



Project Education and Reproductive Health: Formative Research Insights

Disclaimer

This research was conducted by the Centre for Teens Health and Development, Project Education and Reproductive Health, to support knowledge sharing and program improvement. The views, findings, and recommendations expressed in this report are those of the authors and do not necessarily reflect the official policy or position of affiliated partners or funders. All data was collected and presented in good faith, with respect for participants' privacy, dignity, and consent. This research is intended for educational and advocacy purposes only and should not be used as a substitute for professional medical, legal, or policy advice.

Design and Layout Consultant: Omoniyi Lawson
Monitoring and Evaluation Consultant: Lucky Owoicho

© **Centre for Teens Health and Development 2025**. All rights reserved. No part of this publication may be reproduced in any form or by any means, including photocopying and recording, or by any information storage and retrieval system.

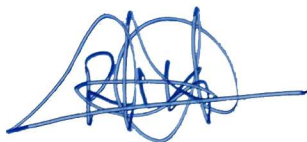
Acknowledgement

I extend my sincere thanks to our funders, NextWorldNow Community Investments, whose continued commitment to girls' education and reproductive health made this research possible. This wouldn't have been possible without their immense contributions to this project.

I would like to express my sincere appreciation to everyone who contributed to this research project. Special thanks to the girls, women, and community members who generously shared their experiences and insights; your voices are the heart of this work.

I am deeply grateful to our field staff, volunteers, and facilitators for their dedication and care throughout the data collection process.

Finally, I acknowledge the entire Project Education and Reproductive Health team for their unwavering passion, professionalism, and belief in the power of informed, empowered communities.

A blue ink handwritten signature, appearing to read 'Morenikejimi Olaniran O.', with a stylized, flowing script.

Morenikejimi Olaniran O.
Founder/Project Lead, Centre for Teens Health and Development (Centre4teens)

Foreword

The holistic development of the girl child is foundational to building inclusive and equitable societies. In underserved and internally displaced communities, adolescent girls face multiple barriers, limited access to accurate sexual and reproductive health information, inadequate menstrual hygiene resources, and cultural taboos that silence their questions and restrict their growth. These challenges not only affect their health but also limit their agency, choices, and aspirations.

How many girls will have to get pregnant for pads? During one of our community outreaches, a local chairman expressed deep gratitude for the training we had conducted for adolescent girls. He told us how much he appreciated the reusable menstrual pads; we taught the girls to make pads that could last them up to a year. He then shared a troubling story: a commercial motorcycle rider in a neighbouring village had impregnated five girls simply by offering to buy them disposable pads. This incident underscored a painful reality **that something as basic as access to menstrual products can determine the trajectory of a girl's life.** It compels us to ask: How many more girls must be exploited because they lack access to pads?

This project was developed as a response to these systemic gaps. Designed to support the wholesome development of adolescent girls, it provided in-depth, practical education in body autonomy, menstruation, personal hygiene, sex education, boundary building, and teenage pregnancy prevention. In addition to receiving dignity kits containing reusable pads, underwear, soap, and other essentials, the girls were trained to make their reusable pads, equipping them with a sustainable, empowering solution to menstrual management.

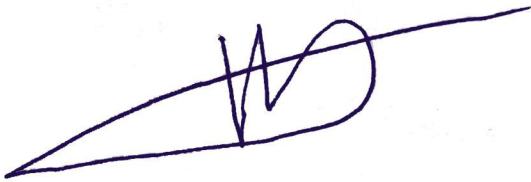
Beyond the immediate impact, this initiative offers a compelling model for integrating menstrual health and rights into broader gender equity and education strategies. By combining skills training with rights-based education, the project advocates a proactive and sustainable approach to addressing period poverty and promoting the autonomy of adolescent girls.

This report does more than document activities. It presents a model for empowerment that is both **practical and transformative.** Implemented across **each of the Area Councils of the FCT and the Internally Displaced Persons (IDP) camp, the project reached a total of 16 communities.** In each location, the response from girls, families, and community leaders reinforced the urgent need for such interventions. Their validation compels us to reflect: **if this is the reality**

in the nation's capital, what might be happening in more remote villages or Northern communities often cut off from even the most basic services? As the world continues to address period poverty and gender-based disparities, there must be a greater commitment to programmes that prioritise **depth, dignity, and sustainability**.

We hope this report serves not only as documentation of our work but also as a call to action. Sustainable menstrual health solutions must move from the margins to the centre of development discourse. Policymakers, educators, and stakeholders must recognise that providing products alone is not enough. We must equip girls with the knowledge, skills, and confidence to take control of their reproductive health and futures.

This report is an invitation to reimagine empowerment— **NOT AS CHARITY, BUT AS CAPACITY; NOT AS RESCUE, BUT AS RESTORATION.**

A handwritten signature in dark blue ink, consisting of a stylized 'A' followed by a large, sweeping loop that extends to the right.

Ayomiposi Ogundipe
Founder, Ablefort Initiative



Acronyms and Abbreviations

F.C.T	- Federal Capital Territory
IDP	- Internally Displaced Person
SDG	- Sustainable Development Goals
IDIs	- In-Depth Interviews
FGDs	- Focus Group Discussions
KIIs	- Key Informant Interviews
HCDs	- Human Centred Designs

Tables of Contents

Executive Summary	1
Background of the Study	2
Purpose of the Research	3
Significance of the Study	4
Scope and Limitations	5
Formative Research Objectives	6
Research Process	8
Methods	10
Humanitarian Aid and Livelihood Support	14
Formative Research Insight	15
Summary, Recommendation, and Conclusion	18



Executive Summary

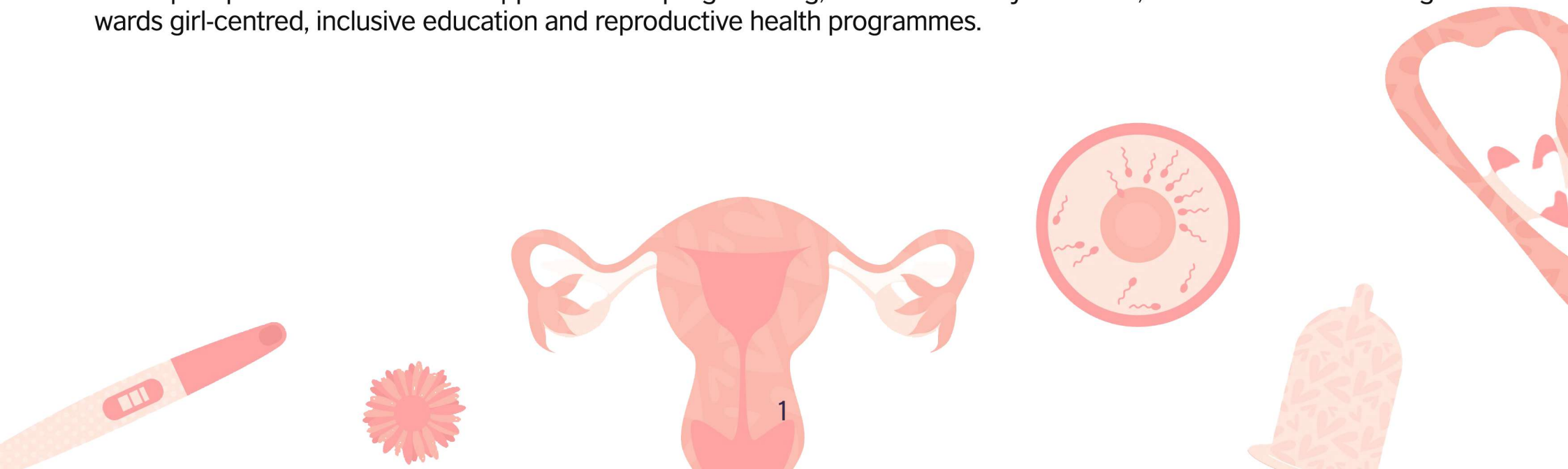
This research was conducted by the Centre for Teens Health and Development through Project Education and Reproductive Health to explore the impact of its programmes aimed at empowering adolescent girls and women with accurate, practical knowledge on reproductive health, menstrual hygiene, body autonomy, and inclusive education.

The study involved surveys, focus group discussions, and interviews across selected communities where the organisation has active outreach. Findings show that access to targeted education on these issues significantly improves girls' confidence, knowledge of their rights, and ability to make informed decisions about their bodies and futures.

Participants reported better understanding of menstrual health, reduced stigma around menstruation, and increased awareness of how to set and respect healthy personal boundaries. The research also highlighted the importance of engaging parents, teachers, and local leaders in creating safe, supportive learning environments.

While challenges such as cultural taboos, limited resources, and digital access remain, the data confirms that community-driven, gender-sensitive education has a powerful and lasting impact.

This report provides evidence to support current programming, inform advocacy initiatives, and direct future funding towards girl-centred, inclusive education and reproductive health programmes.



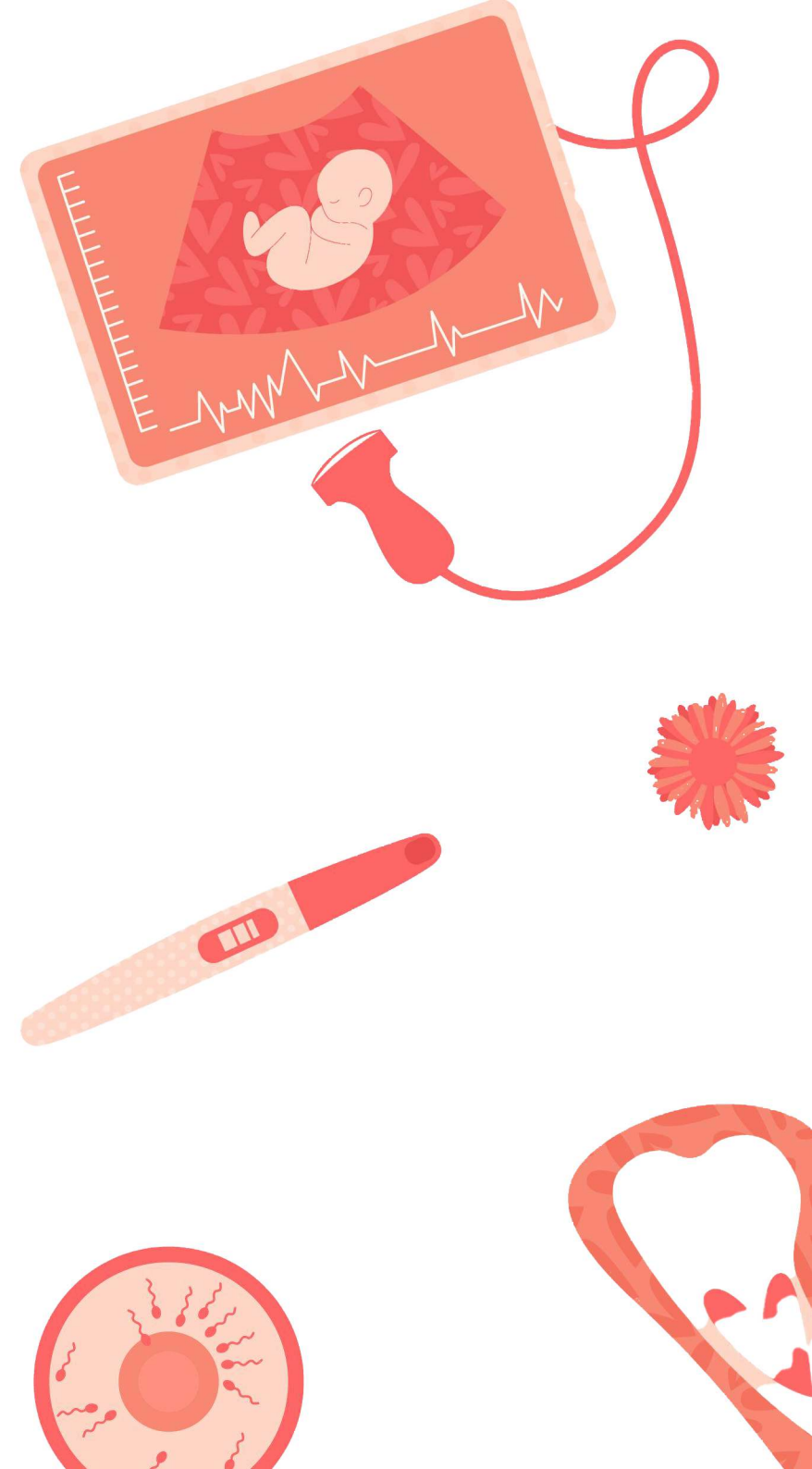
Background of the Study

Menstrual health and reproductive education remain critical gaps in the empowerment and well-being of adolescent girls and young women in rural and underserved communities across Nigeria. Cultural taboos, limited access to hygiene products, inadequate reproductive health knowledge, and widespread stigma contribute to poor health outcomes, low school attendance, early pregnancies, and a lack of body autonomy among girls.

Project Education and Reproductive Health implemented a community-based initiative in 6 area councils in the FCT, Abuja (Bwari, Gwagwalada, Kuje, Kwali, Abuja Municipal, and Abaji Area Councils), to address these challenges, covering over 1,464 beneficiaries. The project focused on peer education strategies, training adolescent girls and young women on menstrual health, reproductive rights, personal hygiene, and the creation of reusable sanitary pads. Participants received dignity kits and starter packs to support their menstrual health journey.

Beyond the distribution of materials, the program emphasised community engagement by identifying local focal persons, fostering ongoing support, and sustaining behaviour change through peer influence. The project also facilitated open dialogue, challenged harmful myths, promoted inclusive education, and equipped beneficiaries with tools to set healthy boundaries and take control of their health choices.

This background sets the stage for the present research, which aims to evaluate the impact of these interventions, understand community experiences, and provide evidence for policy advocacy, program



replication, and scale-up. By centring the voices of girls and community members, the research seeks to contribute to national and global conversations around menstrual equity, inclusive education, and SDGs 3, 4 and 5.

Purpose of the Research

This research aims to assess the impact and effectiveness of the menstrual health and reproductive education programme implemented by the Centre for Teens Health and Development (centre4teens) through Project Education and Reproductive Health across selected underserved communities and internally displaced persons (IDPs) camps in the Federal Capital Territory (FCT), Nigeria. The study aims to evaluate how peer-led education, community engagement, and access to dignity kits and reusable pads have influenced knowledge, attitudes, and behaviours among adolescent girls and young women.

Specifically, the research seeks to

- Examine the level of knowledge gained in reproductive health, menstrual hygiene, body autonomy, teenage pregnancy, mental health, sex education, and healthy boundary setting.
- Understand the cultural and socio-economic factors influencing period poverty and reproductive health challenges.
- Identify barriers to and enablers of inclusive education for girls in hard-to-reach areas.
- Evaluate the sustainability of the intervention through the role of focal persons and peer support networks.
- Generate data to inform future programming, policy advocacy, and resource allocation

Significance of the Study

This study is significant because it provides evidence-based insights into a critical yet often overlooked area of adolescent health and education. By documenting the experiences and outcomes of community-based menstrual health interventions, the research supports

- Empowerment of girls and women through informed decision-making and improved health outcomes.
- Advocacy for gender-responsive education policies that prioritize menstrual health and body autonomy.
- Reduction of stigma and harmful cultural norms around menstruation and reproductive rights.
- Sustainable community ownership, where local leaders and focal persons play active roles in long-term change.
- Contribution to the achievement of SDG 3 (Good Health and Well-being), SDG 4 (Quality Education), SDG 5 (Gender Equality) and SDG 12 (Climate Action) through practical, scalable solutions.

Ultimately, this research strengthens the case for inclusive, culturally sensitive, and community-driven approaches to achieving menstrual equity and educational access for all girls.



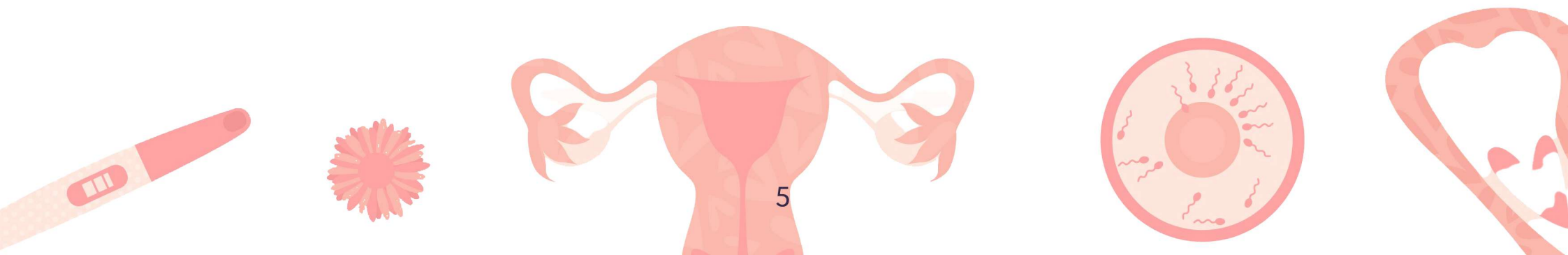
Scope and Limitations

This research evaluates the impact of menstrual health and reproductive education programs implemented by the Centre for Teens Health and Development (centre4teens) in 13 thirteen underserved communities and internally displaced persons camps.

Asharra Community, Kilankwa Community, Tarkushara Internally Displaced Persons camp, Widow, Orphan and Less Privileged Home Akwanga, School of the Deaf, Government Science School Obi, Karamajigi Disabilities Internally Displaced Persons camp, Mapa Community, Bwari Community, Government Day Secondary School Bwari, Barangoni Community, Government Technical School, Dukpa Community in the six (6) Area Councils, which are Abaji, Abuja Municipal, Bwari, Gwagwalada, Kuje, and Kwali Area Councils in the Federal Capital Territory in Abuja, Nigeria. Conducted between October 2024 to September 2025, the study assesses how peer education, distribution of dignity kits, and hands-on training in reusable pad-making influenced the knowledge, attitudes, and behaviours of adolescent girls and young women.

The scope of the study includes:

- Assessing knowledge gains in menstrual hygiene, reproductive health, body autonomy, and healthy boundary-setting.
- Evaluating the effectiveness of peer education and the role of local focal persons in sustaining behaviour change.
- Exploring community engagement strategies and their impact on cultural attitudes and practices.
- Highlighting short-term outcomes related to improved hygiene practices, increased confidence, and reduced stigma.



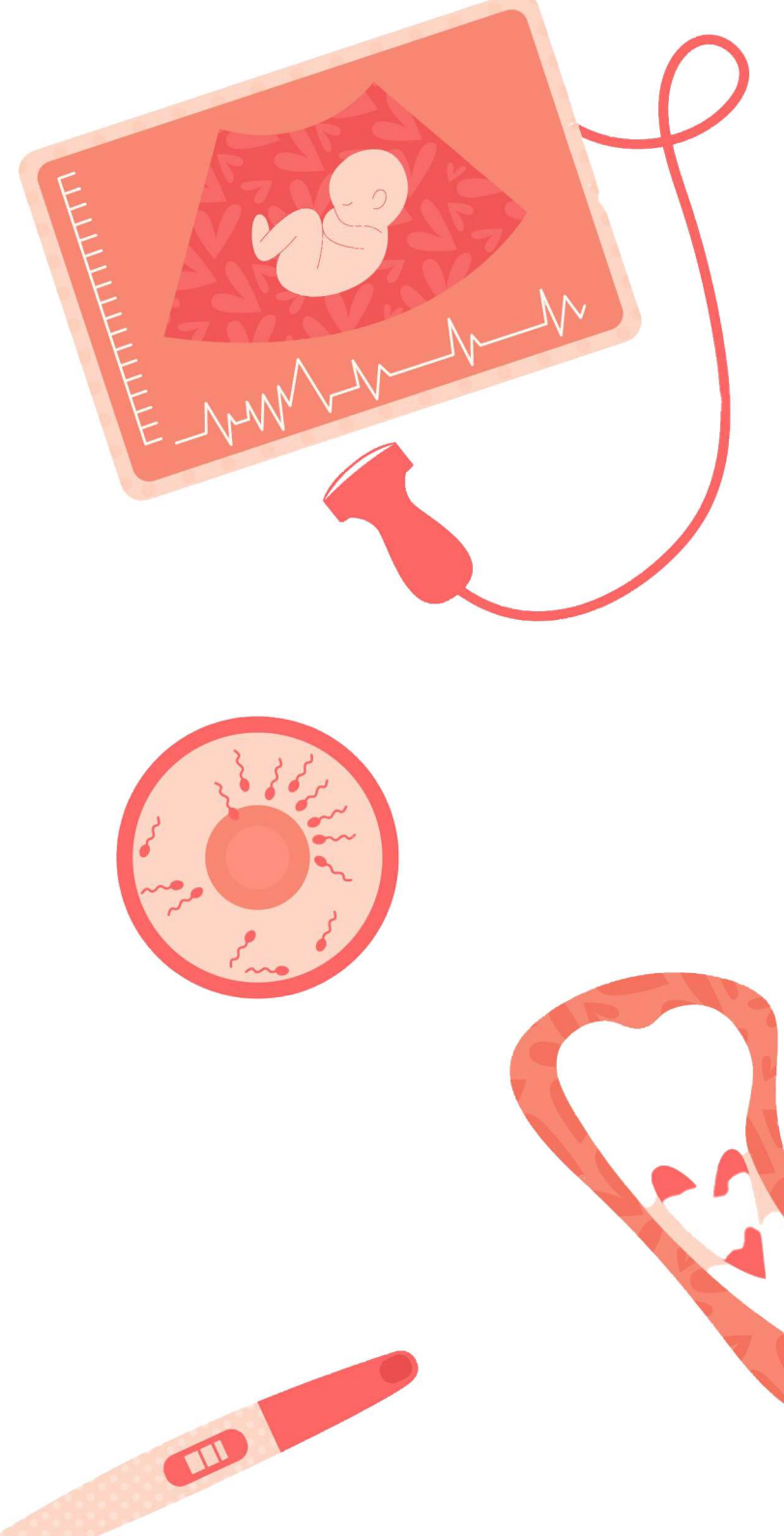
However, the study has some limitations:

- **Demographic Representation:** Given the sensitive nature of the topics, participants may represent those more comfortable discussing these subjects, potentially under-representing voices from more conservative or traditional backgrounds within the target population.
- **Self-Reporting Limitations:** The research relied on participant self-reporting for sensitive topics, including personal hygiene practices, sexual behaviours, and experiences of autonomy, which may be subject to social desirability bias or recall limitations.
- **Stakeholder Ecosystem Complexity:** The study scope necessarily focused on primary beneficiaries, with limited capacity to simultaneously assess the full spectrum of influencing factors from families, schools, healthcare providers, and community leaders.
- **Multi-Level Influence Recognition:** While the research focused on individual knowledge and behaviours, broader systemic factors, including healthcare access, policy environments, and socioeconomic determinants of health, were acknowledged but not directly measured.
- **Quantifying Sensitive Outcomes:** Standard metrics for concepts like "body autonomy" and "boundary setting" are still evolving in the field, requiring the development of context-appropriate indicators that may not align with established measurement tools.

Formative Research Objectives

The following formative research objectives were developed. These objectives aim to explore the current state of menstrual health awareness, reproductive education, and body autonomy among adolescent girls and women, while also informing strategies for enhanced community engagement and the design of sustainable interventions.

- **Assessment of Knowledge, Beliefs, and Practices on Menstrual and Reproductive Health:** To assess the existing knowledge, beliefs, and practices related to menstrual health, reproductive rights, and personal hygiene among adolescent girls and young women in targeted communities.
- **Identification of Barriers to Accessing Reproductive Health and Menstrual Hygiene Services:** To identify cultural, social, and economic barriers that affect girls' and women's access to reproductive health education, menstrual hygiene products, and safe learning environments.
- **Evaluation of Peer Education as a Strategy for Behaviour Change:** To evaluate the effectiveness of peer education strategies in delivering reproductive health information and promoting healthy behavioural change within community settings.
- **Exploration of Community Perceptions and Attitudes on Reproductive Issues:** To explore community perceptions and attitudes toward menstruation, body autonomy, early pregnancy, and inclusive education.
- **Examination of Stakeholder Roles in Sustaining Community-Based Interventions:** To inform the development and improvement of educational materials, outreach strategies, and support tools that are culturally appropriate, youth-friendly, and scalable.
- **Improvement of Educational Tools and Outreach Approaches:** To generate baseline data that will support the design, implementation, and evaluation of future programmes aimed at improving reproductive health outcomes and reducing period poverty.



Research Process

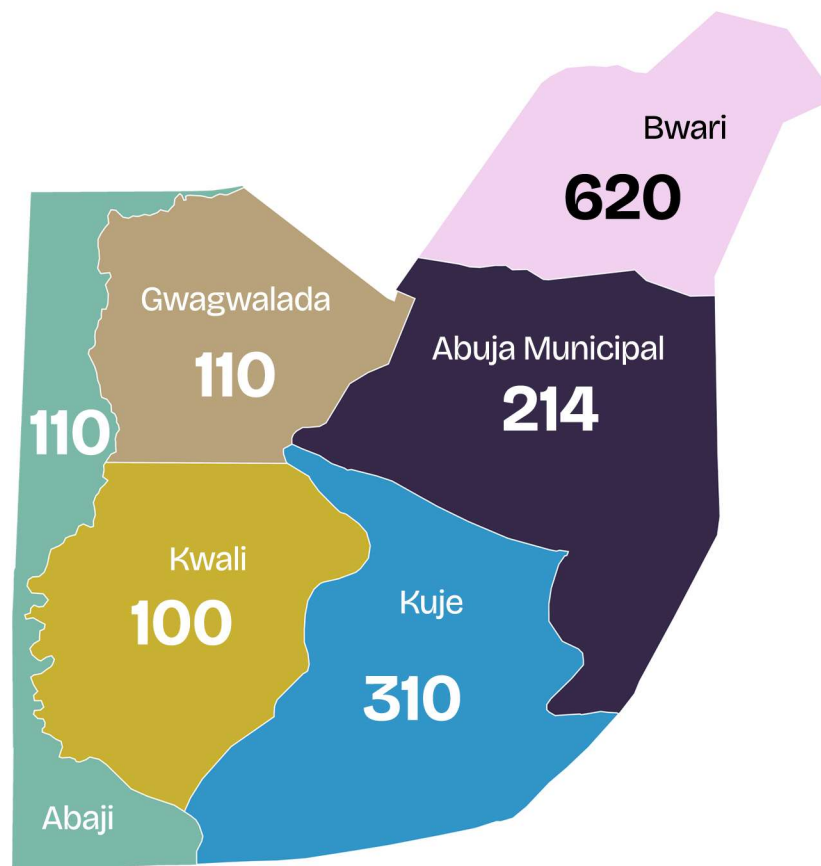
Participants

For this research purpose, we engage with various beneficiaries across several communities and internally displaced persons camp in **Bwari Area Council, Kuje Area Council, Abaji Area Council, Kwali Area Council, Abuja Municipal Area Council** and **Gwagwalada Area Council** in the FCT, Abuja, Nigeria.

Our focus was more on the Bwari Area Council because a lot of the girls in these communities were experiencing sex for pads, and sexual exploitation, and that is why we focused and visited a lot of communities in the Bwari Area Council. Also, identifying vulnerable girls who have sex for pads, who later got pregnant and were abandoned by the man, which is why we focused on more communities in the area council and educated them on ways they can learn how to make reusable pads, retain information of body autonomy and healthy boundaries, among other things.



Total Beneficiaries Reached



Total Number:

1,464

Bwari Area Council

Bwari Community – 90
Government Day Secondary School – 120
Barongoni Community – 180
Government Technical School – 130
Mapa – 100

Kuje Area Council

Widow, Orphan and Less Privileged Home
Akwanga, and School of the Deaf – 130
Government Science School Obi - 180

Gwagwalada Area Council

Dukpa Community- 110

Abaji Area Council

Asharra community - 110

Kwali Area Council

Kilankwa – 100

Abuja Municipal Area Council

Takushara Internally Displaced Persons (IDPs) Camp – 102
Karamajiji Disabilities Internally Displaced Persons (IDPs) Camp – 112

Methods

Qualitative Methods

These methods focus on collecting non-numerical, descriptive information to understand experiences, attitudes, and behaviours.



One-on-one interviews were conducted to explore personal experiences and perspectives in detail.



Group discussions were used to gather shared opinions, cultural views, and group dynamics around menstrual health, reproductive education, and related topics.



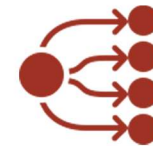
Interviews with community leaders, teachers, health workers, or stakeholders who have expert knowledge or influence in the community.

Human-Centred Design (HCD) Methods

Used alongside IDIs and FGDs to explore deep emotional and behavioural insights from beneficiaries.



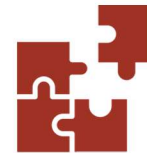
Storytelling Exercises
Sharing lived experience to uncover deeper insights



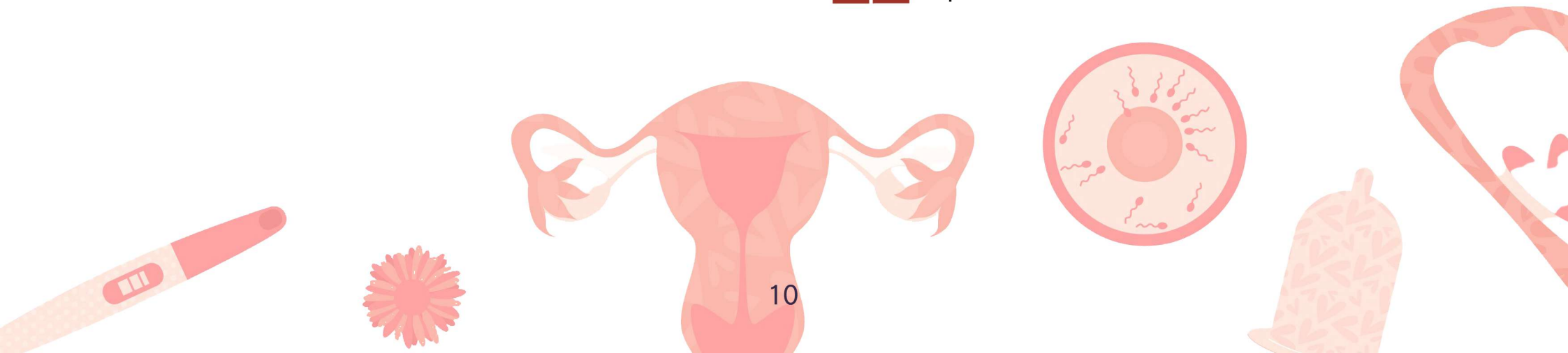
Mapping Activities
Body mapping, Journey mapping to visualise challenges & opportunities



Role-Play / Visual Prompts
Engaging participants to act out or respond to scenarios.



Problem Solution Activities
Co-creating ideas with beneficiaries to design practical solutions.



Indicator, Availability/Reality Among Beneficiaries



Access to Menstrual Products

Only 1,464 girls have received reusable pads and dignity kits so far.



Training on Menstrual Health and Reproductive Education

Training was delivered to 1,464 girls across 13 communities, schools, orphanage homes and internally displaced persons camps.

1,464
Beneficiaries



Teenage Pregnancy & Body Autonomy Awareness

Beneficiaries in the study reported a reduction in unintended pregnancies following the intervention.



Reusable Pad Production Skills

Practical training was conducted in 13 communities, schools, orphanage homes, and internally displaced persons camps.



Community Leadership and Focal Points

Focal persons (4–6 per community) were established for post-training support.

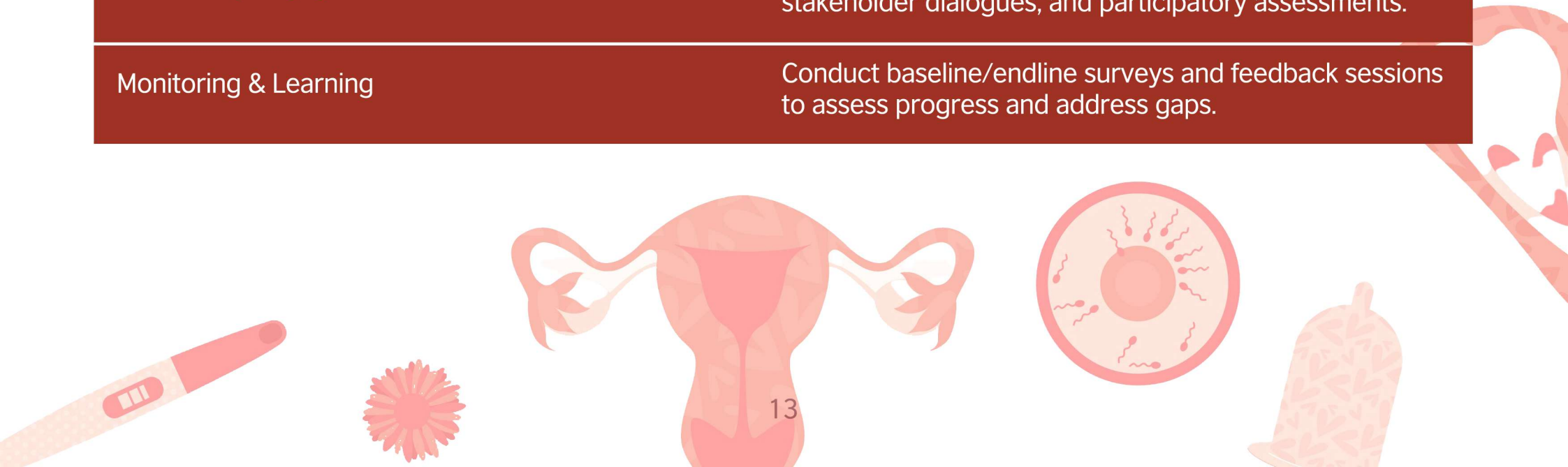
Reality of the Situation Among Beneficiaries

- **Economic Constraints:** Many girls lack the financial means to afford pads, leading to the use of rags, leaves, nylons and sexual exploitation. This exposes them to infections, abandonment and teenage pregnancy.
- **Cultural Taboos:** Menstruation is still stigmatised in many communities, reducing openness and access to education.
- **Teenage Pregnancy:** Common in underserved communities and internally displaced persons (IDP) camps due to parents encouraging transactional relationships, lack of awareness and knowledge, and poverty.
- **Repeat Displacement:** 80% of IDPs have been displaced more than once; 21% have been displaced three times. The crisis is protracted.
- **Inflation & Resource Constraints:** Inflation has impacted logistics, causing strains on budget lines for transport, materials, and staff compensation.



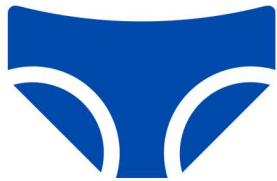
Project Objectives

Objective Area	Specific Goals
Education & Reproductive Health	Teach body autonomy, menstrual hygiene, and mental health. Provide accurate sex education.
Empowerment	Equip girls with life skills (e.g., pad making, soap making) to reduce financial dependence and risk of exploitation.
Eradicate Period Poverty	Distribute reusable pads and train on their production and maintenance to reduce the use of unhygienic materials. Also, distributing underwear and hygiene materials.
Community Engagement & Awareness	Conduct peer education, awareness campaigns, stakeholder dialogues, and participatory assessments.
Monitoring & Learning	Conduct baseline/endline surveys and feedback sessions to assess progress and address gaps.



Humanitarian Aid & Livelihood Support

In addition to the goals we aimed to achieve through this endeavour, we also prioritised providing materials to the communities we visited and engaged with. These materials, which are essential products related to the topics we taught during our time there, were distributed as follows:



4,500 pieces of
underwear



6,000 reusable
pads



2,000 toothbrushes, along with
bathing and washing soaps

Ten tailors, consisting of widows, underrepresented women, and single women, were employed to make reusable pads. This work has been instrumental in helping them provide for their children, pay school fees, and start their businesses through the income earned from their services. Additionally, the young girls working at the Centre for Teens Health and Development (Centre4Teens) have been able to meet their basic needs as a result of this empowerment.

Quotes from Beneficiaries

Beneficiary 1: I learnt that we should not look down on ourselves

Beneficiary 2: I learnt to set my boundaries and communicate them well

Beneficiary 3: I learnt that we girls have to keep ourselves clean and maintain

Beneficiary 4: Before the intervention, I didn't have money, so I used a rag, but now I can make a reusable pad for myself

Beneficiary 5: I have learnt how to know my menstrual cycle and how to take care of my body.

Beneficiary 6: The first time I started menstruating, I started using a rag, then moved to using an Always pad. It wasn't easy because it is expensive and you have to use it every month, but thanks to NextWorldNow for teaching us how to make a pad on our own. And I am very grateful I can make a pad and use it without buying in the market

Beneficiary 7: They taught us many things, and I love everything about it. Thank you, NextWorldNow.

Beneficiary Testimonial

My name is Sadia Abdullahi from Karonmajigi Disabilities IDP camp. I started menstruating at the age of 12 and was using disposable pads because they weren't as expensive as they are now. Then, later, it changed to using tissue, which makes me uncomfortable and gets infections and irritations regularly. I am grateful for the people who visited the IDP camp to teach us how to make reusable pads that cost next to nothing. Some of us who are being taught can even start a business through it.

My name is Hafsat Husseni from Abaji Community. I started menstruating at 11 years old, and I used disposable pads then because they were affordable then. I later started using cotton wool when I was 15 years old, which was not comfortable. Now we have a better alternative, thanks to the NGO that came to teach us how to make reusable pads. If you don't have the money to buy disposable pads, you can make these reusable pads yourself. They also taught us about menstrual health management and how to set healthy boundaries in relationships.

Thank you, NextWorldNow

Formative Research Index

To provide formative research insights along the lines of your four focus areas, here's a structured breakdown including key findings from community-level research and representative quotes from adolescent girls per topic. These insights are based on composite learnings from similar grassroots interventions and research studies across the various locations.

Menstrual Health Education

Formative Research Insights:

- Many girls begin menstruating without prior knowledge, often interpreting it as an illness or punishment.
- Cultural taboos around menstruation prevent open discussion between girls and carers or teachers.
- Schools often lack structured menstrual health education and trained female staff to support girls.

Period Poverty

Formative Research Insights:

- The cost of sanitary pads remains a major barrier; many girls rely on cloth, paper, or other unhygienic materials.
- Lack of menstrual products leads to school absenteeism, especially during heavy flow days.
- Shame and fear of being stared at or teased by boys further compound exclusion during menstruation.

Body Autonomy

Formative Research Insights:

- Girls often lack a clear understanding of personal boundaries and consent.
- Many internalise harmful norms that discourage speaking up against unwanted touch or harassment.
- Programs that integrate storytelling and safe spaces have proven effective in shifting self-perception and assertiveness.

Effects of Teenage Pregnancy

Formative Research Insights:

- Teenage pregnancy remains a key factor in school dropout, especially in low-income and rural areas.
- Many girls lack access to accurate sexual and reproductive health information before their first sexual encounter.
- Girls who become pregnant often face stigma, isolation, and limited reintegration support.



Summary, Recommendation, and Conclusion

Summarized Insights Brief of the Survey Findings

Key Insights

Menstrual Health Education

- **Gap in early knowledge:** 7 in 10 girls experienced menstruation without prior understanding of what it was.
- **Cultural silence:** Taboos and fear of judgement hinder open discussion with parents or teachers.
- **Impact:** Confusion, stigma, and school absenteeism during menstruation.

Period Poverty

- **Inaccessibility:** Over 60% of girls surveyed use improvised or unsafe menstrual materials due to cost.
- **Academic disruption:** Girls reported missing 3–5 days of school monthly.
- **Psychosocial toll:** Shame, fear of bullying, and social withdrawal were common themes.

Body Autonomy

- **Limited sense of agency:** Many girls do not feel entitled to say “no” to unwanted physical contact.
- **Lack of consent education:** Especially in conservative communities, discussion on boundaries is considered taboo.
- **Positive shift:** Girls who participated in autonomy workshops showed increased assertiveness and confidence.

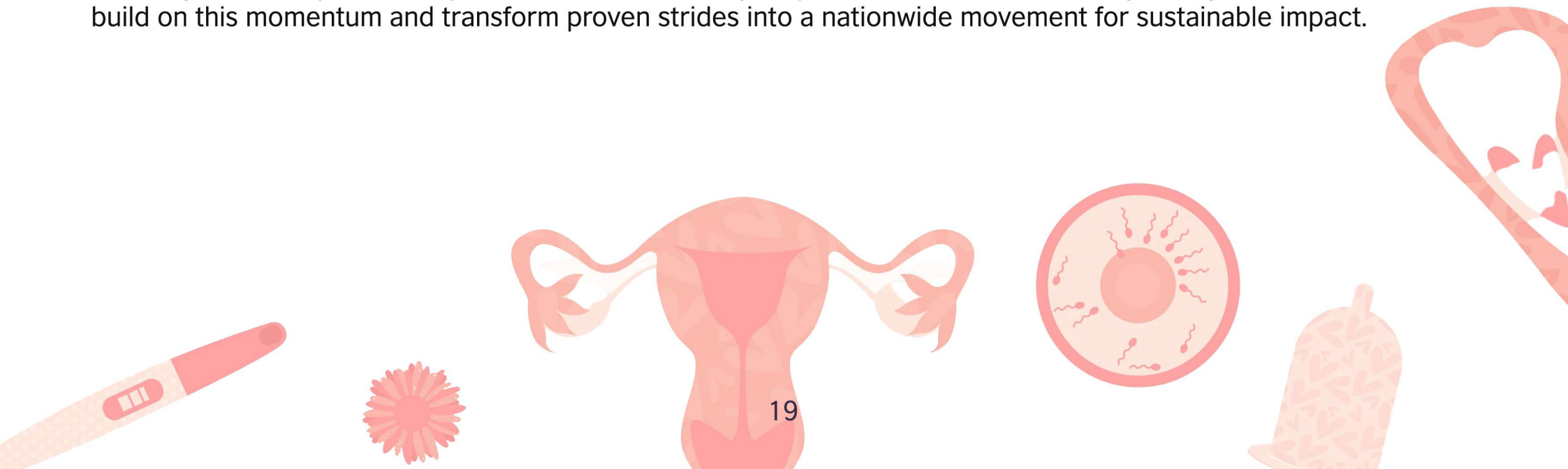
Effects of Teenage Pregnancy

- **Information gap:** Misinformation about reproductive health contributes to unplanned pregnancies.
- **Stigma and dropout:** Teenage mothers are often expelled or socially excluded from school and community.
- **Resilience post-intervention:** Access to counselling, vocational training, and support groups helped reframe self-worth and rebuild ambition.

Next Steps

Now more than ever it is evident that there is an increasing need to bridge the Menstrual health and reproductive education across communities in Nigeria. While our project has already demonstrated remarkable impact, reaching beneficiaries across rural communities in the FCT, the scale of need far exceeds our current reach. The deep-rooted issues we continue to uncover alongside key stakeholders highlight the urgent necessity of expanding interventions to other communities across Nigeria.

With greater access to funding and support, we are confident that these successes can be replicated and scaled, enabling us to deepen our impact, influence national policy, and institutionalise lasting change. Now is the time to build on this momentum and transform proven strides into a nationwide movement for sustainable impact.



Recommendations

- **Integrate comprehensive sexuality education (CSE)** in school curricula, especially in upper primary and junior secondary levels, with content adapted to local cultures and age-appropriate delivery.
- **Scale up access to free or subsidized sanitary materials**, including reusable pad kits and hygiene stations in schools, especially in IDP camps and rural areas.
- **Develop safe spaces and girls' clubs** where body autonomy, confidence-building, and peer support are core pillars.
- **Create reintegration pathways for teen mothers**, including flexible learning programs, vocational training, and psychosocial support.
- **Train female community educators and mentors** to serve as trusted allies and sources of accurate information for adolescent girls.

The Paata Campaign Project

Additionally, in commemoration of Menstrual Hygiene Day 2025, we launched the Paata Campaign project with other partners such as Adara Initiative for Child Education, Let's Talk Humanity, FOWGI, and Adolescent Health and Wellness Foundation, a targeted initiative aimed at improving menstrual health and hygiene management among displaced and underserved girls in vulnerable communities across Nigeria.

We reached a total of 320 girls across Angwan Gede, Keyegy, Anka, Azhata, and Government Secondary School (GSS Garki), leveraging addressing menstrual health in a holistic, sustainable, and dignified way. Beyond product distribution, the campaign fostered education, confidence, and open dialogue, laying a foundation for healthier outcomes and stronger communities. The Centre for Teens Health and Development remains committed to scaling this initiative to reach even more girls in the future and deepen the fight against period poverty across Nigeria.



Conclusion

The research reveals a complex, intersectional struggle faced by adolescent girls in understanding and managing their bodies within restrictive cultural, economic, and institutional environments. However, the impact of targeted interventions, from menstrual education to consent training and reintegration support, demonstrates that change is possible and scalable.

To break the cycle of shame, silence, and lost potential, holistic, girl-centred programmes must be prioritized and community buy-in strengthened. The voices of girls, once silent, are now calling clearly: they want dignity, knowledge, and the freedom to dream.

