

Building Pathways, Breaking Barriers:

Evidence and learning from CARE's Programming to Address Child, Early, and Forced Marriages and Unions

care

Why CARE cares about child, early, and forced marriage and unions (CEFMU)

Globally, one in five girls is married before the age of 18.[1] In countries and regions where CARE works, the prevalence of child marriage can range between 20 and 76%, with the highest rates in rural and fragile contexts. Child, early, and forced marriage and unions (CEFMU) have devastating consequences for girls' health, education, agency, and economic futures, and contributes to cycles of poverty and inequality. The vast majority of adolescent births take place within the context of marriage,[2] and complications from pregnancy and childbirth are among the leading causes of death among adolescent girls aged 15–19.[3]



Girls who marry as children face a higher risk of intimate partner violence,[3] poor mental health.[4] They are also less likely to finish school and earn less as adults.[5] UNICEF estimates that child marriage could fall by about two-thirds if all girls completed secondary school.[6]

The drivers of CEFMU are multidimensional and interrelated. Poverty and economic

[1] United Nations Children's Fund. (2023). *Is an end to child marriage within reach? Latest trends and future prospects, 2023 update*. UNICEF. https://data.unicef.org/wp-content/uploads/2023/05/Is_an_End_to_Child_Marriage_Within_Reach.pdf

[2] World Health Organization. (2025, April 23). *Pregnancy and childbirth related complications are the leading cause of death among 15–19 year old girls* [Infographic]. https://www.who.int/multi-media/details/pregnancy-and-childbirth-related-complications-are-the-leading-cause-of-death-among-15-19-year-old-girls

[3] United Nations Population Fund. (2025, February 13). *Adolescent pregnancy*. https://www.unfpa.org/adolescent-pregnancy

[4] Burgess, R. A., Jeffery, M., Odero, S. A., Rose-Clarke, K., & Devakumar, D. (2022). Overlooked and unaddressed: A narrative review of mental health consequences of child marriages. *PLOS Global Public Health, 2*(1), e0000131. https://doi.org/10.1371/journal.pgph.0000131

[5] Wodon, Q., Male, C., Nayihouba, A., Onagoruwa, A., Savadogo, A., Yedan, A., Edmeades, J., Kes, A., John, N., Murithi, L., Steinhaus, M., & Petroni, S. (2017). Economic impacts of child marriage: Global synthesis brief. World Bank & International Center for Research on Women. https://documents1.worldbank.org/curated/en/454581498512494655/pdf/116832-BRI-P151842-PUBLIC-EICM-Brief-GlobalSynthesis-PrintReady.pdf

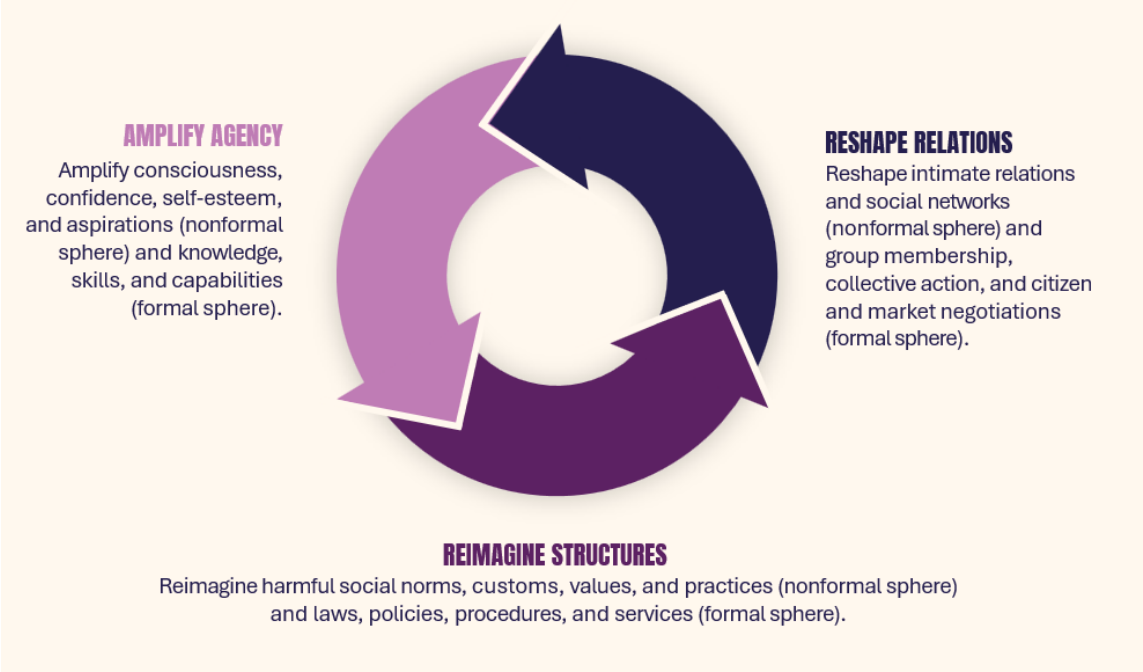
[6] United Nations Children's Fund. (2022, September 19). The power of education to end child marriage [Data brief]. UNICEF. https://data.unicef.org/resources/child-marriage-and-education-data-brief/ .

insecurity create strong incentives for families to reduce financial burdens or secure marriage-related transfers. Lack of opportunity, including limited access to quality schooling and meaningful pathways to employment, leaves marriage as one of the few viable options for girls. Social norms and attitudes, especially those around expected roles for girls, sexuality, and honor, perpetuate expectations that girls should marry early. These intersect with a lack of agency, in which girls have little influence over whom, when, or whether they marry. Finally, a fear of girls' sexuality and early pregnancy, including concerns about premarital sex, reputational harm, or unplanned pregnancies, may drive families to hasten marriage.

In situations of conflict, displacement, and climate shocks, these drivers intensify: poverty deepens, educational and livelihood opportunities contract, restrictive norms harden, girls' decision-making power is further curtailed, and anxieties about sexual violence or pregnancy outside marriage escalate, compounding the risk of CEFMU.

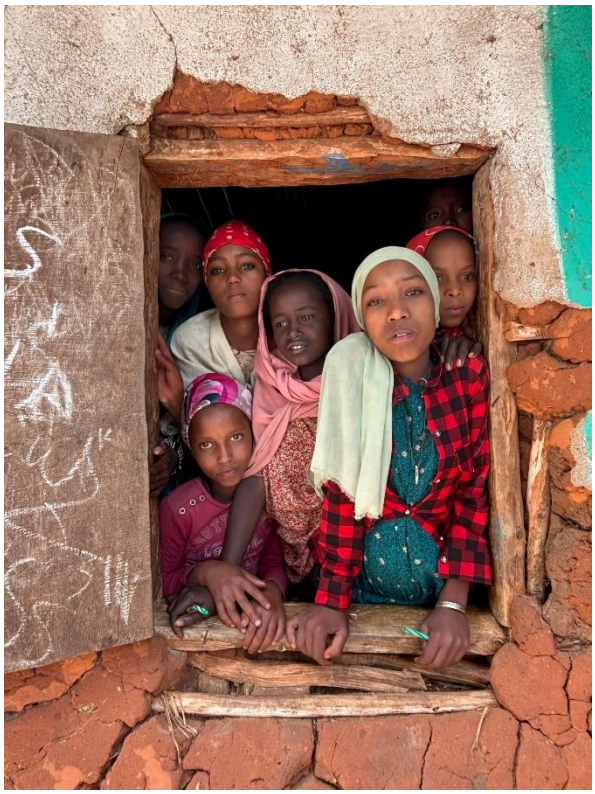
As an organization that has long worked to advance the well-being of girls in many of the countries most deeply affected by CEFMU, CARE and its local partners—including adolescent girls themselves—are well-placed to understand the context-specific drivers behind this harmful practice and to respond in ways that best meet the needs of both unmarried and married girls.

CARE's approach



CARE's three interconnected dimensions of transformative change: agency, relations, and structures for helping Women & Girls reach their full potential, and all people experience greater quality

CARE's approach reflects what the global evidence now confirms: **no single intervention can solve such a complex** challenge.



CARE implements integrated, rights-based, girl-centered strategies that:

1. **Amplify girls' agency** – building knowledge, skills, confidence, and leadership.
2. **Reshape norms and relationships** – engaging parents, partners, and community leaders to champion girls' rights.
3. **Reimagine structures and systems** – improving education, health, and protection services and policies.
4. **Enhance economic empowerment** – supporting savings, livelihoods, and financial decision-making.
5. **Influence policy and governance** – helping local authorities adopt bylaws, strengthen enforcement, and institutionalize referral pathways.

Over the past decade, CARE's nearly two dozen programs addressing CEFMU prevention and support for married girls have reached hundreds of thousands of adolescents, parents, community leaders, and service providers across diverse contexts (see Table 1). This brief synthesizes evidence from many of CARE's reviewed programs—19 of the 28 implemented over the past decade—focusing on those with available evaluation data and results that provide meaningful insights into what works to prevent and respond to CEFMU.

In Ethiopia, the TESFA program piloted peer solidarity groups for married adolescent girls; Abdiboru re-enrolled thousands of out-of-school girls, aiming to delay marriage; the SWEEP program emphasized girls' economic empowerment; and the Berhan Program integrated CEF

MU prevention with efforts to abandon female genital cutting. In Nepal, the Hausala program adapted the UDAAN accelerated learning curriculum, reintegrating at-risk girls into formal schools. In India, where CARE first developed Udaan as a residential accelerated learning program for out-

of-school girls, a 19-year tracer study has followed past participants into adulthood. In Benin, the PSDSR program combined education, savings, and local bylaw enforcement, while Ko Hatchi and TEDIJO mobilized communities and strengthened protection systems, and the CASH TRANSFER FAABA project paired cash transfers with school monitoring and community dialogue–all to prevent CEFMU. In Somalia, the SOMGEP-T Program improved girls' transitions to secondary school while tackling harmful norms. In Nigeria, in conflict-affected Yobe State Martawa Zuromaye worked with communities and women-led CSOs to address multiple forms of violence against women and girls, including child, early, and forced marriage and female genital cutting. The Tipping Point initiative, implemented in Bangladesh and Nepal, tested intervention packages focused on norm change and girl-led activism through randomized controlled trials and mixed-method evaluations. The initiative later expanded to Mali, Niger, and Northwest Syria, adapting the model to each country's unique context and building on learnings from the initial phases.

These programs reflect what the global evidence base now shows: No single intervention can solve such a complex problem. Instead, CARE programs emphasize context-specific, rights-based, adolescent girl-informed, bundled approaches that simultaneously improve girls' agency, expanding their knowledge, skills, and confidence, while transforming family and community attitudes, behaviors, norms, and power dynamics, along with the laws, policies, systems, and services in ways that support girls to thrive.



The evidence from this robust portfolio demonstrates that progress can be achieved. CARE programs have documented marked reductions in rates of child marriage, alongside increases in the measures that protect girls against the risk of CEFMU, such as girls' learning, schooling, skills attainment, and changes in attitudes and norms. The programs have also improved the lives of already married girls, providing them with greater financial independence, bargaining power, and resilience, while helping their husbands and local leaders value more equal households and communities. For example:

- In **Ethiopia**, the Abdiboru Program re-enrolled over 3,000 out-of-school girls and helped cut child marriage rates by nearly half (from 17% to 10%), or 3.8 points above the comparison group. TESFA tripled girls' savings raised participation in savings groups from 30% to 80%,

and boosted engagement in income-generating activities from 20% to 61%. SWEEP increased the proportion of girls involved in household financial decisions by 52%.

- In **Nigeria**, an independent evaluation of Martawa Zuromaye in Yobe State compared program and comparison areas. Self-reported child and forced marriage fell from 19.6% to 12.4% among women and from 18.1% to 10.0% among men.
- In **Benin**, PSDSR reduced child marriage among 15–19-year-old girls by nine percentage points (from 32% to 23%) and early pregnancy by eight percentage points (from 28% to 20%) through enrolling and supporting girls to remain in school. Ko Hatchi and TEDIJO helped local leaders pass bylaws enforcing the legal age of marriage and created referral pathways across child protection, police, and health services. The CASH TRANSFER FAABA project (2022–2026) reached 232,618 girls aged 9 to 15 with cash transfers. Girls' school dropout rate in project areas fell from 6.9% to 1.6% over four school years, and 85% of surveyed households reported less child marriage, although the project did not measure marriage rates directly.
- In **Nepal**, Hausala reintegrated out-of-school girls through accelerated learning, achieving 69% re-enrollment and major gains in literacy and numeracy. The percentage of participating girls who were unable to read anything at all fell from 73% to 5%, while these girls were twice as able to recognize single digits as they were at the start of the program.
- In **India**, a 19-year tracer study of CARE's Udaan program found that 94% of traced participants re-enrolled in formal school. Their median age at first marriage was 20 years, compared with a national median of 18.8 years for women.
- In **Somalia**, the SOMGEP-T program combined girls' learning support with community norm change and mentoring to strengthen pathways to education and protection. It reduced the proportion of parents and caregivers intending to marry off their daughters before age 18 (from 18% to 11%), while also increasing girls' self-confidence (18% increase) and school transition (18 percentage points among out-of-school girls). An ex-post study of girls who participated in the first phase of SOMGEP indicated that they were 5.8 percentage points less likely to marry before age 15 than the comparison group. Additionally, the average age of marriage increased from 16.9 to 18.3 years compared with the comparison group.

CARE's results and impact

Across diverse contexts, CARE programs have documented measurable progress in girls' education, empowerment, and community norms—among the strongest contributors to reducing CEFMU and supporting already married girls. Several key results emerge.



Education's protective power

Programmatic evidence across CARE's portfolio shows that education is the most consistent protective pathway against CEFMU. Programs that increased girls' school enrollment, retention, and progression almost universally reported corresponding reductions in CEFMU risk, whether reflected in delayed marriage intentions, reduced acceptance of early marriage, or measurable declines in marriage incidence.

In Zimbabwe, the Start4Girls program reduced school dropout rates (from 17% to 5%), and dropout due to marriage or pregnancy fell from 22% to 2.4%, while in Nepal, Hausala achieved a dramatic rise in girls' enrollment in formal education (from 0% to 69%), which participants and communities directly linked to delayed marriage decisions. Similar patterns emerged across contexts: parents who saw their daughters staying in or returning to school increasingly rejected early marriage. In Benin's PSDSR and Somalia's SOMGEP-T, caregiver support for girls' education rose sharply, and intentions to marry daughters before age 18 dropped by one-third to one-half. Girls who participated in Somalia's SOMGEP had a 75.7% likelihood of completing primary school, compared to 52.3% among the counterfactual. Among SOMGEP participants, the likelihood of completing secondary school increased to 29.8%, compared with 19.3% among the counterfactual group.

In Ethiopia, the Abdiboru program reduced the number of school days/month missed by girls by 54%; in parallel, the program was associated with documented gains in school attendance (a 30-percentage-point increase) and declines in acceptance of child marriage, while the Tipping Point initiative in Nepal and Bangladesh found that strengthening girls' aspirations and school continuation can delay marriage intentions, even if effects on actual marriage incidence were mixed.

While there is limited evidence from program evaluations, evidence suggests that CARE's accelerated education programs, which help at-risk girls catch up academically and transition back into formal schooling, are also likely to delay marriage. Follow-up research with participating

girls after program completion will be essential to understand the durability of these effects over time.

In India, CARE's Udaan program offered an 11-month residential accelerated learning course for out-of-school girls aged 11 to 14 in Hardoi district, Uttar Pradesh. A 19-year tracer study traced 67% of the program's 1,875 past participants. Of those traced, 94% re-enrolled in formal school, and 53% studied beyond primary school, compared with 23% of rural women in India. Participants' median age at first marriage was 20 years, compared with national medians of 18.8 years for all women and 17.1 years for women with no schooling. Child marriage (before age 18) was 22% among participants who stopped at Grade 8 or below, 8% among those who reached Grades 9 to 12, and 1% among those with higher education. The study has no comparison group, but these results show a strong link between schooling and later marriage. The link also runs both ways: 30.5% of participants who left secondary school cited marriage as a reason.

Creating real opportunities for girls through economic empowerment



CARE's economic empowerment approaches also contributed to reducing the drivers of child marriage and improving the well-being of already married girls. CARE-supported income-generating activities (IGAs) and savings programs, including Village Savings and Loan Associations (VSLAs)[6], not only improved household resilience but also shifted girls' bargaining power, likely reducing reliance on CEFMU for financial reasons, giving unmarried girls the ability to say "no" to marriage, and married girls more decision-making power within their households.

CARE's experience in Ethiopia shows that building girls' economic power can transform both livelihoods and social norms related to child marriage. The TESFA program for ever-married girls tripled VSLA participants' savings, raised participation in savings groups (from 30% to over 80%), and increased engagement in IGAs (from 20% to 61%). Participating girls' ability to influence household spending decisions was reported to have more than doubled. CARE's SWEEP program increased the proportion of girls involved in household financial decision-making by 52%. In the Berhan program, more than 200 former practitioners of female genital cutting abandoned the practice after joining VSLAs and receiving training in alternative livelihoods, illustrating how economic pathways can reduce reliance on harmful practices tied to child marriage.

In northern Benin, the CASH TRANSFER FAABA project (2022–2026) combined cash transfers for girls aged 9 to 15 in public schools, paid preferably to their mothers, with school monitoring, home visits, community dialogues using CARE's Social Analysis and Action approach, and referrals to social protection services. It reached 232,618 girls in 24 communes. Girls' school dropout rate in project areas fell from 6.9% in 2022/23 to 1.6% in 2025/26; before the project, it was 10.7% (2020/21) and 9.4% (2021/22). In a 2025 survey of 9,130 participating households, 85% reported a decrease in child marriage. Of 15,981 recorded causes of dropout, 232 were due to marriage, and 102 were due to pregnancy; domestic work and financial difficulties were far more common. The project did not measure marriage rates directly and had no comparison group, so its own analysis describes a plausible contribution rather than proven impact.

Strengthening girls' agency and access to rights-based health information and services

Across CARE's programs, sexual and reproductive health and rights (SRHR) outcomes were consistently positive, especially for already married girls. Gains in SRHR knowledge, service use, and decision-making frequently reinforced girls' agency to delay marriage or first birth, reducing their risk to CEFMU.



In Ethiopia, TESFA combined peer-led groups, couples' dialogues, and a sexual and reproductive health (SRH) curriculum. Married adolescent girls in the SRH arm saw the largest gains, with modern contraceptive use increasing from 51% to 78% and HIV testing from 50% to 70%, both substantially higher than the increases observed in the comparison group. In Benin, TEDIJO used girls' clubs and community sensitization to strengthen confidence and agency, reducing early pregnancy among adolescents aged 15-19 by 5 percentage points and increasing the use of modern contraceptives from 28% to 40% by the end of the project. In Niger, IMAGINE combined life-skills education, economic empowerment, and health-provider training, boosting both modern contraceptive use (24.7% in the intervention area vs. 13.6% in the comparison area) and girls' decision-making power within households.

Together, these results show that when girls have the information, skills, and autonomy to make reproductive choices, they gain greater control over the timing of marriage and childbearing, an essential foundation for preventing CEFMU and advancing equality for women and girls.



Changing the rules of the game by reshaping norms and systems

CARE's growing body of evidence demonstrates that shifting community norms in favor of girls is a powerful catalyst for sustainable change. Notable shifts in social norms have been observed across CARE's programs, with increases in parental and community leader disapproval of early marriage. For instance, in several contexts, 70–90% of respondents endorsed delaying marriage. However, while these norms and attitudes may change significantly, actual behavior often takes more time to reflect these shifts, indicating that structural barriers to ending CEFMU still exist.

In programs from Ethiopia (IWRA and Abdiboru), Benin (including PSDSR, PROJEUNES, TEDIJO, and Ko Hatchi), and South Asia (Tipping Point in Bangladesh and Nepal), it is evident that community expectations regarding early marriage and girls' voice in marital decisions can shift significantly, even if behavioral change is less consistent. For example, in Benin, PSDSR reduced parental acceptance of child marriage from 42% to 23%, while TEDIJO achieved near-universal rejection, with 98% of women and 96% of men opposing the practice, and Ko Hatchi mobilized local leaders to pass bylaws reinforcing new social norms. In Nigeria, through Martawa program community's belief that early marriage secures a "suitable partner" dropped from 33% to 14.4% among men and 37.3% to 20% among women participants. In Ethiopia, Abdiboru demonstrated that programs with social norms interventions can have more impact on the perception girls' voice to influence marriage decisions, where its triple combination arm (that has social intervention), showed progress in the proportion of girls who felt they had a say in whether (from 70.97% to 82.04%), whom (from 76.13% to 88.8%), and when (from 72.85% to 89.14%) to marry, showing marked improvement. These findings are crucial as they illustrate that while changes in social norms may not immediately lead to behavioral changes, they are essential components of broader, multi-sectoral approaches to CEFMU. Evidence from the Tipping Point program in Bangladesh supports this: although no population-level reduction in child marriage was detected, girls who participated in 31–40 norms-focused sessions had a 49–63% lower risk of marriage compared to those with minimal exposure, underscoring the necessity of sustained and intensive engagement to turn normative changes into tangible behavioral outcomes.

Moreover, CARE programs have focused on strengthening systems and institutional responses. In Benin, for instance, PSDSR helped seven communes adopt bylaws enforcing the national legal age of marriage. TEDIJO established referral pathways among child protection services, police posts,

and health centers, leading to a more than 120% increase in adolescent girls' utilization of health services. Ko Hatchi's communal bylaws added institutional barriers against child marriage, while health and child protection officials trained under TEDIJO gained improved knowledge of their responsibilities to support girls' access to sexual and reproductive health and rights. This comprehensive approach highlights the importance of both normative and institutional changes in creating an environment conducive to empowering girls and reducing child marriage.

Integration matters

Across diverse settings, CARE's experience shows that integrated approaches, combining education, economic empowerment, social norm transformation, and systems strengthening, consistently yield the strongest and possibly the most sustained results. Programs delivering education or savings interventions alone tended to show modest changes, while those layering multiple strategies achieved deeper, multidimensional impacts that, in the case of the *TESFA* program, persisted years after program closure.



In Ethiopia, girls participating in TESFA's combined SRHR and economic empowerment interventions experienced the greatest overall gains in improving both economic security and reproductive health outcomes. Also in Ethiopia, the Abdiboru program's mix of school re-enrollment, community mobilization, and economic support likewise contributed to a 3.8 percentage-point reduction in child marriage compared with the comparison group. In Somalia, SOMGEP's combined intervention (education, social norms change, and economic empowerment of families) reduced the likelihood of marriage before the age of 15 by 5.8 percentage points in relation to the comparison group. In Nepal, *Hausala*'s integrated approach—linking accelerated learning with community awareness and SRHR programming produced similarly broad-based gains across education, empowerment, and protection outcomes. In Benin, the CASH TRANSFER FAABA team concluded that cash transfers ease household costs but do not, on their own, address domestic work, family pressure, or marriage, so family and community support must continue alongside them.

In sum

Taken together, evidence across CARE's portfolio shows that **programs work best when they are integrated and multi-level**, engaging communities and systems, and sustaining girls' agency over time. Further, **economic and educational support is necessary, but insufficient without social**

norm change. Programs that improved girls' schooling or saw greater savings gains worked best when paired with dialogues, activism, and community engagement that reshaped expectations of when and why girls marry.

Cross-program lessons

Context matters. Drivers differ across settings, and so must solutions. Successful models are those adapted to local realities and co-created with girls.

Reshaping relational dynamics, including by engaging boys, men, and caregivers as allies and champions for girls, is likely essential to success, as demonstrated by TESFA's work with husbands and in-laws, Tipping Point's inter-generational dialogues, and Ko Hatchi's mobilization of leaders.

Systems strengthening provides critical scaffolding. Supporting bylaws, referral pathways, and child protection committees can create institutional frameworks that legitimize norm change and give communities tools to act against CEFMU.

Crisis sensitivity is key. In Somalia, drought and displacement threatened to reverse programmatic gains, but VSLAs and community protection mechanisms enhanced resilience. In Nepal and Bangladesh, COVID-19 disruptions affected implementation and data collection, highlighting the need for adaptable, technology-enabled approaches.



Change takes time, making proxy measures essential for demonstrating program effectiveness. CARE's experience shows that shifts in attitudes, perceived norms, and systems—such as rising disapproval of early marriage, near-universal endorsement of delaying marriage, strengthened referral systems, and the enactment of local bylaws—often precede measurable declines in child marriage. These intermediate outcomes are critical signals of progress and evidence that foundational change is underway, even before behavior change is fully realized. But without going back several years later to understand the impacts an intervention may have on girls' lives, it will be difficult to demonstrate the full effect of CARE's programs on age at first marriage or childbirth, schooling completed, and maternal and newborn health, for example. CARE's 19-year Udaan tracer study in India shows the value of this kind of follow-up.

In summary, tackling CEFMU requires integrated approaches that address both immediate risks and structural drivers.



Evidence gaps

While CARE's portfolio provides substantial evidence on preventing CEFMU and meeting the needs of married girls, important gaps remain. Relatively few of CARE's programs directly measured child marriage prevalence or incidence as a primary outcome, relying instead on proxies such as education, SRHR, or attitude changes. This reliance is both necessary and appropriate, as outcomes like increased age at marriage or first birth often cannot be captured within the short timeframes of many interventions. Longitudinal data are limited, with TESFA, SOMGEP, and the 19-year Udaan tracer study in India being rare examples of extended follow-up.

Rigor also varies: the Tipping Point trials and SOMGEP's ex-post quasi-experimental study provide strong causal evidence, whereas most of CARE's evaluations employ quasi-experimental or mixed methods designs without control groups or pre-post testing.

While randomized controlled trials or similarly rigorous evaluation designs may be the most appropriate to demonstrate that programs directly lead to positive outcomes, the fact is that many CARE programs – like those of colleague organizations - lack the funding needed to conduct such studies. This is likely to become even truer, given the current constrained fiscal environment.

Other evaluation methods can track progress, inform scale-up, and demonstrate value, but they will not be able to provide the consistently reliable, high-quality results that best contribute to the growing evidence base on what works to prevent and respond to CEFMU.

To address these challenges, CARE will work to standardize indicators, ensure that programs include at least baseline and endline studies, ideally with comparison and intervention groups, and, critically, conduct longitudinal follow-up studies to understand the effects of programs over time and across generations. CARE will also continue to seek dedicated funding for innovative research and evaluation and consider different budget scenarios that enable more comprehensive, cross-program analyses for outcome areas like CEFMU. Greater investment is also needed to generate evidence from crisis and fragile settings, where risks of CEFMU are highest. Finally, CARE will continue to step back every few years and synthesize and share programmatic lessons learned, so that emerging insights can inform global debates, shape donor priorities, and guide policy and programmatic action.

Conclusion

CARE's programming has contributed to measurable reductions in CEFMU risk, particularly when interventions are integrated, girl-centered, and sustained over time. Programs like TESFA, SOMGEP, and Abdiboru provide some of the strongest evidence in CARE's portfolio that adolescent girls' agency can be strengthened and that communities can shift away from early marriage norms. Although causal evidence of CEFMU prevalence reduction is still limited, CARE's portfolio of programs shows consistent gains in education, SRHR, economic empowerment, and girl-positive community norms—all of which are protective factors against CEFMU and facilitators of improved wellbeing for married girls.

The durability of models like TESFA, the long-term follow-up of Udaan, the scale of impact in Hausala, and the rigor of the Tipping Point trials place CARE in a unique position to share lessons and findings from its programmatic evidence and experience with those working to advance the health, rights, and well-being of adolescent girls, and to both prevent CEFMU and meet the needs of married girls. Sustained investment in impact evaluation, continued commitment to improving the rigor and standardization of research designs and outcome measures, and efforts to scale up proven models will be essential to accelerate CARE's contribution to eliminating the harmful practice of CEFMU.

For more information:

Visit: www.care.org | **Email:** education.global@care.org

Table 1: CARE CEFMU Program Details

	Program Name	Country	Years	Reference
1	Abdiboru (Improving Adolescent Reproductive Health and Nutrition through Structural Solution)	Ethiopia	2017-2020	2, 3
2	Act With Her (AWH)	Ethiopia	2018–2022 (Phase 1) Ongoing (Phase 2)	(endline not available)
3	Adolescent Girls' Education in Somalia (AGES)	Somalia	2018-2022	10
4	Berhan	Ethiopia	2020-2024	(endline not available)
5	Design & Rollout	Ethiopia	2020-2023	11
6	Education for Change	Mali	2016-2021	12
7	EduChange	Togo	2020-2024	8
8	ENSEMBLE (Partnership for Her Voice, Her Choice)	Côte d'Ivoire	2020-2023	19
9	Hausala	Nepal	2015-2020	20
10	Improved WASH Systems and Resiliency in Amhara (IWRA)	Ethiopia	2022-2023	23
11	Inspiring Married Adolescent Girls to Imagine New Empowered Futures (IMAGINE)	Bangladesh	2019-2021	16
12	Inspiring Married Adolescent Girls to Imagine New Empowered Futures (IMAGINE)	Niger	2019-2021	16
13	Know & Grow	Cambodia	2015-2021	17
14	Ko Hatchi	Benin	2020-2022	13
15	Martawa Zuromaye	Nigeria	2020-2025	26
16	Projet Promotion de la Santé et Droits Sexuels et Reproductifs (PSDSR)	Benin	2017-2021	23
17	PROJEUNES (Preventing Early & Forced Marriage in Benin)	Benin	2017-2021	5
18	Somali Girls' Education Promotion Programme – Transition (SOMGEP-T)	Somalia	2017-2023	9, 25
19	Start4Girls(S4G)	Zimbabwe	2020-2025	15
20	Tedineere Jokolbe (TEDIJO)	Benin	2021-2022	6
21	Tipping Point	Bangladesh	2019-2021	22
22	Tipping Point	Nepal	2019-2021	27
23	Tipping Point	Northwest Syria	C1: Sep-Nov 2022 C2: Dec 2022 - May 2023	7
24	Toward Economic and Sexual Reproductive Health Outcomes for Adolescent (TESFA)	Ethiopia	2010-2013	14

	Program Name	Country	Years	Reference
25	Toward Economic and Sexual Reproductive Health Outcomes for Adolescent (TESFA+)	Ethiopia	2015–2018 2021–2023	24
26	Water for Food Security, Women's Empowerment and Environmental Protection (SWEEP)	Ethiopia	2017-2020	1
27	CASH TRANSFER FAABA (Cash+Care Program)	Benin	2022–2026	4
28	Udaan (accelerated learning)	India (Uttar Pradesh)	Late 1990s onward; tracer study 2025–2026	21

NOTE: Reports available on request where not publicly available. Please contact education.global@care.org

References

1. Abamela Business PLC. (2021, March). Final evaluation of the Water for Food Security, Women's Empowerment and Environmental Protection (SWEEP) Program (East and West Belesa Woredas, Amhara Regional State, Ethiopia). CARE Ethiopia, funded by the Austrian Development Agency (ADA). (SWEEP)
2. Addis Continental Institute of Public Health (ACIPH). (2020). Improving Adolescent Reproductive Health and Nutrition through Structural Solutions in West Hararghe, Ethiopia (Abdiboru Program): Triangulated Program evaluation final report. CARE Ethiopia, funded by the Bill & Melinda Gates Foundation. Available at: https://resourcecentre.savethechildren.net/pdf/abdiboru-triangulated-project-evaluation-final-report_aug2020.pdf (Accessed October 9, 2025). (Abdiboru)
3. Addis Continental Institute of Public Health (ACIPH). (2020). Improving Adolescent Reproductive Health and Nutrition through Structural Solutions in West Hararghe, Ethiopia (Abdiboru Program): Endline Quantitative Survey Report. CARE Ethiopia, funded by the Bill & Melinda Gates Foundation. Available at: https://resourcecentre.savethechildren.net/pdf/abdiboru-endline-quantitative-survey-report-final_28-may-2020.pdf (Accessed November 22, 2025) (Abdiboru)
4. CARE Bénin/Togo. (2026, October 21). CASH TRANSFER FAABA Project: Results and contribution analysis—girls' school retention and prevention of child marriage. Final report. (CASH TRANSFER FAABA)
5. CARE Canada & CARE Bénin/Togo. (2021, June 30). Rapport final sur les résultats et les opérations du projet PROJEUNES – Prévenir les mariages précoces et forcés au Bénin (1er avril 2018 – 31 mars 2021). CARE Canada, Affaires mondiales Canada. (PROJEUNES)
6. CARE Canada & CARE Bénin/Togo. (2022, September). Rapport final du projet TEDINEERE JOKOLBE (TEDIJO): Youth Empowerment for Sexual and Reproductive Health and Rights in Northern Benin. CARE Canada, CARE Bénin/Togo, & Foundation for a Just Society International (FJSI). (TEDIJO)
7. CARE Turkey & Syria Relief. (2023, August). Findings from the Tipping Point Northwest Syria endline evaluation. CARE Turkey, in partnership with Syria Relief and CARE USA. (Tipping Point NW Syria)
8. Centre Africain d'Études, de Recherches et de Services (CAERS). (2024). Évaluation finale du projet Éducation et Protection pour le Changement (EduChange). CARE International Bénin/Togo et l'ONG La Colombe, financé par BNP Paribas & Félix Auger-Aliassime. (EduChange)
9. Consilient (2022, December). Somali Girls' Education Promotion Program – Transition (SOMGEP-T): Endline evaluation report. CARE International Somalia, funded by the UK Foreign, Commonwealth & Development Office (FCDO) and USAID. Available at: https://girlseducationchallenge.org/media/5qufdxnc/somgept_el_public_logos-web.pdf (Last accessed October 9, 2025) (SOMGEP-T)

10. Consilient. (2024). Adolescent Girls' Education in Somalia (AGES) Endline Evaluation Report. CARE Somalia, Girls' Education Challenge -Leave No Girl Behind Initiative, funded by FCDO and USAID. (AGES)
11. DAB Development Research and Training PLC & CARE Ethiopia. (2024). Endline evaluation of the programme "Design and roll-out of evidence-based empowerment methodology for out-of-school adolescent girls and men and boys' engagement Program." UNICEF Ethiopia, with support from the UNFPA-UNICEF Global Programme to End Child Marriage and the Government of Canada. (Design & Rollout)
12. Daouna Développement Conseils. (2021). Évaluation finale du projet Education for Change (EFC) – "Jannde Yiriwere." CARE International Mali, with support from the Patsy Collins Trust Fund Initiative (PCTFI). (Education for Change)
13. Djagba, F., & Djagba, A. A. (2022). Évaluation finale du projet Ko Hatchi. Institut Phénix SARL, pour CARE International Bénin/Togo. (Ko Hatchi)
14. Edmeades, J., Lantos, H., & Mekuria, F. (2016). Worth the effort? Combining sexual and reproductive health and economic empowerment programming for married adolescent girls in Amhara, Ethiopia. Vulnerable Children and Youth Studies. https://doi.org/10.1080/17450128.2016.1226529 (TESFA)
15. Empowerment for Career Development (EMCAD). (2025, February). Endline evaluation of the Supporting Transition, Retention and Training for Girls (START4Girls) Program. CARE Zimbabwe, Global Affairs Canada, and the Coady Institute. (S4G)
16. Far Harbor, LLC. (2024, October 7). IMAGINE endline analysis report: Inspiring Married Adolescent Girls to Imagine New Empowered Futures (Bangladesh and Niger). Prepared for CARE USA and the Bill & Melinda Gates Foundation. (IMAGINE Bangladesh and Niger)
17. Hoban, L., & Williams, J. (2021, October 2). Know and Grow Program: Endline evaluation report. CARE Cambodia, funded by the Patsy Collins Trust Fund Initiative (PCTFI). (Know and Grow)
18. Innovative Hub for Research in Africa, CARE Nigeria. (n.d.). Martawa Zuromaye (Dignity and Security): Final evaluation report. (Martawa Zuromaye)

    Kouassi, K. N. (2023). Endline evaluation of the ENSEMBLE Program in Côte d'Ivoire: Education necessary for equitable sexual and reproductive health to become master of one's well-being and free of choices. CARE International Côte d'Ivoire, Humanity & Inclusion, and CARE Canada. (ENSEMBLE)
19. Miske Witt & Associates International (MWAI). (2022, April 27). Hausala: Empowering Adolescent Girls – Endline evaluation report. Prepared for CARE Nepal under the Strengthening Opportunities for Adolescent Resilience (SOAR) initiative. (Hausala)
20. Infosutra (2026). Longitudinal Udaan Tracer Study
21. Naved, R. T., Mahmud, S., Al Mamun, M., Parvin, K., Kalra, S., Laterra, A., & Sprinkel, A. (2024). Effectiveness of combined interventions to empower girls and address social norms in reducing child marriage in a rural sub-district of Bangladesh: A cluster randomised controlled trial of the Tipping Point Initiative. Journal of Global Health, 14, 04020. https://doi.org/10.7189/jogh.14.04020 (Tipping Point Bangladesh)
22. Temesgen Consultancy Service. (2024, June). Endline review of the Improved WASH Systems and Resilience in Amhara (IWRA) Program. CARE Ethiopia, with support from the Austrian Development Agency (ADA) and CARE Austria. (IWRA)
23. Tesfa, H., & Guangul, A. (2023, June). Toward Economic and Sexual Reproductive Health Outcomes for Adolescent Girls Plus (TESFA+): Endline assessment report. CARE Ethiopia. (TESFA+)
24. University of Portsmouth & Consilient (2022). Six Years Later, What Has Become of Them? A Cohort Study of Somali Women and Girls Who Have Participated in the Somali Girls' Education Promotion Programme. Avaliable online at https://girlseducationchallenge.org/media/axmlaoo4/rrlf_somgep-study_final_dec2022.pdf CARE Somalia (SOMGEP/SOMGEP-T)

25. Winters, D., Flénon, A., Kintin, F., & Koster, W. (2021, December 20). Évaluation finale du projet de promotion de la santé et des droits sexuels et reproductifs (PSDSR) au Bénin. CARE International Bénin/Togo, Association Béninoise pour la Planification Familiale (ABPF), Association Béninoise pour le Marketing Social et la Communication pour la Santé (ABMS), & Ambassade des Pays-Bas. (PSDSR)

26. Yount, K. M., Durr, R. L., Bergenfeld, I., Sharma, S., Clark, C. J., Laterra, A., Kalra, S., Sprinkel, A., & Cheong, Y. F. (2023). Impact of the CARE Tipping Point Program in Nepal on adolescent girls' agency and risk of child, early, or forced marriage: Results from a cluster-randomized controlled trial. SSM – Population Health, 22, 101407. https://doi.org/10.1016/j.ssmph.2023.101407 (Nepal)