Empowering Girls: Better Impact from Combined Interventions

The experimental evaluation of the Ugandan “Empowerment and Livelihood for Adolescents” program presents key findings in terms of program implementation and impact.

Key Messages

- Combined interventions that simultaneously tackle economic but also social and health related challenges seem to be more effective than single-pronged interventions in improving social and economic empowerment of adolescent girls.
- Components aiming to boost social empowerment can yield indirect positive effects among non-program participants within a treatment community as well as on the community as a whole. Components seeking girls’ economic empowerment provided direct benefits only to participants.
- Successful implementation of an intervention and its long-term sustainability rely on the community acceptance and reputation of the implementing agency.

Background

Adolescent girls face multifaceted vulnerabilities, including lack of family and community support, limited economic opportunities, lack of voice, and adverse social attitudes. These vulnerabilities constrain their economic and social empowerment and often result in risky sexual practices contributing to poor reproductive and health outcomes.

Studies have shown that over three-quarter of the adolescent girls in Uganda have engaged in sexual intercourse in exchange for money or gifts at least once in their lives. Recognising the severity of the situation BRAC designed the Empowerment and Livelihood for Adolescents (ELA) program which combines interventions trying to affect social, economic and health dimensions of these girls’ lives.
The ELA Program

The ELA program targets 13 to 30 year-old adolescent girls and young women with a particular focus on those who are out of school. The program has been already implemented in several countries of Asia and Africa (currently active in Uganda and Tanzania)⁴.

The program’s primary goal is to assist girls in achieving greater economic and social empowerment through training, a safe space for sharing their experiences, and credit support for income-generating activities. It is designed to create synergies between five distinct program components, displayed in Table 1.

The program operates through adolescent development centres or clubs which are established to provide a safe space⁵ for girls. The clubs serve as the nucleus of all ELA activities. Skills training takes two forms, namely: life skills and livelihood training. The life skills training sessions provide knowledge on sexual and reproductive health and other social issues⁶. The livelihood training includes a series of courses on income-generating activities informed by local market conditions.⁷ In addition, the clubs host recreational activities such as reading, singing, and games.

Impact Evaluation

The evaluation of the ELA program relies on a Randomized Control Trial (RCT) design, which is used in prospective evaluations when the program is able to serve only a fraction of eligible participants.⁸ Randomization as well as program activities were conducted at village level offering some leverage to reduce and control for the exposure of non-participants to the program. In 2008, BRAC Uganda identified ‘potential intervention’ villages in 10 different locations (BRAC branches) of the country. From each location, 15 villages were selected for the study. Among the 150 villages, 100 villages were randomly selected for opening up clubs and the remaining 50 villages formed
the control group. All the adolescent girls within the respective treatment villages were eligible to participate in the program.

After conducting the baseline survey in 2008, all the program components except microfinance were implemented in all 100 intervention villages. Half of the intervention villages were then selected randomly for the microfinance component to be implemented after the first follow-up survey conducted in 2010.

Analysis of the baseline data showed the girls in the control and intervention villages were, on average, very similar, i.e. comparable. Therefore, any difference observed in the follow-up can be attributed to the ELA program (with the assumption that the girls in the intervention villages would have had similar characteristics to their counterparts in the control villages if there was no intervention).

As highlighted in Figure 2 some intervention and control villages were very close to each other. This created some imperfections in compliance with the random assignment as some of the girls from the control villages participated in club activities, i.e. 5 percent of the girls from control villages participated in club activities while participation of the girls from intervention villages was 21 percent. Despite randomization at village level was chosen to minimize these effects, the intervention affected behavioural and social norms in control villages. Such contamination (i.e. exposure to intervention by girls in the control villages) could result in an under-estimation of the program effects if not taken into account in the statistical analysis as done by the researchers involved in this impact evaluation study.

Photo credit: Tine Frank

Figure 2. Map of Treatment and Control Villages
Findings

Impacts on Economic Empowerment

The ELA program had a significant impact on economic empowerment of the girls as regards to their engagement in income generating activities, personal income, financial literacy, entrepreneurial ability, financial market participation, and personal savings. Results indicating a substantial increase in entrepreneurial self-employment activities are encouraging in comparison to analyses of other programs with stand-alone entrepreneurship training that have found limited positive impacts. Moreover, most single-pronged interventions aiming to improve economic empowerment of beneficiaries focus on already existing entrepreneurs or those that have self-selected to be entrepreneurs. In contrast, the target beneficiaries of the ELA program are young girls who might not have considered being entrepreneurs before the program.

The positive impacts were however only observed for girls who participated in club activities. These results indicated that economic empowerment and livelihood development interventions do not have significant effects on girls in the same villages that didn’t participate directly in club activities (so called “spill-over effects”).

Besides direct engagement in earning activities, there were remarkable changes among the participants on their self-perceived entrepreneurial abilities. The girls were significantly more confident in areas ranging from identifying business opportunities and running their own business to bargaining for better deals for their inputs and outputs. It will be important to observe whether and how this confidence influences their participation and effective use of microcredit services.

Another important concern relevant to the livelihood component was whether it induced girls to drop out of school. As noted before, the program had a strong focus on out of school girls though it was always open to enrol girls that were currently studying. While recent dropouts were more likely to participate in the program, there is no evidence of any negative consequence on school attendance. Rather, school drop-out was often a result of unintended pregnancy, early marriage, and inability to pay school fees.

Impacts on Reproductive Health

The ELA program has achieved substantial positive impact on reproductive health knowledge and practices. After the program, the girls were not only more aware and knowledgeable about issues such as Sexually Transmitted Infections (STIs), HIV/AIDS, and pregnancy, but were also more likely to follow safe sex practices. More importantly, these impacts were not limited to the girls who participated in the clubs. The girls in the intervention villages who did not directly participate in the program also benefited indirectly through peer effects.

Figure 4 shows that only 38 percent of the girls in the control villages reported using condoms regularly during the follow-up survey. However, both the club participants and non-participants from the intervention villages reported much higher rates of condom usage. This clearly shows the program had both direct (on the girls in the clubs)
and indirect (on the girls in the village but not in the clubs) impacts on the girls in the intervention villages by influencing behavioural and social norms in the community.  

Similar direct and indirect impacts were observed on the extent of early motherhood. For example, 12.4 percent of the girls in the control group had a child before the follow-up survey, which was higher than both the participants (10.5 percent) and the non-participants (8.7 percent) from the intervention group. These results suggest that ELA’s impacts were achieved not only through awareness building of the participants but also by building a community norm of better health practices.

Recommendations

Combined interventions might be more effective among adolescent girls than single-pronged interventions aiming to improve labour market outcomes solely through skills training, or to change risky behaviours solely through education.

BRAC’s ELA program attempts to tackle economic, social and health related challenges simultaneously with an array of interventions that look into economic and social empowerment and integration of young women. Evidence from the impact evaluation of ELA program in Uganda provides a promising indication for the effectiveness of combining life and livelihood skills training through an innovative, youth-friendly and voluntary delivery mechanism such as the clubs. The analysis suggests that the ELA program does at least as well as other interventions that exclusively target either economic empowerment through entrepreneurship programs or social empowerment through educational programs. Moreover, taken together economic, social and health outcomes can have large and sustainable benefits for the girls by influencing broader aspirations and feelings of empowerment.

Community acceptance of the program and confidence in the implementing agency is vital for a program’s smooth implementation and long-term sustainability.

Acceptance of the program by the community, particularly given the target population of young girls, can strongly affect take up levels. ELA experiences indicate communities respond better to inclusive programs that are open to adolescent girls from all socio-economic backgrounds. Accordingly, the ELA in Uganda opened its doors for voluntary participation of girls regardless of income and education levels resulting in equal likelihood of participation across different socio-economic clusters. This social acceptance proved to be essential for achieving longer-term success. Moreover, thanks to the previous exposure of communities to BRAC’s microfinance work in Uganda, there was already certain level of familiarity and trust with the implementing agency, which improve the support of parents to their daughters’ involvement in the ELA program.

Next Steps

The ELA program continues actively supporting young girls and their communities in Uganda. It has served 49,391 girls across the country up to end of 2012. Evaluation evidence has fed back into the program improving understanding of the theory of change and the channels that allow the program to achieve its target outcomes. The learning process still continues. The second follow-up survey conducted in 2012 and its final results, including the effect of the microfinance component, will be soon shared with practitioners and policymakers to contribute to ongoing debates on what works in improving economic and social outcomes of youth.

At the program level, BRAC is looking into improving its own understanding of the different levels of vulnerabilities encountered by adolescent girls in order to better customise the program to meet their needs. This research interest evolved from program evidence on limited benefits – particularly from livelihood skills training – achieved by the most vulnerable beneficiaries, such as single mothers, despite their large interest to participate in the program. The livelihood component had some impact on involvement in income-generating activities but not on the income of these girls. Based on these findings, intensifying the livelihood components could have greater impact.
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Additional Readings & Resources:
Groupsite for YEN’s Fund for Evaluation in Youth Employment http://yecnclinic.groupsite.com
Youth Employment Network Marketplace www.yenmarketplace.org
Youth Employment Inventory www.youth-employment-inventory.org

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Notes:
4 BRAC is a non-governmental organization rooted in Bangladesh. BRAC Uganda was established in 2006.
9 There are 10 thematic lessons including early pregnancy, menstrual disorders, STIs, HIV/AIDS, family planning, gender and bride price, rape, responsibility towards family and community, and leadership.
10 These include: agricultural training on local crops, vegetable cultivation, poultry rearing, animal vaccinator training, tailoring, other non-farm businesses, and community health training. Training also included a course on financial literacy and a separate microfinance component.
12 Intention to Treat (ITT) effect and instrumental variable analysis were conducted to get impact results. ITT measures the effects on all the girls in intervention villages irrespective of their participation in ELA. It is the weighted average of the direct effects on the participants and spillover effects on the non-participants from the intervention villages. Instrumental variable measures the effects on the participants only. While measuring the ‘true’ spillover effects is not possible, it is possible to see how much of the ITT is being achieved through changes among the participants vis-à-vis the non-participants in intervention villages. For more information on the analysis, see http://www.homepages.ucl.ac.uk/~uctpimm/research/ELA.pdf
13 In Figure 3, the 44 percent of participants from the intervention group vs. the 14 percent of girls in the control group is statistically significant. However, the 15 percent of non-participants from the intervention group vs. the 14 percent of girls in the control group is not statistically significant.
15 In Figure 4, both the 67 percent of participants from the intervention group vs. the 38 percent of girls in the control group and the 54 percent of non-participants from the intervention group vs. the 38 percent of girls in the control group are statistically significant.
16 The actual impact estimates are slightly higher if we account for the 5 percent girls from control villages who participated in ELA. For simplicity of the graph, however, they have been included in the control group.