Lessons learned from CARE’s Abdiboru programme

West Hararghe zone of Oromia in Ethiopia

Programme Goal
Advance gender equality and girls’ empowerment by reducing rates of early and forced marriage and improving health and nutritional outcomes among adolescent girls

PARTICIPANTS
Young adolescent girls (age 10-14, at the start of the programme, married or unmarried), adult stakeholders (including relatives of the girls, representatives from local governments, service providers, teachers, and community leaders)

ACTIVITIES

Individual
Girls formed Village Savings and Loan Associations (VLSAs), which allowed them to save money together while also learning about sexual and reproductive health and nutrition and building relevant life skills including communication and negotiation.

Government
Using CARE’s Community Score Card® approach, key government stakeholders and service providers worked together to identify and solve structural challenges restricting girls’ access to critical health and educational services.

Community
Various influential community members formed groups and used CARE’s Social Analysis and Action (SAA) tool to raise, reflect on, and devise plans to address biases and discriminatory norms undermining girls’ empowerment, health, and development.

Child marriage is commonly practiced, and seen as a blessing
Married girls usually do not attend school, as their responsibility is to take care of their husband and household and to bear and raise children
Contraceptive use is generally not accepted, even among married girls and women
Girls often eat last (after their male family members) and least (whatever is left over after others finish eating), generally missing out on the most nutritious food

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Abdiboru Evaluation Findings

Early marriage
- The early marriage rate declined in all three arms, but the largest decline (44.1%) was seen in the triple-intervention arm.
- Adolescent girls’ control over whether or not to marry, who to marry, and when to marry also significantly increased over the life of the programme.

Sexual and reproductive health
- Contraceptive use among sexually active adolescent girls increased from 34.8% to 41.2% in the triple-intervention arm (use declined in other arms).
- Rates of sexual activity among girls declined in all three arms, but the largest decline (from 18.3% to 9.8%) was seen in the triple-intervention arm.

Education
- School continuation after marriage improved significantly, with almost half of married girls reporting they could stay in school after marriage at the end of the programme (compared to around 20% at the beginning).
- Girls who felt their school was “very supportive of girls’ needs” also increased significantly, from 39.1% at baseline to 49.8% at end-line.

Life skills
- Over the life of Abdiboru, girls’ aspirations broadened (with marriage no longer being the ultimate goal), and their confidence increased.
- A majority of girls (more than 80%) reported high confidence in their own negotiation skills after participating in the programme.

Nutrition and food allocation
- Gender-based discrimination in household food allocation and timing of meals decreased in Abdiboru programme areas.
- Adolescent girls who reported eating the same type of food as boys significantly increased in the triple-intervention arm from 24.6% to 49.4%.
- Girls who reported eating meals at the same time as boys also increased from 18% to 54.9% (also in the triple-intervention arm).

Evaluation findings indicate that Abdiboru contributed to a reduction in child marriage and helped to shift social norms to be more supportive of girls’ health, empowerment, and overall wellbeing. The triple-intervention arm achieved the most significant results, demonstrating the importance of engaging with the broader community and stakeholders to create an enabling environment for girls to thrive.