



CASE STUDY:

# CAJEFED Good Practices for Girls' Education and Gender Equality

By Ali Badara Doukouré



## CASE STUDY:

# CAJEFED Good Practices for Girls' Education and Gender Equality

By Dr. Ali Badara Doukouré, Consultant

### KEY FINDINGS:

Impacts of the Support Center for Girls in Difficult Situations' (CAJEFED's) cost-effective model, corroborated during interviews with girl beneficiaries, staff members, parents, and stakeholders, include the following:

- Girls' school attendance rate increased from 40 percent in 2011 to 95 percent in 2015;
- Adolescent mothers' average repetition rate dropped significantly from 29 percent in 2012 to zero percent in 2015;
- Beneficiary girls registered no new pregnancies during the project's four-year duration; and
- Apprentice girls created a student savings account, which increased their financial self-sufficiency.

In 2011, a consortium of two non-governmental organizations (NGOs), the Guinean Association for Women's Sensitization and Education (AGUISEF) and the Community Educator Network (REC), created the Support Center for Girls in Difficult Situations (CAJEFED) in Guéckédou, Guinea, near the borders with Liberia and Sierra Leone. The socio-cultural context in which the center was established is dominated by the failure of parents; authorities at all levels of education, health, and social welfare; and girls and boys themselves to address the issue of unwanted adolescent pregnancy. According to interviews conducted with community members and adolescent mothers for this case study, problems included defiance of parental authority by adolescents; lack of leisure spaces for adolescents free from alcohol and drugs; and rampant unprotected sex. These difficulties are fundamentally linked to the persisting patriarchal family structure; discriminatory cultural norms against women (Toure 2014); a high rate of parental illiteracy; low awareness of the importance of girls' education; epidemic illnesses; and a high poverty rate (Barry 2015). In this context, CAJEFED's programs helped address the conflicts between adolescent mothers and their parents; supplied young mothers and their children (ages 0 to 5) with a safe, secure center; provided support to girl students so they could be readmitted into the education system; implemented a support service package to improve learners' performance; and provided basic health care services.

The aim of this case study is to explore the effects of CAJEFED's intervention on adolescent girls' education and look at lessons learned, challenges, and enabling factors for replicating the model. The case study research methodology consisted of interviewing key project stakeholders (including adolescent girl beneficiaries; CAJEFED staff members; school, healthcare, and welfare service authorities; international NGOs; and donor organizations) holding a workshop to debate study findings, and sharing knowledge and experience with implementers of similar projects.

## Intervention

CAJEFED implemented the following seven activities:

### 1. Engagement with parents and community members

to restore peaceful relationships between young adolescent mothers and their parents and reintegrate them into their families, schools, and apprentice centers. CAJEFED's managers met with influential family members, headmasters, and training center managers. Meetings generally ended with parents and elders agreeing to let go of their anger towards girls who had experienced unwanted pregnancy and the girls promising to try to avoid additional unwanted pregnancies.

Parents and community members met often with CAJEFED managers to discuss infants' and adolescent mothers' well-being within the center and how they could help address some of the difficulties faced by managers. There were also periodic beneficiary meetings during which CAJEFED and adolescents mothers discussed ways to overcome the most important problems facing young mothers.

**2. Advocacy with international NGOs and financial and technical partners** to gain their support. CAJEFED lobbied Plan International Guinea, the World Food Program, and Women for Women's Future (AFEF), among other organizations, seeking their material, technical, and financial support.

**3. Daycare services for infants** while their mothers attended school or apprentice training sessions. A volunteer midwife assisted CAJEFED with support to prepare adapted meals and take care of infants while their mothers were at school or vocational training centers.

**4. Tutoring sessions** to help girls perform during quarterly and year-end exams. CAJEFED hired experienced



teachers to tutor student mothers in math, French, and science.

**5. Literacy courses** for girls who had never attended school. School authorities assigned an experienced literacy teacher to train illiterate adolescent mothers.

**6. Life skills trainings** for both schoolgirls and apprentice girls. During life skills sessions, participants discussed topics such as boosting self-esteem, peaceful conflict resolution, pregnancy and early marriage prevention, entrepreneurship, and duties and rights in relationships with parents, teachers, and peers.

**7. Health care service** for all infant and adolescent mother beneficiaries. All kinds of health services were provided to infants and adolescent mothers, including for sexual and reproductive health.

## Participation and partnership orientation

CAJEFED has developed collaborative relationships with many institutions, organizations, public service providers, and technical and financial partners. These relationships were established at different stages of CAJEFED's implementation process. For instance, when CAJEFED was starting its activities, the Ministry for Social Affairs, Women and Children assisted by developing eligibility criteria



for adolescent girls, which helped ensure services offered by the project were in line with demand. Other examples include school authorities who assigned an experienced teacher to provide literacy courses and a representative of the Youth Listening and Advisory Center (CECOJE) who, while working to communicate targeted messages, also undertook life skills sessions.

## Monitoring and evaluation

CAJEFED regularly monitored various indicators, including the number of beneficiaries (infants and adolescent mothers), student and teacher school attendance, student performance during quarterly tests at the government school and the center, and the number of infants and adolescent mothers who were assisted with health care.

CAJEFED's monitoring and evaluation system is tailored to fit the project's two-stage intervention process. Its data collection is based on regularly updated administrative documents.

## Efficiency and cost effectiveness

CAJEFED regularly monitors support service supply and demand, ensuring balance by enforcing procedures and rules regarding applicant eligibility and monitoring expenses per line item of support such as infants' nutrition costs, teachers' payments, house rent and management costs. On the supply side, CAJEFED seeks opportunities to reduce costs, such as through volunteers and volunteer technical support,

## CAJEFED program intervention results and impact

Results: Table 1 below presents some of the results achieved by CAJEFED

**Table 1:** Services provided by CAJEFED from 2011-2015

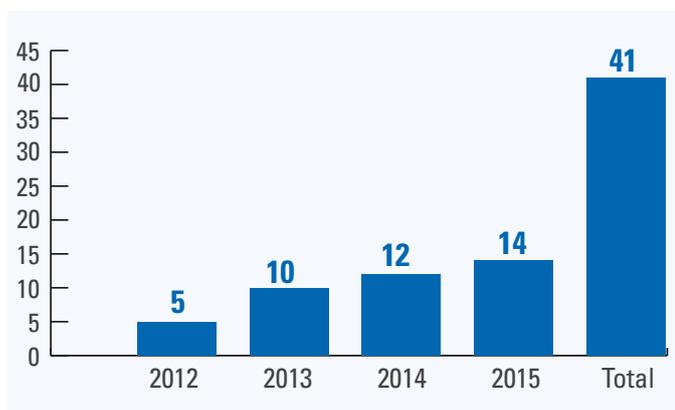
Beneficiary Group	Secured shelter and center facilities		Life skills sessions	Tutoring sessions	Literacy courses	Health care	Daycare
	Total	2015					
Infants (0-5 age)	45	18	-	-	-	45	45
Schoolgirls	41	11	41	41	-	10	-
Apprentice girls	79	38	79	-	38	8	-
Total global	165	67	120	41	38	63	45

as well as assistance from education and social welfare services, youth and women’s civic defense organizations, NGOs, and other financial and technical partners.

The AGUISEF and REC consortium allocates all CAJEFED material and financial resources except those that account for technical voluntary assistance. Its total expenses have amounted to GNF 90,100,000 (equivalent of US \$13,081) from 2011 through 2015. These expenses increased from GNF 19,200,000 (equivalent of US \$2,787) in 2011 up to GNF 27,600,000 (equivalent of US \$2,918) in 2015. Judged by its financial size, highest number of total directly-supported beneficiaries (165), and number of paid employees (5), CAJEFED is a small enterprise. Initiating and developing the intervention did not require large sums of money. Most of its beneficiary support services were extended progressively as young mothers’ and children’s difficulties increased. In addition to this, in 2014-2015 CAJEFED adopted 10 orphans (4 girls and 6 boys) whose parents died from Ebola.

Out of 41 primary and secondary schoolgirls participating in CAJEFED’s support programs since 2012, 100 percent passed the year-end exam<sup>1</sup>. This outcome is detailed in Chart 1 below:

**Chart 1: Number of girls passing year-end exams**



<sup>1</sup> CAJEFED staff, schoolgirls, and head of school, interviewed in January 2015, and an assessment conducted by AGUISEF and REC in January 2015.

**Key enabling factors that help explain this very high success rate include:**

1. Girls seeking to keep their promises to take education very seriously, both at school and apprentice centers, and avoid new pregnancies;
2. High attendance rate at both ordinary school sessions (public schools and school sessions at the center), tutoring sessions, and life skills sessions;
3. Teachers’ professional skills and commitment to help girls overcome the many barriers they face;
4. Parents letting go of their anger against adolescent student mothers; and
5. Childcare for the children of student mothers provided at the CAJEFED center.

Table 2 shows the number of young mothers who continued on to the next school year, a number of whom completed a full primary or secondary education.

Five girls (2 in primary and 3 in secondary) completed a full cycle because of the school year they were in. Other beneficiary girls were at intermediary school year levels.

**Impact:** In 2012, when CAJEFED started the intervention, the school attendance rate of adolescent mothers was 40 percent according to AGUISEF and REC’s assessment. In the 2015 assessment, the rate had increased to 95 percent. In addition, CAJEFED provided a training package that included tutoring, life skill sessions, and literacy courses to better prepare young mothers for quarterly exams. These interventions resulted in young mothers achieving very high scores during exams, which is in line with CAJEFED program objectives.

The CAJEFED project achieved other impacts in areas like psycho-social care and daycare that resulted in 100 percent resilient and well-nourished infants; health care checks that resulted in zero percent infant mortality and adolescent mother mortality, zero abortions, and zero new pregnancy cases during the four year intervention; and social mobilization that changed parents’ perceptions of adolescent

**Table 2: Progression and completion rates of student mothers**

Year	Total adolescent student mothers	Progressed to the next year	Completed a full cycle of education		
			Primary	Secondary	Total
2012	5	5	1	0	1
2013	10	10	0	1	1
2014	12	12	0	0	0
2015	14	14	1	2	3
Total	41	41	2	3	5

pregnancy. CAJEFED beneficiaries achieved results that, combined with messages on reconciliation, helped parents and community members change their minds about and their responses to unwanted pregnancy.

The increase in parent, community, and beneficiary demand for new CAJEFED chapters is indicative of its benefits and effectiveness in addressing the difficulties adolescent mothers face accessing, staying in and succeeding in school.

From the interviews conducted, the research found that out of 347 participants, 331 (95 percent) perceived the CAJEFED program as contributing to infants' security and protection and improved adolescent mother reintegration and access to education and health care services (AGUISEF and REC 2015).

## Lessons learned

The need for adolescent mothers and their infants to access education and health care services prompted CAJEFED to adopt and implement a cost-effective support initiative. Lessons learned from this experience include the following:

- 1. While it receives voluntary contributions, CAJEFED needed a guaranteed funding source for program operations.** CAJEFED engaged actively with NGOs and financial and technical partners such as Plan International Guinea, UNICEF, and the World Food Program to obtain material and financial assistance. However, these fund-raising efforts were insufficient and some important costs could not be covered. For example, there were not enough resources to meet the demand for services, which would have required the creation of new secured centers using CAJEFED's model of intervention. Also, it would have been useful to provide a transport service to make the centre accessible to those far away.
- 2. CAJEFED's credibility increased as three of its key aims were achieved:** 1) changing perceptions of unwanted adolescent pregnancy at the community level among parents, community members, and young mothers themselves; 2) adolescent mothers keeping their promises not to become pregnant again; and 3) helping apprenticed adolescent mothers become financially self-sufficient. CAJEFED distinguishes itself by careful use of a practical approach focused fully on reintegration into the family and school, child protection,



and improving girls' education. Through interaction with peers and trainers, adolescent mothers increased their awareness and preparedness on issues relating to reproductive health and family planning.

- 3. Several people provided services that helped make CAJEFED's program more cost-effective and efficient, particularly through voluntary support.** In addition to what has been mentioned above, contributions included sharing documents and advocacy strategies. On the healthcare side, a paediatric doctor provided health checks for infants and young mothers as a volunteer. School authorities assigned an experienced literacy teacher to teach illiterate adolescent mothers.
- 4. Trainers gave apprenticed girls opportunities to generate income, helping them attain financial self-sufficiency.** The training program included hand-craft and fabric-making. Revenue from the sale of hand-crafts and fabric covered the cost of materials and a supplement for the trainees' work. Adolescent mothers were trained in vocational training centers off-site while CAJEFED took care for their infants at the center.
- 5. Team spirit, dedication, and resilience helped CAJEFED management lead staff to successfully design and implement program activities.** Many people invested their knowledge and experience into

designing effective messages, guiding and supporting the management team, and advising them on the best courses of action. This broad community support was important to the program.

Challenges for CAJEFED and partners include the following:

- **CAJEFED’s program needs to become more integrated in order to approach child needs in an effective, holistic manner.** To ensure children’s well-being, education, health, nutrition, and psycho-social needs have to be addressed together. The education, health, and welfare service providers that are current CAJEFED partners generally intervene in a highly compartmentalized manner.
- **Ensuring apprenticed girls and their infants have continued access to CAJEFED services during the school holiday periods.** Loss of daycare for their infants and free health checks for themselves and

their siblings during school holidays is a challenge for adolescent mothers.

- **Lack of resources to expand the program to other locales.** CAJEFED centers are needed in a number of other localities given the high level of demand: three locally in Guéckédou, then in sub-prefectures, and lastly in each of the five prefectures of the Forest region. Prefecture administrative authorities in Yomou and Macenta have already proposed future CAJEFED center locations.

**Table 3: Key enabling factors for CAJEFED replication**

N°	CAJEFED’s intervention activities	Replication enabling factors
1	Secure shelter to accommodate young mothers and their infants	Low rental costs and sufficient project funds
2	Nutrition and psycho-social care for infants (ages 0-5)	Volunteer midwife’s service; low cost of providing daycare and purchasing toys
3	Healthcare for both young mothers and infants (ages 0-5), including initial emergency assistance and periodic health checks	Care provided by doctors free of charge
4	Reintegration of adolescent mothers into school and their families and access to informal education for illiterate adolescent girls	Taking advantage of existing regulations that allow adolescent girls to return to school after pregnancy, and similar policies adopted by private vocational training centers
5	Tutoring, life skills sessions, literacy courses, and performance monitoring activities for schoolgirls and illiterate adolescent mothers	Experienced teachers hired by CAJEFED or assigned by school authorities
6	Social mobilization to gain parents’ and community members’ involvement and support	Government public service messages on dealing with unwanted adolescent pregnancy targeted at parents and community members
7	Project management to ensure demand for services is balanced with supply and institutional and organizational quality standards are met	Devoted team management and a Welfare Affairs staff member helped improve CAJEFED’s organizational and institutional quality

## CAJEFED replication enabling factors

Table 3 presents key enabling factors that make CAJEFED intervention replicable everywhere:

According to an interview with the director of the Youth Listening and Advisory Center (CECOJE) in Guéckédou, CAJEFED achieved a 100 percent satisfaction rate in most of its intervention areas, primarily by working alongside key partners in the area of girls’ education, reproductive health, and welfare services. CAJEFED’s lowest satisfaction scores were received for interventions that depended on international institutions and NGOs such as the World Food Program, UNICEF, and Plan International. These international institutions and organizations require a thorough assessment before they establish partnership with local initiatives. It is only recently that their representatives attended CAJEFED work assessments and expressed interest in partnering with the project. Consequently, CAJEFED provided infant daycare from its financial resources (75 percent satisfaction) and purchased stimulating toys for the young children (50 percent satisfaction). Generally, these financial and technical partner organizations do not have an established tradition of giving to local initiatives.

## Conclusions

During the last four years, CAJEFED has achieved its aims with limited resources. Enabling factors that contributed to this success include: volunteer support, the low-cost nature of the program, and partnerships with public services and civil society organizations. Influential youth and women’s rights organizations embraced the cause of pregnant adolescent girls<sup>2</sup> and partnered with the program to implement life skills trainings and engage in advocacy to defend girls’ and women’s rights. Victims of sexual and physical abuse referred to CAJEFED for emergency

<sup>2</sup> Interview with the director, Youth Listening and Advisory Center (CECOJE), Guéckédou.

assistance also increased CAJEFED's ability to leverage funds. Through this and other outreach efforts, CAJEFED has identified a number of new partners interested in supporting the center. Areas of proposed support include project management, legal advice, service delivery at the current center, establishment of new centers in other locations, and strengthening coordination among providers

of education, health care, and social services.

To ensure that these offers of support are realized, CAJEFED is developing an implementation plan for the next phase of the center's work, delineating the proposed roles and responsibilities of partners, expected results, timelines for the roll-out of the plan, and monitoring approach. ■

## References

AGUISEF and REC. January 2015. *CAJEFED Assessment*.

Barry, Billo. "Trends and emerging challenges within education in Guinea." Presentation by Dr. Billo Barry, Director of Governance and Management of Education, May 2014.

Republic of Guinea. Ministry of Pre-university Teaching and Literacy. April 2014. *Project document of policy and strategy for accelerating girls' education*.

Republic of Guinea. Ministry of Pre-university Teaching and Literacy. April 2014. *Policy and strategy for accelerating girls' education: Action plan for implementation*.

Touré, Marie. "The influence of socio-cultural factors on gender and equity." Presentation at the UNGEI workshop on integrating gender equality and girls' education into the Guinea Education Sector Plan, May 7-8, 2014.



© UNICEF/JUN187919/ASSELIN



The Overseas Development Institute (ODI) provided technical support to UNGEI grantees for the development of their case study summaries

Big Yellow Taxi was responsible for art direction and design.  
[www.bigyellowtaxi.com](http://www.bigyellowtaxi.com)