place to ensure protection of girls from child marriage? From violence against children and GBV?
- What existing barriers in law or policy at national or local level negatively impact the ability of girls to stay in school?
- Are there existing legal or policy barriers that prevent pregnant girls, child mothers, and already married girls from attending school?

Illustrative indicators

- School attendance (primary and secondary)
- Drop-out rate (primary and secondary)
- % of adolescent girls who say they want to complete their schooling
- % of adolescent girls who report having support to stay in school and not get married
- % of married girls who return to school
- % of pregnant girls who remain in school
- % of young mothers who return to school
- % of schools that have procedures to take action on reported cases of violence, child marriage, and abuse
- Availability of schooling opportunities within an accessible distance
- # of schools that regularly organise awareness-raising event/sessions on child marriage
- Share of national and local budget allocated to ensure girls' education and addressing the disability and gender-related barriers girls face



Key questions for programme design

- Which girls are at risk of CEFMU (consider age, birth order, ethnicity, religion, disability status, socio-economic status, household type, and other factors which might affect children's vulnerability)?
- What community-based child protection services exist for children at risk of, or who are already married (e.g., safe houses, health providers, legal organisations, child-friendly spaces, community centres, NGO programmes) in this context? Are CEFMU prevention and response services accessible for everyone, including persons with disabilities? Are the services child- and adolescent-accessible and friendly? Is information about services and rights child-friendly and understood by children of all ages?
- How do children and adolescents view child marriage?
- How are cases of CEFMU treated in the community (e.g., by schools, service providers, community leaders, religious leaders, service providers)? Do protocols or referral pathways exist? Are legal punishments sought and implemented?
- What work has been done with community leaders, religious leaders, and legal actors (including those who implement customary law) to advocate for CEFMU laws and their implementation in this area?
- What support do service providers, law enforcement bodies, and community/religious leaders need to provide confidential, sensitive support to girls at risk for CEFMU? What specific supports are needed for girls who are already married? Is there a safe and accessible system for individuals to report child marriage cases?
- What are the barriers to making child marriage prevention and response services available for every child?
- Is there a national action plan on ending CEFMU or is ending CEFMU included in the national plan of action on ending all violence against children?
- What birth registration laws exist and how are they enforced to register births and marriages?
- What share of national and local budgets is allocated to addressing child protection and gender-based violence, and CEFMU more specifically?

Illustrative indicators

- % of adolescent girls (married and unmarried) who feel confident in their ability to report and seek help with violence
- % of girls with access to services and social services with tailored expertise to support those at risk of early marriage
- % of women ages 15-49 who believe a husband/partner is justified in hitting or beating his wife/partner for any of the following five reasons: argues with him; refuses to have sex; burns the food; goes out without telling him; or neglects the children
- % of health facilities with protocols and referral paths for cases of violence against women and girls (including child, early, forced marriage and unions)
- % of boys and girls who have accessed child marriage prevention and response services
- # of functional community-based child protection mechanisms set up that include child marriage prevention and response services



Key questions for programme design

- What are the perceptions of CEFMU as a practice? What level of understanding is there in communities and among families and girls themselves about the negative health consequences/outcomes of CEFMU?
- How accessible are health services at facility and community level for married and unmarried adolescent girls?
- How accessible and disability-friendly are health facilities for girls with disabilities (e.g., easy to read material on SRHR)?
- How accessible and acceptable are contraceptives for unmarried adolescent girls and boys? What about married adolescent girls and boys?
- Do laws and policies restrict provision of contraception to adolescents due to age, disability, and marital status, or parity?
- Are family planning services fully provided to married and unmarried girls in sensitive, age-appropriate, disability-friendly and non-judgmental ways? Are all methods offered? Are these services provided to girls with disabilities without judgment?
- What laws or policies exist that may prevent married and unmarried adolescent girls from accessing family planning services? Is consent needed by husbands/parents?
- What capacity exists among health providers to provide high-quality and comprehensive and non-judgmental sexual and reproductive health (including contraception) counseling and services to adolescent girls and boys both with and without disabilities?
- What protocols and referral pathways exist to ensure survivors of violence (including married girls) can access response services in situations of violence?
- Are particular groups of women/girls more at risk of increased mortality during pregnancy and childbirth? What strategies are in place to ensure maternal and newborn health services are tailored to adolescents?
- What opportunities exist to provide information about sexual and reproductive health to unmarried and married adolescents with and without disabilities?

Illustrative Indicators

- Adolescent age-specific fertility/birth rate
- Adolescent maternal mortality
- % of adolescent girls (married and unmarried) who know where to access health services and information
- Proportion of married girls who have visited a health clinic to obtain family planning
- Adolescent modern contraceptive prevalence rate
- HIV prevalence among adolescents and youth
- % of adolescents reporting sexual violence in the past year
- % of adolescents reporting their first sexual encounter was unwanted/coerced
- % of sexually active adolescents reporting using a condom at last sex
- Prevalence of female genital mutilation/cutting
- % of married girls who believe husbands and wives should discuss family planning
- % of married girls who make decisions about contraceptive use by themselves, jointly with their husband/partner, or not at all
- % of adolescent girls (married and unmarried) who have received nutrition and health services in the last six months (e.g., anaemia control, sexual and reproductive health)
- % of health facilities with information on protocols and referral paths for cases of VAWG (including CEFMU)
- % of health care providers who report that they would provide family planning to a sexually active youth client, including married and unmarried girls, even if they have not yet had a child
- % of adolescent girls (married and unmarried) who report that they were offered health services (including contraception and counselling on STI prevention/treatment) without judgment by providers



Key questions for programme design

- What support do pregnant (married and unmarried) girls receive? What services do they access (antenatal care, community health worker visits, etc.)?
- What is the food culture in this context? What kind of food is consumed in communities, and who makes decisions about what food is eaten? Who eats first in a family? Who eats last in a family? How do families approach the nutrition needs of pregnant women and girls?
- What support do new mothers (married and unmarried girls) receive? What services do they access in the community in the first year of their child's life (i.e., during breastfeeding)? What type of information do mothers have access to with regards to nutrition? What support do girls receive to return to school if/when breastfeeding? How does breastfeeding (exclusive and in demand) affect girls' ability to study and attend classes?
- What opportunities exist for women and adolescent girls to receive appropriate information about the importance of their own nutritional well-being? What about mothers' and children's nutrition with and without disabilities? What opportunities exist to ensure pregnant adolescents and new mothers and their families receive appropriate information about the importance of the mother's and child's nutrition?

- Who is influencing the nutrition practices of adolescent girls and how? What about when girls are pregnant or lactating (e.g., parents, mothers-in-law, elders, peers)? What food taboos exist related to menstruation, pregnancy, and/or breastfeeding? What gender inequitable practices may be leading to increased rates of anaemia for girls? What supports do anaemic adolescent girls (particularly while pregnant) with and without disabilities have for health care, education, household chores, childcare, etc.?
- Are girls "choosing" or forced to get married if they are experiencing food insecurity in their households?

Illustrative Indicators

- % of adolescent girls who have received nutrition and health services in the last six months (e.g., anaemia control, sexual and reproductive health)
- % of adolescent mothers accessing sufficient nutrition
- % of adolescent girls and women with self-reported improved decision-making power in intra-household nutrition practices, including the distribution and consumption of food



Key questions for programme design

- What risks of violence are faced by children when collecting water or using latrines? How are reports of violence dealt with in the community (e.g., by schools, legal actors, community leaders, religious leaders, service providers)? Do protocols or referral pathways exist? Are legal punishments implemented?
- What sanitation and waste management information (including menstruation hygiene management) and services do women and girls with and without disabilities have access to?
- Are WASH committees trained on risks of child marriage? Are women and adolescent girls meaningfully participating in and/or consulted by WASH committees, particularly in decision-making that may directly or indirectly affect risks of child marriage?

Illustrative Indicators

- % of adolescent girls (married and unmarried) who feel confident in their ability to report and seek help for violence
- Availability of safe and separate toilets for women/ girls and men/boys
- % of WASH committees trained on CEFMU
- % of women and girls who report participating meaningfully in WASH committees



Key questions for programme design

- Are all girls at risk of marriage and already married girls able to participate systematically, safely, and meaningfully in conversations about CEFMU and decision-making, including the development of laws, policies, budgets, and programming on preventing and responding to child marriage?
- What civic and political skills and capacity building opportunities for children, particularly adolescent girls with and without disabilities, exist, and how are they funded?
- How are gender equality, disability inclusion, and child rights integrated into education curricula?
- What CEFMU-related issues are on the agenda at governmental and intergovernmental level? Which government ministry leads this agenda? Does the government emphasise training for law enforcers such as police? Is there transparency on access to information on child marriage? What governance systems and mechanisms are in place to assure CEFMU is addressed? Which advocacy actions are in place to raise the legal age to marriage to 18?
- What communication channels (TV, radio, social media) are used to raise awareness by national and local government to prevent CEFMU? Are these platforms inclusive and accessible to all?
- How much budget does the government allocate for addressing CEFMU? What are the barriers for allocating adequate budget for addressing child marriage?
- What mechanisms exist to monitor the rights of children? How are police and CSOs monitoring the incidence of CEFMU? Are there social accountability groups assessing whether rights-based services are provided to prevent and track occurrence of CEFMU in the area?
- What discriminatory barriers exist that prohibit married and unmarried girls from accessing services? What barriers exist that prohibit the registration of every birth?
- Which CSOs/WROs are already working on CEFMU advocacy initiatives and at what level? Which advocacy actions are in place to raise the legal age to marriage at 18?

Illustrative Indicators

- % of girls, including girls at risk of child marriage and already married girls, who say their voices and priorities are listened to and addressed by policymakers
- Existence, set up of, or revitalized child participation mechanisms at local and national level accessible to girls at risk of CEFMU and already married girls (such as child-friendly local government cooperation, child clubs in school structures, child parliaments, etc.)
- % of budget allocated to support civic and political skills building for children—particularly adolescent girls—to decide if they want to marry and who they want to marry
- % of budget allocated to directly support girl-led networks/groups
- % of systems and mechanisms put in place to address CEFMU at school, community, and government level
- % increase in budget allocated for CEFMU response and prevention within different government agencies
- # and kind of monitoring mechanisms put in place to assure the rights of married children
- % of social accountability groups put in place to monitor CEFMU in the area
- # of trainings provided for social accountability groups that monitor CEFMU in the area
- % of addressed discriminatory barriers that prohibit married and unmarried girls from accessing services
- % of marriages registered
- # of CEFMU avoided due to community-based mechanisms, including traditional religious leaders' involvement
- # of national government officials who make public declarations against CEFMU
- # of religious leaders who renounce and support fatwas against CEFMU
- % of trained CSO/WRO members and government representatives who demonstrate knowledge on gender equality and women and girls' rights, including those rights protecting girls and women with disabilities
- % of CSO members and government representatives trained on participatory accountability mechanisms, CRC, data collection, and reporting back to the UN on legal obligations



Key questions for programme design

- Key questions for programme design
- What are the main opportunities for livelihoods and income generating activities?
- Are these opportunities accessible to married/unmarried girls with and without disabilities?
- What exploitative forms of work exist in this context and how do married/unmarried children engage in such work?
- How acceptable is it for women and girls to earn income? At what age do they tend to be involved in income-generation and what kinds of economic activities do they participate in? Are there any unintended consequences for women and girls to pursue IGAs?
- How are decisions made about household income, savings, and assets? Who makes decisions and how acceptable is it for women and girls to make decisions and control household income and assets?
- How acceptable is it for women and girls to move around communities and engage with other male and female market actors in IGAs? Are there safety concerns related to all women's and girls' work?
- What is the division of labour in the household related to productive income generating work and care work?
- What are the functional literacy/numeracy and financial literacy levels of women/men and older adolescent girls/boys to support IGAs?
- What are the life skills development opportunities for adolescents?
- What livelihood training opportunities exist in this context? What barriers do women and girls face in accessing training opportunities (including distance, timing, safety, etc.)?
- What formal and informal savings and credit opportunities exist in this context to access capital (e.g., village, savings & loan associations, microcredit, etc.)? Are these opportunities accessible to women and girls?
- What associations and/or groups exist in this context to support IGAs? Are there associations and groups accessible to women and married/unmarried girls?
- What mentorship opportunities exist for married/unmarried girls?

- What are the unintended consequences of women's and girls' participation in livelihood activities?
- What is the availability of child-sensitive social protection programmes?
- What does access to social protection programmes (such as cash transfers and bursaries) look like? Who receives the support within the household? Who benefits from the support? Does it shift power dynamics within the household?

Illustrative Indicators

- Average income of men, boys, women, and girls^{cxiv}
- Average savings and productive assets of men, boys, women, and girls
- % of women/girls who report having decision-making power over the assets and resource in their household
- % of men, boys, women, and girls engaged in decent and safe income generating activities
- % of girls who report feeling supported by their families (caregivers, husbands, brothers, etc.) to pursue decent and safe IGAs^{cxv}
- % of married/unmarried girls who report feeling safe in the community pursuing IGAs
- % of men, boys, women, and girls who demonstrate improved livelihood skills (e.g., functional literacy/numeracy, transferable life skills, financial literacy, business, agricultural practices, technical market-driven skills, etc.) and confidence in pursuing IGAs
- % of men, boys, women, and girls who report being able to access savings and credit opportunities
- # of men, boys, women, and girls who participate in trainings (e.g., literacy/numeracy, financial literacy, business, agricultural, technical market-driven trainings, etc.)^{cxvi}
- # of men, boys, women, and girls who participate in associations and groups to support income generating activities
- # of men, women, boys, and girls (married/unmarried) supported with cash and voucher assistance or other forms of social protection (e.g., bursaries)

ANNEX 5: ILLUSTRATIVE POLICY RECOMMENDATIONS

1 Gender-Based Violence

Governments and donors should:

- Prioritise and support well-resourced and inclusive GBV services and information. This must include increasing the numbers and the reach of skilled child protection workers, tailoring GBV services to the needs of adolescents, and removing barriers to access for persons with disabilities and other groups in vulnerable situations.
- Scale up urgently needed flexible funding for GBV services. This includes funding community level organisations, particularly women's rights organisations mobilising front-line protection for children.
- Design and implement stand-alone programming to transform harmful gender norms and address the root causes of GBV. This programming should include engaging with men, boys, local community leaders, religious and traditional leaders, and grassroots women's, girls' and children's organisations.

2 Child Protection

Governments and donors should:

- Prioritise and support well-resourced and inclusive, gender-responsive child protection systems and information. This must include increasing the numbers and the reach of skilled, trained, gender-sensitive child protection workers, tailoring child protection systems to the needs of adolescent girls and boys, and addressing barriers to access for children with disabilities and other groups in vulnerable situations.
- Scale up urgently needed flexible and sustainable funding for child protection. This must include funding services for preventing, mitigating, and responding to violence against children, including through MHPSS, sexual and reproductive health services, and information.

3 Education

Governments and other stakeholders engaged in prevention and response to CEFMU should ensure girls have equal access to safe, quality education.

- Address discriminatory barriers to girls remaining and returning to school after an absence, whether in law or practice, including bans on married girls, pregnant girls, and child mothers.
- Ensure gender-responsive approaches to national education systems, including policies and budgets that address the distinct barriers to learning that girls face, gender-responsive curricula design, and targeted efforts to increase training and support for teachers at every level of education.^{cxvii}

4 Health

Government and service providers should work to realize girls' right to the highest attainable standard of health, including child-friendly and gender-responsive provision and access to essential health services and information.

- Proactively tackle barriers to girls' decision-making and access to health services and information, including laws and regulations on health services, transportation or mobility restrictions, discriminatory gender and disability norms and practices, prejudicial or biased attitudes of health care workers, and the ability to pay direct or indirect health care costs.
- Fund and support essential routine health services with a focus on child-friendly and gender-responsive maternal, newborn, child, adolescent, and sexual and reproductive health services, information, and commodities (including menstrual hygiene management materials and contraceptives) as well as age- and gender-sensitive MHPSS.
- Include comprehensive sexuality education in school curricula and for married and out-of-school girls, including girls with disabilities.

5 Poverty Alleviation & Social Protection

Government and service providers should work to realize girls' right to access resources. Families with daughters at risk of CEFMU should be supported to meet daughters' basic needs.

- Increase support for child- and gender-sensitive social protection, prioritising investment in children by creating more fiscal space and aiming for universal child benefits.
- Provide support for women, particularly women married as children, so they can more actively engage in income generating activities outside of the house.
- Prioritise girls' skills and capacity building activities, including transferable life skills, financial literacy, and other market relevant technical skills to ensure that they are supported to transition into the workforce.
- Ensure that married girls have equal access, control, and decision-making power over resources.
- Ensure gender-responsive and equitable policies and laws related to nationality, inheritance and the owning of property, and access to financial resources and institutions.

6 Data and Knowledge

Governments, international actors, and donors should:

- Address ongoing data, knowledge, and analysis gaps on the priorities, needs, and solutions of girls at risk of CEFMU and already married girls, including comprehensive collection, analysis, and use of sex-, gender-, age-, and disability-disaggregated data across all CEFMU prevention and response efforts, where safe and ethical to do so, and in alignment with appropriate guidance, standards, and protocols on data collection.

7 Civic and Political Participation

Governments and international actors should:

- Ensure systematic, safe, and meaningful participation in all public decision-making at the community, national, and international level of girls at risk of CEFMU and already married girls, including in the development of policies, budgets, and programmatic efforts that impact their lives. This must include support for the safe and meaningful participation of marginalised groups of girls, including indigenous girls, girls with disabilities, pregnant girls and child mothers, and girls living on streets, in extreme poverty, or otherwise hard to reach.
- Develop, fund, and implement civic and political skills-building for girls at risk of CEFMU and already married girls, including child-campaigning and advocacy capacity building and technical and financial support for girl-led groups.

ANNEX 6: COMMUNICATING ON CEFMU

The images and messages Save the Children uses can either reinforce inequitable gender norms or help redefine them. This includes the way we communicate about CEFMU.

WE DO:

Describe child marriage as:

- A form of gender-based violence
- A violation of human rights

Describe children who have been married as:

- Survivors of child marriage
- Children/girls who have experienced gender-based violence
- Girls who are/have been married

Differentiate root causes from risk factors and drivers.

- The root causes of CEFMU are gender inequality and inequitable gender norms.
- Risk factors and drivers that intersect with gender inequality include poverty, being out of school, adolescent pregnancy, and forced displacement status.

Represent girls who have been married or are at risk of marriage in an empowering way, including:

- Sharing examples that celebrate girls' agency, achievements, and resilience
- Presenting solutions when we communicate a lack of progress, sense of jeopardy, or urgency
- Using terms like “at risk,” “excluded,” “marginalised,” and “impacted by discrimination and inequality” to point to the injustices that lead to CEFMU
- Saying we “support girls’ empowerment”
- Talking about what girls can do and what girls need to use their power effectively—education and access to information, food, good health, time, and platforms to make their voices heard in decision-making and to feel safe
- Recognising that, at times, girls may themselves decide to marry and that ending CEFMU is about ensuring that girls have better options than marriage for financial security, social status, independence, etc.

Recognise that supporting girls’ empowerment is only one strategy, but a multi-level approach is needed to prevent and respond to CEFMU. We take a socio-ecological approach, recognising the family, community, and structural factors that contribute to CEFMU.

Recognise child marriage as a form of violence that primarily affects girls. While child marriage is also an abuse of boys’ rights, physical and social differences mean that they do not face the same risks and consequences as girls.

Protect the identity of married children by changing their names and hiding their faces or other identifying features in published content. A collection of anonymized photographs and case studies is available on Save the Children’s [Content Hub](#).

WE DON'T:

Define children as:

- Victims of child marriage

Define child marriage as:

- A harmful traditional practice
-

Deny girls' agency:

- We don't describe girls' lives as being destroyed by child marriage. This can echo harmful tropes about "ruined women and girls" that stigmatise those who have experienced sexual violence or had sex outside of marriage.
 - We don't use words like "helpless" or "hopeless."
 - We don't say that we "empower" girls (or children more broadly).
 - We don't use the term "left behind" unless we are talking about child marriage in the context of the Sustainable Development Goal pledge to "leave no one behind."
-

Overstate girls' agency

- In line with a socio-ecological approach, we do not over-emphasise girls' power to make decisions about marriage.
-

We do not assume that children at risk of CEFMU have binary gender identities. As with all forms of GBV, more data on the experiences of LGBTQ+ children are urgently needed.

Censor children who have been married speaking about their own experiences. For example, if a child says that getting married has ruined their life or was the best thing that happened to them, we will not change that statement to comply with this guidance. Or, if a child is already advocating publicly under their own name, we will not insist on hiding their identity.

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ANNEX 8: ENDNOTES

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- lxxi "The core elements of legislation related to CM are the minimum age of marriage, and free individual and informed consent. The law should specify 18 years as the minimum legal age for marriage; prohibit the marriage below that age; allow for the voidance of marriages involving children; and specify the requirement of free and full informed consent of both parties." UNFPA. Child Marriage and the Law: Technical Note for the Global Program to end Child Marriage. <https://www.unicef.org/media/86311/file/Child-marriage-the-law-2020.pdf>
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- lxxiii UNFPA. State of the World Population: My Body is my own. (2021). [SoWP2021_Report_-_EN_web.3.21_0.pdf \(unfpa.org\)](https://www.unfpa.org)
- lxxiv Save the Children. [The Nine Basic Requirements for Meaningful and Ethical Children's Participation | Resource Centre \(savethechildren.net\)](https://savethechildren.net)
- lxxv Save the Children. [Lead Like a Girl: Ensuring adolescent girls' meaningful participation in decision-making processes | Resource Centre \(savethechildren.net\)](https://savethechildren.net)
- lxxvi See Save the Children's analysis of budget implementation in Niger and Sierra Leone. [Ending Child Marriage in West Africa: Enhancing policy implementation and budgeting, Sierra Leone and Niger | Resource Centre \(savethechildren.net\)](https://savethechildren.net) Forthcoming analysis in Nigeria will be released in late 2021/early 2022. Save the Children is also producing a replicable costing framework for use in national level budget advocacy in 2022.
- lxxvii See recent Save the Children research in four countries in the MEEE region. [Married by Exception: Child marriage policies in the Middle East and North Africa | Resource Centre \(savethechildren.net\)](https://savethechildren.net)
- lxxviii See UNICEF's Child Marriage and the Law Technical Brief for more information- [Child-marriage-the-law-2020.pdf \(unicef.org\)](https://www.unicef.org)
- lxxix UNICEF. (2015). Child Marriage: Child Marriage is a violence of human rights, but is all too common. [http:// data.unicef.org/child-protection/child-marriage](http://data.unicef.org/child-protection/child-marriage)

^{lxxx} Glinski, Allison M., Magnolia Sexton, and Lis Meyers. 2015. Washington, DC: The Child, Early, and Forced Marriage Resource Guide Task Order, Banyan Global, <https://www.usaid.gov/documents/1865/child-early-and-forced-marriage-resource-guide>

^{lxxxi} Aspen Planning and Evaluation Program. (2015). Recommended Indicators for Girls Not Brides Members Working To Address Child Marriage. https://www.girlsnotbrides.org/documents/1066/GNB_Full-List-of-Indicators_August-2015_Final.pdf

^{lxxxii} Ibid

^{lxxxiii} This indicator could include decisions on a range of issues. See the Aspen indicator guide for survey questions that could be included.

^{lxxxiv} This indicator can be measured with the Sexual Relationship Power Scale (SRPS), specifically the sub-scale for relationship control. See the Aspen indicator guide for the survey questions that comprise this sub-scale.

^{lxxxv} This indicator captures self-efficacy. See the Aspen indicator guide for the survey questions that could be asked to determine self-efficacy.

^{lxxxvi} This is an indicator of a social norm. See the Aspen indicator guide for the survey questions that could be asked to measure perceptions of what others think.

^{lxxxvii} This indicator captures self-efficacy. See the Aspen indicator guide for the survey questions that could be asked to determine self-efficacy.

^{lxxxviii} This indicator captures self-efficacy. See the Aspen indicator guide for the survey questions that could be asked to determine self-efficacy.

^{lxxxix} This is an indicator of a social norm. See the Aspen indicator guide for the survey questions that could be asked to determine what the community approves of (or thinks should be done).

^{xc} This indicator could be measured with the equity for girls sub-scale of the Gender Norm Attitudes Scale (GNAS). See the Aspen indicator guide for the survey questions that comprise this sub-scale.

^{xci} This is an indicator of a social norm. See the Aspen indicator guide for the survey questions that could be asked to measure perceptions of what most others in the community do.

^{xcii} This is an indicator of a social norm. See the Aspen indicator guide for the survey questions that could be asked to measure perceptions of what the community approves of (or thinks should be done).

^{xciii} This indicator could include survey questions asking about multiple types of action. See the Aspen indicator guide for the survey questions that could be used.

^{xciv} This is an indicator of an injunctive norm. See the Aspen indicator guide for the survey questions that could be asked to measure willingness to introduce sanctions.

^{xcv} This is an indicator of a social norm. See the Aspen indicator guide for the survey questions that could be asked to measure perceptions of what most others in the community do.

^{xcvi} This is an indicator of a social norm. See the Aspen indicator guide for the survey questions that could be asked to measure perceptions of what the community approves of (or thinks should be done).

^{xcvii} This is a quantitative indicator with a qualitative component. See the Aspen indicator guide for the list of criteria to determine if health centres are “youth-friendly”

^{xcviii} This indicator requires a list of survey questions designed to assess financial literacy. See the Aspen indicator guide for the list of questions to assess financial literacy.

^{xcix} Save the Children. (2021). Adolescent wellbeing framework for action: a critical opportunity to fulfil human right and drive change. https://resourcecentre.savethechildren.net/node/19293/pdf/adolescent_wellbeing_framework.pdf

^c My Body, My Decision. My Rights: Reducing CEFMU in Sierra Leone and Burkina Faso’s Girls’ Power Index. (2020.)

^{ci} This activity is based on the “My Sexual Health and Rights” Common Approach, which seeks to promote positive adolescent sexual and reproductive health and rights outcomes by addressing the multi-level and interrelated drivers of poor sexual and reproductive health and rights among adolescents. The approach includes a set of gender-transformative and evidence-based interventions to be implemented at each level of the socio-ecological model: with adolescents, parents, families, and communities, at health systems level and at the policy level. It is currently being implemented in 31 countries.

^{cii} This activity is based on the Child Rights Reporting (CRR) model which is a model for successfully involving civil society and children in monitoring, reporting, and advocacy work to ensure national state compliance with international human and child rights accountability mechanisms. Save the Children has been able to build reliable evidence over the last 25 years that this approach can lead to policy change, strengthened capacity of children and child rights organisation to engage, and ultimately improved realization of children’s rights.

^{ciii} My Body, My Decision. My Rights: Reducing CEFMU in Sierra Leone and Burkina Faso Project Implementation Plan. (2020)

^{civ} This activity is based on the “My Sexual Health and Rights” Common Approach.

^{cv} This activity comes from the Parenting without Violence Common Approach. It is designed as a universal preventative program which contributes to strengthening positive social norms, challenging negative gender and power dynamics in the home, and building local child protection systems. The Parenting without Violence Common Approach is currently being implemented in 28 countries and Positive Parenting programs are being implemented in 52+ countries. The Parenting without Violence Common Approach can be included in new-born care services as well as programs on nutrition, early childhood development, livelihoods, youth, and adolescents, in development and humanitarian settings. The theory and practice of the approach along with the target group and target outcomes make it different from other parenting programs.

^{cvi} This activity is based on the “My Sexual Health and Rights” Common Approach.

^{cvi} Population Council (2021). The Adolescent Girls Initiative–Kenya. Executive Summary: Two-Year Follow Up Results. https://www.popcouncil.org/uploads/pdfs/2021PGY_AGI-K_EndlineReportExecSumm.pdf

^{cvi} This activity is based on the Household Economy Analysis Common Approach which helps to understand a family's economic situation to better understand how to help their children. Save the Children determines if households have the food and cash they need to survive and prosper. This information allows SC to design a response that is appropriate to the situation and effective. SC and partners have implemented the Household Economy Analysis in 50 countries.

^{cix} This activity is based on the Public Investment in Children (PiC) Common Approach which draws on the best practices and understanding of SC's long-standing work with partners and child rights coalitions in this area. It is an evidence-based, analysis-driven program to systematically influence public budgets for child health and nutrition, education, and protection and social protection and to uplift children's voices in public budgeting processes. It supports Country Strategic Plans, moving offices towards a rights-based approach by linking direct programming to advocacy for governments to fulfil their rights and contribute to the realization of Breakthroughs.

^{cx} Save the Children. (2015). Addressing Data Gaps on Child, Early and Forced Marriage in Humanitarian Settings. <https://resourcecentre.savethechildren.net/library/addressing-data-gaps-child-early-and-forced-marriage-humanitarian-settings>

^{cx} This activity is based on the Child Rights Reporting (CRR) model for successfully involving civil society and children in monitoring, reporting and advocacy work to ensure national state compliance with international human and child rights accountability mechanisms. SC has been able to build reliable evidence over the last 25 years that this approach can lead to policy change, strengthened capacity of children and child rights organisation to engage, and ultimately improved realization of children's rights.

^{cxii} Save the Children. Making the Law Work for Girls. https://resourcecentre.savethechildren.net/node/15232/pdf/nepal_final_210518.pdf

^{cxiii} This section has been adapted from:

Girls Not Brides. Recommended Indicators for Girls Not Brides Members Working to Address Child Marriage <https://www.girlsnotbrides.org/learning-resources/resource-centre/child-marriage-indicators/>

USAID. (2015). Child, Early, and Forced Marriage Resource Guide. https://www.usaid.gov/sites/default/files/documents/1865/USAID_CEFMU_Resource-Guide.PDF

^{cxiv} Disaggregations need to be adapted to the context and project target groups for each indicator. However, sex and age disaggregated information is highly recommended. It is also recommended to consider disaggregating married girls and unmarried girls.

^{cxv} Supported depends on the context but could include: emotional support, such as motivation, encouragement, standing up for girls' work in communities, etc.; physical/material support, such as fees for travel or mobile equipment, land, tools, etc.; time support, such as caring for children, completing chores to allow girls' time for work, working within girls' businesses or travelling with girls for safety, etc.; technical support, such as tutoring, offering advice, etc.

^{cxvi} Types of training could include literacy/numeracy, financial literacy training, etc. The project may provide a combined training or have separate trainings per topic which should be considered in indicators based on the design of the program.

^{cxvii} Save the Children. (2021). Let Girls Learn! https://resourcecentre.savethechildren.net/node/19330/pdf/let_girls_learn_wca_briefing_3rd_pp.pdf

^{cxviii} Not an exhaustive list



Save the Children believes every child deserves a future. Around the world, we give children a healthy start in life, the opportunity to learn and protection from harm. We do whatever it takes for children – every day and in times of crisis – transforming their lives and the future we share.

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4. THEORY OF CHANGE

There is no single solution for ending CEFMU. However, the application of multi-sectoral and holistic strategies can bring tangible results in ending the practice. The rights violations of CEFMU should not be addressed in isolation, but within a broader framework of changing laws and policies, providing and strengthening accessible services, mobilising families and communities, and supporting girls’ empowerment. Save the Children adopts the Girls Not Brides’ Theory of Change (TOC), with slight adaptations to explicitly indicate the complexity of the issue and to outline required responses to end CEFMU.^{lix}

